



South Tees Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date – 18 July 2023

Time – 13:00

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



Council of Governors – Public Meeting

**18 July 2023, 1:00 – 4:00 pm
Board Room, Murray Building**

Agenda

ITEM	PURPOSE	LEAD	FORMAT	TIMING
Patient Story				
CHAIRS BUSINESS				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC 1
4.	Minutes of Previous Meeting held on 16 May 2023	Approval	Chair	ENC 2
5.	Matters Arising and Action Sheet	Review	Chair	ENC 3
6.	Chairman's Report	Information	Chair	ENC 4
7.	Lead Governor Report	Information	Lead Governor	Verbal
8.	Managing Director Report	Information	Managing Director	ENC 5
SAFE				
9.	Quality Assurance Committee Chair update	Information	Miriam Davidson	ENC 6
EFFECTIVE				
10.	Resource Committee Chair update	Information	David Redpath	ENC 7
11.	Finance report	Information	Deputy Chief Finance Officer	Verbal
12.	Integrated Performance Report	Information	Chief Operating Officer	ENC 8
EXPERIENCE				
13.	People Committee Chair update	Information	Mark Dias	ENC 9

14.	Health & Wellbeing Champion update	Information	Ali Wilson on behalf of Ada Burns	Verbal	
15.	Patient Experience sub group update	Information	Sue Young	Verbal	
WELL LED					
16.	Audit & Risk Committee Chair log	Information	Ken Readshaw	ENC 10	
17.	Board walk rounds	Information	Non-Executive Directors	Verbal	
GOVERNANCE					
18.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	
19.	Reflections on Meeting	Discussion	Chair	Verbal	
20.	Any Other Business	Information	Chair / All	Verbal	
21.	Date of Next Meeting: 19 September 2023 – JOINT meeting with North Tees & Hartlepool NHS Trust	Information	Chair		

ENC 1

Council of Governors Register of Interests

Board Member	Position	Declaration Details
Prof Derek Bell	Joint Chair	Trustee Royal Medical Benevolent Fund – no remuneration Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration Centre for Quality in Governance – Dormant Ltd Company Sel clinical advisor for SDEC
Rachel Booth-Gardiner	Governor	Brother employed as Nutrition Coordinator at South Tees Hospitals NHS Trust
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	NIL
Janet Crampton	Governor & Deputy Lead Governor	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Chair of Dementia Friendly Hambleton
Prof Paul Crawshaw	Governor	Chair of Healthwatch South Tees
Dr Sarah Essex	Governor	Cancer Research Team Lead
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	Head of School of Medical Education at Newcastle University Responsible for medical students teaching and the physicians associate programmes run by Newcastle University. Both are placed in South Tees for training and the Trust receives payment for these placements.
Graham Lane	Governor	Chair - North Yorkshire Haematology Support Group Partner is Project Manager at NECS
Zahida Mian	Governor & Deputy Lead Governor	
Jean Milburn	Governor	Senior lecturer in the School of Health and Life Sciences Teesside University
Lee O'Brien	Governor	CEO Carers Together Foundation. Carers Together is not commissioned by the Trust but it has received funding from NHSI/E
Dr Isaac Oluwatowoju	Governor	Associated Pastor at Living Water Parish of the Redeemed Christian Church of God. Non-profitable organization and no remuneration.
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	Chair of Patient Participation Group (PPG) for Barnard Castle Surgery, County Durham Member of Countywide Patient Reference Group (PRG) (County Durham) - meets monthly with NENC ICB (CD) Member of the County Durham Health and Care Engagement Forum - meets monthly with NENC ICB (CD) Member of local PCN (Primary Care Network) PRG, which meets quarterly
Cllr Steve Watson	Governor	NIL
Jon Winn	Governor	NIL

Sue Young	Governor	Member of Patient Participation Group at Quakers Lane Surgery, Richmond
Julian Wenman	Staff Governor	NIL
Brian White	Governor	Plumbing and Heating

**Unconfirmed minutes of the Council of Governors of Governors Meeting held in PUBLIC
on 16 May 2023 at 3.00pm
in the Board Room James Cook University Hospital & via Microsoft Teams**

Present:

Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Dr Sarah Essex	Elected governor, Staff
Mr Paul Fogarty	Elected governor, Middlesbrough
Ms Lisa Bosomworth	Representative of Appointed governor, Healthwatch
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Yvonne Bytheway	Elected governor, Middlesbrough
Dr John Fordham	Elected governor, Patient and/or Carer
Ms Carlie Johnston-Blyth	Appointed governor, Teesside University
Ms Zahida Mian	Elected governor, Redcar & Cleveland
Dr Isaac Oluwatowoju	Elected governor, Staff
Prof Shaun Pattinson	Appointed governor, Durham University
Mrs Angela Seward	Elected governor, Rest of England
Ms Rachael Booth Gardner	Elected governor, Middlesbrough
Cllr David Coupe	Appointed governor, Middlesbrough
Prof Steve Jones	Appointed governor, Newcastle University
Ms Jean Milburn	Elected governor, Middlesbrough
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Cllr Steve Watson	Appointed governor, North Yorkshire Council

In attendance:

Ms Alyson Gerner	Associate Non-executive Director
Mr Ken Readshaw	Non-executive Director
Mr Chris Dargue	Deputy Chief Finance Officer
Mr Rob Harrison	Managing Director
Mrs Jackie White	Head of Governance / Company Secretary
Ms Ali Wilson	Non-executive Director
Mrs Ada Burns	Non-executive Director & Chair of the meeting
Prof Rudy Bilous	Associate Non-executive Director
Mr Mark Dias	Non-executive Director
Mr Carter Ferris	Non-executive Director
Mr David Redpath	Non-executive Director
Mr Sam Peate	Chief Operating Officer

CoG/23/001 CHAIR'S BUSINESS

Welcome and Introductions

Prof Bell welcomed all members present and in attendance to the meeting.

CoG/23/002 Apologies for Absence

Apologies for absence were received from:

Mr Alan Jackson, elected governor, Redcar & Cleveland
Ms Rebecca Hodgson, elected governor, Middlesbrough

Ms Sue Young, elected governor, Hambleton & Richmondshire

CoG/23/003 Declarations of Interest

Prof Bell informed the Council of Governors that the Integrated Care Boards (ICB) were taking an increased interest in declarations of interest within the region. He asked the members of the Council of Governors to ensure that all fit and proper documentation was completed and all interests were declared and reported appropriately.

Mrs White noted that the Trust was due to conduct an annual review of declarations of interest and that she would begin this process in the near future.

CoG/23/004 Minutes of Previous Meeting

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

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

Matters Arising and Action Sheet

The matters arising were reviewed and updated in the meeting.

Mrs White answered the query about medical representation on the Patient Experience Group, stating that there was no regular medical representative that attended the meeting. This has been raised with Dr Michael Stewart, the Chief Medical Officer, to consider whether a medical representative was required and to determine a suitable candidate to attend.

Mrs White noted that the presentation slides from the recent training session attended by Trust leadership and colleagues had been circulated with interested parties.

Mrs White informed the Council of Governors that updates on infection prevention and control (IPC) and responding to complaints will be provided at the next board development session. She added that Dr Michael Stewart would be invited to attend to provide a brief update on sepsis as part of the IPC update.

Mr Dias informed the Council of Governors that progress was ongoing on the action relating to apprenticeships.

CoG/23/005 Chairman's Report

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

- Industrial Action
Prof Bell thanked the director team and staff for their efforts during the recent industrial action, especially considering the lingering effects of the COVID pandemic. This experience has bolstered Prof Bell's confidence in the Trust to respond to future industrial action.

- Hewitt Review

Prof Bell briefly discussed the recently released Hewitt Review, stating that the Trust board will consider the recommendations and conclusions to determine what can be applied to the Trust. He noted that many of the recommendations would be familiar to the Council of Governors such as reducing health inequalities and collaboration between Trusts.

- Joint Collaborative Work
Prof Bell referenced the joint collaborative work that was updated in greater detail during the previous meeting. He also said that the partnership is in the early stages of development to determine how it can be incorporated into the wider system with more detailed updates to be provided in future.
- Partnership with Teesside University
Prof Bell and Dr Stewart visited Teesside University the previous day to improve the working relationship between the two organisations. He mentioned that Mrs Burns had been appointed as the chair of the governor's group at the university. Tim Thompson, the head of health and life studies, has invited representatives of both North Tees and South Tees NHS Trusts to meet for further discussions. In particular, the partnership with the university will focus on benefits that can be achieved for the non-medical workforce.

Resolved: i) Prof Bell concluded his report.

CoG/23/006 Lead Governor Report

Mrs Seward thanked everyone present for attending the meeting. She reported that Mrs Sue Young had been re-elected as a governor for Hambleton and Richmondshire and commended her for her efforts with patient groups. She also informed the Council of Governors that Ms Elaine Lewis would be standing down from her role as a patient governor due to poor health and she thanked Ms Lewis for her contributions having been a governor since the Trust formed in 2009.

Mrs Seward addressed the recent governor elections that were held, explaining that the voting process had been completed and standard checks were being conducted. These checks would now include a DBS check as well. She also noted that there remained a governor vacancy for Redcar and Cleveland.

Since the previous meeting, Mrs Seward had attended the board meeting on Tuesday 4th April 2023 as well as the retirement event for Kevin Oxley.

Mrs Seward also attended the event celebrating excellence in research and innovation held on Friday 28th April 2023. She highlighted some of the work that was presented, including:

- Ms Jane Greenaway, associate director of the Tees Valley Research Alliance, and Prof Paul Baker, director of Research and Development at South Tees, reported that 10,329 patients had been involved in clinical trials within the Trust.
- Ms Sarah Woodbury of the Medical Physics department presented 3D models that surgeons can use as reference during operations.
- A cervix visual assessment guard has been developed for use in GP surgeries to help improve the accuracy of invasive cancer diagnosis.

The aim is to reduce the number of misdiagnosed cases and reduce unnecessary referrals.

Mrs Seward informed the Council of Governors that Healthwatch South Tees has distributed a survey for governors to complete.

Mrs Seward thanked Mrs Tracey Evans for her effort to distribute internal Trust communications such as staff news, CEO briefings and similar updates to governors. Mrs Seward highlighted some notable information from these emails such as work being commissioned to standardise outpatient letters and the announcement of a diagnostic community centre being built in Stockton and jointly managed by the two Tees Trusts.

Finally, Mrs Seward brought the attention of the Council of Governors to some of the press releases that had been released since the previous meeting:

- Robotic assisted surgery procedures have begun at the Friarage.
- South Tees hospitals have been designated as revision knee replacement centres in an effort to standardise quality of care and improve patient outcomes.
- A post anaesthetic care unit has been opened at James Cook University Hospital to help with observation of patients following procedures.

Resolved: i) Prof Bell thanked Mrs Seward for her report. The mention of Healthwatch reminded Prof Bell that he attended the Healthwatch STARS awards presentation for South Tees and praised Ms Bosomworth and the Healthwatch team for hosting a fantastic event.

CoG/23/007 Managing Director Report

Mr Rob Harrison began by telling the Council of Governors that the outcome of the CQC visit was due to be published the following week on Wednesday 24th May 2023. A briefing will be provided to all governors prior to the report being released to the public to help prepare them with understanding the details.

Following the CQC report, Mr Harrison stated that the organisation would be refreshing its overarching strategy so that it is reflective of future developments. For the Council of Governors of Governors, this will include reflecting on the role and contribution of the group across the previous years and ensuring that there is a shared understanding of the goals the Trust will be pursuing. This strategy will continue to be defined by the ongoing improvement plan as well as the focus to develop the tertiary service provided by the Trust and the quality of care delivered by the Friarage. The relationship between the North Tees and South Tees Trusts will also become a focus following the establishment of the joint hospital group to ensure that messaging on announcements relating to both Trusts are aligned while accommodating for differences in procedure and underlying systems. Mrs White assured the governors that they would be engaged throughout these processes before any agreements are finalised.

Mr Harrison informed the Council of Governors of two upcoming conferences that key staff will be attending. First, a patient safety approach conference was scheduled for Tuesday 23rd May 2023 as part of a regular programme of events for Trust leadership to review and discuss safety measures and ensure quality care is provided. Second, a community care conference was scheduled for Wednesday 7th June 2023 in cooperation with the local ICB and authorities to help with the development of the discharge process and the role of each

organisation in the provision of care to patients outside of a hospital environment.

Staff have provided feedback on the introduction of electronic noting to the ward environment. This process begun on ward 11, which provides old person's medicine services, and has acted as the test of change ward for new digital systems. Mr Harrison said that the staff have been conducive to the changes and active with providing feedback, helping to implement changes and updates to the system so that it is fit for purpose.

Staff have consistently reported that the new systems have improved processes, both helping staff to complete tasks quicker and with improved results. Preparation for ward walkrounds on ward 11 was completed 30 minutes quicker with the new systems and the walkrounds proper were 45 minutes shorter to complete. This additional time has provided ward staff the opportunity to assist with other responsibilities or engage in team building exercises that were previously not possible. Additionally, the availability of information on digital systems has improved the quality of feedback that can be provided to relatives of patients during phone calls. As staff are no longer restricted by having to locate a limited number of physical copies it has become easier for staff to respond to concerns and questions regarding patient care effectively.

Mr Redpath was encouraged by the developments reported by Mr Harrison, especially considering the challenges of implementing new digital systems that have been overcome. He added that a key takeaway from the feedback provided by ward 11 was that staff were more likely to be able to complete all required work without resorting to overtime. He stressed the importance of staff being able to return home when expected towards ensuring staff are physically and mentally healthy and thus capable of providing quality care.

Cllr Coupe asked how digital systems were being incorporated to improve communication with patients. He impressed the importance of ensuring a patient receives correspondence from the Trust and providing suitable mediums depending on a patient's capabilities. Mr Redpath replied that a business case had been submitted to the resource committee to begin implementation of a patient portal in the NHS app. The business case was challenged to implement the portal on a quicker timeframe so that the Trust can begin improving patient experience with regards to communicating with the Trust as soon as possible. He also noted that implementing the patient portal quicker would have financial benefits. This project would occur alongside the ongoing digital improvement programme, including the continued roll out of electronic patient records across all wards. Mr Harrison added that funding has been secured for this project.

Mr Isaac Oluwatowoju asked how frequently the digital system updates after records or information has been added or changed to avoid duplication. Mr Redpath said that there was no delay as the entire system is live and interconnected, meaning any updates can be immediately accessed by all staff.

Dr John Fordham referred to the feedback provided by the national staff survey, highlighting that there were consistent concerns about there being insufficient staff to handle all responsibilities expected to be completed. He asked how this was being addressed. Mr Mark Dias said that the overarching issue of staff shortages was being experienced on a national level and so local responses was focused on ensuring sufficient staff were present to fulfil

required work. This response includes challenging absenteeism in the workforce, improving the recruitment process to hire qualified staff and have them in post quicker and reviewing flexible working accommodations within a hospital environment to ensure that expectations of care are provided. Mr Harrison added that since the previous CQC report was published in 2019, the Trust has increased its workforce by 1000 staff including 300 nurses.

Dr Fordham asked how close the Trust was to achieving 100% staffing levels and if this was being monitored and reported. Mr Harrison answered that safe staffing reports are published by the Trust and made accessible to the public on a monthly basis. Recently, the Trust has ensured that staffing levels are maintained above 90% when considering staff vacancies and absences. He noted that medical professions were subject to higher levels of staff absence due to sickness as staff working with patients continued to regularly test for COVID whereas other professions had stopped. These absences have been mitigated by the use of the allocate on arrival scheme that provided staff with an opportunity to earn higher pay by making themselves available to be deployed anywhere within the Trust that required additional staff. This scheme was usually utilised by senior staff that could be Trusted to adapt to the demands of a different service or ward.

Ms Ali Wilson said that she had witnessed the pressure on staff within the dietetics and speech and language therapy services, both of which have experienced increased demand and increasingly complex cases. She reported that these challenges had been alleviated somewhat by the services hiring staff from students that had previously trained with the Trust. She said that by ensuring that training is provided locally, then a pipeline for hiring staff from a student base could be developed.

Mr Harrison reminded the Council of Governors that the staff survey was conducted during the height of industrial action negotiations and that low morale would have affected survey responses. Additionally, the introduction of freedom to speak up guardians and the development of an open culture will have contributed to staff having increased confidence in stating concerns and challenges.

Returning to the impact of the new digital systems, Mr Fordham asked if their impact on patient satisfaction could be quantified. He suggested conducting a survey of patient satisfaction in services without access to the electronic records and noting systems before repeating the survey after the systems had been implemented. This could be used to judge the extent of the positive impact the digital systems have on quality of care.

Prof Bell also suggested sharing access of the systems with Teesside University. Providing students working with the Trust direct access to the systems would help with their studies while also providing crucial training for any potential hires. Mr Harrison stated that this could be possible as the systems are already utilised in simulation training courses.

Finally, Mr Fordham testified to the benefits of the new digital systems by reporting that since their introduction there had been no errors relating to insulin provision when previously such errors were common.

i) Prof Bell thanked Mr Harrison for his report.

Mr Sam Peate, Chief Operating Officer presented the most recent performance figures for the Trust. To overview, Mr Peate informed the board that the Trust had experienced an increase in the number of non-elective patients being admitted and that there had been improvements reported in all metrics since the previous update in March. Mr Peate highlighted the following metrics as evidence of improvement:

- Reduction in the number of patients waiting longer than 52 weeks.
- All three patients currently waiting longer than 78 weeks were doing so by choice.
- Six-week diagnostic results were above 78% for the first time in over a year.
- Cancer outpatient 14-day performance had improved.
- 31-day treatment metrics were just shy of compliance but had reported the best performance in recent history.
- 64-day cancer backlog reduced.
- 28-day cancer referrals and diagnosis improved.

Mr Peate reported that there had been a slight deterioration in mandatory training completion levels but that the Trust remained close to compliance. He also noted that discharge delays had remained static over the previous months.

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

CoG/23/009 Quality Assurance Committee Chair update

Mr Ken Readshaw reported on behalf of Ms Miriam Davidson, Chair of the Quality Assurance Committee and discussed the STAQC accreditation process for wards. He explained that all wards are subject to the accreditation process, which judges the quality of the systems and process implemented on wards, to be issued a representative silver, gold or platinum award. Mr Readshaw stated that reviewing these accreditations can be an effective indicator of the quality of care provided to inpatients by a hospital as a whole.

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

CoG/23/010 Resource Committee Chairs update

Mr David Redpath, Chair of Resources Committee discussed the financial plan for the Trust and the month 12 position as the financial year for 2022/23 closed in March. The Trust ended the year £1.5 million behind plan for the year but this could be attributed to specific additional costs such as unconsolidated pay awards.

At the end of the financial year, the Trust reported a deficit of £49.7 million which was significant enough to trigger an NHS England review of the financial control measures of the organisation. Ultimately, the review concluded that there were no issues with how the Trust controlled and reported its finances. The deficit for the new financial year is projected to be £31.8 million with the improvement resulting from improved opportunities to generate income.

The Trust has been requested by NHSE to generate an additional £500,000 through income or savings in the Cost Improvement Programme (CIP) for the year. Mr Redpath noted that this would be a challenge but was confident that it was achievable.

Mr Redpath thanked Mr Chris Hand and the financial team for their work and said that the NHSE review was beneficial as it provided assurance of the quality of the Trust's financial processes. The review also evidences that the existing deficit is the result of structural factors that are difficult to control and

not procedural or individual failures. Going forward, Mr Redpath informed the Council of Governors that the focus for financial improvement will be reducing agency spend and improving productivity with the aim of achieving levels similar to those experienced in 2019.

Cllr David Coupe asked if the PFI contract was discussed and how it was impacting the financial position of the Trust. Mr Harrison stated that an independent review of the PFI that was conducted some years ago revealed that it constitutes between £15 and £20 million to running costs, with the actual figure currently being significantly higher due to inflation. No support is received with these payments meaning that the entire figure is calculated into the deficit, with the PFI constituting a majority of the deficit value. However, Mr Harrison explained that the PFI costs are considered in the wider ICB financial plan and that so long as the Trust is compliant with the NHSE financial plan then no additional action is required.

Cllr Coupe asked how value is assured from the costs accrued by the PFI, with Mr Harrison assuring that the greatest value is achieved by ensuring that work relating to the PFI contract is completed. He provided the example of the ward decamping programme in which space was made available to ensure the work was complete as otherwise the cost would have been accrued without benefit. Estates in particular have a 10-year plan relating to the PFI contract to ensure that James Cook University Hospital is handed over to the Trust by the contractor at 'condition B', the highest possible level of estate quality so that there are no lingering concerns with the site once ownership is passed over.

Cllr Watson said that in joint discussions with North Tees it was clear that there was some apprehension about the differing financial positions of the two Trusts and how this may impact any collaborative work. Mr Harrison explained that he had been in discussions with his counterpart at North Tees and that they were aware of three different financial factors that must be considered:

- Structural concerns impacting an individual Trust that are managed at a national level, such as PFI contracts.
- Regional or local issues impacting an individual Trust that can be controlled internally.
- Joint opportunities with other organisations that provide mutual benefits. Mr Harrison referred to the plans to direct high volume, low complex surgical procedures to the Friarage and the University Hospital of Hartlepool and the pathology joint venture as examples.

Mr Harrison stated that only joint opportunities concerned the finances of both Teesside Trusts. Since the PFI contract was a structural concern, it would have no impact on North Tees or their financial reporting. Prof Bell added that there were a number of Trusts in the Northeast with PFI contracts, such as Gateshead and Cumbria, meaning South Tees was not an exception. He stressed the importance of clear communication when addressing the PFI contract to ensure that it is effectively managed.

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

CoG/23/011

Finance Report

Mr Chris Dargue, Deputy Chief Finance Officer attended and gave a verbal update on the finance position for month 12. He stated that the financial plan for the year had expected there to be a deficit of £20.7 million but that in actuality the deficit was £22.2 million, a difference of £1.5 million. This difference could be attributed to an unresolved pay award that had to be

absorbed into the financial plan late in the year without an opportunity to respond. This additional deficit was reported and accepted both by local and national bodies.

Despite this addition to the deficit, the Trust successfully delivered its full CIP of £24.9 million for the financial year. A proportion of this was delivered through non-recurrent savings that would have to be identified anew for the 2023/24 financial year. This coincided with a capital investment of £48.1 million across the previous year which was a significant increase compared to previous years for the Trust. This investment included the development of the discharge lounge and LINAC equipment. The Trust has also submitted its accounts for the previous financial year, meeting the deadline of Thursday 27th April.

Mrs Janet Crampton asked how the ongoing industrial action was impacting the wage bill. Mr Dargue responded that expenditure on wages increases during periods of industrial action as premium pay has to be provided to staff that cover shifts that would otherwise be unfilled. Mrs Crampton asked if the percentage increase over usual wages was known but Mr Dargue could not provide the figure at the time. He did state that a review of the impact of the industrial action on completed activity and resulting income was being conducted.

Mrs Crampton asked if the industrial action was being discussed at a national scale and if the impact on operations will be considered when reporting financial positions. Mr Harrison confirmed that industrial action was being discussed at the meeting of chief executives from across the nation but that ultimately any resolution was dependent on agreements between the government and individual medical professions. He also noted that the industrial action would not impact how the Trust reports its finances as there is an expectation for the organisation to manage its services.

Mr Harrison informed the Council of Governors that the Staff Council, the body that represents non-medical staff, had agreed to the offer of a 5% pay rise in addition to the unconsolidated pay award from the previous year. Meanwhile, negotiations with the BMA and junior doctors are ongoing though Mr Harrison noted that there appeared to be minimal progress towards a resolution. Other medical unions that had not accepted a pay offer, including the RCN, are expected to ballot their members with the prospect of continuing strike action though it is uncertain whether these unions will secure another mandate.

Prof Bell stated that the full impact of the industrial action on activity and finances could not be confirmed until the disputes were resolved. Mr Harrison reminded the Council of Governors that the priority of the Trust and the board was to maintain quality care for patients and minimise disruption to services. The response to the industrial action is being determined by a strategic group chaired by Dr Michael Stewart with support from Mrs Hilary Lloyd, the Chief Nurse, and Mr Peate.

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

CoG/23/012 People Committee Chairs update

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

Mr Dias began by addressing the work relating to absence management, explaining that the focus is on providing education and support for managers so that they are equipped to aid staff and prevent reasons for absence from arising. Each collaborative has been set specific targets to ensure support can be targeted as required and Mr Dias said that results have already begun to be delivered.

Next, Mr Dias said that progress has been made to reinforce the role of volunteers within the Trust and return to the number of volunteers to pre-COVID standards. The benefits of volunteering opportunities being provided has been evidenced by the testimony of three members of staff that credited their employment to their involvement with the Trust as volunteers. He also relayed that volunteering helps provide experience and employment opportunities for areas of the community that experience health inequalities.

Finally, Mr Dias informed the Council of Governors that he has begun attending the North Tees People Committee meeting and vice versa with his counterpart, Susy Cook. This is being done so that each meeting can learn from one another as well as to help prepare the two organisations to standardise an EDI approach before the end of the year. By encouraging understanding of the processes of the other organisation, a robust approach can be developed and implemented while avoiding treating the process as a box ticking exercise. Prof Bell added that the EDI would be discussed in more detail by the Council of Governors as the end of the year approaches.

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

CoG/23/013 Health & Wellbeing Champion update

An update from the Health and Wellbeing Champion was not provided as Ms Ada Burns was not in attendance due to other commitments.

Resolved: i) Prof Bell recognised Ms Burns' absence.

CoG/23/014 Patient Experience subgroup update

Mrs Yvonne Bytheway reported on what was discussed at the Patient Experience subgroup. This included a patient story from Mr Ian Bennet, who praised the care received by his mother over the previous two years with specific thanks for the holistic and community care teams that were involved. Ms Lucy Tulloch from the BIU also attended the previous meeting and told the subgroup that additional patient experience metrics will be shared with the group and made visible for review during the meeting.

Mrs Bytheway also reported on a presentation by Ms Denise Foster of Placelight, an organisation that provides services to inpatients. She relayed the domains of service that the organisation provides including cleanliness, food, privacy and dignity, maintenance, dementia and disability. In particular, Mrs Bytheway was interested in the provision of food services to inpatients and accommodations for patients that are unable to speak, feed themselves or easily communicate with ward staff. She asked if Placelight considered patients that utilise forget me not cards, which allow patients and relatives to write messages for staff if they are unable to speak. Ms Foster replied that she was not certain on the company's policy regarding forget me not cards but that she would investigate.

The subgroup also reviewed the annual report. This covered prominent complaint themes from throughout the year, what was learned and the consequent actions that were taken to address issues. The ongoing

development of the QR code system for the information kiosks was also discussed as Mrs Bytheway reported that some patients were having difficulty logging in to the kiosks with the current system. This was a particular issue in eye outpatients, to which she added that it would be beneficial if audio assistance could be added to the kiosks for patients that have visual impairments. Prof Bell assured Mrs Bytheway that Mr Manni Imiavan and the digital team were aware of the requests to improve the kiosks and were addressing the issues.

Returning to the forget me not cards, Mrs Seward agreed that they were a helpful assistive tool for patients and that they had been introduced to the Trust as part of the response to the CQC recommendations but that they had not been implemented or adhered to in certain wards. Mrs Crampton suggested promoting their use as part of the dementia week awareness campaign to encourage wards to comply. Prof Bell noted the suggestions and would request Ms Hilary Lloyd, Chief Nurse, to investigate.

Ms Lisa Bosomworth reported that relatives of patients that are unable to speak or communicate with staff have had uneaten food taken away from them because staff are unaware of their limitations and care needs. This problem is exacerbated by staff not asking patients about their condition or questioning whether a patient is capable of feeding themselves. She agreed that the forget me not cards would help to resolve this issue and suggested requesting further assistance from volunteers to ensure patients are being fed. Furthering this, Cllr Coupe stated that the dietary requirements for patients need to be considered when they are discharged into social care as there have been incidents where patients are proved unsuitable food because the care home is not equipped to provide alternatives. Prof Bell suggested having a focused discussion on patient nutrition and feeding at the next CoG meeting.

Mrs White

Mrs Crampton asked if it was possible for Healthwatch South Tees to conduct an audit of discharge practices within the Trust similar to a recent audit that was completed at the University Hospital of Hartlepool. Ms Bosomworth confirmed that this would be possible if commissioned and authorised by the ICB. However, she said that this would need to be confirmed in the near future.

Dr Fordham brought attention to the patient information leaflets produced and provided by the Trust, noting that there were close to 500 different leaflets available. He informed the Council of Governors that work was being conducted by Ms Jen Little to standardise these leaflets. He also asked if there had been any progress on securing a medical representative to attend the Patient Experience subgroup to which Prof Bell responded that this was covered by Mrs White during the action log review and that Dr Stewart was currently determining a suitable candidate.

Mr Redpath informed the Council of Governors that the Trust was reviewing how it approached responding to complaints and the assigned deadlines for providing a response. Feedback from a patient experience story suggested that the Trust was approaching complaints from a perspective of providing a response before the deadline as opposed to providing an effective, constructive reply. This meant that patients were receiving poor responses and preventing the Trust from improving the care that is provided to the patient. As such, the deadlines for complaint responses are being reviewed to help improve the quality of responses.

Prof Bell recognised the value of patient stories and asked if it had been considered for stories to be delivered during CoG. Mrs White noted that a

patient story was planned to be presented at the following meeting in July 2023. Prof Bell stressed the importance of involving patients in the decision making process to ensure that changes are proactive and effective.

Resolved: i) Prof Bell thanked Mrs Bytheway for her report.

CoG/23/015 Audit & Risk Committee Chairs log

Mr Ken Readshaw, Chair of Audit & Risk Committee began by mentioning that the upcoming Audit and Risk Committee meeting would be their end of year review and cover annual reports with a detailed update at the next Council of Governors.

From the previous meeting, Mr Readshaw said that internal audits were conducted with regards to waiting lists, which was assessed as a moderate risk, and quality assurance and clinical governance, which was assessed as being at low risk. These audits provide assurance with the assigned risk designating how effectively the subject is being managed. Mr Readshaw explained that a high risk would require active mitigation, a moderate risk suggests functioning as expected and a low risk means that the Trust is managing excellently. As such, Mr Readshaw highlighted the achievement of having quality assurance and clinical governance being determined as low risk.

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

COG/23/016 New Employment Checks for Governors

Mrs White informed the Council of Governors that the provider licence that the Trust must adhere to was updated in April 2023 and included new guidance for the checks that governors are subject to. She noted that the CQC guidance has yet to be updated to reflect these changes. The intent of introducing more thorough checks is to ensure that governors are qualified for the role and uphold proper conduct. Currently, the governors submit annual declarations of interest and Mrs White proposed that a DBS check be conducted alongside this. This follows fit and proper procedure the Trust employs for volunteers.

These checks would increase confidence in the capabilities of the governors and their responsibility in undertaking their regulated activity. Mrs White suggested implementing the new checks with the most recently appointed governors before extending the checks to cover the full Council of Governors.

Should any concerns be raised through the checks, either by the governor or from the DBS check, the case will be reviewed by Mrs White, Prof Bell and the lead governor to determine the level of risk and appropriate action. Mrs White said that it will be investigated whether governors with existing DBS checks that were conducted by the Trust were sufficiently assured by the previous check. Cllr Coupe asked if the DBS check from Middlesbrough Council of Governors would be sufficient for his participation with multiple members of the Council of Governors confirming that such a check could be shared for the purposes of the Council of Governors.

Prof Bell noted that additional checks also provide protection for individual governors as they can also refer to the results as evidence of their suitability for the role. Mrs White said that she is working with Prof Bell and North Tees to help coordinate a consistent process across both Trusts but reiterated that South Tees would be introducing additional checks regardless. The constitution will also be updated to reflect these changes.

Mrs Crampton said that the additional checks would be an improvement but asked if a DBS check would be the most appropriate. Mrs White said that the change would mean governors were under similar levels of scrutiny as volunteers and so similar checks made sense as both groups have the potential of interacting with patients. Mrs Seward was also in favour of introducing the checks as it would provide the Council of Governors with better measures to respond to potential concerns with other governors, especially when regarding behaviour.

CoG/23/017 Board Walkrounds

Due to time constraints, Prof Bell determined that the board walkrounds could not be sufficiently discussed but assured that they were conducted with directors visiting non-clinical areas due to industrial action.

CoG/23/018 Matters to bring to the attention of the Board

There were no matters to bring to the attention of the board.

CoG/23/019 Reflections on the meeting

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

CoG/23/020 Any other business

Mrs Seward requested governors respond to emails and verbally confirm attendance of meetings, especially for meetings involving representatives from North Tees. She noted that there was currently an absence of administrative support due to the extended absence of Mrs Anita Keogh and that Mrs White would appreciate the additional assurance.

CoG/23/021 Date and time of next meeting

The date and time of the next meeting is Tuesday 18th July 2023 at 1pm.

Council of Governors Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
15.11.2022	CoG/22/069	Performance Report	Ms Lucy Tulloch to ask Ms Lindsay Garcia to provide an answer to Governors regarding sepsis results	Lucy Tulloch	17.01.2023	Medical Director to attend future meeting	open
16.05.23	COG/23/	Patient experience update	Mrs White to organise for a session on nutrition and hydration	Mrs White	September	outstanding	open

MEETING OF THE COUNCIL OF GOVERNORS – 18 JULY 2023			
Joint Chairman's update			AGENDA ITEM: 6, ENC 4
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Professor Derek Bell Joint Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Joint Chairman's update		
Background	The following report provides an update from the Joint Chairman.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Trust Board are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

Joint Chairman's Update

1. Introduction

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

2. Key Issues and Planned Actions

2.1 NHS EDI Improvement Plan

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

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

The plan:

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

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

2.2 Joint Collaborative Working

Since the last report, the Joint Partnership Board met on 21 June 2023 with a focus on reflections on progress and learning from experience from the Barts hospital model by Alwen Williams who is supporting the Trust. There were two workshops held with a focus on development of the clinical strategy and development of the group operating model.

2.3 Routine meetings

I continue to meet with colleagues within the Trust and have recently attended the Board meeting of the Growing the Friarage & Community Services Collaborative, the Trust Patient Safety Day and met with Teesside University with Dr Stewart to discuss collaborative working and future workforce requirements.

2.4 Appointment of single Chief Executive

Work is progressing with the initial discovery phase for the recruitment of a single Chief Executive for South Tees and North Tees Trusts. Engagement meetings are being held with key stakeholders as part of this process including discussions with the Lead Governors.

3. Recommendation

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

Professor Derek Bell
Joint Chair

MEETING OF THE COUNCIL OF GOVERNORS – 18 July 2023			
Managing Director update			AGENDA ITEM: 7 ENC 5
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Rob Harrison Managing Director
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Managing Director update		
Background	The following report provides an update from the Managing Director.		
Assessment	The report provides an overview of the health and wider related issues.		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Council of Governors are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

Managing Director Update

Middlesbrough Urgent Treatment Centre

Funding for the new Urgent Treatment Centre has now been announced with the investment of around £9m in health services that will see a new Urgent Treatment Centre (UTC) built next to the emergency department at The James Cook University Hospital.

The investment is part of the North East and North Cumbria Integrated Care Board's (ICB) ambition to improve urgent care in the South Tees area, delivering care closer to patients' homes and will help to ease pressure on the hospital's busy emergency department.

As part of the plans, the GP Out of Hours Service will move from North Ormesby to the new UTC building and the opening hours at Redcar's UTC will be reviewed in order to extend them from April 2024.

An 11-week programme of patient engagement on the proposals to introduce an integrated urgent care model at James Cook took place in August 2022, with 83% of people in favour of the plans.

The final phase of the plans will see a procurement exercise take place to determine which provider will deliver the service from the hospital.

When built, the new UTC facility will provide clinical and treatment rooms, waiting areas, staff facilities, a triage and reception area.

It will help to ease pressure on the Emergency Department at James Cook, ensuring patients are seen in the right place according to their clinical need.

Currently, every year approximately 20,000 people are accessing urgent care at the James Cook Emergency Department or travelling to Redcar UTC.

The new UTC in Middlesbrough will ensure those people access services in the right place according to their needs, ensuring that the emergency department can focus on the most poorly patients.

The Middlesbrough UTC is expected to be open in March 2024, with construction work due to start in October this year.

NHS 75th Birthday Celebrations

The Trust along with all parts of the NHS celebrated the NHS 75th birthday with a few events ran by Our Hospitals Charity including a Big Tea Party in Northallerton and a Family Fun Day at the Dorman's Club in Middlesbrough.

Industrial Action

Industrial action by British Medical Association (BMA) members will affect NHS services, however, emergency, and urgent care services are being prioritised to remain open. The Trust is working closely with those affected by the strike days to ensure appropriate arrangements are in place to maintain a safety at all times.

Innovation

Last week, The James Cook University Hospital performed ten specialist heart valve procedures in one day with seven patients returning home the same day and two the next morning.

It is thought that the number of same day discharges is a world record for the procedure known as TAVI (transcatheter aortic valve implantation), while ten is the most performed in a day in the UK.

TAVI is a minimally invasive heart valve replacement procedure that provides an alternative to open heart surgery for people with aortic stenosis, a disease particularly affecting people aged over 65.

James Cook is one of the pioneers in Europe of the streamlined TAVI pathway, Edwards BENCHMARK, which targets rapid discharge for patients while preserving good quality outcomes and safety.

These efforts to treat more patients are in line with recent NHS England Guidance calling for local health authorities to review their capacity and ability to offer TAVI due to the increased waiting times for cardiovascular procedures as a result of the pandemic.

TAVI does not require cutting the chest, which would increase recovery times and the length of stay in a hospital. Instead, the natural tissue heart valve is inserted through a tube (catheter), usually through a small incision in the groin, and guided using advanced imaging into the heart to replace the original valve.

Group development

We continue to build on the work of both Trusts in developing the group model. The focus over the summer will be to develop the partnership agreement between the two Trusts setting out the vision and strategy and the clinical strategy. This will be shared through a series of engagement meetings with key stakeholders including a joint Council of Governor meeting in September.

2. RECOMMENDATIONS

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

Meeting: Quality Assurance Committee	Date of Meeting: 31/05/2023
Connecting to: Board of Directors	Chair of Committee – Miriam Davidson
Key topics discussed in the meeting	
<p>The Board Assurance report was discussed 2 reports provided “Significant” assurance:</p> <ol style="list-style-type: none"> 1) The Research and Development 6 Monthly report and 2) The Patient Led Assessment of the Care Environment (PLACE) report. <p>QAC commended all staff on the outcome of the recent QQC inspection, this has been published since the April QAC meeting. It is a particularly affirming achievement when set in a national context. QAC members acknowledged it reflected an enormous amount of work by ALL staff and while further progress is required, QAC members wished to emphasise the importance of taking time and appreciating the outcome .</p> <p>QAC congratulated the staff team of the Trust’s Research and Development department and the wider Tees Valley Research Alliance (TVRA) on the continued success in research, innovation and academic growth. The 6 monthly report provided a detailed update on activity, performance and the Innovation strategic priorities. The recent CQC report graded 3 areas of R and D as “Good”, reflecting successful efforts to strengthen the Trust’s research capacity.</p> <p>Integrated Quality and Improvement Report: QAC members discussed several aspects of the IPR, it is recognised there are a number of “ cross-cutting” themes that are considered at a number of Board sub-committees, consideration is being given to making this more explicit , preventing duplication and ensuring these core themes are appropriately addressed. QAC was briefed on the plans underway to implement a new approach to resolving complaints, including a rapid review in June 2023. Falls was discussed and QAC briefed that as part of increased focus on the issue a specific Quality Improvement Project, linked to the PSIRF , has commenced.</p> <p>The focus on patient safety continued with the Patient Safety Incident Management report, providing moderate assurance. QAC congratulated the team and participating staff on the excellent Safety event held 23 May 2023, this was well received and reinforced messages about “ Safety and Quality First”.</p> <p>Safeguarding (Children and Adults) report: the continued focus on training and support provides assurance for QAC.</p> <p>Two reports for information focussed on Patient Experience and Involvement: a detailed annual report (including key priorities for 2023/2024) and the Patient Experience and Involvement Strategy, developed appropriately in partnership with Healthwatch colleagues and input from partners . Progress reports on the the above strategy will be brought to QAC quarterly.</p>	

The Annual Clinical Audit report described the challenges in this area of work and also positives , eg LocSSIPs are well embedded into practice , there are no outstanding risks relating to priority 3 audits and registrations are back to full capacity for priority 4 audits.

Significant assurance was provided to QAC by the Patient Led Assessment of the Care Environment (PLACE) report.

Actions	Responsibility / timescale
<ul style="list-style-type: none"> • Consideration to be given to how “ cross-cutting “ themes are addressed across Board sub- committees • Metrics and benchmarking to be developed for the Patient Experience and Involvement Strategy • Following CQC inspection report, a session on next steps will be useful 	<p>Mrs J White ...September 2023</p> <p>Ms J Little , Quarterly to QAC</p> <p>Mrs White and Dr H Lloyd tbc</p>
Escalated items	
<ul style="list-style-type: none"> • CQC Inspection report outcomes , congratulations to all staff • Research and Development team were awarded 1st place in the Bright Ideas for Health Awards • The PLACE assessment is affirming, the overall organisational scores for the Trust are above the national average in all 8 domains , excellent performance against the standards. • A report following a Screening Quality Assurance visit for the NHS Antenatal and Newborn Screening Programme has been received , it is a positive report and a detailed account will follow. 	
Risks (Include ID if currently on risk register)	Responsibility / timescale
No risks to add.	

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

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

May Resources Committee Chair's Log

Meeting: Resources Committee		Date of Meeting: 25/04/2023				
Connecting to: Main Board		Chair of Committee – David Redpath				
Key topics discussed in the meeting						
<p>Financial position for Month 1- Month 1 position reviewed and reported a deficit of £1.9m at a system control total level and the Trust is on plan year-to-date. For 2023/24, the system-based approach to planning and delivery continues, with each provider trust fully mapped to a single ICS system, the NENC has a current planned deficit of £50m.</p> <p>Agency Spend - NHS England has set system agency expenditure limits since 2022 to ensure NHS organisations are working together and taking collective responsibility for reducing agency spend. An update to the agency rules came into effect in April 2023. It was discussed and agreed that ownership and adherence to the rules and process for control is devolved to the collaboratives and reporting via the people committee on workforce planning.</p> <p>Private Patients strategy - The committee approved the creation of a new post to support the strategy.</p> <p>Energy purchasing strategy- The committee agreed to the proposed strategy of it is breakdown the energy volume into 25% of the Trusts volume in the Trend strategy and 75% in the Capped strategy. To take advantage of any falls in energy commodity cost and limit exposure to future increases in the Energy market.</p>						
Actions				Responsibility / timescale		
Date of Meeting	Item	Action	Lead	Due Date	Progress	Status (open, completed, to note)
24/11/2022	RC22/115	Digital Strategy – Articulate the potential negative risk and any mitigation in terms of budget because of the 1-2 months delay in delivering the Alicidion programme.	Mr Imiavan	January 2023	Mr Imiavan to update at next meeting.	Open
27/4/2023	RC23/007	IPR – Benefits realization paper for med recs	Mr Peate	July 2023		Open

27/4/2023	RC23/010	Digital Update – a document detailing the benefits realization.	Mr Imiavan	June 2023		Open
27/4/2023	RC23/013	Green Plan – updated green plan and decarbonisation strategy.	Mr Sturdy	October 2023		Open
25/5/2023	RC23/024	IPR – Response to the letter around Elective Recovery to be brought to the next Committee meeting.	Mr Peate	June 2023		Open
25/5/2023	RC23/0	Digital update – Mr Imiavan to arrange for the NEDs to visit Ward 11 before the next Resource Committee	Mr Imiavan	June 2023		Open

Escalated items

Key Issues/ Concerns for escalation:

- Nothing escalated from this months meeting

Risks (Include ID if currently on risk register)

Responsibility / timescale

No Additional Risk Identified

June Resources Committee Chair's Log

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

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

Escalated items

Key Issues/ Concerns for escalation:

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

Risks (Include ID if currently on risk register)

Responsibility / timescale

No Additional Risk Identified

MEETING OF THE COUNCIL OF GOVERNORS – 18 July 2023			
Integrated Performance Report			AGENDA ITEM: [PA insert number]
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	Responsible Director:	Sam Peate Chief Operating Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	To provide the 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.		
Background	<p>The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Council of Governors.</p>		
Assessment	<p>Changes to metrics for May IPR, are as follows:</p> <p>SAFE domain: No changes however due to system extract issues, Maternity Services data (page 8) has not been updated and still relates to April 2023.</p> <p>EFFECTIVE domain: No change.</p> <p>CARING domain: No change.</p> <p>EQUITABLE domain: No change.</p> <p>RESPONSIVE domain: No change.</p>		

	<p>WELL LED domain: No change.</p> <p>Our key messages for May are:</p> <p>The Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led.</p> <p>Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position.</p> <p>A&E 4-hour standard and ambulance handover performance has been maintained with the 4 hours performance representative of the national picture.</p> <p>Clear reductions in 12 hour waits and delays following a decision to admit are becoming evident also. Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care.</p> <p>Elective access (RTT 18-week standard) remains stable and continues to outperform the national trend. Patients waiting more than 78 weeks for non-urgent elective treatment has received extra focus since January, reducing in line with national requirements.</p> <p>Elective day case and outpatient activity were the major contributors to total elective growth in 2022/23, placing the Trust as one of the more productive providers in the ICS.</p> <p>Diagnostic activity showed year on year growth with compliance for the 6-week standard ahead of the national average.</p> <p>The Trust achieved the national target for Cancer 28-day Faster Diagnosis Standard and delivered a high number of cancer treatments against plan, however Cancer 62-day accumulation rose slightly due to continued pressure in specific pathways.</p>
<p>Level of Assurance</p>	<p>Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/> (select the relevant assurance level)</p>
<p>Recommendation</p>	<p>Members of the Council of Governors are asked to:</p> <ul style="list-style-type: none"> • Receive the Integrated Performance Report for May 2023. <p>Note the performance standards that are being achieved and the remedial actions being taken where metrics are outside expected parameters.</p>

<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>All BAF risks</p>	
<p>Legal and Equality and Diversity implications</p>	<p>There are no legal or equality and diversity implications associated with this paper.</p>	
<p>Strategic Objectives (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

May 2023

OVERSIGHT

RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

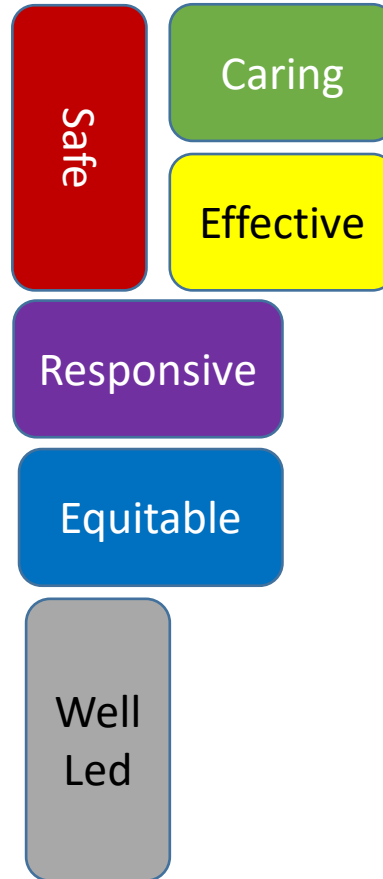
Dr Michael Stewart, Chief Medical Officer

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 changes however due to system extract issues, Maternity Services data (page 8) has not been updated and still relates to April 2023.

EFFECTIVE domain:

No change.

CARING domain:

No change.

EQUITABLE domain:

No change.

RESPONSIVE domain:

No change

WELL LED domain:

No change.

NATIONAL CONTEXT

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

Recovering our core services and productivity

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

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

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

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

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

SINGLE OVERSIGHT FRAMEWORK SUMMARY

NHS Oversight Framework Summary		Urgent & Emergency Care					Elective care							Cancer							
Provider	A&E 4 hour standard	12 hour delay from DTA	% A&E 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 22/23 v 19/20	1st OP - YTD growth 22/23 v 19/20	Total elective - YTD growth 22/23 v 19/20	Diagnostic activity 22/23 v 19/20	Diagnostic 6 week waits	Cancer 62 day - GP referral	Cancer 62 day backlog	Cancer treatments	Cancer 28 day FD	
Data period	Apr-23	Apr-23	Apr-23	Apr-23	Apr-23	Mar-23	Mar-23	Mar-23	Mar-23	Mar-23	Mar-23	Mar-23	Mar-23	Mar-23	Mar-23	Mar-23	Mar-23	Apr-23	Mar-23	Mar-23	Mar-23
Target	95%	Zero				92%	22/23 Plan	23/24 Plan	22/23 Plan	Zero by Jun 22	22/23 Plan	<=75%	104%	104%	120%	<=1%	85%	23/24 Plan	22/23 Plan	75%	
South Tees Hospitals NHSFT	72.5%	61	3.0%	429	206	65.6%	1,279	242	4	1	50,711	96%	102%	102%	102%	22.4%	58.4%	191	281	77.4%	
NENC ICS Provider level (including IS providers)	77.2%	471	4.2%	1,689	469	69.5%	7,768	1,634	170	22	388,453	98%	103%	95%	107%	15.9%	63.9%	1,129	1,834	79.7%	
North East & Yorkshire	75.1%		4.9%			65.7%										20.1%	65.3%			77.1%	
National	74.6%		8.2%			58.6%										25.0%	63.5%			74.2%	

The Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led. Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position. A&E 4-hour standard and ambulance handover performance has been maintained with the 4 hours performance representative of the national picture. Clear reductions in 12 hour waits and delays following a decision to admit are becoming evident also. Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care. Elective access (RTT 18-week standard) remains stable and continues to outperform the national trend. Patients waiting more than 78 weeks for non-urgent elective treatment has received extra focus since January, reducing in line with national requirements. Elective day case and outpatient activity were the major contributors to total elective growth in 2022/23, placing the Trust as one of the more productive providers in the ICS. Diagnostic activity showed year on year growth with compliance for the 6-week standard ahead of the national average. The Trust achieved the national target for Cancer 28-day Faster Diagnosis Standard and delivered a high number of cancer treatments against plan, however Cancer 62-day accumulation rose slightly due to continued pressure in specific pathways.




Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2575	2070	May 2023		
Serious Incidents	9	5	May 2023		
Never Events (YTD)	0	0	May 2023	N/A	N/A
Falls	180		May 2023		N/A
Falls Rate %	5.1	6.6	May 2023		
Falls With Harm	4		May 2023		N/A
Falls With Harm Rate %	0.1		May 2023		N/A

Incidents

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

Falls

The rate of all falls and falls with harm is stable and remains within control limits. All falls information submitted via Datix are reviewed daily. The falls team has commenced a quality improvement project, mapping systems, process, and reporting mechanisms, to ensure continued effective, evidenced-based and patient-centred care. We have identified opportunities to improve systems, so we better understand and learn from the patients' experiences. The continuing quality improvement project has also highlighted the importance of reviewing our procedures, documentation, so that we have a clear narrative of events and a robust recording system to evidence our responses and care provided.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	1.7		May 2023		N/A
Category 2 Pressure Ulcers (Community)	55		May 2023		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.3		May 2023		N/A
Category 3&4 Pressure Ulcers (Community)	31		May 2023		N/A
Medication Incidents	120		May 2023		N/A
Medications Reconciled Rate %	61.1%	80%	May 2023		
Omitted Critical Doses (%)	4%		May 2023		N/A
C-Difficile (YTD)	25	18	May 2023	N/A	N/A
MRSA (YTD)	0	0	May 2023	N/A	N/A
E-Coli (YTD)	26	22	May 2023	N/A	N/A
Klebsiella (YTD)	8	8	May 2023	N/A	N/A
Pseudomonas (YTD)	0	2	May 2023	N/A	N/A

Pressure Ulcers

The rate of hospital-acquired pressures ulcers in inpatient wards remains stable and within expected variation. The PURPOSE T tool and SSKIN assessment were introduced at FHN and JCUH onto the digital platform, Patienttrack, in September 2022. Extensive education and training continues in the clinical areas. Whilst the risk assessment is embedded into practice the frequency of completion has been increased to 24 hours for those patients stratified to the green pathway. PURPOSE T was implemented at Tocketts ward in February 2023, going live with Patienttrack in April. This has led to significant improvement in compliance to their risk assessments. Zetland ward has most recently implemented Purpose T in May and went live on Patienttrack in June. It is the intention to review pressure ulcer investigations in the first phase of PSIRF roll out. The team is currently reviewing how incidence of community pressure ulcers can be more meaningfully reported in relation to caseload, to focus interventions.

Medications

Medication incidents reported in May were within expected variation. Omitted doses data has changed to include all omitted doses on EPMA as opposed to a selection audit therefore increased figures. The figure for May was 4.0% the data is being reviewed to on EPMA for critical medicines. EPMA team currently working on live dashboard to go on intranet for all teams to view. Medicines reconciliation continues to remain an area of focus: vacancies have been recruited to and colleagues will commence from September 2023 for 5-day service. The collection of data for medicine reconciliation is now being collected via Alcidion and further data validation is required.

Healthcare acquired infections

There were no new MRSA reported in May. C. difficile local, regional and national action plans are in place. IPC precautions for isolating patients with C. difficile continue to be prioritised, followed by additional cleaning with Hydrogen Peroxide vapour. A further review of the decant cleaning programme is underway with a view to re-start. Structured case reviews are completed, providing assurance that appropriate measures are in place. E-Coli is addressed through a programme of ANTT (Aseptic Non-Touch Technique). The 2023/24 Standard Contract Objectives from NHS England have now been received and will be included in future reports.

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	361		Apr 2023	N/A	N/A
Breast feeding initiated (48 hrs)	59%	74.5%	Apr 2023		
Preterm birth rate <26+6 wks	0.8%	6%	Apr 2023		
Preterm birth rate 27 - 36+6 wks	7.7%	6%	Apr 2023		
Induction of Labour (%)	45.6%	44%	Apr 2023		
Number of 3rd/4th degree tear (%)	2.2%	3.5%	Apr 2023		
PPH > 1500ml (%)	2.19%	2%	Apr 2023		
Still Births (YTD)	1	17	Apr 2023	N/A	N/A

Maternity services

The pre-term birth rate for babies 27-36+6 weeks gestation is within expected variation. For our Trust this can be higher than the standard rate due to the specialist nature of the service and the proportion of high-risk pregnancies managed within the Trust. Our data has been cross checked with other similar units and we are not an outlier. All pre-term births are reviewed by Consultant and midwife and all guidelines are followed. Pre-term birth clinics are held weekly with a named consultant and midwife. We work closely with the NENC Preterm Birth Group.

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

















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

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

Post-partum Haemorrhage (PPH) fluctuates month to month and is within expected variation. All cases are reviewed to ensure guidelines are followed. PPH is covered in the annual MDT obstetric emergency training and simulations also occur on a regular basis to ensure staff are well prepared for any emergency situation. We are slightly above the national average (February 2023 data). We have completed a lookback review of Q3 PPHs and have extended this for all Q4 deliveries. This is being undertaken to identify any themes and commonalities which will help us to reduce PPH. A report on maternal blood loss is being prepared for QAC.

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

EFFECTIVE

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6.8%		Mar 2023		N/A
Sepsis - Oxygen delivered within 1hr	100%	95%	Apr 2023		
Sepsis - Blood cultures within 1hr	71.4%	95%	Apr 2023		
Sepsis - Empiric IV antibiotics within 1hr	71.4%	95%	Apr 2023		
Sepsis - Serum lactate within 1hr	69.4%	95%	Apr 2023		
Sepsis - IV fluid resuscitation within 1hr	73.5%	95%	Apr 2023		
Sepsis - Urine measurement within 1hr	100%	95%	Apr 2023		
Summary Hospital-Level Mortality Indicator	107.8	100	Dec 2022		
Comorbidity Coding	3.4		Mar 2023		N/A

Readmission rates

The emergency readmission rate remains within current expected variation.

Sepsis

Urine output and oxygen delivery remain above target levels.

Actions:

- A piece of work has begun on setting compliance targets to for acutely ill patient courses for all acute areas, including role specific mandatory training.
- There has been an increase in subscription to the sepsis study days and further adverts have gone out for the next rota period.
- Work is underway to finalise the acutely ill patient tool within electronic clinical noting.
- The Sepsis antimicrobial guidance and screening poster has been taken to the Antimicrobial Working Group for review and will be finalised by the month end.
- Maternity staff currently undergoing sepsis training daily.
- Maternity prompt cards have been ordered.
- NICE guidance is currently under review nationally.

Mortality

SHMI has remained at 108 for the latest official reporting period, Feb 2022 to Jan 2023, SHMI and is 'as expected'. The data processing anomaly with the volume of spells used to calculate SHMI November 2022 remains in the data but has not recurred.

Currently 4.3% of spells in England are removed because they have a COVID code and spells included in SHMI are at 87% of pre-pandemic levels. Both metrics are stable.

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

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	83.6%	78%	May 2023		
Inpatient Experience (%)	97%	94%	May 2023		
Maternity Experience (%)	88.6%	92%	May 2023		
Outpatient Experience (%)	96%	93%	May 2023		
Community Experience (%)	99.3%	94%	May 2023		
New Complaints	29		May 2023		N/A
Closed Within Target (%)	54.2%	80%	May 2023		

Patient experience

Emergency Department Friends & Family Test score remains above target for the second consecutive month and is continually monitored. The Inpatient Friends & Family Test score remains above target for the third month. The Friends & Family Test score reported in Outpatients and Community services consistently perform above the national average.

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

Closed within target

The timeframe for response has increased for the second consecutive month but remains below target. Complaints closed beyond timeframe remains an area of focus and the action plan implemented in April 2023 is continuing. The Safe and Effective Care Facilitators are concentrating solely on written complaints, clearing the accumulation and to manage new complaints. All new complaints have a 60 working day timeframe for written responses. Complaints and PALS trajectory is monitored weekly and shared with the Safe and Effective Care Leads, Associate Chief Nurses, and Heads of Nursing. A rapid review of the complaints process planned for June 2023. This work is overseen by the Patient Experience Steering Group.

Learning from complaints

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

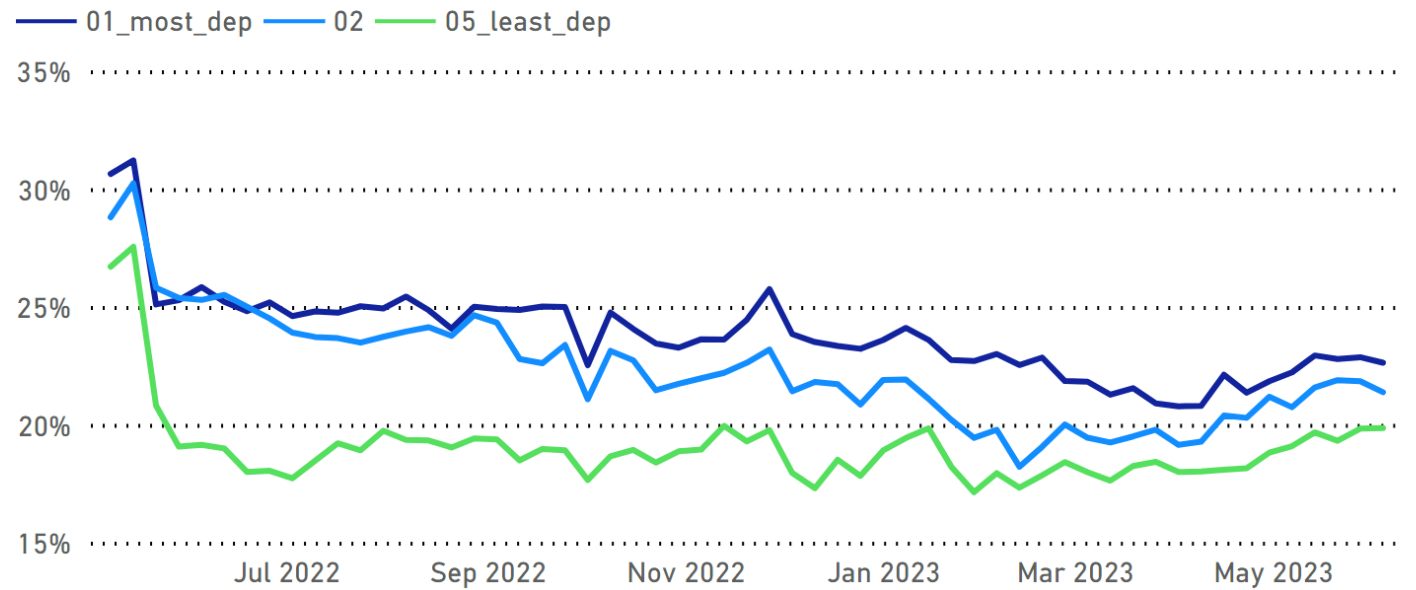
EQUITABLE

Elective inpatient PTL Inequalities: Deprivation

Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	2030	594	23%	2624
02	1191	324	21%	1515
03	1226	319	21%	1545
04	1836	447	20%	2283
05_least_dep	1283	318	20%	1601
N/k	798	122	13%	920
Total	8364	2124	20%	10488

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

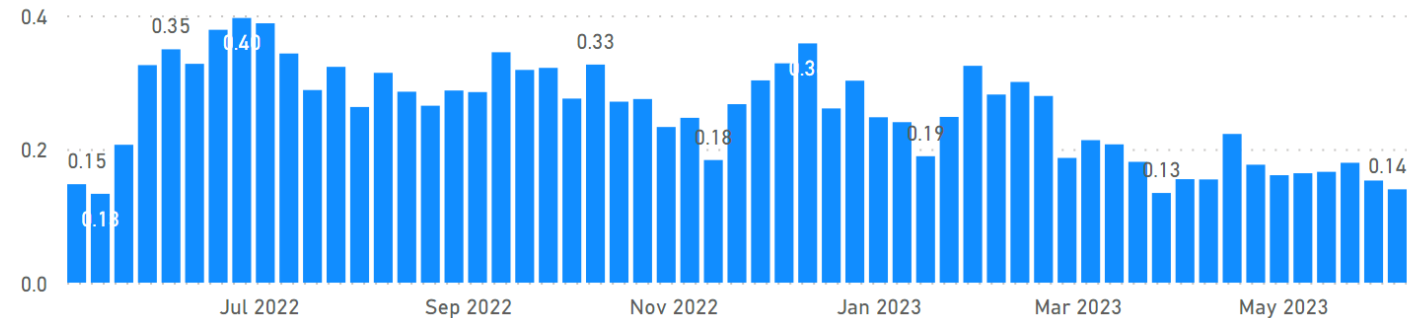
P3 > 3 months

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

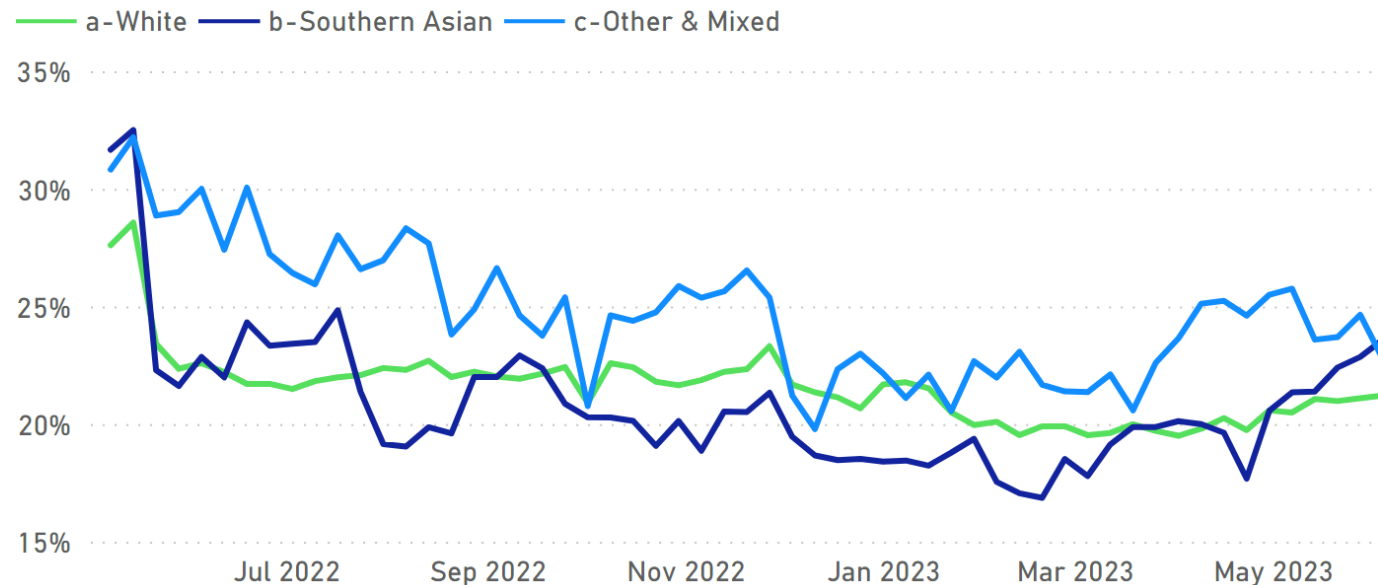
Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
<input checked="" type="checkbox"/> a-White	6572	1770	21%	8342
<input checked="" type="checkbox"/> b-Southern Asian	136	42	24%	178
<input type="checkbox"/> c-Other & Mixed	163	48	23%	211
Black	27	10	27%	37
Mixed	40	8	17%	48
Other	96	30	24%	126
<input checked="" type="checkbox"/> N/k	1493	264	15%	1757
Total	8364	2124	20%	10488

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

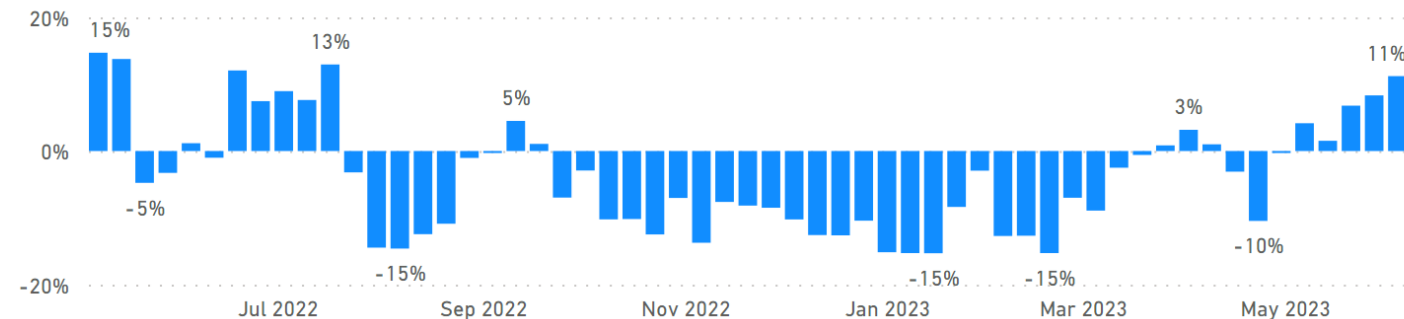
In Standard: All others

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	10753	10907	May 2023		
A&E Attendances - Type 3	5663	5707	May 2023		
Handovers - Within 30 Mins (%)	79.6%	95%	May 2023		
Handovers - Within 60 Mins (%)	91.2%	100%	May 2023		
4-Hour A&E Standard	70.5%	76%	May 2023		
12-Hour Waits from Decision to Admit	65	0	May 2023		N/A
12-Hour A&E Breaches	288	0	May 2023		
RTT Incomplete Pathways (%)	64.4%	92%	Apr 2023		
RTT List Size within 52 weeks (%)	97.1%		Apr 2023		N/A
RTT 52 week waiters	1503	1362	Apr 2023	N/A	N/A
RTT 65 week waiters	299	367	Apr 2023	N/A	N/A
RTT 78 week waiters	5		Apr 2023	N/A	N/A
RTT Waiting List Size	51548	49239	Apr 2023		
Diagnostic 6 Weeks Standard (%)	74.3%	99%	Apr 2023		
Cancer 14 Day Standard (%)	76.2%	93%	Apr 2023		
Cancer 31 Day Standard (%)	90.7%	96%	Apr 2023		
Cancer 62 Day Standard (%)	56.2%	85%	Apr 2023		
Cancer >62 Day Backlog	206	164	May 2023	N/A	N/A
Cancer Faster Diagnosis Standard (%)	71.4%	75%	Apr 2023		
Cancelled Ops - Non-Urgent Cancelled on Day	55	0	May 2023		

Urgent and emergency care

The impact of challenges across the social care system continue to be observed – particularly in relation to timely access to domiciliary care. 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 May was as expected. Performance against the 4-hour standard was steady. Ambulance handover delays also remained consistent with recent months. Evidence-based process improvement remains an organisational priority with a focus on achieving the national 4-hour standard of 76% by end 2023/24 and ensuring all Ambulance handovers take place within one hour. Observational work is ongoing to drive out process issues that can hinder patient handover.

Elective, diagnostic and cancer waiting times

Referral to treatment within 18 weeks is stable at 64% and remains well above the national average. There is continued focus on the longest waits - reducing the number of patients waiting more than 65 weeks by March 2024

Compliance with the 6-week diagnostic access standard has steadily improved since October but dropped back slightly to 74% for April. In particular, endoscopy waits have been significantly reduced following extra capacity being made available last year.

The faster diagnosis standard has been an improving trend for the last 12 months but dropped below the national target for the first time in 3 months in April. Services have been asked to prioritise treatments for their Cancer >62 day waiters and the Cancer 62-day standard performance is affected as the longest waiting patients are treated.

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

RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	18137	18676	May 2023		
Outpatient Follow Up Attendances	46023	46864	May 2023		
Day Case admissions	6146	6075	May 2023		
Ordinary Elective admissions	1018	1031	May 2023		
NEL admissions with 0 LOS	3098	1377	May 2023		
NEL admissions with 1+ LOS	3712	2902	May 2023		
Length of Stay - Elective	3.3		May 2023		N/A
Length of Stay - Non-Elective	4		May 2023		N/A
Not Met Not Discharged	84	90	May 2023		
21 Day Stranded Patients (%)	12.9%	12%	May 2023		

Activity

May first outpatient attendances were even closer to plan than in April and follow up attendances were reduced as intended. Clinical teams are working to ensure the right ratio of first and follow up capacity is in place so that more patients can attend their first appointment. Ordinary elective and day case admissions also tracked closely to plan.

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









Length of Stay

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

The number of patients who no longer meet criteria to reside in an acute bed has shown significant, sustained improvement in the last year and was below the planned threshold for the second consecutive month. The Trust proactively reduces delays within its span of control and has embedded a Home First service and therapy-led ward for patients who have completed their medically-led care. However, there are ongoing pressures across the social care sector which impact on timely discharge of patients who have ongoing care and support needs.

The proportion of patients admitted for 21 days or more has declined for the third consecutive month in a row. The overall percentage of patients with long stay is driven by our specialist critical care, spinal cord injuries and rehabilitation pathways as a regional tertiary centre. For patients who no longer require specialist care, we are focusing on appropriate repatriation for care closer to home.

WELL LED

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£4.209m	-£4.218m	May 2023	N/A	N/A
Annual Appraisal (%)	79.3%	80%	May 2023		
Mandatory Training (%)	93.2%	90%	May 2023		
Sickness Absence (%)	5.1%	4%	May 2023		
Staff Turnover (%)	11.7%	10%	May 2023		

Finance and use of resources

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

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

People

Sickness absence across the Trust was 5.1% for the month of May 2023. Short term sickness is compliant across 9 Collaboratives, the HR team are working with management teams to ensure targets continue to be achieved. The Wellbeing and Attendance team continue to focus on supporting managers in reducing long-term sickness.

Appraisal compliance has increased to 79.3% for May 23 (April 78.6%) and HR teams meet regularly with their Collaboratives to agree actions to improve compliance. Mandatory Training compliance has increased by 2.5% and is at 93.2% for May 23, 9 Collaboratives are over the 90% compliance target. The HR teams are liaising with managers, to support them with action plans to raise compliance on all elements to 90% across the Trust.

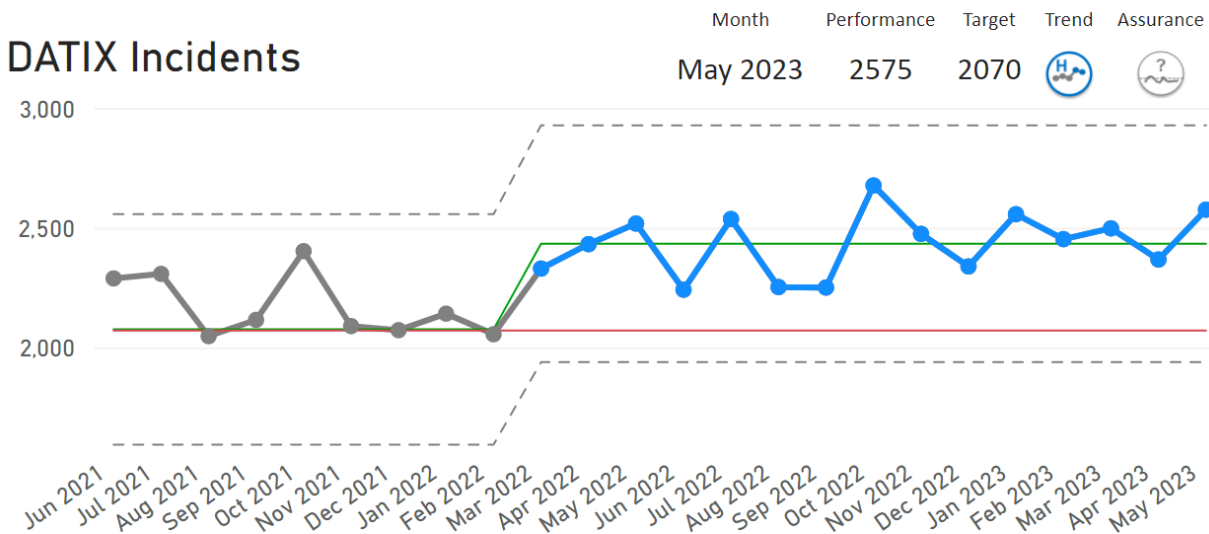
HR provide details of exit interview data to managers, to help encourage retention. HR teams have provided Collaboratives with further analysis of the NHS Staff Survey data to support the development of action plans.

APPENDICES

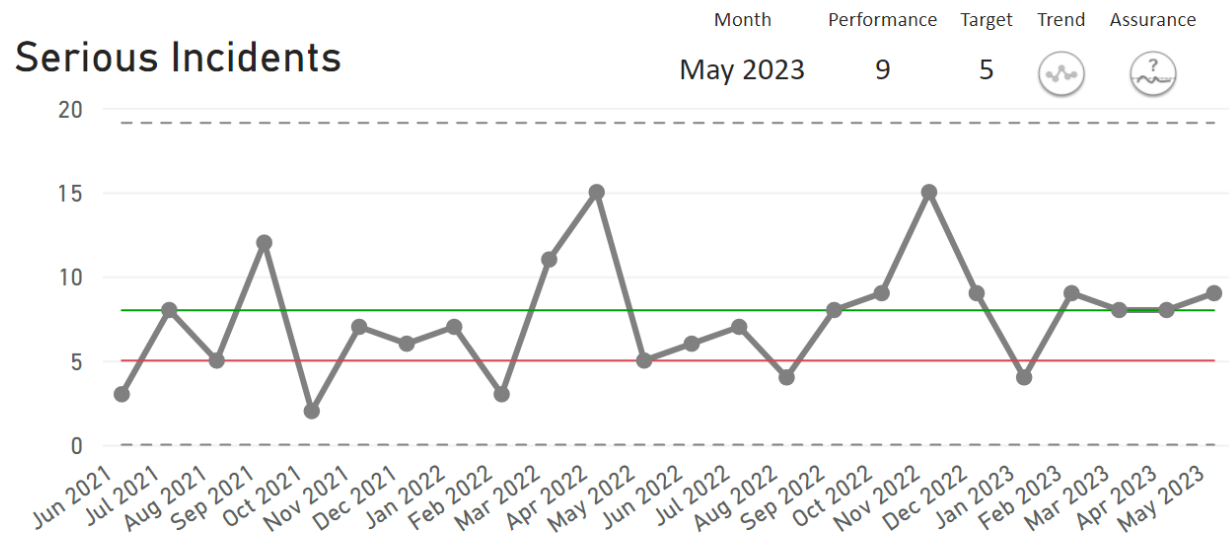
SPC charts for the metrics summarised above, by domain.

SAFE

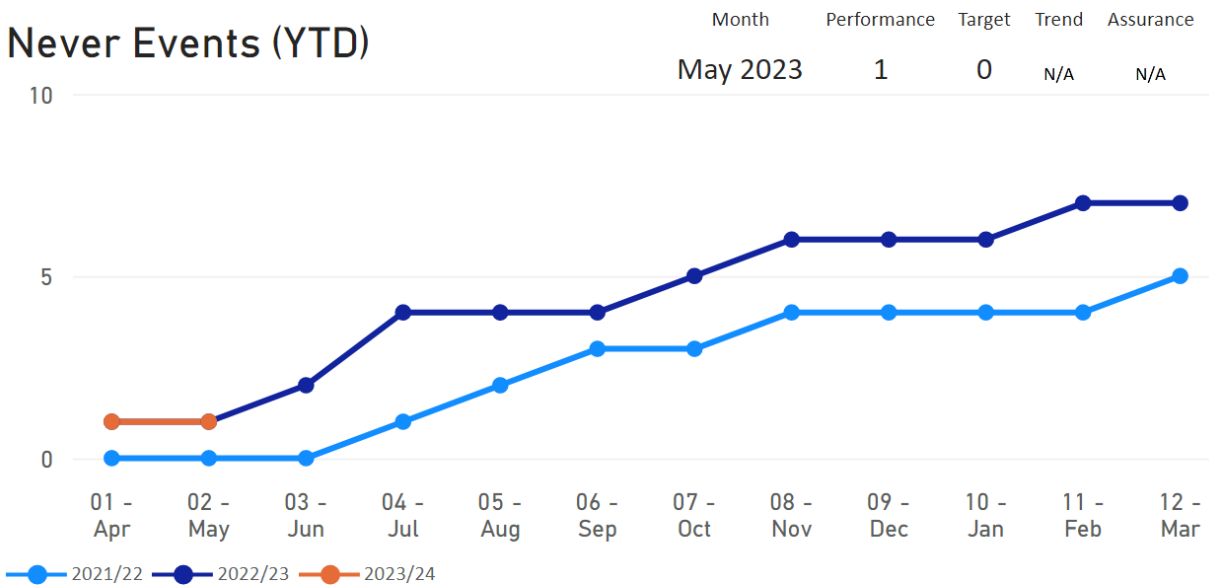
DATIX Incidents



Serious Incidents



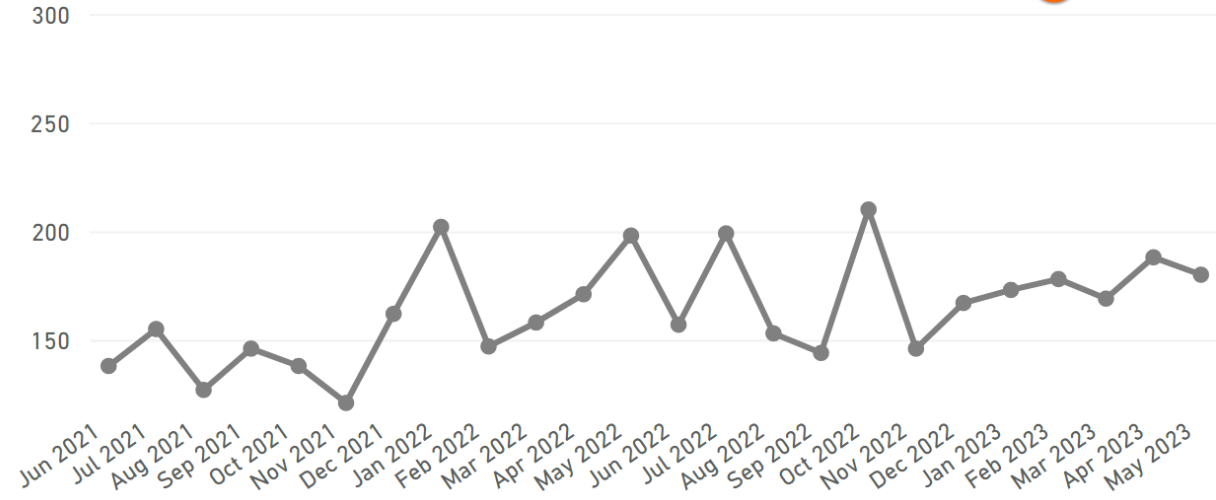
Never Events (YTD)



SAFE

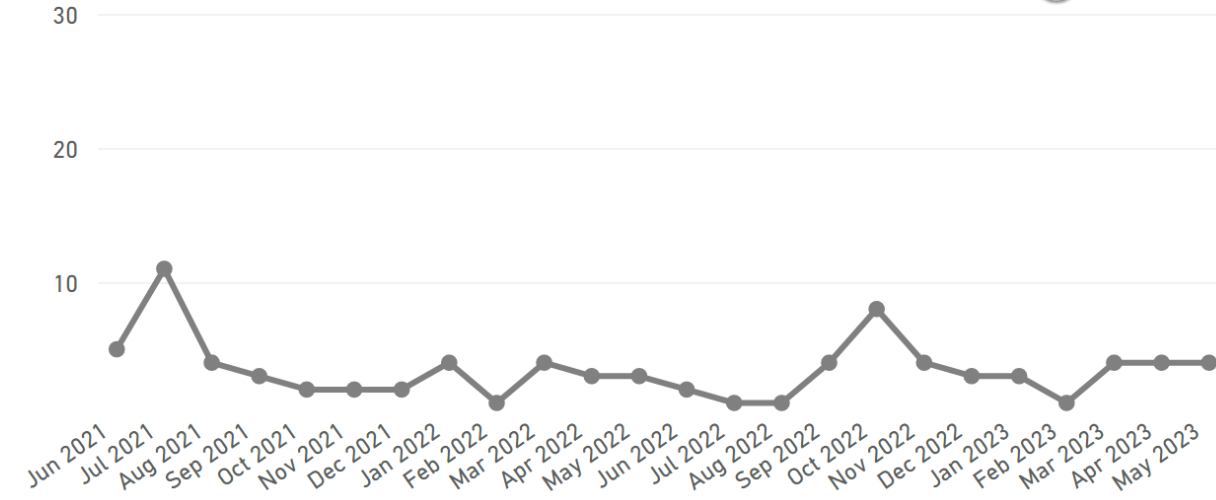
Falls

Month	Performance	Target	Trend	Assurance
May 2023	180			N/A



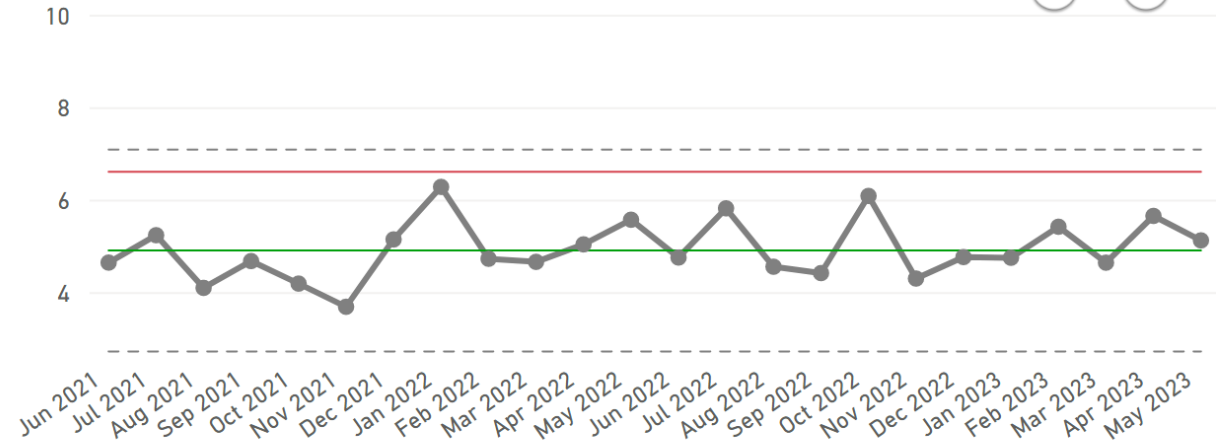
Falls With Harm

Month	Performance	Target	Trend	Assurance
May 2023	4			N/A



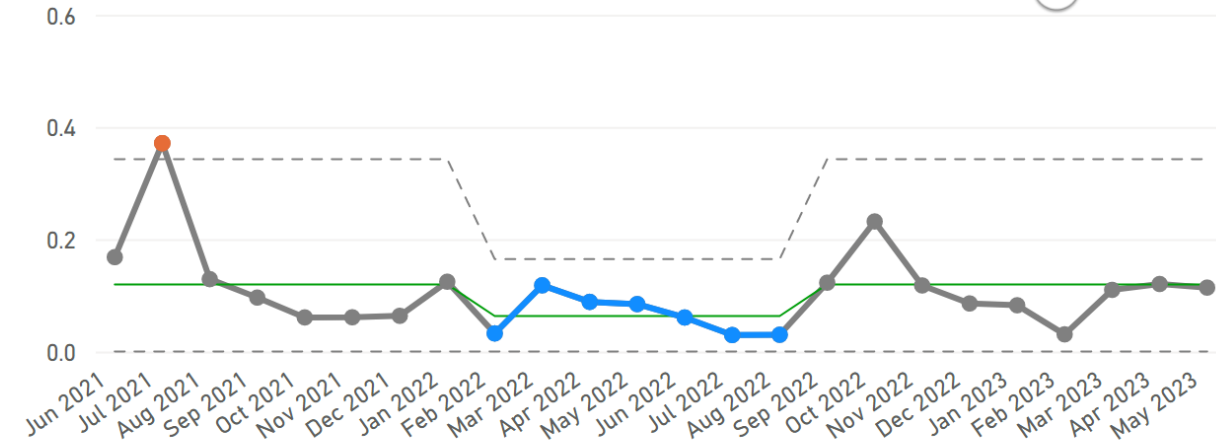
Falls Rate %

Month	Performance	Target	Trend	Assurance
May 2023	5.1	6.6		



Falls With Harm Rate %

Month	Performance	Target	Trend	Assurance
May 2023	0.1			N/A




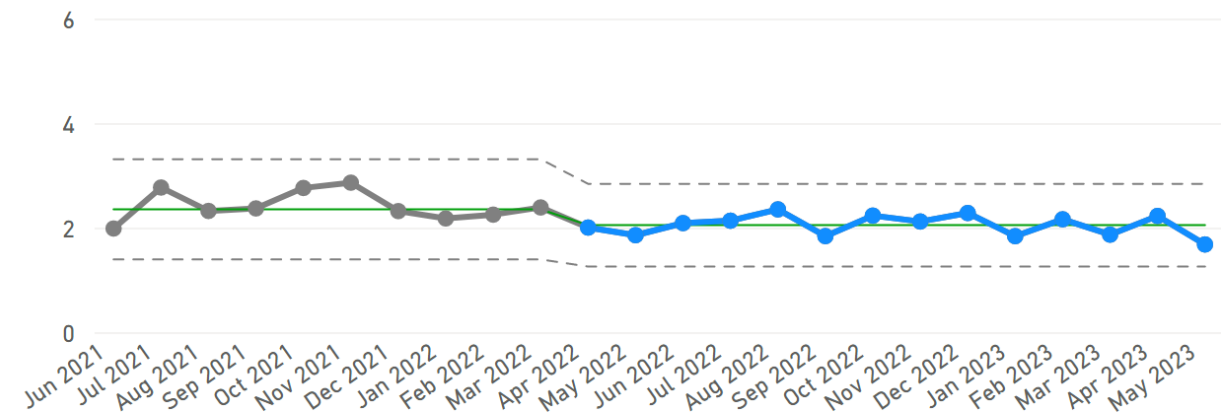
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

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

SAFE


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

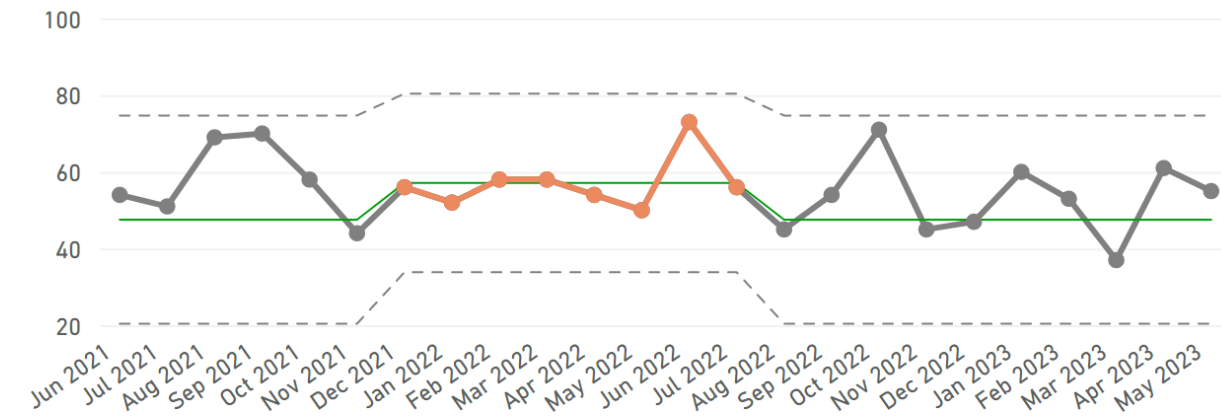
Month: May 2023
 Performance: 1.7
 Target: 
 Assurance: N/A



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


Category 2 Pressure Ulcers (Community)

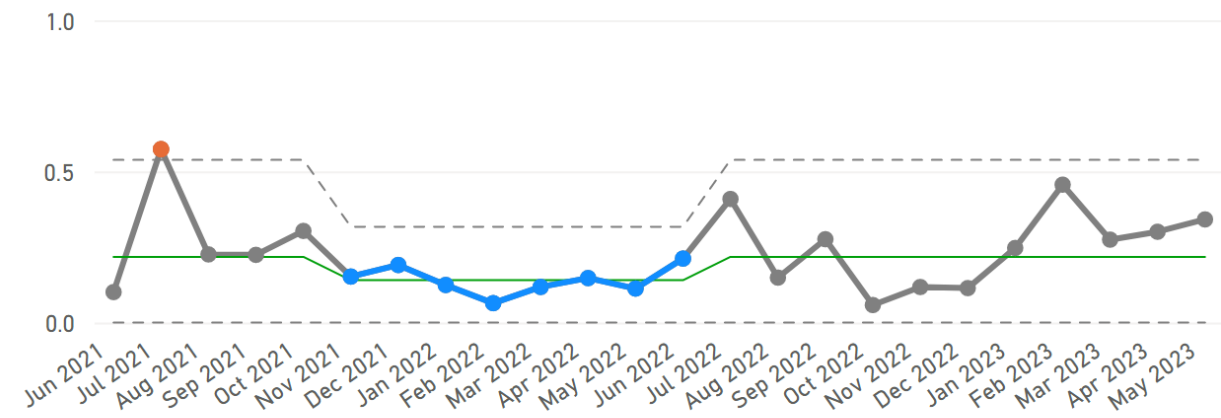
Month: May 2023
 Performance: 55
 Target: 
 Assurance: N/A



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


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

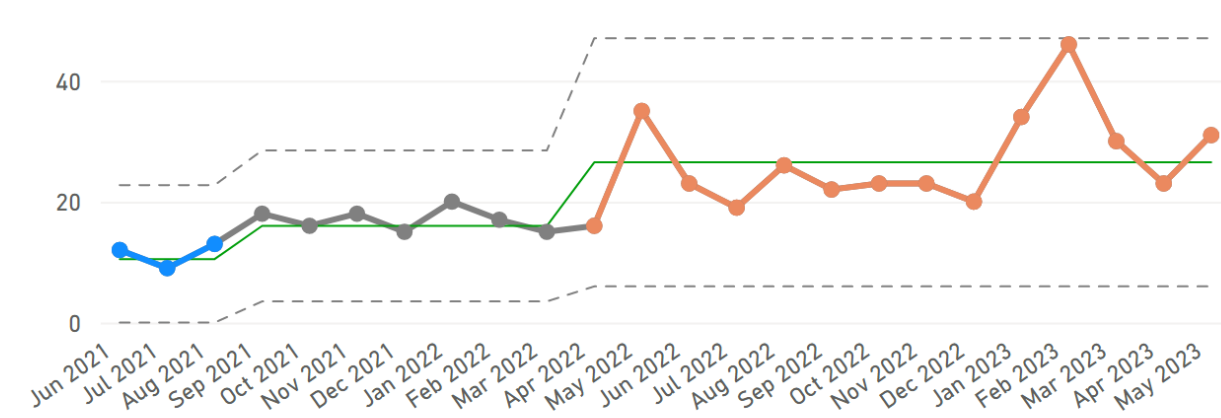
Month: May 2023
 Performance: 0.3
 Target: 
 Assurance: N/A



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

Category 3&4 Pressure Ulcers (Community)


Month: May 2023
 Performance: 31
 Target: 
 Assurance: N/A

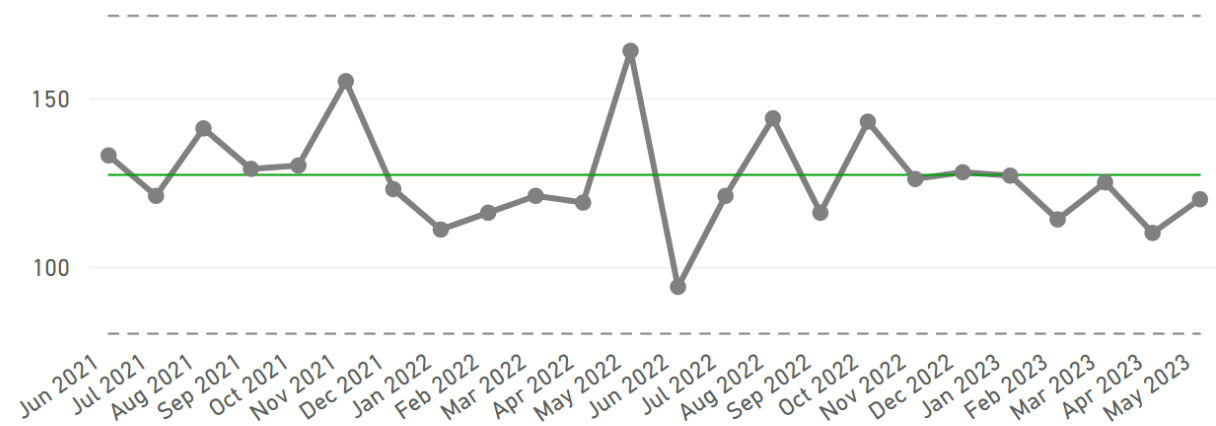


Legend: Value (grey), UCL (grey), LCL (grey), Mean (green), Target (red), Improvement (blue), Concern (orange), Outside CL High (blue), Outside CL Low (orange)



SAFE

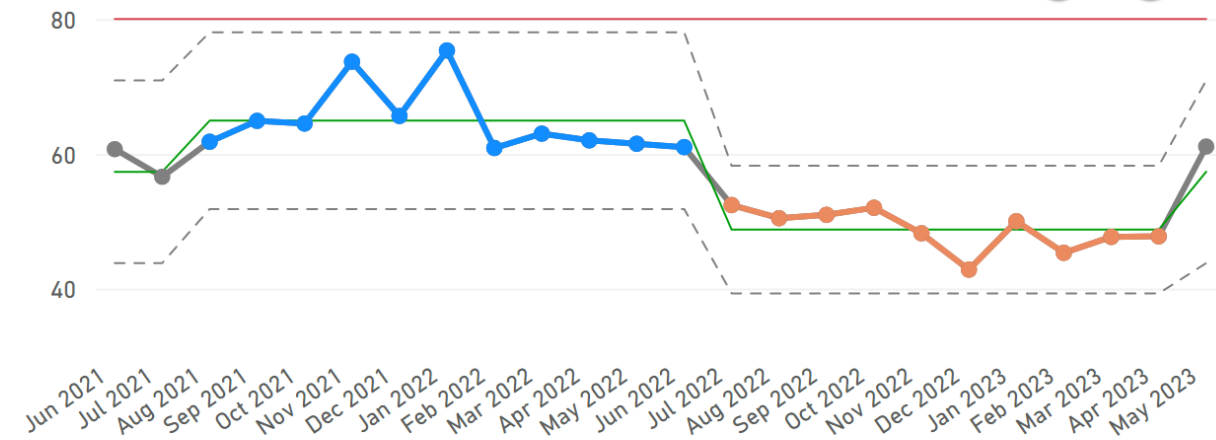
Medication Incidents

Month: May 2023
 Performance: 120
 Target: 
 Assurance: N/A




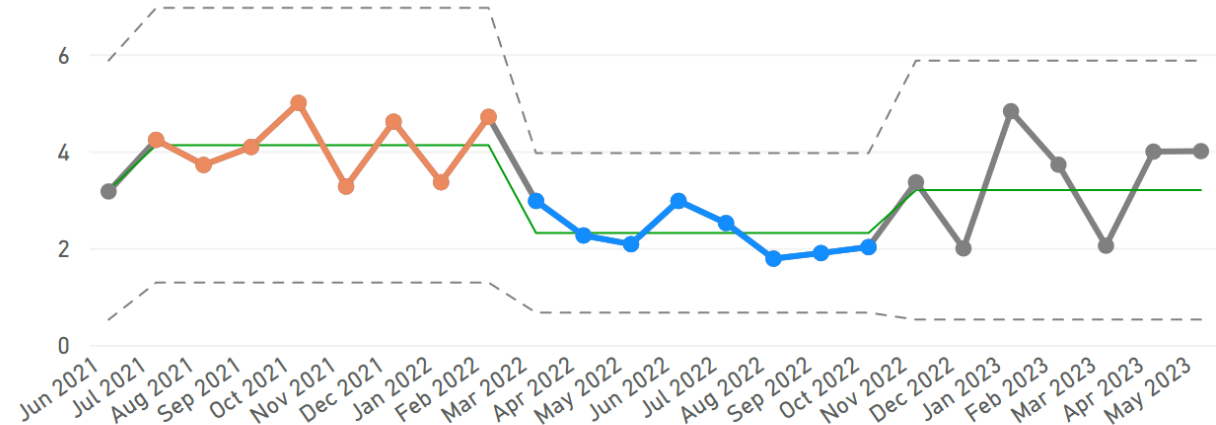
Medications Reconciled Rate %

Month: May 2023
 Performance: 61.1%
 Target: 80%
 Trend: 
 Assurance: 



Omitted Critical Doses (%)

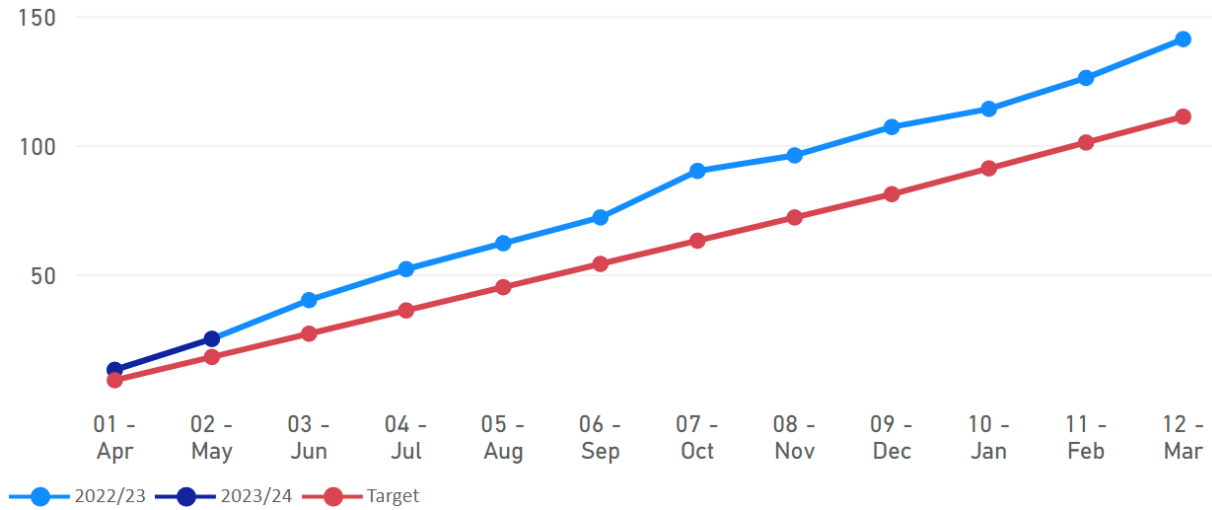
Month: May 2023
 Performance: 4%
 Target: 
 Assurance: N/A



SAFE

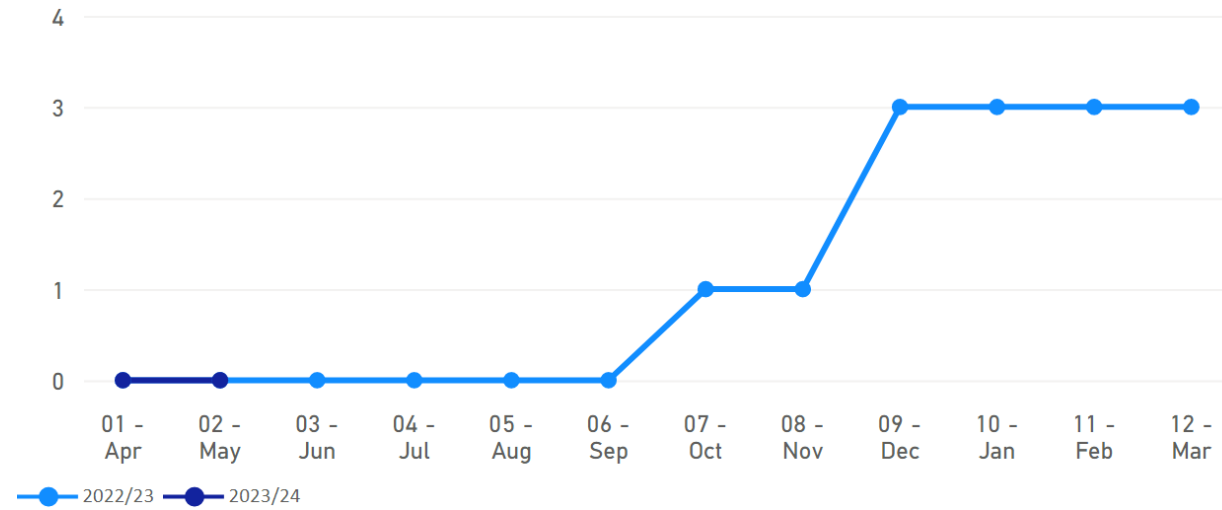
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
May 2023	25	18	N/A	N/A



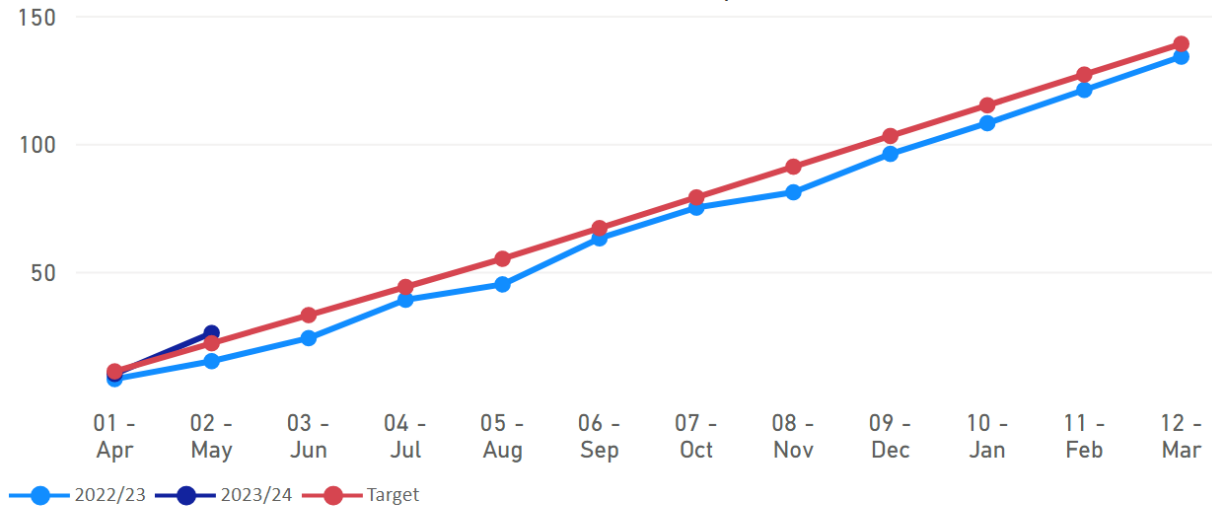
MRSA (YTD)

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



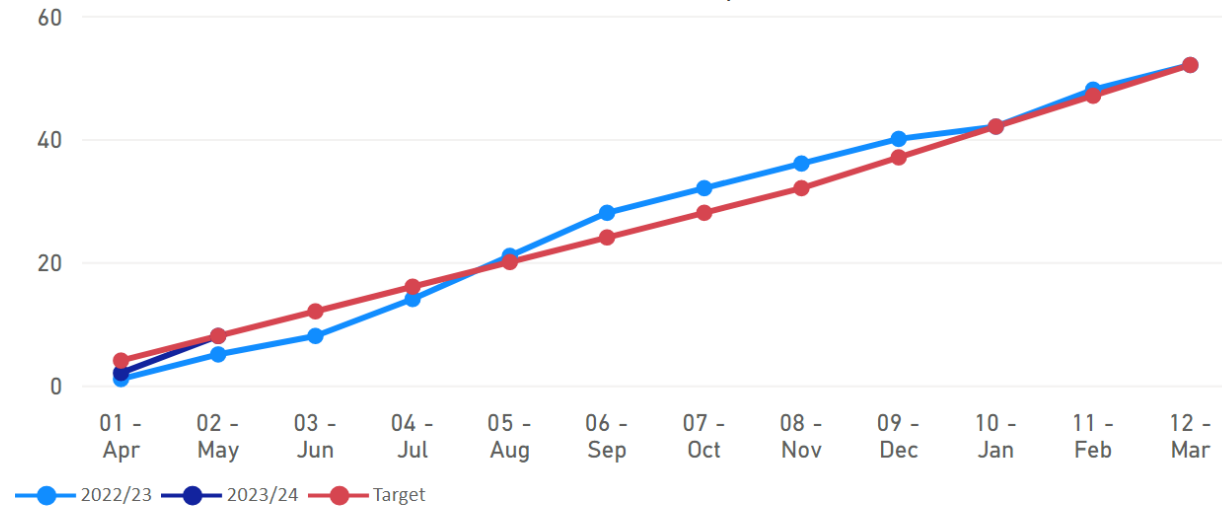
E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
May 2023	26	22	N/A	N/A



Klebsiella (YTD)

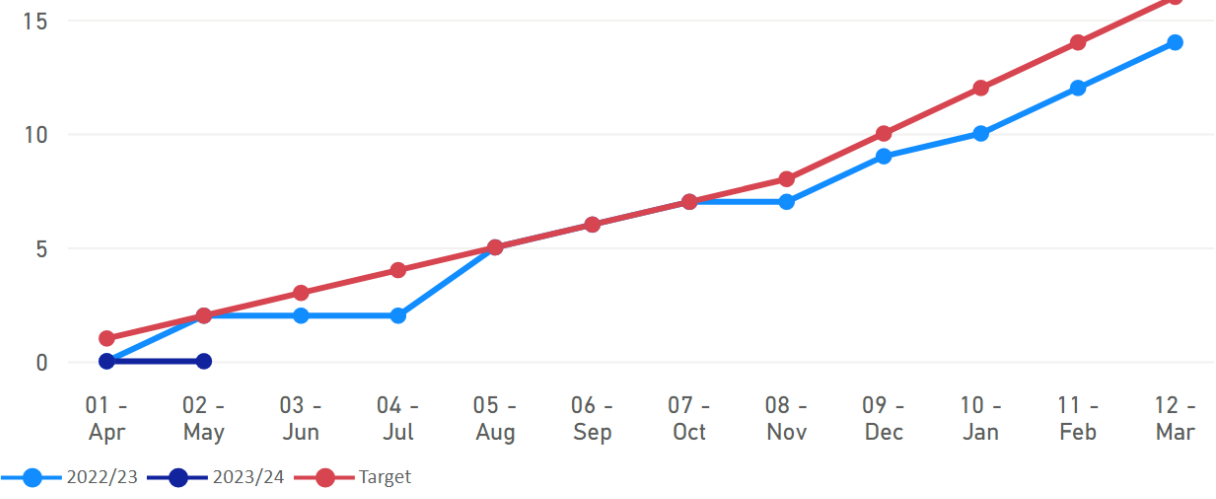
Month	Performance	Target	Trend	Assurance
May 2023	8	8	N/A	N/A



SAFE

Pseudomonas (YTD)

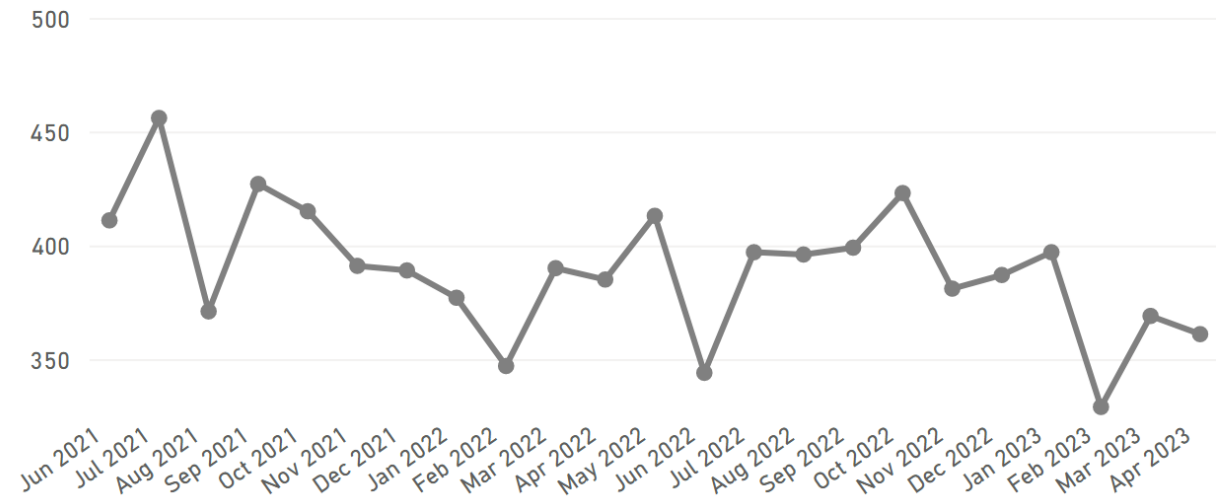
Month	Performance	Target	Trend	Assurance
May 2023	0	2	N/A	N/A



SAFE

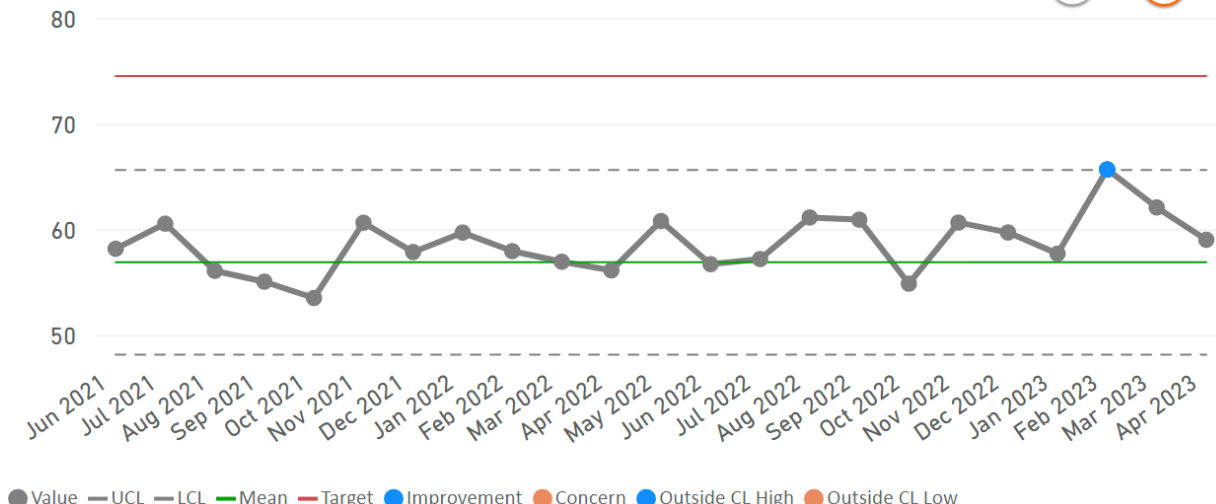
No. of babies born

Month	Performance	Target	Trend	Assurance
Apr 2023	361		N/A	N/A



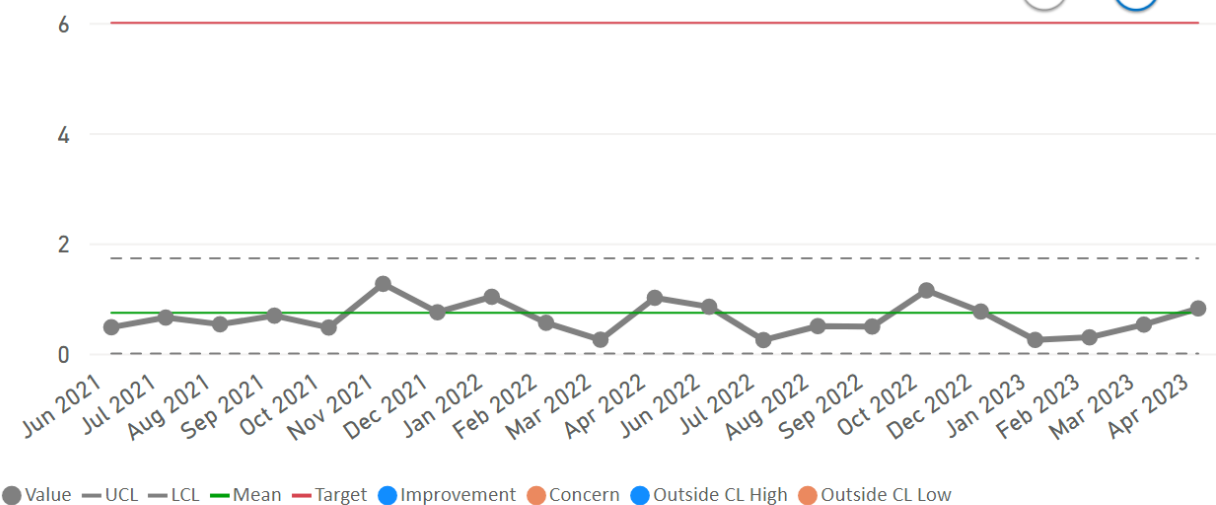
Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Apr 2023	59%	74.5%		



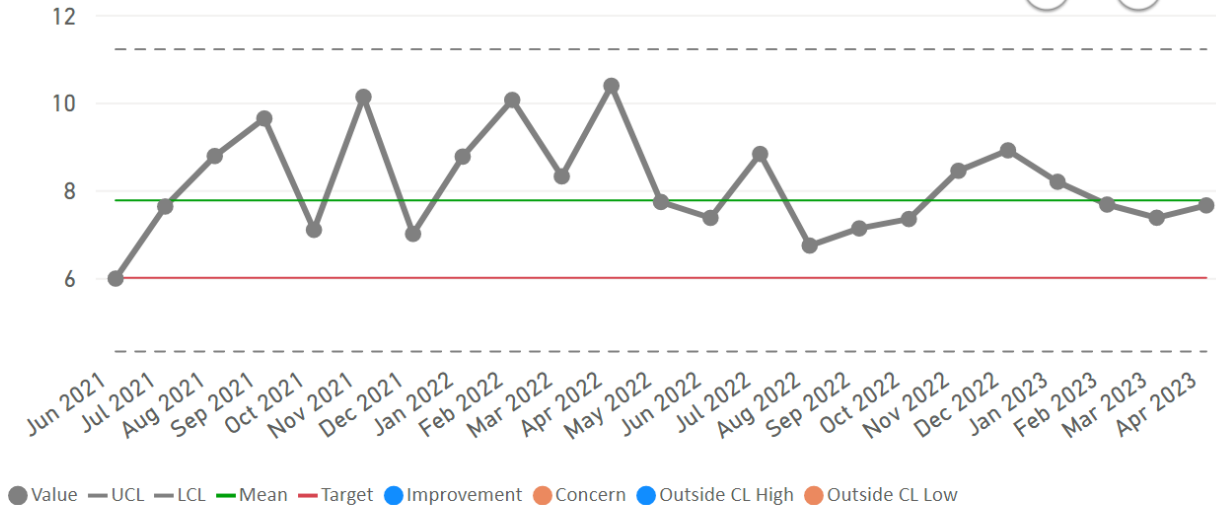
Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
Apr 2023	0.8%	6%		



Preterm birth rate 27 - 36+6 wks

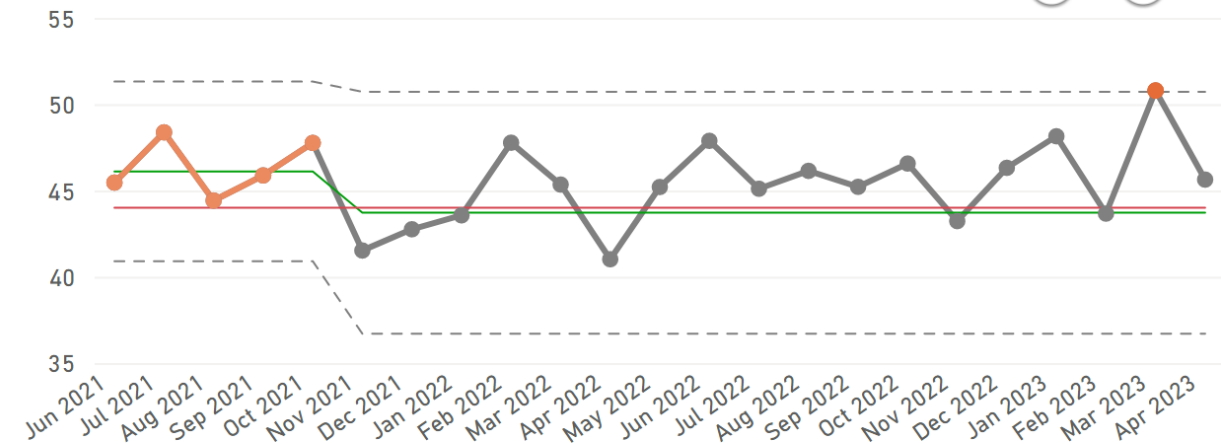
Month	Performance	Target	Trend	Assurance
Apr 2023	7.7%	6%		



SAFE

Induction of Labour (%)

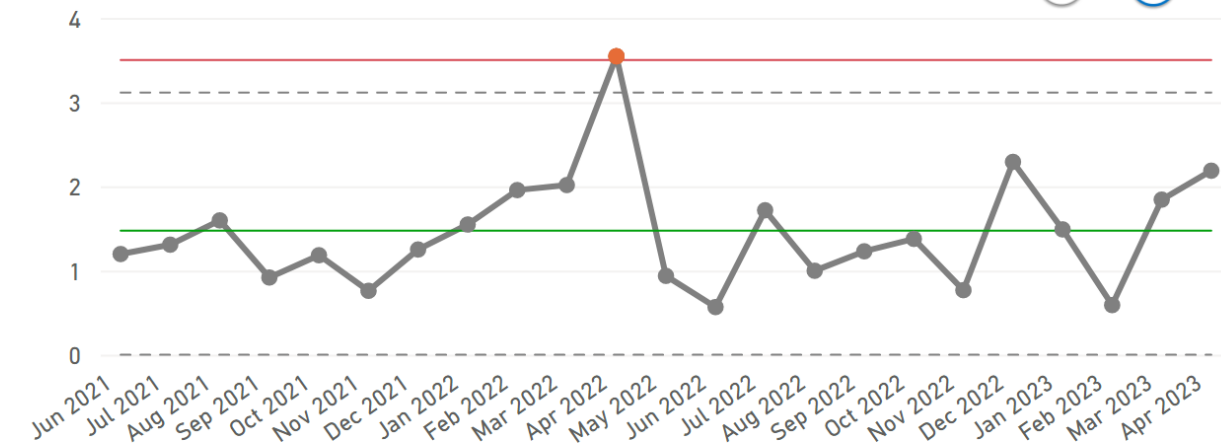
Month	Performance	Target	Trend	Assurance
Apr 2023	45.6%	44%		



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

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

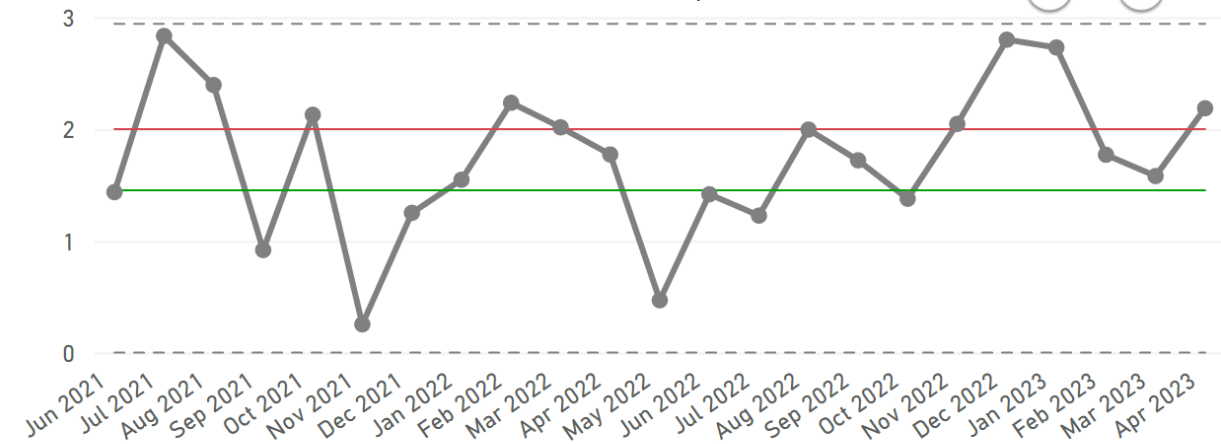
Month	Performance	Target	Trend	Assurance
Apr 2023	2.2%	3.5%		



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

PPH > 1500ml (%)

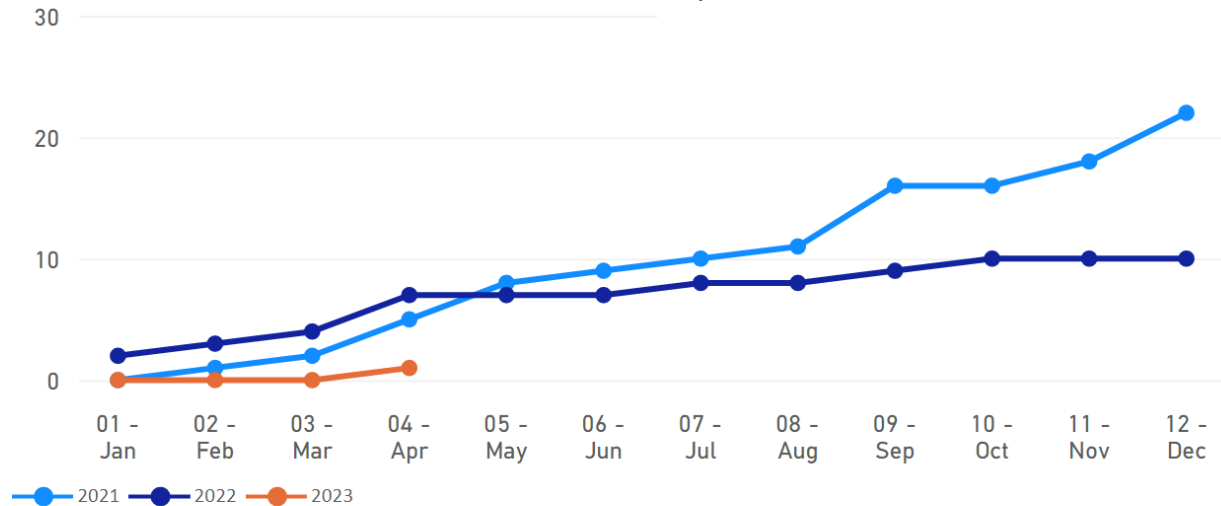
Month	Performance	Target	Trend	Assurance
Apr 2023	2.19%	2%		



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


Still Births (YTD)

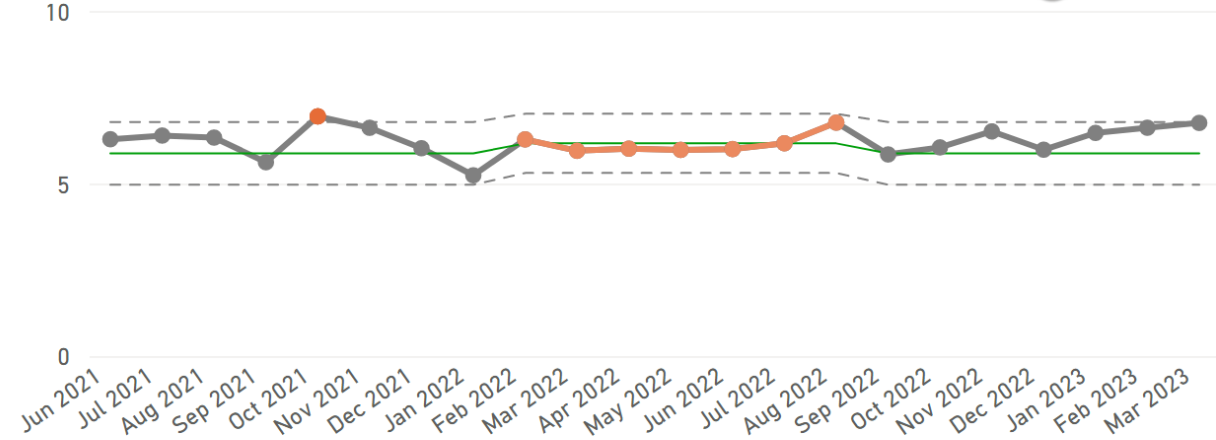
Month	Performance	Target	Trend	Assurance
Apr 2023	1	17	N/A	N/A



EFFECTIVE

Readmission Rate %



Month: Mar 2023
Performance: 6.8%
Target: 
Assurance: N/A

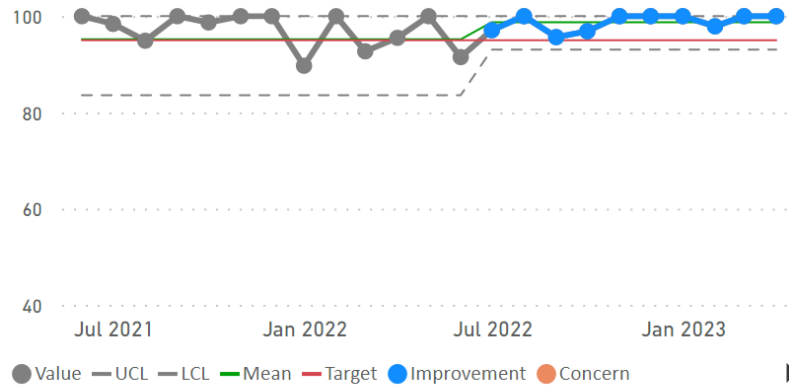


● Value — UCL — LCL — Mean ● Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low



EFFECTIVE

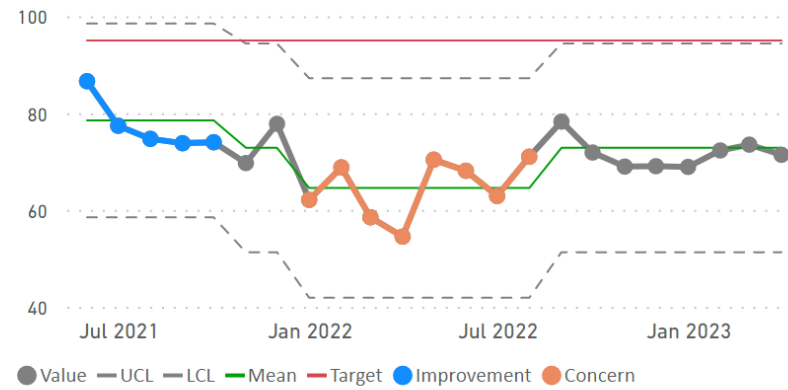
Sepsis - Oxygen within 1hr

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





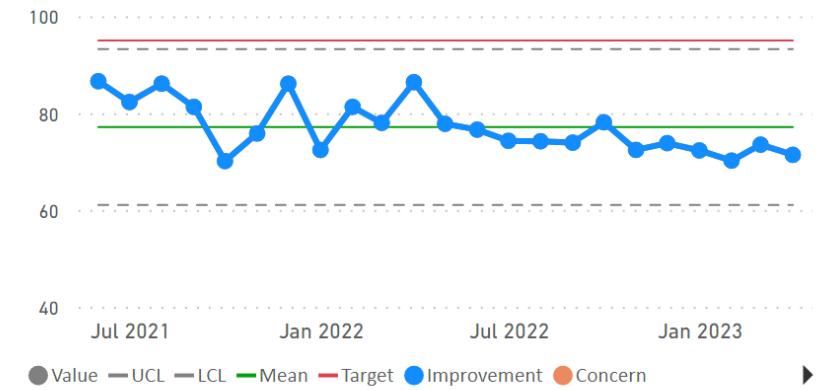
Sepsis - Blood cultures within 1hr

Month: Apr 2023
Performance: 71.4%
Target: 95%
Trend: 
Assurance: 





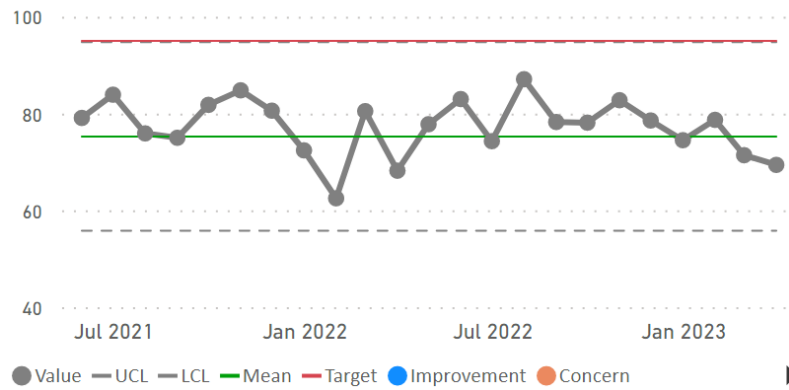
Sepsis - IV antibiotics within 1hr

Month: Apr 2023
Performance: 71.4%
Target: 95%
Trend: 
Assurance: 





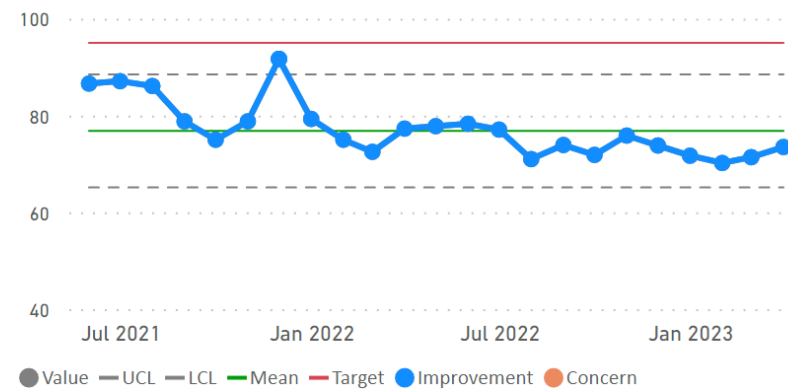
Sepsis - Serum lactate within 1hr

Month: Apr 2023
Performance: 69.4%
Target: 95%
Trend: 
Assurance: 





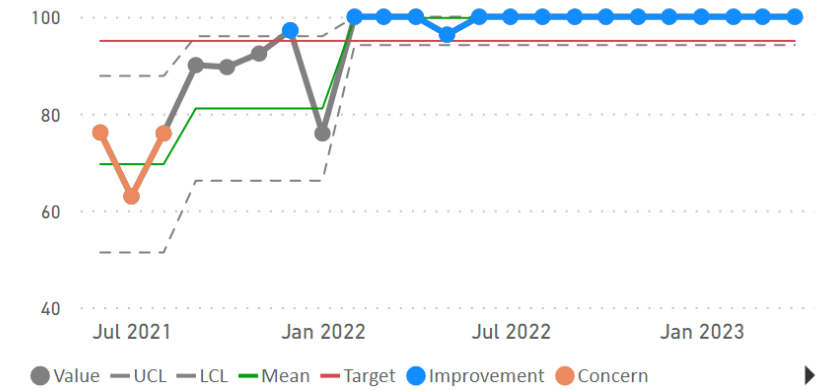
IV fluid resuscitation within 1hr

Month: Apr 2023
Performance: 73.5%
Target: 95%
Trend: 
Assurance: 

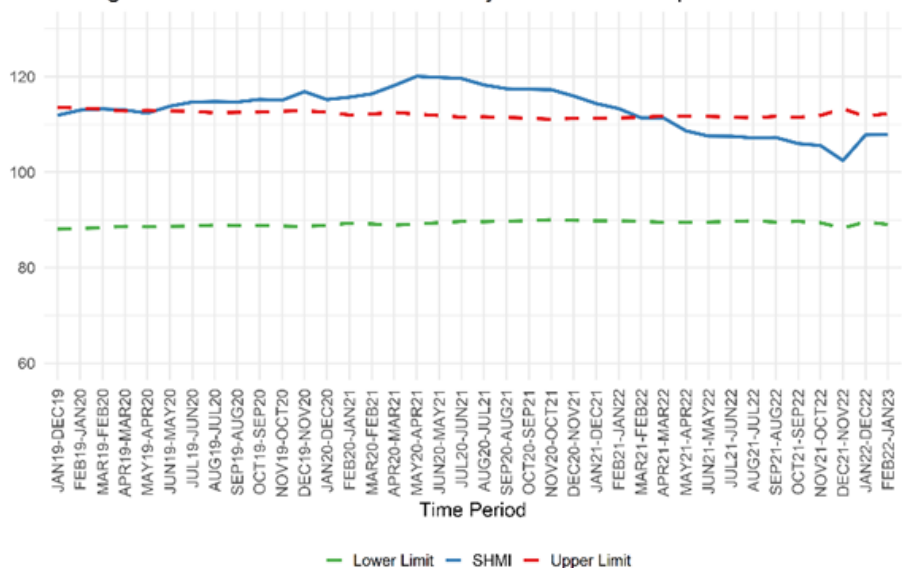


Sepsis - Urine measurement within 1hr

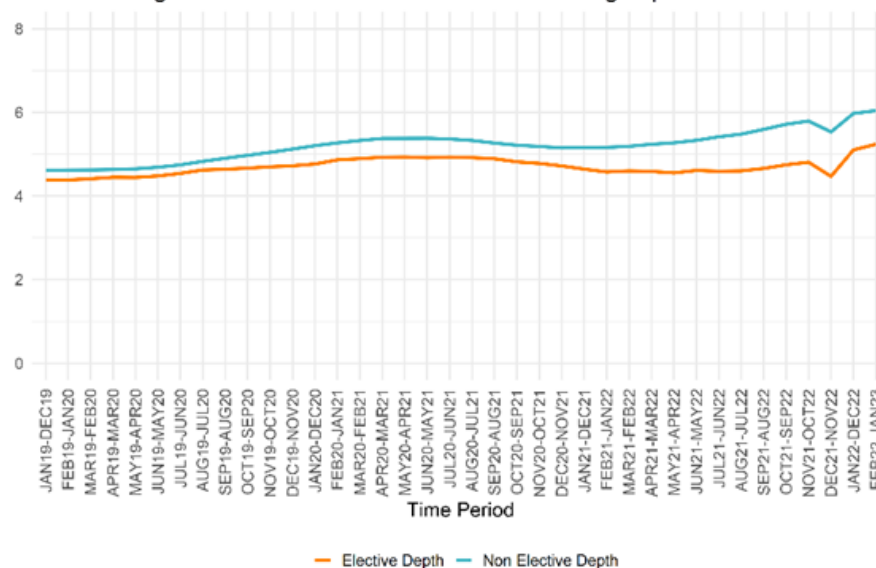
Month: Apr 2023
Performance: 100%
Target: 95%
Trend: 
Assurance: 



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



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



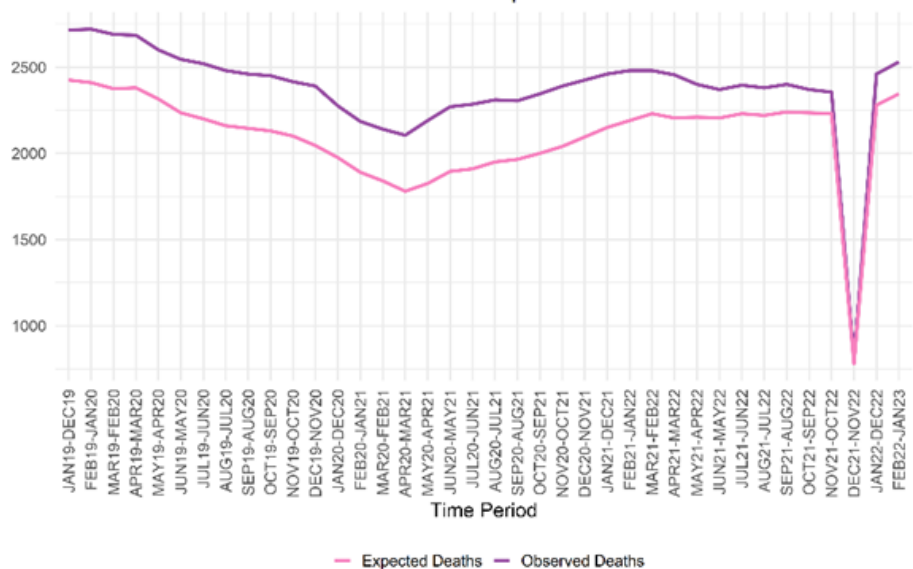
Latest SHMI = 107.9
(Feb 2022 – Jan 2023)

Observed deaths = 2530
Expected deaths = 2345

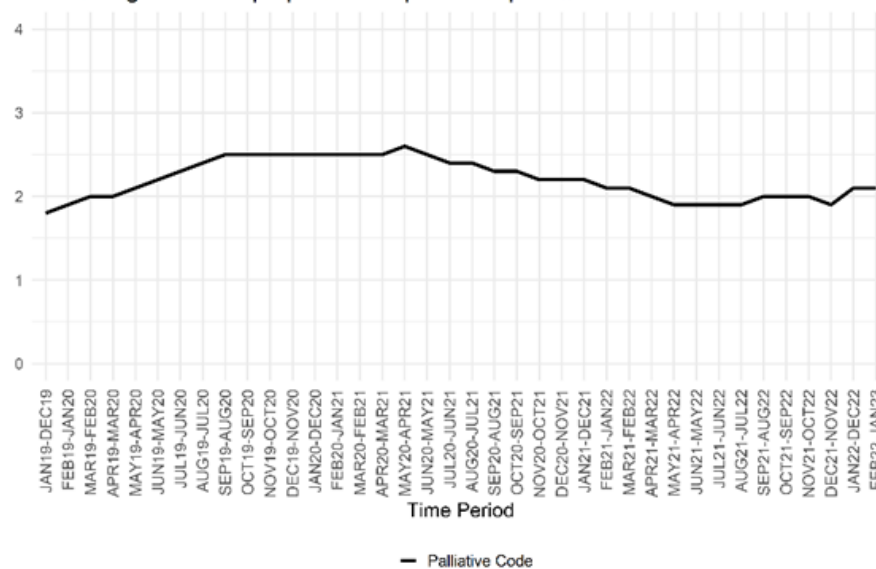
Coding depth (codes / spell)
Elective = 5.2
Non-Elective = 6.0

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

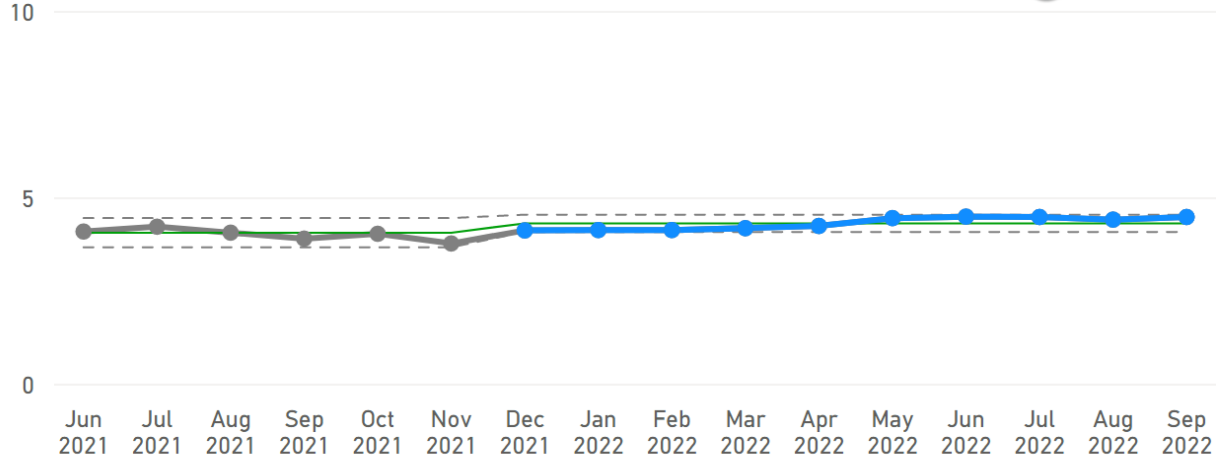


Latest SHMI is:
'as expected'

COVID-19 impact for England
Excluded spells = 4.3%
Spells as a % pre-pandemic
(2019 spells) = 87%

Comorbidity Coding

Month	Performance	Target	Trend	Assurance
Sep 2022	4.5			N/A

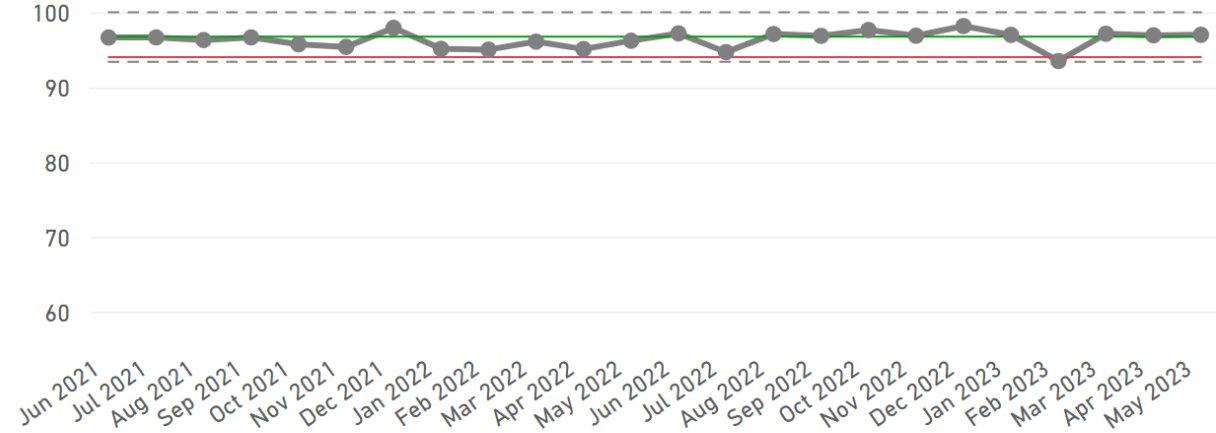


● Value — UCL — LCL — Mean ● Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

CARING

Inpatient Experience (%)

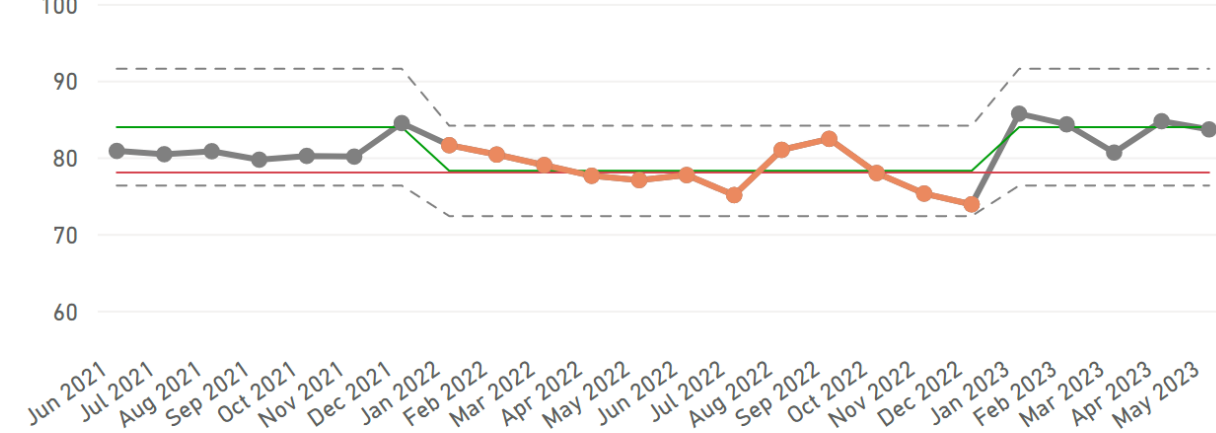
Month: May 2023
 Performance: 97%
 Target: 94%
 Trend:



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

A&E Experience (%)

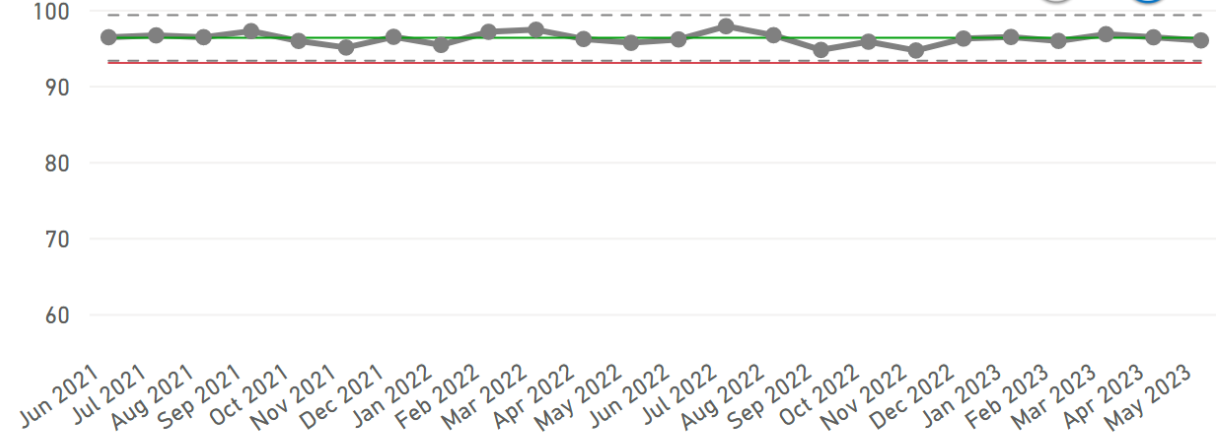
Month: May 2023
 Performance: 83.6%
 Target: 78%
 Trend:



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

Outpatient Experience (%)

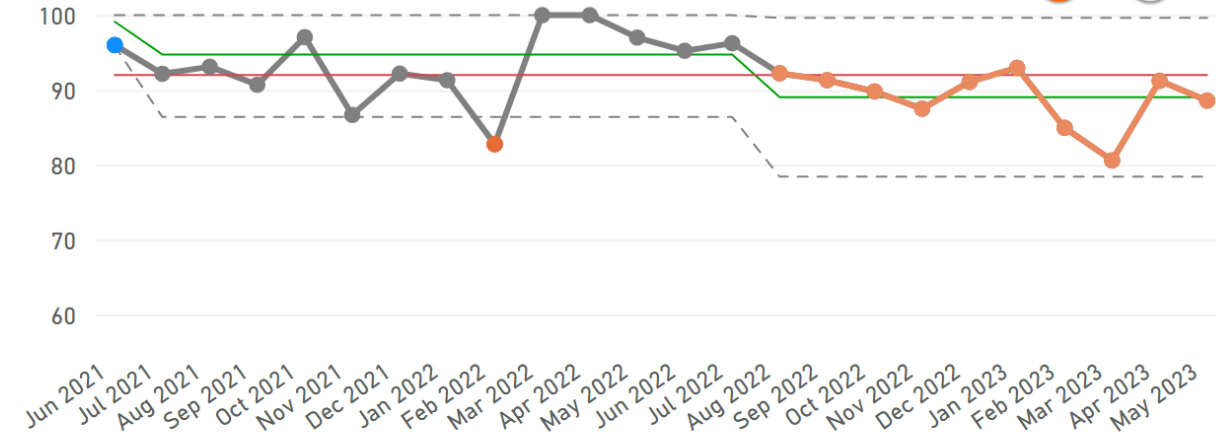
Month: May 2023
 Performance: 96%
 Target: 93%
 Trend:



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

Maternity Experience (%)

Month: May 2023
 Performance: 88.6%
 Target: 92%
 Trend:

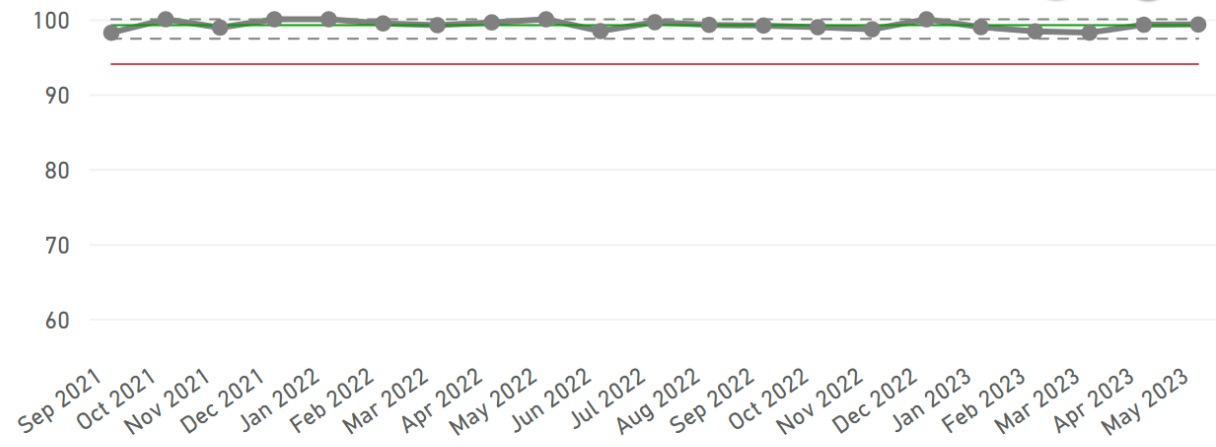


Legend: Value (grey dot), UCL (grey line), LCL (grey line), Mean (green line), Target (red line), Improvement (blue circle), Concern (orange circle), Outside CL High (blue circle), Outside CL Low (orange circle)

CARING

Community Experience (%)


Month Performance Target Trend Assurance
May 2023 99.3% 94%

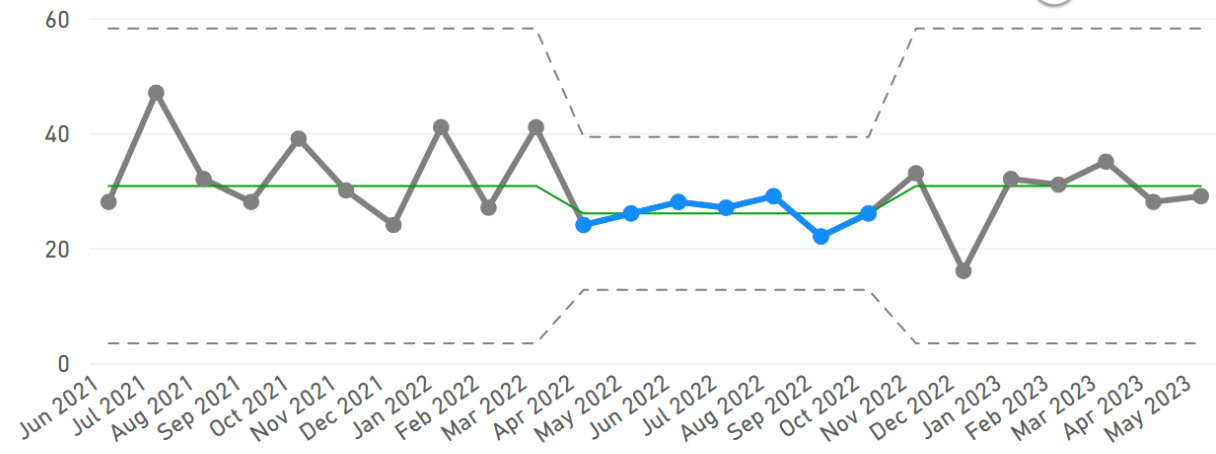


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low



CARING

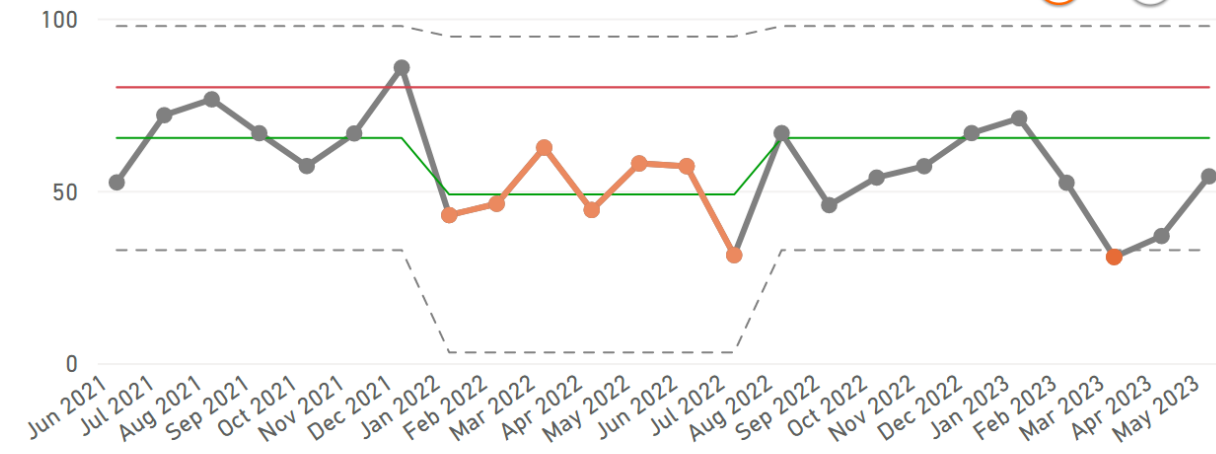
New Complaints

Month: May 2023
 Performance: 29
 Target: 
 Assurance: N/A



Closed Within Target (%)

Month: May 2023
 Performance: 54.2%
 Target: 80%
 Trend: 
 Assurance: 



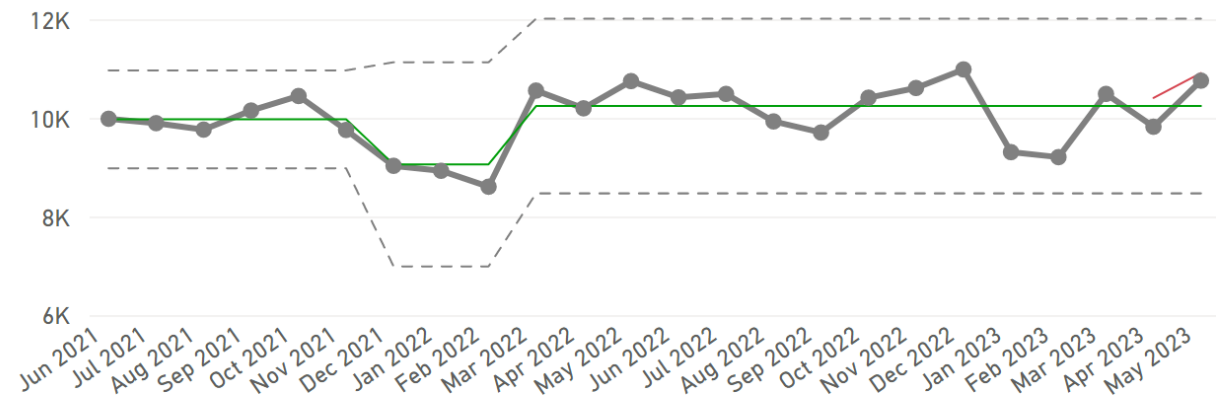
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

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

RESPONSIVE

A&E Attendances - Type 1

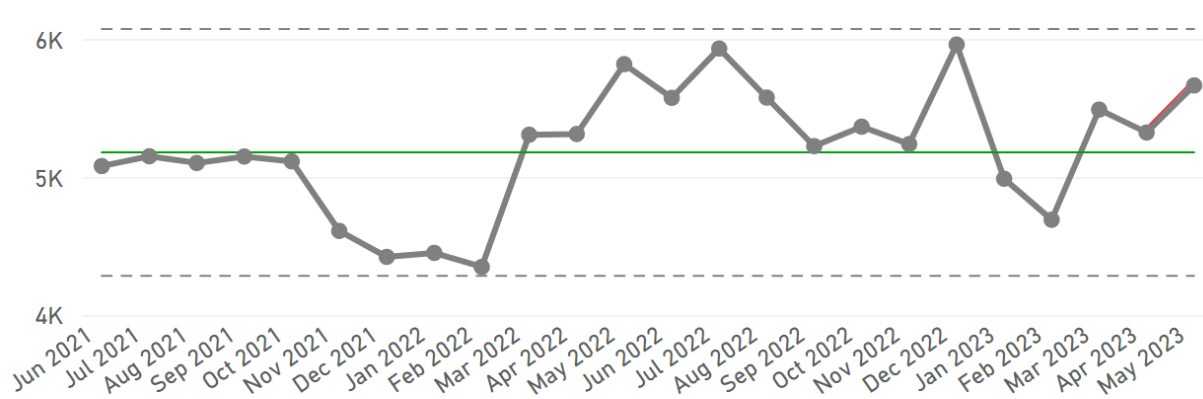
Month: May 2023 | Performance: 10753 | Plan: 10907 | Trend: | Assurance:



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

A&E Attendances - Type 3

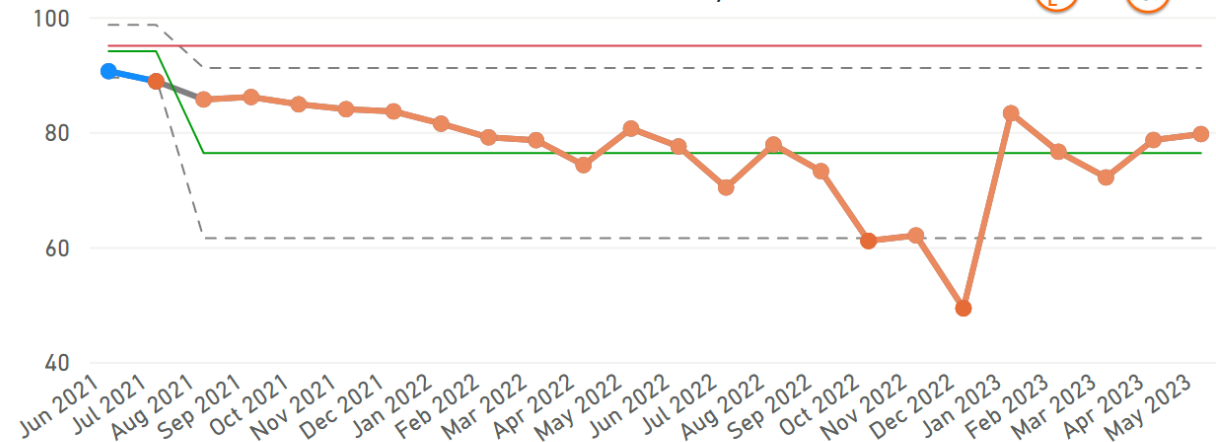
Month: May 2023 | Performance: 5663 | Plan: 5707 | Trend: | Assurance:



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

Handovers - Within 30 Mins (%)

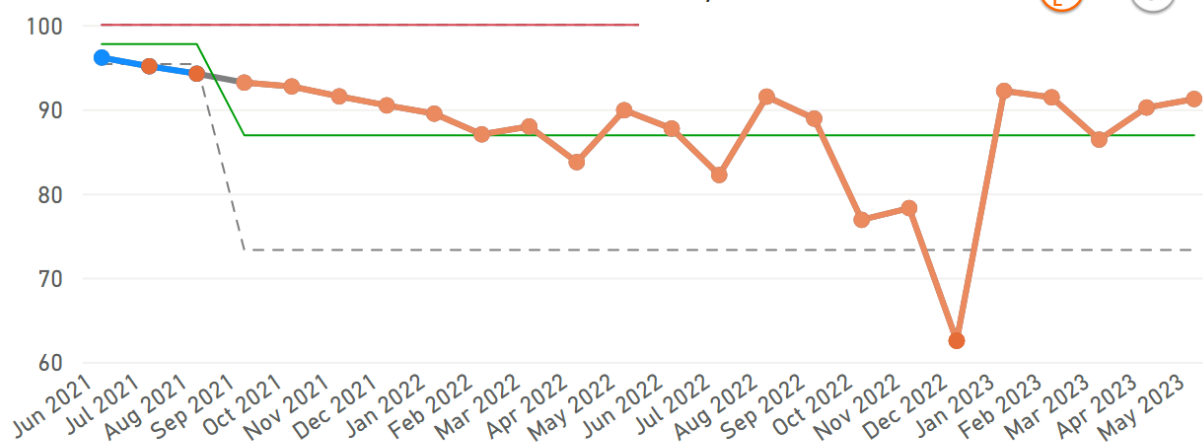
Month: May 2023 | Performance: 79.6% | Target: 95% | Trend: | Assurance:



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

Handovers - Within 60 Mins (%)



Month: May 2023 | Performance: 91.2% | Target: 100% | Trend: | Assurance:

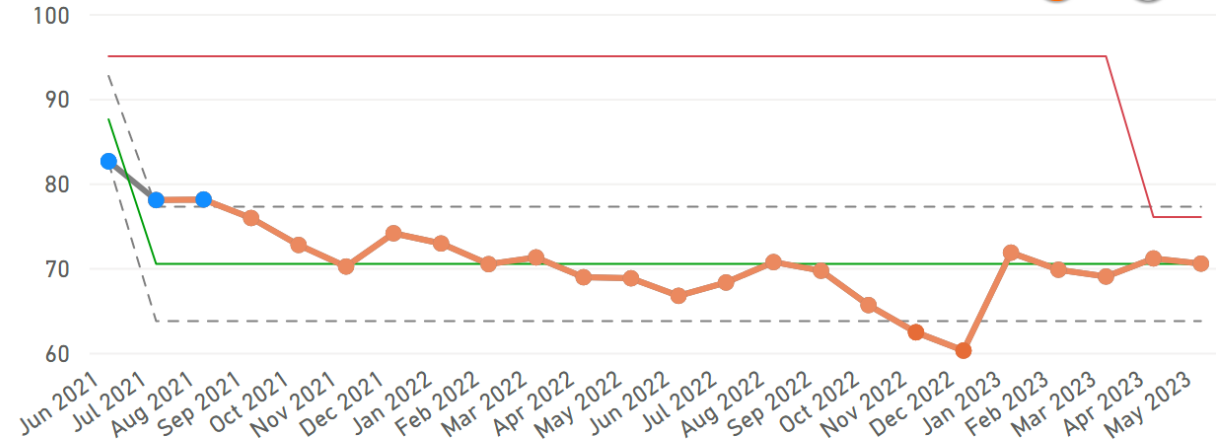


Legend: Value (grey dot), UCL (grey line), LCL (grey line), Mean (green line), Target (red line), Improvement (blue circle), Concern (orange circle), Outside CL High (blue circle), Outside CL Low (orange circle)


RESPONSIVE

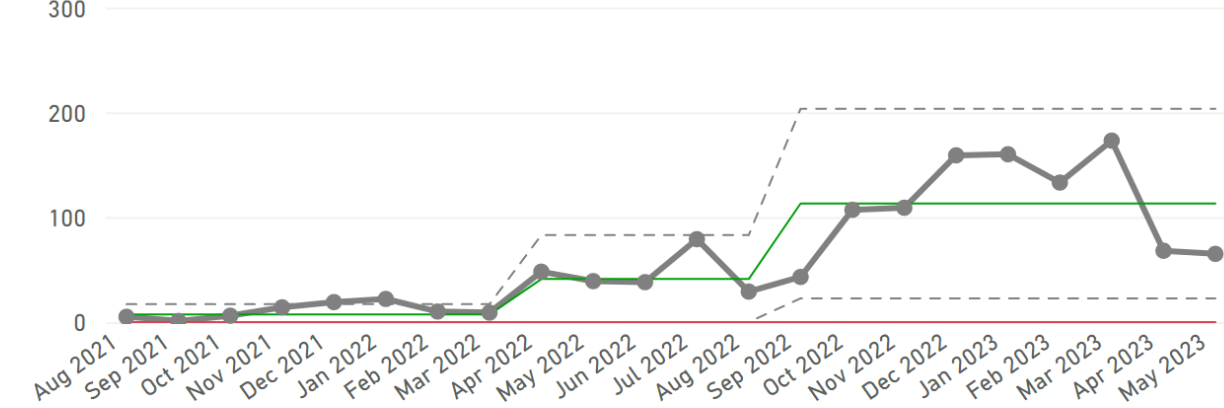
4-Hour A&E Standard

Month: May 2023
 Performance: 70.5%
 Target: 76%
 Trend: 
 Assurance: 





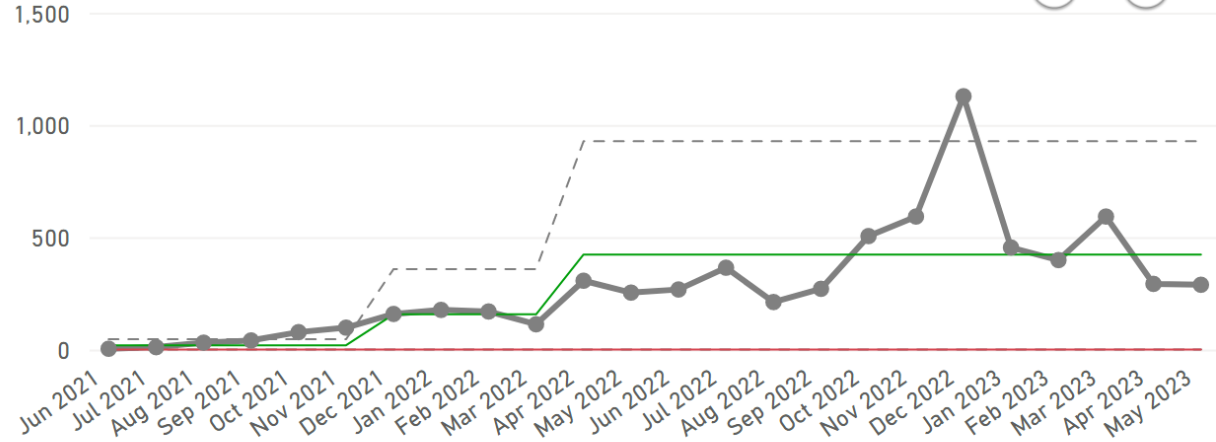
12-Hour Waits from Decision to Admit

Month: May 2023
 Performance: 65
 Target: 0
 Trend: 
 Assurance: N/A





12-Hour A&E Breaches

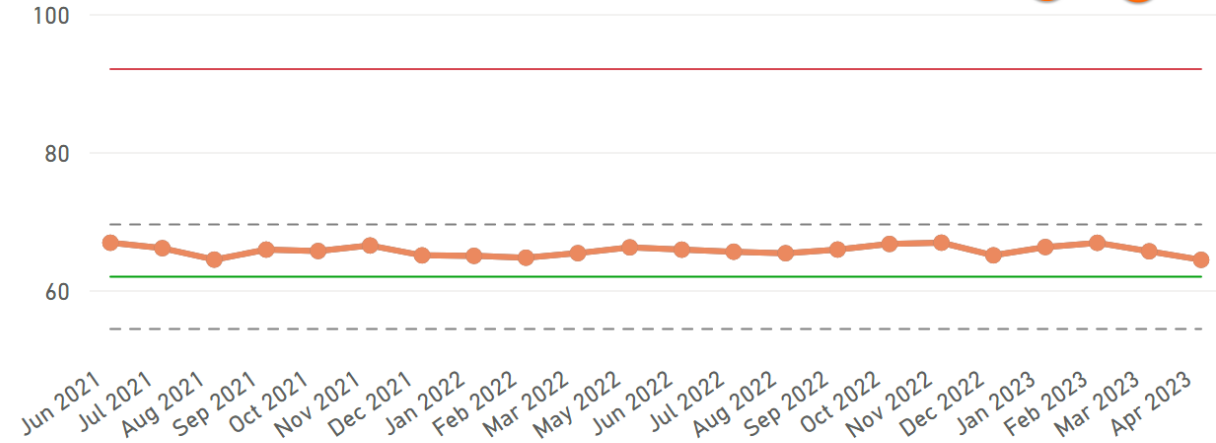
Month: May 2023
 Performance: 288
 Target: 0
 Trend: 
 Assurance: 




RESPONSIVE

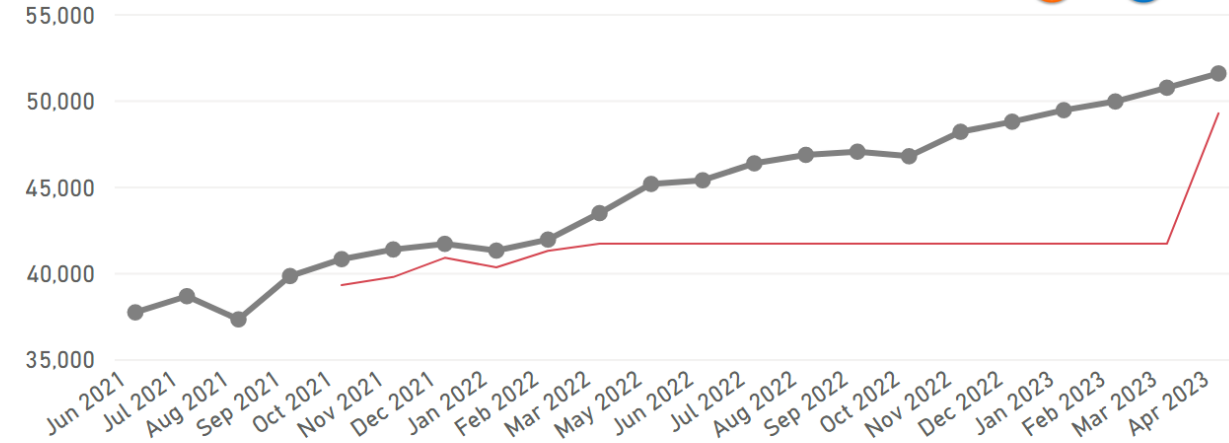
RTT Incomplete Pathways (%)

Month: Apr 2023
Performance: 64.4%
Plan: 92%
Trend: 
Assurance: 



RTT Waiting List Size

Month: Apr 2023
Performance: 51548
Plan: 49239
Trend: 
Assurance: 



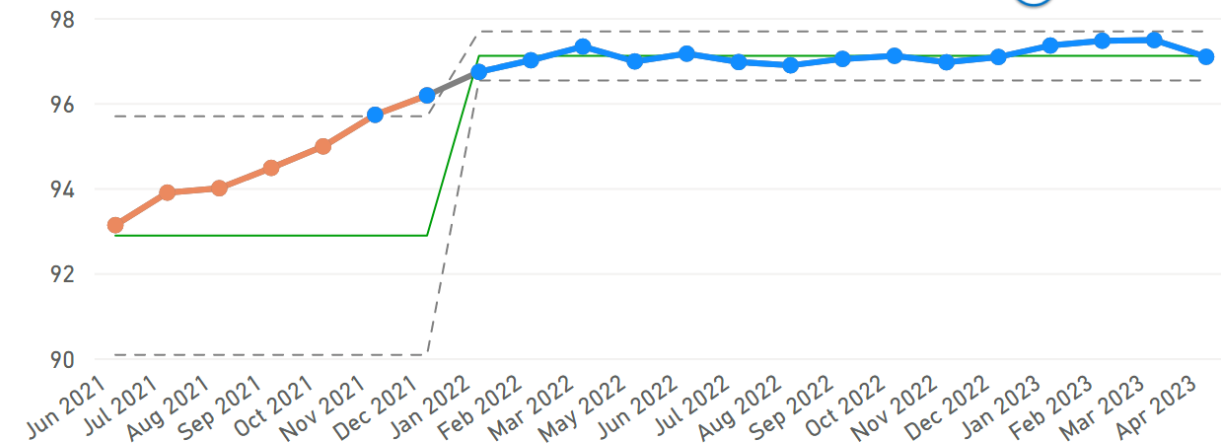
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

● Value — Target

RESPONSIVE

RTT List Size within 52 weeks (%)

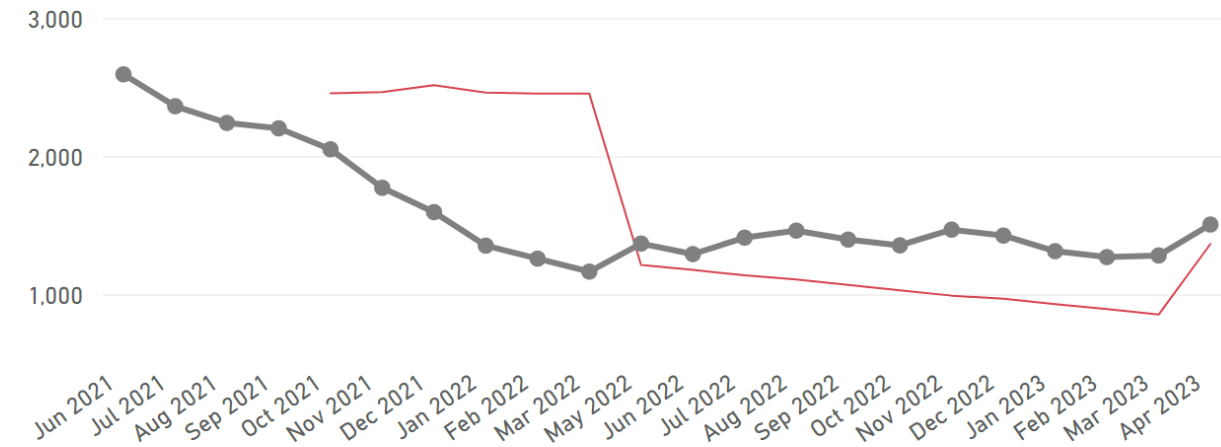
Month	Performance	Plan	Trend	Assurance
Apr 2023	97.1%			N/A



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

RTT 52 week waiters

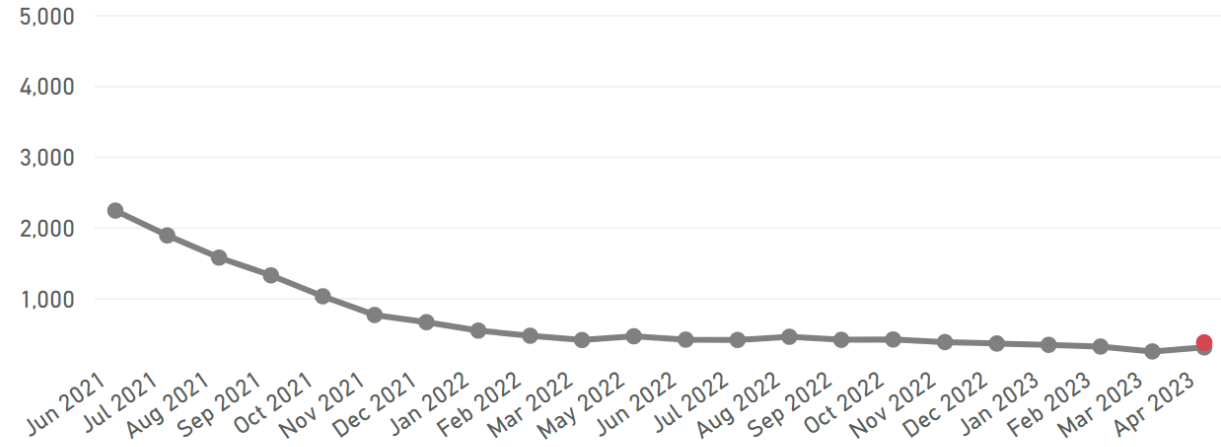
Month	Performance	Plan	Trend	Assurance
Apr 2023	1503	1362	N/A	N/A



● Value — Target

RTT 65 week waiters

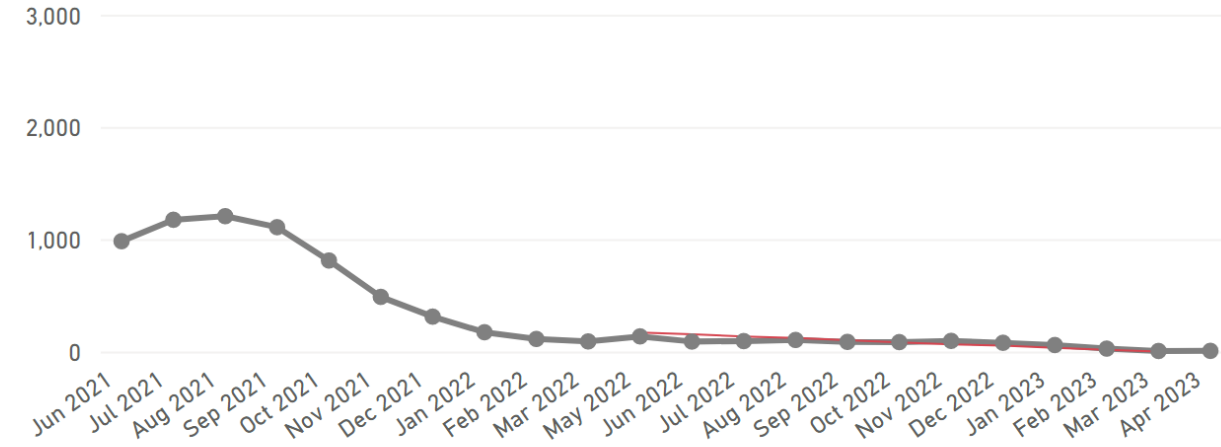
Month	Performance	Plan	Trend	Assurance
Apr 2023	299	367	N/A	N/A



● Actual ● Plan

RTT 78 week waiters



Month	Performance	Plan	Trend	Assurance
Apr 2023	5		N/A	N/A

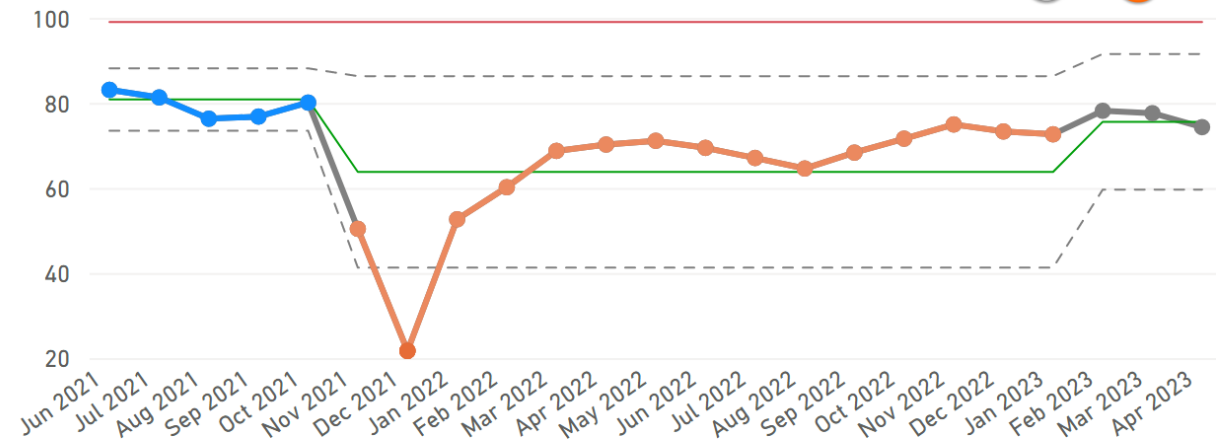


● Actual — Plan

RESPONSIVE

Diagnostic 6 Weeks Standard (%)

Month: Apr 2023
Performance: 74.3%
Target: 99%
Trend: 
Assurance: 

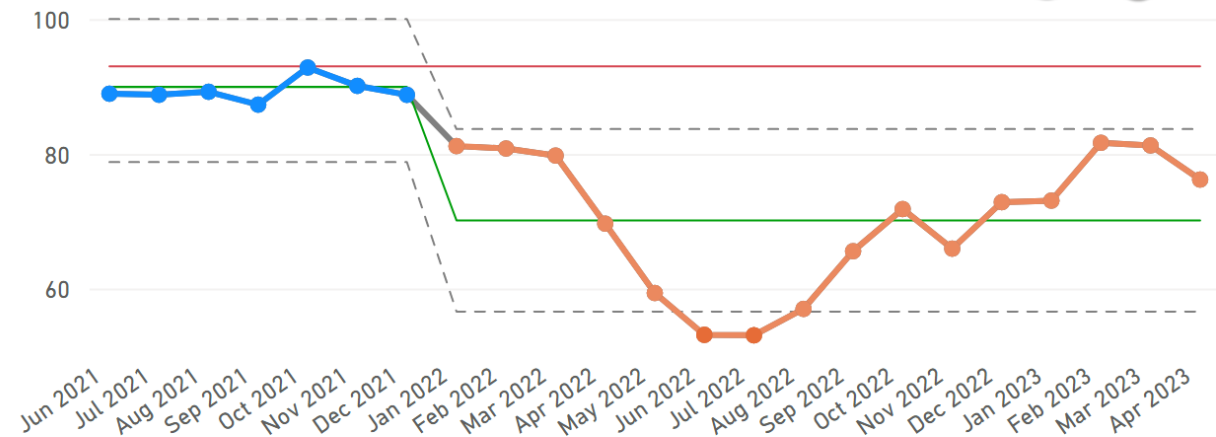


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

RESPONSIVE

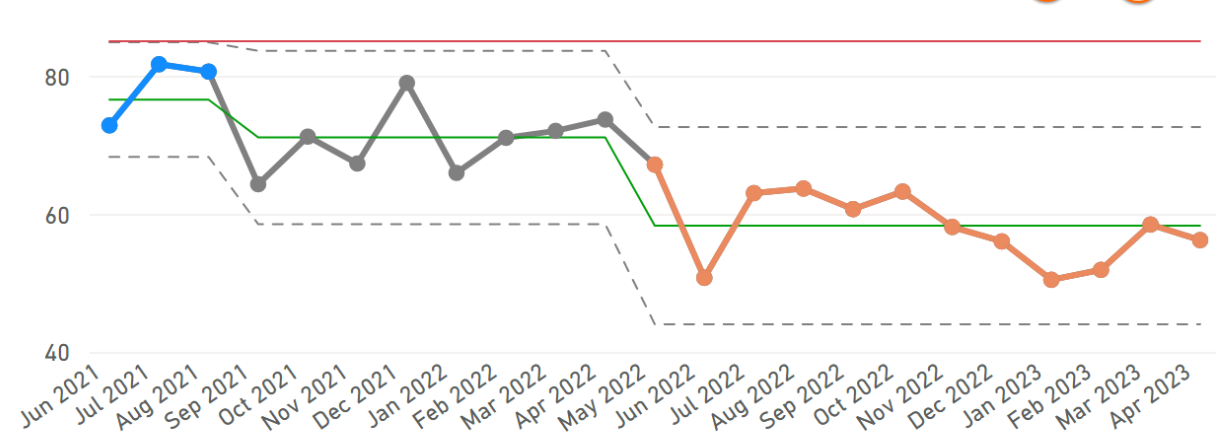
Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Apr 2023	76.2%	93%		



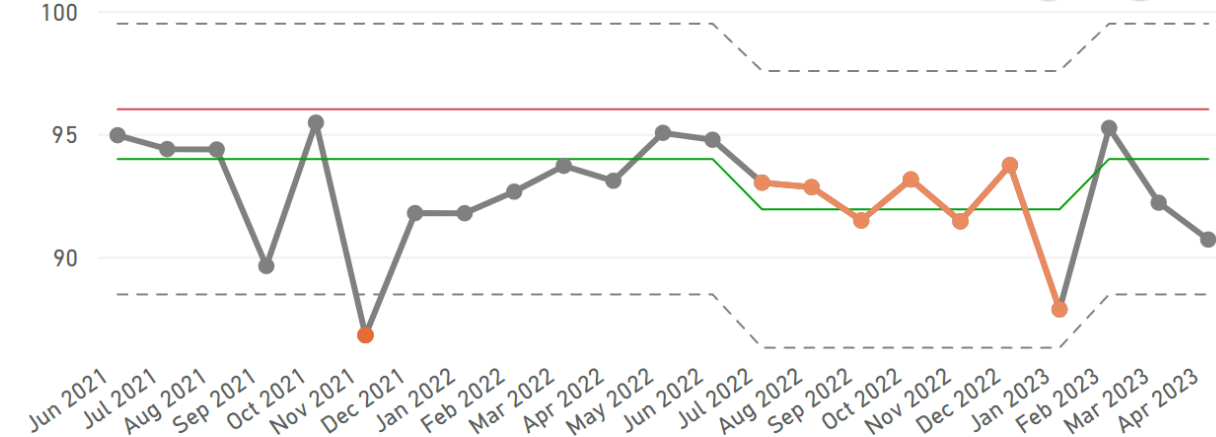
Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Apr 2023	56.2%	85%		



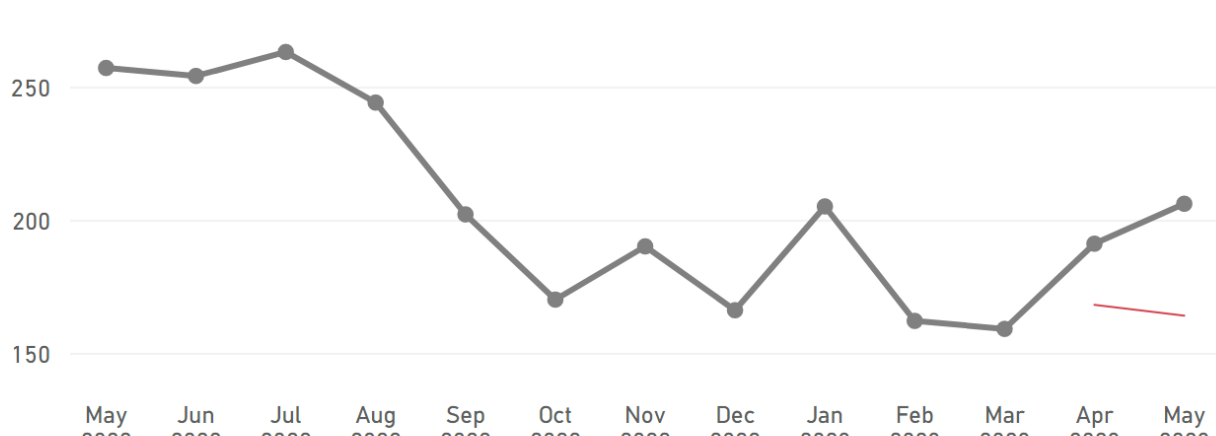
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Apr 2023	90.7%	96%		





Cancer >62 Day Backlog

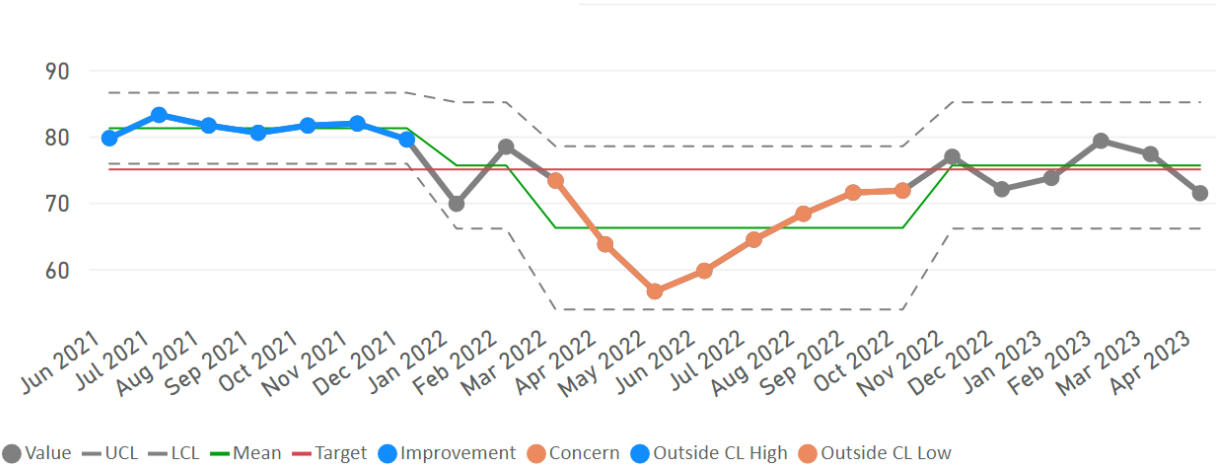
Month	Performance	Target	Trend	Assurance
May 2023	206	164	N/A	N/A





RESPONSIVE

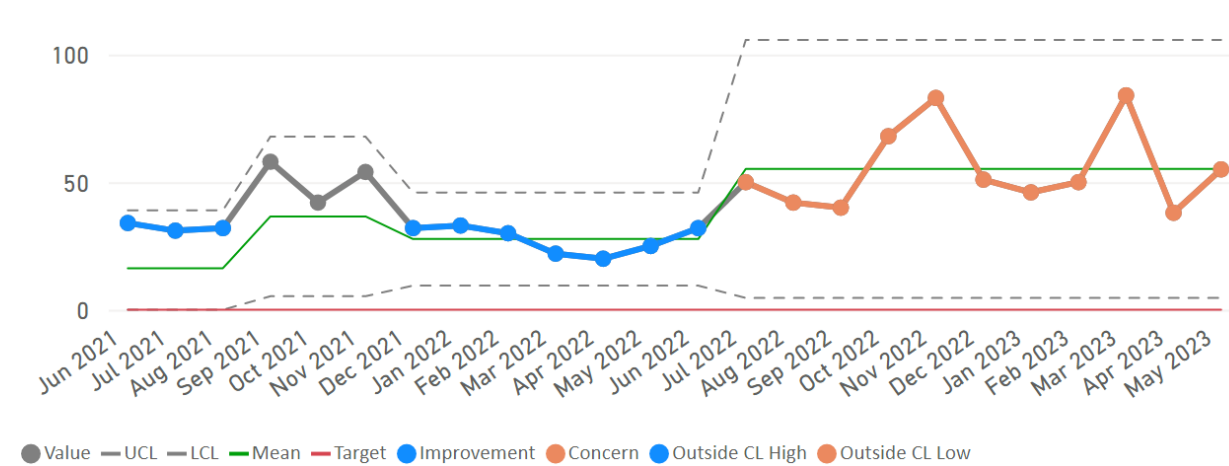
Cancer - Faster Diagnosis Standard (%)

Month: Apr 2023
 Performance: 71.4%
 Target: 75%
 Trend: 
 Assurance: 





Cancelled Ops - Non-Urgent Cancelled On Day

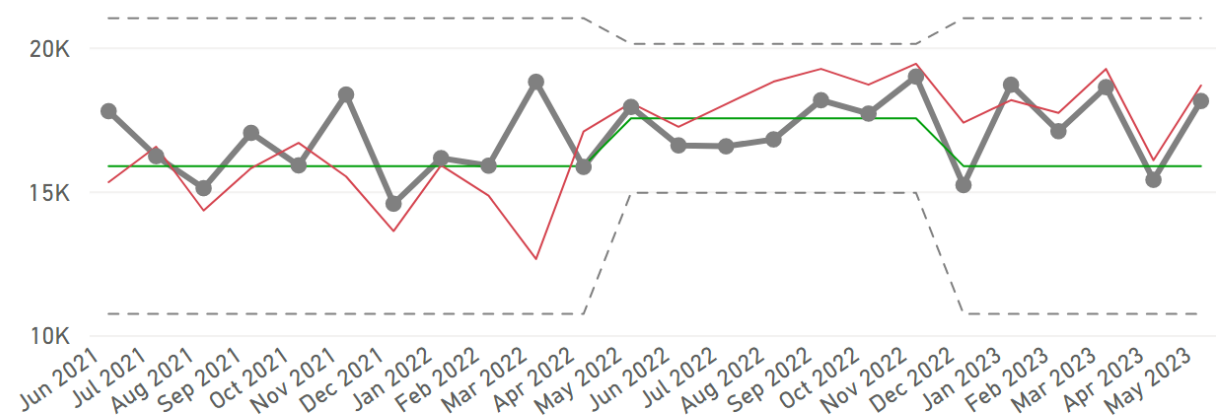
Month: May 2023
 Performance: 55
 Target: 0
 Trend: 
 Assurance: 





RESPONSIVE

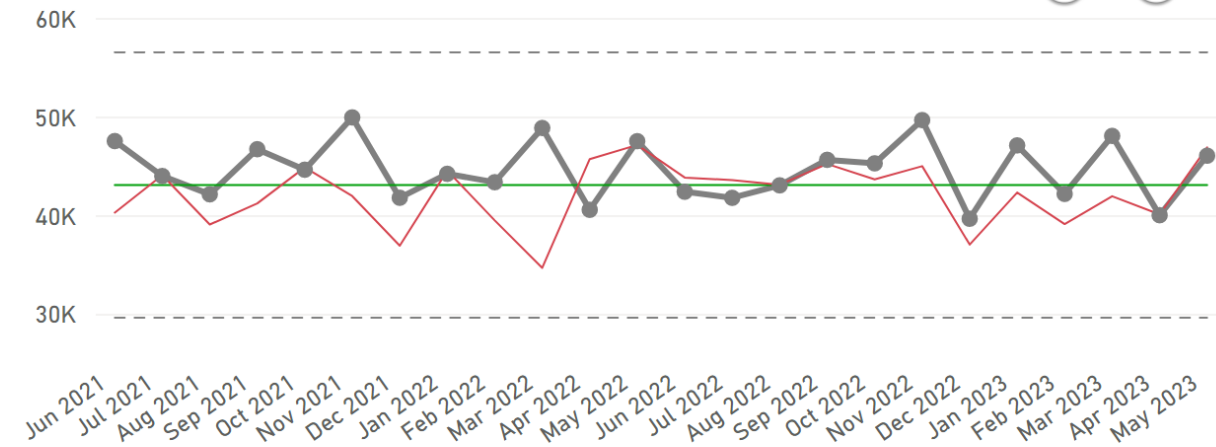
Outpatient First Attendances

Month: May 2023
Performance: 18137
Plan: 18676
Trend: 
Assurance: 



Outpatient Follow Up Attendances

Month: May 2023
Performance: 46023
Plan: 46864
Trend: 
Assurance: 

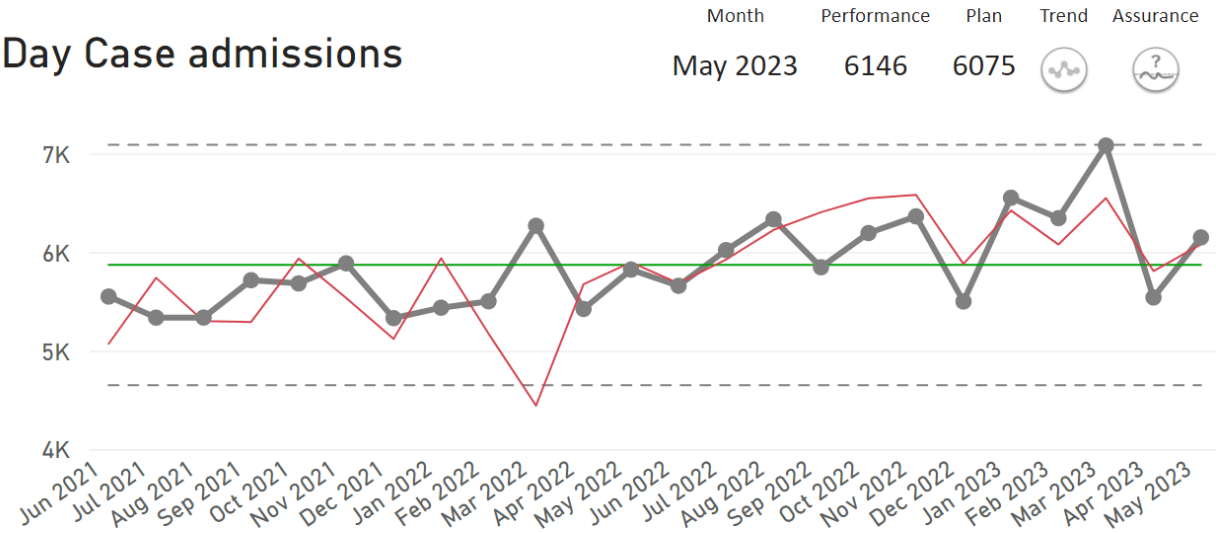


Legend: Value (grey dot), UCL (grey line), LCL (grey line), Mean (green line), Plan (red line), Improvement (blue dot), Concern (orange dot), Outside CL High (blue dot), Outside CL Low (orange dot)

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

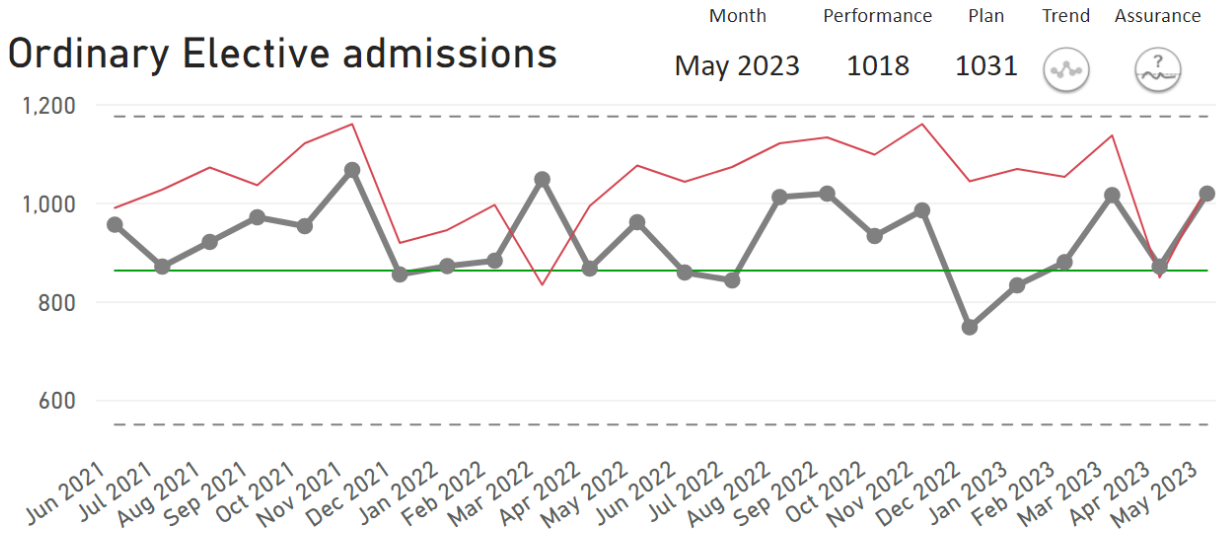
RESPONSIVE

Day Case admissions



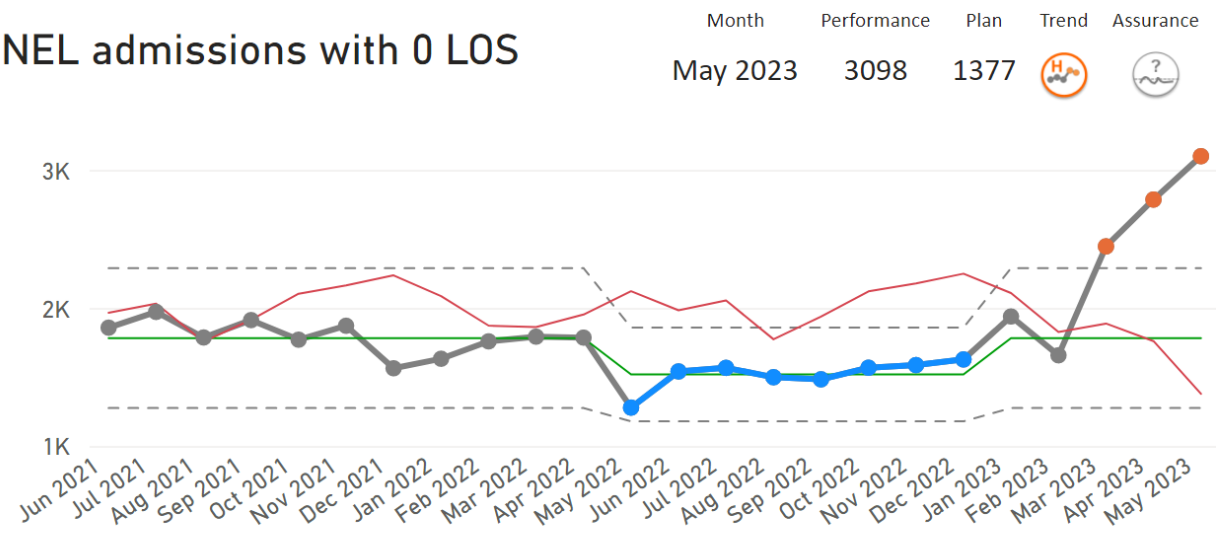
● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

Ordinary Elective admissions



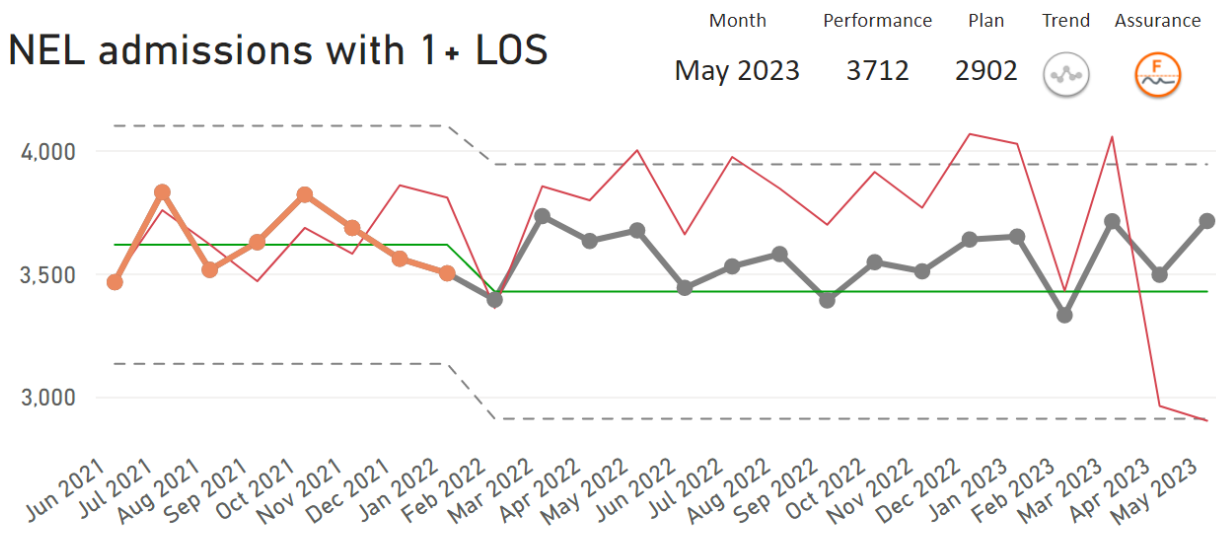
● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

NEL admissions with 0 LOS



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

NEL admissions with 1+ LOS

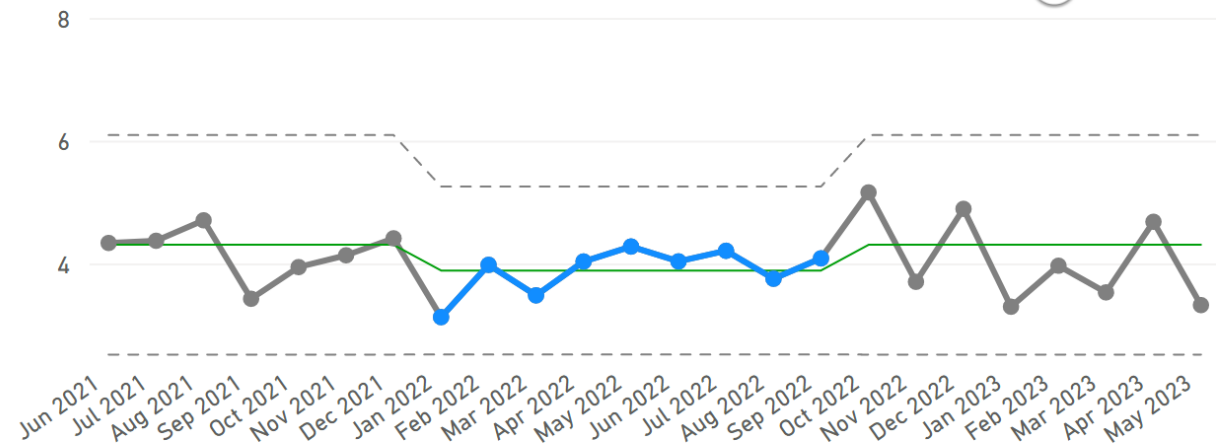


● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

RESPONSIVE

Length of Stay - Elective

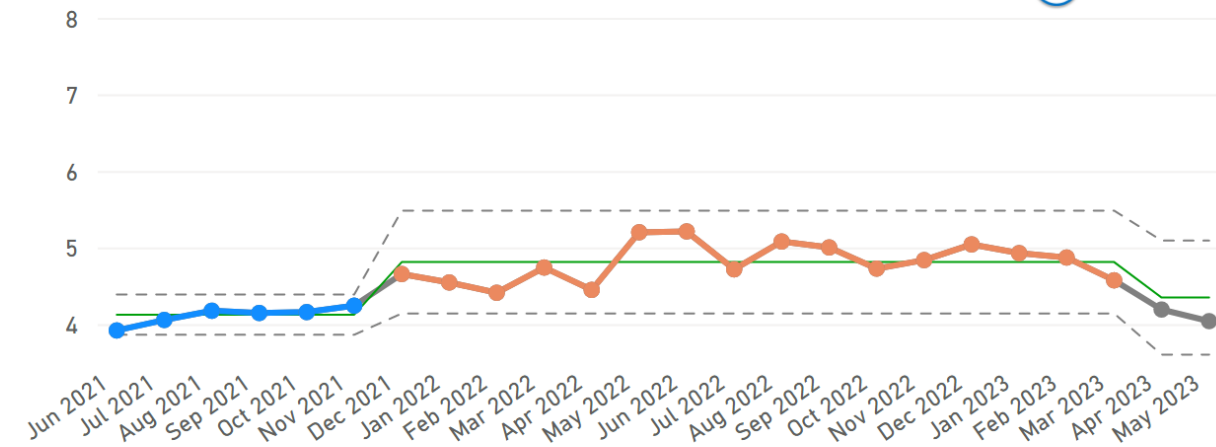
Month	Performance	Target	Trend	Assurance
May 2023	3.3			N/A



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

Length of Stay - Non-Elective

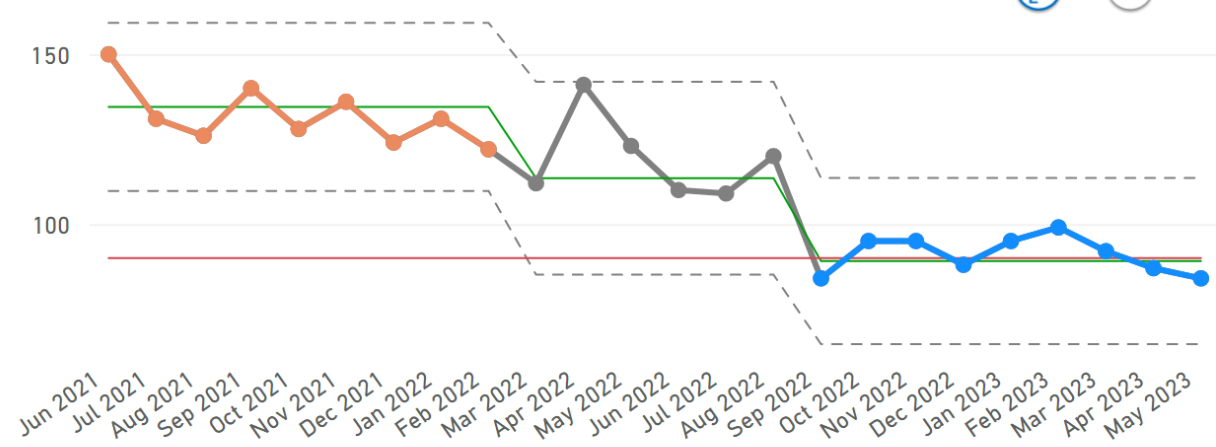
Month	Performance	Target	Trend	Assurance
May 2023	4			N/A



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

Not Met Not Discharged

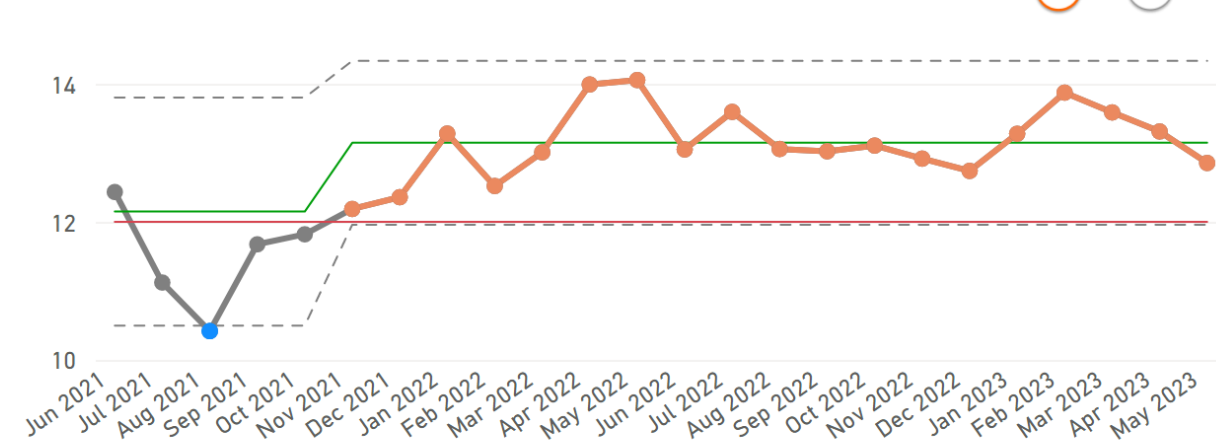
Month	Performance	Plan	Trend	Assurance
May 2023	84	90		



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

21 Day Stranded Patients (%)



Month	Performance	Plan	Trend	Assurance
May 2023	12.9%	12%		

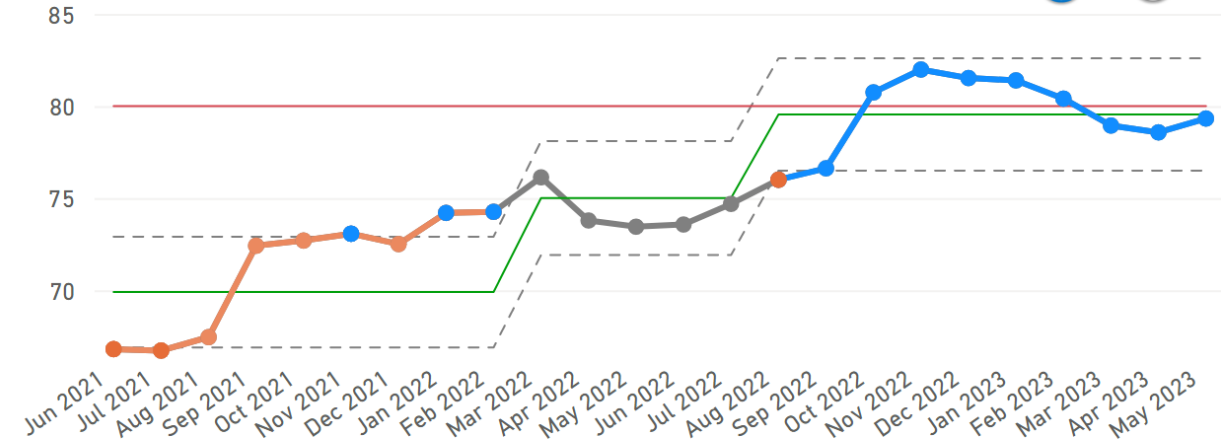


● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

WELL-LED



Annual Appraisal (%)

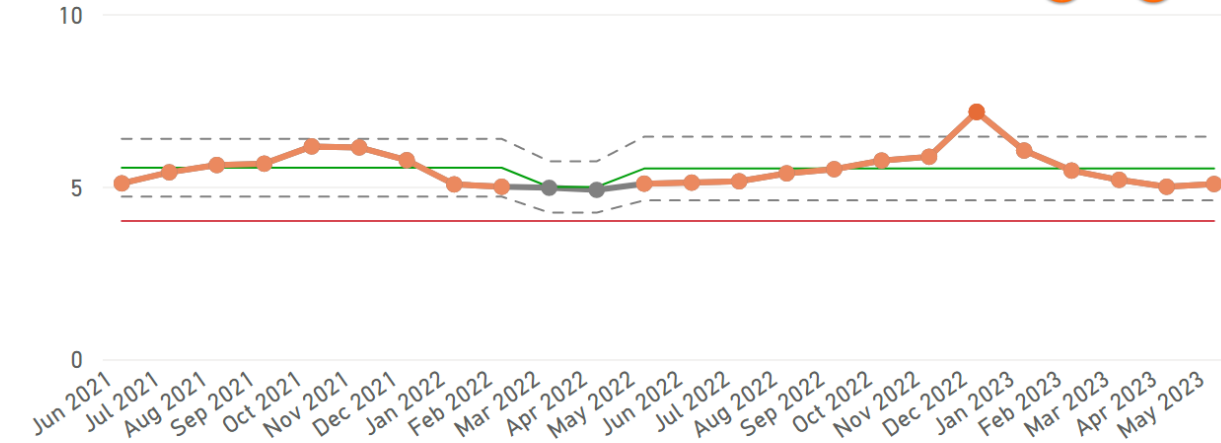
Month: May 2023
 Performance: 79.3%
 Target: 80%
 Trend: 
 Assurance: 



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



Sickness Absence (%)

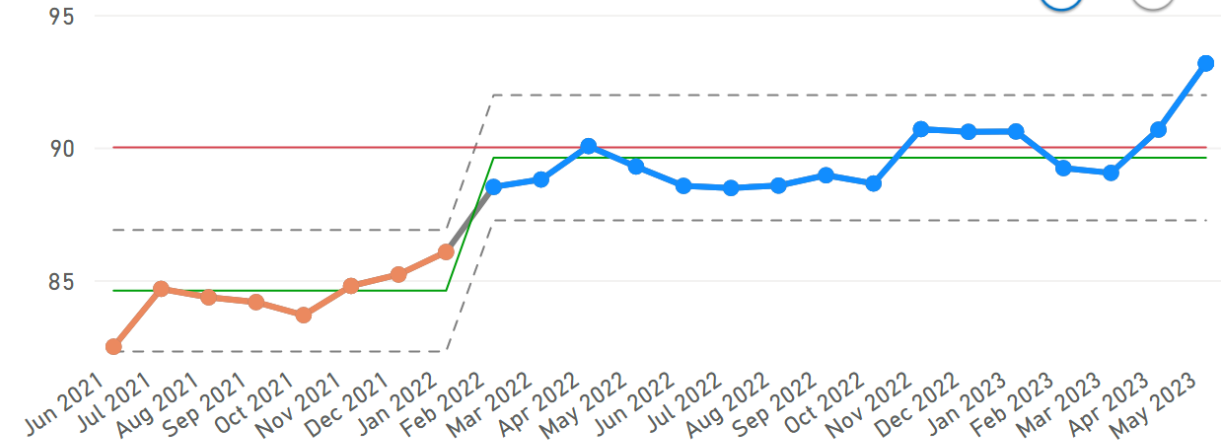
Month: May 2023
 Performance: 5.1%
 Target: 4%
 Trend: 
 Assurance: 



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



Mandatory Training (%)

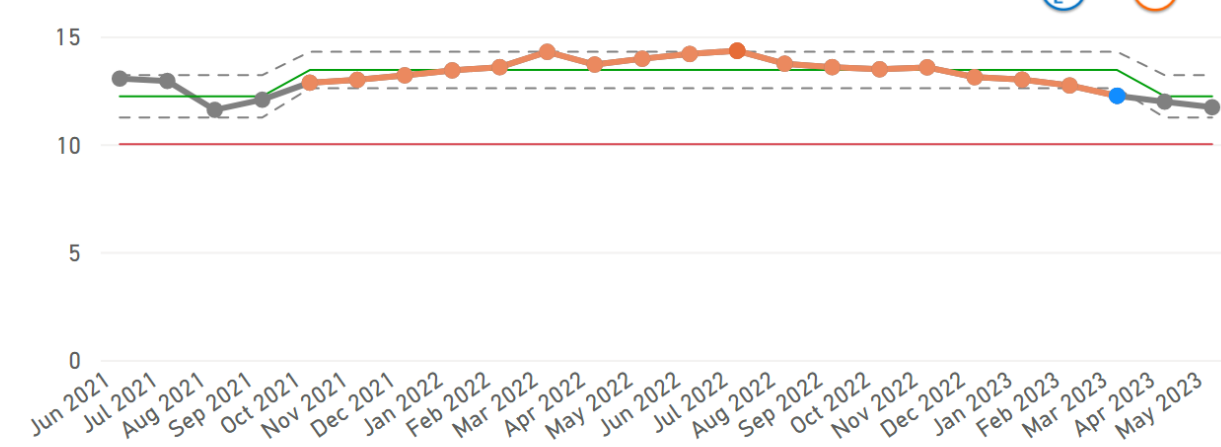
Month: May 2023
 Performance: 93.2%
 Target: 90%
 Trend: 
 Assurance: 



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

Staff Turnover (%)

Month: May 2023
 Performance: 11.7%
 Target: 10%
 Trend: 
 Assurance: 

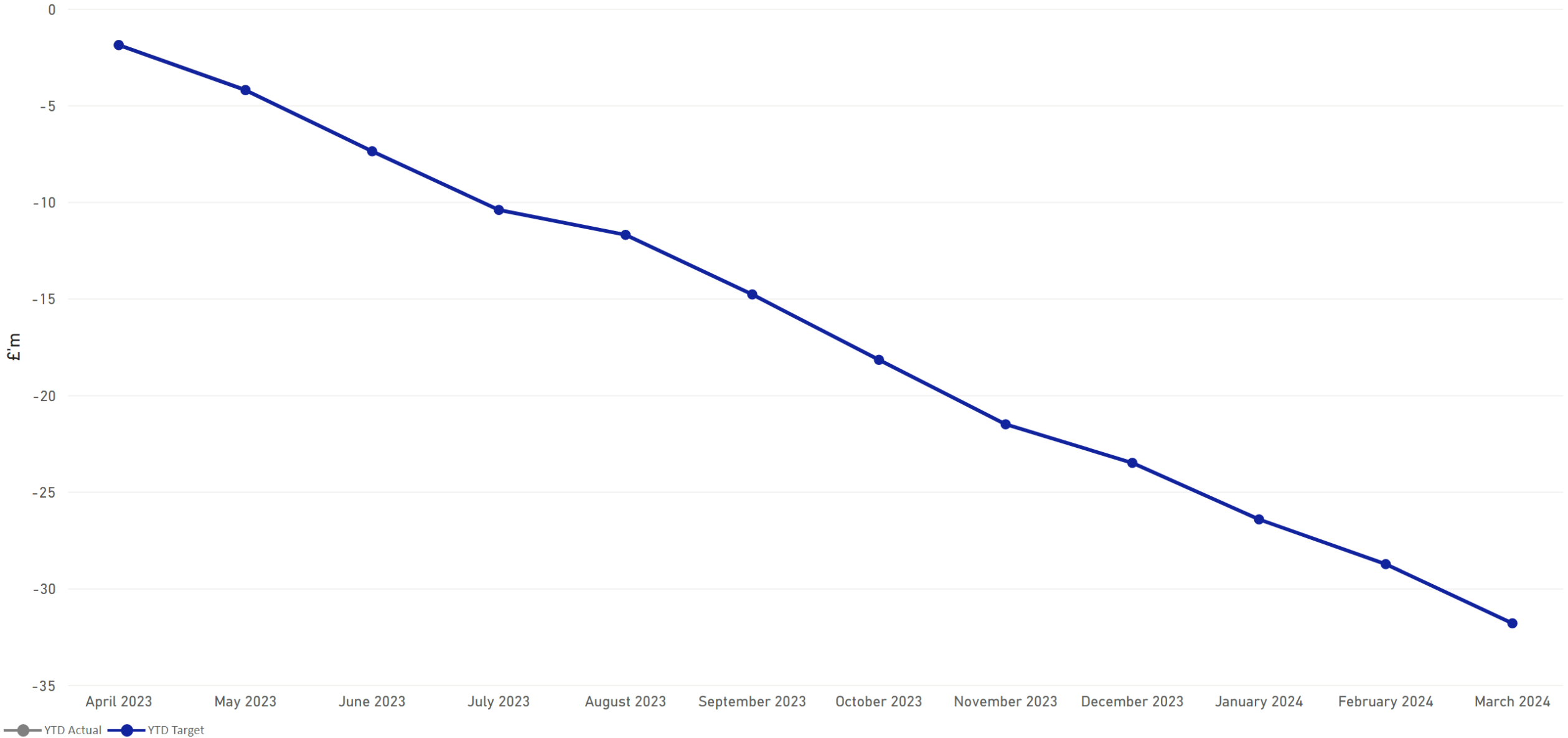


Legend: Value (grey), UCL (black), LCL (black), Mean (green), Target (red), Improvement (blue), Concern (orange), Outside CL High (blue), Outside CL Low (orange)

WELL-LED

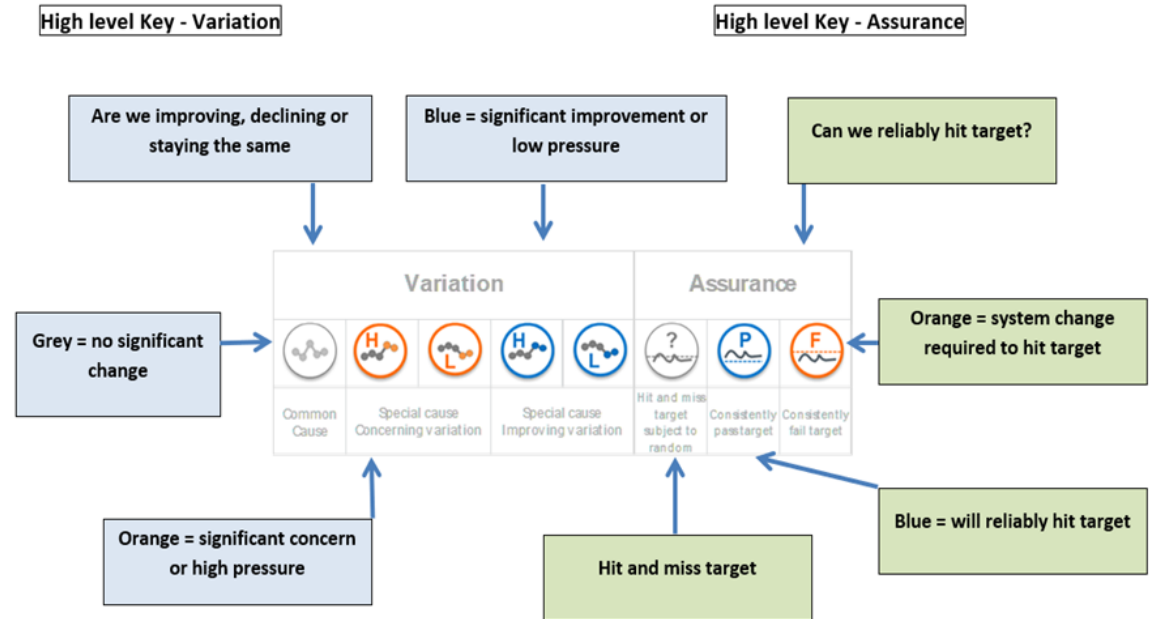
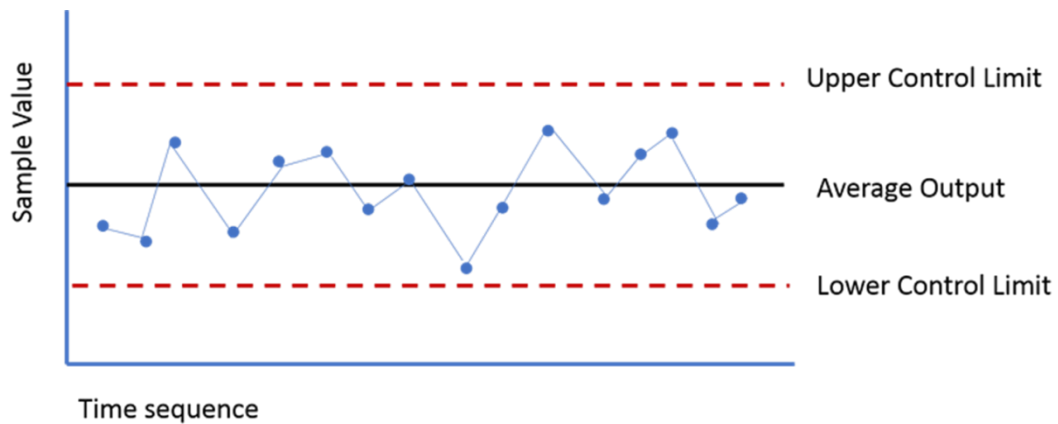
Month	Performance	Target
May 2023	-£4.209m	-£4.218m

Cumulative YTD Financial Position (£'millions)



SPC CHARTS

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



People Committee Chair's Log

Meeting: People Committee	Date of Meeting: 31.05.2023
Highlights for: Board of Directors	Chair of Committee – Mark Dias
Overview of key areas of work and matters for Board.	
<ul style="list-style-type: none"> • Board Assurance Framework • People Committee – Annual Cycle of Business • People Strategy <ul style="list-style-type: none"> ○ Health & Wellbeing ○ Sickness Absence (Deep Dive Follow Up) • Culture & Values <ul style="list-style-type: none"> ○ Annual Staff Survey ○ Restorative Justice & Learning Culture Programme • Organisation Capacity <ul style="list-style-type: none"> ○ Pathology ○ Clinical Impact Awards • Other <ul style="list-style-type: none"> ○ Payroll Errors ○ Apprenticeships, Prospect & Mobilisation 	
Actions to be taken	Responsibility / timescale
<p>Annual Cycle of Business Reviewed and to be monitored monthly and shared with NT.</p> <p>Health & Wellbeing Report presented on creating positive health and wellbeing culture. SMART aspirations using Better Health at Work Award (BHAWA). Funding challenges discussed.</p> <p>Annual Staff Survey Data and trend review.</p> <p>Restorative Justice & Learning Culture Programme Review of methodology, governance and actions (HR, L&D, Patient Safety & Experience), Communications & Engagement). Open discussion on the cultural change challenge.</p> <p>Pathology Committee updated on progress and example of collaborative working.</p>	<p>People Committee to be updated on progress</p> <p>People Committee to be updated on progress</p> <p>Organisational change learning to be captured for future collaborations.</p>

<p>Clinical Impact Awards Process is ongoing and discussions related to the change (since pandemic).</p> <p>Payroll Rectification measures.</p>	<p>Equality Impact Assessment to be completed (RM)</p> <p>NED participate in decisions (MJD)</p> <p>People Committee to be updated in June 2023</p>
<p>O Board action</p>	<p>Responsibility / timescale</p>
<p>There were no matters for escalation to the board.</p>	
<p>Risks (Include ID if currently on risk register)</p>	<p>Responsibility / timescale</p>
<p>Three ongoing risks identified:</p> <ul style="list-style-type: none"> *Cultural change challenges in attaining a restorative justice culture. *Sharing organizational change learning from collaborative work *Payroll rectification 	

People Committee Chair's Log

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

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



Meeting: Audit & Risk Committee	Date of Meeting: 24 May 2023
	Chair: Ken Readshaw
Key topics discussed in the meeting	
<p>Counter fraud progress report reviewed.</p> <p>Internal Audit - Progress on historic outstanding actions – Progress continues on clearing old actions. Individual overdue actions to be presented from September onwards. Draft 23/4 Internal Audit plan agreed. 210 days including Medication Review deferred from 22/3. Data Quality audit – Moderate Risk</p> <p>External Audit - Progress on year end audit discussed – no issues to escalate at this stage.</p> <p>Clinical Audit - Annual plan reviewed. New InPhase system to document clinical audits will give better assurance and triangulation. This will be reviewed twice a year going forward.</p> <p>Draft Annual Report and Annual Governance Statement reviewed. Draft financial statements reviewed. Significant changes to balance sheet as a result of new standard for accounting for leases (IFRS 16). No effect on income. Provider licence annual self certification reviewed.</p>	
Actions	Responsibility / timescale
Escalated items	
<p>The Board should take assurance that the annual filings – annual report, annual governance statement and annual accounts have been reviewed and are on track.</p> <p>Provider licence is recommended for approval</p>	
Risks	Responsibility / timescale

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