

Group Board Meeting

**Wednesday 5 June 2024
13:00**

**Room 3 & 4, Friarage Hospital,
Northallerton**



**MEETING OF THE GROUP BOARD TO BE HELD IN PUBLIC
ON WEDNESDAY 5 JUNE 2024 AT 1PM
IN ROOM 3 & 4, FRIARAGE, NORTHALLERTON**

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT	TIME
CHAIR'S BUSINESS					
1.	Welcome and Introductions	Information	Group Chair	Verbal	1.00pm
2.	Apologies for Absence	Information	Group Chair	Verbal	1.00pm
3.	Quorum and Declarations of Interest	Information	Group Chair	ENC	1.00pm
4.	Minutes of the last meeting of the held on, 15 May 2024	Approval	Group Chair	ENC	1.00pm
5.	Matters Arising and Action Log	Information	Group Chair	ENC	1.00pm
6.	Group Chair's Report	Information	Group Chair	ENC	1.05pm
7.	Group Chief Executive's Report	Information	Group Chief Executive	ENC	1.15pm
EFFECTIVE					
8.	Integrated Performance Reports: <ul style="list-style-type: none"> North Tees & Hartlepool NHS Foundation Trust South Tees Hospitals NHS Foundation Trust 	Discussion	Group Managing Director & COOs	ENC	1:25pm
9.	Resources Committee Chairs logs	Information	Chair of Committee	ENC	1:50pm
SAFE					
10.	Research & Development Annual Report	Discussion	Jane Greenaway	ENC	1:55pm
11.	Quality Committee Chairs Logs	Information	Chairs of Committee	ENC	2:05pm

	ITEM	PURPOSE	LEAD	FORMAT	TIME
12.	Guardian of Safe Working Report	Assurance	Group Chief Medical Officer	ENC	2:10pm
13.	People Committee Chairs Logs	Information	Chairs of Committee	ENC	2:20pm
WELL LED					
14.	Finance Reports Month 1	Information	Group Chief Finance Officer	ENC	2:25pm
15.	Audit Committee Chairs Log	Information	Chair of Committee	ENC	2:40pm
	DATE OF NEXT MEETING The next meeting of the Group Board of Directors will take place on, 3 July 2024, venue TBC.				

Agenda Item: 3



Register of members interests

Meeting date: 5 June 2024

Reporting to: Group Board of Directors

Agenda item No: 3

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
Ada Burns	Non-Executive Director	2022	Ongoing	Role – Governor and Chair of the Board of Governors, Teesside University
Alison Fellows	Non-Executive Director		Ongoing	Non-Executive Director and committee chair – Gentoo Group Ltd (Housing Association) - Company number 04739226
			Ongoing	Husband Partner at Firm – Ward Hadaway Solicitors
		1.12.23	Ongoing	Governor of the Board and member of the Audit Committee Northumbria University
		6.12.23	Ongoing	Independent Member of the Audit Committee Newcastle City Council
Alison Wilson	Non-Executive Director	4 January 2022	Ongoing	Civil Partner – Counter Terrorism Policing North East
		2017	Ongoing	Son – Bupa Global and Bupa UK
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
Alyson Gerner	Associate Non-Executive Director	2007	Ongoing	Senior Civil Servant working for a central government department – Department for Education
				Director of LocatED Property Ltd
				Member of Audit Committee and Remuneration Committee, Oak National Academy
Ann Baxter	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
Chris Hand	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
Chris Macklin	Non-Executive Director	February 2023	Ongoing	Chair, Audit One
David Redpath	Non-Executive Director	1 January 2021	Ongoing	Director of DGR Consultancy - Company number 10340661
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		September 2017	Ongoing	Vice President Senior Executive Partner – Gartner
		July 2022	Ongoing	Deputy Chairman – Seaton Delaval Football Club
Elizabeth Barnes	Non-Executive Director		Ongoing	Non-Executive Director – Aspire Housing
				Trustee – University of Sunderland
				Trustee – Middlesex University

				Trustee – Peter Coates Foundation
				Member – Queen Elizabeth Grammar School Multi-Academy Trust
Fay Scullion	Non-Executive Director			School Governor at Jarrow Trust Secondary School
				Associate Tutor – Learning Curve Group
Hilary Lloyd	Group Chief Nurse	15 February 2021	Ongoing	Visiting Professor at Sunderland – no monetary gain
		May 2023	Ongoing	Chief Nurse for Clinical Research Network NENC
Jackie White	Head of Governance & Company Secretary	March 2013	Ongoing	Registered with IMAS (NHS interim management & support)
		March 2023	Ongoing	Company Secretary of South Tees Healthcare Management Limited - Company number 10166808
Kenneth Readshaw	Non-Executive Director	2016	Ongoing	Treasurer – Leyburn Community Leisure Club
		2018	Ongoing	Chair – Health Accommodation Trust
		2000	Ongoing	Chair – Horsehouse School Charity - Charity number: 513060
Mark Dias	Non-Executive Director	20 July 2015	Ongoing	Director of Be The Change HR Ltd – Company No. 9694576
		21 June 2023	Ongoing	Chair – Workforce Committee, Seacole Group
		September 2023	Ongoing	Permanent Deacon in Training (Voluntary Position). Roman Catholic Diocese of Middlesbrough
Michael Stewart	Group Chief Medical Officer	1 February 2021	Ongoing	No interests declared
Miriam Davidson	Non-Executive Director	December 2022	Ongoing	Care and Health Improvement Programme (SLI) Advisor
				Occasional work with Local Government Association (LGA)
Neil Atkinson	Group Managing Director			No interests declared
Prof Derek Bell	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.
Rachael Metcalf	Group Chief People Officer	December 2020	Ongoing	Role of School Governor at High Tunstall College of Science
Rudolf Bilous	Associate Non-Executive Director			Occasional teacher undergraduate and postgraduate medicine South Tees NHSFT (unremunerated)

				Data Monitoring Safety Committee for large International multinational Trial – funded by Boehringer via unrestricted grant through University of Oxford (3-4 virtual meetings per year) – Post is remunerated
				Trustee of the Stokesley Library
Samuel Peate	Chief Operating Officer South Tees Hospitals NHS Foundation Trust	1 April 2021	Ongoing	No interests declared
Stacey Hunter	Group Chief Executive			No interest declared
Susy Cook	Group Chief People Officer			Governor – Laurence Jackson School
Stuart Irvine	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: 4



**Minutes of a meeting of the Group Board
held in Public on Wednesday, 15 May 2024 at 1.00pm
in the Lecture Theatre at the University Hospital of North Tees**

Present:

Derek Bell, Group Chair (Chair)
Ann Baxter, Group Vice Chair/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
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
Hilary Lloyd, Group Chief Nurse
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
Stuart Irvine, Director of Strategy, Assurance & Compliance/Company Secretary
Jackie White, Head of Governance/Company Secretary

In Attendance:

James Bromiley, Associate Director of Group Development
Arvind Ramadas, Consultant Gastroenterologist (ST)
Cllr David Coupe, Appointed Governor, Middlesbrough Council
Sarah Moule, Elected Governor, Easington
Allison Usher, Elected Governor, Sedgefield
Elliott Kennedy, Elected Governor, Stockton
Angela Warnes, Lead Governor
Gareth Lightfoot, Reporter, Evening Gazette
Sarah Hutt, Assistant Company Secretary [note taker]

GB/028 Learning from Lived Experience

Trevor Sherwood and a number of colleagues from LilyAnne's Charity, a local charity based in Hartlepool described the work of the charity which provided support to vulnerable people in the local community with a particular focus on loneliness, mental health and housing support for individuals who found themselves homeless. The Charity operated a café, which was a valuable safe space for people in need to access help and support. A short video was played to highlight the work of the charity.

During 2023 the charity provided support to 2,256 people and had established successful partnerships with a range of agencies and authorities to support its work. Sources of funding included the café sales, the waiting well project and the National Lottery. A number of the volunteers were working towards an accreditation. Following a number of members' questions, the Chair thanked the attendees on behalf of the Board for their presentation.

Resolved: that, the content of the presentation be noted.

GB/029 Welcome and Introductions

The Chair welcomed members to the meeting.

GB/030 Apologies for Absence

Apologies for absence were reported from Stacey Hunter, Group Chief Executive, Ali Wilson, Group Vice Chair, Ada Burns, Group Non-Executive Director and Alyson Gerner, Group Associate Non-Executive Director.

GB/031 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. There was 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 will be made to ensure appropriate action is taken.

GB/032 Minutes of the last meeting held on, 17 April 2024

Resolved: that, the minutes of the meeting held on, Wednesday, 17 April 2024 be confirmed as an accurate record.

GB/033 Matters Arising and Action Log

There were no matters arising from the minutes of the previous meeting and an update was providing against the action log.

Resolved: that, the update be noted.

GB/034 Group Chair's Report

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

- A report had been released detailing the outcome of the Birth Trauma Inquiry setting out 12 recommendations;
- The government announced 350 additional medical school places were being funded nationally for the academic year 2025/26 to support delivery of the NHS Long Term Workforce Plan. It was noted that the University of Sunderland had been allocated 17 places, University of Newcastle 2 places and the Universities of Hull and York 8 places;
- The name for the newly established Group would be University Hospitals Tees and appropriate branding and logos would be produced. It was noted that both trusts would still remain as statutory organisations.

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

GB/035 Group Chief Executive's Report

Mike Stewart provided a summary of the Group Chief Executive's Report and highlighted the key points:

- Amanda Pritchard made an announcement regarding additional investment being made available in 2025/26 to support the digital agenda with discussions taking place over the

summer to agree priorities. The Group Chief Executive would be engaging in the discussions on behalf of the Group;

- Recruitment was now complete for the 5 clinical boards established with triumvirate leadership and a mobilisation event took place on 9 May to set the ambition and outline the strategic vision. A meeting was planned for September to share early learning;
- Group Executive appointments continued, with Ken Anderson being appointed as Group Chief Information Officer. The recruitment process for the remaining posts were on track;
- A new online Patient Engagement Portal (PEP) had been launched by South Tees enabling patients to manage their outpatient appointments digitally;
- The Tees Annual Patient Safety Event had taken place the previous day at Hardwick Hall with positive sharing of learning and best practice;
- PwC had attended the North East and North Cumbria Integrated Care Board (NENC ICB) Chief Executives and Chairs Provider Trusts meeting on 25 April 2024 to share learning from Greater Manchester in respect of financial governance and controls and briefing note had been circulated.

Resolved: (i) that, the content of the report be noted; and
(ii) that, the briefing note from the Chief Executive and Chairs Provider Trusts meeting on 25 April 2024 be shared with the Non-Executive Directors

GB/036 Board Assurance Framework Update

Stuart Irvine presented the Board Assurance Framework (BAF) Quarter 4: 2023/24 Update Report for the two Trusts and highlighted the key issues.

The reports highlighted the risks that were outside of the approved risk appetite. There were four risks for North Tees, three were in relation to the Trust's ageing estate and one in relation to delivery of savings within the Cost Improvement Programme. For South Tees there were two risks related to digital maturity and disruption to systems. The risks continued to be reported to the relevant committee for oversight, scrutiny and to obtain assurance.

As part of the Group establishment it was agreed to retain individual BAFs and risk management process for each trust initially. A review would be undertaken over the next 6 months to align the processes to create standardisation and consistency. In addition, following submission of the final annual plans for 2024/25, an exercise would take place as part of group arrangements to determine whether any new risks were identified following the planning round.

It was acknowledged that more detailed narrative in the report to support the high risks would be useful going forward to provide assurance to members. A member requested including amber risks in future reports in addition to the red risks to ensure better oversight.

Resolved: (i) that, the content of the report be noted; and
(ii) that, the current position of the high risks for North Tees and South Tees be noted; and
(iii) that, the planned review of both BAFs and risk management processes be noted.

GB/037 Integrated Performance Reports

Neil Atkinson presented the individual Integrated Performance Reports (IPR) March 2024 position for each organisation and highlighted the key points. The combined group position was presented.

It was noted that locally and across the region organisations were facing operational pressures, which would impact delivery of certain metrics.

Single Oversight Framework Performance overview:

Metric	Target	North Tees	South Tees	Group
4 hour A&E standard	76%	87.48%	69.66%	78.92%

Ambulance Handover	100%	99.95%	94.21%	97.11%
12 hour A&E waits	0	23	273	296
Cancer 62 day standard	85%	64.75%	55.20%	58.49%
Referral to Treatment	92%	71.57%	63%	64.45%
Diagnostics	95%	84.65%	80.36%	82.36%

North Tees's performance against the 4 hour A&E standard placed them first nationally and eligible to receive capital funding. South Tees had seen an increase of 5% in Urgent and Emergency Care activity compared to the same period the previous year and it was noted that the reported position was prior to the commencement of the new Urgent and Emergency Care Centre on 1 April 2024.

Challenges being faced individually by the two trusts were outlined including high patient acuity, bed occupancy and delayed discharges. A improvement plan was in place at South Tees. A discussion ensued regarding a BBC report into patients being left in corridors and the introduction of the Continuous Flow Model in some trusts. South Tees were using the model and had created a handover bay in urgent care which was having a positive impact on patient flow.

A further discussion ensued regarding the impact of patient choice against Referral to Treatment performance. A number of initiatives were being introduced to encourage patients to attend earlier appointments where available. The impact of industrial action against the metric was noted and work continued to reduce the number of waiters, particularly 52 weeks.

Neil Atkinson confirmed that a working group was being established to review and agree the content of a Group Integrated Performance Report for 2024/25, which would be shared with the Non-Executive Directors.

- Resolved:**
- (i) that, the content of the report be noted; and
 - (ii) that, the establishment of a working group to agree the content of a Group Integrated Performance Report for 2024/25 with the output to be shared with the Non-Executive Directors be noted.

GB/038 Finance Reports Month 12: 2023/24

Chris Hand presented the Finance Reports for Month 12: 2023/24 for both organisations and highlighted the key points.

For North Tees an in month deficit of £0.292 was reported against a planned deficit of £0.458m, the year-end reported position was a surplus of £1.023m against a break-even plan. South Tees reported a £20.1m deficit, as part of the overall system forecast position.

North Tees delivered £21.7m against a Cost Improvement Plan (CIP) target of £20.7m, South Tees delivered £39m against a target of £39.4m. North Tees gross capital expenditure for 2023/24 was £35.9m and for South Tees £51.9m. North Tees had a cash balance of £70.13m and South Tees £54.5m. Overall a strong performance for both organisations was noted.

Draft planning submissions for 2024/25 were made on 2 May 2024, with an agreed Group deficit of £49.6m, a break-even position for North Tees and £49.6m deficit for South Tees. The overall efficiency target for the Group was £73.4m and a capital programme of £93.1m. South Tees had a revenue cash support requirement of £31.6m.

It was noted that there were significant affordability challenges as part of the 2024/25 planning round with deficit plans nationally, regionally and locally. The system level plan was currently under review. There was an expectation that Board members would be engaged in the financial plan and understand the drivers for the deficit plans. It was acknowledged that it was anticipated to be a challenging year and support should be provided to the Finance teams.

Liz Barnes requested triangulation of nursing agency spend within the Maternity Staffing Report and be monitored through the People Committee, Ann Baxter confirmed agency spend was a regular item

for the People Committee. Alison Fellows agreed that it was important for the Non-Executive Directors to have a granular understanding of the triangulation of quality, workforce and finance in order to gain assurance.

- Resolved:**
- (i) that, the content of the report be noted; and
 - (ii) that, the year-end 2023/24 financial position for both organisations be noted; and
 - (iii) that, the draft 2024/25 Group financial plan be noted; and
 - (iv) that, future reports provide sufficient detail for Non-Executive Directors to have a granular understanding in order to gain assurance.

GB/039 Resources Committee Assurance Report/Chairs Log

David Redpath, Group Non-Executive Director presented the South Tees Resources Committee Assurance Report for the meeting held on 30 April 2024. The key areas to note were:

- A revised planned deficit position for the Trust was reported, inclusive of the impact of the IFRS 16 changes to accounting treatment for lease agreements;
- The Trust had achieved 99% of the planned CIP target for 2023/24;
- An update was provided regarding Clinical Coding and the Digital Programme, two areas which had previously been raised as a concern by the Committee. Further assurance was requested;
- The EDRMS Business case was approved in principle subject to confirmation of affordability

Chris Macklin, Group Non-Executive Director reported that North Tees had responded well to the changing requirements for the end of year financial position 2023/24. The focus now was on the financial plan for 2024/25.

- Resolved:** that, the content of the report be noted; and

GB/040 Safer Staffing Report

Hilary Lloyd presented the Safer Staffing Report for both organisations and highlighted the key points.

Safer staffing was maintained through twice daily meetings and any issues addressed immediately. Both organisations reported good compliance. Overall there were low vacancy rates and turnover rates, with good support from Teesside University. North Tees had successfully recruited 86 internationally educated nurses. Work was on-going to align both reports going forward.

Following a member's query, Hilary Lloyd confirmed that the redeployment of nursing staff was required when the organisations were facing operational pressures and every effort was made to keep the member of staff within the same service or similar location, however, this was not always possible. However, there were members of staff who undertook 'allocate on arrival' shifts dependent upon the current need of the organisation.

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

GB/041 CQC Compliance Update Report

Hilary Lloyd presented the CQC Compliance Update Report for both organisations and highlighted the key points.

For North Tees, there were three open enquiries, with one pending closure. A check and challenge exercise was planned to ensure the completed actions following the focused inspection in 2022 were embedded in the organisation. South Tees had one open enquiry received in April, which was pending closure. A progress update was provided regarding the 'must dos' and 'should dos' for each trust following the inspection in May 2023 for South Tees and September 2022 for North Tees. All actions for North Tees were completed in September 2023 and South Tees had two remaining 'must dos' and six 'should dos' actions, which would be completed over the coming months. Both organisations had

engagement meetings in April, which were positive.

Work was on-going at both trusts to take the appropriate action regarding the new CQC well-led assessment framework and exploring how the new reporting system InPhase could support monitoring compliance against the new CQC framework.

A discussion ensued regarding the recently published Birth Trauma Inquiry Report and the various forums in which the organisation was embedding the recommendations. Although the report was specifically in relation to maternity services, it was acknowledged that listening and communication were key components of care.

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

GB/042 Committee Assurance Reports

Fay Scullion, Group Non-Executive Director presented the North Tees Quality Committee Assurance Report for the meeting held on 22 April 2024. The key areas to note were:

- Infection rates continued to be monitored, Clostridium difficile remained above the threshold, however was reporting the lowest rate in the region. Environmental swabbing was negative, which was positive;
- Readmissions were above target, a deep dive audit on the Emergency Assessment Unit (EAU) highlighted that community pathways were a causative factor and an in-situ GP was being considered to manage appropriate discharge;
- Mental health support for patients in A&E continued to be monitored and discussions with the mental health trust Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) were ongoing, with a proposal to trial having their staff based on site in A&E;
- Ongoing work with the Quality Improvement Programme team in maternity services was having a positive improvement on smoking cessation;
- The Trust had declared compliance against all 10 safety actions within maternity services.

Miriam Davidson, Group Non-Executive Director presented the South Tees Quality Assurance Committee Assurance Report for the meeting held on 24 April 2024. The key areas to note were:

- The End of Life Strategy was currently under review with engagement from the NENC ICB and joint working with North Tees;
- The Trust had been awarded a Healthwatch Award for Innovation in recognition of the Targeted Lung Health Check work. The Team involved were congratulated.

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

Alison Fellows, Group Non-Executive Director presented the North Tees Audit Committee Assurance Report for the meetings held on 29 January 2024 and 30 April 2024. The key areas to note were:

- The function of the Audit Committees at both trusts was working well to monitor the overall function of the committee governance structure with the individual Committees providing scrutiny and challenge;
- Both Audit Chairs had attended meetings of each respective Audit Committee.

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

Mark Dias, Group Non-Executive Director presented a verbal update from the South Tees People Committee meeting held on 27 March 2024. The key areas to note were:

- Equality, Diversity and Inclusion (EDI) work across both trusts was possible with the staff networks embedding well;

- The Committee had received a positive presentation in respect of leadership development and talent management.

It was noted there had not been a North Tees People Committee meeting since the last meeting.

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

GB/043 Minutes of the last Unitary Board of Directors Meetings and Annual General Meeting

Resolved: that, the minutes of the meetings held on, Tuesday, 2 April 2024, Thursday, 4 April 2024 and the Annual General Meeting held on, Thursday, 11 October 2023 be confirmed as an accurate record.

GB/044 Matters Arising and Action Logs

There were no matters arising and an update was providing against the action log.

Resolved: that, the update be noted.

GB/045 Trust Representative on NTH Solutions Management Board: North Tees & Hartlepool NHS Foundation Trust

Stuart Irvine presented the Trust Representative on NTH Solutions Management Board: North Tees & Hartlepool NHS Foundation Trust Report proposing under the terms of the Members Agreement between the Trust and NTH Solutions LLP that the current Trust representatives on the Management Board, Kate Hudson-Halliday, Interim Director of Finance and Michael Houghton, Director of Transformation be replaced with Chris Hand, Group Chief Finance Officer and Neil Atkinson, Group Managing Director with effect from 1 June 2024.

Subject to approval, the Trust would formally write to NTH Solutions to confirm the changes in representation.

Resolved:

- (i) that, the content of the report be noted; and
- (ii) that, Kate Hudson-Halliday, Interim Director of Finance and Michael Houghton, Director of Transformation be removed as Trust representatives on the NTH Solutions Management Board with effect from 31 May 2024; and
- (iii) that, Chris Hand, Group Chief Finance Officer and Neil Atkinson, Group Managing Director be appointed as the Trust representatives on the NTH Solutions Management Board with effect from 1 June 2024; and
- (iv) that, the Trust write to NTH Solutions LLP to formally confirm the change in Trust representation on the NTH Solutions Management Board.

GB/046 Date and Time of Next Meeting

Resolved: that, the next meeting be held on, Wednesday, 5 June 2024 at 1.00pm in Room 3 and 4, the Friarage Hospital, Northallerton.

The meeting closed at 2.55pm.

Thanks to board.

Signed:



Date: 15 May 2024

Agenda Item: 5



Date	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
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	Neil Atkinson	01.10.24		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

Agenda Item: 6



Group Chairman's Report

Meeting date: 5 June 2024

Reporting to: Group Board of Directors

Agenda item No: 6

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

I was pleased to announce at the last Group Board meeting that following a period of engagement with stakeholders, staff and other partners, the Group now has an identity – University Hospitals Tees. Further information on our identity was published through staff newsletters and social media.

It is important that we remember that the two Trusts continue to be sovereign organisations demonstrated through the use of the NHS brand.

1.2 Engagement meetings

I am pleased to continue the engagement with Teesside University on the development of a medical school. This is a great opportunity for the University and we are really pleased to support this work. The Chief Executive and I also recently visited the National Horizons Centre (NHC), which is Teesside University's £22.3m centre of excellence for the global biosciences and healthcare sector, located in Darlington. The NHC focus on discovering diseases earlier, developing novel treatments, and delivering life changing medicines to those in need, quicker, safer and more affordably.

I also had a catch up and tour of Sedgefield Community Hospital with Professor Richard Scothorn, Chair of County Durham and Darlington NHS Foundation Trust, in which we continued to discuss the collaboration in Tees and beyond.

1.3 Council of Governors elections

I mentioned in my last report that the Council of Governor elections were underway. I am pleased to report that there are a total of 12 vacancies for North Tees and Hartlepool NHS Foundation Trust and three vacancies for South Tees Hospitals NHS Foundation Trust, for this round of elections. The terms of office will commence on 1 July 2024 and will be for three years, with the exception of one seat which will be for a shorter term of 1 year and 5 months.

The outcome of the elections will be announced on Wednesday, 12 June 2024 and will be formally reported at the Council of Governors meeting on Tuesday, 16 July 2024.

1.4 Council of Governors meeting

Last week the Council of Governors for North Tees & Hartlepool NHS Trust and South Tees Hospitals NHS Trust met. As you will be aware the Councils have been collaborating together and have agreed where appropriate they will meet in common. The meeting was chaired jointly by the Vice Chairs and presentations were received from the Chief Executive and Managing Director.

2. Recommendation

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

Professor Derek Bell
Group Chair

Agenda Item: 7



Group Chief Executive Officer's Report

Meeting date: 5 June 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 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.

1.1 NHSE Exec and North East and North Cumbria ICB Planning Meeting

On Wednesday 22 May I travelled to Leeds to attend a meeting with ICB colleagues and NHS England to discuss the ICB delivery plan for 2024/25. The national leadership reviewed the ICB and provider operational and financial plans and outlined their expectations in relation to delivery.

From a group perspective the Board will have opportunity to maintain oversight of the delivery of our annual plans across both Trusts focusing on any areas of exception to understand the impact and mitigations required.

1.2 Tees Valley Group Model

The clinical board mobilisation event on 9 May went very well with a real sense of opportunity and enthusiasm in the room. The five boards meet formally for the first time this week. In practice they have already started working together at pace to define their approaches and to focus in on specific issues and pathways to review. They have access to a full range of supporting services including two project managers and dedicated support from business intelligence colleagues as well as finance, people, digital, quality, estates, communications; and organisational development. The boards have all been given a clear remit to be bold and ambitious in what they do and to look beyond the boundaries of our Group and link in with partners where it makes sense to do so from a patient's perspective. I am acting as the Executive sponsor for the community board and it will be really fascinating to be involved with this and the other boards as they develop their proposals over the next few months. And the Healthwatch listening event takes place on Thursday 6 June, this will provide us with valuable evidence on what patients and the wider population want to see from our Group and will help to define our priorities.

1.3 Industrial action

a) Healthcare

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 of a further seven days strike action in June 2024.

b) Junior Doctors

We have been notified that the Junior Doctors have announced further industrial action from 27 June to 2 July 2024. As Board colleagues will appreciate the preparation and oversight of continued industrial action is significant in respect of the management leadership capacity consumed in addition to the financial and activity impacts.

1.4 EDI and wellbeing conference

The Group will be hosting an Equality, Diversity and Inclusion and Well Being Conference on Monday 4th November 2024. Embracing and celebrating diversity in our workforce

This conference will highlight challenges that are being faced such as discrimination and career progression by some of our colleagues and the impact that this has but it will also be an opportunity to embrace and highlight the positive difference diversity and inclusion bring.

Topics covered will include racial discrimination and social injustice, Personal transition stories and the emotional impact, women's health inequalities and Behaviour Safety in the workplace.

We will also have various information stands focusing on health and well-being and the staff networks and these will be available throughout the day for all staff.

1.5 Infected Blood Inquiry

The Infected Blood Inquiry (IBI) published its report on Monday 20 May. It is very important that the Trusts take the necessary time to fully understand the report's recommendations, and work with other agencies and government departments on how best to implement the recommendations as soon as possible.

NHS England have wrote to Trusts setting out what they are doing now, and what they are asking colleagues to do, to support those affected, and to reassure current patients who need these products of the safety of the current NHS blood and blood products supply. Guidance has been provided to staff who may be affected by the report.

1.6 Martha's Rule

I am pleased to report that South Tees Hospitals NHS Trust has been selected as a pilot to test and roll out Martha's rule. The purpose of Martha's Rule is to provide a consistent and understandable way for patients and families to seek an urgent review if their or their loved one's condition deteriorates and they are concerned this is not being responded to.

NHS England is working with Martha's parents to develop materials to advertise and explain the initiative in hospitals across the country, to ensure it is something that all patients, staff, and their families can recognise.

1.7 Other News!

South Tees is celebrating the success of its first nursing degree apprenticeship programme with Northumbria University. Fifteen apprentices from James Cook have qualified as registered nurses with a BSC honours degree in nursing and gone on to secure staff nurse roles within the trust. The 18-month programme designed by Northumbria University has been approved by the Nursing and Midwifery Council and combines a mixture of work-based placements and academic learning.

North Tees and Hartlepool has been recognised for the "world-leading" heart scan service it has formed to provide high quality images for patients. The trust's cardiac CT scanning team has won an award for image quality from medical technology experts, HeartFlow. This is due to a number of improvements made from collaborative working between the cardiology and radiology teams.

2. RECOMMENDATIONS

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

Agenda Item: 8



Group Integrated Performance Report

Meeting date: 5 June 2024

Reporting to: Group Board of Directors

Agenda item No: 8

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

Action required:
Assurance

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

Previously presented to:
Site IPRs presented to relevant Board
committees in May 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 4-hour standard
- Ambulance Handovers
- A&E 12-hour waits
- 62-day cancer standard
- 18-week Referral to Treatment
- 6 week diagnostics standard

Further detail is provided in the Trust-level IPRs.

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 via the Committees and their reporting groups. Key metrics are benchmarked to regional and national performance and also scrutinised through performance meetings with the ICBs and NHSE England.

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

Recommendations:

The Group Board 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

April 2024 reporting period



Urgent and Emergency Care

	Target	Performance
Group	78%	81.4%
North Tees & Hartlepool		88.7%
South Tees		75.0%



North Tees

The Trust reports the highest performance since the re-introduction of the 4-hour standard, with performance placing the Trust best in the country for a second month. Continuous improvement is ongoing with a range of work streams covering workforce, digital and pathways, alongside education and communication across the Trust, with oversight via 'More before 4' meetings and the '4-hour Steering Group'. The standard for 2024-25 has been aligned to the national recovery standard (78%), however it is noted that the Trust has submitted a trajectory of 90% at March 2025, as part of the annual operational plan.

South Tees

The James Cook Urgent Treatment Centre opened at the start of April and immediately caused a notable rise of 5% in 4 hour performance from March. Ambulance arrivals were high once again, comparable with January and 15% higher than April 2023. Non-elective admissions remained high but there was a distinct drop in patients staying overnight. Evidence-based process improvement remains an organisational priority with a focus on the updated national 4-hour standard of 78% by end of 24/25.

Ambulance Handovers

	Target	Performance
Group	100%	96.3%
North Tees and Hartlepool		100.0%
South Tees		93.7%

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



North Tees

1,912 patients arrived by ambulance to A&E, with a handover compliance (PIN) rate of 94.4%. All handovers were completed within 60 minutes, with an average handover time of 13 minutes and a turnaround time (arrival to clear) of 34 minutes. This places the Trust first in the region.

South Tees

Ambulance arrivals were high once again, comparable with January and 15% higher than April 2023.



12 Hour in Department

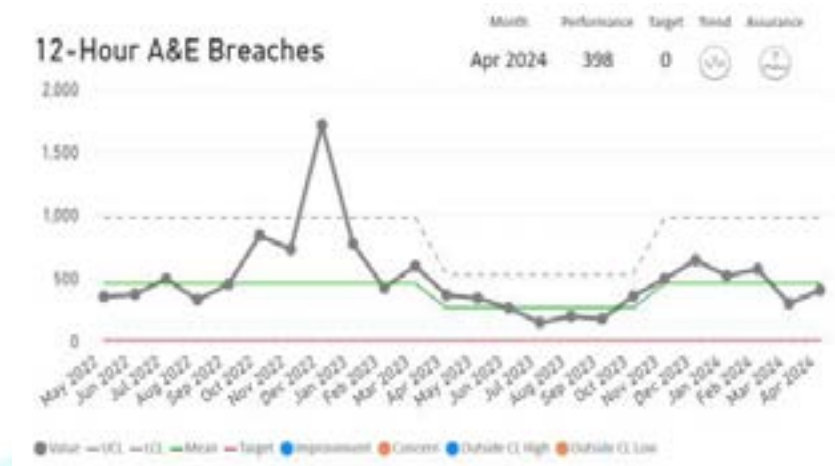
	Target	Performance
Group	0	398
North Tees and Hartlepool		38
South Tees		360

North Tees

An increase in 12 hour waits is noted compared to the previous month. The majority of long waits within the department were due to bed waits and flow into acute admission areas.

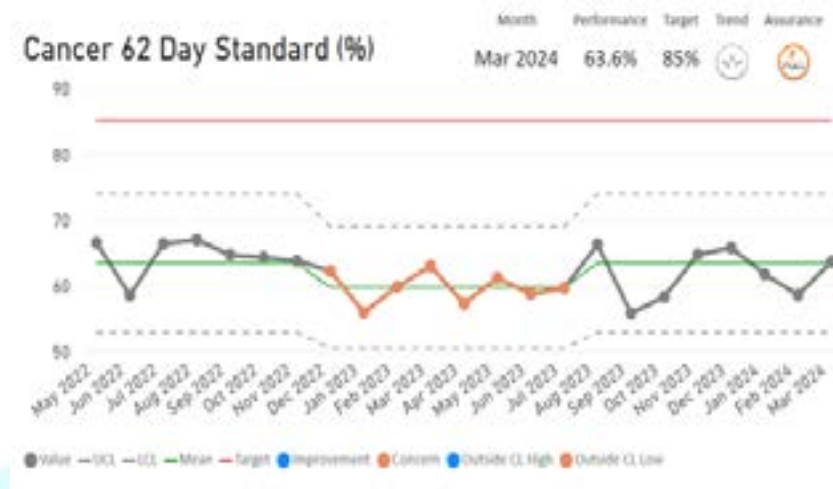
South Tees

The number of patients experiencing the longest A&E waits was consistent with previous months. 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.



Cancer

	Target	Performance
Group		63.6%
North Tees & Hartlepool	70%	72.0%
South Tees		59.1%



North Tees

An increase in performance is reported in March, noting achievement of the national recovery standard. The Trust has submitted a trajectory of 72% at March 2025 as part of the annual operating plan. The senior cancer team continue to work closely with the clinical teams supporting progress with the Cancer Improvement Plan. Confirmation of funding for 2024-25 has been received from the Northern Cancer Alliance to support cancer delivery.

South Tees

The number of patients waiting more than 62 days showed an improving trend for 2023/24, with a continuation of that trend into April 2024. Specific focus is being given to urology pathways through extra theatre lists and the streamlining of diagnostic requests. The Trust is committed to service improvement work that will help achieve the new 70% target by March 2025 through service specific cancer action plans that are reviewed and monitored through the Cancer Delivery Group. Cancer Actions Plans are informed by a programme of pathway reviews and additional support is in place for the implementation of the best practice timed pathways that will improve timely access to diagnostics and treatment.



Referral to Treatment

	Target	Performance
Group	92%	65.2%
North Tees and Hartlepool		71.8%
South Tees		62.7%

North Tees

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 weekend theatre lists continue.

South Tees

Referral to treatment within 18 weeks performs above the national average however did fall just outside of normal range for March. The Trust achieved its year end plan for 65-week waiters (150), with a 122 patients. A single patient waited over 78 weeks.



Diagnostics

	Target	Performance
Group	95%	80.4%
North Tees and Hartlepool		78.7%
South Tees		81.7%



North Tees

A reduced compliance for the month compared to March, 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, has led 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

- Proposal to focus on the constitutional standards and key metrics as outlines within the latest operational and planning guidance.
- Further review of site IPRs to streamline number of metrics
- The working group continues to meet and agree metrics and presentation of the Group IPR for 2024/25



North Tees & Hartlepool Integrated Performance Report (IPR) – May 2024

Meeting date: 5 June 2024

Reporting to: Group Board of Directors

Agenda item No: 8

Report author: Lynsey Atkins,
Associate Director of Planning and
Performance

Action required:
Assurance

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

Previously presented to:
North Tees Operational Delivery Group,
Monthly Performance Meeting and In
common 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
People, Finance

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

Performance and Compliance, Quality,

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.

A significant reduction in diagnostics performance compared to the previous month as a result of long term sickness within non-obstetric ultrasound and Echo. MRI breaches have increased, however, the main pressure is on Cardiac MRIs. The mobile scanner returned to site on 1st of May which will assist with routine capacity. There is focused work to improve this position, including assessing sustainability for alternative diagnostic tests and working in partnership with South Tees to increase capacity. DEXA and CT continue to see patients within 6 weeks and report no breaches. The standard for 2024-25 has been aligned to the national elective recovery standard.

Theatre Utilisation remains a key focus through the scheduling task and finish group including procedure timing and data quality for improved accuracy and right time, right place for appropriate theatre allocation.

There is a reduction in reportable theatre cancellations in April. A deep dive audit is to be undertaken to identify further opportunities to improve this position.

Occupancy is noted to be above the standard in April. Capacity prioritisation measures are in place and full capacity protocol considered through OPEL meetings. Partnership working continues with mutual aid, repatriation, and a focus on discharge to improve this position and maintain good flow.

There is a reduction in readmission rates in February 2024. Focused work correlating the primary procedure and readmission reasons continues.

The Trust absence rate as at end March 2024 is 5.61%. This is an increase on the previous month's rate of 0.17% and exceeds the standard of 4%. Long-term sickness accounted for 3.46% of overall sickness with short term being 2.14%.

The Trust has a tolerance of 95% compliance for staff annual appraisals. The position for appraisal compliance for April 2024 stands at 86.76% which is decrease of 0.41% from the previous month.

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 reports the highest performance since the reintroduction of the 4-hour standard, with performance placing the Trust best in the country for a second month. Continuous improvement is ongoing with a range of work streams covering workforce, digital and pathways, alongside education and communication across the Trust, with oversight via more before 4 meetings and the 4-hour Steering Group. The standard for 2024-25 has been aligned to the national recovery standard (78%), however it is noted that the Trust has submitted a trajectory of 90% at March 2025, as part of the annual operational plan.

An increase in performance is reported in March against the 62-day cancer standard, noting achievement of the National recovery standard. The Trust has submitted a trajectory of 72% at March 2025 as part of the annual operating plan. The Senior Cancer Team continue to work closely with the clinical teams supporting progress with the Cancer Improvement Plan. Confirmation of funding for 2024-25 has been received from the Northern Cancer Alliance to support cancer services delivery.

A reduction in the number of 52 week waiters is reported compared to the previous month. April is reporting 12 patients waiting over 65 weeks. The Trust has achieved April's trajectory submitted as part of the annual plan. The standard for 2024-25 has been aligned to the March 2025 trajectory as submitted within the annual plan.

Achievement of the length of stay standards continue.

Friends & Family Test (FFT) metrics fall within their relevant control limits and above the minimum standard of 75%. The 'very good' or 'good' responses returned for April is 93.03%, an increase from 91.62% on the previous month.

Recommendations:

Members of the Group Board are asked to:

- Receive and note the contents of the IPR;
- Acknowledge the ongoing challenges impacting on a number of key performance standards and the mitigating actions in place to support performance improvement, and;
- Note that the current IPR remains in development and being addressed through a working group.



NHS
North Tees and Hartlepool
NHS Foundation Trust



Integrated Performance Report (IPR)

May 2024 Report

(April 2024 data)

Executive Summary

Domain

Summary

Safe

Page 6 to Page 12

The Trust currently awaits the new threshold guidance from NHSE in relation to all infections. With the exception of E-coli, MRSA and CAUTI, infections reported above the Trust thresholds.

During April, 98 inpatient falls were reported, 52 resulted in no harm, 43 low harm, and 2 resulted in moderate harm.

Zero category 4 pressure ulcers within the acute setting were reported in March 2024. There has been one reported category 3 pressure ulcer.

Effective

Page 13 to Page 18

There is a reduction in reportable cancellations in April. A deep dive audit is to be undertaken to identify further opportunities to improve this position.

There is a reduction in readmission rates in February. Focused work correlating the primary procedure and readmission reasons continues.

Theatre utilisation remains below the standard. Work streams have been initiated to explore opportunities for improvement.

Caring

Page 19 to Page 22

Friends & Family Test (FFT) metrics fall within their relevant control limits and above the minimum standard of 75%. The very good or good responses returned for April is 93.03%, an increase from 91.62% on the previous month.

111 complaints were opened in April (excludes 11 pending triage to agree Stage and/or pending consent). This is an increase of 14.58% on the previous month. A 40.34% increase in compliments is reported.

Executive Summary

Domain

Summary

Responsive

Page 23 to Page 32

The Trust reports the highest performance since the re-introduction of the 4-hour standard, with performance placing the Trust best in the country for a second month.

Occupancy is noted to be above the standard in April. Capacity prioritisation measures are in place and full capacity protocol considered through OPEL meetings. Partnership working continues with mutual aid, repatriation, and a focus on discharge to improve this position and maintain good flow.

An increase in performance against the 62-day cancer standard is reported in March, noting achievement of the National recovery standard. The Senior Cancer Team continue to work closely with the clinical teams supporting progress with the Cancer Improvement Plan. Confirmation of funding for 2024-25 has been received from the Northern Cancer Alliance to support cancer services delivery.

Well-Led People

Page 33 to Page 36

&

Finance

Page 37

The Trust absence rate as at end March 2024 is 5.61%. This is an increase on the previous month's rate of 0.17% and exceeds the standard of 4%. Long-term sickness accounted for 3.46% of overall sickness with short term being 2.14%.

The Trust has a tolerance of 95% compliance for staff annual appraisals. The position for appraisal compliance for April 2024 stands at 86.76% which is decrease of 0.41% from the previous month.

The Trust is not required to submit a formal finance return to NHSE for Month 1, therefore a verbal update will be provided.

Executive Summary

Domain

Summary

Maternity

Page 38 to Page 44

There is an improvement in recording of VTE risk assessment, this trend continues following the implementation of a new electronic patient record system.

An improvement in the rates of smoking during pregnancy is noted; the current position is 10.16 with a NENC average of 11%.

Zero cases of still births and neonatal mortalities are noted in March.

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)

Month **Apr-24**Actual **0**Standard **0**

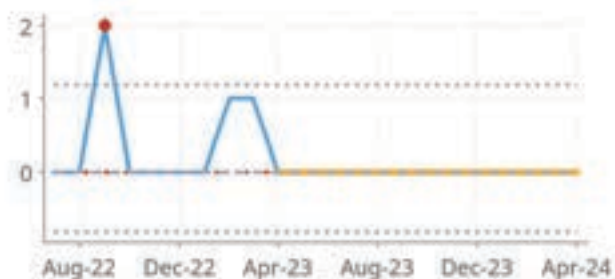
Summary of Current Issues/ Recovery Plans

1,319 safety events across all levels and types of adverse events were reported for April, No PSII's were reported.

Following the change to InPhase from Datix in Q4 2023-24, a reduction of incident reporting circa 25% was reported; reduction rate at April reports 14%. Training and support to staff continues.

There is currently a consultation underway examining the future of never events, with Trust staff involved in feedback and webinars. NHS England will be involving stakeholders further as this consultation develops.

Never Events

Month **Apr-24**Actual **0**Standard **0**

The Trust has four high strategic risks identified through the Board Assurance Framework (BAF), which are:

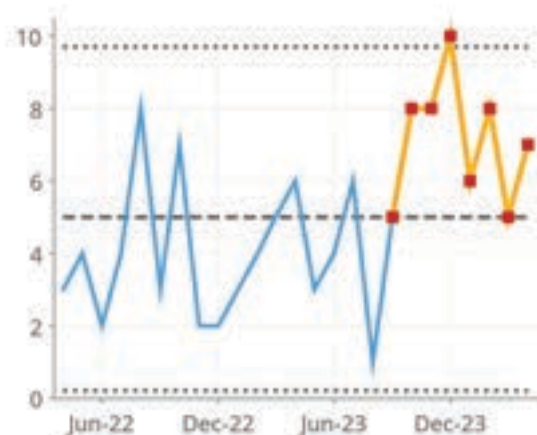
- Delivery of Savings
- Failure of Trust infrastructure (including buildings)
- Insufficient capital funding to maintain Trust estate
- Reduction of system capacity due to the Trust being unable to provide services, impacting on reputation

Strategic Risks

Month **Apr-24**Actual **4**Standard **0**

These risks are articulated in the Estates and Finance BAF and monitored through the Resource Committee.

Clostridium difficile (C. diff)

Month **Apr-24**Actual **7**Standard **4**

Summary of Current Issues/ Recovery Plans

The Trust currently awaits the new threshold guidance from NHSE in relation to all infections. The data standard presented for infections represents the thresholds from 2023-24. National changes in reporting have also been made with the date of admission being reported as at the point of 'decision to admit' rather than the actual date of admission from ED. This is due to the potential longer waits in ED across the country, where infections may be classed as community-onset rather than be hospital-onset, given the length of time spent in the hospital environment. Due to the Trust's successful performance with the 4hr standard it is unlikely to impact our reporting categories.

Seven C. diff cases are reported for April 2024 across differing areas. This is the eighth month in an elevated position above standard, however noting that the regional and national picture reflects this position. There is a renewed focus on antibiotic stewardship for 2024. The Trust has recruited a new consultant microbiologist who comes into post in May 2024, who will support this work.

Catheter Associated Urinary Tract Infection (CAUTI)

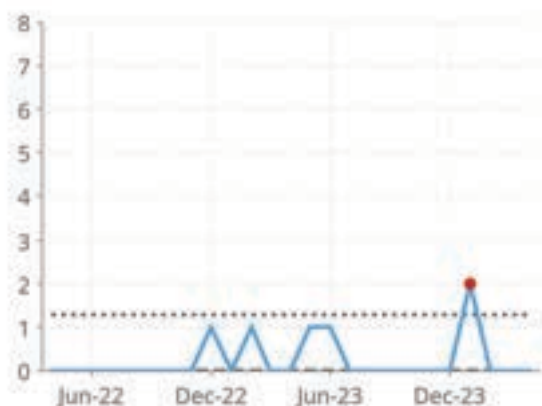
Month **Apr-24**Actual **9**Standard **17**

Summary of Current Issues/ Recovery Plans

A downward trend for Catheter-Associated Urinary Infections can be seen. A CAUTI working group has been established with a focus on catheter management, equipment and where possible, avoidance with the use of alternative products.

Methicillin-resistant Staphylococcus aureus

Summary of Current Issues/ Recovery Plans



Month	Apr-24
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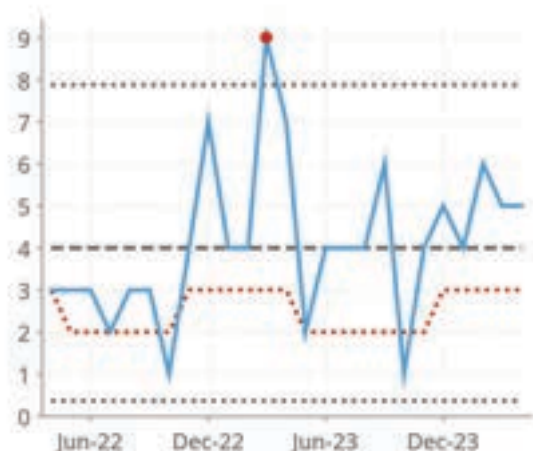
Actual	0
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Standard	0
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Zero cases of MRSA were reported. The MRSA Focus Group has identified key actions to improve compliance with MRSA screening, and the prescribing of decolonisation therapy.

Methicillin-Sensitive Staphylococcus aureus

Summary of Current Issues/ Recovery Plans



Month	Apr-24
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Actual	5
--------	---

Standard	3
----------	---

Five MSSA bacteraemia were reported for April. Although there is no external threshold, the Trust will aim to reduce our internal threshold, with a view of delivering an improved position. The Infection, Prevention and Control (IPC) In-Reach Nurse to work collaboratively within clinical areas, providing intense educational support.

Escherichia coli (E. coli)

Month **Apr-24**Actual **5**Standard **6**

Summary of Current Issues/ Recovery Plans

Five E-coli healthcare-associated bacteraemia reported in April, with lower urinary tract remaining the highest reported source. The IPC In-Reach Project is currently evaluating processes in clinical areas in order to identify any improvements.

Klebsiella

Month **Apr-24**Actual **2**Standard **1**

Summary of Current Issues/ Recovery Plans

Two healthcare-associated Klebsiella cases were reported in April, both in differing areas and sources.

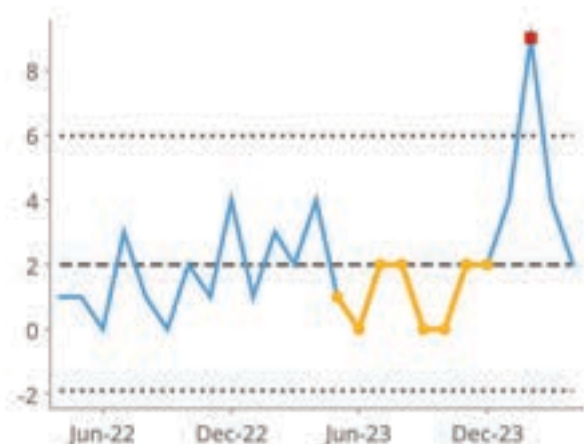
Pseudomonas aeruginosa

Month **Apr-24**Actual **1**Standard **0**

Summary of Current Issues/ Recovery Plans

The Trust is currently reporting one healthcare-associated case in April. The source related to hepatobiliary causes and unlikely to have been due to omissions in care.

Falls with Moderate Harm



Month

Apr-24

Actual

2

Standard

2

Summary of Current Issues/ Recovery Plans

During April, 98 inpatient falls were reported, 52 resulted in no harm, 43 low harm, and 3 resulted in moderate harm, however, one moderate harm to be re-categorised as was a fall at home and not an inpatient fall. Zero severe harm falls are reported.

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

There is no negative impact relating to the numbers of reported falls following the change from Datix to InPhase reporting system. Reporting numbers have continued to increase. It is evident that some falls are being recorded on the InPhase platform as inpatient falls, when they have actually occurred at the patient's home. Work is ongoing to ensure falls are correctly captured.

Falls with Severe Harm



Month

Apr-24

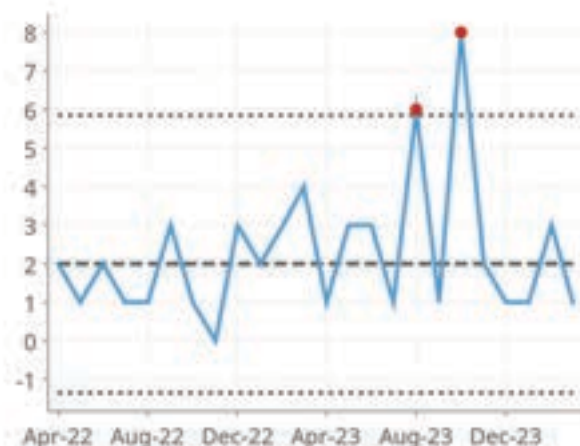
Actual

0

Standard

0

Pressure Ulcers Category 3



Month

Mar-24

Actual

1

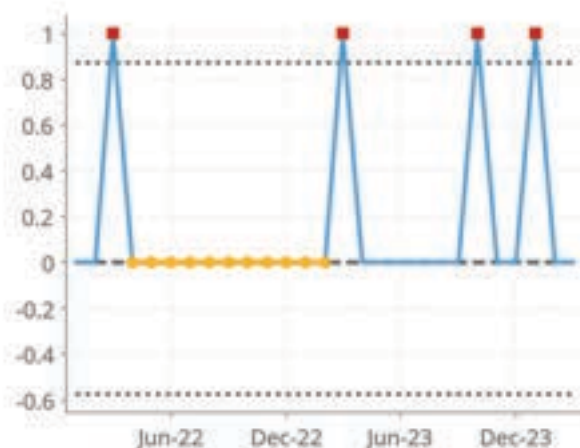
Standard

2

Summary of Current Issues/ Recovery Plans

There has been one reported category 3 pressure ulcer in March 2023, zero category 4 pressure ulcers. Reporting across all categories remains lower than previous points throughout the year, this is likely attributed to under reporting during to InPhase. The Patient Safety Team, Senior Clinical Matrons and Ward Matrons have been asked to ensure all staff are competent with reporting on InPhase. The Skin Integrity Nurse is also visiting areas to help support with the education of reporting pressure ulcer events, however, there has been no increase in higher category reporting which provides assurance that appropriate care delivery is being maintained.

Pressure Ulcers Category 4



Month

Mar-24

Actual

0

Standard

0

UNIFY Day RCN

Month **Apr-24**Actual **90.83%**Standard **$\geq 80\%$ and
 $\leq 109.99\%$**

Summary of Current Issues/ Recovery Plans

Nursing fill rates for Registered Nurses and Health Care Assistants continue to sit within the recommended standard of less than 80%. HCA fill rates at night remain under the recommended threshold, reporting 103.75% in April.

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 ongoing for both registered and unregistered nurses and midwives.

38 pre-registration nurses are planned to attend a recruitment event in June 2024, these new nurses will qualify in September 2024 and will further reduce the forecasted vacancy level.

UNIFY Night RCN

Month **Apr-24**Actual **98.93%**Standard **$\geq 80\%$ and
 $\leq 109.99\%$**

UNIFY Day HCA

Month **Apr-24**Actual **86.75%**Standard **$\geq 80\%$ and
 $\leq 109.99\%$**

UNIFY Night HCA

Month **Apr-24**Actual **103.75%**Standard **$\geq 110\%$ and
 $\leq 125.99\%$**

Summary Hospital-level Mortality Indicator (SHIMI)

Summary of Current Issues/ Recovery Plans



Month	Dec 22 - Nov 23
-------	-----------------

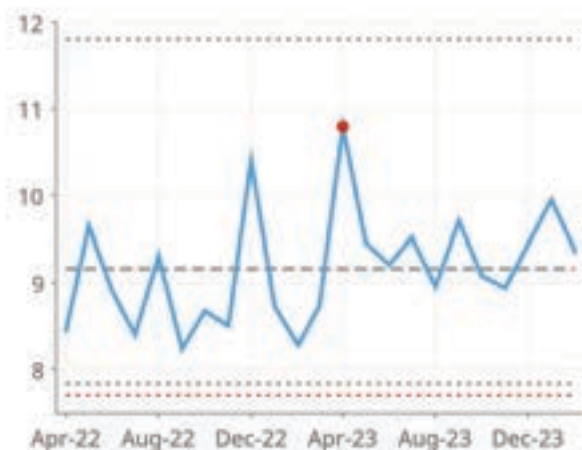
Actual	97.81
--------	-------

Standard	100
----------	-----

The latest SHMI value is now 97.81 (December 2022 to November 2023) which has increased from the previous rebased value of 96.40 (November 2022 to October 2023). The national range reporting between, 71.95 to 125.64.

Re-admission Rate

Summary of Current Issues/ Recovery Plans



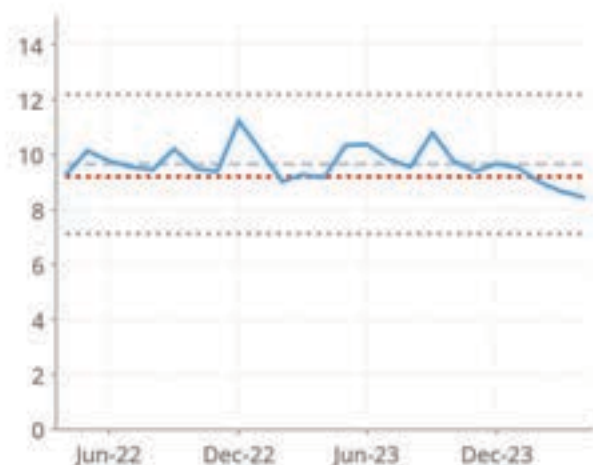
Month	Feb-24
-------	--------

Actual	9.36%
--------	-------

Standard	7.70%
----------	-------

A reduction in readmission rates is evident in February. Focused work across the specialty areas, correlating the primary procedure and readmission reasons continues. Trends and themes identified enabling clinical teams to explore if any changes to clinical pathways are required.

Outpatient Did Not Attend - Combined

Month **Apr-24**Actual **8.46%**Standard **9.20%**

Summary of Current Issues/ Recovery Plans

A slight reduction in DNA rates can be seen for April. Further improvement of DNA rates will be a key focus area for transforming outpatients, as part of the newly established Elective Productivity and Efficiency Work stream. When comparing the DNA prior to implementation of the Patient Engagement Portal (PEP), 15 specialities show a reduction in DNA rates for both first attendances and review activity.

Through the Outpatient's Transformation Steering Group, work is underway to ensure appointments with procedures are appropriately coded to provide assurance that activity is aligned.

Outpatients Appointments with Procedure

Month **Apr-24**Actual **17.77%**Standard **38.00%**

Theatre Utilisation (%)



Month

Apr-24

Actual

71.50%

Standard

80.00%

Summary of Current Issues/ Recovery Plans

Focused work through the Scheduling task and finish group includes procedure timing and data quality for improved accuracy and right time, right place for appropriate theatre allocation

Theatre - Reportable Cancellations



Month

Apr-24

Actual

65

Standard

N/A

Reportable cancellations reflect a similar position to last month with 65 reportable cancellations noted. Predominant reasons are attributed to Surgeon unavailable (27), to accommodate urgent patients (12) and out of theatre time (12).

Not Re-appointed within 28 days



Month

Mar-24

Actual

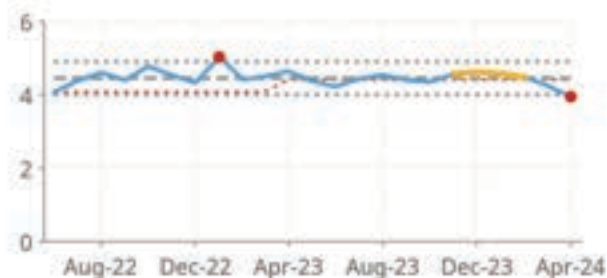
4

Standard

0

All patients cancelled have now been re-appointed according to clinical priority. Collaborative working with the Waiting Well Service continues to explore if there is an opportunity for this service to provide additional support to patients

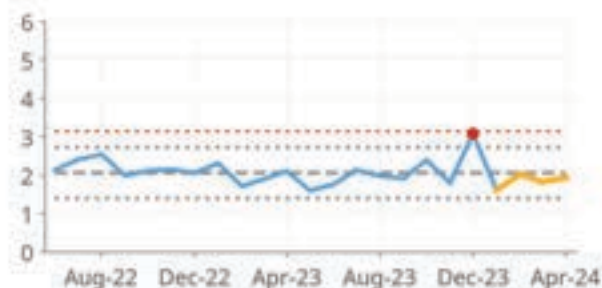
Length of Stay (Combined)

Month **Apr-24**Actual **3.95**Standard **4.41**

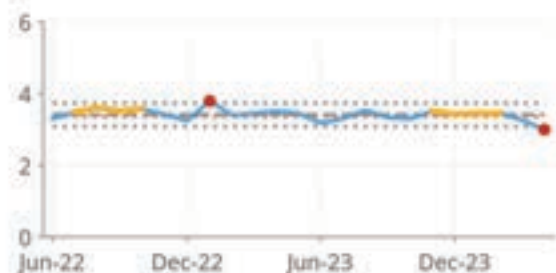
Summary of Current Issues/ Recovery Plans

Achievement of the length of stay standards continue.

Length of Stay (Elective)

Month **Apr-24**Actual **1.93**Standard **3.14**

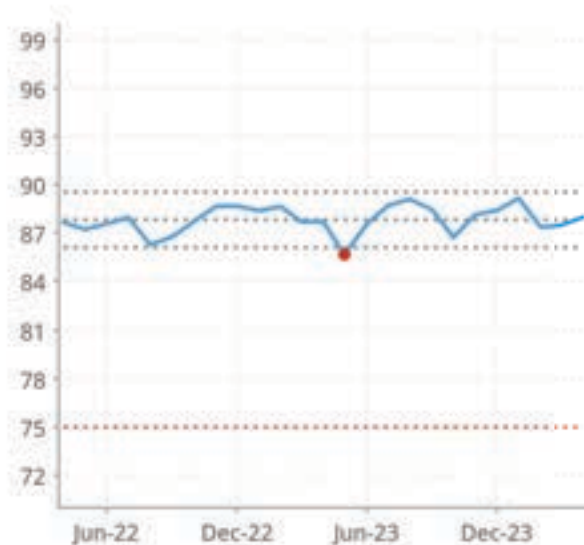
Length of Stay (Emergency)

Month **Apr-24**Actual **2.99**Standard **3.35**

Day Case Rates

Summary of Current Issues/ Recovery Plans

Day case rates reported and improvement in April.

Month **Apr-24**Actual **87.97%**Standard **75.00%**

Critical Care <4 Hours Discharge

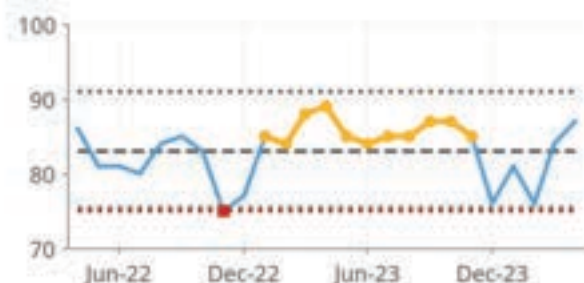
Summary of Current Issues/ Recovery Plans

Month **Apr-24**Actual **17.50%**Standard **100.00%**

Discussions continue within the daily internal OPEL meetings in order to prioritise transfers from Critical Care. This is also discussed within the Trust 4 hour standards meeting in order to formulate possible solutions and actions to improve compliance.

Friends & Family Test - A & E

Summary of Current Issues/ Recovery Plans

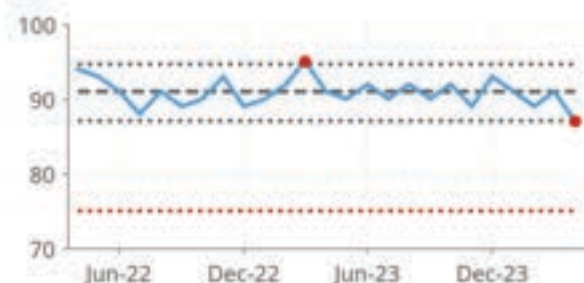
Month **Apr-24**Actual **87.00%**Standard **75.00%**

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

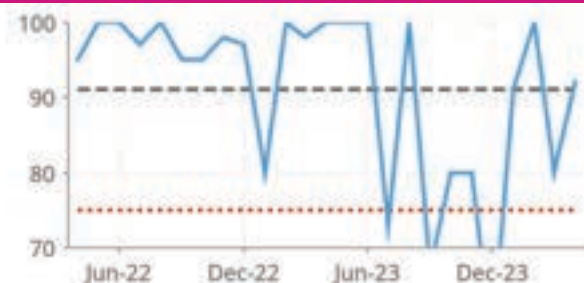
The Trust received 2,310 FFT returns this month; this is an increase from 1,910 FFT reported on the previous month's IPR.

The very good or good responses returned for April is 93.03%, an increase from 91.62% on the previous month.

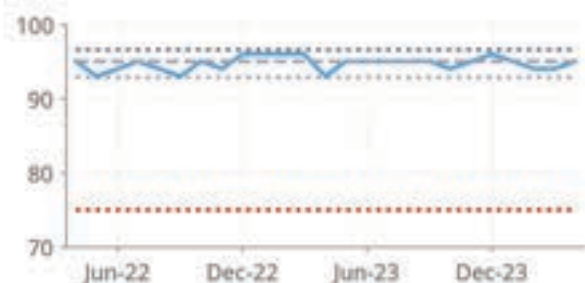
Friends & Family Test - Inpatient

Month **Apr-24**Actual **87.00%**Standard **75.00%**

Friends & Family Test - Maternity

Month **Apr-24**Actual **92.00%**Standard **75.00%**

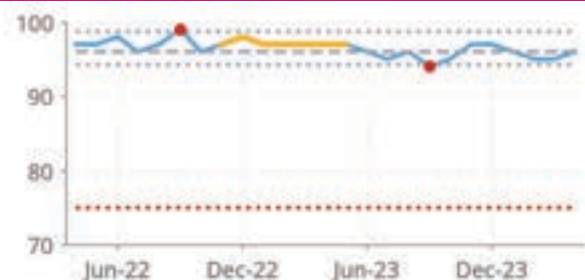
Friends & Family Test - Outpatient

Month **Apr-24**Actual **95.00%**Standard **75.00%**

Summary of Current Issues/ Recovery Plans

Outpatients, Community and Long Covid FFT continue to demonstrate a positive position.

Friends & Family Test - Community

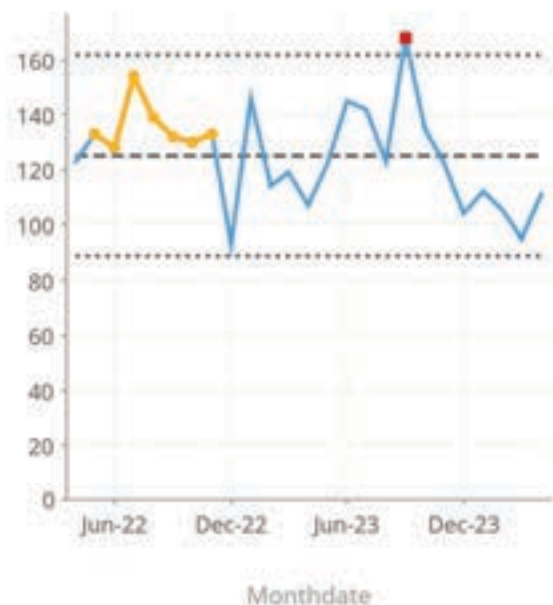
Month **Apr-24**Actual **96.00%**Standard **75.00%**

Friends & Family Test - Long Covid

Month **Apr-24**Actual **100.00%**Standard **75.00%**

Complaints - (Stage 1 - 3)

Summary of Current Issues/ Recovery Plans



Month

Apr-24

Actual

111

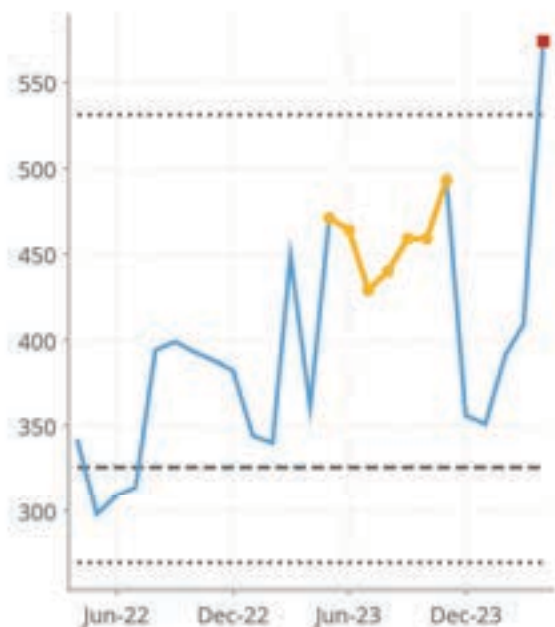
111 complaints were opened in April (excludes 11 pending triage to agree stage and/or pending consent). This is a 14.58% increase on the previous month. All complaints receive a complaint response in writing (Stage 1 resolution form, Stage 2 meeting notes, or Stage 3 executive response letter).

93.63% were locally resolved (Stage 1), 4.55% are to be resolved via a face-to-face meeting (Stage 2), and 1.82% requires an executive response letter (Stage 3).

Following implementation of the revised complaint process, the Trust has resolved and closed 21 verbal complaints within 24 hours. In line with National Regulations, they have been excluded from complaint figures.

Compliments

Summary of Current Issues/ Recovery Plans



Month

Apr-24

Actual

574

Following recent communications to encourage recording of compliments on the InPhase platform, April has seen a 40.34% increase in compliments recorded compared to the previous month. Work continues across teams to improve exploring various ways to ensure the full capture of compliments from individuals, teams and services.

Ambulance Handovers <59minutes

Summary of Current issues /Recovery Plan

1,912 patients arrived by ambulance to A&E, with a handover compliance (PIN) rate of 94.4%. All handovers were completed within 60 minutes, with an average handover time of 13 minutes and a turnaround time (arrival to clear) of 34. This places the Trust first in the region.



Month	Apr-24
-------	--------

Actual	100.00%
--------	---------

Standard	100.00%
----------	---------

4hr Accident & Emergency Waiting Times - Type 1 and Type 3



Month	Apr-24
Actual	88.70%
Standard	78.00%

Summary of Current Issues/ Recovery Plans

The Trust reports the highest performance since the re-introduction of the 4-hour standard, with performance placing the Trust best in the country for a second month. Continuous improvement is ongoing with a range of work streams covering workforce, digital and pathways, alongside education and communication across the Trust, with oversight via more before 4 meetings and the 4-hour Steering Group. The standard for 2024-25 has been aligned to the National recovery standard, however it is noted that the Trust has submitted a trajectory of 90% at March 2025, as part of the annual operational plan.

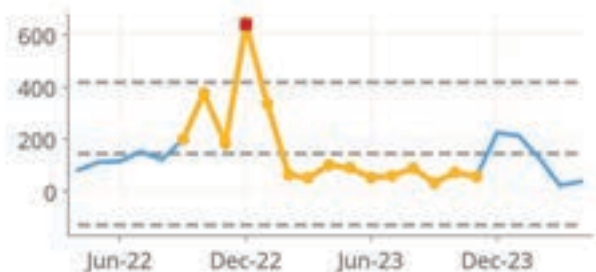
4hr Accident & Emergency Waiting Times - Type 1



Month	Apr-24
Actual	59.54%
Standard	65.00%

The Trust has submitted a trajectory of 65% at March 2025, as part of the annual operational plan.

12 Hour Waits in Accident and Emergency



Month	Apr-24
Actual	38
Standard	0

An increase in 12 hour waits is noted compared to the previous month. The majority of long waits within the department were due to bed waits and flow into acute admission areas.

Trust Occupancy

Summary of Current Issues/ Recovery Plans



Month **Apr-24**

Actual **93.60%**

Standard **92.00%**

The Trust reported above standard for April, with medical occupancy averaging 97.07%. Capacity prioritisation measures are in place and full capacity protocol considered through OPEL meetings. Partnership working continues with mutual aid, repatriation and a focus on discharge to improve this position and maintain good flow.

The Trust reported OPEL 3 on 5 days of the month. Scale down of resilience capacity (ward 37) took place during April, with a staged approach, leading to full closure by month end. Plans are now in place for the ward decant programme across the summer with ward 26 the first to relocate.

Virtual Ward Occupancy

Summary of Current Issues/ Recovery Plans



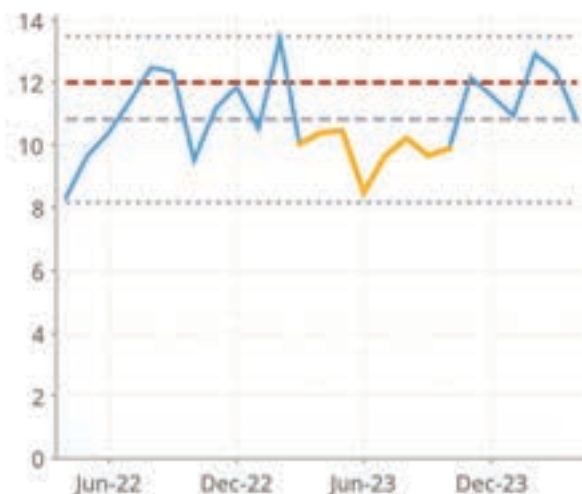
Month **Apr-24**

Actual **35.45%**

Standard **80.00%**

The Trust is now live across 3 pathways; Frailty, Respiratory and Enhanced Health in Care Homes. Targeted work to increase occupancy continues, highlights of this includes a communication campaign in primary care and Community Clinical Practitioners working across the Emergency Department and assessment areas to raise the profile of the service. Following a recent review, the Respiratory pathway inclusion criteria will be changed which should see an increase in occupancy levels.

Super Stranded - % of Current Inpatients

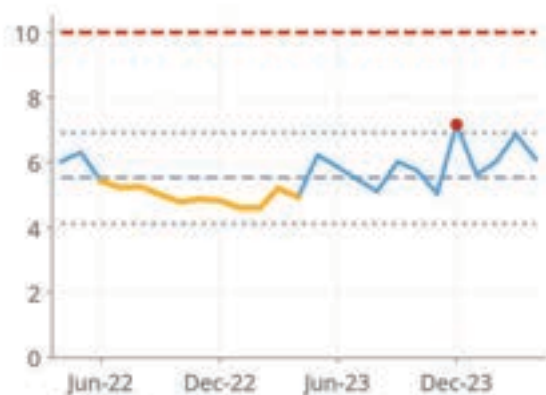


Month	Apr-24
Actual	10.77%
Standard	12.00%

Summary of Current Issues/ Recovery Plans

A reduction in the numbers of stranded patients is reported compared to the previous month (12.38%). Work is underway in collaboration with local authorities to maintain a Home First focus for patient care.

Do Not Meet Criteria to Reside



Month	Apr-24
Actual	6.09%
Standard	10.00%

Summary of Current Issues/ Recovery Plans

A reduction in the number of patients who do not meet the criteria to reside and remain in hospital is reported compared to the previous month, reporting well within standard.

2 hour Community Response

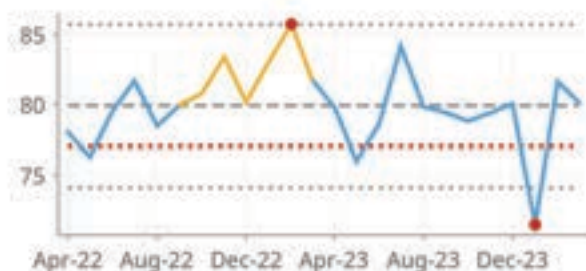


Month	Mar-24
Actual	78.03%
Standard	70.00%

Summary of Current Issues/ Recovery Plans

The Trust continues to maintain a positive performance position. Further work is underway to fully understand referral sources and will include targeted work where appropriate.

Cancer 28 Day Faster Diagnosis



Month	Mar-24
Actual	80.10%
Standard	77.00%

Summary of Current Issues/ Recovery Plans

The Trust has submitted a trajectory of 81% at March 2025 as part of the annual operating plan. Focused work continues via the Cancer Delivery Group including monitoring of turnaround times for diagnostics and reporting ensuring alignment with the Best Practice Timed Pathways. Focussed work continues within Gynaecology to expand and establish a one-stop PMB clinic, following a successful pilot. Pressures remain with lung and haematology pathways as patients often require complex and multiple diagnostics.

New Cancer 31 Days



Month	Mar-24
Actual	93.97%
Standard	96.00%

187 of the 199 patients were treated within 31 days. Colorectal, Urology and Breast being the specialities with a decline in performance, reducing the overall Trust position in March.

New Cancer 62 Days

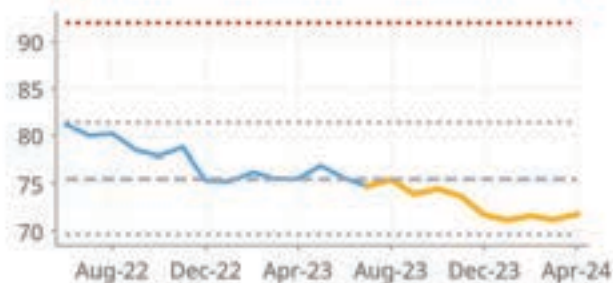


Month	Mar-24
Actual	72.01%
Standard	70.00%

An increase in performance is reported in March, noting achievement of the National recovery standard. The Trust has submitted a trajectory of 72% at March 2025 as part of the annual operating plan. The Senior Cancer Team continue to work closely with the clinical teams supporting progress with the Cancer Improvement Plan. Confirmation of funding for 2024-25 has been received from the Northern Cancer Alliance to support cancer services delivery.

Referral to Treatment Incomplete Pathways Wait (92%)

Summary of Current Issues/ Recovery Plans



Month	Apr-24
Actual	71.76%
Standard	92.00%

The Elective Productivity and Efficiency Work stream has now been established. Reduction of waiting lists and the number of long waiters being a key focus along with adherence to policy.

Incomplete Pathways Wait (>52 Week Wait)



Month	Apr-24
Actual	175
Standard	89

A reduction in the number of 52 week waiters is reported compared to the previous month. April is reporting 12 patients waiting over 65 weeks. The Trust has achieved April's trajectory submitted as part of the annual plan.

The standard for 2024-25 has been aligned to the March 2025 trajectory as submitted within the annual plan.

Diagnosis <6 Weeks (DM01 %)

Summary of Current Issues/ Recovery Plans



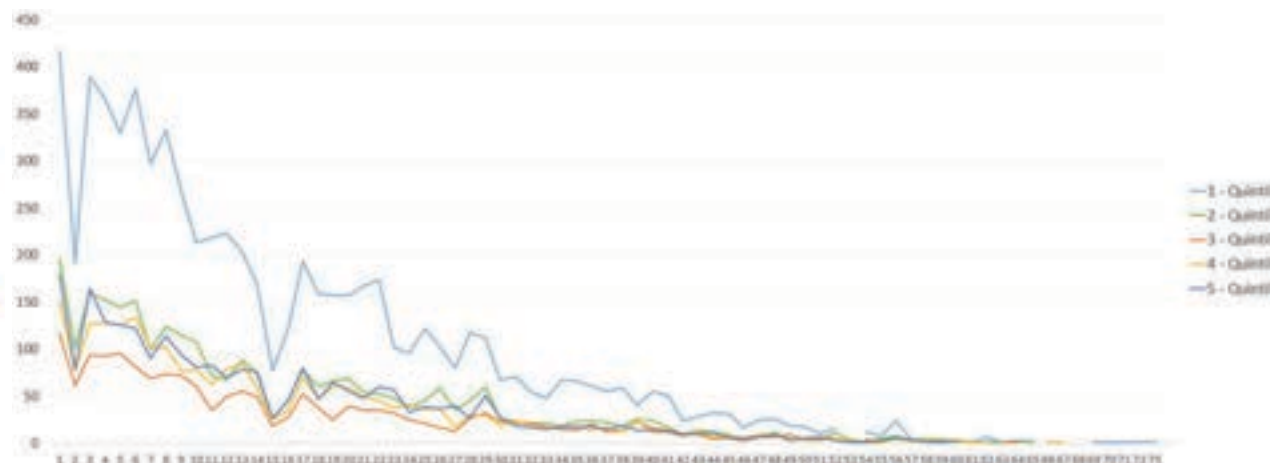
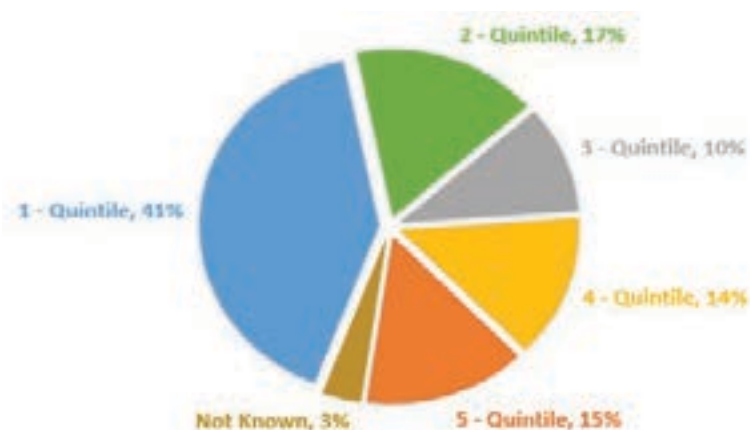
Month	Apr-24
Actual	78.71%
Standard	95.00%

A significant reduction in performance compared to the previous month as a result of long term sickness within non-obstetric ultrasound and Echo. MRI breaches have increased, however, the main pressure is on Cardiac MRIs. The mobile scanner returned to site on 1st of May which will assist with routine capacity. There is focused work to improve this position, including assessing sustainability for alternative diagnostic tests and working in partnership with South Tees in increase capacity. DEXA and CT continue to see patients within the 6 weeks and report no breaches.

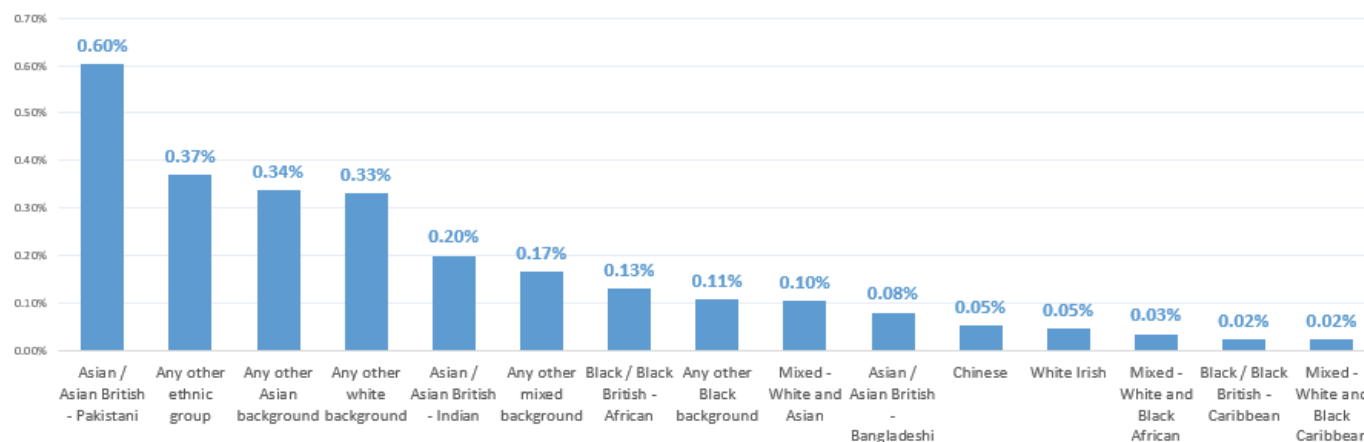
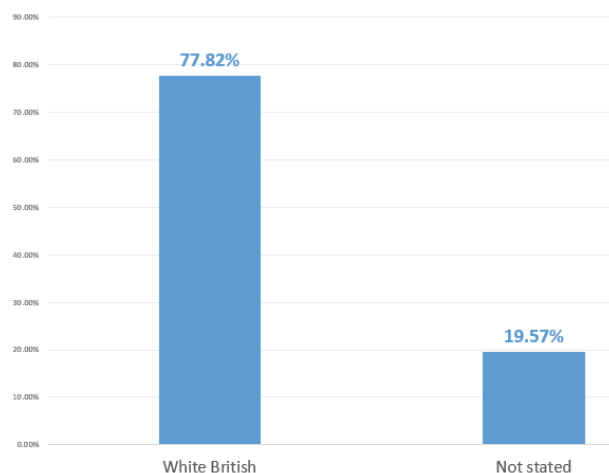
The standard for 2024-25 has been aligned to the National elective recovery standard.

By Deprivation Quintile (1 Most - 5 Least Deprived)

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



Waiting List by Ethnicity



Pharmacy Turnaround Time



Month

Mar-24

Actual

51

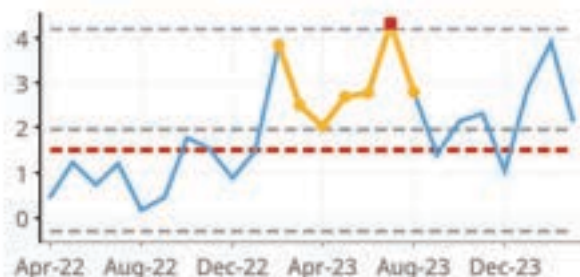
Standard

120

Summary of Current Issues/ Recovery Plans

Currently reporting positive of 51 minutes against a target of 120 minutes.

Discharge Medicine Service Referral



Month

Mar-24

Actual

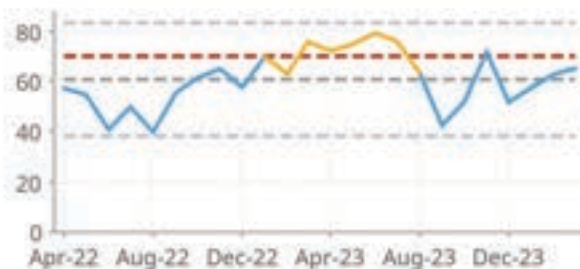
2.16%

Standard

1.50%

The standard has been met for discharge medicine referral.

Medicine Reconciliation



Month

Mar-24

Actual

65.05%

Standard

70.00%

Work is underway to develop an improvement plan to understand pathway/process to support front of house (EAU) interventions which will positively impact medicines reconciliation position; this was demonstrated during pharmacy "perfect week". Engagement with Care Group 2, to support a phased implementation of pharmacy workforce is underway.

Sickness % - Trust



Month

Mar-24

Actual

5.61%

Standard

4.00%

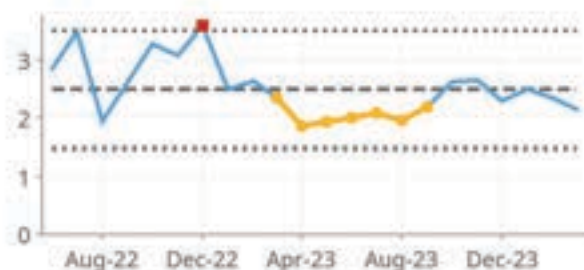
Summary of Current Issues/ Recovery Plans

The Trust absence rate as at end March 2024 is 5.61%. This is an increase on the previous month's rate of 0.17%. Stress/Anxiety /Depression remains the highest reason for absence and accounts for 34.44% of all absence.

Long-term sickness accounted for 3.46% of overall sickness with short term being 2.14%. The top 3 reasons for absence in the Trust are:

- o Anxiety/stress/depression/other psychiatric illnesses
- o Other MSK problems
- o Cold Cough and Influenza

Sickness % - Short Term



Month

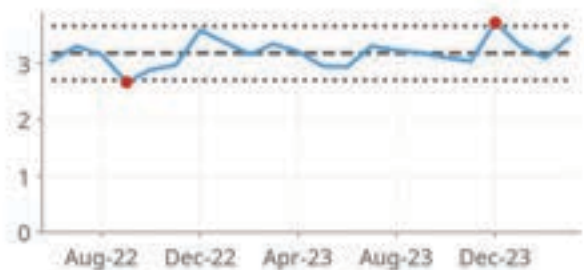
Mar-24

Actual

2.14%

2.14% of the 5.61% of absence reported in March 2024 was due to short term absences – this is a decrease from the previous months reported rate of 2.34%. There is a further reduction in short term absence reported as other known causes – not elsewhere classified. This was attributed to 0.04% of absences in March in comparison to 0.07% in February.

Sickness % - Long Term



Month

Mar-24

Actual

3.46%

3.46% of the 5.61% rate was due to long term absences; this is an increase from the previous months reported rate of 3.10%. Long term absence related to anxiety/stress/depression accounts for 1.93% of absence which is an increase from 1.59% reported in February and remains the top reason for absence.

This is correlated to 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	Apr-24
--------------	---------------

Actual	86.76%
---------------	---------------

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

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 appraises, further work is has taken place to streamline the appraisal paperwork and reporting process with work underway to align to South Tees as part of the group model. The appraisal process incorporates scope for growth methodology to promote talent management conversations.

Core 10 - Mandatory Training %

Summary of Current Issues/ Recovery Plans



Month	Apr-24
-------	--------

Actual	89.20%
--------	--------

Standard	90.00%
----------	--------

Mandatory training compliance for April 2024 is 89.20%. Whilst this represents a decrease of 0.94% from the previous reporting period, this is predominantly due to transition to the 'core 10' approach.

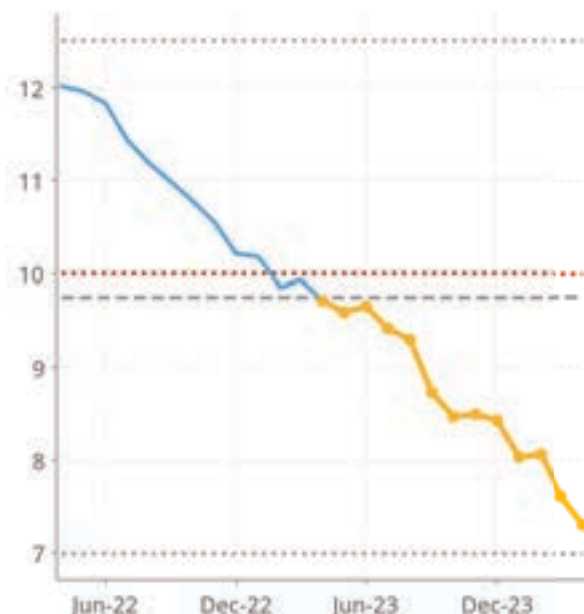
Face to face mandatory training topics remain a compliance challenge. Significant work has been undertaken within education around DNA's with processes now in place for resuscitation courses so managers and staff are aware of dates booked with reminder emails sent out prior to the course.

Work continues with the systems and quality team to refresh and update the TNA's in relation to resuscitation courses. A stakeholder workshop is currently being planned to review the process and alignment of resuscitation TNA's within ESR. In April, small increases in compliance have been noted for ALS, ILS and Paediatric BLS. The Resuscitation team is currently assessing capacity and demand in order to scope out opportunity to increase teaching capacity.

The Medical Workforce Team have recently implemented processes which will provide additional focus and scrutiny to monitoring compliance with mandatory training. Monthly reports are issued to Care Groups, to show current levels of compliance and this includes the names of the doctors and details of any outstanding mandatory training so that this can be followed up at a local level.

Staff Turnover %

Summary of Current Issues/ Recovery Plans



Month	Apr-24
-------	--------

Actual	7.30%
--------	-------

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 April 2024 is 7.30 % which is a decrease of 0.31% 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.



The Trust is not required to submit a formal finance return to NHSE for Month 1, therefore a verbal update will be provided.

Maternity Overview

Antenatal				
	Current Month	Actual	National Standard or Average	NENC Average
Smoking at Booking	Mar-24	10.16%	n/a	11.00%
VTE Compliance	Mar-24	98.75%	95.00%	n/a
Right Place of Birth	Mar-24	100.00%	100%	n/a
Birth				
Number of babies born	Mar-24	190	n/a	n/a
Induction of Labour	Mar-24	45.26%	46.90%	46.90%
PPH >1500mls (%)	Mar-24	1.05%	3.30%	3.30%
3rd & 4th Degree tears	Mar-24	1.58%	n/a	2.70%
Assisted Birth	Mar-24	11.94%	n/a	12.90%
Still Births	Mar-24	1.84	2.60	2.60
Postnatal				
Smoking at Delivery	Mar-24	8.42%	n/a	11.00%
Breast Feeding at First feed	Mar-24	46.56%	n/a	74.40%
Neonatal				
Neonatal Mortality	Mar-24	1.87	1.60	n/a
ATAIN Neonatal Admissions >=37 weeks	Mar-24	2.63%	6.00%	n/a
Workforce				
1:1 Care in active Labour	Mar-24	100.00%	100%	n/a
Labour ward Co-ordinator supernumary	Mar-24	99.40%	100%	n/a
RM Vacancy	Mar-24	-7.24	n/a	n/a
Midwife to Birth Vacancy	Mar-24	01:18	01:19.9	n/a
Feedback				
Complaints	Mar-24	5	n/a	n/a
Compliments	Mar-24	5	n/a	n/a

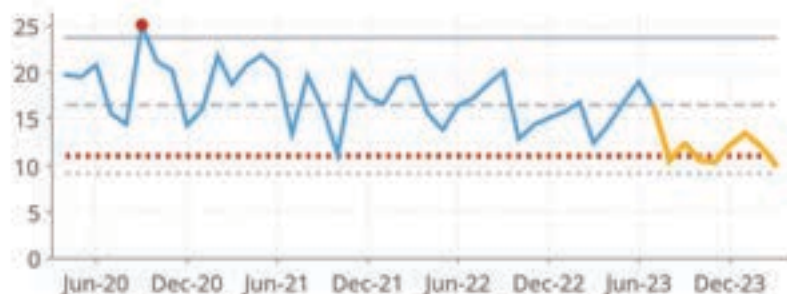
The overview is split into the following sections:

- 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.

Smoking at Booking (%)

Actions



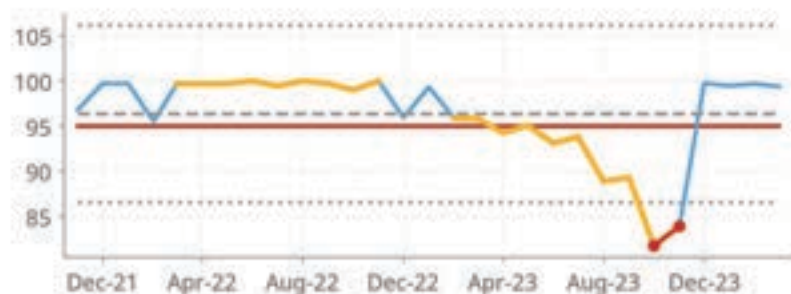
Month **Mar-24**

Actual **10.16%**

NENC
Average **11.00%**

This month has seen an improvement in the rates of smoking in pregnancy cessation. New carbon monoxide monitors have been acquired to identify smokers in the antenatal period to enable targeted support to quite smoking. A review of the data set and documentation is being undertaken for smoking at booking and delivery to produce results for the same cohort of women.

VTE Compliance



Month **Mar-24**

Actual **99.37%**

NENC
Average **95.00%**

There has been a significant improvement in the recording of the completion of the admission VTE risk assessment with the implementation of the new Electronic Patient Record system (Badgernet). Communications to staff members will continue, to sustain Trust compliance.

Right Place of Birth



Month **Mar-24**

Actual **100.00%**

NENC
Average **100.00%**

Births



Month

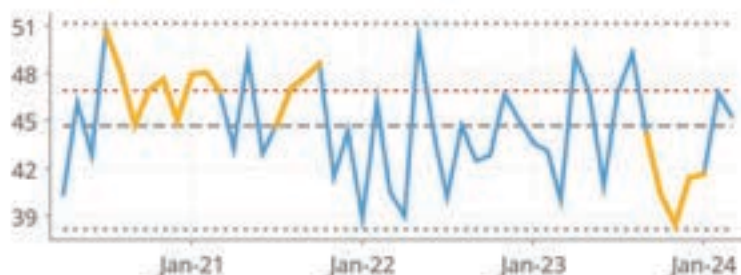
Mar-24

Actual

190

A quality improvement project has been initiated to improve and enhance service user experience for induction of labour. Working in collaboration with the Maternity and Neonatal voices partnership (MNVP), a new method will be introduced in May 2024: mechanical Induction of Labour.

Inductions of Labour



Month

Mar-24

Actual

45.26%

Trust
Standard

46.90%

Assisted Births



Month

Mar-24

Actual

11.94%

Trust
Standard

12.90%

Maternity - Safe

Postpartum Haemorrhage >1500mls (%)

Actions



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

Actual	1.05%
--------	-------

National Standard	3.30%
-------------------	-------

A sustained improvement to reduce the incidence of PPH (>1500 ml) was observed in March. To promote risk assessment completion, the risk assessment documentation process in Badgernet is being revised to be a mandatory field.

3rd and 4th Degree Tears (%)



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

Actual	1.58%
--------	-------

1:1 Care in Active Labour



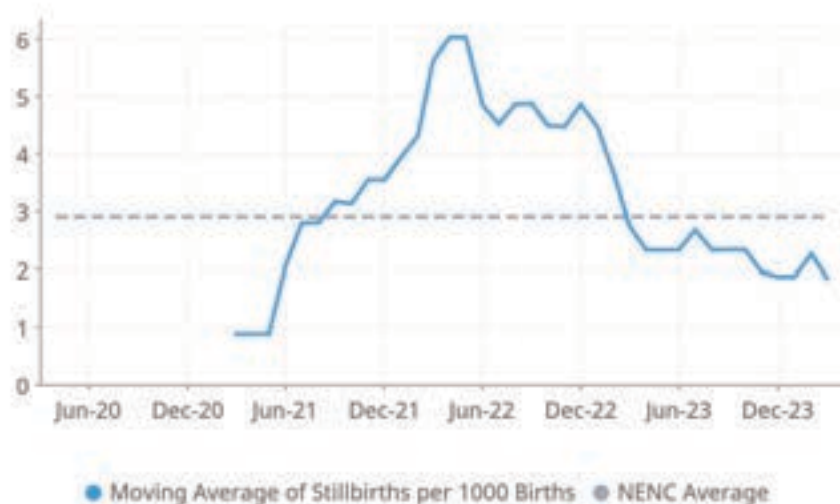
Month	Mar-24
-------	--------

Actual	100.00%
--------	---------

National Standard	100.00%
-------------------	---------

Stillbirths

Actions



The NENC ICB rates published on the regional dashboard report the 2023 stillbirth rate per 1000 of 2.9 and 2022 neonatal mortality rate per 1000 of 1.6.

Stillbirths and Neonatal Mortalities are investigated as per national recommendations. The investigations can lead to lessons for learning and inform improvement plans.

We had zero cases in March 2024.

Neonatal Mortality



Month Mar-24

Actual 1.87

National Standard 1.60

Smoking at Delivery

Actions



Month

Mar-24

Actual

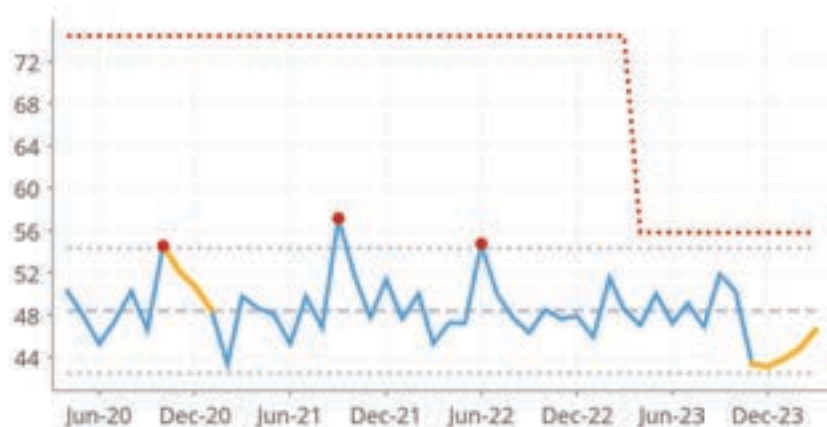
8.42%

National
Standard

11.00%

Following a decrease in the rate, a review has been undertaken by the Infant Feeding specialist midwife. A discrepancy in documentation has been noted since the change from paper to electronic following the implementation of Badgernet. Discussion are taking place with the Digital team to rectify the electronic documentation options and flow to ensure accurate recording.

Breastfeeding at First Feed



Month

Mar-24

Actual

46.56%

National
Standard

55.80%

Complaints



Month **Mar 24**

Stage 1 **4**

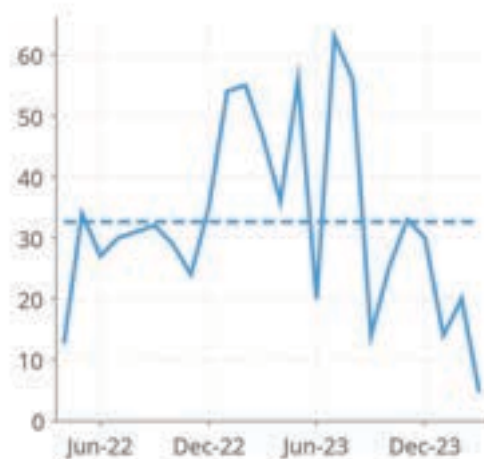
Stage 2 **1**

Stage 3 **0**

Actions

Maternity services have five complaints in March 2024.

Compliments



Month **Mar-24**

Actual **5**

Actions

Maternity services recieved five compliments in March, the themes of compliments were:

1. Friendliness
2. Kind and caring department

South Tees Integrated Performance Report – April 2024

Meeting date: 5 June 2024

Reporting to: Board of Directors

Agenda item No: 8

Report author: Anna Easby, BI
Developer

Action required:

Discussion

Information

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.

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.

National context reflects 2024/25 NHS Operational Planning Guidance.

SAFE domain:
No change.

EFFECTIVE domain:
March sepsis data update delayed due to system change.

CARING domain:
No change.

EQUITABLE domain:
No change.

RESPONSIVE domain:
The following metrics have been updated with recovery targets to reflect the objectives in the 2024/25 NHS Operational Planning Guidance:

- A&E 4-hour standard target updated to 78% by March 2025

Activity plans have been updated to reflect the most recent Planning Submission to NHS England however at time of print, this has not been finalised and accepted.

WELL LED domain:
No change.

Key Messages

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 April, A&E 4-hour standard performance notably improved from March following the opening of the Urgent Treatment Centre at James Cook University Hospital. Ambulance handover delays and 12-hour delays remained relatively stable.

For elective care in March, the RTT 18-week standard continued to perform strongly when compared to the national picture. The Trust achieved its recovery plan for reducing the number of 65 week wait patients, and a single patient was waiting 78 weeks at year end. 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 benchmarked well against the regional and national average.

The Trust continued to outperform the national target for 28-day Faster Diagnosis Standard and there was a reduction in the number of patients waiting over 62 days while being investigated. The Cancer 62-day standard performs lower as treatment is prioritised for the longest waiters. The Trust is committed to service improvement work that will help achieve the 70% target by 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.

Recommendations:

Members of the Public Trust Board of Directors are asked to:

- Receive the Integrated Performance Report for April 2024.
- Note the performance standards that are being achieved and the remedial actions being taken where metrics are outside expected parameters.



South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

April 2024

OVERSIGHT

RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

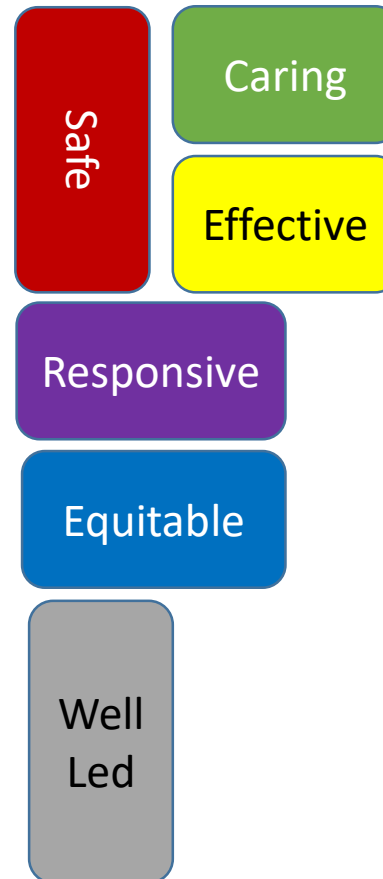
Dr Michael Stewart, Chief Medical Officer

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 2024/25 NHS Operational Planning Guidance.

SAFE domain:

No change.

EFFECTIVE domain:

March sepsis data update delayed due to system change.

CARING domain:

No change.

EQUITABLE domain:

No change.

RESPONSIVE domain:

The following metrics have been updated with recovery targets to reflect the objectives in the 2024/25 NHS Operational Planning Guidance:

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WELL LED domain:

No change.

NATIONAL CONTEXT

The overall priority for the NHS in 2024/25 remains the recovery of our core services and productivity following the COVID-19 pandemic. To improve patient outcomes and experience we must continue to:

- maintain our collective focus on the overall quality and safety of our services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach
- improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24
- reduce elective long waits and improve performance against the core cancer and diagnostic standards
- make it easier for people to access community and primary care services, particularly general practice and dentistry
- improve access to mental health services so that more people of all ages receive the treatment they need
- improve staff experience, retention and attendance

The Trust Improvement Plan, "Good to Outstanding", is being refreshed to reflect the progress made to date, our ongoing 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		Apr-24	Apr-24	Apr-24	Apr-24	Apr-24	Mar-24	Mar-24	Mar-24	Mar-24	Mar-24	Mar-24	Mar-24	Mar-24	Mar-24	Mar-24	Mar-24	Mar-24	Mar-24	Apr-24	Mar-24	Mar-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		75.0%	28	0.0%	501	192	61.5%	1,482	121	1	0	53,898	107%	106%	103%	103%	19.6%	59.1%	130	316	80.0%	
NENC ICS Provider level (including IS providers)		77.0%	744	6.4%	2,300	815	67.6%	6,937	895	11	1	376,816	106%	104%	108%	108%	17.5%	69.6%	807	1,795	82.0%	
North East & Yorkshire		74.8%		6.9%			63.5%										16.9%	68.9%			78.2%	
National		74.4%		10.1%			57.2%										16.9%	68.7%			77.3%	

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 April, A&E 4-hour standard performance notably improved from March following the opening of the Urgent Treatment Centre at James Cook University Hospital. Ambulance handover delays and 12-hour delays remained relatively stable. For elective care in March, the RTT 18-week standard continued to perform strongly when compared to the national picture. The Trust achieved its recovery plan for reducing the number of 65 week wait patients, and a single patient was waiting 78 weeks at year end. 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 benchmarked well against the regional and national average. The Trust continued to outperform the national target for 28-day Faster Diagnosis Standard and there was a reduction in the number of patients waiting over 62 days while being investigated. The Cancer 62-day standard performs lower as treatment is prioritised for the longest waiters. The Trust is committed to service improvement work that will help achieve the 70% target by March 2025.

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2379	2070	Apr 2024		
Patient Safety Incident Investigations	0		Apr 2024		N/A
Never Events (YTD)	0	0	Apr 2024	N/A	N/A
Falls	162		Apr 2024		N/A
Falls Rate % (Per 1000 Bed Days)	4.4	6.6	Apr 2024		
Falls With Harm	0		Apr 2024		N/A
Falls With Harm Rate % (Per 1000 Bed Days)	0		Apr 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. Compassionate engagement with all affected by patient safety incidents (including patients, their families and staff) is a cornerstone of PSIRF as well as contributing to the trust's restorative and just culture workstream.

No Never Events or Patient Safety Incident Investigation (PSII) level incidents were reported in April 2024.

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 trust, 'Falls Improvement Group' recommenced in April 2024 which monitors and implements the Falls Improvement Plan.

Inpatient falls are a South Tees PSIRF priority. Work is focusing on digitising of the Post Fall Checklist and Hot Debrief documents for completion through the MIYA system.

Falls education is now being delivered to staff attending the Care Certificate at both James Cook and the Friarage hospitals. Mandatory inpatient falls training and education is being developed with discussions on a joint approach with our colleagues at North Tees and Hartlepool NHS Foundation Trust.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.3		Apr 2024		N/A
Category 2 Pressure Ulcers Community Rate (Per 1000 Active Patients)	12.5		Apr 2024		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.2		Apr 2024		N/A
Category 3&4 Pressure Ulcers Community Rate (Per 1000 Active Patients)	5		Apr 2024		N/A
Medication Incidents	145		Apr 2024		N/A
Omitted Critical Doses (%)	3.3%		Apr 2024		N/A
Medications Reconciled Rate %	90%	80%	Apr 2024		
Medications Reconciled 24hrs %	43%	80%	Apr 2024	N/A	N/A
C-Difficile (YTD)	9	9	Apr 2024	N/A	N/A
MRSA (YTD)	1	0	Apr 2024	N/A	N/A
E-Coli (YTD)	13	11	Apr 2024	N/A	N/A
Klebsiella (YTD)	6	4	Apr 2024	N/A	N/A
Pseudomonas (YTD)	2	1	Apr 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. Critical Care have transitioned to PURPOSE T for all patients awaiting stepdown to wards. The Trust has an extensive pressure ulcer improvement plan focussing on pressure ulcer risk assessment, reporting, data, workflow, PSIRF and patient engagement. CQUIN Quarter 4 data collection is complete, report and results pending. A pilot of pressure ulcer safety huddles took place over a 24-week period. In the evaluation of this pilot, findings 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. The results of this are to be presented at senior professional council, followed by consideration of roll out throughout the organisation.

Medications

Medication incidents reported in April continued the consistent trend, falling within expected variation. The Medication Safety Officer role is expected to have an impact from June, and a new medication incidents report is being produced. Critical omitted doses have reduced in April and all omitted doses remain within target. Medicines reconciliation overall shows a significantly improving trend since January 2024, and reconciliation within 24 hours has improved for 4 consecutive months with a further increase expected in September when the weekend clinical service commences.

Healthcare acquired infections

There were no new MRSA reported in April, the report highlights one case, however this has been assessed and agreed to be non-trust apportioned, although remains in the statistics for reporting purposes. The Trust had 9 trust-apportioned cases of clostridium difficile in April which was slightly lower than the same time last year. The Trust is awaiting confirmation of its 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 continue to be a challenge for the organisation which is closely linked to the underpinning ANTT work. Antimicrobial Stewardship is a priority for the organisation in 2024/25 with close collaboration with pharmacy and IPC. The Trust is part of a collaborative regional approach across the ICB 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. There is ongoing concern for a recent Measles outbreak in Middlesbrough, managed by UKHSA with increased input and support from IPC.

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	363		Apr 2024	N/A	N/A
Breast feeding initiated (48 hrs)	65.3%	74.5%	Apr 2024		
Preterm birth rate <26+6 wks	0.3%	6%	Apr 2024		
Preterm birth rate 27 - 36+6 wks	9.1%	6%	Apr 2024		
Induction of Labour (%)	40.1%	44%	Apr 2024		
Number of 3rd/4th degree tear (%)	1.9%	3.5%	Apr 2024		
PPH > 1500ml (%)	2.96%	2%	Apr 2024		
Still Births (YTD)	10		Apr 2024	N/A	N/A

Maternity services

The pre-term birth rate for babies 27-36+6 weeks gestation is within expected variation, and the rate for very premature babies is significantly decreased. 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. Trust performance data is benchmarked against other similar units via LMNS and the national maternity dashboard which shows comparable performance with the national average.

Breastfeeding initiation rates are below target, as is reflected in the regional public health statistics, however initiation rates have been above the Trust historic average for 5 consecutive months which is testament to the education and information which is being provided on healthy relationships and infant feeding. Online antenatal education classes are well attended with good outcomes. The new vulnerabilities team also enhance the public health work of the maternity service. 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. 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 has been above target in the last 4 months. All cases are reviewed to ensure guidelines are followed; PPH is part of the annual MDT obstetric emergency/simulation training. The Trust will participate in the Obstetric UK PPH Prevention Study in 2024.

Perinatal Quality Surveillance Model: No serious incidents reported in April. One baby death was reported to the Perinatal Mortality Tool and this case will be reviewed in full by an MDT team. There was one moderate harm incidents reported in April. The service 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 %	6.3%		Feb 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	109	100	Dec 2023		
Comorbidity Coding	4.8		Jan 2024		N/A

Readmission rates

The emergency readmission rate remains within current expected variation.

Sepsis

Audit data is now recorded on a new system, InPhase. Detailed analysis from the new system is expected soon.

Action Plan:

- Sepsis study day to include corporate team teaching on blood cultures and practical procedure of taking venous blood gases
- Sepsis study day to include pharmacist teaching on antimicrobials
- Present at Non-Medical Prescribing group
- Sepsis e learning in development
- Digital Paediatric sepsis assessment approved and in development
- Marthas Rule application to phase one pilot site successful and funding has been awarded.
- Sepsis team asked to give interview to Nursing Standard on cold sepsis

Mortality

Summary Hospital-level Mortality Indicator (SHMI) of 109, for the latest official reporting period, Jan to Dec 2023, is 'as expected'. This is the first publication of SHMI using the revised methodology; the most important change being the inclusion of Covid spells for patients discharged from Sep 2021. This has increased the number of observed and expected deaths used in the calculation of SHMI.

The rolling 12-month, non-elective coding depth appears to have stopped falling for the first time since the Apr2022 to Mar 2023 period.

Assurance continues to require non-statistical approaches: Medical Examiner (ME) scrutiny remains at >98%. The commencement of the statutory phase of the ME service is 9 September 2024. The service is continuing to work towards full implementation of the requirements and is making good progress.

In 2023-24 the Trust reviewed >20% of all deaths (the backlog has fallen to <10 cases, all from 2024). 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.

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	75.1%	78%	Apr 2024		
Inpatient Experience (%)	95.6%	94%	Apr 2024		
Maternity Experience (%)	89%	92%	Apr 2024		
Outpatient Experience (%)	96.8%	93%	Apr 2024		
Community Experience (%)	98.4%	94%	Apr 2024		
New Complaints	34		Apr 2024		N/A
Closed Within Target (%)	31.1%	80%	Apr 2024		

Patient experience

Emergency Department Friends & Family Test (FFT) fell below target for the first time in four months and continues to be monitored locally. The main theme in the feedback relate to waiting times. The ED has introduced a Streaming Nurse who communicates current wait times on booking into the department, ensuring transparency and managing expectations. Patients are provided with a Waiting Room Card emphasising "fit to sit," promoting comfort and awareness during their wait. Patient journey boards are displayed in each area, outlining what patients can expect during their visit. Further work is being developed to ensure patients waiting times are reduced and patients are kept updated about the length of wait and what they are waiting for.

The Inpatient FFT score, remains stable since March 2023 and has been above target for over 12 months. The Patient Experience Team are currently working with their system 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 continues to track just below target. The main themes are delays in clinic, with capacity and demand analysis now underway. Initial findings show consultant clinics are overbooked by 30%. Delays in postnatal discharge are being reviewed via the Trust maternity survey action plan. Comments from the surveys are continually reviewed by the Maternity team to identify areas for improvement and these are monitored through the Patient Experience Steering Group.

Closed within target

The complaints closed within timeframe is below target. The new complaint process commenced in January 2024, promoting early contact the complainant to offer an early resolution. Enquiries not resolved with 24 hours, will become a complaint with a response timeframe, agreed by the Collaborative staff and the complainant. Further data quality validation is required to ensure the new process is accurately recorded. The quality improvement review in April 2024 identified actions to improve the process. This work is overseen by the Patient Experience Steering Group.

Learning from complaints

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

EQUITABLE

Elective inpatient PTL Inequalities: Deprivation

Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	2178	638	23%	2816
02	1243	395	24%	1638
03	1241	347	22%	1588
04	1785	547	23%	2332
05_least_dep	1297	328	20%	1625
N/k	474	57	11%	531
Total	8218	2312	22%	10530

IMD is taken from patient's postcode of residence

Long Waiters:

P2 > 3 weeks

P3 > 3 months

Any > 52 weeks

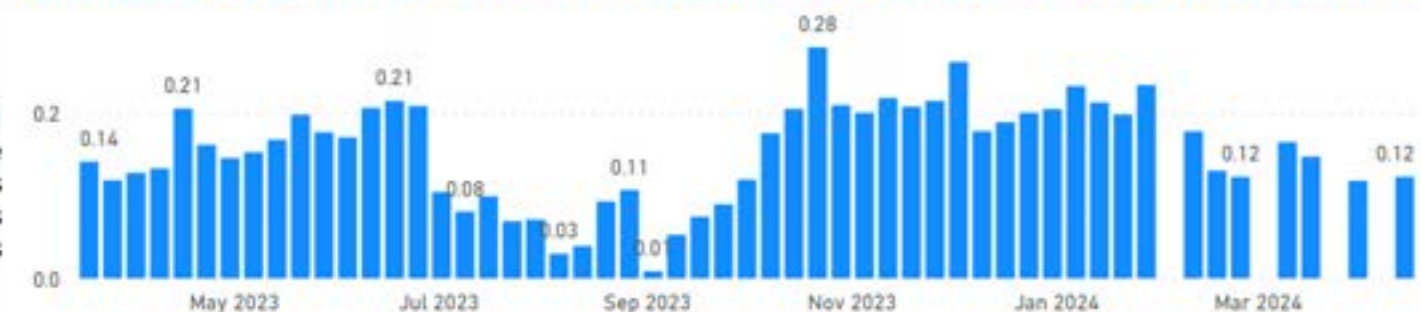
In Standard: All others

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.

EQUITABLE

Elective inpatient PTL Inequalities: Ethnicity

Latest PTL by IMD quintile

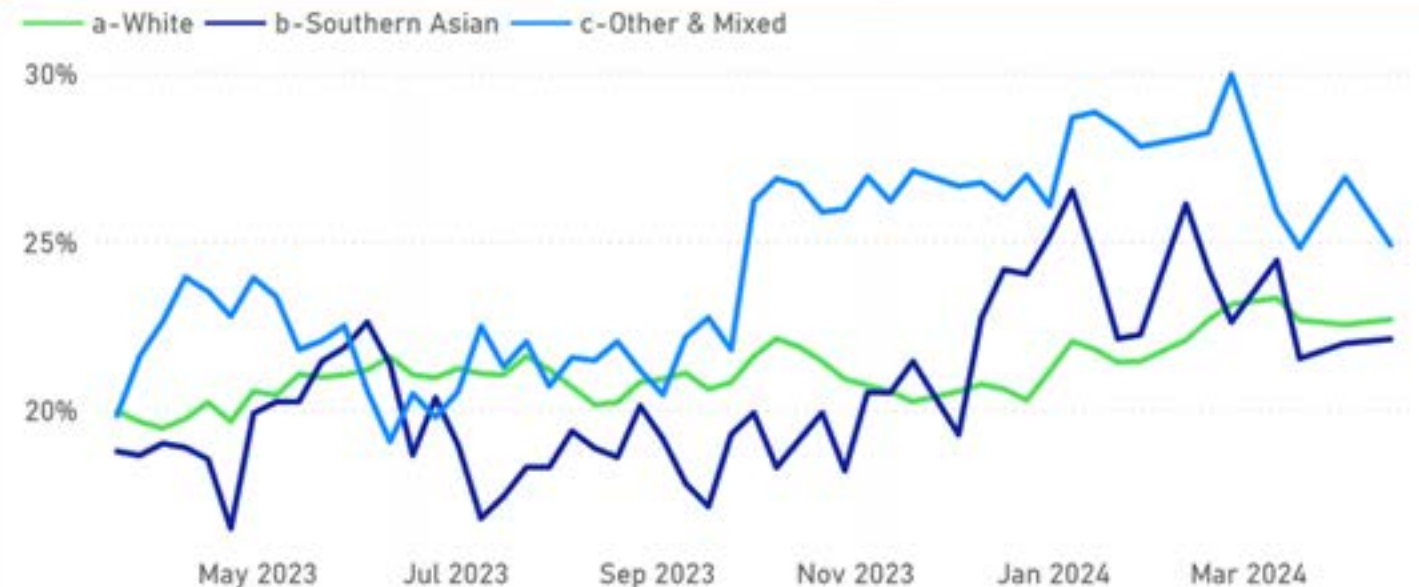
Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
<input checked="" type="checkbox"/> a-White	6654	1951	23%	8605
<input checked="" type="checkbox"/> b-Southern Asian	134	38	22%	172
<input type="checkbox"/> c-Other & Mixed	178	59	25%	237
Black	24	15	38%	39
Mixed	43	18	30%	61
Other	111	26	19%	137
<input checked="" type="checkbox"/> N/k	1252	264	17%	1516
Total	8218	2312	22%	10530

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

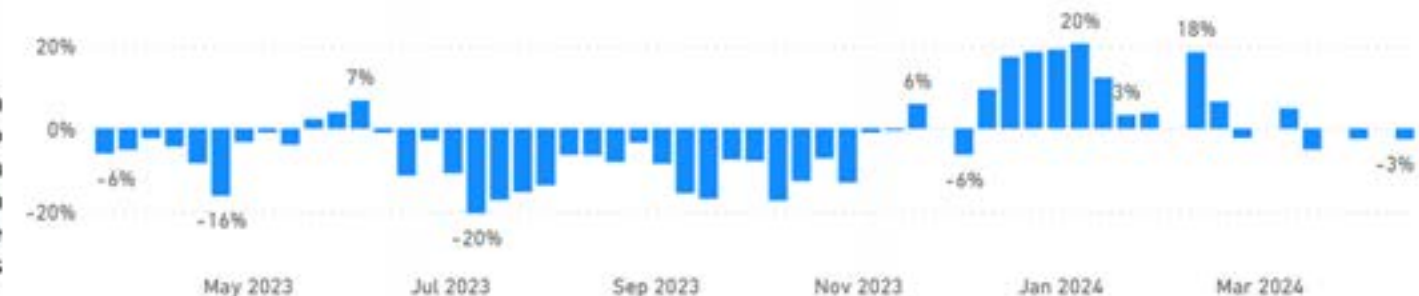
In Standard: All others

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

Long waits as % of total PTL by Ethnic groups



Variance of Southern Asian % long waiters to White



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

RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	19331	17989	Apr 2024		
Outpatient Follow Up Attendances	52912	47592	Apr 2024		
Day Case admissions	7285	6735	Apr 2024		
Ordinary Elective admissions	980	980	Apr 2024		
NEL admissions with 0 LOS (excluding Maternity)	1971	1500	Apr 2024		N/A
NEL admissions with 0 LOS	3448	2791	Apr 2024		
NEL admissions with 1+ LOS (excluding Maternity)	3252	2711	Apr 2024		N/A
NEL admissions with 1+ LOS	3739	3464	Apr 2024		
G&A Occupied Beds (%)	95.6%	92%	Apr 2024		
Length of Stay - Elective	4		Apr 2024		N/A
Length of Stay - Non-Elective (excluding Maternity)	3.7		Apr 2024		N/A
Ready For Discharge, not Discharged	74	90	Apr 2024		
21 Day Stranded Patients (%)	12.4%	12%	Apr 2024		

Activity

The number of Non-elective (NEL) admissions for patients staying for 1 or more nights, excluding maternity, reduced in April when compared to recent months but was still higher than expected. A surge in trauma admissions during the month resulted in elective bed capacity switching to accommodate emergency admissions.

Within the elective programme, there were positive levels of activity with outpatient first attendances 7% above plan, and day case admissions 8% above plan.

Length of Stay & Patient Flow

Non elective length of stay excluding maternity was stable and within usual variation, demonstrating effective bed management and patient flow processes. Some supporting metrics such as bed occupancy rose above the 92% target and the proportion of patients staying for 21 days also went above plan but the pressure on beds was largely mitigated by the Trust's improved discharge processes which meant more patients that were ready for discharge but no longer met criteria to reside in an acute bed were able to leave hospital. 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.

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Attendances - Type 1	7825	7804	Apr 2024		
A&E Attendances - Type 3	10034	8879	Apr 2024		N/A
Handovers - Within 30 Mins (%)	85.1%	95%	Apr 2024		
Handovers - Within 60 Mins (%)	93.7%	100%	Apr 2024		
4-Hour A&E Standard	75%	78%	Apr 2024		
12-Hour Waits from Decision to Admit	48	0	Apr 2024		
12-Hour A&E Breaches	360	0	Apr 2024		
RTT Incomplete Pathways (%)	61.5%	92%	Mar 2024		
RTT Waiting List Size	53910	48507	Mar 2024		
RTT Validated Within 12 Weeks (%)	54.4%	90%	Apr 2024		
RTT List Size within 52 weeks (%)	97.2%		Mar 2024		N/A
RTT 52 week waiters	1483	720	Mar 2024		
RTT 65 week waiters	121	150	Mar 2024		
RTT 78 week waiters	1		Mar 2024		N/A
Diagnostic 6 Weeks Standard (%)	80.4%	99%	Mar 2024		
Cancer Faster Diagnosis Standard (%)	79.9%	75%	Mar 2024		
Cancer 31 Day Standard (%)	91.6%	96%	Mar 2024		
Cancer 62 Day Standard (%)	59.1%	85%	Mar 2024		
Cancer >62 Day Backlog	130		Apr 2024		N/A
Cancelled Ops - Non-Urgent Cancelled on Day	65	0	Apr 2024		

Urgent and emergency care

The James Cook Urgent Treatment Centre opened at the start of April and immediately caused a notable rise of 5% in 4 hour performance from March. Ambulance arrivals were high once again, comparable with January and 15% higher than April 2023. Non-elective admissions remained high but there was a distinct drop in patients staying overnight. Numbers of patients experiencing the longest A&E waits and ambulance handover delays is stable. Evidence-based process improvement remains an organisational priority with a focus on the updated 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 performs above the national average however did fall just outside of normal range for March. The Trust achieved its year end plan for 65-week waiters, coming in under 150 with 122. A single patient was waiting over 78 weeks.

March performance against the diagnostic 6-week standard dropped back from a 2 year high in February. Initiatives actioned since the Summer in MRI and Ultrasound have largely delivered their benefits. Actions within Neurophysiology and Audiology services are the drivers for improving the Trust compliance for 24/25.

For cancer, Faster Diagnosis Standard performance exceeded the 75% national target for the sixth consecutive month. The number of patients waiting more than 62 days while being investigated for cancer showed an improving trend for 23/24, continuing the reduction into April 2024. 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. The Trust is committed to service improvement work that will help achieve the new 70% target by March 2025 through service specific Cancer Action Plans that are reviewed and monitored through the Cancer Delivery Group. Cancer Actions Plans are informed by a programme of pathway reviews and additional support is in place for implementation of the Best Practice Timed Pathways that will improve timely access to diagnostics and treatment.

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£20.077m	-£20.096m	Mar 2024	N/A	N/A
Annual Appraisal (%)	80%	80%	Apr 2024		
Mandatory Training (%)	90.7%	90%	Apr 2024		
Sickness Absence (%)	5.3%	4%	Apr 2024		
Staff Turnover (%)	10.1%	10%	Apr 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 the financial year the Trust's financial position is a deficit of £20.1m which is on plan. The full year 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.

People

Sickness absence across the Trust reduced to 5.3% in April 2024, both short term and long-term absence have decreased. Trust sickness absence rates continue to improve, and collaboratives continue to implement the sickness strategy supported by HR.

Appraisal compliance has increased and is now compliant at 80% whilst mandatory training compliance has increased again for April and continues to be compliant at 90.6%.

Staff turnover rate shows a positive, reducing trend and is almost compliant at 10.1% target. Collaborative staff survey action plans are being submitted to HR ready for presentation at people committee, which is expected to be in June. The data for workforce planning is currently being produced for each directorate within clinical collaboratives and HR teams are working with each directorate to support this. New comprehensive workforce data reports are being produced at collaborative level and will be shared at all board meetings.

APPENDICES

SPC charts for the metrics summarised above, by domain.

DATIX Incidents



Patient Safety Incident Investigations

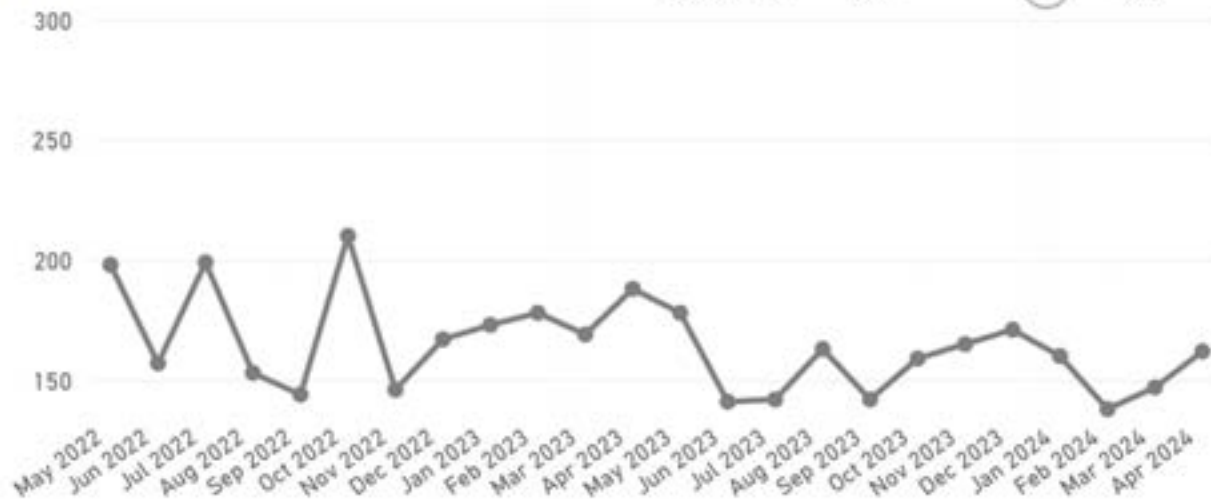


Never Events (YTD)



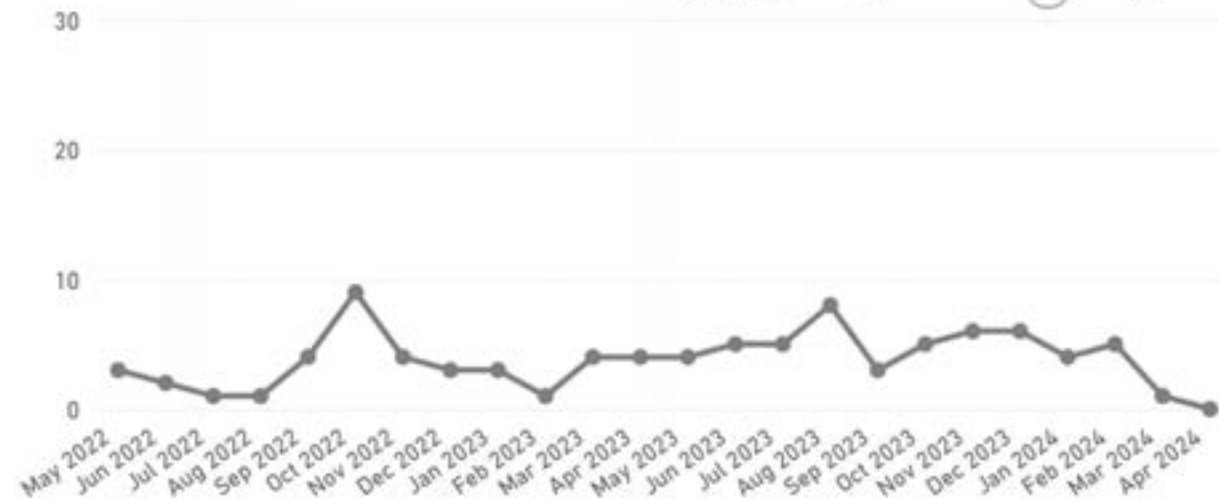
Falls

Month	Performance	Target	Trend	Assurance
Apr 2024	162			N/A



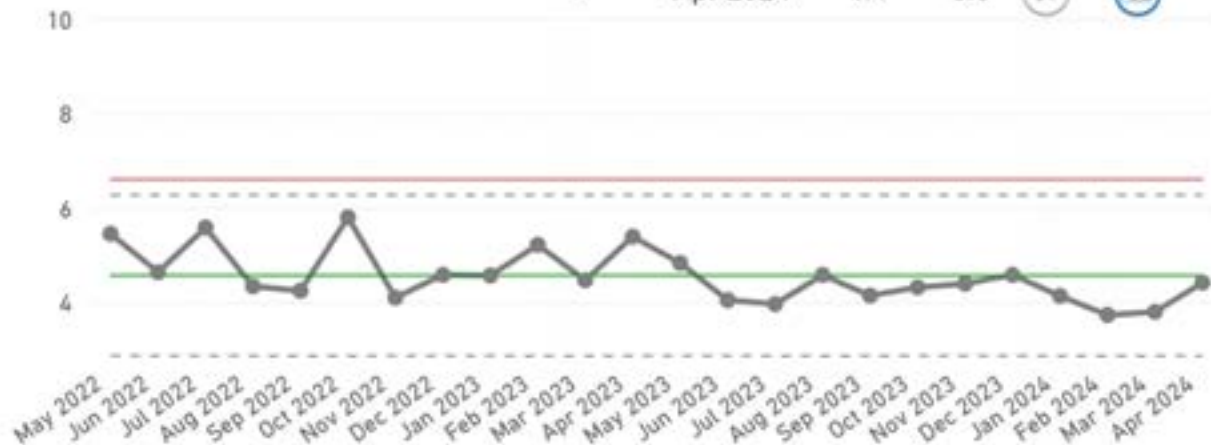
Falls With Harm

Month	Performance	Target	Trend	Assurance
Apr 2024	0			N/A



Falls Rate % (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Apr 2024	4.4	6.6		



Falls With Harm Rate % (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Apr 2024	0			N/A

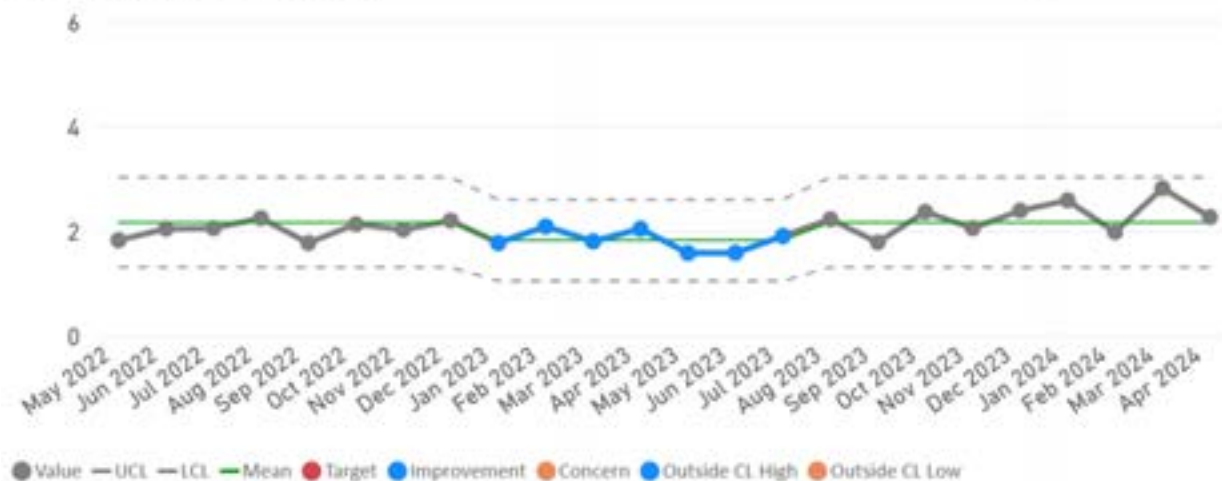


● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

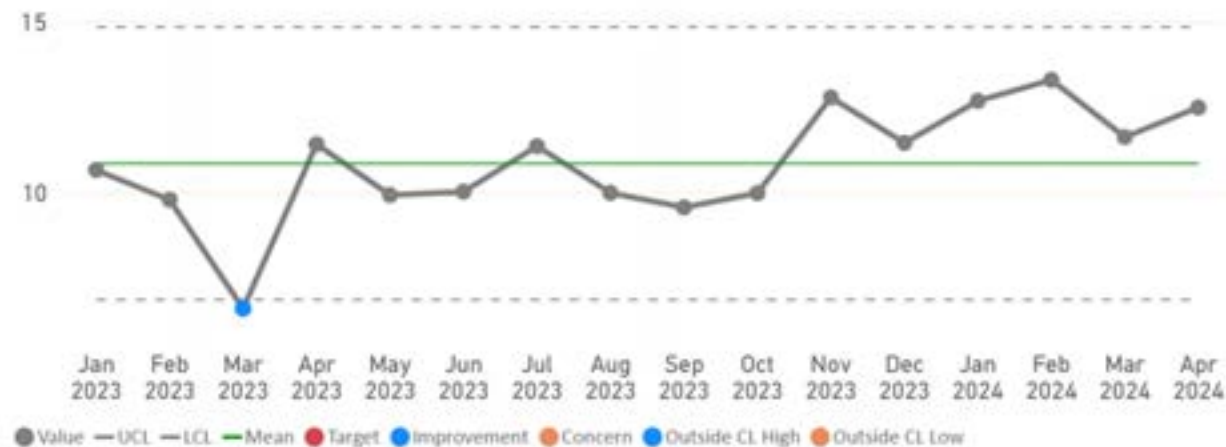
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

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

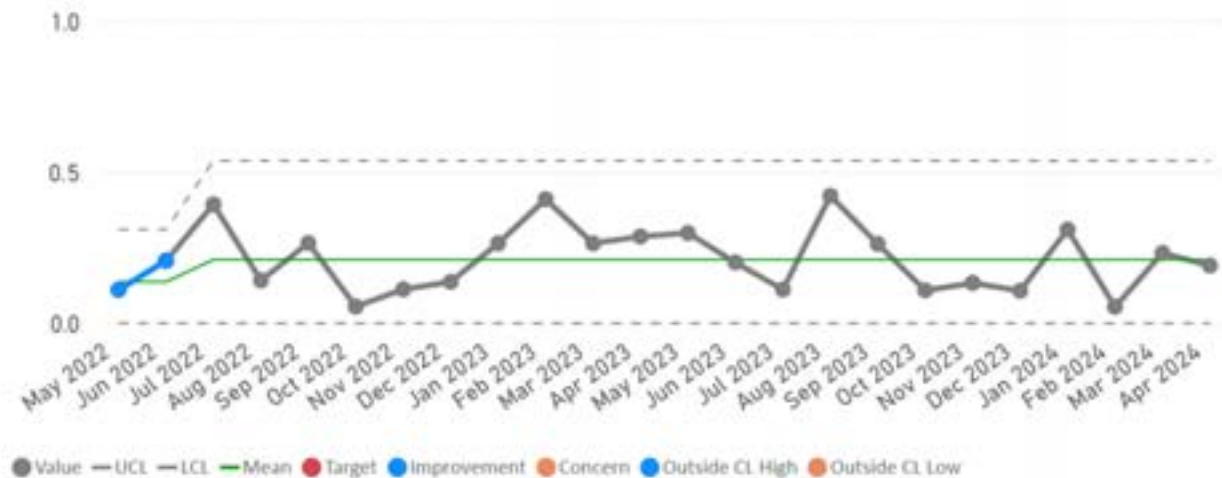
Month	Performance	Target	Trend	Assurance
Apr 2024	2.3			N/A

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

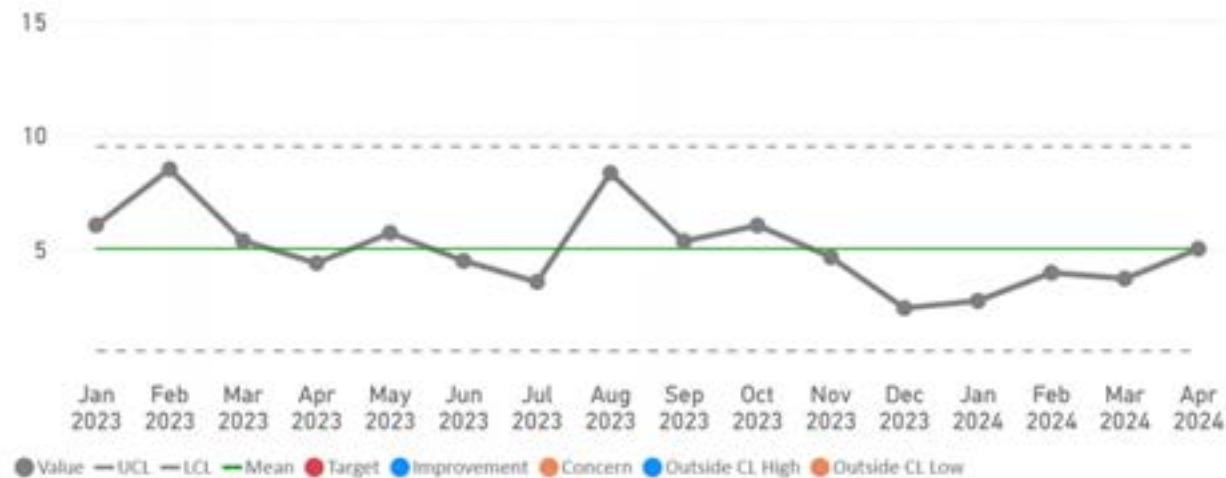
Month	Performance	Target	Trend	Assurance
Apr 2024	12.5			N/A

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


Month	Performance	Target	Trend	Assurance
Apr 2024	0.2			N/A

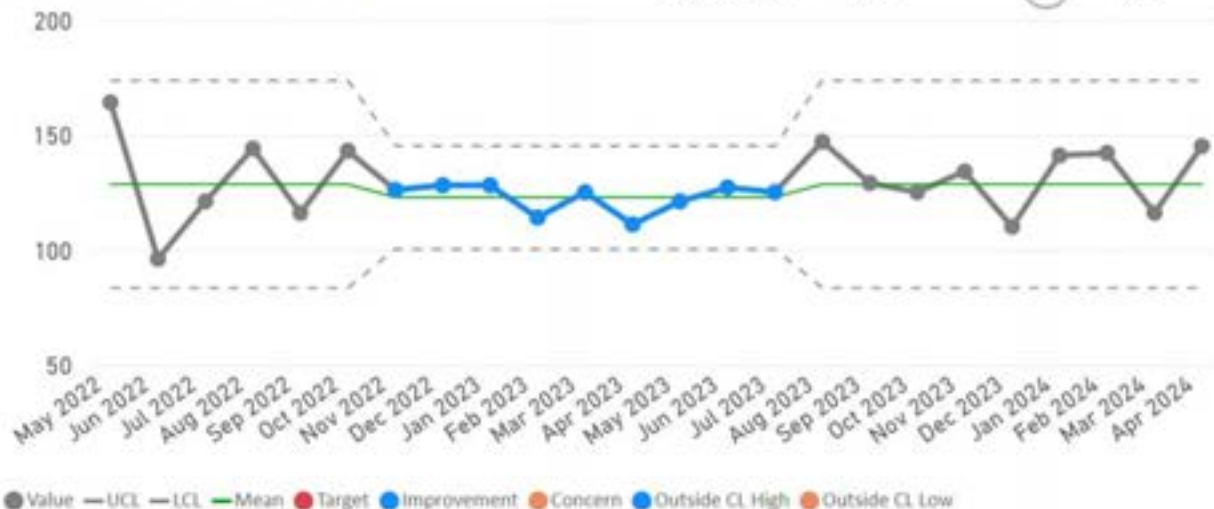
Category 3&4 Pressure Ulcers
Community Rate (Per 1000 Active Patients)

Month	Performance	Target	Trend	Assurance
Apr 2024	5			N/A



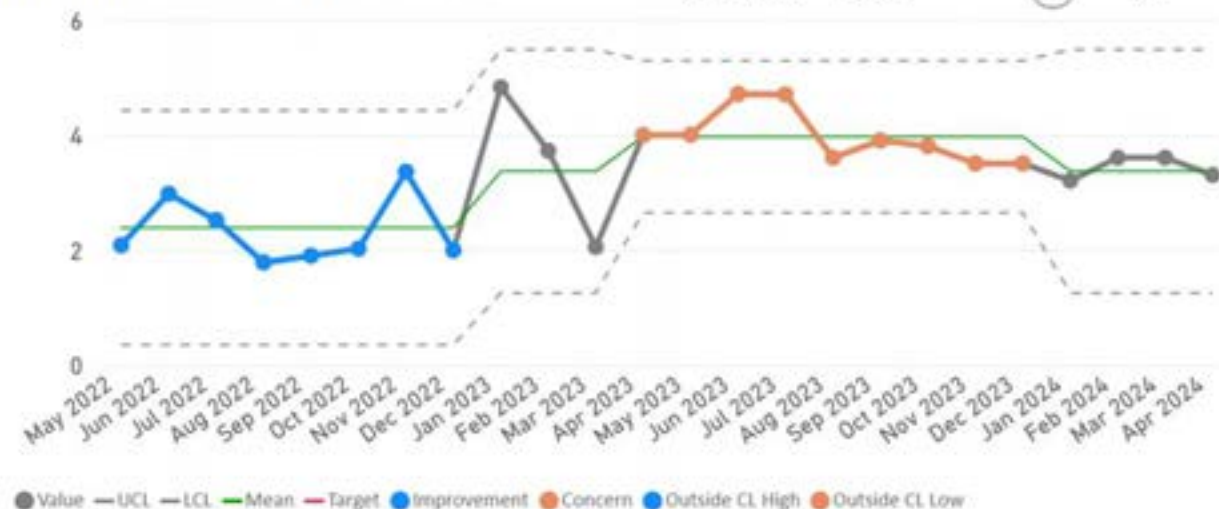
Medication Incidents

Month Performance Target Trend Assurance
Apr 2024 145  N/A



Omitted Critical Doses (%)

Month Performance Target Trend Assurance
Apr 2024 3.3%  N/A



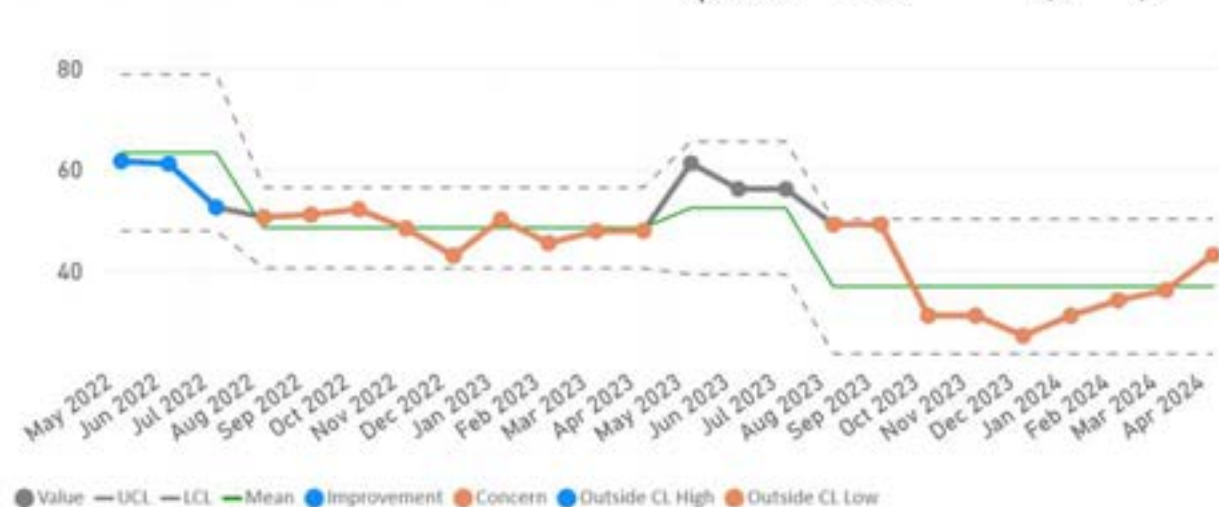
Medications Reconciled Rate %

Month Performance Target Trend Assurance
Apr 2024 90% 80%  



Medications Reconciled 24hrs %

Month Performance Target Trend Assurance
Apr 2024 43% N/A N/A



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

C-Difficile (YTD)



MRSA (YTD)



E-Coli (YTD)



Klebsiella (YTD)

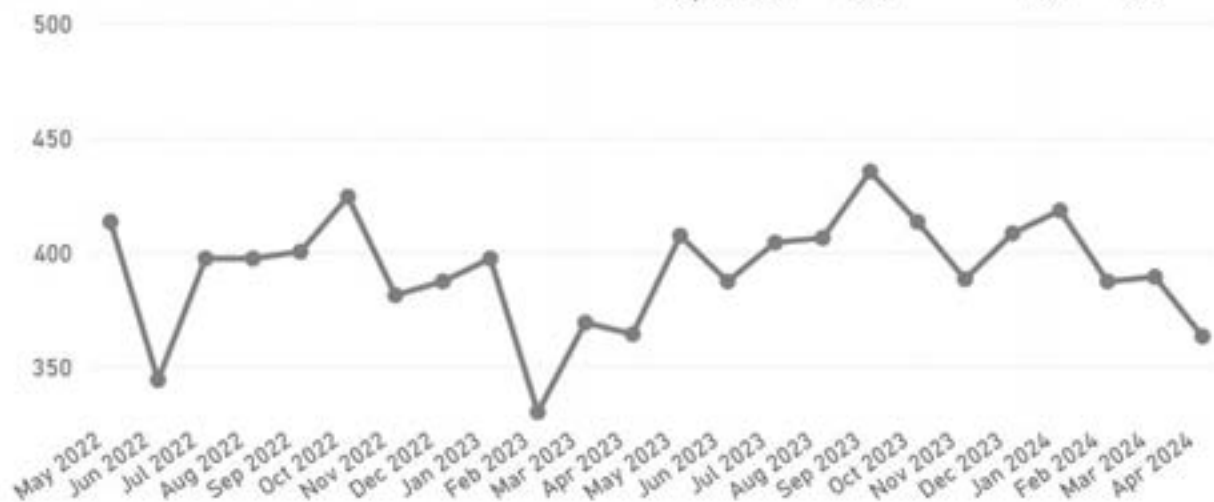


Pseudomonas (YTD)



No. of babies born

Month	Performance	Target	Trend	Assurance
Apr 2024	363		N/A	N/A



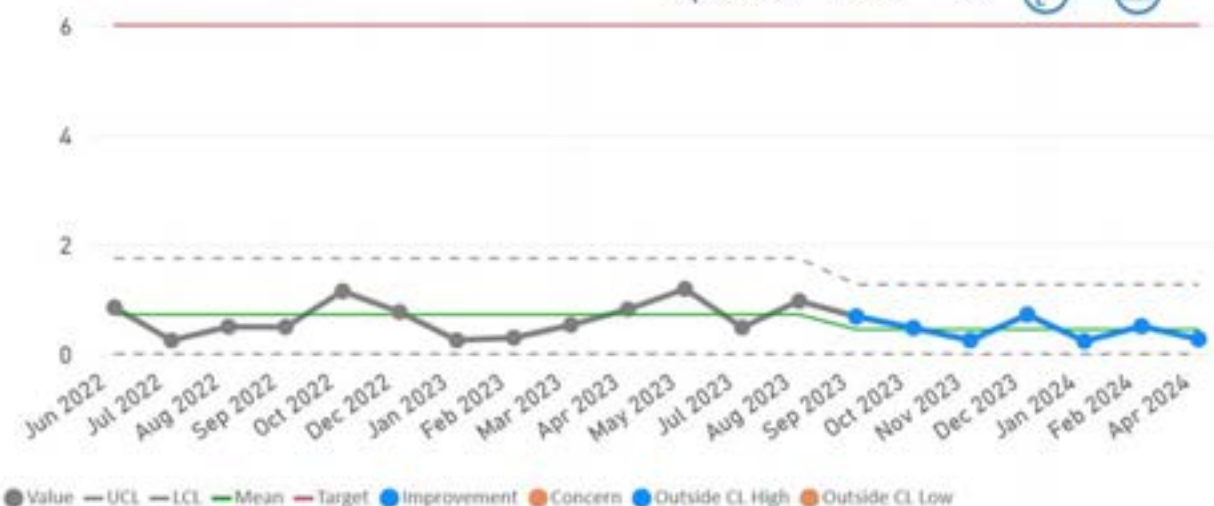
Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Apr 2024	65.3%	74.5%		



Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
Apr 2024	0.3%	6%		

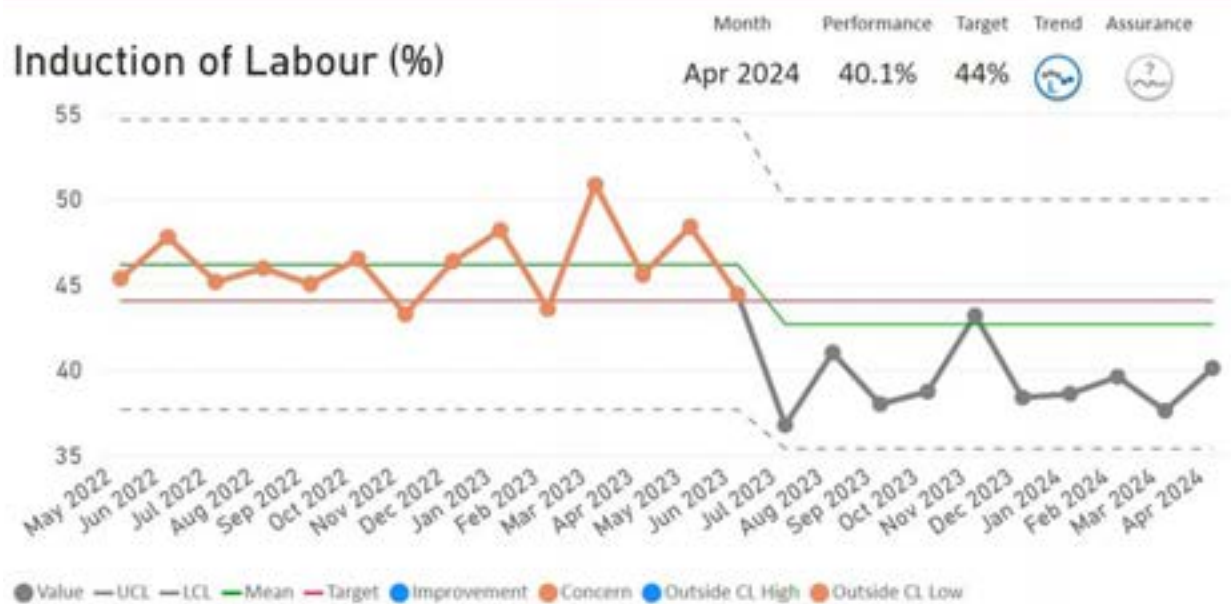


Preterm birth rate 27 - 36+6 wks

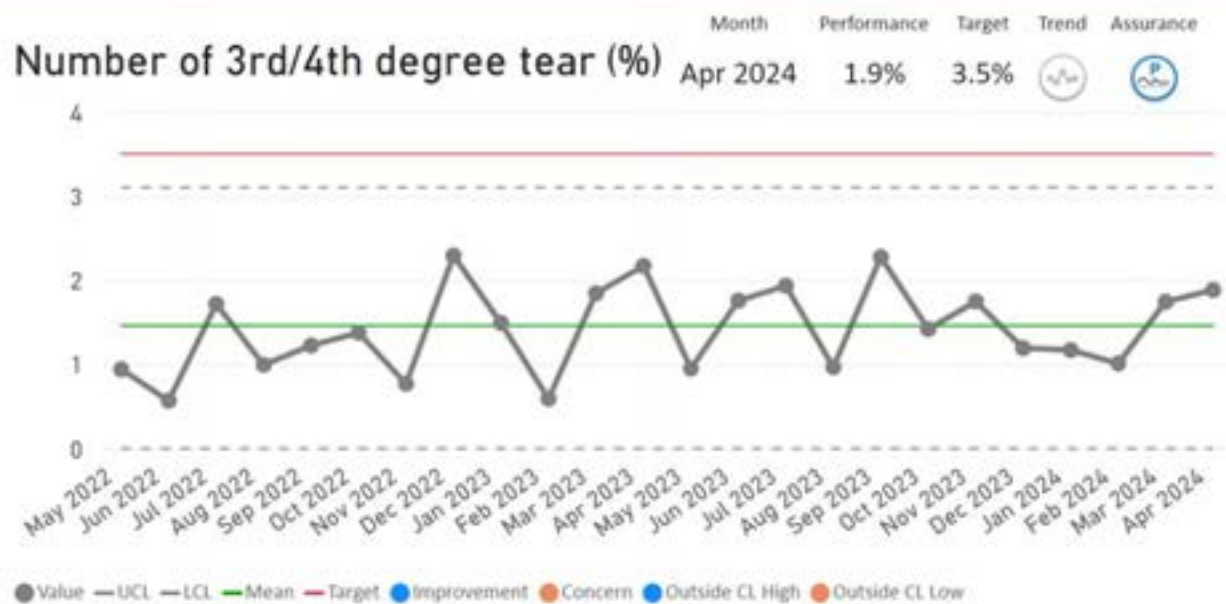
Month	Performance	Target	Trend	Assurance
Apr 2024	9.1%	6%		



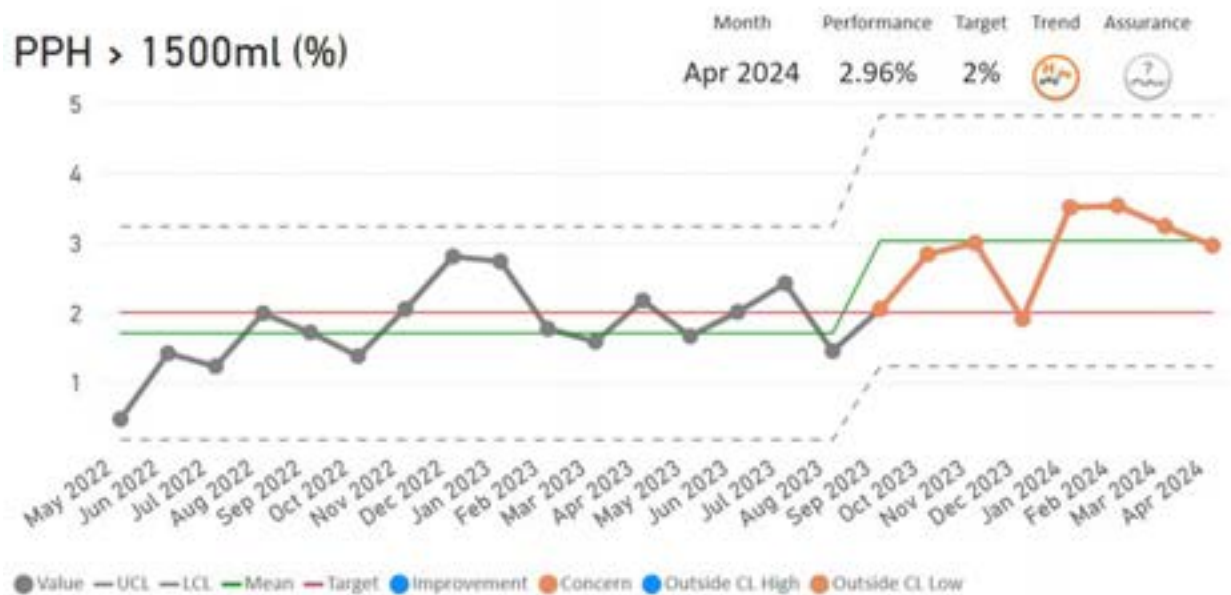
Induction of Labour (%)



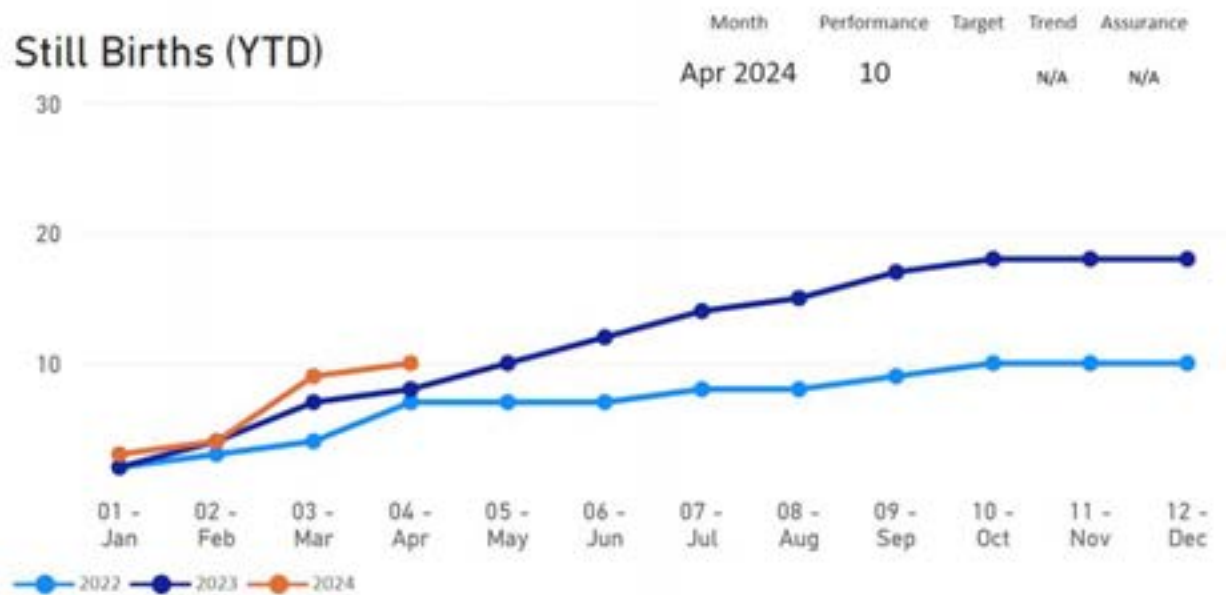
Number of 3rd/4th degree tear (%)



PPH > 1500ml (%)

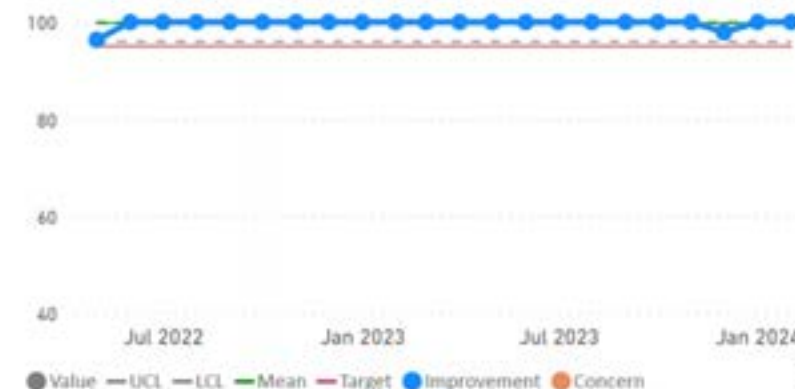
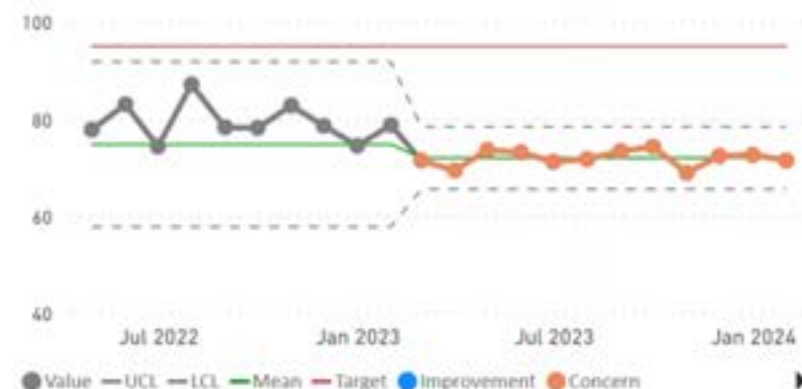
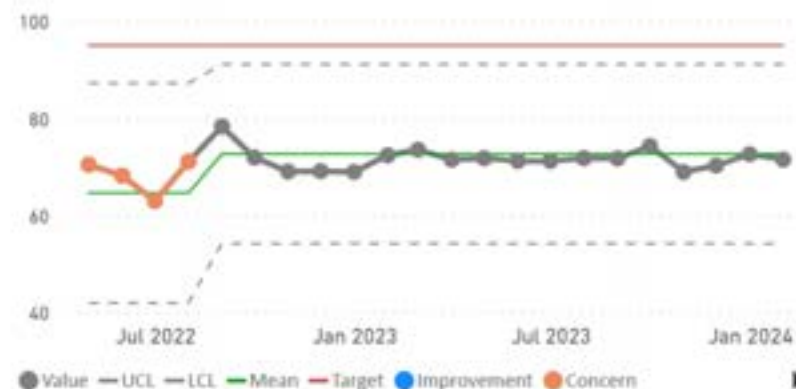
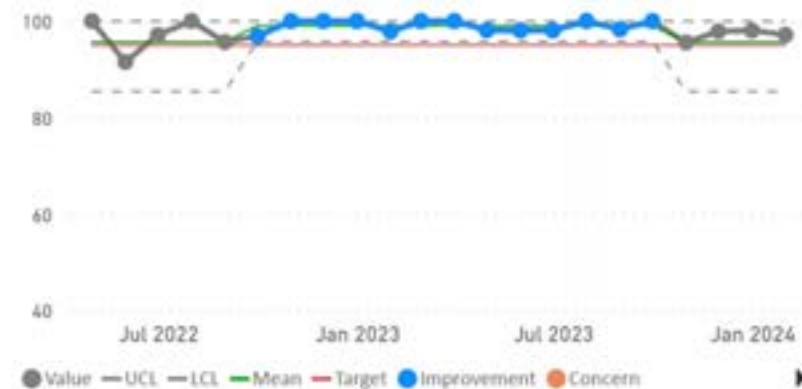


Still Births (YTD)

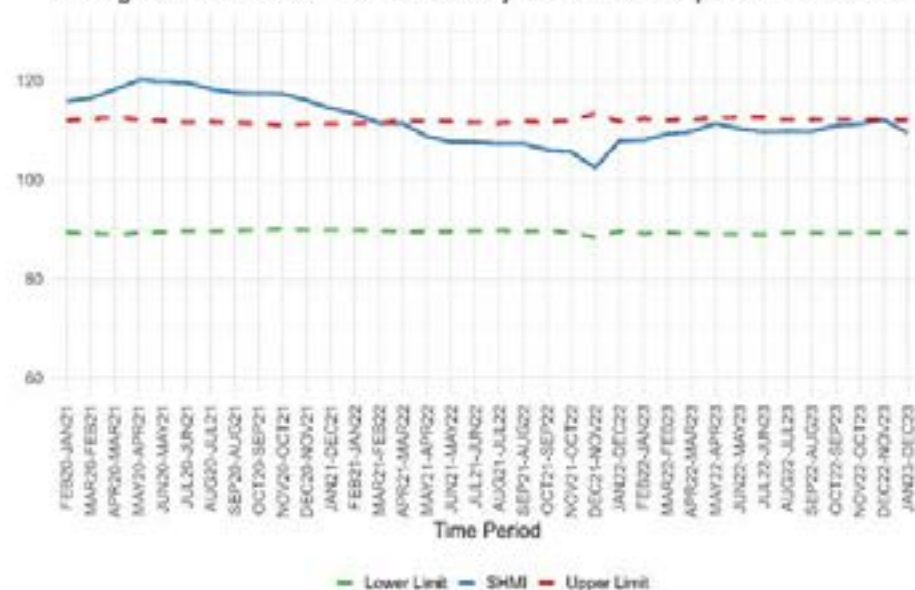




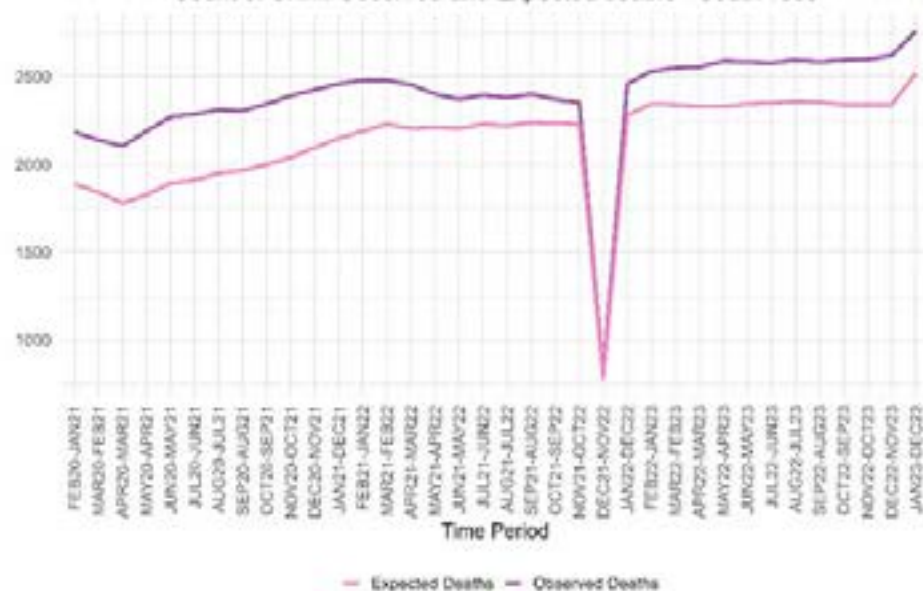
EFFECTIVE



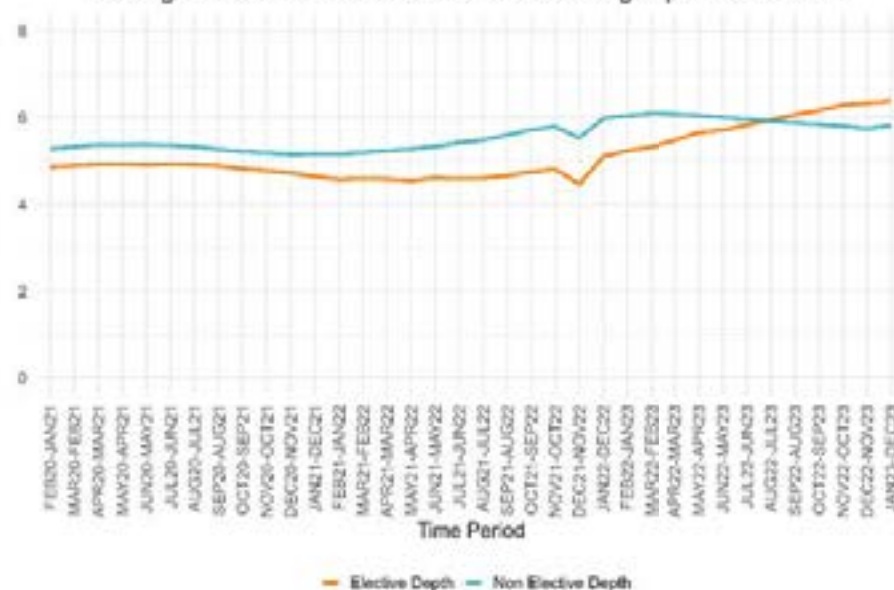
Rolling 12 month SHMI and 95% limits adjusted for over-dispersion - South Tees



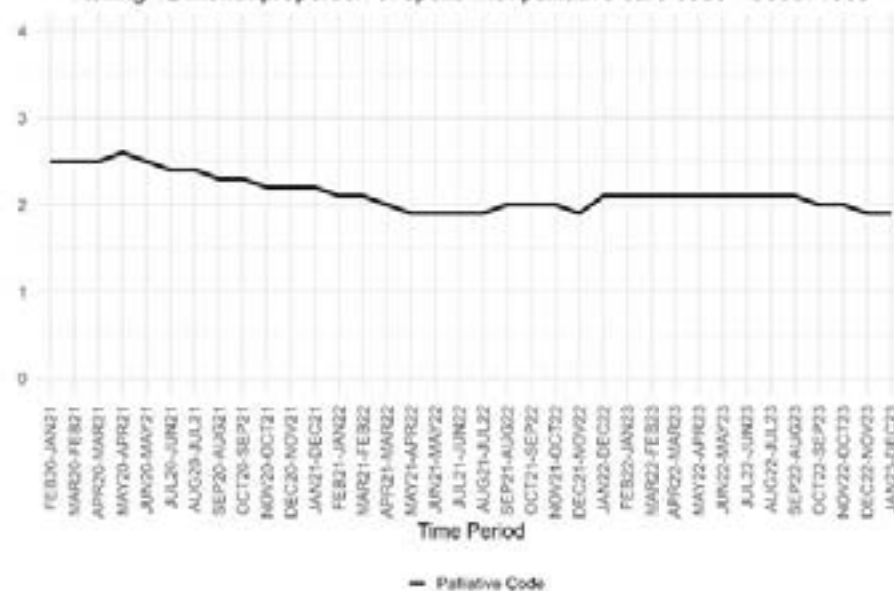
Count of SHMI Observed and Expected deaths - South Tees



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



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



“Old” SHMI = 112.0
(Dec 2022 – Nov 2023)

“New” SHMI = 109.4
(Jan 2023 – Dec 2023)

Observed deaths = 2760
Expected deaths = 2520

Coding depth (codes / spell)
Elective = 6.4
Non-Elective = 5.8

Palliative care (%) = 1.9

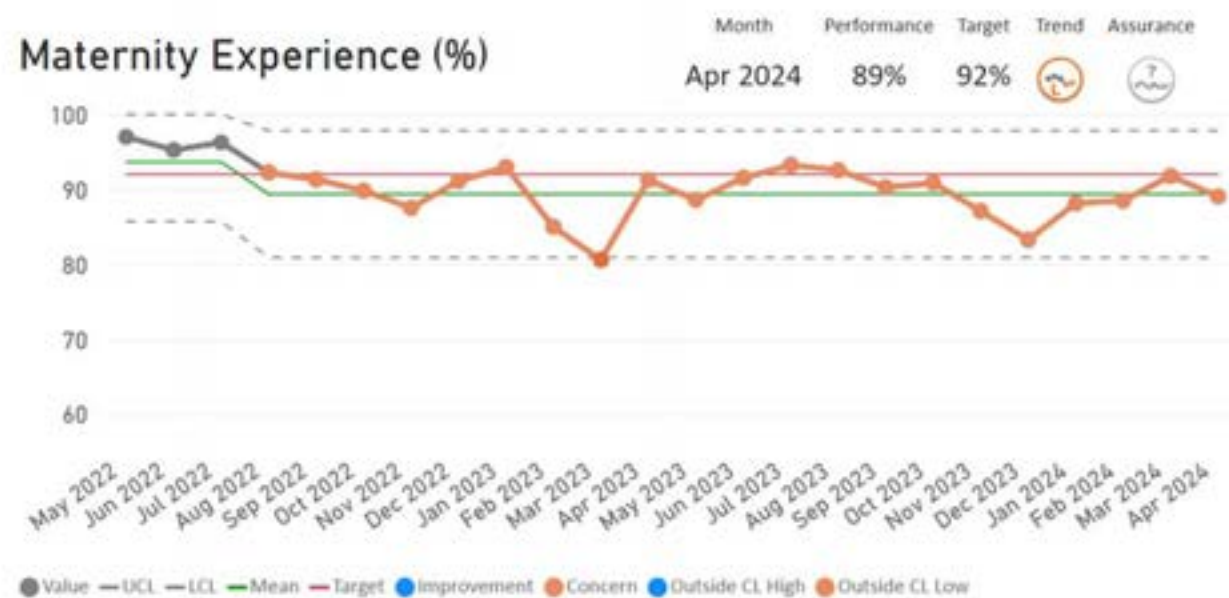
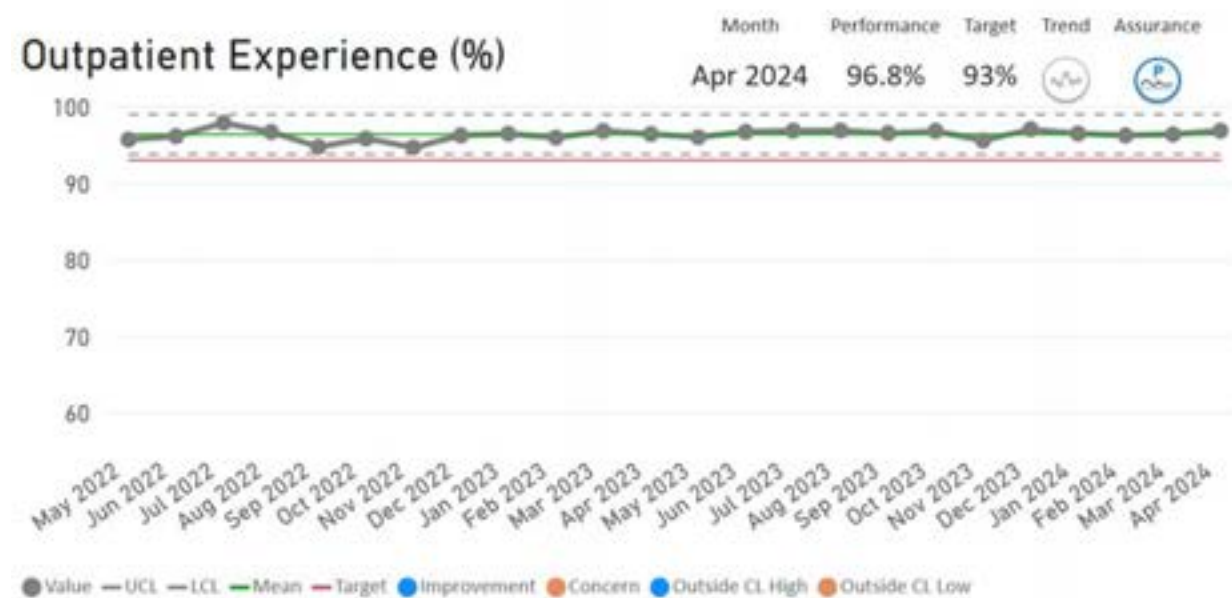
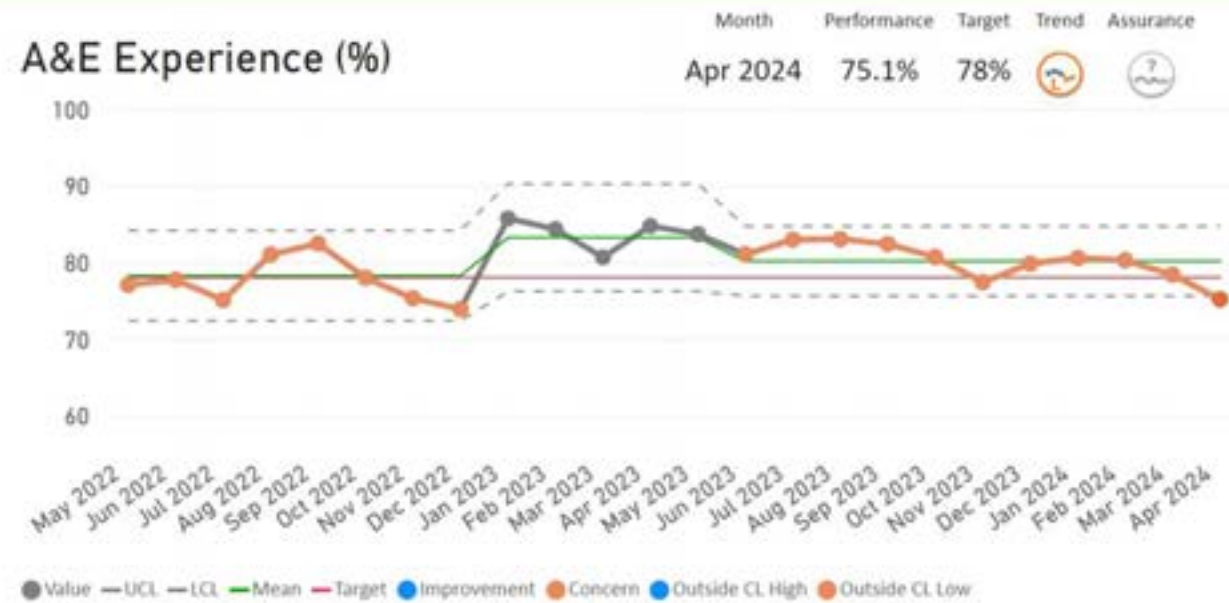
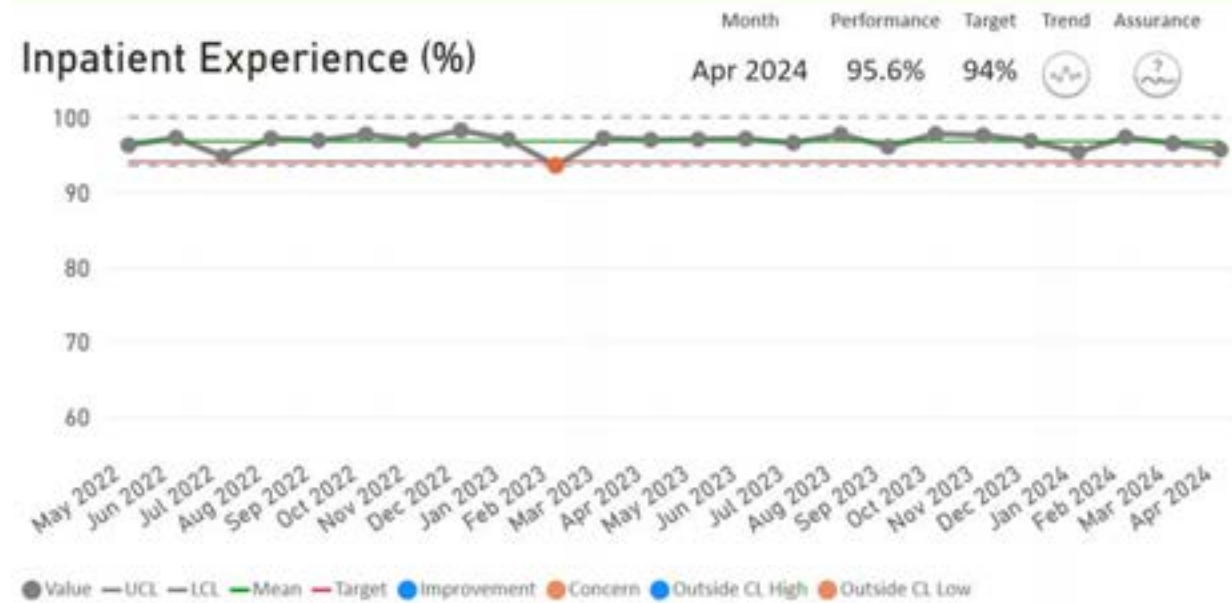
SHMI is: ‘as expected’,
decreases by 3 points

Data source: NHS England
Monthly SHMI publication

Comorbidity Coding



CARING



Month Performance Target Trend Assurance

Apr 2024 98.4% 94%



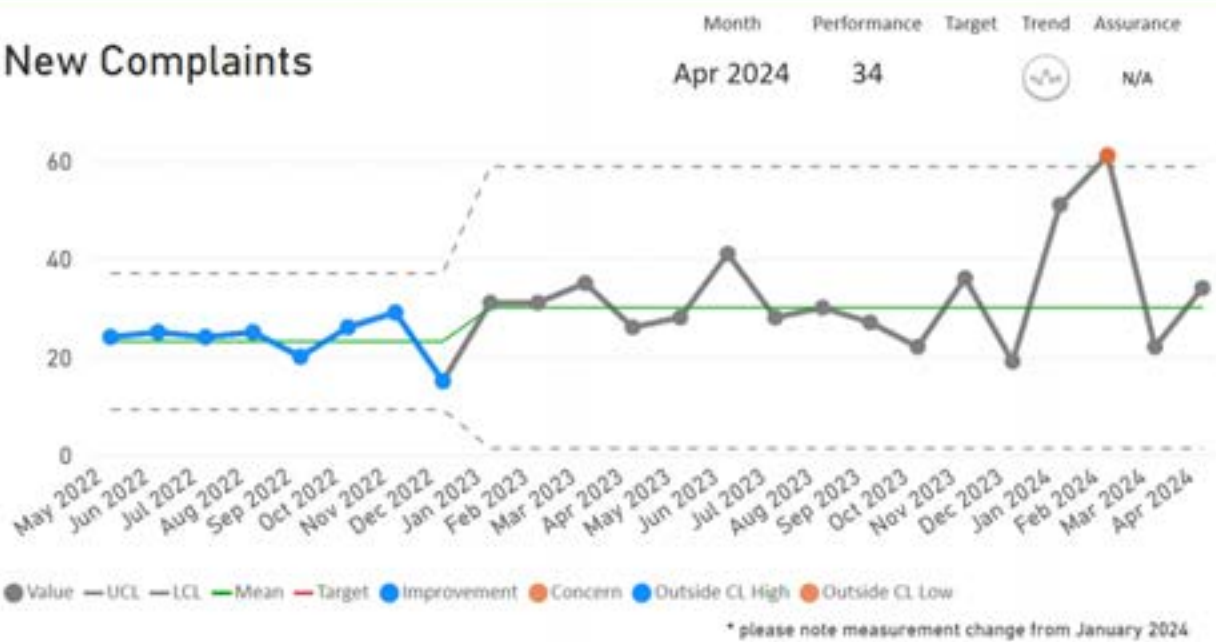
Community Experience (%)



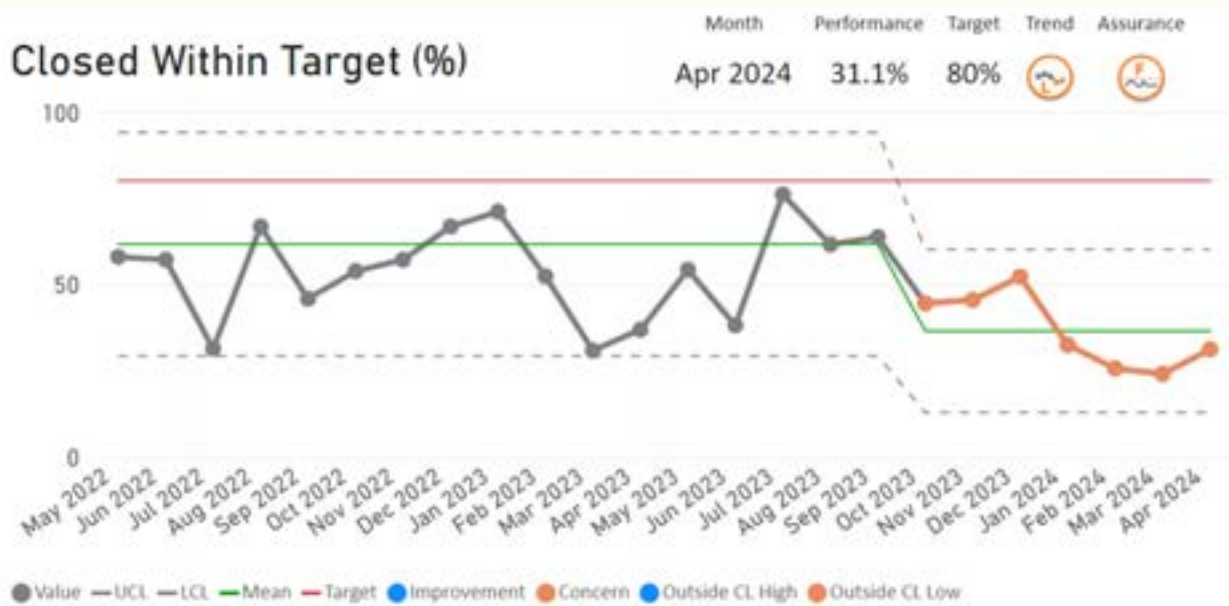
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

CARING

New Complaints



Closed Within Target (%)

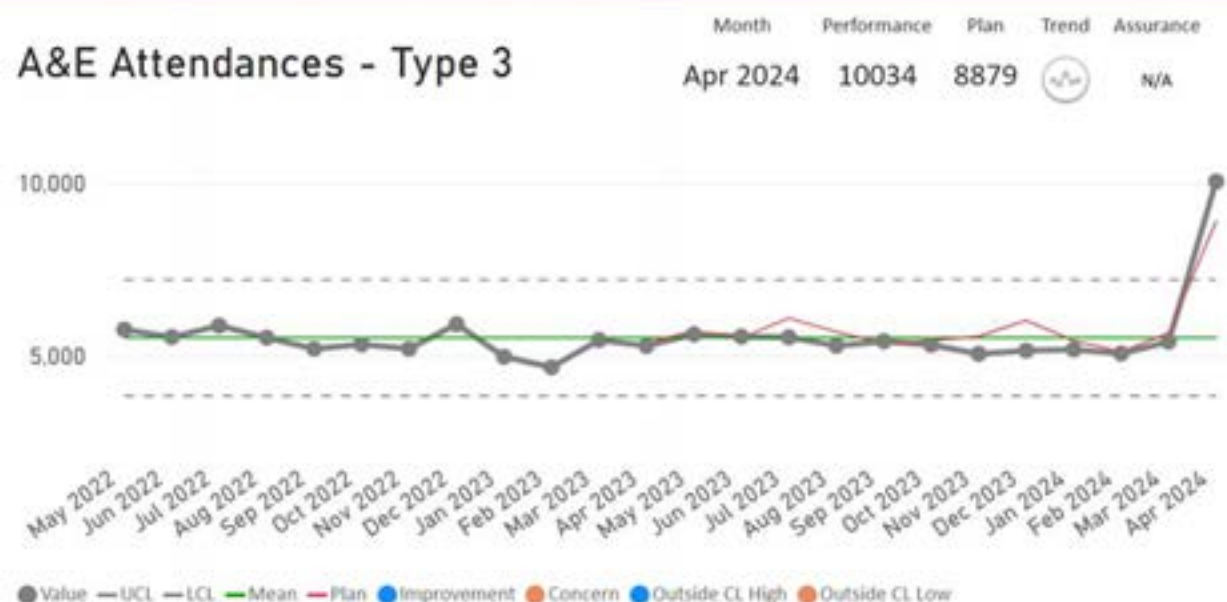


RESPONSIVE

A&E Attendances - Type 1



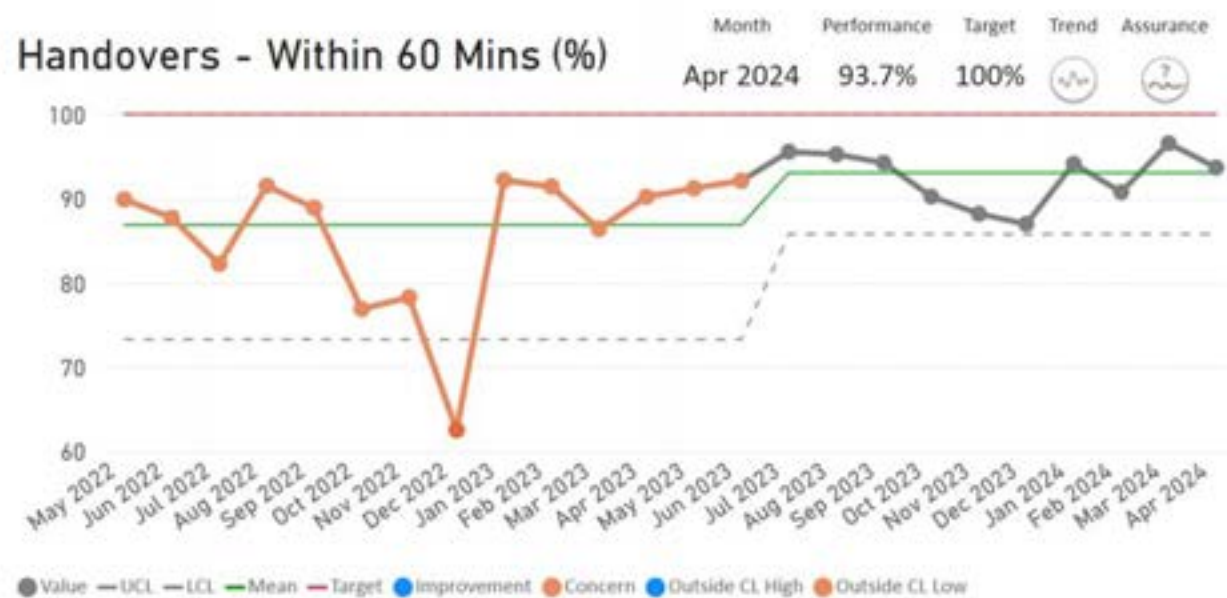
A&E Attendances - Type 3



Handovers - Within 30 Mins (%)



Handovers - Within 60 Mins (%)

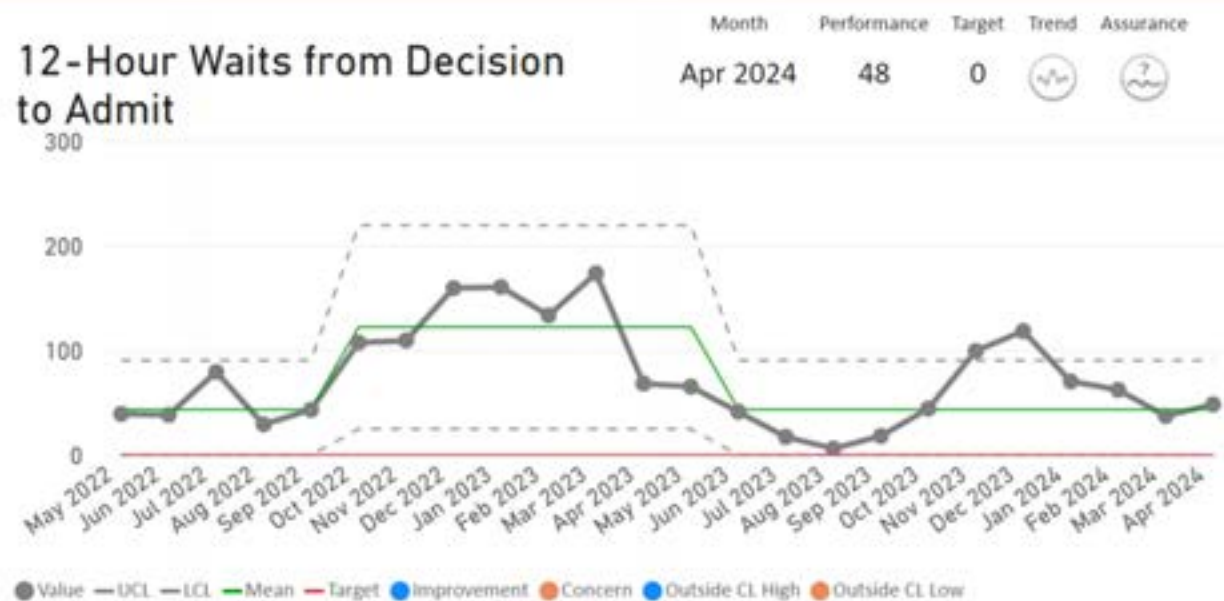


RESPONSIVE

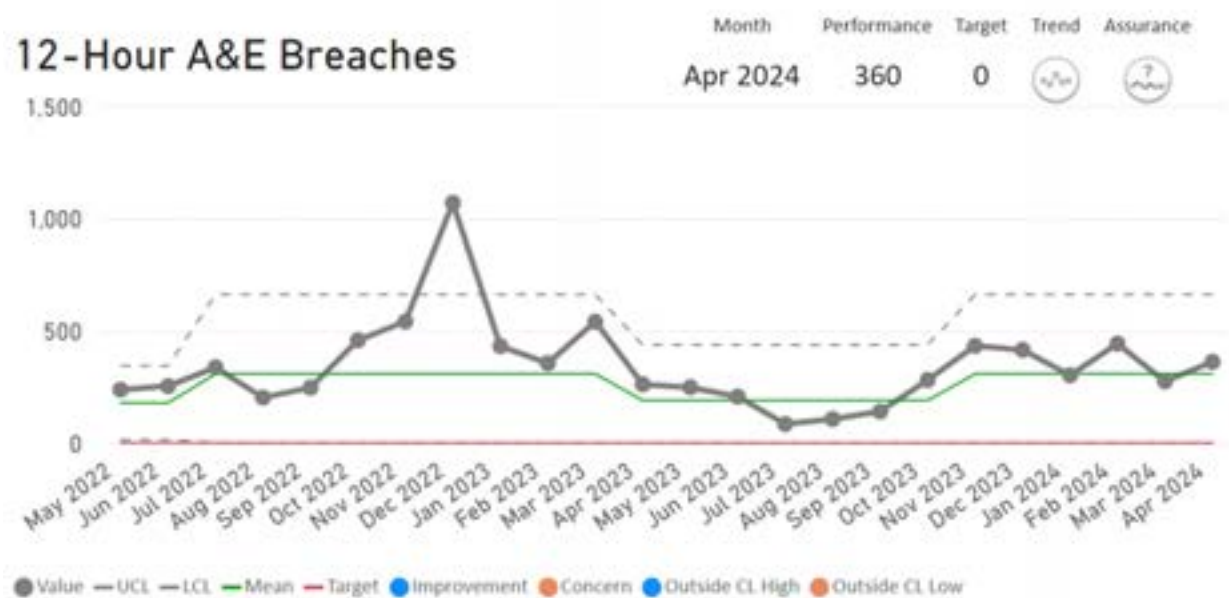
4-Hour A&E Standard



12-Hour Waits from Decision to Admit



12-Hour A&E Breaches



RESPONSIVE

RTT Incomplete Pathways (%)

Month: Mar 2024
Performance: 61.5%
Plan: 92%
Trend: 
Assurance: 



RTT Waiting List Size

Month: Mar 2024
Performance: 53910
Plan: 48507
Trend: 
Assurance: 



RTT Validated Within 12 Weeks (%)

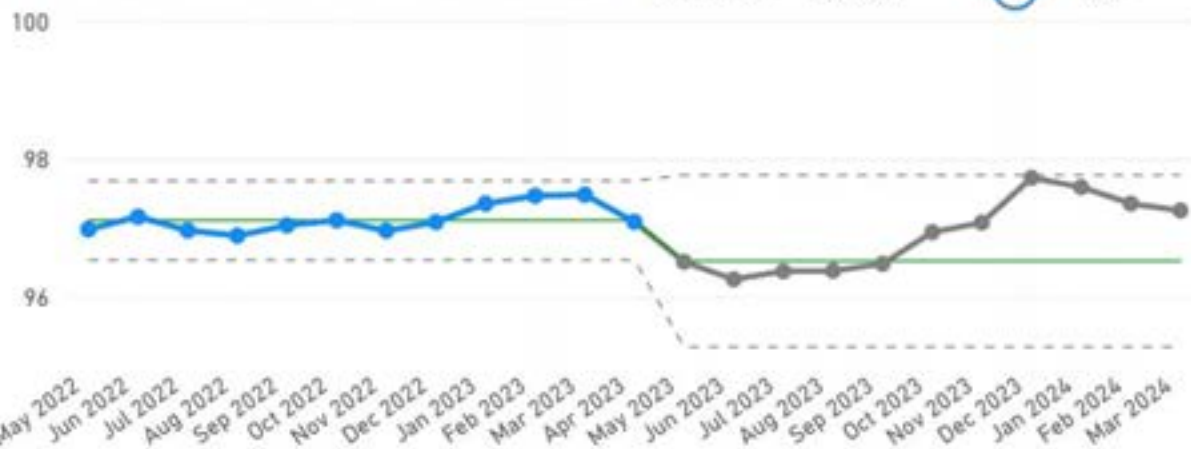
Month: Apr 2024
Performance: 54.4%
Target: 90%
Trend: 
Assurance: 



RESPONSIVE

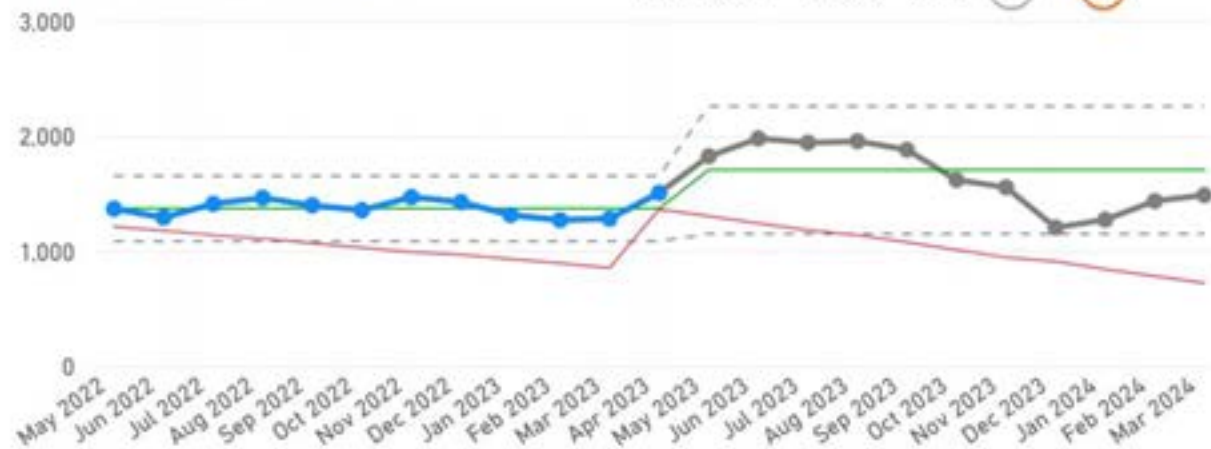
RTT List Size within 52 weeks (%)

Month	Performance	Plan	Trend	Assurance
Mar 2024	97.2%			N/A



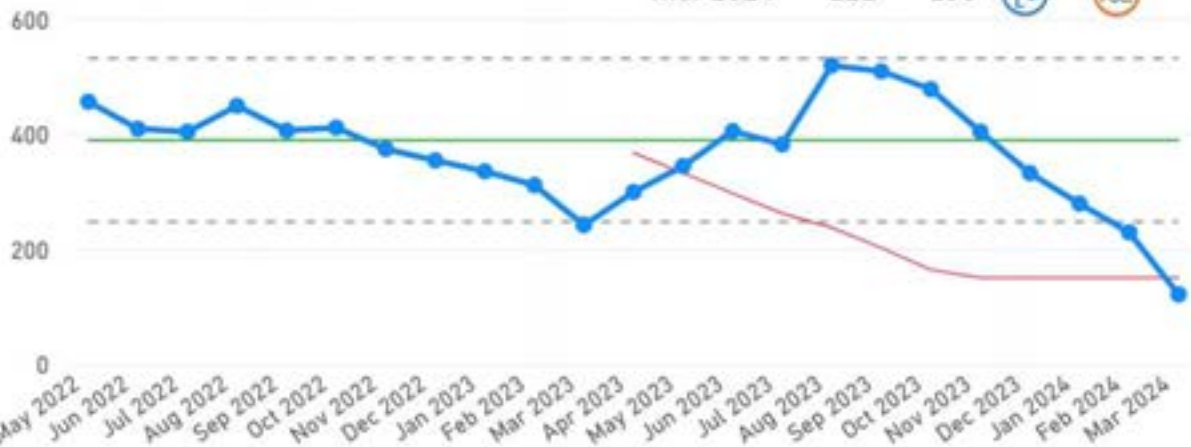
RTT 52 week waiters

Month	Performance	Plan	Trend	Assurance
Mar 2024	1483	720		



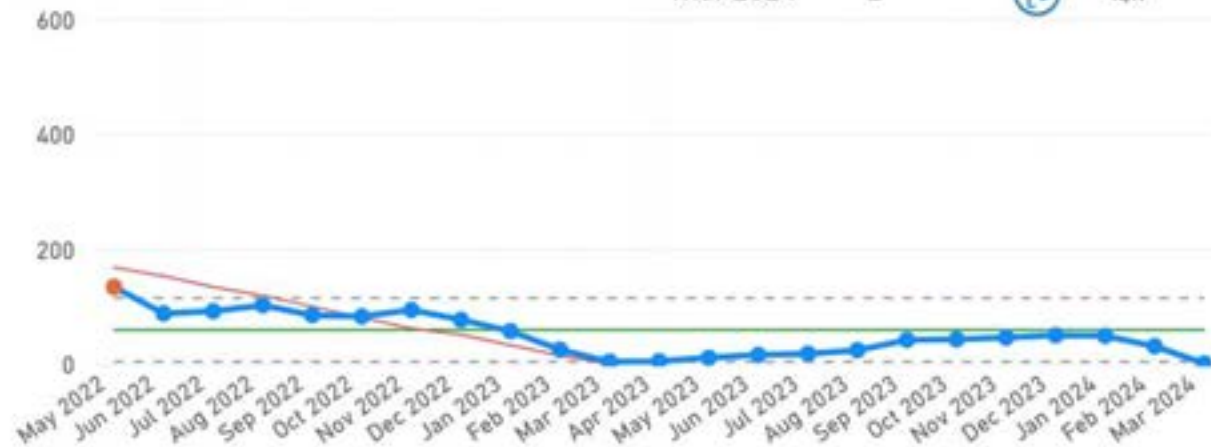
RTT 65 week waiters

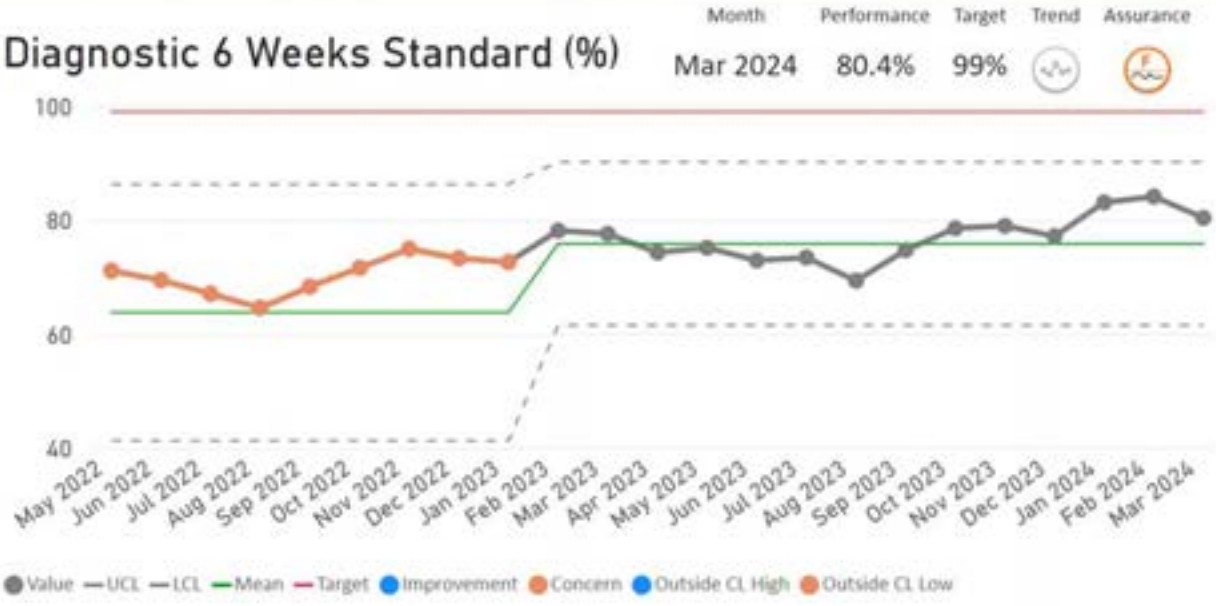
Month	Performance	Plan	Trend	Assurance
Mar 2024	121	150		



RTT 78 week waiters

Month	Performance	Plan	Trend	Assurance
Mar 2024	1			N/A

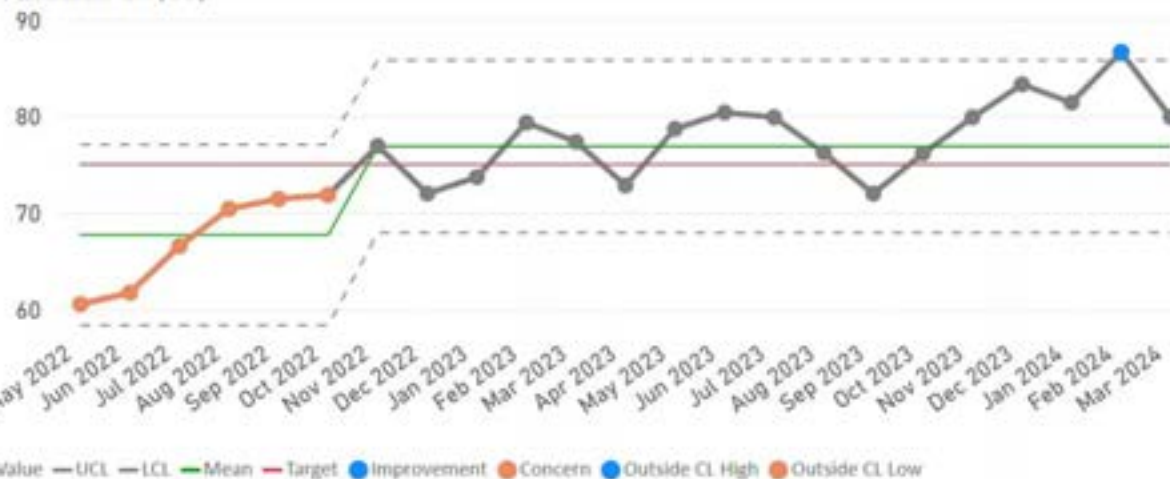




RESPONSIVE

Cancer - Faster Diagnosis Standard (%)

Month	Performance	Target	Trend	Assurance
Mar 2024	79.9%	75%		



Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Mar 2024	91.6%	96%		



Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Mar 2024	59.1%	85%		



Cancer >62 Day Backlog

Month	Performance	Target	Trend	Assurance
Apr 2024	130			N/A



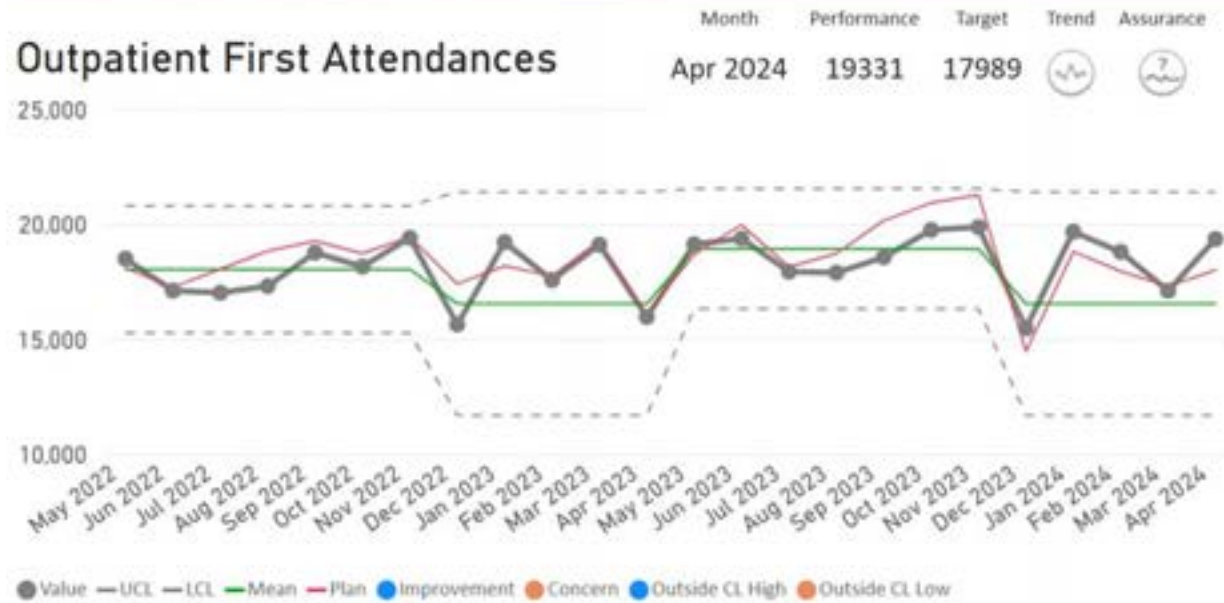
Cancelled Ops - Non-Urgent
Cancelled On Day

Month	Performance	Target	Trend	Assurance
Apr 2024	65	0		

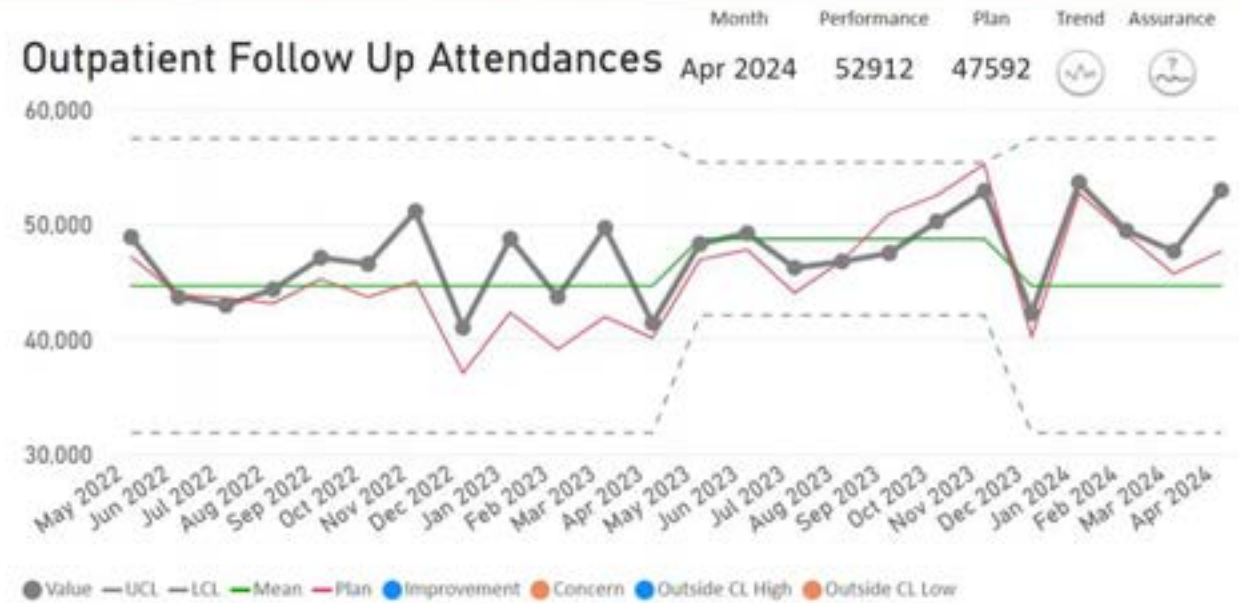


RESPONSIVE

Outpatient First Attendances

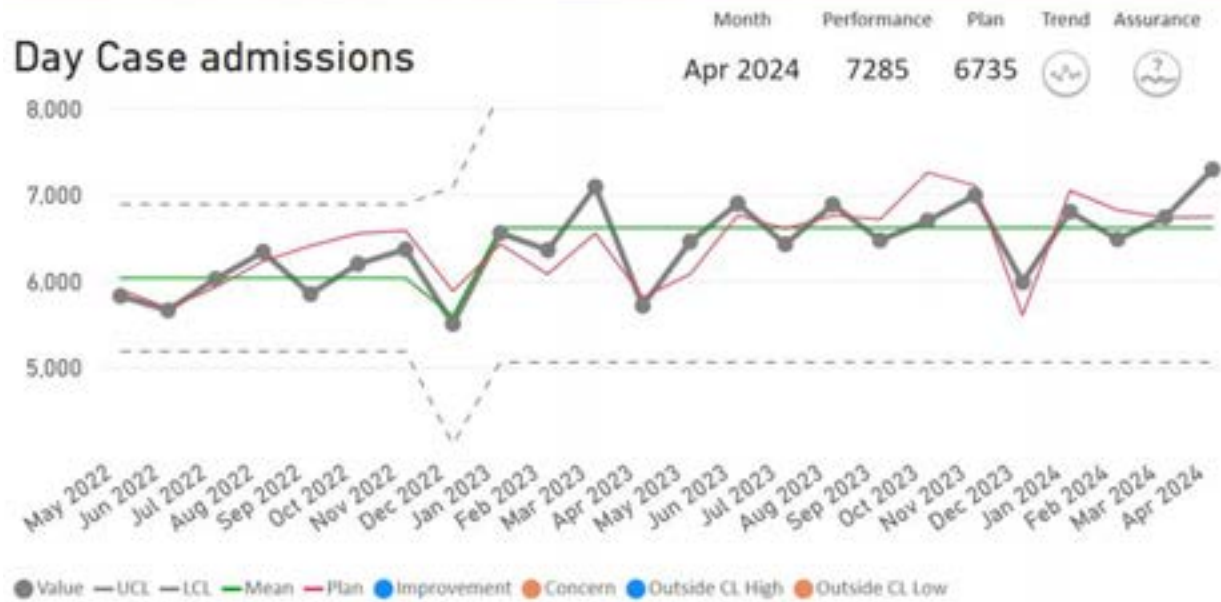


Outpatient Follow Up Attendances



RESPONSIVE

Day Case admissions



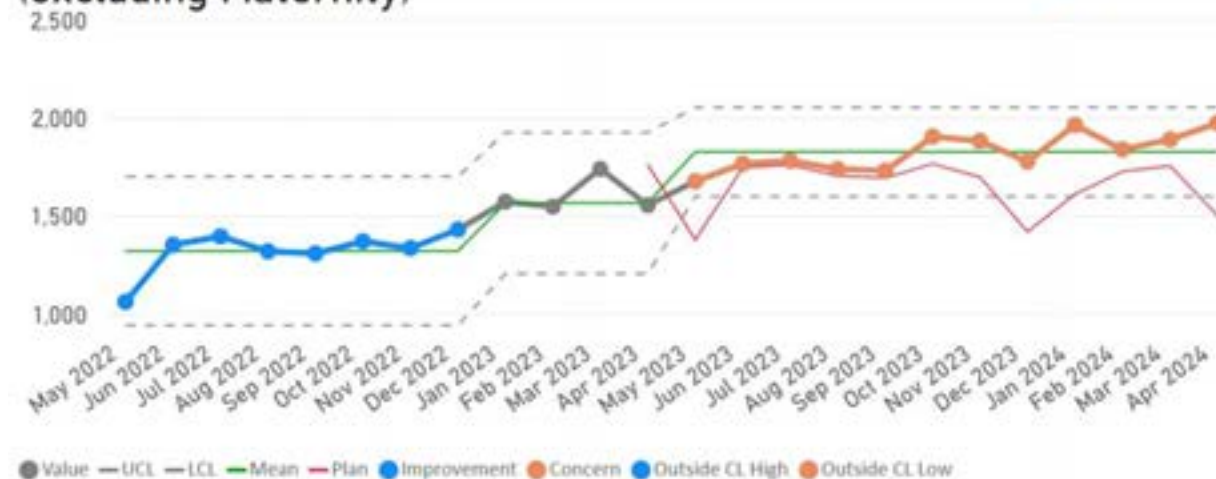
Ordinary Elective admissions



RESPONSIVE

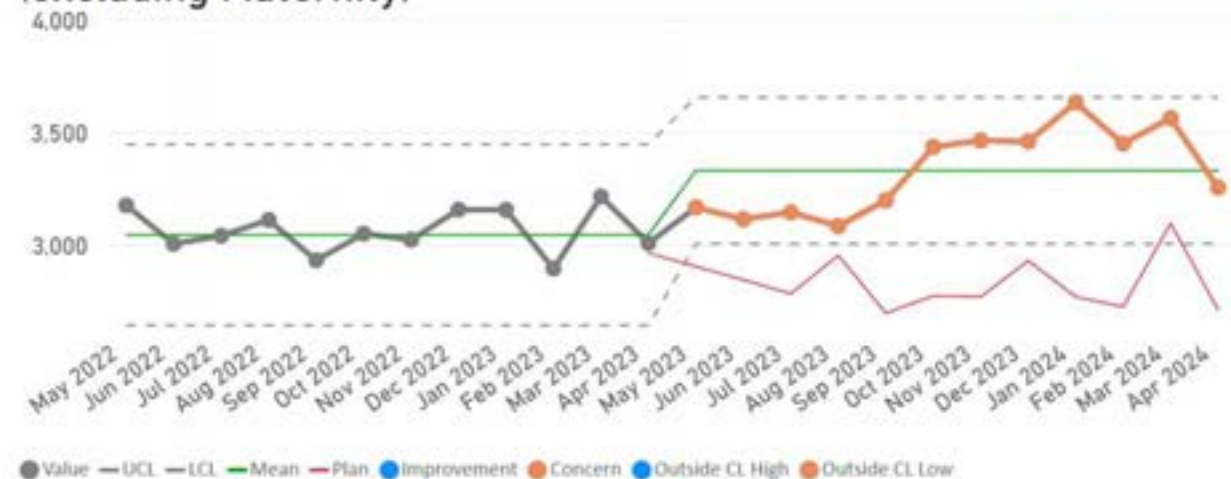
NEL admissions with 0 LOS (excluding Maternity)

Month	Performance	Plan	Trend	Assurance
Apr 2024	1971	1500		N/A



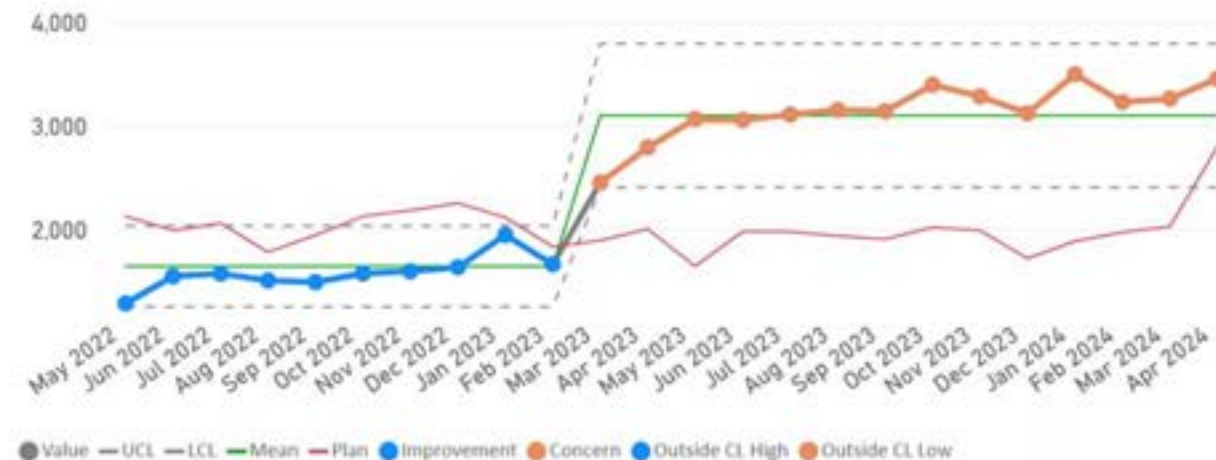
NEL admissions with 1+ LOS (excluding Maternity)

Month	Performance	Plan	Trend	Assurance
Apr 2024	3252	2711		N/A



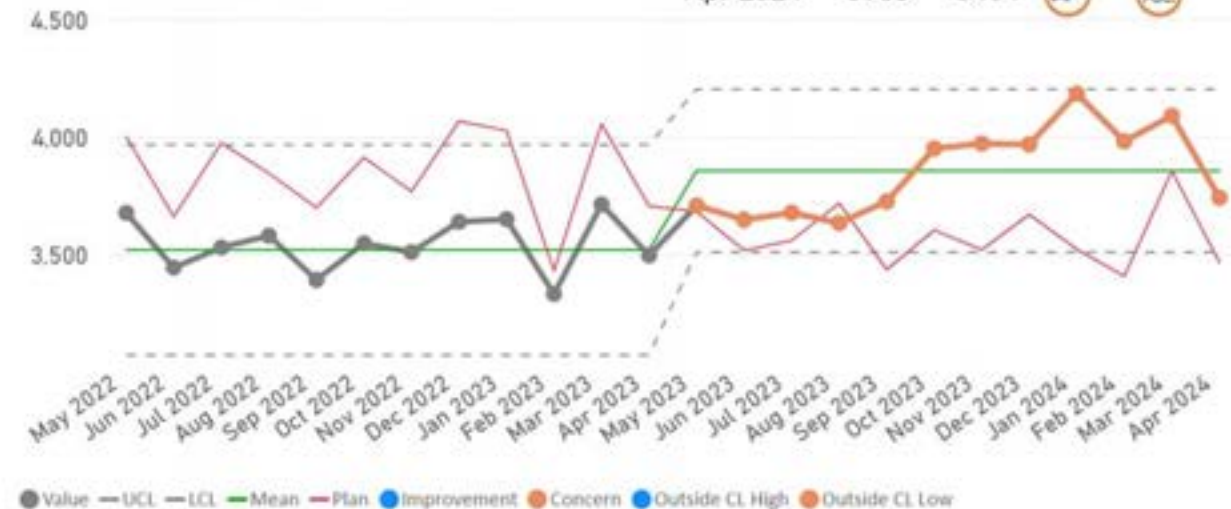
NEL admissions with 0 LOS

Month	Performance	Plan	Trend	Assurance
Apr 2024	3448	2791		



NEL admissions with 1+ LOS

Month	Performance	Plan	Trend	Assurance
Apr 2024	3739	3464		



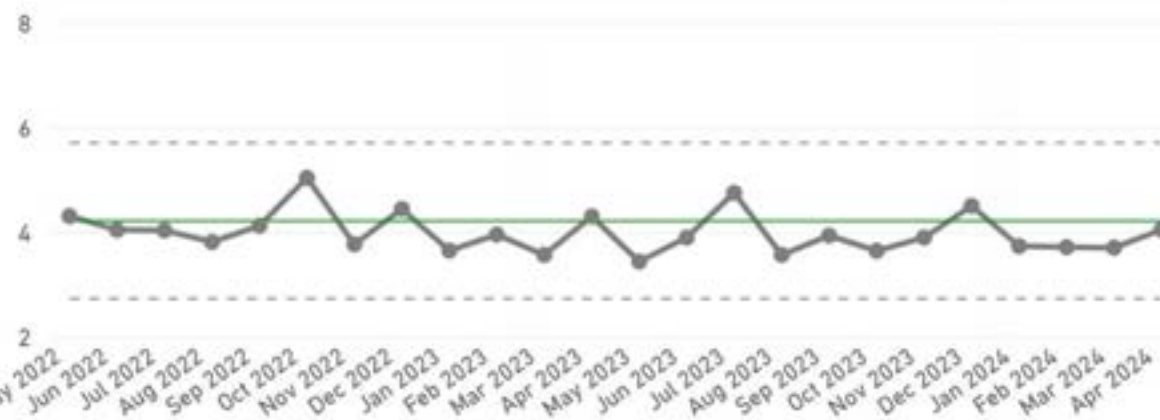
G&A Occupied Beds (%)



RESPONSIVE

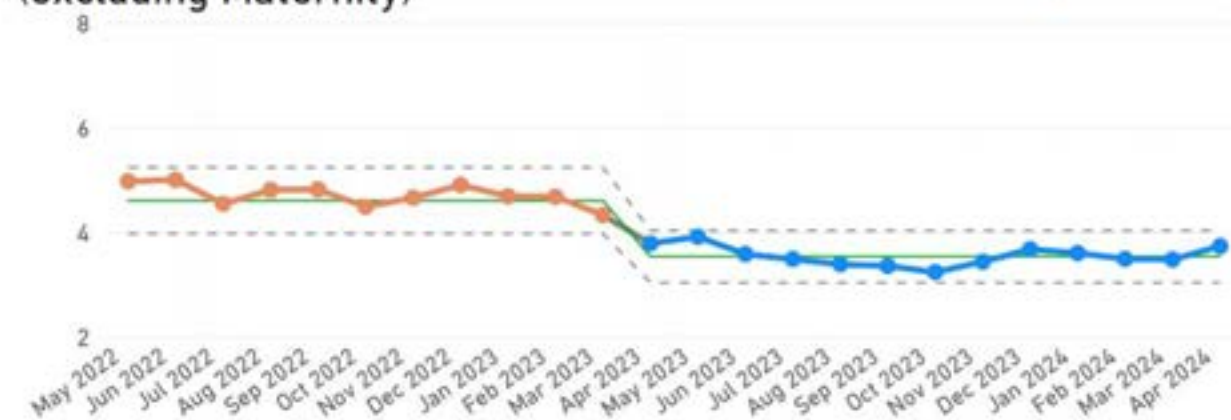
Length of Stay - Elective

Month Performance Target Trend Assurance
Apr 2024 4  N/A



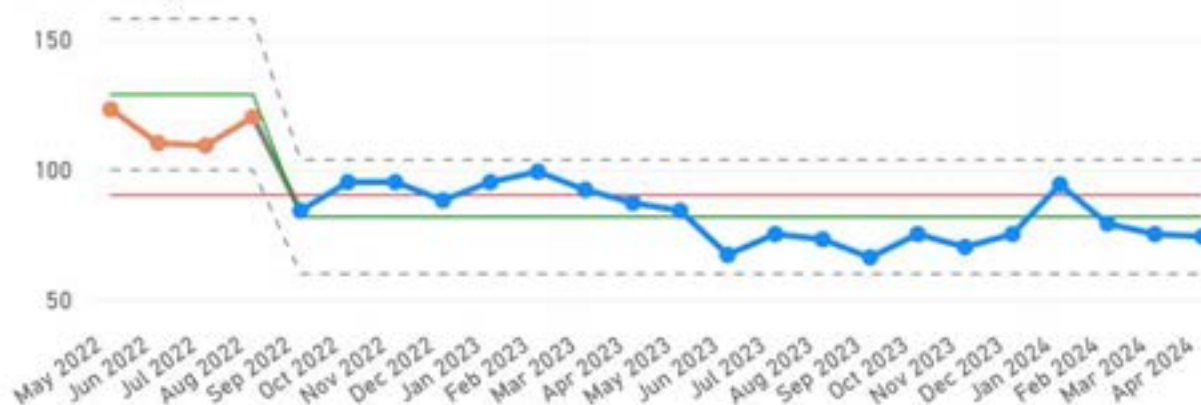
Length of Stay - Non-Elective (excluding Maternity)

Month Performance Target Trend Assurance
Apr 2024 3.7  N/A



Ready for Discharge, not Discharged

Month Performance Plan Trend Assurance
Apr 2024 74 90  



21 Day Stranded Patients (%)

Month Performance Plan Trend Assurance
Apr 2024 12.4% 12%  



WELL-LED

Annual Appraisal (%)



Sickness Absence (%)



Mandatory Training (%)



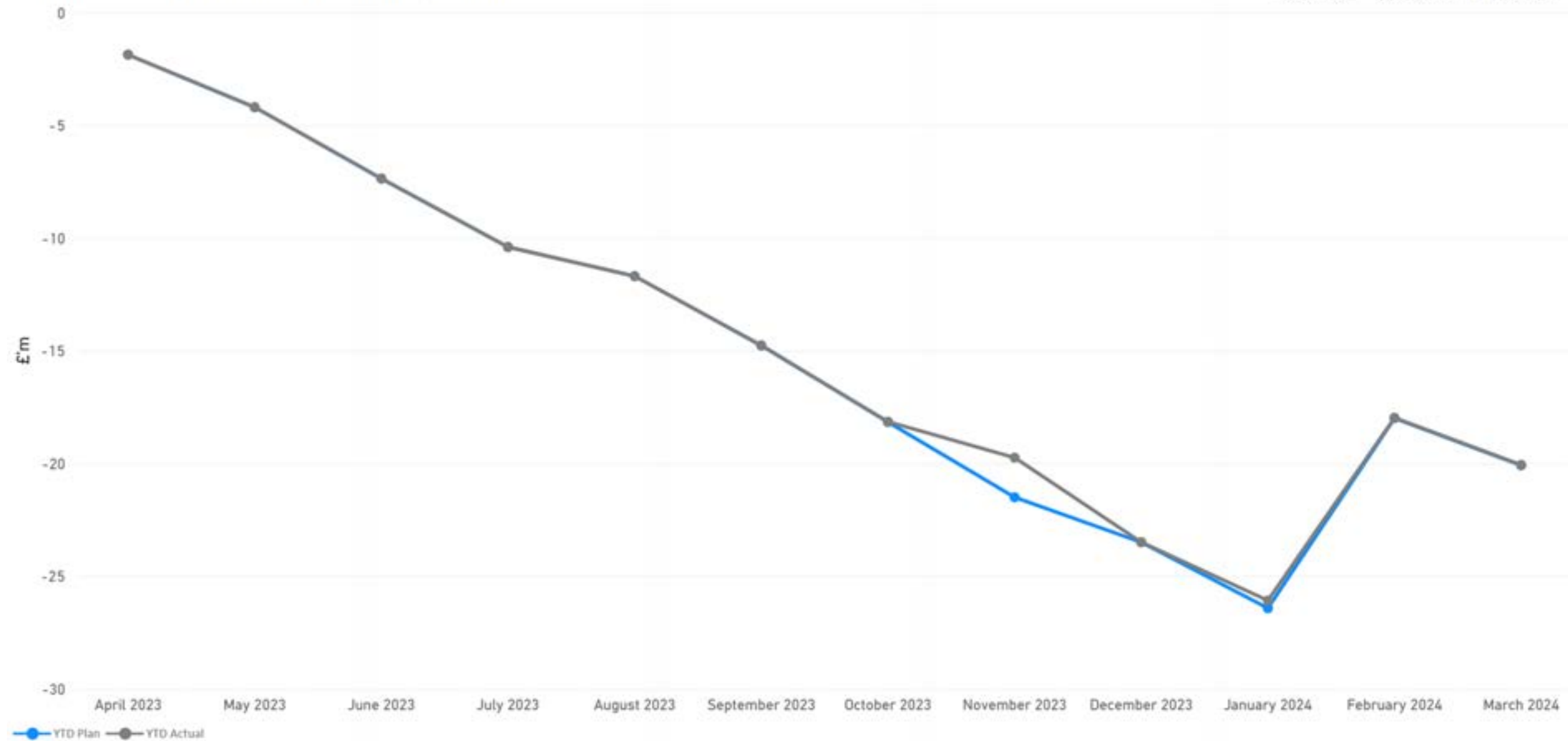
Staff Turnover (%)



WELL-LED

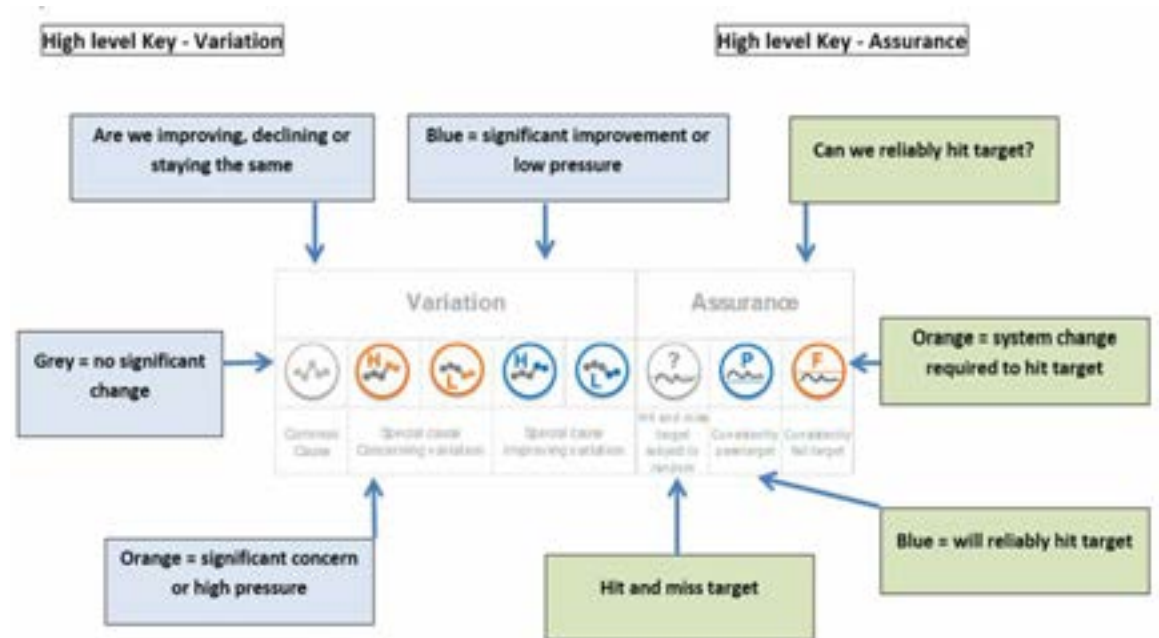
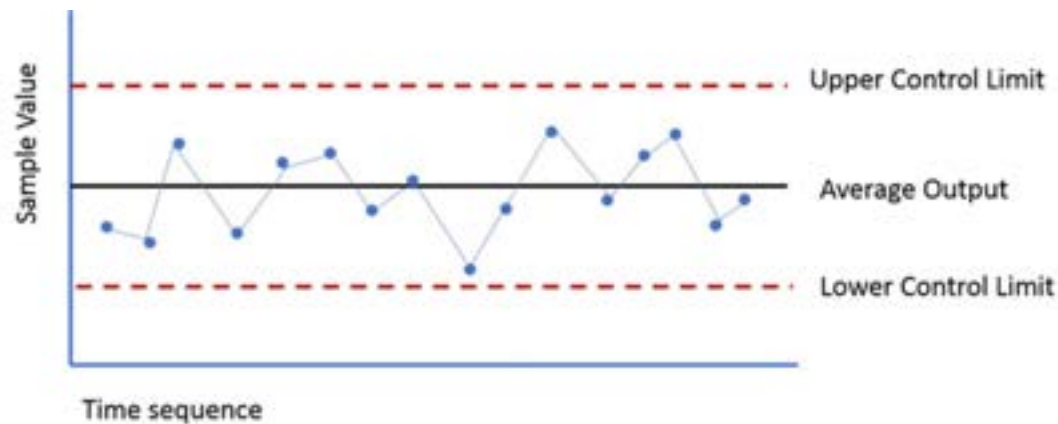
Cumulative YTD Financial Position (£'millions)

Month	Performance	Target
Mar 2024	-£20.077m	-£20.096m



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: 9



Resources Committee in Common Chair's Log

Meeting: Resources Committee In Common	Date of Meeting 30/05/2024
Connecting to: Group Board	
Key topics discussed in the meeting	
<p>Financial position for Month 1</p> <p>No formal external reporting of the Month 1 position to NHSE is required, as was the case in previous financial years. Work continues across the Group to complete the Month 1 month-end position, finalise 2024/25 budget-setting, in line with final plan submissions, and to complete the set-up for internal management reporting arrangements for the new financial year. The current draft position for Month 1 2024/25 an adverse variance of £0.9m for the Group (with £0.2m relating to NTH and £0.7m relating to STH). This report outlines the drivers of the variance and action being taken.</p> <p>Use of Resources priorities</p> <p>The national planning guidance for 2024/25 included a number of Use of Resources priorities for systems to focus on, in order to meet the minimum 2.2% efficiency target and to raise productivity levels to achieve the planning performance requirements within allocated resources. These priority areas include:</p> <ul style="list-style-type: none"> • Improve operational and clinical productivity, making full use of the opportunities highlighted through GIRFT, The Model Health System and other benchmarking and best practice guidance. • Conduct a robust workforce establishment review and develop an action plan to improve workforce productivity, identifying the rationale for workforce increases since 2019/20, based on outcomes, safety, quality or new service models. • Reduce temporary staffing costs, improve agency price cap compliance and eliminate off-framework agency use by July 2024 (where this exceeds national framework rates), and reduce agency spend to a maximum of 3.2% of the total pay bill. • Release efficiency savings through reducing variation, optimising medicines value and improving the adoption of and compliance with best value procurement frameworks. • Make full use of published benchmarking data and improvement tools to reduce the cost of running corporate services per £100m turnover, including through standardisation, consolidation, collaboration and digitisation at scale. <p>The finance report shows the detail in relation to how we compare to other trusts – focus will need to be maintained on these across the period.</p> <p>2024/25 Planning</p> <p>Both trusts plans for 24/25 were discussed and agreed with the detail included in the main finance report that the board will discuss in the June meeting.</p> <p>Clinical Coding</p> <p>The committee was presented with the updated clinical coding report which included the updated data as requested at previous meeting and as a result the assurance rating was moved to moderate.</p>	

Digital

The committee was presented with an update on the digital programme. Recently appointed CIO will begin to combine reporting into a single report for the next meeting with expectations that this will evolve in coming months. The digital strategy will be available over the summer months for review and discussion and will be updated as an when the clinical strategy is published. Work has included engagement with clinical colleagues, so it is not expected to see major revision.

Actions

Responsibility / timescale

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Escalated items

Key Issues/ Concerns for escalation:

- Focus on use of resources for coming period
- Month 1 draft financial position
- Approval for national cost collection report
- Approval for 24/25 Budget setting

Risks (Include ID if currently on risk register)

Responsibility / timescale

No Additional Risk Identified

Agenda Item: 10



Research, Development and Innovation Update

Meeting date: 5 June 2024

Reporting to: Group Board

Agenda item: 10

Report author: Jane Greenaway

Action required:

Assurance

Delegation status (Board only):

Jointly delegated item to Group Board

Previously presented to:

Quality Committee in Common 30 May 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:

Principle risk Failure to deliver as a centre of excellence, resulting in a lack of priority



and recognition from commissioners and other stakeholders

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.

No current alerts from Research or Innovation.

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.

Risk relating to future funding of our Innovation function. Mitigation through appointment of Innovation Director to drive inward investment. Dave Ferguson new in post and will be reporting progress on this separately from R&D going forwards.

R&D finances this year showed a small deficit of £65,915 at STH and a surplus of £244,018 at NTH. We were in a position to be able to use deferred income to offset this deficit at STH and have revised reporting of finances through our directorate meetings and bi-monthly finance meetings for more detail and clarity on I&E going forwards. Finance reporting is now done jointly at Directorate meetings which will maximise opportunities to be more strategic with funding, supported by the new group model.

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

Highest ever recruitment of patients into NIHR portfolio studies for the TVRA.

Appointment of new Audit & Monitoring officer has ensured our processes are robust, risks and incident reporting is embedded and we have clear dissemination of lessons learned to all research teams. Additional Governance Manager appointed to support Trust sponsorship of studies in light of increased volume and complexity.

Very positive NIHR Financial audit with all areas confirmed as "good" or "very good" for our processes for the management of trust sponsored NIHR grants.

Jane Greenaway continues to explore and secure opportunities for commercial collaboration and income from external partners (FutureMeds, TRINETX, NHSA, Digital Health Hub, Tees Health Innovation zone).

Regional first – first ever newly qualified nurse recruited into a post in our Trauma & Orthopaedic research team at STH

Recommendations:

Report for awareness and assurance. No current areas of concern.



Research & Innovation June 2024

Purpose of the report

This report includes information about the governance, performance and safety of the research and innovation departments.

Research: Background / Details

Research and innovation are part of the enabling strategies to achieve the trust's strategic plans on their journeys to CQC Excellence.

In September 2023 Mr Paul Baker stepped down from the R&D Director post at STH after almost 5 years in post. His tenure oversaw a transformation in the structure and transparency of the R&D finances, a robust overall governance and reporting infrastructure, development of policies to manage our research finances and a quadrupling of the infrastructure to support Trust sponsored studies in a dedicated "Chief Investigator Support team". He provided financial support to and developed the governance infrastructure for the new Academic Research Units and his overall strategic oversight of the TVRA through the TVRA Executive has ensured the continued growth of research within the trust. Dr Jeremy Henning has been appointed as his successor in March 2024. He is committed to ensuring research is seen as something for everyone to take part in or become involved in and development of our staff to support research is paramount in his plans.

Mr Dave Ferguson was appointed as Innovation Director at STH meaning the STH R&D Director no longer has a remit to cover Innovation activity, strategy and performance but R&D will maintain links through Jane Greenaway's attendance at the Innovation Department meetings.

The new TVRA Strategy is shown below. We will be reporting against our new key performance indicators (KPIs) linked to this strategy in our next report.



Risks, Incidents, audits and inspections

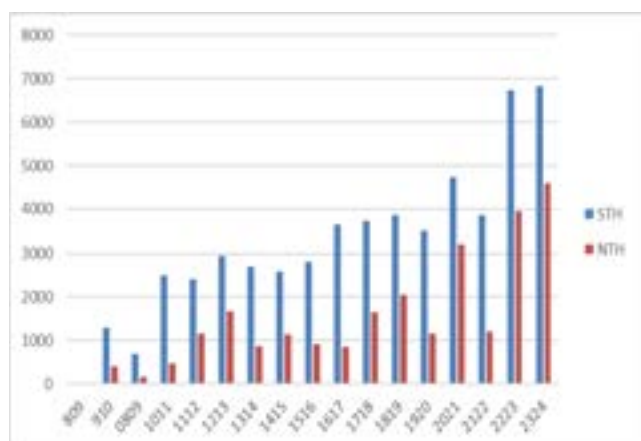
We have appointed a new Audit & Monitoring officer who has significantly improved the oversight, reporting and management of risks, incidents, audits and monitoring processes. Clearer information is now reported at Directorate meetings, Team Lead meetings and lessons learned log communicated to all research staff. We've also revised our meeting structure to ensure clear escalation routes from each meeting for awareness and action.

Patient safety & Risks STH A total of 12 research related Datix incidents have been reported Nov 23 –April 24 (10 South Tees, 2 North Tees). Number of reported incidents per month and lessons learned are shared at the directorate meeting with team leads. Table: Datix incidents by category for STH		Audits and lessons learned Our Auditing and Monitoring Officer has completed (19) audits/monitoring of active studies since March 2023 (14 South Tees, 5 North Tees). Main findings and lessons learned are shared at the directorate meeting with team leads for dissemination to their delivery teams. Table: Audit and monitoring findings by category – TVRA	
Category	Total	Themes	
Equipment	1	Missing ISF elements	
Research project related	5	Consent/ patient record	
Information Governance	4	Delegation	
Communication- <i>finance</i>	1	CVs and GCPs	
Serious incident (Not 'Loss, Damage or Threat 'or violence) - <i>mis-categorised when reported and relates to information governance instead</i>	1	Eligibility	
		Source Data Verification (SDV)	

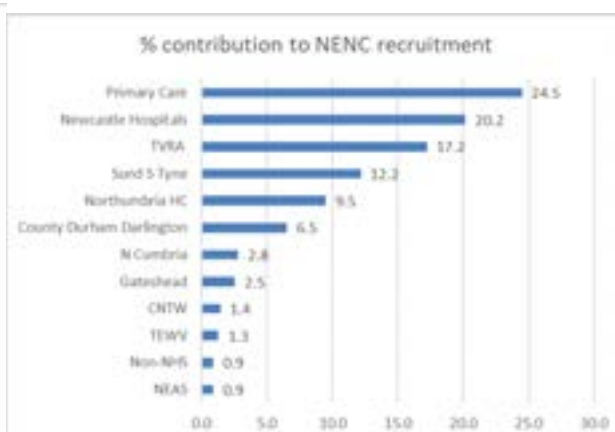
Overall Performance

The number of participants recruited into NIHR portfolio trials this year was **11,433**, which was higher than the preceding year (10,686) and our highest ever annual figure for the TVRA.

Year on year recruitment



TVRA % contribution to CRN NENC recruitment



Key Areas in Improvement plan

Progress since last report

Increased participation in research projects across a broad range of clinical specialisms	<p>Increases in patient recruitment were seen in the following NIHR specialties: Children, Health Service Research, Hepatology, Public Health, Renal, Reproductive Health, Respiratory and Surgery.</p> <p>ENT and Ophthalmology remain areas of focus in STH with a number of studies planned to open in Ophthalmology in 24/25 including a commercial trial in NTH.</p>
To ensure patients and their contribution to research is valued and supported	<p>New TVRA newsletter with real time data launched within the year https://infogram.com/tvra-newsletter-1hmr6g7rdm3ro6n.</p> <p>Research animations are displayed in STRIVE, more work to do to roll out to other screens across the trust.</p> <p>We met the target for responses to the PRES patient experience survey at NTH (398/390) however did not at STH (190/644). Team Leads have emphasised the importance of this PRES feedback to all teams in STH and 24/25 data shows we already have 41 respondents for STH (80 NTH).</p>
Increased engagement from NMAHPs & CRPs	<p>Three new NMAHP PhD studentships appointed to (2x STH, 1x NTH) through partnership with Teesside University. Plan to repeat in 24/25. Successful contingency funding from CRN NENC for secondments into research across Pain, Physio, Ophthalmology, Stroke, Haematology, Critical care.</p> <p>Regional first – first ever newly qualified nurse recruited into a post in our Trauma & Orthopaedic research team at STH.</p>
Increased collaboration and mentorship internally and externally	<p>Online and in-person Community of Practice Forum established across the TVRA to share knowledge and expertise.</p> <p>Peer Review Committee planned to review in-house trust sponsored research and provide sponsor feedback and advice.</p> <p>All delivery teams now hold a minimum of two cross trust meetings per year.</p>
Increased focus on commercial partnerships and income	<p>TRINETX partnership: data platform is now live in both trusts. Webinars to showcase how the data can be used by research fellows and researchers to conduct “Real World Evaluation” and generate papers for publication to disseminate findings.</p> <p>Future Meds Commercial Research Facility now up and running, recruiting patients and generating income for NTH R&D. Oversight committee established. Looking to establish an MoU with STH.</p> <p>Jane Greenaway is now the Trust’s representative on the council for the NHTA. This will hopefully lead to the trusts becoming more integrated with the NHTA workstreams and able to benefit from external commercial partners to strengthen our research and innovation opportunities.</p> <p>Two bids for external funding are being prepared:</p> <ol style="list-style-type: none"> 1. Application to establish a Commercial trials recruitment centre based out of the Future Meds Commercial facility at NTH with hub and spoke structure working in partnership with Primary Care

	2. National commercial funding bid to support the infrastructure to run a vaccine trials facility using a similar hub and spoke model with Primary Care.
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Trust Chief Investigator / sponsored research

David Rollins, Governance Manager has continued to review the functions of the Chief Investigator support team. He has completed a Task and Finish workstream with the Heads of our two Academic Research Units to simplify the financial processes associated with our trust sponsored studies. We have invested significant additional resource into the CI/sponsor team to ensure that we are able to discharge all of our sponsor related functions appropriately. Our final report from the NIHR Finance Audit rated us Good or Very good in all domains.

We have 58 trust led/sponsored studies that are currently in setup, open or in follow-up/closing in the following specialties:

Anaesthesia, perioperative medicine and pain management	6	Public health	0
Cancer	4	Renal Disorders	3
Cardiovascular Disease	11	Reproductive health and childbirth	2
Children	4	Respiratory	2
Dementias and neurodegeneration	0	Stroke	2
Gastroenterology	2	Surgery	7
Haematology	1	Trauma and Emergency Care	4
Health Services Research	2	Musculoskeletal disorders	2
Infection	6		

We have an additional 18 studies where a member of the TVRA is a named collaborator on a project sponsored by another Trust.

Non-ARU grants in last 6 months					
Study Name	STH sponsor OR collaborator	Name of CI / collaborator	Funding £ (applied for / successful)	Amount of grant for STH posts/activity	Study status
AI Driven APGAR score	STH Sponsor	Loganathan, P	£32k	£0	Awarded
EPIFIX/SPECTRIX	STH Sponsor	Ruddock, A	£5K	£5K	Awaiting outcome

Academic Research Units

The TVRA financially supports the ARUs staffing infrastructure through core R&D and RCF funding (£61,520 ACU, £117,694 ACeS). Bi-monthly meetings are held between the TVRA and the ARUs to discuss strategy and escalate operational issues. An away day is planned in June for the CMO, TVRA Executive, TVRA CI team and ARUs to meet and discuss strategy and future plans to understand evolving roles, areas of mutual support and future collaboration.

Table: New ARU awards / Updates in last 6 months.

(ACU) Study Name	Sponsor or collaborator	Name of CI / collaborator	Funding £ (applied for / successful)	Amount of grant for STH posts/activity	Study status
AFFECT	Sponsor	Akowuah (CI), Maier (co- I)	Recommend ed for Funding – April 2024 £2.1M	~£1.3M	<u>EMBARGOED</u> outcome: Recommended for funding, grant due to start Sep 2024 once staff appointed.
PROACT SUB- STUDY	Sponsor	Austin (CI), Maier (collaborator)	Funded £48,173	£48,173	Funded grant started.
IDAMI	Sponsor	Austin (co-CI), Maier (co- I), Akowuah (collaborator)	£196K	If successful, ~£150k	Submission to HR- UK planned for 3 rd June 2024.
IMMUNE-DCM	Collaborator	Austin (PI), Maier and Chang (collaborators)	Funded £2.7M	~£450k	Funded, set up, and recruiting
Senescence following MI	Sponsor	Akowuah (PI), Owens (Co-I), Maier and Chang (collaborators)	Funded £153k	~£30k	Funded PhD by HRUK. Recruitment started.
Real-time ambulance to GP notification of AF	Collaborator	Wilkinson C (CI)	Funded £100k	£0	Funded by British Heart Foundation. In set up.
(ACeS) Study Name	Sponsor OR collaborator	Name of CI / collaborator	Funding £ (applied for / successful)	Amount of grant for STH posts/activity	Study status
EOS Imaging Study	Sponsor	Jafari M	£200k	£150k	Awaiting outcome
CAREFUL	sponsor	Kane, A	£99,975.52	~£70,000	Awaiting outcome
Team Science	Sponsor	Rangan, A	£100k	~£83,000	Awaiting outcome
PREPARE	Sponsor	Rangan, A	£2.7m	~£800,000	Awaiting outcome
Prevent-iT (UK)	Sponsor	Rangan, A Kottam, L Baker, P	£2,831,015.18	£2,573,761	NIHR HTA Unsuccessful after stage 2 – April 24 To be resubmitted to UKRI
Prevent –iT (Canada)	Co-applicants	Rangan, A Kottam, L Baker, P	\$3 395 000	TBC	Awaiting outcome
PORTRAIT (T&O)	Co-applicant	Baker, P	Funded £2,577,410.49	£37,447	NIHR HTA – Successful Contracting in progress
PASTA (T&O)	Co-applicant	Baker, P Hamilton, D	TBC	~£60,000	NIHR Stage 2 application unsuccessful
CREST	Sponsor	Rangan, A Kottam, L Johnson, M	2.9M	£1,353,395	NIHR HTA –Stage 1- Unsuccessful
CREAM-T	Co-applicant	Johnson Lynne, S Dolphin, P	TBC	£15,000	NIHR RFPB-TBC
Proximal third humeral diaphysis in older adults	Stees Sponsor	Mcvie, J	Funded £5000	£5,000	AOUK&I Small grants funded
CARE for ACLR	Co-applicant	Baker, P Wood, L	TBC £1,137,570.86	£44,000	NIHR RFPB-TBC

SHOULDER FRACTURES IN ELDERLY PATIENTS	Co-applicant-UK leads	Rangan, A Kottam, K	6M euro	£695,307	Awaiting outcome
DFU- REFORM	Co-applicant	Johnson Lynn, S	TBC	£21,465	NIHR HTA- Awaiting outcome
TWIST Trial	Co-applicant	Ferguson, D	TBC	£26,433	NIHR HTA –Stage 2 in progress
CAREFUL	Stees Sponsor	Kane, A Danjoux, G Rangan, A Kottam, L	£99911.80	£85,272	Awaiting outcome

Financial Overview

Staffing Income:

Source	Amount STH	Amount NTH	Description
Local Clinical Research Network	£2,087,119	£876,358	This operates on a break even position with any staff costs from non LCRN income being moved across to utilise any in-year slippage. Overheads from this contribute to our CIP
Non-LCRN	£1,431,498	£388,565	Comprised of: Invoicing for research fees due R&D Accrual STRIVE contribution Pay award & vacancy factor
Research Capacity Building (RCF)	£468,650	£25,000	£191,559 Sponsorship & Governance costs £7,480 Staff training £269,611 Expenditure on staff (R&D and ARU)
R&D Legacy / NOVAVAX Funding	£500,000	£122,485	Re-investment by trust from historical research monies (Legacy @ STH) and NOVAVAX reinvestment (NTH)
Capacity Build funding	£86,527	£5,311	Income from commercial trials to build research capacity.
Synexus / FutureMeds		£50,940	Commercial collaboration
Trust funding	£20,000	£129,803	STH: R&D Director NTH: R&D Director, Manager, Facilitator and Admin posts

	STH	NTH
Total staffing costs	£4,289,709	£1,354,443
Total income for staffing	£4,223,794	£1,598,461

Overall Report Recommendations / Summary

There are currently no areas of risk or concern. Our finances this year showed a small deficit of £65,915 at STH and a surplus of £244,018 at NTH. In 23-24 R&D at STH were in a position where we could utilise deferred income to offset this shortfall. Going forward we are undertaking a more comprehensive financial reporting process across both trusts in the TVRA to ensure that monthly monitoring of all income sources is reviewed in more detail to identify earlier any slippage against income targets.

Our recruitment is the highest it's ever been, and we have robust processes in place for governance and oversight of our hosted studies. Although we have significantly increased the resourcing and oversight of our Chief Investigator / sponsored studies team we plan to supplement with additional

financial administration support to ensure timely invoicing and reconciliation to align with the reporting requirements of our funders. The outcome of our NIHR finance audit outcome was very favourable with all areas scored as “Good” or “Very Good”.

STH Innovation: Background / Details

Innovation enables a culture of innovation and supports staff with their ideas. We develop staff ideas for patient, reputational and commercial benefit, providing staff with the support required to guide them through the innovation pathway from idea to possible commercialisation.

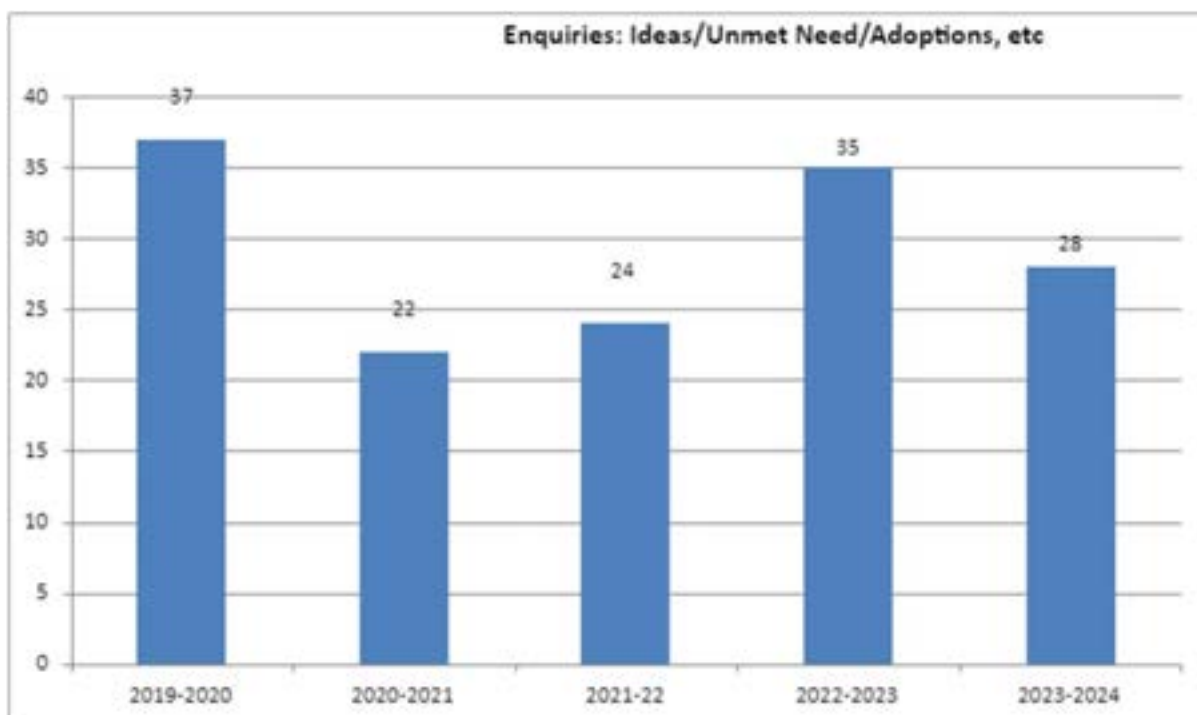
Innovation has four strategic priorities:

- Embed a culture of innovation
- Develop staff ideas
- Promote and market Trust innovation
- Maximise commercialisation of Trust developed ideas

Progress Report

South Tees staff are encouraged to develop ideas relating to an unmet need or provide an unmet need. There continues to be a steady flow of enquiries to the STRIVE innovation team, (see graph below). This shows evidence of an innovation culture within the Trust and a commitment to develop staff ideas but enquiries have dipped compared to last year. This is mainly due to a reconfiguration within the Trust around Innovation, as innovation is defined differently by staff and also includes service improvement, service evaluation and research, these enquiries are now signposted to the relevant areas of the Trust.

We will look to explore opportunities with external partners to support the development of staff ideas to maximise the commercialisation of Trust developed ideas, ensuring IP is protected and the Trust receives recompense for developments which become commercialised.

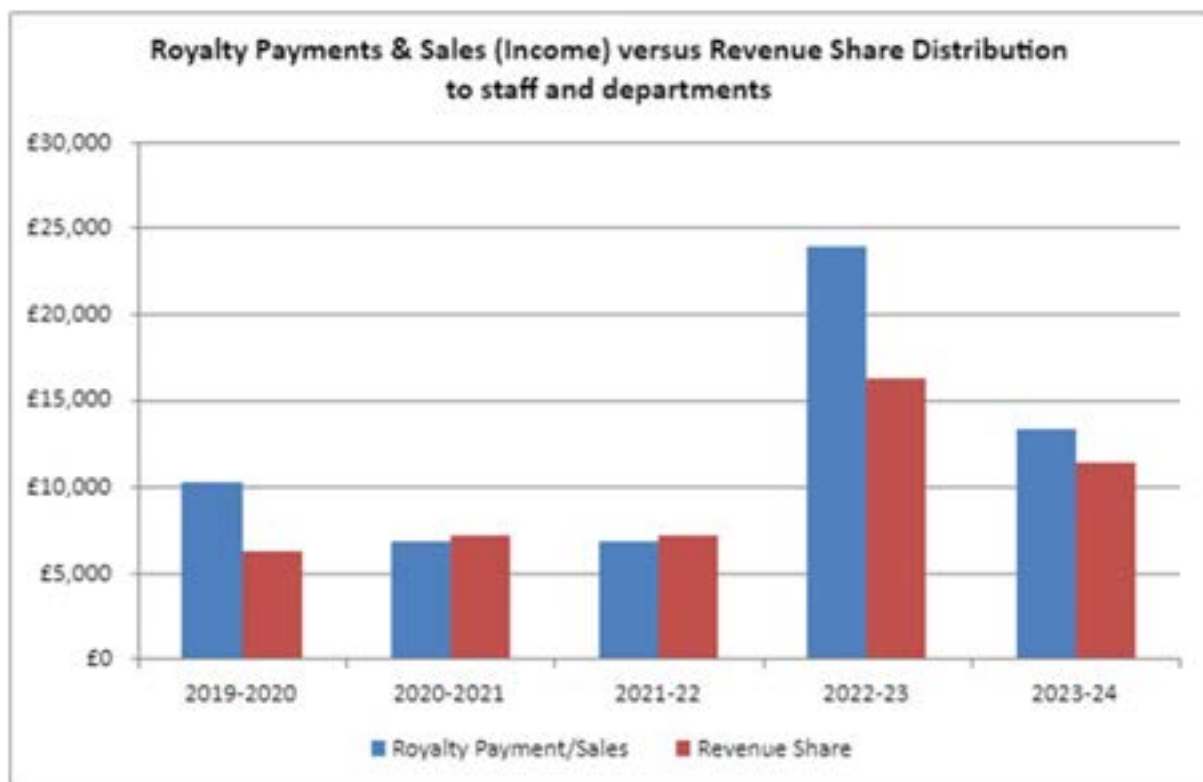


Improvement Plans

The STRIVE Innovation team works closely with the Health Innovation North East & North Cumbria (previously known as Academic Health Science Network) in line with their Innovation Pathway. We have established a process plan for innovation within the Trust and this has seen an improved process and provided decision tools on the plans to develop ideas and unmet needs raised, providing more rigorous oversight and assessment of ideas. SLT approved the separation of the Director of Research and Innovation role, and Dave Ferguson is appointed Director of Innovation from 1st April 2024. With the arrival of the new Director the plan is to develop a Trust Innovation Strategy on the back of the work of the reconfiguration model and in the light of the Hospital Group.

Finance summary

Royalty payments received from licence products developed by South Tees, and the revenue share distribution to staff and departments who were involved in the licenced product development, as per the Trust Intellectual Property Policy (G172), is shown in the graph below for the last five years.



Summary

- Continue work around staff ideas to maximise commercialisation of Trust developed staff idea.
- Develop a strategy to embed culture of innovation and increase awareness of Innovation and IP.
- Examine the opportunities of working within the Hospital Group.

Agenda Item: 11



Quality Committee in Common Chair's Log

Meeting: Quality Committee in Common	Date of Meeting 30 May 2024
Connecting to: Group Board	
Key topics discussed in the meeting	
<p>This was the first Committee in Common. The meeting commenced with a patient story, which reminded the Committee of the combined commitment to patient quality and safety. Reflections at the end of the meeting were positive, with a highlight of the need to streamline processes and joint reports and we welcome the progress being made on these. The Committee received 9 reports and updates including Board Assurance Frameworks, Monthly Integrated Quality and Performance Reports, Paediatric Audiology Services, Quality Accounts, Research and Development Update, QCQ update, Maternity and Neonatal Safety and Quality Report, Patient Safety Incident Report, Mental Health Strategy</p> <p>CQC - There are nationally reported issues around the CQC portal where organisations have delegated responsibility for uploading data and information. Both sites are working closely with the CQC relationship manager who is being alerted to the issues.</p> <p>BAF - Healthcall provide who support services are facing a number of financial constraints, and the services they provide are vulnerable. There are ongoing conversations on what alternative solutions can be put in place if this service is withdrawn.</p> <p>IPR - Infection rates continue to be closely across both sites, with some still higher than the threshold, although there has been a decrease in some rates from the previous month (MRSA). We have the lowest number in the region, but continual reinforcement of correct infection control techniques. Joint work continues with the ICB, taking into account the estate's challenges and the impact this may have. Readmissions are still higher than target across both sites, and work continues to ensure that there are integrated pathways into the community. East Durham residents remain vulnerable and there are ongoing conversations with CDDFT around planning and integration.</p> <p>Cancer 62 day standard has not been met across both sites. Proactive work 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 groups are focused on this.</p> <p>The number of ambulance arrivals to A&E continues to remain high on both sites and performance has increased slightly (99.7%), with 12 waits having a slight increase. 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>The number of patients awaiting discharge is still high in North Tees sites, 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 and conversations are ongoing across the system.</p> <p>Mental Health support for patients in A&E continues to be monitored and shows a slight positive improvement in North Tees. Discussions with TWEV are ongoing and positive, and they are in a better recruitment position.</p> <p>Processes remain in place on both sites to manage the backlog in waiting lists, those long waiters have been contacted to identify reappointments. Extra evening and weekend clinics are being supported.</p>	

Complaints closed within target remain an ongoing issue at South Tees. There is a proactive management strategy for these with a new process with the aim of reducing the outstanding complaints over the next 4 months.

Paediatric Audiology Services reports were provided from both sites, with an assessment against the national Paediatric Hearing Services Improvement Programme. Launched in 2023. The reports set out the requirements outlined by the CQC. Both reports set out the plans for each service to meet the IQIPS (Improving Quality in Physiological Services) accreditation, and the Board is advised that the Quality Assurance Committee have agreed on those plans, and a response is required on behalf of the Board to CQC by 30 June 2024.

The **Quality Accounts** for both sites have been approved, and there were positive comments from external organisations. The joint quality priorities for 2024/2025 have been agreed.

Ongoing work within **maternity services** and Quality Improvement Programmes continue and go from strength to strength. North Tees site has been awarded £370K as part of the maternity incentive scheme, and South Tees site infant feeding team have achieved full BFI re-accreditation which is a great achievement.

The Joint Strategy Group has been developed and has prioritised joint strategies. North Tees presented the Organisational **Mental Health Strategy** and this will now move forward with joint work across the Group.

Actions

Responsibility / timescale

Board seminar on Chief Nurse PHD research colleagues to be organised – Jackie White

Long waiters – report to confirm harm reviews on long waiters to be produced – Sam Peate / Janet Alderton

Executive lead for Innovation to be agreed – Mike Stewart

Escalated items

Key Issues/ Concerns for escalation:

Paediatric Audiology the Board is advised that the Quality Assurance Committee on behalf of the Board have agreed on those plans, and a response is required on behalf of the Board to CQC by 30 June 2024.

The **Quality Accounts** for both sites have been approved on behalf of the Board, and there were positive comments from external organisations. The joint quality priorities for 2024/2025 have been agreed

The quarterly reports for **Maternity services** were received and discussed in detail. North Tees site has been awarded £370K as part of the maternity incentive scheme, and South Tees site infant feeding team have achieved full BFI re-accreditation which is a great achievement.

Risks (Include ID if currently on risk register)

Responsibility / timescale

No Additional Risk Identified

Agenda Item: 12



Guardian of Safe Working

Meeting date: 5 June 2024

Reporting to: Group Board

Agenda item: 12

Report author: Dr Catriona Lane –
Guardian of Safe Working ST and Mr
Rajesh Nanda, Guardian of Safe
Working NT&H

Action required:
Assurance

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

Previously presented to:
People Committee ST 29 May 2024 and
People Committee NTH 30 May 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:

Principle risk 1 and 3 ST



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.

To safeguard junior doctors and patients the 2016 contract set working hour's limits and rest requirements, with the aim of preventing fatigue and burnout, and to protect training.

Providing assurance through a system of exception reporting, Guardians of Safe Working Hours (GOSW) ensure that the requirements of the contract are met and educational opportunities are not being missed. Where the Trust fails to meet these obligations, the Guardian has the power to levy financial penalties.

This report are two Trust specific Guardian of Safe Working reports. This front sheet provides a summary of the key issues.

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.

Key points NT&H:

- A total of 24 exception reports were submitted between 1st February and 30th April 2024. A reduction to previous quarters.
- One exception has been marked as an 'immediate safety concern' (ISC), due to workload, patient acuity and missed breaks.
- The majority of exception reports relate to doctors working beyond their contracted hours in medicine specialties, due to staffing shortages and workload pressures. However, they also have a higher proportion of doctors in training.
- An increase in exception reports has been identified within Orthopaedics.
- The increasingly busy nature of the hospital means that our doctors are regularly working beyond their contracted hours. Safeguards within rota design minimise the likelihood of penalties being levied.
- Four fines have been levied due to working beyond the maximum 13 hours limit (in Medicine, Surgery and Orthopaedics).

Key points ST:

- A total of 267 exception reports were submitted between 1st of April 2023 – 31 March 2024, including Quarter four period – 1st of January 2024 to the 31st of March 2024
- 8 ERs raised in relation to immediate patient safety issues however none results in any adverse effects on patient but posed a potential risk.
- 94% of ERs raised were in relation to hours/rota pattern.
- 7 ERs were in relation to educational opportunities.
- 7 ERs were in relation to service support available
- There are 3 pending GOSW fines in these quarters. All were related to breach of the 13-hour maximum shift length. Work continues with finance to set up an account for these fines – Target date May 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.

Moving into the next year, the expectation is that the number of ERs is likely to increase due to an improvement in the process at South tees. As such we may also see a corresponding increase in fines. Whilst safety breaches are not desirable, the overall increase in reporting should be seen as a positive step and will feed into ongoing work to improve the junior staffing in the trust, making it right sized for the organisation.

For North Tees & Hartlepool, action being taken to improve communication and feedback with junior doctors and administration support for the Guardians Team is essential and forward planning is crucial.

Recommendations:

Report for awareness and assurance. No current areas of concern.

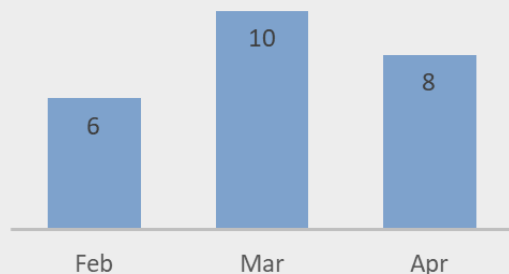
Exception Reporting February to April 2024

Professor Rajesh Nanda, Guardian of Safe Working
Caroline Metcalf, Senior Rota Lead



Exception Reporting

February to April 2024



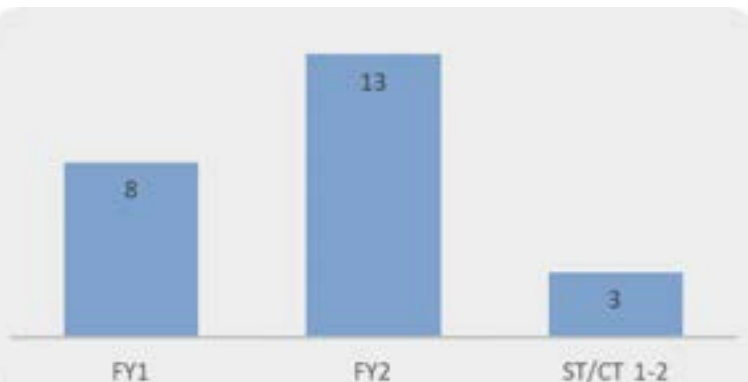
24 exception reports submitted by 13 doctors

1 marked as an immediate safety concern (ISC)



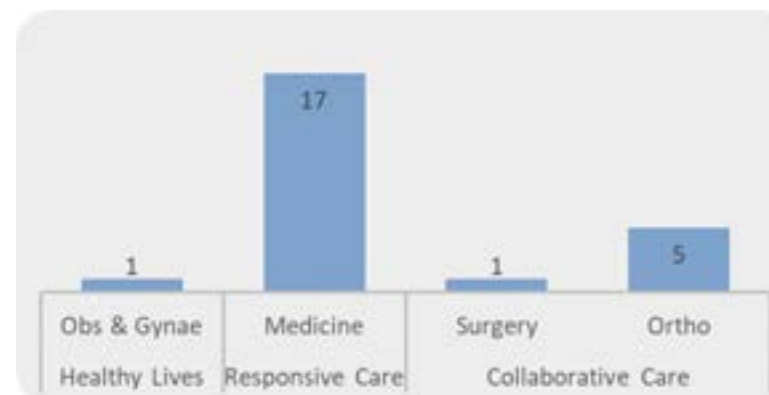
Majority (79%) relate to hours

62.5% (15) given payment as an outcome



Majority from FY2 (54%) and FY1 (33%) doctors

No overdue exceptions



Wider spread of specialties but majority (71%) by doctors in medicine

4 x FINES levied (£422.47) for working beyond the maximum 13 hours limit, Guardian reserves from fines is £1,032.14

Medicine Rotas

The department continue to review their rotas based on feedback and with the engagement of their doctors

Issue raised: Workload intensity of covering Tower, ACU & Thrombolysis Cover

Background: ACU moved from the west wing to the tower block which added to the pressure.

Action:

- Trainee survey to gather feedback (poor response rate)
- An extra doctor to be rostered on an evening during weekdays (from August)
- Provides additional support on an evening
- Achieved by adding extra shifts to working patterns, but shared across multiple rotas of varying grades
- Maintaining safe working hours and ensuring rotas are not designed up to the maximum working hours limits
- New rotas will go live from August 2024

Orthopaedic Rotas

New trend identified

Trend: Increase in exception reports and fines relating to FY1/F2/CT1-2 rotas

Background:

- *Previous reduction in training posts reducing the number of doctors and rota cycle*
- *Investment in surgical care practitioners to support the reduction of doctors*
- *Increase in activity/workload intensity*

Action:

- Monitoring of exception reporting data
- Increase in Trust doctor posts being explored

Out of Hours Hot Food Provision

Catering team attended the Doctors Forum in April to provide an update to the group:-

- 2 x vending machines ordered and awaiting delivery
- Will be owned and managed in-house
- Filled daily, with various hot food options
- Staff discounts
- Offerings will alternate based on staff feedback
- Located in the Rainbow room and at the back of the restaurant.
- Planned to be operational and communicated for early June 2024

YOU SAID. WE DID.

“Out of hours hot food provision is important to us and we are frustrated with the lack of feedback ”

The catering team attended the Doctors’ forum in April to provide an update:-

- Two vending machines with microwaves have been ordered
- They will be owned and managed in-house
- Filled daily, with various hot food options
- Offerings will alternate based on staff feedback
- They will be located in the Rainbow room and at the back of the Tees restaurant.
- Planned to be operational and communicated for early June 2024

“I didn’t realise how informative the forum was until I attended”

The next forum is Tuesday 2nd July 2024 at 12 noon via Microsoft Teams. Link on the Guardian’s Intranet site.

Need to submit an exception report? Scan the QR code now



“Can I exception report when on placement at a GP practice?”

Yes, you should still submit an exception report to highlight issues when on placement in a GP practice. Working hours limits and rest requirements are still applicable. You will receive your out of hours shifts and rest days in advance, please ensure you inform your GP Placement Supervisor of these dates at the start of your placement.

Here to support **YOU**
GUARDIAN'S TEAM

Professor Rajesh Nanda
Guardian of Safe Working
May 2024

August Rotation

- Work schedules and rotas continue to be reviewed including education elements to ensure they remain fit for purpose and up to date

Forward Planning

- Guardian term is usually a minimum of 3 years. Recommend a 6 month crossover period to ensure a robust transition
- Guardian support is essential to ensure a robust process for the management of exception reports and the administration of the Guardian role

Summary

- Medicine making progress, however, the shortfall of junior doctors within medicine, funding and recruitment remain a risk
- Workforce shortfalls are a potential safety risk to both doctors and patients
- Rotas and work schedules should be reviewed to ensure they remain fit for purpose
- Action being taken to improve communication and feedback with junior doctors
- Out of hours hot food provision planned for early June 2024
- Administration support for the Guardians Team is essential and forward planning is crucial
- The Trust is asked to consider and action the recommendations
- The group are asked to note this report for information and assurance

Thank you



Annual Guardian of Safe Working (GOSW) Report

April 2023 – March 2024

1. Purpose of report

This report provides an overview of the safe working patterns of doctors and dentists in training at South Tees Hospitals NHS foundation Trust. The report covers the period from 1 April 2023 to 31 March 2024, including the Quarter four period of 1 January 2024 to 31 March 2024.

2. Background

The Safe Working Report is in alignment with the 2016 junior doctor contract terms and conditions and is intended to provide assurance of the Trust's compliance with safe working hours for doctors across the Trust and to highlight any areas and details of concerns. The new GOSW has been in post since 1 March 2024.

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

Number of doctors / dentists in training (total):	492*
Of these (*) number who are LET	462
Of these (*) number who are military doctors in training (also have access to the exception reporting system)	30
Number of locally employed doctors (non-consultant and SAS grades)	212

4. Overall details of exception reports (ERs) raised

The number of Exception reports (ER) raised in the previous 4 quarters is 267.

- 8 ERs raised in relation to immediate patient safety issues however none results in any adverse effects on patient but posed a potential risk. See detail in paragraph 5.
- 94% of ERs raised were in relation to hours/rota pattern.
- 7 ERs were in relation to educational opportunities.
- 7 ERs were in relation to service support available.

5. ERs with Immediate safety concern (ICS)

All of the ISC underwent review, and none needed further action or were in an area where review is already taking place. There were no specific incidences or evidence of patient harm. In T&O a bleep had gone missing and has been replaced. Renal no ward cover by a tier 1 so the ward was covered by registrar and consultant, 3 ISC from general surgery, 2 where the locum for twilight shift did not attend on 2 occasions and 3rd for single FY1 covering colorectal team leading to increased workload, subsequent to this there is an increase in minimal staffing for this team. This is reported and feeds into the trusts safe staffing review and the ongoing discussions about medical cover for general surgery for which there is a working group. Exception report raised as ISC in error as was related to a pay query. Further T+O ISC was regarding a patient who almost received double the amount of blood for a blood transfusion as there was little/no documentation of this. This has been datixed locally and will be reviewed by the department. The most recent ISC was raised in relation to a 13-hour shift breach, this was so the junior doctors could stay to assist with a patient in cardiac arrest.

6. Guardian of Safe Working Fines

There are 3 pending GOSW fines in these quarters. All were related to breach of the 13-hour maximum shift length. Work continues with finance to set up an account for these fines – Target date May 2024.

7. Summary of Issues and Next Steps

There are some risks and issues to bring to the attention of the Board which relate to Q2 and 3 but are ongoing.

7.1 Corporate medical rota team (CMRT) – fragility

Staff members within the team have had extended period of absence due to illness. This has resulted in an increase in work on members at work. The effect of this has been delayed work-schedules and rotas which impacts on the work life balance of our junior doctors.

7.2 CMRT – fragility

Two members of the CMRT have recently resigned and another is due to go on maternity leave. We are out to recruitment to these positions but due to the 1 month notice period there is likely to be gaps in the staffing in this team. We have a short-term plan to cover this, but there is still a credible risk regarding resilience of the team.

7.3 Pressure on rotas

Pressures within directorates continue due to workload, absence of colleagues and short-term gaps on rotas due to sickness or emergency leave. The CMRT continue to backfill rota gaps, in line with the “Covering gaps in medical rotas policy.” When internal resources are exhausted internal and external locum banks (including the LET regional collaborative bank – Flexi Shift and HCL) are used to backfill rota gaps.

7.4 Pressure on rotas

The 80-person tier 1 OOH medical rota, for some areas, requires a refresh due to how onerous some of the rotas are. This is being rectified with new rotas to be in place for August 2024.

7.5 Pressure on rotas - industrial action

Continued industrial action continues to pose a challenge to our clinical teams. I am pleased to confirm that in relation to the Junior Doctor - strike industrial action, they have been only 2 exception reports raised when a booked locum for twilight shifts did not attend.

7.6 Exception report process

The junior doctors have expressed concern over usability of the Allocate exception reporting module. In collaboration between the chief medical officer's (CMO) office, GOSW and Junior BMA reps a new system has been developed. This appears to have been well received and a marked increase in Exception Reporting has been noted in February and March, suggesting that the new system is more accessible for the junior doctors. Informal feedback is that the streamlining of reporting has been well received. Work continues to streamline the payment process with a target date of May 2024.

7.7 Rightsizing of rotas

The GOSW is continuing to analyse rota with the aim of rightsizing medical rotas both in and out of hours. Target Completion by August.

7.8 Rota overspend

There has been a notable overspend on junior doctor staff since 2021. Work continues between the operational teams, finance, CMO office and GOSW to identify the reasons.

7.9 Rota map implementation

This work continues but is at risk due to staffing issues in the CMRT and lack of consistency between other staff members in the directorates who aid in rostering. This is being discussed between the DoHR, COO and CMO to determine next steps.

8. Recommendations

That this report is acknowledged and accepted.

9. Conclusion

Moving into the next year, the expectation is that the number of ERs is likely to increase due to an improvement in the process. As such we may also see a corresponding increase in fines. Whilst safety breaches are not desirable, the overall increase in reporting should be seen as a positive step and will feed into ongoing work to improve the junior staffing in the trust, making it right sized for the organisation.

Agenda Item: 13



People Committee Chair's Log

Meeting: People Committee (North Tees and Hartlepool FT)	Date of Meeting: 30/05/2024
Connecting to: People Group Group Board of Directors	Date of Meeting: 15/05/2024 05/06/2024
Key topics discussed in the meeting	
<p>The People Committee oversees the development and ongoing implementation of a fair, safe and just culture so that all staff enjoy a positive working experience and improved health and wellbeing. It monitors the strategic direction of the Trust and reviewing and reporting to the Board on the people practices, culture, workforce planning and organisational development of the Trust. The Committee oversees People related risk and gain assurance on behalf of the Trust Board in relation to those risks via the Board Assurance Framework</p> <p>The Meeting held in May 2024 was the last North Tees and Hartlepool NHS FT People Committee before moving to a joint Committee with South Tees NHS FT as part of collaborative working.</p> <p>Items discussed at May's committee meeting included:</p> <ul style="list-style-type: none"> • Board Assurance Framework / Risks • Guardian of Safe Working Report • Sexual Safety / Staff Survey • Absence Management • People Metric / IPR • WRES and WDES • Medical Workforce Report 	
Actions	Responsibility / timescale
<p>Key actions noted from the committee:</p> <p>Guardian of Safe Working –The committee noted the progress associated with hot food provision out of hours, however, requested that the offer is communicated widely to ensure sustainability– The action was assigned to the lead rota maker with updates to be included in future reports to people group and people committee.</p> <p>Board Assurance Framework– The committee acknowledged the need for robust workforce planning and noted that and event is planned to progress – The action was assigned to the head of workforce planning, quality and projects. The event is to be held in July with feedback to future committee meeting.</p> <p>Mandatory Training – The committee requested that access to e-learning be made available and promoted to new starters prior to commencement of employment to aid compliance. The action was assigned to the deputy chief people officer with an update to be provided in June's committee.</p> <p>Equality, Diversity and Inclusion – the committee requested that a full review into data associated with WDES, specifically indicator 4b (% of staff experiencing harassment, bullying or abuse from managers in the last 12 months). The action was assigned to the head of workforce planning, quality and projects. The action plan is required to be published by 31st October 2024.</p> <p>IPR – The committee noted the improvement in turnover rate, however, requested a review to understand any specific hot spot areas. This action was assigned to the deputy chief people officer and a report will be presented to the people group.</p>	

Gender Pay Gap – The committee acknowledge the requirement to report gender pay gap as a statutory organisation, however, joint reporting will be developed to show the group position. This action was assigned the head of workforce planning, quality and projects.

Digital Enabling- was recognised the need to think about digital technology as an enabler to the people agenda and to gain further traction in areas that have already highlighted as areas where improvements would be made if technology supported processes for example an app for recruitment.

Escalated items

Key Issues/ Concerns for escalation:

- IPR – Mandatory Training – Data security compliance is currently 88% against a 95% threshold. There is a need to meet the 95% threshold in order to meet the requirements of the IG Toolkit. All Staff are encouraged to complete the training via ESR and maintain compliance throughout the year. Communications area assisting with campaign. Managers are requested to use BI reporting to encourage staff to complete. Lead(s): Neil Dobinson / Gary Wright, June 2024.

Sharing good practice/Things to celebrate:

- Out of Hours hot food provision – Acknowledged progress made and encourage communication of offer to ensure sustainability
- Sexual Safety – The acknowledged the work underway to ensure staff feel safe and confident to raise concerns
- EDI – The committee acknowledged positive improvement on a number of WRES / WDES indicators.

Risks (Include ID if currently on risk register)

Responsibility / timescale

Risk of not growing workforce for future – The committee discussed the need for robust workforce planning, acknowledging the financial challenges across the system and the requirement not to increase WTE. In addition to the development of a workforce planning group, vacancy controls have been established alongside temporary staffing governance arrangements.

This work is led by the head of workforce planning, quality and Projects and the deputy chief people officer and will report as part of the governance arrangements into people group and people committee.

PEOPLE COMMITTEE

Chair's Log

Meeting: NHS South Tees – People Committee	Date of Meeting: 29.05.2024
Connecting to: University Hospital Tees - Board of Directors	Date of Meeting: 05.06.2024
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Workforce Agency – Clinical Governance • Health & Wellbeing Report • Occupational Health Review • Guardian of Safe Working Report • Medical Safe Staffing • Agency Spend Report 	
Actions	Responsibility / timescale
<p>Workforce Agency – Clinical Governance</p> <p>Requirement for medical recruitment team to ensure clinical sign off for employment checks. Deadline for end of May 2024 (cross referenced with Audit Committee)</p> <p>Health & Wellbeing Report</p> <p>Committee noted Gold Better Health and Work Award (BHAWA) and health campaigns on stress (April), Mental Health Awareness (May), Cycle and Health Eating (June). South Tees selected as the proof of concept following recognition of support for staff experiencing symptoms of menopause.</p> <p>Committee recognised feedback on staff residences and requirement for improvement. To be raised in resources committee.</p> <p>Occupational Health Review</p> <p>Committee noted an excellent document capturing a single document, aligned to the people plan, documenting strategy on improving health and wellbeing. This is expected to drive and enable the measurement of change.</p> <p>Guardian of Safe Working Report</p> <p>Committee noted the update</p> <p>Medical Safe Staffing</p> <p>Committee noted the update</p> <p>Agency Spend Report</p> <p>Committee noted the excellent progress across the trust to reduce agency spending. The use of agency staff is a valuable workforce planning tool and assurance was provided on reduction rather than elimination.</p>	

Escalated items

Key Issues/ Concerns for escalation:

An expedited human capital review across the Group (South Tees & North Tees) so there is absolute clarity on talent pipeline (delivery and risks) [September Deep Dive]

Requirement for clinical sign off on employment checks [Audit Committee]

Guardian of safe working report reviewed in people committee

Sharing good practice/Things to celebrate:

Agency Spend. Excellent work across trust to reduce agency spending. Thank you.

Risks (Include ID if currently on risk register)	Responsibility / timescale
None	

Agenda Item: 14



Finance Reports Month 1

Meeting date: 5 June 2024

Reporting to: Group Board of Directors

Agenda item No: 14

Report author: Chris Hand, Group
Chief Finance Officer

Action required:
Information

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

Previously presented to:
Resources 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:

Well-led

Board assurance / risk register this paper relates to:

This report relates to STH Board Assurance Framework risk 6 and section 3C (finance) of the NTH 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.

No formal external reporting of the Month 1 position to NHSE is required, as was the case in previous financial years.

Work continues across the Group to complete the Month 1 month-end position, finalise 2024/25 budget-setting in line with final plan submissions, and to complete the set-up for internal management reporting arrangements for the new financial year.

The current draft position for Month 1 2024/25 an adverse variance of £0.9m for the Group (with £0.2m relating to NTH and £0.7m relating to STH). This report outlines the drivers of the variance.

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 paper summarises the Group financial plan submissions for 2024/25, which are consistent with the overall ICS plan submission on 2nd May. This remains subject to NHSE agreement.

The plans for the Group include a number of risks and assumptions that will need to be closely monitored over the course of the financial year.

The national planning guidance for 2024/25 included a number of Use of Resources priorities for systems to focus on (including productivity, workforce, temporary staffing and corporate services).

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 Board will receive monthly assurance reports on the financial performance throughout the year. External assurance on the year-end financial position is received from the Group's external auditors.

Recommendations:

Members of the Board are asked to:

- Note the financial plan for 2024/25.
- Note the draft financial position for Month 1 2024/25.

Group Board of Directors

Finance Report Month 1

2024/25

1. PURPOSE OF REPORT

The purpose of this report is to update the Board on the financial planning arrangements and performance of the individual trusts and overall Group, at the end of Month 1 of 2024/25.

2. BACKGROUND

For 2024/25, the system-based approach to planning and delivery continues, with each provider trust fully mapped to a single Integrated Care System (ICS). Both North Tees and Hartlepool NHS Foundation Trust (NTH) and South Tees Hospitals NHS Foundation Trust (STH) and are aligned to the North Cumbria (NENC) Integrated Care System (ICS).

Final plan submissions for the 2024/25 financial year, at both trust and ICS level, were made to NHSE on 2nd May 2024. The NENC ICS plan for 2024/25 is an overall system deficit of £75.6m, which includes the impact of a change in control total methodology to adjust for the change to IFRS 16 accounting for PFI contracts. (Excluding the ICS's assessment of the impact of this change, the overall system planned deficit is £49.9m.)

NHSE is currently evaluating plan submissions nationally and undertaking plan review meetings with each ICS.

NTH and STH are required to plan and report to NHSE on a consolidated group basis, including the financial position of each of the trust's subsidiary companies. The financial performance in this report therefore includes the consolidated positions of Optimus Health Ltd and North Tees & Hartlepool Solutions LLP for NTH and South Tees Healthcare Management Ltd for STH.

As in previous financial years, no formal reporting of the Month 1 position to NHSE is required, reflecting the delays in the planning round for 2024/25 and the additional burden on organisations at the start a new financial year.

3. 2024/25 FINANCIAL PLAN

On the 2nd May 2024, in line with national planning timetable, the Group made final plan submissions for the two individual trusts, each being fully aligned with the ICS overall system plan.

The plans were developed based on a number of assumptions, which were reviewed throughout the planning period by the executive team, Resources Committees and meetings of the Trust Board.

The Group financial plan submissions for 2024/25 are consistent with the overall ICS plan submission on 2nd May, which was for a system planned deficit of £75.6m (including the impact from the change in control total adjustments for PFI IFRS 16 accounting).

The ICS plan remains subject to NHSE agreement.

In addition, whilst it is understood that NHSE accept the need to normalise for the impact from the change in control total adjustments for PFI IFRS 16 accounting, the value and methodology to determine this are yet to be agreed.

The planned deficit for the Group for 2024/25 is £49.6m as shown in the table below:

STATEMENT OF COMPREHENSIVE INCOME	NTH £000	STH £000	Group £000
Operating income from patient care activities	400,305	823,241	1,223,546
Other operating income	38,967	72,025	110,992
Employee expenses	(290,585)	(544,620)	(835,205)
Operating expenses excluding employee expenses	(144,504)	(364,829)	(509,333)
OPERATING SURPLUS/(DEFICIT)	4,183	(14,183)	(10,000)
FINANCE COSTS			
Finance income	2,500	1,400	3,900
Finance expense	(650)	(25,189)	(25,839)
PDC dividends payable/refundable	(2,190)	0	(2,190)
NET FINANCE COSTS	(340)	(23,789)	(24,129)
Other gains/(losses) including disposal of assets		0	0
Corporation tax expense	(59)	0	(59)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	3,784	(37,972)	(34,188)
Add back all I&E impairments/(reversals)	6,633	7,625	14,258
Remove capital donations/grants/peppercorn lease I&E impact	(10,417)	(14,121)	(24,538)
Adjust PFI revenue costs to UK GAAP basis	0	(5,163)	(5,163)
Adjusted financial performance for the purposes of system achievement	0	(49,631)	(49,631)

The plan for NTH Trust is to deliver a break-even position, on an 'adjusted financial performance' basis. The plan assumes delivery of ERF activity at 121% of 2019/20 levels, against an expected target of 112% (and 2023/24 forecast outturn at 117%). This planned increase in productivity will contribute an additional £5.4m towards delivery of the trust's overall efficiency requirement for the financial year of £26.0m.

The plan for STH Trust is to deliver a deficit of £49.6m, on an 'adjusted financial performance' basis. The plan assumes delivery of ERF activity at 113% of 2019/20 levels, against an expected target of 107% (and 2023/24 forecast outturn at 109%). This planned increase in productivity will contribute an additional £7.4m towards delivery of the trust's overall efficiency requirement for the financial year of £47.4m.

The financial plan assumes an investment programme with total gross capital expenditure of £93.1m across the Group. The Group's share of the NENC ICS CDEL allocation is £27.1m (excluding IFRS 16 expenditure, for which regions will be provided with additional allocations).

The capital programme also includes external PDC funding, totalling £23.8m, in relation to the strategic developments at the Stockton CDC hub and the Friarage Surgical Hub. The programme also includes Salix grant funding of £26.0m to fund decarbonisation works across the Group.

4. USE OF RESOURCES PRIORITIES

The national planning guidance for 2024/25 included a number of Use of Resources priorities for systems to focus on, in order to meet the minimum 2.2% efficiency target and to raise productivity levels to achieve the planning performance requirements within allocated resources. These priority areas include:

- Improve operational and clinical productivity, making full use of the opportunities highlighted through GIRFT, The Model Health System and other benchmarking and best practice guidance.
- Conduct a robust workforce establishment review and develop an action plan to improve workforce productivity, identifying the rationale for workforce increases since 2019/20, based on outcomes, safety, quality or new service models.
- Reduce temporary staffing costs, improve agency price cap compliance and eliminate off-framework agency use by July 2024 (where this exceeds national framework rates), and reduce agency spend to a maximum of 3.2% of the total pay bill.
- Release efficiency savings through reducing variation, optimising medicines value and improving the adoption of and compliance with best value procurement frameworks.
- Make full use of published benchmarking data and improvement tools to reduce the cost of running corporate services per £100m turnover, including through standardisation, consolidation, collaboration and digitisation at scale.

These priority areas will be an area of focus for the Group throughout the 2024/25 financial year, with progress monitored and reported to the Resources Committee.

In addition, work will be undertaken to review the financial governance 'grip and control' arrangements that are in place across the Group, to identify best practice and to ensure that they are effective, reflect any additional requirements following conclusion of the 2024/25 planning round and are consistently applied across both trusts.

5. MONTH 1 (DRAFT) FINANCIAL POSITION

As in previous financial years, no formal reporting of the Month 1 position to NHSE is required, reflecting the delays in the planning round for 2024/25 and the additional burden on organisations at the start a new financial year.

Across the Group, work continues to complete the Month 1 month-end position, finalise 2024/25 budget-setting in line with final plan submissions, and to complete the set-up for internal management reporting arrangements for the new financial year.

The table below shows the current draft position for the Group as at the end of Month 1 2024/25, shown by trust:

STATEMENT OF COMPREHENSIVE INCOME	NTH			STH			GROUP		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Operating income from patient care activities	33,359	33,251	(108)	67,597	68,707	1,110	100,956	101,958	1,002
Other operating income	3,247	3,076	(171)	4,666	4,709	43	7,913	7,785	(128)
Employee expenses	(24,527)	(24,915)	(388)	(45,707)	(46,371)	(664)	(70,234)	(71,286)	(1,052)
Operating expenses excluding employee expenses	(11,366)	(11,409)	(43)	(29,139)	(30,270)	(1,131)	(40,505)	(41,679)	(1,174)
OPERATING SURPLUS/(DEFICIT)	713	3	(710)	(2,583)	(3,225)	(642)	(1,870)	(3,222)	(1,352)
FINANCE COSTS			0			0	0	0	0
Finance income	208	231	23	117	286	169	325	517	192
Finance expense	(54)	(54)	0	(2,097)	(1,995)	102	(2,151)	(2,049)	102
PDC dividends payable/refundable	(183)	(183)	0	0	0	0	(183)	(183)	0
NET FINANCE COSTS	(29)	(6)	23	(1,980)	(1,709)	271	(2,009)	(1,715)	294
Other gains/(losses) including disposal of assets	0		0	0		0	0	0	0
Corporation tax expense	(4)	(7)	(3)	0		0	(4)	(7)	(3)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	680	(10)	(690)	(4,563)	(4,934)	(371)	(3,883)	(4,944)	(1,061)
Add back all I&E impairments/(reversals)	0		0	0		0	0	0	0
Remove capital donations/grants I&E impact	(868)	(395)	473	82	(95)	(177)	(786)	(490)	296
Adjust PFI revenue costs to UK GAAP basis	0		0	(474)	(644)	(170)	(474)	(644)	(170)
Adjusted financial performance for the purposes of system achievement	(188)	(405)	(217)	(4,955)	(5,673)	(718)	(5,143)	(6,078)	(935)

At the end of Month 1 2024/25 the draft Group position is an adverse variance of £0.9m (with £0.2m relating to NTH and £0.7m relating to STH)

The main drivers of the variance in the NTH Month 1 position are:

- Income from patient care activities is behind plan by £0.1m, mostly relating to non-NHS income.
- Other operating income, excluding donated asset income, is £0.3m ahead of plan. This mostly relates to education & training and non-recurrent income, phased to match expenditure.
- An increase in the Collaborative Care Group normalised pay run rate of £0.2m across a number of staff groups and slippage on delivery of CIP savings £0.3m.

The main drivers of the variance in the STH Month 1 position are:

- Elective Clinical Income is less than plan by £0.2m (based on early estimates of Month 1 ERF activity)
- Non-clinical income less than plan £0.5m (including £0.2m for education income)
- Pressures on block funded high-cost drugs and devices expenditure £0.9m.
- Overspends on Collaborative budgets and slippage on delivery of CIP savings £0.8m

The table below shows the position on agency expenditure to the end of Month 1:

	NTH			STH			GROUP		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Nursing	408	363	-45	31	27	-4	439	390	-49
AHP and S&T	10	26	16	105	61	-44	115	87	-28
Other Clinical	0		0	0		0	0	0	0
Consultants	182	158	-24	275	386	111	457	544	87
Career/staff grades	0	4	4	0		0	0	4	4
Trainee grades	0		0	0		0	0	0	0
Non Clinical	0	1	1	17	1	-16	17	2	-15
Total Agency	600	552	-48	428	475	47	1,028	1,027	-1

Agency Expenditure is broadly in line with plan overall for the Group, with an overspend at STH of £47k offset by and underspend at NTH.

The plan assumes agency spend at 1.3% of the overall pay bill (which is within the national planning objective of a maximum of 3.2%), and a further reduction of 17% compared to agency expenditure in 2023/24.

Liquidity

The cash balance at the end of Month 1 stood at £100.5m for the Group (with £56.6m relating to NTH and £43.9m relating to STH).

The strong cash balances have supported good compliance with the Better Payment Practice Code for both trusts, as shown in the tables below:

NTH	YTD Number	YTD Value £000
Total bills paid in the year	5,439	24,178
Total bills paid within target	5,377	23,912
Percentage of bills paid within target	98.9%	98.9%
STH	YTD Number	YTD Value £000
Total bills paid in the year	8,690	60,134
Total bills paid within target	8,386	57,515
Percentage of bills paid within target	96.5%	95.6%
GROUP	YTD Number	YTD Value £000
Total bills paid in the year	14,129	84,312
Total bills paid within target	13,763	81,427
Percentage of bills paid within target	97.4%	96.6%

6. RECOMMENDATIONS

Members of the Board are asked to:

- Note the financial plan for 2024/25
- Note the draft financial position for Month 1 2024/25.



Agenda Item: 15



Audit Chair's Log

Meeting: Audit Committee	Date of Meeting 22 May 2024
Connecting to: Group Board	
Key topics discussed in the meeting	
<p>Internal Audit</p> <p>Plan for 24/5 approved, with 252 days, including 25 for the deferred ED audit, 12 for group arrangements, 10 for fire audit follow up and 20 contingency.</p> <p>Patient letters, advisory audit. Assurance obtained that no wholesale failures in this area, but systems are piecemeal, often require manual intervention and not tracked in a consistent or integrated way. To be passed to resources committee for consideration and escalated to the board for discussion and prioritisation within the digital programme.</p> <p>Agency staff, high risk. Agreed actions are being actioned rapidly.</p> <p>Charitable funds, medium risk. Agreed actions are being actioned rapidly.</p> <p>Compliance with regulatory standards, medium risk. Agreed actions are being actioned rapidly.</p> <p>Waiting lists, low risk.</p> <p>Medication, issued in draft, awaiting final report.</p> <p>Outstanding actions are not being cleared fast enough because of a lack of understanding of the evidence needed by the tracking system to validate that the action is complete. More work on this is coming to the September committee.</p> <p>Fire audit actions, continued progress. Next step is follow up audit by PWC which will give us assurance as to the level of residual risk.</p> <p>External Audit</p> <p>Progress on year end audit discussed, new IFRS16 work tackled early. Smooth process so far with no significant issues to flag.</p> <p>Clinical audit</p> <p>Annual plan reviewed. Increased number of audits but InPhase system helping. Some outstanding actions still to be completed on tracking system.</p> <p>Governance and internal controls</p> <p>BAF Annual cycle nearing completion. Most required assurances received. Any anticipated gaps reflected in the assurance rating. Board to consider process for escalating items outwith risk appetite going forward. Board/sub committees to review risk appetite in light of end of year position.</p> <p>Draft annual report and governance statement reviewed</p> <p>Provider licence self-certification approved.</p>	

Draft annual accounts reviewed.

Risk management

Progress on risk management improvement plan continues. Next steps are to disaggregate corporate risks and share significant risks with relevant sub committees.

Actions	Responsibility / timescale
N/A	

Escalated items

Key Issues/ Concerns for escalation:

Patient letters - to be passed to resources committee and the board for discussion and prioritisation within the digital programme.

Fire risk audit - Follow up audit to determine residual risk planned.

Year-end items reviewed and on track to be approved by the audit and risk committee on behalf of the board on 25 June.

BAF - Board to consider process for escalating items outwith risk appetite going forward. Board/sub committees to review risk appetite in light of end of year position.

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