South Tees Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS (PUBLIC)

Date – 3 October 2023
Time – 13:00
Venue – Room 10, STRIVE James Cook University Hospital

Safety and Quality First

NHS
South Tees Hospitals
NHS Foundation Trust

MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON TUESDAY 3 OCTOBER 2022 AT 13:00 IN ROOM 10, STRIVE, JAMES COOK UNIVERSITY HOSPTIAL

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT
CHAIR'S BUSINESS				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1
4.	Minutes of the last meetings held on 1 August 2023	Approval	Chair	ENC 2
5.	Matters Arising / action log	Review	Chair	ENC 3
6.	Chairman's report	Information	Chair	ENC 4
7.	Chief Executive's Report	Information	Chief Executive	ENC 5
8.	Board assurance framework	Discussion	Head of Governance	ENC 6
9.	Integrated Performance Report	Discussion	Chief Operating Officer	ENC 7
SAFE				
10.	Learning from deaths report	Information	Chief Medical Officer	ENC 8
11.	Safe Staffing Report	Information	Chief Nurse	ENC 9
EFFECTIVE				
12.	Consultant appointments	Information	Chief Executive	Verbal
EXPERIENCE				

	ITEM	PURPOSE	LEAD	FORMAT
13.	Guardian of Safe Working	Information	Chief Medical Officer	ENC 10
WELL LED				
14.	Finance Report	Information	Chief Finance Officer	ENC 11
15.	Committee Reports	Information	Chairs	ENC 12
	DATE OF NEXT MEETING The next meeting of Board of Directors will take place on 5 December 2023			

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 3 OCTOBER 2023			
Register of members interests			**AGENDA ITEM: 3** **ENC 1**
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	**Responsible Director:**	Derek Bell Chairman
Action Required	Approve ☐ Discuss ☐ Inform ☒ (select the relevant action required)		
Situation	The Board of Directors are asked to note interests declared by members of the Committee		
Background	The report sets out membership of the Board of Directors and interests registered by members. Conflicts should be managed in accordance to the Constitution para 32 - If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to other Directors.		
Assessment	There are no specific conflicts identified with the agenda. Members will be reminded at the meeting to raise any if they arise.		
Level of Assurance	Level of Assurance: Significant ☒ Moderate ☐ Limited ☐ None ☐		
Recommendation	The Board of Directors are asked to note the Register of Interest.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☒	
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒		

Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
Ada Burns	Non-Executive Director	2019	Ongoing	Role – Associate Consultant – Cratus Consultancy, public sector management consultancy
		2022	Ongoing	Role – Governor and Chair of the Board of Governors, Teesside University
Jackie White	Head of Governance & Company Secretary	March 2013	Ongoing	Registered with IMAS (NHS interim management & support)
		March 2023	Ongoing	Company Secretary of South Tees Healthcare Management Limited - Company number 10166808
Sue Page	Chief Executive	May 2018	Ongoing	President of British Red Cross – Cumbria.
Philip Sturdy	Director of Estates, Facilities and Capital Planning			No interests declared
Rachael Metcalf	Director of Human Resources	December 2020	Ongoing	Role of School Governor at High Tunstall College of Science
Mark Graham	Director of Communications			Registered with IMAS (NHS interim management & support)
Robert Harrison	Managing Director			Board Member of the North East and North Cumbria Academic Health Science Network
David Redpath	Non-executive Director	1 January 2021	Ongoing	Director of DGR Consultancy - Company number 10340661
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		September 2017	Ongoing	Vice President Senior Executive Partner – Gartner
		July 2022	Ongoing	Deputy Chairman – Seaton Delaval Football Club
Michael Stewart	Chief Medical Officer	1 February 2021	Ongoing	No interests declared
Hilary Lloyd	Chief Nurse	15 February 2021	Ongoing	Visiting Professor at Sunderland – no monetary gain
		May 2023	Ongoing	Chief Nurse for Clinical Research Network NENC
Chris Hand	Chief Finance Officer	2 July 2021	Ongoing	Director of South Tees Healthcare Management Limited - Company number 10166808
				Client Representative ELFS Shared Services Management Board
Samuel Peate	Chief Operating Officer	1 April 2021	Ongoing	No interests declared
Prof Derek Bell	Joint Chair	April 2020	Ongoing	Trustee Royal Medical Benevolent Fund – no remuneration
		April 2018	Ongoing	Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration
		April 2021	Ongoing	Centre for Quality in Governance

		July 2022	Ongoing	Sel clinical advisor for SDEC
Mark Dias	Non Executive Director	20 July 2015	Ongoing	Director of Be The Change HR Ltd – Company No. 9694576
		21 June 2023	Ongoing	Chair – Workforce Committee, Seacole Group
		September 2023	Ongoing	Permanent Deacon in Training (Voluntary Position). Roman Catholic Diocese of Middlesbrough
Miriam Davidson	Non Executive Director	December 2022	Ongoing	Care and Health Improvement Programme (SLI) Advisor Occasional work with Local Government Association (LGA)
		July 2023	Ongoing	Interim Director of Public Health Darlington Council , (Part/time)
Alison Wilson	Non Executive Director	4 January 2022	Ongoing	Civil Partner – Counter Terrorism Policing North East
		2017	Ongoing	Son – Bupa Global and Bupa UK
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
Kenneth Readshaw	Non Executive Director	2016	Ongoing	Treasurer – Leyburn Community Leisure Club
		2018	Ongoing	Chair – Health Accommodation Trust
		2000	Ongoing	Chair – Horsehouse School Charity - Charity number: 513060
Rudolf Bilous	Associate Non Executive Director			Occasional teacher undergraduate and postgraduate medicine South Tees NHSFT (unremunerated)
Alyson Gerner	Associate Non Executive Director	2007	Ongoing	Senior Civil Servant working for a central government department – Department for Education Director of LocatED Property Ltd
Manni Imiavan	Digital Director			No interests declared

South Tees Hospitals NHS
NHS Foundation Trust

UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 1 AUGUST 2023 AT 13:00 IN ROOM 10 STRIVE

Present

Professor D Bell	Chairman
Ms A Burns	Non-Executive Director
Mr D Redpath	Non-Executive Director
Ms M Davidson	Non-Executive Director
Mr K Readshaw	Non-Executive Director
Ms A Wilson	Non-Executive Director
Mr M Dias	Non-Executive Director
Ms S Page	Chief Executive
Dr M Stewart	Chief Medical Officer
Dr H Lloyd	Chief Nurse
Mr C Hand	Chief Finance Officer

Associate Directors – non-voting

Professor R Bilous	Associate Non-Executive Director

Directors – non-voting

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

In attendance

Mrs A Seward	Lead Governor

PATIENT STORY

The patient experience team presented a video of Mr Sigsworth's experience of care at James Cook University Hospital in 2018. Mr Sigsworth was originally admitted to Cardiothoracic Intensive Care Unit (CICU) and later transferred to Ward 32 HDU before moving to what was Ward 31. Overall, Mr Sigsworth was complimentary of the care and treatment he received however Mr Sigsworth wanted the opportunity to allow staff to understand the physical and mental issues facing patients after receiving care in a critical care setting.

The Board welcomed the opportunity to hear Mr Sigsworth's experience and had a discussion regarding the issues raised.

BoD/23/039 WELCOME AND INTRODUCTIONS

The Chairman welcomed members to the meeting.

BoD/23/040 **APOLOGIES FOR ABSENCE**

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

BoD/23/041 **QUORUM**

The meeting was quorate in line with the Constitution paragraph 4.39 "Quorum - No business shall be transacted at a meeting of the Board of Directors unless at least one-third of the whole number of the Directors appointed, (including at least one non-executive director and one executive director) are present".

BoD/23/042 **DECLARATION OF INTEREST**

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

BoD/23/043 **MINUTES OF THE LAST MEETING**

The minutes of the meeting held on Tuesday 6 June 2023 were reviewed and agreed as an accurate record with the following amendment: Mrs White

Mrs R Metcalf – present

BoD/23/044 **MATTERS ARISING**

There were no matters arising to discuss with Board.

BoD/23/045 **CHAIRMAN'S REPORT**

The Chairman referred members to his written report and highlighted a number of areas including EDI and Collaborative Working. The Chairman further added his thanks to all staff for all their hard work on making sure the periods of industrial actions were handled safely and staff and patients were supported during this matter. He also thanked the Director team for coordinating the work during this time.

Referring to his update on Collaborative working the Chairman noted the progress and pace at which the programme was now moving supported by the Group Development Team who are supporting. With regard to the Partnership agreement which is being developed the Chairman was pleased to report that this will set out how we work together in the future. An appointment has been made to the Associate Director to support on the development of this journey. The Group Development Model has also started to be worked up including clinical leadership, governance and benefits of working in a group model. .

The Chairman reported that he had attended Teesside University Graduates event which was a really good evening and a good video of achievements.

The Chairman was pleased to report that he had attended the opening of the Snowdrop suite, a bereavement room and area for families of bereaved babies at James Cook. He commented that families and Our Hospitals Charity had worked hard on raising funds for the room.

Finally the Chairman reported to members that today was Mrs Sewards last Board meeting as Lead Governor. He thanked Mrs Seward for her leadership and contribution as lead governor. Mrs Seward will stay on as a governor until November.

RESOLUTION

The Board of Directors NOTED the Chairman's report.

BoD/23/046 **CHIEF EXECUTIVE'S REPORT**

The Chief Executive referred members to her report and added that she was pleased to share that the Trust had been awarded the Defence Employer Recognition Scheme Gold Award in recognition of its ongoing commitment to the armed forces community. The gold award is the highest badge of honour an employer can receive in the Ministry of Defence Employer Recognition Scheme (ERS). The scheme was set up to recognise organisations that pledge, demonstrate or advocate support to armed forces community, and align their values with the Armed Forces Covenant.

Ms Page also added her thanks to Mrs Seward and commented that Mrs Seward had participated in the recruitment of the Chief Executive four years ago and without the support from the Governors the Trust would not be where we were today.

Dr Stewart commented that there were very little cancellations during the time of the recent industrial action but that he was aware of the impact the industrial action may have in the next period in August.

RESOLUTION

The Board of Directors NOTED the Chief Executive's update

BoD/23/047 **INTEGRATED PERFORMANCE REPORT**

Mr Peate referred members to the Integrated Performance Report and provided an update on the latest position. He advised that the Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led.

Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position.

A&E 4-hour standard and ambulance handover performance has been maintained with the 4 hours performance representative of the national picture. Clear reductions in 12 hour waits following a decision to admit are becoming evident also. The month end position for July does show some improvement with clear correlation with discharge arrangements and work continues with the local authority.

Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care. Elective access (RTT 18-week standard) remains stable and continues to outperform the national trend.

Patients waiting more than 78 weeks for non-urgent elective treatment has received extra focus since January, reducing in line with national requirements.

Total elective growth in April was higher than 19/20 levels with a promising start to the year for 1st outpatient appointments and ordinary elective admissions. Elective care is beginning to see impact on long waits in the Trust based on high volume of industrial action. Mr Peate advised that the Trust has medically prioritised patients during the Industrial Action and some patients had been waiting longer than we would hope.

Performance against the 6 week diagnostic standard remains ahead of the national average.

The Trust was compliant with the national target for Cancer 28-day Faster Diagnosis Standard in June. Similarly, the Cancer 62-day accumulation has reduced in June.

The Trust are seeing a reduction in discharge delays and there has been big drop in last month and the month end position is 67 patients.

Workforce metrics are mostly complete with appraisal and mandatory training good which is a sign of cultural change against these metrics.

Ms Wilson commented that it was good to see improvements and recognise there is still some work to do, she asked regarding the metrics relating to inequalities and wondered if

there was anything the Board. Dr Stewart commented that this information is giving assurance that ethnicity inequalities is not deteriorating. He added that the Trust are looking at social class and poverty in the health inequalities group. There are some data in terms of differences on lack of attendance which we are looking into. Ethnicity action being taken is around translation services and information being given and we are looking at this.

Ms Burns commented that she the Board had been volunteering in the Trust as part of their Board walkround this morning and it was raised with her regarding how the Trust could make it easier to get expenses for bus travel when coming for appointments and whether this was a deterrent to attend appointments. Dr Sewart commented that we do have a workstream on this which is being piloted in ante natal services who are looking at a whole range of things and this could be rolled out across the trust.

Ms Burns commented with regard to cancelled operations and noted that up to around last July the numbers were low, and there were 64 this month. She asked what the factors where and where did the Trust want to be. Mr Peate commented that the KPI in the integrated performance report is not a very good metric use and if you compare the volumes to last year there is probably about 50-60 more patients being seen this week and therefore the percentage of patients cancelled is relatively static. The surgical improvement group is refining the surgical dashboard so we can focus with the teams on the improvements we can make.

Ms Page mentioned that work is progressing on development an accreditation process for theatres which should also see improvements locally.

The Chairman commented that he was pleased with the early changes in the Emergency Department on delayed transfers of care working with local authorities and asked if this is making the difference. Mr Peate commented that we have got more regular presence in the transfer of care hub from the local authorities. The joint post work is now making inroads. Mr Peate also added that when you drill down to the number of days lost, this is also reducing which is driving the improvement in non-elective stay in the organisation which is a sign of operational improvement.

The Chairman commented on CDIFF and that this is a North East initiative. Dr Lloyd commented that in June the Trust undertook a deep dive and shortly afterwards the ICB did an ICB deep dive which we fed into. From this there is a ICB reduction plan which is good and very clear. We will aim to support implementation of this. Issues within the Trust remain the same, cleanliness, patient and staff movements.

RESOLUTION

The Board of Directors NOTED the update

BoD/23/048 **SAFE STAFFING REPORT**

Dr Lloyd referred members to the safe staffing report and highlighted the percentage of shifts filled against the planned nurse and midwifery staffing across the trust remains stable at 97.3% demonstrating continued good compliance with safer staffing.

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

Stretch staffing ratios in line with national guidance have been implemented where necessary based on skill mix, acuity, and occupancy levels, all these actions agreed by senior nurses through safecare meetings.

Nursing Turnover for June 23 continues to decrease to 6.57%. The trust remains one of the lowest in the country for nursing turnover.

Dr Lloyd noted an error on the table with regard to the Friarage.

Dr Lloyd reported that the Trust had one of the lowest nursing turnover in the country. She discussed the programmes supporting this including the refugee programme, the nurse ambassador programme, legacy mentors and retire and return programmes.

Ms Page commented that she is pleased to see the changes made with regard to the nursing workforce which was being impacted due to the underspend on nursing workforce.

Professor Bilous commented that last time the Board visited the Friarage there were gaps in the nursing workforce and Dr Lloyd confirmed that there had been a focus on recruitment and retention and to support staff to come to work and stay with us.

Ms Page commented that the conversations have changed with staff at the Friarage as the staff see a future and there is a vibrancy around the Friarage.

Professor Bilous commented that he had noted in the report when considered at the People Committee that 43 staff have left from the Growing the Friarage collaborative. Mrs Metcalf

advised that work has been undertaken on exploring this which she will share with Professor Bilous.

RESOLUTION

The Board of Directors NOTED the safer staffing report

BoD/23/049 **CONSULTANT APPOINTMENTS**

The Chief Executive commented regarding the consultant appointments and updated members on the starters and leavers, welcoming members to the Trust and thanking those colleagues who were leaving:

Starters
Natasa Ruzman – Microbiology

Leavers
Hendrik (Henk) Jongschaap - Radiology
Naveen Nain – Cardiac Anaesthesia

RESOLUTION

The Trust Board of Directors NOTED the update

BoD/23/050 **ORGAN DONATION ANNUAL REPORT**

Dr Steven Williams, Consultant in Anaesthesia and Critical Care Medicine and Clinical Lead Organ Donation attended the Board to present the Organ Donation Annual Report.

Dr Williams commented that across the country there continues to be improvements in the number of donors and transplants. In 2022/23 1429 deceased donors proceeded to donation and 3575 patients received a transplant across the UK.

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

The Trust referred 196 patients to NHSBT's Organ Donation Services Team; no referrals were missed (100% referral rate) and 84 met the referral criteria for inclusion in the UK Potential Donor Audit.

A Specialist Nurse was present for 29 organ donation discussions with families of eligible donors. There was 1 occasion when a Specialist Nurse was absent for the donation discussion.

The Chairman thanked Dr Williams for attending and for the report which highlighted the really good work which was undertaken.

Dr Stewart thanked the team on the fantastic achievement and Dr Williams commented that the team received great support from the nursing team.

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/23/051 **FINANCE REPORT**

Mr Hand spoke to the report previously circulated which set out the Trust's draft financial performance as at Month 3 of 2023/24. Mr Hard reported that the national annual planning timetable for 2023/24 was extended, with further submissions required on 4 May 2023. The Trust's plan for the 2023/24 financial year is now a deficit of £31.8m, reflecting the organisation's structural deficit (eg: The James Cook University Hospital PFI scheme) and inflationary pressures.

As part of the system-based approach to planning and delivery, the Trust's plan forms part of the NENC ICB system plan for 2023/24. The NENC ICB is currently planning on the basis of a net deficit of £49.9m for 2023/24.

At Month 3 the reported position is a deficit of £7.4m at a system control-total level, which is in line with the year-to-date plan.

Mr Readshaw commented on the cost improvement programme and noted that the Trust are falling behind target at this stage but have some non-recurrent options. Mr Hard commented that the programme is around 92% complete year to date with a strong performance and delivery of around £7m. Mr Redpath concurred and advised he was confident that the CIP will be delivered.

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/23/052 **FREEDOM TO SPEAK UP**

Mr Woods, Guardian attended the Board and presented the report. He advised that this report provides an update on the work of the Freedom to Speak Up (FTSU) Guardians during Quarter 4 of 2022 and Quarter 1 of 2023 (January 1st to June 18th 2023)

Mr Woods advised that the number of concerns raised by colleagues to the FTSU Guardians in Q4 and Q1 of 2023 was

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

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

The Guardians Team continue to improve FTSU culture throughout the organisation forging stronger links being with Teesside University and the Regional and National FTSU Guardians networks and further and with North Tees and Hartlepool NHS Foundation Trust.

Ms Burns commented that the report reflects the positive work of the team and positive progress – the area of responding is good for people to know.

Ms Burns commented on the process for feedback from colleagues who have raised concerns. Mr Woods commented that there had been a problem with the feedback inbox and a manual process is now in place, however the team were working with IT on a digital option.

Ms Wilson commented that it was a good presentation and report was helpful. She reported that the area she is concerned about is the civility, harassment and bullying and she wouldn't like to see this in the organisation but noted that Mr Woods explained this was mostly to do with communication. Mr Woods added that the themes are very broad and are national so its difficult sometimes to categorise the issues.

Mrs Metcalf advised that there is a weekly meeting with the FTSU guardians and HR to correlate the issues and Dr Stewart said that there is a lot of work being undertaken with the leadership development team around understanding style and to develop more coaching to address some of the issues around bullying and harassment.

RESOLUTION

The Trust Board of Directors NOTED the report

BoD/23/053 **IMPROVEMENT PLAN**

Dr Stewart referred members to the Improvement Plan and advised that since the autumn of 2019, the Trust has been empowering its clinicians to take the decisions about how the organisation manage its resources and delivers care across

our hospitals and services – supported by our scientific teams, administrative, support staff and volunteers.

At the start of 2020 the Trust developed its initial improvement plan and formed the organisation's Clinical Policy Group which, in 2021 created 10 Clinical Collaboratives – natural care communities of surgeons, physicians, nurses, midwives, scientists, allied health professionals and administrative and support services – which have come together to make their services even better for our patients and services.

This clinically-led approach has been at the heart of the Trust's response to COVID-19 and the overriding goal set by our experienced clinicians during the pandemic to help keep colleagues, patients and service users safe.

The Trust's improvement plan was refreshed in 2021 and 2022.

During March-June 2023 the improvement plan has been further updated and agreed by the Clinical Policy Group to ensure that it reflects the progress made over the last twelve months and areas of focus over the coming year including those services which need extra support. He added that the Trust are also moving into detailed service reviews over the next 2-3 years which will include a time out to refresh and plan out their services for the future.

Ms Wilson commented that the plan captures what we discussed at the Board development session. She asked regarding outcome measures and if there is a level which will sit underneath this. Dr Stewart commented that for some areas there are national indicators which will sit behind this which Mr Peate will review in the performance meetings for example.

Ms Burns acknowledged that the improvement plan built on the discussions at the Board development session; however, she was keen to understand what the assurance regime was and how the golden thread works from collaborative through to the Board. Dr Stewart commented that Mr Peate has regular performance review meetings with each of the Collaboratives supported by the senior responsible officer (Director) in attendance and we will use this process to refine how we do it and how we capture the information. Mr Peate added that it was discussed at the Board development programme that we will have a report to Board to capture all the information from the review meetings.

Mr Readshaw remarked that there are lots of key deliverables and a good level of information, and asked how we can know if actions are met fully or in part, and suggested we need

something similar to the CQC preparedness papers which will be able to build on this to track it. With regard to the enabling plans and strategies, Mr Readshaw suggested a road map showing when the plans and strategies have been to committees, or the Board would be good.

Dr Stewart commented that it was useful to get clarity on how we capture the information and to make sure that our teams are having the strategic discussion. He added that it would be good to make sure we have this discussion in private board.

RESOLUTION

The Trust Board of Directors APPROVED the Improvement Plan

BoD/23/054 **COMMITTEE REPORTS**

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

QAC – Mrs Davidson highlighted the maternity services report; Infection prevention and control report and good leadership linking into the ICB work on CDIFF. Safeguarding children & adults team annual report highlighted the complex cases and increase in referrals. New framework for CQC, STACQ update and in-depth report on cancer breaches.

Resources – Mr Redpath highlighted the journey of improvement around digital agenda, the digital finance overview which came last week which was a good report. Good procurement update and ahead of savings target.

People – Mr Dias reported that there had been a good deep dive into payroll, learning and development presentation around leadership programmes.

Audit & Risk Committee – Mr Readshaw advised there had been three meetings to review the year end accounts and annual report. Head of internal audit opinion had increased from last year. Ms Page commented that this was a great achievement along with an improvement in quality and safety and performance and planning.

BoD/23/055 **DATE AND TIME OF NEXT MEETING**

The Board of Directors will meet on Tuesday 3 October 2023.

Signed: ……

Date: ……

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

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 3 OCTOBER 2023			
Joint Chairman's update			**AGENDA ITEM: 6, ENC 4**
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	**Responsible Director:**	Professor Derek Bell Joint Chairman
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Joint Chairman's update		
Background	The following report provides an update from the Joint Chairman.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Trust Board are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☒	
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒		

Joint Chairman's Update

1. Introduction

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

2. Key Issues and Planned Actions

2.1 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 are we are excited about the work and progress to date.

2.2 Group and Joint Working

Since the last Board of Directors meeting, the Joint Partnership Board has met on 20 September 2023 and Group development continues to gather momentum. The JPB agreed in principle with the draft Partnership Agreement and work will now continue on engaging with stakeholders on its content. The work on developing the clinical strategy is progressing with a workshop for clinical colleagues on 9 October 2023. Finally the date is now set of the appointment of the Group Chief Executive which will take place on 13 October 2023.

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.

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.

2.6 Signing the sexual safety charter

Last week the BBC issued a report relating to sexual assault in the workplace of NHS staff. It is timely that earlier this month, NHS England launched its first ever sexual safety charter, in collaboration with key partners across the health system. The Trust has signed this charter which reinforces our zero tolerance stance and is underpinned by ten core principles.

2.7 New diagnostic centre groundbreaking

I am delighted that last week saw the first spade go into the ground on the building of the new diagnostic centre in Stockton town centre. This joint venture between North Tees and Hartlepool and South Tees Hospitals is really exciting news for our communities, giving people a new facility to receive quick health tests, checks and scans for potential health problems. I know that Stockton-On-Tees Borough Council have been a really supportive partner in helping this programme reach this stage and I want to thank everyone involved and express how excited I am that this project is starting to come to fruition.

3. Recommendation

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

Professor Derek Bell
Joint Chair

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 3 October 2023			
Chief Executive update			**AGENDA ITEM: 8, ENC 5**
Report Author and Job Title:	Mark Graham, Director of Communications	**Responsible Director:**	Chief Executive
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Chief Executive update		
Background	The following report provides an update from the Chief Executive.		
Assessment	The report provides an overview of the health and wider related issues.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
Recommendation	Members of the Trust Board are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☒	
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒		

Industrial action

Following national mandates for industrial action by the British Medical Association (BMA), further strike action by consultants and junior doctors took place during August and September (with additional industrial action by both consultants and junior doctors scheduled to take place again on 2, 3, and 4 October).

As during previous industrial action, the trust's clinically-led strategic and tactical groups continue to work with colleagues in advance to ensure contingency plans are in place during strikes.

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

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

(CQC) 2022 Adult Inpatient Survey

The latest annual CQC inpatient survey results were published in September and showed the South Tees Hospitals NHS Foundation Trust performing notably better than average in 14 areas.

The CQC benchmark results compared 133 NHS acute trusts across England. The trust 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.

The trust was rated better than others for nine questions including:

- Did you get enough help from staff to eat your meals?
- Were you able to get hospital food outside of set mealtimes?
- Did you feel able to talk to members of hospital staff about your worries or fears?
- Were you given enough privacy when being examined or treated?
- Did hospital staff discuss whether you would need any further health or social care services after leaving hospital?
- To what extent did hospital staff involve your family or carers in discussions about you leaving hospital?

The organisation was rated somewhat better than other trusts in four areas, and there were no areas where the trust was identified as performing worse than others.

The trust also scored highly (9 or above) in several key areas including:

- Cleanliness the hospital room or ward
- Patients having confidence in the doctors and nurses treating them
- Ensuring patients felt like they were treated with respect and dignity
- The amount of information given about a patient's treatment
- How well staff answered questions about operations and procedures
- Ensuring patients got enough to drink

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

Patient and carer involvement banks

The trust has launched two patient and carer involvement banks – one for adults and one for children and young people.

Anyone who has used the trust's services in the past three years can join the new involvement banks and share their experiences and ideas to help continue to improve healthcare across the Tees Valley, North Yorkshire and beyond.

Both are free to join, and participants can choose how they get involved whether it's attending workshops, reviewing patient leaflets and completing surveys or taking part in inspections and supporting staff training.

First day case robotic prostatectomy

In September, a cancer patient from Darlington has become the trust's first patient to have his prostate surgery and go home the same day.

Douglas Sweeney, 67, had his procedure and was discharged just a few hours later after surgeons pioneered the first robotic day case prostatectomy at The James Cook University Hospital.

Robotic prostatectomy is a minimally invasive robot-assisted surgery that helps remove the prostate and treat prostate cancer – providing an effective mode of treatment for patients with very low complications.

Prior to this, patients usually spent one or two nights at the hospital after their prostatectomy surgery.

However, the development in robotic technology – and a new dedicated day case pathway – now enable selected patients to return home on the same day of their surgery, aiding recovery and reducing pressures on hospital wards.

2. RECOMMENDATIONS

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

South Tees Hospitals NHS
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 3 OCTOBER 2023			
Board Assurance Framework			**AGENDA ITEM: 8, ENC 6**
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Jackie White Head of Governance & Co Secretary
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	The Board have approved the development and composition of the Trust's two-year strategic plan and the improvement and recovery plan which sets out the strategic objectives of the Trust. In July 2023 the Board agreed that the strategic plan at Board development session and reviewed the strategic objectives and the Improvement Plan in August 2023. Using both of these key strategic documents the Board identified the principal risks to achieving the strategic objectives along with the risk appetite. The Board of Directors tasked the Board committees to review the BAF threats and update the BAF for 2023/24 whilst undertaking the scrutiny and assurance of the principal risk, controls and gaps.		
Background	The Board Assurance Framework is a strategic but comprehensive method for the effective and focused management of the principal risks to meeting an organisation's objectives. A structure for the evidence to support the Annual Governance Statement. A method of aggregated board reporting and the prioritisation of action plans which, in turn, allows for more effective performance management. A document to help inform decision making and prioritisation of work relating to the delivery of strategic objectives.		
Assessment	The Board Committees – People, Quality and Resources in September reviewed the BAF relevant to their area and agreed the threats (what might cause the principal risk to occur), the controls and sources of assurance. They reviewed the gaps in assurance / action and noted in some areas there was further work to be undertaken. The Committees reviewed and agreed the risk appetite statements and risk rating scores. There remains two principle risks which require a review and agreement at Board.		

	The Chair's logs from the Committees will confirm review and agreement of the new BAF principal risks and threats and demonstrate the Committee has tested the controls in place; received assurances (some positive and some negative); reviewed the gaps in controls or assurance and received assurances to mitigate some of these gaps. A number of assurance reports are being received today at Board. Industrial action and the impact of this on delivery of services and staff wellbeing is referenced in a number of reports including the IPR, Chief Executive's report, BAF and Finance report. The recent adult inpatient survey is referenced in the IPR with regard to patient experience and in the CEO report. Additional surveys including the friends and family test scores provide further assurance on the experience of patients. The learning from deaths report and the IPR provide good assurance in terms of mortality and the work of the medical examiner. Trust turnover is highlighted in the IPR and safer staffing report. This is also highlighted in the Chairs log from People Committee where a deep dive into retention was undertaken.	
Recommendation	Members of the Board of Directors are asked to note the update on the BAF.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The risk implications associated with this report are included in the report.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☒
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒	

Board Assurance Framework (BAF)

1. PURPOSE OF REPORT

The purpose of the report is to provide an update on the 2023/24 Board Assurance Framework and the work of the Board Committees on providing assurance to the Board on the principal risks to achieving the strategic objectives.

2. BACKGROUND

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

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

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

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

The Board have approved the development and composition of the Trust's two-year strategic plan and the improvement and recovery plan which sets out the strategic objectives of the Trust.

In July 2023 the Board agreed that the strategic plan at Board development session and reviewed the strategic objectives and the Improvement Plan in August 2023.

Using both of these key strategic documents the Board identified the principal risks to achieving the strategic objectives along with the risk appetite.

The Board of Directors tasked the Board committees to review the BAF threats and update the BAF for 2023/24 whilst undertaking the scrutiny and assurance of the principal risk, controls and gaps.

3. DETAILS

The BAF has 6 ***principal risks*** associated with delivery of the 5 strategic objectives. These 6 principal risks are made up of ***23 threats.*** It is to be noted that two principal risks need to be reviewed and threats identified.

Of the 4 principal risks updated, all risks are scored at 9 – High.

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

Assurance ratings for each of the BAF threats will be considered by Committees in October.

3.1 Assurance reports Trust Board of Directors

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

Principal risk 1 - Inability to provide safe, effective patient centred care that delivers the best patient experience and good clinical outcomes

- Integrated Performance Report
- Learning from deaths report

Principal risk 3 - Failure to engage and inspire our people by not attracting, developing, retaining and reforming our workforce

- Safe Staffing Report
- Integrated Performance Report

Principal risk 6 - Failure to achieve financial objectives and responsibilities

- Finance Report
- Integrated Performance Report

4. RECOMMENDATIONS

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

South Tees Hospitals
NHS Foundation Trust

Board Assurance Framework (BAF) 2022/23 (updated September 2023)

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

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

The key elements of the BAF are:

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

Key to lead committee assurance ratings:

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

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

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

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

South Tees Hospitals
NHS Foundation Trust

Principal risk - 1 (what could prevent us achieving this strategic priority)	**Inability to provide safe, effective patient centred care that delivers the best patient experience and good clinical outcomes**	**Strategic Objective**	**Best for safe, clinically effective care and experience**

Lead Committee	Quality Assurance Committee	**Risk Rating**	**Initial Rating**	**Target**		**Risk appetite**	Moderate
Executive Lead	Chief Nurse/Chief Medical officer	**Likelihood**	3	2		**Risk Level**	Cautious
Initial date of assessment	September 2023	**Consequence**	3	2			
Last reviewed		**Risk Rating**	9	4			
Last changed							

Threat (what might cause this to happen)	**Controls** (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Sources of Assurance** (Evidence that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / action to address gaps inc timescales and lead** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
1.1 Failure to identify and learn from patient safety incidents resulting in avoidable harm and poor clinical outcomes including healthcare acquired infections	Quality governance framework PSIRF plan to deliver new framework in place Policies and procedures Medical examiner system Sharing and learning through Patient Safety Ambassadors and bulletins Clinical effectiveness processes including clinical audit, NIC, GIFRT Training and education Governance – adverse events groups / MDT approach revalidation Patient Experience processes for feedback FTSU processes for staff Infection prevention & control programme PFI arrangements and cleaning standards Review panels of all trust apportioned of all infection disease incidents Ward accreditation programme - STAQ	**Management** Collaborative Board / Governance meetings quality metrics Mortality and Morbidity meetings Safeguarding Patient feedback reviewed at Patient Experience Group Clinical audit data and NICE compliance reviewed at Clinical effectiveness Group IPR - Quality Dashboard Monthly QAC and Board Medicines Optimisation Report to QAC quarterly Health & Safety meeting escalation report to QAC Falls and PU reports IPC reporting in line with revised QAC governance structure Reports to IPC Group including Cleaning standards **Risk and compliance** IPC Annual report to QAC Quality account report and annual report to QAC CQUIN report to QAC SI/NE report to QAC and Board monthly Learning from deaths Report to QAC and Board quarterly Clinical Audit forward plan and report to QAC NICE compliance report to QAC FTSU report quarterly to People Committee and Board Guardian of Safe working report to Board	Embed PSIRF and demonstrate improvement in safety – Kate Jones - TBC Inphase – implement Inphase and demonstrate increase in monitoring and compliance of clinical effectiveness processes – Kate Jones - TBC	

		IPC Committee escalation report to QAC **Independent assurance** Internal audit report on Quality Governance Getting it Right First Time (GIRFT) CNST reporting Ockenden review CQC report 2023 – Good rating NEQOS PLACE assessment and scores IBAF CQC review		
1.3 Failure to provide a capability and capacity within the workforce to provide time to care, communicate and train which could result in a poor patient experience.	People Plan PE and involvement strategy PE surveys Safer staffing report Revalidation Individual Learning and development offer including Patient / Quality safety days – leadership and development Complaints / PALS / Therapeutic care Nursing and Midwifery strategy Fundamentals of practice meetings Daily safety and staffing huddles Professional nurse advocates Guardian of safe working Freedom to speak up processes	**Management** People Plan quarterly reports to People Committee Appraisal processes and personal development plans Safe staffing models and report to People Committee and Board **Risk and Compliance** Workforce report to People Committee IRP/KPI on workforce metrics considered at People Committee and Board Nurse establishment review to Board bi annually Midwifery safer staffing report to People Committee **Independent Assurance** UNICEF baby Audit Inpatient Survey 2022 CQC report 2022 National Staff Survey report 2022	Development of Medical safer staffing report – Laura Lucas Hartley / Guardian of Safe Working – TTB Development of a Mental Health strategy – Alan Brownrigg - TBC Delivery of the Complaints action plan and improvement in metrics – Kate Jones - TBC	
1.4 Demand for services resulting in services not meeting the expectations of patients leading to poorer outcomes for patients and users and potentially health inequalities	Patient Flow process in place Standard operating procedures and policies in place Trust and System escalation process Trust leadership of and attendance at local A&E delivery Board Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Working with primary care and other stakeholders to manage demand through diversion and re-provision Single CRG review of constitutional standards and escalation of high risk areas SI process Clinical Harm review process Emergency capital funding received for UTC Weekly touchpoint meeting with Commissioners	**Management** Reports to Board on Winter preparedness to Resources Committee and CPG Improvement Plan updated July 2023 and reports to Board Recovery plans for high risk services and updates to Board and Committees and CPG Response to NHSE/I letter of xxxxx on Elective through CPG/SLT Assurance Framework for managing the implementation of the recovery plan with Collaboratives agreed by SLT Report of performance meetings with Collaboratives to SLT August 2023 **Risk and compliance**	Undertake a programme of Service reviews (3 year) – Sam Peate – TBC Establish a Programme of work with commissioners to review referral mechanisms – Sam Peate – TBC Outcome of Surgical improvement group repriorising amount of capacity based on service need – Sam Peate – TBC Growth in physical capacity planned in at Friarage.; increased capacity in endoscopy – Sam Peate – TBC	

	Daily touchpoint meeting on patient flow South Tees Executive Governance Board Performance meetings with Collaboratives Monthly Transformation Improvement groups established	Improvement recovery plan to CPG in July 2023 IPR report to Board monthly and sub committees **Independent Assurance** Internal audit of patient flow	Updates from improvement groups – Sam Peate - TBC	
1.5 Current estate and infrastructure, if lacking in capital investment, compromises the ability to consistently delivery safe, caring, responsive and efficient patient care, world class services	Improved access now in place for lifecycle investment Capital planning group oversight (CPOG) in place Comprehensive planned maintenance processes in place Premises assurance model (PAM) undertaken evidencing, overall, compliant estate Independent, Authorising Engineer (AE) assessments carried out annually Regular risk assessments and environmental audits Regular PFI monitoring and reporting across all of the contract Full condition surveys of JCUH site undertaken bi-annually Agreed 22/23 lifecycle plan of investment and 23/24 indicative plan from our PFI partner Capital investment plan	**Management** Estates Centre Board Capital Plan received by Resources and Board Elective Recovery Programme – Targeted Investment Fund (TIF- Friarage Theatres work) Capital Programme for this financial year 23/24 Quarterly updates on Capital to Resources Committee Ward 7 released for lifecycle work ongoing October 2023 **Risk and Compliance** Environmental health audits **Independent Assurance** Independent Authorising Engineer (AE) reports PLACE Assessments 2023 CQC Inspections 2023	Review and delivery of the Internal Audit review of Fire Safety – Phil Sturdy – December 2023 External audit of Catering at Friarage develop action plan – Phil Sturdy - TBC JAG inspections aligned to environment – Phil Sturdy - TBC Premises assurance model (PAM) report – Phil Sturdy - TBC	
1.6 Failure to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and / or risk of clinical harm because of delays in access to care	Patient Flow process in place Standard operating procedures and policies in place Trust and System escalation process Trust leadership of and attendance at local A&E delivery Board Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Working with primary care and other stakeholders to manage demand through diversion and re-provision Clinical Harm review process Performance meetings with Collaboratives Monthly IPR Improvement groups established Assurance Framework for managing performance in Collaboratives in place	**Management** IPR report to Resources Committee and Board Monthly Performance Meetings chaired by COO	Data Quality issues remain. Continue working with team – Sam Peate - TBC Known gap in available bed capacity to meet the level of contracted demand whilst meeting constitutional standards. – Sam Peate - TBC Wide ranging recovery plan in place that included a length of stay reduction plan. – Sam Peate - TBC .	

Principal risk - 2	**A major incident resulting in temporary hospital closure or a prolonged disruption to the continuity of core services across the Trust, which also impacts significantly on the local health service community**	**Strategic Objective**	**Best for safe, clinically effective care and experience**

Lead Committee	Quality Assurance	**Risk Rating**	**Initial Rating**	**Target**			
Executive Lead	Chief Nurse	**Likelihood**	3	2		**Risk appetite**	Moderate
Initial date of assessment	September 2023	**Consequence**	3	2		**Risk Level**	Cautious
Last reviewed		**Risk Rating**	9	4			
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
2.1 Severe restriction of service provision due to a significant operational incident or other external factor including industrial action	Emergency preparedness, resilience and response (EPRR) arrangements at regional, Trust, Centre and service level Operational strategies and plans for specific types of major incident, business continuity and critical incidents Strategic, tactical and operational command for major incidents and industrial action Trust Resilience Forum and EPRR operational group EPRR Strategy in line with National EPRR framework Training and testing exercises undertaken annually Annual assessment against EPRR core standards On call arrangements in place	**Management** **Risk and compliance** **Independent assurance** EPRR report EPRR Core Standards compliance report		

Principal risk - 3	**Failure to engage and inspire our people by not attracting, developing, retaining and reforming our workforce**	**Strategic Objective**	**A great place to work**

Lead Committee	People Committee	**Risk Rating**	**Initial Rating**	**Target**			
Executive Lead	Director of HR	**Likelihood**	3	2		**Risk appetite**	Moderate
Initial date of assessment	September 2023	**Consequence**	3	2		**Risk Level**	Cautious
Last reviewed		**Risk Rating**	9	4			
Last changed							

Threat (what might cause this to happen)	**Controls** (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Sources of Assurance** (Evidence that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / action to address gaps inc timescales and lead** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
3.1 Ability to attract and retain good staff resulting in critical workforce gaps in some clinical services and impact on use of resources.	Vacancy management and recruitment systems and processes Safe nurse staffing levels for all wards and departments managed through daily huddles and escalation through to tactical and strategic Temporary staffing approval and recruitment process in place Specialist recruitment campaigns Work / link with university medical school and Nurse recruitment days; AHP recruitment days International nurse recruitment programme Return to practice programme for nursing vacancies Flexible retirement and return process Increased apprenticeship workforce People Plan work stream on addressing workforce shortages HR Policies and procedures Engagement strategy (including rewards and recognition; engagement tools) Staff Engagement Group Visibility of leadership Board walk rounds Health and Wellbeing Strategy Exit interviews Workforce metrics contained in IPR STAR awards Partnership working compact with medical and staff side Pulse survey and staff survey (national) Freedom to speak up process Staff networks in place for some protected characteristics	**Management** Quarterly reports to People Committee on the 5 key workstreams in the People Strategy – ED&I, Health & Wellbeing, Leadership and Culture, Workforce Shortages, Sense of Belonging Safe Nursing Staffing levels report to Board monthly Safe Midwifery staffing levels report to People Committee quarterly Finance report to Resources Committee on collaborative agency spend Staff survey report to Committee and Board March 2022 **Risk and compliance** Guardian of Safe Working report to Board Freedom to speak up report quarterly to Board IPR workforce metrics reviewed by Board monthly **Independent Assurance** CQC inspection report May 2023 NHS staff survey 2022 results showing improvement in a number of areas	Collaborative workforce plans including succession and talent pipelines – R Metcalf – April 24 Lack of systematic approach to talent management and succession planning – Rachael Metcalf – September 23 Analysis of voluntary and involuntary turnover in line with retention strategy – Rachael Metcalf – November 23	

	Contracting arrangements in place for SERCO and sub contractor workforce at the Trust Year on year increase in volunteer workforce Nursing & Midwifery Strategy Workforce plan and accountability framework			
3.2 Poor health and absence within our workforce creating service pressures impacting their ability to deliver a high quality service	Welfare calls to staff who are absent Health & wellbeing support programme Staff weekly briefing Psychology support and mental health support Occupational Health and counselling and physio service Wobble rooms established across sites for staff to recover and recoup Project Wingman (staff rest and support programme) Long covid clinics for staff Menopause programme insomnia intervention programme and fatigue support Flu and covid vaccination programme Hardship fund for staff Policies and procedures in place for managing absence Psychological wellbeing training within Management Essentials Psychological first aiders Health & Wellbeing conversations in Annual Appraisal	**Management** Quarterly reports to People Committee on the Health & Wellbeing Staff survey action plans at Collaborative level presented to the People Committee Leadership update report regarding embedding wellbeing Report on Workforce Retention regarding health and wellbeing conversations Health & wellbeing conversations embedded in Appraisal documentation and appraisal documentation rolled out across Trust Financial wellbeing report to Committee **Risk and compliance** **Independent Assurance** NHS Staff survey 2022 results showing improvement in a number of areas Silver accreditation for Better health at Work Award 2022 Menopause Friendly Organisation accreditation 2022 Mindful emplooyer	Review of the absence management plans by collaborative to assess the impact of absence of workforce on existing workforce – Rachael Metcalf December 23 Assess the impact of workplace environmental health and wellbeing actions - R Metcalf – June 24	
3.3 Staff do not feel cared for / increased pressure and workload on existing staff due to not feeling valued	Staff engagement strategy Policies for Grievance, Dignity at Work and FTSU Year on year reduction of appeals received STAR awards Specific campaign and communication around Total Rewards Statements ESR and development plan Directorate level staff survey action plans Events to celebrate contributions such as #loveadmin Staff networks for Staff Engagement, Disability and Long-Term Health Conditions, Childless not by Choice and Menopause	**Management** Quarterly report to People Committee on Engagement & belonging Values based recruitment process Report on over / under payments **Risk and compliance** Freedom to Speak Up Guardian report quarterly to Board Guardian of Safe Working report to Board; **Independent Assurance** NHS staff survey 2022 results showing improvement in a number of areas	Ongoing evidence of an increase in the response rate for completion of the staff survey – Rachael Metcalf – February 24 Implementing the ESR automation service to allow further autonomy in the workforce – Rachael Metcalf – October 23 Rewards and Recognition policy to be implemented – Rachael Metcalf – November 23	

		Critical Care junior doctor survey discussed at People Committee 2021		
3.4 Failure to attract, retain and develop a diverse leadership. A culture that perpetuates the current inequalities through a lack of understanding of privilege and how this manifests in recruitment, talent management and succession planning processes.	BAME risk assessments ED&I strategy Just culture and civility saves lives programme Staff networks in place for some protected characteristics Staff networks and groups which include BAME, Disability and Long Term Health Conditions, LGBT+, Faith, Menopause and Childless not By Choice. Unconscious bias training delivered through the Management Essentials Programme Annual calendar of events raising awareness across a wide range of diversity issues. Reciprocal mentoring programme for BAME and senior leader colleagues, developing 23 reciprocal partnerships and identifying three areas for system change.	**Management** ED&I Annual report WRES and WDES report to People Committee Quarterly report to People Committee on ED&I Reciprocal mentorship programme in development Values based recruitment process **Risk and compliance** Freedom to Speak Up Guardian report quarterly to Board Guardian of Safe Working report to Board; Gender Pay Gap report to People Committee Increased the number of staff self-declaring their ethnicity from a BAME background and/or their disability status. **Independent Assurance** Critical Care junior doctor survey discussed at People Committee 2021 NHS Staff survey 202 results showing improvements in a number of areas Undertook an externally lead listening events for all our BAME colleagues.	Evidence of increasing the workforce to be representative of the communities we serve (Race Pay gap_– Rachael Metcalf November 23 Evidence of promotion opportunities for colleagues from protected characteristic backgrounds- Rachael Metcalf – November 23 Impact of increased representation of protected characteristics on each recruitment panel – Rachael Metcalf February 24 Impact of reciprocal mentorship programme on recruitment and retention - Rachael Metcalf February 24	
3.5 Failure to provide excellent learning and development opportunities to ensure staff have the knowledge skills and confidence to do their job may have an adverse impact on clinical outcomes	Schwartz rounds Leadership academy Appraisal process in place for all staff clinical and non clinical – new paperwork agreed with staff introduced including a wellbeing discussion Leadership Development and Quality Improvement educational sessions Leadership apprenticeship partnerships Interventional OD network (leadership development, coaching support, quality improvement, Civility and Human Factors, Business Intelligence and Service Improvement) for teams based on Improvement Plan. Culture change programme to continually improve quality and safety for our patients and service users. Restorative Just and Learning Culture 100 ‘ambassadors’ and practitioners in restorative practice.	**Management** Quarterly report to People Committee on Improving Learning and Leadership Culture KPI report on training KPI report on appraisals Report on quality of appraisals to People Committee **Risk and compliance** **Independent Assurance** NHS Staff survey 2022 results showing improvements in a number of areas HEE report on medical education September 2022	Evidence of career progression following attendance at Leadership and Improvement Courses; September 2023 Jennie Winnard and Rachael Metcalf Impact of Distributed leadership programme; September 2023 Jennie Winnard Evidence of impact of large scale education and training; November 2023 Jennie Winnard	

Principal risk - 4	**Failure to deliver as a centre of excellence, resulting in a lack of priority and recognition from commissioners and other stakeholders**	**Strategic Objective**	**A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond**

Lead Committee	Quality Assurance Committee	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**		
Executive Lead	Chief Medical Officer	**Likelihood**				**Risk appetite**	
Initial date of assessment	September 2022	**Consequence**					
Last reviewed		**Risk Rating**					
Last changed							

To be updated

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

Lead Committee	Trust Provider Committee	**Risk Rating**	**Initial Rating**		**Target**		
Executive Lead	Chief Executive / Managing Director	**Likelihood**				**Risk appetite**	
Initial date of assessment	September 2022	**Consequence**					
Last reviewed		**Risk Rating**					
Last changed							

To be updated

Principal risk - 6	**Failure to achieve financial objectives and responsibilities**	**Strategic Objective**	**Make best use of our resources**

Lead Committee	Resources	**Risk Rating**	**Initial Rating**	**Target**			
Executive Lead	Chief Finance Officer	**Likelihood**	3	2		**Risk appetite**	Moderate
Initial date of assessment	September 2023	**Consequence**	4	3		**Risk level**	Cautious
Last reviewed		**Risk Rating**	12	6			
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
6.1 Uncertainty around funding / contracting arrangements and planned levels of clinical income	Process / system by which we develop assumptions regarding funding, i.e. tangible description of Commissioner engagement, horizon scanning, Strategy development Revised business planning process in place which reflects new funding arrangements Robust business planning process to allow clarity and understanding of cost base enabling support for new funding opportunities/requests Clinical coding improvement plan Digital investment programme ICS Resource Allocation Group established and CFO a member 23/24 TV 'pace of change' allocation adjustment NHS Standard Contract and guidance Costing information Joint NTHT Contract Contract meetings Contracting working group established across NT and ST	**Management** Chief finance Officer attendance at ICS Finance meetings Regular finance updates taken to Director Team, SLT and CPG highlight key issues and development of Finance Plan Monthly Finance report to Resources Committee highlighting key issues Regular financial planning updates to Resources Committee Contracting guidance **Risk and compliance** Finance report to Board highlighting key issues Regular financial planning updates to Board Board approval of financial plan **Independent** NHSE/I independent costing assurance audits 2021/22 block contracts agreed for H1 and H2 periods, under the Covid-19 financial framework. Internal Audit External Audit of accounts and value for money Submission of financial plan to ICB/NHSE	Strategy to maximise all alternative funding streams – C Hand - tbc Financial planning based on validated activity base / predictions for future demand – C Hand - tbc	
6.2 Lack of long term financial plan with ICB	Trust five-year Financial Plan and Strategy based on agreed financial assumptions / modelling. Development of a robust annual financial plan to underpin the longer-term financial plan, triangulated with workforce and activity.	**Management** Chief finance Officer leads development of assumptions and financial models Finance Plan agreed with Directors, SLT and CPG CPG check ins on Directorate plans **Risk and compliance**	TBC	

		Annual Financial Plan approved by Resources Committee and Board **Independent** Internal Audit sustainability review audit Internal Audit External Audit of accounts and value for money Submission of financial plan to ICB/NHSE		
6.3 Insufficient financial capacity and capability and potential loss of grip and control	Increased Finance team and business partnering capacity Service Improvement Office Targeted external support (Kingsgate) Clinically led collaborative leadership LISA financial management OD programme CIP framework Budget setting principles and budgets in place Clinical Strategy and Improvement Group Delivery of 2022/23 control total YTD delivery of 2023/24 plan Day to day budget management processes in place Finance business partners - qualified Policies and procedures for managing financial control Capital Planning Group in place quality assuring business cases for capital Business case process in place Corporate Governance Framework (SFI/SO, Scheme of delegation in place) Purchasing via procurement frameworks and NHS supply chain Detailed WTE reconciliation (reviewed by national NHSE) Weekly Vacancy Control Panel (CFO, COO, CNO, HRD) Focus on sickness management, recruitment and retention Optimising Rostering and Job Planning Steering Group 1:1 nursing central oversight (Therapeutic Care Team) Agency controls Non pay controls Cash forecast Delivery of budget holder training workshops and enhancements to financial reporting	**Management** Directorate level finance reports National Cost Collection report to Resources Committee PLICs plan report to Resources Committee Directorate level and department level finance reporting Cost centre level finance reports Business cases reviewed by FIB / Capital Planning CPG decision making on budgets and capital planning Budget sign off Update SFI/SOs in line with Collaborative Structure agreed by Audit Committee PLICs plan report to Resources Committee **Risk and compliance** Finance report to Board and Resources Committee monthly including CIP progress IPR report to Board and Committees Provider licence self-assessment Board Development session 15 February 2022 to agree CIP and response to NHSE/I February 2022, March 2022, April 2022, Board reports on 2022/23 financial position and system savings Procurement report to Resources Committee Annual report and accounts Annual Governance Statement Annual accounts **Independent assurance** Internal audit External audit NHSE/I monthly finance monitoring Letter of acknowledgement of receipt of plan and ICS management NHS E national team financial review report and consideration by Board and Resources Committee (date) Internal audit of HFMA self assessment report to Resources Committee (date)	Data and business intelligence quality improvements– Chris Hand – TBC	

		Going concern and financial controls audit as part of External and Internal audit programme		
6.4 Failure to deliver the required levels of efficiency savings	Agreed Efficiency Programme Service Improvement office (SIO) resource in place to support delivery of relevant workstreams Agreed process for the recording and monitoring of efficiency schemes Directorate / Collaborative identification of CIP schemes and delivery of schemes monitored CIP groups established	**Management** Review Directorate / Collaborative Efficiency Plans as part of annual Financial / Business Planning process. Monitoring delivery of efficiency plans by SIO Collaborative / Director level review of delivery of efficiency plans. Performance Review meetings co-ordinated by the COO **Risk and Compliance** Monthly financial reports reviewed by CIP Group and Resources Committee Integrated Performance Report (IPR) reviewed by Resources Committee and Board of Directors Outcome of Directorate / Collaborative Reviews reported to SLT Regular reports on CIP progress to Resources Committee. **Independent** Annual external audit of Accounts and Value for Money report.	Internal Audit of relevant financial management areas and CIP Programme – N Legg - October 2023	
6.5 System financial deficit and medium term recovery plan impacting on the ability to deliver safe quality care	5 year long term financial model Working capital support through agreed loan arrangements Annual financial plan and budgets, based on available resources and stretching financial improvement targets. Service Improvement Office Close working with ICB partners to identify system-wide planning, transformation and cost reductions Executive oversight of commitments Development of a three-year Service review Programme Capital Oversight Group Full participation in ICB planning MTFA consistency with ICB and partner plans ICB DoFs Group ICB Operational Finance Directors Group ICB Financial Framework	**Management** Forecast sensitivity analysis and underlying financial position reported to Resource Committee	TBC	
6.6 Unexpected cost pressures leading to unplanned overspends	Day to day budget management processes in place Finance business partners - qualified Policies and procedures for managing financial control Cash flow forecast	**Management** Directorate level and department level finance reporting Budget sign off ICS/ICP updates through Finance report and CEO report to Committees and Board	Improve monthly forecast and risk assessments, with activity and workforce information – triangulate data – Chris Hand – TBC	

	Corporate Governance Framework (SFI/SO, Scheme of delegation in place) Vacancy control plan in place Collaborative Chairs meeting Agency and locum sign off process Purchasing via procurement frameworks and NHS supply chain ICS/ICP Director of Finance meeting Joint working with NTHT CIP group in place with agreed governance and reporting structure	Financial structure update to Resource Committee verbally March 2022 **Risk and compliance** Finance report to Board, Resources Committee Procurement report to Resources Committee **Independent** Going concern and financial controls audit as part of External and Internal audit programme Regional finance returns monthly (H1/H2) Financial risk share agreements agreed for 2021/22. ICB forecast to deliver financial balance in line with plan, with Trust plan delivery on track	Improve system and process for business case development including internal and externally funded cases – Chris Hand - TBC	
6.7 Capital resources are insufficient to meet organisation requirements resulting in loss of operational capacity and inability to meet strategic aims and priorities, impacting on delivery of financial targets	Capital planning group in place (CPOG) Premises assurance model (PAM) undertaken Regular risk assessments and environmental audits Capital Plan agreed Medical Devices Group Fixed Asset register Group C register Business case process in place Estates Directors meeting (ICS)	**Management** Quarterly update to Resources Committee on Capital **Risk and compliance** ICS Capital allocation **Independent assurance**	Best use of capital resources to support clinical delivery and development – process to be identified – P Sturdy - TBC Business case process – include return on investment - P Sturdy - TBC Strategic long term view on capital investment – P Sturdy - TBC Strategic use of the group estate and capital investment - P Sturdy - TBC	
6.8 Inability of system partners to support or implement system wide opportunities	ICS/ICP Director of Finance meeting ICS Capital Planning / Estates Managers meeting Joint working with NTHT TV Clinical Services Strategy and Board TV CEO meeting ICS Executive Management Meeting Joint Strategy Board ICS/ICP plan	**Management** ICS/ICP updates through Finance report and CEO report to Committees and Board JSB MOU Finance report to JSB on opportunities across the TV **Risk and compliance** Regional Directors (2019) review of system savings report February 2022, March 2022, April 2022, Board reports on 2022/23 financial position and system savings **Independent** ICP/ICS Plan submission approval by NHSE/I Financial risk share agreements agreed for 2021/22. ICB forecast to deliver financial balance in line with plan, with Trust plan delivery on track.	TBC	
6.9 Failure to advance digital maturity will impact on efficiency, care quality and safety	Digital roadmap for 2021/23 EPR programme board and sub groups in place Individual projects in place for quality & safety such as MIYA, patient track, inphase	**Management** Business Case for MIYA approved by Board Digital updates to Resource Committee monthly IG update to Resource Committee	Establish process for reviewing business case benefits realisation –Manni Imiavan – TBC	

	DATIX cloud and incident management reporting – reviewed monthly Improvement groups aligned to digital programmes Clinical Digital leads – CCIO, Associate CCIO, CNIO, Digital Midwife – including weekly meetings Dital programmes benefits realisation report monthly to Resources Committee and benefits realisation lead appointed IT Business Continuity and Incident Management plans Capital Investment approved and programme of delivery Digital Steering group SIRO Digital leadership meeting in place fortnightly NED appointed with digital skills background Digital Director in place Engagement with external partners (Public Digital and NHS Providers) to continue to develop digital plan and digital governance	capital expenditure in relation to digital maturity / delivery of the digital plan report Resources July 2023 **Risk and compliance** Digital operability report to JPB **Independent assurance** NHS digital review of Tees Valley PWC have completed audits of Cyber Security and the Data Security & Protection toolkit. Digital governance audit by PWC – high risk	Further develop link with safe and effective care leads to ensure review of quality and safety incidents that has implications for digital – Manni Imiavan - TBC Digital plan for 2023-26 to be developed in conjunction with stakeholders – Manni Imiavan – Tbc Review resources of expertise in the digital team / organisation to delivery the digital plan – October 2023 Undertake a self assessment on the NHSE “What good looks like” / digital maturity self assessment and share this with Resources Committee and agree action plan and exception reporting as appropriate – Manni Imiavan – November 2023	
6.10 Disruption to critical clinical and operational systems as a result of failures associated with outdated systems, legacy hardware, unsupported systems, supply chain distribution resulting in operational service disruption, potential harm, financial implications and possible reputational damage	Firewall rebuild Network access control Yearly pen tests Cyber security and education to staff Annual Board level cyber security Replacement of old software with fully supported new software Replacement of legacy devices programme DATIX cloud reporting of incidents IG Toolkit and Audit Cyber security clauses in contracts with suppliers and evidence of this Information Governance Assurance Framework Cyber security programme Major incident plan in place Spam and malware email notification NHS Care Cert	**Management** IG update to Resource Committee capital expenditure in relation to digital maturity / delivery of the digital plan report Resources July 2023	Older contracts / suppliers do not have cyber statements – Manni Imiavan IG action plan gaps by exception - Manni Imiavan PWC actions - Manni Imiavan Review resources of expertise in the digital team / organisation to delivery the digital plan – October 2023	
6.11 Failure to prevent a successful cyber attack or data breach which is likely to have a detrimental impact on the organisations ability to deliver operational services.	Information Governance Assurance Framework Cyber security programme Major incident plan in place Spam and malware email notification	**Management** Data Protection and Security Toolkit submission 22/23 Digital update to Resources Committee monthly IG update to Resources Committee **Risk and compliance** Board cyber training 2022 – 29 March **Independent assurance** Cyber internal audit report – weaknesses identified	PWC data protection audit – Manni Imiavan – October 2023	

		External Audit of data protection and security toolkit		

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 3 OCTOBER 2023			
Integrated Performance Report			**AGENDA ITEM: 8** **ENC 6**
Report Author and Job Title:	Anna Easby Information Officer Business Intelligence Unit	**Responsible Director:**	Sam Peate Chief Operating Officer
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	To provide the Board with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance. The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions. Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.		
Assessment	Changes to metrics for August IPR, are as follows: **SAFE** domain: No change **EFFECTIVE** domain: No change. **CARING** domain: No change. **EQUITABLE** domain: No change. **RESPONSIVE** domain: No change. **WELL LED** domain: No change.		

	Our key messages for August are: 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 steady and close to the national average. Clear reductions in A&E 12 hour waits and 12 hour 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 keeps performing ahead of 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 June was slightly behind plan but within that 1st OP appt activity was among the highest in the ICS and overnight elective admissions show promising year on year growth. Performance against the 6 week diagnostic standard deteriorated in June however plans are in place to increase radiological capacity and access. The Trust was compliant with the national target for Cancer 28-day Faster Diagnosis Standard and the Cancer 62-day accumulation has improved over the same period, returning to the planned recovery trajectory at July end.
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐
Recommendation	Members of the Public Trust Board of Directors are asked to note the Integrated Performance Report for August 2023.

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

South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

August 2023

OVERSIGHT

RESPONSIBLE DIRECTORS		BOARD SUB COMMITTEE
Dr Hilary Lloyd, Chief Nursing Officer	Safe, Caring	Quality Assurance Committee
Dr Michael Stewart, Chief Medical Officer	Effective	Quality Assurance Committee
Samuel Peate, Chief Operating Officer	Responsive	Resources Committee
Dr Michael Stewart, Chief Medical Officer	Equitable	Quality Assurance Committee
Chris Hand, Finance Director	Well Led	Resources Committee
Rachael Metcalf, Human Resources Director		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:

No change.

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	Jul-23	Jul-23	Jul-23	Jul-23	Jul-23	Jun-23	Jun-23	Jun-23	Jun-23	Jun-23	Jun-23	Jun-23	Jun-23	Jun-23	Jun-23	Jun-23	Jun-23	Jul-23	Jun-23	Jun-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	72.6%	15	0.9%	445	134	64.5%	1,974	405	16	0	52,711	104%	107%	107%	93%	27.1%	50.0%	145	288	80.3%
NENC ICS Provider level *(including IS providers)*	78.2%	254	3.0%	1,562	349	69.9%	9,125	1,754	121	13	400,682	102%	101%	108%	115%	17.5%	58.2%	952	1,897	80.2%
North East & Yorkshire	74.4%		3.7%			65.6%										21.8%	60.3%			76.7%
National	74.0%		7.3%			59.2%										25.2%	59.2%			73.5%

The Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led. Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position. A&E 4-hour standard performance is steady and close to the national average. Clear reductions in A&E 12 hour waits and 12 hour 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 keeps performing ahead of 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 June was slightly behind plan but within that 1st OP appt activity was among the highest in the ICS and overnight elective admissions show promising year on year growth. Performance against the 6 week diagnostic standard deteriorated in June however plans are in place to increase radiological capacity and access. The Trust was compliant with the national target for Cancer 28-day Faster Diagnosis Standard and the Cancer 62-day accumulation has improved over the same period, returning to the planned recovery trajectory at July end.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2516	2070	Aug 2023		
Serious Incidents	7	4	Aug 2023		
Never Events (YTD)	1	0	Aug 2023	N/A	N/A
Falls	164		Aug 2023		N/A
Falls Rate %	4.8	6.6	Aug 2023		
Falls With Harm	8		Aug 2023		N/A
Falls With Harm Rate %	0.2		Aug 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. There have been no Never Events reported in August. 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 have completed a quality improvement project, mapping systems, processes and reporting mechanisms to ensure effective, evidenced-based and patient-centred care. The falls improvement plan will centre upon better communications ensuring expectation for all colleagues are clear; developing more training opportunities to better equip staff with knowledge and skills to support patient care; a focus on materials for patients so they can be supported towards safer mobilisation; and agreement on the digitisation of documentation to support post falls work.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.6		Aug 2023		N/A
Category 2 Pressure Ulcers (Community)	54		Aug 2023		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.4		Aug 2023		N/A
Category 3&4 Pressure Ulcers (Community)	45		Aug 2023	H	N/A
Medication Incidents	140		Aug 2023		N/A
Medications Reconciled Rate %	49%	80%	Aug 2023		F
Omitted Critical Doses (%)	3.6%		Aug 2023		N/A
C-Difficile (YTD)	60	45	Aug 2023	N/A	N/A
MRSA (YTD)	0	0	Aug 2023	N/A	N/A
E-Coli (YTD)	51	55	Aug 2023	N/A	N/A
Klebsiella (YTD)	24	20	Aug 2023	N/A	N/A
Pseudomonas (YTD)	13	5	Aug 2023	N/A	N/A

Pressure Ulcers

The rate of hospital-acquired pressures ulcers is within expected variation. The community setting has seen an increase in Category 3 and 4 pressure ulcers. The PURPOSE T tool and SSKIN assessment are now live in all inpatient hospital wards. Education is currently being undertaken in Friary with a go live date planned in September. 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. Education and training continues in clinical areas. Focus has been targeted on completion of the risk assessment tool to comply with NICE guideline and the CQUIN target. It is the intention to review pressure ulcer investigations in the first phase of PSIRF roll out. This includes a pilot whereby multi-professional reviews will occur at the time of pressure ulcer reporting for new or deteriorating category 2 and above on identified wards. The pilot has begun with ward teams engaging well. Incidence of community pressure ulcers reporting is being reviewed to report PUs per 1000 in relation to caseload.

Medications

Medication incidents reported in August were within expected variation. Omitted doses for critical medicines was just above recent average but also within expected variation. The interactive dashboard is now on the trust intranet for staff to access and this has been demonstrated at the senior nursing forum for a proactive approach to reviewing critical medicines. Medicines reconciliation continues to be an area of focus and the Pharmacy team are carrying out in-depth analysis. August performance has been affected by annual leave and vacant posts, which will be filled in September 2023.

Healthcare acquired infections

There were no new MRSA reported in August. C. difficile rose again in August with 15 Trust Apportioned cases recorded which was up on last year. Clear local, regional and national action plans remain 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 are 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). An increase in Pseudomonas for August is under investigation with robust actions in place.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	405		Aug 2023	N/A	N/A
Breast feeding initiated (48 hrs)	62%	74.5%	Aug 2023		
Preterm birth rate <26+6 wks	1%	6%	Aug 2023		
Preterm birth rate 27 - 36+6 wks	7.2%	6%	Aug 2023		
Induction of Labour (%)	41.1%	44%	Aug 2023		
Number of 3rd/4th degree tear (%)	1%	3.5%	Aug 2023		
PPH > 1500ml (%)	1.45%	2%	Aug 2023		
Still Births (YTD)	2	17	Aug 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. These are monitored via 3rd/4th degree audit database.

Post-partum Haemorrhage (PPH) fluctuates and is within target for August. All cases are reviewed to ensure guidelines are followed. PPH is in the annual MDT obstetric emergency training and simulations also occur regularly 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 PPHs to identify any themes and commonalities which will help us to reduce PPH.

All maternity standards are reviewed monthly by the Maternity Services and reported to Quality Assurance Committee and NENC LMNS.

EFFECTIVE

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6.2%		Jun 2023		N/A
Sepsis - Oxygen delivered within 1hr	98.1%	95%	Jul 2023		
Sepsis - Blood cultures within 1hr	71.2%	95%	Jul 2023		
Sepsis - Empiric IV antibiotics within 1hr	71.2%	95%	Jul 2023		
Sepsis - Serum lactate within 1hr	71.2%	95%	Jul 2023		
Sepsis - IV fluid resuscitation within 1hr	71.2%	95%	Jul 2023		
Sepsis - Urine measurement within 1hr	100%	95%	Jul 2023		
Summary Hospital-Level Mortality Indicator	111	100	Apr 2023		
Comorbidity Coding	3		Jun 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.
- Phase 2 of Call 4 Concern introduced throughout the organisation.
- Digital sepsis screening introduced to two community hospitals.
- Blood culture compliance presented to the IPC operational group, matrons asked to feedback to their areas and contact sepsis team with improvement strategies.
- Digital Paediatric sepsis tool completed - achieved >90% compliance in training.
- NICE guidance is currently under review nationally.

Mortality

SHMI of 111 for the latest official reporting period, May 2022 to Apr 2023 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 3.6% of spells in England are removed because they have a COVID code (slightly down) and spells included in SHMI are at 88% of pre-pandemic levels (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.

CARING

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	83%	78%	Aug 2023		
Inpatient Experience (%)	97.6%	94%	Aug 2023		
Maternity Experience (%)	92.5%	92%	Aug 2023		
Outpatient Experience (%)	96.9%	93%	Aug 2023		
Community Experience (%)	99.1%	94%	Aug 2023		
New Complaints	30		Aug 2023		N/A
Closed Within Target (%)	61.5%	80%	Aug 2023		

Patient experience

The Trust received excellent feedback from the national 2022 adult inpatient survey, performing 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 trusts in 14 out of 45 questions.

Emergency Department Friends & Family Test score continues to improve, remaining above target since January and continues to be monitored locally. 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 target.

The Maternity Friends & Family Test score reflects feedback captured in the Antenatal, Birth and Postnatal surveys. The percentage positive response has remained about the same as the previous month, remaining just above target for the third consecutive month. Comments from the surveys are continually reviewed by the Maternity team to identify areas for improvement and these are monitored though the Patient Experience Steering Group. The pilot in the Maternity services continues and, whereby the FFT question is sent to all women, separate to the surveys, continues to show an improvement in the FFT response rate.

Closed within target

The timeframe for response for in complaints closed in target for August has decreased on the previous month, this is due to staff availability during the holiday period. Complaint timeframes continue to be a priority and the action plan implemented in April 2023 continues. A rapid review of the complaints process commenced in July 2023, is in process with a further meeting planned in September 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

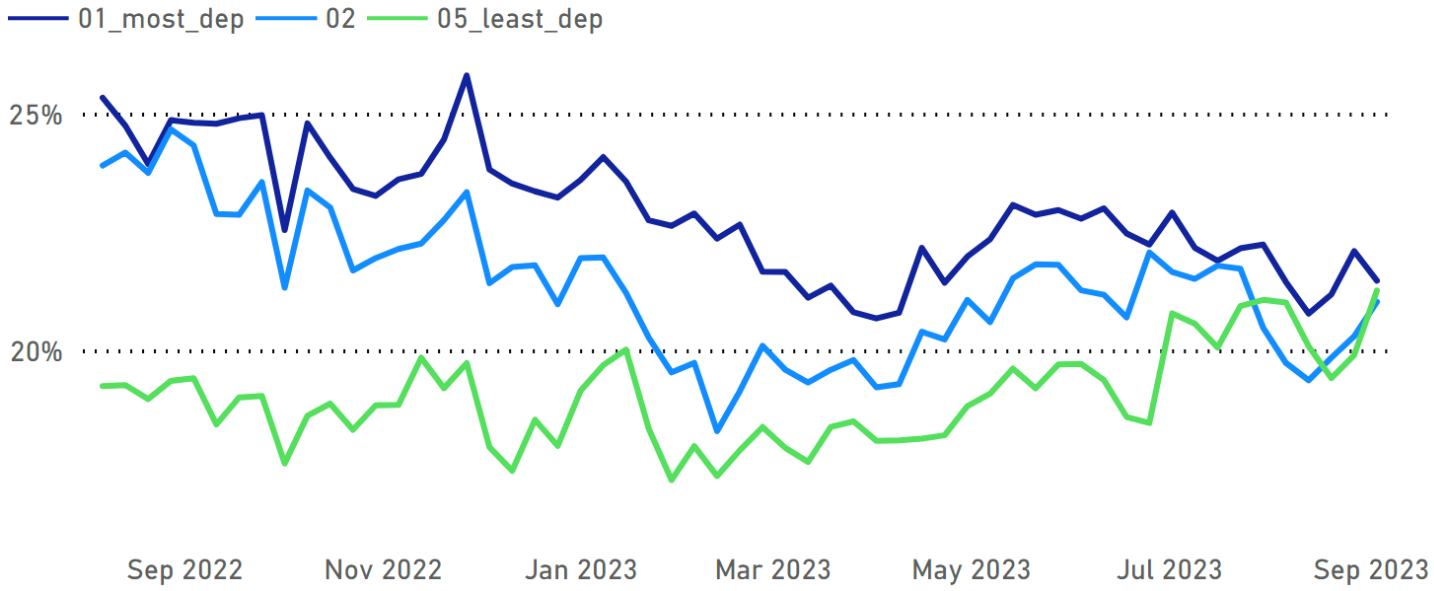
IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	2059	563	21%	2622
02	1217	324	21%	1541
03	1189	299	20%	1488
04	1787	462	21%	2249
05_least_dep	1244	336	21%	1580
N/k	888	102	10%	990
Total	**8384**	**2086**	**20%**	**10470**

IMD is taken from patient's postcode of residence

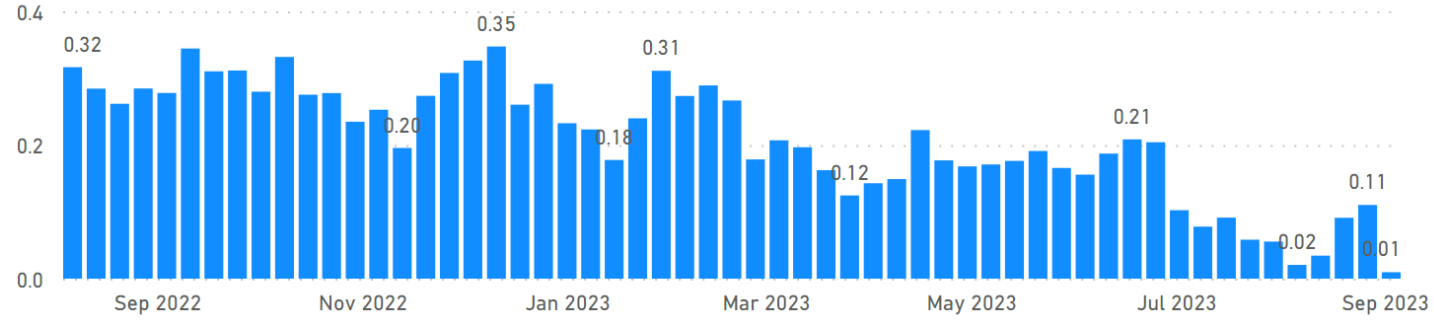
Long Waiters:
P2 › 3 weeks
P3 › 3 months
Any › 52 weeks

In Standard: All others

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



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



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

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

EQUITABLE

Elective inpatient PTL Inequalities: Ethnicity

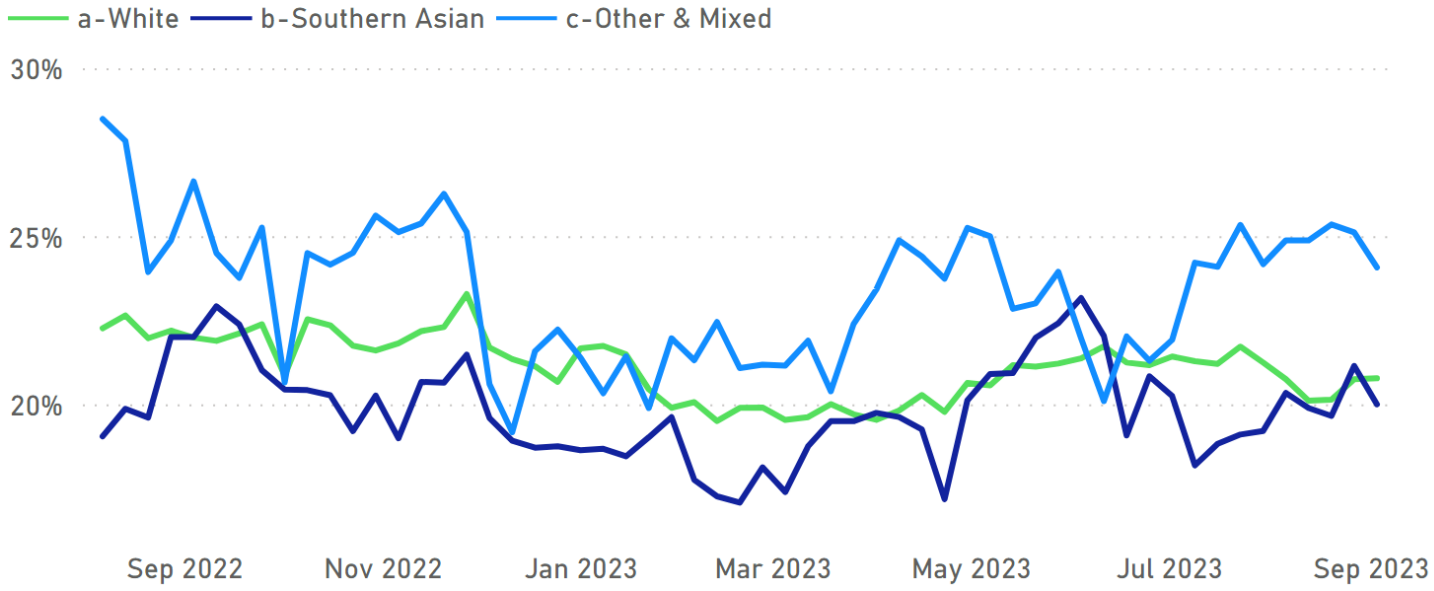
Latest PTL by IMD quintile

Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
a-White	**6403**	**1679**	**21%**	**8082**
b-Southern Asian	**136**	**34**	**20%**	**170**
c-Other & Mixed	**164**	**52**	**24%**	**216**
Black	31	10	24%	41
Mixed	31	15	33%	46
Other	102	27	21%	129
N/k	**1681**	**321**	**16%**	**2002**
Total	**8384**	**2086**	**20%**	**10470**

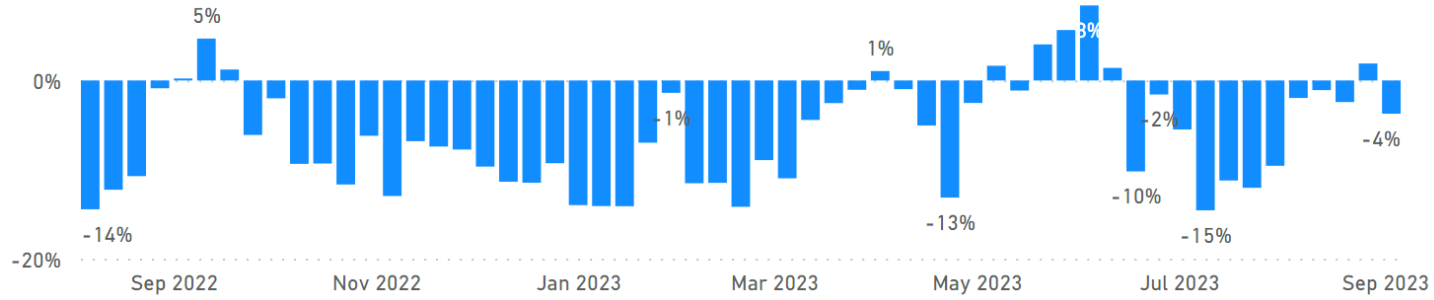
Long Waiters:
P2 › 3 weeks
P3 › 3 months
Any › 78 weeks

In Standard: All others

Long waits as % of total PTL by Ethnic groups



Variance of Southern Asian % long waiters to White



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

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

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Attendances - Type 1	10267	10404	Aug 2023		
A&E Attendances - Type 3	5328	5675	Aug 2023		
Handovers - Within 30 Mins (%)	85.1%	95%	Aug 2023		
Handovers - Within 60 Mins (%)	95.2%	100%	Aug 2023		
4-Hour A&E Standard	70.4%	76%	Aug 2023		
12-Hour Waits from Decision to Admit	6	0	Aug 2023		
12-Hour A&E Breaches	117	0	Aug 2023		
RTT Incomplete Pathways (%)	64.4%	92%	Jul 2023		
RTT List Size within 52 weeks (%)	96.4%		Jul 2023		N/A
RTT 52 week waiters	1939	1179	Jul 2023	N/A	N/A
RTT 65 week waiters	382	262	Jul 2023	N/A	N/A
RTT 78 week waiters	18		Jul 2023	N/A	N/A
RTT Waiting List Size	53418	48263	Jul 2023		
Diagnostic 6 Weeks Standard (%)	73.4%	99%	Jul 2023		
Cancer 14 Day Standard (%)	70.3%	93%	Jul 2023		
Cancer 31 Day Standard (%)	92.1%	96%	Jul 2023		
Cancer 62 Day Standard (%)	52.8%	85%	Jul 2023		
Cancer >62 Day Backlog	152	154	Aug 2023	N/A	N/A
Cancer Faster Diagnosis Standard (%)	80.4%	75%	Jul 2023		
Cancelled Ops - Non-Urgent Cancelled on Day	45	0	Aug 2023		

Urgent and emergency care

The impact of challenges across the social care system continue to be observed , 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 August tracked expected numbers for the James Cook department, with lower numbers seen 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 representative of 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. An external peer review of our Emergency Department and patient flow processes is underway to support this process with a fresh perspective.

Elective, diagnostic and cancer waiting times

Referral to treatment within 18 weeks trend is consistent at 64% and remains 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 in line with national requirements.

Compliance with the 6-week diagnostic access standard has stabilised. Following improvements for endoscopy, cardiology echo and audiology waits, increased pressure from MRI and Ultrasound demand have counter-balanced the overall Trust position. Plans are in place for extra capacity for MRI from mid-September.

For cancer, recent improvements for the faster diagnosis standard have been sustained with 80% compliance in July, above the national 75% target. The accumulation of patients waiting 63+ days is tracking the recovery trajectory with 93% of urgently referred, suspected cancer patients 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 in progress with final report expected end of October. Cancer Action Plans continue to be reviewed and monitored through the Cancer Delivery Group, incorporating recommendations from Pathway Review projects.

RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	17155	18704	Aug 2023		
Outpatient Follow Up Attendances	44609	46779	Aug 2023		
Day Case admissions	6484	6752	Aug 2023		
Ordinary Elective admissions	996	1139	Aug 2023		
NEL admissions with 0 LOS (excluding Maternity)	1748	1702	Aug 2023	H	
NEL admissions with 0 LOS	3159	1929	Aug 2023	H	
NEL admissions with 1+ LOS (excluding Maternity)	3084	2952	Aug 2023		
NEL admissions with 1+ LOS	3634	3716	Aug 2023		
G&A Occupied Beds (%)	90.4%	92%	Aug 2023		
Length of Stay - Elective	3.6		Aug 2023		N/A
Length of Stay - Non-Elective (excluding Maternity)	3.4		Aug 2023	L	N/A
Not Met Not Discharged	73	90	Aug 2023	L	
21 Day Stranded Patients (%)	12%	12%	Aug 2023	L	

Activity

Total outpatient activity was 2% lower than planned levels in August and Inpatient elective admissions (Day Case and Ordinary) 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 4% 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 3.4 days most recently for August.

These improving patient flow indicators demonstrate the capability of the Trust to meet the needs of patients with increased acuity in August 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.

WELL LED

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£11.707m	-£11.707m	Aug 2023	N/A	N/A
Annual Appraisal (%)	79.9%	80%	Aug 2023		
Mandatory Training (%)	89.9%	90%	Aug 2023		
Sickness Absence (%)	5.5%	4%	Aug 2023		
Staff Turnover (%)	11%	10%	Aug 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 5, the Trust's financial position is a deficit of £11.7m which is line with the year-to-date plan.

People

Sickness absence across the Trust is 5.5% for the month of August 2023 an increase from July. Long term sickness has increased, however short-term sickness has decreased. For all new cases, the Wellbeing and Attendance team will be contacting each manager to explore whether colleagues are in process and if not, to offer some initial advice with a view to them commencing the process. The team will prioritise any hot spot areas, nurses, HCA's and colleagues who are absent due to one of the main reasons for absence (stress/anxiety, MSK and Cancers).

Appraisal compliance for the month of August 2023 is 79.9%. The Trust continue to prepare for the 2023 NHS Staff Survey with a fieldwork period from 2nd October to 24th November 2023. Collaboratives will be invited to update regarding 2022 Staff Survey action plans at People Committee on 25th October 2023. Through August and September HR teams have been sharing at Trust, Collaborative and Directorate meetings a presentation of the updated Trust People Plan.

Trust turnover has reduced to 11%. HR teams continue to review exit data and promote the Trust's retention strategy. HR teams will be working with their areas to review and update Directorate workforce plans.

Mandatory Training has increased for the month of August 2023 and is now 89.9%. The compliance rate now includes all the Core 10 modules. The additional reported elements are Conflict Resolution, Manual Handling and Resuscitation.

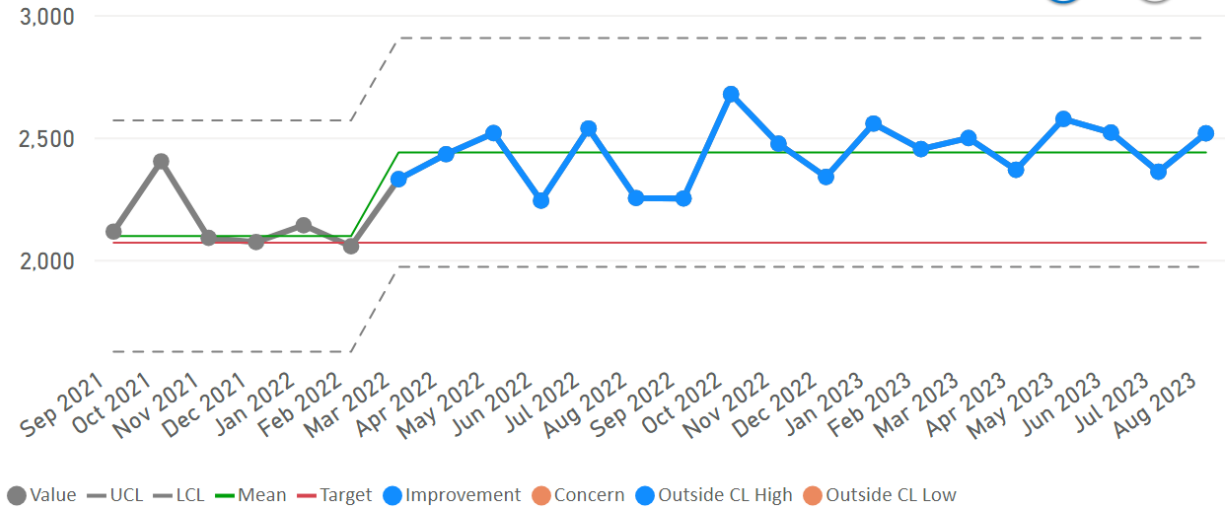
APPENDICES

SPC charts for the metrics summarised above, by domain.

SAFE

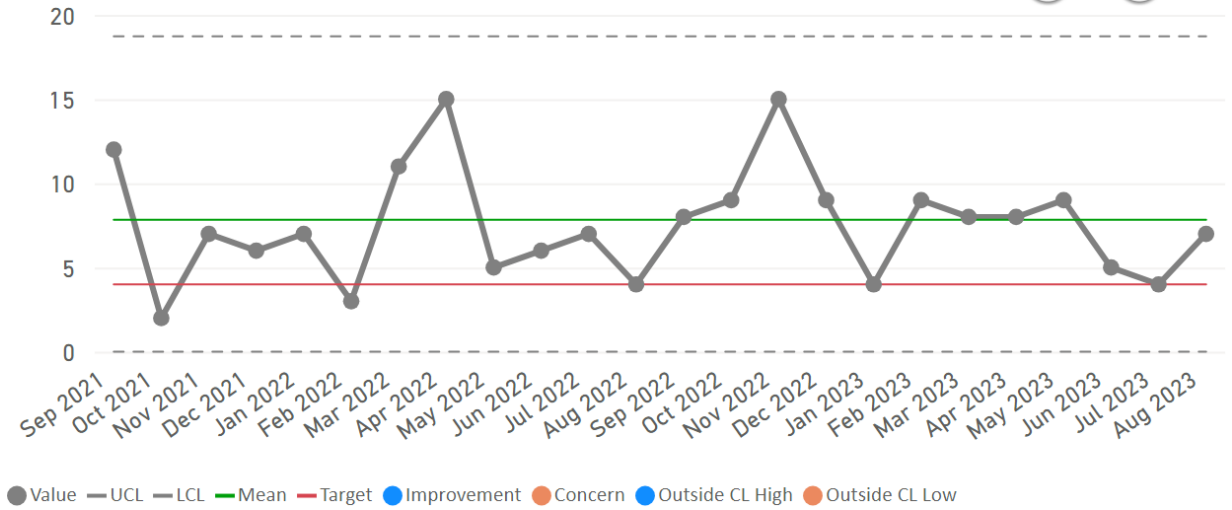
DATIX Incidents

Month	Performance	Target	Trend	Assurance
Aug 2023	2516	2070		



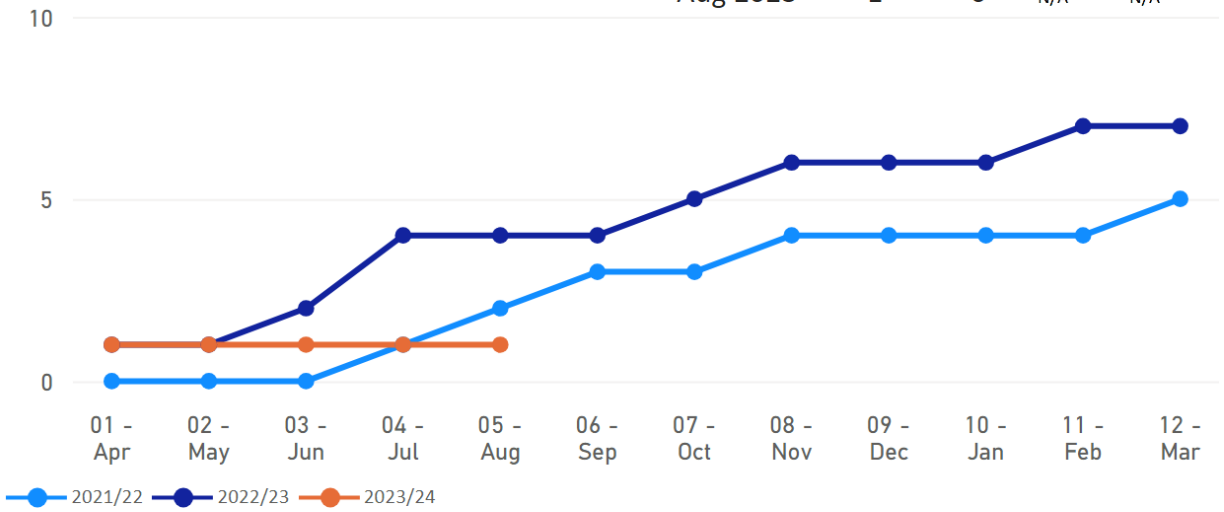
Serious Incidents

Month	Performance	Target	Trend	Assurance
Aug 2023	7	4		



Never Events (YTD)

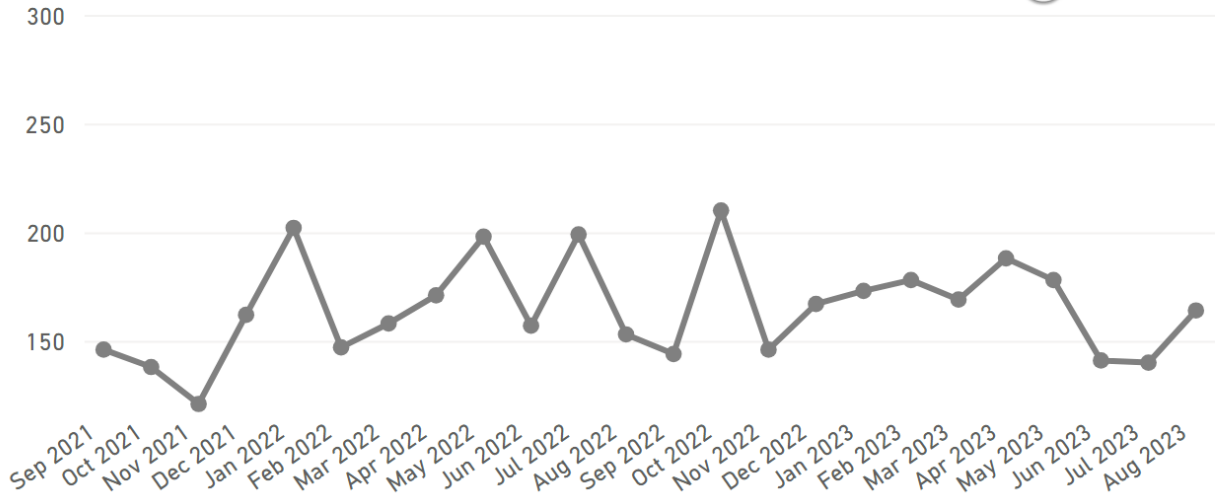
Month	Performance	Target	Trend	Assurance
Aug 2023	1	0	N/A	N/A



SAFE

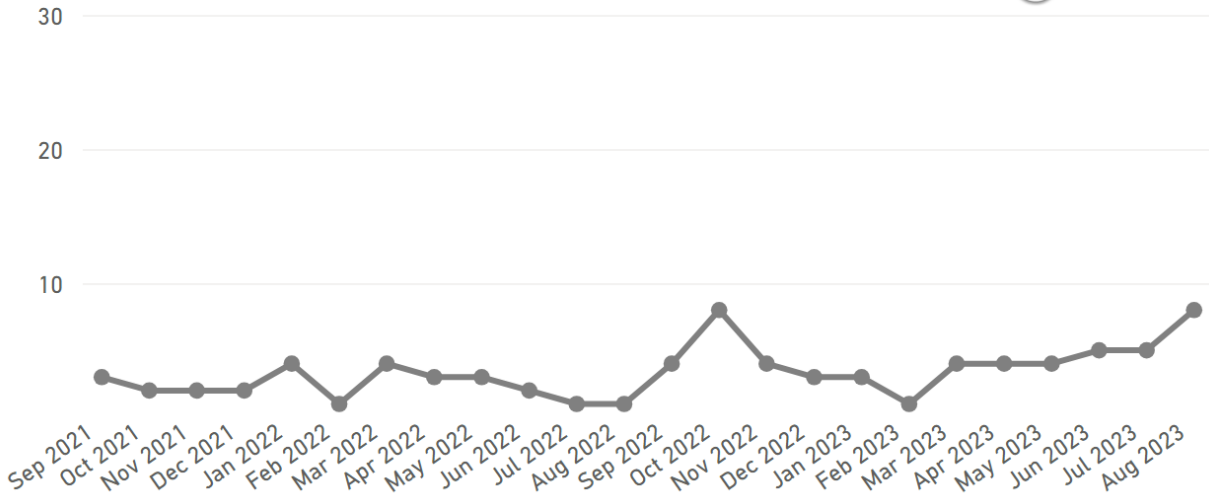
Falls

Month	Performance	Target	Trend	Assurance
Aug 2023	164			N/A



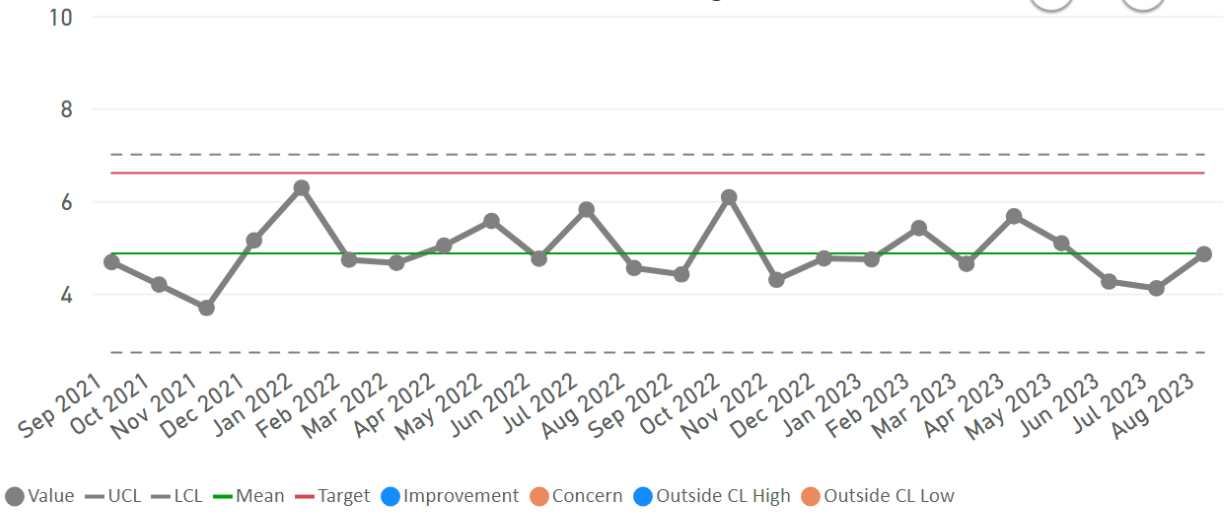
Falls With Harm

Month	Performance	Target	Trend	Assurance
Aug 2023	8			N/A



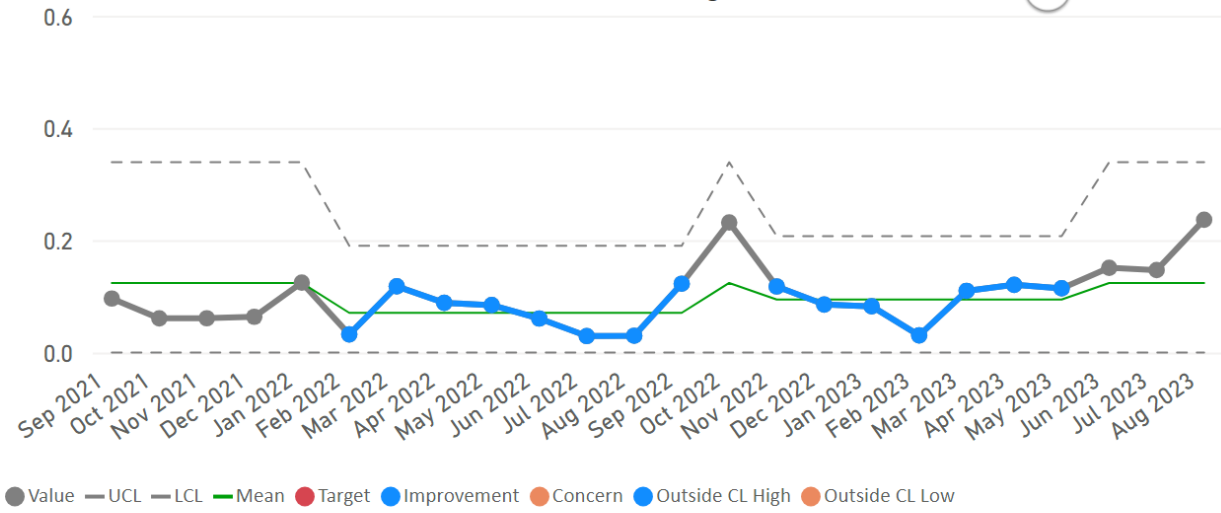
Falls Rate %

Month	Performance	Target	Trend	Assurance
Aug 2023	4.8	6.6		



Falls With Harm Rate %

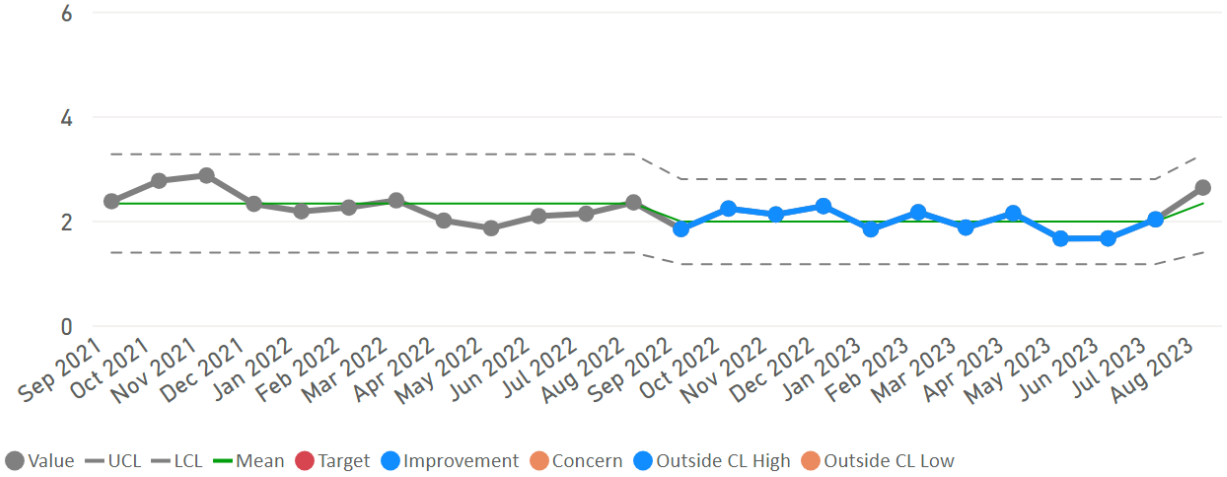
Month	Performance	Target	Trend	Assurance
Aug 2023	0.2			N/A



SAFE

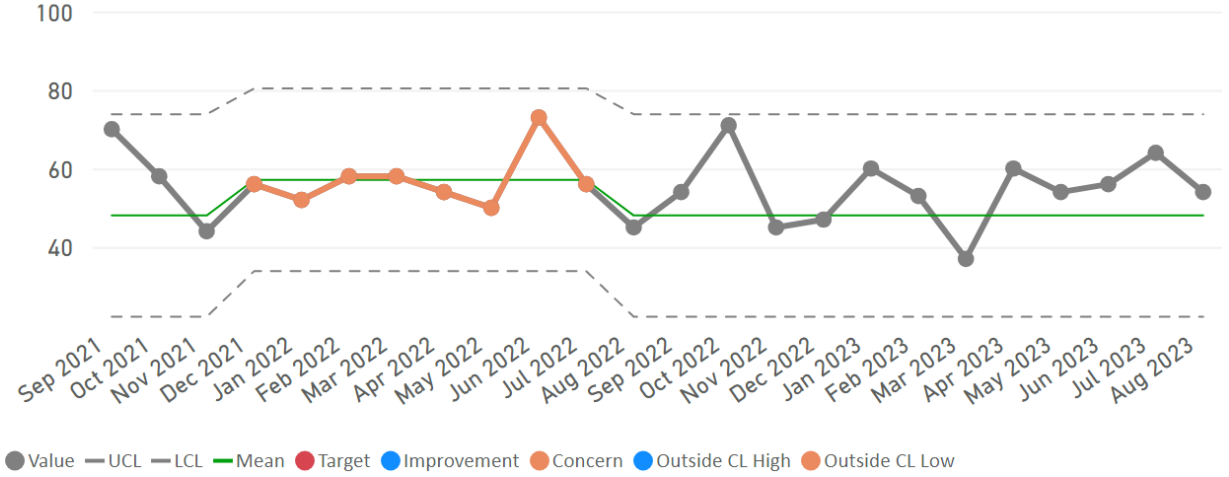
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Aug 2023	2.6			N/A



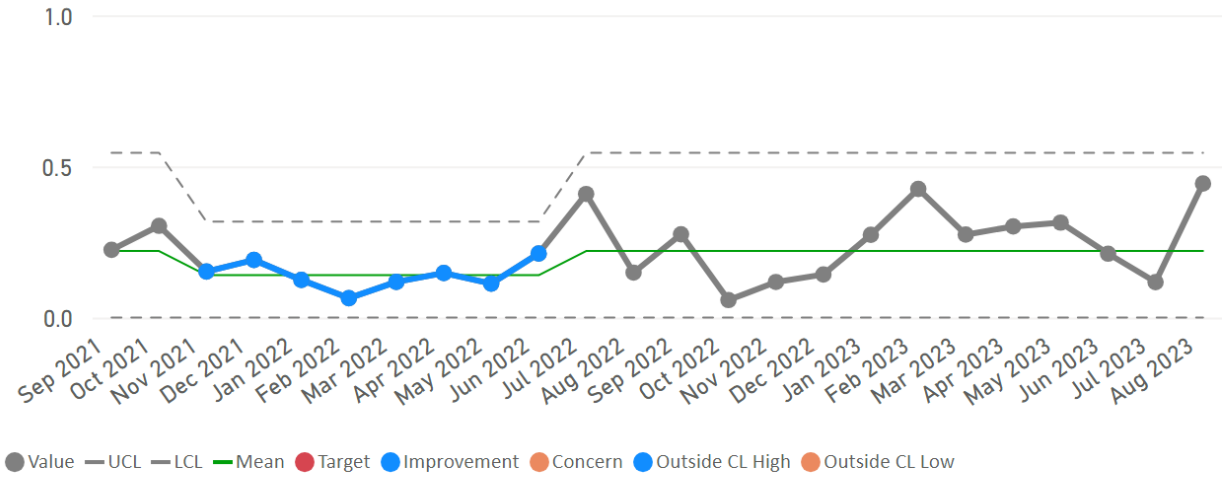
Category 2 Pressure Ulcers (Community)

Month	Performance	Target	Trend	Assurance
Aug 2023	54			N/A



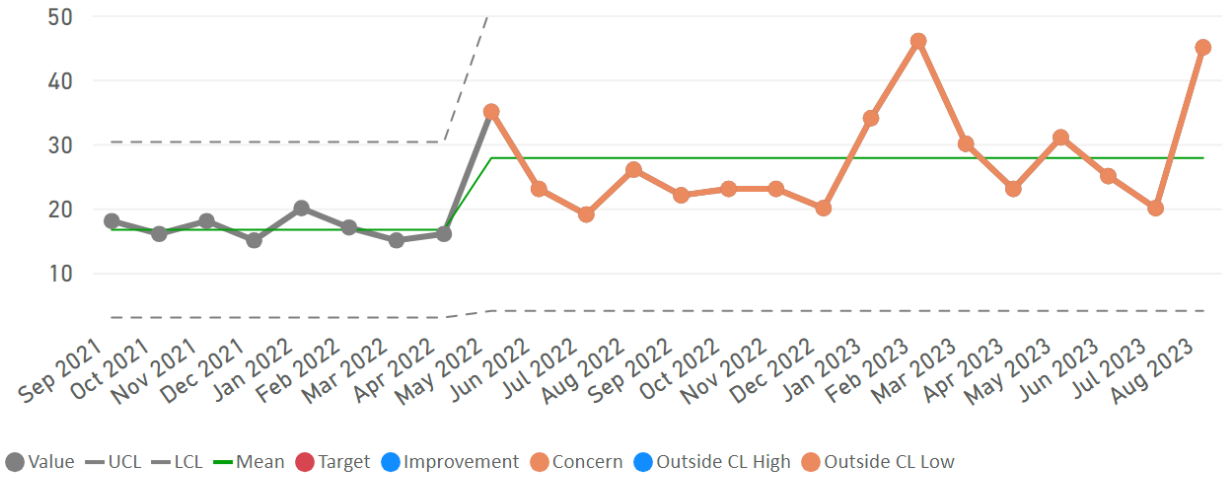
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Aug 2023	0.4			N/A



Category 3&4 Pressure Ulcers (Community)

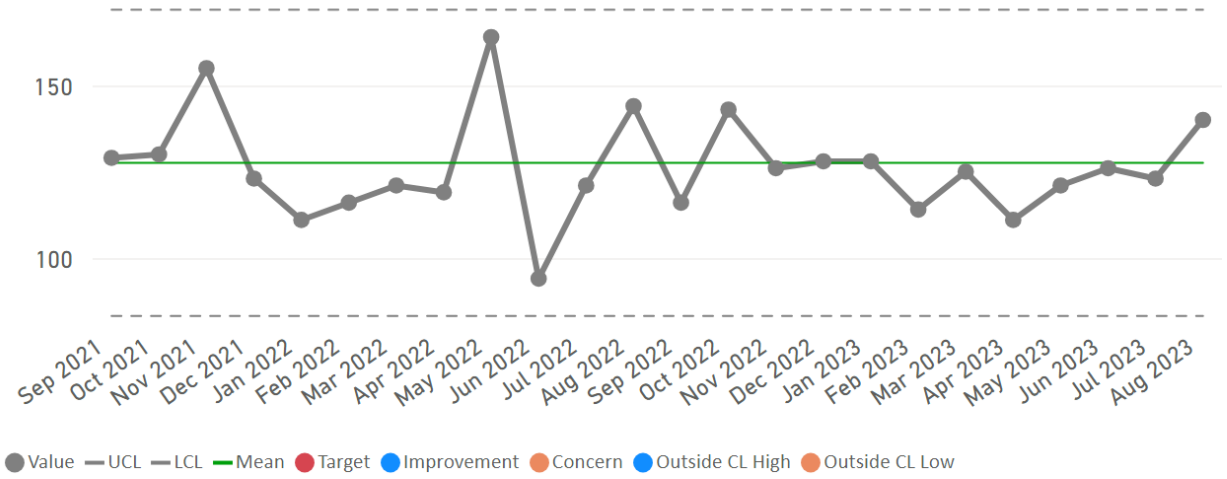
Month	Performance	Target	Trend	Assurance
Aug 2023	45			N/A



SAFE

Medication Incidents

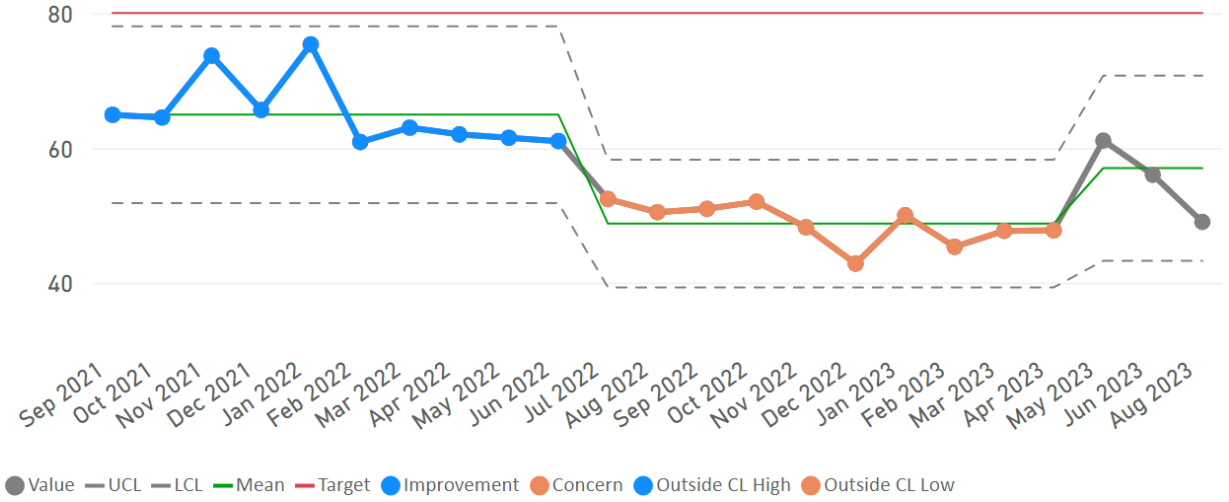
Month	Performance	Target	Trend	Assurance
Aug 2023	140			N/A



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

Medications Reconciled Rate %

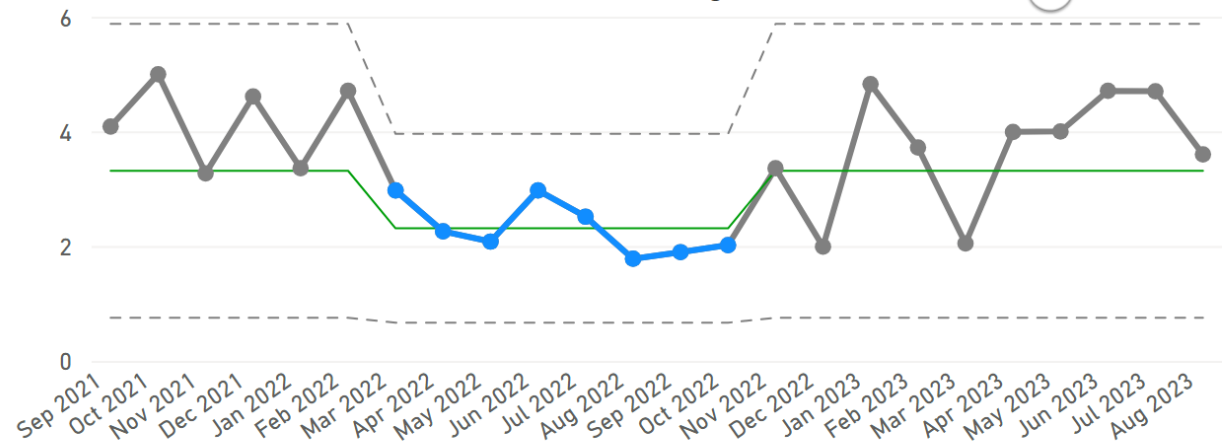
Month	Performance	Target	Trend	Assurance
Aug 2023	49%	80%		



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

Omitted Critical Doses (%)

Month	Performance	Target	Trend	Assurance
Aug 2023	3.6%			N/A

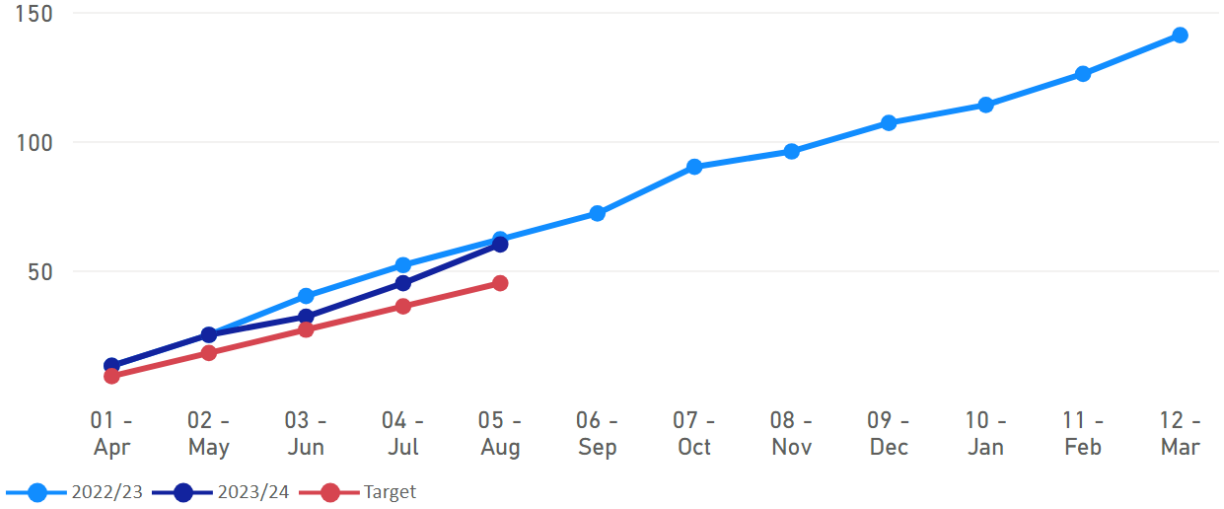


Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low

SAFE

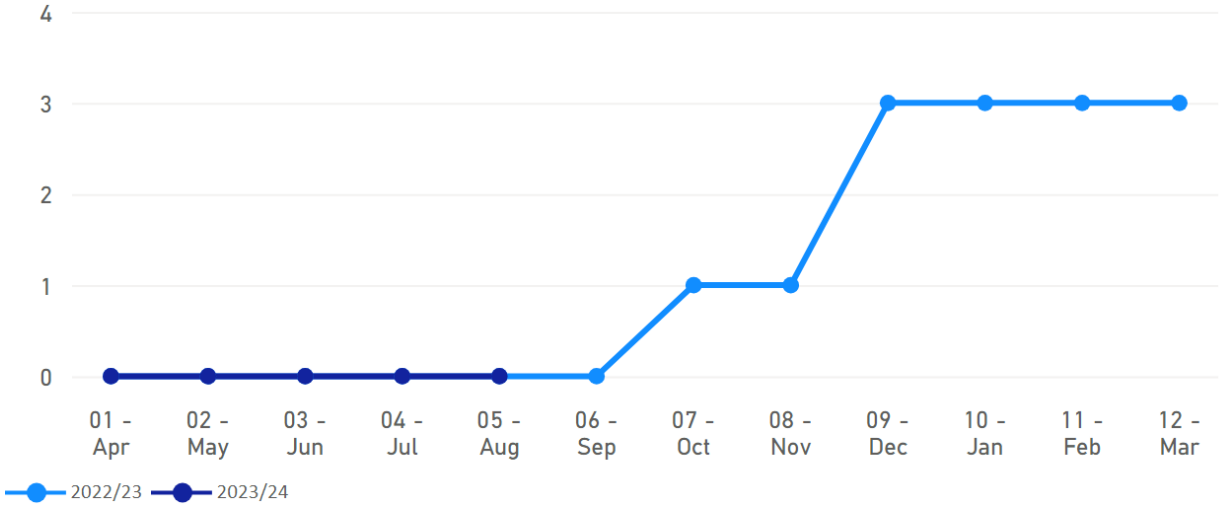
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Aug 2023	60	45	N/A	N/A



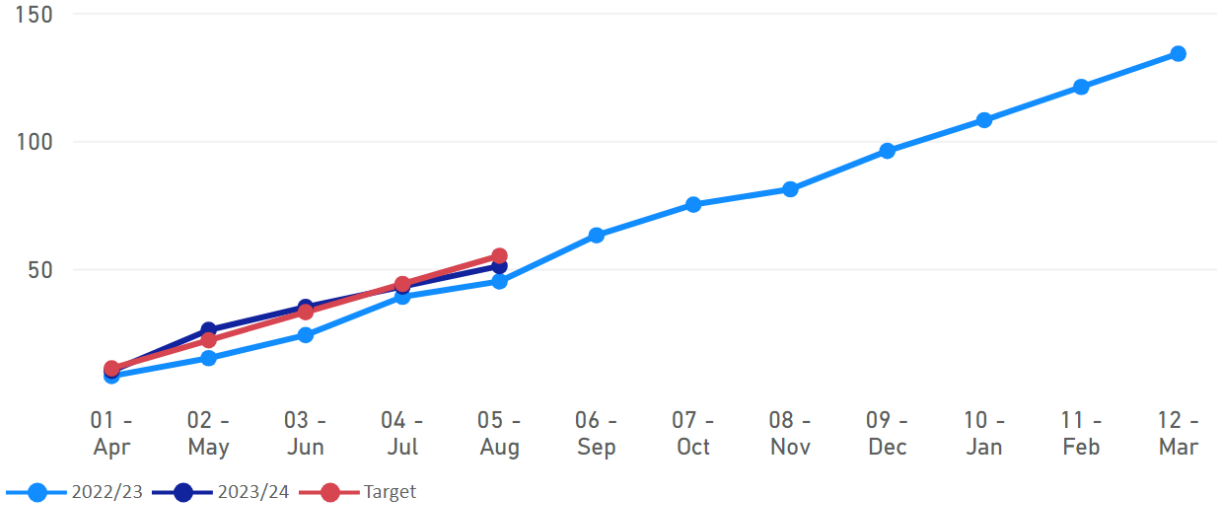
MRSA (YTD)

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



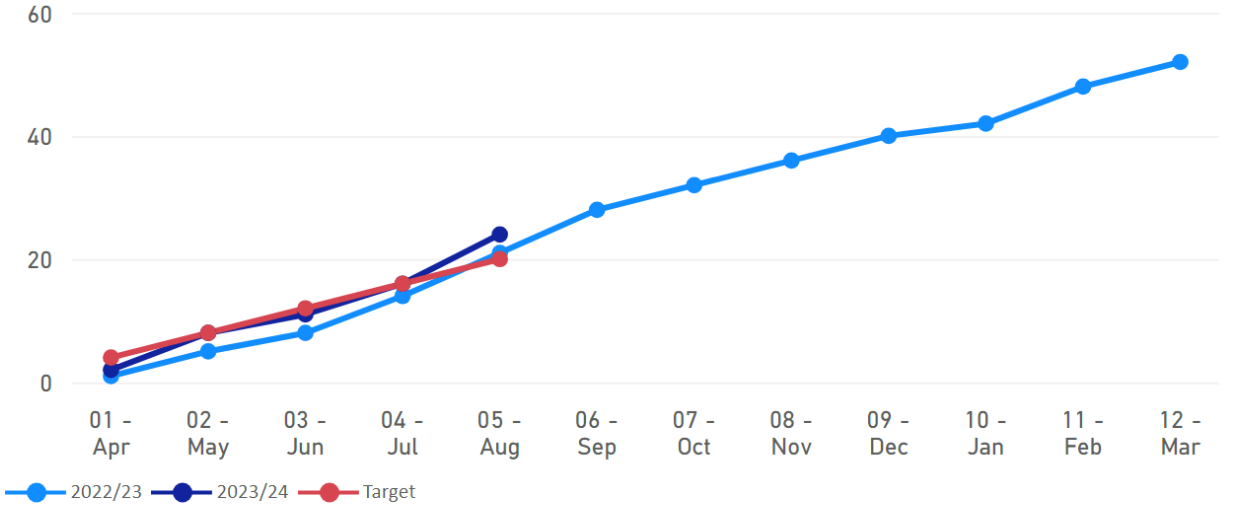
E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Aug 2023	51	55	N/A	N/A



Klebsiella (YTD)

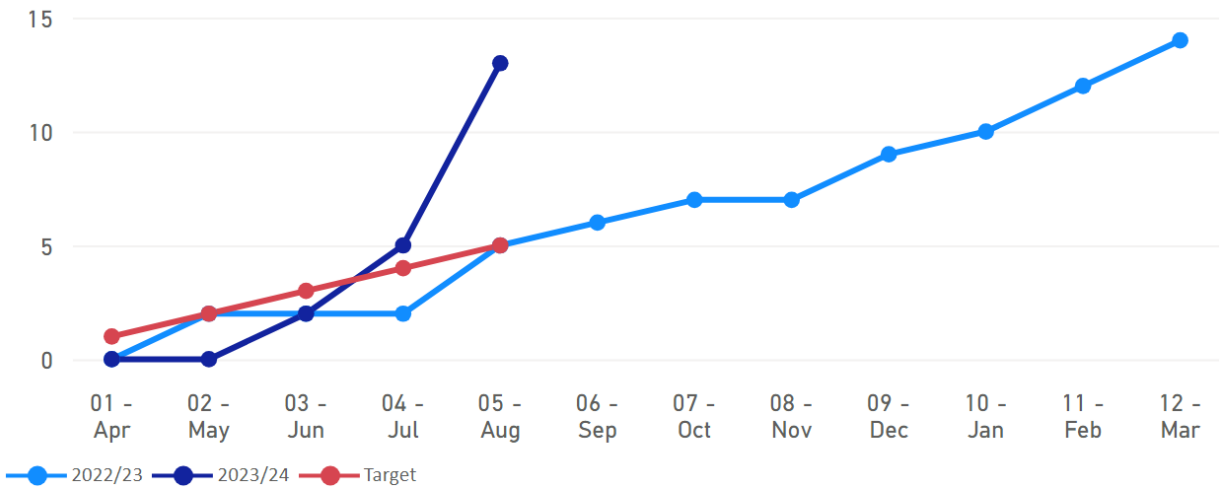
Month	Performance	Target	Trend	Assurance
Aug 2023	24	20	N/A	N/A



SAFE

Pseudomonas (YTD)

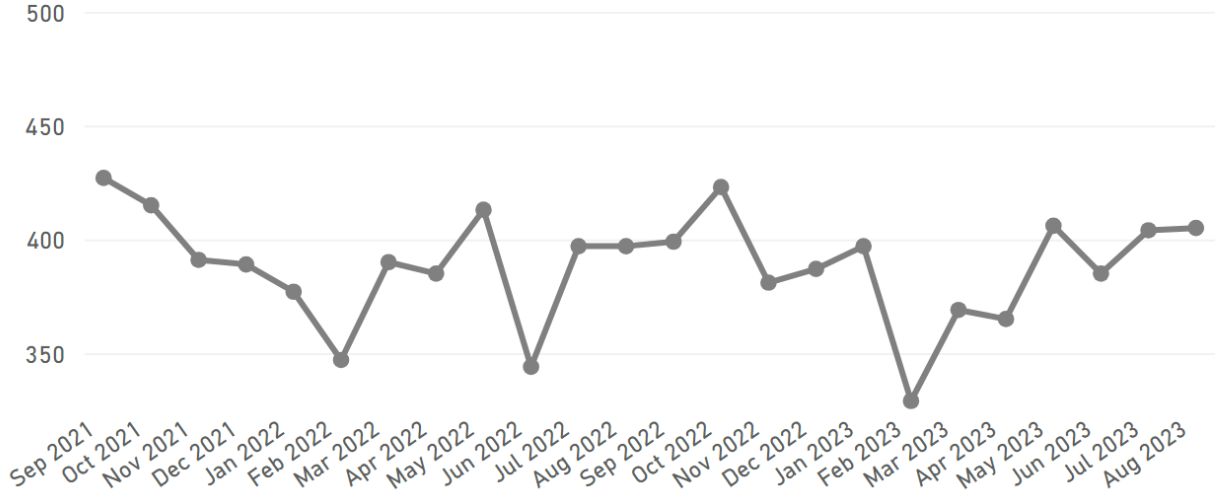
Month	Performance	Target	Trend	Assurance
Aug 2023	13	5	N/A	N/A



SAFE

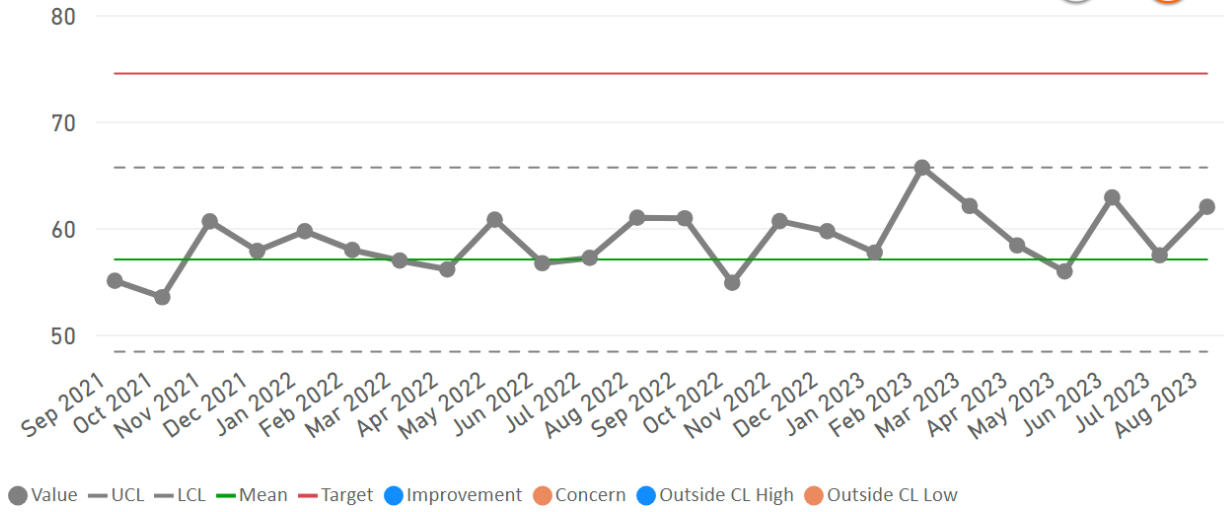
No. of babies born

Month	Performance	Target	Trend	Assurance
Aug 2023	405		N/A	N/A



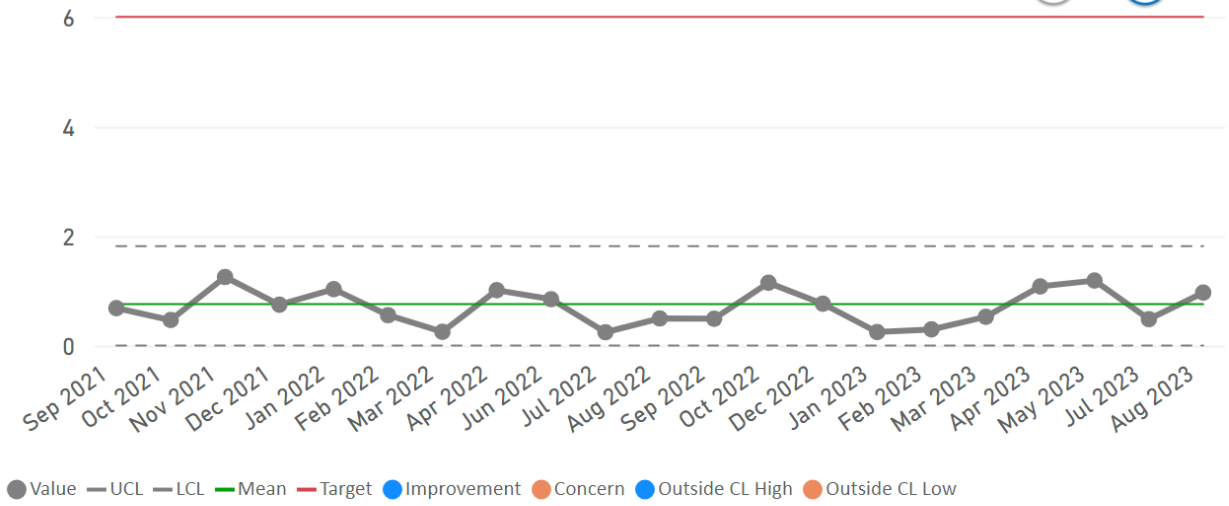
Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Aug 2023	62%	74.5%		



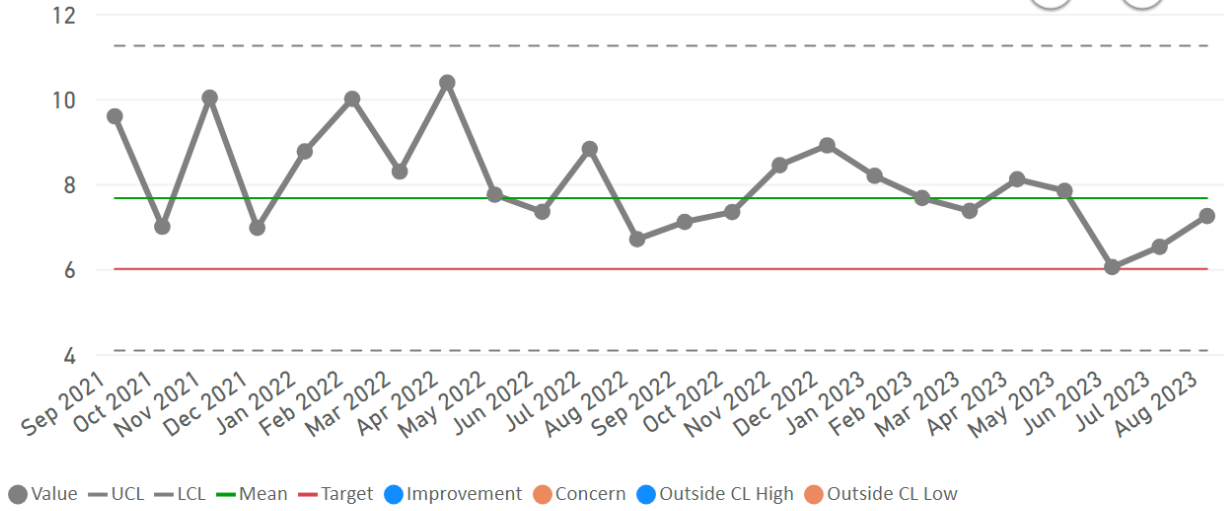
Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
Aug 2023	1%	6%		



Preterm birth rate 27 - 36+6 wks

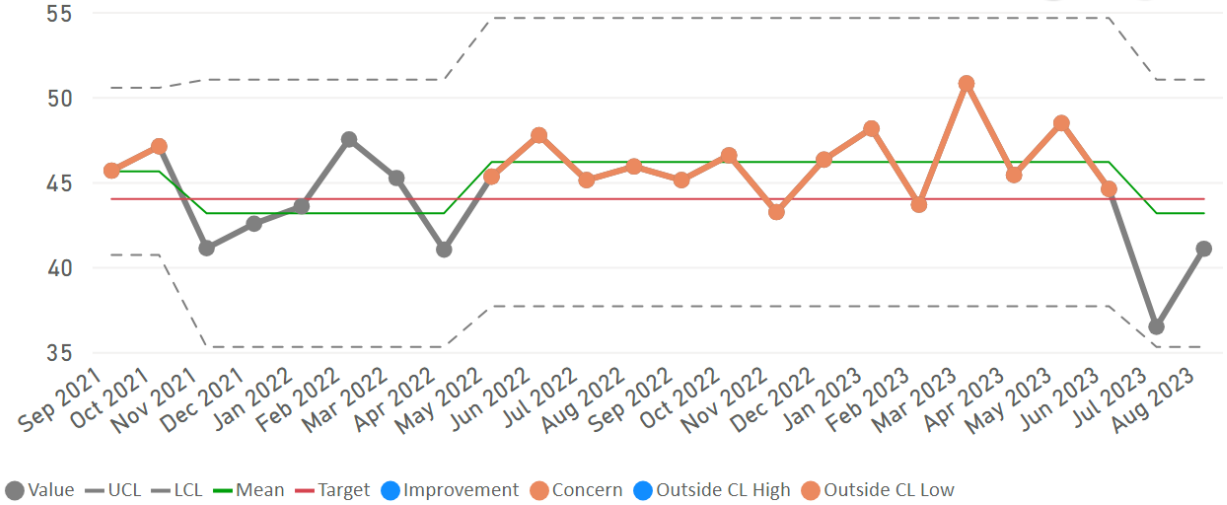
Month	Performance	Target	Trend	Assurance
Aug 2023	7.2%	6%		



SAFE

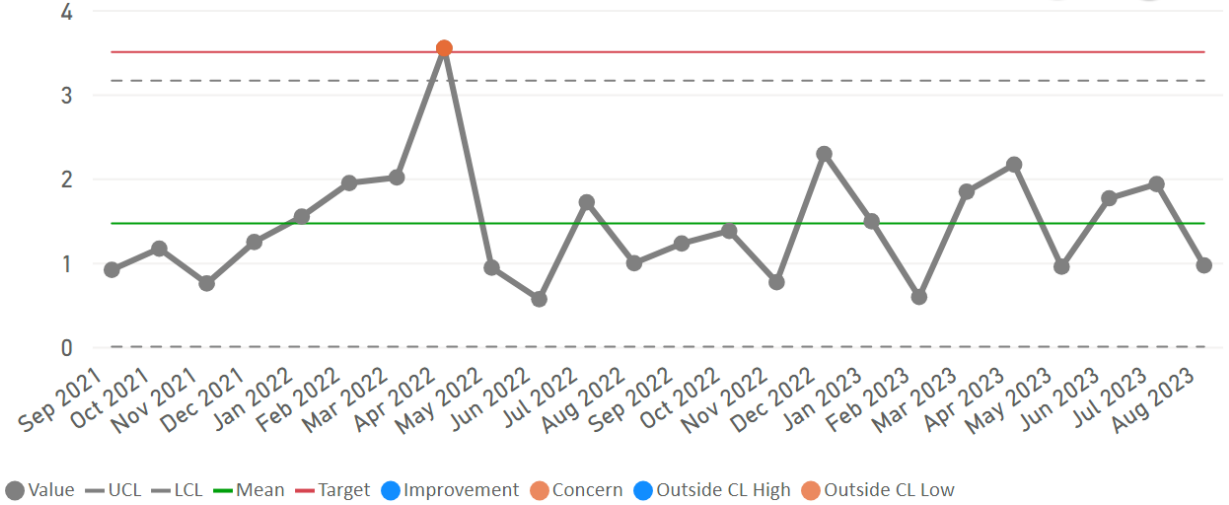
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Aug 2023	41.1%	44%		



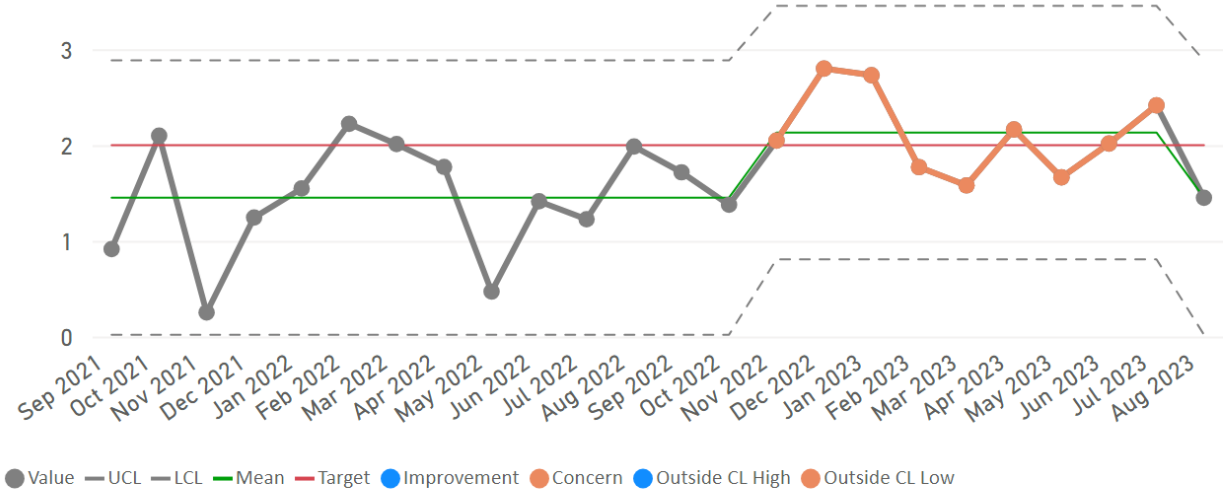
Number of 3rd/4th degree tear (%)

Month	Performance	Target	Trend	Assurance
Aug 2023	1%	3.5%		



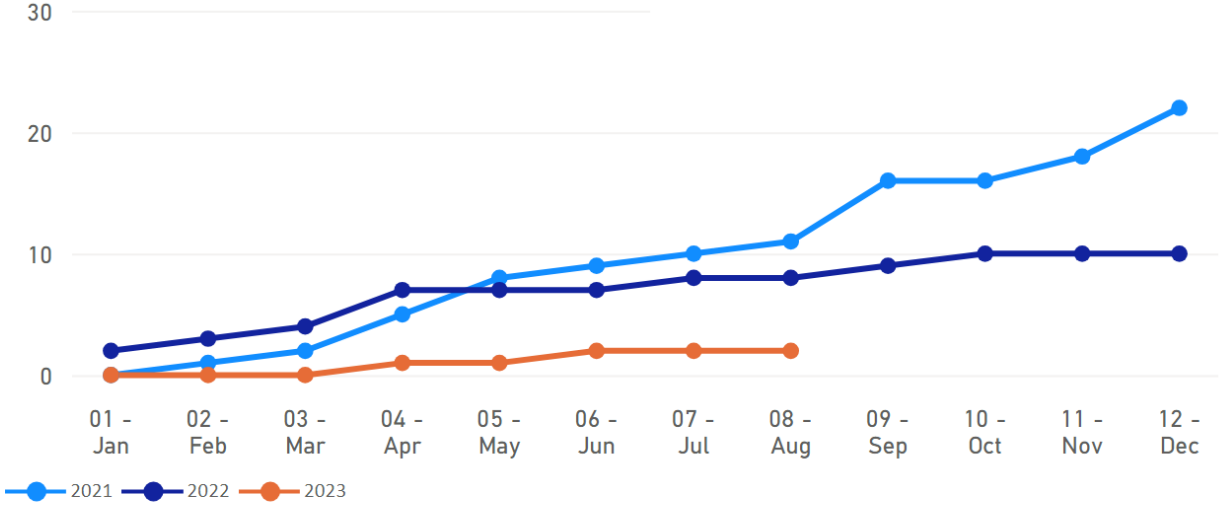
PPH > 1500ml (%)

Month	Performance	Target	Trend	Assurance
Aug 2023	1.45%	2%		



Still Births (YTD)

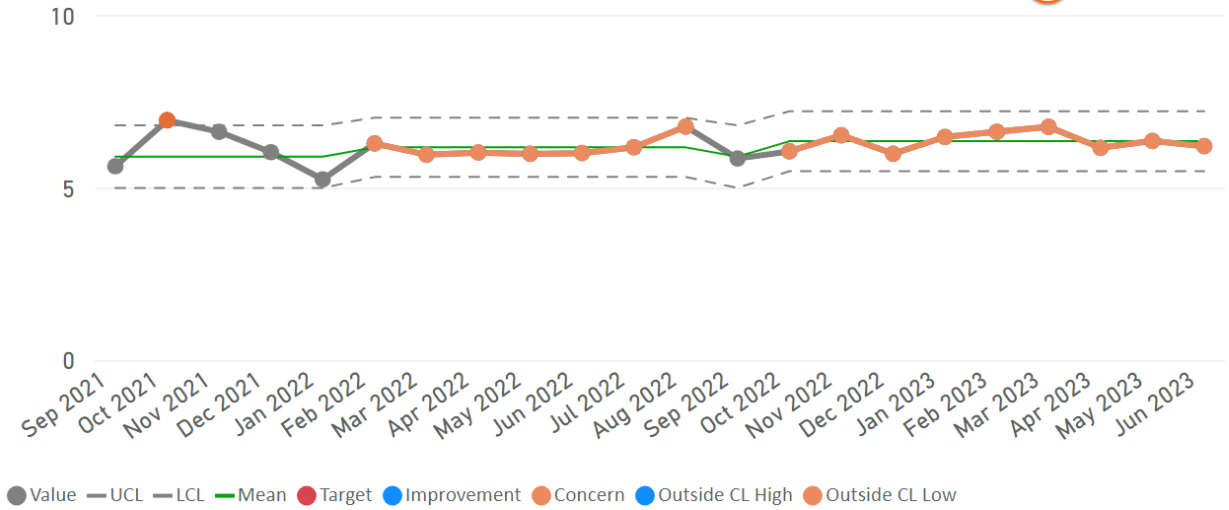
Month	Performance	Target	Trend	Assurance
Aug 2023	2	17	N/A	N/A



EFFECTIVE

Readmission Rate %

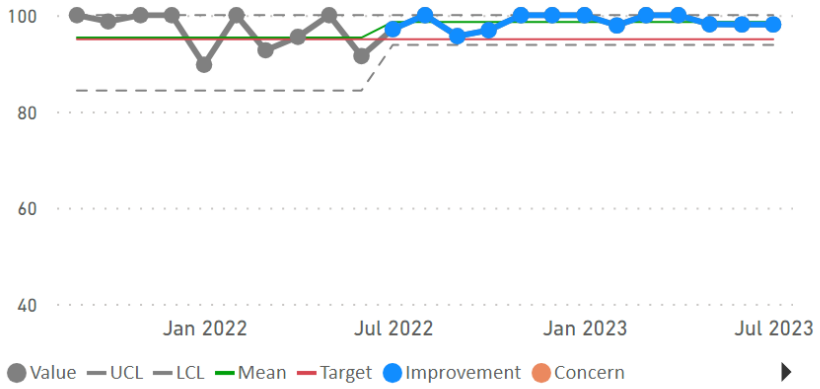
Month	Performance	Target	Trend	Assurance
Jun 2023	6.2%			N/A



EFFECTIVE

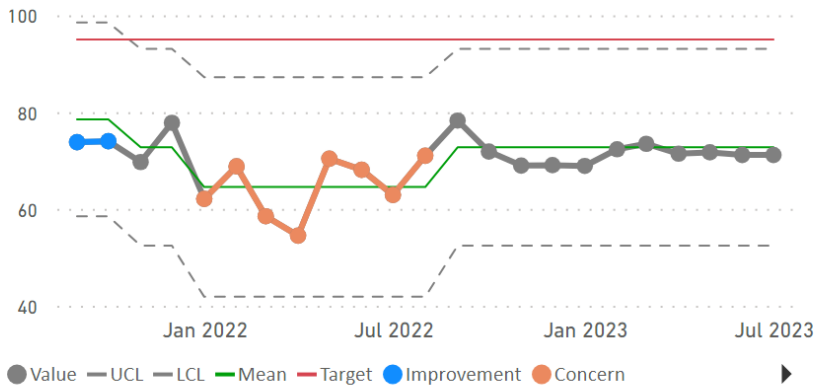
Sepsis - Oxygen within 1hr

Month	Performance	Target	Trend	Assurance
Jul 2023	98.1%	95%	H	?



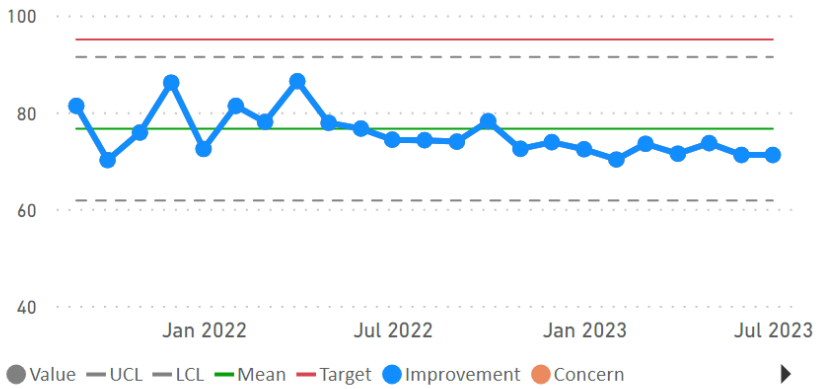
Sepsis - Blood cultures within 1hr

Month	Performance	Target	Trend	Assurance
Jul 2023	71.2%	95%	~	F



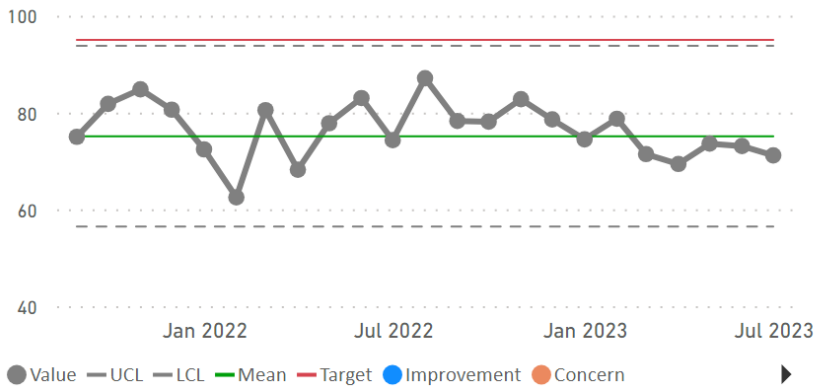
Sepsis - IV antibiotics within 1hr

Month	Performance	Target	Trend	Assurance
Jul 2023	71.2%	95%	H	F



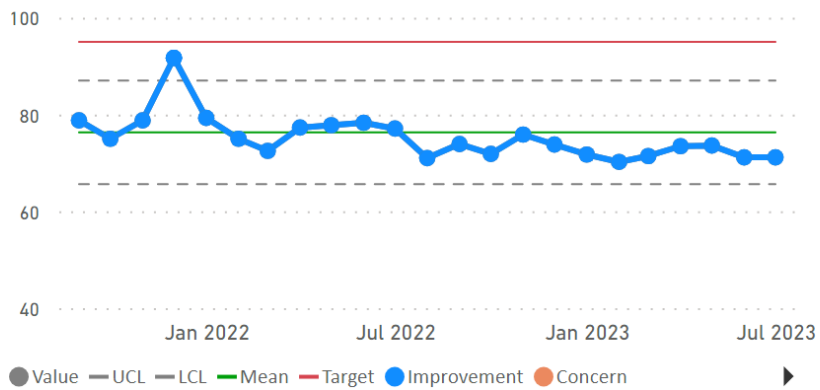
Sepsis - Serum lactate within 1hr

Month	Performance	Target	Trend	Assurance
Jul 2023	71.2%	95%	~	F



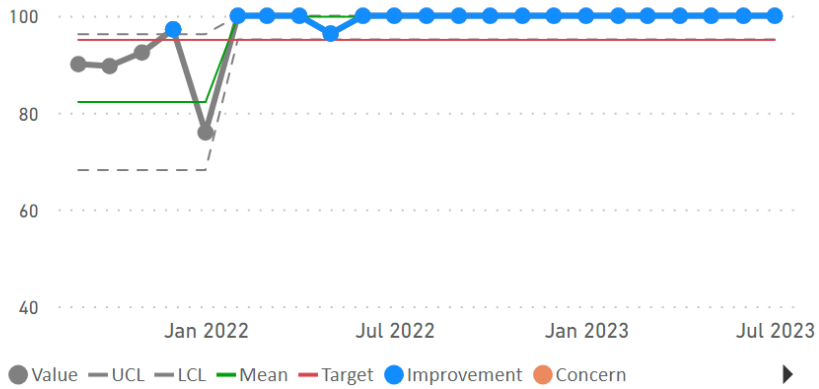
IV fluid resuscitation within 1hr

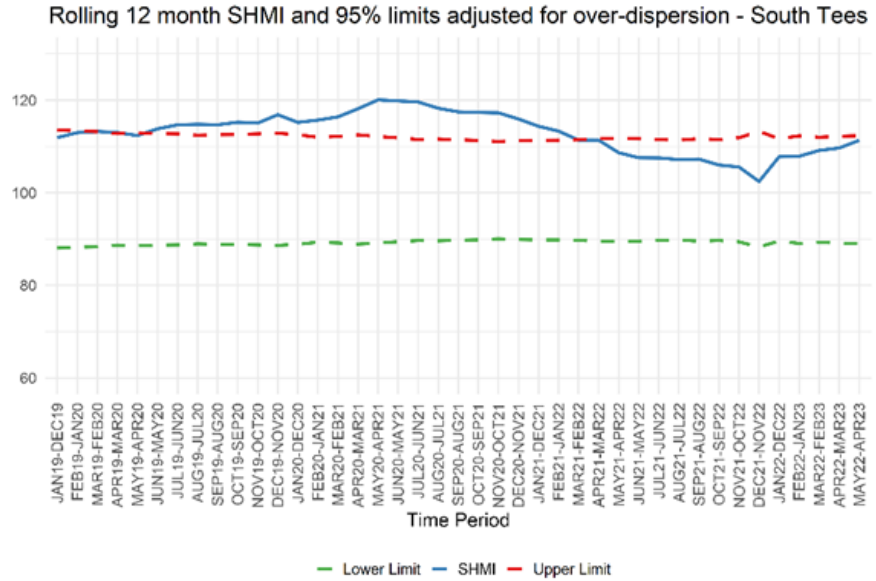
Month	Performance	Target	Trend	Assurance
Jul 2023	71.2%	95%	H	F

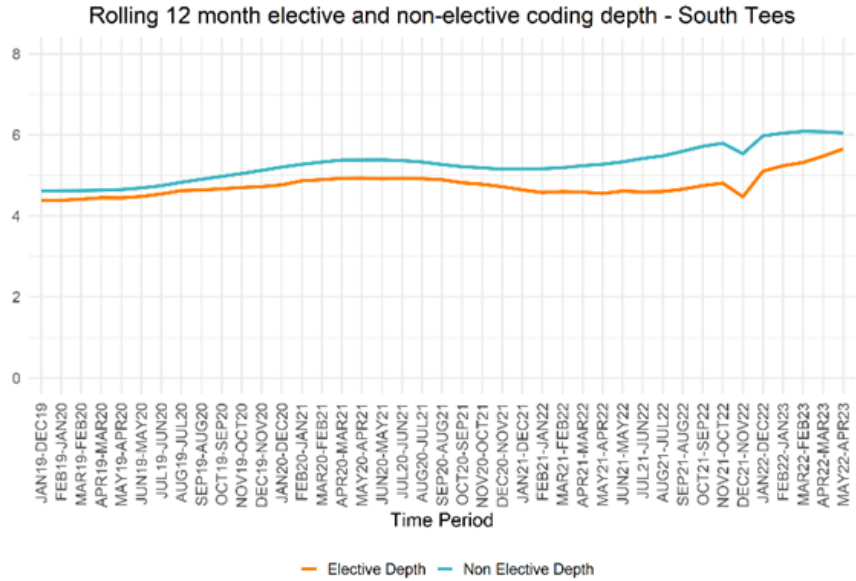


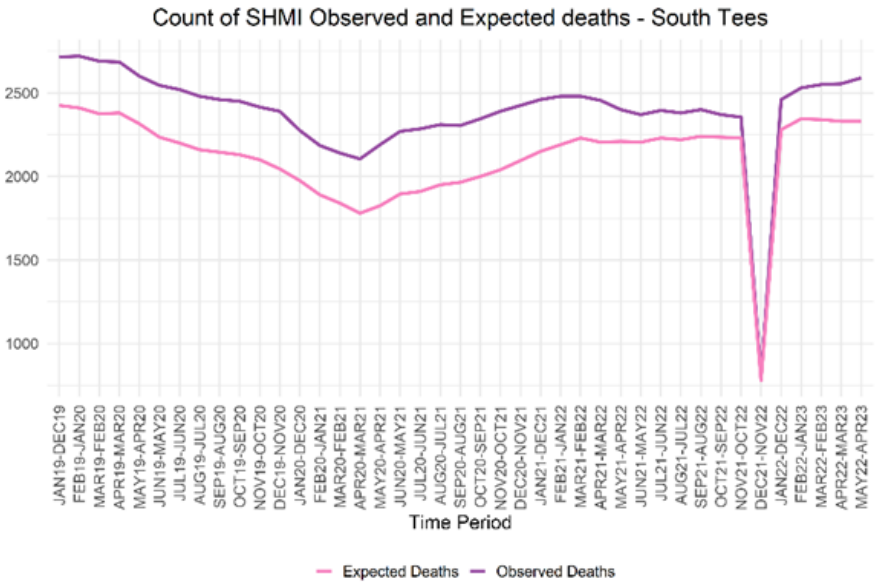
Sepsis - Urine measurement within 1hr

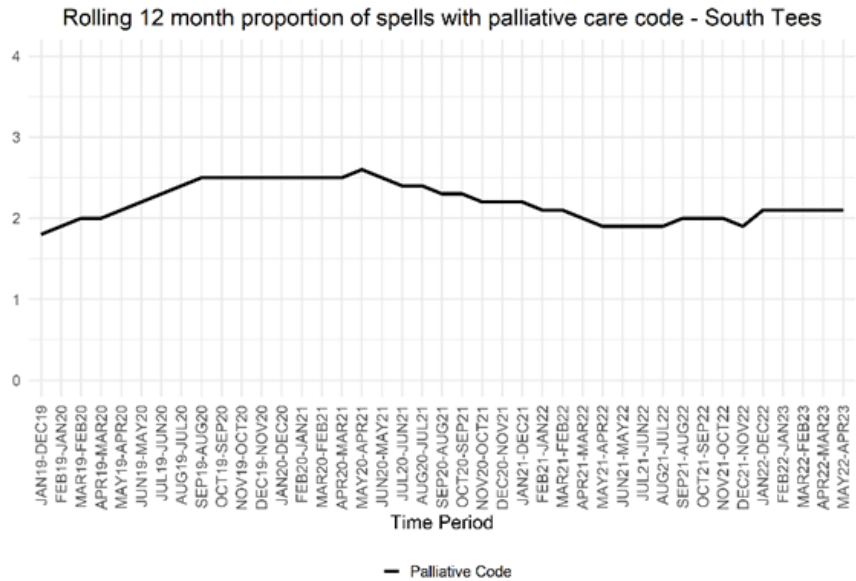
Month	Performance	Target	Trend	Assurance
Jul 2023	100%	95%	H	P











Latest SHMI = 111.3
(May 2022 – April 2023)

Observed deaths = 2590
Expected deaths = 2330

Coding depth (codes / spell)
Elective = 5.7
Non-Elective = 6.0

Palliative care (%) = 2.1

Latest SHMI is:
'as expected'

COVID-19 impact for England
Excluded spells = 3.6%
Spells as a % pre-pandemic (2019 spells) = 88%

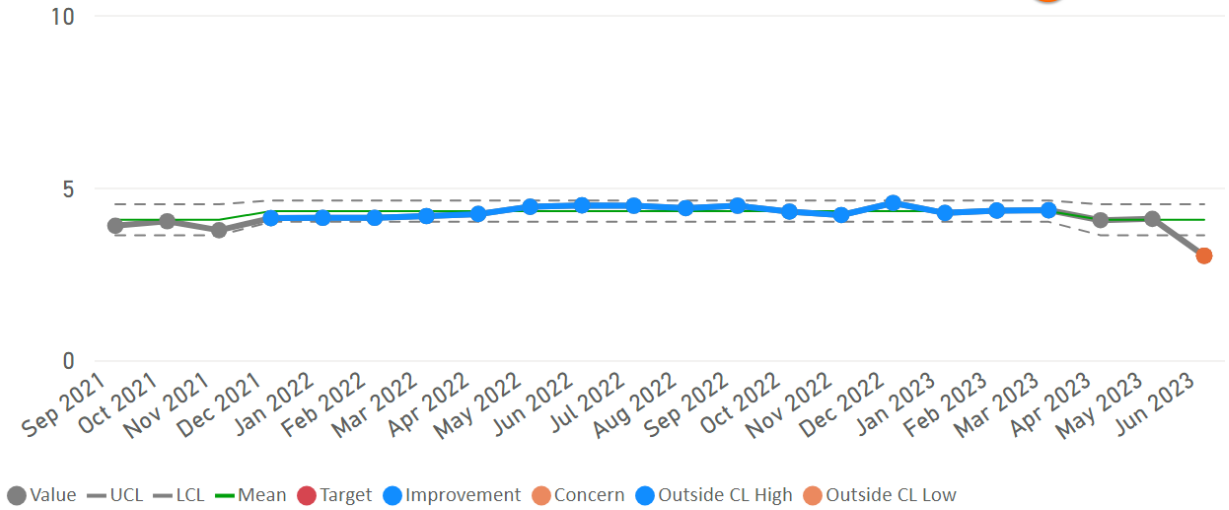
Data source: NHS Digital
Monthly SHMI publication

* 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

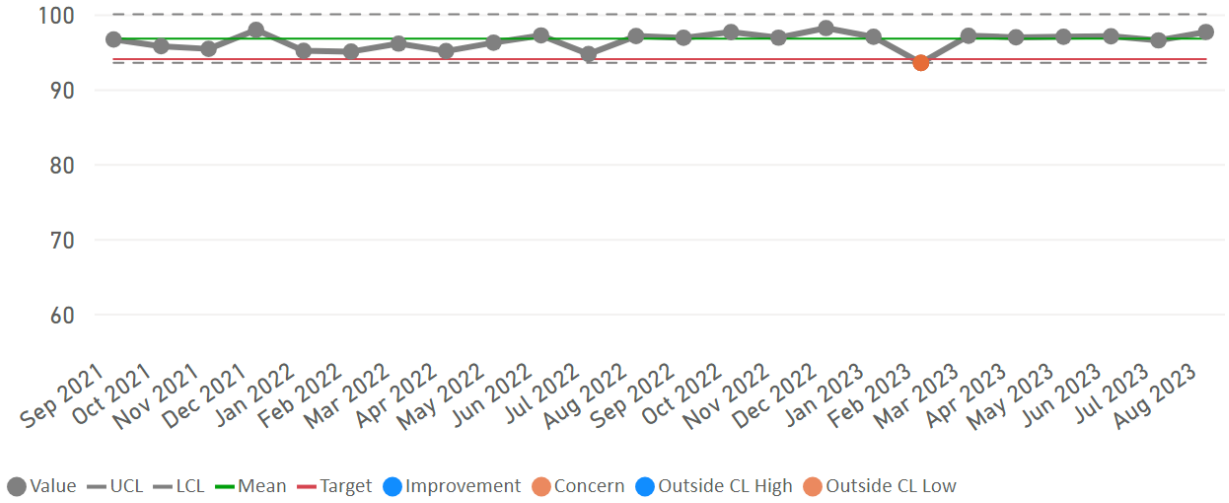
Month	Performance	Target	Trend	Assurance
Jun 2023	3			N/A



CARING

Inpatient Experience (%)

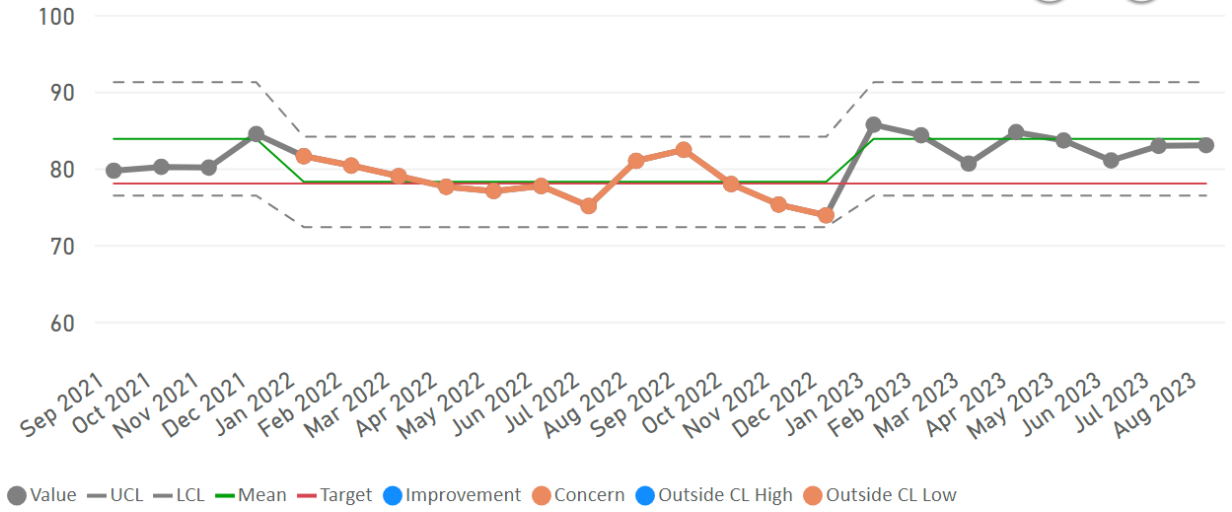
Month	Performance	Target	Trend	Assurance
Aug 2023	97.6%	94%		



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

A&E Experience (%)

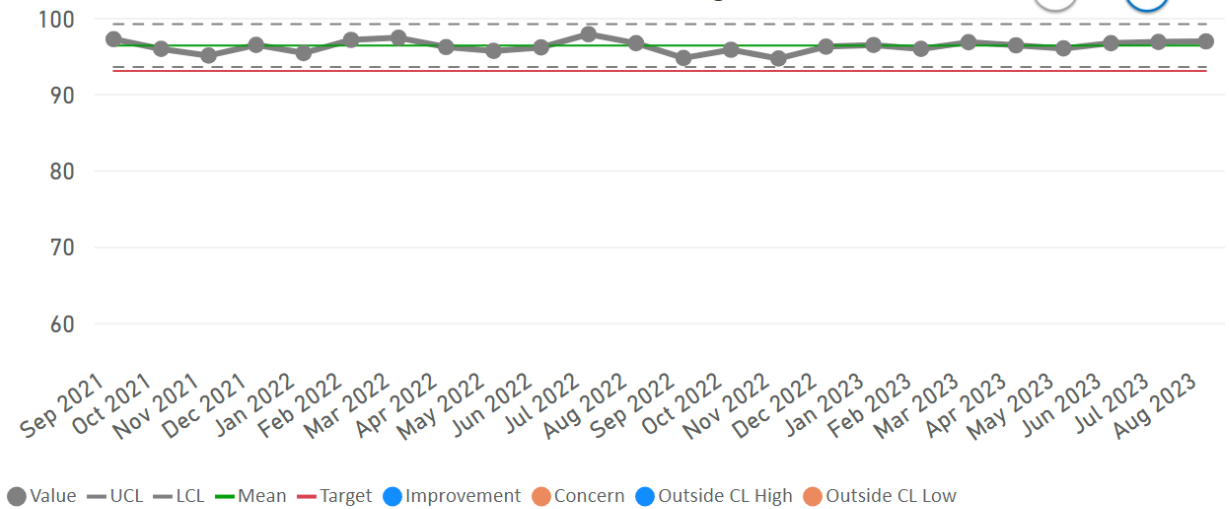
Month	Performance	Target	Trend	Assurance
Aug 2023	83%	78%		



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

Outpatient Experience (%)

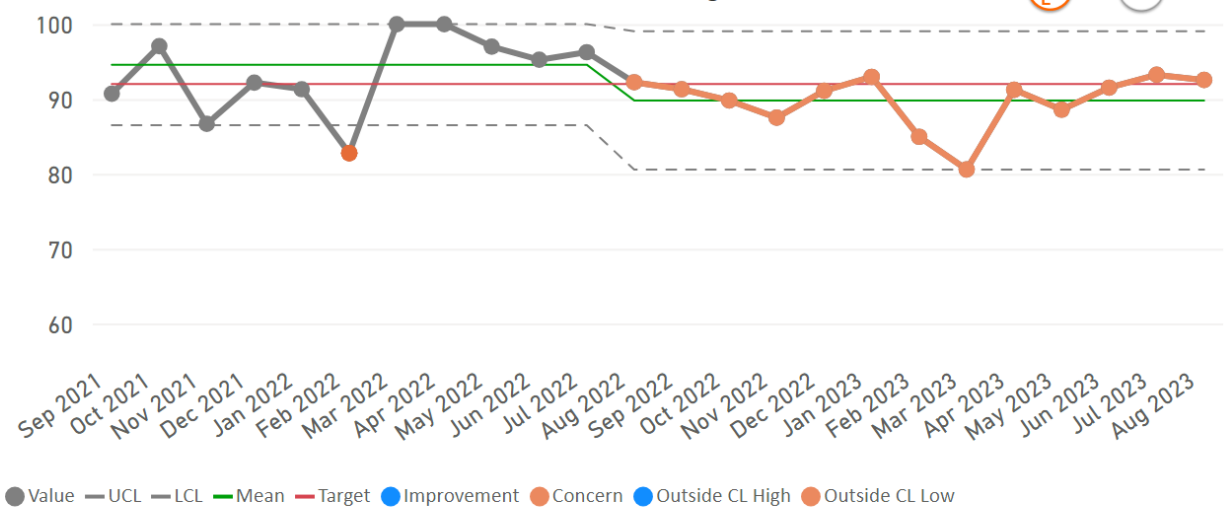
Month	Performance	Target	Trend	Assurance
Aug 2023	96.9%	93%		



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

Maternity Experience (%)

Month	Performance	Target	Trend	Assurance
Aug 2023	92.5%	92%		

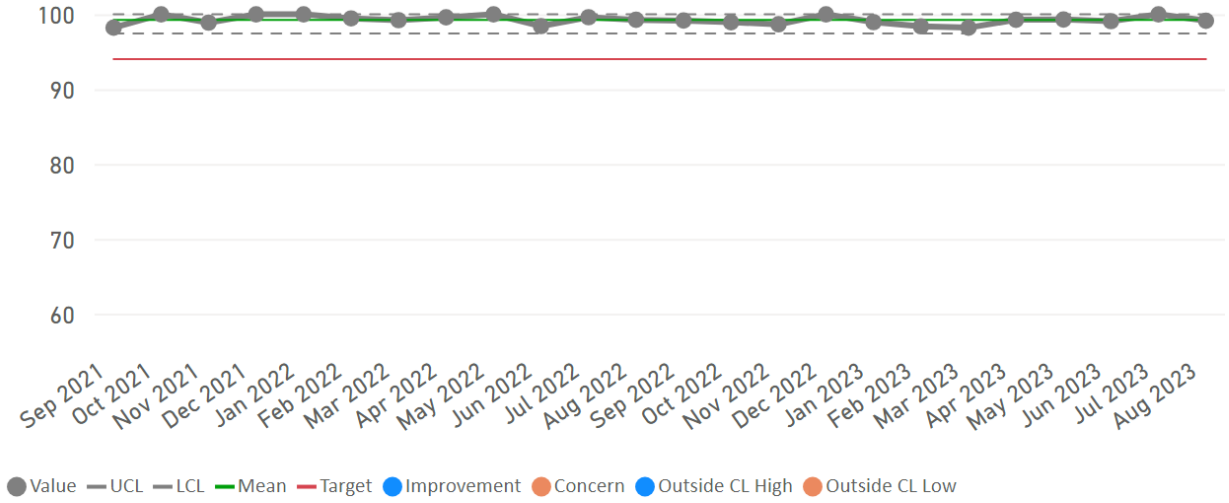


Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low

CARING

Community Experience (%)

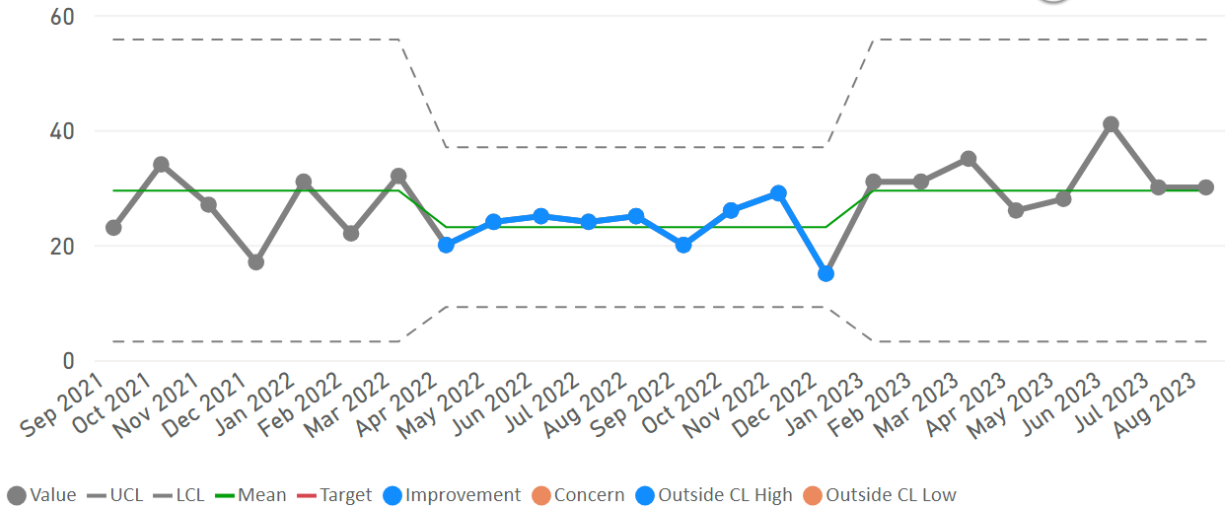
Month	Performance	Target	Trend	Assurance
Aug 2023	99.1%	94%		



CARING

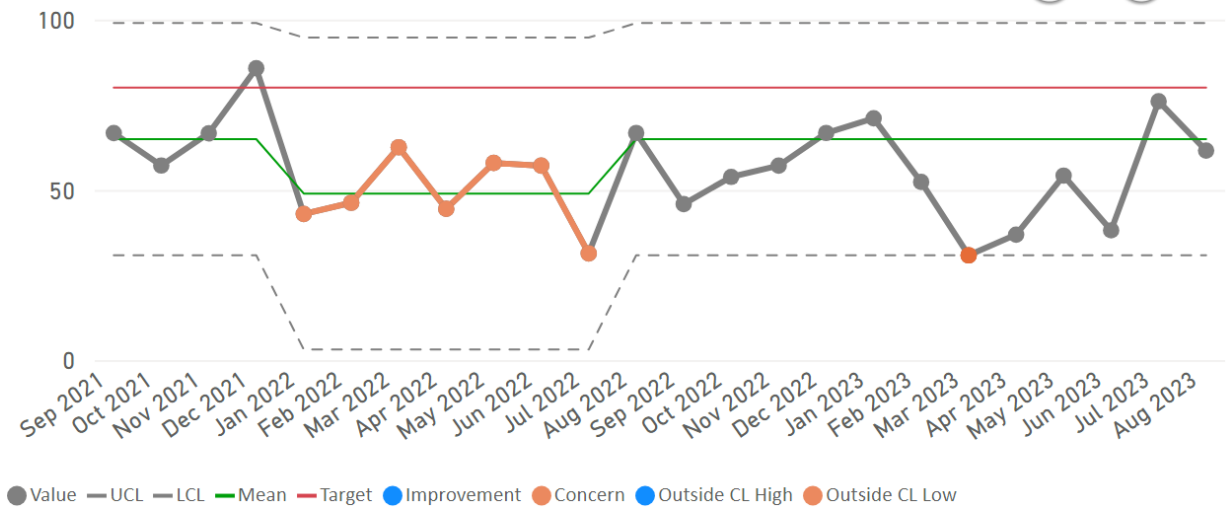
New Complaints

Month	Performance	Target	Trend	Assurance
Aug 2023	30			N/A



Closed Within Target (%)

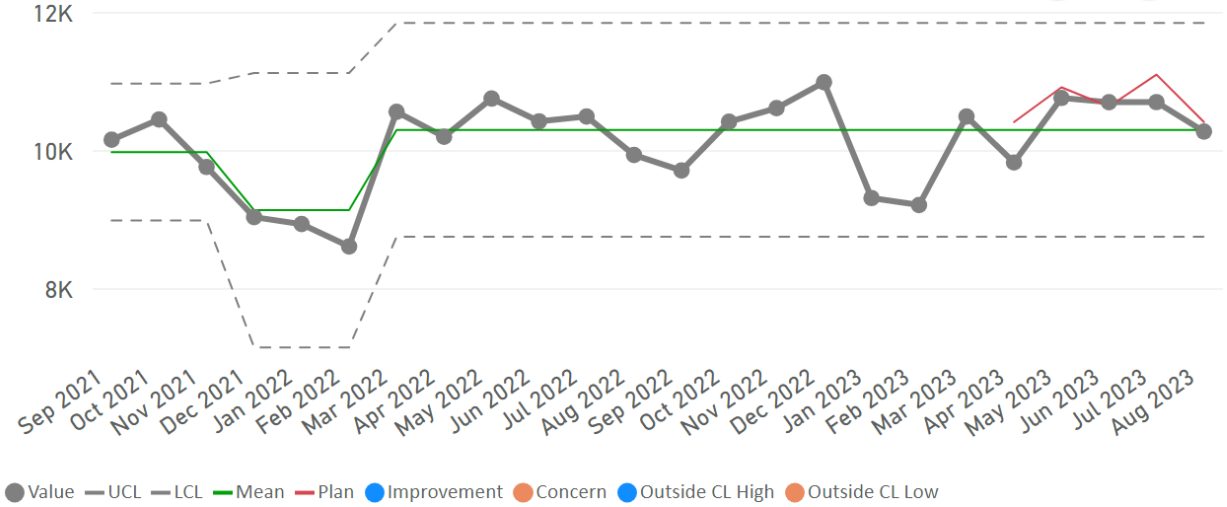
Month	Performance	Target	Trend	Assurance
Aug 2023	61.5%	80%		



RESPONSIVE

A&E Attendances - Type 1

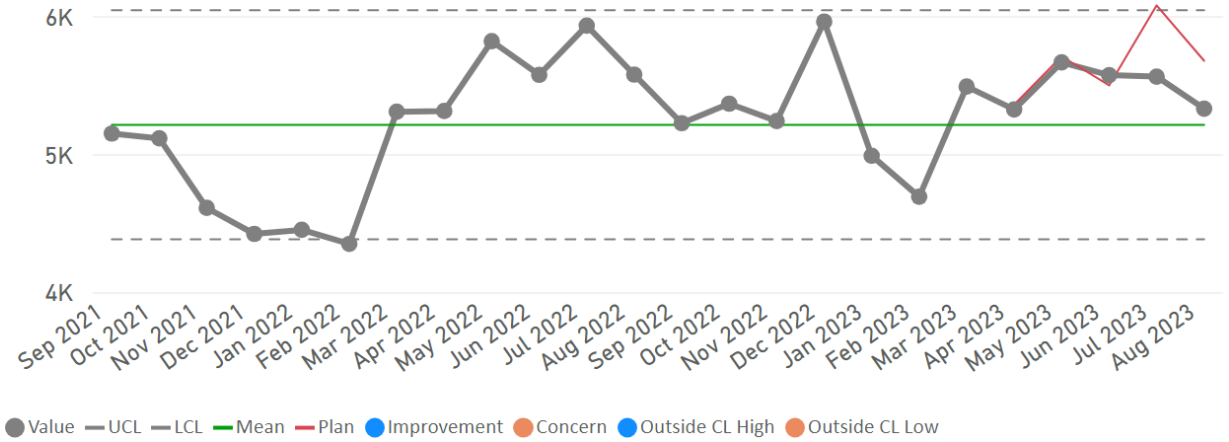
Month	Performance	Plan	Trend	Assurance
Aug 2023	10267	10404		



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

A&E Attendances - Type 3

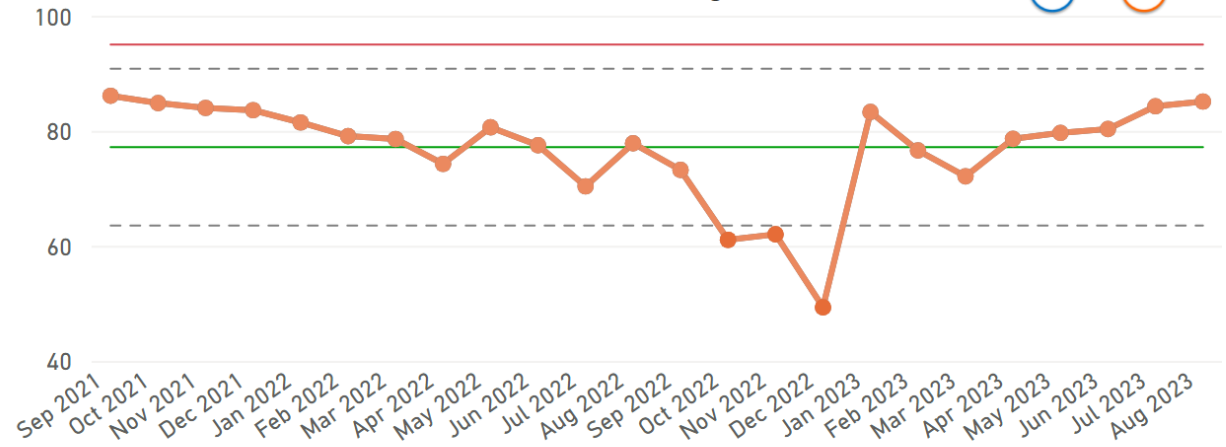
Month	Performance	Plan	Trend	Assurance
Aug 2023	5328	5675		



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

Handovers - Within 30 Mins (%)

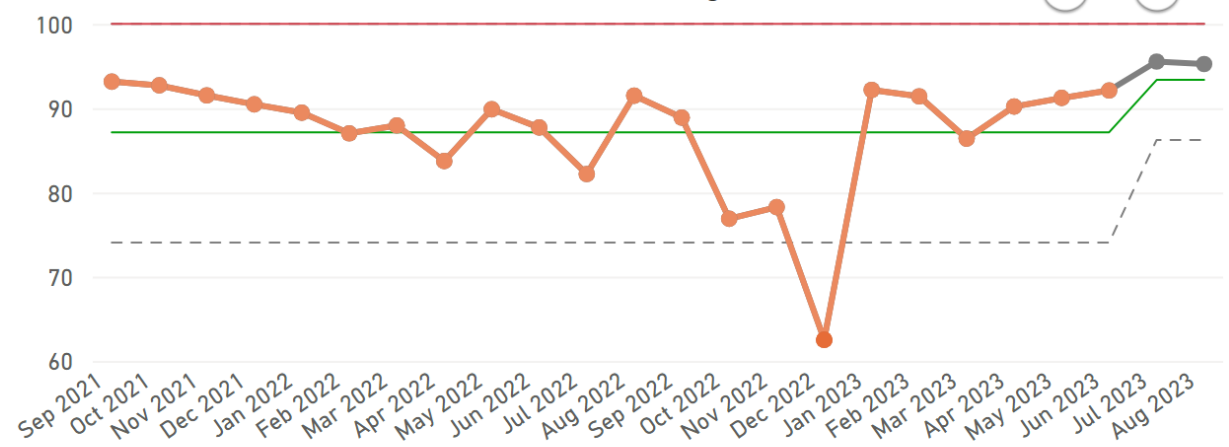
Month	Performance	Target	Trend	Assurance
Aug 2023	85.1%	95%		



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

Handovers - Within 60 Mins (%)

Month	Performance	Target	Trend	Assurance
Aug 2023	95.2%	100%		

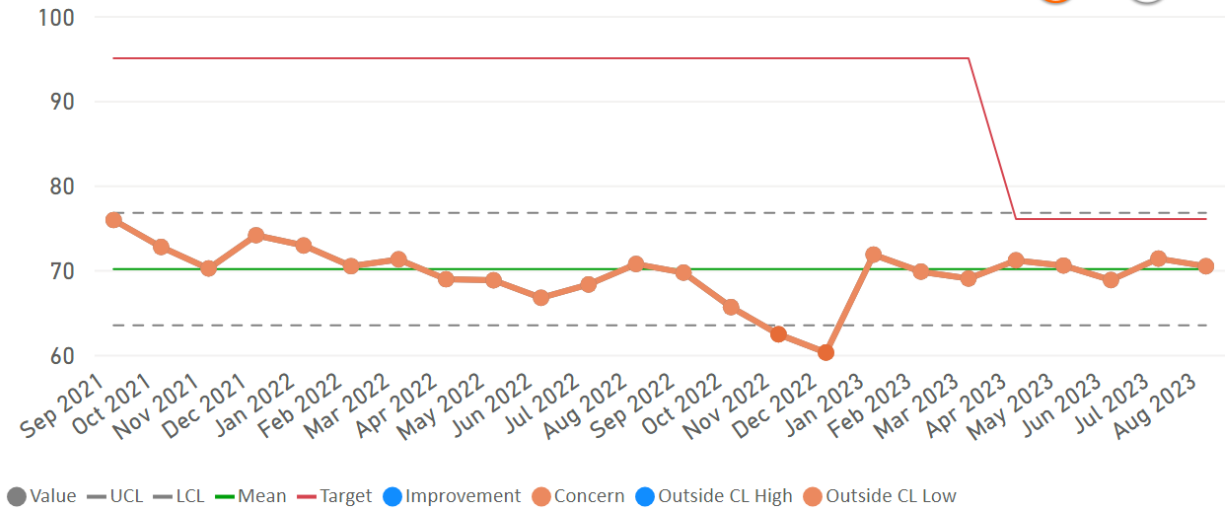


Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low

RESPONSIVE

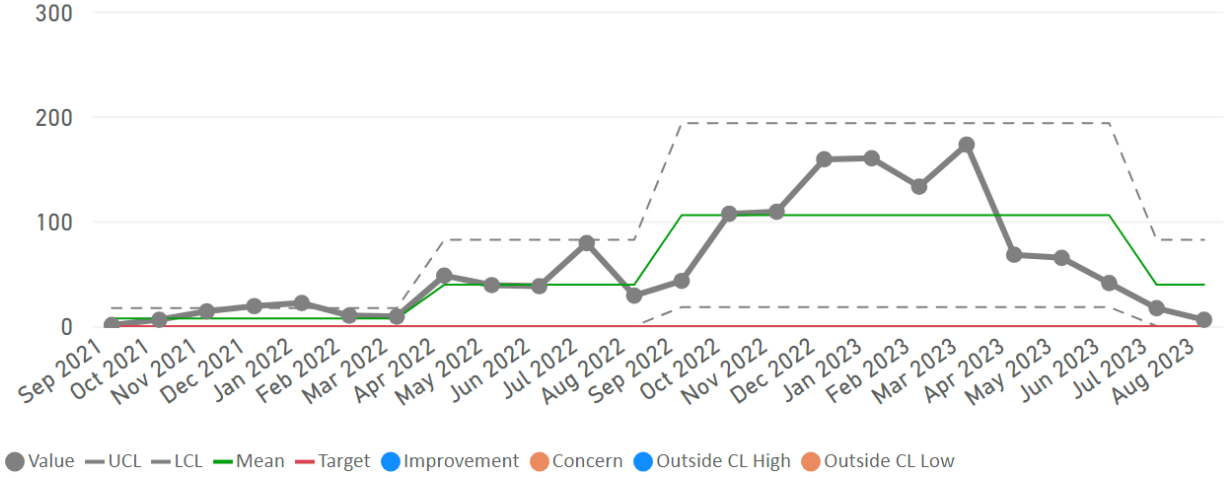
4-Hour A&E Standard

Month	Performance	Target	Trend	Assurance
Aug 2023	70.4%	76%		



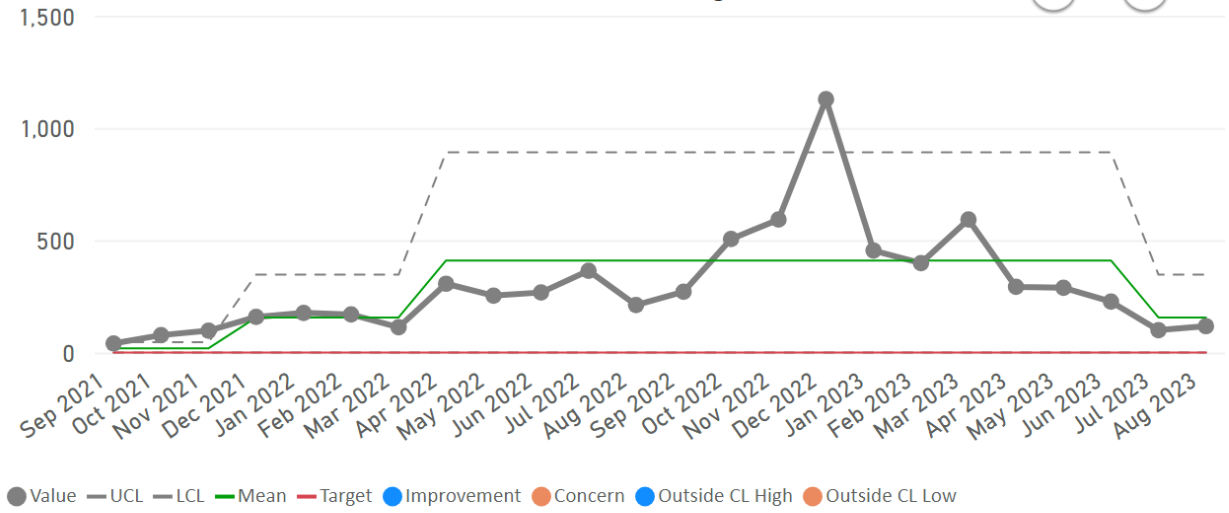
12-Hour Waits from Decision to Admit

Month	Performance	Target	Trend	Assurance
Aug 2023	6	0		



12-Hour A&E Breaches

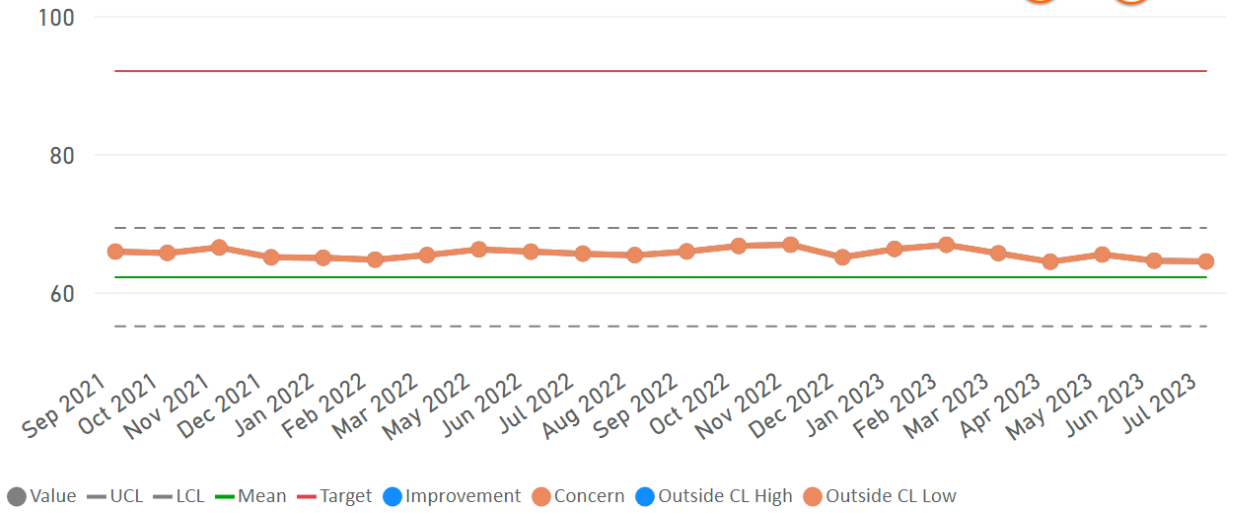
Month	Performance	Target	Trend	Assurance
Aug 2023	117	0		



RESPONSIVE

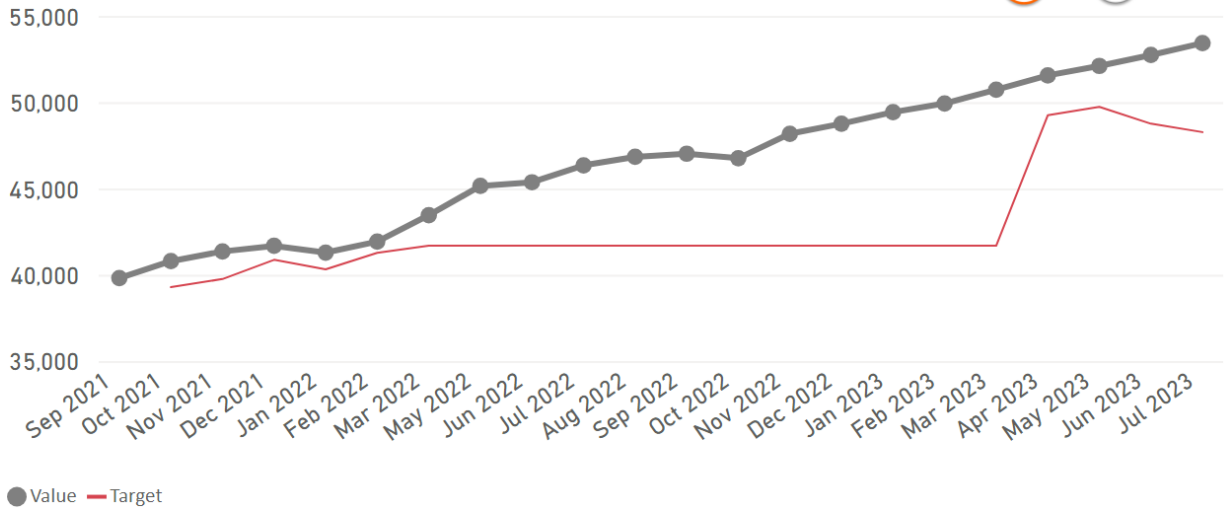
RTT Incomplete Pathways (%)

Month	Performance	Plan	Trend	Assurance
Jul 2023	64.4%	92%		



RTT Waiting List Size

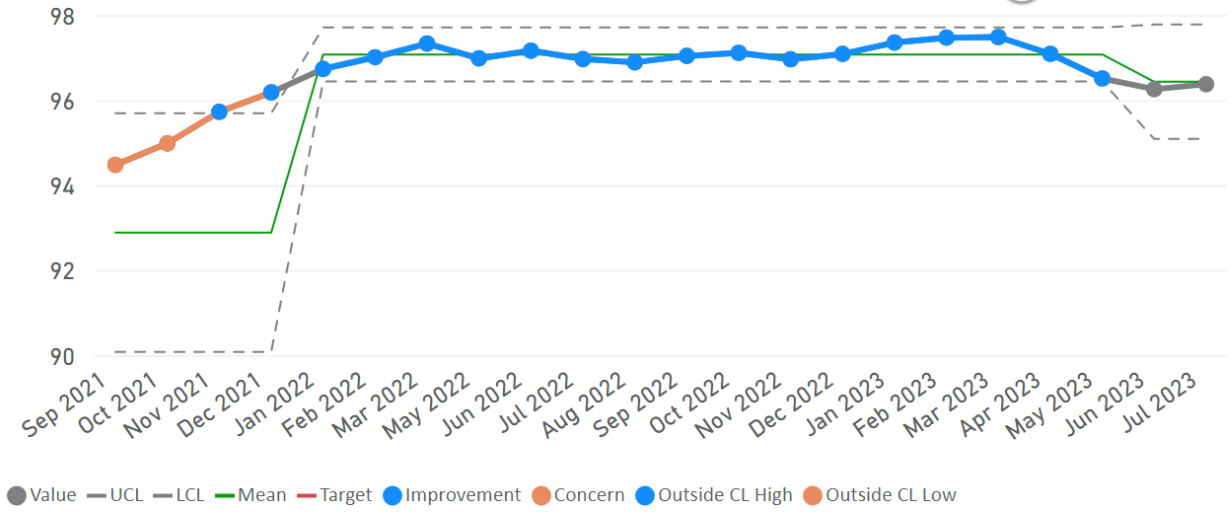
Month	Performance	Plan	Trend	Assurance
Jul 2023	53418	48263		



RESPONSIVE

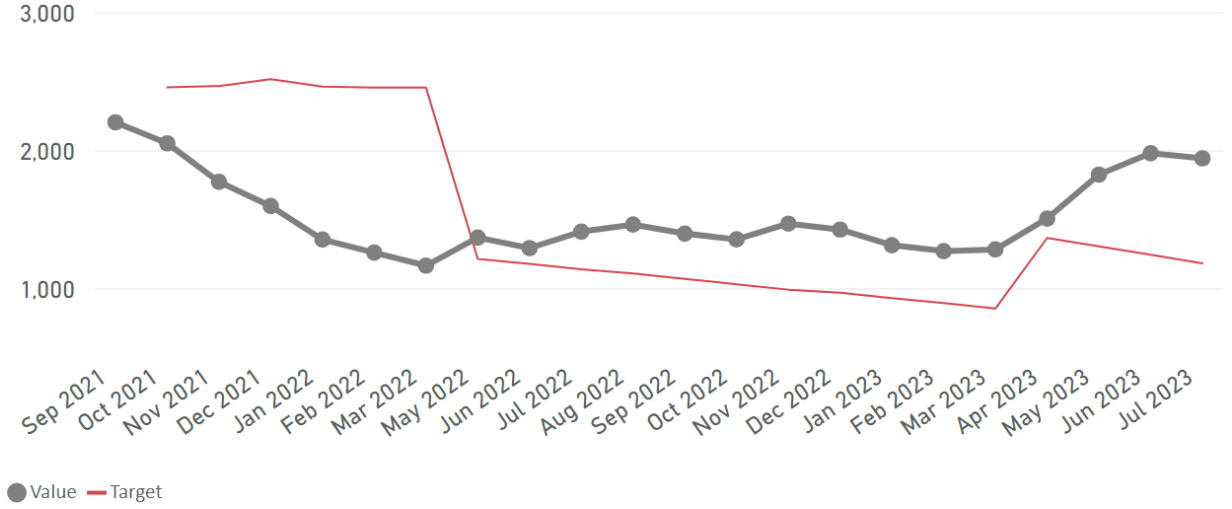
RTT List Size within 52 weeks (%)

Month	Performance	Plan	Trend	Assurance
Jul 2023	96.4%			N/A



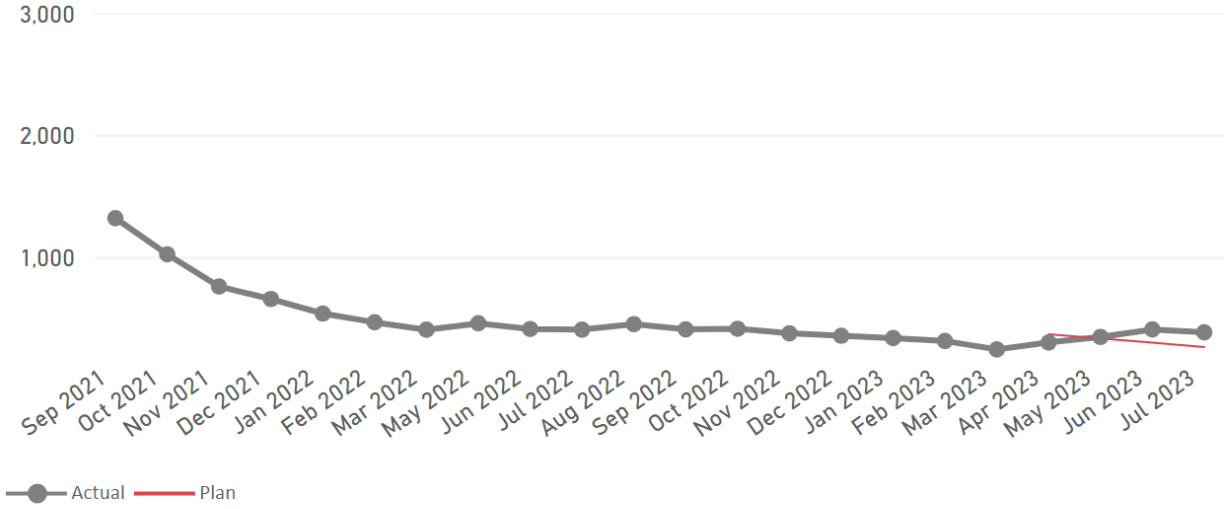
RTT 52 week waiters

Month	Performance	Plan	Trend	Assurance
Jul 2023	1939	1179	N/A	N/A



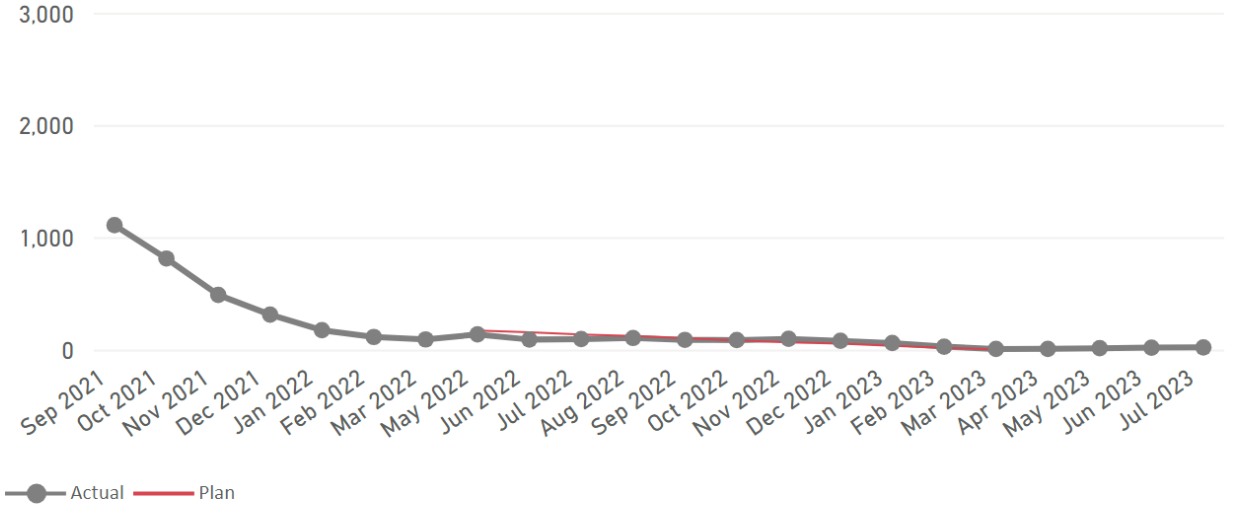
RTT 65 week waiters

Month	Performance	Plan	Trend	Assurance
Jul 2023	382	262	N/A	N/A



RTT 78 week waiters

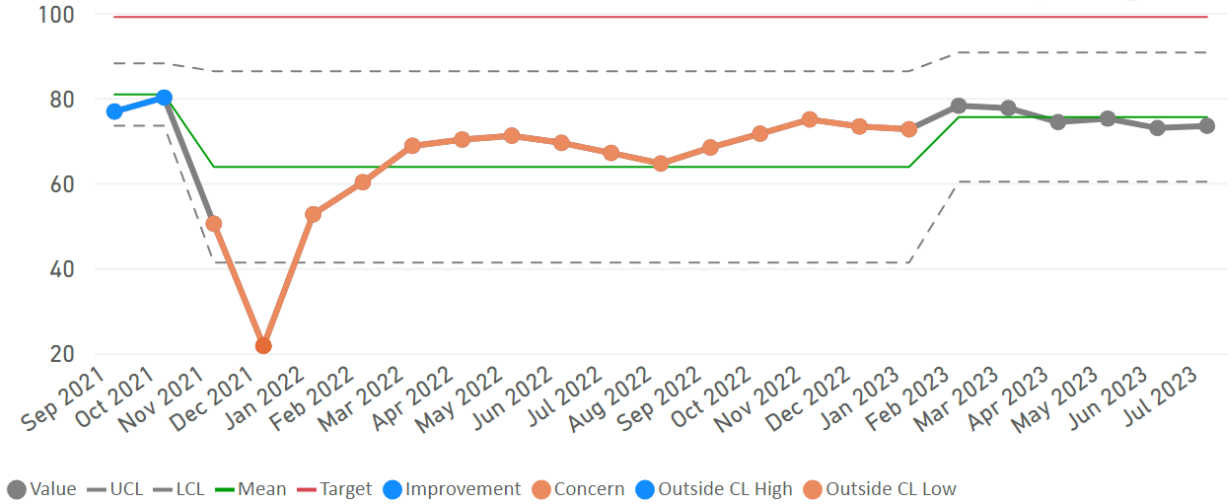
Month	Performance	Plan	Trend	Assurance
Jul 2023	18		N/A	N/A



RESPONSIVE

Diagnostic 6 Weeks Standard (%)

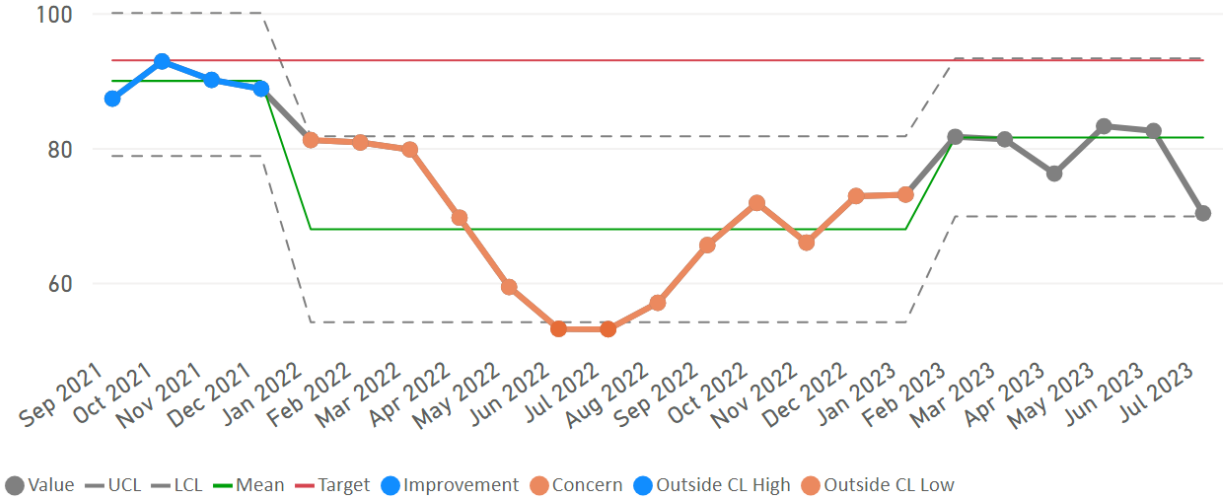
Month	Performance	Target	Trend	Assurance
Jul 2023	73.4%	99%		



RESPONSIVE

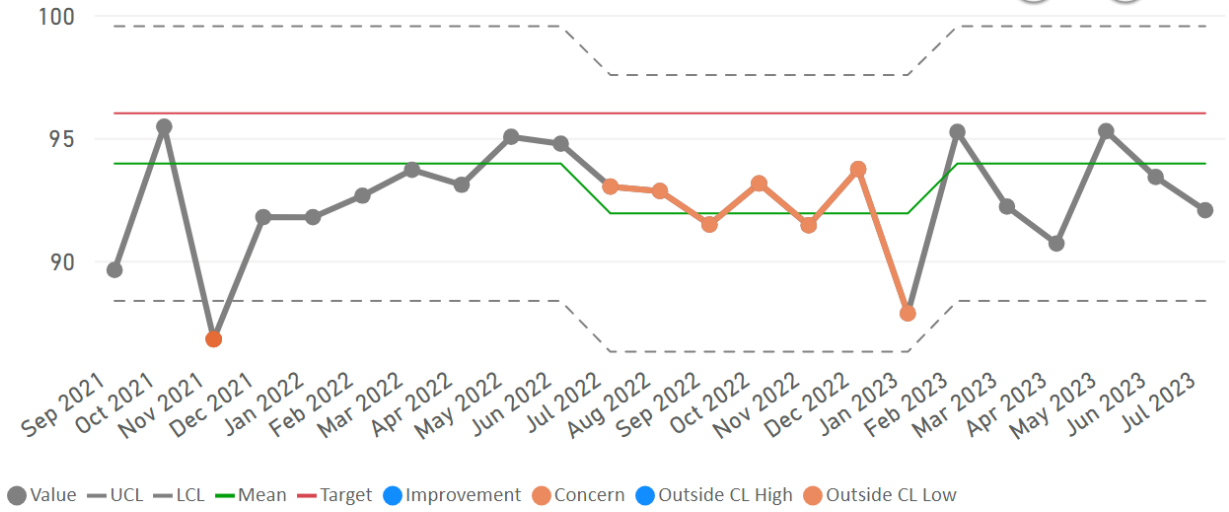
Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jul 2023	70.3%	93%		



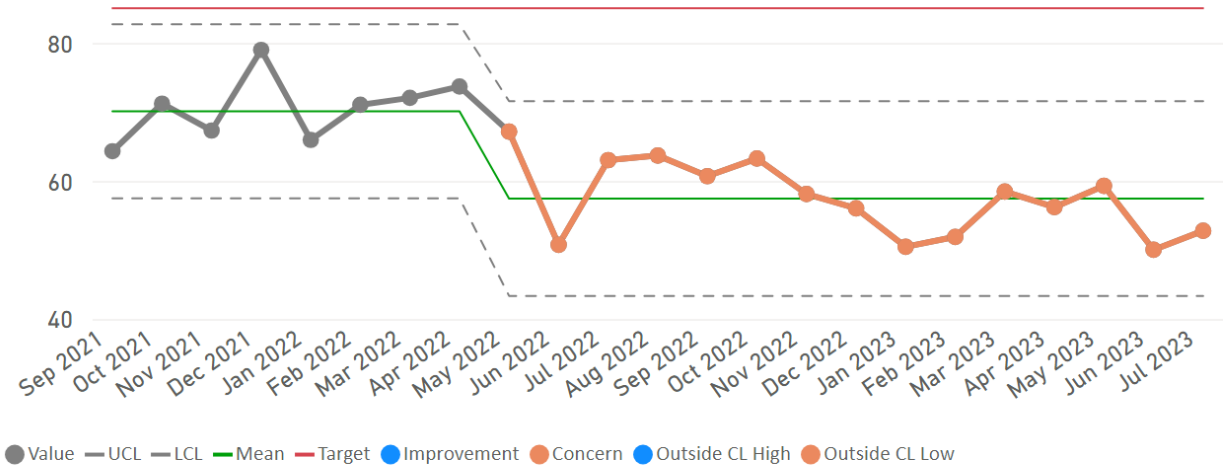
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jul 2023	92.1%	96%		



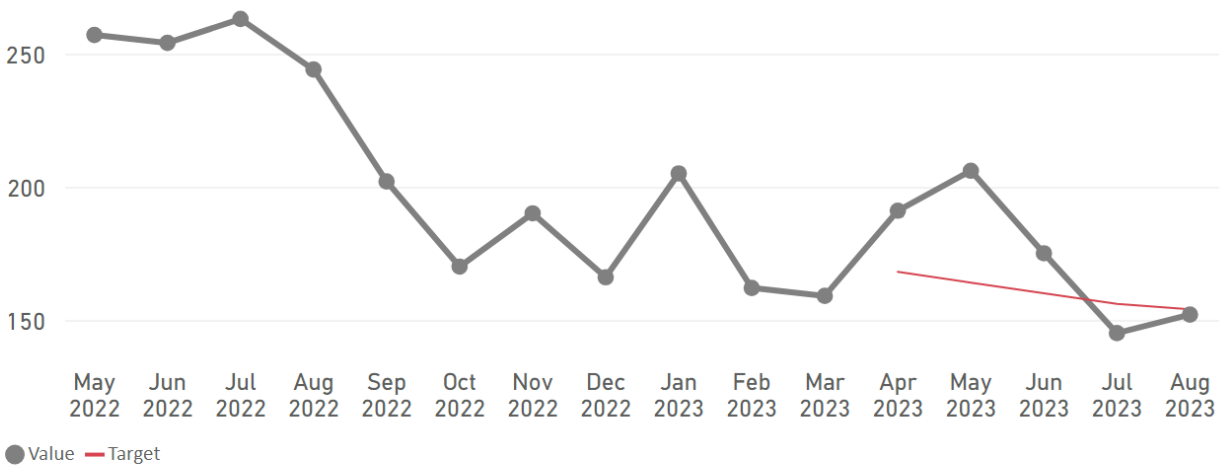
Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jul 2023	52.8%	85%		



Cancer >62 Day Backlog

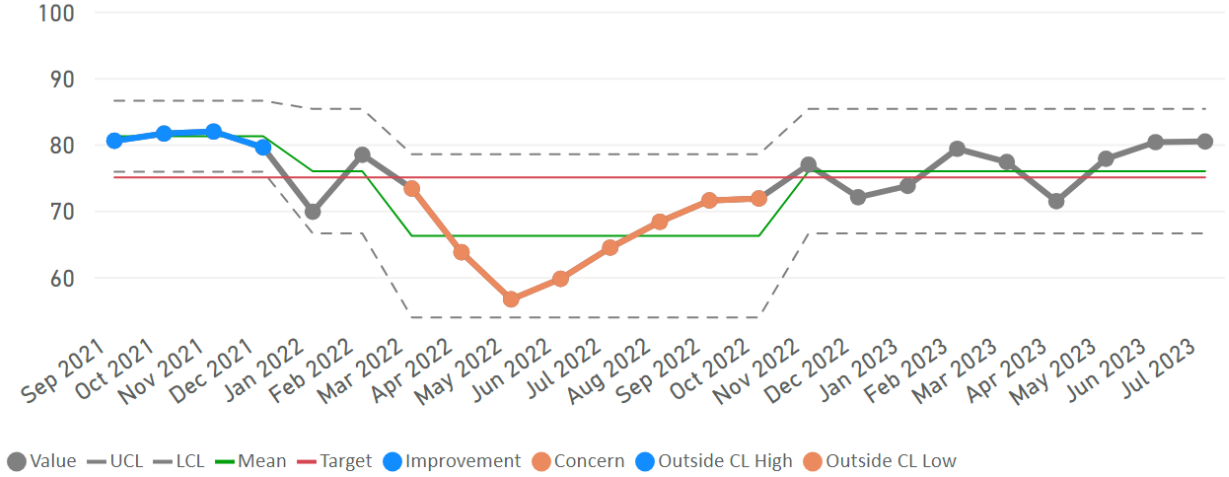
Month	Performance	Target	Trend	Assurance
Aug 2023	152	154	N/A	N/A



RESPONSIVE

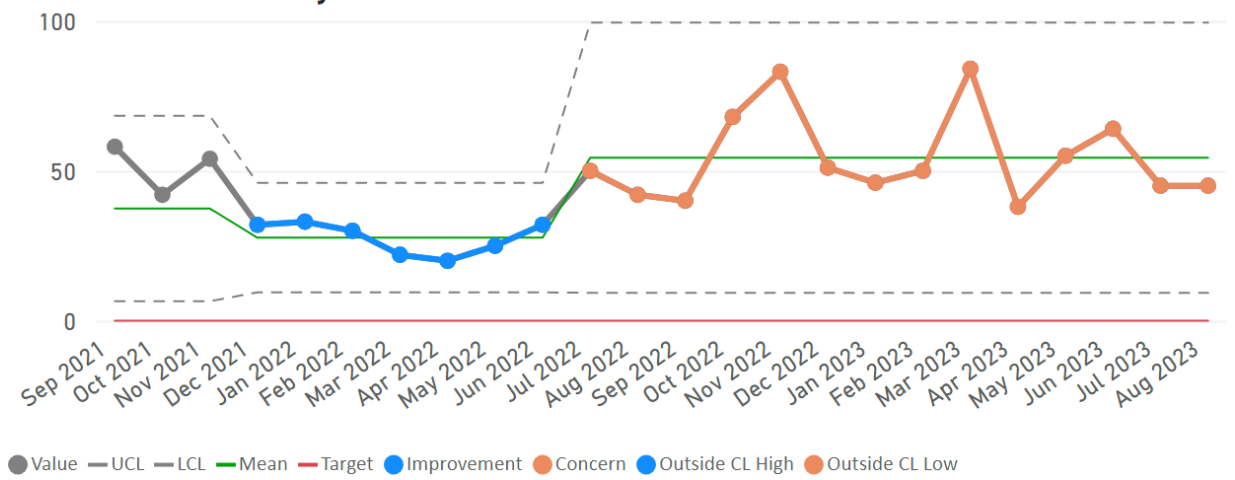
Cancer - Faster Diagnosis Standard (%)

Month	Performance	Target	Trend	Assurance
Jul 2023	80.4%	75%		



Cancelled Ops - Non-Urgent Cancelled On Day

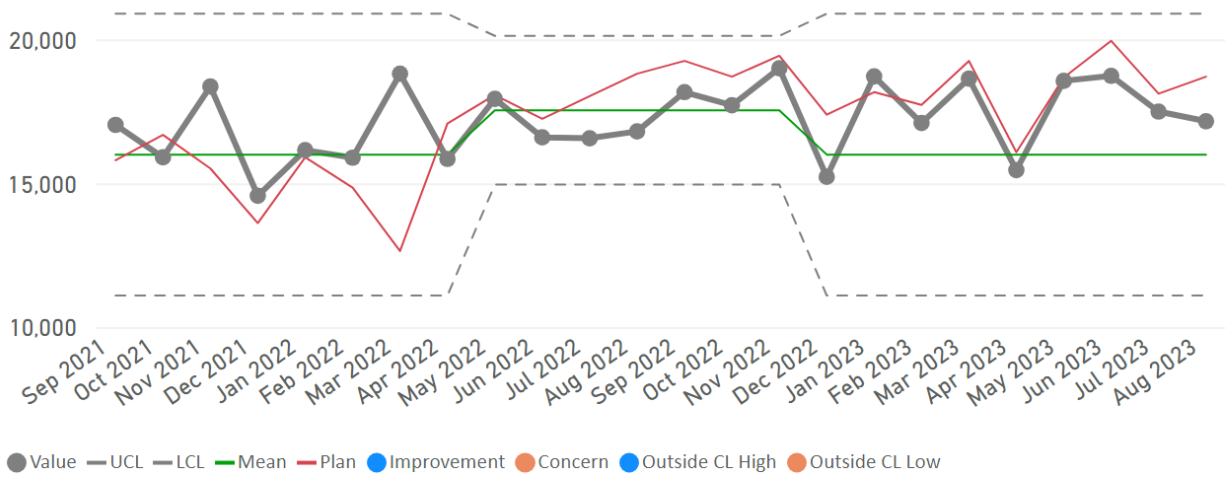
Month	Performance	Target	Trend	Assurance
Aug 2023	45	0		



RESPONSIVE

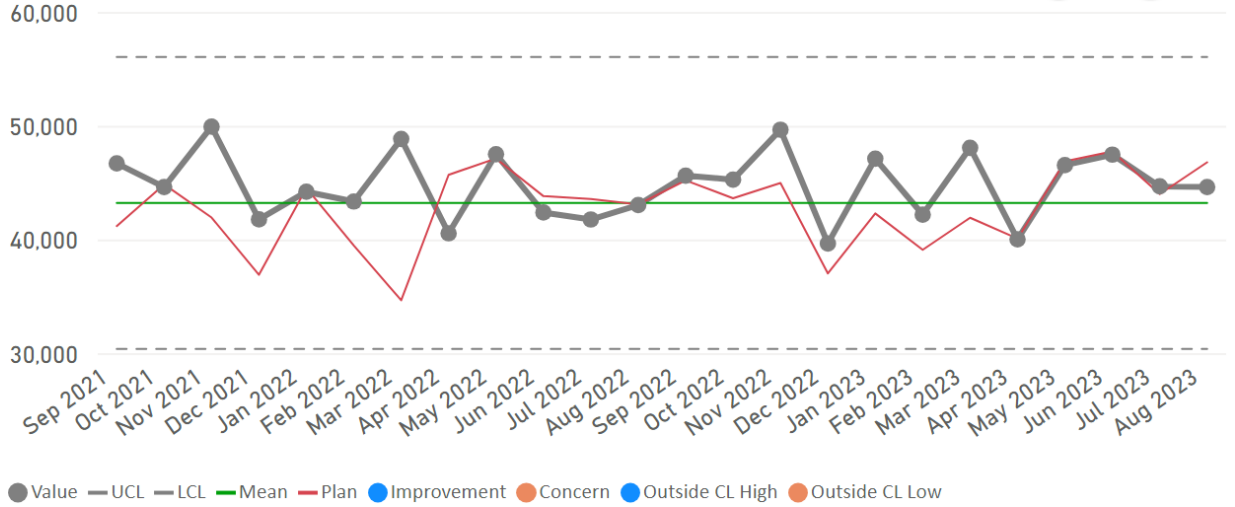
Outpatient First Attendances

Month	Performance	Plan	Trend	Assurance
Aug 2023	17155	18704		



Outpatient Follow Up Attendances

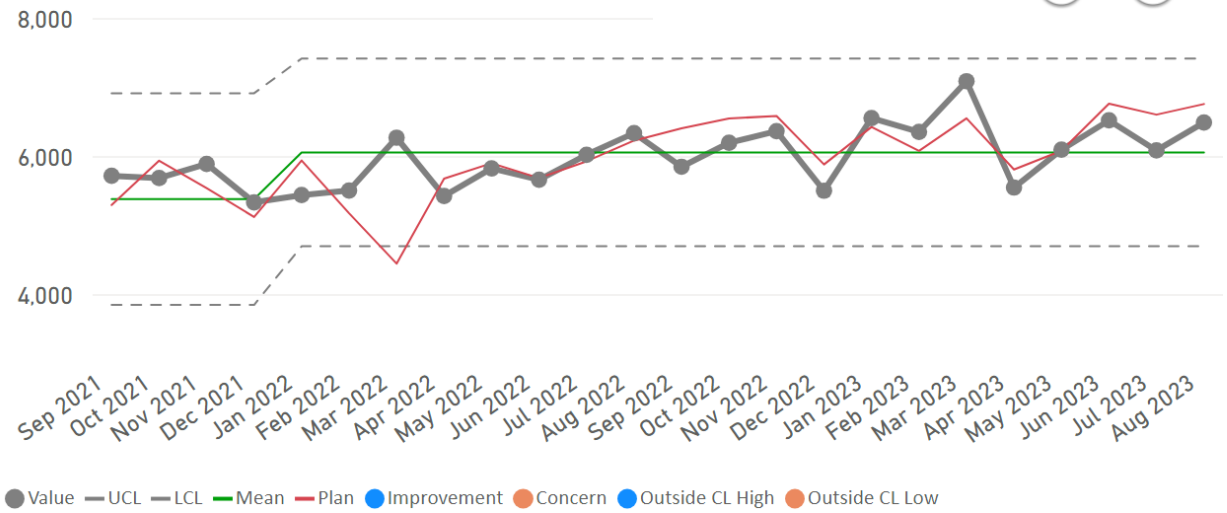
Month	Performance	Plan	Trend	Assurance
Aug 2023	44609	46779		



RESPONSIVE

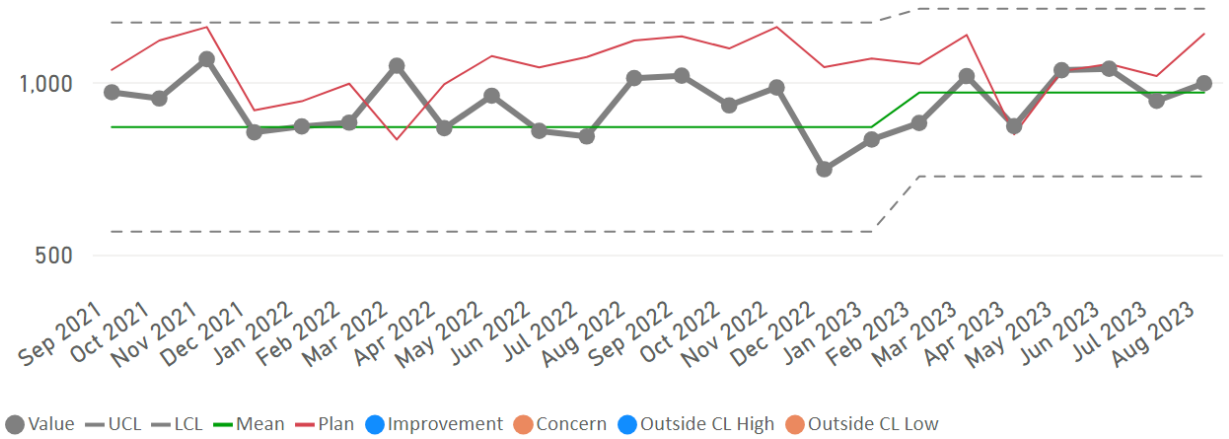
Day Case admissions

Month	Performance	Plan	Trend	Assurance
Aug 2023	6484	6752		



Ordinary Elective admissions

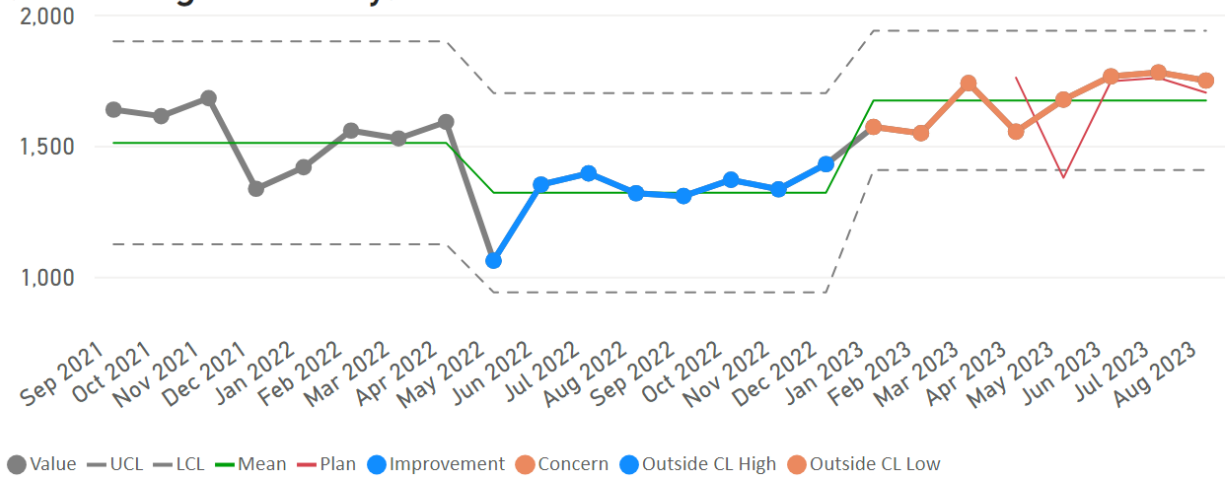
Month	Performance	Plan	Trend	Assurance
Aug 2023	996	1139		



RESPONSIVE

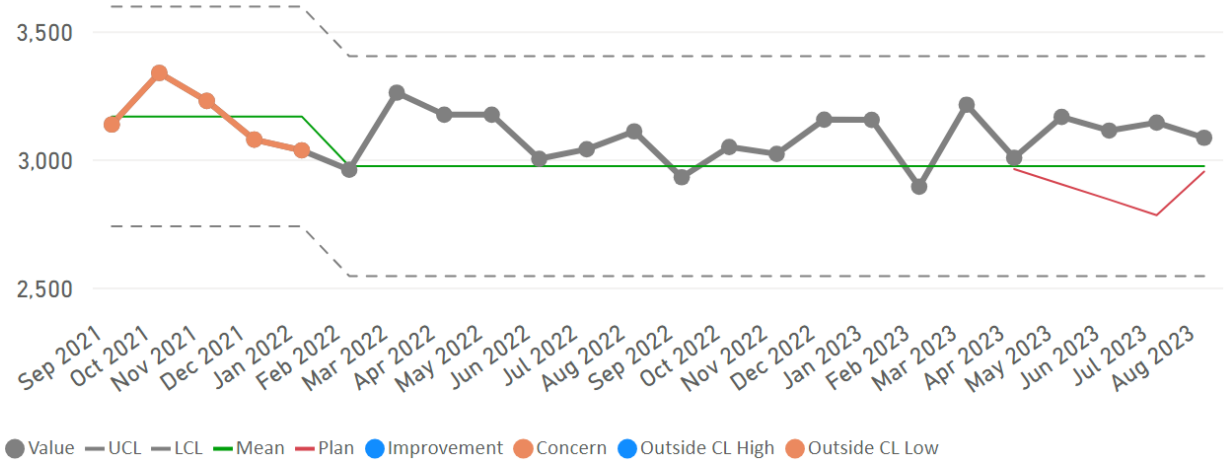
NEL admissions with 0 LOS (excluding Maternity)

Month	Performance	Plan	Trend	Assurance
Aug 2023	1748	1702		



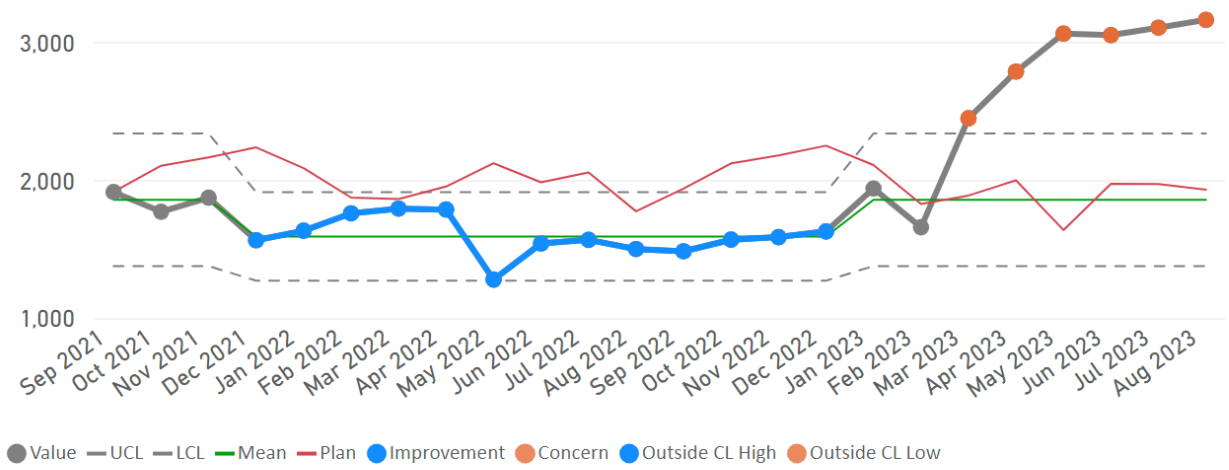
NEL admissions with 1+ LOS (excluding Maternity)

Month	Performance	Plan	Trend	Assurance
Aug 2023	3084	2952		



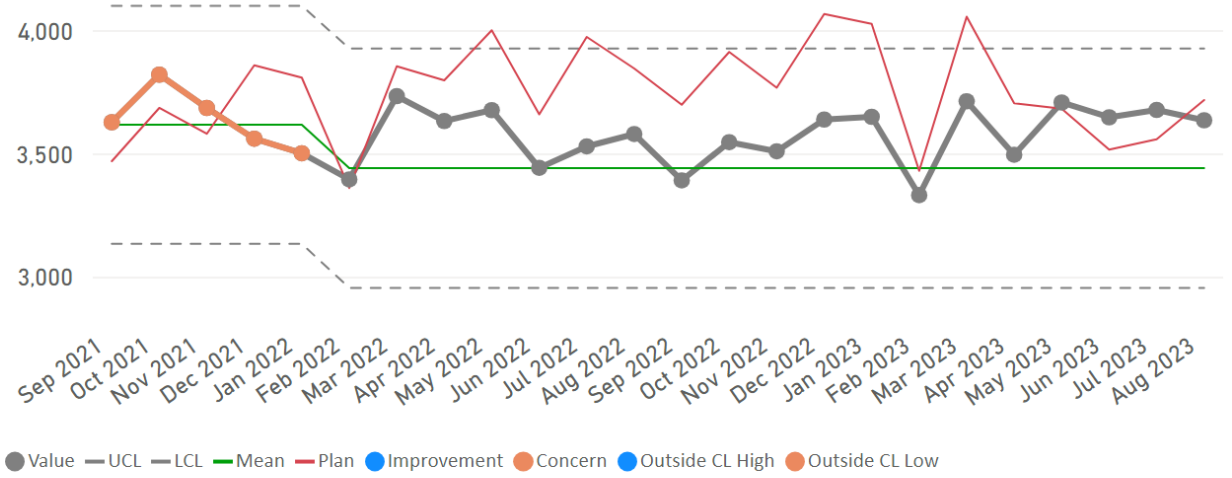
NEL admissions with 0 LOS

Month	Performance	Plan	Trend	Assurance
Aug 2023	3159	1929		



NEL admissions with 1+ LOS

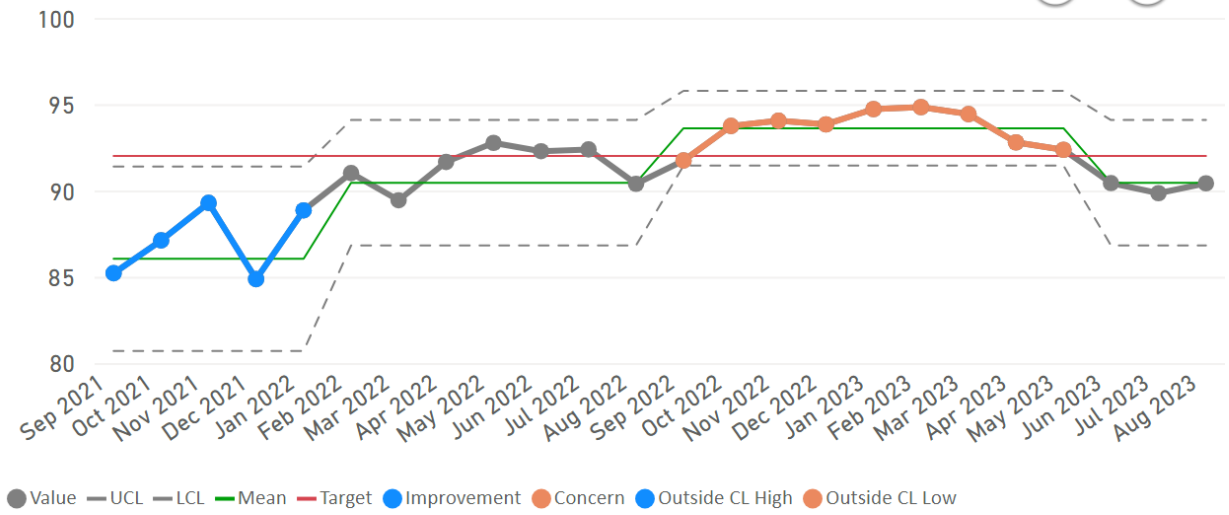
Month	Performance	Plan	Trend	Assurance
Aug 2023	3634	3716		



RESPONSIVE

G&A Occupied Beds (%)

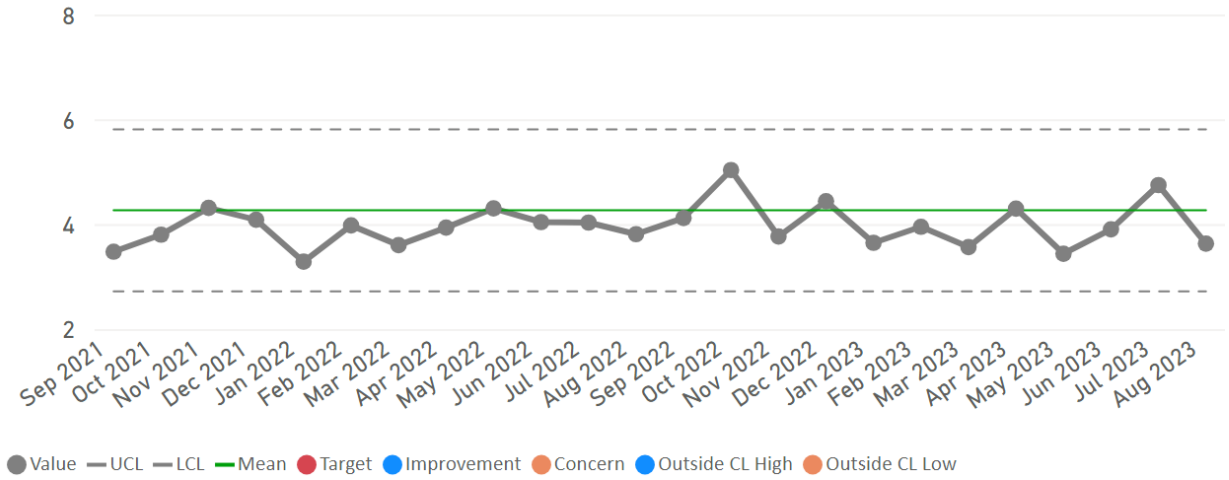
Month	Performance	Target	Trend	Assurance
Aug 2023	90.4%	92%		



RESPONSIVE

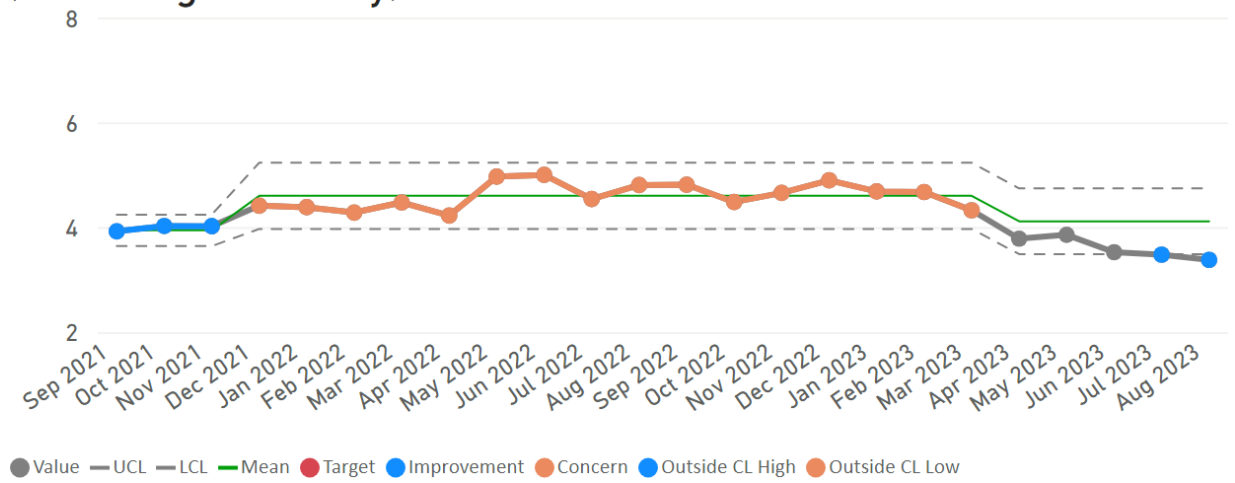
Length of Stay - Elective

Month	Performance	Target	Trend	Assurance
Aug 2023	3.6			N/A



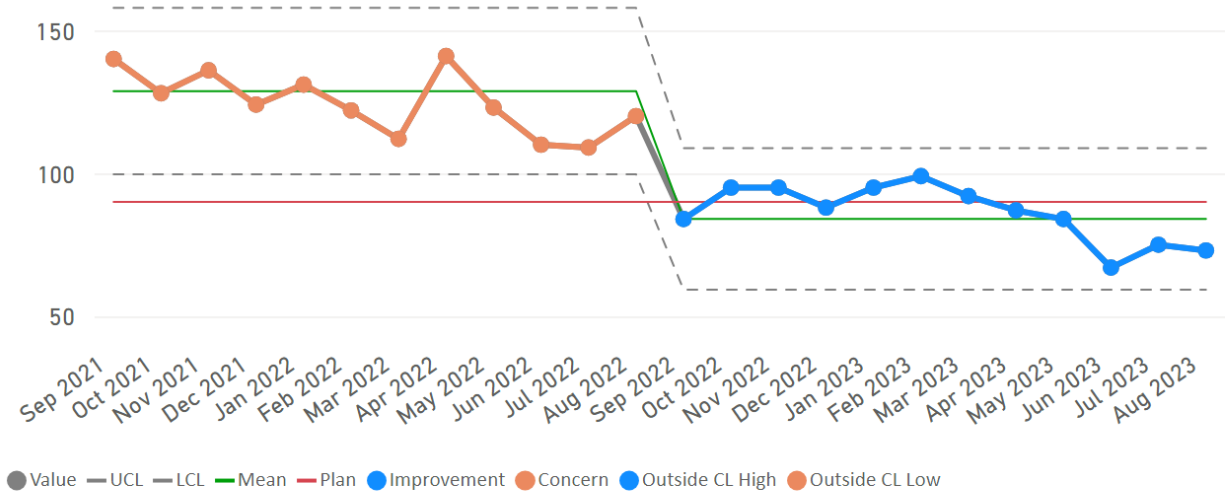
Length of Stay - Non-Elective (excluding Maternity)

Month	Performance	Target	Trend	Assurance
Aug 2023	3.4			N/A



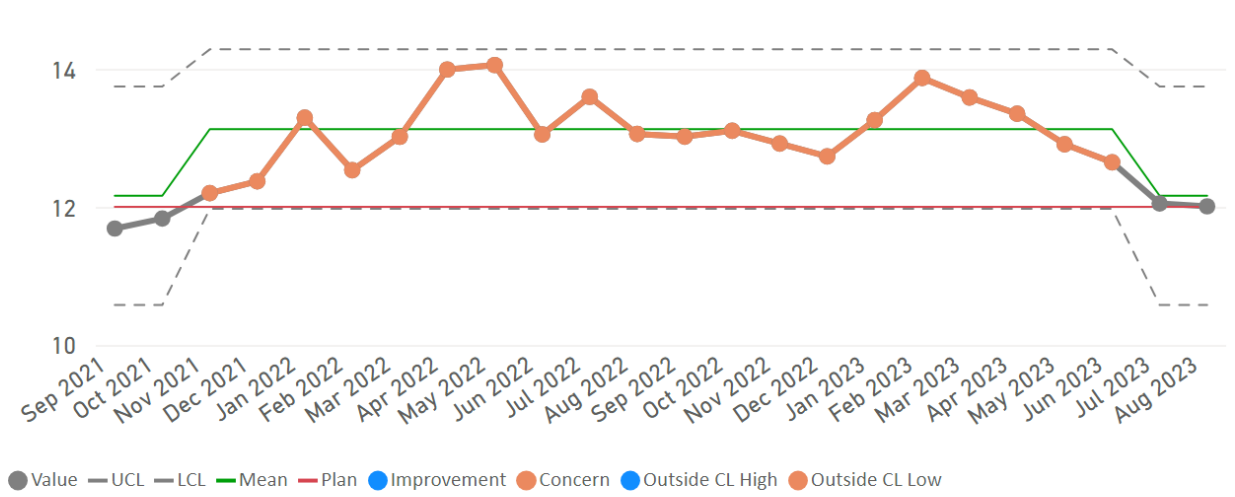
Not Met Not Discharged

Month	Performance	Plan	Trend	Assurance
Aug 2023	73	90		



21 Day Stranded Patients (%)

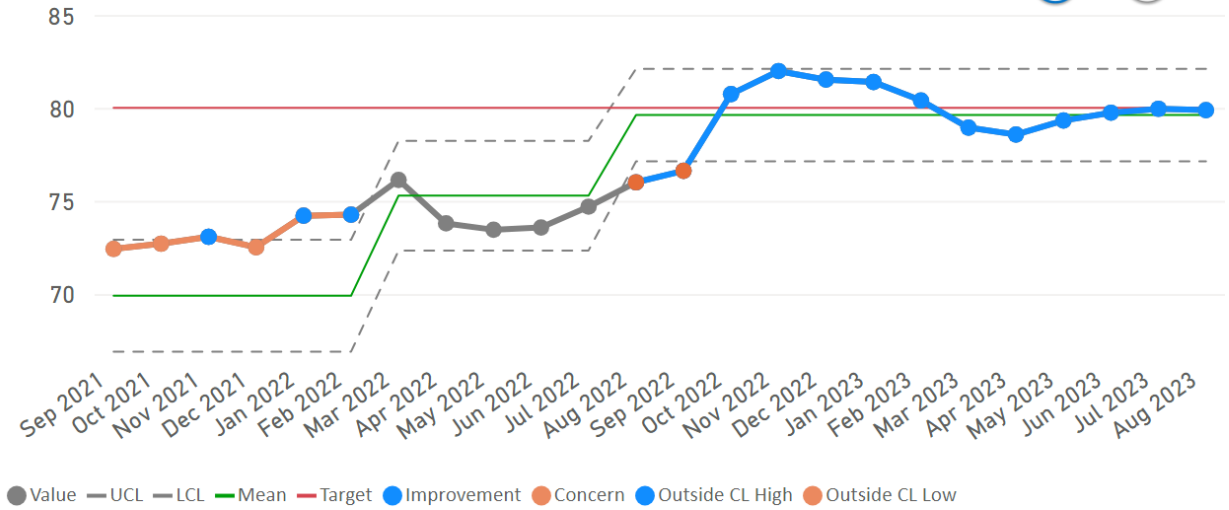
Month	Performance	Plan	Trend	Assurance
Aug 2023	12%	12%		



WELL-LED

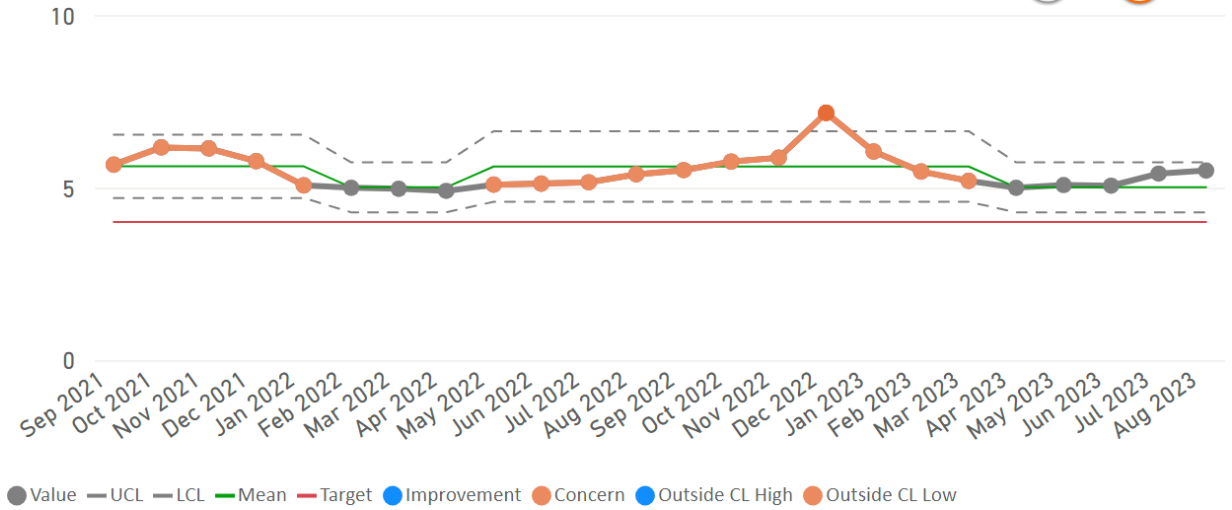
Annual Appraisal (%)

Month	Performance	Target	Trend	Assurance
Aug 2023	79.9%	80%	H	?



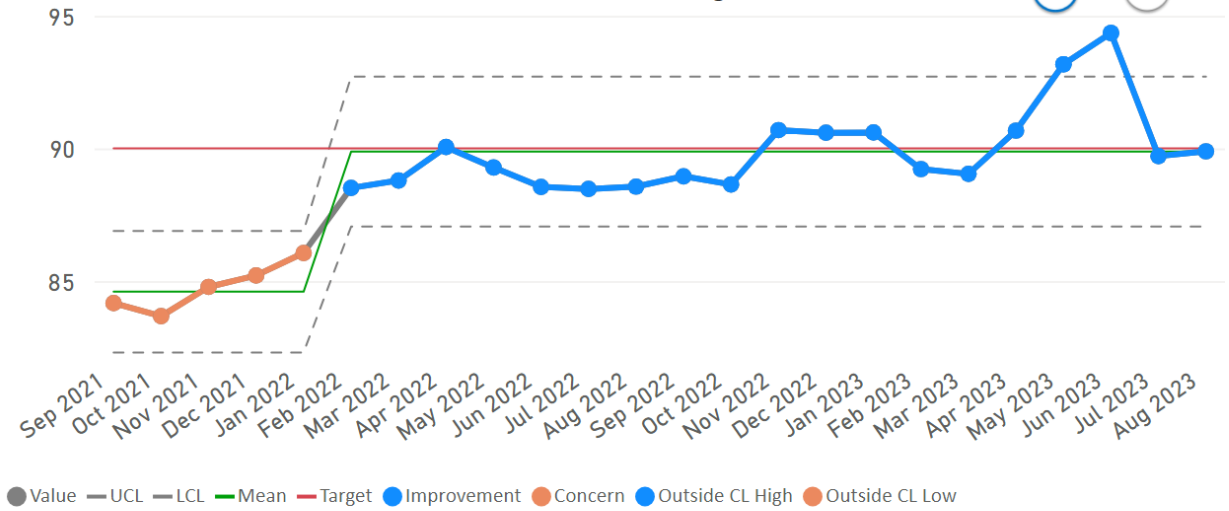
Sickness Absence (%)

Month	Performance	Target	Trend	Assurance
Aug 2023	5.5%	4%		F



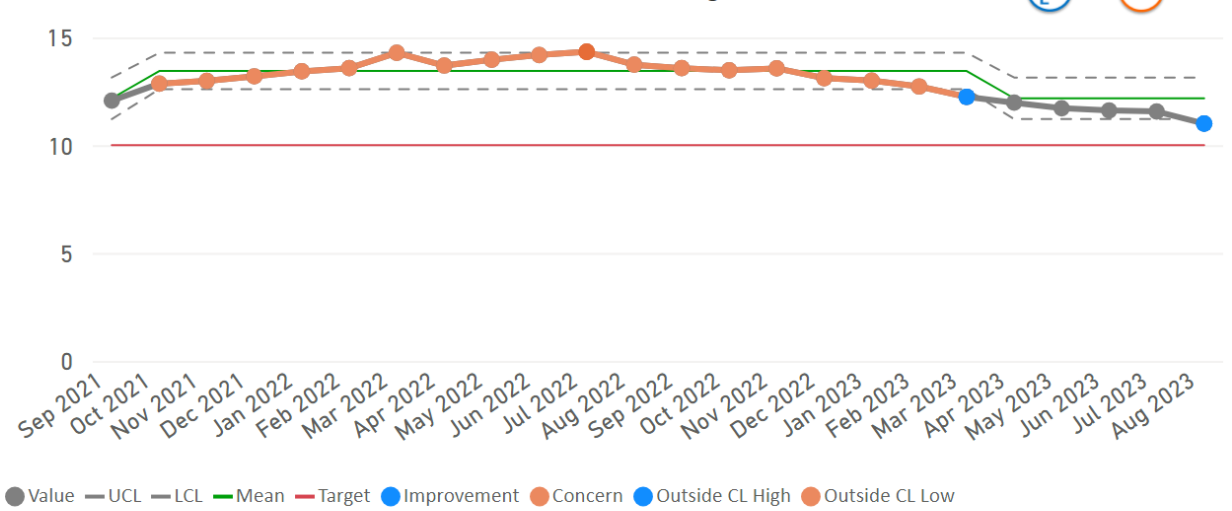
Mandatory Training (%)

Month	Performance	Target	Trend	Assurance
Aug 2023	89.9%	90%	H	?



Staff Turnover (%)

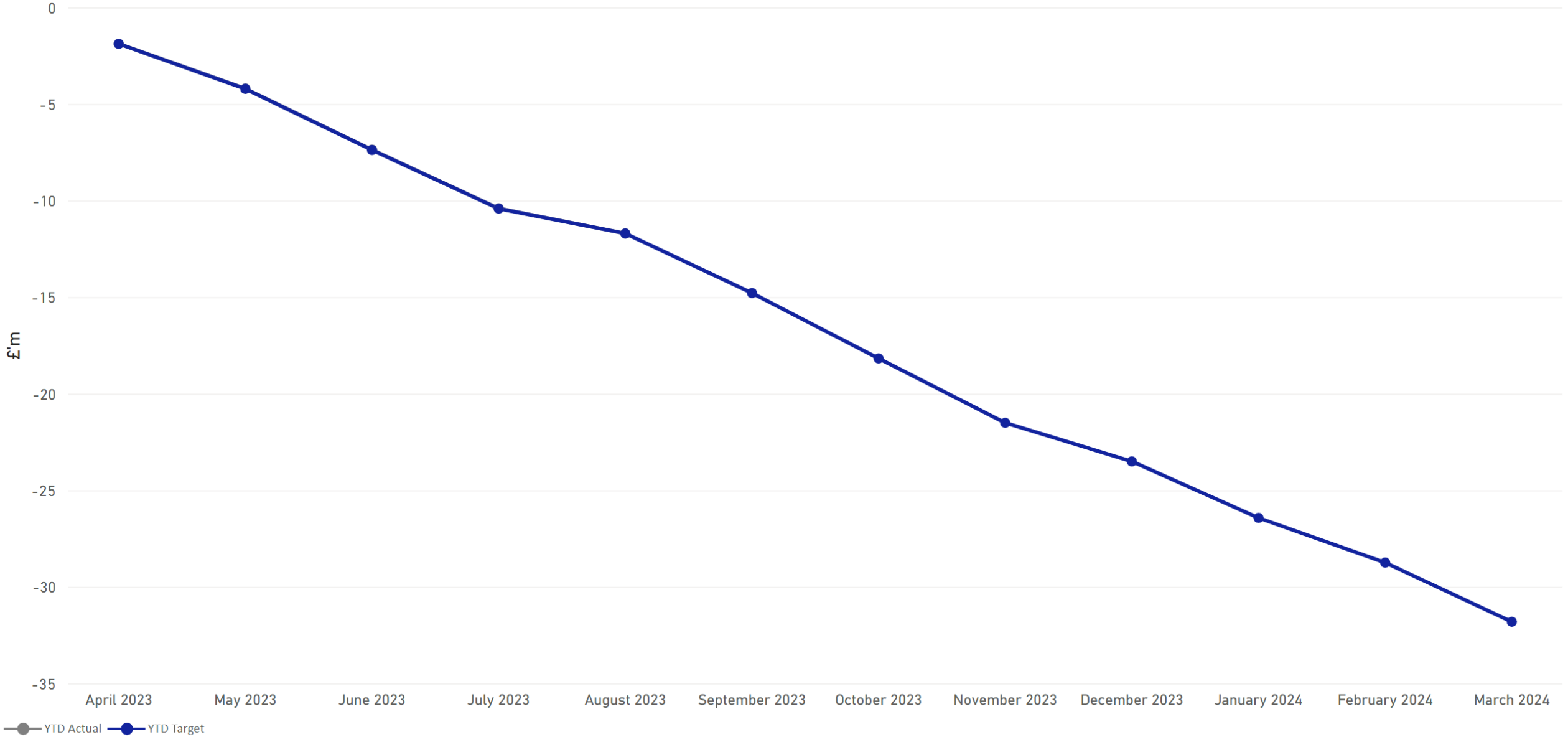
Month	Performance	Target	Trend	Assurance
Aug 2023	11%	10%	L	F



WELL-LED

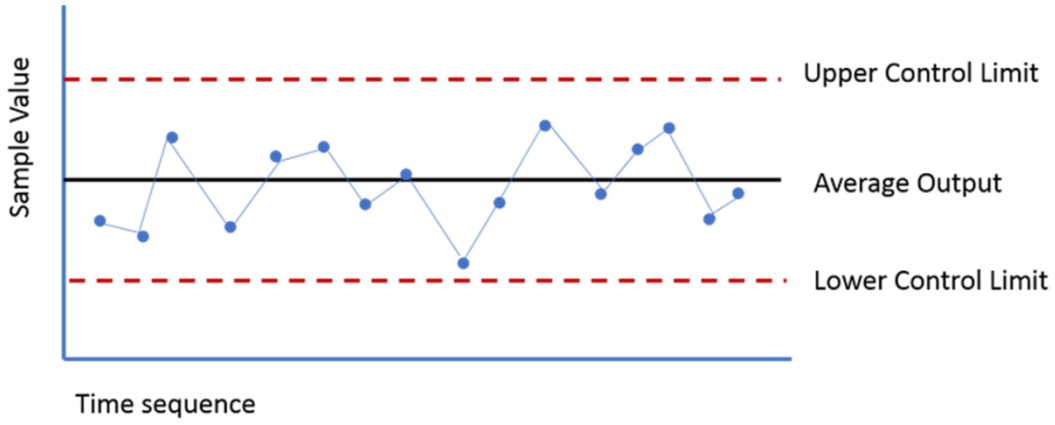
Cumulative YTD Financial Position (£'millions)

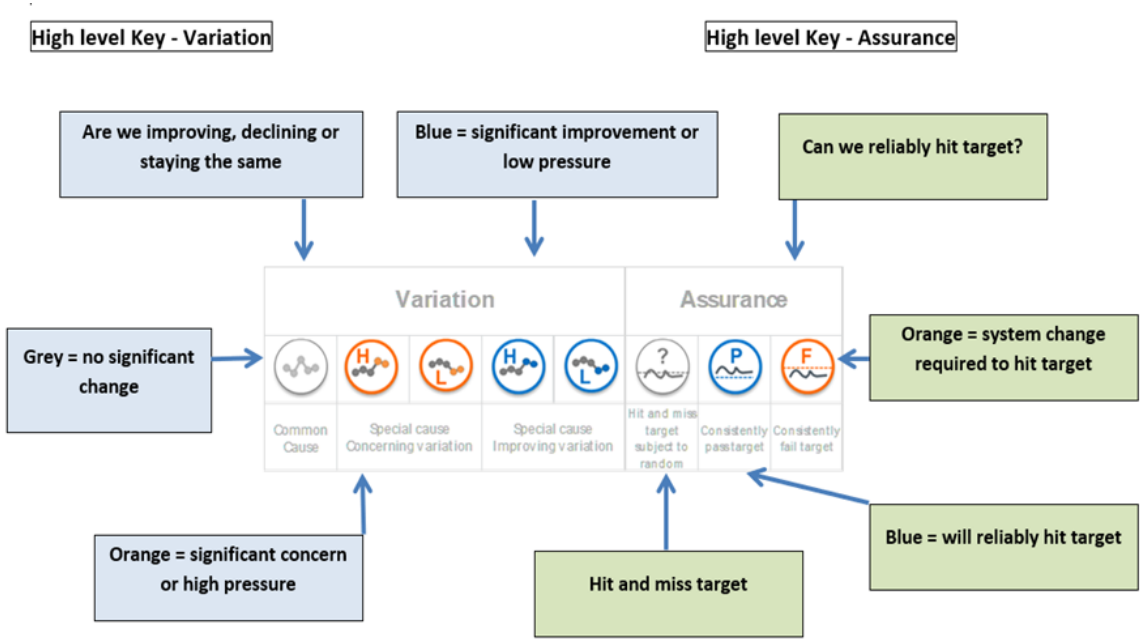
Month	Performance	Target
Aug 2023	-£11.707m	-£11.707m



SPC CHARTS

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





South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 3 OCTOBER 2023			
Learning from Deaths September 2023			**AGENDA ITEM: 10** **ENC 8**
Report Author and Job Title:	Jo Raine, Data Analyst Mortality Surveillance and Tony Roberts, Deputy Director (Clinical Effectiveness)	**Responsible Director:**	Michael Stewart Chief Medical Officer
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	This report provides assurance on the overall quality of care, as measured by hospital mortality and other clinical effectiveness indicators, delivered by the organisation and is an update on the report submitted to the Mortality and Morbidity Group in August 2023.		
Background	Overview of mortality within the Trust including relevant mortality indicators and coverage of the Medical Examiner service and Mortality Surveillance activity including lessons learned and feedback given.		
Assessment	140 deaths were recorded in July 2023 and 151 deaths in August 2023. Rolling 12 month average mortality rate is 1.32 compared to 1.24 pre-pandemic. The Learning from Deaths dashboard shows that 2,029 of the 2,033 deaths that occurred between September 2022 and August 2023 were reviewed (99.8%). SHMI at 109 (Mar 2022 – Feb 2023) is As Expected 560 Mortality Surveillance Reviews were completed in 2022/23. A further 205 reviews have been completed since April 2023 and 147 by the Nurse Reviewer		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
Recommendation	Members of the Board are asked to note this report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	2.3, 2.4		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience ☒	A great place to work ☐	
	Deliver care without boundaries in collaboration with our health and social care partners ☐	Make best use of our resources ☐	

	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☐	

Learning From Deaths September 2023

1. PURPOSE OF REPORT

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

2. BACKGROUND

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

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

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

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

3. MORTALITY INDICATORS & LEARNING FROM DEATHS

3.1. **Mortality Indicators**: The dashboard includes the count of deaths from April 2009 to August 2023 (Fig 1). 140 deaths were recorded in July 2023 and 151 deaths in August 2023. The unadjusted mortality rate remains above pre-

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

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

pandemic levels. Rolling 12- month average is 1.32 compared to 1.24 pre-pandemic.

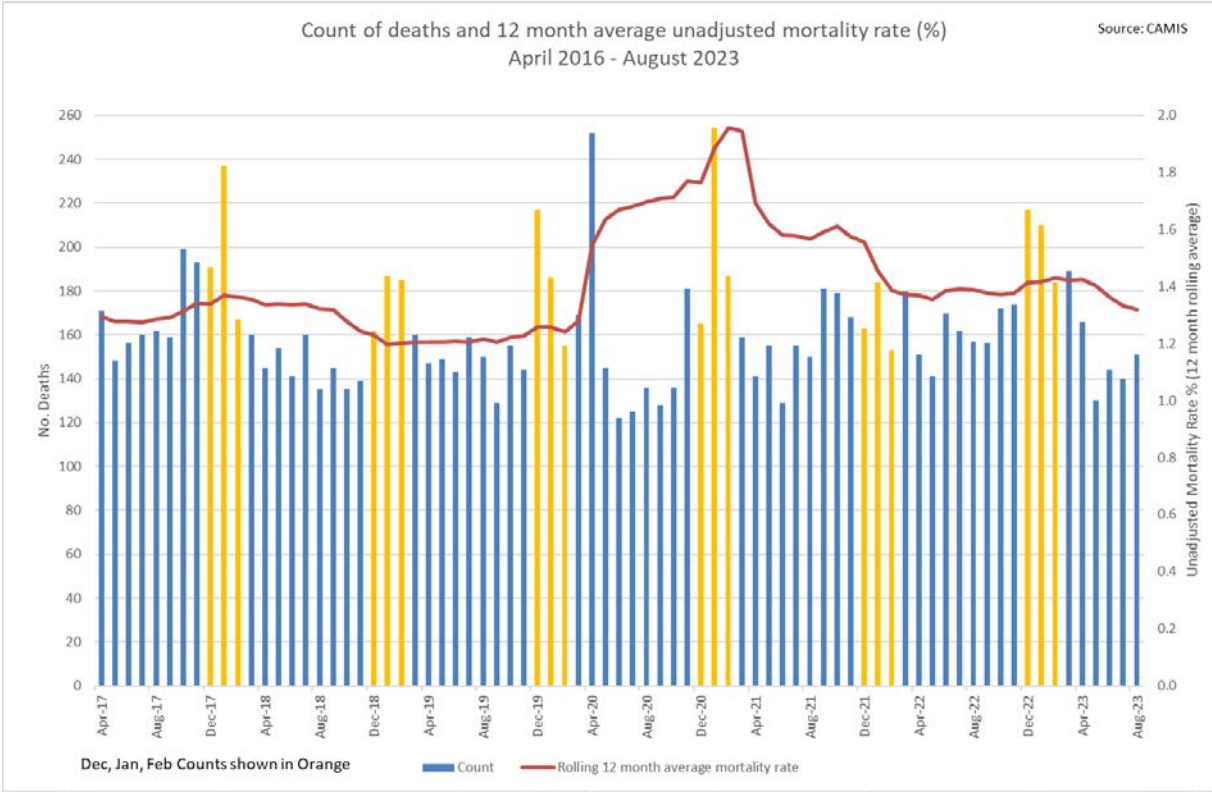


Fig 1. Count of deaths and Mortality Rate

Source: South Tees Hospitals NHS Foundation Trust

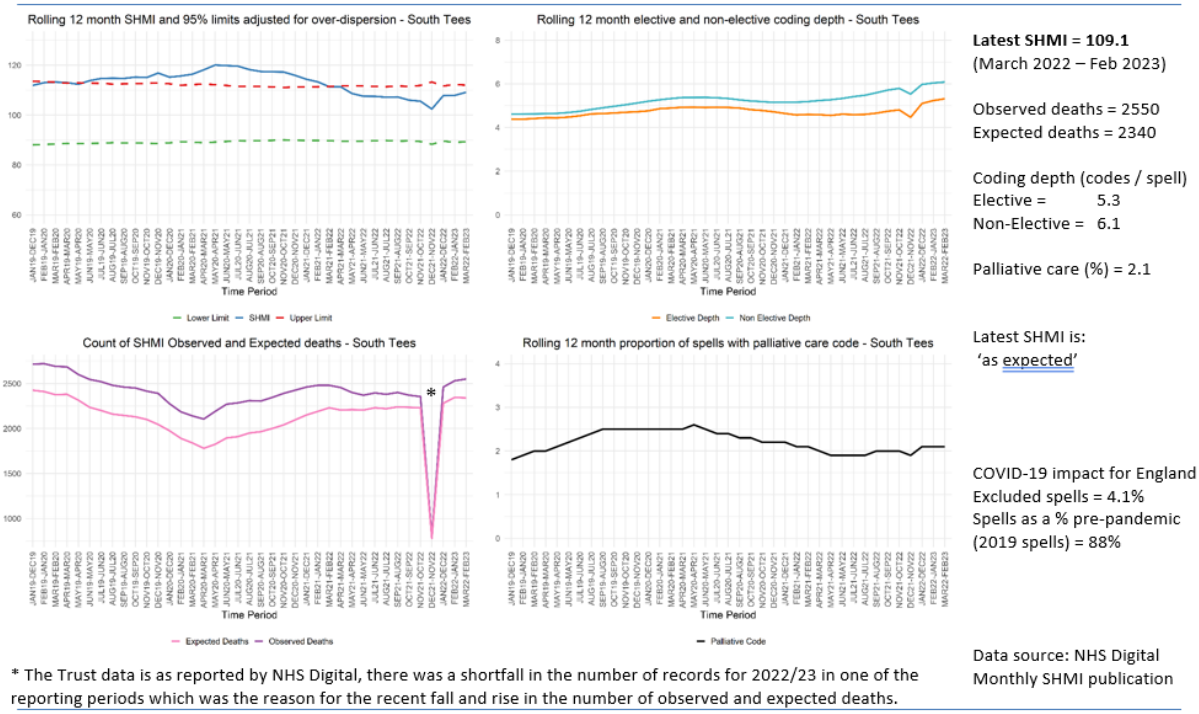


Fig 2. SHMI Trend Analysis Rolling 18 month trend analysis.

Source: NHS Digital/NEQOS

3.2. **Summary Hospital-level Mortality Indicator, Comorbidity and Palliative Care Coding: (Fig 2)** includes all in-hospital deaths plus deaths within 30 days of discharge. It is published on a quarterly basis by NHS Digital and is an official government statistic. The SHMI is the ratio of observed mortality rate/expected mortality rate (based on a statistical estimate of expected mortality). Latest SHMI 109 (March 2022 – February 2023) – As Expected. NHS Digital are removing any spell containing a COVID-19 Confirmed or Suspected code. For the current period there is a total fall of 12% in the number of spells used to calculate SHMI. The comorbidity count matters because of its impact on the risk adjustment used in modelling mortality. Coding depth for elective spells is 5.3, for non-elective 6.1. 2.1% of spells had a palliative care code. Palliative care coding is provided as a key contextual indicator.

3.3. **COVID-19**: There have been 1176 COVID-19 positive deaths recorded (17.9% of all deaths) since the pandemic began in March 2020 (Fig 3). On 30 June 2023 the NHS stepped down its response to COVID-19 from level 3. As a result CPNS reporting has stopped , other daily reporting has been moved to Urgent and Emergency Care data reporting and the reporting of outbreaks is changing.

Total Deaths	C19 Deaths	C19 Reported deaths
16 March - 30 June 2020		
621	257	257
July 2020 - August 2020		
261	2	2
Sep 2020 - Apr 2021		
1357	373	370
May 2021 - 15 July 2021		
356	3	4
16 Jul 2021 - 21 Jun 2022		
1844	307	284
22 Jun 2022 -30 Jun 2023		
2116	234	223
16 March 2020 - 30 Jun 2023		
6555	1176	1140
Last 24 hours		
2	0	0

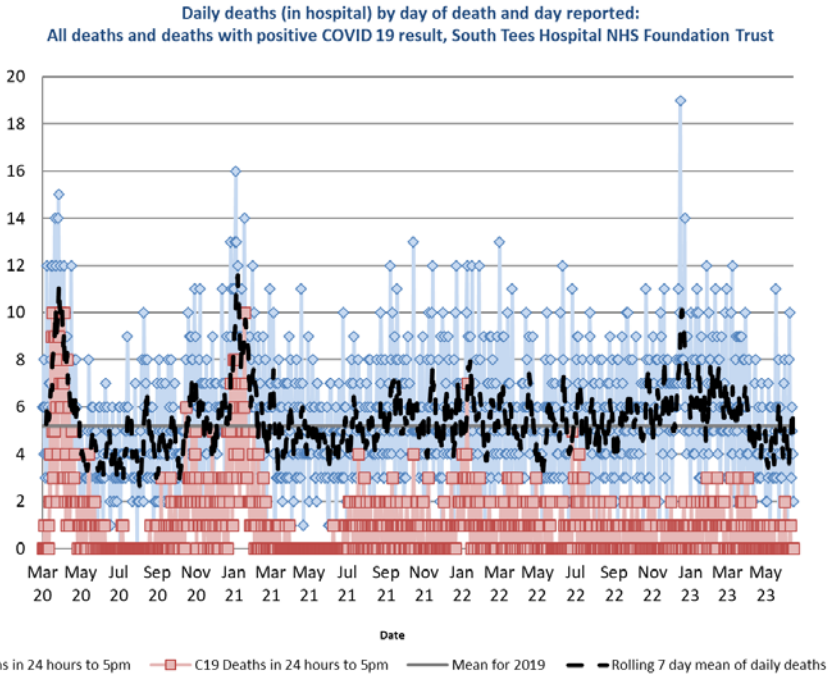


Fig 3. All Deaths and deaths with positive COVID 19 result.
Source: South Tees Hospitals NHS Foundation Trust.

3.4. Work on producing statistics by **Collaborative Group** is currently being developed. 44.8% of deaths were in Medicine and Emergency Care Services and 11.2% in Growing the Friarage and Community Services (Fig 4).

Fig 4: Deaths in South Tees Hospitals NHS Foundation Trust by collaborative

Deaths in South Tees Hospitals NHS Foundation Trust: Jul 2022 - Jun 2023					
Collaborative	Survived	Died	Total	Unadjusted Mortality Rate	% all deaths
Cardiovascular Care services	6142	139	6281	2.2%	6.7%
Clinical Support Services	1034	1	1035	0.1%	0.0%
Digestive Diseases, Urology and General Surgery services	24751	189	24940	0.8%	9.2%
Head and Neck, Orthopaedic and Reconstructive services	20060	80	20140	0.4%	3.9%
James Cook Cancer Institute and Speciality Medicine services	21371	169	21540	0.8%	8.2%
Medicine and Emergency Care services	24014	924	24938	3.7%	44.8%
Neurosciences and Spinal Care Services	3869	42	3911	1.1%	2.0%
Perioperative and Critical Care Medicine Services	1397	209	1606	13.0%	10.1%
Women and Children services	23376	29	23405	0.1%	1.4%
Growing the Friarage and Community services: Community Services	21	1	22	4.5%	0.0%
Growing the Friarage and Community services: Primary Care Hospitals	599	49	648	7.6%	2.4%
Growing the Friarage and Community services: Friarage Medical Services	23613	231	23844	1.0%	11.2%
Grand Total	**150247**	**2063**	**152310**	**1.4%**	**100.0%**

3.5. **Medical Examiners:** In 2022/23, of the 2,392 deaths that occurred in hospital and in A&E or were very recent discharges from hospital and referred to the Medical Examiner (including 184 GP/Community deaths included in the Medical Examiner system since September 2021), 2,361 were reviewed by the Medical Examiner service – 98.7% of all such deaths. (Fig 5). Since April 2023 891 reviews were completed out of a total of 896 in-hospital, A&E or community deaths referred to the medical examiner service – 99.3% of all deaths.

3.5.1. Minor concerns were raised about 84 of the deaths and Major concerns raised about 25 deaths. 88 deaths were referred for second level review of which 40 have taken place.

3.5.2. Of the 203 deaths recommended for second level review in 2022/23, 79 have now been completed. The waiting list of cases (currently 181 cases) needing review by Mortality Surveillance from this and the previous year are currently being addressed.

Fig 5: Medical Examiner Service Statistics

Medical Examiner Service Statistics: Month of Death	No. In-Hospital Deaths	A&E Deaths	Community Deaths	Other Deaths	ME Review	% Review	Rec'mend TMR	Received TMR	Specialty Review	Discussed with Coroner	Noted as Coroner Case
May 2018 - Mar 2019	1698	25		19	1432	82.2%	230	230	265	275	137
April 2019 - March 2020	1902	92		46	1822	89.3%	192	192	393	381	296
April 2020 - March 2021	1994	73		39	2041	96.9%	153	153	224	330	279
April 2021 - March 2022	1936	109	40	11	2034	97.0%	174	174	103	297	333
April 2022 - March 2023	2083	125	184	0	2361	98.7%	203	79	115	301	409

Medical Examiner Service Statistics: Month of Death Apr 2023 -Mar 2024	No. In-Hospital Deaths	A&E Deaths	Community Deaths	Other Deaths	ME Review	In hospital % Review	Rec'mend TMR	Received TMR	Specialty Review	Discussed with Coroner	Noted as Coroner Case
Apr-23	166	10	27	0	202	99.5%	16	13	11	27	31
May-23	130	8	30		166	98.8%	17	10	11	26	21
Jun-23	144	9	20		173	100.0%	17	5	7	18	29
Jul-23	140	10	24		174	100.0%	14	4	4	21	32
Aug-23	151	11	17		176	98.3%	24	8	9	16	34
	731	48	118	0	891	99.3%	88	40	42	108	147
	10344	472	342	115	10581	93.9%	1040	868	1142	1692	1601

3.6. Mortality Surveillance Reviews: The review team currently consists of four consultant reviewers. 560 reviews were completed in 2022/23 and 205 reviews completed since April 2023 with an additional 147 cases reviewed by our nurse reviewer. These were cases that had some indications of problems in care but did not definitively fall into the categories that automatically lead to second review. After review, 11 were referred back to the mortality surveillance team for second review. (Figs 6 & 7).

3.6.1. 71% of case reviews were judged to show good practice with no preventability. 21% showed room for improvement in care but with no preventability, 6% showed both preventability and room for improvement in care and 1% showed strong preventability and/or less than satisfactory care.

Fig 6 No. of Reviews Apr 2021 to date

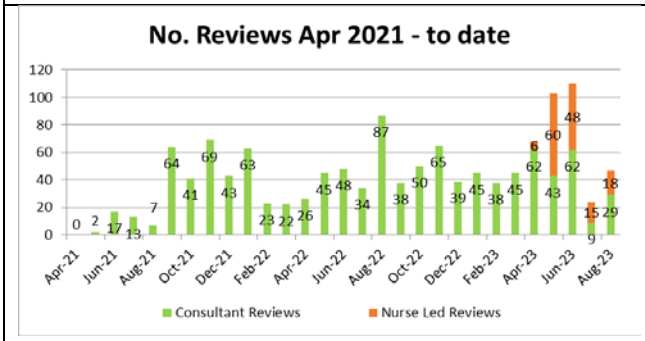
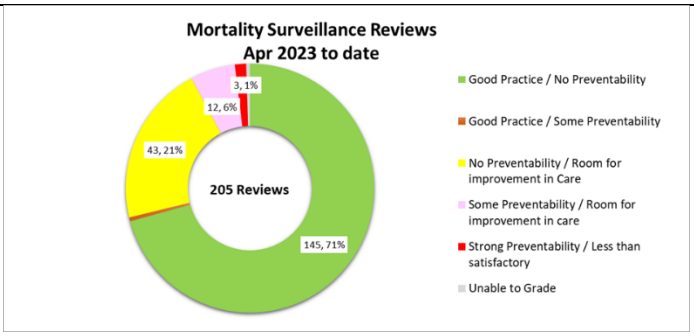


Fig 7 Preventability / Good Practice



3.6.2. 83% of deaths were Expected, 16% Unexpected. Care in 69% of cases was graded Good-Excellent. Eight cases were judged to have received poor care and one very poor care.

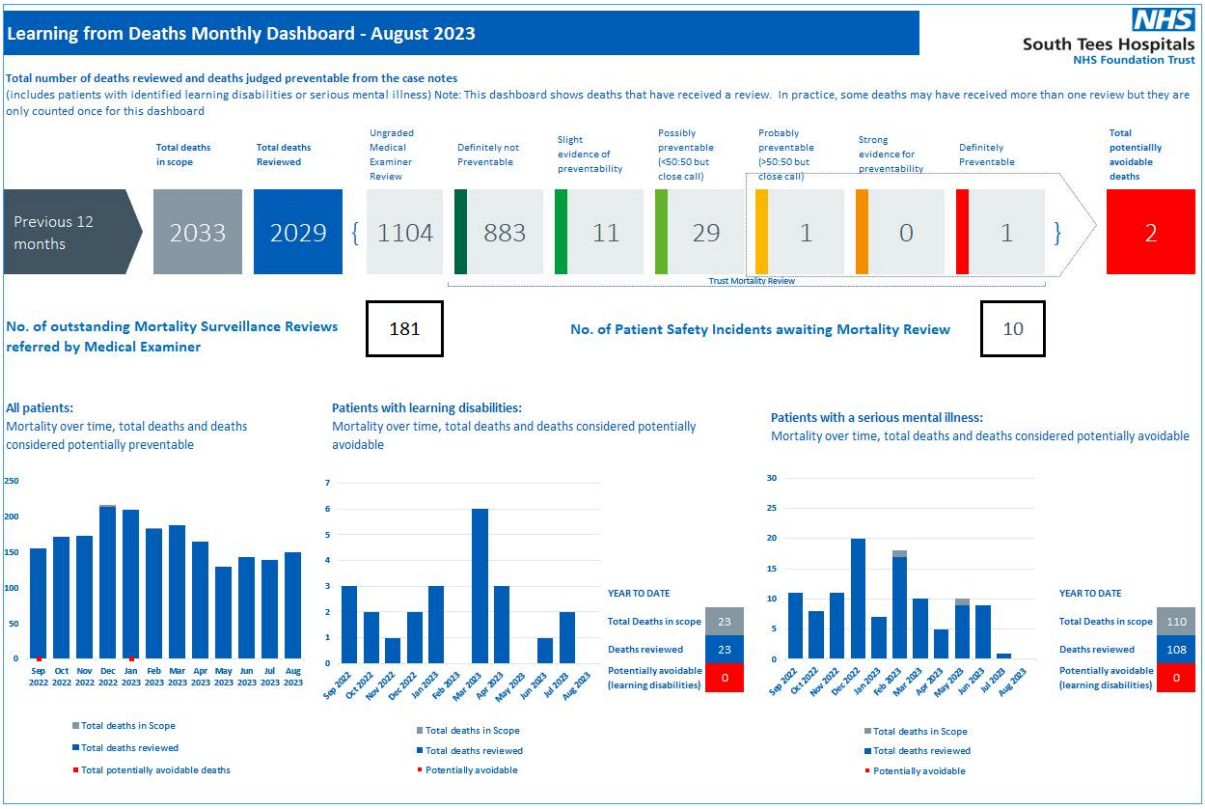
3.6.3. In the last month, 2 reviews mentioned lessons learned from good care, particularly around good communication with family, good advanced decision making and following patient's wishes regarding their care.

3.6.4. In the last month, 18 reviews mentioned lessons learned from issues in care, including documentation, palliative care, medication, and senior input or advanced decision making.

3.6.5. The Nurse Reviewer has completed 147 reviews since April 2023. This role fulfils a dual purpose of screening the backlog and providing support to the reviewers from a nursing perspective and providing feedback and lessons learned to wards and clinical areas on key areas such as accurate completion of NG tube LOCSSIP and fluid balance charts.

3.7. The **Learning From Deaths Dashboard** reports the number of deaths, the number of Medical Examiner Reviews, the number of deaths with a Trust Level Mortality Review or investigation and the number of those deaths judged to show evidence of preventability. Numbers are reported separately for patients with learning disabilities and known serious mental health illnesses. For the year to end of August 2023 there were 2,033 deaths, of which 2,029 (99.8%)

received a review or investigation and 2 deaths were considered to be potentially avoidable. In the same period 100% of deaths in patients with a learning disability and 98% of cases where the patient had a pre-existing serious mental health condition were reviewed with no deaths considered potentially avoidable.



4. MORTALITY INDICATORS & LEARNING FROM DEATHS

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

- **End of Life Care**. Actions are coordinated through the End of Life Group, which receives information on EoLC themes and cases from ME scrutiny and mortality reviewers and the EoLC G reports through the governance structure to QAC. The DNACPR and other end of life documentation audit work continues as part of the Health Care Records Audit and audit of end-of-life care at the Friary hospital continues.
- **Documentation** in the medical records. This issue is addressed through the STACQ accreditation and Health Care Records Audit audits, although the longer-term solution is implementation of electronic patient records. Progress on this work is reported to the Miya Programme Board through Trust Committees to Board level. A communications campaign called “Documenting for great CARE” remains available on the Trust intranet (Documenting for great CARE – South Tees Hospitals NHS Foundation Trust (xstees.nhs.uk)), highlighting the issue and with hints, tips, advice, and guidance to help clinicians ‘keep the chain going’. The campaign is shared through the Trust’s

usual channels. This includes what good documentation looks like and how clinicians can support improvement in the clinical coding of the care they have delivered.

- **Coordination of care** between specialities. This is not easily identified in medical records as it relies on notes being made of conversations and telephone calls between colleagues. This will improve with implementation of Miya and is reported through the Miya Board. There have been recent discussions the at the Miya Clinical Working Group on developments in this field.
- **Transfer of patients from other hospitals**. Information about patients prior to, and at the time of, referral is currently in the medical record, usually in a summary form (it currently relies heavily on the doctor accepting referral to make this summary). Newcastle upon Tyne Hospitals NHS FT have led procurement of a single electronic system for all Trusts in the North East & North Cumbria and Patient Pass (https://www.patientpass.co.uk/) has been chosen with completion of contracts in process currently. An implementation plan for cardiac, renal, vascular, orthopaedic and other specialty services will follow.

5. RECOMMENDATIONS

- The unprecedented pattern of deaths, unadjusted and risk adjusted mortality rates during the pandemic has made these measures difficult to interpret. The Trust should continue to monitor these statistics but accept that their use for assurance is diminished and thus the importance of non-statistical approaches to mortality are of greater importance than was the case before covid. The volume of spells used to calculate SHMI is gradually returning to pre-pandemic levels is currently at 88%.
- The Trust should continue to engage with national and regional efforts to understand hospital mortality within the wider context of mortality in all settings and particularly in relations to disparities (inequalities) in the populations served by the trust.
- SHMI at 109 remains ‘as expected’ and so the requirement for specific monitoring has reduced, although it is likely that the key reason for this is related to the improvement of recording of comorbidities and returning volume of spells, rather than quality of care. The trust should remain focused on this issue.
- The Medical Examiner team coverage of mortality continues to be in excess of 95% of all death. Scrutiny is being extended to out of hospital settings and the trust should continue to support the development of this service.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 3 OCTOBER 2023			
Safe Staffing Report for August 2023			**AGENDA ITEM: 13, ENC 11**
Report Author and Job Title:	Debi McKeown Interim NMAHP Workforce Lead	**Responsible Director:**	Dr Hilary Lloyd Chief Nurse
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report details nursing and midwifery staffing levels for August 2023 for inpatient wards.		
Background	The requirement to publish nursing & midwifery staffing levels monthly is one of the ten expectations specified by the National Quality Board (2013 and 2016).		
Assessment	The percentage of shifts filled against the planned nurse and midwifery staffing across the trust has increased slightly to 97.4% as per Table 1 demonstrating continued good compliance with safer staffing. Stretch staffing ratios in line with national guidance have been implemented where necessary based on skill mix, acuity, and occupancy levels, all these actions agreed by senior nurses through safe care meetings. Nursing Turnover for August 23 has increased slightly to 7.03%. This trust remains one of the lowest in the country for nursing turnover.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
Recommendation	Members of the Trust Board are asked to note the content of this report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 5.1 Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit. Threat - Ability to attract and retain good staff resulting in critical workforce gaps in some clinical services and impact on use of resources. Failure to have effective workforce plans that anticipate and prevent shortages arising from retirements, shortfalls in all recruitment and retention plans		

Legal and Equality and Diversity implications	• Care Quality Commission • NHS Improvement • NHS England	
Strategic Objectives	Best for safe, clinically effective care and experience ☒	A great place to work ☒
	Deliver care without boundaries in collaboration with our health and social care partners ☐	Make best use of our resources ☒
	A centre of excellence, for core and specialist services, research, digitally supported healthcare, education, and innovation in the North East of England, North Yorkshire and beyond ☐	

Nursing and Midwifery Workforce Exception Report

August 2023

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

1. Safer Staffing Governance

Safer staffing is maintained through twice daily SafeCare (staffing review) meetings to address any immediate issues (on the day) and put robust plans in place. All elements of safer staffing are discussed at the Workforce Group which meets weekly on a Wednesday and are escalated to the Tactical/Strategic Group as required. A look forward to the week ahead on Mondays and the weekend on Fridays takes place with Associate Directors of Nursing, Heads of Nursing and Clinical Matrons.
Staff movement takes place to ensure patient safety with Clinical Matron Huddles and Ward Manager Briefings utilised to ensure full communication of plans and to gain feedback from teams to inform decision making.

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

Table 1 Trust Planned versus Actual

		June 23	July 23	August 23
Overall, Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	81.5%	81.8%	80.7%
	HCA (%) Average fill rate - DAYS	99.5%	96.8%	99.5%
	NA (%) Average fill rate - DAYS	100.0%	100.0%	100.0%
	TNA (%) Average fill rate - DAYS	100.0%	100.0%	100.0%
	RN/RMs (%) Average fill rate - NIGHTS	92.2%	90.5%	91.0%
	HCA (%) Average fill rate - NIGHTS	104.9%	106.7%	107.6%
	NA (%) Average fill rate - NIGHTS	100.0%	100.0%	100.0%
	TNA (%) Average fill rate - NIGHTS	100.0%	100.0%	100.0%
	Total % of Overall planned hours	**97.3%**	**97.0%**	**97.4%**

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 266 total shifts (1482.80 hours) logged via SafeCare during August which was a decrease on July hours. The SafeCare Chair is onboard with the aim to redeploy within collaborative. This has been well received by staff and reduced some anxiety around moving to other areas. Ongoing work with the legacy mentors, workforce lead and operational matron to produce a well being focused process. SafeCare SOP currently being reviewed by clinical and operational matrons with a particular focus on redeployment.

Percentage of overtime has decreased year on year since 2021. The current overtime percentage based on the NHSp vs Overtime report is 4%, compared to last year's 13%.

Nursing turnover is stable (**Appendix 2**). The nursing turnover report excludes employee external transfer and flexi-retirement these reasons however are included in the fortnightly workforce meetings.

2. Nurse Sensitive Indicators

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

3. Red Flags Raised through SafeCare Live

August has shown an increase in the number of red flags raised through SafeCare live. There were 43 red flags relating to workforce, with shortfall in RN time being the most common (37). For red flags for less than 2 RNs, the SafeCare log provides a documented resolution to this red flag, therefore no shifts had less than 2 RNs throughout August. SafeCare matron of the day will direct or close open red flags that have been resolved.

4. Datix Submissions

There were 58 datix submissions relating to staffing in August. The majority of datix were for staff shortages in Critical Care Outreach. Detail passed to clinical matron to investigate reoccurring themes.
Redeployment decisions were made following safer staffing discussions with ward managers and matron agreement.
The Nursing Workforce Team continues to work closely to improve fill rates and maintain safe staffing.

5. Nurse Recruitment and Retention

74 newly qualified nurses shortlisted for interview in September. This recruitment will support winter staffing.

International Nurse Recruitment: 14 international nurses have now arrived and been deployed across the Trust.

6. RECOMMENDATIONS

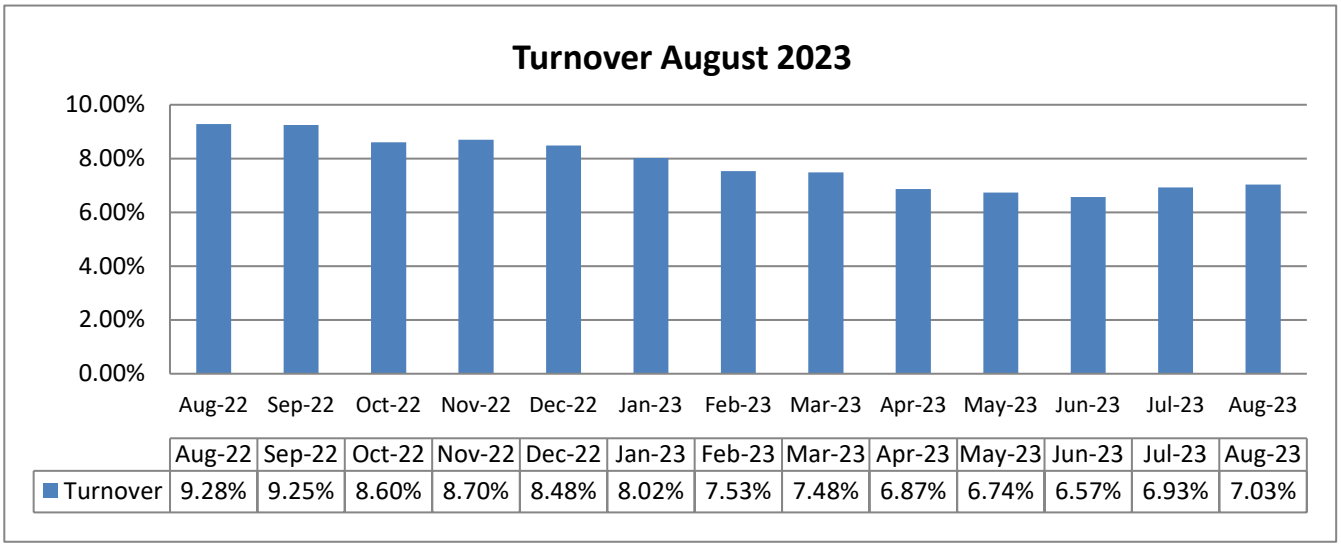
The Board is asked to note the content of this report and the progress in relation to key nursing workforce issues.
Be assured that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

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

Wards	Physical Bed Capacity	Open Bed Capacity	Total CHPP	Occupied Bed No – Aug 23 (at midnight)	Average fill rate - Days RN/ RM (%)	Average fill rate - Days HCA (%)	Average fill rate – Days NA (%)	Average fill rate – Days TNA (%)	Average fill rate - Nights RN/ RM (%)	Average fill rate - Nights HCA (%)	Average fill rate – Nights NA (%)	Average fill rate - Nights TNA (%)	Comments
Ward 1	30	30	721	23	83.7%	108.1%	-	-	82.5%	100.5%	-	-	
Ward 31 (2)	35	35	1042	34	81.4%	96.2%	-	100.0%	76.8%	104.1%	-	100.0%	
Ward 3	28	28	678	22	85.2%	138.4%	-	100.0%	93.6%	165.6%	-	100.0%	
Ward 4	23	23	667	22	83.2%	117.1%	-	-	80.9%	108.9%	-	-	
Ward 5	28	28	663	21	77.3%	87.7%	-	100.0%	79.5%	120.1%	-	-	Staffing mapped to bed occupancy
Ward 6	31	31	910	29	65.8%	158.0%	-	100.0%	99.8%	127.8%	-	-	International Nurses awaiting OSCEs
Ward 7	30	30	849	27	78.4%	122.6%	100.0%	100.0%	85.7%	117.7%	100.0%	100.0%	International Nurses awaiting OSCEs
Ward 8	30	30	819	26	77.6%	122.7%	100.0%	-	95.7%	100.0%	-	-	International Nurses awaiting OSCEs
Ward 9	32	32	922	30	79.9%	170.0%	-	-	93.9%	165.4%	-	-	
Ward 10	24	24	720	23	79.1%	97.6%	-	-	69.9%	141.5%	-	-	
Ward 11	28	28	818	26	75.9%	96.1%	100.0%	100.0%	80.5%	147.8%	100.0%	100.0%	
Ward 12	26	26	809	26	92.7%	141.3%	-	-	94.8%	178.1%	-	-	
Ward 14	23	21	588	19	74.0%	108.3%	-	100.0%	91.8%	119.3%	-	100.0%	
Ward 24	23	23	600	19	94.6%	165.9%	-	-	97.9%	209.9%	-	-	
Ward 25	21	21	562	18	78.6%	119.4%	-	-	87.1%	109.6%	-	-	Lower occupancy
Ward 26	18	19	505	16	101.7%	138.8%	-	-	96.8%	121.5%	-	-	
Ward 27	15	15	225	7	65.5%	73.8%	100.0%	100.0%	97.4%	53.5%	-	100.0%	Reduced elective surgery due to IA
Ward 28	30	30	760	25	81.2%	110.5%	-	-	98.2%	97.3%	-	-	
Ward 29	27	27	795	26	96.4%	85.9%	-	100.0%	94.6%	86.4%	-	100.0%	
Cardio MB	9	9	248	8	99.2%	96.8%	-	-	100.0%	96.8%	-	-	
Ward 32	22	21	623	20	104.4%	108.7%	-	-	99.9%	106.8%	-	-	

Ward 33	21	23	609	20	73.0%	108.3%	-	-	81.4%	112.7%	-	-	
Ward 34	34	34	893	29	75.7%	158.7%	-	100.0%	91.6%	157.2%	-	-	
Ward 35	26	26	647	21	101.0%	109.8%	-	-	108.1%	103.7%	-	-	
Ward 36	34	34	972	31	91.4%	127.3%	100.0%	-	82.7%	150.0%	100.0%	-	
Ward 37 - AMU	30	30	719	23	84.0%	116.7%	100.0%	-	84.6%	105.1%	-	-	
Spinal Injuries	24	24	685	22	94.6%	79.5%	-	-	200.0%	98.9%	-	-	
CCU	14	14	279	9	85.9%	121.7%	-	-	98.7%	-	-	-	
Critical Care	33	33	827	27	89.1%	100.9%	-	-	91.3%	102.5%	-	-	
CICU JCUH	12	10	240	8	81.3%	79.5%	-	-	81.8%	106.5%	-	-	
Cardio HDU	10	10	213	7	83.6%	98.4%	-	-	81.9%	109.7%	-	-	
Ward 24 HDU	8	8	191	6	82.5%	125.5%	-	-	79.4%	164.5%	-	-	
Ainderby FHN	27	22	569	18	80.9%	98.1%	-	-	100.0%	102.2%	-	-	
Romanby FHN	26	22	602	19	85.9%	93.3%	-	-	95.2%	97.8%	-	-	
Gara FHN	21	16	238	8	86.0%	98.4%	-	-	98.7%	54.8%	-	-	
Rutson FHN	17	17	458	15	73.4%	115.8%	-	100.0%	98.5%	86.3%	-	100.0%	
Friary	18	18	442	14	90.2%	79.2%	-	100.0%	97.1%	97.2%	-	100.0%	
Zetland Ward	31	29	934	30	67.9%	88.3%	100.0%	-	90.3%	122.4%	-	-	
Tocketts Ward	30	26	771	25	79.3%	100.5%	-	-	93.0%	134.3%	-	-	
Ward 21	25	25	386	12	79.7%	88.7%	-	100.0%	77.4%	64.5%	-	100.0%	
Ward 22	17	17	172	6	84.9%	76.9%	-	-	77.6%	48.4%	-	-	
Delivery Suite	-	-	329	11	91.5%	87.9%	-	-	88.1%	86.8%	-	-	
Neonatal Unit	35	35	691	22	77.9%	77.4%	-	-	80.1%	-	-	-	
(PCCU)	6	6	32	1	62.9%	85.6%	-	-	64.8%	16.1%	-	-	Low activity
Ward 17	-	-	802	26	83.1%	78.6%	-	-	100.9%	73.3%	-	-	
Ward 19	-	-	282	9	95.3%	100.0%	-	-	98.4%	-	-	-	
Mat FHN	-	-	6	0	52.8%	18.5%	-	-	55.4%	-	-	-	

Appendix 2 - Nursing



	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Turnover	9.28%	9.25%	8.60%	8.70%	8.48%	8.02%	7.53%	7.48%	6.87%	6.74%	6.57%	6.93%	7.03%

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MEETING OF THE TRUST PUBLIC BOARD OF DIRECTORS – 3 OCTOBER 2023			
Guardian of safe working report – Quarter 1.			**AGENDA ITEM: 13, ENC 10**
Report Author and Job Title:	Stacey Dixon – Medical Workforce Team Manager Dr Thomas Skeath – Guardian of Safe Working	**Responsible Director:**	Dr Mike Stewart Chief Medical Officer
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	This report provides an update of South tees NHS Foundation Trust participation in the 2016 Junior Doctor Contract. It encompasses the quarterly period between 1st April 2023 and the 30th of June 2023.		
Background	It is a requirement of the 2016 Doctors and Dentists in Training Terms and Conditions that an annual report is submitted to the Trust Board. The report should include a summary of exception reporting activity and vacancies in the Doctors and Dentists in training workforce.		
Assessment	Please see body of report for statistics in relation to the quarter ending 30th of June 2023. The following points are to be discussed: Implementation of medical specialties junior doctor rotas onto Rota Map – CLW and Medi Rota. Exception reports raised total of 63, In Quarter 1 (report) 1st April 2023 – 30th of June 2023. Summary of risks, Issues, and next steps.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
Recommendation	Members of the Trust Board are asked to note the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Links to BAF: Principle risk 1 – inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcome. Principle risk 3 – failure to deliver sustainable services due to gaps in establishment. Due to ability to recruit and retain		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		

Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☐
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☐
	A centre of excellence, for core and specialist services, research, digitally supported healthcare, education and innovation in the Northeast of England, North Yorkshire and beyond ☐	

Quartar 1. April 2023 – June 2023 - Guardian of Safe Working (GOSW) Report

1. Purpose of report

This report provides an overview of the safe working patterns of doctors and dentists in training, at South Tees Hospitals NHS foundation Trust. The report covers the period from the 1st of April 2023 – 30th of June 2023.

2. Background

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

3. Numbers of Doctors in Training / Locally Employed Doctors:

Number of doctors / dentists in training (total):	**496**
Number of doctors / dentists in training on 2016 TCS to date(total):	**496**
Number of locally employed doctors (non-consultant and SAS grades)	**209**
Number of military doctors in training (also have access to the exception reporting system)	**27**

4. Overall details of exception reports (ERs) raised:

4.1 The number of Exception reports (ER) raised in the previous quarter is 63:

a. 3 ERs (5%) ERs raised in relation to immediate patient safety issues. See detail in paragraph 5.
b. 90% percent of ERs raised were in relation to hours/rota pattern.
c. 3 ERs (5%) were in relation to educational opportunities.
d. 4 ERs (6%) were in relation to service support available.
e. ERs raised (90%) have been resolved and require closing on the ER system software (Allocate) and the remainder (10%) requiring rereview.

Table 4.1 Below provides the total number of ERs raised in in FY23/24 and the reasons:

Exception Reports (ER) over past quarter	
Reference period of report	01/04/23-30/06/23
Total number of exception reports received	15
Number relating to immediate patient safety issues	1
Number relating to hours of working	14
Number relating to pattern of work	0
Number relating to educational opportunities	0
Number relating to service support available to the doctor	1

***Note**: Within the system, an exception relating to hours of work, pattern of work, educational opportunities and service support has the option of specifying if it is an Immediate Safety Concern (ISC). ISC is not an exception type by itself.*

Table 4.2 below provides the number of ERs raised by Grade:

Grade	Number of ER Raised
FY1	1
FY2	6
ST1	2
ST4	7

5. ERs with Immediate safety concern (ICS)

5.1 The prior ISC ERs where raised across the following Directorates – Diabetes & Endocrinology, Trauma & Orthopaedic Surgery and General Surgery regarding service support and hours of work. A working group was in progress and the issues addressed have resolved, via a rota redesign. This has increased the level of support and working hours of the rota for the junior Doctors.

5.2 There has been 1 ISC ER raised in this quarter, within general medicine - gastroenterology regarding no medical additional locum cover being successfully sought, to cover out of hours “medical outliers” at the weekend. This resulted in the ST1 level Doctor in training, covering at Tier 1 level. This ER was resolved by arranging additional locum cover, as the immediate solution, and a rota re-design was carried out as part of the long-term solution “80 person Medicine rota”. A SOP has also been implemented regarding the management of medical, implementation of which remains work in progress.

6. Guardian of Safe Working Fines

There were no Guardian of Safe Working fines issued in 2023.

7. Summary of Issues and Next Steps

There are some risks and issues to bring to the attention of the Trsut Board.

7.1 Pressures within directorates continue due to workload, absence of colleagues and short-term gaps on rotas due to sickness or emergency leave. The Corporate Medical Rota Team continue to backfill rota gaps, in line with the new “Covering gaps in medical rotas policy.” When internal resources have been exhausted the team then use both internal and external locum banks (including the LET regional collaborative bank – Flexi Shift and HCL) to backfill rota gaps.

7.2 To alleviate dependency on locums and ease the management of the 80-person tier 1 medical rota, the rota has been divided into 8 clinically led groups with between 7-21 medical staff. Each group provides cross cover with a named lead for rota queries and staffing levels.

7.3 The 2016 contract T&C’s remains a work in progress. Currently our issues are centred on the implementation of the changes to the contract from December 2019 and the challenges of ensuring rotas remain compliant with the contractual rules.

7.4 The most recent challenging time is the continued Industrial Strike actions, which have been taking place since January 2023. There have been no reports by exception, Trust wide, in relation to the Junior Doctor - strike industrial action.

7.5 Allocate Health Roster. Following a Trust wide “electronic rostering” procurement process, for both Nursing and Medical and Dental staff, the decision made was for the Nursing staff to extend their contract and remain with the most suitable rostering provider - Allocate, which is already very well established. However, the rostering contract for medical staff was awarded to an alternate provider with only the junior rota compliancy and exception reporting module ratained with Allocate.

7.6 The guardian of safe working is continuing to analyse staffing levels and having completed analysis with the corporate Medical Rosterng Team of the in hours provision is now focusing on out-of-hours provision.

7.7 Rota Map were awarded the electronic rostering solutions contract for staff who contribute to medical rotas. The implementation which commenced in Dec 2022, is continuing to be successful – having implemented the services below to date:

- FOH/BOH 80 Person Medicine rota
- 26 Person Registrar Medicine Rota
- Trauma & Orthopaedic Surgery
- Rheumatology
- Obstetrics & Gynaecology
- Ophthalmology
- Anaesthetics
- Vascular (tier 3)
- Gastro
- Most of the annual leave for consultants

8. Recommendations

That this report is acknowledged and accepted.

South Tees Hospitals
NHS Foundation Trust

MEETING OF PUBLIC TRUST BOARD OF DIRECTORS – 03 October 2023			
Finance Report			**Agenda Item 14, ENC 11**
Report Author and Job Title:	Chris Dargue Deputy Chief Finance Officer	**Responsible Director:**	Chris Hand Chief Finance Officer
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report outlines the Trust's financial performance as at Month 5 of 2023/24.		
Background	The national annual planning timetable for 2023/24 was extended, with further submissions required on 4 May 2023. The Trust's plan for the 2023/24 financial year is now a deficit of £31.8m, reflecting the organisation's structural deficit (e.g. The James Cook University Hospital PFI scheme) and inflationary pressures. As part of the system-based approach to planning and delivery, the Trust's plan forms part of the NENC ICB system plan for 2023/24. The NENC ICB is currently planning on the basis of a net deficit of £49.9m for 2023/24.		
Assessment	At Month 5 the reported position is a deficit of £11.7m at a system control-total level, which is in line with the year-to-date plan.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
Recommendation	Members of the Board are asked to note the financial position for Month 5 2023/24.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report addressees BAF Principle risk 7 - Failure to deliver the Trust's financial recovery plan		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience ☐	A great place to work ☐	
	Deliver care without boundaries in collaboration with our health and social care partners ☐	Make best use of our resources ☒	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of		

	England, North Yorkshire and beyond ☐	

South Tees Hospitals
NHS Foundation Trust

Month 5 2023/24 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Board on the Trust's financial performance as at Month 5 of 2023/24.

2. BACKGROUND

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

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

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

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

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

3. DETAILS

Revenue I&E Position Month 5 2023/24

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

NHSE have enabled trusts to alter plans for material changes in income and expenditure since the submission in May, however planned profiles and adjusted financial performance surplus/deficits must remain unchanged. Therefore, to minimise variances, the plan has been updated to reflect the income and expenditure impact of the 2023/24 Agenda for Change (AFC) pay award.

The Month 5 position against the NHSE plan and current operational budget is outlined in the table below:

STATEMENT OF COMPREHENSIVE INCOME	YTD NHSE Plan £000	YTD Operational Plan £000	YTD Actual £000	YTD Variance £000
Operating income from patient care activities	329,548	335,190	336,695	1,505
Other operating income	20,915	21,125	21,946	821
Employee expenses	(210,153)	(217,017)	(219,316)	(2,299)
Operating expenses excluding employee expenses	(142,495)	(141,483)	(142,651)	(1,168)
OPERATING SURPLUS/(DEFICIT)	**(2,185)**	**(2,185)**	**(3,326)**	**(1,142)**
FINANCE COSTS				
Finance income	430	430	1,268	838
Finance expense	(8,040)	(8,040)	(7,820)	220
PDC dividends payable/refundable	(2,405)	(2,405)	(1,605)	800
NET FINANCE COSTS	**(10,015)**	**(10,015)**	**(8,157)**	**1,858**
Other gains/(losses) including disposal of assets	0	0	28	28
Corporation tax expense	0	0	0	0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(12,200)**	**(12,200)**	**(11,455)**	**744**
Add back all I&E impairments/(reversals)	0	0	0	0
Remove capital donations/grants/peppercorn lease I&E impact	493	493	(235)	(728)
Adjusted financial performance surplus/(deficit)	**(11,707)**	**(11,707)**	**(11,690)**	**17**
Less gains on disposal of assets	0	0	0	0
Adjusted financial performance for the purposes of system achievement	**(11,707)**	**(11,707)**	**(11,690)**	**17**

At the end of Month 5 2023/24, the cumulative system performance deficit was £11.7m, which is in line with the year-to-date plan.

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

An estimate of the expected additional income and expenditure relating to the 2023/24 Medical pay award is included in the position, including the backdated element relating to months 1 to 4. In line with NHSE guidance, the estimated increase in expenditure is equal to the additional income.

Operating Income from Patient Care Activities

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

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

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

INCOME FOR PATIENT CARE ACTIVITIES	Operational Plan £000	Actual £000	New Varance £000
NHS England	106,910	106,946	36
ICB/Clinical commissioning groups	227,188	228,474	1,286
Non-NHS: private patients	389	534	145
Non-NHS: overseas patients (non-reciprocal, chargeable to pa	85	26	(59)
Injury cost recovery scheme	595	694	99
Non-NHS: other	23	21	(2)
TOTAL INCOME FOR PATIENT CARE ACTIVITIES	**335,190**	**336,695**	**1,505**

Operating income from Patient Care Activities was £336.7m for Month 5 and was £1.5m ahead of plan. The operational plan has been adjusted for high-cost drugs and devices that are funded on a pass-through basis.

The NHS England position is on plan. ICB/CCG income is ahead of plan by £1.3m and relates to ERF income and additional contract variations. The Month 5 position assumes £0.7m additional income relating to ERF over performance. The over performance relates to HNY ICB commissioned activity and is in line with the financial value calculated nationally by NHSE for the first 2 months of the financial year.

The Month 5 position includes an estimate of the additional income relating to the medical pay award. To maintain operational variances both the income plan and expenditure budget have been adjusted for this impact.

Private Patient income remains ahead of plan by £0.1m and RTA income is also £0.1m ahead of plan.

Other Operating Income

Other income received up to Month 5 totalled £21.9m and was ahead of plan by £0.8m and includes all non-direct patient care income.

OTHER OPERATING INCOME	Operational Plan £000	Actual £000	New Varance £000
Research & Development	2,030	2,919	889
Education and Training	10,260	10,303	43
Non Patient Care Income	995	1,017	22
Reimbursement & Top-Up funding	0	0	0
Employee benefits accounted on a gross basis	1,930	2,076	146
Other	5,910	5,631	(279)
TOTAL OTHER OPERATING INCOME	**21,125**	**21,946**	**821**

Research & Development income is ahead of plan by £0.9m year-to-date and can be offset by the expenditure position.

Other income includes £0.7m donated asset income (which is excluded from reporting the financial position as part of the system control total).

Employee Expenses (Pay)

The Trust's total expenditure on pay for Month 5 of 2023/24 was £219.3m and was overspent by £2.3m; a breakdown is included in the table below:

PAY	Operational Plan £000	Actual £000	New Varance £000
Ahp'S, Sci., Ther. & Tech.	(31,624)	(31,126)	498
Hca'S & Support Staff	(24,530)	(24,268)	262
Medical And Dental	(62,609)	(63,736)	(1,127)
Nhs Infrastructure Support	(33,512)	(34,159)	(647)
Nursing & Midwife Staff	(63,967)	(64,824)	(857)
Other Pay Costs	(775)	(1,203)	(428)
TOTAL PAY	**(217,017)**	**(219,316)**	**(2,299)**

Pay expenditure includes the actual year-to-date cost of the 2023/24 AFC pay award, and the expected additional expenditure relating to the medical pay award. This has been reflected in the operational plan.

Overspends are apparent in most pay categories, particularly Medical & Dental, NHS infrastructure support staff, and Nursing & Midwife staff. The position includes the actual and estimated costs of the industrial action relating to the first 5 months of 2023/24.

Agency spend is included within the reported pay expenditure position. The cumulative position is broadly in line with the plan overall, which assumed a further reduction of £400k / 5.5% in agency spend from 2022/23 levels.

Operating Expenses excluding Employee Expenses (Non-Pay)
The Trust's total expenditure on operating non-pay for Month 5 of 2023/24 was £142.7m and a breakdown is included in the table below:

NON PAY	Operational Plan £000	Actual £000	New Variance
Purchase of Healthcare	(6,035)	(6,080)	(45)
Clinical Supplies & Services	(43,079)	(42,615)	464
Drugs	(37,378)	(38,025)	(647)
External Staff & Consultancy	(495)	(136)	359
Establishment	(5,702)	(6,175)	(473)
Premises & Fixed Plant	(11,628)	(11,480)	148
Transport	(2,085)	(2,002)	83
Depreciation & Amortisation	(9,363)	(9,358)	5
Research	(1,065)	(1,704)	(639)
Training & Education	(765)	(743)	22
PFI Unitary Payment	(15,310)	(15,425)	(115)
Other	(1,425)	(1,755)	(330)
Clinical Negligence	(7,153)	(7,153)	0
TOTAL NON PAY	**(141,483)**	**(142,651)**	**(1,168)**

The non-pay year to date position is £1.2m overspent.

Expenditure on Clinical Supplies is £0.5m underspent, which is offset by an overspend of £0.6m on Drugs. Research expenditure is overspent £0.6m year-to-date but can be offset by the income position. Establishment expenditure is £0.5m overspent mainly relating to computer licences.

Financing Costs
Net finance costs are underspent by £1.9m overall. Interest receivable is above plan by £0.8m (reflecting higher cash balances and increased interest rates from the Government Banking Service (GBS) Account). It is anticipated that these returns will fall through the remainder of the year as the Trust's liquidity reduces in line with plan. PDC dividend charges are below plan by £0.8m following conclusion of the 2022/23 year-end audit and revaluation of IFRS16 assets.

Cost Improvement Programme (CIP)
The Trust's 2023/24 financial plan includes an efficiency saving requirement of £39.4m. The Trust monitors the planning and delivery of its efficiency programme through the meetings of the Collaborative Improvement Planning Groups, with oversight from the CIP Steering Group (which includes Non-Executive Director membership). Support for the identification and delivery of efficiency schemes is

provided to the Collaboratives and Corporate departments from the Trust's Service Improvement Office and Finance team.

Total delivery against the year-to-date plan stands at £13.9m (97.7%) at Month 5, as shown in the table below:

	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000
Recurrent			
Pay - Recurrent	4,944	3,228	(1,716)
Non-pay - Recurrent	4,115	4,521	406
Income - Recurrent	411	378	(33)
Total recurrent efficiencies	9,470	8,127	(1,343)
Non recurrent			
Pay - Non-recurrent	2,686	2,631	(55)
Non-pay - Non-recurrent	2,020	2,012	(8)
Income - Non-recurrent	92	1,150	1,058
Total non-recurrent efficiencies	4,798	5,793	995
Total Efficiencies	14,268	13,920	(348)

Capital

The Trust's gross capital expenditure plan for the 2023/24 financial year totalled £41.1m. The Trust's ICS Capital Departmental Expenditure Limit for 2023/24 amounts to £11.3m. The capital programme also includes external PDC funding of £15.0m, for the Friarage Theatre development (£14.3m) and Electronic Patient Record support (£0.7m). The plan also includes expected PFI lifecycle costs of £13.7m.

The Trust's capital expenditure to the end of Month 5 of 2023/24 amounted to £13.6m as detailed below:

	Year-to Date £000		
	Plan	Actual	Variance
Estates	950	2,264	(1,314)
Equipment	350	710	(360)
IT	50	1,352	(1,302)
Charitable Contribution	0	(661)	661
Sub Total ICS Allocation	1,350	3,665	(2,315)
FHN Theatres	5,558	4,148	1,410
Digital	50	0	50
UTC	0	112	(112)
Sub Total PDC Funded	5,608	4,260	1,348
PFI Lifecyle	5,700	5,701	(1)
Total Gross Capex	12,658	13,626	(968)

Liquidity

The cash balance as at the 31st August amounted to £53.4m. The strong year-to-date position on liquidity has helped support the Trust's performance against the 95% Better Payment Practice Code and the position for August is shown below:

	YTD Number	YTD £'000's
Total bills paid in the year	**40,140**	**247,190**
Total bills paid within target	**39,167**	**231,733**
Percentage of bills paid within target	97.58%	93.75%

Statement of Financial Position (SOFP)

The following table shows the SOFP as at 31th August 2023, and the movement since Month 4:

	31 July 2023 £000	31 August 2023 £000	Movement between months £000
Property, Plant and Equipment	336,459	338,091	1,632
Long Term Receivables	1,968	1,789	(179)
Total Non-Current Assets	338,427	339,880	1,453
Currents Assets			
Inventories	15,203	15,039	(164)
Trade and other receivables (invoices outstanding)	9,303	9,965	662
Trade and other receivables (accruals)	18,107	16,006	(2,101)
Prepayments including PFI	15,834	10,692	(5,142)
Cash	45,519	53,378	7,859
Total Current Assets	103,966	105,080	1,114
Current and Non-Current Liabilities			
Borrowings	(185,321)	(185,073)	248
Trade and other payables	(150,340)	(154,514)	(4,174)
Provisions	(2,667)	(2,637)	30
Total Current and Non-Current Liabilities	(338,328)	(342,224)	(3,896)
Net Assets	**104,065**	**102,736**	**(1,329)**
Equity:			
Income and Expenditure Reserve	(342,666)	(343,995)	(1,329)
Revaluation Reserve	33,138	33,138	0
Public Dividend Capital	387,117	387,117	0
Other Reserves	26,476	26,476	0
Total Equity	**104,065**	**102,736**	**(1,329)**

4. RECOMMENDATIONS

Members of the Board are asked to:

- Note the financial position for Month 5 2023/24.

Audit & Risk Committee
Chair's Log

Meeting: Audit & Risk Committee	**Date of Meeting**: 20 September 2023
Highlights for: Board of Directors	**Chair of committee – Ken Readshaw**

Overview of key areas of work and matters for Board.
Counter Fraud - 22/3 report - Significant Assurance; 23/4 plan – Approved; Payroll – all records to be checked for accuracy (leavers) Internal Audit - Data Security and Data Protection – Moderate Assurance; Progress on clearing and implementation outstanding audit actions External Audit - Auditors Annual report received. Contents as previously advised. Governance and Internal Control - Progress on gifts and hospitality register, but further work needed. Standing financial instructions and scheme of delegation, amendments reviewed and sent to board for approval (recommended). Risk management - Risk management improvement plan; Significant progress and individual risks (not themed risks) expected to be available in March 24; Training ongoing, completeness of risk system still to be mapped JPB assurance required

Actions to be taken	Responsibility / timescale

Issues to escalate to Board
Standing financial instructions and scheme of delegation updated (part) Further work to explore the relationship and governance structure of the Joint Partnership Board and Group model require with the statutory Board

Risks (Include ID if currently on risk register)	Responsibility / timescale

South Tees Hospitals NHS Foundation Trust

September Resources Committee Chair's Log

Meeting: Resources Committee	**Date of Meeting**: 28/09/2023
Connecting to: Main Board	Chair : David Redpath

Key topics discussed in the meeting	

Financial position for Month 5

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. The Trust's cumulative operating deficit at Month 5 of 2023/24 was £3.3m and the overall deficit for was £11.5m. The adjusted financial position for the purpose of system performance was a deficit of £11.7m. This year-to-date financial position is on plan.

Cost Improvement Programme (CIP)

The Trust's 2023/24 financial plan includes an efficiency saving requirement of £39.4m. The Trust monitors the planning and delivery of its efficiency programme through the meetings of the Collaborative Improvement Planning Groups, with oversight from the CIP Steering Group (which includes Non-Executive Director membership). Support for the identification and delivery of efficiency schemes is provided to the Collaboratives and Corporate departments from the Trust's Service Improvement Office and Finance team. Total delivery against the year-to-date plan stands at £13.9m (97.7%) at Month 5

Productivity

Productivity at Trust level in 22/23 was an improved position upon 21/22, improving by 2.7%. In order to explore this further, the indicators are replicated at Collaborative. Our analysis focuses on the comparison 22/23 to 21/22 reflecting the Collaborative structure in place since April 2021. Across all activity types, activity increased by 4.4% from 21/22 to 22/23, and when cost weighted to take account of complexity and value, this was a 2.6% increase in activity.

This is a complex area, the resources committee will continue to seek assurance.

Digital

The committee received the updated digital paper, noting the improvement in quality and information contained.

The benefits papers was also presented and the committee took assurance that going forward the digital projects will be embedded into the service improvement groups and will be governed by Under the EPR transformation board

Actions	Responsibility / timescale

EDRMS business case will be brought to the next meeting - Manni Imiavan / Sam Peate October 2023

Escalated items

Key Issues/ Concerns for escalation:

- The committee approved the protecting and expanding elective capacity self assessment.
- The committee approved the national cost collection submission.
- We received the finance report and appendix related to cash drawdown within the new constraints that have previously been approved by board.
- The committee agreed the updated Board assurance framework.

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

South Tees Hospitals NHS Foundation Trust

People Committee Chair's Log

Meeting: People Committee	**Date of Meeting**: 27/09/2023
Connecting to: Main Board	Chair : David Redpath

Key topics discussed in the meeting

- Board Assurance Framework
- People
  - People Plan
  - Health & Wellbeing Report
  - EDI Report
  - Distributed Leadership Programme
- Culture & Values
  - Freedom to Speak Up Report
  - Guardian of Safe Working Report
- Health & Safety
  - Violence Prevention & Reduction Strategy
- NHS Impact Programme
- Deep Dive
  - Workforce Planning (Turnover, Exits & Retention)

Actions	Responsibility / timescale
People Plan Committee reviewed the People Plan 23/25 and alignment with CQC (outstanding requirements), NHS Long Term Workforce Plan and NHS EDI Improvement Plan. The independent directors provided unanimous feedback; this was an excellent document providing clear objectives, measurable objectives and will lead on organisational advancement. The People Plan is to be presented at full Board.	Mark J Dias Ali Wilson Rachel Metcalf
Health & Wellbeing Report Committee reviewed the Health Needs Assessment (HNA) and plan for Better Health at Work Award (BHAWA). HNA outcomes, with other data sources, indicate increased workplace anxiety and (cost of living) financial concerns. A 50% increase (same period 2022) in referrals for psychological support leading to capacity constraints.	Collaboratives will present to people committee in Oct 202 Board EDI Champion to meet with HR on BAME network support.

EDI Report EDI will be subject to a deep dive (December 2023) and this update provided assurance on current activities. Committee noted the additional support requirements for BAME network group.	Staff network leads meet with COG People Committee to be updated on progress
Distributed Leadership Programme Committee reviewed the past activities (e.g. Sir Liam Donaldson lecture), positive CQC feedback and future planning. Challenging the leadership paradigm through inspirational lectures is considered gold standard.	
Freedom to Speak Up Report Committee reviewed the themes and issues (April 2023 to September 2023). Noted the decrease in anonymous reporting and rise in reporting generally. The issue of mandatory training was not yet resolved.	People Committee to be updated on progress
The Letby judgement and Royal College of Surgeons on Sexual Harassment precipitate additional assurance on whistleblowing provisions at ST. These are in process (led by Chief Nurse) and people committee request update.	People Committee to be updated on SWAT appraisal, assurance audit and staff engagement.
Guardian of Safe Working Report Committee updated safe working patterns of doctors and dentists in training. The impacts of industrial action and new software were noted.	
Violence Prevention & Reduction Strategy Committee reviewed the VPS strategy and indicators of performance, MAPPA partnership arrangements and improvement plans.	People Committee to be updated on progress People Committee to be updated on progress
Workforce Planning (Turnover, Exits & Retention Committee conducted a deep dive on workforce planning. An excellent review of base data identified several areas for further work, e.g. 2 and 5 year peaks for leavers, opportunities from flexible working	

arrangements and changes in retirement expectations. **NHS Impact Programme** NHS IMPACT (Improving Patient Care Together) is the new, single, shared NHS improvement approach. Creating the right conditions for continuous improvement and high performance, systems and organisations can respond to today's challenges, deliver better care for patients and give better outcomes for communities.	

Escalated items
Key Issues/ Concerns for escalation: • People Plan (for approval) • BAME Network (support)

Risks (Include ID if currently on risk register)	Responsibility / timescale
*Cultural change challenges in attaining a restorative justice culture. *Payroll errors (and negative impact on employees)	

South Tees Hospitals NHS Foundation Trust

Meeting: **Quality Assurance Committee**	**Date of Meeting**: 27/09/2023
Connecting to: **Board of Directors**	Chair.. M Davidson

Key topics discussed in the meeting	

KEY TOPICS.

- Board Assurance Framework
- Monthly integrated Quality & Performance Report
- Q1 update Quality Priorities
- INARC report
- Integrated Maternity Report Q1 & Monthly report
- Patient Safety Incident report & PSIRF
- Mortality Report
- IPC Q1 Report
- Clinical Effectiveness Report
- Health & Safety Report
- Patient Experience and Involvement report

Actions	Responsibility / timescale
Falls Prevention Strategy was not considered on 27/09/2023	A Brownrigg , report back to QAC as per cycle of business
Clinical effectiveness report on Clinical Audit .. NICE and LocSSIP audits	K Conyers report back to QAC.Q2 as per cycle of business.
Health and Safety actions from Action Log (27/09/2023) to be assessed	P Sturdy and J White … in advance of 25/10/2023
Health Inequalities report was not considered at QAC on 27/09/202	Include in October agenda , J White

Escalated items

Chair raised the NHS England letter on the verdict in the trial of Lucy Letby Many of the elements of governance to be strengthened (described in the letter) are core to the role of the QAC and will inform the agendas appropriately.

Patient Experience - Work on the complaint's improvement plan ongoing – QAC to provide ongoing oversight

IPR - Medicines reconciliation performance is an area for continued focus.

The Integrated Neonatal and Maternity Report Q 1 and the Clinical Perinatal Surveillance report (July 2023) were considered Reports included feedback about patient experience , patient safety, learning from incidents , staff experience , (including freedom to speak up) and clinical assurance. Midwifery

and Obstetric staffing are meeting national required standards , managing the impact of vacancies, sickness and maternity leave

The Patient Safety Incident update report (June 2023) provided an update on the implementation of PSIRF

The Infection Prevention Control Q 1 the Committee noted the work done to date, welcomed a joint initiative with North Tees to develop a shared guideline and noted the importance of attendance at the IPSG .

Dr Michelle Carey presented the Intensive Care National Audit and Research Centre (ICNARC) report. The report confirmed that despite a challenging situation in critical care the Trust is meeting all ICNARC quality indicators . Committee noted the description of high occupancy, short length of stay and good outcomes. Delayed discharges remain a significant area of work, and note, not all standards of care are captured in ICNARC .

Risks (Include ID if currently on risk register)	Responsibility / timescale
No further risks to add.	