

# Group Board Meeting

**Wednesday 15 May  
2024, 13:00**

**Lecture Theatre, Middlefield Centre, University  
Hospital of North Tees**



**MEETING OF THE GROUP BOARD TO BE HELD IN PUBLIC  
ON WEDNESDAY 15 MAY 2024 AT 1PM  
IN THE LECTURE THEATRE MIDDLEFIELD CENTRE NORTH TEES HOSPITAL**

**AGENDA**

	ITEM	PURPOSE	LEAD	FORMAT	TIME
<b>CHAIR'S BUSINESS</b>					
1.	Learning from Lived Experience	Information	Group Chair	Presentation	1.00pm
2.	Welcome and Introductions	Information	Group Chair	Verbal	1.15pm
3.	Apologies for Absence	Information	Group Chair	Verbal	1.15pm
4.	Quorum and Declarations of Interest	Information	Group Chair	ENC 1	1.15pm
5.	Minutes of the last meeting of the held on, 17 April 2024	Approval	Group Chair	ENC 2	1.15pm
6.	Matters Arising and Action Log	Information	Group Chair	ENC 3	1.15pm
7.	Group Chairman's Report	Information	Group Chair	ENC 4	1.20pm
8.	Group Chief Executive's Report	Information	Group Chief Executive	ENC 5	1.30pm
9.	Board Assurance Framework Update	Information	Director of Strategy, Assurance and Compliance/ Company Secretary	ENC 6	1.40pm
<b>EFFECTIVE</b>					
10.	Integrated Performance Reports: <ul style="list-style-type: none"> <li>North Tees &amp; Hartlepool NHS Foundation Trust</li> <li>South Tees Hospitals NHS Foundation Trust</li> </ul>	Discussion	Group Managing Director	ENC 7	1.50pm

	ITEM	PURPOSE	LEAD	FORMAT	TIME
11.	Finance Reports Month 12 <ul style="list-style-type: none"> <li>North Tees &amp; Hartlepool NHS Foundation Trust</li> <li>South Tees Hospitals NHS Foundation Trust</li> </ul>	Information	Group Chief Finance Officer	ENC 8	2.05pm
12.	Resources Committee Assurance Report / Chairs Log	Assurance	Chair(s) of Committee	ENC 9	2.15pm
<b>SAFE</b>					
13.	Safer Staffing Report <ul style="list-style-type: none"> <li>North Tees &amp; Hartlepool NHS Foundation Trust</li> <li>South Tees Hospitals NHS Foundation Trust</li> </ul>	Assurance	Group Chief Nursing Officer	ENC 10	2.20pm
14.	CQC Update Report	Assurance	Group Chief Nursing Officer	ENC 11	2.30pm
<b>WELL LED</b>					
15.	Committee Assurance Reports	Information	Chairs of Committees	ENC 12	2.40pm
<b>UNITARY BOARDS</b>					
16.	Minutes of the last Unitary Board of Director meetings: <ul style="list-style-type: none"> <li>South Tees Hospitals NHS Foundation Trust held on, 2 April 2024</li> <li>North Tees &amp; Hartlepool NHS Foundation Trust held on, 4 April 2024</li> <li>North Tees &amp; Hartlepool NHS Foundation Trust AGM held on, 11 October 2023</li> </ul>	Information	Group Chair	ENC 13	2.50pm
17.	Matters Arising and Action Logs: <ul style="list-style-type: none"> <li>South Tees Hospitals NHS Foundation Trust held on, 2 April 2024</li> <li>North Tees &amp; Hartlepool NHS Foundation Trust held on, 4 April 2024</li> </ul>	Information	Group Chair	ENC 14	2.50pm

	ITEM	PURPOSE	LEAD	FORMAT	TIME
18.	Trust Representatives on NTH Solutions Management Board: North Tees & Hartlepool NHS Foundation Trust	Approval	Group Chief Executive	ENC 17	3.00pm
	<b>DATE OF NEXT MEETING</b> The next meeting of the Group Board of Directors will take place on, 5 June 2024 at 1.00pm, in Room 3 and 4, Friarage, Northallerton.				



# Agenda Item: 4



# Register of members interests

**Meeting date:** 15 May 2024

**Reporting to:** Group Board of Directors

**Agenda item No:** 4

**Report author:** Jackie White, Head of Governance & Co Secretary

**Action required:**  
Information

**Delegation status (Board only):**  
Jointly delegated item to Group Board

**Previously presented to:**  
N/A

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

Deliver care without boundaries in collaboration with our health and social care partners ☒

Make best use of our resources ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

All BAF risks



## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The report sets out membership of the Group Board of Directors and interests registered by members. Conflicts should be managed in accordance to the Constitution - If a Director has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trusts or Group, the Director must declare the nature and extent of that interest to other Directors.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

Careful consideration has been given to the risk that directors may have conflicts of interest by reason of being jointly appointed directors of both Trusts. Under Group arrangements and by delegating jointly exercised functions, there are a number of reference points permitting this to occur;

- Overall NHS legal and policy framework for collaboration
- Specific statutory provisions for managing conflicts
- NHS best practice
- Authorisation of joint director roles

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

Robust processes are in place to provide all relevant information to support informed and robust decision making in the best interest of patients and the population the Group serves.

## Recommendations:

The Group Board of Directors are asked to note the register of interest.

Group Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
<b>Ada Burns</b>	Non-Executive Director	2022	Ongoing	Role – Governor and Chair of the Board of Governors, Teesside University
<b>Alison Fellows</b>	Non-executive Director		Ongoing	Non-Executive Director and committee chair – Gentoo Homes Ltd (Housing Association) - Company number 04739226
			Ongoing	Husband Partner at Firm – Ward Hadaway Solicitors
		1.12.23	Ongoing	Governor of the Board of the University also be a Member of is Audit Committee Northumbria University
		6.12.23	Ongoing	Independent Member of Council's Audit Committee Newcastle City Council
<b>Alison Wilson</b>	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.
<b>Alyson Gerner</b>	Associate Non Executive Director	2007	Ongoing	Senior Civil Servant working for a central government department – Department for Education  Director of LocatED Property Ltd  Member of Audit Committee and Remuneration Committee, Oak National Academy
<b>Ann Baxter</b>	Non-executive Director		Ongoing	Independent Scrutineer of Safeguarding / Chair of Statutory Safeguarding Partnership – Darlington Borough Council  School Governor at Thirsk High School and Sixth Form College
<b>Chris Hand</b>	Group Chief Finance Officer	2 July 2021	Ongoing	Director of South Tees Healthcare Management Limited - Company number 10166808  Client Representative ELFS Shared Services Management Board
<b>Chris Macklin</b>	Non-executive Director	February 2023	Ongoing	Chair, Audit One
<b>David Redpath</b>	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
<b>Elizabeth Barnes</b>	Non-executive Director		Ongoing	Non-Executive Director – Aspire Housing  Trustee – University of Sunderland  Trustee – Middlesex University

				Trustee – Peter Coates Foundation
				Member – Uttoxeter Learning Trust
				Member – Queen Elizabeth Grammar School Multi-Academy Trust
<b>Fay Scullion</b>	Non-executive Director			School Governor at Jarrow Trust Secondary School
				Associate Tutor – Learning Curve Group
<b>Hilary Lloyd</b>	Group Chief Nurse	15 February 2021	Ongoing	Visiting Professor at Sunderland – no monetary gain
		May 2023	Ongoing	Chief Nurse for Clinical Research Network NENC
<b>Jackie White</b>	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
<b>Kenneth Readshaw</b>	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
<b>Mark Dias</b>	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
<b>Michael Stewart</b>	Group Chief Medical Officer	1 February 2021	Ongoing	No interests declared
<b>Miriam Davidson</b>	Non Executive Director	December 2022	Ongoing	Care and Health Improvement Programme (SLI) Advisor
				Occasional work with Local Government Association (LGA)
<b>Neil Atkinson</b>	Group Managing Director			No interests declared
<b>Prof Derek Bell</b>	Group 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
		March 2024	Ongoing	Member of the Council for Newcastle University. No remuneration.
<b>Rachael Metcalf</b>	Group Chief People Officer	December 2020	Ongoing	Role of School Governor at High Tunstall College of Science

<b>Rudolf Bilous</b>	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  Trustee of the Stokesley Library
<b>Samuel Peate</b>	Chief Operating Officer South Tees Hospitals NHS Foundation Trust	1 April 2021	Ongoing	No interests declared
<b>Stacey Hunter</b>	Group Chief Executive			No interest declared
<b>Susy Cook</b>	Group Chief People Officer			Governor – Laurence Jackson School
<b>Stuart Irvine</b>	Director of Strategies, Assurance and Compliance & Company Secretary	2023	Ongoing	Chair – Hartlepool College of Further Education  Trustee of Hospitals Trust of the Hartlepoons  Wife employed at the Trust  Son is employed by NTH Solutions

# Agenda Item: 5



**Minutes of a meeting of the Group Board  
held in Public on Wednesday, 17 April 2024 at 1.00pm  
at James Cook University Hospital**

**Present:**

Derek Bell, Group Chair (Chair)  
Stacey Hunter, Group Chief Executive  
Ali Wilson, Vice Chair/Group Non-Executive Director  
Chris Macklin, Group Non-Executive Director  
Fay Scullion, Group Non-Executive Director  
Alison Fellows, Group Non-Executive Director  
Liz Barnes, Group Non-Executive Director  
Ada Burns, Group Non-Executive Director  
Miriam Davidson, Group Non-Executive Director  
Kenneth Readshaw, Group Non-Executive Director  
Mark Dias, Group Non-Executive Director  
David Redpath, Group Non-Executive Director  
Neil Atkinson, Group Managing Director  
Chris Hand, Group Chief Finance Officer  
Mike Stewart, Group Chief Medical Officer  
Susy Cook, Group Chief People Officer  
Rachael Metcalf, Group Chief People Officer

**Associate Non-Executive Directors – non-voting:**

Rudy Bilous, Group Associate Non-Executive Director

**Directors – non-voting:**

Ruth Dalton, Group Director of Communications  
Sam Peate, Chief Operating Officer: STHFT  
Stuart Irvine, Director of Strategy, Assurance & Compliance/Company Secretary  
Jackie White, Head of Governance/Company Secretary

**In Attendance:**

Stephanie Worn, Associate Director of Midwifery: NTHFT – Item 7 only  
Heidi Holliday, Secretary to the Trust Board [note taker]  
Kim Clements, Clinical Matron of Theatres and Anaesthetics: STHFT – Item 1 only  
Jules Huggan, FTSU Guardian: NTHFT – Item 10 only  
Ian Bennett, FTSU Guardian: STHFT – Item 10 only

**GB/001      Patient / Staff Story**

Kim Clements, Clinical Matron of Theatres and Anaesthetics at STHFT shared a family's positive experience regarding their son, Callum's Personal Perioperative Plan and successful dental extraction. Callum was a haemophiliac, requiring the dental extraction to be undertaken in hospital. Callum who had a number of additional complex needs which were detailed in a learning disability passport was anxious about going into hospital, having had unsuccessful attempts previously elsewhere. The family were very happy with the care provided at South Tees Hospitals NHS Foundation Trust (STHFT) and it was noted that the Personal Perioperative Plan would be introduced into other areas including Radiology, Cardiothoracic Theatres and Endoscopy, and aspects of feedback regarding environment were being explored. A discussion ensued in respect of demand for the service and allocated resource. Work ongoing with North Tees & Hartlepool NHS Foundation Trust (NTHFT) to share good practice.

The Group Board placed on record their personal thanks to Callum and his family and to Kim for sharing their story. Kim Clements left the meeting.

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\* voting member



- Resolved:** (i) that, the content of the update be noted; and  
(ii) that, the Group Board's personal thanks be forwarded to Callum and his family.

## **GB/002 Welcome and Introductions**

The Chair welcomed everyone to the first Group Board meeting, noting this was the beginning of a significant and exciting opportunity. He placed on record thanks to Neil Mundy, previous Chair, who had started the establishment of a group model during his period of office, building on a journey of collaboration over several years.

The Group Chief Executive congratulated Susy Cook, Group Chief People Officer (NTHFT) on being appointed as Chief Executive of Aqua.

## **GB/003 Apologies for Absence**

Apologies for absence were reported from Ann Baxter, Vice Chair/Group Non-Executive Director, Alyson Gerner, Group Associate Non-Executive Director and Hilary Lloyd, Group Chief Nurse.

## **GB/004 Quorum and Declaration of Interests**

The meeting was confirmed as quorate.

### No perceived conflicts of interest

The Chair of the meeting referred to the Trust's declaration of interest register and asked attendees if any new declarations needed to be noted. The Chair noted that although new declarations of interest were reported by Alison Fellows and Rudy Bilous, there were no perceived conflicts of interest from the agreed agenda. Should a conflict arise during the course of the meeting, affected individuals should raise the conflict and a decision would be made to ensure appropriate action was taken.

Alison Fellows reiterated that her husband provided legal advice to South Tees Hospitals NHS Foundation Trust (STHFT) in respect of the PFI contract. Rudy Bilous reported he had been appointed as a trustee of Stokesley Library.

## **GB/005 Group Chair's Report**

A summary of the Group Chair's report was provided with the key points highlighted:

- The Non-Executive Directors being appointed as Group Non-Executive and Associate Non-Executive Directors to support the establishment of the single Group Board had been approved by a meeting in common of the Council of Governors following recommendation from the Nominations Committee of both Trusts. The appointments commenced on 5 April 2024 but subject to individual original appointment term of office.
- Group development sessions were being scheduled for the year ahead.
- The Group Chair and Chief Executive recently met with the Chair and Chief Executive of County Durham & Darlington NHS Foundation Trust (CDDFT) to discuss plans for the Group Strategy and common patient pathways across the Tees Valley working with their clinical teams.

**Resolved:** that, the content of the report be noted.

## **GB/006 Group Chief Executive's Report**

A summary of the Group Chief Executive's report was provided with the key points highlighted:

- An update was provided in relation to the North East and North Cumbria Provider Collaborative on key areas of focus at the leadership meeting on 5 April 2024 including smoking cessation

with commendation of improvements made by the Trust;

- The Breast Screening After Radiotherapy Dataset Group (BARD) audit highlighted a number of affected trust patients. These had been followed up and would be discussed at Quality Committee;
- The Tees wide Urgent Care Services commenced on Monday, 1 April 2024, seeing an initial reduction in emergency department attendances and waiting times and thanks was placed on record to Kevin Moore, Clinical Lead and the local leadership team;
- Good news stories across both organisations were shared.

**Resolved:** (i) that, the content of the report be noted; and  
(ii) that, the Group Board's thanks be forwarded to Kevin Moore and the Local Leadership Team.

## **GB/007 Board Assurance Framework Update**

Stuart Irvine presented the Board Assurance Framework (BAF) Update report for the two Trusts and highlighted the key issues.

Individual BAFs would remain in place for both organisations to provide robust oversight, however, during the next six months' a review would be undertaken to align processes for consistency and standardisation, whilst ensuring there were no adverse impacts on the effectiveness of processes. The outcome of the review would be reported at a meeting in six months' time.

Four strategic risks were outside of the approved risk appetite of the Resources Committee at NTHFT and two at STHFT with details provided. All risks were reported to the Resources Committees on a monthly basis.

Following robust discussion, it was noted that work continued on processes and timing of reports and a full and final report for Quarter 4 would be provided at the next meeting, which would include reassurance of timeframes and reporting mechanisms, and assurance would also be provided on areas where little progress had been made.

**Resolved:** (i) that, the content of the report be noted; and  
(ii) that, a full Quarter 4 update be provided at the next Group Board meeting; and  
(iii) that, the outcome of the review to align processes across the two organisations for consistency and standardisation would be provided in six months' time.

## **GB/008 Integrated Performance Reports**

Neil Atkinson, Sam Peate and Rowena Dean, presented the Integrated Performance Reports (IPR) February 2024 position for both organisations and highlighted the key points.

Both reports had been to the Resources Committees for discussion and triangulation. A comparative review of both IPRs had been undertaken and work was to be carried out around standardisation. The Board were asked to approve the establishment of a Working Group to take this work forward and ensure the future IPR covered all Board requirements and incorporated the work of the Clinical Boards, prompting discussion. It was agreed that once the combined IPR had been developed, a Board Development Session would be arranged.

Following a query regarding the increase in theatre cancellations, it was reported that there were a number of contributory factors which were being monitored and although a reduction had started to be seen the position would continue to be reviewed. The work being undertaken to reduce waiting lists and the issue of patients declining earlier available appointment at other providers was noted. .

The Chair reported that the report summary sheets should provide narrative to support the IPRs, highlighting any areas of note.

The Group Board noted the interventions put in place to keep on top of performance and on track with trends.

- Resolved:** (i) that, the content of the report be noted; and  
(ii) that, the establishment of a Working Group to focus on combining the two organisation's Integrated Performance Reports be approved; and a future Board Development Session focusing on the new combined Integrated Performance Report be arranged.

#### **GB/009 Staff Surveys**

Rachael Metcalf, and Susy Cook, presented the NHS Annual Staff Survey results for both organisations and highlighted the key issues. Scores for the seven areas of the NHS People Promise, staff engagement and morale, were highlighted along with benchmarking data against the previous years results and an average Group score.

The overall response rate for STHFT was 35% and 50% for NTHFT and it was noted that the learning shared from NTHFT regarding staff survey initiatives had resulted in an increased response rate for STHFT. Further plans were being developed to increase the rates further for future surveys.

Collaborative work continued to share learning and approaches and to develop progressive plans, to ensure the Group would see continued improvement. The Equality Diversity Inclusion (EDI) Networks were working well together and a joint EDI Event was being scheduled for November 2024. Further embedding of 'you said we did' was planned, including follow up and listening events for all groups of staff. Data had been broken down in those areas where the responses were below Group average.

**Resolved:** that, the content of the report be noted.

#### **GB/010 Freedom to Speak Up Report**

Ian Bennett, FTSU Guardian (STHFT) and Jules Huggan, FTSU Guardian (NTHFT) joined the meeting and presented the Freedom to Speak Up Report and highlighted the key issues.

Collaborative working across both organisations was progressing and the Group structure provided an opportunity to further enhance that work and to develop a sustainable plan for proactive and reactive work around FTSU.

Following a review of the recommendations and the reflection and planning tool, it was evident that both organisations could provide a significant level of assurance on the effectiveness of their respective FTSU models. Noted that after a gap analysis of the Thirlwell Inquiry, Christie Report and Reflection and Planning Tool assessments, there were no red areas highlighted across either organisation. There were a number of amber areas and plans were in place to address those. The report set out the proactive work being undertaken to demonstrate the breadth of work being undertaken.

An overview was provided of the next steps and further developments planned.. The importance of encouraging staff to undertake the e-learning 'Speak up, listen up and follow up' was noted, prior to the training becoming mandatory.

**Resolved:** that, the content of the report be noted.

#### **GB/011 Maternity and Neonatal Report: North Tees & Hartlepool NHS Foundation Trust**

Stephanie Worn, Associate Director of Midwifery presented the Maternity and Neonatal Report for NTHFT and highlighted the key issues. .

In October 2023, the Trust received an Ockenden Insights facilitated by the Integrated Care Board (ICB) and Local Neonatal Service (LMNS), to benchmark the maternity services position against the

seven immediate and essential actions (IEAs). Feedback had been positive with improvements seen from the previous year's visit.

The Trust was on track to meet the Maternity Incentive Scheme (MIS) Year 5 compliance and the MIS for Year 6 was launched on Tuesday, 2 April 2024, with work ongoing to further build and strengthen reporting. The new Maternity and Neonatal Voice Partnership (MNVP) guidance had been published in Quarter 3 and the LMNS were to facilitate workshops, to facilitate future developments of work plans for 2024/25.

Fourteen red flags were raised on a 12hour shift basis via the Birthrate Plus app and all were reviewed and monitored through governance processes. Compliance against the obstetric department's mandatory training continued to be monitored on a monthly basis and support was provided for staff to access the training. An overview of the training compliance for the period October to December 2023 was highlighted within the report.

In Quarter 3, the service reported three new approved risks. Following a query it was confirmed that, with regards to Risk 6691: Risk of suboptimal outcomes due to the potential inability to provide consultant cover 24/7, a gap in workforce had been identified. An important piece of work was being undertaken to develop a forward plan for those members of staff close to retirement and to ensure that workforce continued to flow.

Assurance was sought regarding the increase in post-partum haemorrhage rates in both organisations. It was reported that in NTHFT, the Quality Improvement Projects Team were undertaking focused work and deep dives on this and the numbers had already started to decrease.

The Group Board thanked the Leadership Team and all staff within the department for their hard work and dedication and requested that this be forwarded on to the staff.

- Resolved:**
- (i) that, the content of the report be noted; and
  - (ii) that, the Group Board's thanks to staff within the department for their hard work and dedication be forwarded on to the staff.

## **GB/012 Finance Reports: Month 11**

Chris Hand, presented the Month 11 Finance Reports for both organisations and highlighted the key issues.

The financial position at the end of Month 11 for NTHFT was a cumulative surplus of £1.3m, which was £0.9m ahead of the year-to-date plan and for STHFT was a cumulative deficit of £18.0m, which was in line with the year-to-date plan. Both Trusts were showing a strong position against targets.

A Group CIP Forum had been established and was working through the different issues across both organisations to identify opportunities for learning as a Group. An area for review is agency use with to resolve overspends and underspends.

Finance teams were working hard to close down year end and to find a balance of current and non-recurrent funding. The Group Board thanked the finance teams for their hard work.

- Resolved:**
- (i) that, the content of the report be noted; and
  - (ii) that, the Group Board's thanks be forwarded on to the Finance Teams.

## **GB/013 Modern Slavery Statements**

Stuart Irvine, presented the Modern Slavery Statements for 2024/25 for both organisations, which set out the steps taken, and continued to take, to make sure that modern slavery or human trafficking was not taking place within the organisations, subsidiary companies or supply chain during the year ahead.

The Trusts supported a zero tolerance for slavery and human trafficking and were fully aware of their

responsibilities with appropriate due diligence and internal policies and procedures in place, which were reviewed at least every three years.

The Group Board approved the statements, which would now be published in a prominent place on each organisation's websites and that of its subsidiary companies.

- Resolved:**
- (i) that, the content of the report be noted; and
  - (ii) that, both organisations Modern Slavery and Human Trafficking Statements for 2024/25 be approved and be published in a prominent place on each organisation's websites and that of its subsidiary companies.

#### **GB/014 Committee Assurance Reports**

David Redpath, Group Non-Executive Director presented the STHFT Resources Committee Assurance Reports. The key areas to note were:

- Electronic Document Managed System – this was to be reviewed from a Group perspective to identify where space could be released across the sites.
- The alignment of Digital and Estates was noted, with a Lead to be appointed.

**Resolved:** that, the content of the report be noted.

Miriam Davidson, Group Non-Executive Director presented the STHFT Quality Committee Assurance Reports. The key area of note was:

- IPC Outcomes – concerns had been raised and there was a need for additional laboratory capacity to deal with localised outbreaks.

**Resolved:** that, the content of the report be noted.

Ken Readshaw, Group Non-Executive Director presented the STHFT Audit and Risk Committee Assurance Report. The key area to note was:

- Fire Risk Audit – accelerated progress was being made and work continued. .

**Resolved:** that, the content of the report be noted.

Mark Dias, Group Non-Executive Director presented the STHFT People Committee Assurance Reports. The key areas to note were:

- Absenteeism – it was important to see a decrease in absenteeism and work continued.
- GMC Training Survey – STHFT was ranking reduced in the GMC National Trainer Survey and assurance had been sought on actions to resolve this. Discussions were ongoing and the issue was being escalated. It was felt that some of the decline could be related to Industrial Action and information was being triangulated.

**Resolved:** that, the content of the report be noted.

Fay Scullion, Group Non-Executive Director presented the NTHFT Quality Committee Assurance Report. The key areas to note were:

- Infection Control – there had been a spike in infection control cases and proactive work was ongoing including focused work in one specific area.
- Cancer Standards – additional clinics had been established to meet the 28-day faster diagnosis target. The 62-day target had not yet been met and patients were proactively being contacted and prioritised where appropriate.
- Mental Health – challenges continued to be seen with those patients presenting to the emergency department and further discussions were planned.

Alison Fellows, Group Non-Executive Director noted the importance of triangulation of the papers presented to Board and the key messages for Board members.

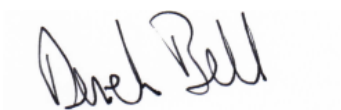
**Resolved:** that, the content of the report be noted.

**GB/015      Date and Time of Next Meeting**

**Resolved:** that, the next meeting be held on, Wednesday, 15 May 2024 in the Lecture Theatre at the University Hospital of North Tees.

The meeting closed at 3.40pm.

Signed:

A handwritten signature in black ink, appearing to read 'Derek Bell', is written over a light blue rectangular background.

Date: 15.05.2024

# Agenda Item: 6



Date							
Date	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
17.4.24	GB/007	Board Assurance Framework	BAF Quarter 4 update be provided at the next Group Board meeting	Stuart Irvine, Jackie White	15.4.24	On agenda	Complete
17.4.24	GB/008	Integrated performance report	that, the outcome of the review to align processes across the two organisations for consistency and standardisation would be provided in six months' time	Stuart Irvine, Jackie White	01.10.24		Open
17.4.24	GB/008	Integrated performance report	the establishment of a Working Group to focus on combining the two organisation's Integrated Performance Reports be approved;	Rowena Dean, Sam Peate	15.5.24	NED representatives identified	Open
17.4.24	GB/008	Integrated performance report	a future Board Development Session focusing on the new combined Integrated Performance Report be arranged.	Stuart Irvine, Jackie White	asap	On list for scheduling	Open
17.4.24	GB/013	Modern Slavery Statements	both organisations Modern Slavery and Human Trafficking Statements for 2024/25 be e published in a prominent place on each organisation's websites and that of its subsidiary companies	Stuart Irvine, Jackie White	asap	On websites	Complete



# Agenda Item: 7



# Group Chairman's Report

**Meeting date:** 15 May 2024

**Reporting to:** Group Board of Directors

**Agenda item No:** 7

**Report author:** Jackie White, Head of Governance & Company Secretary

**Action required:**  
Information

**Delegation status (Board only):**  
Jointly delegated item to Group Board

**Previously presented to:**  
N/A

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

Deliver care without boundaries in collaboration with our health and social care partners ☒

Make best use of our resources ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

All BAF risks



## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The report provides an update from the Group Chairman.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The report sets out an overview of the health and wider related issues. There are no risk implications with this report.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

## Recommendations:

The Group Board of Directors are asked to note the report.

## **Group Chairman's Update**

### **1. Introduction**

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

#### **1.1 Group Board**

Work continues to pick up pace on the aspirations and vision for the Group with a further Board session held prior to the Group Board meeting in April. This includes a focus on education research and innovation, working closer with others to achieve more with a focus on integration, being an anchor institution and how we represent our communities and staff, how we deliver value for money.

Following a period of engagement with staff, council of governor members, the Board and stakeholders we are very close to agreeing the name of the Group which I hope to be able to announce at the meeting.

#### **1.2 Engagement meetings**

I was delighted to be invited to attend the Healthwatch South Tees Star Awards. As ever this was well organised, celebrating success across the health and care sector. The major contribution from voluntary sector organisation and teams are major examples and successes in improving patients and carers' lives. South Tees NHS Foundation Trust staff were well represented and I was pleased to be able to present the award for Leading the Way for Change Award to the Tees Valley Targeted Lung Health Check (TLHC) Programme. It was a great ceremony to be part of with some great nominations and winners.

#### **1.3 Foundation Trust Chairs forum**

I attended the Foundation Trust Chairs Forum on 23 April where the key topics of conversation continue to be greater collaboration and improved productivity.

#### **1.4 North East and North Cumbria Provider Collaborative and Chief Executives and Chairs meeting**

The first joint meeting of the Chief Executives and Chairs took place on 3<sup>rd</sup> May and is now planned to occur twice annually to support Board engagement and greater collaboration in the North East.

#### **1.5 Council of Governors elections**

Elections for North Tees & Hartlepool NHS Trust and South Tees Hospitals NHS Trust council of governors took place recently. There was a good response to all areas with the majority of vacancies filled. Further details on appointments will be announced later in the year.

#### **1.6 Veterans at North Tees & Hartlepool NHS Trust**

Important and positive work continues to be undertaken by the Trust in relation to our Veteran Aware work stream. As part of group arrangements, the Trust is working closely with South Tees Hospitals NHS Foundation Trust to maximise the benefits to veterans. In February 2024, the Trust received approval of the Veterans Covenant Healthcare Alliance (VCHA) 1 Year Review, demonstrating the Trust's ongoing work to continue to be a 'Veteran Aware'

organisation. The Trust remains in contact with the VCHA team to continue to improve services for our Armed Forces Community. The Trust's Veteran's Steering Group is now chaired by the Colonel (Retired) Ian Simpson Trust's, a Non-Executive Director of the Trust.

## **2. Recommendation**

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

**Professor Derek Bell**  
**Group Chair**

# Agenda Item: 8



# Group Chief Executive Officer's Report

**Meeting date:** 15 May 2024

**Reporting to:** Group Board of Directors

**Agenda item No:** 8

**Report author:** Jackie White, Head of  
Governance & Company Secretary

**Action required:**  
Information

**Delegation status (Board only):**  
Jointly delegated item to Group Board

**Previously presented to:**  
N/A

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

Deliver care without boundaries in collaboration with our health and social care partners ☒

Make best use of our resources ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

All BAF risks



## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The report provides an update from the Group Chief Executive Officer.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The report sets out an overview of the health and wider related issues. There are no risk implications with this report.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

## Recommendations:

The Group Board of Directors are asked to note the report.



## **Group Chief Executive's Report**

### **1. Introduction**

This report provides information to the Board of Directors on key local, regional and national issues and is linked to the strategic objectives of the Trust. My apologies for not being able to present the paper this month, this is due to pre-planned leave. Many thanks to Dr Stewart, Group Chief Medical Officer who will present the report on my behalf.

#### **1.1 Integrated Care System (ICS)**

Chief Executives from across the North East and North Cumbria continue to meet with the ICB Executive Team to support the ongoing development of the system. At the Chief Executive strategic session on 19 April 2024, discussion took place on Pathology, tackling abuse together and the draft NHS Oversight and Assessment Framework.

#### **1.2 North East and North Cumbria CEO / Chair meeting**

The Chief Executives and Chairs of Provider Trusts met on 25 April 2024 with the ICB to hear from PwC on the learning in Greater Manchester and our own learning in the Northeast and North Cumbria with a focus on Board and financial governance and controls.

A note from the session has been circulated to board members and I am keen to secure some further time with Board members to consider some of the learning in greater detail. I will work with the Chair to arrange this in the coming weeks.

#### **1.3 North East and North Cumbria Provider Collaborative (PvCv)**

Every month, Chief Executives across the eleven Provider Collaborative Foundation Trusts meet in the Provider Leadership Board (PLB). The Leadership Board meeting took place on 3 May 2024 with a focus on the medium term financial plan and workforce workstream.

#### **1.4 ICB and Trust CEO meeting with Amanda Pritchard**

On Wednesday 1 May I travelled to London to attend a meeting with Trust CEOs and the ICB colleagues to hear from Amanda Pritchard on how we can collectively make the most of the investment in the Spring Budget for technology from next year.

The additional investment in Digital from April 2025 is double the current amount and provides a significant opportunity. There will be a series of discussions over the summer supported by the national team to agree what the priorities are and how we can use this to improve patient and staff experience as well as be more effective in the ways we work. It will be important for our Group to engage fully with this as we continue to develop our digital strategy.

#### **1.5 Tees Valley Group Model**

Group development work continues at pace to deliver our ambitions as a Group. The Group development team are ensuring coordinated progress of the four workstreams of board governance; executive structure; clinical strategy and enabling strategies. Following the first joint board meeting in May we will be continuing to work to bring the committees together over the next few months. We have completed the recruitment to the clinical boards which will develop proposals to transform our clinical services, which is of course the core purpose of our Group. I am delighted at the level of interest we have had for these posts and the strong appointments we have been able to make. A mobilisation event on 9 May will set the ambitions and outline our strategic vision for the boards and will include a strong organisational

development element to ensure that those clinical board leaders are able to work really effectively together. We have now completed a round of staff engagement sessions on digital and that will now develop into a draft digital strategy alongside some quick wins to enable effective working for clinicians and other staff across sites. And really important work continues on patient and staff engagement. Healthwatch are carrying out a survey on our behalf of what our population would like to see the Group focus on and that will clearly have important implications for our clinical strategy.

## **1.6 Group Executive Appointments**

I am pleased to update that we have appointed Mr Anderson as Group Chief Information Officer who will take up post this month. The recruitment of the Group Strategy Director continues to be on track along with the recruitment for the hospital leadership teams.

## **1.7 Sexual safety charter**

As a Group, it is important that we create a workplace culture across our sites where sexual misconduct is never ok. Everyone has the right to feel safe at work, and we want to provide a safe and supportive environment for all.

We are pleased to be signatories to the NHS Sexual Safety Charter and have committed to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within our workplace.

## **1.8 Improving the working lives of doctors in training**

Looking after our staff is a key priority for our Group and we recognise that our staff work incredibly hard to deliver services to our patients.

Amanda Pritchard, NHS Chief Executive wrote to NHS Trusts last week and set out a number of asks of the Board from cutting red tape in training, to flexibility on rotas and sorting out payroll errors, which will all help make a tangible difference to our colleagues. Our Group Chief People Officer, Rachael Metcalf is taking a lead on this work with Mike Stewart, Group Chief Medical Officer, and partner organisations such as Health Education England to ensure we bring about change and improve how we care for our staff, students, trainees and patients.

## **1.9 Healthcare support workers**

The Board will be aware that the Trusts have offered both an uplift of banding and back pay from July 2021 for our healthcare support workers. We remain in dispute with our healthcare support worker colleagues which we recognise is a challenge for all parties. The Trusts have been notified that industrial action will take place from 08:00 Monday 20 May until 07:59 am Saturday 25 May.

## **1.10 External visits**

We were pleased to host Sarah Jane Marsh, National Director of Integrated Urgent and Emergency Care / Deputy Chief Operating Officer for NHS England for a visit to North Tees & Hartlepool NHS Trust this month. Sarah Jane commented that “when you visit an organisation with one of the best A&E performance in the country and you immediately know why. No work rounds, just fixing the root cause of any delays where they exist. Hugely impressive.”

## **1.11 Other News!**

### **South Tees**

Thousands of patients cared for by South Tees Hospitals NHS Foundation Trust are now managing their outpatient appointments digitally at the touch of a button thanks to a new online Patient Engagement Portal (PEP). Patients who have provided the trust with a mobile number are now receiving appointment reminders and digital outpatient appointment letters via text messages from 07860 039 092 – making it easier for them to manage their appointments on their smartphone, tablet or PC.

Since the beginning of the year, over 133,800 digital outpatient letters have been uploaded to the DrDoctor portal. 74% of those patients have viewed their letter electronically and have decided to remain digital first in their communications. In addition, the new portal supports the trust's Greener Plan by reducing the number of printed letters sent out.

### **North Tees**

Using pain relief to prevent pneumonia may not be an obvious course of action but a team of specially trained medics at North Tees and Hartlepool NHS Foundation Trust are finding increasing success with this unusual approach. Most people recognise that pneumonia (chest infection) presents a real risk to life. What many people don't realise is that a broken rib can lead to pneumonia.

The simple act of coughing helps clear the lungs and reduces the chances of pneumonia. But the pain of a broken rib can be so severe, which can lead to shallow breathing and prevent coughing. This causes lungs to collapse and pooling of secretions increasing the risk of deadly infection.

A specialist team of consultant anaesthetists at North Tees and Hartlepool NHS Foundation Trust is now offering a service five days a week (Monday to Friday) for pain relief to patients with broken ribs.

## **2. RECOMMENDATIONS**

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

# Agenda Item: 9



# Board Assurance Framework Report – Quarter 4 (2023/24)

**Meeting date:** 15 May 2024

**Reporting to:** Group Board of Directors

**Agenda item No:** 9

**Report author:** Stuart Irvine, Director of Strategy, Assurance & Compliance / Company Secretary and Jackie White Head of Governance & Company Secretary

**Action required:**  
Assurance

**Delegation status (Board only):**  
Jointly delegated item to Group Board

**Previously presented to:**  
BAF domains were presented to Board committees in April 2024.

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

Deliver care without boundaries in collaboration with our health and social care partners ☒

Make best use of our resources ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

This report relates to Board Assurance Frameworks of each Trust.



## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The Group Board is asked to note the strategic risks that are outside of the approved risk appetite of the Board committees that are high/red risks (i.e. a current score of 15 or above).

### North Tees & Hartlepool NHS Foundation Trust

There are four strategic risks that are outside of approved risk appetite of the Resources Committee, which are high/red risks (details are provided in the attached report).

### South Tees Hospitals NHS Foundation Trust

There are 2 high/red strategic risks that are outside of approved risk appetite of the Board Committee (details are provided in the attached report).

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

This report identifies the high/red risks contained in this report that are outside of the approved risk appetite. Each risk has at least one planned action that aims to reduce the current risk scores to the target risks scores and within the approved risk appetite range. The risks outside of approved risk appetite continue to be reported to the relevant committees ensuring oversight and to the Audit Committees of each Trust and will be reported to Group Board on a quarterly basis.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The Trust's receive assurance on the Board Assurance Framework and Risk Management processes on an annual basis from the respective internal auditors. The assurance for 2022/23 for both Trusts was good assurance and the audits relating to 2023/24 are in progress and draft assurance opinions are expected in May 2024.

During 2023/24, benchmarking was undertaken on a regional and national level to provide assurance the Board Assurance Framework content and strategic risks. Under Group arrangements, further benchmarking will be undertaken and reported in 2024/25.

## Recommendations:

The Group Board of Directors is asked to;

- Note the Board Assurance Framework update;
- The current position of four high/red risks that are outside of approved risk appetite for North Tees & Hartlepool NHS Foundation Trust and 2 for South Tees Hospitals NHS Foundation Trust; and
- Planned actions over the next 6 months.

# **North Tees and Hartlepool NHS Foundation Trust**

## **Meeting of the Group Board of Directors**

**15 May 2024**

### **Board Assurance Framework – Quarter 4 2023/24**

#### **Report of the Director of Strategy, Assurance & Compliance/ Company Secretary**

## **1 Purpose**

- 1.1 The purpose of this report is to provide assurance to the Group Board of Directors regarding the principal risks to achieving the strategic objectives of North Tees & Hartlepool NHS Foundation Trust.

## **2 Background**

- 2.1 The role of the Board Assurance Framework (BAF) is to provide evidence and structure to support effective management of strategic risk within the organisation that may impact on the delivery of strategic objectives. The BAF also provides core evidence to support the formulation of the Annual Governance Statement.
- 2.2 The BAF provides assurance to the Trust's Board of Directors regarding the key risks and identifies which of the strategic objectives may be at risk of not being delivered, whilst also providing assurance where risks are being managed effectively and objectives are being delivered. This allows the Trust Board to determine where to make most efficient use of their resources or otherwise take mitigating action and address the issues identified in order to deliver the Trust's strategic objectives.
- 2.3 The process for gaining assurance is fundamentally about collating and considering all of the relevant evidence together and reporting informed conclusions. In order to do this the Board of Directors tasks its Board Committees with undertaking scrutiny and assurance of the following:
- Assignment of oversight of specific BAF domains
  - Identified risks and causes of risk
  - Controls in place
  - Assurances in place and whether they give positive or negative assurance
  - Gaps in controls or assurance
  - Actions to mitigate risk and support the movement towards targeted risk scores
  - Ensuring effective systems are in place to identify, monitor and mitigate risks and providing assurance to Board of Directors.
- 2.4 Board Committees receive BAF reports aligned with their delegated responsibility at each meeting and are presented by the responsible Director (or nominated deputy). This enables the review and scrutiny of the management and mitigation of strategic risk via the committees and for upward reporting to the Board of Directors.
- 2.5 The Board Assurance Framework and broader governance processes were subject to an independent governance review, following the findings of the Care Quality Commission (CQC) report in September 2022. The independent review was commissioned in November 2022 and the final report has been provided to the Trust and presented to the Board of Directors meeting on 5<sup>th</sup> October 2023.
- 2.6 The review focused on the Trust's responsibility for maintaining a sound system of internal control and governance that supports the delivery of strategy within the context of system working and the achievement of the Trust's strategic aims and objectives, and that those systems remain fit for purpose.

- 2.7 The Trust continues to receive positive external assurance relating to the Board Assurance Framework, with Good Assurance being provided by AuditOne in 2022/23 (the Trust's Internal Auditors). The internal audit for 2023/24 is in progress and is planned to be completed by the end of May 2024.
- 2.8 The Trust has concluded a full internal review of the risk management process including the Board Assurance Framework to ensure that the process and procedures remain fit for purpose and to ensure that the process of risk management is embedded at all levels within the Trust.
- 2.9 Following the review of the BAF, the Trust undertook a transitional and controlled process to move from 12 original BAF domains to seven and this took into account benchmarking of a number of NHS Foundation Trusts (including an NHS FT rated outstanding by CQC, overall and for being well led) and PWC Top 10 risks in the NHS 2023.
- 2.10 A key development was the decision to create a separate BAF domain to specifically focus on the Trust's Estate due to this being a long standing and strategic red risk. This has enabled a greater focus on the potential impact of the Trust's Estate and to evidence the multi-faceted nature of this risk e.g. service delivery, impact on quality and safety and finance. The Trust's Chief Medical Officer is the responsible Executive Director and the lead author will be the Assistant Director of Estates and Capital (NTH Solutions LLP). This will be reported on a monthly basis to the Resources Committee.
- 2.11 Applicable content from BAF domains that no longer continue have transferred to appropriate BAF domains that will continue to be maintained, monitored and reported and has been underpinned by close liaison between BAF authors. This process was completed by 31<sup>st</sup> December 2023, with Committees and Board of Directors having full oversight of the process.
- 2.12 The table below sets out the new state of the BAF domains, the responsible authors and Directors and importantly, the Committee of the Board of Directors that is responsible for oversight of the BAF domains. The BAF remains under constant review and remains subject to change.

BAF Domain	Responsible Director	BAF Author	Committee oversight
<b>Quality</b>	Chief Nurse/Director of Patient Safety & Quality	Deputy Chief Nurse	Quality Committee
<b>Performance</b>	Director of Planning & Performance	Associate Director of Planning & Performance	Resources Committee
<b>People</b>	Chief People Officer	Head of Workforce Planning, Quality & Projects	People Committee
<b>Integration &amp; Collaboration – Service &amp; Care Pathways</b>	Chief Operating Officer	Care Group Director, Healthy Lives	Quality Committee
<b>Finance</b>	Director of Finance	Deputy Director of Finance	Resources Committee



BAF Domain	Responsible Director	BAF Author	Committee oversight
Digital	Chief Information & Technology Officer	Deputy Chief Information & Technology Officer	Resources Committee
Trust's Estate	Chief Medical Officer	Associate Director of Estates & Capital (NTH Solutions LLP)	Resources Committee

- 2.13 The Operational Delivery Group meets on a weekly basis, which is chaired by the Chief Operating Officer and Director of Planning & Performance. This meeting reviews all newly proposed risks, providing scrutiny and oversight, supporting challenge and the development of risks, the controls and assurances, prior to approving the risk. This also facilitates the consideration of the impacts of risk across care group/corporate areas and the links between operational risks and strategic risks.
- 2.14 A formal Risk Management Group meet on a monthly basis and reviews all risks that were approved in the preceding month, corporate and strategic, to provide oversight and assurance to the Board of Directors. This also includes a review of all red risks.
- 2.15 The Board Assurance Framework continues to be managed through the Committee structure, Audit Committee and Board of Directors and further updates will continue to be presented.

### Benchmarking

- 2.16 During 2023/24, the Trust has undertaken extensive benchmarking to support the development and transitional stage of the BAF, including the utilisation of BAFs from local NHS FT providers for regional perspective and Liverpool Heart & Chest Hospital NHS FT who are rated outstanding overall with CQC and outstanding for Well-Led. This provides robust assurance regarding the Trust's Board Assurance Framework domains and similar alignment.
- 2.17 The Trust also reviewed and compared the PWC report which was issued in July 2023, which listed the Top 10 risks in the NHS (including outputs from 42 FTs across the country). The report allowed analysis and is to be used to inform regular reviews of the Board Assurance Framework. Following the review, there were no identified changes to the BAF and similar alignment was noted. This will be reviewed annually.
- 2.18 As the internal audit provider to the Trust, AuditOne participate in an annual national exercise relating to Board Assurance Frameworks. The Trust participates in this exercise and once the benchmarking information is made available, the Trust will have a further opportunity to compare the key strategic risks facing organisations across the country.
- 2.19 The embeddedness of BAF reporting arrangements strengthens the clear line of accountability and responsibility for each BAF domain and the reporting arrangements into Board Committees, including quarterly reporting to the Audit Committee and Board of Directors.

### Trust Ageing Estate BAF Domain – Update

- 2.20 The BAF domain for the Trust's Estate was approved by the Resources Committee on 23<sup>rd</sup> January 2024. The following decisions were made;
- The **risk appetite** for the Trust's Estate BAF domain was approved as open. This translates to being willing to consider all potential options and select those with the highest probability of productive outcomes.
  - This resulted in an approved risk tolerance range for a current risk score range of 8-12.

- Five **strategic risks** were approved, including the **risk descriptions** were approved.
- The inherent, current and target **risk scores** were approved.

2.21 This resulted in three strategic risks that have current risk scores that are outside of the approved risk appetite of the Resources Committee.

2.22 The exercise to review and refresh the content of the BAF has concluded and throughout the process, this has been closely monitored and controlled and clear and detailed explanations of content changes have been reported to the assurance committees. This has been overseen by the Director of Strategy, Assurance & Compliance/Company Secretary and the Associate Director of Risk Management. It is important to note that throughout the transition process, there has been no reduction in the effectiveness of the risk management reporting processes.

2.23 Based on the revised seven BAF domains and the extensive benchmarking exercise undertaken, the Trust has a BAF that supports the effective management, monitoring and reporting of strategic risks that may impact on the delivery of strategic objectives.

### 3. Main Content

3.1 In support of the production of the Quarter 4 BAF report, all BAF domains have been reviewed and updated by the responsible authors and Directors and has been reported via the relevant assurance committee in April 2024 and also to the Audit Committee on 30<sup>th</sup> April 2024.

3.2 Following the completion of the review of the BAF, the Quarter 4 BAF report is reporting **7 Board Assurance Framework domains** associated with delivery of the four strategic objectives;



Within the 7 domains, there are **35 strategic risks** and are set out in the risk radar contained within this report (**see Appendix A**).

3.3 The exercise to collate the approved risk appetite of each BAF domain and the current risk score of each strategic risk has been completed and is contained within this report (**see Appendix B**) to this report. Furthermore, injects will continue to be provided to BAF authors to determine whether current and future risks/issues have been sufficiently considered and reflected in the BAF domains.

3.4 There are currently **four strategic risks with a current red/high risk rating that are outside of the approved risk appetite** (Open – which is a current score range of 8 - 12) of the Resources Committee. Three are within the Trust's Estate BAF domain and one is within the Finance BAF domain.

BAF Domain	Approved Risk Appetite	Risk Score Range	Number of strategic risks outside of appetite
Finance	Open	8-12	1
Trust's Estate	Open	8-12	3

3.5 **Strategic Risk #9 (Delivery of savings)** remains a current risk score of 16 and relates to the delivery of savings within the Trust's Cost Improvement Programme (CIP) for 2023/24 which is £20.7m. Controls in place to mitigate this risk included CIP workshops and support to Care Groups from the PMIO team to identify and delivery of schemes to deliver the cost improvement plan, supported by 'Quad' meetings. Further work is ongoing to scope and cost identified

schemes to support overall delivery. This is underpinned by the established Financial Management Performance Framework and the associated levels of escalation to the Executive Team. The Resources Committee receive monthly reports on the financial position for 2023/24, including CIP delivery and future planning. This remained a red risk throughout 2023/24 and will be reassessed during annual planning.

- 3.6 **Strategic Risk #21 (Failure of Trust infrastructure)** is a current risk score of 15, with mitigating actions including a desktop review and simulation exercises for EPRR during 2023/24 and NTH Solutions writing to landlords to obtain third party assurance that the buildings the Trust utilises has been assessed for RAAC.
- 3.7 **Strategic Risk #22 (Insufficient capital funding to maintain the Trust's estate)** is a current risk score of 20, with a mitigating action to develop an OBC and the capital requirement to redevelop the estate being split over a 5 year period. This will be reflected in the OBC along with a group focus.
- 3.8 **Strategic Risk #24 (Reduction of system capacity due to the Trust being unable to provide services, impacting on reputation)** is a current risk score of 15, with a mitigating planned action to develop a plan to determine the distribution of services if the Trust is unable to provide services from its estate (linked to desktop and simulation exercise).

### **RAAC Update**

- 3.9 Following a water leak in 2023, the Trust identified that there was reinforced autoclaved aerated concrete (RAAC) in all seven residences, with 4 requiring make safe action (Farndale House, Everley House, Goathland House and Ingleby House) and all making safe work were completed by the end of March 2024 and were funded from the backlog maintenance capital programme. There has been an impact on a small number of affected staff who were temporarily decanted and were provided with suitable alternative accommodation. The remaining 3 residences are in good condition and will be monitored in accordance with national RAAC advice.
- 3.10 Upon the conclusion of the Trust-wide RAAC review, it was identified that RAAC was found in the lecture theatre in the Middlefield Centre. Make safe work commenced on 8<sup>th</sup> January 2024 and will be completed in April 2024. This is also being funded from the backlog maintenance capital programme. All planned events during this period will take place in alternative venues.
- 3.11 The “making safe” work does not remove the RAAC. NHSE have stipulated bids could only be for 2 year programmes of work. A bid to fund RAAC removal was submitted to NHSE on 13<sup>th</sup> March 2024 requesting £1.77m funding in FY24/25 and FY25/26 to remove the RAAC from Jervaulx House, Helmsley House and Osmotherley House. There is no indication when a funding award decision will be reached.

### **Constructive Challenge**

- 3.12 Following constructive challenge at the Resources Committee meeting on 23 January 2024, a meeting took place with the Deputy Medical Director and the strategic risk – Trust's estate does not allow for the provision of optimal clinical services was discussed in detail. The meeting was to determine whether the current risk score of 9 was accurate and reflective of the current position. Following the meeting, there was no proposed change to the current risk score at this stage and an agreed action from the meeting was to request a deep dive into the requests made to NTH Solutions relating to Theatres at UHNT to determine if there are any themes to learn lessons e.g. recurring events. It was agreed to meet again in three months to review the position and widen the discussion to all five strategic risks relating the Trust's Estate. This is positive evidence of clinical engagement in the Trust's strategic and operational risk management process.

## **4 Conclusions/Next Steps**

- 4.1 The Trust is in the process of submitting annual plans for 2024/25 to the ICB and NHSE. When final versions of plans have been submitted, an exercise will be undertaken to determine whether any new risks are identified as a result of the submission of plans (e.g. potential impact on quality, safety, finance, people, activity etc.). This exercise will be undertaken in parallel with South Tees Hospitals NHS Foundation Trust, under group arrangements to ensure risk registers reflect the associated potential risks.
- 4.2 The Trust has operated with new reporting arrangements of the BAF and the introduction of the Directors Performance Team Meeting for six months and this is now embedded, with feedback continually sought. The seven BAF domains contained in this report as appendices were submitted by BAF authors to facilitate the production of this report. It is important that an independent view of the BAF domains is reported and that challenge is provided in a constructive and supportive manner to further strengthen existing arrangement to ensure the Trust effectively mitigates strategic risks in relation to delivering strategic objectives.
- 4.3 Director leads and BAF authors for the seven BAF domains are confirmed and monthly meetings introduce challenge and discussion to ensure cross referencing and triangulation of BAF domains.
- 4.4 The exercise to collate the approved risk appetite of each BAF domain and the current risk score of each strategic risk has been completed and is attached as appendix B to this report. Furthermore, injects will continue to be provided to BAF authors to determine whether current and future risks/issues have been sufficiently considered and reflected in the BAF domains.
- 4.5 As part of Group arrangements, Board Assurance Frameworks and risk management processes for each Trust remain unchanged to ensure existing assurance arrangements aren't impacted. However during the next 6 months, a review will be undertaken to align processes, leading to consistency and standardisation, whilst ensuring there is no adverse impact of the effectiveness of processes.

## **5 Recommendations**

- 5.1 The Group Board of Directors is asked to;
  - Note the content of the BAF report for Q4 2023/24;
  - Note that this report provides assurance that the key risks that may prevent the delivery of the Trust's strategic objectives are being managed and mitigated.
  - Note the four red strategic risks that are outside of committee approved risk appetite and was reported to the Resources Committee on 23 April 2024.
  - Note the planned action to assess final versions of annual plans for 2024/25 to determine whether any new risks are identified (e.g. potential impact on quality, safety, finance, people, activity etc.). This exercise will be undertaken in parallel with South Tees Hospitals NHS Foundation Trust, as part of group arrangements; and
  - A planned review over the next 6 months, of BAF and risk management processes, leading to consistency and standardisation, whilst ensuring there is no adverse impact of the effectiveness of processes.

**Stuart Irvine**

**Director of Strategy, Assurance & Compliance/Company Secretary**

## 2023/24 Q4 BAF Risk Radar



### Risk Ratings



North Tees and Hartlepool  
NHS Foundation Trust

**Quality**  
Safety, Caring, Responsive,  
Effective, Well Led

### People

Risk of not addressing the health and well-being needs of our people  
Risk of not having a culture of compassion, civility and respect  
Risk of not growing our workforce for the future  
Risk of not developing and embedding appropriate new ways of working  
Risk of not having appropriate levels of staff with the right skills to deliver safe services

### Information & Technology Services

New System Implementations  
Data Breaches  
Cyber Attacks  
Insider Threat  
People and Process

### Integration and Collaboration

Lack of system wide approach to capacity and demand planning and management  
Lack of System wide approach to pathway development  
Lack of system wide approach to infrastructure  
Lack of system wide approach to infrastructure  
External: Lack of system wide approach to vulnerable services within the Integrated Care System  
External: Lack of system wide approach to Engagement/Pathways

### Finance

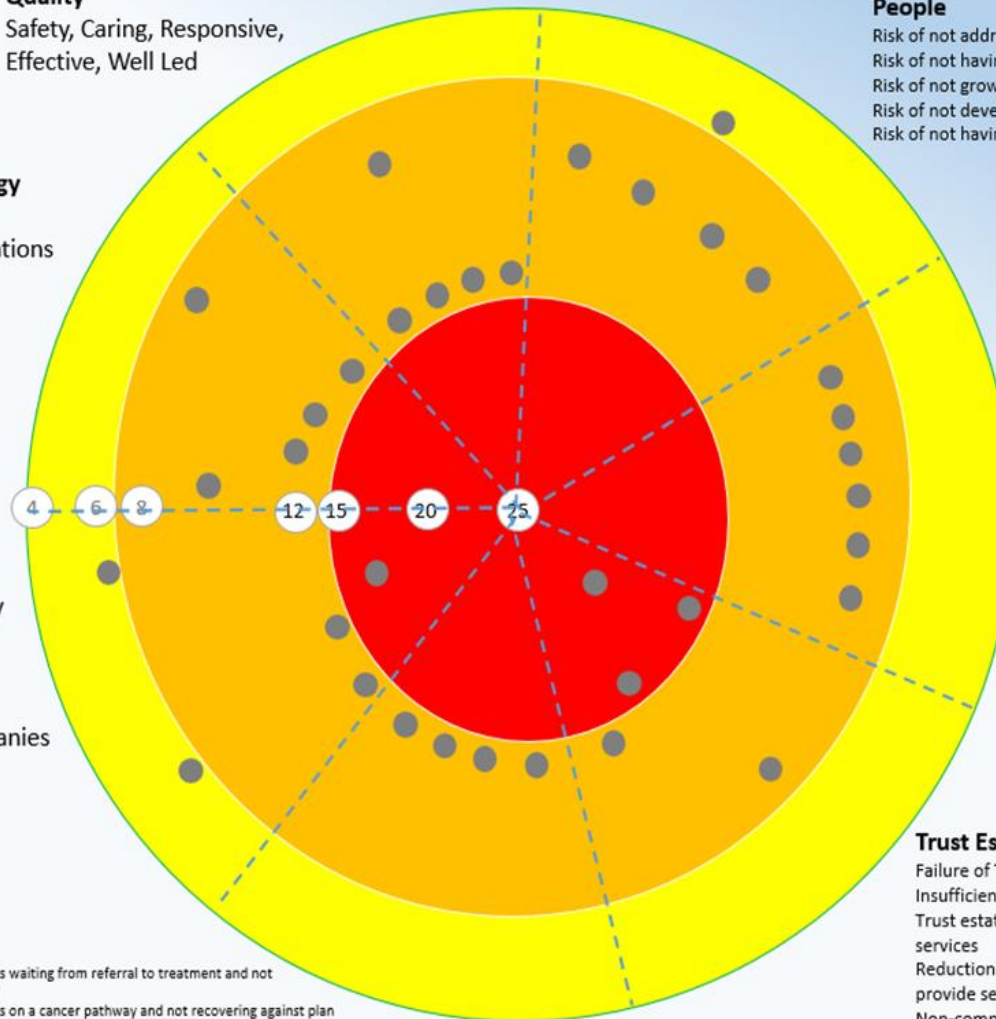
Wider Health Economy  
Contract Performance  
Cost Containment  
Delivery of Savings  
Trust Subsidiary Companies

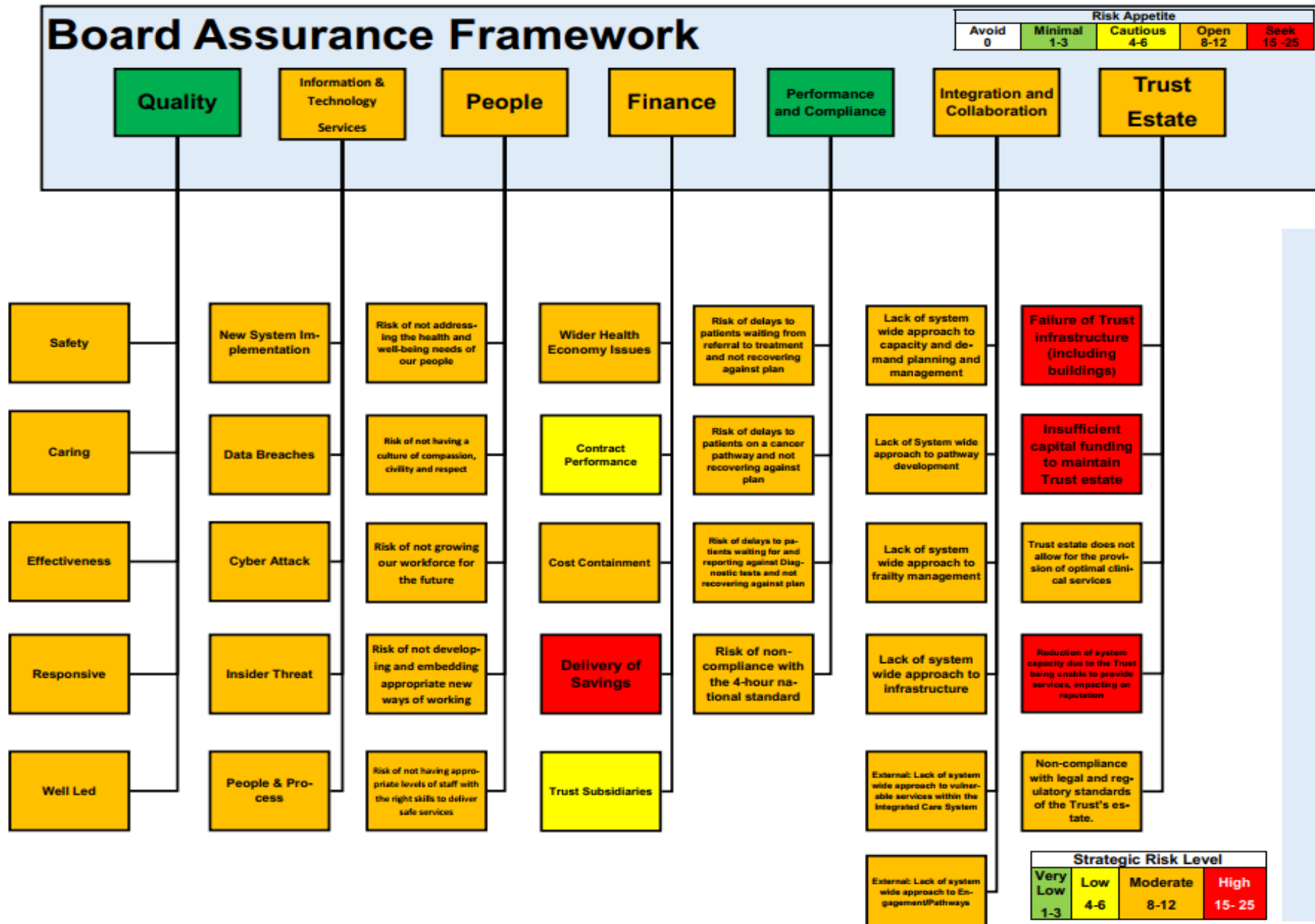
### Trust Estate

Failure of Trust infrastructure (including buildings)  
Insufficient capital funding to maintain Trust estate  
Trust estate does not allow for the provision of optimal clinical services  
Reduction of system capacity due to the Trust being unable to provide services, impacting on reputation  
Non-compliance with legal and regulatory standards of the Trust's estate.

### Performance

Risk of delays to patients waiting from referral to treatment and not recovering against plan  
Risk of delays to patients on a cancer pathway and not recovering against plan  
Risk of delays to patients waiting for and reporting against Diagnostic tests and not recovering against plan  
Risk of non-compliance with the 4-hour national standard





## Strategic Risks



## South Tees Hospitals NHS Foundation Trust

### Meeting of the Group Board of Directors

15 May 2024

### Board Assurance Framework – Quarter 4 2023/24

### Report of the Head of Governance & Company Secretary

## 3 Purpose

- 3.1 The purpose of this report is to provide assurance to the Group Board of Directors regarding the principal risks to achieving the strategic objectives of South Tees Hospitals NHS Foundation Trust.

## 4 Background

- 4.1 The role of the Board Assurance Framework (BAF) is to provide evidence and structure to support effective management of strategic risk within the organisation that may impact on the delivery of strategic objectives. The BAF also provides core evidence to support the formulation of the Annual Governance Statement.
- 4.2 The BAF provides assurance to the Trust's Board of Directors regarding the key risks and identifies which of the strategic objectives may be at risk of not being delivered, whilst also providing assurance where risks are being managed effectively and objectives are being delivered. This allows the Trust Board to determine where to make most efficient use of their resources or otherwise take mitigating action and address the issues identified in order to deliver the Trust's strategic objectives.
- 4.3 The process for gaining assurance is fundamentally about collating and considering all of the relevant evidence together and reporting informed conclusions. In order to do this the Board of Directors tasks its Board Committees with undertaking scrutiny and assurance of the following:
- Assignment of oversight of specific BAF domains
  - Identified risks and causes of risk
  - Controls in place
  - Assurances in place and whether they give positive or negative assurance
  - Gaps in controls or assurance
  - Actions to mitigate risk and support the movement towards targeted risk scores
  - Ensuring effective systems are in place to identify, monitor and mitigate risks and providing assurance to Board of Directors.
- 4.4 Board Committees receive BAF reports aligned with their delegated responsibility at each meeting and are presented by the Head of Governance & Company Secretary in conjunction with the responsible Director. This enables the review and scrutiny of the management and mitigation of strategic risk via the committees and for upward reporting to the Board of Directors.
- 4.5 The Board Assurance Framework and broader governance processes were subject to an independent governance review, by the CQC in November 2022 and January 2023 with positive comments in the well led rating of Good.
- 4.6 The BAF was reviewed at a Board seminar which agreed the principle risks and risk appetite for each of the BAF domains. This review took into account benchmarking of a number of NHS Foundation Trusts (including an NHS FT rated outstanding by CQC, overall and for being well led) and PWC Top 10 risks in the NHS 2023.

- 4.7 The table below sets out the BAF Principle risks, the responsible Directors and importantly, the Committee of the Board of Directors that is responsible for oversight of the BAF domains. The BAF remains under constant review and remains subject to change.

Principle Risk	Responsible Director	Committee oversight
<b>Inability to provide safe, effective patient centred care that delivers the best patient experience and good clinical outcomes</b>	Chief Nurse	Quality Committee
<b>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</b>	Chief Nurse	Quality Committee
<b>Failure to engage and inspire our people by not attracting, developing, retaining and reforming our workforce</b>	Chief People Officer	People Committee
<b>Failure to deliver as a centre of excellence, resulting in a lack of priority and recognition from commissioners and other stakeholders</b>	Chief Medical Officer	Quality Committee
<b>Fail to take a proactive role and engage effectively with partners to transform services and improve the health of the communities we serve</b>	Chairman	Board
<b>Failure to achieve financial objectives and responsibilities</b>	Chief Finance Officer	Resources Committee

- 4.8 The Risk Group meets on a monthly basis, which is chaired by the Head of Governance & Company Secretary and supported by the Chief Medical Officer and Director of Estates, Facilities and Capital Planning. This meeting reviews all risks 15 and above (red risks), providing scrutiny and oversight, supporting challenge and the development of risks, the controls and assurances. This also facilitates the consideration of the impacts of risk across care group/corporate areas and the links between operational risks and strategic risks.
- 4.9 The Board Assurance Framework continues to be managed through the Committee structure, Audit & Risk Committee and Board of Directors and further updates will continue to be presented.

#### 4. Main Content

- 5.2 In support of the production of the Quarter 4 BAF report, all BAF domains have been reviewed and updated by the Head of Governance & Company Secretary and Directors and has been reported via the relevant assurance committee in April 2024.



- 5.3 Following the completion of the review of the BAF, the Quarter 4 BAF report is reporting **6 Principle Risks** associated with delivery of the five strategic objectives. Within the 6 Principle Risks, there are **25 threats**.
- 5.4 Each Committee has considered the level of assurance it has received against each of the gaps in assurance/action to address gaps using the criteria set out in the BAF.
- 5.5 There are currently **two threats with a limited assurance rating (red) that are outside of the approved risk appetite** - These relate to digital threats:
- Failure to advance digital maturity will impact on efficiency, care quality and safety, and
  - 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
- 5.6 When considering the level of assurance received to address the gaps in assurance the Committee concluded that it is not satisfied that there is sufficient reliable evidence that the current risk treatment strategy is appropriate to the nature and/or scale of the threat or opportunity. Further assurance (both internal and external) and timely actions to address the gaps are required.

## **6 Conclusions/Next Steps**

- 6.1 The Trust is in the process of submitting annual plans for 2024/25 to the ICB and NHSE. When final versions of plans have been submitted, an exercise will be undertaken to determine whether any new risks are identified as a result of the submission of plans (e.g. potential impact on quality, safety, finance, people, activity etc.). This exercise will be undertaken in parallel with North Tees & Hartlepool NHS Foundation Trust, under group arrangements to ensure risk registers reflect the associated potential risks.
- 6.2 As part of Group arrangements, Board Assurance Frameworks and risk management processes for each Trust remain unchanged to ensure existing assurance arrangements aren't impacted. However during the next 6 months, a review will be undertaken to align processes, leading to consistency and standardisation, whilst ensuring there is no adverse impact of the effectiveness of processes.

## **7 Recommendations**

- 7.1 The Group Board of Directors is asked to;
- Note the content of the BAF report for Q4 2023/24;
  - Note that this report provides assurance that the key risks that may prevent the delivery of the Trust's strategic objectives are being managed and mitigated.
  - Note the two red Principle risks that are outside of committee approved risk appetite and was reported to the Resources Committee.
  - Note the planned action to assess final versions of annual plans for 2024/25 to determine whether any new risks are identified (e.g. potential impact on quality, safety, finance, people, activity etc.). This exercise will be undertaken in parallel with North Tees & Hartlepool NHS Foundation Trust, as part of group arrangements; and
  - A planned review over the next 6 months, of BAF and risk management processes, leading to consistency and standardisation, whilst ensuring there is no adverse impact of the effectiveness of processes.

**Jackie White**  
**Head of Governance & Company Secretary**

# Agenda Item: 10



# Group Integrated Performance Report

**Meeting date:** 15 May 2024

**Reporting to:** Group Board of Directors

**Agenda item No:**

**Report author:** Lucy Tulloch, Deputy  
Director Strategy & Planning; Lynsey  
Atkins, Associate Director Planning &  
Performance

**Action required:**  
Information

**Delegation status (Board only):**  
Jointly delegated item to Group Board

**Previously presented to:**  
IPRs were presented to Board  
committees in April 2024.

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☐

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

Deliver care without boundaries in collaboration with our health and social care partners ☐

Make best use of our resources ☒

## CQC domain link:

Responsive

## Board assurance / risk register this paper relates to:

This report relates to Board Assurance  
Frameworks of each Trust.



## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The Group Board is asked to note the performance position against key standards, including A&E standard, 18-week RTT, 62-day cancer standard and the 6 week diagnostics standard. Further detail is provided in the Trust-level IPRs, and discussed at the Trust Board sub-committees.

There are a number of metrics that are outside of tolerance or the organisation is non-compliant against a number of the national metrics outlined in the annual planning submission for 2023/24.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The Trusts receive assurance on the metrics and actions through the Board sub-committees and through improvement groups reporting into senior leadership (STHFT: Senior Leadership Team, Clinical Policy Group, NT&HFT: Operational Delivery Group). Key metrics are benchmarked to regional and national performance and also scrutinised through performance meetings with the ICBs and NHSE England. Through this, STHFT was placed into Tier 2 of the NHSE performance assurance regime with respect to long waiters (elective patients waiting over 65 weeks) however, in April 2024 the Trust was notified that due to the significant improvements made it would be realigned from Tier 2. The Trust was commended on the waiting list management work that had been undertaken.

## Recommendations:

The Group Board of Directors is asked to note performance against the priority metrics highlighted within the latest operational and planning guidance, acknowledging that further work to progress and agree content and presentation of the report for 2024/25 is underway with the establishment of a Group IPR Working Group.

# Group Integrated Performance Report

(March 2024 reporting period)

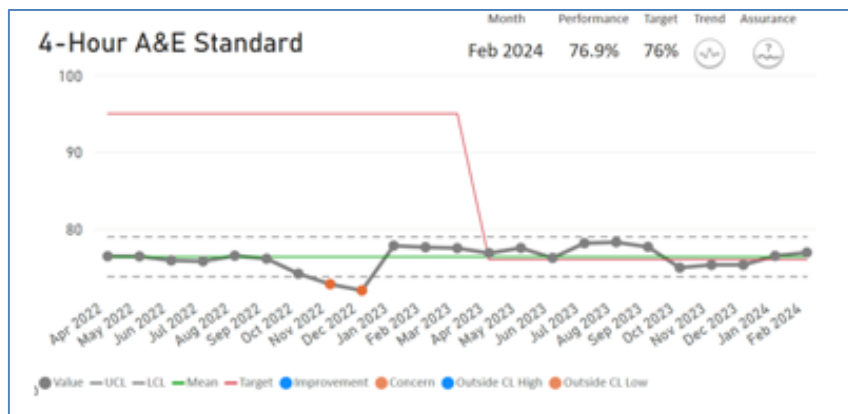


# Urgent and Emergency Care

	Target	Performance
Group	76%	78.92%
North Tees & Hartlepool		87.48%
South Tees		69.66%

## North Tees

The performance places the Trust as the best in the country, showing significant impacts of all the work that has been in place to support this improvement journey despite a significant and sustained increase in urgent and emergency care attendances during March 2024.



*\*SPC chart – 1 month behind*

## South Tees

UEC metrics show the impact of winter pressures from October 2023, including lower performance against the 4-hour standard and higher levels of acute bed occupancy (above the 92% target). The impact of winter pressures on these metrics was less than in winter 22/23, with a robust winter beds plan, embedded transfer of care hub to reduce delays at discharge, and ongoing improvement initiatives in ED. The Trust ended the year at 69.7% 4-hour compliance, with a commitment to achieve 78% compliance by end March 2025.



# Ambulance Handovers

	Target	Performance
Group	100%	97.11%
North Tees and Hartlepool		99.95%
South Tees		94.21%

***\*Performance reported above from Regional NEAS monthly report, South Tees report internal validated position within IPR***

***\*\*SPC chart not available***

## North Tees

Only one ambulance handover was completed outside the required 59 minutes, which accounts for 0.05% of completed handovers. The average handover time reported at 14 minutes, and a turnaround time (arrival to clear) of 24 minutes.

## South Tees

Ambulance arrivals remained higher than last year, 14% more than March 2023, with 8% more 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. These initiatives have supported stable 4-hour performance during the peak of winter demand; more than 90% of ambulance handovers taking place in an hour and mitigating the impact of increased demand on longer delays.



# 12 Hour in Department

	Target	Performance
Group	0	296
North Tees and Hartlepool		23
South Tees		273

*\*SPC chart not available*

## North Tees

A significant reduction in 12 hour waits in A&E is noted in March compared to the previous month (125), accounting for 0.13% of overall attendances during the month. The majority of long waits within the department were due to bed waits and flow into acute admission areas, together with a number of unwell patients requiring prolonged periods of stabilisation in the department prior to being admitted. No patients waited over 12 hours from decision to admit.

## South Tees

Nationally, the Trust benchmarks favourably for proportion of 12-hour breaches from a decision to admit. Evidence-based process improvement remains an organisational priority with a focus on the national 4-hour standard of 78% by end of 24/25 and ambulance handovers within one hour. 37 patients waited over 12 hours from decision to admit.





# Cancer

	Target	Performance
Group	85%	58.49%
North Tees & Hartlepool		64.75%
South Tees		55.20%



## North Tees

Ninety of the 139 patients treated within February were treated within 62 days. Key themes for delays included complex pathways, patients requiring multiple diagnostics, diagnostic waits and reporting. A key focus remains on supporting patients attending outpatient and diagnostic appointments, co-ordination and fast tracking of tests, appointments and results supported by the Cancer Navigator role to increase the number of patients who move through the pathway in an appropriate timescale.

## South Tees

The 62-day cancer standard remains a challenge and will require improvements in some in patient pathways in 24/25 to meet the target of 70% by end March 2025, whilst continuing to reduce the backlog of patients treated who have already had long waits. Work focuses on reducing delays in the prostate tumour diagnostic pathway.

*\*SPC chart – 1 month behind*



# Referral to Treatment

	Target	Performance
Group	92%	65.45%
North Tees and Hartlepool		71.57%
South Tees		63.00%

***\*February position***

***\*\*March latest data reported in North Tees IPR***

***\*\*\*SPC not available***

## North Tees

Patient choice remains an issue with patients not wanting to come in for earlier appointments. GIRFT productivity and efficiency workbooks are being reviewed and completed across all specialties to inform future focussed recovery work. This work will be monitored through directorate level Productivity and Efficiency Meetings. The Trust reported 218 >52 week waiters, 16 of those at >65 weeks and zero patients at 78 weeks.

## South Tees

The position on RTT compliance overall has been static however STHFT ended the year with 1432 >52 week waiters, 229 of those at >65 weeks and one patient at 78 weeks. Having been in Tier 2 performance management, the Trust was recently released from this, recognising the NHS England have greater assurance of the Trust's capacity and capability to manage the waiting list and waiting time reductions achieved to date. Focus on all aspects of waiting list management will continue, with a commitment to have no patients waiting over 65 weeks by end September 2024 and to halve the number of patients waiting over 52 weeks by end March 2025.



# Diagnostics

	Target	Performance
Group	95%	82.36%
North Tees and Hartlepool		84.65%
South Tees		80.36%

*\*SPC not available*

## North Tees

A reduced compliance for the month compared to February, due to an increase in breaches for Echo and a reduction in capacity in Ultrasound due to long term sickness. The loss of the mobile MRI scanner capacity sited at North Tees from the end of March, may lead to a further increase in breaches following the loss of this capacity. CT and Dexa continue to see patients within the 6 week compliance threshold. Endoscopy have reported a significant reduction in breaches, as a result of increased efficiencies in list utilisation, booking, insourcing and move to 6 day working

## South Tees

Recovery of the diagnostics 6-week standard position has continued throughout the year, with planning trajectories to achieve 95% compliance across the major modalities by end March 2025.



# Next Steps

- Working Group to be established to agree metrics and presentation of IPR for 2024/25
- Proposal to focus on key priorities as set out within the latest operational and planning guidance
- Enhance and improve Group Board Exception Report



# Integrated Performance Report (IPR)

**Meeting date:** 15 May 2024

**Reporting to:** Group Board

**Agenda item No:** 10

**Report author:** Linda Hunter, Director of Planning and Performance

**Action required:**  
Assurance

**Delegation status (Board only):**  
Jointly delegated item to Group Board

**Previously presented to:**  
[North Tees and Hartlepool Resource Committee](#)

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

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

Deliver care without boundaries in collaboration with our health and social care partners ☐

Make best use of our resources ☐

## CQC domain link:

Responsive



## Board assurance / risk register this paper relates to:

Performance and Compliance, Quality, People and Finance

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

There are a number of metrics that are outside of tolerance or the organisation is non-compliant against a number of the national metrics outlined in the annual planning submission for 2023/24.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

Referral to Treatment incomplete pathway standard continues to be a challenge nationally and within the Trust. The Trust achieved 71.15% compliance against a standard of 92%. Pressures are varied across the specialities and are identified as recruitment; diagnostic reporting and staffing which would increase capacity. Industrial action has also affected the waiting list with re-appointment of cancelled activity reducing overall capacity. A focussed piece of work is being undertaken relating to the waiting list, in both outpatient and inpatient pathways with a key focus on long waiting patients, to improve the waiting list position. Patient choice remains an issue with patients not wanting to come in for earlier appointments.

An improved 28-day faster diagnosis performance was experienced in February (latest position), following a reduction in January 2024. Pathway issues affecting the standard remains a key focus of discussion within the Clinically Led Delivery Groups with mitigating actions included within the Trust Cancer Improvement Plan to support continued compliance.

The 31-Day Cancer Standard was achieved in February 2024 (97.62%). Within 2023/24, the Trust dropped below the 96% standard on only three occasions. Performance against the Cancer 62 Day standard remains challenging across the majority of tumour groups because of complex diagnostic pathways and waiting times for tertiary centre treatment. The significance of Cancer Navigator roles was highlighted at a recent regional cancer event with different ways of working and good practice shared. The Trust is planning to expand the Cancer Navigator workforce for 2024-25 with a continued focus on supporting patients attending outpatients and diagnostic appointments but also to co-ordinate and fast track diagnostic appointments and availability of results supporting the clinical teams to support an increase in the number of patient who move through the pathway in an appropriate timescale

The Trust sickness absence rate continues to report above the threshold of 4%, with the absence rate as at end January reported 5.80%. This is a decrease on the previous month's rate. Stress/Anxiety /Depression remains the highest reason for absence and accounts for 27.05% of all absence. Covid absences saw a slight increase to 0.15% in January 2024.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The Trust is the best performing Trust in the country exceeding the overall four-hour national standard, achieving 87.09% in March (against a national standard of 76%) despite a continued increase in urgent and emergency attendances. This is a testament to the hard work of the A&E department and equally the multi-disciplinary teams across the Trust who have all contributed to the continuous improvement work to deliver sustainable improvements throughout 2023/24.

Our 'home first principle' remains at the forefront of decision-making and our medium to long-term clinical services planning. These services are vitally important to ensure the acute service provision (hospital) does not get overwhelmed. The Trust continues to exceed the National target, with the highest response rate across 2023-24 reported in March at 80.04%. Planning is underway to relaunch Urgent Community Response (UCR) with Local Authority Partners, this will include the care home and domiciliary sector to increase UCR referrals from new sources.

The focus in regard to Outpatient capacity remains on reducing the number of review patients, increase the use of Patient Initiated Follow Ups (PIFU), as key drivers for improved efficiency and productivity. Specialty areas continue to review performance against the GIRFT Further Faster Guidance to support continuous improvement in productivity and efficiency. The Trust has reached out to comparator sites outperforming the Trust to understand improvement opportunities.

All Friends and Family Test (FFT) returns remain in a positive position.

### Recommendations:

It is recommended that the Group Board acknowledge the ongoing challenges impacting on a number of key performance standards and the mitigating actions in place to support performance improvement.





North Tees and Hartlepool  
NHS Foundation Trust



# Integrated Performance Report (IPR)

## April 2024 Report

(March 2024 data)



# Executive Summary

## Domain

## Summary

### Safe

Page 6 to Page 12

Infections reported above the Trusts internal thresholds for 2023-24 including CDiff, CAUTI, MRSA, MSSA, E-Coli, Klebsiella and pseudomonas aeruginosa.

During March 74 inpatient falls were reported, 42 resulted in no harm, 28 low harm, and 4 resulted in moderate harm. None reported were severe harm.

There has been zero category 4 and three category 3 pressure ulcers reported within the acute setting for February, whilst five category 3 have been reported in the community.

### Effective

Page 13 to Page 18

The overall outpatient Did Not Attend position has improved this month. The Patient Engagement Portal (PEP) is now live across 14 specialities.

Reduction in reportable cancellations can be seen this month. Daily focus remains on theatre scheduling and equipment availability supporting reduced cancellations.

Work continues on improving theatre utilisation via the Task and Finish Group established in line with the Peri-Operative Management Group.

Achievement of the length of stay standards continue.

### Caring

Page 19 to Page 22

All Friends and Family Test (FFT) returns remain in a positive position.

# Executive Summary

## Domain

## Summary

### Responsive

Page 23 to Page 30

The Trust is placed joint first in the region for both ambulance arrivals and PIN compliance metrics.

Performance against the 4 hour standard places the Trust as the best in the country, showing significant impacts of all the work that has been in place to support this improvement journey despite a significant and sustained increase in urgent and emergency care attendances during March 2024.

Ninety of the 139 patients treated within February were treated within 62 days. Key themes for delays included complex pathways, patients requiring multiple diagnostics, diagnostic waits and radiology and pathology reporting.

### Well-Led People

Page 31 to Page 34

&

### Finance

Page 35

The current Trust absence rate as at end February 2024 is 5.44%. This is a decrease on the previous month's rate of 0.36%. Stress/Anxiety/Depression remains the highest reason for absence and accounts for 29.30% of all absence.

The position for appraisal compliance for March 2024 stands at 87.17% which is decrease of 0.40% from the previous month. In order to support an improvement in compliance, the Organisation Development Team have undertaken a improvement project with the aim to have greater understanding of the data, impact of reporting in RAG report versus ESR and barriers to improving compliance.

The Year-end position is still being finalised, a verbal update will be given to the Executive Team.

# Executive Summary

## Domain

## Summary

### Maternity

Page 36 to Page 47

Postpartum Haemorrhage >1500mls has decreased in February; PPH continues to be monitored by the Quality Improvement project which accurately measures blood loss rather than estimating.

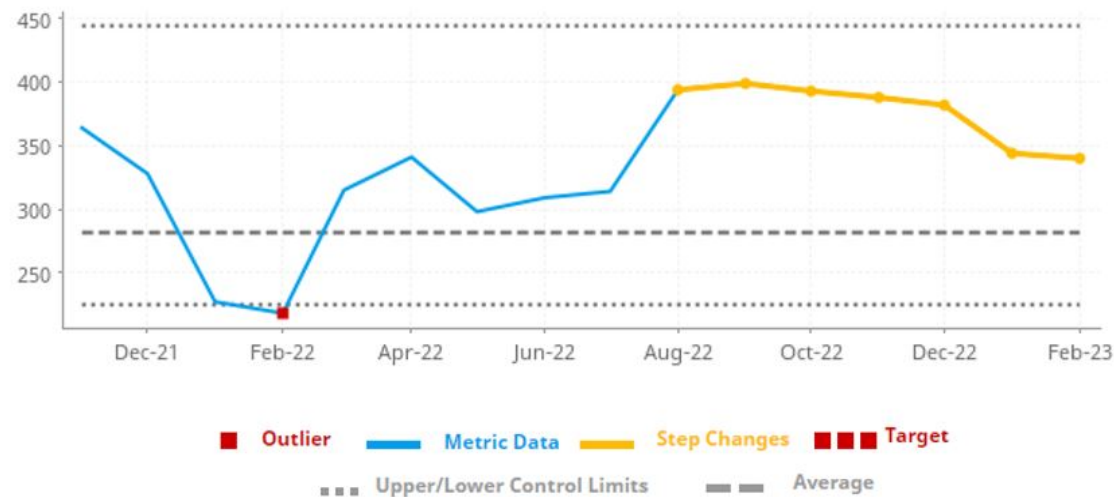
VTE remains in a positive position since the implementation of the new electronic patient record system. This provides assurance that the data is accurate.

Maternity services received 14 compliments in January, the themes of compliments were: Friendliness Kind and caring department.

A sustained improvement in smoking at Booking is evident and supported by improvements projects such as sustaining the rate of measuring CO levels on admission, increasing referrals on admission to the Tobacco dependency service and promotion of Nicotine Replacement Therapy within the maternity service.

A significant improvement in smoking at delivery is also evident reporting below the regional average. Quality Improvement projects to support performance improvement include the community led 12 week quit programme.

# Statistical Process Control (SPC) Charts



A **Step Change** occurs when there are 7 or more consecutive points above or below the *average*.

**Outliers** occur when a single point is outside of the Upper or Lower Control Limits.

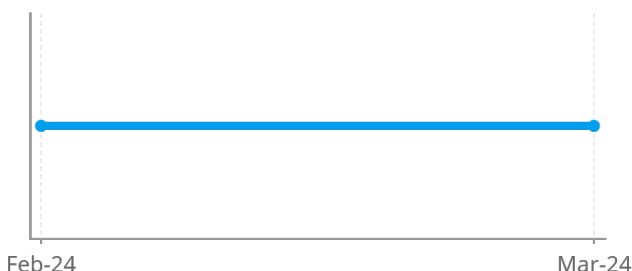
The *Upper and Lower control limits* adjust automatically so they are always 2 Standard Deviations from the average.

*Standard deviation tells you how spread out the data is. It is a measure of how far each observed value is from the average. In any distribution, about 95% of values will be within 2 standard deviations of the mean.*

## Patient Safety Incident Investigations (PSII)



## Summary of Current Issues/ Recovery Plans



Month

Mar-24

Actual

0

Standard

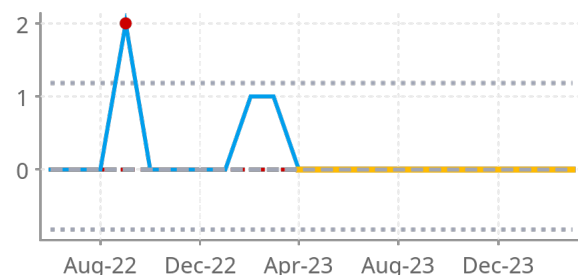
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During March, staff reported 1,207 safety events across all levels and types of adverse events; this was an increase on last month's reporting. No PSII's were reported.

A 21% reduction in reporting seen in the month, compared to January and February as a result of the change to the patient safety reporting platform, ongoing monitoring is in place.

Regular safety bulletins are being cascaded, and where appropriate examples of reporting categories have been provided to support staff using the system. Training and support to staff continues with a hotline available if staff have any concerns.

## Never Events



Month

Mar-24

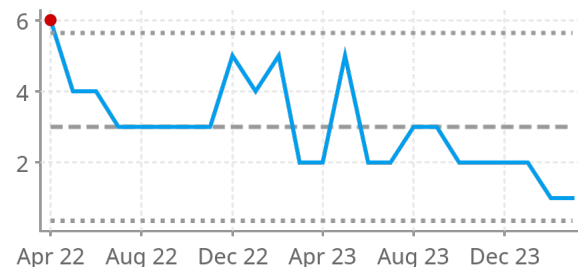
Actual

0

Standard

0

## High Risks



Month

Mar 24

Actual

1

Standard

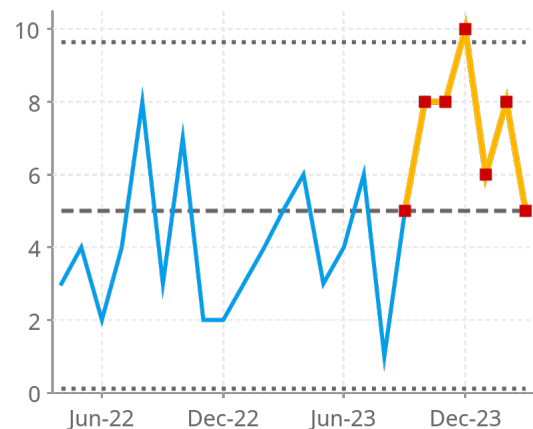
N/A

The delivery of savings remains a high risk as agreed via the Trust's governance process.

## Clostridium difficile (C. diff)



## Summary of Current Issues/ Recovery Plans



Month

Mar-24

Actual

5

Standard

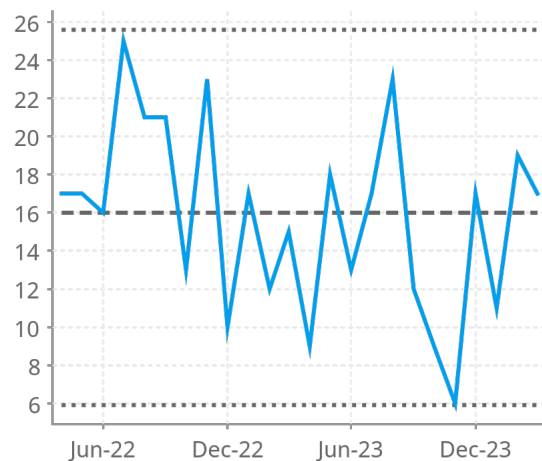
4

The Trust reports a year end position of 70 cases of C. diff against an internal threshold of 46 for 2023/24. Five healthcare associated cases have been reported in month, being the lowest number of cases reported for the last six months. An Antimicrobial Stewardship (AMS) workshop has taken place with nursing staff representative with a focus on intravenous to oral antibiotic switch Hydrogen Peroxide Vapour (HPV) fogging has also been increased in high risk areas.

## Catheter Associated Urinary Tract Infection (CAUTI)



## Summary of Current Issues/ Recovery Plans



Month

Mar-24

Actual

17

Standard

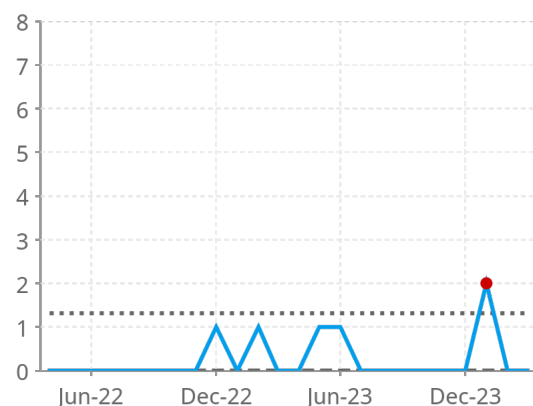
17

A CAUTI working group is being established with the first meeting scheduled to highlight issues and mitigating actions to support a sustained reduction of infections.

## Methicillin-resistant Staphylococcus aureus



## Summary of Current Issues/ Recovery Plans



Month

Mar-24

Actual

0

Standard

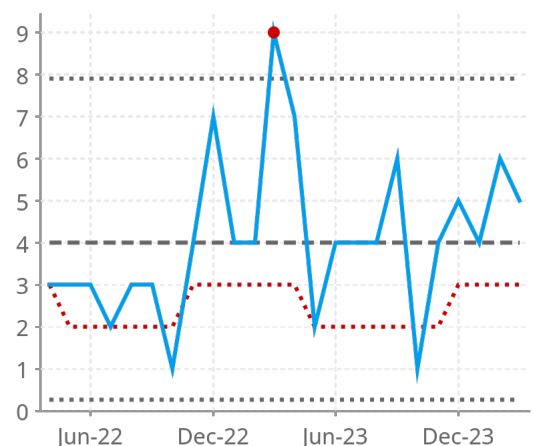
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The Trust reports four cases of MRSA for year, against a zero tolerance threshold, with no cases reported in March. The MRSA Focus Group is meeting in April to devise actions to improve compliance with MRSA screening on admission.

## Methicillin-Sensitive Staphylococcus aureus



## Summary of Current Issues/ Recovery Plans



Month

Mar-24

Actual

5

Standard

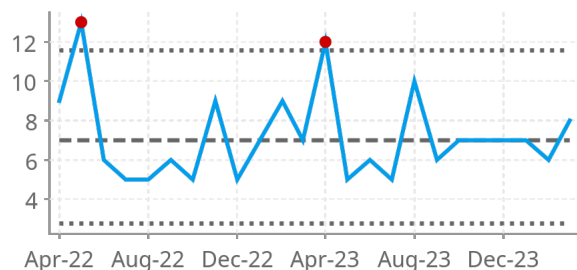
3

The Trust reports five MSSA bacteraemia for March 2024. Although there is no external threshold, the total cases for 2023-24 exceeds the internal threshold of 29. The main source remains skin and soft tissue with a maintained reduction of venflon associated causes.

## Escherichia coli (E. coli)



## Summary of Current Issues/ Recovery Plans



Month

Mar-24

Actual

8

Standard

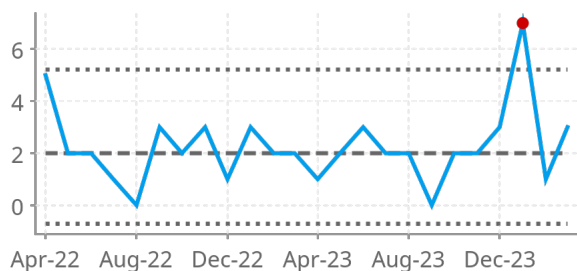
6

Total reported cases for 2023/24 is 88 against a threshold of 69 cases, with lower urinary tract remaining the highest reported source.

## Klebsiella



## Summary of Current Issues/ Recovery Plans



Month

Mar-24

Actual

3

Standard

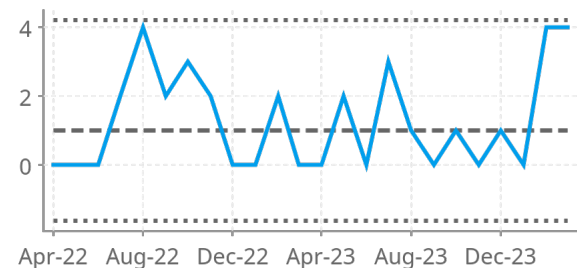
2

The total for the 2023/24 year is 31 cases against a threshold of 20. An increase in healthcare-associated cases of Klebsiella bacteraemia was reported in March, all with differing clinical areas.

## Pseudomonas aeruginosa



## Summary of Current Issues/ Recovery Plans



Month

Mar-24

Actual

4

Standard

1

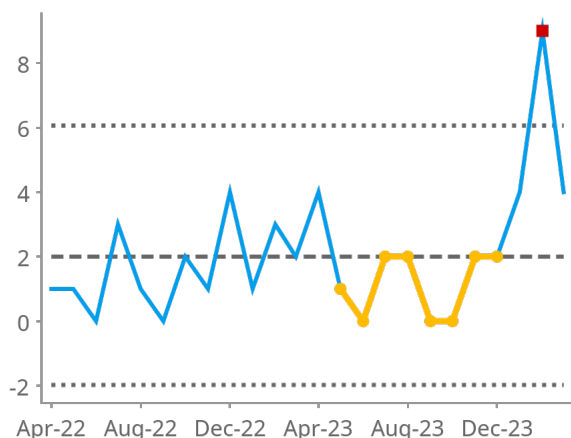
The Trust is currently reporting four healthcare-associated cases in March. The total number of pseudomonas cases for the 2023/24 year is 16, which is five over the threshold of 11.



## Falls with Moderate Harm



## Summary of Current Issues/ Recovery Plans



Month

Mar-24

Actual

4

Standard

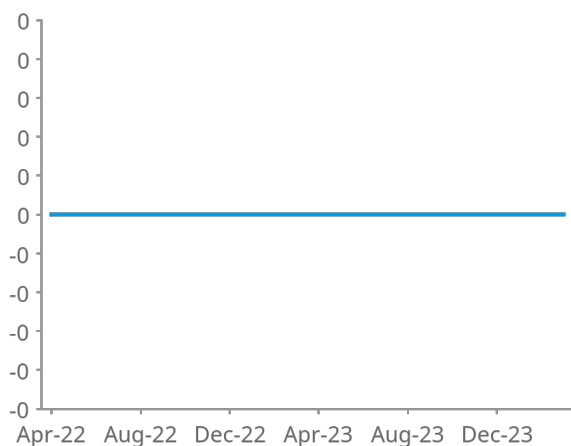
2

During March 74 inpatient falls were reported, 42 resulted in no harm, 28 low harm, and 4 resulted in moderate harm. None reported were severe harm.

All falls have been reviewed through the Trust's safety response process, with Duty of Candour applied as required.

It appears that there is no negative impact relating to the numbers of reported falls following the change from Datix to InPhase reporting system. It is however evident that more work needs to be done around categorising level of harm. This is being addressed via the falls group.

## Falls with Severe Harm



Month

Mar-24

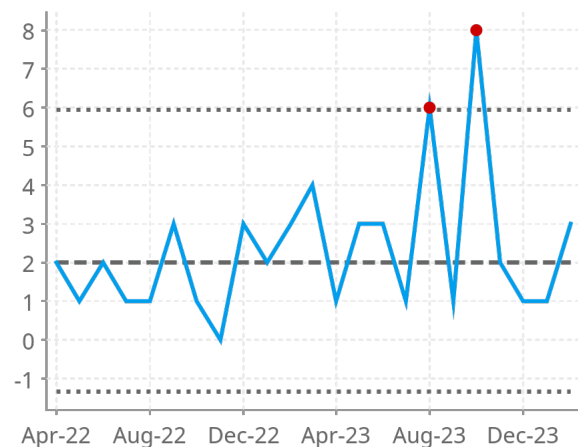
Actual

0

Standard

0

## Pressure Ulcers Category 3



Month

Feb-24

Actual

3

Standard

2

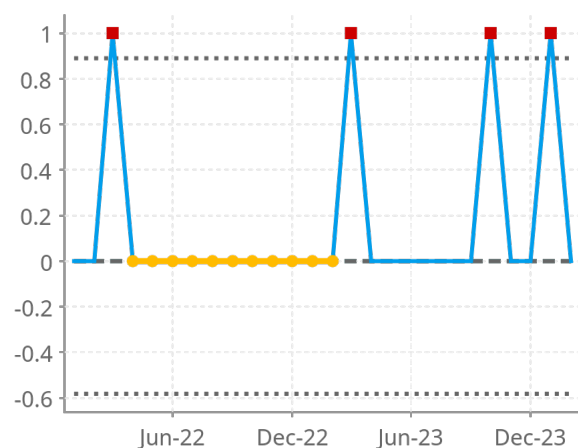
## Summary of Current Issues/ Recovery Plans

There has been zero category 4 and three Category 3 pressure ulcers reported within the acute setting for February, whilst five Category 3 have been reported in the community.

There were two Category 4 pressure ulcers reported for community.

In the hospital setting, there continues to be a reduction in category 1 reporting of pressure ulcers and for February a decrease in Category 2 noted.

## Pressure Ulcers Category 4



Month

Feb-24

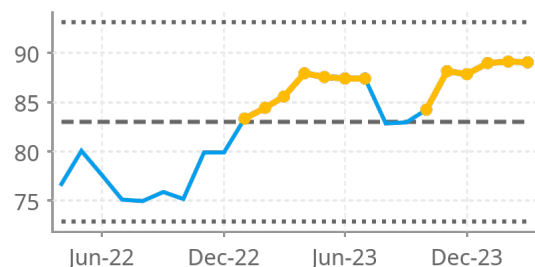
Actual

0

Standard

0

## UNIFY Day RCN



Month

Mar-24

Actual

89.05%

Standard

>=80% and  
<=109.99%

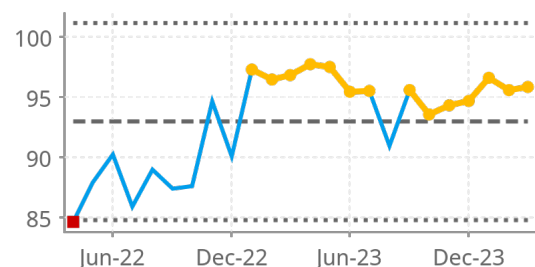
## Summary of Current Issues/ Recovery Plans

Nursing fill rates for Registered Nurses and Health Care Assistants continue to sit within the recommended standard of >80%. HCA fill rates at night are slightly under the recommended >110% and have reported 102.64% for March.

Nurse vacancy levels continue to reduce in line with the planned trajectory, which will naturally increase the nurse fill levels as the new establishments are recruited into. Monthly recruitment remains on going for both registered and unregistered nurses and midwives.

The recruitment of Internationally Educated Nurses (IEN) remains a priority for the Trust, and to date 86wte nurses have arrived in the UK. 100% of these nurses are now OSCE passed and are all working within establishments.

## UNIFY Night RCN



Month

Mar-24

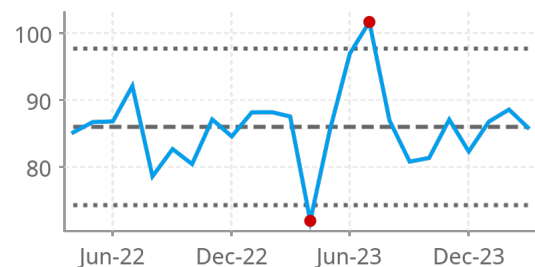
Actual

95.83%

Standard

>=80% and  
<=109.99%

## UNIFY Day HCA



Month

Mar-24

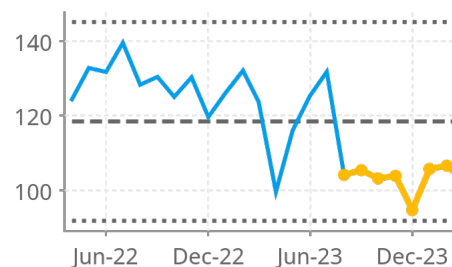
Actual

85.89%

Standard

>=80% and  
<=109.99%

## UNIFY Night HCA



Month

Mar-24

Actual

102.64%

Standard

>=110% and  
<=125.99%

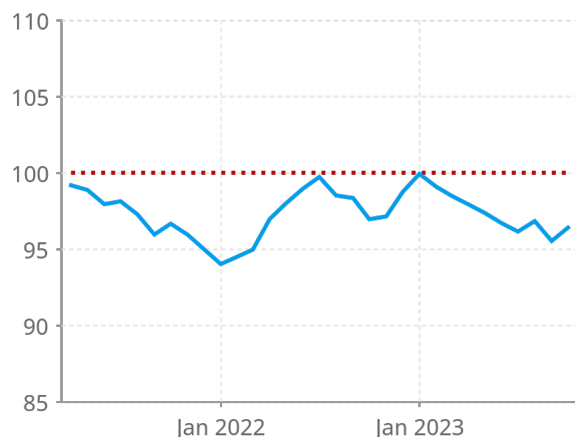
p13

Effective



North Tees and Hartlepool  
NHS Foundation Trust

## Summary Hospital-level Mortality Indicator (SHIMI)



Month

Nov 22 - Oct 23

Actual

96.40

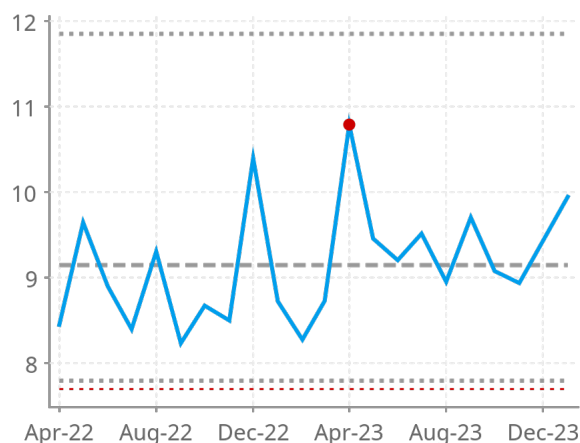
Standard

100

## Summary of Current Issues/ Recovery Plans

The latest SHMI value reports 96.40 (November 2022 to October 2023).  
The national range reporting between, 72.15 to 120.65.

## Re-admission Rate



Month

Jan-24

Actual

9.95%

Standard

7.70%

## Summary of Current Issues/ Recovery Plans

Regular readmission audits continue across the specialties. An audit of patient's readmitted following discharge from EAU highlighted that patients are more likely to be readmitted within the first 7 days. Collaborative working across both Health Lives and Responsive Care to understand admission and identify possible pathways alternatives is ongoing.

p14

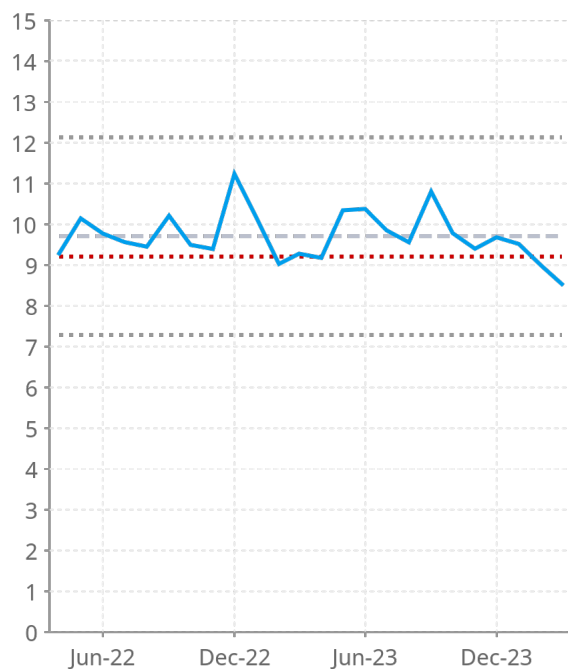
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## Outpatient Did Not Attend - Combined

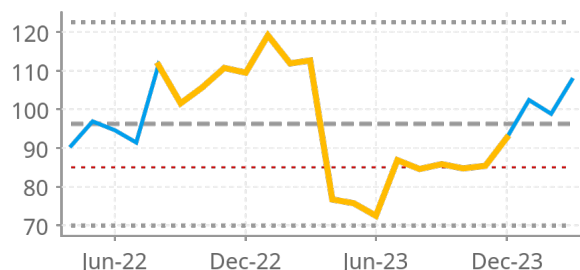


## Summary of Current Issues/ Recovery Plans

Month **Mar-24**Actual **8.53%**Standard **9.20%**

The overall outpatient DNA rate has improved this month. The Patient Engagement Portal (PEP) is now live across 14 specialities, which allows patients the opportunity to view, amend or confirm their appointments through the NHS app.

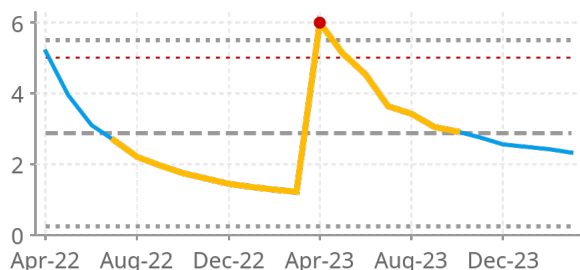
## Reducing Reviews

Month **Mar-24**Actual **107.66%**Standard **85.00%**

## Summary of Current Issues/ Recovery Plans

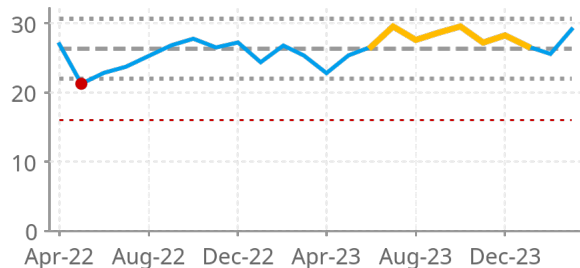
Reducing Reviews has seen an increase this month based on the trajectory, however the review activity has seen a reduction of approximately 400 appointments in March. Reducing reviews and creating additional new capacity are part of the Trusts Annual Operating Plan and will be a key focus throughout 2024-25.

## Patient Initiated Follow-Up (PIFU)

Month **Mar-24**Actual **2.32%**Standard **5.00%**

The Further Faster outpatient transformation programme through GIRFT has provided specialties with handbooks demonstrating the regional comparison on PIFU activity to support improvement plans.

## Advice and Guidance

Month **Mar-24**Actual **29.13%**Standard **16.00%**

Advice and guidance continues to exceed the standard. The Further Faster outpatient transformation programme through GIRFT provides a framework to understand and focus improvements in specialties with lowest rates such as Pain 9%, Gynaecology 9% and Urology 13%.

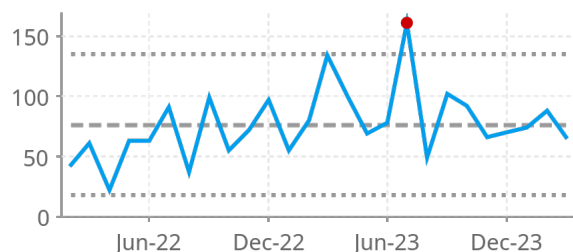
p16

## Effective



North Tees and Hartlepool  
NHS Foundation Trust

## Theatre - Reportable Cancellations



Month	Mar-24
-------	--------

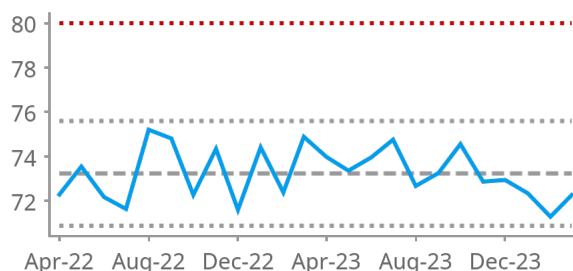
Actual	66
--------	----

Standard	N/A
----------	-----

## Summary of Current Issues/ Recovery Plans

A reduction in reportable cancellations can be seen this month. The top 3 reasons for cancellations were surgeon unavailable, cancelled to allow for urgent patients and theatre/equipment not available. Daily focus remains on theatre scheduling and equipment availability supporting reduced cancellations.

## Theatre Utilisation (%)



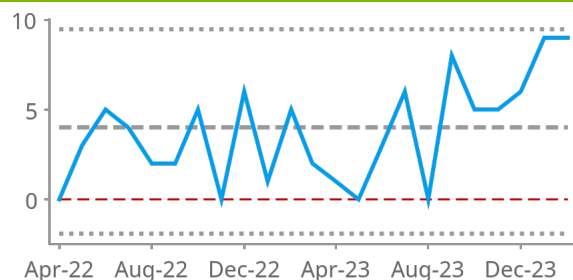
Month	Mar-24
-------	--------

Actual	72.25%
--------	--------

Standard	80.00%
----------	--------

Work continues on improving theatre utilisation via the Task and Finish Group established in line with the Peri-Operative Management Group. Estate options to support the GIRFT work stream which would enable reallocation of specific procedures, which will help to improve touch time utilisation in theatres.

## Not Re-appointed within 28 days



Month	Feb-24
-------	--------

Actual	9
--------	---

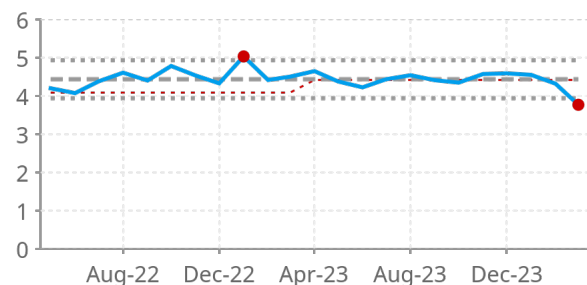
Standard	0
----------	---

All patients cancelled have now been re-appointed according to clinical priority. None of the cancelled patients were awaiting a cancer procedure. Elective Care are working closely with the Waiting Well Service to explore if there is an opportunity for this service to provide additional support to patients.

## Length of Stay (Combined)

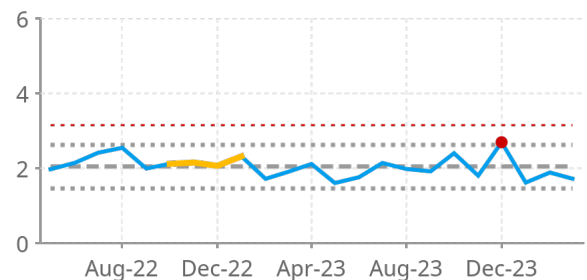


## Summary of Current Issues/ Recovery Plans

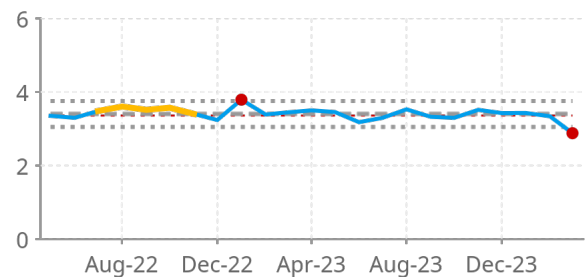
Month **Mar-24**Actual **3.76**Standard **4.41**

Achievement of the length of stay standards continue.

## Length of Stay (Elective)

Month **Mar-24**Actual **1.71**Standard **3.14**

## Length of Stay (Emergency)

Month **Mar-24**Actual **2.87**Standard **3.35**



p18

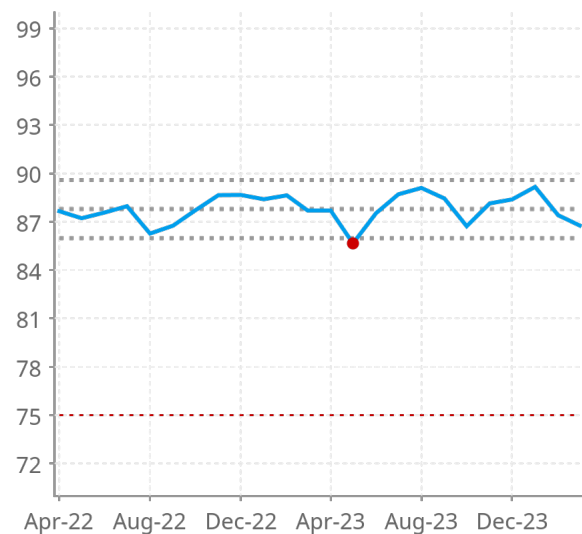
Effective

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NHS Foundation Trust

## Day Case Rates



## Summary of Current Issues/ Recovery Plans



Month

Mar-24

Actual

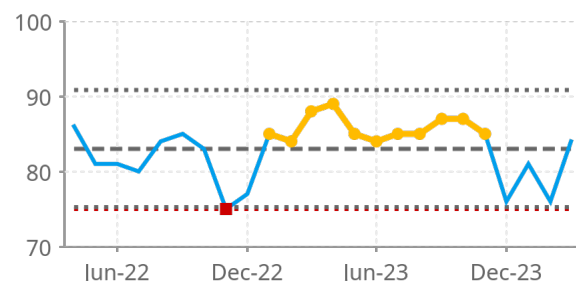
86.76%

Standard

75.00%

The Task and Finish Group work is continuing with the aim to further increase Day Case hips and knees by facilitating an increased number of morning theatre lists. Increased Day Case rates continue in Urology and General Surgery.

## Friends &amp; Family Test - A &amp; E

Month **Mar-24**Actual **84.00%**Standard **75.00%**

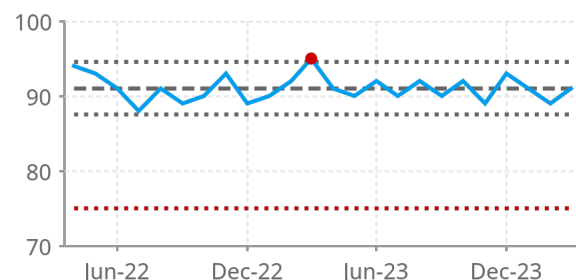
## Summary of Current Issues/ Recovery Plans

Friends & Family Test (FFT) metrics fall within their relevant control limits and above the minimum standard of 75%.

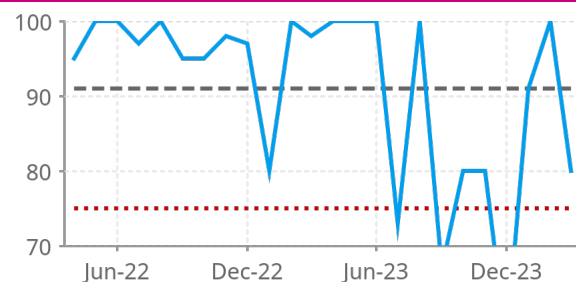
The Trust received 1,910 FFT returns this month; this is a slight decrease from 2,204 FFT on the previous month.

The Very Good or Good responses returned for March 2024 is 91.62%, an increase from 90.42% on the previous month.

## Friends &amp; Family Test - Inpatient

Month **Mar-24**Actual **91.00%**Standard **75.00%**

## Friends &amp; Family Test - Maternity

Month **Mar-24**Actual **80.00%**Standard **75.00%**

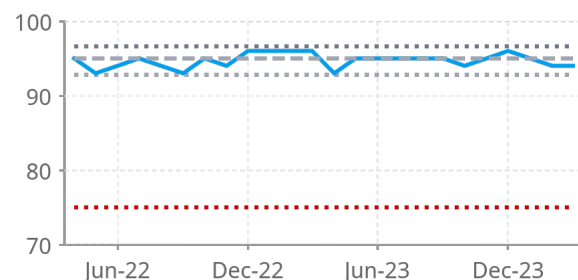
p20

# Caring



North Tees and Hartlepool  
NHS Foundation Trust

## Friends & Family Test - Outpatient



Month **Mar-24**

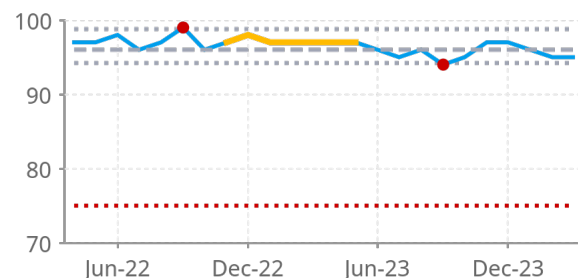
Actual **94.00%**

Standard **75.00%**

## Summary of Current Issues/ Recovery Plans

Outpatients, Community and Long Covid FFT continue to demonstrate a positive position achieving above the standard.

## Friends & Family Test - Community

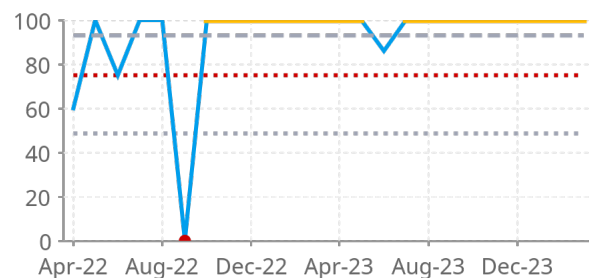


Month **Mar-24**

Actual **95.00%**

Standard **75.00%**

## Friends & Family Test - Long Covid

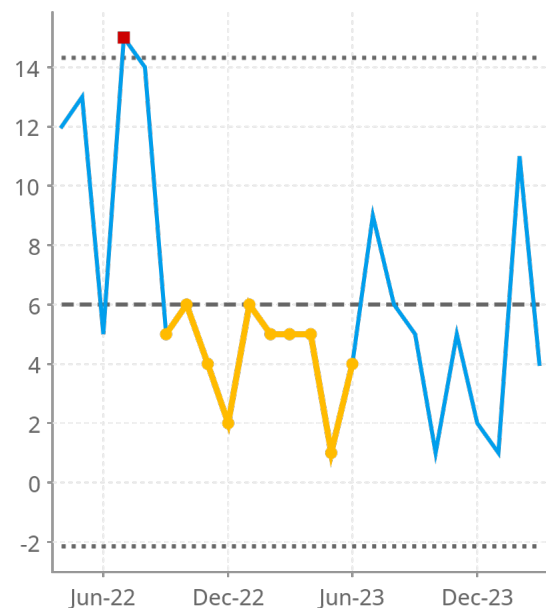


Month **Mar-24**

Actual **100.00%**

Standard **75.00%**

## Complaints - Stage 3



Month

Mar-24

Actual

4

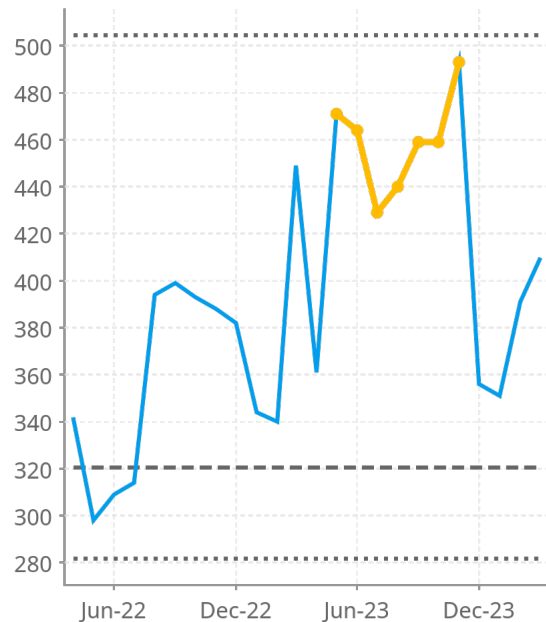
## Summary of Current Issues/ Recovery Plans

96 complaints were received in March, 88.54% were locally resolved (stage 1/early resolution), 7.30% are to be resolved via a face-to-face meeting (Stage 2), and 4.16% requires an executive letter of response (Stage 3). An overall improvement on the previous month.

Following implementation of the revised complaint process, the Trust has resolved and closed 24 verbal complaints within 24 hours. In line with National Regulations, they have been excluded from complaint figures above.

## Compliments

## Summary of Current Issues/ Recovery Plans



Month

Mar-24

Actual

409

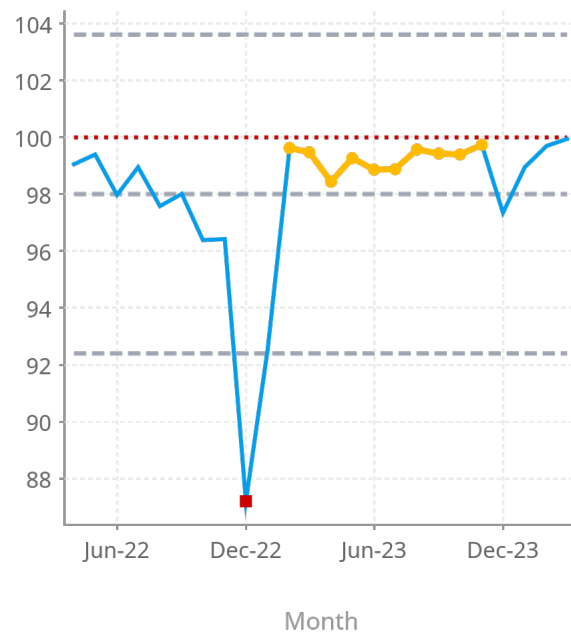
An increase in compliments received from the previous month. Work continue with teams to improve exploring various ways to ensure the full capture compliments for individuals, teams and services using the InPhase platform. Recent communication has been shared with teams to promote this.

## Ambulance Handovers &lt;59minutes



## Summary of Current issues /Recovery Plan

Only one ambulance handover was completed outside the required 59 minutes, which accounts for 0.05% of completed handovers. The average handover time reported at 14 minutes, and a turnaround time (arrival to clear) of 24 minutes.



Month	Mar-24
Actual	99.95%
Standard	100.00%

p24

# Responsive

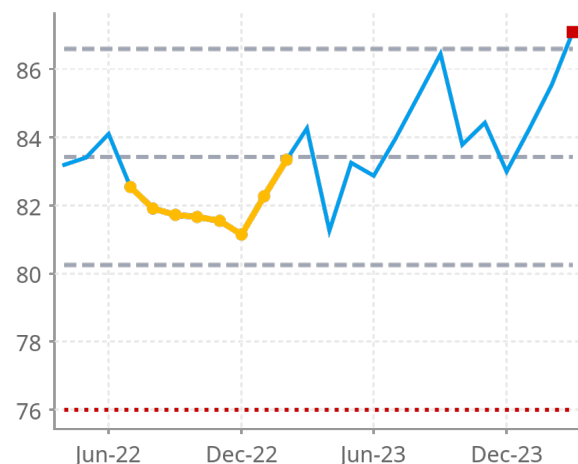


North Tees and Hartlepool  
NHS Foundation Trust

## 4 hr Accident & Emergency Waiting Times



## Summary of Current Issues/ Recovery Plans



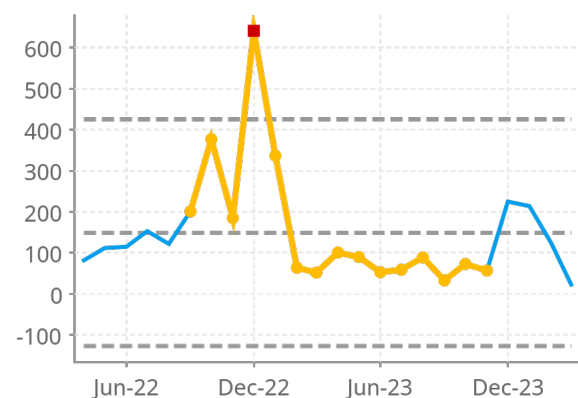
Month **Mar-24**

Actual **87.09%**

Standard **76.00%**

The performance places the Trust as the best in the country, showing significant impacts of all the work that has been in place to support this improvement journey despite a significant and sustained increase in urgent and emergency care attendances during March 2024.

## 12 Hour Waits in Accident & Emergency



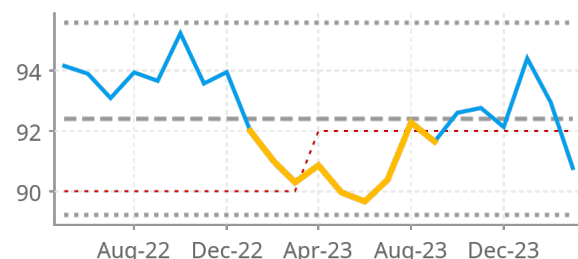
Month **Mar-24**

Actual **23**

Standard **0**

A significant reduction in 12 hour waits in A&E is noted in March compared to the previous month (125), accounting for 0.13% of overall attendances during the month. The majority of long waits within the department were due to bed waits and flow into acute admission areas, together with a number of unwell patients requiring prolonged periods of stabilisation in the department prior to being admitted.

## Trust Occupancy



Month

Mar-24

Actual

90.77%

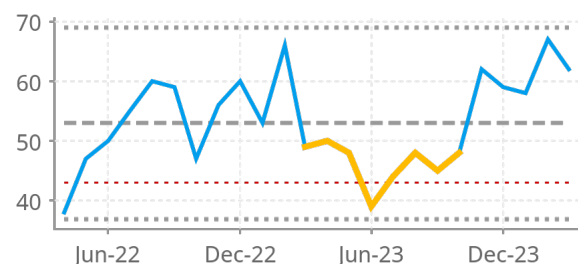
Standard

92.00%

## Summary of Current Issues/ Recovery Plans

The Trust reported below standard for March, however medical occupancy averaged 96.43% impacting on A&E admission bed waits. Plans to scale down resilience capacity (ward 37) will be in place during April, with the aim of closure, if possible by the end of the month. Capacity prioritisation measures remain in place with full capacity protocol considered through OPEL meetings. Partnership working continues with mutual aid, repatriation and a focus on discharge to improve this position.

## Super Stranded Patients (21+days)



Month

Mar-24

Actual

62

Standard

43

## Summary of Current Issues/ Recovery Plans

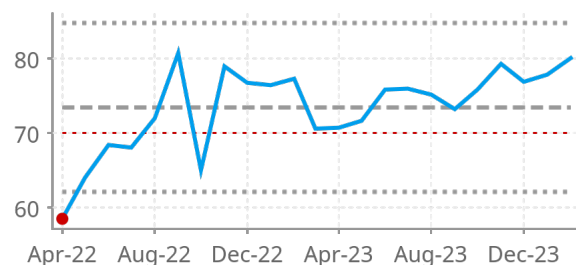
A sustained increase across continued into March, exceeding the national target of 12%. Despite the increase the Trust continues to perform well regionally and nationally. A number of factors are contributing to this position at present including an increase in the number of complex discharges requiring bespoke placements and patients who are homeless and require additional multidisciplinary support to be discharged safely.



## 2 hour Community Response



## Summary of Current Issues/ Recovery Plans



Month

Feb-24

Actual

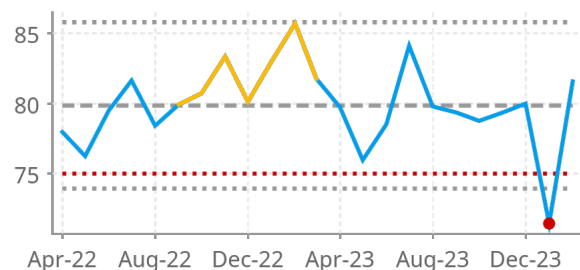
80.04%

Standard

70.00%

The Trust continues to exceed the National target, with the highest response rate across 2023-24 reported in March. Planning is underway to relaunch Urgent Community Response (UCR) with Local Authority Partners, this will include the care home and domiciliary sector to increase UCR referrals from new sources.

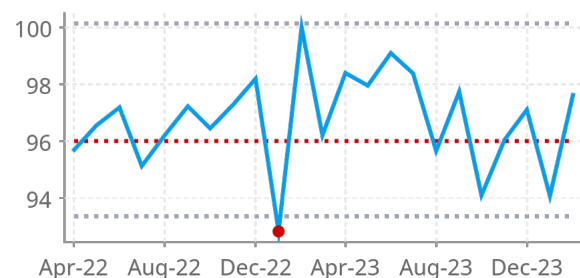
## Cancer 28 Day Faster Diagnosis



Month	Feb-24
Actual	81.58%
Standard	75.00%

An improved performance and achievement of the standard for February 2024. Pathway issues impacting on the standard remains a key focus of discussion within the Clinically Led Delivery Groups with mitigating actions included within the Trust Cancer Improvement Plan to support continued compliance.

## New Cancer 31 Days

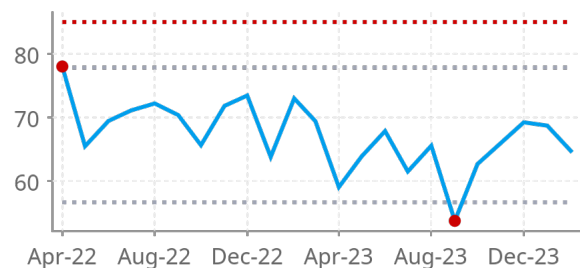


Month	Feb-24
Actual	97.62%
Standard	96.00%

The Trust achieved compliance with this standard.

Ninety of the 139 patients treated within February were treated within 62 days.

## New Cancer 62 Days

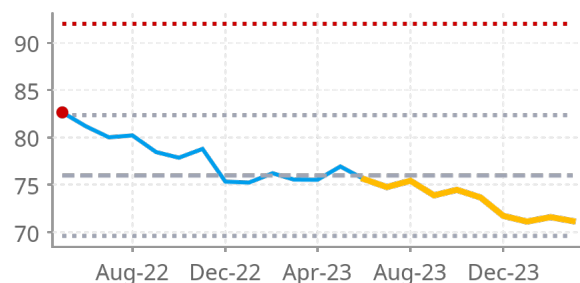


Month	Feb-24
Actual	64.75%
Standard	85.00%

Key themes for delays included complex pathways, patients requiring multiple diagnostics, diagnostic waits and radiology and pathology reporting.

The significance of Cancer Navigator roles was highlighted at a recent regional cancer event with different ways of working and good practice shared. The Trust is planning to expand the Cancer Navigator workforce for 2024/25 across all the tumour specific pathways with a continued focus on supporting patients attending outpatients and diagnostic appointments but also to co-ordinate and fast track diagnostic appointments and availability of results supporting the clinical teams to support an increase in the number of patient who move through the pathway in an appropriate timescale

## Referral to Treatment Incomplete Pathways Wait (92%)



Month

Mar-24

Actual

71.15%

Standard

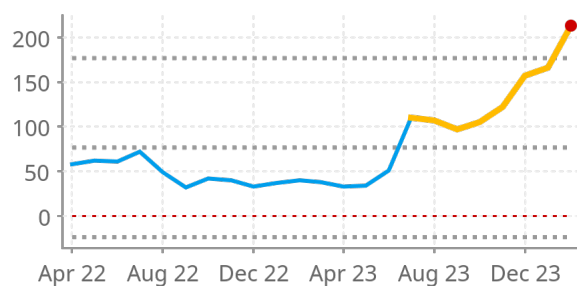
92.00%

## Summary of Current Issues/ Recovery Plans

A 6.57% reduction (1,419) in the overall waiting list is reported compared to the previous month.

Patient appointments continue to be brought forward wherever possible and waiting list initiative weekend theatre lists continue based upon the long waiting patients and associated specialities.

## Incomplete Pathways Wait (&gt;52 Week Wait)



Month

Mar-24

Actual

218

Standard

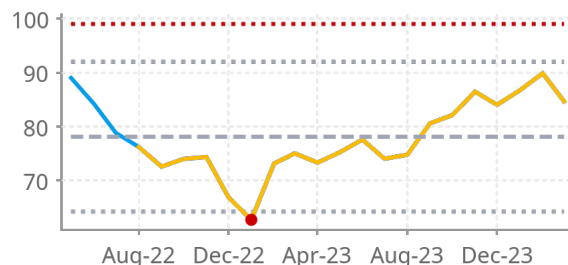
0

An increase in the number of 52 week waiters is reported compared to the previous month, however the number of 65 week waiters has seen a 47% reduction with 16 reported for March, compared to 30 reported in February. This in the main is as a result of additional capacity provided within the Chemical Pathology service within month to see long waiting patients.

## Diagnosis <6 Weeks (DM01 %)



## Summary of Current Issues/ Recovery Plans



Month

Mar-24

Actual

84.65%

Standard

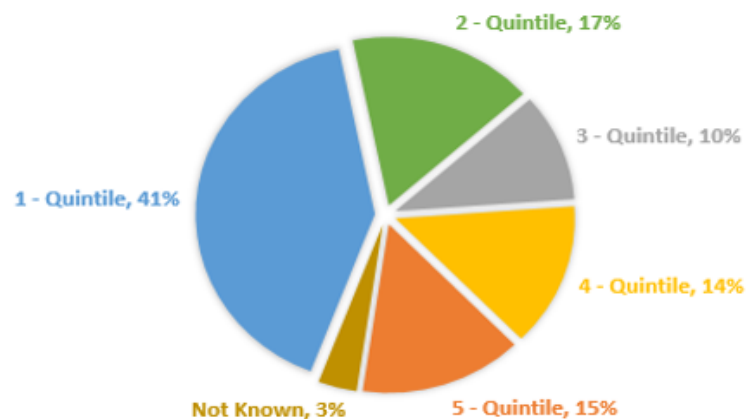
99.00%

A reduced compliance for the month compared to February, due to an increase in breaches for Echo and a reduction in capacity in Ultrasound due to long term sickness.

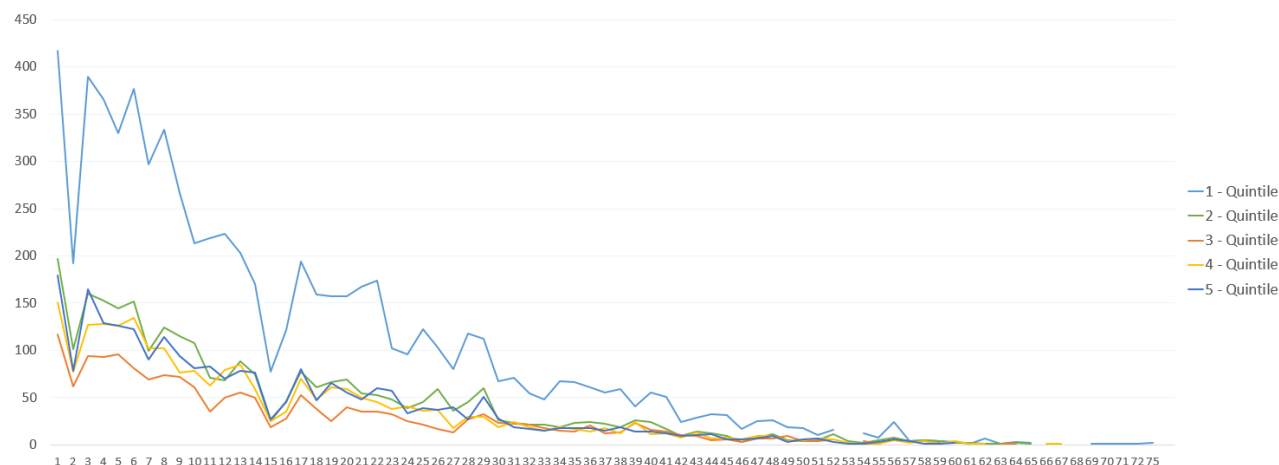
The loss of the mobile MRI scanner capacity sited at North Tees from the end of March, may lead to a further increase in breaches following the loss of this capacity.

CT and Deka continue to see patients within the 6 week compliance threshold. Endoscopy have reported a significant reduction in breaches, as a result of increased efficiencies in list utilisation, booking, insourcing and move to 6 day working.

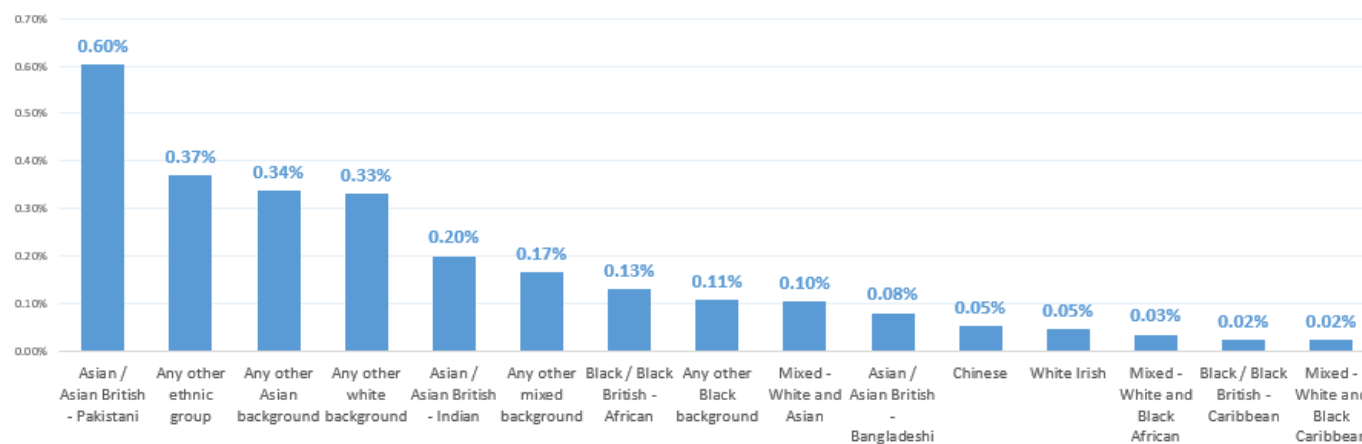
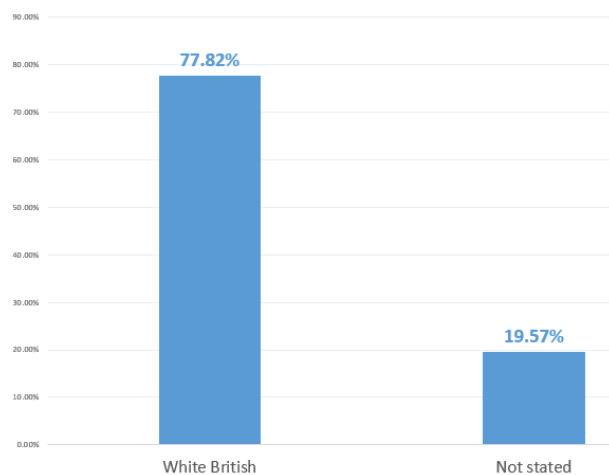
## By Deprivation Quintile (1 Most - 5 Least Deprived)



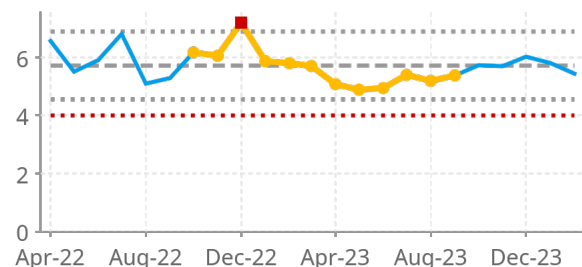
## Waiting List by Weeks and Deprivation (Quintile 1-5)



## Waiting List by Ethnicity



## Sickness % - Trust



Month

Feb-24

Actual

5.44%

Standard

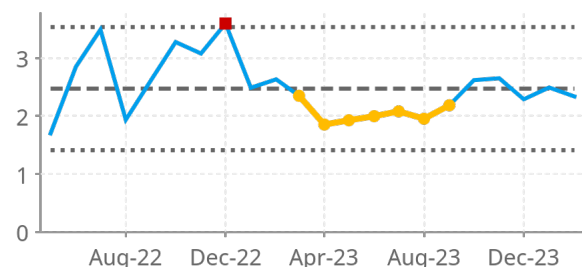
4.00%

## Summary of Current Issues/ Recovery Plans

The current Trust absence rate as at end February 2024 is 5.44%. This is a decrease on the previous month's rate of 0.36%. Stress/Anxiety/Depression remains the highest reason for absence and accounts for 29.30% of all absence.

Long-term sickness accounted for 3.10% of overall sickness with short term being 2.34%, this is a decrease from the previous months reported rate of 2.49%.

## Sickness % - Short Term



Month

Feb-24

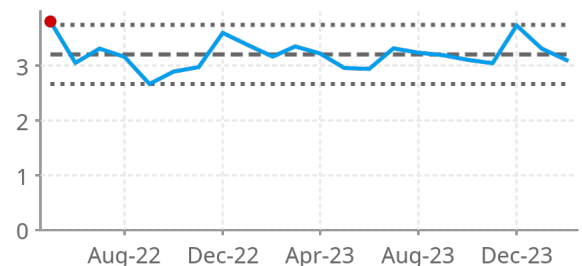
Actual

2.34%

There is a further reduction in short term absence reported as other known causes – not elsewhere classified. This was attributed to 0.15% of absences in February in comparison to 0.22% of absences in January 2024. Work continues on addressing with managers on coding Issues and education for longer term address. Absences related to anxiety /stress/ depression and other MSK problems are comparable to January's figures.

3.10% of the 5.44% rate was due to long term absences; this is a decrease from the previous months reported rate of 3.31%. Long term absence related to anxiety/stress/depression accounts for 1.10% of absence which is a reduction from 1.57% reported in January, however, remains the top reason for absence.

## Sickness % - Long Term



Month

Feb-24

Actual

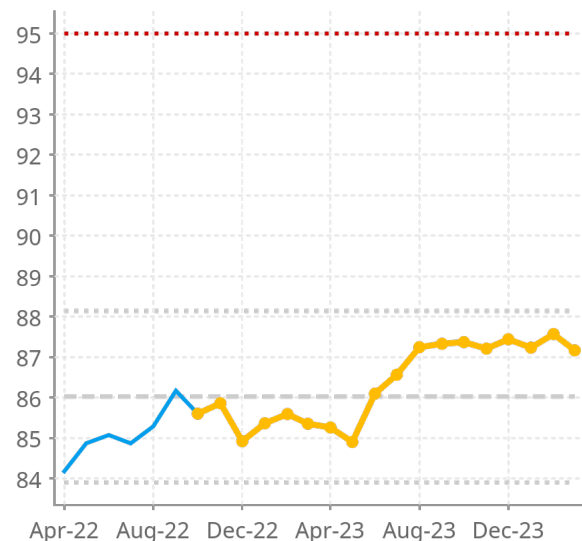
3.10%

This is correlated to increased activity within the Occupational Health and Well-Being service and other associated support services including the Alliance counselling service and Trust Psychology service.

## Appraisal %



## Summary of Current Issues/ Recovery Plans



Month	Mar-24
-------	--------

Actual	87.17%
--------	--------

Standard	95.00%
----------	--------

The position for appraisal compliance for March 2024 stands at 87.17% which is decrease of 0.40% from the previous month.

In order to support an improvement in compliance, the Organisation Development Team have undertaken a improvement project with the aim to have greater understanding of the data, impact of reporting in RAG report versus ESR and barriers to improving compliance.

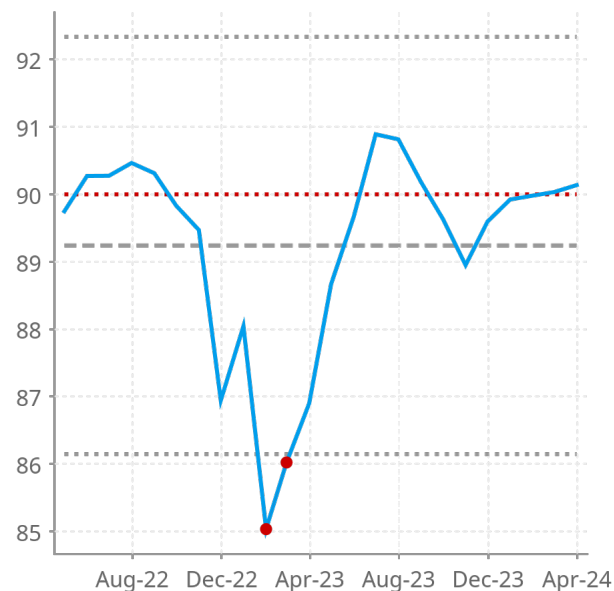
The project has strengthened understanding of how data is reported and allowed the people business managers to work closely with the care groups to target specific areas. In order to support manager awareness and planning for appraisals, the education team provide monthly summary reports by department and directorate levels to aide in application of process and achieve compliance.

Following engagement and feedback from appraisers and appraisees, further work is underway to streamline the appraisal paperwork and reporting process with work underway to align to South Tees as part of the group model. A pilot of the new paperwork is underway and will be evaluated with feedback influencing final documentation.

## Mandatory Training %



## Summary of Current Issues/ Recovery Plans



Month Mar-24

Actual 90.14%

Standard 90.00%

Mandatory training compliance for March 2024 is 90.14% which is an increase of 0.11 from the previous reporting period (against a tolerance of 90%).

Following a comprehensive review of mandatory training, agreement has been reached to move to a 'core' and 'non-core' approach and a single reporting system via ESR for individual and department level. The Education team and BI team have co-produced a dashboard within Yellowfin which allows oversight of the 'core' topics at Trust, Care group and Department level. This work is nearing completion and is in the implementation phase.

A targeted approach to improving ILS compliance has been taken, with additional capacity being created. Focused work to reduce DNA's has been undertaken by the teams, engaging with staff and managers pre-course.

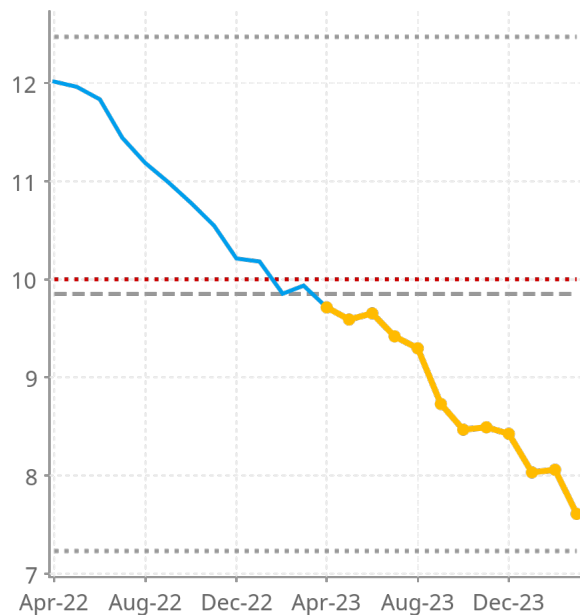
Mandatory training for medical staff remains an area of focus. The appointment of a new Medical Staffing Manager role will support both the care groups and educators in identifying and addressing areas of concern and improvements required to achieve compliance. Work is ongoing with medical education, medical staffing and People Business Manager's to improve compliance.



## Staff Turnover %



## Summary of Current Issues/ Recovery Plans



Month	Mar-24
-------	--------

Actual	7.61%
--------	-------

Threshold	10.00%
-----------	--------

The Trust recognises and acknowledges a healthy turnover is good for the organisation as staff develop within their careers and specialism and others who decide to retire after years of service to patients. The Trust therefore tolerates a turnover rate at 10% of the workforce.

Turnover for March 2024 is 7.61 % which is a decrease of 0.45% from the previous reporting period.

Turnover rates in clinical roles including registered nursing and midwifery and medical and dental are all below the 10% threshold.

The Trusts has been successful in an application to be part of NHS England's people promise exemplar programme of work. The focus is specifically on retention of staff and updated will be provided via people group and people committee.



## Overview - Month 12

The Year-end position is still being finalised, a verbal update will be given to the Executive Team.

## Maternity Overview

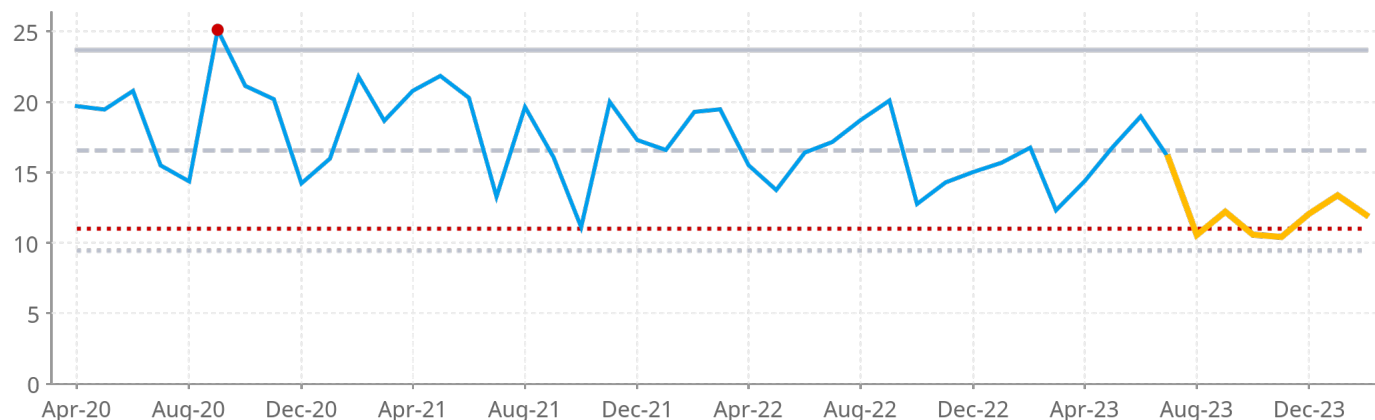
The overview is split into the following sections:

- Antenatal
- Birth
- Postnatal
- Neonatal
- Workforce
- Feedback

The following maternity sections details measures, with the narrative to support if the Trust is achieving or not against the relevant standard and what the next steps and actions will be.

Antenatal				
	Current Month	Actual	National Standard or Average	NENC Average
Smoking at Booking	Feb-24	11.98%	n/a	11.00%
VTE Compliance	Feb-24	99.42%	95.00%	n/a
Right Place of Birth	Feb-24	100.00%	100%	n/a
Birth				
Number of babies born	Feb-24	216	n/a	n/a
Induction of Labour	Feb-24	46.90%	46.90%	46.90%
PPH >1500mls (%)	Feb-24	1.85%	3.30%	3.30%
3rd & 4th Degree tears	Feb-24	0.46%	n/a	2.70%
Assisted Birth	Feb-24	7.87%	n/a	12.90%
Still Births	Feb-24	0.93%	0.40%	0.45%
Postnatal				
Smoking at Delivery	Feb-24	12.04%	n/a	11.00%
Breast Feeding Initiated within 48 hours	Feb-24	44.86%	n/a	74.40%
Neonatal				
ATAIN Neonatal Admissions >=37 weeks	Feb-24	0.90%	6.00%	n/a
Workforce				
1:1 Care in active Labour	Feb-24	99.87%	100%	n/a
Labour ward Co-ordinator supernumary	Feb-24	97.40%	100%	n/a
RM Vacancy	Feb-24	-10.52	n/a	n/a
Midwife to Birth Vacancy	Feb-24	01:20	01:19.9	n/a
Feedback				
Complaints	Feb-24	4	n/a	n/a
Compliments	Feb-24	52	n/a	n/a

## Smoking at Booking (%)



Month

Feb-24

Actual

11.98%

NENC  
Average

11.00%

### Measure Summary

Smoking is a Public Health priority as it is a determinant of health, including being a potential contributing factors of stillbirths.

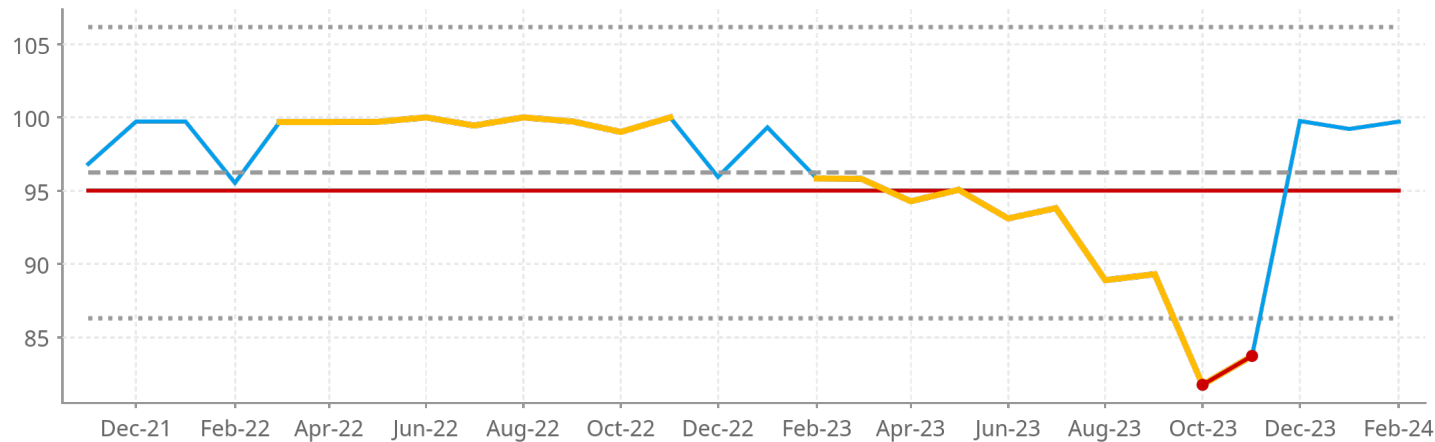
The local population rates of smoking are one of the highest in the North East of England and is reflected in the maternity population. To optimise health of the newborn and mother, there is a National recommendation to support a reduction in smoking or a cessation. The Maternity service continues to implement the actions listed to reduce smoking in pregnancy. We now see a step change in the SPC with seven consecutive points below the mean.

### Actions

The Quality Improvement lead has initiated 4 projects:

1. Sustaining the rate of measuring CO levels on admission
2. Increasing referrals on admission to the Tobacco dependency service
3. Promotion of Nicotine Replacement Therapy within maternity services

## VTE compliance (%)



Month

Feb-24

Actual

99.71%

Trust  
Standard

95.00%

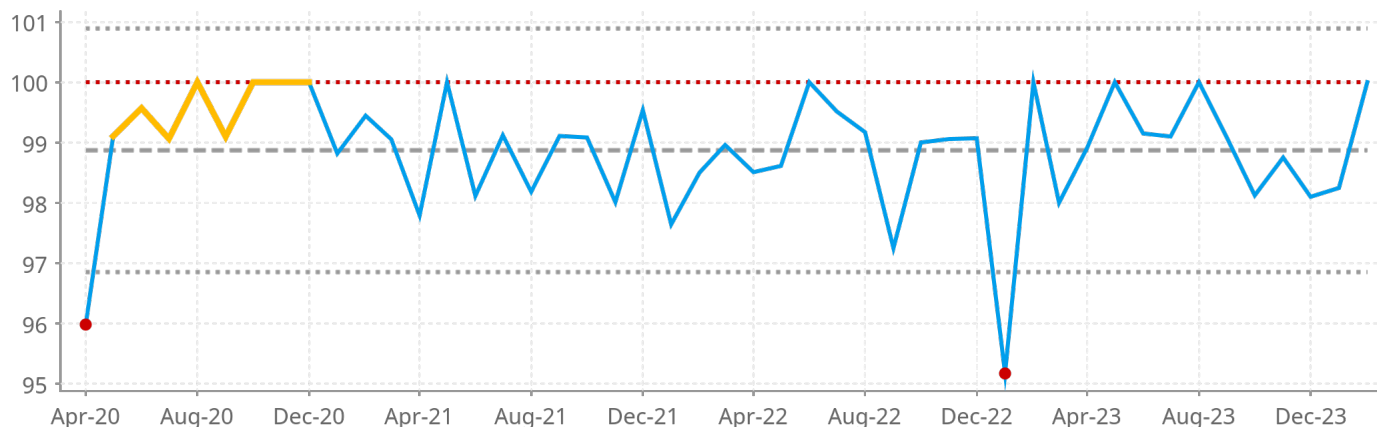
## Measure Summary

The graph presents an increase in compliance since the implementation of a new electric patient record system. This provides assurance that the data reported is accurate.

## Actions

1. Continue to monitor compliance to ensure that VTE documentation is embedded within practice.

## Right place of birth (%)


**Month**
**Feb-24**
**Actual**
**100.00%**
**National**
**100.00%**
**Standard**

## Measure Summary

The right place of birth measures the percentage of babies born in the right maternity service based on clinical indications for gestation.

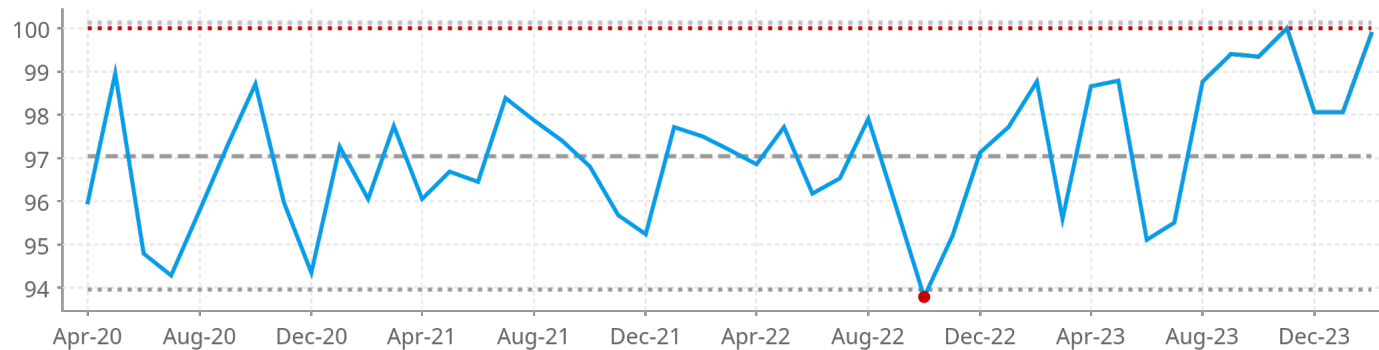
In order to optimise outcomes for babies born with less than 30 weeks gestation or weighing 1250g, care should be delivered at a maternity service with a Neonatal Intensive Care Unit (NICU).

For those babies born at the trust meeting the above criteria, a MDT care review is completed, to identify themes and learning points.

## Actions

1. Continue to undertake a Multi Disciplinary Team case review for babies born at North Tees to identify themes and learning points.

## 1:1 care in active labour (%)



Month	Feb-24
Actual	99.87%
National Standard	100.00%

### Measure Summary

One to one care in active labour is monitored and reported weekly, with the data acquired from the Birth Rate plus (BR+) acuity app.

Daily huddles are held by the Senior Clinical Matrons (SCMs) where a review and planned forecasting of staffing and activity occurs with information at that point in time.

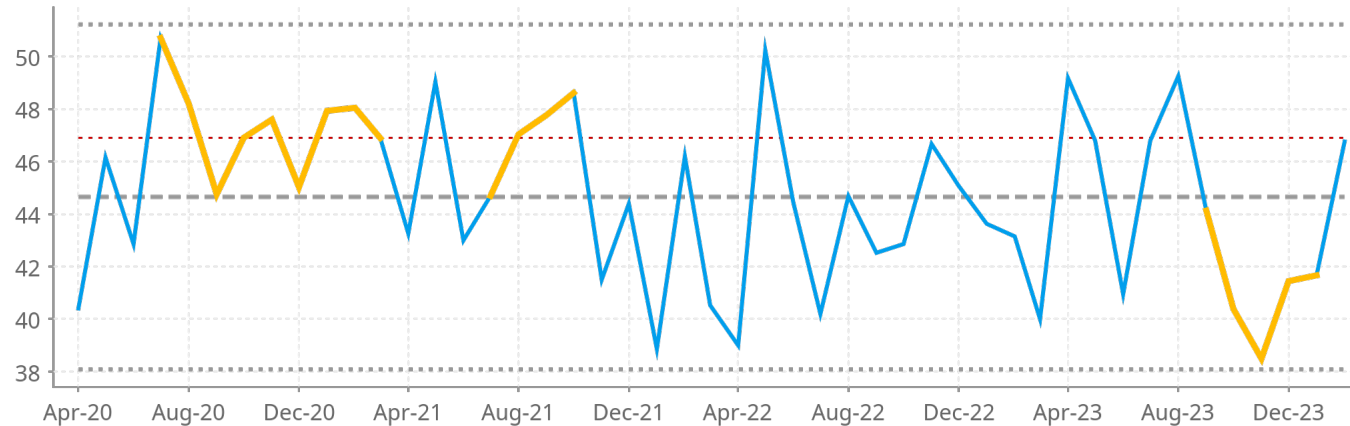
A key element of this review is to provide mitigation around red flags associated with staffing.

### Actions

1. On-going work with the Labour ward Coordinators to ensure appropriate use of the acuity app and clinical decision making.
2. Typical escalation and mitigation include:
  - Redeploying staff
  - Utilisation of on-call staff
  - Reviewing and temporarily pausing elective activity

At time of escalation mainly around out of hours, a midwife can oversee care of a postnatal women awaiting transfer whilst supporting a woman in active labour.

## Induction of Labour (%)



Month

Feb-24

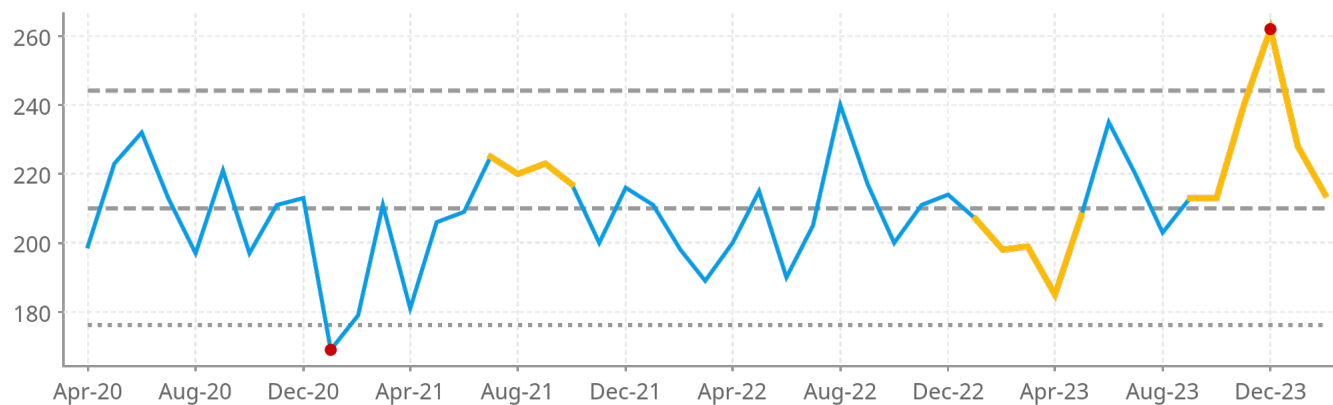
Actual

46.76%

NENC  
Average

46.90%

## Total Births



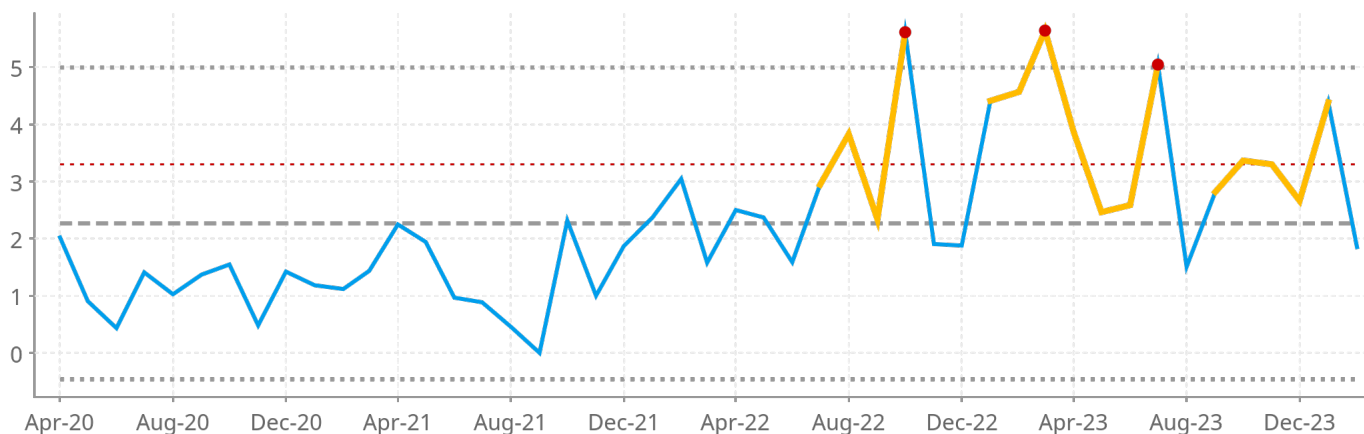
## Measure Summary

The Induction of Labour (IOL) rate at North Tees and Hartlepool is representative of the national increase in rates.

There is no local or National standard associated with this metric.



## Postpartum haemorrhage > 1500mls (%)



Month **Feb-24**

Actual **1.85%**

NENC  
Average **3.30%**

### Measure Summary

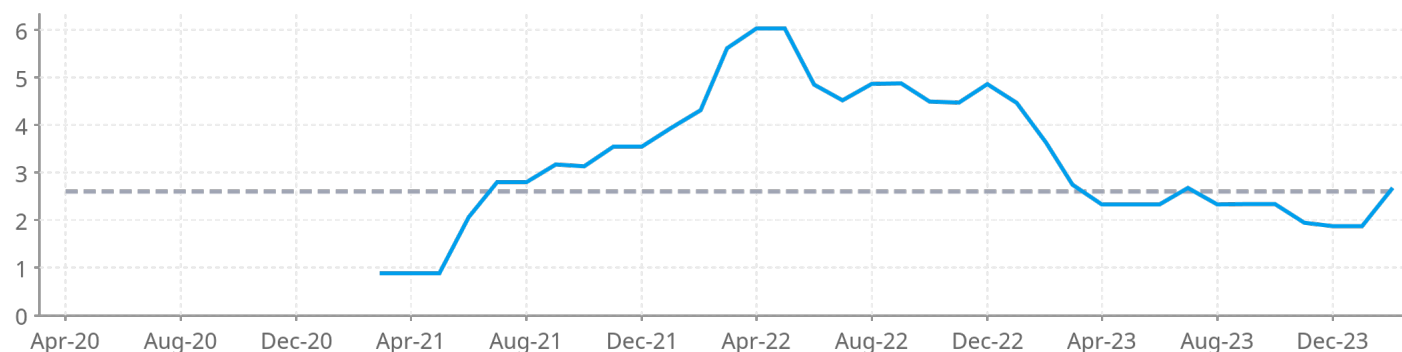
Postpartum Haemorrhage continues to be monitored by the Quality Improvement (QI) project, which accurately measures blood loss rather than estimating.

### Actions

Next steps of the project include:

1. Relaunch of QI project to include real time measurement.
2. Relaunch of QI project for staff groups across the maternity and theatre teams.
3. PPH risk assessment documentation to made a mandated field within Badgernet.
4. Discussions within the NENC LMNS to scope management of PPH guidelines to ensure standardisation across the region.

## Still births (%)



● Moving Average of Stillbirth rate ● NENC Average

Month

Feb-24

Actual

2.65

NENC

Average

2.60

## Measure Summary

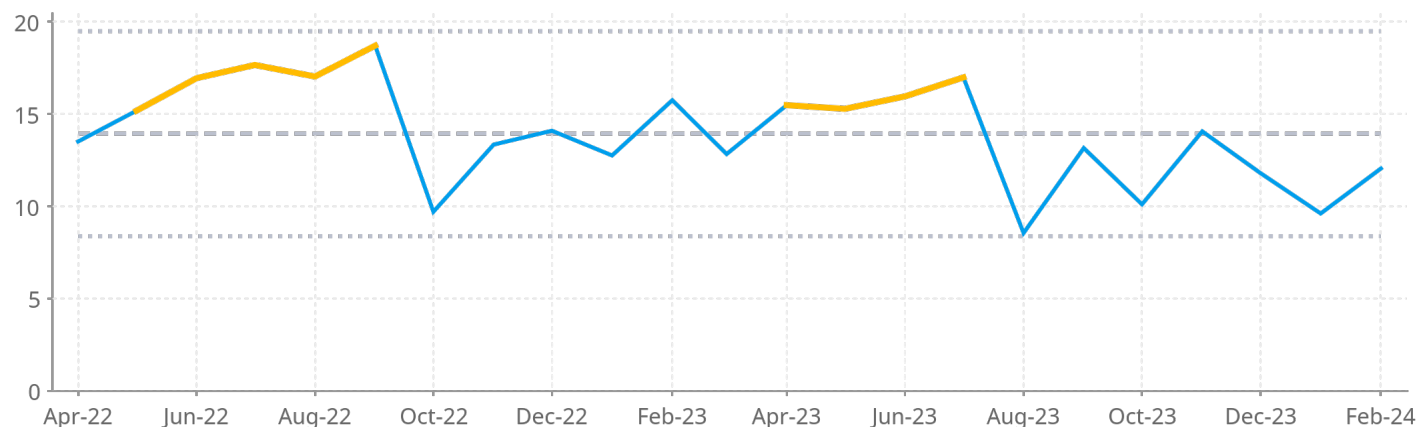
A thematic review was undertaken earlier in the year and the commonality was smoking in pregnancy. The Smoking in Pregnancy quality improvement work will be evaluated to include any change in outcomes for those women who experience a stillbirth.

From April 2023, a bereavement midwife commenced with the Trust. The increase in February is due to two stillbirths in month. These cases were reported to PMRT and no concerns were identified with their care.

## Actions

1. Continue to offer support to women and their families and benchmarking services against the National Bereavement Care pathways.
2. Continue with Smoking in Pregnancy Quality Improvement Project.

## Smoking at Delivery (%)



Month

**Feb-24**

Actual

**12.04%**

NENC  
Average

**11.00%**

### Measure Summary

To optimise health of the newborn and mother, it is a recommendation to support a reduction in smoking or a cessation.

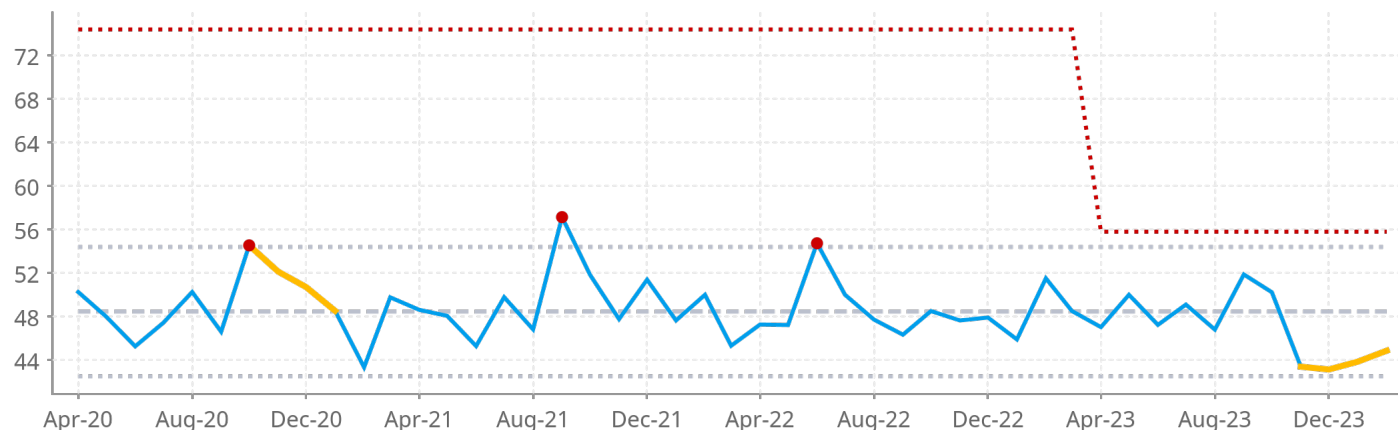
Local population rates of smoking are one of the highest in the North East of England and is reflected in the maternity population.

### Actions

The Quality Improvement lead has initiated 4 projects:

1. Community led 12 week quit programme
2. Increase the rate of measuring Co2 levels on admission
3. Increase Referrals on admission to Tobacco dependency
4. Issuing NRT within maternity services

## Breast feeding initiated after birth



Month	Feb-24
Actual	44.86%
NENC Average	55.80%

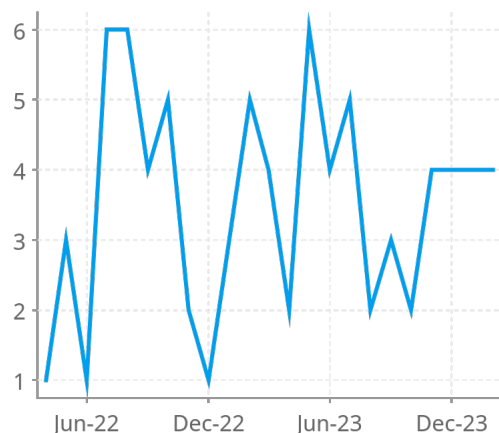
## Measure Summary

The Trust has some of the lowest rates of breast feeding in the North East.

To increase breast feeding rates, through knowledge and support, the Trust employed an infant feeding specialist midwife who commenced this role at the start of 2023, with the key focus to gain Breast Feeding Initiative (BFI) accreditation. The service has achieved BFI stage 1 accreditation, Stage 2 accreditation plans are being developed.

Action - To review the madated fields process within Bagdernet to enable data validation.

## Complaints



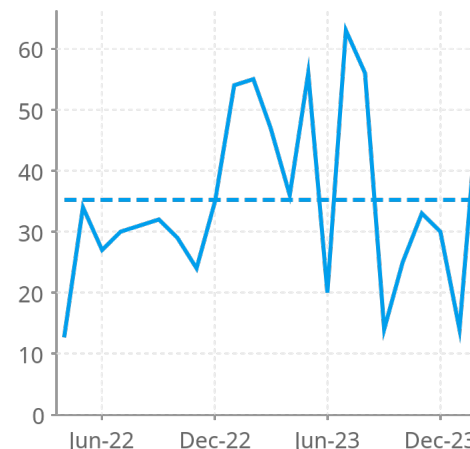
Month **Feb 24**

Stage 1 **3**

Stage 2 **1**

Stage 3 **0**

## Compliments



Month **Feb-24**

Actual **52**

## Measure Summary

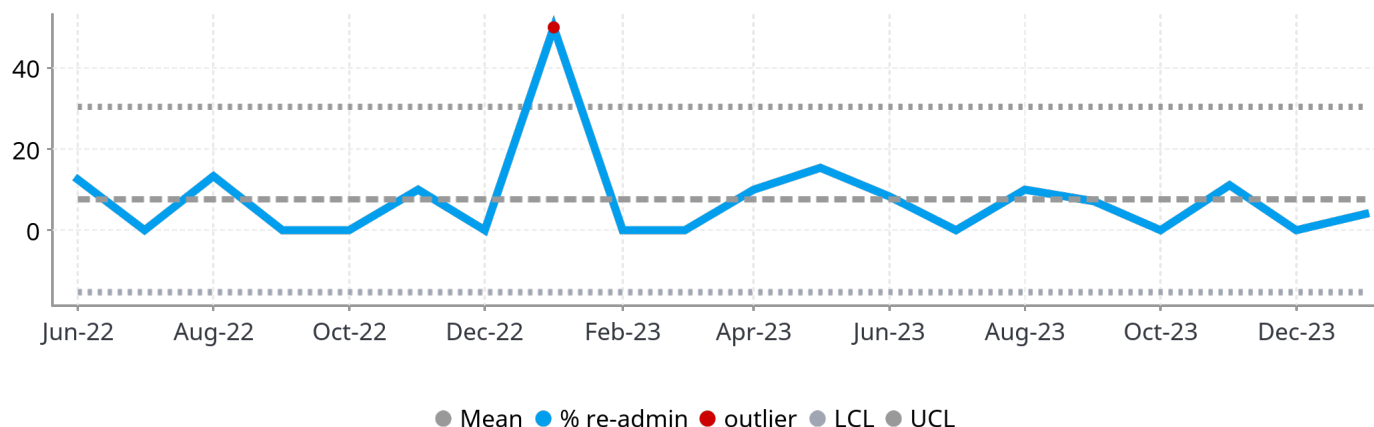
There were four complaints in February around maternity services with themes of Communication and Staff attitude. Communication was identified as a theme in two complaints; information not shared through departments. This will be actioned via mandatory training, staff briefings, staff handovers and meetings.

## Actions

Maternity services recieved 52 compliments in February, the themes of compliments were:

1. Friendliness
2. Kind and caring department

## Re-admissions of babies



Month	Jan-24
-------	--------

Actual	4.00%
--------	-------

Standard	N/A
----------	-----

## Measure Summary

The perinatal team are proactive in monitoring and reviewing readmissions of babies to identify any themes and learning points. In January one baby was re-admitted to the unit.

## Actions

1. Continue with ongoing thematic reviews
2. A separate review for weight loss and jaundice is in process by the Infant Feeding Specialist Midwife is to be undertaken.

# Integrated Performance Report (IPR)

**Meeting date:** 15 May 2024

**Reporting to:** Board

**Agenda item No:** 10

**Report author:** Lucy Tulloch, Deputy  
Director of Planning and Performance

**Action required:**  
Assurance

**Delegation status (Board only):**  
Jointly delegated item to Group Board

**Previously presented to:**  
[South Tees Resource Committee](#)

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

Deliver care without boundaries in collaboration with our health and social care partners ☒

Make best use of our resources ☒

## CQC domain link:

Responsive

## Board assurance / risk register this paper relates to:

Performance and Compliance  
Quality  
People  
Finance



## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

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.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

UEC metrics show the impact of winter pressures from October 2023, including lower performance against the 4-hour standard and higher levels of acute bed occupancy (above the 92% target). The impact of winter pressures on these metrics was less than in winter 22/23, with a robust winter beds plan, embedded transfer of care hub to reduce delays at discharge, and ongoing improvement initiatives in ED. The Trust ended the year at 69.7% 4-hour compliance, with a commitment to achieve 78% compliance by end March 2025.

Ambulance arrivals remained higher than last year, 14% more than March 2023, with 8% more 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. These initiatives have supported stable 4-hour performance during the peak of winter demand; more than 90% of ambulance handovers taking place in an hour and mitigating the impact of increased demand on longer delays.

The 62-day cancer standard remains a challenge and will require improvements in some in patient pathways in 24/25 to meet the target of 70% by end March 2025, whilst continuing to reduce the backlog of patients treated who have already had long waits. Work focuses on reducing delays in the prostate tumour diagnostic pathway.

The position on RTT compliance overall has been static however STHFT ended the year with 1432 >52 week waiters, 229 of those at >65 weeks and one patient at 78 weeks. Having been in Tier 2 performance management, the Trust was recently released from this, recognising the NHS England have greater assurance of the Trust's capacity and capability to manage the waiting list and waiting time reductions achieved to date. Focus on all aspects of waiting list management will continue, with a commitment to have no patients waiting over 65 weeks by end September 2024 and to halve the number of patients waiting over 52 weeks by end March 2025.

Recovery of the diagnostics 6-week standard position has continued throughout the year, with planning trajectories to achieve 95% compliance across the major modalities by end March 2025.



**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The Group takes assurance from this report.

### Recommendations:

It is recommended that the Group Board acknowledge the ongoing challenges impacting on a number of key performance standards and the mitigating actions in place to support performance improvement.





**South Tees Hospitals**  
NHS Foundation Trust

# INTEGRATED PERFORMANCE REPORT

March 2024

# OVERSIGHT

## RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

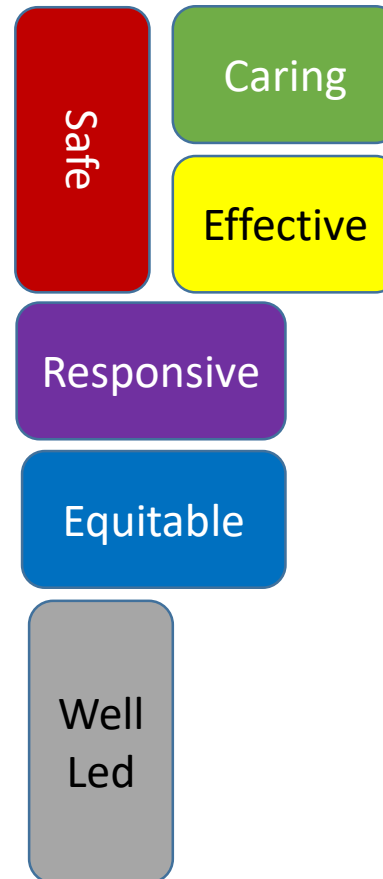
Dr Michael Stewart, Chief Medical Officer

Samuel Peate, Chief Operating Officer

Dr Michael Stewart, Chief Medical Officer

Chris Hand, Chief Finance Officer

Rachael Metcalf, Human Resources Director



## BOARD SUB COMMITTEE

Quality Assurance Committee

Quality Assurance Committee

Resources Committee

Quality Assurance Committee

Resources Committee

People Committee

Audit and Risk Committee

# CHANGES THIS MONTH

National context reflects 2023/24 NHS Operational Planning Guidance.

**SAFE** domain:

No change.

**EFFECTIVE** domain:

No change.

**CARING** domain:

No change.

**EQUITABLE** domain:

No change.

**RESPONSIVE** domain:

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		Feb-24	Feb-24	Feb-24	Feb-24	Feb-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Feb-24	Jan-24
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		67.8%	62	4.8%	501	187	63.3%	1,270	279	49	0	52,641	106%	106%	103%	111%	16.9%	56.8%	139	287	81.1%
NENC ICS Provider level (including IS providers)		74.1%	719	6.1%	2,365	906	68.6%	7,681	1,925	360	0	376,698	105%	103%	108%	118%	18.6%	66.4%	863	1,942	74.9%
North East & Yorkshire		71.5%		7.9%			63.5%										20.4%	62.5%			72.6%
National		70.9%		11.3%			57.0%										26.2%	62.3%			70.9%

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. In February, A&E 4-hour standard performance was stable as James Cook University Hospital emergency department continued to service larger volume of attendances than expected. Ambulance handover delays and 12-hour delays from arrival deteriorated but have since improved in March. In January, elective access (RTT 18-week standard) was maintained and performs strongly when compared to the national picture. Good progress continued to reduce the number of patients waiting more than 65 weeks for non-urgent elective treatment, in line with national requirements. Total elective activity delivered was behind the original plan but ahead of 19/20, and in line with expectation after adjustment for the impact of industrial action. First outpatient appointment activity was amongst the highest in the North East & North Cumbria integrated care system (ICS). Performance against the 6-week diagnostic standard improved to a 24-month high in January and significantly outperformed the regional and national average however the diagnostic activity levels slipped below plan. The Trust continued to outperform the national target for 28-day Faster Diagnosis Standard while there was a positive reduction in the Cancer 62-day accumulation, just outside of the improvement trajectory. The Cancer 62-day standard performs lower as treatment is prioritised for the longest waiters.

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2475	2070	Mar 2024		
Patient Safety Incident Investigations	1		Mar 2024		N/A
Never Events (YTD)	3	0	Mar 2024	N/A	N/A
Falls	147		Mar 2024		N/A
Falls Rate % (Per 1000 Bed Days)	3.7	6.6	Mar 2024		
Falls With Harm	1		Mar 2024		N/A
Falls With Harm Rate % (Per 1000 Bed Days)	0		Mar 2024		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.

Following the implementation of PSIRF, patient safety incidents are reviewed at a weekly learning response panel (LRP) to determine the most appropriate investigation methodology as outlined in the PSIRF policy and plan.

In March 2024, one incident has been registered as a Patient Safety Incident Investigation (PSII). PSII level investigations are registered externally using the StEIS system. The key aim of a PSII is to provide a clear explanation of how an organisation's systems and processes contributed to a patient safety incident. PSII's examine 'system factors' such as the tools, technologies, environments, tasks and work processes involved. Findings from a PSII are then used to identify actions that will lead to improvements in the safety of the care patients receive.

No never events were recorded in March 2024. The Trust reported 3 Never Events during 2023/24, the lowest number since the national Never Event list was revised in Feb 2018.


Learning from incidents continues to be shared at a local level with clinical colleagues, as well as across the wider organisation and with our system partners.

### Falls

The overall number of inpatient falls continue to remain inside the trust control limits.

The Trust falls educator continues to support the implementation of the Trust 'Falls Improvement Plan', falls reduction initiatives and best practice guidance, over the next 12 months.

Post-falls investigations are now completed in-line with the PSIRF plan including the use of rapid 'hot debrief' tools and after-action reviews where additional learning is identified.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.7		Mar 2024		N/A
Category 2 Pressure Ulcers Community Rate (Per 1000 Active Patients)	11.6		Mar 2024		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.2		Mar 2024		N/A
Category 3&4 Pressure Ulcers Community Rate (Per 1000 Active Patients)	3.7		Mar 2024		N/A
Medication Incidents	116		Mar 2024		N/A
Omitted Critical Doses (%)	3.6%		Mar 2024		N/A
Medications Reconciled Rate %	90%	80%	Mar 2024		
Medications Reconciled 24hrs %	36%	80%	Mar 2024	N/A	N/A
C-Difficile (YTD)	127	111	Mar 2024	N/A	N/A
MRSA (YTD)	0	0	Mar 2024	N/A	N/A
E-Coli (YTD)	129	139	Mar 2024	N/A	N/A
Klebsiella (YTD)	60	52	Mar 2024	N/A	N/A
Pseudomonas (YTD)	21	16	Mar 2024	N/A	N/A

### Pressure Ulcers

The rate of hospital-acquired pressure ulcers remains within expected variation with no significant change throughout the organisation. A training plan is ongoing for all areas not yet live with PURPOSE T. CCU and PACU have now transitioned to PURPOSE T. The risk assessment is embedded into practice and compliance is improving in all inpatient areas, reaching over 90% in all ward areas over the last month. There is an extensive pressure ulcer improvement plan focussing on pressure ulcer risk assessment, reporting, data, workflow, PSIRF and patient engagement. Quarter 3 data collection for the CQUIN is complete with an overall result of 69%. Quarter 4 data collection is in progress. The review of pressure ulcer investigations is aligned to the first phase of PSIRF roll out. The first thematic review has taken place on Ward 28 and the outcome will be presented Matrons Council. A thematic review is taking place with wards that have reported a new or deteriorating category 2 pressure ulcer for the first time in a number of months. A pilot of pressure ulcer safety huddles took place over a 24-week period. An evaluation of this pilot showed an increase in category 2 reporting, however the reviews found over or incorrect categorisation of category 2. Overall, the number of category 3 and 4 pressure ulcers remained static or showed a reduction in the areas included.













### Medications

Medication incidents reported in March have remained within expected variation and work is progressing from the Medicines management action plan. Critical omitted doses have remained stable with a different ward each month altering the data. Medicines reconciliation has improved again this month for both all patients and within 24 hours. A plan is in place for the additional funding received will support the start of a clinical pharmacy service from September 2024 at front of house wards when the newly qualified pharmacists arrive.

### Healthcare acquired infections

There were no new MRSA reported in March, which means there were 0 Trust Assigned cases in 2023/24. In relation to CDI, we completed 2023/24 over our standard contract objective, however with a reduction on 2022/23 cases, we are still waiting for confirmation of our 2024/25 objectives. Additional cleaning remains a priority for all CDI cases and in line with national guidance, this is followed by the addition of Hydrogen Peroxide vapour across all sites. Alternative options for cleaning continue to be sourced to support with the organisations HCAI Plan and this includes collaborative working with NTH Solutions at North Tees. Gram negative organisms continued to rise within all three areas. Therefore, an increased focus relating to ANTT (Aseptic Non-Touch Technique) remains a priority with a mandatory training package due for implementation in 2024, along with Antimicrobial Stewardship focus. Additional to this there is a collaborative regional approach moving forward relating to gram negative organisms, CPE and MRSA Bacteraemia which are on the increase regionally. The organisation is also involved with a national approach to reduction of these organisms.



Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	388		Mar 2024	N/A	N/A
Breast feeding initiated (48 hrs)	60.8%	74.5%	Mar 2024		
Preterm birth rate <26+6 wks	0.5%	6%	Feb 2024		
Preterm birth rate 27 - 36+6 wks	10%	6%	Mar 2024		
Induction of Labour (%)	37.4%	44%	Mar 2024		
Number of 3rd/4th degree tear (%)	1.7%	3.5%	Mar 2024		
PPH > 1500ml (%)	3.24%	2%	Mar 2024		
Still Births (YTD)	9	17	Mar 2024	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; which includes the proportion of high-risk pregnancies and regional intrauterine transfers for neonatal cots managed within the Trust. Our data is benchmarked against other similar units via LMNS and 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, however rates have been consistently above 55% which is testament to the education and information which is being provided on healthy relationships and infant feeding. 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 infant feeding support workers. They will see patients on postnatal, antenatal and delivery suite. The Trust is UNICEF baby-friendly accredited with a further UNICEF assessment in April.

Recent performance for Induction of labour (IOL) has been consistently better than the Trust indicative target. Mechanical induction has been launched and is being evaluated. A development day took place in January with service user representatives and actions will be taken forward. 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 but have been showing an increasing trend in recent months and is just below the national average (January 2024 national maternity dashboard). All cases are reviewed to ensure guidelines are followed; PPH is in the annual MDT obstetric emergency/simulation training. The Trust will participate in the Obstetric UK PPH Prevention Study in 2024.

Perinatal Quality Surveillance Model: We reported no serious incidents in March. We reported seven baby deaths to the Perinatal Mortality Tool and these cases will be reviewed in full by an MDT team. There were no moderate harm incidents reported in March. We have achieved 90% training compliance requirements in Quarter 3.

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

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6.1%		Jan 2024		N/A
Sepsis - Oxygen delivered within 1hr	97.1%	95%	Feb 2024		
Sepsis - Blood cultures within 1hr	71.4%	95%	Feb 2024		
Sepsis - Empiric IV antibiotics within 1hr	71.4%	95%	Feb 2024		
Sepsis - Serum lactate within 1hr	71.4%	95%	Feb 2024		
Sepsis - IV fluid resuscitation within 1hr	71.4%	95%	Feb 2024		
Sepsis - Urine measurement within 1hr	100%	95%	Feb 2024		
Summary Hospital-Level Mortality Indicator	112	100	Nov 2023		
Comorbidity Coding	4.8		Dec 2023		N/A

### Readmission rates

The emergency readmission rate remains within current expected variation.

### Sepsis

Guidance *Suspected sepsis: recognition, diagnosis, and early management (NG51)* was updated in January 2024. There will be a further update in 2025 which will review evidence for tests and interventions. A person is at high risk of severe illness or death from sepsis if they have a suspected or confirmed infection and a NEWS2 of 7 or above. Data for January has been analysed using this sampling method and suggests that an improvement would have been seen for all elements of the above patient population. It is likely that this approach will be adopted for reporting in the future following further validation at a regional level.

#### Actions:














- Awaiting regional consensus on adoption of NG51
- Sepsis teaching continues through variety of portals
- Role specific mandatory sepsis training approved at Statutory Training Steering Group
- Sepsis e learning in development
- Digital Paediatric sepsis assessment approved
- Sepsis reporting finalised through inPhase to give earlier performance data and feedback
- Marthas Rule application submitted – phase 1 pilot site

### Mortality

Summary Hospital-level Mortality Indicator (SHMI) of 112, for the latest official reporting period, Dec 2022 to Nov 2023, is 'higher than expected'. The non-elective coding depth continues to gradually fall in the rolling 12-month figure as the impact of the decline in the monthly figure from March 2023 plays an increasing role. From the next release, the methodology for SHMI is being changed: the most important change is the inclusion of Covid spells for patients discharged from Sep 2021. The impact on the Trust's SHMI is unpredictable but probably will be small.

Assurance requires non-statistical approaches: Medical Examiner (ME) scrutiny remains at >98%. In 2023-24 the Trust reviewed >20% of all deaths (the backlog has fallen to <20 cases). Two, representing 0.1% of the patient deaths during 2023/24, are judged to be preventable, more likely than not, with problems in the care contributing to the outcome.

The commencement of the statutory phase of the ME service has been delayed from April 2024 however the service is continuing to work towards full implementation of the requirements and is making good progress.

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	78.3%	78%	Mar 2024		
Inpatient Experience (%)	96.5%	94%	Mar 2024		
Maternity Experience (%)	91.8%	92%	Mar 2024		
Outpatient Experience (%)	96.3%	93%	Mar 2024		
Community Experience (%)	99.3%	94%	Mar 2024		
New Complaints	22		Mar 2024		N/A
Closed Within Target (%)	24%	80%	Mar 2024		

### Patient experience

Emergency Department Friends & Family Test (FFT) remains above target for the fourth consecutive month and continues to be monitored locally. The main theme relates to waiting times. The Inpatient FFT score, remains stable since March 2023 and consistently performs 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 Outpatient departments and Community services both consistently perform above target.

The Maternity Friends & Family Test score reflects feedback captured in the Antenatal, Birth and Postnatal surveys. The percentage positive response has increased significantly, although remains just below target. The main issues continue to be delays in clinic, with capacity and demand analysis having been requested. Delays in postnatal discharge are being reviewed via our maternity survey action plan. The recruitment process has been completed. Comments from the surveys are continually reviewed by the Maternity team to identify areas for improvement and these are monitored though the Patient Experience Steering Group.

### Closed within target

The complaints closed within timeframe remains below the target. The new complaint process commenced in January 2024, following the quality improvement programme in 2023. The new process ensures early contact by the collaborative, within 24 hours, is made with the complainant to offer an early resolution. If the enquiry is not resolved with 24 hours, it will be designated a complaint. A response timeframe, dependent on the complexity of the complaint will be determined. There has been an increase in complaints logged, as the term PALS concern is no longer used. Further data quality validation is required to ensure the new process is accurately recorded. A quality improvement review of the change is planned in April 2024. 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.

## Elective inpatient PTL Inequalities: Deprivation

### Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	2157	643	23%	2800
02	1247	406	25%	1653
03	1258	304	19%	1562
04	1796	540	23%	2336
05_least_dep	1292	334	21%	1626
N/k	471	38	7%	509
<b>Total</b>	<b>8221</b>	<b>2265</b>	<b>22%</b>	<b>10486</b>

IMD is taken from patient's postcode of residence

Long Waiters:

P2 > 3 weeks

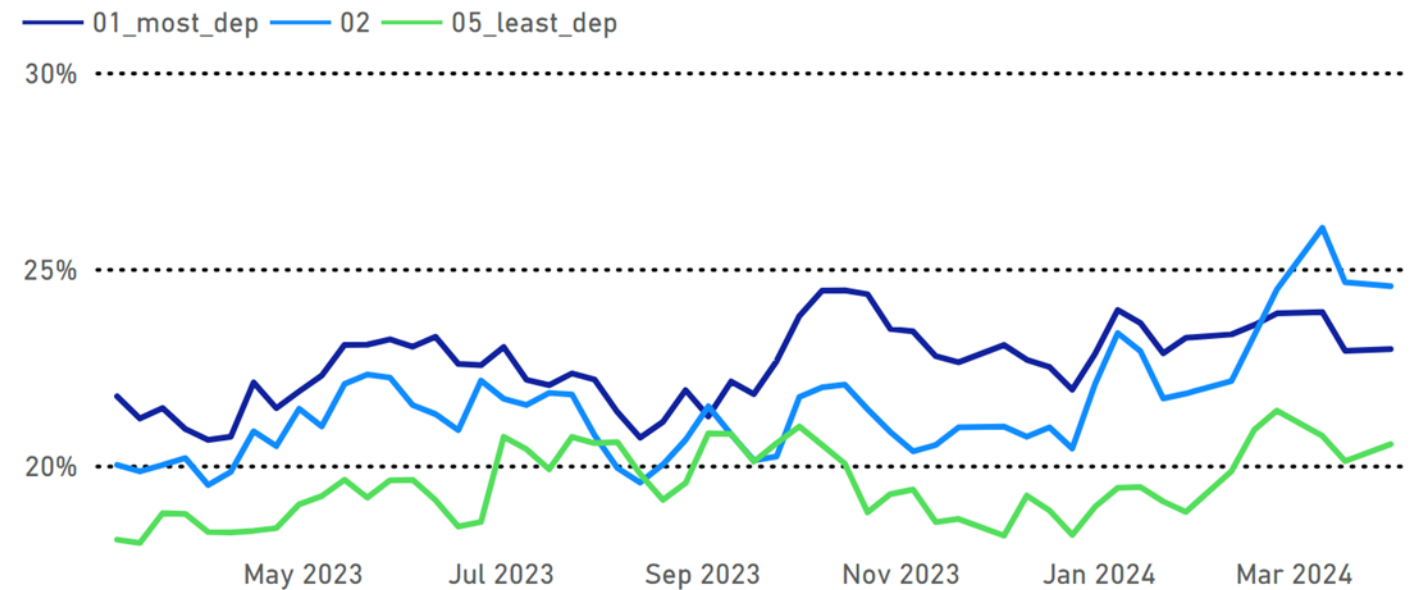
P3 > 3 months

Any > 52 weeks

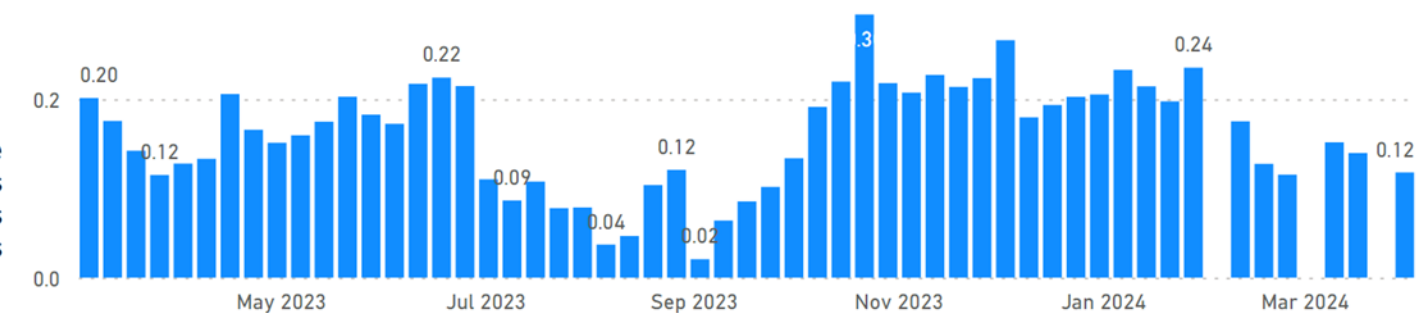
In Standard: All others

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

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



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



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



Elective inpatient PTL Inequalities: Ethnicity

Latest PTL by IMD quintile

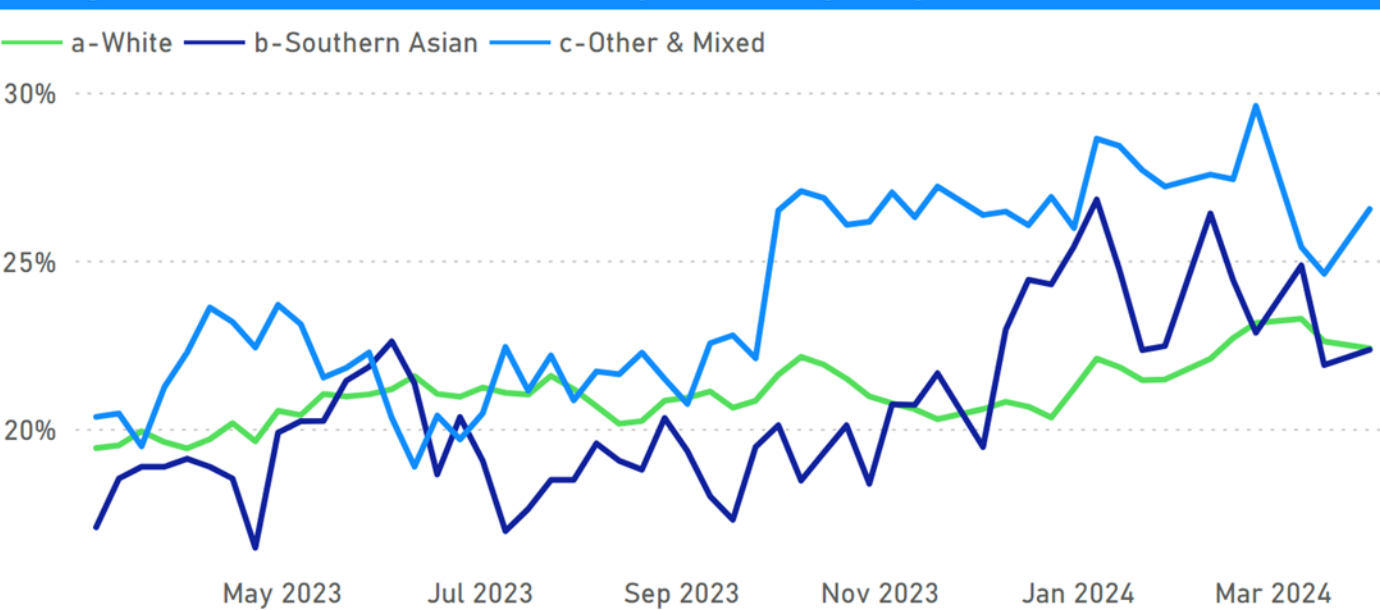
Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
<div><div></div>a-White</div>	6635	1914	22%	8549
<div><div></div>b-Southern Asian</div>	132	38	22%	170
<div><div></div>c-Other &amp; Mixed</div>	180	65	27%	245
Black	25	19	43%	44
Mixed	48	16	25%	64
Other	107	30	22%	137
<div><div></div>N/k</div>	1274	248	16%	1522
Total	8221	2265	22%	10486

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

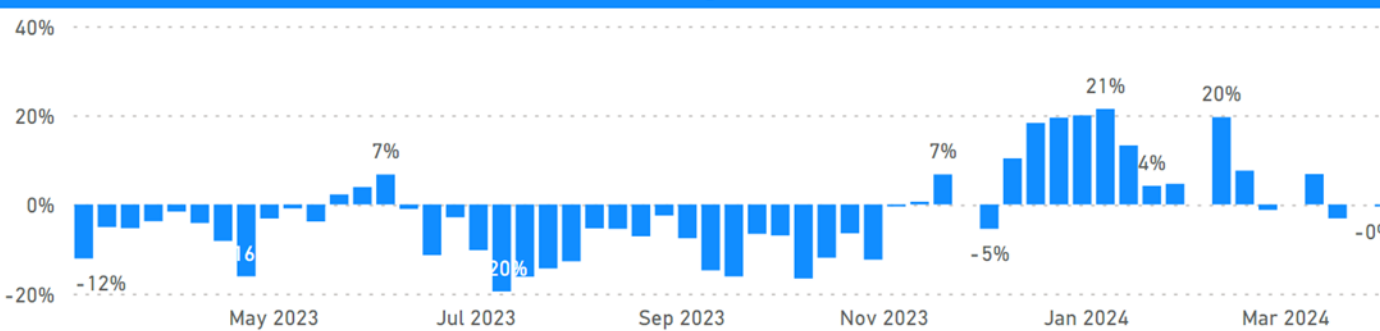
In Standard: All others

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

Long waits as % of total PTL by Ethnic groups



Variance of Southern Asian % long waiters to White



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

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Attendances - Type 1	10602	10431	Mar 2024		
A&E Attendances - Type 3	5393	5645	Mar 2024		
Handovers - Within 30 Mins (%)	87.4%	95%	Mar 2024		
Handovers - Within 60 Mins (%)	96.6%	100%	Mar 2024		
4-Hour A&E Standard	69.7%	76%	Mar 2024		
12-Hour Waits from Decision to Admit	37	0	Mar 2024		
12-Hour A&E Breaches	273	0	Mar 2024		
RTT Incomplete Pathways (%)	63%	92%	Feb 2024		
RTT Waiting List Size	54013	49234	Feb 2024		
RTT Validated Within 12 Weeks (%)	57.8%	90%	Mar 2024		
RTT List Size within 52 weeks (%)	97.3%		Feb 2024		N/A
RTT 52 week waiters	1432	780	Feb 2024		
RTT 65 week waiters	229	33	Feb 2024		
RTT 78 week waiters	31		Feb 2024		N/A
Diagnostic 6 Weeks Standard (%)	84.1%	99%	Feb 2024		
Cancer Faster Diagnosis Standard (%)	86.6%	75%	Feb 2024		
Cancer 31 Day Standard (%)	91%	96%	Feb 2024		
Cancer 62 Day Standard (%)	55.2%	85%	Feb 2024		
Cancer >62 Day Backlog	138	122	Mar 2024		
Cancelled Ops - Non-Urgent Cancelled on Day	48	0	Mar 2024		

## Urgent and emergency care

March was the busiest month for Type 1 A&E attendances for over a year, since December 2022, and 5% higher than last March. Ambulance arrivals remained higher than last year too, 14% more than March 2023, with 8% more 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. These initiatives have supported stable 4-hour performance during the peak of winter demand; more than 90% of ambulance handovers taking place in an hour and mitigating the impact of increased demand on longer delays, 12-hour A&E breaches and 12-hour delays from a decision to admit. Nationally, the Trust benchmarks favourably for proportion of 12-hour breaches from a decision to admit. Evidence-based process improvement remains an organisational priority with a focus on the national 4-hour standard of 78% by end of 24/25 and ambulance handovers within one hour.

The impact of challenges across the social care system continue to be observed, which in impacts hospital flow and urgent and emergency care. The Trust continues to work closely with each local authority 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 is consistent and performs above the national average. Focus on reducing the number of patients waiting more than 65 weeks by March 2024 is demonstrated in the reducing trend.

Compliance with the 6-week diagnostic access standard rose again in February to a new 24-month high, benefitting from the continuation of planned interventions such as extra MRI scanning capacity, extra clinical capacity for Ultrasound and focused actions in Cardiology.

For cancer, Faster Diagnosis Standard performance exceeded the 75% national target for the fifth consecutive month and was the highest performance since measurement began. The 62-day accumulation of patients being investigated for cancer has shown an improving trend for 23/24, finishing the year just above plan. Focus is being given to Urology pathways with extra theatre lists and streamlining diagnostic requesting. The 62 day to first treatment standard is suppressed as the longest waiters have treatment prioritised with Lung and Urology pathways under the most pressure. Cancer Action Plans are reviewed and monitored through the Cancer Delivery Group, informed by a programme of pathway reviews.

# RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	16967	17286	Mar 2024		
Outpatient Follow Up Attendances	47142	45643	Mar 2024		
Outpatient Follow-Ups (Standard)	36684	38783	Mar 2024		
Outpatient Follow-Ups (Procedure)	10458	8160	Mar 2024		
Day Case admissions	6160	6728	Mar 2024		
Ordinary Elective admissions	1012	1057	Mar 2024		
NEL admissions with 0 LOS (excluding Maternity)	1916	1754	Mar 2024		
NEL admissions with 0 LOS	3376	2019	Mar 2024		
NEL admissions with 1+ LOS (excluding Maternity)	3520	3094	Mar 2024		
NEL admissions with 1+ LOS	4047	3854	Mar 2024		
G&A Occupied Beds (%)	92.6%	92%	Mar 2024		
Length of Stay - Elective	3.7		Mar 2024		N/A
Length of Stay - Non-Elective (excluding Maternity)	3.4		Mar 2024		N/A
Ready For Discharge, not Discharged	75	90	Mar 2024		
21 Day Stranded Patients (%)	11.1%	12%	Mar 2024		

## Activity

The number of Non-elective (NEL) admissions for patients staying for 1 or more nights, excluding maternity, continued at its highest levels in the last 2 years, 10% higher than March 2023. This sustained, higher than expected, increase over the last 6 months combined with industrial action year to date has impacted on outpatient and inpatient elective activity.

Within the elective programme, there were positive levels of activity with outpatient first attendances tracking plan closely at 98%, outpatient follow up attendances showing a positive mix of delivering more than expected treatments and less standard review appointments, and overnight elective admissions also tracking plan closely at 96%.

## Length of Stay

Against the backdrop of high non-elective demand, NEL length of stay maintained its consistent low level. Bed management and patient flow processes proved to be effective. Bed occupancy maintained just above the 92% target and the proportion of patients staying for 21 days was stable and within target. The Trust's improved discharge processes helped the Trust meet its target for numbers of patients that were ready for discharge but no longer met criteria to reside in an acute bed. 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.



Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£17.986m	-£18.009m	Feb 2024	N/A	N/A
Annual Appraisal (%)	79.1%	80%	Mar 2024		
Mandatory Training (%)	90.3%	90%	Mar 2024		
Sickness Absence (%)	5.3%	4%	Mar 2024		
Staff Turnover (%)	10.3%	10%	Mar 2024		

## Finance and use of resources

The Trust's original plan for the 2023/24 financial year was 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. Following additional central funding allocated to the ICB the Trust plan has been centrally adjusted and agreed to be a £20.1m deficit.

At the end of Month 11, the Trust's financial position is a deficit of £18.0m 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 £20.1m deficit.

## People

Sickness absence across the Trust reduced to 5.3% in March 2024, both short term and long-term absence have decreased. All HR teams are reviewing sickness absence data and working with managers to improve attendance.

Appraisal compliance has decreased slightly on last month and is 79.1% whilst mandatory training compliance has increased slightly and continues to be compliant at 90.3%.

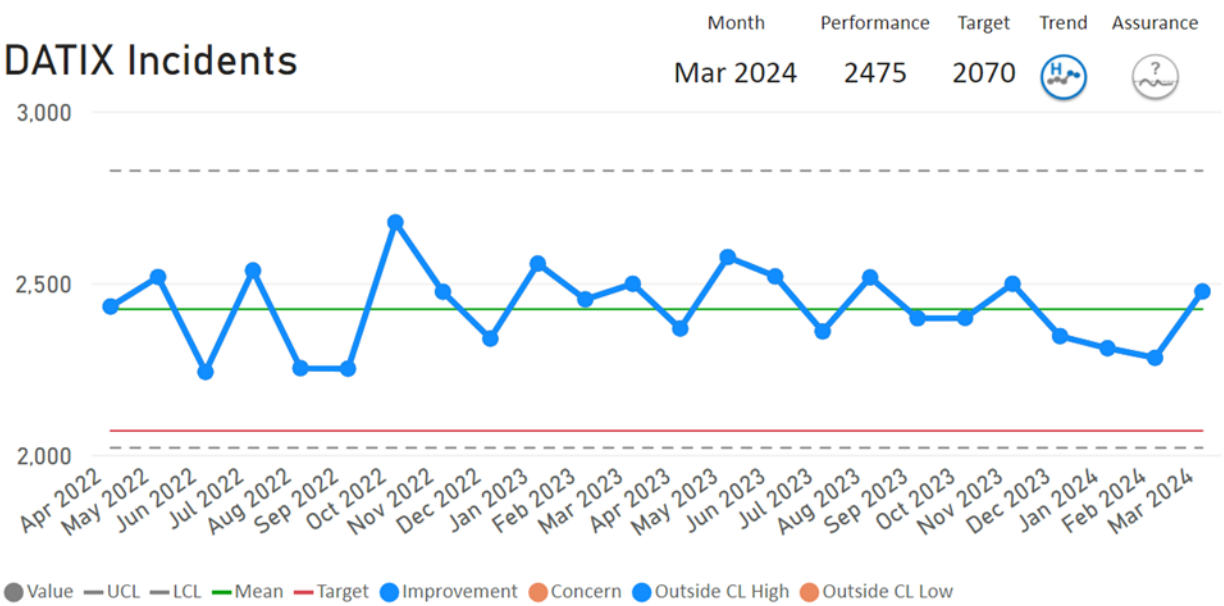
Staff turnover has reduced and continues its gradual trend towards the 10% target. HR teams are working closely with Collaborative management teams on the 2023 staff survey results, the collaboratives will feedback to their teams by the end of April and action plans are being developed by the middle of May. HR teams are revisiting the workforce planning template and will link with directorates to support this.



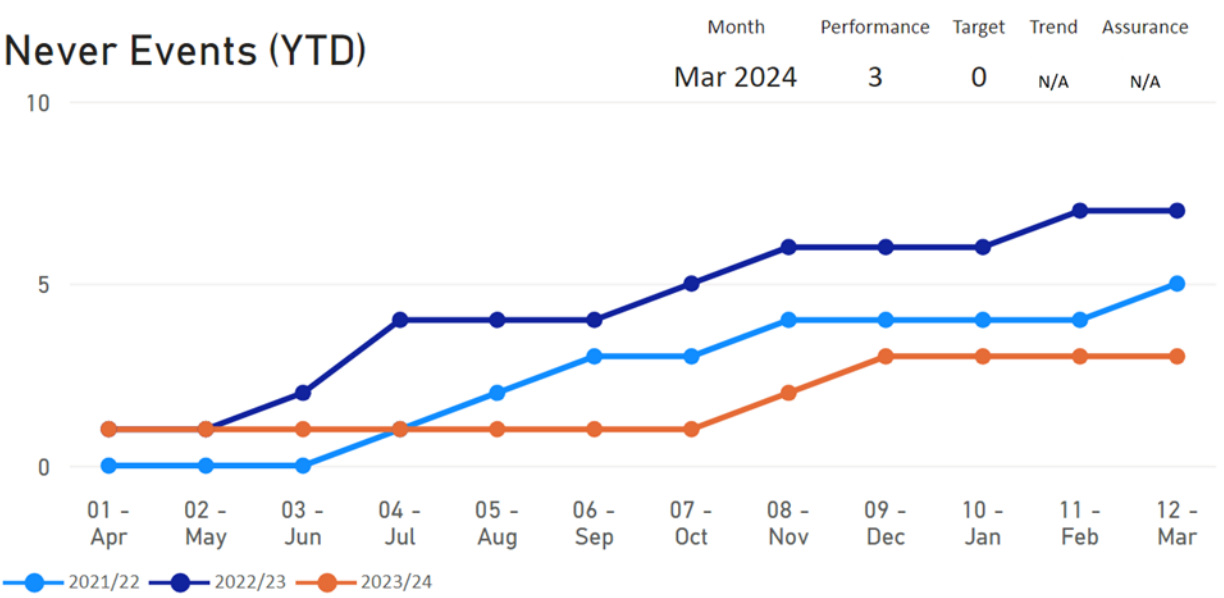
# APPENDICES

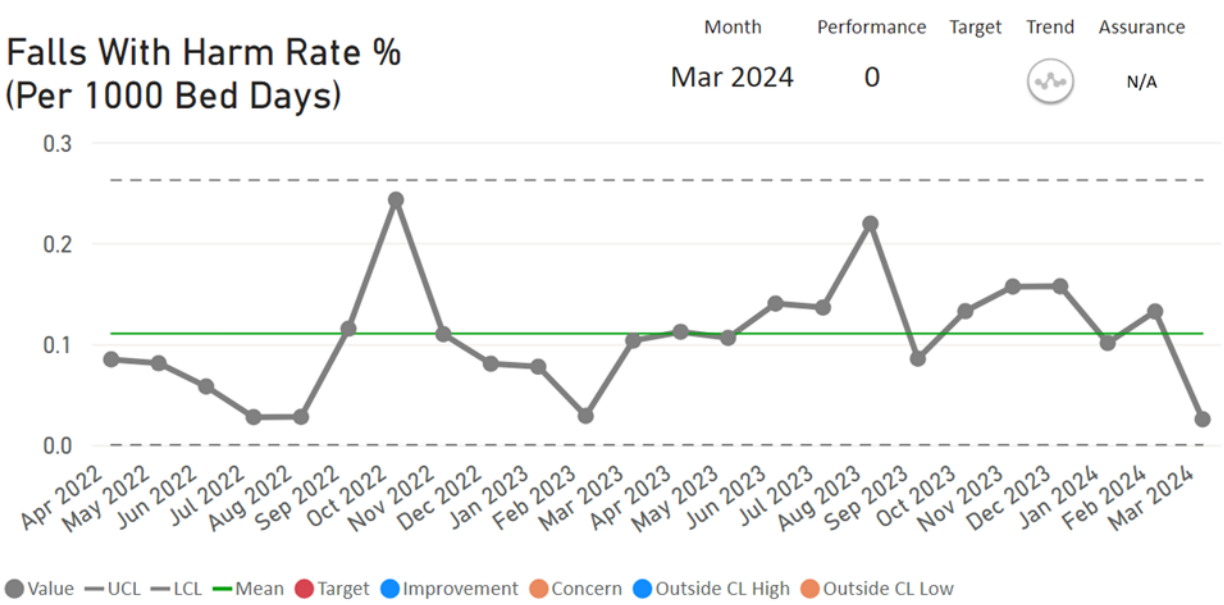
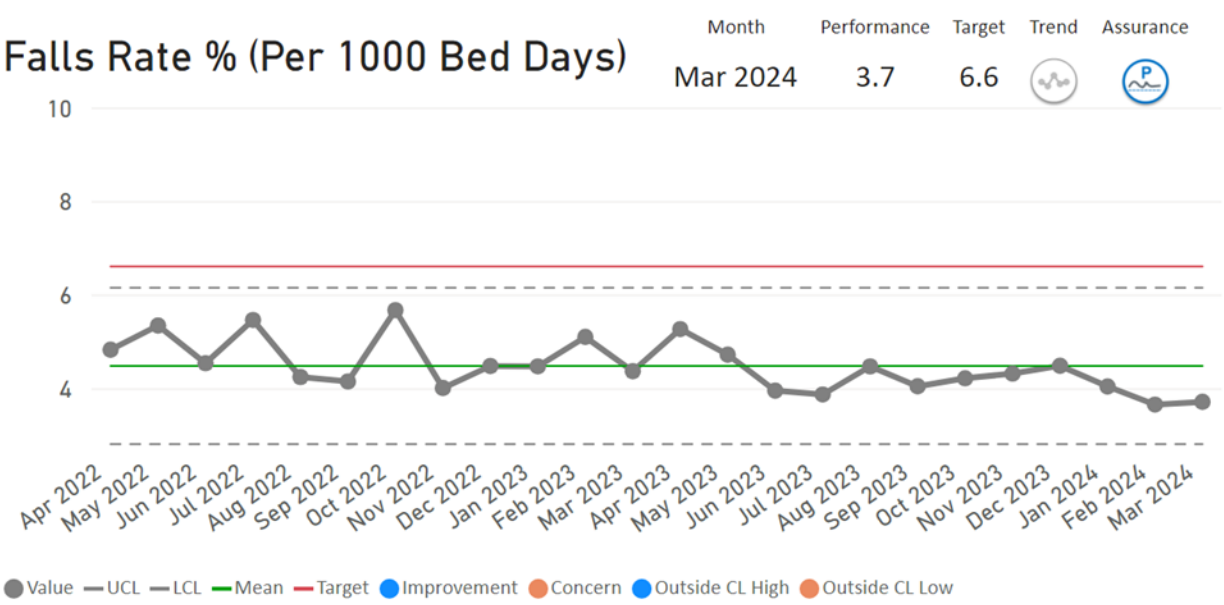
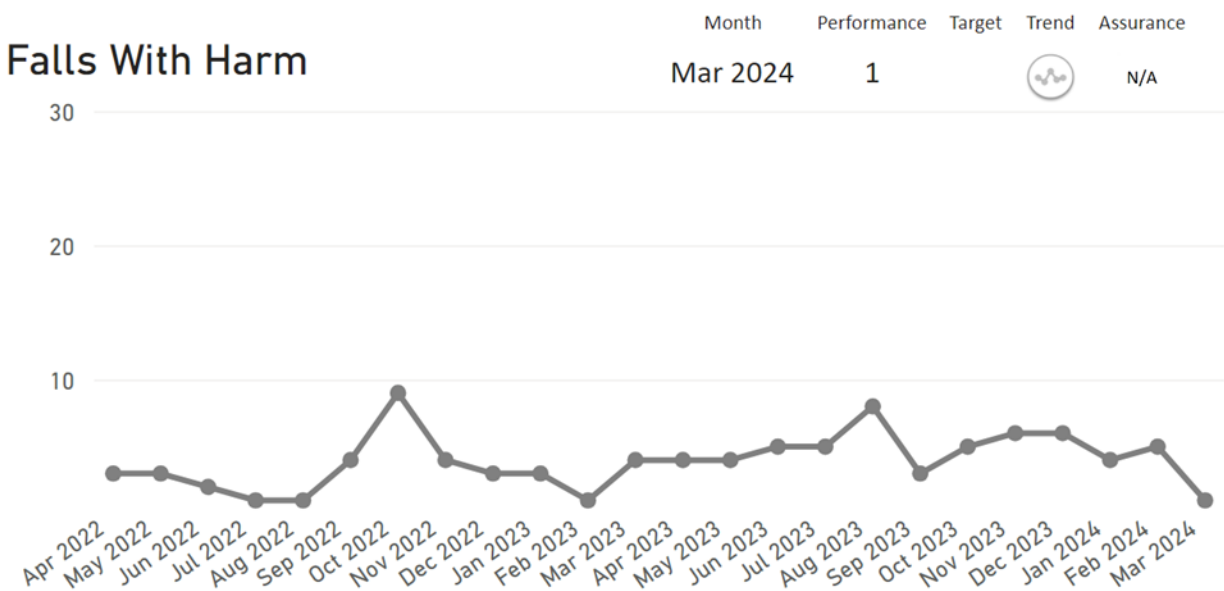
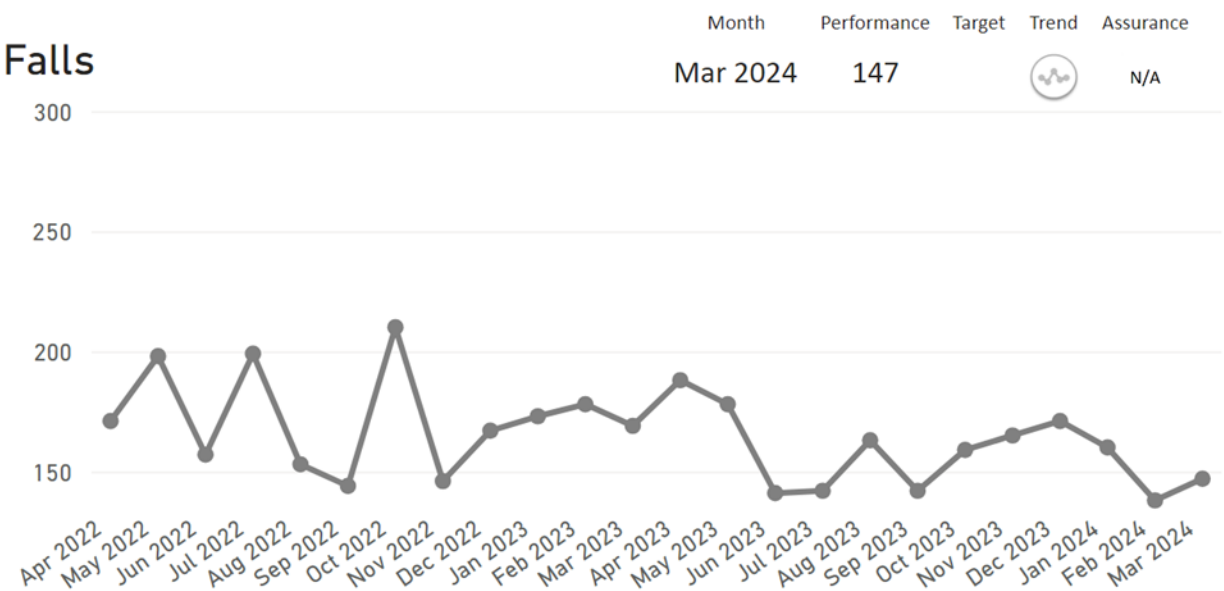
SPC charts for the metrics summarised above, by domain.

DATIX Incidents



Never Events (YTD)

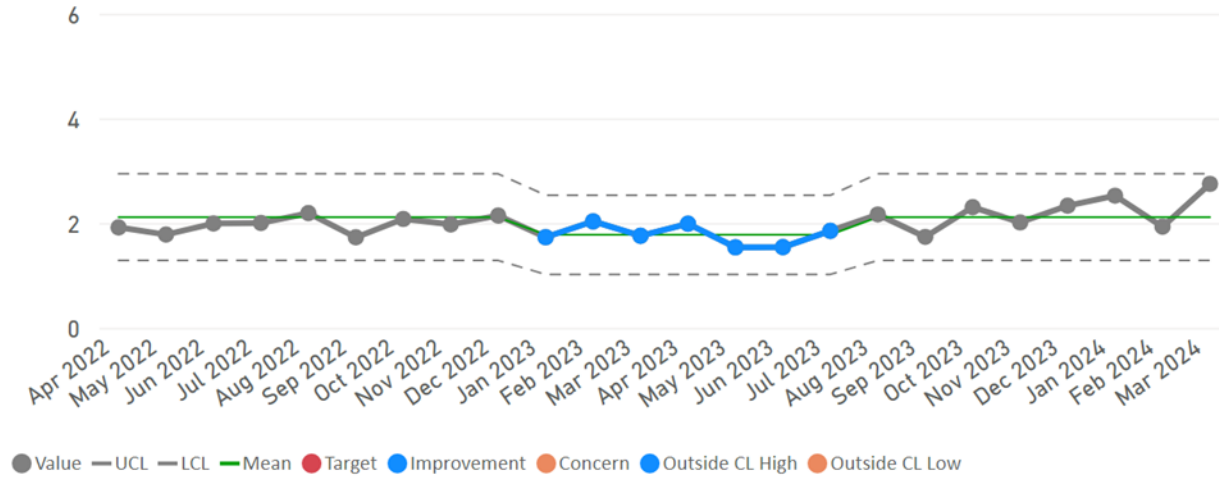




# SAFE

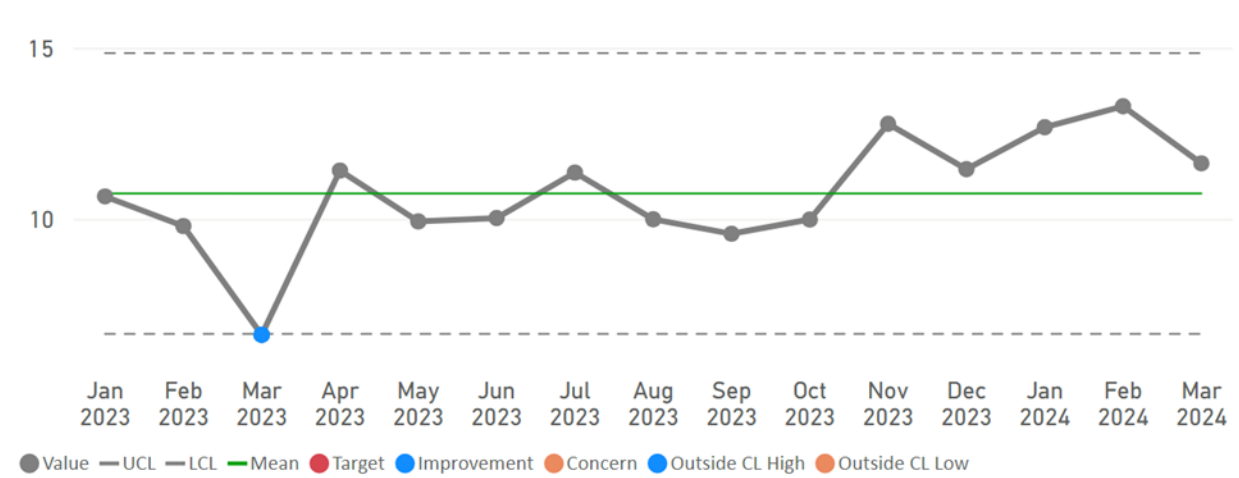
## Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Mar 2024	2.7			N/A



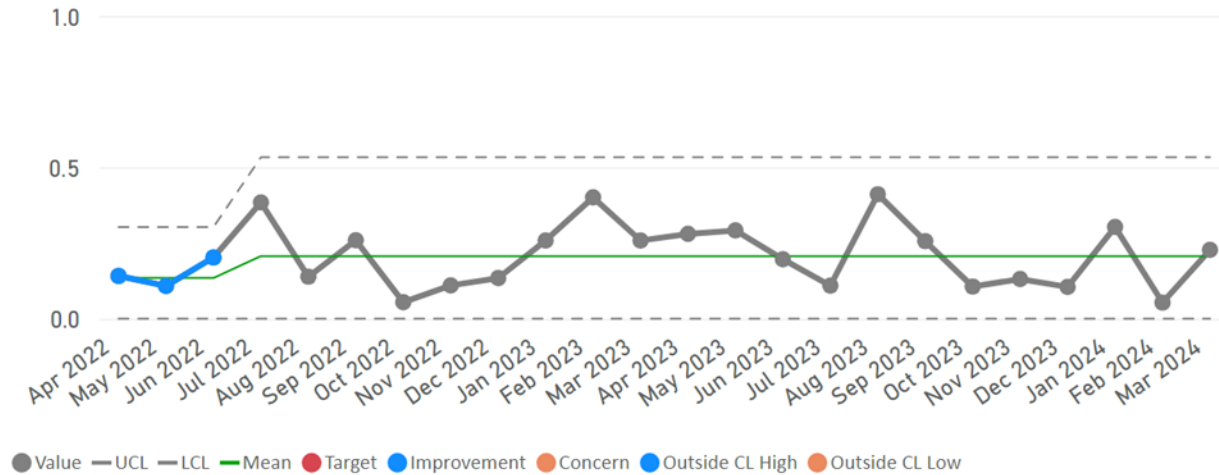
## Category 2 Pressure Ulcers Community Rate (Per 1000 Active Patients)

Month	Performance	Target	Trend	Assurance
Mar 2024	11.6			N/A



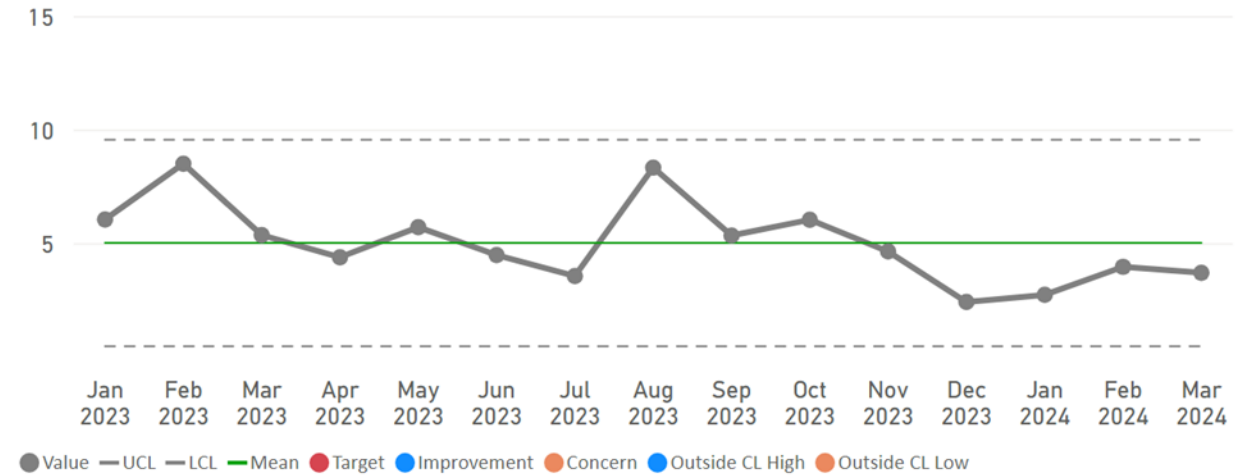
## Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Mar 2024	0.2			N/A

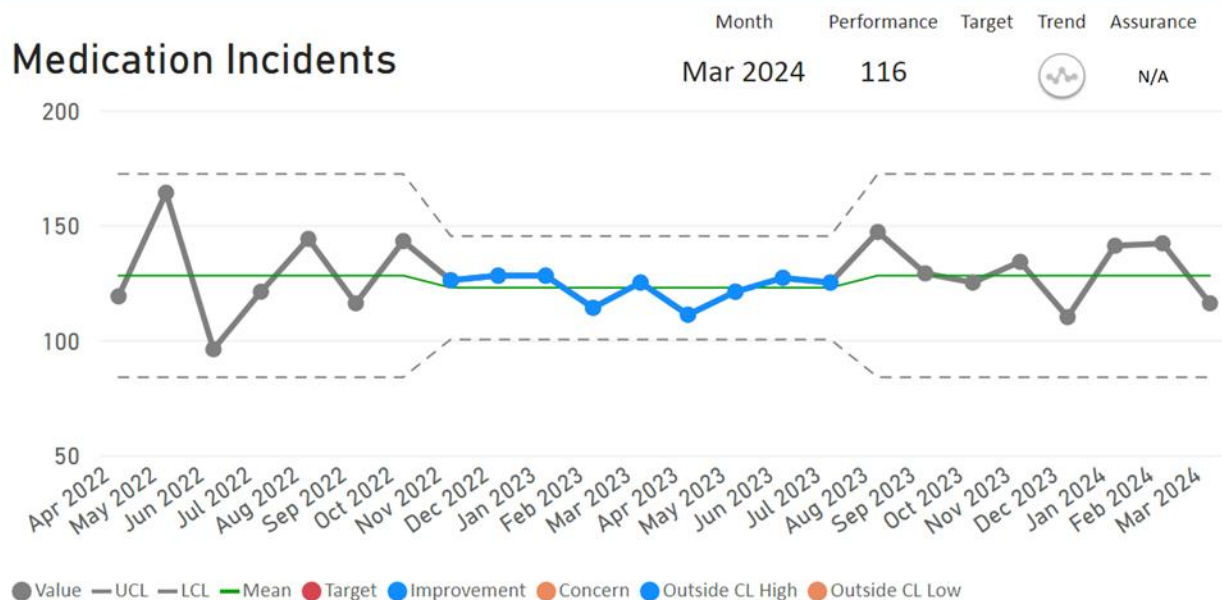


## Category 3&4 Pressure Ulcers Community Rate (Per 1000 Active Patients)

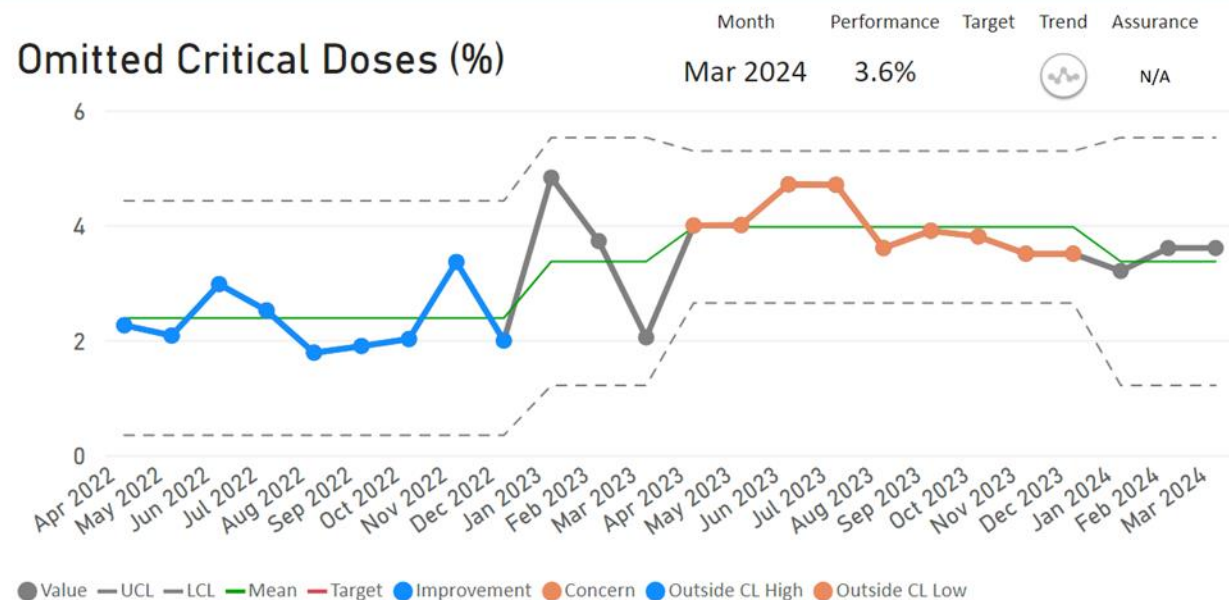
Month	Performance	Target	Trend	Assurance
Mar 2024	3.7			N/A



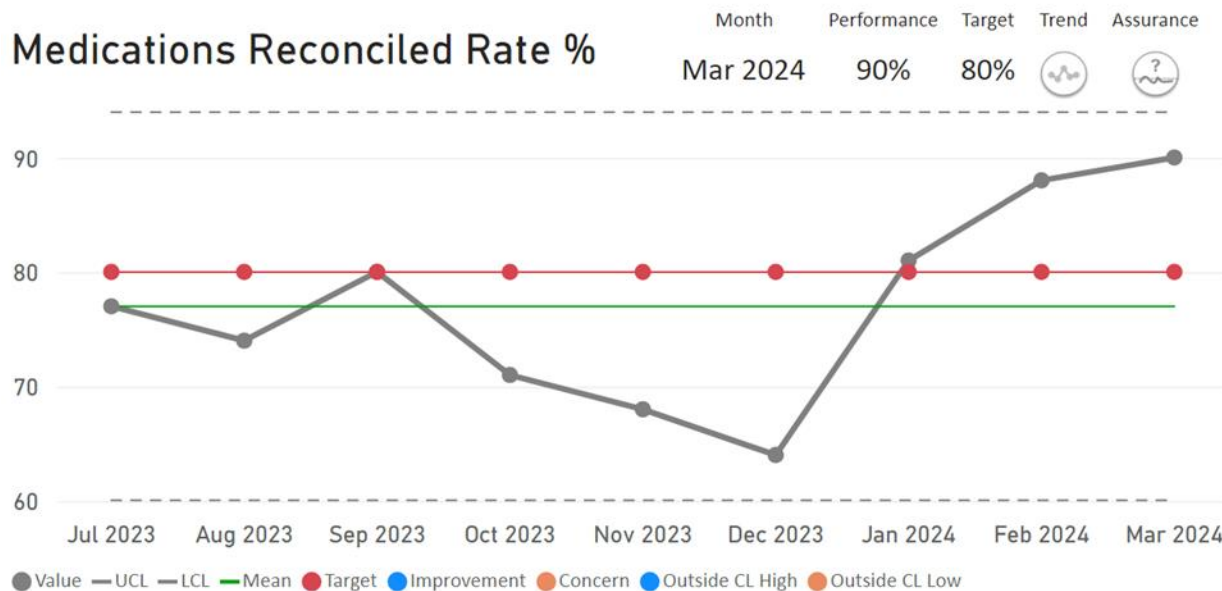
## Medication Incidents



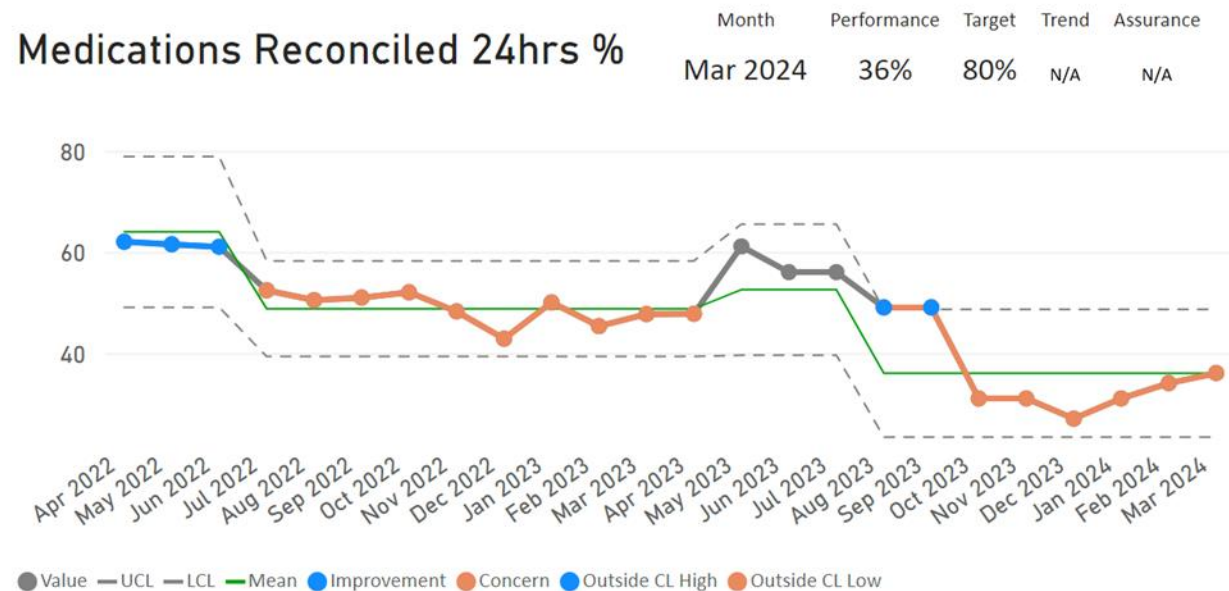
## Omitted Critical Doses (%)



## Medications Reconciled Rate %



## Medications Reconciled 24hrs %



\* please note that change to denominator was finalised in October 2023



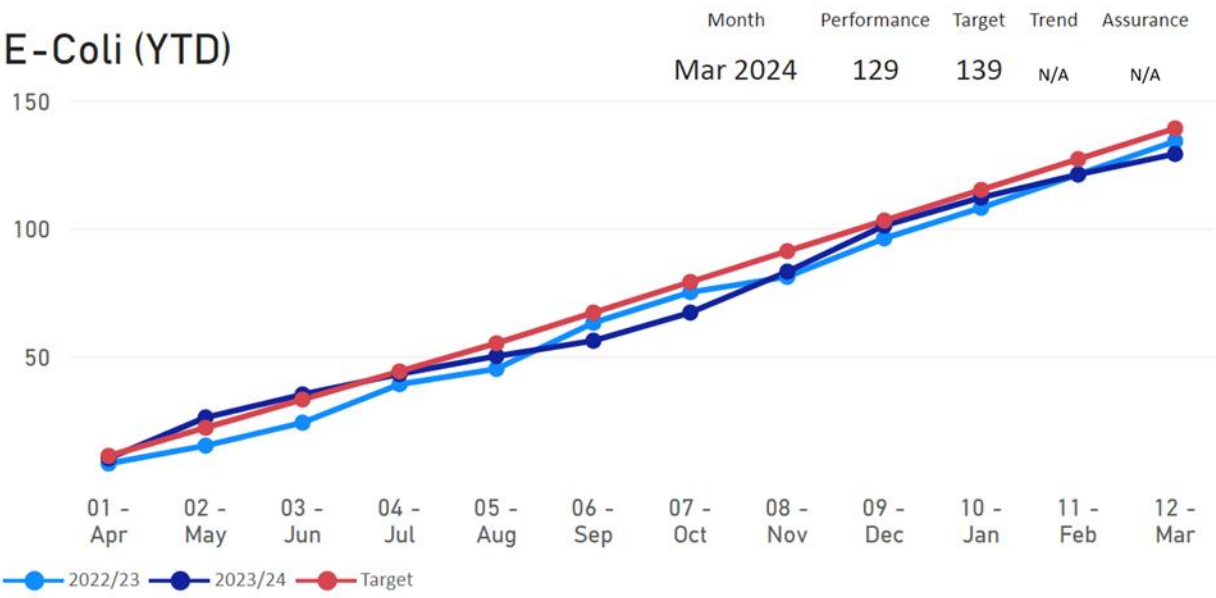
C-Difficile (YTD)



MRSA (YTD)



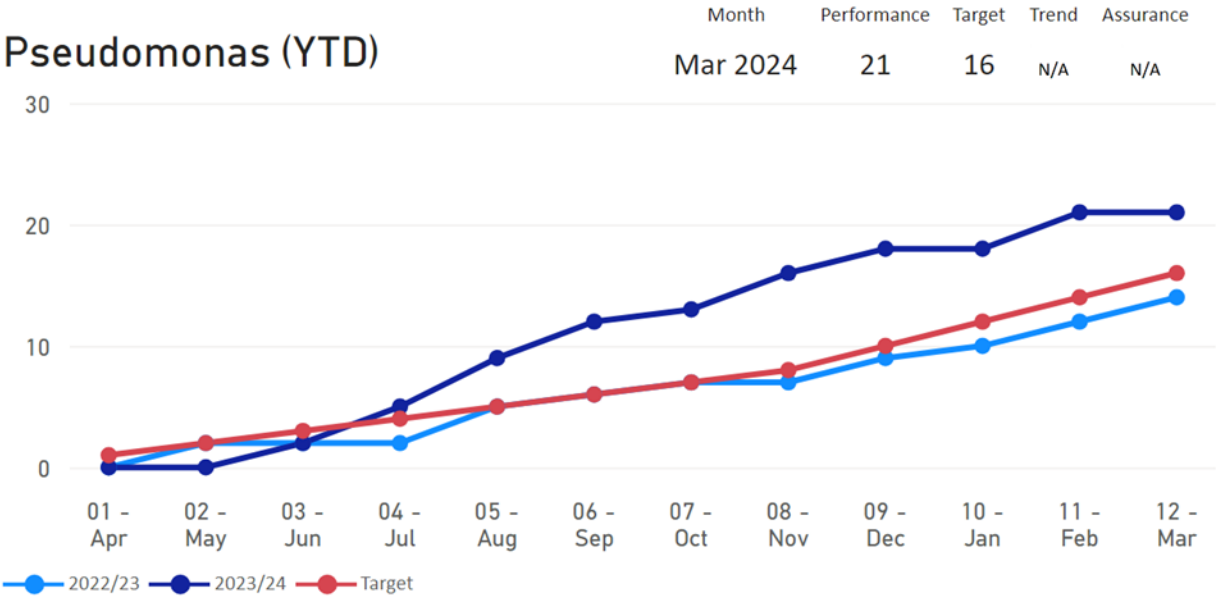
E-Coli (YTD)



Klebsiella (YTD)



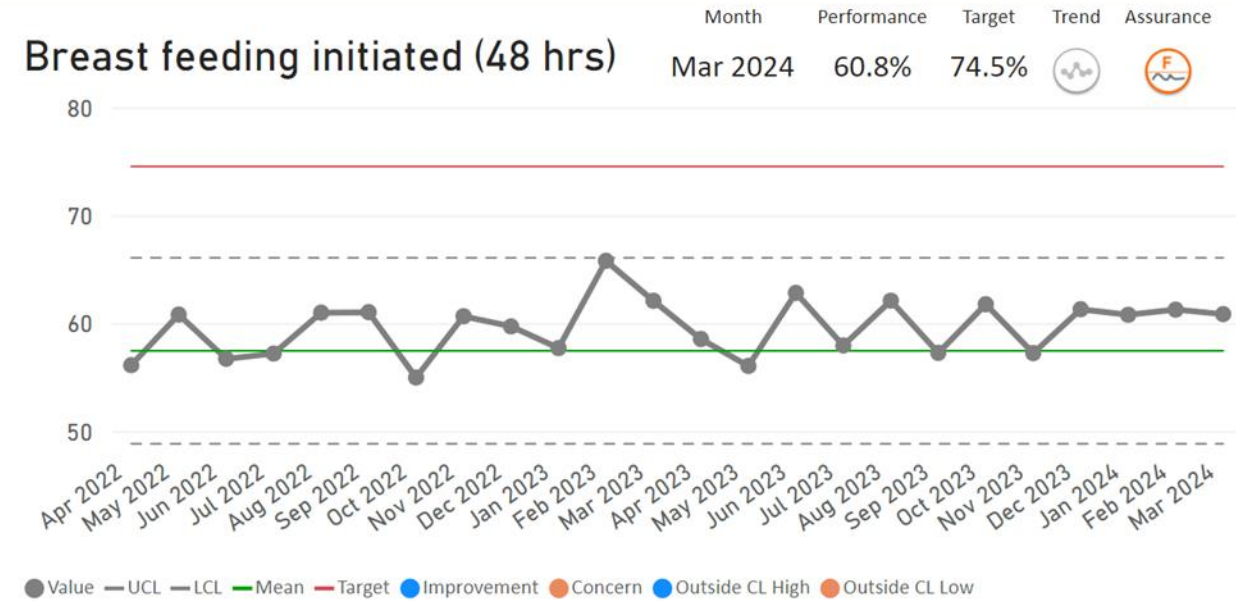
Pseudomonas (YTD)



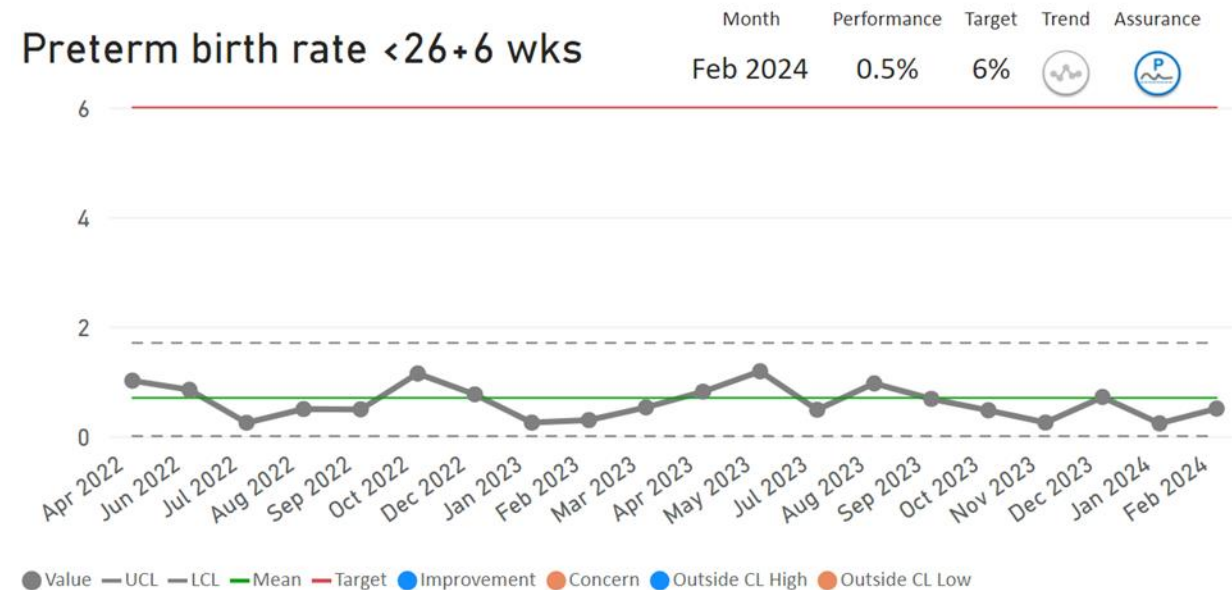
## No. of babies born



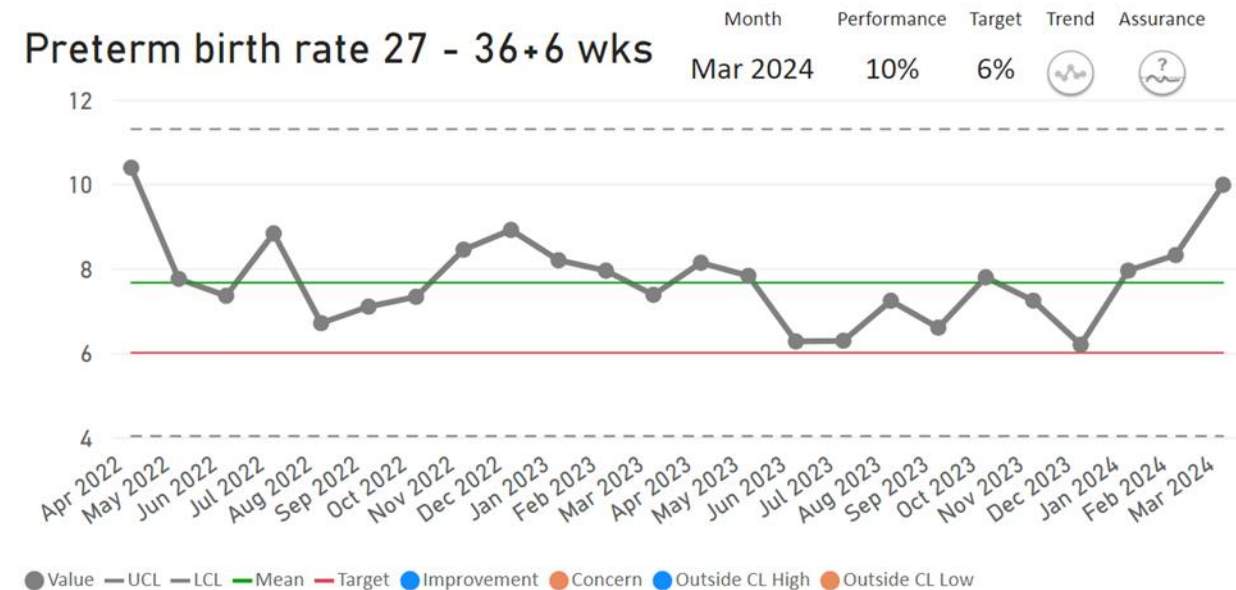
## Breast feeding initiated (48 hrs)



## Preterm birth rate &lt;26+6 wks



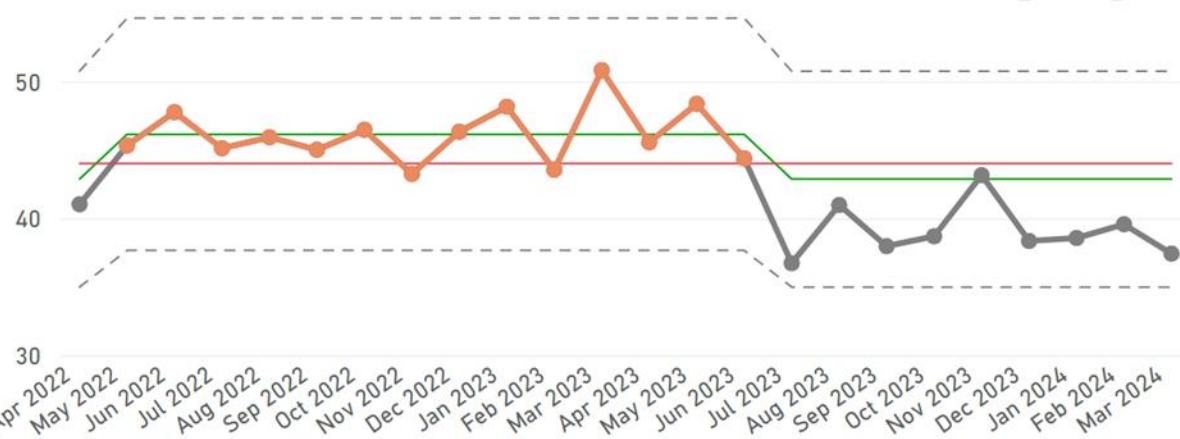
## Preterm birth rate 27 - 36+6 wks





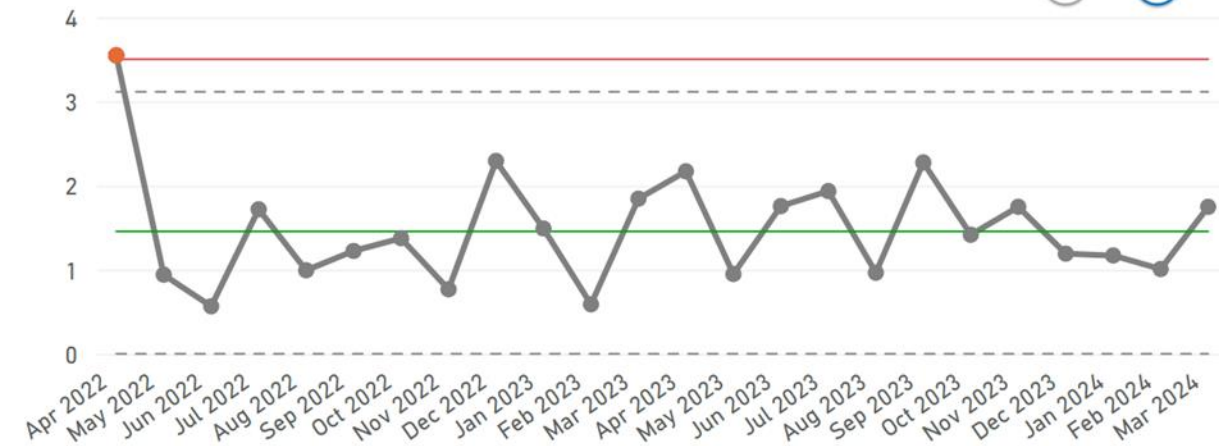
## Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Mar 2024	37.4%	44%		



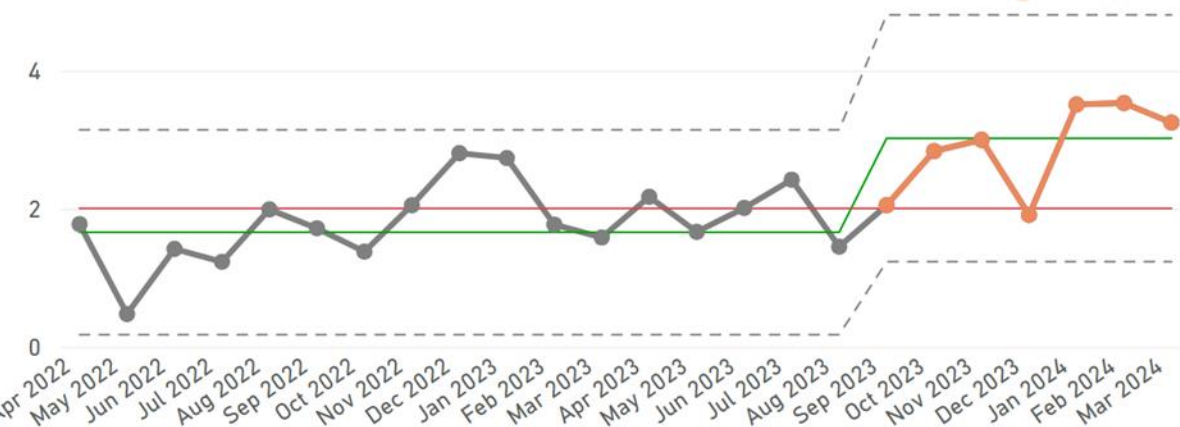
## Number of 3rd/4th degree tear (%)

Month	Performance	Target	Trend	Assurance
Mar 2024	1.7%	3.5%		



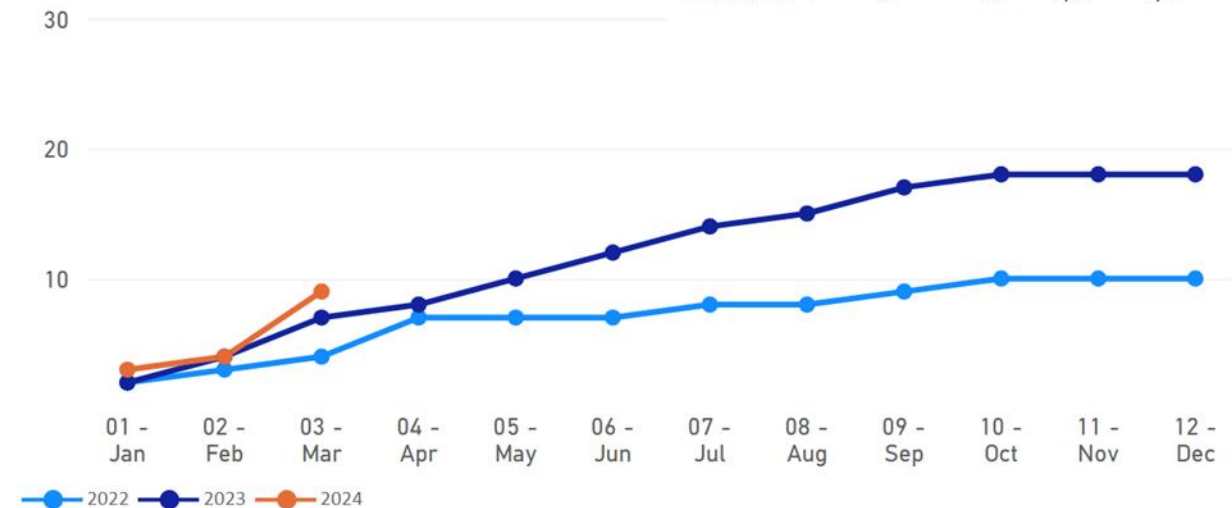
## PPH &gt; 1500ml (%)

Month	Performance	Target	Trend	Assurance
Mar 2024	3.24%	2%		

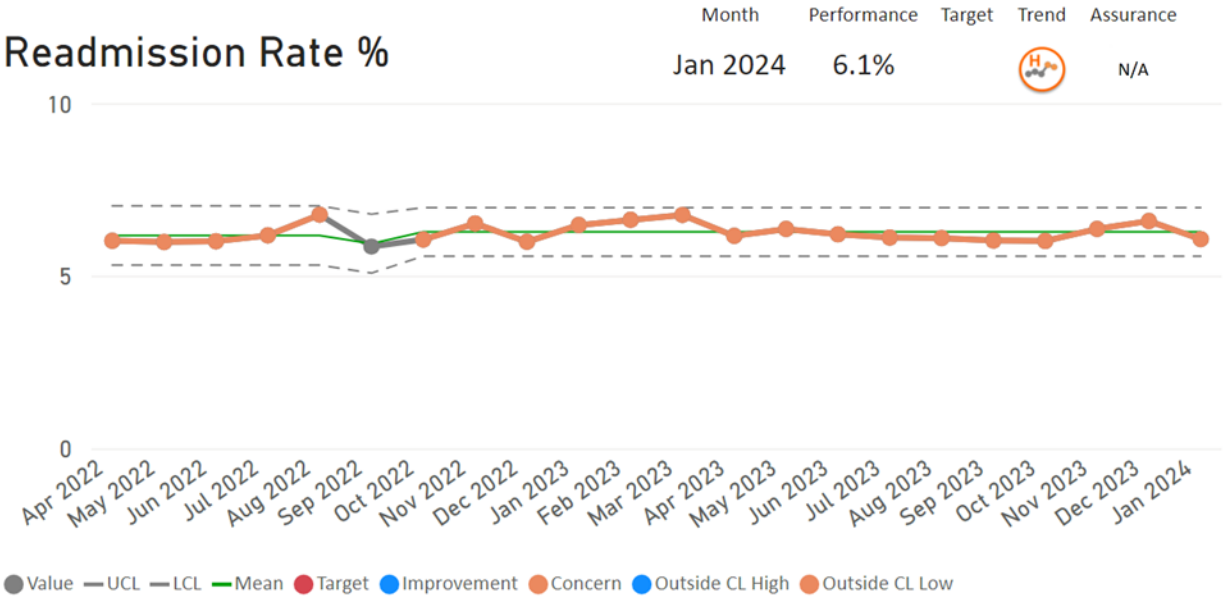


## Still Births (YTD)

Month	Performance	Target	Trend	Assurance
Mar 2024	9	17	N/A	N/A



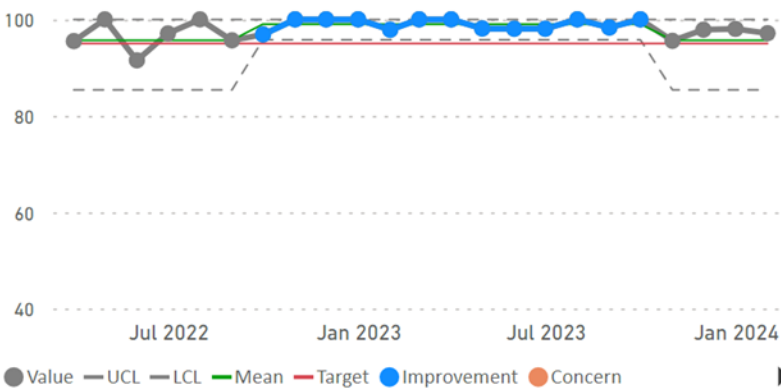
Readmission Rate %



EFFECTIVE

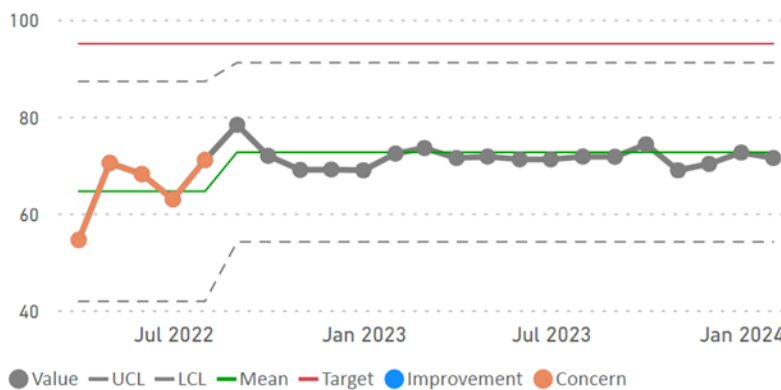
Sepsis - Oxygen within 1hr

Month	Performance	Target	Trend	Assurance
Feb 2024	97.1%	95%		



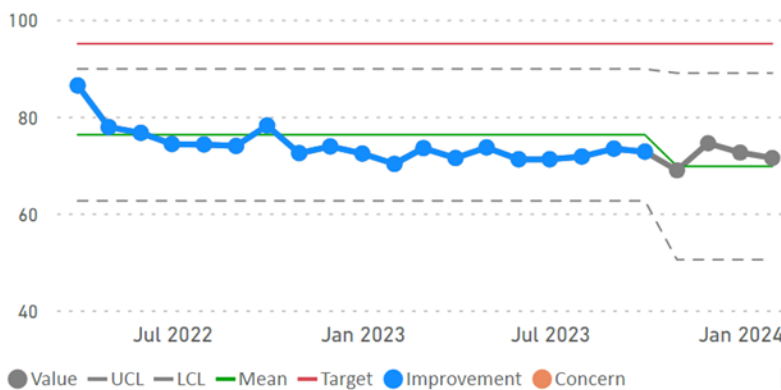
Sepsis - Blood cultures within 1hr

Month	Performance	Target	Trend	Assurance
Feb 2024	71.4%	95%		



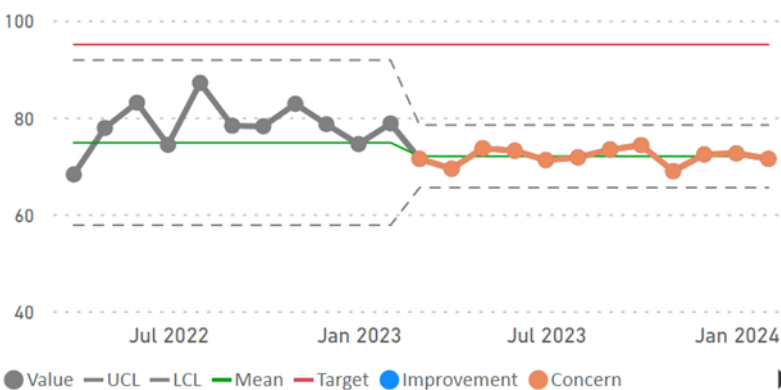
Sepsis - IV antibiotics within 1hr

Month	Performance	Target	Trend	Assurance
Feb 2024	71.4%	95%		



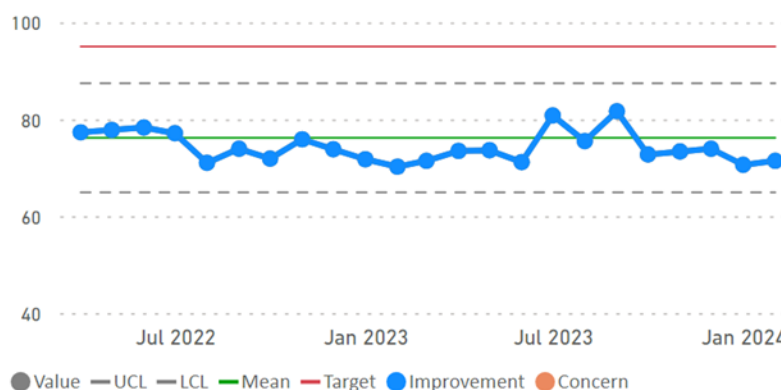
Sepsis - Serum lactate within 1hr

Month	Performance	Target	Trend	Assurance
Feb 2024	71.4%	95%		



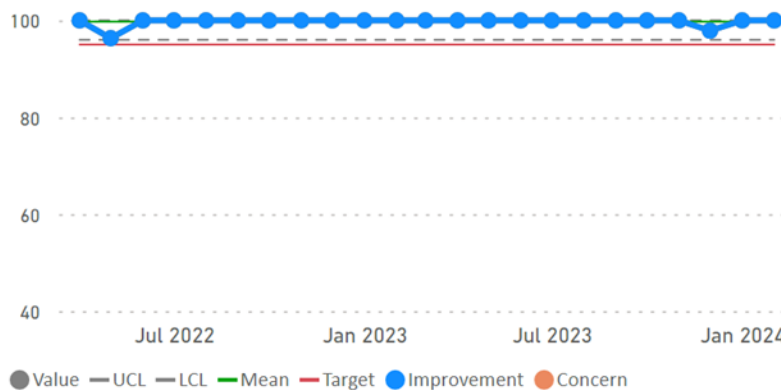
IV fluid resuscitation within 1hr

Month	Performance	Target	Trend	Assurance
Feb 2024	71.4%	95%		



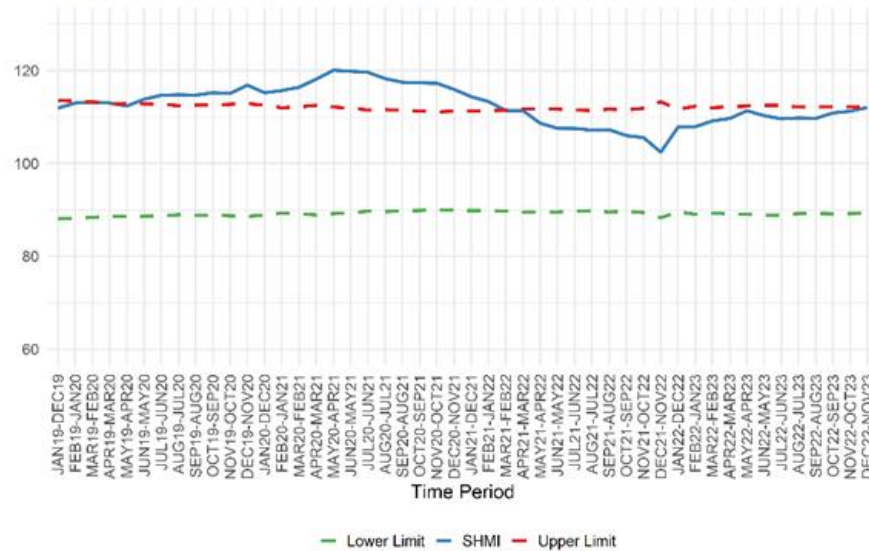
Sepsis - Urine measurement within 1hr

Month	Performance	Target	Trend	Assurance
Feb 2024	100%	95%		

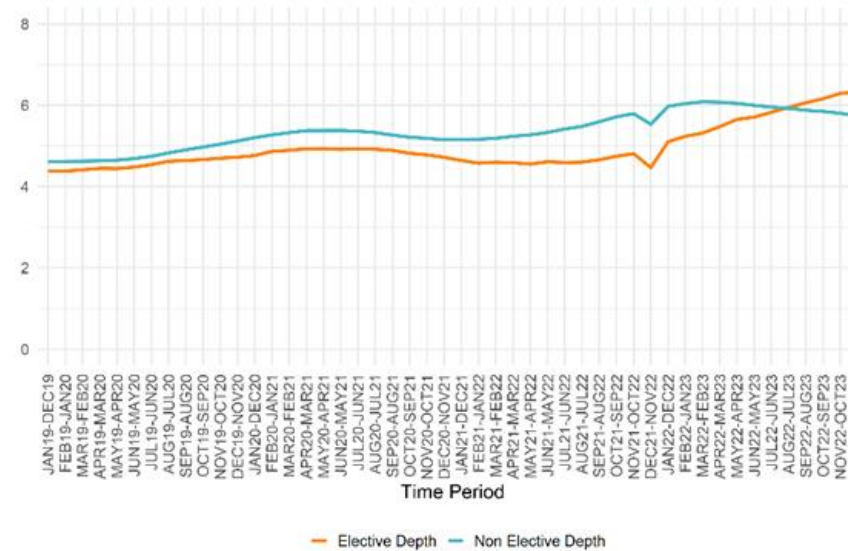


# EFFECTIVE

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



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



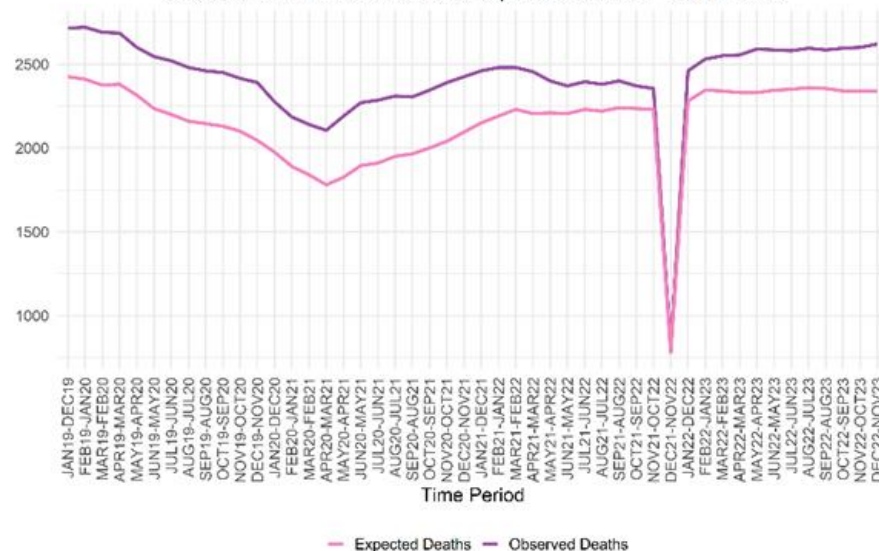
**Latest SHMI = 112.0**  
(Dec 2022 – Nov 2023)

Observed deaths = 2620  
Expected deaths = 2340

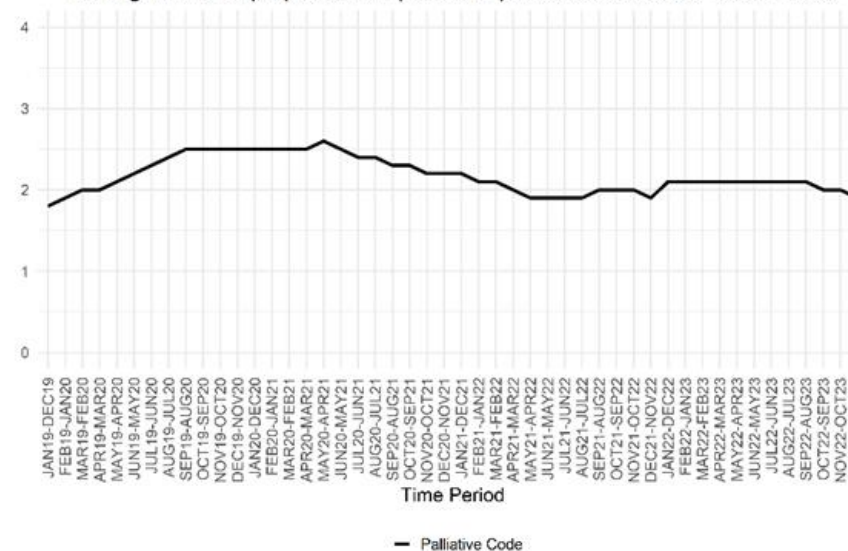
Coding depth (codes / spell)  
Elective = 6.3  
Non-Elective = 5.7

Palliative care (%) = 1.9

Count of SHMI Observed and Expected deaths - South Tees



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



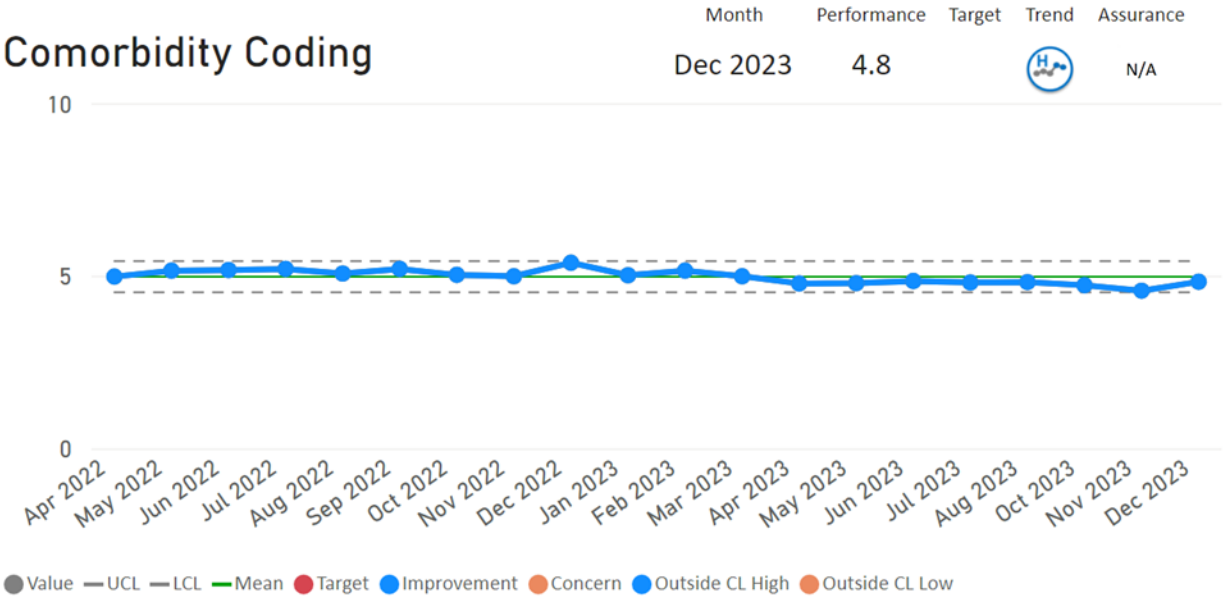
Latest SHMI is:  
'higher than expected'

COVID-19 impact for England  
Excluded spells = 2.3%  
Spells as a % pre-pandemic  
(2019 spells) = 92%

Data source: NHS Digital  
Monthly SHMI publication

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

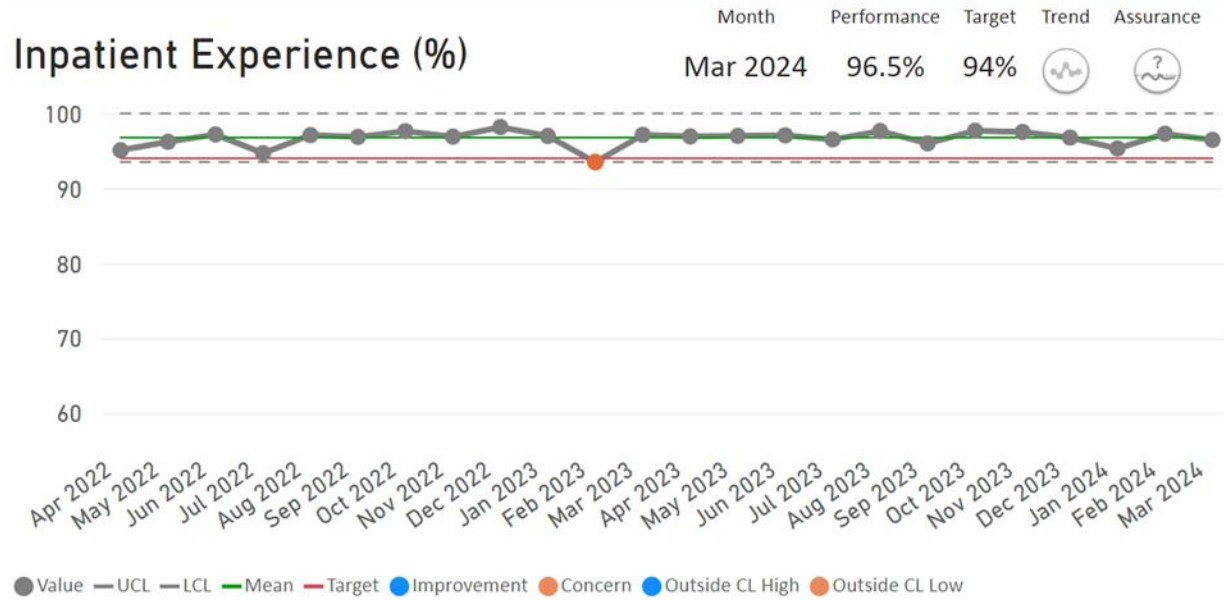
Comorbidity Coding



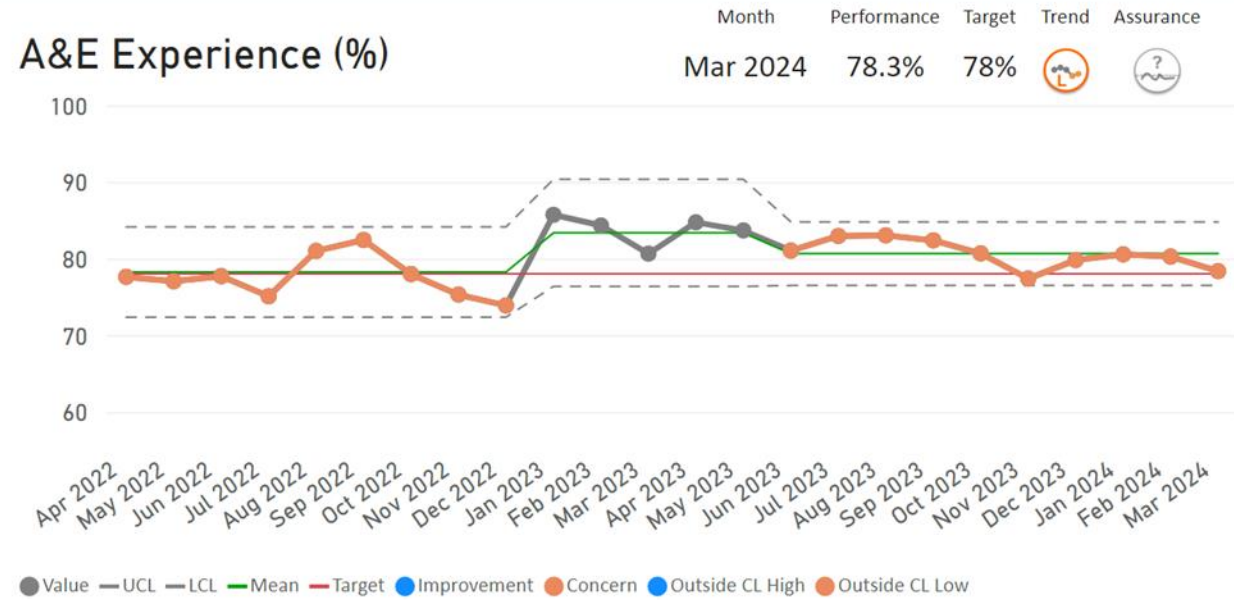


# CARING

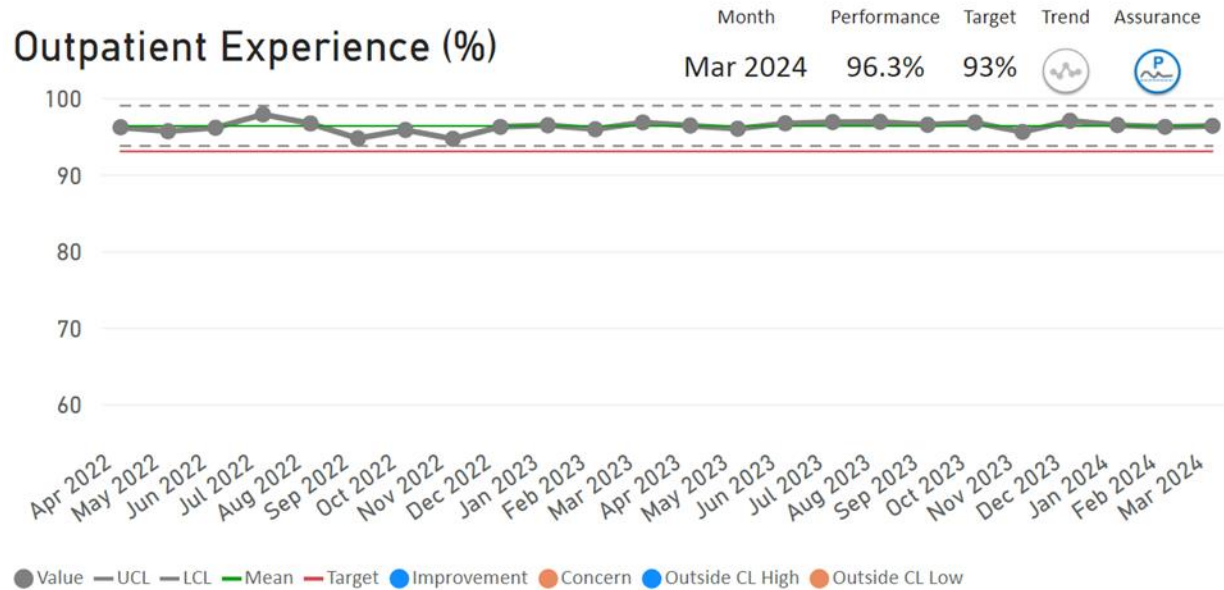
## Inpatient Experience (%)



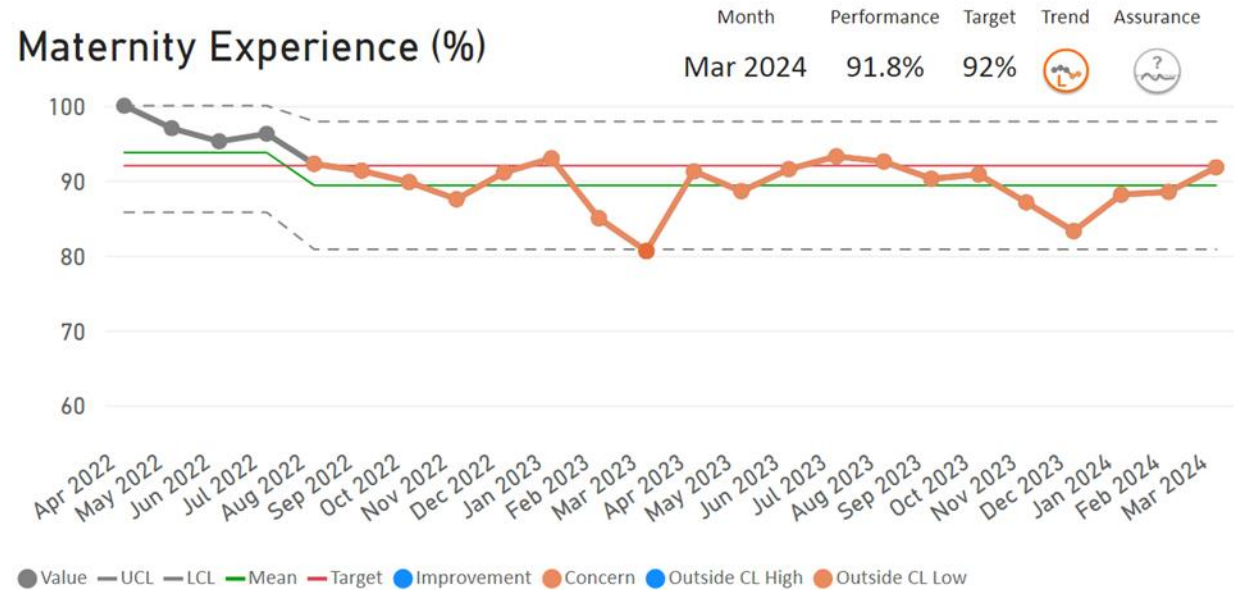
## A&E Experience (%)

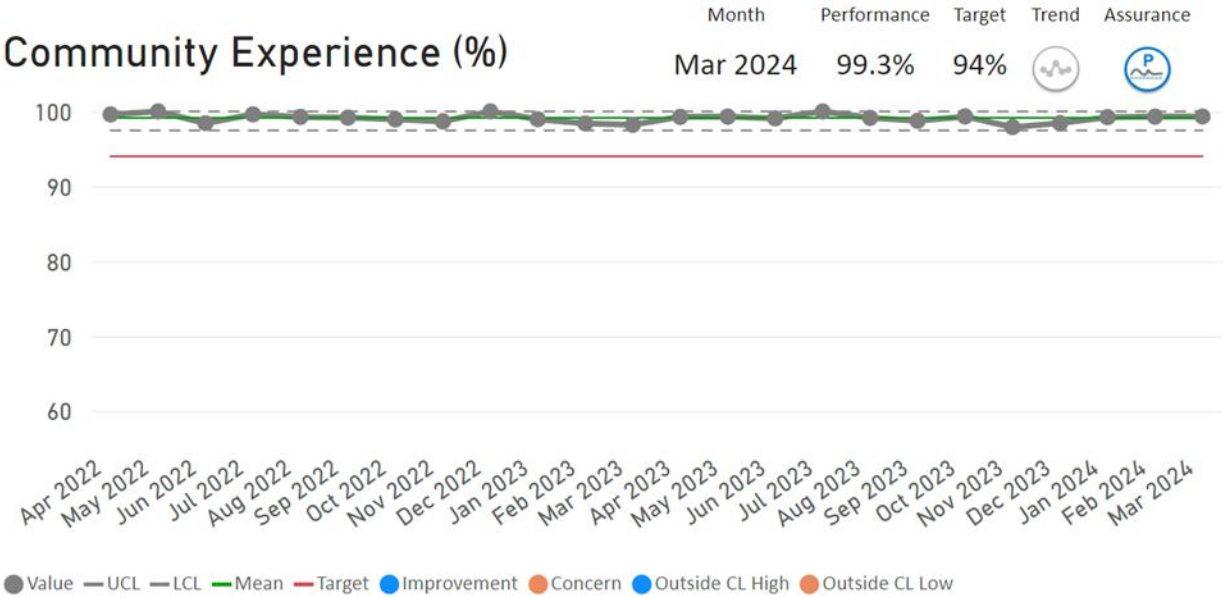


## Outpatient Experience (%)



## Maternity Experience (%)

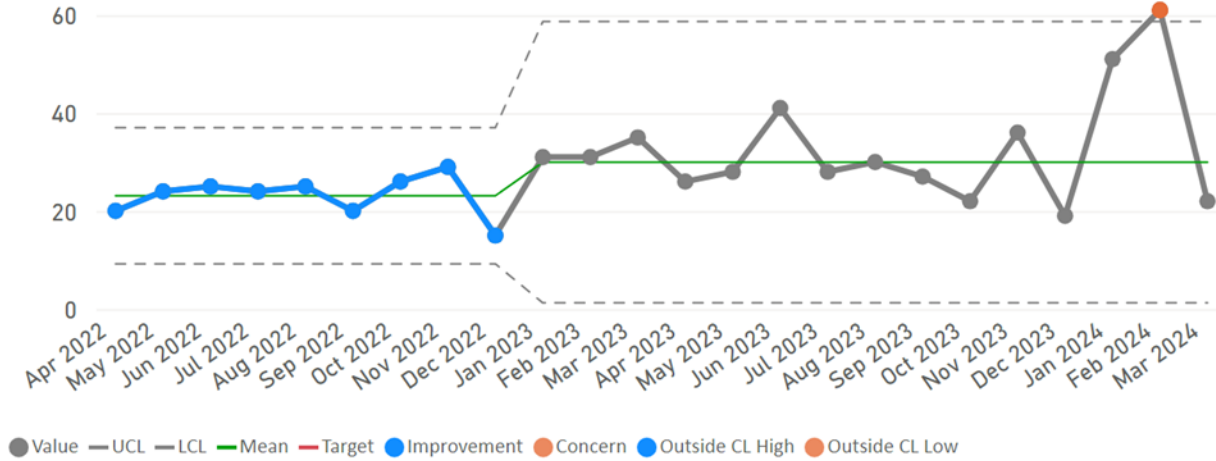




# CARING



## New Complaints

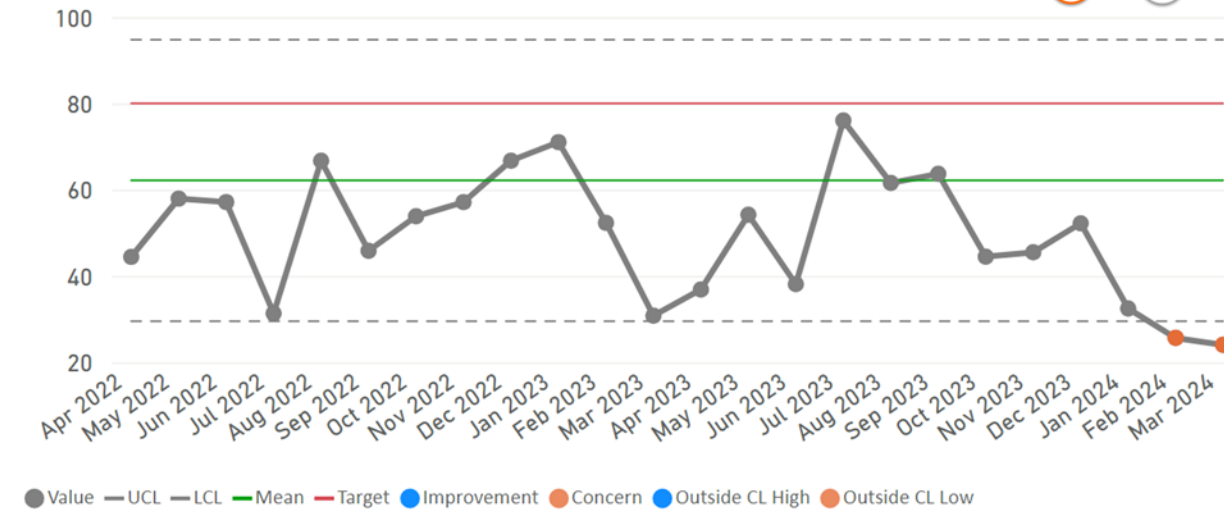
Month: Mar 2024  
Performance: 22  
Target: N/A  
Trend:   
Assurance: N/A



\* please note measurement change from January 2024

## Closed Within Target (%)

Month: Mar 2024  
Performance: 24%  
Target: 80%  
Trend:   
Assurance: 

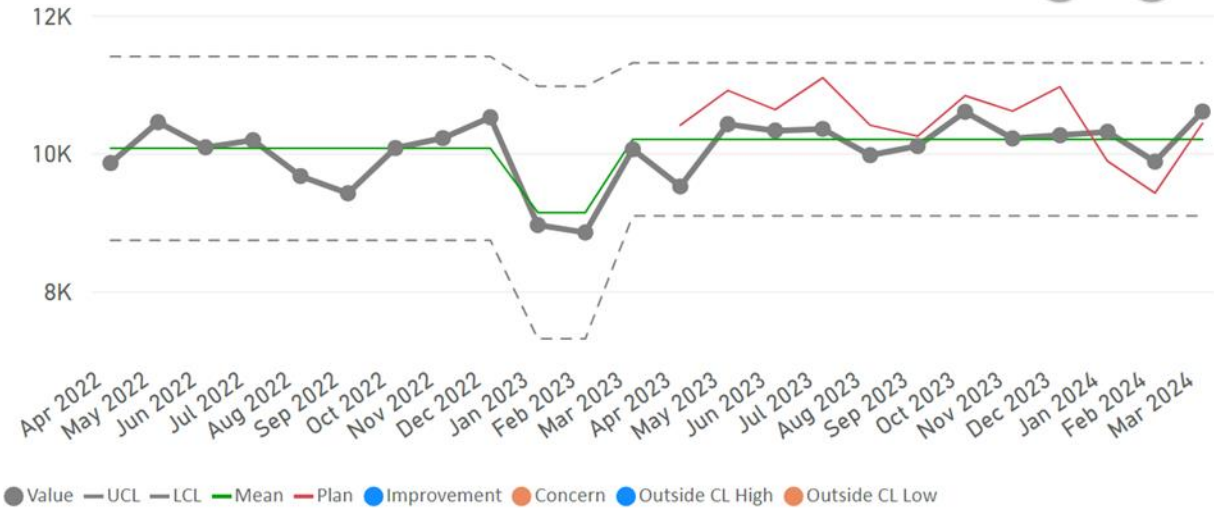




# RESPONSIVE

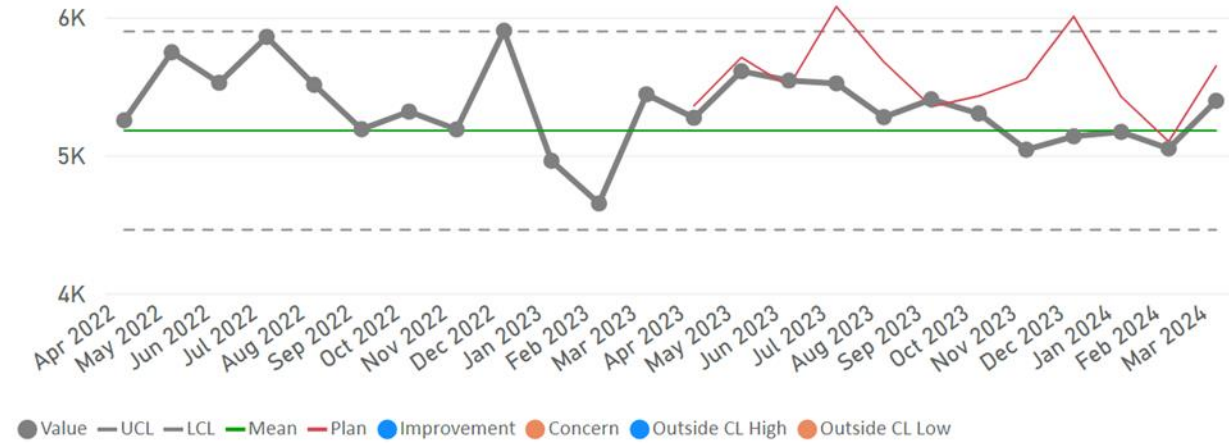
## A&E Attendances - Type 1

Month Performance Plan Trend Assurance  
Mar 2024 10602 10431  



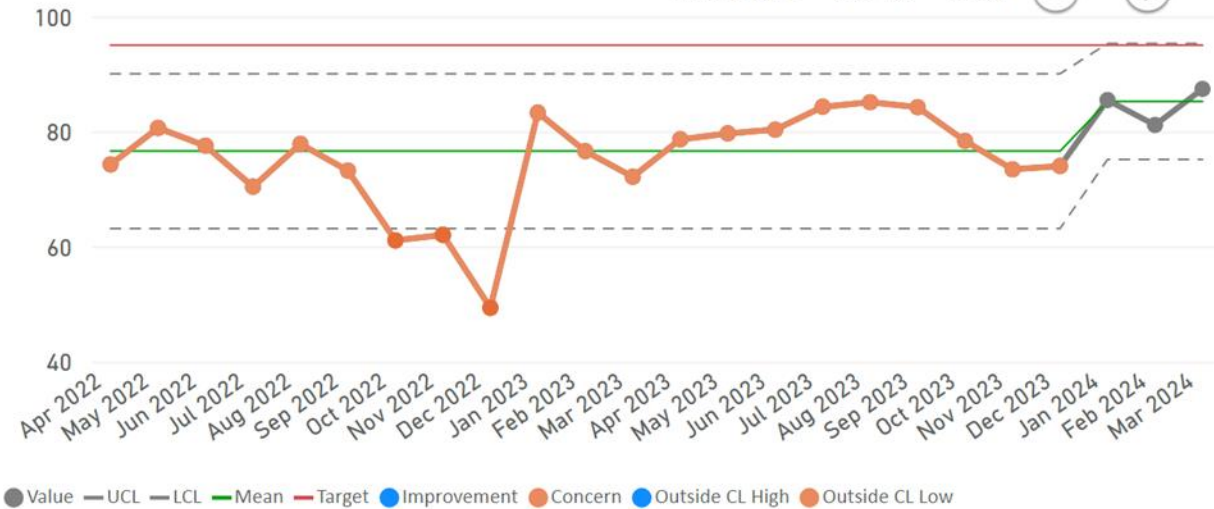
## A&E Attendances - Type 3

Month Performance Plan Trend Assurance  
Mar 2024 5393 5645  



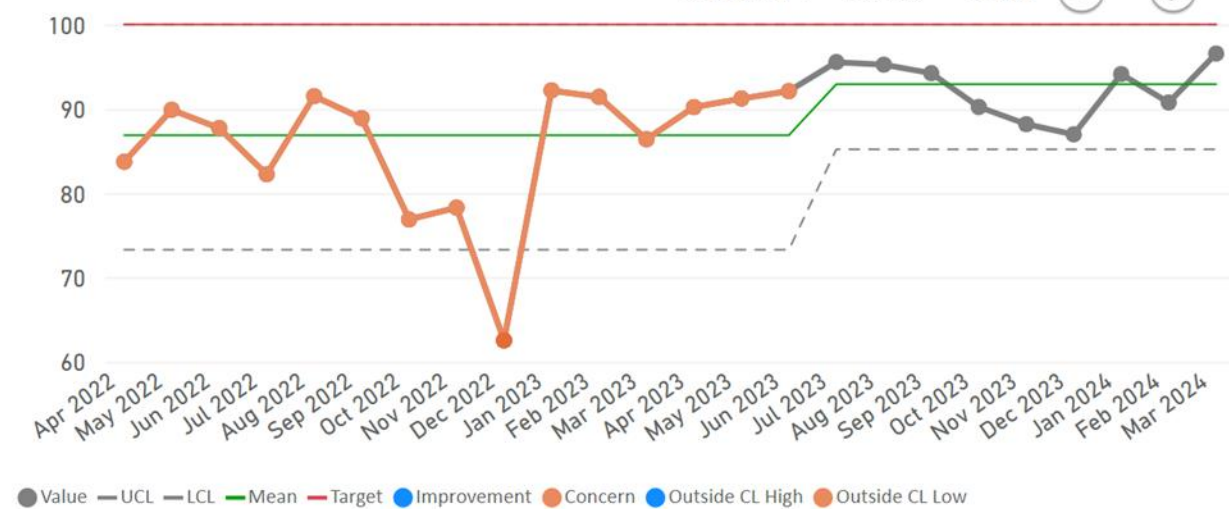
## Handovers - Within 30 Mins (%)

Month Performance Target Trend Assurance  
Mar 2024 87.4% 95%  



## Handovers - Within 60 Mins (%)

Month Performance Target Trend Assurance  
Mar 2024 96.6% 100%  



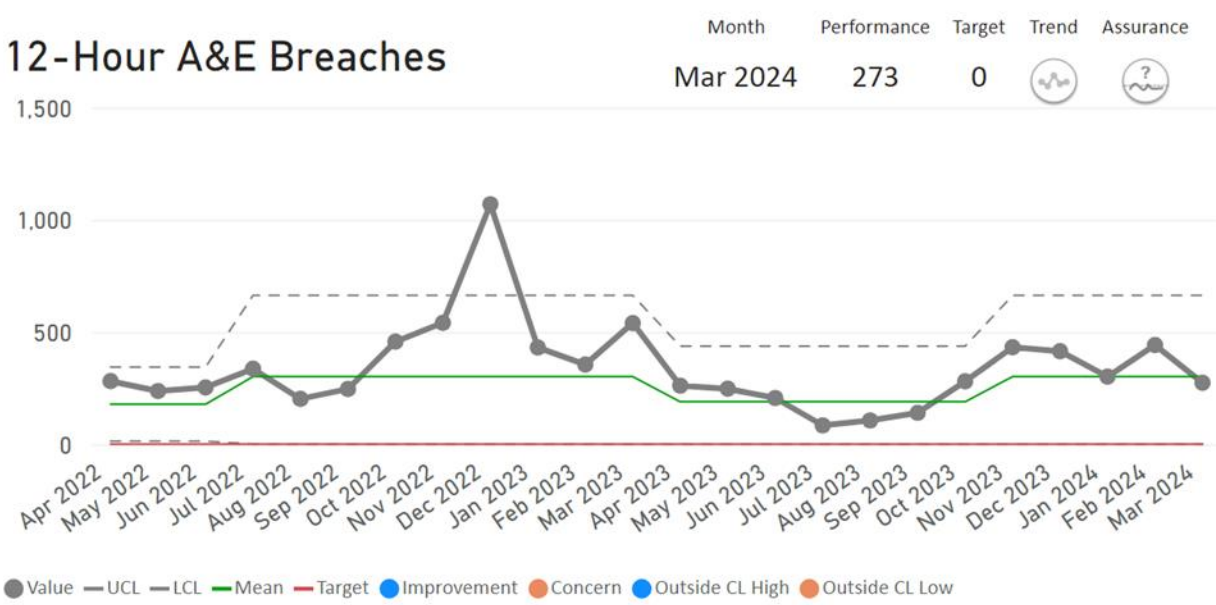
4-Hour A&E Standard



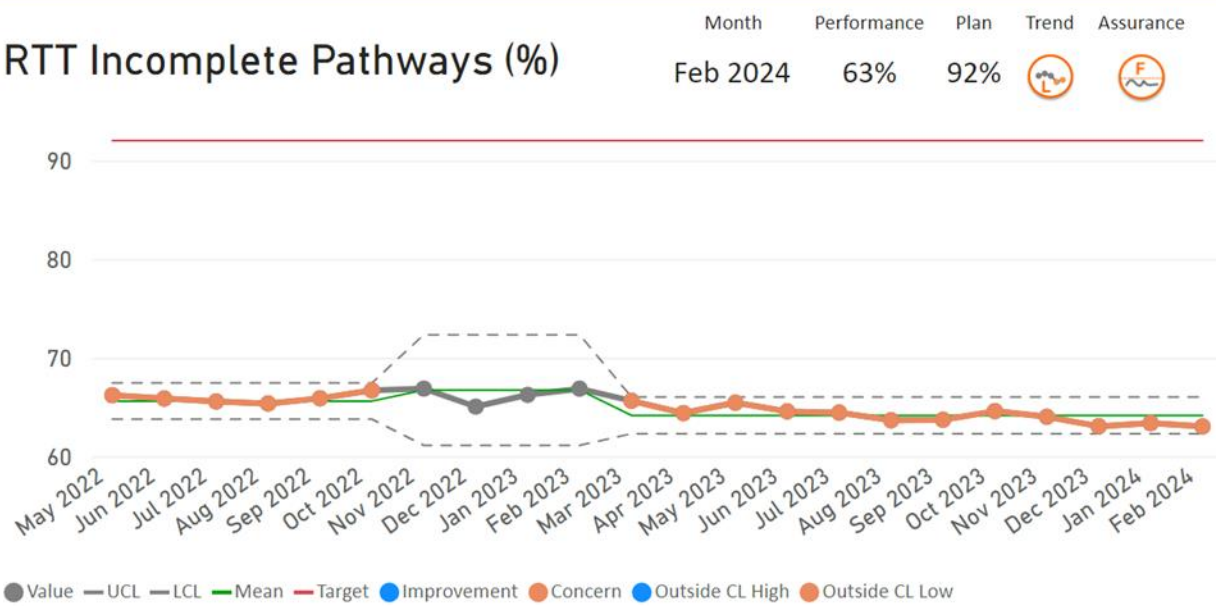
12-Hour Waits from Decision to Admit



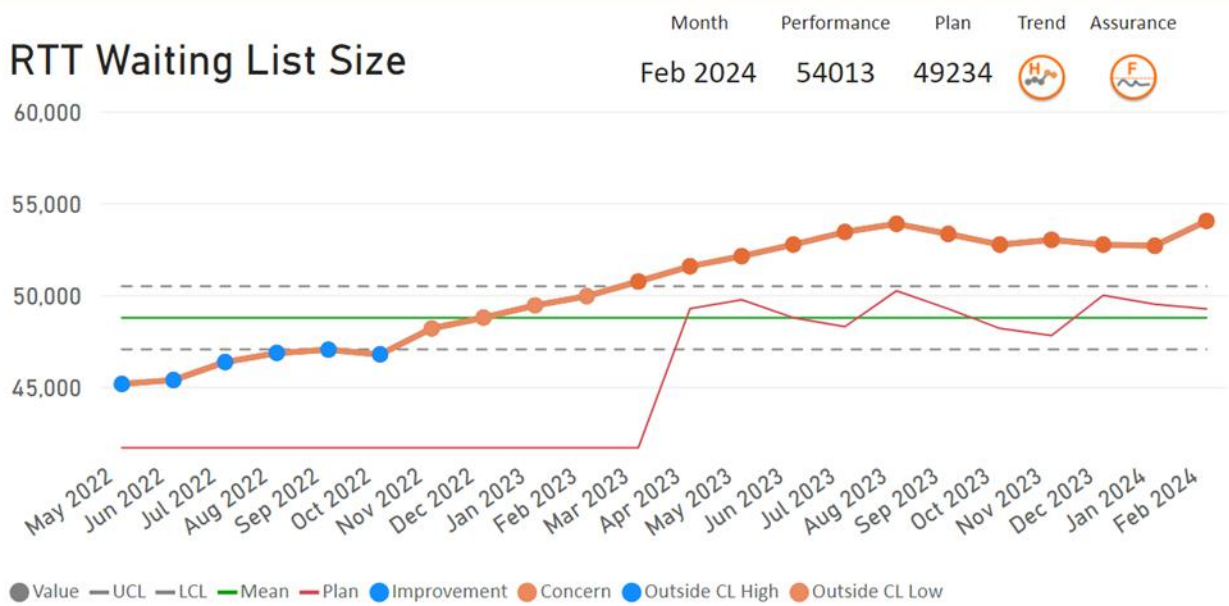
12-Hour A&E Breaches



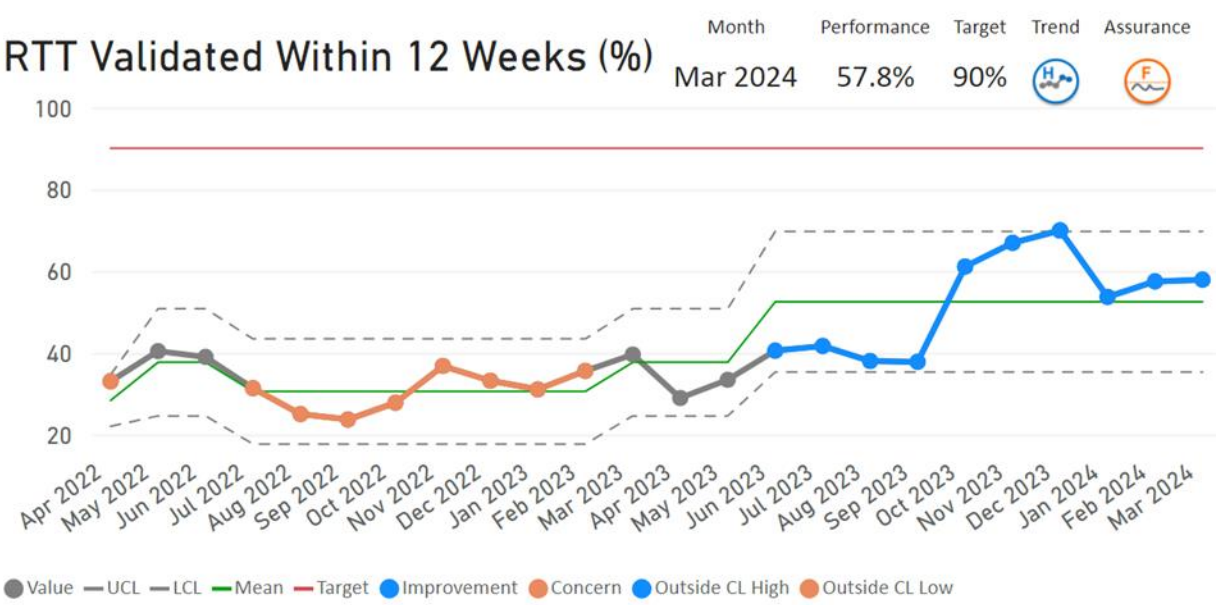
RTT Incomplete Pathways (%)



RTT Waiting List Size



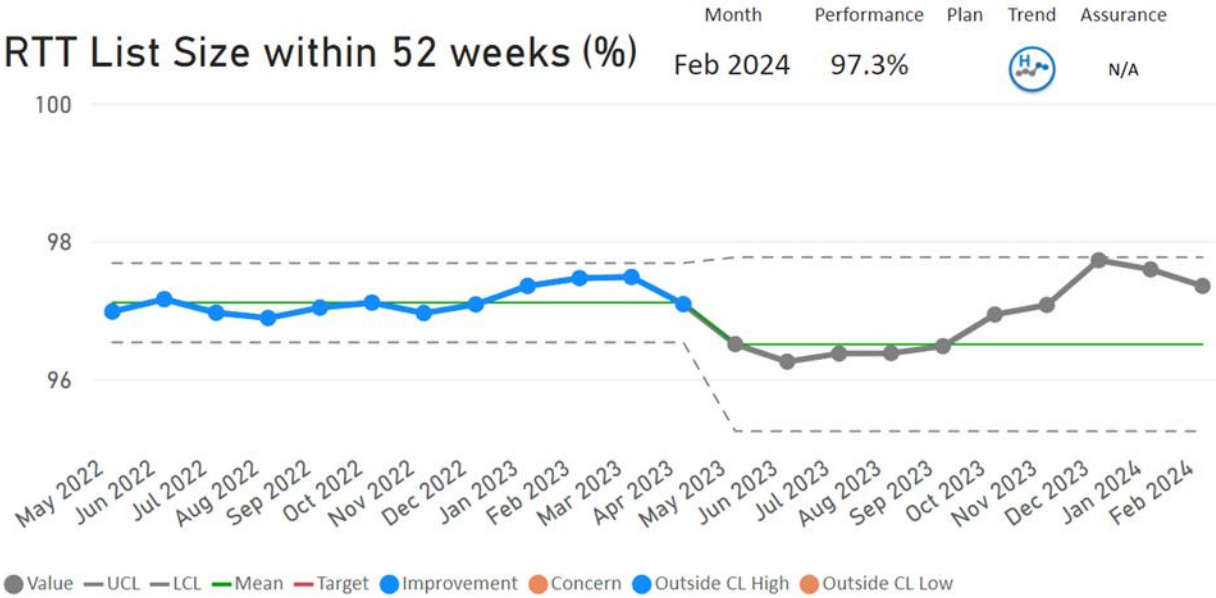
RTT Validated Within 12 Weeks (%)



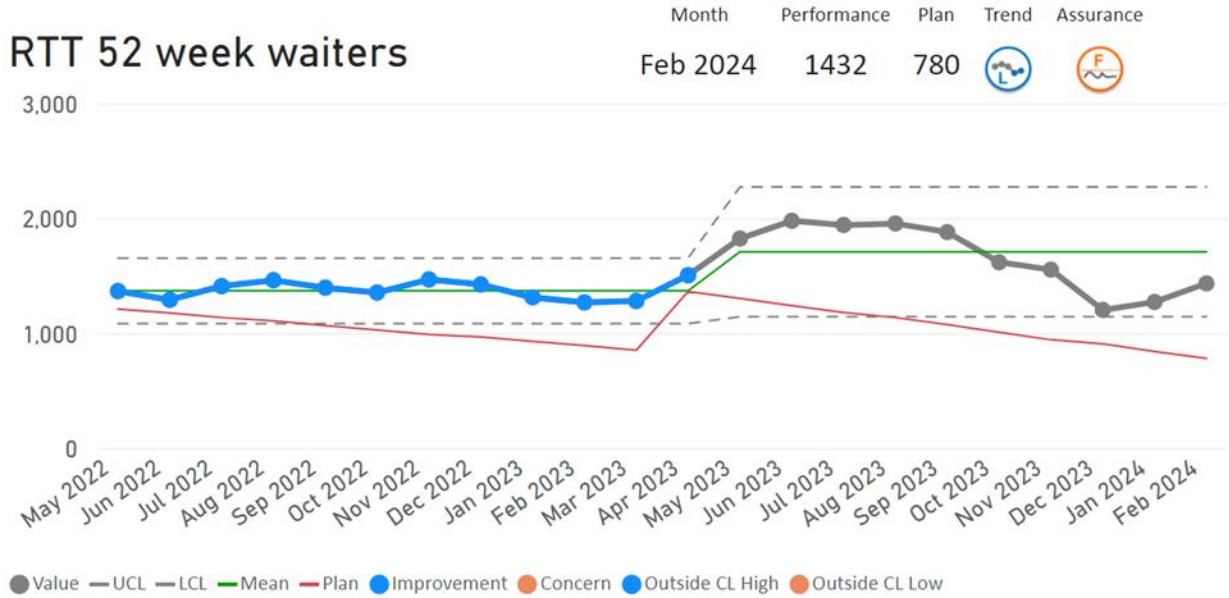


# RESPONSIVE

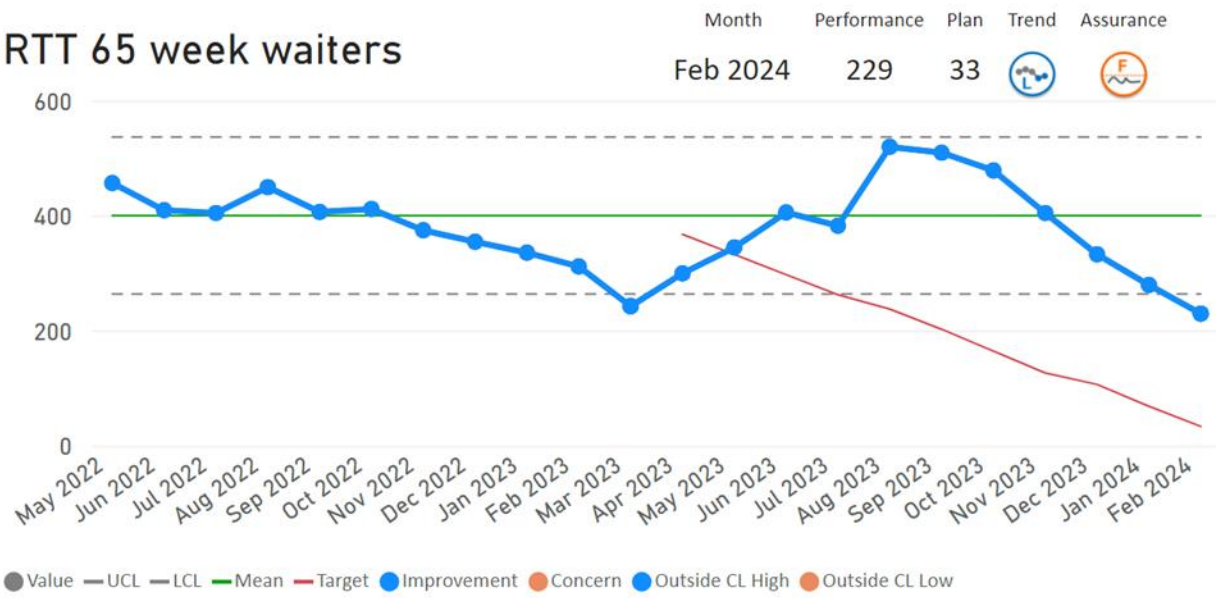
## RTT List Size within 52 weeks (%)



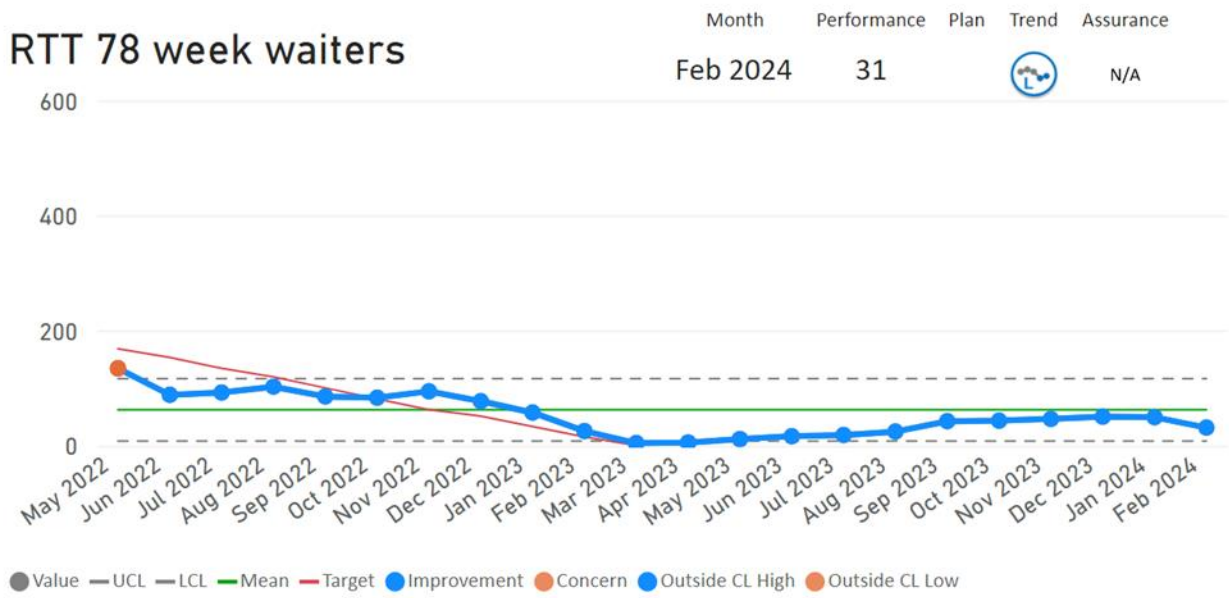
## RTT 52 week waiters

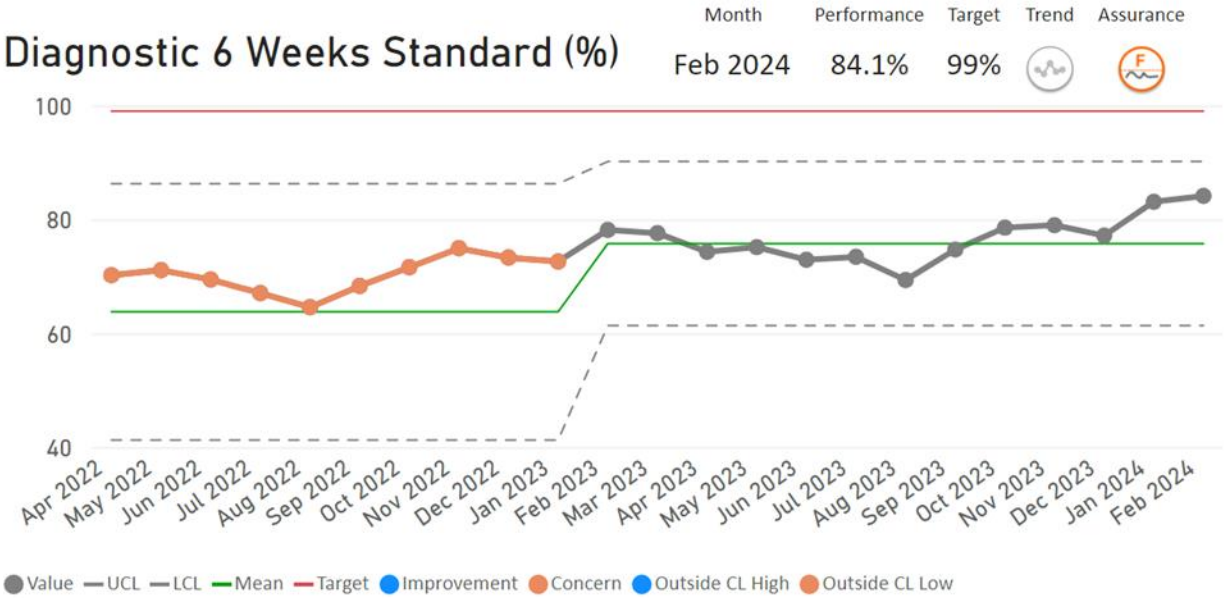


## RTT 65 week waiters

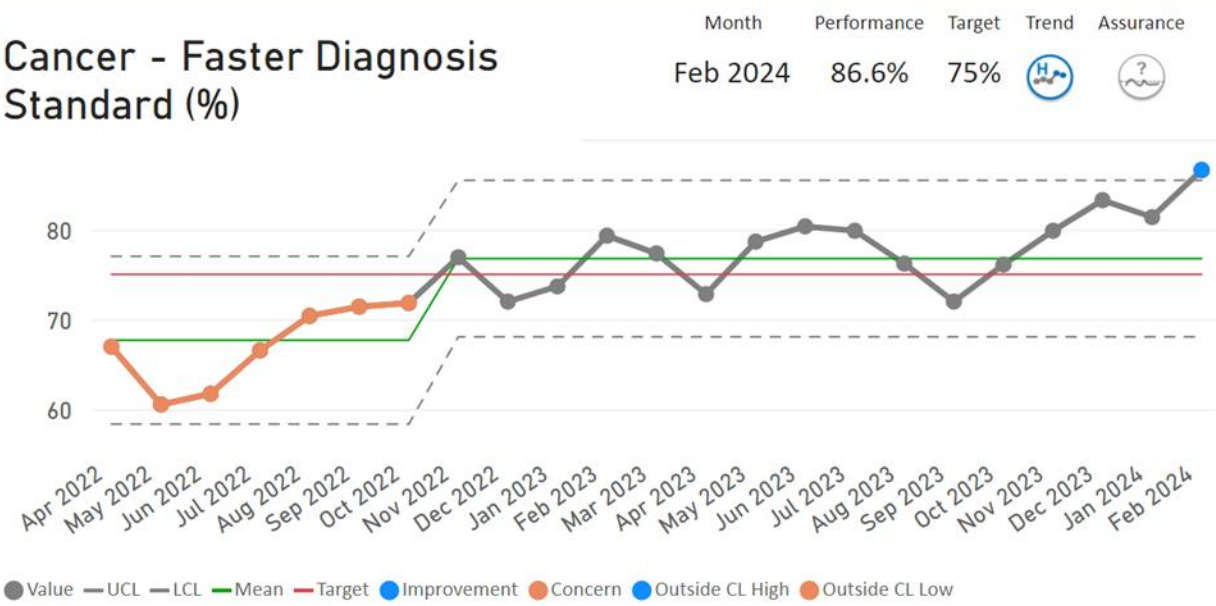


## RTT 78 week waiters

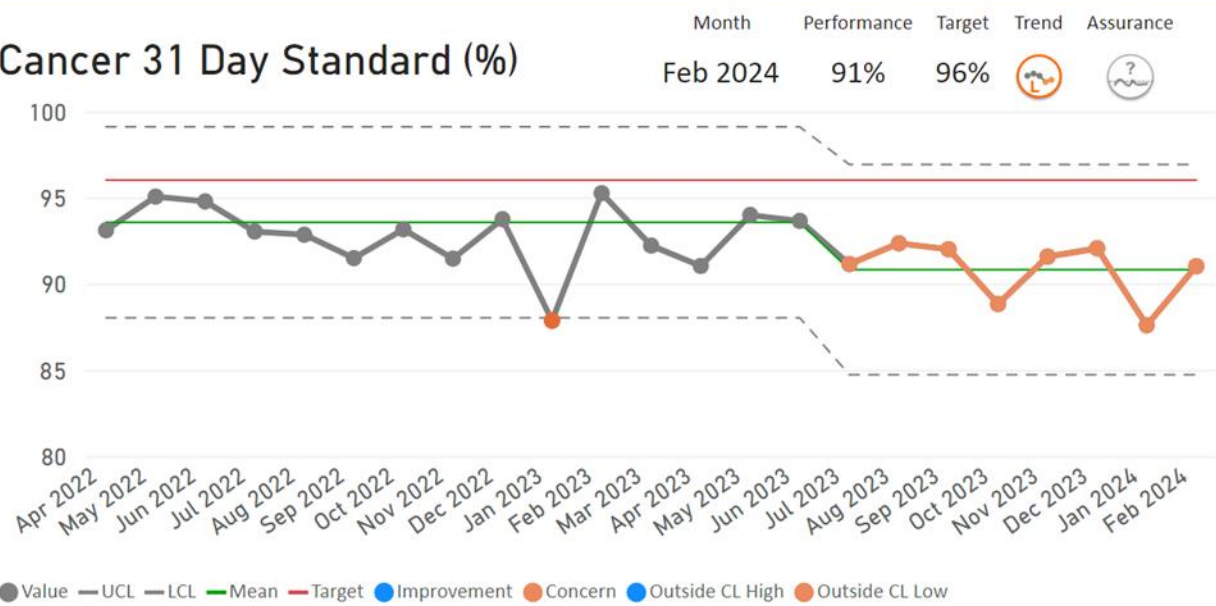




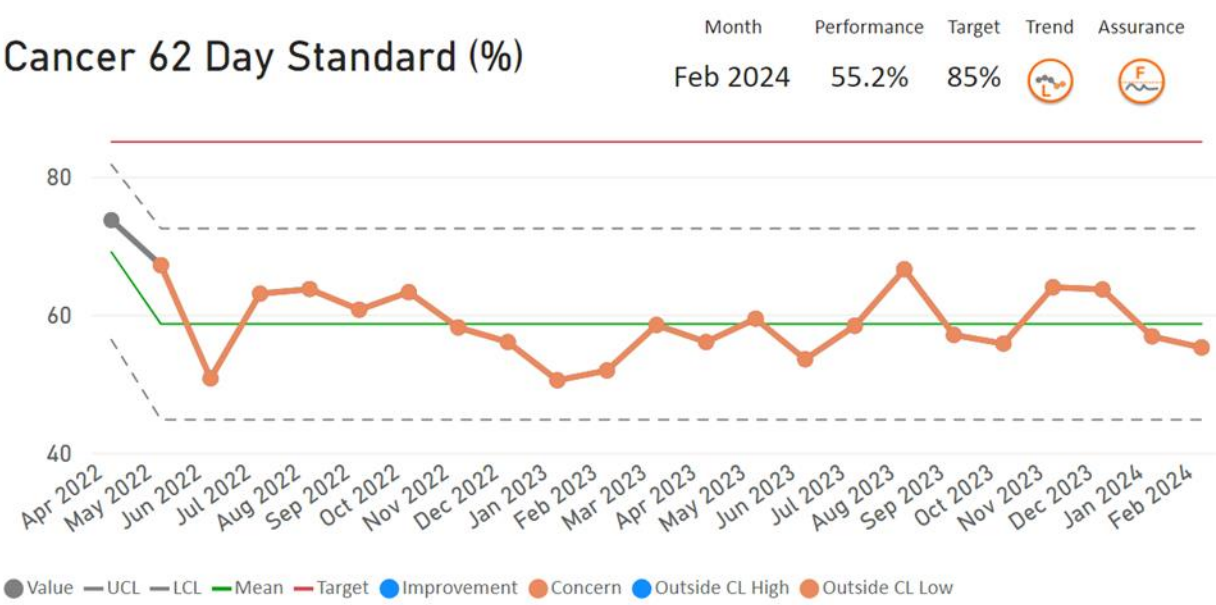
Cancer - Faster Diagnosis Standard (%)



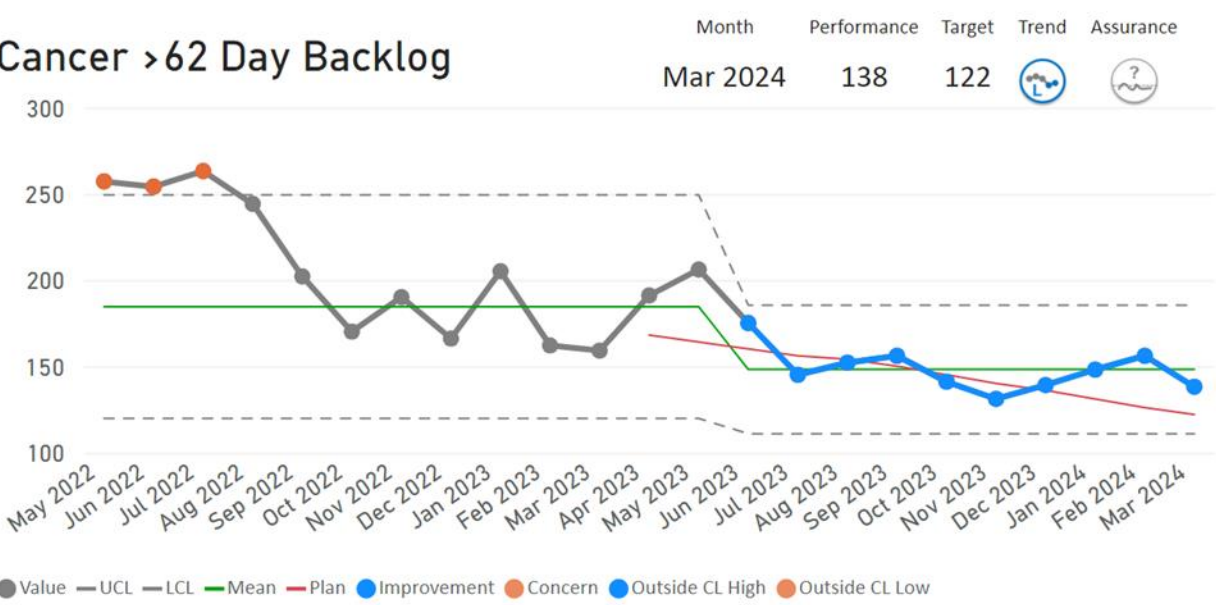
Cancer 31 Day Standard (%)



Cancer 62 Day Standard (%)



Cancer >62 Day Backlog



Cancelled Ops - Non-Urgent  
Cancelled On Day

Month

Mar 2024

Performance

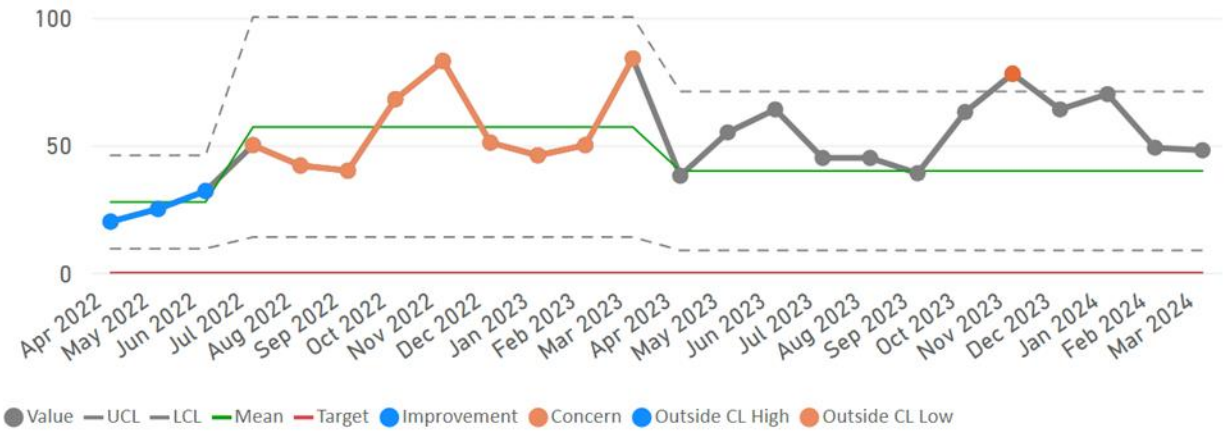
48

Target

0

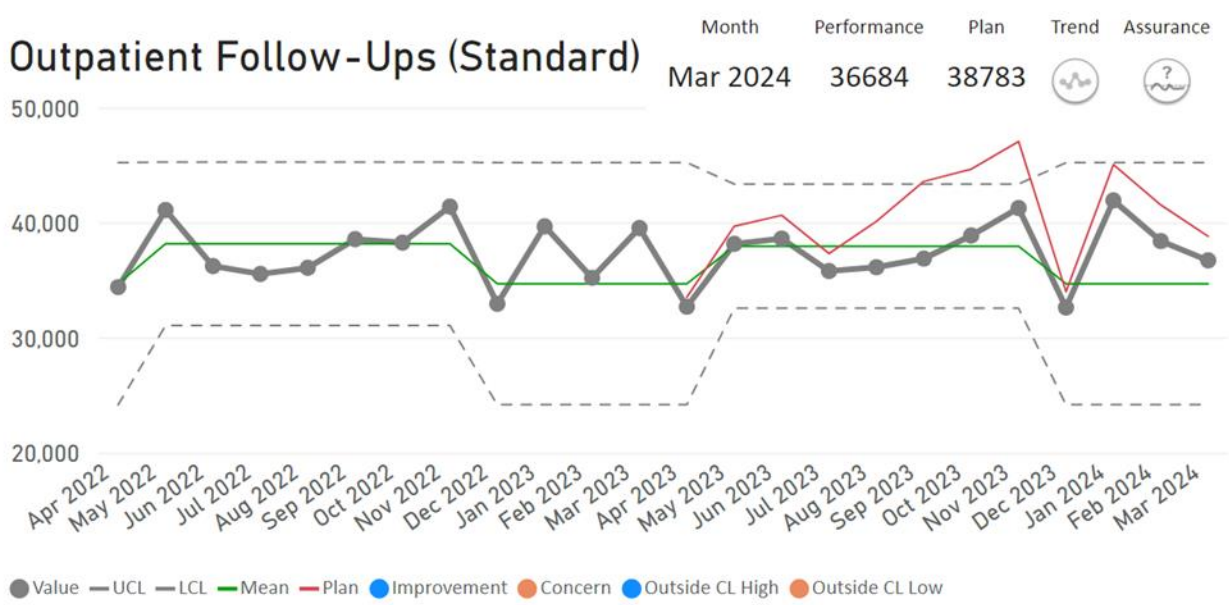
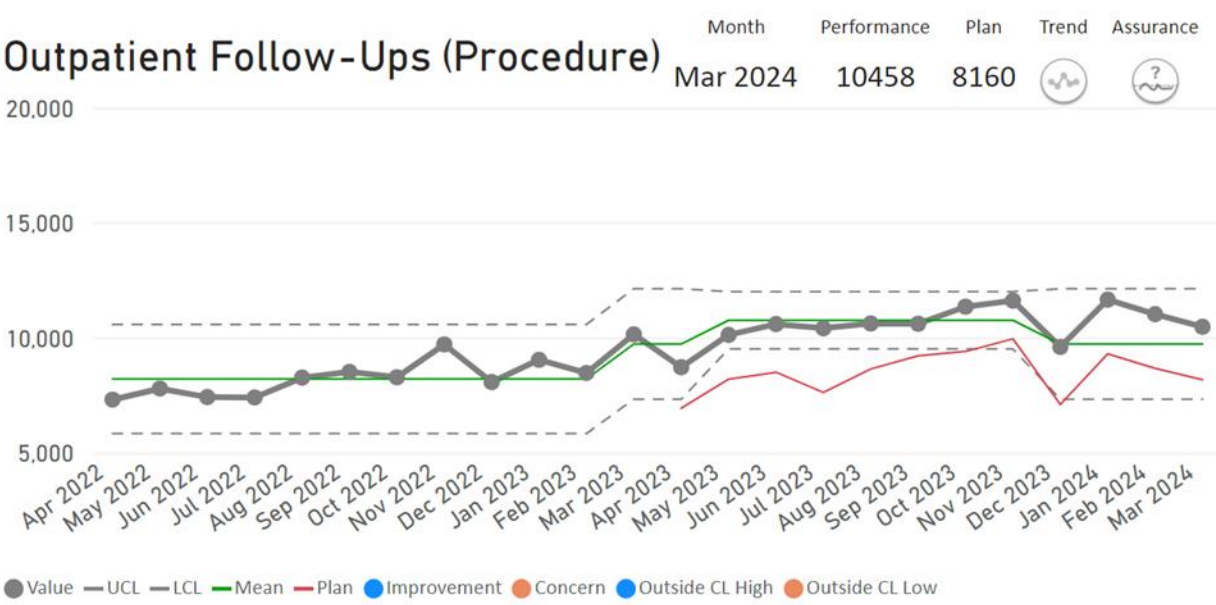
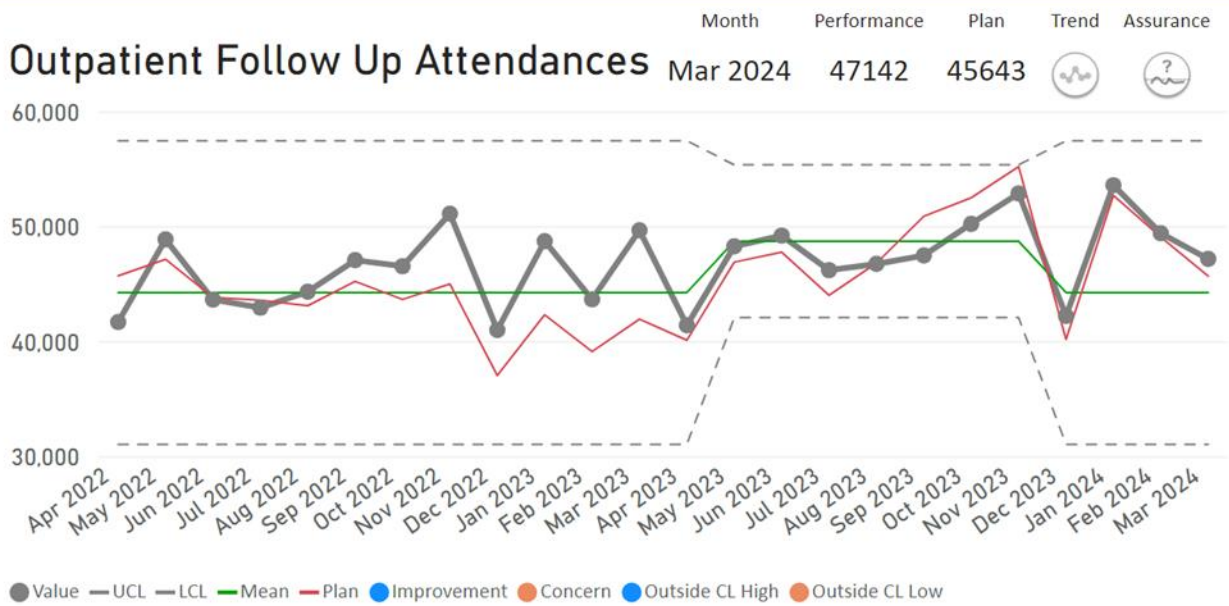
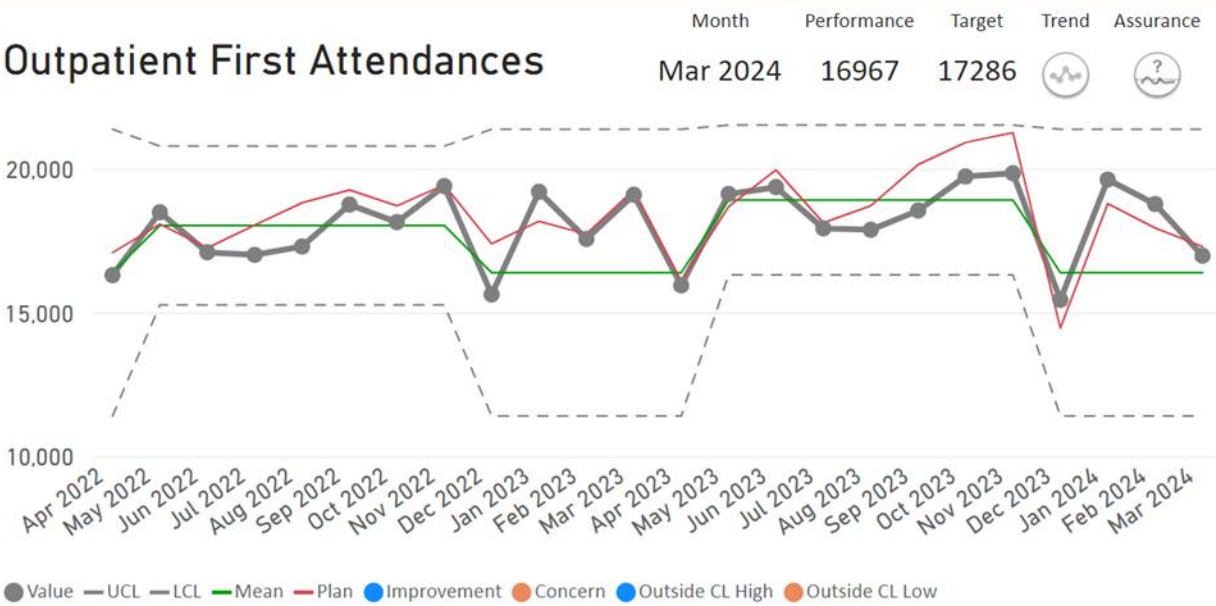
Trend

Assurance





# RESPONSIVE





Day Case admissions





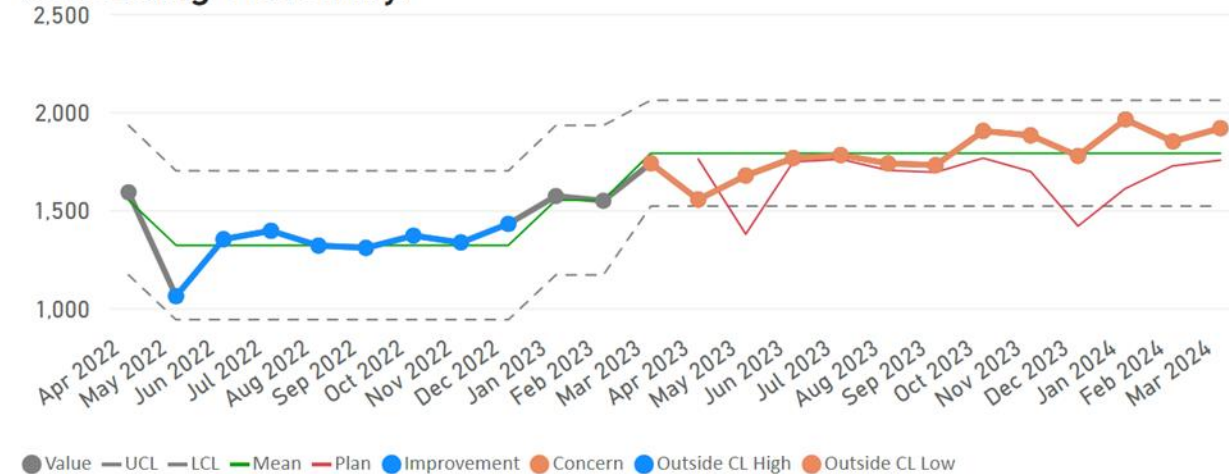
Ordinary Elective admissions



# RESPONSIVE

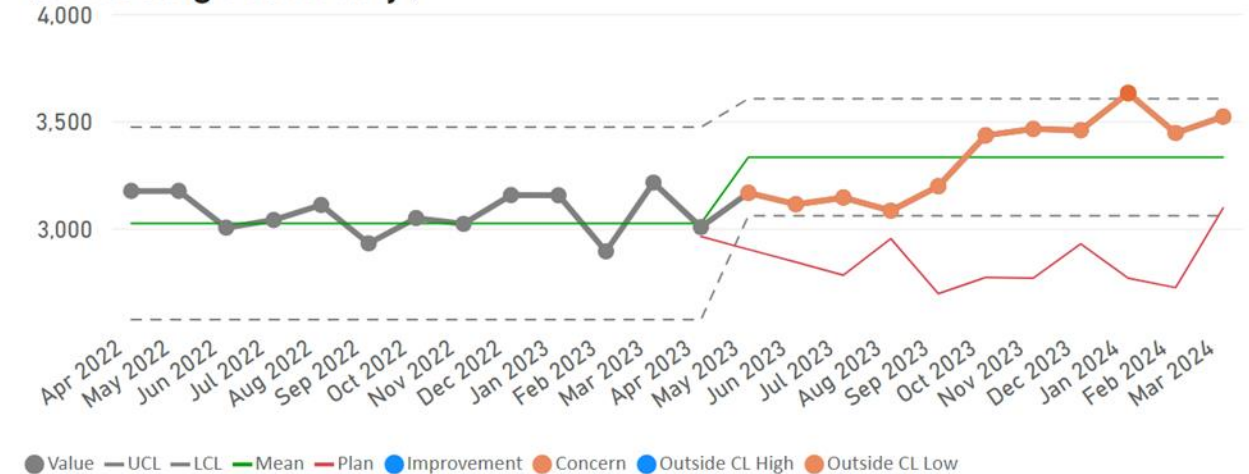
## NEL admissions with 0 LOS (excluding Maternity)

Month	Performance	Plan	Trend	Assurance
Mar 2024	1916	1754		



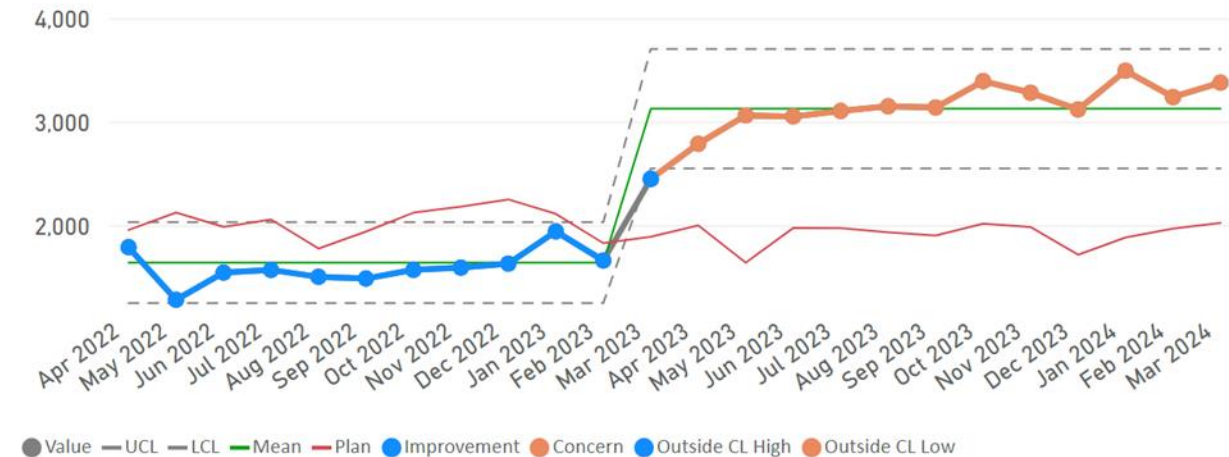
## NEL admissions with 1+ LOS (excluding Maternity)

Month	Performance	Plan	Trend	Assurance
Mar 2024	3520	3094		



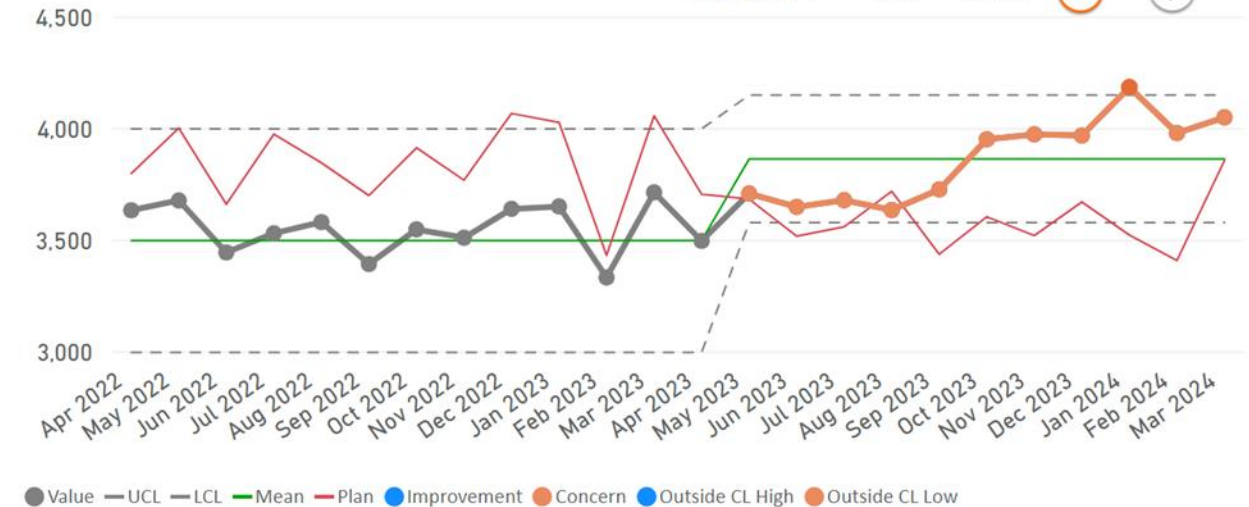
## NEL admissions with 0 LOS

Month	Performance	Plan	Trend	Assurance
Mar 2024	3376	2019		

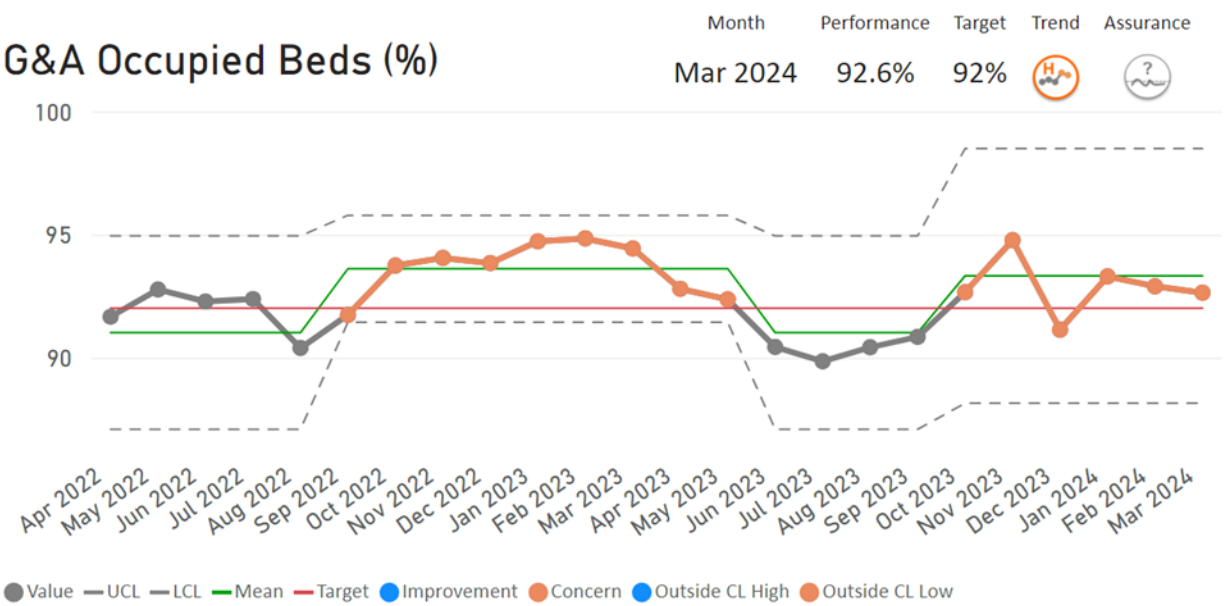


## NEL admissions with 1+ LOS

Month	Performance	Plan	Trend	Assurance
Mar 2024	4047	3854		



G&A Occupied Beds (%)



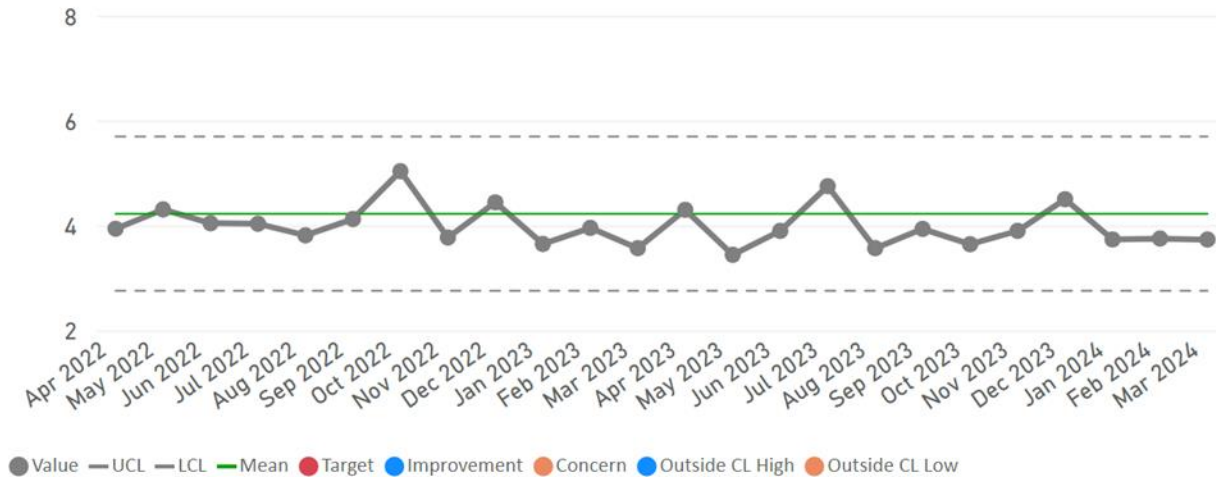
Value UCL LCL Mean Target Improvement Concern Outside CL High Outside CL Low



# RESPONSIVE

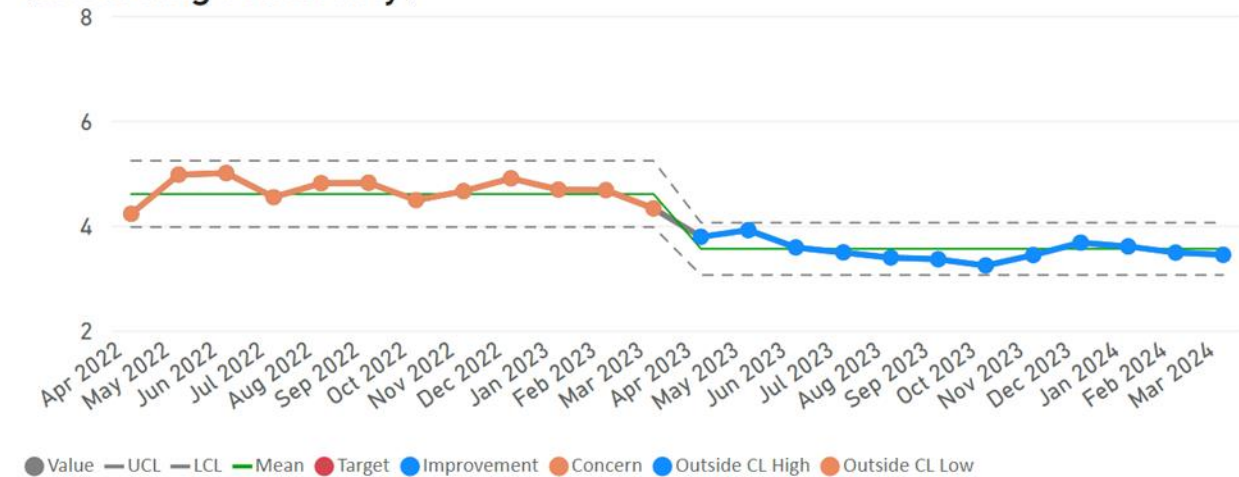
## Length of Stay - Elective

Month Performance Target Trend Assurance  
Mar 2024 3.7  N/A



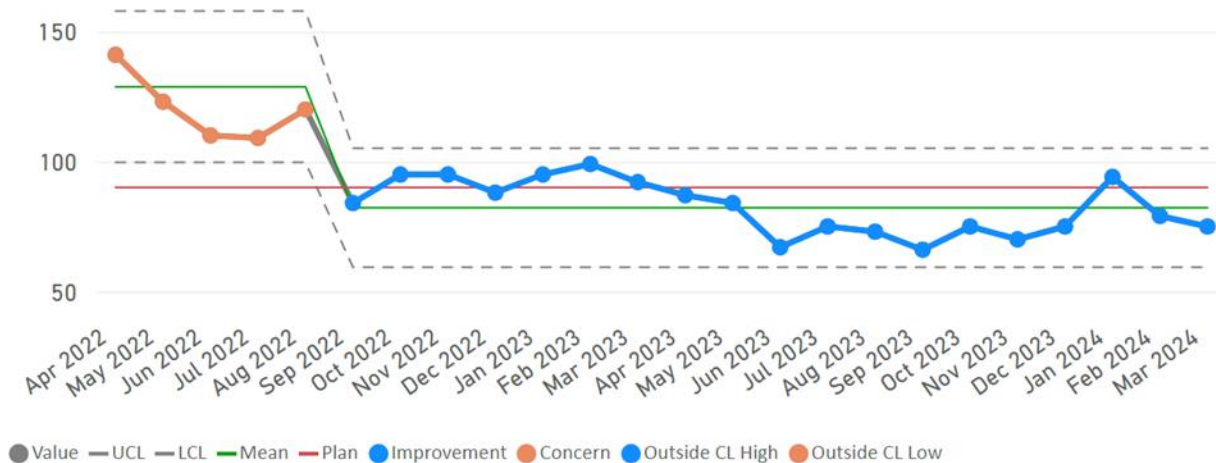
## Length of Stay - Non-Elective (excluding Maternity)

Month Performance Target Trend Assurance  
Mar 2024 3.4  N/A



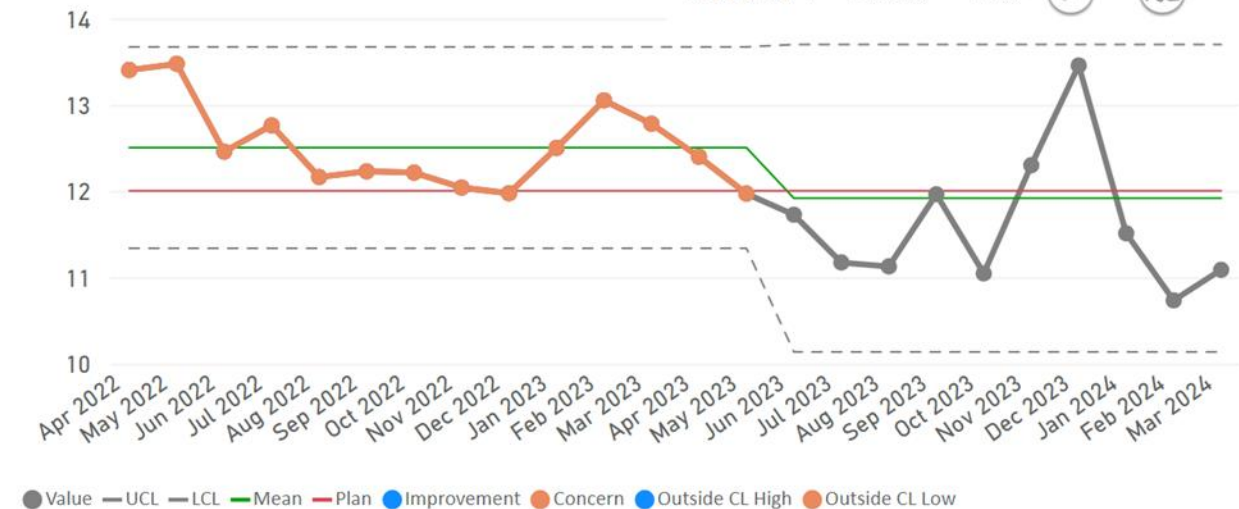
## Ready for Discharge, not Discharged

Month Performance Plan Trend Assurance  
Mar 2024 75 90  



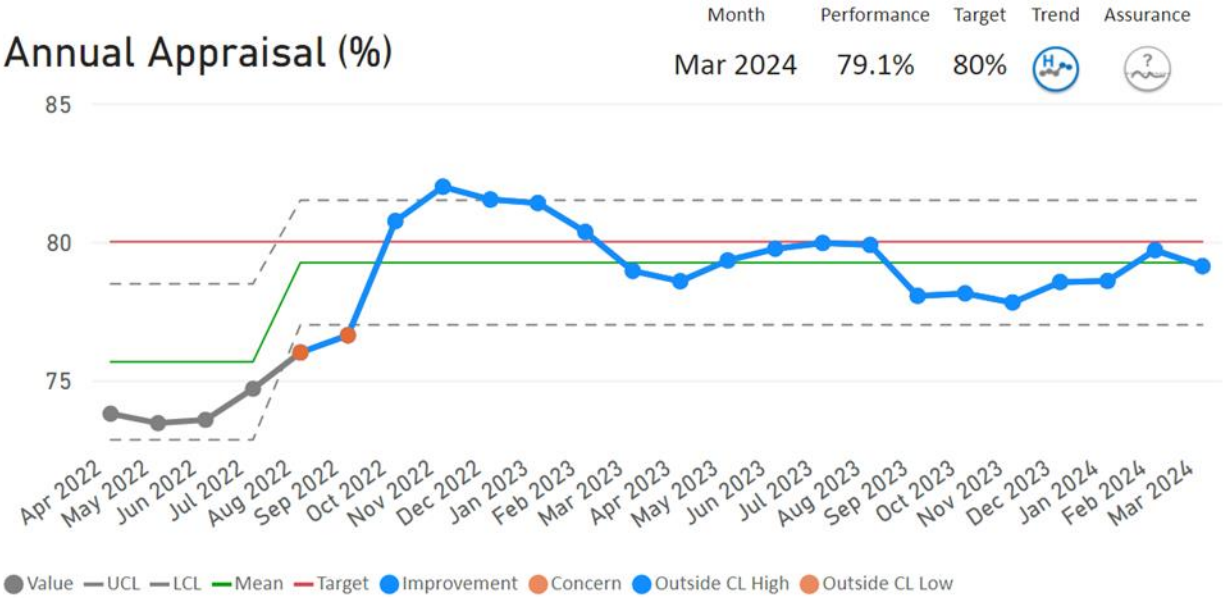
## 21 Day Stranded Patients (%)

Month Performance Plan Trend Assurance  
Mar 2024 11.1% 12%  

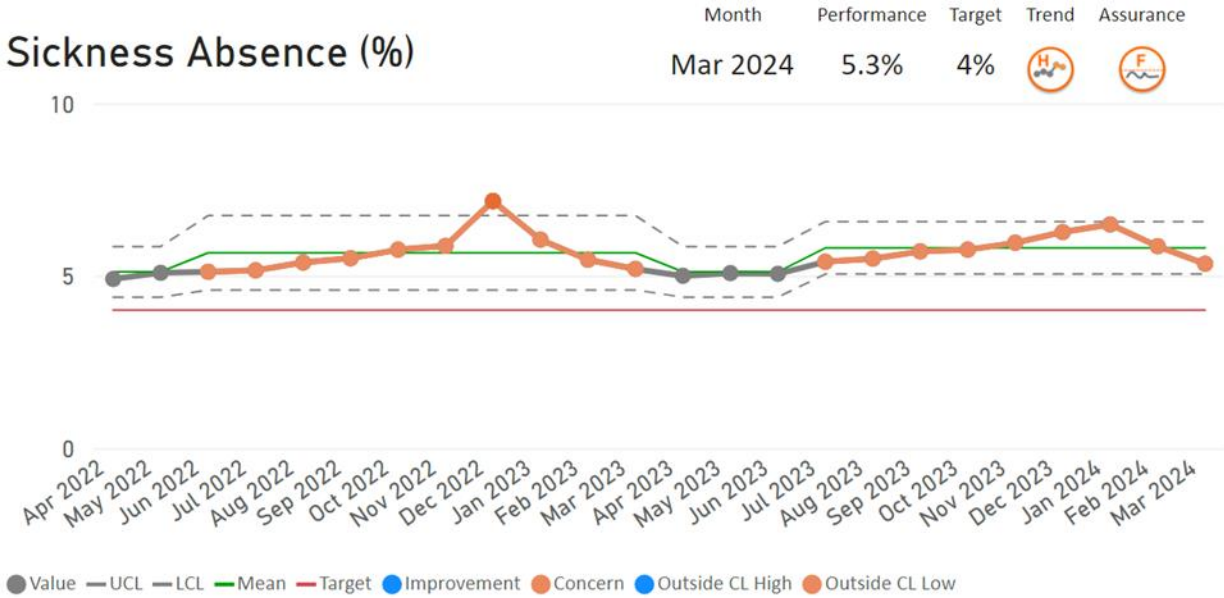


# WELL-LED

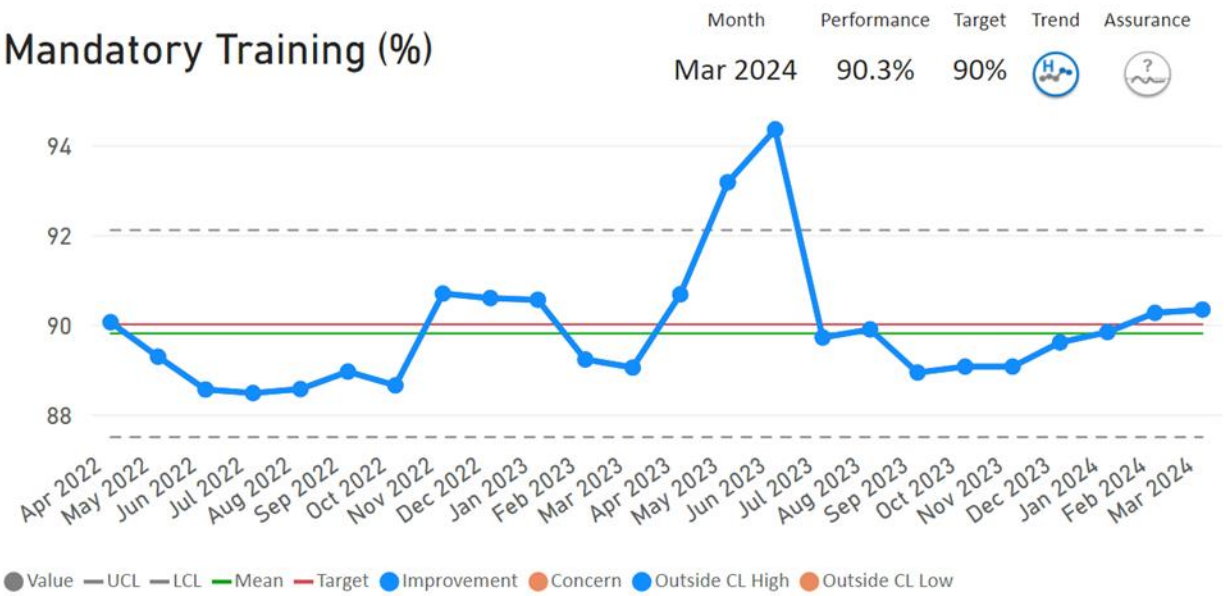
## Annual Appraisal (%)



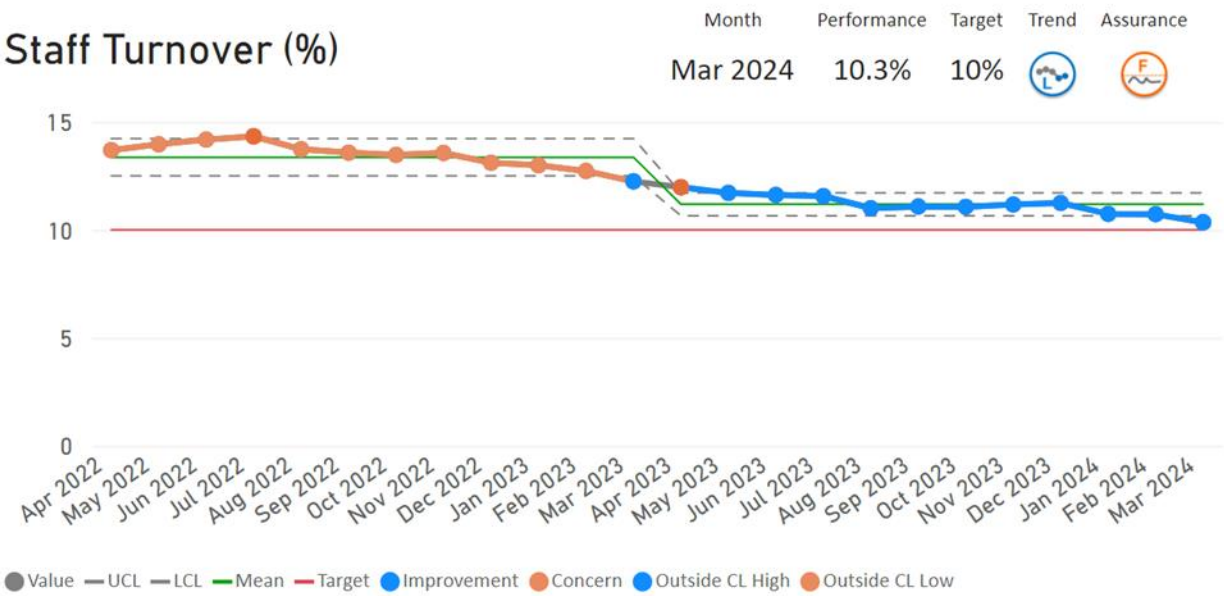
## Sickness Absence (%)



## Mandatory Training (%)



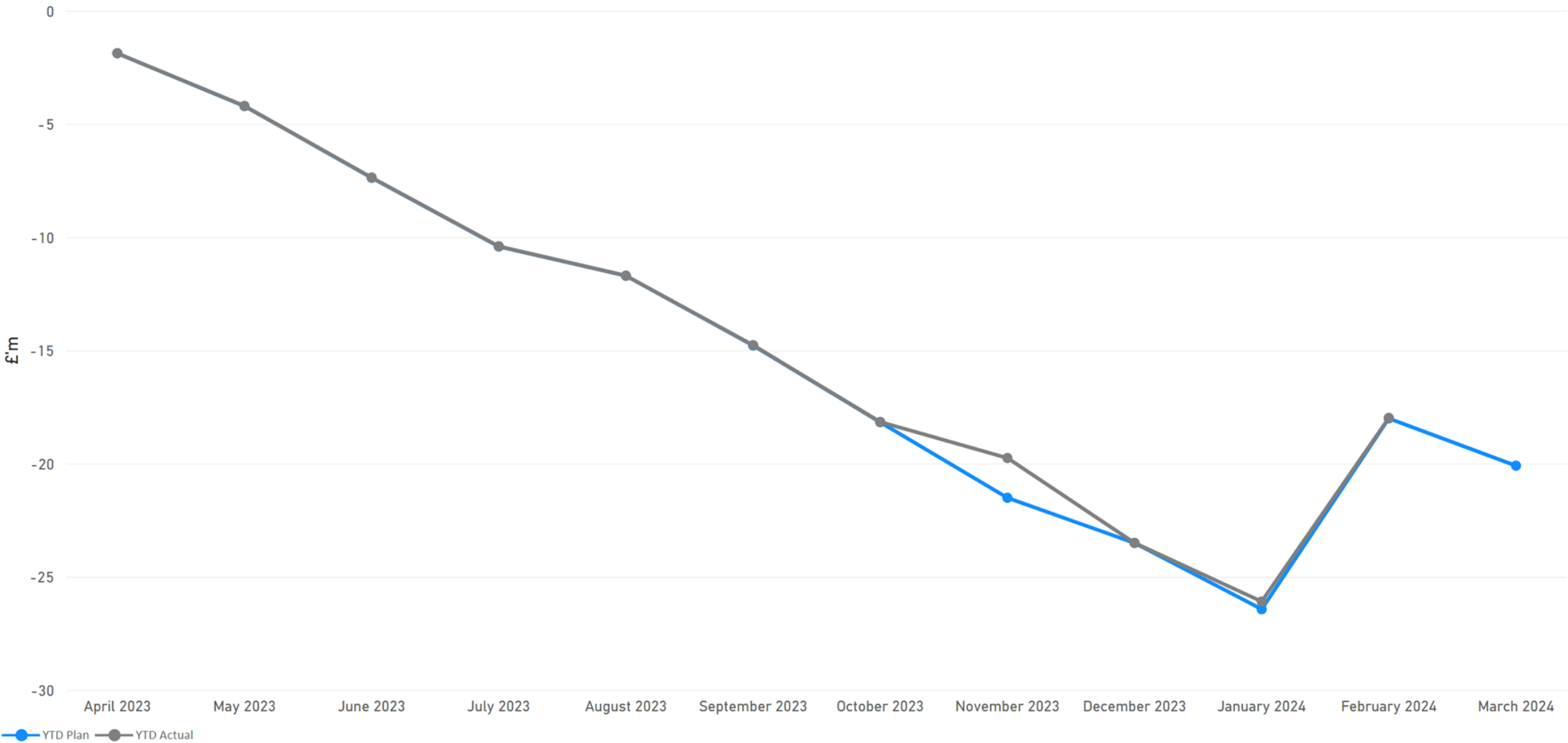
## Staff Turnover (%)



# WELL-LED

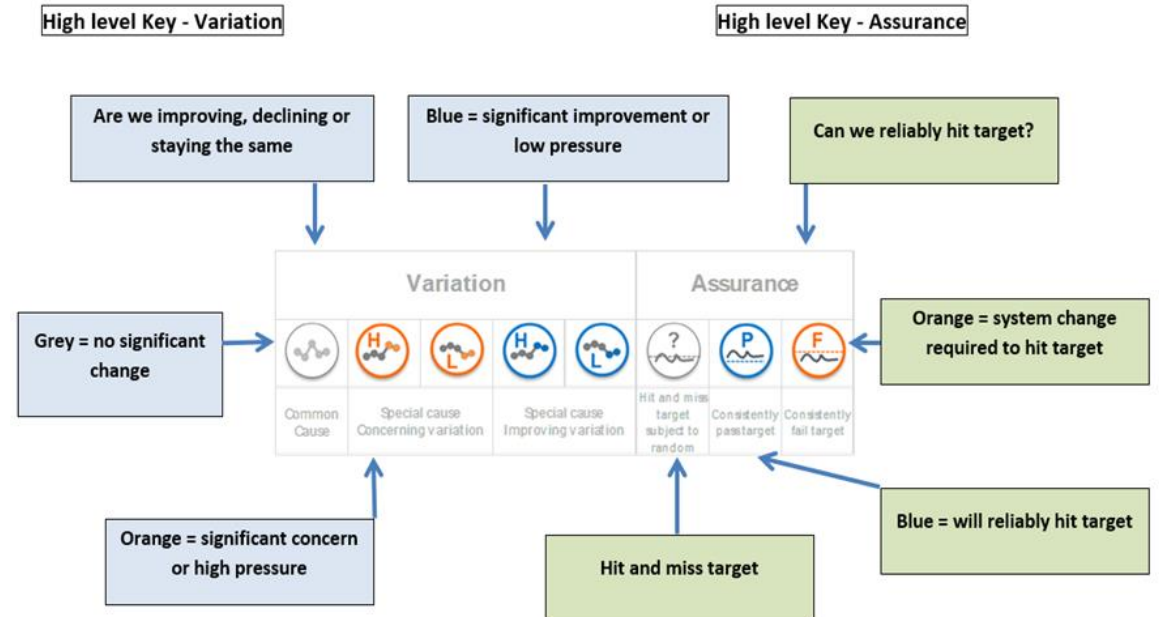
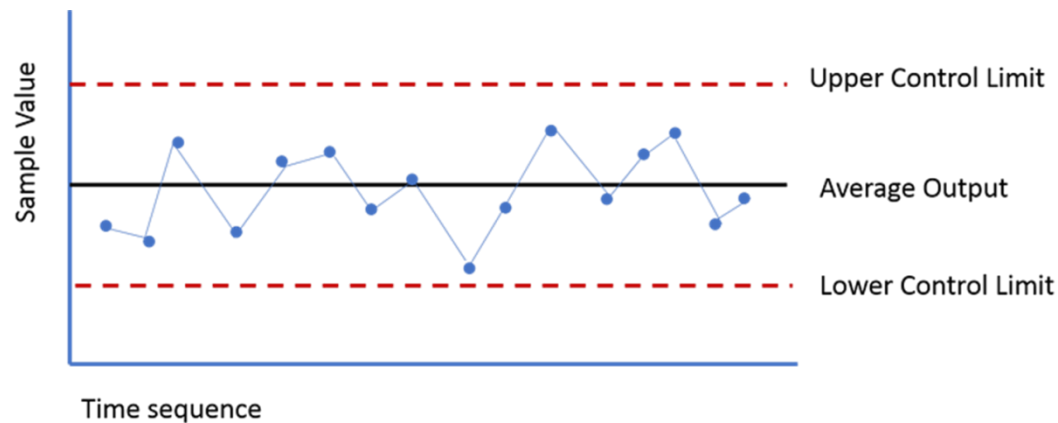
Cumulative YTD Financial Position (£'millions)

Month	Performance	Target
Feb 2024	-£17.986m	-£18.009m



# 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*.



# Agenda Item: 11





# Finance Report Month 12 - NTHFT

**Meeting date:** 15 May 2024

**Reporting to:** Group Board

**Agenda item No:** 11

**Report author:** Paul Mullins, Acting  
Deputy Director of Finance

**Action required:**  
Information

**Delegation status (Board only):**  
Jointly delegated item to Group Board

**Previously presented to:**  
Resources Committee 23<sup>rd</sup> April 2024

## NTHFT strategic objectives supported:

Putting patients first ☐

Valuing our people ☐

Transforming our services ☒

Health and wellbeing ☐

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

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

Deliver care without boundaries in collaboration with our health and social care partners ☐

Make best use of our resources ☐

## CQC domain link:

Well-led



## Board assurance / risk register this paper relates to:

This report relates to section 3C (finance)  
of the Board Assurance Framework.

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

Not applicable

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The financial position is closely monitored on a monthly basis.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The financial position at the end of Month 12 is a cumulative surplus of £1.0m, which is £1.0m ahead of the year-to-date plan.

## Recommendations:

Members of the Board are asked to:

- Note the financial position for Month 12 2023/24.

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Group Board

15 May 2024

### Financial Performance Report: Month 12 (reporting to 31 March 2024)

#### 1. Introduction

- 1.1 The purpose of this report is to provide a high-level summary position of the Month 12 financial position of the Trust and identify key issues for information and any matters for escalation.

#### 2. Main content of report

##### 2.1 Month 12 Financial Position

North Tees & Hartlepool NHS Foundation Trust - Statement of Comprehensive Income	Current Month £000's			Year to Date £000's		
	Plan (£'000s)	Actual (£'000s)	Variance (£'000s)	Plan (£'000s)	Actual (£'000s)	Variance (£'000s)
Total Income	32,672	47,824	15,151	391,977	425,554	33,577
Total Pay Expenditure	(22,644)	(36,818)	(14,174)	(267,406)	(296,087)	(28,681)
Total Non Pay Expenditure	(8,938)	(6,861)	2,077	(106,003)	(108,428)	(2,425)
<b>EBITDA</b>	<b>1,090</b>	<b>4,144</b>	<b>3,055</b>	<b>18,568</b>	<b>21,040</b>	<b>2,472</b>
Post EBITDA Items	(1,547)	(8,309)	(6,762)	(18,568)	(24,150)	(5,582)
<b>Total Consolidated Surplus/(Deficit)</b>	<b>(458)</b>	<b>(4,165)</b>	<b>(3,707)</b>	<b>(0)</b>	<b>(3,110)</b>	<b>(3,110)</b>
Remove capital donations/grants I&E impact	0	(3,574)	(3,574)	0	(3,313)	(3,313)
PPE Centrally Procured Stock Adjustment	0	605	605	0	605	605
Add back impairments	0	6,841	6,841	0	6,841	6,841
<b>Adjusted Surplus/(deficit) for the year</b>	<b>(458)</b>	<b>(292)</b>	<b>166</b>	<b>(0)</b>	<b>1,023</b>	<b>1,023</b>

At Month 12, the Trust is reporting an in-month deficit of £0.292m against a planned deficit of £0.458m, which is £0.166m ahead of plan. The Trust is reporting a year-to-date surplus of £1.023m against a breakeven plan, which is £1.023m ahead of plan.

The in-month and year to date position includes recognition of income relating to the year-to-date ERF over-performance against reduced targets and additional non recurrent monies – which takes into account the impact of industrial action.

Total Trust income in Month 12 is £47.824m (including donated asset income, finance income and 6.3% centrally funded pension contribution). Month 12 pay expenditure totalled £36.818m (including the 6.3% centrally funded pension contribution at £9.5m). Month 12 non-pay expenditure totalled £6.861m. The Month 12 year-to-date position includes net contributions of £0.260m from Optimus and £1.679m from the LLP.

The Month 12 PFR and draft accounts are due to be submitted to NHSE on 24 April 2024.

##### 2.2 CIP

As previously reported, the Trust submitted a breakeven financial plan for 2023/24 and this required the Trust to deliver a CIP requirement of £20.7m (circa 5.3% of turnover).

In total at M12, the Trust reported total efficiencies of £21.7m across the Care Groups, Corporate Directorates and central schemes, with £8.3m delivered recurrently and £13.4m non recurrent. Focus remains on conversion of non-recurrent efficiencies.

### 2.3 Capital Programme 2023/24

The Trust's gross capital expenditure totalled £35.9m for the 2023/24 financial year.

The Trust's share of the ICS Capital Departmental Expenditure Limit (CDEL) for 2023/24 amounted to £16.5m. The Trust's capital programme also included external PDC funding for the Community Diagnostic Centre (£16.0m), Digital and Diagnostic schemes (£1.1m), and IFRS16 lease additions (£2.3m)

Detailed capital programme reports are presented to CRMG on a monthly basis.

### 2.4 Liquidity

The cash balance as at the end of Month 12 stood at £70.1m. The Trust's strong liquidity position has helped support the good performance against the 95% Better Payment Practice Code and the position for the period to date is shown below:

	YTD Number	YTD Value £000
Total bills paid in the year	68,813	188,420
Total bills paid within target	66,813	184,508
<b>Percentage of bills paid within target</b>	<b>97.1%</b>	<b>97.9%</b>

### 2.5 Statement of Financial Position (SOFP)

The following table shows the SOFP as at 31 March 2024

	Actual £000's
Property, Plant and Equipment	154,686
Long Term Receivables	1,790
<b>Total Non - Current Assets</b>	<b>156,476</b>
Inventories	6,626
Trade and Other receivables	24,194
Cash	70,125
<b>Total Current Assets</b>	<b>100,945</b>
Trade and Other Payables	(69,369)
Borrowings	(39,688)
Other liabilities	(4,743)
Provisions	(9,231)
<b>Total Current and Non Current Liabilities</b>	<b>(123,031)</b>
<b>Total Net Assets</b>	<b>134,390</b>
Public Dividend Capital	186,081
Revaluation Reserve	17,557
Income and Expenditure Reserve	(69,248)
<b>Total Equity</b>	<b>134,390</b>

## 2.6 System Oversight Framework Metrics

The Trust is monitored by NHSE against four key financial metrics in the System Overnight Framework and the position as at Month 12 is set out as follows;



- Financial efficiency – this is green rated due to the Trust reporting an ahead of plan position to Month 12 of £1.023m. The Trust continues to identify, scope and cost schemes for delivery in 2024/25 and future years. Focus remains on identifying recurrent schemes.
- Financial stability – this is green rated as the Trust is reporting a surplus of £1.023m (to achieve green required breakeven position YTD or better).
- Mental Health Investment Standard – this only applies to mental health Trusts.
- Agency spending – this is red rated as the Trust has spent 130% of the agency cap. During 2023/24 the Trust has spent £7.039m on agency staff.

## 3. Recommendation

The Trust Board is asked to:

- Note the financial position for Month 12 2023/24

# Finance Report Month 12 - STHFT

**Meeting date:** 15 May 2024

**Reporting to:** Group Board

**Agenda item No:** 11

**Report author:** Chris Dargue, Deputy  
Chief Finance Officer

**Action required:**  
Information

**Delegation status (Board only):**  
Jointly delegated item to Group Board

**Previously presented to:**  
Resources Committee 30 April 2024

## NTHFT strategic objectives supported:

Putting patients first ☐

Valuing our people ☐

Transforming our services ☐

Health and wellbeing ☐

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

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

Deliver care without boundaries in collaboration with our health and social care partners ☐

Make best use of our resources ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

This report relates to Board Assurance  
Framework risk 6.



## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

Not applicable

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The financial position is closely monitored on a monthly basis.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The financial position at the end of Month 12 is a cumulative deficit of £20.1m, which is in line with the year-to-date plan.

## Recommendations:

Members of the Board are asked to:

- Note the financial position for Month 12 2023/24.



# **South Tees Hospitals NHS Foundation Trust**

## **Meeting of the Group Board**

**15 May 2024**

### **Month 12 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 12 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). The agreed plan for North East and North Cumbria (NENC) Integrated Care System (ICS) for 2023/34 was on overall system deficit of £49.9m.

Trusts are required to submit organisational plans which must be consistent with their overall system plan submission. The Trust's plan for the 2023/24 financial year was a deficit of £31.8m, measured on a system financial performance basis.

The NENC ICS forecast year-end position is a deficit of £35m, with additional NHSE funding announced to support this agreed position. Within the overall system forecast position, the Trust's financial control total now stands at a planned deficit of £20.1m for 2023/24.

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

#### **3. DETAILS**

##### **Trust Position Month 12 2023/24**

The Trust plan for the 2023/24 financial year is now to deliver a £20.1m deficit, as part of the ICS forecast to deliver a £35m deficit at a system level.

The Month 12 draft position is outlined in the table below:

STATEMENT OF COMPREHENSIVE INCOME	Actual £000
Operating income from patient care activities	871,825
Other operating income	59,094
Employee expenses	(559,961)
Operating expenses excluding employee expenses	(387,373)
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>(16,415)</b>
<b>FINANCE COSTS</b>	
Finance income	3,031
Finance expense	(37,661)
PDC dividends payable/refundable	0
<b>NET FINANCE COSTS</b>	<b>(34,630)</b>
Other gains/(losses) including disposal of assets	7
Corporation tax expense	
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(51,038)</b>
Add back all I&E impairments/(reversals)	22,088
Remove capital donations/grants/peppercorn lease I&E impact	(1,118)
Remove net impact of consumables donated from other DHSC bodies	
Remove net impact of consumables donated from other DHSC bodies	80
Remove actual IFRIC 12 scheme finance costs	29,297
Add back forecast IFRIC 12 interest on an IAS 17 basis	(6,935)
Add back forecast IFRIC 12 contingent rent on an IAS 17 basis	(10,803)
Remove PDC dividend benefit arising from PFI liability remeasurement	(1,648)
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(20,077)</b>
Less gains on disposal of assets	0
<b>Adjusted financial performance for the purposes of system achievement</b>	<b>(20,077)</b>

At the end of Month 12 2023/24, the cumulative system performance deficit was £20.1m, which is in line with the plan for the financial year.

In line with NHSE guidance, the Month 12 position includes the year-to-date restatement of the Trusts PFI liabilities, following the application of IFRS16, and is monitored against the revised NHSE system performance control total calculation.

Operating income from Patient Care Activities was £871.8m for Month 12, including £13.2m income relating to over-performance against the revised ERF targets and £0.5m accrued funding in relation to the nationally agreed 2023/24 Consultant pay award. Other income received up to Month 12 totalled £59.1m and includes all non-direct patient care income.

The Trust's year-to-date Pay Expenditure totalled £560.0m and includes the increased employer pension contribution which is paid centrally by NHSE but reported at an organisation level. Cumulative expenditure on Agency at Month 12 was £6.2m, which is 1.1% of the gross pay expenditure.

The Trust's total expenditure on Operating Non-pay at the end of Month 12 of 2023/24 was £387.4m, including expenditure on Clinical Supplies £111.2m and Drugs £95.8m. Net Finance

Expenses totalled £34.6m, largely relating to the application of IFRS16 to the Trusts PFI liabilities.

### **Cost Improvement Programme (CIP)**

The Trust's 2023/24 financial plan included 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.

At the end of Month 12, total CIP delivery stood at £39.0m (99%), with 64% of the savings delivered recurrently.

### **Capital**

The Trust's gross capital expenditure totalled £51.9m for the 2023/24 financial year.

The Trust's share of the ICS Capital Departmental Expenditure Limit (CDEL) for 2023/24 amounted to £11.3m. The Trust's capital programme also included external PDC funding for the Friarage Theatre development (£14.3m), Urgent Treatment Centre (£10.0m), Digital (£0.7m) and Diagnostic schemes (£1.0m). Capital expenditure also included the costs of PFI lifecycle replacement and IFRS16 additions.

### **Liquidity**

The cash balance as at the 31<sup>st</sup> March amounted to £54.5m.

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:

<b>Total</b>	<b>Number</b>	<b>£000</b>
Total bills paid in the year	98,034	641,585
Total bills paid within target	95,504	614,003
Percentage of bills paid within target	97.4%	95.7%

### **Statement of Financial Position (SOF)**

The table below shows the SOFP as at 31 March 2024:

	Actual £000's
Property, Plant and Equipment	332,932
Long Term Receivables	1,179
<b>Total Non - Current Assets</b>	<b>334,111</b>
Inventories	16,108
Trade and Other receivables (Invoices Outstanding)	12,621
Trade and Other receivables (Accruals)	22,488
Prepayments Including PFI	19,847
Cash	54,463
<b>Total Current Assets</b>	<b>125,527</b>
Borrowings	(275,436)
Trade and Other Payables	(166,024)
Provisions	(3,199)
<b>Total Current and Non Current Liabilities</b>	<b>(444,659)</b>
<b>Total Net Assets</b>	<b>14,979</b>
Income and Expenditure Reserve	(465,216)
Revaluation Reserve	32,946
Public Dividend Capital	420,773
Other Reserves	26,476
<b>Total Equity</b>	<b>14,979</b>

#### 4. RECOMMENDATIONS

Members of the Board are asked to:

- Note the financial position for Month 12 2023/24

# Agenda Item: 12



## Chair's Log

<b>Meeting:</b> Resources Committee ST	<b>Date of Meeting</b> 30 April 2024															
<b>Connecting to:</b> Group Board	<b>Date of Meeting:</b> 15 May 2024															
Key topics discussed in the meeting																
<b>Financial position for Month 12</b>																
At Month 12 the reported position is a deficit of £20.1m at a system control-total level, which is in line with the 2023/24 plan. This is due to additional central funding allocated to the ICB and subsequently South Tees.																
<b>2024/25 Planning</b>																
The Trust’s planned deficit now stands at £50.9m (an improvement of £1.7m from Draft Plan), inclusive of the PFI IFRS 16 impact. This is the position that will be submitted locally to the ICB on 25th April, in readiness for the formal Final Plan submissions required from all system partners on the 2nd May 2024. The ICS expects to submit an overall planned deficit of c£124m (including the PFI IFRS 16 impact).																
Given the planned deficit position of both the Trust and wider system for 2024/25, significant further review and scrutiny is anticipated.																
<b>Cost Improvement</b>																
Total delivery for 2023/24 was £39m (99% of target). For context, the table below compares performance for 2022/23, and shows a significant increase across all areas:																
	<table><tr><th></th><th>YTD M12 2022/23 £000</th><th>YTD M12 2023/24 £000</th></tr><tr><td>Clinical Collaboratives</td><td>8,232</td><td>16,682</td></tr><tr><td>Corporate</td><td>7,896</td><td>9,280</td></tr><tr><td>Central / Technical</td><td>8,762</td><td>13,025</td></tr><tr><td>Total</td><td>24,890</td><td>38,987</td></tr></table>		YTD M12 2022/23 £000	YTD M12 2023/24 £000	Clinical Collaboratives	8,232	16,682	Corporate	7,896	9,280	Central / Technical	8,762	13,025	Total	24,890	38,987
	YTD M12 2022/23 £000	YTD M12 2023/24 £000														
Clinical Collaboratives	8,232	16,682														
Corporate	7,896	9,280														
Central / Technical	8,762	13,025														
Total	24,890	38,987														
For the full year, 71% of the savings were planned to be recurrent, however the actual was 64%. There has been a continued focus on increasing the value of recurrent savings during the year and this improved from 56% at quarter 1, to 60% at quarter 2, 63% at quarter 3 and 64% for the full year.																
Following the 2024/25 Financial Plan submission, and a subsequent requested increase, the Trust’s CIP target for 2024/25 is currently £47.4m, which represents 5.3% of turnover and 5.5% of operating expenditure. The target of £47.4m is an increase of £8m (20%) compared to 2023/24.																
<b>Clinical Coding</b>																
The committee was presented with an update on the progress in regards to clinical coding, whilst it was acknowledged that progress has been made and that an increase in income has been seen the committee asked for further assurance.																

## Digital

The committee was presented with an update on the digital programme. There continues to be limited assurance with regard to digital which the committee raised as a concern. Further assurance is required.

### EDRMS Business case

The committee received a update on the EDRMS business case, we approved the recommendation in principle but need to obtain confirmation from finance that this is affordable in early years.

Actions	Responsibility / timescale

### Escalated items

#### Key Issues/ Concerns for escalation:

- Coding
- Digital Programme progress

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



# Agenda Item: 13



# Safe Staffing Report

**Meeting date:** 15 May 2024

**Reporting to:** Group Board

**Agenda item No:** 13

**Report author:** Debi McKeown, Interim  
NMAHP Workforce Lead

**Action required:**  
Discussion

**Delegation status (Board only):**  
Jointly delegated item to Group Board

**Previously presented to:**

## NTHFT strategic objectives supported:

Putting patients first ☐

Valuing our people ☐

Transforming our services ☐

Health and wellbeing ☐

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

Deliver care without boundaries in collaboration with our health and social care partners ☐

Make best use of our resources ☐

## CQC domain link:

Safe

## Board assurance / risk register this paper relates to:

BAF Risk 5.1 Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit.



## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

This report details nursing and midwifery staffing levels for March 2024 for inpatient wards.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The requirement to publish nursing & midwifery staffing levels monthly is one of the ten expectations specified by the National Quality Board (2013 and 2016).

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The percentage of shifts filled against the planned nurse and midwifery staffing across the trust has decreased slightly to 97.3% as per Table 1 demonstrating continued good compliance with safer staffing.

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

Nursing and Midwifery Turnover for March 24 has decreased to 7.48%.

## Recommendations:

The Group Board are asked to note the content of the report.

# Nursing and Midwifery Workforce Exception Report

March 2024

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

## 1. Safer Staffing Governance

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

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

**Table 1 Trust Planned versus Actual**

Overall, Ward Fill Rate		January 24	February 24	March 24
	RN/RMs (%) Average fill rate - DAYS	87.1%	86.4%	86.5%
	HCA (%) Average fill rate - DAYS	97.8%	97.3%	94.7%
	NA (%) Average fill rate - DAYS	100.0%	100.0%	100.0%
	TNA (%) Average fill rate - DAYS	100.0%	100.0%	100.0%
	RN/RMs (%) Average fill rate - NIGHTS	93.5%	91.9%	92.5%
	HCA (%) Average fill rate - NIGHTS	107.8%	105.5%	104.3%
	NA (%) Average fill rate - NIGHTS	100.0%	100.0%	100.0%
	TNA (%) Average fill rate - NIGHTS	100.0%	100.0%	100.0%
	<b>Total % of Overall planned hours</b>	<b>98.3%</b>	<b>97.6%</b>	<b>97.3%</b>

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 194 total shifts (1928.80) logged via SafeCare during March which was a decrease on February's hours. Whilst redeployment remains an unpopular option staff are reassured that every solution is explored prior to any redeployment.

The SafeCare Chair is compliant with the aim to redeploy within collaborative. This has been well received by staff and reduced some anxiety around moving to other areas. Ongoing work with the legacy mentors, workforce lead and operational matron to produce a well being focused redeployment process. **(Appendix 2)**

Percentage of overtime has decreased year on year since 2021. The current overtime percentage based on the NHSp vs Overtime report has remained static at 6% but is still considerably lower compared to last year's 10% in March.

Nursing turnover has decreased from 7.82% to 7.48%. This nursing turnover excludes employee external transfer and flexi-retirement these reasons however are included in the fortnightly workforce meetings as that is what is reported at Trust level.

## **2. Nurse Sensitive Indicators**

No staffing factors were identified as part of any SI review process in March 24.

## **3. Red Flags Raised through SafeCare Live**

March has shown an increase in the number of red flags raised through SafeCare live. There were 28 red flags relating to workforce, with shortfall in RN time being the most common (25). For red flags for less than 2 RNs, the SafeCare log provides a documented resolution to this red flag, therefore no shifts had less than 2 RNs throughout March.

## **4. Datix Submissions**

There were 52 Datix submissions relating to staffing in March. The majority of Datix were for staff shortages Critical Care Outreach and Northallerton District Nursing. Redeployment decisions were made following safer staffing discussions with ward managers and matron agreement.

The Nursing Workforce Team continues to work closely with HR senior team and the temporary staffing providers (NHSp) to improve fill rates and maintain safe staffing.

## **5. Vacancy & Turnover**

Registered nursing and midwifery vacancy rate remains low at 1.62 WTE for March 24. Healthcare assistant vacancy rate for March 24 is 17 WTE.

## **6. Nurse Recruitment and Retention**

Nurse recruitment and vacancy fill remains healthy. The trust has 23 nurses who are currently supporting the nurse ambassador programme. We are working with over 150 local primary and secondary schools to provide career sessions to encourage the younger generation to think about a future career in the NHS.

20 T-Level students have been introduced into the trust. This industry placement provides a real life experience in clinical areas. This work supports future proofing our nursing workforce. The Legacy mentors continue to provide impartial pastoral support to our nurses and health care support workers. Their impact is supporting the retention of experienced staff.

## **7. RECOMMENDATIONS**

The Board is asked to receive this report and be assured that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

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

Wards	Physical Bed Capacity	Open Bed Capacity	Total CHPPD	Occupied Bed No – Mar -24 (at midnight)	Average fill rate - Days RN/ RM (%)	Average fill rate - Days HCA (%)	Average fill rate – Days NA (%)	Average fill rate – Days TNA (%)	Average fill rate - Nights RN/ RM (%)	Average fill rate - Nights HCA (%)	Average fill rate – Nights NA (%)	Average fill rate - Nights TNA (%)	Comments
Ward 1	30	30	801	26	90.0%	115.7 %	100.0 %	-	92.1%	100.1 %	100.0 %	100.0 %	
Ward 31 (2)	35	35	1058	34	89.5%	85.6%	-	100.0 %	88.3%	94.2%	-	100.0 %	
Ward 3	28	28	846	27	108.8 %	121.4 %	100.0 %	100.0 %	96.4%	155.1 %	100.0 %	100.0 %	
Ward 4	24	24	673	22	100.5 %	111.1 %	-	-	85.4%	111.1 %	-	-	
Ward 5	30	30	770	25	83.3%	89.8%	-	100.0 %	98.9%	152.9 %	-	-	
Ward 6	31	31	927	30	80.3%	124.9 %	-	100.0 %	103.8%	99.5%	-	-	
Ward 7	31	31	908	29	88.1%	104.3 %	100.0 %	100.0 %	93.5%	97.8%	-	-	
Ward 8	30	30	865	28	93.8%	90.3%	-	100.0 %	100.0%	95.3%	-	100.0 %	
Ward 9	34	32	1017	33	82.0%	158.2 %	-	100.0 %	96.6%	168.4 %	-	-	
Ward 10	27	27	828	27	84.7%	61.0%	-	100.0 %	96.7%	129.0 %	-	100.0 %	
Ward 11	28	28	851	27	83.7%	81.3%	100.0 %	100.0 %	96.7%	138.6 %	-	100.0 %	

Ward 12	30	30	909	29	101.3 %	159.3 %	-	-	99.2%	199.5 %	-	-	
Ward 14	23	23	625	20	86.5%	90.1%	-	100.0 %	96.1%	114.5 %	-	-	
Ward 24	23	23	656	21	94.6%	130.7 %	-	100.0 %	97.8%	197.8 %	-	-	
Ward 25	21	21	560	18	88.4%	152.4 %	-	-	91.4%	126.1 %	-	-	
Ward 26	18	19	559	18	112.2 %	133.0 %	-	-	96.8%	148.3 %	-	-	
Ward 27	15	15	315	10	84.1%	44.6%	-	100.0 %	100.1%	56.5%	-	100.0 %	
Ward 28	30	30	828	27	86.7%	102.9 %	100.0 %	-	97.4%	95.4%	100.0 %	-	
Ward 29	27	27	811	26	97.4%	98.2%	-	100.0 %	97.8%	97.2%	-	100.0 %	
Cardio MB	9	9	248	8	98.8%	105.9 %	-	-	97.3%	122.2 %	-	-	
Ward 32	22	21	621	20	109.0 %	108.0 %	-	100.0 %	99.9%	98.1%	-	-	
Ward 33	23	23	665	21	81.5%	95.3%	-	100.0 %	97.8%	95.5%	-	100.0 %	
Ward 34	34	34	850	27	78.4%	117.7 %	-	100.0 %	95.6%	122.0 %	-	100.0 %	RN vacancies.
Ward 35	26	26	635	20	116.3 %	114.3 %	-	-	124.3%	108.5 %	-	-	
Ward 36	34	34	910	29	98.2%	101.7 %	100.0 %	100.0 %	94.2%	130.2 %	-	-	
Ward 37 - AMU	30	30	779	25	92.7%	131.8 %	100.0 %	-	92.1%	107.7 %	100.0 %	-	

Spinal Injuries	24	24	604	19	90.5%	70.2%	-	100.0 %	99.1%	98.9%	-	-	
CCU	14	14	306	10	90.3%	115.6 %	-	-	95.5%	-	-	-	
Critical Care	33	33	679	22	90.0%	105.7 %	-	100.0 %	91.2%	110.9 %	-	100.0 %	
CICU JCUH	12	10	224	7	77.8%	79.1%	-	-	76.2%	103.2 %	-	-	Short term sick
Cardio HDU	10	10	239	8	87.2%	98.4%	-	-	83.2%	100.0 %	-	-	
Ward 24 HDU	8	8	187	6	90.7%	159.6 %	-	-	77.2%	170.7 %	-	-	Short term sick
CDU FHN	22	22	491	16	83.3%	95.4%	100.0 %	100.0 %	97.8%	96.6%	100.0 %	100.0 %	
Ainderby FHN	27	22	791	26	87.9%	96.0%	-	-	87.3%	91.0%	-	-	
Romanby FHN	26	22	782	25	88.0%	99.6%	100.0 %	-	93.9%	103.4 %	-	-	
Gara FHN	21	21	204	7	72.8%	73.5%	-	-	93.9%	40.4%	-	-	Low elective due to IA
Rutson FHN	17	17	502	16	72.9%	91.9%	-	100.0 %	99.9%	89.8%	-	100.0 %	Sickness
Friary	18	18	459	15	91.4%	111.3 %	-	100.0 %	98.6%	101.1 %	-	-	
Zetland Ward	31	29	914	29	68.8%	81.7%	100.0 %	-	89.0%	102.4 %	100.0 %	-	Sickness
Tocketts Ward	30	26	866	28	86.0%	97.7%	-	100.0 %	94.1%	94.5%	-	100.0 %	
Ward 21	25	25	567	18	75.0%	112.1 %	100.0 %	-	73.6%	4.5%	100.0 %	-	Sickness
Ward 22	17	17	189	6	59.3%	59.3%	-	-	69.9%	87.1%	-	-	Sickness



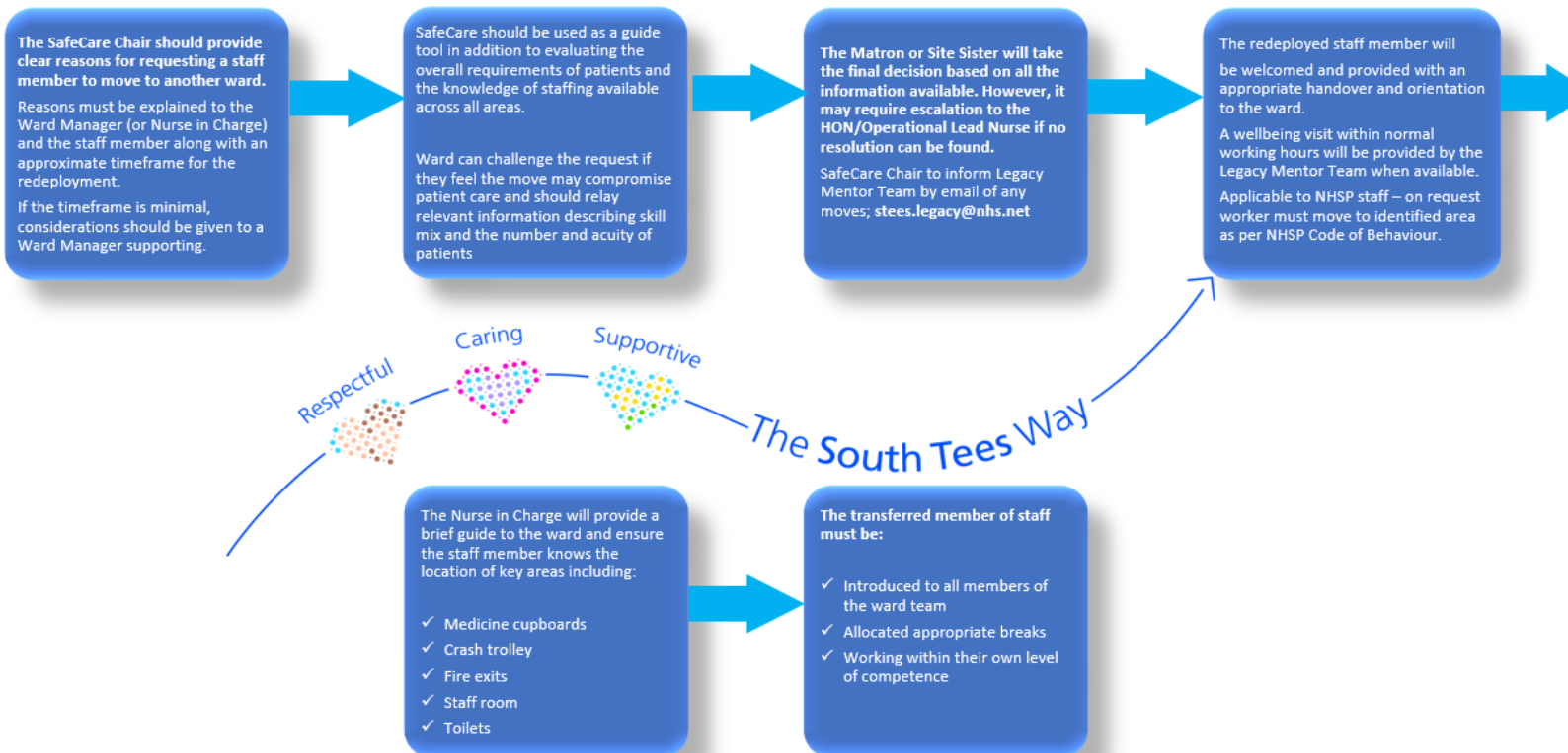
Delivery Suite	-	-	344	11	97.0%	97.0%	-	-	96.3%	91.6%	-	-	
Neonatal Unit	35	35	723	23	78.4%	78.4%	-	-	82.4%	-	-	-	
PCCU	6	6	94	3	75.0%	75.0%	-	-	75.8%	16.1%	-	-	Sickness
Ward 17	-	-	742	24	98.2%	98.2%	-	-	107.5%	75.5%	-	-	
Ante Natal	-	-	320	10	97.4%	97.4%	-	-	93.5%	-	-	-	
Maternity FHN	-	-	4	0	61.2%	61.2%	-	-	81.5%	-	-	-	Closure of the unit due to staffing issues

## Appendix 2

### Nursing Staff: Redeployment



South Tees Hospitals  
NHS Foundation Trust



# Agenda Item: 14



# CQC Compliance Update

**Meeting date:** 15 May 2024

**Reporting to:** Group Board

**Agenda item No:**14

**Report author:** Rachel Scrimgour,  
Compliance Manager STH / Ian Bennett,  
Deputy Director of Quality STH / Rue  
Musekiwa, Deputy Chief Nurse UHNT

**Action required:**  
Assurance

**Delegation status (Board only):**  
Jointly delegated item to Group Board

**Previously presented to:**

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

Deliver care without boundaries in collaboration with our health and social care partners ☒

Make best use of our resources ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

This report is linked to the Quality Board Assurance Framework, North Tees & Hartlepool NHS FT



This paper is aligned to the Board Assurance Framework, with all risks recorded on the risk register, South Tees Hospitals NHS FT

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

None to escalate.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

### North Tees and Hartlepool

- There are 3 open CQC enquiries; one of which is pending closure from CQC.
- A look back and check and challenge exercise is planned during the coming months to confirm the completed actions are embedded within the organisation.

### South Tees

- 1 CQC enquiry was received in April and is pending closure from CQC.
- 2 Must do and 5 should do actions are on track to be completed over the coming months.
- In maternity services, 7 Must do actions and 6 should do actions are on track to be completed over the coming months.

### Group

- Both sites are taking appropriate action on the new CQC well led assessment and the revised guidance on visiting in care homes, hospitals and hospices.
- Both sites are exploring how InPhase can support the monitoring of compliance against the new CQC Framework.

Both sites had a CQC engagement meeting in April. North Tees & Hartlepool had a virtual meeting and South Tees had an on-site meeting, which included a visit to ED and Ward 8.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

### North Tees & Hartlepool

- There were 13 'Must Dos' and 18 'Should Dos', identified in the September 2022 inspection. All have been addressed and are were completed since September 2023.

### South Tees

- The inspection in May 2023 identified 13 'Must Dos' and 20 'Should Dos'. 11 Must Do actions have been completed and 15 Should Do actions completed.
- The inspection of Maternity Services in August 2023 at James Cook and Friarage Hospital identified 7 Must Do actions and 12 Should do actions. No Must do actions have been completed and 6 Should do actions have been completed

## Recommendations:

- The Board are asked to be aware of the open CQC enquiries.
- The Board are asked to gain assurance regarding the ongoing work in relation to the must do and should do actions.



## Care Quality Commission (CQC) Update Report

### 1. Purpose of the Report

This paper provides an update on the current CQC enquiries, actions, and themes. It also provides an update on CQC's new single assessment framework and national CQC news.

### 2. Background

The CQC monitors, inspects, and regulates NHS trusts. NHS Trusts, and other individuals, partnerships and organisations that provide regulated activities set out in the Health and Social Care Act 2008 (the 'Act') and its associated regulations, must be registered with the CQC. The CQC assess compliance with the requirements of the relevant regulations by monitoring the quality of care provided using feedback from staff, patients, and partners, and changes to information held in CQC Insight, and by inspection.

Each Trust needs to address the findings of previous inspections, monitor compliance with regulations and quality of care, identify areas of weakness, and ensure improvement where this is required. The aim is to embed this in robust systems and processes that will provide ongoing assurance of compliance with CQC fundamental standards and readiness for future CQC inspections.

### 3. Trust Wide CQC Report and Action Plan update

#### North Tees & Hartlepool

The CQC published a report in September 2022, following inspecting two core services maternity and children and young people. The report identified that the ratings for the Trust were 'good' in two of the domains and 'requires improvement' in three domains: safe, effective and well-led. The Trust's overall rating changed from 'good' to 'requires improvement'. The report outlined 13 'Must Dos' and 18 'Should Dos'. The Trust has addressed all the CQC Must and Should do actions from the inspection and they were all closed in September 2023.

The Trust has focused on improving governance oversight to ensure staff and stakeholders have a better understanding of the improvements taking place. Progress reports and evidence of embedded action is monitored through the Trust CQC Operational Group, Quality Assurance Council with escalation to the Executive Management Team. Progress reports are also provided to the Quality Committee and Board. We have recently implemented check and challenge sessions working with care groups and teams to ensure that evidence actions are embedded.

The priority for 24/25 is to fully understand the new CQC single assessment approach. A ten-week intensive training programme has been completed for senior managers, with on-going training across Care groups on CQC Quality statements for all staff groups. We have communicated across the organisation in relation to continuous improvement and the ability to demonstrate improvements in practice and delivery of high quality safe care for our patients.

Due to the ratings given at this inspection, the trust's overall rating changed from good to requires improvement as set out in the table below.

Overall rating for this Trust	Requires Improvement
Are services at this Trust safe?	Requires Improvement
Are services at this Trust effective?	Requires Improvement
Are services at this Trust caring?	Good
Are services at this Trust responsive?	Good
Are services at this Trust well-led?	Requires Improvement

## South Tees - Trust Wide CQC Report and Action Plan

The table below demonstrates continued work on the action plan. Since the last report, there has been a further 3 must do actions completed and a further 5 should do actions completed.

Actions	Total	Completed	In Progress
Must Do requirements	13	11	2
Should do recommendations	20	15	5

The two remaining must dos and five remaining should dos are on track to be completed over the coming months.

The overall rating for the Trust changed from Requires Improvement to Good, following the last inspection, as set out in the table below.

Overall rating for this Trust	<b>Good</b>
Are services at this Trust safe?	<b>Good</b>
Are services at this Trust effective?	<b>Good</b>
Are services at this Trust caring?	<b>Good</b>
Are services at this Trust responsive?	<b>Good</b>
Are services at this Trust well-led?	<b>Good</b>

The table below details the must do actions which are in progress;

Must do actions
The service must ensure that all staff complete mandatory training and safeguarding training to meet the trusts standard of 90% <b>(ED)</b>
The trust must ensure that pain relief is given to patients when they need it and there are no delays to prescribed pain relief being administered. <b>(Surgery)</b>

The table below details the 'should do actions' which are in progress:

Should do actions
The trust should ensure a more robust flagging system for risks associated with patients experiencing mental health crisis attending the department is in place. <b>(ED)</b>
The trust should consider ways to improve provision of clinical supervision for nursing staff at <b>Friarage Hospital</b> .
The service should ensure that a minimum of 50% of registered nursing staff have a post registration award in <b>critical care</b> nursing in line with GPICS recommendations.
Patients discharged from the critical care unit should have access to an intensive care follow up programme. <b>(Critical Care)</b>
The service should review its waiting and overnight provision and facilities for families and visitors to the unit to ensure it is meeting current need. <b>(Critical Care)</b>



## South Tees Maternity Inspection update

An action plan was developed to address the 7 Must Do and 12 Should Do recommendations and was returned to CQC by the 15 February 2024. The actions are being cross referenced and updated within the current maternity improvement plan.

The table below summarises the status of the actions identified:

Maternity Actions	Total	In Progress	Completed
Must Do requirements	7	7	0
Should do recommendations	12	6	6

There continues to be work ongoing within Maternity to review and sign off the remaining actions over the coming months.

The table below details the 'must do actions' which are in progress:

Must Do Actions
The service must ensure staff complete regular skills and drills training
The service must review the escalation or surge process to ensure that on call rota is effective and there is not an overreliance on specialist midwives which impact negatively on staffing out of hours
The service must monitor compliance with the calculation, escalation and timely review of MEOWS and take action to improve compliance, and ensure instances of deterioration are identified and actioned promptly
The service must ensure all governance and risk concerns are followed up and any mitigations applied are effective and reviewed
The service must address the environmental and equipment shortfalls that affect the safety, privacy and dignity of women, birthing people and babies
The service must ensure there is a process to ensure oversight and management of policies, guidance and procedures to ensure they are reviewed in a timely manner, are clear and reflect national guidance
The service must ensure they have regular audit to demonstrate compliance with standards and procedures, to identify gaps, implement and monitor improvement

The table below details the 'should do actions' which are in progress:

Should Do Actions
The service should ensure full security of delivery suite and fit for purpose birthing pools and evacuation equipment if water births are to be offered as an option
The service should continue to explore ways to improve the current staffing challenges
The service should complete the work on the vision and strategy for maternity services
The service should consider separating data collection from the James Cook University Hospital and use this to drive improvements.
The service should consider how they can raise the profile of the Friarage Maternity Centre.
The service should consider how they improve the model of care to ensure it is fit for purpose.

#### 4. CQC Enquiries and Themes

When the CQC receive information of concern, they share this with Trusts as a specific enquiry and ask for a response. There are a number of sources of CQC enquiries including from our own incident reporting to StEIS, NRLS and RIDDOR, complaints from patients, families and carers, whistleblowing, inter-agency safeguarding concerns, Local Authority concerns etc.

##### North Tees & Hartlepool

The number of enquiries received in the last 4 months and themes are included below:

Month	No. of enquiries	Themes
January 2024	2	<ul style="list-style-type: none"><li>• Staff concerns relating to specific service</li><li>• Specific case raised by family</li></ul>
February 2024	2	<ul style="list-style-type: none"><li>• Safeguarding – discharge arrangements – remains open for internal Trust report to be shared.</li><li>• Culture</li></ul>
March 2024	0	
April 2024	4	<ul style="list-style-type: none"><li>• Discharge communication – from two Safeguarding cases previously reviewed and closed by local authority with no further action.</li><li>• Cleanliness standards – provided PLACE audits etc</li><li>• Provision of medical equipment – shared asset register</li><li>• Nursing care and professional behaviour</li></ul>

There are currently three open CQC enquiries:

- all information has been provided for one and closure is awaited.
- one is awaiting completion of a safeguarding review, once this is finalised the CQC want to receive the report.
- the latest enquiry required an interim summary. Additional improvement planning is underway.

Themes within the enquiries are shared with the Quality Assurance Council and the CQC Operational group, to support overarching improvement and evidence collation. Specific areas are shared at specific Trust groups e.g. Nutrition and hydration, Infection Control Committee, etc.

##### South Tees

The number of enquiries received in the last 4 months and themes are included below:

Month	No. of enquiries	Themes
January 2024	13	Treatment, ED flow, resources, communication, patient experience, discharge, safeguarding
February 2024	3	Safeguarding, Nutrition and Hydration, Death of a person.
March 2024	0	
April 2024	1	Staff behaviour

The Trust did not receive any CQC enquiries in March. The Trust received one new CQC enquiry in April relating to staff behaviour. This was investigated and a response returned to the CQC within 4 days.

## **5. CQC Group Update**

The new CQC portal went live on 11 March 2024 however access to this has been delayed due to external issues. CQC are working to fix the issues with creating accounts to access the new provider portal and make the functionality available including the ability to delegate access to others in the organisation and how providers upload and share information with CQC for a better experience.

In relation to the Nominated Individual (NI), the relevant documentation is being finalised to register the Group Chief Nurse as the NI for both Trusts. Once this is complete registration in the portal can be completed and once the functionality on the portal is available then access can be delegated by the Chief Nurse to colleagues within the Trusts to access and upload relevant evidence.

## **Engagement Meetings**

A virtual CQC Engagement meeting for North Tees & Hartlepool was held on 25 April. The main discussion included:

- A CQC update on the assessment of the well-led key questions and an update regarding the new fundamental standard (Regulation 9a relating to Visiting and accompanying in care homes, hospices and hospitals).
- Staffing, Right to reside / Readmission rates, ED Flow model, RTT
- RACC – Ongoing work in non-clinical areas
- Group and Senior Leadership Team, details of Clinical Boards outlined.
- Update on Paediatric services,
- Open enquiries discussed

## **South Tees**

An onsite face to face engagement meeting for South Tees took place on 23 April 2024. The main discussion included:

- A CQC update on the assessment of the well-led key questions and an update regarding the new fundamental standard (Regulation 9a relating to Visiting and accompanying in care homes, hospices and hospitals).
- Open CQC enquiries and action plans
- Staffing, ED and the opening of the new UTC, Section 42 Referrals and DoLS
- IT update and implementation of the new MIYA platform
- Update on the recent Regulation 28
- The CQC Inspector and Assessor then conducted a walkaround of the Emergency Department and Ward 8.

## **6. CQC National Update**

On 8 April 2024 the CQC published full guidance to support assessments of the well-led key question for NHS trusts. The first trust-level assessments under the single assessment framework will be based on an assessment of the 8 quality statements under the well-led key question.

The CQC have advised that they are currently reviewing and building information on the frequency of assessments under the new framework. This is based on feedback and data gathering during this period of transition and they aim to publish timelines for this around summer.

On the back of feedback received during the transition to the new framework, the CQC have advised they are reviewing how the assessment team structure is working in practice. This may result in some changes to ways of working and how individuals and teams respond to providers. CQC will keep providers updated on any changes that come from this work. Their intention is to talk more about this during April and explain how to get in touch in the most effective way.

## **7. Recommendations**

Members of the Board of Directors are asked to:

- Be aware of the open CQC enquiries and themes.
- Gain assurance regarding the ongoing work in relation to the outstanding must do and should do actions.



# Agenda Item: 15



## Chair's Log

<b>Meeting:</b> Quality Committee NT&H	<b>Date of Meeting:</b> 22 April 2024
<b>Connecting to:</b> Group Board	<b>Date of Meeting:</b> 15 May 2024
<b>Key topics discussed in the meeting</b>	
<p>Agenda items discussed at the Quality Committee meeting included;</p> <ul style="list-style-type: none"> <li>• Monthly Integrated Performance Report</li> <li>• Annual VTE Trend Analysis</li> <li>• Liaison Psychiatry Update</li> <li>• Executive Summary Reports, Claims Report, Minutes and Summaries of Meetings</li> </ul> <p><b>Infection, Prevention &amp; Control</b></p> <p>Infection rates continue to be monitored with Clostridium Difficile still higher than the threshold, although a slight decrease from the previous month (8 against a threshold of 4). The Trust has the lowest number in the region, but fogging is still increased in high risk areas, as well as continual reinforcement of correct infection control techniques. Ward 38 is a particular concern. Environmental swabbing has been negative. MSSA has reduced in the last month, the main source is skin and soft tissue. Pseudomonas Aeruginosa is at 4 against a threshold of 3, and this is high across the region. Regional work is happening to help staff work towards reducing this.</p> <p><b>Readmissions</b></p> <p>Readmissions are still higher than target, and a deep dive audit on EAU has shown that community pathways have not been strong, resulting in readmissions. Working is underway to consider an in-situ GP who can help with looking at the right way to return patients to their home.</p> <p><b>Cancer Standards</b></p> <p>Cancer 62 day standard has not been met. Proactive work has been undertaken by clinical and secretarial teams to look at backlog, clinical reprioritisation of patients and extra clinics where necessary. This remains a risk and the Cancer Working Group are looking at this.</p> <p><b>A&amp;E</b></p> <p>The number of ambulance arrivals to A&amp;E continues to remain high and performance has increased slightly (99.7%). It was noted that when there is a reduced demand on ambulance service, this has a negative effect on the community outreach team, in that the correct service is not necessarily with the patient. Wider work with NEAS and the ICB is ongoing to ensure that the correct service is delivered at the point of need (seem to be hitting the target but missing the point).</p> <p>Mental Health support for patients in A&amp;E continues to be monitored and shows a slight positive improvement. Discussions with TEWV are ongoing and positive, and plan to trial staff to be based in A&amp;E.</p> <p><b>Stranded Patients</b></p> <p>The number of super stranded patients is still high at 62 against a target of 43, and this is due to the complexity of needs on discharge that requires bespoke arrangements. This has highlighted the need for continual work on integrated pathways.</p>	

### **Waiting Lists**

To manage the backlog of waiting lists, long waiters have been contacted to identify reappointments. Extra ad-hoc evening and weekend clinics are being supported.

### **Smoking Cessation**

Ongoing work within maternity services and Quality Improvement Programmes continues to show a positive (although slow) improvement in smoking cessation.

### **F&FT**

Friends and Family test continues to improve and is now at 84% return.

### **Actions**

### **Responsibility / timescale**

No key actions to note.

### **Escalated items**

#### **Key Issues/ Concerns for escalation:**

There are no key issues or concerns for escalation.

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

The Trust has declared compliance with all 10 safety actions within Maternity.

PSIRF training and work is progressing well.

### **Risks (Include ID if currently on risk register)**

### **Responsibility / timescale**

There were no new risks identified from the meeting.

## Chairs Log

<b>Meeting:</b> Quality Assurance Committee	<b>Date of Meeting:</b> 24/04/2024
<b>Connecting to:</b> Board of Directors	<b>Chair:</b> Miriam Davidson
<b>Key topics discussed in the meeting</b>	
<p>The following Assurance reports were considered:</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework, 9 reports at April 2024 QAC were considered for assurance for effective management of principal risks. Reports included :</li> <li>• Monthly Integrated Quality and Performance</li> <li>• Draft Annual Quality Account ... good progress has been made on developing the report, QAC noted that the draft quality priorities for next year are being developed jointly with North Tees Trust. The draft is being shared with external stakeholders for comment. The final report will be shared will be presented to QAC on 29/05/2024 for approval on behalf of the Board.</li> <li>• Pressure Ulcer Improvement Plan a comprehensive plan to improve the care delivered to patients and a reduction in preventable harm.</li> <li>• Maternity Workforce ...the report provided assurance to QAC and Trust Board that there is an effective system in place for midwifery workforce planning and monitoring of safe staffing levels.</li> <li>• End of Life strategy... the strategy is currently being updated, regional links have been made with the ICB and local joint working has commenced with North Tees staff.</li> <li>• Risk Summit updates... an update was provided on the internal risk summits , the work is continuing and further progress reports will be brought to QAC</li> <li>• Cancer pathway/ breach report ...referrals continue to increase and significant pressures remain on the system. The report described key regional priorities for 2024/2025 and the NENC local cancer priorities</li> <li>• Clinical audit forward plan... the paper described in detail the clinical priorities and process for agreeing a final forward plan was agreed.</li> <li>• Providing a Safe Environment Group report.... this was the first report to QAC since the revised governance of the services. Areas to note were the external assurances, positive results of the PLACE assessment and the progress in resolving matters raised in the PwC fire audit.</li> </ul>	
<b>Actions</b>	<b>Responsibility / timescale</b>
<ul style="list-style-type: none"> <li>• The update to the End of Life strategy is planned to be completed by end of May 2024</li> </ul>	J. Lamb. June 2024
<ul style="list-style-type: none"> <li>• Final Annual Quality Account report to QAC on behalf of Board</li> </ul>	I Bennett. May 2024
<ul style="list-style-type: none"> <li>• * Falls report , a progress on actions</li> </ul>	K Jones. May 2024



## Escalated items

- Other assurance reports discussed and approved at QAC included QAC sub- group effectiveness reviews, QAC effectiveness review and an update on the Internal Audit recommendations for clinical audit.
- Committee members were informed that a relationship meeting with the CQC and visit on site earlier in the week (03/04/2024) had been positive
- It was noted in discussion of the Estates, Facilities and Capital paper that there were gaps in support for Community sites, these sites are overseen by NHS Property Services, further engagement is being progressed.
- QAC was informed of the good news that the Trust has received a Healthwatch South Tees Award for Innovation in recognition of the Targeted Lung Health Check work. Congratulations to all the team involved.

### Risks (Include ID if currently on risk register)

### Responsibility / timescale

No risks to add on 24/04/2024

## Chair's Log

<b>Meeting:</b> NTHFT Audit Committee	<b>Date of Meeting:</b> 29 January 2024
<b>Connecting to:</b> Group Board	<b>Date of Meeting:</b> 15 May 2024
<b>Key topics discussed in the meeting</b>	
<ul style="list-style-type: none"> <li>• Board Assurance Framework – received and noted, assurance gained.</li> <li>• Update from Chair of NT Resources Committee on use of BAF – received and noted, assurance gained.</li> <li>• IPR (December 2023) – received and noted, assurance gained.</li> <li>• Internal Audit Progress Report (December 2023) – received and noted, some assurance gained (but see action below).</li> <li>• Counter Fraud Progress Report (December 2023) – received and noted, assurance gained (see action below).</li> <li>• External Audit Draft Plan – received and noted.</li> <li>• Overdue Policies – received and noted, some assurance gained (see action below).</li> <li>• Fit &amp; Proper Person Report – received and noted, assurance gained (see action below).</li> <li>• GGI Governance Update – received and noted, assurance gained.</li> <li>• Statement of Debtors – received and noted.</li> <li>• Losses &amp; Compensation Payments Report – received and noted.</li> <li>• Summary Single Tender Action Report – received and noted.</li> </ul>	
<b>Actions</b>	<b>Responsibility / timescale</b>
<ul style="list-style-type: none"> <li>• Quoracy of Committee as only 2 NEDs are members – AF and CM to discuss with Chair and check diaries to ensure meetings are quorate, prior to next meeting.</li> <li>• Internal Audit Progress Report highlighted an increase in the number of overdue IA recommendations – (a) an update on these to be brought to the next meeting (AuditOne); (b) AF to raise at the next Board meeting; (c) IT audit to be cancelled and moved to 2024/25 plan.</li> <li>• Counter fraud – Conflict of Interest questionnaire required by end March 2024 (SSH).</li> <li>• A further update on overdue policies to be brought to the April 2024 meeting (SG).</li> <li>• Fit &amp; Proper Person Framework – (a) create an SOP for the process; (b) send letter of confirmation re Joint Chair and Joint CEO to STH.</li> </ul>	
<b>Escalated items</b>	
<b>Key Issues/ Concerns for escalation:</b> <ul style="list-style-type: none"> <li>• Internal Audit Progress Report highlighted an increase in the number of overdue IA recommendations – (a) an update on these to be brought to the next meeting (Audit One); (b) AF to raise at the next NTH Board meeting.</li> </ul> <b>Sharing good practice/Things to celebrate:</b> <ul style="list-style-type: none"> <li>• Independent Governance Review is complete and assurance has been gained.</li> <li>• Separate BAF domain for risks relating the Trust's Estate has been created and is operational.</li> </ul>	
<b>Risks (Include ID if currently on risk register)</b>	<b>Responsibility / timescale</b>
No new risks identified.	

## Chair's Log

<b>Meeting:</b> NTHFT Audit Committee	<b>Date of Meeting:</b> 30 April 2024
<b>Connecting to:</b> Group Board	<b>Date of Meeting:</b> 15 May 2024
<b>Key topics discussed in the meeting</b>	
<ul style="list-style-type: none"> <li>• Board Assurance Framework – the report was received and noted and assurance gained.</li> <li>• Referral from Quality Committee – Clinical Audit Update. Delays and reasons noted, along with progress made since last Quality Committee meeting. Will be discussed again at QC (see action below).</li> <li>• IPR March 2024 – received and noted, assurance gained.</li> <li>• Internal Audit Progress Report – received and noted, some improvement noted on overdue recommendations since previous AC meeting, some assurance gained (but see action below).</li> <li>• Internal Audit Plan – received, discussed and agreed. Committee confirmed that the draft plan reflected the organisation's strategic objectives and risks and will provide the assurance the Committee requires.</li> <li>• Counter Fraud Progress Report – received and noted, assurance gained, proposed CF plan for 2024/25 approved.</li> <li>• External Audit Update – received and progress to date duly noted.</li> <li>• Overdue Policies – received and noted, some assurance gained (but see action below).</li> <li>• Statement of Debtors – received and noted; agreed report now to be brought to every other AC meeting.</li> <li>• Losses &amp; Compensation Payments Report – received and noted; agreed report now to be brought to every other AC meeting.</li> <li>• Summary Single Tender Action Report – received and noted. Concerns expressed at the number of instances in this report, and whether effective processes are in place to control use of single tenders. See action below.</li> </ul>	
<b>Actions</b>	<b>Responsibility / timescale</b>
<ul style="list-style-type: none"> <li>• Quality Committee referral – (a) update will be discussed at May 2024 Quality Assurance Council; (b) outstanding audits to be discussed at next Quality Committee; (c) Update report to next Audit Committee (TH).</li> <li>• Internal Audit progress update to come to next AC meeting.</li> <li>• Update on overdue policies to come to next meeting, including more information on due dates and key responsibilities (SG).</li> <li>• Single Tender Action Report – update to come to next AC for a deep dive, including a reformatted report that (a) reviews processes to give assurance that the system for planning and managing these matters is effective, including the use of permitted reasons for waiving the normal requirements (e.g. reasons for urgent cases, only one provider genuinely available etc.); (b) removes items that are not actually procurement based (e.g. leases) (KHH).</li> <li>• Annual forward plan for AC to be produced for next meeting (SI/KHH), including (a) scheduled deep dives on key issues (e.g. receipt and discussion of IA risk management report in due course); and (b) assurance updates from the new committees, which will need to report separately to both Trusts' Audit Committees on an agreed schedule.</li> </ul>	
<b>Escalated items</b>	
<b>Key Issues/ Concerns for escalation:</b>	
None at this time (actions agreed for outstanding clinical audits - see above).	

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

- Internal Audit Plan approved.
- Annual Counter Fraud plan approved.
- Good assurance received on operation of BAF and IPR, and on counter fraud.

Risks (Include ID if currently on risk register)	Responsibility / timescale
No new risks identified.	

# Agenda Item: 16



**CONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN  
PUBLIC ON TUESDAY 2 APRIL 2024 IN ROOM 10 STRIVE**

**Present**

Professor D Bell	Chairman
Ms S Hunter	Group Chief Executive
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
Dr M Stewart	Group Chief Medical Officer
Dr H Lloyd	Group Chief Nurse
Mr C Hand	Group 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 R Metcalf	Group Chief People Officer
Mr M Imiavan	Digital Director
Mr P Sturdy	Director of Estates, Facilities and Capital Planning
Mr S Irvine	Company Secretary – North Tees

**In attendance**

Mrs J Crampton	Lead Governor
Mrs D Monkhouse	Chair – Senior Medical Staff Forum
Mr N Atkinson	Group Managing Director
Ms R Shaher	Staffside Representative

**Observing**

Mrs R Dalton	Group Director of Communications
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**BoDP/24/001**

**WELCOME AND INTRODUCTIONS**

The Chairman welcomed members to the meeting. He extended his welcome to Mr Atkinson and Mrs Dalton who are in attendance and have been appointed into Group roles, and also to Mr Irvine, Company Secretary from North Tees & Hartlepool NHS Trust, who is supporting the meetings in the absence of Mrs White.

**BoDP/24/002**

**APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mrs J White, Head of Governance & Company Secretary and Mr S Peate, Chief Operating Officer.

**BoDP/24/003**

**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”.

**BoDP/24/004      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. Mr Dias commented that he would forward changes to his declaration to Mrs Evans, so they can be reflected in meetings going forward.

**BoDP/24/005      MINUTES OF THE LAST MEETINGS**

The minutes of the meetings held on 6 February 2024 were agreed as an accurate record.

**BoDP/24/006      MATTERS ARISING**

The matters arising were considered and updated.

BoD/23/083 – Dr Lloyd offered to work with Mrs White to arrange a date for a staff story from the experience of an international nurse.

**BoDP/24/007      GROUP CHAIRMAN’S REPORT**

Prof Bell updated the meeting with regards to the Group Development and joint working. Governance arrangements are progressing and it was agreed to recommend to the statutory Board delegation of those joint functions which were permissible.

Work continues on the establishment of the clinical boards with a very good response being received to all board positions. Shortlisting has been completed and interviews will be held in April.

Prof Bell provided information to the Board on the discussions which have been held with all non-executive and associate non-executive directors in relation to future group roles. Appointments have been offered and approved by the Council of Governors at the end of March.

Prof Bell reported that he had attended the NHSE Chairs meeting and commented that they have produced an Operational Plan and the focus remains on key performance indications including 4 hour performance with a plan to increase that to 78% by March 2025.

A lot of emphasis on Mental Health in the community in the plan also. He informed the meeting that a National Director for Mental health is to be appointed.

Prof Bell commented that he had hosted a meeting with the local Universities to start to look at the types of workforce which will be needed for the future and what training will be required.

Prof Bell closed his report by informing the meeting that elections for governors for both Trusts are due to be held.

## **RESOLUTION**

**The Board of Directors NOTED the Chairman's report.**

**BoDP/24/008**

## **GROUP CHIEF EXECUTIVE'S REPORT**

Ms Hunter presented her Chief Executive Report to the Board.

She acknowledged that the Board of Directors had just met with our Health Care Assistants colleagues, along with Unison. The Organisation is currently in dispute with the HCAs in relation to the back pay offer, rather than the banding. The Organisation has been informed of further industrial action by the HCA's, and Ms Hunter assured the Board that the Trust is working to ensure that it can deliver safe and effective care to patients during this period. Ms Hunter went on to say that it may have an impact on our elective programme. A report will be presented to Board on how this industrial action has impacted on the Trust. Dr Lloyd

Ms Hunter also acknowledged that all Board members have received correspondence from our Emergency Department Consultants in relation to management work. Ms Hunter assured the Board that the issues that have been raised in the correspondence are being worked through with our Emergency Department colleagues.

Ms Hunter reported that a successful Joint Senior Medical Staff Committee has recently been held, with colleagues from North Tees and South Tees coming together to start engagement in relation to the Joint Clinical Strategy.

Ms Hunter informed the Board, as part of her communication strategy, she will be holding 'Hearing It' sessions, where staff from across both Organisations can join in on conversations on line. Executive colleagues will also be in attendance. The aim is for staff to be able to raise concerns, ask questions and have a voice.



Mr Dias wanted to recognise that the staff survey results in relation to Equality, Diversity and Inclusion has seen a positive increase, and that the Trust is moving in the right direction in relation to culture.

## **BoDP/24/009      SAFER STAFFING REPORT**

Dr Lloyd presented the Safer Staffing Report to the Board.

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

Dr Lloyd reported the percentage of shifts filled against the planned nurse and midwifery staffing across the Trust is 97.6%, demonstrating continued good compliance with safer staffing.

Redeployment of staff, to ensure wards are safely staffed, is carefully monitored through safe care meetings. The safe care chair aims to redeploy within collaboratives, and this has been well received, and redeployment has seen a decrease in February.

Dr Lloyd commented that percentage of overtime has also decreased year on year since 2021, currently at 6%, which is considerably lower to last year's 11%.

Nursing turnover has seen a slight increase to 7.82%, and Dr Lloyd reported that 72 newly qualified nurses have been recruited directly from Teesside University, and the March 2022 cohort of Registered Nurse Degree Apprenticeships completed the programme in February. This has provided 18 qualified colleagues back into the organisation.

Dr Lloyd reported that 50 datix submissions were submitted in February, with the majority relating to staff shortages in Community settings. Redeployment decisions were made following safer staffing discussions with Matrons and ward managers.

Dr Lloyd commented that a full establishment review is being undertaken and the report will be brought to Board in due course. Dr Lloyd

Ms Burns commented that she was pleased to read, on the staff facebook page, that redeployed staff had had very positive experiences from areas they were being moved to, had been made to feel welcome etc, and that this highlighted the positive culture the organisation was moving too.

Ms Hunter passed commented on the future pipeline for nursing staff and ensuring the Organisation has the required number of skilled staff. It is recognised that numbers are declining for people going into Nursing, and therefore Organisations need to find different ways to upskill staff who are in post, therefore the Registered Nurse Degree Apprenticeships is a really good example of how staff can move from HCA into Nursing. She asked if there were any plans to communicate this excellent initiative, and Dr Lloyd commented that she will work with Mrs Dalton on this.

Dr  
Lloyd/Mrs  
Dalton

## RESOLUTION

### The Trust Board of Directors NOTED the Safer Staffing Report

BoDP/24/010

### LEARNING FROM DEATHS REPORT

Dr Stewart presented the above report to the Board to provide assurance on the overall quality of care, as measured by hospital mortality and other clinical effectiveness indicators.

Dr Stewart commented that the Organisation is reporting around 2000 deaths per year and the Summary Hospital Mortality Indicator (SHMI) is remains in the 'as expected range'. The number of cases being reported into SHMI are gradually returning to normal as Covid cases decline, and from 2025, Covid will come back into the statistics.

Dr Stewart informed the Board that SHMI is very dependent on coding data, and currently our non-elective coding is showing a decline due to the introduction electronic patient records. This does improve over time. He assured the Board that issue has been seen in other Hospitals around the country that have introduced electronic patient records, and is not just pertaining to our Organisation.

Dr Stewart felt that the Board should be assured that the Organisation has a strong learning from death culture, with 99% of deaths being reviewed by the Medical Examiner's Office. 20% of deaths are referred for a Mortality review against the national recommendation of 5%, so we are reviewing a much higher number.

Ms Davidson questioned if the data change in SHMI, which are due to take place, will have an impact on the Organisation. Dr Stewart felt that this would have less of an impact on us, than other Organisations, partly due to Covid deaths going back into the numbers.

Prof Bell asked if there is a date when these changes will start to impact and Dr Stewart replied that the changes are from now, but the impact on SHMI will be from next year.

Prof Bell wanted to know if the changes due to take place within the Medical Examiners remit have been approved, and Mrs Monkhouse reported that the launch date has been postponed and will be delayed a couple of months.

Dr Stewart gave a brief overview of the changes that are being proposed and assured the Board that it should not have an impact on the Organisation. The most significant change for the Organisation is that all Primary Care deaths will be reviewed through the Medical Examiner's office. Prof Bell thanked Dr Stewart for the clarity.

Ms Hunter questioned if the themes from the reviews remain consistent and Dr Stewart confirmed that the main themes are End of Life, poor documentation, coordination of care and transfer of care from other hospitals, and he assured the Board that significant amount of work is taking place within these areas, but recognised that the impact has been slow to realise.

Prof Bell thanked Dr Stewart for the report.

## **RESOLUTION**

**The Trust Board of Directors NOTED the Learning from Death Report**

**BoDP/24/011**

### **FREEDOM TO SPEAK UP REPORT**

Dr Lloyd presented the quarter 4 freedom to speak up report to the Board. The report provides an overview of the themes and issues which have been raised to the Freedom to Speak up Guardians.

Dr Lloyd reported during this quarter, 37 new concerns have been raised by colleagues, 17 of which were from one department. Dr Lloyd assured the Board that a focus piece of work has been done in that area, including engagement meetings, meetings with all the staff and senior leaders and the guardians have also held drop in sessions.

The themes identified from the concerns relate to Inappropriate Behaviour, Patient Safety/Quality, Worker Safety or Wellbeing and Bullying and Harassment.

Dr Lloyd was pleased to report that the number of anonymous concerns have decreased, which is a testament that staff are confident to use this service.

A meeting with Dr Lloyd, Ms Burns and the Freedom to Speak up Guardians was held and a discussion about the themes reported by the Guardians at South Tees not matching the national picture took place. Following this future reports now reflect this and we can see how we benchmark against other Organisations.

The report shows that the Organisation is reporting a higher proportion of behaviour themes concerns, and a much higher proportion of patient safety and quality concerns. Dr Lloyd commented at that patient safety reporting is sign of a good culture, but a piece of work is required to understand what the issues are.

The report also shows that we are reporting a lower proportion of bullying and harassment and a much lower proportion of worker safety and well-being issues.

An action was raised in a previous meeting in connection with satisfaction levels to be included in future reports and Dr Lloyd remarked that plans are being put in place to collect feedback, not just when the case is closed, but also 1 year after to see whether the impact has been enduring.

Ms Burns welcomed the report and the work of the Guardians and recognised that the benchmarking data will be beneficial for the Organisation. She commented that it was pleasing to see that the Guardians will be using data from the staff survey to identify areas that scored below the Trust average for the FtSU questions and will complete a proactive piece of work in these collaboratives and departments.

She was encouraged to read that joint working with the Freedom to Speak up Guardian at North Tees and Hartlepool NHS Trust is ongoing.

Mr Dias challenged the significant assurance level on the report and suggested it be changed to moderate, due to actions that have been raised in the People Committee. Dr Lloyd acknowledged this and agreed to change the assurance level to moderate.

Prof Bell thanked Dr Lloyd for the update.

## **RESOLUTION**

**The Trust Board of Directors NOTED the Freedom to Speak up report**

**BoDP/24/012**

## **CONSTITUTION**

Prof Bell extended his thanks to everyone who have been involved in working on pulling this constitution together.

He acknowledged that it has taken a significant amount of time and effort.

Mr Irvine presented the Review of the Trust Constitution.

The purpose of the report is to highlight the key changes made to the Trust's constitution to reflect updated guidance and group working with North Tees and Hartlepool Foundation Trust and to seek final approval from the Board of Directors.

Mr Irvine assured the Board that both constitutions have been reviewed and are predominantly aligned, and summarised the key changes:-

- Update to the principal purpose in line with the Health and Care Act 2022
- Update to the election of lead governor
- Update to the detail of the Board of Directors composition
- The addition of the statutory appointment of the Company Secretary
- Proposed replacement of CCG appointed governors with 1 x ICB governor and 1 x voluntary organisation governor (to be agreed) and increase to 6 staff governors from 3
- Amendments to state that in event the Trust has governor vacancies, following an election process, a further election will take place. This replaces the process to have temporary arrangement.

Mr Irvine assured the Board that the proposed changes were presented and approved by the Council of Governors in the meeting on the 20<sup>th</sup> February 2024.

Mr Irvine reported that subject to approval from the Board of Directors, the updated Constitution will be published on the Trust website.

Ms Hunter recognised that this document has had a thorough review from all parties involved and again expressed her thanks to Mrs White, Mr Irvine and colleagues for doing an exceptional job.

Dr Stewart questioned the difference between Accounting Officer and Accountable Officer, and Mr Irvine confirmed this was an error, all should be Accountable Officer, and this will be amended.

Mrs White /  
Mr Irvine

## **RESOLUTION**

**The Trust Board of Directors APPROVED the Constitution**

Mr Irvine presented the Group Board Delegation Proposal, the purpose of which is to request the unitary Board of Directors of South Tees Hospitals NHS Foundation Trust to delegate authority to the Group Board for jointly exercised functions, in accordance with the Health & Care Act 2022 and NHS England Guidance.

Mr Irvine informed the meeting of the processes which have taken place in order to present the proposal to the Board of Directors at this meeting.

Mr Irvine reported that the Partnership Agreement, which was officially signed in February 2024, has been updated, based on legal advice, to reflect the Group Board formation and the inclusion of the exercise of joint functions as set out by NHS England. This provides the basis of the signing of the formal agreement between both organisations that are working as part of Group arrangements. The document will continue to be subject to change, and any further arrangements will need to be formally approved as well.

The Terms of Reference for the Group Board were also presented to the Board. Schedule 1 states that all functions that can be jointly exercised by the Group Board will be delegated and the items that cannot be delegated to the Group Board must remain at unitary Board level, is explicitly stated.

Mr Irvine assured the Board that this is in accordance with NHSE Guidance Arrangements for Delegation and Joint Exercise of Statutory Functions.

Mr Irvine reported that the extant Scheme of Delegation and Standing Financial Instructions of each Trust will be adopted by the Group Board. Over the next 12 months, an exercise to align these documents will be undertaken.

Board Assurance Frameworks and Risk Management processes will remain in place for each Trust, and Governance arrangements below committee level will remain in place to ensure assurance and escalation processes continue to operate effectively.

Mr Irvine again assured the Board that legal advice has been taken from the beginning and throughout the process.

Mr Irvine informed the meeting that the Group Board Delegation is to be presented to the North Tees and Hartlepool NHS Foundation Trust on the 4<sup>th</sup> April and the first Group Board is due to be held on the 17<sup>th</sup> April.

Ms Burns asked for clarification in connection with the Group and Site Leadership Teams as it currently states in the document that there is a Managing Director for North Tees and a Managing Director for South Tees. It was acknowledged that this needed to be amended

Mrs White /  
Mr Irvine

Mr Readshaw sought assurance from the Board that they are happy with the transitional arrangements that have been put in place to provide information to statutory boards, such as CQC etc. The Board were assured that clear plans have been put in place.

Dr Stewart commented that he was very happy with the delegation, and recognised that this will evolve over time.

He highlighted that in the Terms of Reference it does make reference to 'applicable in wales only' and there are lots of things in the schedules we currently don't have in place, and he wasn't sure if they were in there for best practice for Board, and therefore they is an aim to put them in place. Mr Irvine commented that it has been taken from the NHSE Guidance.

Prof Bell wanted it recognised that a lot of hard work has been undertaken to ensure that the Group Board Delegation can go ahead, it has provided a really strong foundation for the Organisations to move forward.

On closing the meeting Prof Bell extended his congratulations to all colleagues who have been appointed into Group Executive positions.

Prof Bilous extended his congratulations to the TAVI team who have received the Global Cardiovascular Award, and this was echoed by the rest of the Board.

## RESOLUTION

**The Trust Board of Directors APPROVED the Group Board Delegation. APPROVED to carry forward the strategic objectives of the Trust for 2024/2025 and the supporting Board Assurance Framework.**

## DATE AND TIME OF NEXT MEETING

The next meeting of the Public meeting of the Trust Board of Directors will be held on 17 September.



Signed:



Date:

15.05.2024



## North Tees and Hartlepool NHS Foundation Trust

### Minutes of the Board of Directors meeting held in Public on Thursday, 4 April 2024 at 9.00am at the University Hospital of Hartlepool / Via Video Link

#### Present:

Professor Derek Bell, Group Chair* (Chair)	DB
Stacey Hunter, Group Chief Executive*	GCE
Ann Baxter, Vice Chair/Non-Executive Director*	AB
Chris Macklin, Non-Executive Director*	CM
Fay Scullion, Non-Executive Director*	FS
Alison Fellows, Non-Executive Director*	AF
Professor Liz Barnes, Non-Executive Director*	LB
Neil Atkinson, Managing Director*	MD
Dr Elaine Gouk, Interim Chief Medical Officer*	ICMO
Kate Hudson-Halliday, Acting Director of Finance*	ADoF
Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality*	CN/DoPS&Q
Ken Anderson, Chief Information Technology Officer	CITO
Rowena Dean, Acting Chief Operating Officer	ACOO
Gary Wright, Deputy Chief People Officer*	DCPO
Stuart Irvine, Director of Strategy, Assurance & Compliance/Company Secretary	DoSA&C/CS

#### In attendance:

Mike Stewart, Group Chief Medical Officer  
Hilary Lloyd, Group Chief Nurse  
Rachael Metcalf, Chief People Officer

Mel Cabbage, Associate Director of Nursing Experience and Improvement (Item 3 only)  
Dr Lottie Ayers, Maternity Network Voices Partnership Chair (Item 3 only)  
Jules Huggan, Freedom to Speak Up Guardian (observer)  
Angela Warnes, Lead Governor via video link  
Sarah Hutt, Assistant Company Secretary [note taker]

#### BoD/5233 Apologies for Absence

The Chair welcomed everyone to the meeting including members of the newly appointed Group Executive Team from South Tees Hospitals NHS Foundation Trust (South Tees) acknowledging it was a historic moment, as it was the last public board meeting for the Trust prior to the establishment of the Group structure with South Tees.

Apologies for Absence were reported from Susy Cook, Chief People Officer and Ruth Dalton, Group Director of Communications.

#### BoD/5234 Declaration of Interest

The Chair of the meeting referred to the Trust's declaration of interest register and asked attendees if any new declarations needed to be noted. The Chair noted there were no perceived conflicts of interest from the agreed agenda. Should a conflict arise during the course of the meeting, affected individuals should raise the conflict and a decision would be made to ensure appropriate action was taken.

### **BoD/5235      Learning from Lived Experience**

Lottie Ayers, Chair of the Maternity Network Voices Partnership (MVP) shared the positive work undertaken over the last 12 months across maternity and women's services at the Trust and across the Community to continue to ensure as many voices as possible were heard and the feedback acted upon. In particular, two stories were shared regarding the support being provided around infant feeding following the appointment of a feeding specialist Midwife. The importance in the style and choice of language used in patient leaflets for women to be able to understand and make informed consent was noted.

AB, FS and the ICMO thanked Lottie for her valued contribution, especially in respect of the sea of change across maternity services nationally from a regulatory perspective and her on-going support to grow and nurture further the offer for patients, families and staff. SH and the Chair sought to understand what other areas across maternity services required further improvement, prompting discussion and the importance that voices and feedback are heard and acted upon.

**Resolved:** that, the verbal update be noted.

### **BoD/5236      Minutes of the Meeting held on, 1 February 2024**

**Resolved:** that, the minutes of the meeting held on, Thursday, 1 February 2024 be confirmed as an accurate record.

### **BoD/5237      Matters Arising and Action Log**

There were no matters arising from the minutes of the previous meeting and an update was provided against the action log.

**Resolved:** that, the update be noted.

### **BoD/5238      Report of the Group Chair**

A summary of the Joint Chair's report was provided with key points highlighted.

- Group and Joint Working
- Group Non-Executive Director roles
- NHSE ICB and Chairs Event
- NENC ICS and ICB Chairs Meeting
- Education, Training and Workforce event
- Cyber Security

The Chair reported that the Non-Executive Directors from both trusts had been appointed to each organisation and to the newly established single group structure which would take effect from 5 April 2024.

It was noted that Richard Barker, Regional Director, North East and Yorkshire and North West, NHS England would be stepping down at the end of June and his support to both trusts in respect of the journey to collaboration was acknowledged.

**Resolved:** that, the content of the report be noted.

## **BoD/5239      Group Chief Executive's Report**

The Group Chief Executive presented the Group Chief Executive's Report and highlighted the key points.

- The NHS Leadership Competency Framework for board members
- Spring Budget Statement
- Independent Inquiry into the issues raised by the David Fuller case
- Tees Valley Group
- Group Executive Appointments
- Clinical Services Strategy
- Clinical Support Worker (Band 2 / Band 3)
- Community Diagnostic Centre
- Health and Social Care Academy
- Visits

It was noted that the delayed 2024/25 priorities and operational planning guidance had been published on 27 March 2024 and organisations were preparing to make individual submissions in respect of the system wide financial plan. CM, Resources Committee Chair requested delegated authority for the Committee to approve the Trust's final financial plan submission on behalf of the Board as the deadline for submission was prior to the next Board of Directors meeting. It was agreed to delegate the authority of the draft financial plan however, any decision to change the plan would be paused until the details of the proposed final submission had been circulated and fully understood.

The Group Chief Executive reported on the current position in respect of the industrial action by Health Care Assistants in a dispute over backdated pay, with the next period of industrial action commencing on Monday, 8 April 2024.

Following a query by AB, Vice Chair an update was provided regarding the progression of the Clinical Boards. There had been a positive response with over 60 applicants received.

Restrictions during the pre-election period or Purdah were noted particularly in relation to visits from external bodies.

**Resolved:**      that, the content of the report be noted.

## **BoD/5240      Retrospective approval of documents executed under seal**

The MD reported on two documents executed under seal for retrospective approval. These included:

A 125 year lease between Stockton Borough Council (Landlord) and North Tees & Hartlepool NHS Foundation Trust (Tenant) relating to the Tees Valley Community Diagnostic Centre, Waterfront, Stockton on Tees.

A 60 year under lease between North Tees and Hartlepool NHS Foundation Trust and Northern Power Grid (North East) PLC to grant access to Northern Power Grid for the substation on the site of the Tees Valley Community Diagnostic Centre, Waterfront, Stockton on Tees.

**Resolved:** that, retrospective approval for the two documents executed under seal in respect of the Community Diagnostic Centre, Waterfront, Stockton on Tees be approved.

#### **BoD/5241 Constitution Approval**

The DoSA&C reported on the recent review of the Constitution and outlined the key changes. It was noted that the Constitution for the Trust and South Tees were now aligned where appropriate referencing the development of the group model between the two trusts and incorporating references to changes in both legislation and statutory requirements, including system working. It was noted that the Council of Governors had approved the Trust's updated Constitution on 15 February 2024.

Once approved the updated version of the Constitution would be uploaded on the Trust's website and a copy forwarded to NHS England.

**Resolved:** (i) that, the revised Constitution approved by the Council of Governors on 15 February 2024 be formally ratified by the Board of Directors; and  
(ii) that, the updated Constitution be available on the Trust's website and a copy forwarded to NHS England.

#### **BoD/5242 Group Board Delegation**

The DoSA&C presented a revised version of the signed Partnership Agreement between the Trust, South Tees and North East and North Cumbria Integrated Care Board and the Terms of Reference for the newly formed Group Board between the Trust and South Tees and sought approval to delegate authority to the Group Board for the items included in Schedule 1. It was noted that legal advice has been sought in respect of arrangements to support delegation to the Group Board.

To allow time for the Group Board to become established, both trusts would retain their existing strategic objectives initially whilst the development of a vision, mission statement and strategic objectives for the Group were developed. The first meeting of the newly formed Group Board was scheduled to take place on 17 April 2024. Appointments for the joint Non-Executive Directors and Executive Directors had been approved by the Nominations Committee and Remuneration Committee respectively, both of which had met in common with the South Tees Committees. Engagement with stakeholders including auditors had taken place regarding the changes, prompting discussion.

It was agreed to produce a Frequently Asked Questions (FAQ) document to support Committee Chairs in respect of conflicts of interest. It was noted that the contract with the Trust's external auditor Deloitte was due for renewal and discussions were taking place regarding extending the contract for a further 12 months whilst the Group structure was established.

**Resolved:** (i) that, delegated authority to the Group Board for jointly exercised functions as set out in Section 1 of the Group Board Terms of Reference be approved; and

- (ii) that, it be agreed that the strategic objectives for the Trust continue into 2024/25 prior to the development of a vision, mission statement and strategic objectives for the Group; and
- (iii) that, a Frequently Asked Questions (FAQ) document be produced to support Committee Chairs to manage conflicts of interest; and
- (iv) that, the first meeting of the newly formed Group Board was scheduled to take place on 17 April 2024.

#### **BoD/5243 Pathology Managed Service Contract**

The MD presented a new pathology managed service contract for blood science equipment and reagents, which had been procured through a collaborative procurement process between the Trust, South Tees and County Durham and Darlington NHS Foundation Trust. The duration of the revised contract with Siemens as the preferred supplier, was for 10 years on a 5 + 5 basis and was expected to release recurrent saving of £2.4m, which would be split between the Trusts. An outline of the programme to install the new equipment was provided. The contract had previously been circulated to the Board via email on 6 March 2024 for approval in order to meet approval deadlines. To ensure robust governance processes were followed, the contract was on the Board agenda to seek formal retrospective approval.

**Resolved:** that, retrospective approval be granted for the new Pathology Managed Service Contract between the Trust, South Tees and County Durham and Darlington NHS Foundation Trust, and Siemens signed on 12 March 2024.

#### **BoD/5244 Assurance Report of Risk Management Group**

The MD presented the Assurance Report of the Risk Management Group and highlighted the key issues. Meetings had taken place on 26 January 2024, 7 March 2024 and 28 March 2024.

The meeting focused on the risk register, emergent risks from the Operational Delivery Group, the ongoing education regarding risk management processes, delivery against the internal audit plan for 2023/24 and a report on open and overdue internal audit recommendations. It was noted that a separate domain on the Board Assurance Framework had been created for the Trust's Estates to evidence the actions undertaken to mitigate associated risks.

CM, Resources Committee Chair provided assurance to the Board regarding the robust and constructive challenge at Resources Committee regarding the new Board Assurance Framework which had been positively received.

The Group Chief Executive requested that the Resources Committee inform the Group Board regarding clarity of risk and timeline in respect to the Trust's ageing estate for consideration in respect of a group outline business case in order to gain central support. The ACOO reported that a further desktop exercise with clinicians was scheduled to take place in May/June regarding current risks and mitigations, prompting discussion. It was agreed that consideration for a group specific outline business case should take place at the Group Executive Team prior to formal presentation at Group Board.

**Resolved:** (i) that, the content of the report be noted; and

- (ii) that, consideration of a group specific outline business case take place at the Group Executive Team prior to presentation at Group Board; and
- (iii) that, the Resources Committee inform the Group Board regarding clarity of risks and timelines regarding the Trust's ageing estate.

**BoD/5245      Any Other Business**

The MD reported that HealthWatch had undertaken a follow up visit regarding the Trust's discharge processes at the University Hospital of Hartlepool, following an initial visit in March 2023. Feedback was largely positive and the findings would be shared with Hartlepool Borough Council as part of the recommendations.

The Chair and Group Chief Executive placed on record on behalf of the Board thanks to the CN/DoPS&Q who would be leaving the Trust. Her significant contribution was acknowledged.

**BoD/5246      Date and Time of Next Meeting**

**Resolved:** that, the next meeting be held on, Thursday, 2 May 2024 in the Boardroom at the University Hospital of North Tees.

The meeting closed at 10.28am.

Signed:



Date: 15.05.2024

## **Annual General Meeting**

**Wednesday, 11 October 2023**

**Stockton Baptist Church, Bishop Street, Stockton on Tees, TS18 1TE**

### **Present:**

Derek Bell, Joint Chair (Chair)	DB
Ann Baxter, Non-Executive Director (Vice Chair)	AB
Liz Barnes, Non-Executive Director	LB
Alison Fellows, Non-Executive Director	AF
Neil Atkinson, Managing Director	NA
Lindsey Robertson, Chief Nurse/Director of Patient Safety & Quality	LR
Kate Hudson-Halliday, Acting Director of Finance	KHH
Susy Cook, Chief People Officer/Director of Corporate Affairs	SC
Stuart Irvine, Director of Strategy, Assurance and Compliance	SI
Rowena Dean, Acting Chief Operating Officer	RD
Elaine Gouk, Deputy Chief Medical Officer	EG

### **In attendance:**

Nicholas Child, Cardiologist  
Rachel Blackmore, Care Group Director – Responsive Care  
Paul Mullins, Deputy Director of Finance  
Jill Foreman, Specialised Service Manager  
Mark Malik, Communications, Engagement and Marketing Manager  
Sarah Hutt, Assistant Company Secretary (note taker)

### **Governors:**

Angela Warnes, Elected Governor Out of Area (Lead Governor)  
Allison Usher, Elected Governor, Sedgefield  
Alan Smith, Elected Governor, Hartlepool

### **Trust Members:**

Pauline Robson  
Alan Jordison

## **1. Welcome and Introduction**

Professor Derek Bell, Joint Chair welcomed members to the 2023 Annual General Meeting of North Tees and Hartlepool NHS Foundation Trust.

## **2. Cardiac MRI and CT provision at North Tees and Hartlepool NHS Foundation Trust**

Dr Nicholas Child, Consultant Cardiologist gave a presentation regarding the Cardiac MRI and Cardiac CT Services, which were delivered in partnership between the Trust and South Tees Hospitals NHS Foundation Trust and were a good example of collaborative working. The services were well established and for the MRI Service able to be delivered across sites of the two trusts, James Cook University Hospital, University Hospital of North Tees, the Friarage Hospital and shortly the University Hospital of Hartlepool, which was really positive for patients.

Dr Child explained the Cardiac CT service was an innovative patient centred 'one-stop shop' service, being able to see, test, diagnose and start treatment on the same day, using the

example of CAT, which was effectively detected using Cardiac CT and readily treatable if picked up early.

### **3. Minutes of the Annual General Meeting 2022**

The Chair presented the minutes of the last Annual General Meeting, held on 19 December 2022. It was noted the minutes had been approved by the Trust's Board of Directors at the meeting held on 23 March 2023.

### **4. Managing Director's Presentation**

Neil Atkinson, Managing Director began his presentation by sharing a patient's story about their breast cancer diagnosis and treatment, highlighting how the Trust had welcomed the feedback and where required had improved aspects of the service as part of the Trust's commitment to Excellence is our Standard and ensuring the patient remains at the centre of everything we do.

The stark health profiles across the areas served by the Trust and the whole North East and North Cumbria (NENC) region were highlighted, with significant health inequalities and deprivation being faced. The NENC region had the highest rates of liver disease in the country, 2<sup>nd</sup> highest rates of respiratory disease and 2<sup>nd</sup> highest rates of cardio vascular disease.

Rowena Dean, Acting Chief Operating Officer shared key service developments that had been introduced during 2022/23 across the Trust within the three Care Groups, Healthy Lives, Responsive Care and Collaborative Care. These had included the introduction of virtual wards for frailty and respiratory allowing patients to be cared for at home and avoiding unnecessary hospital admissions, implementation of robotic surgery for colorectal and upper GI surgery, the establishment of an elective hub at the University Hospital of Hartlepool, for non-urgent surgical cases, continued development of a collaborative Pathology laboratory service with South Tees Hospitals NHS Foundation Trust (South Tees), the development of a Community Diagnostic Centre at Stockton also in partnership with South Tees to benefit patients across the whole Tees Valley and an international nursing recruitment programme successfully recruiting 60 registered nurses to the Trust.

Key headlines of the Trust's performance for 2022/23 were reported, including 47,399 visits to A&E, 133,739 visits to Urgent Care, 204,231 outpatient appointments, 35,177 day case patients and 2,697 babies born.

The vision and principles of establishing a group model with South Tees as part of ongoing collaboration for the benefit of patients and clinical services was outlined including planned service development priorities for 2023/24.

The work, dedication and ambition of the former Chief Executive, Julie Gillon who had retired from the organisation on 30 September 2023 was commended and formally acknowledged.

### **5. Presentation of Annual Report and Accounts 2022/23**

Kate Hudson-Halliday, Interim Director of Finance, presented the North Tees and Hartlepool NHS Foundation Trust Annual Report and Accounts 2022/23 and outlined the responsibility of the Accounting Officer to ensure all statutory requirements were met. It was noted that the annual accounts had been prepared on a going concern basis and had received an unqualified opinion from the external auditor Deloitte, with no material issues reported.

The overall position of the Trust group was a surplus of £5.7m, excluding exceptional items and a total of £21.8m spent as part of the annual capital programme, investing in medical equipment, digital technology, collaborative projects and back-log maintenance on the Trust's estate. A breakdown of the Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flow were provided.



In summary, it was a positive year-end financial position, continuing to achieve a surplus position without adversely impacting on patient safety or the quality of care being provided.

## **6. Quality Accounts 2022/23**

Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality presented the North Tees and Hartlepool NHS Foundation Trust Quality Accounts 2022/23 outlining the key priorities for patient safety, effectiveness of care and patient experience. Although the Trust met all of the Care Quality Commission (CQC) requirements, following a focused inspection of Maternity, Women's and Children's Services it had unfortunately been rated as Requires Improvement with 13 'must-do' actions and 18 'should-do' actions. All of those actions were now complete.

A detailed overview of the priorities Mortality, Dementia, Infections, Accessibility and Friend and Family Test and the associated work streams was provided. Included in the priorities for 2023/24 would be Maternity Care and Perinatal Services.

## **7. Council of Governors Membership and Elections**

Stuart Irvine, Director of Strategy, Assurance and Compliance presented the Trust's Membership and Council of Governor Elections, explaining the requirement of a foundation trust to have a Constitution, which governed arrangements in respect of membership and the Council of Governors. The composition of the Council of Governors was explained with a mixture of public and staff elected Governors and appointed Governors from partnership organisations. Governor elections were held annually and the number of vacant seats and timetable for the 2023 round of elections were outlined.

## **8. Any Other Business and Members Questions**

There was no other business.

A number of questions were posed by Governors and members which were responded to during the meeting.

In closing the Chair invited attendees to provide feedback on the event and the new format, highlighting that it had hopefully been evident the huge amount of work undertaken in the Trust and the strong focus on patient centred care.

A formal thank you was recorded for everyone who had contributed.

The meeting closed at 5.50pm.

Signed: 

Date: 15 May 2024

# Agenda Item: 17



Date							
Date	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
05.12.23	BoD/23/083	Safe Staffing Report	Ms Burns requested that the Board may have a staff story from the experience of international nurse	Company Secretary	asap	02.04.2024 - Dr Lloyd offered to work with Mrs White to arrange a date for this action	Open
02.04.24	BOD/24/008	Group Chief Executive Report	Dr Lloyd to prepare a report on the impact of the HCA industrial action had on the Organisation	Dr Lloyd			Open
02.04.2024	BOD/24/009	Safer Staffing Report	Dr Lloyd reported that a full establishment review is being undertaken and the report will be presented to the Board	Dr Lloyd	tbc		Open
02.04.2024	BOD/24/009	Safer Staffing Report	Dr Lloyd and Mrs Dalton to prepare a communication on the registered nurse degree apprenticeships	Dr Lloyd/Mrs Dalton			Open

BoD Public						
Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
27 April 2023	BoD/5047	<b>Report of the Managing Director</b> Board Development Session to be held at a later date regarding the Health and Care Academy and the wider picture.	SC/SI	31 March 2024	Ongoing	<p>A review of board meetings, development sessions and board seminars has been undertaken and five sessions were agreed to be delivered by Aqua. Two sessions have been delivered and an evaluation meeting was held with Aqua in January 2024 to agree areas of coverage and this needs to be finalised.</p> <p>Two further Board seminars were held on PSIRF on 29 November and new CQC Single Assessment Framework on 7 December 2023. A future session in the Health &amp; Care Academy will be planned.</p> <p>A development session regarding the Health &amp; Social Care Academy will be confirmed. Going forward this will be included in the Group Development Plan as part of a wider education piece.</p>
09 November 2023	BoD/5188	<b>Integrated Performance Report</b> High level overview report to be brought to a future Board meeting regarding work around theatre utilisation.	RD	05 June 2024	Ongoing	A combined update on the Hub at the University Hospital of Hartlepool and theatre utilisation was scheduled to be taken to the Group Board scheduled for 5 June 2024.
09 November 2023	BoD/5192	<b>Winter Resilience Plan</b> A further update be brought to a future meeting on developments of the delivery plan.	RD	05 June 2024	Ongoing	An update was now scheduled to be brought to the June Group Board meeting.
01 February 2024	BoD/5203	<b>Learning from Lived Experience</b> Further information regarding data of the number of admissions avoided linked to the Virtual Frailty Ward be shared at a future meeting  The Group Chief Executive be invited to shadow the team at a later date.	NA	30 May 2024	Ongoing	Ongoing.
			NA	30 May 2024	Ongoing	Date to be confirmed.
01 February 2024	BoD/5207	<b>Joint Partnership Board</b> An update from the Group name survey be provided at the next meeting.	RD	15 May 2024	Ongoing	
01 February 2024	BoD/5219	<b>Freedom to Speak Up Update and Reflection and Planning Tool</b> A session on Freedom to Speak Up be scheduled with the Governors.	SI	30 June 2024	Ongoing	Planned action.
01 February 2024	BoD/5208	<b>Report of the Managing Director</b> An update on the Thirwall questionnaire to be provided at a future meeting	NA	4 April 2024	Completed	Assurance provided via Quality Committee Chairs Log.
		A further update on the Staff Survey results be provided at a future meeting	GW	4 April 2024	Completed	Report taken to People Committee and Group Board on 17 April 2024.
		An update on the New Hospital Outline Business Case be provided at a future meeting.	NA			
01 February 2024	BoD/5209	<b>Board of Directors Annual Declaration of Interests Register</b> The declaration of interest be updated to include the Joint Chairs further declaration.	SI	04 April 2024	Completed	Declaration of interest register has been updated.
01 February 2024	BoD/5212	<b>Fit and Proper Person Test Framework Compliance</b> A letter of confirmation be sent to STHFT confirming the Group Chair and Group Chief Executive were fit and proper persons.	SI	29 February 2024	Completed	A confirmation letter has been issued to South Tees Hospitals NHS Foundation Trust.
		The outcome of the Fit and Proper Person Test assessment for board members be reported at the next Council of Governors meeting.	SI	15 February 2024	Completed	Presented to the Council of Governors on 15 February 2024.
01 February 2024	BoD/5214	<b>Guardian of Safe Working Hours Quarerly Report</b> The MD discuss out of hours catering facilities again with NTH Solutions LLP and an update be taken to a future Group Board meeting.	NA	29 February 2024	Completed	Discussions have taken place and arrangements will be put in place by the end of May 2024 to provide an out of hours hot food facility.
01 February 2024	BoD/5222	<b>Assurance Report of People Committee</b> Assurance reports to be reviewed to ensure consistency going forward.	SI	04 April 2024	Completed	New template is being used and reviewed for consistency.
01 February 2024	BoD/5223	<b>Assurance Report of Resources Committee</b> The typing error on the report covering the meeting held on 5 January 2024 be rectified.	KHH/CM	04 April 2024	Completed	Report has been updated to reflect correct date.

04 April 2024	BoD/5241	<b>Constitution Approval</b> The revised Constitution, approved by the Council of Governors on 15 February 2024, was formally ratified by the Board of Directors.  The updated Constitution was to be made available on the Trust's website and a copy forwarded to NHS England.	SI	30 April 2024	Completed	Constitution is now on the Trust's website and is being forwarded to NHS England.
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# Agenda Item: 18



# Trust Representatives – NTH Solutions LLP Management Board

**Meeting date:** 15 May 2024

**Reporting to:** NTHFT – Unitary Board

**Agenda item No:** 18

**Report author:** Stuart Irvine, Director of  
Strategy, Assurance & Compliance /  
Company Secretary

**Action required:**  
Approval

**Delegation status (Board only):**  
Matter reserved to Unitary Board

**Previously presented to:**  
N/A

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

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

Deliver care without boundaries in collaboration with our health and social care partners ☐

Make best use of our resources ☐

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

This report relates to the Finance Board  
Assurance Framework domain.



## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The Board of Directors is asked to approve the proposal of the new Trust Representatives on NTH Solutions LLP Management Board.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The proposal of new Trust Representatives on NTH Solutions LLP Management Board ensures there is continuous oversight from a Trust perspective of the LLP and facilitates assurance reporting to the Trust Board.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The continuation of nominated Trust Representatives ensures oversight of LLP activities and facilitates assurance arrangements back to the Trust.

## Recommendations:

The Board of Directors is asked to;

- Approve the proposed changed to the Trust Representatives on NTH Solutions LLP Management Board.



# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Group Board of Directors

15 May 2024

### Trust Representatives – NTH Solutions LLP

#### Report of the Director of Strategy, Assurance & Compliance/ Company Secretary

#### 1. Introduction/Background

- 1.1 NTH Solutions LLP is a subsidiary company of North Tees & Hartlepool NHS Foundation Trust. Section 5.1 (b) (i) of the Members Agreement relating to NTH Solutions LLP, determines that the number of representatives appointed to the Management Board from time to time shall be four, and the Trust may appoint three persons to be a Trust representative, one of which shall be the Chair.

#### 2. Main content of report

- 2.1 Following a review of existing governance arrangements, roles and responsibilities and to reflect the appointment into Group Executive Director posts, the Trust, as the appointing member, is giving notice that in addition to Ian Simpson (substantive Independent Chair), the following changes will be made to the Trust representatives on the Management Board, with effect from 1 June 2024 and will enable a period of transition with the incumbent representatives;

Current Representative	New Representative
Kate Halliday-Hudson, Interim Director of Finance	Neil Atkinson, Group Managing Director
Michael Houghton, Director of Transformation	Chris Hand, Group Chief Finance Officer

- 2.2 A letter was issued to NTH Solutions LLP on 8<sup>th</sup> May 2024 to advise of the proposed changes, in advance of the Board meeting to approve the changes. Subject to Board approval, a confirmation letter will be issued.

#### 3. Key issues, significant risks and mitigations

- 3.1 The key issues and risks associated with this paper relate to reduced oversight of the LLP activities and compliance with the Matters Reserved arrangements with the Trust.
- 3.2 The continuation of Trust Representatives on NTH Solutions Management Board mitigates the potential risk, in addition to the formal monthly performance meeting that takes place between the Trust and LLP.

#### 4. Conclusion/Summary/Next steps

- 4.1 This report provides ongoing assurance that the Trust has sufficient oversight of NTH Solutions LLP.

## **5. Recommendation**

5.1 The Board of Directors is asked to;

- Approve the proposed changed to the Trust Representatives on NTH Solutions LLP Management Board.

**Stuart Irvine**

**Director of Strategy, Assurance & Compliance/Company Secretary**