



# Group Board Meeting

**Wednesday 3 July 2024, 13:00**

Conference Room 3, Hartlepool College of  
Further Education, Stockton Street,  
Hartlepool, TS24 7NT



Caring  
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**MEETING OF THE GROUP BOARD TO BE HELD IN PUBLIC  
ON WEDNESDAY 3 JULY 2024 AT 1PM  
IN CONFERENCE ROOM 3, HARTLEPOOL COLLEGE OF FURTHER  
EDUCATION**

**AGENDA**

	ITEM	PURPOSE	LEAD	FORMAT	TIME
<b>CHAIR'S BUSINESS</b>					
1.	Staff Story	Information	Chairman	Presentation	1.00pm
2.	Welcome and Introductions	Information	Group Chair	Verbal	1.20pm
3.	Apologies for Absence	Information	Group Chair	Verbal	1.20pm
4.	Quorum and Declarations of Interest	Information	Group Chair	ENC	1.20pm
5.	Minutes of the last meeting of the held on, 5 June 2024	Approval	Group Chair	ENC	1.20pm
6.	Matters Arising and Action Log	Information	Group Chair	ENC	1.20pm
7.	Group Chairman's Report	Information	Group Chair	ENC	1.25pm
8.	Group Chief Executive's Report	Information	Group Chief Executive	ENC	1.35pm
<b>EFFECTIVE</b>					
9.	Integrated Performance Reports: <ul style="list-style-type: none"> <li>North Tees &amp; Hartlepool NHS Foundation Trust</li> <li>South Tees Hospitals NHS Foundation Trust</li> </ul>	Assurance	Group Managing Director & COOs	ENC	1.45pm
10.	Resources Committee Chairs log	Information	Chair of Committee	ENC	2.00pm
<b>SAFE</b>					
11.	Safer Staffing Report	Assurance	Group Chief Nursing Officer	ENC	2.05pm

	ITEM	PURPOSE	LEAD	FORMAT	TIME
12.	Quality Committee Chairs Log	Information	Chair of Committee	ENC	2.15pm
<b>WELL LED</b>					
13.	Finance Reports Month 2 2024/25	Assurance	Group Chief Finance Officer	ENC	2.20pm
14.	Audit Committee Chairs Log	Information	Chair of Committee	ENC	2.30pm
<b>PEOPLE</b>					
15.	Freedom to Speak Up Annual Reports <ul style="list-style-type: none"><li>North Tees &amp; Hartlepool NHS Foundation Trust</li><li>South Tees Hospitals NHS Foundation Trust</li></ul>	Assurance	Freedom to Speak Up Guardians	ENC	2.35pm
16.	People Committee Chairs Log	Information	Chair of Committee	ENC	2.45pm
	<b>DATE OF NEXT MEETING</b> The next meeting of the Group Board of Directors will take place on, 3 September 2024, Lecture Theatre, Middlefield Centre, North Tees Hospital.				

# Agenda Item: 4





# 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
<b>Ada Burns</b>	Non-Executive Director	2022	Ongoing	Role – Governor and Chair of the Board of Governors, Teesside University
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Alison Fellows</b>	Non-Executive Director		Ongoing	Non-Executive Director and committee chair – Gentoo Group (Housing Association) - Company number 04739226
			Ongoing	Husband Partner at Firm – Ward Hadaway Solicitors
		1.12.23	Ongoing	Governor of the Board and member of the Audit Committee Northumbria University
		6.12.23	Ongoing	Independent Member of the Audit Committee Newcastle City Council
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Alison Wilson</b>	Non-Executive Director	4 January 2022	Ongoing	Civil Partner – Counter Terrorism Policing North East
		2017	Ongoing	Son – Bupa Global and Bupa UK
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Alyson Gerner</b>	Associate Non-Executive Director	2007	Ongoing	Senior Civil Servant working for a central government department – Department for Education  Director of LocatED Property Ltd  Member of Audit Committee and Remuneration Committee, Oak National Academy
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Ann Baxter</b>	Non-Executive Director		Ongoing	Independent Scrutineer of Safeguarding / Chair of Statutory Safeguarding Partnership – Darlington Borough Council  School Governor at Thirsk High School and Sixth Form College
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Chris Hand</b>	Group Chief Finance Officer	2 July 2021	Ongoing	Director of South Tees Healthcare Management Limited - Company number 10166808
			Ongoing	Client Representative ELFS Shared Services Management Board
		June 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
		April 2024	Ongoing	Representation on behalf of North Tees & Hartlepool NHS Trust on NTH Solutions LLP – Company Number OC419412

<b>Chris Macklin</b>	Non-Executive Director	February 2023	Ongoing	Chair, Audit One
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>David Redpath</b>	Non-Executive Director	1 January 2021	Ongoing	Director of DGR Consultancy - Company number 10340661
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		September 2017	Ongoing	Vice President Senior Executive Partner – Gartner
		July 2022	Ongoing	Deputy Chairman – Seaton Delaval Football Club
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Elizabeth Barnes</b>	Non-Executive Director		Ongoing	Non-Executive Director – Aspire Housing Trustee – University of Sunderland Trustee – Middlesex University Trustee – Peter Coates Foundation Member – Queen Elizabeth Grammar School Multi-Academy Trust
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Fay Scullion</b>	Non-Executive Director			School Governor at Jarrow Trust Secondary School Associate Tutor – Learning Curve Group
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Hilary Lloyd</b>	Group Chief Nurse	15 February 2021	Ongoing	Visiting Professor at Sunderland – no monetary gain
		May 2023	Ongoing	Chief Nurse for Clinical Research Network NENC
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Jackie White</b>	Head of Governance & Company Secretary	March 2013	Ongoing	Registered with IMAS (NHS interim management & support)
		March 2023	Ongoing	Company Secretary of South Tees Healthcare Management Limited - Company number 10166808
			Ongoing	Daughter and Daughter in law employees of South Tees Hospitals NHS Trust
<b>Ken Anderson</b>	Chief CICO	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board

<b>Kenneth Readshaw</b>	Non-Executive Director	2016	Ongoing	Treasurer – Leyburn Community Leisure Club
		2018	Ongoing	Chair – Health Accommodation Trust
		2000	Ongoing	Chair – Horsehouse School Charity - Charity number: 513060
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Mark Dias</b>	Non-Executive Director	20 July 2015	Ongoing	Director of Be The Change HR Ltd – Company No. 9694576
		21 June 2023	Ongoing	Chair – Workforce Committee, Seacole Group
		September 2023	Ongoing	Permanent Deacon in Training (Voluntary Position). Roman Catholic Diocese of Middlesbrough
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Michael Stewart</b>	Group Chief Medical Officer	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Miriam Davidson</b>	Non-Executive Director	December 2022	Ongoing	Care and Health Improvement Programme (SLI) Advisor Occasional work with Local Government Association (LGA)
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Neil Atkinson</b>	Group Managing Director	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
		June 2024	Ongoing	Representation on behalf of North Tees & Hartlepool NHS Trust on NTH Solutions LLP – Company Number OC419412
<b>Derek Bell</b>	Group Chair	April 2020	Ongoing	Trustee Royal Medical Benevolent Fund – no remuneration
		April 2018	Ongoing	Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration
		April 2021	Ongoing	Centre for Quality in Governance
		July 2022	Ongoing	Sel clinical advisor for SDEC
		March 2024	Ongoing	Member of the Council for Newcastle University. No remuneration.
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Rachael Metcalf</b>	Group Chief People Officer	December 2020	Ongoing	Role of School Governor at High Tunstall College of Science
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Rowena Dean</b>	Chief Operating Officer North Tees & Hartlepool NHS Trust	May 2024	Ongoing	No interests declared
<b>Rudolf Bilous</b>	Associate Non-Executive Director			Occasional teacher undergraduate and postgraduate medicine South Tees NHSFT (unremunerated)
				Data Monitoring Safety Committee for large International multinational Trial – funded by Boehringer via unrestricted grant through University of Oxford (3-4 virtual meetings per year) – Post is remunerated

				Trustee of the Stokesley Library
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Ruth Dalton</b>	Group Director of Communications	5 April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Samuel Peate</b>	Chief Operating Officer South Tees Hospitals NHS Foundation Trust	1 April 2021	Ongoing	No interests declared
<b>Stacey Hunter</b>	Group Chief Executive	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
<b>Steven Taylor</b>	Group Director of Estates	3 June 2024	Ongoing	Currently employee of NTH Solutions LLP
<b>Stuart Irvine</b>	Director of Strategies, Assurance and Compliance & Company Secretary	2023	Ongoing	Incoming Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board Chair – Hartlepool College of Further Education Trustee of Hospitals Trust of the Hartlepool Wife employed at the Trust Son is employed by NTH Solutions LLP – Company Number OC419412

# Agenda Item: 5



**DRAFT Minutes of a meeting of the University Hospitals of Tees Group Board  
held in Public on Wednesday, 5 June 2024 at 1.00pm  
in Rooms 3 and 4, Friarage Hospital, Northallerton**

**Present:**

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

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

Alyson Gerner, Group Associate Non-Executive Director

**Directors – non-voting:**

Ken Anderson, Group Chief Information Officer  
Steve Taylor, Group Estates Director  
Ruth Dalton, Group Director of Communications  
Rowena Dean, Chief Operating Officer, NTHFT  
Sam Peate, Chief Operating Officer, STHFT  
Stuart Irvine, Director of Strategy, Assurance & Compliance/Company Secretary  
Jackie White, Head of Governance/Company Secretary

**In Attendance:**

Elliot Kennedy, Elected Governor for Stockton  
Jane Greenaway, Associate Director, Durham Tees Valley Research Alliance – Item 10 only  
Heidi Holliday, Secretary to Trust Board [note taker]

**GB/060      Welcome and Introductions**

The Chair welcomed members to the meeting.

The Group Chief Executive apologised for any confusion caused regarding attendance at Group Board meetings and confirmed that all Group Directors were to attend meetings along with the Chief Operating Officers of both hospital sites.

**GB/061      Apologies for Absence**

Apologies for absence were reported from Rudy Bilous, Group Associate Non-Executive Director, Angela Warnes, Lead Governor for North Tees & Hartlepool NHS Foundation Trust and Janet Crampton, Lead Governor for South Tees Hospitals NHS Foundation Trust.



## **GB/062      Quorum and Declaration of Interests**

The meeting was confirmed as quorate.

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

It was reported that Ken Anderson, Ruth Dalton and Steve Taylor's declarations would be added to the Declaration of Interest Register. Steve Taylor reported he was currently working for NTH Solutions LLP.

**Resolved:**      that, the Declaration of Interest Register be updated to include the declarations of Ken Anderson, Ruth Dalton and Steve Taylor.

## **GB/063      Minutes of the last meeting held on, 15 May 2024**

It was noted that the date of the People Committee was omitted from page six of the minutes of the last meeting. Therefore, the minutes would be updated as follows:

Mark Dias, Group Non-Executive Director presented a verbal update from the South Tees People Committee meeting held on **27 March 2024**.

**Resolved:**      that, the minutes of the meeting held on, Wednesday, 15 May 2024 be confirmed as an accurate record with the above amendment.

## **GB/064      Matters Arising and Action Log**

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

**Resolved:**      that, the update be noted.

## **GB/065      Group Chair's Report**

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

- Board Development Sessions were scheduled to take place on the morning of future Group Board meeting dates and also intervening months. A cycle of business was being developed for future development sessions.
- The Group Chair and Group Chief Executive recently undertook a successful visit to the National Horizons Centre (NHC), which was Teesside University's £22.3m centre of excellence for the global biosciences and healthcare sector, located in Darlington. The NHC focussed on discovering diseases earlier, developing novel treatments and delivering life changing medicines to those in need, quicker, safer and more affordably.
- Council of Governor Elections continued and a good field of applications had been received therefore, it was felt that the majority of vacancies would be filled however, further elections would be undertaken later in the year as routinely planned.

Ken Anderson, Group Chief Information Officer reported on a cyber-attack that had taken place the previous day at a number of major hospitals in London, where a critical incident had been declared, and highlighted key issues of note. Key messages were being co-ordinated across the region and there was currently no impact seen at a regional level however, work continued to remain vigilant. It was noted that following a cyber-security alert, a set of protocols would be enacted across both organisations.

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

## **GB/066      Group Chief Executive's Report**

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

- The Group Chief Executive attended a NHS England Executive and North East and North Cumbria Integrated Care Board (NENC ICB) Planning meeting held on Wednesday, 22 May 2024 where there was an exploration from Chief Executives and Chief Finance Officers from the NHS regarding opportunities that Groups brought. Also discussed at the meeting were the financial plan submissions for 2024/25 and although broadly there was an acceptance of the majority of the plans further work was required and a further submission would be required.
- During PRIDE month (June 2024), the Group were reflecting on progress made to date in the fight for equality. An Equality, Diversity and Inclusion Well-being Conference was scheduled to take place later in the year to embrace and celebrate diversity in the Group's workforce and to highlight the challenges that were being faced. Members were encouraged to attend the event.
- Following the launch of the second phase of the Fuller Inquiry review in July 2023, the inquiry was currently reviewing whether practices and procedures in hospitals and non-hospital settings in England, where deceased people were kept, were sufficient to safeguard the security and dignity of the deceased. NTHFT had been selected to undertake more in-depth work around that and work would be progressed over the coming weeks. Updates would be provided to the Group Board as and when necessary.
- The services of a Coach was being sought to provide team based coaching, to facilitate learning for the team as a whole, to find ways for the team to gain insights into different behaviours and how to improve the overall team effectiveness. Further information would be shared once available.
- Work was ongoing with a Strategic Partner to start to plan for the corporate organisation. The Strategic Partner was providing advice and support on how to think more broadly. Discussions were also taking place at Executive Team meetings.

**Resolved:**

- (i) that, the content of the report be noted; and
- (ii) that, updates be provided as and when necessary regarding the in-depth work NTHFT had been selected to undertake regarding the review of practices and procedures around the safeguarding, security and dignity of the deceased; and
- (iii) that, further information relating to the team based coaching being sought would be provided once available.

## **GB/067      Integrated Performance Reports**

Neil Atkinson presented the Group Integrated Performance Report (IPR) and the individual IPRs for each organisation for the April 2024 reporting period and highlighted the key points.

Work continued to review and align processes across the two organisations for consistency, standardisation and continuous improvement and so that the IPR could be used as an improvement tool. The two organisations currently had different systems therefore, this was a significant opportunity to move towards one platform later in the year. Guidance was being sought from NHS England on how to present, interpret and analyse the data. The outcome of the review was scheduled to be brought to the Group Board meeting on Tuesday, 5 November 2024 and a Board Development Session focusing on the new combined IPR was scheduled to take place on Tuesday, 3 December 2024.

The 2024/25 Urgent and Emergency Care standard had been aligned to the national recovery standard of 78% however, it was noted that the Trusts had submitted a trajectory of 90% at March 2025, as part of the annual operational plan. NTHFT remained the best in the country for a second month and, as a result of its performance in the last financial year, the Trust had received permission to spend up to £5m on capital expenditure, which was not cash backed. Following the opening of the Urgent Care Centre at STHFT, a significant improvement had been seen, including a 5% increase in performance.

Stacey Hunter had a number of points for consideration as part of the IPR review and would meet with Neil Atkinson separately to discuss.

A query was raised relating to cancelled operations and it was reported that this was due short notice sickness absence.

Jane Greenaway joined the meeting at 2.00pm.

- Resolved:**
- (i) that, the content of the report be noted; and
  - (ii) that, Stacey Hunter to raise a number of points to be considered as part of the IPR review with Neil Atkinson and discuss outwith the meeting.

## **GB/068      Resources Committee Assurance Report/Chairs Log**

In the absence of David Redpath, Chris Macklin, Group Non-Executive Director presented the Resources Committee Assurance Report for the meeting held In Common on 30 May 2024. The key areas to note were:

- Work continued across the Group to complete the Month 1 month-end position, finalise 2024/25 budget-setting and to complete the set-up for internal management reporting arrangements for the new financial year.
- Concerns for escalation included:
  - Focus on use of resources for coming period
  - Month 1 draft financial position
  - Approval for national cost collection report
  - Approval for 2024/25 budget setting

Assurance was provided that work was ongoing to help understand the relativities of the financial movement, which would highlight where to focus time and effort into. Internal controls were also being reviewed and were evolving in the organisation.

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

## **GB/069      Research & Development Annual Report**

Jane Greenaway presented the Research & Development Annual Report and highlighted the key points.

Recruitment of patients into the National Institute for Health and Care Research (NIHR) portfolio studies for the Tees Valley Research Alliance (TVRA) was reported as the highest ever annual figure for the TVRA, with 11,433 recruited in the current year compared to 10,686 recruited the preceding year.

An appointment had been made to an Innovation Director at STHFT, Mr Dave Ferguson, which meant that the STHFT Research and Development Director no longer had a remit to cover innovation activity, strategy and performance however, Research and Development would maintain links through Jane Greenaway's attendance at the Innovation Department meetings. The separation and dedicated support for innovation allowed necessary additional time to focus on the strategic direction and partnerships to be brought in.

Assurance was provided that the new Audit & Monitoring Officer had significantly improved the oversight, reporting and management of risks, incidents, audits and monitoring processes with clearer information reported at Directorate meetings, Team Lead meetings and lessons learned logs communicated to all research staff.

There were an additional 18 studies, where a member of the TVRA was a named collaborator on a project, sponsored by another Trust and the plan was for those mentors to work across other key areas such as Neonates, Critical Care and Respiratory.

Following a very positive NIHR Financial Audit, all areas were confirmed as “good” or “very good” for processes for the management of Trust sponsored NIHR grants.

Work was ongoing to address the issues of why patient feedback from South Tees Hospitals NHS Trust was lower and patients were being contacted directly for feedback. Learning from the process in North Tees & Hartlepool NHS Trust was being shared.

A query was raised as to whether the Group had a representative on the North East and North Cumbria Health Innovation Board. Stacey Hunter confirmed that she was the representative although, had not been able to attend the previous two meetings as they clashed with the Group Board meetings. However, it was noted that the Group had direct links via Tony Roberts, Deputy Director of Clinical Effectiveness at SHTFT, who was also the Director of the North East Quality Observatory Service (NEQOS). Stacey Hunter agreed to provide an overview of the North East and North Cumbria Health Innovation Board at a future Board session.

The Group Board congratulated the team on the NIHR Financial Audit result and for their all hard work, in particular the important output metric.

Jane Greenaway and Elliot Kennedy left the meeting at 2.15pm.

- Resolved:**
- (i) that, the content of the report be noted; and
  - (ii) that, Stacey Hunter would provide an overview at the next meeting of North East and North Cumbria Health Innovation Board’s revised governance and ways of working.

## **GB/070      Quality Committee Chairs Logs**

Miriam Davidson and Fay Scullion, Group Non-Executive Directors presented the Quality Committee Assurance Report for the first meeting held In Common on 30 May 2024. The key areas to note were:

- Reflections at the end of the meeting were positive, with a highlight of the need for streamlined processes and joint reports.
- Infection rates continued to be closely monitored, with some still higher than the threshold. Joint work with the Integrated Care Board (ICB) continued, taking into account the estate’s challenges and the impact it may have.
- Ambulance arrivals to A&E continued to remain high across both organisations and performance had increased slightly to 99.7%. It was noted that when there was a reduced demand on the ambulance service, a negative effect on the community outreach team was seen with the correct service not always necessarily being with the patient.
- Complaints closed within target remained an ongoing issue at STHFT. There was a proactive management strategy in place to deal with complaints that had not been closed within a specified timeframe and a new process had been developed with the aim of reducing the outstanding complaints over the next four months.
- The Paediatric Audiology Services reports for both organisations were discussed and the Quality Committee had agreed the plans outlined in the report. The Group Board agreed to delegate authority to the Quality Committee to provide the required response to the Care Quality Commission (CQC) by 30 June 2024.
- The Quality Accounts for both organisations were approved, on behalf of the Group Board and the positive feedback received from external organisations was noted. The Joint Quality Priorities for 2024/25 were also agreed.
- Work within Maternity Services and the Quality Improvement Programmes continued. The North Tees site had been awarded £370k as part of the Maternity Incentive Scheme and the Infant Feeding Team at the South Tees site had achieved the full Baby Friendly Initiative (BFI), which were both fantastic achievements.

- Resolved:**
- (i) that, the content of the report be noted; and
  - (ii) that, the Group Board delegated authority to the Quality Committee to provide the required response to the Care Quality Commission regarding

- the Paediatric Audiology Service plans for each organisation; and
- (iii) that, the Quality Committee had approved the Quality Accounts for both organisations, on behalf of the Group Board.

#### **GB/071      Guardian of Safe Working Report**

Mike Stewart, Group Chief Medical Officer presented the Guardian of Safe Working Reports for both organisations and highlighted the key issues.

There was a variation of exception reporting between the two organisations and work was ongoing to standardise processes, the format of reporting and the reporting periods with the aim to move towards a single unified report. An action plan was being developed for future Guardian of Safe Working reports.

A total of 24 exception reports were submitted between 1 February and 30 April 2024 at NTHFT, which was a reduction following the previous quarter and a total of 267 exception reports were submitted between 1 April 2023 to 31 March 2024 at STHFT.

Discussion ensued regarding the out of hours hot food provision and it was noted that the issues faced at NTHFT related to their being no current facility and the issues faced at STHFT were around quality and calibre. Staff had provided feedback on this issue through the organisations staff 'apps' and work continued to resolve the issues. NTHFT had heavily investigated options which did not yield the desirable uptake, including a trial run of an overnight service and following insufficient uptake this was later removed.

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

#### **GB/072      People Committee Chairs Logs**

Ann Baxter and Mark Dias, Group Non-Executive Directors presented the People Committee Assurance Reports for the meetings held on 29 May 2024 and 30 May 2024. The key areas to note were:

29 May 2024

- Feedback regarding staff residencies and the need for improvement had been noted, which was to be raised at a Resources Committee meeting.
- A concise review of the Mental Health Strategy took place and work was ongoing.
- The Guardian of Safe Working reports were received with assurance provided on clear actions and definitive steps.
- Excellent work across the organisations to reduce agency spend was acknowledged.

30 May 2024

- Data Security compliance was currently reporting at 88%, against a 95% threshold. In order to meet the requirements of the Information Governance Toolkit, the 95% target needed to be met. Work was ongoing to increase the reporting position.
- The Sexual Safety Charter was received and the People Committee acknowledged the work underway to ensure staff felt safe and confident to raise concerns.
- The Committee acknowledged the positive improvement on a number of Workforce Race Equality Standards and Workforce Disability Equality Standards.

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

#### **GB/073      Finance Reports Month 1**

Chris Hand, Group Chief Finance Officer presented the Finance Report Month 1 and highlighted the key issues.

On Thursday, 2 May 2024, the Group made final plan submissions for both organisations, each fully

aligned with the Integrated Care System (ICS) and the system planned deficit of £75.6m. The ICS plan remained subject to NHS England agreement.

A key area of focus for the Group Board throughout the 2024/25 financial year, was the use of resource priorities, with progress monitored and reported via the Resources Committee.

A further key area of focus was the Elective Recovery Fund (ERF) and work was ongoing around theatre utilisation.

Following a query raised regarding the rationale behind the financial position, discussion took place around cost control, delegation of budgets and decision making down the organisation and it was noted that further work was required to re-educate colleagues on managing budgets and understanding the financial constraints within the Trust.

Cost Improvement Plans (CIPs) had been a challenge which had been taken forward at pace therefore, work was to be undertaken to review the plans to ensure they remained robust.

Work had taken place around resource and productivity and options for a new dashboard were being considered, that would replicate information that had been produced nationally and how it could be developed regionally and locally. There was a national expectation on back-office consolidation and a review of how technology could help with that was being taken forward.

The Group Board recognised the significant challenges faced and acknowledged the importance of focussing on how to create and deliver the organisations ambitions and to look at ways to be productive and effective, in the areas required.

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

#### **GB/074      Audit & Risk Committee Chairs Log**

Ken Readshaw, Group Non-Executive Director presented the Audit & Risk Committee Assurance Report for the meeting held on 22 May 2024. The key areas to note were:

- Following an advisory audit on patient letters, assurance was obtained that there were no areas of concern for SHTFT, although it highlighted that current systems were piecemeal and often required manual intervention. The Audit Committee were forwarding the information to the Resources Committee for consideration and escalation to the Group Board, for discussion and prioritisation within the digital programme.
- Progress continued on the Fire Audit actions at STHFT and the next step was a follow up audit by PWC, which would provide assurance as to the level of residual risk.
- The year-end items were reviewed and were on track to be approved by the Audit and Risk Committee meeting scheduled for Tuesday, 25 June 2024, on behalf of the Group Board.
- The Audit Committee recommended that the Group Board considered processes for escalating BAF items outwith the risk appetite going forward. Committees and the Group Board were to review risk appetite in light of the end of year position.

Ken Anderson confirmed that clinical letters would feature in the Digital Strategy and would be very closely aligned to a section on the patient experience portal. It was agreed that the quality of clinical letters should be of the highest quality and work was being undertaken for greater standardisation and greater quality.

The Fire Audit was also included in NTHFT's annual programme and an audit had been undertaken with a number of actions highlighted, which would feed in to the five year capital programme backlog.

Stuart Irvine reported that work continued to align processes for consistency and standardisation of the BAF and that meetings were taking place with the Group Chair, Group Chief Executive and Group Executive Directors to gain insight into what currently worked well.

- Resolved:**
- (i) that, the content of the report be noted; and
  - (ii) that, the Audit and Risk Committee would approve the year-end items, on behalf of the Group Board, that had been reviewed at the Audit Committee meeting held on 22 May 2024; and
  - (iii) that, the Group Board considered processes for escalating BAF items outwith the risk appetite going forward; and
  - (iv) that, Committees and the Group Board were to review risk appetite in light of the end of year position.

**GB/075 Any Other Business**

Derek Bell advised the Group Board that, although Susy Cook was not leaving the organisation as yet, she was handing over the role fully to Rachael Metcalf and would focus upon agreed areas of work. Therefore, Susy would not be attending any future Board meeting. The Group Board thanked Susy for all her hard work and dedication.

**GB/076 Date and Time of Next Meeting**

- Resolved:** that, the next meeting be held on, Wednesday, 3 July 2024 at 1.00pm, venue to be confirmed.

The meeting closed at 3.05pm.

Signed:



Date: 3 July 2024

# Agenda Item: 6





Group Board Public	
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[illegible]

# Agenda Item: 7



# Group Chairman's Report

**Meeting date:** 3 July 2024

**Reporting to:** Group Board of Directors

**Agenda item No:** 7

**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 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 FT Chairs and ICB Chairs meeting – 18 June 2024**

I attended the FT and ICB Chairs meetings on 18 June 2024 in Sunderland and there was a strong emphasis on collaboration across the ICB in terms of services. We discussed the learning from the Manchester PWC meeting and ensuring Boards are focused on assurance not reassurance. Board members will note that the Group CEO discussed some key points with members at the last Board meeting.

There were discussions about improvement trajectories for standards, standardisation of approaches e.g. agency and locum spend and the Aspiring CEO Programme and expanding curriculum including PPI.

#### **1.2 Listening Event – 6 June 2024**

On 6 June 2024 we held a very successful listening event with our colleagues at Healthwatch to help understand more about how our communities understand and feel about our group model. We had around 90 attendees from right across the geographical area and received some very rich feedback about what was working well, what needed attention and what the priorities should be for the group. There were some themes in the areas of concern; getting our communications right; making effective provision for travel if that is required; the right use of technology for our population; and the need to think local while operating at scale. This event is part of a much wider engagement via surveys and local listening events, which will ultimately provide us with a valuable set of recommendations around how we can best meet our populations' needs in University Hospitals Tees.

#### **1.3 NHS ConfedExpo 2024 on 12 and 13 June**

I attended the NHS Confederation event this month, which NHS Confederation and NHS England deliver in partnership, bringing together health and care leaders and their teams. I attended a number of sessions and heard colleagues sharing good practice across the sector.

#### **1.4 Our Hospitals Chairity**

We are currently recruiting a new head of charities for Our Hospital Charity for South Tees Hospitals NHS Foundation Trust. Interviews will take place in July and I am looking forward to meeting with candidates.

#### **1.5 Covid Memorial**

Colleagues in the group are working to progress COVID memorial projects linked to community engagement. North Tees and Hartlepool have launched a project with schools and colleges in the locality to design memorial projects for both the Stockton and Hartlepool sites. There have been a number of online briefing sessions with interested parties, who have also been in receipt of a design brief and a video brief for the project.

The project, funded via an application from charitable funds has been led by Jean MacLeod, Medical Examiner and a supporting group of patients and staff.

## **1.6 EDI and Wellbeing Conference**

The Group CEO raised at the last Board meeting that the Group will be hosting an Equality, Diversity and Inclusion and Well Being Conference on Monday, 4 November 2024. Embracing and celebrating diversity in our workforce, which I am really keen to promote with colleagues.

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

Topics covered will include racial discrimination and social injustice, personal transition stories and the emotional impact, women's health inequalities and behaviour safety in the workplace.

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

## **2. Recommendation**

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

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

# Agenda Item: 8



# Group Chief Executive Officer's Report

**Meeting date:** 3 July 2024

**Reporting to:** Group Board of Directors

**Agenda item No:** 8

**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 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 Cyber security and resilience**

Ken Anderson, Group Chief Information Officer reported at the last meeting on the cyber-attack that had taken place at a number of major hospitals in London. Whilst we were not impacted by this specific attack, which is causing significant ongoing disruption, it serves as a reminder of the need to continue to minimise the risks. At a local level ensuring cyber security and resilience in our systems remains an absolute priority and our Group CIO is working with colleagues in the ICB and region on priorities for investment in data and technology capability from next year.

### **1.2 Industrial action**

#### **1.2.1 Junior Doctors**

Colleagues are reminded that junior doctors in the British Medical Association will be taking strike action across the country for five days, between 7am on Thursday 27 June and 7am on Tuesday 2 July. I would like to thank everyone who has worked hard to ensure contingency plans are in place to keep our patients safe during the current and previous periods of industrial action and remind everyone that we remain dedicated to patient care as a priority.

#### **1.2.2 Health Care Assistants**

A number of Group Executives met with Unison on 17 June 2024 to enter into meaningful discussions regarding the Health Care Assistants. Following extensive discussion, an offer has been made to backdate the pay to 1 July 2019. This offer has now been balloted with Unison members. Unison colleagues worked with their members to consider this position. On Wednesday 26 June 2024 this offer was accepted by its members.

I know the Board will join me in paying particular thanks to our Chief People Officer and her team who have worked intensively over this period to secure this resolution.

### **1.3 Armed forces**

At the time of writing the report we are coming to the end of Armed Forces Week which has been running from Monday 24 June to Saturday 29 June. This offers the chance to recognise and pay tribute to the vital work every branch of our military provides on a daily basis. As our trusts employ and treat many former and currently serving members of the Armed Forces and we proudly hold Veteran Aware status, we will of course be celebrating this special occasion.

A number of events have been taking place throughout the week including flag raising ceremonies across the Trust sites, which Group Executive colleagues attended. Colleagues from the Joint Hospital Group North (JHG(N)) were in the atrium at JCUH raising awareness.

#### **1.4 System recovery board**

Since my last update, the region's Integrated Care System (ICS) has now submitted its financial plan for the year ahead. This shows a total planned deficit for 2024/25 of just under £50 million. We know this is going to be a challenging year for all FTs whom all have challenging efficiency plans to deliver in order to achieve this planned deficit position for the region.

The Integrated Care Board (ICB) System Recovery Board continues to meet monthly and is focussed on four key areas to help us to recover financial stability across the region, aligned to requirements in the medium term financial plan. These are: workforce, elective recovery, service reform and procurement.

Through the System Recovery Board, we are looking at what we need to do in order to better manage costs in the short term. We are also looking ahead to think strategically together about what and how we need to change for the longer term.

As the work streams progress we will ensure Board colleagues are kept apprised of any significant actions and the impact of those for our local plans.

#### **1.5 NENC Provider Collaborative Leadership Board**

I attended the NENC Provider Collaborative Board meeting this month which focussed on updates in relation to the key programme deliveries such as urgent and emergency care, diagnostics and workforce, which focussed on standardisation such as pay rates and agency staffing etc and shared approaches to workforce planning.

I shared an update on the work of the Group and received an update from the other nested collaborative across the NENC. The Great North Care Alliance have progressed to form a committee in common to oversee the areas of work they are collaborating on.

#### **1.6 PRIDE**

At the time of writing this report we are coming to the end of Pride Month 2024. I was pleased to visit the Melissa Bus during the month and know that lots of colleagues also took the opportunity to visit. The bus, which was parked up across our sites, took part in the Pride Cards challenge, lots of sharing and learning about the importance of being an LGBTQ+ ally and picked up some lovely freebies.

More importantly though, I was pleased to hear that lots of colleagues took the opportunity to learn more about the issues which impact trans members of the community at a series of Trans Talks, led by two of our transgender colleagues.

I would like to thank our LGBTQ+ network for organising and supporting activities through Price Month. I appreciate it takes time and effort from our colleagues to ensure we are able to continue to support people and tackle discrimination.

#### **1.7 NHS Confed Expo 2024**

The NHS Confed Expo took place this month with a slightly amended focus due to the pre-election period. The themes of the 2 day programme were around development of mature partnerships and the need to make more progress on transformation in community and primary care services.

There was discussion regarding managers supported training, along with digital programmes and the need to accelerate work in this area, which I have alluded to previously and early in my report.

I have included Amanda Pritchard's key messages below along with the link to her speech ([speech is available here](#)).

- Together, we have achieved an incredible amount over the last year. But I know it's been a tough one for colleagues and we don't always get things right. We are still recovering from Covid, and still not delivering the level of service we would want to for patients.
- There are also big challenges on the horizon, with an ageing population, growing need for care, and a shrinking working age population to pay for it.
- These challenges require us to reimagine how we do things, such as how we strengthen primary and community care and keep people out of hospital wherever possible so that we can both give patients a better experience, and also achieve better outcomes with the funding available.
- There are key opportunities to do this now that we have never had before, most importantly the Long Term Workforce Plan, the continued development of our tech and digital offer and systems like the Federated Data Platform, and the ever-maturing relationships at system and place level.
- There are also things we need to do to ensure we can take advantage of those opportunities, including strengthening management and leadership, giving colleagues the tools they need to create the fastest improving healthcare system in the world, and backing innovative new ways of doing things.
- But we should be clear we can't do this alone. As well as requiring investment in estates and action on public health and social care, there are wider issues we need to grasp as a society to avoid the NHS being an expensive safety net, such as how we address rising obesity and the mental health impacts of problem gambling.

## **1.8 PLACE**

### **1.8.1 Tees Valley Care & Health Innovation Zone**

I attended the Tees Valley Care and Health Innovation Zone Board in Stockton this month and it was great to see the progress being made on workforce mapping across partners including Mental Health, Social Care and Acute care. The focus of the discussion at the meeting was on how we work more integrated to support our colleagues at entry level into whatever organisation they chose and operating as joined up teams.

### **1.8.2 Middlesbrough**

As part of my ongoing induction programme, I was pleased to meet with the CEO of Middlesbrough Council. We discussed their ongoing improvement programme and the progress they are making. We discussed a Middlesbrough Town Group, involving partners such as Health, Police and Education, which I was supportive of.

## 1.9 System oversight framework

The NHS England [Operating Framework](#) published in October 2022 sets out how NHS England work with ICBs, providers, and wider system partners to improve local health and care outcomes, maximise value for taxpayer money and deliver better services for our patients.

Since the last update to the framework, ongoing feedback has been sought which included greater clarity of roles and responsibilities, use of a broader range of short and medium-term outcome measures, less subjectivity in measuring success, and adoption of mature relationships in supporting organisations to improve.

This has now resulted in an updated NHS Oversight and Assessment Framework, which has been out for consultation during May. Group Executive colleagues have had the opportunity to respond to the consultation, which closed on 13 June 2024 and we expect the new framework to be published and implemented later in the year.

## 1.10 Clinical Strategy

The five clinical boards (women and children; urgent and emergency care; medicine; surgery and community) are well underway with their work and the first session for all of the triumvirates together was held on 21 June 2024. This will be a monthly session to update on progress of individual boards and explore interdependencies between them as well as ensuring the links with all of our underpinning enablers. To date the boards' focus has been on defining scope and exploring quick wins. They have now been given a clear steer regarding spending the majority of their time on the future shape of our services and ensure we are taking the opportunity to be deliver significant transformation. This work will underpin the revised outline business case for the North Tees site, which we need to progress early in 2025. It is essential that this reflects the developing University Hospital Tees clinical strategy.

## 1.12 All staff briefing

Over 400 colleagues from across the Group joined in an all staff briefing with me this month. The main focus of the discussion related to car parking, specifically at the James Cook site. We received a number of updates from colleagues in relation to work which was being undertaken and also asked colleagues for their thoughts on how to better manage this. Steven Taylor, Group Estates Director is now taking forward these suggestions and will start to work up proposals and timescales for moving this forward.

## 1.13 Operational performance

Board members will note from the Integrated Performance Report (IPR) that the final plan was submitted this month to the ICS and the delivery against that plan.

## 1.14 Maintaining focus and oversight on quality of care and experience in pressurised services

NHS England have written to us this week to highlight the extremely hard and difficult circumstances colleagues across health and social care are working in and to ensure we do everything we can to ensure the quality of care we provide is safe and effective. Colleagues will be aware of this week's Channel 4 Dispatches documentary, filmed in the Emergency Department at Royal Shrewsbury Hospital, which showed the impact on patients when we do not. We will discuss our ongoing work around patient flow and urgent and emergency care pathways with the Board in more detail.

## **1.15 In other news!**

1.15.1 University Hospitals Tees has launched a violence against staff campaign featuring emotive messages from the children and grandchildren of its staff on posters, social media and a range of other channels.

More than 800 members of staff from across the two trusts experienced some form of assault from patients, relatives or the public whilst carrying out their duties in the last 12 months.

The emotive campaign highlights the message that violent attacks against our staff will not be tolerated.

1.15.2 University Hospitals Tees has launched its first PhD Fellowship programme in partnership with Teesside University.

Three health professionals have been selected for the Chief Nurse Fellowship. The PhD programme, funded by Teesside University, will see each fellow develop a programme of research related to, and enhanced by, their individual clinical expertise.

## **2. RECOMMENDATIONS**

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

To: 

- Integrated care board:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
- Integrated care partnership chairs
- NHS trust:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
- Regional directors

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

26 June 2024

CC: 

- Local authority chief executives

Dear colleagues,

**Action required: Maintaining focus and oversight on quality of care and experience in pressurised services**

Thank you for everything that you and your teams continue to do to provide patients, the public and people who use our services with the best possible care during the period of sustained pressure that colleagues in all health and social care services are experiencing.

Despite the hard work of colleagues, and everything they are achieving in the face of these challenges, we would all recognise that on more occasions than we would like, the care and experience patients receive does not meet the high standards that the public have a right to expect, and that we all aspire to provide.

However busy and pressurised health and care systems are, people in our care – as well as their families and carers – deserve at all times to be treated with kindness, dignity and respect. This week's Channel 4 Dispatches documentary, filmed in the Emergency Department at Royal Shrewsbury Hospital, was a stark example of what it means for patients when this is not the case. While Urgent and Emergency Care (UEC) is facing real pressures as a result of increasing demand, lack of flow and gaps in health and social care capacity,

the documentary highlighted examples of how the service some patients are experiencing is not acceptable.

We are therefore asking every Board across the NHS to assure themselves that they are working with system partners to do all they can to:

- provide alternatives to emergency department attendance and admission, especially for those frail older people who are better served with a community response in their usual place of residence
- maximise in-hospital flow with appropriate streaming, senior decision-making and board and ward rounds regularly throughout the day, and timely discharge, regardless of the pathway a patient is leaving hospital or a community bedded facility on

These interventions are clearly set out in the [UEC recovery plan year 2 document](#), and it is evident from the data that those systems with fewer patients spending over 12 hours in an emergency department are doing a combination of all of them, consistently, with direct executive ownership.

In addition, wherever a patient is receiving care, there are fundamental standards of quality which must be adhered to. Corridor care, or care outside of a normal cubical environment, must not be considered the norm – it should only be in periods of escalation and with Board level oversight at trust and system level, based on an assessment of and joined up approach to managing risk to patients across the system (through the OPEL framework). Where it is deemed a necessity – whether in ED, acute wards or other care environments - it must be provided in the safest and most effective manner possible, for the shortest period of time possible, with patient dignity and respect being maintained throughout and clarity for all staff on how to escalate concerns on patient and staff wellbeing.

While these pressures are most visible in EDs and acute services, they are also wider issues which need whole-system responses, including local authorities, social care and primary and community services. There is therefore a shared responsibility to ensure that quality (patient safety, experience, and outcomes) is central to the system-level approach to managing and responding to significant operational pressures.

In achieving this, Board members across ICS partners should individually and jointly assure themselves that:

- their organisations and systems are implementing the actions set out in the UEC Recovery Plan year 2 letter
- basic standards of care, based on the [CQC's fundamental standards](#), are in place in all care settings
- services across the whole system are supporting flow out of ED and out of hospital, including making full and appropriate use of the Better Care Fund
- executive teams and Boards have visibility of the Seven Day Hospital Services audit results, as set out in the relevant [Board Assurance Framework guidance](#)
- there is consistent, visible, executive leadership across the UEC pathway and appropriate escalation protocols in place every day of the week at both trust and system level




- regular non-executive director safety walkabouts take place where patients are asked about their experiences in real time and these are relayed back to the Board

In line with the NHS operating framework, regional COOs, chief nurses and chief medical directors will continue working with ICB colleagues across systems (CMO, CNO, COO/CDOs) and trusts to support a planned approach to clinical and operational assessment of system pressures and risks, ensuring an integrated approach to any tactical response and balancing clinical risk across the system. This collaboration should include provider CEOs, system executives, local authority, and third sector partners where applicable.

Where any organisation is challenged we will work with you to use the improvement resources at our disposal, including clinical and operational subject matter expertise from the highest performing organisations, GIRFT, ECIST and Recovery Support. We also have a joint improvement team with the Department for Health and Social Care for complex discharge led by Lesley Watts, CEO of Chelsea and Westminster. If you are unclear how to ask for help in any of these areas, please do so via your regional COO in the first instance.

We recognise that all colleagues across health and social care are working extremely hard in very difficult circumstances, and that UEC is not the only pathway in which this is the case. However, there are interventions and standards that do make a difference and can address much of the variation in quality and waiting times across the country, and it is incumbent on us all to do everything we can to ensure that the poor quality of care we saw on Monday evening is not happening in our own organisations and systems.

Yours sincerely,



**Sarah-Jane Marsh**

National Director of Integrated Urgent and  
Emergency Care and Deputy Chief

Operating Officer

NHS England



**Dr Emily Lawson DBE**

Chief Operating Officer  
NHS England



**Professor Sir Stephen Powis**

National Medical Director  
NHS England



**Dame Ruth May**

Chief Nursing Officer  
England

# Agenda Item: 9



# Group Integrated Performance Report

**Meeting date:** 3 July 2024

**Reporting to:** Group Board of Directors

**Agenda item No:** 9

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

**Action required:**  
Assurance

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

**Previously presented to:**  
Site IPRs presented to relevant Board  
committees in June 2024.

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☐

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

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

Make best use of our resources ☒

## CQC domain link:

Responsive

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

This report relates to Board Assurance  
Frameworks of each Trust.

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

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

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

The Group Board is asked to note the performance position against key standards including:

- Ambulance Handovers;
- A&E 4-hour standard;
- A&E 12-hour waits;
- Cancer 28 Day Faster Diagnosis standard;
- 62-day cancer standard;
- 18-week RTT, and;
- 6 week diagnostics standard.

Additional detail is provided in the Trust-level IPRs.

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

The Trusts receive assurance on the metrics and actions via the Board Sub-Committees and their reporting groups. Key metrics are benchmarked to regional and national performance and also scrutinised through performance meetings with the ICBs and NHS England.

Performance against the metrics is described in the report, with additional detail and metrics within the Trust IPRs. At Group level, the improved position in the 4-hour target in April and May 2024 is notable, reflecting focused improvement work at both sites and the extension of the integrated urgent treatment centre model to James Cook University Hospital and Redcar Primary Care Hospital. Performance against the other key standards remains consistent with historic longer term trends; the Trust IPRs reference some of the work programmes / actions and challenges related to these metrics.

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

The first Group IPR working group meeting was held in June, where it was agreed to continue to report against the constitutional standards at group level. A review of the quality and patient safety standards as currently reported in Trust IPRs is now underway to determine those to be reported at Group level, focusing on key statutory standards. Trust

(Site) IPRs are being reviewed in parallel to reflect the priorities and work towards more standardisation. The proposed content and format will be shared back with the working group including Non-Executive Director members for consultation and input, before being finalised and brought forward for approval.

### **Recommendations:**

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

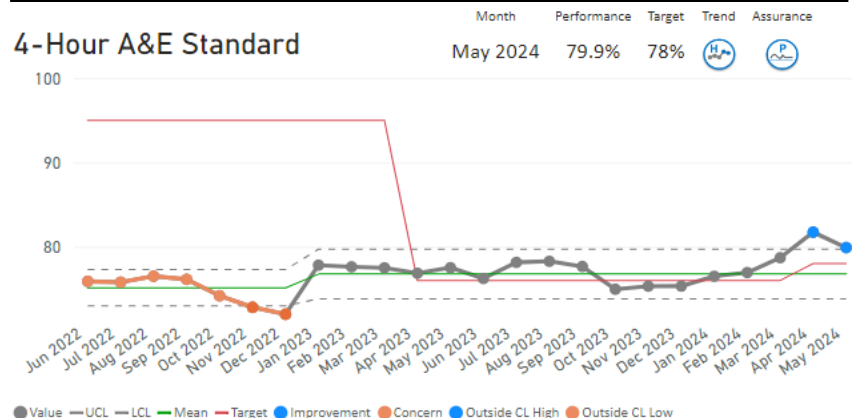
# Group Integrated Performance Report

(May 2024 reporting period)



# Urgent and Emergency Care

	Target	Performance
Group		79.90%
North Tees & Hartlepool	78%	87.16%
South Tees		73.49%



## North Tees

The Trust ranks 1st regionally and 2 nationally for this standard. Continuous improvement is ongoing across a range of work streams, with governance via the 'More before 4' meetings and the 4-Hour Steering Group. Focused work exploring 4 to 5 hour breaches, pathway reviews and Home First principles has recently been undertaken to support performance.

## South Tees

4-hour performance improvement continued in May, following the opening of the new Urgent Treatment Centre at the James Cook site in April, and tracks ahead of the planned improvement trajectory.

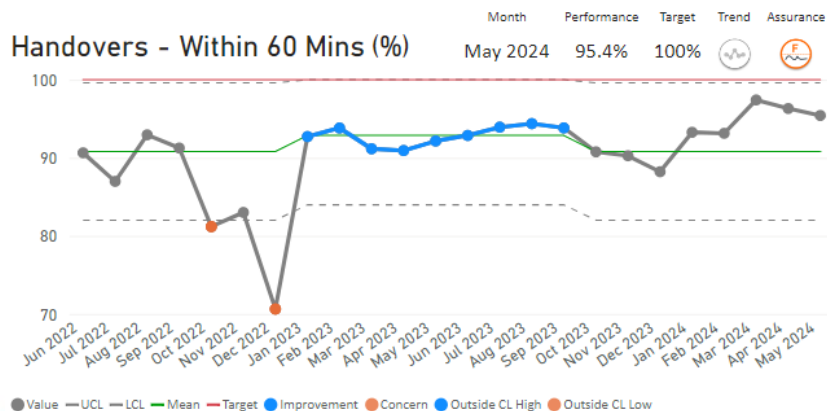
Improvement remains an organisational priority; the impact of challenges across the social care system continue to be observed. The Trust continues to work closely with each Local Authority and other partners to proactively identify patients to avoid admission, with input from our Frailty team, Urgent Community Response and Home First services.



# Ambulance Handovers

	Target	Performance
Group	100%	95.41%
North Tees and Hartlepool		98.09%
South Tees		93.55%

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



## North Tees

1,975 Patients arrived by ambulance to A&E, with a handover compliance (PIN) rate of 92.56%. Thirteen handovers over 60 minutes were reported with exception reports completed for these delays. The average handover time was 14 minutes and average turnaround time (arrival to clear) of 34 minutes. This places the Trust first in the region.

## South Tees

Ambulance arrivals for May were the highest experienced since January 2021, passing 2,600. Despite this and raised levels of non-elective admissions, numbers of patients experiencing the longest A&E waits and ambulance handover delays was consistent with previous months.





# 12 Hour in Department

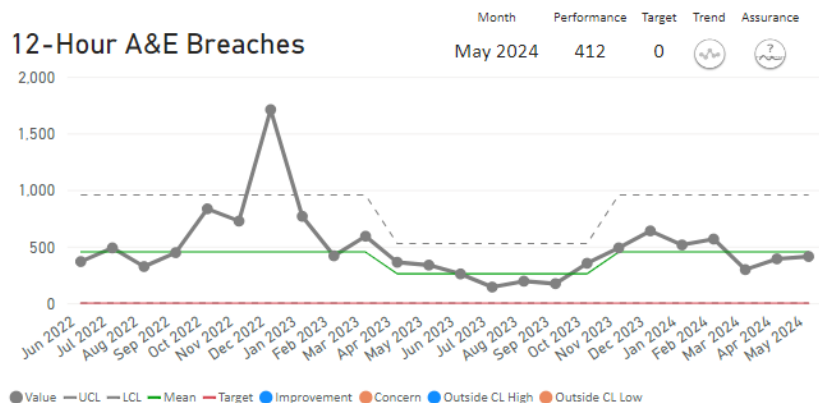
	Target	Performance
Group		412
North Tees and Hartlepool	0	38
South Tees		374

## North Tees

12 hour waits has remained static at 38, with the majority of delays relating to bed waits to acute admission units (52.6%) and transport (15.8%).

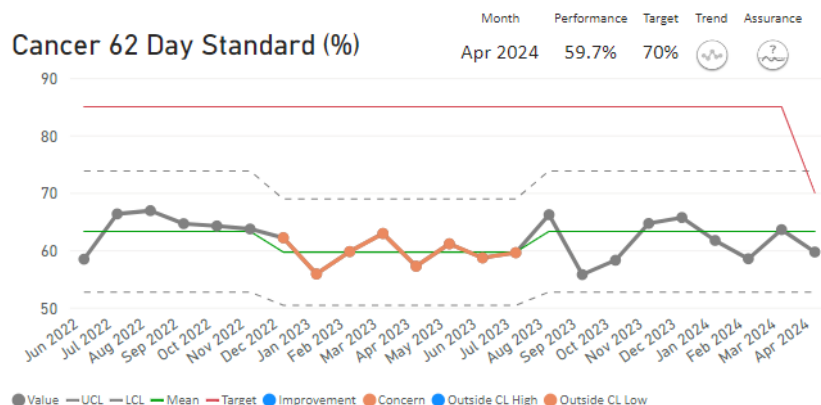
## South Tees

12-Hour delays have remained relatively stable since January 2024.



# Cancer

	Target	Performance
Group		59.67%
North Tees & Hartlepool	70%	62.72%
South Tees		57.89%



## North Tees

Performance against the 62 day standard has seen a reduction in April, compared to the previous month, underachieving trajectory. Pressures are evident in haematology, urology, gynaecology and respiratory. Key themes of breaches are noted to be diagnostic waits and reporting turnaround times, complex pathways and elective capacity. The clinically led cancer delivery groups continue supporting progress with the cancer improvement plan to support performance improvement with a key focus on implementation of best practice timed pathways and diagnostic turnaround times.

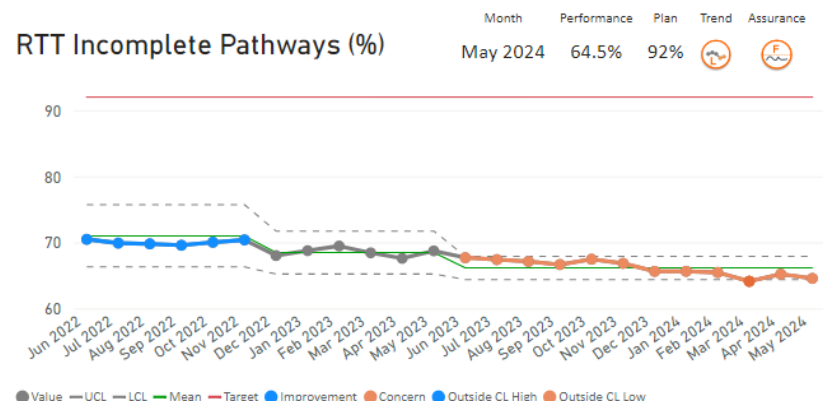
## South Tees

The number of patients waiting more than 62 days while being investigated for cancer was in line with the improved trend from 2023/24. The 62 day to first treatment standard is suppressed as the longest waiters have treatment prioritised, with Lung and Urology pathways under the most pressure. Actions underway in Urology include extra theatre lists and streamlining diagnostic requests. The Trust is committed to service improvement work that will help achieve the new 70% target by March 2025, through service specific Cancer Action Plans, informed by a programme of pathway reviews. Additional support is also in place for implementation of the Best Practice Timed Pathways.



# Referral to Treatment

	Target	Performance
Group		64.55%
North Tees and Hartlepool	92%	72.50%
South Tees		61.62%



## North Tees

Elective productivity and efficiency work streams and focused work across the Care Groups continues to improve this position. The Trust achieved the May trajectory for both incomplete pathways greater than 52 weeks and patients waiting 65 weeks and over, with 4 reported against a trajectory of 10. Zero 78 week waiters at the end of April were reported.

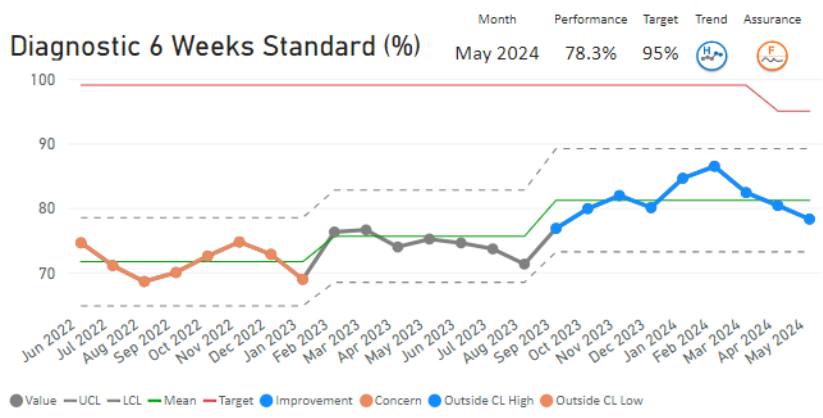
## South Tees

18-week standard outperformed the national trend but ongoing capacity pressures in a small number of specialist services were the main driver of increased 65 week waits from March. The Trust had zero 78 week waiters at the end of April.



# Diagnostics

	Target	Performance
Group		78.26%
North Tees and Hartlepool	95%	74.48%
South Tees		81.56%



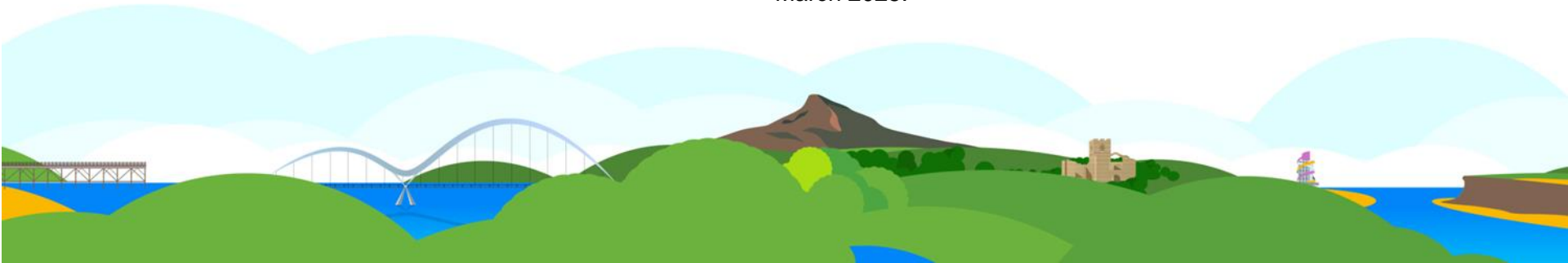
## North Tees

Compliance rates have reduced further this month, with an increase in the number of breaches and the number of patients on the waiting list. The predominant pressure continues in non-obstetric ultrasound, due to continuing capacity issues as a result of long term sickness, however 3 sonographers have recently completed training in ultrasound and will be providing additional capacity soon. MRI breaches remain comparable to April position with 24 fewer breaches for May.

ECHO breaches have seen an overall reduction, however the waiting list size continues to increase. Endoscopy breaches remain comparable with April, with 6-day working now business as usual. CT and DEXA continue to achieve the within the 6 week compliance threshold.

## South Tees

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



# Next Steps

- The Working Group met in June to discuss metrics for inclusion within the Group IPR, consideration of appropriate business rules and inter-relationship with the BAF.
- It was agreed to continue to include constitutional standards around A&E, Cancer, RTT and Diagnostics.
- A review of the Quality and Patient Safety Standards is currently underway, the initial proposal is to focus on statutory standards.
- Review of site IPRs continue to streamline a number of metrics.
- Health inequalities are also currently being reviewed for inclusion in the IPR.



# Integrated Performance Report: North Tees & Hartlepool

**Meeting date:** 3 July 2024

**Reporting to:** Group Board of Directors

**Agenda item No:** 9

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

**Action required:**  
Assurance

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

**Previously presented to:**  
People Committee, Quality Committee  
and Resources Committee In Common  
June 2024

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

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

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

Make best use of our resources ☐

**CQC domain link:**

Responsive

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

Performance and Compliance

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

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

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

**Effective**

The latest SHMI value reports at 97.74, which has decreased from the previous rebased value of 97.81 (December 2022 to November 2023). The latest value is 6th lowest in the region.

Theatre utilisation remains a focus for elective recovery. The Trust is working to improve this position at both sites and via the Elective Hub Steering Group.

The Trust continues to achieve the day case and length of stay standards.

It is noted that the Trust reported OPEL level 3 on 14 days of the month.

**Responsive**

Ambulance handover < 59 minutes reported marginally below the standard of 100%, with 13 of 1,975 handovers over 60 minutes. Performance against the standard ranks the Trust first regionally.

The Trust continues to exceed the 4 hour standard of 78%, achieving 87.16%, ranking 1<sup>st</sup> regionally and 2<sup>nd</sup> nationally.

12 hour waits in Accident and Emergency remained in a static position.

The Trust continues with focused work for 2 hour community response, discharge surveillance, virtual ward, and a Home First approach in partnership with local authorities in order to maintain and improve patient flow, occupancy and criteria to reside.



The Trust achieved both the 28-day faster diagnosis standard and the 31 day cancer standard for April. A reduction in performance is noted compared to the previous month for the 62-day cancer standard; key themes for breaches are histology reporting delays, complexity of diagnostic and treatment pathways and elective capacity.

The elective productivity and efficiency work-stream progresses with key focus areas identified from both an inpatient and outpatient perspective, with the overall aim to support performance improvement against the RTT standard and to reduce the number of 52 week waiters.

Diagnostic compliance rates have reduced further this month. The predominant pressure continues in non-obstetric ultrasound, due to continuing capacity issues as a result of long term sickness.

Pharmacy turnaround time and discharge medicine service referral are complaint to standards. Focused work continues to improve medicine reconciliation.

**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:

Directors of the Group Board of Directors are asked to:

- Receive and note the contents of the Integrated Performance Report for May 2024.
- Note the performance standards that are being achieved and the remedial actions being taken where metrics are out-with expected parameters.





North Tees and Hartlepool  
NHS Foundation Trust



# Integrated Performance Report (IPR)

## June 2024 Report

(May 2024 data)

# Executive Summary

## Domain

## Summary

### Safe

Page 6 to Page 12

1,372 safety events across all levels and types of adverse events were reported for May; no Patient safety incident investigations were reported.

Of the seven reported infections within the Trust, four are noted to be above standard. E-coli, MRSA and CAUTI incidence meets the internal threshold. Education and Working Groups continue in order to improve this position. New threshold guidance from NHSE in relation to all infections is still pending.

83 Inpatient falls were reported, 31 resulted in no harm, 46 low harm, and 2 resulted in moderate harm. Zero falls with severe harm reported.

### Effective

Page 13 to Page 18

The latest SHMI value reports at 97.74, which has decreased from the previous rebased value of 97.81 (December 2022 to November 2023). The latest value is 6th lowest in the region.

Theatre utilisation remains a focus for elective recovery. The Trust is working to improve this position at both sites and via the Elective Hub Steering Group.

The Trust continues to achieve the day case and length of stay standards.

### Caring

Page 19 to Page 22

There is a slight decrease in month on the very good or good responses returned for the Friends and Family Test (FFT), however all of the FFT metrics perform above the minimum standard of 75%.

89 complaints were opened in April, which is a decrease on the previous month. The majority (88.76%) were resolved locally. Following recent communications to encourage recording of compliments via the InPhase platform, May demonstrates an increase in compliments recorded.

# Executive Summary

## Domain

## Summary

### Responsive

Page 23 to Page 32

The Trust continues to exceed the 4 hour standard of 78%, achieving 87.16%, ranking 1<sup>st</sup> regionally and 2<sup>nd</sup> nationally.

The Trust achieved both the 28-day FDS and the 31-day cancer standard in April. Performance against the 62-day cancer standard has seen a reduction this month; key themes for breaches are histology reporting delays, complexity of diagnostic and treatment pathways and elective capacity.

The Elective Workstream progresses with key focus areas identified from both an inpatient and outpatient perspective with the overall aim to support improvement against the RTT standard and a reduction in the number of 52 week waiters.

Diagnostic compliance rates have reduced further this month. The predominant pressure continues in non-obstetric ultrasound, due to continuing capacity issues as a result of long term sickness.

### Well-Led People

Page 33 to Page 36

&

### Finance

Page 37

Mandatory training compliance for May 2024 reports at 88.59%. Whilst this represents a decrease of 0.61% from the previous reporting period, this is predominantly due to transition to the 'Core 10' approach and national issues related to the access of e-learning packages.

The Trust absence rate as at end April 2024 reports 5.82% against the standard of 4%. Long-term sickness accounted for 3.53% of overall sickness with short term being 2.29%.

Data unavailable for Month 2 at the time of reporting and will be available in line with national submission. A verbal update will be provided.

# Executive Summary

## Domain

## Summary

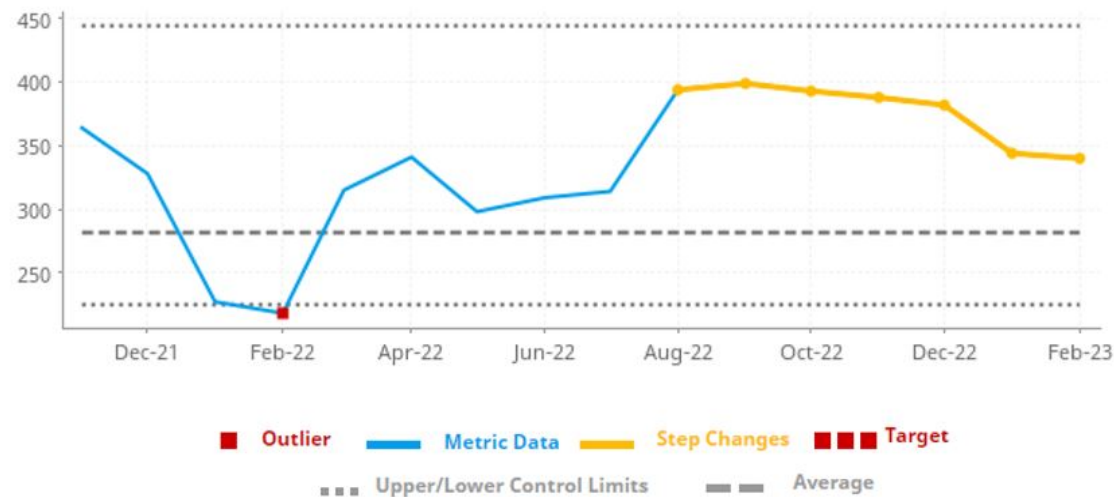
### Maternity

Page 38 to Page 44

An increase in smoking at booking is noted in April (13.13%) from the March position of 10.16%, and exceeding the regional average however, there is a sustained improvement in smoking at delivery reporting at 7.76%, lower than the regional average of 11% and a reduction from the March position of 8.42%.

An increase in postpartum Haemorrhage >1500mls (2.71%) is noted in April against the March position of 1.05%. To promote risk assessment completion, the risk assessment documentation process in Badgernet is under review for mandatory completion.

# Statistical Process Control (SPC) Charts



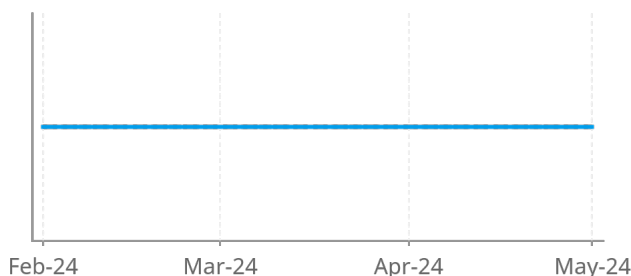
A **Step Change** occurs when there are 7 or more consecutive points above or below the *average*.

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

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

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

## Patient Safety Incident Investigations (PSII)



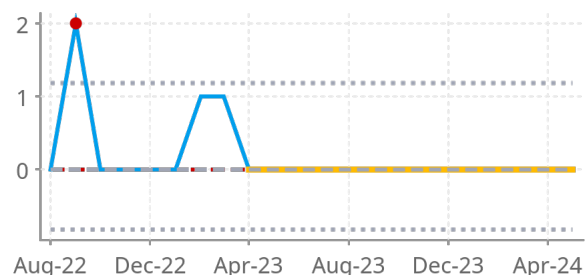
Month	May-24
Actual	0
Standard	0

## Summary of Current Issues/ Recovery Plans

1,372 safety events across all levels and types of adverse events were reported for May; no PSII's were reported.

Following the change to InPhase from Datix in Q4 2023-24, a reduction of incident reporting circa 25% was reported. With continued support and training, the reduction rate at the end of May is reported as 11%, which is a continued improvement from April with a trajectory towards previous reporting levels.

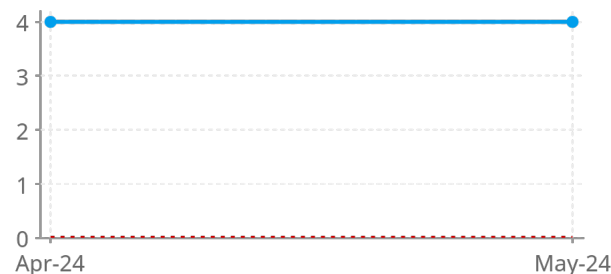
## Never Events



Month	May-24
Actual	0
Standard	0

There have been zero Never Events reported since April 2023.

## Strategic Risks



Month	May-24
Actual	4
Standard	0

The Trust has four high strategic risks identified through the Board Assurance Framework (BAF) and monitored via Resource Committee:

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

### Clostridium difficile (C. diff)



**Month** May-24

**Actual** 10

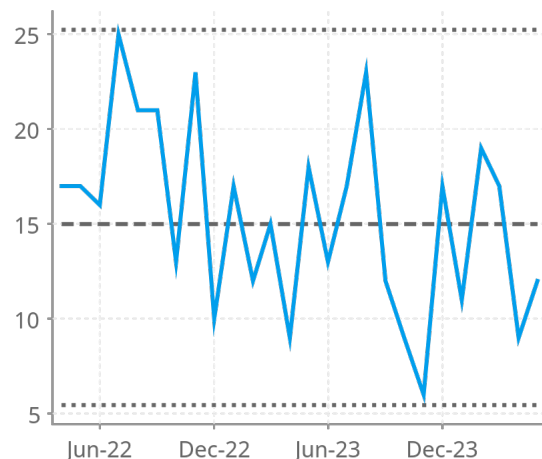
**Standard** 4

### Summary of Current Issues/ Recovery Plans

The Trust awaits the new threshold guidance from NHSE in relation to all infections. The data standard presented for infections represents the thresholds from 2023-2024.

Ten C. diff cases are reported for May, an increase on the April position. Cases identified across six differing areas. One clinical area had four cases during May, although ribotyping returned for two cases show no link, a further two await results. The Trust continues in an elevated position above the standard, however noting that the regional and national picture reflects this position. There is a renewed focus on antibiotic stewardship for 2024 with the National Action Plan for 2024-29 released to support the National Antibiotic Strategy.

### Catheter Associated Urinary Tract Infection (CAUTI)



**Month** May-24

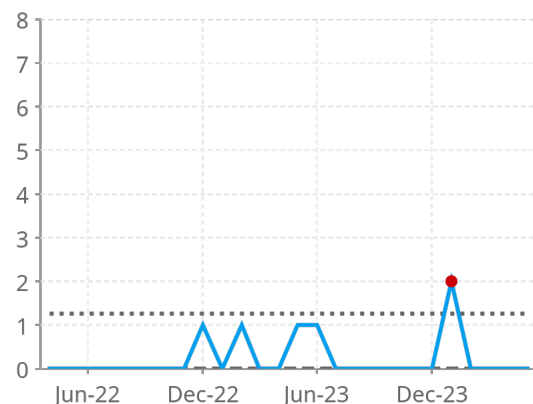
**Actual** 12

**Standard** 17

### Summary of Current Issues/ Recovery Plans

There is an increase in catheter-associated urinary infections from April (nine), with twelve cases reported in May 2024. The CAUTI working group continues to progress with key focus areas identified.

## Methicillin-resistant Staphylococcus aureus



Month **May-24**

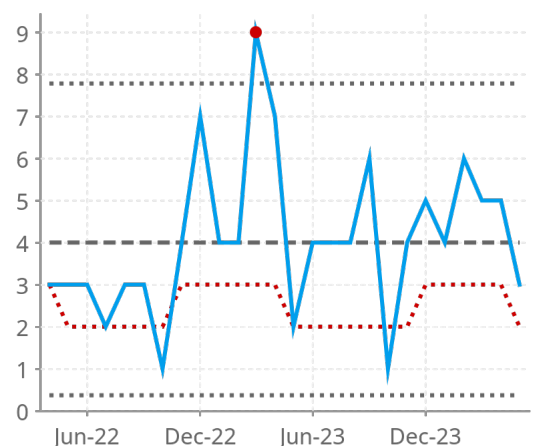
Actual **0**

Standard **0**

## Summary of Current Issues/ Recovery Plans

Zero cases of MRSA were reported in May 2024. The MRSA Focus Group continues with education packages to be delivered in June 2024.

## Methicillin-Sensitive Staphylococcus aureus



Month **May-24**

Actual **3**

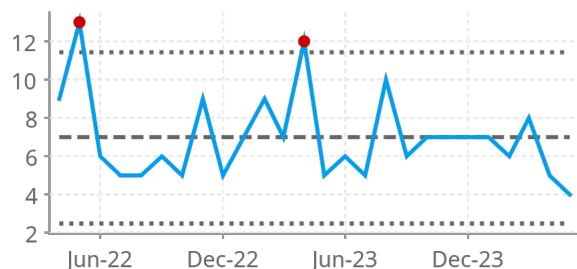
Standard **2**

## Summary of Current Issues/ Recovery Plans

Three MSSA bacteraemia were reported for May 2024. Although there is no external threshold, the Trust has set an internal threshold with a drive to reduce incidence.



### Escherichia coli (E. coli)



Month

May-24

Actual

4

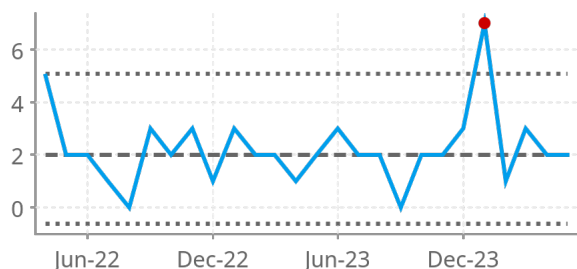
Standard

4

### Summary of Current Issues/ Recovery Plans

Four E-coli healthcare-associated bacteraemia reported in May a reduction from April (Five). Two community-onset healthcare-associated and two hospital-onset healthcare-associated cases identified with differing sources for each, lower urinary tract; lower respiratory tract; hepatobiliary and cardiovascular. None of the cases identified any preventable elements.

### Klebsiella



Month

May-24

Actual

2

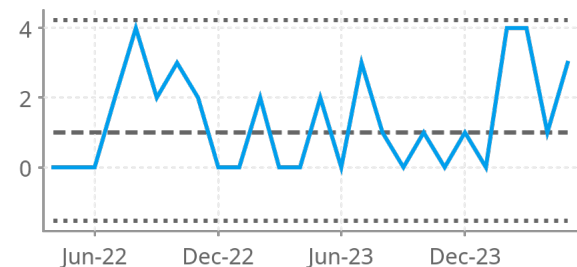
Standard

1

### Summary of Current Issues/ Recovery Plans

Reporting above the standard, two healthcare-associated Klebsiella cases were reported in May, both in differing areas and sources.

### Pseudomonas aeruginosa



Month

May-24

Actual

3

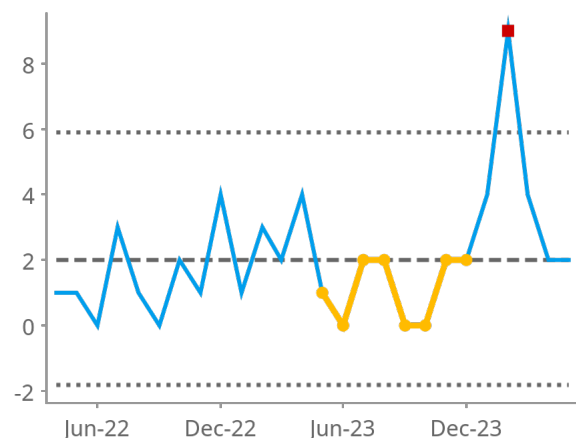
Standard

1

### Summary of Current Issues/ Recovery Plans

The Trust reports three healthcare-associated cases in May, which is an increase on the previous month. The sources identified include hepatobiliary, gastrointestinal and upper respiratory, which are unlikely to have been due to omissions in care, but meet the criteria for reporting.

### Falls with Moderate Harm



Month	May-24
-------	--------

Actual	2
--------	---

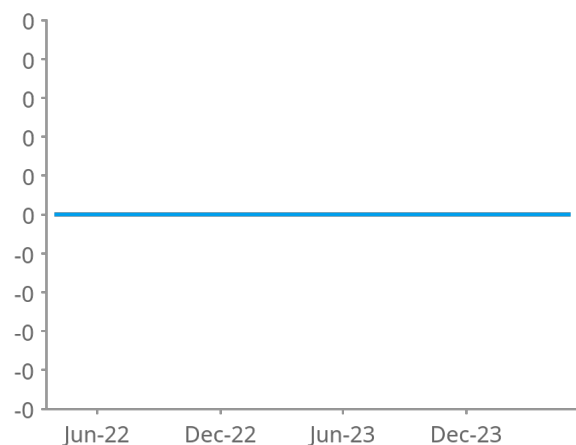
Standard	2
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### Summary of Current Issues/ Recovery Plans

During May 83 inpatient falls were reported, 31 resulted in no harm, 46 low harm, and 2 resulted in moderate harm, however zero severe harm falls are reported.

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

### Falls with Severe Harm

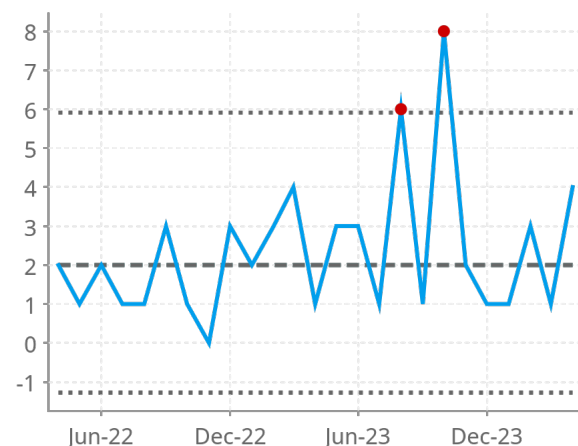


Month	May-24
-------	--------

Actual	0
--------	---

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

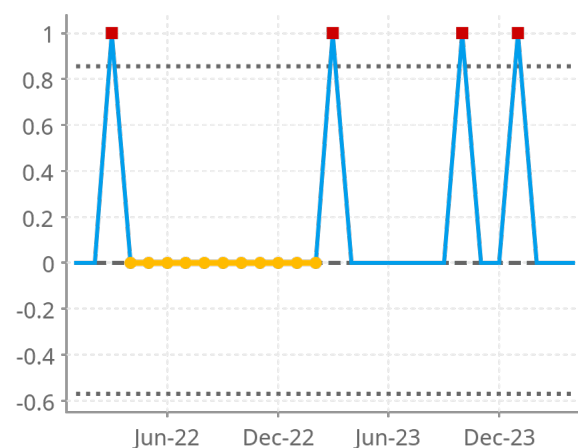
### Pressure Ulcers Category 3


**Month**
**Apr-24**
**Actual**
**4**
**Standard**
**2**

### Summary of Current Issues/ Recovery Plans

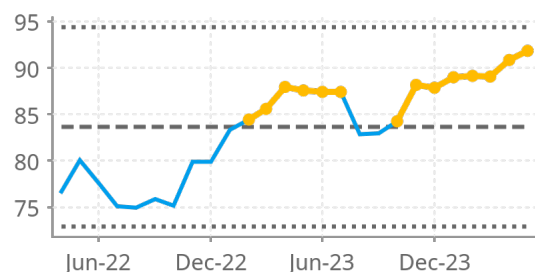
Four category 3 pressure ulcers were reported in April, an increase from March (one). There is an upward trend in reporting of pressure ulcers following the implementation of InPhase. The Patient Safety Team, Senior Clinical Matrons and Ward Matrons continue to support with use of the InPhase platform. Education, delivered by the Skin Integrity Nurse also continues.

### Pressure Ulcers Category 4


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

Zero category 4 pressure ulcers are reported.

## UNIFY Day RCN

Month **May-24**Actual **91.82%**Standard  **$\geq 80\%$  and  $\leq 109.99\%$** 

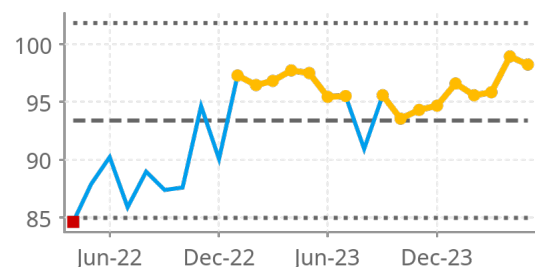
## Summary of Current Issues/ Recovery Plans

Nursing fill rates for Registered Nurses and Health Care Assistants continue to sit within the recommended parameters.

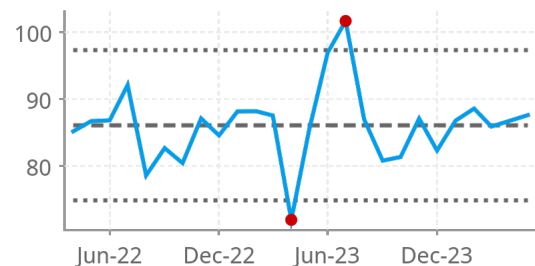
HCA fill rates at night remain slightly under the recommended parameters, reporting 105.09% in April.

Nurse vacancy levels continue to reduce in line with the planned trajectory, which will naturally increase the nurse fill levels as vacant posts are recruited into. Monthly recruitment remains ongoing for both registered and unregistered nurses and midwives. Significant work continues to reduce the Trusts use of agency registered nurses, increasing the bank fill rates as planned.

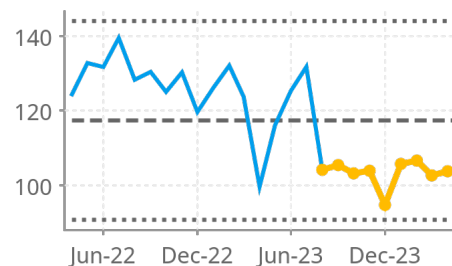
## UNIFY Night RCN

Month **May-24**Actual **98.23%**Standard  **$\geq 80\%$  and  $\leq 109.99\%$** 

## UNIFY Day HCA

Month **May-24**Actual **87.59%**Standard  **$\geq 80\%$  and  $\leq 109.99\%$** 

## UNIFY Night HCA

Month **May-24**Actual **105.09%**Standard  **$\geq 110\%$  and  $\leq 125.99\%$**

### Summary Hospital-level Mortality Indicator (SHIMI)


**Month**

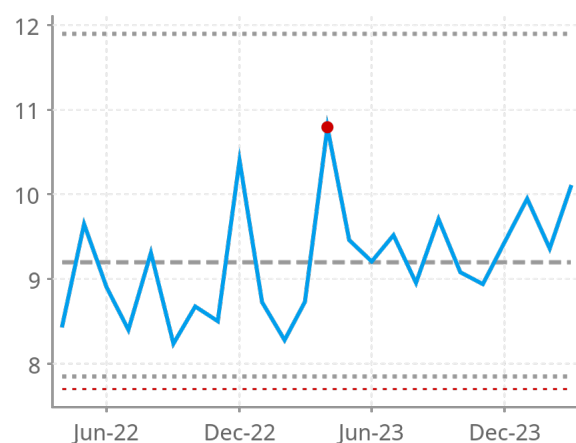
Jan 23 - Dec 23

**Actual**
**97.74**
**Standard**
**100**

### Summary of Current Issues/ Recovery Plans

The latest SHMI value reports at 97.74, which has decreased from the previous rebased value of 97.81 (December 2022 to November 2023). The latest value is 6th lowest in the region, which ranges from 90.11 to 124.47, with the national range between 72.02 to 125.48.

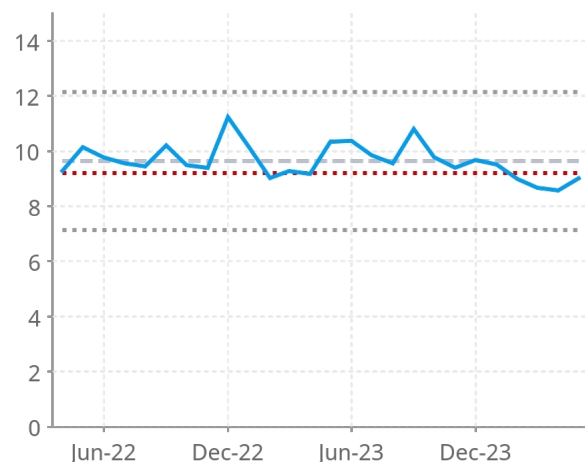
### Re-admission Rate


**Month**
**Mar-24**
**Actual**
**10.09%**
**Standard**
**7.70%**

### Summary of Current Issues/ Recovery Plans

Focused work continues to inform clinical pathways, correlating primary procedures and re-admissions to identify themes. A slight increase in re-admissions is noted in comparison to the last reporting period.

## Outpatient Did Not Attend - Combined

Month **May-24**Actual **9.01%**Standard **9.20%**

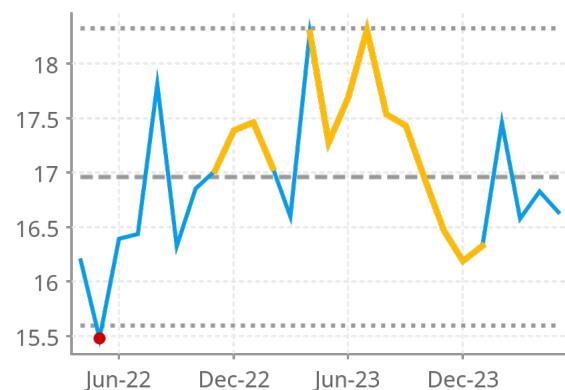
## Summary of Current Issues/ Recovery Plans

There is a marginal increase in DNA rates reported in May. Chemical pathology, diabetic medicine, pain management and paediatrics demonstrate the highest rate of DNAs across new and review appointments.

Work continues with the CORE20 plus project to support attendance to appointments, the reduction in DNA's is also a key focus within the elective productivity and efficiency work stream.

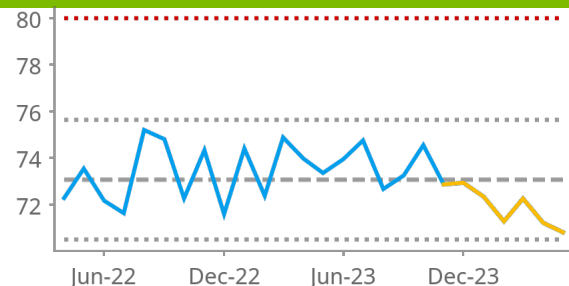
Following a pause in waiting list validation due to a switchover of service provider, the 'Health Call' platform will be launched in June, which will support further reductions.

## Outpatients Appointments with Procedure

Month **May-24**Actual **16.64%**Standard **38.00%**

A focus to increase the number of outpatient appointments with procedure is a key element of the elective productivity and efficiency work stream.

## Theatre Utilisation (%)



Month

May-24

Actual

70.81%

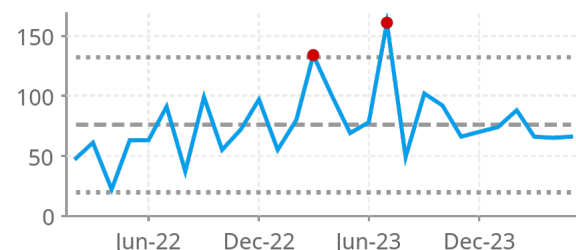
Standard

80.00%

## Summary of Current Issues/ Recovery Plans

Theatre utilisation remains a focus for elective recovery. The Trust is working to improve this position at both sites and through the Elective Hub Steering Group.

## Theatre - Reportable Cancellations



Month

May-24

Actual

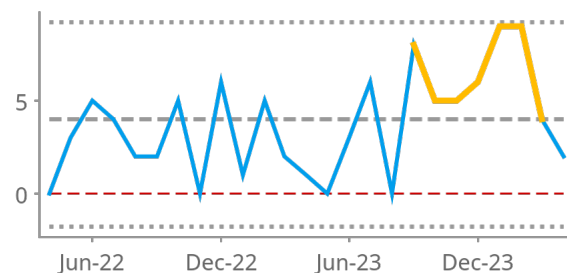
66

Standard

N/A

Sickness, radiological support and ongoing issues with estate have had an impact on cancellations in May.

## Not Re-appointed within 28 days



Month

Apr-24

Actual

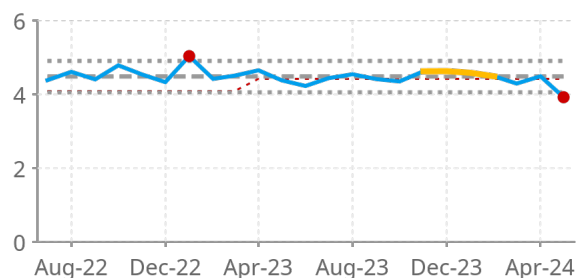
2

Standard

0

Eighteen patients were cancelled on the day in April, 13 of which were rebooked in 28 days. Three patients were offered dates within the appropriate timescale, however declined. The remaining two patients were booked on day 36 and day 39.

### Length of Stay (Combined)



Month

May-24

Actual

3.91

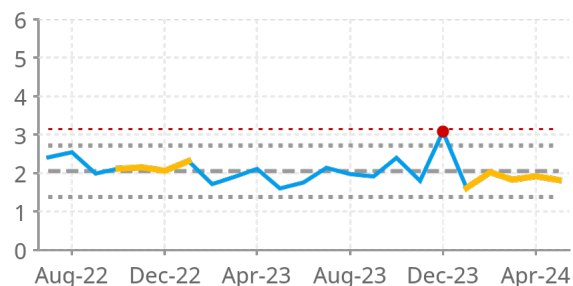
Standard

4.41

### Summary of Current Issues/ Recovery Plans

The Trust continues to achieve all Length of Stay standards.

### Length of Stay (Elective)



Month

May-24

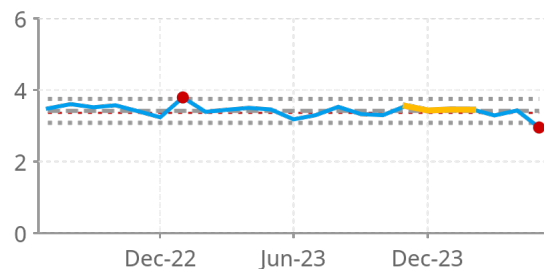
Actual

1.81

Standard

3.14

### Length of Stay (Emergency)



Month

May-24

Actual

2.94

Standard

3.35



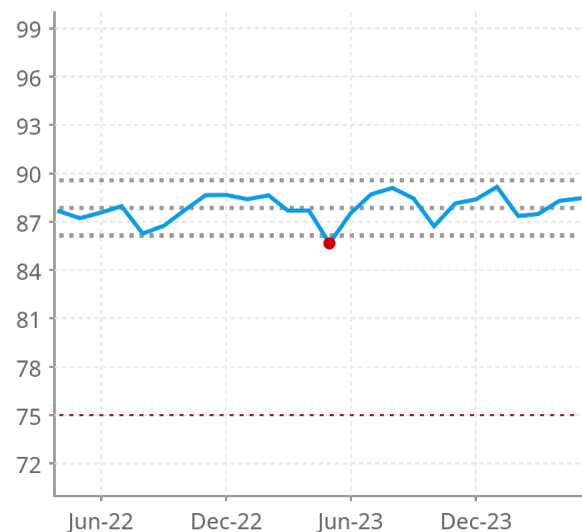
p17

# Effective



North Tees and Hartlepool  
NHS Foundation Trust

## Day Case Rates



Month

May-24

Actual

88.45%

Standard

75.00%

## Summary of Current Issues/ Recovery Plans

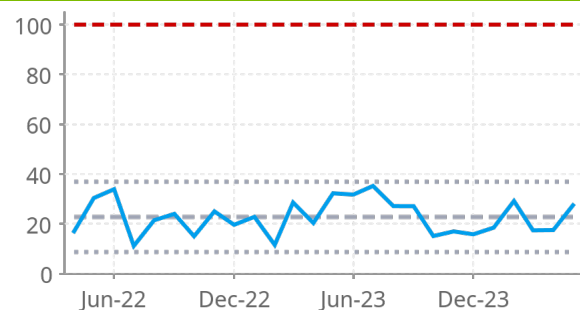
The Trust continues to report above the National standard.

p18

## Effective

North Tees and Hartlepool  
NHS Foundation Trust

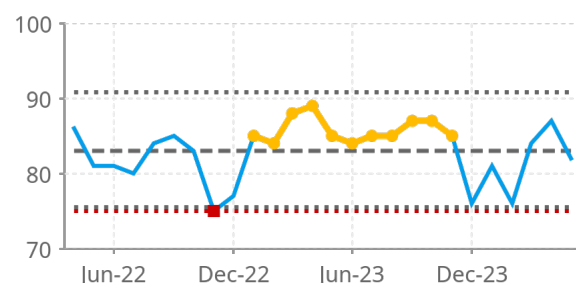
## Critical Care &lt;4 Hours Discharge

Month **May-24**Actual **27.45%**Standard **100.00%**

## Summary of Current Issues/ Recovery Plans

Discussions continue to take place within the OPEL meeting to prioritise transfers from Critical Care. This is also discussed within the Trust 4 hour standards meeting to formulate actions and possible solutions to improve compliance. It is noted that the Trust reported OPEL level 3 on 14 days of the month, impacting bed availability and flow.

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

Month **May-24**Actual **82.00%**Standard **75.00%**

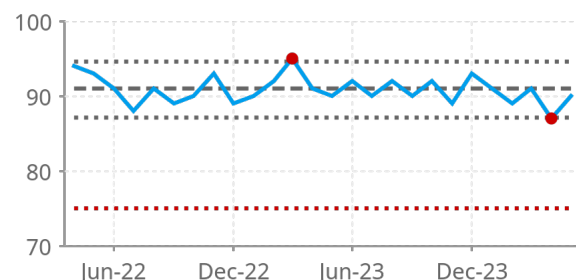
## Summary of Current Issues/ Recovery Plans

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

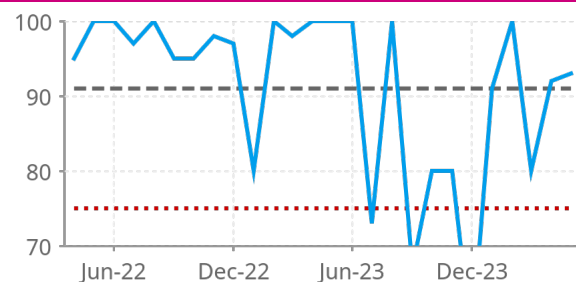
The Trust received 2,041 FFT returns this month; this is a decrease from 2,310 FFT reported in the previous month.

The very good or good responses returned for May reports 91.67%, a decrease from 93.03% on the previous month.

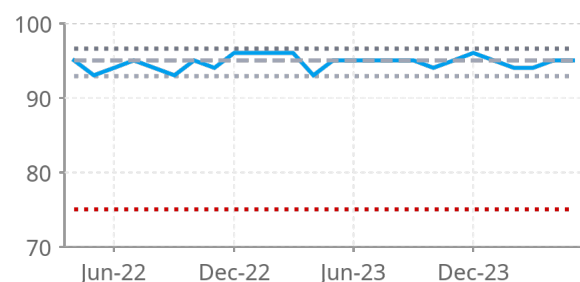
## Friends &amp; Family Test - Inpatient

Month **May-24**Actual **90.00%**Standard **75.00%**

## Friends &amp; Family Test - Maternity

Month **May-24**Actual **93.00%**Standard **75.00%**

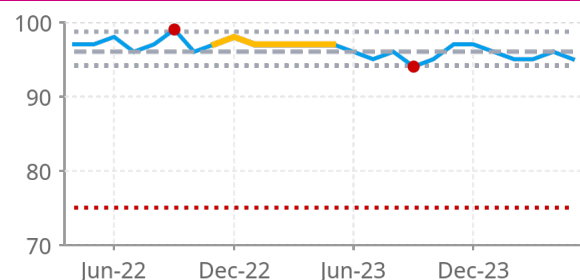
## Friends &amp; Family Test - Outpatient

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

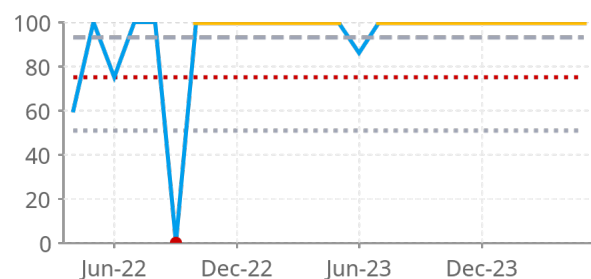
## Summary of Current Issues/ Recovery Plans

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

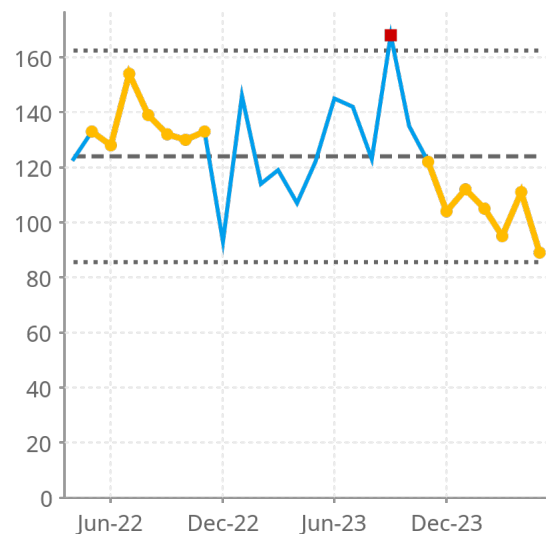
## Friends &amp; Family Test - Community

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

## Friends &amp; Family Test - Long Covid

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

## Complaints - (Stage 1 - 3)



Monthdate

Month

May-24

Actual

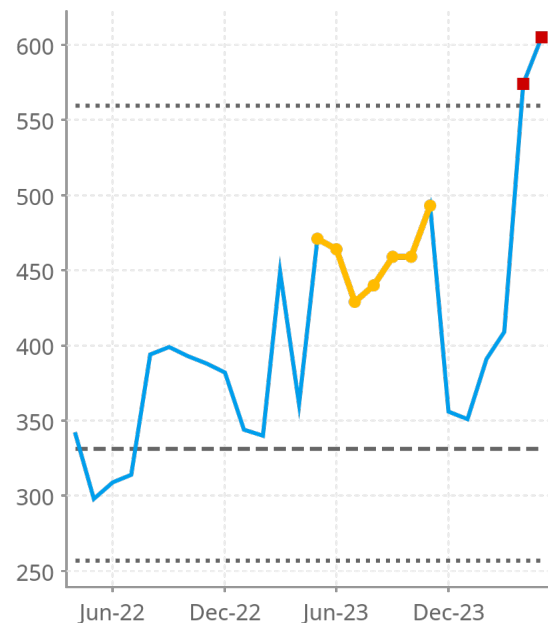
89

## Summary of Current Issues/ Recovery Plans

89 complaints were opened in May, a decrease on the previous month. 88.76% were locally resolved (Stage 1), 5.62% are to be resolved via a face-to-face meeting (Stage 2), and 5.62% require an executive response letter (Stage 3).

Following implementation of the revised complaint process, the Trust has resolved and closed 12 verbal complaints within 24 hours. In line with national regulations, these complaints have been excluded from reporting.

## Compliments



Month

May-24

Actual

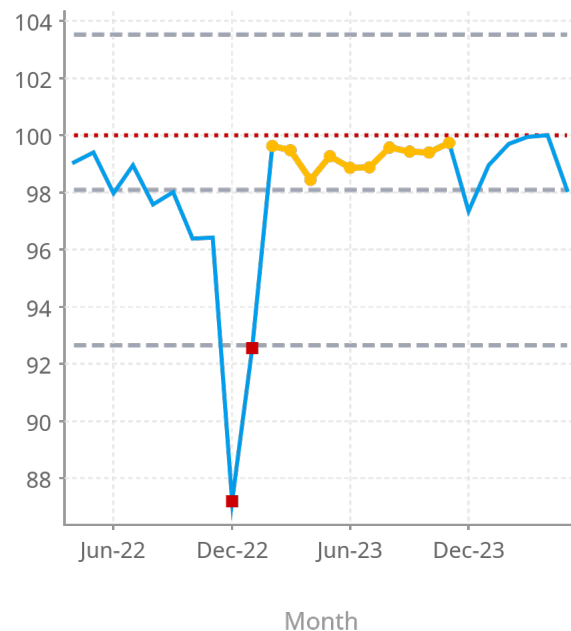
605

## Summary of Current Issues/ Recovery Plans

May demonstrates an increase in compliments recorded; 605 compared to the previous month (574). Work continues across teams to improve exploring various ways to ensure the full capture of compliments from individuals, teams and services.

## Ambulance Handovers &lt;59minutes

## Summary of Current issues /Recovery Plan



Month

May-24

Actual

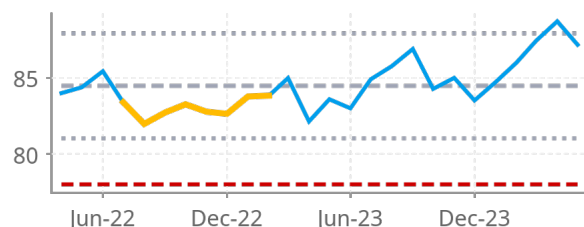
98.09%

Standard

100.00%

1,975 Patients arrived by ambulance to A&E, with a handover compliance (PIN) rate of 92.56%. 13 Handovers over 60 minutes were reported with exception reports completed for these delays. The average handover time was 14 minutes and average turnaround time (arrival to clear) 34 minutes. This places the Trust first in the region.

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

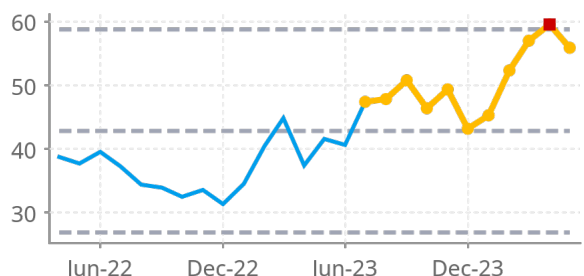


Month	May-24
Actual	87.16%
Standard	78.00%

## Summary of Current Issues/ Recovery Plans

The Trust achieved May trajectory of 86.57%, and ranks 1<sup>st</sup> regionally and 2<sup>nd</sup> nationally for performance against this standard. Continuous improvement is ongoing across a range of work streams, with governance via the 'More before 4' meetings and the 4-Hour Steering Group. Focused work exploring 4 to 5 hour breaches, pathway reviews and home first principles has recently been undertaken to support performance.

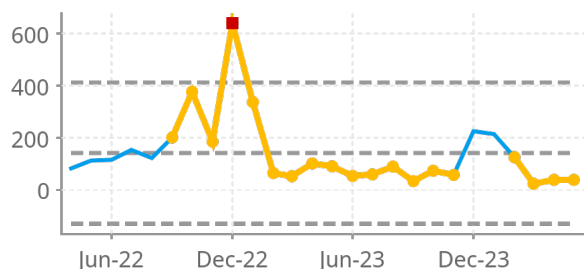
## 4hr Accident &amp; Emergency Waiting Times - Type 1



Month	May-24
Actual	56.77%
Standard	65.00%

The Trust achieved May trajectory of 51.86%. This position is reflective of the regional achievement of this standard.

## 12 Hour Waits in Accident and Emergency

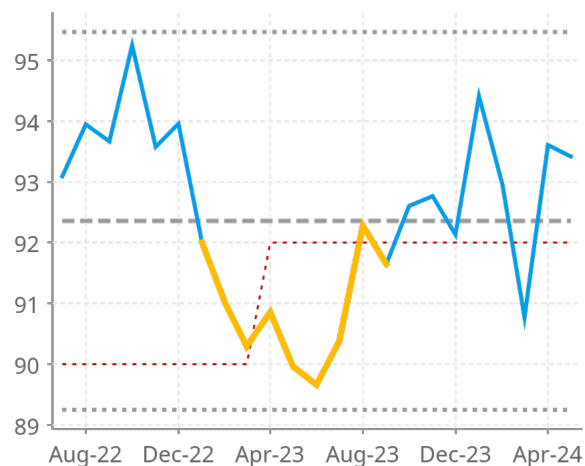


Month	May-24
Actual	38
Standard	0

12 hour waits has remained static at 38, with the majority of delays relating to bed waits to acute admission units (52.6%) and transport (15.8%).



## Trust Occupancy



**Month** May-24

**Actual** 93.42%

**Standard** 92.00%

## Summary of Current Issues/ Recovery Plans

The Trust reported above standard for May, with medical occupancy averaging 97.61%. The Trust reported OPEL 3 on 14 days of the month. During times of surge both Day Case and Assessment areas have been utilised to maintain flow, alongside boarders out of specialty. Infection outbreaks also impacted on bed availability.

## Virtual Ward Occupancy



**Month** May-24

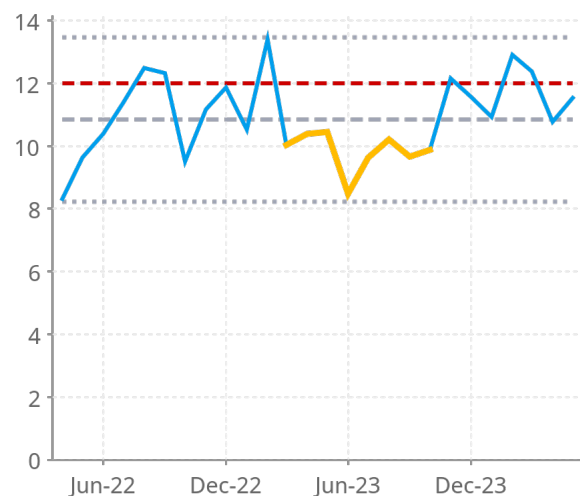
**Actual** 40.00%

**Standard** 80.00%

## Summary of Current Issues/ Recovery Plans

Performance against the standard continues to improve with work focusing upon increasing occupancy through development of an ICE referral process for the acute hospital. The service are increasing engagement with primary care and have an active communication campaign to support this.

## Super Stranded - % of Current Inpatients



Month	May-24
-------	--------

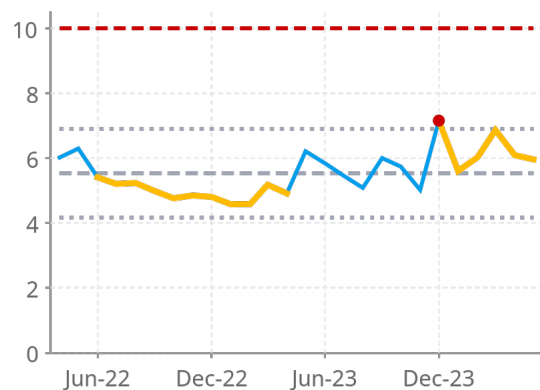
Actual	11.53%
--------	--------

Standard	12.00%
----------	--------

## Summary of Current Issues/ Recovery Plans

Performance against the standard has been maintained. Work continues in collaboration with local authorities to maintain a Home First focus for patients.

## Do Not Meet Criteria to Reside



Month	May-24
-------	--------

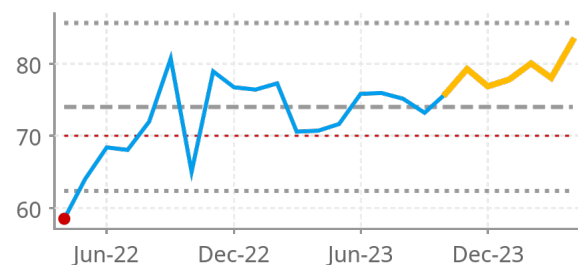
Actual	5.96%
--------	-------

Standard	10.00%
----------	--------

## Summary of Current Issues/ Recovery Plans

Surveillance of discharges continues to contribute to the Trust's positive performance against this target.

## 2 hour Community Response

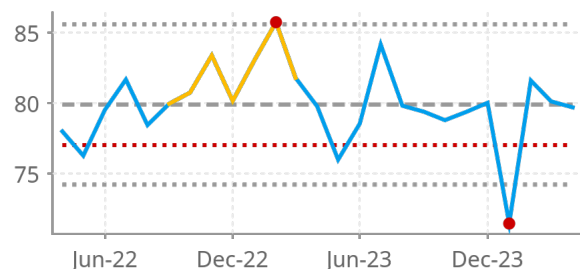


Month	Apr-24
Actual	83.22%
Standard	70.00%

## Summary of Current Issues/ Recovery Plans

A positive position is maintained. Work continues to develop the service in line with patient's needs.

## Cancer 28 Day Faster Diagnosis



Month	Apr-24
Actual	79.68%
Standard	77.00%

The Trust achieved performance against the standard in April and achieved against trajectory. Pressures remain evident across a number of pathways including urology, haematology and head and neck.

## New Cancer 31 Days



Month	Apr-24
Actual	97.63%
Standard	96.00%

The Trust achieved performance against the standard in April.

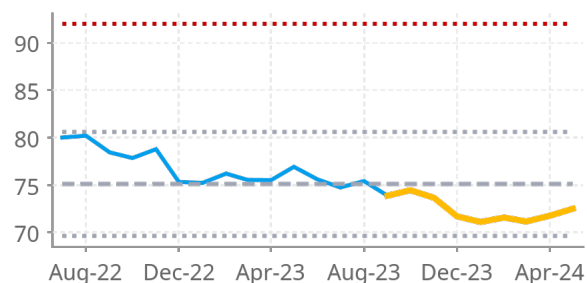
## New Cancer 62 Days



Month	Apr-24
Actual	62.72%
Standard	70.00%

A reduction in performance is noted compared to the previous month. Pressures are evident across haematology, urology, gynaecology and respiratory specialties. Key themes of breaches are noted to be histology reporting delays, complex pathways and elective capacity. The clinically led cancer delivery groups continue supporting progress with the cancer improvement plan.

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

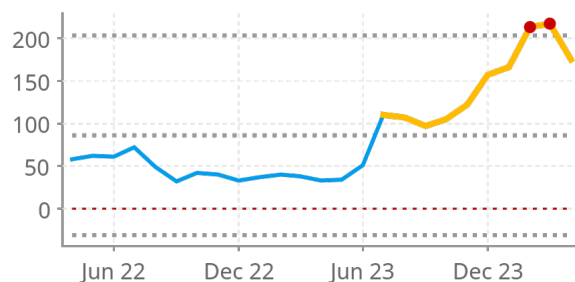


Month	May-24
Actual	72.50%
Standard	92.00%

## Summary of Current Issues/ Recovery Plans

The Elective Productivity and Efficiency work stream progresses with the overall aim to improve performance against standard. Reducing the overall waiting list and the number of long waiters remains a key priority with focus areas identified from both an inpatient and outpatient perspective, including theatre utilisation and increasing outpatient capacity. An outpatient workshop, as part of the work stream, has been scheduled in June to take this work forward.

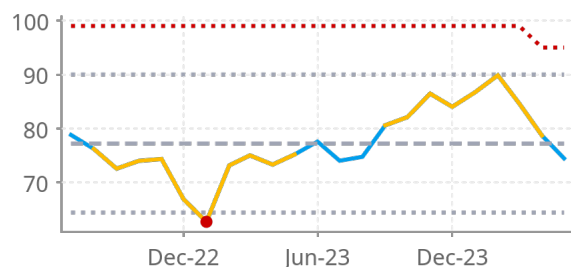
## Incomplete Pathways Wait (&gt;52 Week Wait)



Month	May-24
Actual	163
Standard	89

Focused work across the Care Groups to achieve the trajectory by March 2025 continues with additional patient tracking activity to expedite appointments and facilitate additional capacity. The Trust achieved the May trajectory for both incomplete pathways greater than 52 weeks and patients waiting 65 weeks and over, with only 4 reported against a trajectory of 10.

## Diagnosis &lt;6 Weeks (DM01 %)



Month

May-24

Actual

74.48%

Standard

95.00%

## Summary of Current Issues/ Recovery Plans

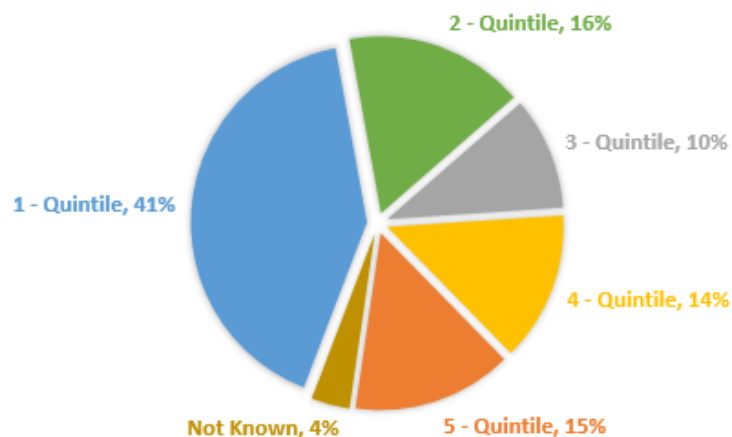
Compliance rates have reduced further this month, with an increase in the number of breaches and the number of patients on the waiting list.

The predominant pressure continues in non-obstetric ultrasound, due to continuing capacity issues as a result of long term sickness. MRI breaches remain comparable to April position with 24 fewer breaches for May.

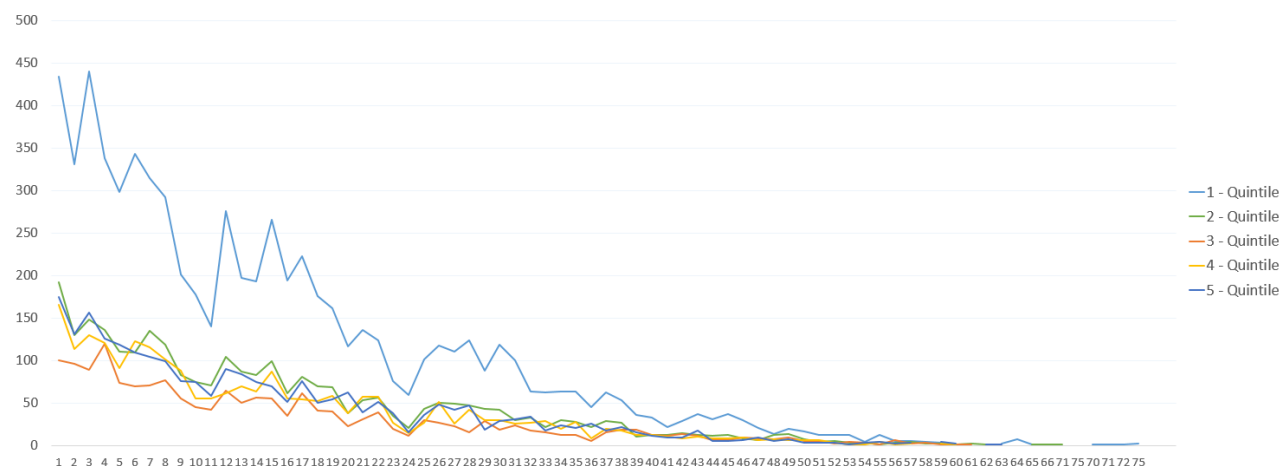
The mobile scanner continues to be sited at North Tees until further notice, supporting routine capacity, resulting in the overall routine waiting list reducing.

ECHO breaches have seen an overall reduction, however the waiting list size continues to increase. Endoscopy breaches remain comparable with April, with 6-day working now business as usual. CT and DEXA continue to achieve the within the 6 week compliance threshold.

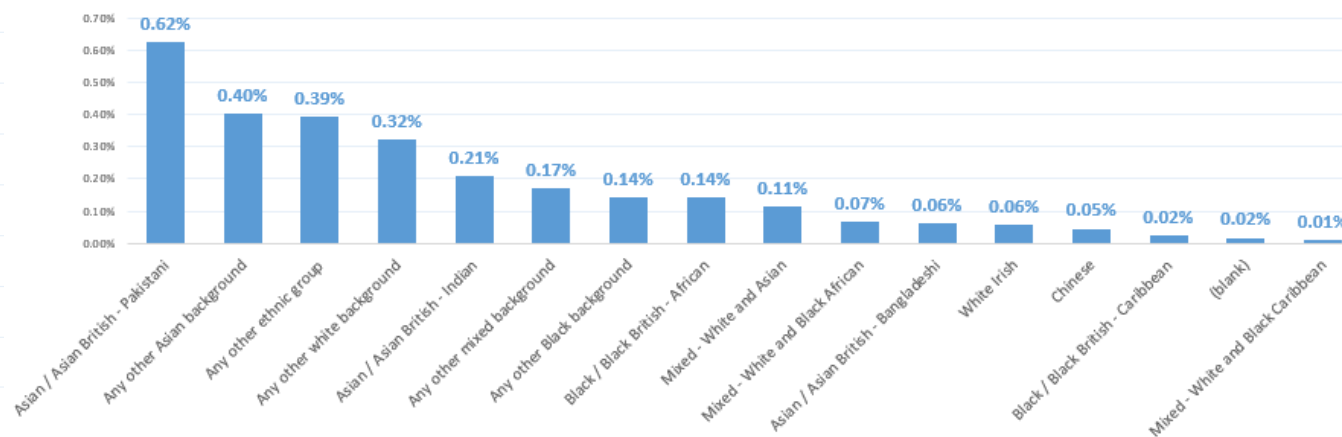
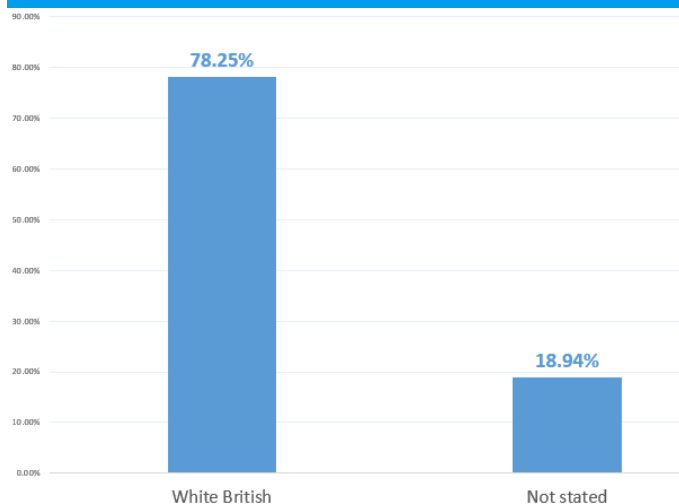
## By Deprivation Quintile (1 Most - 5 Least Deprived)



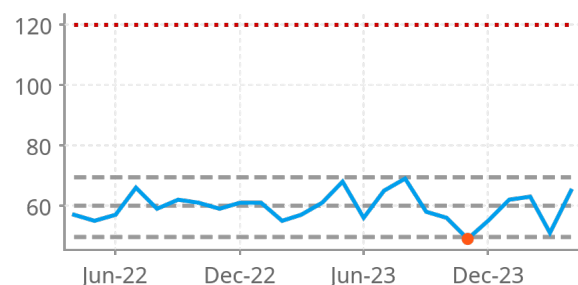
## Waiting List by Weeks and Deprivation (Quintile 1-5)



## Waiting List by Ethnicity



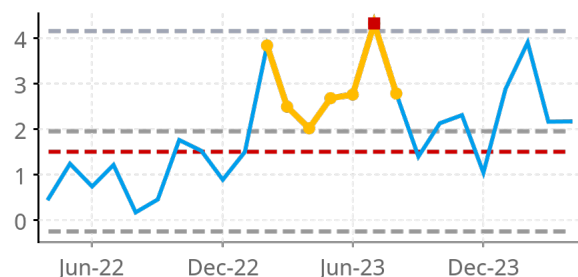
## Pharmacy Turnaround Time

Month **Apr-24**Actual **65**Standard **120**

## Summary of Current Issues/ Recovery Plans

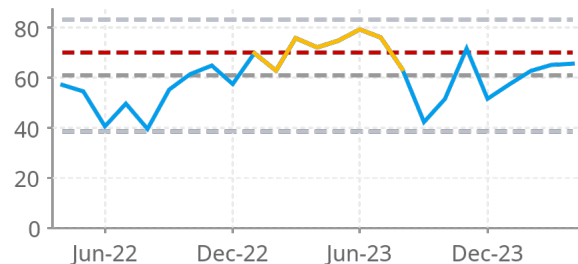
Compliant to standard.

## Discharge Medicine Service Referral

Month **Apr-24**Actual **2.17%**Standard **1.50%**

Compliant to standard.

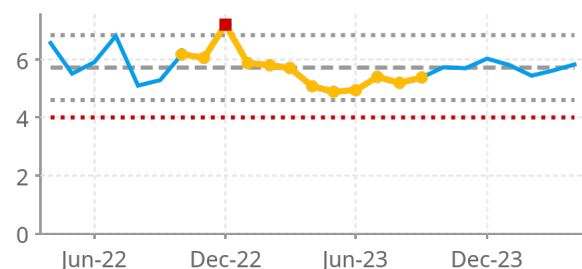
## Medicine Reconciliation

Month **Apr-24**Actual **65.56%**Standard **70.00%**

Work continues around the development of a business case for increased resource into EAU to support improvement. Pharmacy 'Perfect Week' data identified savings through reducing waste.



## Sickness % - Trust



Month **Apr-24**

Actual **5.82%**

Standard **4.00%**

## Summary of Current Issues/ Recovery Plans

The Trust absence rate as at end April 2024 is 5.82%. This is an increase on the previous month's rate of 0.21%. Stress/anxiety /depression remains the highest reason for absence and accounts for 37.4% of all absence.

Long-term sickness accounted for 3.53% of overall sickness with short term being 2.29%.

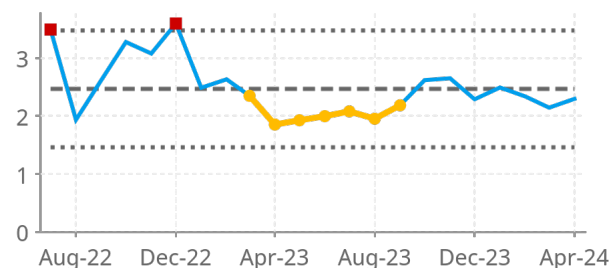
The top 3 reasons for absence in the Trust are:

- o Anxiety/stress/depression/other psychiatric illnesses
- o MSK problems
- o Gastrointestinal problems

Work to ensure accurate reporting in relation to reduce "other known causes - not elsewhere classified" continues to have positive results with only 0.17% of absences in April 2024.

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

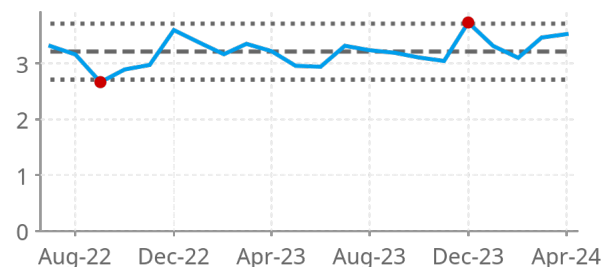
## Sickness % - Short Term



Month **Apr-24**

Actual **2.29%**

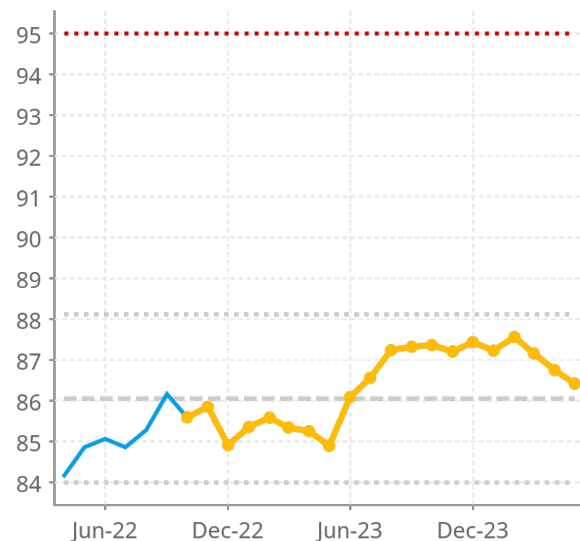
## Sickness % - Long Term



Month **Apr-24**

Actual **3.53%**

## Appraisal %


**Month**
**May-24**
**Actual**
**86.42%**
**Standard**
**95.00%**

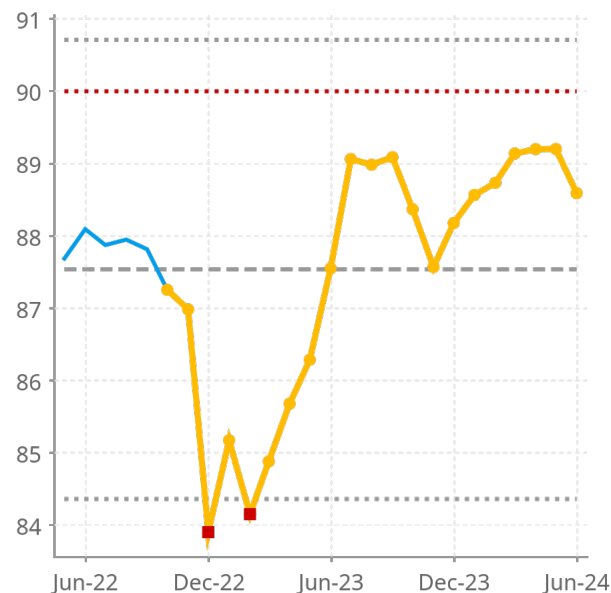
## Summary of Current Issues/ Recovery Plans

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

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

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

## Core 10 - Mandatory Training %



Month	May-24
-------	--------

Actual	88.59%
--------	--------

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

## Summary of Current Issues/ Recovery Plans

Mandatory training compliance for May 2024 is 88.59%. Whilst this represents a decrease of 0.61% from the previous reporting period, this is predominantly due to transition to the 'Core 10' approach and national issues related to the access of e-learning packages.

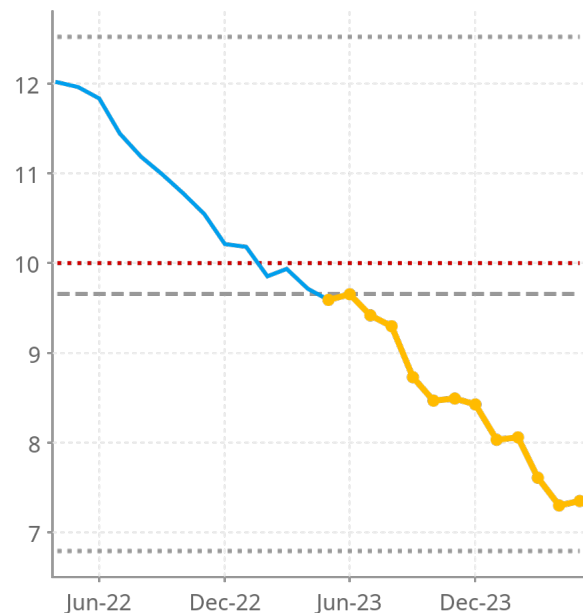
Following a comprehensive review of mandatory training requirements involving key stakeholders, the Trust has adopted a 'Core 10' approach. The purpose of the review was to achieve a balance between statutory and additional 'mandatory' competencies and determine the future state of mandatory training requirements, including streamlining and removing the mandatory status from some topics. The approach aligns broadly with South Tees NHS FT as part of joint partnership working.

A National issue with the learning hub that hosts local content for e-learning has emerged. During peak hours, access to packages is slower than normal; staff are reporting that they are unable to complete due to 'lag'. The learning hub is working to resolve the issue.

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

Significant focus on data security compliance to ensure the Trust meets the obligations related to the IG Toolkit. Data security e-learning is not impacted by the learning hub issue.

## Staff Turnover %



Month

May-24

Actual

7.35%

Threshold

10.00%

## Summary of Current Issues/ Recovery Plans

Turnover for May 2024 is 7.35 % which is comparable to the previous month.

Turnover rates in clinical roles including registered nursing and midwifery, and medical and dental are all below the 10% threshold. A deep dive into turnover is underway with a report being prepared for people group.



## Overview - Month 1

**Data currently unavailable for M2 at the time of reporting and will be available in line with national submission.**

**A verbal update will be provided.**

## Maternity Overview

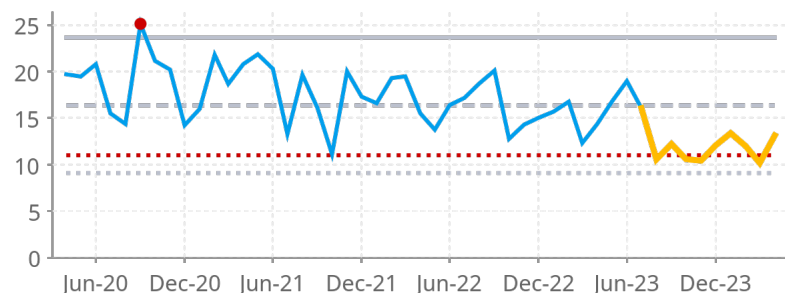
Antenatal				
	Current Month	Actual	National Standard or Average	NENC Average
Smoking at Booking	Apr-24	13.13%	n/a	11.00%
VTE Compliance	Apr-24	97.30%	95.00%	n/a
Right Place of Birth	Apr-24	100.00%	100%	n/a
Birth				
Number of babies born	Apr-24	221	n/a	n/a
Induction of Labour	Apr-24	43.44%	46.90%	46.90%
PPH >1500mls (%)	Apr-24	2.71%	3.30%	3.30%
3rd & 4th Degree tears	Apr-24	1.81%	n/a	2.70%
Assisted Birth	Apr-24	10.32%	n/a	12.90%
Still Births	Apr-24	1.84	2.60	2.60
Postnatal				
Smoking at Delivery	Apr-24	7.76%	n/a	11.00%
Breast Feeding at First feed	Apr-24	50.45%	n/a	74.40%
Neonatal				
Neonatal Mortality	Apr-24	1.87	1.60	n/a
ATAIN Neonatal Admissions >=37 weeks	Apr-24	4.50%	6.00%	n/a
Workforce				
1:1 Care in active Labour	Apr-24	100.00%	100%	n/a
Labour ward Co-ordinator supernumary	Apr-24	100.00%	100%	n/a
RM Vacancy	Apr-24	N/A	n/a	n/a
Midwife to Birth Vacancy	Apr-24	N/A	01:19.9	n/a
Feedback				
Complaints	Apr-24	8	n/a	n/a
Compliments	Apr-24	22	n/a	n/a

The overview is split into the following sections:

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

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

## Smoking at Booking (%)



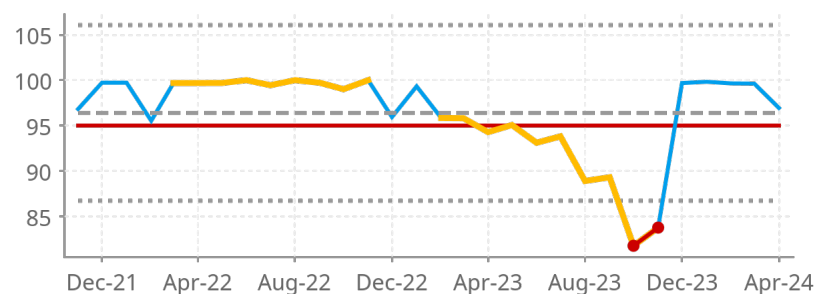
Month **Apr-24**

Actual **13.13%**

NENC  
Average **11.00%**

An increase in smoking at booking is noted in April (13.13%) from the March position of 10.16%, exceeding the regional average. Carbon monoxide monitors have been acquired to identify smokers in the antenatal period to enable targeted support to quit smoking. A review of the data set and documentation is being undertaken for smoking at booking and delivery to produce results for the same cohort of women.

## VTE Compliance

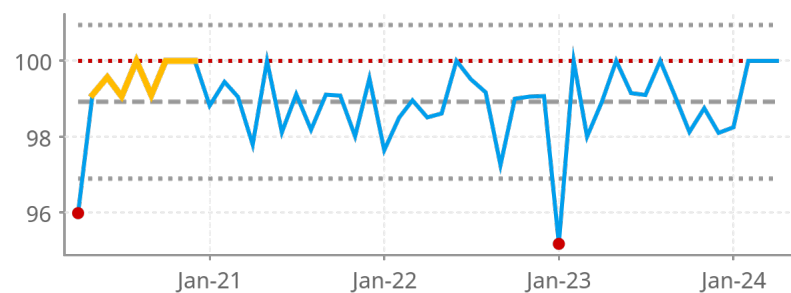


Month **Apr-24**

Actual **96.94%**

NENC  
Average **95.00%**

## Right Place of Birth



Month **Apr-24**

Actual **100.00%**

NENC  
Average **100.00%**

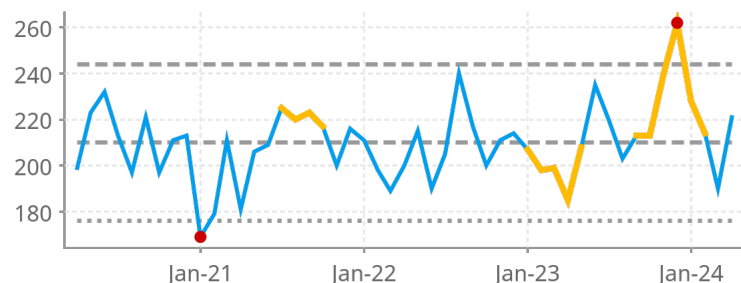
p40

# Maternity - Safe



North Tees and Hartlepool  
NHS Foundation Trust

## Births



Month

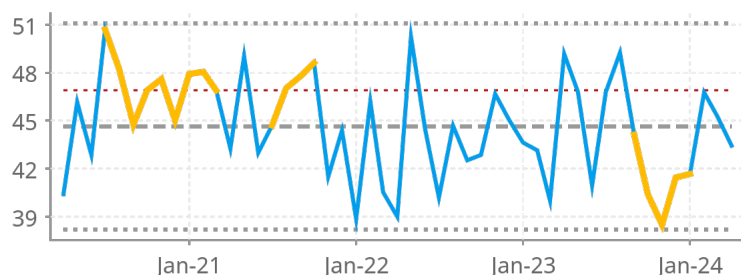
Apr-24

Actual

221

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

## Inductions of Labour



Month

Apr-24

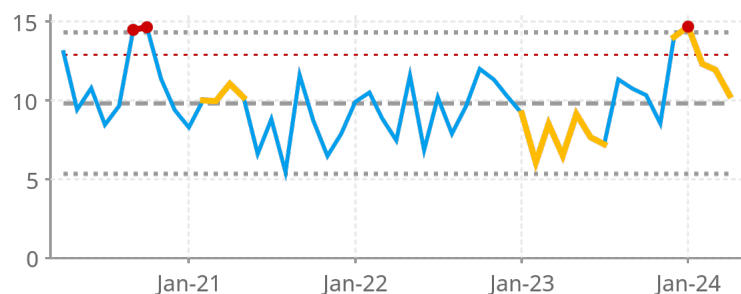
Actual

43.44%

Trust Standard

46.90%

## Assisted Births



Month

Apr-24

Actual

10.32%

Trust Standard

12.90%



p41

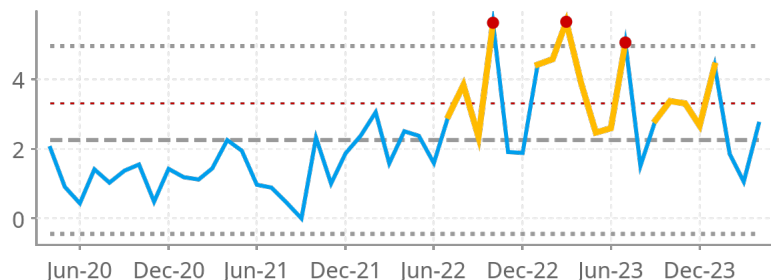
# Maternity - Safe



North Tees and Hartlepool  
NHS Foundation Trust

## Postpartum Haemorrhage >1500mls (%)

## Actions



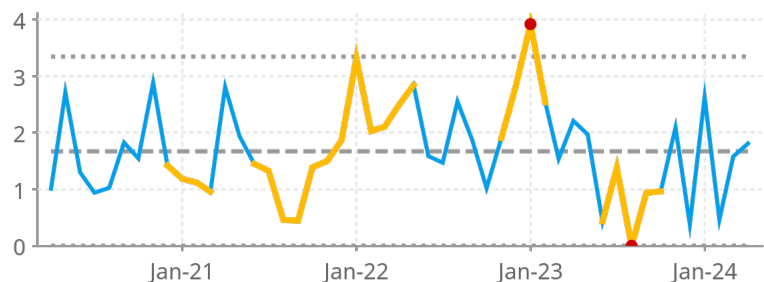
Month **Apr-24**

Actual **2.71%**

National Standard **3.30%**

An increase in postpartum Haemorrhage >1500mls (2.71%) is noted in April from the March position of 1.05%. To promote risk assessment completion, the risk assessment documentation process in Badgernet is being revised to be a mandatory field for completion.

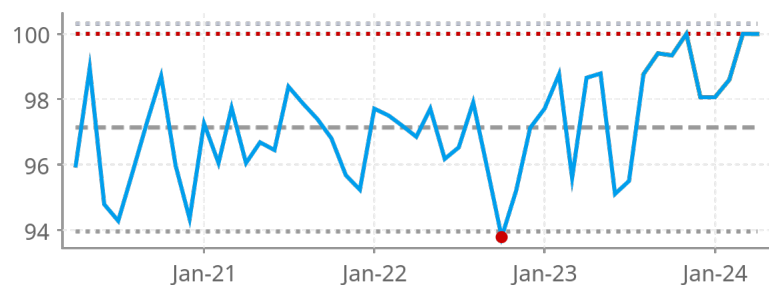
## 3rd and 4th Degree Tears (%)



Month **Apr-24**

Actual **1.81%**

## 1:1 Care in Active Labour



Month **Apr-24**

Actual **100.00%**

National Standard **100.00%**

## Stillbirths

## Actions



● Moving Average of Stillbirths per 1000 Births ● NENC Average

Month

**Apr-24**

Actual

**1.84**

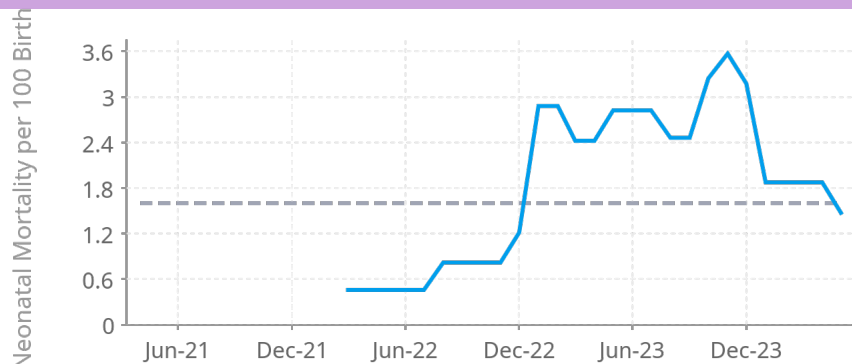
NENC  
Average

**2.90**

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

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

## Neonatal Mortality



● Moving Average of Mortality Rate per 1000 Births ● NENC Average

Month

**Apr-24**

Actual

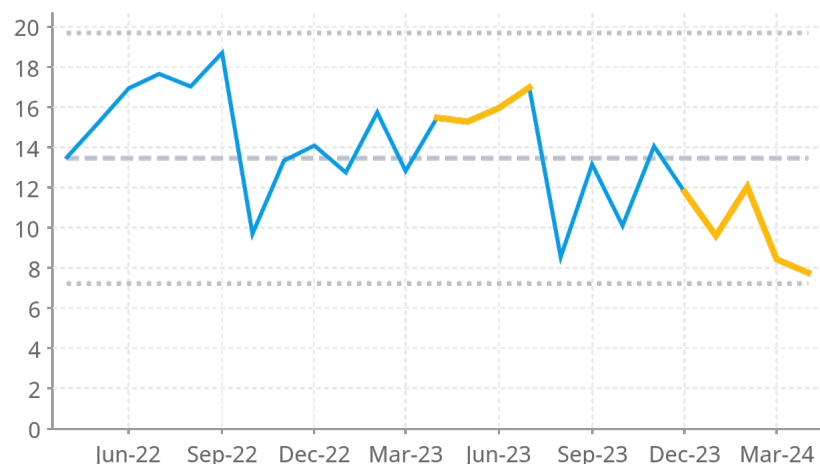
**1.87**

National  
Standard

**1.60**

## Smoking at Delivery

## Actions



Month

**Apr-24**

Actual

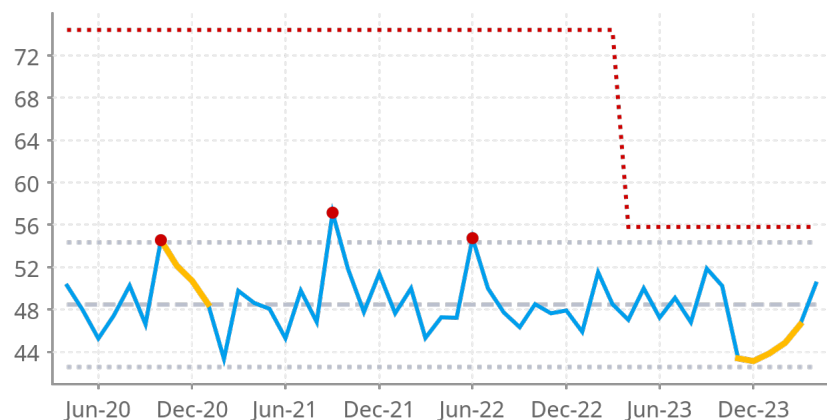
**7.76%**

National  
Standard

**11.00%**

There is a sustained improvement in smoking at delivery, lower than the regional average of 11% and a reduction from the March position of 8.42%.

## Breastfeeding at First Feed



Month

**Apr-24**

Actual

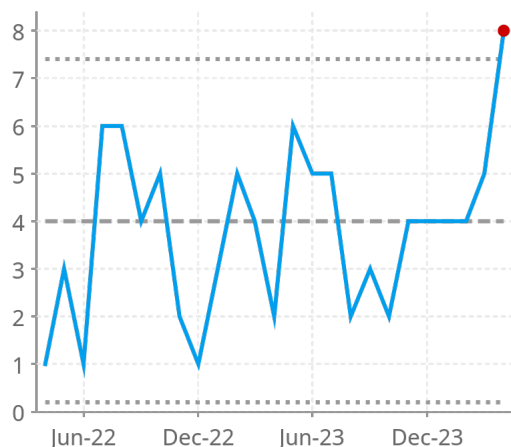
**50.45%**

National  
Standard

**55.80%**

Discussions continue with the Digital team to rectify the electronic documentation discrepancy identified since the switch from paper to electronic documentation.

## Complaints



Month **Apr-24**

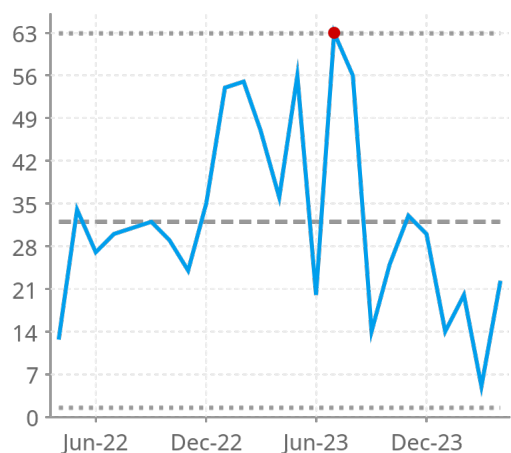
Stage 1 **4**

Stage 2 **3**

Stage 3 **1**

Maternity services reported eight complaints in April 2024.

## Compliments



Month **Apr-24**

Actual **22**

Twenty-two compliments were received in April, the themes of compliments were friendliness and kind and caring department.

# Integrated Performance Report: South Tees

**Meeting date:** 3 July 2024

**Reporting to:** Group Board of Directors

**Agenda item No:** 9

**Report author:** Alison Buck, Information Analyst / Sam Peate, Chief Operating Officer, South Tees

**Action required:**  
Assurance

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

**Previously presented to:**  
People Committee, Quality Committee and Resources Committee In Common June 2024

## NTHFT strategic objectives supported:

Putting patients first ☐

Valuing our people ☐

Transforming our services ☐

Health and wellbeing ☐

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

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

Make best use of our resources ☒

## CQC domain link:

Responsive

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

Performance and Compliance

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

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

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

National context reflects 2024/25 NHS Operational Planning Guidance.

**SAFE** domain:

No change.

**EFFECTIVE** domain:

Sepsis data update delayed due to system change. The team is working with the system provider to extract accurate audit reports.

**CARING** domain:

Complaints closed within target was not updated for May; data was unavailable.

**EQUITABLE** domain:

No change.

**RESPONSIVE** domain:

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

- A&E 4-hour standard plan to achieve 78% by March 2025
- Cancer 62 Day Standard plan to achieve 70% by March 2025
- Cancer Faster Diagnosis Standard plan to achieve 77% by March 2025

**WELL LED** domain:

No change.

### Key Messages

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

In May, A&E 4-hour standard performance maintained an improved position ahead of trajectory, following the opening of the Urgent Treatment Centre at James Cook University Hospital at the start of April. Ambulance handover delays and 12-hour delays have remained relatively stable since January 2024.

For elective care in April, the RTT 18-week standard outperformed the national trend but ongoing capacity pressures in a small number of specialist services were the main driver of increased 65 week waits from March. The Trust had zero 78 week waiters at the end of April. Total elective activity delivered in April was behind 2023/24, as it was with three other neighbouring Trusts, with non-elective overnight length of stay remaining high and impacting the elective surgical programme.

A highlight within the elective activity was that first outpatient appointment activity was the highest in the North East & North Cumbria Integrated Care System (ICS).

Performance against the 6-week diagnostic standard demonstrates sustained improvement from the first half of 2022/23 and benchmarked well against the regional and national average.

The Trust continued to outperform the national target for 28-day Faster Diagnosis Standard and the number of patients waiting over 62 days while being investigated was stable. The Cancer 62-day standard performs lower as treatment is prioritised for the longest waiters. The Trust is committed to service improvement work that will help achieve the 70% target by March 2025.

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

## Recommendations:

Directors of the Group Board are asked to:

- Receive and note the contents of the Integrated Performance Report for May 2024.
- Note the performance standards that are being achieved and the remedial actions being taken where metrics are out-with expected parameters.



**South Tees Hospitals**  
NHS Foundation Trust

# INTEGRATED PERFORMANCE REPORT

May 2024



# OVERSIGHT

## RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

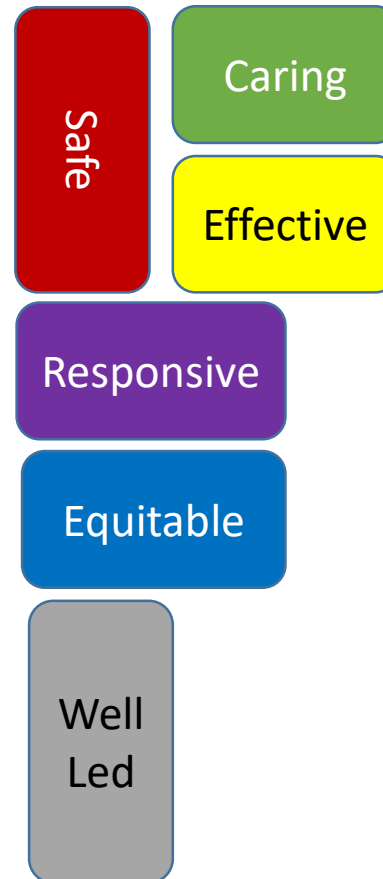
Dr Michael Stewart, Chief Medical Officer

Samuel Peate, Chief Operating Officer

Dr Michael Stewart, Chief Medical Officer

Chris Hand, Chief Finance Officer

Rachael Metcalf, Human Resources Director



## BOARD SUB COMMITTEE

Quality Assurance Committee

Quality Assurance Committee

Resources Committee

Quality Assurance Committee

Resources Committee

People Committee

Audit and Risk Committee

# CHANGES THIS MONTH

National context reflects 2024/25 NHS Operational Planning Guidance.

**SAFE** domain:

No change.

**EFFECTIVE** domain:

Sepsis data update delayed due to system change. The team is working with the system provider to extract accurate audit reports.

**CARING** domain:

Complaints closed within target was not updated for May; data was unavailable.

**EQUITABLE** domain:

No change.

**RESPONSIVE** domain:

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

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**WELL LED** domain:

No change.

# NATIONAL CONTEXT

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









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

The Trust Improvement Plan, "Good to Outstanding", is being refreshed to reflect the progress made to date, our ongoing strategic priorities, the ambition of our clinically-led Collaboratives and the actions we will be focusing on this year.

# SINGLE OVERSIGHT FRAMEWORK SUMMARY

NHS Oversight Framework Summary		Urgent & Emergency Care					Elective care										Cancer				
Provider		A&E 4 hour standard	12 hour delay from DTA	% A&E Type 1 Attendances >12hrs from arrival	Ambulance handovers 30-60 mins	Ambulance handovers 60+ mins	RTT - 18 week standard	52+ week waits	65+ week waits	78+ week waits	104+ week waits	RTT total Waiting List	OPFU - YTD growth 24/25 v 23/24	1st OP - YTD growth 24/25 v 23/24	Total elective - YTD growth 24/25 v 23/24	Diagnostic activity 24/25 v 23/24	Diagnostic 6 week waits	Cancer 62 day	Cancer 62 day backlog	Cancer treatments	Cancer 28 day FD
Data period		May-24	May-24	May-24	May-24	May-24	Apr-24	Apr-24	Apr-24	Apr-24	Apr-24	Apr-24	Apr-24	Apr-24	Apr-24	Apr-24	Apr-24	Apr-24	May-24	Apr-24	Apr-24
Target		95%	Zero				92%	24/25 Plan	24/25 Plan	Zero	Zero	24/25 Plan	<=75%	109%	109%		<=1%	85%	Mar 24 Plan		75%
South Tees Hospitals NHSFT		73.5%	25	4.2%	504	278	62.7%	1,498	156	0	0	54,896	110%	106%	90%	118%	18.3%	57.9%	131	291	78.2%
NENC ICS Provider level (including IS providers)		76.9%	717	6.1%	2,373	842	68.5%	6,596	913	18	0	378,054	105%	102%	95%	116%	18.7%	66.1%	831	1,968	78.7%
North East & Yorkshire		74.2%		7.3%			64.2%										18.4%	65.3%			75.0%
National		74.0%		10.1%			58.3%										23.0%	66.6%			73.5%

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 May, A&E 4-hour standard performance maintained an improved position ahead of trajectory, following the opening of the Urgent Treatment Centre at James Cook University Hospital at the start of April. Ambulance handover delays and 12-hour delays have remained relatively stable since January. For elective care in April, the RTT 18-week standard outperformed the national trend but ongoing capacity pressures in a small number of specialist services were the main driver of increased 65 week waits from March. The Trust had zero 78 week waiters at the end of April. Total elective activity delivered in April was behind 23/24, as it was with three other neighbouring Trusts, with non-elective overnight length of stay remaining high and impacting the elective surgical programme. A highlight within the elective activity was that first outpatient appointment activity was the highest in the North East & North Cumbria integrated care system (ICS). Performance against the 6-week diagnostic standard demonstrates sustained improvement from the first half of 22/23 and benchmarked well against the regional and national average. The Trust continued to outperform the national target for 28-day Faster Diagnosis Standard and the number of patients waiting over 62 days while being investigated was stable. The Cancer 62-day standard performs lower as treatment is prioritised for the longest waiters. The Trust is committed to service improvement work that will help achieve the 70% target by March 2025.

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2546	2070	May 2024		
Patient Safety Incident Investigations	1		May 2024		N/A
Never Events (YTD)	0	0	May 2024	N/A	N/A
Falls	148		May 2024		N/A
Falls Rate % (Per 1000 Bed Days)	3.9	6.6	May 2024		
Falls With Harm	5		May 2024		N/A
Falls With Harm Rate % (Per 1000 Bed Days)	0.1		May 2024		N/A

### Incidents

There have been consistently high levels of incident reporting within the Trust for a sustained period. The trajectory was updated to indicate our aim to at least maintain this level of reporting for the 12 months leading up to Patient Safety Incident Response Framework (PSIRF) implementation.

Following the implementation of PSIRF, patient safety incidents are reviewed at a weekly learning response panel (LRP) to determine the most appropriate investigation methodology as outlined in the PSIRF policy and plan. Compassionate engagement with all affected by patient safety incidents (including patients, their families and staff) is a cornerstone of PSIRF as well as contributing to the trust's restorative and just culture workstream.

In May 2024 one PSII investigation had been initiated and registered with StEIS.

### Falls

The rate of falls and falls with harm is stable and remains within the trust control limits.

The development of a focused, 'Falls Panel' was agreed at the most recent Falls Improvement Group. Terms of Reference for the panel are being produced. The panel will feature a multidiscipline team who will review post fall 'Hot Debrief' data from all incidents to identify themes, areas of concern and patients who have multiple falls. The panel will aim to proactively target support and education to patients and wards when/where needed most. The panel will also review falls that have resulted in harm. Any concerns that arise will be escalated to the Patient Safety, Learning Response Panel.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.2		May 2024		N/A
Category 2 Pressure Ulcers Community Rate (Per 1000 Active Patients)	11.6		May 2024		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.3		May 2024		N/A
Category 3&4 Pressure Ulcers Community Rate (Per 1000 Active Patients)	3.7		May 2024		N/A
Medication Incidents	129		May 2024		N/A
Omitted Critical Doses (%)	3.4%		May 2024		N/A
Medications Reconciled Rate %	97%	80%	May 2024		
Medications Reconciled 24hrs %	47%		May 2024	N/A	N/A
C-Difficile (YTD)	17	18	May 2024	N/A	N/A
MRSA (YTD)	0	0	May 2024	N/A	N/A
E-Coli (YTD)	32	22	May 2024	N/A	N/A
Klebsiella (YTD)	7	8	May 2024	N/A	N/A
Pseudomonas (YTD)	5	2	May 2024	N/A	N/A

### Pressure Ulcers

The rate of hospital-acquired pressure ulcers remains within expected variation with no significant change throughout the organisation. A training plan is ongoing for all areas not yet live with PURPOSE T. Critical Care have transitioned to PURPOSE T for all patients awaiting stepdown to wards. The Trust has an extensive pressure ulcer improvement plan focussing on pressure ulcer risk assessment, reporting, data, workflow, PSIRF and patient engagement. CQUIN 12 quarter 4 data collection showed an improvement in compliance to 72%. Overall, the acute inpatient areas improved with compliance at 80%. However, the community hospitals compliance overall was 40%. An additional action plan is now in place for the community hospitals. A local audit will be completed monthly to continue to monitor compliance with the non-mandatory CQUIN indicators.

### Medications

Medication incidents reported in May remain within expected variation. The Medication Safety Officer has returned from maternity leave and is working with the informatics team to produce new medication safety reports. All omitted doses remain within target and action plans are progressing. Medicines reconciliation has improved again this month both for all patients and within 24hours as a new triage model is being utilised across the admissions areas. This will improve further with a weekend working service starting in September 2024.

### Healthcare acquired infections

There were no new MRSA reported in May. The Trust had 8 trust-apportioned cases of clostridioides difficile in May which was again slightly lower than the same time last year. The Trust is still awaiting confirmation of its 2024/25 objectives. Additional cleaning remains a priority for all CDI cases and in line with national guidance, this is followed by the addition of Hydrogen Peroxide vapour across all sites. The most vital tool we have in relation to our quest against clostridioides difficile is cleaning and the inclusion of a dedicated decant ward in our Hospitals is imperative in this. Collaborative working with NTH Solutions at North Tees continues, this is in relation to a decant cleaning programme and introduction of ward hygienists. Gram negative organisms continue to be a challenge for the organisation which is closely linked to the underpinning ANTT work and national strategy. Antimicrobial Stewardship remains a priority for the organisation in 2024/25 with strategic collaboration between pharmacy and IPC. The Trust continues to be involved in a collaborative regional approach across the NENC ICB relating to gram negative organisms, CPE and MRSA Bacteraemia which are on the increase regionally and nationally. The organisation is also involved with a national approach to reduction of these organisms. There is ongoing concern for a Measles outbreak in Middlesbrough, managed by UKHSA with increased input and support from IPC, at present this appears to be settling, however continues to be monitored closely.

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	436		May 2024	N/A	N/A
Breast feeding initiated (48 hrs)	63.8%	74.5%	May 2024		
Preterm birth rate <26+6 wks	0.7%	6%	May 2024		
Preterm birth rate 27 - 36+6 wks	7.8%	6%	May 2024		
Induction of Labour (%)	38%	44%	May 2024		
Number of 3rd/4th degree tear (%)	0.9%	3.5%	May 2024		
PPH > 1500ml (%)	2.68%	2%	May 2024		
Still Births (YTD)	13		May 2024	N/A	N/A

### Maternity services

The pre-term birth rate for babies 27-36+6 weeks gestation has been elevated in recent months and May was above target. The rate for very premature babies is very low and stable. For our Trust this can be higher than the standard rate due to the specialist nature of the service; which includes the proportion of high-risk pregnancies and regional intrauterine transfers for neonatal cots managed within the Trust. Trust performance data is benchmarked against other similar units via LMNS and the national maternity dashboard which shows comparable performance with the national average.

Breastfeeding initiation rates are below target, as is reflected in the regional public health statistics, however a recent improvement is demonstrated through statistical process control (page 23) which is testament to the education and information which is being provided on healthy relationships and infant feeding. Online antenatal education classes are well attended with good outcomes. The new vulnerabilities team also enhance the public health work of the maternity service. The Trust is UNICEF baby-friendly accredited and has passed recent re-accreditation in May 2024.

Similarly, recent performance for Induction of labour (IOL) has been consistently better than the Trust indicative target. Harm as indicated by 3rd/4th degree tears during childbirth is consistently better than the expected standard. We have launched the Royal College of Obstetricians and Gynaecologists (RCOG) Obstetric Anal Sphincter Injury (OASI) care bundle in May 2024. Outcomes are monitored via ongoing audit.

















Post-partum Haemorrhage (PPH) rates fluctuate but statistical process control (page 24) shows this is consistently higher since September 2023. All cases are reviewed to ensure guidelines are followed; PPH is part of the annual MDT obstetric emergency/simulation training. The Trust will participate in the Obstetric UK PPH Prevention Study in 2024.

Perinatal Quality Surveillance Model: No serious incidents reported in May. Two baby deaths were reported to the Perinatal Mortality Tool and these cases will be reviewed in full by an MDT team. There was two moderate harm incidents reported in May. The service have achieved 90% training compliance requirements in Quarter 4 (January to March 2024).

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 %	6.7%		Mar 2024		N/A
Sepsis - Oxygen delivered within 1hr	97.1%	95%	Feb 2024		
Sepsis - Blood cultures within 1hr	71.4%	95%	Feb 2024		
Sepsis - Empiric IV antibiotics within 1hr	71.4%	95%	Feb 2024		
Sepsis - Serum lactate within 1hr	71.4%	95%	Feb 2024		
Sepsis - IV fluid resuscitation within 1hr	71.4%	95%	Feb 2024		
Sepsis - Urine measurement within 1hr	100%	95%	Feb 2024		
Summary Hospital-Level Mortality Indicator	109	100	Dec 2023		
Comorbidity Coding	4.8		Feb 2024		N/A

## Readmission rates

The emergency readmission rate remains within current expected variation.

## Sepsis

Audit data is now recorded on a new system, InPhase. Analysis of recent data shows inconsistency in how the system records the data in comparison to the previous system, Clarity. The sepsis team are progressing work with the system provider to extract accurate reports.

## Action Plan:

- Working group formulated and first meeting in June 2024 to review blood culture guidance and educational resource.
- Sepsis study day to include pharmacist teaching on antimicrobials
- Sepsis e learning in development
- Digital Paediatric sepsis assessment approved and in development
- Meeting with three digital sites who have MIYA system and were successful in the NHS England Marthas rule implementation sites
- Sepsis team gave interview to Nursing Standard on cold sepsis as planned.

## Mortality














Summary Hospital-level Mortality Indicator (SHMI) of 110, for the latest official reporting period, Feb 2023 to Jan 2024, is 'as expected'. This is the second publication of SHMI using the revised methodology; the most important change being the inclusion of Covid spells for patients discharged from Sep 2021. This has increased the number of observed and expected deaths used in the calculation of SHMI.

The rolling 12-month, non-elective and elective coding depth appears to have stabilised. Palliative care coding appears to be falling gradually.

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

In 2023-24 the Trust reviewed >20% of all deaths. Two, representing 0.1% of the patient deaths during 2023/24, are judged to be preventable, more likely than not, with problems in the care contributing to the outcome.



Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	77.1%	78%	May 2024		
Inpatient Experience (%)	97.3%	94%	May 2024		
Maternity Experience (%)	85.2%	92%	May 2024		
Outpatient Experience (%)	96.7%	93%	May 2024		
Community Experience (%)	100%	94%	May 2024		
New Complaints	24		May 2024		N/A
Closed Within Target (%)	31.1%	80%	Apr 2024		

### Patient experience

Emergency Department Friends & Family Test (FFT) remains just below target for the second month and continues to be monitored locally. The main theme in the feedback relate to waiting times. The ED continues to develop further work to ensure patients waiting times are reduced and patients are kept updated about the length of wait and the procedures and treatments they are waiting for.

The Inpatient FFT score, remains stable since March 2023 and has been above target for over 12 months. The Patient Experience Team are currently working with their system supplier to roll out the FFT question across all inpatient areas. The Friends & Family Test score reported in Outpatient departments and Community services both consistently perform above target.

The Maternity Friends & Family Test score reflects feedback captured in the Antenatal, Birth and Postnatal surveys. The main themes are delays in clinic, with capacity and demand analysis is continuing. 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 has not been updated for May. The new complaint process commenced in January 2024. Enquiries not resolved with 24 hours, will become a complaint with a response timeframe, agreed by Collaborative staff and the complainant. Data quality has been completed for January to March 2024, validation is required to ensure the new process is accurately recorded. The quality improvement review in April 2024 identified actions to improve the process and the action plan is being worked through with the Collaboratives. This work is overseen by the Patient Experience Steering Group.

### Learning from complaints

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

## Elective inpatient PTL Inequalities: Deprivation

### Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	2312	643	22%	2955
02	1260	403	24%	1663
03	1274	356	22%	1630
04	1857	540	23%	2397
05_least_dep	1313	338	20%	1651
N/k	489	38	7%	527
<b>Total</b>	<b>8505</b>	<b>2318</b>	<b>21%</b>	<b>10823</b>

IMD is taken from patient's postcode of residence

Long Waiters:

P2 > 3 weeks

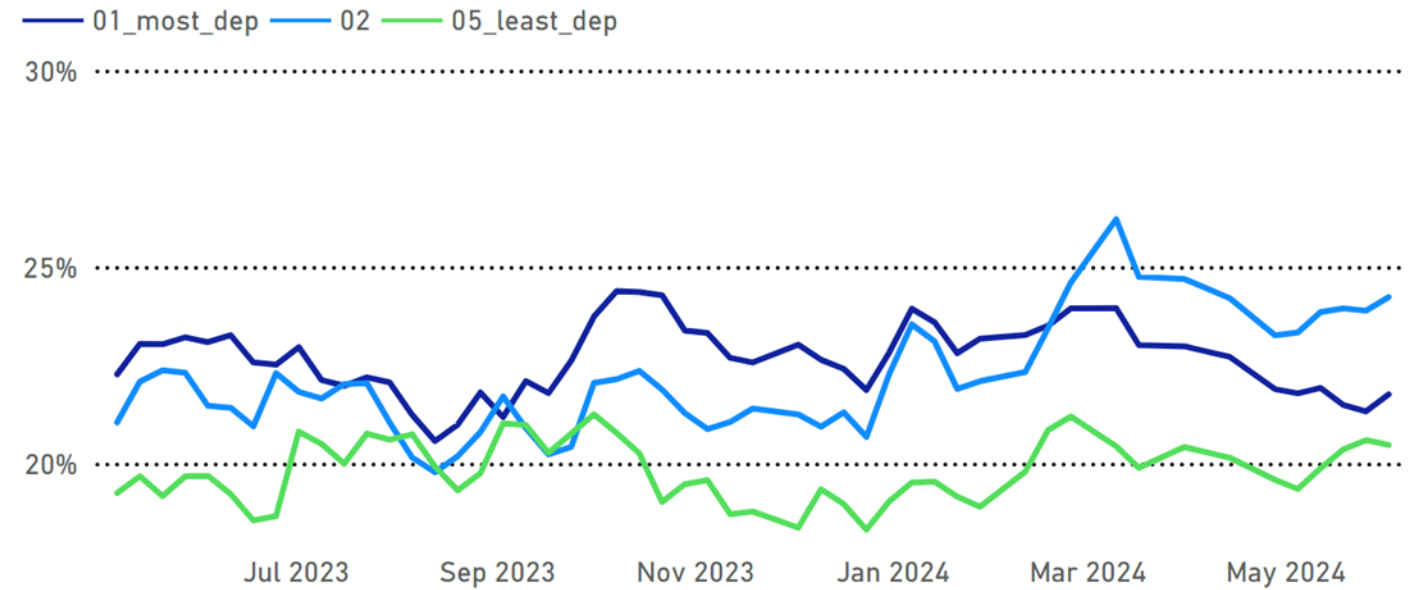
P3 > 3 months

Any > 52 weeks

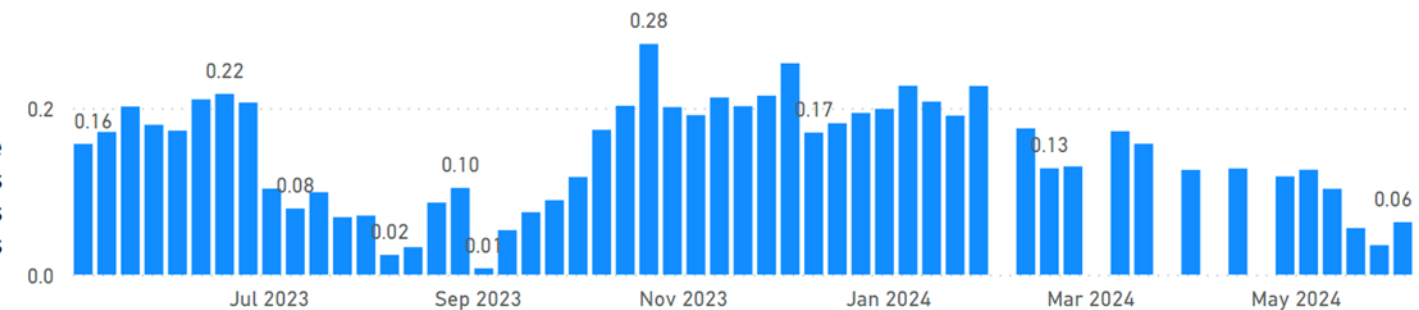
In Standard: All others

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

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



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



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

# EQUITABLE

## Elective inpatient PTL Inequalities: Ethnicity

### Latest PTL by IMD quintile

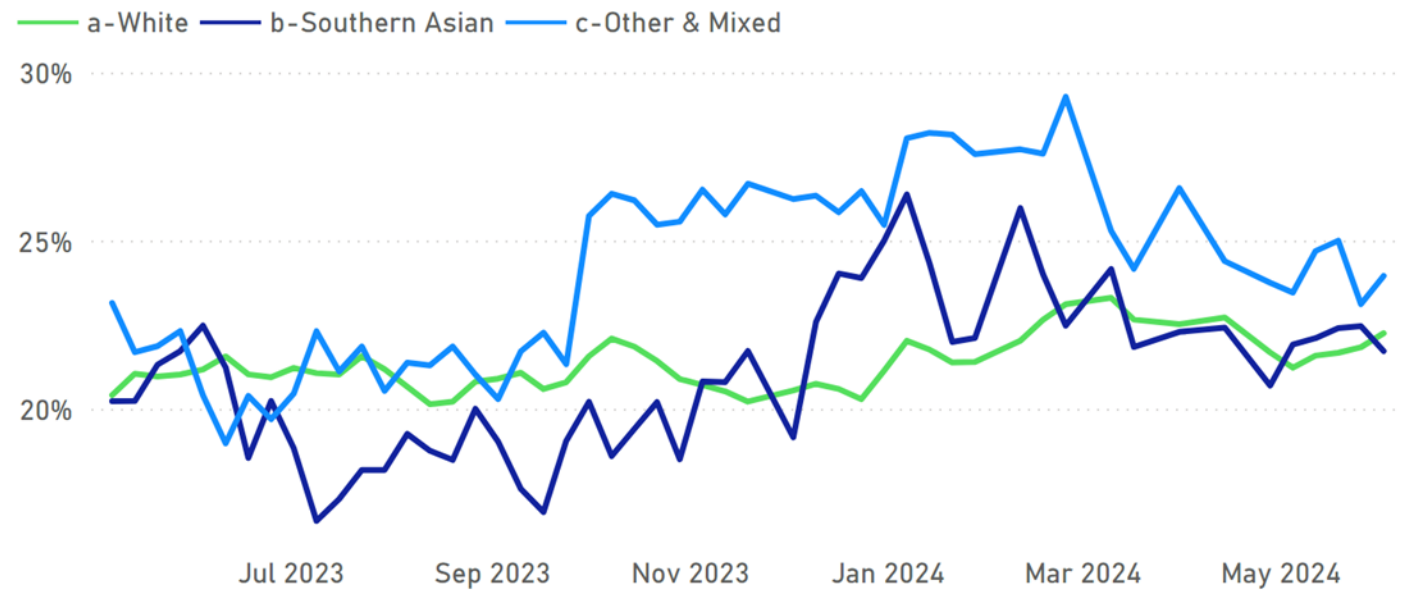
Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
<input checked="" type="checkbox"/> a-White	6878	1968	22%	8846
<input checked="" type="checkbox"/> b-Southern Asian	155	43	22%	198
<input type="checkbox"/> c-Other & Mixed	181	57	24%	238
Black	23	13	36%	36
Mixed	45	13	22%	58
Other	113	31	22%	144
<input checked="" type="checkbox"/> N/k	1291	250	16%	1541
Total	8505	2318	21%	10823

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

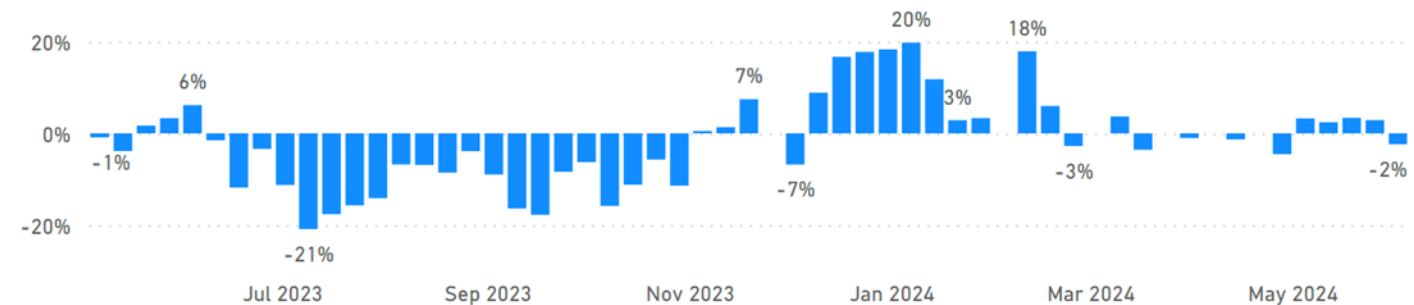
In Standard: All others

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

### Long waits as % of total PTL by Ethnic groups



### Variance of Southern Asian % long waiters to White



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

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Attendances - Type 1	8252	7385	May 2024		N/A
A&E Attendances - Type 3	11004	10685	May 2024		N/A
Handovers - Within 30 Mins (%)	82.6%	95%	May 2024		
Handovers - Within 60 Mins (%)	93.5%	100%	May 2024		
4-Hour A&E Standard	73.5%	70.3%	May 2024		
12-Hour Waits from Decision to Admit	53	0	May 2024		
12-Hour A&E Breaches	374	0	May 2024		
RTT Incomplete Pathways (%)	62.7%	92%	Apr 2024		
RTT Waiting List Size	54949	54264	Apr 2024		
RTT Validated Within 12 Weeks (%)	50.6%	90%	May 2024		
RTT List Size within 52 weeks (%)	97.3%		Apr 2024		N/A
RTT 52 week waiters	1498	1431	Apr 2024		
RTT 65 week waiters	156	125	Apr 2024		
RTT 78 week waiters	0		Apr 2024		N/A
Diagnostic 6 Weeks Standard (%)	81.7%	95%	Apr 2024		
Cancer Faster Diagnosis Standard (%)	77.2%	77%	Apr 2024		
Cancer 31 Day Standard (%)	86.1%	96%	Apr 2024		
Cancer 62 Day Standard (%)	57.9%	70%	Apr 2024		
Cancer >62 Day Backlog	147	122	May 2024		
Cancelled Ops - Non-Urgent Cancelled on Day	68	0	May 2024		

## Urgent and emergency care

4 hour performance in May continued recent improvement following the opening of the new Urgent Treatment Centre at the James Cook site in April and tracks ahead of the planned improvement trajectory. Ambulance arrivals for May were the highest experienced since January 2021, passing 2,600. Despite this and raised levels of non-elective admissions, numbers of patients experiencing the longest A&E waits and ambulance handover delays was stable. Evidence-based process improvement remains an organisational priority with a focus on the updated national 4-hour standard of 78% by end of 24/25 and ambulance handovers within one hour.

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

## Elective, diagnostic and cancer waiting times

























Referral to treatment within 18 weeks trend performs above the national average however did fall just outside of normal range for March. There was an uptick in patients waiting more than 65 weeks and there was no-one waiting more than 78 weeks.

With April performance, the statistical process control (SPC) chart for the diagnostic 6-week standard (page 36) demonstrates an improvement trend in performance that began in late summer 2023. Initiatives actioned since the Summer in MRI and Ultrasound have largely delivered their benefits. Actions within Neurophysiology and Audiology services are the drivers for improving the Trust compliance for 24/25.

For cancer, Faster Diagnosis Standard performance exceeded the 75% national target for the sixth consecutive month. The number of patients waiting more than 62 days while being investigated for cancer was in line with the improved trend from 23/24 (page 37). The 62 day to first treatment standard is suppressed as the longest waiters have treatment prioritised with Lung and Urology pathways under the most pressure. Actions underway in Urology include extra theatre lists and streamlining diagnostic requesting. The Trust is committed to service improvement work that will help achieve the new 70% target by March 2025 through service specific Cancer Action Plans, informed by a programme of pathway reviews. Additional support is also in place for implementation of the Best Practice Timed Pathways



# RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	19358	18756	May 2024		
Outpatient Follow Up Attendances	51867	47768	May 2024		
Day Case admissions	6584	6821	May 2024		
Ordinary Elective admissions	1022	992	May 2024		
NEL admissions with 0 LOS (excluding Maternity)	2074	1627	May 2024		
NEL admissions with 0 LOS	3494	3060	May 2024		
NEL admissions with 1+ LOS (excluding Maternity)	3563	2906	May 2024		
NEL admissions with 1+ LOS	4127	3742	May 2024		
G&A Occupied Beds (%)	93.5%	92%	May 2024		
Length of Stay - Elective	3.6		May 2024		N/A
Length of Stay - Non-Elective (excluding Maternity)	3.5		May 2024		N/A
Ready For Discharge, not Discharged	68	90	May 2024		
21 Day Stranded Patients (%)	11.6%	12%	May 2024		

## Activity

The number of Non-elective (NEL) admissions for patients staying for 1 or more nights, excluding maternity, remained high in May. Ordinary elective admissions rebounded from the lower than expected April to 2.7% above plan in May with day case admissions moving in the opposite direction. Latest year to date information up to the end of May shows activity is ahead of plan for both ordinary and same day admissions.

For outpatients, first attendances against plan were the highest in the Integrated Care System (ICS) for April and May was another strong month with consultations 3.2% above plan. Services are working on improving the ratio of first and follow up attendances, focussing on reducing reviews that don't deliver treatment for patients.

## Length of Stay & Patient Flow

Non elective length of stay excluding maternity was stable and within usual variation, demonstrating effective bed management and patient flow processes. Bed occupancy was above the 92% target but the pressure on beds was largely mitigated by the Trust's improved discharge processes which meant more patients that were ready for discharge but no longer met criteria to reside in an acute bed were able to leave hospital. The Trust proactively reduces delays within its span of control and has embedded a Home First service. However, there are ongoing pressures across the social care sector that impact timely discharge of patients who have ongoing care and support needs.

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

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£10.008m	-£10.008m	May 2024	N/A	N/A
Annual Appraisal (%)	79.6%	80%	May 2024		
Mandatory Training (%)	90.7%	90%	May 2024		
Sickness Absence (%)	5.2%	4%	May 2024		
Staff Turnover (%)	10.2%	10%	May 2024		

### Finance and use of resources

The Trust's plan for the financial year 2024/25 was submitted on the 12<sup>th</sup> June 2024 and was an agreed deficit of £40.4m.

At the end of the month 2 the financial position is a deficit of £10.0m which is on plan.

### People

Sickness absence across the Trust was stable at 5.2% in May 2024. Although there has been a slight increase in short term absence, long term absence has reduced. The HR team continue to work closely with each Collaborative and are supporting those with the highest absence rates by ensuring robust improvement plans are in place and are being implemented.

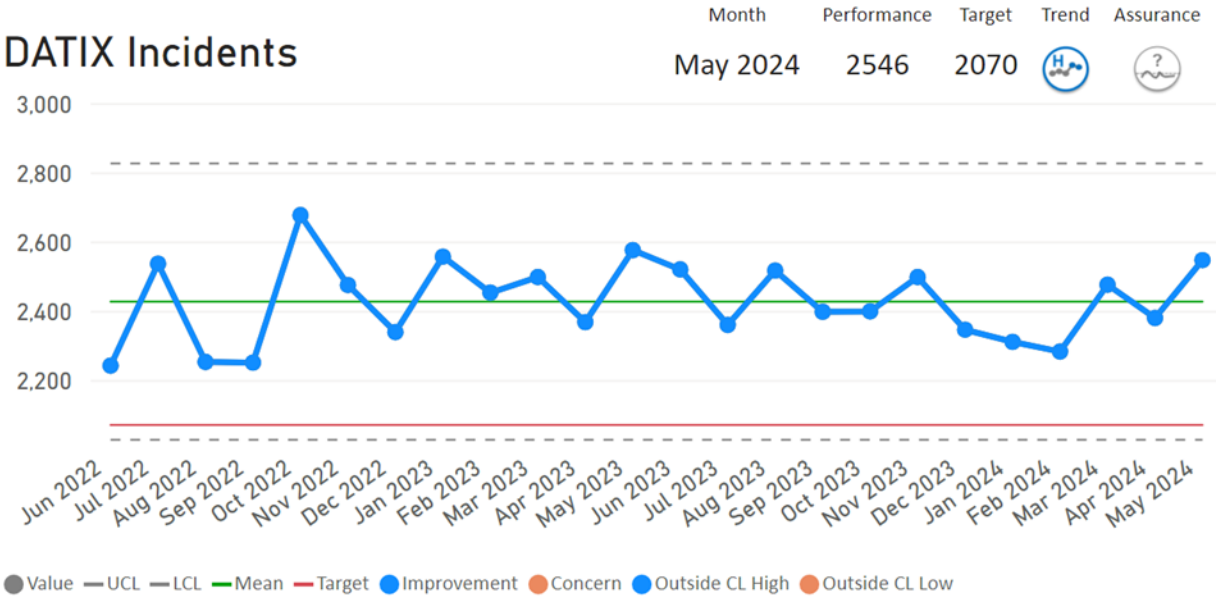
Appraisal compliance has decreased slightly since last month and is now 79.6% against the 90% target. Mandatory training compliance was stable for May and continues to be compliant at 90.7%.

Staff turnover rate is almost compliant at 10.2% target. Positive feedback has been received from Collaboratives regarding the new workforce data reports, that are being shared at board meetings and performance reviews. The HR team are continuing to work closely with their collaboratives on recruitment and retention and are supporting weekly vacancy control panels, discussions on workforce planning and attending recruitment events for example the new surgical hub at FHN.

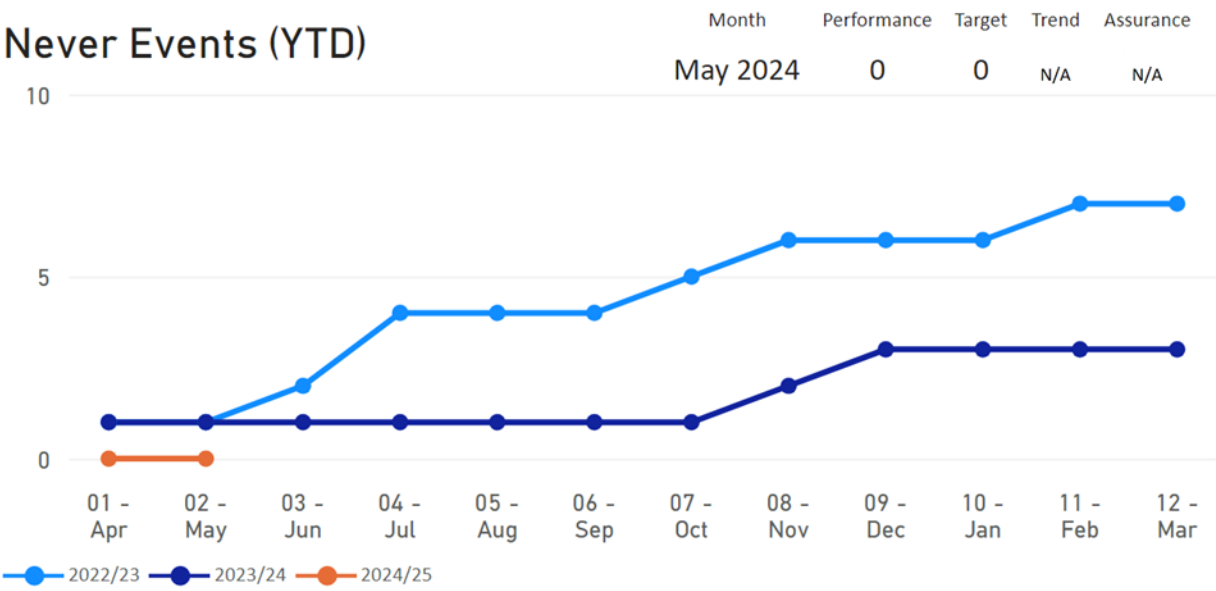
# APPENDICES

SPC charts for the metrics summarised above, by domain.

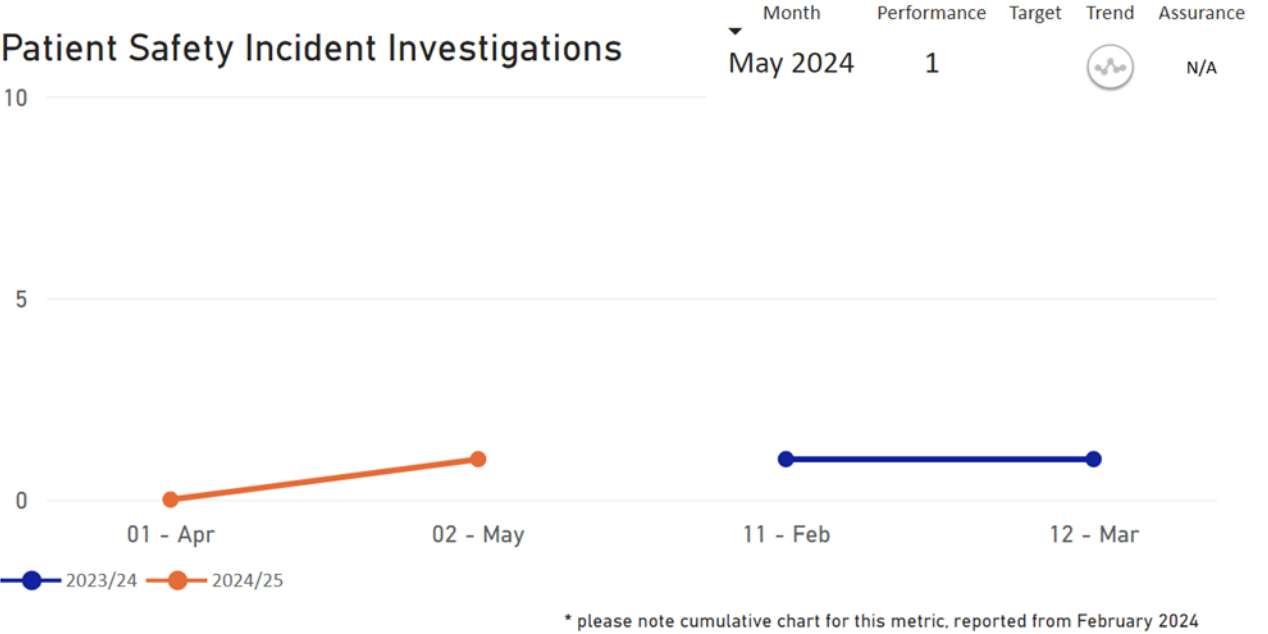
DATIX Incidents



Never Events (YTD)

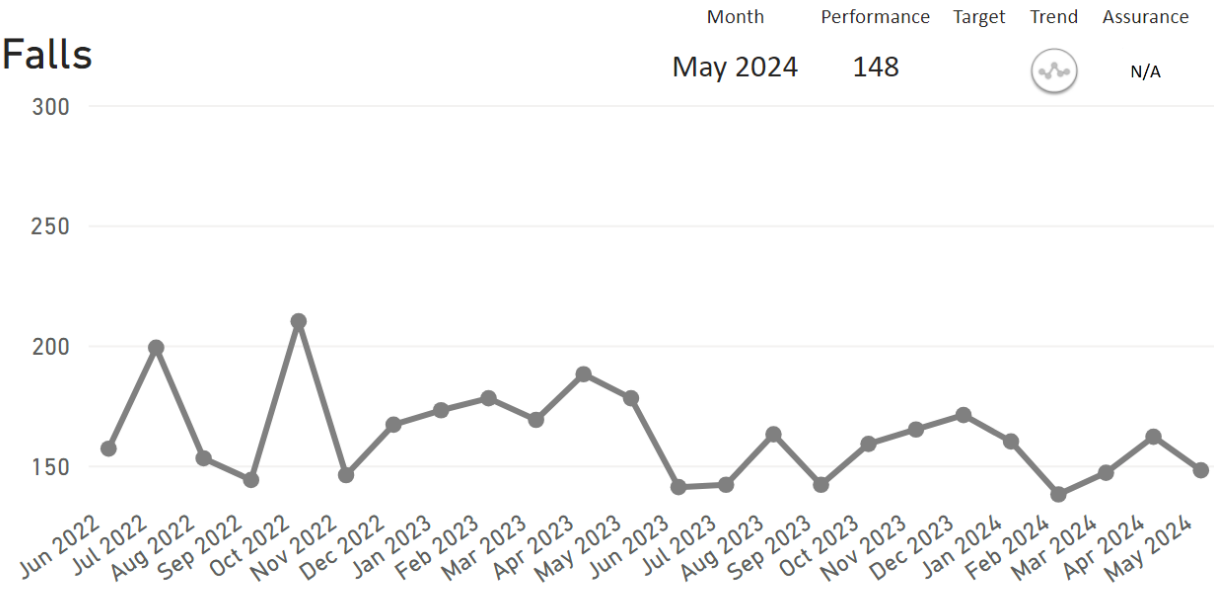


Patient Safety Incident Investigations

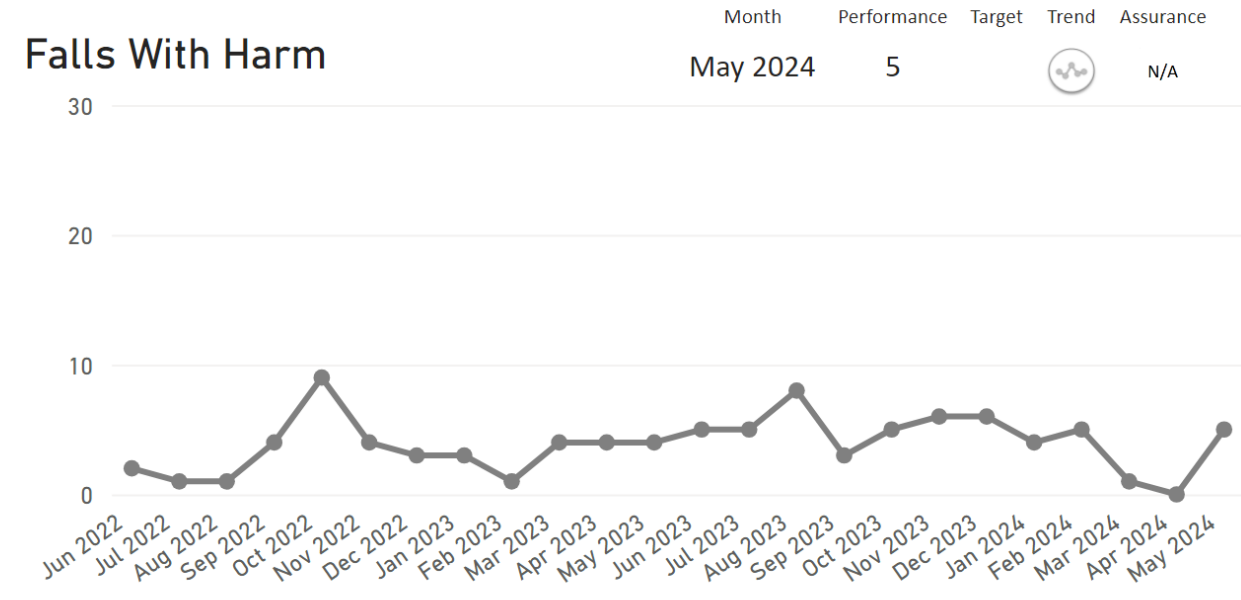




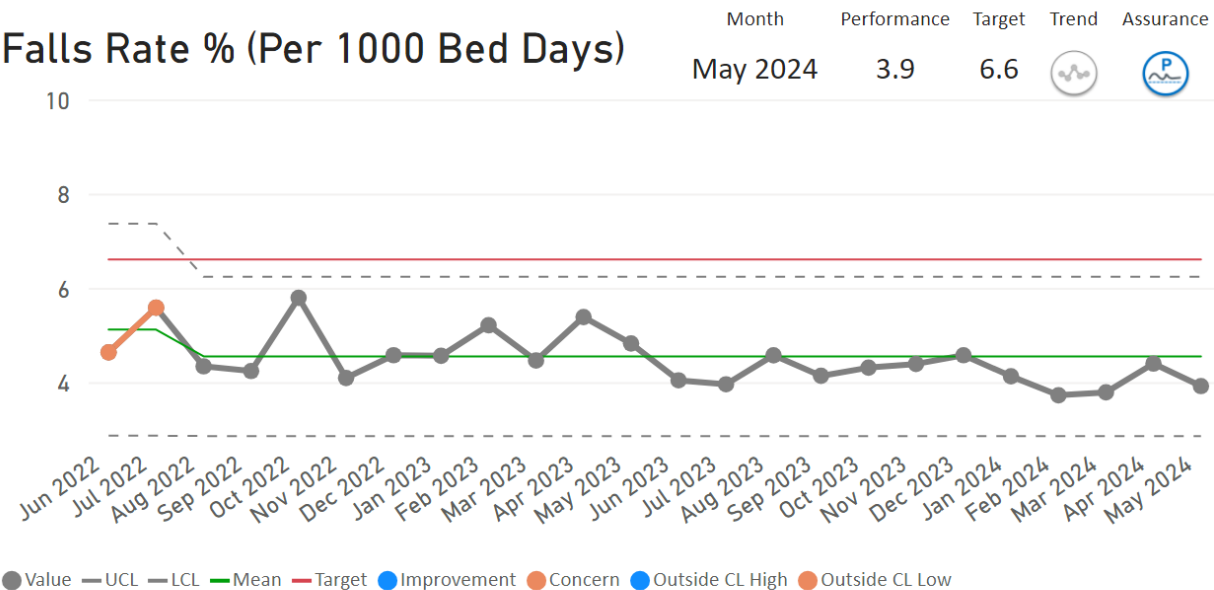
## Falls



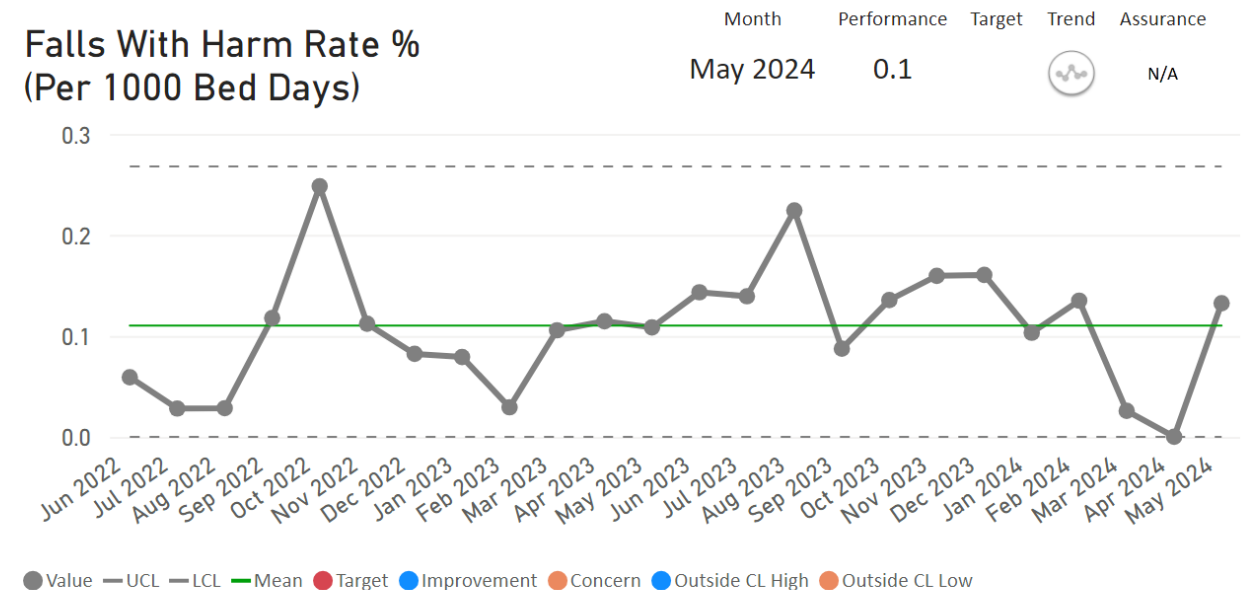
## Falls With Harm



## Falls Rate % (Per 1000 Bed Days)

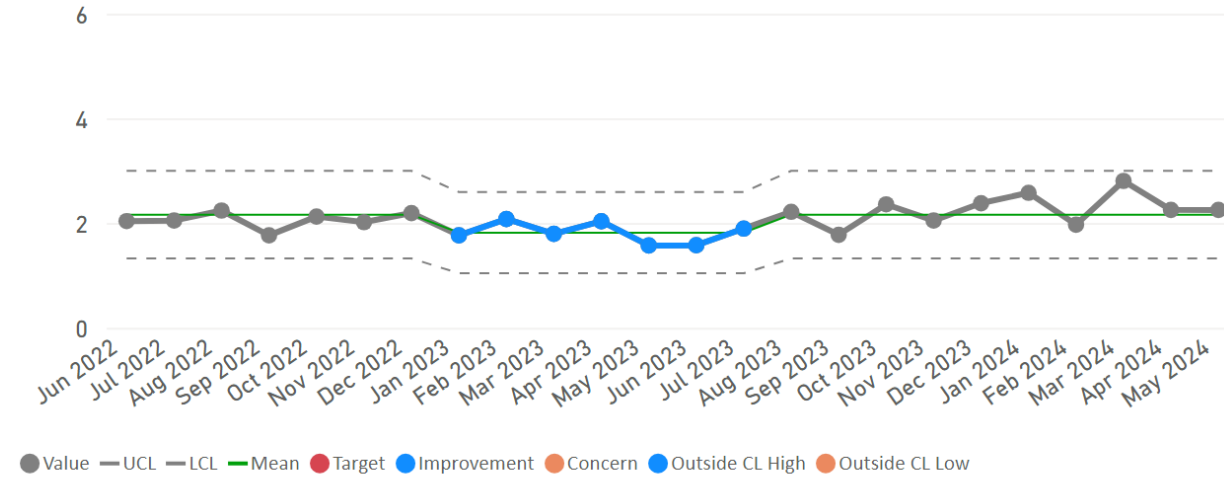


## Falls With Harm Rate % (Per 1000 Bed Days)

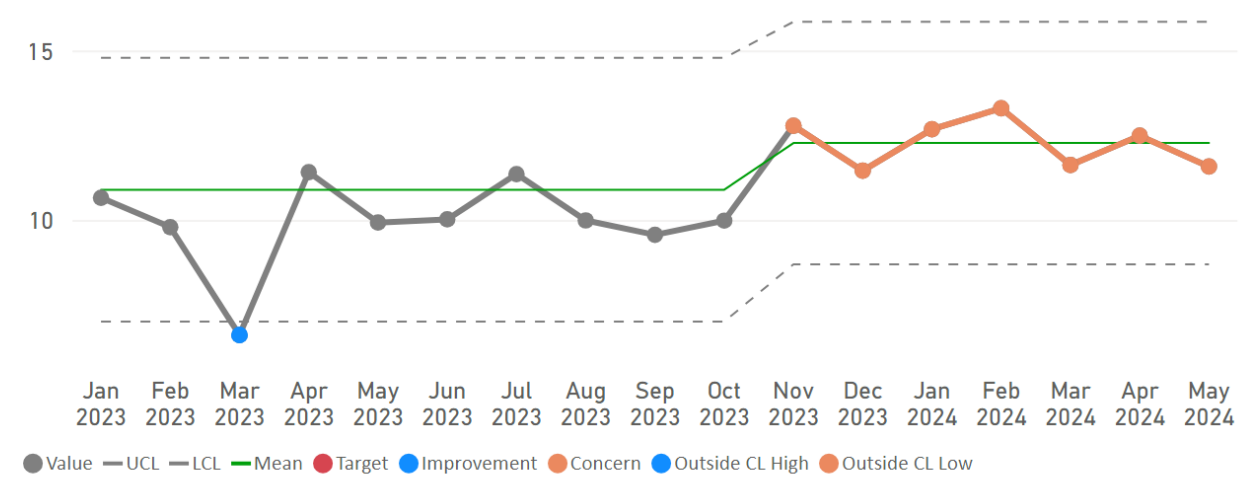


Category 2 Pressure Ulcers Inpatient  
Rate (Per 1000 Bed Days)

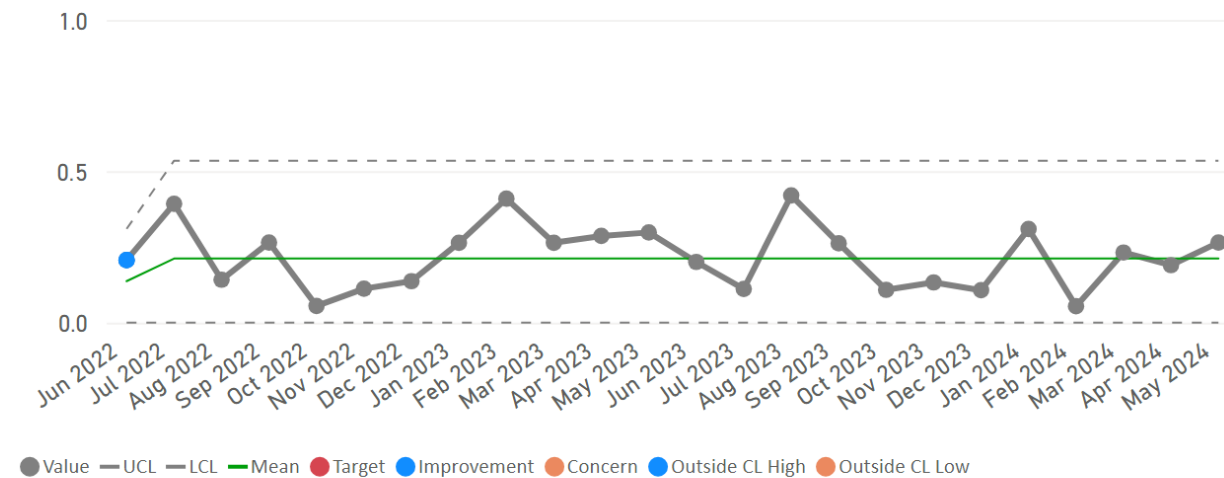
Month	Performance	Target	Trend	Assurance
May 2024	2.2			N/A

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

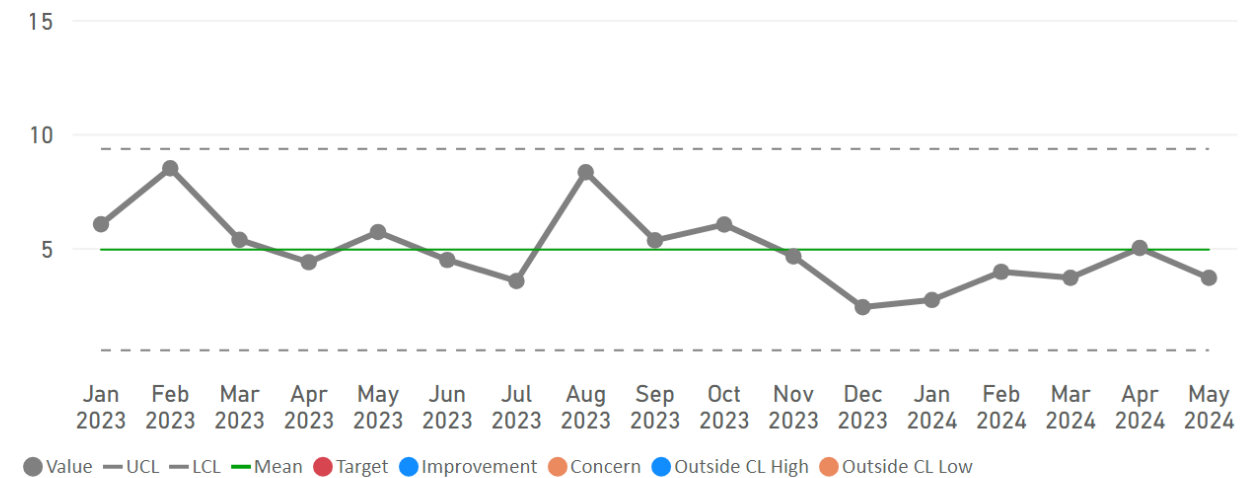
Month	Performance	Target	Trend	Assurance
May 2024	11.6			N/A

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

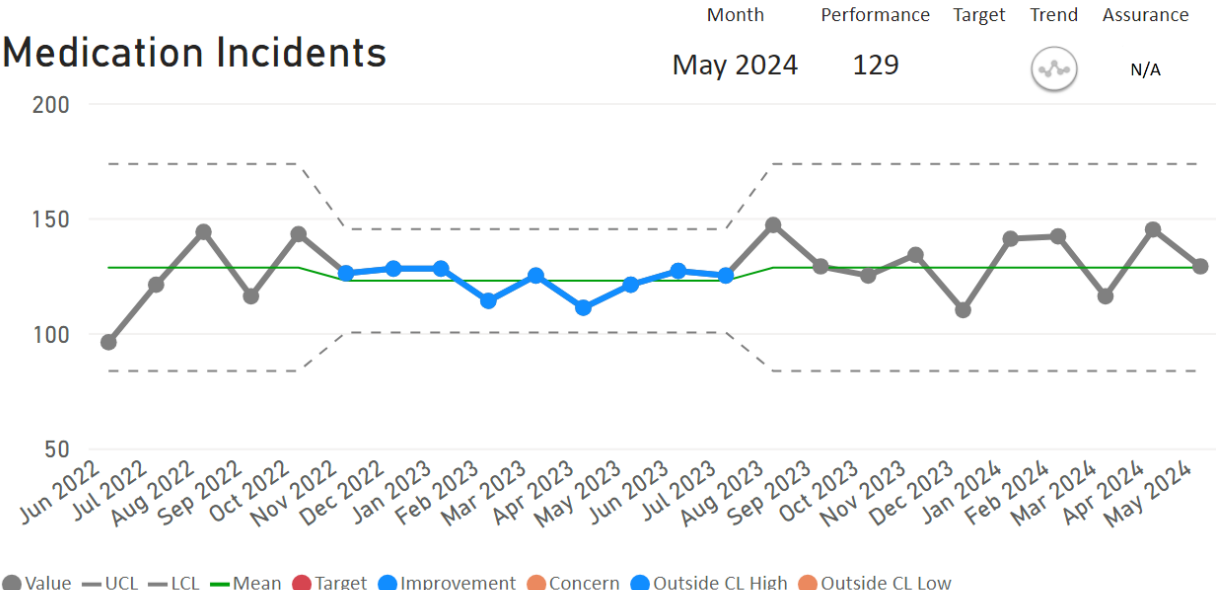
Month	Performance	Target	Trend	Assurance
May 2024	0.3			N/A

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

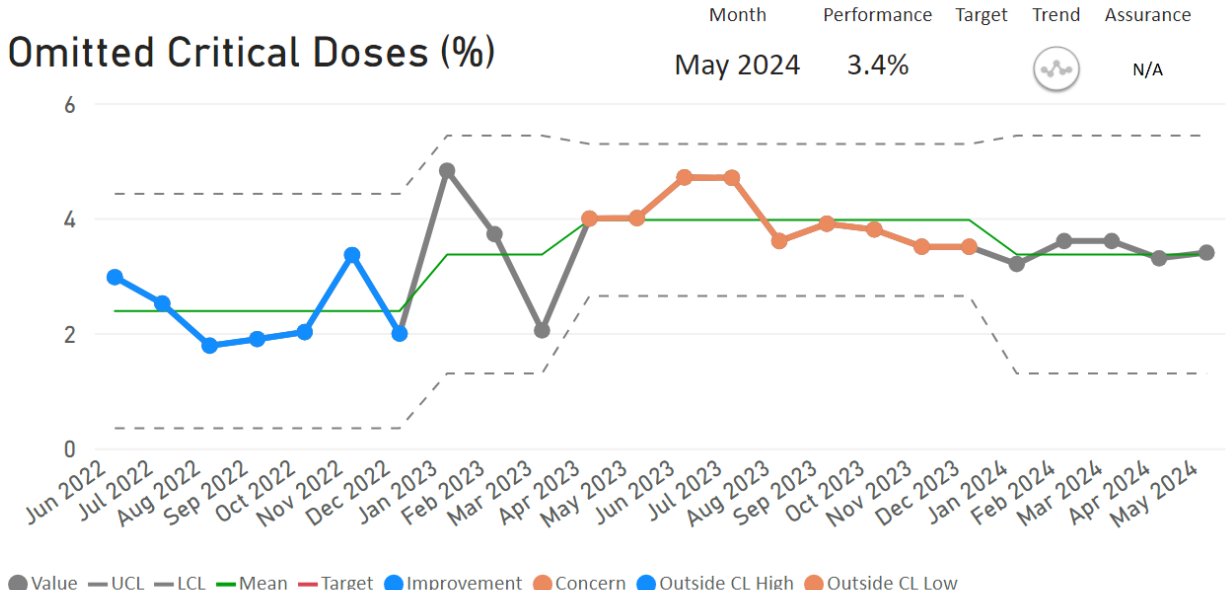
Month	Performance	Target	Trend	Assurance
May 2024	3.7			N/A



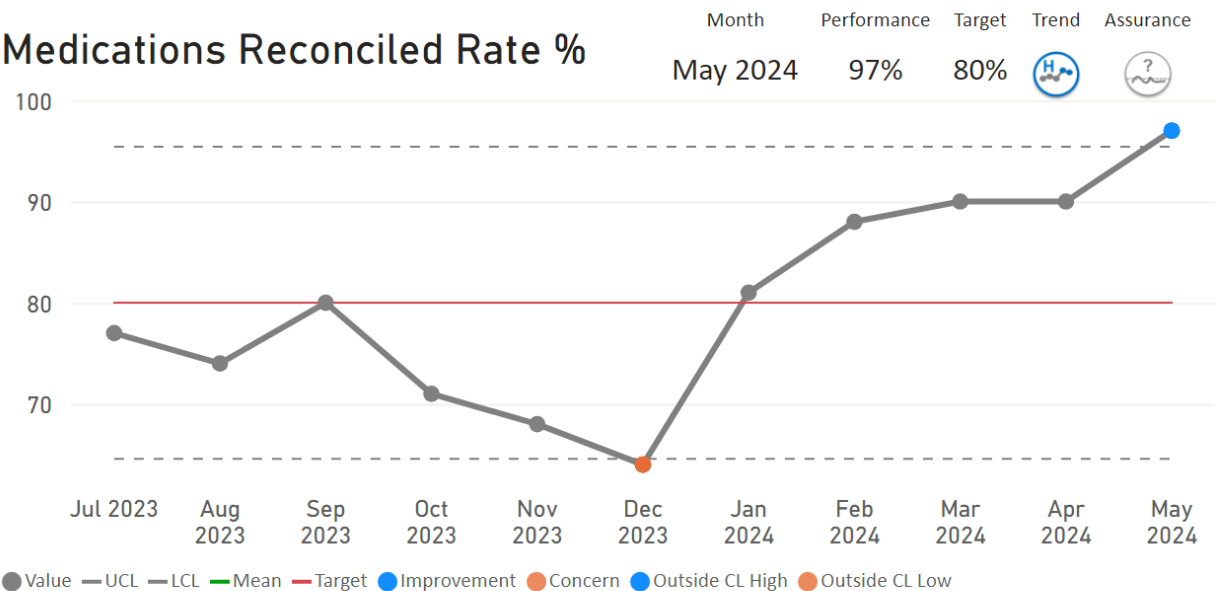
Medication Incidents



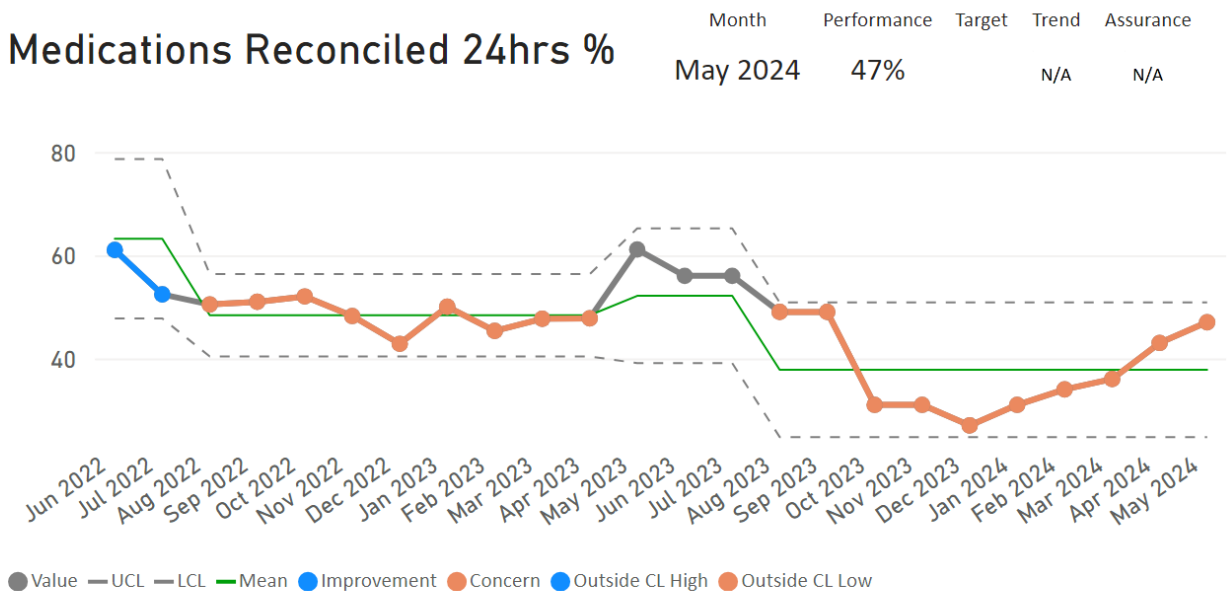
Omitted Critical Doses (%)



Medications Reconciled Rate %

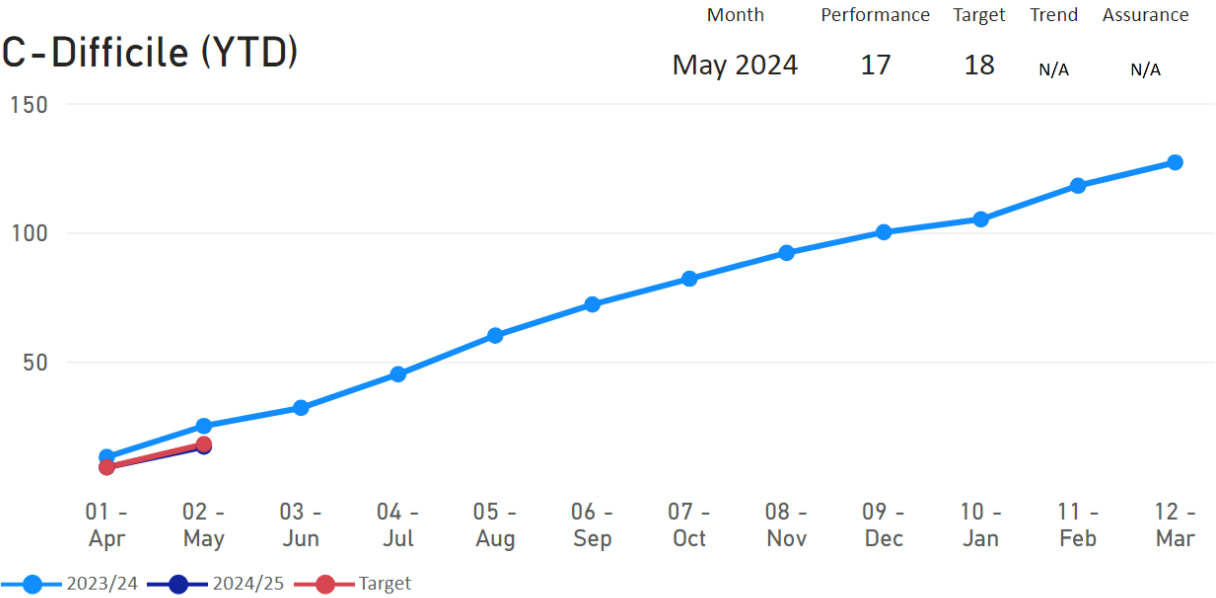


Medications Reconciled 24hrs %

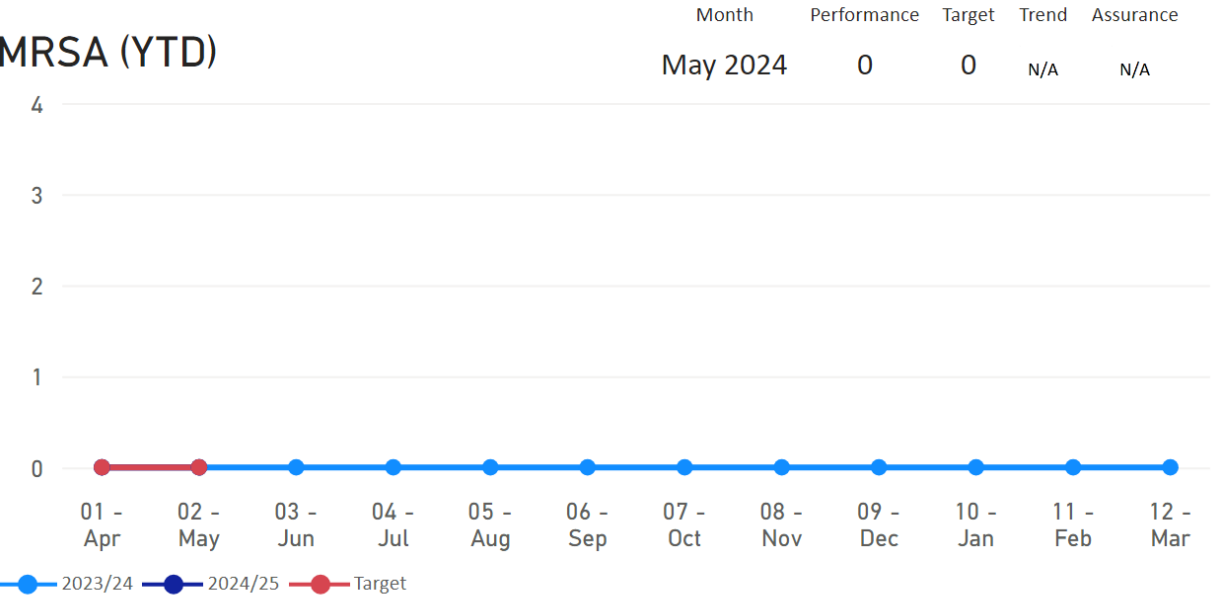


\* please note that change to denominator was finalised in October 2023

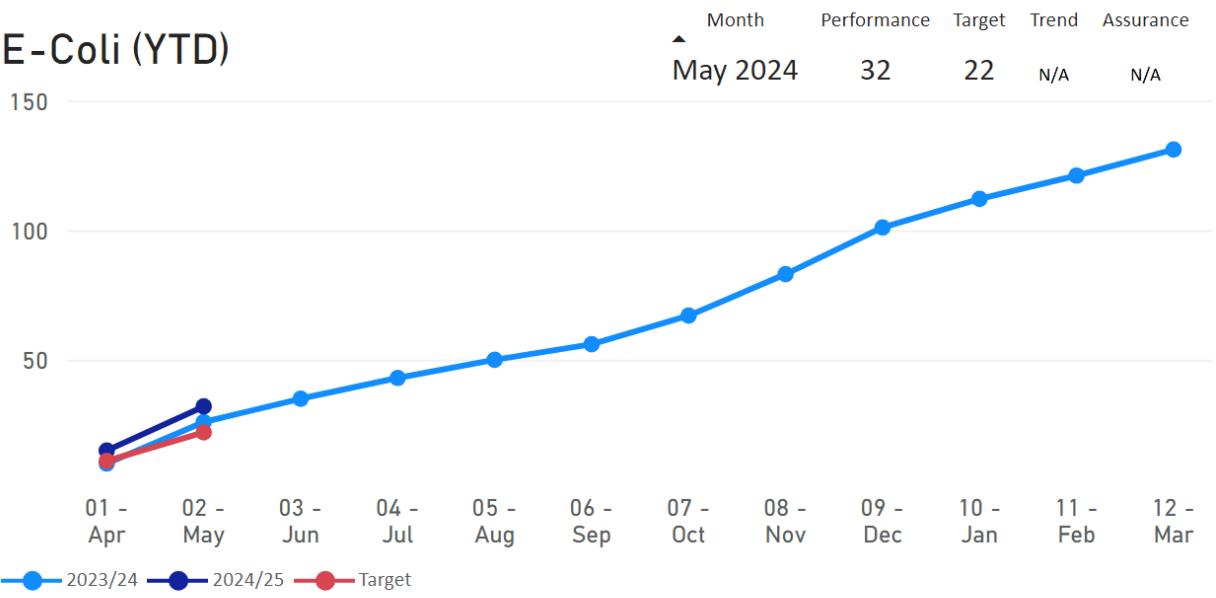
C-Difficile (YTD)



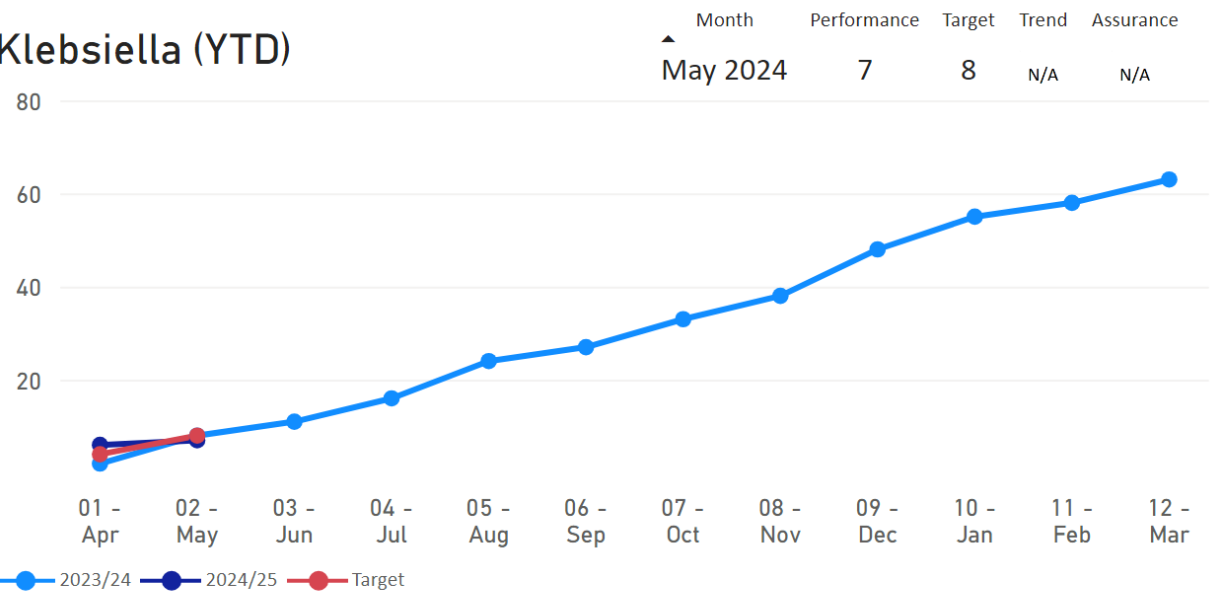
MRSA (YTD)



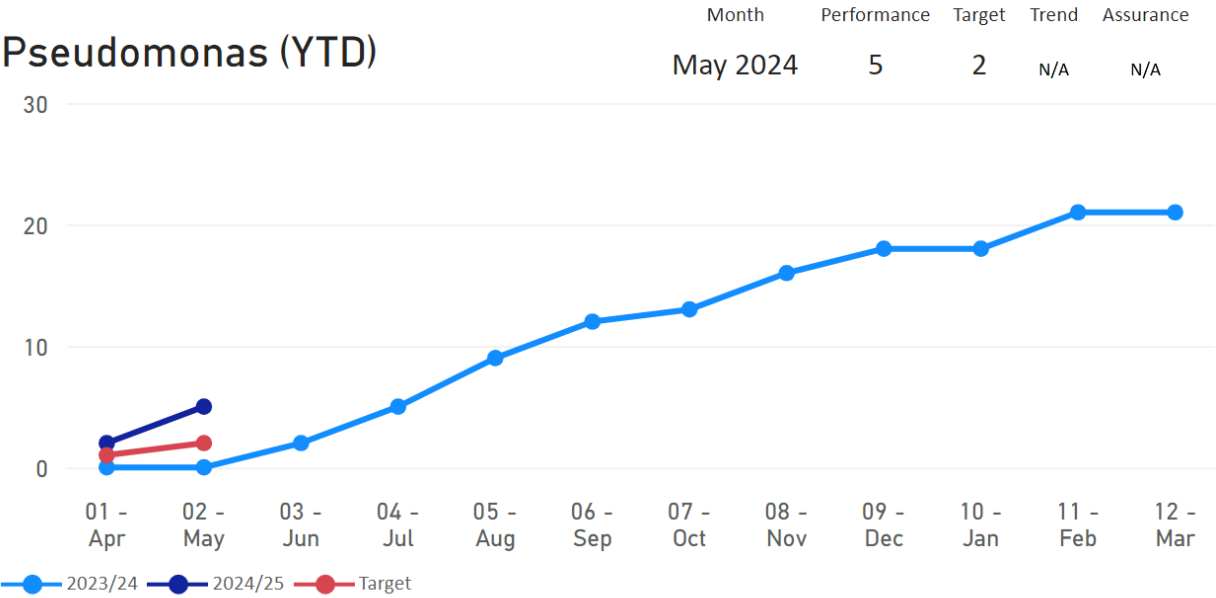
E-Coli (YTD)



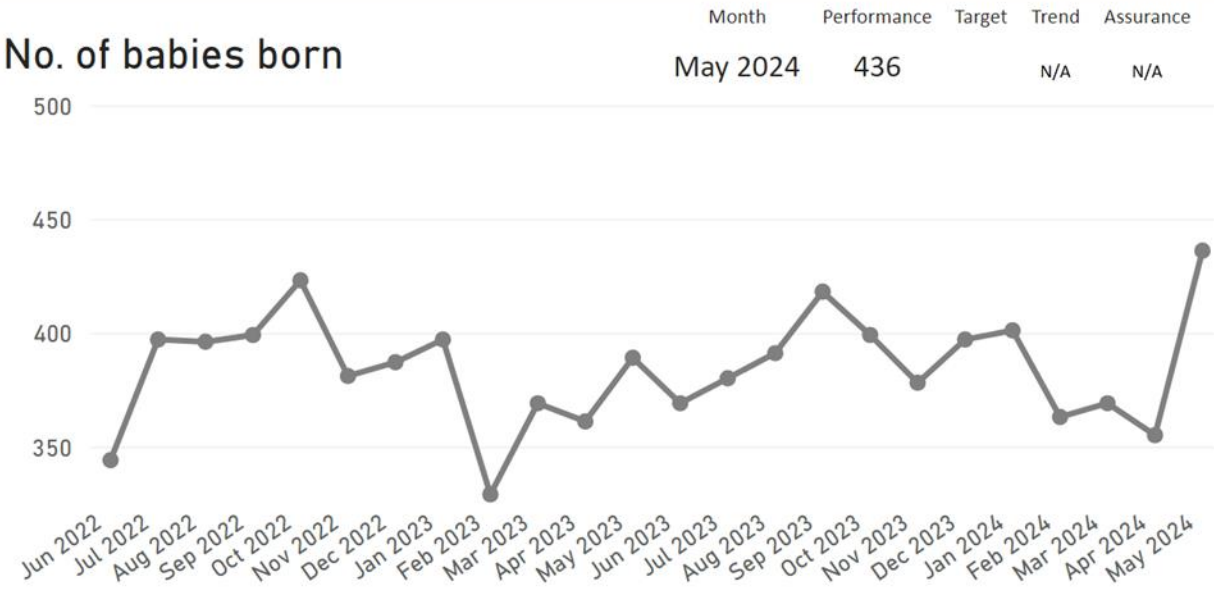
Klebsiella (YTD)



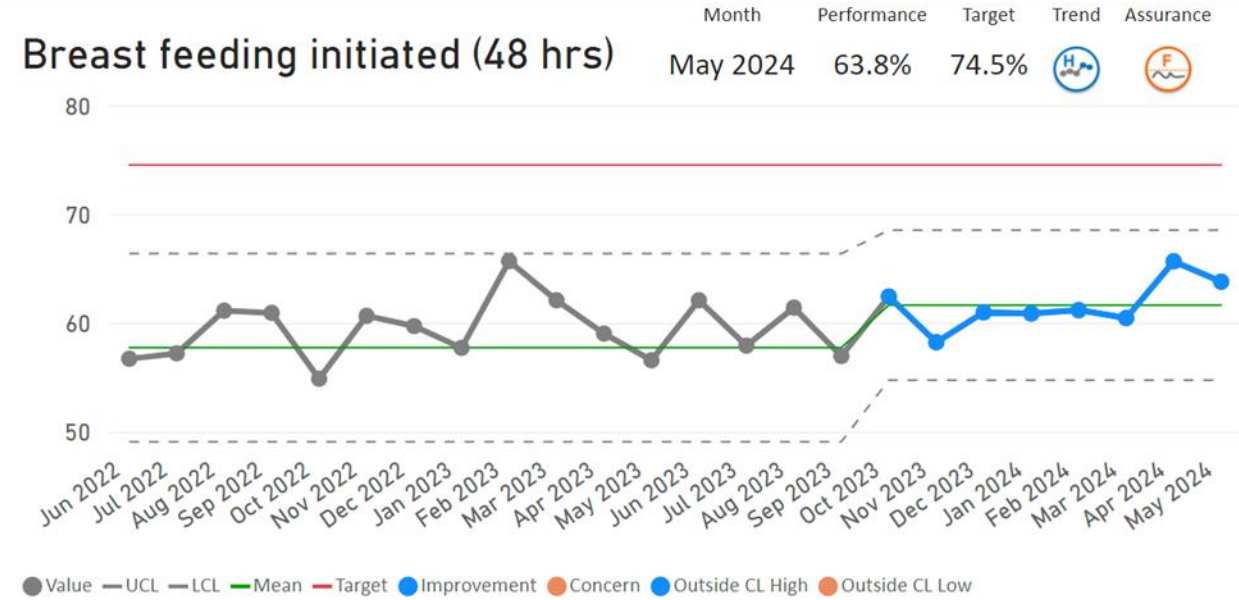
Pseudomonas (YTD)



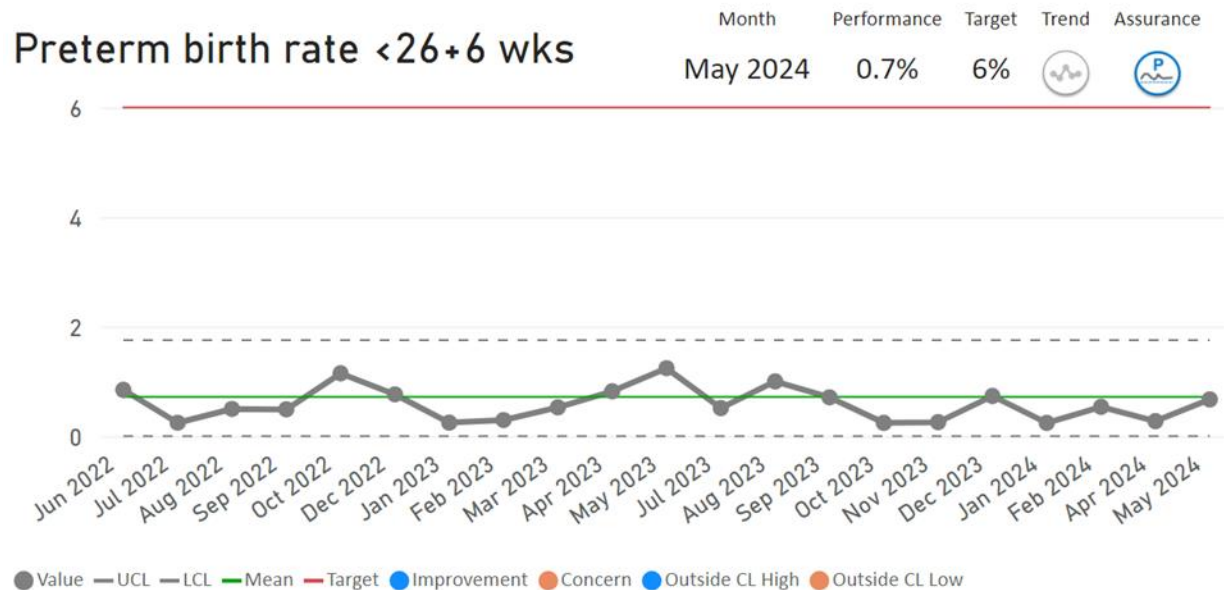
## No. of babies born



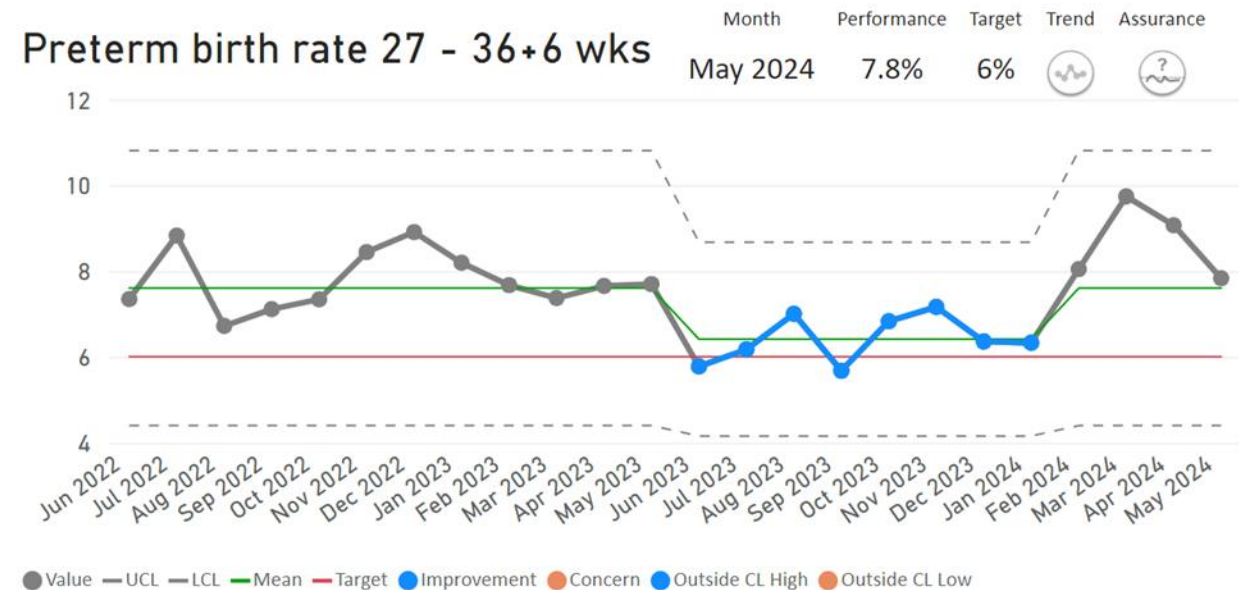
## Breast feeding initiated (48 hrs)



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

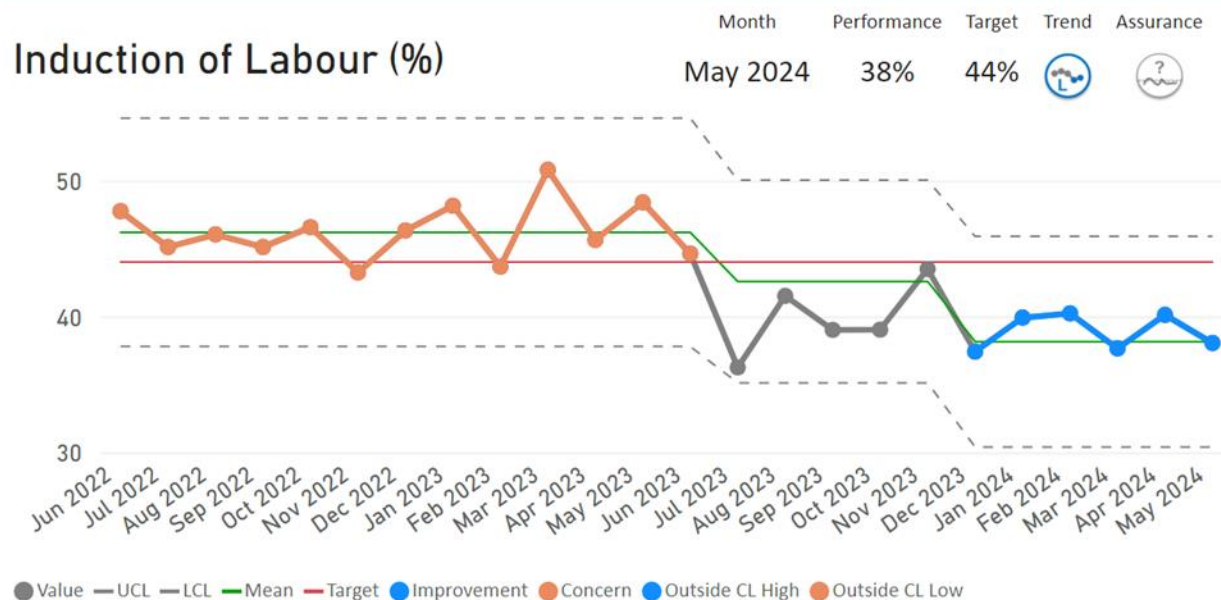


## Preterm birth rate 27 - 36+6 wks

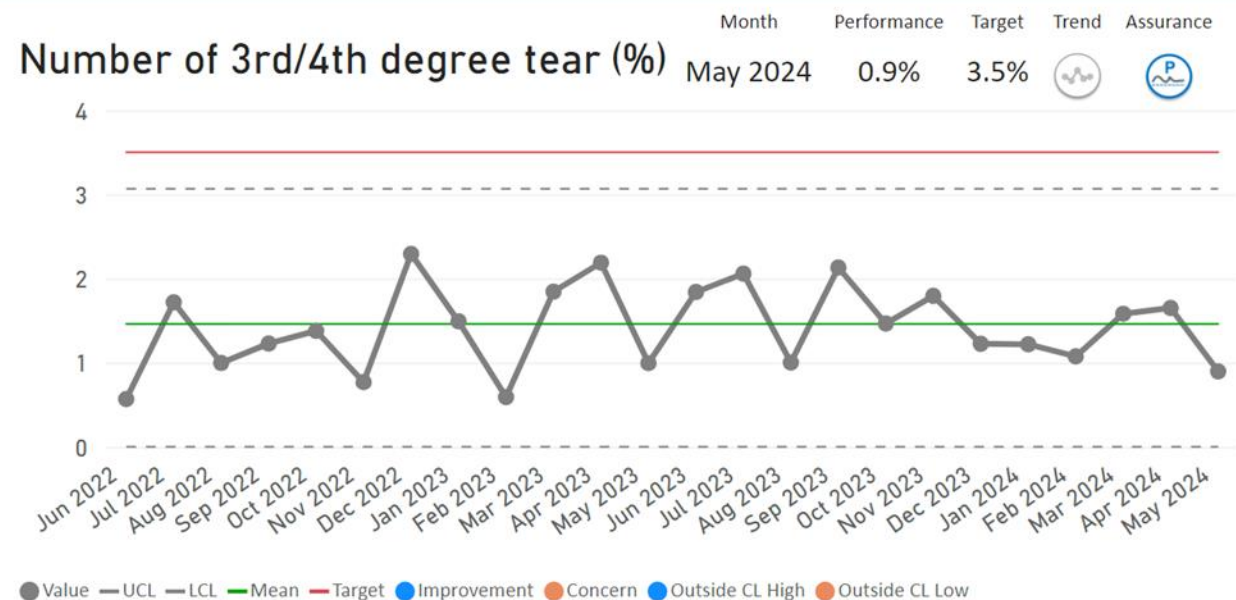




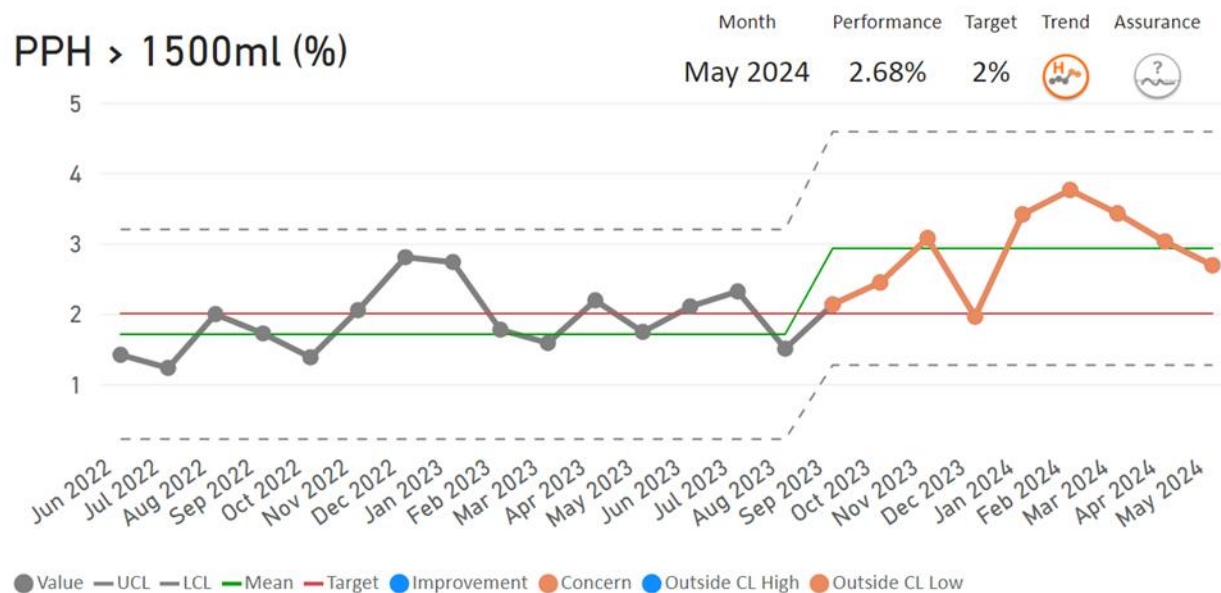
## Induction of Labour (%)



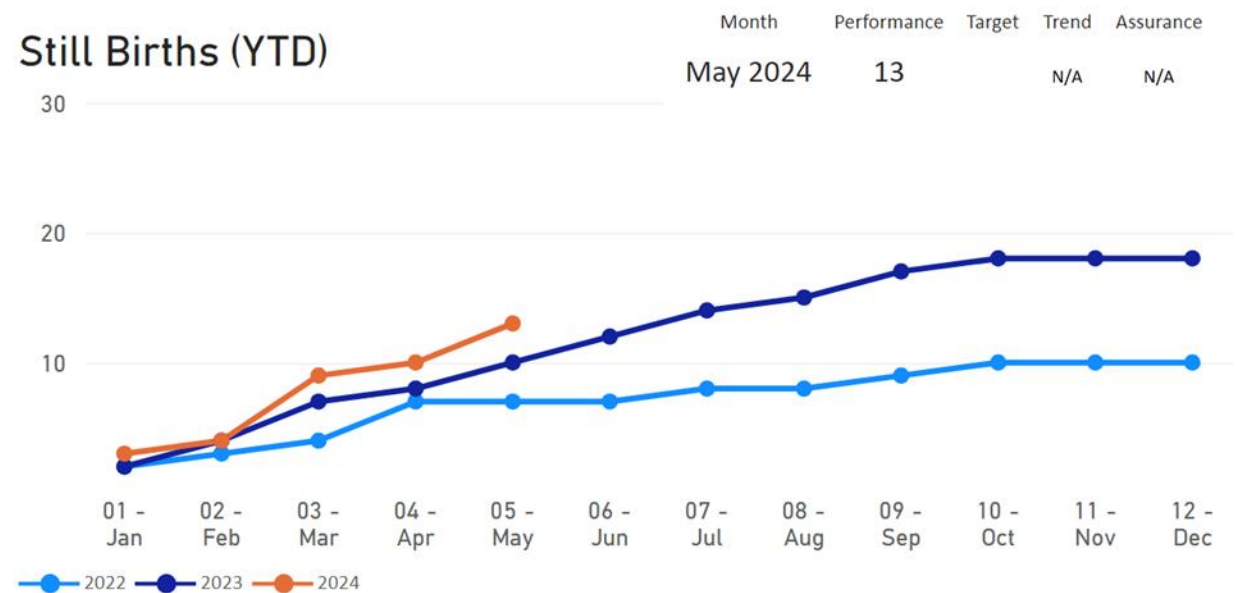
## Number of 3rd/4th degree tear (%)



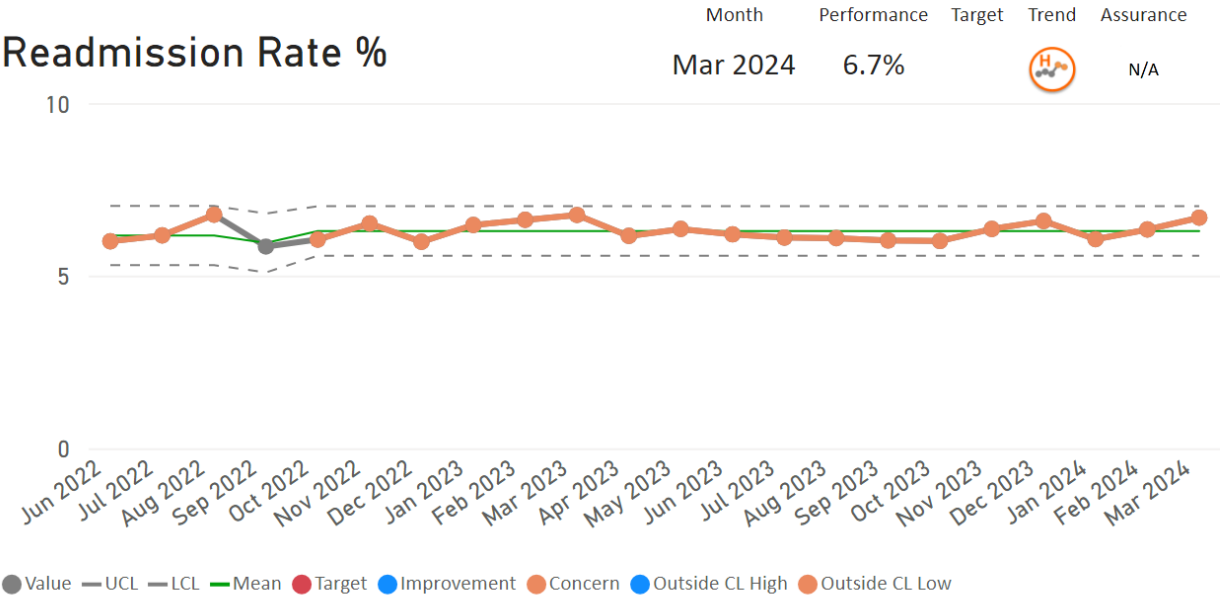
## PPH &gt; 1500ml (%)



## Still Births (YTD)



Readmission Rate %





EFFECTIVE

Sepsis - Oxygen within 1hr

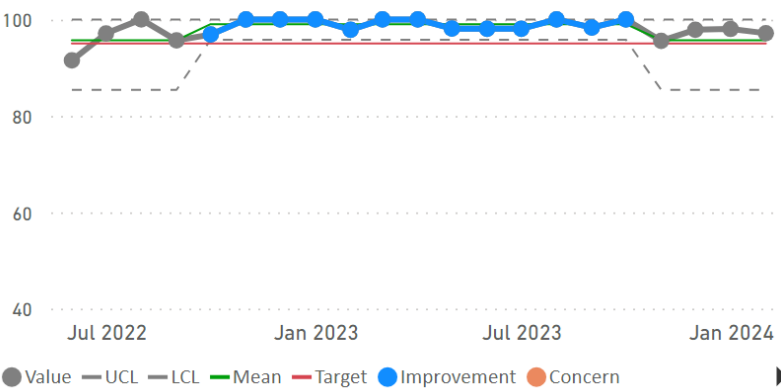
Month: Feb 2024

Performance: 97.1%

Target: 95%

Trend:

Assurance:



Sepsis - Blood cultures within 1hr

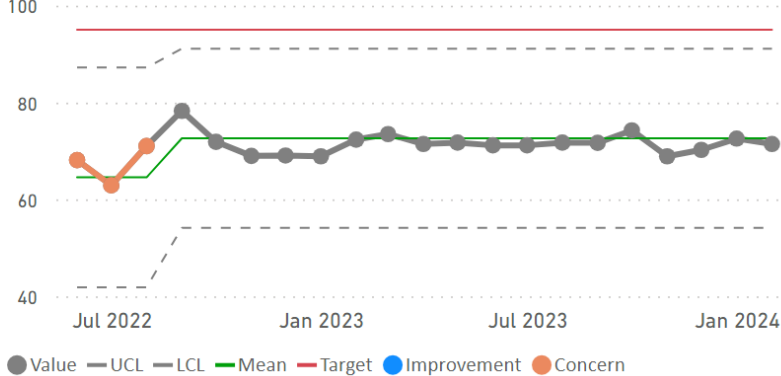
Month: Feb 2024

Performance: 71.4%

Target: 95%

Trend:

Assurance:



Sepsis - IV antibiotics within 1hr

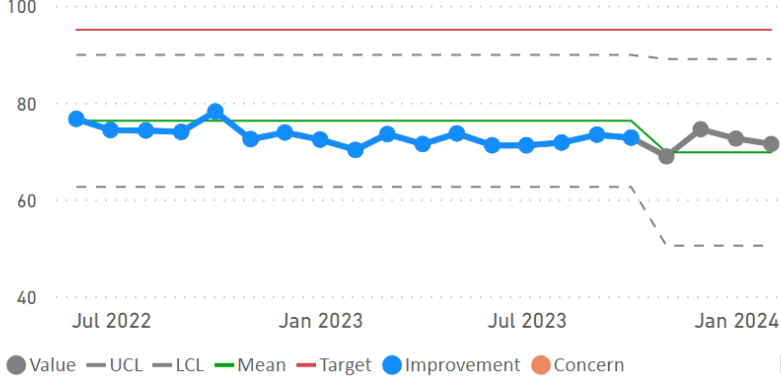
Month: Feb 2024

Performance: 71.4%

Target: 95%

Trend:

Assurance:



Sepsis - Serum lactate within 1hr

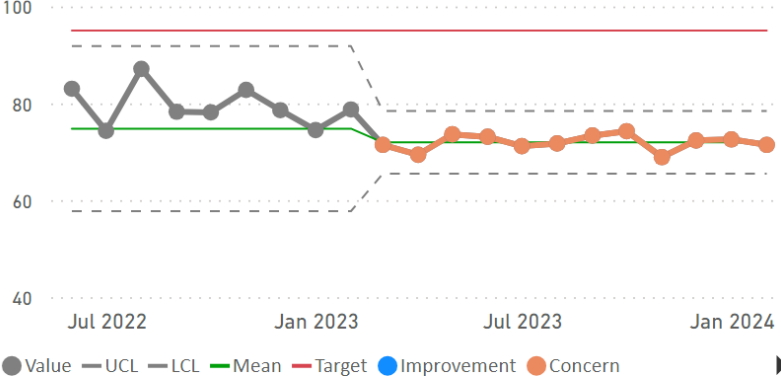
Month: Feb 2024

Performance: 71.4%

Target: 95%

Trend:

Assurance:



IV fluid resuscitation within 1hr

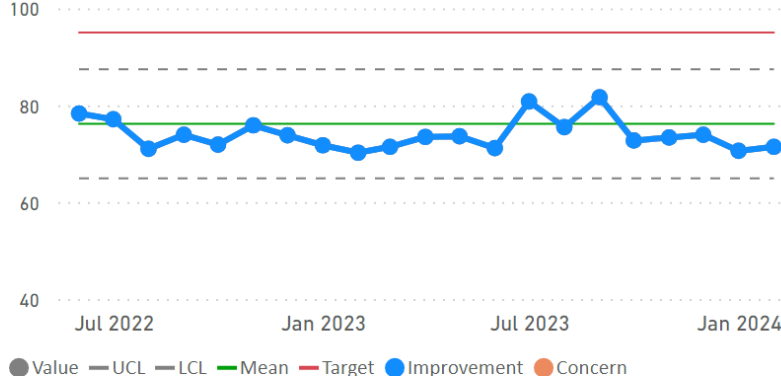
Month: Feb 2024

Performance: 71.4%

Target: 95%

Trend:

Assurance:



Sepsis - Urine measurement within 1hr

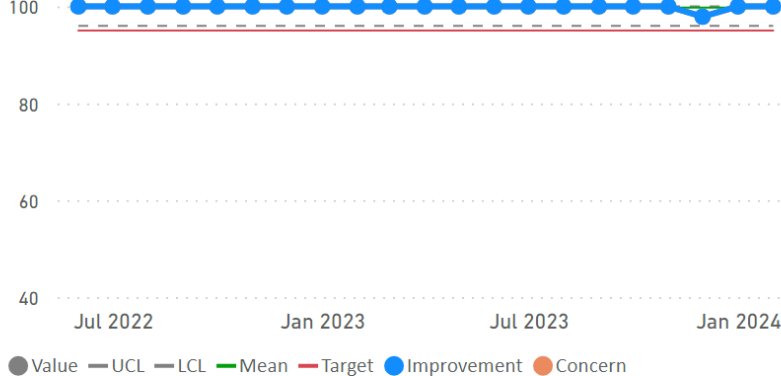
Month: Feb 2024

Performance: 100%

Target: 95%

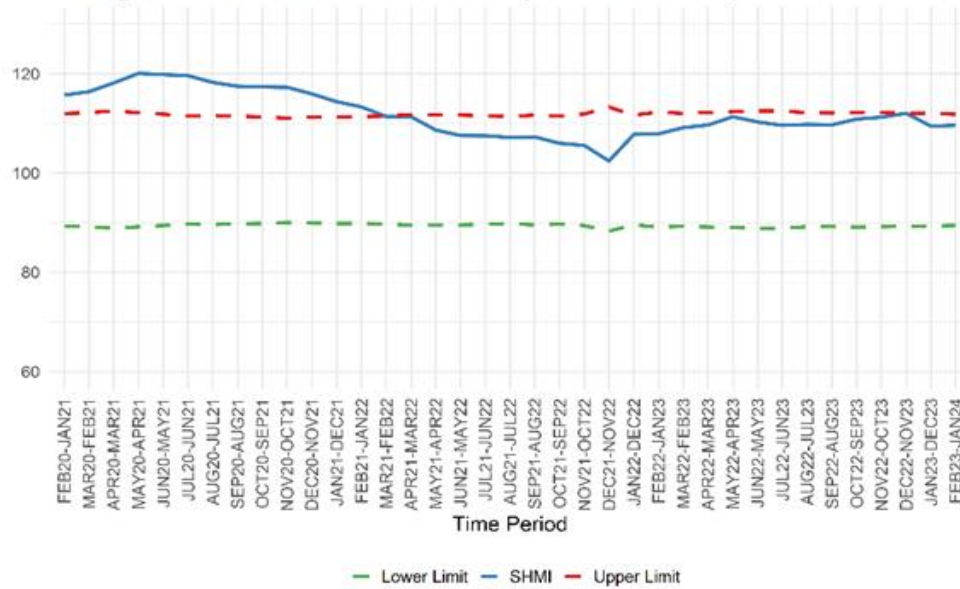
Trend:

Assurance:

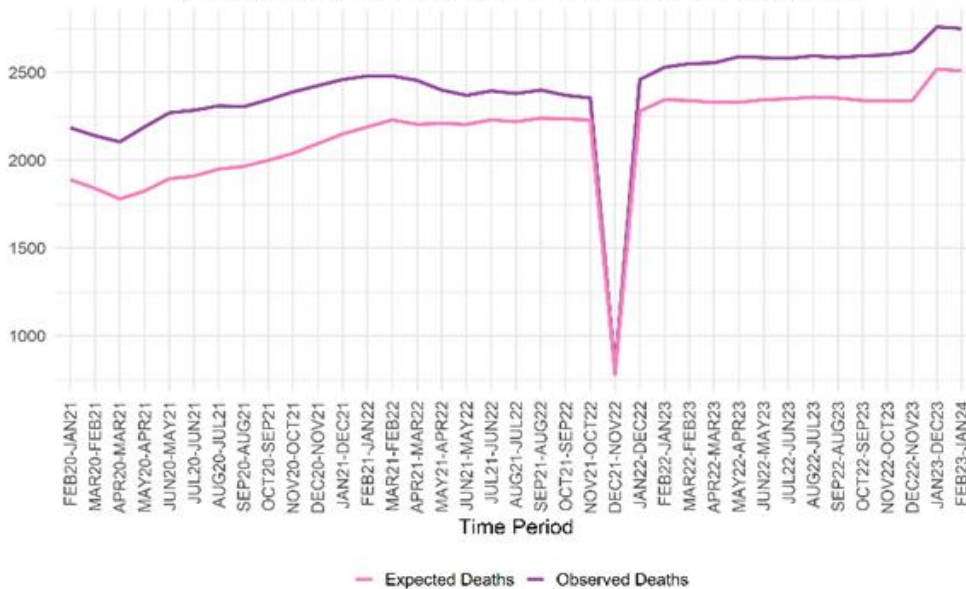


# EFFECTIVE

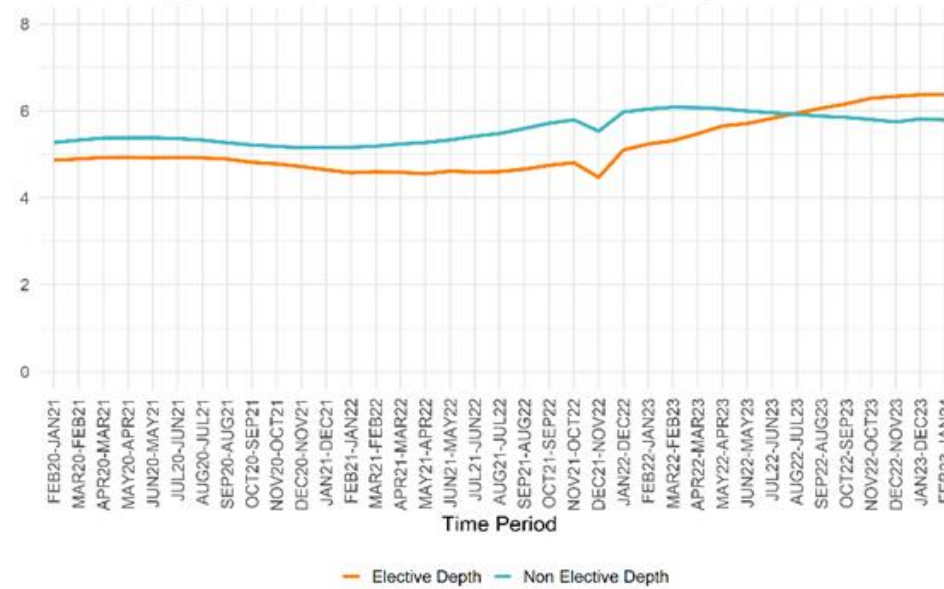
Rolling 12 month SHMI and 95% limits adjusted for over-dispersion - South Tees



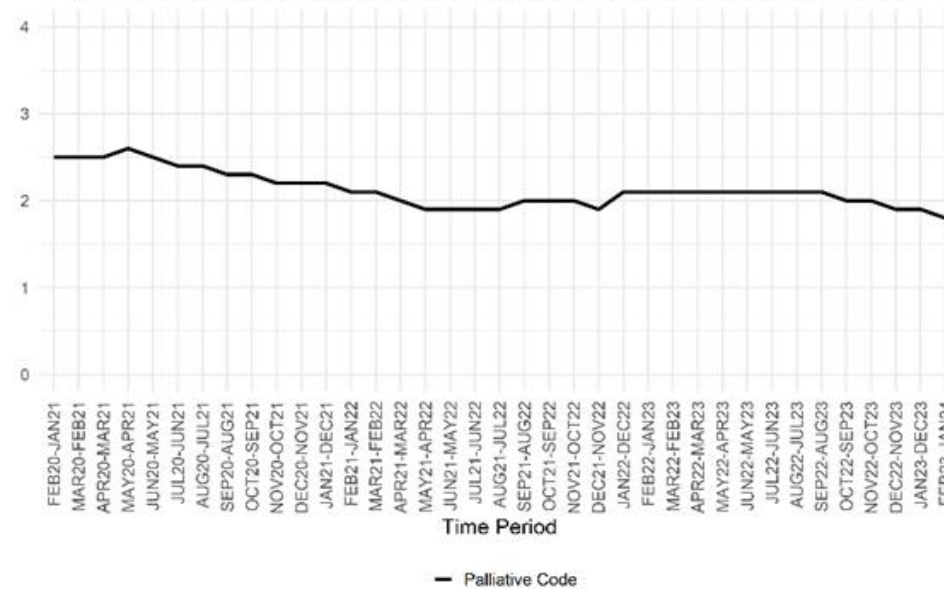
Count of SHMI Observed and Expected deaths - South Tees



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



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



**SHMI = 109.6**  
(Feb 2023 – Jan 2024)

Observed deaths = 2750  
Expected deaths = 2510

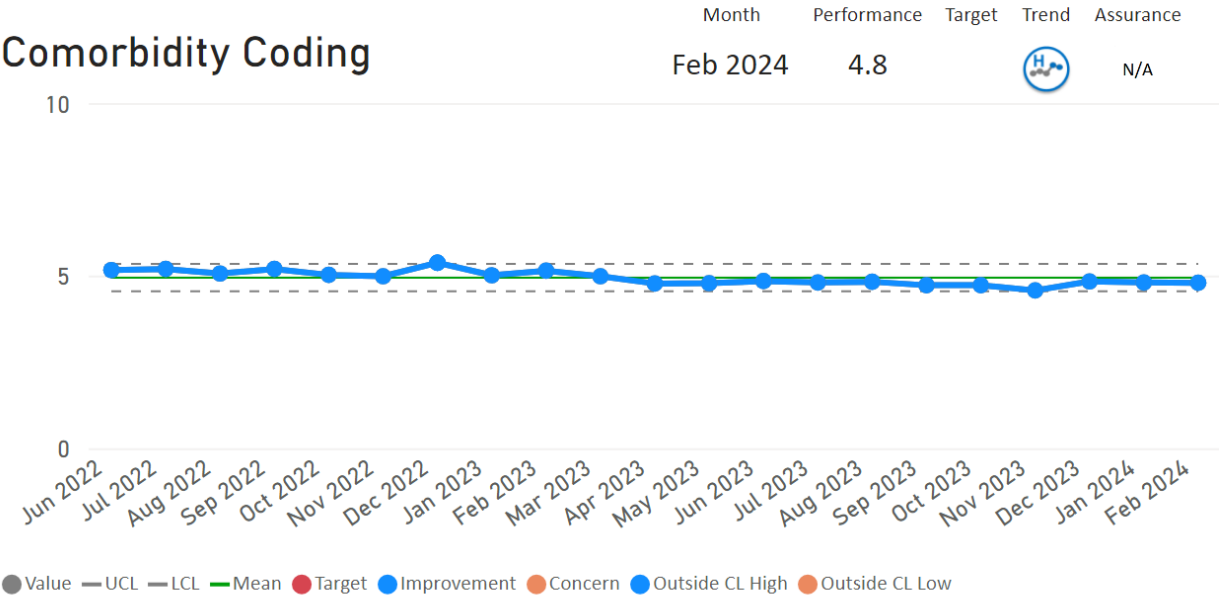
Coding depth (codes / spell)  
Elective = 6.4  
Non-Elective = 5.8

Palliative care (%) = 1.8

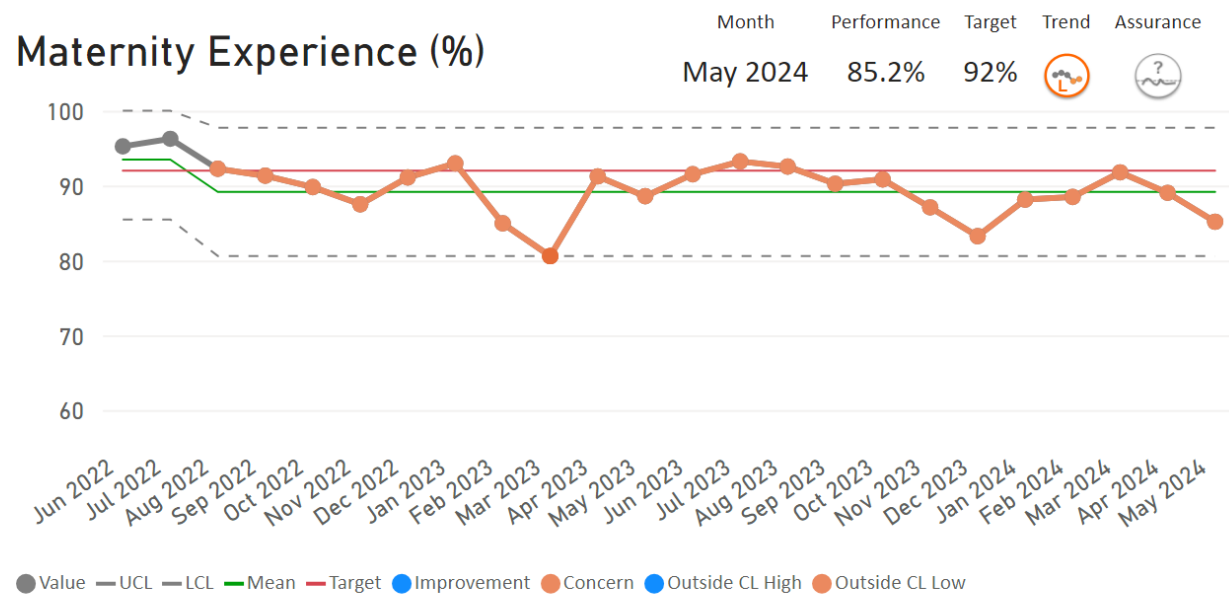
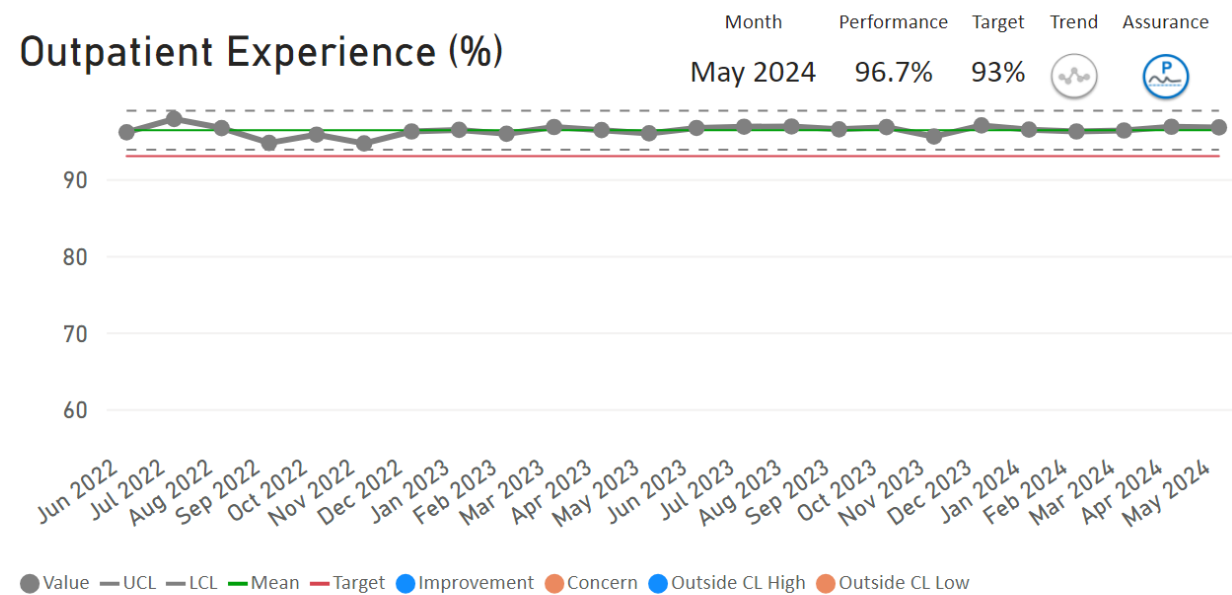
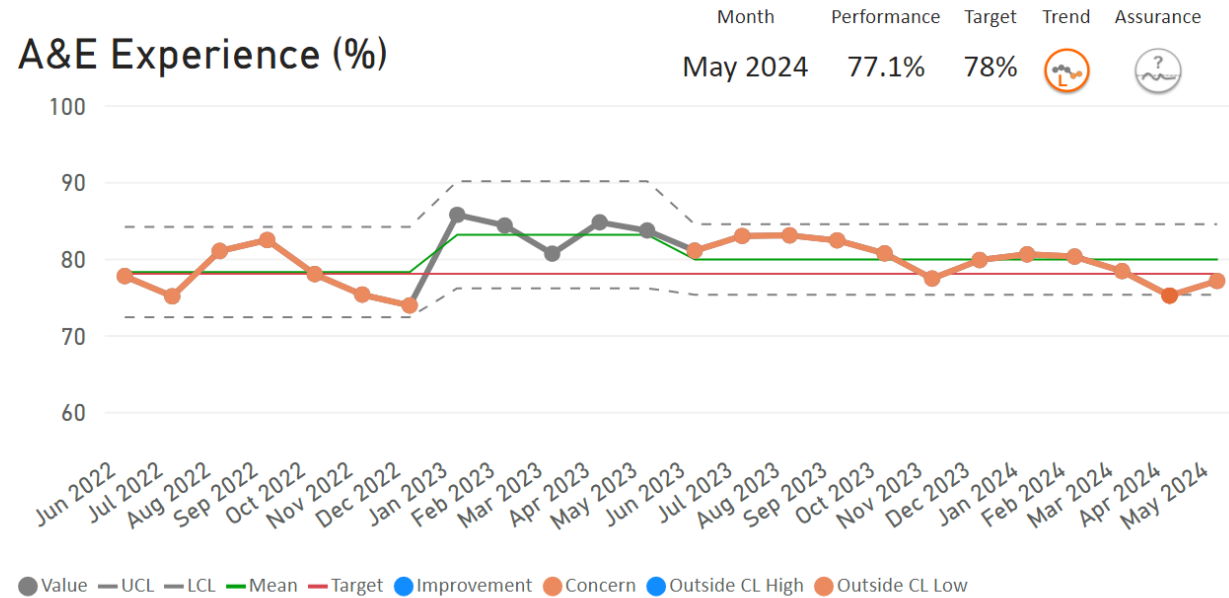
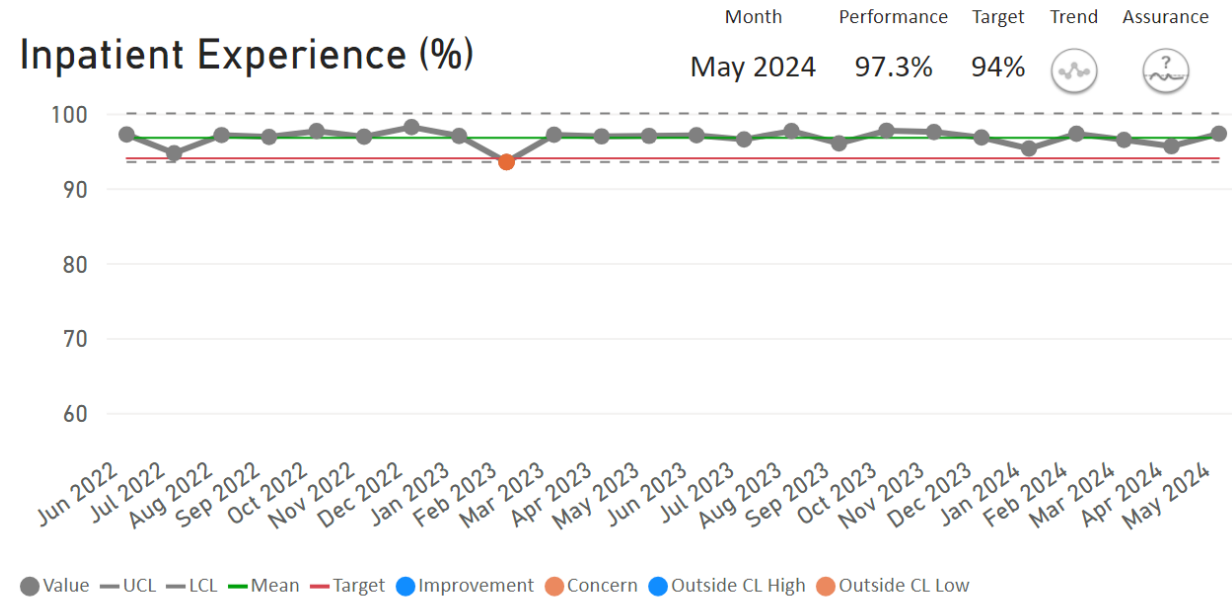
SHMI is: 'as expected'

Data source: NHS England  
Monthly SHMI publication

Comorbidity Coding



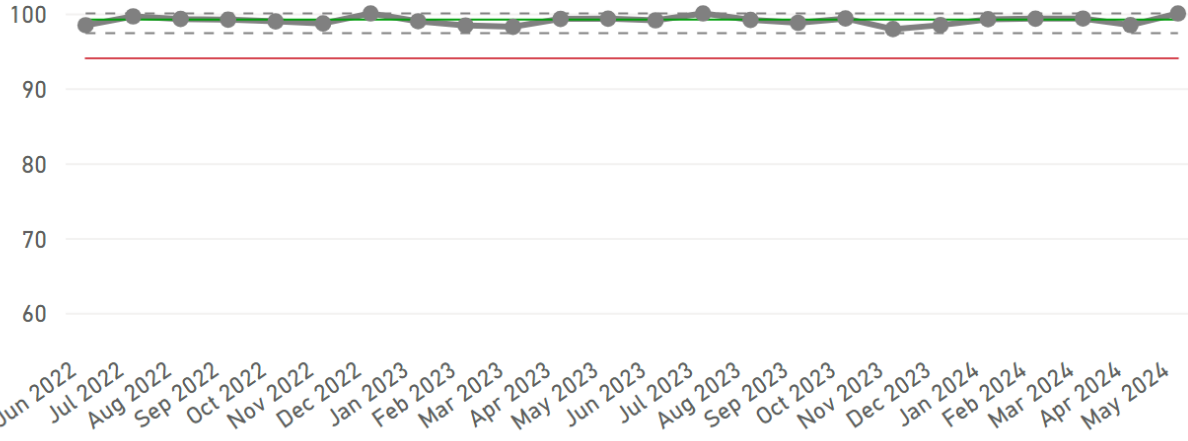
# CARING



## Community Experience (%)

Month Performance Target Trend Assurance

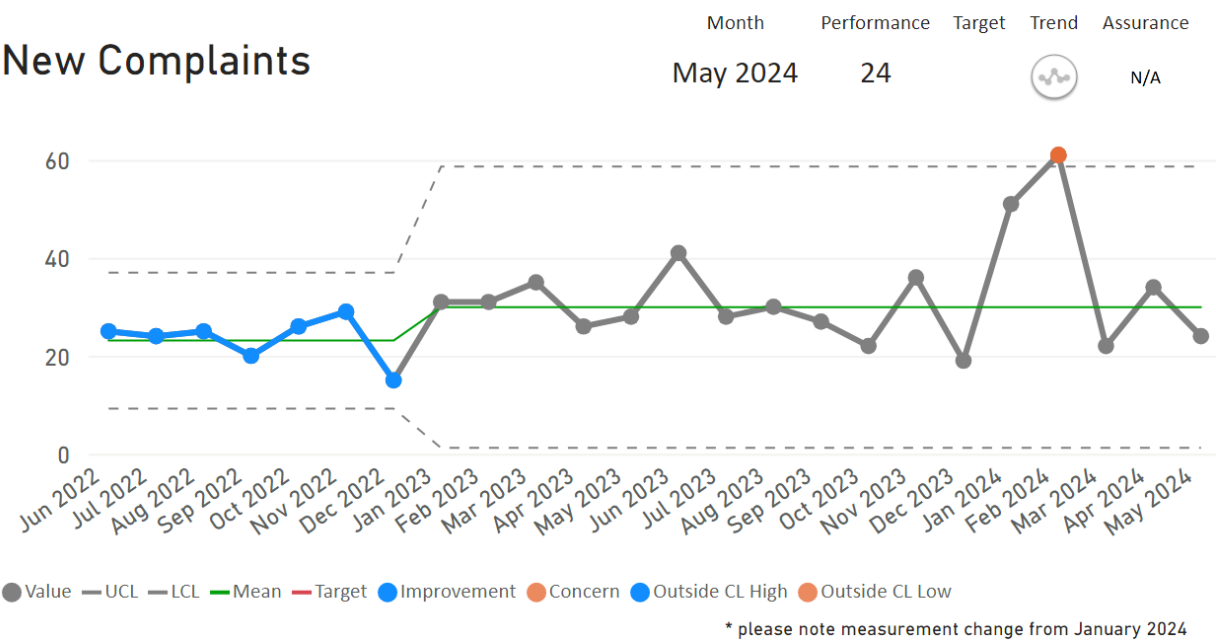
May 2024 100% 94%



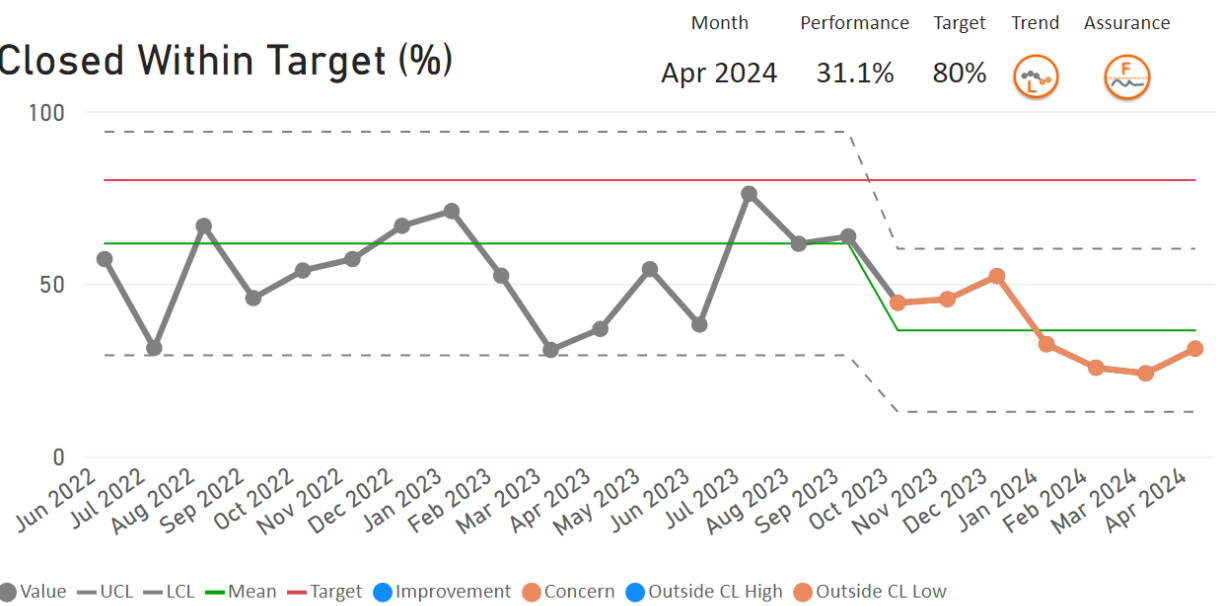
● Value — UCL — LCL — Mean — Target ● Improvement ● Concern ● Outside CL High ● Outside CL Low

# CARING

## New Complaints



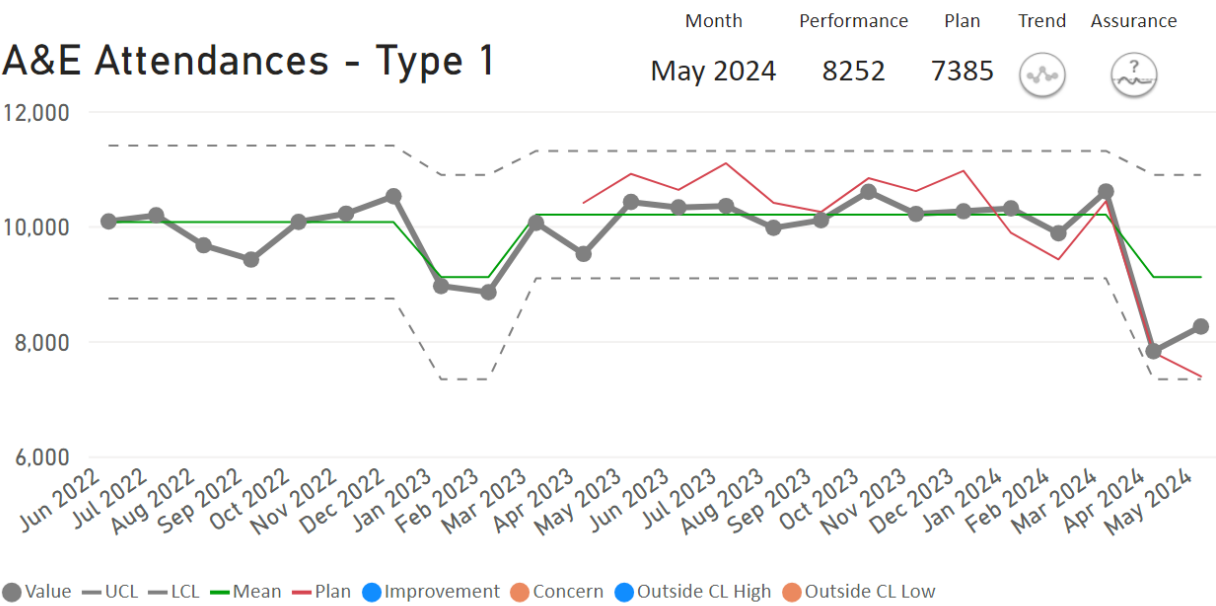
## Closed Within Target (%)



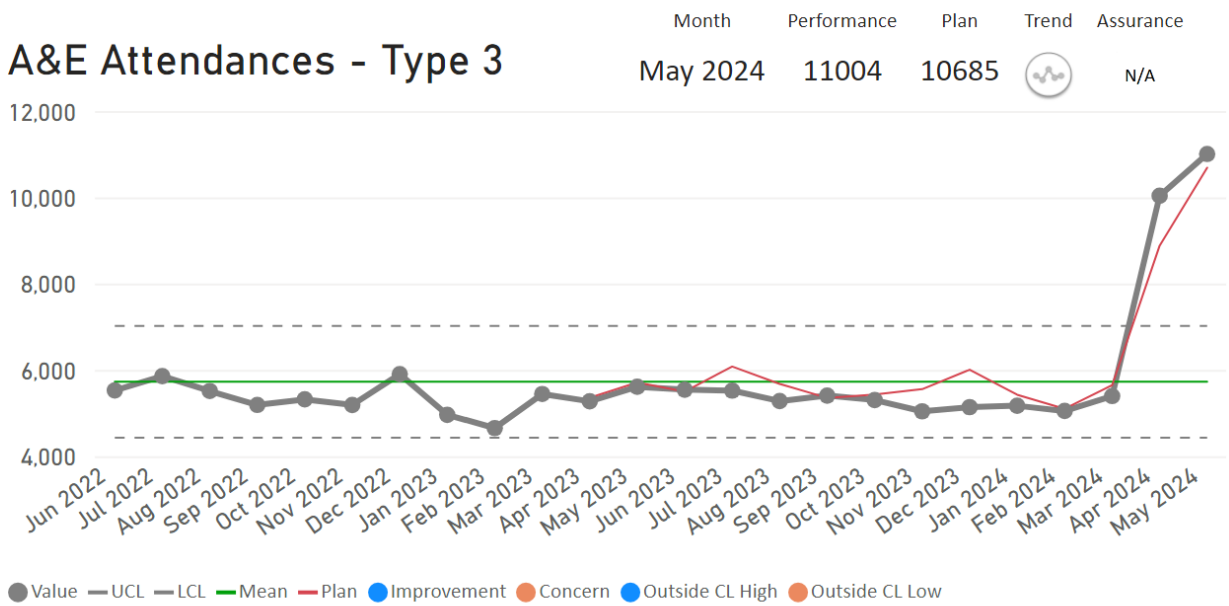


# RESPONSIVE

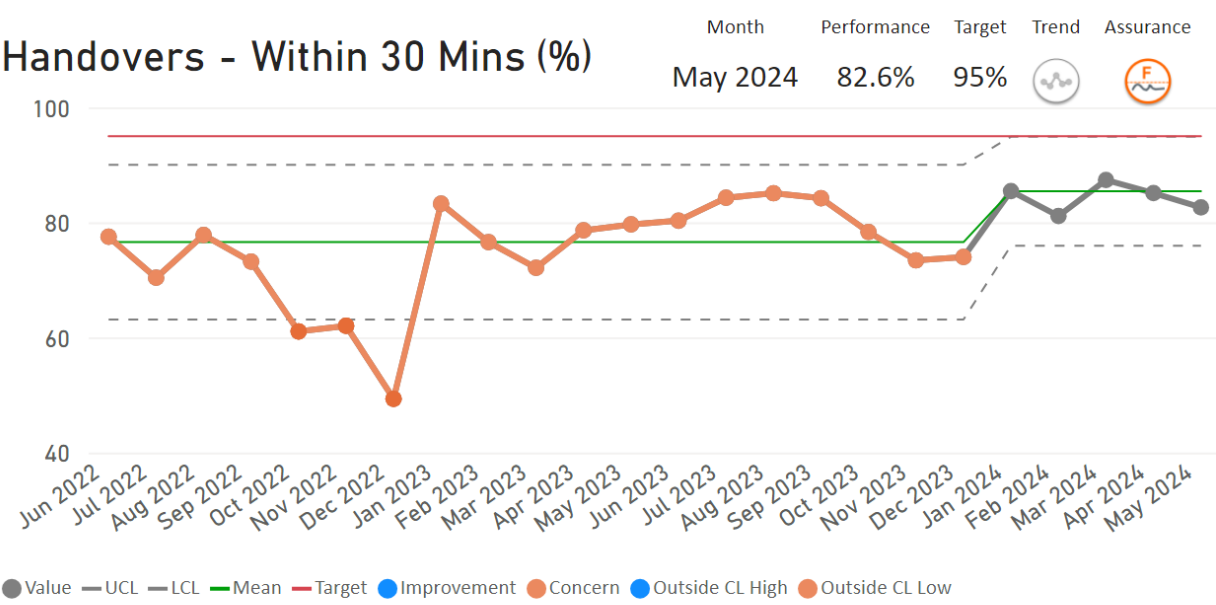
## A&E Attendances - Type 1



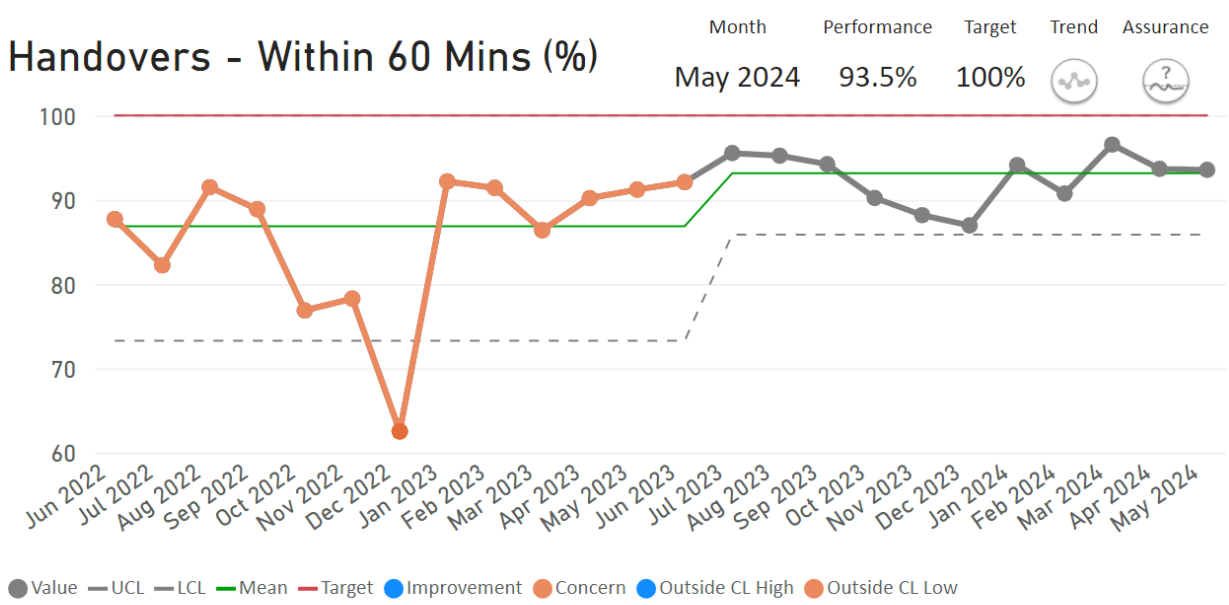
## A&E Attendances - Type 3



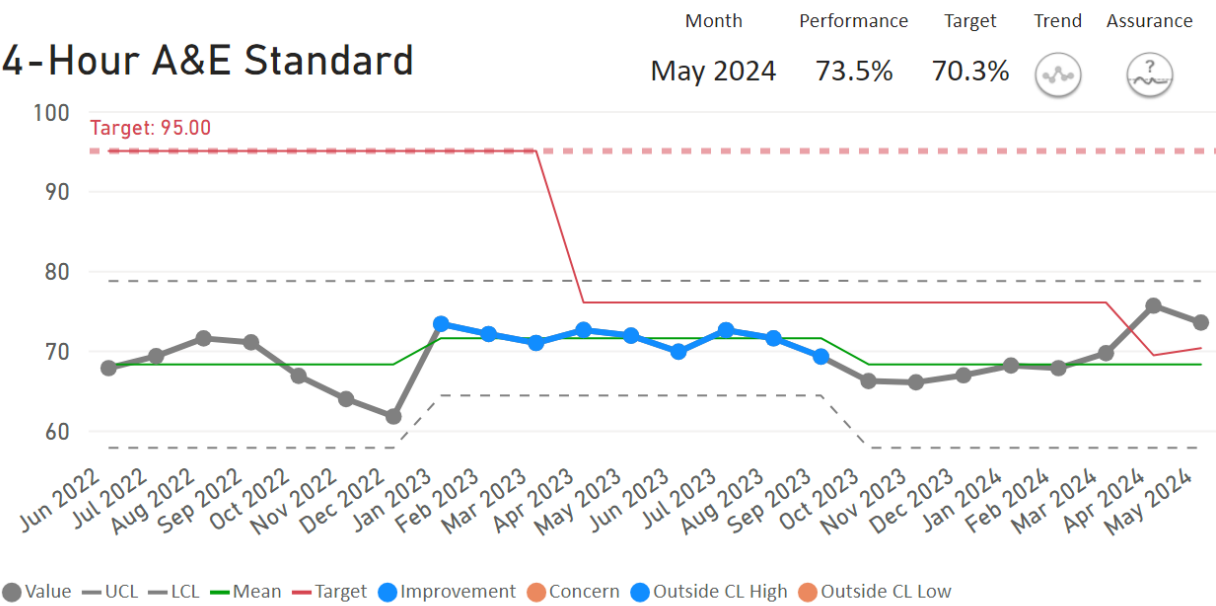
## Handovers - Within 30 Mins (%)



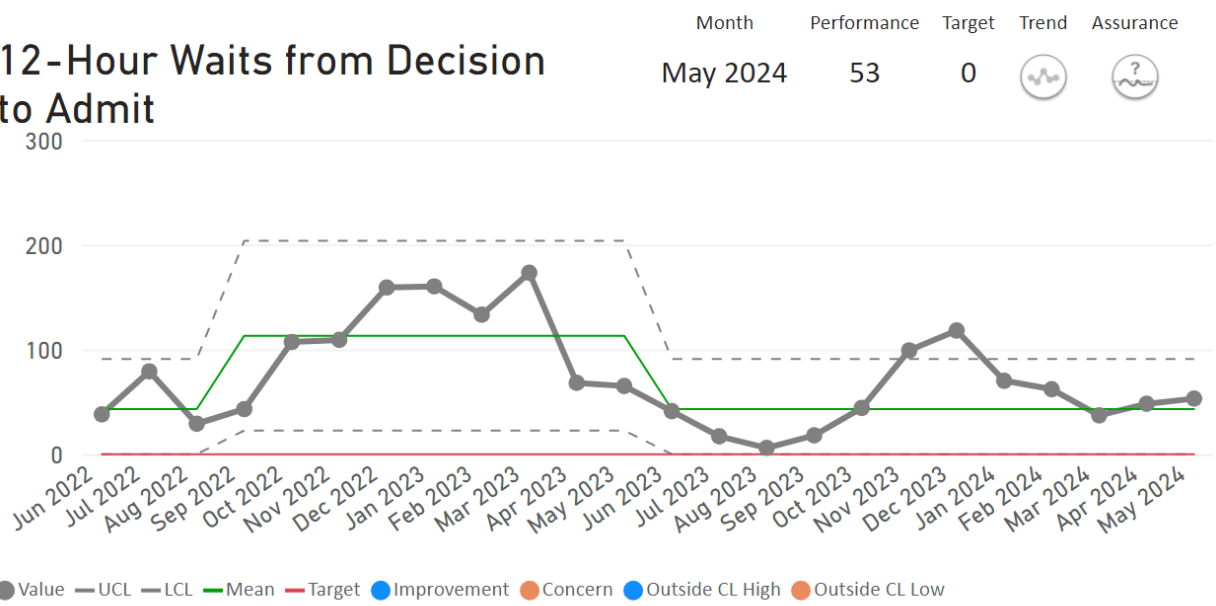
## Handovers - Within 60 Mins (%)



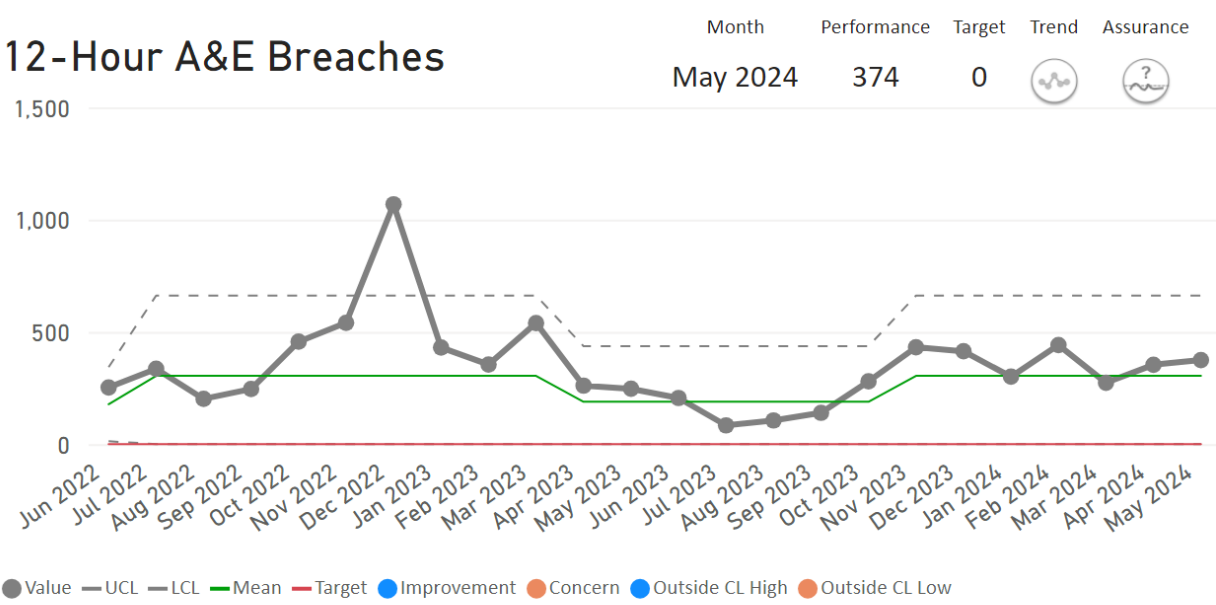
4-Hour A&E Standard



12-Hour Waits from Decision to Admit

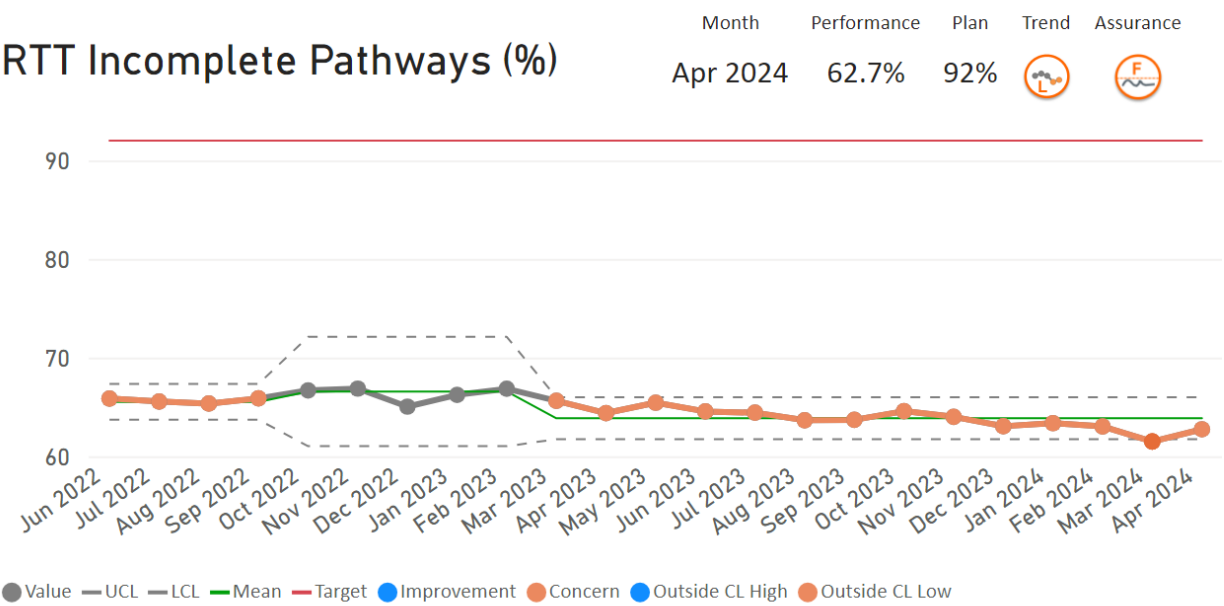


12-Hour A&E Breaches

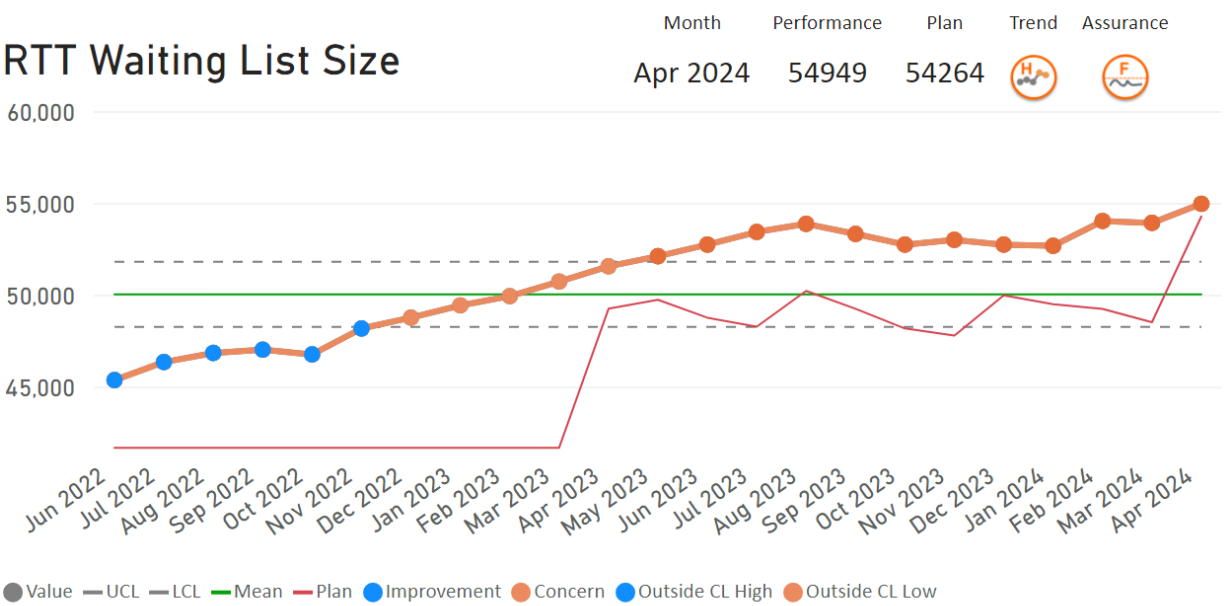




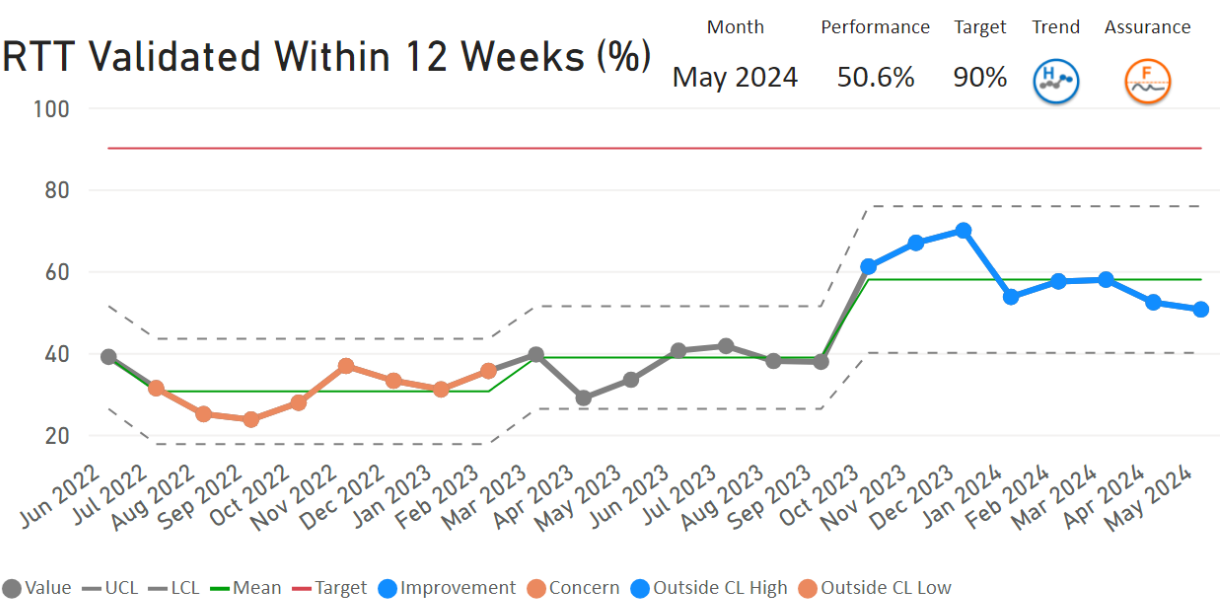
RTT Incomplete Pathways (%)



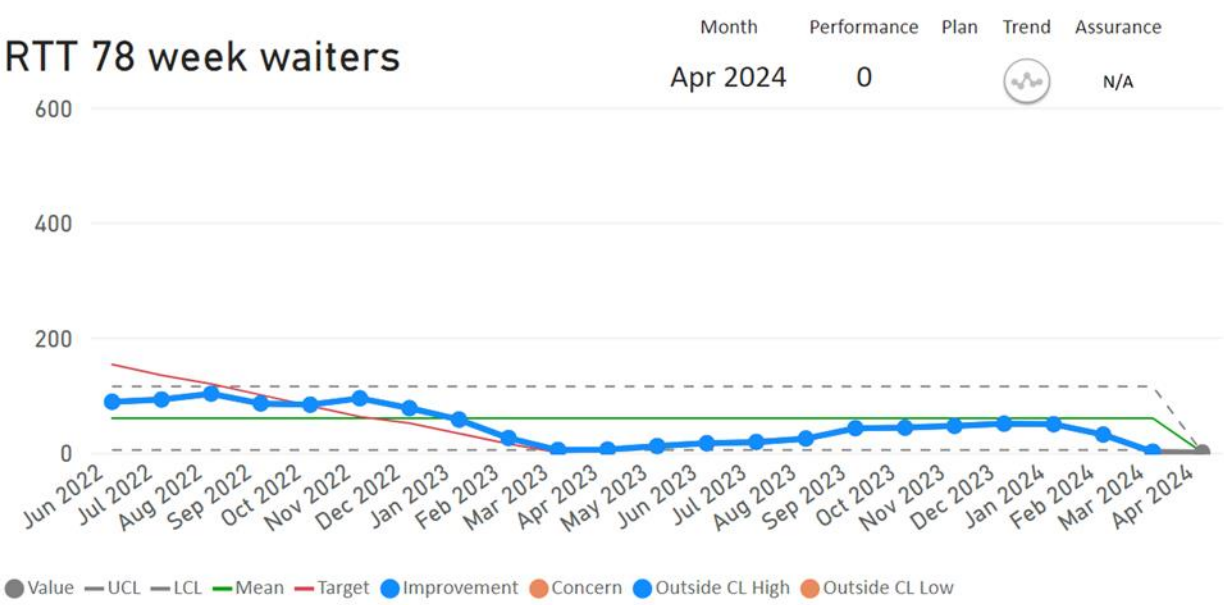
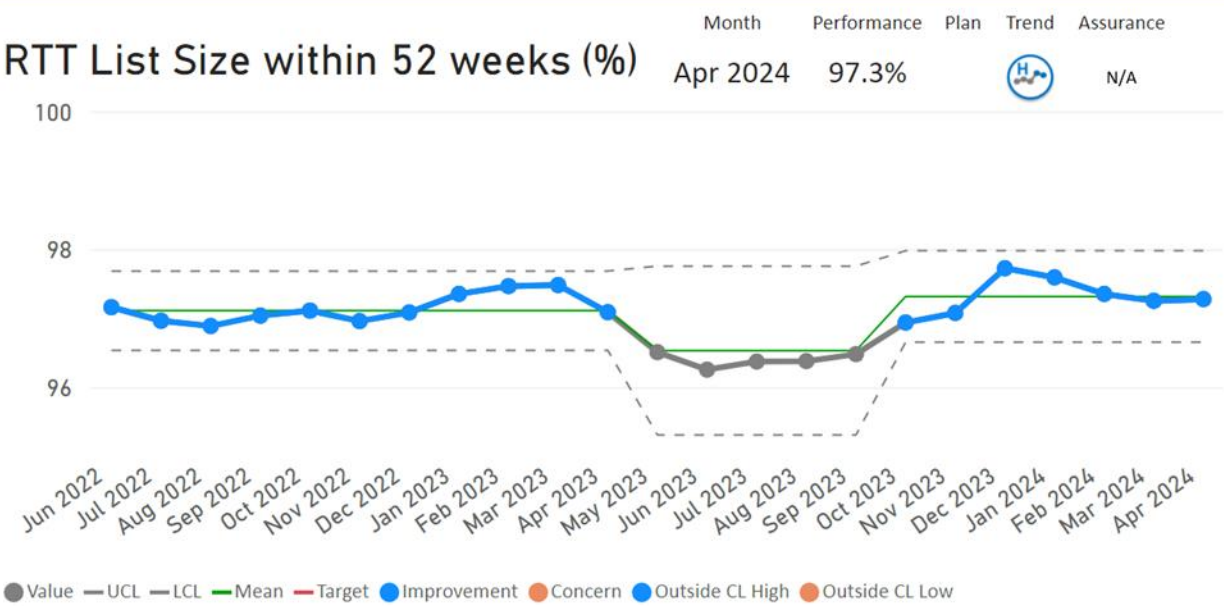
RTT Waiting List Size



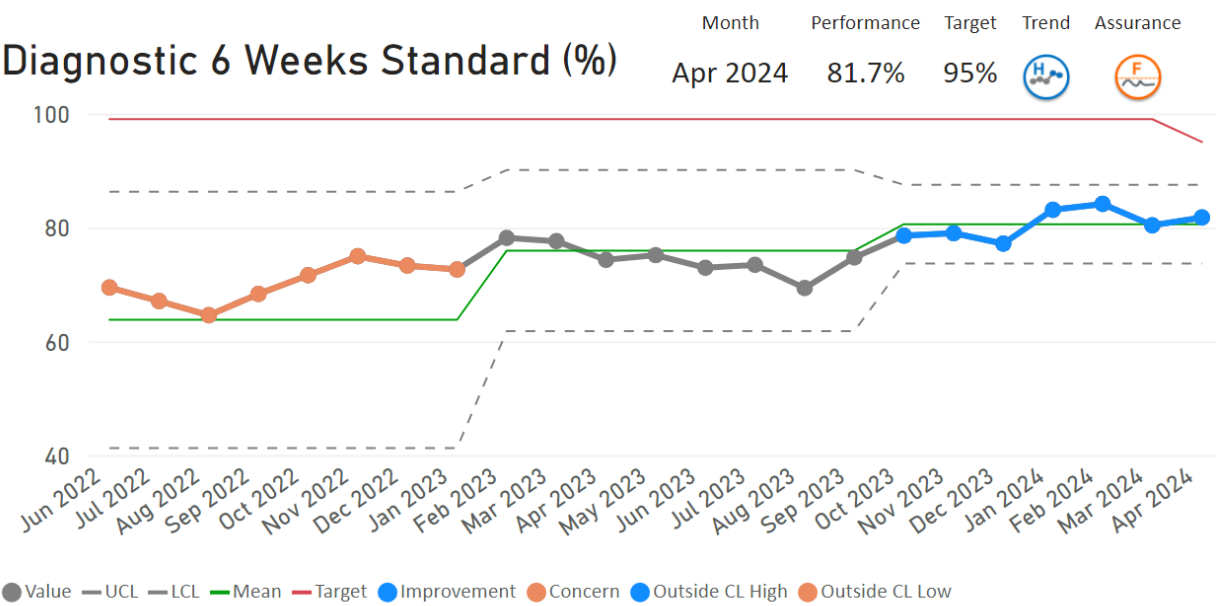
RTT Validated Within 12 Weeks (%)



# RESPONSIVE



Diagnostic 6 Weeks Standard (%)



● Value

— UCL

— LCL

— Mean

— Target

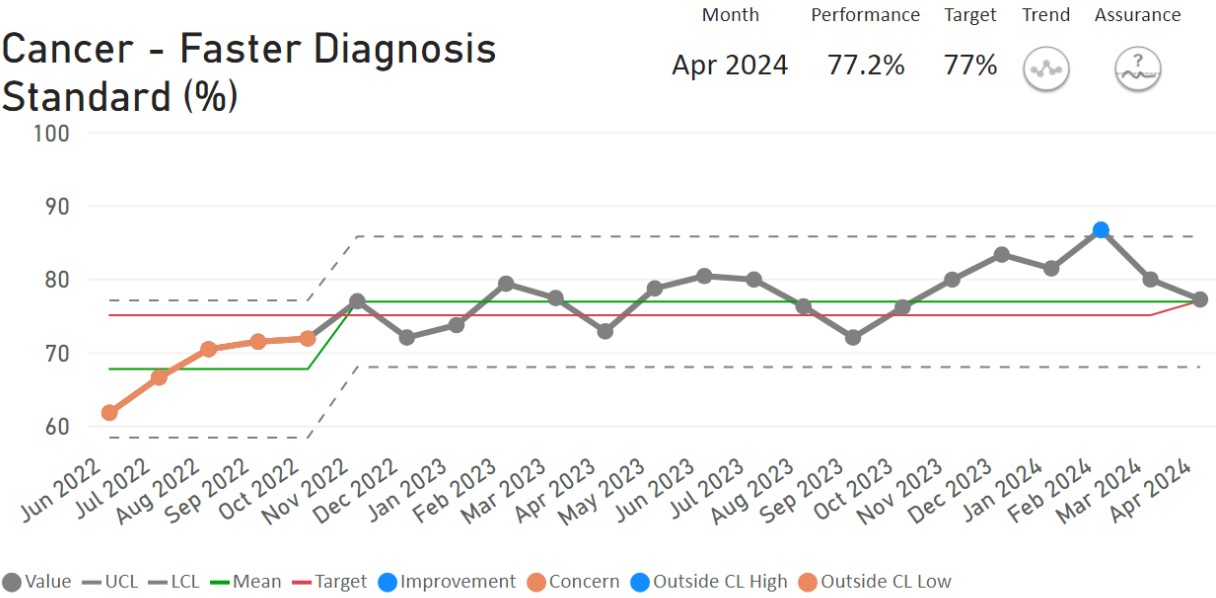
● Improvement

● Concern

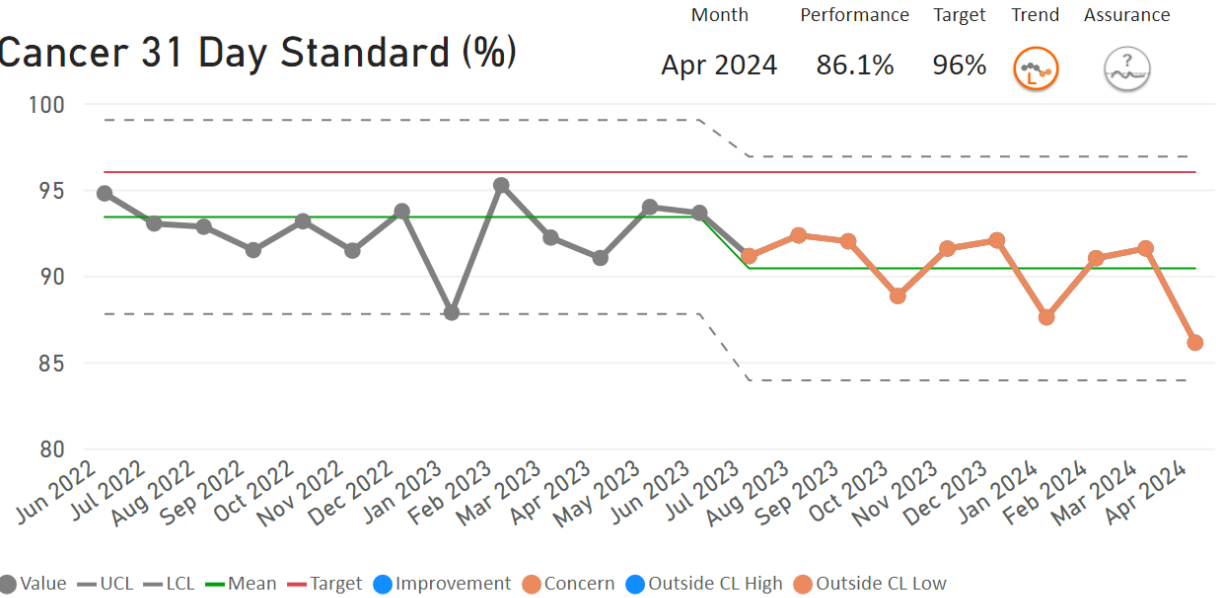
● Outside CL High

● Outside CL Low

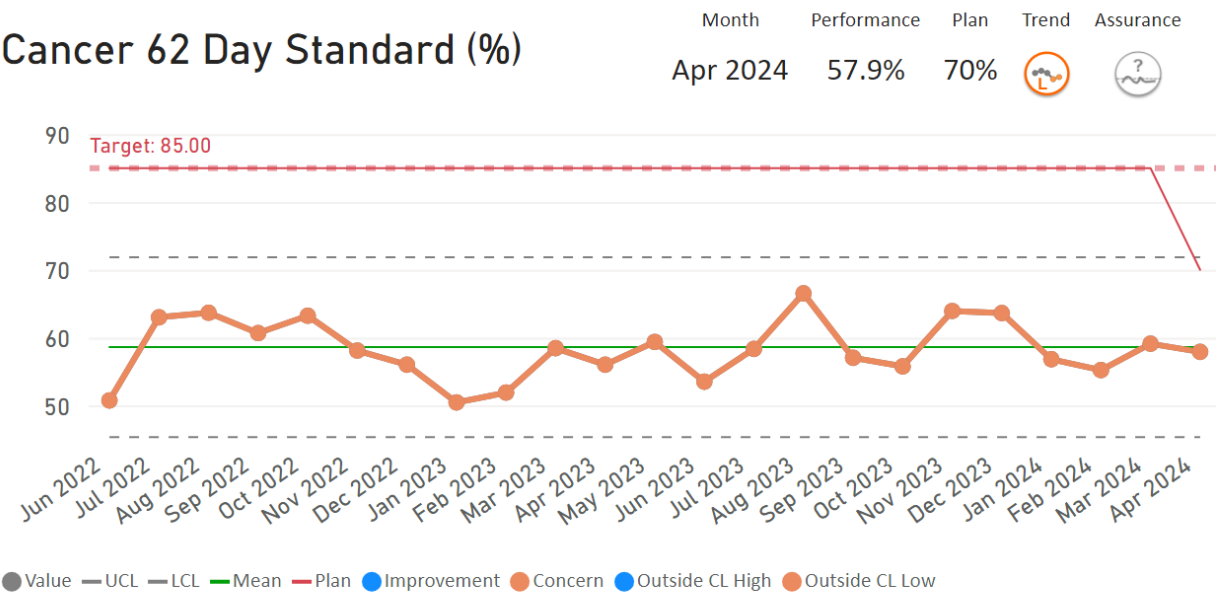
Cancer - Faster Diagnosis Standard (%)



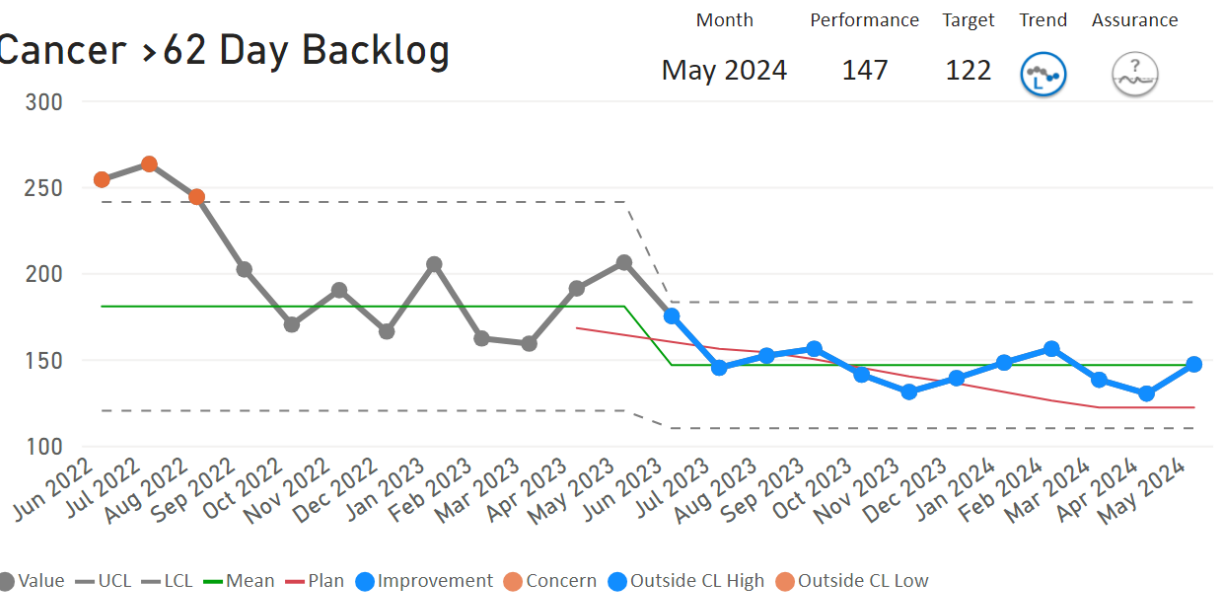
Cancer 31 Day Standard (%)





Cancer 62 Day Standard (%)

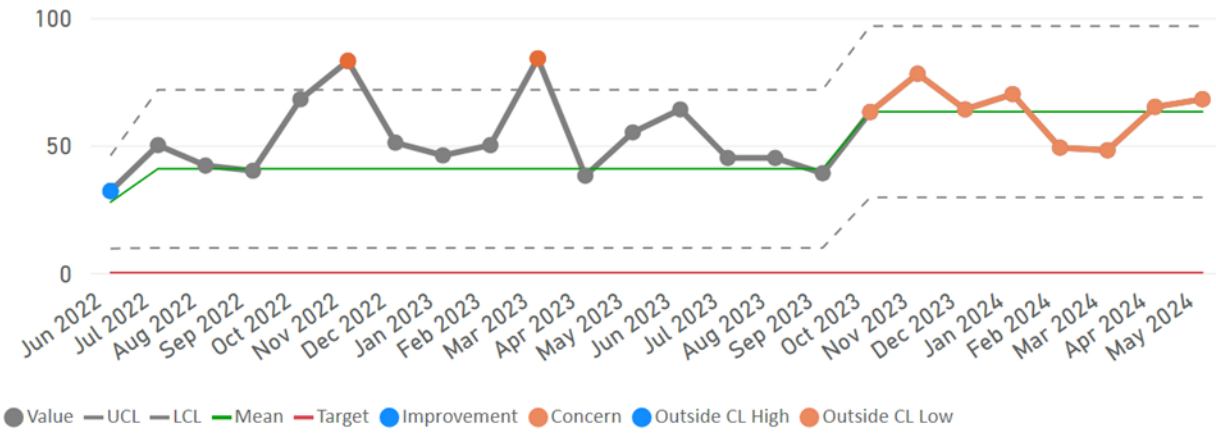


Cancer >62 Day Backlog

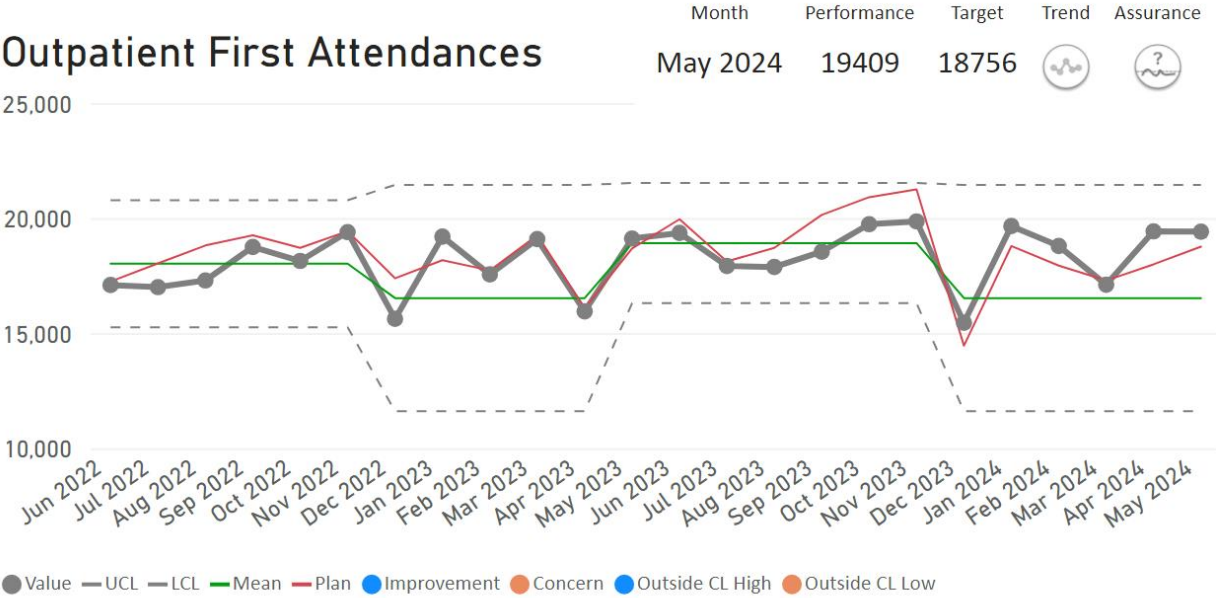


Cancelled Ops - Non-Urgent  
Cancelled On Day

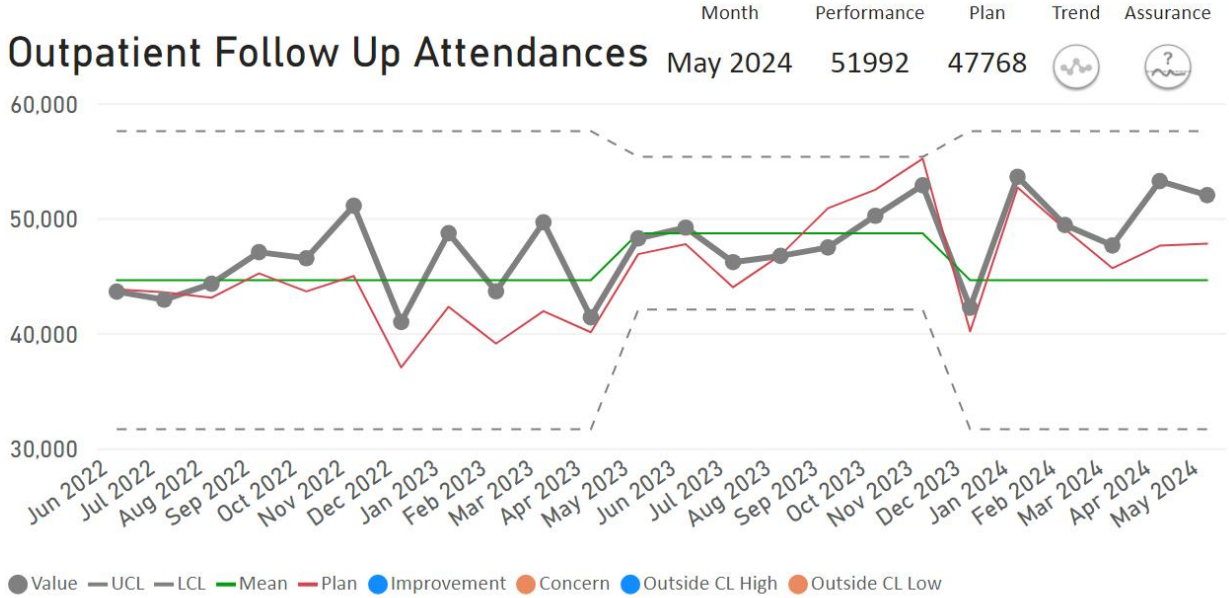
Month    Performance    Target    Trend    Assurance  
May 2024    68    0        



Outpatient First Attendances

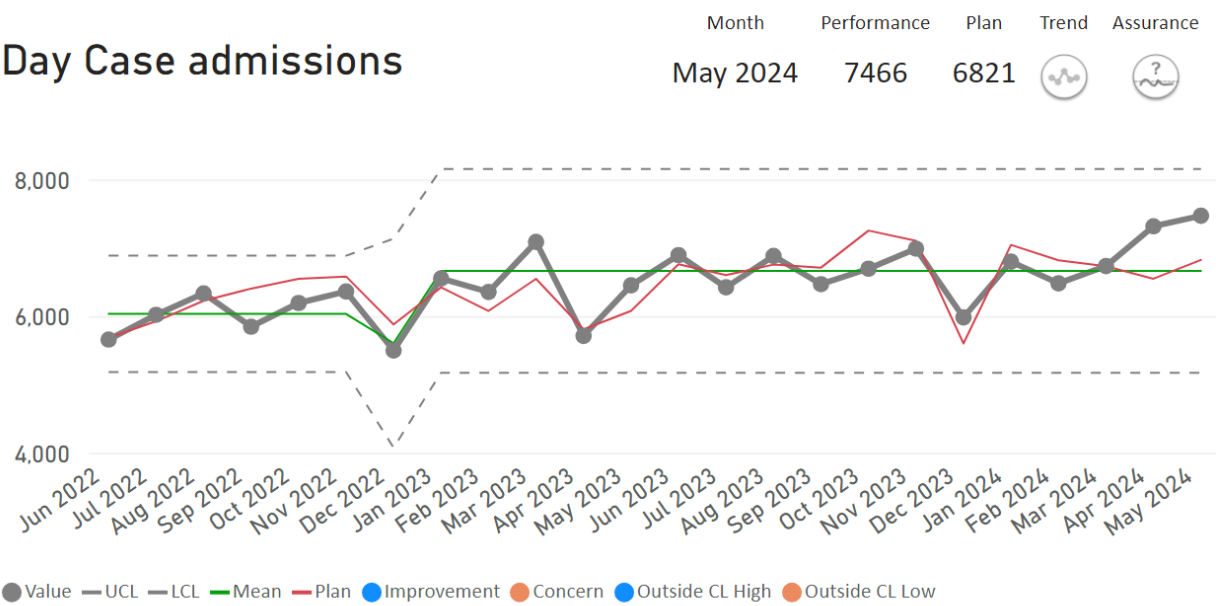


Outpatient Follow Up Attendances

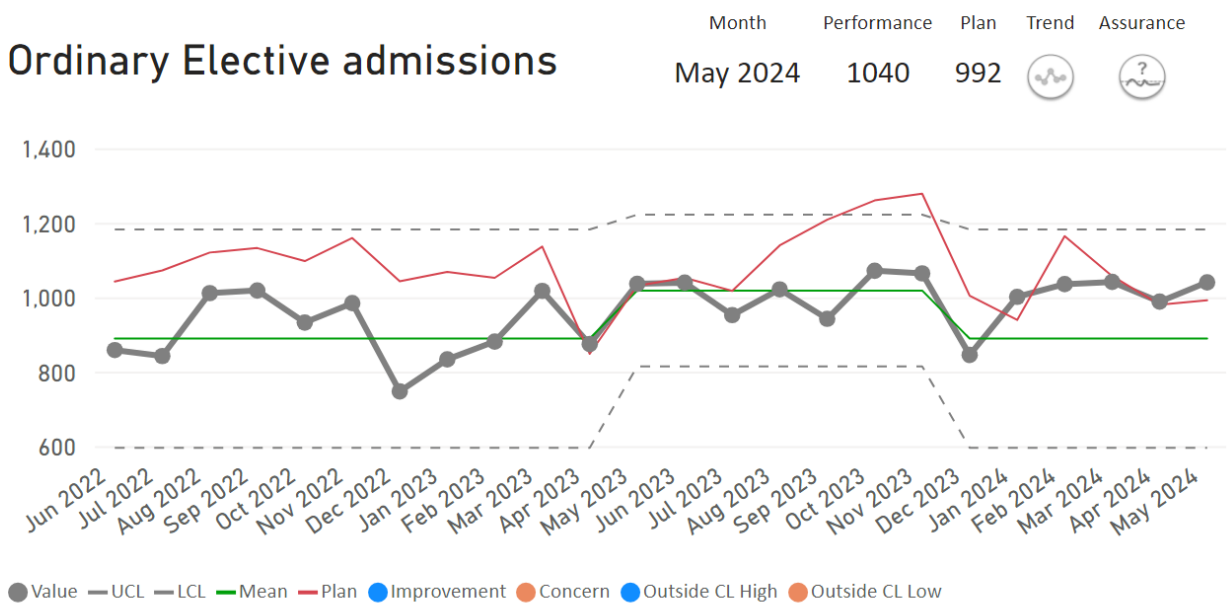




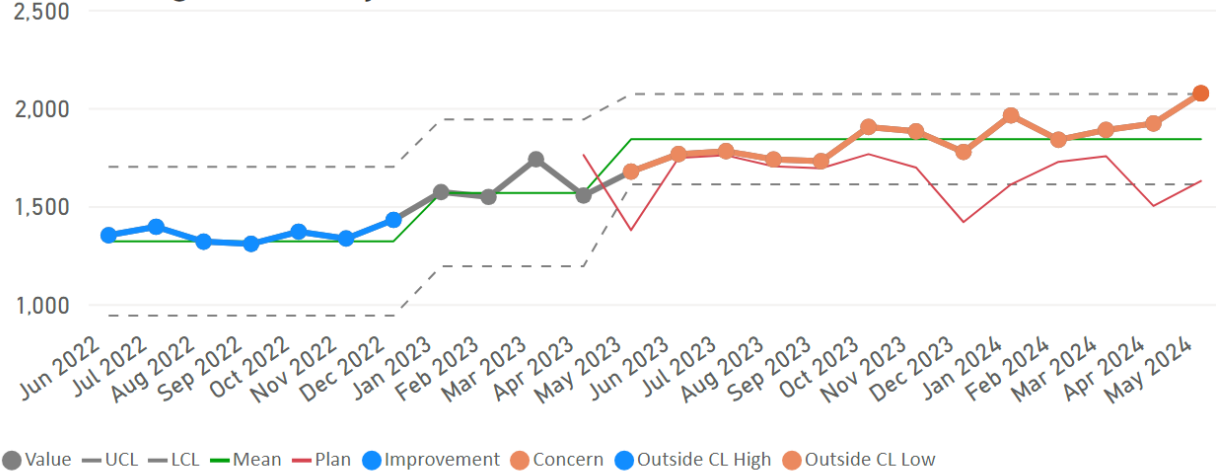
Day Case admissions



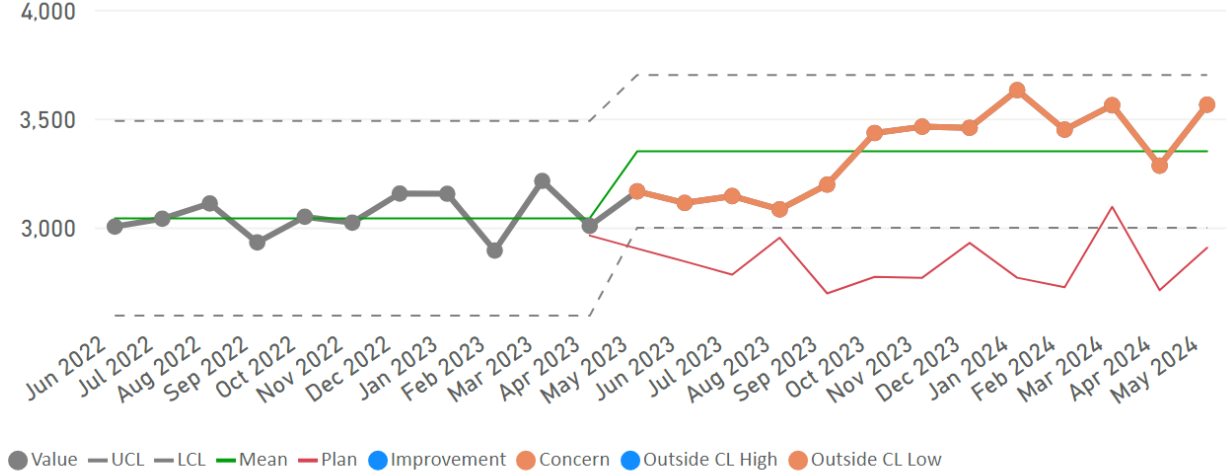
Ordinary Elective admissions



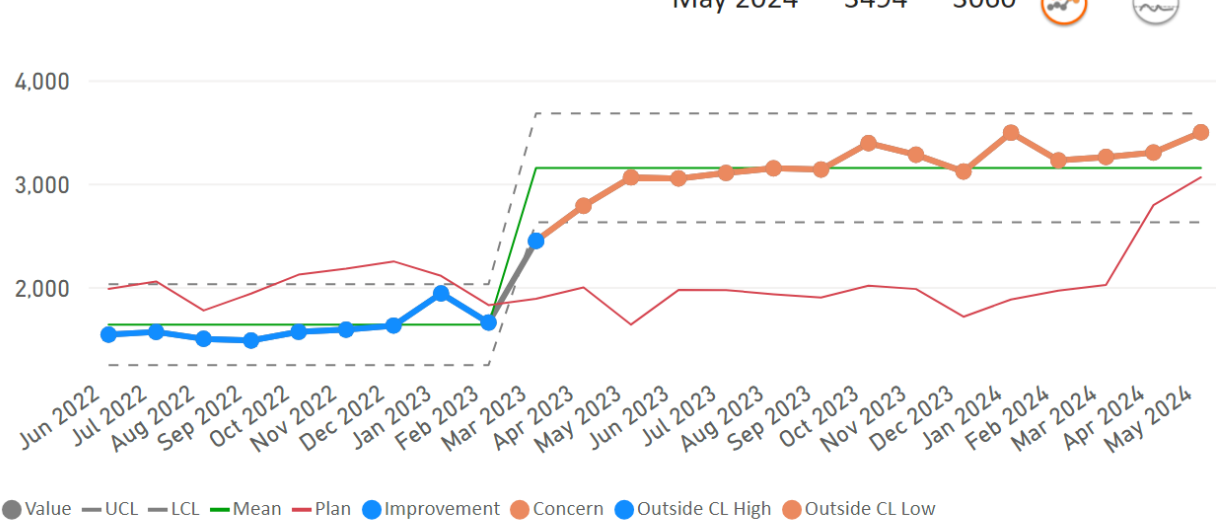
NEL admissions with 0 LOS  
(excluding Maternity)



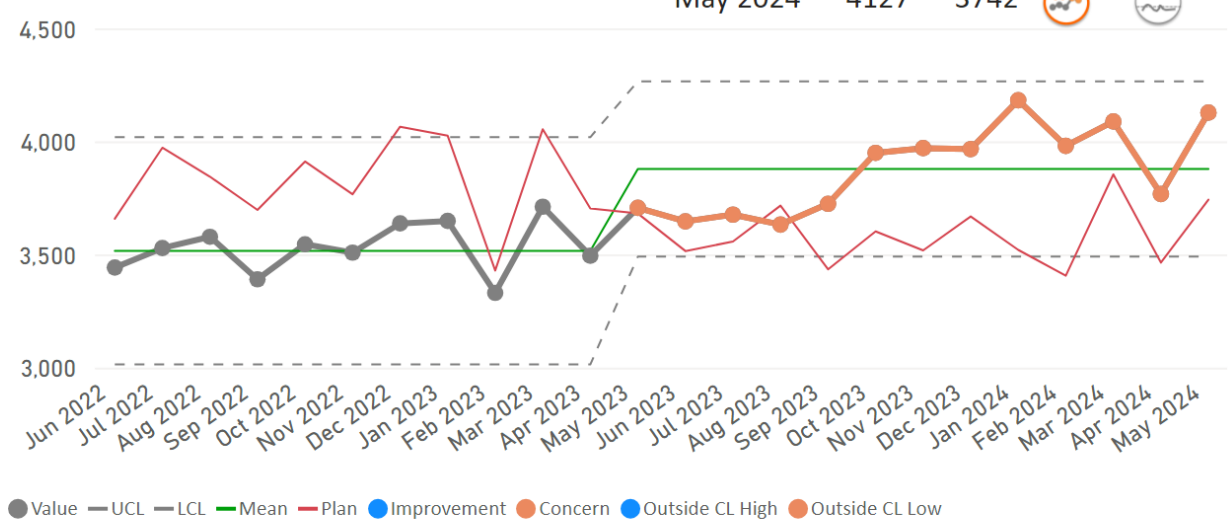
NEL admissions with 1+ LOS  
(excluding Maternity)



NEL admissions with 0 LOS

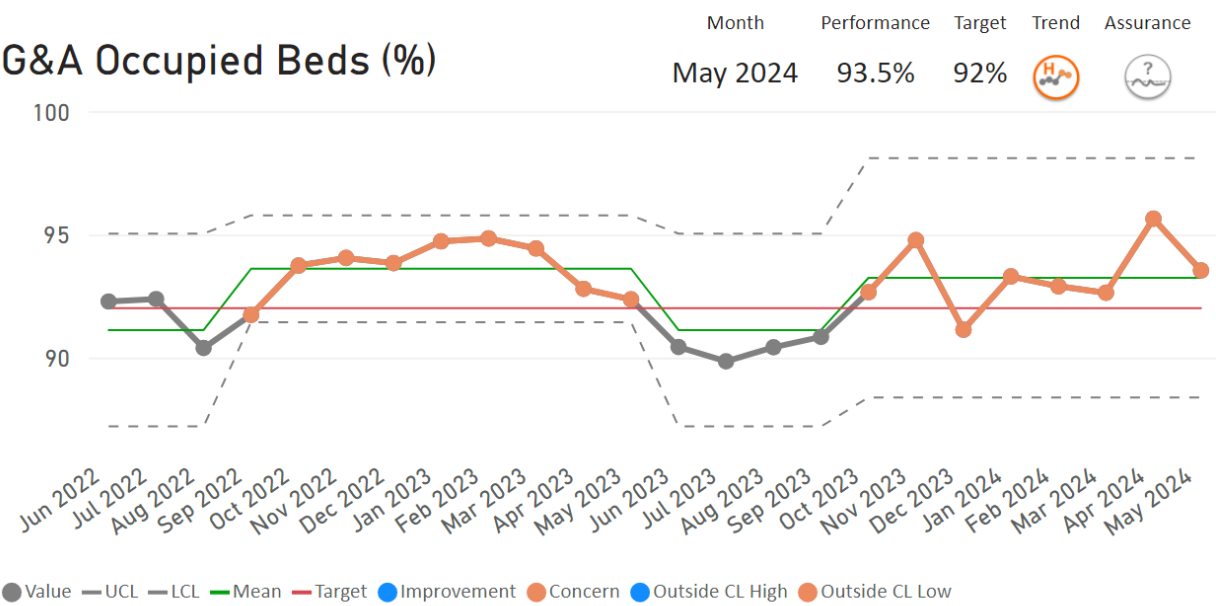


NEL admissions with 1+ LOS



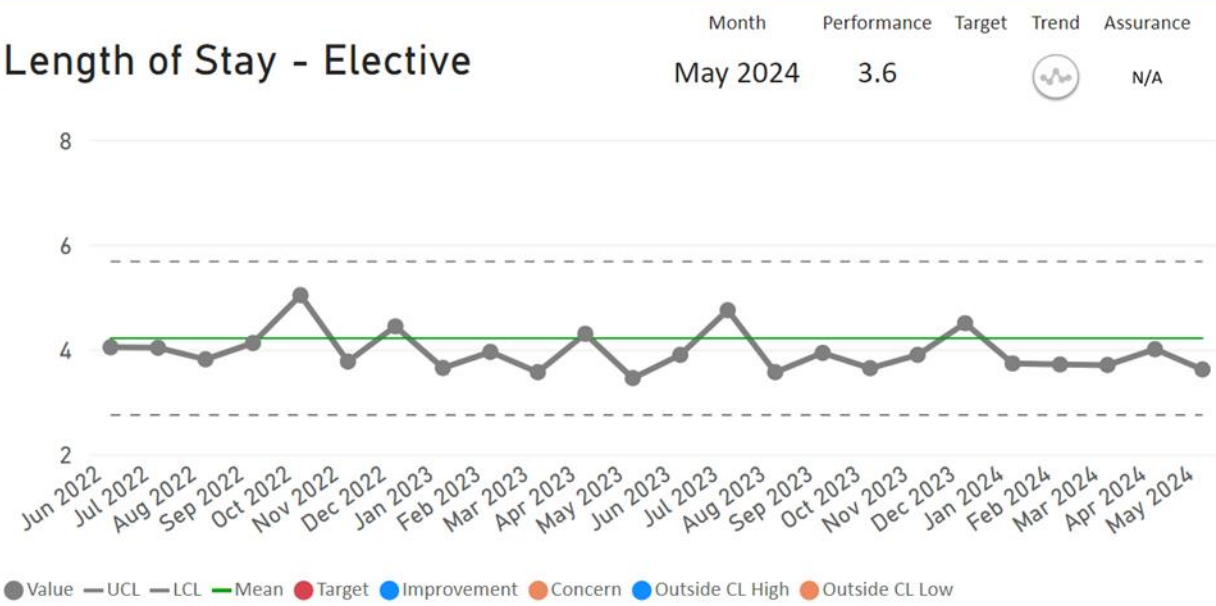


G&A Occupied Beds (%)

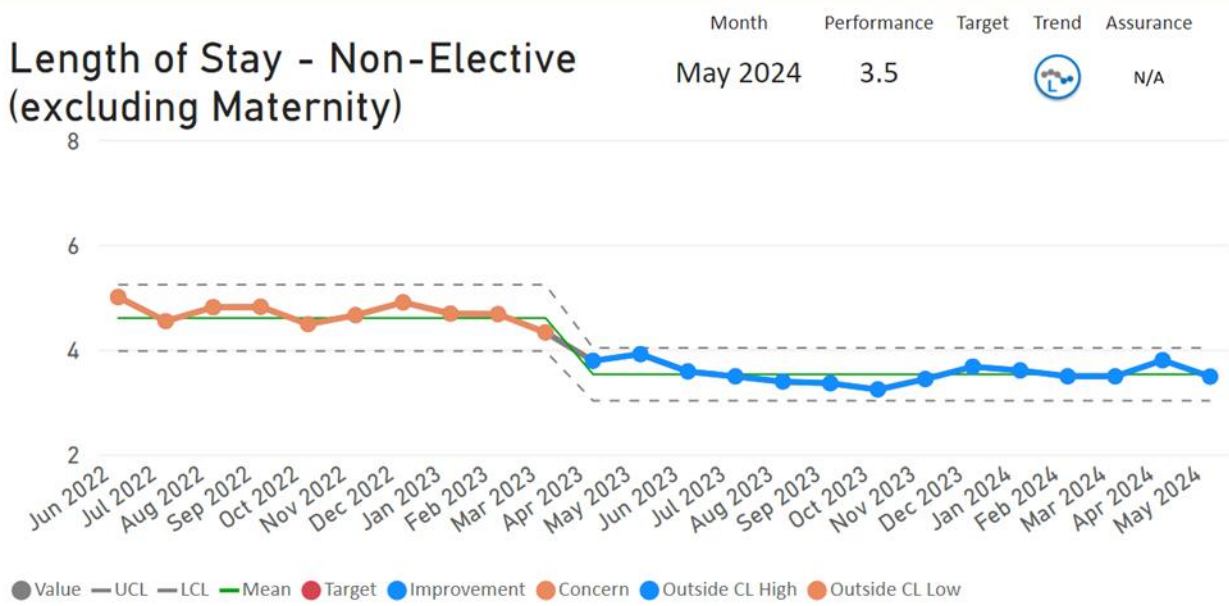


# RESPONSIVE

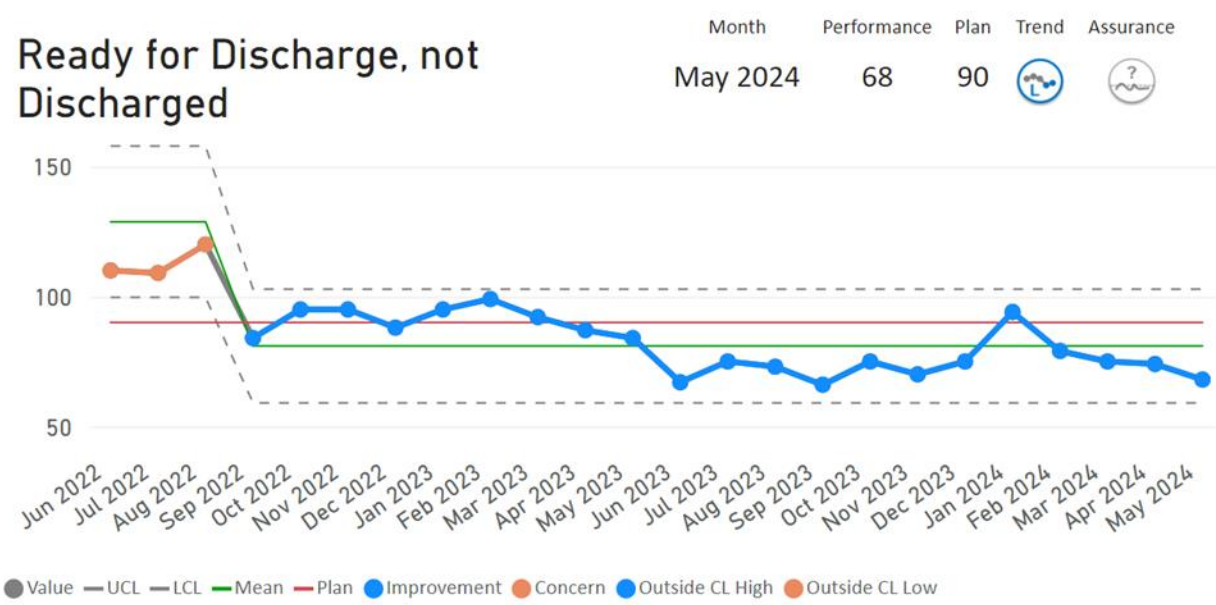
## Length of Stay - Elective



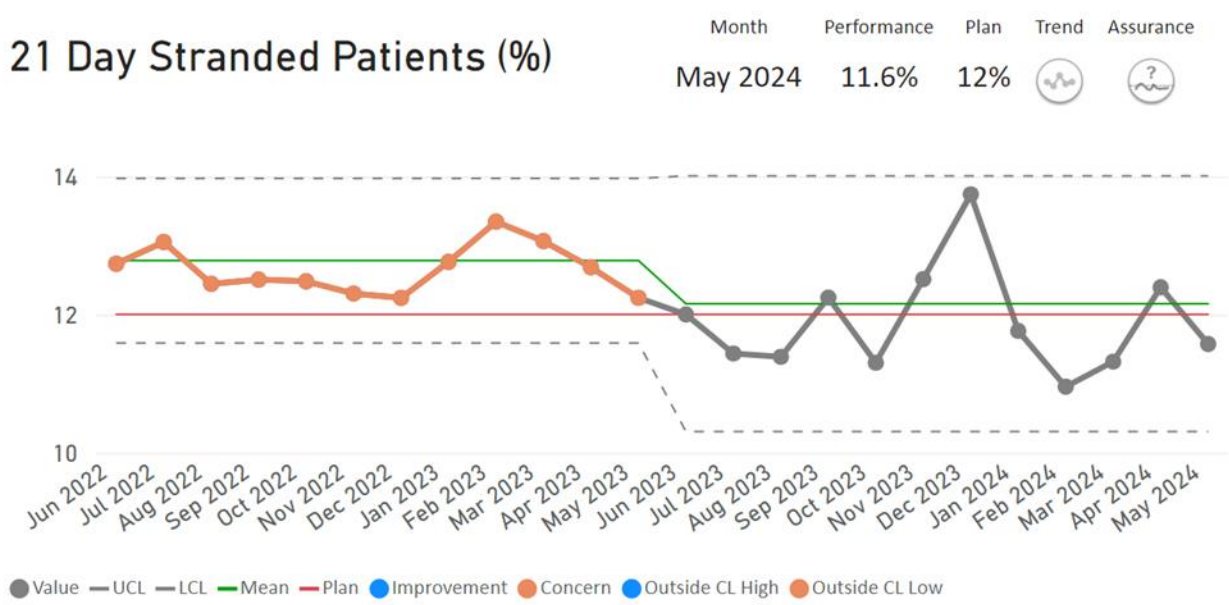
## Length of Stay - Non-Elective (excluding Maternity)



## Ready for Discharge, not Discharged

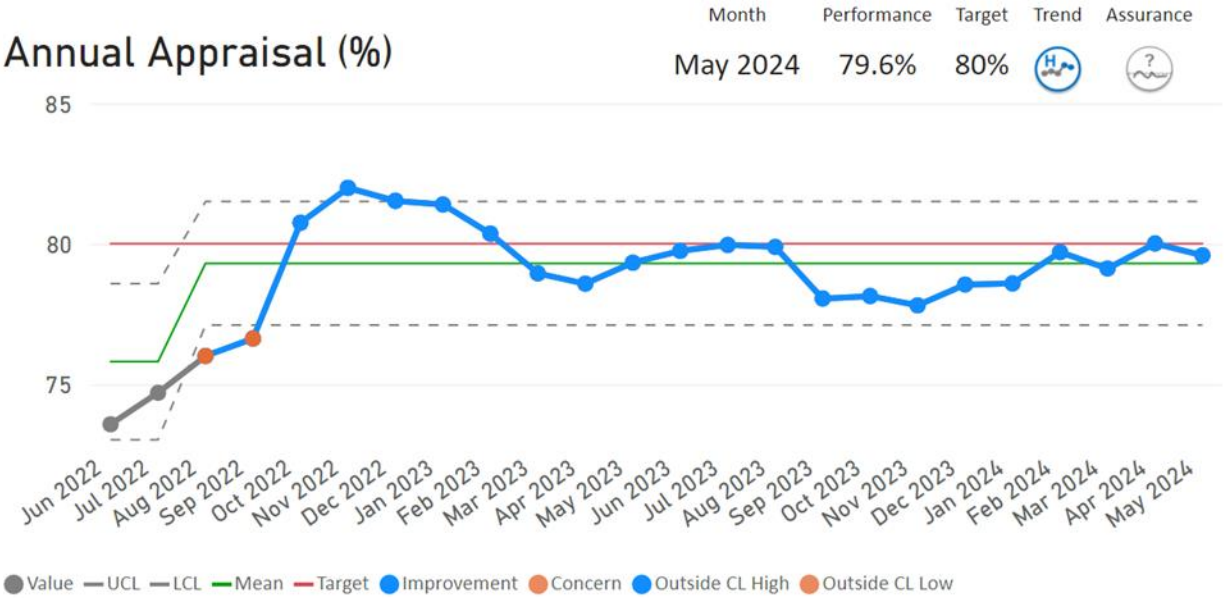


## 21 Day Stranded Patients (%)

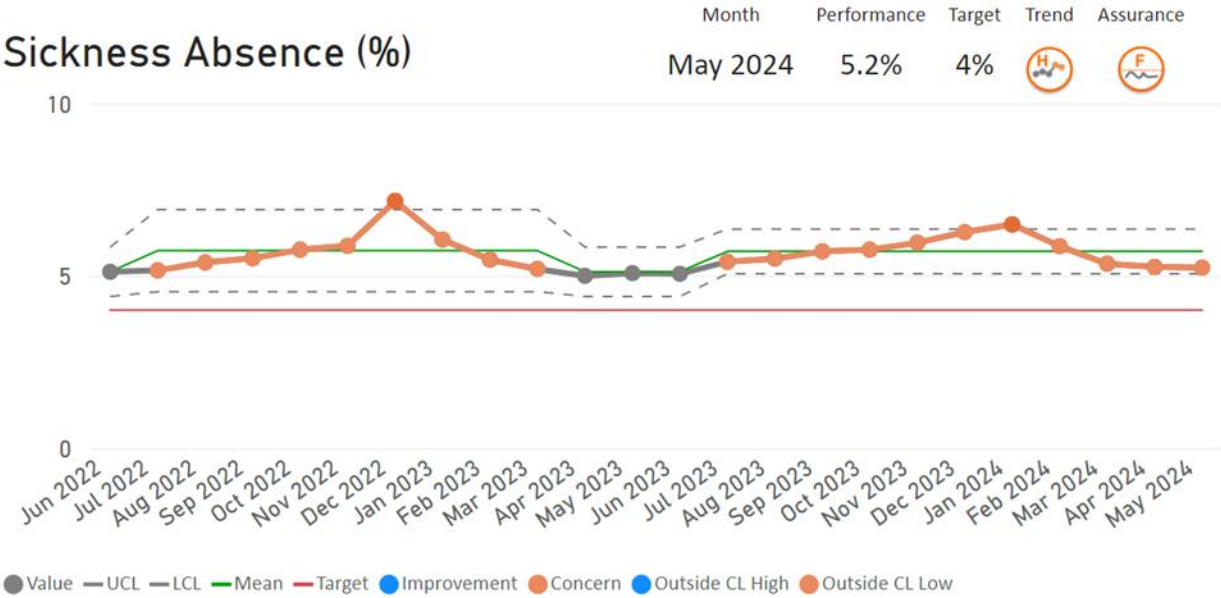


# WELL-LED

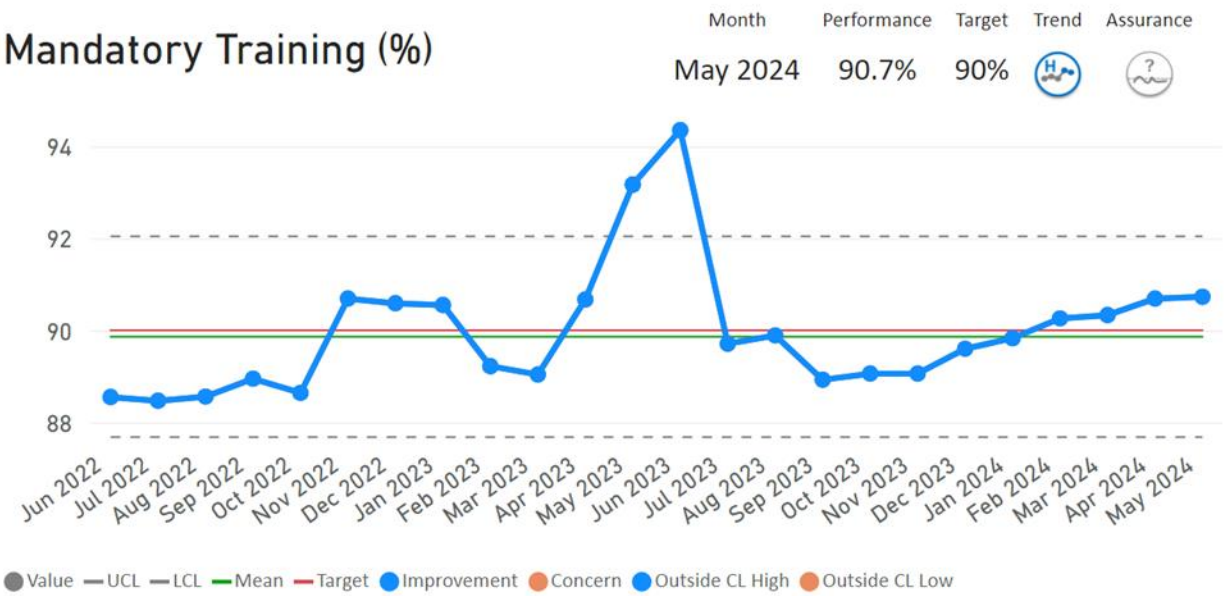
## Annual Appraisal (%)



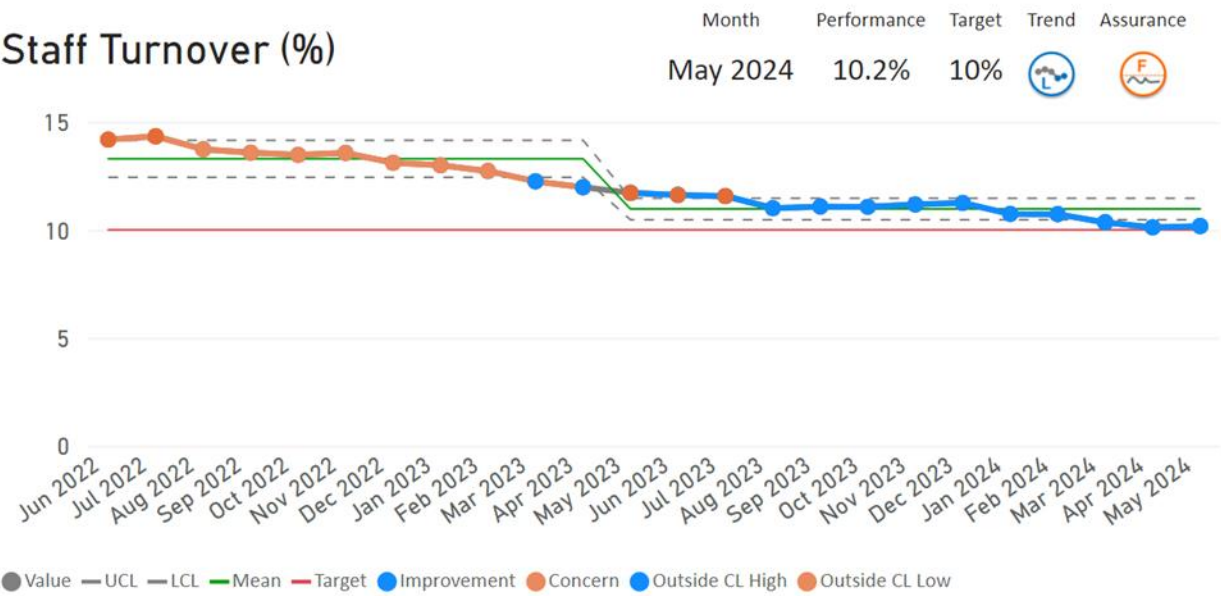
## Sickness Absence (%)



## Mandatory Training (%)

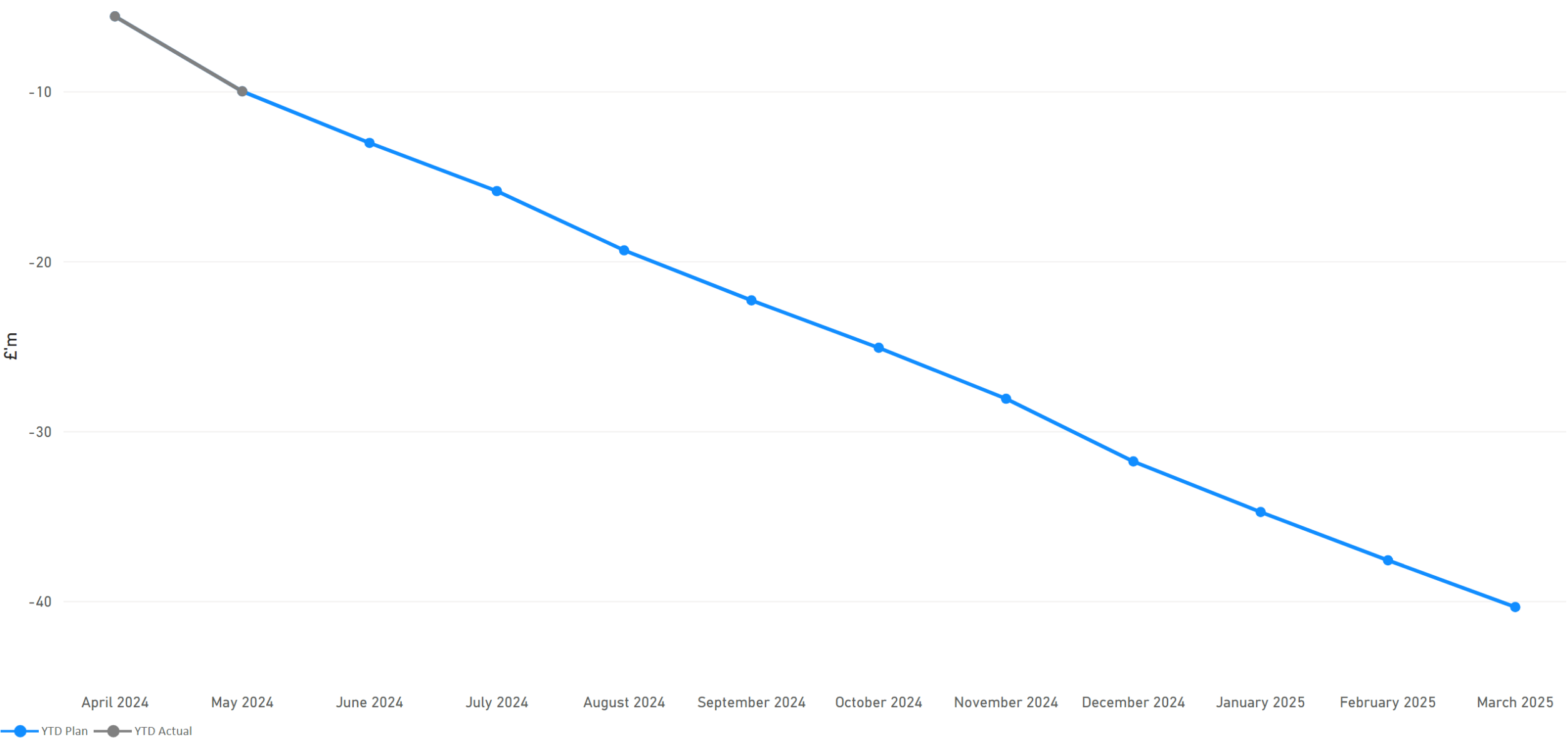


## Staff Turnover (%)



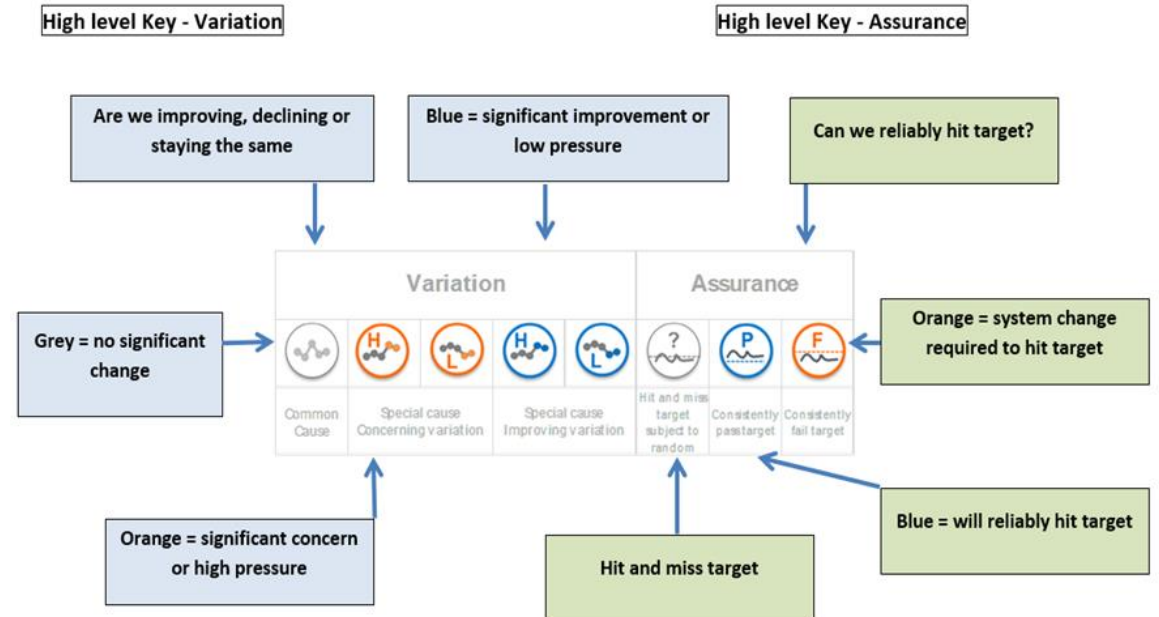
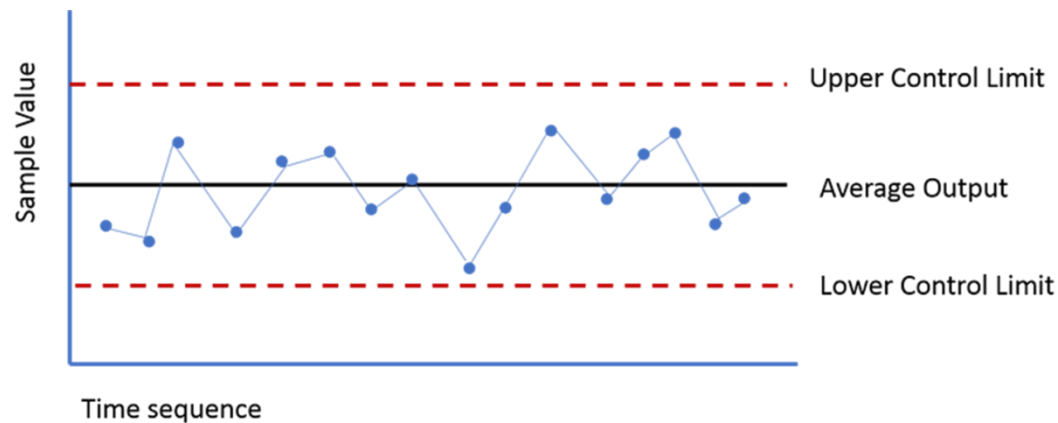
Cumulative YTD Financial Position (£'millions)

Month	Performance	Target
May 2024	-£10.008m	-£10.008m



# SPC CHARTS

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



# Agenda Item: 10





# Resources Committee In Common

**27 June 24**

**Connecting to: Group Board**

## Key topics discussed in the meeting:

- Updates provided on the BAF for the various sections reporting to Resources Committee. Noted progress on aligning formats / information with work due to complete in readiness for Oct Group Board.
- Integrated Performance reports for North Tees & Hartlepool and South Tees Hospitals presented, highlighting position at end of May with some of the challenges facing delivery. Noted ongoing work led by the Managing Director to produce a “consolidated” Group IPR which will be based upon the best aspects of the existing two.
- Revised Financial Plans requested by the ICS / NHSE discussed in detail, following national discussions and revised “control totals”. As a consequence the ICS and all Trusts have revised figures to achieve. Some movement in the South Tees plan (£9.2m) and no adjustment to the North Tees plan.
- Month 2 financial position discussed in detail. Whilst no formal reporting was required for M1 we were required to submit a “key data” submission for M2. After adjusting for known changes the M2 position for the Group is an adverse variance of £1.6m (with £0.0m relating to NTH and £1.6m relating to STH. Main drivers for the M2 position discussed alongside some of the remedial actions being taken. Planning assumption risks highlighted, in particular the level of efficiency required to deliver balanced position.
- A number of papers relating to Digital were discussed highlighting some of the issues being faced and how the Group was able to remedy some of these through joint working. The new Group digital strategy is hoped to be available as a “first draft” during July. The Business Case to create a Group Joint Digital “service desk” was approved. Both Trusts have made early declarations showing achievement of the 95% Data Security & Protection Toolkit.
- Regarding Estates it was noted that all Trusts have been asked to resubmit bids for funding regarding RAAC and all deadlines for submission were met. Returns made to the centre regarding backlog maintenance now show the figure for North Tees to be £103m

which is an increase of just under £40m from last year. The ageing estate will see this number rise further over the coming years.

- Good discussion regarding the Gateway Criteria established by the Group Board to move to a new single committee for Resources. During the discussion it was noted that Resource was in a similar position to the other sub committees and members unanimously felt moving to the single committee in July was appropriate if approved by the Group Board.

**Actions:**

- None

**Escalated items:**

- Amended Financial Plan Submitted
- Month 2 Financial Position

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

- No additional risk identified





# Agenda Item: 11



# Safe Staffing Report May 2024

**Meeting date:** 3 July 2024

**Reporting to:** Group Board of Directors

**Agenda item No:** 11

**Report author:** Debie McKeown,  
Interim NMAHP Workforce Lead / Emma  
Roberts, Associate Director of Nursing &  
Professional Workforce

**Action required:**  
Discussion

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

**Previously presented to:**

## NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☐

Health and wellbeing ☐

## STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☒

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

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

Make best use of our resources ☐

## CQC domain link:

Safe

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

BAF Risk 5.1

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

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

This report details nursing and midwifery staffing levels for May 2024 for inpatient wards. The report provides assurance that arrangements are in place to staff services with the right skills the right place to provide safe, sustainable and productive staffing.

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

**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 percentage of shifts filled against the planned nurse and midwifery staffing across the Trusts has decreased slightly to 98.1% as per Table 1 demonstrating continued good compliance with safer staffing.

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

Nursing Turnover for May 24 has increased to 7.53% at South Tees.

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

N/A

## Recommendations:

The Group Board are asked to:

- review the content of this report, and
- to note the significant work to ensure safe staffing across the nursing and midwifery workforce throughout May 2024.

## Nursing and Midwifery Workforce Exception Report May 2024

This exception report provides the Board with the monthly Trust wide, nursing and maternity safer staffing position. The report provides the Board with the assurance that arrangements are in place to staff services with the right skills in the right place to provide safe, sustainable and productive staffing.

### Safer Staffing Governance

Safer staffing is maintained through twice daily safer staffing meetings (using Safe Care Live) to address any immediate issues (on the day) and to ensure that suitable safer staffing arrangements are in place. Both sites currently have differing models in place to achieve this. The teams are reviewing processes on each site to align wherever possible future staffing models.

At South Tees, elements of safer staffing are discussed at the Workforce Group which meets fortnightly on a Wednesday and are escalated to the Tactical/Strategic Group as required. A look forward to the week ahead on Mondays and the weekend on Fridays takes place with Associate Directors of Nursing, Heads of Nursing and Clinical Matrons.

Staff redeployment takes place to ensure patient safety with Clinical Matrons and Ward Managers. Briefings are utilised to ensure full communication of plans and to gain feedback from teams to inform decision making.

**Table 1a and table 1b** shows overall fill rate across both sites.

**Table 1a Trust Planned versus Actual – South Tees**

Overall, Ward Fill Rate		March 24	April 24	May 24
	RN/RMs (%) Average fill rate - DAYS	86.5%	91.3%	90.7%
	HCA (%) Average fill rate - DAYS	94.7%	93.9%	90.9%
	NA (%) Average fill rate - DAYS	100.0%	100.0%	100.0%
	TNA (%) Average fill rate - DAYS	100.0%	100.0%	100.0%
	RN/RMs (%) Average fill rate - NIGHTS	92.5%	96.8%	95.8%
	HCA (%) Average fill rate - NIGHTS	104.3%	104.5%	107.2%
	NA (%) Average fill rate - NIGHTS	100.0%	100.0%	100.0%
	TNA (%) Average fill rate - NIGHTS	100.0%	100.0%	100.0%
	<b>Total % of Overall planned hours</b>	<b>97.3%</b>	<b>98.3%</b>	<b>98.1%</b>

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

Overall, Ward Fill Rate		March 24	April 24	May 24
	RN/RMs (%) Average fill rate - DAYS	89%	91%	92%
	HCA (%) Average fill rate - DAYS	86%	87%	88%
	NA (%) Average fill rate - DAYS	100%	100%	100%
	TNA (%) Average fill rate - DAYS	100%	100%	100%
	RN/RMs (%) Average fill rate - NIGHTS	96%	99%	98%
	HCA (%) Average fill rate - NIGHTS	103%	104%	105%
	NA (%) Average fill rate - NIGHTS	100%	100%	100%
	TNA (%) Average fill rate - NIGHTS	100%	100%	100%
	<b>Total % of Overall planned hours</b>	<b>97%</b>	<b>98%</b>	<b>98%</b>

South Tees – Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 217 total shifts (1952.00) logged via SafeCare during May. The Safe Care Chair is compliant with the aim to redeploy within collaborative. This has been well received by staff and reduced some anxiety around moving to other areas. Ongoing work is taking place with the legacy mentors, workforce lead and operational matron to produce a well being focused redeployment process.

North Tees – Metrics are not reported at present however there is a SOP and meeting notes in place for daily management of safer staffing meetings. This work will be streamlined across both sites in coming months.

Percentage of overtime for inpatient areas for all staff groups including AHPS, Midwifery and Administration and Clerical has decreased year on year since 2021. The current overtime percentage based on the NHSP vs Overtime report has remained static at 6% but is still lower compared to last year's 8% in May 2023.

### **Nurse Sensitive Indicators**

No staffing factors were identified as part of any SI review process across both South Tees or North Tees and Hartlepool in May 2024.

### **Red Flags raised through SafeCare Live**

May 2024 has shown an increase in the number of red flags raised through Safe Care live at South Tees. There are 19 open red flags relating to workforce, with shortfall in RN time being the most common (17). There have been no safety incidences associated with the shortfall. There have been no shifts with less than 2 RNs throughout May. Reminders are sent to ward managers and matrons to review and close red flags in order to improve governance processes around this.

At North Tees mitigation was put in place and all red flags were closed.

### **Datix/In-Phase Submissions**

There were 47 Datix submissions relating to staffing in May. The majority of Datix remains to be for staff shortages in Critical Care Outreach, Hambleton North PCN and Delivery Suite FHN. To mitigate risk redeployment took place following safer staffing discussions with ward managers and matron agreement.

At North Tees there were a total of 3 In-Phase reports submitted in May 2024 in relation to either safe staffing concerns or skill mix concerns. All in phase reports are discussed in the safer staffing meetings to ensure Senior Clinical Matrons are fully sighted on the reporting and are able to make safe staffing decisions based on the concerns raised by clinical teams.

At North Tees there were 5 red flags raised within the Birth Rate Plus system in May 2024. 4 flags raised due to delayed or cancelled clinical activity and one flag due to missed or delayed care. All red flags are presented at the care group safety and quality meeting to ensure any required actions are taken. The Nursing Workforce Team continues to work closely with HR senior team and the temporary staffing providers (NHSp) to improve fill rates and maintain safe staffing.

### **Vacancy & Turnover**

The South Tees nursing and midwifery vacancy rate and turn over data for May 2024 is presented in Appendix 1. The combined vacancies for both nurses and midwives is 36.36 wte.

Nursing turnover has increased from 6.84% to 7.53% (Appendix 2).

Please note appendices 1 and 2 provide information regarding all nurse vacancies, including corporate roles and maternity. At North Tees the registered nurse vacancy position for May 2024 is 34.32wte. The current registered midwifery vacancy for May 2024 is 6.7wte.

The nursing HCSW vacancy position for May 2024 at North Tees, is 32.44wte. At North Tees, the registered nurse turnover for May 2024 is 0.56%, for registered midwifery the monthly turnover for May 2024 is 0% and for HCSW the monthly turnover is 1.21%.

### **Nurse Recruitment and Retention**

The health and well-being of all our staff remains a key priority. The trust continues to support staff mental and physical health through referrals, signposting, communications, health and wellbeing champions and access to available resources. The Trust has worked in collaboration with Teesside University to evaluate the impact of the legacy mentor project. Highlights of the report will be contained within next month's board report.

### **Rostering Efficiency**

There is an E rostering improvement programme in collaboration with the CIP team to build high level capability and excellence in rostering that includes an audit of all in patient ward rosters. Additional controls have been implemented to further develop benefits from effective rostering.

At North Tees and South Tees plans are in place to allocate all pre-registered nurses who are due to register in September 2024, into available vacancies. Work remains on-going to establish firm recruitment plans for those pre-reg nurses whom have not been allocated into an established vacancy. Registered Nursing and Midwifery recruitment remains on going with recent successful recruitment events.

### **Recommendations**

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

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

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

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

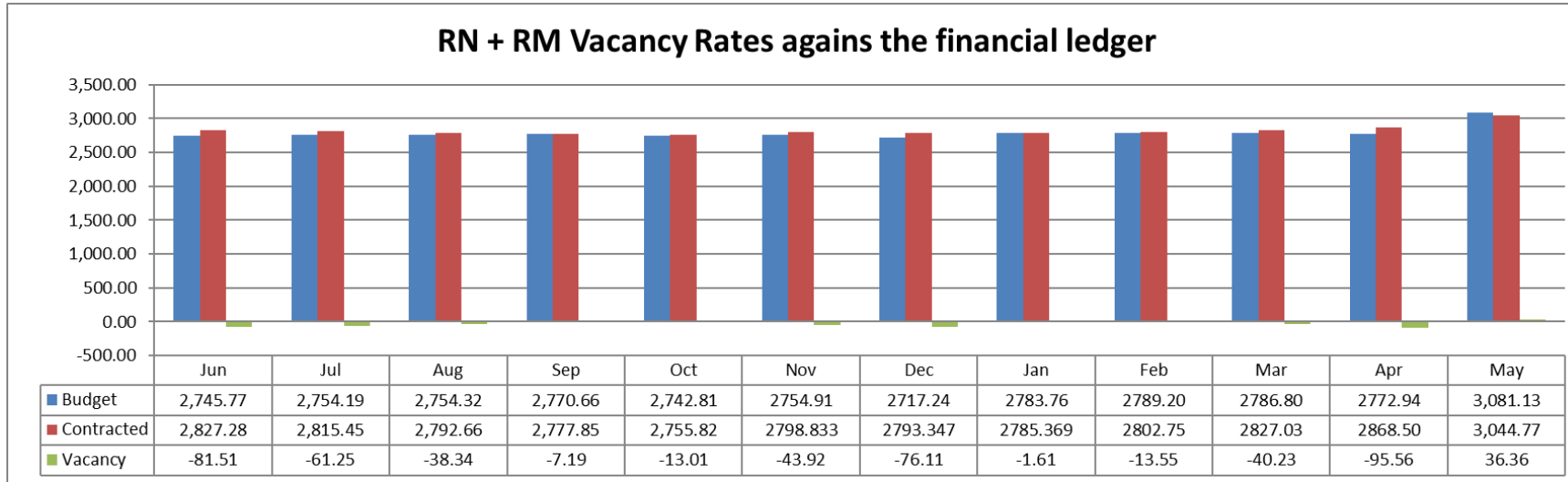
Wards	Physical Bed Capacity	Open Bed Capacity	Total CHPPD	Occupied Bed No – May-24 (at midnight)	Average fill rate - Days RN/ RM (%)	Average fill rate - Days HCA (%)	Average fill rate – Days NA (%)	Average fill rate – Days TNA (%)	Average fill rate - Nights RN/ RM (%)	Average fill rate - Nights HCA (%)	Average fill rate – Nights NA (%)	Average fill rate - Nights TNA (%)	Comments
Ward 1	30	30	831	27	101.8%	99.7%	100.0%	100.0%	95.1%	103.4%	100.0%	100.0%	
Ward 31 (2)	35	35	993	32	95.0%	83.8%	100.0%	100.0%	86.7%	91.0%	100.0%	100.0%	
Ward 3	28	28	827	27	122.4%	144.3%	100.0%	100.0%	100.4%	189.6%	-	100.0%	
Ward 4	24	24	687	22	93.5%	105.0%	-	-	91.9%	111.3%	-	-	
Ward 5	30	30	672	22	79.8%	65.4%	-	100.0%	89.7%	124.2%	-	-	Short term sickness
Ward 6	31	31	940	30	85.9%	94.0%	-	100.0%	99.0%	99.0%	-	-	
Ward 7	31	31	925	30	92.3%	91.2%	100.0%	100.0%	96.7%	95.7%	-	100.0%	
Ward 8	30	30	884	29	92.8%	74.8%	-	100.0%	102.1%	88.8%	-	100.0%	
Ward 9	34	32	1024	33	83.9%	160.7%	-	-	97.7%	175.5%	-	-	
Ward 10	27	27	803	26	93.9%	70.0%	-	100.0%	99.9%	138.5%	-	100.0%	
Ward 11	28	28	857	28	96.2%	92.4%	-	100.0%	103.1%	153.7%	-	100.0%	
Ward 12	30	30	922	30	120.3%	124.2%	-	-	106.9%	150.1%	-	-	
Ward 14	23	23	636	21	91.6%	81.8%	-	100.0%	99.1%	105.2%	-	100.0%	
Ward 24	23	23	666	21	102.3%	117.8%	-	100.0%	97.8%	207.2%	-	-	
Ward 25	21	21	605	20	88.9%	131.7%	-	-	92.5%	127.8%	-	-	
Ward 26	18	19	566	18	112.6%	127.3%	-	-	100.0%	179.4%	-	-	
Ward 27	15	15	302	10	81.4%	46.4%	100.0%	100.0%	100.6%	66.5%	-	100.0%	
Ward 28	30	30	826	27	85.0%	96.8%	100.0%	-	98.7%	93.5%	100.0%	-	
Ward 29	27	27	815	26	97.6%	108.6%	-	100.0%	98.9%	117.3%	-	100.0%	
Cardio MB	9	9	248	8	100.0%	121.4%	-	-	100.0%	141.9%	-	-	

Ward 32	22	21	614	20	110.1%	106.5%	-	100.0%	100.0%	93.1%	-	100.0%	
Ward 33	23	23	598	19	85.2%	94.6%	-	-	99.5%	81.7%	-	100.0%	
Ward 34	34	34	885	29	90.0%	122.1%	-	100.0%	95.4%	126.6%	-	100.0%	
Ward 35	26	26	686	22	114.3%	109.6%	-	-	109.2%	124.2%	-	-	
Ward 36	34	34	973	31	99.0%	71.5%	100.0%	100.0%	92.3%	101.2%	-	100.0%	
Ward 37 - AMU	30	30	763	25	104.5%	105.4%	100.0%	-	93.1%	100.7%	100.0%	-	
Spinal Injuries	24	24	719	23	98.2%	71.2%	-	100.0%	100.0%	96.7%	-	100.0%	
CCU	14	14	320	10	80.2%	123.0%	-	-	100.0%	-	-	-	
Critical Care	33	33	852	27	89.5%	82.7%	-	100.0%	92.9%	85.8%	-	100.0%	
CICU JCUH	12	10	256	8	86.3%	80.6%	-	-	86.6%	112.5%	-	-	
Cardio HDU	10	10	235	8	88.1%	91.8%	-	-	82.8%	100.0%	-	-	
Ward 24 HDU	8	8	195	6	93.2%	166.2%	-	-	81.5%	187.1%	-	-	
CDU FHN	22	22	615	20	84.0%	93.2%	100.0%	100.0%	95.3%	86.5%	100.0%	100.0%	
Ainderby FHN	27	22	674	22	95.7%	107.7%	-	-	118.3%	125.5%	-	-	
Romanby FHN	26	22	684	22	100.3%	104.1%	-	-	122.9%	125.3%	-	-	
Gara FHN	21	21	224	7	80.6%	73.4%	-	-	98.4%	48.4%	-	-	
Rutson FHN	17	17	481	16	98.4%	104.4%	-	100.0%	100.0%	103.8%	-	100.0%	
Friary	18	18	471	15	94.4%	105.7%	-	100.0%	97.1%	97.2%	-	100.0%	
Zetland Ward	31	29	915	30	83.1%	82.7%	100.0%	-	89.1%	101.1%	100.0%	-	
Tocketts Ward	30	26	853	28	94.6%	94.7%	-	100.0%	98.9%	94.3%	-	100.0%	
Ward 21	25	25	517	17	82.3%	97.8%	-	-	82.0%	0.0%	-	-	
Ward 22	17	17	217	7	67.2%	67.2%	-	-	77.2%	93.5%	-	-	Sickness
JCDS (Central Delivery Suite)	-	-	394	13	93.5%	93.5%	-	-	96.4%	82.3%	-	-	
Neonatal Unit (NNU)	35	35	685	22	80.6%	80.6%	-	-	89.5%	-	-	-	
Paediatric Intensive Care Unit (PCCU)	6	6	76	2	76.5%	76.5%	-	-	76.2%	3.2%	-	-	Sickness

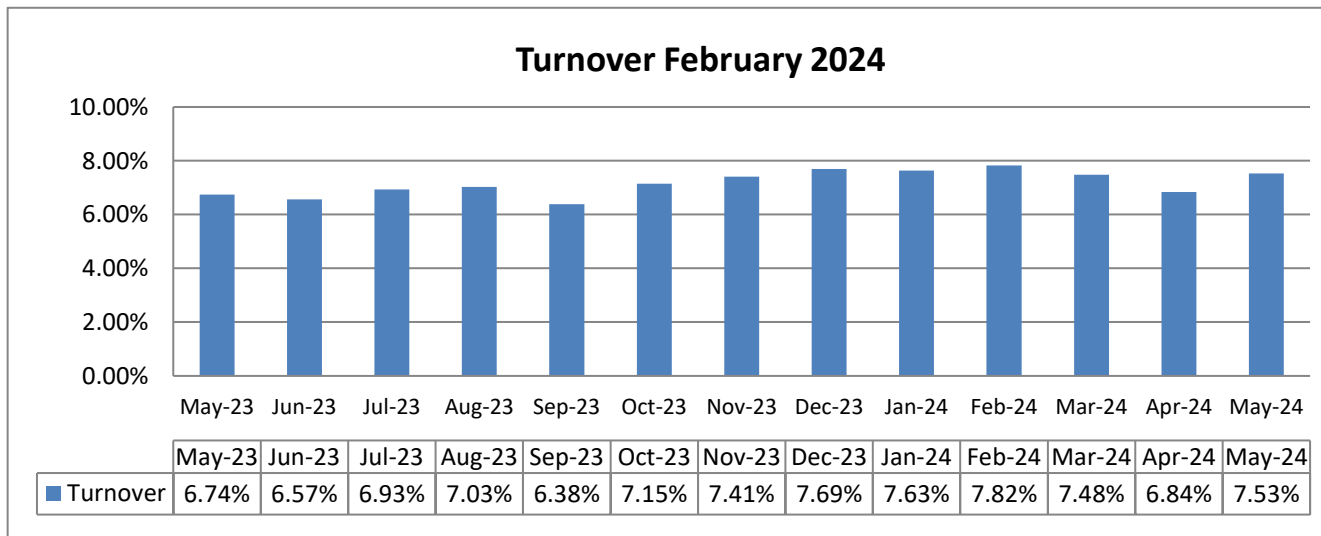


Ward 17	-	-	330	11	90.2%	90.2%	100.0%	-	86.8%	75.0%	-	-	
Ward 19 Ante Natal	-	-	296	10	97.4%	97.4%	-	-	98.4%	-	-	-	
Maternity Centre FHN	-	-	6	0	56.8%	56.8%	-	-	68.1%	-	-	-	Sickness and vacancy – regular closure of the unit due to staffing issues

## Appendix 1 - Registered Nursing Vacancy Rate May 2024



## Appendix 2 - Nursing Turnover May 2024



# Agenda Item: 12



# Quality Committee in Common

**24 June 2024**

**Connecting to: Group Board**

## Key topics discussed in the meeting:

This was the second Committee in Common. The meeting commenced with a patient story, which reminded the Committee of the combined commitment to patient quality and safety.

The Committee received 6 reports and updates, including Board Assurance Frameworks, Monthly Integrated Quality and Performance Reports, Maternity and Neonatal Safety and Quality Report, Learning from Deaths Report, Gateway Criteria Report, Infection Control Quarterly Report & Annual Report.

### IPR

Infection rates continue to be closely monitored across both sites. Some infections are still higher than the threshold, although there has been a decrease in some rates from the previous month (MRSA). We have the lowest numbers across the ICB, but continual reinforcement of correct infection control techniques. Joint work continues with the ICB, taking into account the estate's challenges and the impact this may have. The ICB have arranged to visit to speak to staff about the good practice so that learning can be spread.

Measles pathways for adults and children have been developed, and it is recommended that when patients move between hospitals they are screened. There could be a risk of pressure on services if there is an increased use of single rooms, and work is underway to look at decant facilities if needed. We have been informed that there may be constraints when managing these patients, such as a lack of single rooms and laboratory capacity. There is currently a focus on patient and staff movement, to help monitor and prevent infection, and cleaning.

Cancer 62 day standard has not been met across both sites. Proactive work by clinical and secretarial teams to look at backlog, clinical reprioritisation of patients and extra clinics where necessary. This remains a risk and the cancer working groups are focused on this.

The number of ambulance arrivals to A&E continues to remain high on both sites and in particular an increase at South Tees. Wider work continues with NEAS and the ICB to look at pathways. Processes remain in place on both sites to manage the backlog in waiting lists and there is positive progress on this. Those long waiters have been contacted to identify reappointments, and extra evening and weekend clinics are being supported.

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

There are overdue national audits, as identified in the internal audit report for North Tees. Progress has been made on a number of these, with lead clinicians identified and action plans being developed. The outstanding audits have been escalated for action.

The committee discussed the **Gateway Criteria** and agreed that all criteria were met so therefore it is recommended that the Committee move to a Joint Committee in July. Reflections at the end of the meeting were positive, with a new invite to be circulated to all members. A combined Cycle of Business was circulated and agreed. There was a discussion about Lived Experience Involvement, and options will be discussed at the September meeting, however, it was highlighted that work needed to be completed to look at how Lived Experience is represented, if needed, at all committees.

**Perinatal Quality Surveillance model report** – Compliance obstetric cover on delivery suite for South Tees was 98% and 100% for North Tees & Hartlepool. There have been no MNSI cases reported in April 2024 at either Trust. Both Trust Perinatal Quad teams are continuing to participate in the Culture and Leadership Development Programmes. South Tees have completed 4 out of 7 Must Do CQC actions and 10 out of 12 should do actions and North Tees 7 Hartlepool continue to monitor compliance with CQC must dos.

**Learning from deaths (ST)** – we noted the Medical Examiner and mortality review processes, and received assurance from the high proportion of mortality reviews completed, noting the thematic learning and other mortality indicators.

**Infection Control Quarterly report and Annual Report (ST)** – we noted the current position in respect of HCAI and agreed the actions. We noted the actions of concern including c.difficile cases, CPE and Measles. We approved the Annual report.

## **Actions:**

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

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

## **Escalated items:**

Recommend that the Board approve the move to a Joint Committee in July.

The board to discuss the implications of all patients being moved across any site, and the resource implications for testing for measles and other infections, recognising the constraints highlighted above.

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

No Additional Risk Identified.



# Agenda Item: 13



# Finance Report Month 2 2024/25

**Meeting date:** 3 July 2024

**Reporting to:** Group Board of Directors

**Agenda item No:** 13

**Report author:** Chris Hand, Group  
Chief Finance Officer

**Action required:**  
Information

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

**Previously presented to:**  
Resources Committee meeting in  
common 27 June 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 STH Board Assurance Framework risk 6 and section 3C (finance) of the NTH Board Assurance Framework

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

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

No formal external reporting of the Month 1 position to NHSE was required, and only a 'key data' submission is required for the Month 2 position.

Following agreement by NHSE of the NENC ICS £50m deficit plan for the overall system, a further plan re-submission was required from all system partners on the 12 June 2024.

The Group plan re-submissions reflect the initial NHSE planning guidance requirement to reflect actual year-to-date expenditure in the phasing of the plan.

The financial position for Month 2 2024/25 is a break-even position for the Group against the year-to-date revised plan, submitted on 12 June 2024. However, the variance against the previous 2 May 2024 plan is an adverse variance of £0.2m for the Group.

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

The Group plan for the 2024/25 financial year is now to deliver an overall deficit control total of £40.4m, with a break-even plan for NTH and a £40.4m deficit plan for STH, which is consistent with the overall ICS plan.

The plans for the Group include a number of risks and assumptions that are outlined in the paper and will need to be closely monitored over the course of the financial year, along with continued focus on productivity, workforce, temporary staffing and corporate service costs.

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

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

### Recommendations:

The Group Board are asked to:

- Note the financial position for Month 2 2024/25.



**Group Board**  
**3 July 2024**

**Finance Report Month 2 2024/25**

**1. PURPOSE OF REPORT**

The purpose of this report is to update the Group Board on the financial performance of the individual trusts and overall Group, at the end of Month 2 of 2024/25.

**2. BACKGROUND**

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

Final plan submissions for the 2024/25 financial year, at both trust and ICS level, were made to NHSE on 2 May 2024. The NENC ICS plan for 2024/25 was an overall system deficit of £75.6m, which included the impact of a change in control total methodology to adjust for the change to IFRS 16 accounting for PFI contracts.

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

The Group plan for the 2024/25 financial year is now to deliver an overall deficit control total of £40.4m, with a break-even plan for NTH and a £40.4m deficit plan for STH.

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

**3. MONTH 2 FINANCIAL POSITION**

No formal external reporting of the Month 1 position to NHSE was required, and only a 'key data' submission is required for the Month 2 position, compared to the 2 May 2024 plan submission.

The table below shows the revenue position for the Group as at the end of Month 2 2024/25, shown by trust:

STATEMENT OF COMPREHENSIVE INCOME	NTH			STH			GROUP		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Operating income from patient care activities	66,718	66,645	(73)	140,713	140,713	0	207,431	207,358	(73)
Other operating income	6,494	5,808	(686)	8,936	8,936	0	15,430	14,744	(686)
Employee expenses	(48,984)	(49,781)	(797)	(91,957)	(91,957)	0	(140,941)	(141,738)	(797)
Operating expenses excluding employee expenses	(22,760)	(22,504)	257	(63,373)	(63,373)	0	(86,133)	(85,877)	257
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>1,468</b>	<b>169</b>	<b>(1,300)</b>	<b>(5,681)</b>	<b>(5,681)</b>	<b>0</b>	<b>(4,213)</b>	<b>(5,513)</b>	<b>(1,300)</b>
<b>FINANCE COSTS</b>									
Finance income	416	513	97	628	628	0	1,044	1,141	97
Finance expense	(108)	(111)	(3)	(3,938)	(3,938)	0	(4,046)	(4,049)	(3)
PDC dividends payable/refundable	(380)	(365)	15	0	0	0	(380)	(365)	15
<b>NET FINANCE COSTS</b>	<b>(72)</b>	<b>37</b>	<b>109</b>	<b>(3,310)</b>	<b>(3,310)</b>	<b>0</b>	<b>(3,382)</b>	<b>(3,273)</b>	<b>109</b>
Other gains/(losses) including disposal of assets	0	0	0	0	0	0	0	0	0
Corporation tax expense	(10)	(13)	(3)	0	0	0	(10)	(13)	(3)
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>1,386</b>	<b>193</b>	<b>(1,194)</b>	<b>(8,991)</b>	<b>(8,991)</b>	<b>0</b>	<b>(7,605)</b>	<b>(8,799)</b>	<b>(1,194)</b>
Add back all I&E impairments/(reversals)	0	0	0	0	0	0	0	0	0
Remove capital donations/grants I&E impact	(1,736)	(543)	1,194	4	4	0	(1,732)	(539)	1,194
Adjust PFI revenue costs to UK GAAP basis	0	0	0	(1,021)	(1,021)	0	(1,021)	(1,021)	0
<b>Adjusted financial performance for the purposes of system achievement [12th June Plan]</b>	<b>(350)</b>	<b>(350)</b>	<b>0</b>	<b>(10,008)</b>	<b>(10,008)</b>	<b>0</b>	<b>(10,358)</b>	<b>(10,358)</b>	<b>0</b>
<b>Memo: YTD Position May 2nd Plan</b>									
Adjusted financial performance for the purposes of system achievement [2nd May Plan]	(350)	(350)	0	(9,792)	(10,008)	(216)	(10,142)	(10,358)	(216)

At the end of Month 2 2024/25, the Group is reporting a break-even position, for both NTH and STH, against the 12 June plan resubmission. (This reflects the amendments to the financial control total, receipt of additional PFI IFRS16 funding, and rephasing to reflect year-to-date expenditure).

External 'key data' reporting to the ICS and NHSE for Month 2 is measured against the 2 May 2024 plan submission. Against this plan, the Group is reporting an adverse variance of £0.2m (with £0.0m relating to NTH and £0.2m relating to STH).

The main drivers of the NTH Month 2 position are:

- Income from patient care activities is behind plan, which mostly relates to year-to-date assumed ERF income.
- Other operating income is ahead of plan. This mostly relates to education & training and non-recurrent income, phased to match expenditure and commercial income.
- An increase in the Care Groups normalised pay run rate and slippage on delivery of CIP savings.

The main drivers of the STH Month 2 position are:

- Clinical Income is ahead of plan, relating to additional income for pass-through high-cost drugs and devices, year-to-date ERF income and additional funding for the PFI IFRS16.
- Non-clinical income is less than plan (mainly education income).
- Overspends on drug and devices expenditure, part offset by additional pass-through income, with pressures on block-funded costs.
- Overspends on Collaborative budgets and slippage on delivery of CIP savings.

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

## Agency Expenditure

The table below shows the position on agency expenditure to the end of Month 2:

	NTH			STH			GROUP		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Nursing	793	639	-154	63	54	-9	856	693	-163
AHP and S&T	20	43	23	213	139	-74	233	182	-51
Other Clinical	0	-1	-1	0	0	0	0	-1	-1
Consultants	364	374	10	562	534	-28	926	908	-18
Career/staff grades	0	6	6	0		0	0	6	6
Trainee grades	0	0	0	0		0	0	0	0
Non Clinical	0	10	10	37	6	-31	37	16	-21
<b>Total Agency</b>	<b>1,177</b>	<b>1,071</b>	<b>-106</b>	<b>875</b>	<b>733</b>	<b>-142</b>	<b>2,052</b>	<b>1,804</b>	<b>-248</b>

Agency Expenditure is below plan overall for the Group, with an underspend of £142k at STH and underspend of £106k at NTH.

## Capital

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

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

The capital programme also includes external funding, in the form of Public Dividend Capital (PDC) of £23.8m, including support for the Friarage Theatre development (£15.8m) and the Stockton CDC Hub (£7.2m), and Salix grant funding (£25.6m) for de-carbonisation schemes across the Group. The plan also includes expected PFI lifecycle costs of £12.7m (which although sits outside the ICS CDEL limit).

The Group's year-to-date capital expenditure to the end of Month 2 amounted to £10.0m, as detailed below, and is broadly in line with plan:

	NTH £000	STH £000	Group £000
Equipment	257	262	519
Digital	65	511	576
Estates	291	724	1,015
PFI	0	1,976	1,976
Salix	619	0	619
FHN Hub	0	2,739	2,739
CDC Hub	2,518	0	2,518
IFRS 16	0	0	0
<b>Total Gross Capital</b>	<b>3,750</b>	<b>6,212</b>	<b>9,962</b>
YTD Plan	4,218	6,405	10,623
Variance	-468	-193	-661

## Liquidity

The cash balance at the end of Month 2 stood at £96.6m for the Group (with £57.7m relating to NTH and £38.9m relating to STH).

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

<b>NTH</b>	<b>YTD Number</b>	<b>YTD Value £000</b>
Total bills paid in the year	6,979	15,338
Total bills paid within target	6,799	14,999
<b>Percentage of bills paid within target</b>	<b>97.4%</b>	<b>97.8%</b>
<b>STH</b>	<b>YTD Number</b>	<b>YTD Value £000</b>
Total bills paid in the year	17,705	103,430
Total bills paid within target	17,172	97,988
<b>Percentage of bills paid within target</b>	<b>97.0%</b>	<b>94.7%</b>
<b>GROUP</b>	<b>YTD Number</b>	<b>YTD Value £000</b>
Total bills paid in the year	24,684	118,768
Total bills paid within target	23,971	112,987
<b>Percentage of bills paid within target</b>	<b>97.1%</b>	<b>95.1%</b>

## Statement of Financial Position

The table below shows the balance sheet position for the two Trusts as at the end of Month 2:

	<b>NTH</b>	<b>STH</b>
	<b>£000</b>	<b>£000</b>
<b>Non-current assets</b>		
Intangible assets	1,043	9,721
On-SoFP IFRIC 12 assets	0	145,657
Other property, plant and equipment (excludes leases)	136,594	147,634
Right of use assets - leased assets for lessee (excluding PFI/LIFT)	19,245	31,723
Receivables: due from NHS and DHSC group bodies	1,833	891
Receivables: due from non-NHS/DHSC Group bodies	0	2,068
Credit Loss Allowances	0	(2,045)
<b>Total non-current assets</b>	<b>158,715</b>	<b>335,650</b>
<b>Current assets</b>		
Inventories	6,772	15,980
Receivables: due from NHS and DHSC group bodies	3,522	26,694
Receivables: due from non-NHS/DHSC Group bodies	17,852	25,234
Credit Loss Allowances	0	(1,245)
Cash and cash equivalents: GBS/NLF	49,269	38,004
Cash and cash equivalents: commercial/in hand/other	8,478	900
<b>Total current assets</b>	<b>85,893</b>	<b>105,568</b>
<b>Current liabilities</b>		
Trade and other payables: capital	(2,403)	(13,398)
Trade and other payables: non-capital	(52,952)	(142,300)
Borrowings	(4,916)	(14,381)
Provisions	(7,081)	(1,791)
Other liabilities: deferred income including contract liabilities	(5,332)	0
<b>Total current liabilities</b>	<b>(72,685)</b>	<b>(171,870)</b>
<b>Total assets less current liabilities</b>	<b>171,924</b>	<b>269,347</b>
<b>Non-current liabilities</b>		
Borrowings	(33,969)	(263,429)
Provisions	(1,997)	(1,370)
<b>Total non-current liabilities</b>	<b>(35,966)</b>	<b>(264,799)</b>
<b>Total net assets employed</b>	<b>135,957</b>	<b>4,548</b>
<b>Financed by</b>		
Public dividend capital	186,080	420,772
Revaluation reserve	18,226	32,946
Other reserves	0	26,476
Income and expenditure reserve	(68,349)	(475,645)
<b>Total taxpayers' and others' equity</b>	<b>135,957</b>	<b>4,548</b>

## 4. RECOMMENDATIONS

Members of the Group Board are asked to:

- Note the financial position for Month 2 2024/25,

# Agenda Item: 14





# Audit Committee (North Tees & Hartlepool)

**24 June 24**

**Connecting to: Group Board**

## Key topics discussed in the meeting:

- Main purpose of the meeting was to receive the various year-end financial documents / Auditors reports and to approve submission to NHSE by 28 June 2024 deadline.
- Internal Audit Annual Report discussed with particular attention to the “Good” Head of Internal Audit Opinion. A review of the years Internal Audit reports demonstrates continued achievement of a sound system for Internal Control. The level of recommendations providing assurance ratings of Substantial and Good were consistent with previous years.
- External Audit provided an updated ISA 260 which includes the outcome of the external audit scrutiny of the accounts and associated information. Work would continue up until the 28 June 2024, however the expectation is that an “Unmodified” statement will be made which is what all organisations aspire to achieve. Work will continue through to July to allow the Value for Money report to be completed when we will receive the final external audit report.
- Having heard from both the Internal and External Auditors the committee reviewed the accounts and annual report which includes the Annual Governance Statement. Committee were happy to approve all documents and to work with external audit regarding signing off the various certificates ahead of the 28 June 2024 deadline.
- Audit Committee have a role in providing assurance to the Board regarding the “governance arrangements” for other committees. A paper was discussed regarding the governance arrangements of the Remuneration and Nominations Committees to provide 3<sup>rd</sup> line assurance that systems and processes were working effectively.

## Actions:

- Approval for Accounts / Annual Report to be submitted by the mid-day 28 June 2024 deadline as per delegated authority of the Board.

## Escalated items:

- Following areas had Internal Audit report status as “reasonable assurance” which will be brought to the attention of the Accountable Officer. Business Continuity Planning, Clinical Audit, Trakcare System Security, Freedom of Information, Clinical Audit, Sepsis and Winscribe System Security.

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

- No new risks.



# Audit & Risk Committee (South Tees)

**25 June 2024**

**Connecting to: Group Board**

## Key topics discussed in the meeting:

- Main purpose of the meeting was to receive the various year-end financial documents / Auditors reports and to approve submission to NHSE by the 28 June deadline.
- Counter fraud - The year end rating was green in all counter fraud requirements, an improvement from last year and giving significant assurance. The plan for 2024/25 was approved.
- Internal Audit - One report received, Medication, medium risk. This completes the internal audit programme for 2023/24. The Head of Internal Audit opinion is "Reasonable assurance / moderate assurance". Governance, risk management and control in relation to business critical areas is generally satisfactory. However, there are some areas of weakness and non-compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk. Some improvements are required in those areas to enhance the adequacy and effectiveness of the framework of governance, risk management and control. This maintains the level of opinion achieved last year, which was an improvement from prior years.
- External Audit - The audit is substantially complete and an unqualified opinion and a value for money opinion with a significant weakness are anticipated. This is unchanged from last year. The financial statements, annual report and governance statement were approved, subject to the following. Any minor adjustments needed on completion of the audit. A conclusion to the discussion on a provision to cover certain employee costs relating to a historic issue. It is recommended that final sign off for these is delegated to Chris Hands by the Board at the meeting on 3 July 2024.

## Actions:

- None

## Escalated items:

- Arrangements for final sign off, if needed

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

- No new risks.



# Agenda Item: 15



# Freedom to Speak Up Annual Report: North Tees & Hartlepool

**Meeting date:** 3 July 2024

**Reporting to:** Group Board of Directors

**Agenda item No:** 16

**Report author:** Jules Huggan, Freedom to Speak Up Guardian

**Action required:**  
Assurance

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

**Previously presented to:**  
People Committee In Common

## 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:

People Board Assurance Framework

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

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

The report identifies that currently we have no reports of detriment as a result of workers speaking up, however this does not give assurance that detriment is not a barrier for workers speaking up or that detriment is not happening as a result of speaking up, therefore there is proactive work in development, to educate staff on detriment and to help mitigate it from happening in the future.

**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.

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

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

There is a low reporting of patient safety concerns and this is represented both nationally and locally. The trust have robust reporting structures to ensure such concerns are reported through the correct channels. The Freedom to Speak Up Guardian, works in collaboration with the Associate Director of Nursing and Patient Safety to seek assurance, that patient safety concerns are being addressed effectively when other speaking up routes are being used.

There has been no concerns raised anonymously in this last reporting year, this gives assurance that we are shifting in our culture, in how workers raise concerns in a more positive way.

## Recommendations:

The Board of Directors are asked to note the content of the report and the progress to date and to support the identified next steps, in embedding and developing the Freedom to Speak Up Guardian service further.

**North Tees and Hartlepool NHS Foundation Trust**  
**Group Board of Directors 3 July 2024**  
**Freedom to Speak Up Guardian**  
**Annual Report**



## **Background to the Freedom to Speak Up Guardian (FtSUG)**

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

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

## **Philosophy**

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

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

Dr Jayne Chidgey-Clark, National Guardian for the NHS

Guardians have handled over 100,000 cases since the NGO first started collecting data in 2017.

## **1.0 Introduction**

- 1.0 This report will provide an update in relation to FtSU key achievements, progress and future direction across the North Tees and Hartlepool NHS Foundation Trust and NTH Solutions, over the period of April 2023 - March 2024. This will be demonstrated through themes, number of cases and ongoing work required promoting and continuing to embed the FtSU ethos.
- 1.1 A new full time, trained FtSUG came into post September 2023, a nurse by background with previous experience of working at the NGO. The FtSUG is formally registered on the NGO database and they have completed their training.
- 1.2 Dr Jayne Chidgey-Clark became the National Guardian in 2021 and with the support of the NGO continues to guide and lead all Trusts to embed the “Speak Up, Listen Up, Follow Up” ethos. The NGO



work in partnership with NHS England and the Care Quality Commission with the importance of embedding the values of the NGO within organisations: Courage, Empathy, Impartiality and Learning.

- 1.3 There are now over 1000 FtSUG in the NHS, independent, third sector organisations and national bodies, have also adopted the FtSU concept to provide an additional way for workers to speak up about anything which impacts on their ability to do their job.

## **2. Governance and support**

- 2.1 The FtSUG is supported in the role by the Chief Executive Officer (CEO), Managing Director (MD) of the Trust and NTH Solutions, Chief People Officer (CPO) senior leadership team, Non-Executive Director for FtSU, the NGO and the Regional Guardian network across the North East and Yorkshire. The FtSUG reports through the People Group and People Committee.

## **3. Key Achievements**

- 3.1 A newly appointed full time, trained FtSUG came into post September 2023. The FtSUG is formally registered on the NGO database, including contact details. The FtSUG completed NGO training and attends the FtSUG network meetings.
- 3.2 For resilience and business continuity purposes, there is also a contingency FtSUG who is also formally registered on the NGO database. It has been agreed the contingency FtSUG will cover 2 days per week in the event of long unplanned absence of the full time FTSUG. The contingency FtSUG is also up to date with their training.
- 3.3 The FtSUG hosted the first Freedom to Speak Up Champion (FtSUC), network meeting, on the 24<sup>th</sup> January. This was attended by FtSUC, FtSUG from South Tees and safeguarding. The FtSUC found the meeting very useful and it has been decided to continue the FtSUC network meetings quarterly. The FtSUC have been asked to start collecting data on the high level themes of what workers are speaking up about, before signposting them to the appropriate person, so this can be triangulated as per national guidance.
- 3.4 Currently there are 14 FtSUC in the Trust. To promote the further recruitment of FtSUC, the FtSUG has drafted a FtSUC role summary, expressions of interest form and line manager sign off, as part of the fair recruitment process. The FtSUG will work with workforce to get these implemented and will be communicated through the Trust communications. The FtSUG has already received a lot of interest about the FtSUC role, whilst out on their walkabouts.
- 3.5 A third FtSU promotion took place in October 2023. This is annual event takes place every October, and forms part of the National FtSU campaign. This year Speak Up Month focused on the national theme of "Breaking Barriers". The FTSUG worked alongside the Communications Team to produce a plan to promote the Trusts FtSUC, introduce the new FTSUG and share Executive Team messages.
- 3.6 The FtSU: A Reflection and Planning Tool was completed and presented to Board 1<sup>st</sup> February 2024, as per national guidance.
- 3.7 The FtSUG continues to attend monthly North East and Yorkshire Regional FtSUG network meetings with the aim of learning, sharing best practice, peer support and working collaboratively.
- 3.8 The FtSUG has been appointed as the new Deputy Chair North East and Yorkshire FtSUG Network.
- 3.9 As part of the Joint Group Model, the FtSUG's at North and South Tees Hospital have established and sustained a good working alliance to work collaboratively as the Joint Partnership evolves. The FtSUG's have written a joint paper to look at the FtSU arrangements across both sites as part of peer review and sharing best practice, following the Lucy Letby case.
- 3.10 The FtSUG has presented at the FtSU Induction to Allied Healthcare Professional studying at Teesside University to ensure students are aware of FtSU before commencing placements at the Trust.

- 3.11 The new Speaking Up policy has now been implemented. This was a national policy from NHS England and the NGO in which all Trusts were expected to adopt as minimum standard by January 2024. This new policy (RM36 V2) can be accessed on the FtSU page on sharepoint
- 3.12 As part of the proactive work the FTSUG continues to promote the role via team meetings, floor walking and ward visits and has a high presence within the Trust, which can be demonstrated in the data. The newly appointed FtSUG has had an average of one worker speaking up, per week. Those workers who have spoken up from many different areas of the organisation and a variety of professional backgrounds including doctors, nursing, Allied Health Care Professionals, administration and student.
- 3.13 All staff are actively encouraged to undertake NGO “Speak Up” (workers) “Listen Up”(middle management) and “Follow Up” (Executive Leaders), Training Modules on ESR. This is not mandatory training but all training modules are actively promoted by the FtSUG and FtSUC. To encourage staff to do the training the FtSUG has implemented workshops for all three modules, which are proving popular.
- 3.14 Regular “Keep in Touch” meetings with Executive Sponsor, Non-Executive Director for FtSU and all other senior leaders have helped create a relational approach to speaking up as well progressing any concerns raised. Monthly meetings will continue with the CEO and Managing Director whilst the group model evolves. The FTSUG also presents monthly updates at Executive Team Meeting and as required at Board Seminar.
- 3.15 The FtSUG has submitted data to the North East and North Cumbria ICB audit for assurance and peer review of Trust Freedom to Speak Up processes. The ICB request that each trust submit an audit of two anonymised Freedom to Speak Up (FtSU) cases, to ensure that correct FtSU processes have been followed.
- 3.16 Reflecting on discussions about detriment as a perceived barrier for “Speaking Up” the FtSUG has drafted a feedback survey 3,6, and 12 months after closing a case to ask if the worker/s has suffered detriment following “Speaking Up”. To complement the work on detriment the FtSUG has drafted a presentation and leaflet to educate staff on what detriment is and the importance of reporting it.
- 3.17 The FtSUG is currently working on supporting neurodiversity in the workplace, the sexual safety charter, attends the EDI steering group, the onboarding steering group, Schwartz round steering group and supports the wellbeing framework.
- 3.18 As part of promoting the service the FtSUG writes an article in the Equality, Diversity and Inclusion quarterly newsletter.
- 3.19 The FtSUG also attends the following to promote FtSU:
- Staff network meetings (Ability, Ethnic Minority, women and LGBTQ+)
  - All staff inductions
  - Teeside University
  - Joint Forum
  - Schwartz Round Steering Group
  - NED, SMT Care Group 3 and SMT NTH Solutions “Follow Up” workshop.
  - FtSUG Regional Network meeting.
  - Quarterly Senior Practitioner Manager Operational Meeting
  - Quarterly Matrons Meeting
  - Attended Main Outpatients Staff Meeting at UHH
  - Attended Obs and Gynae Directorate Meeting
  - Community Forum
  - NGO Communities of Practice
  - Quarterly Patient Safety Council
  - Quarterly Care Group Senior Management Team Meetings

- Monthly meetings with Care Group Directors

#### **4. Strategic Direction and Progress to Date**

- 4.1 The fundamental premise of the NGO strategic framework is that *“Freedom to Speak should be available to everyone in the healthcare system, irrespective of where they work”*
- 4.2 The FtSUG attends all new staff inductions including the main trust induction programme as well as induction sessions for student nurses, preceptorship staff, volunteers and more recently Foundation Year 1 Doctors.
- 4.3 As part of the Joint Group Model, the FtSUG’s at North and South Tees Hospital have established and sustained a good working alliance to work collaboratively as the Joint Partnership evolves. The FtSUG’s have written a joint paper to look at the FtSU arrangements across both sites as part of peer review and sharing best practice, following the Lucy Letby case.
- 4.4 The FtSU: A Reflection and Planning Tool was completed and presented to Board 1<sup>st</sup> February 2024, as per national guidance. This has been a very useful exercise to establish where the strengths and gaps of the service are and will help forge the future direction of the FtSUG.
- 4.5 The FTSUG has established a good working alliance with the assigned Non-Executive Director (NED) for FTSU and meets monthly for governance and assurance. The FtSUG has recently delivered a “Follow Up” workshop to the NED, which they feedback was very useful.
- 4.6 Currently there are 14 FtSUC in the Trust. To promote the further recruitment of FtSUC, the FtSUG has drafted a FtSUC role summary, application form and line manager sign off, as part of the fair recruitment process. The FtSUG will work with workforce to get these implemented and will be communicated through the Trust communications. The FtSUG has already received a lot of interest about the FtSUC role, whilst out on their walkabouts.
- 4.7 The FTSUG trains and supports Freedom to Speak Up Champions (FtSUC), to promote the role and to signpost staff to appropriate speaking up routes. Following the newly updated Champions and Ambassador Guidance, the FtSUG hosted the first quarterly FtSUC network meeting, which discussed the new guidance talked about wellbeing, triangulation of data and was supported by the safeguarding team. FtSUC are not expected to manage cases but are there to encourage staff to speak up about patient safety and other work related concerns. FtSUC can effectively spread the “Speak Up” message through their daily work and interactions.
- 4.8 The FTSUG attends monthly North East, Yorkshire and Humberside Regional FtSUG network meetings which is a supportive forum. A good alliance has been established with neighbouring FtSUG at South Tees NHS Foundation Trust and Tees Esk and Wear Valley NHS Foundation Trust. The FTSUG also has well established a “buddy” alliance with the FtSUG at the Royal Hospital Bath. The aim of these alliances is to work collaboratively, seek support and share ideas to evolve service provision and peer review.
- 4.9 The FTSUG reports data and themes quarterly to the NGO, participates in NGO surveys, attended the annual conference in March and attends the communities of practice sessions. Resources, reports, or articles of interest are subsequently shared with the Executive Team alongside the monthly FTSU report.

#### **5. Freedom to Speak Up Training Resources**

- 5.1 The NGO e-learning modules have been developed in association with Health Education England and are for everyone wherever working in the health service. They explain in a clear and consistent way what speaking up is and its importance in creating an environment in which people are supported to deliver their best. All three modules are not currently mandated but are available on Electronic Staff Records for staff to complete. The Speaking Up policy also makes reference to these courses and encourages staff to complete them as follows:

- 5.2 The first module “**Speak Up**” is core training everybody. This module covers what speaking up is and why it matters. It will help staff understand how you can speak up and what to expect.
- 5.3 The second module “**Listen Up**” is specifically for managers or aspiring managers. It builds upon the first and focuses on listening and understanding the barriers to speaking up.
- 5.4 The third module “**Follow Up**” is specifically for senior leaders (including Board members) to support the development of Freedom to Speak Up as part of the strategic vision for organisations and systems.
- 5.5 Additionally to these modules the FtSUG offers workshops on all three modules.

## **6. National Guardian’s Office Most Current Annual Report April 2022 – March 2023 – “Making Speaking Up business as usual”**

- 6.1 The NGO’s Annual Report was laid before Parliament by the Secretary of State for Health and Social Care on 16<sup>th</sup> November 2023 and following this, was subsequently released for public review.

*“Workers are our greatest asset – and they hold the key to provide us with the information we need to make the NHS the best place to work. The long-term workforce plan, developed by the NHS and backed by Government, places a renewed focus on retention. Freedom to Speak Up must be at the heart of our efforts to improve the culture, leadership and wellbeing of our healthcare workers”.*

Maria Caulfield MP Parliamentary Under Secretary of State for Mental Health and Women’s Health Strategy

- 6.2 The network of FtSUG continue to grow, with over 1,000 FtSUG in place supporting healthcare workers in England to speak up about anything which impacts on their ability to do their job. The NGO has strengthened the training and support it gives to FtSUG in order to ensure that they meet the needs of the workforce in this complex and wide ranging role.
- 6.3 Dr Jayne Chidgey-Clark, the National Guardian Office for the NHS has been in post since December 2021 and continues to promote and align the speaking up culture with the annual NHS staff survey results which were published in March 2024.

## **7. Key Findings from the Report**

- 7.1 This reporting period showed 25,382 cases raised with a FtSUG which was a 25 % increase compared to the previous year, this combined with previous years has shown a total of 101,662 workers have spoken up in England since the FtSUG came into fruition.
- 7.2 National Annual NHS Staff survey results note a decrease in workers feeling safe to speak up.
- 7.3 There were 71.9 % of workers who would feel secure raising concerns about unsafe clinical practice compared to 75 % the previous year.
- 7.4 A drop to 61.5 % of workers who felt safe to raise concerns about anything in the organisation compared to 62.1 % the previous year.
- 7.5 Workers who were confident that their organisation would address their concern came down from 59.5 % to 56.7 %.
- 7.6 Only 48.7 % of workers felt that if they spoke up about something that concerned them that the organisation would address it, down from 49.8 % the year before.
- 7.7 59% of FtSUG said there had been an improvement in. the speaking up culture in their organisation over the last 12 months. 12% said it had deteriorated.
- 7.8 67% FtSUG identified futility (i.e., the concern that nothing will be done) as being a ‘noticeable’ or ‘very strong’ barrier to workers in their organisation speaking up. This was an 8-percentage point increase compared to responses to the previous survey (58% 2021).

- 7.9 66% perceived the fear of detriment as having a noticeable or very strong impact as a barrier to workers in their organisation speaking up.
- 7.10 84% said their organisation was taking action to tackle barriers to speaking up. (a nine-percentage point increase compared to the previous survey's results (75%, 2021).
- 7.11 The NGO, alongside their work supporting FtSUG, four core themes are directing their work programme for the next year. These are:

Improving our systems to better support our offer to FtSUG's.

- Ensuring all workers have a voice wherever they work, including in primary medical services.
- Exploring how they can support the knowledge and skills of Non-Executive Directors and those with organisational oversight.
- Building on insights from their first Speak Up review, initiating their next review and establishing the framework for future assessments.

## **8. FtSU Data**

### **8.1 Local Data**

Data Submissions National Guardian Office April 2023-March 2024:

Q1 – 46 Cases (April 2023 – June 2023)  
Q2 – 22 Cases (July 2023 – September 2023)  
Q3 – 11 Cases (October 2023 – December 2023)  
Q4 – 18 Cases (January 2024 – March 2024)

**97** cases in the last year 4 cases down from last year.

**88** cases have been closed, resolved or have received final outcomes.

**9** cases remain open due to awaiting further discussions and / or follow up actions.

### **8.2 Method of Reporting Concerns:**

96 contacts were received confidentially (99%)

1 contacts were received openly (1%)

0 contacts were received anonymously (0%)

Anonymous reporting at the Trust has come down significantly from last year, from being above the national average of data reported to the NGO at (10.4%) to (0%). This gives assurance that workers are happy to speak up confidentially and that they trust their identity will only be shared without their consent. The highest percentage of concerns being raised are done so confidentially at (96%) and this shows there is a long way to go to make speaking up “business as usual” in an open and transparent way.

Please note, as per the NGO guidelines, all Trust should be working towards a culture where speaking up is “business as usual”. The FtSU ethos is to reduce anonymous reporting where possible and to move into a confidential – open speak up culture. It is important to note that anonymous reporting happens in many organisations and confidentiality remains an important aspect of some cases and processes. Speaking up is accepted in all formats and colleagues are encouraged to report concerns responsibly, with civility and to include any suggested outcomes / improvements if possible.

### **8.3 Of the 97 contacts received, specific themes emerged:**

1. Behavioural / Relationship
2. Worker Safety or Wellbeing (including staffing)
3. Workload
4. Worker dynamics

5. System / Process
6. Patient Safety
7. Health and safety
8. Management and Culture
9. Poor communication
10. Middle Management
11. Bullying and Harassment

- 8.4 The above figures and themes also represent an increased number of individual staff making contact from a wider number of services and professions. This suggests there is a wider awareness of FtSU as an alternative / additional route to speak up and possibility the growing confidence for staff to raise concerns individually as well as in groups.
- 8.5 All open concerns and themes are being progressed or investigated and actioned accordingly. Where applicable, staff have received feedback on follow up recommendations.
- 8.6 The FtSUG submits numbers and themes every quarter to the NGO portal and the final submission for the reporting year, Q4 data, has been submitted.
- 8.7 Data recording has now commenced for Q1 (April – June 2024).
- 8.8 As per the NGO guidelines and previously discussed all Trusts should be working towards a culture where speaking up is “business as usual”. The FtSU ethos is therefore based on organisations moving into a confidential – open speak up culture. It is important to note that anonymous reporting happens in many organisations and confidentiality remains an important aspect of some cases and processes. Speaking up is accepted in all formats and colleagues are encouraged to report concerns responsibly, with civility and to include any suggested outcomes / improvements if able to.
- 8.9 The highest percentage of concerns are being raised confidentially. This could be considered an indicator of our “speak up” culture i.e. staff want to start with a conversation albeit they do not want their identity shared beyond the FTSUG or limited to specific staff.

## 9.0 NHS Annual Staff Survey

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 Trust and how that was broken down into Care Groups.

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

### NHS Annual Staff Survey Results Speaking Up Culture Broken Down In To Care Groups

Questions	Organisation	Collaborative Care	Corporate	Healthy Lives	Responsive Care
% of staff “agreeing” or “strongly					

<b>agreeing” My organisation treats staff who are involved in an error, near miss or incident fairly</b>	62.8 %	61.5 % ( 1.3)	57.7 % ( 5.1)	65.2 % ( 2.4)	62.4 % ( 0.4)
<b>% of staff “agreeing” or “strongly agreeing” My organisation encourages us to report errors, near misses and incidents</b>	88 %	87.1 % ( 0.9)	83.5 % ( 4.5)	90.3 % ( 2.3)	87.3 % ( 0.7)
<b>% of staff “agreeing” or “strongly agreeing” I would feel secure raising a concern about unsafe clinical practice</b>	74.4 %	74.3 % ( 0.1)	64.5 % ( 9.9)	78.8 % ( 4.4)	73.7 % ( 0.7)
<b>% of staff “agreeing” or “strongly agreeing” I am confident that my organisation would address my concerns</b>	55.5 %	57.4 % ( 1.9)	57.4 % ( 1.9)	56 % (0.5)	51 % ( 4.5)
<b>% of staff “agreeing” or “strongly agreeing” I feel safe to speak up about anything that concerns me in this organisation</b>	64.6 %	66 % ( 1.4)	67.6 % ( 3)	66 % ( 1.4)	59.2 % (5.4)
<b>% of staff “agreeing” or “strongly agreeing” If I spoke up about something that concerned me, I am confident my organisation would address my concern</b>	55.2 %	57.4 % ( 2.2)	57.4% (2.2)	56 % ( 0.8)	51 % ( 4.2)

- 8.11 The highest percentage of concerns are being raised confidentially. This could be considered an indicator of our “speak up” culture i.e. staff want to start with a conversation albeit they do not want their identity shared beyond the FTSUG or limited to specific staff.

## 9. Staff Feedback

- 9.1 For quality assurance purposes, staff are invited to provide feedback at the end of the FTSU process. Staff also to continue to offer feedback on an ad hoc and voluntary basis during the FTSU process as well as in general.

Some examples of staff feedback: Feedback from staff since commencing the role includes:

*“Just having someone to listen, already makes me feel better”.*

*“Thank you for checking in and thinking about me”.*

*“It is good to have someone to talk to and decompress”.*

*“Thank you for your continued support, I can’t thank you enough”.*

*“Thank you again for meeting with me and for the wonderful Insight and tips in Freedom to Speak Up.”*

*“Just wanted to put ink to paper- so to speak – to say thank you so much for listening to my issues. Sometimes it is good to have an impartial colleague who can help me focus on how to progress and you were that person.”*

- 9.1 Speaking up can be a challenging, worrying and sometimes lengthy experience. Timescales for investigations, communication, outcomes as well as the ongoing impact of employment tribunals is challenging for our staff. This means that process and / or psychological support continues to be a requirement which requires further consideration. The FtSUG offers process support to any colleague (or ex colleague) who have raised a work related concern and signposts staff accordingly for psychological support.
- 9.2 The NHS Staff Annual Survey indicates that staff feel that the follow up aspect of raising a concern could be improved and this is an area that will be looked at considerably in the proactive work of the FtSUG in 2024.
- 9.3 No cases of detriment were recorded this year. As previous stated the FtSUG will prioritise work on detriment in 2024 through education and feedback.

## 10. Review of the Service

- 10.1 As part of the Joint Group Model, the FtSUG’s at North and South Tees Hospital have established and sustained a good working alliance to work collaboratively as the Joint Partnership evolves. The FtSUG’s have written a joint paper to look at the FtSU arrangements across both sites as part of peer review and sharing best practice, following the Lucy Letby case.
- 10.2 The FtSU: A Reflection and Planning Tool was completed and presented to Board 1<sup>st</sup> February 2024, as per national guidance.

## 11. Next Steps

In order to further facilitate developing the FTSU ethos, the following priorities include:

- **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

## **12. Recommendations**

- 12.1 The Board of Directors are asked to note the content of the report and the progress to date and to support the identified next steps, in embedding and developing the FTSUG role further.

## **13. Final Comments**

- 13.1 The FTSUG would like to express thanks for their ongoing support from all colleagues who have helped promote and embed the Freedom to Speak Up ethos over both reporting periods.

### **Author**

**Jules Huggan**

**Freedom to Speak Up Guardian (FtSUG)**

### **Executive Sponsor**

**Neil Atkinson**

**Managing Director (MD)**

# Freedom to Speak Up End of Year Report – South Tees

**Meeting date:** 3 July 2024

**Reporting to:** Group Board of Directors

**Agenda item No:** 16

**Report author:** Philippa Imrie, Samantha Sinclair, Jim Woods Freedom to Speak up Guardians

**Action required:**  
Information

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

**Previously presented to:**  
People Committee in Common

## 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 risks associated with this presentation are recorded on the risk register. BAF alignment: 5.1, 5.2

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

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

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

Note the higher numbers of anonymous concerns raised within the organisation, compared to the national position and the focused work planned, with specific education around detriment from speaking.

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

It is positive to see that of the 113 of the 125 concerns (88.8%) raised in 2023/24 had an investigator assigned within 48 hours with 111 (82.4%) being assigned an investigator within 24 hours. Of the feedback received 100% of staff confirmed that they would use the Freedom to Speak Up Service again

## Recommendations:

Members of the Board are asked to:

- Note the content of the paper.
- Receive assurance that the FTSU model is effective and supportive of the Trust's aims and objectives to improve culture and safety.
- Note the higher numbers of anonymous concerns raised within the organisation and the focused work planned, with specific education around detriment from speaking.
- Support the ongoing action to include speak up training becoming mandatory for all staff across the Trust and the next steps required to complete this.

# **South Tees Hospitals NHS Foundation Trust**

**Group Board of Directors 3 July 2024**

## **Freedom to Speak Up End of Year Report**

### **1. PURPOSE OF REPORT**

The purpose of the report is to provide the end of year position of the work carried out and the themes which are arising from the Freedom to Speak Up Guardians (FTSUG)

The report provides an overview of the themes and issues raised between April 1<sup>st</sup>, 2023, and March 31<sup>st</sup> 2024, training data, current actions and forward plans.

### **2. BACKGROUND**

Following recommendations from the Francis Report, Freedom to Speak Up (FTSU) Guardians were created with the aim of helping to protect patient safety and quality of care, improve the experience of workers and promote learning and improvement.

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

### **3. DETAILS**

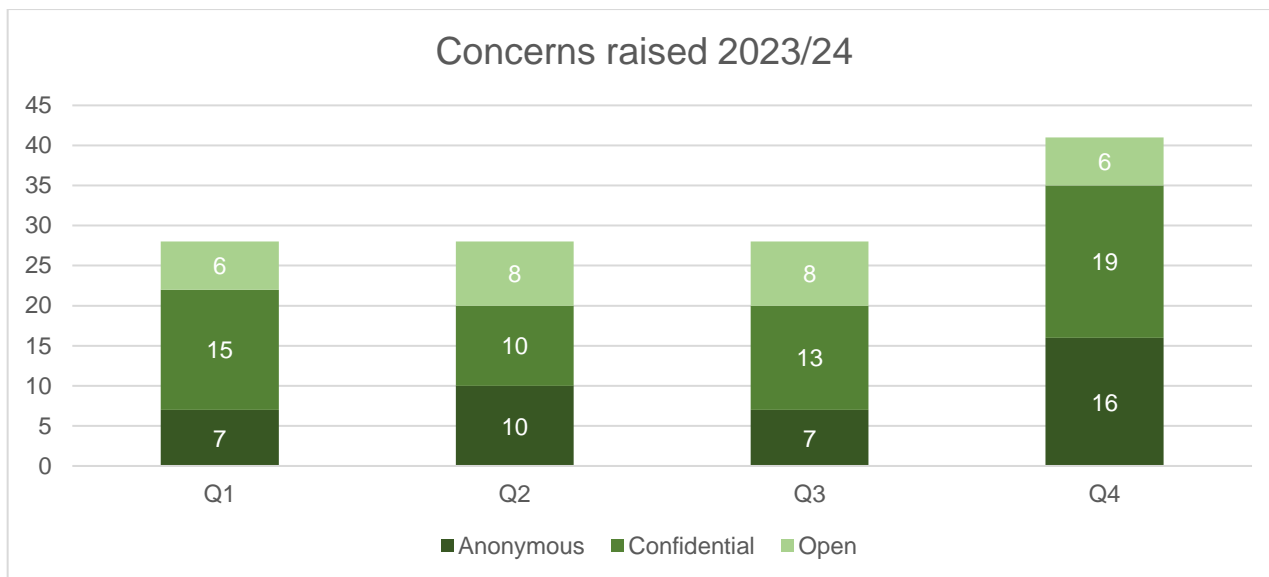
#### **Assessment of concerns**

In Q4 the FTSUG'S received 41 concerns bringing the total number of concerns raised in 2023/24 year to 125.

Graph 1 below sets out the numbers of concerns raised per quarter and shows that there was a sharp increase in cases brought to the FTSUGs in Q4.

Of the 41 concerns raised, 16 of these were raised anonymously (39%). This is higher than the rate for the whole of the 2023/24 rate (32%) which has not changed significantly from the previous years' proportion of anonymous cases (32.9%).

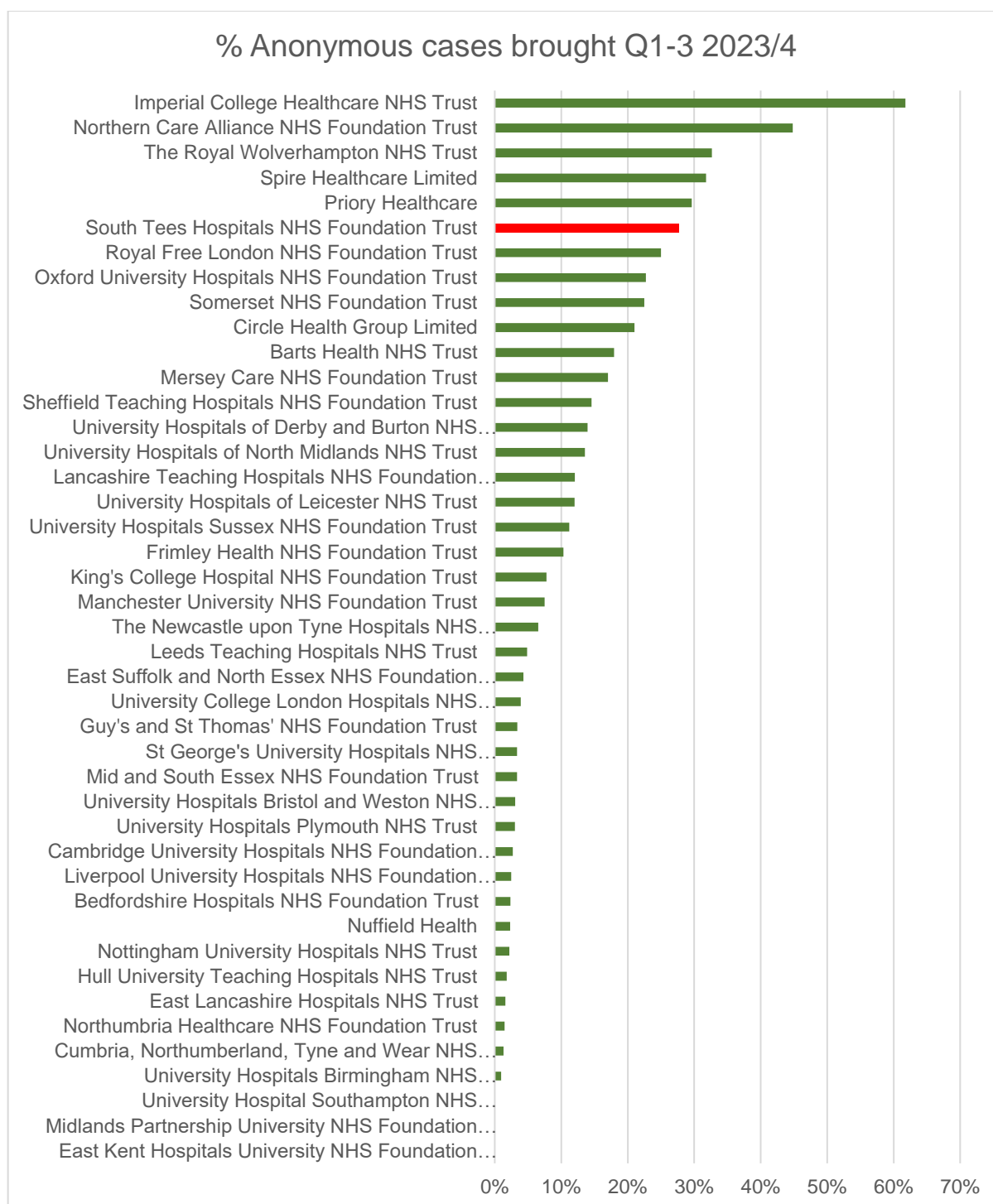
Graph 1 overleaf shows cases raised by quarter and level of confidentiality for the year.



Graph 1

To understand how South Tees compared with other similar size organisations in terms of anonymous reporting, the team collected data from the National Guardians office up to quarter 3 – the last available published data.

This data is shown in Graph 2 below demonstrates that for a large Trust (over 10'000 staff) that we are the sixth highest organisation for the proportion of anonymous concerns raised in the first 3 quarters of last year. It should be noted that not all organisations supplied their data to the NGO.



Graph 2

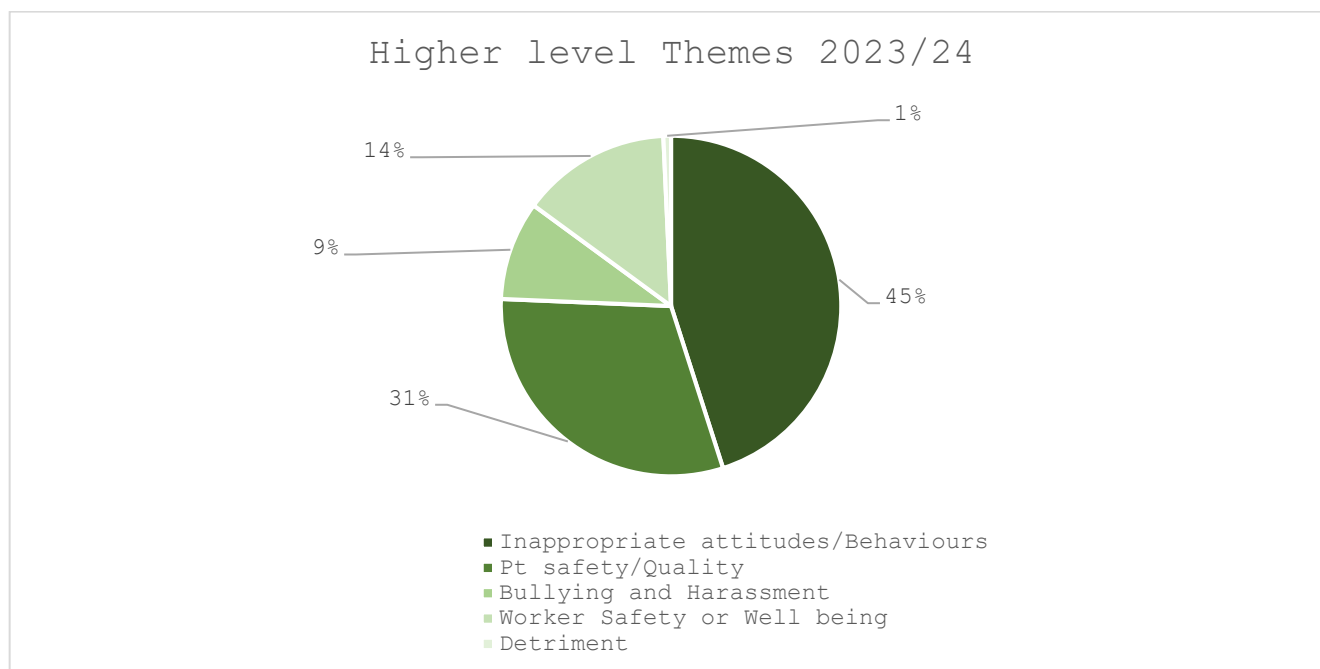
The Guardian team have plans to address this with planned events across the organisation to promote the guardian service including specific education planned for managers and staff around understanding the barriers of detriment from speaking up, and how to foster positive cultures where speaking up is encouraged. The champion network has a workshop session planned for speak up and follow up in September 2024 and these workshops will also start to be rolled out across the organisation to all staff members over the next 12 months.

Detriment awareness posters and screen savers are also in development with the plan to have this rolled out by September 2024.

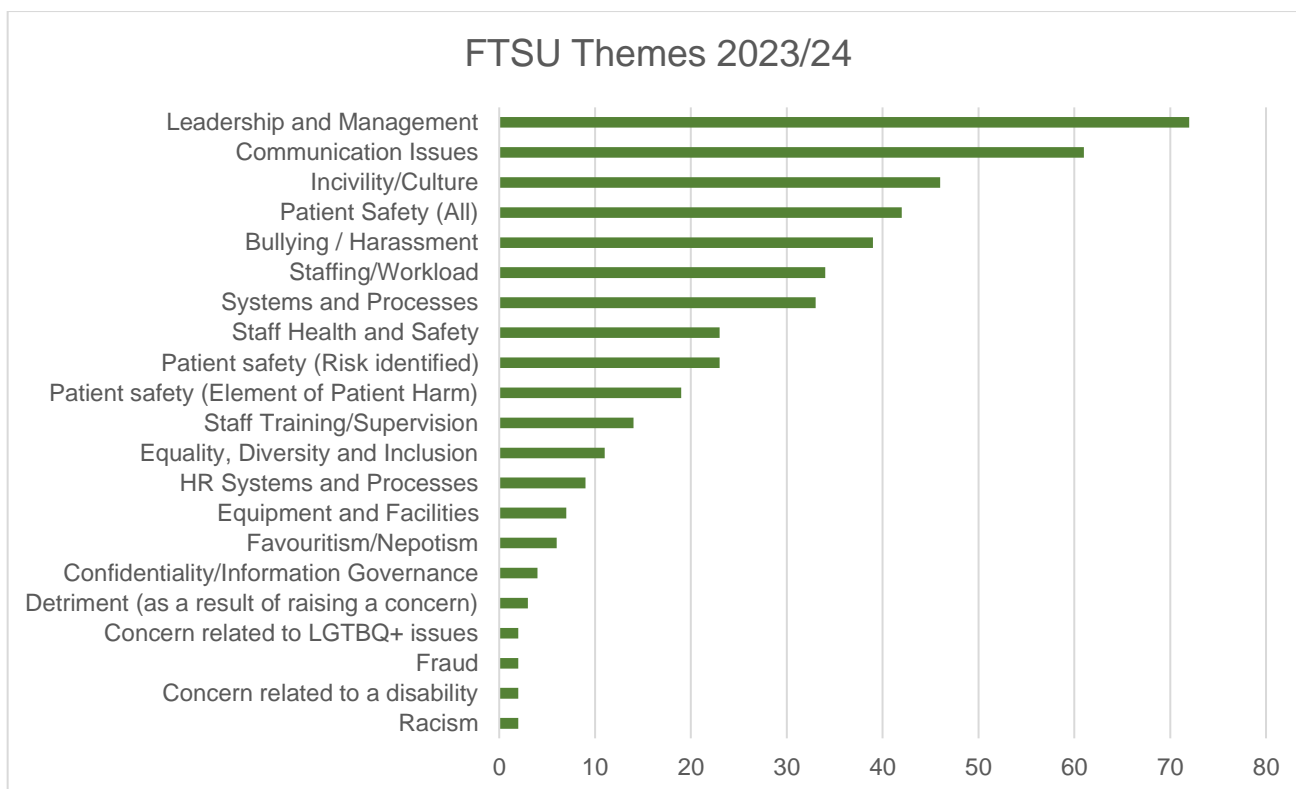
## Themes

Chart 1 below shows the breakdown of the percentage of higher themes identified in 2023/24.

Chart 1

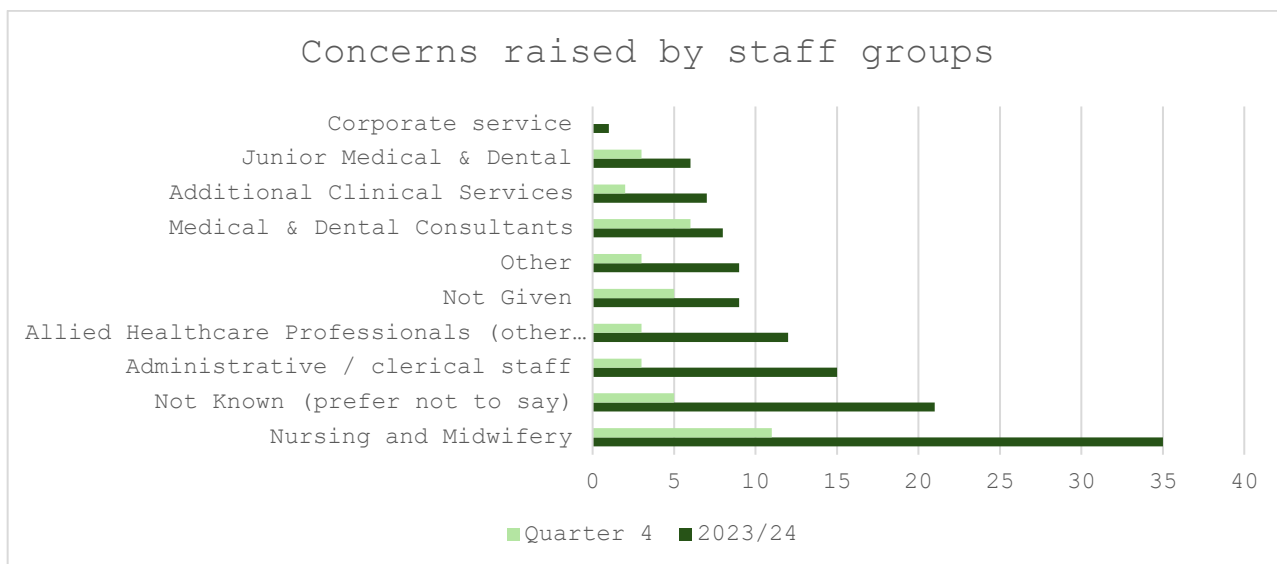


Graph 3 below provides a breakdown of the more detailed themes, across the year leadership and management and communication issues have featured in the top three themes. Incivility/culture and patient safety have featured in the top 6 for 3 of the 4 quarters of the year. In Q1-Q3 2023/24 the NGO reported the highest numbers of themes had elements of inappropriate attitudes or behaviours, bullying or harassment and elements of patient safety and quality



Graph 3

## Staff Groups



Graph 4

Graph 4 above shows the staff groups who have raised concerns in Q4 and across 2023/24, these are the job titles as used by the NGO. In “A Summary of speaking up” report published in July 2023, the NGO reported that Registered Nurses and Midwives accounted for the biggest portion of cases raised with Freedom to Speak Up Guardians (29.9%). Administration and clerical staff accounted for the second largest portion of cases (20.2%).



## Equality, Diversity and Inclusion (EDI)

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

EDI Information					
Male	16	Female	72	Prefer not to say / Not stated	37
Ethnic Origin of Concern Raisers					
White					22
Asian					3
Mixed					1
Black					2
Not Stated					36
Prefer not to say					22
Sexuality of Concern Raiser					
Heterosexual					57
Gay					0
Bisexual					1
Prefer not to say / Not stated					66
Do you consider yourself to have a disability?					
Yes					39
No					64
Prefer not to say / Not stated					22

Table 1

Concerns linked to reported protected characteristics			
No. of concern raisers who self-reported being from a BAME background	6	No. of BAME staff who raised concerns related to ethnicity or racism	2
No. of Concern Raisers who self-reported having a disability	39	No. of staff who raised concerns related directly to disability	2
No. of Concern Raisers who self-reported being from the LGBTQ+ community	1	No. of staff who raised concerns related directly to sexuality or gender identity	1

Table 2

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



## Key Performance Indicators

Timeframes for managing concerns have now been included in the FTSU metrics and measures as shown in Table 1 including:

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

Concerns raised during reporting period	Concerns Closed	Average No of Days Open (median)	Open >90 Days	Total Outstanding Concerns
125	118	38	19	7

Table 3

113 of the 125 concerns (88.8%) raised in 2023/24 had an investigator assigned within 48 hours with 111 (82.4%) being assigned an investigator within 24 hours.

## Feedback 2023/24

The NGO reported in 2022/23 data that was published in July 2023 that of the feedback received 82.8% would speak up again, they do not provide data on the percentage of feedback received.

At South Tees the guardians have received 7 feedback forms from the 57 confidential or open concerns that were raised in the 2023 year representing a response rate of 12.2%. All respondents indicated that they would use the FTSU service to speak up again if they needed to and the following feedback was also left:

*"I do appreciate your reply and involvement here, as I would have otherwise felt completely isolated and unable to speak out."*

*"I feel like it helped me get some closure on everything that happened, and hopefully some changes will be made. Thank you for facilitating a meet."*

*"I think it is important to have your voice heard. I know the Guardians can't guarantee issues will be actioned, but it is cathartic to speak to someone in confidence and I feel I have done what I can to take matters forward."*

*"Lead was very good and listened to me and our team".*

*"I felt listened to and good advice given. I rang to support a colleague who had previously been in touch."*

*"Good service and prompt advice received".*

*"I was put at ease and given all the advice I needed to decide how to proceed"*

To boost feedback rates and look at long term improvements after concerns have been dealt with all concern raisers are now asked if they are willing to supply feedback to the FTSUGs at 3, 6 and 12 months after the concerns have been closed. The team are in the process of having this added to the electronic system with the support of the IT team and once in place this will form part of the reporting in future FTSU reports.

### **Freedom to Speak Up Training**

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

The team are working towards embedding this training within the organisation by making module 1: “Speak Up” a mandatory element for all colleagues as a one-time training requirement to bring the Trust in line with other local trusts, to be completed once and module 2: “Listen Up” a mandatory element for colleagues who may be asked to lead on a concern that has been raised. Awareness workshops are in development and the team are working collaboratively with the guardian at North Tees shadowing sessions that are already embedded within their organisation.

The Freedom to Speak Up Policy (P39) has recently been reviewed and provides support to managers handling concerns/investigation. A Standard Operating Procedure (SOP) has also been drafted to provide further support and guidance for managers handling concerns. The above resources and the provision of the FTSU workshops will work to ensure that staff have the tools and support required to complete an effective investigation when a concern is raised.

### **Awareness Raising**

The team will continue to focus awareness raising activities across all groups of staff and satellite sites across the sites. We are currently working with the Education and Practice Team to deliver sessions to Trust Inductions, International Nurse intakes, Junior Doctors, and Health Care Assistant training programmes. We also provide teaching sessions into Teesside University working with third year nursing students to raise awareness on the principles of Freedom to Speak up.

The Champion’s Network is being revitalised with the first drop-in session having taken place on the June 12, these will provide opportunities to support Champions, provide access and support with training resources and to review themes and focus areas. The first session identified that Champions would like a quarterly meeting to review data of themes locally and nationally and opportunities for training and education, it was agreed that a bimonthly support drop in will also be made available for champions to access as and when needed. A data collection form has been developed to allow champions and guardians to gather and monitor high level data linked to contact they have had with peers and what action has been taken, the aim is that this data will also support the team to provide focused work in areas identified. Following on from the latest staff survey, the team have completed a detailed review of the results and identified key areas of focus. We regularly attend current cases meetings to support triangulation of data with patient safety, patient experience, safe and effective care, safeguarding and legal services colleagues.

Each Guardian has taken on a number of collaborative areas and a quarterly report is in development to provide high level themes to the management leads. Opportunities will be developed to share good practice and ideas for improvement. The team are also completing walkabouts throughout the organisation focusing initially on the areas where scores were lower, the aim of the walkabouts is to meet with staff and hear their experiences and feedback and to ensure that all staff are aware of the support provided by the organisation to allow them to speak up and be heard. The FTSU resources and intranet page have all been reviewed and updated so the walkabouts are also providing the opportunity to ensure that staff teams have the latest information and contacts available.



# Agenda Item: 16



# People Committee In Common

**26 June 2024**

**Connecting to: Group Board**

## Key topics discussed in the meeting:

- Overview of key items for Discussion, Information and Approval on the agenda
- Board Assurance Framework
- Apprenticeship Levy
- Integrated Performance Report (Joint Report)
- Freedom to Speak Up
- Mandatory Training
- EDS Annual Report (North Tees)
- Gateway Criteria Review

## Actions:

- Further work identified to develop a joint BAF, linked to the IPR – RM/SI
- Focus on improving mandatory training uptake, particularly resuscitation and safeguarding – RM/ COOs
- Review of ToR as discussed to be agreed and presented to next Board – JW

## Escalated items:

- Key Issues/ Concerns for escalation:
- No new issues or concerns identified for escalation
- Sharing good practice/Things to celebrate:
- Noted the joint nature of all the reports and discussions, highlighting progress towards a new committee model

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

- None.