NHS
University Hospitals Tees

Group Board Meeting

Tuesday, 4 March 2025 at 13:00

Health and Social Care Academy, 2nd floor,
University Hospital Hartlepool

Caring
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University Hospitals Tees

MEETING OF THE GROUP BOARD TO BE HELD IN PUBLIC
ON TUESDAY 4 MARCH 2025 AT 1PM
IN THE HEALTH AND SOCIAL CARE ACADEMY, 2ND FLOOR,
UNIVERSITY HOSPITAL HARTLEPOOL

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT	TIME
CHAIR'S BUSINESS					
1.	Welcome and Introductions	Information	Group Chair	Verbal	1:00
2.	Apologies for Absence	Information	Group Chair	Verbal	
3.	Quorum and Declarations of Interest	Information	Group Chair	ENC	
4.	Minutes of the last meeting of the held on 7 January 2025	Approval	Group Chair	ENC	1:05
5.	Matters Arising and Action Log	Information	Group Chair	ENC	1:10
6.	Group Chairman's Report	Information	Group Chair	ENC	1:15
7.	Group Chief Executive's Report	Information	Group Chief Executive	ENC	1:25
8.	Board Assurance Framework	Assurance	Director of Assurance	ENC	1:35
QUALITY AND SAFETY					
9.	Quality Committee Chairs Log	Assurance	Chair of Committee	ENC	1:45
10.	Tees Valley Research Alliance Annual Report	Assurance	Group Chief Medical Officer	ENC	1:55
PEOPLE					
11.	People Committee Chairs Log	Assurance	Chair of Committee	To follow	2:05

Group Board – the Group Board is the Board of Directors for North Tees & Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust.

	ITEM	PURPOSE	LEAD	FORMAT	TIME
12.	Safer Staffing Report	Assurance	Group Chief Nurse	ENC	2:15
13.	Freedom to Speak up Report Quarter 3: 2024/25	Assurance	FTSU Guardians	ENC	2:25
14.	Guardian of Safe Working Reports	Assurance	Group Chief Medical Officer	ENC	2:35
FINANCE & PERFORMANCE					
15.	Resources Committee Chairs Log	Assurance	Chair of Committee	ENC	2:45
16.	Finance Report Month 10: 2024/25	Assurance	Group Chief Finance Officer	ENC	2:55
17.	Integrated Performance Report	Assurance	Group Managing Director	ENC	3:05
WELL LED					
18.	Emergency Preparedness Resilience and Response (EPRR)	Assurance	Chief Operating Officers	ENC	3:15
19.	Annual Register of Interests	Assurance	Company Secretary	ENC	3:25
SOUTH TEES HOSPITALS NHS TRUST UNITARY BOARD					
20.	Audit & Risk Committee Chairs Log	Assurance	Chair of Committee	ENC	3:30
21.	Annual Filings Update	Approval	Company Secretary	ENC	3:40
NORTH TEES & HARTLEPOOL NHS TRUST UNITARY BOARD					
22.	Annual Filings Update	Approval	Company Secretary	ENC	3:45
23.	Audit Committee Chairs Log	Assurance	Chair of Committee	ENC	3:50

	ITEM	PURPOSE	LEAD	FORMAT	TIME
24.	Appointment of the Senior Independent Director	Approval	Company Secretary	ENC	4:00
CLOSE					
	DATE OF NEXT MEETING The next meeting of the Group Board of Directors will take place on Thursday 8 May 2025 in the Board Room, Murray Building, James Cook University Hospital				

University Hospitals Tees

Register of members interests

Meeting date: 4 March 2025

Reporting to: Group Board

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 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 due to 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 Board 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
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Alison Fellows	Non-Executive Director		Ongoing	Non-Executive Director and committee chair – Gentoo Group (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
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Alison Wilson	Non-Executive Director	4 January 2022	Ongoing	Civil Partner – Counter Terrorism Policing North East
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
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
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Chris Hand	Group Chief Finance Officer	2 July 2021	Ongoing	Director of South Tees Healthcare Management Limited - Company number 10166808
			Ongoing	Client Representative ELFS Shared Services Management Board
		June 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
		April 2024	Ongoing	Representation on behalf of North Tees & Hartlepool NHS Trust on NTH Solutions LLP – Company Number OC419412
Chris Macklin	Non-Executive Director	February 2023	Ongoing	Chair, Audit One
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board

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
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
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
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Fay Scullion	Non-Executive Director			School Governor at Jarrow Trust Secondary School
				Associate Tutor – Learning Curve Group
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
		October 2024	Ongoing	Chief Executive, Age UK North Yorkshire & Darlington
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
			Ongoing	Daughter and Daughter in law employees of South Tees Hospitals NHS Trust
Ken Anderson	Group Chief Information Officer	May 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
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
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Matt Neligan	Group Chief Strategy Officer	October 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board

Mark Dias		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
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Maurya Cushlow	Interim Group Chief Nurse	January 2025	Ongoing	Interim Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Michael Stewart	Group Chief Medical Officer	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Miriam Davidson	Non-Executive Director	December 2022	Ongoing	Care and Health Improvement Programme (SLI) Advisor
				Occasional work with Local Government Association (LGA)
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Neil Atkinson	Group Managing Director	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
		June 2024	Ongoing	Representation on behalf of North Tees & Hartlepool NHS Trust on NTH Solutions LLP – Company Number OC419412
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.
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Rachael Metcalf	Group Chief People Officer	December 2020	Ongoing	Role of School Governor at High Tunstall College of Science
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Rowena Dean	Chief Operating Officer North Tees & Hartlepool NHS Trust			
Ruth Dalton	Group Director of Communications		Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Samuel Peate	Chief Operating Officer South Tees Hospitals NHS Foundation Trust	1 April 2021	Ongoing	No interests declared
Stacey Hunter	Group Chief Executive	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
		July 2024	Ongoing	Partner, Dr Cornelle Parker, ad hoc project work with University Hospitals Tees and other parts of the NHS
Steven Taylor	Group Director of Estates			Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board

Stuart Irvine	Director of Risk, Assurance and Compliance	2023	Ongoing	Chair – Hartlepool College of Further Education Trustee of Hospitals Trust of the Hartlepool Son is employed by NTH Solutions LLP – Company Number OC419412

NHS
University Hospitals Tees

Minutes of a meeting of the University Hospitals Tees Group Board held in Public on Tuesday, 7 January 2025 at 1.00pm in the Boardroom, 1st Floor, Murray Building, James Cook University Hospital

Present:
Derek Bell, Group Chair (Chair)
Ann Baxter, Group Vice Chair/Non-Executive Director & Maternity Champion
Ali Wilson, Group Vice Chair/Non-Executive Director
Liz Barnes, Group Non-Executive Director
Fay Scullion, Group Non-Executive Director
Alison Fellows, Group Non-Executive Director
Ada Burns, Group Non-Executive Director/Senior Independent Director
Chris Macklin, Group Non-Executive Director/Senior Independent Director
Miriam Davidson, Group Non-Executive Director & Maternity Champion
Ken Readshaw, Group Non-Executive Director
David Redpath, Group Non-Executive Director
Mark Dias, Group Non-Executive Director
Stacey Hunter, Group Chief Executive
Neil Atkinson, Group Managing Director
Chris Hand, Group Chief Finance Officer
Rachael Metcalf, Group Chief People Officer
Mike Stewart, Group Chief Medical Officer
Hilary Lloyd, Group Chief Nurse & Maternity Champion
Matt Neligan, Group Chief Strategy Officer

Directors – non-voting:
Ken Anderson, Group Chief Information Officer
Steve Taylor, Group Estates Director
Ruth Dalton, Group Director of Communications
Stuart Irvine, Director of Risk, Assurance & Compliance
Rowena Dean, Site Chief Operating Officer, North Tees & Hartlepool NHS Foundation Trust
Sam Peate, Site Chief Operating Officer, South Tees Hospitals NHS Foundation Trust
Jackie White, Head of Governance/Company Secretary

In Attendance:
Jan Pearson, Jo Knight, Helen Keen, Legacy Nursing Team, South Tees Hospitals NHS Foundation Trust (item 1 only)
Emma Roberts, Associate Director Of Nursing & Professional Workforce, North Tees & Hartlepool NHS Foundation Trust (item 1 only)
Steph Gale, Lead For Nursing & Maternity Safe Staffing And Workforce, North Tees & Hartlepool NHS Foundation Trust (item 1 only)
Katie Hurst, HBSUK (observer)
Gareth Lightfoot, Local Democracy Reporter, Gazette
Angela Warnes, Lead Governor, North Tees & Hartlepool NHS Foundation Trust
Sarah Hutt, Assistant Company Secretary (note taker)
Claire Robinson, Corporate Affairs Officer

GB/205 Staff Story

The Chair welcomed the Legacy Nursing Team from South Tees Hospitals NHS Foundation Trust (STHFT) and Emma Roberts and Steph Gale from North Tees and Hartlepool NHS Foundation Trust (NTHFT). The Teams shared the development of the Nurse Legacy Mentoring Service at both trusts, which was an NHS England pilot scheme established to provide coaching, mentoring and pastoral

support primarily to nurses and other ancillary staff who were at the start of their career in the NHS, however at STHFT this included staff with over 10 years' experience. The service commenced in May 2023 at STHFT and December 2023 at NTHFT. The Mentors were all experienced nurses who played a crucial role in supporting the health and wellbeing and career progression of staff and signpost staff to other support mechanisms as appropriate. The method and content of feedback continued to be developed in order to effectively evaluate the service, with largely positive feedback to date. It was noted that it was unclear whether ongoing funding would be provided for the Service at either trust. A useful discussion ensued with a number of questions posed and the positive feedback to date regarding the service was acknowledged. For the service to continue it would need to be funded from existing resource.

GB/206 Welcome and Introductions

The Chair welcomed everyone to the meeting and formally congratulated Hilary Lloyd, Group Chief Nurse on her new role as Chief Nurse at the North East North Cumbria Integrated Care Board (NENC ICB), thanking her for her valued contribution both at STHFT and as part of the newly formed University Hospital Tees Group. Stacey Hunter, Group Chief Executive echoed the Chair's comments and acknowledged the legacy that would continue within the organisation.

GB/207 Apologies for Absence

There were no apologies for absence reported.

GB/208 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/209 Minutes of the last meeting held on, 5 November 2024

The minutes of the last meeting held on, 5 November 2024 were accepted as a true and accurate record.

Resolved: that, the minutes of the meeting held on, Tuesday, 5 November 2024 be confirmed as a true and accurate record.

GB/210 Matters Arising and Action Log

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

Resolved: that, the verbal update be noted.

GB/211 Group Chair's Report

The Group Chair highlighted the key points of the Group Chair's Report:

- NHS Providers Conference / NHS Providers Chair & CE Event – 12 December 2024 useful updates including 3 key aspects of the 10 year plan, hospital to community; analogue to digital and sickness to prevention.
- ICB and FT Chairs meeting – update regarding the Northern Care Alliance

- Stockton Health Watch health and care event
- Medical School Teesside – Professor Sunil Bhandari appointed to lead the development
- Council of Governors meeting 21 November 2024 – University Hospital Tees Strategy and new Integrated Performance Report.
- Charitable Funds Committees in Common and Corporate Trustees xx November and xx December 2024 – discussed joint opportunities and approved financial statements and annual reports.
- Board Development Session and Walkabout 3 December 2024 – session on Group Digital Strategy and walkabout at Hartlepool and Stockton Community Services.
- Covid Memorial - judging of the competition to design a covid memorial took place on 4 December 2024 and would be installed in readiness for National Covid Day on 9 March 2025.

Resolved: that, the content of the report be noted

GB/212 Group Chief Executive's Report

Stacey Hunter, Group Chief Executive highlighted the key points of the Group Chief Executive's Report:

- National priorities – oversight of winter pressures with increased acuity of patients. Thank you to the site teams working tirelessly for patients. Planning guidance for 2025/26 was expected imminently and would be reported on at a future meeting.
- North East North Cumbria NENC Chief Executives Group – hosted the group at NTHFT and discussed feedback from PWC and Audit One financial grip and control audits and expected performance priorities for 2025/26.
- NENC FT Chair, CE and Executive Meeting 4 December 2024 – to discuss in more detail feed back from the PWC audits and key themes with reports for both trusts shared with the Board. Recommendations being taken forward by newly established Financial Recovery Operational Group.
- System Recovery Board – meets monthly with a focus on four key areas workforce, elective recovery, urgent and emergency care and procurement.
- NENC Provider Collaborative Leadership Board – attended meetings in November and December, topics included the operating model for 2025/26, elective care recovery, ambulance handovers and diagnostics, particularly the Community Diagnostic Centres. Renewed focus on strategic approach to clinical services.
- Association of Groups meeting – attended with Matt Neligan, Group Chief Strategy Director, focus of meeting productivity and improvement with Amanda Pritchard and Julian Kelly in attendance.
- University Hospital Tees (UHT) Strategy – continues to develop with a positive Board Development session held earlier on 7 January 2025.
- New Group Chief Nurse – Emma Nunez has been appointed as the new Group Chief Nurse and will commence in post in April 2025. To cover the interim period, following Hilary Lloyd's departure at the end of January 2025, Maurya Cushlow has been appointed on an interim basis. On behalf of the Board, formal thanks to Hilary Lloyd for her contribution to the organisation.

Resolved: that, the content of the report be noted

GB/213 Board Assurance Framework

Stuart Irvine, Director of Risk, Assurance and Compliance presented the Board Assurance Framework (BAF) Update to the period 31 October 2024.

An extensive piece of work had been undertaken to review the BAF from a Group perspective and align the document with the updated Integrated Performance Report (IPR). For NTHFT there were 37 strategic risks across eight domains, with five red risks outside of the risk appetite. For STHFT there were 31 strategic risks across eight domains, with 11 risks outside of the risk appetite. The individual BAF domains were reported monthly through the Board Committee structure for oversight and scrutiny.

The proposed risk appetite across all the domains for each trust was consistent and would be reviewed annually. There were planned internal audits during 2024/25 in relation to the BAF and Risk Management and the Risk Management Policies were being reviewed to ensure consistency and alignment. Further work would be undertaken during 2025/26 to strengthen the BAF as a whole.

A discussion ensued regarding a lack of consistency with the operational risks scores and the requirement to strengthen controls. A standardised process was being developed. The discussion widened in respect of clarifying the role of the Board Committees to undertake the scrutiny and challenge in respect of the individual domains on behalf of the Board and escalating where appropriate in order to gain assurance through the Chairs logs.

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

GB/214 Quality Assurance Committee Chairs Log

Fay Scullion, Group Non-Executive Director presented the Group Quality Assurance Committee Chairs Log for the meeting held on 25 November 2024.

Areas of escalation included an outstanding action from the Human Tissue Authority (HTA) Report in respect of facilities at the James Cook University Hospital, which would be made a budget priority in 2025/26. Following a further never event reported in Ophthalmology, a risk summit was held and a number of improvements identified. An action plan was in place. There was ongoing monitoring in place regarding compliance levels of staff training within Maternity Services, additional dates had been arranged to support staff to complete the training.

A number of items relating to metrics in the Integrated Performance Report (IPR) were being regularly monitored by the Committee including cancer targets. Stacey Hunter, Group Chief Executive highlighted that the organisation remained focused and was making progress, however, waiting times were a challenge being faced nationally.

It was noted that the formal report had now been received following a peer review of Maternity Services at STHFT and action plan was being developed based upon the findings.

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

GB/215 Learning from Deaths Report Quarter 2: 2024/25

Mike Stewart, Group Chief Medical Officer presented the Learning from Deaths Report Quarter 2: 2024/25. It was acknowledged that work continued across the trusts to align where possible practices and share learning in respect of learning from deaths. There was a significant variation in the depth of clinical coding and the teams were working together to share best practice. The introduction of an electronic patient record (EPR) at STHFT was expected to improve this.

Over 98% of all deaths were reviewed by a medical examiner, which helped to identify failings in the care provided. Both trusts SHMI standardised mortality rates were within the ‘as expected’ range. It was noted however, that the number of mortality reviews across both trusts were not being consistently achieved, which was being addressed as part of the work to introduce an aligned approach and reporting arrangements across the Group.

Areas of focus in respect of learning from deaths across the Group continue to be end of life care, improving documentation, coordination of care between specialties and the transfer of patients between

hospitals. It was noted that following STHFT receiving a regulation 28 report from the coroner, an action plan was produced and informally accepted. Formal confirmation was awaited.

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

GB/216 Patient Experience and Involvement Report Quarter 2: 2024/25

Hilary Lloyd, Group Chief Nurse presented the Patient Experience and Involvement Report Quarter 2: 2024/25 for both trusts and drew members' attention to the key points.

There were 13 complaints at STHFT which remained open beyond the legislated 6 months with ongoing actions in place including weekly monitoring. Improvements were being seen against the acknowledgement of formal complaints within three working days reporting at 96.3% for STHFT and 99% for NTHFT. Work was ongoing to align the complaints processes between the two trusts with the adoption of the NTHFT model and methodology. The most common themes for complaints across both trusts was care needs not met and communication, which remained a key focus.

The number of Friends and Family Test (FFT) responses at STHFT continued to increase from 2,336 in April 2022 to 6,445 in September 2024. The number of responses at NTHFT had continued to decline since January 2024, ways to improve this were being explored.

Ali Wilson, Group Vice Chair / Non-Executive Director sought clarity regarding the definition of communication as a main theme of complaints, prompting discussion. It was noted that communication was a broad heading, however, the specific aspects of communication were articulated in individual complaints. It was agreed to undertake a deep dive and bring the analysis to a future Quality Assurance Committee.

Hilary Lloyd, Group Chief Nurse explained that the number of complaints outside of the statutory response timescale were not the same complaints, it was an evolving position, which was improving all the time. The quality of the responses was also being reviewed to make sure they were appropriate and a constant dialogue was maintained with the patients and families who were awaiting a response. Stacey Hunter, Group Chief Executive requested that a trajectory be introduced to monitor progress.

Resolved:
(i) that, the content of the report be noted; and
(ii) that, a deep dive be undertaken regarding a breakdown of the elements of communication in complaints and the analysis to be reported to a future Quality Assurance Committee; and
(iii) that, a trajectory be introduced to monitor progress against the number of complaints outside of the statutory response timescale.

GB/217 Care Quality Commission Compliance Update Report

Hilary Lloyd, Group Chief Nurse presented the Care Quality Commission (CQC) Update Report highlighting the key points. Good systems were in place to monitor compliance.

Low numbers of CQC enquiries were received by both trusts. The remaining two 'must-do' and five 'should do' actions at STHFT were on track to be delivered. The 'must do' and 'should do' actions at NTHFT were all completed and the team continued to monitor the evidence for sustainability and improvement. The remaining 'must do' and 'should do' actions at STHFT as part of the Maternity Services Action Plan regarding the estate were being considered as part of the single service development.

It was noted that there was a new Relationship Manager who would act as a point of contact for both trusts and an engagement meeting was due to be scheduled in early 2025. Work continued regarding the development of the InPhase CQC App to support monitoring of compliance. An application to provide an in house transport service at STHFT had been approved as a regulated activity and a phased approach to introduce the new service had commenced. An external visit to the STHFT Anaesthetic Department by the Anaesthesia Clinical Services Accreditation (ACSA) in early 2024

resulted in a reaccreditation with positive feedback noted.

The Chair sought clarity regarding the reported lack of assurance around compliance with safeguarding and resuscitation training rates in the Emergency Department (ED) at STHFT, which had been escalated to the site leadership team and bespoke training put in place. Mike Stewart, Group Chief Medical Officer explained that in busy service areas it was difficult for staff to be able to take time out to attend training, however, plans for the bespoke training within the department would improve compliance.

Resolved:
(i) that, the content of the report be noted; and
(ii) that, assurance be drawn that action plans were in place to address the 'must do' and 'should do' actions in relation to Maternity Services; and
(iii) that, it was acknowledged that the 'must do' Maternity Services action relating to the estate might not be delivered; and
(iv) that, assurance be received from the CQC enquiries being responded to appropriately and timely with learning shared.

GB/218 People Committee Chairs Log

Liz Barnes, Group Non-Executive Director presented the Group People Committee Chairs Log for the meeting held on 27 November 2024.

Areas of escalation included the vaccination rates for flu and covid at both trusts, which were 30.9% and 7.9% at STHFT and 34% and 8.9% at NTHFT, noting that covid is not nationally mandated. The maintenance of rotas and training requirements for trainee doctors was escalated to Group Board on 5 November 2024.

The position regarding mandatory training within Maternity Services was being closely monitored and following new national requirements from NHS England regarding mandatory training a sub-group of the People Committee had been established to review the requirements. The development of the Group Workforce Plan was a key focus and would be central to annual planning moving forward. It was also recognised that a more cohesive talent management framework was required to support the success of staff.

A discussion ensued regarding the uptake of flu and covid vaccinations, acknowledging that staff could only be encouraged to have the vaccination. Nationally uptake had been low this season and an earlier commencement of the campaign could be considered next year in a bid to increase the uptake.

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

GB/219 Safer Staffing Report

Hilary Lloyd, Group Chief Nurse presented the Safer Staffing Exception Report for the period September to November 2024 and highlighted the key points.

The average percentage of shifts filled against the planned nurse and midwifery staffing across STHFT was 97.6% and 100% at NTHFT. Turnover was low across both trusts. A planned review of establishment against national requirements had been undertaken and arrangements were in place to ensure that staff were in the right place with the right skills to provide safe, sustainable and productive staffing. Daily Safe Care Staffing meetings took place ensuring inpatient areas were assessed from a staffing perspective. There was ongoing work regarding efficiencies and workforce controls to reduce agency and bank spend.

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

GB/220 Resources Committee Chairs Log

David Redpath, Group Non-Executive Director presented the Resources Committee Chairs Log for the

meeting held on 28 November 2024.

Areas of escalation included the increase in whole time equivalent (WTE), risk to the delivery of the cost improvement programme (CIP) at NTHFT and further work required in respect of Procurement at NTHFT following an update report at the meeting.

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

GB/221 Finance Reports Month 8, 2024/25

Chris Hand, Group Chief Finance Officer presented the Finance Reports for Month 8, 2024/25 and highlighted the key issues.

The Group was reporting a deficit of £18m, an adverse variance of £1.0m against year to date plan. Continued and sustained improvements in ERF delivery, with continued focus to reduce expenditure run rates and increased recurrent CIP to achieve the financial control total. Work continued to identify options to mitigate the impact of the IFRS16 on the CDEL allocation for STHFT.

Agency spend was £1.9m below plan, with no off-framework agency workers at either trust. There was a reduction in WTE of 85 compared to the previous month due to a reduction in Healthcare Assistants (HCAs) and Support Workers, however, this remained an area of focus. Capital expenditure was £46m and for core CDEL delivery of agreed plans was forecasted, aside from the significant pressure for STHFT in respect of IFRS16, as reported. Cash balance stood at £86.8m.

Following a query by Liz Barnes, Group Non-Executive Director, a discussion ensued regarding the actions being taken and requirement for greater grip and control in respect of WTE increases, which had been escalated from the Resources Committee. There was a continued focus to review workforce and roster requirements and ensure the correct workforce plan was in place and achievement of the control total remained on track.

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

GB/222 Integrated Performance Report

Neil Atkinson, Group Managing Director Group presented the Integrated Performance Report (IPR) for the reporting period October 2024.

It was noted that two new metrics had been added, incidents per 1,000 bed days and never events per 1,000 days, in addition the SPC charts now included 24 months of data, where available to enable trend analysis.

Key issues were highlighted.
NTHFT:
The number of C.difficile infections continued to report ahead of plan with 52 cases YTD against a plan of 38, collaborative work with NTH Solutions continued with a decant cleaning programme and a ward hygienist pilot. RTT incomplete pathway standards was consistently underachieving the 92% standard and the number of over 52 weeks had increased. Continued focus remained regarding elective recovery with zero 65 week waits reported. Sickness absence was not achieving against plan and a review of bereavement absence was being undertaken due to inconsistency of reporting at other organisations across the region. Diagnostic 6-week wait standard continued to underachieve, however, the position was expected to improve with the staffing capacity issues now resolved.

STHFT:
There were two never events reported in October 2024, Opthalmology and Haematology which had both been fully reviewed. The e-coli infection rates were higher than the previous two years and an increased number of still births had been reported via the Perinatal Mortality Review Tool with all cases reviewed. Cancelled operations not rebooked within 28 days was higher than previous two years. RTT position had deteriorated with over 52 week waits increasing, there was a continued focus to prioritise the longest

waiters and those most clinically urgent. Sickness absence rates were consistently above plan, with an ongoing focus regarding sickness management processes.

It was noted that both trusts performance against the 4hour emergency care standard had been impacted due to activity levels and the acuity of patients during October.

An accountability framework was being developed and a quarterly review of the site teams to provide support and understand the challenges being faced and escalate as appropriate to Committees. A policy was being developed to support this work and Terms of Reference, which would be presented to the Executive Team for approval. Finance was a key element of the site review and would be overseen by the Financial Recovery Oversight Group.

A robust discussion and points of challenge by non-executive members ensued. It was agreed to include clear trajectories to support metrics and measure delivery. In respect of 12 hour emergency care breaches it was noted that during periods of peak pressures priority was given to ambulance borne patients categorised as being at higher risk, however, teams persistently reviewed pathways and processes to improve the outflow from the Emergency Department. A review of appraisal compliance continued with data being drilled down to understand actual numbers of staff not having an appraisal and the reasons why.

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

GB/223 Audit and Risk Committee Chairs Log

Ken Readshaw, Group Non-Executive Director presented the STHFT Audit and Risk Committee Chairs Log for the meeting held on 20 November 2024.

Key topics included annual accounts for the South Tees Hospitals Charity and Subsidiary Company were received and escalated for relevant approval, update regarding the system financial planning controls audit with no significant items to note, fire audit update, risk management systems being revised for consistency across the Group and a revised Group board delegation matrix assessment was presented providing assurance on appropriate decision making.

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

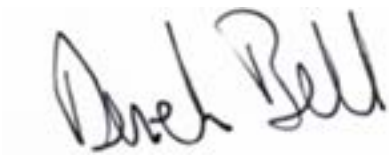
GB/224 Any Other Business

There was no other business reported. The Chair acknowledged the efforts to continue to develop reports reflecting a group position recognising the current operational challenges being faced with winter pressures.

GB/225 Date and Time of Next Meeting

Resolved: that, the next meeting be held on, Tuesday, 4 March 2025

The meeting closed at 3.45pm.

Signed: 

Date: 4 March 2025

Group Board Public

Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
05 June 2024	GB/069	***Research & Development Annual Report*** Stacey Hunter would provide an overview on the North East and North Cumbria Health Innovation Board at a future Board seminar	Stacey Hunter	04 March 2025	Open	An update was provided at the January Board. The NENC Innovation Board had not yet met. An update would be provided at a future meeting.
03 September 2024	GB/126	***Finance Report, Month 4: 2024/25*** A review into the impact of research posts in STRIVE and wider review of the broader activities to be undertaken to provide assurance.	Rachael Metcalf	01 February 2025	Open	Would be taken through the Group People Committee in February 2025.
03 September 2024	GB/131	***Group Patient Experience and Involvement Report*** Future reports to include the number of complaints as a ratio.	Hilary Lloyd	01 January 2025	Completed	Would be included in future reports.
05 November 2024	GB/163	***Group Chief Executive's Report*** The issue of reduced student nurse place uptake to be raised at the NENC ICB Workforce Group to seek a system wide approach.	Rachael Metcalf	04 March 2025	Completed	Would be taken through the Group People Committee and an update to be presented at the March Board.
05 November 2024	GB/176	***Integrated Performance Report*** An overview of the new IPR development to be shared with the Council of Governors	Neil Atkinson	01 February 2025	Completed	A session on the IPR and BAF would be given to the Governors at the 25 February 2025 CoG meeting.
07 January 2025	GB/216	***Patient Experience and Involvement Report Quarter 2: 2024/25*** Deep dive into specific themes of complaints relating to 'communication' to be undertaken and reported to Quality Committee.	Maurya Cushlow	24 March 2025	Open	It was noted that 'communication' was a broad heading for complaints themes, so a deep dive would be undertaken and the analysis presented to the Group Quality Committee.
07 January 2025	GB/216	***Patient Experience and Involvement Report Quarter 2: 2024/25*** A trajectory to be introduced to monitor progress against the number of complaints outside of the statutory response timescale.	Maurya Cushlow	24 March 2025	Open	It was agreed to set a month on month trajectory to monitor improvement against the number of complaints outside the statutory 60 days complaint response time.

University Hospitals Tees

Group Chair's Report

Meeting date: 4 March 2025

Reporting to: Group Board

Agenda item No 6

Report author: Jackie White, Company Secretary

Action required: (select from the drop down list for why the report is being received)
Information

Delegation status (Board only and completed by the Corporate Secretariat): 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 centre of excellence ☒

A great place to work ☒

Deliver care without boundaries ☒

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

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 overview of the health and wider related 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.

n/a

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

n/a

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 NHS England CEO and Secretary of State briefings

There have been a number of briefings during December and January for CEOs and Chairs regarding the planning guidance, which was issued on 30 January 2025. The briefings have been focussed on discussing the key aspects of the planning guidance including the changes to performance indicators and financial requirements. Stacey Hunter, Group CEO discussed the planning guidance and implications for the Group with the Board at its Development session in February.

You will also see in the Chief Executives report to Board reference that the conversation has now started with all our colleagues on what will be a very difficult year for the NHS and what this means for the University Hospitals Tees Group.

The Board continue to be involved in these discussions including the weekly plan submission meetings as part of the Board requirements for oversight and sign off. Non-Executive Director members of this meeting will update the full Board in its private meeting.

1.2 Operating model regional workshop

Ann Baxter, Vice Chair attended a regional workshop with a focus on the new operating model which is being developed to ensure the way the NHS works supports delivery of today's priorities and sets us up to deliver the neighbourhood health model that will underpin a health and care system that is fit for the future.

There was an opportunity for discussing the approach to implementing the NHS operating model, and understand key outstanding issues to be resolved. The new operating model will be released later this year.

1.3 NENC Non Executive Meeting

A number of Non-Executive Director colleagues and I attended a Non-Executive meeting this month with Sir Liam Donaldson and Sam Allen. The meeting focussed on the NENC system position following the publication of the NHS planning guidance and the three shifts -Analogue to digital; Hospital to community; and Treatment to prevention along with a presentation on Insightful Boards, which our Company Secretary will be taking us through at a future board seminar.

1.4 Group Board walkrounds and development sessions

The Group Board has held a number of board seminars in December, January and February. In December the focus was on the new Group digital strategy. Members were reminded regarding the 10 year plan and 3 shifts including the move from analogue to digital. In January the Board focussed on the work on developing the University Hospitals

Tees Strategy including some specific updates in relation to the clinical strategy. In February, the board seminar focussed on the planning guidance, which had just been released, and key asks in terms of productivity and finance.

In addition as part of the Board visibility plan, the Board undertook a number of walkrounds, firstly with community staff in Stockton and Hartlepool. Members of the Board spent 2 hours out with staff in patients homes, clinic areas and community sites understanding the work of our fabulous community colleagues and meeting staff and teams and in February the Board walked round some of the acute wards in James Cook.

I have also recently joined Stacey Hunter, Group CEO on a walk round the Friarage and we met staff on SDEC, UTC and CDU.

1.5 Local Artist visit to University Hospital North Tees

I was pleased to welcome local artist Lucas Roy who attended the University Hospital North Tees in January to donate some art. The painting was created in 2024 as part the 'Nursing in the Tees Valley' exhibition held at Kirkleatham Museum, has found a prominent new place outside of the hospital's respiratory wards 24 and 25. It is now one of the first of a new trust arts initiative to display and champion local artwork on its estate to improve health and wellbeing and hospital environments for patients, visitors and staff. Dr Jean McLeod will be attending the Council of Governors to speak more about the initiative.

1.6 NHS 10 Year Workshop Event

I attended a NHS 10 year workshop event on 10 February, which was at the Statement of Light. This is part of the national engagement programme for 'Change. NHS: Help build a health service fit for the future'.

The 10-Year Health Plan which will be published in Spring 2025 focuses on the three big shifts in healthcare which we have discussed before and include:

1. **Moving more care from hospitals to communities –** Moving care from hospitals into homes, closer to the places people live and their community.
2. **Making better use of technology** – Using digital technology promises faster, higher-quality, more connected care.
3. **Preventing sickness, not just treating it** – Preventing rather than simply treating sickness will keep people healthier for longer.

1.7 VIP visit

You will see from Stacey Hunter's report that we were privileged to attend a Royal VIP visit to Middlesbrough last week where we met Her Majesty the Queen. The focus of our meeting was in relation to her work with Maggie's a National Charity who support cancer services and are going to be setting up a new Maggie's at James Cook. We are pleased that Maggie's are joining us on site at James Cook and look forward to the partnership.

1.8 Welcome to our new Governors

Last week I met six new governors who joined us for governor induction following their recent appointment to the Council of Governors. Welcome to Clive Collier, Andrew Tingle, Anthony Taylor, Terry Hegarty, Paul Frame and Ashwini Gaur. Our next meeting of the Council of Governors in Common will be held on Tuesday 25 February 2025 in Hartlepool.

2. Recommendation

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

Professor Derek Bell
Group Chair

University Hospitals Tees

Group Chief Executive's Report

Meeting date: 4 March 2025

Reporting to: Group Board

Agenda item No 7

Report author: Abigail Smith, Executive Assistant to CEO

Action required: Information

Delegation status (Board only and completed by the Corporate Secretariat): 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 centre of excellence ☒

A great place to work ☒

Deliver care without boundaries ☒

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

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 overview of the health and wider related issues and the priorities for University Hospital Tees in response to these.

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 focus over this period has been on responding to the planning guidance and what this means in terms of activity, workforce and financial plans. The Board will know that there is a group of Board members (CEO, CFO, MD, Chair of resources committee and x 1 NED) meeting weekly to oversee the changes in plans alongside the submissions for flash reporting and first draft of plans to ICB/NHS England. This is to ensure we are able to keep pace with the timetable and the company secretary is noting the meetings to share the outputs with all Board members.

The first full submission was made to the ICB on the 21st February as per the timetable and is due to be with NHS England on the 27th February. Good progress is being made relative to the performance and financial targets albeit there are some areas that do not currently meet the requirements. The Board will be appraised of the latest position at our meeting in March.

Current performance against this year's plan is detailed in the IPR and the logs from the Board committees. This provides the Board relevant details and there will be an opportunity to discuss and scrutinise these at our meeting.

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

Good progress is being made with the work to develop University Hospitals Tees strategy, which will include digital, estates, medium term financial plan and our clinical strategy. Board members have had opportunity to understand the key drivers, the progression of the respective elements and we expect to bring to be in a position to

present the final outputs to the Board in quarter 1 so we can agree it. As part of the ongoing work there continues to be significant engagement with all of our stakeholders both internally and externally.

Recommendations:

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

Group Chief Executive's Report

1. Introduction

This report provides information to the Board of Directors on key national, regional and local issues and is linked to the strategic objectives of the Trust.

1.1 National priorities

The focus for DHSC and NHS England over this period has been on priorities and planning process for 2025/26. The Secretary of State for Health and Social Care and NHS Chief Executive held a webinar on 30 January to allow key discussion on planning guidance with all CEO's across the NHS and primary care GP's. From a University Hospitals Tees perspective key focus needs to be on delivering the financial plan and key performance standards. The guidance acknowledges that this will be a challenging year in respect of the NHS living within its means and seeks to emphasise this as a priority.

Planning guidance was released on 30 January following the webinar. Local planning submission was required on 21 February 2025, with second and final submission due on 21 March 2025. System's asked to focus on:

- reducing the time people wait for elective care
- improving A&E waiting times and ambulance response times
- improving patients' experience and access to general practice and urgent dental care
- improving patient flow through mental health crisis and acute pathways and improving access to children and young people's mental health services.

Recognising that difficult decisions and choices will need to be made for every organisation it will mean delivering more productivity from within existing resources and for many organisations it will mean reducing spend. For University Hospitals Tees Group we are progressing the work at pace with the recently formed Financial Recovery Operational Group (FROG) providing executive oversight to drive through the work. Alongside there are a number of ICB system wide programmes of work relevant to our plans and it is imperative that we ensure the various areas of work align to produce a comprehensive delivery plan across the group.

Some of our colleagues are concerned about what we may need to do to meet the challenges we face. We are making significant efforts to ensure they have the opportunity to engage and influence our plans. Our communications team have developed some excellent campaign materials focused around the "***cost of caring"*** designed to support this***.***

As part of our focus we held a "Hearing it session" last week where more than 600 colleagues across the Group attended and put forward questions and suggestions on

reducing waste. We will continue to ask ourselves difficult questions including what opportunities to work differently as a group do we have (transformation), what do we consider stopping? And how do we become more even more productive?

The government have recently launched a new plan that sets out how the NHS will reform elective care services and meet the 18-week referral to treatment standard by March 2029. To meet the 18-week standard and reform elective care by March 2029 the focus of the plan includes:

- Empowering patients
- Reforming delivery
- Delivering care in the right place
- Aligning funding, performance oversight and delivery standards

Locally **Lyn Simpson** as SRO for the NENC Elective Programme will be chairing an event in May and directing attendees to think about how we can **improve** on **patient experience** and **outcomes**.

Board colleagues will be aware that Amanda Pritchard, NHS CEO, has announced her decision to step down at the end of March 2025. Jim Mackey will take over as the transition CEO at that time.

1.2 NENC CEO Leadership Group

Key focus of discussions included the outputs of the audits on workforce grip and control, with all providers having been asked by NHS England to undertake an internal review of workforce planning and ensuring the deployment of staff is consistent with good policy and practices.

There was a dedicated NENC session with Chief People Officers to share the overall NENC Workforce Planning, Grip and Controls returns and consider where collaboration and system wide work can create the most impact.

The NENC have hosted a number of CEO and Executive level discussion focused on the system recovery plan, which includes Workforce, Elective, Service Reform and Procurement. We have also had chance to consider each trusts work to date in respect of difficult decisions and understand any potential impacts from a system wide perspective. I and members of the executive team have been proactive in sharing our plans and supporting these discussions with any material outputs being distributed to the weekly UHT planning meeting with NEDs.

The planning period is intense from a capacity perspective and whilst there is more for us to do I would like to place on record my thanks to my team, our site leadership teams , our care groups, our collaboratives and our PMO for everything they are doing to progress this work .

1.3 NENC Provider Collaborative Leadership Board

I attended the Provider Collaborative Leadership Board meeting in January. Alison Featherstone provided an update on work undertaken on inter provider data across the Northern Cancer Alliance, in particular, for lung and urology given these two pathways present the biggest challenges on the 62 day performance. The Alliance are looking at the potential of incentivising the urology pathway albeit the CEOs were clear that this should include ensuring trusts are able to demonstrate their pathways met best practice requirements.

Focus continues in the Provider Collaborative on the strategic approach to clinical services looking at identifying short to medium term system acute sector clinical priority pathways and developing an outline strategic position to include common challenges and clinical ambitions to ensure NENC hospitals are able to meet local health needs in 5-10 years' time. This work links into the clinical strategy work under UHT and our Group Chief Medical Director is our representative on this group.

1.4 UHT strategy

Since my last report the five clinical boards have been working at pace to further develop their transformation proposals. As the details emerge, we are refreshing the development of a Strategic Outline Case for the major estates investment for the North Tees site, which is required to facilitate the consolidation and transformation of key secondary care services.

The first meeting of the new Group Strategy Programme Board, (replaces Group Development Board) will take place on 6 March. This will be the key accountability and governance mechanism to ensure that different work streams are coordinated and delivery remains on track.

We held a successful event in early February with 150 senior staff and external partners from across key sectors including local authorities, primary care, third sector and the wider health system to describe our development of the strategy to date and to seek their views on how we can best work together to deliver a real transformation. This was a key moment in sharing our thinking and we will now build strongly on that over the next few months as we engage fully with staff, patients and our external partners on our future model.

As you know we have agreed throughout that this work needs not to focus on the reconfiguration of our own services but also to consider how we can (with the agreement of partners) increasingly move services into the community and develop new models of delivery which will meet the future needs of our population. Our community board have ambitious plans and we will need to ensure that they align to the way in which our primary care networks, mental health and voluntary sector colleagues want to respond to the

governments' ambition to create neighbourhood health and care. We are working with all of our partners across our places to understand this detail. As Board colleagues will appreciate this is a significant priority for us and whilst the NHS are keen to develop a core offer as part of neighbourhood health it is also an opportunity to reflect local priorities.

1.5 Risk Management Function

As a result of Group arrangements, the risk management function are now a single team. The Risk Management Policy and Strategy are currently under review and will result in a consistent and standardised approach.

I am grateful to Stuart Irvine and our respect teams for helping us establish this at pace and appreciate everyone's efforts.

Risk management training is provided across all four main sites monthly and weekly risk management drop-in clinics are available for all staff.

Board members should start to see the benefits of this at Board committees when reviewing the respective risk registers and BAF domains.

1.6 In other news!

The Group Chair and I continue to get out and about across UHT, with board walkabouts last month and more recently we spent the day at the Friarage visiting key areas, such as CDU, UTC and SDEC. As Board members will appreciate it is helpful to have the opportunity to meet our colleagues in their workplaces across our hospitals and community settings. We are always keen to hear what they are most proud of in relation to their services and we hear a consistent answer from them re the team and the people that they work with. The passion and pride colleagues have is humbling and whilst we also ask colleagues to help us understand some of their frustrations there is never any doubt that our teams are excellent at working to overcome problems to ensure that patients and families get a great experience.

Board members will be aware of our plans to improve the challenges with car parking that we have at the James Cook site. This includes the need to implement automatic number plate recognition to ensure we know who is parking and where they are parking. At present, there are occasions (which are increasing) when the way in which people are parking is impacting our responsibilities to provide spaces for people with a registered disability, reducing the parking available for patients and their families and blocking some of the internal roads making it difficult for emergency vehicles to pass. It is imperative that we take action to mitigate this as soon as feasible.

Our plans are attracting some negative feedback from our trade unions and some locally elected representatives and I want to assure the board that we are engaged and communicating with all parties to ensure they have a full appreciation of the facts.

University Hospitals Tees are now holding joint Armed Forces and Veterans meetings including both internal and external representation. Work is underway to prepare a joint

submission for the next re-accreditation of the Armed Forces Covenant. Quarterly coffee mornings will be held at the four main sites.

Work has commenced to create a new triage and reception area in the emergency Department at James Cook University Hospital. The development is the next stage of the £9 million investment into Urgent & Emergency Care facilities that began with the opening of the Urgent Treatment Centre in April 2024.

The University Hospitals Tees Research Team have been involved in a scheme to support patients return to work following a hip or knee replacement and have achieved a national milestone. The trauma and orthopaedic delivery team from South Tees Hospitals NHS Foundation Trust are the first team in the UK to have recruited over 100 patients to the national OPAL study.

After a year of adopting Communication Annex, the physiotherapy service at Friarage has successfully reduced the waiting list across Hambleton and Richmondshire from 798 at its peak in January 2024 to 152 in January 2025.

A health worker has been recognised with an award for work helping the maternity service make a number of patient care improvements. Danielle Stephens, a midwife in maternity, paediatric and pharmacy services, took on an added role as quality, safety and innovation lead in the service three years ago. For her work, she was recognised by the national clinical director for improvement at NHS England, Dr Amar Shah, in a monthly celebration of improvers.

The University Hospital of Hartlepool has invested in the ROSA robot for use on patients needing a knee joint replacement. This will benefit patient's recovery time, and help surgeons to position implants more accurately during the operation.

Finally, The Chair and I were privileged to attend a Royal VIP visit to Middlesbrough on 13 February where we met the Queen. The focus of our meeting was in relation to her work with Maggie's, a National Charity who support cancer services, and are going to be setting up a new Maggie's at James Cook.

2. RECOMMENDATIONS

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

NHS
University Hospitals Tees

Chair's Log – Group Management Team Meeting

Meeting date: 4 March 2025

Reporting to: Group Board

Agenda item No: 7.1

Report author: Abigail Smith, Executive Assistant to CEO

Action required: Assurance

Delegation status: Matter reserved to Unitary Board

Previously presented to: N/A

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A centre of excellence ☒

A great place to work ☒

Deliver care without boundaries ☒

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

All Board Assurance Framework domains and risk register

Caring Better Together

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 first formal meeting of the Group Management Team took place on Thursday 23 January 2025.

Purpose of Meeting
The Group Management Team is established by the Group Chief Executive as the senior oversight team of North Tees & Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust (operating under Group arrangements).

The Group Management Team is responsible for the oversight of both Trusts. Reporting will be on an exception basis from Site Leadership Teams who are delegated with the delivery of the annual plans of each Trust. There will also be specific reporting requirements in accordance with the agreed annual cycle of business. The Group Management Team will undertake a pivotal role to support the delivery and achievement of each Trust's strategic objectives as agreed by each Trusts Unitary Board of Directors.

The Group Management Team provides the Group Chief Executive with a formal mechanism to support the effective discharge of their responsibilities as Accounting Officer for each Trust.

At the time of writing this report the Group Management Board has met for a second time, due to the cycle of business the paper will be received at Board in April. The Chief Executive will verbally advise the Board there are two matters to escalate to the Boards attention from the second meeting. The Group Medical Director will provide the details of this to the Board in the private session today.

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.

Site Performance Reviews
The Group Managing Director provided an overview of the introduction of site performance management meetings. These will be conducted on a quarterly basis and align to the NHS Oversight Framework metrics.

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

Site Leadership Team Reports
Chief Operating Officers from each Trust provided a detailed site leadership report to provide full overview. There are no escalations to the board from these reports that are not covered in either the IPR or the Board committee logs.

UHT Strategy Progress Update

The Group Chief Strategy Officer provided a detailed update on the development of the University Hospitals Tees Strategy included progress and strategic enablers. UHT strategy continues to be on course for publication in Q1 of 2025/26.

Annual Planning Preparation
The Group Managing Director updated on annual planning preparation highlighting submission is due

PLACE Committee/HOSC/H&WB Updates
The Group Chief Strategy Officer gave an update on joint working within the Local Authorities partnership forums and highlighted the need to identify Executive leads to attend joint meetings.

Communication and Engagement Update
The Group Director of Communications provided a comprehensive overview, highlighting the work of the communications team offering reassurance key messages are going to the appropriate audiences.

Subsidiary Updates
The Group Company Secretary provided an update on subsidiaries and key developments going forward.

BAF & Operational Risk Report
Director of Risk, Assurance & Compliance provided an update on the Board Assurance Framework and Operational Risk report for each trust. Noted there are currently six red strategic risks at North Tees and Hartlepool NHS Foundation Trust and seven at South Tees Hospital NHS Foundation Trust. All risks have mitigating actions in place.

Recommendations:

The Group Board receive the report; acknowledge the monthly meeting of the Group Management Team meeting and the oversight and assurance it provides to the Trust.

The Group Board to recognise this is the first Chairs log from Group Management Team and provide any feedback on contents of the report.

NHS
University Hospitals Tees

Board Assurance Framework Report (reporting to 31st December 2024) NTHFT/STHFT

Meeting date: 4 March 2025

Reporting to: Group Board

Agenda item No: 8

Report author: Stuart Irvine, Director of Risk, Assurance & Compliance

Action required:
Assurance

Delegation status (Board only):
Matter reserved to Unitary Board

Previously presented to:
N/A

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

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

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

NTHFT BAF – All domains

STHFT BAF – All domains

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.

Standardised and consistent Board Assurance Framework reporting were implemented and reported to the committees of the Group Board from November 2024. This includes the format, content and reporting arrangements. The reporting of the BAF aligns with the Integrated Performance Report to support triangulation of key performance metrics and the mitigation of strategic risks.

This report provides the overall position for each Trust regarding the Board Assurance Framework, exceptions and actions that are being taken.

Headlines

NTHFT

- There are 37 strategic risks identified relating to North Tees & Hartlepool NHS Foundation Trust.
- 11 strategic risks are outside of approved risk appetite, of which there are 6 red/high strategic risks outside of approved risk appetite.
- There are 91 planned mitigating actions within the BAF across the 8 domains.
- 1 action is reported as completed and there are two timescale extension requests.
- Planned action timescale range is December 2024 – December 2025.

STHFT

- There are 31 strategic risks identified relating to South Tees Hospitals NHS Foundation Trust.
- 12 strategic risks are outside of approved risk appetite, of which there are 7 red/high strategic risks outside of approved risk appetite.
- There are 93 planned mitigating actions within the BAF across the 8 domains.
- 1 action is reported as completed and there are four timescale extension requests.
- Planned action timescale range is November 2024 – April 2026.

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.

Operational Risk Review

An exercise has commenced to review all risks within the InPhase System (NTHFT) and Datix (STHFT) to determine risks that are non-compliant with the Risk Management Policy of each Trust, with a focus on overdue risks for review and missing fields. Risks that have been active for over 12 months and are overdue in excess of 6 months will be closed. This exercise will be completed by the end of February 2025.

The Risk Management Policies for each Trust have been reviewed to align processes as much as possible, along with a refresh of the Risk Management Strategy. This action will be completed by the end of February 2025 and will be subject to approval.

Ongoing Actions

This is the third month of revised reporting arrangements and feedback will continually be sought to ensure it provides effective assurance for each Trust. Further work is being undertaken with BAF Authors, which will be reflected in future reports:

- Review of the BAF reports by domain to maximise alignment and consistency.
- Review assurances sources and lines of assurance.
- Strengthen cross referencing between the BAF and related IPR metrics.
- Strengthen cross referencing between BAF domains for interdependencies.
- Propose the effectiveness of assurance for each strategic risk for Q3 reporting.
- Review the robustness of planned actions to achieve approved risk appetite/target risk scores.
- Strengthen the links between operational and strategic risks.

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 revised BAF reporting builds upon and strengthens existing arrangements in place for each Trust and provides clear and consistent reporting and clear lines of escalation. The arrangements are also reflective of best practice (Good Governance Institute) and benchmarking with other NHS Foundation Trusts.

Assurance Statement

This report provides assurance that the strategic risks of each Trust are being managed, mitigated and openly reported. Mitigating actions (with timescales) are in place for all strategic risks, with the exception of 3 strategic risks relating to the People BAF domains (2 NTHFT and 1 STHFT). Full details are reported to the assurance committees of the Group Board, allowing oversight and to allow for further actions to be identified for assurance purposes. Chair's Logs are the mechanism to report assurance concerns to the Group Board.

External Assurance

An internal audit is commencing at both Trusts in 2024/25, relating to Board Assurance Framework and Risk Management and assurances will be reported to respective Audit Committees.

Recommendations:

The Group Board is asked to;

- Receive the Board Assurance Framework Reports for NTHFT and STHFT (reporting to 31st December 2024).
- Note the 6 red/high strategic risks for NTHFT and 7 red/high strategic risks for STHFT and the planned mitigating actions.
- Acknowledge the assurance the report provides regarding the management and mitigation of strategic risks for each Trust.

North Tees & Hartlepool NHS Foundation Trust/South Tees Hospitals NHS Foundation Trust – Board Assurance Framework Report (reporting to 31st December 2024)

NTHFT – Key Headlines	STHFT – Key Headlines
• 37 identified strategic risks. • 6 red/high strategic risks that are outside of approved risk appetite. • No change from last report. • No current risk score changes. • One step from approved risk appetite. • 91 planned mitigating actions. • 1 action reported as completed. • 2 timescale extension requests. • Planned action timescale range December 2024 – December 2025.	• 31 identified strategic risks. • 7 red/high strategic risks that are outside of approved risk appetite. • No change from last report. • No current risk score changes. • One step from approved risk appetite. • 93 planned mitigating actions. • 1 action reported as completed. • 4 timescale extension requests. • Planned action timescale range November 2024 – April 2026.

1. Background

The development and maintenance of a Board Assurance Framework (BAF) has been a mandatory requirement since 2001 for NHS Trusts. The Board Assurance Framework is the key mechanism to reinforce the strategic focus of the Board of Directors to manage strategic risks. It enables the Trust to capture, reporting and monitor key risks that may prevent the delivery of strategic objectives. Operated efficiently and effectively, it provides assurance to the Board of Directors that the Trust is managing strategic risks. The BAF is the key driver to inform the agenda of Board of Directors and Committee meetings.

2. Purpose

The purpose of this report is to provide assurance to the Group Board (and each Unitary Board) regarding the identification, management and mitigation of strategic risks to support the delivery of strategic objectives. Furthermore, this provides a clear and robust mechanism for Ward to Board and Board to Ward reporting (linking strategic and operational risks).

3. Report Detail

Revised BAF Arrangements

Standardised and consistent Board Assurance Framework reporting were implemented and reported to the committees of the Group Board from November 2024. This includes the format, content and reporting arrangements. The reporting of the BAF aligns with the Integrated Performance Report to support triangulation of key performance metrics and the mitigation of strategic risks.

BAF Format

The BAF for each Trust focuses on 8 (eight) domains, which are a reflection of the key areas of concerns for each Trust from a strategic risk perspective. The BAF domains were informed by national best practice (Good Governance Institute) and benchmarking with regional and national NHS Foundation Trusts.

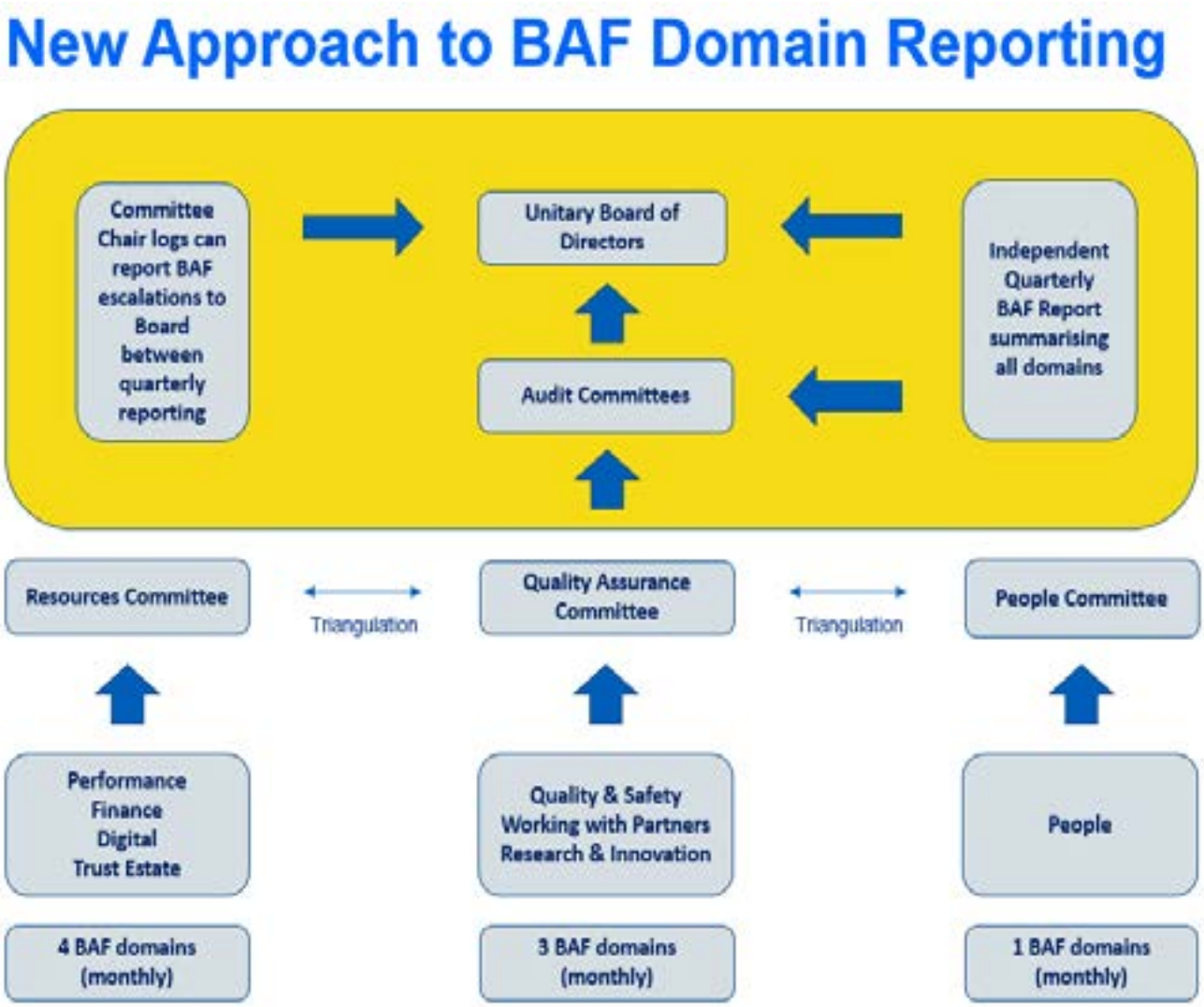
BAF Domains

The 8 BAF domains for each Trust are led by a Group Director, with identified BAF authors and the Board Committee that is responsible for oversight and escalation reporting to Board. The table below provides full details.

BAF Domain	Responsible Director	BAF Author	Committee oversight
Quality & Safety	Group Chief Nurse	Group Deputy Director of Patient Safety/Deputy Chief Nurse	Quality Assurance Committee
Performance & Compliance	Group Managing Director/Chief Operating Officers	Deputy Director of Strategy & Planning/ Associate Director of Planning & Performance	Resources Committee
People	Group Chief People Officer	Deputy Director of People Services/ Head of Workforce Planning, Quality & Projects	People Committee
System Working & External Threats (*)	Group Managing Director/Chief Operating Officers	Associate Chief Operating Officer/ Care Group Director, Healthy Lives	Quality Assurance Committee
Finance	Group Chief Finance Officer	Deputy Chief Finance Officer/ Deputy Director of Finance	Resources Committee
Digital	Group Chief Information Officer	Interim Head of IT/ Deputy Chief Information & Technology Officer	Resources Committee
Trust Estate	Group Director of Estates	Associate Director of Estates & Capital (NTH Solutions LLP)/Deputy Director of Estates, Capital and Programmes	Resources Committee
Research & Innovation	Group Medical Director	Associate Director, TVRA	Quality Assurance Committee

(*) Review of this domain to be undertaken by the Group Chief Strategy Officer.

For continued illustration purposes, the reporting arrangements for the BAF are set out below. The benefit of this approach allow Board Committees to receive BAF reports at each meeting focus on their areas of expertise, reports are presented by subject matter experts who manage and mitigate the risks.



BAF Domain Alignment to Strategic Objectives

The BAF domains for each Trust are linked to at least one strategic objective. It is important that all strategic objectives of each Trust is aligned to at least one BAF domain to support the delivery of strategic objectives and to ensure there are no assurance gaps. The mapping of BAF domains to strategic objectives has been provided previously and is not included in this report.

Risk Appetite

Approved risk appetites are in place for each BAF domain for each Trust, that were approved by the committees of the Group Board and in the Group Board meeting in November 2024 and January 2025, respectively. The approved risk appetite position by domain is set out in the following table along with the current risk score range for strategic risks.

Risk domain	NTHFT Risk appetite level	STHFT Risk appetite level	Current Risk Score Range
Quality & Safety	Cautious	Cautious	4-6
Trust Estate	Open	Open	8-12
Performance & Compliance	Open	Open	8-12
People	Open	Open	8-12
Digital	Open	Open	8-12
Finance	Open	Open	8-12
Research and Innovation	Open	Open	8-12
System Working & External Threats	Open	Open	8-12

Risk Appetite Supporting Statements

The approved risk appetites and supporting risk appetite statements of each Trust are consistent. This provides each Trust and the Boards with the ability consider future decision making against approved risk appetites by domain and supporting risk appetite statement. This strengthens existing governance arrangements and ensures compliance with good governance requirements. Risk appetite will be formally reviewed on an annual basis. Attached at **Appendix A** is the approved risk appetite supporting statements.

Strategic Risk Score Analysis

The following table shows by Trust, the number of strategic risks, number of strategic risks outside of approved risk appetite, steps away from approved risk appetite and the number of planned mitigating actions.

Domain	Number of strategic risks		Number of strategic risks adversely outside of approved risk appetite		Number of steps away from approved risk appetite		Number of planned mitigating actions	
	NT	ST	NT	ST	NT	ST	NT	ST
Quality & Safety	5	5	**5**	**5**	1	1	16	18
Performance & Compliance	3	4	0	**2**	0	1	4	16
Digital	4	3	0	0	0	0	17	22
People	5	3	0	0	0	0	7	3
Finance	5	4	**1**	**1**	1	1	9	5
Trust Estate	5	5	**3**	**2**	1	1	8	12

Domain	Number of strategic risks		Number of strategic risks adversely outside of approved risk appetite		Number of steps away from approved risk appetite		Number of planned mitigating actions	
	NT	ST	NT	ST	NT	ST	NT	ST
System Working & External Threats	5	3	0	0	0	0	13	3
Research & Innovation	5	4	**2**	**2**	1	1	17	14
Total Number	**37**	**31**	**11**	**12**			**91**	**93**

NTHFT	STHFT
• The Trust has 37 identified strategic risks linked to Board Assurance Framework domains. • The Trust has 11 strategic risks that are outside of approved risk appetite. • All strategic risks are one step from the approved risk appetite. • Planned actions are in place for each strategic risk, with the exception of two relating to People. • Planned action timescale range is December 2024 – December 2025.	• The Trust has 31 identified strategic risks linked to Board Assurance Framework domains. • The Trust has 12 strategic risks that are outside of approved risk appetite. • All strategic risks are one step from the approved risk appetite. • Planned actions are in place for each strategic risk, with the exception of one relating to People. • Planned action timescale range is November 2024 – April 2026.

Excluded from the planned timescales are the actions linked to eradicating RAAC by 2035.

NTHFT Red/High Strategic Risks outside Approved Risk Appetite

The table below identifies that there are 6 strategic risks that are red/high and are outside of approved risk appetite. These risks were presented to the Resources Committee and Quality Assurance Committee in February 2024 and will be continue to be monitored to ensure mitigating actions are robust and progressed as planned.

Strategic Risk Description	BAF Domain	Current Risk Score	Number of mitigating actions	Committee Oversight
Delivery of recurrent savings	Finance	**4 x 4 = 16**	1	Resources Committee
Failure of Trust infrastructure (including buildings)	Trust Estate	**3 x 5 = 15**	2	Resources Committee

Strategic Risk Description	BAF Domain	Current Risk Score	Number of mitigating actions	Committee Oversight
Insufficient capital funding to maintain Trust estate	Trust Estate	**4 x 5 = 20**	1	Resources Committee
Reduction of system capacity if the Trust is unable to provide services	Trust Estate	**3 x 5 = 15**	1	Resources Committee
Inconsistent funding for research to deliver R&I plans across group	Research & Innovation	**4 x 4 = 16**	4	Quality Assurance Committee
Risk that innovation is not embedded in the Trust and opportunities are missed to improve services and patient outcomes.	Research & Innovation	**4 x 4 = 16**	4	Quality Assurance Committee

The reported position is illustrated and supported by the Trust's Strategic Risk Overview **(See Appendix B)** and the Trust Risk Radar **(See Appendix C).**

STHFT Red/High Strategic Risks Outside Approved Risk Appetite

The Trust has 31 identified strategic risks linked to Board Assurance Framework domains. The table below identifies that there are 7 strategic risks that are red/high and are outside of approved risk appetite. These risks are presented to the Resources Committee and Quality Assurance Committee in February 2025 and will be continue to be monitored to ensure mitigating actions are robust and progressed as planned.

Strategic Risk Description	BAF Domain	Current Risk Score	Number of mitigating actions	Committee Oversight
Cost containment	Finance	**3 x 5 =15**	2	Resources Committee
Risk that the referral-to-treatment 18-week NHS Constitution standard is not met	Performance & Compliance	**3 x 5 = 15**	4	Resources Committee
Risk that the cancer referral to treatment 62-day NHS Constitution standard is not met	Performance & Compliance	**3 x 5 = 15**	5	Resources Committee

Insufficient capital funding to maintain Trust estate	Trust Estate	**4 x 5 = 20**	2	Resources Committee
Trust estate does not allow for the provision of optimal clinical services	Trust Estate	**3 x 5 = 15**	2	Resources Committee
Inconsistent funding for research to deliver R&I plans across group	Research & Innovation	**4 x 4 = 16**	3	Quality Assurance Committee
Risk that innovation is not embedded in the Trust and opportunities are missed to improve services and patient outcomes.	Research & Innovation	**4 x 4 = 16**	4	Quality Assurance Committee

The position is illustrated by the Trust's Strategic Risk Overview **(See Appendix D)** and the Trust Risk Radar **(See Appendix E).**

Trust Operational Risks

Attached as appendices for information are the Top 10 operational risk for each Trust (**Appendix F** – NTHFT and **Appendix G** – STHFT).

Planned Review of Operational Risks

An exercise has been undertaken to review all risks within the InPhase System (NTHFT) and Datix (STHFT) to determine risks that are non-compliant with the Risk Management Policy of each Trust, with a focus on overdue risks for review and missing fields. Risks that have been active for over 12 months and are overdue in excess of 6 months will be closed.

A summary of closed risks will be provided to Collaboratives, Care Groups and corporate areas, with recommended actions from the Risk Management Team (if applicable). Risks that require re-drafting will follow established governance process, prior to being approved. This could be achieved within one week, minimising the risk of a lack of oversight and acknowledgement of operational risks for each Trust. This exercise will be completed by the end of February 2025.

The Risk Management Policies for each Trust have been reviewed to align processes as much as possible, along with a refresh of the Risk Management Strategy. This action will be completed by the end of February 2025 and will be subject to approval.

4. Conclusion

- Standardised and consistent Board Assurance Framework reporting arrangements are in place for both Trusts (including the format, content and reporting arrangements).
- The reporting of the BAF aligns with the Integrated Performance Report to support triangulation of key performance metrics and the mitigation of strategic risks.

- Board Committees have full oversight of the BAF report, in additional to the oversight responsibility allocation for BAF domains. A copy of the full BAF report for each Trust is placed in the Reading Library of each Committee.
- Board Committees will escalate any concerns regarding the management and mitigation of strategic risks in BAF domains to the Board of Directors via the Chair's Logs.
- There are 37 strategic risks relating to NTHFT and there are 6 red/high strategic risks that are outside of approved risk appetite. Mitigating actions are in place to address all strategic risks, with the exception of two relating to the People BAF domain.
- There are 31 strategic risks relating to STHFT and there are 7 red/high strategic risks that are outside of approved risk appetite. Mitigating actions are in place to address all strategic risks, with the exception of one relating to the People BAF domain.
- This report will continue to evolve, taking into account feedback from key stakeholders.
- This report is also presented to the Audit Committee/Audit & Risk Committee and Group Board.

Assurance Statement

This report provides assurance that the strategic risks of each Trust are being managed, mitigated and openly reported. Mitigating actions (with timescales) are in place for all strategic risks, with the exception of 3 strategic risks relating to the People BAF domains (2 NTHFT and 1 STHFT). Full details are reported to the assurance committees of the Group Board, allowing oversight and to allow for further actions to be identified for assurance purposes. Chair's Logs are the mechanism to report assurance concerns to the Group Board.

Ongoing Actions

Work continues to further strengthen the Board Assurance Framework via the monthly drop-in clinics with BAF authors. There are a number of areas that continue to be progressed with BAF authors in the coming months:

- Review of the BAF reports by domain to maximise alignment and consistency.
- Review assurances sources and the 3 lines of assurance.
- Strengthen cross referencing between the BAF and related IPR metrics.
- Strengthen cross referencing between BAF domains.
- Effectiveness of assurance for each strategic risk on a quarterly basis.
- Review the robustness of planned actions to achieve target risk scores and approved risk appetite.
- Link between operation and strategic risks.

5. Recommendation

The Group Board is asked to;

- Receive the Board Assurance Framework Reports for NTHFT and STHFT (reporting to 31st December 2024).
- Note the 6 red/high strategic risks for NTHFT and 7 red/high strategic risks for STHFT and the planned mitigating actions.
- Acknowledge the assurance the report provides regarding the management and mitigation of strategic risks for each Trust.

Supporting Appendices

- Appendix A – Risk Appetite Supporting Statements
- Appendix B – NTHFT Strategic Risk Overview
- Appendix C – NTHFT Risk Radar
- Appendix D – STHFT Strategic Risk Overview
- Appendix E – STHFT Risk Radar
- Appendix F – NTHFT Top 10 Operational risks
- Appendix G – STHFT Top 10 Operational Risks

Trust Risk Appetites & Supporting Statements (*)

Board Assurance Framework Domain	Proposed Risk Appetite	Proposed Risk Appetite Supporting Statement
Quality & Safety	**Cautious**	We have a **cautious** attitude to the delivery of the **Quality and Safety** agenda within the Trust to balance low risk against the possibility of improved patient outcomes, ensuring appropriate controls are in place. We will continue to protect the quality and safety of care with a cautious approach to the risks that may have a detrimental impact on patient safety, experience and clinical outcomes.
Performance & Compliance	**Open**	We have an **open** approach to **Performance and Compliance**. This will mean being willing to consider options available to support the delivery of performance targets and recognising the significant challenge to deliver Trust/System level targets and the needs to work with our system partners.
Digital	**Open**	We have an **open** attitude to the **Digital** agenda underpinning clinical innovation and the transformation of services to become more efficient and effective, including system collaboration. While we are prepared to accept some level of risk to implement changes for longer-term benefit, we will ensure that information governance and data security remains a priority.
People	**Open**	We have an **open** risk approach to our **People** challenges as we look at new and innovative ways to recruit, retain and support our people, whilst recognising the importance of a strong focus on engagement and culture.
Finance	**Open**	We have an **open** attitude to risk in relation to **Finance**. It is acknowledged that there are significant finance challenges across the healthcare system and options will need to be considered to support delivery of challenging financial plans and achieve favourable outcomes. The Trust will continue to apply robust financial controls and comply with governance requirements.
Trust Estate	**Open**	We have an **open** attitude to the **Trust Estate** due to the associated risks and need to consider all potential options to ensure the estate remains fit for purpose to deliver safe and effective care.
System Working & External Threats	**Open**	We have an **open** approach to **System Working & External Threats** to ensure future safe, effective and sustainable services are provided to our population, which may require changes in staffing models and an agile, resilient workforce. This will require collaborative working with our stakeholder and partners.
Research & Innovation	**Open**	We have an **open** approach to **Research and Innovation** in recognition of the requirement of new ways of working. In developing and delivering our clinical research and innovation ambitions we accept that these carry a higher level of inherent risk. We will seek opportunities to work collaboratively with system partners, contribute to the delivery of priorities and develop new ways of working through a range of partnerships.

(*) The risk appetites and supporting risk appetite statements are the same for each Trust.

NTHFT - Board Assurance Framework

Risk Appetite				
Avoid 0	Minimal 1-3	Cautious 4-6	Open 8-12	Seek 15 -25

Quality & Safety	Digital	People	Finance	Performance and Compliance	System Working & External Threats	Trust Estate	Research & Innovation
Failure to protect people from abuse or avoidable harm (Safe)	Investment into the implementation of new digital systems not meeting the needs of the Trust (Group) and its transformation agenda	Not addressing the health and well being needs of our people	Wider Health Economy Issues (ICP/ICS/ National)	Non-compliance with national standard in accordance with the Oversight Framework, and referral to treatment recovery priorities	Lack of system wide approach to capacity and demand planning and management which poses a risk to meeting the health and care needs of our communities	Failure of Trust infrastructure (including buildings)	Lack of clarity of internal structures to support the delivery of the R&I agenda
Failure to provide care that is compassionate, kind and inclusive (Caring)	Failure to protect the information / data we hold as a result of non-compliance with legislation and/or non-compliance with Trust policy	Not having a culture of compassion, civility and respect	Contract Performance	Non-compliance with national standards in accordance with the Oversight Framework, and cancer recovery priorities	Lack of system wide approach to frailty management which may result in poor outcomes and unsustainable system pressure	Insufficient capital funding to maintain Trust estate	Inconsistent funding for research to deliver R&I plans across group
Failure to provide clinically effective treatment in line with best evidence (Effective)	Technical Infrastructure fails to maintain effective cyber defences, negatively impacting operational delivery, security and reputation (Cyber-attack)	Not growing our workforce for the future	Cost Containment	Non-compliance with national standards in accordance with the Oversight Framework, and Diagnostics recovery priorities	Lack of system wide approach to infrastructure with risk to delivering (integrated) optimal care	Trust estate does not allow for the provision of optimal clinical services	Infrastructure and resource prevents delivery of effective research
Failure to meet regulatory standards for quality and safety (Responsive)	Pressured resources within Digital teams which poses a risk to the delivery of the digital strategy and BAU activity (People & Process)	Not developing and embedding appropriate new ways of working	Delivery of recurrent savings		Lack of system wide approach to vulnerable services within the Integrated Care System with risk that some services are not sustainable in current form	Reduction of system capacity if the Trust is unable to provide services	Research not seen as core business in some clinical support services
Failure to deliver quality related strategies and improvements (Well-Led)		Not having appropriate levels of staff with the right skills to deliver safe services	Trust Subsidiaries		Lack of system wide approach to Engagement/Pathways with risk to delivering optimal care, experience and outcomes	Non-compliance with legal and regulatory standards of the Trust's estate	Risk that innovation is not embedded in the Trust and opportunities are missed to improve services and patient outcomes

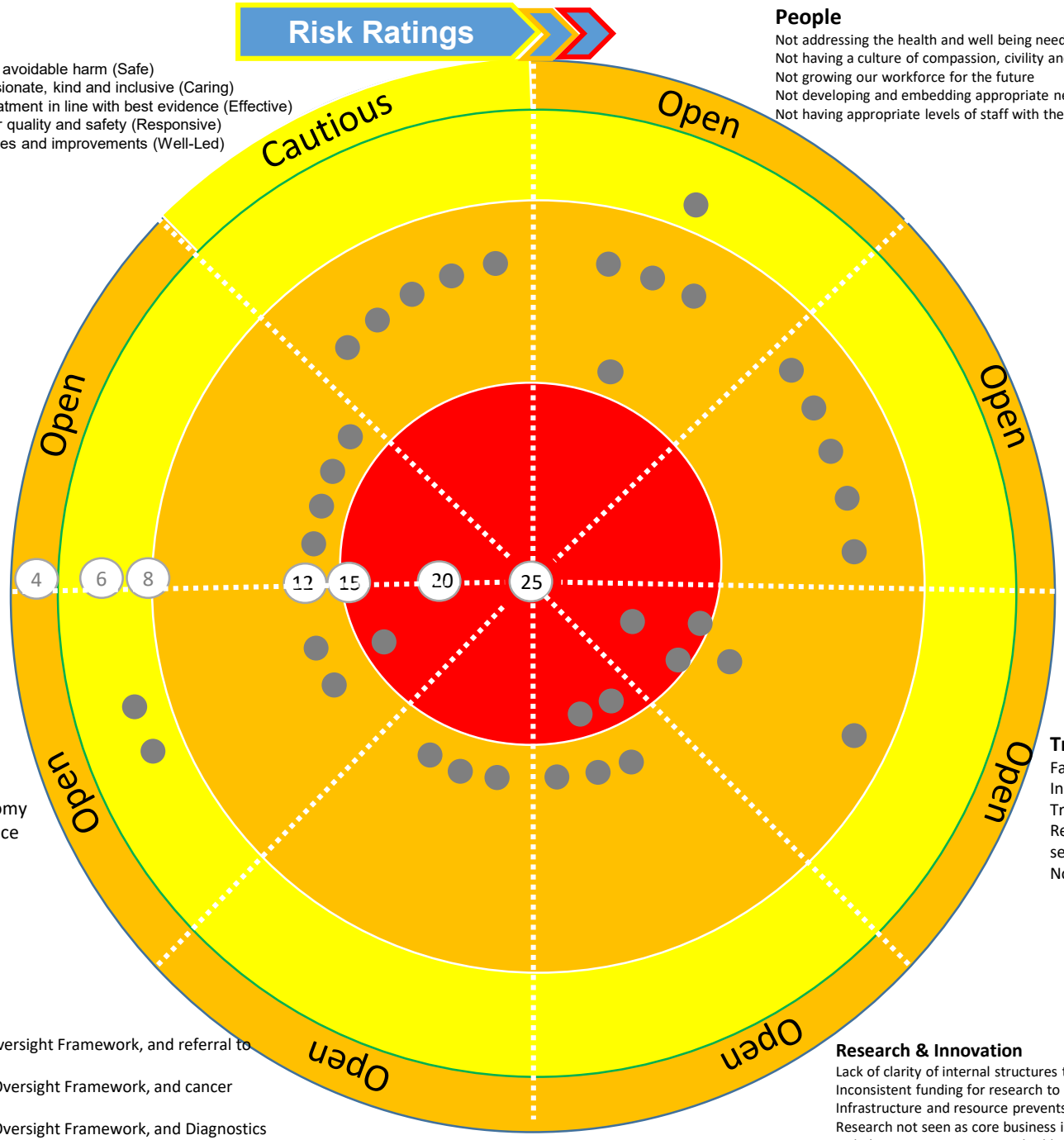
Strategic Risks

Strategic Risk Level			
Very Low 1-3	Low 4-6	Moderate 8-12	High 15- 25

Appendix C

NHS North Tees and Hartlepool NHS Foundation Trust

31st December 2024 BAF Risk Radar



High
Moderate
Low

Quality & Safety

Failure to protect people from abuse or avoidable harm (Safe)
Failure to provide care that is com-passionate, kind and inclusive (Caring)
Failure to provide clinically effective treatment in line with best evidence (Effective)
Failure to meet regulatory standards for quality and safety (Responsive)
Failure to deliver quality related strategies and improvements (Well-Led)

People

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

Digital

Investment into the implementation of new digital systems not meeting the needs of the Trust (Group) and its transformation agenda
Failure to protect the information / data we hold as a result of non-compliance with legislation and/or non-compliance with Trust policy
Technical Infrastructure fails to maintain effective cyber defences, negatively impacting operational delivery, security and reputation (Cyber-attack)
Pressured resources within Digital teams which poses a risk to the delivery of the digital strategy and BAU activity (People & Process)

System Working & External Threats

Lack of system wide approach to capacity and demand planning and management which poses a risk to meeting the health and care needs of our communities
Lack of system wide approach to frailty management which may result in poor outcomes and unsustainable
system pressure
Lack of system wide approach to infrastructure with risk to delivering (integrated) optimal care
Lack of system wide approach to vulnerable services within the Integrated Care System with risk that some services are not sustainable in current form
Lack of system wide approach to Engagement/Pathways with risk to delivering optimal care, experience and outcomes

Finance

Wider Health Economy
Contract Performance
Cost Containment
Delivery of Savings
Trust Subsidiaries

Trust Estate

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

Performance & Compliance

Non-compliance with national standard in accordance with the Oversight Framework, and referral to treatment recovery priorities
Non-compliance with national standards in accordance with the Oversight Framework, and cancer recovery priorities
Non-compliance with national standards in accordance with the Oversight Framework, and Diagnostics recovery priorities

Research & Innovation

Lack of clarity of internal structures to support the delivery of the R&I agenda
Inconsistent funding for research to deliver R&I plans across group
Infrastructure and resource prevents delivery of effective research
Research not seen as core business in some clinical support services
Risk that innovation is not embedded in the Trust and opportunities are missed to improve services and patient outcomes

STHFT - Board Assurance Framework

Risk Appetite				
Avoid 0	Minimal 1-3	Cautious 4-6	Open 8-12	Seek 15 -25

Quality & Safety

- Failure to protect people from abuse or avoidable harm (Safe)
- Failure to provide care that is compassionate, kind and inclusive (Caring)
- Failure to provide clinically effective treatment in line with best evidence (Effective)
- Failure to meet regulatory standards for quality and safety (Responsive)
- Failure to deliver quality related strategies and improvements (Well-Led)

Digital

- Failure to implement planned digital programmes and infrastructure projects through lack of adequate funding
- Failure to adequately maintain and upgrade current systems and infrastructure
- Failure to prevent a successful cyber attack or data breach

People

- Not addressing the health and well being needs of our people
- Not having a culture of compassion, civility and respect
- Not growing our workforce for the future

Finance

- Wider Health Economy Issues (ICP/ICS/ National)
- Contract Performance
- Cost Containment
- Delivery of recurrent savings

Performance and Compliance

- Risk that the A&E 4-hour standard is not met
- Risk that the referral-to-treatment 18-week NHS Constitution standard is not met
- Risk that the diagnostic 6-week NHS Constitution standard is not met
- Risk that the cancer referral to treatment 62-day NHS Constitution standard is not met

System Working & External Threats

- Failure to identify and engage key stakeholders with clarity of purpose
- Failure to deliver future health and care services aligned to the needs of the communities we serve
- Lack of system collaboration, to reduce variance, to meet demand and for joint strategic commissioning

Trust Estate

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

Research & Innovation

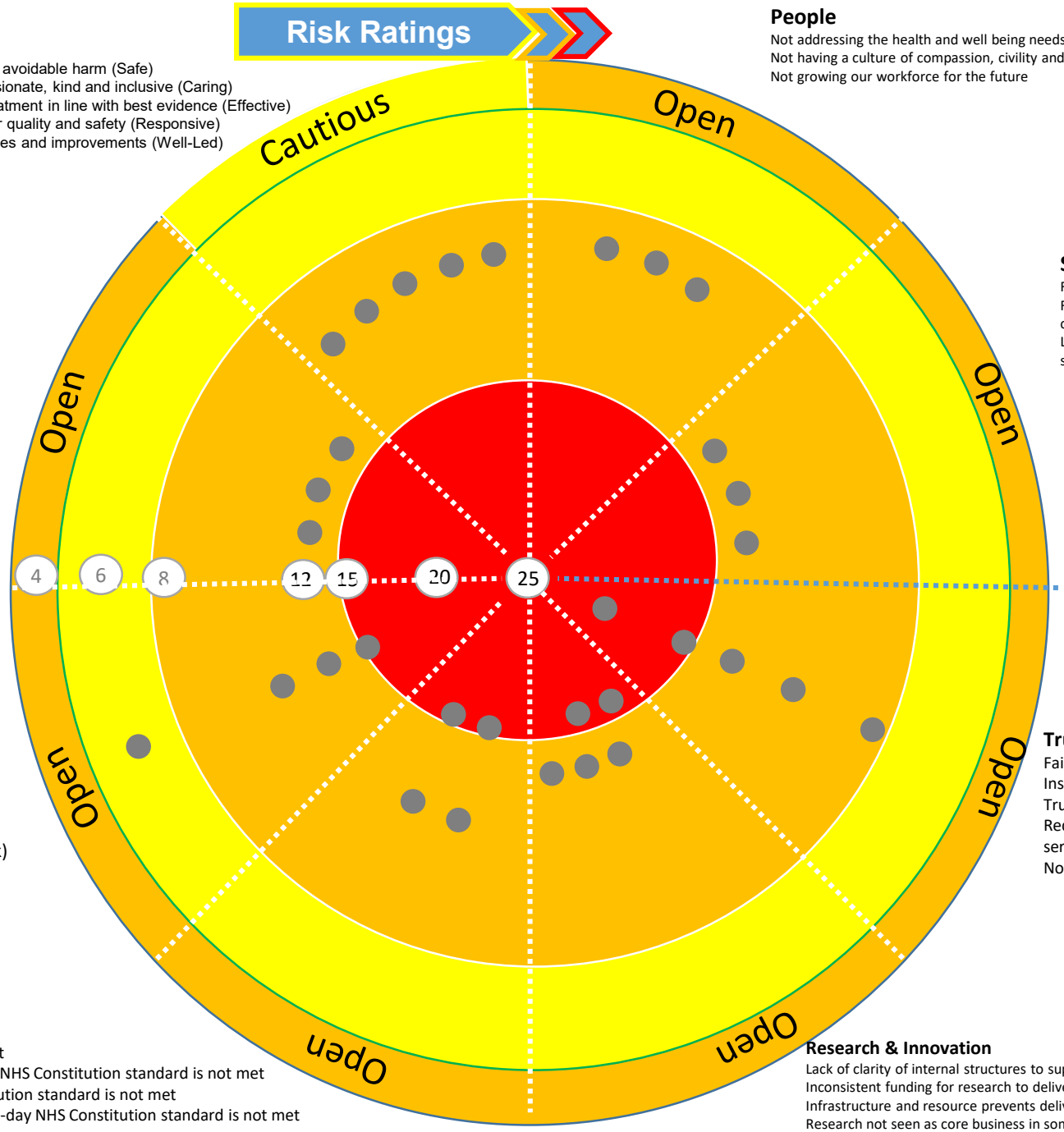
- Lack of clarity of internal structures to support the delivery of the R&I agenda
- Inconsistent funding for research to deliver R&I plans across group
- Infrastructure and resource prevents delivery of effective research
- Risk that innovation is not embedded in the Trust and opportunities are missed to improve services and patient outcomes

Strategic Risks

Strategic Risk Level			
Very Low 1-3	Low 4-6	Moderate 8-12	High 15- 25

Appendix E

31st December 2024 BAF Risk Radar



High
Moderate
Low

Quality & Safety
Failure to protect people from abuse or avoidable harm (Safe)
Failure to provide care that is com-passionate, kind and inclusive (Caring)
Failure to provide clinically effective treatment in line with best evidence (Effective)
Failure to meet regulatory standards for quality and safety (Responsive)
Failure to deliver quality related strategies and improvements (Well-Led)

People
Not addressing the health and well being needs of our people
Not having a culture of compassion, civility and respect
Not growing our workforce for the future

Digital
Failure to implement planned digital programmes and infrastructure projects through lack of adequate funding
Failure to adequately maintain and upgrade current systems and Infrastructure
Failure to prevent a successful cyber attack or data breach

System Working & External Threats
Failure to identify and engage key stakeholders with clarity of purpose
Failure to deliver future health and care services aligned to the needs of the communities we serve
Lack of system collaboration, to reduce variance, to meet demand and for joint strategic commissioning

Finance
Wider Health Economy Issues (National ICS/ICP)
Contract Performance (operating on block)
Cost Containment
Delivery of recurrent savings

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

Performance and Compliance
Risk that the A&E 4-hour standard is not met
Risk that the referral-to-treatment 18-week NHS Constitution standard is not met
Risk that the diagnostic 6-week NHS Constitution standard is not met
Risk that the cancer referral to treatment 62-day NHS Constitution standard is not met

Research & Innovation
Lack of clarity of internal structures to support the delivery of the R&I agenda
Inconsistent funding for research to deliver R&I plans across group
Infrastructure and resource prevents delivery of effective research
Research not seen as core business in some clinical support services
Risk that innovation is not embedded in the Trust and opportunities are missed to improve services and patient outcomes

Appendix F

North Tees and Hartlepool NHS Foundation Trust

Top 10 Operational Risks (31st December 2024)

InPhase Risk ID	Title of Risk	Department/Area	Risk Owner	Current Risk Score
141	Significant sickness absence and vacancy within the Resus team impacting on the capacity to deliver required Resus training for Trust staff which could impact on patient safety and resus outcomes.	Trust wide (People Directorate)	Rachel DeSilva, Head Of Culture, Leadership And Development	12
21	Poor patient outcomes due to dis-jointed layout of the EAU Assessment Area estate. Potential impact of delays to assessment, diagnosis, and treatment commencement, as well as responding to and managing clinical incidents.	Responsive Care	Claire Ranson, Service Lead, Responsive Care	12
381	Learning from Deaths - National requirements.	Medical Directors Office	Julie Christie, Consultant in Palliative Medicine and Trust Lead for Mortality and Learning from Deaths	12
69	Medical Job Planning Compliance.	Medical Directors Office	Caroline Metalf, Senior Rota lead	12
61	FIT testing provision.	Trustwide, Quality & Safety	Rebecca Denton Smith, Associate Director of Nursing	12
55	Risk of Patient Harm due to Aseptics reduced experience / capacity.	Pharmacy, Healthy Lives	Marco Pione, Lead Pharmacist For Aseptics And Sqcl Quality Assurance	12
36	Poor patient experience linked to unsuitable accommodation in the Wheelchair Service in Stockton.	Wheelchair Services, Healthy Lives	Fiona Hardie, Senior Clinical Professional	12
25	Delivery of Aseptics Services to the Trust are at risk due to current estate provision.	Pharmacy, Healthy Lives	Richard Scott, Associate Director of Pharmacy: Transformation & Business Lead	12
5970	Increase in levels of banding resulting from job evaluation requests.	Trust wide (People Directorate)	Michelle Taylor, Head Of Workforce Planning, Quality And Projects	12
88	Potential for delayed care and management of paediatric testicular torsion due to lack of approved regional pathway.	Surgery & Urology, Collaborative Care	Steve Heavysides, Care Group Operational Manager	12

Appendix G

South Tees Hospitals NHS Foundation Trust

Top 10 Operational Risks (December 2024)*

Datix Risk ID	Title of Risk	Department/Area	Risk Owner	Current Risk Score
278	Risk that lack of isolation rooms in the Critical Care footprint can lead to cross infection (2121).	Critical Care - Intensive Care 2	Karen Banks, Clinical matron	15
356	Risk that the trust does not have accurate medical device training records causing insufficient competent users.	Trustwide, Quality & Safety Risk	Ian Bennett, Group Deputy Director of Quality	15
729	Risk that patients may come to harm due to unavailability of critical care outreach practitioners to respond to a deteriorating patient.	Perioperative and Critical Care Services	Kerry Akther, Associate Nurse Consultant	15
783	Head and neck Consultant recruitment.	Head and neck, Orthopaedic and reconstructive services	Richard Whitehouse, Senior General Manager	15
40	Risk that priority radiology and pathology results are not acted upon despite failsafes.	Information Technology	Andrew Adair, Consultant in Emergency Medicine and Clinical Digital Lead	16
219	Risk that staff may suffer harm from violence or aggression due to not utilising lone worker devices.	Health and Safety	Catherine Maughan, Facilities Project / Staff Safety Lead	16
382	Risk of harm to patients due to a lack of access to neuropsychology treatment for neurorehabilitation outpatients.	Neurohabilitation	Glynis Peat, Clinical Director	16
688	Unsupported SQL 2012 instance STAS461 leading to risks relating to cyber security and our ability to report essential information.	Information Technology	Michael Souter, Senior Information Manager	16
357	Risk that trust is not compliant with mandatory DCB 0129/0160 regarding risk management for Healthcare IT	Information Technology	Ian Willis	16
829	There is a risk of delays in cellular pathology results being available to support patient pathways, the patient outcome may be sub optimal.	Cellular Pathology	Sharron Pooley	20

(*) The Trust is working with all risk owners (via Collaborative and Corporate areas) to ensure all risks are validated.

NHS
University Hospitals Tees

Quality Assurance Committee – January 2025

Connecting to: Group Board, Chair Fay Scullion

Key topics discussed in the meeting:

The following reports and updates were considered at the January 2025 meeting. Most reports were from across the Group, presenting updates from both Trusts, and the considerable amount of work undertaken across all areas was noted.

- Board Assurance Framework
- National Patient Surveys 2023-2024
- Infection Prevention Control Report (Group monthly exception report)
- Clinical Effectiveness Report
- Tees Valley Research Alliance Bi-Annual Report
- Innovation Bi -Annual Report
- Population Health and Inequalities Report
- Human Tissue Authority Report
- Organ Donation Report
- Fire Audit Update
- Maternity Reports

    NTHFT

    PQSM report November and December 2024

    Clinical Negligence Scheme for Trusts : Maternity Incentive Scheme Year 6 Report and Action Plan

    STHFT

    PQMS reports for November and December 2024

    Q2 Maternity and Neonatal Quality Safety Report

Caring Better Together

Perinatal Culture and Leadership Score Survey Action Plan

Maternity Staffing Report January – June 2024

- Integrated Performance Report
- CQC Compliance Report
- Cancer Performance and Improvements: South Tees
- Chairs Logs – Quality Council North Tees, November and December 2024

Actions:

Board Assurance Framework

Quality & Safety

Infection prevention and control – infection rates, in particular C Diff continue to rise across both sites with a higher rate at South Tees, and the challenges of maintaining good infection prevention control continues. Strict cleaning programmes have been introduced at site, with site Directors of Nursing actively monitoring against the hand washing compliance monitoring programme. At North Tees, there have been two incidences of MRSA, with a report that some patients had not had screening on admission. This is being actioned by site Director of Nursing with admission checklists being reiterated.

Cancer targets remain a concern across both sites with an increase of approx. 13% affecting the 2-week wait. Performance against all key targets is down in all areas, and faster diagnosis has dipped with noticeable concerns in urology and prostate. 62-day wait is affected and action is being taken to address clinical needs with extra sessions where appropriate. It is anticipated that the CDC will have a positive impact.

Complaints being closed within the timeframe remains an issue at both Trusts, and although systems and process are being developed to align across both Trusts, concerted efforts need to be maintained.

System Working and External Threats

Health Call – they are reporting financial challenges and there is a potential impact on their delivery. There is a nominated Trust Health Call Board representative with key meetings taking place

NEAS – proactive work with NEAS to develop the push/pull model to have a positive impact on attendees

R&I

The Innovation Strategy is not embedded across the Group, and there is ongoing work to look at financial mechanisms and commerciality across the Group. There have been staff leavers which has affected progress.

Escalated items:

- The Committee received a paper from Tees Valley Research which demonstrated the highest ever recruitment into the research, which is a UK first. Non-medical investigation increased which is really positive.
- The Organ Donation team presented the positive increase in donations and demonstrated the highest in the region. Policy alignment work continues across the Group.
- CQC “must dos” are on track with both sites ensuring check and challenge processes in place in preparation for next visit.
- Human Tissue Authority (HTA) report has the capital build tender, which is due mid February, which is slightly delayed. An audit at North Tees showed further work is required.
- Health inequalities work continues to make good progress, with alignment across the Group. There is a positive indication regarding funding to continue pieces of work into 2025/2026
- Infection Prevention and Control – more work needs to happen to identify the sources of infection and tackle at source. There is a need for a decant facility to ensure that safe and effective cleaning takes place.

Risks (Include ID if currently on risk register):

- South Tees Maternity Services reports highlighted an increased staff sickness absence level in the previous 4 months. There was a high level of acuity on the Labour ward. An external diagnostic report relating to South Tees had been received, requiring an action plan to respond to the recommendations.

NHS
University Hospitals Tees

Quality Assurance Committee – February 2025

Connecting to: Group Board, Chair Fay Scullion

Key topics discussed in the meeting:

The following reports and updates were considered at the February 2025 meeting. Most reports were from across the Group, presenting updates from both Trusts, and the considerable amount of work undertaken across all areas was noted.

- Board Assurance Framework
- Group Patient Safe Medication Monitoring Report
- Infection Prevention Control Report (Group monthly update, Quarterly ICP Report Q2 NTHFT, Quarterly IPC Report Q2 Report STHFT)
- Q3 Patient Experience and Involvement Report
- Patient Safety Investigation (Rheumatology Patient STHFT, Stroke Patient NTHFT)
- Integrated Performance Report
- Maternity Group Reports (Q3 Maternity and Neonatal and Safety Report, Q3 Maternity and Neonatal Staffing Report, Q3 PMRT and Perinatal Loss Report)
- Martha's Rule
- Chairs Logs – Quality Council North Tees, January 2025

Actions:

Board Assurance Framework

Quality & Safety

Infection prevention and control – infection rates, in particular C Diff continue to rise across both sites, and the challenges of maintaining good infection prevention control continues.

Caring Better Together

North Tees has seen a drop in cleaning rates in January, and a review indicates that the policy wording is unclear as to when to implement cleaning /fogging. As a result, the policy is being changed to ensure that the Gold standard is met. In addition, roles and responsibilities on the cleaning of equipment is being clarified and actioned, and there will be a consistent approach across both sites.

MRSA screening needs a more rigorous approach and the ICP Team are now visiting key areas to review new patients and ensure screening has taken place. This is in addition to the usual training and development and audit activity.

Site Directors of Nursing are reviewing standards of professional practice and conduct and reinforcing what these are to teams to ensure that basic procedures and practices are adhered to. This is being linked to quality conversations with all staff on how they should work, and linked to ward/department/ team performance.

Complaints being closed within the timeframe remains an issue at both Trusts. There is 100% compliance of acknowledgement of a complaint, however both Trusts are well below the 80% compliance of closure within the timeframe; 17 remain outstanding and are not closed after 6 months.

Cancer targets remain a concern across both sites with an increase of 2-week waits and those having treatment. Performance against all key targets is down in all areas, and work is being undertaken in each specific pathway to look at areas of improvement

System Working and External Threats

Health Call – they are reporting financial challenges and there is a potential impact on their delivery. There is a nominated Trust Health Call Board representative with key meetings taking place.

NEAS – proactive work with NEAS to develop the push/pull model to have a positive impact on attendees.

R&I

The innovation strategy is not embedded across the Group, and there is ongoing work to look at financial mechanisms and commerciality across the Group. A review of capacity is being undertaken.

Escalated items:

- The Committee discussed an outstanding audit and it was identified that some external organisations have had funding to undertake a pilot, and that as a result other areas were expected to conduct the same with no extra resources. There remains an issue for the Group to identify priority audits and agree what cannot be undertaken.

- The Safer Medication Report was a joint report, which demonstrated some initial good cross working, and both Trusts are looking to harmonise the KPIs and agreeing a time frame.
- South Tees Maternity Service has been successful in obtaining a second years funding for a smoking cessation post. The stillbirth data is being interrogated at a regional level to understand any differences between the Trusts, and the LMS national MSDS dashboard. Further updates will be brought to QAC.

Risks (Include ID if currently on risk register):

No new risks identified

University Hospitals Tees

Tees Valley Research Alliance Annual Report

Meeting date: 4 *March 2025*

Reporting to: *Group Board*

Agenda item No: 10

Report author: Jane Greenaway, TVRA Associate Director*)*

Action required: *(select from the drop down list for why the report is being received)*
Information

Delegation status (Board only and completed by the Corporate Secretariat): Jointly delegated item to Group Board

Previously presented to:

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☐

Transforming our services ☐

Health and wellbeing ☐

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A centre of excellence ☒

A great place to work ☐

Deliver care without boundaries ☐

Make best use of our resources ☐

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

R&I 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.

Any risks to achieving our strategic plans are outlined in our Board Assurance Framework (BAF). There is one risk within the BAF for research that falls outside of our current risk appetite as a red risk (Inconsistent funding for research to deliver R&I plans across group) but there are mitigating actions to ensure progress against this risk.

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.

Work is ongoing to review the operational efficiency of the teams across our group in line with comments received at the latest research presentation to the Board in 2024.

There remain challenges around:

- Future funding of research
- Dedicated space for research
- Embedding of research as part of "what we do"

All of these are outlined in our BAF with mitigating actions and we hope to be able to make significant progress against these in 2025/26.

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

This year we achieved our highest ever recruitment into NIHR portfolio research trials and two of our research midwives are listed as the Principal Investigators (PIs) within the top 5 recruiting PIs in the North East & N Cumbria.

We are working more collaboratively with external partners to bring research, training and development opportunities to our staff and patients.

All of our management, governance, Chief Investigator support team and leadership teams now operate across the UHT group allowing us to achieve our original TVRA strategic objectives.

Recommendations:

Please accept this report as assurance that the Tees Valley Research Alliance continues to operate effectively across the hospital group, bringing increased opportunities for staff and patients to engage in research delivery and development.

Tees Valley Research Alliance (TVRA) Annual Report

1. PURPOSE OF REPORT

The purpose of the report is to provide an overview of research activity across the University Hospital Tees (UHT) Group and to highlight particular areas of success and our plans for future growth. We wish to provide assurance about the robust governance and management of the TVRA across the group and provide examples of collaborations we hold with external partners and how the hospital group can support our plans for future growth.

2. RECOMMENDATIONS

Please accept this report as assurance that the Tees Valley Research Alliance continues to operate effectively across the hospital group, bringing increased opportunities for staff and patients to engage in research delivery and development.

3. BACKGROUND

Research and Innovation are part of the enabling strategies to achieve the group's strategic plans to be

> "*A centre of excellence, for core and specialist services, research, digitally supported healthcare, education and innovation in the North east of England, North Yorkshire and beyond*"

The TVRA has operated as a unified strategic and operational alliance across the UHT group since 2019. Combining the R&D departments across the two trusts it comprises 163 staff (129 STH, 34 NTH) which equates to 131.44 WTE (105.94 STH, 25.5 NTH) directly employed to support research development and research delivery. The majority of our staff support the recruitment of patients into research trials in patient facing, clinical roles but they are supported by research funded staff in governance, sponsorship, pharmacy, pathology, management, finance and admin support roles. We also have staff research funded staff working in our Academic Research Units to support clinical academic studies and career development.

The TVRA is largely funded from externally generated income from either the National Institute for Health Research (NIHR), research income from participation in trials or from research grants. 11% of the research budget at NTH is trust funded. The TVRA has operated at either a break-even position or a surplus for the last five years, with a considerable amount of work completed in that time to re-align budgets, ensure transparent and robust financial management, introduce new finance policies and UHT-wide practices.

We are in the process of supporting the development an Academic Strategy for Research, Education and Innovation led by the CMO. This will enable a direct line of sight between these functions and the board and ensure greater strategic alignment, transparency and accountability.

The TVRA reports operationally to the CMO through the TVRA Executive with bi-annual reports to the Group Quality Assurance Committee (QAC), monthly BAF updates to QAC, bi-

annual reports to Clinical Policy Group at STH and Clinical Leadership Group at NTH. An overview of our internal governance and oversight is illustrated in Appendix 1.

Our vision and key strategic aims are illustrated below.

TVRA Vision

To support and embed the development and delivery of patient focussed research in the Tees Valley and beyond

Board Assurance Framework (BAF)

Research is one of the 8 domains reporting into the group board through individualised Trust Board Assurance Frameworks. The key strategic risks to be reported in the Research & Innovation BAFs are shown in detail in Appendix 2 and summarised below. Monthly reporting of progress against the BAF is provided to the Group QAC.

STH BAF	NTH BAF
Lack of clarity of internal structures to support the delivery of the R&I agenda	Lack of clarity of internal structures to support the delivery of the R&I agenda
Inconsistent funding for research to deliver R&I plans across group	Inconsistent funding for research to deliver R&I plans across group
Infrastructure and resource prevents delivery of effective research	Infrastructure and resource prevents delivery of effective research
Risk that innovation is not embedded in the Trust and opportunities are missed to improve services and patient outcomes	Risk that innovation is not embedded in the Trust and opportunities are missed to improve services and patient outcomes
	Research not seen as core business in some clinical support services

4. PERFORMANCE

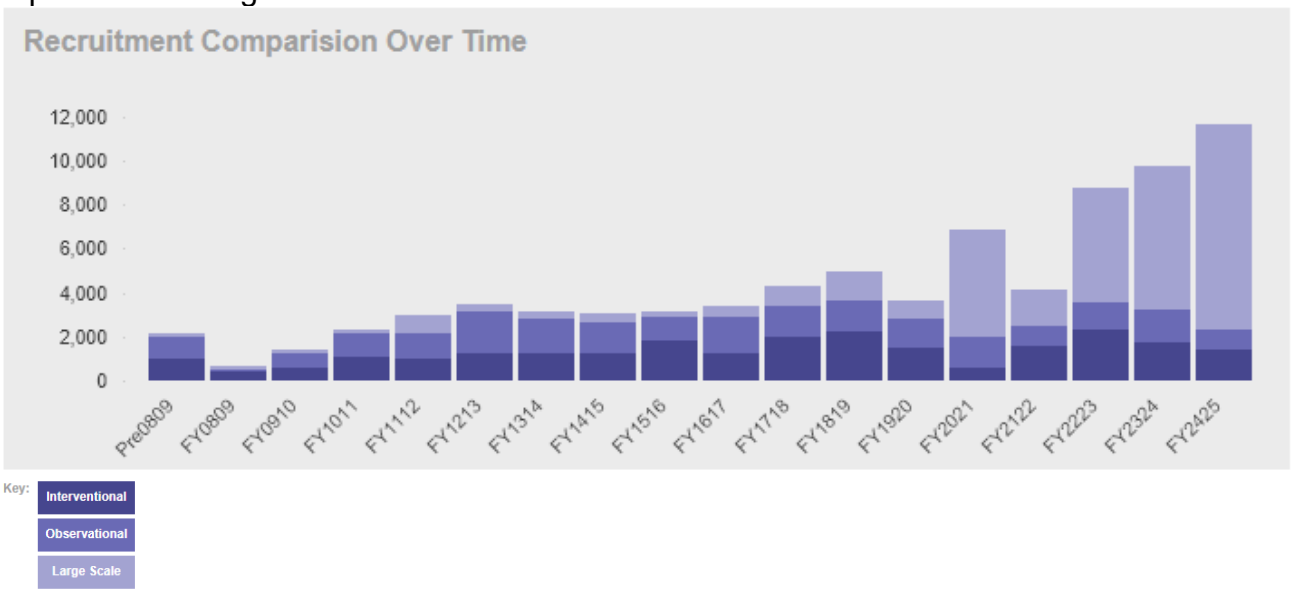
We support two main activities

- **Research Delivery**: delivering research that is sponsored and developed elsewhere.
- **Research Development**: studies developed and run by our own researchers that we sponsor.

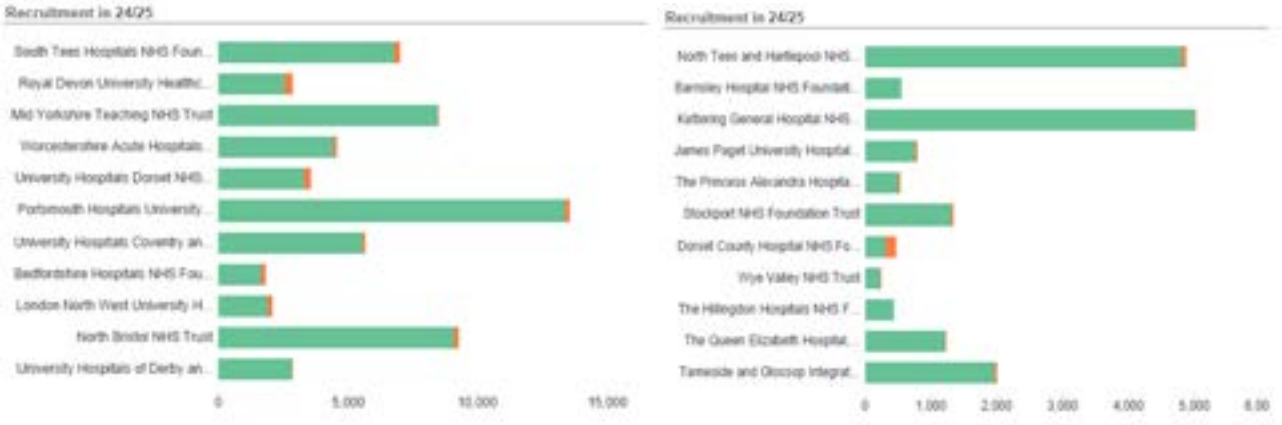
Research Delivery

Our annual year to date research performance is in **Appendix 3** "NIHR Performance report"**.** The number of participants recruited into NIHR portfolio trials this year to date is

11,903, which is 2,141 higher than the preceding year at the same time point (**9,762**) and represents our highest ever annual recruitment.



When compared with English trusts of a similar size and patient population, both trusts compare favourably with STH 4th and NTH 2nd by comparison.



We have 183 Principal Investigators (PIs) supporting recruitment into research trials currently, 26 of whom are from our Nursing, Midwifery and Allied Health Professional (NMAHP) staff.

We recruit patients into trials across 24 specialties but there is still work to do to raise awareness of research with patients and staff and ensure research is embedded and seen as part of routine clinical care with our staff.

Achievements of note:

- NTH Research Midwife Sharon Gowans is the top recruiting PI in the North East & N Cumbria
- STH Research Nurse Helen Harwood the 5th highest recruiting PI in North East & N Cumbria
- Our Research delivery teams in Infectious Diseases and Cardiology were both successful in achieving the first UK patient recruited into one of their studies this year.

Researcher / NMAHP development / Workforce Development

We have implemented a Quarterly TVRA Researcher Community of Practice to provide opportunities for mentorship, support and training for our UHT researchers. We have an established monthly Research Support and Best Practice council that provides support, mentorship and training for Nurses, midwives and Allied Health Professionals (NMAHPs) interested in research.

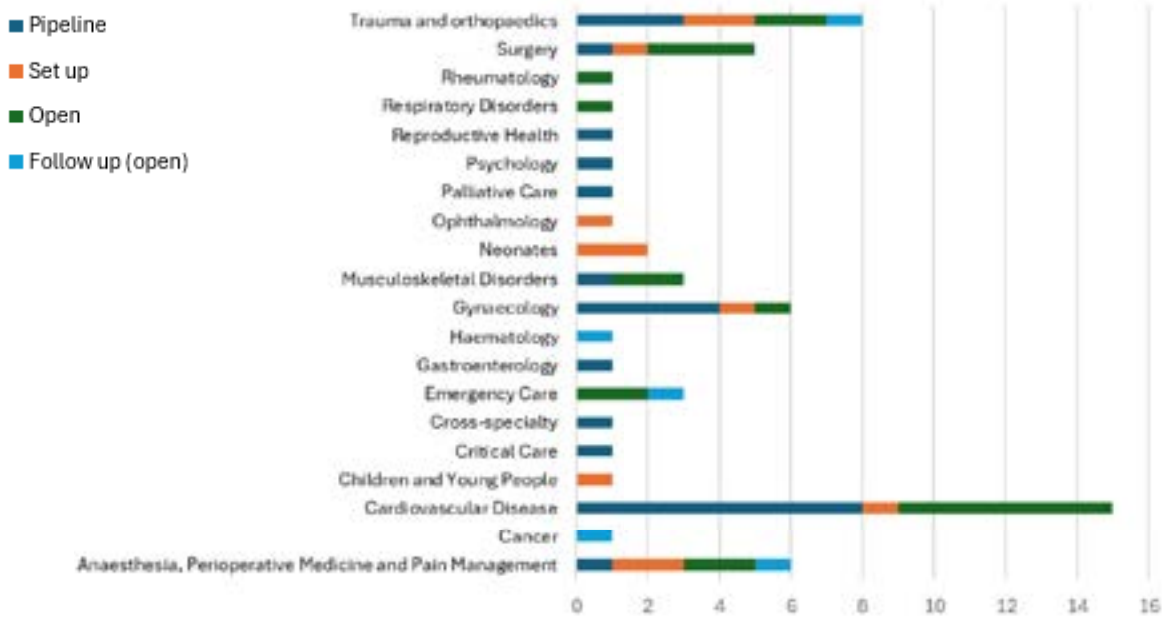
An introduction to research is part of trust induction at STH and this year we have provided monthly research awareness presentations to the preceptorship group at STH, the ACP council as required and bi-annually at the matron handbook development day at NTH. We've also attended student career events held in STRIVE and at Teesside University. Further work is planned to improve the information on our intranet, produce more patient and staff facing videos and raise our profile on LinkedIn.
We are supporting our non-registered research staff with training and accreditation through the Care Certificate and have 3 members of the team formally accredited as “Clinical Research Practitioners”.

We've established a Research Link nurse pilot to be a single point of contact and research “ambassador” within clinical teams in NTH. We will formally review this pilot and if successful will extend across the UHT group. We’ve established a bespoke student nurse placement allowing us to offer two-week placements in research for 5 students throughout the year.

Research Development

We have 24 Chief Investigators developing or leading trust sponsored trials currently and 23 acting as collaborators to develop trials sponsored from elsewhere.

A summary of Chief Investigator-led studies by TVRA specialty is shown below



Trust sponsored studies by support team	Pipeline	Set up	Open	In follow-up
ACU	8	1	6	1
ACeS	7	4	7	2
Projects/ CI team	9	6	7	2
Total	**24**	**11**	**20**	**5**

Academic Research Units (ARU)

Quarterly strategic oversight meetings between the TVRA and the ARUs are held to ensure robust oversight, open dialogue and alignment of strategic intent. The ARUs continue to expand their studies and staffing aligned to their strategic aims to "grow trust sponsored trials and academic collaborations and opportunities" within their respective areas. Below is a summary of their annual data with a full report contained in Appendix 5.

Recent national appointments:
Professor Amar Rangan: President elect British Orthopaedic Association
Professor Enoch Akowuah: President elect Society for Cardiothoracic Surgery in Gt Britain & Ireland

		Academic Cardiovascular Unit (ACU)	Academic Centre for Surgery (ACeS)
UHT sponsored studies	**in development**	8	7
	in set-up	1	4
	open	6	7
	in follow-up	1	2
Collaborator studies	**in development**	7	1
	in set-up	6	6
	open	0	3
Total number of new grants this year		4	7
New grants total funding awarded this FY*		£2,229,500*	£4,418,092*
Publications this year		31	20
Total new ARU appointments this year		2	5
Total Fellows in post		9	9

*a large proportion of grants income is for "pass through" payments to external collaborators on the grant or recruiting sites. A smaller proportion is used to fund ARU staff to run the trial.

5. COLLABORATIONS

We work collaboratively with external academic partners from Teesside, Newcastle, Hull, York and Durham Universities and are proactively developing collaborative research delivery models with colleagues from Primary Care and community pharmacies for vaccine trials.
We have engaged more proactively with our membership of the Northern Health Science Alliance (NHSA) over the last 12 months and progressed from being the least represented member on workstreams and sub groups to one of the most represented. This will lead to more direct involvement in opportunities for research and innovation projects for patients and staff across our group. Full list of NHSA engagement and links is in Appendix 6.

Through partnership with Teesside University the group has been able to offer three PhD studentships to NMAHPs in 2023/24 and a further 4 in 24/25. We are a member of the Tees health Care Innovation Zone (TCHIZ) workstream for Research & Innovation.

We are planning a Research Symposium to connect research and health partners across the Tees Valley in April 2025.

We've extended the existing NTH partnership with commercial research company Future Meds across the group to STH bringing more commercial trial opportunities to patients across the group.

6. CHALLENGES

As outlined in our BAF there are uncertainties for 2026/27 in relation to funding we currently receive from the NIHR RRDN for Clinical Research Delivery Awards (RDAs). We are working with colleagues to explore other routes for provision of dedicated, protected support of job planned clinical time for research.

We continue to explore opportunities for dedicated space within the UHT footprint with colleagues in our estates teams to enable us to capitalise on external opportunities for high recruiting commercial trials. To date we've been unable to identify any such space.

Trusts that are research active have better patient outcomes and although improvements have been made in the appreciation of research as core trust business from our NMAHP communities, there is still a work to be done to ensure that other staff groups appreciate the importance of research in improving clinical outcomes and how it should be embedded in routine care. We are planning a Research Showcase event in May to highlight current research activity and opportunities for staff, trust management and executive representatives as well as highlighting how our academic partners can support with ideas for projects and career development in research.

7. CONCLUSION

We have a robust, well governed research alliance and have recruited record numbers of patients into clinical trials this year. We operate effectively across the UHT group and provide many opportunities to support our staff with research training and development. Our trust sponsored studies led by our own researchers continue to grow, supported by our expanded Chief Investigator Support team and our Academic Research Units.

8. APPENDICES

Appendix 1 Internal governance and oversight
Appendix 2 Board Assurance Framework summary documents
Appendix 3 NIHR performance report
Appendix 4 Trust sponsored studies
Appendix 5 Full report of Academic Research Unit Activity
Appendix 6 NHSA engagement

University Hospitals Tees

NURSE SAFER STAFFING REPORT DECEMBER 2024

Meeting date: 4 March 2025

Reporting to: Group Board

Agenda item No: 12

Report authors: Debi McKeown, Workforce Lead, Lindsay Garcia, Director of Nursing, South Tees

Emma Roberts, ADN and Professional Workforce, Beth Swanson, Director of Nursing, North Tees

Action required:
Assurance

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 partner's ☒

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to

Caring Better Together

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

Key discussion points and matters to be escalated from the meeting

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

Ability to attract and retain good staffing resulting in critical workforce gaps in some clinical services and impact on use of resources.

Failure to have effective nursing workforce plans that anticipate and prevent shortages arising from retirements, shortfalls in all recruitment and retention plans.

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

This report details nursing staffing levels for December 2024 for inpatient wards. The report provides assurance that arrangements are in place to provide a workforce with the right skills in the right place to provide safe, sustainable and productive staffing. Daily Safe Care Staffing meetings provide assurance that inpatient areas have been assessed, staffing levels reviewed, and staff deployed where necessary to mitigate risk to the lowest level.

This assessment is based on skill mix, patient acuity and dependency, and occupancy levels. All actions are agreed by the Safe Care Chair and escalated to Senior Nurses as required.

The percentage of shifts filled against the planned nurse staffing across South Tees for December 24 has decreased slightly to 95.5%. At North Tees the overall planned nurse fills for December 2024 is 99% which appears to demonstrate a good compliance with safer staffing. However, further examination of this data confirms that this due to a reduced fill rate in the RN line due to sickness and maternity leave and an over fill in the HCSW line due to increasing enhanced care requirements. In summary, despite a Trust wide compliance of 99%, there remains a continued reliance on temporary staffing for both RN and HCSW.

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

At South Tees, registered nurse turnover for December 24 has decreased to 5.4% and HCSW turnover decreased to 10.7%.

At North Tees the monthly turnover for Registered Nursing in December 2024 is 0.46% and for HCSW is 0.48%. (Appendix 1).

Recommendations:

Members of the Trust Board are asked to: Note the content of this report and to note the significant work to ensure safe staffing across the nursing and midwifery workforce throughout December 2024.

Nurse Safer Staffing Report
4 March 2025

This exception report provides the Board of Directors with the assurance that arrangements are in place to staff services with the right skills in the right place to provide safe, sustainable and productive staffing.

1. Safer Staffing Governance

At University Hospitals Tees, Safer Staffing is maintained through twice daily safer staffing meetings (using SafeCare Live) to address any immediate safe staffing concerns (on the day) and to ensure that suitable safer staffing arrangements are in place in line with patient acuity and dependency levels. Staff redeployment is co-ordinated to ensure patient safety is prioritised and at the forefront of decision making in line with the agreed SOP's. All staffing plans are shared through OPEL meetings and SafeCare meetings.

Across the Group, all elements of safer staffing are reviewed at the site led workforce group meetings. Any unresolved concerns are escalated to the Tactical and Strategic Group and Site Leadership Team as required. Both sites undertake a look forward exercise to the week ahead, to ensure that a plan is in place to support any gaps in the nursing workforce. The monthly collaborative assurance meetings at both sites have full participation from all senior nurses including Heads of Nursing, Clinical Matrons and Service Managers to ensure all decision making is appropriate.

Monthly workforce assurance - check and challenge meetings are now embedded in practice to ensure compliance with rostering and safer staffing key performance indicators.

Table 1a and Table 1b show overall planned versus actual fill across the group. Any areas showing less than 80% for registered nurses are highlighted and rationale provided as to why this has occurred.

The following areas at South Tees, during December 2024 showed a fill rate of less than 80% due to patient acuity levels and staff sickness:

- Ward 11 & 12 – Older person's medicine
- Ward 31 - AAU short stay
- CICU - Cardio HDU
- CDU - Friarage
- Zetland - Stroke rehabilitation
- Maternity – Friarage

The following areas had less than 80% fill due to a reduced elective programme during the period of reporting:

- Ward 27 – Elective Ortho
- Ward 22 – Paediatric surgical

The following areas at North Tees, across December 2024, showed a fill rate of less than 80%.

- Elective care RN and HCA fill reduced which is reflective of low patient occupancy at the time of reporting.
- Delivery suite and ward 22 RM fill reduced due to increased sickness and high levels of RM maternity leave. During December 2024, safe staffing was managed via the agreed escalation plans and the subsequent utilisation of specialist and community midwives.
- Emergency Assessment Unit and SDU's HCA's was reduced due to short-term sickness during December 2024.
- Wards 26, 36 and 37 RN fill was reduced due to increased vacancy during this time period of reporting due to vacancy and staff sickness.
- Wards 24, 37, 38, 40, 41 and 42 had an increase in HCA fill of 120- 270%. Due to the increasing demands of enhanced care in all of the above areas.

All safe staffing concerns were escalated to the daily safer staffing meetings, where appropriate redeployment was carried out based on patient acuity and dependency.

Table 1a Trust Planned versus Actual fill – South Tees

		December 24
Overall Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	86.4%
	HCA (%) Average fill rate - DAYS	84.8%
	NA (%) Average fill rate - DAYS	100%
	SNA (%) Average fill rate - DAYS	100%
	RN/RMs (%) Average fill rate - NIGHTS	92.3%
	HCA (%) Average fill rate - NIGHTS	100.3%
	NA (%) Average fill rate - NIGHTS	100%
	SNA (%) Average fill rate - NIGHTS	100%
	Total % of Overall planned hours	**95.5%**

Table 1b Trust Planned versus Actual fill – North Tees and Hartlepool

		December 2024
Overall Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	86%
	HCA (%) Average fill rate - DAYS	97%
	NA (%) Average fill rate - DAYS	100%
	SNA (%) Average fill rate - DAYS	100%
	RN/RMs (%) Average fill rate - NIGHTS	95%
	HCA (%) Average fill rate - NIGHTS	119%
	NA (%) Average fill rate - NIGHTS	100%
	SNA (%) Average fill rate - NIGHTS	100%
	Total % of Overall planned hours	**99%**

At South Tees, the percentage of overtime proportionate to temporary staff for inpatient areas for all staff groups including AHP's, Midwifery and Administration and Clerical has decreased year on year since 2021. The current overtime percentage based on the NHSP vs Overtime report is 3.6% and is lower compared to last year's 5.3% in December.

The current NHSP vs Overtime report for December 2024 at North Tees is currently being reviewed via the temporary staffing focus group. Initial calculations of this report remain to be validated so will be presented from March 2025.

2. Nurse Sensitive Indicators

An agreement is to be reached in relation to the future reporting content for Nurse sensitive indicators as part of the Group review.

3. Red Flags Raised through Safe Care Live

At South Tees, during December 2024, there were a total of 3 red flags raised relating to staffing. The themes identified were shortfall in RN time (2) and less than 2 RN's on shift (1). For red flags indicating less than 2 RN's, the Safe Care log provides a documented resolution. Therefore, no shifts had less than 2 RNs throughout December. Reminders are sent weekly via the E-Rostering team to Clinical Matrons to review and close any resolved Red Flags.

At North Tees, during December 2024 there were a total of 10 red flags raised relating to safe staffing. Flags were raised predominately by Critical Care, Emergency Assessment and ward 36 in anticipation of, or confirmed shortfall in RN time. The staffing levels across all areas were reviewed at the safer staffing meeting on these days and following review of patient acuity and dependency in the areas at the time.

To safely manage the shortfalls, Ward Matrons and Senior Clinical Matrons worked clinically within the teams and following further staff redeployment there was no further escalation, and the red flags were closed down. It was not specified at the time of reporting that the flags raised by Critical Care were due to non-compliance with GPICs guidance.

4. Datix/In-Phase Submissions

At South Tees during December 24, there were 88 Datix submissions relating to staffing. Staff are encouraged to Datix any staffing related issues as part of workforce assurance and governance. The majority of Datix submissions, highlights staff shortages in Ward 12, Ward 9, ED and Critical Care Outreach. All shortages raised were managed through the SafeCare process. Redeployment took place and where there was reduced Critical Care Outreach cover – risk was mitigated by the Critical Care registrar covering the bleep and by enacting the escalation plan at the FHN.

At North Tees, in December 2024 there were a total of 9 in-phase reports submitted by the Care Groups due to concerns relating to safe staffing or skill mix. 5 of these reports were submitted by ward 41 due to unfilled HCA shifts or a lack of enhanced care workers to support patients known to the case load. All staffing concerns were appropriately escalated through SCM or CSM at the time of the event and all In-Phase reports were discussed in the safer staffing meetings to ensure Senior Clinical Matrons are fully informed and can make safe staffing decisions based on the concerns raised by clinical teams.

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

5. Vacancy & Turnover

Across the group, the vacancy position continues to be positive. Both sites have been successful with recruitment and continue to evolve plans to support and future proof the nursing workforce. The ongoing development of staff including investing in health care support workers, trainee nurse associates is supporting the recruitment and retention of the nursing workforce. Collectively North and South Tees will work together to establish a central point for the collection of vacancy and retention related data. As per the South Tees financial ledger, RN and RM vacancies for December 2024, show as 3.95 WTE.

At North Tees, the band 5 RN vacancy position across the in-patient wards for December 2024 is 30.45wte with most of these vacancies already appointed to from January 2025 following the recruitment of the January 2025 cohort from both Teesside and Sunderland Universities. Further forecasting to the end February 2024 sees the B5 RN vacancy position move to 1.54wte.

At North Tees, the HCSW vacancy position, equally, has a positive trajectory and is forecasting a vacancy position of 7.63wte by end of February 2025. Regular recruitment centres continue to appoint into both RN and HCSW vacancies and pool successful applicants to await future vacancies and recruitment.

6. Care Hours Per Patient Day (CHPPD)

CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. This relates to the associated variance between the required care hours to safely care for patients and the actual care hours delivered by individual ward nursing workforce models. Table 2 and Table 3 show the overall average CHPPD for the group. Most recent breakdown by ward for December 2024 can be reviewed in Appendix 2.

Table 2 South Tees site

	Required CHPPD (Average)	Actual CHPPD (Average)	Variance
October 2024	8.73	8.48	-0.25
November 2024	8.97	8.66	-0.31
December 2024	8.83	8.94	+0.11

December 24 shows that 19 inpatient areas are above the required average of CHPPD provision (>1). Those that are below the required CHPPD are reflective of the current sickness and vacancy rates for staff and increased patient acuity. Twice daily safe care reviews plan and implement redeployment into unfilled shifts. Temporary nurse staffing initiatives continue at South Tees that are managed via safe care and the Nurse Workforce lead. The initiatives in place are to support and fill critical shifts due to December average sickness rate of 9.71 %. Due to the changing demands temporary staffing is variable, with a concerted effort made to redeploy before exploring NHSP. A weekly look forward review and monthly Workforce Assurance meetings with each collaborative allows triangulation of data including sickness and turnover rates. The wards and departments with the largest NHSP spend relate to those areas that have been highlighted as requiring an adjustment in establishment in the biannual SNCT establishment reviews.

Table 3 North Tees site

	Required CHPPD (Average)	Actual CHPPD (Average)	Variance
October 2024	8.45	8.96	+0.54
November 2024	8.76	8.20	-0.56
December 2024	8.70	8.58	-0.12

In December 2024, the areas highlighting a higher variance level (>1) at North Tees, and thus, not delivering the required CHPPD were wards 24, 25, 26, 36, 40 and 41, EAU and ACU. This is reflective of the current sickness absence levels of 7.46% within the nursing workforce and the vacancy positions at the time of reporting. This is also reflective of the increased acuity levels of patients within the respiratory wards during December 2024.

All unfilled duties within rosters have been managed via the twice daily safer staffing meetings and suitable re-deployment to the areas made. The use of temporary nurse staffing continues at North Tees due to sickness levels that exceed 4% (allocated within headroom) and maternity leave that is not backfilled consistently. A full review of all wards and departments temporary staffing use, with full triangulation with sickness and turnover is now being prepared as part of the bi-annual nurse establishment review.

7. Nurse Recruitment and Retention

Nurse recruitment and vacancy fill remains healthy across the group. Both sites have recruited predominantly from the cohorts of newly qualified nurses from Teesside University, Sunderland University and York University. Over establishment with newly qualified nurses at South Tees has created a ready to go workforce that will support turnover and future proof the nursing workforce.

Nursing, Midwifery and HCSW turnover continues to decrease month on month. August and September did show a slight increase in HCSW turnover in relation to career development to university (Appendix 1).

Currently North Tees is not in an over recruited RN position which will create an increasing vacancy position month on month as natural turnover occurs. Recruitment centres are scheduled bi-monthly where successful candidates are currently being pooled to await a vacancy. If successful candidates sit in a pool too long there is a risk that they will withdraw and move to another Trust.

At both sites, the allocation of all pre-registered nurses who are due to qualify in January 2025 is now complete. The newly qualified nurses have regular KIT sessions in place to support positive on-boarding prior to them taking up their positions and starting preceptorship.

Safer Staffing workforce initiatives continue to be implemented. At both sites the monthly nursing workforce assurance meetings provide a platform to fully explore all recruitment and retention issues as well as highlighting best practice for safe and effective rostering.

8. Temporary Staffing

At South Tees bank and agency demand for December 24 has decreased by 21% compared to December 23. Bank filled hours have also decreased by 15% when compared to December 23.

Nursing agency use continues to be minimal at South Tees. December 24 showed there was 60 hours of nursing agency utilised in Orthopaedic Theatres. This is 194 hours less that December 23. Bank spend decreased by £133,588 when compared to December 23. Agency spend decreased by £7,174 when compared to December 23.

The overall fill rate for bank and agency in December 24 was 77.9% This has increased by 11% compared to the same period last year. Due to the workforce controls in place demand is reviewed and only essential shifts are requested therefore the fill rate will be higher as the unrequired shifts are removed from the system.

This is also attributable to the tighter controls which are established within the collaboratives for requesting bank and agency shifts via the monthly workforce assurance meetings. During December 24, the wards with the highest temporary staffing demand were ED, Zetland, Ward 1, Ward 7 and Ward 31. The temporary staffing demand was related to staff sickness (61%) and vacancies (20%).

North Tees:

Agency spend YTD is £1,655k lower than previous year. Some swap out to bank spend, but has increased from the September low by £72k month on month (Wd37 now open for winter).

Bank spend YTD is £957k higher than previous year. Includes £178k of pay award in M7 relating to prior months, but otherwise is up £97k on average.

Locum spend YTD is £382k lower than previous year, fluctuates significantly with service need, is up £47k on prior month.

Overtime spend YTD is £269k higher than previous year. Likely attributable to HCA strikes YTD but is down £17k in December compared to average.

9. Key Priorities

At North Tees the current key priorities are as follows:

- Continued monitoring of temporary staffing use, sickness/absence and turnover
- SNCT data analysis for adult ED which was collected in Jan/Feb 2024
- SNCT data collection for adult in-patient wards and CYPED to be taken in March 2025
- Continued review of site level compliance with Guidelines for the Provision of Intensive Care Services (GPICS)
- To propose over-recruitment to support vacancy position month on month in 2025/26, in line with South Tees
- Bi-annual nurse establishment review to be presented to Board in April 2025
- Nursing workforce matrix added as priority work stream with BI – phase 1 to commence

At South Tees the current key priorities are as follows:

- Continuation of monthly collaborative assurance rounds to review all staffing issues including temporary staffing initiatives and Net Hour and Annual Leave accuracy
- Revision of SNCT process to improve compliance and accuracy for March 2025 data collection
- Further review of workforce assurance dashboard in collaboration with CIP and BIU
- Ongoing review of establishment and deployment of newly qualified nurses into permanent posts in light with turnover
- Further development of the Developing Workforce Safeguards portfolio

10. RECOMMENDATIONS

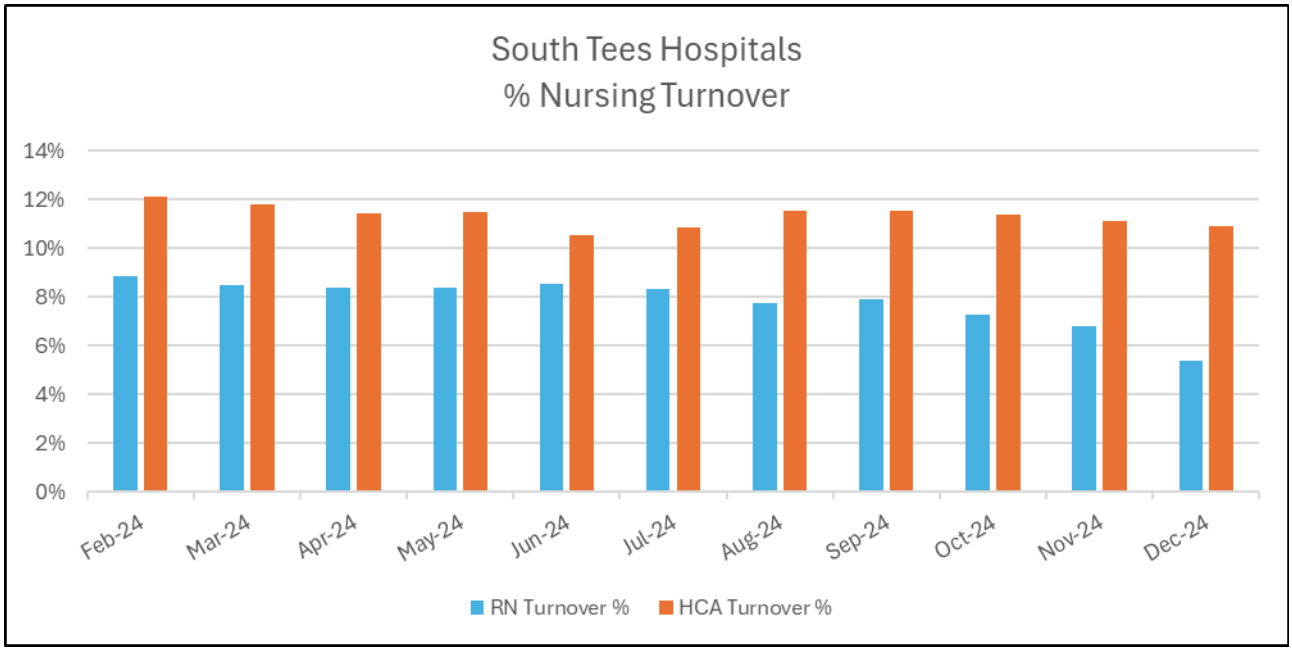
The Board is asked to read the content of this report and to note the progress made across both sites in relation to developing and retaining the nursing workforce.

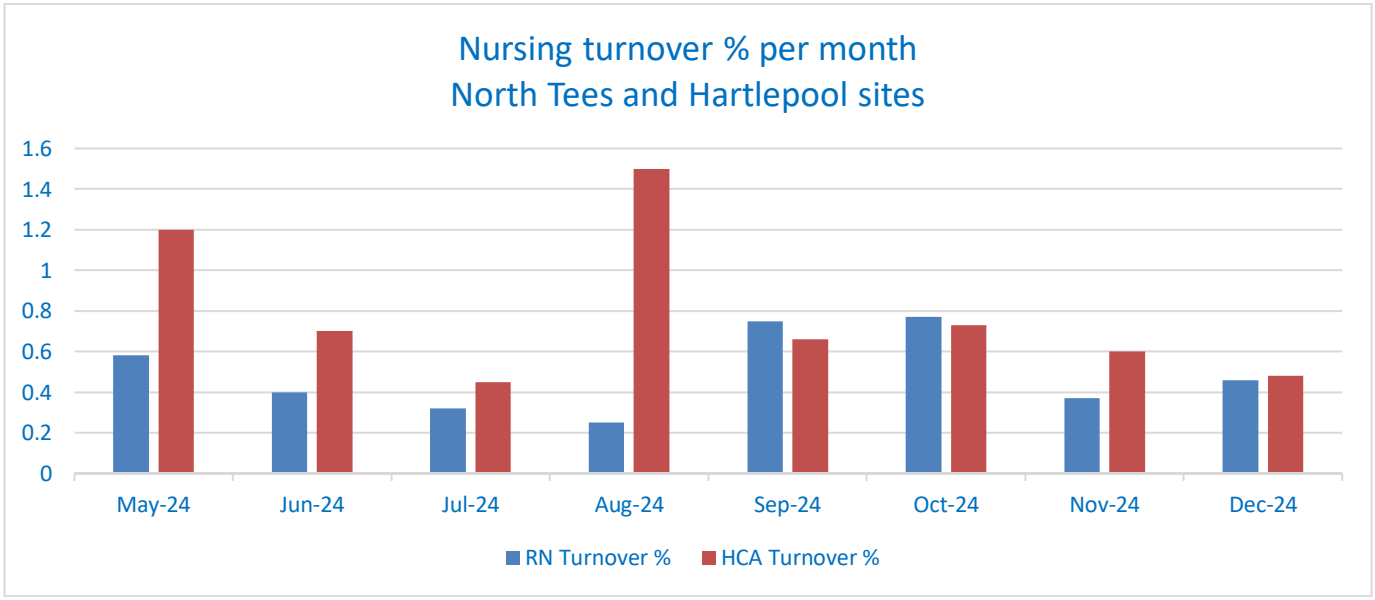
The Board are asked to note the assurance presented that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

The Board are asked to acknowledge the development of this report in the coming months to ensure that the two current reporting methods across both site teams continue to align. This will provide the continued assurance that arrangements are in place to staff services with the right skills in in the right place to provide safe, sustainable and productive staffing.

Appendix 1

Nursing Turnover





Appendix 2

South Tees Average CHPPD Breakdown by Ward (December 2024):

Ward	Average of Required CHPPD	Average of Actual CHPPD	Variance
Ward 1	7.77	7.03	-0.74
Ward 31	9.69	8.27	-1.42
Ward 2	6.50	5.97	-0.53
Ward 3	7.40	5.12	-2.28
Ward 4	8.40	7.16	-1.25
Ward 5	5.44	5.00	-0.44
Ward 6	4.96	5.42	+0.47
Ward 7	5.13	4.06	-1.07
Ward 8	5.02	4.57	-0.45
Ward 9	8.89	3.72	-5.17
Ward 10	5.70	8.35	+2.65
Ward 11	8.25	6.42	-1.83
Ward 12	9.22	5.97	-3.25
Ward 14	6.53	5.83	-0.70
Ward 24	7.62	7.22	-0.40
Ward 25	9.83	7.81	-2.02
Ward 26	9.70	7.62	-2.08
Ward 27	4.79	10.53	+5.74
Ward 28	8.70	5.85	-2.85
Ward 29	6.12	5.30	-0.83
Cardio MB	5.16	5.93	+0.77
Ward 32	6.41	6.17	-0.24
Ward 33	6.75	5.75	-1.01
Ward 34	7.85	5.84	-2.01
Ward 35	8.45	7.80	-0.65
Ward 36	5.74	4.95	-0.79
Ward 37 - AMU	11.49	8.20	-3.29
Spinal Injuries	10.14	7.02	-3.12
CCU	15.56	13.61	-1.95

Critical Care	18.88	24.07	+5.19
CICU JCUH	24.39	34.70	+10.31
Cardio HDU	10.66	15.82	+5.16
Ward 24 HDU	10.65	22.09	+11.44
CDU FHN	8.15	7.22	-0.93
Ainderby FHN	7.62	6.27	-1.35
Romanby FHN	7.36	6.45	-0.91
Gara FHN	6.70	11.03	+4.33
Rutson FHN	8.15	7.23	-0.92
Friary	8.15	9.37	+1.21
Zetland Ward	8.96	6.59	-2.36
Tocketts Ward	7.79	6.09	-1.70
Ward 21	8.44	9.71	+1.27
Ward 22	12.43	14.33	+1.89
Neonatal Unit (NNU)	11.52	11.56	+0.04
Paediatric Critical Care (PCCU)	8.25	6.42	-1.83
Grand Total (Average)	**8.83**	**8.94**	**+0.11**

North Tees Site - CHPPD by ward for December 2024

Row Labels	Average of Required CHPPD	Average of Actual CHPPD	Variance
Acute Cardiology Unit	7.48	5.69	1.79
Critical Care North Tees	20.83	21.82	-1.00
Elective Care Unit	5.36	16.31	-10.96
Emergency AMB	7.33	8.91	-1.58
Neonatal Unit	10.73	10.04	0.69
Paediatrics	10.18	11.53	-1.35
SDU	11.06	10.73	0.33
Ward 24 (Respiratory)	7.50	5.33	2.17
Ward 24 RSU	10.29	10.10	0.19
Ward 25 (Respiratory)	8.38	5.94	2.44
Ward 25 RSU	9.63	9.42	0.21
Ward 26	6.98	5.37	1.61
Ward 27 (Gastroenterology)	6.72	5.78	0.94
Ward 28 (Surgery)	6.72	6.43	0.29
Ward 31 (Surgical Observation Unit)	8.60	8.42	0.18

Ward 32 (Fragility Fracture)	8.37	7.57	0.80
Ward 33 (Orthopaedic & Spinal)	6.23	5.80	0.43
Ward 36	7.84	5.59	2.24
Ward 37 (Resilience)	6.60	6.67	-0.07
Ward 38	6.64	5.59	1.05
Ward 40 (Acute Elderly)	9.48	7.98	1.50
Ward 41 (Stroke Unit)	8.18	6.94	1.23
Ward 42 (Elderly Rehabilitation)	9.08	9.40	-0.33
Grand Total	**8.70**	**8.58**	**0.12**

NHS
University Hospitals Tees

Group Freedom to Speak Up Report – Q3 2024/25

Meeting date: 4 March 2025

Reporting to: Group Board

Agenda item No: 13 (Freedom to Speak Up Guardian's Report

Report author: Philippa Imrie, Samantha Sinclair, Jules Huggan, Jim Woods, Freedom to Speak Up Guardians

Action required: *(select from the drop down list for why the report is being received)*
Information

Delegation status: Jointly delegated item to Group Board

Previously presented to: *(include here the meetings which the report has already been considered)*

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 centre of excellence ☐

A great place to work ☒

Deliver care without boundaries ☒

Make best use of our resources ☐

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

All risks associated with this presentation are recorded on the risk register. BAF alignment: 5.1, 5.

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.

Following the launch and recent implementation of reporting on FTSU training at STH, current compliance shows 55% for speak up, 50% for listen up and 6% for follow up.

Due to the poor uptake of Speak Up (core workers), Listen Up (Middle Managers) and Follow Up (Executives/Governors) training on ESR at NTHFT, the Freedom to Speak up Guardian (FTSUG) as an alternative to completing the training, delivers workshops for all three modules, using each of these as a framework. These workshops will help to promote a making speaking up business as usual.

The data shows that relationships and behaviours make 38% of what staff are speaking up about as their primary concern, which compares to the NGO that reports 40 % for the same theme. More understanding of the culture needs to be done through the triangulation of data to understand how we can improve civility in the workplace.

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 FTSUG's are recruiting Freedom to Speak Up Champions (FTSUC) through a fair and open process as per the (NGO) guidance. This aims to have a diverse FTSUC network to support the workforce. FTSUC are supported through the FTSUC network, biannual informal 1-2-1 and new in position, provided with a buddy.

To tackle the barrier of detriment for workers speaking up. The Freedom to Speak Up Guardian (FTSUG) at NTHFT has developed a detriment presentation and a standing operational procedure on how to manage concerns about detriment. This work has been presented at People Group and the FTSUG previously aimed to roll this out in quarter 3, however, to align it with the work of the NGO this will now be rolled out in quarter 4, by the FTSUG's across both sites.

Recommendations:

The Group Board are asked to:

1. Receive the report.
2. Note the progress and support the identified next steps.
3. Support the work on detriment and its roll out.

University Hospitals Tees
Freedom to Speak Up Report Quarter 3 2024/25

1. PURPOSE OF REPORT

The Freedom to Speak Up Guardian (FTSUG) service, is providing a framework to ensure that we support our workers to do the best job that they can, to keep our patients safe, through the delivery of high-quality services. This is by offering a robust service that empowers workers to speak up about anything that concerns them

The report provides an overview of the themes and issues raised between 1 October 2024 to 31 December 2024, training data, current actions and forward plans for both Sites within the Group.

2. BACKGROUND

The NGO and the FTSUG role was established in 2016 following the events at Mid-Staffordshire NHS Foundation Trust and the recommendations from the subsequent inquiry led by Sir Robert Francis.

The Francis Report raised 290 recommendations. One of the recommendations was to have a designated person who was impartial and independent working in every Trust. This role would facilitate staff to speak to in confidence about concerns at work including any public interest disclosure. It was acknowledged that staff should be listened to, taken seriously and would not suffer detriment because of speaking up. The NGO was established to train and support FTSUGs as well as providing appropriate resources to help establish a healthy “Speak Up, Listen Up and Follow Up” culture. All FTSUG are locally employed but are trained by the NGO.

Within University Hospitals Tees we achieve this by supporting colleagues to speak up about concerns, tackling barriers to speaking up and by ensuring issues raised are used as opportunities for feedback, learning and improvement. FTSUG’s act as independent and impartial sources of advice to staff, supporting staff to speak up when they feel unable to do so via other routes and ensuring that an appropriate person investigates the issues raised and provides feedback on the action taken.

3. DETAIL

Philosophy

The FTSU ethos aims to help promote and normalise the raising of staff concerns ultimately for the benefit of patients and workers. Speaking up not only protects patient safety but can also improve the lives of workers. FTSU is about encouraging a positive culture where people feel they can speak up, their voices will be heard and their concerns or suggestions acted upon. In the seven years since Sir Robert Francis recommendations, the FTSUG role continues to evolve and move away from a whistleblowing culture to one of permission, encouragement, openness and transparency.

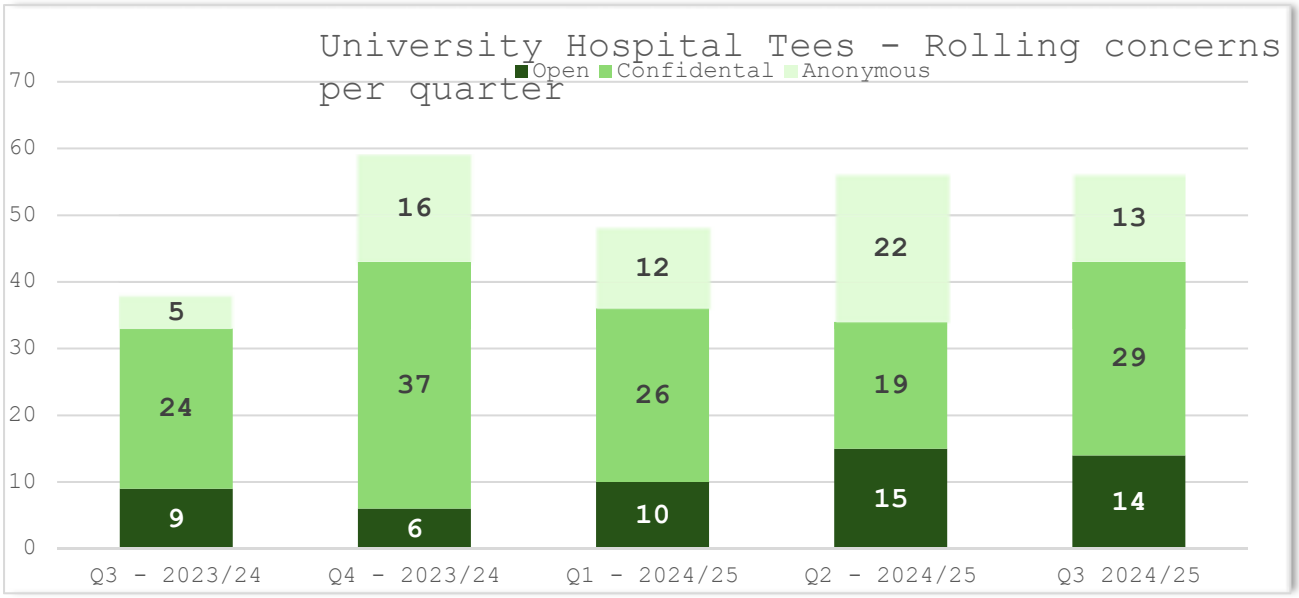
“If we can get the culture right, benefits will follow, including improving patient safety, innovation for improvement, retaining workers and making the National Health Service (NHS) a great place to work”.

Dr Jayne Chidgey-Clark, National Guardian for the NHS Guardians have handled over 133,000 cases since the NGO first started collecting data.

Concerns Raised:

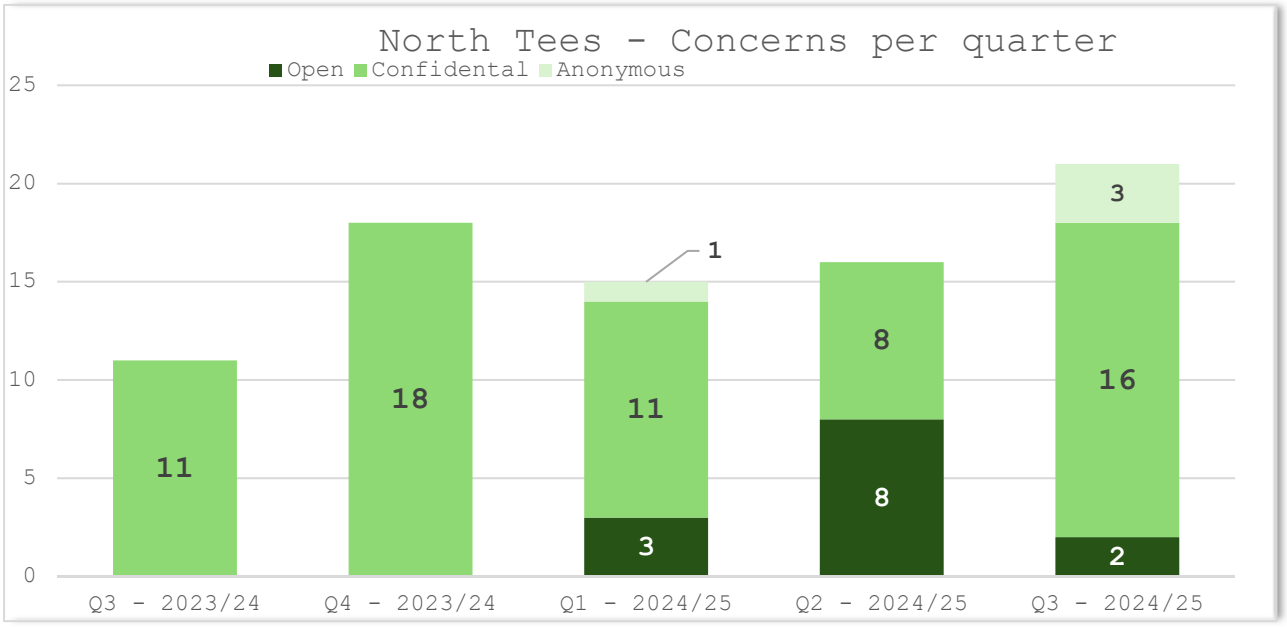
Group

Graph 1



North Tees

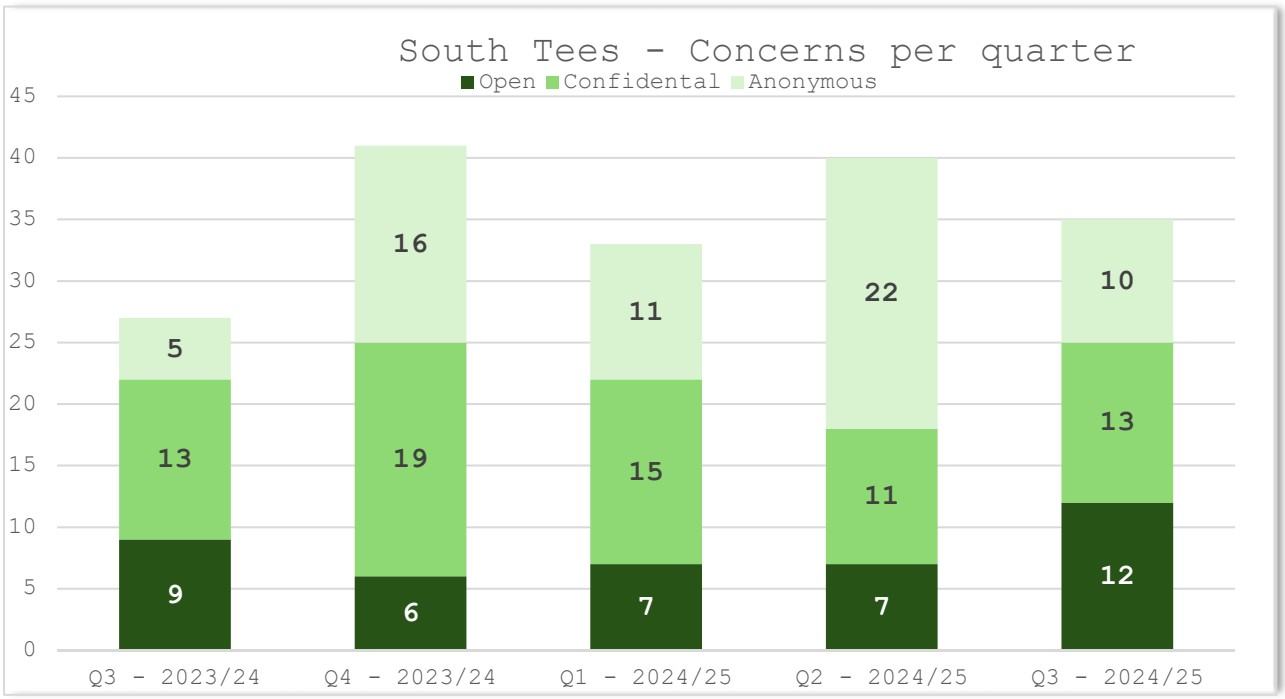
Graph 2



The data for raising concerns in Q3 shows that anonymous reporting at North Tees, was 14% up from 0% in Q2, this compared to the national average data, submitted to the NGO which is 9.5%. Most workers spoke up confidentially in Q3, 76% compared to 56% in Q2. As we aim to make speaking up business as usual, 10% workers spoken up openly in Q3 compared to 44 % in Q2. Looking at the strategic direction for Q4, we must encourage further promotion of the Listen Up and Follow Up workshops. Also, rolling out the work on detriment in Q4 and continuing the visibility through walkabouts, workshops, staff forums and training, as an organisation we continue to work hard in shifting our culture, in how workers raise concerns in a more positive way, towards our aim of making speaking up “business as usual”.

Caring Better Together

South Tees
Graph 3

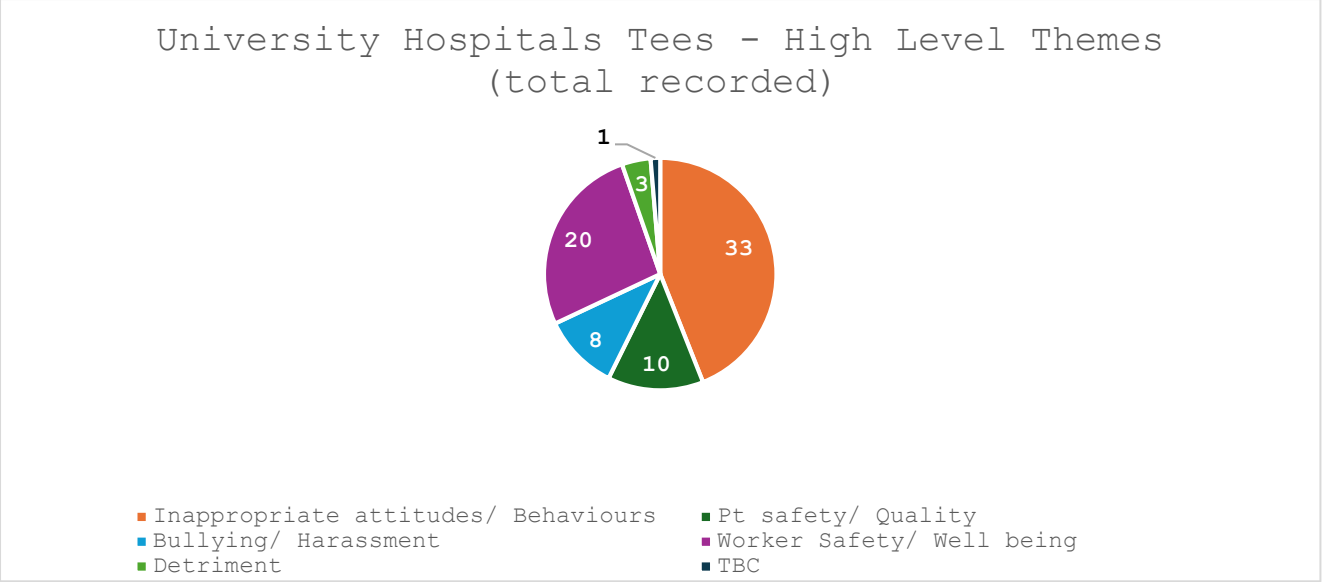


It is positive note the number of concerns raised anonymously at STHFT in Q3 reduced to 28.6% which is a significant decrease from Q2 when it was 56.4%. This is still above the national average of 9.5% It is positive to note that open cases increased from 17.9% to 37.1%. The number of confidential cases increased from 17.9% in Q2 to 34.3%.

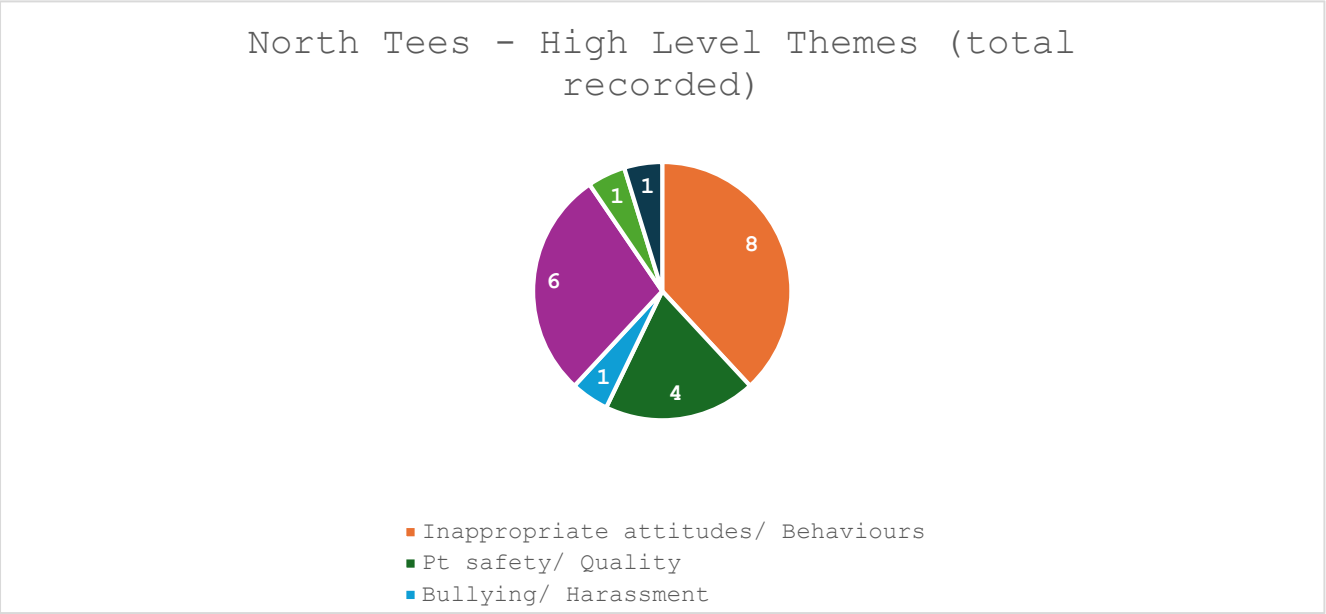
Work is ongoing with IT to review the current speak up system at STEES to explore if it is possible to update the system to encourage concern raisers to provide their name/contact information to further reduce the number of anonymous concerns raised. Walkabouts/attendance at team meetings and training sessions is ongoing to raise the profile of the FTSU service. FTSUGs still actively promote the anonymous route for reporting advising that we would rather receive an anonymous concern than to not receive it at all.

4. High Level Themes:

Group
Pie Chart 1



N Tees:
Pie Chart 2



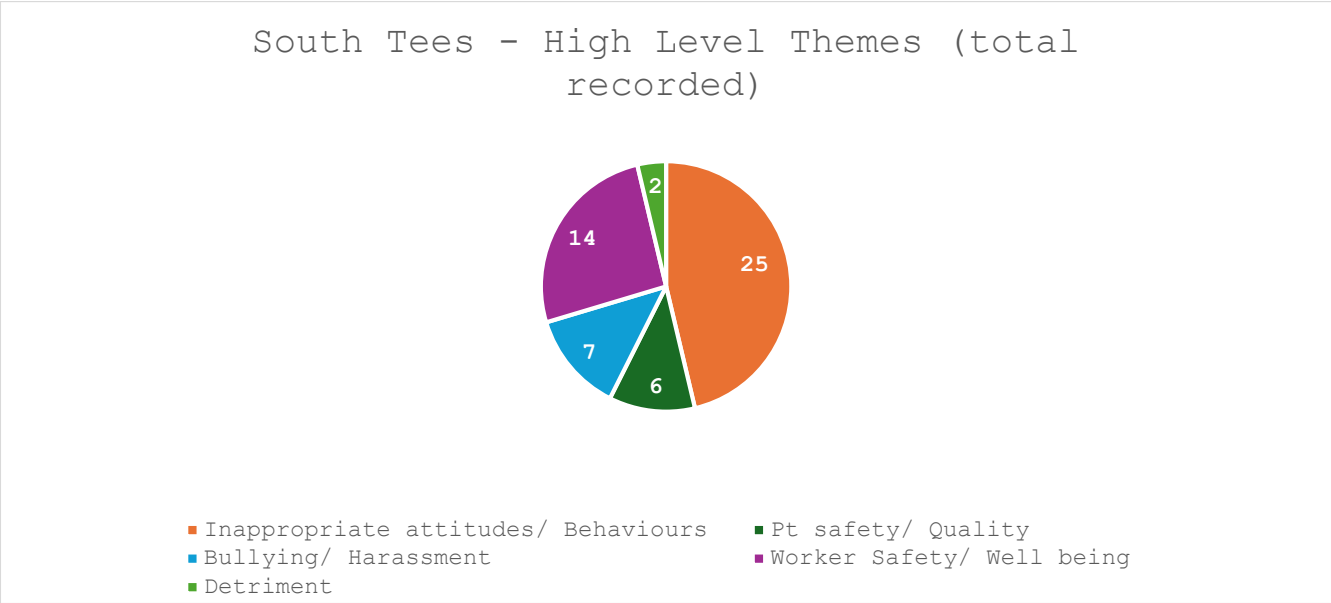
The reporting of high-level themes in Q3 shows patient safety concern at 19%, still showing that there is low reporting of patient safety concerns, which aligns with the national data of the NGO, which is 19.6 %. Low reporting is believed to be due to the robust reporting structures such as the Patient Safety Incident Response Framework (PSIRF) and InPhase, which encourages such concerns to be reported through the correct channels.

FTSU, works in collaboration with the Associate Director of Nursing and Patient Safety to seek assurance that patient safety concerns are being addressed effectively when other speaking up routes are being used.

The data shows that relationships and behaviours make 38% of what staff are speaking up about as their primary concern, which compares to the NGO that reports 40% for the same theme. More

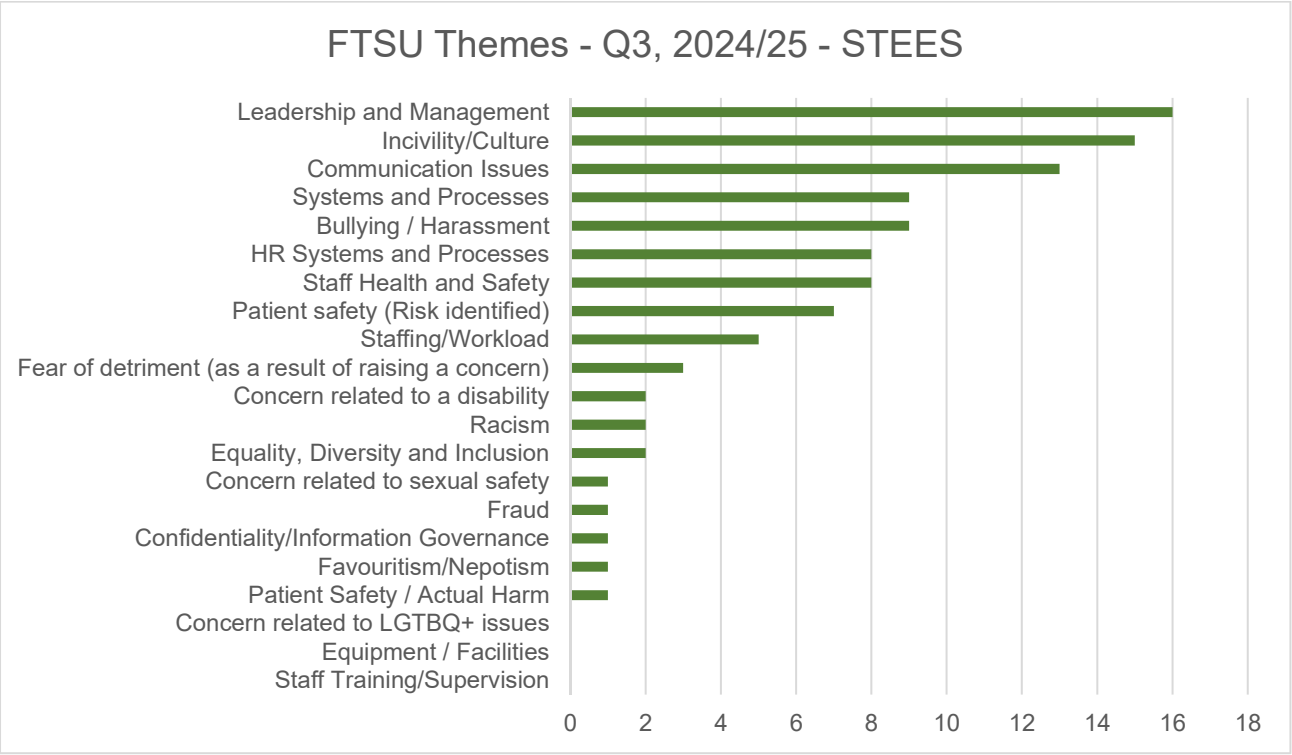
understanding of the culture work needs to be done to triangulate this data with civility in the workplace.

STees:
Pie Chart 3



The reporting of high-level themes in Q3 showed that Inappropriate attitudes/behaviours featured in 25 of the 35 cases (71.42%). Nationally for 2023/24 this was 38.5%. It was also nationally the most reported theme in 2023/24.

5. Themes
Chart 1



This shows that for Q3 Leadership and Management, Incivility/Culture and Communication Issues are the top three themes. Fear of detriment moving from the 3rd most prevalent theme in Q2 to the 10th in Q3.

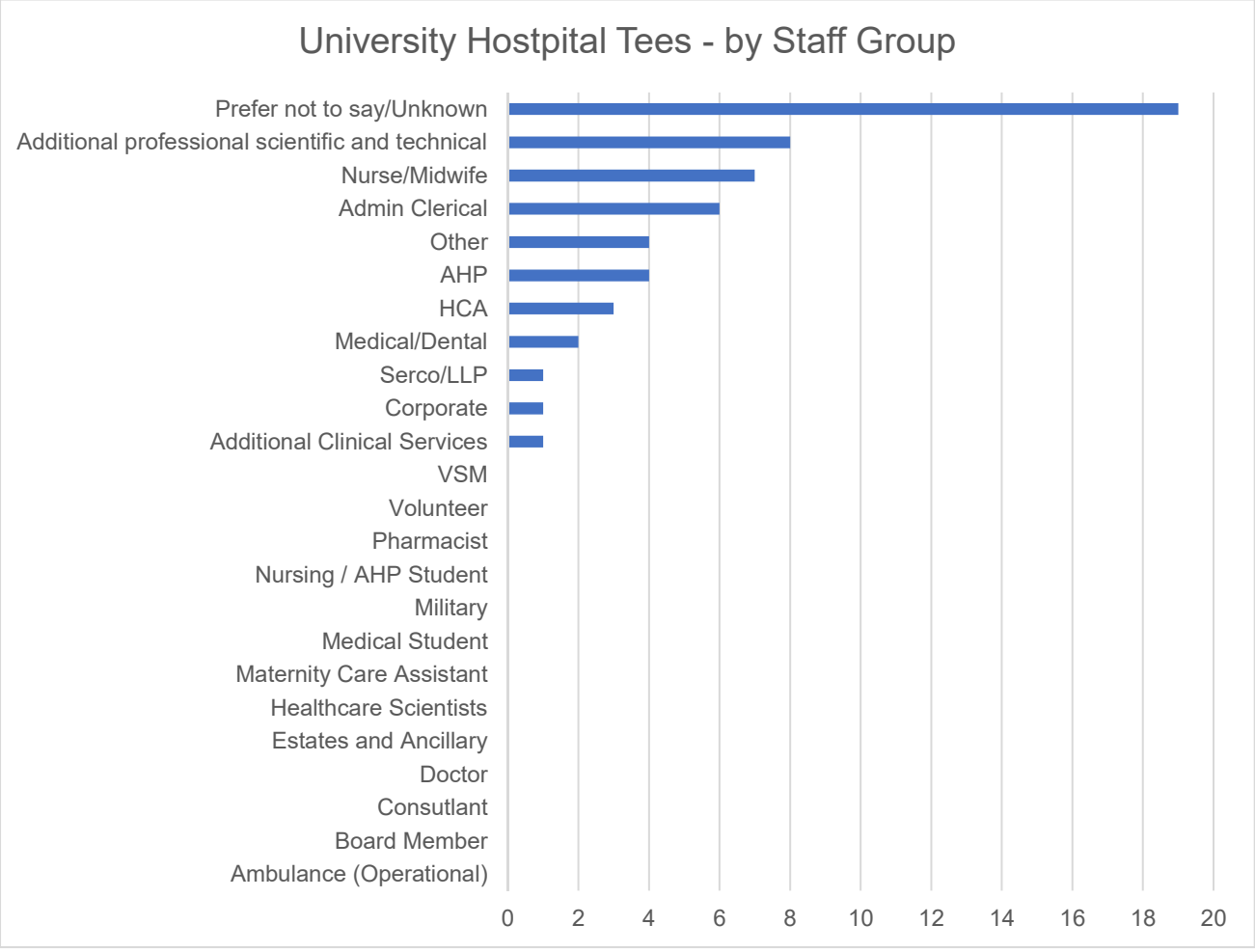
North Tees does not provide this level of detailed themes; therefore it is not possible to provide a group position on these. It will be included in future reports when it is available.

6. Staff Groups

Charts 2, 3 & 4 below show the staff groups who have raised concerns in Quarter 3 across the Group. These are the job titles as used by the NGO. There is further work to be done to understand those that are 'unknown'.

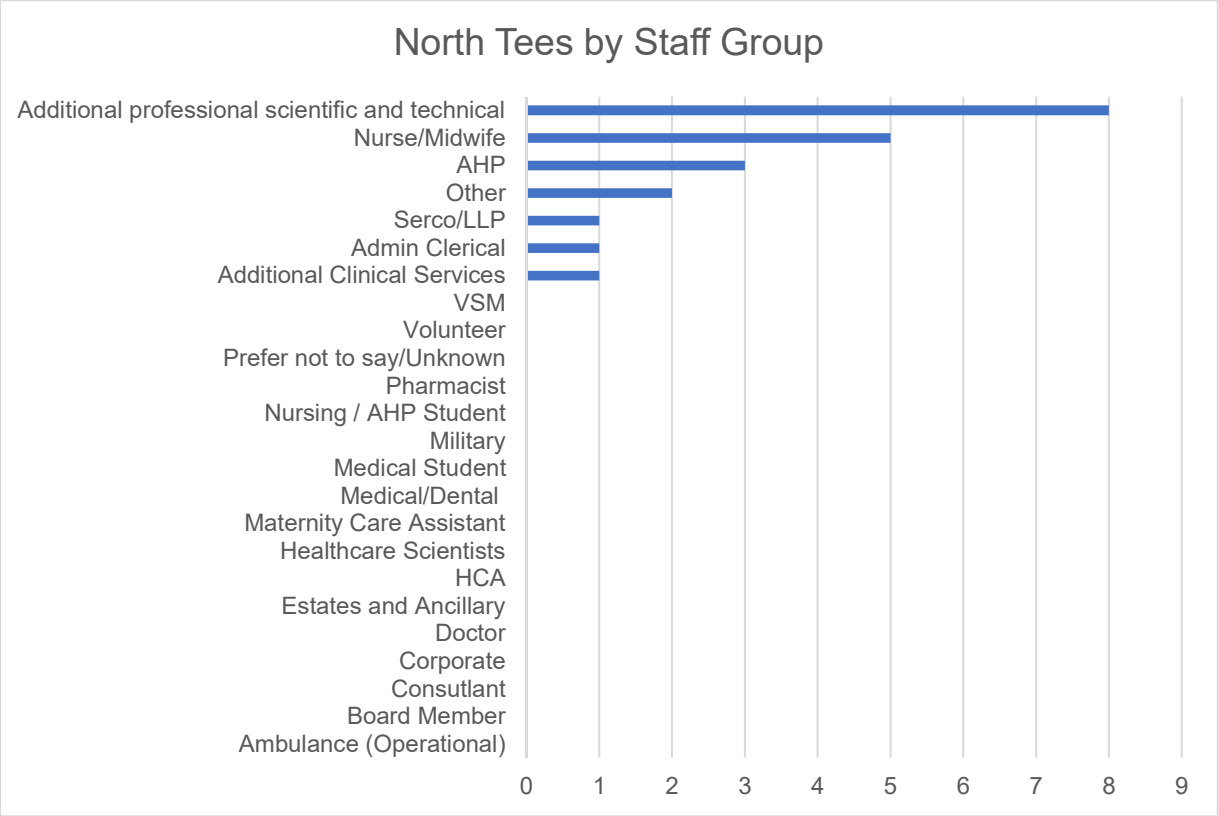
Group

Chart 2



NTees:

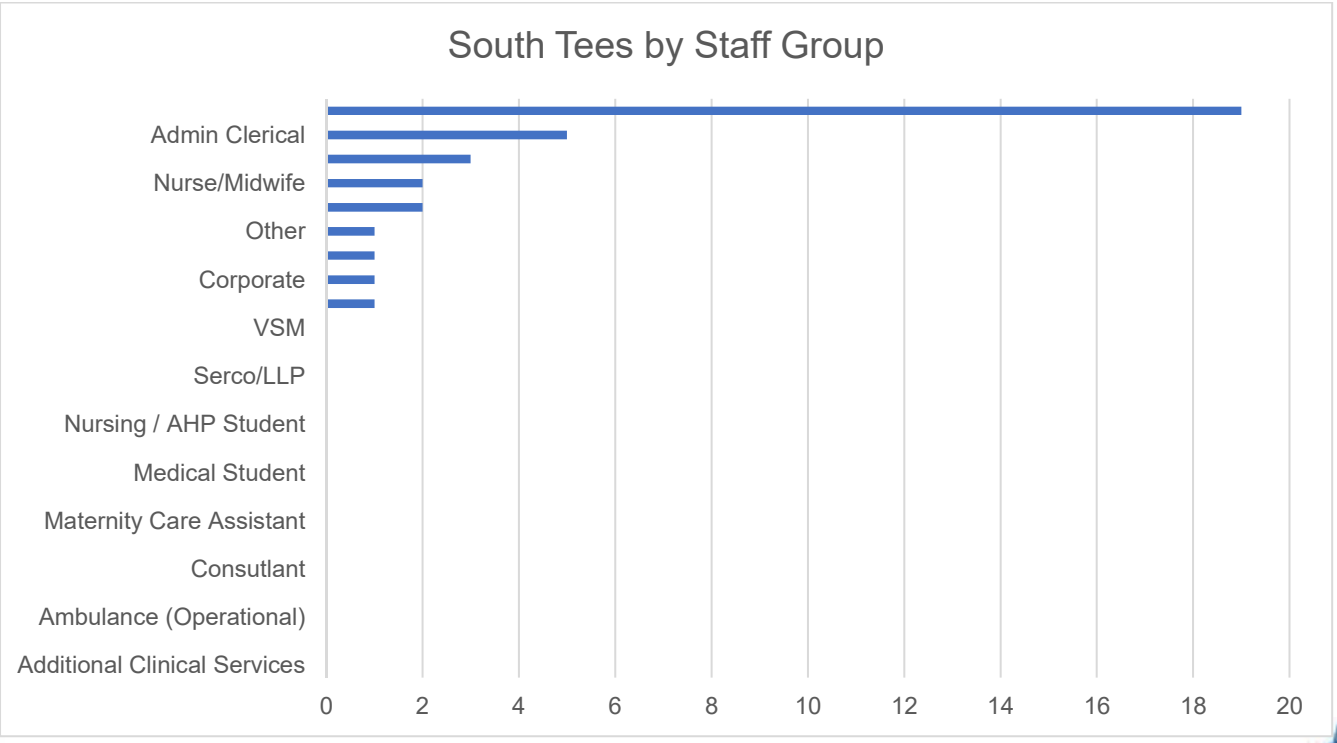
Chart 3



Nurses and Midwives have moved from the 1st highest reporting group in Q2, to the 2nd highest in Q3. With Professional Scientific and Technical roles being the highest reporting staff group in Q3.

STees:

Chart 4



7. Equality, Diversity and Inclusion

The FTSUGs across the Group continue to work alongside the various EDI staff groups and meet regularly with the EDI lead to triangulate any issues and themes.

NTees:

Currently NTees does not capture EDI data as it is not a national requirement, or a previous ask from the board however this will be collected from Quarter 4 2024/25.

STees:

Table 1 below shows the breakdown of concerns raised by sex, ethnicity, sexuality and disability. Table 2 shows how may concerns we have received in relation to protected characteristics of sex, ethnicity, sexuality, and disability.

Table 1

EDI Information Q3 2024/25 - S Tees					
Male	7	Female	17	Prefer not to say / Not stated	11
Ethnic Origin of Concern Raisers					
White					8
Asian					1
Mixed					0
Black					1
Prefer not to say / Unknown					25
Sexuality of Concern Raiser					
Heterosexual					7
Gay Man / Woman					0
Bisexual					1
Prefer not to say / Not stated					27
Do you consider yourself to have a disability?					
Yes					19
No					10
Prefer not to say / Not stated					6

Table 2

Concerns linked to reported protected characteristics - Q3 2024/25 - S Tees			
No. of concern raisers who self-reported being from a BAME background	2	No. of concerns raised related to ethnicity or racism	2
No. of Concern Raisers who self-reported having a disability	19	No. of staff who raised concerns related directly to disability	2
No. of Concern Raisers who self-reported being from the LGBTQ+ community	1	No. of staff who raised concerns related directly to sexuality or gender identity	0

8. Staff Feedback

For quality assurance purposes, staff are invited to provide feedback during the FTSU process. It was recently clarified by the NGO that this can be given through a feedback form, a card, email or verbal feedback and can be given at any point in the FTSU process. Some examples of staff feedback in Q3 are included below:

NTees:

"Thank you for listening, for the first time we are started to be heard and get things moving."

"Thank you for listening, it is good to have someone impartial to talk to for a fair perspective."

"Thank you for listening, I really appreciate all of your help."

"It was great to meet and talk to you when you were on one of your walk abouts and that is what encouraged me to come and speak up to you."

"Speaking to you was incredibly reassuring, and I feel much more at peace knowing there is support available. I truly appreciate your guidance and understanding."

"Thank you for your support and clarity, I had a much more enjoyable Christmas after speaking to you."

STees:

"I used the FTSU and it was really helpful and supportive. I would use it again."

"You support met with my concern and it made a real difference"

"Ladies were lovely, made me feel heard and understood"

"Thank you for message and checking up on me. You have helped me lots over the last few weeks".

"Thank you very much for your support through what has been a really difficult experience. The knowledge I have been listened to has been a saving grace"

9. Key Performance Indicators

Timeframes for managing concerns have now been included in the FTSU metrics and measures as shown in Table 3 & 4 including:

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

Table 3

Concerns raised during Q3, 2024/25 - STEES	Concerns Closed	Average Days to Assign Inv	Average No of Days Open	Cases Open >90 Days	Total Open Concerns
35	14	0.25	20	27	42

30 out of 35 cases were assigned to an investigator the same day they were logged on the FTSU system. There is further work to be done to include the NT&H data in future reports.

Table 4

Concerns raised during Q3, 2024/25 - NTEES	Concerns Closed	Average Days to Assign Inv	Average No of Days Open (median)	Open >90 Days	Total Outstanding Concerns
21	*	*	*	*	*

*NTEES is not currently able to provide this information.

10. Learning Identified from cases:

NTEES:
The FTSUG is working proactively through the promotion of the service, education and workshops based on the Speak Up, Listen Up and Follow Up Training, to help embed a business as usual speak up culture. As we encourage people to feel safe in speaking up openly, we must ensure that we Listen and Follow Up and Follow Up well from this. In quarter 4 the FTSUG is going to encourage more Listen Up and Follow Up workshops.

The slight increase in the anonymous reporting, reiterates the importance of rolling out the work on detriment to staff, to help mitigate any perceived barriers to speaking up.

As we adopt a "Just & Learning Culture" we need to ensure that we clearly understand and communicate our processes to staff, so we can support them throughout. The FTSUG has signed up to the four day Just Culture course in March.

The number of concerns around relationship and behaviours is consistently high and therefore a greater understanding of the culture work needs to be done to triangulate this data with civility in the workplace.

STEES
Prompt intervention from investigations leads to more positive outcomes. The length of time taken to respond to one concern meant the concern raiser has lost faith in the Trust's commitment to FTSU.

A planned ANPR system for Trust car parks should resolve the issue of staff parking on site without paying.

11. Implementation Plan
As previously reported and shared with the People Committee, the FTSUG's across the Group, have developed an improvement plan. This is reviewed regularly, with updates provided below on some elements of the plan. As some of the this is core business of the FTSUG's, some of the actions are ongoing, forming part of their everyday work.

Action	Lead Trust	Due Date	Progress	Status (open, ongoing, completed, to note)
FTSU Workshops	South Tees	Q4, 2024	Workshop content has been created. 1st booking requested Jan	Ongoing

	North Tees	In place	2025. Awaiting directorate to confirm. North Tees have delivered 12 workshops since Q1 and continue with this ongoing work. For Q4 aim to do more Listen Up workshops	
FTSU training to be made available to all staff across the group	Group	Q3, 2024	Both South and North Tees have the Speak Up, Listen Up and Follow Up training on ESR for staff.	Complete
Champion training Development of Champion role, awareness and training Network	Group	Q1-4	Both North and South Tees continue to expand their FTSUC network, through a fair recruiting process, as per National Guidance. FTSUC are trained, can attend quarterly network meetings, have informal bi –annual 1-2-1 and are asked to support staff and signpost and collect high level themed data for triangulation.	Ongoing
Detriment Work	Group	Q3, 2025	To tackle the barrier of detriment for workers speaking up. The Freedom to Speak Up Guardian (FTSUG) has developed a detriment presentation and a standing operational procedure on how to manage concerns about detriment. This will be rolled out in line with the NGO work in Q3.	Q4
Peer Review	Group	Q2, 2024	As part of the group work the FTSUG's from North and South Tees, went to peer review Liverpool Heart and Chest Hospital, as they were at the top of the NHS staff survey results last year. There were some interesting conversations on creating an open and safe speaking up culture and tackling incivility in the work place.	Complete
Staff survey to be used to develop focussed work in each area.	Group	Q4	The NGO devised the FTSU Index as an indicator to help build a picture of what speaking up culture feels like for workers. It is a metric for NHS Trusts, drawn from four questions in the Annual Staff Survey, asking whether staff feel knowledgeable, encouraged and supported to raise concerns and if	Q4

			they agree that they would be treated fairly if involved in an error, near miss or an incident. Although the NGO does not do the index anymore, in Q4 2024 the FTSUG followed the same principles using six questions and will be doing the same in Q4 2025.	
Data Peer Review	Group	Q1-4	FTSUG to review two closed cases for each Trust to be reviewed monthly	Ongoing
Triangulation of Data	STEES NTEES	Q1-4 Q1-4	STEES attend current cases, staff side and patient safety meetings. NTEES attend the triangulation steering group	Ongoing
EDI - Guardians to link with EDI Network Meetings	Group	Q1-4	All FTSUG's are members of relevant network meetings across the sites.	Ongoing
Walkabouts	Group	Q1-4	To continue walkabouts in respective areas	Ongoing
Group Recording System	Group	TBC	FTSU System for recording concerns. Currently bespoke at STEES, Excel Spreadsheet at NTEES. Proposal underway for group inphase.	Ongoing

12. Key Achievements

Group:
Every October the National Guardians Office, together with FTSUG, leaders, managers and workers across the healthcare sector, celebrate Speak Up Month - a month to raise awareness of FTSU and make speaking up business as usual for everyone. This year's speak up month involved a Group Board Development session supported by Jenni Fellows, Senior Freedom to Speak Up Support Manager, from the NGO. FTSU Hearing It session with the CEO, where workers could learn more about speaking up and ask any curious questions or express any concerns they may have about speaking up, over 280 staff joined this session. As a part of the group model the FTSUG did a FTSU themed podcast for staff to listen to. The FTSUG did a green themed hamper, which staff had the opportunity to win if they made a pledge as a result the FTSUG, received hundreds of FTSU pledges.

NTEES:
The FTSUG has, through a fair recruiting process, recruited a further five Freedom to Speak Up Champions (FTSUC's), to expand their FTSUC network, which now stands at nineteen and with a further five people expressing an interest to become a FTSUC. This has been done through a fair recruiting process as per National Guidance and has been promoted through the Trust

communications. The FTSUC's who have been recruited, completed an expression of interest form and line management sign off. An informal conversation was held in November, with a panel of the FTSUG and Lisa Johnson, Head of People. The FTSUC's have all been trained by the FTSUG, and will attend the quarterly FTSUC network meeting, be buddied up with another FTSUC and will have a bi-annual informal 1-2-1 with the FTSUG and high level data for triangulation, will be collected.

The FTSUG as part of Speak Up Month was asked to be a guest speaker at Doncaster Teaching Hospital to talk about supporting neurodiversity in the workplace, the FTSUG was accompanied by Lisa Johnson, Head of People. Giving a perspective from both a FTSUG and People. This was well received, with positive feedback.

To tackle the barrier of detriment for workers speaking up. The Freedom to Speak Up Guardian (FTSUG) has developed a detriment presentation and a standing operational procedure on how to manage concerns about detriment. The FTSUG has also devised feedback forms asking if detriment has been suffered as a consequence of speaking up, which will be sent to workers three, six and twelve months after a case has closed. This work aims to educate staff and give them assurance that as an organisation, we do not tolerate detriment, with the hope to mitigate this as a barrier for staff speaking up. This work has been presented at People Group and the FTSUG previously aimed to roll this out in quarter three, however, to align it with the work of the NGO this will now be rolled out in quarter four across both sites by the FTSUG.

The FTSUG along with Jen Wallbank, the Head of Employee Relations, has been asked to write a case study, discussing how the two roles work together, to demonstrate good models of practice to other organisations, this will be followed by a webinar in the New Year.

As part of the proactive work the FTSUG continues to promote the role via team meetings, floor walking, ward visits and has a high presence within the Trust, which can be demonstrated in the data. Those workers who have spoken up from different areas of the organisation and a variety of professional backgrounds.

As we move to a culture of making speaking up "business as usual", we continue the proactive aspect of the FTSUG role, to encourage workers to report concerns openly, rather than confidentially, by helping them to feel empowered and psychologically safe.

To support this there are currently three training modules on ESR; Speak Up (core workers), Listen Up (middle managers) and Follow Up (senior leaders). The training is not mandatory at North Tees and Hartlepool NHS Foundation Trust and the undertaking of the training is low. The FTSUG as an alternative to completing the training modules, delivers workshops for all three training modules, using each of the modules as a framework, whilst also using research from webinars, podcast, Thirwell inquiry and the work of Chris Turner "Civility Saves Lives" and Meghan Reitz "The power you hold that silences others" The FTSUG has delivered twelve workshops over quarter one and two.

Regular "Keep in Touch" meetings with Executive Sponsor, Non-Executive Director for FTSU and Chairman. All other senior leaders have helped create a relational approach to speaking up as well progressing any concerns raised. Monthly meetings continue with the CEO. The FTSUG's also presents monthly updates at People Group and quarterly at People Committee and Board

To strengthen the organisational approach to the triangulation of data, the FTSUG has become a member of the trusts culture steering group, this group aims to look at the soft intelligence where

areas may be suffering difficulty and using the resources to provide an early holistic approach to resolve issues before they become more problematic.

To help build relationships with the network leads, the FTSUG attends all of the meet the network leads sessions and has been invited to be part of the staff hub, which has recently been established.

STEES:
All modules of the Freedom to Speak Up e-learning “Speak Up” “Listen Up” and “Follow Up” are now available via ESR. The modules aim to promote a consistent and effective FTSU culture across the system which enables workers to speak up and be confident they will be listened to, and action taken.

Having this training now on ESR means that the guardians can monitor compliance and triangulate this data alongside other sources of information to support focused work. Table 5 below shows the current levels of compliance.

Table 5.

Element	In Date	Overdue	Total	% Compliance
Freedom to Speak Up - Level 1	5263	4267	9530	**55.23%**
Freedom to Listen Up - Level 2	1457	1426	2883	**50.54%**
Freedom to Follow Up - Level 3	1	15	16	**6.25%**
Trust	**6721**	**5708**	**12429**	**54.08%**

North Tees training data will be included in future reports as it becomes available.

Since April 2024, STHFT guardians have delivered training to approximately 1,400 staff members and students across sites and Teesside University. Guardians support with training on a reoccurring basis within the Trust induction, Care Certificate, International Nurses induction, directorate and audit meetings. Workshops have been developed to further raise awareness alongside collaborative quarterly reports linked to concerns raised and high-level themes.

Promoting FTSU:

The FTSUG continue to promote the service in the following ways:

NTEES	STEES
All staff inductions	All staff inductions
Preceptorship Training	Care Certificate
Undergraduate Medical Students	Preceptorship Training
Postgraduate Doctors	Undergraduate Medical Students
T-Level Students	Postgraduate Doctors
Teesside University	T-Level Students
Care Group 1-3	Teesside University
NTH Solutions	Care Group 1-3
Quarterly Community Forum	NTH Solutions
Joint Forum	Quarterly Community Forum
Schwartz Round Steering Group	Joint Forum
Quarterly Community Forum	Schwartz Round Steering Group

Quarterly Patient Safety Council.	Quarterly Community Forum
Quarterly Senior Practitioner Manager Operational Meeting	Quarterly Patient Safety Council.
Quarterly Matrons Meeting	Quarterly Senior Practitioner Manager Operational Meeting
Quarterly Care Group Senior Management Team Meetings	Quarterly Matrons Meeting
Quarterly Group People Committee	Quarterly Care Group Senior Management Team Meetings
Quarterly Board	Quarterly Group People Committee
Monthly meetings with Care Group Directors	Quarterly Board
Ward/Directorate Meetings	Monthly meetings with Care Group Directors
Podcasts	Ward/Directorate Meetings
Hearing it with Stacey session	Podcasts
	Hearing it with Stacey session

Governance and Support

The FTSUG is supported in the role by the Chief Executive (CE) and other Executive Directors, the Non-Executive Director for FTSU, the NGO and the Regional Guardian network across the Northeast and Yorkshire. The FTSUG reports through the People Group monthly and the Group People Committee (NTEESS only) and Group Board of Directors quarterly.

Conclusion

As we continue the work towards creating a business as usual speaking up culture in the organisation, the delivery of the speak up, listen up and follow up training and workshops and the proactive work on detriment, is pivotal.

University Hospitals Tees

CMO Office - UHT Guardian of Safe Working – Nov 24- Jan 25 Covering Paper

Meeting date: 4 March 2025

Reporting to: Group Board

Agenda item No: 14.1

Report author: CMO Office

Action required: Assurance

Delegation status: Jointly delegated item to Group Board

Previously presented to: Nil

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 centre of excellence ☒

A great place to work ☒

Deliver care without boundaries ☐

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

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.

Administration capacity both within STH rota team and clinical teams continues to impact on ability to meet deadlines regarding workschedules and management of rotas.

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.

Work continues to right size rotas and produce generic work schedules.

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

GOSW fines account at STH is now live. NTH hot food provision out of hours is now in place and being utilised.

Recommendations:

It is requested that the content of this report is noted and acknowledged.

CMO OFFICE - UHT GUARDIAN OF SAFE WORKING (GOSW), NOV 24 TO JAN 25

1. PURPOSE OF REPORT

Provide assurances to People Committee regarding issues raised by site GOSW via their individual reports covering the period of Nov 24 to Jan 25.

2. RECOMMENDATIONS

It is requested that the content of this report is acknowledged for assurance.

3. SUMMARY OF ISSUES, ACTIONS AND RECOMMENDATIONS

a. **Workload on rotas.** Both sites continue to report concerns relating to workload and staffing shortages, leading to doctors working beyond their contracted hours. Noticeably at the STH site this was due to winter pressures and additional wards being opened.

Actions

Continue to try and fill short notice gaps as per policy. Continue longer term plan of reviewing rotas to ensure they have safe staffing levels which are costed. Need to ensure that during winter planning that medical staffing is factored in to ward re-purposing.

b. **Compliance with code of practice / contract for issuing work schedules a minimum of 8 weeks in advance**. During this period, work schedules for Feb 25 rotation were due. NTH continued with their high compliance rate of 97%. While STH dropped to 70%, we are comfortable with this as meeting higher compliance rates in the past was at a detriment to the health and well-being of the corporate medical rota team (CMRT).

Actions

GM to CMO has started a review of the demand on the team which is assessing the following:-

- Number of resident level doctors across the Group over the last ten years and reasons for any change.
- Whether there has been a growth in the number of administration staff associated with rostering of staff and how these are organised across the group.
- A potential target operating model of how resident level doctors are administratively supported.

c. **STH GOSW Fines account**. We are pleased that there is a now a STH fines account and thank those who have lent into resolve this issue.

d. **NTH hot food provision.** Equally we are pleased that the hot food provision issue at NTH has been resolved and that a second vending machine is planned.

4. CONCLUSION

The GOSWs and CMO office continue to work together to remedy issues highlighted. We continue to strive to be recognised as an employer of choice for our resident doctors.

University Hospitals Tees

South Tees Guardian of Safe Working – Nov 2024 – Jan 2025

Meeting date: 4 March 2025

Reporting to: Group Board

Agenda item No: 14.2

Report author: Dr Cat Lane (GOSW)

Action required: Assurance

Delegation status Jointly delegated item to Group Board

Previously presented to: Nil

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 centre of excellence ☒

A great place to work ☒

Deliver care without boundaries ☐

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

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.

Winter pressures and staff sickness has placed increased pressure on rotas and safe staffing levels. This has led to a significant increase in the amount of overtime hours to be paid out compared to Q1.

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.

Administrative burden of the ER process and the high workload and reduced capacity of the CMRT remains a challenge.

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 GoSW fines process has been finalised and overdue fines from March 24 to Jan 25 have been calculated.

Recommendations:

It is requested that the content of this report is noted and acknowledged.

SOUTH TEES GUARDIAN OF SAFE WORKING (GOSW), NOVEMBER 2024 - JANUARY 2025

1. PURPOSE OF REPORT

Provide an overview of the safe working patterns of all resident level doctors and dentists at South Tees Hospitals NHS foundation Trust. This report is in alignment with the 2016 junior doctor contract T&Cs and intended to provide assurance of the Trust's compliance with safe working hours and to highlight any areas and detail of concerns. The report covers the period from the 1st November 2024 – 31st January 2025.

2. RECOMMENDATIONS

It is requested that the content of this report is acknowledged for assurance.

3. DETAIL

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

Number of doctors / dentists in training (DiTs) (total):	541*
Of these (*) number who are military DiTs (also have access to the exception reporting system)	21
Number of locally employed doctors (non-consultant and SAS grades)	249

b. Exception reports (ERs) with Immediate Patient Safety Concerns (IPSC). Six ERs submitted were highlighted as having IPSC; the criteria to meet this is 'immediate and substantive risk to the safety of patients or of the doctor making the report'; it is for the GOSW to determine whether this criterion is met. On review, five were felt to meet the criteria and were related to resident doctors remaining on shift to manage unwell patients; however, there was no evidence of harm and no further action is required. The sixth ER referenced a resident doctor going home following an incident at FHN. Following this resident doctor staffing dropped below minimum levels and an ER was submitted. A PSI review is taking place regarding the incident; we will liaise with the investigatory team to determine whether resident doctor level staffing levels contributed to the incident.

c. GOSW Fines & Finances. There were 6 fines issued by the GOSW within this period, 4 of which for >13 hr shifts, 1 for <11 hr rest and 1 for below minimum rest on Non-Resident On Call shift. The process for the GoSW fines account has been finalised and fines going back to March 24 have been calculated and will be paid as soon as reasonably possible. Fines from March 2024 – January 2025 total £2328.46, of which £873.17 is to be paid to the affected resident doctors and £1455.29 will be paid into the GoSW account.

d. Payment for additional hours. A total of 172 hours of overtime is required to be paid during this period. The corporate medical rota team (CMRT) have worked hard to catch up on payments due to resident doctors going back as far as April 24. Moving forward this will be actioned monthly and the CMRT manager and GoSW have been working together to streamline the process

e. Data. A summary of ERs is given in appendix 1.

4. SUMMARY OF ISSUES AND RECOMMENDATIONS

a. **ER themes.** Overtime levels remain high with similar reasons and issues given as in the previous quarter, although the total number of hours is significantly higher in proportion to fewer ERs compared to the previous quarter. Areas of specific concern are Oncology, Respiratory and General Surgery, where high levels of reporting are seen over Q1 & Q2. This has been flagged to the Clinical Rota leads for closer review and action.

b. **Rota resilience & Winter pressures**. Rotas have remained under increased pressure due to higher rates of sickness associated with the significant rates of community and hospital respiratory illness. This has led to an increase in reports flagging safe staffing levels and excess daytime workloads as a concern. In addition, opening of winter pressure wards without clear increase in staffing has added to this issue. Increased volume of medical outliers, pressure to achieve discharges even late in the day as well as high acuity of inpatients have presented as themes in ERs during this reporting period.

c. **CMRT – establishment**. The CMRT remain one rota coordinator short due to maternity leave, with the CRMT manager filling this gap in addition to their own role. Workloads remain high with pressure to support directorates with day-to-day rota management as well as meeting Code of Practice (CoP) deadlines for rotas/Work schedules etc.

d. **Work Schedules**. Provision of work schedules in a timely manner and within the CoP and contractual obligations remains a challenge. Work schedules for the February rotation have been issued during this reporting period with an estimated total of 70% issued within the deadline. This is a reduction compared to December, however as highlighted in the previous report, that success came at a cost to other tasks. In the areas where contractual rota deadlines have been missed, the CMRT are honouring leave requests during the first 6 weeks of placements. A review of ratios of CMRT members: number of resident doctors has started, the next step is to work with operational teams to identify which areas have administrative roles (such as waiting list managers) who also, in some areas, assist with the rostering of medical staff.

e. **Directorate Oversight of rotas**. Rota management challenges remain unchanged from the previous quarter. The GoSW reported to the Clinical Policy Group during January and requested that there is a named consultant for each rota tier in each rota area. This is to support greater and more consistent departmental oversight for day to day running and writing of rotas.

f. **ER process**. The current ER process has been in place 12 months now and allows a comparison of numbers from Allocate vs the Microsoft forms process. This shows a doubling in the number of reports submitted compared to the same time period in FY 23/24. This supports the assumption of under reporting due to a difficult to access system. Yet, the increased volume of reports and their associated administrative burden is significant. We have recently reviewed 2 potential options for alternative ER solutions. A decision about which provider is to be chosen is expecting in the coming weeks and this will be rolled out to Resident doctors and involved Directorate members when this is confirmed. This is a priority for the GoSW as the current process is labour intensive for them and the CMRT for actioning finances in a timely manner.

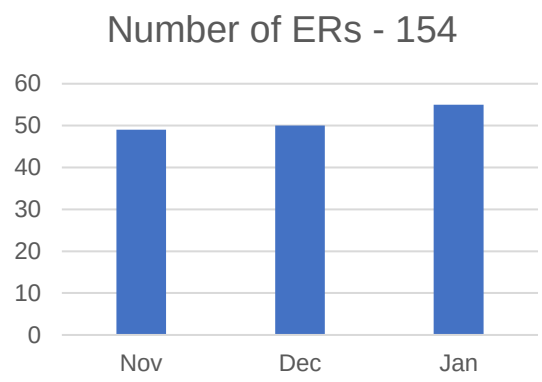
g. **Too Tired to Travel SOP update.** Resident doctor forum (RDF) the GoSW and the residences team have finalised the Too Tired to Travel SOP. This has been published following ratification by RDF and Local negotiating committee (LNC) in January. We plan to share this SOP with NTH staff.

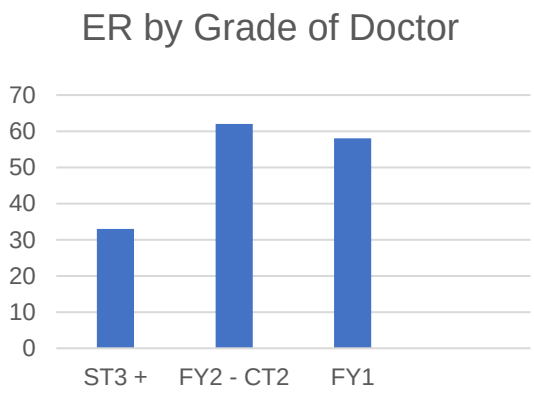
5. CONCLUSION

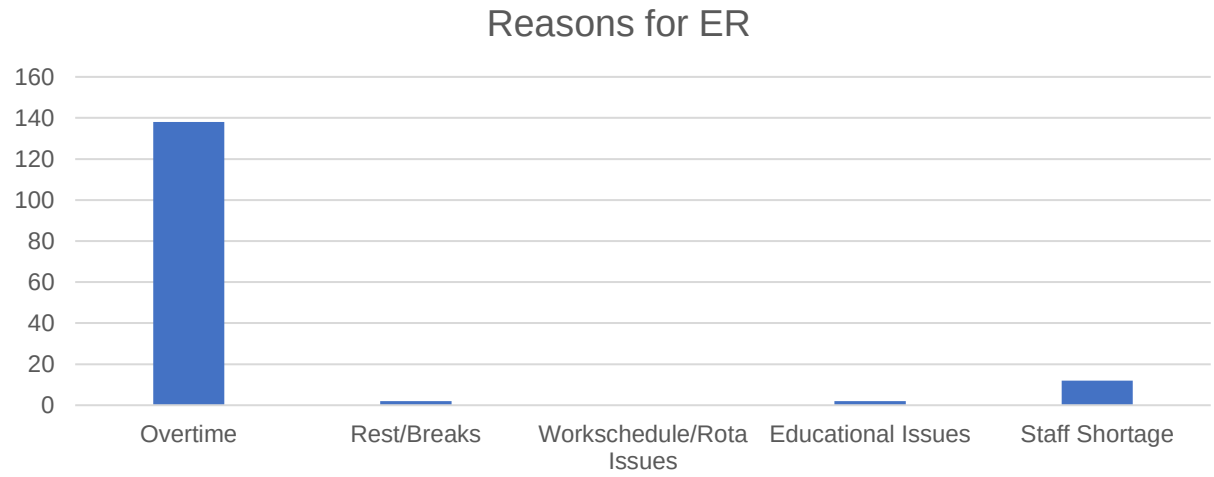
This winter period report continues to highlight the ongoing issues with workforce levels and rota resilience, leading to higher than desired levels of overtime. Administrative support for rota management, works schedule processing and ER remains insufficient for the task. Progress has been made with actioning overdue fines with finalisation of the financial process.

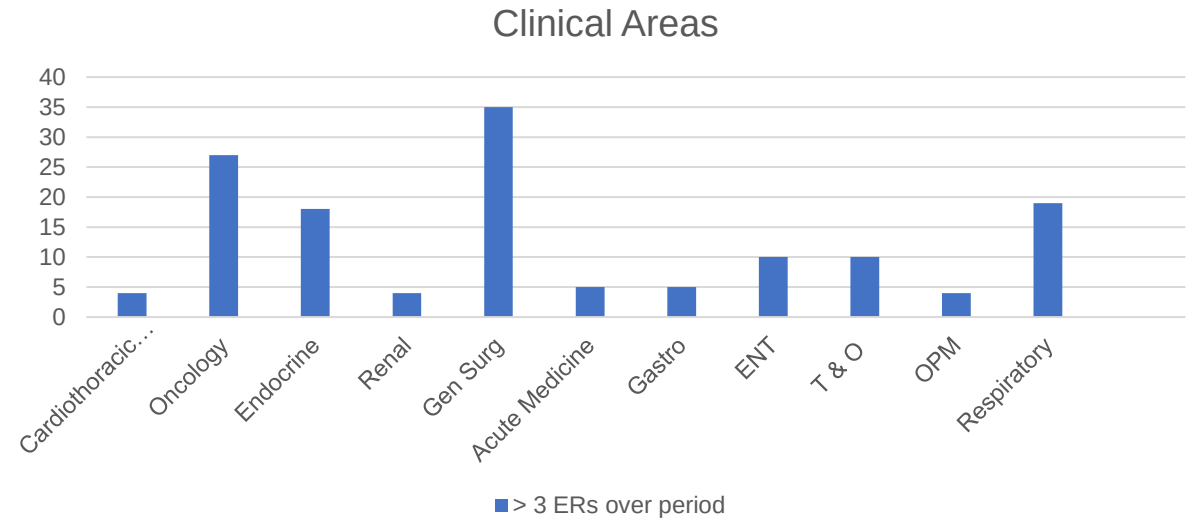
Appendix 1 to
STH GOSW
Dated Feb 2025

Summary of Exception Report Data









NHS
University Hospitals Tees

North Tees Guardian of Safe Working – Aug to Oct 2024

Meeting date: 4 March 2025

Reporting to: Board of Directors

Agenda item No: 14.3

Report author: Dr Rajesh Nanda (GOSW)

Action required: Assurance

Delegation status: Jointly delegated item to Group Board

Previously presented to: NT People Group 19 February 2025, People Committee 26 February 2025

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 centre of excellence ☒

A great place to work ☒

Deliver care without boundaries ☐

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

Statutory requirement

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.

Three exceptions marked as immediate patient safety concerns due to work intensity and staffing levels; no harm was found on review of these ERs.

Six fines levied due to breaches in the maximum 13-hours shift length and/or 11 hours rest between shifts.

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.

Resident doctors continue to report concerns relating to workload and staffing shortages; leading to doctors working beyond their contracted hours.

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

Compliance rates with code of practice and national terms and conditions.

Data and trends captured through exception reporting shared with relevant clinical rota leads to support ongoing review and action.

Recommendations:

It is requested that the content of this report is noted and acknowledged.

NORTH TEES AND HARTLEPOOL GUARDIAN OF SAFE WORKING (GOSW) REPORT - 1 NOV 24 TO 31 JAN 25

1. **PURPOSE OF REPORT**. Quarterly GOSW report for the period of 1st November 2024 to 31st January 2025, highlighting issues and trends raised by resident doctors through the exception reporting (ER) system and doctors forum. This report forms part of the reporting requirements of the national terms and conditions of service.

2. **RECOMMENDATIONS**. It is requested that the content of this report is acknowledged for assurance.

3. **DETAIL**

   a. **Numbers of Doctors in Training / Locally Employed Doctors**:

Number of doctors / dentists in training (total):	249*
Of these (*) number who are LET	246
Of these (*) number who are military doctors in training (have access to ER system)	3
Number of locally employed doctors (non-consultant and SAS grades)	78
Total Resident Doctors	**327**

   b. **ERs with Immediate Patient Safety Concerns (IPSC).** During this reporting period, 26 doctors (8%) submitted 66 exceptions. Three exceptions were marked as an ISC due to work intensity and staffing levels. There are no patient safety incidents reported which link to these exception reports. The review by the supervisor did not highlight any patient safety incidents, but did note the doctors concerns.

   c. **GOSW Fines**. Six fines levied across Medicine and Surgery due to breaches in the maximum 13-hours shift length. Equating to a total of £331 in fines, of which £124 goes to the doctors in question and the remaining £207 to the Guardian. Increasing the Guardian's reserves to £1,691.

   d. **Payment for additional hours**. Payment for additional hours worked continues to be the main outcome. Exception reporting shows an additional 84 hours worked, of which 66 hours paid as unplanned overtime.

   e. **Data**. A summary of ERs is given in appendix one.

4. **SUMMARY OF ISSUES, ACTIONS AND RECOMMENDATIONS**

   a. **Medicine rotas**. Resident doctors continue to report concerns relating to workload and staffing shortages; leading to doctors working beyond their contracted hours. Concerns raised again at the Resident Doctors Forum (RDF) over the number of consecutive shifts (7 days in total). The department continues to review their rotas based on feedback, engagement with doctors and working with STH colleagues regarding their approach.

b. **Volume of additional hours worked**. One resident doctor has worked an additional 29 hours and 30 minutes beyond their contracted hours. The team is raising this with their supervisor for further exploration.

c. **Location/Ward.** Since introducing the option to include the location on exceptions, it has been utilised on 19 reports. Of which, 13 relate to respiratory wards. Medicine requested the ability to record this information to gain further insight into the issues raised. Clinical Rota Leads are using data to support on-going review and action.

d. **Compliance information**. For the February 2025 rotation, the Trust achieved 97% compliance with the code of practice/contract for issuing work schedules a minimum of 8 weeks in advance.

e. **Out-of-hours hot food provision**. The vending machine, located in the rainbow room, is working well with plenty of usage. As such, the catering team are looking for other food options to include. The second machine should be operational in February 2025 and is likely to be located outside the Tees meeting room.

f. **Rota gaps/vacancies.** Gaps in rotas can affect wellbeing, workload, and the quality of training. From February 2025, the 2.4wte gaps (out of 12) on the Obstetrics and Gynaecology tier 1 rota will reduce to 1.4wte. The department will still require additional support in the form of agency to provide stability, due to the number of doctors with restricted duties preventing their contribution to out of hours cover.

g. **Self-Development Time (SDT)**. Anaesthetic Doctors in Training raised concerns around losing SDT allocation when requesting annual leave. The GOSW team are discussing with the department for clarification and resolution.

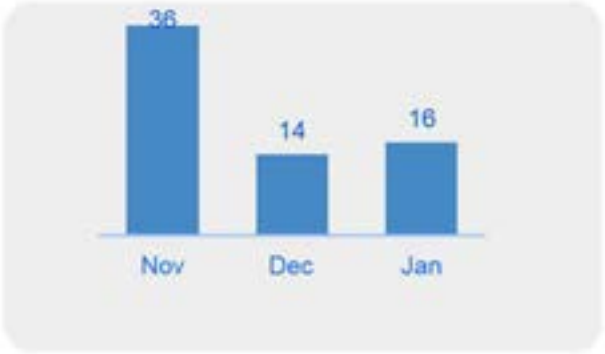
5. CONCLUSION

We will continue to work with all stakeholders to ensure continued compliance against code of practice and national terms and conditions. Regarding issues, such as medicine rotas, this is an area of continued focus.

Exception reporting 1st November 2024 to 31st January 2025

Exception Reporting

November 2024 to January 2025



66 exception reports by 26 doctors

3 marked as immediate safety concerns

56% submitted November 2024

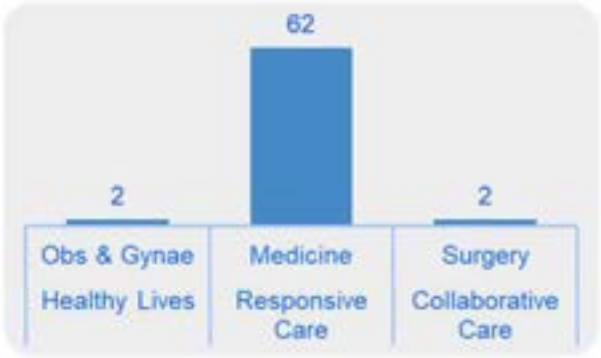
Majority (91%) relate to hours worked

73% payment given

21% TOIL given

Majority (59%) by FY1 doctors

24% by ST/CT1-2



94% Medicine

3% Surgery

3% Obstetrics and Gynaecology

6 x FINES levied (£331) for working beyond the maximum 13 hours limit. Increasing the Guardians reserves to £1,691

Exception reporting 1st November 2024 to 31st January 2025 – Themes

	Educational	Hours	Pattern	Service Support	Grand Total
Medicine	1	57	3	1	62
FY1	0	36	1	0	37
FY2	1	7	0	1	9
ST/CT 1-2	0	12	2	0	14
ST3+	0	2	0	0	2
Obs & Gynae	1	1	0	0	2
ST/CT 1-2	1	1	0	0	2
Surgery	0	2	0	0	2
FY1	0	2	0	0	2
Grand Total	**2**	**60**	**3**	**1**	**66**

Resources Committee - January 2025

Connecting to: Group Board, Chair David Redpath

Key topics discussed in the meeting:

- **Finance Position**
    - The Group plan for the 2024/25 financial year is now to deliver an overall deficit control total of £23.1m, with a break-even plan for NTH and a £23.1m deficit plan for STH.
    - At the end of Month 9 2024/25 the Group is reporting an adverse variance of £0.9m (with an adverse variance of £200k relating to NTH and £708k relating to STH).
- WTE
    - Growth in workforce remains an area of significant national and regional scrutiny, linked to the reductions in productivity noted across the NHS.
    - The committee received a detailed report into the growth of WTE across the group
    - There has been significant growth in WTE since 2019/20; 762.43 WTE at NTH and 1,799.17 WTE at STH when comparing to 19/20 average. Within this there has been growth of 702.29 non clinical posts.
    - Themes for the growth include
        - Recruitment to Vacancies / Business cases
        - Externally Funded Posts
        - Safer Staffing levels
        - Student Nurse Supernumerary Recruitment
        - Resident Doctors
        - Other Posts

- **Productivity**
    - NHSE aspiration is that all organisations return to pre-Covid levels of productivity. It therefore produces productivity information that is shared with Trusts on a monthly basis. Using the latest available implied productivity information (month 07), the calculation indicates that using month 07 expenditure both Trusts were less productive than 2019/20 (11.9% NTH and 6.8% STH). The calculation takes real terms cost growth, i.e. adjusted for inflation, divided by activity delivered to give an indication of productivity. The theory being that activity should out-grow costs to be productive.

- **25/26 Planning**
    - **Please note that this is a fluid situation and likely to have changed**

This asked systems asked to focus on:

- reducing the time people wait for elective care
- improving A&E waiting times and ambulance response times
- improving patients' experience and access to general practice and urgent dental care
- improving patient flow through mental health crisis and acute pathways and improving access to children and young people's mental health services.
- And continued strong focus on financial rigour and productivity

They recognised that difficult decisions and choices will need to be madefor every organisation it will mean delivering more value within existing resources and many organisations it will mean reducing spend. The NHS will need to reduce or stop spending on some services and functions and achieve unprecedented productivity growth in others

CIP / Efficiency

Across the Group, overall year-to-date delivery is £61.2m (103% of target), with forecast delivery by the end of the year currently at £74.5m (100%).

Work continues through the Site leadership teams to identify and deliver efficiency savings to meet the targets, with escalation meetings held with Care Groups and Collaboratives.

LIMS

- We received an update on the regional LIMS project that has suffered some setbacks resulting in a change in direction
- Options were presented but further work was requested to outline the rationale for the recommendation. Given the nature of this – this action for approval was delegated to the Chair, CFO and CIO

We also received reports on

- Estates
- Capital
- Sustainability
- TOR for Financial Recovery Oversight Group
- Integrated Performance report

Actions:

- Further work needed on whole time equivalent – actions to be agreed
    - Review of externally funded posts – is funded still in place for entire 25/26 and plan to remove costs if not
    - Review of business cases – are we seeing benefits – if not what is the plan to remove the additional roles
- Lims Project Business case

Escalated items:

- Lims additional costs to be absorbed in 25/26 and beyond
- WTE work still required

Risks (Include ID if currently on risk register):

- No new Risks identified

Month 10 2024-25 Finance Report

Meeting date: 4 March 2025

Reporting to: Group Board

Agenda item No: 16

Report author: Chris Hand, Group Chief Finance Officer

Action required:
Information

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

Previously presented to:
Group 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.

The Group plan for the 2024/25 financial year is to deliver an overall deficit control total of £7.8m, with a break-even plan for NTH and a £7.8m deficit plan for STH.

The changes in control total since Final Plan submission in June 2024 reflect the Group's share of:

- Non-recurrent deficit support provided by NHSE to systems with an agreed deficit plan, to deliver break-even for the 2024/25 financial year. NENC ICB received an additional allocation of £49.9m, which has been allocated to trusts with deficit plans including an allocation of £17.3m for STH from Month 6.
- Non-recurrent allocation of ICB planned surplus to address agreed contract pressures in providers in order to reduce the impact on cash flow and reduce borrowing costs for the overall system. The allocation to STH was £15.3m, confirmed in Month 10.

The financial position for Month 10 2024/25 is a deficit of £7.6m for the Group, which is an adverse variance of £0.6m against the year-to-date plan.

This report outlines the drivers of the variance, including continued workforce growth, and actions being taken by the respective Site teams to ensure delivery of the financial control totals. Continued and sustained improvements in ERF delivery, achievement of recurrent CIP and reduction in expenditure run-rates will be essential throughout the remainder of the financial year to ensure delivery of the financial control total.

Whilst the Group is currently forecasting delivery of the capital programme within the respective trusts' share of the system core CDEL allocation, a significant £15m pressure on the CDEL allocation for IFRS16 (right of use) assets is forecast for STH, linked to rent reviews and indexation on lease rents. This pressure is being managed at an overall system level. In addition, it is anticipated that the system will receive a fair shares allocation from national contingency funding for emerging IFRS16 pressures.

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 plans for the Group include a number of risks and assumptions that are outlined in the paper and are reported to Resources Committee, they will be closely monitored over the course of the financial year

Month 10 shows a net overall increase of 438 WTE worked across the Group, compared to the average in 2023/24. Whilst WTE worked for both Bank and Agency show a total reduction of 77wte from 2023/24, this is offset by increases in substantive staffing of 515wte.

Compared to the previous month, Month 10 WTE worked is 5wte higher.

Overall, WTEs worked across the Group in Month 10 are now 2,603wte (20%) higher than the average deployed during 2019/20.

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 Resources Committee will receive monthly assurance reports on the financial performance throughout the year and has also received a specific report in relation to the growth in WTE across the Group.

External assurance on the year-end financial position is received from the Group's external auditors.

The ICB commissioned a review of arrangements for financial control and CIP across all providers in the system, which provided assurance of the arrangements in place across the Group and any actions required to strengthen.

Recommendations:

Members of the Board are asked to:

- Note the financial position for Month 10 2024/25.

Group Board
4 March 2025

Month 10 2024/25 Finance Report

1. PURPOSE OF REPORT

The purpose of this report is to update the Board on the financial performance of the individual trusts and overall Group, at the end of Month 10 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).

Following a planning assurance meeting between the ICS and NHSE executives on 22nd May, a system control total deficit of £49.9m was agreed for the ICS overall. An additional £20m funding will be provided to the ICS in recognition of the impact of IFRS 16 on PFIs. Consequently, a further plan re-submission was required from all system partners on the 12th June 2024.

NENC ICB received an additional allocation of £49.9m, which has been allocated to deficit trusts including an allocation of £17.3m for STH. Consequently, the Trust's financial control total for the year was centrally adjusted by NHSE in Month 6 to reflect this.

NENC ICB agreed the further non-recurrent allocation of the ICB planned surplus to address agreed contract pressures in providers in order to reduce the impact on cash flow and reduce borrowing costs for the overall system. The allocation to STH was £15.3m and the Trust's financial control total for the year was centrally adjusted by NHSE in Month 10 to reflect this.

The Group plan for the 2024/25 financial year is now to deliver an overall deficit control total of £7.8m, with a break-even plan for NTH and a £7.8m deficit plan for STH.

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.

3. MONTH 10 FINANCIAL POSITION

The table below shows the revenue position for the Group as at the end of Month 10 2024/25, shown by trust:

	NTH			YTD			GROUP		
STATEMENT OF COMPREHENSIVE INCOME	**Plan £000**	**Actual £000**	**Variance £000**	**Plan £000**	**Actual £000**	**Variance £000**	**Plan £000**	**Actual £000**	**Variance £000**
Operating income from patient care activities	343,388	349,213	5,825	739,993	764,295	24,302	**1,083,381**	**1,113,508**	**30,127**
Other operating income	32,470	34,035	1,565	57,404	51,686	(5,718)	**89,874**	**85,721**	**(4,153)**
Employee expenses	(252,768)	(259,103)	(6,335)	(472,973)	(484,770)	(11,797)	**(725,741)**	**(743,873)**	**(18,132)**
Operating expenses excluding employee expenses	(114,833)	(118,937)	(4,104)	(298,425)	(314,332)	(15,907)	**(413,258)**	**(433,269)**	**(20,011)**
OPERATING SURPLUS/(DEFICIT)	**8,257**	**5,208**	**(3,049)**	**25,999**	**16,879**	**(9,120)**	**34,256**	**22,087**	**(12,169)**
FINANCE COSTS									
Finance income	2,080	2,567	487	1,344	2,653	1,309	**3,424**	**5,220**	**1,796**
Finance expense	(540)	(584)	(44)	(19,658)	(16,955)	2,703	**(20,198)**	**(17,539)**	**2,659**
PDC dividends payable/refundable	(1,900)	(1,897)	3	0	0	0	**(1,900)**	**(1,897)**	**3**
NET FINANCE COSTS	**(360)**	**86**	**446**	**(18,314)**	**(14,302)**	**4,012**	**(18,674)**	**(14,216)**	**4,458**
Other gains/(losses) including disposal of assets	0	84	84	0	77	77	**0**	**161**	**161**
Corporation tax expense	(49)	(77)	(28)	0	0	0	**(49)**	**(77)**	**(28)**
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**7,848**	**5,301**	**(2,547)**	**7,685**	**2,654**	**(5,031)**	**15,533**	**7,955**	**(7,578)**
Add back all I&E impairments/(reversals)	0	0	0	0	0	0	**0**	**0**	**0**
Remove capital donations/grants I&E impact	(8,680)	(6,294)	2,386	(9,436)	(2,972)	6,464	**(18,116)**	**(9,266)**	**8,850**
Adjust PFI revenue costs to UK GAAP basis	0	0	0	(5,400)	(7,265)	(1,865)	**(5,400)**	**(7,265)**	**(1,865)**
Adjusted financial performance for the purposes of system achievement	**(832)**	**(993)**	**(161)**	**(7,151)**	**(7,583)**	**(432)**	**(7,983)**	**(8,576)**	**(593)**

At the end of Month 10 2024/25, the Group is reporting an adverse variance of £0.6m (with an adverse variance of £161k relating to NTH and £432k relating to STH).

The main drivers of the **NTH Month 10 position** are:

- Clinical Income is ahead of plan by £5.8m, which mostly relates to increased high-cost drugs and devices income, additional ERF income, non-recurrent ICB industrial action funding, and non-NHS income.
- The plan assumes ERF delivery of 121% (against a national target of 112%), as part of delivering the Trust's overall efficiency and productivity target. The Trust's local estimate of year-to-date performance is 124%, which is an additional £0.9m against plan.
- Other operating income (excluding donated asset income) is £3.9m ahead of plan, mainly relating to R&D, education and non-patient care income.
- Interest receivable is ahead of plan by £0.5m, reflecting current interest rates and cash balances.
- Net impact of strike cover of £0.1m
- Pay award pressure of £0.5m.
- Overspend against block funded high-cost drugs and devices of £1.5m
- Slippage on delivery of CIP savings £1.3m.
- Offsetting additional non-recurrent measures of £2.3m

The main drivers of the **STH Month 10 position** are:

- Clinical Income is ahead of plan by £24.3m, reflecting additional ERF income of £11.6m, pass-through high-cost drugs and devices income of £6.6m and additional contract variations of £6.1m, including non-recurrent ICB industrial action funding of £0.9m.
- The plan assumed ERF delivery of 113% (against a national target of 108%), as part of delivering the Trust's overall efficiency and productivity target. The Trust's local estimate of year-to-date performance is 121%, which is an additional £11.6m income against plan (and £18.0m above the national target).
- The pay award has created a net £1.9m year-to-date pressure, compared to the additional national pay award funding received.
- Overspends on Ward budgets of £2.0m year-to-date, the overspend run rate has reduced in year and the average monthly overspend of the last 3 months is £77k per month. This is a significant improvement on the Q1 average overspend of £374k per month.
- Medical pay is overspent by £9.9m and is split between consultants £4.3m and resident doctors £5.6m. Drivers, include the impact of the unfunded pay award, delivery of ERF activity and under-delivery of CIP schemes including progress against planned recruitment to reduce premium pay costs.
- Overspends on medical and surgical equipment, including high-cost devices expenditure is £8.1m; this is partially offset by additional ERF income.
- Overspends on drugs including high-cost block drugs and other drugs is £10.7m, which is partially offset by clinical income.
- Overspend on Energy of £1.4m, relating to changed VAT recovery arrangements under the PFI contract.
- Interest receivable is ahead of plan by £1.3m, reflecting higher than plan cash balances.
- Offsetting additional non-recurrent measures of £6.8m.

The NTH and STH Site teams are taking a number actions to address areas of overspend and maximise delivery against CIP and ERF targets, whilst mitigating the impact of non-elective activity pressures.

Agency Expenditure

Reduction in agency expenditure is a national priority set by NHSE, with clear Board, accountability expected for agency spend and reporting of plans and actual agency spend. The 2024/25 planning guidance included requirements to reduce agency spend by at least 5% from the prior year, contain agency spend within 3.2% of total pay expenditure and remove all non-framework agency by July 2024.

The table below shows the position on agency expenditure for the Group to the end of Month 10:

The agency plan for 2024/25 assumed a reduction of £2.2m (17%) compared to 2023/24.

	NTH			STH			GROUP		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Nursing	3,323	1,722	-1,601	320	237	-83	3,643	1,959	-1,684
AHP and S&T	90	457	367	687	288	-399	777	745	-32
Other Clinical	0	0	0	0	1	1	0	1	1
Consultants	1,732	1,560	-172	2,778	2,887	109	4,510	4,447	-63
Career/staff grades	0	6	6	0	0	0	0	6	6
Trainee grades	0	19	19	0	0	0	0	19	19
Non Clinical	0	41	41	199	0	-199	199	41	-158
Total Agency	**5,145**	**3,805**	**-1,340**	**3,984**	**3,413**	**-571**	**9,129**	**7,218**	**-1,911**

At the end of Month 10, agency Expenditure is £1.9m below plan overall for the Group, with an underspend of £0.6m at STH and underspend of £1.3m at NTH.

Agency expenditure represents 1.0% of total pay expenditure (well within the 3.2% national cap). Both NTH and STH currently have no off-framework agency workers.

Workforce

Growth in workforce remains an area of significant internal focus and national and regional scrutiny, linked to the reductions in productivity noted across the wider NHS.

Compared to the previous month, Month 10 WTE worked is 5wte higher than the previous month (-45wte at NTH and +50wte at STH).

Worked	19/20 Average p.m.	23/24 Average p.m.	Q1 24/25 Average p.m.	Q2 24/25 Average p.m.	Q3 24/25 Average p.m.	Mth 10 24/25	Change from 19/20	Change from 23/24	Change from prior month
	NTH								
Agency	20.38	63.89	50.61	29.69	29.84	33.76	13.38	-30.13	0.43
Bank	186.45	234.11	225.14	248.82	254.59	254.55	68.10	20.44	-15.13
Substantive	4,659.47	5,130.47	5,273.22	5,301.06	5,365.49	5,332.01	672.54	201.54	-30.42
Sub Total	**4,866.30**	**5,428.47**	**5,548.97**	**5,579.56**	**5,649.91**	**5,620.32**	**754.02**	**191.85**	**-45.12**
	STH								
Agency	25.51	34.62	17.57	18.75	20.67	19.02	-6.49	-15.60	-1.84
Bank	198.01	393.05	375.16	356.22	317.86	341.40	143.39	-51.64	52.46
Substantive	7,836.68	9,235.07	9,427.08	9,402.81	9,540.04	9,548.44	1,711.76	313.37	-0.16
Sub Total	**8,060.20**	**9,662.74**	**9,819.80**	**9,777.78**	**9,878.57**	**9,908.86**	**1,848.66**	**246.12**	**50.46**
	GROUP								
Agency	45.89	98.50	68.18	48.44	50.51	52.78	6.89	-45.72	-1.41
Bank	384.46	627.16	600.29	605.03	572.45	595.95	211.49	-31.21	37.33
Substantive	12,496.15	14,365.55	14,700.30	14,703.87	14,905.53	14,880.45	2,384.30	514.90	-30.58
Grand Total	**12,926.50**	**15,091.21**	**15,368.77**	**15,357.34**	**15,528.48**	**15,529.18**	**2,602.68**	**437.97**	**5.34**

Month 10 shows a net overall increase of 438 WTE worked across the Group, compared to the average in 2023/24 (192wte at NTH and 246wte at STH). Whilst WTE worked

for both Bank and Agency show a total reduction of 77wte from 2023/24 for the Group overall, this is offset by increases in Substantive staffing WTE worked of 515wte.

Overall, WTEs worked across the Group in Month 10 remain c20% (2,602wte) higher than the average deployed during 2019/20

Efficiency

The 2024/25 financial plan assumes delivery of an overall efficiency target for the Group of £74.5m. The tables below show the year-to-date delivery against the Group's efficiency targets:

YTD Month 10	YTD Plan £000	YTD Target £000	YTD Actual £000	YTD Variance £000	% Delivery	YTD Plan £000	YTD Target £000	YTD Actual £000	YTD Variance £000	% Delivery	YTD Plan £000	YTD Target £000	YTD Actual £000	YTD Variance £000	% Delivery
Care Groups / Collaboratives	8,977	7,478	6,804	-674	91%	22,978	26,623	17,985	-8,638	68%	31,955	34,101	24,789	-9,312	73%
ERF Delivery	4,877	4,491	4,877	386	109%	6,167	6,167	6,935	768	112%	11,044	10,658	11,812	1,154	111%
Corporate	632	700	607	-93	87%	3,705	3,238	3,091	-147	95%	4,337	3,938	3,698	-240	94%
Central	3,426	7,299	9,431	2,131	129%	11,957	3,479	11,496	8,017	330%	15,383	10,778	20,927	10,148	194%
Total	**17,912**	**19,969**	**21,718**	**1,749**	**109%**	**44,807**	**39,507**	**39,507**	**0**	**100%**	**62,719**	**59,476**	**61,225**	**1,749**	**103%**

Across the Group, overall year-to-date delivery is £61.2m (103% of target), with forecast delivery by the end of the year currently at £74.5m (100%).

Work continues through the Site leadership teams to identify and deliver efficiency savings to meet the targets, with escalation meetings held with Care Groups and Collaboratives. A UHT Financial Recovery Oversight Group, chaired by the Managing Director and with non-executive membership, has been established to monitor Site delivery and to provide oversight of the overall efficiency programme at a Group level,

Capital

The Group's gross capital expenditure plan for the 2024/25 financial year totals £100.5m.

The Group's ICS Capital Departmental Expenditure Limit (CDEL) for 2024/25 amounts to £32.7m, including an additional £5m bonus allocation relating to UEC performance at NTH. The ICS is expected to receive an additional CDEL allocation for IFRS16 expenditure, with the Group's plan totalling £5.1m.

The capital programme also includes external support, in the form of Public Dividend Capital (PDC) of £23.8m, including support for the Friarage Theatre development (£15.8m) and the Stockton CDC Hub (£7.2m), and Salix grant funding (£25.6m) for de-

carbonisation schemes across the Group. The plan also includes expected PFI lifecycle costs of £12.7m (the cost of which sits outside the ICS CDEL limit).

The Group's capital expenditure to the end of Month 10 amounted to £61.9m, as detailed in the table below.

	NTH £000	STH £000	Group £000
Equipment	821	1,986	2,807
Digital	625	1,813	2,438
Estates	6,574	2,011	8,585
PFI	0	9,820	9,820
Salix	5,433	4,173	9,606
FHN Hub	0	15,004	15,004
JCUH UTC	0	684	684
CDC Hub	10,853	0	10,853
IFRS 16	2,124	0	2,124
Total Gross Capital	**26,430**	**35,491**	**61,921**

For core CDEL, the Group is currently forecasting delivery by the end of the year to the agreed plans and the respective trusts' share of the system CDEL allocation.

However, against the notional CDEL allocation IFRS16 (right of use) assets, there is currently a significant pressure identified for STH. This pressure largely relates to the impact of indexation increases on the rental payments for leased properties. Following discussion and agreement with the ICB and regional NHSE, the forecast was reported in the Month 6 PFR return (and is part offset by forecast underspends at an overall system-level). Work is underway internally and across the system to identify options to mitigate the impact of the IFRS16 pressure during 2024/25. In addition, it is anticipated that the system will receive a fair shares allocation from national contingency funding for emerging IFRS16 pressures.

Liquidity

The cash balance at the end of Month 10 stood at £61.9m for the Group (with £42.4m relating to NTH and £19.5m relating to STH).

The continued 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	59,840	178,045
Total bills paid within target	58,330	174,971
Percentage of bills paid within target	**97.5%**	**98.3%**

STH	YTD Number	YTD Value £000
Total bills paid in the year	89,115	495,361
Total bills paid within target	86,330	476,729
Percentage of bills paid within target	**96.9%**	**96.2%**

GROUP	YTD Number	YTD Value £000
Total bills paid in the year	148,955	673,406
Total bills paid within target	144,660	651,700
Percentage of bills paid within target	**97.1%**	**96.8%**

Following Board approval on 7th of August, the STH Trust made a revenue cash support application on the 16th August for £14.1m support. Following a number of delays, NHSE confirmed on the 16th September that the cash application had been approved, and payment of the cash support from DHSC was received on 23rd September.

On 17th September, NHSE confirmed that non-recurrent deficit support that would be provided to systems with an agreed deficit plan, to enable them to deliver a break-even position. NENC ICB received £50m of deficit funding, in line with its agreed deficit plan for 2024/25, and has distributed this deficit support allocation to providers in proportion to planned deficits. The share attributable to STH was £17.4m, and this cash was paid in arrears on 15th October, with the remainder payable of the course of the financial year.

Following distribution of deficit support cash to systems to support break-even, national NHSE's expectations are that no further cash support applications are required by providers. However, given the residual STH deficit plan and working capital requirements, ongoing close monitoring and cash flow forecasting will be essential to minimise any additional cash support requirements. NTH are forecasting a cash balance of £57.4m at the end of the year.

Within the overall ICS system deficit plan, the ICB has a surplus plan. NENC ICB has agreed further non-recurrent allocations to address agreed contract pressures in providers in order to reduce the impact on cash flow and reduce borrowing costs for the overall system. The allocation to STH was £15.3m and the Trust's financial control total for the year was centrally adjusted by NHSE in Month 10 to reflect this.

Cash relating to this allocation is expected to be paid in February, and therefore the Trust does now not anticipate making a further application for national cash support during the current financial year.

Statement of Financial Position
The table below shows the balance sheet position for the two Trusts as at the end of Month 10:

	NTH £000	STH £000
Non-current assets		
Intangible assets	690	7,477
On-SoFP IFRIC 12 assets	0	147,424
Other property, plant and equipment (excludes leases)	147,963	161,854
Right of use assets - leased assets for lessee (excluding PFI/LIFT)	18,803	30,136
Receivables: due from NHS and DHSC group bodies	579	1,155
Receivables: due from non-NHS/DHSC Group bodies	1,227	481
Credit Loss Allowances	0	(2,427)
Total non-current assets	**169,262**	**346,100**
Current assets		
Inventories	7,020	17,184
Receivables: due from NHS and DHSC group bodies	1,126	40,469
Receivables: due from non-NHS/DHSC Group bodies	37,217	31,170
Credit Loss Allowances	(2,992)	(1,220)
Cash and cash equivalents: GBS/NLF	39,876	17,745
Cash and cash equivalents: commercial/in hand/other	2,474	1,773
Total current assets	**84,721**	**107,121**
Current liabilities		
Trade and other payables: capital	(2,695)	(11,324)
Trade and other payables: non-capital	(55,960)	(132,724)
Borrowings	(4,947)	(9,093)
Other financial liabilities	(759)	
Provisions	(956)	(1,585)
Other liabilities: deferred income including contract liabilities	(4,747)	0
Total current liabilities	**(70,064)**	**(154,726)**
Total assets less current liabilities	**183,919**	**298,495**
Non-current liabilities		
Borrowings	(33,232)	(261,240)
Provisions	(2,092)	(1,262)
Total non-current liabilities	**(35,324)**	**(262,502)**
Total net assets employed	**148,595**	**35,993**
Financed by		
Public dividend capital	193,280	445,831
Revaluation reserve	18,226	32,946
Other reserves	0	26,476
Income and expenditure reserve	(62,911)	(469,260)
Total taxpayers' and others' equity	**148,595**	**35,993**

4. RECOMMENDATIONS

Members of the Board are asked to:

- Note the financial position for Month 10 2024/25.

University Hospitals Tees

Integrated Performance Report (IPR) – reporting month December 2024

Meeting date: 4th March 2025

Reporting to: Group Board of Directors

Agenda item No: 17.1

Report author:

Lucy Tulloch, Deputy Director Strategy & Planning and Lynsey Atkins, Associate Director Planning, Performance & Improvement

Action required
Discussion

Information

Delegation status: Jointly delegated item to Group Board

Previously presented to:

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A centre of excellence ☒

A great place to work ☒

Deliver care without boundaries ☒

Make best use of our resources ☒

CQC domain link:

Choose an item.

Board assurance / risk register this paper relates to:

Performance and Compliance

Key discussion points and matters to be escalated from the meeting

The new group format Integrated Performance Report (IPR) provides, within one document, a consistent presentation of key metrics for each trust, and an aggregate group view. The narrative highlights performance trends and where applicable the actions in hand to address variance from plan. The alert, advise and assure framework is used to provide a clear line of sight on metric performance. Whilst underpinned by a larger number of measures and other evidence used to govern, manage and improve our services, these can be viewed as the sentinel metrics for the performance of the organisations.

The current IPR for data reporting month of December 2024 is presented for information and discussion on the items stated in the following alert, advise and assure sections.

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 IPR uses statistical process control, and expert judgment, to identify performance exceptions / consistent under-performance against plan, to alert to the Board and Committees.

For NTHFT, members of the Board are alerted to:

- MRSA is above plan with one new case per month for the last 5 months, against a plan of zero.
- *Pseudomonas* is tracking > 20% above plan YTD. Increased monitoring and observation is in place in targeted care areas and a wider regional review is planned in March 2025.
- Readmission rates continue to track above last year's national average, audits are ongoing to inform pathway improvements.
- Referral to treatment incomplete pathways consistently breach the constitutional standard of 92% and performance remains static.
- Patients waiting over 52 weeks has increased since October 2023. Through the system mutual support group, the Trust has supported the system in a reduction of the longest waiters over 65 weeks. There is a continued focus on reducing patients over 52 weeks across specialities, in accordance with clinical priority and operational planning guidance.
- Sickness absence performance is inconsistent, and plan is not met. Long term absence reduction will be the focus to drive the commitment to 1% reduction in absence across University Hospital Tees.
- Breastfeeding rates remain below the regional average and benchmarked plan, and no improvement has been made.
- Diagnostic 6-week wait standard continues to report below the standard, despite some recovery from August 2024 there is no sustained improvement. Additional capacity with the opening of the Stockton Community Diagnostic Centre will improve compliance.

For STHFT, members of the Board are alerted to:

- *E. coli* infections have been higher this year than the previous 2 years and remain 22% above plan year to date.
- Increased numbers of still births this year, reported via the Perinatal Mortality Review Tool and all cases are reviewed.
- Readmission rate is close to the 2023/24 national average but has deteriorated in recent months. Review of pathways with high rates has begun.
- Ambulance handovers within 60 minutes was outside expected variance and there was a spike of 12-hour breaches in December as winter illnesses peaked in the local area creating additional demand and acuity of illness.
- Cancelled operations not rebooked within 28 days have been higher this year than previously.
- Compliance with cancer treatment waiting time standards is recognised as a strategic risk; the position will be improved through delivery of action plans to improve access and processes within specific tumour groups enabling earlier diagnosis.
- Overall referral to treatment standard has shown deterioration and is now comparable to the national average. The number of patients waiting more than 52 weeks has reduced in recent months but remains consistently higher than plan. Focus is on prioritising the longest waiters as well those most clinically urgent.
- Complaints are not concluded within target timescales.
- Sickness absence rates are above the Trust's internal plan and were above expected limits for December at both STHFT and NTHFT, coinciding with peaking prevalence of winter illnesses. Long term absence reduction will be the focus to drive the commitment to 1% reduction in absence across University Hospital Tees. Extra support is being given at departmental level with some success.
- Annual appraisal trend has not changed significantly but the performance does not meet the new UHT plan of 85% and mandatory training compliance has dipped significantly for November and December in contrast to often meeting plan previously in 2024.
- Mandatory training performed outside of expected variation for the last 2 months, affected by rising DNAs for face to face sessions during winter pressure months.

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 Board and Committees are advised of areas of performance where there is ongoing focus to improve performance and/or assurance.

For NTHFT, members of the Board are advised:

- *C. difficile* infections are tracking 12% ahead of plan. A detailed plan is in place to improve compliance.
- *E. coli* infections are tracking 5% above plan YTD, however, collective actions have supported an improvement.
- *Klebsiella* infections are tracking 20% above plan, a regional review to support actions has been delayed due to operational pressures.

- Percentage of births with post-partum haemorrhage (PPH) greater than 1500ml rates is not consistently met within local plan.
- The 4-hour standard, is met most months, lower performance for between October and December 2024 yet exceeding 78% 24/25 recovery target.
- 12-Hour A&E Standard is consistently achieved, however, there was a rise in December 2024 as winter illnesses peaked in the local area.
- On the majority of days ambulance handover within 60 minutes is achieved. The Trust is a net importer of patients through the acceptance of regional mutual aid during demand surges.
- The Trust consistently achieves the 2-hour Community Response however achievement of plan is not statistically assured due to monthly variation.
- Operations cancelled not rebooked within 28-days does not meet plan however numbers remain low. A daily review of all cancellations is undertaken.
- The Cancer Faster Diagnosis, 31- Day and 62- day standards are not consistently met. Group improvement work, across tumour groups continues.
- Patient experience metrics are not consistently met.
- Complaints closed within time standard is not met. InPhase reporting is to be improved to enable better compliance monitoring.
- Mandatory training is not consistently achieved; a multi-professional steering group will review core skills framework needs analysis and impact.
- The financial position shows a small adverse variance year to date against month 9 plan. Financial controls are in place and have recently been reviewed, with a focus on recurrent efficiency delivery, and oversight of financial risks through Resources Committee.

For STHFT, members of the Board are advised:

- *C. difficile*, *Pseudomonas* and MRSA infections are tracking slightly higher than plan.
- Within maternity services, breastfeeding rates have improved as a result of supportive interventions but remain below the regional average. Post-partum haemorrhage rates are above local plan but are not a regional or national outlier. The proportion of patients giving positive feedback on their maternity care is often lower than the target.
- A&E 4-hour standard was below planned recovery trajectory for December.
- Standardised mortality is 'as expected' and demonstrating an improving trend.
- Community 2-hour urgent response rate consistently exceeds plan and is an important element of managing urgent care demand but due to higher demand, the most recent three months show lower performance outside of expected variance.
- Diagnostic 6-week wait is improving. Further gains are dependent on action plans in specialist services that require longer timescales for delivery.
- The financial position shows a small adverse variance year to date against month 9 plan. Financial controls are in place, with a focus on recurrent efficiency delivery, and oversight of financial risks through Resources Committee.

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 IPR uses statistical process control to provide positive assurance on performance, where standards are consistently met.

For NTHFT, members of the Board are assured:

- Standardised mortality is 'as expected' and consistently tracks positively below the national standard.
- Staff turnover demonstrates improving performance, positively below plan which is consistently met.
- Target annual appraisal rate is consistently achieved.

For STHFT, members of the Board are assured:

- *Klebsiella* infection levels are on plan year to date with only two cases reported for December.
- Rates of 3rd/4th degree tear in maternity care are consistently below plan.
- The Trust receives regular positive patient feedback survey results for inpatient, outpatient and community services.

Recommendations:

Members of the Board of Directors are asked to:

- Receive the Integrated Performance Report for reporting period December 2024.
- Note that separate agenda items into the Committees, as set out in the annual cycles of business, will provide further detailed reporting and assurance.
- Note the performance standards on which assurance is provided; those advised for ongoing monitoring and improvement; and those alerted as exceptions or consistent under-performance against plan; and the improvement actions being taken.

NHS
University Hospitals Tees

Integrated Performance Report (IPR)

Reporting month: December 2024

Caring Better Together

Overview

- The IPR reports on the key indicators and standards by which Trusts' performance is monitored. They are underpinned by a broader range of metrics and evidence for clinical governance and operational management.
- **SAFE:** Focus on infection prevention and control to support the sites in safely managing patient flow as seasonal infections increase in prevalence.
- **EFFECTIVE:** Standardised mortality is 'as expected' for both Trusts. Readmission rates currently above 2023/24 national average for both Trusts.
- **RESPONSIVE:** NTHFT has strong performance in urgent and emergency care, with STHFT demonstrating improvement prior to December and the peak prevalence of winter illnesses in the local area. Managing the increase in demand during the winter months is challenging. Community services are integral, maximising use of urgent community response teams, 'hospital at home' and the frailty service to identify patients whose needs are best served in a community setting including their own home.
- Both Trusts are focusing on the further improvement required to tackle waiting times for elective care, diagnostics and within cancer pathways. Whilst focus has been on ensuring the very longest waiters receive their treatment, there is not consistent improvement/achievement across the core metrics. Productivity improvements such as driving up theatre utilisation to create more capacity for patients awaiting surgery, waiting list validation and cancer pathway action plans are tools being used to address challenges.
- **CARING:** The IPR demonstrates that both trusts are generally performing well in patient feedback surveys. Our responsiveness to enquiries and complaints is being addressed with senior leadership support.
- **WELL LED:** The improvement of working lives, staff retention and attendance will be a focus for the People Directorate. This will be done via implementation of the national People Promise, as part of the Group People Plan. A detailed absence plan and focus on whole time equivalent reduction will support the Groups obligation to deliver the agreed financial position.
-

Regulation & Compliance

Regulated by CareQuality Commission

North Tees & Hartlepool Hospitals NHS Foundation Trust has an overall rating of Requires Improvement.
Since the 2022 inspection CQC recommendations have been addressed and action plan completed.

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Sept 2022	Requires improvement ↓ Sept 2022	Good → ← Sept 2022	Good → ← Sept 2022	Requires improvement ↓ Sept 2022	Requires improvement ↓ Sept 2022

South Tees Hospitals NHS Foundation Trust has an overall rating of Good.
Since the 2023 CQC inspection 11 Must Do and 15 Should Do actions have been completed. The remaining 2 Must Do and 5 Should Do actions are in progress. Each has a robust plan that is reviewed monthly by the CQC Compliance Group. Recent progress includes assurance on the assessment of patient pain.

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ May 2023	Good ↑ May 2023	Good → ← May 2023	Good → ← May 2023	Good ↑ May 2023	Good ↑ May 2023

CQC assessment ratings per hospital site and service can be found on the CQC website.

Caring Better Together

NHS Oversight Framework for UHT

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 24/25 v 23/24	1st OP - YTD growth 24/25 v 23/24	Total elective - YTD growth 24/25 v 23/24	Diagnostic activity 24/25 v 23/24	Diagnostic 6 week waits	Cancer 62 day	Cancer 62 day backlog	Cancer treatments (first and subsequent)	Cancer 28 day FD
Data period	Dec-24	Dec-24	Dec-24	Dec-24	Dec-24	Nov-24	Nov-24	Nov-24	Nov-24	Nov-24	Nov-24	Nov-24	Nov-24	Nov-24	Nov-24	Nov-24	Nov-24	Dec-24	Nov-24	Nov-24
Target	95%	Zero				92%	24/25 Plan	24/25 Plan	Zero	Zero	24/25 Plan					<=1%	85%	Mar 24 Plan		75%
North Tees & Hartlepool NHSFT	80.9%	36	6.3%	228	50	71.5%	221	0	0	0	20,092	106%	103%	102%	97%	13.5%	71.6%	96	209	81.9%
South Tees Hospitals NHSFT	72.1%	104	9.8%	469	523	60.0%	1,587	76	2	0	55,853	111%	105%	110%	98%	14.5%	58.5%	134	634	76.2%
NENC ICS Provider level *(including IS providers)*	74.1%	683	9.5%	3,277	2,442	68.9%	5,519	277	86	5	374,464	106%	104%	107%	105%	12.8%	70.7%	880	3,326	80.0%
North East & Yorkshire	71.1%		9.8%			64.3%										16.1%	68.6%			79.4%
National	71.1%		12.0%			59.1%										19.9%	69.4%			77.4%

Notes:
•RTT Waiting List, Cancer 62 day backlog, Cancer treatments & MH metrics are RAG rated against 24/25 plans •Diagnostic activity against baseline only includes activity for the 7 tests included in the planning round

Urgent and emergency care metrics show good performance for NTHFT in December compared to national benchmarks. STHFT A&E standard has met the planned improvement trajectory all year but deviated in December as flu and respiratory illness peaked. 4-hour performance remains a strategic risk with actions reviewed monthly. Reducing ambulance handover delays and the longest department waits are a priority.

Elective care metrics show an RTT 18-week standard position at both Trusts that is above the national average, with NTHFT benchmarking well in the region too. NTHFT focus is now on ensuring patients wait no longer than 52 weeks. STHFT services are working to eliminate waits above 65 weeks. Given also the total waiting list size, achievement of this standard is a strategic risk for both Trusts. Both Trusts are exceeding 23/24 levels of outpatient and elective activity.

Cancer 62-day standard is an area of key concern, logged as a strategic risk. Completed pathway performance is below comparator averages for STHFT, and backlogs remain above plan at both Trusts. However, both Trusts met the 28-day faster diagnosis standard in November 2024, a key enabling metric within cancer pathways. Actions are focused on reducing delays in specific tumour pathways, whilst investment in cancer navigators helps to ensure individual cases are proactively pursued through the diagnostic and treatment steps.

North Tees & Hartlepool NHSFT summary

NTHFT is in NHS Oversight Framework segment 2, the default segment for trusts.

Alert

- MRSA is above plan with one new case per month for the last 5 months, against a plan of zero.
- *Pseudomonas* is tracking > 20% above plan YTD. Increased monitoring and observation is in place in targeted care areas and a wider regional review is planned in March 2025.
- Readmission rates continue to track above last year's national average, audits are ongoing to inform pathway improvements.
- Referral to treatment incomplete pathways consistently breach the constitutional standard of 92% and performance remains static.
- Patients waiting over 52 weeks has increased since October 2023. Through the system mutual support group, the Trust has supported the system in a reduction of the longest waiters over 65 weeks. There is a continued focus on reducing patients over 52 weeks across specialities, in accordance with clinical priority and operational planning guidance.
- Sickness absence performance is inconsistent, and plan is not met. Long term absence reduction will be the focus to drive the commitment to 1% reduction in absence across University Hospital Tees.
- Breastfeeding rates remain below the regional average and benchmarked plan, and no improvement has been made.
- Diagnostic 6-week wait standard continues to report below the standard, despite some recovery from August 2024 there is no sustained improvement. Additional capacity with the opening of the Stockton Community Diagnostic Centre will improve compliance.

Advise

- *C. difficile* infections are tracking 12% ahead of plan. A detailed plan is in place to improve compliance.
- *E. coli* infections are tracking 5% above plan YTD, however, collective actions have supported an improvement.
- Klebsiella infections are tracking 20% above plan, a regional review to support actions has been delayed due to operational pressures.
- Percentage of births with post-partum haemorrhage (PPH) greater than 1500ml rates is not consistently met within local plan.
- The 4-hour standard, is met most months, lower performance for between October and December 2024 yet exceeding 78% 24/25 recovery target.
- 12-Hour A&E Standard is consistently achieved, however, there was a rise in December 2024 as winter illnesses peaked in the local area.
- On the majority of days ambulance handover within 60 minutes is achieved. The Trust is a net importer of patients through the acceptance of regional mutual aid during demand surges.
- The Trust consistently achieves the 2-hour Community Response however aachievement of plan is not statistically assured due to monthly variation.
- Operations cancelled not rebooked within 28-days does not meet plan however numbers remain low. A daily review of all cancellations is undertaken.
- The Cancer Faster Diagnosis, 31- Day and 62- day standards are not consistently met. Group improvement work, across tumour groups continues.
- Patient experience metrics are not consistently met.
- Complaints closed within time standard is not met. InPhase reporting is to be improved to enable better compliance monitoring.
- Mandatory training is not consistently achieved; a multi-professional steering group will review core skills framework needs analysis and impact.
- The financial position shows a small adverse variance year to date against month 9 plan. Financial controls are in place and have recently been reviewed, with a focus on recurrent efficiency delivery, and oversight of financial risks through Resources Committee.

Assure

- Standardised mortality is 'as expected' and consistently tracks positively below the national standard.
- Staff turnover demonstrates improving performance, positively below plan which is consistently met.
- Target annual appraisal rate is consistently achieved.

South Tees Hospitals NHSFT summary

STHFT is in NHS Oversight Framework segment 3, driven by the underlying financial deficit position of STHFT.

Alert

- *E. coli* infections have been higher this year than the previous 2 years and remain 22% above plan year to date.
- Increased numbers of still births this year, reported via the Perinatal Mortality Review Tool and all cases are reviewed.
- Readmission rate is close to the 2023/24 national average but has deteriorated in recent months. Review of pathways with high rates has begun.
- Ambulance handovers within 60 minutes was outside expected variance and there was a spike of 12-hour breaches in December as winter illnesses peaked in the local area creating additional demand and acuity of illness.
- Cancelled operations not rebooked within 28 days have been higher this year than previously.
- Compliance with cancer treatment waiting time standards is recognised as a strategic risk; the position will be improved through delivery of action plans to improve access and processes within specific tumour groups enabling earlier diagnosis.
- Overall referral to treatment standard has shown deterioration and is now comparable to the national average. The number of patients waiting more than 52 weeks has reduced in recent months but remains consistently higher than plan. Focus is on prioritising the longest waiters as well those most clinically urgent.
- Complaints are not concluded within target timescales.
- Sickness absence rates are above the Trust's internal plan and were above expected limits for December at both STHFT and NTHFT, coinciding with peaking prevalence of winter illnesses. Long term absence reduction will be the focus to drive the commitment to 1% reduction in absence across University Hospital Tees. Extra support is being given at departmental level with some success.
- Annual appraisal trend has not changed significantly but the performance does not meet the new UHT plan of 85% and mandatory training compliance has dipped significantly for November and December in contrast to often meeting plan previously in 2024.
- Mandatory training performed outside of expected variation for the last 2 months, affected by rising DNAs for face to face sessions during winter pressure months.

Advise

- *C. difficile*, *Pseudomonas* and MRSA infections are tracking slightly higher than plan.
- Within maternity services, breastfeeding rates have improved as a result of supportive interventions but remain below the regional average. Post partum haemorrhage rates are above local plan but are not a regional or national outlier. The proportion of patients giving positive feedback on their maternity care is often lower than the target.
- A&E 4-hour standard was below planned recovery trajectory for December.
- Standardised mortality is 'as expected' and demonstrating an improving trend.
- Community 2-hour urgent response rate consistently exceeds plan and is an important element of managing urgent care demand but due to higher demand, the most recent three months show lower performance outside of expected variance.
- Diagnostic 6-week wait is improving. Further gains are dependent on action plans in specialist services that require longer timescales for delivery.
- The financial position shows a small adverse variance year to date against month 9 plan. Financial controls are in place, with a focus on recurrent efficiency delivery, and oversight of financial risks through Resources Committee.

Assure

- *Klebsiella* infection levels are better than plan, year to date, with only two cases reported for December.
- Rates of 3rd/4th degree tear in maternity care are consistently below plan.
- The Trust receives regular positive patient feedback survey results for inpatient, outpatient and community services.

Index of metrics

SAFE:

Incidents per 1000 Bed Days
Patient Safety Incident Investigations
Never Events
Never Events per 1000 Bed Days
Falls with Harm Rate % (per 1000 Bed Days)
C. difficile infections
MRSA infections
E. coli infections
Klebsiella infections
Pseudomonas infections

SAFE – MATERNITY:

Babies Born
Still Births
Induction of Labour (%)
Breast Feeding at First Feed (%)
PPH > 1500ml (%)
Number of 3rd/4th Degree Tear (%)

EFFECTIVE:

Summary Hospital-Level Mortality Indicator
Readmission Rate (%)

RESPONSIVE:

Handovers – Within 60 mins (%)
4-Hour A&E Standard (%)
12-Hour A&E Breaches (%)
Community UCR 2 Hour Response Rate (%)
Cancelled Operations Not Rebooked in 28 Days
Cancer Faster Diagnosis Standard (%)
Cancer 31 Day Standard (%)
Cancer 62 Day Standard (%)
Diagnostic 6 Weeks Standard (%)
RTT Incomplete Pathways (%)
RTT 52 Week Waiters

CARING:

A&E Experience (%)
Inpatient Experience (%)
Maternity Experience (%)
Outpatient Experience (%)
Community Experience (%)
Collaborative Enquiries Closed in Target (%)
Feedback Acknowledged in 3 Days (%)
Complaints Closed Within Target (%)

WELL LED:

Sickness Absence (%)
Staff Turnover (%)
Annual Appraisal (%)
Mandatory Training (%)
Cumulative YTD Financial Position (£Millions)

SAFE DOMAIN SUMMARY

Executive lead: Maurya Cushlow, Chief Nursing Officer **Accountable to: Quality Assurance Committee**

The Patient Safety Incident Response Framework is becoming embedded. PSIRF encompasses a range of system-based and proportionate approaches to learning from incidents. Compassionate engagement with all who are affected (patients, families, carers and staff members) is a cornerstone of PSIRF. Thematic review is used to identify trends and learning.

Healthcare acquired infections are closely monitored with an increase in all reportable infections across sites. Significant operational pressures have impacted and continue to do so. Cross-site collaborative working with NTH Solutions continues in relation to a decant cleaning programme of equipment and pilot introduction of ward hygienists, however this has still not progressed. A full review across sites in relation to current position and actions is underway.

NTHFT

Metric	Month Target	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Incidents Per 1000 Bed Days		83.15	75.78	79.05	91.1	94.34	96.91	109.35	94.32	96.33	98.92	94.86	89.01
Patient Safety Incident Investigations		0	0	0	0	0	3	2	3	1	3	2	0
Never Events	0	0	0	0	0	0	0	0	0	0	1	0	0
Never Event Rate (Per 1000 Bed Days)	0	0	0	0	0	0	0	0	0	0	0.07	0	0
Falls With Harm Rate (Per 1000 Bed Days)		0.25	0.6	0.27	0.14	0.14	0.15	0	0.22	0.28	0.07	0.27	0.14
C-Difficile	5	6	8	5	7	10	7	10	6	3	9	2	1
MRSA	0	2	0	0	0	0	0	0	1	1	1	1	1
E-Coli	8	7	6	8	5	4	6	10	7	13	13	5	3
Klebsiella	3	7	1	3	2	2	2	2	5	3	4	2	2
Pseudomonas	1	0	4	4	1	3	1	0	2	0	2	2	2

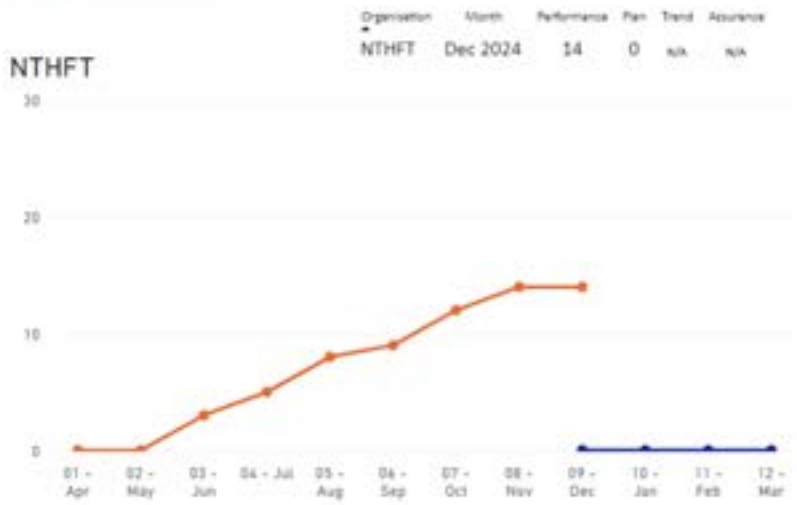
STHFT

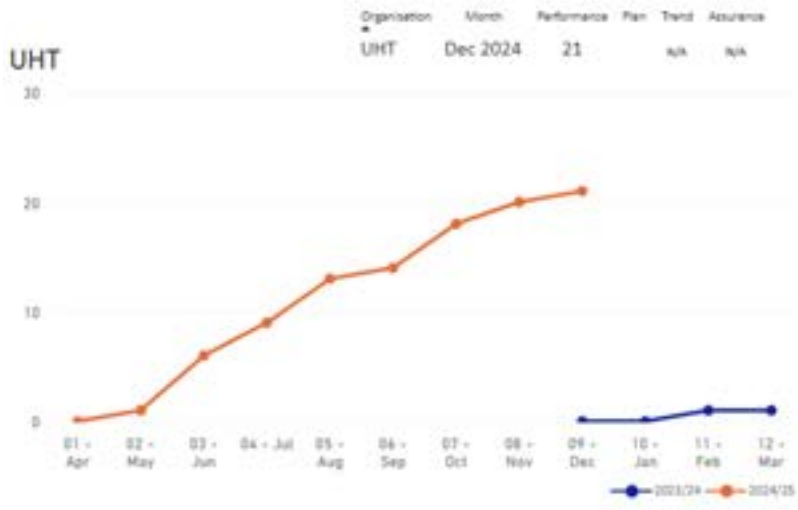
Metric	Month Target	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Incidents Per 1000 Bed Days		59.57	61.58	63.81	64.73	67.71	70.5	70.38	66.52	72.44	74.79	64.02	67.61
Patient Safety Incident Investigations			1	0	0	1	2	1	1	0	1	0	1
Never Events	0	0	0	0	0	0	1	0	1	0	2	1	1
Never Event Rate (Per 1000 Bed Days)	0	0	0	0	0	0	0.03	0	0.03	0	0.05	0.03	0.03
Falls With Harm Rate (Per 1000 Bed Days)		0.1	0.13	0.05	0.16	0.13	0.14	0.08	0.06	0.03	0.11	0.14	0.16
C-Difficile	10	5	13	9	9	8	12	15	13	9	11	17	11
MRSA	0	0	0	0	0	0	0	0	1	0	0	1	0
E-Coli	11	11	9	10	15	20	12	12	13	11	17	12	14
Klebsiella	5	7	3	5	6	1	5	9	4	6	8	1	2
Pseudomonas	1	0	3	0	2	3	0	3	2	1	3	1	0

SAFE Incidents Per 1000 Bed Days

Metric: Incidents rate per 1000 bed days
Plan: n/a
Rationale: Enables benchmarking.
Data quality: Assured. Each incident is validated.
Trend: No significant trend in recent 6 months.
Assurance: n/a
Action taken: A review is being undertaken by patient safety teams to understand the differences in incident reporting numbers between sites. As NRLS data is no longer available for regional comparison, there has been discussion with the ICB to potentially undertake some regional benchmarking for additional context, who have agreed to support this.
Executive lead: Chief Nurse
Accountable to: Quality Assurance Committee

SAFE Patient Safety Incident Investigations (YTD)





Metric: PSIIs initiated, cumulative annually from April.
Plan: n/a. An open reporting culture is encouraged.
Rationale: NHS Quality Accounts regulatory indicator.
Data quality: Assured. Each incident is validated. NTHFT had 2 PSIIs de-logged in July 2024 (removed from the cumulative position).
Trend: NTHFT: 14 PSIIs YTD. STHFT: 7 PSIIs YTD.
Assurance: n/a
Action taken:. PSIIs are reviewed at a weekly learning response panels, per Trust, to determine how they are investigated under the patient safety incident response framework. During December, 1 new PSII was logged at STHFT.
Executive lead: Chief Nurse
Accountable to: Quality Assurance Committee

SAFE Never Events (YTD)

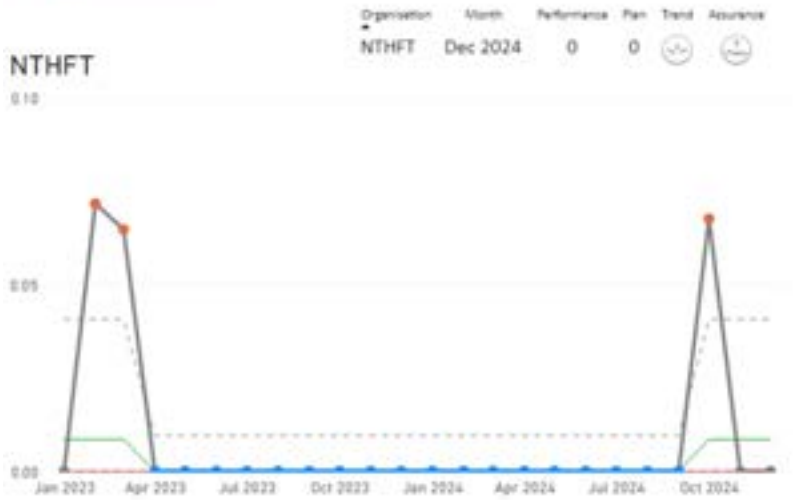
NTHFT

STHFT

UHT

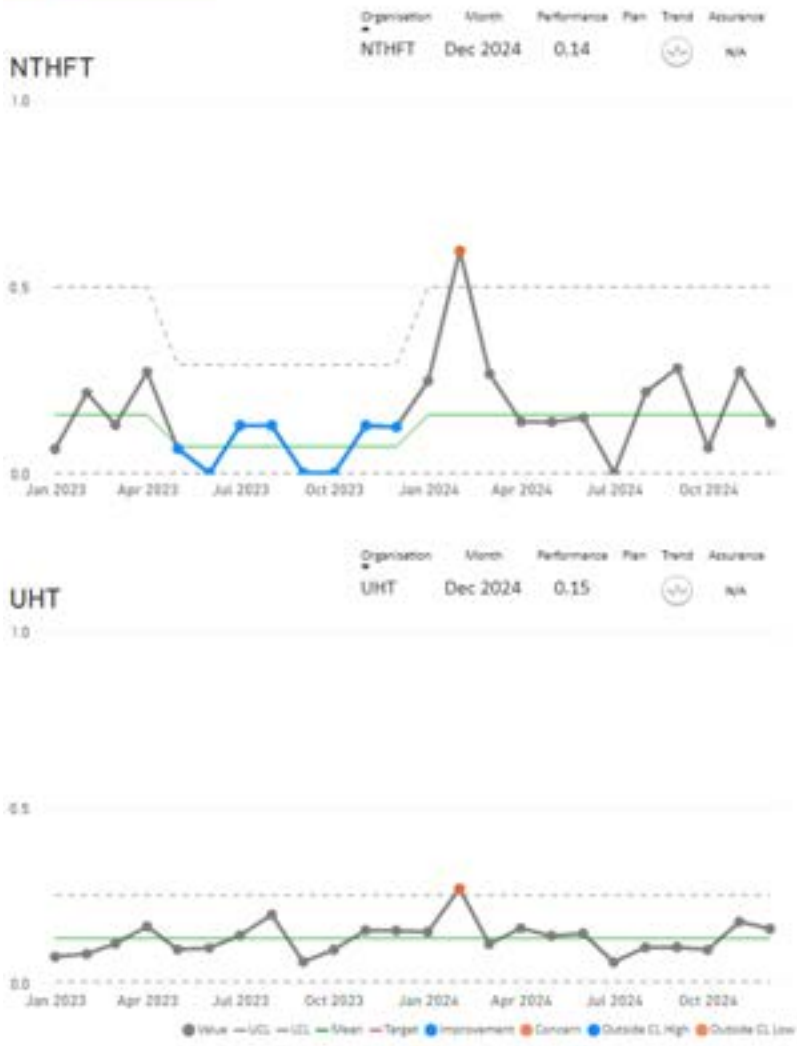
Metric: Never Events (a defined list of serious preventable errors), cumulative annually from April.
Plan: Zero.
Rationale: NHS Quality Accounts regulatory indicator.
Data quality: Assured. Each incident is validated.
Trend: NTHFT: 1 Never Event YTD. STHFT 6 Never Events YTD.
Assurance: Advise: During December 1 Never Event was registered at STHFT, zero at NTHFT.
Action taken: Never Events are reviewed at a multi-disciplinary panel. PSII methodology is used to review the incident from a systems perspective.
Executive lead: Chief Nurse
Accountable to: Quality Assurance Committee

SAFE Never Event Rate (Per 1000 Bed Days)



Metric: Never Events (a defined list of serious preventable errors), per 1000 bed days
Plan: Zero.
Rationale: Historically, Never Events occurring within a Trust have been viewed purely by crude numbers. However, evidence indicates that larger Trusts have higher number of Never Events, due to their level of activity.
Data quality: Assured. Each incident is validated.
Trend: No trend.
Assurance: Advise.
Action taken: Discussed with ICB, to consider undertaking regional benchmarking exercise, however this wasn't approved by ICB lead. Risk Summits held for clinical area with recurrent Never Events.
Executive lead: Chief Nurse
Accountable to: Quality Assurance Committee

SAFE Falls With Harm Rate (Per 1000 Bed Days)



Metric: Falls resulting in harm graded moderate and above, as a rate per 1000 inpatient bed-days.
Plan: n/a
Rationale: NHS Quality Accounts regulatory indicator. National Audit of Inpatient Falls reporting criteria has expanded to include all fractures, spinal injuries and head injuries from January 2025.
Data quality: Assured. Each incident is validated.
Trend: No trend.
Assurance: n/a
Action taken: Site based Falls meetings are in place monthly to provide assurance to deliver Falls Improvement Plan.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

SAFE C-Difficile (YTD)

Metric: Healthcare associated cases of *Clostridioides difficile*, cumulative annually from April.
Plan: NHS standard contract trajectory: 5% reduction on 23/24 performance
Rationale: NHS Contract and Quality Accounts regulatory indicator.
Data quality: Assured. Each incident is validated.
Trend: NTHFT: Rate of infections year-to-date improving; STHFT in line with plan.
Assurance: NTHFT: Advise, 12% above plan YTD.
STHFT: Advise, 13% above plan YTD.
Action taken: Priority hydrogen peroxide vapour fogging, in line with national guidance across both trusts. Both Trusts have detailed action plans.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

SAFE MRSA (YTD)

Metric: Healthcare associated cases of Methicillin resistant *Staphylococcus aureus*, cumulative annually from April.
Plan: Zero tolerance.
Rationale: NHS Contract indicator.
Data quality: Assured. Each incident is validated.
Trend: Number of infections at NTHFT above previous years and STHFT in line with previous years against a challenging zero tolerance.
Assurance: Alert NTHFT: 1 new case per last 5 months. STHFT: Advise, 2 cases YTD. Plan not achievable.
Action taken: Antimicrobial stewardship remains a priority for both Trusts in 2024/25. A focus on MRSA screening on admission remains a priority alongside increased education and training. Investigations have not clearly demonstrated a source of infection, limiting more targeted improvement opportunities.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

SAFE E-Coli (YTD)

Metric: Healthcare associated cases of *Escherichia coli*, cumulative annually from April.
Plan: NHS standard contract trajectory: at least 1 case fewer than 23/24 outturn.
Rationale: NHS Contract indicator.
Data quality: Assured. Each incident is validated.
Trend: NTHFT: improvements are bringing performance closer to plan. STHFT: Number of infections tracking higher than plan.
Assurance: NTHFT: Advise, cases 5% above plan YTD. STHFT: Alert, cases 22% above plan YTD.
Action taken: Collective actions across both acute and community to target catheter associated UTI. Focused events planned at STHFT in relation to aseptic technique and line care.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

SAFE Klebsiella (YTD)

Metric: Healthcare associated cases of *Klebsiella* infection, cumulative annually from April.
Plan: NHS standard contract trajectory: at least 1 case fewer than 23/24 outturn.
Rationale: NHS Contract indicator.
Data quality: Assured. Each incident is validated.
Trend: NTHFT: Number of infections raised on previous years, in context of national increase. STHFT: under plan.
Assurance: NTHFT: Advise, cases 20% above plan YTD. STHFT: Assure, meeting plan YTD.
Action taken: Regional review underway with input from NTHFT and STHFT, delayed due to significant operational pressures but planned for March 2025.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

SAFE Pseudomonas (YTD)

Metric: Healthcare associated cases of *Pseudomonas* infection, cumulative annually from April.
Plan: NHS standard contract trajectory: at least 1 case fewer than 23/24 outturn.
Rationale: NHS Contract indicator.
Data quality: Assured. Each incident is validated.
Trend: NTHFT: Number of infections rising in last 3 months. STHFT: no further infections in December.
Assurance: NTHFT: Alert, cases 44% above plan YTD. STHFT: Advise, cases 7% above plan.
Action taken: Augmented care areas continue to receive increased monitoring and support for observation. Regional review planned for March 2025.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

SAFE MATERNITY SUMMARY

Executive lead: Maurya Cushlow, Chief Nursing Officer Accountable to: Quality Assurance Committee

Maternity services metrics for the IPR are being reviewed to ensure that the most relevant metrics to inform the Board of safe and effective care are included, as an overview of the regular in-depth reporting by maternity services through Quality Assurance Committee and the Local Maternity and Neonatal System Board.

Trends in maternity services metrics reflect the different case mix at the two Trusts, with a greater proportion and the more complex of the high-risk pregnancies, being cared for at the James Cook University Hospital, which impacts on metrics such as the number of still births, which have been higher at STHFT this year to date. This is being reviewed in relation to longer-term time series validated data. Breastfeeding rates are a focus, with actions in place at NTHFT to support and promote breastfeeding. Both Trusts participate in simulation exercises, care bundles and research studies to identify where clinical care can be further improved.

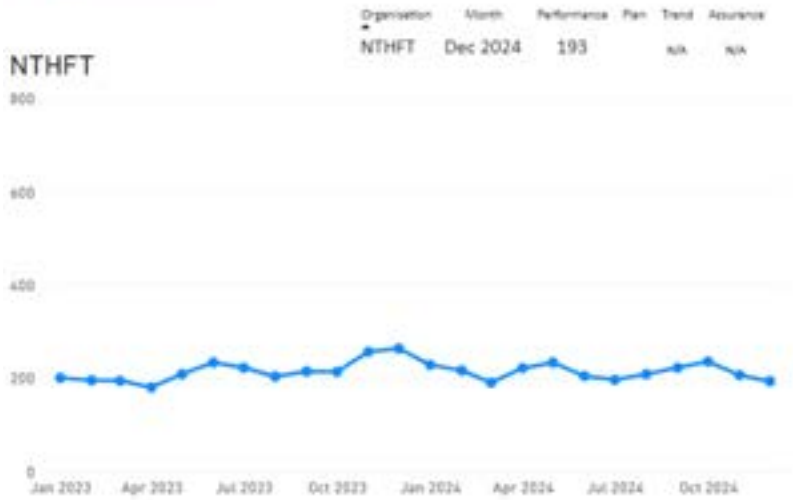
NTHFT

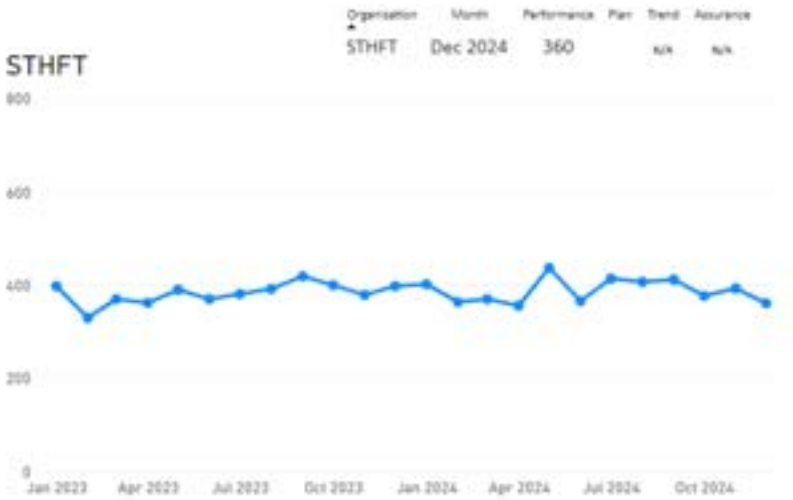
Metric	Month Target	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
No. of babies born		228	216	190	221	233	204	196	208	222	235	206	193
Still Births	0	0	0	0	0	1	1	0	1	0	2	1	0
Induction of Labour (%)		41.7%	46.8%	45.3%	43.4%	46.4%	44.6%	43.4%	44.7%	44.7%	44.7%	43.3%	46.6%
Breast Feeding at First Feed	75%	43.9%	44.9%	46.3%	50.2%	45.1%	54.4%	56.1%	50%	50%	48.1%	52.4%	53.9%
PPH > 1500ml (%)	3.3%	4.39%	1.85%	1.05%	2.71%	1.29%	3.43%	3.06%	2.4%	2.76%	2.55%	3.45%	2.07%
Number of 3rd/4th degree tear (%)		2.6%	0.5%	1.6%	1.8%	0.4%	0.5%	0.5%	0%	2.3%	1.3%	1%	1.6%

STHFT

Metric	Month Target	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
No. of babies born		401	363	369	355	436	365	413	406	411	376	392	360
Still Births		3	1	5	1	3	3	0	4	1	2	2	0
Induction of Labour (%)		39.9%	40.2%	37.6%	40.1%	38%	37.6%	36.6%	35.8%	37.7%	37.7%	39.2%	43%
Breast Feeding at First Feed	74.5%	60.8%	61.2%	60.4%	65.6%	63.8%	63.8%	67.1%	65.8%	64.7%	63.3%	62%	65.6%
PPH > 1500ml (%)	2%	3.41%	3.75%	3.16%	3.02%	2.68%	3.17%	3.35%	2.39%	2.61%	4.16%	3.49%	2.7%
Number of 3rd/4th degree tear (%)	3.5%	1.2%	1.1%	1.6%	1.6%	0.9%	1.6%	1.2%	1.7%	0.9%	1.3%	2%	1.4%

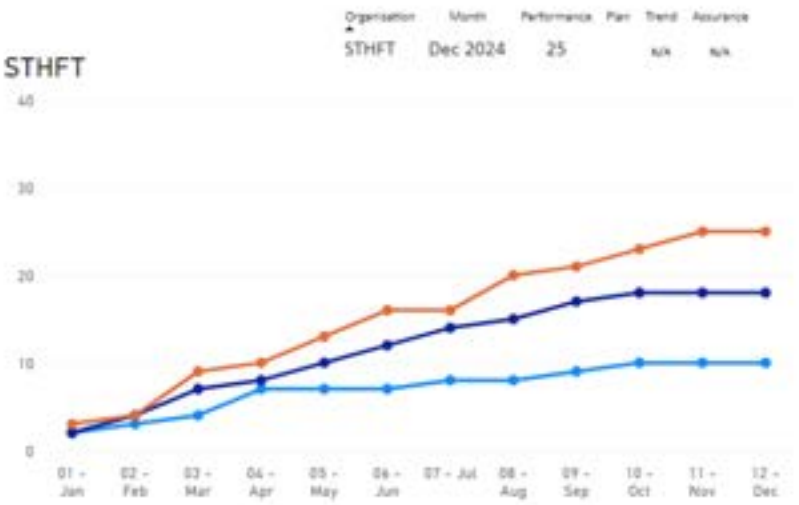
SAFE No. of babies born





Metric: Count of babies born under care of each Trust.
Plan: n/a
Rationale: Context for maternity metrics.
Data quality: Assured, validated data.
Trend: Number of births at NTHFT and STHFT is stable over 2-year timeframe.
Assurance: n/a
Action taken: n/a
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

SAFE Still Births (YTD)

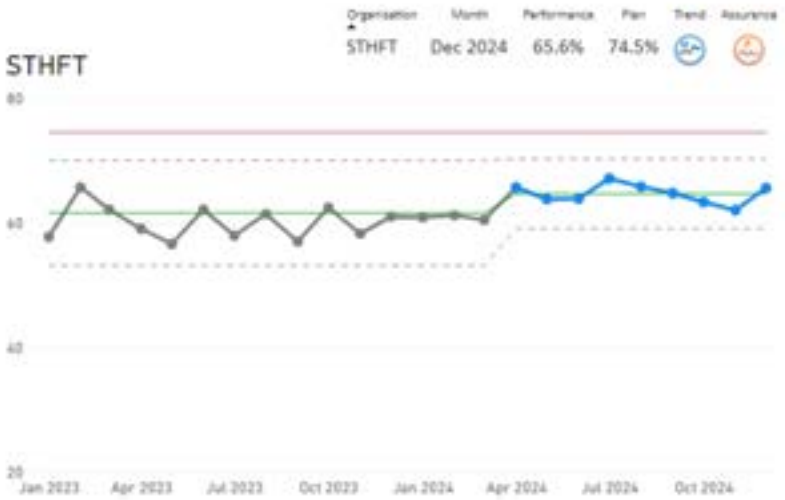


Metric: Count of still births under care of each Trust (deaths from 24 weeks gestation).
Plan: National ambition to reduce stillbirths by 50% by 2025
Rationale: National Maternity Indicator.
Data quality: Assured, validated data.
Trend: Number of still births at STHFT is higher than in previous two years.
Assurance: NTHFT: N/A. STHFT: Alert, increased still births this year.
Action taken: Recent rise in still births under review and monitored by clinical team. Perinatal losses are reported via the Perinatal Mortality Review Tool and all cases are reviewed in full by an MDT team.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

SAFE Induction of Labour (%)

Metric: Percentage of births with induction of labour.
Plan: n/a. No national target.
Rationale: Saving Babies Lives care bundle local indicator.
Data quality: Assured, validated data.
Trend: NTHFT: no trend. STHFT: induction of labour rate reduced from December 2023 until December 2024 when it was just above the control limit of that 12-month period.
Assurance: n/a
Action taken: n/a
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

SAFE Breast Feeding at First Feed

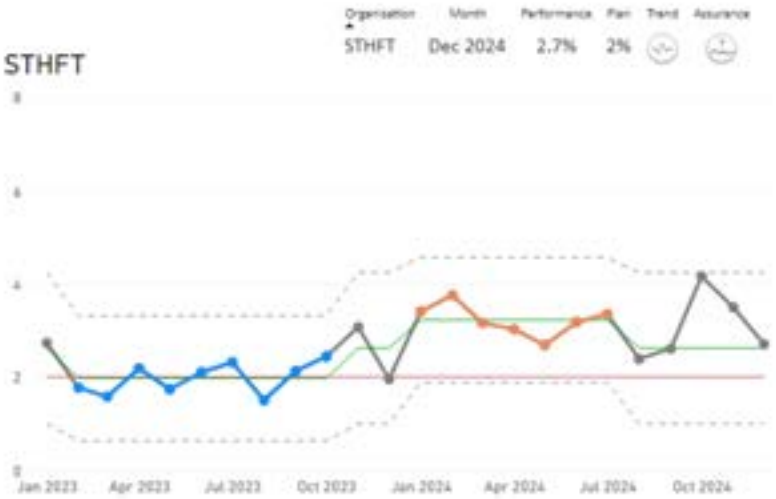


Metric: Percentage of births where breastfeeding is initiated, reported at first feed.
Plan: Local plan 75% benchmarked to regional average
Rationale: UNICEF Baby Friendly breast-feeding initiative; national maternity dashboard Clinical Quality Improvement Metric (CQIM)
Data quality: Assured, validated data.
Trend: NTHFT: no trend. STHFT: improvement in breastfeeding rates since April 2024.
Assurance: NTHFT: Alert: no improvement. STHFT: Advise: positive trend but consistently below plan.
Action taken: At NTHFT a different staffing model is being explored to support infant feeding and, as a result of a focused project, 80% of preterm newborns have received expressed breast milk within 6 hours.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

SAFE PPH > 1500ml (%)

NTHFT

STHFT



UHT

Metric: Percentage of births with post-partum haemorrhage (PPH) greater than 1500ml.
Plan: Local plans, previous national standard 3.3%.
Rationale: National Maternity Indicator and Clinical Quality Improvement Metric.
Data quality: Assured, validated data.
Trend: NTHFT: no trend. STHFT: PPH rates have increased since September 2023.
Assurance: Advise: Rates do not consistently achieve local plans.
Action taken: Both NTHFT and STHFT are now part of a research study to look at interventions to reduce PPH.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

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

NTHFT

STHFT

UHT

Metric: Percentage of births with 3rd/4th degree maternal tear.
Plan: Local plans.
Rationale: National Maternity Indicator.
Data quality: Assured, validated data.
Trend: No trend.
Assurance: Assure: rates at STHFT are consistently below plan, with similar rates at NTHFT.
Action taken: Royal College of Obstetricians & Gynaecologists care bundle (OASI) continues at both NTHFT and STHFT.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

EFFECTIVE DOMAIN SUMMARY

Executive lead: Dr Michael Stewart, Chief Medical Officer Accountable to: Quality Assurance Committee

Summary Hospital-level Mortality Indicator (SHMI) is 'as expected' for both Trusts. Assurance continues to require non-statistical approaches. At STHFT, since the Medical Examiner Service became statutory on 9 September 2024, its information is no longer available to the Trust, but they continue to review >98% of deaths and refer relevant cases to the Trust Mortality Surveillance team for further review/investigation/action where required. SHMI is influenced by the depth of co-morbidity coding: coding of co-morbidities is a theme in the STHFT coding action plan, as benchmarking identifies this as an area for further improvement. Learning across the Group contributes to this as NTHFT benchmark well.

Approach to readmission has been reviewed and a standardised approach with HED data benchmarking introduced. More detailed work to analyse this data has now commenced.

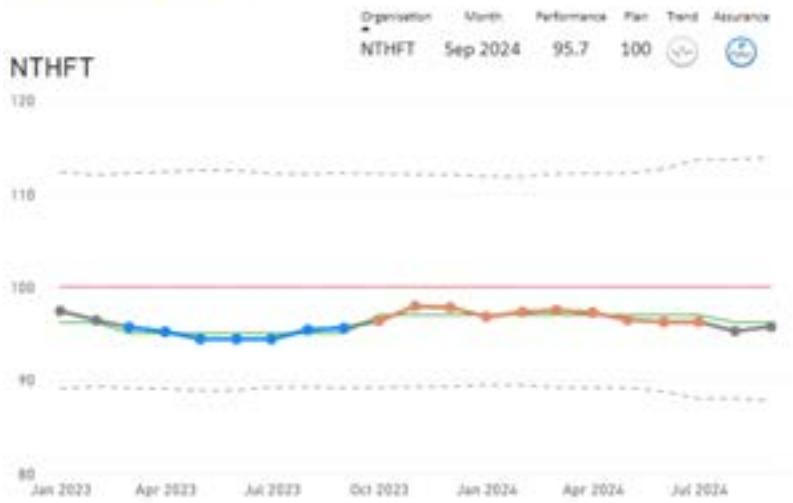
NTHFT

Metric	Month Target	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024
Summary Hospital-Level Mortality Indicator	100	96.8	97.3	97.5	97.2	96.5	96.2	96.2	95.2	95.7	
Readmission Rate (%)	8.4%	11%	10.9%	11.1%	10.9%	10.9%	11.4%	10.8%	10.2%	10.4%	10.3%

STHFT

Metric	Month Target	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024
Summary Hospital-Level Mortality Indicator	100	109.6	109.2	107	106.6	107.1	106.1	106.8	104.7	104.6	
Readmission Rate (%)	8.4%	8.8%	8.5%	8.5%	8.3%	8.3%	8.4%	8.8%	8.7%	9.2%	8.8%

EFFECTIVE Summary Hospital-Level Mortality Indicator



Metric: Summary hospital-level mortality indicator (SHMI). SHMI is calculated for rolling 12-months, published 4-months in arrears.
Plan: Standardised to 100.
Rationale: Quality Accounts regulatory indicator.
Data quality: Assured, validated data.
Trend: No change at NTHFT, continued improvement at STHFT.
Assurance: NTHFT: Assure. Consistently below (better than) the national benchmark. STHFT: Advise. Above the national benchmark but within the expected variation, with exception of one period impacted by data quality.
Action taken: Improved depth of coding at STHFT may lead to further improvement in SHMI.
Executive lead: Chief Medical Officer
Accountable to: Quality Assurance Committee

Caring Better Together

EFFECTIVE Readmission Rate (%)

Metric: Percentage of patients readmitted within 30 days.
Plan: 2023/24 national average.
Rationale: NHS Contract metric.
Data quality: Metric calculation adjustment to align with the published metric methodology. Reported two months in arrears to enable the data to be fully coded.
Trend: NTHFT: no trend. STHFT increased since March 2024.
Assurance: NTHFT Alert. Readmission rates consistently above national average. STHFT Alert: close to national average but showing a recent trend of deterioration.
Action taken: Commenced review of approach with high level data analysis to determine which clinical pathways have highest readmission rates.
Executive lead: Chief Medical Officer
Accountable to: Quality Assurance Committee

RESPONSIVE DOMAIN SUMMARY

Executive lead: Neil Atkinson, Managing Director **Accountable to: Resources Committee**

Urgent and emergency care

For STHFT, improvement in emergency care metrics prior to December and the peak of winter illnesses has been driven by the co-located Urgent Treatment Centre (UTC) at James Cook Hospital A&E, closer working across the group and service improvement in collaboration with NEAS. Further work on optimising streaming of patients between ED and UTC adds resilience to performance during the winter pressures. NTHFT continues to support neighbouring Trusts with diverts and mutual aid in periods of surge, which can be extremely challenging to facilitate due to significant increase in UEC attendances. Corridor care has continued within the month to support timely release of ambulance crews.

Above-standard performance in the community urgent 2-hour response reflects effective support to EDs by caring for patients in the most appropriate setting. Elective operations cancelled on the day not rebooked within 28 days requires improvement at STHFT with performance and actions now being monitored at the Surgical Improvement Group.

NTHFT

Metric	Month Target	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Handovers - Within 60 Mins (%)	100%	92.1%	96.5%	98.6%	100%	98.1%	100%	100%	100%	99.8%	99.7%	99.3%	97.3%
4-Hour A&E Standard	85%	84.2%	85.5%	87.1%	88.7%	87.2%	89.9%	87.3%	89.4%	85.6%	83.8%	81.9%	80.9%
12-Hour A&E Breaches Rate	2%	1.3%	0.8%	0.1%	0.2%	0.2%	0%	0.2%	0.1%	0.4%	0.6%	1.1%	1.9%
Community UCR 2hr Response Rate (%)	70%	77%	79%	79%	84%	84%	82%	71%	75%	76%	78%	77%	
Cancelled Ops - Not Rebooked Within 28 days	0	9	9	4	2	1	3	2	2	2	3	3	4

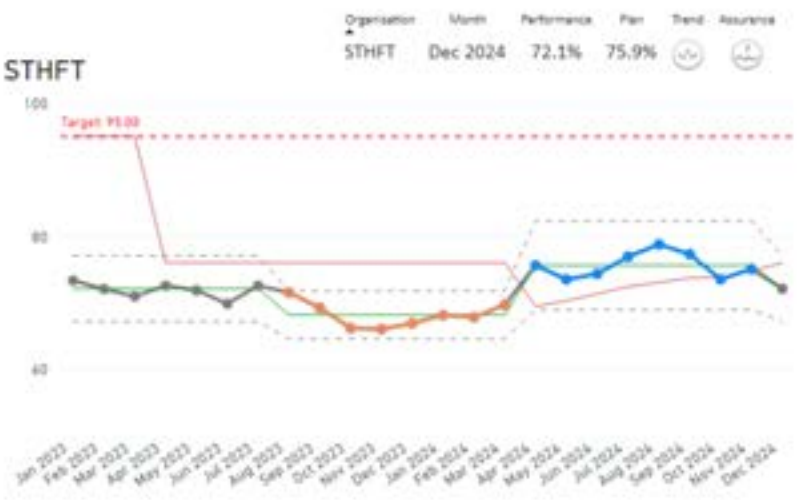
STHFT

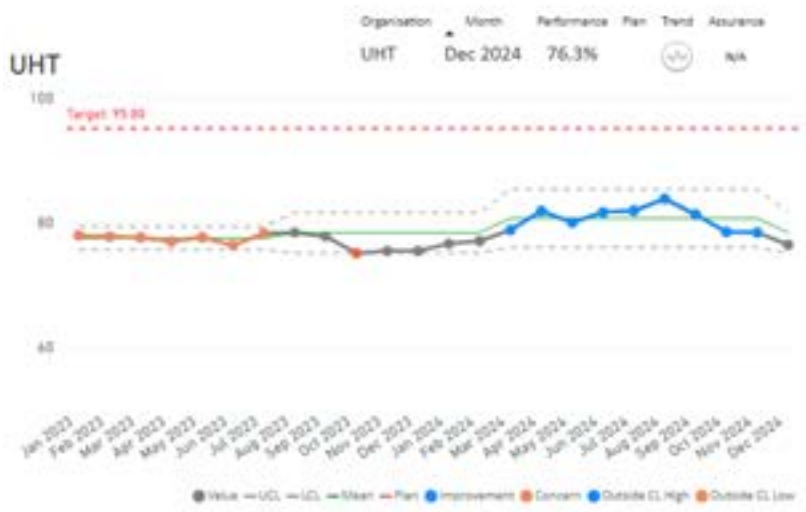
Metric	Month Target	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Handovers - Within 60 Mins (%)	100%	94.1%	90.7%	96.6%	93.7%	93.5%	96.3%	94.1%	97.1%	94.2%	84.1%	93.1%	79.5%
4-Hour A&E Standard	75.9%	68.1%	67.8%	69.7%	75.6%	73.5%	74.3%	76.9%	78.7%	77.3%	73.5%	75%	72.1%
12-Hour A&E Breaches Rate	2%	1.9%	3%	1.7%	2%	1.9%	1.7%	1%	0.7%	1%	3.6%	1.8%	4.1%
Community UCR 2hr Response Rate (%)	70%	88%	86%	88%	89%	87%	86%	87%	89%	83%	82%	83%	
Cancelled Ops - Not Rebooked Within 28 days	0	29	22	22	26	27	16	13	15	13	21	21	18

RESPONSIVE Handovers - Within 60 Mins (%)

Metric: Percentage of ambulance handovers completed within 60 minutes of arrival at ED.
Plan: 100% within 60 minutes.
Rationale: NHS Contract metric.
Data quality: Advisory: validated data from Trust systems may differ from published data from ambulance services.
Trend: NTHFT: Improved since February 2024. STHFT: point dip in performance in October and December 2024 .
Assurance: NTHFT: Advise. Improved, standard not assured but met on most days. STHFT: Alert, December special cause variance. Higher acuity of patients this month.
Action taken: STHFT action plan, single handover process implemented with a view to incorporate additional best practice to reduce delays further. NTHFT have provided mutual aid to STHFT and other Trusts when demand surges; focusing on timely release of crews, including the use of corridor care and handovers in other clinical areas.
Executive lead: Managing Director
Accountable to: Resources Committee

RESPONSIVE 4-Hour A&E Standard





Metric: Percentage of patients admitted, transferred or discharged from A&E (all types) within 4 hours of arrival.
Plan: NHS Constitution standard 95%, operational plan per Trust to achieve 78% STHFT, 90% NTHFT.
Rationale: NHS Contract metric.
Data quality: Assured, validated data.
Trend: NTHFT: lower performance October to December 2024 yet exceeding 78% 24/25 national recovery target. STHFT: improvement March to November 2024 but missed plan in December 2024.
Assurance: Advise: plans are met in most months.
Action taken: NTHFT continues to be a positive outlier regionally and nationally against the backdrop of peaks in flu and respiratory illnesses in December. STHFT: action plan focusing on eliminating the longest waits, maximising use of SDEC and timely specialty response.
Executive lead: Managing Director
Accountable to: Resources Committee

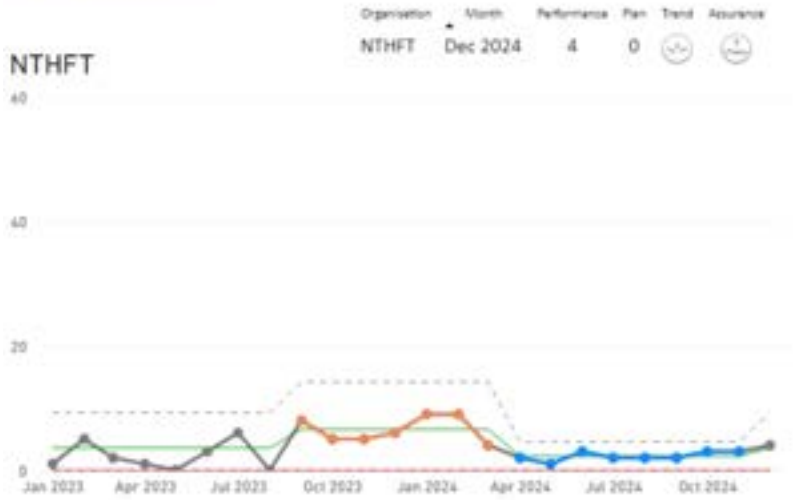
RESPONSIVE 12-Hour A&E Breaches Rate

Metric: Percentage of patients admitted or discharged from A&E (all types) after 12 hours.
Plan: NHS Contract standard: No more than 2% of patients attending are in A&E more than 12 hours.
Rationale: NHS Contract metric.
Data quality: Assured, validated data.
Trend: Increasing. Seasonal variation.
Assurance: NTHFT: Advise: Standard is consistently achieved however advise on special cause variation in December 2024. STHFT: Alert: poorer performance from October 2024.
Action taken: NTHFT utilise all available escalation beds and temporary escalation spaces at times of surge. STHFT focus on eliminating longest waits, patient flow and making full use of UCR services.
Executive lead: Managing Director
Accountable to: Resources Committee

RESPONSIVE Community UCR 2hr Response Rate (%)

Metric: Urgent community response within 2-hours
Plan: 70%
Rationale: NHS operational planning guidance
Data quality: Advisory, metric calculated from submitted raw community data sets.
Trend: NTHFT: no trend but improved performance since January 2024. STHFT: lower performance in October and November 2024 is outside expected variation.
Assurance: NTHFT: Advise. Achievement of plan is not statistically assured due to wide monthly variation but met for almost 2 years. STHFT: Advise. Plan is met but two months of lower performance this quarter.
Action taken: Community rapid response services remain a key element of winter plans. Outlier points for STHFT October and November due to staffing issues.
Executive lead: Managing Director
Accountable to: Resources Committee

RESPONSIVE Cancelled Ops - Not Rebooked Within 28 days



Metric: Operations cancelled not rebooked within 28-days.
Plan: Zero.
Rationale: NHS Contract metric.
Data quality: Assured, validated data.
Trend: NTHFT: no trend. Rates remain low. STHFT: no current trend but increased numbers since December 2023.
Assurance: NTHFT: Advise. STHFT: Alert.
Action taken: Elective capacity planning through the winter months aims to minimise cancellations. Daily review of all cancellations is in place at NTHFT and the trust remains focussed and committed to reappointing patients within the timeframe. Cancellations not re-booked are to be monitored by the Surgical Improvement Group at STHFT. Audit into avoidable cancellations to inform improvements.
Executive lead: Managing Director
Accountable to: Resources Committee

RESPONSIVE DOMAIN SUMMARY

Executive lead: Neil Atkinson, Managing Director **Accountable to: Resources Committee**

Elective, diagnostic and cancer care

Both Trusts have elevated numbers of patients waiting beyond 52 weeks above their respective plans, more markedly at STHFT. There are potential green shoots of improvement for STHFT with lower numbers in the last 3 months. The national priority is to eliminate 65 week waits, NTHFT has achieved this since September 2024. Both Trusts are engaged in a range of actions including sharing capacity / mutual aid to improve equity of access and targeted additional clinical activity.

Performance against the faster diagnosis standard has been mixed with NTHFT achieving the national target for the last 6 months while STHFT has missed it for the last 3 months after previously achieving it for 11 months. Timely diagnosis is critical to improving cancer pathways. Diagnostic improvement workshops with clinical teams developed shared tumour group action plans. Cancer treatment standards at STHFT require improvement. New investment in cancer navigators focuses on reducing delays and changes to the diagnostic phase of the Urology prostate pathway have been implemented in December 2024.

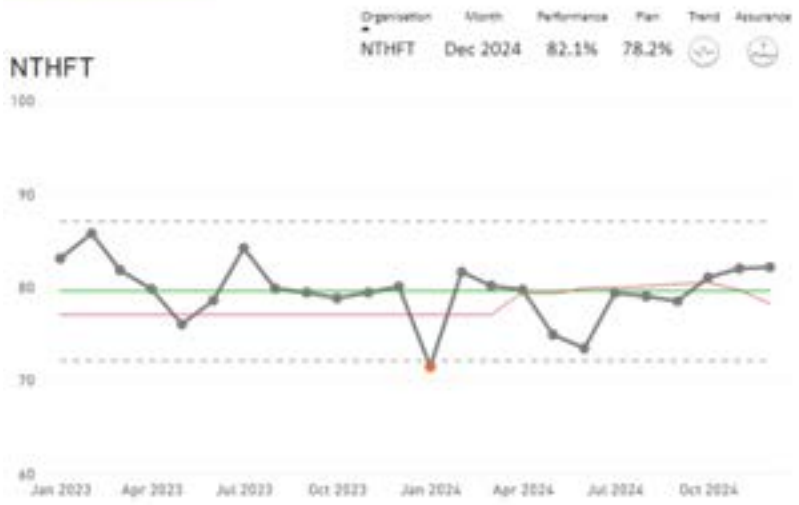
NTHFT

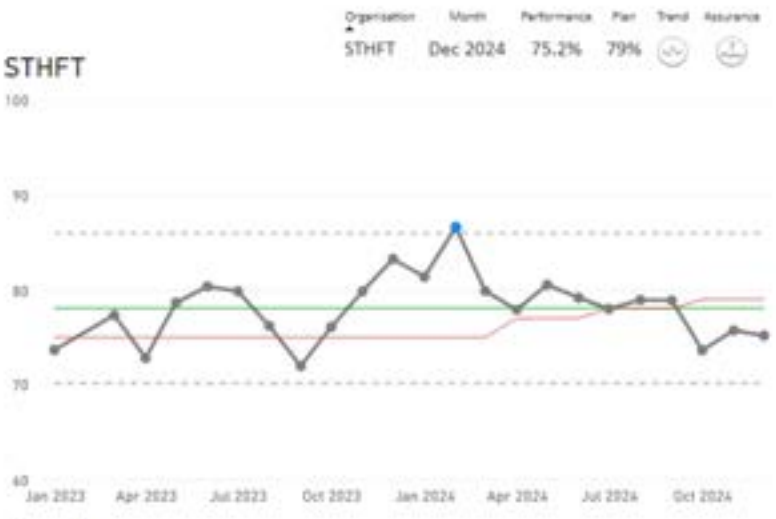
Metric	Month Target	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Cancer Faster Diagnosis Standard (%)	78.2%	71.4%	81.6%	80.1%	79.7%	74.9%	73.4%	79.3%	79%	78.4%	81%	81.9%	82.1%
Cancer 31 Day Standard (%)	96%	94.1%	97.6%	94%	97.6%	97.8%	95.8%	96.3%	97.9%	91.8%	94.7%	96.2%	96.6%
Cancer 62 Day Standard (%)	70.8%	68.7%	64.7%	72%	62.7%	65.1%	59.7%	62.2%	72.7%	60.1%	70.8%	71.6%	76.2%
Diagnostic 6 Weeks Standard (%)	95%	86.7%	89.9%	84.7%	78.7%	74.5%	69%	72.9%	72.3%	77.7%	82.7%	86.5%	83.9%
RTT Incomplete Pathways (%)	92%	71.1%	71.6%	71.2%	71.8%	72.5%	72.2%	71.7%	71.6%	72.1%	72.4%	71.5%	72.5%
RTT 52 week waiters	122	166	216	218	175	163	159	183	180	173	179	221	176

STHFT

Metric	Month Target	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Cancer Faster Diagnosis Standard (%)	79%	81.4%	86.6%	79.9%	77.9%	80.5%	79.2%	78%	78.9%	78.9%	73.6%	75.7%	75.2%
Cancer 31 Day Standard (%)	96%	87.6%	91%	91.6%	86.4%	91.5%	92.4%	93.1%	92.3%	91.1%	90.5%	89.1%	88.3%
Cancer 62 Day Standard (%)	68.9%	56.8%	55.2%	59.1%	61%	58.7%	59.3%	63.7%	59.2%	61.9%	56.7%	58.5%	59.9%
Diagnostic 6 Weeks Standard (%)	95%	83.1%	84.1%	80.4%	81.7%	81.6%	80.9%	83.2%	82.3%	84.9%	85.9%	85.5%	85%
RTT Incomplete Pathways (%)	92%	63.3%	63%	61.5%	62.7%	61.6%	60.7%	60.3%	58.9%	59.1%	60.2%	60%	59.4%
RTT 52 week waiters	879	1270	1432	1483	1498	1863	2099	2106	2216	1848	1524	1591	1500

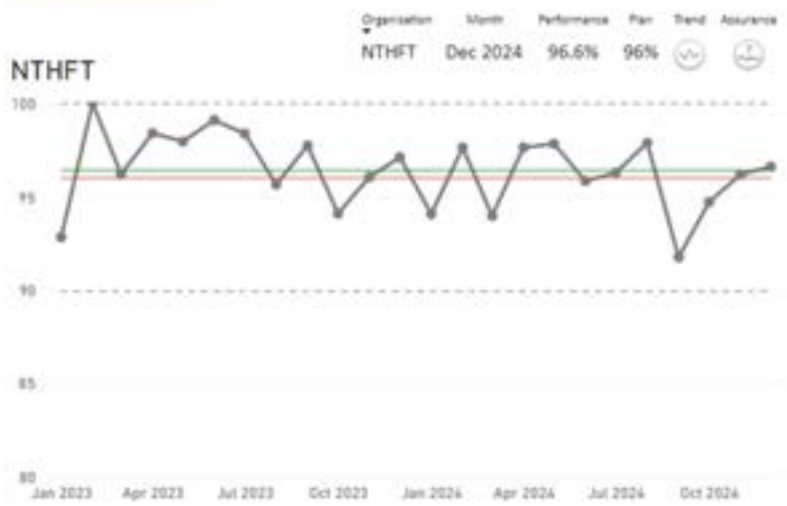
RESPONSIVE Cancer Faster Diagnosis Standard (%)

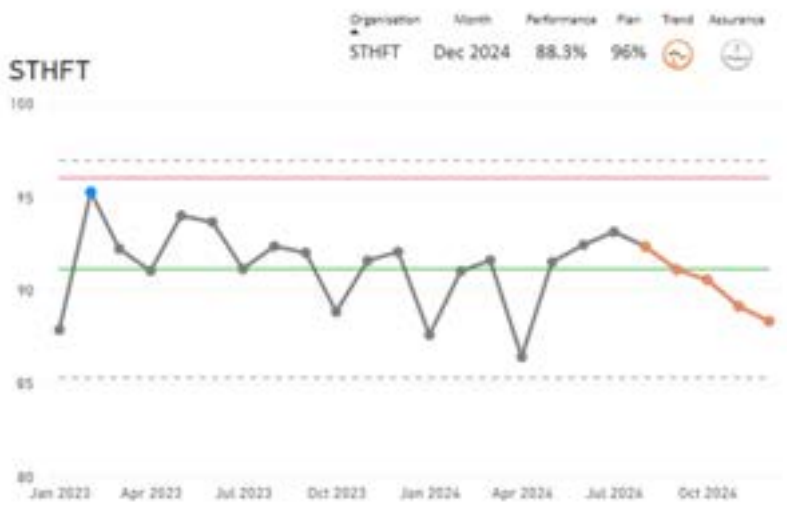




Metric: Percentage of patients on a cancer pathway who receive diagnosis or rule-out within 28 days from referral.
Plan: NHS Constitution standard 77%. Local operational planning trajectories: 80% by end March 2025.
Rationale: NHS Contract metric.
Data quality: Assured, validated data.
Trend: No trend.
Assurance: Advise. Plans are not met consistently.
Action taken: NTHFT focus on further improving performance for those with a cancer diagnosis.
STHFT focus is on further improving compliance in urology and gastro-intestinal tumour groups.
Executive lead: Managing Director
Accountable to: Resources Committee

RESPONSIVE Cancer 31 Day Standard (%)



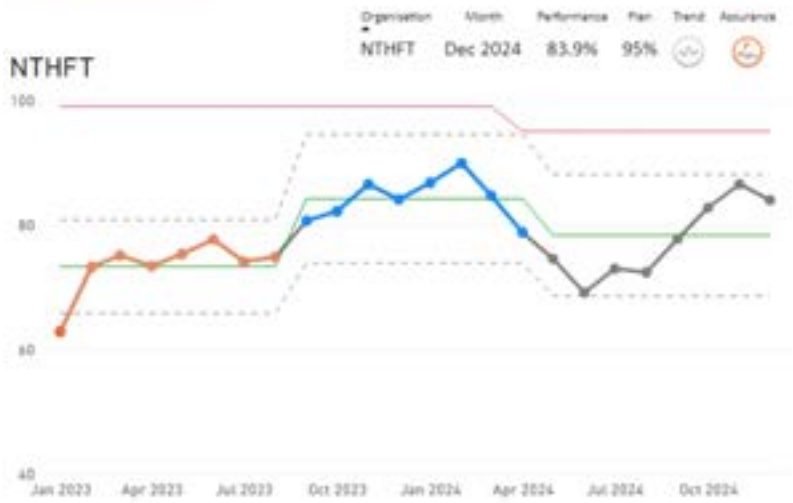


Metric: Percentage of patients on a cancer pathway who start treatment within 31 days of decision to treat.
Plan: NHS Constitution standard 96%.
Rationale: NHS Contract metric.
Data quality: Assured, validated data.
Trend: No trend.
Assurance: NTHFT: Advise, standard is not consistently met; STHFT: Advise: standard is not met but within the range of variation.
Action taken: STHFT focus is the patients waiting longest for treatment (overall pathway time) and pathway improvement work.
Executive lead: Managing Director
Accountable to: Resources Committee

RESPONSIVE Cancer 62 Day Standard (%)

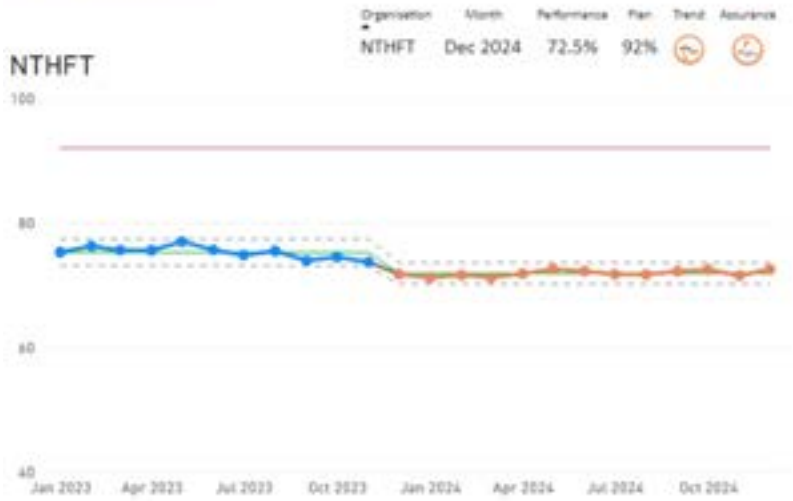
Metric: Percentage of patients on a cancer pathway who start treatment within 62 days of referral.
Plan: NHS Constitution standard 85%. Local operational planning trajectories: NTHFT 72.6% by end March 2025. STHFT 70% by end March 2025.
Rationale: NHS Contract metric.
Data quality: Assured, validated data.
Trend: No trend.
Assurance: NTHFT: Advise: plan is met in some months. STHFT Alert: plan is not met and outside of control limit in December 2024.
Action taken: Focus for both Trusts is the patients waiting longest for treatment, this brings patients beyond 62-days into the metric. Service improvement work across the Group is underway across tumour groups.
Executive lead: Managing Director
Accountable to: Resources Committee

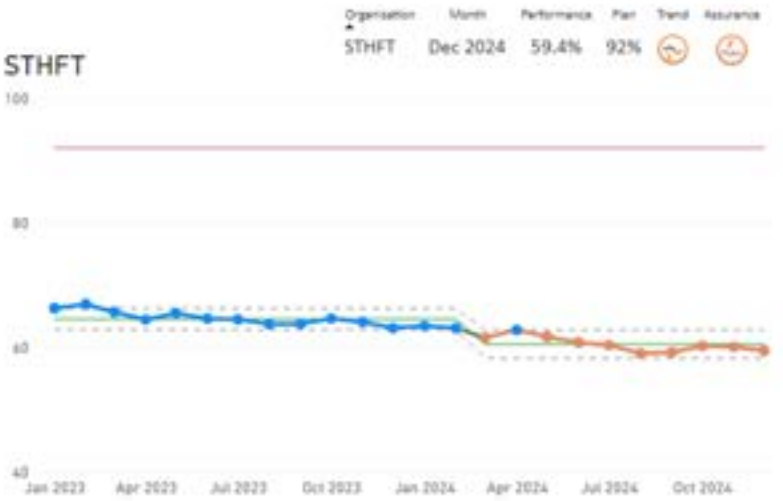
RESPONSIVE Diagnostic 6 Weeks Standard (%)



Metric: Percentage of patients waiting for a diagnostic test less than 6 weeks from referral,13 modalities.
Plan: NHSE 24/25 operational standard 95%.
Rationale: NHS Contract metric.
Data quality: Assured, validated data.
Trend: NTHFT: no trend, performance is inconsistent. STHFT: improved since October 2023.
Assurance: Standard not met. NTHFT: Alert. Standard consistently not met and no sustained improvement yet. STHFT: Advise. Standard not met but improvement evident.
Action taken: Both Trusts gain additional capacity from April 2025 with the opening of the Stockton Community Diagnostic Centre, which will improve compliance. STHFT: improvement work is underway in specialist services but will show only incremental improvement of several months.
Executive lead: Managing Director
Accountable to: Resources Committee

RESPONSIVE RTT Incomplete Pathways (%)





Metric: Percentage of patients awaiting elective treatment who have waited less than 18 weeks from referral.
Plan: NHS Constitution standard 92%.
Rationale: NHS Contract metric.
Data quality: Assured, validated data.
Trend: Decreasing compliance at both Trusts since September 2023 (NTHFT) and June 2023 (STHFT).
Assurance: Alert. Standard is consistently breached.
Action taken: Focus is on reducing the longest waiters beyond 65 weeks, in line with operational planning guidance and those most clinically urgent.
Executive lead: Managing Director
Accountable to: Resources Committee

RESPONSIVE RTT 52 week waiters

NTHFT

STHFT

UHT

Metric: Number of patients awaiting elective treatment who have waited more than 52 weeks from referral.
Plan: Local operational planning trajectories: NTHFT: zero patients by end March 2026, STHFT by end March 2026.
Rationale: NHS Contract metric.
Data quality: Assured, validated data.
Trend: NTHFT: increasing long waiters since October 2023. STHFT: no current trend.
Assurance: NTHFT: Alert: reporting above plan in recent months. STHFT: Alert. Plan is consistently breached.
Action taken: Focus is on reducing the longest waiters beyond 65 weeks in line with operational planning guidance and treating those most clinically urgent.
Executive lead: Managing Director
Accountable to: Resources Committee

CARING DOMAIN SUMMARY

Executive lead: Maurya Cushlow, Chief Nursing Officer **Accountable to: Quality Assurance Committee**

We aim to consistently achieve above average satisfaction percentage respondents rating their experience overall good or very good, at the published national average. In December NTHFT is above plan in four surveys. STHFT is above plan in four out of five surveys, with assurance of consistently positive responses in Community services. The focus is on increasing response rates to FFT to provide more assurance of positive experience of care.
Further work is being undertaken in Q4 24/25 to ensure consistency in timely responses to complaints, concerns and enquiries. Patient experience teams continue to support and escalate to the clinical and operational teams, requiring their focus resolving these in a timely manner, prioritising those that have been longest in progress.

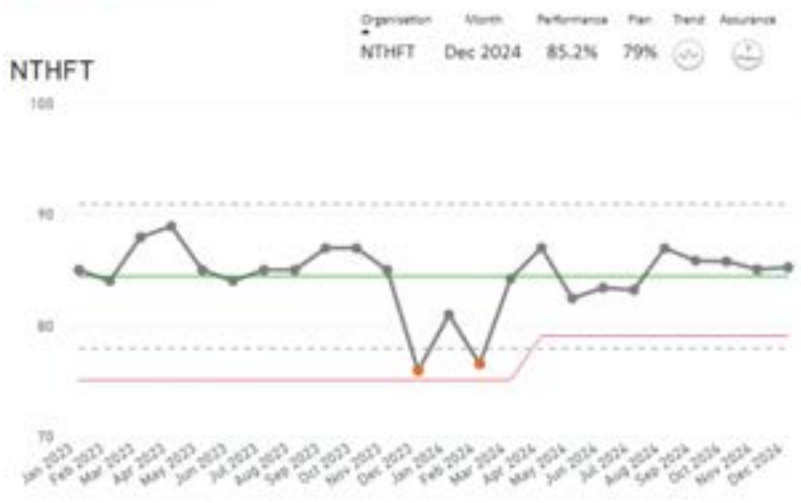
NTHFT

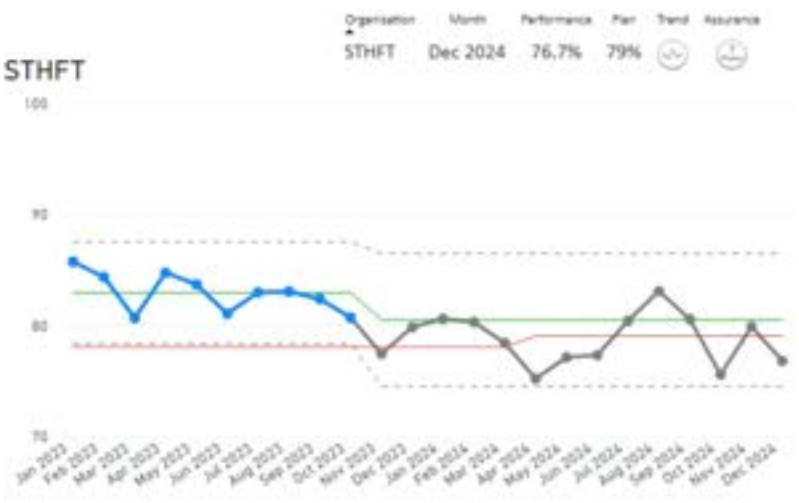
Metric	Month Target	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
A&E Experience (%)	79%	80.9%	76.5%	84.2%	86.9%	82.4%	83.3%	83.1%	86.9%	85.8%	85.7%	85%	85.2%
Inpatient Experience (%)	94%	91%	88.8%	90.6%	87%	89.8%	91.6%	90.7%	93.5%	95.8%	94.7%	94.8%	94.8%
Maternity Experience (%)	92%	90.9%	100%	80%	91.7%	93.3%	87.5%	90.5%	100%	83.3%	87.5%	100%	87.5%
Outpatient Experience (%)	94%	95.1%	94.2%	93.6%	95.3%	94.7%	95.8%	94.8%	95.3%	93.6%	93.8%	94.9%	94%
Community Experience (%)	95%	96.1%	95%	95.5%	95.5%	94.9%	97.5%	96.8%	96%	96.4%	98.3%	96.9%	97.1%
Collaborative Enquiries (Stage 0) Closed in Target (%)		25.2%	22.1%	28.9%	23.6%	16.7%	16.5%	18.3%	25%	25.3%	18.5%	33.7%	20.5%
Feedback Acknowledged in 3 Days (%)	100%	98.1%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Complaints Closed Within Target (%)	80%	78.3%	63.1%	65.5%	58.5%	61.2%	63%	60.4%	70.9%	54.4%	52.6%	72.1%	55.4%

STHFT

Metric	Month Target	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
A&E Experience (%)	79%	80.5%	80.2%	78.3%	75.1%	77.1%	77.2%	80.4%	83%	80.5%	75.5%	79.8%	76.7%
Inpatient Experience (%)	94%	95.3%	97.3%	96.5%	95.6%	97.3%	97.4%	97.3%	97.8%	97.6%	99.1%	96.8%	96.9%
Maternity Experience (%)	92%	88.1%	88.5%	91.8%	89%	85.2%	88.3%	92.7%	91%	94.6%	92.3%	91.7%	87.6%
Outpatient Experience (%)	94%	96.4%	96.2%	96.3%	96.8%	96.7%	96.1%	97.2%	97.2%	97.1%	96.5%	95.5%	96.7%
Community Experience (%)	95%	99.2%	99.3%	99.3%	98.4%	100%	98.9%	98.9%	99.4%	97.5%	97.5%	100%	100%
Collaborative Enquiries (Stage 0) Closed in Target (%)		88.6%	89.2%	93.4%	96.2%	74.6%	79.1%	91.5%	86.8%	91.5%	70.5%	81.1%	84.2%
Feedback Acknowledged in 3 Days (%)	100%	96.5%	96.8%	61.7%	47.4%	75.4%	53.9%	88.2%	97%	96.2%	100%	100%	100%
Complaints Closed Within Target (%)	80%	37.1%	55.6%	42.9%	27.3%	12.3%	27.3%	37%	29.8%	53.6%	28.8%	29.1%	35%

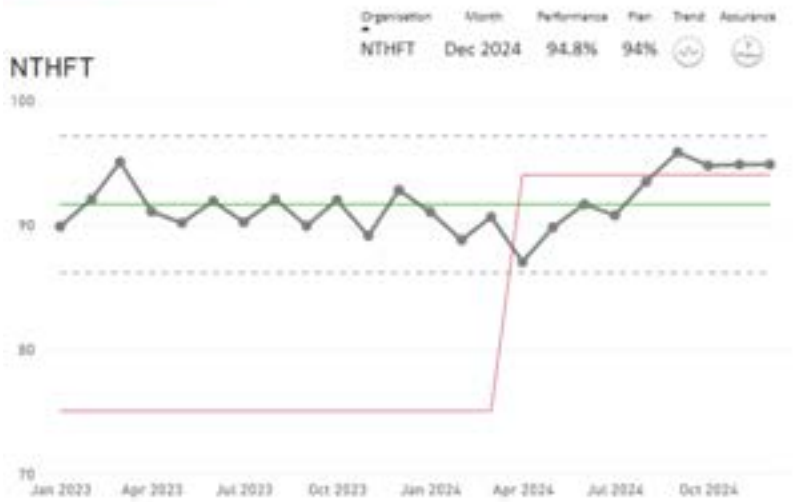
CARING A&E Experience (%)

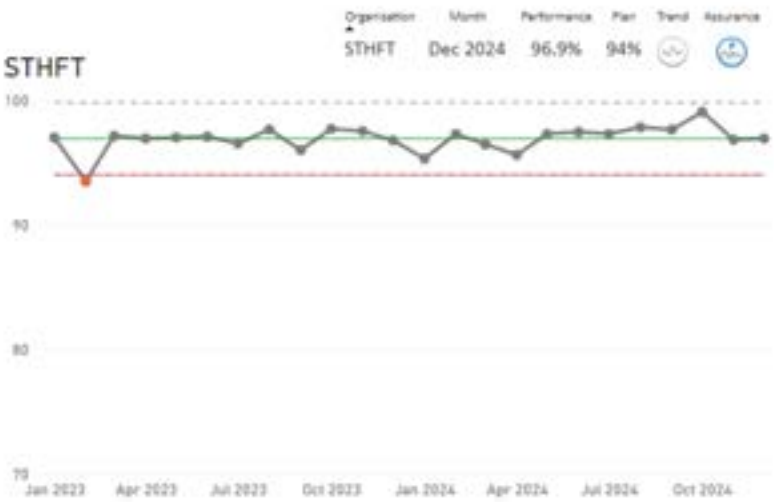




Metric: Percentage of patients who attended A&E rating their experience good or very good in NHS Friends & Family test.
Plan: Local plan set on NHS Trusts average 23/24.
Rationale: NHS Contract metric.
Data quality: Assured (manual and digital systems).
Response rates: NTHFT 1.53%, STHFT 8.6%.
Trend: No trend. STHFT lower performance than prior to October 2023.
Assurance: Advise. NTHFT consistently above plan but historically wide variation hampers assurance. STHFT achieves plan in some months.
Action taken: Note that patient feedback appears to correlate inversely with A&E waiting times metrics.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

CARING Inpatient Experience (%)

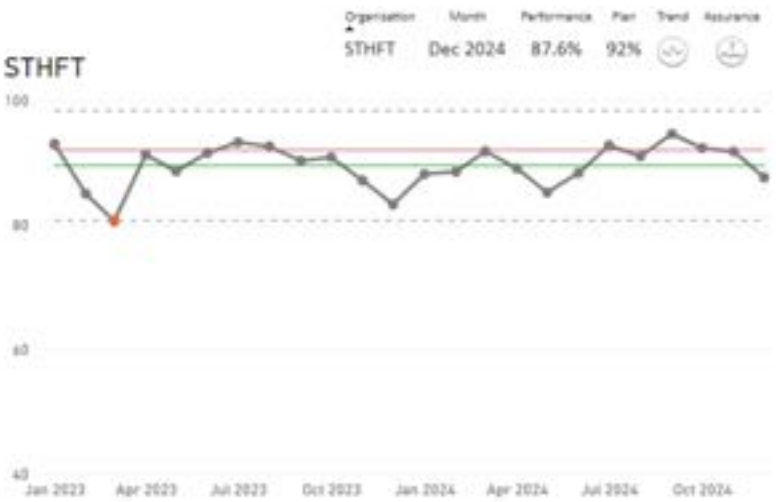




Metric: Percentage of inpatient respondents rating their experience good or very good in NHS Friends & Family test.
Plan: Local plan based on NHS Trusts average 23/24.
Rationale: NHS Contract metric.
Data quality: Assured, validated data. Response rates NTHFT 11%, STHFT 13%.
Trend: No trend.
Assurance: STHFT: Assure, plan has been met for over 18 months. NTHFT: Advise, plan met in most recent 4 months but performance was lower previously.
Action taken: n/a
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

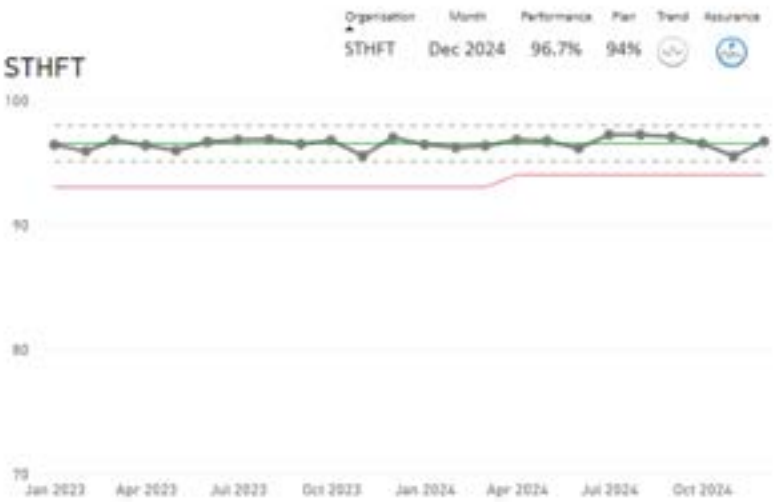
CARING

Maternity Experience (%)



Metric: Percentage of maternity patient respondents rating their experience good or very good in NHS Friends & Family test.
Plan: Local plan based on NHS Trusts average 23/24.
Rationale: NHS Contract metric.
Data quality: Assured, validated data. Response rates and sample sizes can be low, NTHFT 2.39% (all Maternity), STHFT 1.0% (Birth only).
Trend: No trend.
Assurance: Advise: plan not consistently met.
Action taken: n/a
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

CARING Outpatient Experience (%)

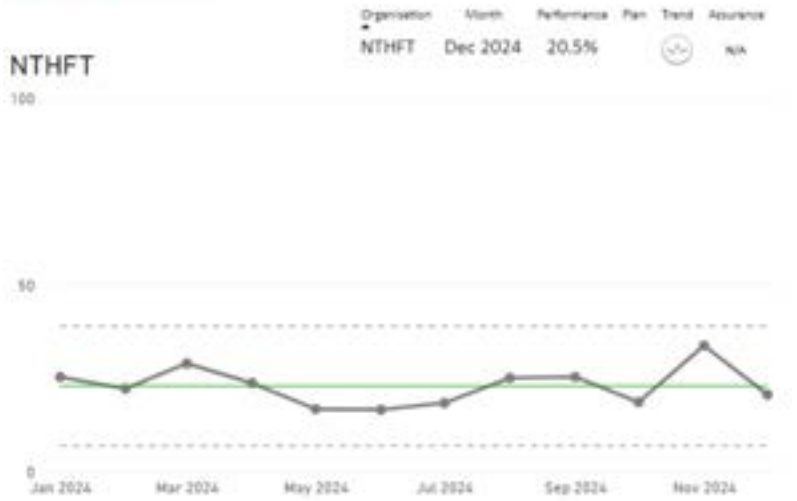


Metric: Percentage of outpatient respondents rating their experience good or very good in NHS Friends & Family test.
Plan: Local plan based on NHS Trusts average 23/24.
Rationale: NHS Contract metric.
Data quality: Assured, validated data. Response rates are 6% NTHFT, 15% STHFT.
Trend: No trend.
Assurance: NTHFT: Advise, performance tends to be close to plan each month but doesn't meet target in some months. STHFT: Assure, performance consistently meets plan.
Action taken: n/a
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

CARING Community Experience (%)

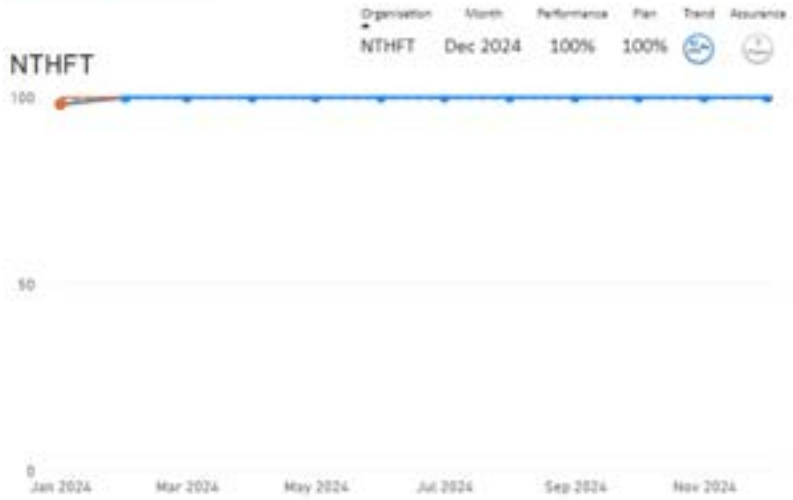
Metric: Percentage of community services patient respondents rating their experience good or very good in NHS Friends & Family test.
Plan: Local plan based on NHS Trusts average 23/24.
Rationale: NHS Contract metric.
Data quality: Assured, validated data. Response rates are 3% NTHFT, 10% STHFT.
Trend: No trend.
Assurance: NTHFT: Advise: plan met for last 7 months. STHFT: Assure: plan is met.
Action taken: n/a.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

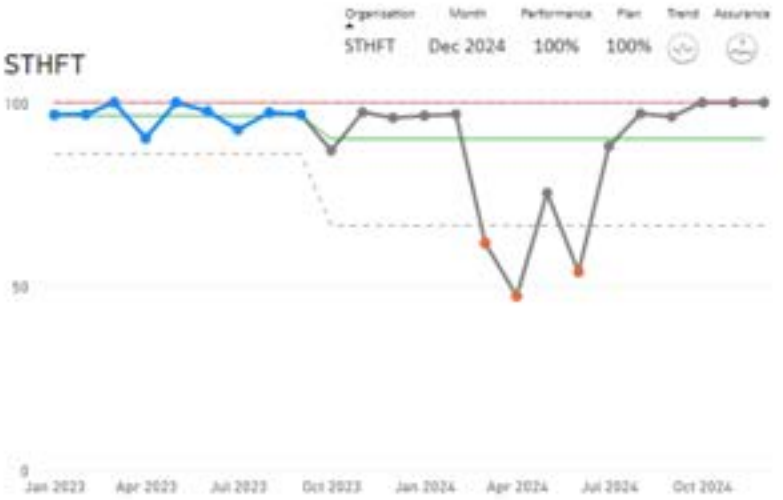
CARING Collaborative Enquiries (Stage 0) Closed in Target (%)



Metric: Percentage of complaints received that have been resolved in 24 hours and declassified.
Plan: n/a. National and local targets are not in place.
Rationale: Verbal complaints resolved within 24 hours are de-categorised as a complaint and not included in complaint reporting data.
Data quality: Assured, validated data.
Trend: No trend. Wide variation at STHFT.
Assurance: n/a
Action taken: n/a
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

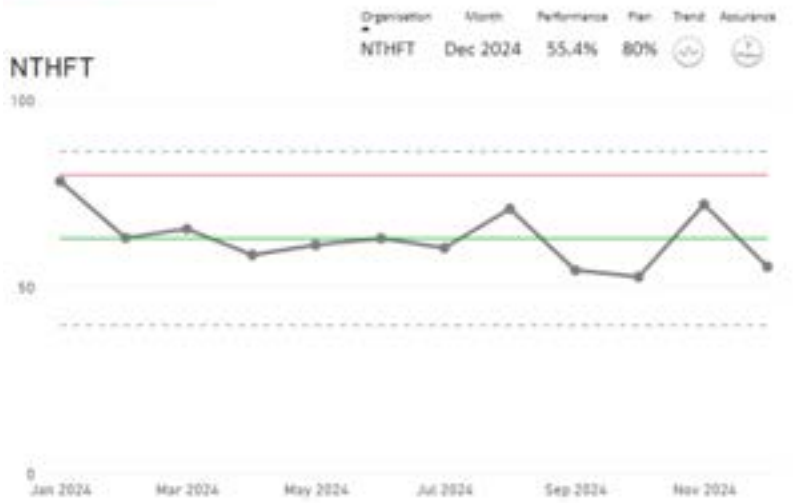
CARING Feedback Acknowledged in 3 Days (%)





Metric: Percentage of complaints acknowledged in 3 days.
Plan: 100%.
Rationale: NHS Contract metric.
Data quality: Assured, validated data.
Trend: NTHFT: Improving: achieved plan throughout 2024 except for January. STHFT: no trend and performance variable.
Assurance: NTHFT: Advise, target met since February 2024. STHFT: Advise, target met in last 3 months.
Action taken: STHFT: new process implemented for acknowledging complaints in July 2024.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

CARING Complaints Closed Within Target (%)



Metric: Percentage of complaints closed in agreed target time frame.
Plan: 80%.
Rationale: NHS Contract metric.
Data quality: Assured, validated data.
Trend: No trend. Wide variation at STHFT.
Assurance: NTHFT: Advise, plan not met but within range of variability. STHFT: Alert, current performance doesn't meet plan.
Action taken: NTHFT: InPhase reporting to be improved to allow increased performance monitoring within Care Groups. STHFT: off target complaint responses are reported weekly for senior focus and accountability for completing responses by Collaboratives.
Executive lead: Chief Nursing Officer
Accountable to: Quality Assurance Committee

Executive leads: Rachael Metcalf, Chief People Officer
Chris Hand, Chief Finance Officer

Accountable to: People Committee
Resources Committee

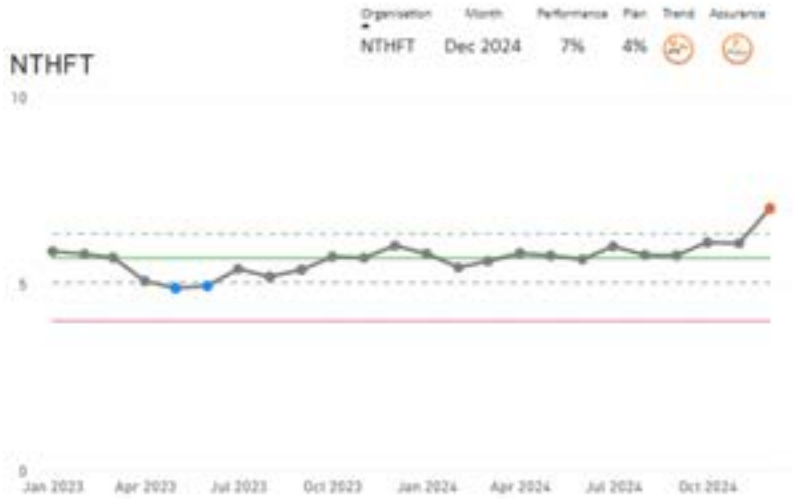
A high-level absence plan is being agreed across Group, aiming to reduce absence by 1%. Support has been provided to clinical areas during the period of winter pressure, with welfare calls to absent staff and assistance with return-to-work interviews. An action plan on staff retention will be shared with relevant managers. We have started to plan ward based health check clinics for staff which cover a range health and wellbeing initiatives, advice and guidance. NTHFT are undertaking their first health needs assessment survey which will help target occupational health resources. Focus on appraisals for staff who have not had an appraisal for over two years is delivering local improved compliance. Work continues on the review of the national core skills training framework, a series of workshops with subject matter experts have been arranged to align requirements and training needs assessment. Workforce planning for 2025/26 is underway.

The financial position shows a small adverse variance year to date against month 9 plan for both Trusts. Financial controls are in place, with a focus on recurrent efficiency delivery, and Resources Committee oversight of financial risks.

Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
5.6%	5.8%	5.8%	5.7%	6%	5.8%	5.8%	6.1%	6.1%	7%
7.6%	7.1%	7.4%	7.2%	7.2%	7.3%	7.3%	7.3%	7.2%	6.9%
87.2%	86.8%	86.4%	86.6%	86.9%	86.7%	87.2%	86.9%	86.9%	87%
90.1%	89.2%	88.6%	89.3%	89.4%	89.7%	89.5%	89.8%	89.4%	88.9%
	-£0.4m	-£0.4m	-£1.2m	-£1.3m	-£1.2m	-£0.9m	-£1.1m	-£1.3m	-£1.4m

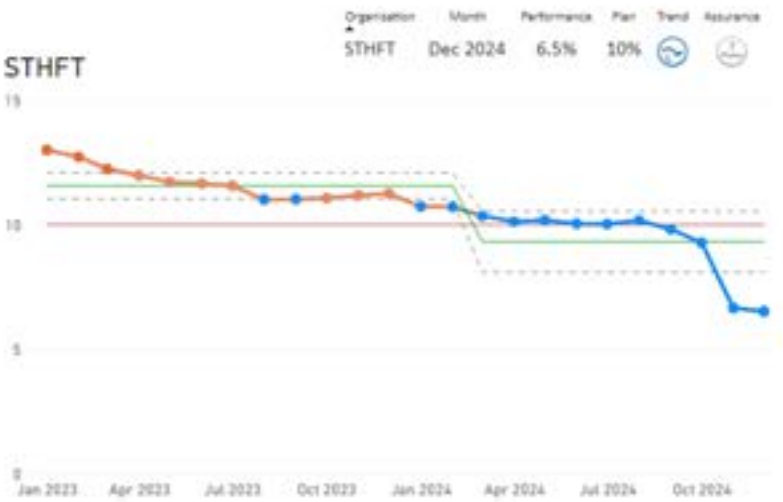
Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
5.3%	5.3%	5.2%	5.3%	5.5%	5.4%	5.3%	6%	6%	6.8%
10.3%	10.1%	10.2%	10%	10%	10.2%	9.8%	9.3%	6.6%	6.5%
79.1%	80%	79.6%	79%	80.3%	80.3%	80%	78.8%	78.7%	78.8%
90.3%	90.7%	90.7%	90.2%	90.3%	90%	89.7%	89.2%	87.8%	87.3%
-£20.1m	-£5.6m	-£10m	-£13.6m	-£15.9m	-£19.3m	-£12.7m	-£14.3m	-£16.7m	-£18.9m

WELL LED Sickness Absence (%)



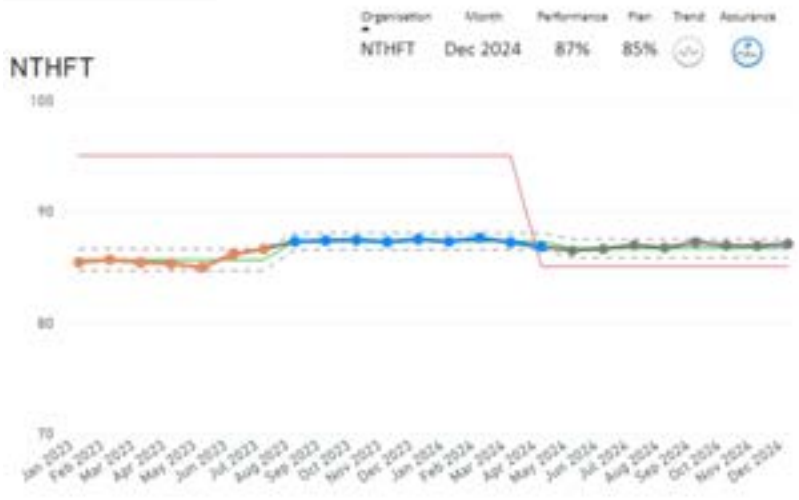
Metric: Percentage of staff working hours lost to sickness absence (all types) in each month.
Plan: Trust internal plans: NTHFT: 4%. STHFT: 4%.
Rationale: ICB Contract metric.
Data quality: Assured, validated data.
Trend: Increasing, triggered by high sickness absence in December, outside expected variation, due to a peak in seasonal illness.
Assurance: Alert: plans are not met.
Action taken: An absence management action plan is in development in conjunction with senior stakeholders across UHT and will be implemented over the next few weeks. Focus and review of the top 10 long term absences in each collaborative/care group has commenced.
Executive lead: Chief People Officer
Accountable to: People Committee

WELL LED Staff Turnover (%)



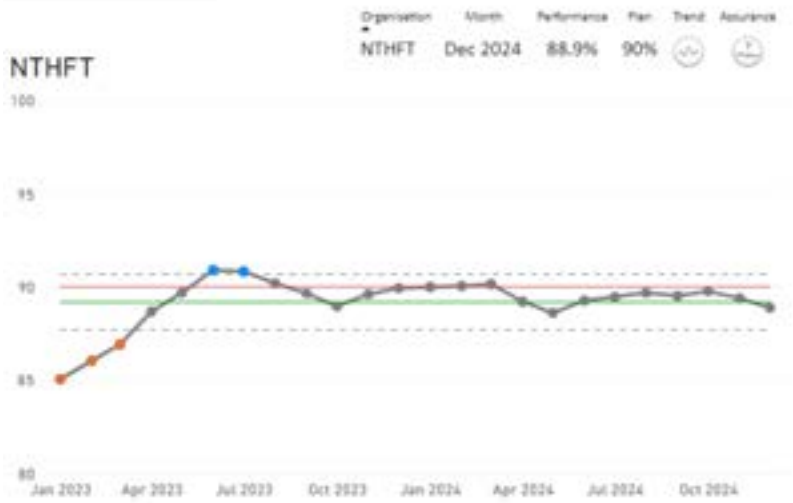
Metric: Percentage of staff changing or leaving job roles in the month (all staff groups, all changes).
Plan: Trust internal plans: NTHFT: 10%. STHFT: 10%.
Rationale: ICB Contract metric.
Data quality: Assured, validated data.
Trend: Performance improving at both Trusts. STHFT metric criteria has changed to align as a group, excluding promotions, affecting performance in the last 2 months
Assurance: NTHFT: Assure: plan is consistently met. STHFT: Advise: plan is now met but not consistently.
Action taken: The national retention plan return has been completed and submitted and will be shared with key stakeholders and an action plan agreed. Whilst turnover has maintained a satisfactory level across UHT, it is recognised that further analysis of age profile analysis and number of years service prior to exit would be beneficial.
Executive lead: Chief People Officer
Accountable to: People Committee

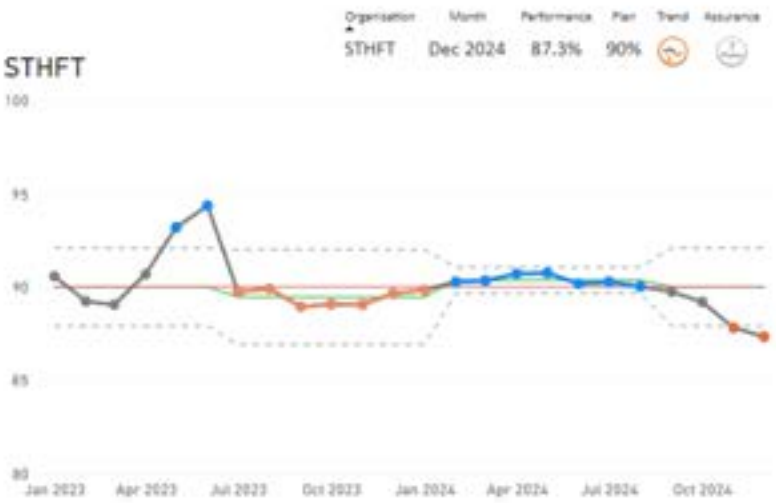
WELL LED Annual Appraisal (%)



Metric: Percentage of staff with annual appraisal completed in last 12 months, at month end.
Plan: Trust internal plans: NTHFT: 85%. STHFT: 85%, now aligned for 24/25.
Rationale: ICB Contract metric.
Data quality: Assured, validated data.
Trend: No trend.
Assurance: NTHFT: Assure: threshold met; STHFT: Alert: new plan not met.
Action taken: A Group staff appraisal document is in the process of being developed. Analysis of those staff who have not had an appraisal for 24 months or longer has identified action required in relation to the process linked to internal moves.
Executive lead: Chief People Officer
Accountable to: People Committee

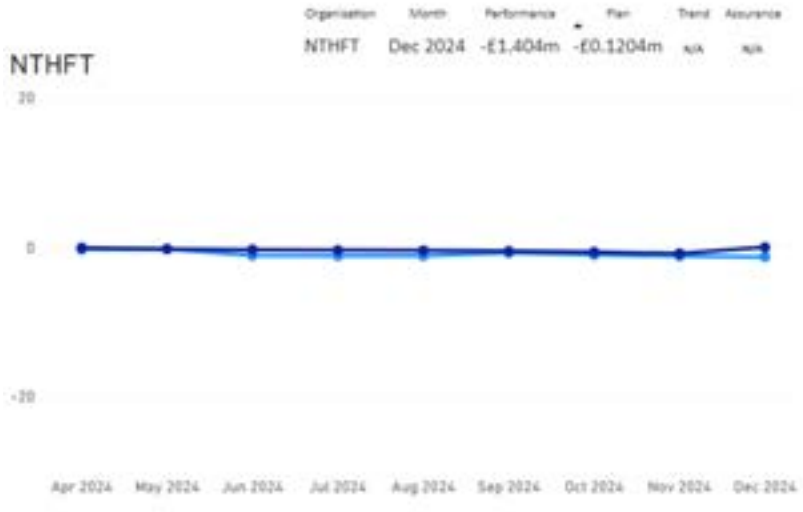
WELL LED Mandatory Training (%)





Metric: Percentage of mandatory training elements within date, across all staff groups at month end.
Plan: Trust internal plans: 90%.
Rationale: ICB Contract metric.
Data quality: Assured, validated data.
Trend: NTHFT: No trend. STHFT: Deterioration of performance in last 2 months, outside of expected variation.
Assurance: NTHFT: Advise. Plan is not consistently met. STHFT: Alert. Last 2 months outside of expected variation.
Action taken: It has been evidenced that DNA for face-to –face training increases at a time of winter pressure. Steps are being taken to explore this further and a solution to be sought., We are in the process of reviewing all mandatory training to ensure access to neuro-diverse colleagues.
Executive lead: Chief People Officer
Accountable to: People Committee

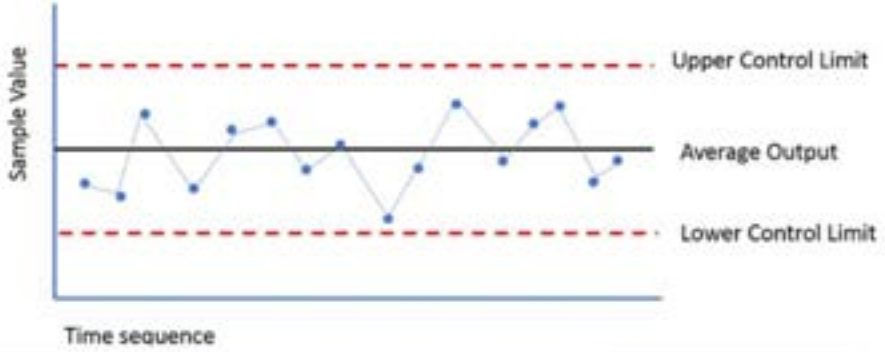
WELL LED Cumulative YTD Financial Position (£'millions)



Metric: Cumulative year to date financial position.
Plan: Trust plans agreed with ICB. NTHFT submitted a breakeven plan for 2024-25. The STHFT control total for 2024-25 is a £23.1m deficit.
Rationale: ICB Contract metric.
Data quality: Assured, validated data.
Trend: Financial position tracks plans.
Assurance: Advise: small adverse variance year to date against month 9 plan for both NTHFT and STHFT.
Action taken:. Financial controls in place, focus on recurrent efficiency delivery, and oversight of financial risks through Resources Committee.
Executive lead: Chief Finance Officer
Accountable to: Resources Committee

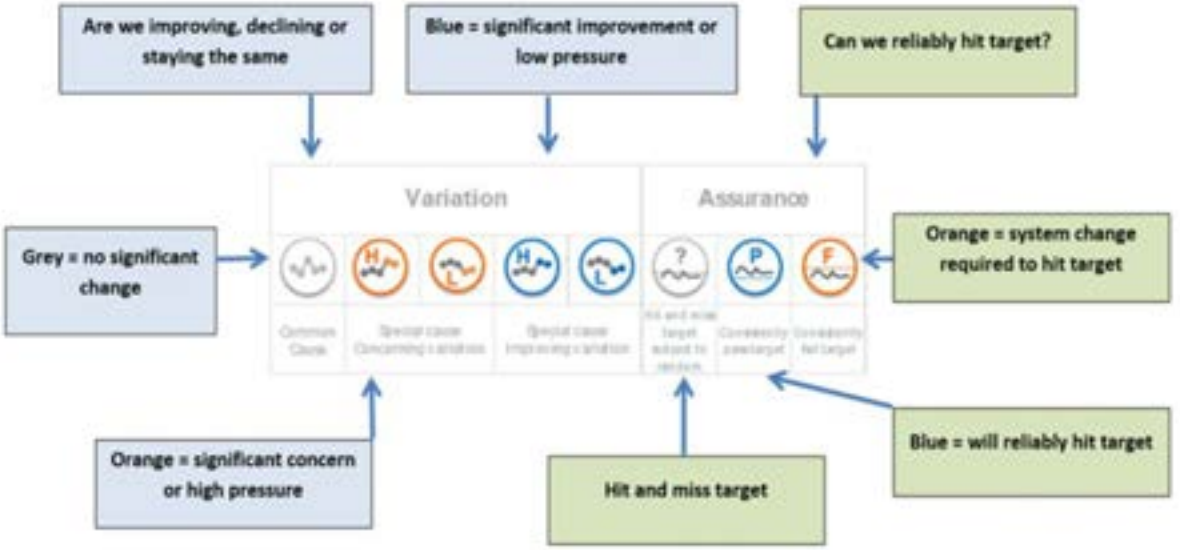
OVERVIEW SPC CHARTS

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.



High level Key - Variation

High level Key - Assurance



Caring Better Together

Thank you

University Hospitals Tees

2024 EPRR annual report and 2024/25 NHS EPRR core standards assessment - NTH

Meeting date: *4 March 2025*

Reporting to: *Group Board*

Agenda item No: 18

Report author: Rowena Dean, Chief Operating Officer / lead director for EPRR

Action required:
Approval

Delegation status (Board only and completed by the Corporate Secretariat): Matter reserved to Unitary Board

Previously presented to: *N/A*

NTHFT strategic objectives supported:

Putting patients first ☐

Valuing our people ☐

Transforming our services ☒

Health and wellbeing ☐

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A centre of excellence ☐

A great place to work ☐

Deliver care without boundaries ☐

Make best use of our resources ☐

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

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 purpose of this paper is to present the Board with the 2024 annual update regarding emergency preparedness, resilience and response (EPRR) activities together with a statement of compliance with the 2024/25 NHS EPRR core standards

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.

n/a

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 EPRR core standards assessment provides assurance that the Trust is fully compliant with 50 out of 62 standards, allowing us to declare **partial compliance** (81%) with the required EPRR core standards for 2024/25.

Recommendations:

Members of the Board of Directors are asked to receive this report as assurance that the Trust complies with the statutory requirements for EPRR and note the statement of **partial compliance** (81%) made to the North East and North Cumbria Integrated Care Board and NHS England in respect of the 2024/25 EPRR core standards

University Hospitals Tees

2024 EPRR annual report and 2024/25 NHS EPRR core standards assessment - ST

Meeting date: *4 March 2025*

Reporting to: *Group Board*

Agenda item No: 18.1

Report author: Sam Peate, Chief Operating Officer / lead director for EPRR

Action required:
Approval

Delegation status (Board only and completed by the Corporate Secretariat): Matter reserved to Unitary Board

Previously presented to: *N/A*

NTHFT strategic objectives supported:

Putting patients first ☐

Valuing our people ☐

Transforming our services ☐

Health and wellbeing ☐

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A centre of excellence ☐

A great place to work ☐

Deliver care without boundaries ☐

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

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 purpose of this paper is to present the Board with the 2024 annual update regarding emergency preparedness, resilience and response (EPRR) activities together with a statement of compliance with the 2024/25 NHS EPRR core standards

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.

n/a

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 EPRR core standards assessment provides assurance that the Trust is fully compliant with 50 out of 62 standards, allowing us to declare **partial compliance** (81%) with the required EPRR core standards for 2024/25.

Recommendations:

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University Hospitals Tees

Annual Register of Interests

Meeting date: 4 March 2025

Reporting to: Group Board of Directors

Agenda item No: 19

Report author: Jackie White, Head of Governance & Company Secretary. Mel Gannon, People Services Regulatory and Compliance Manager

Action required:
Assurance

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

Previously presented to:

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

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

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to

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 and the outcome of the annual Group Board of Directors declarations of interest exercise for 2025.

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 compliance with the Constitution whereby the Group Board of Directors are required to declare interests that may conflict with their position as a voting or non-voting executive or non-executive director of the Trust. Interests are to be recorded in a register which is referred to in the Trust's Annual Report and is available for inspection on request.

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.

A copy of the register is appended to this report for information. At the time of writing this report, a number of responses remained outstanding

Recommendations:

The Group Board of Directors are asked to:

- Note the contents of the report;
- Submit outstanding responses to ensure the register of interests is up to date for all voting and non-voting executive and non-executive directors by the 7 March 2025; and
- Note that the register will be available to the public via the Group Board of Directors papers, minutes will be published on the Trust's website and will be referred to in the Annual report 2024-25 for each Trust.

Declaration of Interest by Group Board of Directors of South Tees Hospitals NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust					
Name	**Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)**	**Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS**	**Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS**	**A position of authority in a charity or voluntary body in a field of health and social care**	**Any connection with a voluntary or other body contracting for NHS services**
Voting Board Members					
Stacey Hunter Group Chief Executive	None	None	None	None	Partner working for UHT on a consultancy basis Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Chris Hand Group Chief Finance Officer	Director South Tees Healthcare Management Limited - Company number 10166808.	None	None	None	Client Representative ELFS Shared Services Management Board Representation on behalf of North Tees & Hartlepool NHS Trust on NTH Solutions LLP – Company Number OC419412 Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Rachael Metcalf Group Chief People Officer	None	None	None	None	School Governor – High Tunstall Secondary School, Hartlepool

					Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Matt Neligan Group Chief Strategy Officer	None	None	None	None	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Mike Stewart Group Chief Medical Officer	None	None	None	None	Wife is employed at South Tees NHS FT Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Maurya Cushlow Group Chief Nurse – Interim	None	None	None	None	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Emma Nunez Group Chief Nurse (due to start in post 1 April 2025)	None	None	None	None	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Neil Atkinson Group Managing Director	None	None	None	None	Representation on behalf of North Tees & Hartlepool NHS Trust on NTH Solutions LLP – Company Number OC419412 Director of North Tees & Hartlepool NHS Trust and

					Director of South Tees Hospitals NHS Trust Board
Derek Bell Group Chair	None	None	None	None	Royal Medical Benevolent Fund - Trustee – no remuneration Tenovus Scotland (Edinburgh) Royal college of Physicians and Governors Chair and Trustee – no remuneration Centre for Quality in Governance NHS South East London Chair of SEL SDEC Newcastle University - Trustee – no remuneration Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Elizabeth Barnes Group Non-Executive Director	None	None	None	None	University of Sunderland – Trustee Middlesex University - Trustee Peter Coates Foundation - Trustee Aspire Housing – NED Director of North Tees & Hartlepool NHS

					Trust and Director of South Tees Hospitals NHS Trust Board
Elizabeth Ann (Ann) Baxter Group Non-Executive Director	None	None	None	None	Independent Scrutineer of Safeguarding / Chair of Statutory Safeguarding Partnership – Darlington Borough Council School Governor at Thirsk High School and Sixth Form College Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Ada Burns Group Non-Executive Director	None	None	None	None	Role – Governor and Chair of the Board of Governors, Teesside University Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Miriam Davidson Group Non-Executive Director	None	None	None	None	Local Government Association Associate, occasional work with English councils on Public Health Peer Reviews and facilitation of relevant workshops

					Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Mark Dias Group Non-Executive Director	Director of Be The Change HR Ltd – Company No. 9694576	None	None	Permanent Deacon in Training (Voluntary Position). Roman Catholic Diocese of Middlesbrough	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board Chair – Workforce Committee, Seacole Group
Allison Fellows (Care) Group Non-Executive Director	None	None	None	None	Member of the Board of Governors of Northumbria University NED of Gentoo Group, Sunderland - Stepping down from this role at end February 2025 Independent Member of the Audit Committee of Newcastle City Council Husband is a partner with Ward Hadaway law Firm, Newcastle Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Christopher Macklin Group	None	None	None	None	Chair, Audit One

Non-Executive Director					Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Ken Readshaw Group Non-Executive Director	None	None	None	None	Treasurer – Leyburn Community Leisure Club Chair – Health Accommodation Trust Chair – Horsehouse School Charity - Charity number: 51306 Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
David Redpath Group Non-Executive Director	Director South Tees Healthcare Management Limited - Company number 10166808. Director of DGR Consultancy - Company number 10340661	None	None	None	Role - Vice President Senior Executive Partner – Gartner Deputy Chairman – Seaton Delaval Football Club Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Fay Scullion Group Non-Executive Director	Chief Executive, Age UK North Yorkshire & Darlington	None	None	None	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board

Ali Wilson Group Non-Executive Director	Director South Tees Healthcare Management Limited - Company number 10166808.	None	None	None	Civil Partner – Counter Terrorism Policing Northeast Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Non-Voting Board Members					
Ruth Dalton Group director of communications	None	None	None	None	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Rowena Dean Chief Operating Officer	None	None	None	None	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Samuel (Sam) Peate Chief Operating Officer	None	None	None	None	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Stuart Irvine Group Director of risk, assurance and compliance	None	None	None	None	Chair at Hartlepool College of Further Education Sons (x2) are employees at Hartlepool College of Further Education Volunteer of Hospitals Trust of the Hartlepool Director of North Tees & Hartlepool NHS

					Trust and Director of South Tees Hospitals NHS Trust Board
Jackie White Group Head of Governance, Company Secretary	Company secretary for South Tees Healthcare Management Company number 10166808	None	None	None	Daughter and Daughter in law employees of the Trust Registered with IMAS (NHS interim management & support) Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Steven Taylor Group Director of Estates	None	None	None	None	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Kenneth (Ken) Edward Anderson Group chief information and technology officer	None	None	None	None	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board

Audit & Risk Committee - February 2025

Connecting to: South Tees Hospitals NHS Trust Board, Chair Ken Readshaw

Key topics discussed in the meeting:

- **Counter Fraud**

AI information for the National proactive exercise (Contract management and due diligence within procurement) was submitted. We await the findings.

Outstanding recommendation escalated.

Contract to be rolled over for 1 year.

- **External Audit**

Planning for 24/5 audit is beginning. No significant new standards this year.

- **Internal Audit**

Three audit reports were received. Key financial systems (Low risk), Maternity (medium risk), Emergency department (medium risk). The timing of the maternity audit was helpful for the Maternity incentive scheme declaration.

Actions have been agreed for implementation.

The committee agreed to remove the Group governance review from the audit plan as this will be performed by Audit One on behalf of the group. The unused days will be allocated to another audit.

Outstanding Audit actions – A analysis between areas for outstanding actions was requested.

Contract to be rolled over for 1 year.

- **Risk management**

The board assurance framework and risk management group chairs log were reviewed. These systems are becoming embedded and provide oversight and assurance.

A discussion on horizon scanning and soft intelligence took place and the Director of risk, assurance and compliance will produce proposals to develop these areas.

Group board delegation matrix assessment report received. This shows group and statutory decision making in a form that gives us assurance on appropriate decision making (i.e. not ultra vires) and conflicts of interest management.

The EPRR assurance statement of compliance was received. A number of areas were required to be resolved prior to it coming to Board for approval.

- **Financial focus**

Year-end timetable reviewed

Tender waivers reviewed

Actions:

- none

Escalated items:

- Horizon scanning and soft intelligence
- EPRR approval

Risks (Include ID if currently on risk register):

- No new Risks identified

University Hospitals Tees

Annual Filings

Meeting date: *4 March 2025*

Reporting to: *South Tees Hospitals NHS Foundation Trust*

Agenda item No: 21

Report author: *Jackie White, Company Secretary*

Action required: *(select from the drop down list for why the report is being received)*
Approval

Delegation status (Board only and completed by the Corporate Secretariat): Matter reserved to Unitary Board

Previously presented to: *N/A*

NTHFT strategic objectives supported:

Putting patients first ☐

Valuing our people ☐

Transforming our services ☐

Health and wellbeing ☐

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A centre of excellence ☒

A great place to work ☒

Deliver care without boundaries ☒

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

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.

n/a

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.

n/a

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 timetable for submission of the annual filings has been released by NHS England (NHSE). This includes a final submission date for the Trusts signed and audited Annual Report and Accounts of 30 June 2025. NHSE and the Department of Health and Social Care (DHSC) have also issued draft guidance for providers, as outlined in the Group Accounting Manual (GAM).

The Trusts external auditors, Mazars, will continue to undertake the majority of the audit in line with how the audit was performed for 2023/24. A number of amendments have been made to the Trusts Accounting Policies following the release of the GAM and these are outlined in the report.

Recommendations:

The Board of Directors are asked for delegated authority to the Audit & Risk Committee and Group Quality Assurance Committee for ongoing monitoring and approval of the annual filings on behalf of the Board.

Annual filings

1. PURPOSE OF REPORT

The purpose of the report is to update members of the Trust Board on the preparation of the annual filings for 2024/25:

- Quality Report (Account)
- Annual Accounts
- Annual Report
- Annual Governance Statement

- To provide an update on the submission of the Annual Report and financial statements and provide an update on amendments to the Trusts Annual Report and Accounting Policies for 2024/25.

- To ask for delegated authority to the Audit & Risk Committee and Group Quality Assurance Committee for ongoing monitoring and approval of the annual filings on behalf of the Board.

2. RECOMMENDATIONS

The Trust Board of Directors are asked to **approve** the delegation to the Audit & Risk Committee and Group Quality Assurance Committee for the ongoing monitoring and approval of the annual filings on behalf of the Board of Directors.

3. BACKGROUND

The Trust has a statutory requirement to produce a number of key documents as part of its annual filings following the end of the financial year. A programme management approach has been established to oversee this work. A task and finish group has been established and will meet every two weeks to review progress.

The timetable for submission of the Annual Report and financial statements has been released by NHSE. This includes a final submission date for the Trusts signed and audited Annual Report and Accounts of 30 June 2025. The DHSC have also issued guidance for providers, as outlined in the Group Accounting Manual (GAM), however NHSE guidance is still outstanding.

4. DETAIL

3.1 Annual report

Changes to the requirements for 2024/25 are set out below, members should note that these are still draft subject to publication of NHS foundation trust annual reporting manual 2024/25.

New and changed requirements

Task force on climate-related financial disclosures (TCFD)
NHS foundation trusts are required to follow the 'task force on climate-related financial disclosures' requirements on a comply or explain basis. From 2024/25, entities should disclose how they identify, assess and manage climate related risks as part of the risk management pillar. Metrics and targets used in assessment and management of climate issues should also be disclosed.

Minor changes and clarifications

Good practice in annual reporting
The National Audit Office has produced a good practice guide with examples of published annual reports that illustrate how effective presentation can support the requirements of The Government Financial Reporting Manual.

Off-payroll working
HM Treasury has updated guidance on the application of off-payroll working rules (IR35). Links to this have been updated to the new guidance.

Impracticability in remuneration report
Guidance has been added that where disclosure requirements are impracticable for the entity to follow, this should be stated and the approach taken disclosed.

Fair pay disclosures: prior year services paid in current year
Guidance has been added on adjusting fair pay disclosures where significant amounts remunerated in the current financial year relate to services rendered in a previous financial year.

Requirement for TCFD disclosures
The 2023/24 FT ARM included an inconsistency in that annex 7 of chapter two indicated TCFD reporting was only required for trusts with income over £500m. Footnote 10 on page 25 correctly noted that the requirement was for any trust with over 500 employees or operating income in excess of £500m. All foundation trusts have more than 500 employees. For the avoidance of doubt, all foundation trusts are therefore required to include TCFD disclosures with their annual report.

3.2 Timetable

The following table provides a summary of the key submission dates as circulated as part of year-end guidance by DHSC for final accounts process:

Detail	Submission Date
Submission of Month 12 PFR (including unaudited TACs and draft Accounts)	25 April
Submission of Month 12 PFR form (including audited TACs) and audited Accounts to NHSE. To include Accounts, Annual Report, Auditors ISA 260 Report, Audit Report and Opinion and Auditors report on summarisation schedules (TAC schedules)	30 June
Submission of full Annual Report including full statutory Accounts in one document to NHSE.	TBC
Trust to lay Annual report and Accounts before Parliament.	TBC

The Trusts external auditors, Mazars, will be undertaking the audit, similar to how it was undertaken for 2023/24.

3.3 Accounting Policies

As part of the circulation of year-end guidance, the DHSC Group Accounting Manual (GAM), recently updated on 7 January 2025, includes updated guidance to be used by NHS Providers. The Trust has reviewed the year-end guidance currently available and the changes to the Trust's Accounting Policies for 2024/25 are outlined as follows:

- Provisions - updated for changes to discount rates per the DHSC GAM. The discount rate on post-employment benefits provisions applicable at 31 March 2025 is 2.40% (the 2023/24 rate was 2.45%). This rate is applicable for all provisions for continuing obligations arising from previous employment service.

- Compensation Recovery Unit (CRU) - When estimating lifetime expected credit losses in relation to Injury Cost Recovery receivables, the GAM has revised the credit loss allowance to reflect income that is not expected to be recoverable. The CRU advises on the percentage probability of not receiving the income and the figure for 2024/25 is 24.45% (the 2023/24 figure was 23.07%).

- Accounting standards - The following presents a list of recently issued IFRS Standards and amendments that have not yet been adopted within the FReM, and are therefore not applicable to DHSC group accounts in 2024/25.

  - ✓ IFRS 14 Regulatory Deferral Accounts - Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

  - ✓ IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2023. Standard is not yet adopted by the FReM, which is expected to be from April 2025.

- ✓ IFRS 18 Presentation and Disclosure in Financial Statements - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

- ✓ IFRS 19 Subsidiaries without Public Accountability: Disclosures - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

- IFRS16 - For the 2025 calendar year, the HM Treasury incremental borrowing rate has been set at 4.81% (2024 calendar year, 4.72%). This discount factor will be relevant for newly commenced leases, relevant lease modifications and relevant lease re-measurement scenarios occurring in 2024/25.

University Hospitals Tees

Annual Filings

Meeting date: *4 March 2025*

Reporting to: *North Tees & Hartlepool NHS Foundation Trust*

Agenda item No: 22

Report author: *Jackie White, Company Secretary*

Action required: *(select from the drop down list for why the report is being received)*
Approval

Delegation status (Board only and completed by the Corporate Secretariat): Matter reserved to Unitary Board

Previously presented to: *(include here the meetings which the report has already been considered)*

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 centre of excellence ☐

A great place to work ☐

Deliver care without boundaries ☐

Make best use of our resources ☐

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

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.

n/a

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.

n/a

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 timetable for submission of the annual filings has been released by NHS England (NHSE). This includes a final submission date for the Trusts signed and audited Annual Report and Accounts of 30 June 2025. NHSE and the Department of Health and Social Care (DHSC) have also issued draft guidance for providers, as outlined in the Group Accounting Manual (GAM).

The Trusts external auditors, Deliotte, will continue to undertake the majority of the audit in line with how the audit was performed for 2023/24. A number of amendments have been made to the Trusts Accounting Policies following the release of the GAM and these are outlined in the report.

Recommendations:

The Board of Directors are asked for delegated authority to the Audit Committee NTH and Group Quality Assurance Committee for ongoing monitoring and approval of the annual filings on behalf of the Board.

Annual filings

1. PURPOSE OF REPORT

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- To provide an update on the submission of the Annual Report and financial statements and provide an update on amendments to the Trusts Annual Report and Accounting Policies for 2024/25.

- To ask for delegated authority to the Audit Committee NTH and Group Quality Assurance Committee for ongoing monitoring and approval of the annual filings on behalf of the Board.

2. RECOMMENDATIONS

The Trust Board of Directors are asked to **approve** the delegation to the Audit Committee NTHT and Group Quality Assurance Committee for the ongoing monitoring and approval of the annual filings on behalf of the Board of Directors.

3. BACKGROUND

The Trust has a statutory requirement to produce a number of key documents as part of its annual filings following the end of the financial year. A programme management approach has been established to oversee this work. A task and finish group has been established and will meet every two weeks to review progress.

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Trust to lay Annual report and Accounts before Parliament.	TBC

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- Accounting standards - The following presents a list of recently issued IFRS Standards and amendments that have not yet been adopted within the FReM, and are therefore not applicable to DHSC group accounts in 2024/25.

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- ✓ IFRS 19 Subsidiaries without Public Accountability: Disclosures - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

- IFRS16 - For the 2025 calendar year, the HM Treasury incremental borrowing rate has been set at 4.81% (2024 calendar year, 4.72%). This discount factor will be relevant for newly commenced leases, relevant lease modifications and relevant lease re-measurement scenarios occurring in 2024/25.

Audit Committee – February 2025

Connecting to: North Tees and Hartlepool NHS Trust Board, Chair Alison Fellows

Key topics discussed in the meeting:

- Received and noted the BAF as at 31st November 2024, to gain assurance that key risks have been captured and are being managed under the Trust's agreed processes.
- Received a new report on other sources of assurance, which sets out how the Trust uses other sources of assurance to ensure it has a proportionate framework of assurance in place.
- Received the decision log report which provided assurance on the conflicts of interest and matters reserved for the Unitary Board.
- Received a new report, which recommended that appropriate levels of assurance are in place, with regard to the financial statements and performance of the Trust, which was agreed by the Committee.
- Received a verbal update on the work to update the Standing Financial Instructions and Scheme of Delegation.
- Received a verbal update on the changes to accounting policy.
- Received a report on losses and special payments as at 31 December 2024.
- Received a report on tender waivers - noted that improvements had been made to the report but there was still some work to be done.
- Received a report from External Auditors Deloitte on the process for the external audit for 2024/25.
- Received a report from Internal Audit – Audit One on progress of 2023/24 and 2024/25 audits, outstanding audit actions and final reports. A number of recommendations to reusing some audit days were agreed.
- Received a report from Counter Fraud – Audit One.

Actions:

- Alignment of systems for managing stock across the Group and between the two Trusts to be reviewed.
- NTH Procurement team to work with South Tees Procurement team on the tender waiver report.

- Third NED to be added to the Committee – Chair and JW to discuss and agree nomination with Committee Chair prior to 31/12/2024.

Escalated items:

No issues to raise.

Risks (Include ID if currently on risk register):

- No new risks.

University Hospitals Tees

Appointment of the Senior Independent Director (SID)

Meeting date: *4 March 2025*

Reporting to: *North Tees & Hartlepool NHS Foundation Trust*

Agenda item No: 24

Report author: *Jackie White, Company Secretary*

Action required: *(select from the drop down list for why the report is being received)*
Approval

Delegation status (Board only and completed by the Corporate Secretariat): Matter reserved to Unitary Board

Previously presented to: *(include here the meetings which the report has already been considered)*

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 centre of excellence ☐

A great place to work ☐

Deliver care without boundaries ☐

Make best use of our resources ☐

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

Key discussion points and matters to be escalated from the meeting

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

The Trust has received the resignation of the current Senior Independent Director (SID) for North Tees & Hartlepool NHS Foundation Trust with effect from 30 April 2025. This post is a statutory post required for all NHS Foundation Trusts.

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.

In order to mitigate the risk it is proposed that the current South Tees Hospitals NHS Foundation Trust SID becomes the North Tees & Hartlepool NHS Foundation Trust SID until her term of office ends at the end of August 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.

A new Group SID role will be established and brought to the Board for consideration at a future meeting.

Recommendations:

The Board of Directors are asked to approve the appointment of Ms Ada Burns as Senior Independent Director subject to confirmation of the support of the Council of Governors.

Appointment of the Senior Independent Director (SID)

1. PURPOSE OF REPORT

The purpose of the report is to ask the Trust Board to approve the appointment of Ada Burns to the role of Senior Independent Director following the resignation of the current Senior Independent Director for North Tees & Hartlepool NHS Foundation Trust.

2. RECOMMENDATIONS

The Trust Board of Directors are asked to **approve** the appointment of Ms Ada Burns to the role of Senior Independent Director subject to confirmation of the support of the Council of Governors.

3. BACKGROUND

The Trust's Constitution makes provision for the appointment of a Senior Independent Director.

The Senior Independent Director role is primarily concerned with the performance of the Chair. They act as a point of contact with the Board should Governors have concerns, which approaches through normal channels have failed to resolve or for which such normal approaches are inappropriate. They lead the appraisal process for the Trust Chair.

Currently the role of Senior Independent Director is held by Chris Macklin, who is due to stand down at the end of April 2025.

4. DETAIL

The Senior Independent Director is appointed by the Board of Directors in consultation with and with the agreement of the Council of Governors.

The factors to be considered in appointing to this role will be discussed at a Nomination Committee meeting due to be held on 12 March 2025. In advance of the meeting, a discussion has been held with the Lead Governor.

It is recommended that the Board approve the appointment of Ada Burns to the role of Senior Independent Director subject to consultation with Governors and confirmation of their agreement as required by the Constitution.

Ms Burns is currently serving her second term as a Non-Executive Director, which concludes in August 2025. She is the Senior Independent Director for South Tees Hospitals NHS Foundation Trust, a member of the People Committee and Resources Committee and one of the Non-Executive Leads for Freedom to Speak Up. She also is one of the Non-Executive Directors for doctors' disciplinary panels.

Ms Burns has confirmed that she would be willing to serve in this role.

5. GROUP SENIOR INDEPENDENT DIRECTOR POST AUGUST 2025

A process will be established to select a new Group Senior Independent Director from the Non-Executive Director body to be in post from September 2025. A proposal will be discussed with colleagues and the Council of Governors and submitted to Board for approval at its meeting in July 2025.