

**Council of Governors – Public Meeting**

**21 November 2023, 1.30 – 4.00pm**  
**Rooms 3 & 4, STRIVE, Friarage & Via Microsoft Teams**

**Agenda**

ITEM	PURPOSE	LEAD	FORMAT	TIMING	
<b>CHAIRS BUSINESS</b>					
1.	Welcome and Introductions	Information	Chair	Verbal	<b>1.30pm</b>
2.	Apologies for Absence	Information	Chair	Verbal	
3.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC1	
4.	Minutes of Previous Meeting held on 19 September 2023	Approval	Chair	ENC2	
5.	Matters Arising and Action Sheet	Review	Chair	ENC3	
6.	Chairman's Report	Information	Chair	ENC4	<b>1.35pm</b>
7.	Lead Governor Report	Information	Lead Governor	ENC5	<b>1.45pm</b>
8.	Managing Director Report	Information	Managing Director	ENC6	<b>2.00pm</b>
<b>SAFE</b>					
9.	Quality Assurance Committee Chair update	Information	Miriam Davidson	ENC7a ENC7b	<b>2.15pm</b>
<b>EFFECTIVE</b>					
10.	Resource Committee Chair update	Information	David Redpath	ENC8a ENC8b	<b>2.25pm</b>
11.	Finance report	Information	Head of Financial Governance & Control	ENC9	<b>2.35pm</b>
12.	Integrated Performance Report	Information	Chief Operating Officer	ENC10	<b>2.45pm</b>

<b>EXPERIENCE</b>					
13.	People Committee Chair update	Information	Mark Dias	ENC11a ENC11b	<b>3.00pm</b>
14.	Health & Wellbeing Champion update	Information	Ada Burns	Verbal	<b>3.10pm</b>
15.	Patient Experience sub group update	Information	Sue Young	Verbal	<b>3.20pm</b>
<b>WELL LED</b>					
16.	Audit & Risk Committee Chair log	Information	Ken Readshaw	ENC12	<b>3.30pm</b>
17.	Board walk rounds	Information	Non-Executive Directors	Verbal	<b>3.40pm</b>
18.	Feedback from constituency meetings	Information	Jackie White	Verbal	<b>3.50pm</b>
<b>GOVERNANCE</b>					
19.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	
20.	Reflections on Meeting	Discussion	Chair	Verbal	
21.	Any Other Business	Information	Chair / All	Verbal	
22.	Date of Next Meeting: 16 January 2024 – James Cook Hospital	Information	Chair		

ENC 1

Council of Governors Register of Interests

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

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



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

**Unconfirmed minutes of the Council of Governors Meeting held in  
PUBLIC on 19 September 2023 at 10.00am  
at Stockton Football Club, Stockton on Tees, TS19 0QD & via Microsoft Teams**

**Present:**

Mr Derek Bell	Joint Chair, North Tees & Hartlepool Hospitals & South Tees Hospitals
Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Dr Sarah Essex	Elected governor, Staff
Mr Paul Fogarty	Elected governor, Middlesbrough
Dr John Fordham	Elected governor, Patient and/or Carer
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Ms Carlie Johnston-Blyth	Appointed governor, Teesside University
Prof Steve Jones	Appointed governor, Newcastle University
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Zahida Mian	Elected governor, Redcar & Cleveland
Ms Jean Milburn	Elected governor, Middlesbrough
Mr Lee O'Brien	Appointed governor, Carer Organisation
Dr Isaac Oluwatowoju	Elected governor, Staff
Prof Shaun Pattinson	Appointed governor, Durham University
Mrs Angela Seward	Elected governor, Rest of England
Mr Brian White	Elected governor, Redcar & Cleveland
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Sue Young	Elected governor, Hambleton & Richmondshire

**In attendance:**

Mrs Ada Burns	Non-executive Director
Ms Miriam Davidson	Non-executive Director
Mr Mark Dias	Non-executive Director
Mr Rob Harrison	Managing Director
Mr Ken Readshaw	Non-executive Director
Mrs Jackie White	Head of Governance / Company Secretary
Ms Ali Wilson	Vice Chair / Non-executive Director
Mrs Anita Keogh	Corporate Affairs Officer / note taker

## CoG/23/042 **CHAIR'S BUSINESS**

### **Welcome and Introductions**

Prof Bell welcomed all members to the meeting.

Prof Bell informed Governors that that both Mr Allan Jackson Elected Governor for Redcar and Cleveland and Paul Crawshaw from Healthwatch had stood down and asked for thanks to be recorded for their contributions during their time as Governors. He advised that the next elections for Governors would be taking place in March 2024.

## CoG/23/043 **Apologies for Absence**

Apologies for absence were received from Governors:

Mr Noel Beal	Elected governor, Hambleton & Richmondshire
Ms Rachel Booth-Gardiner	Elected governor, Middlesbrough
Ms Lisa Bosomworth	Appointed governor, Healthwatch
Ms Yvonne Bytheway	Elected governor, Middlesbrough
Cllr David Coupe	Appointed governor, Middlesbrough
Cllr Ursula Earl	Appointed governor, Redcar & Cleveland Borough Council
Cllr Steve Watson	Appointed governor, North Yorkshire Council
Mr Julian Wenman	Elected governor, Staff

Apologies for absence were received from Non-Executive Directors:

Prof Rudy Bilous	Associate Non-executive Director
Ms Alyson Gerner	Associate Non-executive Director
Mr David Redpath	Non-executive Director

## CoG/23/044 **Declarations of Interest**

Mrs White confirmed that the meeting was quorate.

Dr Fordham pointed out a change to his declarations of interest as his wife is no longer a Trustee at Pioneering Care Pathway. Mrs White confirmed that this amendment would be made. There were no other new interests declared and no interests declared in relation to the agenda.

## CoG/23/045 **Minutes of Previous Meeting**

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

Ms Wilson pointed out an error in wording at the bottom of Page 8. Mrs White confirmed that this would be actioned.

## CoG/23/046 **Matters Arising and Action Sheet**

The matters arising were reviewed and updated in the meeting.

Sepsis Results – would be brought to next development session for Council of Governors in November.

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

Both actions can be closed.

#### **CoG/23/047 Chairman's Report**

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

- Teesside University  
Prof Bell informed the meeting that he was exploring ways of working together more closely with the development of the future workforce. Mrs Burns was also involved in this but in her capacity of her role at Teesside University.
- Group and Joint Working  
Prof Bell provided an update detailing that two further Joint Partnership Board meetings had taken place on the 21 June and 19 July and that work was gathering momentum.
- NHS Confederation Report  
The Chairman mentioned the recently published report : 'Creating better health value: understanding the economic impact of NHS spending by care setting' from the NHS Confederation which suggests a statistically significant association between NHS spending increases and Gross Value Added (GVA) growth. Prof Bell briefly ran through the headline findings.
- Regional Chairs Meeting  
Prof Bell reported that at a recent ICB meeting Richard Barker, Regional Director of NHS England for North East and Yorkshire had 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 which are significant pressures. He continued that following the recent Lucy Letby case strengthening current mechanisms had been discussed with suggestions including comprehensive requirements around board appointments and the annual review process and that the NHSE want assurance that quality in place is sufficient and that Freedom to Speak Up should be strengthened.  
  
In addition there was also a reported issue around sexual harassment in the workplace with surgeons, Consultants and Doctors. Prof Bell confirmed that Rachael Metcalf, Director of HR was leading on this and would form part of the quality and safety agenda.
- HSJ awards  
Lastly Prof Bell was pleased to report that the Trust had been shortlisted for the NHS Trust of the Year at the Health Service Journal (HSJ) awards which recognise an outstanding contribution to healthcare. The official awards ceremony is due to take place on the 16 November and it would be fantastic if there is good news at the next Governor meeting.

Mrs Burns mentioned a news story called Martha's Rule that related to a tragic death and recommended that this should be looked at further by the Patient Experience Group. Mrs Young agreed and confirmed that she would bring this up at the next meeting.

Dr Fordham asked if there was a DATIX document which shows any sexual harassment reported in the Trust. Mr Harrison was not aware of any but pointed out that the survey sent to all staff has a question which would enable people to log any harassment adding the need of people stepping forward and speaking up. Prof Bell assured Governors that the Board are taking the matter very seriously.

Prof Jones explained that higher education have a reporting system that they use and that in his 20 plus years there have only been a few students that have reached out with concerns and actions have subsequently been taken.

Mr Lane asked if he was a student and looking at hospitals would there be any league tables to consider. Prof Jones replied that there were GMC reports that are collated and published with our region listed as one of the best to train in.

Ms Mian queried if students look at these tables and Prof Jones was sure that the training reputation of a hospital would be considered and added that he had noticed that more Junior Doctors were coming through because of the quality of training they were being given.

Ms Johnston-Blyth informed Governors that they find that at Teesside University students look at CQC rather than league tables.

Prof Bell thanked Governors for all their questions raised.

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

#### **CoG/23/048 Lead Governor Report**

Mrs Crampton began by thanking everyone who had congratulated her in her new role as Lead Governor.

She continued that she had already written out and hoped to keep in touch regularly with everyone and would like some personal meetings and conversations to help to get to know everyone better. She also questioned if a newsletter would be beneficial to be sent to all members and hopefully help in increasing numbers. Mrs Crampton asked if Governors could provide their input to this suggestion.

She explained that her role as Lead Governor should be seen as a portal so the Joint Chair, Managing Director, Chief Executive and Non-Executive Directors can communicate. In addition she would be supporting Non-Executive Directors and together with Council of Governors would be holding them to account.

Mrs Crampton also referred to her e-mail sent to all Governors the day prior where she summarised communications received and asked for feedback on the same and how Press Releases could be incorporated with these already being sent through.

Lastly Mrs Crampton encouraged Governors to join the Governor meetings face to face where possible.

Mrs Seward congratulated Mrs Crampton on a great start in her new role as Lead Governor.

**Resolved:** i) Prof Bell thanked Mrs Crampton for her Lead Governor report.

#### **CoG/23/049 Managing Director Report**

Mr Harrison began his report by informing the Council of Governors that CQC colleagues had visited maternity services at James Cook and Friarage on Monday 21 August and Tuesday 22 August. During this visit they interviewed both Ms Miriam Davidson, Non-executive Director and Dr Hilary Lloyd, Chief Nurse and commented that staff were passionate about the care they delivered. To date the outcome of the visit are still waiting to be received.

He then reported on the HSJ league table where the Trust show as 6<sup>th</sup> nationally which is fantastic and acknowledged the amazing achievement of being nominated for an award.

Mr Harrison then turned to the issue of RACC and had been assured that Governors had been kept updated on the issues involving hospitals and schools. He reported that although RACC had been identified in a small area of maternity this was thankfully in good condition and would be dealt with.

He continued by discussing industrial action which unfortunately continues adding that although patients are safe during any days of strike action this it is ultimately having a knock on effect with waiting lists and staff morale. Unfortunately Mr Harrison commented that he did not feel that this was going to be resolved anytime soon and that there was a major focus on long term impact if this was the case.

Mr Harrison then talked went through a set of slides in relation to the recent Board to Board with NHS England regulatory Board and ICB and asked that a copy of the slides be sent through to Governors for consideration.

He explained that the Trust were still under NHS England as we still have a deficit but was pleased to report that the feedback received from them after the meeting had been very positive as the Trust has delivered everything stated in relation to finance, performance and quality.

Mr Harrison advised that year to date delivery for cash for month 4 the Trust were at £45.5m which was £17.3m ahead of plan. Capital was ahead of plan £1.7m.

For the efficiency programme colleagues are continually looking at things that can provide a saving but Mr Harrison was happy to report that to date the Trust had saved £10.1m which was just behind the £10.9m target. He continued that at this stage of the year we are 93% on target which is very good plus the Trust are ahead on activity which works out at approximately £1m.

Mr Harrison shared the headlines with Cancer and Long Waits. He confirmed to Governors that cancer backlog was on plan and was the lowest since April

2022. Turning to 28 day diagnostic this had been achieved for the last 4 months. Looking at long waits 78ww, these are fully compliant but the main concern was the waiting list as this is growing which will become a problem due to the industrial action.

Mr Harrison continued that a big focus of the Trust was ambulance handovers being completed within 60 minutes. To date Trust are at 95.5% but Mr Harrison stressed the need for the Trust to hit 100% and contact was being made with NEAS and would also be working on a full pathway with teams working on this closely.

Mr Harrison briefly touched on a peer review which was carried out with Northumbria Trust who had best outcomes and they shared thoughts and ideas being shared and learning from each other and hopeful this will help with performance.

To conclude the performance section Mr Harrison informed Governors that the Trust was completing a joint bid for urgent treatment centres and if successful this would mean that there would be five treatment centres which would potentially mean that a third of activity could be moved out of the Emergency Department.

Mr Harrison was happy for Governors to compare the slides from the CQC visit on 2019 which showed both orange (requires improvement) and green (good). The recent visit in 2023 was much better as it was completely green (good) which represented all the hard work carried out.

Dr Fordham asked about 62 day cancer and queried if work was being carried out. Mr Harrison confirmed that if the Trust can get the 28 day under control then the 62 day would be more achievable to succeed.

Dr Fordham also raised a query on industrial action and asked if the grievance for them related to working conditions. Mr Harrison responded that the Consultant grievance was linked to pensions which has now partially been resolved. He then discussed staffing levels as there was currently no defined minimal staffing level for Consultants as there is for Nurses so the Trust are going to look at the Consultant to Patient ratio. With GMC survey results coming back as good this does show the amount of work carried out to make sure that Doctors feel important. He continued that when there are vacancies both himself and Sue Page, Chief Executive meet the candidates prior to interviews which the candidates find very helpful and the feedback received is that candidates want to come and work here.

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

## **CoG/23/050 Integrated Performance Report**

Prof Bell explained to Governors that unfortunately Mr Sam Peate, Chief Operating Officer was unable to join the meeting today but that the IPR had been circulated and Mr Harrison had gone through a number of the key areas within the report.

Mr Lane pointed out that there was no mention of North Yorkshire & Humberside. Mr Harrison explained the geographical boundary and groups with the ICB and pointed out that we have been put in the group that we have which does not include North Yorkshire & Humberside. Mr Harrison continued

that the legal requirement for the ICB to break even and our ICB have in mind a £50m deficit which has complicated matters with them stating this.

**CoG/23/051 Quality Assurance Committee Chair update**

Ms Davidson, Chair of the Quality Assurance Committee, provided an update from the Quality Assurance Committee meeting which took place on the 26 July 2023.

She ran through the key topics discussed which included:

- Board Assurance Framework
- CQC new framework outline
- Two reports on Safeguarding Children and Adults. She added that the team were continuing to see an increase in numbers and complexity and noted the hard work that the team does.
- Safer Medication Monitoring report. Ms Davidson explained that this 6 monthly report provided moderate assurance that safe medication practices are in place and that there are action plans to address any areas of non-compliance.
- She then turned to the outcomes of a review of the Patient Safety Ambassadors role adding that this role is one element of a range of ways that the Trust shares lesson learned from incidents and provides additional support to patient safety
- Cancer pathways/breaches report for Q3. Discussions took place regarding the Cancer Waiting Time standards with a range of actions put in place to improve the responsiveness of services.
- STAQC report. (South Tees Accreditation for Quality of Care) Ms Davidson confirmed to Governors that the Quality Assurance Committee had thanked the team for their continued progress which has seen an increase in patient satisfaction.

To conclude she mentioned the peer review visit in which they would also look at maternity and also reported on the maternity champion role stating that when the CQC recently attended for two days at the end of the inspection they did not make contact with any immediate concerns but did express that they had noted the staff dedication.

The 10 year anniversary was also approaching at the Friarage and it was hoped that a big celebration would be organised.

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

**CoG/23/052 Resource Committee Chair Update**

Ms Wilson, reported on behalf of Mr Redpath, and provided highlights from the resource committee meeting which took place on the 27 July 2023.

She commented that Mr Harrison had already covered a lot of points earlier in the Governor meeting but assured Governors that at Resource Committee they are always looking at efficiencies and were also continuing to monitor the impact on industrial action on the budget.

Turning to digital the Committee are aware of the importance of this for the Trust and there are lots of plans on how to delivery and understand risks as there needs to be assurance that the plans for digital change are going to



work. Mr Harrison and Mr Imiavan, Digital Director, are working closely together on this.

Lastly Ms Wilson spoke about procurement who are doing exceptionally well with efficiencies with savings looking well in excess of the amounts asked from them.

Prof Jones asked about industrial action and if the amount of money to manage the strike would be more than just settling the argument around pay. Mr Harrison replied that this would probably be the case and at present stands in excess of £0.5m. Prof Jones stated that he had heard from medical students that morale was very low saying that the NHS was broken.

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

#### **CoG/23/053 People Committee Chairs update**

Prof Bell began by reminding Governors that the Lucy Letby case had been touched on earlier in the meeting.

Mr Mark Dias, Chair of the People Committee highlighted key points of discussion from the People Committee that took place on the 26 July 2023.

He discussed the payroll system and assured Governors that issues were being addressed. He continued that underpayments are paid immediately and that overpayments are a little more complicated as this would depend on the amount of overpayment which then may require a payment plan to be arranged. The risk identified is if people leave the Trust and the debt is still outstanding and they would be looking at ways that the Trust can make sure it is repaid in full.

Mr Dias reported on mandatory training where the expectation was that this would go up and down for a while until the correct training was identified for people.

Turning to leadership he explained to Governors the importance of leadership development to help the Trust achieve outstanding. Time would be invested on this and they would be looking at this further in the October meeting and working with Education and HR.

No questions were raised

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

#### **CoG/23/054 Audit and Risk Committee Chairs Log**

Mr Ken Readshaw, Chair of Audit and Risk Committee ran through the Chair's log which covered the previous three meetings in June and July which were year-end closing meetings to review and sign off the accounts and annual report.

He continued that this year saw an improvement with internal audit as there were fewer issues and increased from reasonable assurance to moderate assurance.

Mr Readshaw concluded by reporting on IFRS 16 external valuations which have shown that several rents paid to NHS Property Services exceed the

market level resulting in an impairment charges of £61.7m. He added that this was a technical adjustment but that any value for money implications should be reviewed.

Prof Bell pointed out that estates would be an area that the ICB would be looking at and Mr Harrison added that estates was also part of the joint work with North Tees.

**CoG/23/055 Matters to bring to the attention of the Board**

Nothing was raised.

**CoG/23/056 Reflections on the meeting**

Prof Bell felt that some very valuable questions had been raised at the meeting.

**CoG/23/057 Any other business**

Mrs Crampton mentioned an expression of concern that she had received regarding ophthalmology. Prof Bell asked Mrs Crampton to forward this to Mrs White so that it could be raised through the correct process.

**CoG/23/058 Date and time of next meeting**

The date and time of the next Council of Governor meeting is Tuesday 21 November 2023 at the Friarage Hospital.

The Annual Members meeting would be taking place prior on the Tuesday 24 October 2023 at 12.30pm in the David Kenward Lecture Theatre at James Cook Hospital.

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

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
18.07.2023	CoG/23/026	<b>Joint Collaborative working</b>	Mrs Jackie White to invite Governors to public meeting for Joint Partnership Board	Jackie White		as soon as date agreed	open
18.07.2023	CoG/23/27	<b>Lead Governor Report</b>	Mrs Jackie White to organise for Governors to have tour of discharge lounge	Jackie White		To be organised for January 2024 development session	open

MEETING OF THE COUNCIL OF GOVERNORS – 21 November 2023			
Joint Chairman's update			AGENDA ITEM: 6 ENC 4
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Professor Derek Bell Joint Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Joint Chairman's update		
Background	The following report provides an update from the Joint Chairman.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Council of Governors are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

## Joint Chairman's Update

### 1. Introduction

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

### 2. Key Issues and Planned Actions

#### 2.1 Teesside University

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

#### 2.2 Group CEO appointment

As briefed verbally at the last meeting, Ms Stacey Hunter has been appointed as the Group Chief Executive and will commence post on 1 February 2024. A formal induction will take place however a programme of socialisation is currently underway which includes meeting with Director colleagues, Non Executive Director colleagues, Lead Governors and attendance at some key meetings including Group Development Team, press and staff briefings.

#### 2.3 NHS Confederation briefing for chairs

I attended the NHS Confederation meeting for Chairs on 30 October which had a focus on regulation. We were joined by Matthew Taylor, CEO of the Confederation and Danny Mortimer, CEO of NHS Employers and spent time discussing issues such as regulation of managers, the Board role and issues arising from the Letby case.

#### 2.4 ICS FT Chairs Meeting

I attended the North East North Cumbria Integrated Care System (NENC ICS) FT Chairs meeting on 17 October, themes from the meeting included further development of the Digital Strategy and the requirement for greater cooperation between organisations in respect of the request and provision of mutual aid as we enter winter.

#### 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**

In October 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.

## **3. Recommendation**

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

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

MEETING OF THE COUNCIL OF GOVERNORS – 21 NOVEMBER 2023			
Lead Governors Report			AGENDA ITEM: 7, ENC 5
Report Author and Job Title:	Janet Crampton Lead Governor	Responsible Director:	Jackie White Head of Governance & Co Secretary
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Update for Fellow Governors		
Background	In addition to period email updates, the Lead Governor has attended several meetings on behalf of the governing body which are summarised below.		
Assessment	The report provides a first written overview of the issues and events affecting the Governors or which have involved the Governors.		
Recommendation	Members of the Council of Governors are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

## Meeting of the Council of Governors

21 November 2023

### Lead Governor's Update

#### 1. Introduction

This report provides information to the governors on the activities of the Lead Governor in the period since the last CoG in September 2023.

#### 2. Key Issues and Planned Actions

(a) Joint Collaborative Working – initiatives to draw together more closely the relationships and workings of the two governing bodies within the Group model have started well, building on the relationships built up between the previous Lead Governor and her counterparts at North Tees. Janet Crampton has met several times with Angela Warnes and agree similar interests and ambitions for working in close collaboration. This is immediately important in terms of agreeing

- a Joint Constitution,
- contributing to the formulation of a Partnership Agreement
- establishing good working relationship in joint working, such as the recent workshop day at Hartlepool College of Further Education
- plans have been drawn up in consequence of that day to take forward closer information exchange and sharing developments such as joint 'Meet the Governors' sessions
- the notes from the flipcharts and feedback on the day will be circulated to governors.

(b) Appointment of a single Chief Executive – As a body, we were able to contribute to the sessions in which staff and governors and other key stakeholders were able to meet the candidates for the post of Group Chief Executive in October, and attend the formal interview, a process which was closely observed by the two Lead Governors

(c) Routine Meetings – As Lead Governor I attended the Board of Directors Meeting as an observer and was invited to the Board's Development Day but could not because of ill health. Hopefully this is something I will be able to in the future. I have also had one-to-ones with the Chair, the Vice Chair, the Senior Independent Director and am arranging to spend time with other NEDs.

(d) "Getting to Know You"

- the Lead Governor has strived to meet in person or by telephone with as many fellow governors as possible to understand more about their motivation, commitment and areas of personal interest, especially where they would like a more participatory role. The conversations also offered an opportunity for governors to express any issues or areas of concern.
- Emerging from those conversations are some strong themes



Broad range of governors' experience and background	Are we 'playing' governors to their strengths?
Opportunities sought for ward rounds/hospital and site visits	Offers have been made by staff governors to showcase their areas of working
Opportunities sought for closer working with NEDs	to understand their areas of work and spheres of influence
Interest in place-based involvement	.. but not just geographically but thematic also
Concerns include – <ul style="list-style-type: none"> <li>• “What happens to issues/concerns/ideas that we feed up”</li> <li>• Voice of the patient</li> </ul>	Action Log needed to record issues, result, and longer-term reviewing of the situation raised.
<ul style="list-style-type: none"> <li>• Personal time constraints</li> </ul>	Many governors see this as a key role, and seek clarity over the appropriate routes and means to representing the views of members and the wider public, and flowing back any service improvements or changes implemented in consequence.
<ul style="list-style-type: none"> <li>• Some personal inhibitions</li> </ul>	Many governors have time constraints that prevent more attendance, and would appreciate longer periods of notice for meetings outside the schedule of CoG dates (this is particular the case for governors running clinics, lectures etc)
Public v Private CoG Meetings	Governors would like a period at the end of each CoG – 10 or 15 minutes – to review the meeting and air any concerns they'd felt unable to raise.
	Governors would welcome one agenda, strong feeling that only reserved items that need to be below the line should be in private session.

I trust this represents the interests and commentary received from fellow governors and very happy to take forward any initiative that will resolve or mitigate areas of concern.

### 3. Recommendation

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

**Janet Crampton**  
**Lead Governor**

MEETING OF THE COUNCIL OF GOVERNORS – 21 November 2023			
Managing Director update			AGENDA ITEM: 8 ENC 6
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Rob Harrison Managing Director
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Managing Director update		
Background	The following report provides an update from the Managing Director.		
Assessment	The report provides an overview of the health and wider related issues.		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Council of Governors are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

## **Managing Director Update**

### **Group development**

Work to develop the partnership agreement has continued throughout the summer and an extensive engagement exercise has been undertaken with colleagues, stakeholders and partners. The partnership agreement will be considered by the Board of Directors at South Tees Hospitals NHS Foundation Trust on 29 November 2023 in a meeting in Common with North Tees & Hartlepool NHS Foundation Trust Board of Director meeting.

### **Community Diagnostic Hub**

The radiology department now boasts two CT scanners including a new state-of-the-art £900,000 machine – which means more than 100 extra patients can be scanned at the Northallerton hospital each week. The 15-month project has seen the old radiology block undergo a £2.4million transformation into a modern hospital department, creating a spoke site for the Tees Valley Clinical Diagnostic Centre programme which also includes a town centre hub in Stockton and spoke sites at Hartlepool and Redcar.

Delivered by the North East and North Cumbria Integrated Care Board (ICB) in collaboration with North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust, the Friarage spoke site is now fully complete, giving patients faster access to diagnostic tests closer to home.

Patients can now benefit from two CT scanner rooms and supporting viewing rooms, a new cannulation room, two new ultrasound rooms and a new dental scan room as well as new changing facilities and an accessible toilet.

The new and upgraded machines will enable more heart patients to undergo scans at the Friarage instead of travelling to James Cook.

### **Friarage developments**

The spoke imaging site is just one of a series of exciting developments taking place at the Friarage which also launched its £5million endoscopy and urology diagnostic centre last year and is set to open a brand new £35million surgical hub in 2025.

## **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.

## **Nursing & Midwifery Conference**

I was pleased to attend the Nursing & Midwifery Conference on 9 November at the Riverside in Middlesbrough. The event was well attended and there was some great enthusiasm within the room. The programme focussed on celebrating excellence and including an excellent school assembly by St Alphonsus School on nursing and the future.

## **UTC developments**

The Trust continues to undertake major estates development work at the front of the hospital next to the Major Trauma Centre / ED and Maternity, facing Marton Road. The focus of the work is to create the Urgent Treatment Centre for Middlesbrough which is being led by the ICB. In order to facilitate this work there will be a requirement for some road closures on site which will be communicated to colleagues, patients and visitors. The Trust is working with the Highways Agency and NEAS to facilitate this work.

## **2. RECOMMENDATIONS**

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

<b>Meeting: Quality Assurance Committee</b>	<b>Date of Meeting: 27/09/2023</b>
<b>Connecting to: Council of Governors</b>	Miriam Davidson – Chair of Quality Assurance Committee
<b>Key topics discussed in the meeting</b>	
<p>KEY TOPICS.</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• Monthly integrated Quality &amp; Performance Report</li> <li>• Q1 update Quality Priorities</li> <li>• INARC report</li> <li>• Integrated Maternity Report Q1 &amp; Monthly report</li> <li>• Patient Safety Incident report &amp; PSIRF</li> <li>• Mortality Report</li> <li>• IPC Q1 Report</li> <li>• Clinical Effectiveness Report</li> <li>• Health &amp; Safety Report</li> <li>• Patient Experience and Involvement report</li> </ul>	
<b>Actions</b>	<b>Responsibility / timescale</b>
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
<b>Escalated items</b>	
<p>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.</p> <p>Patient Experience - Work on the complaint's improvement plan ongoing – QAC to provide ongoing oversight</p> <p>IPR - Medicines reconciliation performance is an area for continued focus.</p> <p>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</p>	

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 IPSC .

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.	

<b>Meeting: Quality Assurance Committee</b>	<b>Date of Meeting:</b> 25/10/2023
<b>Connecting to: Council of Governors</b>	Miriam Davidson – Chair of Quality Assurance Committee
<b>Key topics discussed in the meeting</b>	
<p>The following Assurance reports were considered:</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework , reports at QAC for assurance reflect the themes and priorities in the Monthly Integrated Quality and Performance report</li> <li>• Q2 Safeguarding Children and Adults report, the governance and reporting was clearly described. QAC discussed the response to increased referrals, both in volume and complexity.</li> <li>• Falls report ..initial analysis welcomed, further work is needed to develop a Quality Improvement Plan.</li> <li>• Patient Safety Incident report, taking account of the transition to PSIRF</li> <li>• Pressure Ulcer report, detailed actions in the Pressure Ulcer Improvement Plan providing assurance , with additional work ongoing in the community .</li> <li>• STAQC quarterly report</li> <li>• The first report from the Health Inequalities Group</li> <li>• Chairs’ Logs from reporting groups</li> </ul>	
<b>Actions</b>	<b>Responsibility / timescale</b>
<ul style="list-style-type: none"> <li>• Development of a Quality Improvement Plan to prevent falls</li> <li>• Safeguarding leads to check LAC Initial Health Assessment timelines</li> </ul>	<p>A Brownrigg : January 2024</p> <p>L.Britton-Robertson. : January 2024</p>

Escalated items	
<ul style="list-style-type: none"> <li>• The Chair's Log reflects an issue raised at the Safe and Effective Care Strategic Group ( 19/10/2023) about work on Cat 3 and 4 pressure ulcers within community services. QAC welcomed the increase in reporting of pressure ulcers since the introduction of rapid review processes and safety huddles in high frequency wards . This positive practice is being implemented throughout the Trust.</li> <li>• An Ockenden peer review of Neonatal and Maternity services / assurance visit took place , 28/10/2023. Visits are to obtain assurance that providers are compliant in all areas of the Ockenden Immediate and Essential actions. A full report will be available in three weeks following the visit.</li> </ul>	
Risks (Include ID if currently on risk register)	Responsibility / timescale
No risks to add on 25/10/2023	



## September Resources Committee Chair's Log

<b>Meeting:</b> Resources Committee	<b>Date of Meeting:</b> 28/09/2023
<b>Connecting to:</b> Council of Governors	David Redpath - Chair of Resources Committee
<b>Key topics discussed in the meeting</b>	
<p><b>Financial position for Month 5</b></p> <p>The Trust plan for the 2023/24 financial year is to deliver a £31.8m deficit, as part of the ICS plan to deliver a £49.9m deficit at a system level. 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.</p> <p><b>Cost Improvement Programme (CIP)</b></p> <p>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</p> <p><b>Productivity</b></p> <p>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.</p> <p>This is a complex area, the resources committee will continue to seek assurance.</p> <p><b>Digital</b></p> <p>The committee received the updated digital paper, noting the improvement in quality and information contained.</p> <p>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</p>	
<b>Actions</b>	<b>Responsibility / timescale</b>

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

## October Resources Committee Chair's Log

<b>Meeting:</b> Resources Committee	<b>Date of Meeting</b> 26/10/2023															
<b>Connecting to:</b> Council of Governors	David Redpath – Chair of Resources Committee															
<b>Key topics discussed in the meeting</b>																
<p><b>Financial position for Month 6</b></p> <p>The Trust plan for the 2023/24 financial year is to deliver a £31.8m deficit, as part of the ICS plan to deliver a £49.9m deficit at a system level. The Trust's cumulative operating deficit at Month 6 of 2023/24 was £5.0m and the overall deficit for was £14.6m. The adjusted financial position for the purpose of system performance was a deficit of £14.8m. This year-to-date financial position is on plan. At Month 6 the Trust's forecast outturn position was in line with plan for the 2023/24 financial year.</p> <p><b>Cost Improvement Programme (CIP)</b></p> <p>The Trust has reported year-to-date CIP delivery of £17m, which is 97% of the target as at the end of Quarter 2 2023/24. The current forecast year-end delivery is £37.5m, which is 95% of the annual target. Additional schemes being developed will continue to increase the forecast.</p> <p>For context, the table below compares performance in the same period last year, and shows a significant increase across all areas:</p> <table border="1"> <thead> <tr> <th></th> <th>M6 2022/23 £000</th> <th>M6 2023/24 £000</th> </tr> </thead> <tbody> <tr> <td>Collaboratives</td> <td>3,042</td> <td>6,855</td> </tr> <tr> <td>Corporate</td> <td>1,866</td> <td>3,826</td> </tr> <tr> <td>Central / Technical</td> <td>1,895</td> <td>6,389</td> </tr> <tr> <td><b>Total</b></td> <td><b>6,803</b></td> <td><b>17,070</b></td> </tr> </tbody> </table> <p><b>Digital</b></p> <p>The committee received the updated digital paper, once again noting the improvement in quality and information contained. Progress is being made and the committee are satisfied that those that the areas that are slightly off track are receiving the required attention. The business case of EDMS (scanning of records) will be presented at the next committee.</p> <p><b>Information Governance</b></p> <p>The trust achievement of 95% compliance rate in the annual mandatory training in Information Governance is a major step forward given that In the previous 3 years to FY22/23, the Trust had not been able to achieve a "MET" rating in part due to falling short on staff training and legacy software issues.</p>			M6 2022/23 £000	M6 2023/24 £000	Collaboratives	3,042	6,855	Corporate	1,866	3,826	Central / Technical	1,895	6,389	<b>Total</b>	<b>6,803</b>	<b>17,070</b>
	M6 2022/23 £000	M6 2023/24 £000														
Collaboratives	3,042	6,855														
Corporate	1,866	3,826														
Central / Technical	1,895	6,389														
<b>Total</b>	<b>6,803</b>	<b>17,070</b>														

It should be noted that the different approach, allowing ESR and in class sessions has had a major impact on this and the committee would like to thank the IG, IT, HR and Comms teams for their great work on developing the new approach.

## Procurement

The 2023/24 savings target set for the Procurement Department was £2,000,000, with an additional stretch increasing it to £3,000,00 to be achieved across all functions within the department including the contracting team, the operational team, and the logistics team.

The contracting work plan for 23/24 consists of 144 projects with a potential, projected full year saving of £2,741,113. The position at the end of Q2 is as follows: -

- 32 projects have now been completed generating savings totalling £1,817,497 Full Year with £1,728,042 being In Year.
- 31 projects were completed which did not achieve any savings but ensured the trust complied with current procurement regulations.
- The total value of the contracts awarded by the end of Q2 was £39.14m
- 9 I.T projects have now been completed with a contract value of £3.99m
- 22 Capital projects have been completed with a contract value of £33.60m

## Green Plan

The updated green plan was presented to the committee and welcomed as a good update – the committee asked for further work to be completed regarding partnership working, particularly local partners and to look into other schemes such as LED lighting replacement which could have zero capital outlay.

In order to deliver the major step change the trust will be reliant on securing funding sources to enable the significant investment required to reduce the organisations reliance on the burning of fossil fuels. Until these are in place the risks cannot be fully mitigated. The trust had submitted the grant request but unfortunately the provider had some technical challenges and as a result all requests need to be resubmitted in November.

### Actions

### Responsibility / timescale

Green Plan - Mrs White to speak to Trust's Chair regarding NED/Executive sponsorship of the Green Plan

Green Plan – Look at regional partnerships. Ms Gerner to provide details

Escalated items

**Key Issues/ Concerns for escalation:**

Issues with the accommodation for the procurement team – Phil Sturdy to review

Risks (Include ID if currently on risk register)

Responsibility / timescale

No Additional Risk Identified

<b>MEETING OF THE COUNCIL OF GOVERNORS – 21 NOVEMBER 2023</b>			
Finance Report			<b>Agenda Item 11</b> <b>ENC 9</b>
<b>Report Author and Job Title:</b>	Chris Dargue Deputy Chief Finance Officer	<b>Responsible Director:</b>	Chris Hand Chief Finance Officer
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	This report outlines the Trust's financial performance as at Month 6 of 2023/24.		
<b>Background</b>	<p>The national annual planning timetable for 2023/24 was extended, with further submissions required on 4 May 2023. The Trust's plan for the 2023/24 financial year is now a deficit of £31.8m, reflecting the organisation's structural deficit (eg: The James Cook University Hospital PFI scheme) and inflationary pressures.</p> <p>As part of the system-based approach to planning and delivery, the Trust's plan forms part of the NENC ICB system plan for 2023/24. The NENC ICB is currently planning on the basis of a net deficit of £49.9m for 2023/24.</p>		
<b>Assessment</b>	At Month 6 the reported position is a deficit of £14.8m at a system control-total level, which is in line with the year-to-date plan.		
<b>Level of Assurance</b>	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
<b>Recommendation</b>	Members of the Council of Governors are asked to note the financial position for Month 6 2023/24.		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	This report addresses BAF Principle risk 7 - Failure to deliver the Trust's financial recovery plan		
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.		
<b>Strategic Objectives</b>	Best for safe, clinically effective care and experience <input type="checkbox"/>	A great place to work <input type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>		

## Month 6 2023/24 Financial Performance

### 1. PURPOSE OF REPORT

The purpose of the report is to update the Council of Governors Committee on the Trust's financial performance as at Month 6 of 2023/24.

### 2. BACKGROUND

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

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

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

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

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

### 3. DETAILS

#### Trust Position Month 6 2023/24

The Month 6 position against the NHSE plan is outlined in the table below. 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 in income and expenditure the table below reflects the additional expected income and expenditure for the 2023/24 Agenda for Change (AFC) pay award and the Medical Staff pay award.

STATEMENT OF COMPREHENSIVE INCOME	YTD Plan £000	YTD Actual £000	YTD Variance £000
Operating income from patient care activities	398,143	404,675	6,532
Other operating income	25,096	26,795	1,699
Employee expenses	(254,328)	(264,668)	(10,340)
Operating expenses excluding employee expenses	(172,274)	(171,754)	520
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>(3,363)</b>	<b>(4,952)</b>	<b>(1,589)</b>
<b>FINANCE COSTS</b>			
Finance income	516	1,615	1,099
Finance expense	(9,648)	(9,383)	265
PDC dividends payable/refundable	(2,886)	(1,927)	959
<b>NET FINANCE COSTS</b>	<b>(12,018)</b>	<b>(9,695)</b>	<b>2,323</b>
Other gains/(losses) including disposal of assets		48	48
Corporation tax expense			0
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(15,381)</b>	<b>(14,599)</b>	<b>782</b>
Add back all I&E impairments/(reversals)			0
Remove capital donations/grants/peppercorn lease I&E impact	591	(173)	(764)
Remove net impact of consumables donated from other DHSC bodies			0
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(14,790)</b>	<b>(14,772)</b>	<b>18</b>
Less gains on disposal of assets	0	0	0
<b>Adjusted financial performance for the purposes of system achievement</b>	<b>(14,790)</b>	<b>(14,772)</b>	<b>18</b>



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 6 of 2023/24 was £5.0m and the overall deficit for was £14.6m. The adjusted financial position for the purpose of system performance was a deficit of £14.8m.

This year-to-date financial position is on plan.

At Month 6 the Trust's forecast outturn position was in line with plan for the 2023/24 financial year.

The income relating to the 2023/24 medical pay award is included in the position and the expenditure position includes the backdated payment relating to months 1 to 5.

In line with NHSE guidance, the estimated Elective Recovery Fund (ERF) income adjustment relating to ICB activity is shown in the year-to-date position but not in the forecast position. No adjustment is included in the year-to-date or forecast position for NHSE commissioned activity.

The operational budget for the Month 6 YTD position is shown in the table below.

STATEMENT OF COMPREHENSIVE INCOME	NHSE Plan £000	Actual £000	Variance £000	Operational Adjustment £000	Operational Plan £000	Actual £000	New Variance
Operating income from patient care activities	398,143	404,675	6,532	5,199	403,342	404,675	1,333
Other operating income	25,096	26,795	1,699	172	25,268	26,795	1,527
Employee expenses	(254,328)	(264,668)	(10,340)	(7,800)	(262,128)	(264,668)	(2,540)
Operating expenses excluding employee expenses	(172,274)	(171,754)	520	492	(171,783)	(171,754)	29
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>(3,363)</b>	<b>(4,952)</b>	<b>(1,589)</b>	<b>(1,938)</b>	<b>(5,301)</b>	<b>(4,952)</b>	<b>349</b>
<b>FINANCE COSTS</b>							
Finance income	516	1,615	1,099	1,012	1,528	1,615	87
Finance expense	(9,648)	(9,383)	265	0	(9,648)	(9,383)	265
PDC dividends payable/refundable	(2,886)	(1,927)	959	926	(1,960)	(1,927)	33
<b>NET FINANCE COSTS</b>	<b>(12,018)</b>	<b>(9,695)</b>	<b>2,323</b>	<b>1,938</b>	<b>(10,080)</b>	<b>(9,695)</b>	<b>385</b>
Other gains/(losses) including disposal of assets	0	48	48	0	0	48	48
Corporation tax expense	0	0	0	0	0	0	0
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(15,381)</b>	<b>(14,599)</b>	<b>782</b>	<b>0</b>	<b>(15,381)</b>	<b>(14,599)</b>	<b>782</b>
Add back all I&E impairments/(reversals)	0	0	0	0	0	0	0
Remove capital donations/grants/peppercom lease I&E im	591	(173)	(764)	0	591	(173)	(764)
Remove capital donations/grants/peppercom lease I&E im	0	0	0	0	0	0	0
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(14,790)</b>	<b>(14,772)</b>	<b>18</b>	<b>0</b>	<b>(14,790)</b>	<b>(14,772)</b>	<b>18</b>
Less gains on disposal of assets	0	0	0	0	0	0	0
<b>Adjusted financial performance for the purposes of system achievement</b>	<b>(14,790)</b>	<b>(14,772)</b>	<b>18</b>	<b>0</b>	<b>(14,790)</b>	<b>(14,772)</b>	<b>18</b>

The variance position is shown normalised for net neutral budget adjustments, relating to additional income and expenditure such as the 2023/24 new contract variations for funded developments, cost improvement delivery and pass through funded high-cost drugs and devices.

### 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:

<b>INCOME FOR PATIENT CARE ACTIVITIES</b>	<b>Operational Plan £000</b>	<b>Actual £000</b>	<b>New Variance £000</b>
NHS England	128,648	128,878	229
ICB/Clinical commissioning groups	273,363	274,306	943
Non-NHS: private patients	480	719	239
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)	102	26	(76)
Injury cost recovery scheme	714	720	6
Non-NHS: other	34	26	(8)
<b>TOTAL INCOME FOR PATIENT CARE ACTIVITIES</b>	<b>403,342</b>	<b>404,675</b>	<b>1,333</b>

Operating income from Patient Care Activities was £404.7m for Month 6 and was £1.3m ahead of plan.

The NHS England position is £0.3m ahead of plan. The operational plan has been adjusted for high-cost drugs and devices that are funded on a pass-through basis.

The ICB/CCG income is ahead of plan by £0.9m and relates to ERF income and contract variations that are higher than planned.

The Month 6 position assumes £0.7m income relating to ERF over performance calculated on the first 3 months of 2023/24. The over performance mainly relates to HNY ICB commissioned activity and is in line with the financial value NHSE have calculated. £0.2M relates to contract variations and the operational plan will be adjusted in future months, following final confirmation of collaboratives plans.

The Month 6 position includes additional income relating to the medical pay award. To maintain operational variances both the income plan and expenditure budget have also been adjusted for the medical pay award.

Private Patient income remains ahead of plan by £0.2m and RTA income is on plan.

## Other Operating Income

Other income received up to Month 6 totalled £26.8m and was ahead of plan by £1.5m and includes all non-direct patient care income.

OTHER OPERATING INCOME	Operational Plan £000	Actual £000	New Variance £000
Research & Development	2,436	3,766	1,330
Education and Training	12,232	12,825	593
Non Patient Care Income	1,194	1,172	(22)
Reimbursement & Top-Up funding	0	0	0
Employee benefits accounted on a gross basis	2,316	2,379	63
Other	7,090	6,653	(437)
<b>TOTAL OTHER OPERATING INCOME</b>	<b>25,268</b>	<b>26,795</b>	<b>1,527</b>

Research & Development income is ahead of plan by £1.3m year-to-date and can be offset by the expenditure position.

Training and Education income is ahead of plan by £0.6m year-to-date and can be offset by the expenditure position.

Other income includes £0.7m relating to a donated asset. This is removed from the Trust position when reporting the financial position as part of the system control total. This transaction relates to the £0.7m variance on the "Remove net impact of consumables donated from other DHSC bodies" line in the main Statement of Comprehensive Income (SOI) table.

## Employee Expenses (Pay)

The Trust's total expenditure on pay for Month 6 of 2023/24 was £264.7m and was overspent by £2.5m; a breakdown is included in the table below.

PAY	Operational Plan £000	Actual £000	New Variance £000
Ahp'S, Sci., Ther. & Tech.	(38,062)	(37,458)	604
Hca'S & Support Staff	(29,792)	(29,258)	534
Medical And Dental	(76,729)	(78,383)	(1,654)
Nhs Infrastructure Support	(39,694)	(40,621)	(927)
Nursing & Midwife Staff	(76,821)	(77,569)	(748)
Other Pay Costs	(1,030)	(1,379)	(349)
<b>TOTAL PAY</b>	<b>(262,128)</b>	<b>(264,668)</b>	<b>(2,540)</b>

Pay expenditure includes the actual year-to-date cost of the 2023/24 AFC and medical pay award.

The position includes actual and estimated costs of the industrial action relating to the first 6 months of 2023/24.

The overspend relates to most pay categories but mainly Medical & Dental, NHS infrastructure support staff, and Nursing & Midwife staff.

## Agency

Agency spend is included within the reported pay expenditure position.

Reduction in agency expenditure remains a key area of focus for the Collaboratives, with progress monitored through the Collaborative Improvement Planning Group and oversight of the agency workstream (led by the Director of HR) provided by the CIP Steering Group.

In April 2023 NHSE published revised agency rules which outlined the restrictions and reporting requirements for trusts with regard to agency expenditure, including caps on the maximum hourly rates payable to agency staff.

Each month the Trust reports its compliance with agency rules to NHSE, detailing the bank and agency usage, by shift, including the hourly rate and number of hours used. The monthly return is completed by the finance team, which is reviewed by the Chief Medical Officer to provide executive sign-off prior to submission.

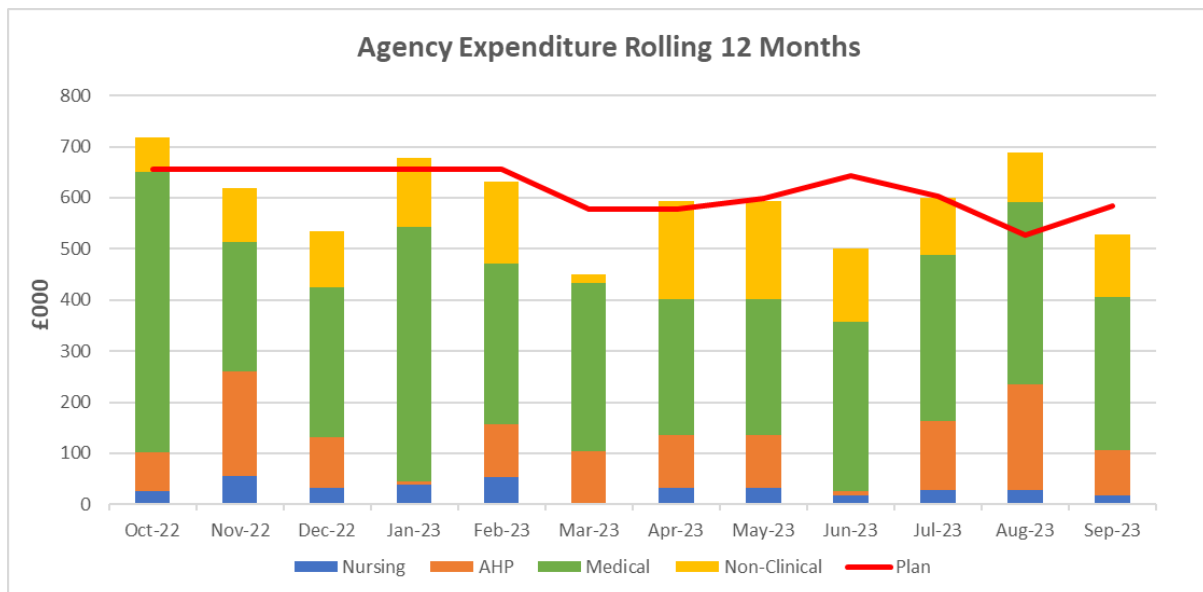
In addition, ICSs are expected to manage overall agency expenditure within a system-level ceiling.

The Trust's financial plan for 2023/24 includes annual agency expenditure of £6.8m (a reduction of £400k / 5.5% from 2022/23 levels). The Trust plan representing less than 7% of the system's overall planned agency expenditure of £102m.

The Trust's total expenditure on agency for Month 6 of 2023/24 was £3.5m and is slightly lower than plan; a breakdown is included in the table below.

Agency	Operational Plan £000	Actual £000	New Variance £000
Registered nursing, midwifery and health visiting staff	(259)	(159)	100
Allied health professionals	(51)	0	51
Other scientific, therapeutic and technical staff	(677)	(640)	37
Consultants	(2,203)	(1,846)	357
NHS infrastructure support	(343)	(861)	(518)
<b>TOTAL NON PAY</b>	<b>(3,533)</b>	<b>(3,506)</b>	<b>27</b>

The chart below shows the expenditure on agency for the previous twelve months, compared to plan:



The majority of the Trust’s agency expenditure relates to Medical Agency (at consultant grade) in hard to recruit specialties, and so the Trust continues to focus on substantive recruitment to reduce reliance on agency staff.

Non-clinical agency (NHS infrastructure support) has the highest variance to plan and is an area of focus. The approval process for non-clinical agency has been reviewed, all current expenditure is being reviewed at an individual level before being risk assessed with a view to stopping non-clinical agency.

Appendix 2 provides further detail of medical agency spend by Collaborative.

## Operating Expenses excluding Employee Expenses (Non-Pay)

The Trust's total expenditure on operating non-pay for Month 6 of 2023/24 was £171.8m and a breakdown is included in the table below.

NON PAY	Operational Plan £000	Actual £000	New Variance £000
Purchase of Healthcare	(7,402)	(7,311)	91
Clinical Supplies & Services	(52,016)	(51,014)	1,002
Drugs	(45,961)	(46,269)	(308)
External Staff & Consultancy	(561)	(149)	412
Establishment	(7,771)	(7,479)	292
Premises & Fixed Plant	(13,392)	(13,314)	78
Transport	(2,502)	(2,360)	142
Depreciation & Amortisation	(11,356)	(11,208)	148
Research	(1,278)	(2,243)	(965)
Training & Education	(918)	(1,316)	(398)
PFI Unitary Payment	(18,372)	(18,485)	(113)
Other	(1,710)	(2,062)	(352)
Clinical Negligence	(8,544)	(8,544)	0
<b>TOTAL NON PAY</b>	<b>(171,783)</b>	<b>(171,754)</b>	<b>29</b>

The non-pay year to date position is on plan year to date.

Clinical Supplies are £1.0m underspent, which is offset by an overspend of £0.3m on Drugs. Funding relating to the marginal cost of the ERF over performance has been distributed to the clinical collaboratives.

The overspends relating to high-cost drugs and devices expenditure that remain outside of the block funding arrangements have been funded. Income targets and expenditure budgets have been established via the adjustment to the operational plan.

Non pay expenditure on Research and Training & Education have been reported separately this month. Research is overspent by £0.9m year-to-date but can be offset by the income position. Training & education is overspent by £0.4m year-to-date and can also be offset by the income position.

Other non-pay is £0.4m overspent, which mainly relates to advertising and staff recruitment.

## **Financing Costs**

The finance expenditure position is £0.3m underspent, which relate to IFRS 16 charges that are less than plan but are partially offset by charges in operating expenses.

Finance Income is £0.1m ahead of plan, the operational plan has been adjustment to record the higher than planned year-to-date income relating to higher cash balances and increased interest rates from the Government Banking Service (GBS) Account. It is anticipated that these returns will fall through the remainder of the year as the Trust's liquidity reduces in line with plan.

The PDC Dividend payment is slightly ahead of plan. The operational plan has been adjustment to record the year-to-date savings relating to the change in asset valuation of the leases that comply with IFRS16.

## Assumptions & Risk

The following assumptions and risks have been included in the financial position:

Assumption	Risk	£ Risk	Risk of Occurrence
Full Elective Recovery Funding (ERF) is received from all commissioners without clawback. HNY ICB £0.6M and NENC ICB £0.1M relating to month Q1 overperformance.	There is a risk of clawback of ERF funding if actual activity delivery is below planned levels. Local and National process for the distribution of under and over performance has not been agreed. Clawback could be as high as 168% of tariff for NENC ICB. STHFT and NHSE estimates suggested Q1 is ahead of plan so the risk of occurrence has reduced. Industrial action will impact on Future ERF performance. Potential Risk - TBC		
The full year impact of the 2023/24 AFC pay award will be fully funded either through additional national funding or via the ICB. The additional expenditure is included in the YTD and FOT.	Following the payment in month 3 the Trust has established a £1.0m risk that relates to the expenditure being more than the provisional allocation. Estimated Risk - £1.0m		
There are no unfunded additional costs related to back pay of re-banding of Health Care Support Workers from Band 2 to Band 3. The Trust is accruing an estimate of the cost per month from April 2023.	National unions are campaigning for HCAs who carry out clinical care duties (rather than only personal care duties) to be paid as a Band 3, which has been successful in some provider trusts locally and nationally. The Trust is currently identifying roles that are eligible, timeframes and any backdating for any re-banding exercise is yet to be agreed. There are c1000wte Band 2 HCA posts in the Trust. If all staff are re-banded, any back paid could worsen the financial position. Potential Risk - £0.0m to £5.8m		
Non-pay price inflation for the remainder of the year is consistent with inflationary pressures incurred in the YTD position.	The forecast outturn assumes expenditure at current levels of inflation. Further increases in non-pay inflation will worsen the Trust forecast position. Potential Risk - TBC		
There are no revenue costs associated with the unitary charge payments for PFI Lifecycle.	The forecast outturn assumes that PFI Lifecycle expenditure is incurred by the PFI provider in line with the financial model, or that any underspend is accounted for as a lifecycle prepayment. Any requirement to write off PFI Lifecycle payments to revenue will result in a deterioration in the forecast position. Potential Risk - TBC		
CIP delivery is in line with the current CIP forecast.	If the forecast CIP delivery is not achieved, without additional mitigations to offset any slippage the forecast position will deteriorate. Total Target is £39.4M the difference between the Initial CIP target and final CIP is £12.7M Potential Risk - TBC		
Community Diagnostic Centre (CDC) income is received in full £6.1M	There is a risk of clawback of CDC funding if actual activity delivery is below planned levels. It is unclear if baselines will be adjusted for industrial action. Potential Risk - £0.0 - £1.0M		
Income is received to cover the full cost of COVID testing.	The process and value of funding relating to the reimbursement of the pathology costs for COVID testing remains unclear. Potential Risk - £0.5m		
All Income is received in the block contract for CQUIN Targets	If the Trust does not comply with the CQUIN KPIs there is potential for income to be withheld by commissioners. Potential Risk - £0.0m to £8.2m		
Microsoft 365 no defund will now occur following the change in guidance from NHSE. The Trust still incurs cost in H2	The Trust IT department have confirmed that the Trust will continue to incur cost in H2 and this is estimated to be £0.3M. The trust is seeking clarity from NHSE with regard to the correct accounting entry. Potential Risk - £0.3m		
Requested funding for all developments/contract variations are paid in full from commissioners.	The Trust incurs more cost than the contract variations. To minimise the risk the Trust income and contract team is working with commissioners to finalise values and receive payment. Potential Risk - £0.0m to £1.0m		
Junior Doctor additional payments relating to additional hours/zero hours contracts is covered by the accrual/provision taken by the Trust in 2022/23	The number of Junior Doctor additional payment claims relating to additional hours/zero hours contracts is higher than the accrual/provision taken by the Trust in 2022/23 Potential Risk - £0.0m to £0.5m		
The full year impact of the 2023/24 medical pay award will be fully funded either through additional national funding or via the ICB.	The Trust estimates that the medical pay award is £2.5m higher than the current funded allocated to the Trust. The HEE allocation is expected to be increased to offset some of the risk. Potential Risk - £1.6m		
All additional Expenditure for the change in deliver of Urgent & Emergency Care (UEC) is cost neutral.	Revenue set up costs are incurred and unfunded. The contract variation relating to the income received from commissioners does not maintaining the level of current funding and also cover the expenditure relating to the new service model. Potential Risk - TBC		

### Key:

Level £	£ Risk	Level	Risk of Occurrence
< £0.5m		< 25%	
< £1.0m		< 75%	
> £1.0m		> 75%	



## 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 £17.1m (96.5%) at Month 6, as shown in the table below.

NHSE category	YTD Target £000's	YTD Actual £000's	YTD Variance (Actual to Target) £000's
Agency - price cap compliance	180	64	(116)
Corporate services transformation - pay	114	141	27
Establishment reviews	4,074	1,722	(2,352)
Service re-design - pay	5,310	5,294	(16)
	<b>9,678</b>	<b>7,221</b>	<b>(2,457)</b>
Corporate services transformation - non-pay	24	25	1
Digital transformation	159	112	(47)
Estates and Premises transformation	280	1,241	961
Medicines optimisation	1,443	774	(669)
Other - non pay	383	330	(53)
Pathology & imaging networks	195	0	(195)
Procurement (excl drugs) - medical devices and clinical consumables	2,444	2,365	(79)
Provider collaborative: commissioner efficiencies (NHS subcontracted)	90	89	(1)
Provider collaborative: commissioner efficiencies (non-NHS subcontracted)	1	2	1
Service re-design - non-pay	2,568	3,246	678
	<b>7,587</b>	<b>8,184</b>	<b>597</b>
Income Non-Patient Care	349	385	36
Income Private Patient	67	102	35
Other - income	3	1,106	1,103
Other Income	0	71	71
	<b>419</b>	<b>1,664</b>	<b>1,245</b>
	<b>17,684</b>	<b>17,069</b>	<b>(615)</b>

The main variances to plan relate to unidentified schemes and drugs savings; these variances can be seen in the establishment review and medicines optimisation categories in the table above.

The work with the Clinical Collaboratives and Corporate Departments continues to focus on the delivery of in-year savings, underlying financial position and the key actions for each collaborative.

## Capital

The Trust's gross capital expenditure plan for the 2023/24 financial year totals £51.3m. The Trust's ICS Capital Departmental Expenditure Limit (CDEL) for 2023/24 amounts to £11.3m (although systems were allowed to include a 5% overplanning tolerance in their plans). The Trust manages capital expenditure through the Capital Planning Oversight Group, to ensure delivery in line with plan and CDEL limits.

The capital programme also includes external support, in the form of Public Dividend Capital (PDC) of £25.0m, for the Friarage Theatre development (£14.3m), Urgent Treatment Centre (£10.0m) and Electronic Patient Record support (£0.7m).

The plan also includes expected PFI lifecycle costs of £13.7m which (although sits outside the ICS CDEL limit) requires internally generated cash funding.

The Trust's capital expenditure for Month 6 of 2023/24 amounted to £15.9m as detailed below:

	Year to Date £000			Forecast £000		
	Plan	Actual	Variance	Plan	Actual	Variance
Estates	1,475	1,891	416	7,407	7,334	(73)
Equipment	550	620	70	3,200	3,063	(137)
IT	150	1,481	1,331	1,300	1,510	210
<b>Sub Total ICS Allocation</b>	<b>2,175</b>	<b>3,992</b>	<b>1,817</b>	<b>11,907</b>	<b>11,907</b>	<b>0</b>
<b>PDC Funded schemes:</b>						
FHN Theatres	6,714	4,190	(2,524)	14,362	14,362	0
Digital	100	0	(100)	667	667	0
UTC	0	224	224	0	10,008	10,008
<b>Charitable Funded schemes:</b>						
Cardiovascular investment	0	677	677	0	710	710
<b>Sub Total PDC and Charitable Funded schemes</b>	<b>6,814</b>	<b>5,091</b>	<b>(1,723)</b>	<b>15,029</b>	<b>25,747</b>	<b>10,718</b>
PFI Lifecycle	6,841	6,842	1	13,683	13,683	0
<b>Total Gross Capital Expenditure</b>	<b>15,830</b>	<b>15,925</b>	<b>95</b>	<b>40,619</b>	<b>51,337</b>	<b>10,718</b>

The year-to-date variance relates an underspend on the FHN Theatres project which is offset by overspends on emergency investment in medical equipment and project management support for IT schemes.

The forecast includes DHSC PDC funding relating to the UTC and charitable funding received to support the cardiovascular development at JCUH.

## Liquidity

The cash balance as at the 30<sup>th</sup> September amounted to £28.4m (which was £5.3m ahead of plan).

Although the Trust currently has a higher cash balance than planned the current cash forecast indicates that the Trust will need additional cash support in Quarter 3 & 4 of 2023/24.

Following the agreement of the Trust Board, the Trust submitted an application to NHSE on the 13th September for revenue cash support of £5.4m for Quarter 3. The Trust has responded to NHSE queries regarding the application and is awaiting approval.

It is anticipated that a further application will need to be made for both capital and revenue cash support for Quarter 4, which will be reviewed by the Board in time for the NHSE published application deadline.

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
Total bills paid in the year	48,510	308,996
Total bills paid within target	47,233	289,848
<b>Percentage of bills paid within target</b>	97.4%	93.8%

## Statement of Financial Position (SOFP)

The following table shows the SOFP as at 30<sup>th</sup> September, and the movement since Month 6:

	31 August 2023	30 September 2023	Movement between months
	£000	£000	£000
Property, Plant and Equipment	338,091	338,174	83
Long Term Receivables	1,789	1,550	(239)
<b>Total Non-Current Assets</b>	<b>339,880</b>	<b>339,724</b>	<b>(156)</b>
<b>Current Assets</b>			
Inventories	15,039	15,286	247
Trade and other receivables (invoices outstanding)	9,965	10,407	442
Trade and other receivables (accruals)	16,006	18,577	2,571
Prepayments including Pfi	10,692	19,508	8,816
Cash	53,378	28,371	(25,007)
<b>Total Current Assets</b>	<b>105,080</b>	<b>92,149</b>	<b>(12,931)</b>
<b>Current and Non-Current Liabilities</b>			
Borrowings	(185,073)	(184,825)	248
Trade and Other Payables	(154,514)	(144,937)	9,577
Provisions	(2,637)	(2,637)	0
Total Current and Non-Current Liabilities	(342,224)	(332,399)	9,825
<b>Net Assets</b>	<b>102,736</b>	<b>99,474</b>	<b>(3,262)</b>
<b>Equity:</b>			
Income and Expenditure Reserve	(343,995)	(347,257)	(3,262)
Revaluation Reserve	33,138	33,138	0
Public Dividend Capital	387,117	387,117	0
Other Reserves	26,476	26,476	0
<b>Total Equity</b>	<b>102,736</b>	<b>99,474</b>	<b>(3,262)</b>

## 4. RECOMMENDATIONS

Members of the Council of Governors are asked to:

- Note the financial position for Month 6 2023/24.

MEETING OF THE PUBLIC TRUST COUNCIL OF GOVERNORS – 21 November 2023			
Integrated Performance Report			<b>AGENDA ITEM:12</b> <b>ENC 10</b>
<b>Report Author and Job Title:</b>	Anna Easby Information Officer Business Intelligence Unit	<b>Responsible Director:</b>	Sam Peate Chef Operating Officer
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	To provide Council of Governors with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
<b>Background</b>	<p>The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.</p>		
<b>Assessment</b>	<p>Changes to metrics for September IPR, are as follows:</p> <p><b>SAFE</b> domain: No change.</p> <p><b>EFFECTIVE</b> domain: No change.</p> <p><b>CARING</b> domain: No change.</p> <p><b>EQUITABLE</b> domain: No change.</p> <p><b>RESPONSIVE</b> domain: 'RTT validated within 12 weeks' metric added.</p> <p><b>WELL LED</b> domain: No change.</p>		

	<p><b>Our key messages for September are:</b></p> <p>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.</p> <p>A&amp;E 4-hour standard performance is steady and close to the national average. Clear reductions in A&amp;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.</p> <p>Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care.</p> <p>Elective access (RTT 18-week standard) is maintained and 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.</p> <p>Performance against the 6 week diagnostic standard stabilised in July with a planned increase radiological capacity and access starting in September. 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.</p> <p>The Cancer 62 day standard performed lower in July as more of the longest waiters were treated but improved in August to 65%, the national average.</p>
<p><b>Level of Assurance</b></p>	<p>Level of Assurance:            Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/></p>
<p><b>Recommendation</b></p>	<p>Members of the Public Trust Council of Governors are asked to:</p> <ul style="list-style-type: none"> <li>• Receive the Integrated Performance Report for September 2023.</li> </ul> <p>Note the performance standards that are being achieved and the remedial actions being taken where metrics are outside expected parameters.</p>
<p><b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b></p>	<p>All BAF risks</p>

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



**South Tees Hospitals**  
NHS Foundation Trust

# INTEGRATED PERFORMANCE REPORT

September 2023



# OVERSIGHT

## RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

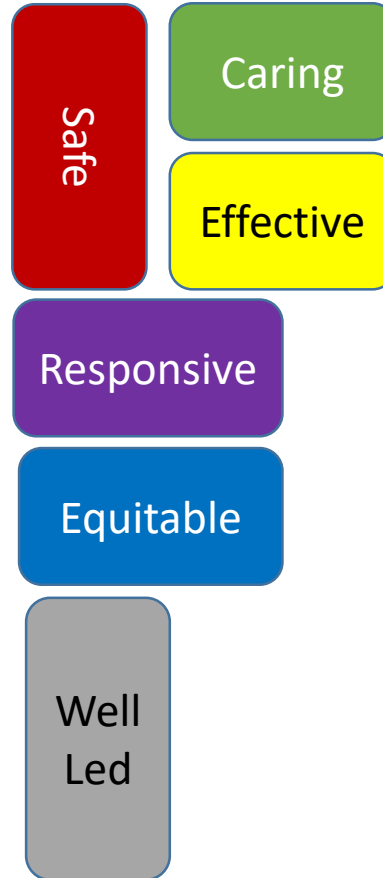
Dr Michael Stewart, Chief Medical Officer

Samuel Peate, Chief Operating Officer

Dr Michael Stewart, Chief Medical Officer

Chris Hand, Finance Director

Rachael Metcalf, Human Resources Director



## BOARD SUB COMMITTEE

Quality Assurance Committee

Quality Assurance Committee

Resources Committee

Quality Assurance Committee

Resources Committee

People Committee

Audit and Risk Committee

# CHANGES THIS MONTH

National context reflects 2023/24 NHS Operational Planning Guidance.

**SAFE** domain:

No change.

**EFFECTIVE** domain:

No change.

**CARING** domain:

No change.

**EQUITABLE** domain:

No change.

**RESPONSIVE** domain:

'RTT validated within 12 weeks' metric added.

**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	Aug-23	Aug-23	Aug-23	Aug-23	Aug-23	Jul-23	Jul-23	Jul-23	Jul-23	Jul-23	Jul-23	Jul-23	Jul-23	Jul-23	Jul-23	Jul-23	Jul-23	Aug-23	Jul-23	Jul-23
Target	95%	Zero				92%	23/24 Plan	23/24 Plan	Zero by Mar 23	Zero by Jun 22	23/24 Plan	<=75%	109%	109%	120%	<=1%	85%	23/24 Plan		75%
South Tees Hospitals NHSFT	71.4%	6	1.1%	437	162	64.4%	1,937	382	18	0	53,396	106%	107%	106%	85%	26.6%	53.0%	151	239	80.1%
NENC ICS Provider level (including IS providers)	78.8%	336	3.1%	1,716	341	70.1%	8,997	1,797	137	17	406,913	104%	102%	108%	106%	16.7%	63.1%	1,159	1,654	80.8%
North East & Yorkshire	74.0%		5.1%			65.1%										21.6%	63.3%			77.4%
National	73.0%		8.8%			58.6%										25.5%	62.8%			74.1%

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. Performance against the 6 week diagnostic standard stabilised in July with a planned increase radiological capacity and access starting in September. 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. The Cancer 62 day standard performed lower in July as more of the longest waiters were treated but improved in August to 65%, the national average.









Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2397	2070	Sep 2023		
Serious Incidents	4	8	Sep 2023		
Never Events (YTD)	1	0	Sep 2023	N/A	N/A
Falls	139		Sep 2023		N/A
Falls Rate %	4.2	6.6	Sep 2023		
Falls With Harm	0		Sep 2023		N/A
Falls With Harm Rate %	0		Sep 2023		N/A

### Incidents

There have been consistently high levels of incident reporting within the Trust for a sustained period. The trajectory was updated to indicate our aim to at least maintain this level of reporting for the 12 months leading up to PSIRF implementation. The trust will review again when PSIRF and LFPSE (Learning from Patient Safety Events) is fully implemented. The number of Serious Incidents reported remains within expected limits. There have been no Never Events reported in September. 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. An advert will go live next week seeking expressions of interest for the falls coordinator role, to help ensure the above plans are progressed.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2		Sep 2023		N/A
Category 2 Pressure Ulcers (Community)	53		Sep 2023		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.3		Sep 2023		N/A
Category 3&4 Pressure Ulcers (Community)	30		Sep 2023		N/A
Medication Incidents	126		Sep 2023		N/A
Medications Reconciled Rate %	49%	80%	Aug 2023		
Omitted Critical Doses (%)	3.9%		Sep 2023		N/A
C-Difficile (YTD)	72	54	Sep 2023	N/A	N/A
MRSA (YTD)	0	0	Sep 2023	N/A	N/A
E-Coli (YTD)	56	67	Sep 2023	N/A	N/A
Klebsiella (YTD)	28	24	Sep 2023	N/A	N/A
Pseudomonas (YTD)	12	6	Sep 2023	N/A	N/A

### Pressure Ulcers

The rate of hospital-acquired pressures ulcers remains within expected variation throughout the organisation. The PURPOSE T tool and SSKIN assessment are live in all inpatient hospital wards. There are plans to go live in the Emergency department and same day emergency care (SDEC) department for those patients with a decision to admit. The risk assessment is embedded into practice and 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. The review of pressure ulcer investigations is on-going and pending the first phase of PSIRF roll out. A pilot of pressure ulcer safety huddles has commenced that includes multi-professional reviews at the time of pressure ulcer reporting for new or deteriorating category 2s on identified wards. The identified ward teams are 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 September were within expected variation although in-depth analysis is occurring via the Safer Medication Practice Group for increasing trends. Omitted doses within expected variation, focus on top 5 areas of non-compliance continues to occur. Medicines reconciliation remains to be an area of focus, the data has now changed to an electronic method of collection which is showing lower results. The Pharmacy and BIU team are working on validating this to ensure its accuracy.

### Healthcare acquired infections

There were no new MRSA reported in September. C. difficile rose in September. IPC precautions for isolating patients with C. difficile continue to be prioritised, followed by additional cleaning with Hydrogen Peroxide vapour across all sites. Structured case reviews are timely, providing assurance that appropriate measures are in place aligning robust with collaborative action plans. Gram negative organisms including E-Coli are addressed through a planned programme of ANTT (Aseptic Non-Touch Technique). An increase in Pseudomonas for August/September continues to be investigated with no patient-to-patient transmission and robust IPC actions in place.

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	435		Sep 2023	N/A	N/A
Breast feeding initiated (48 hrs)	57%	74.5%	Sep 2023		
Preterm birth rate <26+6 wks	0.7%	6%	Sep 2023		
Preterm birth rate 27 - 36+6 wks	6.6%	6%	Sep 2023		
Induction of Labour (%)	38%	44%	Sep 2023		
Number of 3rd/4th degree tear (%)	2.3%	3.5%	Sep 2023		
PPH > 1500ml (%)	2.05%	2%	Sep 2023		
Still Births (YTD)	2	17	Sep 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. Mechanical induction will be launched in the next 3 weeks.

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. The third degree tear guideline and follow up has been reviewed.

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 will be participating in the Obs UK PPH Prevention Study commencing early 2024

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 %	6.1%		Jul 2023		N/A
Sepsis - Oxygen delivered within 1hr	100%	95%	Aug 2023		
Sepsis - Blood cultures within 1hr	71.7%	95%	Aug 2023		
Sepsis - Empiric IV antibiotics within 1hr	71.7%	95%	Aug 2023		
Sepsis - Serum lactate within 1hr	71.7%	95%	Aug 2023		
Sepsis - IV fluid resuscitation within 1hr	71.7%	95%	Aug 2023		
Sepsis - Urine measurement within 1hr	100%	95%	Aug 2023		
Summary Hospital-Level Mortality Indicator	110.3	100	May 2023		
Comorbidity Coding	4.1		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.
- The Sepsis antimicrobial guidance and screening poster change request submitted to graphic design.
- AIP courses advertised for 2024.
- 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.
- Further audit breakdown to incorporate proposed new high-risk criteria.
- NICE guidance is currently under review nationally.

## Mortality

SHMI of 110 for the latest official reporting period, June 2022 to May 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 3.5% of spells in England are removed because they have a COVID code and spells included in SHMI are at 89% of pre-pandemic levels (both broadly stable).

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



Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	82.3%	78%	Sep 2023		
Inpatient Experience (%)	96%	94%	Sep 2023		
Maternity Experience (%)	90.2%	92%	Sep 2023		
Outpatient Experience (%)	96.5%	93%	Sep 2023		
Community Experience (%)	98.8%	94%	Sep 2023		
New Complaints	28		Sep 2023		N/A
Closed Within Target (%)	63.6%	80%	Sep 2023		

## Patient experience

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 has been stable for several months and continues to perform better than target. The Friends & Family Test score reported in Outpatients and Community services consistently perform above target. A pilot is in place in Ward 3, whereby the FFT question is given to all patients as opposed to the inpatient survey, this has shown a fifty percent increase in the response rate. It is planned to pilot this out in the Community setting to increase the response rate to the FFT. The detailed patient surveys will be used for a closer review, where the FFT score falls below target.

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

## Closed within target

The timeframe for response for in complaints closed in target increased on the previous month, however, remaining below target. This is due to staff resource and availability of healthcare records. 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 further meetings held in September and a further meeting in October, including 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.

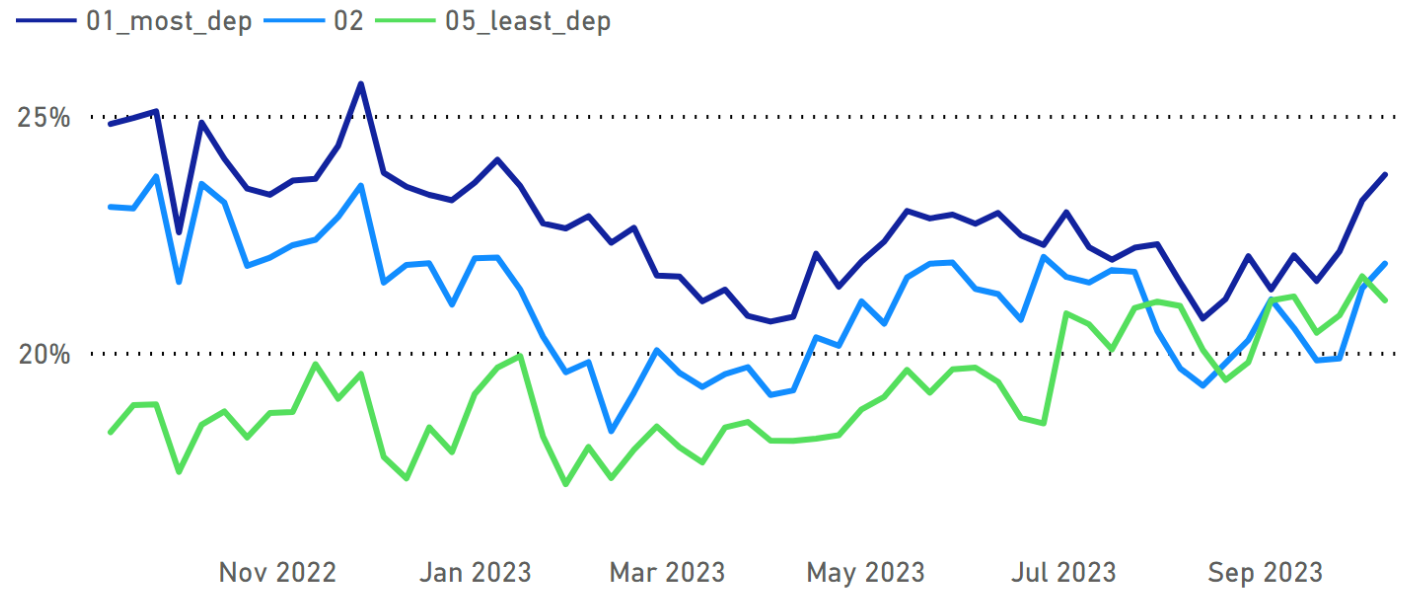
# EQUITABLE

## Elective inpatient PTL Inequalities: Deprivation

### Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	2041	636	24%	2677
02	1203	337	22%	1540
03	1225	332	21%	1557
04	1783	492	22%	2275
05_least_dep	1297	347	21%	1644
N/k	904	118	12%	1022
<b>Total</b>	<b>8453</b>	<b>2262</b>	<b>21%</b>	<b>10715</b>

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



IMD is taken from patient's postcode of residence

Long Waiters:

P2 > 3 weeks

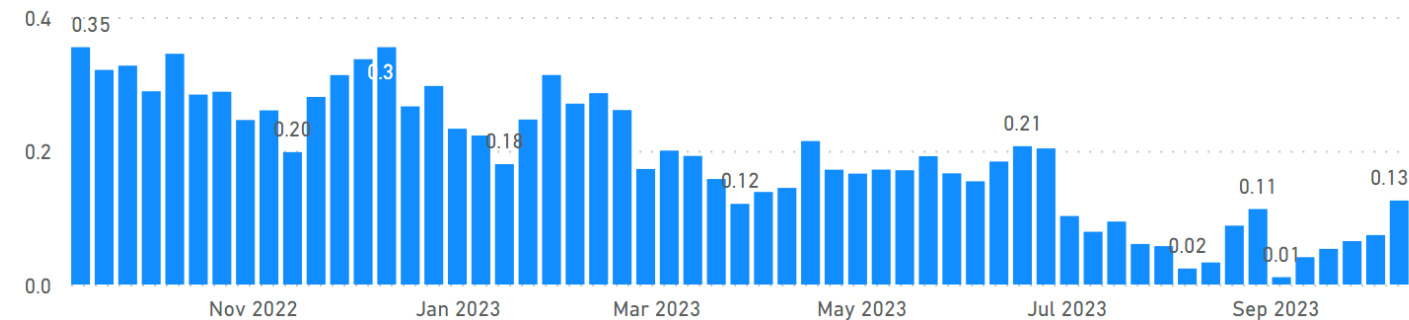
P3 > 3 months

Any > 52 weeks

In Standard: All others

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

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



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

# EQUITABLE

## Elective inpatient PTL Inequalities: Ethnicity

### Latest PTL by IMD quintile

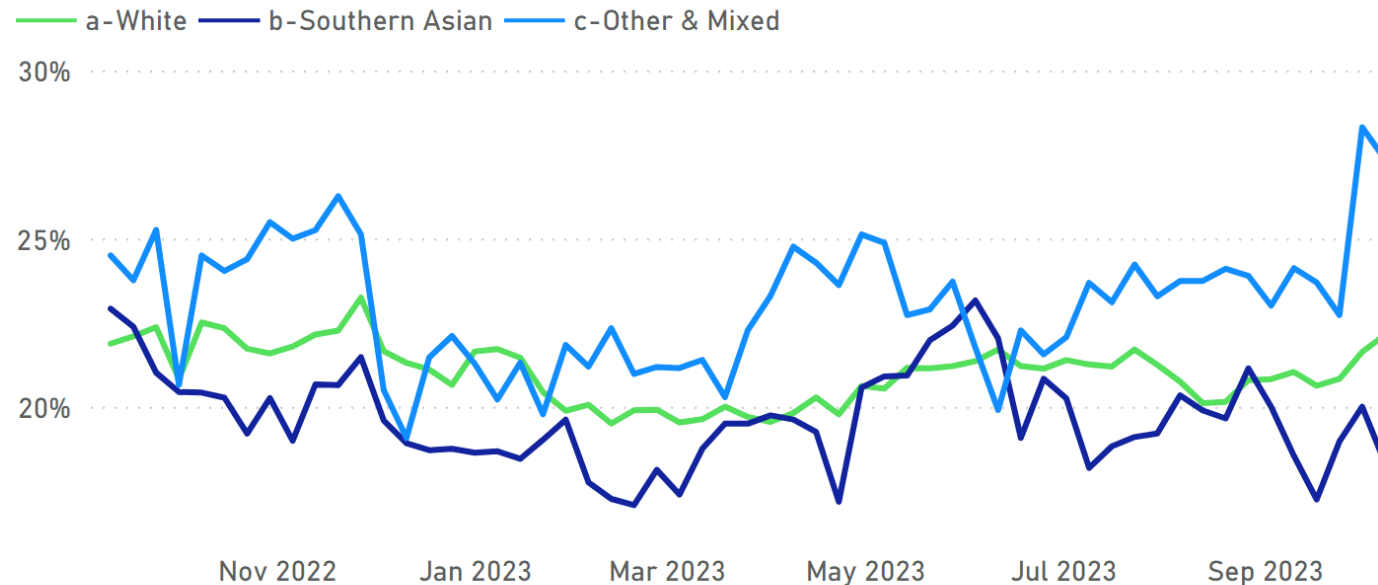
Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
<input checked="" type="checkbox"/> a-White	6457	1836	22%	8293
<input checked="" type="checkbox"/> b-Southern Asian	147	33	18%	180
<input type="checkbox"/> c-Other & Mixed	154	58	27%	212
Black	30	8	21%	38
Mixed	32	16	33%	48
Other	92	34	27%	126
<input checked="" type="checkbox"/> N/k	1695	335	17%	2030
<b>Total</b>	<b>8453</b>	<b>2262</b>	<b>21%</b>	<b>10715</b>

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

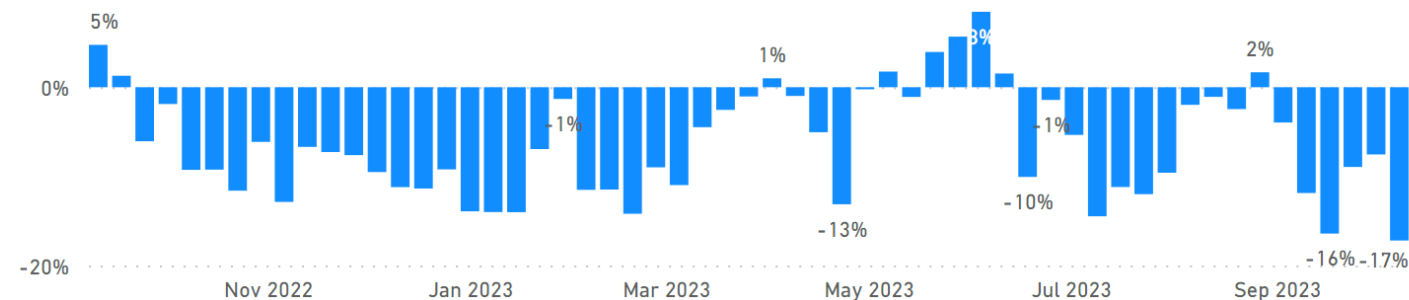
In Standard: All others

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

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



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



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

# RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Attendances - Type 1	10343	10244	Sep 2023		
A&E Attendances - Type 3	5399	5350	Sep 2023		
Handovers - Within 30 Mins (%)	84.2%	95%	Sep 2023		
Handovers - Within 60 Mins (%)	94.2%	100%	Sep 2023		
4-Hour A&E Standard	67.7%	76%	Sep 2023		
12-Hour Waits from Decision to Admit	18	0	Sep 2023		
12-Hour A&E Breaches	158	0	Sep 2023		
RTT Incomplete Pathways (%)	63.6%	92%	Aug 2023		
RTT Waiting List Size	53859	50214	Aug 2023		
RTT Validated Within 12 Weeks (%)	37.8%	90%	Sep 2023		
RTT List Size within 52 weeks (%)	96.4%		Aug 2023		N/A
RTT 52 week waiters	1952	1135	Aug 2023	N/A	N/A
RTT 65 week waiters	519	237	Aug 2023	N/A	N/A
RTT 78 week waiters	24		Aug 2023	N/A	N/A
Diagnostic 6 Weeks Standard (%)	69.3%	99%	Aug 2023		
Cancer 14 Day Standard (%)	70.8%	93%	Aug 2023		
Cancer 31 Day Standard (%)	91.9%	96%	Aug 2023		
Cancer 62 Day Standard (%)	65.2%	85%	Aug 2023		
Cancer >62 Day Backlog	156	150	Sep 2023	N/A	N/A
Cancer Faster Diagnosis Standard (%)	75.5%	75%	Aug 2023		
Cancelled Ops - Non-Urgent Cancelled on Day	39	0	Sep 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 September tracked expected numbers across all departments. 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 dipped during August. 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 and for Ultrasound from late October.

For cancer, recent improvements for the faster diagnosis standard have been sustained with 75% compliance in August, achieving national target for the 3rd consecutive month. The accumulation of patients waiting 63+ days is tracking the recovery trajectory with 91% 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 but is in line with the national average.

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	17844	20139	Sep 2023		
Outpatient Follow Up Attendances	45078	50852	Sep 2023		
Day Case admissions	5943	6708	Sep 2023		
Ordinary Elective admissions	910	1208	Sep 2023		
NEL admissions with 0 LOS (excluding Maternity)	1743	1692	Sep 2023		
NEL admissions with 0 LOS	3151	1897	Sep 2023		
NEL admissions with 1+ LOS (excluding Maternity)	3199	2696	Sep 2023		
NEL admissions with 1+ LOS	3727	3434	Sep 2023		
G&A Occupied Beds (%)	90.8%	92%	Sep 2023		
Length of Stay - Elective	4		Sep 2023		N/A
Length of Stay - Non-Elective (excluding Maternity)	3.3		Sep 2023		N/A
Not Met Not Discharged	66	90	Sep 2023		
21 Day Stranded Patients (%)	12.6%	12%	Sep 2023		

## Activity

Total outpatient activity was 11% lower than planned levels in September. Despite this, year to date first appointments are still 2% above 19/20 levels with follow up appointments within 1% of plan. Inpatient elective admissions (Day Case and Ordinary) were lower than plan too. 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 3% over plan, with patients staying for 1 or more nights 9% 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, averaging 3.5 days in the last three months.

These improving patient flow indicators demonstrate the capability of the Trust to meet the needs of patients with increased acuity in September whilst maintaining G&A average bed occupancy to within planned levels at 91% and reduce the proportion of patients admitted for 21 days or more to target levels.

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



Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£14.772m	-£14.79m	Sep 2023	N/A	N/A
Annual Appraisal (%)	78%	80%	Sep 2023		
Mandatory Training (%)	88.9%	90%	Sep 2023		
Sickness Absence (%)	5.7%	4%	Sep 2023		
Staff Turnover (%)	11.1%	10%	Sep 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 6, the Trust's financial position is a deficit of £14.77m which is line with the year-to-date plan.

## People

Sickness absence across the Trust is 5.7% for the month of September 2023 with a further increase from August (5.5%). Long term sickness has decreased slightly, and short-term sickness has increased. The Wellbeing and Attendance team have been contacting managers for new cases to support with sickness absence management. The team continue to prioritise any hot spot areas.

Appraisal compliance for the month of September 2023 is 78% which is a reduction from August of 79.9%. The 2023 NHS Staff Survey has commenced with a fieldwork period up to 24<sup>th</sup> November 2023. The Trust response rate was 12% up to 13<sup>th</sup> October 2023. A weekly prize draw has commenced for staff that complete the survey and wish to participate in the prize draw. Collaboratives will provide an update for their 2022 Staff Survey action plans at People Committee on 25<sup>th</sup> October 2023. Throughout September HR teams have been sharing at Trust, Collaborative and Directorate meetings a presentation of the updated Trust People Plan. The Love Admin awards ceremony will take place on 23<sup>rd</sup> October.

HR teams have started to support Trust service improvement events, reviewing team and workforce requirements.

Mandatory Training for the month of September 2023 is 88.9% (versus 89.9% in August). Workforce data is provided on a regular basis to managers to review completion by their teams and take follow up actions.

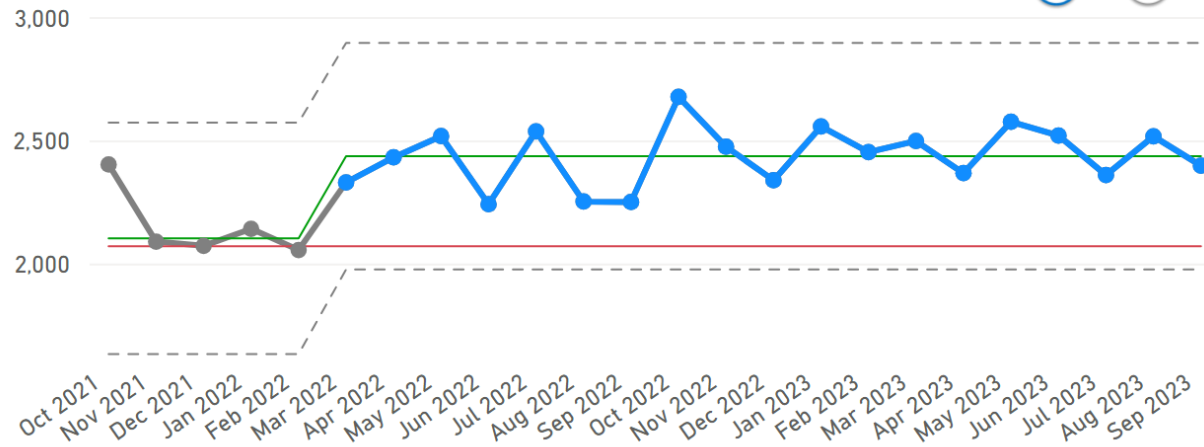
# APPENDICES

SPC charts for the metrics summarised above, by domain.

# SAFE

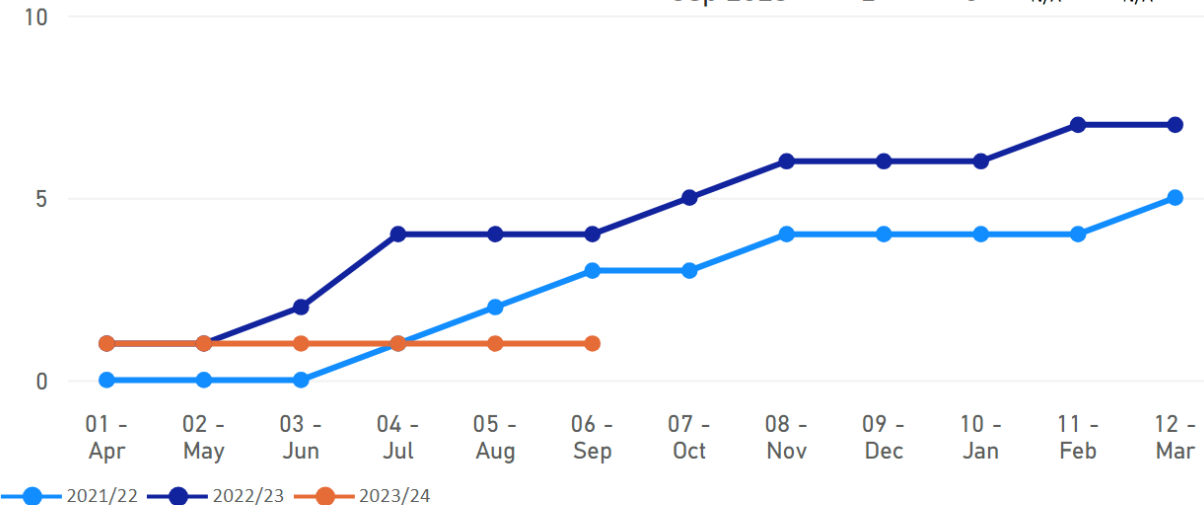
## DATIX Incidents

Month	Performance	Target	Trend	Assurance
Sep 2023	2397	2070		



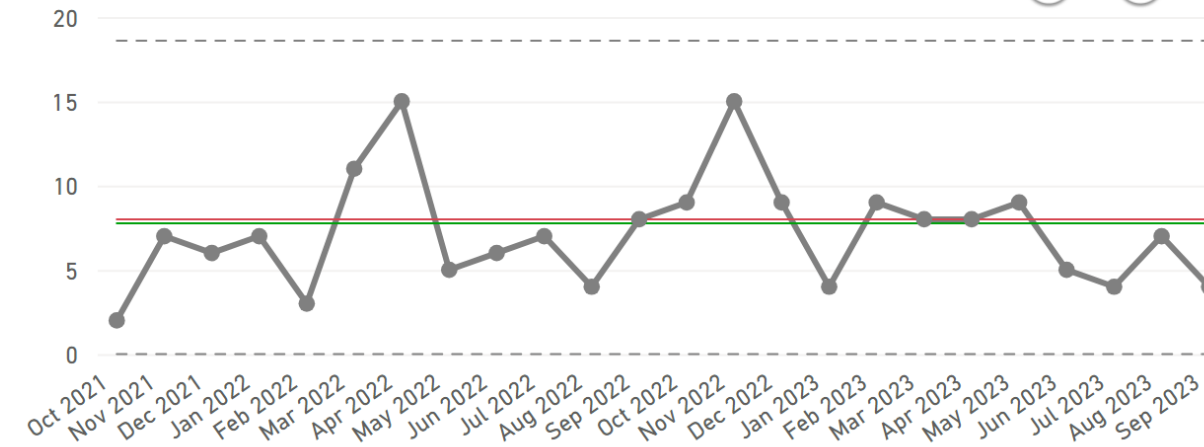
## Never Events (YTD)

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



## Serious Incidents

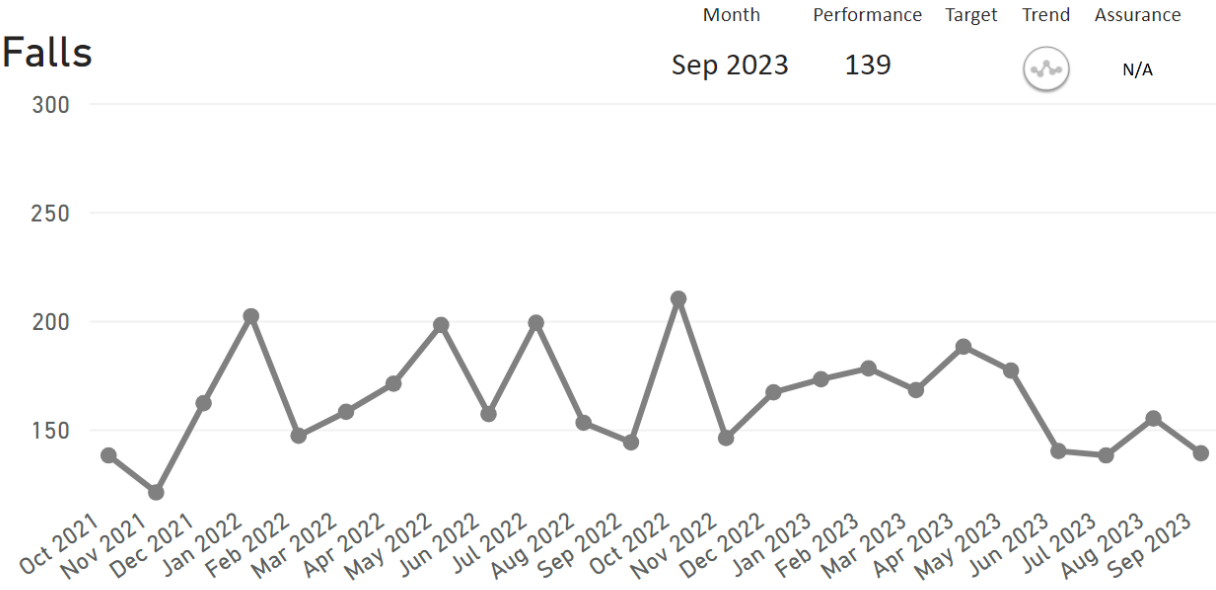
Month	Performance	Target	Trend	Assurance
Sep 2023	4	8		



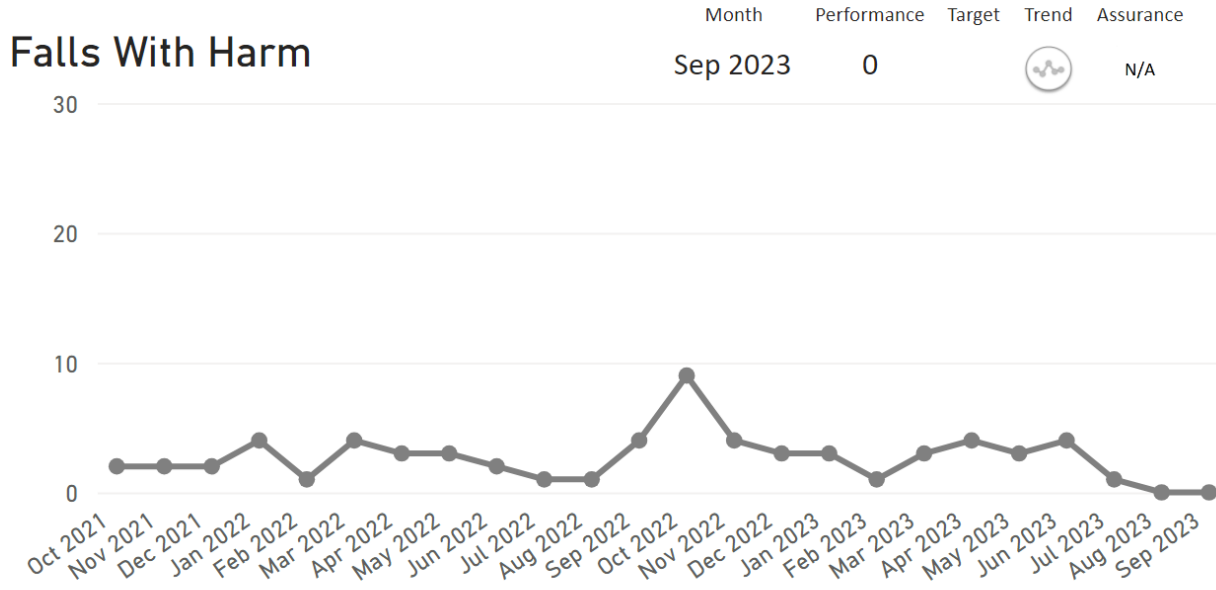


# SAFE

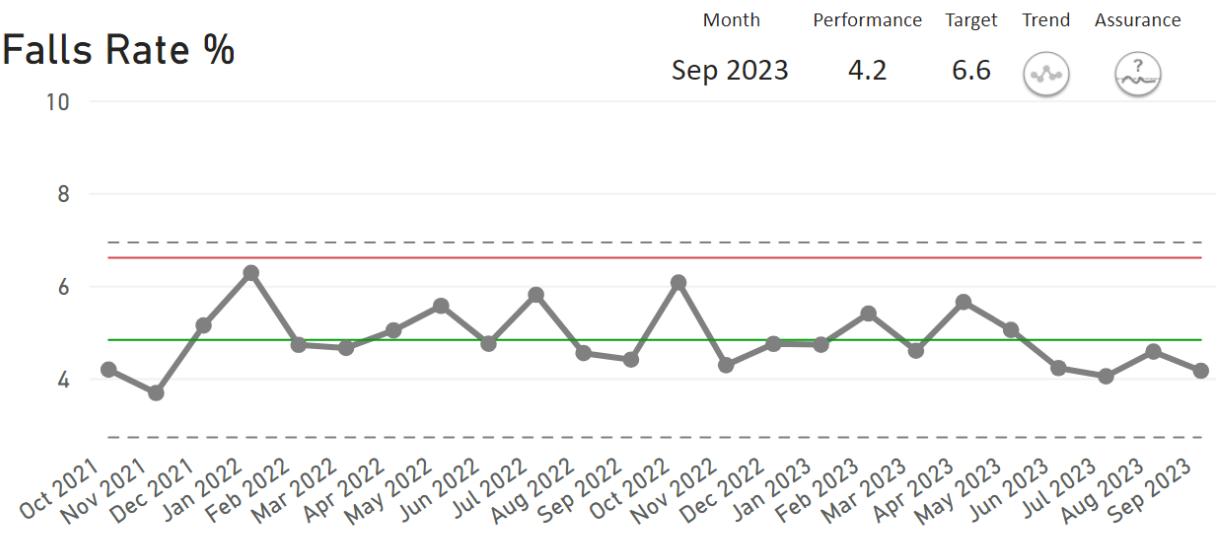
## Falls



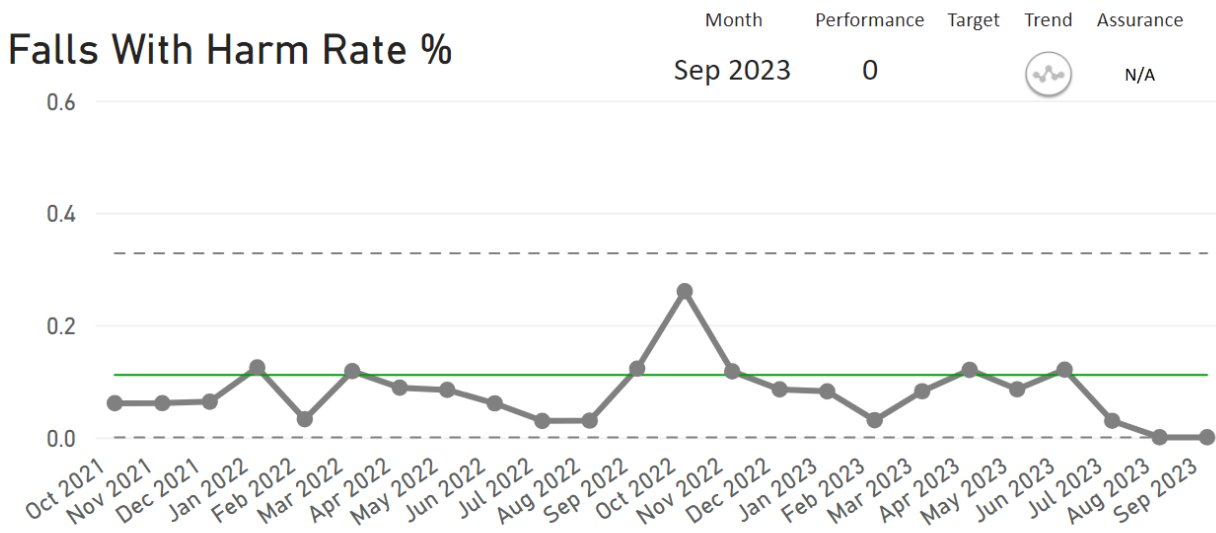
## Falls With Harm



## Falls Rate %



## Falls With Harm Rate %



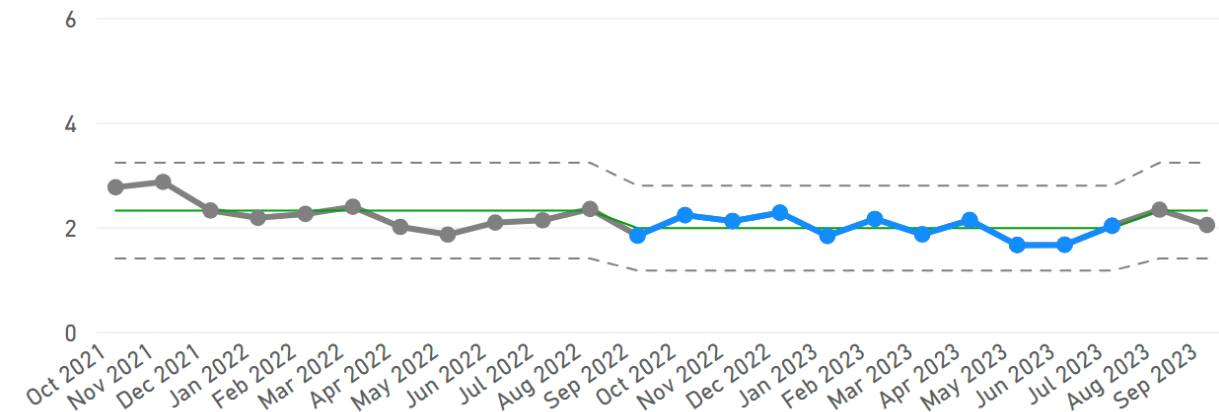
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

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

# SAFE

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

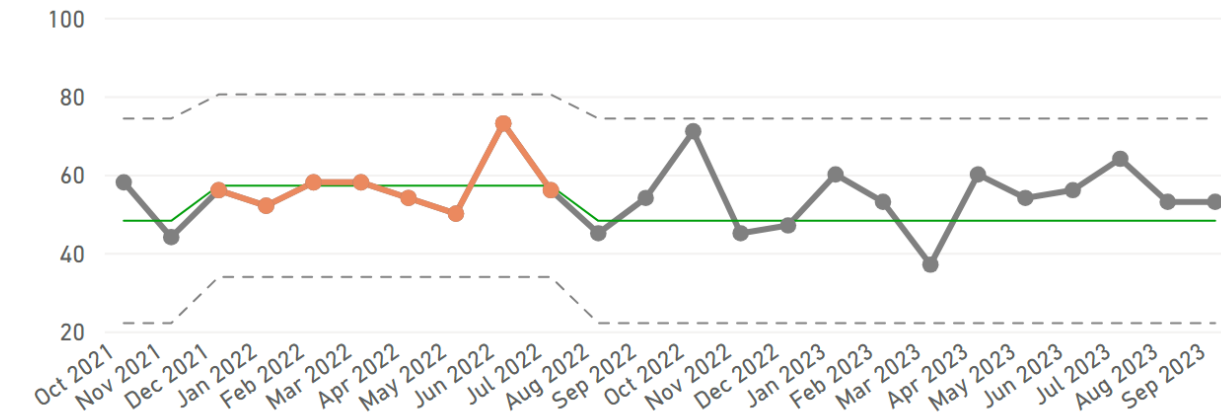
Month	Performance	Target	Trend	Assurance
Sep 2023	2			N/A



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

## Category 2 Pressure Ulcers (Community)

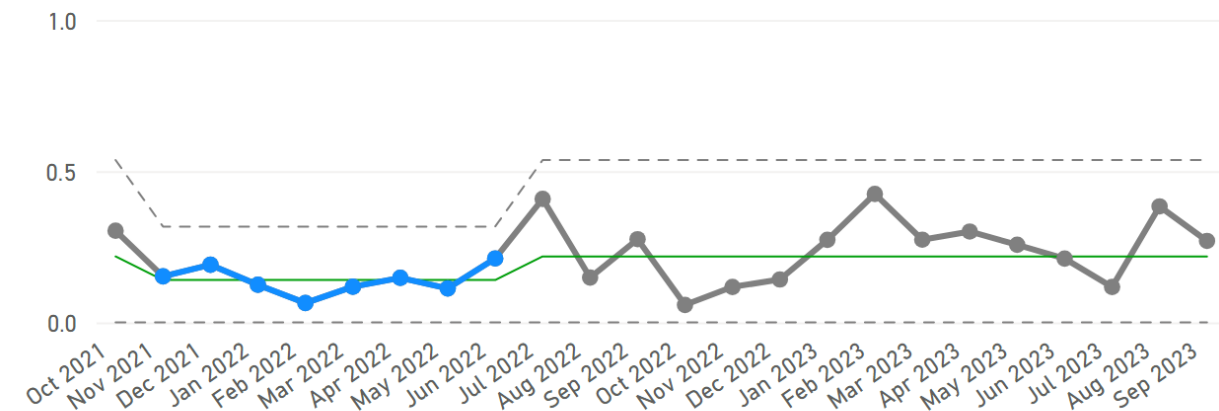
Month	Performance	Target	Trend	Assurance
Sep 2023	53			N/A



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

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

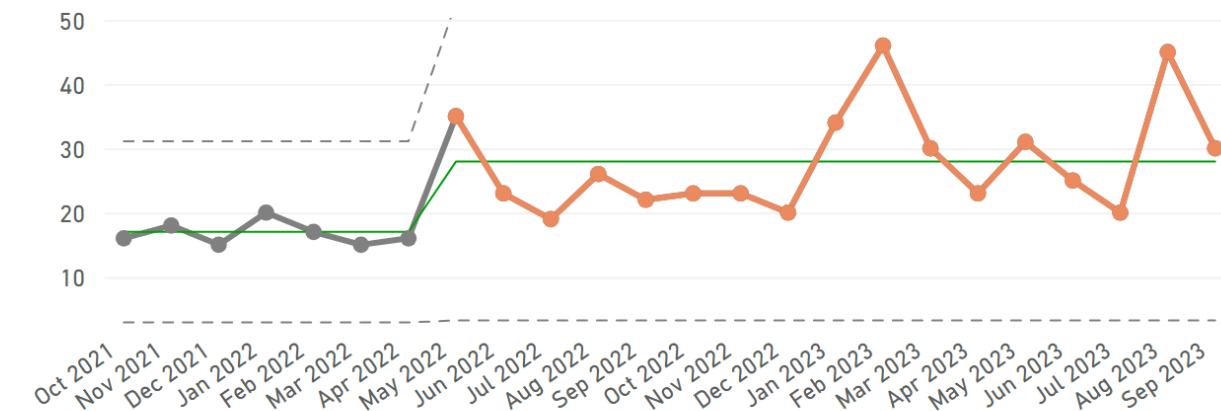
Month	Performance	Target	Trend	Assurance
Sep 2023	0.3			N/A



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

## Category 3&4 Pressure Ulcers (Community)

Month	Performance	Target	Trend	Assurance
Sep 2023	30			N/A



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

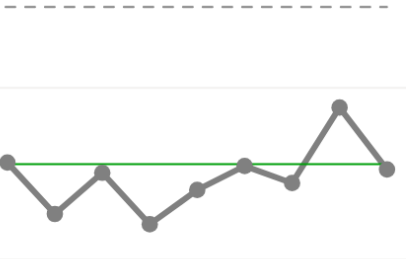
# SAFE

Performance Target Trend Assurance

126



N/A



2023  
Mar 2023  
Apr 2023  
May 2023  
Jun 2023  
Jul 2023  
Aug 2023  
Sep 2023

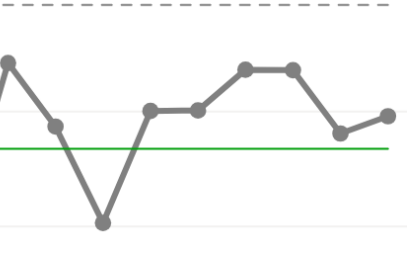
Outside CL Low

Performance Target Trend Assurance

3.9%



N/A



2023  
Mar 2023  
Apr 2023  
May 2023  
Jun 2023  
Jul 2023  
Aug 2023  
Sep 2023

Outside CL Low

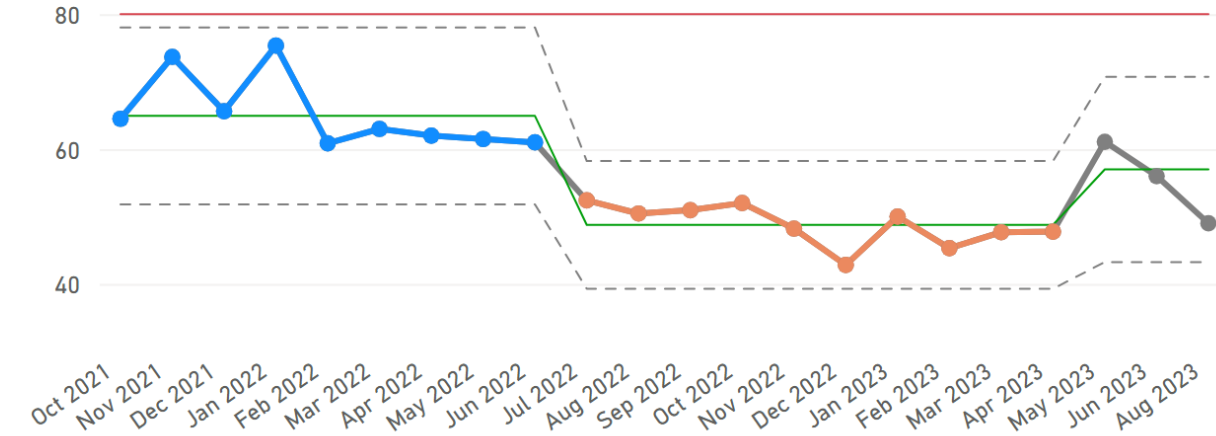
## Medications Reconciled Rate %

Month Performance Target Trend Assurance

Aug 2023

49%

80%

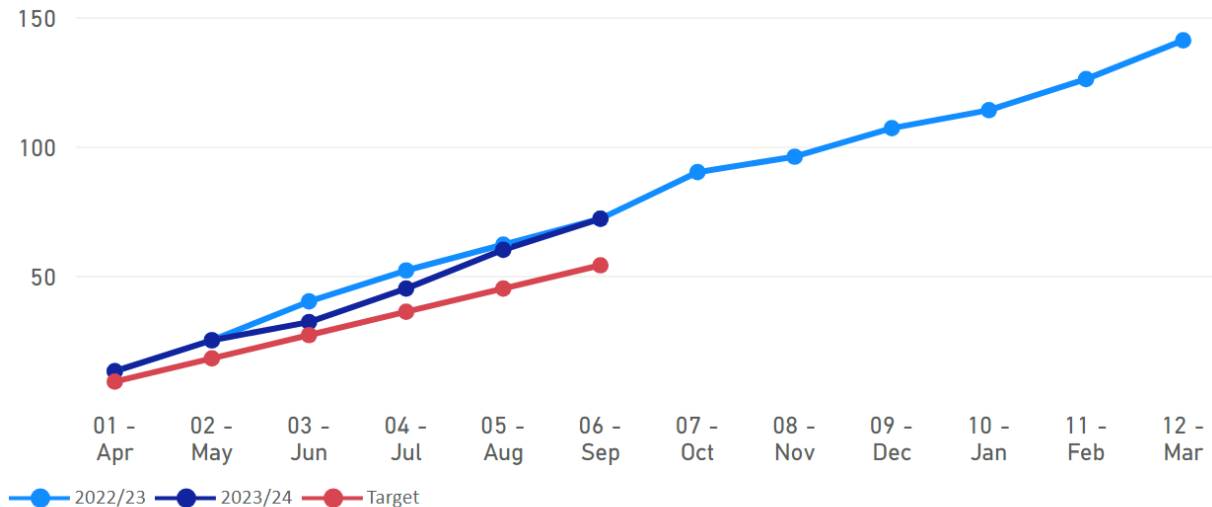


Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low

# SAFE

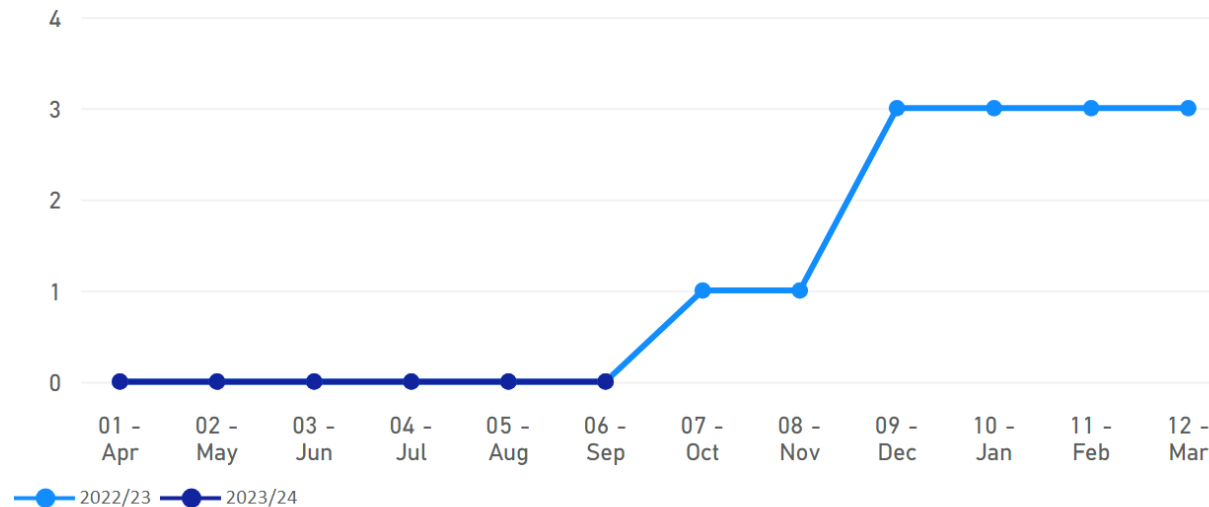
## C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Sep 2023	72	54	N/A	N/A



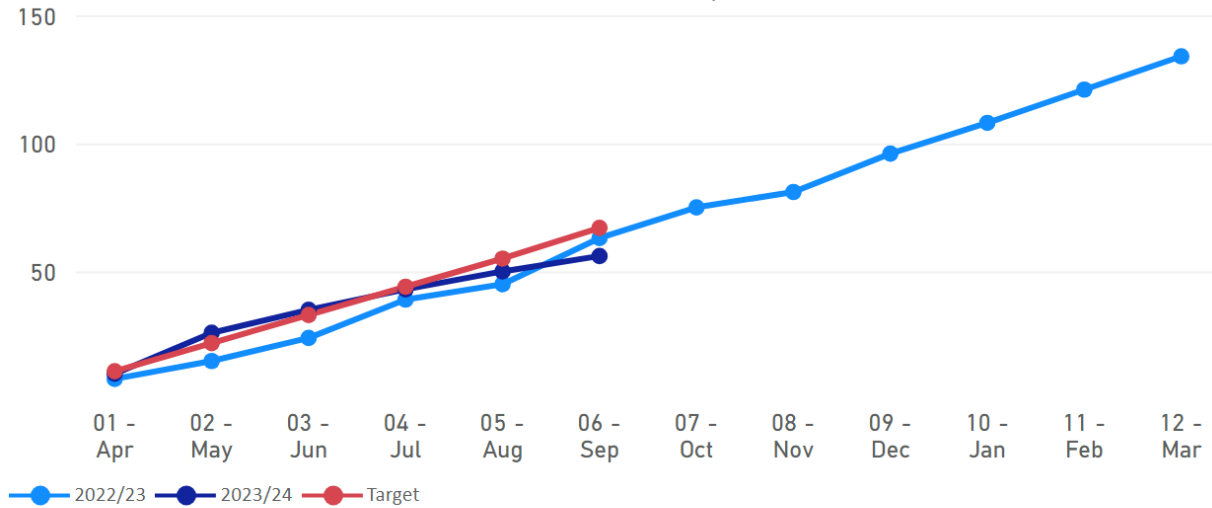
## MRSA (YTD)

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



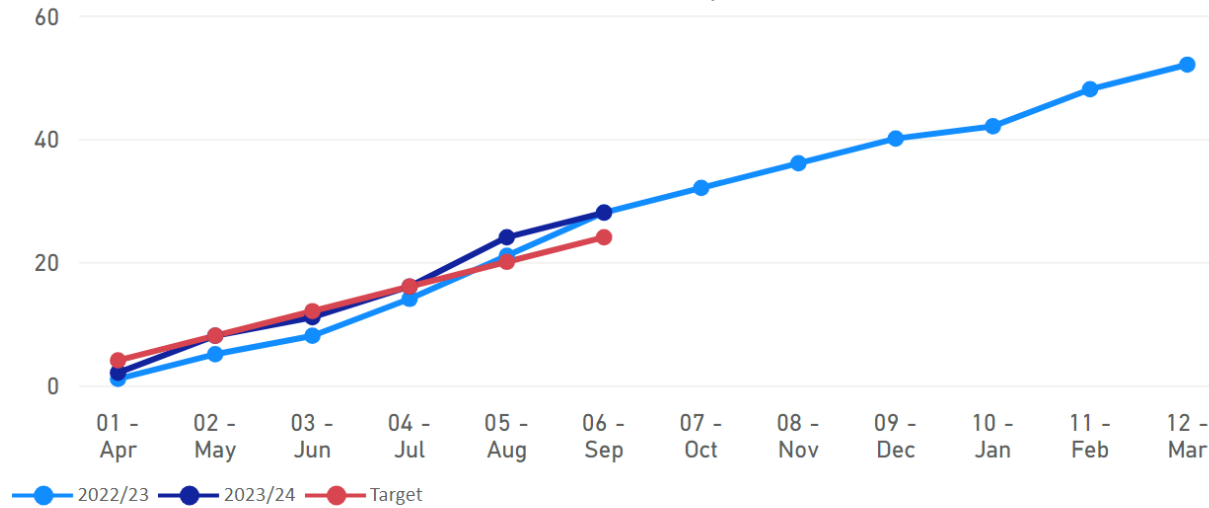
## E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Sep 2023	56	67	N/A	N/A



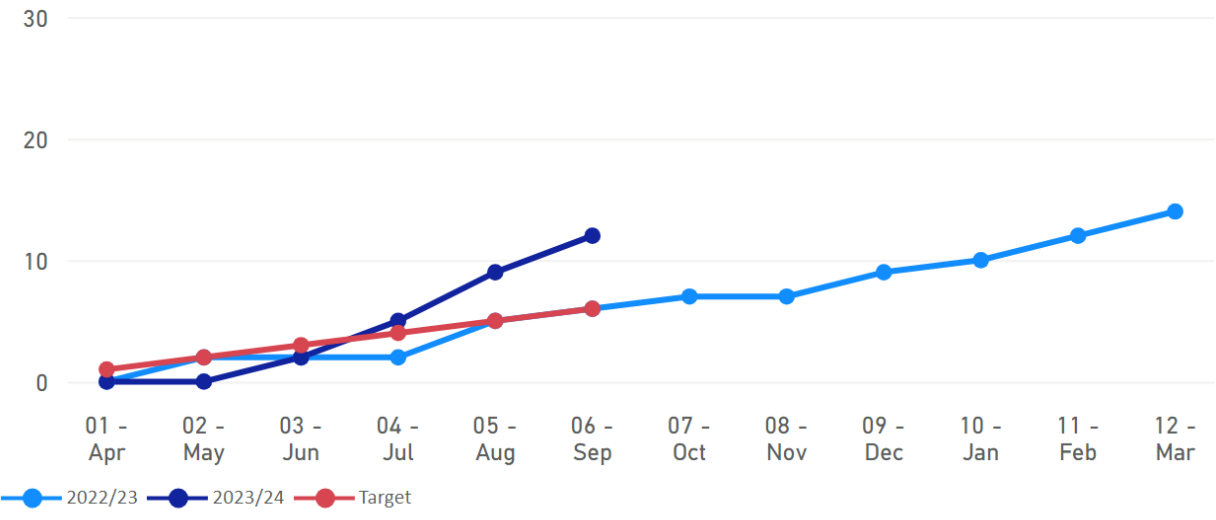
## Klebsiella (YTD)

Month	Performance	Target	Trend	Assurance
Sep 2023	28	24	N/A	N/A



## Pseudomonas (YTD)

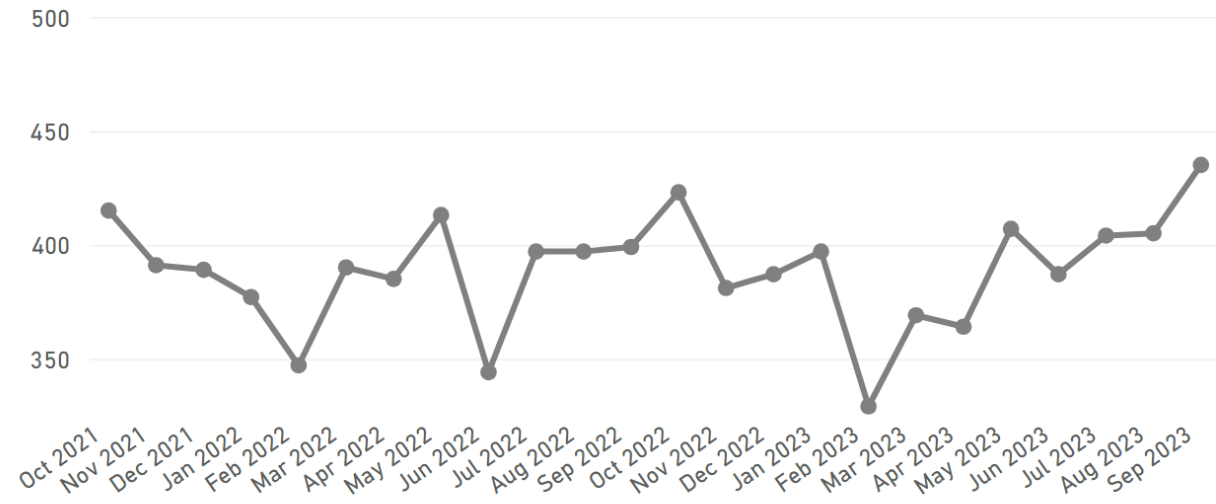
Month	Performance	Target	Trend	Assurance
Sep 2023	12	6	N/A	N/A



# SAFE

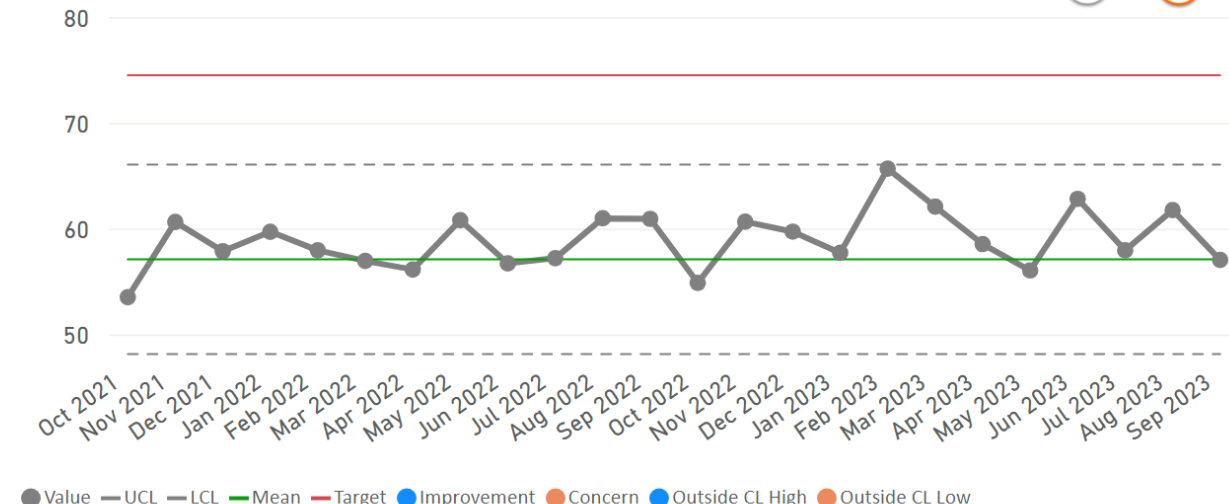
## No. of babies born

Month	Performance	Target	Trend	Assurance
Sep 2023	435		N/A	N/A



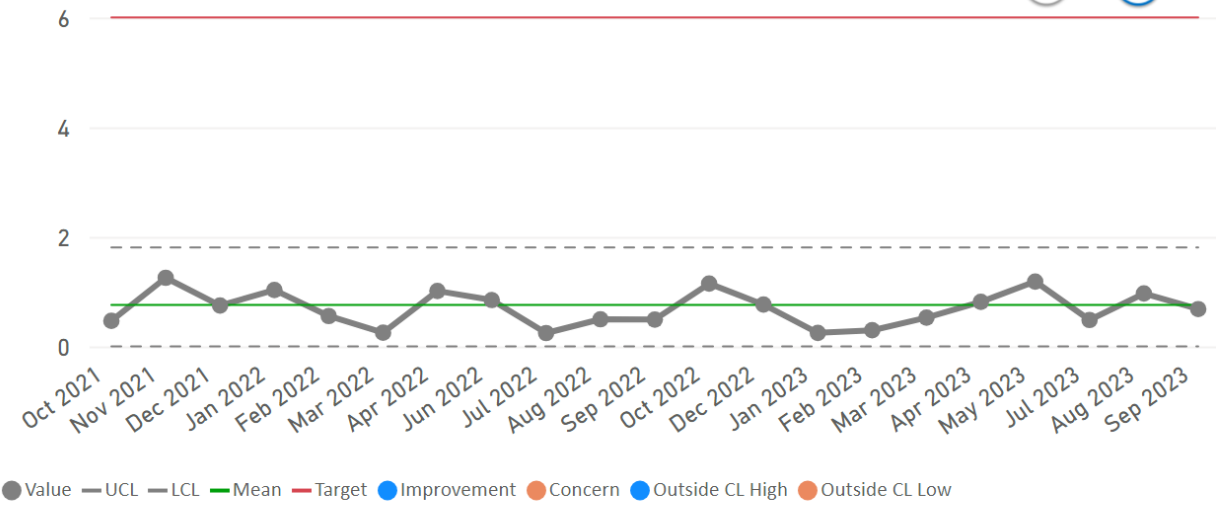
## Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Sep 2023	57%	74.5%		



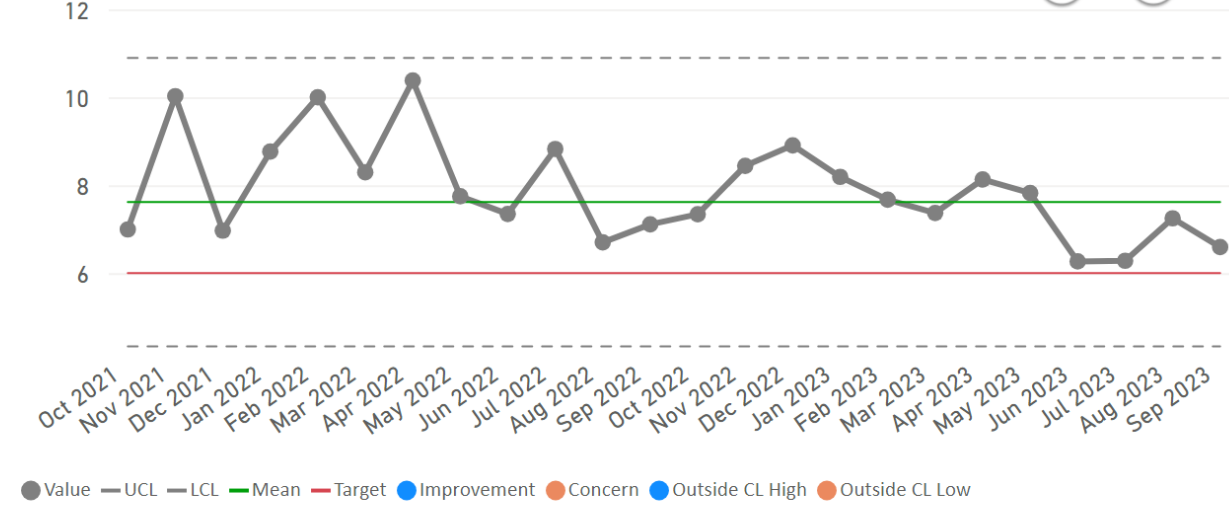
## Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
Sep 2023	0.7%	6%		



## Preterm birth rate 27 - 36+6 wks

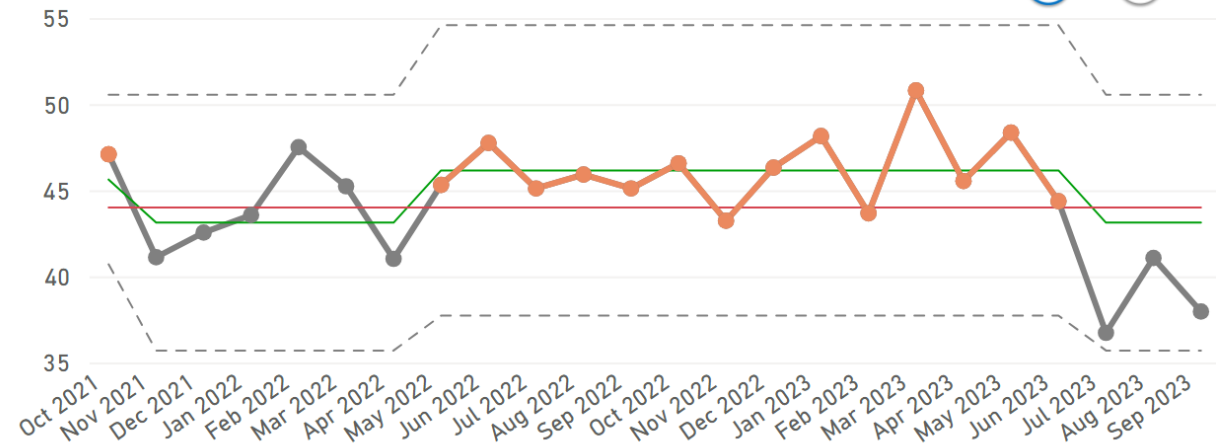
Month	Performance	Target	Trend	Assurance
Sep 2023	6.6%	6%		



# SAFE

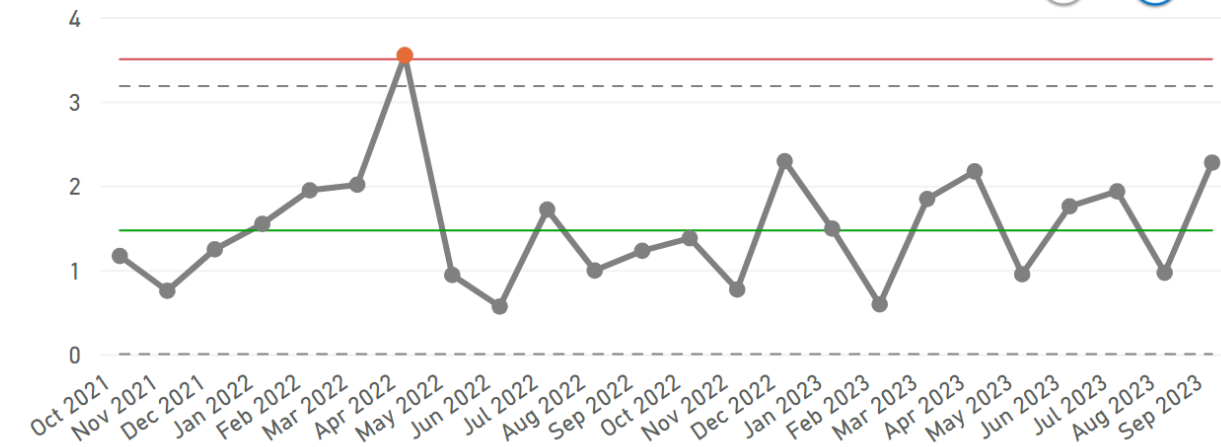
## Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Sep 2023	38%	44%		



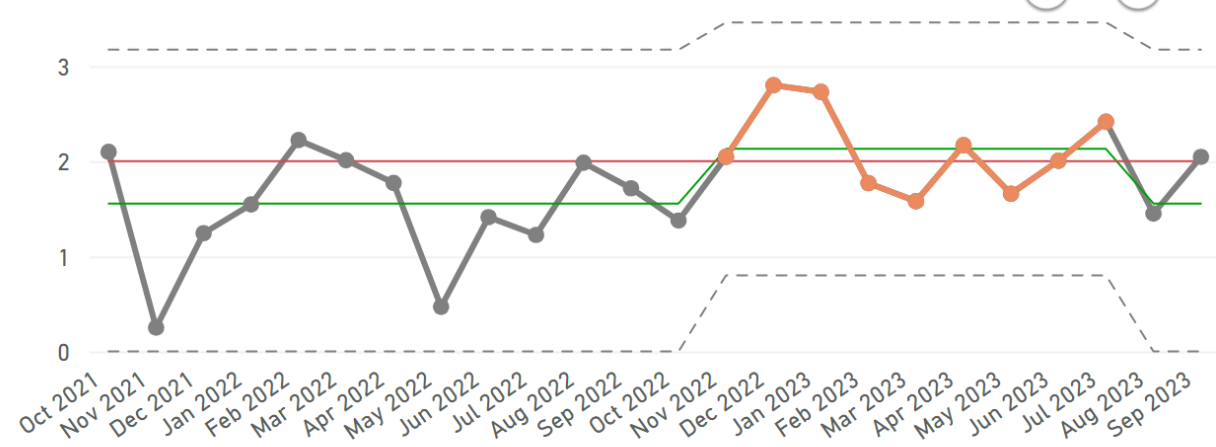
## Number of 3rd/4th degree tear (%)

Month	Performance	Target	Trend	Assurance
Sep 2023	2.3%	3.5%		



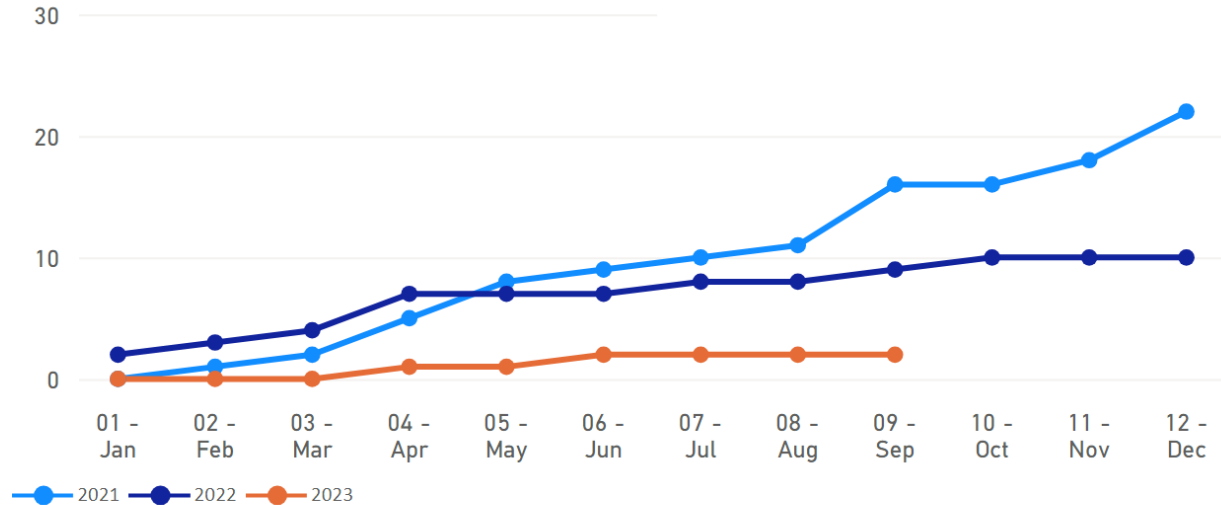
## PPH > 1500ml (%)

Month	Performance	Target	Trend	Assurance
Sep 2023	2.05%	2%		




## Still Births (YTD)

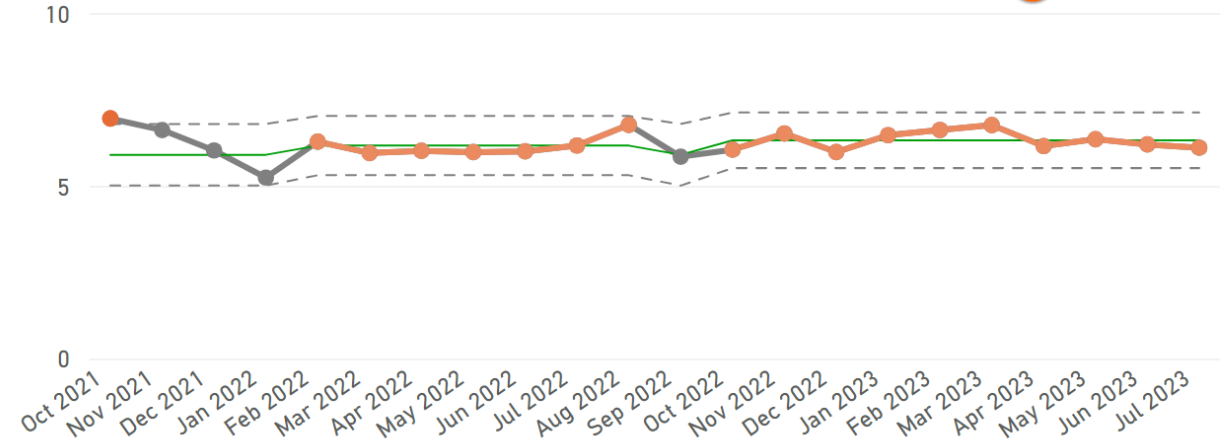
Month	Performance	Target	Trend	Assurance
Sep 2023	2	17	N/A	N/A



# EFFECTIVE

## Readmission Rate %

Month	Performance	Target	Trend	Assurance
Jul 2023	6.1%			N/A





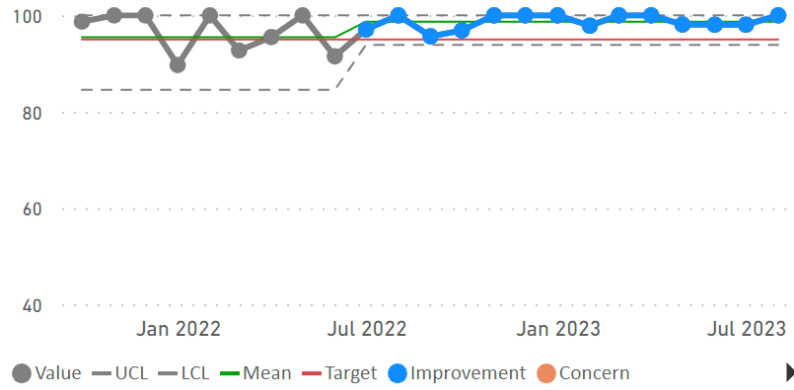
● Value — UCL — LCL — Mean ● Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low





# EFFECTIVE

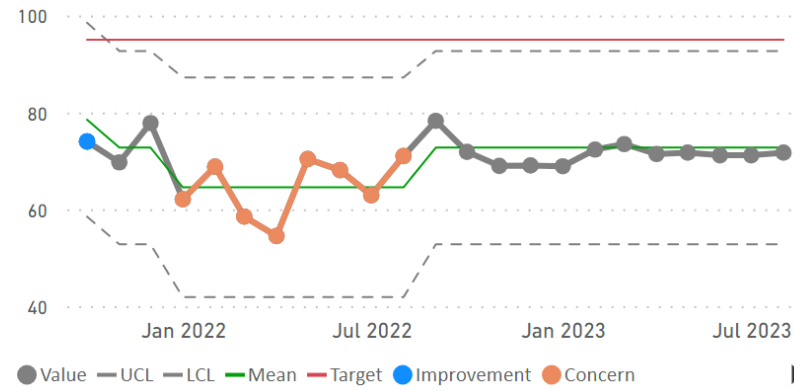
## Sepsis - Oxygen within 1hr

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





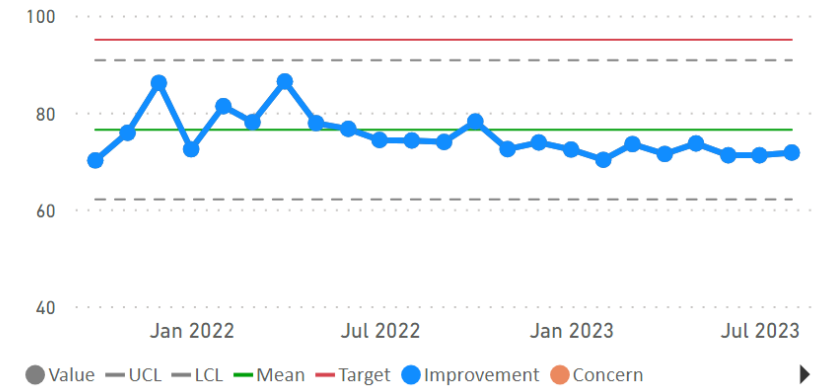
## Sepsis - Blood cultures within 1hr

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





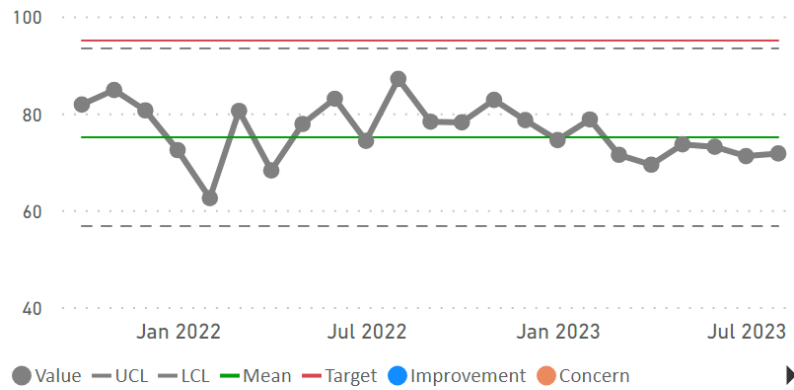
## Sepsis - IV antibiotics within 1hr

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





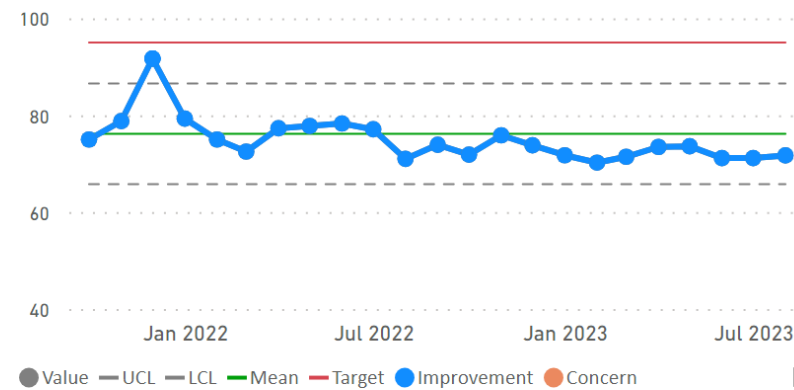
## Sepsis - Serum lactate within 1hr

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





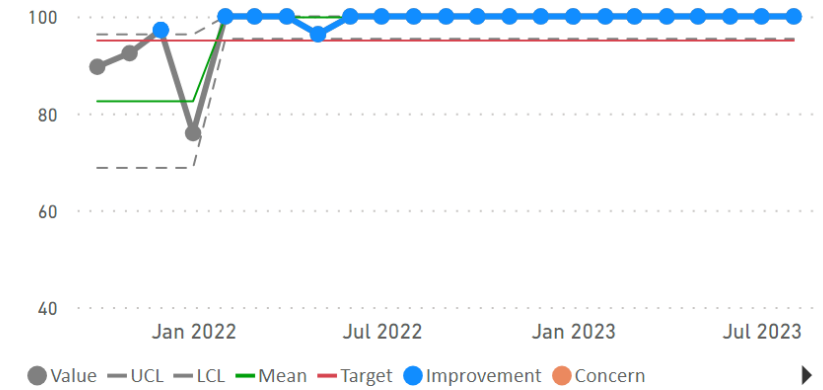
## IV fluid resuscitation within 1hr

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



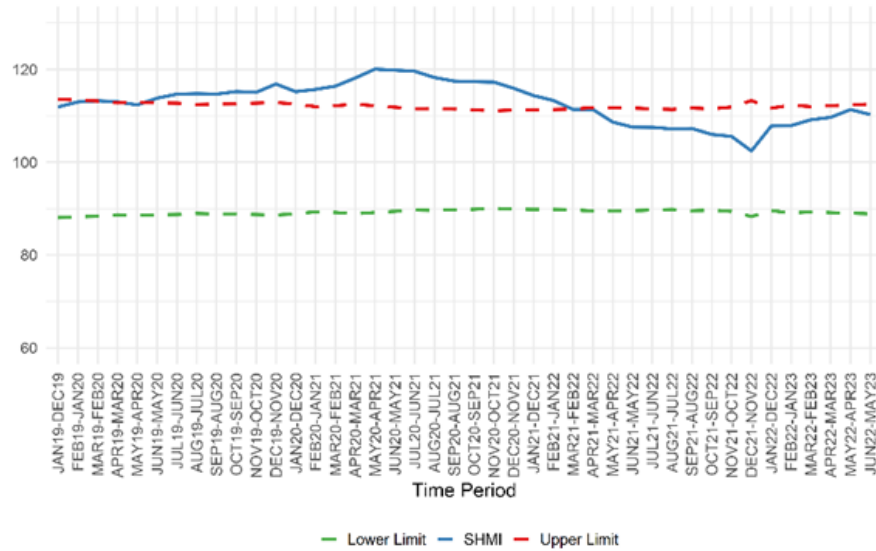
## Sepsis - Urine measurement within 1hr

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

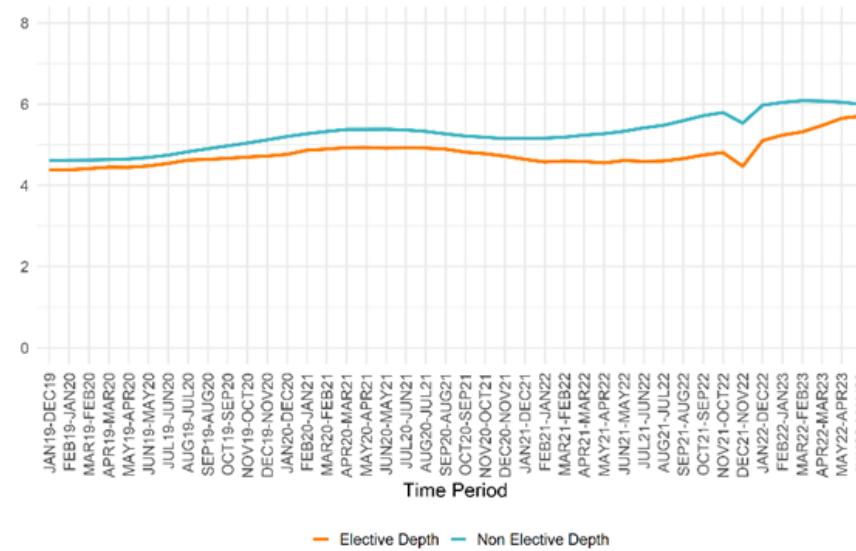


# EFFECTIVE

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



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



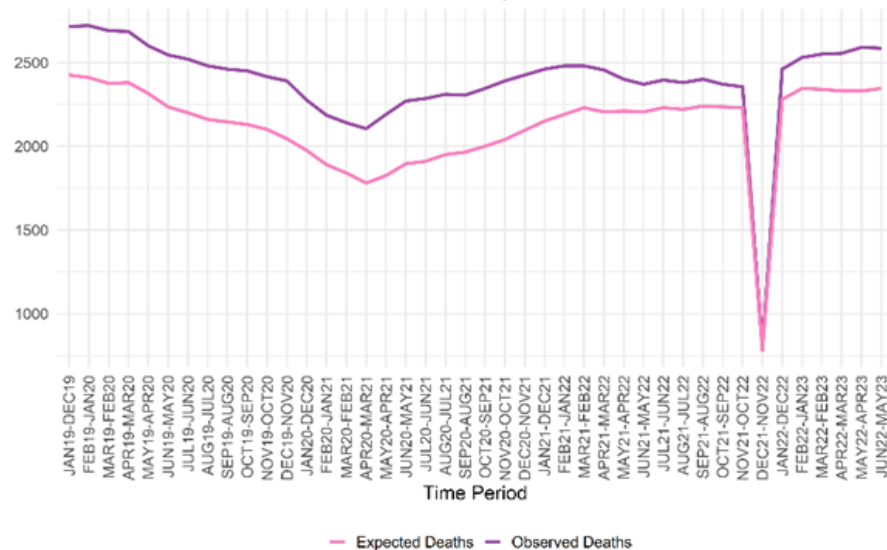
**Latest SHMI = 110.3**  
(June 2022 – May 2023)

Observed deaths = 2585  
Expected deaths = 2345

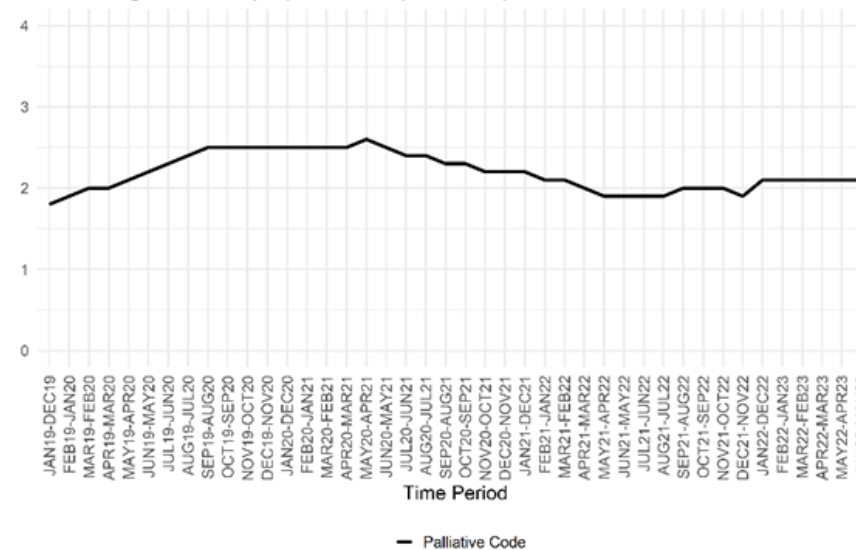
Coding depth (codes / spell)  
Elective = 5.7  
Non-Elective = 6.0

Palliative care (%) = 2.1

Count of SHMI Observed and Expected deaths - South Tees



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



Latest SHMI is:  
'as expected'

COVID-19 impact for England  
Excluded spells = 3.5%  
Spells as a % pre-pandemic  
(2019 spells) = 89%

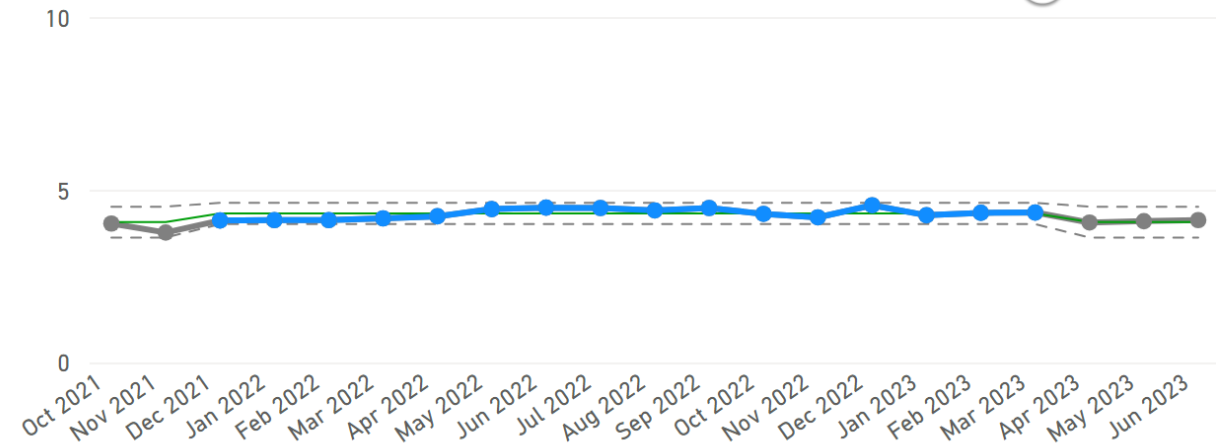
\* The Trust data is as reported by NHS Digital, there was a shortfall in the number of records for 2022/23 in one of the reporting periods which was the reason for the recent fall and rise in the number of observed and expected deaths.

Data source: NHS Digital  
Monthly SHMI publication

# EFFECTIVE

## Comorbidity Coding



Month	Performance	Target	Trend	Assurance
Jun 2023	4.1			N/A

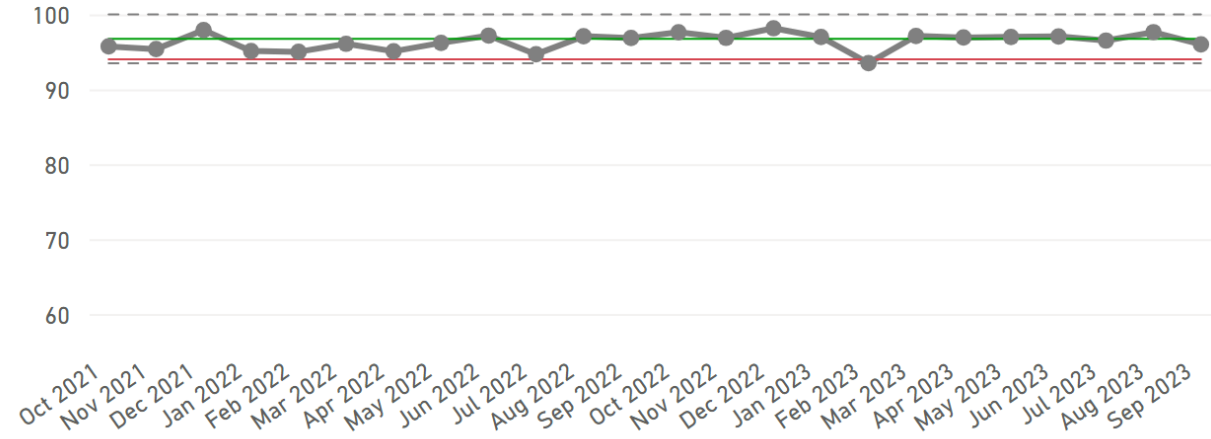


● Value — UCL — LCL — Mean ● Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low



# CARING

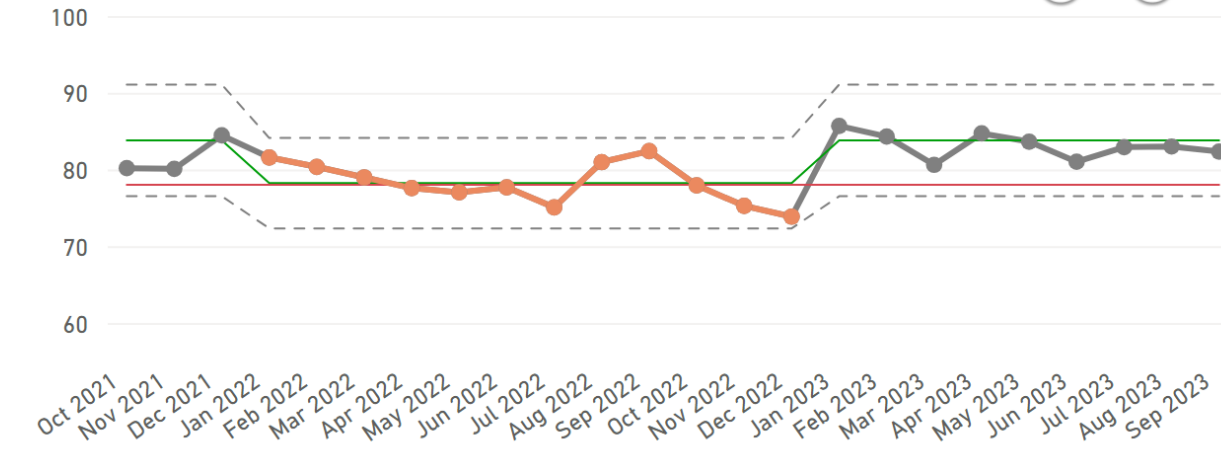
## Inpatient Experience (%)

Month: Sep 2023  
 Performance: 96%  
 Target: 94%  
 Trend:   
 Assurance: 





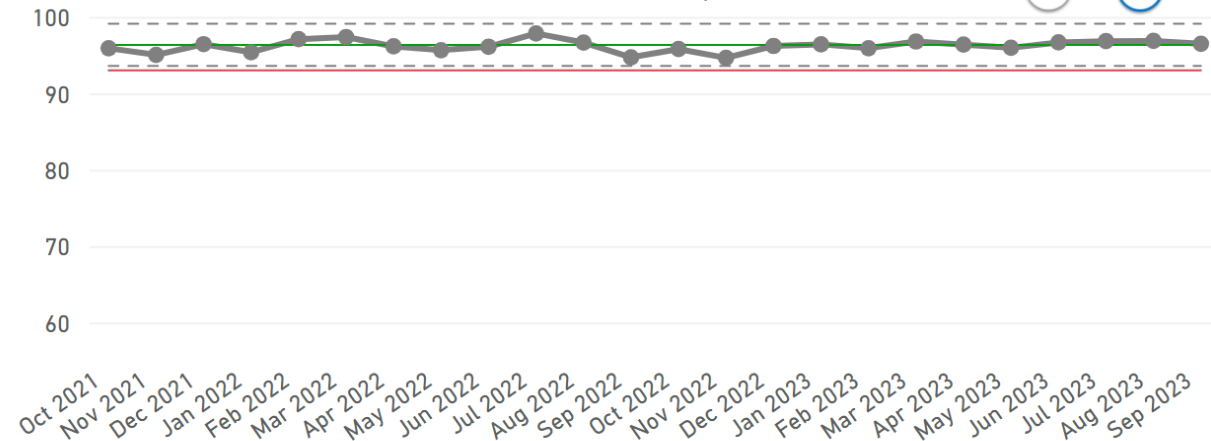
## A&E Experience (%)

Month: Sep 2023  
 Performance: 82.3%  
 Target: 78%  
 Trend:   
 Assurance: 





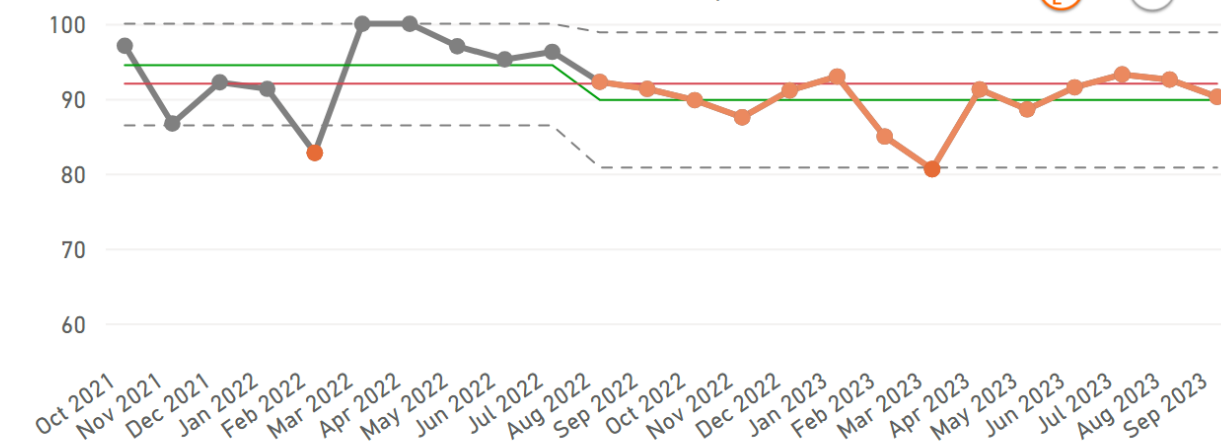
## Outpatient Experience (%)

Month: Sep 2023  
 Performance: 96.5%  
 Target: 93%  
 Trend:   
 Assurance: 



## Maternity Experience (%)

Month: Sep 2023  
 Performance: 90.2%  
 Target: 92%  
 Trend:   
 Assurance: 



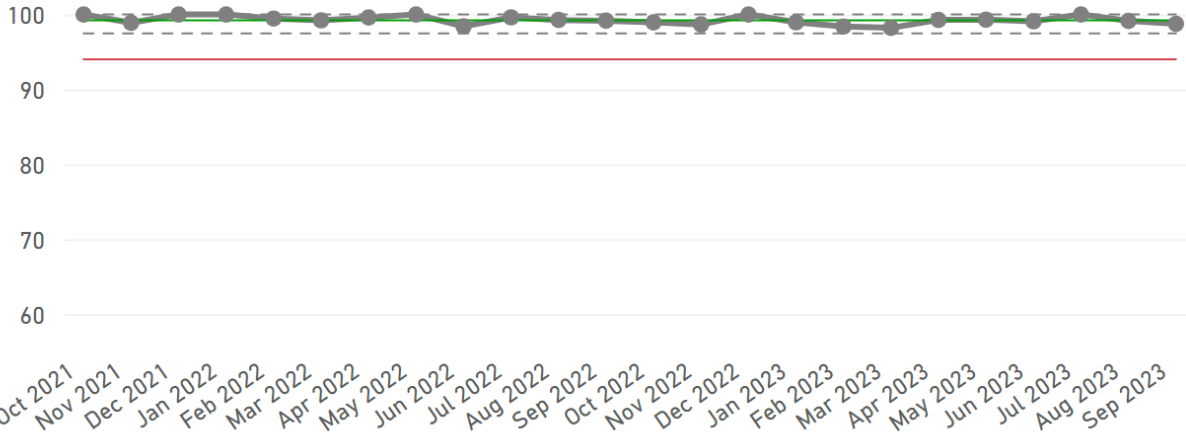
# CARING

Month Performance Target Trend Assurance

Sep 2023 98.8% 94%



## Community Experience (%)

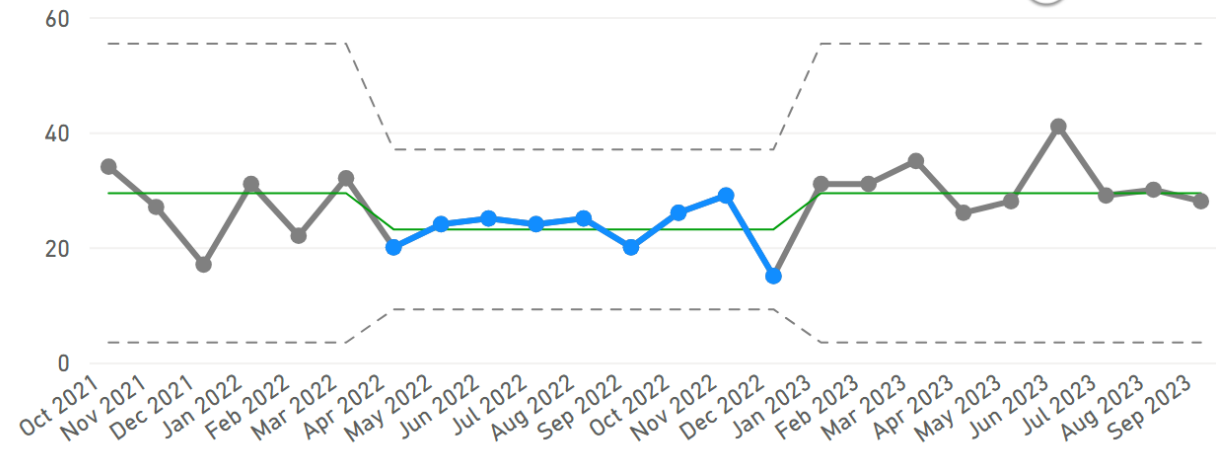


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low



# CARING

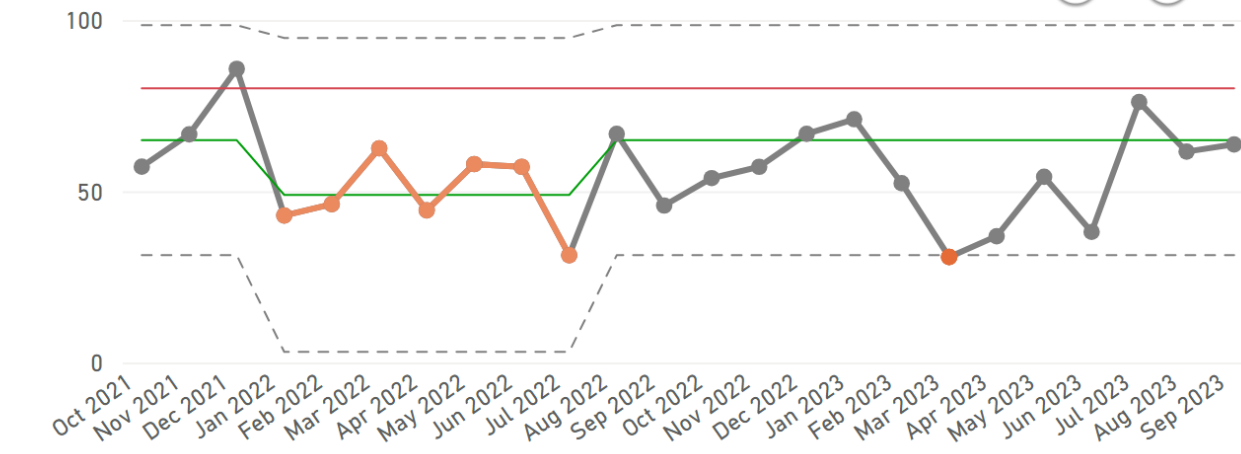
## New Complaints

Month: Sep 2023  
 Performance: 28  
 Target:   
 Assurance: N/A



## Closed Within Target (%)

Month: Sep 2023  
 Performance: 63.6%  
 Target: 80%  
 Trend:   
 Assurance: 



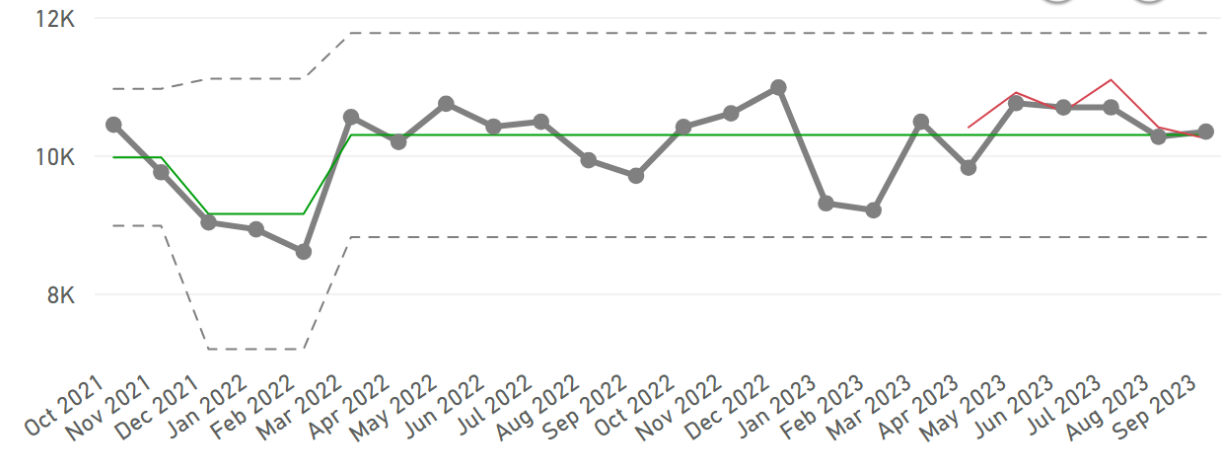
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

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

# RESPONSIVE

## A&E Attendances - Type 1

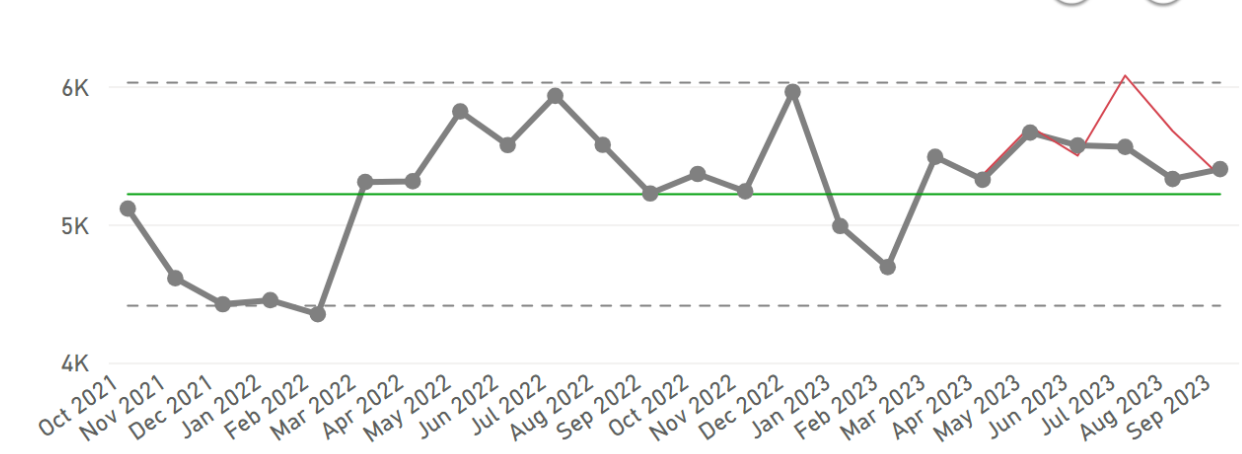
Month: Sep 2023  
 Performance: 10341  
 Plan: 10244  
 Trend:



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

## A&E Attendances - Type 3

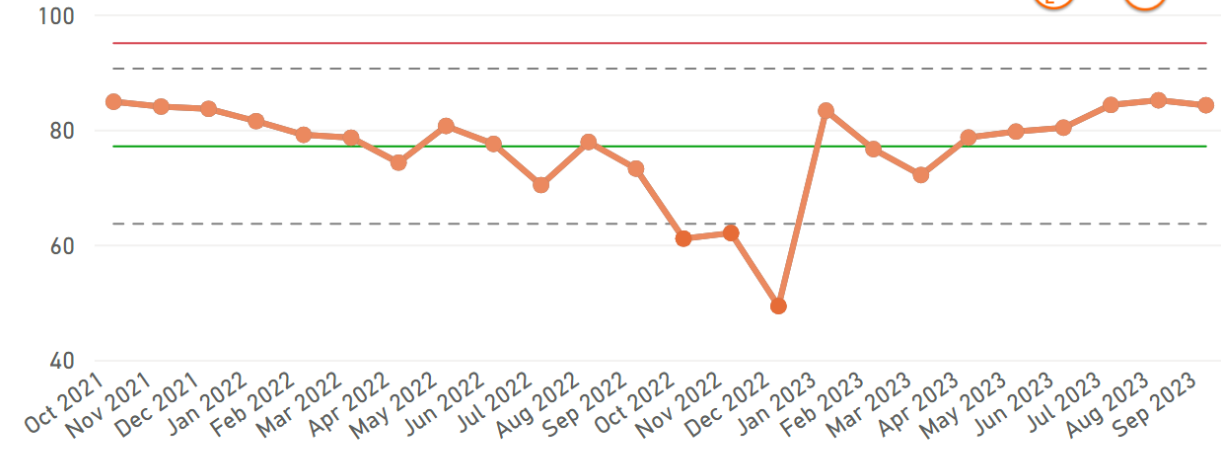
Month: Sep 2023  
 Performance: 5399  
 Plan: 5350  
 Trend:



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

## Handovers - Within 30 Mins (%)

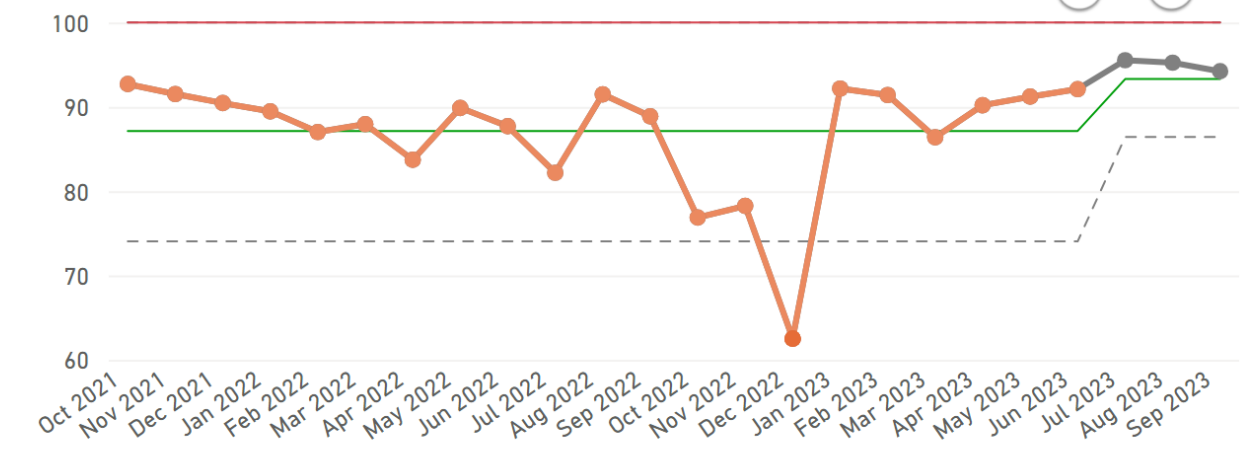
Month: Sep 2023  
 Performance: 84.2%  
 Target: 95%  
 Trend:



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

## Handovers - Within 60 Mins (%)

Month: Sep 2023  
 Performance: 94.2%  
 Target: 100%  
 Trend:



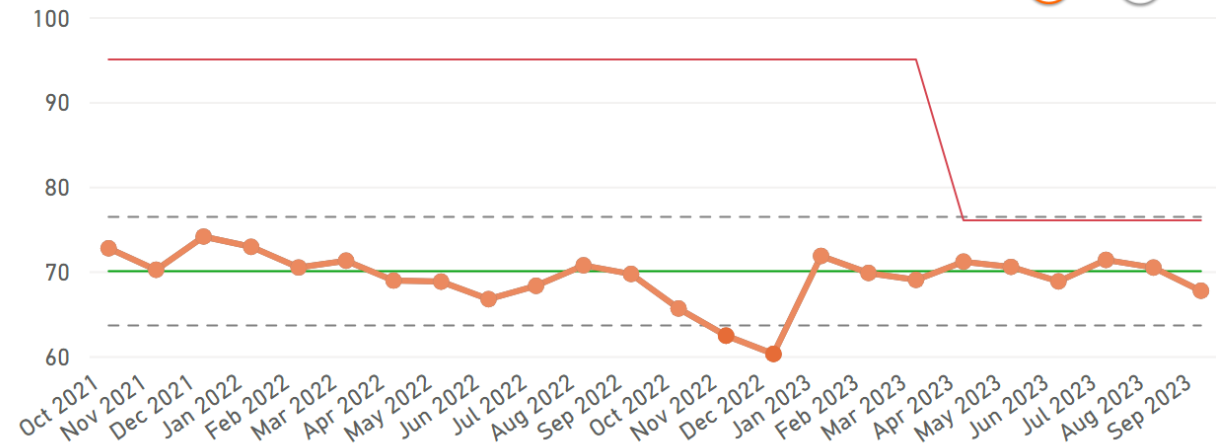
Legend: Value, UCL, LCL, Mean, Target, Improvement, Concern, Outside CL High, Outside CL Low



# RESPONSIVE

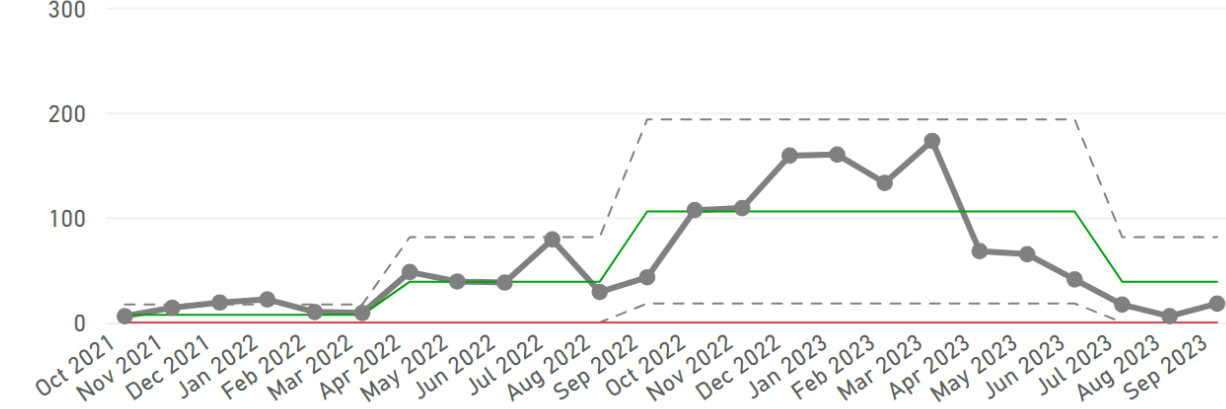
## 4-Hour A&E Standard

Month	Performance	Target	Trend	Assurance
Sep 2023	67.7%	76%		



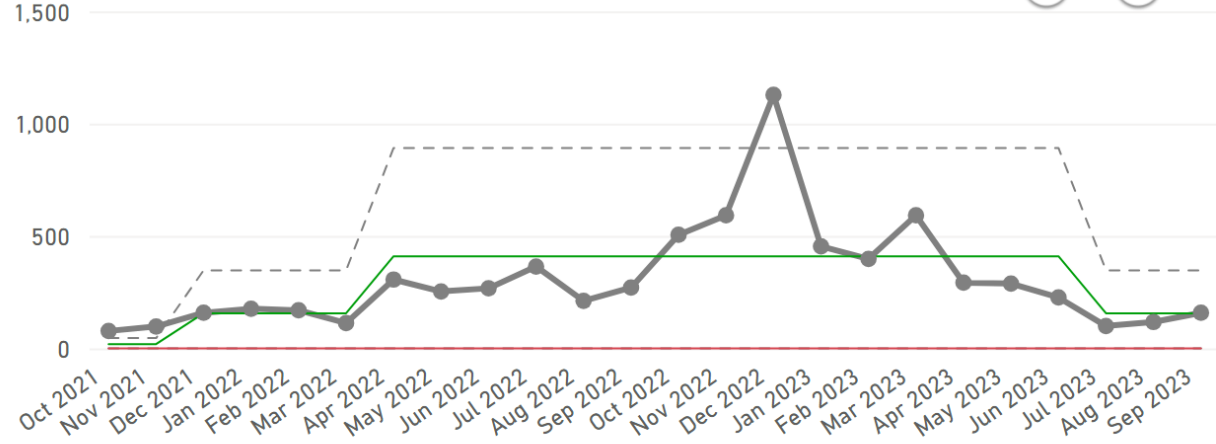
## 12-Hour Waits from Decision to Admit

Month	Performance	Target	Trend	Assurance
Sep 2023	18	0		



## 12-Hour A&E Breaches



Month	Performance	Target	Trend	Assurance
Sep 2023	158	0		

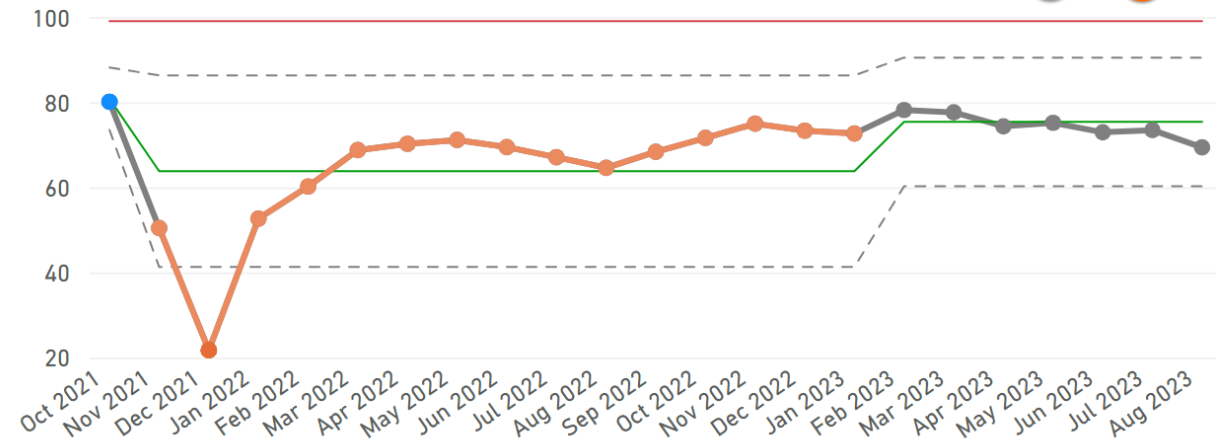




# RESPONSIVE

## Diagnostic 6 Weeks Standard (%)



Month: Aug 2023  
Performance: 69.3%  
Target: 99%  
Trend:   
Assurance: 

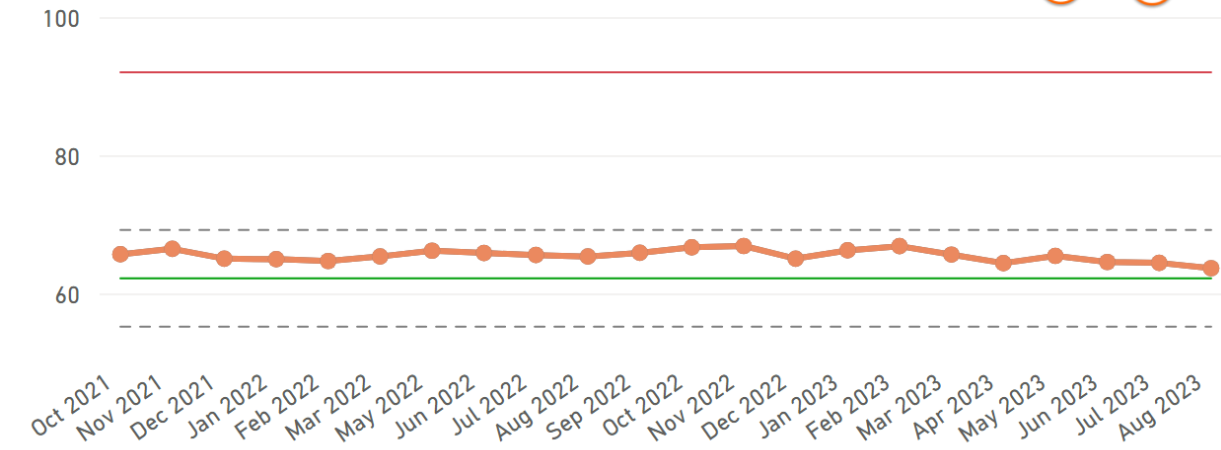


● Value ● UCL ● LCL ● Mean ● Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# RESPONSIVE



## RTT Incomplete Pathways (%)

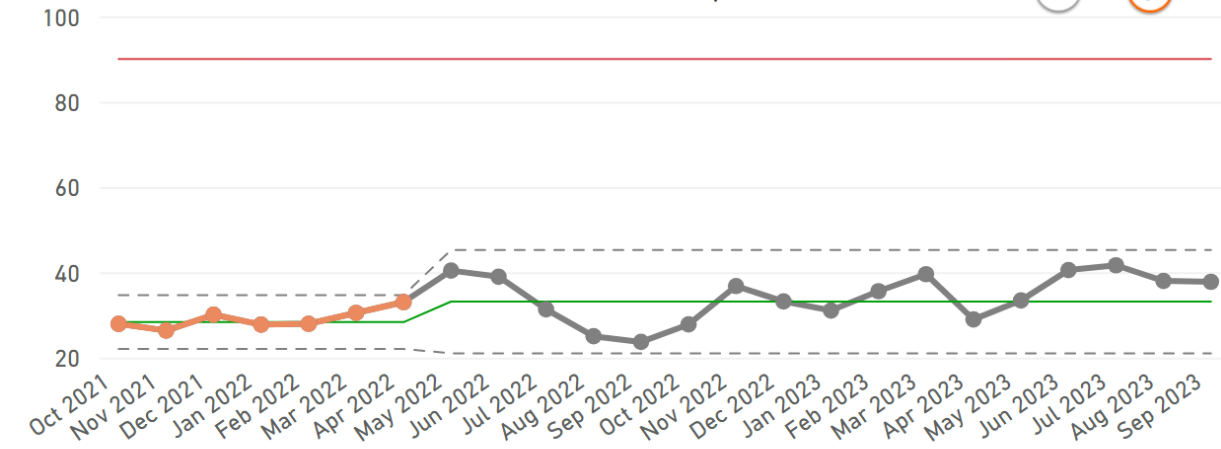
Month	Performance	Plan	Trend	Assurance
Aug 2023	63.6%	92%		



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

## RTT Validated Within 12 Weeks (%)

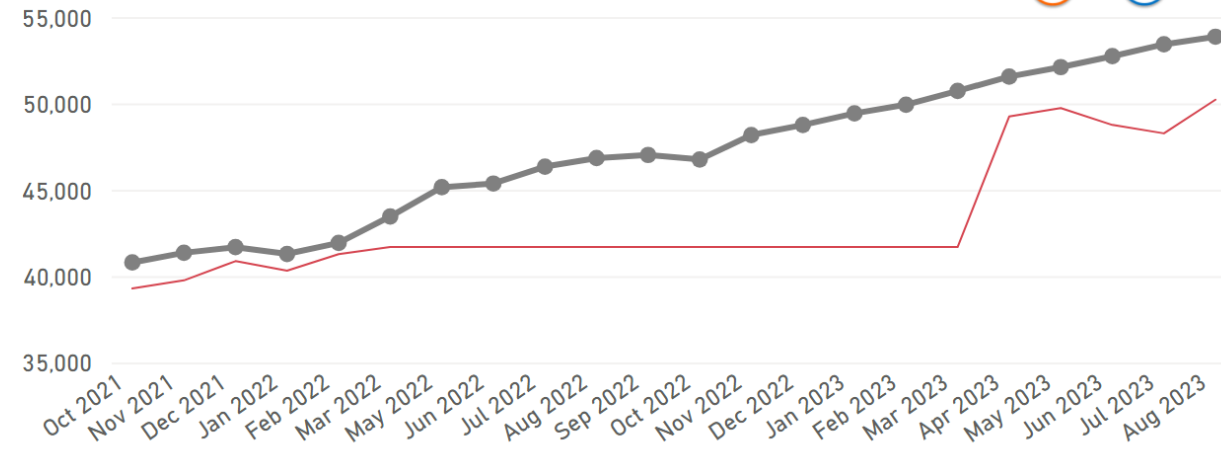
Month	Performance	Target	Trend	Assurance
Sep 2023	37.8%	90%		



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

## RTT Waiting List Size

Month	Performance	Plan	Trend	Assurance
Aug 2023	53859	50214		

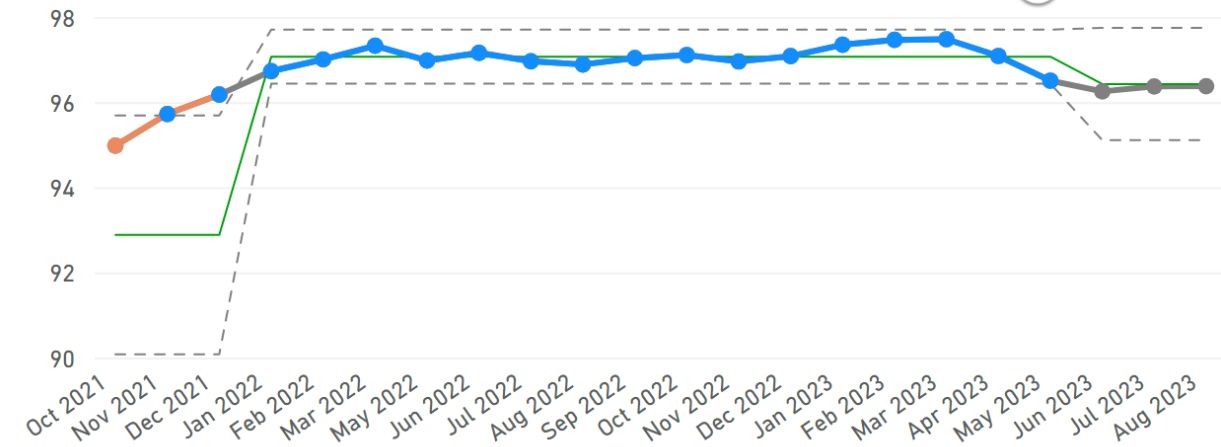


● Value — Target

# RESPONSIVE

## RTT List Size within 52 weeks (%)

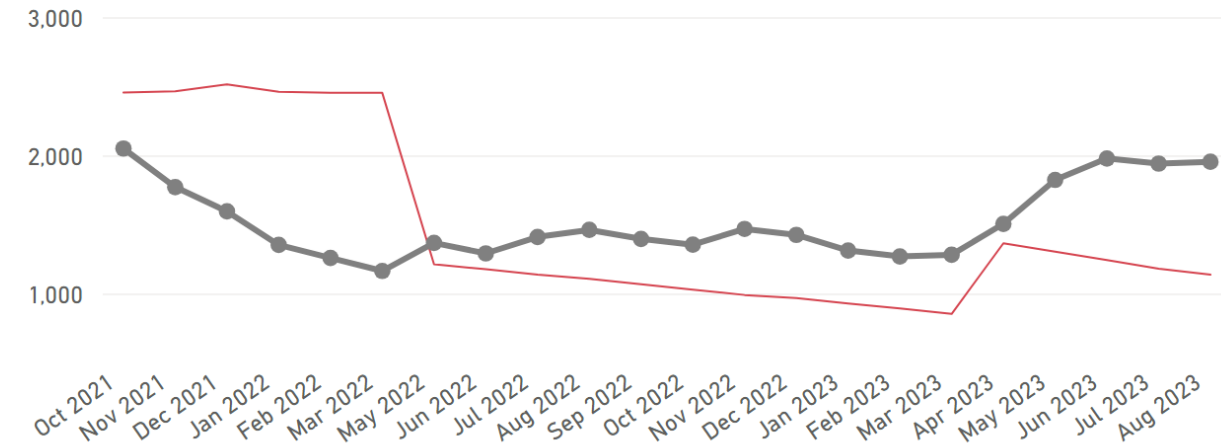
Month	Performance	Plan	Trend	Assurance
Aug 2023	96.4%			N/A



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

## RTT 52 week waiters

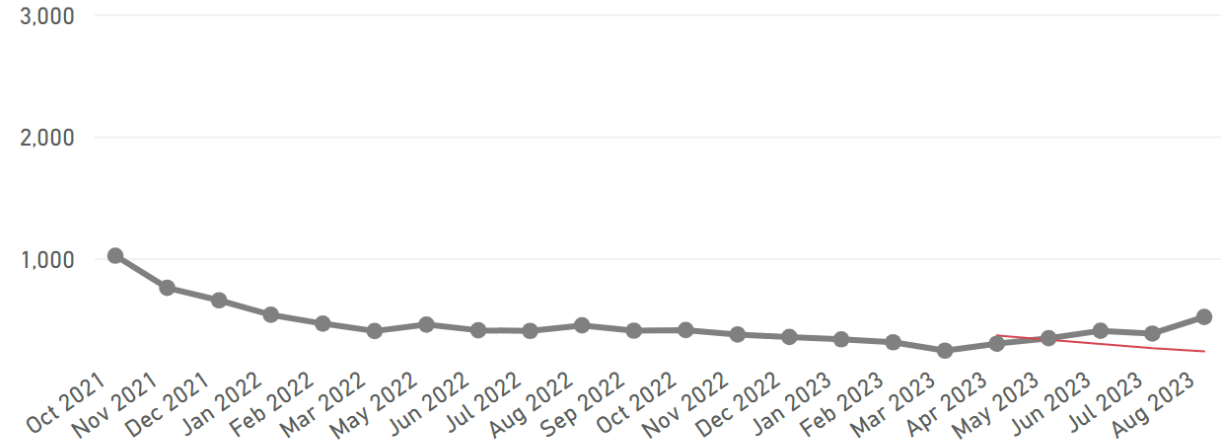
Month	Performance	Plan	Trend	Assurance
Aug 2023	1952	1135	N/A	N/A



● Value — Target

## RTT 65 week waiters

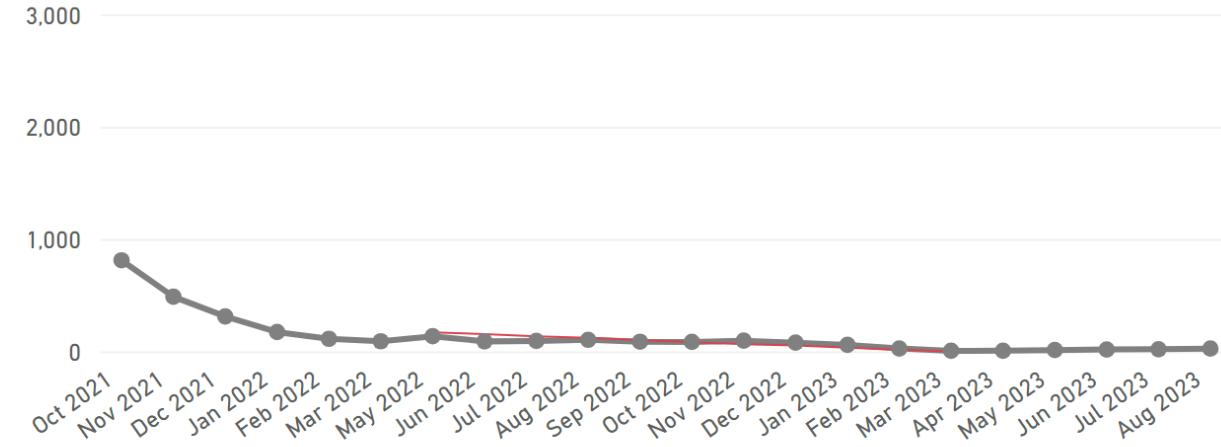
Month	Performance	Plan	Trend	Assurance
Aug 2023	519	237	N/A	N/A



● Actual — Plan

## RTT 78 week waiters

Month	Performance	Plan	Trend	Assurance
Aug 2023	24		N/A	N/A

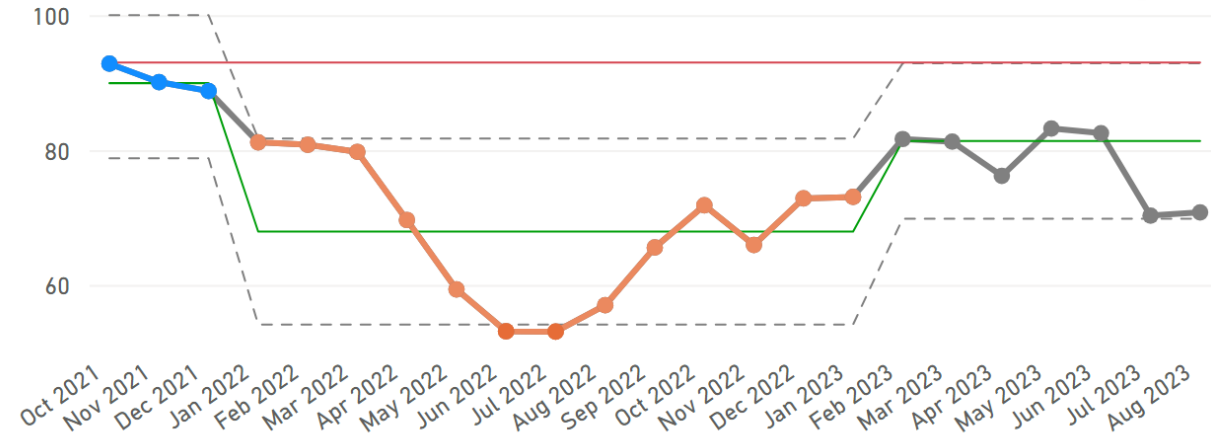


● Actual — Plan

# RESPONSIVE

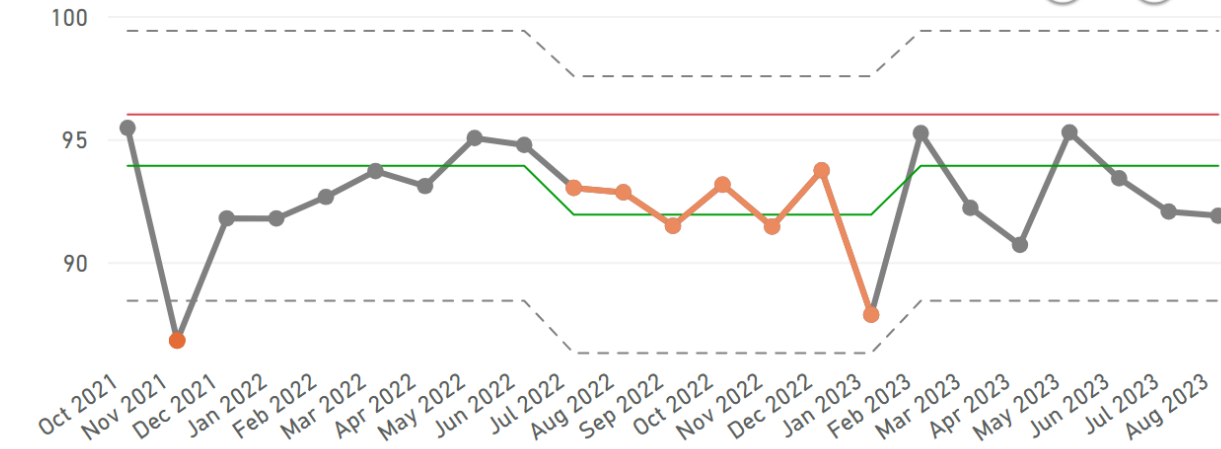
## Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Aug 2023	70.8%	93%		



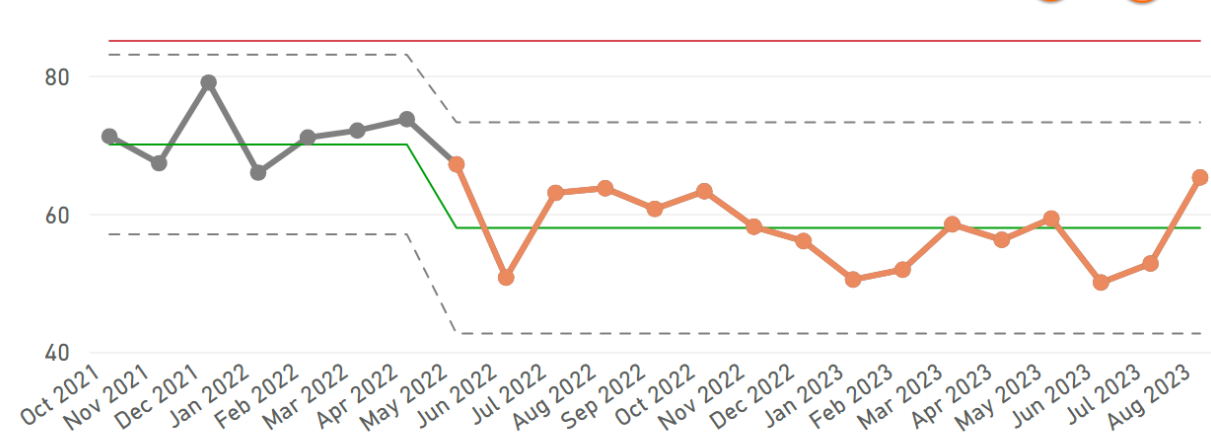
## Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Aug 2023	91.9%	96%		



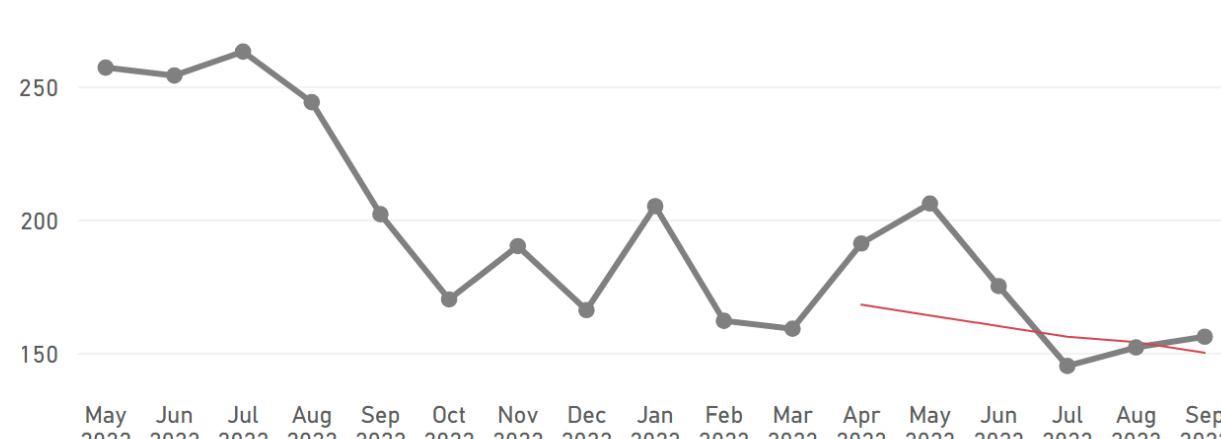
## Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Aug 2023	65.2%	85%		





## Cancer >62 Day Backlog

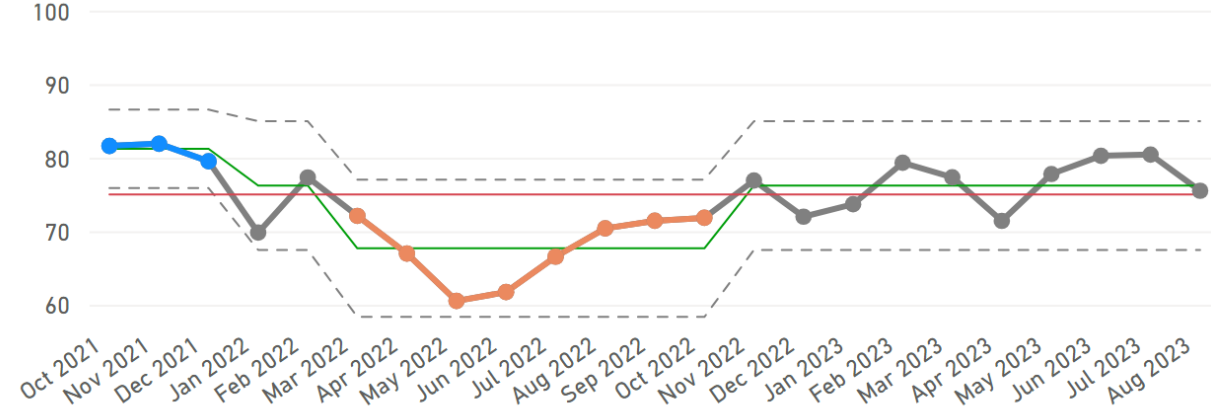
Month	Performance	Target	Trend	Assurance
Sep 2023	156	150	N/A	N/A




# RESPONSIVE

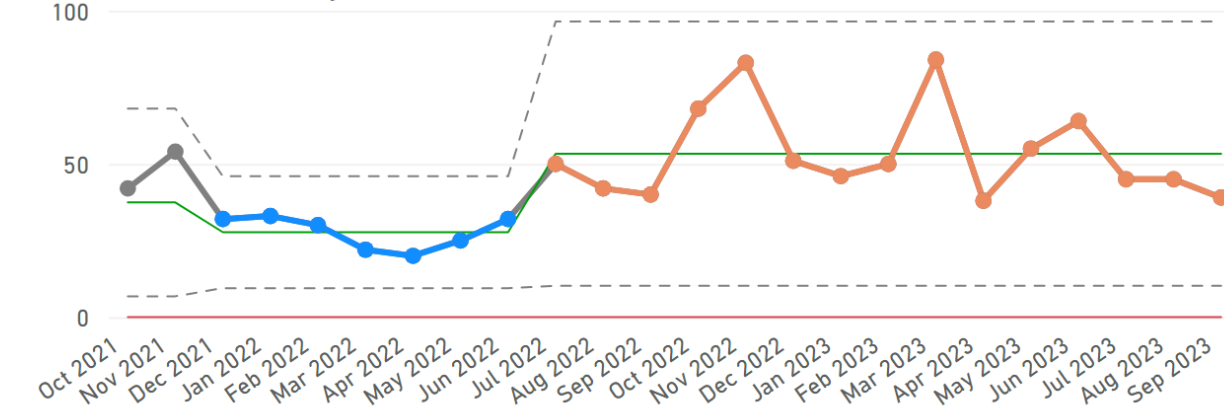
## Cancer - Faster Diagnosis Standard (%)

Month: Aug 2023  
Performance: 75.5%  
Target: 75%  
Trend:   
Assurance: 



## Cancelled Ops - Non-Urgent Cancelled On Day

Month: Sep 2023  
Performance: 39  
Target: 0  
Trend:   
Assurance: 



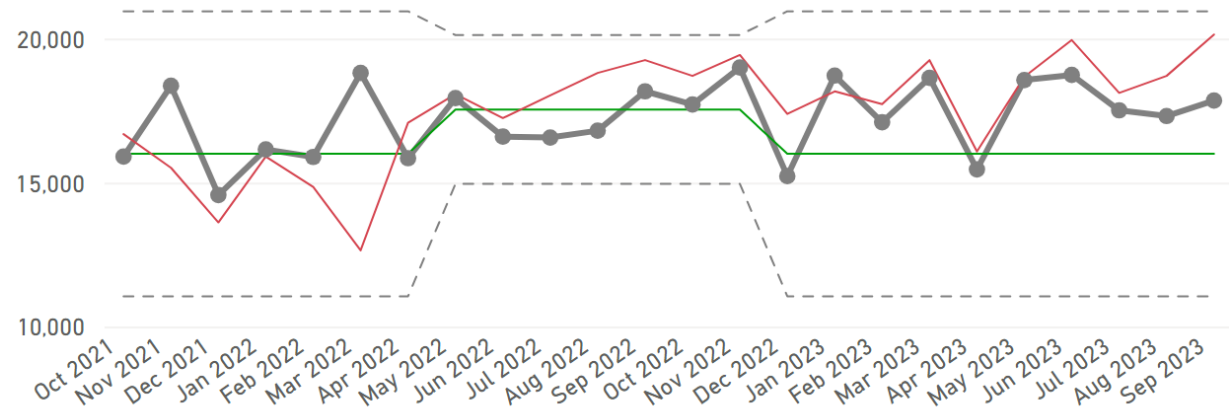
Legend: Value (grey dot), UCL (dashed grey line), LCL (dashed grey line), Mean (green line), Target (red line), Improvement (blue dot), Concern (orange dot), Outside CL High (blue dot), Outside CL Low (orange dot)

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

# RESPONSIVE



## Outpatient First Attendances

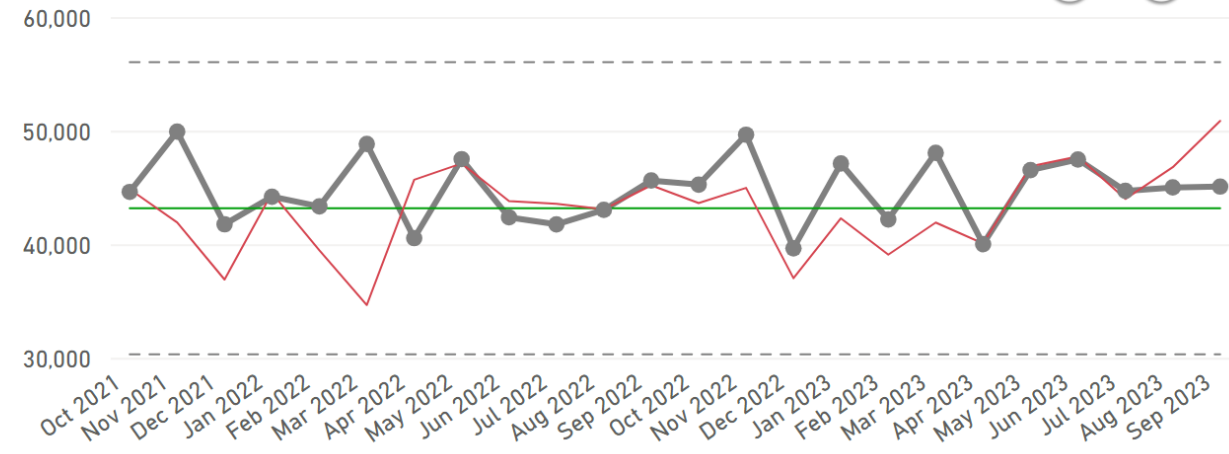
Month: Sep 2023  
 Performance: 17844  
 Plan: 20139  
 Trend:   
 Assurance: 



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

## Outpatient Follow Up Attendances



Month: Sep 2023  
 Performance: 45078  
 Plan: 50852  
 Trend:   
 Assurance: 

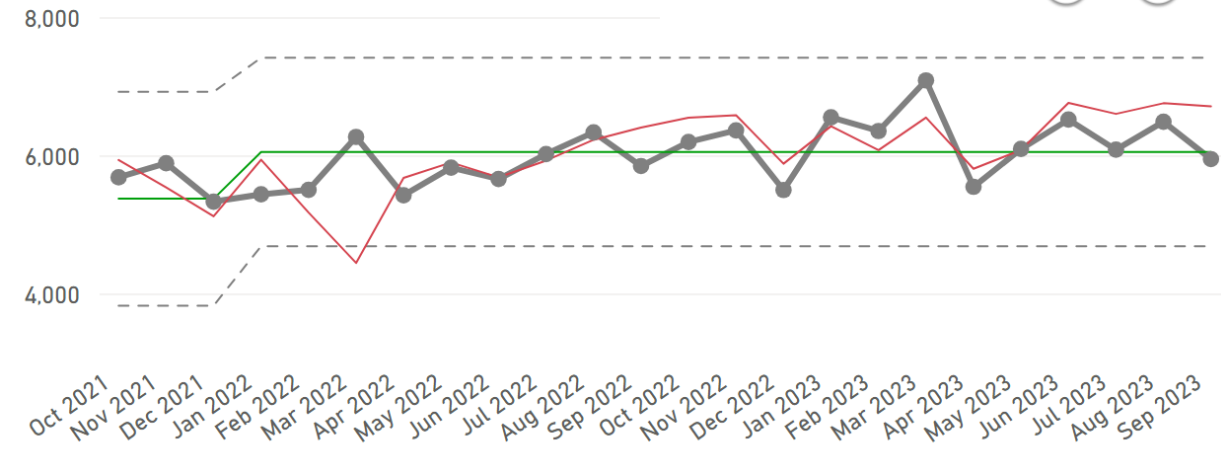


● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# RESPONSIVE

## Day Case admissions

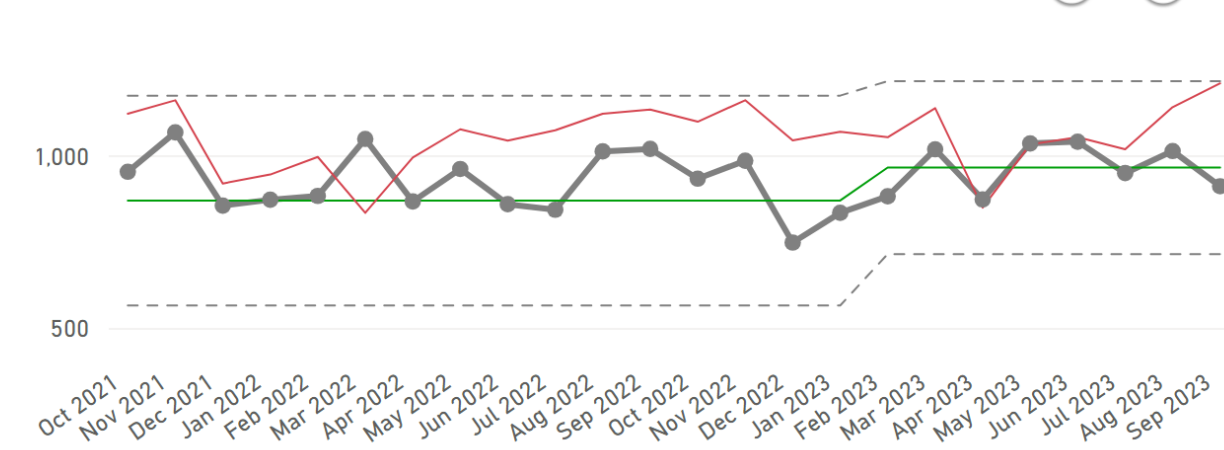
Month	Performance	Plan	Trend	Assurance
Sep 2023	5943	6708		



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

## Ordinary Elective admissions

Month	Performance	Plan	Trend	Assurance
Sep 2023	910	1208		

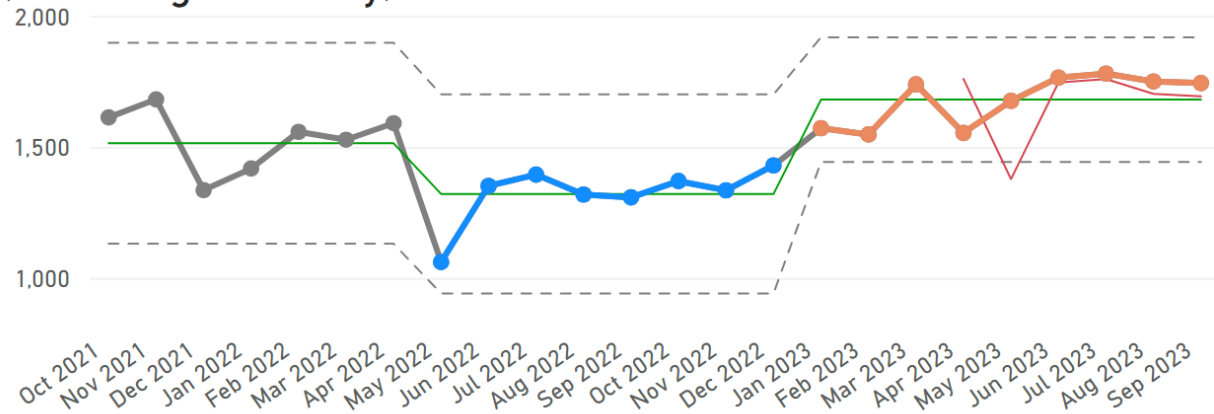


● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# RESPONSIVE

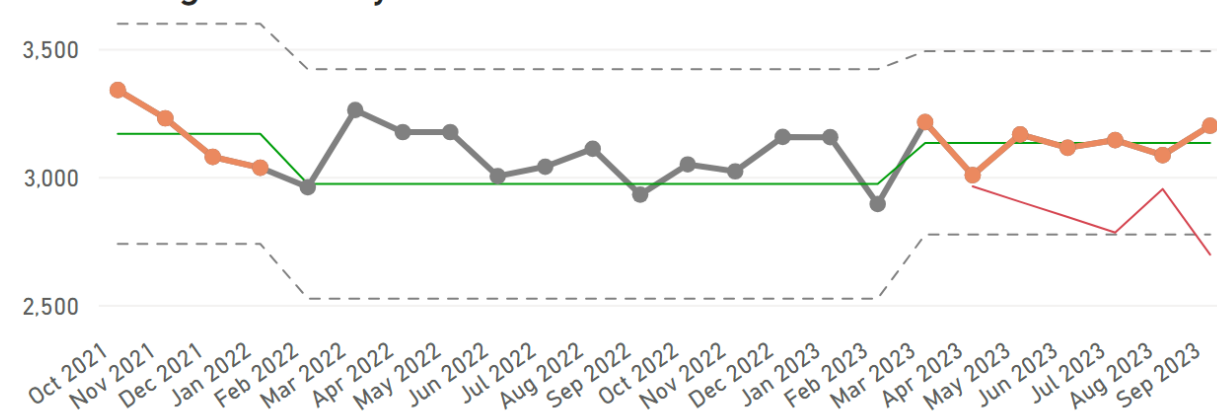
## NEL admissions with 0 LOS (excluding Maternity)

Month	Performance	Plan	Trend	Assurance
Sep 2023	1743	1692	<span style="color: orange;">⬆️</span>	<span style="color: gray;">?</span>



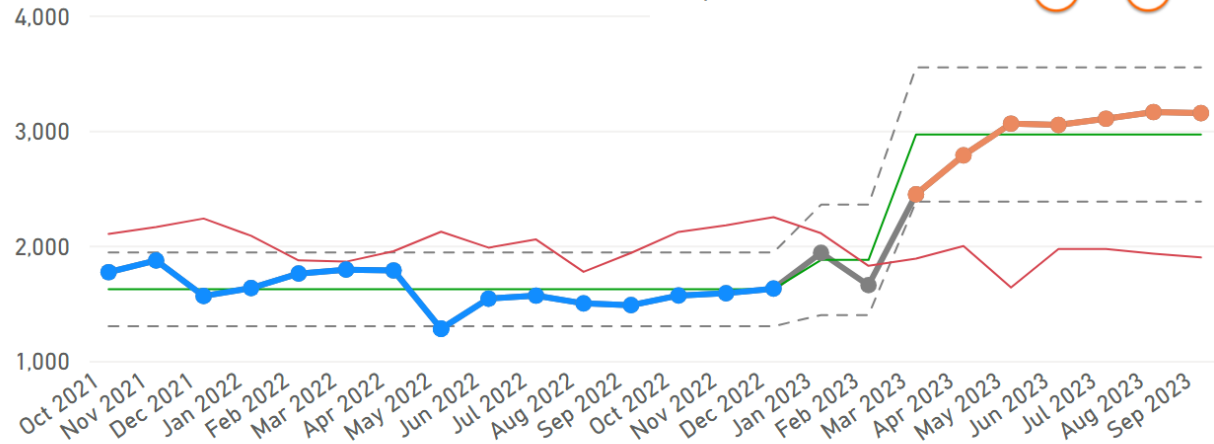
## NEL admissions with 1+ LOS (excluding Maternity)

Month	Performance	Plan	Trend	Assurance
Sep 2023	3199	2696	<span style="color: orange;">⬆️</span>	<span style="color: orange;">⬆️</span>



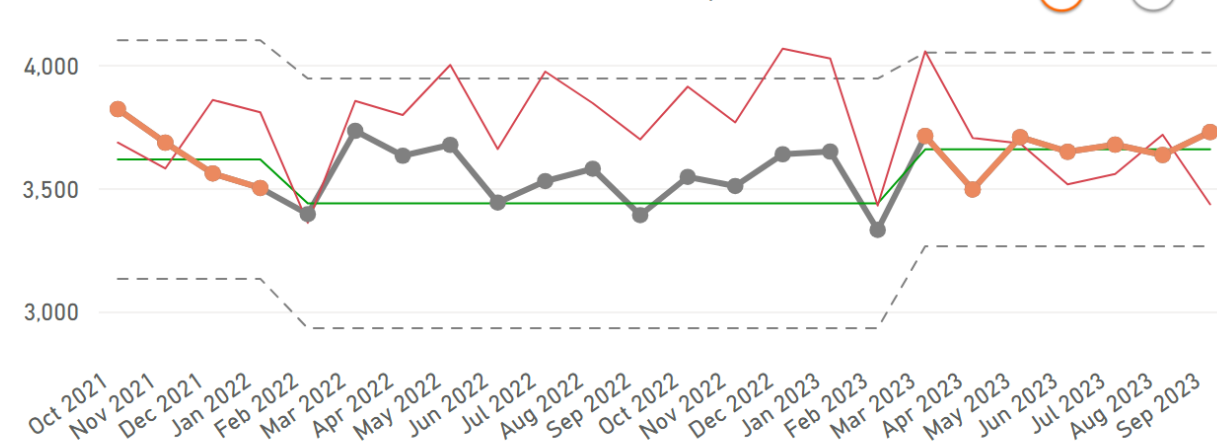
## NEL admissions with 0 LOS

Month	Performance	Plan	Trend	Assurance
Sep 2023	3151	1897	<span style="color: orange;">⬆️</span>	<span style="color: orange;">⬆️</span>



## NEL admissions with 1+ LOS



Month	Performance	Plan	Trend	Assurance
Sep 2023	3727	3434	<span style="color: orange;">⬆️</span>	<span style="color: gray;">?</span>

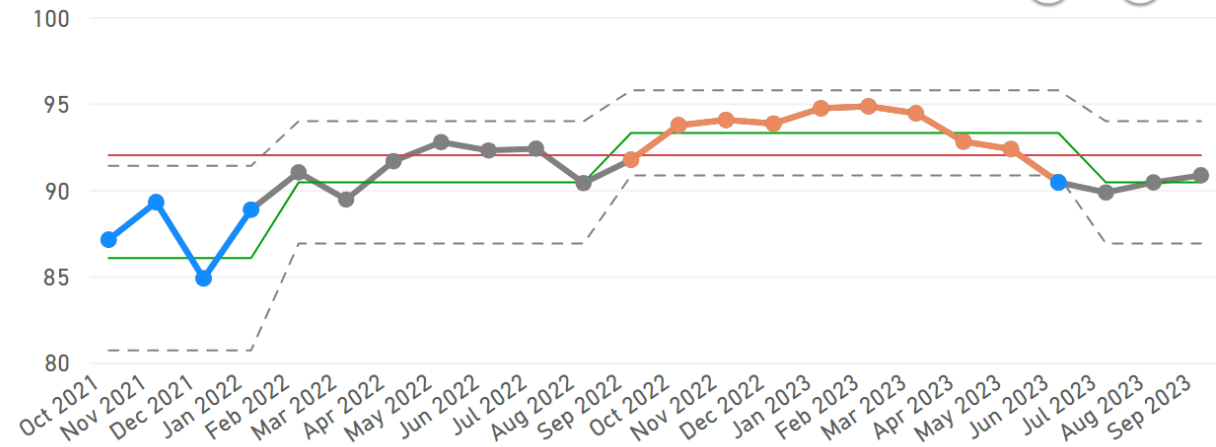




# RESPONSIVE

## G&A Occupied Beds (%)

Month	Performance	Target	Trend	Assurance
Sep 2023	90.8%	92%		

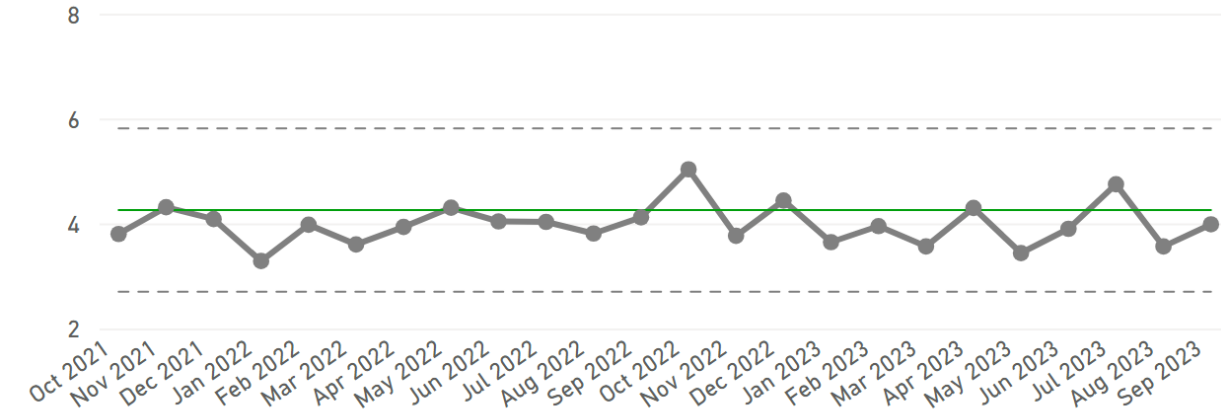


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# RESPONSIVE

## Length of Stay - Elective

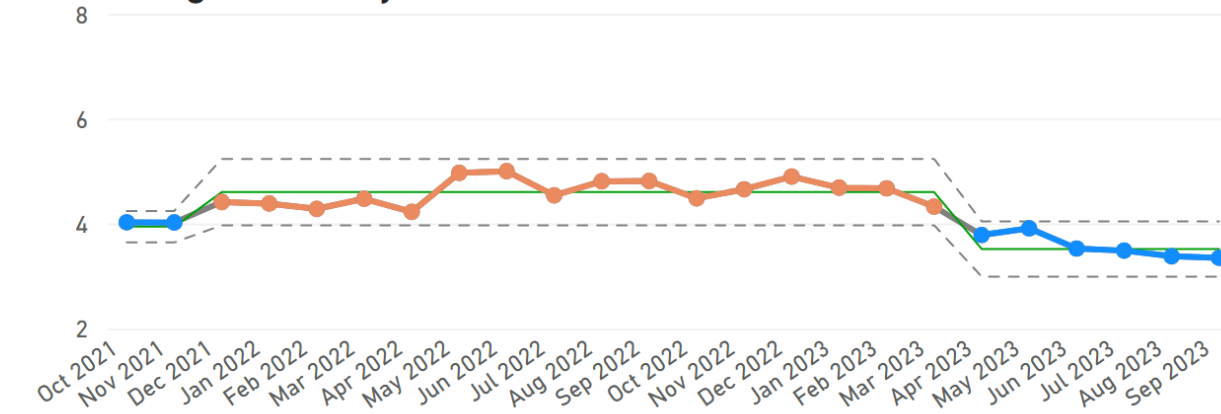
Month	Performance	Target	Trend	Assurance
Sep 2023	4			N/A



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

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

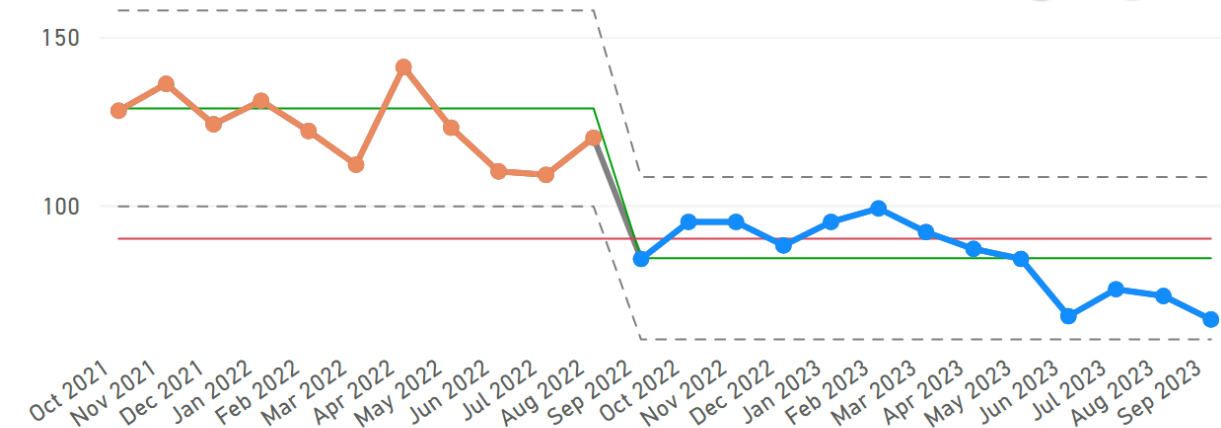
Month	Performance	Target	Trend	Assurance
Sep 2023	3.3			N/A



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

## Not Met Not Discharged

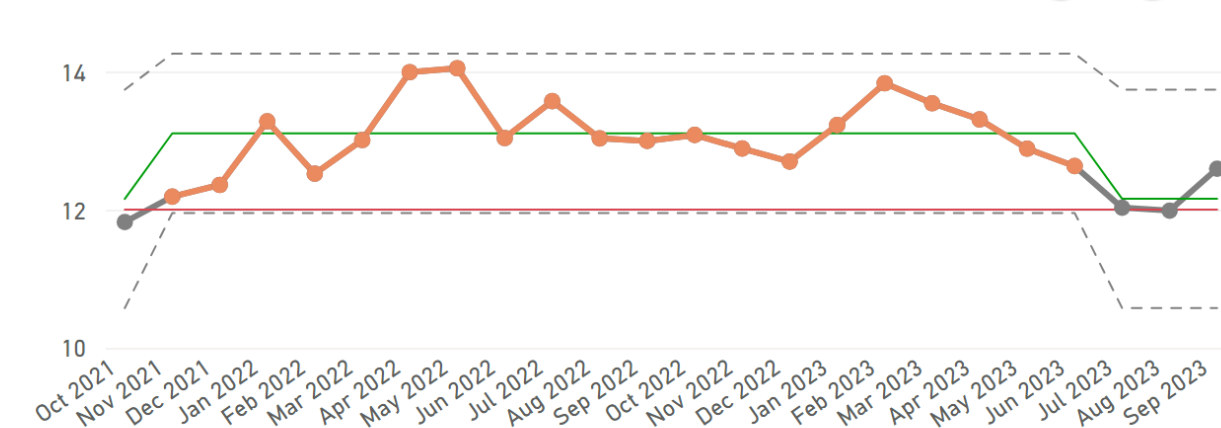
Month	Performance	Plan	Trend	Assurance
Sep 2023	66	90		



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

## 21 Day Stranded Patients (%)

Month	Performance	Plan	Trend	Assurance
Sep 2023	12.6%	12%		

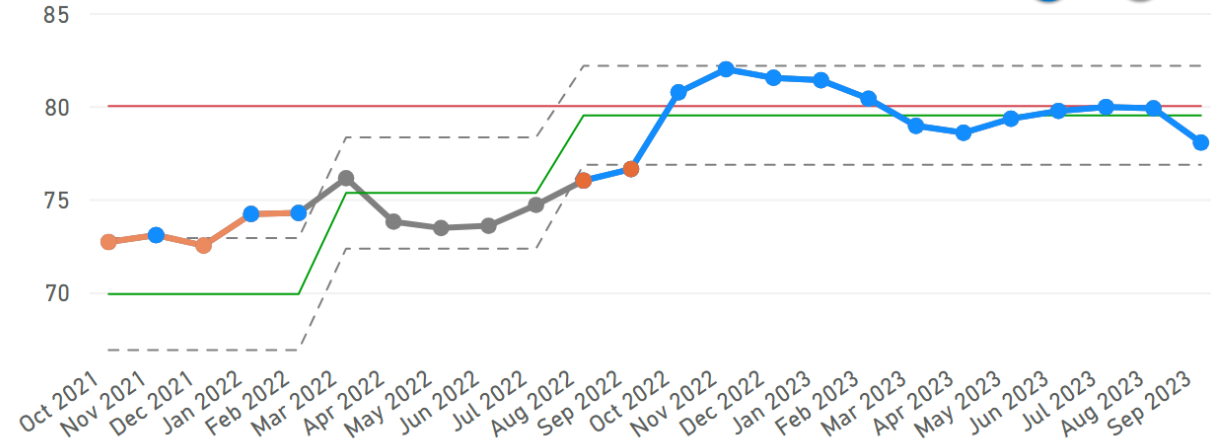


● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# WELL-LED

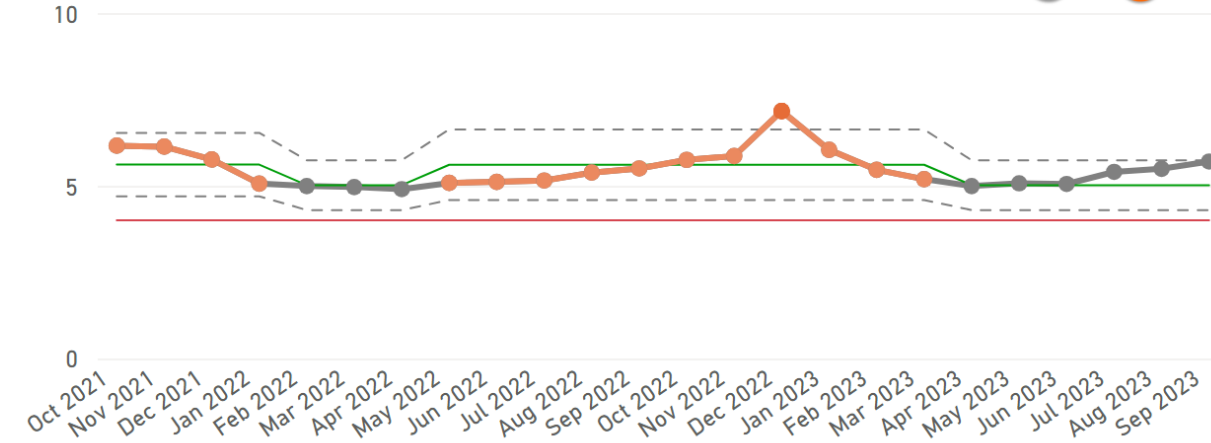
## Annual Appraisal (%)

Month: Sep 2023  
 Performance: 78%  
 Target: 80%  
 Trend: Assurance:



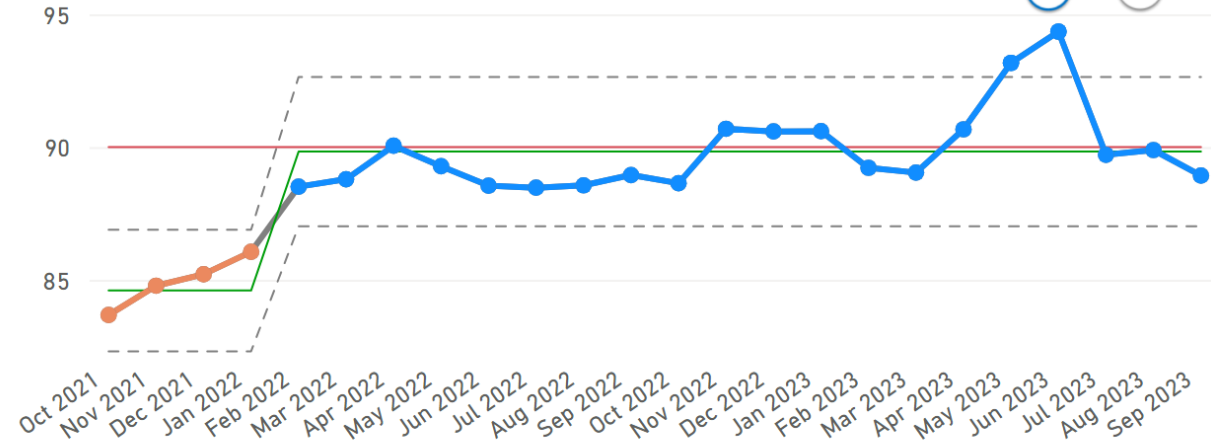
## Sickness Absence (%)

Month: Sep 2023  
 Performance: 5.7%  
 Target: 4%  
 Trend: Assurance:



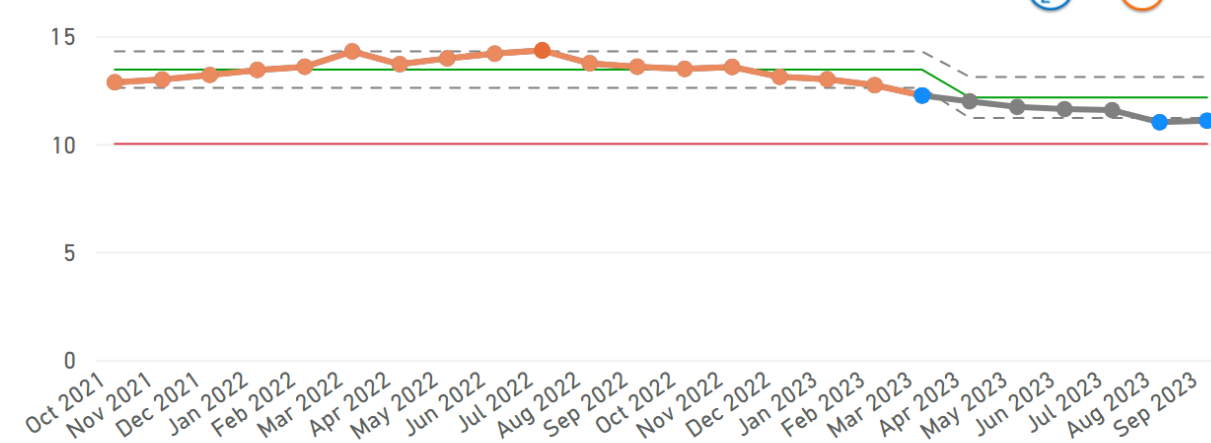
## Mandatory Training (%)

Month: Sep 2023  
 Performance: 88.9%  
 Target: 90%  
 Trend: Assurance:



## Staff Turnover (%)

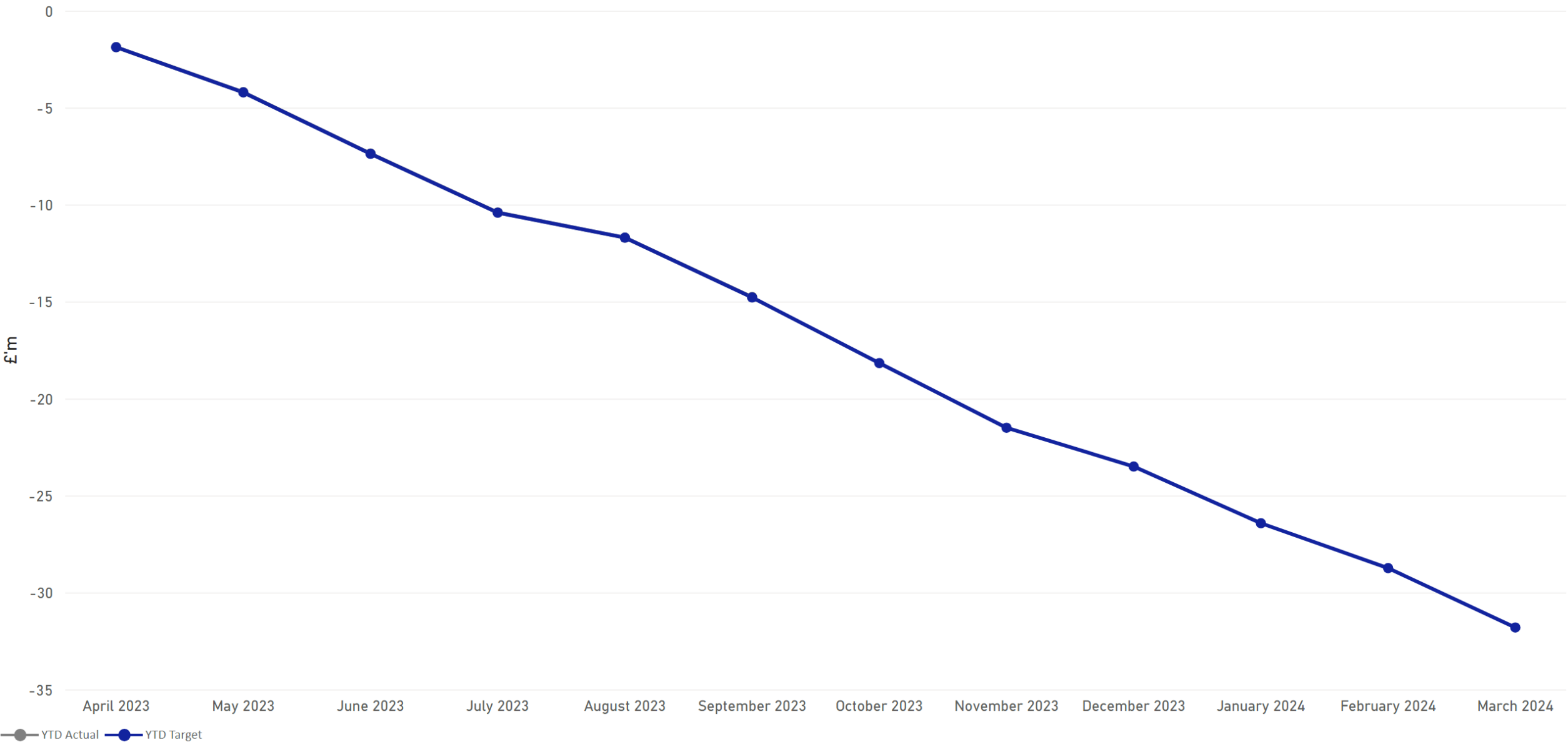
Month: Sep 2023  
 Performance: 11.1%  
 Target: 10%  
 Trend: Assurance:



# WELL-LED

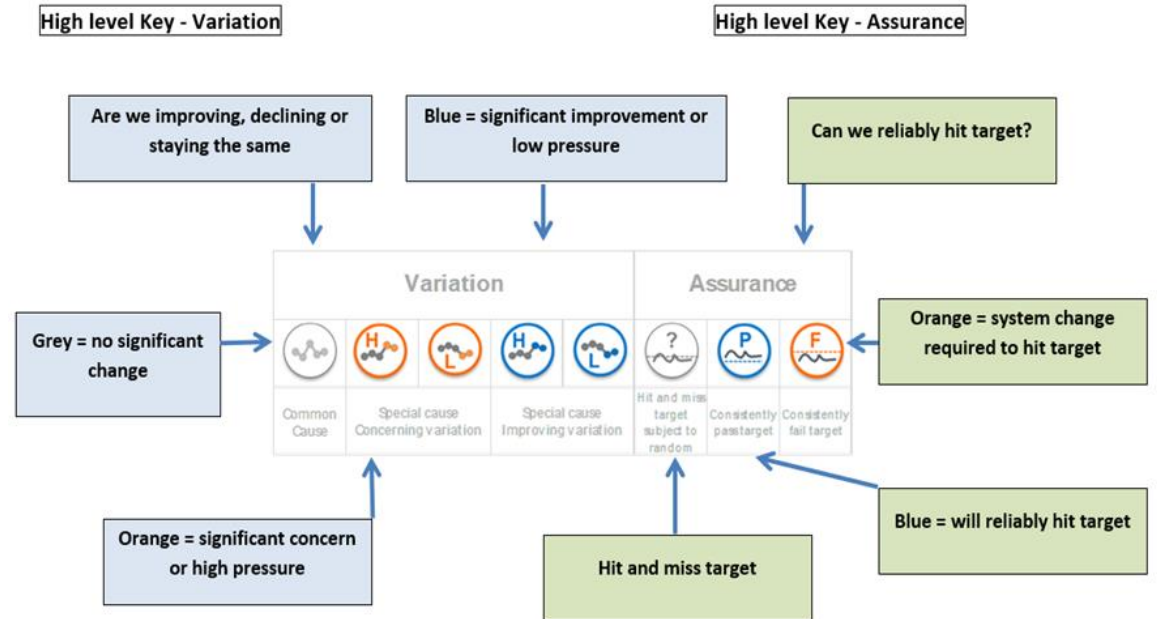
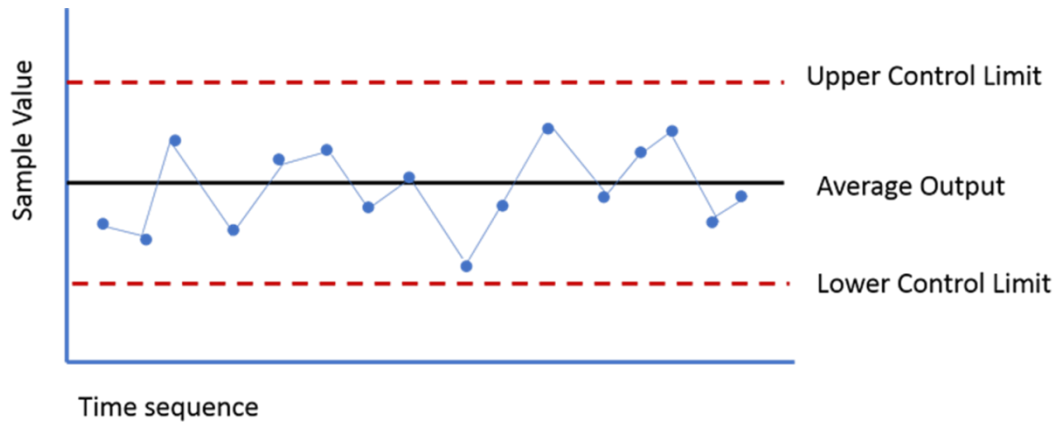
Month	Performance	Target
Sep 2023	-£14.772m	-£14.79m

## Cumulative YTD Financial Position (£'millions)



# SPC CHARTS

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



## People Committee Chair's Log

<b>Meeting:</b> People Committee	<b>Date of Meeting:</b> 27/09/2023
<b>Connecting to:</b> Council of Governors	Mark Dias - Chair of People Committee
<b>Key topics discussed in the meeting</b>	
<ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• People           <ul style="list-style-type: none"> <li>○ People Plan</li> <li>○ Health &amp; Wellbeing Report</li> <li>○ EDI Report</li> <li>○ Distributed Leadership Programme</li> </ul> </li> <li>• Culture &amp; Values           <ul style="list-style-type: none"> <li>○ Freedom to Speak Up Report</li> <li>○ Guardian of Safe Working Report</li> </ul> </li> <li>• Health &amp; Safety           <ul style="list-style-type: none"> <li>○ Violence Prevention &amp; Reduction Strategy</li> </ul> </li> <li>• NHS Impact Programme</li> <li>• Deep Dive           <ul style="list-style-type: none"> <li>○ Workforce Planning (Turnover, Exits &amp; Retention)</li> </ul> </li> </ul>	
<b>Actions</b>	
<p><b>People Plan</b> 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.</p> <p><b>Health &amp; Wellbeing Report</b> 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.</p>	<p>Responsibility / timescale</p> <p>Mark J Dias Ali Wilson Rachel Metcalf</p> <p>Collaboratives will present to people committee in Oct 202</p>

<p><b>EDI Report</b>  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.</p> <p><b>Distributed Leadership Programme</b>  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.</p> <p><b>Freedom to Speak Up Report</b>  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.</p> <p>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.</p> <p><b>Guardian of Safe Working Report</b>  Committee updated safe working patterns of doctors and dentists in training. The impacts of industrial action and new software were noted.</p> <p><b>Violence Prevention &amp; Reduction Strategy</b>  Committee reviewed the VPS strategy and indicators of performance, MAPPA partnership arrangements and improvement plans.</p> <p><b>Workforce Planning (Turnover, Exits &amp; Retention)</b>  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</p>	<p>Board EDI Champion to meet with HR on BAME network support.</p> <p>Staff network leads meet with COG</p> <p>People Committee to be updated on progress</p> <p>People Committee to be updated on progress</p> <p>People Committee to be updated on SWAT appraisal, assurance audit and staff engagement.</p> <p>People Committee to be updated on progress</p> <p>People Committee to be updated on progress</p>
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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)



# PEOPLE COMMITTEE

## Chair's Log

<b>Meeting:</b> NHS South Tees – People Committee	<b>Date of Meeting:</b> 20.10.2023
<b>Connecting to:</b> Council of Governors	Mark Dias – Chair of People Committee
<b>Key topics discussed in the meeting</b>	
<ul style="list-style-type: none"> <li>• Staff Survey – Action Plans</li> <li>• Medical Education</li> <li>• Civility, Human Factors &amp; Simulation</li> <li>• WRES Annual Report</li> <li>• WDES Annual Report</li> <li>• Talent Deep Dive – Deferred (November 2023)</li> </ul>	
<b>Actions</b>	<b>Responsibility / timescale</b>
<p><b>Staff Survey – Action Plans</b> Collaborative review of staff survey data and actions plans. Particular focus on areas identified for improvement, root cause analysis and ‘how’ interventions will result in positive change. A valuable exercise and time constrained; decision for half day event in 2024 to allow additional scrutiny and assurance.</p> <p><b>Medical Education</b> Review of Newcastle Medical School and Northern Foundation School visit (03.03.2023), annual deans quality management visit (05.05.2023), Hull and York Medical School (HYMS) visit (17.05.2023) and GMC survey results (11.07.2023). Committee noted the positive comments (undergraduate medical education) and areas for improvement (GMC survey). Assurance provided on process for change (w. action plans) and improvements was in place and active.</p> <p><b>Civility, Human Factors &amp; Simulation</b> Committee noted the report and the requirement for board level engagement, support and championing.</p> <p><b>WRES Annual Report</b> Committee noted an excellent report and positive changes (since 2022). There remain areas for improvement (BAME staff network) and assurance there is board level interventions in place.</p> <p><b>WDES Annual Report</b> Committee noted an excellent report and positive changes (since 2022).</p>	
<b>Escalated items</b>	

**Key Issues/ Concerns for escalation:**

Absenteeism is moving in the wrong direction (upwards).

**Sharing good practice/Things to celebrate:**

Staff survey is demonstrating tangible morale and engagement improvements; result of cultural change and leadership development initiatives.

EDI continues to show improvements and a more precise awareness of areas for intervention. Our understanding is maturing and resulting in systemic change.

Risks (Include ID if currently on risk register)

Responsibility / timescale

None

# Audit & Risk Committee

## Chair's Log

<b>Meeting:</b> Audit & Risk Committee	<b>Date of Meeting:</b> 20 September 2023
<b>Highlights for:</b> Council of Governors	<b>Chair of committee – Ken Readshaw</b>
Overview of key areas of work and matters for Board.	
<p>Counter Fraud - 22/3 report - Significant Assurance; 23/4 plan – Approved; Payroll – all records to be checked for accuracy (leavers)</p> <p>Internal Audit - Data Security and Data Protection – Moderate Assurance; Progress on clearing and implementation outstanding audit actions</p> <p>External Audit - Auditors Annual report received. Contents as previously advised.</p> <p>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).</p> <p>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</p> <p>JPB assurance required</p>	
Actions to be taken	Responsibility / timescale
Issues to escalate to Board	
<p>Standing financial instructions and scheme of delegation updated (part)</p> <p>Further work to explore the relationship and governance structure of the Joint Partnership Board and Group model require with the statutory Board</p>	
Risks (Include ID if currently on risk register)	Responsibility / timescale