North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Group Board Meeting

Wednesday 17 April 2024, 13:00

David Kenward Lecture Theatre, STRIVE, James Cook University Hospital

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

MEETING OF THE GROUP BOARD TO BE HELD IN PUBLIC ON WEDNESDAY 17 APRIL 2024 AT 1PM IN DAVID KENWARD LECTURE THEATRE, JAMES COOK UNIVERSITY HOSPITAL

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT	TIME
CHAIR'S BUSINESS					
1.	Patient / Staff Story	Information	Group Medical Director	Presentation	1.00pm
2.	Welcome and Introductions	Information	Group Chair	Verbal	1.15pm
3.	Apologies for Absence	Information	Group Chair	Verbal	1.15pm
4.	Quorum and Declarations of Interest	Information	Group Chair	ENC 1	1.15pm
5.	Group Chairman's Report	Information	Group Chair	ENC 2	1.20pm
6.	Group Chief Executive's Report	Information	Group Chief Executive	ENC 3	1.30pm
7.	Board Assurance Framework Update	Information	Director of Strategy, Assurance and Compliance/ Company Secretary	ENC 4	1.40pm
8.	Integrated Performance Reports: • North Tees & Hartlepool NHS Foundation Trust • South Tees Hospitals NHS Foundation Trust	Discussion	Group Managing Director & COOs	ENC 5	1.50pm
EXPERIENCE					
9.	Staff Surveys	Information	Chief People Officers	ENC 6	2.05pm

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
10.	Freedom to Speak Up Report	Information	FTSU Guardians	ENC 7	2.20pm
WELL LED					
11.	Maternity & Neonatal Reports: • North Tees & Hartlepool NHS Foundation Trust	Information	Head of Maternity Services	ENC 8	2.30pm
12.	Finance Reports Month 11: • North Tees & Hartlepool NHS Foundation Trust • South Tees Hospitals NHS Foundation Trust	Information	Group Chief Finance Officer	ENC 9	2.50pm
13.	Modern Slavery Statements: • North Tees & Hartlepool NHS Foundation Trust • South Tees Hospitals NHS Foundation Trust	Approval	Head of Governance & Co Secretary and Director of Strategy Assurance & Compliance	ENC 10	3.10pm
14.	Committee Assurance Reports	Information	Chairs of Committees	ENC 11	3.15pm
	DATE OF NEXT MEETING The next meeting of Group Board of Directors will take place on 15 May 2024				

NHS North Tees and Hartlepool NHS Foundation Trust

NHS South Tees Hospitals NHS Foundation Trust

Register of members interests

Meeting date: 17 April 2024

Reporting to: Group Board of Directors

Agenda item No: 4

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

Action required:
Information

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

Previously presented to:
n/a

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

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

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

All BAF risks

Key discussion points and matters to be escalated from the meeting

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

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

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

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

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

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

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

Recommendations:

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

Group Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
Ada Burns	Non-Executive Director	2022	Ongoing	Role – Governor and Chair of the Board of Governors, Teesside University
Alison Fellows	Non-executive Director		Ongoing	Non-Executive Director and committee chair – Gentoo Homes Ltd (Housing Association) - Company number 04739226
			Ongoing	Husband Partner at Firm – Ward Hadaway Solicitors
		1.12.23	Ongoing	Governor of the Board of the University also be a Member of is Audit Committee Northumbria University
		6.12.23	Ongoing	Independent Member of Council's Audit Committee Newcastle City Council
Alison Wilson	Non Executive Director	4 January 2022	Ongoing	Civil Partner – Counter Terrorism Policing North East
		2017	Ongoing	Son – Bupa Global and Bupa UK
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
Alyson Gerner	Associate Non Executive Director	2007	Ongoing	Senior Civil Servant working for a central government department – Department for Education
				Director of LocatED Property Ltd
				Member of Audit Committee and Remuneration Committee, Oak National Academy
Ann Baxter	Non-executive Director		Ongoing	Independent Scrutineer of Safeguarding / Chair of Statutory Safeguarding Partnership – Darlington Borough Council
				School Governor at Thirsk High School and Sixth Form College
Chris Hand	Group Chief Finance Officer	2 July 2021	Ongoing	Director of South Tees Healthcare Management Limited - Company number 10166808
				Client Representative ELFS Shared Services Management Board
Chris Macklin	Non-executive Director	February 2023	Ongoing	Chair, Audit One
David Redpath	Non-executive Director	1 January 2021	Ongoing	Director of DGR Consultancy - Company number 10340661
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		September 2017	Ongoing	Vice President Senior Executive Partner – Gartner
		July 2022	Ongoing	Deputy Chairman – Seaton Delaval Football Club
Elizabeth Barnes	Non-executive Director		Ongoing	Non-Executive Director – Aspire Housing
				Trustee – University of Sunderland
				Trustee – Middlesex University

				Trustee – Peter Coates Foundation Member – Uttoxeter Learning Trust Member – Queen Elizabeth Grammar School Multi-Academy Trust
Fay Scullion	Non-executive Director			School Governor at Jarrow Trust Secondary School Associate Tutor – Learning Curve Group
Hilary Lloyd	Group Chief Nurse	15 February 2021 May 2023	Ongoing Ongoing	Visiting Professor at Sunderland – no monetary gain Chief Nurse for Clinical Research Network NENC
Jackie White	Head of Governance & Company Secretary	March 2013 March 2023	Ongoing Ongoing	Registered with IMAS (NHS interim management & support) Company Secretary of South Tees Healthcare Management Limited - Company number 10166808
Kenneth Readshaw	Non Executive Director	2016 2018 2000	Ongoing Ongoing Ongoing	Treasurer – Leyburn Community Leisure Club Chair – Health Accommodation Trust Chair – Horsehouse School Charity - Charity number: 513060
Mark Dias	Non Executive Director	20 July 2015 21 June 2023 September 2023	Ongoing Ongoing Ongoing	Director of Be The Change HR Ltd – Company No. 9694576 Chair – Workforce Committee, Seacole Group Permanent Deacon in Training (Voluntary Position). Roman Catholic Diocese of Middlesbrough
Michael Stewart	Group Chief Medical Officer	1 February 2021	Ongoing	No interests declared
Miriam Davidson	Non Executive Director	December 2022	Ongoing	Care and Health Improvement Programme (SLI) Advisor Occasional work with Local Government Association (LGA)
Neil Atkinson	Group Managing Director			No interests declared
Prof Derek Bell	Group Chair	April 2020 April 2018 April 2021 July 2022 March 2024	Ongoing Ongoing Ongoing Ongoing Ongoing	Trustee Royal Medical Benevolent Fund – no remuneration Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration Centre for Quality in Governance Sel clinical advisor for SDEC Member of the Council for Newcastle University. No remuneration.
Rachael Metcalf	Group Chief People Officer	December 2020	Ongoing	Role of School Governor at High Tunstall College of Science
Rudolf Bilous	Associate Non Executive Director			Occasional teacher undergraduate and postgraduate medicine South Tees NHSFT (unremunerated)

				Data Monitoring Safety Committee for large International multinational Trial – funded by Boehringer via unrestricted grant through University of Oxford (3-4 virtual meetings per year) – Post is remunerated
Samuel Peate	Chief Operating Officer South Tees Hospitals NHS Foundation Trust	1 April 2021	Ongoing	No interests declared
Stacey Hunter	Group Chief Executive			No interest declared
Susy Cook	Group Chief People Officer			Governor – Laurence Jackson School
Stuart Irvine	Director of Strategies, Assurance and Compliance & Company Secretary	2023	Ongoing	Chair – Hartlepool College of Further Education Trustee of Hospitals Trust of the Hartlepools Wife employed at the Trust Son is employed by NTH Solutions

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Group Chairman's Report

Meeting date: 17 April 2024

Reporting to: Group Board of Directors

Agenda item No: 5

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

Action required:
Information

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

Previously presented to:
n/a

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

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

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

All BAF risks

Key discussion points and matters to be escalated from the meeting

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

The report provides an update from the Group Chairman.

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

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

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

Recommendations:

The Group Board of Directors are asked to note the report

Group Chairman's Update

1. Introduction

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

1.1 Group Development

The Boards of South Tees Hospitals NHS Foundation Trust and North Tees & Hartlepool NHS Foundation Trust met on the 2nd of April and the 4th of April respectively to agree to jointly exercise duties to the Group Board (previously known as Joint Partnership Board).

This was a significant development in the journey of the Group Model which has come together over a number of years.

Work continues on the development of a number of workstreams including the development of a clinical strategy, people and organisational development, estates and digital, the progress of which will be briefed in the Group Chief Executive report.

Future Group Board meetings will be scheduled monthly for a transition period and move to bi monthly from around September. The intention will be to rotate the venues across the Group estates.

1.2 Group Non Executive roles

I am pleased to update that we have following a recommendation from the Nomination Committees of both Trusts the Council of Governors met in common and agreed the appointment of non-executive directors and associate non-executive directors to form the Group Board.

A number of factors were taken into account including the need to manage the transition to a Group Board structure carefully. Loss of skills, experience and resilience and to strike a balance between stability and aspiration.

The well-being of non-executive director colleagues was and continues to be at the forefront of all discussions.

Whilst non-executive director colleagues will fulfil a number of roles, some colleagues will undertake a Board champion role, a connection with Place and a member of a Board Committee. Details regarding this are yet to be finalised.

1.3 Group Board Development

On the 27 March the Boards came together to start to think about a number of issues including education research and innovation, working closer with others to achieve more with a focus on integration, being an anchor institution and how we represent our communities and staff, how we deliver value for money. We also started to think about developing our culture and development of the clinical strategy.

We aim to follow this up with further sessions over the next year to develop and articulate our ambition as a Group and discuss this with staff and stakeholders.

1.4 Engagement meetings

The Chief Executive and I met with the Chair and Chief Executive of Durham & Darlington NHS Foundation Trust to discuss our plans for the Group Strategy and in particularly the patient pathways across the Tees Valley as the clinical strategy is developed.

1.5 NHS Confederation Chairs forum

I attended the NHS Confederation Chairs Forum on 8 April with the key topics of conversation included the NHS Confed's general election strategy and partnership work with Ipsos Mori and Public Perceptions of the NHS.

2. Recommendation

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

Professor Derek Bell
Group Chair

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Group Chief Executive Officer's Report

Meeting date: 17 April 2024

Reporting to: Group Board of Directors

Agenda item No: 6

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

Action required:
Information

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

Previously presented to:
n/a

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

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

Make best use of our resources ☒

CQC domain link:

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 from the Group Chief Executive Officer.

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

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

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

Recommendations:

The Group Board of Directors are asked to note the report

Group Chief Executive's Report

1. Introduction

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

1.1 Integrated Care System (ICS)

Chief Executives from across the North East and North Cumbria continue to meet with the ICB Executive Team to support the ongoing development of the system. At the Chief Executive strategic session on 15 March 2024, discussion took place on ambulance handover times, elective recovery, the digital strategy for the NENC and a presentation from Claire Riley on reconfiguring NHS services.

1.2 North East and North Cumbria Financial Position

The ICB CEO has instigated new governance arrangements to oversee financial recovery and the development of the medium term financial plan across the partnership I am the CEO sponsor for the ICB procurement workstream and attend the ICB Finance Recovery Board in that capacity. Planning for 2024/25 is progressing with a significant focus on the money. The Group CEFO will update further in our private meeting today.

1.3 North East and North Cumbria Provider Collaborative (PvCv)

Every month, Chief Executives across the eleven Provider Collaborative Foundation Trusts meet in the Provider Leadership Board (PLB). The group held a development session on Friday, 8 March with a focus on Chief Executive support with insights shared from education, local government, sport as well as discussion on developing future leaders and working with Boards to build high performance Executive Teams.

The Leadership Board meeting took place on 5 April 2024 with a focus on elective recovery, urgent and emergency care and clinical services. Updates were also provided on community eating disorder services and smoking cessation with agreement to continue their provision for another year.

1.4 Tees Valley Group Model

Group development work continues at pace across the four workstreams: board governance; executive and leadership structure; clinical strategy and enabling strategies. The interviews for clinical board leadership roles are now almost complete and I am delighted to report the high levels of interest in the roles and quality of applicants which mean we are on track to make appointments by the end of April. The boards will start their work in May and will be the key drivers for reviewing and proposing changes to clinical pathways across the Group which are beneficial for patients and the wider population. We have agreed a development programme to support this when they start.

1.5 Group Executive Appointments

I am pleased to update that we have appointed Mrs Dalton as Group Director of Communications and work is progressing on phase 2 of the Group Director appointments which should be concluded by the end of May. We have also appointed a search company to assist us with the recruitment of the Group Strategy Director. I hope that we will have concluded this appointment by the end of June. Finally the advert for the hospital leadership teams is being progressed.

1.6 Spring Budget Statement

The Chancellor of the Exchequer, The Right Honorable Jeremy Hunt MP delivered his Spring Budget statement on 6 March 2024 setting out measures to achieve the stated goal of driving higher growth and in turn, "more opportunity, more prosperity and more funding for our precious public services". The key announcements for health and care included:

- £2.5bn revenue funding in 2024/25 for the NHS to protect current funding levels in real terms and support the NHS to continue reducing waiting times and improve performance;
- £3.4bn capital funding over three years for technological and digital transformation in the NHS;
- £35m over three years to improve maternity safety across England.

1.7 Community Diagnostic Centre (CDC)

A strategic plan for the health system in the Tees Valley to develop diagnostic capacity, including a new build Community Diagnostic Centre (CDC) has been agreed. This is a collaborative approach between North Tees and Hartlepool NHS Foundation Trust and South Tees NHS Foundation Trust. It is a major step forward for the Tees Valley, focusing on early diagnosis and treatment, improved care outcomes and wider economic regeneration in the drive to improve population health and tackle health inequalities.

Progress of the new build CDC is on track in line with the project plan. The foundations, structural steel work and sub-flooring are completed. The communication team regularly shares images of progress through social media and internal communication channels.

The joint clinical leads have been developing pathways with clinical specialities that will be supported by the CDC. These are initially focused on urology, respiratory, musculoskeletal and cardiology. The digital systems interoperability planning work is completed and plans to ensure that system solutions support the CDC are being taken forward to implementation. Staff engagement is underway across both Trusts building on previous communication. All clinical and operational management teams receive regular updates on progress and feedback is positive.

Workforce plans for 2024/25 have been agreed and are progressing to advertisement. This workforce plan is aligned to coincide with the opening of the CDC and with additional planned diagnostic activity at spoke sites.

1.8 National Spring Covid-19 Vaccination Programme

Following on from the Autumn 2023 Covid-19 and Influenza Campaign, NHS England have written to Chief Executives to advise the NHS should now plan for a seasonal dose of COVID-19 vaccine in spring 2024, following the government's acceptance of advice from the Joint Committee on Vaccination and Immunisation's (JCVI).

NHS England's *'Shaping the future delivery of NHS vaccination and immunisation services'* sets out the NHS's vision for these services over the coming years and in line with this strategy, regions and ICBs should consider how they integrate their COVID-19 vaccination programmes with other seasonal, life course and outbreak programmes, while keeping their focus on increasing uptake and reducing inequalities.

Eligible cohorts for vaccinations include; adults aged 75 years and over (this includes adults who turn 75 years old by 30 June 2024); residents in care homes for older adults; individuals aged 6 months and over who are immunosuppressed. The campaign should begin on 15 April 2024 in adult care homes and eligible housebound patients. For all other eligible cohorts, vaccinations should start by 22 April 2024 and end on 30 June 2024.

1.9 NHS priorities and operational planning guidance for 2024/25

The 2024/25 NHS priorities and operational planning guidance has now been received. This sets out NHS England's shared ambitions and how we can contribution to make continued improvement on the things that really matter to patients, within the resources available to us.

1.10 Breast screening

Girls and young women (aged 10-35 years) who receive radiotherapy to the chest involving breast tissue, to treat Hodgkin lymphoma, are at increased risk of developing breast cancer later in life. Breast screening with mammography and/or MRI (magnetic resonance imaging) is effective at detecting breast cancers when small and potentially curable. Therefore it is recommended, starting between 8-15 years after radiotherapy, patients are referred to the Very High Risk (VHR) breast-screening programme for annual surveillance. A recent audit by the Breast Screening After Radiotherapy Dataset Group (BARD) have identified that some people who had received radiotherapy between 1962 and 2003 had not been referred. NHS England has rapidly reviewed each case and the findings show that 1,487 women in England need to be incorporated into the VHR programme as soon as possible. Breast Screening Services were notified of this issue at the end of February 2024 and commenced receipt of guidance from NHS England to support the management of the issue.

NHS England have sent a tailored letter to each person (10 letter types) who are eligible for VHR screening to explain the issue and to inform them of their eligibility, depending on their individual circumstances. These letters were sent first class on

Monday 4 March. The letters provided contact details for a dedicated helpline, to support people affected with any enquiries on this issue. Whilst the 2003 review was a one-off piece of work to look at the group of people who had undergone radiotherapy for Hodgkin lymphoma, NHS England have also checked that all other eligible people are on the VHR pathway post 2003. Any person identified as not having been referred to the VHR programme have also been contacted.

North Tees Breast Screening Service have been notified through the NHS England breast screening programme of the details of a small number of patients who are affected by this issue. They have received technical support information to enable the recall of patients impacted and implementation processes are currently being put in place to review these patients. A detailed report will be discussed at the April North Tees Quality Committee with regular updates through this governance route.

1.11 Pre-election guidance for NHS colleagues (March to May 2024)

The pre-election period is the period of time immediately before elections or referendums. During this time, specific restrictions are placed on the use of public resources and the communication activities of public bodies, civil servants, and local government officials. In the six-week run up to an election, this becomes even more important and increased restrictions are placed on the NHS. The Communications team have provided a pre-election guidance document that has been issued via communications channels to all staff and any questions or queries relating to pre-election guidance should be directed to Trust communications teams.

1.12 Urgent Treatment Centre

On 1 April 2024 urgent care services came together to ensure patients can access and receive the same level of care for minor injuries and illness wherever they are on Teesside. The urgent care service is provided through an alliance model by Hartlepool and Stockton GP Federation, North East Ambulance Service NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust and South Tees NHS Foundation Trust. In addition to providing out of hours home visiting, services are provided 24/7 at the newly opened urgent treatment centre (UTC) at James Cook University Hospital (launched midnight 1 April 2024), exiting UTCs at University Hospital North Tees and at University Hospital Hartlepool and Redcar Primary Care Centre which is extended to stay open until midnight. In the first 24 hours of operating, 243 patients were seen by the team at the UTC at the James Cook Hospital.

1.13 Aseptic Medicines Manufacturing Centre for NENC

Work is progressing on the Final Business Case (FBC) which is due to be submitted to NHS England in April for the development of an Aseptic Medicines Manufacturing Centre for the North East and North Cumbria.

The manufacture of sterile medicines in the NHS plays a vital, but often unseen part in the delivery of safe and high quality patient care. Known as ‘aseptic’ services, NHS Foundation Trusts across the region already have their own production units but these are all working at, or nearing, capacity.

The new NHS Medicines Manufacturing Centre will serve the region's entire hospital network. It will produce large volumes of chemotherapy treatment, as well as other 'ready to administer' injectable medicines, including intravenous antibiotics. It will also manufacture 'pre-labelled' medicines to help support local hospital teams as patients are discharged home.

The new facility will work in a hub and spoke model alongside existing aseptic units across the region's hospitals and aims to greatly increase capacity. It will safeguard the supply of vital drugs for patients in the region for the next 20 years by creating an in-house and sustainable supply chain within the NHS.

1.14 Other News!

Staff at the Friarage have been presented with the Myeloma UK Award for their commitment to patients living with incurable blood cancer. The Myeloma UK Clinical Service Excellence Programme (CSEP) Award recognises hospitals' commitment to raising the bar for treatment and providing compassionate care.

The James Cook University Hospital TAVI (Transcatheter Aortic Valve Implantation) team are celebrating after being named Heart Team of the Year at the first Global Cardiovascular Awards 2024. The awards which are held in partnership with the World Heart Federation celebrate the outstanding contributions to cardiovascular disease treatment worldwide.

The obstetrics and gynaecology research team at North Tees and Hartlepool NHS Foundation Trust are taking part in a special smoking-related national trial involving pregnant women and have recruited the study's 500th participant. The SNAP-3 study is looking at whether pregnant women who do nicotine preloading – starting nicotine replacement therapy (NRT) before the quit date, while gradually reducing the amount of cigarettes smoked – could stop smoking more successfully.

2. RECOMMENDATIONS

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

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Board Assurance Framework Update

Meeting date: 17th April 2024

Reporting to: Group Board of Directors

Agenda item No: 7

Report author: Stuart Irvine, Director of Strategy, Assurance & Compliance / Company Secretary

Action required:
Information

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

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

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

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

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

This report relates to Board Assurance Frameworks of each Trust.

Key discussion points and matters to be escalated from the meeting

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

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

North Tees & Hartlepool NHS Foundation Trust

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

South Tees Hospitals NHS Foundation Trust

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

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

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

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

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

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

Recommendations:

The Group Board of Directors is asked to;

- Note the Board Assurance Framework update;

- The current position of 4 high/red risks that are outside of approved risk appetite for North Tees & Hartlepool NHS Foundation Trust and two for South Tees Hospitals NHS Foundation Trust; and
- Planned actions over the next 6 months.

Meeting of the Group Board of Directors

17 April 2024

Board Assurance Framework Update

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

1. Introduction/Background

1.1 Following the decision by the unitary boards of South Tees Hospitals NHS Foundation Trust (2nd April 2024) and North Tees & Hartlepool NHS Foundation Trust (4th April 2024), it was agreed to delegated joint functions to the Group Board, with reserved functions retained at unitary board level.

1.2 The unitary boards of each Trust must be retained and the Board Assurance Frameworks and risk management processes will remain in place for each Trust. It was agreed that this would be subject to review, leading to standardisation and consistency in a controlled and managed approach. This also includes a review of the governance arrangements below committee level, which will remain in place to ensure assurance and escalation processes continue to operate efficiently and effectively.

2. Main content of report

2.1 The strategic objectives of South Tees Hospitals NHS Foundation Trust and North Tees & Hartlepool NHS Foundation Trust were approved to be carried forward into 2024/25 and will be considered in light of the development of a vision, mission statement and strategic objectives of the Group in early 2024/25. The strategic objectives of both Trusts are set out in the table below;

North Tees & Hartlepool NHS Foundation Trust	South Tees Hospitals NHS Foundation Trust
• Putting Patients First • Valuing Our People • Transforming Our Services • Health & Wellbeing	• 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 North East 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.

2.2 **North Tees & Hartlepool NHS Foundation Trust**

There are four high/red strategic risks that are outside of the approved risk appetite of the committees of the Group Board and are shown in the following table.

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

* Delivery of savings (current risk score of 16).
** Failure of Trust infrastructure (current risk score of 15).
** Insufficient capital funding to maintain the Trust's estate (current risk score of 20).
** Reduction of system capacity due to the Trust being unable to provide services, impacting on reputation (current risk score of 15).

2.3 Each risk has at least one planned action that aims to reduce the current risk scores to the target risks scores and within the approved risk appetite range.

2.4 **South Tees Hospitals NHS Foundation Trust**

There are two high/red strategic risks that are outside of the approved risk appetite of the committees of the Group Board.

Principal Risk	Approved Risk Appetite	Risk Score Range	Number of strategic risks outside of approved appetite
6 – Failure to achieve financial objectives & responsibilities	Moderate	8-12	2

- Ref 6.9 Failure to advance digital maturity will impact on efficiency, care quality and safety.
- Ref 6.10 Disruption to critical clinical and operational systems as a result of failures associated with outdated systems, legacy hardware, unsupported systems, supply chain distribution resulting in operational service disruption, potential harm, financial implications and possible reputational damage.

2.5 Both threats discussed above have been considered by the Resource Committee which decided that there is insufficient reliable evidence that the current risk treatment strategy is appropriate to the nature and/or scale of the threat. Further assurance is required.

3. Key issues, significant risks and mitigations

3.1 The risk relating to the operation of the Board Assurance Framework and risk management processes are that strategic and operational risks are not being robustly managed, leading the risk of strategic objectives and potential impact on patient experience.

3.2 As agreed as part of the planning for Group arrangements, Board Assurance Frameworks and risk management processes for each Trust remain unchanged to ensure existing assurance arrangements aren't impacted. However during the next 6 months, a review will be undertaken to align processes, leading to consistency and standardisation, whilst ensuring there is no adverse impact of the effectiveness of processes.

4. Conclusion/Summary/Next steps

4.1 The existing Board Assurance Framework and risk management processes will remain unchanged in the short term, with a view to aligning processes as part of Group arrangements, whilst ensuring robust assurance continues to be provided at committee and Group Board level.

4.2 The Board Assurance Framework reported will continue to be reported to committees ensuring oversight and to the Audit Committees of each Trust and will be reported to Group Board on a quarterly basis going forward.

5. Recommendation

5.1 The Group Board of Directors is asked to;

- Note the Board Assurance Framework update;
- The current position of 4 high/red risks that are outside of approved risk appetite for North Tees & Hartlepool NHS Foundation Trust and 2 for South Tees Hospitals NHS Foundation Trust; and
- Planned actions over the next 6 months.

Stuart Irvine

Director of Strategy, Assurance & Compliance/Company Secretary

Jackie White

Head of Governance/Company Secretary

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Integrated Performance Report (IPR)

Meeting date: 17th April 2024

Reporting to: Board

Agenda item No: 8

Report author: Linda Hunter, Director of Planning and Performance

Action required: Assurance

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

Previously presented to: *North Tees and Hartlepool NHS Foundation Trust - Resource Committee*

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

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

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

Make best use of our resources ☐

CQC domain link:

Responsive

this paper relates to:

Performance and Compliance

Quality

People

Finance

Key discussion points and matters to be escalated from the meeting

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

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

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

Performance against the Cancer 62 Day standard remains challenging across the majority of tumour groups as a result of complex diagnostic pathways, diagnostic waiting times, and waiting times for tertiary centre treatment. The focus remains with implementation of best practice timed pathways across the specialties to ensure that patients are receiving outpatient and diagnostic tests within the agreed milestones. A deep dive is also underway to identify inter-provider Transfer dates to ensure patients are being referred across to tertiary centres for treatment within appropriate timescales.

The Trust continues to deliver waiting list initiative weekend theatre lists based upon the long waiting patients and associated specialities. A focussed piece of work of validation work is being undertaken relating to the waiting list, across both outpatient and inpatients pathways with a pilot of partial booking within the Chemical Pathology Service underway.

Weekly, monthly and quarterly re-admission audits continue to progress as a focussed piece of work with themes reported to Care Group Senior Management teams, with a quarterly presentation to Operational Delivery Group, to demonstrate learning and improvement across all services.

The Trust sickness absence rate continues to report above the threshold of 4%, with the absence rate as at end January reported 5.80%, Stress/Anxiety /Depression remains the highest reason for absence and accounts for 27.05% of all absence.

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

The Trust continues to exceed the overall 4-hour national standard. Type 1 pathways remain a pressure with the majority of long waits within the department due to bed waits and flow into acute admission areas, which is reflected in the increase in medical bed occupancy. The 4-hour Steering Group continues to progress with key aspect of the improvement plan with the benefits of a second decision maker overnight already being realised.

The number of ambulance arrivals to the A&E department remain high. PIN compliance continues to show significant improvement, with only 5 ambulance handovers completed outside of the required 59 minutes, however this accounts for only 0.3% of completed handovers. The average handover time reported at 15 minutes, and a turnaround time (arrival to clear) of 26 minutes, placing the Trust 2nd in the region for both metrics. The collaborative working with colleagues across the region and NEAS continues.

Diagnostic compliance rates continue to show an upward trend since November 2022. Endoscopy have seen significant decrease in breaches, with insourcing and move to 6 day working. CT and DEXA continue to see no breaches with all patients appointed within 6 weeks.

Outpatients 'Did not attend' are reporting in a positive position this month. Gastroenterology was the first speciality to go live on the Patient Engagement Portal (PEP) and now reports a 1% reduction in DNA rate for both new and review appointments.

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

The revised stage 1 complaints process has successfully gone live on 1st January. An evaluation of the Complaint Improvement Project has taken place in February, with a further meeting in April scheduled to finalise results.

The Trust has a breakeven financial plan for 2023/24 with reported risks relating to inflationary pressures and efficiency requirements. The Trust has reported to NHSE its intention to move to a £1m surplus by end of the financial year. At month 11, the Trust is reporting an in-month deficit of £1.493 m against a planned deficit of £0.508m, which is £0.985m behind plan. The year to date position includes recognition of the year to date elective recovery over performance of £4.913m. The Trust is reporting a year to date surplus of £1.315m against a plan of £0.458m, which is £0.857m ahead of plan.

Recommendations:

It is recommended that the Group Board acknowledge the content of the report and work being undertaken to address key areas of non-compliance.

NHS
North Tees and Hartlepool
NHS Foundation Trust

Integrated Performance Report (IPR)

March 2024 Report

(February 2024 data)

Executive Summary

Domain	Summary
Safe Page 6 to Page 12	The Trust transitioned the patient safety-reporting platform to InPhase at the end of December 2023. There has been an increase in the number of infections including C.Diff, MSSA, and Pseudomonas. During February 81 inpatient falls were reported, of which 33 resulted in no harm, 39 low harm, and 9 resulted in moderate harm. None reported were severe harm.
Effective Page 13 to Page 18	Weekly, monthly and quarterly re-admission audits continue to progress as a focussed piece of work with themes reported to Care Group Senior Management teams, with a proposal of a quarterly presentation to Operational Delivery Group, in order to demonstrate learning and improvement across all services. Theatre utilisation has dropped during February. A focussed piece of work is being undertaken with Spinal and Pain management services. Outpatients 'Did not attend' are reporting in a positive position this month. Gastroenterology was the first speciality to go live on the Patient Engagement Portal (PEP) and now reports a 1% reduction in DNA rate for both new and review appointments.
Caring Page 19 to Page 22	All Friends and Family Test (FFT) returns remain in a positive position. The revised stage 1 complaints process has successfully gone live on 1st January. An evaluation of the Complaint Improvement Project has taken place in February, with a further meeting in April scheduled to finalise results.

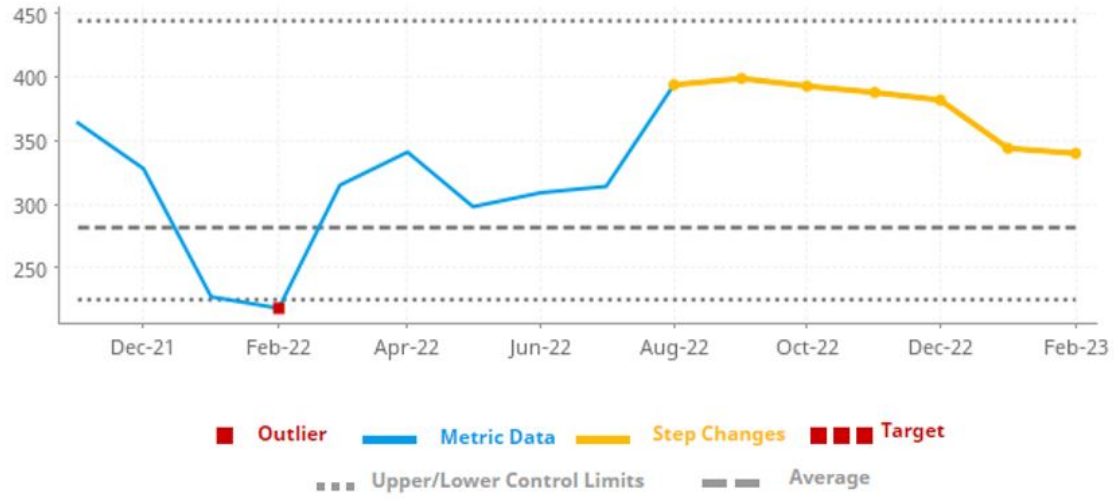
Executive Summary

Domain	Summary
Responsive Page 23 to Page 30	Ambulance handovers are reporting below standard, five ambulance handovers were completed outside the required 59 minutes, however this accounts for only 0.3% of completed handovers. The number of ambulance arrivals to the A&E department remain high. The Trust continues to perform well on this standard, placing the Trust 2nd in the region. The Trust continues to exceed the overall 4-hour national standard. Type 1 pathways remain a pressure with the majority of long waits within the department due to bed waits and flow into acute admission areas. This is reflected in the increase in Medical Bed Occupancy. Performance against the Cancer 62 Day standard remains challenging across the majority of tumour groups as a result of complex diagnostic pathways, diagnostic waiting times, and waiting times for tertiary centre treatment. A deep dive is to take place to identify Inter-provider Transfer dates to ensure patients are being referred across to tertiary centres for treatment within appropriate timescales.
Well-Led **People** Page 31 to Page 34 **&** **Finance** Page 35	The Trust sickness absence rate continues to report above the threshold of 4%, with the absence rate as at end January reported 5.80%. This is a decrease on the previous month's rate. Stress/Anxiety /Depression remains the highest reason for absence and accounts for 27.05% of all absence. Covid absences saw a slight increase to 0.15% in January 2024. At month 11, the Trust is reporting a year to date surplus of £1.315m against a plan of £0.458m, which is £0.857m ahead of plan. The key risks at month 11 relate to the reduction of run rates and identification and delivery of CIP within the Care Groups. Industrial action continues to have a financial impact on the Trust's financial position and the delivery of elective recovery.

Executive Summary

Domain	Summary
Maternity Page 36 to Page 47	**Postpartum Haemorrhage >1500mls has increased in January; PPH continues to be monitored by the Quality Improvement project which accurately measures blood loss rather than estimating.** **Smoking at delivery is reporting in a positive position, despite the North East of England having one of the highest smoking population rates.**

Statistical Process Control (SPC) Charts



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

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

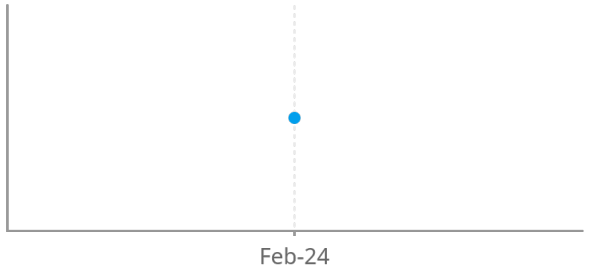
The *Upper and Lower control limits* adjust automatically so they are always 2 Standard Deviations from the average.

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

Safe

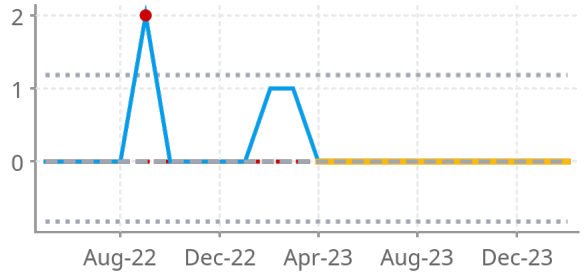
North Tees and Hartlepool NHS Foundation Trust

Patient Safety Incident Investigations (PSII)



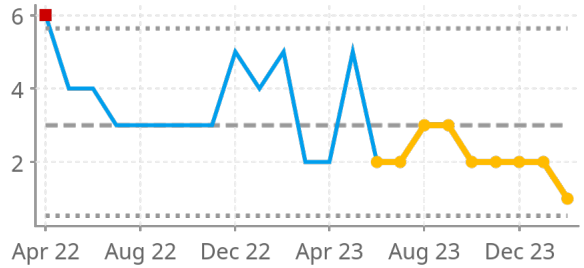
Month	Feb-24
Actual	0
Standard	0

Never Events



Month	Feb-24
Actual	0
Standard	0

High Risks



Month	Feb 24
Actual	1
Standard	N/A

Summary of Current Issues/ Recovery Plans

During February, staff reported 1,145 safety events across all types of adverse events, none of which were serious incidents. No PSII were reported.

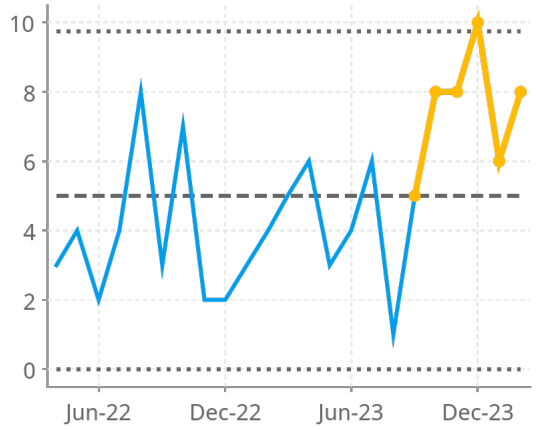
The Trust changed the patient safety-reporting platform to InPhase at the end of December 2023. An initial reduction in reporting was anticipated at 25% in line with the shared experience from other Trusts in the implementation of the system. This month reflects a 17.2% reduction in reporting, with continued monitoring in place.

Training and support to staff continues with a hotline available if staff have any concerns. Weekly meetings with the patient safety team and drop in session for staff are in place.

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

Safe

Clostridium difficile (C. diff)

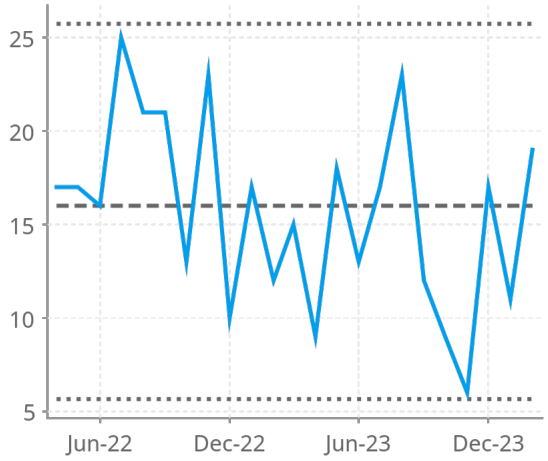


Month	Feb-24
Actual	8
Standard	4

Summary of Current Issues/ Recovery Plans

Currently there are 65 cases of C. diff against an internal threshold of 46 for the year. Eight healthcare associated cases have been reported in month. Evidence of transmission and an increase in case numbers in one clinical area has been identified with a focused actions to identify and improve any shortfalls. Full cleaning with Hydrogen Peroxide Fogging (HPV) has been carried out and increased auditing, education and cleaning has been instigated. Regionally and nationally an increase in C.diff cases has been noted with work streams being developed to improve knowledge on Antimicrobial Stewardship (AMS).

Catheter Associated Urinary Tract Infection (CAUTI)



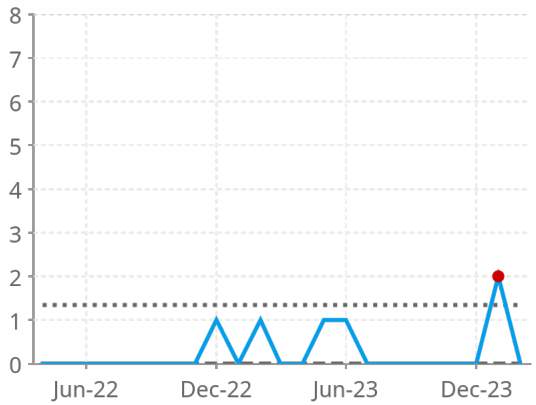
Month	Feb-24
Actual	19
Standard	17

Summary of Current Issues/ Recovery Plans

There have been 19 CAUTI reported in February, which is an increase on the previous month. The CAUTI audit results have been shared at the Healthcare Associated Infections Operational Group and a working group is being developed to make the recommended improvements.

Safe

Methicillin-resistant Staphylococcus aureus

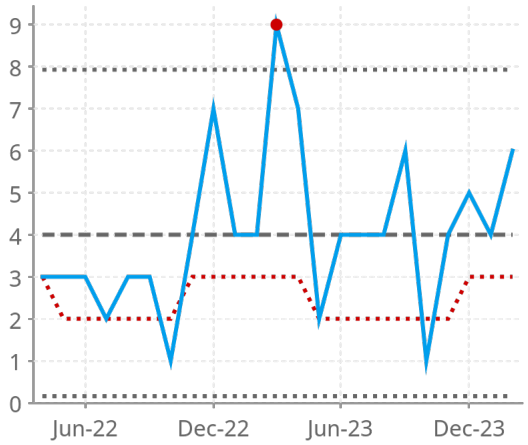


Month	Feb-24
Actual	0
Standard	0

Summary of Current Issues/ Recovery Plans

The Trust reports four cases of MRSA from April 2023, against a zero tolerance threshold, with none reported in February. A retrospective MRSA screening compliance audit has been completed as well as a thematic learning response. Actions identified include improving education regarding MRSA screening, timely review of patient results and prompt prescription of decolonisation. An MRSA focus group will be established to drive improvements at local level.

Methicillin-Sensitive Staphylococcus aureus



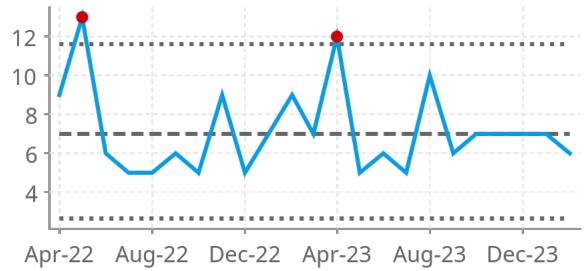
Month	Feb-24
Actual	6
Standard	3

Summary of Current Issues/ Recovery Plans

The Trust reports six MSSA bacteraemia for February 2024, which is a slight increase on the previous month. Although there is no external threshold, the total cases for 2023-24 exceeds the internal threshold of 29. The main source remains skin and soft tissue with a maintained reduction of venflon associated causes.

Safe

Escherichia coli (E. coli)

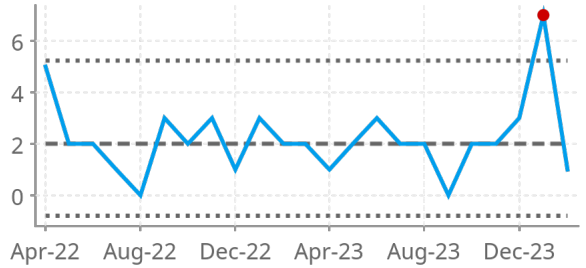


Month	Feb-24
Actual	6
Standard	6

Summary of Current Issues/ Recovery Plans

Six E-coli bacteraemia were reported in February, which is a reduction on the previous month of seven and in line with the expected standard. Total reported cases to date are 79 against a threshold of 69 cases, with lower urinary tract remaining the highest reported source.

Klebsiella

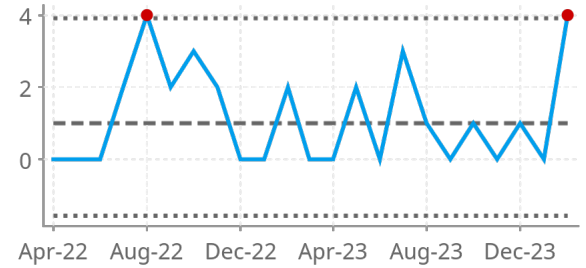


Month	Feb-24
Actual	1
Standard	2

Summary of Current Issues/ Recovery Plans

One healthcare-associated case of Klebsiella bacteraemia was reported in February, which is below the expected standard and a significant reduction on the previous month, which was seven.

Pseudomonas aeruginosa



Month	Feb-24
Actual	4
Standard	1

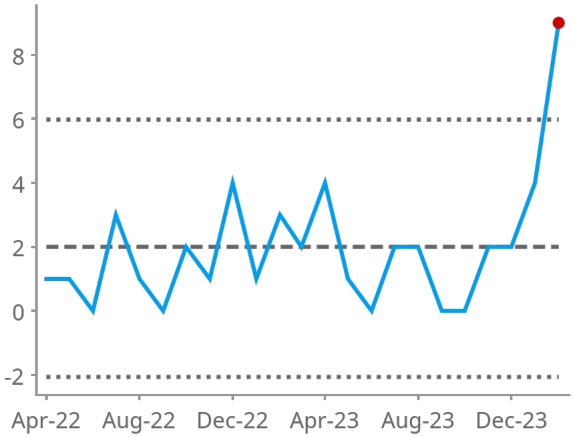
Summary of Current Issues/ Recovery Plans

Pseudomonas infections across the Integrated Care Board (ICB) remain above trajectory. The Trust is currently reporting four healthcare-associated cases in February, which is an increase on the previous month. This unfortunately breaches the Trust threshold of 11 cases for the year

Safe

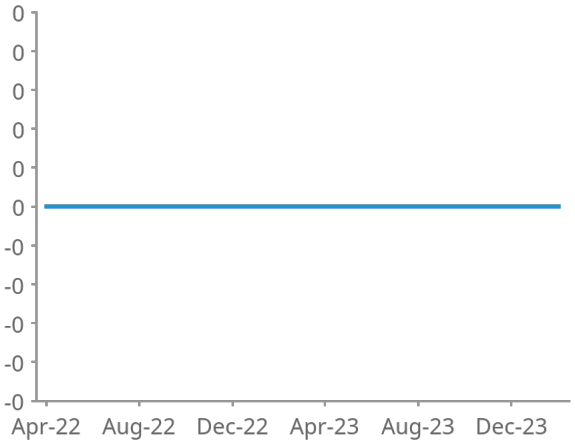
North Tees and Hartlepool NHS Foundation Trust

Falls with Moderate Harm



Month	Feb-24
Actual	9
Standard	2

Falls with Severe Harm



Month	Feb-24
Actual	0
Standard	0

Summary of Current Issues/ Recovery Plans

During February 81 inpatient falls were reported, of which 33 resulted in no harm, 39 low harm, and nine resulted in moderate harm. None reported were severe harm.

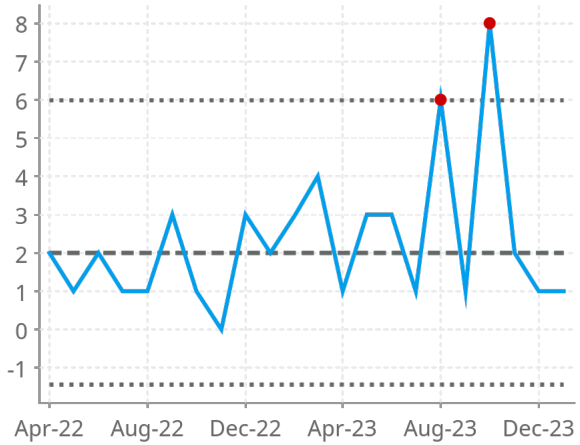
The 9 falls resulting in moderate harm are not limited to one specific area, although three of these falls where in a specific ward area where there is now focused work on to identify key themes and learning. Early insight to data identifies high delirium scores for these three falls to be a key factor.

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

There is assurance that following the change from Datix to InPhase reporting system; it appears that no impact relating to the numbers of reported falls is evident.

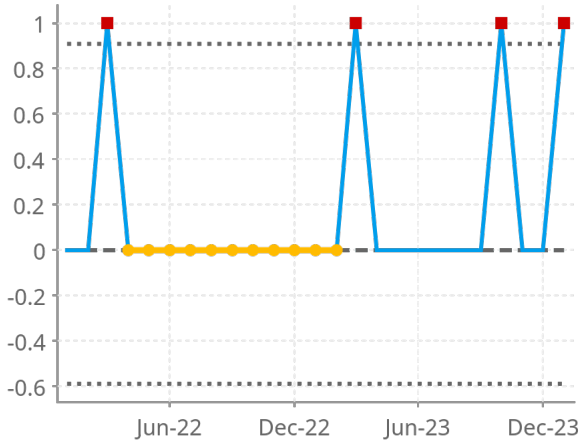
Safe

Pressure Ulcers Category 3



Month	Jan-24
Actual	1
Standard	2

Pressure Ulcers Category 4



Month	Jan-24
Actual	1
Standard	0

Summary of Current Issues/ Recovery Plans

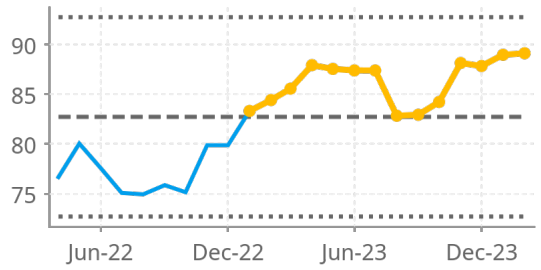
There has been one category 3 and one category 4 pressure ulcer reported in January within the acute setting, whilst six category 3 have been reported in the community. There were no category 4 pressure ulcers reported for community for the third consecutive month.

In the hospital setting, there has been a significant reduction in category 1 reporting of pressure ulcers with an increase in category 2 reporting, this may be as an impact of staff becoming familiar with the Inphase reporting system.

The Skin Integrity Specialist Nurse continues to support clinical areas with education on reporting pressure damage within Inphase as well as identifying and reporting category 1 pressure damage to ensure preventative measures are in place.

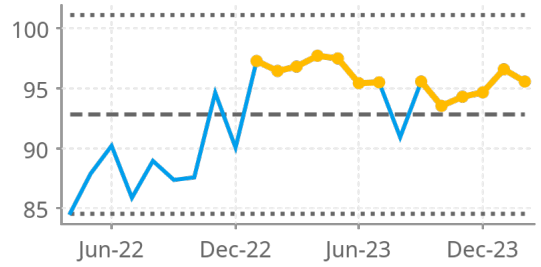
Safe

UNIFY Day RCN



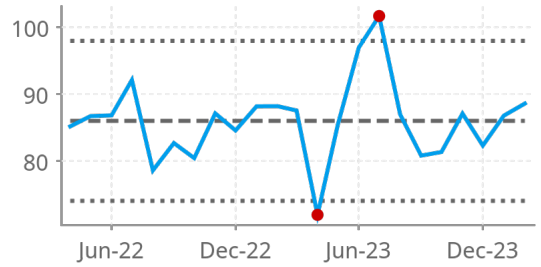
Month	Feb-24
Actual	89.12%
Standard	>=80% and <=109.99%

UNIFY Night RCN



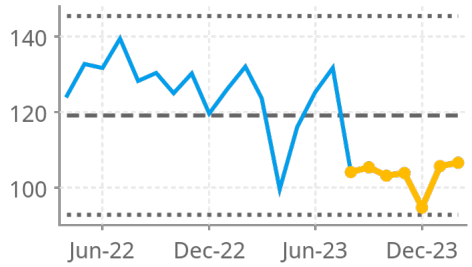
Month	Feb-24
Actual	95.57%
Standard	>=80% and <=109.99%

UNIFY Day HCA



Month	Feb-24
Actual	88.57%
Standard	>=80% and <=109.99%

UNIFY Night HCA



Month	Feb-24
Actual	106.62%
Standard	>=110% and <=125.99%

Summary of Current Issues/ Recovery Plans

Nursing fill rates for Registered Nurses and Health Care Assistants continue to sit within the recommended standard of >80%. HCA fill rates at night are slightly under the recommended >110% and have reported 106.6% for February.

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

The recruitment of Internationally Educated Nurses (IEN) remains a priority for the Trust, and to date 86wte nurses have arrived in the UK. 100% of these nurses are now OSCE passed and are all working within establishments. A business case is being prepared to propose a further 20wte IEN are appointed in Q1 2024/25.

Effective

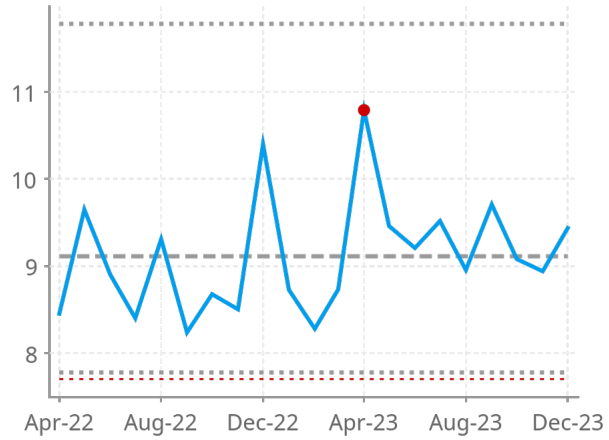
Summary Hospital-level Mortality Indicator (SHIMI)

Month	Oct 22 - Sep 23
Actual	95.40
Standard	100

Summary of Current Issues/ Recovery Plans

The latest SHMI value is now 95.40 which has decreased from the previous rebased value of 95.48 (September 2022 to August 2023) The value of 95.40 is one of the best within in the region, which ranges from 90.95 to 122.93, with the national range falling between, 67.70 to 122.93.

Re-admission Rate



Month	Dec-23
Actual	9.44%
Standard	7.70%

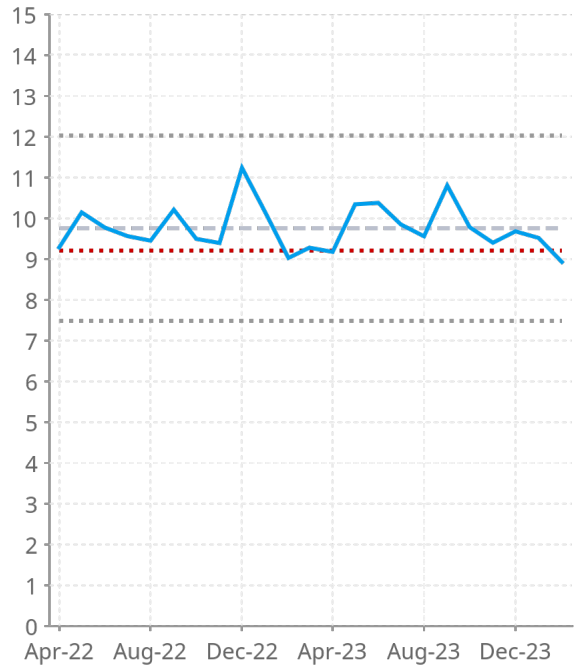
Summary of Current Issues/ Recovery Plans

Weekly, monthly and quarterly re-admission audits continue to progress as a focussed piece of work with themes reported to Care Group Senior Management teams, with a proposal of a quarterly presentation to Operational Delivery Group, in order to demonstrate learning and improvement across all services.

Effective

North Tees and Hartlepool NHS Foundation Trust

Outpatient Did Not Attend - Combined



Month	Feb-24
Actual	8.92%
Standard	9.20%

Summary of Current Issues/ Recovery Plans

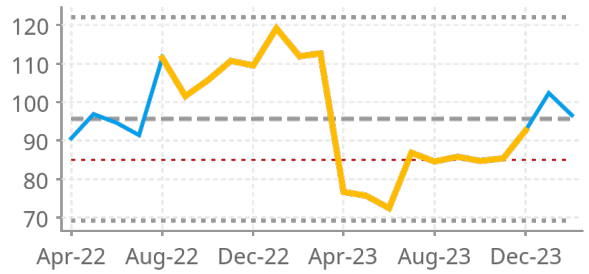
DNA rates have improved in Responsive Care and Collaborative Care. Orthopaedics will be the next service to go live within the Patient Engagement Portal (PEP) at the end of the month which provide patients with the opportunity to view, amend and cancel their appointment through the NHSapp.

Gastroenterology was the first speciality to go live on the PEP and now reports a 1% reduction in DNA rate for both new and review appointment.

Waiting list validation, through an SMS link, is on pause whilst transitioning to Healthcall and is expected to go live next month.

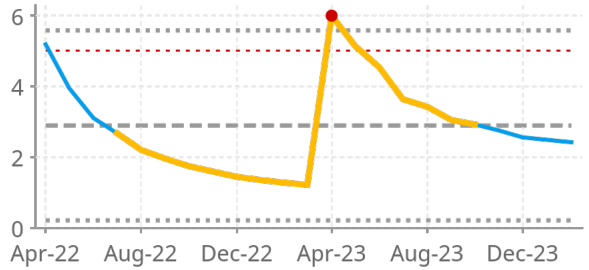
Effective

Reducing Reviews



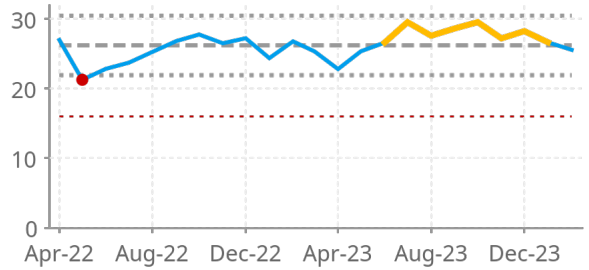
Month	Feb-24
Actual	96.59%
Standard	85.00%

Patient Initiated Follow-Up (PIFU)



Month	Feb-24
Actual	2.41%
Standard	5.00%

Advice and Guidance



Month	Feb-24
Actual	25.56%
Standard	16.00%

Summary of Current Issues/ Recovery Plans

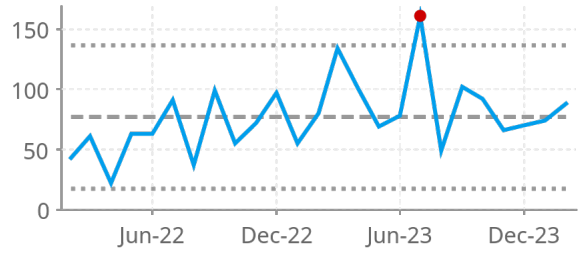
Performance against this standard remains challenging with the accumilative impact of industrial action, however an improvment can be seen compared to the previous month.

PIFU activity levels are increasing month on month. However, PIFU activity remains below the standard, and current month is at 40% of trajectory. Rheumatology, Orthopaedics and Urology are the top 3 services discharging to PIFU pathways in relation to their outpatient attendances.

A slight reduction has been seen in month, however Advice and Guidance continues to exceed the standard.

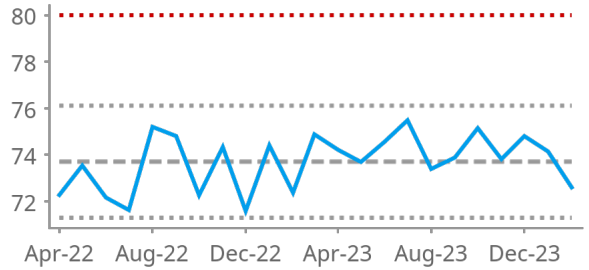
Effective

Theatre - Reportable Cancellations



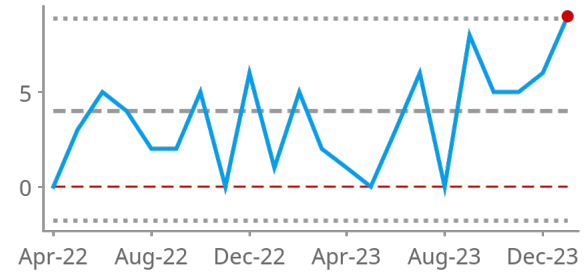
Month	Feb-24
Actual	88
Standard	N/A

Theatre Utilisation (%)



Month	Feb-24
Actual	72.60%
Standard	80.00%

Not Re-appointed within 28 days



Month	Jan-24
Actual	9
Standard	0

Summary of Current Issues/ Recovery Plans

Operating Theatres within February has been a challenge with 88 reportable cancellations, which continues to see an upward trend. The main reason for these cancellations was some consultant sickness and equipment availability (a spinal list with a number of injections – the patients were reappointed within 2 days). Industrial action continues to have an impact on reportable cancellations.

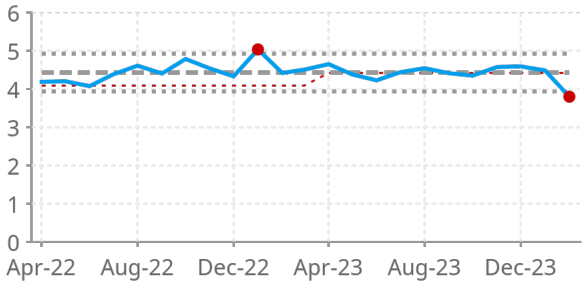
Theatre Touchtime utilisation has dropped during February 24. 279 theatre sessions were accomodated with a total of 901 procedures completed. The target of 80% utilisation was achieved in Breast, Colorectal and Bariatric theatres. A focussed piece of work is being undertaken with Spinal and Pain management services.

There were nine patients not reappointed within 28 days, however eight patients have a date and were re-appointed between 29 and 35 days. One patient remains outstanding.

Effective

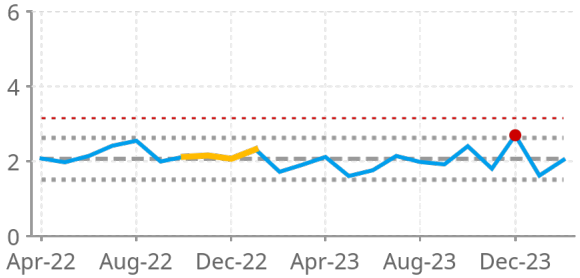
North Tees and Hartlepool NHS Foundation Trust

Length of Stay (Combined)



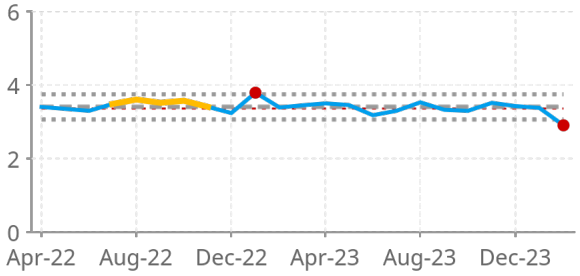
Month	Feb-24
Actual	3.79
Standard	4.41

Length of Stay (Elective)



Month	Feb-24
Actual	2.03
Standard	3.14

Length of Stay (Emergency)



Month	Feb-24
Actual	2.89
Standard	3.35

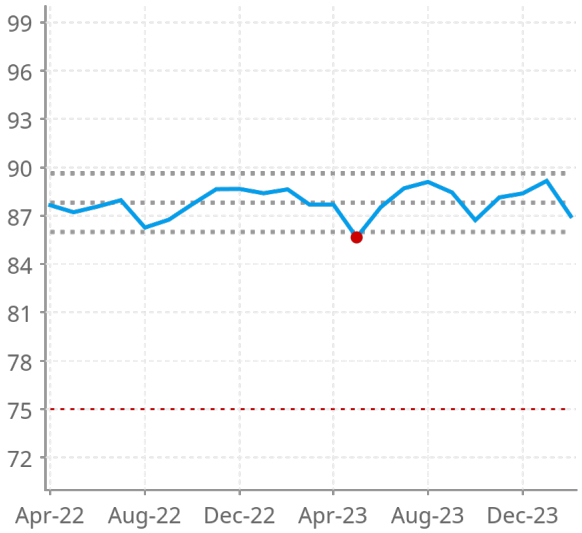
Summary of Current Issues/ Recovery Plans

Length of stay standards have been achieved for both Elective and Emergency pathways, this work is supported by both effective In- hospital care teams and Community working closely with system partners.

Effective

North Tees and Hartlepool NHS Foundation Trust

Day Case Rates



Month	Feb-24
Actual	86.97%
Standard	75.00%

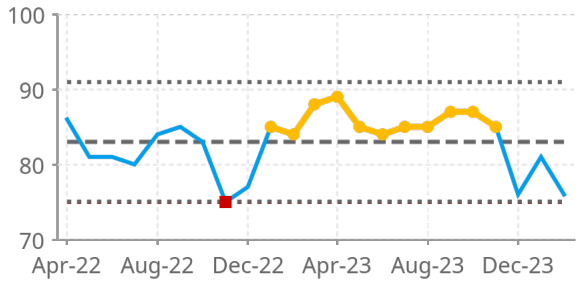
Summary of Current Issues/ Recovery Plans

Day case Rates continues to meet the current standard, with improvements noted in Arthroplasty, General Surgery and Urology.

Caring

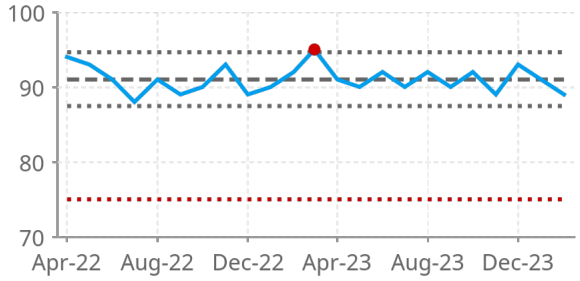
North Tees and Hartlepool NHS Foundation Trust

Friends & Family Test - A & E



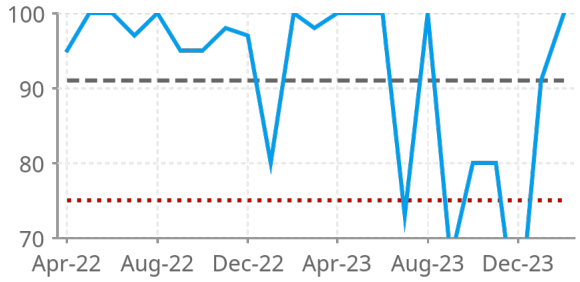
Month	Feb-24
Actual	76.00%
Standard	75.00%

Friends & Family Test - Inpatient



Month	Feb-24
Actual	89.00%
Standard	75.00%

Friends & Family Test - Maternity



Month	Feb-24
Actual	100.00%
Standard	75.00%

Summary of Current Issues/ Recovery Plans

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

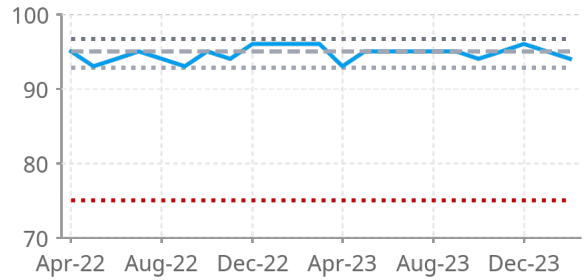
The Trust received 2,204 FFT returns this month; this is a slight decrease on the previous month.

The Very Good or Good responses returned for February 2024 is 90.42%, a slight decrease on the previous month.

Caring

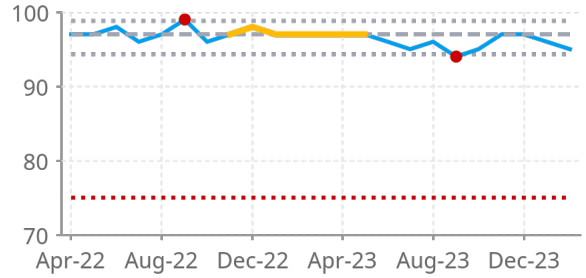
North Tees and Hartlepool NHS Foundation Trust

Friends & Family Test - Outpatient



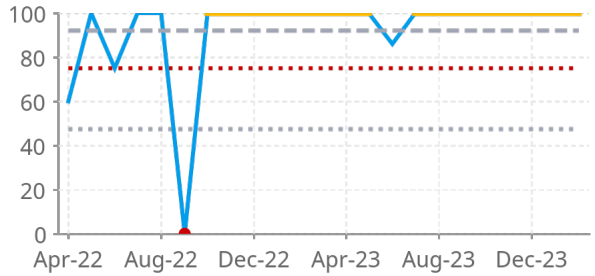
Month	Feb-24
Actual	94.00%
Standard	75.00%

Friends & Family Test - Community



Month	Feb-24
Actual	95.00%
Standard	75.00%

Friends & Family Test - Long Covid



Month	Feb-24
Actual	100.00%
Standard	75.00%

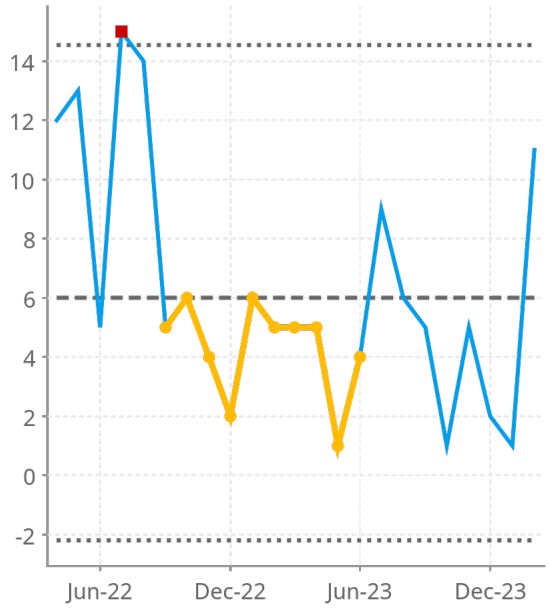
Summary of Current Issues/ Recovery Plans

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

Caring

North Tees and Hartlepool NHS Foundation Trust

Complaints - Stage 3



Month	Feb-24
Actual	11

Summary of Current Issues/ Recovery Plans

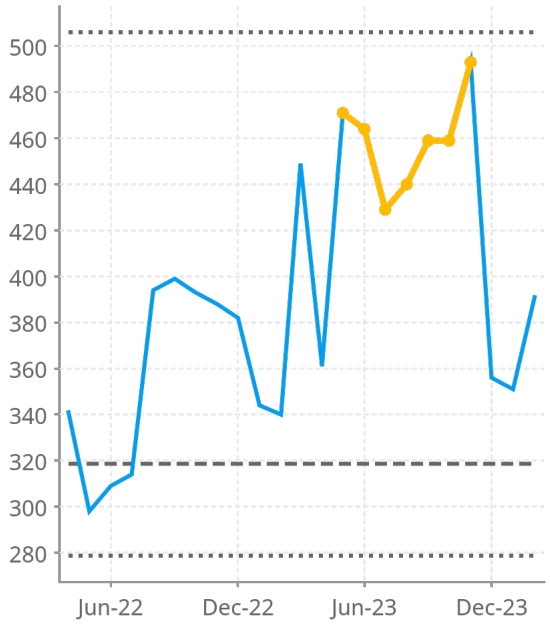
105 complaints were received in the month, 83.82% were locally resolved (Stage 1/early Resolution), 5.71% are to be resolved via a face-to-face meeting (Stage 2), and Stage 3 10.47% requires a written letter of response.

The revised Stage 1 complaint process went live on 1st January. An evaluation of the Complaint Improvement Project has taken place in February, with a further meeting arranged in April to finalise the evaluation.

Caring

North Tees and Hartlepool NHS Foundation Trust

Compliments



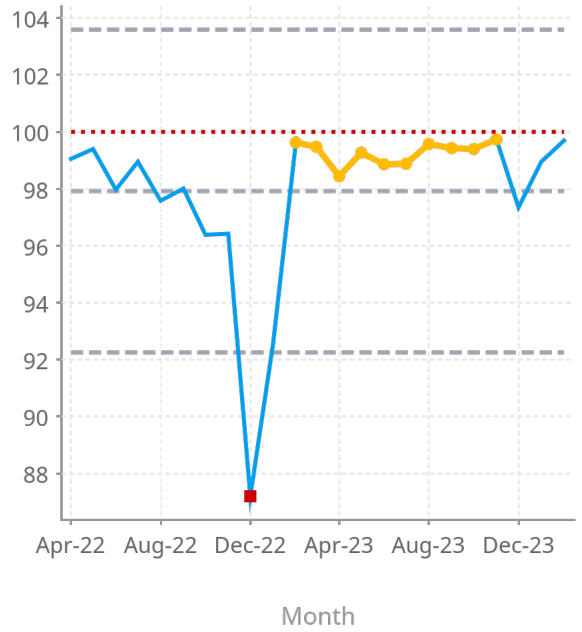
Month	Feb-24
Actual	391

Summary of Current Issues/ Recovery Plans

An increase in compliments received from the previous month. Work continue with teams to improve exploring various ways to ensure the full capture compliments for individuals, teams and services.

Responsive

Ambulance Handovers <59minutes



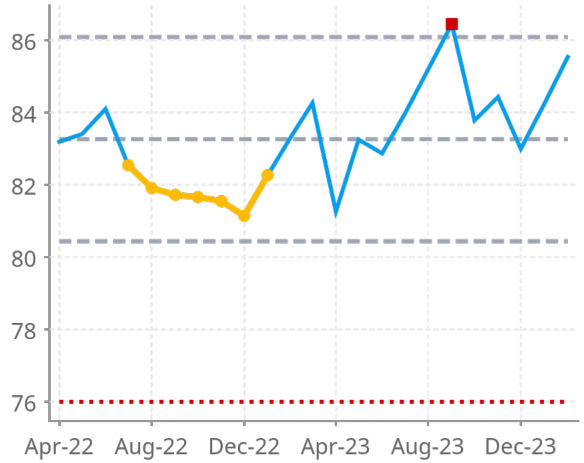
Month	Feb-24
Actual	99.70%
Standard	100.00%

Summary of Current issues /Recovery Plan

The number of ambulance arrivals to the A&E department remain high. PIN compliance continues to show significant improvement, with 92% of handovers completed fully. 5 ambulance handovers were completed outside the required 59 minutes, however this accounts for only 0.3% of completed handovers. The average handover time reported at 15 minutes, and a turnaround time (arrival to clear) of 26 minutes, placing us 2nd in the region for both metrics. Collaborative work with colleagues across the regiona and NEAS continues, with benefits being realised.

Responsive

4 hr Accident & Emergency Waiting Times



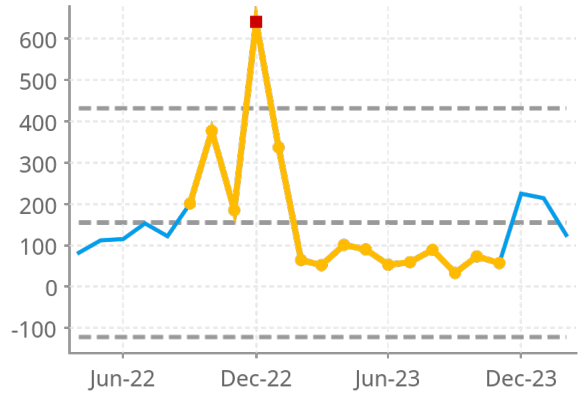
Month	Feb-24
Actual	85.53%
Standard	76.00%

Summary of Current Issues/ Recovery Plans

The Trust continues to meet the national standard of 76% despite a significant sustained increase in Urgent and Emergency care attendances. It is acknowledged that Type 1 pressures remain, predominantly on admitted pathways, due to bed waits and subsequent impacts on flow. Recovery is noted in February despite this, with an overall compliance of 85.53% and increase in type 1 performance to 54%.

The Steering Group continues to review progress with improvements, with a continued focus on flow, standardised ways of working, digital, collaboration and education.

12 Hour Waits in Accident & Emergency

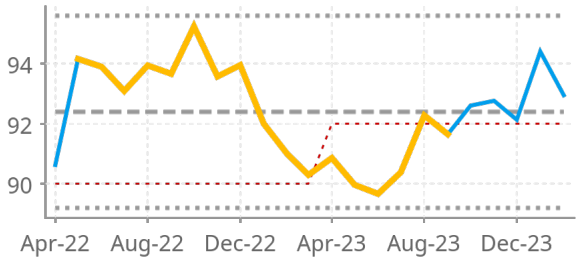


Month	Feb-24
Actual	125
Standard	0

125 patients waited 12 hours in department, a reduction from 214 in January 2024, equating to 0.8% of attendances. The majority of long waits within the department were due to bed waits and flow into acute admission areas.

Responsive

Trust Occupancy



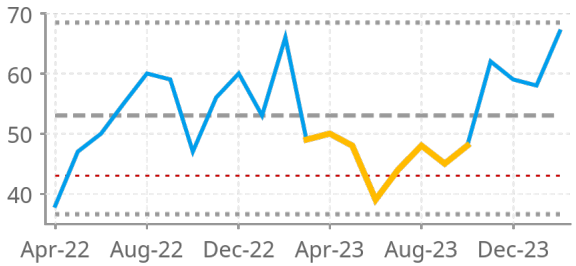
Month	Feb-24
Actual	92.95%
Standard	92.00%

Summary of Current Issues/ Recovery Plans

Although there is a reduced bed occupancy reported for February, average medical occupancy averaging at 98.12% highlights the continued pressures despite all additional resilience capacity open, with OPEL 3 reported on 19 days of the month as a result of the high levels of bed occupancy.

During the reporting period, the Trust continued to experience significant surges in demand alongside Industrial action

Super Stranded Patients (21+days)



Month	Feb-24
Actual	67
Standard	43

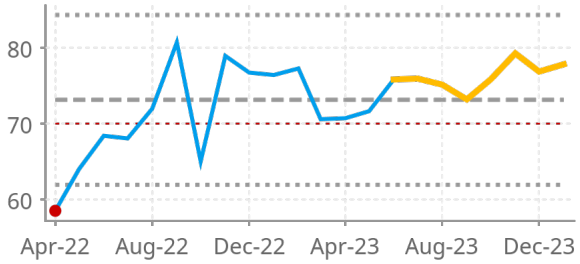
Summary of Current Issues/ Recovery Plans

An increase in the number of patients requiring complex care packages both at home and in care homes following discharge has contributed to the number of patients reaching the 21 day LOS marker. The Trust continue to see an increase in the number of patients who require support with issues surrounding homelessness on discharge, this patient group can require input from many different services.

In February there was a reduction in the number of available commissioned intermediate care beds, this increased the number of spot purchase placements required in month. All beds have since reopened and therefore the position should improve. Care home occupancy levels remain high, particularly in relation to nursing care placements. Work is ongoing within localities to maintain home first principles.

Responsive

2 hour Community Response



Month	Jan-24
Actual	77.82%
Standard	70.00%

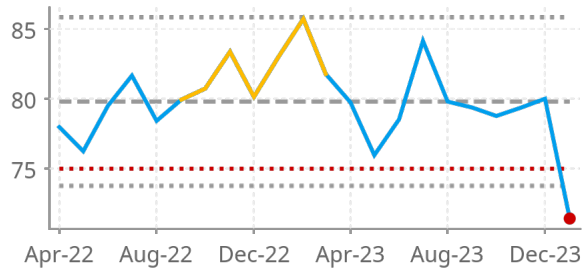
Summary of Current Issues/ Recovery Plans

Ongoing improvements in this area, exceeding the national target of 70%. The teams continue to see new sources of referral activity. Work is ongoing around the communication campaign with a particular focus on care homes and NEAS. Additional investment into the Community Clinical Practitioner (CCP) resource is supporting the position.

Responsive

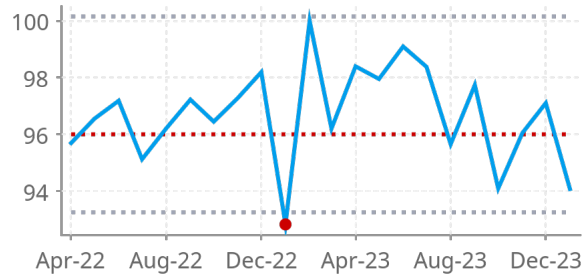
NHS
North Tees and Hartlepool
NHS Foundation Trust

Cancer 28 Day Faster Diagnosis



Month	Jan-24
Actual	71.44%
Standard	75.00%

New Cancer 31 Days



Month	Jan-24
Actual	94.07%
Standard	96.00%

New Cancer 62 Days

Month	Jan-24
Actual	68.71%
Standard	85.00%

Summary of Current Issues/ Recovery Plans

Pressures were evident across the majority of tumour site specific pathways, with only breast and upper GI achieveing the standard in January.

Waiting times for first outpatient attendances, diagnostic waits and reporting and letters turnaround times all having an impact on performance. Implementation of the Best Practice Timed Pathways remains a key focus of the Clinically led Cancer Delivery Groups with ongoing monitoring and mitigations in place to support performance improvement.

158 patients were treated within month, with 10 reportable breaches. The majority of breaches related to surgical capacity however delays due to medical reasons and patient choice were also reported.

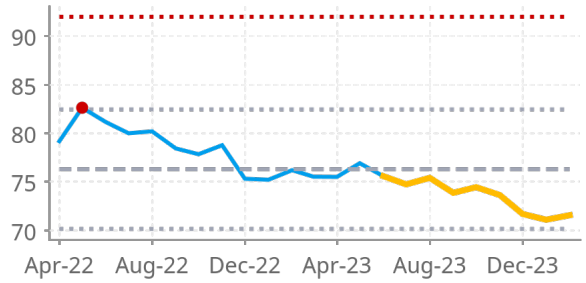
Performance against the Cancer 62 Day standard remains challenging across the majority of tumour groups as a result of complex diagnostic pathways, diagnostic waiting times, and waiting times for tertiary centre treatment. A deep dive is to take place to identify Inter-provider Transfer dates to ensure patients are being referred across to tertiary centres for treatment within appropriate timescales.

Endoscopy deep sedation remains a challenge, however working in collaboration with South Tees to allow additional capacity within Respiratory/ Gastroenterology.

The 62-day standard was not achieved across the region, however the Trust is reporting above the regional average of 66.4%.

Responsive

Referral to Treatment Incomplete Pathways Wait (92%)



Month	Feb-24
Actual	71.57%
Standard	92.00%

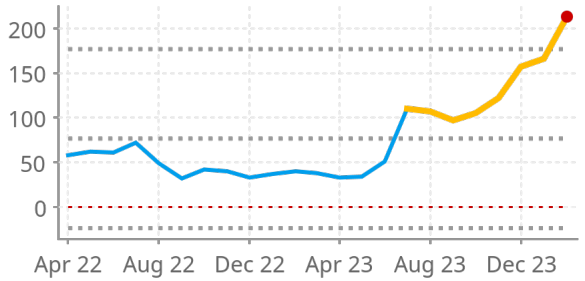
Summary of Current Issues/ Recovery Plans

A focussed piece of work is being undertaken relating to the waiting list, in both outpatient and inpatients pathways with a key focus on long waiting patients, to improve the waiting list position. Patient choice remains an issue with patients not wanting to come in for earlier appointments.

GIRFT productivity and efficiency workbooks are being reviewed and completed across all specialties to inform future focussed recovery work. This work will be monitored through directorate level Productivity and Efficiency Meetings.

The Trust continues to deliver waiting list initiative weekend theatre lists based upon the long waiting patients and associated specialities.

Incomplete Pathways Wait (>52 Week Wait)



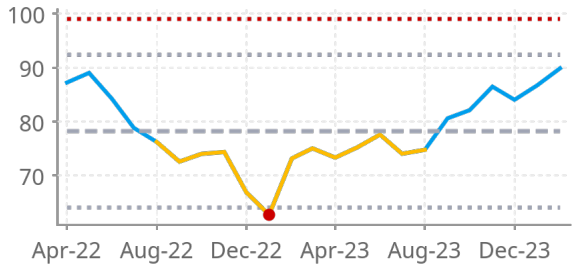
Month	Feb 24
Actual	213
Standard	0

An increase in the number of 52 week waiters is reported for February. Chemical Pathology remains the key pressure due to a significant increase in referrals received in 2023 and the limited capacity available. A full service review will be undertaken given the risk in regard to delivery.

All long waiters approaching their appointments are being telephoned to remind them and confirm attendances, with any slots not needed given to the next longest waiters.

Responsive

Diagnosis <6 Weeks (DM01 %)



Month	Feb-24
Actual	89.87%
Standard	99.00%

Summary of Current Issues/ Recovery Plans

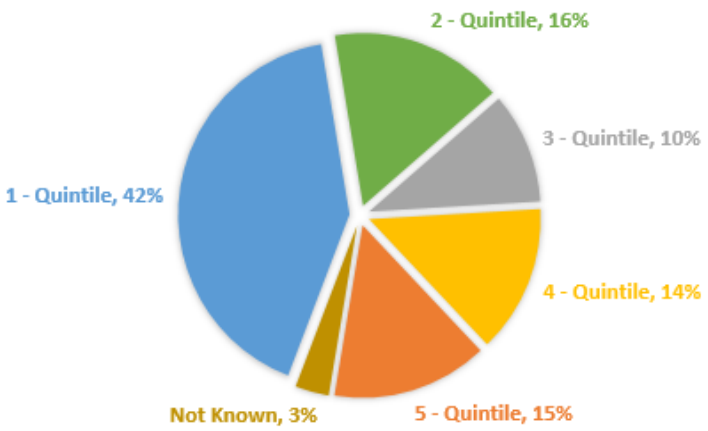
Compliance rates continue to show an upward trend since November 2022 and the number of patients waiting for diagnostic tests has reduced from the same period.
MRI breaches have reduced compared to the previous month, with mobile scanner on site until the end of March 2024. Cardiac MRIs remain the key area accounting for 75% of MRI breaches, with clinical lead reviewing capacity.

ECHO has seen a reduction in breaches; however, work continues to reduce the overall waiting list size. Ultrasound remains comparable to previous month.

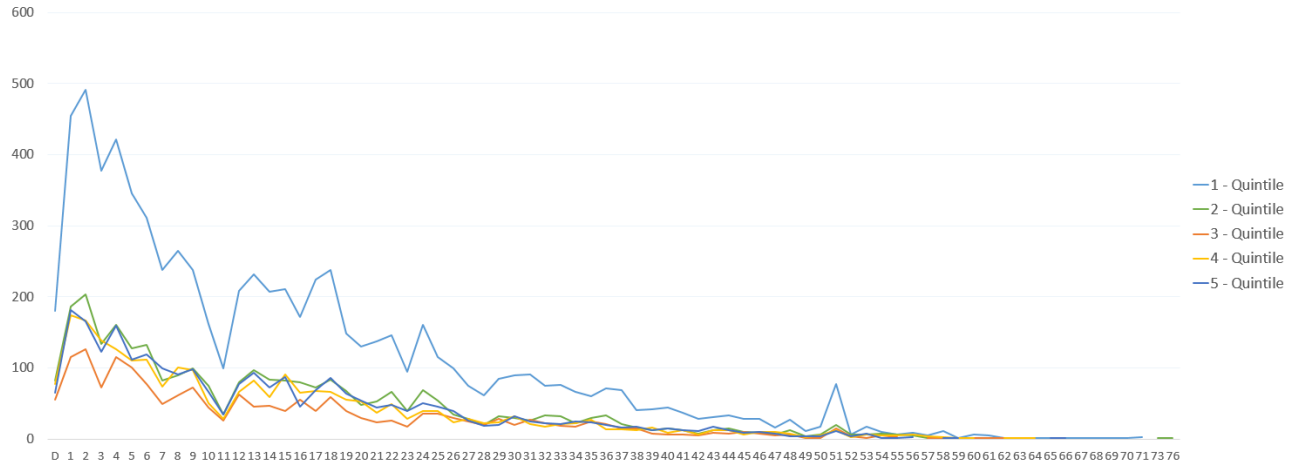
Endoscopy have seen significant decrease in breaches, with insourcing and move to 6 day working. CT and DEXA continue to see no breaches with all patients appointed within 6 weeks.

Responsive - Health Inequalities - RTT Waiting List

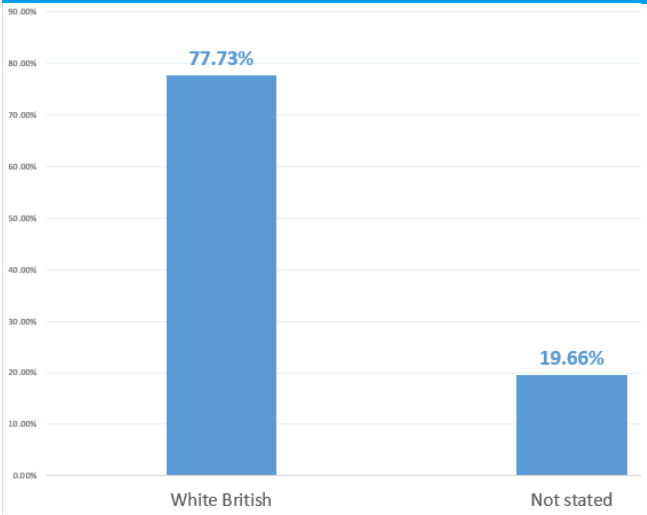
By Deprivation Quintile (1 Most - 5 Least Deprived)

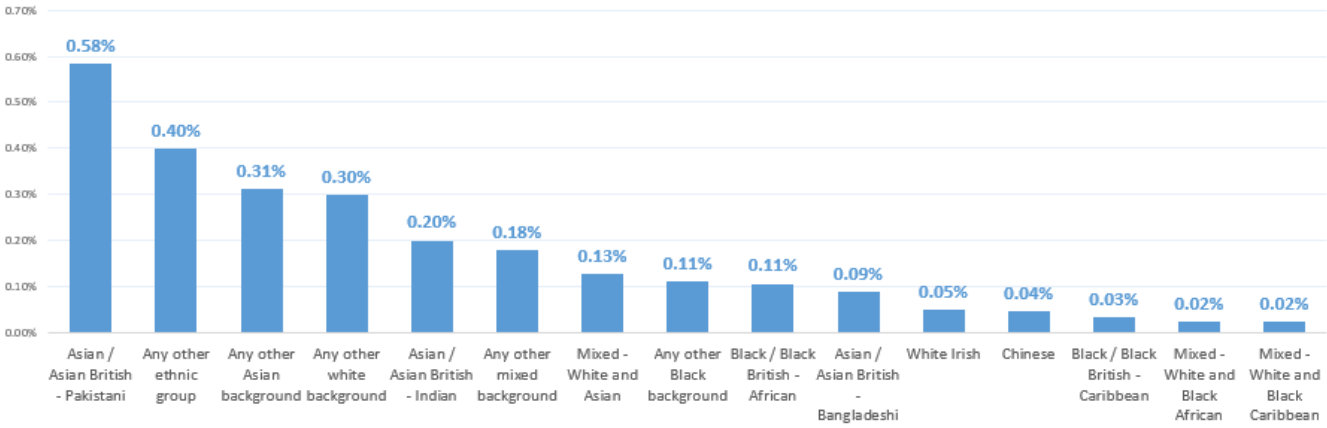


Waiting List by Weeks and Deprivation (Quintile 1-5)



Waiting List by Ethnicity

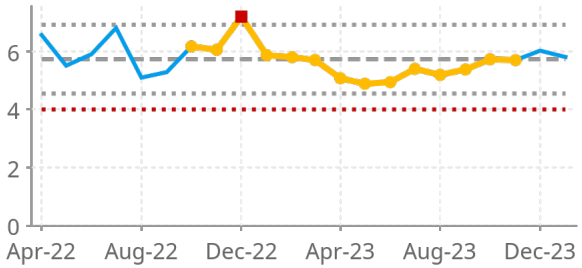




Well-Led People

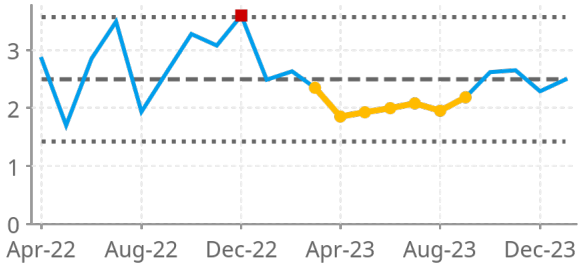
North Tees and Hartlepool NHS Foundation Trust

Sickness % - Trust



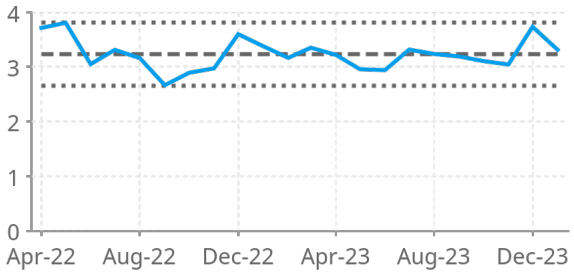
Month	Jan-24
Actual	5.80%
Standard	4.00%

Sickness % - Short Term



Month	Jan-24
Actual	2.49%

Sickness % - Long Term



Month	Jan-24
Actual	3.31%

Summary of Current Issues/ Recovery Plans

The Trust has a sickness absence threshold of 4%. The current Trust absence rate as at end January is 5.80%. This is a decrease on the previous month's rate of 0.22%. Stress/Anxiety/Depression remains the highest reason for absence and accounts for 27.05% of all absence. Covid absences saw a slight increase to 0.15% in January.

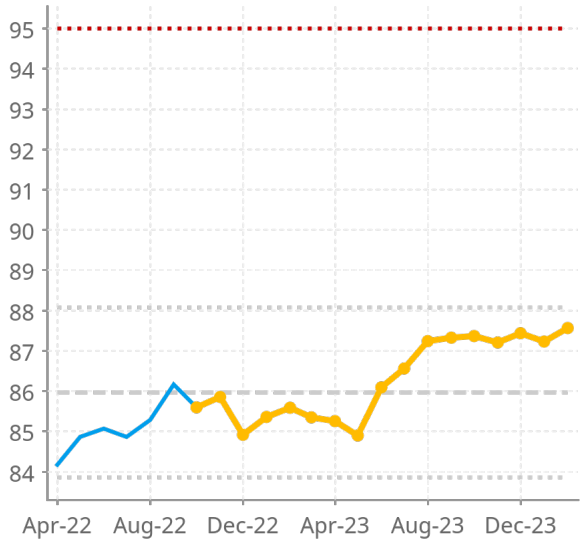
Short terms sickness has seen a very slight increase from the previous months reported rate of 2.29%., this relates to an increase in gastrointestinal absence within the month which is offset by a reduction absence reported as other known causes – not elsewhere classified. Work continues in addressing with managers on coding issues and education.

Long term absences have seen a slight decrease from the previous months reported rate of 3.73%, with the main reason continuing to be related to anxiety/stress/depression. This is correlated to increased activity within the Occupational Health and Well-Being service and other associated support services including the Alliance counselling service and Trust Psychology service.

Well-Led People

North Tees and Hartlepool NHS Foundation Trust

Appraisal %



Month	Feb-24
Actual	87.57%
Standard	95.00%

Summary of Current Issues/ Recovery Plans

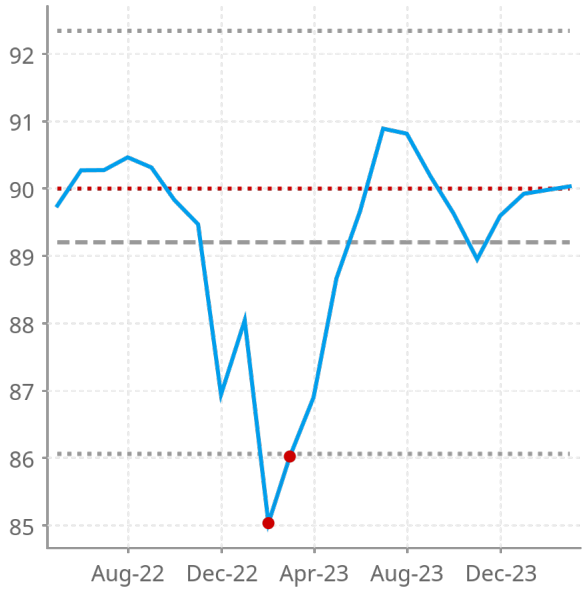
In order to support an improvement in compliance, the Organisation Development Team have undertaken a improvement project with the aim to have greater understanding of the data, impact of reporting in RAG report versus ESR and barriers to improving compliance.

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

Following engagement and feedback from appraisers and appraisee's, further work is underway to streamline the appraisal paperwork and reporting process with work underway to align to South Tees as part of the group model.

Well-Led People

Mandatory Training %



Month	Feb-24
Actual	90.03%
Standard	90.00%

Summary of Current Issues/ Recovery Plans

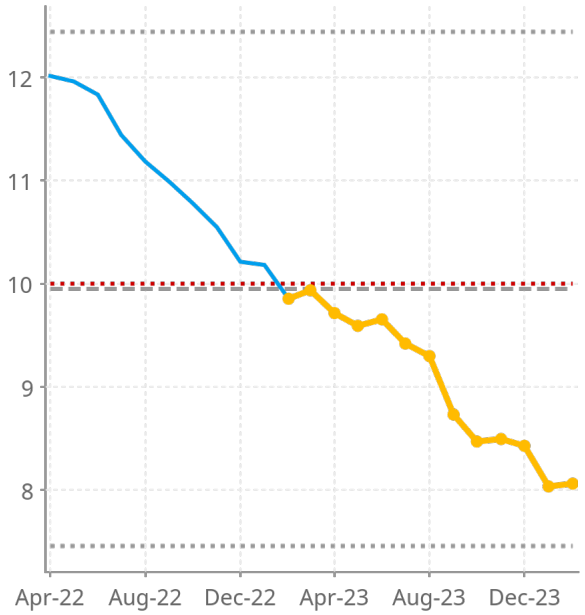
Following a comprehensive review of mandatory training, agreement has been reached to move to a ‘core' and' non-core' approach and a single reporting system via ESR for individual and department level. The Education team and BI team have co-produced a dashboard within Yellowfin which allows oversight of the 'core' topics at Trust, Care group and Department level. This work is nearing completion and is in the implementation phase. The Dashboard was launched 1 February 2024, with the RAG due to be decommissioned 1 April 2024, following a period of dual running to assure validation.

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

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

Well-Led People

Staff Turnover %



Month	Feb-24
Actual	8.06%
Threshold	10.00%

Summary of Current Issues/ Recovery Plans

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

Turnover for February 2024 is 8.06% which is maintained from the previous reporting period. Turnover rates in clinical roles including registered nursing and midwifery and medical and dental are all below the 10% threshold.

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

Well-Led Finance

North Tees and Hartlepool NHS Foundation Trust

Overview - Month 11

Income/Expenditure	Plan (£000)	Actual (£000)
In Month	(508)	(1,493)
Year to Date	458	1,315

Capital	Plan (£000)	Actual (£000)
In Month	10,280	3,135
Year to Date	27,836	19,451

Balance Sheet	£m
Cash Actual	77.5
Cash Plan	55.5

NHS Oversight Framework — Issued 27 June 2022

Financial Efficiency	Financial Stability	Mental Health Investment	Agency Spending
			

The Trust has a breakeven financial plan for 2023/24 with reported risks relating to inflationary pressures and efficiency requirements. The Trust has reported to NHSE its intention to move to a £1m surplus by end of the financial year.

At month 11, the Trust is reporting an in-month defecit of £1.493 m against a planned deficit of £0.508m, which is £0.985m behind plan. The year to date position includes recognition of the year to date elective recovery over performance of £4.913m. The Trust is reporting a year to date surplus of £1.315m against a plan of £0.458m, which is £0.857m ahead of plan.

Total Trust income in month 11 is £33.348m (including donated asset income and finance income), with pay expenditure totalling £25.090m and non-pay expenditure totalling £8.690m.

The month 11 year to date net contribution from Optimus is £0.233m against a plan of £0.157m (£0.076m ahead of plan) and the year to date net contribution from the LLP is £1.673m against a plan of £1.084m (£0.589m ahead of plan).

The Trust's cash position is £77.5m, against a plan of £55.5m, which is £22m ahead of plan.

The key risks at month 11 relate to the reduction of run rates and identification and delivery of CIP within the Care Groups. Industrial action continues to have a financial impact on the Trust's financial position and the delivery of elective recovery

Maternity

Overview

	Current Month	Actual	*National Standard or Average*	*NENC Average*
Antenatal				
Smoking at Booking	Jan-23	13.37%	*n/a*	*11.00%*
VTE Compliance	Jan-23	98.95%	*95.00%*	*n/a*
Right Place of Birth	Jan-23	99.12%	*100%*	*n/a*
Birth				
Number of babies born	Jan-23	228	*n/a*	*n/a*
Induction of Labour	Jan-23	41.67%	*46.90%*	*46.90%*
PPH >1500mls (%)	Jan-23	4.82%	*3.30%*	*3.30%*
3rd & 4th Degree tears	Jan-23	2.63%	*n/a*	*2.70%*
Assisted Birth	Jan-23	8.75%	*n/a*	*12.90%*
Still Births	Jan-23	0.00%	*0.40%*	*0.45%*
Postnatal				
Smoking at Delivery	Jan-23	9.60%	*n/a*	*11.00%*
Breast Feeding Initiated within 48 hours	Jan-23	43.85%	*n/a*	*74.40%*
Neonatal				
ATAIN Neonatal Admissions >=37 weeks	Jan-23	8.30%	6.00%	*n/a*
Workforce				
1:1 Care in active Labour	Jan-23	98.06%	100%	*n/a*
Labour ward Co-ordinator supernumary	Jan-23	96.60%	100%	*n/a*
RM Vacancy	Jan-23	-9.59	*n/a*	*n/a*
Midwife to Birth Vacancy	Jan-23	01:22	01:19.9	*n/a*
Feedback				
Complaints	Jan-23	4	*n/a*	*n/a*
Compliments	Jan-23	30	*n/a*	*n/a*

The overview is split into the following sections:

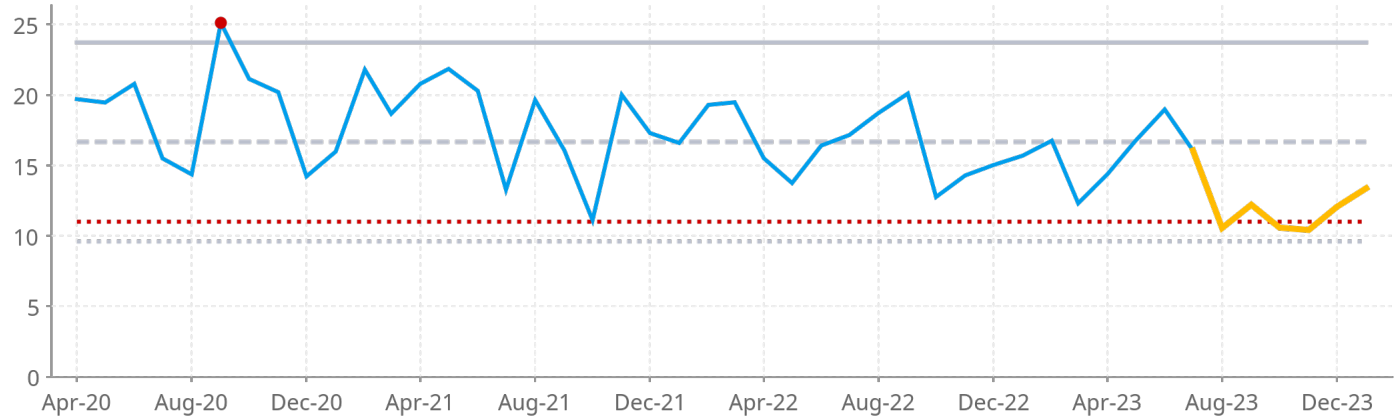
- **Antenatal**
- **Birth**
- **Postnatal**
- **Neonatal**
- **Workforce**
- **Feedback**

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

Maternity - Safe

NHS
North Tees and Hartlepool
NHS Foundation Trust

Smoking at Booking (%)



Month	Jan-24
Actual	13.37%
NENC Average	11.00%

Measure Summary

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

The local population rates of smoking are one of the highest in the North East of England and is reflected in the maternity population. To optimise health of the newborn and mother, there is a National recommendation to support a reduction in smoking or a cessation. The Maternity service continues to implement the actions listed to reduce smoking in pregnancy.

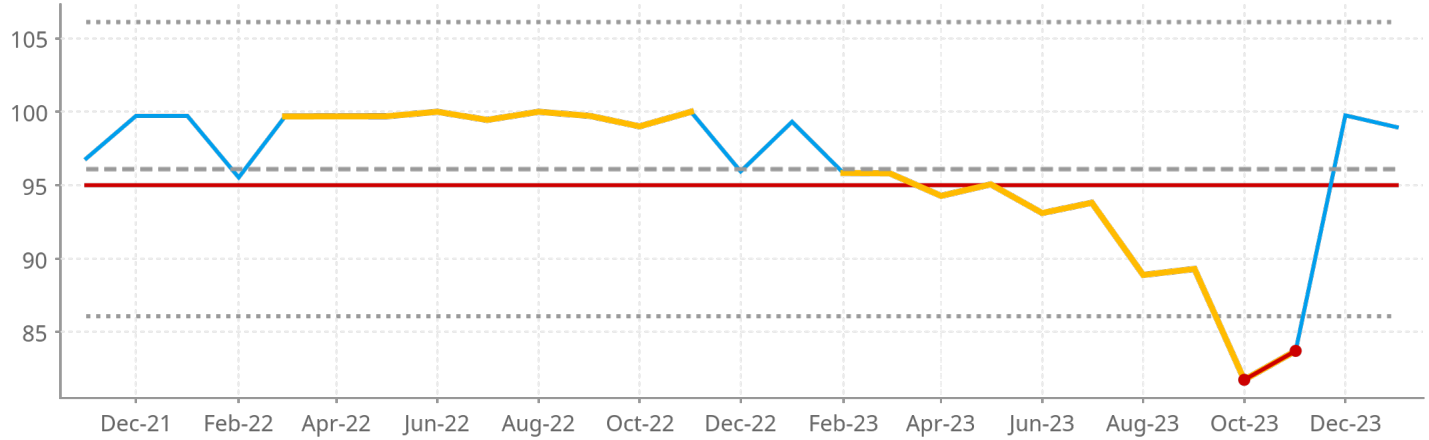
Actions

The Quality Improvement lead has initiated 4 projects:

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

Maternity - Safe

VTE compliance (%)



Month	Jan-24
Actual	98.95%
Trust Standard	95.00%

Measure Summary

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

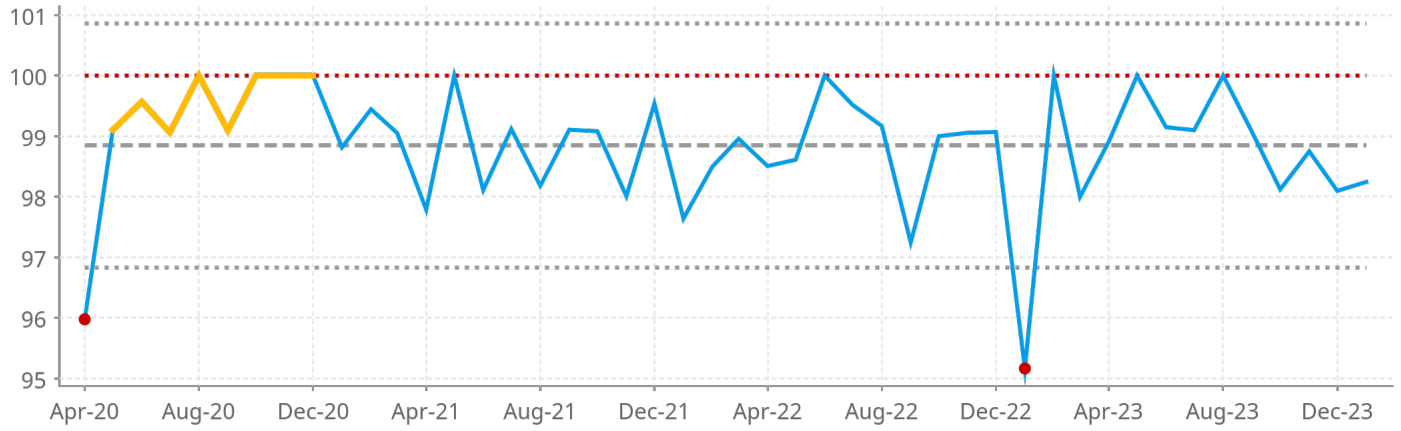
Actions

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

Maternity - Safe

NHS
North Tees and Hartlepool
NHS Foundation Trust

Right place of birth (%)



Month	Jan-24
Actual	98.25%
National Standard	100.00%

Measure Summary

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

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

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

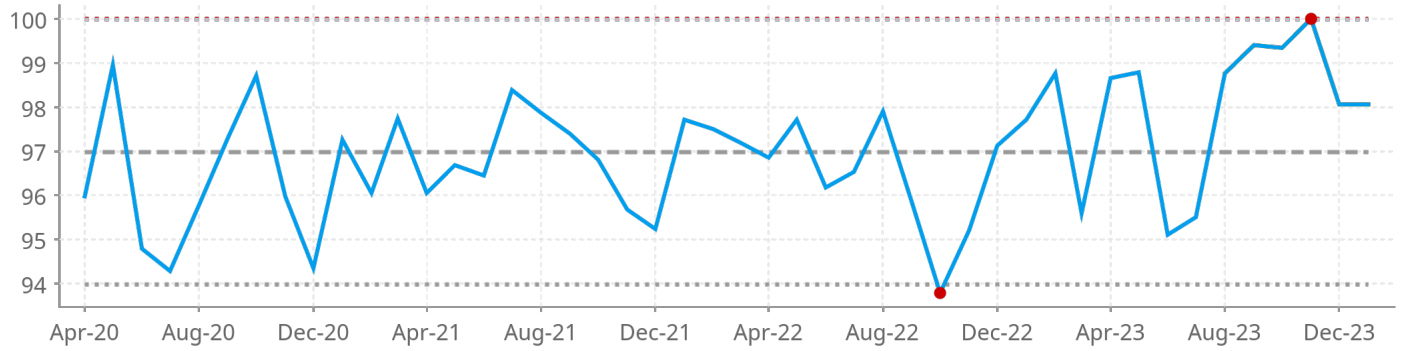
Actions

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

Maternity - Safe

North Tees and Hartlepool NHS Foundation Trust

1:1 care in active labour (%)



Month	Jan-24
Actual	98.06%
National Standard	100.00%

Measure Summary

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

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

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

Actions

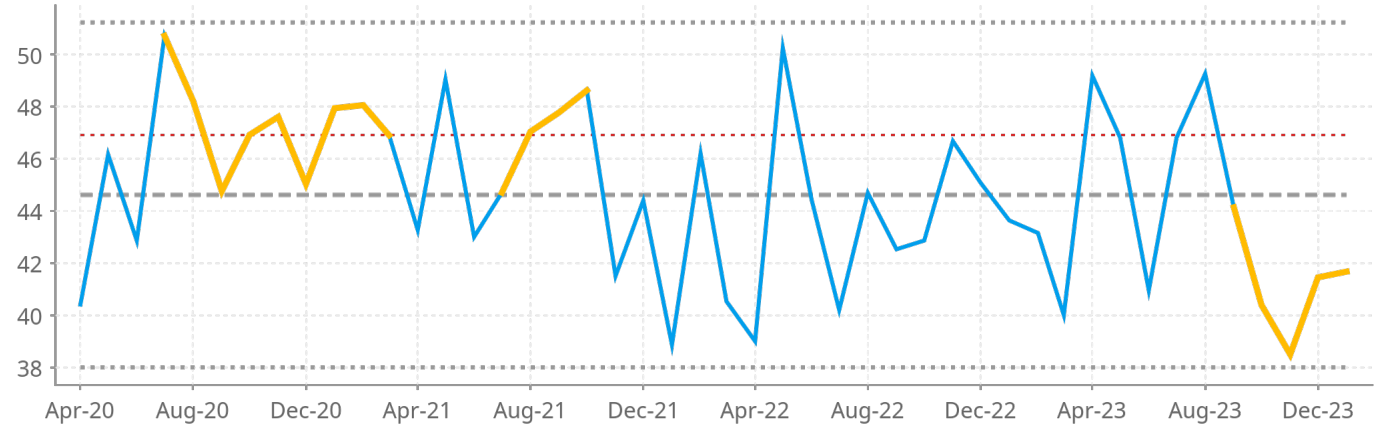
1. On-going work with the Labour ward Coordinators to ensure appropriate use of the acuity app and clinical decision making.
2. Typical escalation and mitigation include:
   - Redeploying staff
   - Utilisation of on-call staff
   - Reviewing and temporarily pausing elective activity

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

Maternity - Safe

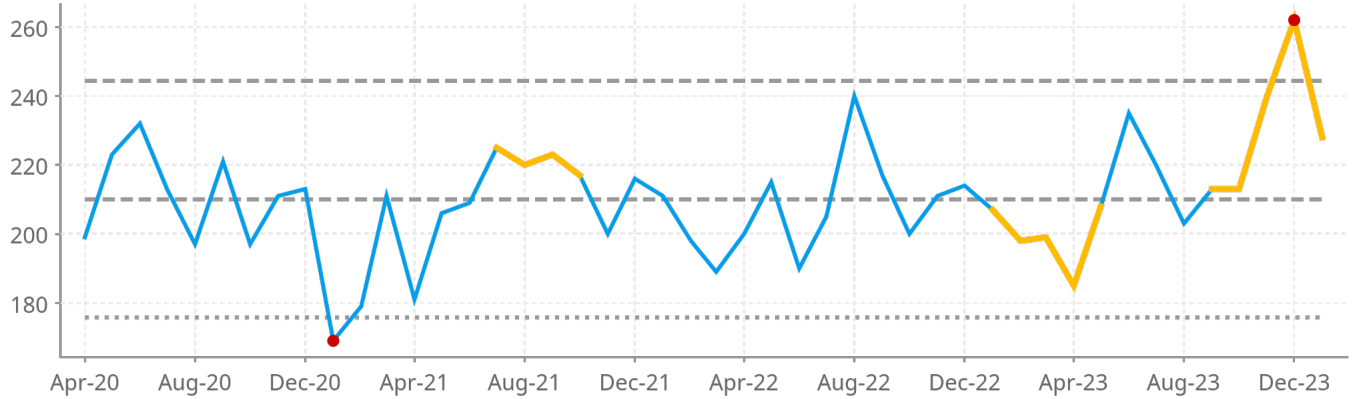
NHS
North Tees and Hartlepool
NHS Foundation Trust

Induction of Labour (%)



Month	Jan-24
Actual	41.67%
NENC Average	46.90%

Total Births



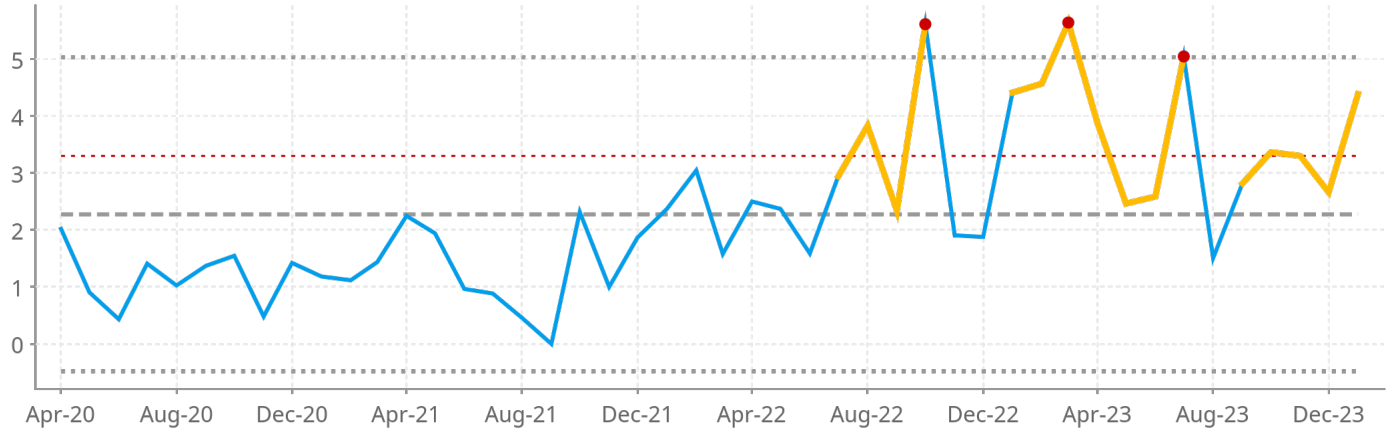
Measure Summary

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

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

Maternity - Safe

Postpartum haemorrhage > 1500mls (%)



Month	Jan-24
Actual	4.39%
NENC Average	3.30%

Measure Summary

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

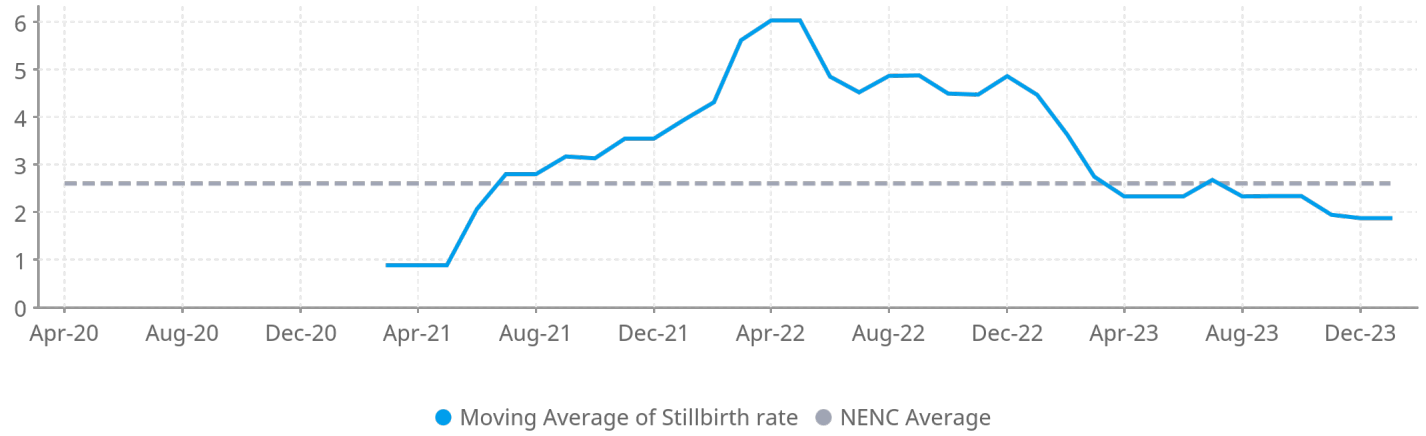
Actions

Next steps of the project include:

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

Maternity - Safe

Still births (%)



Month	Jan-24
Actual	1.87
NENC Average	2.60

Measure Summary

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

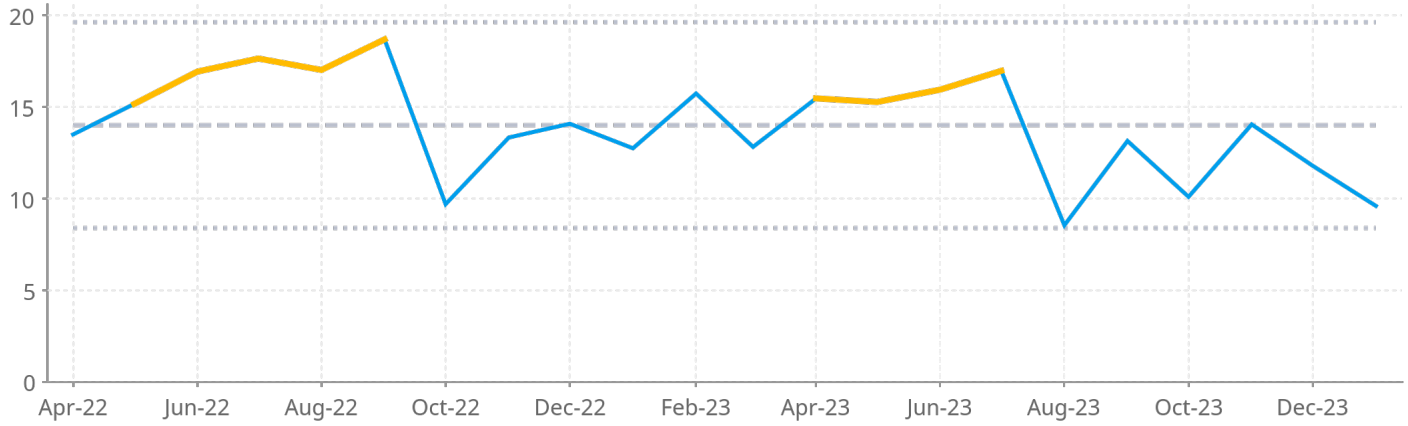
From April 2023, a bereavement midwife commenced with the Trust. This measure was changed to a 12 month rolling average per 1000 births, in line with national reporting standards.

Actions

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

Maternity - Safe

Smoking at Delivery (%)



Month	Jan-24
Actual	9.60%
NENC Average	11.00%

Measure Summary

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

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

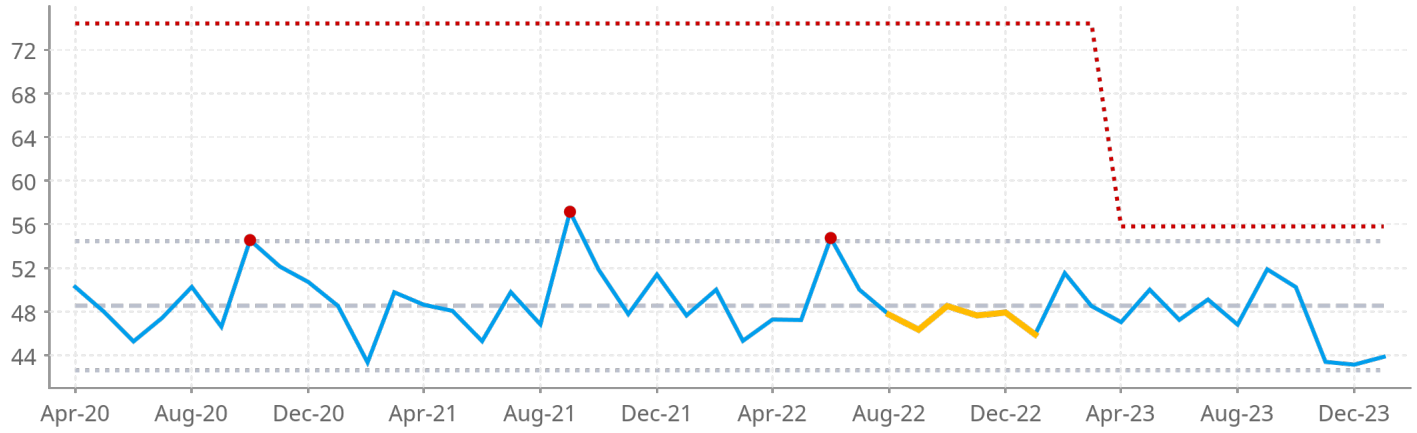
Actions

The Quality Improvement lead has initiated 4 projects:

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

Maternity - Effective

Breast feeding initiated after birth



Month	Jan-24
Actual	43.85%
NENC Average	55.80%

Measure Summary

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

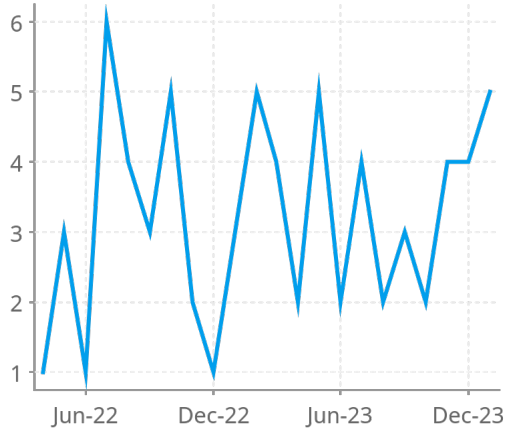
To increase breast feeding rates, through knowledge and support, the Trust employed an infant feeding specialist midwife who commenced this role at the start of 2023, with the key focus to gain Breast Feeding Initiative (BFI) accreditation. The service has achieved BFI stage 1 acreditation, Stage 2 acreditation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

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

Maternity - Responsive

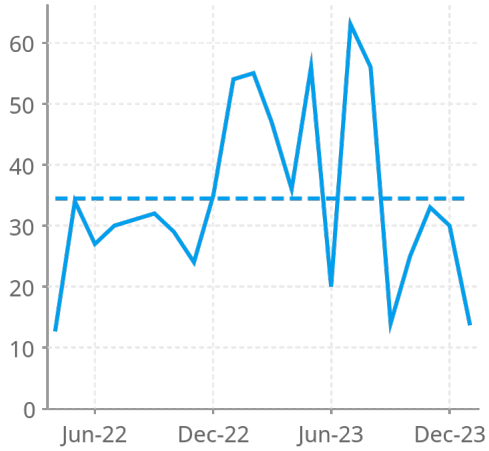
North Tees and Hartlepool NHS Foundation Trust

Complaints



Month	Jan 24
Stage 1	3
Stage 2	2
Stage 3	0

Compliments



Month	Jan-24
Actual	14

Measure Summary

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

Actions

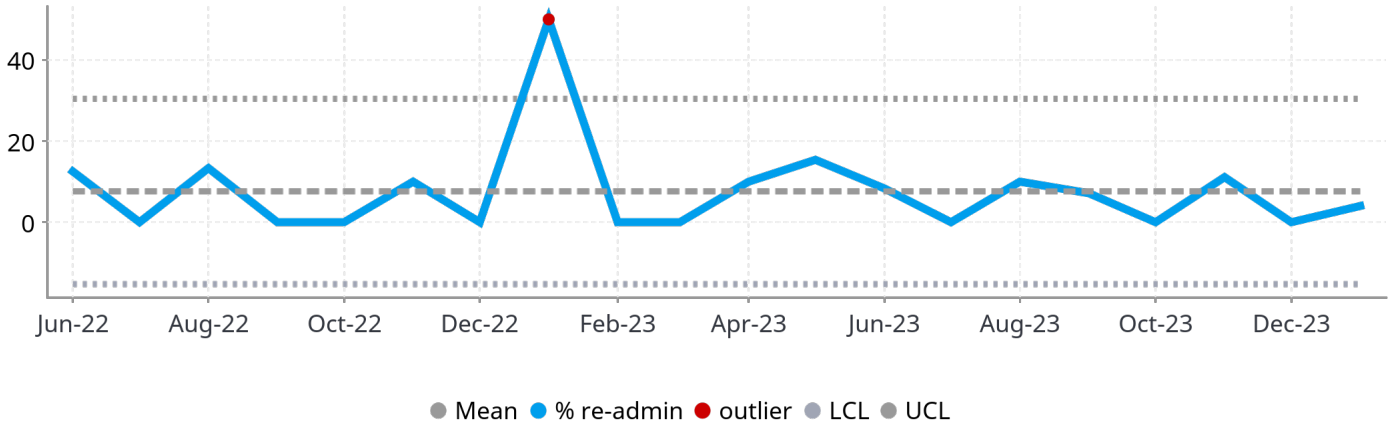
Maternity services recieved 14 compliments in January, the themes of compliments were:

1. Friendliness
2. Kind and caring department

Maternity

NHS
North Tees and Hartlepool
NHS Foundation Trust

Re-admissions of babies



Month	Jan-24
Actual	4.00%
Standard	N/A

Measure Summary

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

Actions

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

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Integrated performance report

Meeting date: 17 April 2024

Reporting to: Group Board of Directors

Agenda item No: 8

Report author: Sam Peate, Chief Operating Officer, STHFT

Action required:
Information

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

Previously presented to:
Resource Committee; People Committee and Quality Assurance 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:

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 Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led. Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position.

In January A&E 4-hour standard performance continued to be affected by the large volume of attendances at James Cook University Hospital emergency department but showed further monthly improvement. Ambulance handover delays and 12-hour delays following a decision to admit reduced, and 12-hour delays from arrival also reduced relative to attendances, outperforming the regional and national position.

In December elective access (RTT 18-week standard) was maintained and performs strongly when compared to the national picture. Good progress continued to reduce the number of patients waiting more than 65 weeks for non-urgent elective treatment, in line with national requirements. Total elective activity delivered was behind the original plan but ahead of 19/20, and in line with expectation after adjustment for the impact of industrial action.

First outpatient appointment activity was amongst the highest in the North East & North Cumbria integrated care system (ICS).

December performance against the 6-week diagnostic standard was stable as the reduction in working days limited further progress but has since improved to a 24-month high in January. Diagnostic activity levels met national expectations and were amongst the highest in the ICS. The Trust outperformed the national target for 28-day Faster Diagnosis Standard in December.

The Cancer 62-day accumulation rose slightly, just outside of the improvement trajectory and the Cancer 62-day standard performs lower as treatment is prioritised for the longest waiters.

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 describes the specific actions that are under way to deliver the required standards.

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 Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.

The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions.

Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.

Recommendations:

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

South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

February 2024

OVERSIGHT

RESPONSIBLE DIRECTORS		BOARD SUB COMMITTEE
Dr Hilary Lloyd, Chief Nursing Officer	Safe, Caring	Quality Assurance Committee
Dr Michael Stewart, Chief Medical Officer	Effective	Quality Assurance Committee
Samuel Peate, Chief Operating Officer	Responsive	Resources Committee
Dr Michael Stewart, Chief Medical Officer	Equitable	Quality Assurance Committee
Chris Hand, Finance Director	Well Led	Resources Committee
Rachael Metcalf, Human Resources Director		People Committee

Audit and Risk Committee

CHANGES THIS MONTH

National context reflects 2023/24 NHS Operational Planning Guidance.

SAFE domain:

Serious Incidents metric replaced with Patient Safety Incident Investigations following introduction of PSIRF

EFFECTIVE domain:

No change.

CARING domain:

Complaints metrics now include PALS enquiries without early resolution following a process change from the Quality Improvement Programme.

EQUITABLE domain:

No change.

RESPONSIVE domain:

No change.

WELL LED domain:

No change.

NATIONAL CONTEXT

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

Recovering our core services and productivity

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

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

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

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

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

SINGLE OVERSIGHT FRAMEWORK SUMMARY

NHS Oversight Framework Summary	Urgent & Emergency Care					Elective care										Cancer			
Provider	A&E 4 hour standard	12 hour delay from DTA	% A&E Type 1 Attendances >12hrs from arrival	Ambulance handovers 30-60 mins	Ambulance handovers 60+ mins	RTT - 18 week standard	52+ week waits	65+ week waits	78+ week waits	104+ week waits	RTT total Waiting List	OPFU - YTD growth 23/24 v 19/20	1st OP - YTD growth 23/24 v 19/20	Total elective - YTD growth 23/24 v 19/20	Diagnostic activity 23/24 v 19/20	Diagnostic 6 week waits	Cancer 62 day	Cancer 62 day backlog	Cancer treatments	Cancer 28 day FD
Data period	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Dec-23	Dec-23	Dec-23	Dec-23	Dec-23	Dec-23	Dec-23	Dec-23	Dec-23	Dec-23	Dec-23	Dec-23	Jan-24	Dec-23	Dec-23
Target	95%	Zero				92%	23/24 Plan	23/24 Plan	Zero by Mar 23	Zero by Jun 22	23/24 Plan	<=75%	109%	109%	120%	<=1%	85%	23/24 Plan		75%
South Tees Hospitals NHSFT	68.1%	70	3.1%	474	181	63.0%	1,201	332	50	0	52,698	106%	106%	104%	120%	22.8%	59.4%	148	257	83.4%
NENC ICS Provider level *(including IS providers)*	74.1%	986	7.7%	2,682	1,177	67.9%	8,095	2,147	376	6	379,766	105%	103%	109%	116%	18.4%	63.3%	1,053	1,618	78.5%
North East & Yorkshire	70.9%		9.3%			62.8%										21.0%	60.7%			75.9%
National	70.3%		12.4%			56.6%										26.8%	59.9%			74.2%

The Trust is now CQC rated Good in all domains: safe, effective, responsive, caring and well led. Trust remains in segment 3, mandated support for significant concerns, due to the historic financial position. In January A&E 4-hour standard performance continued to be affected by the large volume of attendances at James Cook University Hospital emergency department but showed further monthly improvement. Ambulance handover delays and 12-hour delays following a decision to admit reduced, and 12-hour delays from arrival also reduced relative to attendances, outperforming the regional and national position. In December elective access (RTT 18-week standard) was maintained and performs strongly when compared to the national picture. Good progress continued to reduce the number of patients waiting more than 65 weeks for non-urgent elective treatment, in line with national requirements. Total elective activity delivered was behind the original plan but ahead of 19/20, and in line with expectation after adjustment for the impact of industrial action. First outpatient appointment activity was amongst the highest in the North East & North Cumbria integrated care system (ICS). December performance against the 6-week diagnostic standard was stable as the reduction in working days limited further progress but has since improved to a 24-month high in January. Diagnostic activity levels met national expectations and were amongst the highest in the ICS. The Trust outperformed the national target for 28-day Faster Diagnosis Standard in December. The Cancer 62-day accumulation rose slightly, just outside of the improvement trajectory and the Cancer 62-day standard performs lower as treatment is prioritised for the longest waiters.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2282	2070	Feb 2024		
Patient Safety Incident Investigations	1		Feb 2024		N/A
Never Events (YTD)	3	0	Feb 2024	N/A	N/A
Falls	138		Feb 2024		N/A
Falls Rate % (Per 1000 Bed Days)	3.6	6.6	Feb 2024		
Falls With Harm	5		Feb 2024		N/A
Falls With Harm Rate % (Per 1000 Bed Days)	0.1		Feb 2024		N/A

Incidents

There have been consistently high levels of incident reporting within the Trust for a sustained period. The trajectory was updated to indicate our aim to at least maintain this level of reporting for the 12 months leading up to Patient Safety Incident Response Framework (PSIRF) implementation. The trust went live with Learning From Patient Events (LFPSE) during November; the impact on incident reporting continues to be monitored.

PSIRF was implemented in the Trust in January, therefore incidents are no longer reported under the Serious Incident Framework (SIF). Patient safety incidents are reviewed at a weekly learning response panel, to determine the most appropriate investigation methodology as outlined in the PSIRF policy and plan. No never events were recorded in February 2024.

One incident has been registered as a Patient Safety Incident Investigation (PSII). PSII level investigations are registered externally. PSIIs are a systems-based approach to understanding and investigating patient safety incidents.

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

Falls

The overall number of falls continue to remain inside the trust control limits. The Trust have appointed a Falls Educator, who started in post in February 2024. The role aims to work collaboratively to provide specialist clinical education, training and support to inpatient areas within the organisation, promoting best practice and evidence-based multi factorial risk assessments/interventions with regards to falls.

The falls educator role supports the implementation of the Trust 'Falls Improvement Plan' brings together falls' reduction initiatives and best practice guidance, which is planned for the next 12 months. Post-falls investigations are now completed in-line with the PSIRF plan including the use of rapid 'hot debrief' tools and after-action reviews where additional learning is identified.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	1.9		Feb 2024		N/A
Category 2 Pressure Ulcers Community Rate (Per 1000 Active Patients)	13.3		Feb 2024		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.1		Feb 2024		N/A
Category 3&4 Pressure Ulcers Community Rate (Per 1000 Active Patients)	4		Feb 2024		N/A
Medication Incidents	142		Feb 2024		N/A
Omitted Critical Doses (%)	3.6%		Feb 2024		N/A
Medications Reconciled Rate %	88%	80%	Feb 2024		
Medications Reconciled 24hrs %	34%	80%	Feb 2024		
C-Difficile (YTD)	118	101	Feb 2024	N/A	N/A
MRSA (YTD)	0	0	Feb 2024	N/A	N/A
E-Coli (YTD)	121	127	Feb 2024	N/A	N/A
Klebsiella (YTD)	58	47	Feb 2024	N/A	N/A
Pseudomonas (YTD)	21	14	Feb 2024	N/A	N/A

Pressure Ulcers

The rate of hospital-acquired pressures ulcers remains within expected variation with no significant change throughout the organisation. A training plan is ongoing for all areas not yet live with PURPOSE T. CCU and PACU are now live using the paper document pending the transfer to digital systems. The risk assessment is embedded into practice and compliance is improving in all inpatient areas. There is now an extensive pressure ulcer improvement plan focussing on pressure ulcer risk assessment, reporting, data, workflow, PSIRF and patient engagement. Completion of the risk assessment tool to comply with NICE guideline and the CQUIN target is a supported priority. Quarter 3 data collection for the CQUIN is complete with an overall result of 69%. The review of pressure ulcer investigations is on-going and is aligned to the first phase of PSIRF roll out. The first thematic review has taken place on Ward 28 and the outcome will be presented Matrons Council. A pilot of pressure ulcer safety huddles continues, including multi-professional reviews at the time of reporting for new or deteriorating category 2 pressure ulcers identified. Preliminary data suggests a reduction in deterioration to Category 3 & 4 pressure ulcers in all pilot areas.

Medications

Medication incidents reported in February have remained within expected variation and work is progressing from the Medicines Incidents action plan. Critical omitted doses have slightly increased this month, in wards that don't already have a plan in place. Medicines reconciliation has increased this month for both all patients and within 24 hours enabled by a lower number of admissions. Additional funding received will support the start of a clinical pharmacy service from September 2024 at front of house wards when the newly qualified pharmacists arrive.

Healthcare acquired infections

There were no new MRSA reported in February. We saw a rise in the cases recorded for C. difficile in February and this is a trend we have seen over the last couple of years, likely due to increase in acuity and Antimicrobial prescribing. Additional cleaning remains a priority for all CDI cases and in line with national guidance, this is followed by the addition of Hydrogen Peroxide vapour across all sites. Alternative options for cleaning continue to be sourced to support with cleaning. Gram negative organisms continue to rise with all three areas. Increased focus relating to ANTT (Aseptic Non-Touch Technique) remains a priority with a mandatory training package due for implementation in 2024, along with Antimicrobial Stewardship focus. Additional to this there is a collaborative regional approach moving forward relating to gram negative organisms, CPE and MRSA Bacteraemia which are on the increase regionally. The organisation is also involved with a national approach to reduction of these organisms.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	387		Feb 2024	N/A	N/A
Breast feeding initiated (48 hrs)	61.2%	74.5%	Feb 2024		
Preterm birth rate <26+6 wks	0.5%	6%	Feb 2024		
Preterm birth rate 27 - 36+6 wks	8.3%	6%	Feb 2024		
Induction of Labour (%)	39.5%	44%	Feb 2024		
Number of 3rd/4th degree tear (%)	1%	3.5%	Feb 2024		
PPH > 1500ml (%)	3.53%	2%	Feb 2024		
Still Births (YTD)	4	17	Feb 2024	N/A	N/A

Maternity services

The pre-term birth rate for babies 27-36+6 weeks gestation is within expected variation. For our Trust this can be higher than the standard rate due to the specialist nature of the service; which includes the proportion of high-risk pregnancies and regional intrauterine transfers for neonatal cots managed within the Trust. Our data is benchmarked against other similar units via LMNS and national maternity dashboard and we are following the national average.

Breastfeeding initiation rates are below target, as is reflected in the regional public health statistics, however rates have been consistently above 55% which is testament to the education and information which is being provided on healthy relationships and infant feeding. Our online antenatal education classes are well attended with good outcomes. Our new vulnerabilities team also enhance our public health work and from December 2023 we have 2 infant feeding support workers. They will see patients on postnatal, antenatal and delivery suite. The Trust is UNICEF baby-friendly accredited with a further UNICEF assessment in April.

Recent performance for Induction of labour (IOL) has been consistently better than the Trust indicative target. Mechanical induction has been launched and is being evaluated. A development day took place in January with service user representatives and actions will be taken forward. Harm as indicated by 3rd/4th degree tears during childbirth is consistently better than the expected standard. These are monitored via 3rd/4th degree audit database.

Post-partum Haemorrhage (PPH) rates fluctuate but have been showing an increasing trend in recent months and is just above the national average (December 2023 national maternity dashboard). All cases are reviewed to ensure guidelines are followed; PPH is in the annual MDT obstetric emergency/simulation training. The Trust will participate in the Obstetric UK PPH Prevention Study in 2024.

Perinatal Quality Surveillance Model: We reported no serious incidents in February. We reported three baby deaths (1 stillbirth and 2 early neonatal deaths) to the Perinatal Mortality Tool and these cases will be reviewed in full by an MDT team. There were two moderate harm incidents. Duty of candour has been completed and all cases have been through the rapid review process and are having further review undertaken. We have achieved 90% training compliance requirements in Quarter 3.

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

EFFECTIVE

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6.6%		Dec 2023		N/A
Sepsis - Oxygen delivered within 1hr	98%	95%	Jan 2024		
Sepsis - Blood cultures within 1hr	72.5%	95%	Jan 2024		
Sepsis - Empiric IV antibiotics within 1hr	72.5%	95%	Jan 2024		
Sepsis - Serum lactate within 1hr	72.5%	95%	Jan 2024		
Sepsis - IV fluid resuscitation within 1hr	70.6%	95%	Jan 2024		
Sepsis - Urine measurement within 1hr	100%	95%	Jan 2024		
Summary Hospital-Level Mortality Indicator	111.2	100	Oct 2023	N/A	N/A
Comorbidity Coding	3.4		Dec 2023		N/A

Readmission rates

The emergency readmission rate remains within current expected variation.

Sepsis

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

Actions:

- First extended AIM course incorporating sepsis in March 2024.
- The requirement for role specific mandatory sepsis teaching. This was initially rejected, to be represented at next group.
- Digital Paediatric acutely ill patient assessments approved in Patientrack.
- Sepsis 'in-house' e-learning in development.
- Martha's rule working group established.
- Sepsis reporting to move to InPhase scheduled.

Mortality

Summary Hospital-level Mortality Indicator (SHMI) of 111 for the latest official reporting period, November 2022 to October 2023, is 'as expected'. The non-elective coding depth continues to show a gradual fall in the rolling 12-month figure as the impact of the fall in the overall monthly figure from March 2023 plays an increasing role.

Currently 2.5% of spells in England are removed because they have a COVID code and spells included in SHMI are at 92% of pre-pandemic levels (both broadly stable).

Reports to the Trust's governance committees show that Medical Examiner (ME) scrutiny remains at >95%, with approximately 10% referred for further review. Progress has been made in reforming the processes and the waiting list for mortality review has fallen to <30 cases. The government has announced that the independent ME service will move to a statutory basis from April 2024 with some accompanying changes to the process of completion of the Medical Certificate of Cause of Death. The ME service supported by the Trust is working towards full implementation of the requirements and is making good progress.

CARING

Metric	Latest Month	Target	Month	Trend	As
A&E Experience (%)	80.2%	78%	Feb 2024		
Inpatient Experience (%)	97.3%	94%	Feb 2024		
Maternity Experience (%)	88.5%	92%	Feb 2024		
Outpatient Experience (%)	96.2%	93%	Feb 2024		
Community Experience (%)	99.3%	94%	Feb 2024		
New Complaints	61		Feb 2024		
Closed Within Target (%)	25.6%	80%	Feb 2024		

Patient experience

Emergency Department Friends & Family Test (FFT) remains above target and continues to be monitored locally. The main theme relates to waiting times. The Inpatient FFT score, remains stable since March 2023 and consistently performs better than target. The Patient Experience Team are currently working with the supplier to roll out the FFT question across all inpatient areas. The Friends & Family Test score reported in Outpatient departments and Community services both consistently perform above target.

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

Closed within target

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

Learning from complaints

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

EQUITABLE

Elective inpatient PTL Inequalities: Deprivation

Latest PTL by IMD quintile

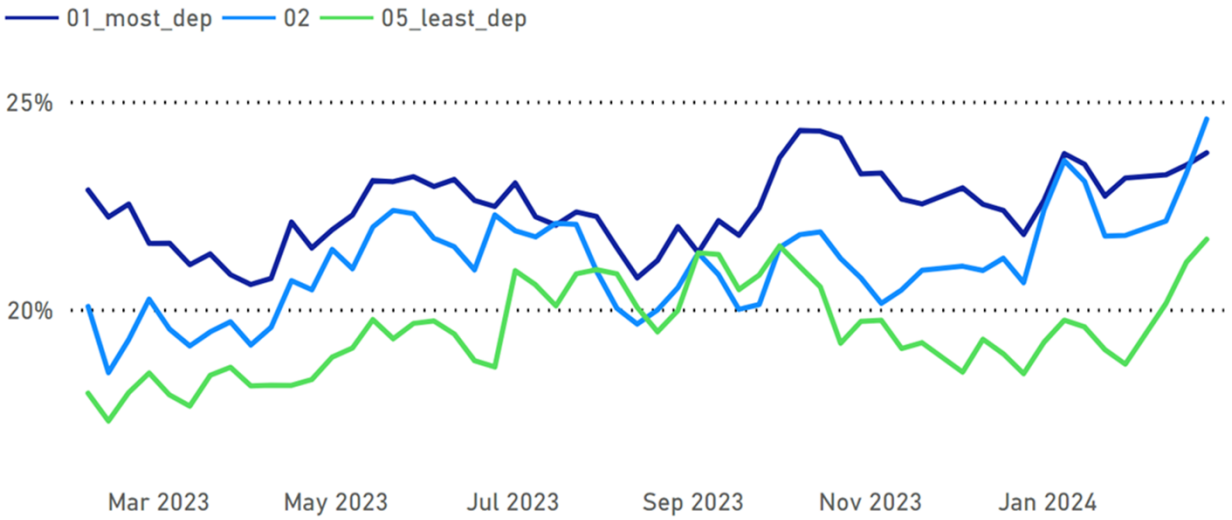
IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	2128	672	24%	2800
02	1202	402	25%	1604
03	1149	304	21%	1453
04	1727	540	24%	2267
05_least_dep	1308	352	21%	1660
N/k	740	90	11%	830
Total	**8254**	**2360**	**22%**	**10614**

IMD is taken from patient's postcode of residence

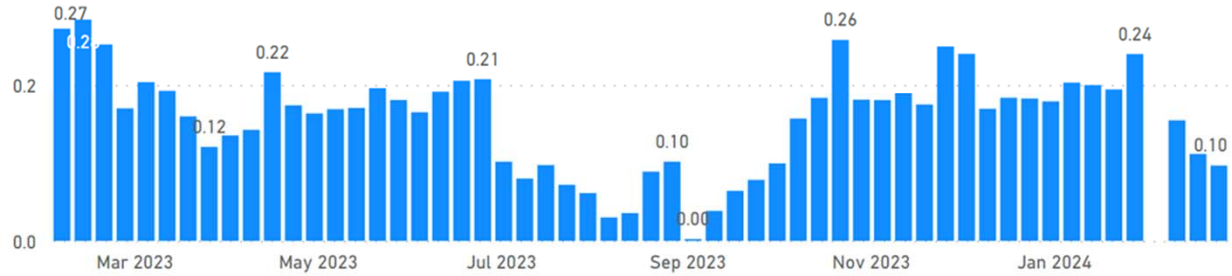
Long Waiters:
P2 › 3 weeks
P3 › 3 months
Any › 52 weeks

In Standard: All others

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



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



This graph compares the proportion of long waiters for quintile 1 with the proportion for quintile 5. So if quintile 1 is 25% and quintile 5 is 20% then quintile 1 is 25% higher than quintile 5. If the values are positive quintile 1 patients are more likely to be long waiters than quintile 5 patients

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

EQUITABLE

Elective inpatient PTL Inequalities: Ethnicity

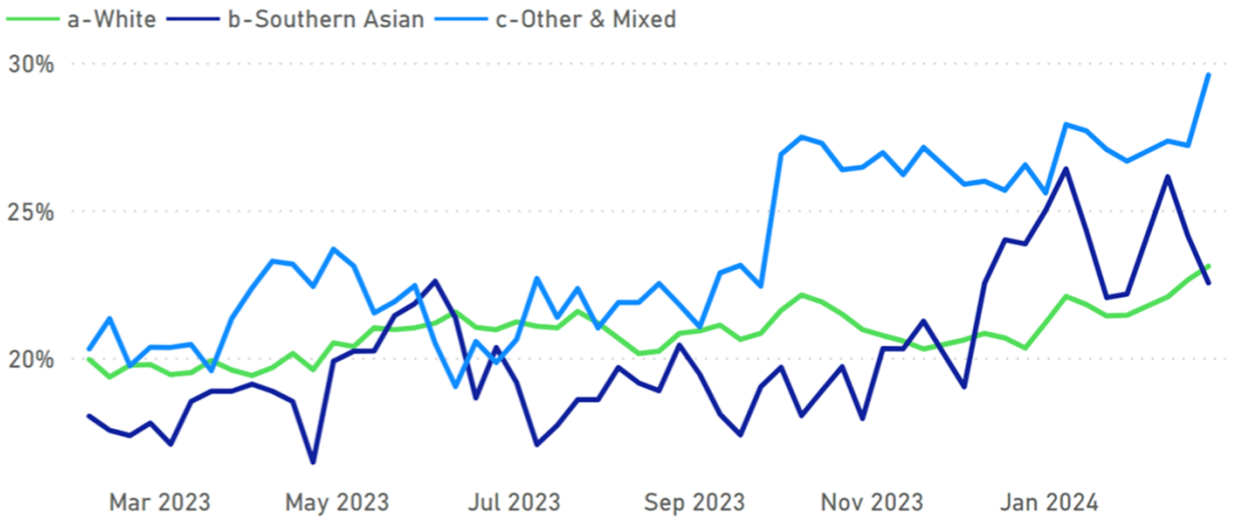
Latest PTL by IMD quintile

Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
⊞ **a-White**	**6581**	**2011**	**23%**	**8592**
⊞ **b-Southern Asian**	**131**	**37**	**22%**	**168**
⊟ **c-Other & Mixed**	**172**	**62**	**26%**	**234**
Black	37	17	31%	54
Mixed	38	14	27%	52
Other	97	31	24%	128
⊞ **N/k**	**1370**	**250**	**15%**	**1620**
Total	**8254**	**2360**	**22%**	**10614**

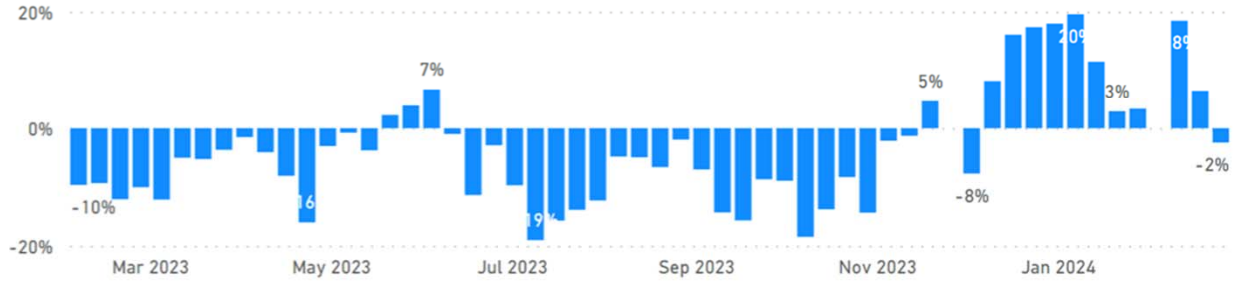
Long Waiters:
P2 › 3 weeks
P3 › 3 months
Any › 78 weeks

In Standard: All others

Long waits as % of total PTL by Ethnic groups



Variance of Southern Asian % long waiters to White



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

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

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Attendances - Type 1	9875	9421	Feb 2024		
A&E Attendances - Type 3	5047	5098	Feb 2024		
Handovers - Within 30 Mins (%)	81.1%	95%	Feb 2024		
Handovers - Within 60 Mins (%)	90.7%	100%	Feb 2024		
4-Hour A&E Standard	67.8%	76%	Feb 2024		
12-Hour Waits from Decision to Admit	62	0	Feb 2024		
12-Hour A&E Breaches	441	0	Feb 2024		
RTT Incomplete Pathways (%)	63.3%	92%	Jan 2024		
RTT Waiting List Size	52665	49482	Jan 2024		
RTT Validated Within 12 Weeks (%)	57.4%	90%	Feb 2024		
RTT List Size within 52 weeks (%)	97.6%		Jan 2024		N/A
RTT 52 week waiters	1270	841	Jan 2024		
RTT 65 week waiters	279	68	Jan 2024		
RTT 78 week waiters	49		Jan 2024		N/A
Diagnostic 6 Weeks Standard (%)	83.1%	99%	Jan 2024		
Cancer Faster Diagnosis Standard (%)	81.4%	75%	Jan 2024		
Cancer 31 Day Standard (%)	87.6%	96%	Jan 2024		
Cancer 62 Day Standard (%)	56.8%	85%	Jan 2024		
Cancer >62 Day Backlog	156	126	Feb 2024		
Cancelled Ops - Non-Urgent Cancelled on Day	49	0	Feb 2024		

Urgent and emergency care

Type 1 A&E attendances reduced in February but still tracked 5% higher than expected volumes. Ambulance arrivals were 14% higher than February 2023, with 18% more non-elective overnight admissions. In December, support initiatives for winter began in collaboration with the Integrated Care Board and North East Ambulance Service to reduce delays during winter, including an out of hours GP presence at James Cook University Hospital. These initiatives have supported stable 4-hour performance; more than 90% of ambulance handovers taking place in an hour and mitigating the impact of increased demand on longer delays, 12-hour A&E breaches and 12-hour delays from a decision to admit. The Trust benchmarks favourably in the top quartile nationally for proportion of 12-hour breaches. Evidence-based process improvement remains an organisational priority with a focus on the national 4-hour standard of 76% and ambulance handovers within one hour.

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

Elective, diagnostic and cancer waiting times

Referral to treatment within 18 weeks trend is consistent and performs above the national average. Focus on reducing the number of patients waiting more than 65 weeks by March 2024 is demonstrated in the reducing trend for 52-week-and 65 week waits.

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

For cancer, Faster Diagnosis Standard performance exceeded the 75% national target for the fourth consecutive month. The 62-day accumulation of patients being investigated for cancer deteriorated slightly in February. Focus is being given to Urology pathways with extra theatre lists and streamlining diagnostic requesting. The 62 day to first treatment standard is supressed as the longest waiters have treatment prioritised with Lung and Urology pathways under the most pressure. Cancer Action Plans are reviewed and monitored through the Cancer Delivery Group, informed by a programme of pathway reviews.

RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	18688	17933	Feb 2024		
Outpatient Follow Up Attendances	49185	49036	Feb 2024		
Outpatient Follow-Ups (Standard)	38195	41514	Feb 2024		
Outpatient Follow-Ups (Procedure)	10990	8652	Feb 2024		
Day Case admissions	6111	6814	Feb 2024		
Ordinary Elective admissions	1023	1164	Feb 2024		
NEL admissions with 0 LOS (excluding Maternity)	1847	1725	Feb 2024		
NEL admissions with 0 LOS	3235	1964	Feb 2024		
NEL admissions with 1+ LOS (excluding Maternity)	3422	2724	Feb 2024		
NEL admissions with 1+ LOS	3955	3406	Feb 2024		
G&A Occupied Beds (%)	92.9%	92%	Feb 2024		
Length of Stay - Elective	3.7		Feb 2024		N/A
Length of Stay - Non-Elective (excluding Maternity)	3.5		Feb 2024		N/A
Ready For Discharge, not Discharged	79	90	Feb 2024		
21 Day Stranded Patients (%)	10.7%	12%	Feb 2024		

Activity

The number of Non-elective (NEL) admissions for patients staying for 1 or more nights continued at its highest levels in the last 2 years, 18% higher than February 2023. This sustained, higher than expected, increase over the last 5 months combined with industrial action year to date has impacted on outpatient and inpatient elective activity.

Within the elective programme, there were positive aspects to outpatient activity versus plan for February such as 4% more new appointments, 27% more review appointments involving delivery of treatment and an 8% reduction in planned ordinary review appointments.

Length of Stay

Against the backdrop of high non-elective demand, NEL length of stay maintained its consistent low level. Extra beds available for winter continued to be utilised well. Bed occupancy maintained just above the 92% target and the proportion of patients staying for 21 days reduced further in February. The Trust's improved discharge processes helped the Trust meet its target for numbers of patients that were ready for discharge but no longer met criteria to reside in an acute bed. The Trust proactively reduces delays within its span of control and has embedded a Home First service. However, there are ongoing pressures across the social care sector that impact timely discharge of patients who have ongoing care and support needs.

The overall percentage of patients with long stay is driven by our specialist critical care, spinal cord injuries and rehabilitation pathways as a regional tertiary centre. For patients who no longer require specialist care, the Trust focuses on appropriate repatriation for care closer to home.

WELL LED

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£17.986m	-£18.009m	Feb 2024	N/A	N/A
Annual Appraisal (%)	79.7%	80%	Feb 2024		
Mandatory Training (%)	90.3%	90%	Feb 2024		
Sickness Absence (%)	5.8%	4%	Feb 2024		
Staff Turnover (%)	10.7%	10%	Feb 2024		

Finance and use of resources

The Trust's original plan for the 2023/24 financial year was an agreed deficit of £31.8m, reflecting the organisation's structural deficit (including the impact of the James Cook University Hospital PFI scheme) and inflationary pressures. Following additional central funding allocated to the ICB the Trust plan has been adjusted and agreed to be a £20.1m deficit.

At the end of Month 11, the Trust's financial position is a deficit of £18.0m which is on plan. The year-to-date position includes receipt of additional national funding, distributed to systems in relation to the impact of industrial action and other financial pressures during 2023/24. The Trust is forecasting to be on plan at the end of the year and report a £20.1m deficit.

People

Sickness absence across the Trust reduced to 5.8% in February 2024, both short term and long-term absence have decreased. HR teams are continuing to support managers with sickness absence and are completing a deep dive into long term absence cases across each collaborative, and are specifically targeting areas with the highest absence, agreeing the required intervention with Collaborative management teams.

Appraisal compliance has improved on last month and is just below the 80% target whilst mandatory training has also increased and is now compliant at 90.3%

Staff turnover has decreased slightly and continues its gradual trend towards the 10% target. HR teams are working closely with Collaborative management teams on the 2023 staff survey results, as they start to review results and update their action plans with areas of focus.

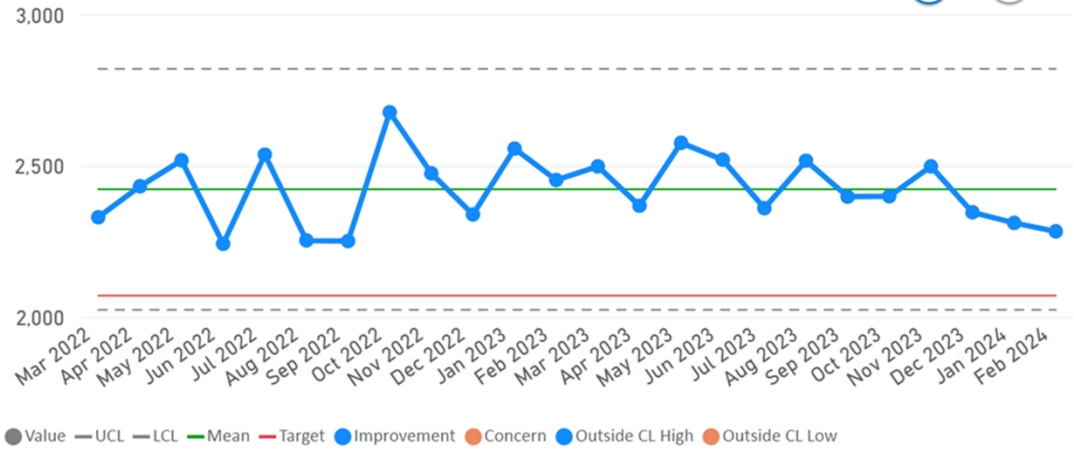
APPENDICES

SPC charts for the metrics summarised above, by domain.

SAFE

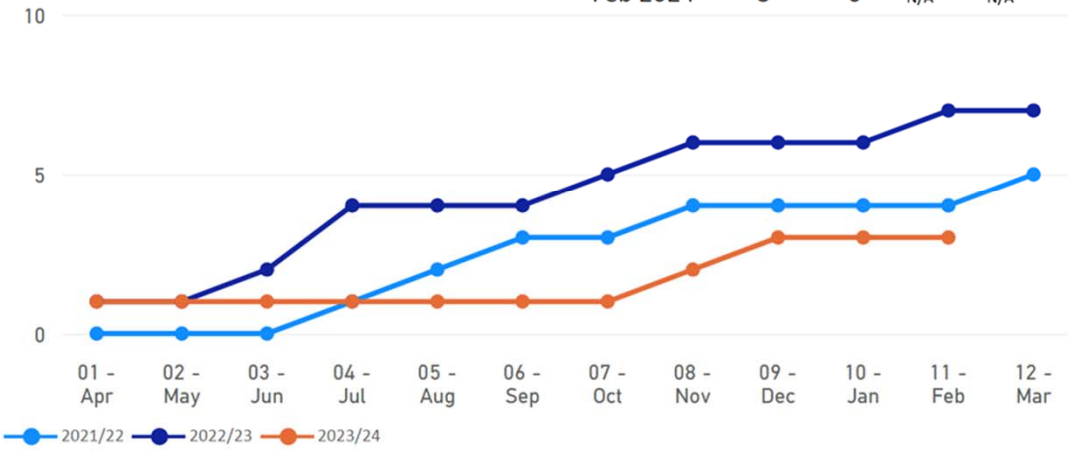
DATIX Incidents

Month	Performance	Target	Trend	Assurance
Feb 2024	2282	2070		



Never Events (YTD)

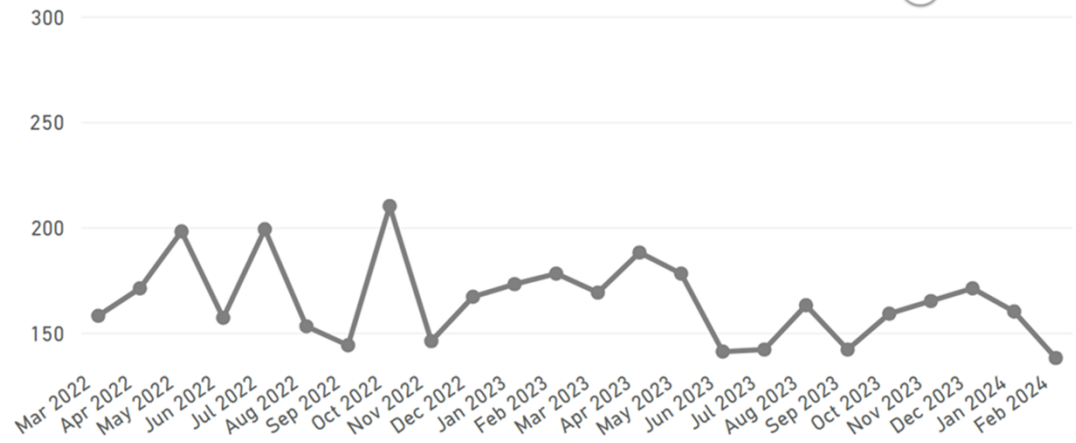
Month	Performance	Target	Trend	Assurance
Feb 2024	3	0	N/A	N/A



SAFE

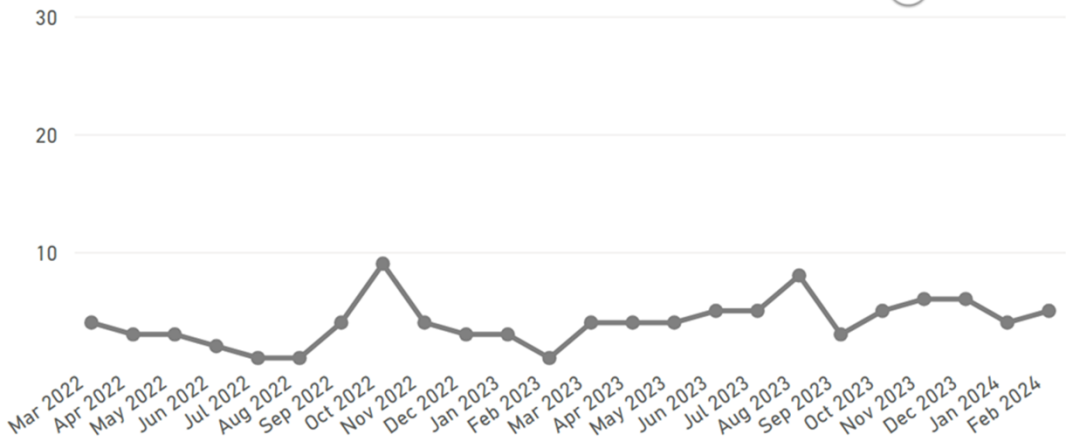
Falls

Month	Performance	Target	Trend	Assurance
Feb 2024	138			N/A



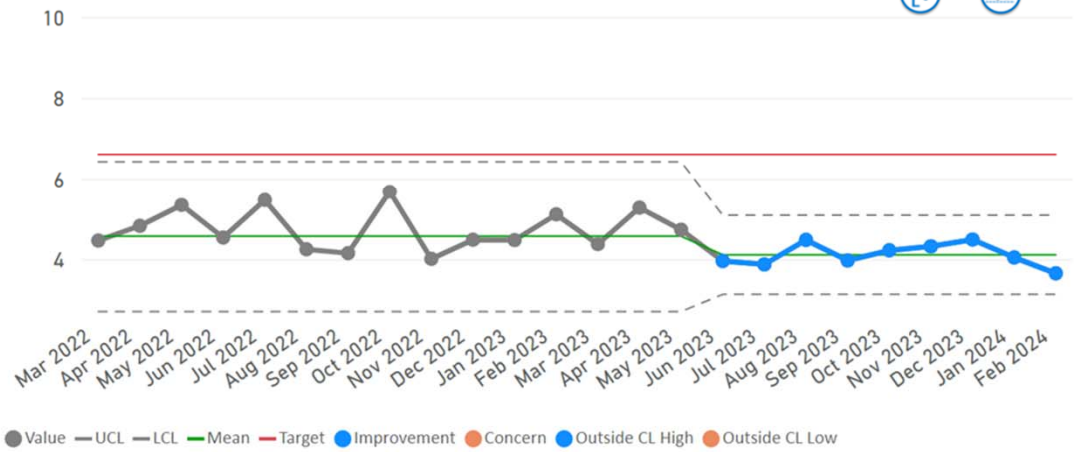
Falls With Harm

Month	Performance	Target	Trend	Assurance
Feb 2024	5			N/A



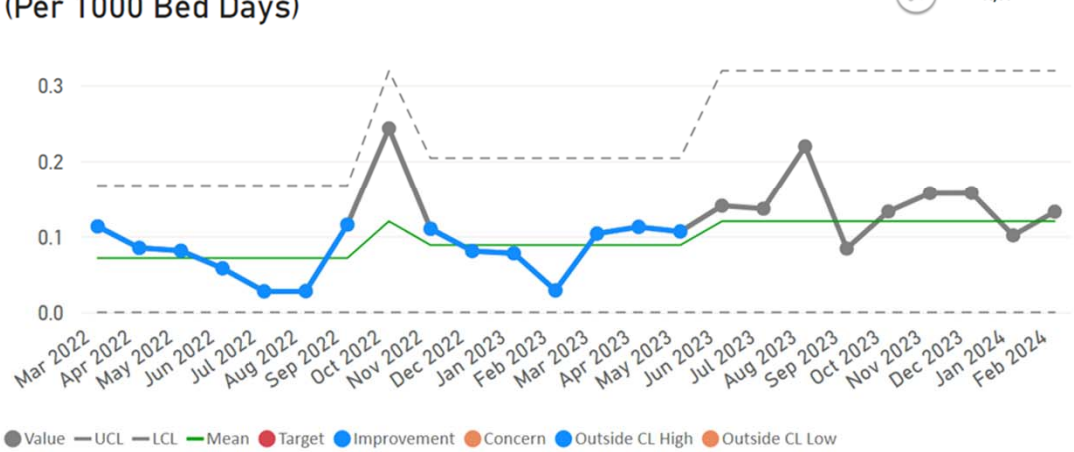
Falls Rate % (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Feb 2024	3.6	6.6		



Falls With Harm Rate % (Per 1000 Bed Days)

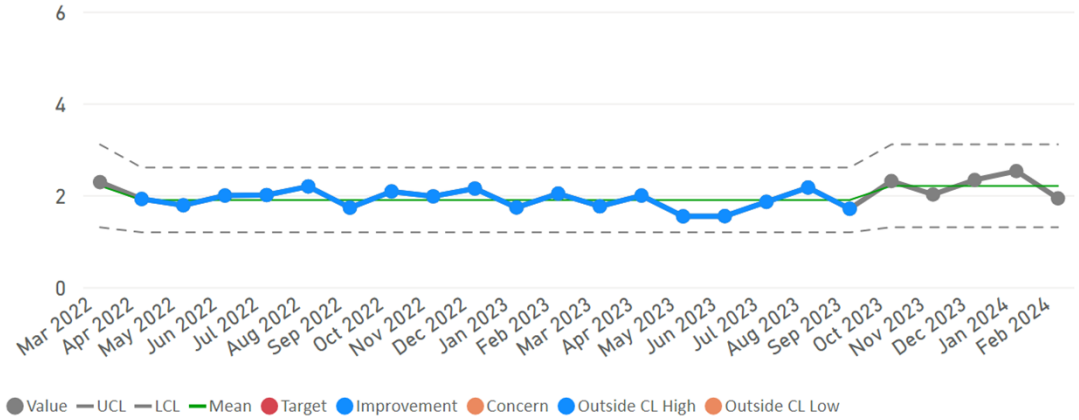
Month	Performance	Target	Trend	Assurance
Feb 2024	0.1			N/A



SAFE

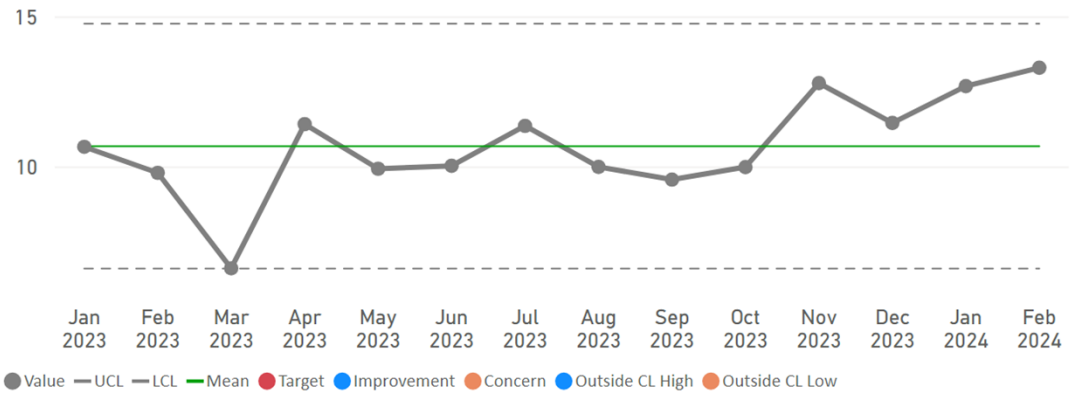
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Feb 2024	1.9			N/A



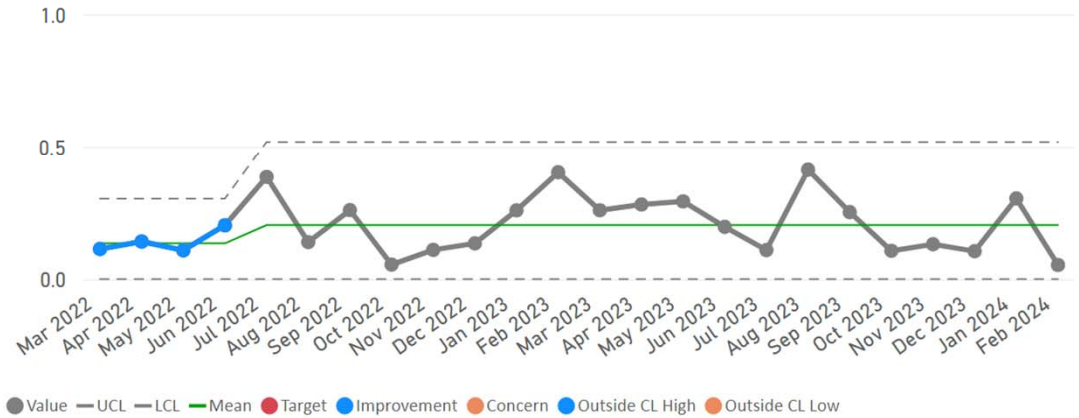
Category 2 Pressure Ulcers Community Rate (Per 1000 Active Patients)

Month	Performance	Target	Trend	Assurance
Feb 2024	13.3			N/A



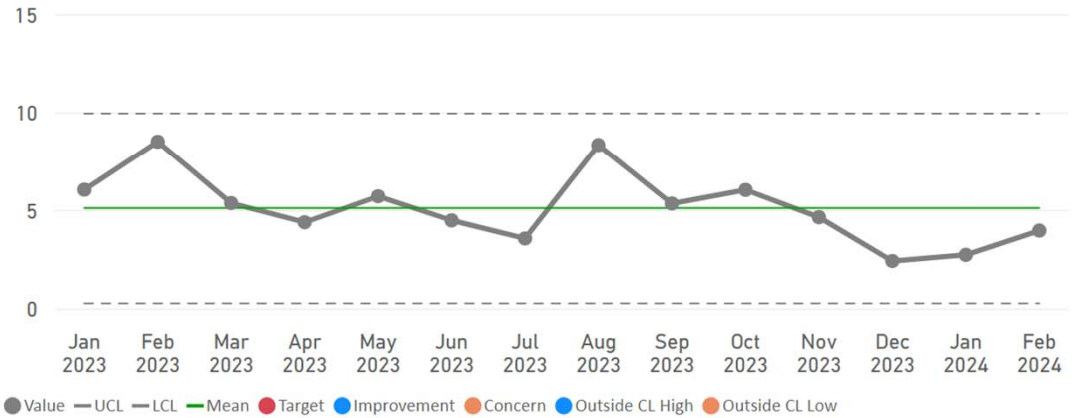
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Feb 2024	0.1			N/A



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

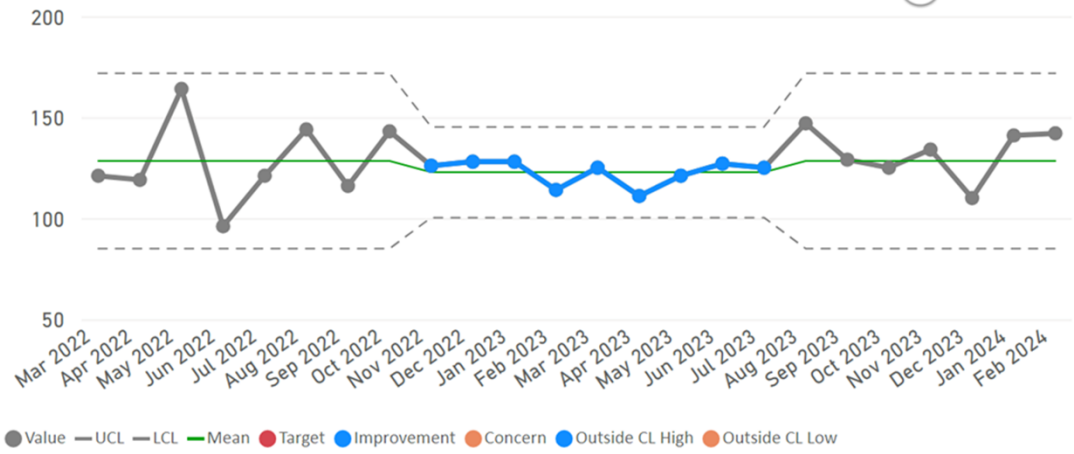
Month	Performance	Target	Trend	Assurance
Feb 2024	4			N/A



SAFE

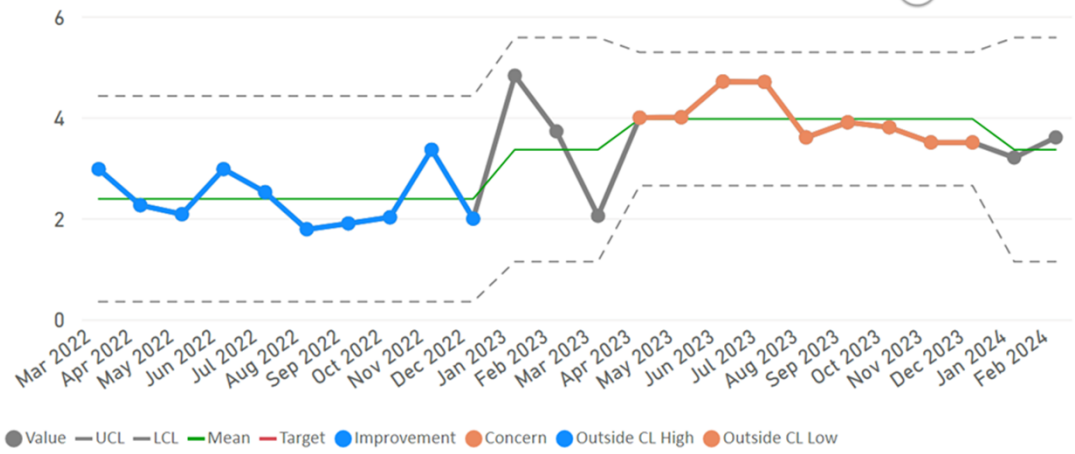
Medication Incidents

Month	Performance	Target	Trend	Assurance
Feb 2024	142			N/A



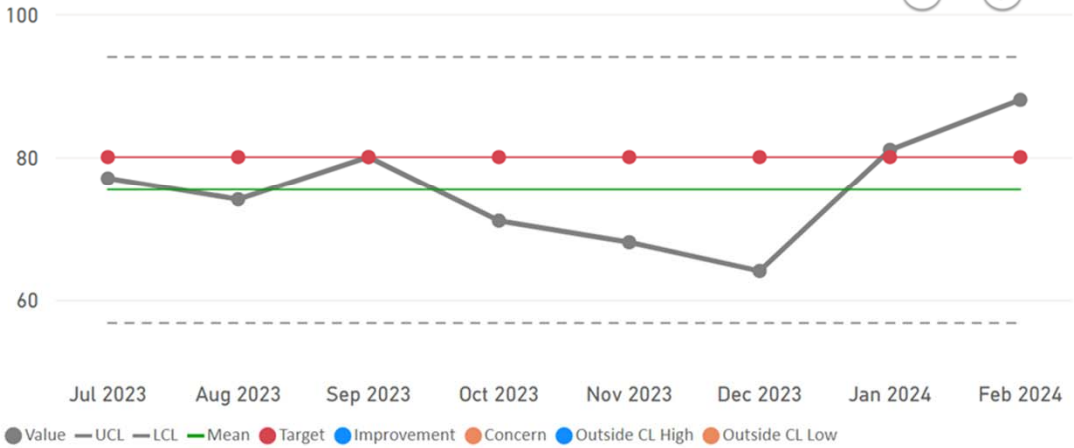
Omitted Critical Doses (%)

Month	Performance	Target	Trend	Assurance
Feb 2024	3.6%			N/A



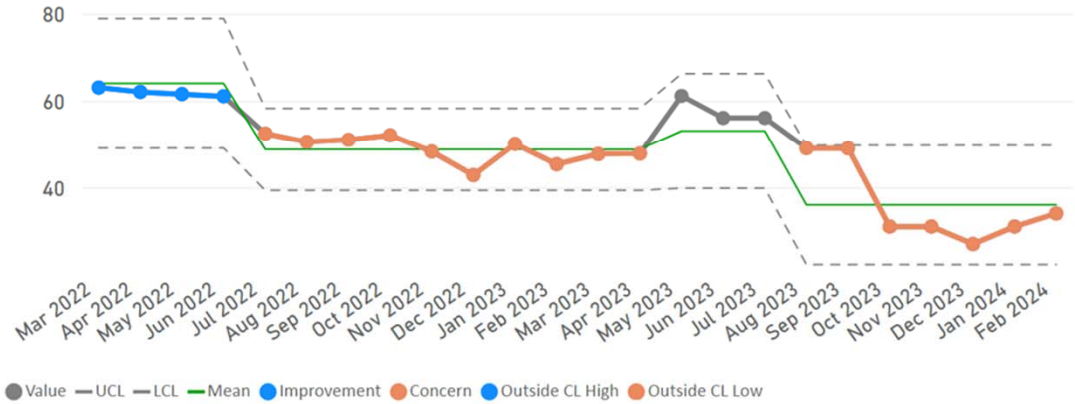
Medications Reconciled Rate %

Month	Performance	Target	Trend	Assurance
Feb 2024	88%	80%		



Medications Reconciled 24hrs %

Month	Performance	Target	Trend	Assurance
Feb 2024	34%		N/A	N/A

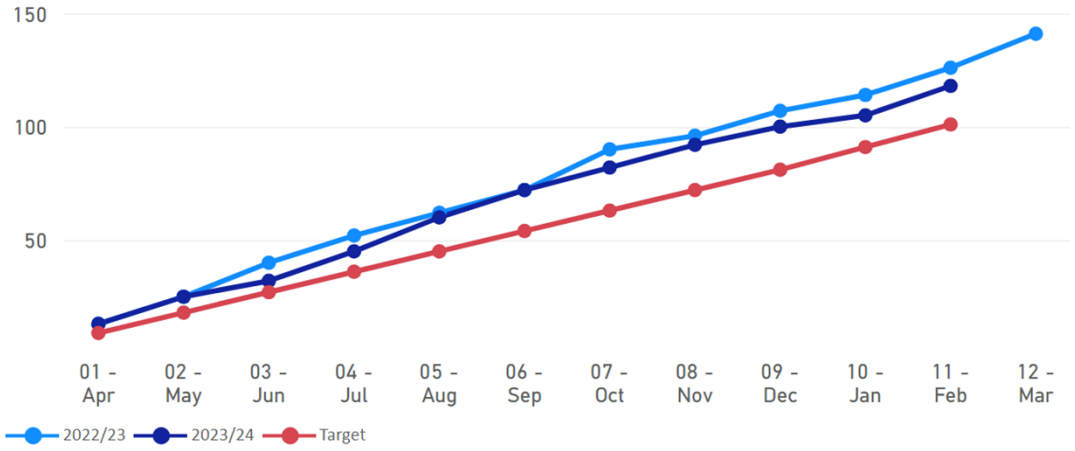


* please note that change to denominator was finalised in October 2023

SAFE

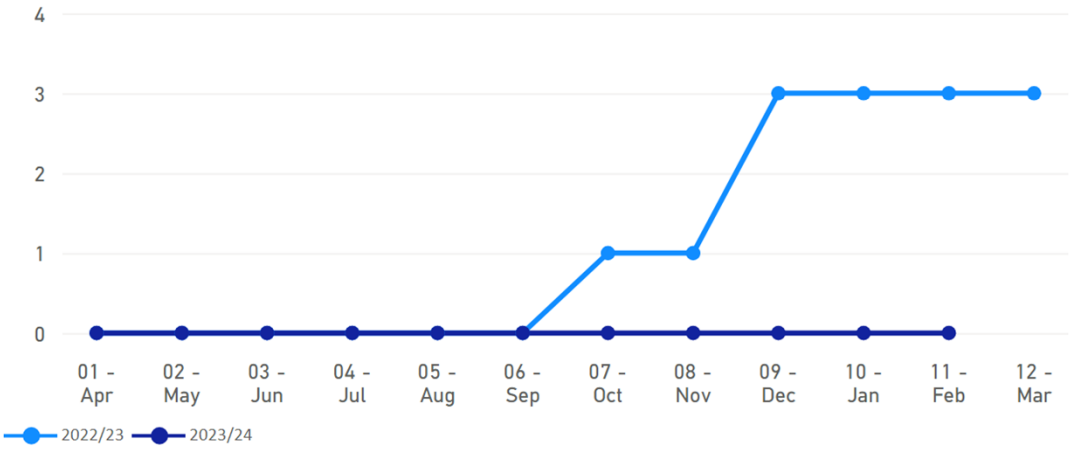
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Feb 2024	118	101	N/A	N/A



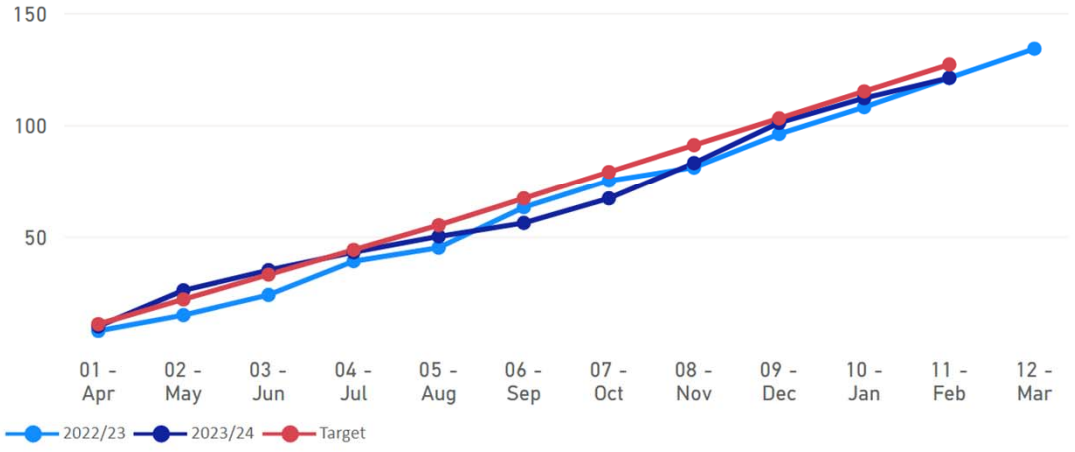
MRSA (YTD)

Month	Performance	Target	Trend	Assurance
Feb 2024	0	0	N/A	N/A



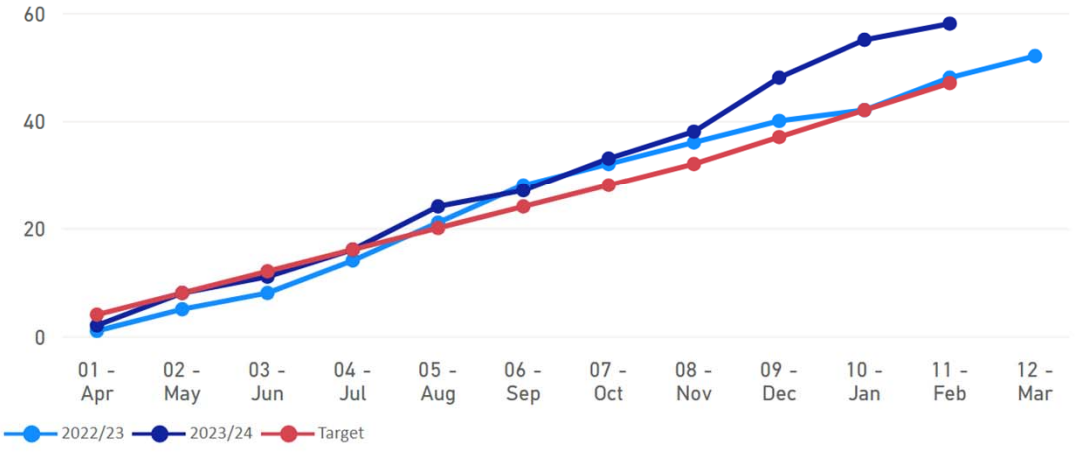
E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Feb 2024	121	127	N/A	N/A



Klebsiella (YTD)

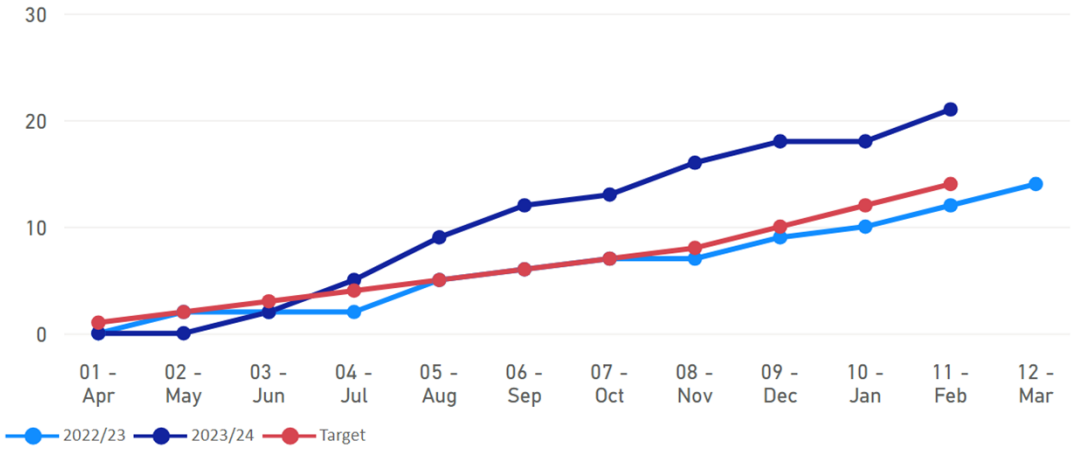
Month	Performance	Target	Trend	Assurance
Feb 2024	58	47	N/A	N/A



SAFE

Pseudomonas (YTD)

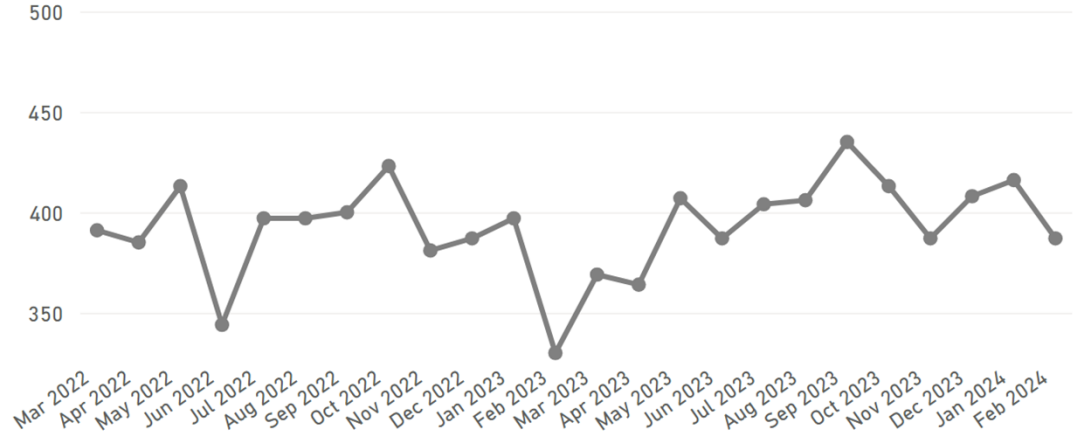
Month	Performance	Target	Trend	Assurance
Feb 2024	21	14	N/A	N/A



SAFE

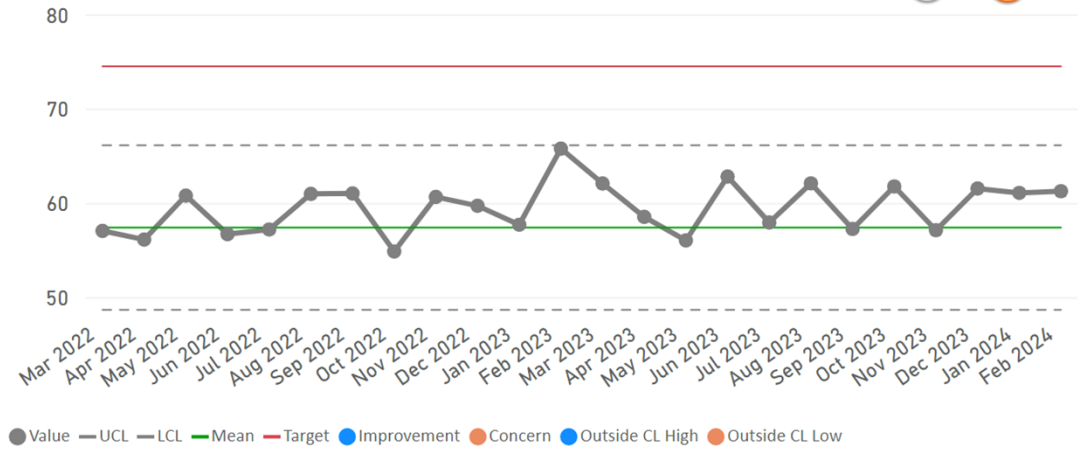
No. of babies born

Month	Performance	Target	Trend	Assurance
Feb 2024	387		N/A	N/A



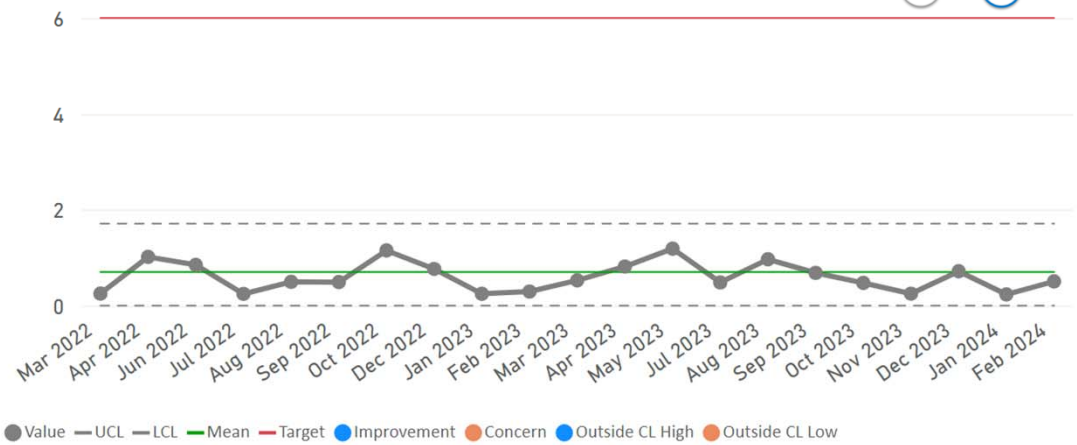
Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Feb 2024	61.2%	74.5%		



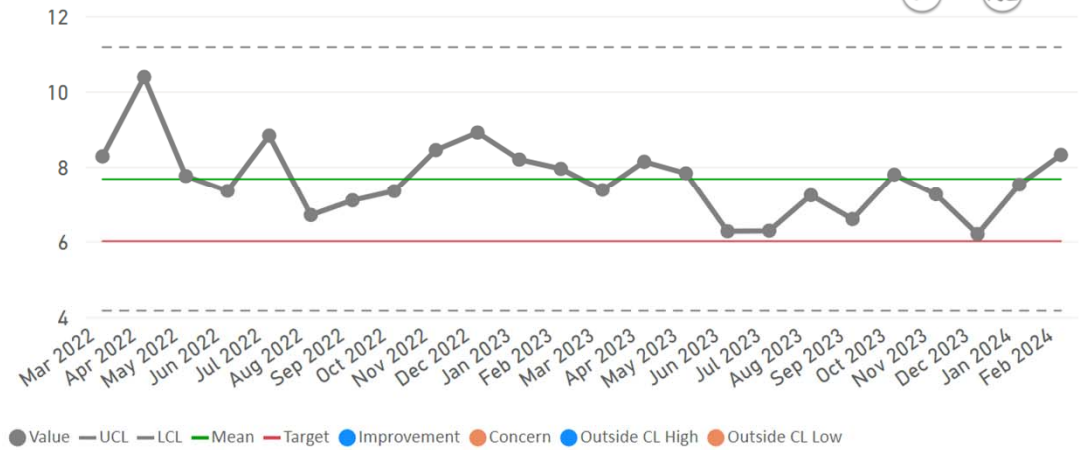
Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
Feb 2024	0.5%	6%		



Preterm birth rate 27 - 36+6 wks

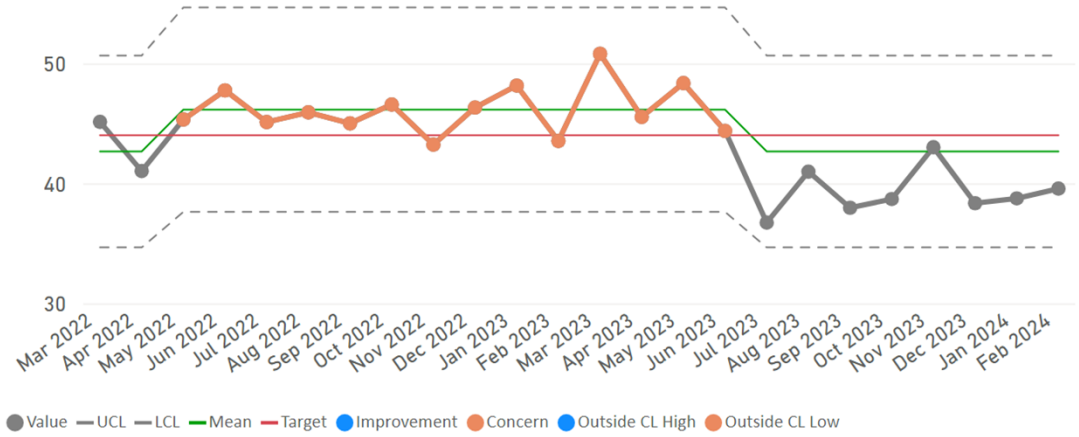
Month	Performance	Target	Trend	Assurance
Feb 2024	8.3%	6%		



SAFE

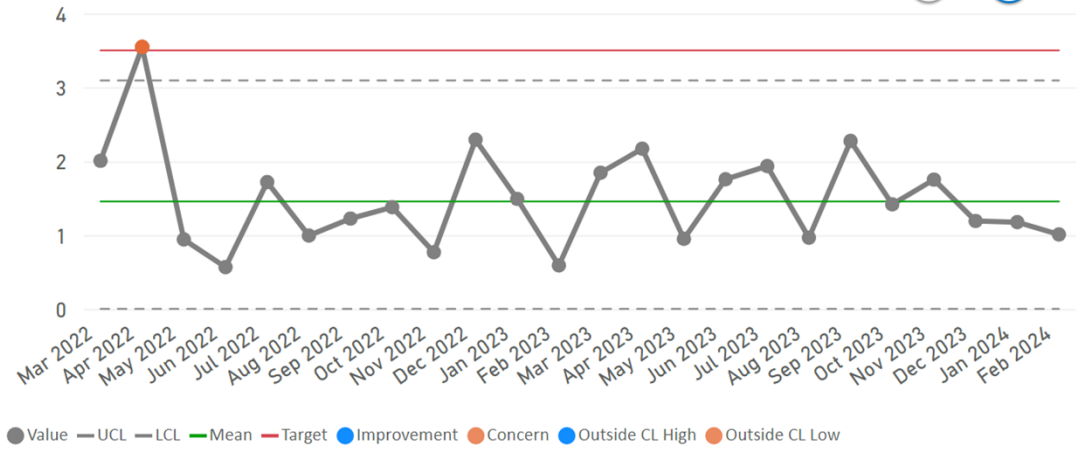
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Feb 2024	39.5%	44%		



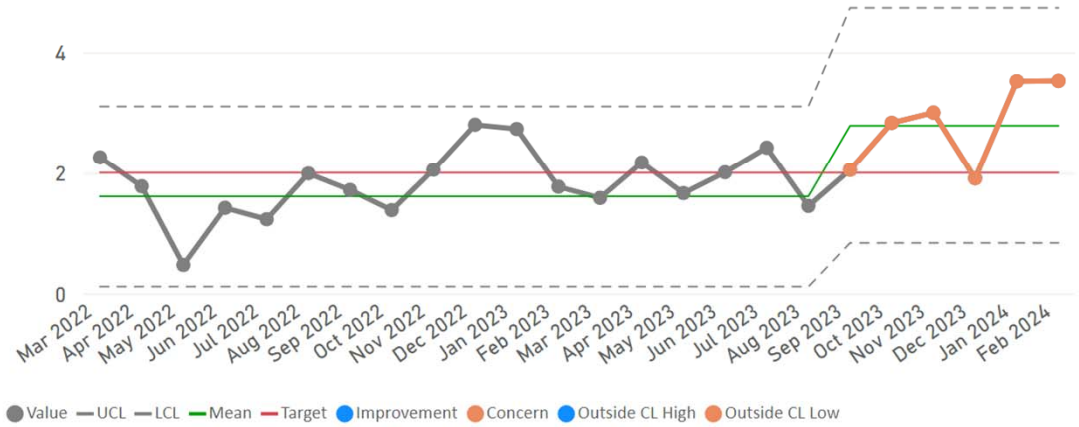
Number of 3rd/4th degree tear (%)

Month	Performance	Target	Trend	Assurance
Feb 2024	1%	3.5%		



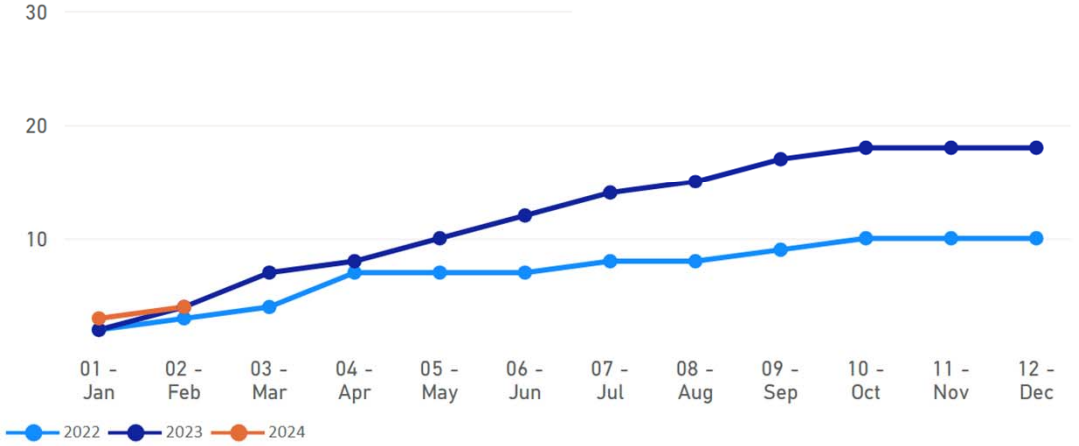
PPH > 1500ml (%)

Month	Performance	Target	Trend	Assurance
Feb 2024	3.53%	2%		



Still Births (YTD)

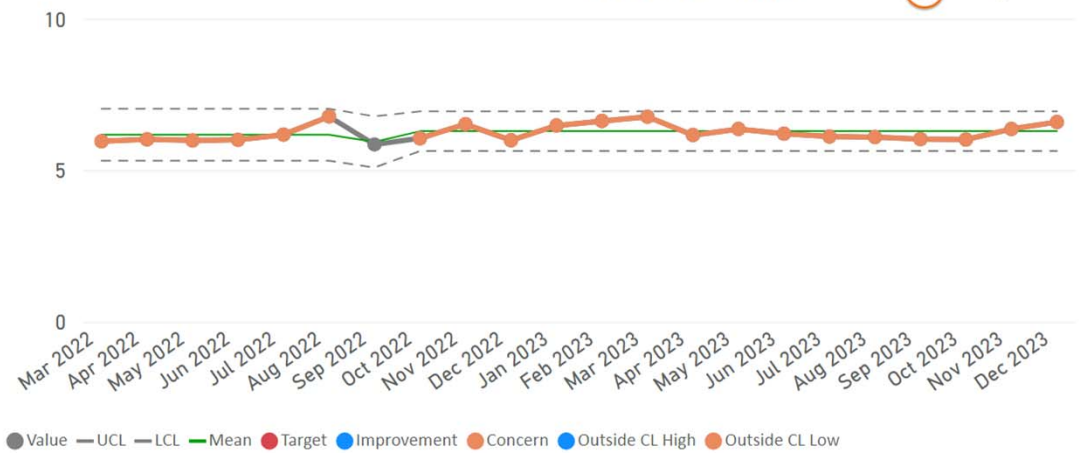
Month	Performance	Target	Trend	Assurance
Feb 2024	4	17	N/A	N/A



EFFECTIVE

Readmission Rate %

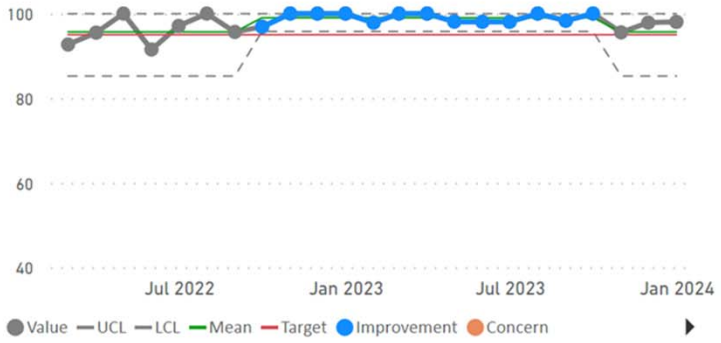
Month	Performance	Target	Trend	Assurance
Dec 2023	6.6%			N/A



EFFECTIVE

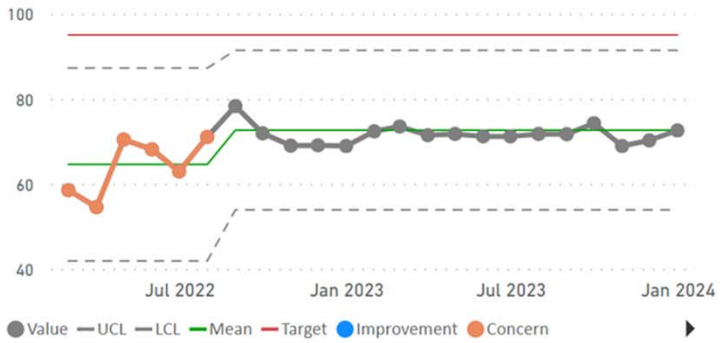
Sepsis - Oxygen within 1hr

Month	Performance	Target	Trend	Assurance
Jan 2024	98%	95%		



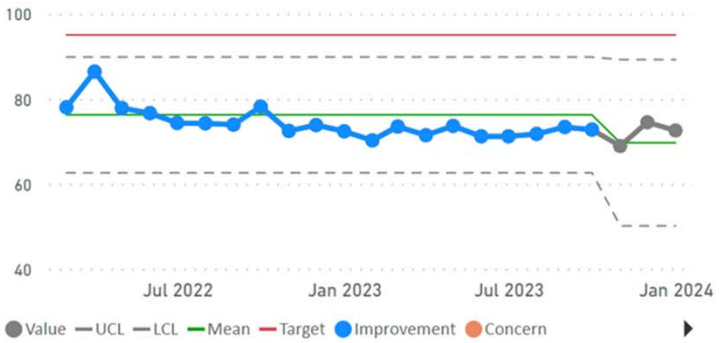
Sepsis - Blood cultures within 1hr

Month	Performance	Target	Trend	Assurance
Jan 2024	72.5%	95%		



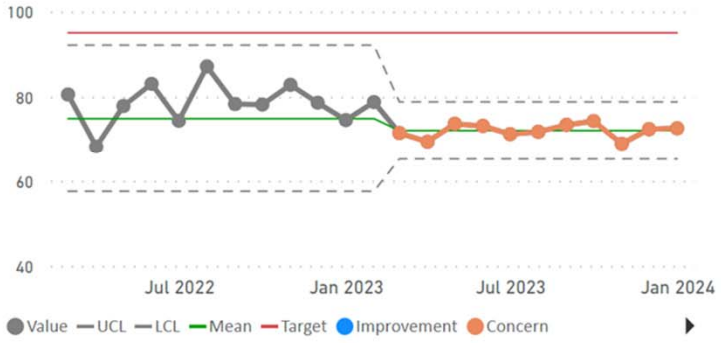
Sepsis - IV antibiotics within 1hr

Month	Performance	Target	Trend	Assurance
Jan 2024	72.5%	95%		



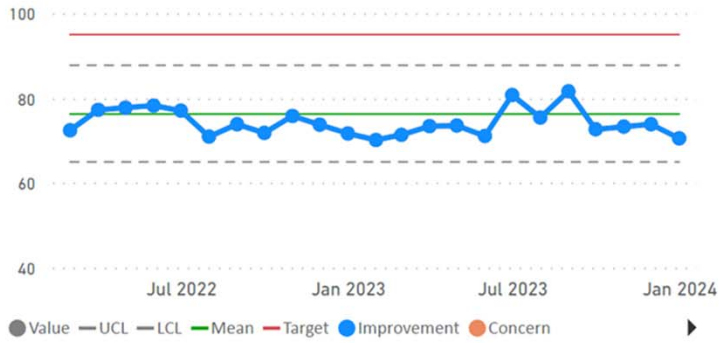
Sepsis - Serum lactate within 1hr

Month	Performance	Target	Trend	Assurance
Jan 2024	72.5%	95%		



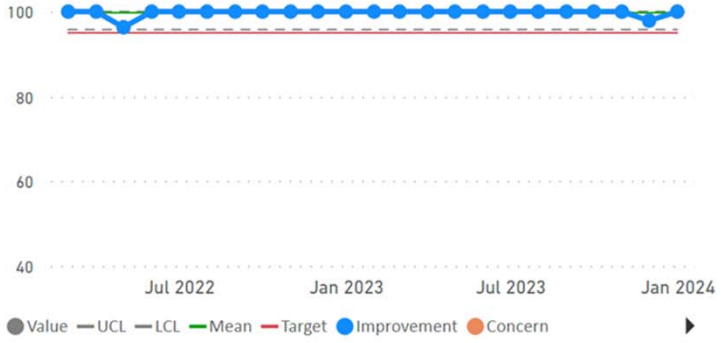
IV fluid resuscitation within 1hr

Month	Performance	Target	Trend	Assurance
Jan 2024	70.6%	95%		

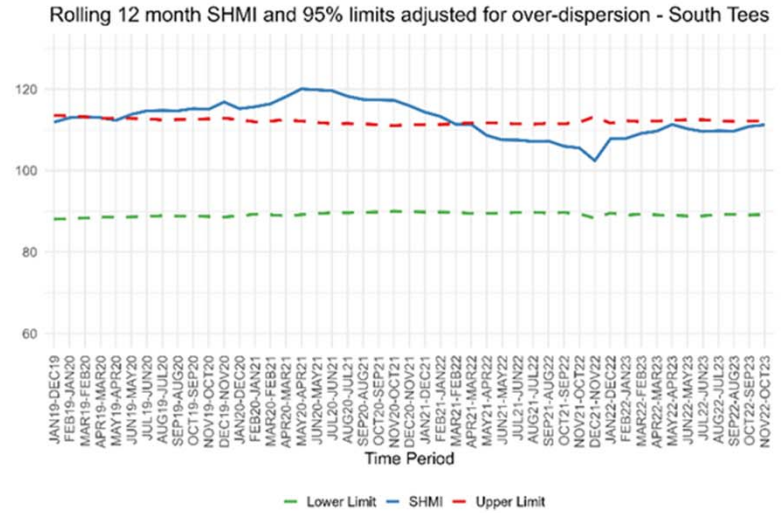


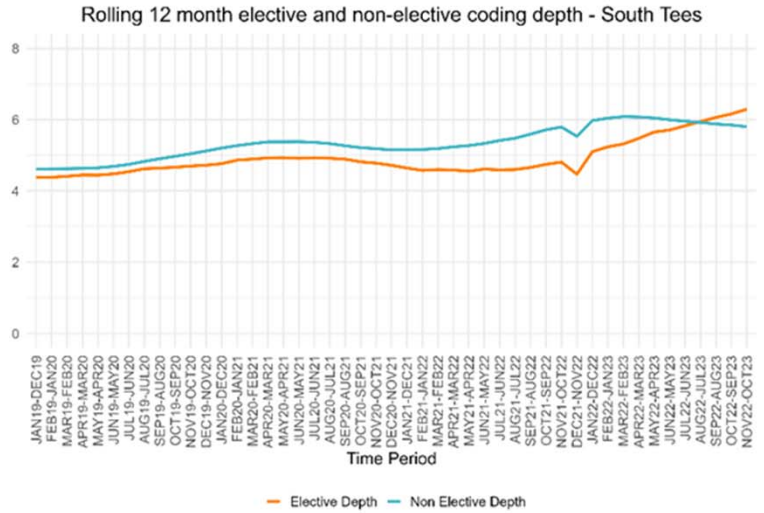
Sepsis - Urine measurement within 1hr

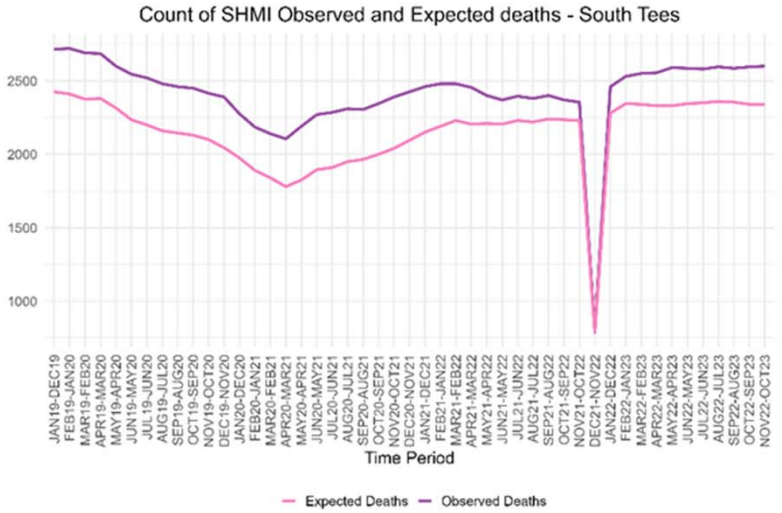
Month	Performance	Target	Trend	Assurance
Jan 2024	100%	95%		

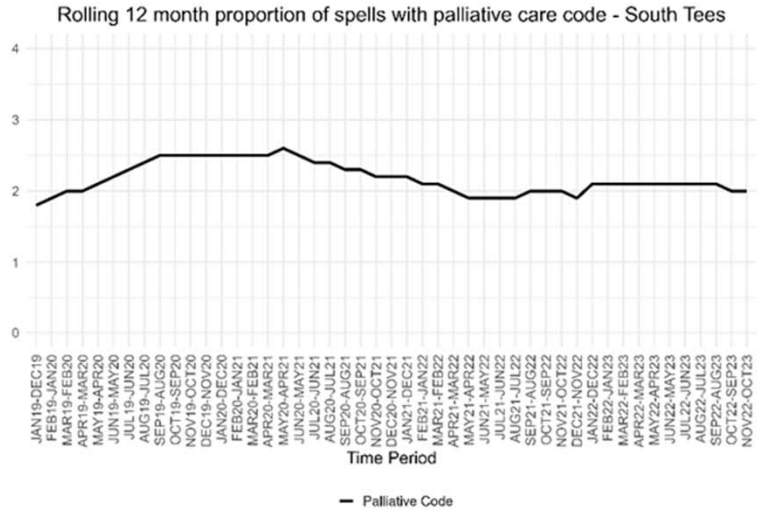


EFFECTIVE









Latest SHMI = 111.2
(Nov 2022 – Oct 2023)

Observed deaths = 2600
Expected deaths = 2340

Coding depth (codes / spell)
Elective = 6.3
Non-Elective = 5.8

Palliative care (%) = 2.0

Latest SHMI is:
'as expected'

COVID-19 impact for England
Excluded spells = 2.5%
Spells as a % pre-pandemic (2019 spells) = 92%

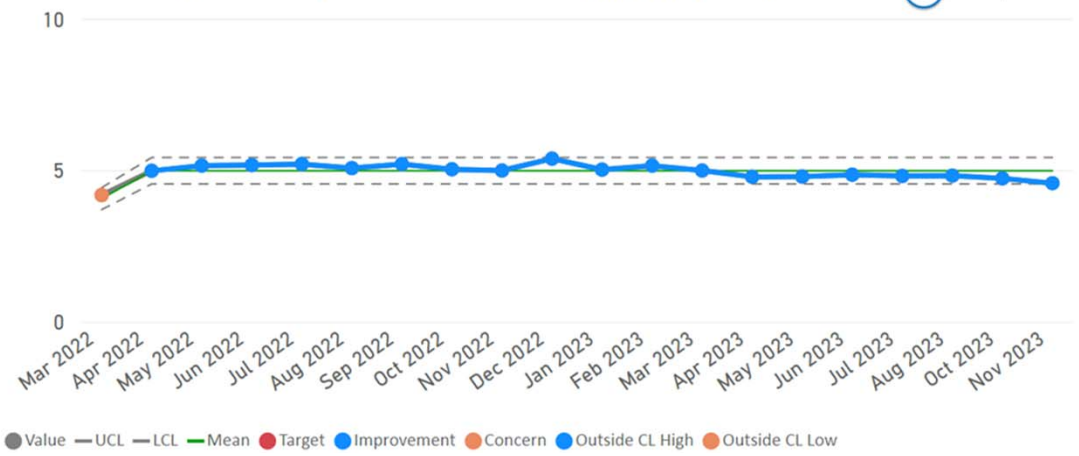
Data source: NHS Digital
Monthly SHMI publication

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

EFFECTIVE

Comorbidity Coding

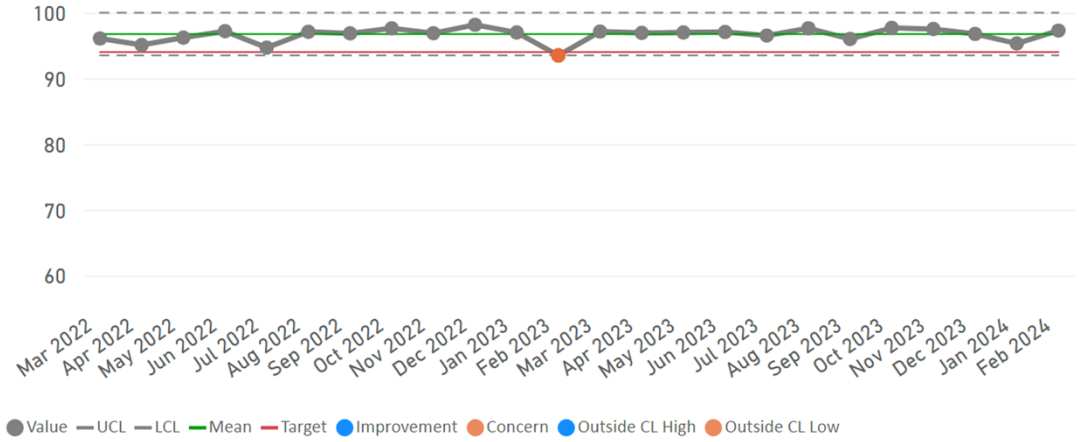
Month	Performance	Target	Trend	Assurance
Nov 2023	4.6			N/A



CARING

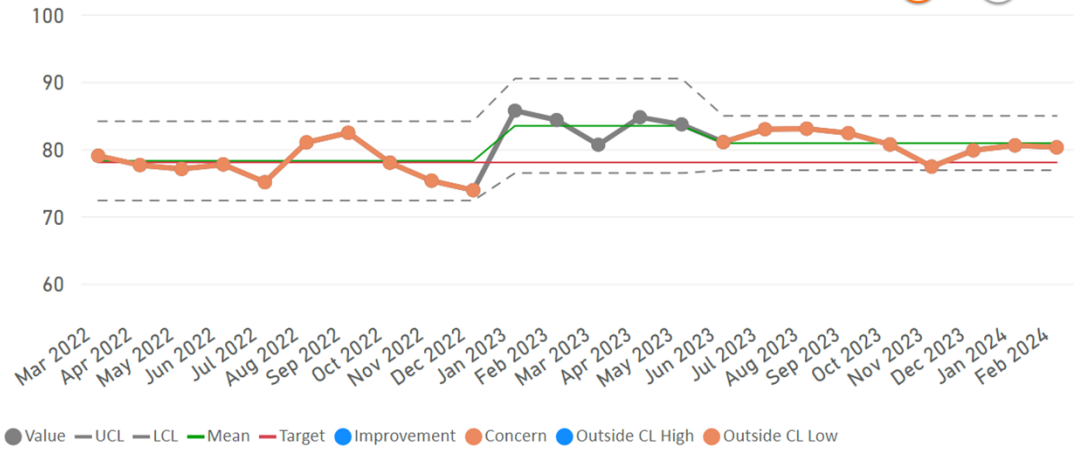
Inpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Feb 2024	97.3%	94%		



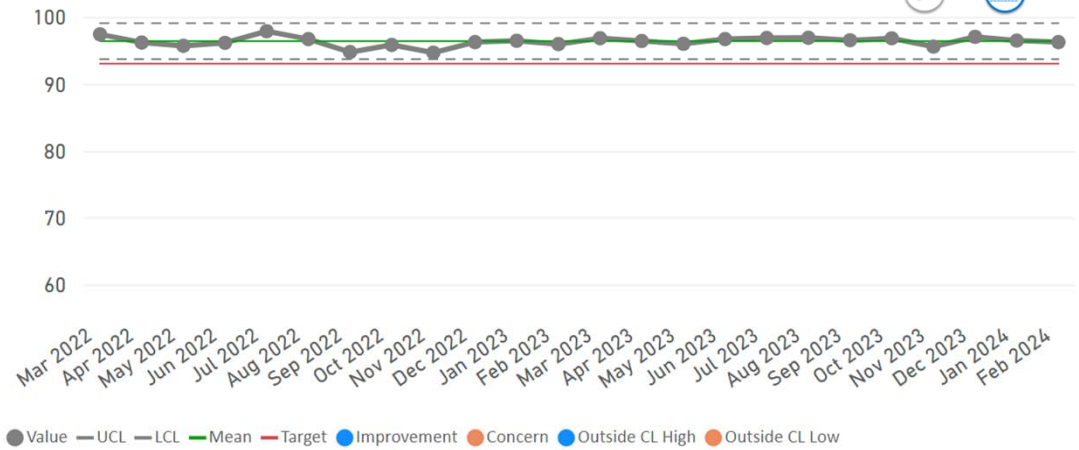
A&E Experience (%)

Month	Performance	Target	Trend	Assurance
Feb 2024	80.2%	78%		



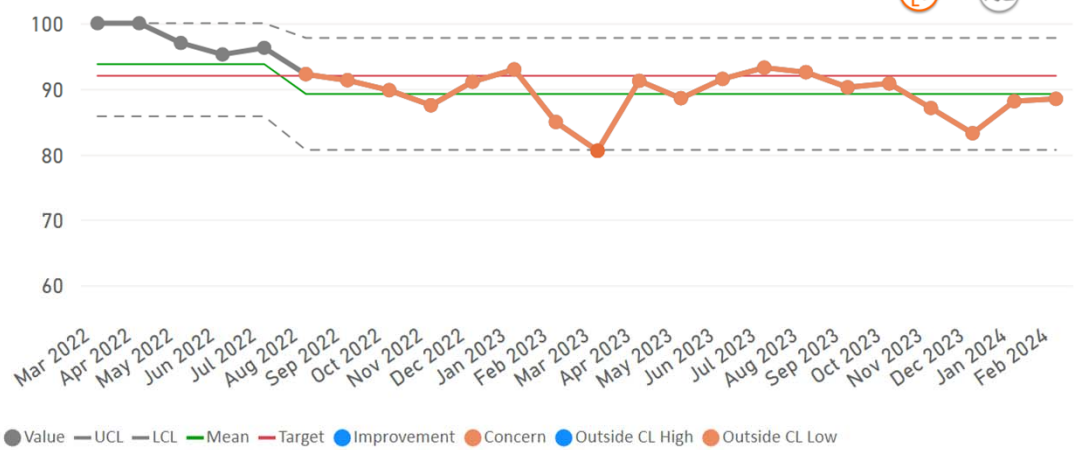
Outpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Feb 2024	96.2%	93%		



Maternity Experience (%)

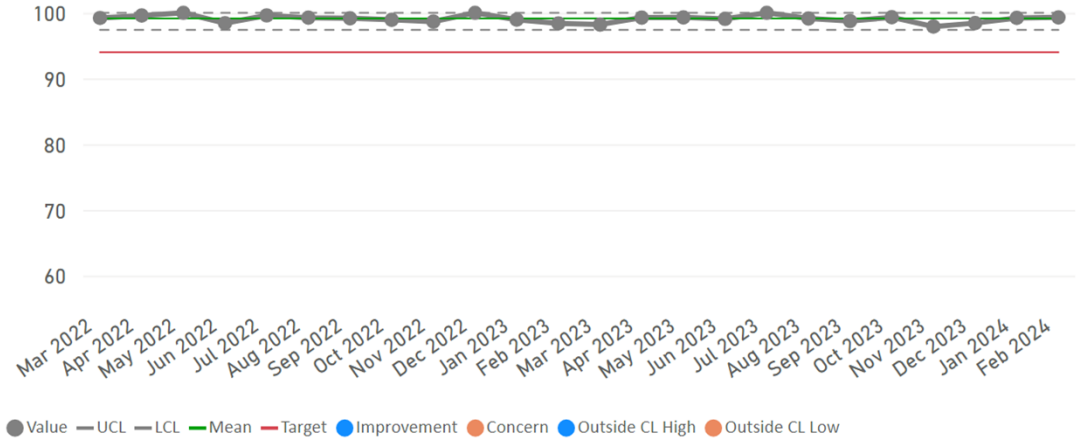
Month	Performance	Target	Trend	Assurance
Feb 2024	88.5%	92%		



CARING

Community Experience (%)

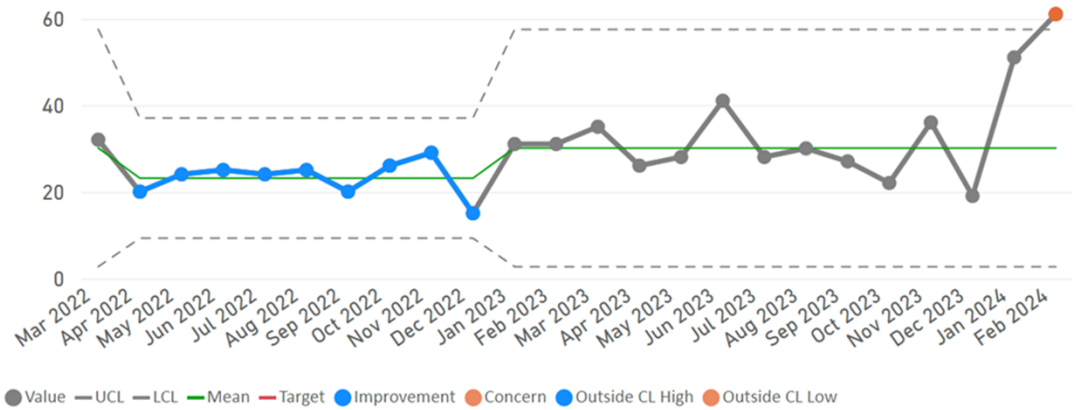
Month	Performance	Target	Trend	Assurance
Feb 2024	99.3%	94%		



CARING

New Complaints

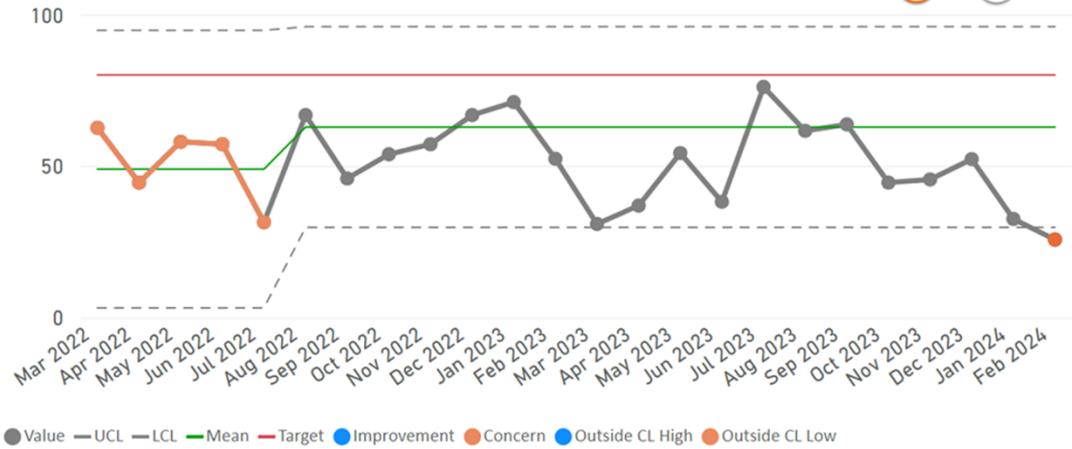
Month	Performance	Target	Trend	Assurance
Feb 2024	61			N/A



* please note system change from January 2024

Closed Within Target (%)

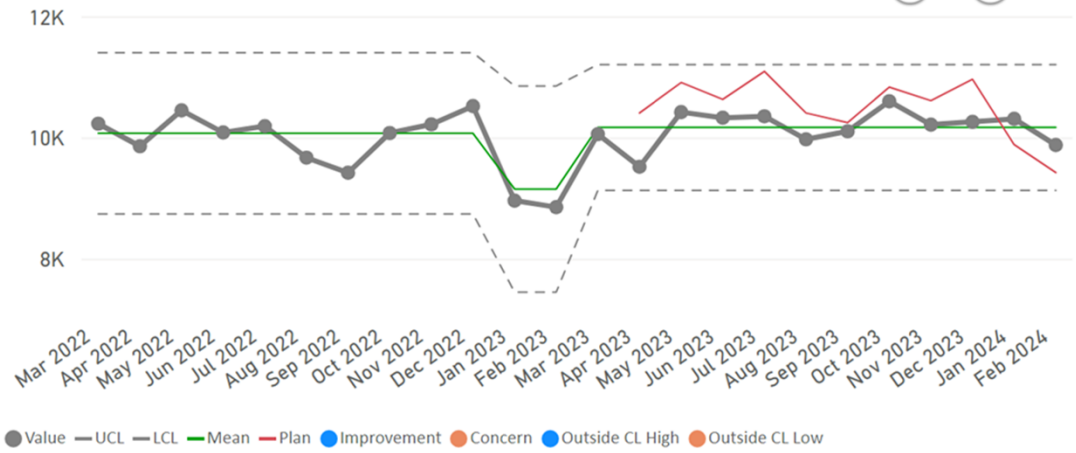
Month	Performance	Target	Trend	Assurance
Feb 2024	25.6%	80%		



RESPONSIVE

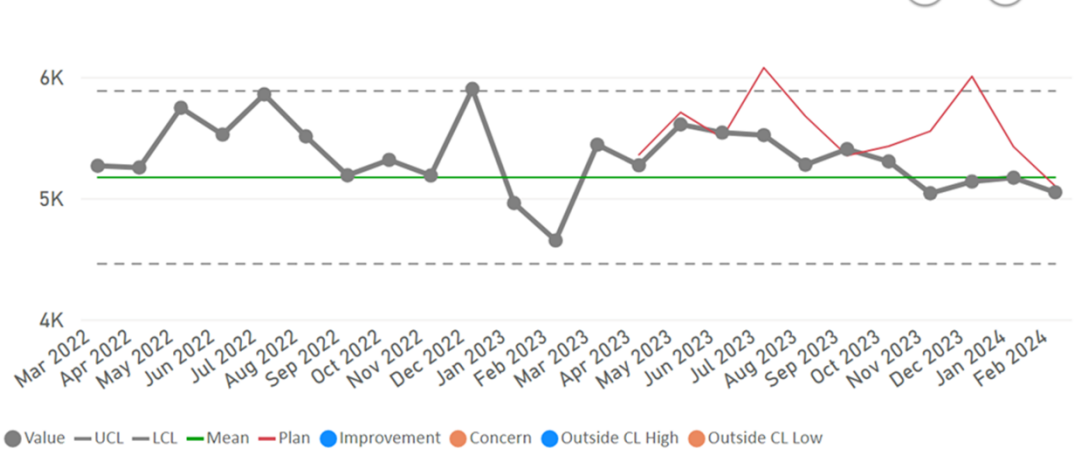
A&E Attendances - Type 1

Month	Performance	Plan	Trend	Assurance
Feb 2024	9875	9421		



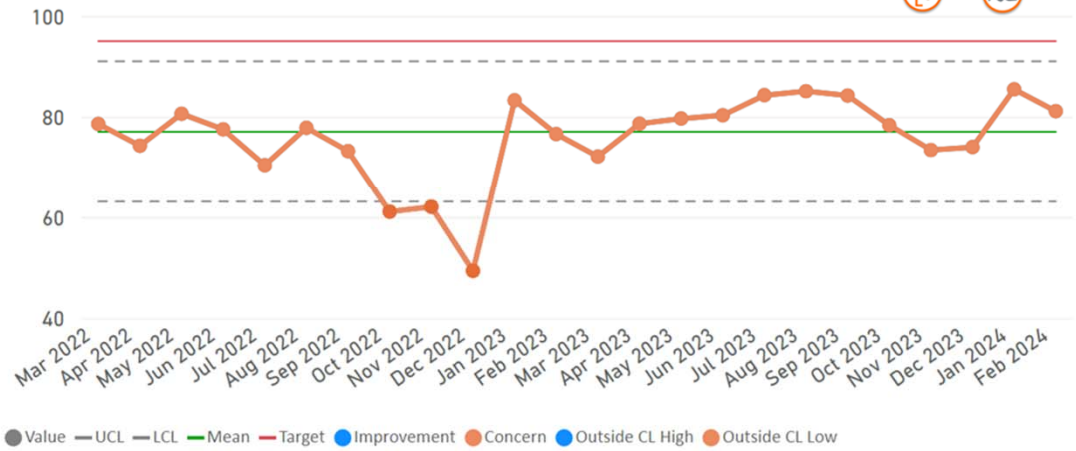
A&E Attendances - Type 3

Month	Performance	Plan	Trend	Assurance
Feb 2024	5047	5098		



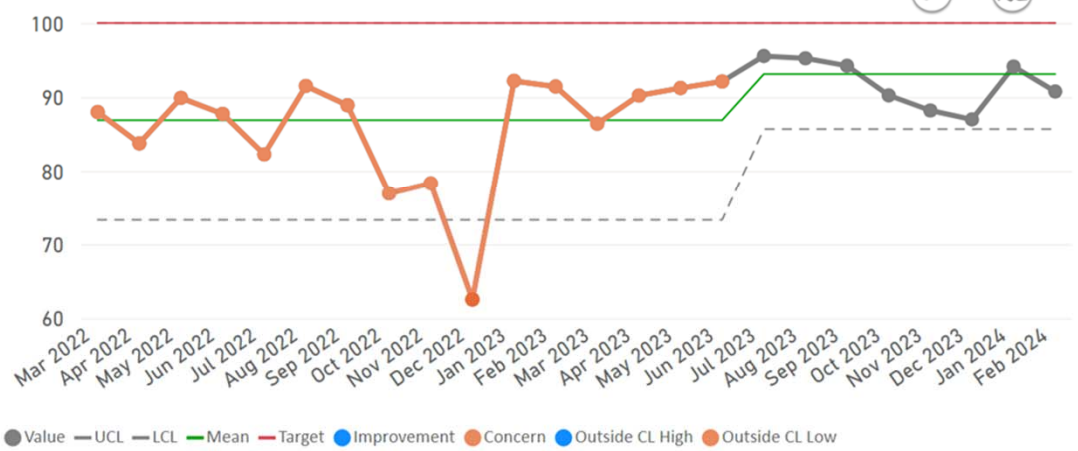
Handovers - Within 30 Mins (%)

Month	Performance	Target	Trend	Assurance
Feb 2024	81.1%	95%		



Handovers - Within 60 Mins (%)

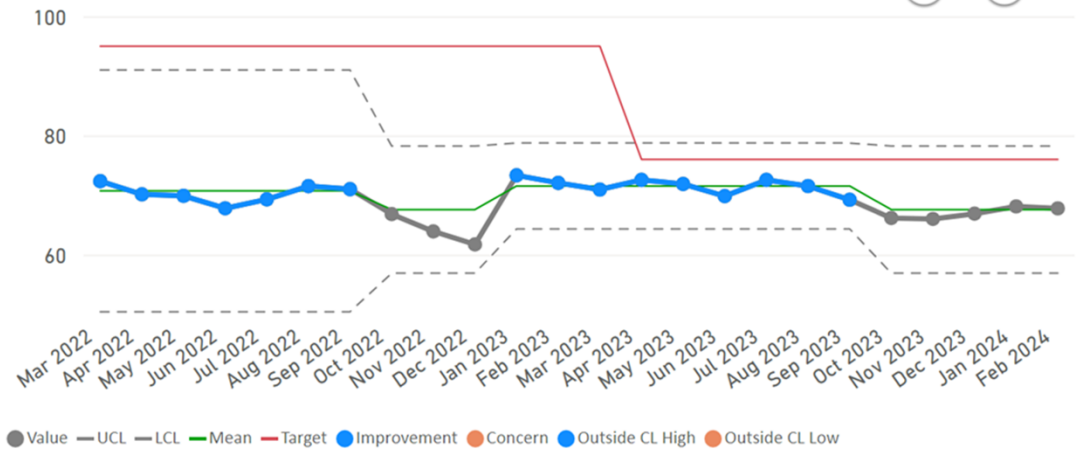
Month	Performance	Target	Trend	Assurance
Feb 2024	90.7%	100%		



RESPONSIVE

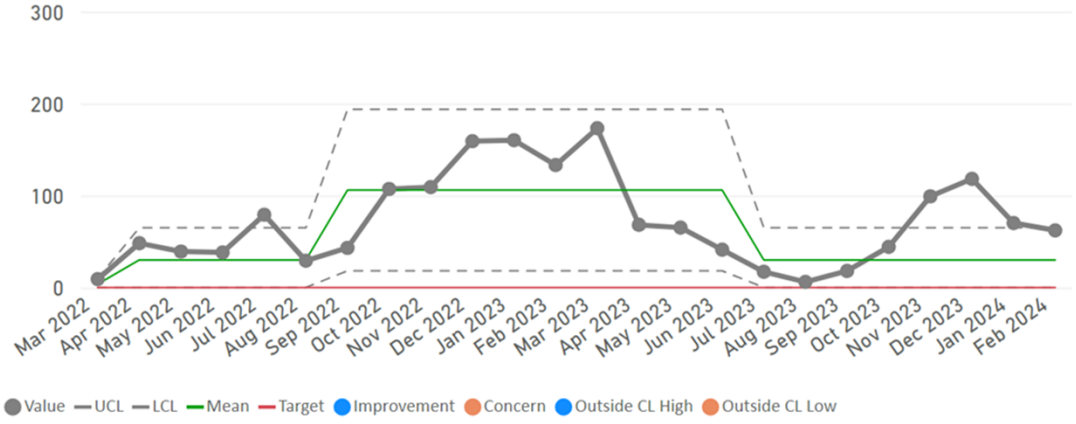
4-Hour A&E Standard

Month	Performance	Target	Trend	Assurance
Feb 2024	67.8%	76%		



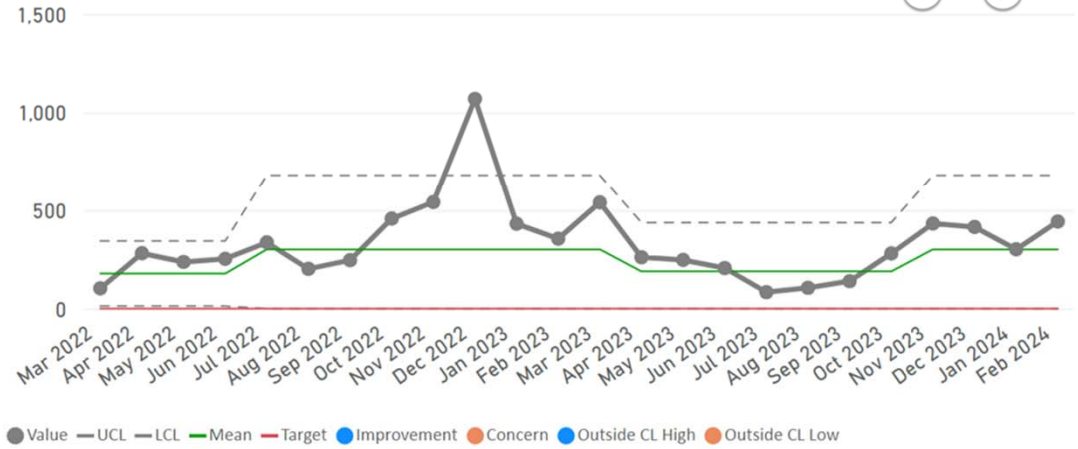
12-Hour Waits from Decision to Admit

Month	Performance	Target	Trend	Assurance
Feb 2024	62	0		



12-Hour A&E Breaches

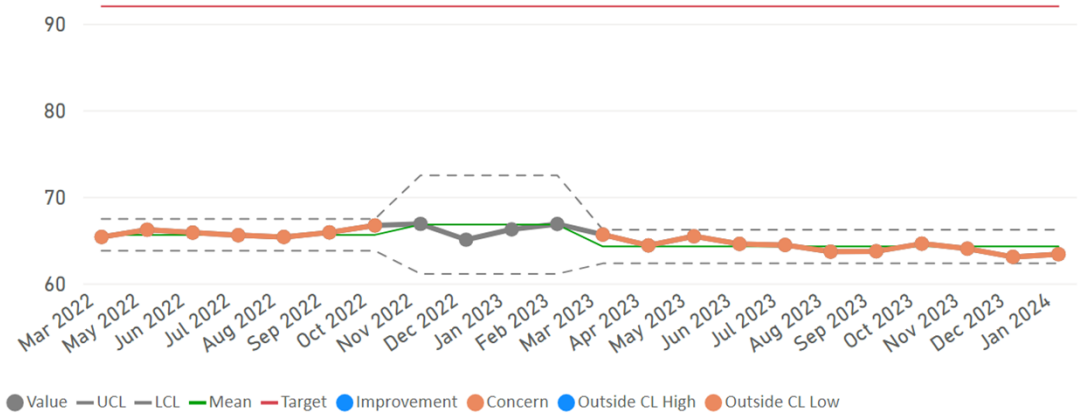
Month	Performance	Target	Trend	Assurance
Feb 2024	441	0		



RESPONSIVE

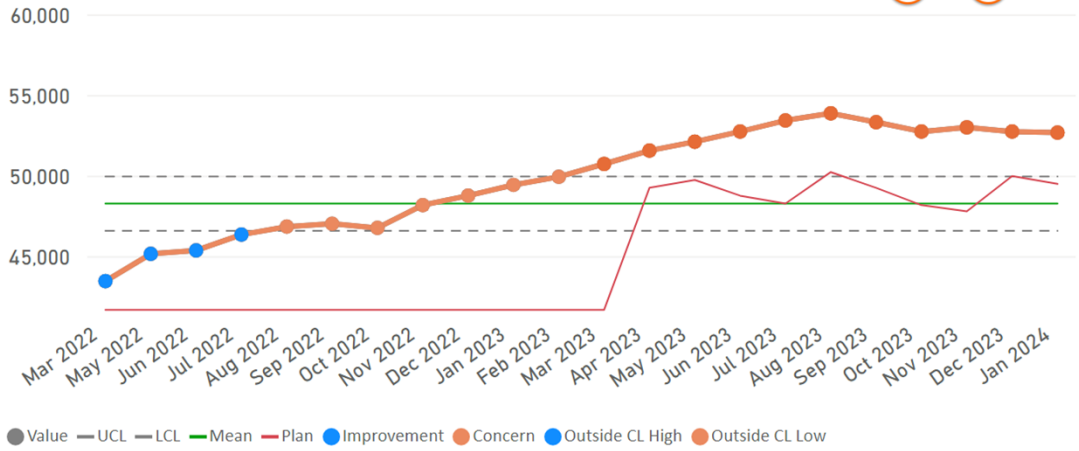
RTT Incomplete Pathways (%)

Month	Performance	Plan	Trend	Assurance
Jan 2024	63.3%	92%		



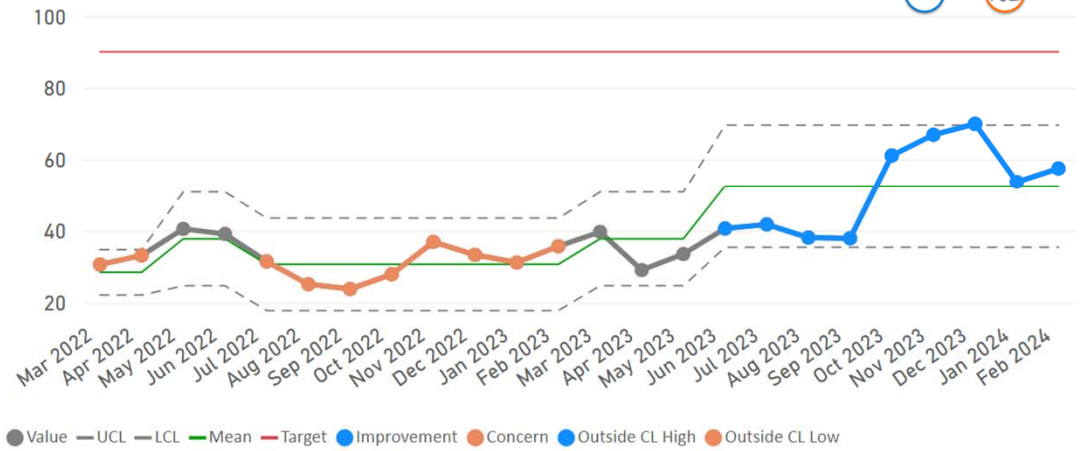
RTT Waiting List Size

Month	Performance	Plan	Trend	Assurance
Jan 2024	52665	49482		



RTT Validated Within 12 Weeks (%)

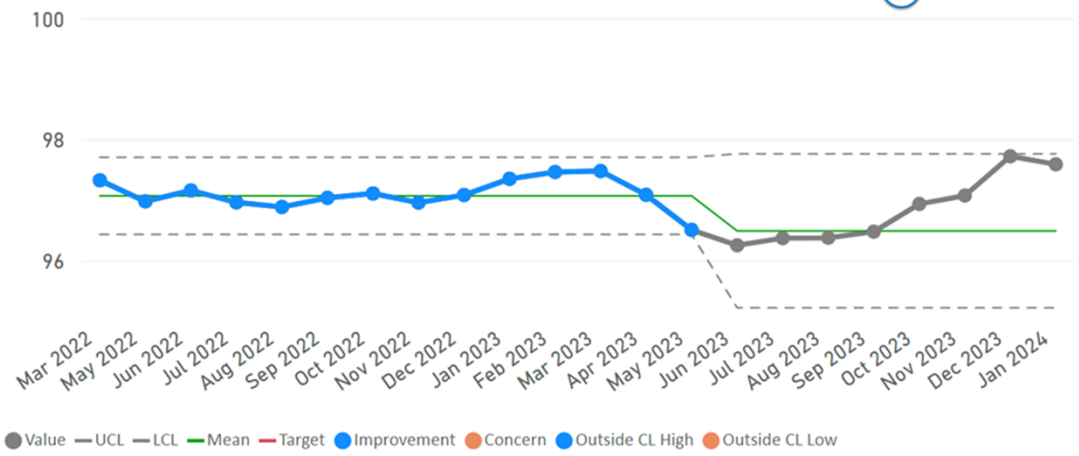
Month	Performance	Target	Trend	Assurance
Feb 2024	57.4%	90%		



RESPONSIVE

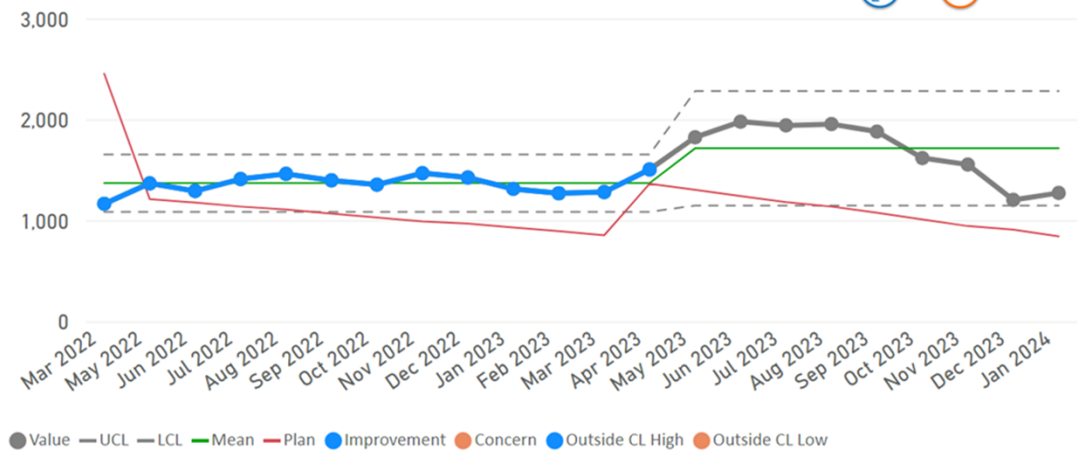
RTT List Size within 52 weeks (%)

Month	Performance	Plan	Trend	Assurance
Jan 2024	97.6%		H	N/A



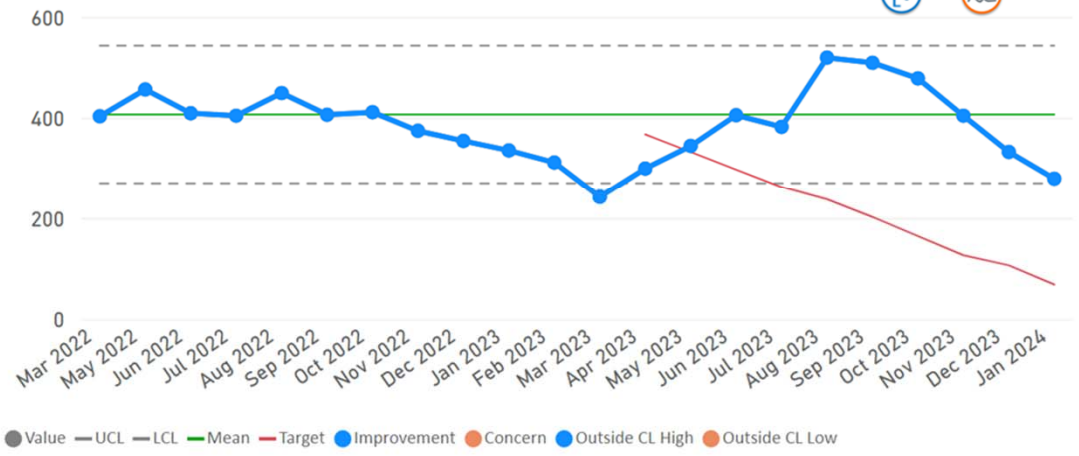
RTT 52 week waiters

Month	Performance	Plan	Trend	Assurance
Jan 2024	1270	841	L	F



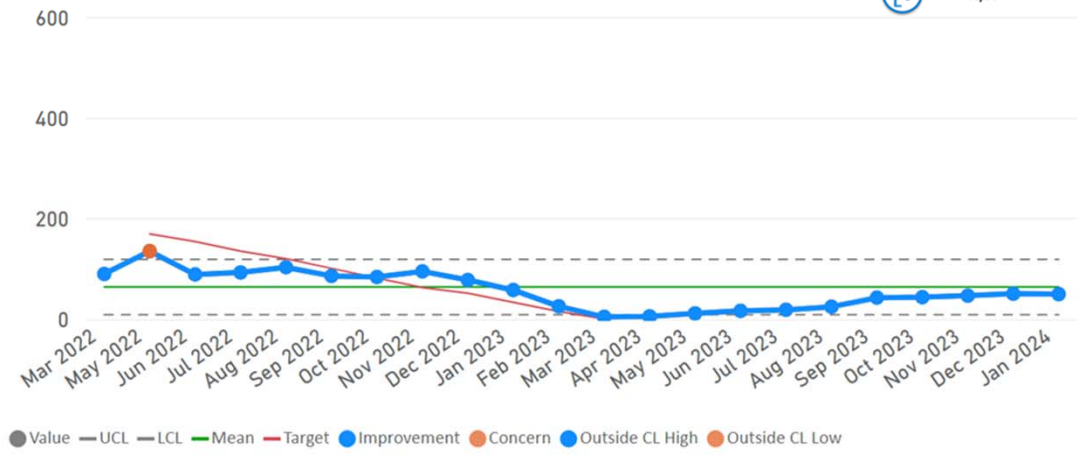
RTT 65 week waiters

Month	Performance	Plan	Trend	Assurance
Jan 2024	279	68	L	F



RTT 78 week waiters

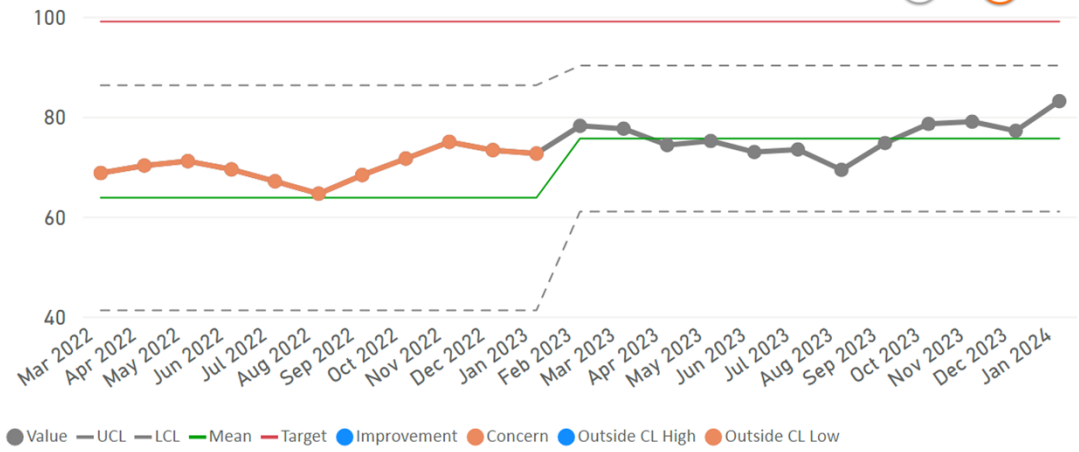
Month	Performance	Plan	Trend	Assurance
Jan 2024	49		L	N/A



RESPONSIVE

Diagnostic 6 Weeks Standard (%)

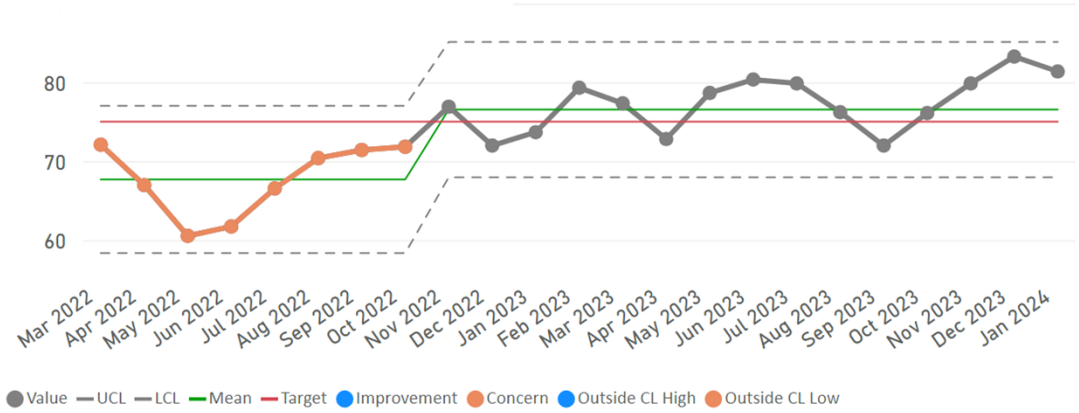
Month	Performance	Target	Trend	Assurance
Jan 2024	83.1%	99%		



RESPONSIVE

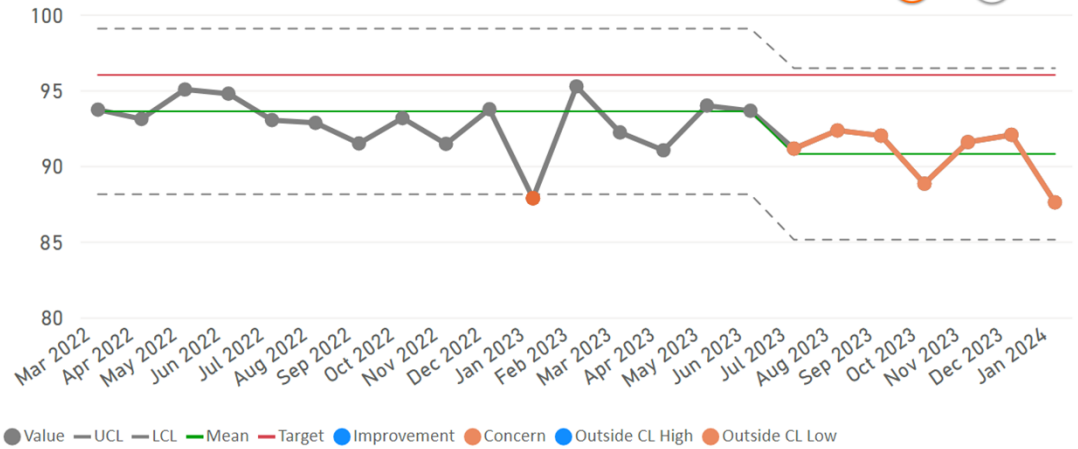
Cancer - Faster Diagnosis Standard (%)

Month	Performance	Target	Trend	Assurance
Jan 2024	81.4%	75%		



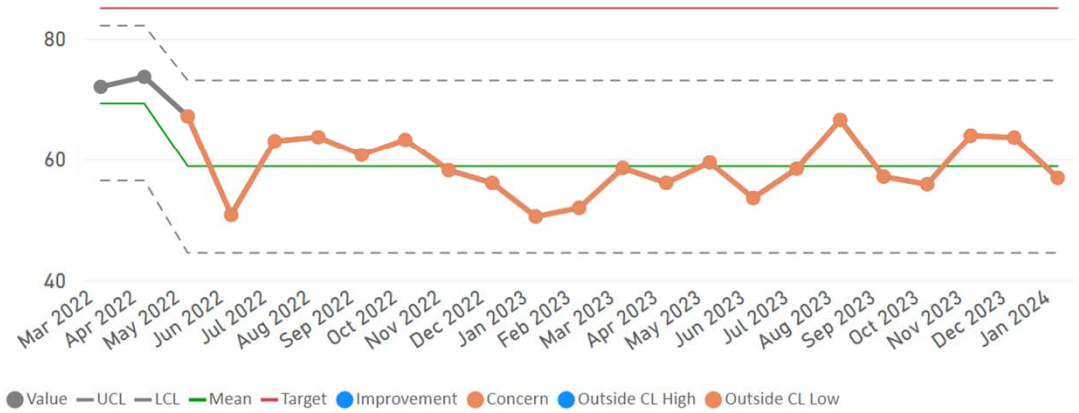
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jan 2024	87.6%	96%		



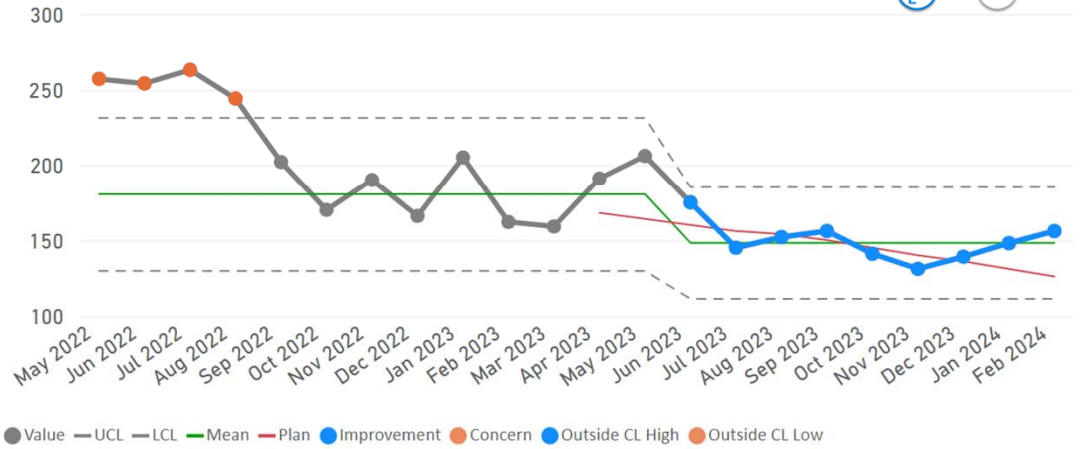
Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jan 2024	56.8%	85%		



Cancer >62 Day Backlog

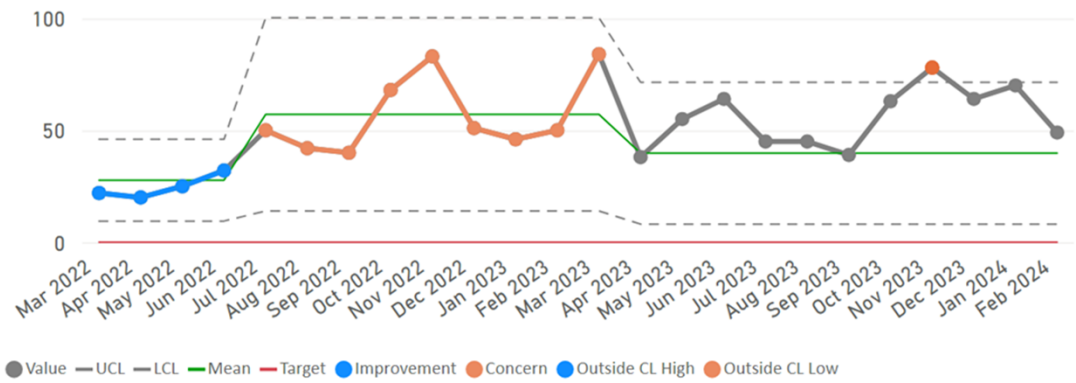
Month	Performance	Target	Trend	Assurance
Feb 2024	156	126		



RESPONSIVE

Cancelled Ops - Non-Urgent Cancelled On Day

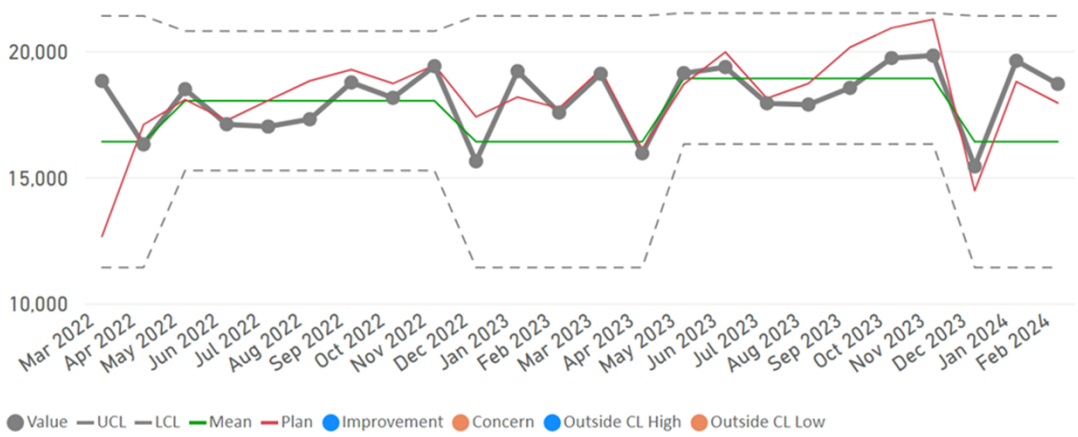
Month	Performance	Target	Trend	Assurance
Feb 2024	49	0	H	F



RESPONSIVE

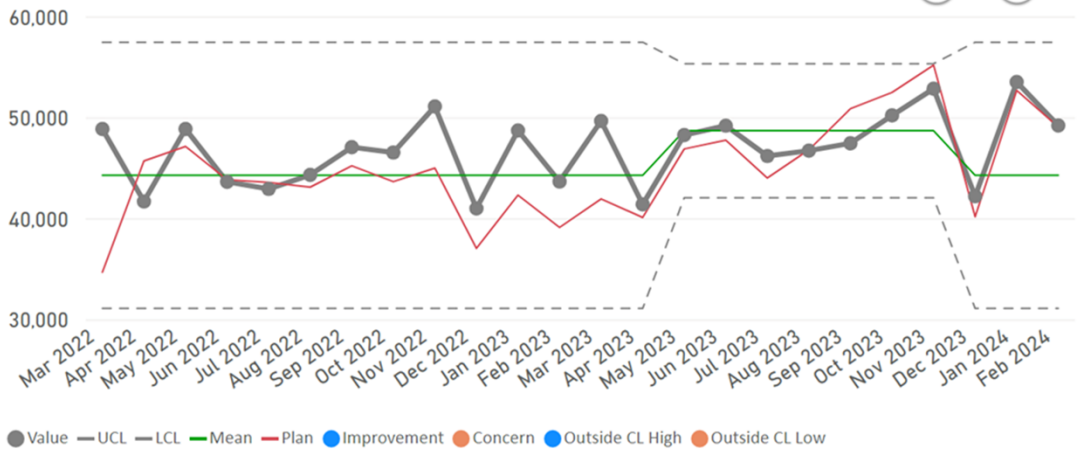
Outpatient First Attendances

Month	Performance	Target	Trend	Assurance
Feb 2024	18688	17933		



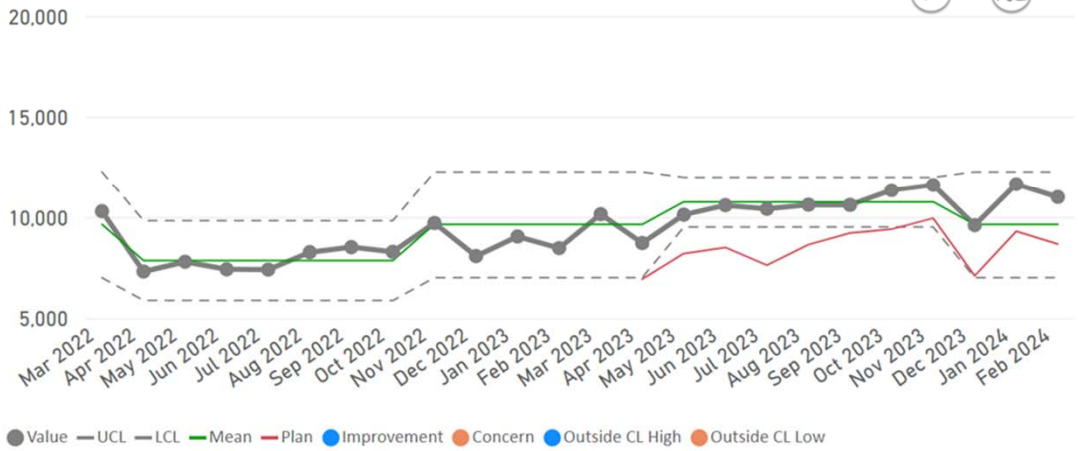
Outpatient Follow Up Attendances

Month	Performance	Plan	Trend	Assurance
Feb 2024	49185	49036		



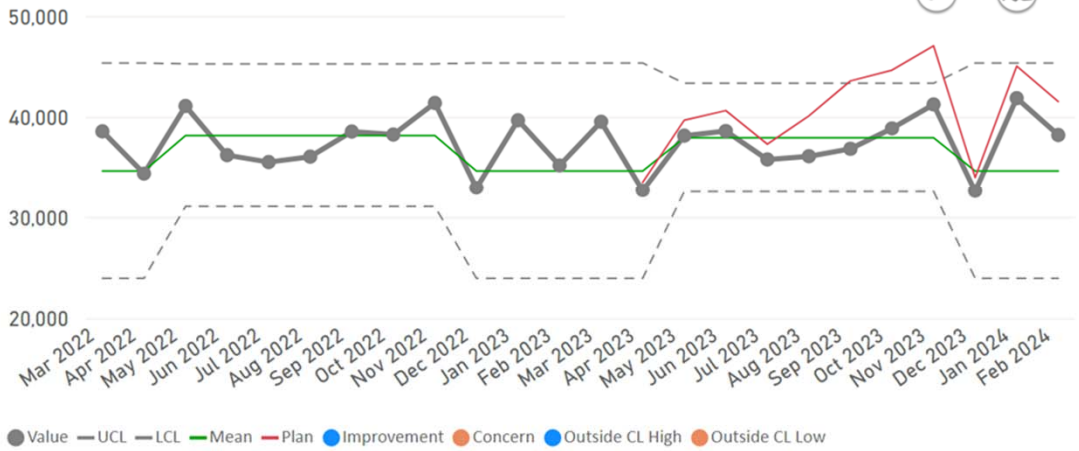
Outpatient Follow-Ups (Procedure)

Month	Performance	Plan	Trend	Assurance
Feb 2024	10990	8652		



Outpatient Follow-Ups (Standard)

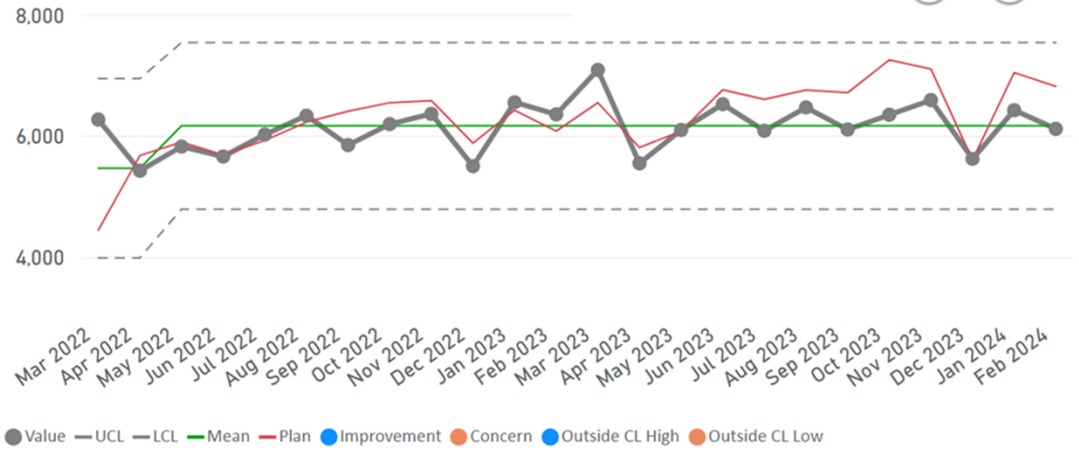
Month	Performance	Plan	Trend	Assurance
Feb 2024	38195	41514		



RESPONSIVE

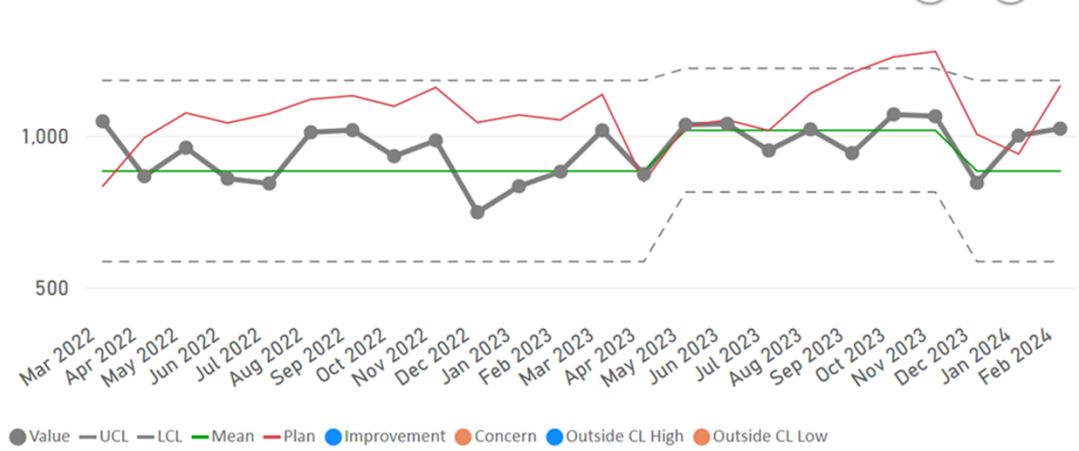
Day Case admissions

Month	Performance	Plan	Trend	Assurance
Feb 2024	6111	6814		



Ordinary Elective admissions

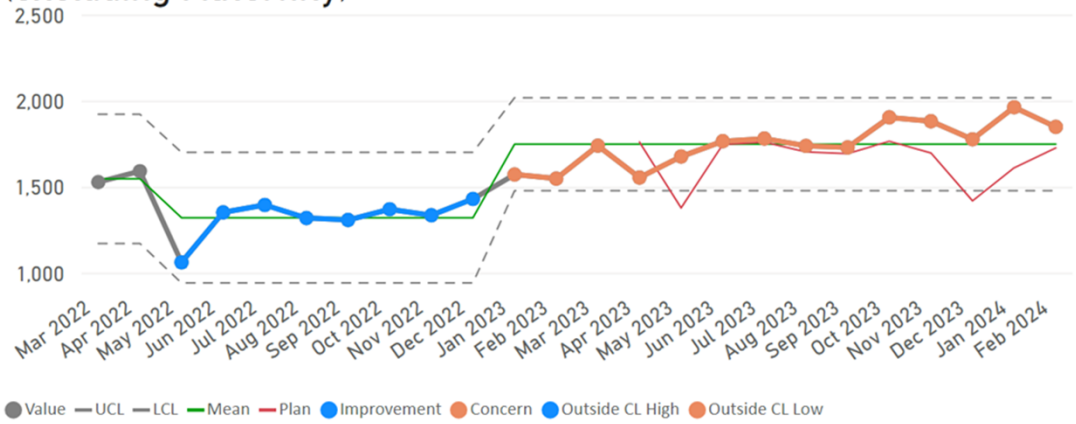
Month	Performance	Plan	Trend	Assurance
Feb 2024	1023	1164		



RESPONSIVE

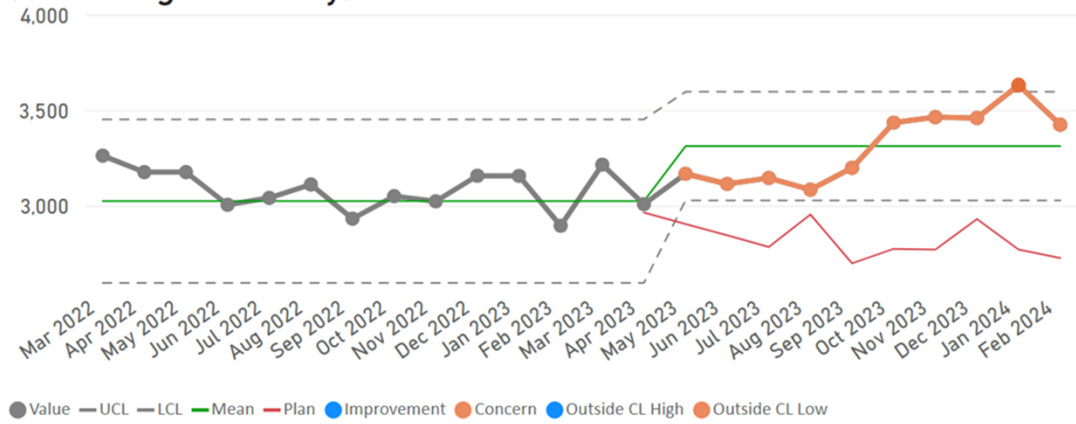
NEL admissions with 0 LOS (excluding Maternity)

Month	Performance	Plan	Trend	Assurance
Feb 2024	1847	1725	H	?



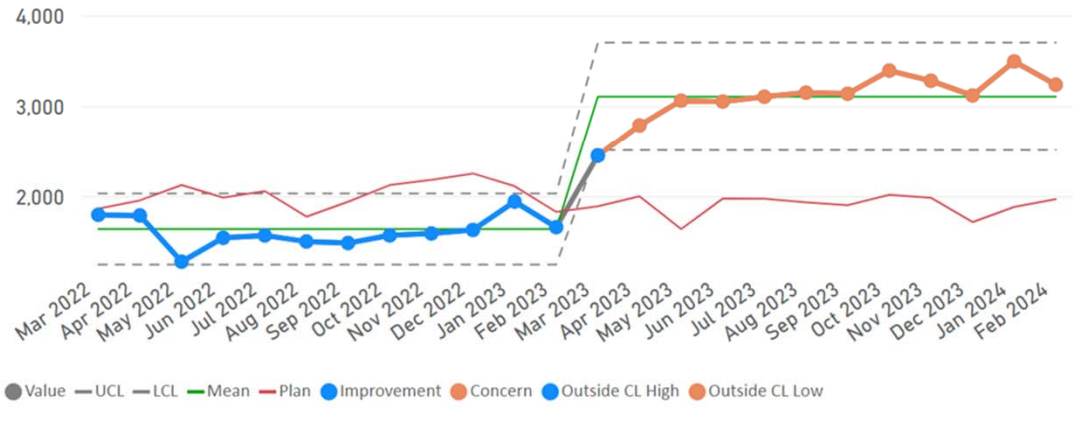
NEL admissions with 1+ LOS (excluding Maternity)

Month	Performance	Plan	Trend	Assurance
Feb 2024	3422	2724	H	F



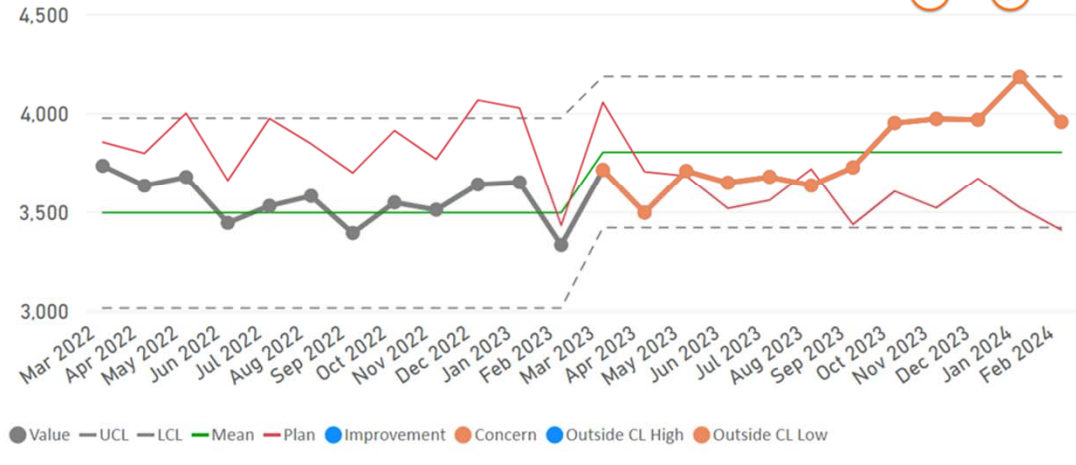
NEL admissions with 0 LOS

Month	Performance	Plan	Trend	Assurance
Feb 2024	3235	1964	H	F



NEL admissions with 1+ LOS

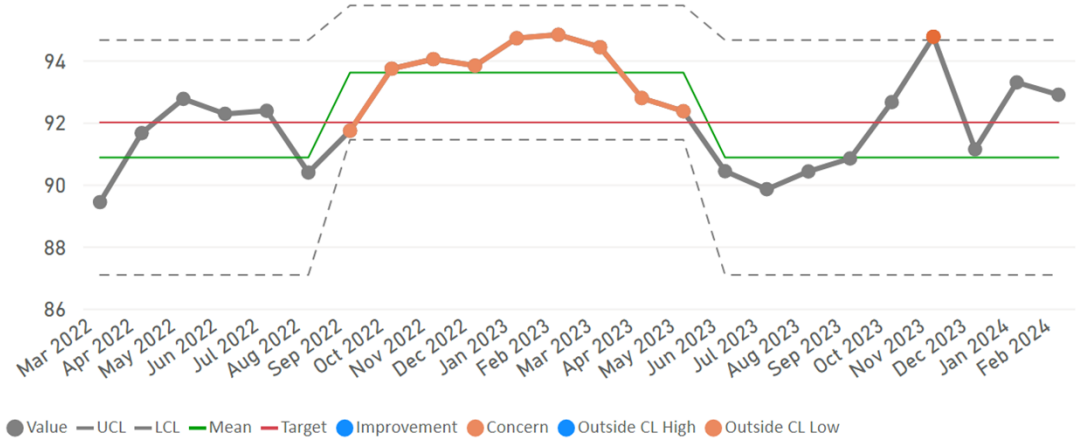
Month	Performance	Plan	Trend	Assurance
Feb 2024	3955	3406	H	F



RESPONSIVE

G&A Occupied Beds (%)

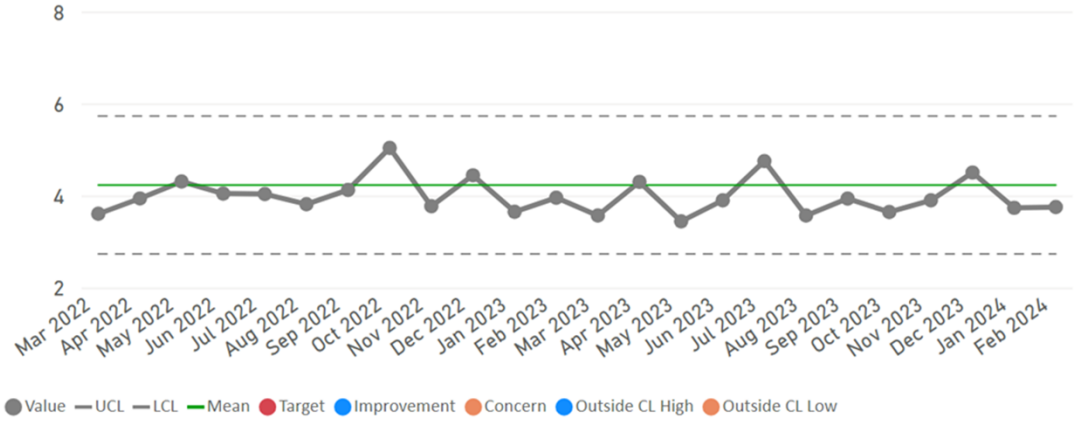
Month	Performance	Target	Trend	Assurance
Feb 2024	92.9%	92%		



RESPONSIVE

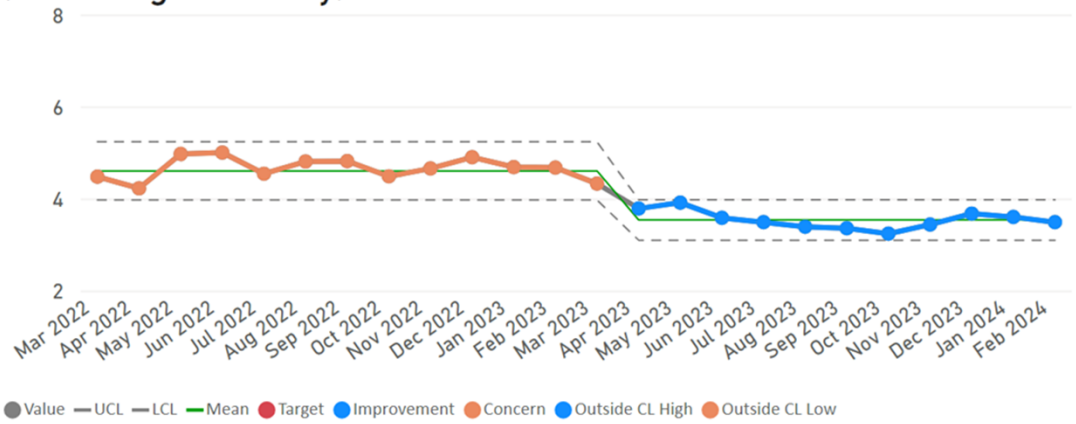
Length of Stay - Elective

Month	Performance	Target	Trend	Assurance
Feb 2024	3.7			N/A



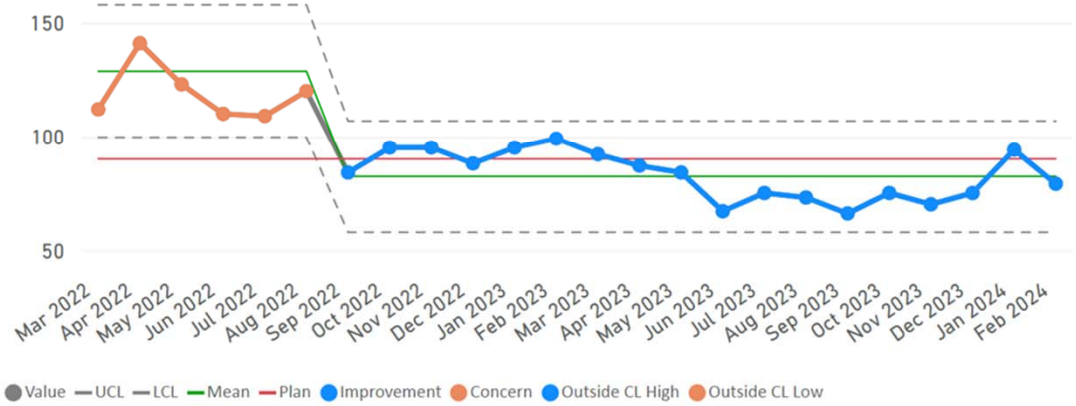
Length of Stay - Non-Elective (excluding Maternity)

Month	Performance	Target	Trend	Assurance
Feb 2024	3.5			N/A



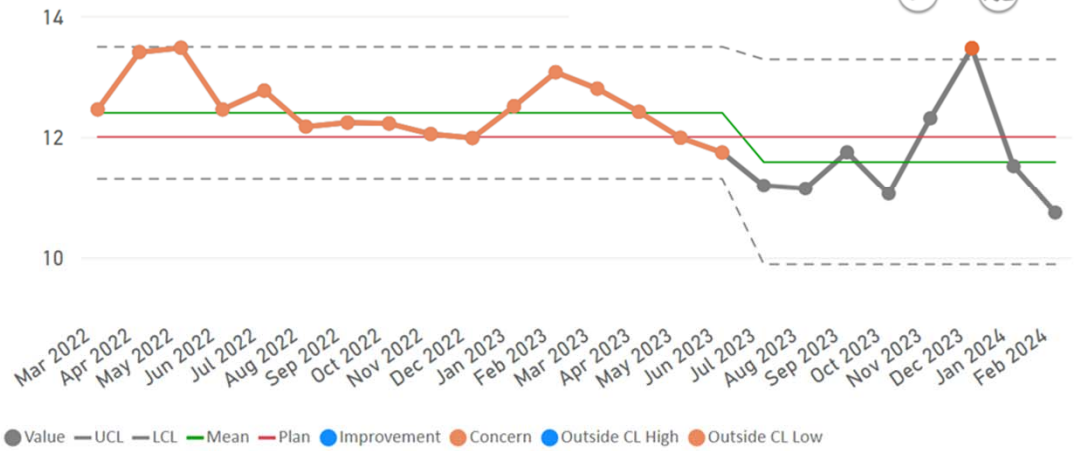
Ready for Discharge, not Discharged

Month	Performance	Plan	Trend	Assurance
Feb 2024	79	90		



21 Day Stranded Patients (%)

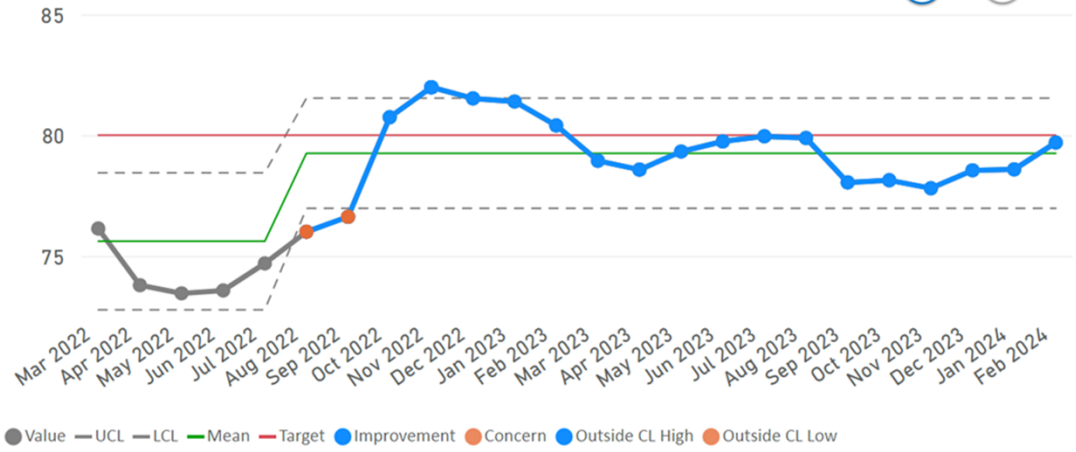
Month	Performance	Plan	Trend	Assurance
Feb 2024	10.7%	12%		



WELL-LED

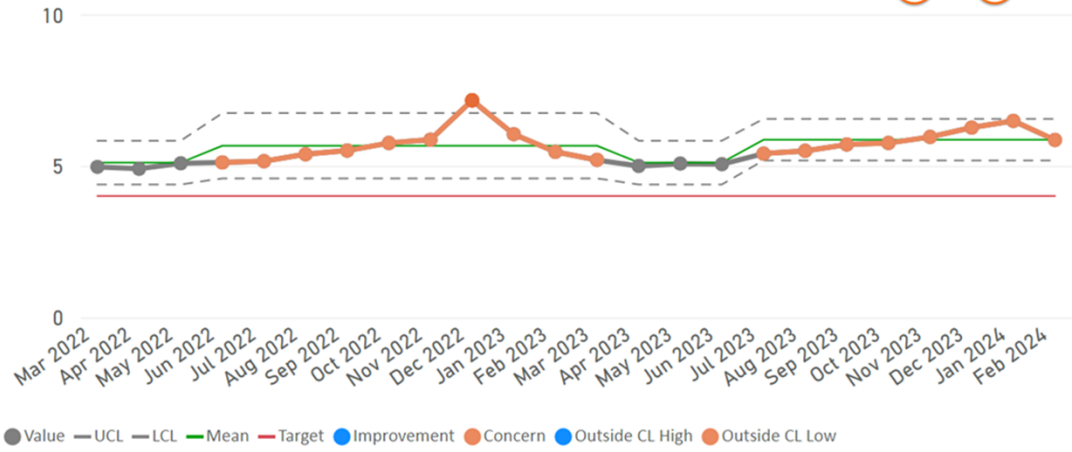
Annual Appraisal (%)

Month	Performance	Target	Trend	Assurance
Feb 2024	79.7%	80%	H	?



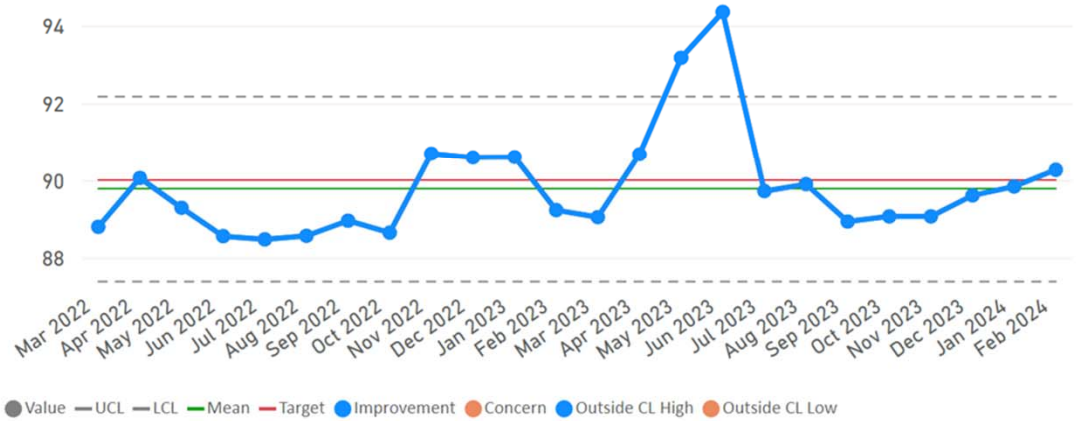
Sickness Absence (%)

Month	Performance	Target	Trend	Assurance
Feb 2024	5.8%	4%	H	F



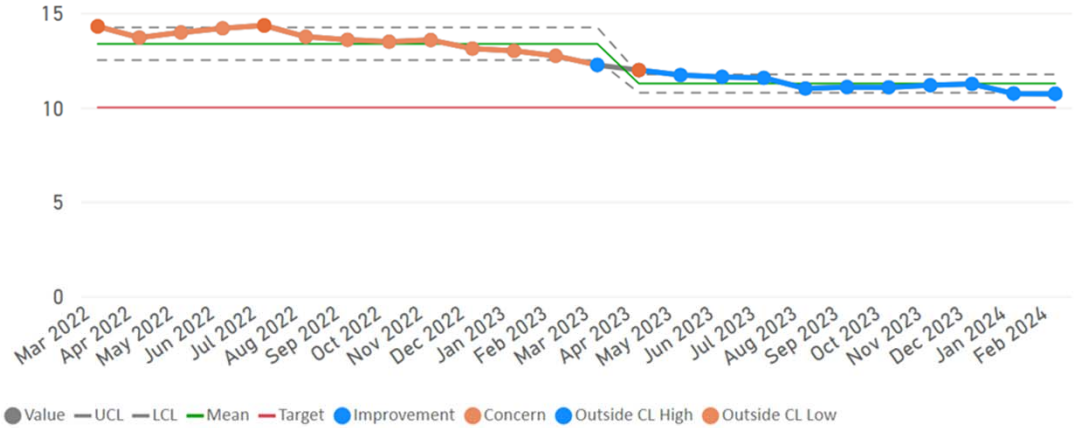
Mandatory Training (%)

Month	Performance	Target	Trend	Assurance
Feb 2024	90.3%	90%	H	?



Staff Turnover (%)

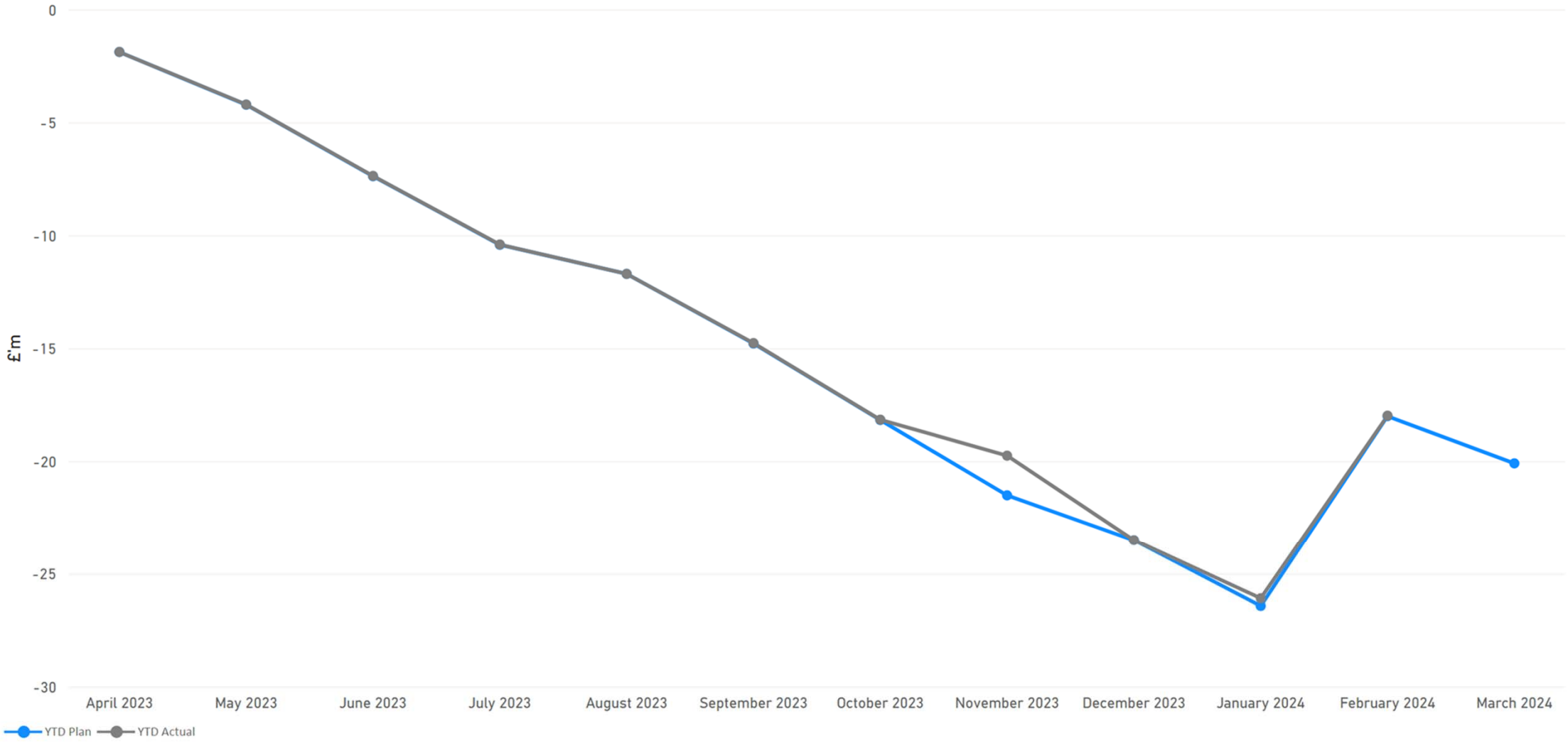
Month	Performance	Target	Trend	Assurance
Feb 2024	10.7%	10%	L	F



WELL-LED

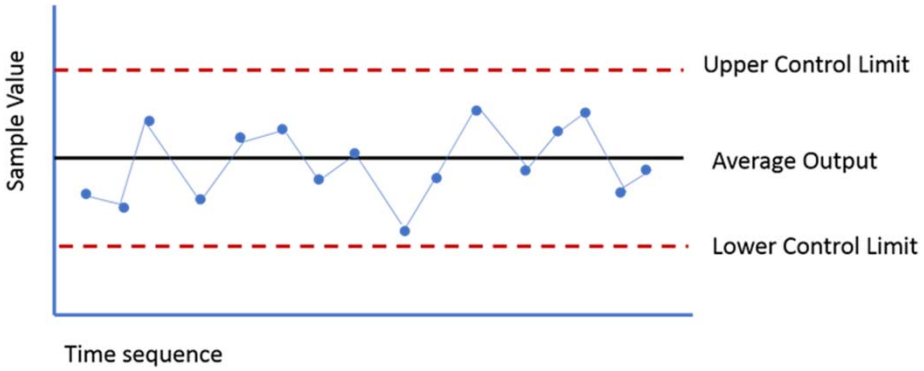
Cumulative YTD Financial Position (£'millions)

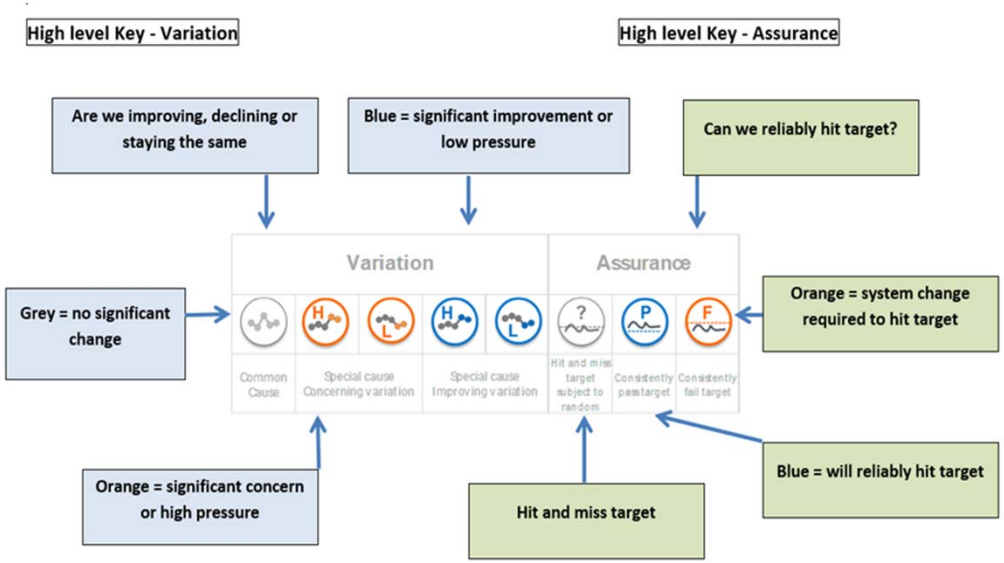
Month	Performance	Target
Feb 2024	-£17.986m	-£18.009m



SPC CHARTS

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





North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

NHS Staff survey 2023

Meeting date: 17 April 2024

Reporting to: Group Board of Directors

Agenda item No: 9

Report author: Rachael Metcalf / Dr Susy Cook, Group People Officers

Action required:
Information

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

Previously presented to:
NTHT People Committee and STHT People 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:

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 NHS Annual 2023 Staff Survey results / national benchmarking reports have been released for South Tees Hospitals and North Tees and Hartlepool NHS Foundation Trusts and the embargo has now been lifted. This report provides a joint position under each of the People Promise areas and the two themes of engagement and morale.

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.

Our Staff survey response rates are as follows. South Tees saw a return of 3471 questionnaires with an overall response rate of 35%. North Tees saw a return of 2444 questionnaire with an overall response rate of 50%.

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 NHS Staff Survey is aligned to the seven NHS People Promises. The report shows both Trust's 2023 NHS Staff Survey results across the seven People Promises and two additional themes, benchmarked against the sector.

Recommendations:

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

2023 NHS Staff Survey Board Overview

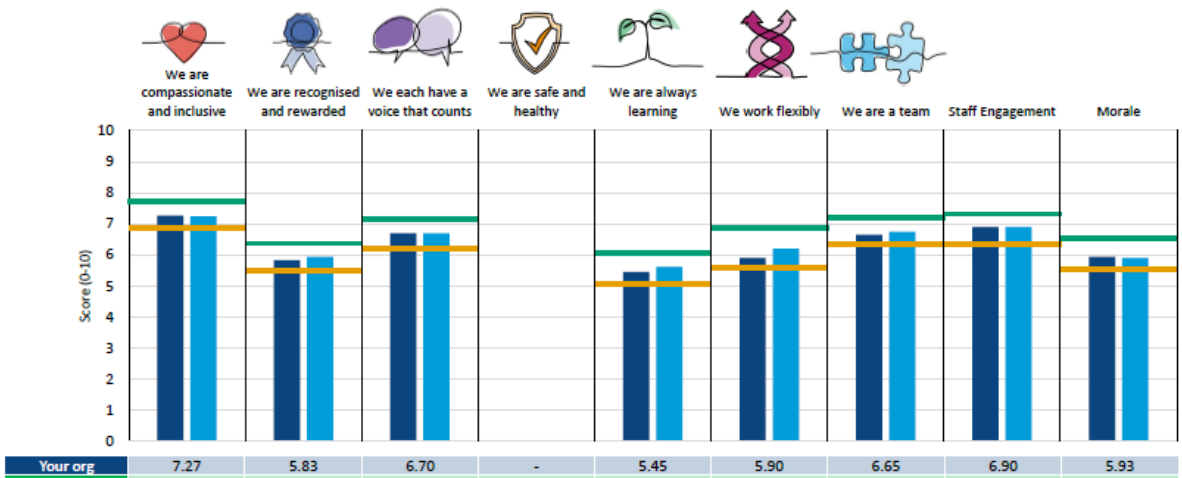
1. BACKGROUND

The report provides a joint position for the Group Board regarding the NHS Staff Survey 2023. This includes the seven areas of the NHS People Promise and additionally the themes of staff engagement and morale.

2. OVERVIEW OF PEOPLE PROMISE AREAS AND THEMES

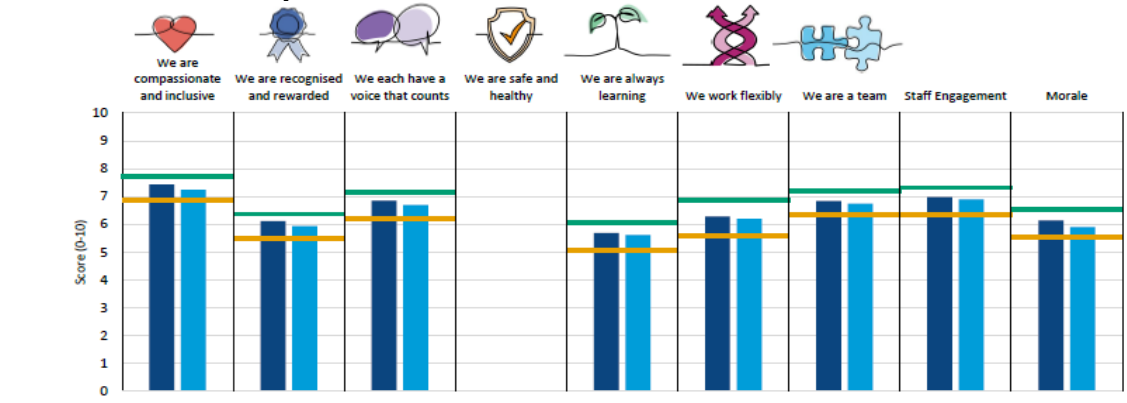
The following bar charts show the results of both Trusts, for the 7 areas of the NHS People Promise plus Staff Engagement and Morale. Included below the bar charts, is a summary of the group scores, scores for both Trust for 2022/2023 and national benchmark averages.

South Tees Hospitals NHS FT



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.27	5.83	6.70	-	5.45	5.90	6.65	6.90	5.93
Best result	7.71	6.37	7.16	-	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	-	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	-	5.05	5.60	6.35	6.34	5.54
Responses	3467	3467	3441	-	3319	3446	3459	3469	3470

North Tees & Hartlepool NHS FT



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.44	6.11	6.84	-	5.69	6.28	6.83	6.98	6.14
Best result	7.71	6.37	7.16	-	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	-	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	-	5.05	5.60	6.35	6.34	5.54
Responses	2438	2439	2421	-	2333	2429	2433	2439	2441

3. Summary of scores for both Trusts

Included below is a summary of average scores for the hospital group, which has been calculated locally. Scores for both Trusts 2023 and 2022 are included along with the benchmarking group average scores. In the following section a summary of these results is included for the 7 People Promise areas plus the two additional areas.

	2023				2022			
Indicators ('People Promise' elements and themes)	South Tees score	North Tees score	Group average score *	Bench-marking group score average	South Tees score	North Tees score	Group average score *	Bench-marking group score average
People Promise:								
We are compassionate and inclusive	7.27	7.44	7.36	7.24	7.26	7.50	7.38	7.18
We are recognised and rewarded	5.83	6.11	5.97	5.94	5.73	6.06	5.90	5.73
We each have a voice that counts	6.70	6.84	6.77	6.70	6.73	6.91	6.82	6.65
We are safe and healthy	Not reported nationally due data issue	-	-	-	5.85	6.25	6.05	5.89
We are always learning	5.45	5.69	5.57	5.61	5.29	5.58	5.44	5.35
We work flexibly	5.90	6.28	6.09	6.20	5.78	6.17	5.98	6.01
We are a team	6.65	6.83	6.74	6.75	6.66	6.95	6.81	6.64
Additional themes:								
Staff engagement	6.90	6.98	6.94	6.91	6.83	7.02	6.93	6.80
Morale	5.93	6.14	6.04	5.91	5.69	6.10	5.90	5.69

*Group average calculated locally

4. The People Promise includes 8 measures:

We are compassionate and inclusive

Key indicators in this theme relate to compassionate culture, compassionate leadership, diversity, equality, and inclusion.

Our 2023 hospital group average score for this area is 7.36 and is higher than the national average for the benchmarking group which is 7.24. Both Trusts are also above the national average at 7.27 for South Tees (2521 staff) and 7.44 at North Tees (1814).

At North Tees there has been refining of the 100 Leaders programme, in response to Staff Survey feedback. The Organisational Development team have planned a series

of sharing events that aims to provide the staff survey 2023 results data at Trust, Care Group/Corporate area and a care group session where department leads are encouraged to attend.

The Leadership Strategic Plan at North Tees focuses on a tiered approach so all staff can access leadership training. Compassionate leadership is the basis for the programmes, which include 'It all starts with me', 'Leading with Care', 'Leading with Unity' and 'Medical Leadership'.

Throughout 2023, South Tees has implemented 'rate this shift', strengthened BAME and disability networks and supported and implemented job planning for nurses and allied health professions.

Our joint plan for 2024/25 includes working together to further develop leadership opportunities and share learning regarding EDI networks. One example is the development of a video showcasing the 'power of difference though diversity'. Other areas that will be explored include setting up a carers network and further developments in reciprocal mentorship.

We are recognised and rewarded

This theme relates to recognition of good work, feeling valued, satisfaction with pay and colleagues showing appreciation to one another.

Our 2023 Group average score for this area is 5.97 and is higher than the national average for the benchmarking group of 5.94. In both Trusts there has been an improvement in scores from 2022 to 2023. In 2023, North Tees is above the national average at 6.11 (1490 staff) and South Tees is below the national average at 5.83 (2021 staff*).*

Throughout 2023 at South Tees, the STAR awards were further embedded and there was active encouragement and support for departments to create their own awards which subsequently increased the number of award nominations, there was engagement and encouragement of STAQC accreditation and the creation of 'video walls'.

At North Tees the Long-term service awards were established related to improving recognition and reward

Our joint plan for 2024/25 includes continuing to work together to plan approaches to rewarding staff, which includes developing a joint Rewards and Recognition Policy, sharing both organisations reward and recognition strategies to support further planning.

We each have a voice that counts

This theme explores how colleagues feel about each having a voice that counts and raising concerns.

Our 2023 Group average score for this area is 6.77 and is higher than the national average for the benchmarking group of 6.70. North Tees is above the national average at 6.84 (1656 staff) and South Tees is the same as the national average at 6.70 (2305 staff).

In both organisations there has been a marginal decline in staff feeling secure in raising individual concerns or that the concerns would be addressed.

The Freedom to Speak Up Guardians across North and South Tees have started working more closely together. This includes joint meetings with the Group Chair and Group Chief Executive Officer. Peer support has also been provided.

This year both Trusts have more widely circulated the staff survey results to directorates and departments, to enable them to develop specific action plans and more focussed improvements.

The first 'Hearing It' sessions, led by our Group Chief Executive Officer, was held on 5th April 2024. This platform enables topical discussions about the things that matter most to staff. It's a digital 'open house', available for all staff to attend and can be accessed by a 'Hearing It' link. Colleagues can dip in and out of the sessions, appreciating that time will be a limiting factor for some staff.

Our joint plan for 2024/25 includes hosting the 'Hearing It' sessions after monthly Trust Boards and are open to feedback about timings to enable maximum attendance for staff. Staff from across the Group can also submit questions in advance, or during the sessions, by email.

There will be further embedding the promotion of 'you said we did' to include follow up of listening events for all groups of staff, which will ensure that staff feel that they have been listened to and provided with timely feedback on concerns or suggestions.

Group Freedom to Speak Up training is also planned and will be delivered to managers and staff. In addition, peer support relating to the review of closed cases is being developed, as is the design of an overarching Freedom to Speak Up Action Plan, to cover both organisations. This will be based on the Trust's self-assessment, recommendations from the Christie review and the terms of reference from the Thirwall Enquiry.

We are safe and healthy

This measure covers health and safety climate, burnout and negative experiences.

The overall national results on this score have not been reported for the 2023 Staff Survey, due to a data issue. However, data in relation to the Burnout element has been produced. This shows that North Tees benchmarks above the national average and South Tees benchmarks just below the national average, however, shows an improvement since 2022. A lower percentage of staff at South Tees say that they find work emotionally exhausting, feel burnt out because of work, are exhausted or worn out at the thought of or end of another day/shift at work. Local data also shows at South

Tees that this overall measure has seen one of the biggest positive increases to 6.01 from 5.82 in 2022.

Two questions have been introduced to the survey regarding sexual safety. Both Trusts results are better than the national average for the benchmarking group, and both Trusts have signed the Sexual Safety Charter and are committed to promoting a sexually safe environment. Moving forward, both organisations will be displaying the regional Sexual Safety Charter posters and communicating the content of the Charter at various forums and include the two questions around the charter.

Group meetings to discuss and develop Occupational Health and Health and Wellbeing are in place, including the development of joint local menopause clinics. We are also in the very early stages of working on a joint mental health strategy and pathway.

The Group plan for 2024/25 includes the continuation of sharing best practice and learning and establishing commonalities in work objectives, such as in the annual Health Needs Assessment, with the development of shared action planning.

We are always learning

This area focuses on development opportunities and appraisals for staff.

Our 2023 Group average score for this area is 5.57, which is just below the national average for the benchmarking group of 5.61. North Tees is above the national average at 5.69 (1327 staff). There has been a significant improvement at South Tees (5.45, 1909 staff) since 2022, and there has been an improvement in results regarding completion and quality of appraisals.

North Tees have refreshed the appraisal process based on an aligned Joint and Community of Practice model. At South Tees there has been a continued promotion of appraisals with the focus on the quality of the discussion, and an emphasis on development of the individual staff member.

Our joint plan for 2024/25 will be a continued focus on learning and development regarding completion of appraisals and quality of appraisals and supporting policies whilst making our individual learning and development offers available to all colleagues across both sites.

We work flexibly

This theme relates to home life balance and flexible working. Our 2023 Group average score for this area is 6.09, which is below the national average for the benchmarking group of 6.20. North Tees is above the national average at 6.28 (1525 staff). South Tees is below the national average at 5.90 (2033 staff), however, there has been a significant improvement in this score from 5.78 in 2022.

Both Trusts have continued to promote dependent friendly options and encouraged flexible retirement, as well as trying to improve the perception of what flexibility is, and what it means to different people, with improved support for staff to take time out when it is needed so that staff do not have to sacrifice what is important to them for work.

At South Tees, there has been a recent review of the Flexible Working Policy, working with Staff Side Colleagues and the addition of signposting to new NHS resources for managers and staff to support flexible working discussions. This has been discussed at senior management meetings.

Our joint plan for 2024/25 will include sharing best practice and learning and establishing commonalities in policies and processes, supported by national guidance. Trusts will continue to engage with their Staff Side colleagues to review practices.

We are a team

This theme looks at team working and line management. Our 2023 Group average score for this area is 6.74 which is just below the national average for the benchmarking group of 6.75. North Tees is above the national average at 6.83 (1662 staff) and has seen a decline in the score from 6.95 in 2022. South Tees is below the national average at 6.65 (2300 staff) and has a relatively static score from 2022 which was 6.66.

Both Trusts have developed and encouraged 1-1s and team meetings, introduced a leadership forum, leadership and Board walkabouts and feedback sessions. At North Tees a tiered leadership model has been introduced.

Our joint plan for 2024/5 will include sharing best practice and learning and further encouraging managers in asking for staff's opinion before making decisions that affect work.

The additional themes consist of 2 measures:

Staff engagement

This theme measures motivation, involvement and advocacy. Our 2023 Group average score for this area is 6.94 which is above the national average for the benchmarking group of 6.91. North Tees is above the national average at 6.98 (1702 staff). South Tees has seen a significant improvement in the 2023 score to 6.90 (2394 staff) from 6.83 in 2022.

Percentage results for the staff friends and family test are below:

	2023				2022	
Question area	South Tees	North Tees	Group average percentage	Average benchmarking result	South Tees	North Tees
Care of patients / service users is my organisation's top priority.	73.41%	79.32	76.37%	74.83%	71.67%	78.95%
I would recommend my organisation as a place to work.	60.60%	65.64	63.12%	60.52%	55.57%	62.86%

If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	70.21%	65.66	67.90%	63.32%	67.93%	64.87%

Across the three question areas the Group average percentage is higher than the national average for the benchmarking Group. There have also been improvements in both Trusts in 2023 for all areas.

Both Trusts continue to engage through their joint partnership arrangements with Staff Side colleagues, including, for example, sharing Trust level development updates, development of policies and procedures and involvement in change management processes.

Our joint plan for 2024/25 will include continuing to develop joint partnership arrangements, working with both Trusts and Staff Side colleagues. The Trusts will also work together to support the areas of the Staff Friends and Family test results.

Morale

The theme covered in this area relates to colleagues' views on leaving the organisation, materials, staffing and relationships. Morale is very much dependent on the culture of the organisation and is influenced by multiple factors.

Our 2023 Group average score for this area is 6.04, which is above the national average for the benchmarking group of 5.91. Both Trusts are higher than the national average and have shown improvement in scores since 2022. At North Tees the score is 6.14 (1499 staff) in 2023, an improvement from 6.10 in 2022. At South Tees, there is a significant improvement to 5.93 (2058 staff) in 2023, from 5.69 in 2022. Both Trusts have shown improvements in question results for the following:

- enough staff at this organisation for me to do my job properly.
- adequate materials, supplies and equipment to do my work.
- able to meet all the conflicting demands on my time at work.

At both Trusts there has been continued focus on raising awareness of the retention strategy, including, for example, the importance of exit interviews. At South Tees this includes 'stay' and 'Itchy feet' conversations. At North Tees there has been the introduction of the Long Service Awards. North Tees has also become a People Promises exemplar site with a focus on retention of talent.

Both Trusts are working collaboratively in areas such as development of Pathology services across Tees Valley and the Clinical Diagnostics Centre development.

Our joint plan for 2024/25 will include learning and discussion regarding retention strategies, including collaborative working in hotspot areas/ posts that are difficult to fill/ retain staff. Opportunities for workforce planning collaboration will also continue across trusts.

5. Breakdown data

The following table shows for each People Promise area/ additional areas the services where results are showing areas for improvement.

2023						
Indicators ('People Promise' elements and themes)	**South Tees score**	**South Tees lowest areas (Breakdown 1 and 2)**	**North Tees score**	**North Tees areas (Breakdown 2) N.B Breakdown 1 are the 4 Care Groups**	**Group average score ***	**Benchmark group score average**
We are compassionate and inclusive	7.27	Operational Management (5.89) Pathology (6.37) General Surgery (6.68)	7.44	Pharmacy (5.93) Pathology (6.77) Obstetrics and Gynecology (7.06)	7.36	7.24
We are recognised and rewarded	5.83	Operational Management (3.86) Pathology (4.85) Gastroenterology (5.26)	6.11	Pharmacy (4.44) Pathology (5.10) Emergency and Urgent Care (5.57)	5.97	5.94
We each have a voice that counts	6.70	Operational Management (5.14) ENT and Audiology (5.91) Vascular (5.95)	6.84	Pharmacy (5.19) Breast Services (6.36) Radiology (6.47)	6.77	6.70
We are safe and healthy	Not reported nationally due data issue	-	-	-	-	-
We are always learning	5.45	Operational Management (2.80) Pathology (4.29) Gastroenterology (4.51)	5.69	Pharmacy (3.83) Pathology (4.38) Finance (5.11)	5.57	5.61
We work flexibly	5.90	Operational Management (4.30) Pathology (4.54) Vascular (4.94)	6.28	Pharmacy (4.54) Radiology (4.95) Pathology (5.08)	6.09	6.20
We are a team	6.65	Operational Management (4.68) Pathology (5.60) General Surgery and Urology (6.04)	6.83	Pharmacy (4.98) Pathology (6.11) Breast Services (6.11)	6.74	6.75
Staff engagement	6.90	Operational Management (5.67) Pathology (6.07) Digital Information (6.32)	6.98	Pharmacy (5.34) Pathology (5.83) Radiology (6.61)	6.94	6.91
Morale	5.93	Pathology (4.65) Operational Management (4.91)	6.14	Pharmacy (4.48) Pathology (4.90)	6.04	5.91

2023						
Indicators ('People Promise' elements and themes)	**South Tees score**	**South Tees lowest areas (Breakdown 1 and 2)**	**North Tees score**	**North Tees areas (Breakdown 2) N.B Breakdown 1 are the 4 Care Groups**	**Group average score ***	**Benchmark group score average**
		Vascular (5.11)		Obstetrics and Gynaecology (5.70)		

The results show that the organisational hotspot areas are:

North Tees	South Tees
1. Pharmacy 2. Pathology 3. Breast Services/ Radiology	1. Operational Management 2. Pathology 3. Gastroenterology/ Vascular

6. Workforce Race Equality Standards (WRES)

The results show the following:

- A lower percentage of staff at both Trusts say that they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

- A lower percentage of staff at both Trusts say that they have experienced harassment, bullying or abuse from staff in the last 12 months.

- At both Trusts a higher percentage of staff from 'all other ethnic groups' believe that that the organisation provides equal opportunities for career progression or promotion

7. Workforce Disability Equality Standards (WDES*)*

The results show the following:

- A lower percentage of staff at both Trusts say that they have experienced harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.

- A lower percentage of staff with a long-term condition/ illness at both Trusts say they have experienced harassment, bullying or abuse from managers in the last 12 months.

- A lower percentage of staff with a long-term condition/ illness at both Trusts say they have experienced harassment, bullying or abuse from colleagues in the last 12 months.

8. Professional groups

The following table shows the Occupational group where more staff responded, and this is the same for both Trusts.

North Tees	South Tees
1. Registered nurses and midwives (34.05%) 2. Allied Health Professionals (17.03%) 3. Administration and Clerical (16.03%)	1. Registered nurses and midwives (29.58%) 2. Allied Health Professionals (16.06%) 3. Administration and Clerical (16.42%)

Occupational group response rates will be reviewed as part of the planning processes and for developing plans for promoting the 2024 survey.

9. Synopsis

Overall, morale has been identified as a strength across the Group where the joint score and Trust scores are higher than the national average.

The North Tees scores for 'we are compassionate and inclusive' and 'engagement' are above the benchmarking average and there has been an improvement in the South Tees scores in these areas.

Although the group score for flexible working is below the national average, there has been a significant improvement in scores in both organisations. A focus on a joint approach to heighten awareness of the benefits of flexible working will be developed in 2024. Both Trusts have shown improvements in the scores for 'We are always learning' and 'We are Recognised and Rewarded' and North Tees is above the national average for both.

Although the data is not fully available this year for 'We are Safe and Healthy' due to issues with data, there is continuing collaborative working across both trusts.

All the above areas will have joint plans for development, with two Group areas of focus being:

1. We each have a voice that counts - the group average score is above the national average, however both Trusts have seen a reduction in their scores since 2022.

2. We are a team - the group average score is just below the national average, however both Trusts have seen a reduction in their scores since 2022.

At the heart of the Group People Plan is the ambition to become a 'great place to work'.

10. Next Steps

The results of the 2023 staff survey for both organisations demonstrate overall improvements, which is positive and should be recognised. Both Trusts have provided local breakdown results with their areas and management teams for sharing with their teams. We will continue to work collaboratively to share learning/ approaches and delve deeper into the detail and work with areas to develop progressive plans which will allow the Group to see continued improvement. This includes comparisons of 'best and worse' at granular level and locally developed bespoke action plans.

Below is the high-level staff survey plan which outlines the delivery of action.

Objective	Action	Lead	Timescale
Update Senior Leadership Team	Review results with Senior Trust Leadership Teams. Share results at Board Meetings	Group Chief People Officers/ HR team	Complete
Update management teams	Share results at Directorate Meetings, following lifting of embargo	HR/People Services/ Workforce leads	From 7th March 2024
Update local teams	Share results with teams Seek feedback	Care Group/ Collaborative SLT	By end April 2024
Staff Survey action plans	Complete 2024 action plans and circulate to teams	Care Group/ Collaborative SLT	By end May 2024
Update People Committees	Present survey findings/ action plans	Care Group/ Collaborative SLT	June 2024
Prepare for 2024 Staff Survey	Staff survey on team meeting agendas Contractor arrangements	Care Group/ Collaborative SLT HR/People Services/ Workforce leads	From April 2024 From May 2024
Monitor the above	Monitor at Care Group/ Collaborative Board meetings	Care Group/ Collaborative SLT HR/People Services/ Workforce leads	From March 2024

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Freedom to Speak Up Guardians' Accessibility and Assessment update

Meeting date: 17 April 2024

Reporting to: Group Board of Directors

Agenda item No: 10

Report author: Hilary Lloyd
Chief Nurse/Executive FTSU sponsor (South Tees)
Lindsay Robertson
Chief Nurse/ Executive FTSU sponsor (North Tees)

Action required:
Information

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

Previously presented to:
People Committee NTHT & People Committee STHT

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.

Following the Lucy Letby verdict and subsequent Thirwell Enquiry, which was launched in November 2023, all NHS organisations were asked by NHS England to review their current Freedom to Speak Up (FTSU) arrangements to assure themselves of the effective and accessible arrangements for FTSU in their organisations.

To give a good overview of the FTSU arrangements at both North and South Tees Hospital, this paper has considered the terms of reference from the Thirwell Inquiry, the recommendations from the Christie Report, the outcome from both Trusts FTSU. A Reflection and Planning Tools and the Annual NHS Staff Survey results.

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 National Guardian Office (NGO) and the FTSU role was first established in 2016 following the events at Mid-Staffordshire NHS Foundation Trust, the recommendations from the subsequent inquiry led by Sir Robert Francis QC and his report "The Freedom to Speak Up" (2015).

The Freedom to Speak Up Report raised over 200 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 up 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 for speaking up. The NGO train and support FTSUG as well as providing appropriate resources to help establish a healthy "Speak Up, Listen Up, Follow Up" culture.

On the back of the recommendations of "The Freedom to Speak Up" Report 2015, both North and South Tees Trust in 2016 recruited a Freedom To Speak Up Guardian (FTSUG) as per NHS standard contract, these services have continued to evolve over time.

Both FTSU services encourage workers to speak up about anything that gets in the way of patient care or affects their working life. When a worker has spoken up, the FTSUG follows the FTSU process as per national guidance and aligned to the Trust speaking up policy (which recently adopted the new NHS England national policy template) and standard operational procedure.

The FTSUG triangulates data and reports high level themes raised from concerns and this is used to enhance learning and improvement within the organisations.

As the two Trusts move into a Group Model, discussions have taken place between the Trusts' Guardians around plans for the two services to work more collaboratively and to develop a sustainable plan for proactive and reactive work around FTSU.

One of the recommendations from the Thirwell Inquiry is that ICBs and Trust Boards assure themselves of the effective and accessible arrangements for FTSU in their organisations.

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 FTSU services at North and South Tees continue to work to improve the Speaking Up Culture throughout both organisations, raising awareness of FTSU and other routes by which colleagues can raise concerns, to make speaking as business as usual.

Whilst both organisations have well established FTSU models, some changes will be required based on updates to national guidance and as we move into a Group Hospital Model.

Following triangulation and a review of the recommendations and the reflection and planning tools, it is evident that both organisations can provide a significant level of assurance on the effectiveness of their respective FTSU models.
The table below provides a summary of the RAG ratings of the 3 summary assessments completed by each Trust in the Group Structure.

Red – Action identified but no work being undertaken.
Amber – Action identified with plan in place.
Green – Action identified and completed.

Assessments	**N/Tees**			**S/ Tees**		
Thirwell	0	0	5	0	2	3
Christie	0	1	9	0	5	5
Reflection and Planning Tool	0	1	7	0	4	4

Both organisations recognised the following priority areas of development over the next 6 – 24 months.

- Barriers to speaking up.
- Detriment
- Demonstrating best practices and organisational learning using case studies
- Increase the diversity of FTSU champion networks.
- Triangulation of data and measuring impact across the organisations
- Peer review of services across the Trust Group Model
- Ensuring that FTSU training is made mandatory

Recommendations:

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

1. Purpose of the report

Following on from the Lucy Letby verdict and subsequent Thirwell Enquiry, which was launched in November 2023case, all NHS organisations were asked by NHS England to review their current Freedom to Speak Up (FTSU) arrangements to assure themselves of the effective and accessible arrangements for FTSU in their organisations.

This paper considers recommendations from the Thirwell Inquiry and the Christie Report. It also considers the outcome from both Trusts' FTSU reflection and planning tools, along with the latest staff survey results for each organisation.

2. Background

The National Guardian Office (NGO) and the FTSUG role was first established in 2016 following the events at Mid-Staffordshire NHS Foundation Trust, the recommendations from the subsequent inquiry led by Sir Robert Francis QC and his report "The Freedom to Speak Up" (2015).

The Freedom to Speak Up Report raised over 200 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 up 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 for speaking up. The NGO train and support FTSUGs as well as providing appropriate resources to help establish a healthy "Speak Up, Listen Up, Follow Up" culture.

On the back of the recommendations of "The Freedom to Speak Up" Report 2015, both North and South Tees Trust in 2016 recruited a FTSU/s as per NHS standard contract, these services have continued to evolve over time.

Both FTSU services encourage workers to speak up about anything that gets in the way of patient care or affects their working life. When a worker has spoken up, the FTSUG follows the FTSU process as per national guidance and aligned to the Trust speaking up policy (which recently adopted the new NHS England national policy template) and standard operational procedure.

The FTSU service triangulates data and reports high level themes raised from concerns and this is used to enhance learning and improvement within the organisations.

As the two Trusts move into a Group Model, discussions have taken place between both Trusts' Guardians around plans for the two services to work more collaboratively and to develop a sustainable plan for proactive and reactive work around FTSU.

One of the recommendations from the Thirwell Inquiry is that ICBs and Trust Boards assure themselves of the effective and accessible arrangements for FTSU in their organisations.

3. Thirlwall Inquiry

On 21 August 2023, after a trial at Manchester Crown Court, Lucy Letby was sentenced to life imprisonment and a whole life order on each of the seven counts of murder and seven counts of attempted murder. The offences took place at the Countess of Chester Hospital, part of the Countess of Chester Hospital NHS Foundation Trust.

The inquiry will work in three parts, Part A is about the experience at the hospital, and elsewhere, of the parents of the babies named on the indictment, Part B considers the conduct of people working at the hospital and how Letby was able repeatedly to kill and harm babies on the neonatal unit, Part C will look at the wider NHS, examining relationships between the various groups of professionals, the culture within our hospitals and how these affect the safety of newborns in neonatal units.

The trust has agreed to take part in the Thirlwall Inquiry Neonatal Survey. The survey will go out to all neonatal staff and a selection of other staff that meet the criteria including some trust board colleagues.

Table 1 below details the terms of reference outlined by the enquiry with a RAG rated description of work that has been undertaken by NTH and STH respectively and details of work required and next steps.

Table 1

TOR	North Tees	Next Steps	South Tees	Next Steps
What concerns were raised and when about the conduct of Lucy Letby. By whom were they raised? What was done?	Speaking Up Policy, updated aligned to the new NHS England template. FTSU Standard Operating Procedure Recording data on a demographic and a disclosure sheet, which is password protected. Escalating concerns to appropriate people and safeguarding mitigate confidentiality although this will be maintained as much as possible. Monthly reporting of high-level themes to the Executive Directors for learning and improving. FTSU feedback forms, following case closure. Draft feedback forms on detriment getting signed off.		Speaking up policy (Reviewed 2024) Existing SOP for responding to FTSU concerns. Bespoke online reporting tool allowing concerns to be raised openly, confidentially, or anonymously. Recording and reporting high level themes. Escalating concerns to appropriate people and safeguarding can in some cases mitigate confidentiality although this will be maintained as much as possible. Feedback on concerns following case closure.	Reviewed speaking up policy to be published on intranet. Revisiting the SOP to ensure it remains fit for purpose. Opportunity for development of detriment feedback forms

Were existing Processes & Procedures used including FTSU? Were they adequate?	Speaking Up Policy SOP Trust up to date with the new FtSUC and Ambassadors guidance. Quarterly FtSUC network and triangulation of data. About to launch FTSUC recruitment, through a fair and open process to increase the diverse reach of FTSUC. Trust up to date with national guidance.		Speaking up policy (Reviewed 2024) SOP Freedom to speak up champions. Trust up to date with national guidance.	Reviewed speaking up policy to be published on intranet. Revisiting the SOP to ensure it remains fit for purpose. Development of Freedom to speak up champion engagement and training.
What was the culture of the hospital? To what extent did it influence the effectiveness of the processes and procedures?	The NHS annual staff survey results 2023 shows that the trust is above the national average for their speaking up culture. The FTSU is working with colleagues to triangulate data and measuring impact on how speaking up is improving the culture of the organisation Inphase, exit interviews, complaints,		The NHS annual staff survey results 2023 shows that the South Tees NHSFT was the only Trust to record an overall increase in responses to the questions relating to speaking up. results were lower across all FTSU related questions.	Opportunity to increase collaboration with EDI, Patient experience, Patient Safety, and staff exit interviews to identify problem areas or recurrent themes.

	sickness, and feedback forms.		The trust sored consistently higher on all 4 measures than the national average. Links with Patient safety, EDI team, HR, etc. to triangulate themes.	
Were existing processes used for reporting concerns to external scrutiny bodies NHSE/I, CQC, local commissioners, police?	This is referenced in the: Speaking up policy FTSU SOP Trust Induction and other FTSU promotional platforms.		Referenced in trust inductions, local inductions, and proactive work. Identified in the FTSU policy.	Reviewed speaking up policy to be published on intranet. Revisiting the SOP to ensure it remains fit for purpose.
What happened to those that raised concerns about Lucy Letby?	Draft Feedback forms around detriment 3,6 &12 months after a closed case are awaiting sign off. Detriment is featured on all platforms used to promote FTSU. Detriment to feature in the trust disciplinary policy.	Educating staff on detriment	Feedback forms provided. Induction/HCA training raises awareness of detriment and what it means to all.	Opportunity to develop draft Feedback forms around detriment for 3,6 &12 months after a closed case. Educating staff on what is detriment.

4. Christie Case review

In August 2020 several members of staff employed by the Christie NHS Foundation Trust (The Christie) contacted an external party to seek help in raising concerns about the Research and Innovation Division. They had initially contacted the Freedom to Speak Up Guardian (FTSU) of The Christie in February 2020 and had been dissatisfied with the response they had received in August 2020 following the completion of an internal review process. Several recommendations were made following the review, which have been reviewed against the current processes within North and South Tees.

Table 2 below details the terms of reference outlined by the enquiry with a RAG rated description of work that has been undertaken by NTH and STH respectively and details of work required and next steps.

Table 2

That the Trust should consider how to ensure that the FTSU, while receiving the support of directors and having access to them, is also seen to be independent of directors in providing guidance where there may be a conflict.	Relationships built up with the Chairman, Non-Executive Directors, and Lead Independent Investigator. Lead and guided by the NGO and keep up to date with National Guidance, separate from the Trust.	Keeping up to date with national policy and guidance.	Relationships built with Non-executive Director and Chairman. Guidance taken from National Guardians office separate from the organisations.	Keeping up to date with national policy and guidance.
The Trust should clarify how the FTSU should seek advice and support with complex cases.	NGO helpline (As per SOP) FTSU Buddy Lead Independent Investigator FTSU policy		NGO helpline FTSU Buddy Identified lead investigator. FTSU Policy SOP	Standard operating procedures for contact and contingency. Revisiting the SOP to ensure it remains fit for purpose.
The Trust considers changing the reporting arrangement of the FTSU.	Monthly updates to Executive Directors. Monthly Meeting FTSU Chairman, CEO, CN, FTSU NED, CPO. Board of Directors update as required. People Group		Bi-Monthly meetings with Exec and Non-Exec directors Peoples Committee Board of directors Committee in Common	

	People Committee			
The Trust considers recruiting additional FTSU Champions (FtSUC) from a diversity of backgrounds, to provide choices for individuals to approach with concerns.	Thirteen trained FtSUC. Quarterly FtSUC network meetings, safeguarding and wellbeing support. Triangulation data	Draft recruiting documents with HR, to start a fair recruiting process to increase numbers of FtSUC. A lot of interest and hoping for a minimum of forty to give a diverse representation of the trust. (awaiting sign off)	35 trained Champions Linking in with EDI groups, military colleagues etc. to promote FTSU champion recruitment. Triangulation of data	Further recruitment of Champions and development of Champion roles within S. Tees.
That the Trust reinforces the messages to staff that it is important to speak up and raise concerns, that they will be listened to, and their concerns are followed up. Timescales for receiving responses should be set and met.	FTSU presents on a wide variety of platforms for example: induction, preceptorship, junior doctors, matrons, Care Groups etc. eLearning training:	Podcasts	Proactive ward visits Trust and local inductions – e.g. Care certificate, preceptorship, Junior doctors, International nurses Policy SOP	Opportunities for workshops, pod casts, further organisational wide visits. SOP – Development Podcasts Policy implementation

	Speak Up (SU) Listen Up (LU) Follow Up (FU) Workshops SU, LU, FU. SharePoint: FTSU resources Poster, policy, annual report. FTSU SOP FTSU Policy			
The Board of Directors should reinforce its commitment to Freedom to Speak Up, and raising concerns generally, without personal detriment.	E-learning FU training, NED FU workshop. Exec Directors/NED trust walk abouts. Draft Feedback forms around detriment 3,6 &12 months after a closed case. (awaiting sign off)	Educating staff on what is detriment.	Speak up training now mandatory.	Listen and Follow up workshops to be developed. Working with NTH to deliver these workshops.
The Board of Directors should be clear in its zero tolerance of poor behaviours anywhere in the organisation.	Ambition to put zero tolerance of detriment in the disciplinary policy. New code of conduct Trust core values threaded into the organisation, starting with its onboarding work.		Trust induction Walkabouts Training (Strive – Civility)	Development of resources related to Detriment
The Trust should consider whether it would be of	OD/AQUA support in civility. Just Culture		Civility training. OD	

value to initiate widespread organisational development/cultural interventions to identify and address underlying behavioural issues	Duty of Candour It all starts with me. Clever together Staff networks People promise manager. FTSU workshops		Affina Workshops Staff Networks	
The Trust should seek feedback from BAME staff on their experiences and examine information provided in exit interviews from the last three years	FTSU linked in with the BAME network lead. FTSU member of the EDI steering group. FTSU receives quarterly exit interview data. Analyses annual NHS staff survey results. FTSU currently working to triangulate data Inphase, yellow fin, exit interviews, patient complaints, staff sickness and FtSUC		Linking with Trust EDI Network Groups.	Improve links with patient experience/complaints, champions and exit interviews to measure impact.
The Trust should examine the feedback mechanisms from both staff and service users and seek assurance	FTSU Feedback Forms. Staff networks		Feedback forms Datix PALS	Enhance feedback process (3, 6 and 12 month)

that all, regardless of their background (and particularly those from marginalised groups), are fairly and equitably represented when services are reviewed, and feedback is sought	Annual NHS staff survey FTSU currently working to triangulate data Inphase, yellow fin, exit interviews, patient complaints, staff sickness and FtSUC.			Improve links with patient experience/complaints, champions and exit interviews to measure impact.

National Guardians Office: FTSU A Reflection and Planning Tool self-assessment

A new updated Freedom to Speak Up Policy for the NHS has been published by NHS England and includes learning from the previous separate versions for primary care and NHS trusts to ensure a consistent approach for our NHS people, and signpost to a wider variety of support. All NHS trusts and foundation trust boards were asked to update their local policy to reflect the new national template by the end of January 2024, in addition to competing the FTSU self-assessment tool.

The self-assessment for all NHS organisations and improvement tool aims to support identifying strengths in our models, our leadership teams and our organisations and any gaps that need work. It is intended for use alongside Freedom to speak up: A guide for leaders in the NHS and organisations delivering NHS services, which provides full information about the areas addressed in the statements, as well as recommendations for further reading.

Completion of this improvement tool demonstrates the progress made developing our Freedom to Speak Up arrangements. The South Tees review was completed in September 2022 and the North Tees review was completed in August 2023. There is a requirement for each Trust to update this every two years.

Table 3 below details a summary of the improvement tool undertaken by NTH and STH respectively and details of work required and next steps.

Table 3

Principles	North Tees	Next Steps	South Tees	Next Steps
Value speaking up. For a speaking-up culture to develop across the organisation, a commitment to speaking up must come from the top.	Full time FTSU that can do the proactive/reactive work. The FTSU was fairly recruited externally and is impartial. FTSU presents monthly updates to the Executive Directors. FTSU presents to Board at least annually and as required by national guidance. FTSU has delivered a follow up workshop to the NED, and they have completed the e-learning SU, LU, FU.	Complete a follow up workshop with Executive Directors/Governors. Case studies of good follow up.	Bi-monthly meetings are held with the Guardians team to reflect on past and proposed activity and to look themes rising from concerns raised. The Guardians team have ringfenced time to carry out their duties. All Guardians were recruited through a fair and open process. This involved advertising for the post, and multiple interviews.	
Role-model speaking up and set a healthy Freedom to Speak up culture. Role-modelling by leaders is essential to	The leadership team has made a continued commitment to establishing and reinforcing the FTSU	Podcasts Chairman Chief Nurse Chief People Officer FTSU NED	The leadership team has made a continued commitment to establishing and reinforcing the FTSU	Process and SOP for dealing with issues of detriment needs to be revisited and assessed.

set the cultural tone of the organisation.	message across the organisation. Just Culture Duty of Candour NHS England MDT Model FTSU presents monthly updates to the Executive Directors. FTSU presents to Board at least annually and as required by national guidance. Exec Directors/NED trust walk abouts. Draft Feedback forms around detriment 3,6 &12 months after a close closure (awaiting sign off)	Case Study Implementing a zero tolerance of detriment in the disciplinary policy Educating staff on detriment	message across the organisation. Bi-Monthly meetings with ED and NED of FTSU The Freedom to Speak up Guardians present reports and both Peoples (Private) and Board (Public) meetings every two months where speaking-up matters can be discussed. Detrimental treatment is not accepted by any members of the Senior Leadership Team	

Make sure workers know how to speak up and feel safe and encouraged to do so. Regular, clear, and inspiring communication is an essential part of making a speaking-up culture a reality.	Staff on inductions are made aware of the details of Speaking Up Policy updated from NHS England's national template. (Trust Induction, Overseas Nurses Inductions, Doctors Inductions, Preceptorship, localised HCA, and theatre inductions). Designated FTSU page on share point with FTSU information including posters, policy, and annual report. FTSU posters in every area with the contact details of the FTSU Monthly catch up with the CPO. Comms and Engagement strategy for speak up month	FTSU information going to be put on Inphase. CPO/FTSU podcast on detriment.	Staff on local and trust inductions are made aware of the details of Policy P39 and how to find it. (Trust Induction, Overseas Nurses Inductions, Doctors Inductions, Preceptorship, localised HCA, and theatre inductions). The FTSU Policy P39 is being updated to ensure that both the new national and our local trusts policies are reflective of each other.	To work on SOP to make colleagues aware of positive FTSU stories and the changes brought about from speaking up.

When someone speaks up, thank them, listen, and follow up. Speaking up is not easy, so when someone does speak up, they must feel appreciated, heard, and involved.	FTSU embedding speaking up, to become business as usual. eLearning training SU, LU, FU training not mandatory but staff are encouraged to complete it. FTSU offering workshops to encourage staff to do the SU, LU, FU training. The NHS annual staff survey 2022 shows that the trust is above national average for its speaking up culture.		FTSU Guardians present at every corporate induction as well as, overseas nurses and junior Doctors inductions, HCA training. The annual staff survey results show an increase in staff awareness and our organisation had the highest improvement scores in the Northeast region in 2021	Work with FTSU Guardians, OD, and Workforce underway to ensure Speak Up Training is mandatory across the Organisation by 2023. Further opportunities to develop workshops to deliver listen and follow up training.
Use speaking up as an opportunity to learn and improve. The aim of speaking up is to improve patient safety and the working environment for all NHS workers	The FTSU regularly analyse data and reports from other organisations and the NGO to constantly review our practice to use as a benchmark. Any information gathered is then used to influence further		The FTSU team regularly analyse data and reports from other organisations and the NGO to constantly review our practice, so it is in line with best practice. Any information gathered is then used	

	improvements and is reported to the Executive Directors. The team regularly share their best practice and knowledge in the Regional and National Guardian networks when appropriate. FTSU currently working to triangulate data Inphase, yellow fin, exit interviews, patient complaints, staff sickness and FtSUC.		to influence further improvements in our local improvement plan. The team regularly share their best practice and knowledge in the Regional and National Guardian networks when appropriate.	
Support guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements	FTSU is registered with the NGO and have completed the Guardians training. FTSU was appointed through a fair and transparent process. FTSU attends quarterly networks meetings, as per national guidance.		All Guardians are registered with the NGO and have completed the Guardians training. All Guardians were appointed through a fair and transparent process	

Identify and tackle barriers to speaking up. However strong an organisation's speaking-up culture, there will always be some barriers to speaking up, whether organisation wide or in small pockets. Finding and addressing them is an ongoing process.	The barriers include hierarchy, race, gender, fear, apathy, time in organisation, previous negative experiences, detriment. Our FTSUC are trained by the FTSU, have access to the FTSU as required and attend quarterly FtSUC network meetings with wellbeing and safeguarding support. FtSUC triangulate high level themed data. FTSU attended the NHSE speaking up support scheme webinar which featured detriment.	Featuring zero tolerance of detriment in the disciplinary policy Educating staff on detriment	The barriers include hierarchy, race, gender, fear, apathy, time in organisation, previous negative experiences, detriment. Information is available to show which groups of staff are not speaking up. Our FTSU Champions attend structured training twice a year and have direct access to all Guardians when required.	Opportunity identified to have and implement clear processes for identifying and addressing detriment. The reviewed policy at South Tees now includes a section on detriment and ensures that both the new national and our local trusts policies are reflective of each other. Contact NGO re viability of putting on detriment webinar to provide guidance for Guardians and Organisations

Continually improve our speaking up culture Building a speaking-up culture requires continuous improvement. Two key documents will help you plan and assess your progress: the improvement strategy and the improvement and delivery plan.	The FTSU: A reflection and planning tool recently presented to Board. Speaking up policy updated aligned with NHS England national template. Annual NHS staff survey 2022 shows the trust speaking up culture is above average. Speaking up data shows that the number of cases align with other trusts of the same size. A broad range of professionals from a broad range of areas are speaking up.		Gap analysis recently completed linked to the reflection tool. 2021 FTSU policy updated in April and is currently being cross-checked with newly published NGO policy to guarantee consistency with national policy. Recent results from 2021 Staff Survey show improvement in all areas relating to FTSU at South Tees.	

Table 4. below provides a summary of the RAG ratings of the 3 summary assessments completed.

Table 4

Red – Action identified but no work being undertaken.
Amber – Action identified with plan in place.
Green – Action identified and completed.

Assessments	**N/Tees**			**S/ Tees**		
Thirwell	0	0	5	0	2	3
Christie	0	1	9	0	5	5
Reflection and Planning Tool	0	1	7	0	4	4

5. ICB Audit Request

In November 2023, FTSU services were requested by colleagues at the ICB to provide evidence for their regional audit of current FTSU procedures in the wake of the Lucy Letby Investigation, also known as the Thirlwall Inquiry.

Each trust in the region was asked to undertake and submit to the ICB an audit of two anonymised retrospective cases to ensure that correct FTSU processes had been followed. This work was completed by our teams in December with recommendations and actions yet to be received. Cases attached in Appendix 1. The ICB have now spoken with all FTSU Guardians across the ICT and anticipate sharing their findings over the coming months.

6. Data and Themes

A wide range of data is collected by the FTSU guardians and analysed for common themes.

The National Guardian Office (NGO) devised the Freedom to Speak Up (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 they agree that they would be treated fairly if involved in an error, near miss or an incident. Although the FTSU Index is not calculated anymore, for the purpose of this report it was thought, that it would be useful to use a similar concept to make comparisons amongst the two Trusts.

For the purpose of this paper six questions and responses have been taken from the Annual Staff Survey of 2022 and 2023 to check progress:

Table 5 below provides a comparison of the data gathered from 2022 and 2023 for the annual staff survey across the organisations.

Table 5

Question	North Tees 2022	North Tees 2023	South Tees 2022	South Tees 2023
% of staff "agreeing" or "strongly agreeing" My organisation treats staff who are involved in an error, near miss or incident fairly	60.2 %	**62.8 %**	57.8 %	**57. 8%**
% of staff "agreeing" or "strongly agreeing" My organisation encourages us to report errors, near misses and incidents	87.6 %	**88 %**	87.7 %	**84.85%**
% of staff "agreeing" or "strongly agreeing" I would feel secure raising a concern about unsafe clinical practice	74.2 %	**74.4 %**	74.2 %	**71.05%**
% of staff "agreeing" or "strongly agreeing" I am confident that my organisation would address my concerns	61.8 %	**62.3 %**	58.3 %	**54.08 %**
% of staff "agreeing" or "strongly agreeing" I feel safe to speak up about anything that	64.6 %	**64.6%**	63.1 %	**62.82 %**

concerns me in this organisation				
% of staff "agreeing" or "strongly agreeing" If I spoke up about something that concerned me, I am confident my organisation would address my concern	55 %	**55.2 %**	48.1 %	**48.69 %**

Table 5 above provides a high-level summary across both organisations of the 6 questions from the staff survey results. Further detailed analysis of the care groups, directorates and collaboratives across both organisations will enable the FtSUG to focus their attention and improvement work. This will be set out in the overarching Freedom to speak up action plan.

7. Proactive work to date

Table 6

North Tees	South Tees
Presenting FTSU on a diverse range of platforms for example: inductions, preceptorship, Teesside University, Community Forums and Care Groups.	Speak up training to be made mandatory across the organisation
Promoting and encouraging staff to complete the Speak Up, Listen Up and Follow Up training and supporting this work, with FTSU workshops.	FTSU training in induction and local inductions e.g. inductions, preceptorship, Teesside University, junior Doctors, International nurses, Care certificate
On numerous steering groups including onboarding, EDI, sexual safety, and Schwartz round.	Guardian representation within EDI groups, links with all EDI groups through the EDI steering group. Work with EDI lead to triangulate EDI data with FTSU concerns
Working with the head of culture and EDI lead on supporting neurodiversity in the workplace.	FTSU policy reviewed and to be published
Started the quarterly FtSUC network meetings aligned with the new FTSU Champion and Ambassador guidance supported by the safeguarding and wellbeing team.	Regular planned and unplanned Ward and hospital visits
As part of a fair recruiting process to align with national guidance, draft papers are	Links with Military staff and Military Speak Up lead.

being signed off so can recruit more FtSUC to increase the diverse representation.	
Working on detriment to feature zero tolerance of detriment in the disciplinary policy. Also following a case closure, detriment feedback forms are in final draft to send 3,6&12 months to proactively find out if detriment has been suffered following speaking up.	Triangulation of data from other trust sources to help learning and organisational growth and to measure impact of the FTSU service.
Started walkabout with Senior managers and Executives have shown an interest in doing this.	Attendance in regional FTSU meetings and at national conference
Attend quarterly FTSU network meetings as per national guidance.	
Support FTSU from other Trusts (Buddy-Buddy)	
Using data to triangulate to help learning and organisational growth and to measure impact of the FTSU service.	
Attend NGO webinars and communities of practice, to benchmark FTSU service, against other organisations.	

8. Next steps and further developments

Table 7

North Tees	South Tees
Barriers to speaking up; staff networks, tackling detriment, increasing the FtSUC network, using data to identify what the barriers are and look at opportunities to mitigate them.	Implementation of the updated FTSU policy and revisiting the SOP to ensure that it is up to date and reflects the process that should be followed.
Detriment: work with the CPO on educating staff on detriment, featuring zero tolerance of detriment in the disciplinary policy, sign off draft feedback forms on detriment 3,6 & 12 months after case closure. Continue to talk and reassure staff on detriment at staff meetings, away days and presenting platforms the FTSU attends.	Demonstrating best practices and organisational learning using case studies.
Demonstrate good listening up and following up by the trust through case studies and celebrate good speaking up. FTSU building relationships and trust with workers to encourage them do this.	Defining and measuring detriment and developing tools to identify where and how detriment has taken place. Developing an SOP for dealing with detriment and including this as appendices to e.g. Disciplinary, Grievance policies
Get the draft documents signed off to start the fair recruitment process of the FtSUC	Developing training for staff as to what detriment is and how it can be tackled and

so that there is a diverse representation of the workforce. Continue the quarterly FtSUC network meetings with safeguarding and wellbeing support and triangulation of data.	prevented. Delivery of Detriment workshops for managers and senior managers.
Continue to triangulate data through the existing platforms and familiarise with new IT systems including Inphase and measuring the impact of this against the annual NHS staff survey.	Expanding Champion recruitment and increasing the Champion diversity across the network. We aim to recruit 50 new Champions over the next 12–24-month period
Peer review; as part of the group model and wider FTSU network, look for opportunities to benchmark the FTSU service to continuously learn, grow, and evolve the service.	Development of Champion training with regular “lunch & learn” webinars and meetings as well as more formal training twice per year
E-learning Speak Up, Listen Up, Follow Up continue to encourage staff to do the training and continue the offering of workshops.	Further engagement with EDI team and EDI staff groups
	Identifying the barriers to speaking up and developing opportunities to overcome these including closer work with EDI groups and recruitment of new Champions from diverse backgrounds
	Triangulation of data from existing sources within STH and extending this to include sources from across the Joint Trust Model
	Ensuring that FTSU Speak Up training is made mandatory and developing plans to roll out Listen Up and Follow Up training using Guardian supported workshops

9. Recommendations

Members of the board are asked to support the following recommendations which will be incorporated into an overarching Freedom to Speak up action plan:

- Barriers to speaking up – Work with network leads and increase visibility in the forms of walkabouts.
- Detriment – Draft a presentation and leaflet to provide education on detriment to staff across both organisations.
- Best practice and organisational learning – Demonstrate learning across the care groups and sharing good practice.
- Champion Networks – Recruit additional champions to the network across both organisations to ensure that there is a diverse representation.
- Triangulation of data – Strengthening our approach and the data sources used.

- Peer Review – Local and national peer reviews are underway with plans to widen this.
- Training – Speak up, listen up and follow up training to become mandatory across both organisations.

10. Appendix 1 - ICB audit case submissions

NTH 1

Audit of two recent cases process	
How was case raised? **Anonymous** **Confidential** **Open**	Openly
Time periods: • **Date raised with FTSU** • **Date of initial response?** • **Date manager appointed.** • **Date of closure of concerns?** • **No of Days Open**	27/09/2023 03/10/2023 03/10/2023 05/10/2023 9
Part of Multiple or single concern re same issue?	Single Concern
Reported to Senior Manager for Investigation?	Reported to a Senior Manager
Documentation of cases recorded?	Yes, on a password protected disclosure sheet that can only be accessed by the FTSU.
What was the process used to escalate the issues?	The person who raised the concern came to see the FTSU, they were informed of the process, with regards to speaking up openly or confidentially, they consented to escalating the concern to the most appropriate person that the FTSU identified and were aware that the FTSU is impartial and does not investigate. The FTSU contacted the senior manager and once the concern was reviewed the person raising the concern was given feedback. The person was happy with the outcome and the case was closed. The FTSU sent a feedback form, and themes were reported for learning at the monthly Executive meeting.
Evidence of feedback to staff member, where appropriate?	Feedback was given via a phone call, which was mutually agreed by the person raising the concern and the FTSU. This is documented on the password protected disclosure sheet.
Evidence of documentation on the Trust reporting tool?	Yes

Themes reported onto national FTSU data quarterly reporting tool?	Yes

NTH 2

Audit of two recent cases process	
How was case raised? **Anonymous** **Confidential** **Open**	Confidential
Time periods: • **Date raised with FTSU.** • **Date of initial response?** • **Date manager appointed.** • **Date of closure of concerns?** • **No of Days Open**	11/10/2023 11/10/2023 11/10/2023 12/10/2023 1
Part of Multiple or single concern re same issue?	Single Concern
Reported to Senior Manager for Investigation?	Reported to a Senior Manager for assurance.
Documentation of cases recorded?	Yes, on a password protected disclosure sheet that can only be accessed by the FTSU.
What was the process used to escalate the issues?	The person who raised the concern came to see the FTSU, they were informed of the process, with regards to speaking up openly or confidentially, they consented to escalating the concern to the most appropriate person that the FTSU identified and were aware that the FTSU is impartial and does not investigate. The FTSU contacted the senior manager and once the concern was reviewed the person raising the concern was given feedback. The person was happy with the outcome and the case was closed. The FTSU sent a feedback form, and themes were reported for learning at the monthly Executive meeting.
Evidence of feedback to staff member, where appropriate?	Feedback was given via a phone call, which was mutually agreed by the person raising the concern and the FTSU. This is documented on the password protected disclosure sheet.
Evidence of documentation on the Trust reporting tool?	Yes

Themes reported onto national FTSU data quarterly reporting tool?	Yes

STH 1

Audit of two recent cases process	
How was case raised? **Anonymous** **Confidential** **Open**	Open **Case REF:** 2023/01/18 (Year/Quarter/Case Number)
Time periods: • **Date raised with FTSU.** • **Date of initial response?** • **Date manager appointed.** • **Date of closure of concerns?** • **No of Days Open**	12/06/2023 13/06/2023 13/06/2023 03/08/2023 52
Part of Multiple or single concern re same issue?	Single
Reported to Senior Manager for Investigation?	Yes
Documentation of cases recorded?	Yes – on the online reporting system
What was the process used to escalate the issues?	Escalated to senior manager for IPC then delegated to senior Matron for the area concerned.
Evidence of feedback to staff member, where appropriate?	Documented on online reporting system
Evidence of documentation on the Trust reporting tool?	Documented on online reporting system
Themes reported onto national FTSU data quarterly reporting tool?	Yes Q1 2023

STH 2

Audit of two recent cases process	
How was case raised? **Anonymous** **Confidential** **Open**	Confidential **Case REF:** 2023/02/19 (Year/Quarter/Case Number)
Time periods: • **Date raised with FTSU.** • **Date of initial response?** • **Date manager appointed.** • **Date of closure of concerns?** • **No of Days Open**	30/08/2023 30/08/2023 30/08/2023 24/11/2023 86
Part of Multiple or single concern re same issue?	Single
Reported to Senior Manager for Investigation?	Yes
Documentation of cases recorded?	Yes, on online reporting system
What was the process used to escalate the issues?	Reported to senior manager with responsibility for H&S then delegated to manager with responsibility for service to investigate.
Evidence of feedback to staff member, where appropriate?	Yes, on online reporting system
Evidence of documentation on the Trust reporting tool?	Yes, on online reporting system.
Themes reported onto national FTSU data quarterly reporting tool?	No to be reported In Q3 2023 Submission in January 2024 as we are still in Q3 at time of writing.

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Maternity Perinatal Quality Surveillance and Safety Report for Quarter 3 2023/24

Meeting date: 17 April 2024

Reporting to: Group Board of Directors

Agenda item No: 11

Report author: Stephanie Worn - Associate Director of Midwifery

Action required:
Assurance

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

Previously presented to:
Quality Committee 25.03.2024; Maternity Quality Assurance Council 13.03.2024

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☐

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

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

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

Make best use of our resources ☐

CQC domain link:

Safe

Board assurance / risk register this paper relates to:

1A – Patient Safety and Outcomes, 1B – Patient and Carers Experience, 1C – Healthcare Standards in Single Oversight Framework, 2A - Workforce

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.

The purpose of the report is to inform and provide assurance to North Tees and Hartlepool Foundation Trust (NTHFT) Trust Board that there is an effective system of clinical governance monitoring of the safety of our maternity services with clear direction for learning and improvement.

Section 1 - 5
The report identifies reporting for a safety event that meets the criteria for:

- Perinatal Mortality Review Tool (PMRT)
- Healthcare Safety Investigation Branch (HSIB)
- Serious Incidents
- Incidents graded moderate above

The maternity services undertake a rapid response to learning following any of the above events and an investigation is commenced in line with the required processes and timeframes. In quarter 3, it was identified there was an opportunity to enhance training in relation to antenatal assessment and this has been actioned. The aforementioned local intelligence and triangulated with the Trusts claims scorecard to inform a shared learning plan for targeted interventions and included in the developing plans for patient safety incidence response plan.

Section 6
In October 2023, the Trust received an Ockenden insights facilitated by the ICB and Local Maternity Neonatal Service (LMNS) to benchmark the maternity services position against the 7 immediate and essential actions (IEAs). The Trust received positive feedback and there was by the visiting team of the improvements seen from the previous year's visit, in terms of staff feedback, leadership and quality improvements. Progress towards achieving all IEAs is on track for compliance and will be reviewed in April 2024

Section 7 - 8
The report identifies the in-month position for the Maternity Incentive Scheme (MIS) year 5 compliance position presented to members of the maternity Quality assurance Council in December. The Trust scheduled an extraordinary Board of Directors meeting for MIS year 5 progress and compliance declaration for the 25th January 2024.

Section 9
The report identifies an improvement in avoiding term admissions to neonatal unit (ATAIN) rates. There are ongoing monthly multidisciplinary reviews and the outcomes inform the development of an action plan. Developments in services towards implementing a transitional care pathway for late preterm babies are continuing with a detailed action plan.

Section 10
The report identifies safe staff staffing through the Birthrate Plus (BR+) acuity app red flag system and describes the escalation plans to mitigate against high acuity and or staffing pressures. The vacancy rate for registered midwives in-month was -9.04wte with a forecast of -4.83wte by April 2024.

There is a 17% deficit in the consultant medical workforce available for emergency obstetric work. The current consultant workforce has been undertaking additional shifts to ensure safe staffing for obstetrics. Recruitments plans are in place for two consultant posts, and a locum consultant post. The department is undergoing a detailed perinatal workforce review.

Section 11
The report identifies the training compliance for both National and Trust requirements. The service is supporting individual training requirements to achieve Trust mandatory training.

Section 12-13
The report identifies feedback from complaints, compliments, the Maternity and Neonatal Voice Partnership (MNVP) provide learning opportunities that are shared with all staff groups. The MNVP continue with progress towards the 23/24 work plan and are actively involved with the LMNS. The new MNVP guidance was published in quarter 3 and the LMNS will facilitate workshops to facilitate future developments of work plans for 2024/25.

Section 14
The report identifies the work priorities and achievements for the specialist midwifery roles. Developments are in progress to provide a 7-day service provision for bereavement care.

Section 15
The NTHFT quadrumvirate have joined the national Perinatal Culture and Leadership Programme (PCLP) and continue to receive support from the Board Maternity Champion and the Non-Executive Director Maternity Champion via bi-monthly meetings. The report identifies the progress of the perinatal SCORE (Safety Culture, Operational risk, Reliability/burnout and Engagement) staff survey.

Section 16 -18
These sections summary the current risk register and recommendations that are outlined in the following document.

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 Board of Directors are asked to receive and note the commitment to quality and safety of the teams providing perinatal services.

The Board of Directors are asked to receive and note the culture and leadership developments.

Meeting of the Group Board of Directors

17th April 2024

Maternity and Neonatal Services Safety and Quality Report for Quarter 3 2023/24

1. Introduction/Background

The purpose of the report is to inform and provide assurance to North Tees and Hartlepool Foundation Trust (NTHFT) Board that there is an effective system of clinical governance in place monitoring the safety of our maternity service with clear direction for learning and improvement.

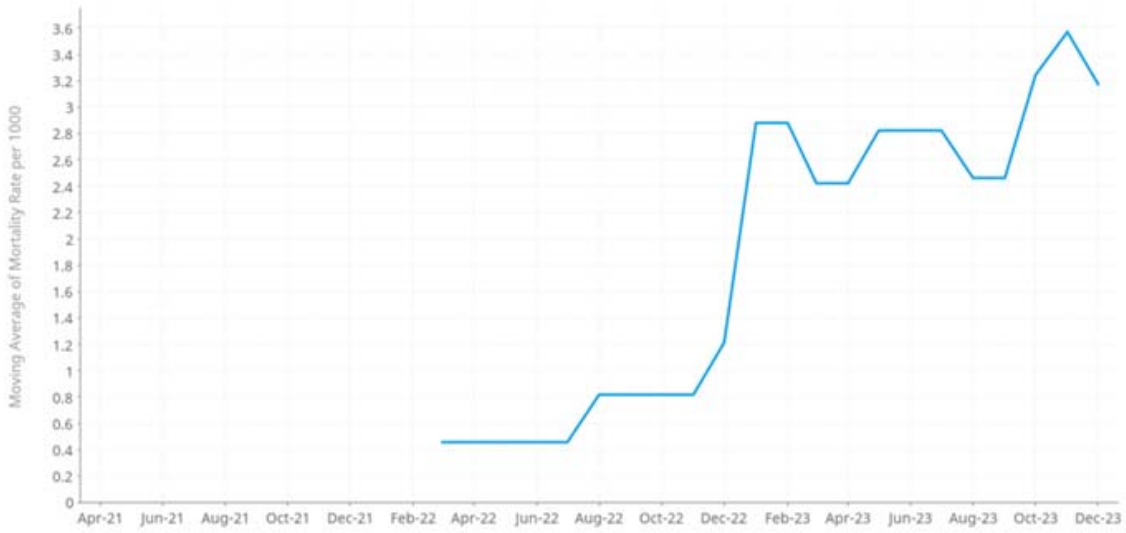
The data within this report is for Quarter 3 of 2023/24. Where any data provided sits outside this reporting timeframe this will be specified within the report. This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety, as outlined in the NHSEI document 'Implementing a revised perinatal quality surveillance model' (December 2020).

2. Perinatal mortality rate

In Quarter 3, there was less than five stillbirths reported and less than five neonatal deaths. The rolling annual stillbirth rate per 1000 births is demonstrated in graph 1. The rolling neonatal death rate per 1000 births, inclusive of early and late neonatal deaths is demonstrated in graph 2. On average the Trust has 200 births per month.

Graph 1. Rolling annual Stillbirth rate per 1000 births

Graph 2. Rolling annual neonatal death rate per 1000 births



2.1 Perinatal Mortality Review Tool (PMRT) real time data monitoring tool

Mothers and Babies: Reducing Risk through Audits and Confidential Enquires-UK (MBRRACE-UK) collects data on perinatal death defined as babies born without signs of life from 22 weeks gestation to term and neonatal deaths at any gestation up to 28 days of age, excluding terminations of pregnancy. Stillbirths are defined from 24 weeks.

All eligible perinatal deaths have met the required standards of notification, parental input and multidisciplinary team (MDT) review. The number of cases and key learning points are reported monthly to the Quality Committee and quarterly to the Trust Board of Directors.

2.2 Learning from PMRT reviews Quarter 2 and Quarter 3

A rapid response to learning is undertaken to identify and action any immediate learning until the full PMRT review has been completed within the expected timeframe. In quarter 3, a rapid response to learning identified there was a missed opportunity for timely antenatal booking and referrals to support services. This has been actioned through staff training and team communications.

3 Maternity and Neonatal Safety Investigations

3.1 Background

Maternity and Neonatal Safety Investigation team (MNSI) formally known as HSIB undertake maternity investigations in accordance with the Department of Health and Social Care criteria (Maternity Case Directions 2018).

3.1.1 Babies

Babies who meet the criteria for investigation include all term babies born following labour (at least 37 completed weeks of gestation), who have one of the following outcomes are:

- Intrapartum stillbirth.
- Early neonatal death.
- Severe brain injury diagnosed in the first seven days of life.

3.1.2 Mothers

Mothers who meet the criteria for investigation are direct or indirect maternal deaths of women while pregnant or within 42 days of the end of pregnancy. MNSI do not investigate cases where suicide is the cause of death.

3.2 Reported and investigation progress update

There were zero cases that qualified for notification to MNSI and no outstanding investigations.

3.3 Safety recommendations and learning from completed investigations from quarter3

The Trust had no MNSI investigations completed.

3.4 Coroner Reg 28 made directly to Trust

No requests made in this reporting period.

4. Maternity events

In addition to MNSI cases, the service has investigated zero incidents under the serious incident framework for quarter 3. Additionally the service reported no incidents graded as moderate harm or above for this period. Further incidents are broken down in table 1.

Table 1. Grading of incidents

Incident	October	November	December	Total
Near Miss	6	6	8	20
No Harm	43	75	79	197
Low Harm	12	5	9	26
Moderate Harm	0	0	0	0
Total	**61**	**86**	**98**	**243**

4.1 Maternity services suspension/divert/closure

In service sought mutual aid from neighbouring Trusts on one occasion in December due to high acuity. This was for a period of 5 hours and cases were assessed on a 1-1 basis.

5. MNSI/NHSR/CQC or other organisations with a concern or request for action made directly with the Trust.

In October 2022 the Maternity Services were placed on the Maternity Safety Support Programme (MSSP) following a review by the CQC, which rated Maternity Services as Requires Improvement. The Trust are working with the Simon Mehigan - named Maternity Improvement Advisor. In May 2023 the exit criteria from the MSSP was agreed by Trust, ICB and NHSE. There are 6 elements are:

1. Workforce.
2. Leadership.

3. Quality, risk and safety.
4. Digital.
5. Improvement plan.
6. CQC.

The Maternity team have actions plans to achieve each of the 6 criteria to be reviewed in April 2024.

6. Ockenden update

In response to failures at Shrewsbury and Telford NHS Trust, the initial Ockenden report (2020) set out recommendations and highlighted 7 Immediate and Essential Actions (IEAs) for all maternity services to enable them to improve safety for mothers and babies. The final Ockenden report was subsequently published in March 2022 and included 15 additional IEAs for all Trusts to act upon.

In October 2023, the Trust received an Ockenden insights facilitated by the ICB and Local Maternity Neonatal Service (LMNS) to benchmark the maternity services position against the 7 IEAS. The Trust received positive feedback and there was acknowledgment by the visiting team of the improvements seen from the previous year's visit, in terms of staff feedback, leadership and quality improvements. Progress towards achieving all IEAs is on track for compliance and will be reviewed in April 2024 (table 2)

To strengthen the existing reporting on Ockenden within the Care Group and to the Trust Board, compliance status will be incorporated within the overall safety action plan and further updates being appended to the monthly Maternity Improvement Group, Maternity Quality Assurance Council (MQAC) chaired by Chief Nurse, the Quality Committee chaired by a Non-Executive Director (NED) and then to the Trust Board of Directors.

Table 2: Quarter 3 Ockenden position

Ockenden 7 IEAs overview – December 2023	Quarter3
1) Enhanced safety	on- track
2) Listening to women and families	met
3) Staff training and MDT working	on- track
4) Managing complex pregnancy	on- track
5) Risk Assessment throughout pregnancy	on- track
6) Monitoring	met
7) Informed consent	on- track

7. NHS Resolution Maternity Incentive Scheme (MIS)

The MIS year 5 compliance monitoring period closed on the 7th December. Table 3 outlines the in-month position presented to members of the maternity Quality assurance Council in December 2023.

Table 3. MIS December position

Safety Action	Current Position	Progress
1 NPMRT	On track	Evidence available for •PMRT quarterly audit report •Trust compliance report of data submission •Board report inclusion of PMRT •Monthly PQSM •Inclusion of families in case reviews •Overarching improvement plan
2 MSDS	On track	Ongoing data submitted and clarified in July 2023. Compliant as of 10/11
3 Transitional Care	On track	Review of staffing framework reviewed and completed. Audit completed
4 Clinical Workforce Planning	On track	Audits completed (6monthly)/Improvement plan has been completed
5 Midwifery Workforce Planning	On track	A full update on recovery was presented at the last MQAC with an agreement that we are compliant with 100% labour ward coordinator supernumerary status. Next steps are to disseminate agreed process to team leaders and monitor closely. All red flags continue to be reviewed
6 SBLV3 Bundle	Requires Additional Work	Tool completed as requested. Ongoing discussions with LMNS. A review of all evidence will take place in January however there has been a request for an earlier review due to confirmation required for compliance
7 Patient Feedback	On Track	Work plan for the MVP is complete and uploaded to the Sharepoint site. The MVP coproduction for the CQC Maternity survey has been drafted and sent to the LMNS. Work plan reviewed by the LMNS
8 In house Training	Requires Additional Work	Training has reached the 85% with a plan in place to achieve 90% by March 2024
9 Safety Champions	On Track	Presentation of Triangulation Data. Score cards presented and feedback displayed in clinical areas
10 HSIB	On Track	Continue to monitor compliance /Audit of EN notification. HSIB reports have been shared with NHSR

The Trust scheduled an extraordinary Board of Directors meeting for MIS year 5 progress and compliance declaration for the 25th January 2024.

8. Saving Babies Lives Care Bundle Version 3

The Saving Babies' Lives Care Bundle is a group of actions that have been put together to reduce stillbirth. Each element has a specific action plan against it and together, these have now been shown to save babies' lives. Saving Babies Lives Care Bundle Version 3 (SBLCBv3) was published on the 30th May 2023 with a revised version published July 2023. There are 6 elements with a total of 70 interventions. The expectation is to be compliant with all interventions by March 2024. Local Maternity and Neonatal Systems (LMNS) will provide

oversight on behalf of NHSE. For the purpose of MIS year5 compliance of 50% of each element with an overall position of 70%.

In September 2023, NHSE published a 'Live' implementation tool to monitor progress. The position for November is outlined in Table 6. In December 2023, the Trust escalated to the LMNS and ICB to express concern of the tight timeframe of review of evidence as the Trust felt the review did not reflect any updated evidence from October 2023. A meeting was scheduled within the first week of January 2024.

9. Avoiding Term Admissions into Neonatal Unit (ATAIN) Rates

This is a programme of work to reduce avoidable admissions to a neonatal unit for infants born at term (over 37 weeks gestation) paralleled by reducing separation of mother and baby. The National ambition is a rate below 6%.

A total of 33 babies >37weeks gestation, were admitted to Special Care Baby Unit = 4.6 %. The reasons for admission were for respiratory support or observation. An improvement action plan of learning is shared at the maternity and neonatal safety champions meetings. The perinatal quadrumvirate (Obstetric Clinical Director, Care group Manager, Associate Director of Midwifery and Senior Clinical Matron for Neonates) have membership to this meeting. Monthly updates are reported at the Quality Committee, Trust Board of Directors and quarterly to the LMNS. An Advanced Neonatal Nurse Practitioner who is also now the lead for ATAIN audit in neonates is conducting a deep dive into respiratory admissions. Development to support transitional care services for late preterm babies is on-going with an expected date for implementation in Q1 2024/25.

10. Minimum safe staffing maternity services

Safe Maternity Staffing Organisational requirements for safe midwifery staffing for maternity settings (NICE 2017) states that midwifery staffing establishments develop procedures to ensure that a systematic process is used to set the midwifery staffing establishment to maintain continuity of maternity services and to provide safe care at all times to women and babies in all settings. In addition, the final Ockenden report (2022) states minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, staffing levels should be locally agreed with the Local Maternity and Neonatal System (LMNS). This must encompass the increased acuity and complexity of women, vulnerable families, and additional mandatory training to ensure trusts are able to safely meet organisational MIS and CQC requirements.

10.1 Midwifery Staffing

NICE (2017) recommend that an assessment is carried out every three years Ockenden (2022) recommends minimum staffing levels must include a locally calculated uplift, representative of the three previous years' data, for all absences including sickness, mandatory training, annual leave and maternity leave. Birth-rate Plus was commissioned and the final report received in January 2023. The Trust board agreed we are compliant with the funded established and approved an increase in headroom of 23% in April 2023 to support the additional training required by midwifery staff.

The registered midwifery (RM) vacancy position at the end of December was 9.04 wte. The monthly fill rates are shown in Table 7. The forecasted vacancy position for March 2024 is 3.05wte. Specialist midwives have been recruited to reflect BR+ recommended establishment.

The midwife to birth ratio is recommended to be 1:19.5. Due to the vacancy rate, the ratio has not been met (Table 4) and section 10.2 outlines actions and mitigations to minimise risks.

Table 4. Fill rates for qualified staff across maternity inpatient services

	October	November	December
RM fill rate %	83%	80%	79.5%
Midwife to birth ratio	1:20	1:23	1:25

10.2 Midwifery staffing safety measures.

The BR+ acuity app is used to provide indicators for safe staffing via a red flag system, 14 red flags were raised on a 12hr shift basis:

1 x Delayed or cancelled time critical activity.
2 x Delay between admission for induction and beginning of process.
9 x Labour Ward Coordinator not supernumerary. Reviewed at MQAC.
2 x 1-1 care in active labour

Red flags are reviewed and monitored through the governance process. The 9 red flags raised for loss of supernumerary status of the labour ward coordinator were reviewed. Internal escalation was activated and for each of the nine red flags, the labour ward coordinator did not provide 1-1 care, therefore retained supernumerary status.

Midwifery staffing compliance is reviewed weekly and it has been identified that a decrease in compliance occurs out of hours or when the unit is in high acuity and escalation. On these occasions, the escalation policy has been followed with the Clinical Site manager (CSM) and manager on call contacted, staff being redeployed internally and the community midwives being brought in. These measures were taken for very short periods and the situation rectified at the earliest opportunity.

Mitigations and escalation process to address staffing shortfalls have continued during this reporting period. A risk assessment of midwifery staffing is complete and on the risk register for the service with actions and controls in place to mitigate risks as listed below.

- Daily staffing huddles with Senior Clinical Matrons.
- Request midwifery staff undertaking specialist roles to work clinically.
- Elective workload prioritised to maximise available staffing.
- Managers at Band 7 level and above work clinically.
- Relocate staffing to ensure one to one care in active labour and dedicated supernumerary Labour Ward Co-ordinator (LWC) roles are optimised.
- Activate the on call midwives from the community to support labour ward.
- Adopted the RESET tool.
- Supporting LWC in the appropriate use of BR+ acuity tool and escalation decision making.

In addition the midwifery team have led a proactive recruitment and retention campaign including, enhancing the existing preceptorship programme, 1-1 discussions for those considering leaving the profession or Trust, promoting staff wellbeing offers from the Trust,

regular recruitment marketing, hosting recruitment cafes and a commitment to International recruitment.

10.3 Community midwifery services

An external review of community services is being undertaken by members of the NEY Regional Midwifery team supported by the designated Maternity Improvement Advisor (MIA). There have been several staff engagement sessions and a survey. The report was received in November 2023, outlining opportunities such as a review of the workforce model, location of service provision and enhanced models of care. Development and planning meetings will be scheduled for December and January.

10.4 Obstetric staffing

There is a 17% deficit in the consultant medical workforce available for emergency obstetric work. The current consultant workforce has been undertaking additional shifts to ensure safe staffing for obstetrics. Recruitments plans are in place and the department has advertised for two new consultant posts, with interviews scheduled for January 2024. There is also an advert for a locum consultant post. The department is undergoing a detailed perinatal workforce review. There is a weekly safe obstetric staffing meeting coordinated by the operational manager with the clinical lead, rota administration team and specialty training lead to ensure safe staffing and plan clinical work to fit the training needs of the doctors in training in the department.

There is on-going monitoring of consultant attendance for obstetric emergencies to ensure consultant attendance for obstetric emergencies, is in line with the national recommendations of the Royal College of Obstetrics and Gynaecology. A six-month audit of out of hours' attendance showed full compliance with the standard (table 5).

Table 5. Obstetric Consultant Attendance for Obstetric Emergencies

Measure	Aim	October 2023	November 2023	December 2023
Consultant presence on labour ward (hours/week)	≥60 hours	100%	100%	100%
		There is a scheduled minimum of 98 hours/week consultant presence on site		
Reported Consultant non-attendance incidents (in line with RCOG guidance)	0	0	0	0
Audit of safety events in relation to consultant attendance against national standard	100%	100%	100%	100%

There are twice daily multidisciplinary team handovers of care for obstetrics and twice-daily consultant led multidisciplinary ward rounds.

10.5 Neonatal Nurse Staffing

The staffing compliance rate was 61.41%, with the national average for the quarter being 70%. Decrease in compliance from 89% in quarter 2, is due to increased acuity in October and increased acuity and occupancy in December. Compliance continues to be managed through escalation of additional shifts paid via NHSP and overtime in times of increased occupancy

and acuity however, there was difficulty in filing these additional duties in this period. This continues to be managed as a risk (6600) on the Trusts risk register.

Neonatal Medical Staffing Compliance
The neonatal medical staffing continues to be compliant with BAPM guidance in all tiers.

10.6 Staff survey feedback

The staff survey was live and further updates will be provided once the results are published.

11. Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training.

11.1 Background

The Trust has worked in collaboration with the NENC Local Maternity and Neonatal System (LMNS) to develop a maternity training syllabus to meet the requirements of CCFv2, supporting standardisation of training, servicer user involvement and shared resources. At the end of quarter 3, the MDT skills training was below the 90% threshold but above the 80% threshold.

The obstetric department mandatory training is shown in Table 6. Compliance will continued to be monitored monthly and to support staff to access training. A review of mandatory training modules will be undertaken as an opportunity to ensure the assigned training is appropriate for each of the staff groups.

Table 6. Maternity workforce mandatory training

	Oct-23	Nov-23	Dec-23
Obs & Gynae / Department - Overall Compliance	Compliance %	Compliance %	Compliance %
Grand Total	88.90%	88.45%	88.43%

12. Insights from service users

12.1 Complaints and compliments overview

The monthly numbers of both complaints and compliments are outlines in Table 7 and Table 8 formal complaints within quarter 3 related to:

- Staff attitude
- Care provided
- Lack of compassion
- Communication

The above has been communicated to maternity staff through mandatory training and ward meetings.

Table 7. Complaints

Complaints	October	November	December	Total
Stage 0	0	2	2	4
Stage 1	0	3	3	6
Stage 2	1	2	2	5
Consent	0	0	0	0

Table 8. Compliments

Compliments	October	November	December	Total
Attitude	3	3	0	6
Care provided	0	17	27	44
Compassion	0	3	1	4
Staff to staff	0	9	1	10
Communication	0	1	1	2
Total	**3**	**33**	**30**	**66**

12.2. Service user insights from Maternity and Neonatal Voice Partnership (MNVP)

The MNVP meet with the senior leadership monthly where feedback is shared from service users, local and regional forums. Other agenda items include work plans, and engagement opportunities. The MNVP regularly attend meetings within the governance structures. Current projects include:

- Engagement with local communities through baby banks within some of the most deprived communities.
- Development of communication strategies and branding.
- Developing patient information leaflets.
- Expanding the team

The MNVP new guidance was published in November 2023. Support workshops are to be facilitated by the LMNS along with the Trust perinatal services.

12.3 Service user insights taken from a recent CQC peer review

No new update since the previous report**.** The National Maternity survey is expected to be published in quarter 4 of 2023/24.

13. Continuity of Care

There is no longer a national target for Maternity Continuity of Carer (MCoC). Local midwifery and obstetric leaders should focus on retention and growth of the workforce, and develop plans that will work locally taking account of local populations, current staffing, more specialised models of care required by some women and current ways of working supporting the whole maternity team to work to their strengths. NHS England expects the trust to continue to review our staffing in the context of Ockenden's final report. The local LMNS, regional and national colleagues are available to support the trust with this including how to focus MCoC on those women from vulnerable groups who will benefit the most from this care.

13.1 Progress to Date

The following Table 9 outlines the current percentage on a continuity pathway i.e. the same team of midwives looking after women throughout their antenatal, intrapartum (labour) and postnatal care.

Table 9. Maternity Continuity of Carer Percentage

	% of women who are on a CoC pathway at 29 weeks	% of women who are from the BAME community on a CoC pathway at 29 weeks	% of women who live in the 10% most deprived on a CoC pathway at 29 weeks	% of women who were cared for in labour by their continuity team
October	9.1%	7.1%	9%	10%
November	7.7%	6.9%	12%	12.5%
December	8%	14.3%	9.7%	16%

Due to a change in risk factors, the number of women that receive continuity of care through the intrapartum period is lower than the above figures. With support from the Trust's public health team, the service identified there was area for future development to explore enhanced continuity of care to progress the National maternity safety ambitions. A scoping project to understand population demographics will be developed in quarter 4.

14. Quality improvement and research

14.1 Infant feeding and health in pregnancy specialist services

NTHFT population have some of lowest rates of Breast Feeding at a NENC and national level. In January 2023, NTHFT registered its intent to gain Baby Friendly Initiate (BFI) accreditation. The following outlines key activities and achievements:

- Specialist infant feeding service available with supporting SOP for referral criteria. Plans to consider infant feeding clinic in 2024.
- Infant feeding lead to commence IBCLC (International Board Certified Lactation Consultant) qualification Jan 2024.
- Infant feeding involvement in QI project NeoTRIPS.
- Continued work towards achieving sustainability standards.

14.2 Quality Improvement Lead

There are several quality improvement projects active:

- Post-Partum Haemorrhage: risk assessment documentation implanted in the electronic patient record system.
- Mechanical induction of labour: on going work to develop processes, estates and training for staff.
- NeoTRIPS: Started a new national project to improve expressed breast milk (EBM) in pre-term infants less than 34weeks gestation.

14.4 Digital Specialist Midwife

The implementation of the new electronic patient record (EPR) system known as Badgernet was launched across all areas of the maternity services by November 2023. The digital team provided significant support to aid a smooth transition. A review of the system will be commenced within 6 months of the launch.

14.5 Bereavement Specialist Midwife

There has been much work on going and the following highlights key activities:

- Collaborative working with pathology team to update guidelines in line with national recommendations.
- Supported the research team to implement a new research study MiNESS 20-28 (working together to prevent early stillbirth)
- Improved accessibility for bereaved parents to use Snowdrop Suite.
- Developed educational resources to support A&E staff to assist them when caring for patients with early miscarriage.
- Maternity Bereavement Experience Measure (MBEM) went live.

Potential risk and issues

- Provision of a 7-day bereavement service as per Ockenden recommendation. There are plans to identify and develop bereavement midwife champions who will receive tailored training.
- Provision of bereavement care training to all staffs. Focused discussions with the practice development midwife are too be planned and the with the LMNS training faculty.

15. Culture and Leadership

15.1 Board level safety champion meetings

Safer maternity care called on maternity providers to designate and empower individuals to champion maternity safety in their organisation. The board-level maternity safety champion will act as a conduit between the board and the service level champions. The role of the maternity safety champions is to support delivering safer outcomes for pregnant women and babies.

The meetings are held with the Executive Board Champion, Non-Executive Director Maternity Champion, the Obstetric, Midwifery and Neonatal Safety Champions, representative from Maternity and Neonatal Voice Partnership, Neonatal Matron, and Clinical Director, Associate Director of Midwifery, perinatal quadrumvirate and the Patient Safety, Risk and the Governance Lead midwife. The meetings are bi-monthly, followed by a walkabout of the clinical areas. National, Regional and system developments are discussed along with audits and improvement plans for ATAIN and the optimisation Bundle. The perinatal quadrumvirate provide regular feedback and inform the members of progress and intelligence shared by peer ‘perinatal quads’.

The feedback from the perinatal walkabouts are:

- IT resources and equipment – maternity clinical areas are to be prioritised to update IT equipment.

- Culture – staff feel supported and they can see improvements to the service and professional development opportunities.
- Escalation – staffing pressures and high acuity led to many occasions of internal staff escalation. Staff felt there was a lack of planning to address staffing levels. The senior clinical matrons will ensure staffing levels and escalation plans are communicated daily at staffing huddles and the workforce statistics will be displayed monthly.

15.2 Advocating for education and quality improvement (A-equip) and professional midwifery advocacy themes

The Professional Midwifery Advocate (PMA) continues to offer restorative support, one to one and in groups, as well as signposting to further sources of support, information and assistance. As a critical part of the advocating for education and quality improvement (AEQUIP) model, the PMA focuses efforts on empowering midwives to confidently handle situations themselves, improve relationships with peers and managers, and to seek ways to increase service quality, safety and excellence. The PMAs are developing plans to support those new to the role and a sessional schedule.

15.3 Culture

The perinatal services undertook a SCORE (Safety Culture, Operational risk, Reliability /burnout & Engagement) survey, as part of NHSE Perinatal Culture and Leadership Programme, facilitated by an external organisation known as Korn Ferry. The data will be analysed by Korn Ferry followed by feedback sessions open to all staff to support the next steps in culture development. Volunteers across the perinatal service have received training in leading cultural conversations to enable locally facilitated feedback sessions and development of a culture improvement plan. It is anticipated that the cultural conversation sessions will commence in quarter 4.

16. Risk register

In quarter 3 the service reported 3 new approved risks.

- 6691- Risk of suboptimal patient outcomes due to the potential inability to provide consultant cover 24/7
- 6700- Lack of dedicated maternity triage service increasing risk of deterioration of women and babies causing suboptimal outcomes
- 6688 – Potential risk to women in labour due to usability of current labour beds

There were 18 open risks, graded as:

- 3 Moderate
- 11 Low
- 4 Very low

In line with the Trust risk management process, risks raised by the service are developed by the service and are reviewed in the weekly Care Group SMT meeting. From here they go to the weekly Operational Delivery Group meeting for discussion and review by the team and then to Risk Management Group. Additionally, risks are raised at the Maternity Quality Assurance Council, through Quality Assurance Committee to Board.

17. Key issues, significant risks and mitigations
Key issues:

The service collated evidence for MIS year 5 to be presented to the board of directors for an agreement of compliance for declaration.

The community midwifery service is undergoing a review of the workforce and care provision model. This may impact workforce morale and culture, which will be mitigated through engagement and communication from the senior midwifery team.

The service plans to implement an enhanced maternity triage service, in line with national recommendations, which will require a review of the workforce model, estates and facilities. The service has mitigation in place as there is an established triage system to enable prioritisation and timely assessment. The development of this service may impact workforce morale and culture, which will be mitigated through staff engagement and inclusion in the quality improvement work with communication and support from the senior maternity team.

18. Assurance and Recommendations

The Board of Directors are asked to receive and note the significant on-going work to meet National Maternity recommendations and workforce challenges.

The Board of Directors are asked to receive and note the culture and leadership developments.

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Finance Report Month 11 - NTHFT

Meeting date: 17 April 2024

Reporting to: Group Board

Agenda item No: 12

Report author: Paul Mullins, Acting Deputy Director of Finance

Action required:
Information

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

Previously presented to:
Resources Committee 26th March 2024

NTHFT strategic objectives supported:

Putting patients first ☐

Valuing our people ☐

Transforming our services ☒

Health and wellbeing ☐

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

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

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

Make best use of our resources ☐

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

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

Key discussion points and matters to be escalated from the meeting

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

Not applicable

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

The financial position is closely monitored on a monthly basis.

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

The financial position at the end of Month 11 is a cumulative surplus of £1.3m, which is £0.9m ahead of the year-to-date plan.

Recommendations:

Members of the Board are asked to:

- Note the financial position for Month 11 2023/24.

Meeting of the Group Board

17th April 2024

Financial Performance Report: Month 11 (reporting to 29th February 2024)

Report of the Interim Director of Finance

1. Introduction/Background

1.1 The purpose of this report is to provide a high level summary position of the Month 11 financial position of the Trust and identify key issues for information and any matters for escalation.

2. Main content of report

2.1 Month 11 Financial Position Integrated Care System (ICS)

The Integrated Commissioning Board (ICB) has recently published the Month 11 system financial position. The Month 11 YTD position is a £3.208m deficit, compared to a deficit YTD plan of £20.402m, meaning the ICS is ahead of plan by £17.194m.

All providers continue to forecast delivery of original financial plans with the exception of Northumbria Healthcare NHS Foundation Trust and North Tees and Hartlepool NHS FT who are both forecasting to be ahead of plan.

2.2 Month 11 Financial Position (Trust)

North Tees & Hartlepool NHS Foundation Trust - Statement of Comprehensive Income	Current Month £000's			Year to Date £000's		
	Plan (£'000s)	Actual (£'000s)	Variance (£'000s)	Plan (£'000s)	Actual (£'000s)	Variance (£'000s)
Total Income	32,701	33,348	647	359,305	377,731	18,426
Total Pay Expenditure	(22,635)	(25,090)	(2,455)	(244,762)	(259,268)	(14,506)
Total Non Pay Expenditure	(9,026)	(8,690)	337	(97,064)	(101,567)	(4,502)
EBITDA	**1,040**	**(431)**	**(1,471)**	**17,478**	**16,895**	**(583)**
Post EBITDA Items	(1,547)	(1,021)	527	(17,021)	(15,841)	1,180
Total Consolidated Surplus/(Deficit)	**(508)**	**(1,452)**	**(944)**	**458**	**1,054**	**597**
Remove capital donations/grants I&E impact	0	(42)	(42)	0	260	260
Add back impairments	0	0	0	0	0	0
Adjusted Surplus/(deficit) for the year	**(508)**	**(1,493)**	**(986)**	**458**	**1,315**	**857**

At Month 11, the Trust is reporting an in-month deficit of £1.493m against a planned deficit of £0.508m, which is £0.985m behind plan. The Trust is reporting a year-to-date surplus of £1.315m against a plan of £0.458m, which is £0.857m ahead of plan.

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

Total Trust income in Month 11 is £33.348m (including donated asset income and finance income). Month 11 pay expenditure totalled £25.090m. Month 11 non-pay expenditure totalled £8.690m. The Month 11 year to date net contribution from Optimus is £0.233m against a plan of £0.157m (£0.076m ahead of plan) and the year-to-date net contribution from the LLP is £1.673m against a plan of £1.084m (£0.589m ahead of plan).

The Month 11 return was submitted to NHSE on 15th March 2024.

Key Point: The Trust's financial plan contains a number of risks, specifically relating to industrial The Trust's 2023/24 financial plan contained a number of risks, specifically relating to industrial strikes, pay award pressures and delivery of CIP. Despite this, the Trust is reporting being ahead of plan by £0.857m at Month 11, and has submitted the Month 11 financial return to NHSE, forecasting to deliver a £1m surplus.

2.3 CIP

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

In total at M11, the Trust is forecasting to deliver £20.6m of the £20.7m required, across Care Groups, Corporate Directorates and central schemes. Of the £20.6m forecasted CIP delivery for 2023/24, £10.5m is recurrent and £10.1m is non recurrent. Focus remains on conversion of non-recurrent efficiencies.

2.4 Capital Programme 2023/24

The Trust's capital programme for 2023/24 is £38.6m. Month 11 YTD spend (excluding donated assets) is £17.9m against a plan of £22.7m so is behind plan by £4.8m. The Trust is forecasting to underspend against its capital plan by £0.25m. Detailed capital programme reports are presented to CRMG on a monthly basis.

2.5 Liquidity

The cash balance as at the end of Month 11 stood at £77.5m. The Trust's strong liquidity position has helped support the good performance against the 95% Better Payment Practice Code and the position for the period to date is shown below:

	YTD Number	YTD Value £000
Total bills paid in the year	62,210	163,145
Total bills paid within target	60,279	159,378
Percentage of bills paid within target	**96.9%**	**97.7%**

2.6 Statement of Financial Position (SOFP)

The following table shows the SOFP as at 29th February 2024

	£000
Non-current assets	
Intangible assets	6
Other property, plant and equipment (excludes leases)	119,756
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	18,067
Receivables: due from NHS and DHSC group bodies	663
Receivables: due from non-NHS/DHSC group bodies	1,126
Total non-current assets	**139,618**
Current assets	
Inventories	6,873
Receivables: due from NHS and DHSC group bodies	2,679
Receivables: due from non-NHS/DHSC group bodies	25,072
Credit Loss Allowances	(2,533)
Cash and cash equivalents: GBS/NLF	71,958
Cash and cash equivalents: commercial / in hand / other	5,551
Total current assets	**109,600**
Current liabilities	
Trade and other payables: capital	(2,037)
Trade and other payables: non-capital	(55,459)
Borrowings	(4,145)
Other financial liabilities	(922)
Provisions	(10,367)
Other liabilities: deferred income including contract liabilities	(7,843)
Total current liabilities	**(80,773)**
Total assets less current liabilities	**168,445**
Non-current liabilities	
Borrowings	(33,688)
Provisions	(2,014)
Total non-current liabilities	**(35,702)**
Total net assets employed	**132,743**
	£000
Financed by	
Public dividend capital	185,413
Revaluation reserve	12,412
Income and expenditure reserve	(65,083)
Total taxpayers' and others' equity	**132,742**

2.7 **System Oversight Framework Metrics**

The Trust is monitored by NHSE against four key financial metrics in the System Overnight Framework and the position as at Month 11 is set out as follows;

- Financial efficiency – this is green rated due to the Trust reporting an ahead of plan position to Month 11 of £0.857m. The Trust continues to identify, scope and cost schemes for delivery in 2023/24 and future years. Focus remains on identifying recurrent schemes.
- Financial stability – this is green rated as the Trust is reporting a YTD surplus of £1.315m (to achieve green required breakeven position YTD or better).
- Mental Health Investment Standard – this only applies to mental health Trusts.
- Agency spending – this is red rated as the Trust has spent 119% of the agency cap (£5.472m), per Month 11 reporting. To date the Trust has spent £6.532m on agency staff.

3. Recommendation

The Trust Board is asked to:

- Note the financial position for Month 11 2023/24.

Author Name: Paul Mullins

Job Title: Acting Deputy Director of Finance

Date: 19th March 2024

Finance Report Month 11 - STHFT

Meeting date: 17 April 2024

Reporting to: Group Board

Agenda item No: 12

Report author: Chris Dargue, Deputy Chief Finance Officer

Action required:
Information

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

Previously presented to:
Resources Committee 28th March 2024

NTHFT strategic objectives supported:

Putting patients first ☐

Valuing our people ☐

Transforming our services ☐

Health and wellbeing ☐

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

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

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

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

This report relates to Board Assurance Framework risk 6.

Key discussion points and matters to be escalated from the meeting

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

Not applicable

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

The financial position is closely monitored on a monthly basis.

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

The financial position at the end of Month 11 is a cumulative deficit of £18.0m, which is in line with the year-to-date plan.

Recommendations:

Members of the Board are asked to:

- Note the financial position for Month 11 2023/24.

Month 11 2023/24 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Board on the Trust's financial performance as at Month 11 of 2023/24.

2. BACKGROUND

For 2023/24, the system-based approach to planning and delivery continues, with each provider trust fully mapped to a single Integrated Care System (ICS). The agreed plan for North East and North Cumbria (NENC) Integrated Care System (ICS) for 2023/34 was on overall system deficit of £49.9m.

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

The plan was developed in conjunction with the NENC ICS, with external review by regional and national NHSE, and with internal review and oversight provided through the Resources Committee and meetings of the Trust Board. The outcome report from the NHSE review found no financial governance concerns and noted the Trust's structural and underlying financial position (eg: The James Cook University Hospital PFI scheme), and the fair shares funding issue apparent within the Tees Valley.

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

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

As per NHSE guidance the Month 11 position includes the funding relating to the Industrial Action that took place between April 2023 and January 2024 and the impact on PFI liabilities from the adoption of IFRS 16.

3. DETAILS

Trust Position Month 11 2023/24

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

NHSE have enabled trusts to adjust plans for material changes in income and expenditure since the submission in May, however planned profiles and adjusted

financial performance surplus/deficits must remain unchanged. Therefore, to minimise offsetting variances in income and expenditure, the plan has been adjusted for material changes, including the impact of the 2023/24 pay awards.

The Month 11 position against the NHSE plan and current operational budget is outlined in the table below:

STATEMENT OF COMPREHENSIVE INCOME	NHSE Plan £000	YTD Operational Plan £000	YTD Actual £000	YTD Variance £000
Operating income from patient care activities	742,299	772,261	773,027	766
Other operating income	44,489	50,539	52,370	1,831
Employee expenses	(465,198)	(491,622)	(493,284)	(1,662)
Operating expenses excluding employee expenses	(318,651)	(333,619)	(334,524)	(905)
OPERATING SURPLUS/(DEFICIT)	**2,939**	**(2,441)**	**(2,411)**	**30**
FINANCE COSTS				
Finance income	946	2,546	2,807	261
Finance expense	(17,688)	(17,688)	(27,765)	(10,077)
PDC dividends payable/refundable	(5,291)	(1,511)	0	1,
NET FINANCE COSTS	**(22,033)**	**(16,653)**	**(24,958)**	**(8,305)**
Other gains/(losses) including disposal of assets	0	0	55	55
Corporation tax expense	0	0	0	
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(19,094)**	**(19,094)**	**(27,314)**	**(8,220)**
Add back all I&E impairments/(reversals)	0	0	0	
Remove capital donations/grants/peppercorn lease I&E impact	1,085	1,085	260	(825)
Remove capital donations/grants/peppercorn lease I&E impact	0	0	0	
Remove actual IFRIC 12 scheme finance costs	0	0	26,856	26,856
Add back forecast IFRIC 12 interest on an IAS 17 basis	0	0	(6,357)	(6,357)
Add back forecast IFRIC 12 contingent rent on an IAS 17 basis	0	0	(9,903)	(9,903)
Remove PDC dividend benefit arising from PFI liability remeasurement		0	(1,511)	(1,511)
Adjusted financial performance surplus/(deficit)	**(18,009)**	**(18,009)**	**(17,968)**	**41**
Less gains on disposal of assets	**0**	**0**	0	
Adjusted financial performance for the purposes of system achievement	**(18,009)**	**(18,009)**	**(17,968)**	**41**

At the end of Month 11 2023/24, the cumulative system performance deficit was £18.0m, which is in line with the year-to-date plan. In line with NHSE guidance, the Month 11 position includes the year-to-date restatement of the Trusts PFI liabilities, following the application of IFRS16, and is monitored against the revised NHSE system performance control total calculation.

Operating income from Patient Care Activities was £773.0m for Month 11 and was £0.8m ahead of plan. The Month 11 position assumes £10.0m income relating over-performance against the revised ERF targets, calculated on the first 8 months of 2023/24, with £4.1m relating to NENC ICB activity, £2.6m for HNY ICB activity and £3.3m for NHSE activity.

Other income received up to Month 11 totalled £52.4m and was ahead of plan by £2.5m. Research & Development and Training and Education are ahead of plan, which is offset within the expenditure position.

The Trust's year-to-date Pay Expenditure totalled £493.3m and is £1.7m overspent. Overspends are apparent in most pay categories, particularly Medical & Dental, NHS

infrastructure support staff, and Nursing & Midwife staff. The position includes actual costs of the industrial action relating to the first 11 months of the financial year.

Cumulative expenditure on Agency at Month 11 was £5.8m and is £0.3m underspent against plan. The plan assumed a further reduction of £400k / 5.5% in agency spend from 2022/23 levels.

The Trust's total expenditure on Operating Non-pay for Month 11 of 2023/24 was £334.5m and is overspent by 1.4m. This mainly relates to expenditure on Clinical Supplies and Drug expenditure. Research, Training & education expenditure is also overspent year-to-date, but is offset within the income position.

Finance Expenses are £10.1m overspent, which relates to the application of IFRS16 to the Trusts PFI liabilities. However, from Month 9, NHSE have amended the system performance control total calculation to remove the impacts of adoption of IFRS16 on PFI finance costs and interest payments, and PDC Dividends.

Cost Improvement Programme (CIP)

The Trust's 2023/24 financial plan includes an efficiency saving requirement of £39.4m.

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

Total delivery against the year-to-date plan stands at £31.2m (98.9%) at Month 11, with 63% of the savings delivered recurrently.

Capital

The Trust's gross capital expenditure plan for the 2023/24 financial year totals £53.0m.

The Trust's ICS Capital Departmental Expenditure Limit (CDEL) for 2023/24 amounts to £11.3m. The Trust's capital programme also includes external PDC funding for the Friarage Theatre development (£14.3m), Urgent Treatment Centre (£10.0m) and Electronic Patient Record support (£0.7m). The plan also includes expected PFI lifecycle costs of £13.7m.

The Trust's Year to date capital expenditure to Month 11 amounted to £40.8m.

Liquidity

The cash balance as at the 29th February amounted to £30.3m.

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

	YTD Number	YTD Value £000
Total bills paid in the year	89,103	571,245
Total bills paid within target	86,713	544,269
Percentage of bills paid within target	**97.3%**	**95.3%**

Statement of Financial Position (SOFP)

The table below shows the SOFP as at 29th February and the movement in Month 11:

	31 January 2024 £000	29 February 2024 £000	Movement between months £000
Property, Plant and Equipment	345,476	348,826	3,350
Long Term Receivables	837	609	(228)
Total Non-Current Assets	346,313	349,435	3,122
Current Assets			
Inventories	14,876	15,130	254
Trade and other receivables (invoices outstanding)	10,896	11,611	715
Trade and other receivables (accruals)	29,730	36,406	6,676
Prepayments including Pfi	16,687	10,606	(6,081)
Cash	21,165	30,266	9,101
Total Current Assets	93,354	104,019	10,665
Current and Non-Current Liabilities			
Borrowings	(276,588)	(276,103)	485
Trade and Other Payables	(151,206)	(156,842)	(5,636)
Provisions	(2,582)	(2,582)	0
Total Current and Non-Current Liabilities	(430,376)	(435,527)	(5,151)
Net Assets	9,291	17,927	8,636
Equity:			
Income and Expenditure Reserve	(450,215)	(441,579)	8,636
Revaluation Reserve	33,138	33,138	0
Public Dividend Capital	399,892	399,892	0
Other Reserves	26,476	26,476	0
Total Equity	9,291	17,927	8,636

4. RECOMMENDATIONS

Members of the Board are asked to:

- Note the financial position for Month 11 2023/24

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Modern Slavery and Human Trafficking Statement - NTHFT

Meeting date: 17 April 2024

Reporting to: Group Board of Directors

Agenda item No: 13

Report author: Stuart Irvine, Director of Strategy, Assurance and Compliance/Company Secretary

Action required:
Approval

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.

To present the Modern Slavery and Human Trafficking Statement for 2024/25 to the Board of Directors for approval, in line with requirements of section 54 (1) of the Modern Slavery Act 2015.

This statement is made pursuant to Section 54 of the Modern Slavery Act 2015 and sets out the steps the Trust and its subsidiary companies: North Tees and Hartlepool Solutions Limited Liability Partnership and Optimus Health Limited have taken, and are continuing to take, to make sure that modern slavery or human trafficking is not taking place within the business, subsidiary companies or supply chain during the year ending 31 March 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 Modern Slavery Act 2015 introduced changes in UK law, focused on increasing transparency in supply chains. Specifically, large businesses are now required to disclose the steps they have taken to ensure their business and supply chains are free from modern slavery, that is, slavery, servitude, forced and compulsory labour and human trafficking.

Commercial organisations that supply goods or services and have a minimum turnover of £36 million are required to produce a 'slavery and human trafficking statement' each financial year. This should set out the steps taken to ensure modern slavery is not taking place in the organisation's own business and its supply chains.

The Trust supports and has zero tolerance for slavery and human trafficking and is fully aware of its responsibilities towards service users, employees and local communities. There is an expectation that all the companies it does business with share and adhere to the same ethical values. The Trust has in place due diligence and internal policies and procedures that assess supplier risk in relation to the potential for modern slavery or human trafficking. It also operates a number of policies which support it in conducting business in an ethical manner, including recruitment and selection; equal opportunities and diversity; safeguarding; freedom to speak up; procurement; standards of business conduct; grievance and counter fraud, bribery and corruption.

The appended statement has been developed with input from a number of key stakeholders.

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 statement requires approval at Board level, following which it will be published in a prominent place on the organisation's website and that of its subsidiary companies.

Recommendations:

The Group Board of Directors are asked to approve the statement.

Slavery and Human Trafficking Statement 2024/25

This statement is made pursuant to Section 54 of the Modern Slavery Act 2015 and sets out the steps that North Tees and Hartlepool NHS Foundation Trust and its subsidiary companies: North Tees and Hartlepool Solutions Limited Liability Partnership and Optimus Health Limited have taken, and are continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business, subsidiary companies or supply chain during the year ending 31 March 2025.

Due to the scope of our business North Tees and Hartlepool NHS Foundation Trust recognises that it may be at risk of modern slavery which encompasses slavery, servitude, human trafficking and forced labour. The Trust has a zero tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the business or our supply chain.

About the organisation

North Tees and Hartlepool NHS Foundation Trust provides integrated hospital and community health services to a population of around 400,000 people in Stockton-on-Tees, Hartlepool and East Durham, including Sedgefield, Peterlee and Easington. Care is delivered from two main acute hospital sites, the University Hospital of Hartlepool and the University Hospital of North Tees in Stockton-on-Tees and a number of community facilities across the area including Peterlee Community Hospital and the One Life Centre, Hartlepool. The Trust provides bowel and breast screening services, as well as community dental services to a wider population in Teesside and Durham and employs approximately 5,500 medical, nursing, allied health professionals, clinical and non-clinical support staff with a total annual turnover of around £365 million.

The strategic objectives of the organisation are:

- Putting our population first
- Valuing People
- Transforming our services
- Health and Wellbeing

The Trust's Commitment

The Trust supports and is aware of its responsibilities towards patients, service users, employees and the local community and expects all suppliers to the Trust to adhere to the same ethical principles. We have internal policies and procedures in place that assess supplier risk in relation to the potential for modern slavery or human trafficking.

We have zero tolerance for slavery and human trafficking and are fully aware of our responsibilities towards our service users, employees and local communities. We expect all the companies we do business with to share the same ethical values.

We also have an impartial Freedom to Speak up Guardian who supports staff to raise any concerns.

Due Diligence

We are committed to ensuring that:

- There is no modern slavery or human trafficking in our supply chains or in any part of our business and this includes our subsidiaries NTH Solutions LLP and Optimus Health Limited;
- Employment with the Trust and our suppliers is entirely voluntary;
- Our workplaces, and those of our subsidiaries and suppliers, are safe, healthy and free from discrimination or harassment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation, or any other characteristic that is protected by law;
- Corruption, in all its forms including extortion and bribery is prohibited;
- We have a number of policies which support us in conducting business in an ethical manner, including:

    - Recruitment and Selection Policy
    - Equal Opportunities and Diversity Policy
    - Adult Safeguarding Policy
    - Safeguarding Children Policy
    - Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy
    - Standards of Business Conduct Policy
    - Procurement Policy
    - Resolution Policy
    - Counter fraud, Bribery and Corruption Policy

All policies are reviewed to ensure they are working effectively every 3 years or earlier if relevant laws change or new evidence or guidance becomes available and they are available on the Trust's website www.nth.nhs.uk.

To identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain, the Trust and its subsidiary companies operates and adheres to a robust recruitment process including compliance with the National NHS Employment Checks / Standards (this includes employees UK address, right to work in the UK and suitable references) and employ agency staff (where appropriate) from agencies on approved frameworks so that we are assured that pre-employment clearance has been obtained to safeguard against human trafficking or individuals being forced to work against their will. If there is not an available worker from a framework agency, this is escalated to senior managers and local pre-employment checks, including the right to work in the UK, are sought.

We adhere to the principles inherent within both our safeguarding children and adult's policies. These provide clear guidance so that our employees are clear on how to raise safeguarding concerns, and by ensuring representation via the safeguarding team, on the Modern Slavery Network and the Vulnerable, Exploited, Missing, Trafficked strategic and operational groups, we provide a level of compliance with all respective laws and regulations. These include provision of fair pay rates, fair terms and conditions of employment and access to training and development opportunities.

Our purchasing and procurement is governed by the NHS 'Supplier Code of Conduct' and standard NHS Terms & Conditions. High value contracts are effectively managed and relationships built with suppliers through frameworks which have been negotiated under the NHS Standard Terms and Conditions of Contract with anti-slavery and human trafficking policies and processes in place. All of our suppliers must comply with the provisions of the UK Modern Slavery Act (2015).

The Trust upholds professional codes of conduct and practice relating to procurement and supply, including through our Procurement Team's membership of the Chartered Institute of Procurement and Supply

Training

Advice and training about modern slavery and human trafficking, including how to identify and respond to concerns and how to report suspected cases of modern slavery, is available to staff through our mandatory safeguarding children and adults training programmes, our safeguarding policies and procedures, and our safeguarding leads.

We also provide additional, targeted training for members of staff who are likely to identify modern slavery concerns in the course of their work. If required, bespoke training is provided to teams who identify a need for further information and support.

Our performance indicators

We will know the effectiveness of the steps that we are taking to ensure that slavery and/or human trafficking is not taking place within our business or supply chain if: no reports are received from our staff, the public, or law enforcement agencies to indicate that modern slavery practices have been identified.

The Trust reviews its Modern Slavery and Human Trafficking Statement on an annual basis and presents it at the Board of Directors meeting in Public. This demonstrates a public commitment, ensures visibility and encourages reporting standards.

Approval for this statement

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation

Derek Bell
Group Chair

Stacey Hunter
Group Chief Executive

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Modern Slavery and Human Trafficking Statement - STHFT

Meeting date: 17 April 2024

Reporting to: Group Board of Directors

Agenda item No: 13

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

Action required:
Approval

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.

To present the Modern Slavery and Human Trafficking Statement for 2024/25 to the Board of Directors for approval, in line with requirements of section 54 (1) of the Modern Slavery Act 2015.

This statement is made pursuant to Section 54 of the Modern Slavery Act 2015 and sets out the steps the Trust and its subsidiary company: South Tees Healthcare Management Ltd have taken, and are continuing to take, to make sure that modern slavery or human trafficking is not taking place within the business, subsidiary companies or supply chain during the year ending 31 March 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 Modern Slavery Act 2015 introduced changes in UK law, focused on increasing transparency in supply chains. Specifically, large businesses are now required to disclose the steps they have taken to ensure their business and supply chains are free from modern slavery, that is, slavery, servitude, forced and compulsory labour and human trafficking.

Commercial organisations that supply goods or services and have a minimum turnover of £36 million are required to produce a 'slavery and human trafficking statement' each financial year. This should set out the steps taken to ensure modern slavery is not taking place in the organisation's own business and its supply chains.

The Trust supports and has zero tolerance for slavery and human trafficking and is fully aware of its responsibilities towards service users, employees and local communities. There is an expectation that all the companies it does business with share and adhere to the same ethical values. The Trust has in place due diligence and internal policies and procedures that assess supplier risk in relation to the potential for modern slavery or human trafficking. It also operates a number of policies which support it in conducting business in an ethical manner, including recruitment and selection; equal opportunities and diversity; safeguarding; freedom to speak up; procurement; standards of business conduct; grievance and counter fraud, bribery and corruption.

The appended statement has been developed with input from a number of key stakeholders.

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 statement requires approval at Board level, following which it will be published in a prominent place on the organisation's website and that of its subsidiary companies.

Recommendations:

The Group Board of Directors are asked to approve the statement

Slavery and Human Trafficking Statement 2024/25

This statement is made pursuant to Section 54 of the Modern Slavery Act 2015 and sets out the steps that South Tees Hospitals NHS Foundation Trust and its subsidiary company: South Tees Healthcare Management Limited have taken, and are continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business, subsidiary company or supply chain during the year ending 31 March 2025.

Due to the scope of our business South Tees Hospitals NHS Foundation Trust recognises that it may be at risk of modern slavery which encompasses slavery, servitude, human trafficking and forced labour. The Trust has a zero tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the business or our supply chain.

About the organisation

South Tees Hospitals NHS Foundation Trust provides more than 37 specialties to 1.5 million patients across Teesside, North Yorkshire and beyond. Care is delivered from two main acute hospital sites, the University Hospital of James Cook and the Friarage Hospital in Northallerton and a number of community facilities across the area including Redcar Primary Care Hospital, East Cleveland Primary Care Hospital and the Friary Community Hospital.

We provide a large number of specialist services – delivering world-class cancer, cardiothoracic, spinal, cochlear implant, neurosciences, gynaecology vascular and urology care for patients across our region.

The James Cook University Hospital in Middlesbrough provides more than 37 different specialties all on one site. The majority of these specialist services deliver care to patients and service users across Teesside, North Yorkshire and beyond.

Together with our three primary care hospital wards and local community NHS teams, we provide care closer to home for patients from Hawes to East Cleveland and everywhere in between.

With more than 10,000 staff, we are the largest employer in Teesside and North Yorkshire.

The Trust's Commitment

The Trust supports and is aware of its responsibilities towards patients, service users, employees and the local community and expects all suppliers to the Trust to adhere to the same ethical principles. We have internal policies and procedures in place that assess supplier risk in relation to the potential for modern slavery or human trafficking.

We have zero tolerance for slavery and human trafficking and are fully aware of our responsibilities towards our service users, employees and local communities. We expect all the companies we do business with to share the same ethical values.

We also have an impartial Freedom to Speak up Guardian who supports staff to raise any concerns.

Due Diligence

We are committed to ensuring that:

- There is no modern slavery or human trafficking in our supply chains or in any part of our business and this includes our subsidiary South Tees Healthcare Management Ltd.
- Employment with the Trust and our suppliers is entirely voluntary;
- Our workplaces, and those of our subsidiaries and suppliers, are safe, healthy and free from discrimination or harassment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation, or any other characteristic that is protected by law;
- Corruption, in all its forms including extortion and bribery is prohibited;
- We have a number of policies which support us in conducting business in an ethical manner, including:

    - Recruitment and Selection Policy
    - Equal Opportunities and Diversity Policy
    - Adult Safeguarding Policy
    - Safeguarding Children Policy
    - Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy
    - Standards of Business Conduct Policy
    - Procurement Policy
    - Resolution Policy
    - Counter fraud, Bribery and Corruption Policy

All policies are reviewed to ensure they are working effectively every 3 years or earlier if relevant laws change or new evidence or guidance becomes available and they are available on the Trust's website www.southtees.nhs.uk

To identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain, the Trust and its subsidiary companies operates and adheres to a robust recruitment process including compliance with the National NHS Employment Checks / Standards (this includes employees UK address, right to work in the UK and suitable references) and employ agency staff (where appropriate) from agencies on approved frameworks so that we are assured that pre-employment clearance has been obtained to safeguard against human trafficking or individuals being forced to work against their will. If there is not an available worker from a framework agency, this is escalated to senior managers and local pre-employment checks, including the right to work in the UK, are sought.

We adhere to the principles inherent within both our safeguarding children and adult's policies. These provide clear guidance so that our employees are clear on how to raise safeguarding concerns, and by ensuring representation via the safeguarding team, on the Modern Slavery Network and the Vulnerable, Exploited, Missing, Trafficked strategic and operational groups, we provide a level of compliance with all respective laws and regulations. These include provision of fair pay rates, fair terms and conditions of employment and access to training and development opportunities.

Our purchasing and procurement is governed by the NHS 'Supplier Code of Conduct' and standard NHS Terms & Conditions. High value contracts are effectively managed and relationships built with suppliers through frameworks which have been negotiated under the NHS Standard Terms and Conditions of Contract with anti-slavery and human trafficking policies and processes in place. All of our suppliers must comply with the provisions of the UK Modern Slavery Act (2015).

The Trust upholds professional codes of conduct and practice relating to procurement and supply, including through our Procurement Team's membership of the Chartered Institute of Procurement and Supply

Training

Advice and training about modern slavery and human trafficking, including how to identify and respond to concerns and how to report suspected cases of modern slavery, is available to staff through our mandatory safeguarding children and adults training programmes, our safeguarding policies and procedures, and our safeguarding leads.

We also provide additional, targeted training for members of staff who are likely to identify modern slavery concerns in the course of their work. If required, bespoke training is provided to teams who identify a need for further information and support.

Our performance indicators

We will know the effectiveness of the steps that we are taking to ensure that slavery and/or human trafficking is not taking place within our business or supply chain if: no reports are received from our staff, the public, or law enforcement agencies to indicate that modern slavery practices have been identified.

The Trust reviews its Modern Slavery and Human Trafficking Statement on an annual basis and presents it at the Board of Directors meeting in Public. This demonstrates a public commitment, ensures visibility and encourages reporting standards.

Approval for this statement

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation

Derek Bell
Group Chair

Stacey Hunter
Group Chief Executive

South Tees Hospitals NHS Foundation Trust

February Resources Committee Chair's Log

Meeting: Resources Committee	**Date of Meeting** 28/02/2024
Connecting to: Main Board	

Key topics discussed in the meeting	

Financial position for Month 10

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

The adjusted financial position for the purpose of system performance was a deficit of £26.1m. The year-to-date financial position is underspent against plan by £0.3m and mainly relates to the PDC benefit which has arisen following the application of IFRS16 to the Trusts PFI liabilities. At Month 10 the Trust's forecast outturn position was in line with plan for the 2023/24 financial year

The Trust's 2023/24 financial plan includes an efficiency saving requirement of £39.4m. The Trust monitors the planning and delivery of its efficiency programme through the meetings of the Collaborative Improvement Planning Groups, with oversight from the CIP Steering Group (which includes Non-Executive Director membership). Support for the identification and delivery of efficiency schemes is provided to the Collaboratives and Corporate departments from the Trust's Service Improvement Office and Finance team. Total delivery against the year-to-date plan stands at £31.2m (98.7%) at Month 10

Extra Resources committee held on 14th March

Further work has been undertaken along side our regional colleagues and it resulted in our submission of the 21st March is likely to be around £53m deficit now (inclusive of the PFI IFRS16 pressure that the ICB are still escalating nationally to be normalised out).

Capital

The Estates Capital plan continues to be managed within the approved financial envelope by the monitoring of expenditure and project delivery risk. **2024/25**

Information Governance

Mr Imiavan presented the report and updated that the Trust continue to make steady progress in meeting an extensive set of IG standards – 110 assertions – that apply to provider Trusts. The Trust are on course to maintaining the achievement of DSPT rating of "MET" with final submission due 30th June 2024 consolidating our achievement from the preceding year, 2023. Staff training remains a challenge but are confident that the training plan in place and blended approach to training would, over the coming 4 months to June 2024, once again deliver on a target of 95% uptake.

Actions	Responsibility / timescale

Updates on the following for the next meeting:

- ICS Digital Strategy Update
- Clinical Coding
- EDRMS Business Case to be updated, look at options around Group and what can be done to release space on site.
- Cellular Pathology Business Case Update

Escalated items
Key Issues/ Concerns for escalation: • Challenging CIP target for 2024/25

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

South Tees Hospitals NHS Foundation Trust

March Resources Committee Chair's Log

Meeting: Resources Committee	**Date of Meeting** 28/03/2024
Connecting to: Main Board	

Key topics discussed in the meeting	

Financial position for Month 11

At Month 11 the reported position is a deficit of £18.0m at a system control-total level, which is in line with the year-to-date plan.

Cost Improvement

Support for the identification and delivery of efficiency schemes is provided to the Collaboratives and Corporate departments from the Trust's Service Improvement Office and Finance team. Total delivery against the year-to-date plan stands at £31.2m (98.9%) at Month 11, as shown in the table below.

2024/25 Planning

The Trust made a Full Plan submission to NHSE, ahead of the national deadline of 21st March 2024. The plan was developed in conjunction with the ICB, to ensure full alignment with the system plan. The Trust's current plan is to deliver a deficit of £52.6m for the 2024/25 financial year, as part of an overall system planned deficit of £174m for NENC ICS.

EDRMS Business case

The committee received a update on the EDRMS business case, we discussed that a bigger opportunity could exist to look at this from a group perspective.

Actions	Responsibility / timescale

Escalated items

Key Issues/ Concerns for escalation:

- Challenging CIP target for 2024/25
- Focus on whole time Equivalents.

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

South Tees Hospitals NHS Foundation Trust

Meeting: Quality Assurance Committee	Date of Meeting: 28/02/2024
Connecting to: Board of Directors	Chair : M Davidson
Key topics discussed in the meeting	

The following Assurance reports were considered:

- Board Assurance Framework, 6 reports at February QAC were considered for assurance for effective management of principal risks.
- Cancer Pathways Quarterly report
- Clinical Effectiveness report, including NICE and Service Evaluation , the report mitigates BAF risk 4.5
- Q3 Quality Priorities Update report, QAC was assured that an effective process is in place for reporting progress and that the majority of the quality priorities were on track.
- Fire Audit Risk Report; also discussed with the Audit and Risk Committee in February 2024 and will further report in May 2024 with updates for the Trust Board on progress
- Review of Assurance Reporting (Estates) , QAC noted the progress made on the review of Assurance reporting and was briefed on the proposed structure. In future a Providing a Safe Environment Group will provide assurance to the QAC.
- Chairs' Logs from reporting groups. Safe and Effective Care Strategic Group Key topics included 2 deep dives, outcomes will be reported to QAC in April 2024
- Safer Medication Practice Group…no identified escalations to Board of Directors

Actions	Responsibility / timescale
• Actions to be brought to March and April 2024 QAC meetings are detailed on the Action Log. • Review Quality Priorities Q4 will be brought to QAC as part of the Quality Accounts.	

Escalated items
• QAC recognised areas of improvement in a number of areas, including 12 hour waits, the majority of patient surveys are scoring above the national target and that medicines reconciliation has been increasing. • QAC agreed the improvements positively impact the patient experience in terms of safety and quality.

Risks (Include ID if currently on risk register)	Responsibility / timescale
No risks to add on 28/02/2024	

South Tees Hospitals NHS Foundation Trust

Meeting: **Quality Assurance Committee**	**Date of Meeting**: 27/03/2024
Connecting to: **Board of Directors**	Chair : M Davidson

Key topics discussed in the meeting	

The following Assurance reports were considered:

- Board Assurance Framework , 11 reports at March 2024 QAC were considered for assurance for effective management of principal risks.
- Integrated Maternity and Neonatal report, the Maternity Perinatal Quality Surveillance report, and the national CQC Maternity Survey Results 2023
- CQC Assurance report which described activity to ensure compliance with regulations and quality of care
- Patient Safety Incident Management report
- Mortality/ Learning from deaths
- Infection Prevention Control / HCAI Q3 report,
- Health Inequalities report (6 monthly) provided Significant assurance to QAC that this work is progressing
- CQUIN 2023/2024 and Q3
- Chairs Logs from Safe and Effective Care Strategic Group and Safe Medication Practice Group , an issue raised that was covered in the Integrated Maternity reports.

Actions	Responsibility / timescale
The Action Log :	
• QAC Terms of Reference to be reviewed together with a review of the Cycle of Business reports	I Bennett/ J White April 2024
• Pressure Ulcer Improvement Plan update	L Garcia. April 2024
• Update on Falls Prevention	K Jones April 2024
• Report following Deep Dives/ risk summits	I Bennett. April 2024
• Clinical effectiveness report , IA recommendations	I Bennett. April 2024

Escalated items
• QAC was briefed on work in relation to nutrition and hydration with oversight by the Trust wide Nutrition and Hydration Group. • The Medications Reconciliation rate has been above target for the second month in a row,the improvement reflecting the focus on this area of work • In the discussion about IPC/ HCAI the need for additional laboratory support for screening was raised.

Risks (Include ID if currently on risk register)	Responsibility / timescale
No risks to add at 27/03/2024	

South Tees Hospitals NHS Foundation Trust

Audit & Risk Committee Chair's Log

Meeting: Audit & Risk Committee	**Date of Meeting** 14/2/24
Connecting to: Main Board	Chair Ken Readshaw

Key topics discussed in the meeting
Counter Fraud Progress with plan satisfactory. Reports on conflicts of interest and private patients work in NHS time received. Internal Audit Fire Audit – key themes discussed including open actions, the committee felt that the timeline for corrective actions should be shortened. External Audit Progress on year end audit discussed, new IFRS16 work planned for an early stage in the audit process. Deep dive – People committee Review of People committee assurance processes and risk management. Strong assurance received. Risk management Progress on risk management improvement plan continues. Next steps are to check completeness of risk system, disaggregate corporate risks and share significant risks with relevant sub committees.

Actions	Responsibility / timescale
n/a	

Escalated items
Key Issues/ Concerns for escalation: Fire risk audit

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

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NHS North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	People Committee								
Date:	21 March 2024								
Prepared by:	Ann Baxter, Chair of People Committee and Non-Executive Director								
Executive sponsor:	Gary Wright, Deputy Chief People Officer								
Purpose of the report	The purpose of this report is to provide the Board of Directors an overview of the work of the people Committee and specifically the committee meeting held on 21 March 2024								
Action required:	Approve		Assurance		Discuss		Information	X	
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People	X	Transforming our Services		Health and Wellbeing	X	
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive		Well Led	X

Executive Summary and the key issues for consideration/ decision:

A summary of the key points from the People Committee held on 21 March 2024:

Terms of Reference / Cycle of Work
In line with the People Committee cycle of work, the terms of reference of the Committee is to be reviewed on an annual basis, to ensure they remain current and reflective of the membership, responsibilities and key deliverable.

It was acknowledged that as we move towards a Group model, it is important to review in conjunction with South Tees and specifically review the membership. It was agreed to add 'workforce plan' to cycle of work.

BAF
The BAF contains a section that specifically relates to People. The Strategic Aim is to ensure every member of our staff feel valued (Corporate Strategy and People Plan) and the principal objective is to have a workforce that is compassionate and inclusive, recognised and rewarded, has a voice that counts, are safe and healthy and always learning.

The strategic risks relating to the People BAF are set out below, including the inherent, current and target risk scores which have been reviewed, noting aggregated risk score for each strategic risk to indicate the overarching strategic risk rating.

Discussions took place at People Committee in January 2024 in relation to the actions in place as a means of mitigating each strategic risk. As a result, actions have been reviewed and refreshed to ensure they are robust, with appropriate responsible leads identified and realistic and achievable timeframes agreed.

As discussed and agreed at Risk Management Group, leads are to be identified for individual strategic risk included on each Board Assurance Framework. The following leads have been identified in relation to the strategic risks included on the People BAF:

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

There are twelve planned actions to maintain or improve the current risk scores in the People section of the BAF and actions are planned to cover each risk. An update on progress is provided in the attached report.

At the committee, members discussed the need to understand operational risks. A concern was raised regarding risk rating being static and further work needed to review.

People Metric
The People Committee were provided with an update on the four People Metric contained within the Integrated Performance Report (IPR):

- Appraisal
- Mandatory Training Compliance
- Sickness Absence
- Turnover

Appraisal - The Trust wide threshold for appraisal compliance is 95%. The Trust position for appraisal compliance for February 2024 stands at 87.57% which is a slight increase from the previous month.

Mandatory training - The Trust wide threshold for mandatory training compliance is 90%. The Trust compliance position for February 2024 is 90% which is maintained from the previous reporting period.

Sickness Absence - The Trust absence threshold is 4%. The current Trust absence rate as at end January 2023 is 5.80%. This is a decrease level of absence on the previous month's rate of 0.22%.

Turnover – The Trust threshold for turnover is 10%. The current Trust turnover rate for February 2024 is 8.06% which maintained from the previous reporting period.

Absence / Health and Wellbeing
A report was presented that gave an overview of the current Trust position in relation to sickness absence across the Trust as well as detail on approach and processes taken in relation to effective and timely management of sickness absence.

It is noted that the complexity of cases is increasing, as is the time taken to manage these, which both require focused attention to ensure effective case management through timely attention.

The current Trust absence rate as at end January 2024 is 5.80%. This is a decrease on the previous month's rate of 6.00% however exceeds the current Trust absence threshold of 4%. 2.49% of the 5.80% was due to short-term absence and 3.31% of the 5.80% rate was due to long term absence.

Regional Trusts sickness rates for December 2023 places the Trust as the lower end of the benchmarking table.

This report includes an update on the improvement plan activities in addition to recent actions which has been developed and implemented in a collaborative approach with key stakeholders. This model of continuous improvement and development continues to be woven and embed within the People Services function.

The report further outlines the current key performance metrics in relation to the Occupational Health and well-being service and provision. In addition, reports on the activity in relation to staff mental health support provided both internally and externally to the Trust. The report does not outline the activity currently undertaken via the Trusts psychology service, however work in underway to identify and report this activity in future.

The committee discussed the need for the report to outline the strategic approach to absence reduction. There was a request to provide more information regarding DNA's with appropriate actions to reduce.

Medical Workforce
The information presented provided central oversight in relation to a number of medical workforce priorities.

The information reported shows that the Trust is not compliant with job planning and mandatory training requirements, with job planning currently reported as 31% against a target of 90%, and mandatory training reported as 72.63% against a tolerance of 90%.

In addition, the report shows that whilst there are a number of appraisals to be completed ahead of the appraisal year end date of 31 March 2024, work is progressing to ensure that appraisals are booked in with the aim of increasing compliance ahead of the annual reporting period.

By undertaking a detailed review of the information, it has been possible to identify the range of data available to us and how this may be best shared with the care groups to support them in agreeing plans to meet future compliance. This in turn will enable the team to monitor progress against agreed trajectories to ensure that plans remain on track, with opportunities to escalate any concerns and understand what support is required to enable progress to continue. General Updates:

- The most recent period of industrial action for junior doctors took place between 24 – 28 February 2024, with confirmation of the number of doctors taking strike action.
- The BMA is recommending that consultants vote to accept the revised pay offer from the government.
- The BMA has rejected a pay offer for specialist, associate specialist and specialty (SAS) doctors following a majority 'no' vote in a membership referendum, however there is no call for industrial action at this time.
- The rates of pay for junior doctors during periods of industrial action are to be reviewed.
- The Medical Leadership Training programme is about to commence, with cohort 1 scheduled to start on 14 March 2024, with 12 delegates booked to attend
- The national Clinical Impact Award (NCIA) scheme opened on 4 March 2024 and applications will be accepted until 5pm on 15 April 2024.

Gender Pay Gap
The Trust has a statutory obligation under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, to publish the organisations Gender Pay Gap information on an annual basis.

Relevant organisations are required to publish their gender pay gap report by 30 March each year. The data included in this report was taken from the snapshot date of 31 March 2023.The gender pay gap shows the difference in the average pay between all men and women in the workplace**.** The key points to note from the metrics are:

- An increase of 8.96% in the average Gender Pay Gap.
- A reduction of 41.39% in the average Bonus Pay Gap.

The Trust's gender balance is 84% female and 16% male, however this is not reflected across the Trust's pay band structure with higher female representation at pay Bands 1-7 and higher male representation for Medical and Dental staff.

This report provides a position and overview of RN, RM, AHP and HCSW workforce during January 2024.

There was a discussion regarding if in the future, reporting can be at group level. This is to be investigated.

Nursing, Midwifery and Allied Health Professions Workforce Report
This item was deferred.

FtSU
Following on from the Lucy Letby case, all NHS organisations were asked by NHS England to review their current Freedom to Speak Up (FtSU) arrangements to assure themselves of the effective and accessible arrangements for FtSU in their organisations.

The National Guardian Office (NGO) and the FtSUG role was first established in 2016 following the events at Mid-Staffordshire NHS Foundation Trust, the recommendations from the subsequent inquiry led by Sir Robert Francis QC and his report "The Freedom to Speak Up" (2015).

The Freedom to Speak Up Report raised over 200 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 up 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 from speaking up.

The NGO train and support FtSUG as well as providing appropriate resources to help establish a healthy "Speak Up, Listen Up, Follow Up" culture.

Both FtSUG services encourage workers to speak up about anything that gets in the way of patient care or affects their working life. When a worker has spoken up, the FtSUG follows the FtSU process as per national guidance and aligned to the Trust speaking up policy (which recently adopted the new NHS England national policy template) and standard operational procedure.

The FtSUG triangulates data and reports high level themes raised from concerns and this is used to enhance learning and improvement within the organisations

As the two Trusts are now part of a Joint Group Model, discussions have taken place between the FtSU Guardians around plans for the two services to work more collaboratively going forward and to develop a sustainable plan for proactive and reactive work around FtSU.

It was agreed by the committee that 2023 staff survey results can be incorporated into the report to Board of Directors.

Staff Survey

This item was deferred.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:
People BAF

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or inclusion		Reputational	
Workforce	X	Environmental	
Financial/value for money		Estates and Facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, care and stakeholder involvement	

Board Subcommittee meetings where this item has been considered (specify date)	Management Group meetings where this item has been considered (specify date)
People Committee 21/03/24	N/A

Recommendation	The Board of Directors are requested to note the work of the People Committee

Excellence as our standard

NHS North Tees and Hartlepool NHS Foundation Trust

Quality Committee

Title of report:	Chairs Report – Quality Committee										
Date:	26 March 2024										
Prepared by:	Fay Scullion Non Executive Director - Chair Quality Committee										
Executive sponsor:	Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality										
Purpose of the report	The purpose of this report is to provide the Board with an update in relate to Patient Quality and Safety: - identifying key emerging themes and trends that may have an impact on Quality and Safety - Risks for the Board to note - Provide reassurance to the Board										
Action required:	Approve		Assurance	X	Discuss	X	Information	X			
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services		Health and Wellbeing	X			
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

Each meeting commences with the patient story, as this has strengthened the connection between the strategy and delivery and demonstrates the impact on the local population. The patient story highlights areas of good practice, integration across services, and areas for development.

The Board Assurance Framework is the primary agenda item and a focus of the Quality Committee, which generates scrutiny and discussion. In addition, there are standing reports aligned to the annual work plan, that are provided as an annual, bi-annual update, or quarterly update as well as Executive Summary Reports.

The committee focuses on the BAF Objectives :

1 Quality
3a Integration and Collaboration

Safe

The figures for Clostridium difficile (c. diff) are still higher than threshold –in February. There is a continued internal focus on improving compliance with cleaning methods. There has been an increase in C.difficile cases regionally and nationally with **work streams being developed to improve knowledge on antimicrobial stewardship**.

- There have been nineteen Catheter Associated Urinary Tract Infection (CAUTI) reported in February against a threshold of seventeen, **a working group is being developed to make recommended improvements.**
- The Trust reported six MSSA bacteraemia against a threshold of three. The main source remains skin and soft tissue with a notable reduction of venflon-associated causes.

- No falls resulted in severe harm and of the nine with moderate harm, they have been reviewed through the safety response process and duty of candour applied as required. There were three within one ward and **the team is looking into any key themes and identify any learning.**

Effective

- Re admissions are still higher than target, 9.44% against 7.70%. **A deep dive audit has been undertaken in EAU on patients who have re attended within seven days post discharge**. Findings from this audit are being shared with the care group to understand where community pathways may help prevent re-admission where clinically appropriate.
- Patient Initiated Follow up continues to be a focus of outpatient transformation as part of Getting It Right First time (GIRFT). Although activity continues to increase month on month, activity still remains below standard.
- Focussed 'Time and motion' is underway to identify potential efficiencies and maximising theatre utilisation. A combination of sickness, equipment availability and industrial action contributed to reportable theatre cancellations.
- Of the nine cancelled patients not reappointed within twenty eight days in January, only one patient remains outstanding.

Responsive

- The number of ambulance arrivals to the A& E department remains high. Performance is 99.70% against a target of 100%. The Trust is second in the region for handover and turnaround time-fifteen and twenty six minutes respectively minutes. **Collaborative work continues with colleagues across the region and NEAS.**
- Trust reports 0.8% of patients waiting twelve hours in the department which is a reduction from 1.3% at last report. The majority of the waits were due to bed waits and flow into acute admission areas.
- Capacity and demand continues to be reviewed with **extra clinics being arranged** to meet demand and improve performance for Cancer 28 day faster diagnosis. Pathways continuing to be prioritised, alongside an increase in the number of straight to test pathways.
- 62 day standard has not been met, however at 68.71%, the Trust is performing above the regional average of 66.4%. **Patients being proactively contacted and prioritised as needed**
- Mental Health assessments for patients remains an issue, although the position has been more positive since the cessation of the project. **On-ongoing discussion with mental health care providers continues at Executive level**

Well-led

- Trust sickness absence is above the threshold of 4% with an absence rate of 5.80% which is **reducing** from last report of 6.02%. This correlates to increased activity within the Occupational Health and Well-Being service and other associated support services including the Alliance counselling service and Trust Psychology service
- Appraisal performance is 87.57% which is a **slight increase** from previous month figure of 87.23% Further work on going around streamlining of appraisal paperwork following engagement and feedback.

Maternity

- Reduction of smoking at both booking and delivery continues to be a priority with targeted improvement drives across maternity services. **Targeted projects** have been initiated as part of Quality Improvement programme.

- Right place of birth at 98.25% is an **increase** from last reported figure of 98.10% against a target of 100%. Continuing to undertake multi-disciplinary case reviews for babies born at North Tees to identify themes and learning points.
- On-going work with labour ward coordinators to ensure appropriate use of acuity app and clinical decision making to ensure 1:1 care in active labour. Performance 98.06% against 100% target.
- Breast Feeding Initiated after birth 43.85% against a target of 55.60% work on going reviewing mandated fields within Bagdernet to enable data validation.

Board Assurance Framework/Corporate Risk Register risks this paper relates to:			
This report is linked to all parts of the Board Assurance Framework; with no specific risk being identified.			
Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or inclusion	X	Reputational	X
Workforce	X	Environmental	X
Financial/value for money	X	Estates and Facilities	X
Commercial	X	Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, care and stakeholder involvement	X
Board Subcommittee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Recommendation	The Board is asked to receive the report, review and accept the monthly position and the continued improvement plans across all areas of quality.		