

BOARD OF DIRECTORS (PUBLIC)

Date – 6 February 2024

Time – 13:30

Venue – Room 10, STRIVE James Cook University Hospital



**MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST
BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON TUESDAY 6 FEBRUARY
2024 AT 13:30 IN ROOM 10, STRIVE, JAMES COOK UNIVERSITY HOSPITAL**

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT
Story – Amy Norris, Consultant				
CHAIR’S BUSINESS				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1
4.	Minutes of the last meetings held on 5 December 2023	Approval	Chair	ENC 2
5.	Matters Arising / action log	Review	Chair	ENC 3
6.	Chairman’s report	Information	Chair	ENC 4
7.	Chief Executive’s Report	Information	Chief Executive	ENC 5
8.	Board assurance framework	Discussion	Head of Governance	ENC 6
9.	Integrated Performance Report	Discussion	Chief Operating Officer	ENC 7
SAFE				
10.	Safer Staffing report	Information	Chief Nurse	ENC 8
11.	Learning from Deaths report	Information	Chief Medical Officer	ENC 9
EXPERIENCE				
12.	Freedom to speak up report	Information	Guardian	ENC 10

	ITEM	PURPOSE	LEAD	FORMAT
EFFECTIVE				
13.	Consultant appointments	Information	Chief Executive	Verbal
WELL LED				
14.	Organ Donation Report	Information	Dr Steven Williams	ENC 11
15.	Finance Report month 9	Information	Chief Finance Officer	ENC 12
16.	People Plan	Approval	Director of HR	ENC 13
17.	Fit and Proper Person update	Information	Company Secretary	ENC 14
18.	Committee Reports	Information	Chairs	ENC 15
DATE OF NEXT MEETING				
The next meeting of Board of Directors will take place on 2 April 2024				

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 6 FEBRUARY 2024			
Register of members interests			AGENDA ITEM: ENC
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Derek Bell Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
Situation	The Board of Directors are asked to note interests declared by members of the Committee		
Background	The report sets out membership of the Board of Directors and interests registered by members. Conflicts should be managed in accordance to the Constitution para 32 - If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to other Directors.		
Assessment	There are no specific conflicts identified with the agenda. Members will be reminded at the meeting to raise any if they arise.		
Level of Assurance	Level of Assurance: Significant <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	The Board of Directors are asked to note the Register of Interest.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		



South Tees Hospitals
NHS Foundation Trust

Board of Directors Register of Interests

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

		July 2022	Ongoing	Sel clinical advisor for SDEC
Mark Dias	Non Executive Director	20 July 2015	Ongoing	Director of Be The Change HR Ltd – Company No. 9694576
		21 June 2023	Ongoing	Chair – Workforce Committee, Seacole Group
		September 2023	Ongoing	Permanent Deacon in Training (Voluntary Position). Roman Catholic Diocese of Middlesbrough
Miriam Davidson	Non Executive Director	December 2022	Ongoing	Care and Health Improvement Programme (SLI) Advisor Occasional work with Local Government Association (LGA)
		July 2023	Ongoing	Interim Director of Public Health Darlington Council , (Part/time)
Alison Wilson	Non Executive Director	4 January 2022	Ongoing	Civil Partner – Counter Terrorism Policing North East
		2017	Ongoing	Son – Bupa Global and Bupa UK
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
Kenneth Readshaw	Non Executive Director	2016	Ongoing	Treasurer – Leyburn Community Leisure Club
		2018	Ongoing	Chair – Health Accommodation Trust
		2000	Ongoing	Chair – Horsehouse School Charity - Charity number: 513060
Rudolf Bilous	Associate Non Executive Director			Occasional teacher undergraduate and postgraduate medicine South Tees NHSFT (unremunerated) Data Monitoring Safety Committee for large International multinational Trial – funded by Boehringer via unrestricted grant through University of Oxford (3-4 virtual meetings per year) – Post is remunerated
Alyson Gerner	Associate Non Executive Director	2007	Ongoing	Senior Civil Servant working for a central government department – Department for Education Director of LocatED Property Ltd
Manni Imiavan	Digital Director			No interests declared

**UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN
PUBLIC ON TUESDAY 5 DECEMBER 2023 AT 13:00 IN ROOM 10 STRIVE**

Present

Professor D Bell	Chairman
Ms A Burns	Non-Executive Director
Mr D Redpath	Non-Executive Director
Ms M Davidson	Non-Executive Director
Mr K Readshaw	Non-Executive Director
Ms A Wilson	Vice Chair / Non-Executive Director
Mr M Dias	Non-Executive Director
Mr R Harrison	Managing Director
Dr M Stewart	Chief Medical Officer
Dr H Lloyd	Chief Nurse
Mr C Hand	Chief Finance Officer

Associate Directors – non-voting

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

Directors – non-voting

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

In attendance

Mrs J Crampton	Lead Governor
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BoD/23/073 WELCOME AND INTRODUCTIONS

The Chairman welcomed members to the meeting, those in attendance and members of the public.

BoD/23/074 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms Page, Chief Executive and Mr Graham, Director of Communications.

BoD/23/075 QUORUM

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

BoD/23/076 DECLARATION OF INTEREST

The Chairman referred members to the register of interests and asked members if there were any further declarations to

be made not already included. There were no further declarations made.

BoD/23/077 **MINUTES OF THE LAST MEETING**

The minutes of the meeting were reviewed and agreed as an accurate record. Mrs White

BoD/23/078 **MATTERS ARISING**

The matters arising were considered and updated.

BoD/23/079 **CHAIRMAN'S REPORT**

The Chair highlighted a number of issues including the Trust's Annual General meeting (AGM) which had been held. He reflected on the feedback given by those who had attended and reported that going forward improvements would be made to the format of the AGM including public facing presentations.

The Chairman took the opportunity to remind members and those in attendance regarding the importance of receiving their flu and COVID vaccinations.

The Chairman commented that the Corporate Trustee of Our Hospitals Charity, the official charity of the Trust had just recently met and received the annual report and annual accounts which highlighted the significant amount of work undertaken over the last year and the work in partnership with South Cleveland Heart Foundation on the Cardio Vascular Research unit which had just opened.

Finally the Chairman on behalf of the Board as a whole commented on the significant contribution of Ms Page, Chief Executive and formally thanked her for the work she has done at the Trust specifically commented on the development of the clinical leadership model and the CQC improved ratings.

RESOLUTION

The Board of Directors NOTED the Chairman's report.

BoD/23/80 **CHIEF EXECUTIVE'S REPORT**

Mr Harrison on behalf of the Chief Executive drew members attention to the previously circulated Chief Executives report. He highlighted that there had been an increased level of activity across the Trust and thanked colleagues for providing safe patient care across all services.

Mr Harrison asked Mr Sturdy for an update on the development of the Urgent Treatment Centre (UTC) which was being developed on the James Cook site. Mr Sturdy updated that the UTC is progressing in line with the contract programme, the modules were successful delivered and

installed over the 5 days starting on the 23 November. The work now continues to fit out the interiors leading to a planned completion date of the end of March 2024.

Mr Harrison referred members to the update on Improving Quality in Liver Services (IQILS) programme and advised members that the service didn't exist in 2018 and commented on how far the team have come in such a short time. He paid testament to the leadership team and getting this in place. Dr Stewart added that it is important to have a strong liver service, and that the Trust have seen a significant increase in liver disease and there is a growing academic remit to understand the local issues and that it is important to see the team being recognised.

Finally, Mr Harrison commented that on behalf of Executive Team he wanted to pay tribute to Ms Page, Chief Executive. He commented that she had brought the team together, led the organisation through COVID, transformed clinical teams to work collectively with good management support to deliver good outcomes. He commented that Ms Page had over 40 years' service to the NHS but most importantly to note was her ability to demonstrate the number of jumpers and knit wear available.

RESOLUTION

The Board of Directors NOTED the Chief Executive's update

BoD/23/081 BOARD ASSURANCE FRAMEWORK

Mrs White presented the Board Assurance Framework which had been updated in August following the Board session on strategic objectives, principle risks and risk appetite.

Mrs White highlighted that there remains several areas for further focus on the BAF including dates and leads for addressing the gaps and the level of assurance for each of the principal risks which she has committed to having complete by the end of the year.

Several reports were being considered at the Board meeting today providing assurance.

RESOLUTION

The Trust Board of Directors NOTED the update

BoD/23/082 INTEGRATED PERFORMANCE REPORT

Mr Peate referred members to the Integrated Performance and highlighted the following:

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.

For September, A&E 4-hour standard performance was steady and close to the national average. Clear reductions in A&E 12 hour waits and 12 hour delays following a decision to admit are evidenced since the beginning of 2023.

Ambulance handovers within 60 mins shows an improving trend too. Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care.

During August, Elective access (RTT 18-week standard) was maintained and keeps performing ahead of the national trend. Extra focus is being given to reducing the number of patients waiting more than 65 weeks for non-urgent elective treatment, in line with national requirements.

Total elective growth was slightly behind plan but within that 1st OP appt activity was among the highest in the ICS. Performance against the 6 week diagnostic standard worsened but a planned increase in radiological capacity and access started in September and is helping reduce the long waits.

The Trust was compliant with the national target for Cancer 28-day Faster Diagnosis Standard and the Cancer 62-day accumulation has improved over the same period, returning close to the planned recovery trajectory. The Cancer 62 day standard improved in August to 65%, the national average.

Mr Readshaw asked why November had been as busy and Dr Stewart commented that the last few days there had been a number of site issues including an outbreak of norovirus which has resulted in 3 wards closed adding to the pressures. He added that there are a number of outbreaks in communities and hospitals across the country.

Ms Burns commented on the scale of improvement across a raft of indicators and that the Board can take some assurance from her as Health & Wellbeing lead in terms of turnover as this is a significant indicator of staff health and wellbeing and it is encouraging to see this occurring.

RESOLUTION

The Board of Directors NOTED the update

BoD/23/083 SAFE STAFFING REPORT

Dr Lloyd presented the safe staffing report and highlighted that the percentage of shifts filled against the planned nurse and midwifery staffing across the Trust has increased to 98% demonstrating continued good compliance with safer staffing.

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

Nursing Turnover for October 23 has increased to 7.15%.

Mr Harrison asked Dr Lloyd if she was able to comment on the very recent announcement regarding immigration and if this would have an impact on the international nurse recruitment, Dr Lloyd advised that for current staff we have a lot of pastoral support within the Trust and a good network for nurses joining the Trust, she added that she isn't expecting a huge impact. Professor Bilous asked if the Trust need to give assurance to colleagues who are employed currently by us and Dr Lloyd agreed to continue to reinforce the message regarding their contribution to the NHS. Dr Stewart commented that the issue will be the inability to bring family members however Mr Harrison advised that he didn't think the changes affected health staff specifically and that he thought it predominantly related to care staff.

Ms Burns requested that the Board may have a staff story from the experience of international nurse, and this was agreed.

Dr Lloyd /
Mrs White

Mrs Metcalf commented that the announcement has only just been made and the NHS and Trust need to work through with staff side colleagues and chairs on the impact of this matter.

RESOLUTION

The Trust Board of Directors NOTED the update

BoD/23/084 CONSULTANT APPOINTMENTS

Mr Harrison updated the Board on the recent starters and leavers as follows:

Starters

Ahmed Foly – Pain / Anaesthetics
Thomas Johnson – Anaesthetics
Tom O'Hare – Urology
Pyotr Telyuk – Cardiology

Leavers

Andrew Bartram – OMFS
Rhiannon Hackett – Anaesthetics
Audrey Quinn – Anaesthetics
Waleed Hekal – Spinal Surgery (had been on sabbatical but has now left employment entirely)
Lucy Walker – Palliative Care

Mr Harrison updated that the loss of an OMFS surgeon is a challenge to the Trust and we have a small team who are vital to the major trauma service, and we are working with the Provider Collaborative on seeking mutual aid whilst working on a model for the future across a networked model supporting the two major trauma services.

RESOLUTION

The Trust Board of Directors NOTED the update

BoD/23/085 RESPONSIBLE OFFICER REVALIDATION AND APPRAISAL REPORT

Dr Stewart referred members to the annual report for revalidation and appraisal and highlighted the requirements for compliance with regulations and key national guidance in relation to Doctor's appraisals and revalidation. Dr Stewart advised members that the Trust continues to ensure all Doctors engage in appraisal with the Revalidation Team aiming to fully optimise our appraisal software for the management of appraisals and revalidation. Based on the embedded systems and processes in place, there is a good level of assurance.

Ms Wilson commented that it was a good report and provided a good level of compliance and demonstrated progress from last year. She added that there were some areas a bit low in terms of appraisers and asked if this was a risk. Dr Stewart commented that the Trust encourage colleagues to be appraised outside of their areas so it's more around ensuring staff get updated on appraisals training.

The Chairman asked regarding 360 degree appraisals and Dr Stewart confirmed that the GMC mandate a 360 degree appraisal every 5 years including a patient survey with a minimum of 30 patients if in patient contact. He added that the feedback gets nationally benchmarked which is a key part of the revalidation process.

RESOLUTION

The Trust Board of Directors NOTED the update

BoD/23/086 **EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE REPORT**

Dr Stewart as Accountable Emergency Officer presented the Emergency preparedness resilience and response report (EPRR) for the Trust and advised that under the Civil Contingency Act the Trust is designated as a category 1 responder which means that it must be able to provide an effective response to emergencies whilst maintaining services. This work is referred to as 'emergency preparedness, resilience and response' (EPRR) and requires NHS organisations to develop plans, policies and procedures, provide training for staff on their role in an incident, exercise these plans to ensure they are fit for purpose and support any response and recovery efforts when an incident occurs.

Dr Stewart highlighted that this year there are 62 standards that the Trust is required to report against, split into 10 domains and the Trust is reporting an overall assessment of 'Partially Compliant'. Dr Stewart advised that this is similar to last year's response.

He added that tabletop exercises and learning from these have been undertaken and the Trust is hoping to do a live exercise next year.

Mr Readshaw as Chair of Audit & Risk Committee commented that the full report and supporting assurances had been received at the Audit & Risk Committee who were assured that the overall assessment was appropriate.

RESOLUTION

The Trust Board of Director APPROVED the EPRR annual report and self assessment.

BoD/23/087 **SCHEME OF DELEGATION**

Mr Hand updated members on a number of changes in relation to the scheme of delegation. Mr Hand advised that the Trust's Standing Financial Instructions, Standing Orders and Scheme of Delegation were approved by the Board of Directors in November 2021. The latest updates covered in this report concern changes to Procurement and Funds held in Trust.

The Standing Financial Instructions and Scheme of Delegation have been specifically updated for the following purposes:

- to ensure national and regional agreements are compliant with the Public Contract Regulations 2015;
- to update formal tendering limits to bring the Trust in line with the majority of the Trusts in the ICB; and

- to update procedures from manual to current electronic systems.

Mr Hand confirmed that the rationale for the changes to the constitutional documents have been recommended by the Audit & Risk Committee for approval.

Ms Wilson asked regarding the section on waivers and whether this relates to a waiver being applied once. Mr Hand confirmed that this was correct and then you will go through a procurement process.

RESOLUTION

The Trust Board of Directors APPROVED the changes to the scheme of delegation, standing orders and standing financial instructions

BoD/23/088 USE OF THE SEAL

Mrs White referred members to her previously circulated report and advised members that in line with the Trust's Constitution the report provides information on the documents affixed under seal between 1 October 2022 and 20 November 2023.

RESOLUTION

The Trust Board of Directors NOTED the update

BoD/23/089 FINANCE REPORT

Mr Hard presented the month 7 finance report and highlighted the Trust's plan for the 2023/24 financial year is now a deficit of £31.8m, reflecting the organisation's structural deficit (eg: The James Cook University Hospital PFI scheme) and inflationary pressures.

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

As per NHSE guidance the Month 7 position excludes the recommendations and funding relating to the Industrial Action which was announced on the 8th of November 2023.

At Month 7 the reported position is a deficit of £18.2m at a system control-total level, which is in line with the year-to-date plan.

Mr Readshaw asked regarding the slippage on CIP being made up by non-recurrent schemes and asked if this was in relation to a delay in a recurrent scheme or whether the recurrent scheme will now not go forward. Mr Hand advised

that it was a combination of some schemes being replaced by other schemes and some slippage by pressures around industrial action. He added that the Trust has delivered over 60% against the CIP target and a strength to continue to build on.

The Chairman thanked Mr Hand for separating out R&D and education and training which is important and helpful to see.

Mr Redpath reminded members that there is non executive director scrutiny of the CIP agenda which is Ms Gerner.

RESOLUTION

The Trust Board of Director NOTED the update.

BoD/23/090 COMMITTEE REPORTS

The Chairman offered the Chairs of Committees the opportunity to highlight issues from the Chairs logs not already covered on the agenda:

QAC – Ms Davidson highlighted the quality improvement work on areas in the IPR including pressure ulcers and falls; R&D report with significant assurance and contribution to the BAF. Significant report on safeguarding adults and children. On 28 September the Trust received an Ockenden visit which commented on the levels of care and compassion from staff shown to patients.

People – Mr Dias commented regarding the staff survey by collaborative session which is an important part of staff engagement and improvement. Positive comments on medical education following reviews by medical schools and WRES and WDES received excellent reports and working hard on this area. Reviewed payroll system and gained assurance in terms of the problems and we are seeking further assurance on the plan. We looked at talent pipeline and starting to build a succession plan.

Resources – Mr Redpath commented regarding the digital roll out which is now live on 16 wards and receiving positive feedback; information governance training is for the first time in 3 years 95% compliance in training thanks to colleagues for this. Green paper on sustainability presented. Phase 1 report on scanning received. Thanks to procurement team on cost savings.

Audit Committee – Mr Readshaw commented that the Committee had recommended approval of accounts for Our Hospital Charity and South Tees Healthcare Management Ltd (Outpatient Pharmacy), emergency preparedness review recommended for approval. Good assurance on risks being

managed at QAC following a deep dive. Group structure (JPB) strong assurance on setting up on this and as we start to get the JPB to work on our behalf we need to further establish assurances around this with support from internal audit.

JPB – Ms Wilson as Vice Chair commented on the appointment of the new Group CEO starting in February; making progress on joint council of governor meetings; working together on a number of issues such as the CDC and UTC. Big discussion was on the partnership agreement which was agreed. Subsequently there has been a meeting in common with North Tees to formally agree partnership agreement. New Group CEO engaged in this process. Dr Stewart updated on the clinical engagement meeting on 9 October with about 120 clinical leaders meeting as groups linked to their clinical areas and discussed group working and modified the proposal around clinical strategy boards.

BoD/23/091 ANY OTHER BUSINESS

Mr Harrison commented that the Trust is working with Maggie's a cancer charity and asked for the Trust Board of Directors agreement to continue the work.

RESOLUTION

The Trust Board of Directors APPROVED the request to work with Maggies

The Chairman congratulated the Trust leadership team on being nominated for Trust of the year reflecting Ms Page's leadership.

The Chairman congratulated Mr Dias on his award from Seacole on GEMS.

BoD/23/092 DATE AND TIME OF NEXT MEETING

The next meeting of the Board of Directors will take place on Tuesday 6 February 2024

Signed:

Date:

DRAFT

Date							
Date	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
03.10.23	BoD/23/071	Committee Reports	Mr Harrison to share the work on the national productivity group	Mr Harrison	asap		Open

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

Joint Chairman's Update

1. Introduction

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

2. Key Issues and Planned Actions

2.1 Group Development and joint working

I would like to formally welcome our new Group Chief Executive, Stacey Hunter who officially started in post on 1 February 2024.

The Joint Partnership Board met on 15 November 2023 and 17 January 2024. Work is progressing regarding governance arrangements for the Group, the workforce enabling strategy and the clinical services strategy. A further clinical engagement event took place on 24 January 2024, which was well attended by staff from both North and South Tees. An important event will be the signing of the Group agreement which will take place in February and will be attended by Sir Liam Donaldson, Chair, North East North Cumbria Integrated Care Board (NENC ICB).

2.2 Fit and Proper Person Test Framework

In the autumn of 2023 NHS England issued new guidance regarding the Fit and Proper Person Test (FPPT) and the implementation of a new framework to support the test, following recommendations in the Kark Report led by Tom Kark KC. I am pleased to report that work has concluded on the updated FPPT to sign off and submit to NHS England.

2.3 Maternity

I was pleased to be invited to observe the CNST maternity incentive scheme year 5 self-assessment check and challenge meeting in December. I was accompanied by the Maternity Services Board Champions and other key individuals within the Trust including some external stakeholders and partners. The Clinical Negligence Scheme for Trusts focusses on the delivery of safer maternity care.

In addition, the Maternity CQC National Team who visited in the Trust in 2023 published its report on maternity services at James Cook and the Friarage. The overall CQC rating for the Trust remains Good.

2.4 Staff Engagement

I attended the Friarage on 17 January 2024 to meet with Andrew Turley and colleagues to discuss a number of issues including the development of the surgical hub and the vision of where the Friarage sits in new Group partnership.

2.5 Council of Governors

We held the 2nd meeting of the Council of Governors from both South Tees and North Tees on 14 December 2024. Work continues to develop on areas which the two Councils can work together and how they can better share and communicate with each other. With the Lead Governors both Councils agreed to meet together 4 times a year with 2 development sessions plus 2 separate meetings one which will focus on the Annual General / Annual Members meeting. Meetings will take place across all four of the main sites starting in April.

2.6 Patient Safety Incident Framework

I attended with the Board training on the new patient safety incident framework which went live in the Trust on 29 January 2024. The Policy and Plan was previously shared and approved by the Board in October 2023.

2.7 Education event 21 February 2024

The programme for the education event being hosted by South Tees Hospitals NHS Foundation Trust and North Tees & Hartlepool NHS Trust is nearly developed. This is a great opportunity for the Boards and partners to hear about the work of the Universities who work with us in Teesside and their future plans. I am also looking forward to hearing from colleagues who have studied at the Universities and then became employees of the Trust.

3. Recommendation

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

Professor Derek Bell
Joint Chair

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 February 2024			
Chief Executive update			AGENDA ITEM: 7 ENC 5
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Stacey Hunter Group Chief Executive
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Chief Executive update		
Background	The following report provides an update from the Chief Executive.		
Assessment	The report provides an overview of the health and wider related issues.		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Trust Board are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

Maternity Services – CQC inspection

Last month, the Care Quality Commission (CQC) published their report on maternity services at James Cook and the Friarage and have rated them as Requires Improvement overall. The overall rating of Good for the Trust as a whole remains. It is important to recognise that the CQC report acknowledged a number of areas of outstanding practice including the service's transparency and accountability, and the special support it provides for birth parents and foster carers if a baby is placed into the care of the local authority.

NHS surgery for chest condition

I am pleased to report that the Trust will be providing pectus excavatum surgery again for people suffering from pectus excavatum (funnel chest) making us one of only two in the country to perform the procedure on the NHS.

Surgery to treat the condition, caused when the ribs and breastbone grow inwards and form a dent in the chest, stopped being carried out as a funded procedure by NHS England four years ago.

Nightingale awards

Just a reminder that these awards formally recognise the care and compassion of our nursing teams, particularly when staff have gone the extra mile to improve patient care or patient experience.

It is particularly rewarding to have good care acknowledged by our patients and their relatives and carers but staff are also free to nominate their colleagues for these awards.

Nominees must be a member of the nursing, health visiting, operating department practitioner or midwifery team and must be employed by South Tees Hospitals NHS Foundation Trust.

If you feel there is a team or individual who has gone beyond you can nominate them via the South Tees website.

Pilot programme for syphilis screening for adults aged between 19 to 70

The Trust has launched a pilot programme for screening syphilis which will also include routine testing for HIV, Hepatitis B and C, and will run for eight weeks from January.

Patients are informed if they are receiving a test for blood-borne viruses but can decline if they wish.

The ambitious initiative aims to understand if it's an effective practice to screen people attending the A&E for these viruses.

The screening programme is successfully rolled out around the country where there are high levels of infection of HIV, hepatitis B and C, and syphilis.

It has been successful in identifying people with undiagnosed infections as well as people with these infections who've been lost to care.

The opt-out testing will enable the emergency department team to identify any undiagnosed infections and offer early treatment whilst preventing further transmission of infections.

The team will contact the patient to arrange an appointment if they have received a positive result and will discuss the next steps.

Individuals can assume their tests to be negative for HIV, hepatitis B and C, and syphilis if they do not hear anything within 28 days.

Any finally

I would like to thank Rob Harrison, Acting CEO / Managing Director and the wider Director team for the thorough handover that I have received prior to joining the Trust and to wish Rob well in his new role at Newcastle Hospitals NHS Foundation Trust.

During the last couple of weeks, I have been enjoying visiting Teesside and meeting with colleagues at the Trust and our partners and stakeholders who work with the Trust as part of my socialisation induction plan. My induction continues over the next few weeks, and I am grateful for the messages of support I have received and look forward to meeting as many colleagues as possible.

2. RECOMMENDATIONS

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

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 FEBRUARY 2024			
Board Assurance Framework			AGENDA ITEM: 8, ENC 6
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Jackie White Head of Governance & Co Secretary
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	<p>The Board have approved the development and composition of the Trust's two-year strategic plan and the improvement and recovery plan which sets out the strategic objectives of the Trust.</p> <p>In July 2023 the Board agreed that the strategic plan at Board development session and reviewed the strategic objectives and the Improvement Plan in August 2023.</p> <p>Using both of these key strategic documents the Board identified the principal risks to achieving the strategic objectives along with the risk appetite.</p> <p>The Board of Directors tasked the Board committees to review the BAF threats and update the BAF for 2023/24 whilst undertaking the scrutiny and assurance of the principal risk, controls and gaps.</p>		
Background	<p>The Board Assurance Framework is a strategic but comprehensive method for the effective and focused management of the principal risks to meeting an organisation's objectives.</p> <p>A structure for the evidence to support the Annual Governance Statement. A method of aggregated board reporting and the prioritisation of action plans which, in turn, allows for more effective performance management.</p> <p>A document to help inform decision making and prioritisation of work relating to the delivery of strategic objectives.</p>		
Assessment	<p>The Board Committees – People, Quality and Resources in September reviewed the BAF relevant to their area and agreed the threats (what might cause the principal risk to occur), the controls and sources of assurance. They reviewed the gaps in assurance / action and noted in some areas there was further work to be undertaken. The Committees reviewed and agreed the risk appetite statements and risk rating scores.</p> <p>The Chair's logs from the Committees will confirm review and agreement of the new BAF principal risks and threats and demonstrate the Committee has tested the controls in place; received assurances (some positive and some negative); reviewed</p>		

	<p>the gaps in controls or assurance and received assurances to mitigate some of these gaps.</p> <p>Further work has been undertaken on the BAF including addressing the majority of gaps with named individuals and timescales. This month the assurance levels were added to the BAF for Committees consideration.</p> <p>Eight (8) assurance reports are being received at Board today.</p>	
Recommendation	Members of the Board of Directors are asked to note the update on the BAF.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The risk implications associated with this report are included in the report.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>	

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

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

2. BACKGROUND

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

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

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

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

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

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

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

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

3. DETAILS

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

4 principal risks are scored at 9 – High with a moderate risk appetite and cautious risk level.

1 principal risk is scored at 12 – High with a high risk appetite and open risk level

1 principal risk requires scoring.

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

Assurance ratings for each of the BAF threats were considered by Committees in January.

3.1 Assurance reports Trust Board of Directors

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

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

- Integrated Performance Report
- Learning from deaths report
- Organ donation report

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

- Safe Staffing Report
- Integrated Performance Report
- Freedom to speak up report
- People Plan

Principal risk 6 - Failure to achieve financial objectives and responsibilities

- Finance Report
- Integrated Performance Report

4. RECOMMENDATIONS

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

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

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

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

The key elements of the BAF are:

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

Key to lead committee assurance ratings:

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

OR

- gaps in control and assurance are being addressed

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

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

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

Principal risk - 1 (what could prevent us achieving this strategic priority)	Inability to provide safe, effective patient centred care that delivers the best patient experience and good clinical outcomes	Strategic Objective	Best for safe, clinically effective care and experience
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Lead Committee	Quality Assurance Committee	Risk Rating	Initial Rating	Target		Risk appetite	Moderate
Executive Lead	Chief Nurse/Chief Medical officer	Likelihood	3	2		Risk Level	Cautious
Initial date of assessment	September 2023	Consequence	3	2			
Last reviewed	25 January 2024	Risk Rating	9	4			
Last changed							

Threat (what might cause this to happen)	Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / action to address gaps inc timescales and lead (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
1.1 Failure to identify and learn from patient safety incidents resulting in avoidable harm and poor clinical outcomes including healthcare acquired infections	<p>Quality governance framework</p> <p>PSIRF plan to deliver new framework in place</p> <p>Policies and procedures</p> <p>Medical examiner system</p> <p>Sharing and learning through Patient Safety Ambassadors and bulletins</p> <p>Clinical effectiveness processes including clinical audit, NIC, GIFRT</p> <p>Training and education</p> <p>Governance – adverse events groups / MDT approach revalidation</p> <p>Patient Experience processes for feedback</p> <p>FTSU processes for staff</p> <p>Infection prevention & control programme</p> <p>PFI arrangements and cleaning standards</p> <p>Review panels of all trust apportioned of all infection disease incidents</p> <p>Ward accreditation programme - STACQ</p>	<p>Management</p> <p>Collaborative Board / Governance meetings quality metrics</p> <p>Mortality and Morbidity meetings</p> <p>Safeguarding Board and reports to QAC October 2023</p> <p>Patient feedback reviewed at Patient Experience Group and quarterly reports QAC September 2023</p> <p>Clinical audit data and NICE compliance reviewed at Clinical effectiveness Group and clinical effectiveness report to QAC September 2023, November 2023, December 2023</p> <p>IPR - Quality Dashboard Monthly QAC and Board</p> <p>Medicines Optimisation Report to QAC quarterly</p> <p>Health & Safety meeting escalation report to QAC</p> <p>Falls report to QAC September 2023, October 2023, November 2023</p> <p>PU reports as priority areas to QAC October 2023</p> <p>IPC reporting in line with revised QAC governance structure quarterly September 2023, November 2023, December 2023</p> <p>Quality Priorities Report quarterly to QAC – September 2023, November 2023</p> <p>PSIFT report to QAC September 2023</p> <p>STACQ report to QAC October 2023</p> <p>Maternity report to QAC and Board – November 2023</p> <p>Audit inpatient survey report to QAC November 2023</p>	<p>PSIRF plan – Kate Jones – update position March 2024</p> <p>Inphase – implement Inphase and demonstrate increase in monitoring and compliance of clinical effectiveness processes – Kate Jones – February 2024</p> <p>Implement recommendations from PWC internal audit report on clinical audit & effectiveness Kate Jones – March 2024</p>	Moderate

		<p>National Cancer Patient experience report to QAC November 2023, December 2023 Safer medication report to QAC December 2023 CNST report to QAC December 2023</p> <p>Risk and compliance IPC Annual report to QAC Quality account report and annual report to QAC CQUIN report to QAC SI/NE report to QAC and Board monthly Learning from deaths Report to QAC and Board quarterly September 2023, December 2023 Clinical Audit forward plan and report to QAC NICE compliance report to QAC FTSU report quarterly to People Committee and Board Guardian of Safe working report to Board IPC Committee escalation report to QAC PSIRF Training for QAC independent members provided by NHS E PSIFT training for Board members 9 January 2024</p> <p>Independent assurance Internal audit report on Quality Governance – high risk Getting it Right First Time (GIRFT) CNST reporting Ockenden review CQC report 2023 – Good rating NEQOS report to SLT November 2023 PLACE assessment and scores IBAF CQC review Maternity CQC report 2024 – requirements improvement rating IRMER CQC report – maintaining compliance Patient Experience and involvement strategy work with Healthwatch</p>		
<p>1.2 Failure to provide a capability and capacity within the workforce to provide time to care, communicate and train which could result in a poor patient experience.</p>	<p>Revalidation Individual Learning and development offer including Patient / Quality safety days – leadership and development Complaints / PALS / Therapeutic care Nursing and Midwifery strategy Fundamentals of practice meetings Daily safety and staffing huddles Professional nurse advocates Guardian of safe working</p>	<p>Management People Plan quarterly reports to People Committee Appraisal processes and personal development plans Safe staffing models and report to People Committee and Board Mental Health strategy December 2023 Quarterly report to People Committee on Improving Learning and Leadership Culture KPI report on training KPI report on appraisals</p>	<p>Development of Medical safer staffing report – Laura Lucas Hartley / Guardian of Safe Working – March 2024</p> <p>Delivery of the Complaints action plan and improvement in metrics – Kate Jones – February 2024</p>	<p>Moderate</p>

	<p>Freedom to speak up processes Schwartz rounds Leadership academy Appraisal process in place for all staff clinical and non clinical – new paperwork agreed with staff introduced including a wellbeing discussion Leadership Development and Quality Improvement educational sessions Leadership apprenticeship partnerships Interventional OD network (leadership development, coaching support, quality improvement, Civility and Human Factors, Business Intelligence and Service Improvement) for teams based on Improvement Plan. Culture change programme to continually improve quality and safety for our patients and service users. Restorative Just and Learning Culture 100 ‘ambassadors’ and practitioners in restorative practice.</p>	<p>Report on quality of appraisals to People Committee Report on career progression following attendance at Leadership and Improvement Courses October 2023 Report on Distributed leadership programme September 2023 Evidence of impact of large scale education and training</p> <p>Risk and Compliance Workforce report to People Committee IRP/KPI on workforce metrics considered at People Committee and Board Nurse establishment review to Board bi annually Midwifery safer staffing report to People Committee Clinical Workforce Planning (Medical, N&M, AHP and Sciences) report to CPG October 2023</p> <p>Independent Assurance UNICEF baby Audit Inpatient Survey 2022 CQC report 2022 National Staff Survey report 2022 Internal audit report on Quality Governance CNST reporting Ockenden review CQC report 2023 – Good rating Maternity CQC report 2024 – requirements improvement rating IRMER CQC report – maintaining compliance Medical Education – HEENE & GMC Reports 2023</p>		
<p>1.3 Demand for services resulting in services not meeting the expectations of patients leading to poorer outcomes for patients and users and potentially health inequalities</p>	<p>Patient Flow process in place Standard operating procedures and policies in place Trust and System escalation process Trust leadership of and attendance at local A&E delivery Board Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Working with primary care and other stakeholders to manage demand through diversion and re-provision Single CRG review of constitutional standards and escalation of high risk areas SI process Clinical Harm review process Emergency capital funding received for UTC Weekly touchpoint meeting with Commissioners Daily touchpoint meeting on patient flow South Tees Executive Governance Board</p>	<p>Management Winter preparedness reports to Resources Committee and CPG September 2023, November 2023, December 2023, January 2024 Improvement Plan v4 July 2023 and reports to Board and CPG December 2023 Recovery plans for high risk services and updates to Board and Committees and CPG Response to NHSE/I letter on Elective through CPG/SLT Assurance Framework for managing the implementation of the recovery plan with Collaboratives agreed by SLT Report of performance meetings with Collaboratives to SLT August 2023 and January 2024 Health inequalities report to QAC quarterly – September 2023, October 2023 Service Improvement Group update to SLT September 2023. November 2023</p>	<p>Establish a Programme of work with commissioners to review referral mechanisms – Sam Peate – TBC</p> <p>Outcome of Surgical improvement group repriorising amount of capacity based on service need – Sam Peate – TBC</p> <p>Growth in physical capacity planned in at Friarage.; increased capacity in endoscopy – Sam Peate – TBC</p>	<p>Moderate</p>

	<p>Performance meetings with Collaboratives Monthly Transformation Improvement groups established</p>	<p>Risk and compliance Improvement recovery plan to CPG in July 2023 IPR report to Board monthly and sub committees Programme for service reviews agreed by SLT and CPG June 2024 and on track to complete Year 1 cycle May 2024 – report to CPG</p> <p>Independent Assurance Internal audit of patient flow</p>		
<p>1.4 Current estate and infrastructure, if lacking in capital investment, compromises the ability to consistently delivery safe, caring, responsive and efficient patient care, world class services</p>	<p>Improved access now in place for lifecycle investment Capital planning group oversight (CPOG) in place Comprehensive planned maintenance processes in place Premises assurance model (PAM) undertaken evidencing, overall, compliant estate Independent, Authorising Engineer (AE) assessments carried out annually Regular risk assessments and environmental audits Regular PFI monitoring and reporting across all of the contract Full condition surveys of JCUH site undertaken bi-annually Agreed 22/23 lifecycle plan of investment and 23/24 indicative plan from our PFI partner Capital investment plan</p>	<p>Management Estates Centre Board Capital Plan received by Resources and Board Elective Recovery Programme – Targeted Investment Fund (TIF- Friarage Theatres work) Capital Programme for this financial year 23/24 Quarterly updates on Capital to Resources Committee Ward 7 released for lifecycle work ongoing October 2023 Capital report prioritisation update to CPG September 2023 Premises assurance model (PAM) report September 2023 submission</p> <p>Risk and Compliance Environmental health audits</p> <p>Independent Assurance Independent Authorising Engineer (AE) reports PLACE Assessments 2023 CQC Inspections 2023</p>	<p>Deliver action plan from Fire Audit risk Assessment – Phil Sturdy May 2024</p> <p>External audit of Catering at Friarage develop action plan – Phil Sturdy - End of March 2024 for completion of the catering action plan.</p> <p>JAG inspections aligned to environment – Phil Sturdy - The capital works will commence in April with planned completion October 24.</p>	<p>Moderate</p>
<p>1.5 Failure to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and / or risk of clinical harm because of delays in access to care</p>	<p>Patient Flow process in place Standard operating procedures and policies in place Trust and System escalation process Trust leadership of and attendance at local A&E delivery Board Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Working with primary care and other stakeholders to manage demand through diversion and re-provision Clinical Harm review process Performance meetings with Collaboratives Monthly IPR Improvement groups established</p>	<p>Management IPR report to Resources Committee and Board Monthly Performance Meetings chaired by COO Cancer pathways / breaches report to QAC November 2023 Improvement Plan to SLT December 2023 Elective recovery and validation report to CPG September 2023</p> <p>Risk and Compliance Ambulance Handover and capacity pressures report to CPG December 2023</p>	<p>Data Quality issues remain. Continue working with team – Sam Peate - TBC</p> <p>Known gap in available bed capacity to meet the level of contracted demand whilst meeting constitutional standards. – Sam Peate - TBC</p> <p>Wide ranging recovery plan in place that included a length of stay reduction plan. – Sam Peate - TBC</p>	<p>Moderate</p>

	Assurance Framework for managing performance in Collaboratives in place	Independent Assurance ED Peer Review report to SLT December 2023 ED report to Board November 2023 Tier 2 elective letter January 2024		
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Principal risk - 2	A major incident resulting in temporary hospital closure or a prolonged disruption to the continuity of core services across the Trust, which also impacts significantly on the local health service community	Strategic Objective	Best for safe, clinically effective care and experience
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Lead Committee	Quality Assurance	Risk Rating	Initial Rating	Target			
Executive Lead	Chief Nurse	Likelihood	3	2		Risk appetite	Moderate
Initial date of assessment	September 2023	Consequence	3	2		Risk Level	Cautious
Last reviewed	25 January 2024	Risk Rating	9	4			
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
2.1 Severe restriction of service provision due to a significant operational incident or other external factor including industrial action	Emergency preparedness, resilience and response (EPRR) arrangements at regional, Trust, Centre and service level Operational strategies and plans for specific types of major incident, business continuity and critical incidents Strategic, tactical and operational command for major incidents and industrial action Trust Resilience Forum and EPRR operational group EPRR Strategy in line with National EPRR framework Training and testing exercises undertaken annually Annual assessment against EPRR core standards On call arrangements in place	Management Self assessment report to Director team Check and challenge meeting with ICB and NHSE EPRR report to Audit & Risk Committee November 2023 Risk and compliance EPRR report to Board December 2023 Independent assurance EPRR report EPRR Core Standards compliance report Check and Challenge meeting with NHSE	EPRR action plan to be implemented – Dianne Hurey – May 24	Moderate

Principal risk - 3	Failure to engage and inspire our people by not attracting, developing, retaining and reforming our workforce	Strategic Objective	A great place to work
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Lead Committee	People Committee	Risk Rating	Initial Rating	Target		
Executive Lead	Director of HR	Likelihood	3	2		Risk appetite Moderate
Initial date of assessment	September 2023	Consequence	3	2		Risk Level Cautious
Last reviewed	26 January 2024	Risk Rating	9	4		
Last changed						

Threat (what might cause this to happen)	Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / action to address gaps inc timescales and lead (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
3.1 Ability to attract and retain good staff resulting in critical workforce gaps in some clinical services and impact on use of resources.	Vacancy management and recruitment systems and processes Safe nurse staffing levels for all wards and departments managed through daily huddles and escalation through to tactical and strategic Temporary staffing approval and recruitment process in place Specialist recruitment campaigns Work / link with university medical school and Nurse recruitment days; AHP recruitment days International nurse recruitment programme Return to practice programme for nursing vacancies Flexible retirement and return process Increased apprenticeship workforce People Plan work stream on addressing workforce shortages HR Policies and procedures Engagement strategy (including rewards and recognition; engagement tools) Staff Engagement Group Visibility of leadership Board walk rounds Health and Wellbeing Strategy Exit interviews Workforce metrics contained in IPR STAR awards Partnership working compact with medical and staff side Pulse survey and staff survey (national) Freedom to speak up process Staff networks in place for some protected characteristics	Management Quarterly reports to People Committee on the 5 key workstreams in the People Strategy – ED&I, Health & Wellbeing, Leadership and Culture, Workforce Shortages, Sense of Belonging Safe Nursing Staffing levels report to Board monthly Safe Midwifery staffing levels report to People Committee quarterly CNST maternity staffing report reported to QAC December 2023 Finance report to Resources Committee on collaborative agency spend Staff survey report to Committee and Board March 2022 Establishment plan for APHs November 2023 Apprenticeships, Prospect and Mobilisation report November 2023 Risk and compliance Guardian of Safe Working report to Board Freedom to speak up report quarterly to Board IPR workforce metrics reviewed by Board monthly Staff survey reports by Collaboratives to People Committee October 2023 Analysis of voluntary and involuntary turnover in line with retention strategy November 23 Talent management deep dive – November 2023 Workforce retention including turnover and exit deep dive- September 2023 Independent Assurance CQC inspection report May 2023	PWC internal audit on agency spend – Rachael Metcalf - February 2024	Moderate

	<p>Contracting arrangements in place for SERCO and sub contractor workforce at the Trust Year on year increase in volunteer workforce Nursing & Midwifery Strategy Workforce plan and accountability framework</p>	<p>CQC inspection report Maternity January 2024 NHS staff survey 2022 results showing improvement in a number of areas</p>		
<p>3.2 Poor health and absence within our workforce creating service pressures impacting their ability to deliver a high quality service</p>	<p>Welfare calls to staff who are absent Health & wellbeing support programme Staff weekly briefing Psychology support and mental health support Occupational Health and counselling and physio service Wobble rooms established across sites for staff to recover and recoup Project Wingman (staff rest and support programme) Long covid clinics for staff Menopause programme insomnia intervention programme and fatigue support Flu and covid vaccination programme Hardship fund for staff Policies and procedures in place for managing absence Psychological wellbeing training within Management Essentials Psychological first aiders Health & Wellbeing conversations in Annual Appraisal</p>	<p>Management Quarterly reports to People Committee on the Health & Wellbeing Leadership update report regarding embedding wellbeing Report on Workforce Retention regarding health and wellbeing conversations Health & wellbeing conversations embedded in Appraisal documentation and appraisal documentation rolled out across Trust Financial wellbeing report to Committee</p> <p>Risk and compliance Staff survey action plans at Collaborative level presented to the People Committee 2023</p> <p>Independent Assurance NHS Staff survey 2022 results showing improvement in a number of areas Silver accreditation for Better health at Work Award 2022 Menopause Friendly Organisation accreditation 2022 Mindful employer</p>	<p>Assess the impact of workplace environmental health and wellbeing actions - R Metcalf – June 24</p>	<p>Moderate</p>
<p>3.3 Staff do not feel cared for / increased pressure and workload on existing staff due to not feeling valued</p>	<p>Staff engagement strategy Policies for Grievance, Dignity at Work and FTSU Year on year reduction of appeals received STAR awards Specific campaign and communication around Total Rewards Statements ESR and development plan Directorate level staff survey action plans Events to celebrate contributions such as #loveadmin Staff networks for Staff Engagement, Disability and Long-Term Health Conditions, Childless not by Choice and Menopause</p>	<p>Management Quarterly report to People Committee on Engagement & belonging Values based recruitment process Report on over / under payments Violence Prevention and Reduction Strategy report to People Committee September 2023 Flexible working options for staff report November 2023</p> <p>Risk and compliance Freedom to Speak Up Guardian report quarterly to Board Guardian of Safe Working report to Board;</p> <p>Independent Assurance</p>	<p>Ongoing evidence of an increase in the response rate for completion of the staff survey – Rachael Metcalf – February 24</p> <p>Implementing the ESR automation service to allow further autonomy in the workforce – Rachael Metcalf – October 24</p>	<p>Moderate</p>

		NHS staff survey 2022 results showing improvement in a number of areas Critical Care junior doctor survey discussed at People Committee 2021		
3.4 Failure to attract, retain and develop a diverse leadership. A culture that perpetuates the current inequalities through a lack of understanding of privilege and how this manifests in recruitment, talent management and succession planning processes.	BAME risk assessments ED&I strategy Just culture and civility saves lives programme Staff networks in place for some protected characteristics Staff networks and groups which include BAME, Disability and Long Term Health Conditions, LGBT+, Faith, Menopause and Childless not By Choice. Unconscious bias training delivered through the Management Essentials Programme Annual calendar of events raising awareness across a wide range of diversity issues. Reciprocal mentoring programme for BAME and senior leader colleagues, developing 23 reciprocal partnerships and identifying three areas for system change.	Management ED&I Annual report WRES and WDES report to People Committee October 2023 Quarterly report to People Committee on ED&I Reciprocal mentorship programme in development Values based recruitment process Report on progress for EDS2 November 2023 Risk and compliance Freedom to Speak Up Guardian report quarterly to Board Guardian of Safe Working report to Board; Gender Pay Gap report to People Committee Increased the number of staff self-declaring their ethnicity from a BAME background and/or their disability status. Independent Assurance NHS Staff survey 2022 results showing improvements in a number of areas Undertook an externally lead listening events for all our BAME colleagues.	Evidence of increasing the workforce to be representative of the communities we serve (Race Pay gap_ – Rachael Metcalf November 24 Impact of increased representation of protected characteristics on each recruitment panel – Rachael Metcalf February 24 Impact of reciprocal mentorship programme on recruitment and retention - Rachael Metcalf February 24	Moderate
3.5 Failure to provide excellent learning and development opportunities to ensure staff have the knowledge skills and confidence to do their job may have an adverse impact on clinical outcomes	Schwartz rounds Leadership academy Appraisal process in place for all staff clinical and non clinical – new paperwork agreed with staff introduced including a wellbeing discussion Leadership Development and Quality Improvement educational sessions Leadership apprenticeship partnerships Interventional OD network (leadership development, coaching support, quality improvement, Civility and Human Factors, Business Intelligence and Service Improvement) for teams based on Improvement Plan. Culture change programme to continually improve quality and safety for our patients and service users. Restorative Just and Learning Culture 100 ‘ambassadors’ and practitioners in restorative practice.	Management Quarterly report to People Committee on Improving Learning and Leadership Culture KPI report on training KPI report on appraisals Report on quality of appraisals to People Committee Report on career progression following attendance at Leadership and Improvement Courses October 2023 Report on Distributed leadership programme September 2023 Evidence of impact of large scale education and training Report on Civility, Human Factors and Simulation October 2023 Risk and compliance Independent Assurance	Development of Medical safer staffing report – Laura Lucas Hartley / Guardian of Safe Working – March 2024	Moderate

		NHS Staff survey 2022 results showing improvements in a number of areas Medical Education – HEENE & GMC Reports 2023 October 2023		
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Principal risk - 4	Failure to deliver as a centre of excellence, resulting in a lack of priority and recognition from commissioners and other stakeholders	Strategic Objective	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond
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Lead Committee	Quality Assurance Committee	Risk Rating	Initial Rating	Target			
Executive Lead	Chief Medical Officer	Likelihood	4	3		Risk appetite	High
Initial date of assessment	October 2023	Consequence	3	3		Risk Level	Open
Last reviewed	25 January 2024	Risk Rating	12	9			
Last changed							

Threat (what might cause this to happen)	Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / action to address gaps inc timescales and lead (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Fail to ensure the Trust has the ability to deliver excellent research, education and innovation	<p>Research and Innovation Strategy in place</p> <p>Tees Valley Research Alliance in place 2019 to support delivery of Trust research strategy.</p> <p>National Institute for Health Research (NIHR) Clinical Research Network (CRN) and NIHR RCF funding allocated to TV Research Alliance to support delivery of research</p> <p>Academic Health Science Network</p> <p>STRIVE centre for innovation</p> <p>R&D Director and team in post</p> <p>Director of Medical Education</p> <p>Director of Education</p> <p>Medical Management Model</p> <p>Research programme</p> <p>Academic Cardio Unit with links to Newcastle Uni</p> <p>Academic Centre for Surgery, linked to HYMS</p> <p>NMAHP research, inc PhD scholarships</p>	<p>Management</p> <p>National Institute for Health Research (NIHR) reports reviewed by Tees Valley Research Alliance</p> <p>Reporting arrangements for funders reviewed by TV Research Alliance</p> <p>Quarterly report to Quality Assurance Committee November 2023</p> <p>Clinical Effectiveness quarterly report to QAC September 2023</p> <p>GIRFT report by speciality and quarterly report to QAC on quality</p> <p>Risk and compliance</p> <p>Research and Innovation presentation delivered by the Director of Research to the Board of Directors twice a year</p> <p>MOU with Teesside University for strategic links</p> <p>Collaborations with HEIs</p> <p>Independent Assurance</p> <p>NIHR performance and activity reports.</p>	Director of Innovation to be appointed	Moderate
Failure to deliver a programme of change in	Improvement Plan phase 1, 2 and 3 Recovery plan including trajectories for improvement	Management		Moderate

<p>support of fragile or vulnerable services leading to a loss of quality, efficiency, outcomes and workforce shortages</p>	<p>Winter Plan Strategic & Winter weekly meeting Elective recovery programme Bespoke programmes of support to critical / fragile services Collaborative structure in place from April 2021 Clinical Strategy and Improvement Group Quality Improvement programme Medical and Nursing leadership changes implemented Medical Management Structure implemented ICS/ICP workstreams on vulnerable services SROs & SLT leads for all Collaborative and critical services (CCU, ED and Maternity) Surgery Tees Valley workstream with SRO in place Maternity Assurance Group Improvement groups linked with digital programmes Recruitment campaign and support package for hard to recruit areas Three year Service review programme</p>	<p>Recovery plan reported monthly to Resources Committee, Winter & Strategic Group IPR monthly to Committees and Board CPG oversight and sign of of recovery trajectories Reports to QAC on critical services, eg ophthalmology. ED Deep dives by QAC on critical services CPG check in reports from Collaboratives Update on Education and partnership working through Chairs report to JPB November 2023</p> <p>Risk and Compliance Output of Surgery Tees Valley workstream report into Tees Clinical Strategy Group and then Joint Partnership Board Ockenden Assurance visit CNST submission and report to Board</p> <p>Independent Assurance Peer Review into ED - Northumbria</p>	<p>Provider collaborative – system review and proactively support development of services – update of work – Rob Harrison – February 2024</p> <p>Development of academic research units ongoing updates via R&D Report – Mike Stewart</p> <p>University working development of partnership – ongoing updates – Mike Stewart / Hilary Lloyd</p> <p>Clinical effectiveness and use of national audits for best in class outcomes – Mike Stewart</p>	
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Principal risk - 5	Fail to take a proactive role and engage effectively with partners to transform services and improve the health of the communities we serve	Strategic Objective	Deliver care without boundaries in collaboration with our health and social care partners
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Lead Committee	Joint Partnership Board	Risk Rating	Initial Rating		Target		
Executive Lead	Group Chief Executive	Likelihood				Risk appetite	
Initial date of assessment	September 2022	Consequence					
Last reviewed	January 2024	Risk Rating					
Last changed							

Threat (what might cause this to happen)	Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / action to address gaps inc timescales and lead (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Fail to engage key stakeholders with clarity of purpose	Stakeholder map in place Trust participation in key Integrated Care Board (ICB), Provider Collaborative and Place partnership governance Clinical engagement networks established Mechanisms in place for regular informal dialogue with partners	Management Attendees at system wide meetings Updates at each Director / SLT about meetings and discussions with partners. Regular scheduled meetings with local MPs, and other key stakeholders. Risk and compliance Individual feedback from attendees at system meetings to Director / SLT and Board through Chair and Chief Executive's reports. Independent assurance CQC Inspection Report	Develop Stakeholder Engagement Plan and regular report to provide assurance – Marie Levy ongoing Develop 360-degree feedback from partners about our approach to partnership working – Marie Levy - tbc	
Fail to deliver future healthcare to align to the needs of the communities we serve	Ongoing engagement with commissioning teams. Business planning processes understand and respond to changes in needs of patients and communities. Dashboard for inequalities in place and reviewed by Equality, Diversity and Inclusion (EDI) Board. Corporate Strategy in place with annual corporate objectives. Quality Strategy in development, including work on patient engagement and involvement. Continued engagement with commissioners and ICS developments in clinical service strategies focused on prevention Partnership working at a more local level, including active participation in the ICP ICS Clinical Services Strategy	Management Business planning proposals indicate understanding of the communities we serve and how proposals will support. Health Inequalities report quarterly to QAC Risk and Compliance Half yearly progress on corporate objectives via a report to the Board of Directors Independent Assurance	Develop further our inequalities dashboard, including gaining input from public health teams – Mike Stewart Embed population and health inequalities focus more into our business planning and performance processes – including Directorate reviews and Performance Management Framework – Mike Stewart Seek support from commissioners to review how well we meet needs of	

	<p>ICS Health and Equality Strategy ICS Clinical Services workstreams established across elective and urgent care</p>		<p>our population. Strengthened patient engagement work – Hilary Lloyd</p>	
<p>Failure to work collaboratively with North Tees & Hartlepool NHS Trust (through the Group model) to address these high and varied levels of demand and the Trusts' ability to meet the needs of the shared population will improve</p>	<p>Joint Chair appointed Group CEO appointed –February 2024 Joint Partnership Board (Single joint committee) including TOR in place Joint Board to Board, Council of Governors to Council of Governor meetings and development sessions Joint Nomination Committee (Committees in Common) Vice Chair job role supporting joint chair role Stakeholder Engagement with Local Authorities , MPs and local population, ICS Tees Valley ICP Group Tees Valley ICP Compact Legal advice and framework</p>	<p>Management Joint Partnership Board and governance framework in place and approved by Trust Board Chairs log & chairs update from JPB to Trust Board Joint Chair update Joint Committee (using new HCA 2022) established TOR agreed CF report received, discussed and agreed by JPB Communications & engagement plan Meetings with Governors including joint briefings Schedule 1 delegated authority agreed for approving CF report in JPB – December 2022 Financial Sustainability statement agreed Principles agreed March 2023 Programme Group established with TOR agreed March 2023 High level programme plan and workstreams agreed March 2023 Partnership Agreement developed – due to be signed (phase 1) November 2023</p> <p>Risk and Compliance B2B feedback on joint working positive</p> <p>Independent Assurance</p>	<p>Assurance to Audit & Risk Committee on JPB – Jackie White</p> <p>Development of strategic priorities – Chair / CEO – March 2024</p> <p>Appointment of executive and non executive joint roles – April 2024</p> <p>Development of the Clinical Strategy for the Group – Group CMO – tbc</p>	

Principal risk - 6	Failure to achieve financial objectives and responsibilities	Strategic Objective	Make best use of our resources
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Lead Committee	Resources	Risk Rating	Initial Rating	Target			
Executive Lead	Chief Finance Officer	Likelihood	3	2		Risk appetite	Moderate
Initial date of assessment	September 2023	Consequence	4	3		Risk level	Cautious
Last reviewed	19 January 2024	Risk Rating	12	6			
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
6.1 Uncertainty around funding / contracting arrangements and planned levels of clinical income	<p>Process / system by which we develop assumptions regarding funding, i.e. tangible description of Commissioner engagement, horizon scanning, Strategy development</p> <p>Revised business planning process in place which reflects new funding arrangements</p> <p>Robust business planning process to allow clarity and understanding of cost base enabling support for new funding opportunities/requests</p> <p>Clinical coding improvement plan</p> <p>Clinical Coding oversight group</p> <p>Digital investment programme</p> <p>ICS Resource Allocation Group established and CFO a member</p> <p>23/24 TV 'pace of change' allocation adjustment</p> <p>NHS Standard Contract and guidance</p> <p>Costing information</p> <p>Joint NTHT Contract</p> <p>Contract meetings</p> <p>Contracting working group established across NT and ST</p>	<p>Management</p> <p>Chief finance Officer attendance at ICS Finance meetings</p> <p>Regular finance updates taken to Director Team, SLT and CPG highlight key issues and development of Finance Plan</p> <p>Month 7 Finance report to Resources Committee highlighting key issues</p> <p>2023/24 Planning update Resources Committee July 2023</p> <p>Risk and compliance</p> <p>Month 7 Finance report to Board highlighting key issues</p> <p>Regular financial planning updates to Board</p> <p>Board approval of financial plan January 2024</p> <p>Independent</p> <p>NHSE/I independent costing assurance audits</p> <p>Internal Audit of financial controls</p> <p>External Audit of accounts and value for money</p> <p>Submission of financial plan to ICB/NHSE</p> <p>ICB resource allocation group</p> <p>Additional funding for the impact of industrial action November 2023</p>	Strategy (planning and contracting round plan) to maximise all alternative funding streams – C Hand – April 24	Moderate
6.2 Lack of long term financial plan with ICB	<p>Trust five-year Financial Plan and Strategy based on agreed financial assumptions / modelling.</p> <p>Development of a robust annual financial plan to underpin the longer-term financial plan, triangulated with workforce and activity.</p>	<p>Management</p> <p>Chief finance Officer leads development of assumptions and financial models</p> <p>Finance Plan agreed with Directors, SLT and CPG</p> <p>CPG check ins on Directorate plans</p> <p>Risk and compliance</p>	Support development of system MTFP including Trust contribution – Chris Hand – June 24	Moderate

		<p>Annual Financial Plan approved by Resources Committee and Board January 2024</p> <p>Independent Internal Audit sustainability review audit Internal Audit External Audit of accounts and value for money Submission of financial plan to ICB/NHSE ICB MTFP Development group (inc Deloitte support)</p>		
<p>6.3 Insufficient financial capacity and capability and potential loss of grip and control</p>	<p>Increased Finance team and business partnering capacity Service Improvement Office Targeted external support (Kingsgate) Clinically led collaborative leadership LISA financial management OD programme CIP framework Budget setting principles and budgets in place Clinical Strategy and Improvement Group Delivery of 2022/23 control total YTD delivery of 2023/24 plan Day to day budget management processes in place Finance business partners - qualified Policies and procedures for managing financial control Capital Planning Group in place quality assuring business cases for capital Business case process in place Corporate Governance Framework (SFI/SO, Scheme of delegation in place) Purchasing via procurement frameworks and NHS supply chain Detailed WTE reconciliation (reviewed by national NHSE) Weekly Vacancy Control Panel (CFO, COO, CNO, HRD) Focus on sickness management, recruitment and retention Optimising Rostering and Job Planning Steering Group 1:1 nursing central oversight (Therapeutic Care Team) Agency controls Non pay controls Cash forecast Delivery of budget holder training workshops and enhancements to financial reporting</p>	<p>Management Directorate level finance reports National Cost Collection Chairs report to Resources Committee July 2023, October 2023, January 2024 National Cost Collection pre submission assurance report September 2023 Directorate level and department level finance reporting Cost centre level finance reports Business cases reviewed by Capital Planning Group and SLT CPG decision making on budgets and capital planning Budget sign off Update SFI/SOs in line with Collaborative Structure agreed by Audit Committee Productivity report September 2023 Revenue Cash support report to Resources November 2023</p> <p>Risk and compliance Month 7 Finance report to Board and Resources Committee monthly including CIP progress CIP report to Resources Committee October 2023 IPR report to Board and Committees Provider licence self-assessment Board Development session January 2024 to agree financial plan Procurement report to Resources Committee October 2023 Annual report and accounts Annual Governance Statement Annual accounts Protecting and Expending Elective Capacity – report to Resources Committee and board October 2023 Cash flow report to Board September 2023</p> <p>Independent assurance</p>	<p>Development of productivity reporting – Chris Hand – April 24</p>	<p>Moderate</p>

		<p>Internal audit External audit NHSE/I monthly finance monitoring Letter of acknowledgement of receipt of plan and ICS management NHS E national team financial review report and consideration by Board and Resources Committee (date) Internal audit of HFMA self assessment report to Resources Committee (date) Going concern and financial controls audit as part of External and Internal audit programme NIHR Annual Funding Review assurance process for R&D January 2024</p>		
6.4 Failure to deliver the required levels of efficiency savings	<p>Agreed Efficiency Programme Service Improvement office (SIO) resource in place to support delivery of relevant workstreams Agreed process for the recording and monitoring of efficiency schemes Directorate / Collaborative identification of CIP schemes and delivery of schemes monitored CIP groups established CIP Steering Group</p>	<p>Management Review Directorate / Collaborative Efficiency Plans as part of annual Financial / Business Planning process. Monitoring delivery of efficiency plans by SIO Collaborative / Director level review of delivery of efficiency plans. Performance Review meetings co-ordinated by the COO</p> <p>Risk and Compliance Monthly financial reports reviewed by CIP Group and Resources Committee Integrated Performance Report (IPR) reviewed by Resources Committee and Board of Directors Outcome of Directorate / Collaborative Reviews reported to SLT CIP progress to Resources Committee October 2023</p> <p>Independent Annual external audit of Accounts and Value for Money report. Internal audit report on CIP</p>		High
6.5 System financial deficit and medium term recovery plan impacting on the ability to deliver safe quality care	<p>5 year long term financial model Working capital support through agreed loan arrangements Annual financial plan and budgets, based on available resources and stretching financial improvement targets. Service Improvement Office Close working with ICB partners to identify system-wide planning, transformation and cost reductions Executive oversight of commitments Development of a three-year Service review Programme Capital Oversight Group</p>	<p>Management Forecast sensitivity analysis and underlying financial position reported to Resource Committee EQIAs etc</p>	Trust engaged with system ICB and Deloitte on MTFP planning process through CEO and CFO groups – report out on 6 monthly basis – Chris Hand -	Moderate

	<p>Full participation in ICB planning MTFA consistency with ICB and partner plans ICB DoFs Group ICB Operational Finance Directors Group ICB Financial Framework</p>			
<p>6.6 Unexpected cost pressures leading to unplanned overspends</p>	<p>Day to day budget management processes in place Finance business partners - qualified Policies and procedures for managing financial control Cash flow forecast Corporate Governance Framework (SFI/SO, Scheme of delegation in place) Vacancy control plan in place Collaborative Chairs meeting Agency and locum sign off process Purchasing via procurement frameworks and NHS supply chain ICS/ICP Director of Finance meeting Joint working with NTHT CIP group in place with agreed governance and reporting structure</p>	<p>Management Directorate level and department level finance reporting Budget sign off ICS/ICP updates through Finance report and CEO report to Committees and Board Financial structure update to Resource Committee verbally March 2022 Improve monthly forecast and risk assessments, with activity and workforce information – Resources Committee paper</p> <p>Risk and compliance Month 7 Finance report to Board, Resources Committee Procurement report to Resources Committee November 2023</p> <p>Independent Going concern and financial controls audit as part of External and Internal audit programme Regional finance returns monthly (H1/H2) ICB forecast to deliver financial balance in line with plan, with Trust plan delivery on track</p>	<p>Improve system and process for business case development including internal and externally funded cases – Chris Hand - Nyree Legee – February 2024</p>	<p>Moderate</p>
<p>6.7 Capital resources are insufficient to meet organisation requirements resulting in loss of operational capacity and inability to meet strategic aims and priorities, impacting on delivery of financial targets</p>	<p>Capital planning group in place (CPOG) Premises assurance model (PAM) undertaken Regular risk assessments and environmental audits Capital Plan agreed Medical Devices Group Fixed Asset register Group C register Business case process in place Estates Directors meeting (ICS) ICS capital meetings of the NENC Infrastructure Board and the Capital Collaborative Group</p>	<p>Management Quarterly update to Resources Committee on Capital October 2023, November 2023, Sustainability Report to Resources Committee October 2023 Bid for additional capital for sustainability plan – November 2023 agreed by Resources Committee Business case for RAAC Funding for Maternity submitted to NHSE December 2023</p> <p>Risk and compliance ICS Capital allocation Sustainability presentation to Board November 2023 Board report on development of NENC Manufacturing hub</p> <p>Independent assurance</p>	<p>Best use of capital resources to support clinical delivery and development – process to be identified- External report commissioned for acute and community estate review for support understanding and development of group clinical strategy – P Sturdy – May 2024</p> <p>Business case process – include return on investment - link with Nyree Legee - P Sturdy – February 2024</p>	<p>Moderate</p>

<p>6.9 Failure to advance digital maturity will impact on efficiency, care quality and safety</p>	<p>Digital roadmap for 2021/23 EPR programme board and sub groups in place Individual projects in place for quality & safety such as MIYA, patient track, inphase DATIX cloud and incident management reporting – reviewed monthly Improvement groups aligned to digital programmes Clinical Digital leads – CCIO, Associate CCIO, CNIO, Digital Midwife – including weekly meetings Dital programmes benefits realisation report monthly to Resources Committee and benefits realisation lead appointed IT Business Continuity and Incident Management plans Capital Investment approved and programme of delivery EPR Digital & Transformation Board SIRO Digital leadership meeting in place fortnightly NED appointed with digital skills background Digital Director in place Engagement with external partners (Public Digital and NHS Providers) to continue to develop digital plan and digital governance</p>	<p>Management Digital updates to Resource Committee monthly July 2023, September 2023, October 2023, November 2023 Digital Benefits realisation report to Resources Committee September 2023 IG update to Resource Committee October 2023 Capital expenditure in relation to digital maturity / delivery of the digital plan report Resources July 2023, CIPG Steering Group – every month Digital plan presentation to Board September 2023</p> <p>Risk and compliance Digital operability report to JPB</p> <p>Independent assurance NHS digital review of Tees Valley PWC have completed audits of Cyber Security and the DSP Toolkit audit October 2023 Digital governance audit by PWC – high risk</p>	<p>Further develop link with safe and effective care leads to ensure review of quality and safety incidents that has implications for digital – Manni Imiavan – interim update February 2024</p> <p>Digital plan for 2023-26 to be developed in conjunction with stakeholders – Manni Imiavan – update – now being developed as a Group – March 2024</p> <p>Review resources of expertise in the digital team / organisation to delivery the digital plan – Manni Imiavan – March 2024</p> <p>Undertake a self assessment on the NHSE “What good looks like” / digital maturity self assessment and share this with Resources Committee and agree action plan and exception reporting as appropriate – Manni Imiavan – February 2024</p>	
<p>6.10 Disruption to critical clinical and operational systems as a result of failures associated with outdated systems, legacy hardware, unsupported systems, supply chain distribution resulting in operational service disruption, potential harm, financial implications and possible reputational damage</p>	<p>Firewall rebuild Network access control Yearly pen tests Cyber security and education to staff Annual Board level cyber security Replacement of old software with fully supported new software Replacement of legacy devices programme DATIX cloud reporting of incidents IG Toolkit and Audit Cyber security clauses in contracts with suppliers and evidence of this Information Governance Assurance Framework Cyber security programme Major incident plan in place Spam and malware email notification NHS Care Cert</p>	<p>Management Capital expenditure in relation to digital maturity / delivery of the digital plan report Resources July 2023 Information Governance report to Resources Committee October 2023</p> <p>Risk and compliance</p> <p>Independent assurance DSP Toolkit Audit – Resources October 2023</p>	<p>Older contracts / suppliers do not have cyber statements – Manni Imiavan February 2024</p> <p>IG action plan gaps by exception - Manni Imiavan – February 2024</p> <p>Implement DSP toolkit audit recommendations – Manni Imiavan March 2024</p> <p>Review resources of expertise in the digital team / organisation to delivery the digital plan – March 2024</p>	
<p>6.11 Failure to prevent a successful cyber attack or data breach which is likely to have a detrimental impact on the organisations ability to</p>	<p>Information Governance Assurance Framework Cyber security programme Major incident plan in place Spam and malware email notification</p>	<p>Management Data Protection and Security Toolkit submission 22/23 and report to Resources Committee October 2023 Digital update to Resources Committee monthly July 2023 IG update to Resources Committee October 2023</p>		<p>Moderate</p>

deliver operational services.		Risk and compliance Board cyber training November 2023 DSP Toolkit audit October 2023 Independent assurance DSP Toolkit audit October 2023		
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MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 FEBRUARY 2024			
Integrated Performance Report			AGENDA ITEM: 9 ENC 7
Report Author and Job Title:	Anna Easby Information Officer Business Intelligence Unit	Responsible Director:	Sam Peate Chief Operating Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	To provide the Board with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	<p>The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.</p>		
Assessment	<p>Changes to metrics for December IPR, are as follows:</p> <p>SAFE domain: Community pressure ulcer metrics are now expressed as a rate per 1,000 contacts.</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 December are:</p> <p>The Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led. Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position.</p> <p>For November, A&E 4-hour standard performance was affected by the early start of winter pressure demand in the region but did improve from October. Subsequently there were also rises in ambulance handover delays, 12 hour delays following a decision to admit and 12 hour delays from arrival but as a proportion of attendances, the Trust significantly outperformed the regional and national trend.</p> <p>Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care.</p> <p>During October, Elective access (RTT 18-week standard) was maintained and keeps performing ahead of the national trend. Extra focus is being given to reducing the number of patients waiting more than 65 weeks for non-urgent elective treatment, in line with national requirements. Total elective growth continued slightly behind plan but within that 1st OP appt activity was amongst the highest in the ICS.</p> <p>Performance against the 6 week diagnostic standard showed a further marked improvement resulting from planned extra radiological capacity. The Trust returned to compliance against the national target for 28 day Faster Diagnosis Standard.</p> <p>The Cancer 62-day accumulation continues to reduce and kept ahead of the planned improvement trajectory. The Cancer 62 day standard performs lower as treatment is prioritised for the longest waiters.</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"/></p>
<p>Recommendation</p>	<p>Members of the Public Trust Board of Directors are asked to receive the Integrated Performance Report for December 2023.</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

December 2023

OVERSIGHT

RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

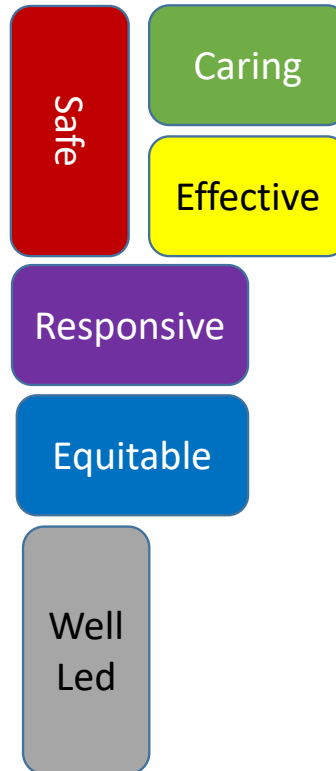
Dr Michael Stewart, Chief Medical Officer

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:

Community pressure ulcer metrics are now expressed as a rate per 1,000 contacts.

EFFECTIVE domain:

No change.

CARING domain:

No change.

EQUITABLE domain:

No change.

RESPONSIVE domain:

No change.

WELL LED domain:

No change.

NATIONAL CONTEXT

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

Recovering our core services and productivity

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

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

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

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










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

SINGLE OVERSIGHT FRAMEWORK SUMMARY

NHS Oversight Framework Summary	Urgent & Emergency Care					Elective care										Cancer				
Provider	A&E 4 hour standard	12 hour delay from DTA	% A&E Type 1 Attendances >12hrs from arrival	Ambulance handovers 30-60 mins	Ambulance handovers 60+ mins	RTT - 18 week standard	52+ week waits	65+ week waits	78+ week waits	104+ week waits	RTT total Waiting List	OPFU - YTD growth 23/24 v 19/20	1st OP - YTD growth 23/24 v 19/20	Total elective - YTD growth 23/24 v 19/20	Diagnostic activity 23/24 v 19/20	Diagnostic 6 week waits	Cancer 62 day	Cancer 62 day backlog	Cancer treatments	Cancer 28 day FD
Data period	Nov-23	Nov-23	Nov-23	Nov-23	Nov-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Oct-23	Nov-23	Oct-23	Oct-23
Target	95%	Zero				92%	23/24 Plan	23/24 Plan	Zero by Mar 23	Zero by Jun 22	23/24 Plan	<=75%	109%	109%	120%	<=1%	85%	23/24 Plan		75%
South Tees Hospitals NHSFT	68.0%	99	4.8%	439	233	64.6%	1,616	478	43	0	52,722	104%	106%	104%	113%	21.5%	55.8%	128	306	75.9%
NENC ICS Provider level (including IS providers)	74.7%	783	6.1%	2,335	1,047	70.8%	8,720	2,361	292	14	405,602	104%	102%	109%	115%	14.7%	63.4%	1,077	1,886	77.4%
North East & Yorkshire	71.2%		7.7%			64.6%										19.3%	62.5%			73.6%
National	69.7%		10.9%			58.2%										24.7%	63.1%			71.1%

The Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led. Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position. For November, A&E 4-hour standard performance was affected by the early start of winter pressure demand in the region but did improve from October. Subsequently there were also rises in ambulance handover delays, 12 hour delays following a decision to admit and 12 hour delays from arrival but as a proportion of attendances, the Trust significantly outperformed the regional and national trend. Challenges within the social care sector continue to be observed with particular delays associated with timely access to domiciliary care. During October, Elective access (RTT 18-week standard) was maintained and keeps performing ahead of the national trend. Extra focus is being given to reducing the number of patients waiting more than 65 weeks for non-urgent elective treatment, in line with national requirements. Total elective growth continued slightly behind plan but within that 1st OP appt activity was amongst the highest in the ICS. Performance against the 6 week diagnostic standard showed a further marked improvement resulting from planned extra radiological capacity. The Trust returned to compliance against the national target for 28 day Faster Diagnosis Standard. The Cancer 62-day accumulation continues to reduce and kept ahead of the planned improvement trajectory. The Cancer 62 day standard performs lower as treatment is prioritised for the longest waiters.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2345	2070	Dec 2023		
Serious Incidents	12	9	Dec 2023		
Never Events (YTD)	3	0	Dec 2023	N/A	N/A
Falls	172		Dec 2023		N/A
Falls Rate %	4.5	6.6	Dec 2023		
Falls With Harm	6		Dec 2023		N/A
Falls With Harm Rate %	0.2		Dec 2023		N/A

Incidents

There have been consistently high levels of incident reporting within the Trust for a sustained period. The trajectory was updated to indicate our aim to at least maintain this level of reporting for the 12 months leading up to Patient Safety Incident Response Framework (PSIRF) implementation. The trust will review again when PSIRF launches at the end of January 2024. The number of Serious Incidents reported increased to 12 during December, as there were 6 incidents of inpatient falls resulting in hip fracture reported in month.

There has been one Never Event reported in December. 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. The trust went live with Learning From Patient Events (LFPSE) during November; the impact on incident reporting will be monitored.

Falls

During winter we would usually see a rise in the number of falls, in keeping with increased acuity, higher numbers of patients on wards, and December's data corresponds with expectations. We can see a slight increase in hip fracture injury during December, which have been reviewed and learning shared. The overall number of falls continue to remain inside the trust control limits. We continue to monitor all fall information submitted via Datix which is reviewed daily. Serious incidents are followed up and reports are signed off by the trust fall strategic lead. Our focus is to improve patient experience and work towards preventing falls. The falls prevention plan has been agreed at safe and effective care group meeting and quality assurance committees. The plan focuses on enhanced patient care, environmental safety, organisational preparedness, engagement with patients, families and carers, organisational responsiveness and engagement and training for staff. The plan was launched at a falls prevention workshop in December. We have also commenced our falls improvement group, who are tasked with overseeing the implementation of the plan. A falls education coordinator will commence in post in February 2024.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.4		Dec 2023		N/A
Category 2 Pressure Ulcers Community Rate (Per 1000 Active Patients)	10.9		Dec 2023		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.2		Dec 2023		N/A
Category 3&4 Pressure Ulcers Community Rate (Per 1000 Active Patients)	2.2		Dec 2023		N/A
Medication Incidents	108		Dec 2023		N/A
Omitted Critical Doses (%)	3.5%		Dec 2023		N/A
Medications Reconciled Rate %	64%	80%	Dec 2023		
Medications Reconciled 24hrs %	27%	80%	Dec 2023		
C-Difficile (YTD)	100	81	Dec 2023	N/A	N/A
MRSA (YTD)	0	0	Dec 2023	N/A	N/A
E-Coli (YTD)	100	103	Dec 2023	N/A	N/A
Klebsiella (YTD)	47	37	Dec 2023	N/A	N/A
Pseudomonas (YTD)	18	10	Dec 2023	N/A	N/A

Pressure Ulcers

The rate of hospital-acquired pressures ulcers remains within expected variation with no significant change throughout the organisation. A scoping exercise has been completed and all areas not using Purpose T/SSKIN have been identified and training has commenced. The risk assessment is embedded into practice and the frequency of completion has been increased to 24 hours for those patients stratified to the green pathway. There is now an extensive Pressure Ulcer improvement plan focussing on pressure ulcer risk assessment, reporting, Data, workflow, PSIRF and patient engagement. Education and training continues in clinical areas. Focus has been targeted on completion of the risk assessment tool to comply with NICE guideline and the CQUIN target. The review of pressure ulcer investigations is on-going and pending the first phase of PSIRF roll out. A pilot of pressure ulcer safety huddles that includes multi-professional reviews at the time of pressure ulcer reporting for new or deteriorating category 2 pressure ulcers identified on wards continues. Preliminary data suggests a reduction in deterioration to Category 3 & 4 pressure ulcers in all pilot areas. This will be evaluated to monitor and if we have seen a reduction in the number of Pressure ulcers, determine what works well and if any alterations need to be considered.

Medications

Medication incidents reported in December have slightly reduced due to a reduction in reporting from the clinical pharmacy team due to staff sickness. Critical Omitted doses have reduced slightly again this month and work continues to work through the action plans of the top-10 clinical areas of non-compliance. Medicines reconciliation data is now being displayed differently due to a change in data collection, to present the overall medicines reconciliation activity (as a percentage of all relevant admissions) and the percentage achieved within the first 24-hours of admission. There has been a fall in December figures due to high staff sickness within the clinical pharmacy service leading to a lower number of medicines reconciliation.

Healthcare acquired infections

There were no new MRSA reported in December. We saw a reduction in C. difficile cases from last year in December, and we are above trajectory, but slightly fewer than the same period last year. IPC precautions for isolating patients with C. difficile continue to be prioritised. Additional cleaning remains a priority and in line with national guidance, this is followed by the addition of Hydrogen Peroxide vapour across all sites. There continues to be reviews around cleaning efficacies including a trial of UV light at the Friarage site. Gram negative organisms continue to rise with the Pseudomonas relating to a previous outbreak (now closed). Increased focus relating to ANTT (Aseptic Non-Touch Technique) remains a priority along with Antimicrobial Stewardship alignment for 2024. Additional to this there is a collaborative regional approach moving forward relating to gram negative organisms which is planned for January 2024. The organisation is also involved with a national approach to reduction of these organisms.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	408		Dec 2023	N/A	N/A
Breast feeding initiated (48 hrs)	61.5%	74.5%	Dec 2023		
Preterm birth rate <26+6 wks	0.7%	6%	Dec 2023		
Preterm birth rate 27 - 36+6 wks	6.2%	6%	Dec 2023		
Induction of Labour (%)	38.3%	44%	Dec 2023		
Number of 3rd/4th degree tear (%)	1.2%	3.5%	Dec 2023		
PPH > 1500ml (%)	1.9%	2%	Dec 2023		
Still Births (YTD)	18	17	Dec 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 is cross checked with other similar units via national maternity dashboard and we are following the national average.

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 was on an upward trajectory which is testament to the education and information which is being provided on healthy relationships and infant feeding however has slipped back this month to below 60%. Our online antenatal education classes are well attended with good outcomes. Our new vulnerabilities team also enhance our public health work and from December 2023 we have 2 fixed term infant feeding support workers based on ward 17. They will also see patients on antenatal ward and delivery suite.

There is no national or regional target set for the Induction of labour (IOL) and therefore this is a Trust indicative standard. Mechanical induction has been launched and will be evaluated. An away day to look at induction is planned for January 2024.

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

Post-partum Haemorrhage (PPH) rates fluctuate. All cases are reviewed to ensure guidelines are followed; PPH is in the annual MDT obstetric emergency/simulation training. The Trust PPH rate is currently below the national average (September 2023 national maternity dashboard). The Trust will be participating in the Obstetric UK PPH Prevention Study commencing early 2024.

Perinatal Quality Surveillance Model: We reported no serious incidents in December. We reported one baby death to the Perinatal Mortality Tool and this case will be reviewed in full by an MDT team. There were 2 moderate harm incidents. Duty of candour has been completed and all cases have been through the rapid review process and are having further review undertaken. We have achieved 90% training compliance requirements in Quarter 2.

All maternity standards are reviewed monthly by the Maternity Services and reported to Quality Assurance Committee and the Local Maternity and Neonatal System Board.

EFFECTIVE

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6%		Oct 2023		N/A
Sepsis - Oxygen delivered within 1hr	100%	95%	Nov 2023		
Sepsis - Blood cultures within 1hr	71.4%	95%	Nov 2023		
Sepsis - Empiric IV antibiotics within 1hr	71.4%	95%	Nov 2023		
Sepsis - Serum lactate within 1hr	71.4%	95%	Nov 2023		
Sepsis - IV fluid resuscitation within 1hr	73.8%	95%	Nov 2023		
Sepsis - Urine measurement within 1hr	100%	95%	Nov 2023		
Summary Hospital-Level Mortality Indicator	110	100	Jul 2023		
Comorbidity Coding	4.1		Aug 2023		N/A

Readmission rates

The emergency readmission rate remains within current expected variation.

Sepsis

We deliver each of the elements of the sepsis care bundle within one hour at least 70% of the time. The evidence base to elements of the sepsis six bundle care bundle have more recently been challenged. Updated NICE guidance is currently under consultation and due to be published January 2024. Review of the draft guidance suggests that patients are stratified into treatment bundles dependent on their severity of illness. An audit of compliance to the delivery of sepsis 6 is currently being undertaken aligned to the anticipated publication whereby patients with a NEWS ≥ 7 will be treated as high risk of severe illness or death from sepsis.

Actions:

- AIM course extended to incorporate core sepsis training alongside the sepsis course.
- Proposal to mandate sepsis teaching to be presented at statutory training steering group.
- Delay in sepsis antimicrobial guidance due to high level discussion regarding some treatment regimes – consultant review.
- Revision of blood culture guidance to be led by AWG – 23 January 24.
- Digital Paediatric acutely ill patient assessments approved in Patienttrack.
- Sepsis 'in-house' e-learning in development.

Mortality

Summary Hospital-level Mortality Indicator (SHMI) of 110 for the latest official reporting period, September 2022 to August 2023, is 'as expected'. The data processing anomaly with the volume of spells used to calculate SHMI November 2022 remains in the data but has not recurred.

Currently 2.6% of spells in England are removed because they have a COVID code and spells included in SHMI are at 91% of pre-pandemic levels (both broadly stable).

Reports to the Trust's governance committees show that Medical Examiner (ME) scrutiny remains at >95%, with approximately 10% referred for further review. Progress has been made in reforming the processes and the waiting list for mortality review has fallen to ~50 cases. The government has announced that the independent ME service will move to a statutory basis from April 2024 with some accompanying changes to the process of completion of the Medical Certificate of Cause of Death. The ME service supported by the Trust is working towards full implementation of the requirements and is making good progress.

CARING

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	79.8%	78%	Dec 2023		
Inpatient Experience (%)	96.8%	94%	Dec 2023		
Maternity Experience (%)	83.2%	92%	Dec 2023		
Outpatient Experience (%)	97%	93%	Dec 2023		
Community Experience (%)	98.4%	94%	Dec 2023		
New Complaints	17		Dec 2023		N/A
Closed Within Target (%)	52.2%	80%	Dec 2023		

Patient experience

Emergency Department Friends & Family Test (FFT) has increased and is above target, although will continue to be monitored locally. The main theme raised is waiting times. The Inpatient FFT score has remained stable since March and continues to perform better than target. The Patient Experience Team are currently working with the supplier to roll out the FFT question across all inpatient areas.

The Friends & Family Test score reported in Outpatients and Community services both show a slight decrease, however, consistently perform above target. The new approach will be piloted in Community services with the aim to increase the response rate.

The Maternity Friends & Family Test score reflects feedback captured in the Antenatal, Birth and Postnatal surveys. The percentage positive response has decreased and is below target. Comments from the surveys are continually reviewed by the Maternity team to identify areas for improvement and these are monitored through the Patient Experience Steering Group. The main themes identified relate to delays in appointments, Induction of labour and discharge. The service held an away day to review the process for the Inductions of labour. Post-natal analgesia is under review by the Anaesthetic team.

Closed within target

The proportion of complaints closed within target timeframe remains below standard, however, has increased on the previous month. Complaint timeframes continue to be a priority and the actions commenced in April 2023 continue. The new complaint process commenced on 2 January 2024, following the quality improvement programme in 2023. The new process ensures early contact, within 24 hours, is made with the complainant to offer an early resolution. If the enquiry is not resolved this will be complaint and a response timeframe, dependent on complexity will be determined. It is predicted there will be an increase in complaints logged, as the PALS 'concern' has been removed from the process, as per the Parliamentary and Health Service new complaint framework. This work is overseen by the Patient Experience Steering Group.

Learning from complaints

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

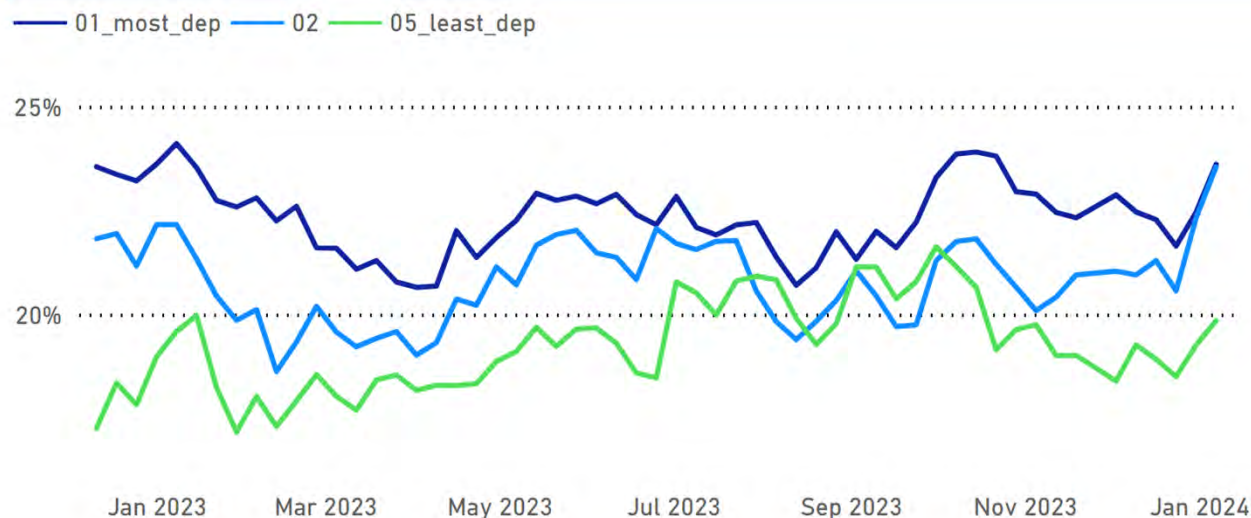
EQUITABLE

Elective inpatient PTL Inequalities: Deprivation

Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	2090	646	24%	2736
02	1211	373	24%	1584
03	1176	314	21%	1490
04	1757	477	21%	2234
05_least_dep	1292	320	20%	1612
N/k	880	121	12%	1001
Total	8406	2251	21%	10657

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



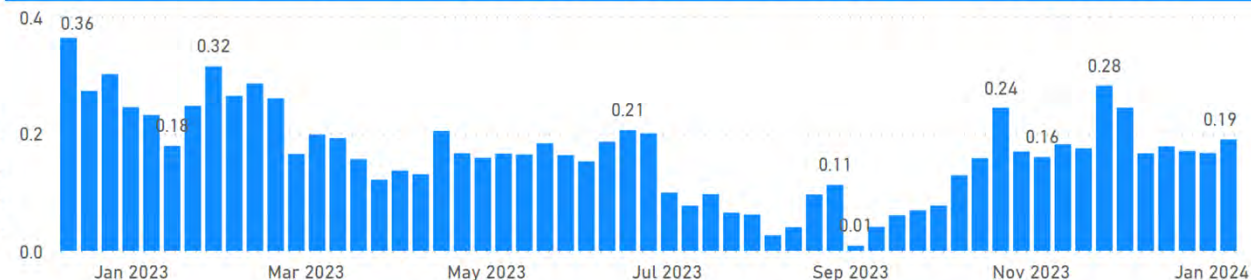
IMD is taken from patient's postcode of residence

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 to equitable access. Deprivation may be correlated with patient's ability to attend appointments, and with poorer health, leading to longer and more complex care pathways.

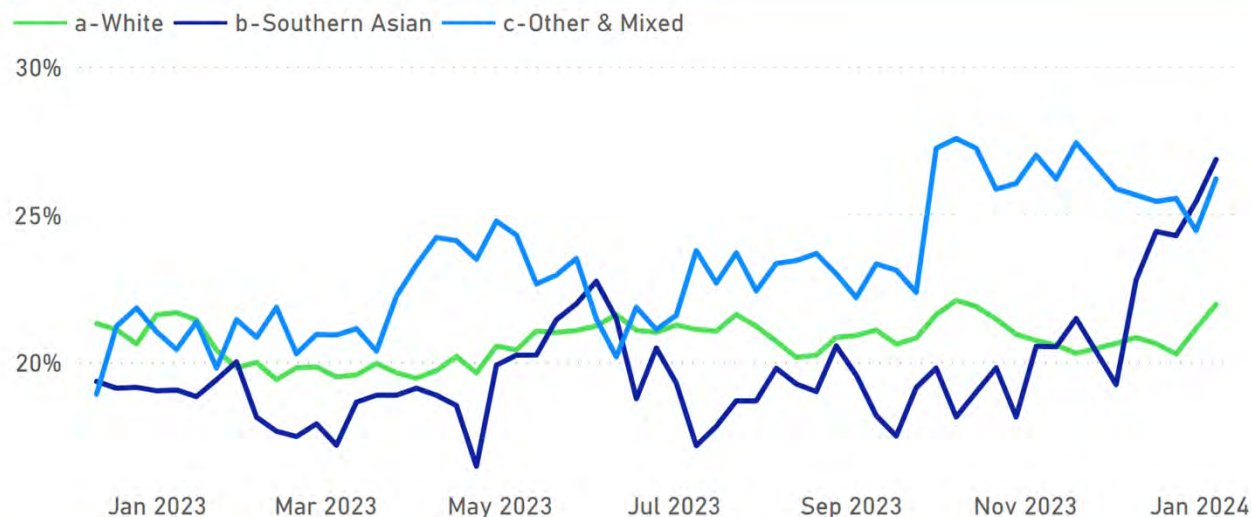
EQUITABLE

Elective inpatient PTL Inequalities: Ethnicity

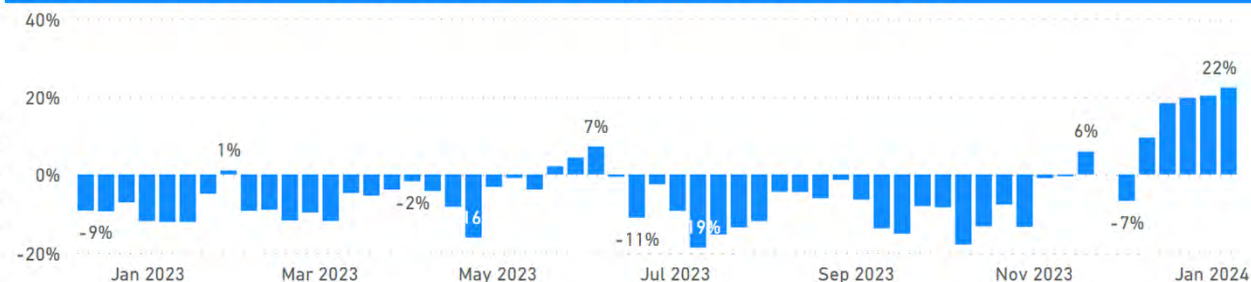
Latest PTL by IMD quintile

Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
+ a-White	6677	1877	22%	8554
+ b-Southern Asian	128	47	27%	175
- c-Other & Mixed	169	60	26%	229
Black	37	13	26%	50
Mixed	40	12	23%	52
Other	92	35	28%	127
+ N/k	1432	267	16%	1699
Total	8406	2251	21%	10657

Long waits as % of total PTL by Ethnic groups



Variance of Southern Asian % long waiters to White



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

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

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

In Standard: All others

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Attendances - Type 1	10671	10960	Dec 2023		
A&E Attendances - Type 3	5167	6004	Dec 2023		
Handovers - Within 30 Mins (%)	74%	95%	Dec 2023		
Handovers - Within 60 Mins (%)	86.9%	100%	Dec 2023		
4-Hour A&E Standard	64.8%	76%	Dec 2023		
12-Hour Waits from Decision to Admit	65	0	Dec 2023		
12-Hour A&E Breaches	472	0	Dec 2023		
RTT Incomplete Pathways (%)	64%	92%	Nov 2023		
RTT Waiting List Size	52990	47776	Nov 2023		
RTT Validated Within 12 Weeks (%)	69.9%	90%	Dec 2023		
RTT List Size within 52 weeks (%)	97.1%		Nov 2023		N/A
RTT 52 week waiters	1551	942	Nov 2023		
RTT 65 week waiters	404	126	Nov 2023		
RTT 78 week waiters	46		Nov 2023		N/A
Diagnostic 6 Weeks Standard (%)	79%	99%	Nov 2023		
Cancer Faster Diagnosis Standard (%)	79.9%	75%	Nov 2023		
Cancer 31 Day Standard (%)	91.6%	96%	Nov 2023		
Cancer 62 Day Standard (%)	63.9%	85%	Nov 2023		
Cancer >62 Day Backlog	139	136	Dec 2023		
Cancelled Ops - Non-Urgent Cancelled on Day	64	0	Dec 2023		

Urgent and emergency care

Type 1 A&E attendances tracked closer to expected numbers for December but within that there was a further increase in ambulance arrivals, 18% more than the same time last year, in conjunction with an 18% increase in non-elective overnight admissions. In December, support initiatives for winter began in collaboration with the Integrated Care Board and North East Ambulance Service to reduce delays during winter, including an out of hours GP presence at James Cook University Hospital. The effect of these initiatives have led to a small improvement in the 4-hour standard compared to November and reductions in the longest delays; 12-hour breaches and 12-hour delays from a decision to admit. The improvement compared to last December is even clearer. 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.

The impact of challenges across the social care system continue to be observed, which in turn has an impact on hospital flow and urgent and emergency care. The Trust is working closely with local authorities and other partners to proactively identify patients to avoid admission, with input from our Frailty team, urgent community response and Home First services.

Elective, diagnostic and cancer waiting times

Referral to treatment within 18 weeks trend continues to be consistent and remains above the national average. There is continued focus on the longest waits - reducing the number of patients waiting more than 65 weeks by March 2024 in line with national requirements.

Compliance with the 6-week diagnostic access standard improved again for November, benefitting from the continuation of planned interventions such as extra MRI scanning capacity, extra clinical capacity for Ultrasound and focused actions in Cardio Echo and Audiology.

For cancer, Faster Diagnosis Standard is above the 75% national target and the 62-day accumulation of patients being investigated for cancer reduced closely tracked trajectory at the end of December. The 62 day to first treatment standard is suppressed as the longest waiters continue to have treatment prioritised. Gynae Oncology, Lung, Head & Neck and Urology were the main pathways under pressure. Cancer Action Plans are reviewed and monitored through the Cancer Delivery Group, informed by a programme of pathway process reviews.

RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	15238	14454	Dec 2023		
Outpatient Follow Up Attendances	41681	40148	Dec 2023		
Outpatient Follow-Ups (Standard)	32210	33975	Dec 2023		
Outpatient Follow-Ups (Procedure)	9471	7082	Dec 2023		
Day Case admissions	5452	5598	Dec 2023		
Ordinary Elective admissions	826	1004	Dec 2023		
NEL admissions with 0 LOS (excluding Maternity)	1788	1418	Dec 2023		
NEL admissions with 0 LOS	3131	1712	Dec 2023		
NEL admissions with 1+ LOS (excluding Maternity)	3454	2928	Dec 2023		
NEL admissions with 1+ LOS	3963	3668	Dec 2023		
G&A Occupied Beds (%)	91.1%	92%	Dec 2023		
Length of Stay - Elective	4.5		Dec 2023		N/A
Length of Stay - Non-Elective (excluding Maternity)	3.7		Dec 2023		N/A
Ready For Discharge, not Discharged	75	90	Dec 2023		
21 Day Stranded Patients (%)	13.5%	12%	Dec 2023		

Activity

In December, the number of Non-elective (NEL) admissions for patients staying for 1 or more nights continued at its highest levels in the last 2 years, 18% higher than usual anticipated winter demand. This sustained, higher than expected, increase over the last 3 months combined with industrial action year to date has impacted elective activity levels as shown in non-achievement of plan for outpatient new and inpatient elective activity for year to date.

December was a positive month for outpatient activity, however, with total outpatient activity 4% above planned levels including 5% more new appointments, 34% more review appointments involving delivery of treatment and 5% reduction in planned ordinary review appointments.

Length of Stay

Despite the high levels of non-elective demand, most related metrics indicative of patient flow maintained relatively healthy positions. Extra beds were made available to support winter demand and bed occupancy levels duly recovered from November highs to within 92% target but the proportion of patients staying for 21 days or longer significantly rose for a second month beyond usual expectations.

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

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, the Trust focuses on appropriate repatriation for care closer to home.

WELL LED

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£23.506m	-£23.509m	Dec 2023	N/A	N/A
Annual Appraisal (%)	78.5%	80%	Dec 2023		
Mandatory Training (%)	89.6%	90%	Dec 2023		
Sickness Absence (%)	6.3%	4%	Dec 2023		
Staff Turnover (%)	11.2%	10%	Dec 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 9, the Trust's financial position is a deficit of £23.5m which is on plan. The year-to-date position includes receipt of additional national funding, distributed to systems in relation to the impact of industrial action and other financial pressures during 2023/24. The Trust is forecasting to be on plan at the end of the year and report a £31.8m deficit.

People

Sickness absence across the Trust was 6.3% in December, continuing an increasing trend for both short term and long-term absence. The HR team will be supporting Collaboratives in revisiting their sickness absence improvement plans to identify areas of improvement and areas for further review and action.

Appraisal compliance has improved and is now 78.5%, just below the 80% target for the fourth consecutive month but is stable over that time. Mandatory training has also increased by over 0.5% and is now 89.6%, which is almost at target. Staff turnover has increased slightly and is now 11.2%. Where there are examples of high-level turnover/trends across the Collaboratives, updates are provided to People Committee to provide assurance of actions being taken to support.

Staff survey for 2023 generated a 35% response rate and initial data sets are currently being analysed and will be communicated at Committee level as appropriate in line with National communications embargo.

HR teams are providing detailed workforce data for service review days in line with the schedule.

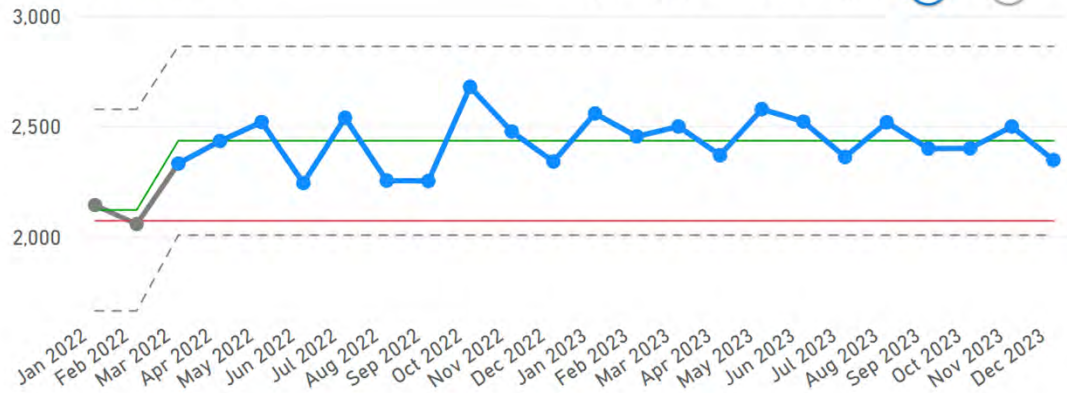
APPENDICES

SPC charts for the metrics summarised above, by domain.

SAFE

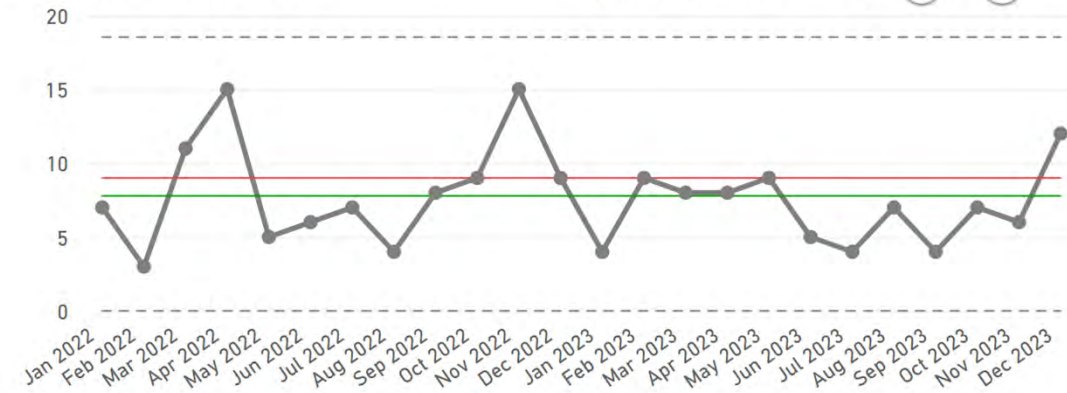
DATIX Incidents

Month: Dec 2023 | Performance: 2345 | Target: 2070 | Trend: | Assurance:



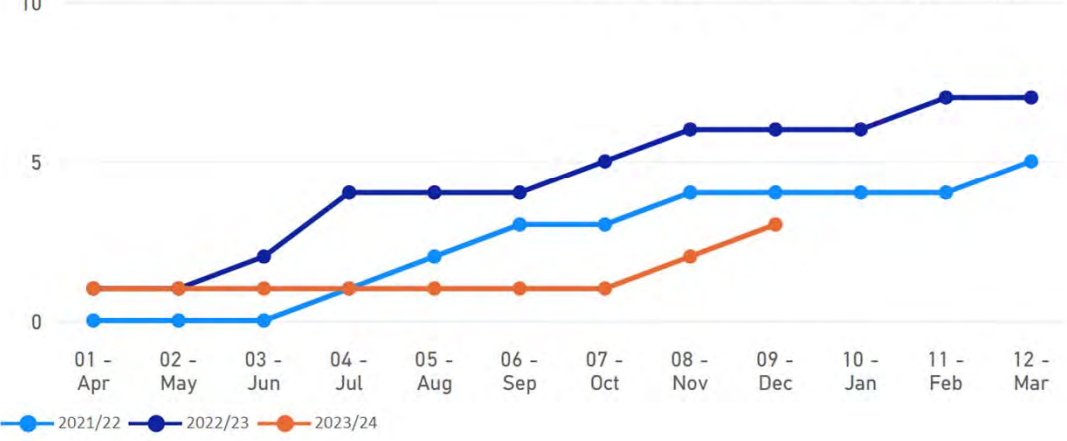
Serious Incidents

Month: Dec 2023 | Performance: 12 | Target: 9 | Trend: | Assurance:



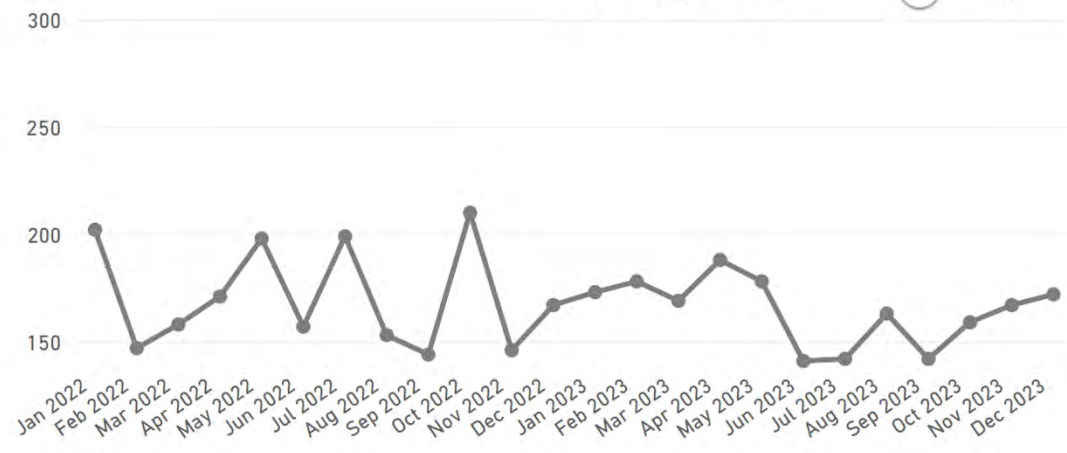
Never Events (YTD)

Month: Dec 2023 | Performance: 3 | Target: 0 | Trend: N/A | Assurance: N/A

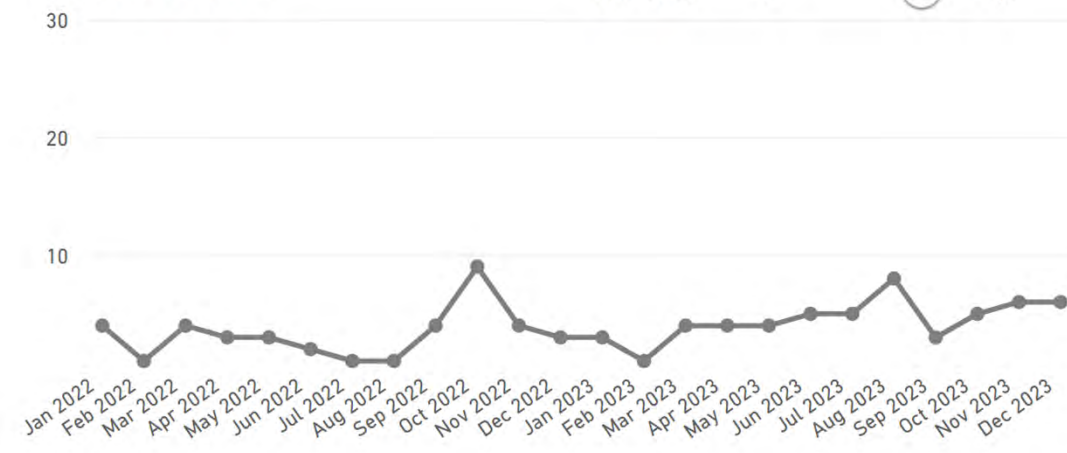


SAFE

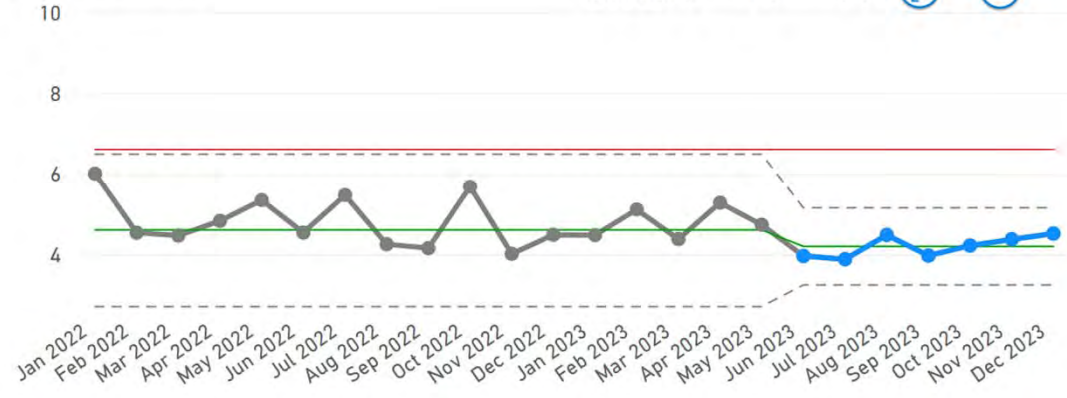
Falls Month: Dec 2023 Performance: 172 Target: Trend: Assurance: N/A



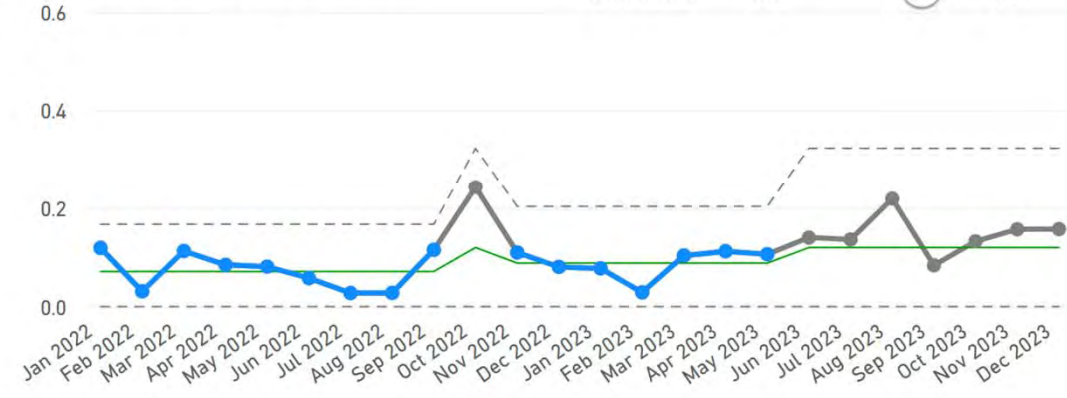
Falls With Harm Month: Dec 2023 Performance: 6 Target: Trend: Assurance: N/A



Falls Rate % Month: Dec 2023 Performance: 4.5 Target: 6.6 Trend: Assurance: P



Falls With Harm Rate % Month: Dec 2023 Performance: 0.2 Target: Trend: Assurance: N/A



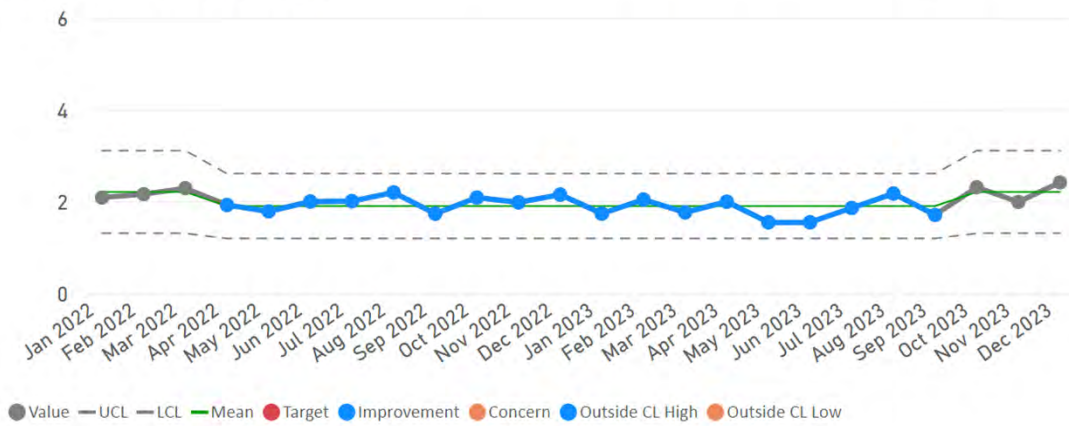
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

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

SAFE

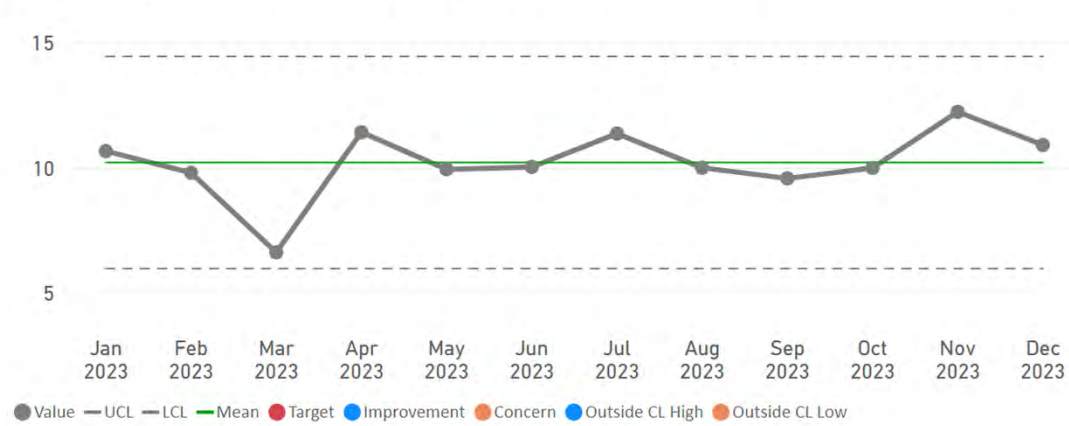
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month: Dec 2023
 Performance: 2.4
 Target:
 Assurance: N/A



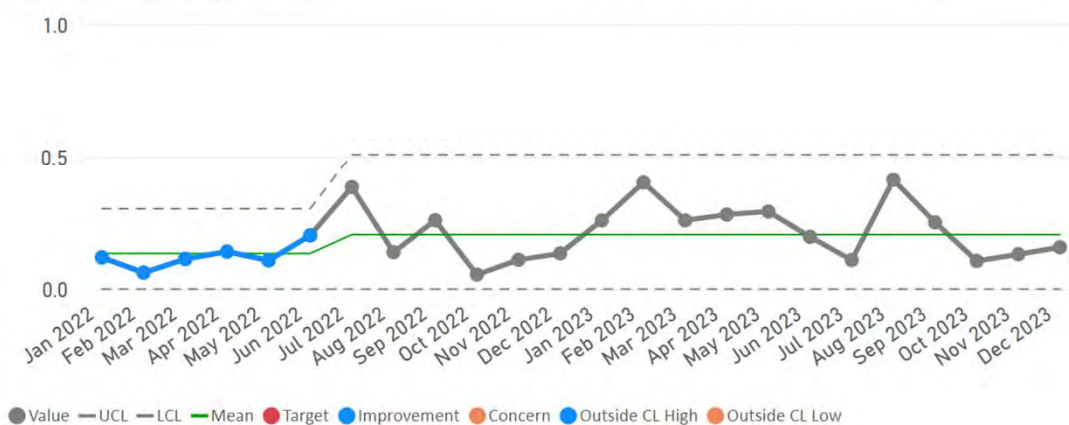
Category 2 Pressure Ulcers Community Rate (Per 1000 Active Patients)

Month: Dec 2023
 Performance: 10.9
 Target:
 Assurance: N/A



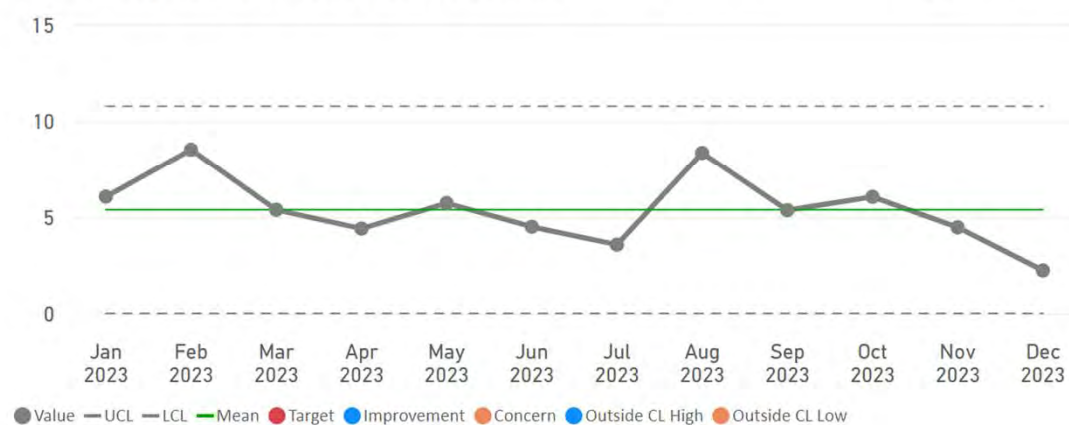
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month: Dec 2023
 Performance: 0.2
 Target:
 Assurance: N/A



Category 3&4 Pressure Ulcers Community Rate (Per 1000 Active Patients)

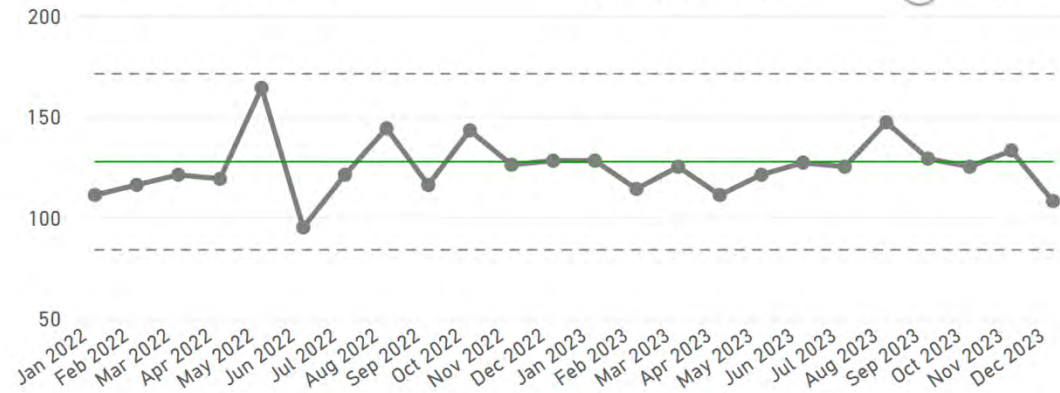
Month: Dec 2023
 Performance: 2.2
 Target:
 Assurance: N/A



SAFE

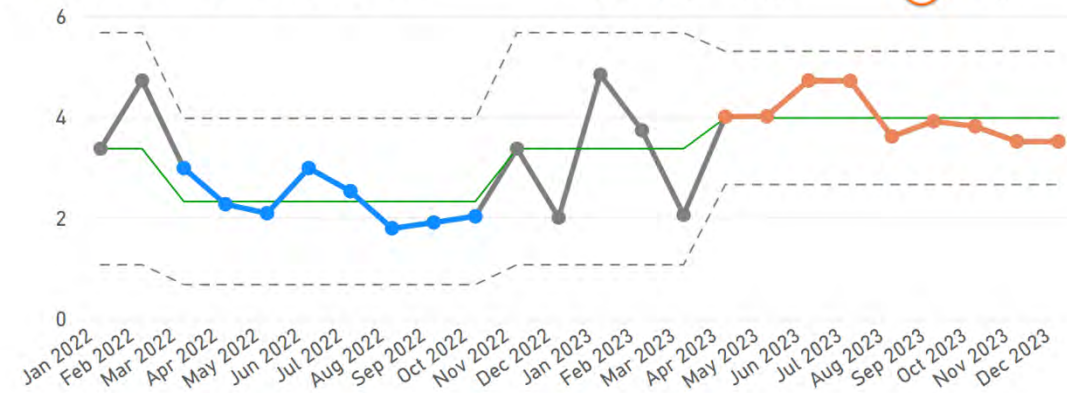
Medication Incidents

Month: Dec 2023 | Performance: 108 | Target: | Assurance: N/A



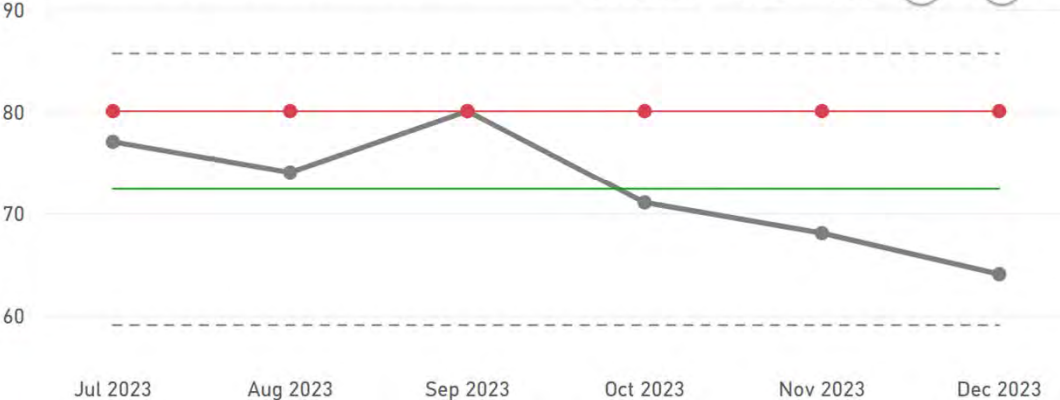
Omitted Critical Doses (%)

Month: Dec 2023 | Performance: 3.5% | Target: | Assurance: N/A



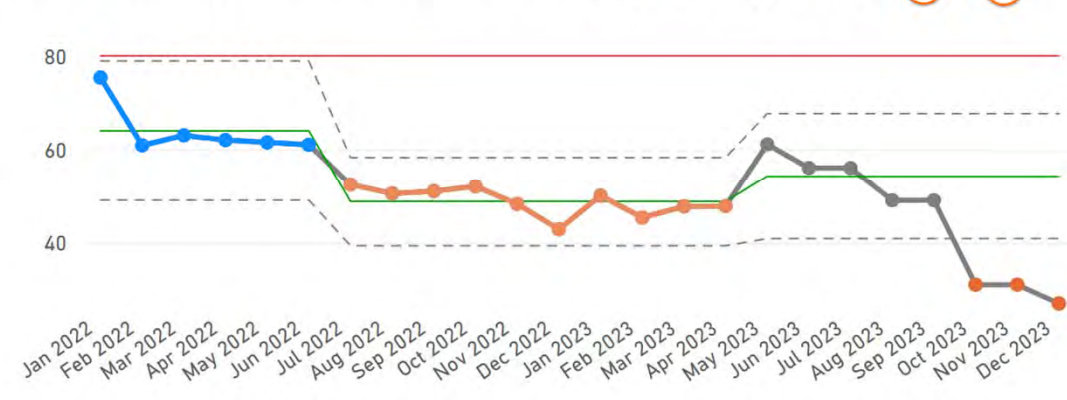
Medications Reconciled Rate %

Month: Dec 2023 | Performance: 64% | Target: 80% | Trend: | Assurance:



Medications Reconciled 24hrs %

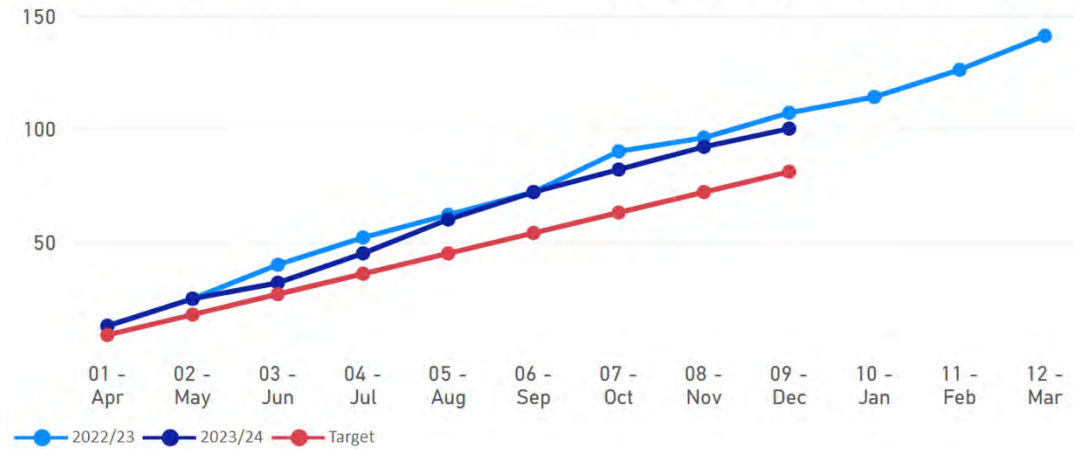
Month: Dec 2023 | Performance: 27% | Target: 80% | Trend: | Assurance:



SAFE

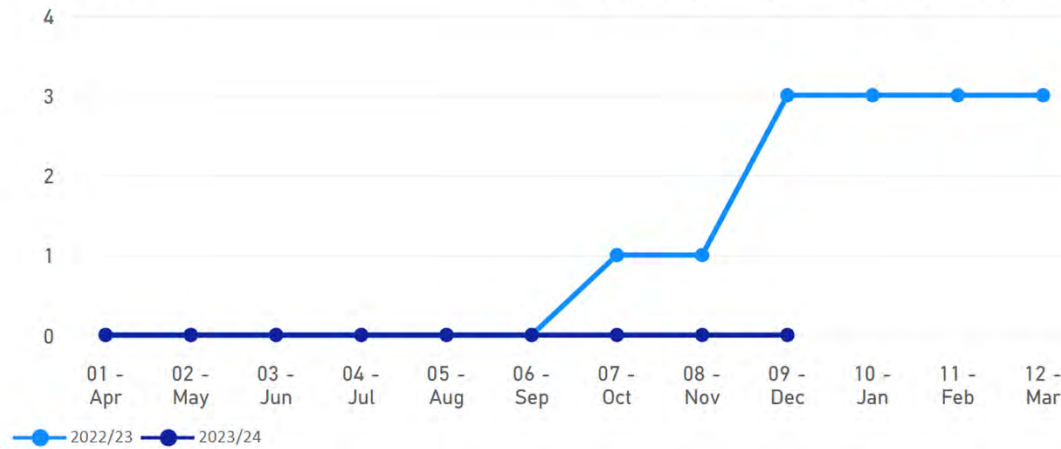
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Dec 2023	100	81	N/A	N/A



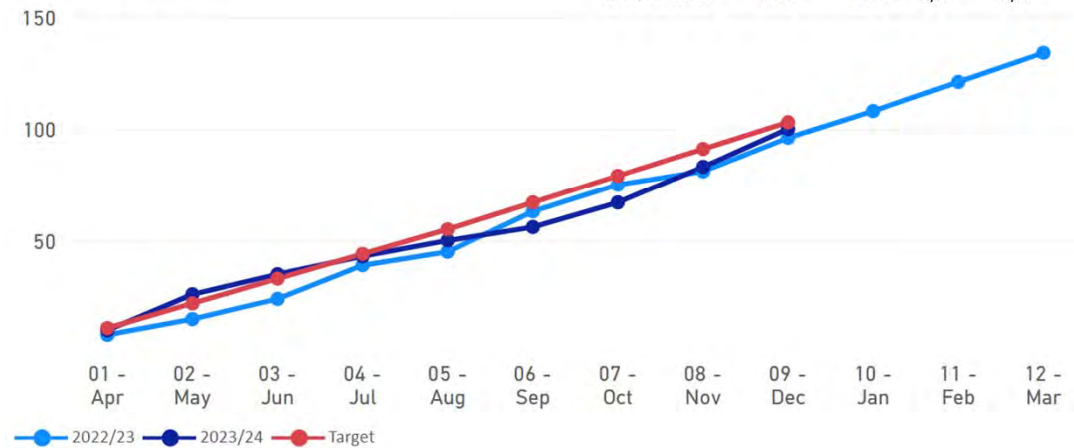
MRSA (YTD)

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



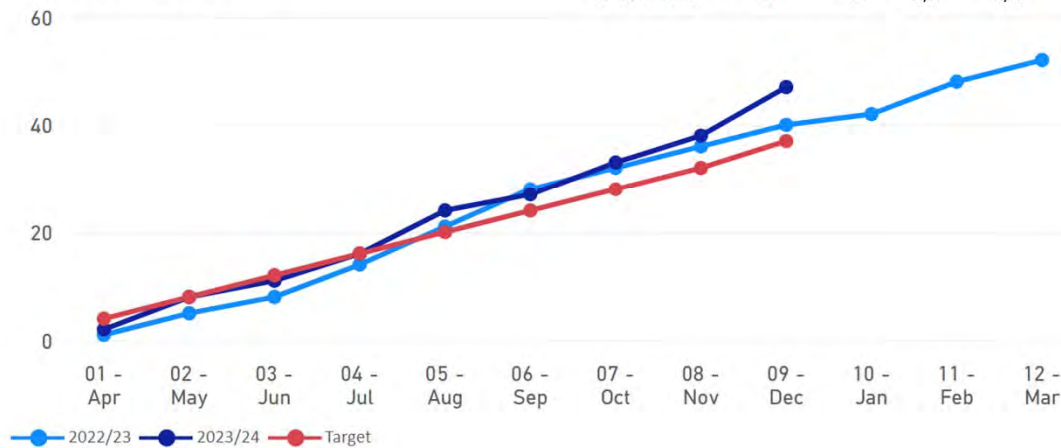
E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Dec 2023	100	103	N/A	N/A



Klebsiella (YTD)

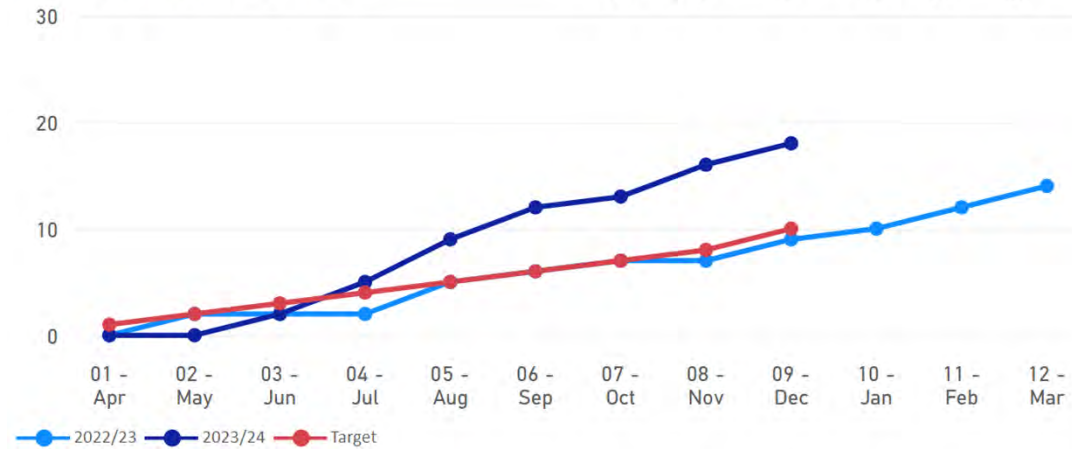
Month	Performance	Target	Trend	Assurance
Dec 2023	47	37	N/A	N/A



SAFE

Month	Performance	Target	Trend	Assurance
Dec 2023	18	10	N/A	N/A

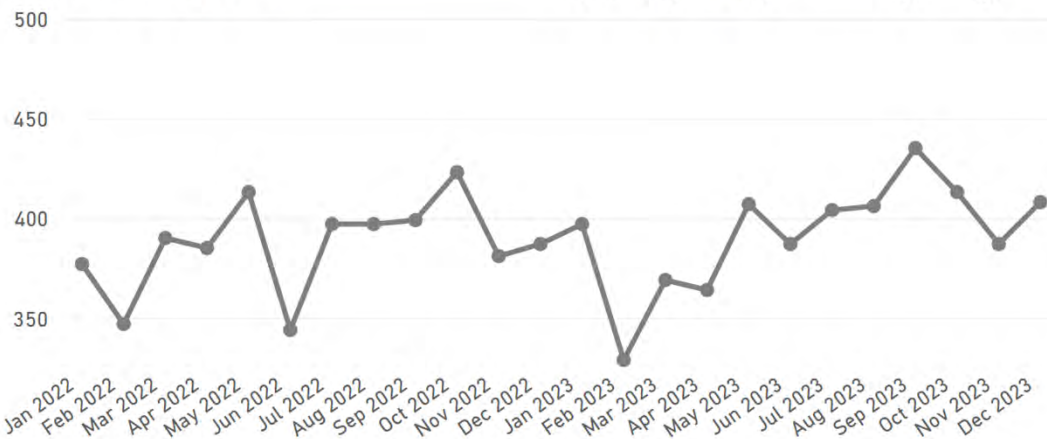
Pseudomonas (YTD)



SAFE

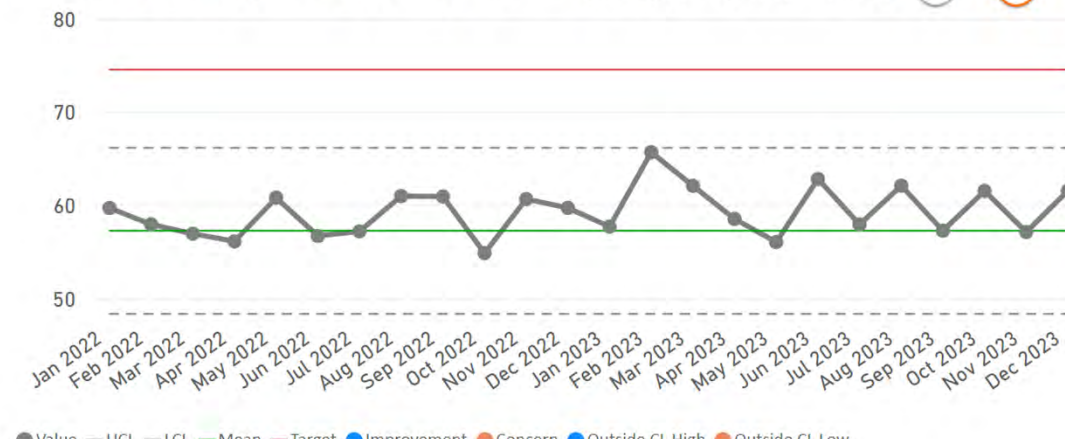
No. of babies born

Month	Performance	Target	Trend	Assurance
Dec 2023	408		N/A	N/A



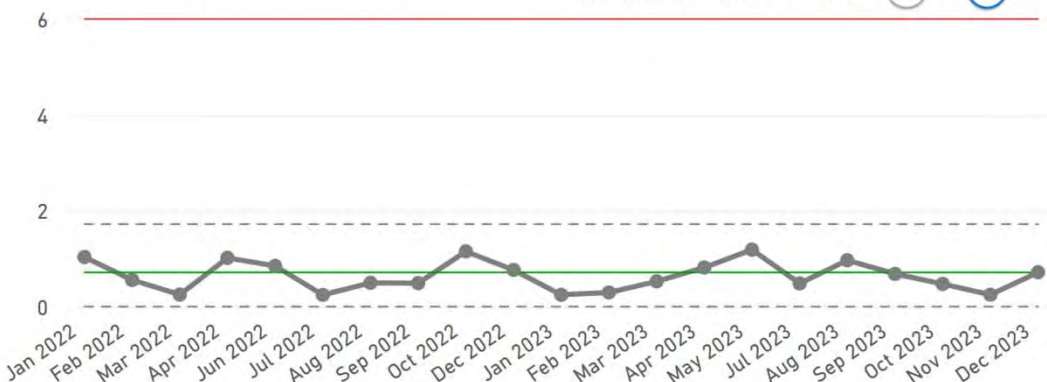
Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Dec 2023	61.5%	74.5%		



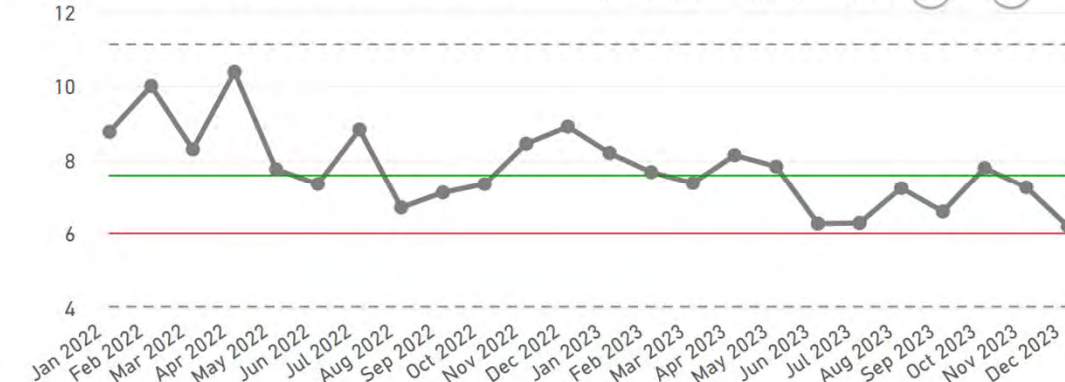
Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
Dec 2023	0.7%	6%		



Preterm birth rate 27 - 36+6 wks

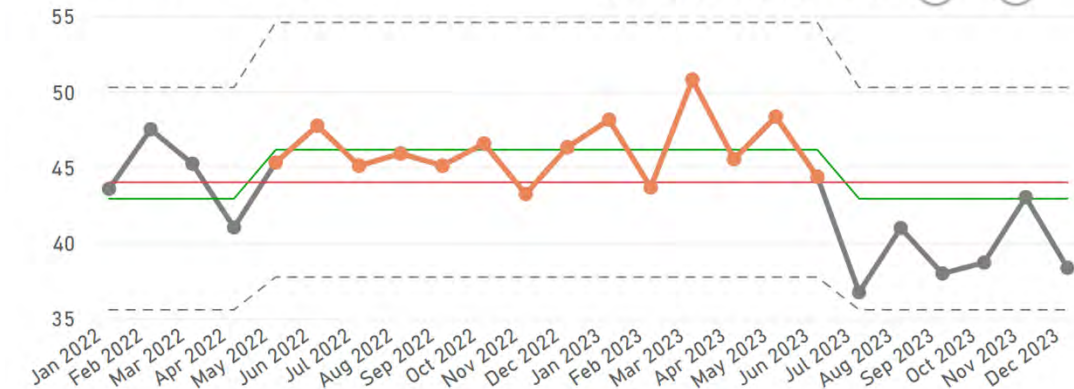
Month	Performance	Target	Trend	Assurance
Dec 2023	6.2%	6%		



SAFE

Induction of Labour (%)

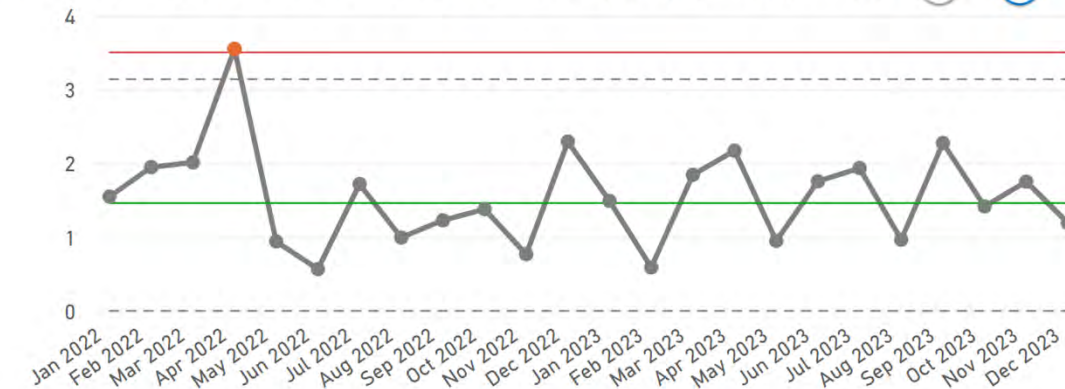
Month: Dec 2023 | Performance: 38.3% | Target: 44% | Trend: | Assurance:



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

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

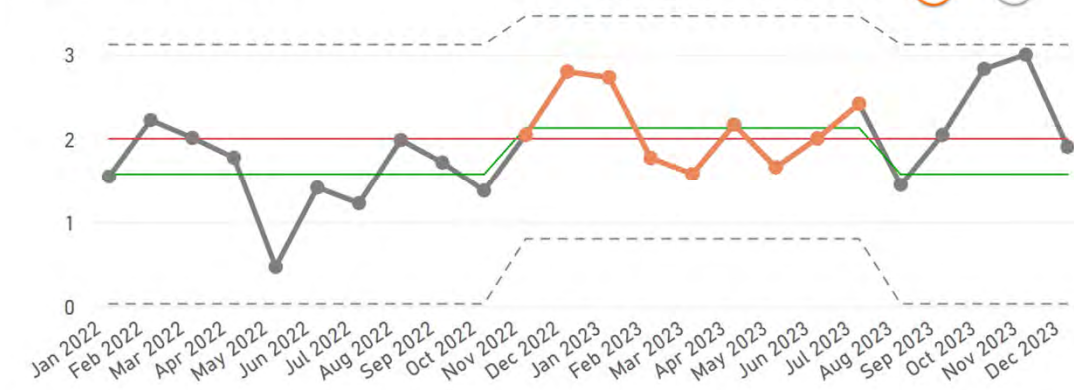
Month: Dec 2023 | Performance: 1.2% | Target: 3.5% | Trend: | Assurance:



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

PPH > 1500ml (%)

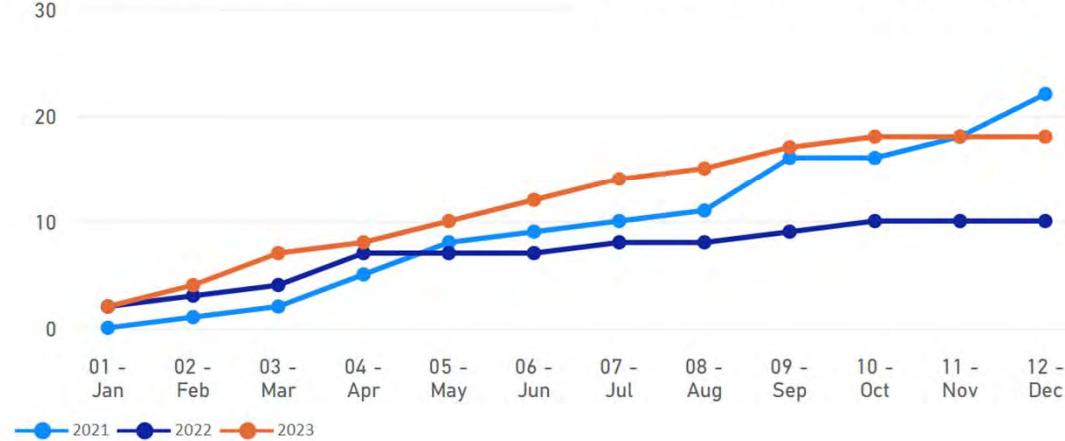
Month: Dec 2023 | Performance: 1.9% | Target: 2% | Trend: | Assurance:



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

Still Births (YTD)

Month: Dec 2023 | Performance: 18 | Target: 17 | Trend: N/A | Assurance: N/A

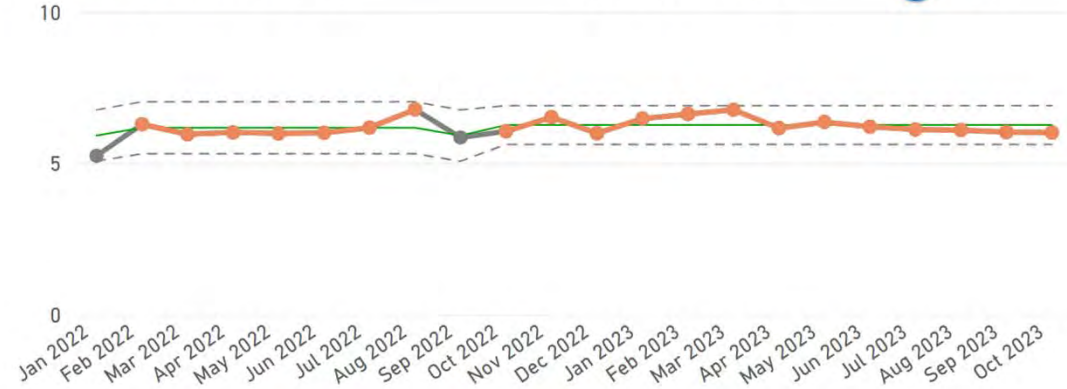


● 2021 ● 2022 ● 2023

EFFECTIVE

Readmission Rate %

Month: Oct 2023
Performance: 6%
Target: 6%
Trend: 
Assurance: N/A

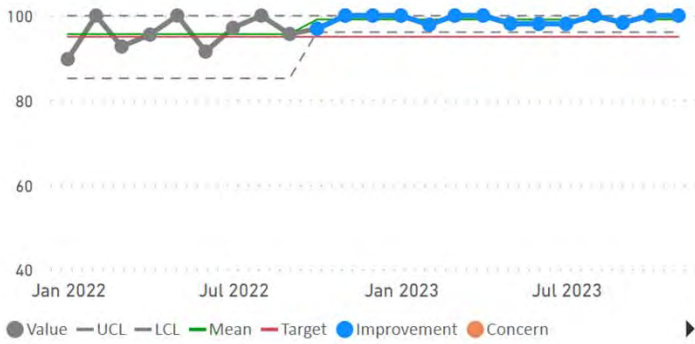


● Value — UCL — LCL — Mean ● Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

EFFECTIVE

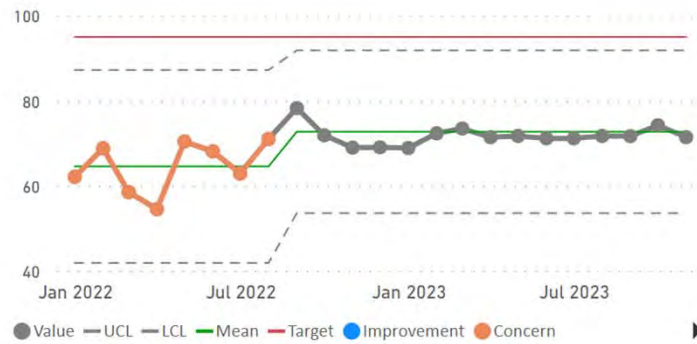
Sepsis - Oxygen within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2023	100%	95%		



Sepsis - Blood cultures within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2023	71.4%	95%		



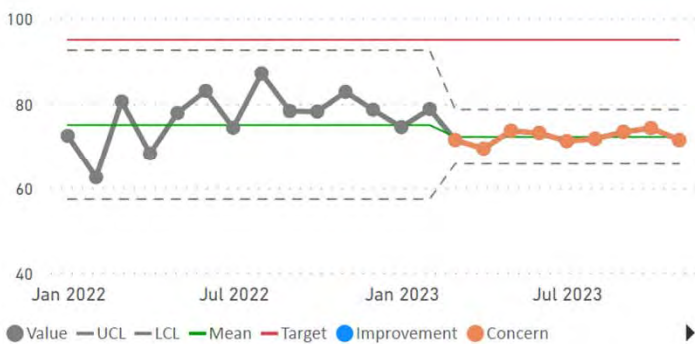
Sepsis - IV antibiotics within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2023	71.4%	95%		



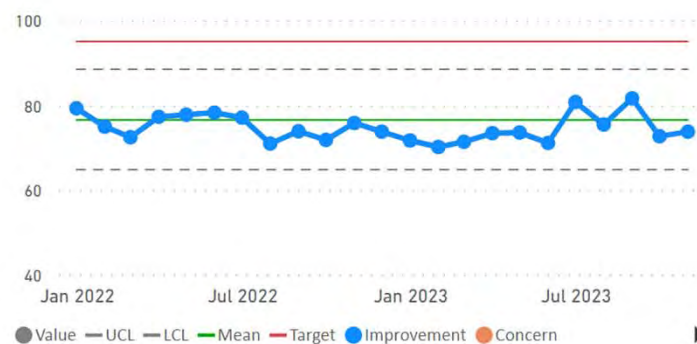
Sepsis - Serum lactate within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2023	71.4%	95%		



IV fluid resuscitation within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2023	73.8%	95%		



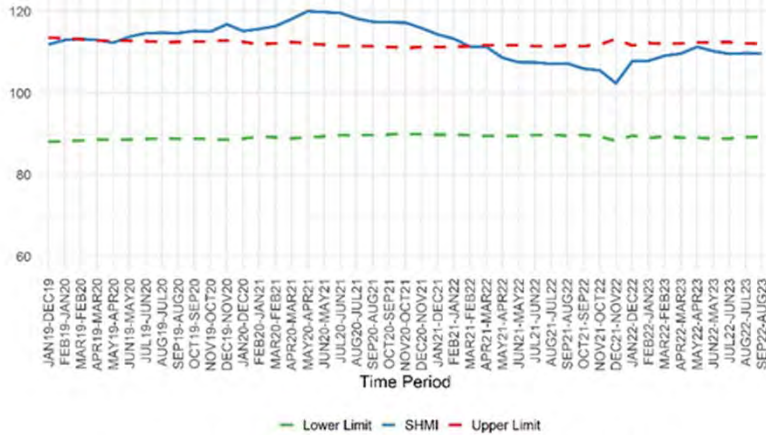
Sepsis - Urine measurement within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2023	100%	95%		

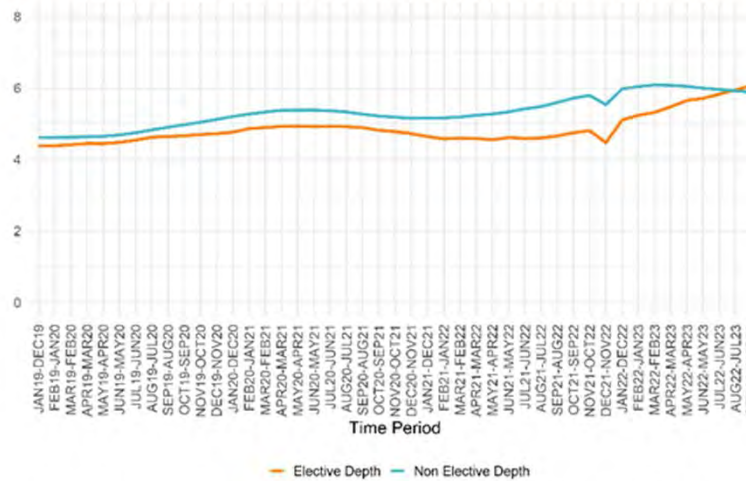


EFFECTIVE

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



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



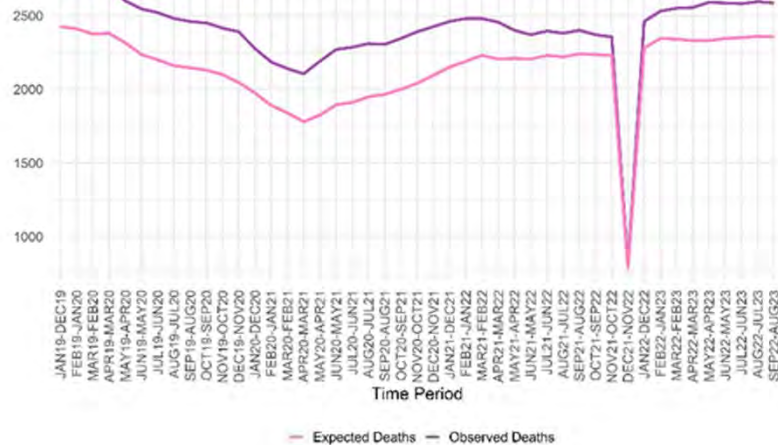
Latest SHMI = 109.7
(Sep 2022 – Aug 2023)

Observed deaths = 2585
Expected deaths = 2355

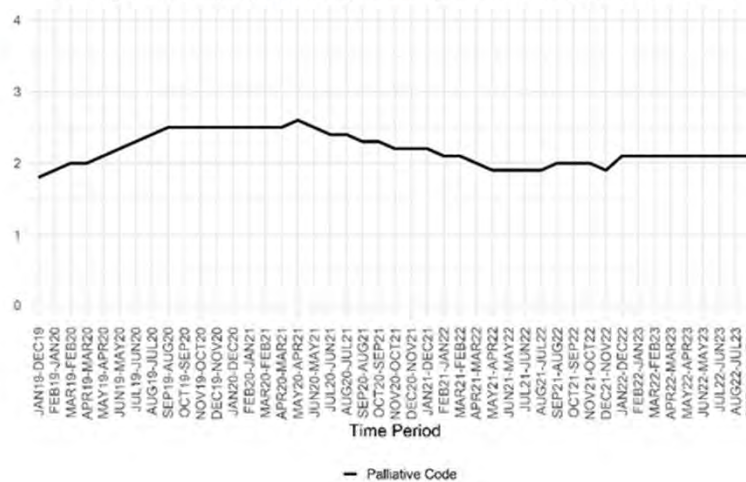
Coding depth (codes / spell)
Elective = 6.1
Non-Elective = 5.9

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 = 2.6%
Spells as a % pre-pandemic
(2019 spells) = 91%

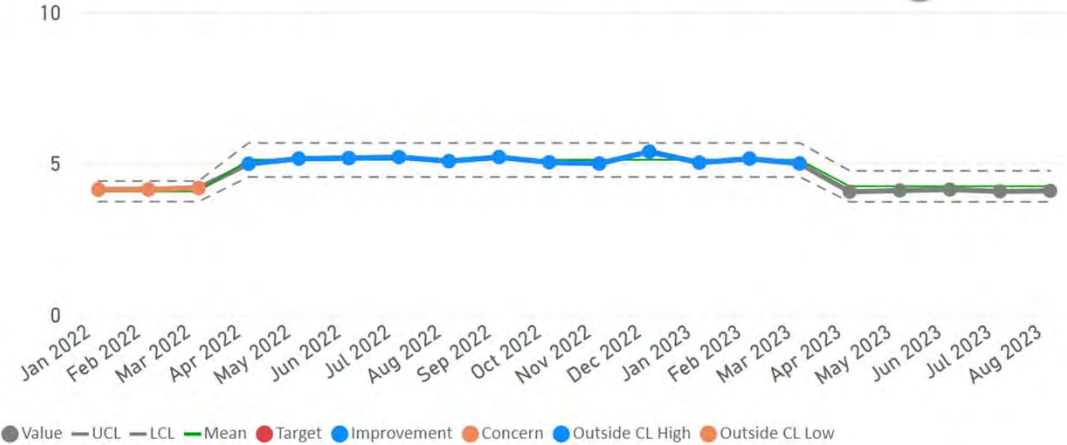
* The Trust data is as reported by NHS Digital, there was a shortfall in the number of records for 2022/23 in one of the reporting periods which was the reason for the recent fall and rise in the number of observed and expected deaths.

Data source: NHS Digital
Monthly SHMI publication

EFFECTIVE

Comorbidity Coding

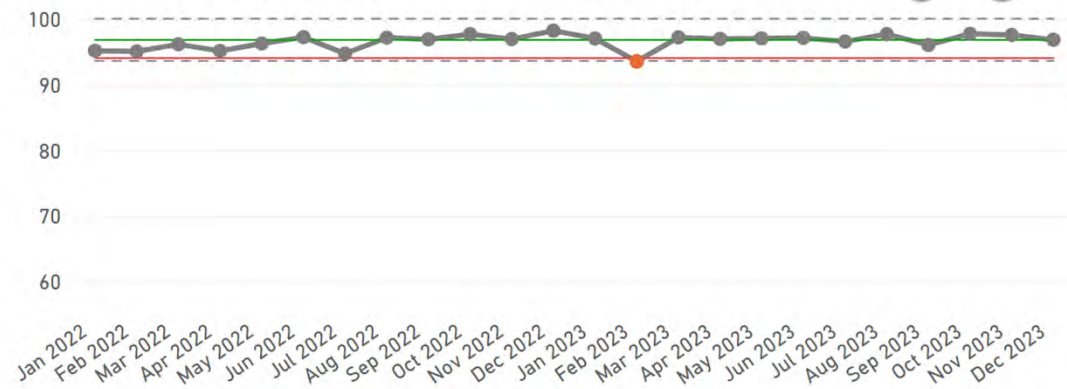
Month: Aug 2023 | Performance: 4.1 | Target: | Trend:  | Assurance: N/A



CARING

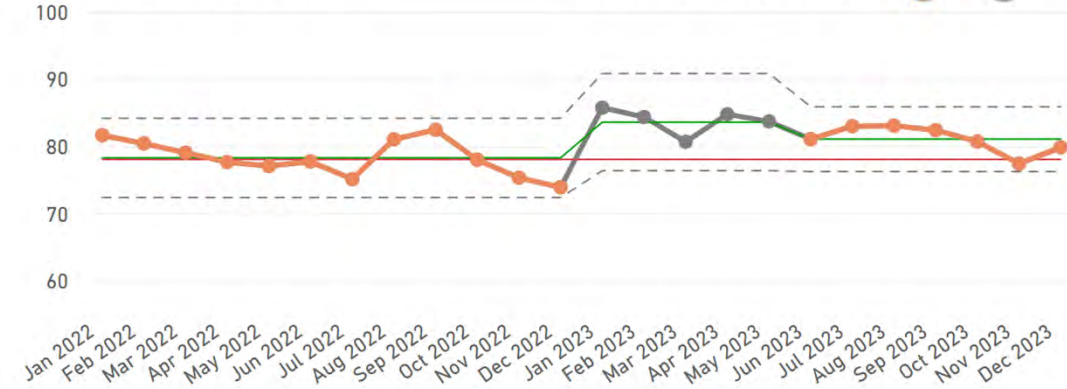
Inpatient Experience (%)

Month Performance Target Trend Assurance
 Dec 2023 96.8% 94%



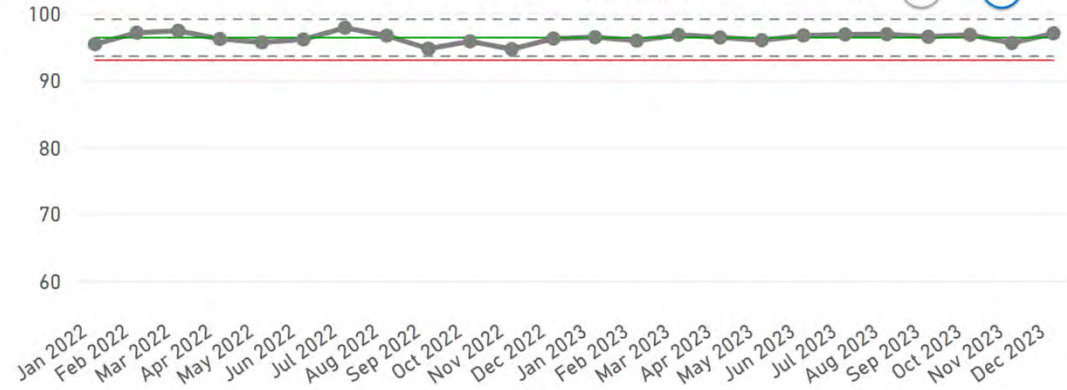
A&E Experience (%)

Month Performance Target Trend Assurance
 Dec 2023 79.8% 78%



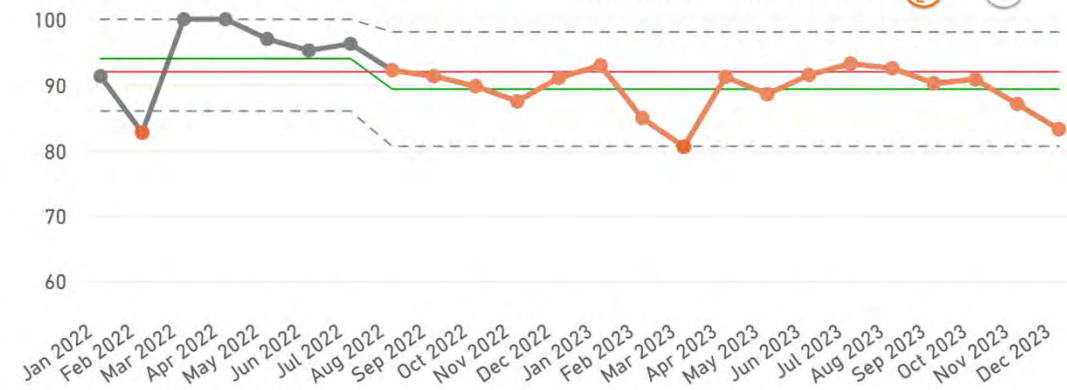
Outpatient Experience (%)

Month Performance Target Trend Assurance
 Dec 2023 97% 93%



Maternity Experience (%)

Month Performance Target Trend Assurance
 Dec 2023 83.2% 92%



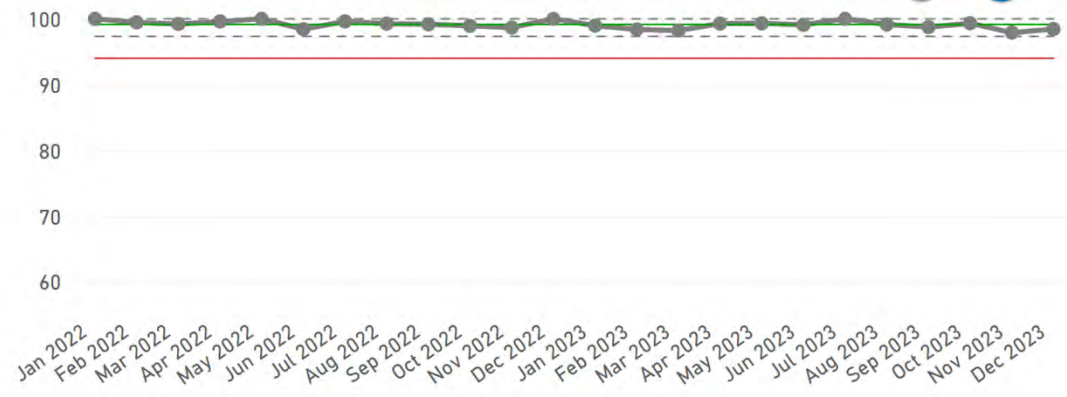
CARING

Month Performance Target Trend Assurance

Dec 2023 98.4% 94%



Community Experience (%)

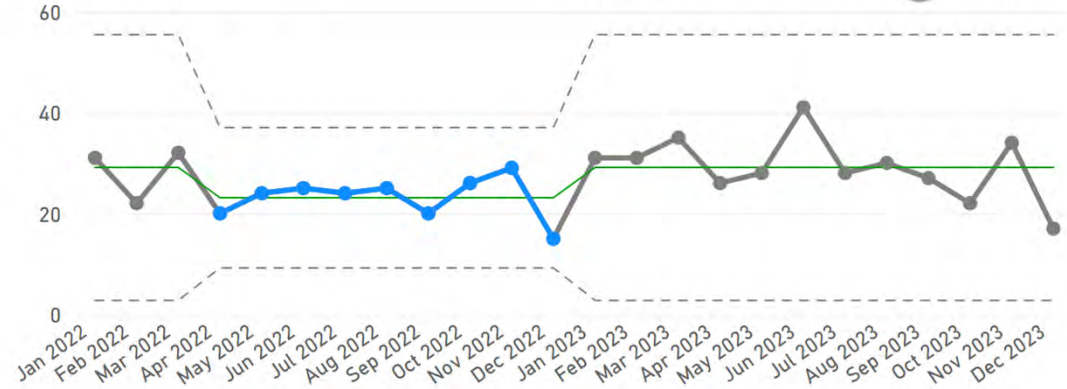


● Value — UCL - - LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low



CARING

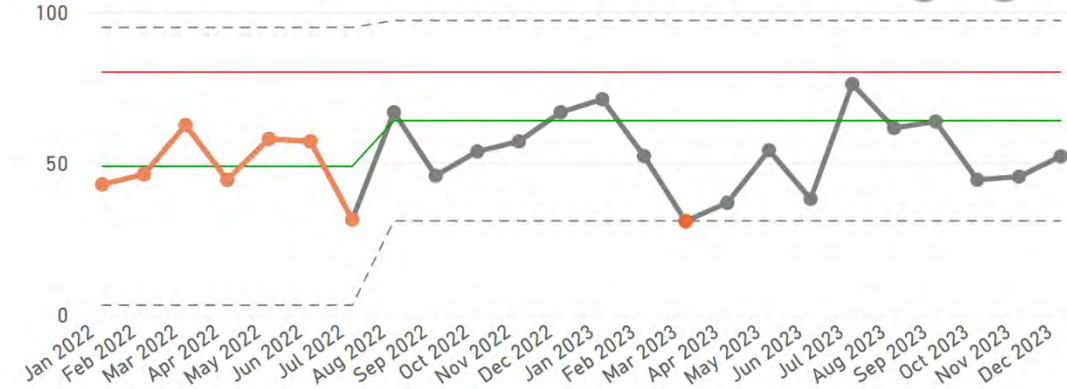
New Complaints

Month: Dec 2023
 Performance: 17
 Target: N/A
 Trend: 



Closed Within Target (%)

Month: Dec 2023
 Performance: 52.2%
 Target: 80%
 Trend:  Assurance: 



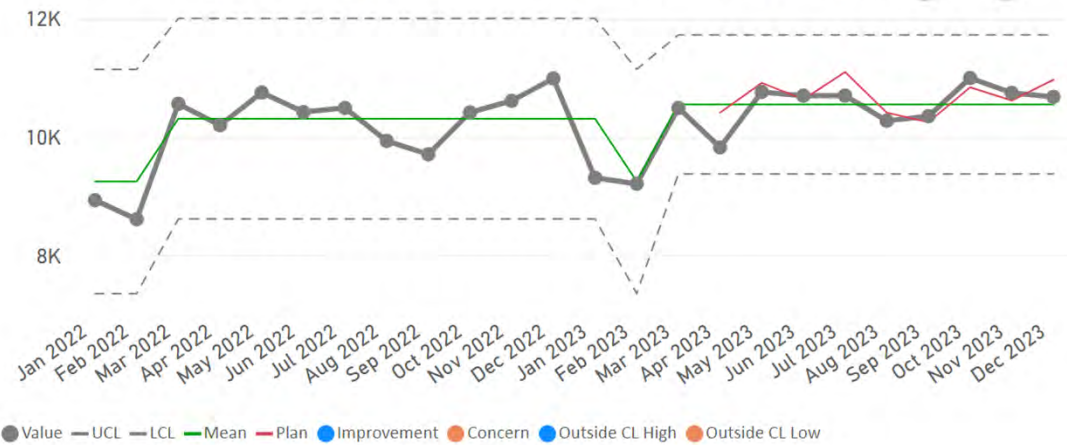
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

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

RESPONSIVE

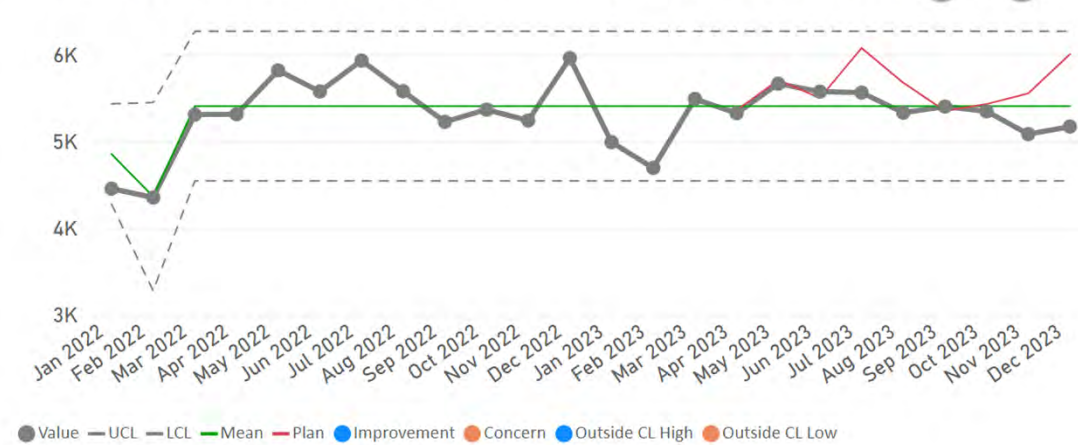
A&E Attendances - Type 1

Month: Dec 2023 | Performance: 10671 | Plan: 10960 | Trend: | Assurance:



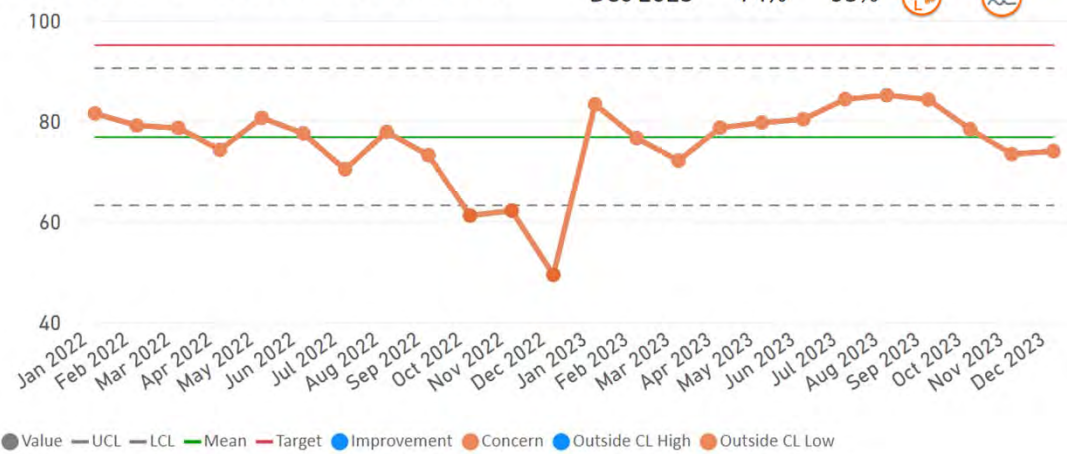
A&E Attendances - Type 3

Month: Dec 2023 | Performance: 5167 | Plan: 6004 | Trend: | Assurance:



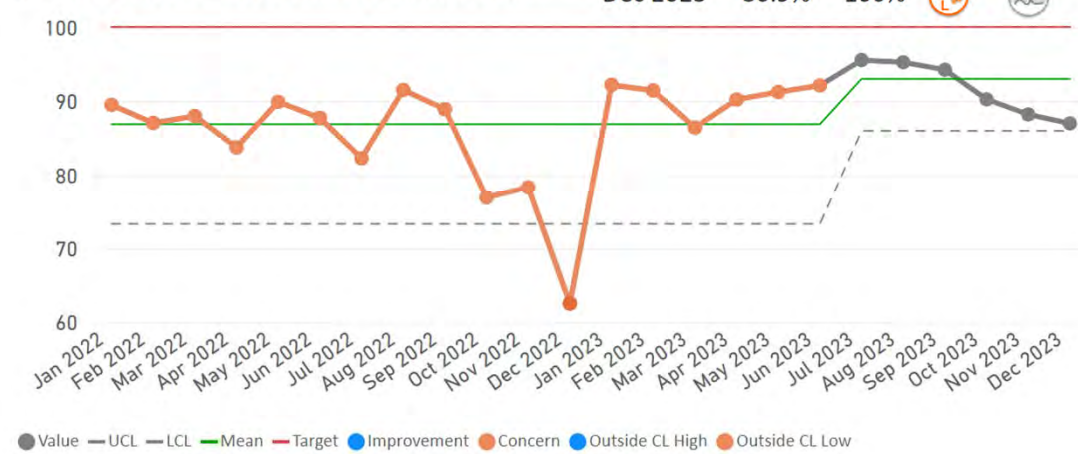
Handovers - Within 30 Mins (%)

Month: Dec 2023 | Performance: 74% | Target: 95% | Trend: | Assurance:



Handovers - Within 60 Mins (%)

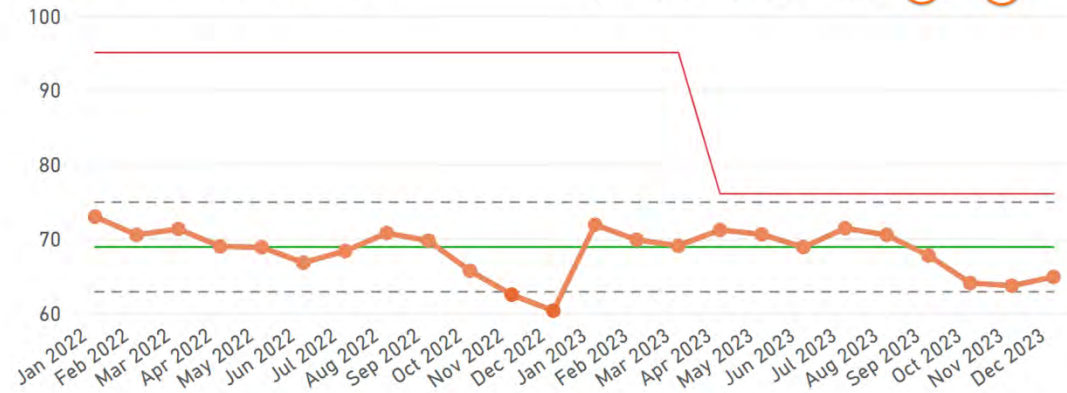
Month: Dec 2023 | Performance: 86.9% | Target: 100% | Trend: | Assurance:



RESPONSIVE

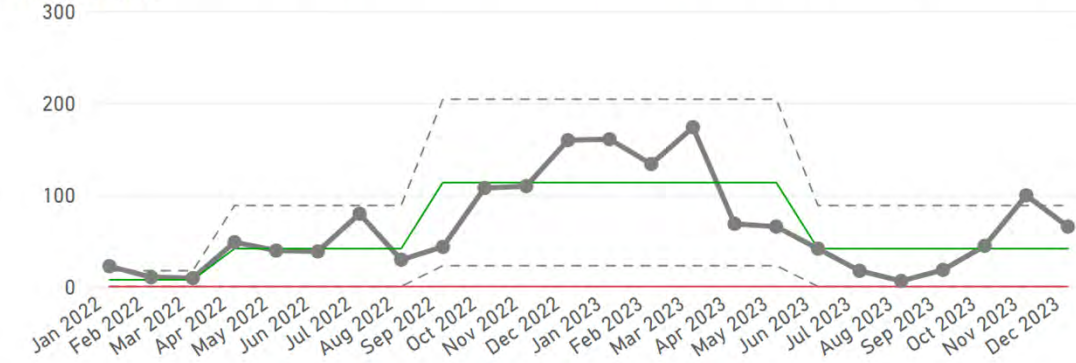
4-Hour A&E Standard

Month: Dec 2023 | Performance: 64.8% | Target: 76% | Trend: | Assurance:



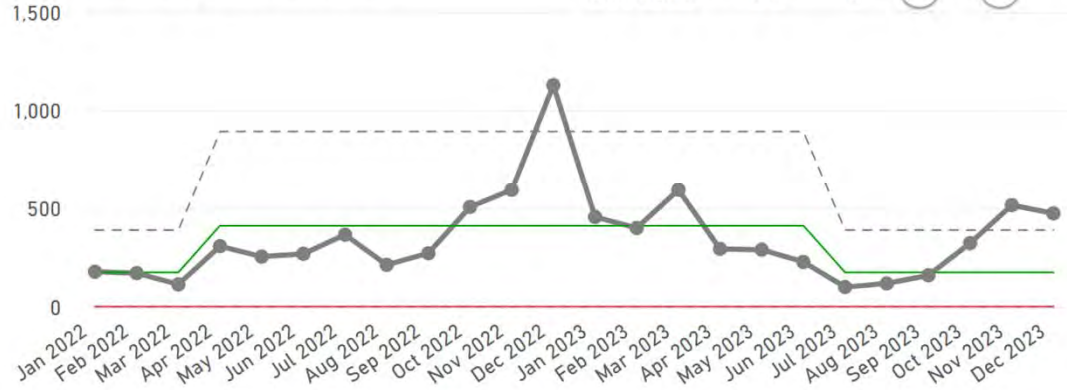
12-Hour Waits from Decision to Admit

Month: Dec 2023 | Performance: 65 | Target: 0 | Trend: | Assurance:



12-Hour A&E Breaches

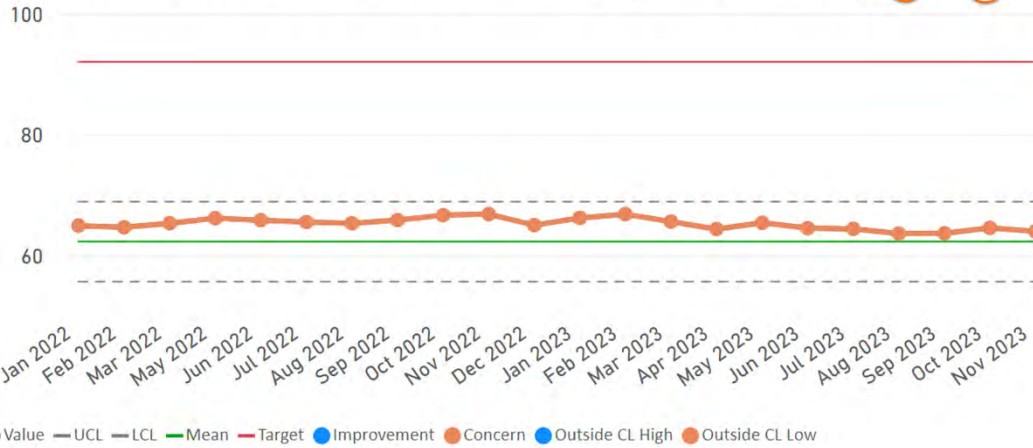
Month: Dec 2023 | Performance: 472 | Target: 0 | Trend: | Assurance:



RESPONSIVE

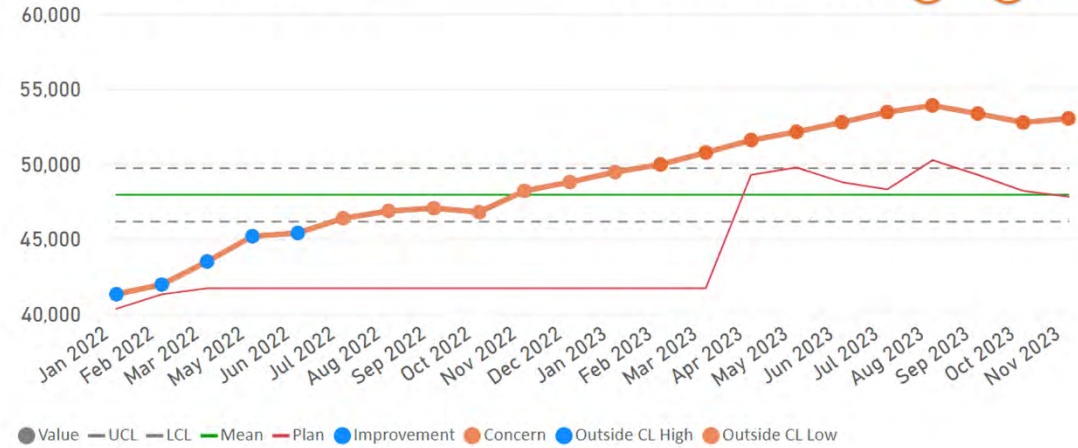
RTT Incomplete Pathways (%)

Month: Nov 2023 | Performance: 64% | Plan: 92% | Trend: | Assurance:



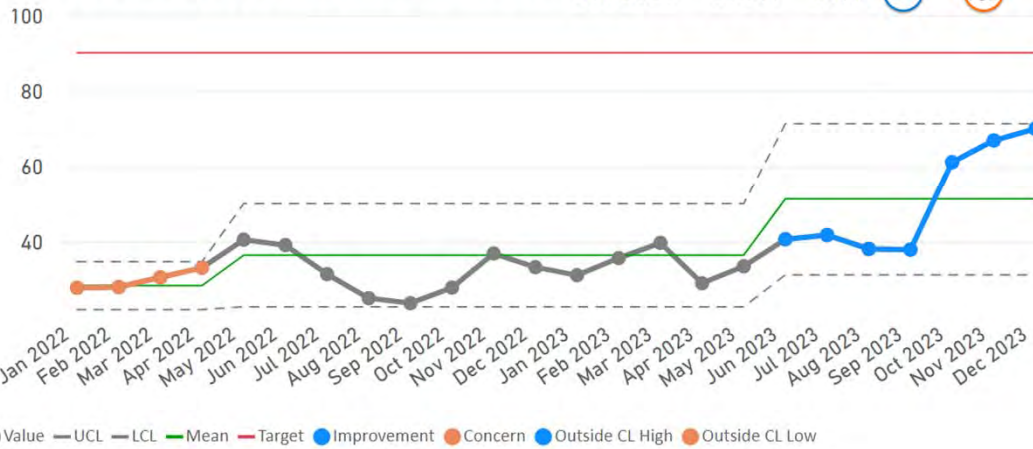
RTT Waiting List Size

Month: Nov 2023 | Performance: 52990 | Plan: 47776 | Trend: | Assurance:



RTT Validated Within 12 Weeks (%)

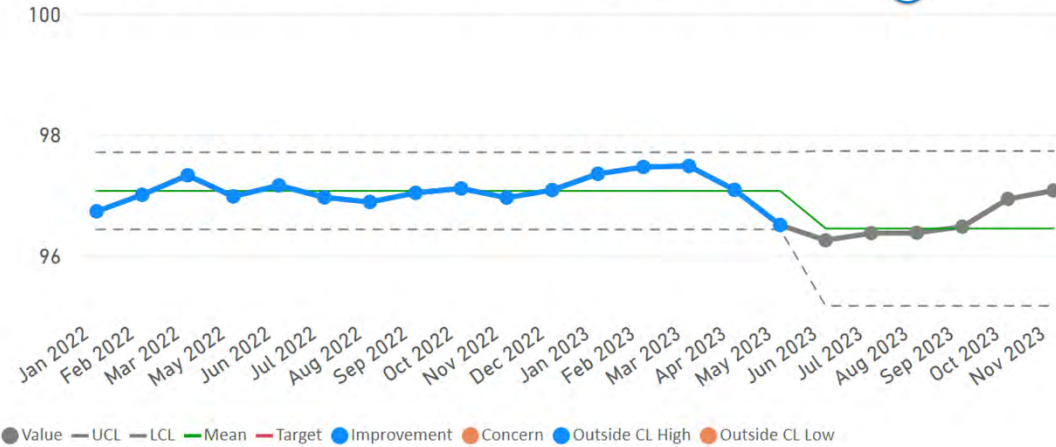
Month: Dec 2023 | Performance: 69.9% | Target: 90% | Trend: | Assurance:



RESPONSIVE

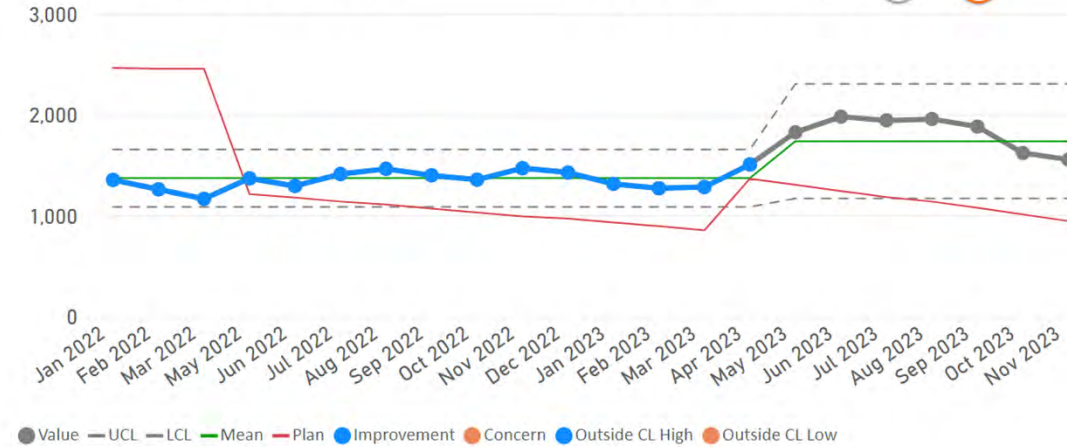
RTT List Size within 52 weeks (%)

Month: Nov 2023 | Performance: 97.1% | Plan: | Trend: | Assurance: N/A



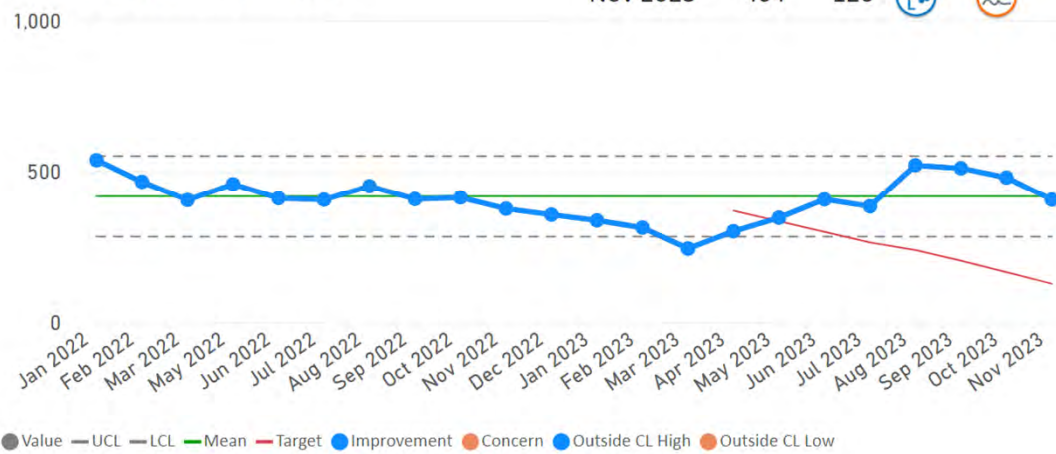
RTT 52 week waiters

Month: Nov 2023 | Performance: 1551 | Plan: 942 | Trend: | Assurance:



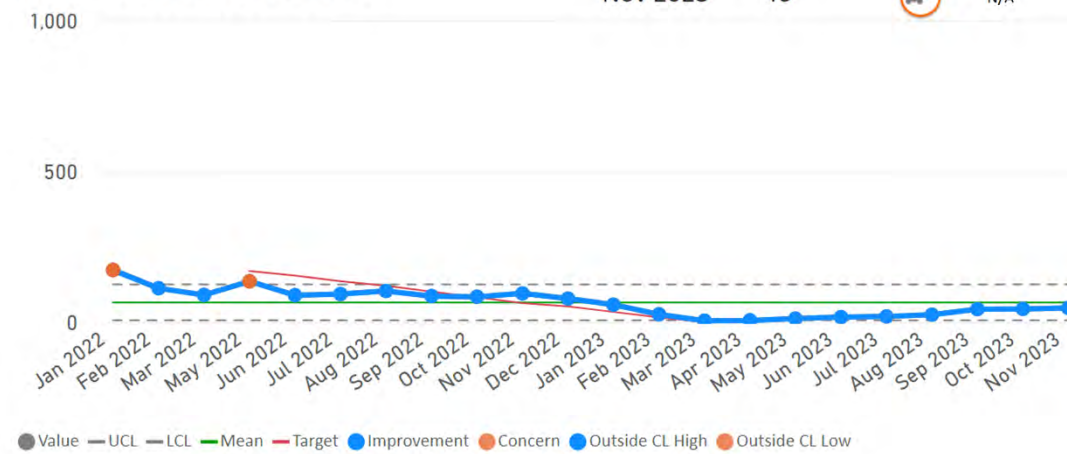
RTT 65 week waiters

Month: Nov 2023 | Performance: 404 | Plan: 126 | Trend: | Assurance:





RTT 78 week waiters

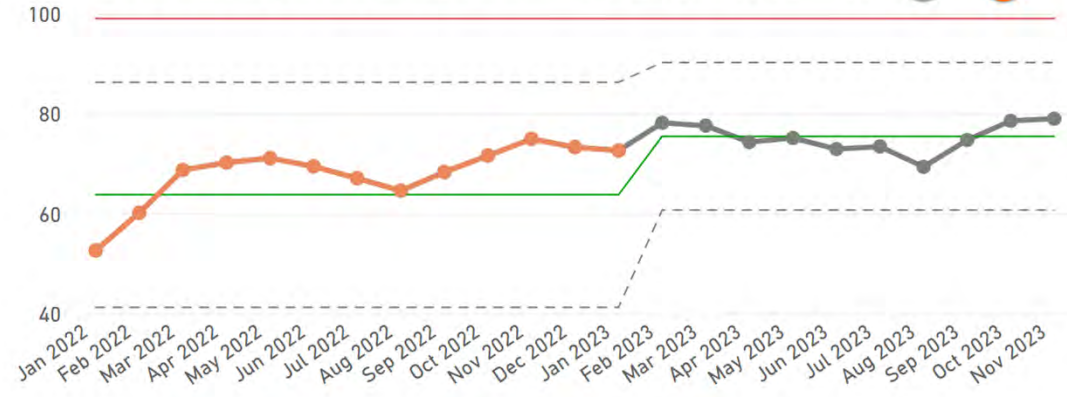
Month: Nov 2023 | Performance: 46 | Plan: | Assurance: N/A



RESPONSIVE

Diagnostic 6 Weeks Standard (%)

Month: Nov 2023
 Performance: 79%
 Target: 99%
 Trend: 
 Assurance: 

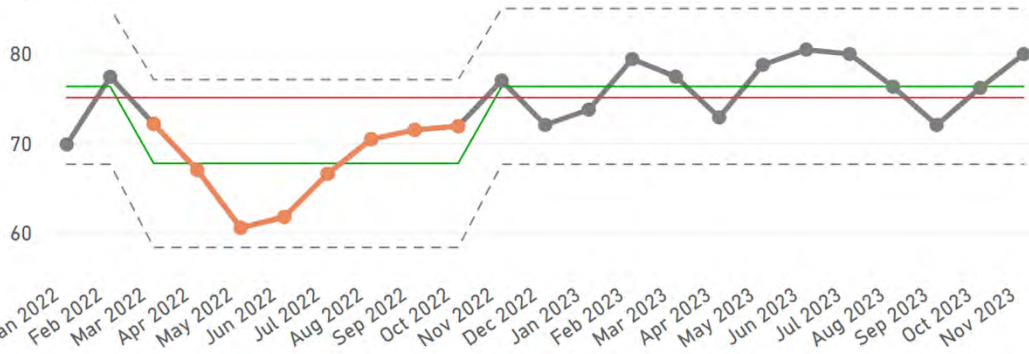


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

RESPONSIVE

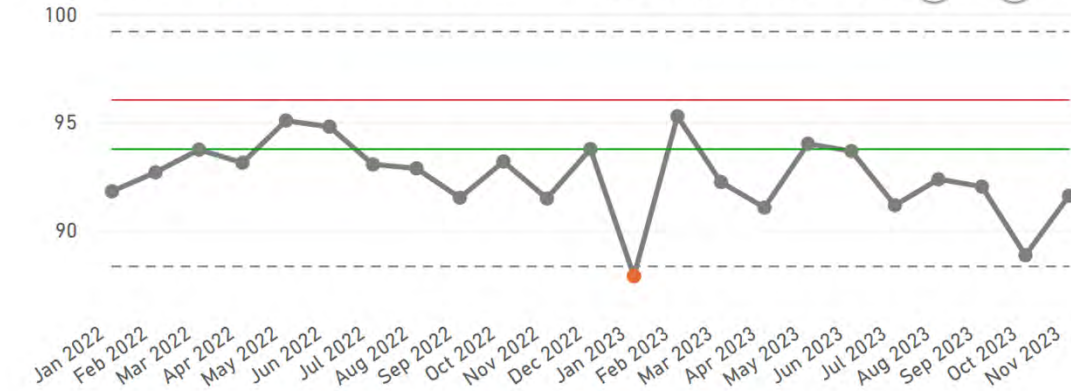
Cancer - Faster Diagnosis Standard (%)

Month: Nov 2023 | Performance: 79.9% | Target: 75% | Trend: | Assurance:



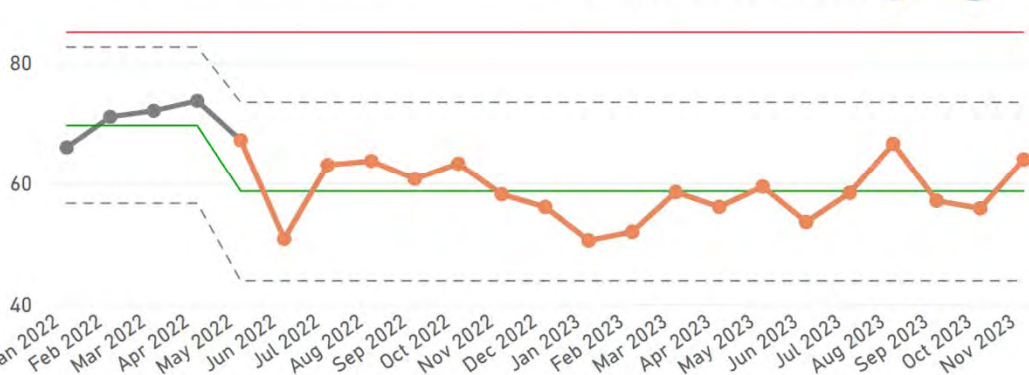
Cancer 31 Day Standard (%)

Month: Nov 2023 | Performance: 91.6% | Target: 96% | Trend: | Assurance:



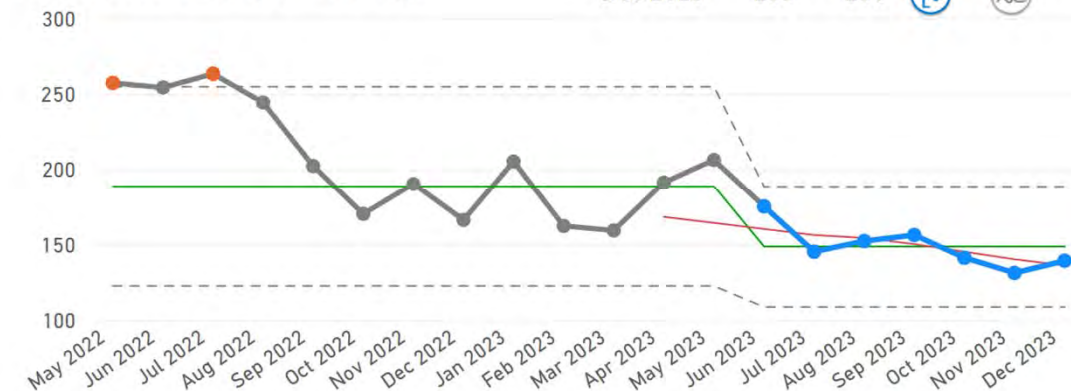
Cancer 62 Day Standard (%)

Month: Nov 2023 | Performance: 63.9% | Target: 85% | Trend: | Assurance:



Cancer >62 Day Backlog

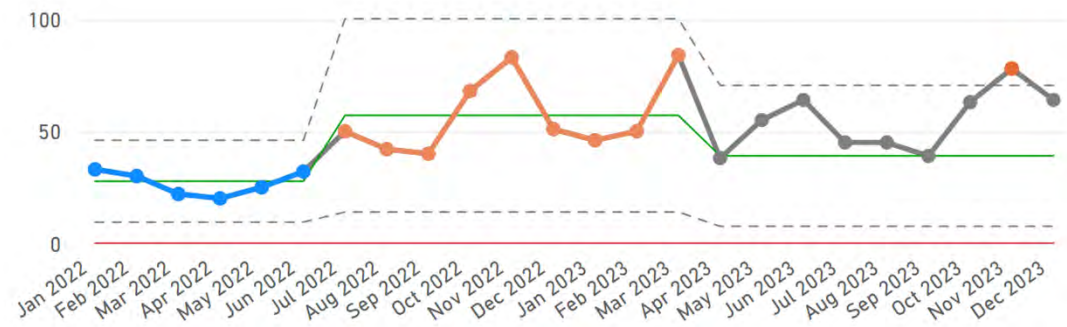
Month: Dec 2023 | Performance: 139 | Target: 136 | Trend: | Assurance:



RESPONSIVE

Cancelled Ops - Non-Urgent Cancelled On Day

Month: Dec 2023
 Performance: 64
 Target: 0
 Trend:
 Assurance:

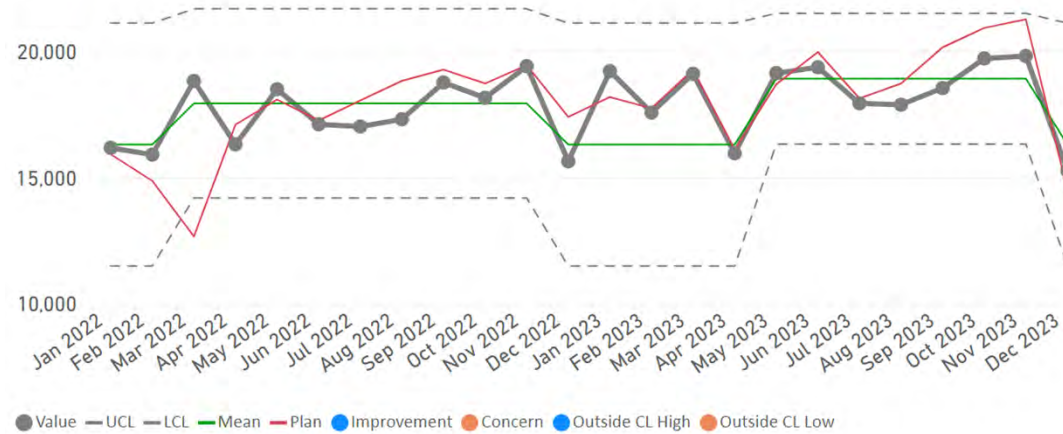


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

RESPONSIVE

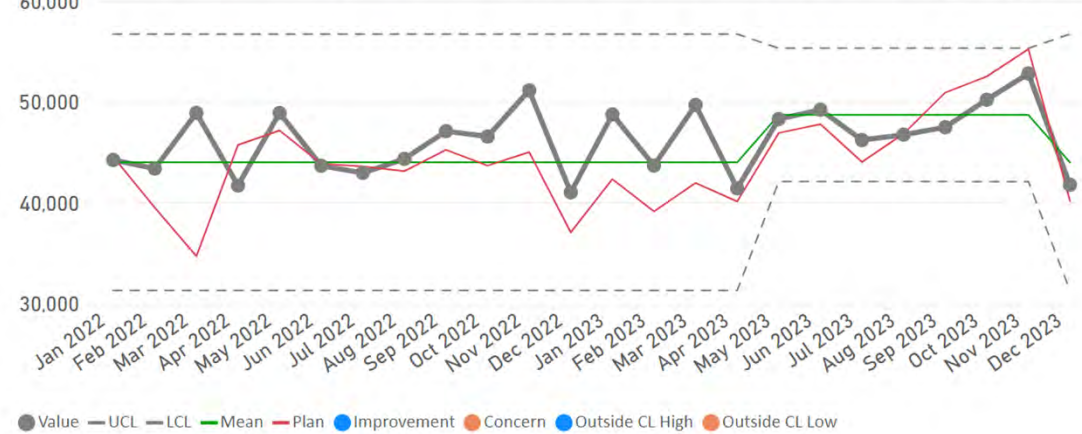
Outpatient First Attendances

Month: Dec 2023 | Performance: 15252 | Target: 14454 | Trend: | Assurance:



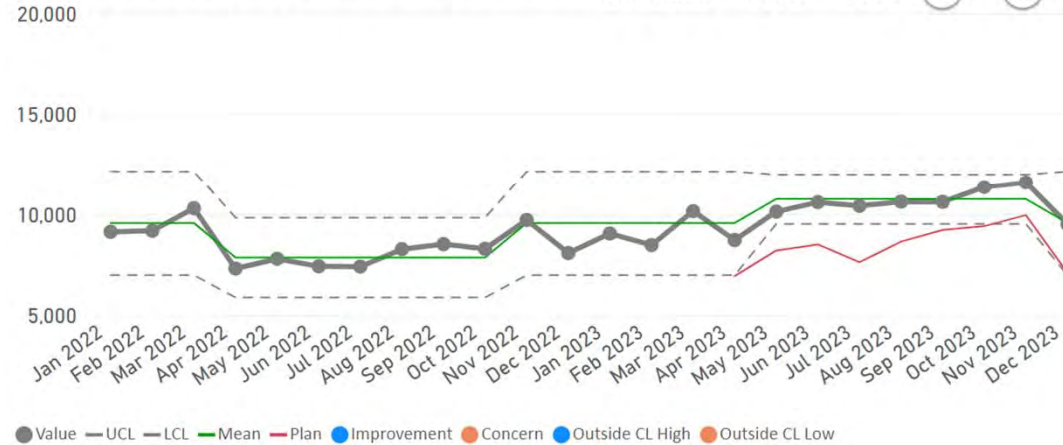
Outpatient Follow Up Attendances

Month: Dec 2023 | Performance: 41713 | Plan: 40148 | Trend: | Assurance:



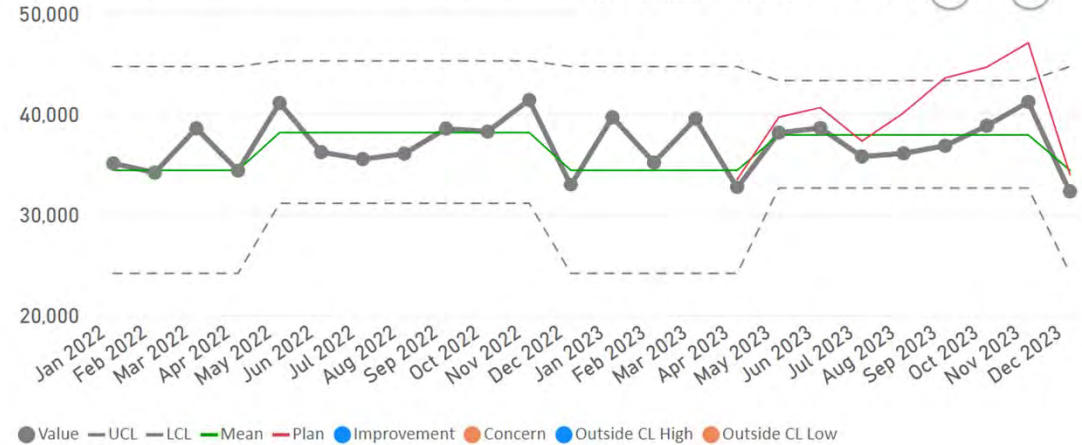
Outpatient Follow-Ups (Procedure)

Month: Dec 2023 | Performance: 9501 | Plan: 7082 | Trend: | Assurance:



Outpatient Follow-Ups (Standard)

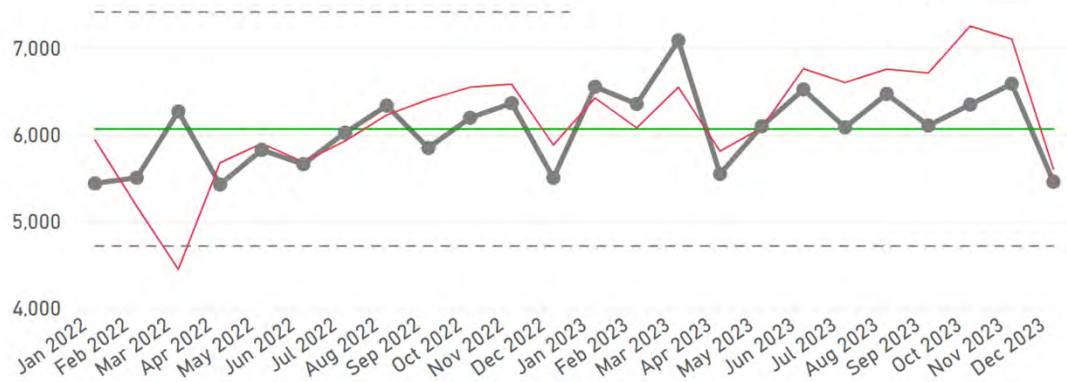
Month: Dec 2023 | Performance: 32212 | Plan: 33975 | Trend: | Assurance:



RESPONSIVE

Day Case admissions

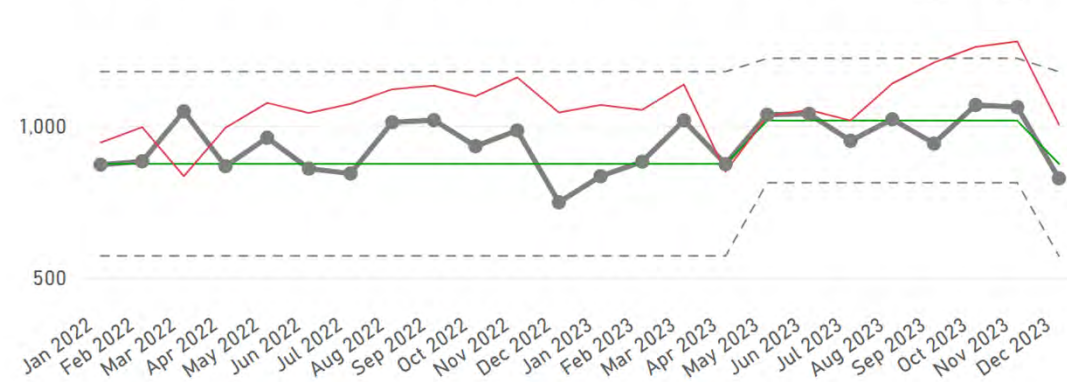
Month Performance Plan Trend Assurance
 Dec 2023 5452 5598  



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

Ordinary Elective admissions

Month Performance Plan Trend Assurance
 Dec 2023 826 1004  

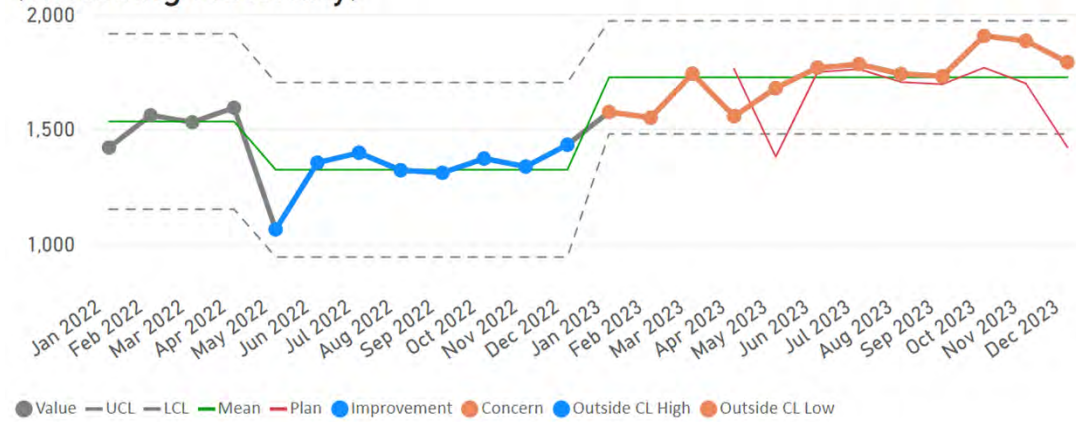


● Value — UCL — LCL — Mean — Plan ● Improvement ● Concern ● Outside CL High ● Outside CL Low

RESPONSIVE

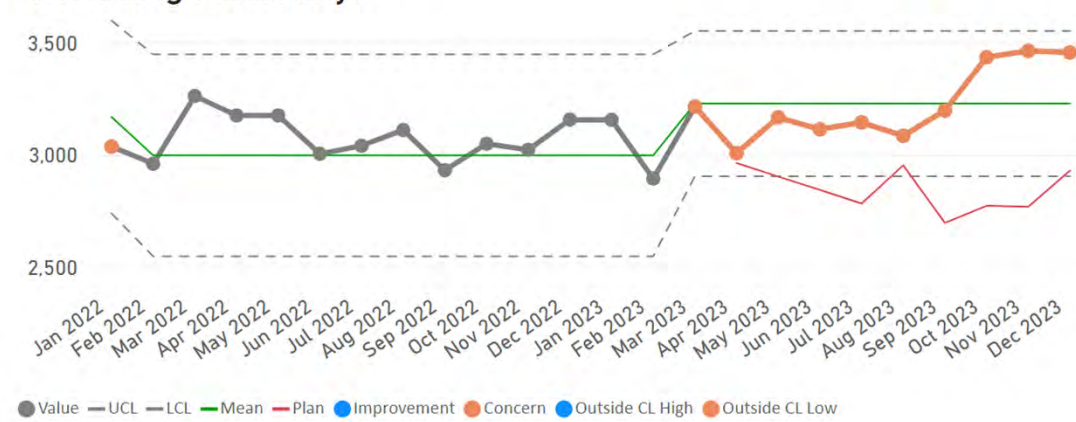
NEL admissions with 0 LOS (excluding Maternity)

Month Performance Plan Trend Assurance
 Dec 2023 1788 1418 ⬆️ ⬇️



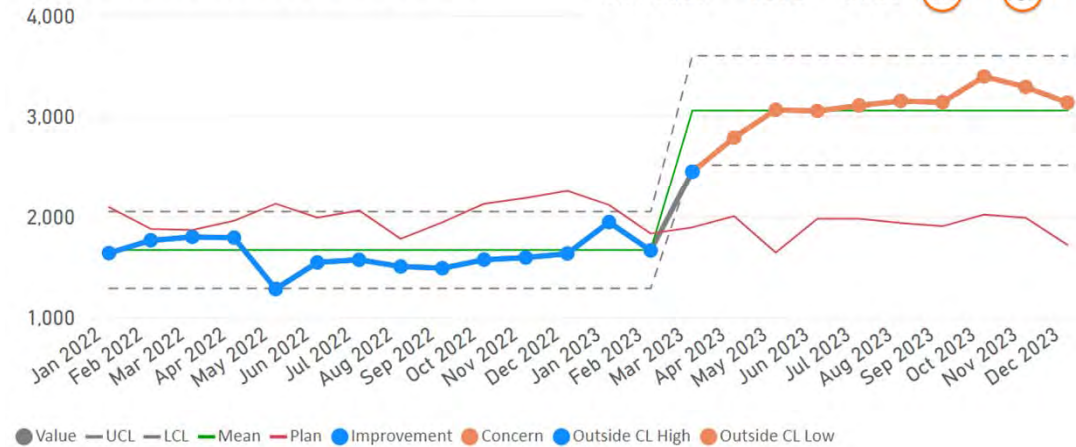
NEL admissions with 1+ LOS (excluding Maternity)

Month Performance Plan Trend Assurance
 Dec 2023 3454 2928 ⬆️ 🤔



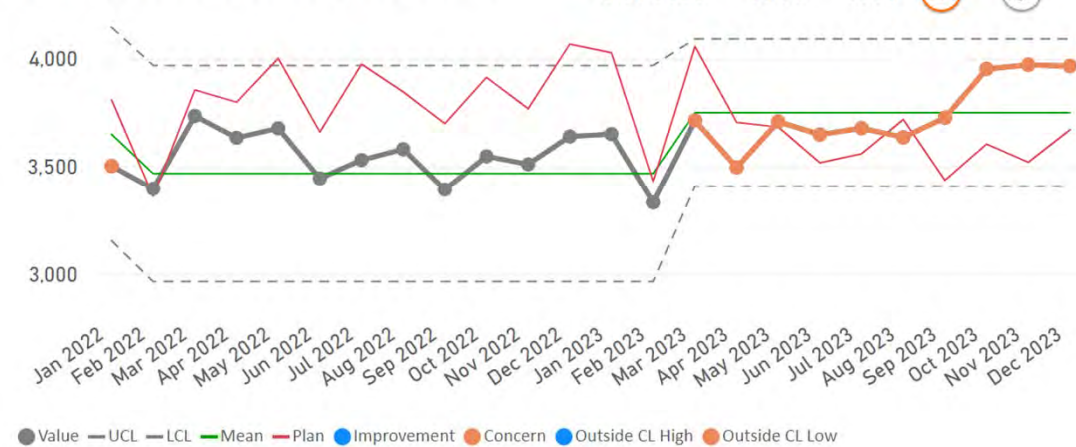
NEL admissions with 0 LOS

Month Performance Plan Trend Assurance
 Dec 2023 3131 1712 ⬆️ ⬇️



NEL admissions with 1+ LOS

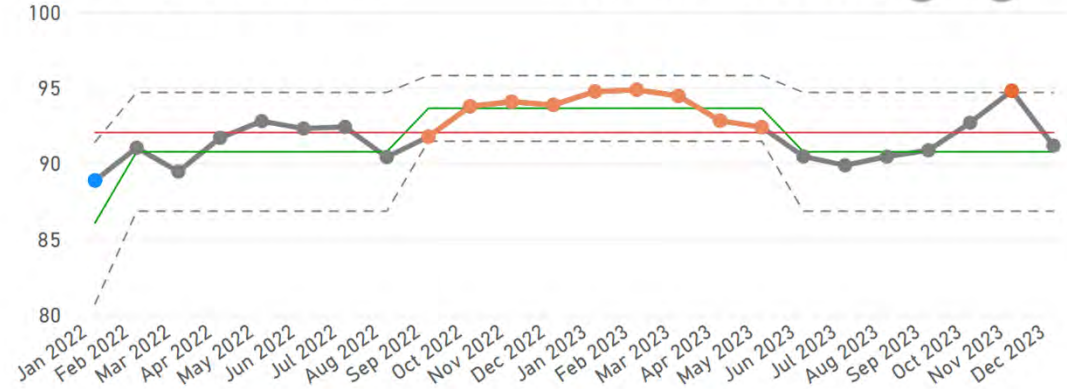
Month Performance Plan Trend Assurance
 Dec 2023 3963 3668 ⬆️ 🤔



RESPONSIVE

G&A Occupied Beds (%)

Month Performance Target Trend Assurance
Dec 2023 91.1% 92%

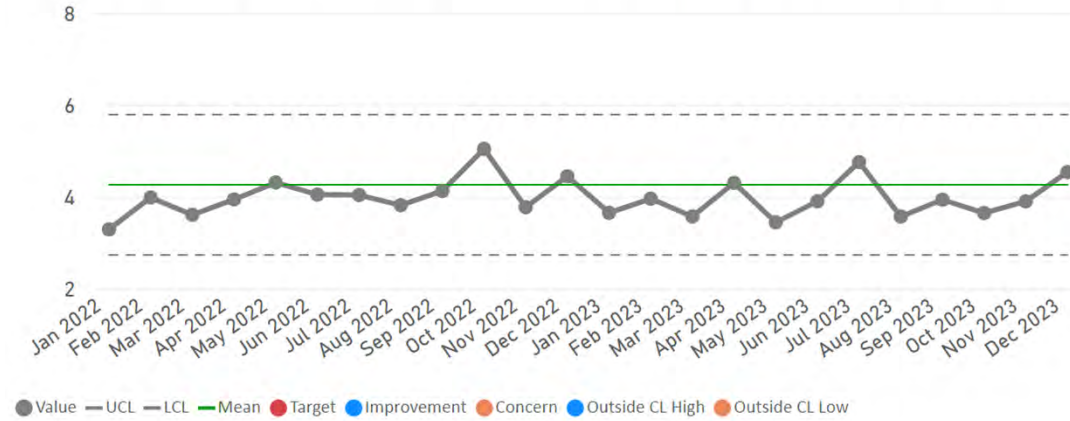


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

RESPONSIVE

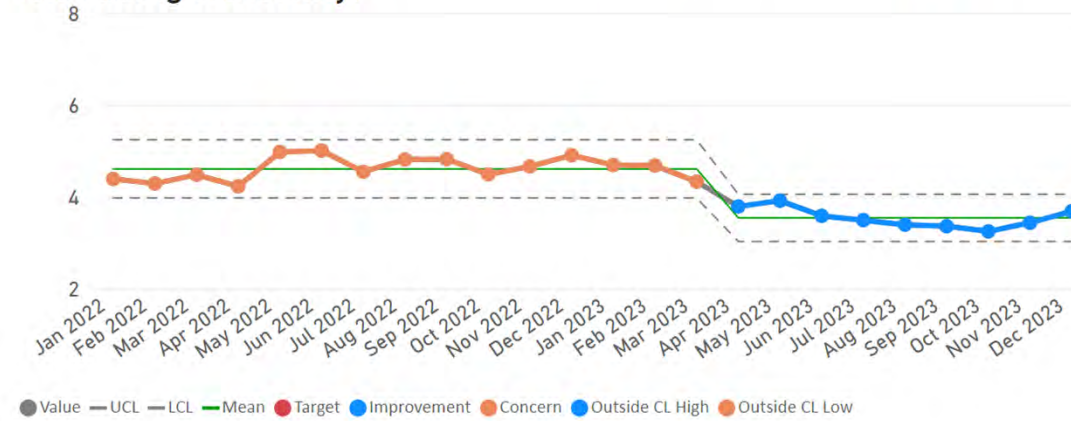
Length of Stay - Elective

Month: Dec 2023
 Performance: 4.5
 Target:
 Assurance: N/A



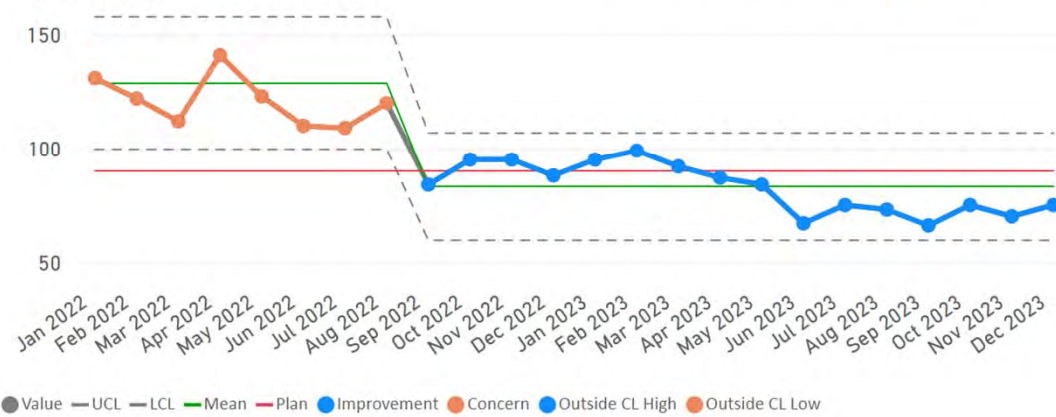
Length of Stay - Non-Elective (excluding Maternity)

Month: Dec 2023
 Performance: 3.7
 Target:
 Assurance: N/A



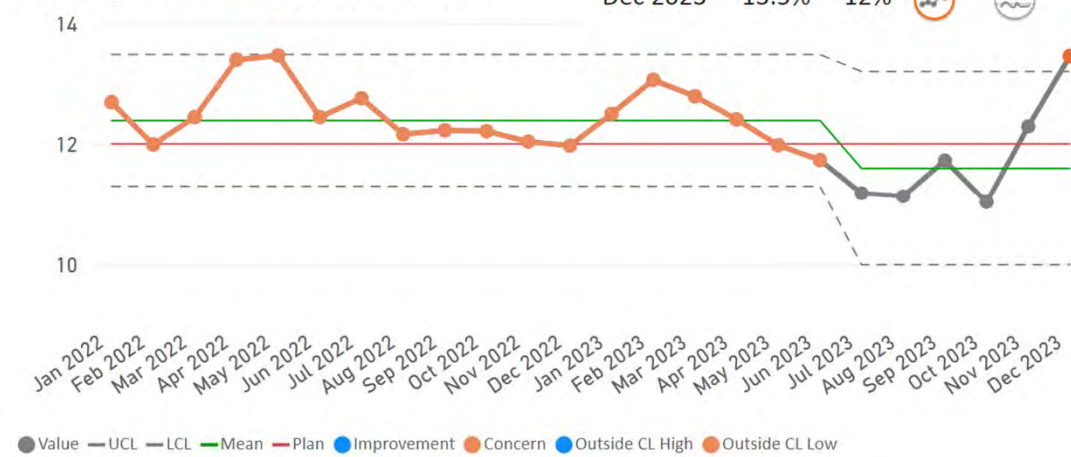
Ready for Discharge, not Discharged

Month: Dec 2023
 Performance: 75
 Plan: 90
 Trend:
 Assurance:



21 Day Stranded Patients (%)

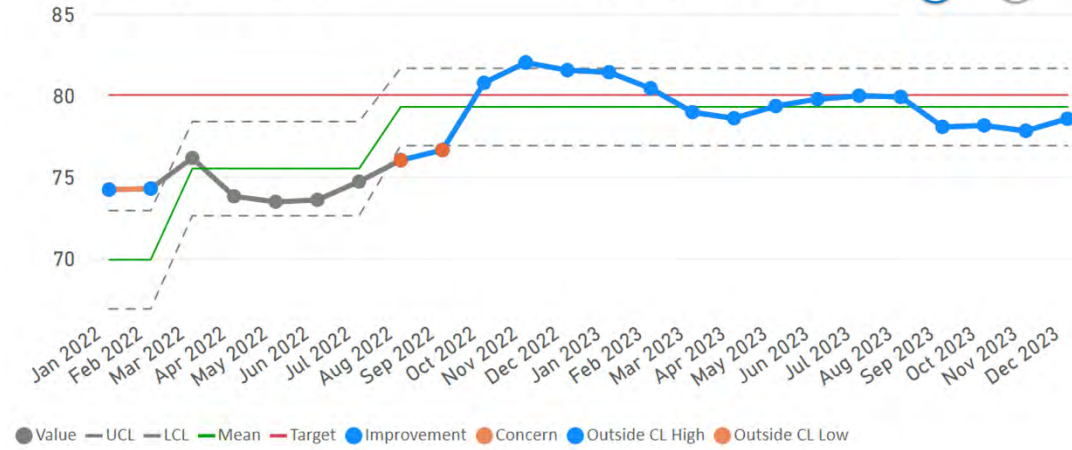
Month: Dec 2023
 Performance: 13.5%
 Plan: 12%
 Trend:
 Assurance:



WELL-LED

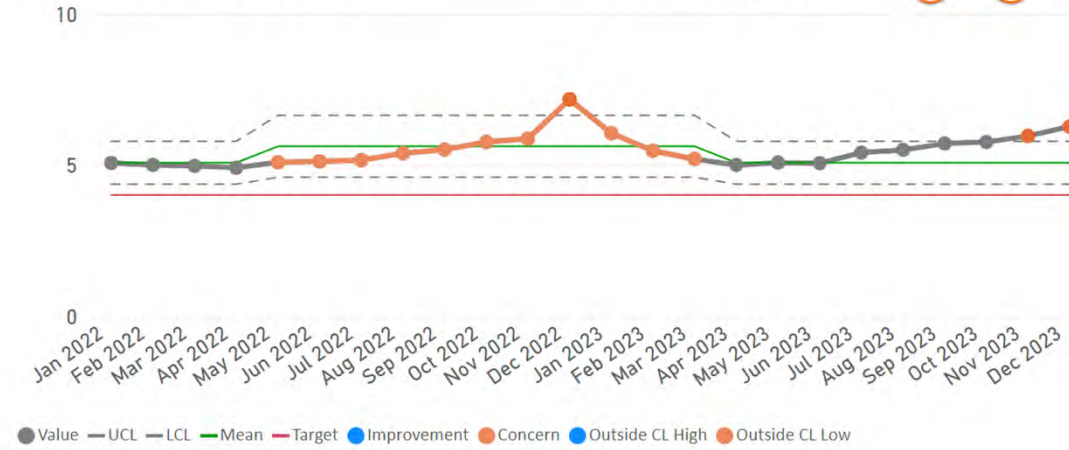
Annual Appraisal (%)

Month: Dec 2023 | Performance: 78.5% | Target: 80% | Trend: | Assurance:



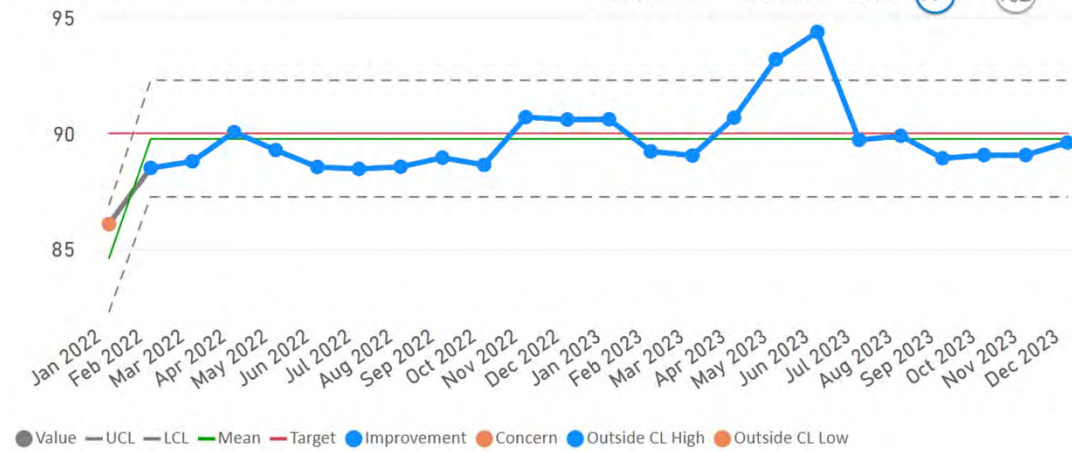
Sickness Absence (%)

Month: Dec 2023 | Performance: 6.3% | Target: 4% | Trend: | Assurance:



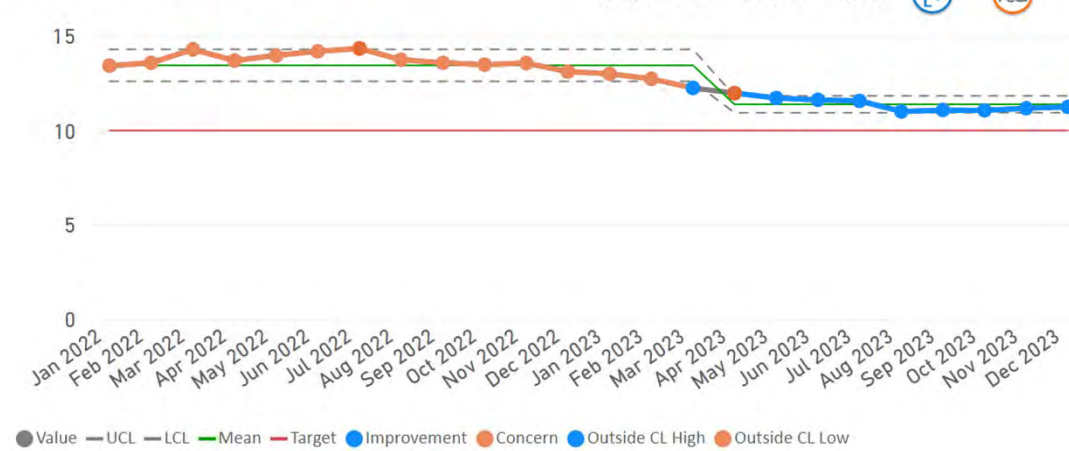
Mandatory Training (%)

Month: Dec 2023 | Performance: 89.6% | Target: 90% | Trend: | Assurance:



Staff Turnover (%)

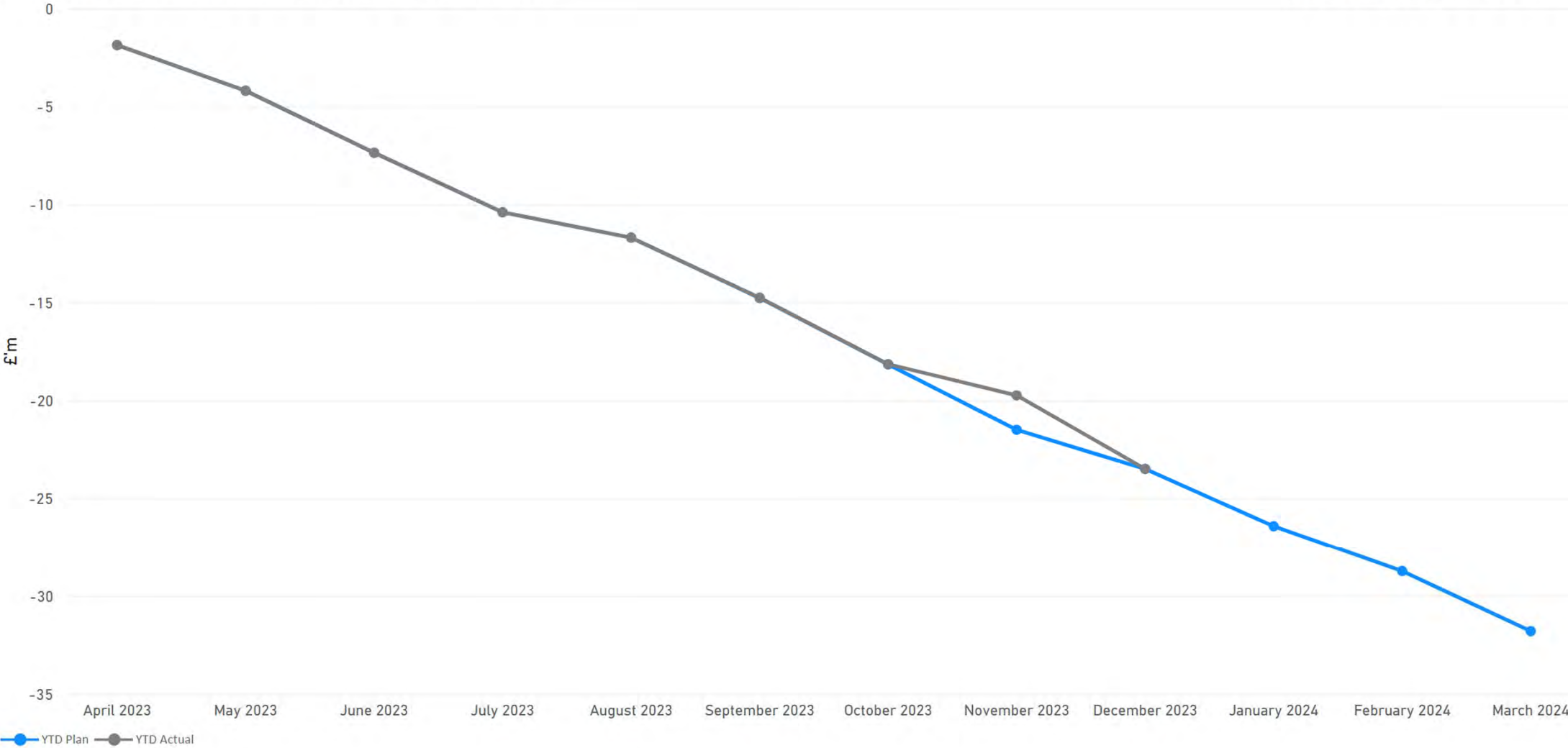
Month: Dec 2023 | Performance: 11.2% | Target: 10% | Trend: | Assurance:



WELL-LED

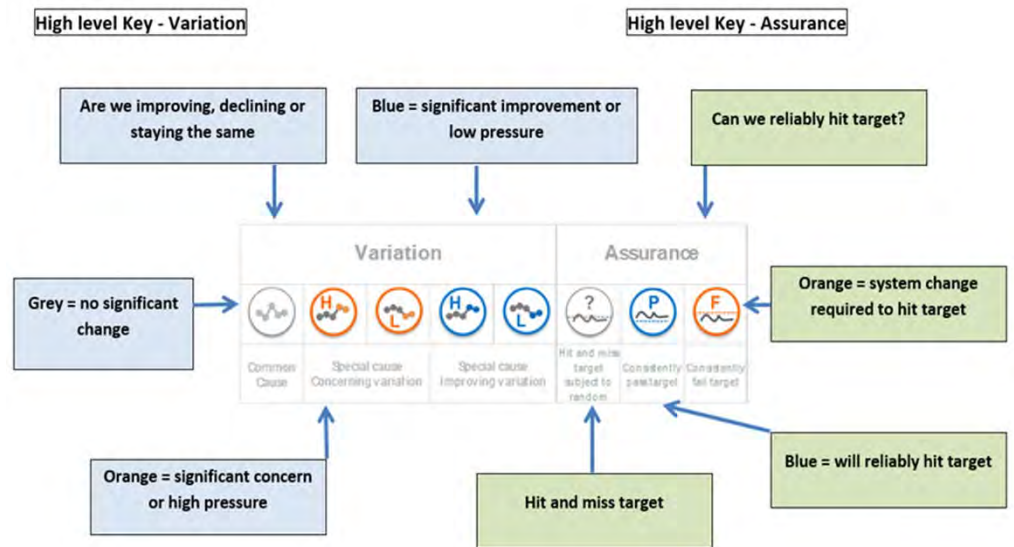
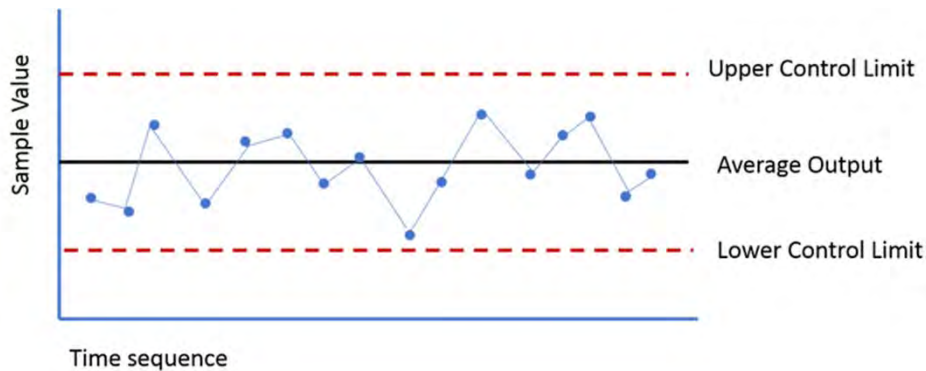
Month	Performance	Target
Dec 2023	-£23.506m	-£23.509m

Cumulative YTD Financial Position (£'millions)



SPC CHARTS

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



MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 FEBRUARY 2024			
Learning from Deaths October 2023			AGENDA ITEM: 11 ENC 9
Report Author and Job Title:	Jo Raine, Data Analyst Mortality Surveillance and Tony Roberts, Deputy Director (Clinical Effectiveness)	Responsible Director:	Dr Michael Stewart Chief Medical Officer
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report provides assurance on the overall quality of care, as measured by hospital mortality and other clinical effectiveness indicators, delivered by the organisation and is an extract of the report submitted to the Mortality and Morbidity Group in November 2023.		
Background	Overview of mortality within the Trust including relevant mortality indicators and coverage of the Medical Examiner service and Mortality Surveillance activity including lessons learned and feedback given.		
Assessment	159 deaths in October 2023 and 152 deaths in September 2023 – both average for the time of year. Rolling 12 month average mortality rate is 1.27 compared to 1.24 pre-pandemic. The Learning from Deaths dashboard shows that 2,009 of the 2,015 deaths that occurred between November 2022 and October 2023 were reviewed (99.7%). SHMI at 110 (July 2022 – Jun 2023) is As Expected 560 Mortality Surveillance Reviews were completed in 2022/23. A further 279 reviews have been completed since April 2023 and 192 by the Nurse Reviewer		
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 Board are asked to note the report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal risk 1 - Inability to provide safe, effective patient centred care that delivers the best patient experience and good clinical outcomes		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input type="checkbox"/>	
	Deliver care without boundaries in	Make best use of our	

	collaboration with our health and social care partners <input type="checkbox"/>	resources <input type="checkbox"/>
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>	

Learning From Deaths October 2023

1. PURPOSE OF REPORT

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

2. BACKGROUND

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

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

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

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

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

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

3. MORTALITY INDICATORS & LEARNING FROM DEATHS

3.1. **Mortality Indicators:** The dashboard includes the count of deaths from April 2009 to August 2023 (Fig 1). 159 deaths in October 2023 and 152 deaths in September 2023. The unadjusted mortality rate remains above pre-pandemic levels. Rolling 12- month average is 1.27 compared to 1.24 pre-pandemic.

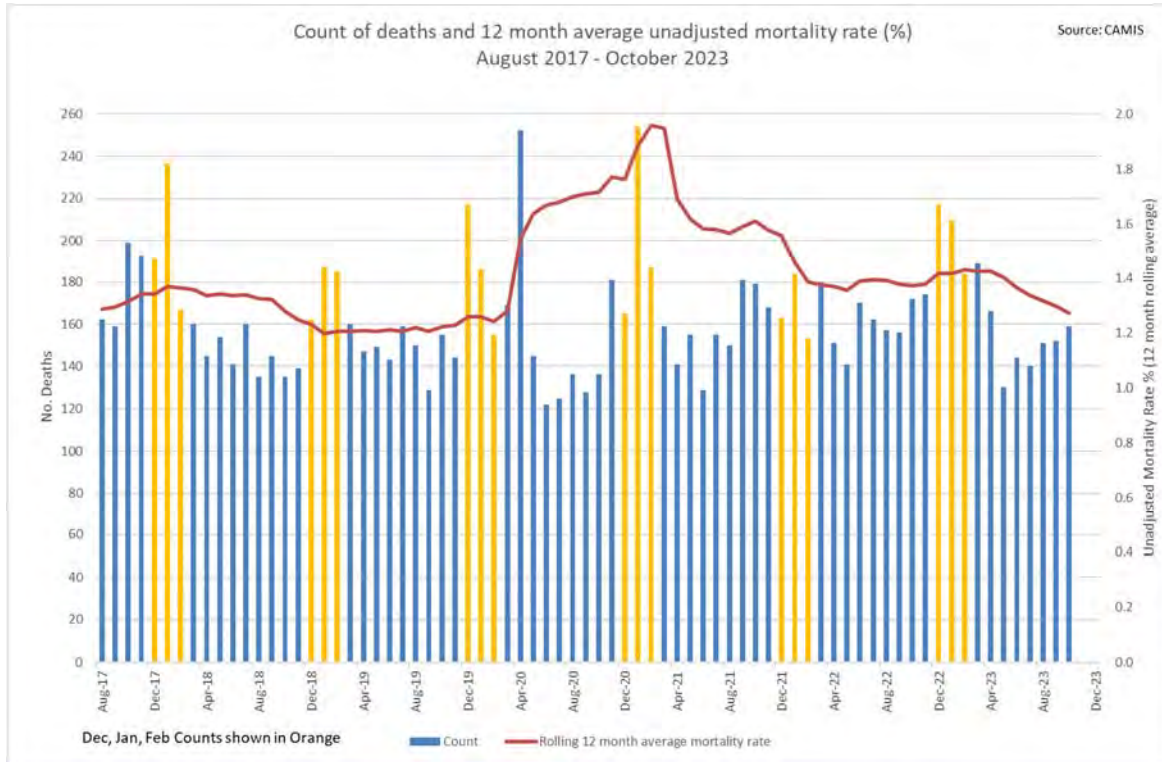
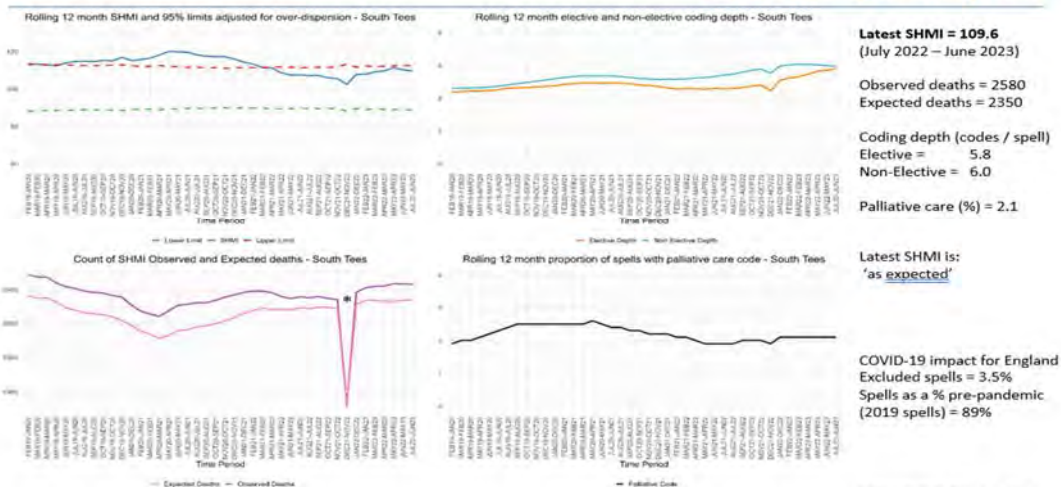


Fig 1. Count of deaths and Mortality Rate
Source: South Tees Hospitals NHS Foundation Trust

SHMI Trend Analysis – rolling 12 months (Feb 2019 – Jan 2020 to July 2022 – June 2023)



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

Data source: NHS Digital Monthly SHMI publication

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

- 3.2. **Summary Hospital-level Mortality Indicator, Comorbidity and Palliative Care Coding: (Fig 2)** includes all in-hospital deaths plus deaths within 30 days of discharge. It is published on a quarterly basis by NHS Digital and is an official government statistic. The SHMI is the ratio of observed mortality rate/expected mortality rate (based on a statistical estimate of expected mortality). Latest SHMI 110 (July 2022 – June 2023) – As Expected. NHS Digital are removing any spell containing a COVID-19 Confirmed or Suspected code. For the current period there is a total fall of 11% in the number of spells used to calculate SHMI. The comorbidity count matters because of its impact on the risk adjustment used in modelling mortality. Coding depth for elective spells is 5.8, for non-elective 6.0. 2.1% of spells had a palliative care code. Palliative care coding is provided as a key contextual indicator.
- 3.3. Work on producing statistics by **Collaborative Group** is currently being developed. 42.8% of deaths were in Medicine and Emergency Care Services and 12.5% in Growing the Friarage and Community Services: Friarage Medical Services (Fig 3).

Fig 3: Deaths in South Tees Hospitals NHS Foundation Trust by collaborative

Deaths in South Tees Hospitals NHS Foundation Trust: Oct 2022 - Sep 2023					
Collaborative	Survived	Died	Total	Unadjusted Mortality Rate	% all deaths
Cardiovascular Care services	6078	150	6228	2.4%	7.4%
Clinical Support Services	1040		1040	0.0%	0.0%
Digestive Diseases, Urology and General Surgery services	24653	196	24849	0.8%	9.7%
Head and Neck, Orthopaedic and Reconstructive services	20700	79	20779	0.4%	3.9%
James Cook Cancer Institute and Speciality Medicine services	21835	161	21996	0.7%	7.9%
Medicine and Emergency Care services	23327	869	24196	3.6%	42.8%
Neurosciences and Spinal Care Services	3926	40	3966	1.0%	2.0%
Perioperative and Critical Care Medicine Services	1458	199	1657	12.0%	9.8%
Women and Children services	28128	30	28158	0.1%	1.5%
Growing the Friarage and Community services: Community Services	28	7	35	20.0%	0.3%
Growing the Friarage and Community services: Primary Care Hospitals	624	47	671	7.0%	2.3%
Growing the Friarage and Community services: Friarage Medical Services	24379	253	24632	1.0%	12.5%
Grand Total	156176	2031	158207	1.3%	100.0%

- 3.4. **Medical Examiners:** In 2022/23, of the 2,392 deaths that occurred in hospital and in A&E or were very recent discharges from hospital and referred to the Medical Examiner (including 184 GP/Community deaths included in the Medical Examiner system since September 2021), 2,361 were reviewed by the Medical Examiner service – 98.7% of all such deaths. (Fig 5). Since April 2023 1,275 reviews were completed out of a total of 1,280 in-hospital, A&E or community deaths referred to the medical examiner service – 99.6% of all deaths.
- 3.4.1. Minor concerns were raised about 104 of the deaths and Major concerns raised about 28 deaths. 121 deaths were referred for second level review of which 80 have taken place.
- 3.4.2. Of the 203 deaths recommended for second level review in 2022/23, 131 have now been completed. The waiting list of

cases (currently 113 cases) needing review by Mortality Surveillance from this and the previous year are currently being addressed.

Fig 5: Medical Examiner Service Statistics

Medical Examiner Service Statistics: Month of Death	No. In-Hospital Deaths	A&E Deaths	Community Deaths	Other Deaths	ME Review	% Review	Rec'mend TMR	Received TMR	Specialty Review	Discussed with Coroner	Noted as Coroner Case
May 2018 - Mar 2019	1698	25		19		1432	82.2%	230	230	265	137
April 2019 - March 2020	1902	92		46		1822	89.3%	192	192	393	296
April 2020 - March 2021	1994	73		39		2041	96.9%	153	153	224	279
April 2021 - March 2022	1936	109	40	11		2034	97.0%	174	174	103	333
April 2022 - March 2023	2083	125	184	0		2361	98.7%	203	131	115	409
Medical Examiner Service Statistics: Month of Death Apr 2023 -Mar 2024	No. In-Hospital Deaths	A&E Deaths	Community Deaths	Other Deaths	ME Review	In hospital % Review	Rec'mend TMR	Received TMR	Specialty Review	Discussed with Coroner	Noted as Coroner Case
Apr-23	166	10	27	0	202	99.5%	16	16	11	27	31
May-23	130	8	30	0	166	98.8%	17	10	11	26	21
Jun-23	144	9	20	0	173	100.0%	17	8	7	18	29
Jul-23	140	10	24	0	174	100.0%	14	11	4	21	32
Aug-23	151	11	17	0	178	99.4%	24	20	9	16	34
Sep-23	152	5	30	0	187	100.0%	15	10	7	20	21
Oct-23	159	4	33	0	195	99.5%	18	5	13	18	28
	1042	57	181	0	1275	99.6%	121	80	62	146	196
	10655	481	405	115	10965	94.1%	1073	960	1162	1730	1650

3.5. Mortality Surveillance Reviews: The review team currently consists of four consultant reviewers. 560 reviews were completed in 2022/23 and 279 reviews completed since April 2023 with an additional 174 cases reviewed by our nurse reviewer. These were cases that had some indications of problems in care but did not definitively fall into the categories that automatically lead to second review. After review, 15 were referred back to the mortality surveillance team for second review. (Figs 6 & 7).

3.5.1. 68% of case reviews were judged to show good practice with no preventability. 20% showed room for improvement in care but with no preventability, 8% showed both preventability and room for improvement in care and 2% showed strong preventability and/or less than satisfactory care.

Fig 6 No. of Reviews Apr 2021 to date

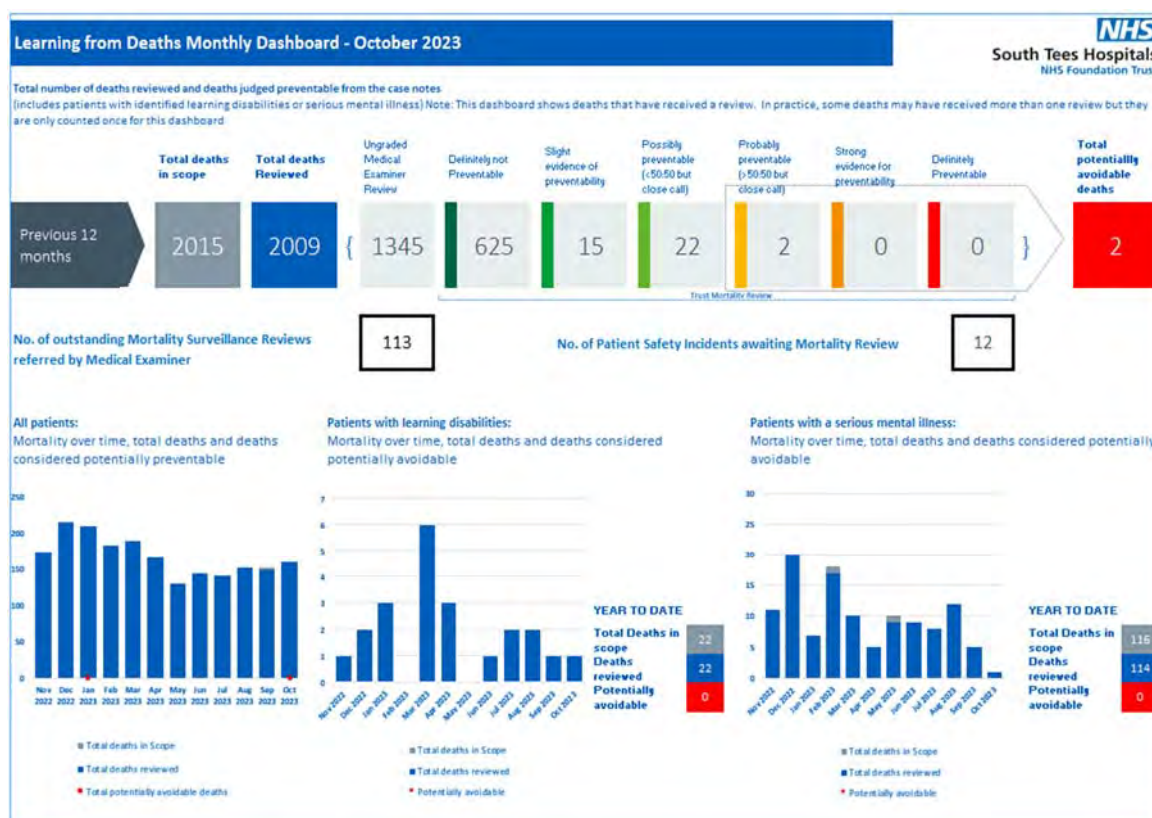


Fig 7 Preventability / Good Practice



3.5.2. 84% of deaths were Expected, 15% Unexpected. Care in 68% of cases was graded Good-Excellent. 14 cases were judged to have received poor care and one very poor care.

- 3.5.3. In the last month, 1 reviews mentioned lessons learned from good care, particularly around patient’s stated wishes being followed.
- 3.5.4. In the last month, 13 reviews mentioned lessons learned from issues in care including poor quality of clinical care, lack of senior input and advanced decision making, poor quality of documentation (lack of dates, times and signatures on documentation, unclear instructions, pathway documentation not completed), delays in tests being undertaken or reported on, deterioration missed, physiological observations not done to schedule, poor handover documentation.
- 3.5.5. The Nurse Reviewer has completed 174 reviews since April 2023. This role fulfils a dual purpose of screening the backlog and providing support to the reviewers from a nursing perspective and providing feedback and lessons learned to wards and clinical areas on key areas such as accurate completion of NG tube LOCSSIP and fluid balance charts.



3.6. The **Learning From Deaths Dashboard** reports the number of deaths, the number of Medical Examiner Reviews, the number of deaths with a Trust Level Mortality Review or investigation and the number of those deaths judged to show evidence of preventability. Numbers are reported separately for patients with learning disabilities and known serious mental health illnesses. For the year to end of October 2023 there were 2,015 deaths, of which 2,009 (99.7%)

received a review or investigation and 2 deaths were considered to be potentially avoidable. In the same period 100% of deaths in patients with a learning disability and 99% of cases where the patient had a pre-existing serious mental health condition were reviewed with no deaths considered potentially avoidable.

4. MORTALITY INDICATORS & LEARNING FROM DEATHS

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

- **End of Life Care.** Actions are coordinated through the End of Life Group, which receives information on EoLC themes and cases from ME scrutiny and mortality reviewers and the EoLC G reports through the governance structure to QAC. The DNACPR and other end of life documentation audit work continues as part of the Health Care Records Audit and audit of end-of-life care at the Friary hospital continues.
- **Documentation** in the medical records. This issue is addressed through the STACQ accreditation and Health Care Records Audit audits, although the longer-term solution is implementation of electronic patient records. Progress on this work is reported to the Miya Programme Board through Trust Committees to Board level. A communications campaign called “Documenting for great CARE” remains available on the Trust intranet ([Documenting for great CARE – South Tees Hospitals NHS Foundation Trust \(xstees.nhs.uk\)](https://xstees.nhs.uk)), highlighting the issue and with hints, tips, advice, and guidance to help clinicians ‘keep the chain going’. The campaign is shared through the Trust’s usual channels. This includes what good documentation looks like and how clinicians can support improvement in the clinical coding of the care they have delivered.
- **Coordination of care** between specialities. This is not easily identified in medical records as it relies on notes being made of conversations and telephone calls between colleagues. This will improve with implementation of Miya and is reported through the Miya Board. There have been recent discussions at the Miya Clinical Working Group on developments in this field.
- **Transfer of patients from other hospitals.** Information about patients prior to, and at the time of, referral is currently in the medical record, usually in a summary form (it currently relies heavily on the doctor accepting referral to make this summary). Newcastle upon Tyne Hospitals NHS FT have led procurement of a single electronic system for all Trusts in the North East & North Cumbria and Patient Pass (<https://www.patientpass.co.uk/>) has been chosen with completion of contracts in process currently. An implementation plan for cardiac, renal, vascular, orthopaedic and other specialty services will follow.

5. RECOMMENDATIONS

- The Board of Directors should note this report.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 FEBRUARY 2024			
Freedom to Speak Q3 2023 Update			AGENDA ITEM: 12 ENC 10
Report Author and Job Title:	<p>Rick Betts Freedom to Speak Up Guardian</p> <p>Ian Bennett Deputy Director of Quality & Safety and Lead Freedom to Speak up Guardian.</p>	Responsible Director:	Dr Hilary Lloyd Chief Nurse
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report provides an update on the work of the Freedom to Speak Up (FTSU) Guardians during Quarter 3 (October 1 st to December 31 st 2023)		
Background	<p>The Freedom to Speak Up Guardian role was created following recommendations from the Francis review of the Mid Staffordshire Hospitals and has also received greater focus and attention in recent months because of the pending Thurwell enquiry.</p> <p>Our FTSU model has now been in operation for 3 years.</p> <p>The Guardians team continue to encourage colleagues to speak up about concerns in the workplace with the aim of improving patient safety and staff experience.</p> <p>Themes arising from concerns raised are then shared and used to enhance learning and improvement within the organisation.</p>		
Assessment	<p>The number of concerns raised by colleagues to the FTSU Guardians in Q3 of 2023 was 27.</p> <p>Each concern can have multiple themes, with the top 5 themes identified from the 27 concerns raised during the quarter summarised below:</p> <p>Communication issues - 13 Leadership and Management – 11 Incivility & Culture – 9 Bullying & Harassment - 8 Systems & Processes 7</p> <p>The Guardians team works to improve Speaking Up culture throughout the organisation, raising awareness of FTSU and other routes by which colleagues can raise concerns.</p>		

	Maintaining strong links with Teesside University and the Regional and Guardians network including establishing links with our new Guardian colleague at North Tees.	
Level of Assurance	Level of Assurance: Significant <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>	
Recommendation	Members of the Board are asked to note the content of the paper.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal Risk 3 - Failure to engage and inspire our people by not attracting, developing, retaining and reforming our workforce	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>
	To create a Centre of Excellence, for all services, research, digitally supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>	

Freedom to Speak Up Q3 2023 Update

1. PURPOSE OF REPORT

The purpose of the report is to update the Board of Directors on progress made by the Freedom to Speak Up Guardians (FTSUG) since the submission of the previous report in September 2023.

The report provides an overview of the themes and issues raised in Q3 between October 1st and December 31st 2023.

2. BACKGROUND

Freedom to Speak Up Guardians were created following recommendations from the 2015 Francis Report, with the aims of helping to protect patient safety and quality of care, to improve the experience of workers and promote organisational learning and improvement. This role has also received greater focus and attention in recent months because of the pending Thurwell enquiry.

At South Tees we achieve this by supporting colleagues to speak up about concerns, remove barriers to speaking up and by ensuring issues raised are used as opportunities for feedback, learning and improvement.

Our current FTSU model has now been in place for over 3 years, with 3 part time guardians (2.0 WTE) covering the organisation. We have recently completed a recruitment process which will see the team return to its full complement, with 2 new Guardians joining the team in the coming months and our Lead Guardian having also returned to the Trust following his secondment.

3. DETAILS

Assessment of concerns

During Q3, 27 new concerns were received as set out below in Table 1.

Table 1

Concerns Raised during the last 12 months – Per Quarter					
	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Year to date
Open	14 (42.42%)	6 (21.42%)	8 (28.57%)	9 (33.33%)	37 (31.89%)
Confidential	11 (33.33%)	15 (53.57%)	9 (32.14%)	13 (48.14%)	48 (41.37%)
Anonymous	8 (24.24%)	7 (25%)	11 (39.28%)	5 (18.51%)	31 (26.72%)
Total	33	28	28	27	116

The 2022 Speaking Up Report from the National Guardians Office (NGO) shows trends and themes around speaking up across all organisations. The 2022-2023 figures show that the average number of cases raised with Guardians per quarter in large sized organisations (more than 10,000 staff) was an average of 38.28. Therefore the 27 concerns raised in our trust during the quarter is below the national average for an organisation of our size.

Year to date figures in **Table 1** show that of 116 concerns raised, 73.26% of staff are speaking up confidentially or openly with 26.74% speaking up anonymously.

The overall reporting figure shows an increase of 28.88% on the corresponding period last year which saw 90 concerns raised over the same 12-month period. This shows an increasing awareness and confidence in the model.

The Trust picture shows a slight year-to-date decline in how colleagues are reporting concerns, preferring to use confidential and open routes. This is a reduction of 2.5%, with 73.26% of staff using these routes, compared to 75.75% of staff who used the open or confidential route in the previous year. For context the national average has also seen a decline of over 4% in those wishing to report concerns openly or confidentially.

There has been a marked improvement (a reduction) in Q3, in comparison to Q1 and Q2 for anonymous reporting. This was up from a low of 24.24% at the end of Q4 of 2022 to a high of 39.28% in Quarter 2 of 2023. Q3 has shown a vast improvement in anonymous reporting, down to 18.51%. This is the lowest figure of anonymous concerns reported during the last three years since the revised FTSU model was introduced. Nationally the figure for anonymous reporting of concerns is constant at around 13%.

Themes

The themes from all the concerns raised in Q3 of 2023 are detailed in Table 2 below. Concerns have multiple themes related to them and therefore do not match the number of concerns raised in the quarter.

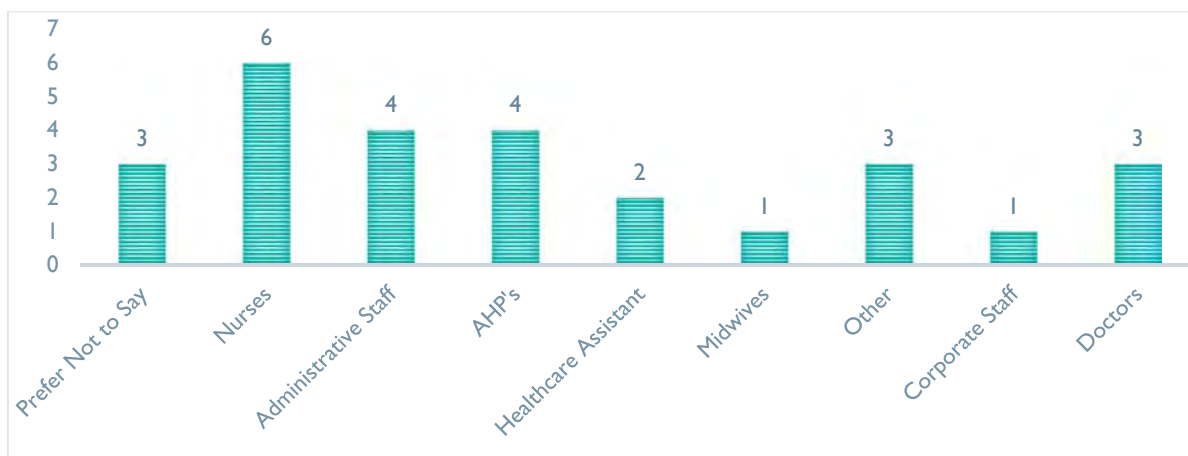
Table 2

Themes	Q3
Communication Issues	13
Leadership and Management	11
Incivility/Culture	9
Bullying / Harassment	8
Systems & Processes	7
Patient safety	4
Staffing/Workload	4
Equality, Diversity & Inclusion	4
Staff Training/Supervision	3
Favouritism/Nepotism	3
HR Systems & Processes	2
Confidentiality IG	2
LGBTQ+	1
Racism	1

Staff Groups

Chart 1 below shows the staff groups who have raised concerns in Q3.

Chart 1.



Professional Level

Table 3 shows the professional levels of all staff who have spoken up in Q3.

Table 3

Professional level	Q1/Q2/Q3
Worker 2-6	18
Manager 6-8d	4
Senior Leader/Consultant	1
Do not wish to disclose	4

Table 4

Table 4 shows the equality and diversity of all staff who have spoken up in Q3.

Q3 EDI Information			
Male	6	Female	21
No of Concern Raisers who disclosed a disability	12	No of staff who raised concerns related directly to their disability	14
Ethnic Origin of Concern Raisers		No of concerns raised related to ethnicity?	1
White	6		
Asian	0		
Mixed	1		
Black	1		
Not Stated	9		
Prefer not to say	2		
Sexuality of Concern Raiser		No of concerns related to LGBTQ+ Issues	1
Heterosexual	4		
Gay	0		
Bisexual	1		
Prefer not to say	4		

Key Performance Indicators

Timeframes for managing concerns have now been included in the FTSU metrics and measures including:

- The length of time from opening to closure new concerns (<7days, <30 days, <90 days)
- The time taken to appoint an investigator from initial contact.

Of the 27 concerns raised in Q3, 20 were appointed to an investigator with 48 hours, 7 within 72 hours and 1 taking over 96 hours due to leave commitments.

Table 5

Concerns raised during reporting period	Concerns Closed	Average No of Days Open	Concerns Open from current period	Total Open Concerns
27	16	9	8	11 + 1 = 12

Of the 27 cases received during the quarter, 12 remain open, and 16 have been closed. Of these 12 were closed within 7 days, 4 within 30 days. The median time for new concerns to be open is 11 days.

1 longstanding case has been open for over 1000 days and is multi stranded and complex.

Learning and Improvement

As a result of colleagues speaking up some of the lessons highlighted include:

- The importance of investigations being objective and carried out to a high standard and in a timely manner,
- The importance of investigator feedback to the Guardians upon completion of investigations
- The understanding of the FTSU process for investigators needs improvement.
- The importance of compassionate leadership and management styles when staff raise concerns and managers understanding concerns raised are to be used as a tool for learning rather than criticism.

Integrated Care Board

In November we were asked by our colleagues at the ICB to provide evidence for their regional audit of current FTSU procedures in the wake of the Lucy Letby Investigation, also known as the Thurwell Inquiry.

Each trust in the region was asked to undertake and submit to the ICB an audit of two retrospective cases to ensure that correct FTSU processes had been followed. This work was completed by our team in December and full results of the audit will be shared by the ICB to boards in due course.

Freedom to Speak Up Mandatory Training & ICB

In line with the Thurwell inquiry and following Septembers NENC ICB Board meeting it was agreed that a baseline assessment be carried out with regards to National Guidance with regards to FTSU arrangements locally. The ICB FTSU Guardian visited the Trust on behalf of the ICB in December to carry this out.

The ICB Chief Nurse and ICB FTSU lead asked that all Directors in the ICB complete all three elements of FTSU training and that all provider organisations follow their lead by encouraging all staff to complete the relevant elements of Freedom to Speak Up Training: Speak Up, Listen Up and Follow Up. At this time, the Trust is not fully compliant with this and is taking action to get this approved by the newly established M&S training group and on to ESR, prior to it being rolled out across the Trust.

All modules of the Freedom to Speak Up training are available via e-learning and have been developed for all staff, middle managers and senior leaders including executive and non-executive directors, lay members and governors.

Awareness Raising Across the Trust

The team will continue to focus awareness raising activities across all groups of staff and satellite sites across the South Tees family.

During Freedom to Speak Up Month in October the team visited numerous wards and departments as well as directorate and sisters' meetings. The team also visited our Military Colleagues at Catterick Garrison to promote Freedom to Speak Up and listen to Feedback from colleagues on their experiences, which was shared with senior management.

We are working closely with the Education and Practice Development Team, delivering sessions to Trust Inductions, Internationally Educated Nurse intakes and are actively involved in the Junior Doctors and Health Care Assistant training programmes.

Along with our colleague from North Tees and Military staff, our Guardians continue to attend sessions at Teesside University, presenting to Nursing and AHPs students.

Recommendations

Members of the Board of Directors are asked to note the content of the paper.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 FEBRUARY 2024			
NHS Blood and Transplant Actual and Potential Deceased Organ Donation Report 1 April 2023- 30 September 2023		AGENDA ITEM: 14 ENC 11	
Report Author and Job Title:	Dr Steven Williams MBChB (Hons) FRCA FFICM DICM PGCert (Patient Safety) Consultant in Anaesthesia and Critical Care Medicine GMC 4299387 Clinical Lead Organ Donation	Responsible Director:	Dr Steven Williams MBChB (Hons) FRCA FFICM DICM PGCert (Patient Safety) Consultant in Anaesthesia and Critical Care Medicine GMC 4299387 Clinical Lead Organ Donation Presented by Rachel Eason Specialist Nurse Organ Donation
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	The attached report sets out the actual and potential deceased Organ Donation for the Trust		
Background	<p>The number of donors and transplants in the UK have continued to improve and we have returned to pre-pandemic levels.</p> <p>In North East, 41% of the population have registered an ODR opt in decision. This compares to 43% of the population nationally.</p> <p>The attached reports and supplementary reports circulated with the Board papers sets out the work of the Trust over the last six months</p>		
Assessment	<p>South Tees referred 81 patients to NHSBT's Organ Donation Services Team; 33 met the referral criteria and were included in the UK Potential Donor Audit. There was a further 1 audited patient that was not referred.</p> <p>In the first six months of 2023/24, from 8 consented donors the Trust facilitated 7 actual solid organ donors resulting in 16 patients receiving a life-saving or life-changing transplant. Data obtained from the UK Transplant Registry. In addition to the 7 proceeding donors there was one consented donor that did not proceed.</p> <p>A SNOD was present for 10 organ donation discussions with families during the first six months of 2023/24. There was 1 occasion where a SNOD was not present. When compared with UK performance, the Trust was average (bronze) for SNOD presence when approaching families to discuss organ donation.</p>		

Level of Assurance	Level of Assurance: Significant <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>	
Recommendation	Members of the Trust Board are asked to note this report for information.	
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	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input type="checkbox"/>
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>	

November 2023

Dear Ms Page and Dr Stewart,

The number of donors and transplants in the UK have continued to improve and we have returned to pre-pandemic levels. Please accept our recognition and thanks for the effort of your staff.

This letter explains how your Trust contributed to the UKs deceased donation programme.

Organ and tissue donation and transplantation activity - Apr-Sep 2023

From 8 consented donors, South Tees Hospitals NHS Foundation Trust facilitated 7 actual solid organ donors resulting in 16 patients receiving a transplant during the time period. Additionally, 8 corneas were received by NHSBT Eye Banks from your Trust.

Quality of care in organ donation - Apr-Sep 2023

When compared with national data, during the time period your Trust was:

- In line with the national average for the referral of potential organ donors
- In line with the national average for Specialist Nurse presence when approaching families to discuss organ donation
- Your Trust referred 81 patients to NHSBT's Organ Donation Services Team; 33 met the referral criteria and were included in the UK Potential Donor Audit. There was a further 1 audited patient that was not referred.
- A Specialist Nurse was present for 10 organ donation discussions with families of eligible donors. There was 1 occasion when a Specialist Nurse was absent for the donation discussion.
- In North East, 41% of the population have registered an NHSBT Organ Donor Register (ODR) opt in decision. This compares to 43% of the population nationally.

Up to date Trust metrics are always available via our Power BI reports found here:

<https://www.odt.nhs.uk/statistics-and-reports/potential-donor-audit-report/>.

What we would like you to do

- Ensure your Trust supports your Organ Donation Committee and Clinical Lead for Organ Donation in promoting best practice as they seek to minimise missed donation opportunities.
- Discuss activity and quality data at the Board with support from your Organ Donation Committee Chair.
- Recognise any successes your Trust has had in facilitating donation or transplantation, especially during the ongoing NHS pressures.
- An opt-in registration on the NHSBT Organ Donor Register results in the highest rates of consent/authorisation, please support your Organ Donation Committee in their efforts to promote the NHSBT Organ Donor Register where possible.

Deemed Consent Legislation - England

England introduced deemed consent in May 2020. In England between 20 May 2020 – 30 September 2023 there were 1579 occasions when consent was deemed from 2729 occasions where deemed consent applied.

Why it matters

In the first six months of 2023/24, 64 people benefited from a solid organ transplant in the North East. However sadly, 9 people died on the transplant waiting list during this time.

Thank you once again for your vital ongoing support for donation and transplantation.

Yours sincerely,



Anthony Clarkson
Director of Organ and Tissue Donation and Transplantation
NHS Blood and Transplant



MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 FEBRUARY 2024			
Finance Report			Agenda Item 15 ENC 12
Report Author and Job Title:	Chris Dargue Deputy Chief Finance Officer	Responsible Director:	Chris Hand Chief Finance Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report outlines the Trust's financial performance as at Month 9 of 2023/24.		
Background	<p>The national annual planning timetable for 2023/24 was extended, with further submissions required on 4 May 2023. The Trust's plan for the 2023/24 financial year is now a deficit of £31.8m, reflecting the organisation's structural deficit (eg: The James Cook University Hospital PFI scheme) and inflationary pressures.</p> <p>As part of the system-based approach to planning and delivery, the Trust's plan forms part of the NENC ICB system plan for 2023/24. The NENC ICB is currently planning on the basis of a net deficit of £49.9m for 2023/24.</p> <p>The Month 9 position includes additional funding announced in November 2023 relating to Industrial Action that took place between April and November 2023. In line with NHSE guidance the month 9 position has applied IFRS16 to the Trust's PFI liabilities.</p>		
Assessment	At Month 9 the reported position is a deficit of £23.5m at a system control-total level, which is in line with the year-to-date plan.		
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 Board are asked to note the financial position for Month 9 2023/24.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report supports mitigation of BAF risk 6 (Failure to achieve financial objectives and responsibilities).		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience <input type="checkbox"/>	A great place to work <input type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported		

	healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>	
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Month 9 2023/24 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Board on the Trust's financial performance as at Month 9 of 2023/24.

2. BACKGROUND

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

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

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

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

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

As per NHSE guidance the Month 9 position includes the funding relating to the Industrial Action which was announced on the 8th of November 2023 and the impact on PFI liabilities of the adoption of IFRS 16.

3. DETAILS

Trust Position Month 9 2023/24

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

NHSE have enabled trusts to alter plans for material changes in income and expenditure since the submission in May, however planned profiles and adjusted financial performance surplus/deficits must remain unchanged. Therefore, to minimise variances in income and expenditure the table below reflects the additional expected income and expenditure for the 2023/24 Agenda for Change (AFC) pay award and the Medical Staff pay award.

The Month 9 position against the NHSE plan and current operational budget is outlined in the table below:

STATEMENT OF COMPREHENSIVE INCOME	YTD NHSE Plan £000	YTD Operational Plan £000	YTD Actual £000	YTD Variance £000
Operating income from patient care activities	598,525	616,187	617,059	872
Other operating income	36,409	38,759	40,509	1,750
Employee expenses	(380,879)	(398,303)	(399,875)	(1,572)
Operating expenses excluding employee expenses	(260,424)	(268,941)	(269,745)	(804)
OPERATING SURPLUS/(DEFICIT)	(6,369)	(12,298)	(12,052)	246
FINANCE COSTS				
Finance income	774	2,374	2,454	80
Finance expense	(14,472)	(14,472)	(22,720)	(8,248)
PDC dividends payable/refundable	(4,329)	0	0	0
NET FINANCE COSTS	(18,027)	(12,098)	(20,266)	(8,168)
Other gains/(losses) including disposal of assets	0	0	55	55
Corporation tax expense	0	0	0	0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(24,396)	(24,396)	(32,263)	(7,867)
Add back all I&E impairments/(reversals)	0	0	0	0
Remove capital donations/grants/peppercorn lease I&E impact	887	887	88	(799)
Remove net impact of consumables donated from other DHSC bodies	0	0	0	0
Remove actual IFRIC 12 scheme finance costs	0	0	21,973	21,973
Add back forecast IFRIC 12 interest on an IAS 17 basis	0	0	(5,201)	(5,201)
Add back forecast IFRIC 12 contingent rent on an IAS 17 basis	0	0	(8,102)	(8,102)
Adjusted financial performance surplus/(deficit)	(23,509)	(23,509)	(23,506)	3
Less gains on disposal of assets	0	0	0	0
Adjusted financial performance for the purposes of system achievement	(23,509)	(23,509)	(23,506)	3

At the end of Month 9 2023/24, the cumulative system performance deficit was £23.5m, which is in line with the year-to-date plan.

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

The Month 9 position includes additional funding announced in November 2023 relating to Industrial Action that took place between April and November 2023. The position also includes an estimate of the expected income received from the Elective Recovery Fund (ERF) due to the additional activity the Trust has undertaken above the agreed plan.

The Month 9 position also includes the year-to-date restatement Trust's PFI liabilities following the application of IFRS16 in line with NHSE guidance. From Month 9, the NHSE system performance control total calculation has been revised to adjust for the non-cash impact from IFRS 16 on PFI finance costs and interest payments.

Operating Income from Patient Care Activities

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

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

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

INCOME FOR PATIENT CARE ACTIVITIES	Operational Plan £000	Actual £000	New Variance £000
NHS England	194,287	194,379	92
ICB/Clinical commissioning groups	419,884	420,588	704
Non-NHS: private patients	753	970	217
Non-NHS: overseas patients (non-reciprocal, chargeable to p	153	109	(44)
Injury cost recovery scheme	1,071	974	(97)
Non-NHS: other	39	39	0
TOTAL INCOME FOR PATIENT CARE ACTIVITIES	616,187	617,059	872

Operating income from Patient Care Activities was £617.1m for Month 9 and was £0.9m ahead of plan. The operational plan has been adjusted for high-cost drugs and devices that are funded on a pass-through basis.

The NHS England position is £0.1m ahead of plan. ICB/CCG income is ahead of plan by £0.7m and relates additional contract variations. The Month 9 position assumes £6.1m income relating to ERF over performance using nationally calculated data for the first 6 months of 2023/24, with £2.1m relating to NENC ICB activity, £1.9m for HNY ICB activity and £2.0m for NHSE activity.

Private Patient income remains ahead of plan by £0.2m and RTA income is slightly behind plan by £0.1m.

Other Operating Income

Other Income received up to Month 9 totalled £40.5m and was ahead of plan by £1.8m and includes all non-direct patient care income.

OTHER OPERATING INCOME	Operational Plan £000	Actual £000	New Variance £000
Research & Development	4,254	4,890	636
Education and Training	19,448	20,010	562
Non Patient Care Income	1,791	2,026	235
Reimbursement & Top-Up funding	0	0	0
Employee benefits accounted on a gross basis	3,474	3,711	237
Other	9,792	9,872	80
TOTAL OTHER OPERATING INCOME	38,759	40,509	1,750

Research & Development income is ahead of plan by £0.7m year-to-date and can be offset by the expenditure position. Training and Education income is ahead of plan by £0.6m year-to-date, which is also offset within the expenditure position.

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

Employee Expenses (Pay)

The Trust's total expenditure on pay for Month 9 of 2023/24 was £399.9m and was overspent by £1.6m; a breakdown is included in the table below.

PAY	Operational Plan £000	Actual £000	New Variance £000
Ahp'S, Sci., Ther. & Tech.	(57,681)	(56,702)	979
Hca'S & Support Staff	(47,743)	(47,667)	76
Medical And Dental	(117,666)	(118,552)	(886)
Nhs Infrastructure Support	(58,142)	(58,749)	(607)
Nursing & Midwife Staff	(115,676)	(116,319)	(643)
Other Pay Costs	(1,395)	(1,886)	(491)
TOTAL PAY	(398,303)	(399,875)	(1,572)

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

Overspends are apparent in most pay categories, particularly Medical & Dental, NHS infrastructure support staff, and Nursing & Midwife staff. The position includes actual costs of the industrial action relating to the first 8 months of the financial year and an estimate of the costs relating to Month 9.

Agency spend is included within the reported pay expenditure position and totalled £5.1m to the end of Month 9. Overall agency expenditure is broadly in line with the plan, which assumed a further reduction of £400k / 5.5% in agency spend from 2022/23 levels.

Operating Expenses excluding Employee Expenses (Non-Pay)

The Trust's total expenditure on operating non-pay for Month 9 of 2023/24 was £269.7m and a breakdown is included in the table below:

NON PAY	Operational Plan £000	Actual £000	New Variance £000
Purchase of Healthcare	(11,403)	(11,321)	82
Clinical Supplies & Services	(82,658)	(83,047)	(389)
Drugs	(70,765)	(71,121)	(356)
External Staff & Consultancy	(759)	(177)	582
Establishment	(11,578)	(11,358)	220
Premises & Fixed Plant	(21,465)	(21,657)	(192)
Transport	(3,753)	(3,688)	65
Depreciation & Amortisation	(19,771)	(19,354)	417
Research	(1,917)	(2,461)	(544)
Training & Education	(1,377)	(1,823)	(446)
PFI Unitary Payment	(27,719)	(27,741)	(22)
Other	(2,965)	(3,186)	(221)
Clinical Negligence	(12,811)	(12,811)	0
TOTAL NON PAY	(268,941)	(269,745)	(804)

The non-pay year-to-date position is overspent by £0.8m overall.

Expenditure on Clinical Supplies is £0.4m overspent and Drug expenditure is overspent by £0.4m year-to-date. Research expenditure is overspent by £0.5m and Training & education costs are overspent by £0.4m year-to-date, but are both offset within the income position. Depreciation has been reforecast at Month 9 and is expected to increase to planned levels in the last quarter of the year.

Financing Costs

Net finance costs are over-spent by £8.2m year-to-date, which relates to the application of IFRS 16 to the Trusts PFI liabilities. However, from Month 9, NHSE have amended the system performance control total calculation to remove the non-cash impact from IFRS 16 on PFI finance costs and interest payments.

Interest receivable is above plan by £0.1m (reflecting higher cash balances and increased interest rates from the Government Banking Service (GBS) Account). It is anticipated that these returns will fall through the remainder of the year as the Trust's liquidity reduces in line with plan.

Following the application of IFRS 16 to the Trusts PFI liabilities and the improved liquidity position, the PDC dividend cost in the year-to-date position and forecast are reduced to nil. This PDC dividend reduction benefit has been retained in the reported position and offsets the additional financial impact from the further strike action that took place during Month 9.

Cost Improvement Programme (CIP)

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

Total delivery against the year-to-date plan stands at £27.7m (99.7%) at Month 9, as shown in the table below:

	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000
Recurrent			
Pay - Recurrent	10,086	5,875	(4,211)
Non-pay - Recurrent	8,152	10,961	2,809
Income - Recurrent	815	675	(140)
Total recurrent efficiencies	19,053	17,511	(1,542)
Non recurrent			
Pay - Non-recurrent	4,866	5,121	255
Non-pay - Non-recurrent	3,636	2,281	(1,355)
Income - Non-recurrent	168	2,737	2,569
Total non-recurrent efficiencies	8,670	10,139	1,469
Total Efficiencies	27,723	27,650	(73)

Capital

The Trust's gross capital expenditure plan for the 2023/24 financial year now totals £51.5m.

The Trust's ICS Capital Departmental Expenditure Limit (CDEL) for 2023/24 amounts to £11.3m. Additional allocations have been provided to each ICS for the CDEL impact of IFRS 16 lease assets, which is being managed at a regional level. The Trust's capital programme also includes external PDC funding for the Friarage Theatre development (£14.3m), Urgent Treatment Centre (£10.0m) and Electronic Patient

Record support (£0.7m). The plan also includes expected PFI lifecycle costs of £13.7m.

The Trust's capital expenditure at the end of Month 9 amounted to £31.3m as detailed below:

	Year to Date £000			Forecast £000		
	Plan	Actual	Variance	Plan	Actual	Variance
Estates	3,816	3,108	(708)	7,407	8,364	957
Equipment	1,700	1,544	(156)	2,800	1,955	(845)
IT	600	1,650	1,050	1,700	1,700	0
Sub Total ICS Allocation including IFRS16	6,116	6,302	186	11,907	12,019	112
PDC Funded schemes:						
FHN Theatres	10,079	8,226	(1,853)	14,362	14,362	0
Digital	350	667	317	667	667	0
UTC	0	5,109	5,109	0	10,008	10,008
Digital Screening	0	0	0	0	17	17
Charitable Funded schemes:						
Cardiovascular investment	0	710	710	0	710	710
Sub Total PDC and Charitable Funded schemes	10,429	14,712	4,283	15,029	25,764	10,735
PFI Lifecycle	10,262	10,262	0	13,683	13,683	0
Total Gross Capital Expenditure	26,807	31,276	4,469	40,619	51,466	10,847

Liquidity

The cash balance as at the 31st December amounted to £16.7m.

The strong year to date position on liquidity has helped support the Trust's performance against the 95% Better Payment Practice Code and the position for the period to date is shown below:

	YTD Number	YTD £000
Total bills paid in the year	73,815	481,221
Total bills paid within target	71,838	457,187
Percentage of bills paid within target	97.3%	95.0%

Statement of Financial Position (SOFP)

The following table shows the SOFP as at 31st December and the movement in Month 9

	30 November 2023	31 December 2023	Movement between months
	£000	£000	£000
Property, Plant and Equipment	345,232	345,724	492
Long Term Receivables	1,156	1,022	(134)
Total Non-Current Assets	346,388	346,746	358
Current Assets			
Inventories	16,145	14,919	(1,226)
Trade and other receivables (invoices outstanding)	10,030	10,224	194
Trade and other receivables (accruals)	28,301	31,333	3,032
Prepayments including Pfi	11,711	22,080	10,369
Cash	38,004	16,678	(21,326)
Total Current Assets	104,191	95,234	(8,957)
Current and Non-Current Liabilities			
Borrowings	(184,351)	(278,466)	(94,115)
Trade and Other Payables	(164,757)	(153,277)	11,480
Provisions	(2,608)	(2,574)	34
Total Current and Non-Current Liabilities	(351,716)	(434,317)	(82,601)
Net Assets	98,863	7,663	(91,200)
Equity:			
Income and Expenditure Reserve	(352,282)	(446,405)	(94,123)
Revaluation Reserve	33,138	33,138	0
Public Dividend Capital	391,531	394,454	2,923
Other Reserves	26,476	26,476	0
Total Equity	98,863	7,663	(91,200)

4. RECOMMENDATIONS

Members of the Board are asked to:

- Note the financial position for Month 9 2023/24.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 FEBRUARY 2024			
PEOPLE PLAN 2023-25			AGENDA ITEM: 16 ENC 13
Report Author and Job Title:	Rachael Metcalf Director of HR	Responsible Director:	Rachael Metcalf Director of HR
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/>		
Situation	This is our second People Plan, which sets out our approach to developing, strengthening and retaining our workforce over the next two years, 2023 to 2025.		
Background	<p>In our first People Plan, we communicated that we wanted our colleagues to feel valued, equipped and empowered to provide the best possible experience and outcome for patients. That has not changed, and we firmly believe that our colleagues are at the heart of everything we do.</p> <p>This People Plan demonstrates how we can build upon the fantastic results we have already achieved to continue our improvement journey and remains critical in further developing our culture and underpinning our values in all that we do.</p>		
Assessment	<p>Our People Plan identifies the themes that will continue to bring out the very best in one another and to make the culture of South Tees Hospitals one that is compassionate and inclusive, whilst addressing our workforce challenges.</p> <p>Our aim to make South Tees the best place to work remains and we still want to be the employer of choice for both existing and potential new colleagues in all areas of the Trust.</p> <p>This will be achieved through five key strategic enablers which will support our aim:</p> <ul style="list-style-type: none"> • Growing our Workforce for the Future • Improving learning and leadership Culture • Embedding Equality, Diversity and Inclusion • Engagement and Belonging • Improving Health and Wellbeing 		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Trust Board are asked to ratify the People Plan 2023-25 as formally received into People Committee in October 2023.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal Risk 3 - Failure to engage and inspire our people by not attracting, developing, retaining and reforming our workforce		

<p>Legal and Equality and Diversity implications</p>	<p>Positive action has been undertaken across a range of protective characteristics to ensure we have an inclusive People Plan.</p>	
<p>Strategic Objectives</p>	<p>Best for safe, clinically effective care and experience <input 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 type="checkbox"/></p>	<p>Make best use of our resources <input 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 type="checkbox"/></p>	



South Tees Hospitals
NHS Foundation Trust

Our People Plan

2023 - 2025

Safety and Quality First 



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South Tees NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust is the largest hospital trust in the Tees Valley serving the people of Middlesbrough, Redcar and Cleveland, Hambleton and Richmondshire and beyond.

Our Trust is responsible for services at The James Cook University Hospital in Middlesbrough and the Friarage Hospital in Northallerton as well as community services in Hambleton and Richmondshire, Middlesbrough and Redcar and Cleveland.

We have a workforce of over 10,000 providing a range of specialist regional services to 1.5 million people in the Tees Valley and parts of Durham, North Yorkshire and Cumbria, with a particular expertise in heart disease, trauma, neurosciences, neonatology, renal services, cancer services and spinal injuries.

In May 2023, South Tees Hospitals NHS Foundation Trust became the first acute hospital trust in England since 2020, to achieve a rating improvement to 'Good' from the Care Quality Commission (CQC) for the care delivered to patients and service users.

In an endorsement of the trust's improvement journey since its last full inspection in 2019, The CQC also ranked leadership at the Trust as 'good'.

Over the last three years, our experienced clinicians have laid the foundations of a trust where safety and quality are put first, where colleagues feel empowered to make improvements for their patients and service users, where limited funding is used to invest in the things that experienced clinicians agree will make the biggest difference for the people we serve, and where influence to make positive changes beyond hospital walls is being exercised.

Over the last number of months, South Tees Hospitals has been working in collaboration with North Tees and Hartlepool Foundation Trust, to identify how we can work in partnership to improve patient care and the patient experience across the regions we jointly serve.

OUR MISSION, VISION, VALUES AND BEHAVIOURS



OUR MISSION

Safety and quality first

As a clinically-led organisation, the safety and wellbeing of our patients and staff, underpinned by the quality of the care we provide, is at the heart of our mission. It is what matters most to people who use our services. Alongside our influence on wider determinants of health, this is our core organising principle.



OUR VISION

Empowering our Clinicians

We will continue to empower our clinicians to take the decisions about how we manage our resources and deliver safe, quality care across our hospitals and services for children, adults, families and our communities. In doing so, we will deliver the highest standards of patient-centred healthcare to communities in the North East of England, North Yorkshire and beyond.

OUR VALUES AND BEHAVIOURS

THE SOUTH TEES WAY



Respectful

I listen to others without judgement. I promote equality and diversity and treat others as I wish to be treated. By holding myself and others to account I demonstrate my professionalism and integrity to my colleagues.



Supportive

I acknowledge the contribution of my colleagues. I support my colleagues and our trainees to develop themselves in order to deliver the best possible care to our patients and families. Being part of a team requires me to be honest, available and ready to help others and myself.



Caring

I show kindness and empathy to others through the delivery of individual and high quality care to our patients, families and my colleagues.

Welcome

Welcome to our second People Plan, which sets out our approach to developing, strengthening and retaining our workforce over the next two years, 2023 to 2025.

In our first People Plan, we communicated that we wanted our colleagues to feel valued, equipped and empowered to provide the best possible experience and outcome for patients. That has not changed, and we firmly believe that our colleagues are at the heart of everything we do. You are key to continuing to provide great care for patients and making South Tees a great place to work.

The Trust has been ranked in the top two most improved hospital trusts in the country for two out of the last three years in the national NHS Staff Survey.

In the NHS Staff Survey from 2019 to 2022, the trust has seen the largest increase of any acute hospital trust in England for the number of staff who say patient / service users care is the organisation's number one priority (+14%), and the number of staff who would recommend the organisation as a place to work (+11%).

This People Plan demonstrates how we can build upon the fantastic results we have already achieved to continue our improvement journey and remains critical in further developing our culture and underpinning our values in all that we do. The development of various networks have flourished and now include more members than ever before.

The Trust has seen a significant increase in the number of colleagues reporting they think that the organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas etc.) - 67.8% in 2022 and 65.7% in 2021. This demonstrates that colleagues across the trust have also continued to embed and demonstrate our values and behaviours.

Our People Plan reflects the engagement and actions that are specific for South Tees Hospitals, but it is closely aligned with the NHS People Promise and reflects the promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.



Prof Derek Bell OBE
Joint Chair



Sue Page CBE
Chief Executive



Rachael Metcalf
Director of HR

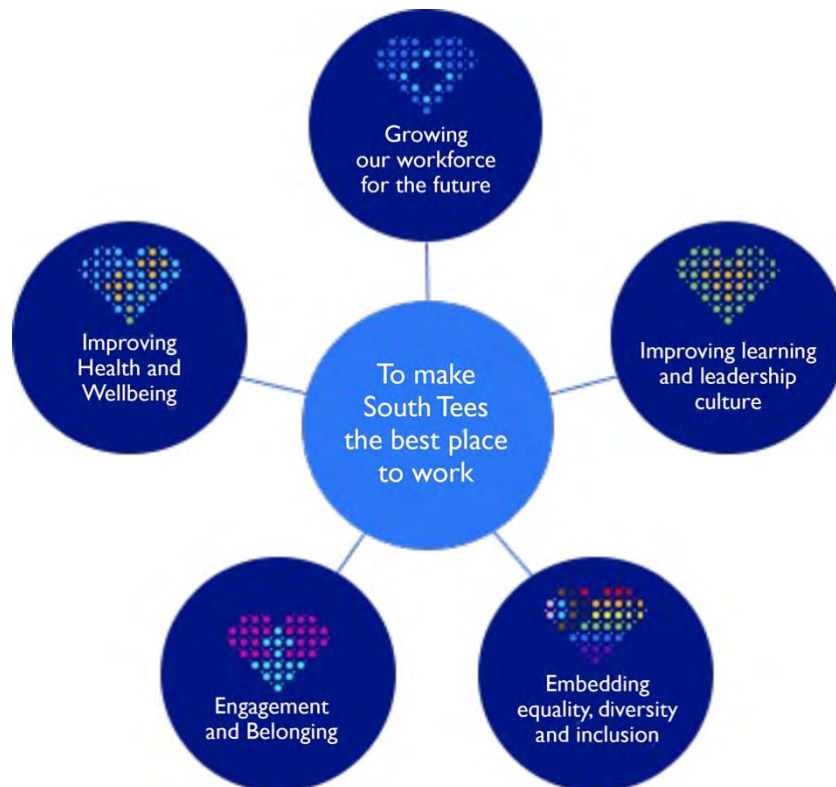
The aim of the People Plan

“To make South Tees the best place to work”

Our People Plan identifies the themes that will continue to bring out the very best in one another and to make the culture of South Tees Hospitals one that is compassionate and inclusive, whilst addressing our workforce challenges.

Our aim to make South Tees the best place to work remains and we still want to be the employer of choice for both existing and potential new colleagues in all areas of the Trust.

This will be achieved through five key strategic enablers which will support our aim:



The NHS People Promise sets out seven themes which have come from the staff who work in the NHS and identifies what it is that matters to them. These themes are incorporated into our South Tees People Plan, listening to colleague in our Trust and identifying what is important to us.



Our People

We have an exceptionally committed and dedicated workforce with more than 50% of our colleagues having at least 5 years' service, (and 35% stretching beyond 10 years).

Our workforce is sizeable, with almost 10,000 staff, the vast majority of which are female (81%), which is largely consistent with the national workforce profile. Our workforce profile shows an even distribution of age ranges.

Almost 10% of our workforce are from Black, Asian or Minority Ethnic (BAME) backgrounds, which is more diverse than our local community, but in line with patterns of national and international recruitment to clinical posts.

4.33% of our workforce identify as disabled, which has increased slightly in recent years.

We are extremely proud of our volunteer workforce, currently 200 strong. Students are a vital part of our South Tees family, and it is great to see many convert to directly employed roles on qualification.

Sickness absence rates remain an area of focus. We will ensure that our health and wellbeing support is proactive, preventative and tailored towards our people needs.

In order to achieve this as well as focussing internally, we will also widen our external links with the local communities, community networks and education and training organisations, to help us shape our roles and workplace and to improve the health and care and reduce health inequalities for our communities we serve across the Tees Valley, North Yorkshire and beyond.

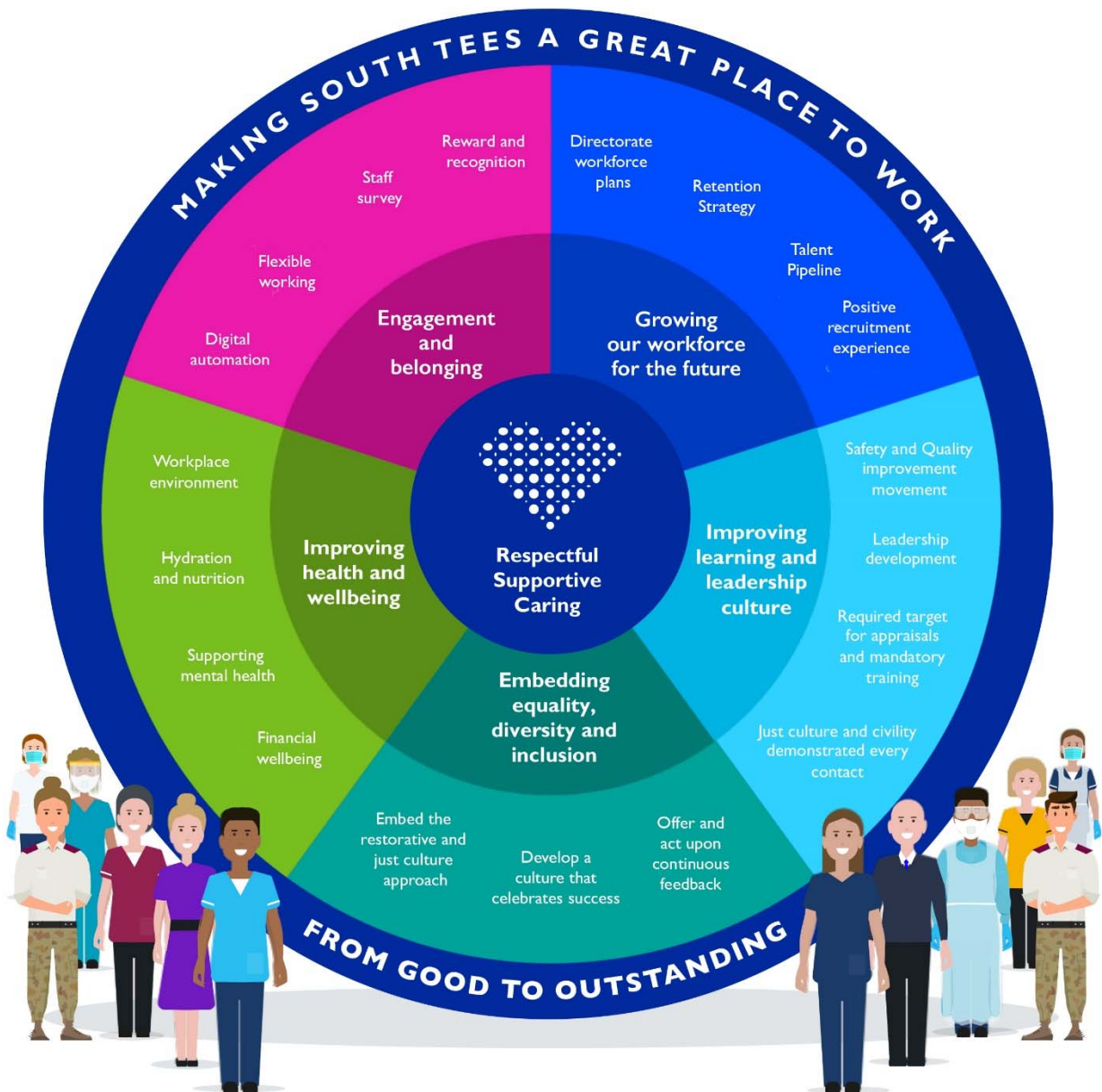
We continue to offer flexible approaches to work/life balance, to celebrate our achievements and champion our talents, we will be supportive, caring and respectful, ensuring that all people have a voice that will be heard.

Our People Plan will support our ambition to provide a working environment in which our people feel safe, included and that they belong.

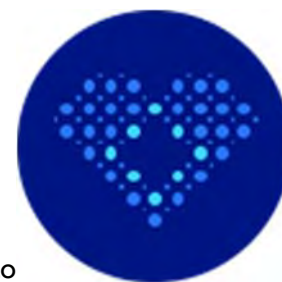
South Tees NHS People Plan on a Page

Our aim is to make South Tees NHS Foundation Trust a great place to work. We want to be an employer of choice for our existing people and potential new colleagues.

To achieve our aim we will, together, continue on our improvement journey and deliver our People Plan through five strategic enablers with measurable actions developing an inclusive and compassionate culture is key as we continue on our road to get us from good to outstanding.



Growing Our Workforce for the Future



The Trust have made substantial progress in addressing workforce establishment during 2022/23. Nurse staffing has improved across all collaboratives and nursing turnover has decreased. Our Trust remains one of the lowest in the country for nursing turnover. Every Collaborative now has an individual Workforce Plan which identifies workforce needs now, and in the future, with recruitment plans to replace them and all recruitment opportunities clearly advertise the Trust's approach to flexible working.

In order to retain and develop the right people we will align our workforce plans to the people requirements of each Directorate and introduce succession planning to identify key talent pipelines and development opportunities.

We continue to build our relationships with the education sector and over the next two years we will further develop our relationships with community networks, and ensure our opportunities are appropriately promoted within the community.

What we have achieved

- Developed a long-term workforce planning process for each Collaborative
- Developed and implemented our values based approach to recruitment
- Reduced overtime spend in all ward areas by reviewing related Trust practices and policies.
- Made links with local community networks to promote South Tees as the employer of choice. These include Middlesbrough College Adult Learners, MFC Foundation, Northallerton Job Centre Plus and the Princes Trust.
- Developed a Retention Strategy to include stay and itchy feet conversations and reviewed our local on-boarding process.
- Achievement of the Armed Forces Covenant Employee Recognition Scheme Gold Award

What we are going to do next

- Further develop the workforce planning process for each Directorate, to include a succession plan and talent pipelines, which offer realistic development opportunities.
- Ensure all our senior interview panels include a diverse representative of colleagues from across the organisation's networks.
- Carry out a thorough analysis of staff turnover, by examining the reasons staff choose to leave and those factors we can influence by analysing data and supporting managers to carry out timely and effective use of the retention tools and exit interviews.
- We will review the way we advertise to ensure our opportunities are attainable to the community, whilst still meeting national requirements.

Success will look like

- Each Directorate has a robust workforce plan which is utilised to inform workforce and performance decisions and will be part of the improvement programme.
- Increase the number of exit interviews undertaken by managers. Reduction in the number of staff who leave the organisation for a similar level opportunity elsewhere
- Improvement in colleagues recommending South Tees as a place to work as evidenced in the national staff survey.

Engagement and Belonging

In the 2022 Staff Survey 55% of staff who completed the survey identified South Tees as a great place to work. We want to build on this and continue to encourage people to stay and develop their career within the organisation. Providing staff with a voice, ensuring they feel valued and continuously demonstrating the Trust values, will demonstrate to colleagues that the Trust values them as individuals and are listening to their suggestions to make the Trust a great place to work.



There remains a number of open, transparent and positive ways for staff to raise concerns and to further strengthen our approach, we are adopting a restorative just and learning culture, which will become known as 'The South Tees Way'. We will enable a shift from a blame and retributive culture to creating an inclusive, learning and restorative culture, helping to ensure that South Tees Hospitals is considered to be a 'Great Place to Work'.

We will continue to reward and celebrate staff and their contributions to their service, through various informal and more formal mechanisms, ensuring staff are aware that they are valued for the work they undertake.

What we have achieved

- Each Collaborative has their own detailed staff survey action plan
- Provided colleagues with opportunity to give feedback, via various local surveys and questionnaires and listening events.
- Successfully launched the #LoveAdmin events to celebrate the contribution made by our administrative colleagues
- Launched several new networks across the Trust, including the Staff Engagement, Disability and Long-Term Health Conditions, Childless not by Choice and Menopause.
- Heightened the awareness of the Freedom to Speak Up Guardians and the important role they play in supporting staff to speak out.

What we are going to do next

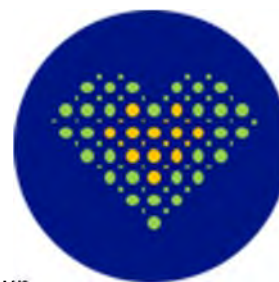
- Develop a culture of rewarding and celebrating success by introducing additional ways to thank and value staff.
- Adopt a more flexible view and develop a healthier culture, by resolving issues and conflicts by introducing and embedding a just and restorative approach to raising concerns
- Continue to actively listen to staff suggestions by offering appropriate avenues to enable continuous feedback.
- Review, update and deliver Collaborative Staff Survey Actions Plans
- Relaunch our Staff Engagement Network
- Continue on our journey to ensure we promotes flexible working.

Success looks like:

- Improved engagement score in the 2023 Staff Survey
- The Just and Restorative Culture approach is introduced and embedded resulting in a reduction in the number of formal employee relations cases.
- Each Collaborative has both a Staff Survey and People action plan that reflects their individual people requirements.
- More staff understand the definition of flexible and agile working and the variations to working conditions that this includes.

Improving Health and Wellbeing

We will focus on providing a holistic approach to Health and Wellbeing that meets the needs of our people both now and in the future. We recognise that many factors can influence the wellbeing of our diverse people and we will engage with our colleagues to ensure our offer is built in to the 'South Tees Way.' We know that health and wellbeing matters, and a healthy workforce delivers better patient care.



Focusing on the physical, psychological and financial elements of wellbeing will enable our colleague to work in a supportive and safe working environment. We're considerate of each other's time and mindful of each other's workload and the physical and emotional impact this can have. While we may choose to go the extra mile to deliver exceptional care, we still look after ourselves and each other.

What we have achieved

- A supportive environment where health and wellbeing initiatives are well known across the Trust
- Silver accreditation for the Better Health at Work Award.
- Menopause Friendly Organisation accreditation 2022.
- Raised awareness of psychological wellbeing through activities such as wellbeing walks, placing psychological wellbeing within the Management Essential Programme and training over 200 psychological first aiders.
- Mindful Employer status.
- Developed and have had formally ratified our 'Dying to Work Charter.'
- Supported financial wellbeing by continuing to provide financial support through the Trusts Hardship Fund
- Health and Wellbeing conversations included in annual appraisal.

What we are going to do next

- Identify where we can further improve our workplace nutrition and hydration offer.
- Develop compassionate leadership and a just culture.
- Identify and address burnout and to encourage open conversations about mental health and support
- Identify and improve the health inequalities across our workforce in line with the Core20plus5 strategy.
- We proactively use data and information to identify where improvements are needed and prioritise initiatives to support staff Health and Wellbeing.
- We developed the Occupational Health Service to ensure our staff have access to local, high quality and accredited Occupational Health services.

Success looks like

- Gold accreditation of the Better Health at Work Award
- A reduction in sickness absence where intervention has been carried out.
- Reaccreditation for Menopause Friendly Organisation.
- Improved staff engagement in the annual Health Needs Assessment surveys.
- An increase in staff agreeing that South Tees takes positive action on health and wellbeing as demonstrated in the annual staff survey.

Improving Learning and Leadership Culture

We will provide excellent learning and development opportunities for people at all levels and make sure they have the knowledge, skills and confidence to do their job well.

As part of our journey to get from good to outstanding, we want to improve how we lead and manage people at all levels in the Trust. Managers and leaders should be supported to create and inspire great teams, look after their people and create environments in which people from all backgrounds and abilities can flourish.

To achieve this, we have developed the Leadership Improvement and Safety Academy within South Tees NHS Foundation Trust. The objective of the Academy is to put safety and quality first, providing Leadership and Safety development to support our clinical leaders of today and tomorrow to shape the safe care - and the teams delivering safe care – for now and the future.



What we have achieved

- Delivered a range of Leadership Development and Quality Improvement educational sessions with over 6000 training places.
- Developed 10 leadership apprenticeship partnerships with six major universities, alongside a range of other apprenticeship providers, catering for over 150 apprenticeship learners.
- Established an interventional Organisational Development network to meet organisational need and developed a knowledge and skills mix from across teams (leadership development, coaching support, quality improvement, Civility and Human Factors, Business Intelligence and Service Improvement), providing over 200 support interventions to help teams and services to reflect, evolve and improve.
- Delivered an annual strategic programme of events, supporting positive culture change and an ongoing focus to continually improve quality and safety for our patients and service users.
- Implemented a trustwide move towards a Restorative Just and Learning Culture, including the development of c.100 'ambassadors' and practitioners in restorative practice.

What we are going to do next

- Bespoke cohorted leadership and management training programmes specifically targeted at senior medical and operational staff to develop a cultural baseline skillset
- Commission executive coach training and establish a mentoring support network to develop competence, share organisational knowledge and build inter-specialty relationships
- An annual senior leadership development programme to optimise our executive and service management team function and skillset
- Implementation of a rolling programme of time-out review days to help our services to take time out to consider achievements, priorities and next steps
- Expansion of our LEAN Practitioner programme, providing hands-on, practical education and improvement learning
- Further development of our annual conference cycle targeted at improvement and patient safety – creating opportunities for people to come together to present and share ideas, experience & learning.

Success looks like

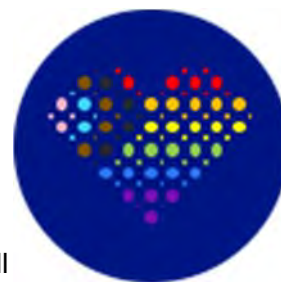
- A culture of transformation, collaboration and continuous quality improvement.
- Human Factors training embedded into practice
- Civility & Restorative Just & Learning Culture are a part of South Tees DNA –The South Tees Way.
- Every colleague fulfilling a management or leadership role has access and capacity to engage with personal and professional development and training.
- Ownership and accountability at all levels where people recognise that they can help to create the culture within which they can thrive.

Embedding Equality, Diversity and Inclusion

Through our equality, diversity and inclusion initiatives we will look to promote our Trust values at every opportunity with a specific focus to engender a sense of belonging for all by creating an environment where we value unique differences. This will further develop and strengthen 'The South Tees Way'.

We will enable equity through all of our people policies and procedures and will embrace diversity and promote inclusion. We will strive to ensure our workforce is representative of the communities that we serve and recognises the contribution of all colleagues and is supportive, fair and free from discrimination.

An inclusive culture improves retention, supporting us to grow our workforce, deliver the improvements to services set out in our Long Term Plan, and reduce the costs of filling staffing gaps.



What we have achieved

- Set up a number of staff networks and groups which include BAME, Disability and Long Term Health Conditions, LGBT+, Faith, Menopause and Childless not By Choice.
- Unconscious bias training delivered through the Management Essentials Programme which is now a requirement for colleagues involved in recruitment and selection processes.
- Delivery of an annual calendar of events raising awareness across a wide range of diversity issues.
- Reciprocal mentoring programme for BAME and senior leader colleagues, developing 23 reciprocal partnerships and identifying three areas for system change.
- Increase the number of staff self-declaring their ethnicity from a BAME background and/or their disability status.
- Undertook an externally lead listening events for all our BAME colleagues.

What are we going to do next

- Embed the delivery of the restorative just & learning culture change programme.
- Set up a task and finish group to develop a positive action programme for career progression for BAME clinical staff for bands 6 and above.
- Deliver EDI training Senior Leaders Programme, Employee Network Development Programme and Train the Train Programme.
- Develop and commence delivery of an EDI module as part of the Management Essentials Programme integrating unconscious bias.
- Develop and deliver a bullying and harassment action plan.
- Embed and continue to grow staff networks.

Success looks like

- We have a diverse workforce representative of the communities we serve.
- Staff networks are embedded, meet regularly and have membership from across the Trust
- Improve the staff survey questions relating to discrimination at work and harassment, bullying and abuse.
- Evidence based fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
- Increase the scores of the staff survey questions relating to feeling valued and provision of equal opportunities for career progression and promotion.
- An improvement plan to address health inequalities within the workforce.

Growing Workforce for the Future – actions and timescales

Target	Supporting Action	Timescales
Workforce Planning	<p>Each directorate to hold a robust workforce plan which includes a succession plan and talent pipeline.</p> <p>Each directorate to undertake succession planning and develop a talent pipeline.</p> <p>50% of exit interviews are carried out prior to the member of staff leaving the organisation.</p> <p>Exit interview data is included in quarterly Collaborative reports.</p>	<p>April 2024</p> <p>April 2024</p> <p>September 2024</p> <p>December 2024</p>
Recruitment	<p>All recruitment panels for roles 8a and above include an establishment network representative.</p> <p>Recruitment adverts for key roles, will clearly set out the role and qualities/competencies in an 'easy to read' format (ie health care support worker, nurse and administrator).</p> <p>Undertake analysis of voluntary and in-voluntary turnover.</p> <p>Analyse candidate feedback to identify areas of improvement within the recruitment process.</p>	<p>April 2024</p> <p>October 2023</p> <p>November 2023</p> <p>January 2024</p>
Finance	<p>Review overtime spend on a monthly basis and develop a strategy to reduce spend, to include talent management, skill mix opportunities.</p> <p>Bi-monthly review of fixed term contracts in each Collaborative.</p>	<p>December 2023</p> <p>September 2023</p>
Reduce Agency Spend	<p>All long term agency positions to have a tailored specialist recruitment strategy and long term plan.</p> <p>Clinical Collaboratives to hold action plans to reduce agency spend and overtime.</p>	<p>July 2024</p> <p>October 2023</p>
Employer of choice within local communities	<p>In conjunction with the Education and Nursing Team, attend a minimum of 5 community events to promote job opportunities within the Trust each year.</p> <p>Increase current NHS annual staff survey 2022 of 59% of colleagues would recommend South Tees as a place to work.</p>	<p>March 2025</p> <p>February 2025</p>

Engagement and Belonging – actions and timescales

Target	Supporting Action	Timescale
Engagement and Staff Survey	<p>Each Collaborative have their own staff survey action plan.</p> <p>Relaunch the staff engagement network group to include at least one representative from each of the main staff groups.</p> <p>Increase the current 2022 staff survey engagement score by 5%.</p>	<p>May 2023-25</p> <p>October 2023</p> <p>February 2025</p>
Raising concerns and issues	<p>Provide all staff with outcome questionnaires, following their involvement in a formal process. 75% of colleagues rating they have been treated in a fair manner.</p> <p>Implement the restorative and just culture approach across the organisation, ensuring that a training package is available for managers and all People policies are updated to reflect this restorative just culture approach.</p> <p>Appeals to reduce by 10% year on year.</p> <p>Reduce the number of staff subject to a formal employee relations process by 25%</p>	<p>March 2024</p> <p>March 2024</p> <p>March 2024</p> <p>March 2025</p>
Reward	<p>Continue to celebrate success by hosting a further #LoveAdmin celebration event in October 2023.</p> <p>Develop and publish a Rewards and Recognition Policy which includes a suite of ideas to thank staff for their valued contribution to the organisation.</p> <p>Specific campaign and communication around Total Rewards Statements, encouraging colleagues to review how much their overall NHS package is worth.</p>	<p>October 2023</p> <p>November 2023</p> <p>August 2024</p>
To provide colleagues with the respect, support and care they deserve	<p>To work with collaboratives to ensure robust processes are in place to pay colleagues correctly each month</p> <p>To introduce automated robotic processes into our payroll process</p>	<p>December 2023</p> <p>June 2024</p>
Flexible Working	<p>Hold a minimum of 5 workshops for managers to discuss the various elements of flexible working and how they can apply these to working conditions.</p> <p>Develop a staff intranet page which explains the purpose of flexible working, containing links to the flexible working documents and toolkits.</p> <p>Improve the flexible working score within the Staff Survey for 2023</p>	<p>July 2024</p> <p>June 2024</p> <p>February 2025</p>

Improving Health and Wellbeing – actions and timescales

Target	Supporting Action	Timescales
Workplace Environment	To create a safe space for colleagues to relax away from their work area.	April 2024
	Create access to hydration stations across the sites and encourage regular hydration	June 2024
	Review the accessible & affordable healthy food provision for staff working 24/7 across the organisation	April 2024
	Create walking routes around Trust sites to encourage outdoor activity.	December 2023
	Further develop the keeping staff safe group to support violence reduction across the Trust to reduce/eliminate incidents and improve staff safety from aggression and violence.	March 2024
Policies and Practice	Deliver absence management plans for each collaborative	October 2023
	Carry out targeted intervention where sickness trends become evident to help prevent and reduce sickness absence	October 2023
	Develop pathways for defined areas of need, e.g. teams in crisis, coroners court, death in service	October 2024
	Develop a resource pack for new starters to include local information, walks, groups, support, etc.	July 2024
	Promote the Senior Leader Ambassador for health and wellbeing and feed actions into the People Committee	October 2023
	Devise & roll out a staff passport, incorporating carers, disability, health & wellbeing for internal movements	September 2024
Healthy Body for All	Offer physical & virtual drop in sessions to support healthy lifestyle activities, e.g. weight management, stop smoking, posture throughout 2023.	October 2024
	Roll out monthly wellbeing challenges for example: sleep, hydration, digital detox, healthy eating.	January 2024
	Continue with the flu campaign and aim to increase take-up by 5% year on year	February 2025
Support for Mental Health	Develop, implement and communicate a mental health at work plan.	June 2024
	Develop mental health awareness amongst colleagues.	June 2024
Financial Wellbeing	Develop an annual campaign to promote support available for Financial Wellbeing	February 2024

Improving Learning and Leadership Culture – actions and timescales

Target	Supporting Action	Timescales
Quality Improvement Program	<p>Embed our fundamental, Novice, Intermediate & Expert level training</p> <p>Deliver medic specific programme to all junior doctors</p> <p>Expansion of our LEAN Practitioner programme, providing hands-on, practical education and improvement learning</p> <p>Further development of our annual conference cycle targeted at improvement and patient safety – creating opportunities for people to come together to present and share ideas, experience & learning.</p>	<p>April 2024</p> <p>October 2023</p> <p>October 2024</p> <p>On going</p>
Leadership	<p>Bespoke cohorted leadership and management training programmes specifically targeted at senior medical and operational staff to develop a cultural baseline skillset.</p> <p>Commission executive coach training and establish a mentoring support network to develop competence, share organisational knowledge and build inter-specialty relationships.</p> <p>An annual senior leadership development programme to optimise our executive and service management team function and skillset</p>	<p>April 2024</p> <p>October 2024</p> <p>March 2024</p>
Continuous and quality improvement processes	<p>Implementation of a rolling programme of time-out service review days to help our services to take time out to consider achievements, priorities and next steps</p>	<p>March 2024</p>
To embed a culture of organisational development	<p>To develop and offer a restorative just and learning culture on line module to all colleagues.</p> <p>To include restorative just and learning culture in our management essential training.</p>	<p>October 2024</p> <p>October 2024</p>
Statutory Training	<p>Monitoring of compliance to aid achieving target of 90% in core II standards.</p> <p>Develop monitoring compliance for statutory training as recorded in ESR.</p>	<p>March 2023</p> <p>March 2024</p>
Quality of Appraisals	<p>Quarterly audit of appraisals where at least 80% of those sampled are completed to a high standard.</p>	<p>June 2024</p>

Embedding Equality, Diversity and Inclusion – actions and timescales

Target	Supporting Action	Timescales
Deliver the restorative just & learning culture change programme	<p>Develop four operational workstreams including HR, Learning & Development, Patient Safety and Experience and Staff Engagement & Communications.</p> <p>Embed our Restorative Just and Learning Culture across the Trust – the South Tees Way.</p>	<p>November 2023</p> <p>March 2025</p>
Reform recruitment processes and embed talent management processes.	<p>Review our access to career progression, training and development opportunities</p> <p>Year-on-year improvement in race and disability representation in all AFC bands</p> <p>Year-on- year improvement in representation of senior leadership (Band 8C and above)</p> <p>Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan</p>	<p>December 2023</p> <p>March 2025</p> <p>March 2025</p> <p>March 2024</p>
Deliver EDI training	<p>Deliver EDI awareness training for EDI networks, Senior Leadership Team and train the trainers.</p> <p>Develop and roll out new EDI and unconscious bias module as part of the Management Essentials programme and make the training available for all line managers.</p>	<p>October 2023</p> <p>November 2023</p>
Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.	<p>Review data by protected characteristic on bullying, harassment, discrimination and violence.</p> <p>Review disciplinary and employee relations processes.</p> <p>Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence</p> <p>Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence</p>	<p>January 2024</p> <p>December 2023</p> <p>September 2024</p> <p>October 2024</p>
Embed and grow staff networks	<p>Create protected time within the annual cycle of business for networks to network together, sharing good practice.</p> <p>Support a relaunch of the BAME network.</p> <p>Develop Carer’s network and gaining accreditation via Carers Together.</p>	<p>April 2024</p> <p>September 2023</p> <p>January 2025</p>
Comprehensive Induction & onboarding programme for International recruited staff.	<p>Create comprehensive onboarding programmes for international recruits, drawing on best practice.</p> <p>Before joining, ensure international recruits receive clear communication, guidance and support around their conditions of employment.</p>	<p>April 2024</p> <p>April 2024</p>
Address Health Inequalities within our workforce.	<p>Support our managers to understand the health inequalities that exist in our work place.</p> <p>Work in partnership with local community organisations to support the national agenda</p>	<p>July 2024</p> <p>March 2025</p>



South Tees Hospitals
NHS Foundation Trust

People Plan 2023/25

Safety and Quality First 



People Plan 2021/23



Case for Change

From Good to Outstanding: Our Improvement Plan (2023/24)



Growing our Workforce for the Future



What we have achieved

- Developed a long-term workforce planning process for each Collaborative
- Developed and implemented our values based approach to recruitment
- Reduced overtime spend in all ward areas by reviewing related Trust practices and policies.
- Made links with local community networks to promote South Tees as the employer of choice. These include Middlesbrough College Adult Learners, MFC Foundation, Northallerton Job Centre Plus and the Princes Trust.
- Developed a Retention Strategy to include stay and itchy feet conversations and reviewed our local on-boarding process.
- Achievement of the Armed Forces Covenant Employee Recognition Scheme Gold Award

What we are going to do next

- Further develop the workforce planning process for each Directorate, to include a succession plan and talent pipelines, which offer realistic development opportunities.
- Ensure all our senior interview panels include a diverse representative of colleagues from across the organisation's networks.
- Carry out a thorough analysis of staff turnover, by examining the reasons staff choose to leave and those factors we can influence by analysing data and supporting managers to carry out timely and effective use of the retention tools and exit interviews.
- We will review the way we advertise to ensure our opportunities are attainable to the community, whilst still meeting national requirements.



Engagement and Belonging



What we have achieved

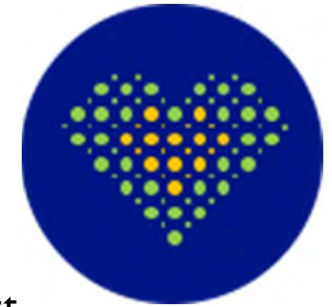
- Each Collaborative has their own detailed staff survey action plan
- Provided colleagues with opportunity to give feedback, via various local surveys and questionnaires and listening events.
- Successfully launched the #LoveAdmin events to celebrate the contribution made by our administrative colleagues
- Launched several new networks across, including the Staff Engagement, Disability and Long-Term Health Conditions, Childless not by Choice and Menopause.
- Heightened the awareness of the Freedom to Speak Up Guardian and the important role they play in supporting staff to speak out.

What we are going to do next

- Develop a culture of rewarding and celebrating success by introducing additional ways to thank and value staff.
- Adopt a more flexible view and develop a healthier culture, by resolving issues and conflicts by introducing and embedding a just and restorative approach to raising concerns
- Continue to actively listen to staff suggestions by offering appropriate avenues to enable continuous feedback.
- Review, update and deliver Collaborative Staff Survey Actions Plans
- Relaunch our Staff Engagement Network
- Continue on our journey to ensure we promotes flexible working.



Improving Health and Wellbeing



What we have achieved

- A supportive environment where health and wellbeing initiatives are well known across the Trust
- Silver accreditation for the Better Health at Work Award
- Menopause friendly Organisation accreditation 2022
- Raised awareness of psychological wellbeing through activities such as wellbeing walks, placing psychological wellbeing within the Management Essentials Programme and training over 200 psychological first aiders
- Mindful Employer Status
- Supported financial wellbeing by continuing to provide financial support through the Trusts Hardship Fund
- Health and Wellbeing conversations included in annual appraisal

What we are going to do next

- Identify where we can further improve our workplace nutrition and hydration offer
- Develop compassionate leadership and a just culture
- Identify and address burnout and to encourage open conversations about mental health and support
- Identify and improve the health inequalities across our workforce in line with the Core20plus5 strategy
- Proactively use data and information to identify where improvements are needed and priorities initiatives to support Health and Wellbeing
- Develop the Occupational Health Service to ensure our staff have access to local, high quality and accredited Occupational Health services



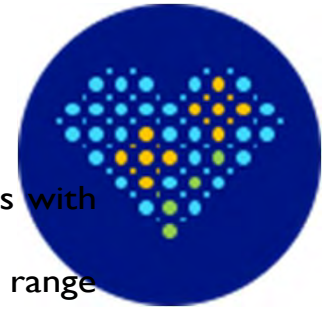
Improving Learning and Leadership Culture

What we have achieved

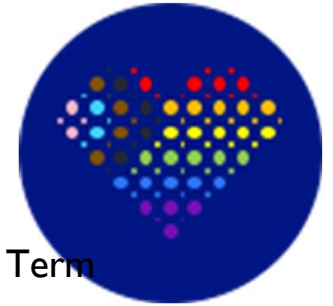
- Delivered a range of Leadership Development and Quality Improvement educational sessions with over 6000 training places.
- Developed 10 leadership apprenticeship partnerships with six major universities, alongside a range of other apprenticeship providers, catering for over 150 apprenticeship learners.
- Established an interventional OD network to meet organisational need and developed a knowledge and skills mix from across teams (leadership development, coaching support, quality improvement, Civility and Human Factors, Business Intelligence and Service Improvement), providing over 200 support interventions to help teams and services to reflect, evolve and improve.
- Delivered an annual strategic programme of events, supporting positive culture change and an ongoing focus to continually improve quality and safety for our patients and service users.
- Implemented a trustwide move towards a Restorative Just and Learning Culture, including the development of c.100 'ambassadors' and practitioners in restorative practice.

What we are going to do next

- Bespoke cohorted leadership and management training programmes specifically targeted at senior medical and operational staff to develop a cultural baseline skillset
- Commission executive coach training and establish a mentoring support network to develop competence, share organisational knowledge and build inter-specialty relationships
- An annual senior leadership development programme to optimise our executive and service management team function and skillset
- Implementation of a rolling programme of time-out review days to help our services to take time out to consider achievements, priorities and next steps
- Expansion of our LEAN Practitioner programme, providing hands-on, practical education and improvement learning
- Further development of our annual conference cycle targeted at improvement and patient safety – creating opportunities for people to come together to present and share ideas, experience & learning.



Embedding Equality, Diversity and Inclusion



What have we achieved

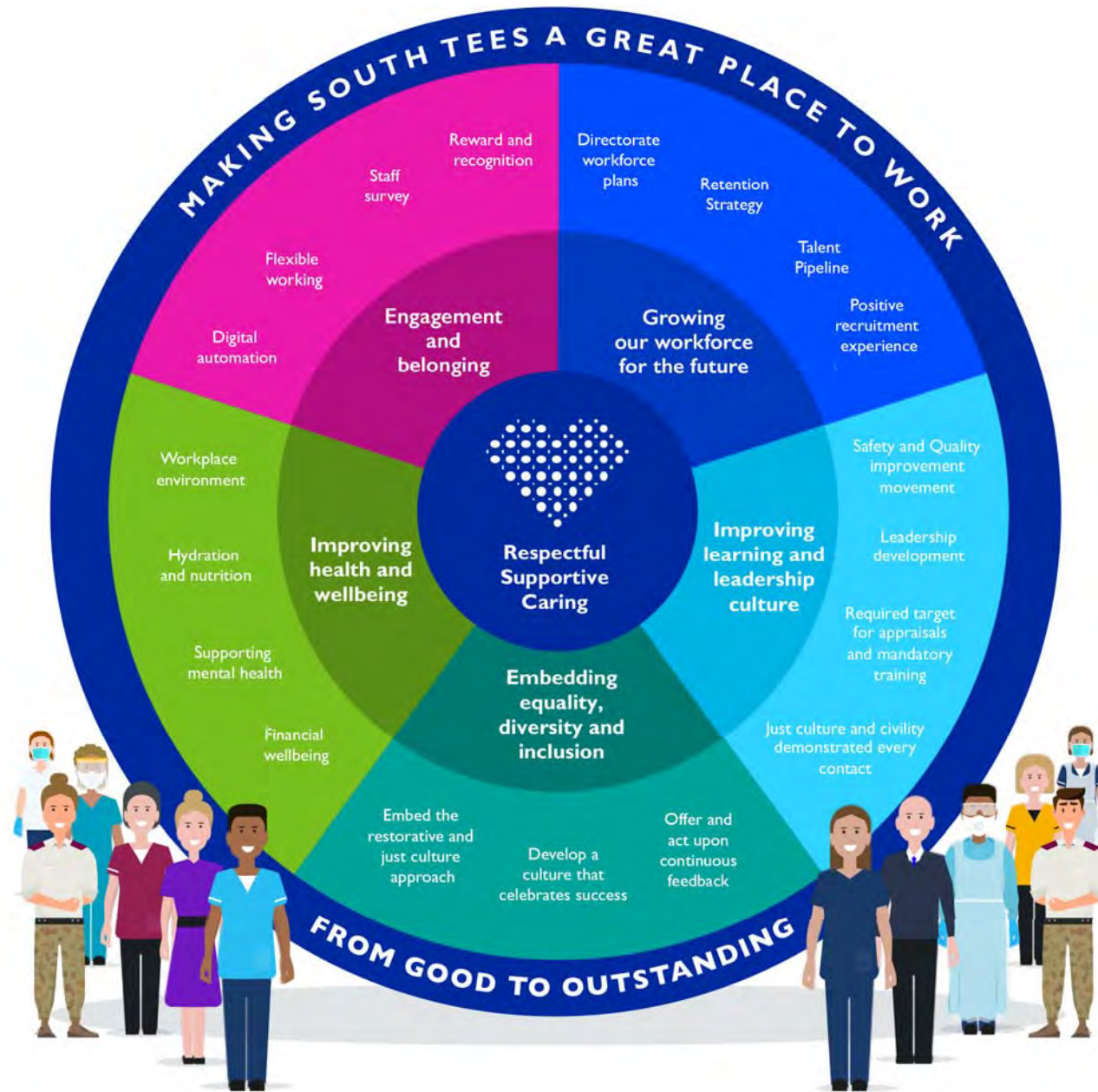
- Set up a number of staff networks and groups which include BAME, Disability and Long Term Health Conditions, LGBT+, Faith, Menopause and Childless not By Choice.
- Unconscious bias training delivered through the Management Essentials Programme which is now a requirement for colleagues involved in recruitment and selection processes.
- Delivery of an annual calendar of events raising awareness across a wide range of diversity issues.
- Reciprocal mentoring programme for BAME and senior leader colleagues, developing 23 reciprocal partnerships and identifying three areas for system change.
- Increase the number of staff self-declaring their ethnicity from a BME background and/or their disability status.
- Undertook an externally lead listening events for all our BAME colleagues.

What are we going to do next

- Embed the delivery of the restorative just & learning culture change programme.
- Set up a task and finish group to develop a positive action programme for career progression for BAME clinical staff for bands 6 and above.
- Deliver EDI training Senior Leaders Programme, Employee Network Development Programme and Train the Train Programme.
- Develop and commence delivery of an EDI module as part of the Management Essentials Programme integrating unconscious bias.
- Develop and deliver a bullying and harassment action plan.
- Embed and continue to grow staff networks.



People Plan 2023-25



MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 FEBRUARY 2023			
New Fit & Proper Person Framework Report – 2023/24			AGENDA ITEM: 17 ENC 14
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 checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	The purpose of the report is to provide an update to the Board of Directors regarding the implementation of the revised requirements for the Fit and Proper Person Test process for board members and the outcome of testing against the new guidance that related to 2023/24.		
Background	On 2 nd August 2023, NHS England published revised requirements in respect of the Fit and Proper Person Test (FPPT) for board members following recommendations in the Kark Review (2019) by Tom Kark KC into the FPPT. A FPPT Framework has been introduced, which sets out new and more comprehensive requirements both for new board appointments and annual review. It is applicable to integrated care boards, NHS trusts, foundation trusts and arms-length bodies – the Care Quality Commission and NHS England.		
Assessment	<p>The Trust has prepared the documentation that is required to be signed by the Joint Chair and returned to NHSE to confirm the outcomes of the F&PPT guidance for 2023/24.</p> <p>The Trust is operating under Group arrangements with North Tees & Hartlepool NHS Foundation Trust and the Joint Chair and Joint Chief Executive are hosted by North Tees & Hartlepool NHS Foundation Trust for payrolls and administrative purposed. A letter of confirmation will be sent to South Tees FT confirming the Joint Chair and Joint Chief Executive are fit and proper persons and this will be addressed to the Vice Chair at South Tees FT.</p> <p>Following the reporting of this outcome to the Board of Directors and to ensure the F&PPT guidance is followed with regards to the governance process, this will be presented to the Council of Governors meeting on 20 February 2024 for information.</p> <p>Once the required documentation has been signed off by the Joint Chair and submitted to NHSE, the Trust will be able to evidence that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 - people who have director level responsibility for the quality and safety of</p>		

	care, and for meeting the fundamental standards are fit and proper to carry out this important role.	
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"/>	

New Fit & Proper Person Framework Report – 2023/24

1. Introduction

- 1.1 On 2 August 2023, NHS England published revised requirements in respect of the Fit and Proper Person Test (FPPT) for board members following recommendations in the Kark Review (2019) by Tom Kark KC into the FPPT. A FPPT Framework has been introduced, which sets out new and more comprehensive requirements both for new board appointments and annual review. It is applicable to integrated care boards, NHS trusts, foundation trusts and arms-length bodies - the Care Quality Commission and NHS England.
- 1.2 The purpose of strengthening the FPPT is to prioritise patient safety and good leadership within NHS organisations. A portfolio of evidence is required to be collected for board members to demonstrate meeting the requirements as well as highlighting those deemed unfit and preventing them from moving between NHS organisations.
- 1.3 The portfolio of evidence for each board member will be held locally and entered onto ESR, which has been updated with new fields to reflect the additional requirements and will provide a dashboard to evidence the recorded results. Before commencing the collection of any evidence, organisations must issue a privacy notice to each board member advising them how the information will be used and stored. This has been carried out for all current board members and Directors employed by the Trust and was issued on 15 September 2023.
- 1.4 The Chair of an organisation has overall accountability for the FPPT, however, nominated individuals such as the Company Secretary and workforce staff can assist to carry out and record the outcome of the assessment for each board member against the FPPT requirements based upon the evidence collected.
- 1.5 Organisations are required to make an annual submission to NHS England confirming the outcome of FPPT for their board members. There is also a new FPPT attestation form for board members to complete. These checks are carried out as part of the appointment process and repeated on an annual basis.
- 1.6 A new reference template has also been introduced for any new board member appointments with effect from 30th September 2023. The template should also be completed and retained locally for any board members leaving the organisation.
- 1.7 To help inform the fitness assessment in the FPPT a new Leadership Competency Framework (LCF) for board roles will be introduced to support the development of a diverse range of skilled and proficient leaders. A new board appraisal framework is also being produced which will incorporate the LCF. It is expected that the new appraisal template will be used to appraise 2023/24 performance with appraisals taking place in Quarter 1: 2024/25. The Messenger Review (NHS Leadership) reinforced the importance of implementing the FPPT

recommendations from the Kark Review and to develop a single set of unified, core leadership and management standards, for which the LCF is a critical part. See link to NHSE guidance: [NHS England » NHS England fit and proper person test framework for board members](#)

2. Details

- 2.1 The Board of Directors took the decision to apply the new F&PPT guidance to existing Non Executive Directors and the Director team.
- 2.2 The new F&PPT requirements will be applied to the Joint Chair, the newly appointed Joint Chief Executive, Non-Executive Directors and Directors as if they were new appointments.
- 2.3 The approach above goes above and beyond the requirements of the F&PPT guidance, which is only required to be applied from 30th September 2023, for new employees or those leaving the Trust. This approach that was agreed by the Board of Directors demonstrates its commitment to ensuring robust governance and the important of ensuring Directors are compliant with the F&PPT requirements.

Reported Outcomes

- 2.4 The Trust has completed the testing relating to the new F&PPT guidance. The individuals that were tested as part of Phase 1 are listed below;
 - Professor Derek Bell (employed by NT&T)
 - *Ms Stacey Hunter (starter 1 February 2024 – employed by NT&H)
 - Mr Robert Harrison (leaver 31 January 2024)
 - Ms Sue Page (leaver 31 December 2023)
 - Mr Chris Hand
 - Dr Hilary Lloyd
 - Dr Michael Stewart
 - Mrs Rachael Metcalf
 - Mr Sam Peate
 - Mrs Jackie White
 - Mr Manni Imiavan
 - Mr Philip Sturdy
 - Mr Mark Graham (leaver 31 December 2023)

(*) Not substantively employed by the Trust and at the time of undertaking testing, neither were Board members of their employer. Employing organisations advised that that guidance would be applied on a prospective basis. With the agreement of the individuals, the Trust undertook F&PPT checks, were possible.

Privacy notices

- 2.5 Privacy notices were issued to staff on 15 September 2023 advising of the new F&PPT guidance requirements and the need to collect additional information,

including the right to opt out. All members of staff agreed to the new guidance and additional testing.

Self-Attestation Forms

- 2.6 Self-attestation forms were issued and have been signed and returned by individuals and also signed by the Joint Chair to confirm receipt. The Vice Chair signed to confirm receipt of the Joint Chair's attention form.

F&PPT Checklists

- 2.7 A F&PPT checklist (Appendix 7 of the guidance) was completed to evidence the checks performed for each individual.

This included the additional checks on being disqualified from being a charity trustee, investigations into disciplinary matters/complaints/grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT and social media checks.

ESR Recording

- 2.8 As part of the new guidance, the Electronic Staff Record (ESR) has been updated to enable the recording of key information relating to the F&PPT and a dashboard of the findings can be produced.

A summary of the checks and declarations have been collated and the ESR system has been updated for the mandatory fields to record F&PPT outcomes and this was checked as part of validation processes.

Outcome Validation

- 2.9 In order to ensure appropriate and independent checks were performed in relation to individual outcomes, the following approach was undertaken;
- Results for **Directors** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Acting Chief Executive & Managing Director**.
 - Results for the **Chief Executive and Acting Chief Executive & Managing Director** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Joint Chair**.
 - Results for the **Joint Chief Executive** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence will be provided to the **Senior Independent Director** (Ada Burns).
 - Results for the **Non-Executive Directors** of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence was provided to the **Joint Chair**.
 - Results for the **Joint Chair** of the Trust – a summary of the outcomes,

including the ESR dashboard and supporting evidence will be provided to the **Senior Independent Director** (Ada Burns).

3. Key issues, significant risks and mitigations

- 3.1 The risk relating to this paper is the potential breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 - people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.
- 3.2 The Trust has undertaken a thorough and comprehensive process to apply the new F&PPT guidance and independent checks have been performed in relating to the outcomes and this can be evidenced by a robust audit trail.

4. Conclusion/Summary/Next steps

- 4.1 The Trust has strictly followed the new F&PPT guidance and applied this to members of staff.
- 4.2 In accordance with the new Fit and Proper Person Test Framework requirements, the Board of Directors of South Tees Hospitals NHS Foundation Trust and additional staff who were included in testing are compliant with the new guidance.
- 4.3 This evidences that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 - people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.

Next Steps

- 4.4 The Trust has prepared the documentation that is required to be signed by the Joint Chair and returned to NHSE to confirm the outcomes of the F&PPT guidance for 2023/24 and is subject to formal sign off by the Joint Chair.
- 4.5 The Trust is operating under Group arrangements with North Tees & Hartlepool NHS Foundation Trust and the Joint Chair and Joint Chief Executive are hosted by North Tees & Hartlepool NHS Foundation Trust for payroll and administrative purposes. A letter of confirmation will be sent to South Tees FT confirming the Joint Chair and Joint Chief Executive are fit and proper persons and this will be addressed to the Vice Chair at South Tees FT and issued by the Senior Independent Director of the Trust.
- 4.6 Following the reporting of this outcome to the Board of Directors and to ensure the F&PPT guidance is followed with regard to the governance process, this will be presented to the Council of Governors meeting on 20 February 2024 for information.

5. Recommendation

- The Board of Directors is asked to discuss and note the content of the report.

Quality Assurance Committee

Meeting: Quality Assurance Committee	Date of Meeting 19/12/2023
Connecting to: Board of Directors	
Key topics discussed in the meeting	
<p>The following Assurance reports were considered :</p> <ul style="list-style-type: none"> • Board Assurance Framework, included 10 reports for consideration at the December meeting of the QAC. • CQC Progress Summary report provided moderate assurance that actions were on track. report • Mental Health Strategy 2023-2026 QAC agreed the report provided significant assurance in relation to the consultation in developing the strategy and moderate assurance in relation to the Mental Health Improvement Plan. • Learning from Deaths report, (Mortality report) provided moderate assurance, the Summary Hospital Level Mortality Indicator (SHMI) is “as expected” .The impact of increased capacity from the Nurse Reviewer was noted and welcomed. • Safer Medication Monitoring report reflected the work of the Safer Medication Practice Group August to November 2023. An action plan to improve medicine reconciliation including use of EPMA however there is a lack of clinical pharmacy service on weekends. • Infection, Prevention and Control quarterly report (Q2) summarising surveillance information and actions including the 3 key themes which continue to be reduction of patient movement , reduction of movement of staff and intense cleaning programmes. QAC also received a report on the management of a recent Norovirus outbreak, members were assured as the outbreak was contained expeditiously. • Neonatal Nursing and Medical Staffing report, QAC noted the evidence of BAPM staffing compliance within the Neonatal unit • A review of Health and Safety Governance and assurances is in progress. • QAC took assurance on the delivery of the Clinical Audit and Service Evaluation programme noting the challenges in completing the audits. • Cancer Pathways report (Q2) • Learning Disability 6 monthly report provided moderate assurance, noting emerging issues from new national statutory guidance. • Chairs’ Logs from the following reporting groups <ul style="list-style-type: none"> ▪ Safer Medication Practice Group ▪ Safe and Effective Care Strategic Group <p>No escalations from the groups</p>	
Actions	Responsibility / timescale
<p>Mental Health Strategy to be added to schedule of Trust Board of Directors Development sessions</p> <p>An update on the review of Health and Safety governance structures</p>	<p>Lead - J White, time tbc</p> <p>Lead - P Sturdy. February 2024 QAC</p>

Escalated items

Items to note

The Independent report into David Fuller was published November 2023, I Bennett is conducting a gap analysis against the 17 recommendations to NHS Trusts , will report through committee structures

The Thirlwall Inquiry has been established to examine events at the Countess of Chester Hospital and the implications of those events.

Risks (Include ID if currently on risk register)

Responsibility / timescale

* The work on the Health and Safety governance review and reporting structures should be reflected on the Risk Register

P Sturdy / J White
January 2024

* Following discussion about breast and cosmetic implants, propose to request an audit by PwC to assess clinical effectiveness risk.

T Roberts / Dr M Stewart
February 2024

JOINT PARTNERSHIP BOARD

Chair's Log

Meeting: Joint Partnership Board	Date of Meeting: 17 January 2024
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Chair's report covering; <ul style="list-style-type: none"> ○ The in common meetings of the Council of Governors of North Tees & Hartlepool NHS FTR and South Tees Hospitals NHS FT to support collaborative working arrangements. ○ Progress of applying the new Fit & Proper Persons Test guidance. ○ Planning for the Education Event that is taking place in February 2024 with key stakeholders. ○ The success of both Trust's and key stakeholders in being awarded the urgent care contract for the provision of services across Teesside. • A programme update was provided by the Associate Director of Group Development relating to the progress of group arrangements. The programme has now moved from the initial phase into mobilisation and delivery within the four workstreams – board governance; executive structure; clinical strategy and enabling strategies. • An updated was provided by the Company Secretaries relating to the Governance work stream and the planning to ensure robust governance arrangements are in place to support the group developments. • A presentation was made which set out the consultation process to form a joint Executive Team for the Group, with the consultation process commenting on 22nd January 2024. • An update was provided for the Clinical Strategy Event that was taking place on 24 January 2024, with extensive engagement prior the meeting to maximise attendance to support outcomes from the meeting. • An engagement plan update was also provided as well as a finance update. 	
Actions	Responsibility / timescale
<ul style="list-style-type: none"> • Approval of the proposed process (as set out in the presentation) to progress to consultation to form a single Executive Team across the Group for North Tees & Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust. 	
Escalated items	
Sharing good practice/Things to celebrate:	
<ul style="list-style-type: none"> • There were no items identified for escalation. 	
Risks (Include ID if currently on risk register)	Responsibility / timescale
<ul style="list-style-type: none"> • No additional risks were identified from this meeting. 	

January Resources Committee Chair's Log

Meeting: Resources Committee	Date of Meeting 25/01/2024
Connecting to: Main Board	Chair David Redpath
Key topics discussed in the meeting	
<p>Financial position for Month 9</p> <p>The Trust plan for the 2023/24 financial year is to deliver a £31.8m deficit, as part of the ICS plan to deliver a £49.9m deficit at a system level.</p> <p>The adjusted financial position for the purpose of system performance was a deficit of £23.5m. The year-to-date financial position is on plan. At Month 9 the Trust's forecast outturn position was in line with plan for the 2023/24 financial year.</p> <p>Cost Improvement Programme (CIP)</p> <p>Total delivery against the year-to-date target at month 9 stands at £27.7m (99.7% of YTD target). The current forecast year-end delivery is £38.4m, which is 97% of the annual target.</p> <p>Recurrent savings is currently at 63% which is significantly ahead of region at 38%.</p> <p>2024/25</p> <p>Current indications from the system financial recovery plan development work are that providers may need to deliver up to 5% in 2024/25 which will represent a significant increased CIP target for all Trusts in the system.</p> <p>Expanding Thoracic Surgical Services</p> <p>The committee reviewed and approved the business case for expanding Thoracic surgical services, subject to ICS approval. The next step is for it to be taken forward for funding discussions with the specialised commissioners – ICB / Nothern Cancer Alliance</p> <p>Long waiters Improvement</p> <p>Services are taking a range of positive actions to achieve zero 78-week waiters and zero 65 week waiters.</p> <p>The Trust is still forecast to achieve zero 78-week waiters.</p> <p>The Trust has also been able to update the regional NHSE team of an improved forecast for 65-week waiters.</p> <p>Procurement Update</p> <p>Update received on strong performance against the £3m stretch target. An update was provided on the new NHS Commercial Framework regime.</p>	

Actions	Responsibility / timescale
<p>Cellular Pathology Business Case Update. Agreed Ms Swaddle will bring back to Committee a statement stating where we are with getting people on board.</p> <p>Green Plan - NED/Executive sponsorship of the Green Plan requested – Jackie White</p> <p>Asset management plan for IT equipment to be drafted – Manni Imiavan</p>	
Escalated items	
<p>Key Issues/ Concerns for escalation:</p> <ul style="list-style-type: none"> • Challenging CIP target for 2024/25 	
Risks (Include ID if currently on risk register)	Responsibility / timescale
<p>No Additional Risk Identified</p>	

PEOPLE COMMITTEE

Chair's Log

Meeting: NHS South Tees – People Committee	Date of Meeting: 31.01.2024
Connecting to: Board of Directors	Chair – Mark Dias
Key topics discussed in the meeting	
<p>Health and Wellbeing Report</p> <p>Committee recognised the Better Health at Work Gold Award and the hard work as echoed by the assessor, <i>‘an outstanding gold level submission from South Tees Trust which demonstrates some excellent progress across a number of core areas related to health and wellbeing. The improvement and engagement demonstrated, as well as some core structural additions, are very impressive’</i>.</p> <p>Committee also noted the leadership on menopause and selection decision for South Tees to operate a proof of concept’ site. We look forward to sharing this learning with colleagues across the Group.</p> <p>The update for vaccinations, incl. flu vaccine, remains disappointingly low. Apathy across South Tees echo’s national and regional trends. Committee noted an interdependency with a seasonal spike in sickness absence and what other initiatives are available to encourage greater engagement.</p> <p>Psychological Support. Committee noted the ongoing review into psychological services. A timeline to be provided when the completed (or draft) report will come to people committee. A changed funding arrangement and early referrals are overloading the system; the occupational service looking to prioritise as an NHS employer.</p> <p>Establishment Plan for AHP’s</p> <p>Committee noted the excellent work by Alan Brownrigg and wish him well in his future career.</p> <p>Discussions on the work of job planning, i.e. service gaps, workforce challenges, capacity, and demand. Some examples include:</p> <ul style="list-style-type: none"> - New entry routes to the professions - AHP deployment - Professional development incl. advanced practice <p>The ongoing job planning process will come back to people committee in April 2024</p> <p>Freedom to speak up</p> <p>Committee noted the quarterly report and continued assurance and Group engagement. EDI information is now provided, and more trend data will dovetail into the WRES & WDES</p> <p>Workforce Performance</p> <p>Sickness absence is increasing, and further information requested from clinical leadership.</p> <p>Local Clinical Excellence Awards</p>	

Process completed and People Committee Chair participated. Approved.

Committee expressed its thanks for Rob's leadership, his passion, values, and integrity. His contributions to the people committee and agenda were invaluable. We wish him every success in his new position and NHS career

Actions

Responsibility / timescale

No actions

Escalated items

Key Issues/ Concerns for escalation:

Absenteeism is moving in the wrong direction (upwards). Board level and clinical leadership interventions are required now to prevent a repeat of Q1 high rates (>7%)

Sharing good practice/Things to celebrate:

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

Risks (Include ID if currently on risk register)

Responsibility / timescale

None

Meeting: Quality Assurance Committee	Date of Meeting: 31/01/2024
Connecting to: Board of Directors	Chair : M Davidson
Key topics discussed in the meeting	
<p>The following Assurance reports were considered:</p> <ul style="list-style-type: none"> Board Assurance Framework , 8 reports at January 2024 QAC were considered for assurance for effective management of principal risks. Reports reflect the themes and priorities in the Monthly Integrated Quality and Performance report Maternity Services Perinatal Quality Surveillance report, October-November 2023 CQC Ionising Radiation (Medical Exposure) Regulations , IR(MER) inspection outcome report Quality Accounts 2023/2024 Schedule noting a sign off at Board by 29 May 2024. Safeguarding Children and Adults Q3 report Patient Safety Incident Management report Patient Safety Incident Response Framework Plan , ratified by QAC and implemented on 29/01/2024 Patient Experience and Involvement report <ul style="list-style-type: none"> Chairs' Logs from reporting groups.. <p>Safe and Effective Care Strategic Group : meeting stood down</p> <p>Health and Safety. Sub group : none received due to review of health & safety workstream</p> <p>Safer Medication Practice Group : no matters for escalation to Board</p>	
Actions	Responsibility / timescale
<ul style="list-style-type: none"> Deferred Q 3 Cancer Pathways report to Feb 2024 QAC Terms of Reference to be reviewed together with a review of the Cycle of Business reports 	<p>J. Ferguson February 2024</p> <p>I Bennett/ J White April 2024</p>
Escalated items	
<ul style="list-style-type: none"> QAC noted that since the last meeting in December 2023 the CQC published (19/01/2024) inspection reports on Maternity services. The reports acknowledged a number of areas of outstanding practice and areas for improvement which are already being addressed . QAC thanked the staff for their hard work and ongoing care. 	

- Ratification of the Trust PSIRF Plan is a significant milestone, recognising the early work that has been taking place in 2023 to implement an approach which delivers more effective learning and safer care for patients .
- QAC noted the CQC IR (MER) report following inspection at James Cook Hospital and subsequent actions provides significant assurance .

Risks (Include ID if currently on risk register)	Responsibility / timescale
No risks to add at 31/01/2024	