NHS
University Hospitals Tees

Group Board Meeting

Tuesday 3 September 2024, 13:00

River Tees Watersports Centre, The Slipway
North Shore, Stockton, TS18 2NL

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MEETING OF THE GROUP BOARD TO BE HELD IN PUBLIC
ON TUESDAY 3 SEPTEMBER JULY 2024 AT 1PM
IN RIVER TEES WATERSPORTS CENTRE, THE SLIPWAY NORTH SHORE,
STOCKTON, TS18 2NL

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT	TIME
CHAIR'S BUSINESS					
1.	Network 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, 3 July 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
EFFECTIVE					
9.	Finance Reports Month 4 2024/25	Assurance	Group Chief Finance Officer	ENC	1.45pm
10.	Integrated Performance Report	Assurance	Group Managing Director & COOs	ENC	1.55pm
11.	Resources Committee Chairs Logs	Assurance	Chair of Committee	ENC	2.10pm

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

	ITEM	PURPOSE	LEAD	FORMAT	TIME
SAFE					
12.	Maternity & Neonatal Services Safety & Quality Report and Staffing Report Q1 2024/25	Assurance	AD of Midwifery	ENC	2.15pm
13.	Quality Committee Chairs Logs	Assurance	Chairs of Committee	ENC	2.25pm
EXPERIENCE					
14.	Group Patient Experience and Involvement Report Q4 and Q1	Assurance	Group Chief Nurse	ENC	2.30pm
15.	Workforce Race Equality Standard (WRES) Report	Assurance	Group Chief People Officer	ENC	2.40pm
16.	Workforce Disability Equality Standard (WDES) Report	Assurance	Group Chief People Officer	ENC	2.50pm
17.	People Committee Chairs Logs	Assurance	Chairs of Committee	ENC	3.00pm
WELL LED					
18.	Audit Committee Chairs Log	Assurance	Chairs of Committee	ENC	3.05pm
SOUTH TEES HOSPITALS NHS TRUST UNITARY BOARD					
19.	Proposed Naming of the Friarage Surgical Hub	Approval	Chief Operating Officer	ENC	3.10pm
NORTH TEES & HARTLEPOOL NHS TRUST UNITARY BOARD					
20.	Retrospective Approval of Documents Executed Under Seal	Approval	Company Secretary	ENC	3.15pm
CLOSE					
	DATE OF NEXT MEETING				

	ITEM	PURPOSE	LEAD	FORMAT	TIME
	The next meeting of the Group Board of Directors will take place on 5 November 2024 in Room 3 and 4 STRIVE, Friarage.				

Agenda Item: 4

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Register of Members Interests

Meeting date: 3 September 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

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Key discussion points and matters to be escalated from the meeting

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

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

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

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

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

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

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

Recommendations:

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

Group Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
Ada Burns	Non-Executive Director	2022	Ongoing	Role – Governor and Chair of the Board of Governors, Teesside University
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Alison Fellows	Non-Executive Director		Ongoing	Non-Executive Director and committee chair – Gentoo Group (Housing Association) - Company number 04739226
			Ongoing	Husband Partner at Firm – Ward Hadaway Solicitors
		1.12.23	Ongoing	Governor of the Board and member of the Audit Committee Northumbria University
		6.12.23	Ongoing	Independent Member of the Audit Committee Newcastle City Council
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Alison Wilson	Non-Executive Director	4 January 2022	Ongoing	Civil Partner – Counter Terrorism Policing North East
		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
Ann Baxter	Non-Executive Director		Ongoing	Independent Scrutineer of Safeguarding / Chair of Statutory Safeguarding Partnership – Darlington Borough Council
				School Governor at Thirsk High School and Sixth Form College
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Chris Hand	Group Chief Finance Officer	2 July 2021	Ongoing	Director of South Tees Healthcare Management Limited - Company number 10166808
			Ongoing	Client Representative ELFS Shared Services Management Board
		June 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
		April 2024	Ongoing	Representation on behalf of North Tees & Hartlepool NHS Trust on NTH Solutions LLP – Company Number OC419412
Chris Macklin	Non-Executive Director	February 2023	Ongoing	Chair, Audit One
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
David Redpath	Non-Executive Director	1 January 2021	Ongoing	Director of DGR Consultancy - Company number 10340661

		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		September 2017	Ongoing	Vice President Senior Executive Partner – Gartner
		July 2022	Ongoing	Deputy Chairman – Seaton Delaval Football Club
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Elizabeth Barnes	Non-Executive Director		Ongoing	Non-Executive Director – Aspire Housing
				Trustee – University of Sunderland
				Trustee – Middlesex University
				Trustee – Peter Coates Foundation
				Member – Queen Elizabeth Grammar School Multi-Academy Trust
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Fay Scullion	Non-Executive Director			School Governor at Jarrow Trust Secondary School
				Associate Tutor – Learning Curve Group
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Hilary Lloyd	Group Chief Nurse	15 February 2021	Ongoing	Visiting Professor at Sunderland – no monetary gain
		May 2023	Ongoing	Chief Nurse for Clinical Research Network NENC
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Jackie White	Head of Governance & Company Secretary	March 2013	Ongoing	Registered with IMAS (NHS interim management & support)
		March 2023	Ongoing	Company Secretary of South Tees Healthcare Management Limited - Company number 10166808
			Ongoing	Daughter and Daughter in law employees of South Tees Hospitals NHS Trust
Ken Anderson	Chief CICO			Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Kenneth Readshaw	Non-Executive Director	2016	Ongoing	Treasurer – Leyburn Community Leisure Club
		2018	Ongoing	Chair – Health Accommodation Trust
		2000	Ongoing	Chair – Horsehouse School Charity - Charity number: 513060
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board

Mark Dias	Non-Executive Director	20 July 2015	Ongoing	Director of Be The Change HR Ltd – Company No. 9694576
		21 June 2023	Ongoing	Chair – Workforce Committee, Seacole Group
		September 2023	Ongoing	Permanent Deacon in Training (Voluntary Position). Roman Catholic Diocese of Middlesbrough
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Michael Stewart	Group Chief Medical Officer	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Miriam Davidson	Non-Executive Director	December 2022	Ongoing	Care and Health Improvement Programme (SLI) Advisor
				Occasional work with Local Government Association (LGA)
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Neil Atkinson	Group Managing Director	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
		June 2024	Ongoing	Representation on behalf of North Tees & Hartlepool NHS Trust on NTH Solutions LLP – Company Number OC419412
Derek Bell	Group Chair	April 2020	Ongoing	Trustee Royal Medical Benevolent Fund – no remuneration
		April 2018	Ongoing	Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration
		April 2021	Ongoing	Centre for Quality in Governance
		July 2022	Ongoing	Sel clinical advisor for SDEC
		March 2024	Ongoing	Member of the Council for Newcastle University. No remuneration.
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Rachael Metcalf	Group Chief People Officer	December 2020	Ongoing	Role of School Governor at High Tunstall College of Science
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Rowena Dean	Chief Operating Officer North Tees & Hartlepool NHS Trust			
Ruth Dalton	Group Director of Communications		Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Samuel Peate	Chief Operating Officer South Tees Hospitals NHS Foundation Trust	1 April 2021	Ongoing	No interests declared
Stacey Hunter	Group Chief Executive	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Steven Taylor	Group Director of Estates			Director of North Tees & Hartlepool NHS Trust and Director of South Tees Hospitals NHS Trust Board
Stuart Irvine	Director of Strategies, Assurance and	2023	Ongoing	Chair – Hartlepool College of Further Education

	Compliance & Company Secretary	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

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North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Minutes of a meeting of the University Hospitals of Tees Group Board held in Public on Wednesday, 3 July 2024 at 1.00pm in Conference Room 3, Hartlepool College of Further Education

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
Ada Burns, Group Non-Executive Director
Miriam Davidson, 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
Rudy Bilous, 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:
Jomer Beron, Internationally Educated Nurse
Mylene Amoroso, Internationally Educated Nurse
Monette Baldonasa, Internationally Educated Nurse
Fiona McEvoy, Associate Director of Effectiveness & Clinical Standards
Angela Warnes, Lead Governor for North Tees & Hartlepool NHS Foundation Trust
June Black, Elected Governor for Stockton
Heidi Holliday, Secretary to Trust Board [note taker]

GB/087 Staff Story

Hilary Lloyd introduced the Internationally Educated Nurses (IENs), who had all been recruited to from the Philippines.

Monette Baldonasa, Jomer Beron and Mylene Amoroso attended the meeting and shared their very emotive, personal stories of joining the trusts and how they had progressed throughout the organisations. They all felt valued and supported by their 'work family', that they were guided and supported to progress and achieve their goals and that they were making a real difference to the lives of the patients and their families back home.

Monette was a Critical Care Matron and had worked for North Tees and Hartlepool NHS Foundation Trust (NTHFT) for over 20 years and was a Culture Ambassador at the Trust and Jomer and Mylene worked for South Tees Hospitals NHS Foundation Trust (STHFT) and were Clinical Educators supporting other IENs. Mylene joined STHFT in 2019, initially working in surgery and Jomer in 2021, initially working in respiratory medicine and then oncology.

It was highlighted that the transition from one county to another had been a smooth process and Jomer and Mylene were now part of the team welcoming new cohorts and supporting them with the Objective Structured Clinical Exams (OSCEs) with improved pass rates. Training was now being provided to families and spouses of the IENs into healthcare roles.

The IENs were awarded a NHS Pastoral Care Quality Award in September 2023.

The Group Board thanked Monette, Jomer and Mylene for attending the meeting, for sharing their stories and for their passion and commitment to the organisations.

The IENs left the meeting at 1.25pm.

GB/088 Welcome and Introductions

The Chair welcomed members to the meeting.

GB/089 Apologies for Absence

Apologies for absence were reported from Mark Dias, Group Non-Executive Director, Liz Barnes, Group Non-Executive Director, Kenneth Readshaw, Group Non-Executive Director and Janet Crampton, Lead Governor, South Tees Hospitals NHS Foundation Trust.

GB/090 Quorum and Declaration of Interests

The meeting was confirmed as quorate.

No perceived conflicts of interest

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

GB/091 Minutes of the last meeting held on, 5 June 2024

Resolved: that, the minutes of the meeting held on, Wednesday, 5 June 2024 be confirmed as an accurate record.

GB/092 Matters Arising and Action Log

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

Resolved: that, the update be noted.

GB/093 Group Chair's Report

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

- FT Chairs and ICB Chairs meeting – at the last meeting there were active discussions around collaboration across the ICB in terms of services and the learning from the Manchester PWC meeting to ensure Boards were focussed on assurance and not reassurance.

- Listening Event – James Bromiley and the team were thanked for co-ordinating the Listening Event held on Thursday, 6 June, which was a useful and invaluable meeting with colleagues at Healthwatch. It was reported that Lord Victor Adebowale, Chair NHS Confederation would be attending the Equality, Diversity and Inclusion (EDI) and Wellbeing Conference later in the year.
- Covid Memorial – NTHFT had launched a project with schools and colleges in the locality to design memorial projects for both Stockton and Hartlepool sites, which had been proven to be a very good engagement exercise and provided insights to the institutes and students as to what the organisation does. Discussions were ongoing at STHFT to launch a similar project. A Covid Reflection Day was held at South Tees Hospital on Friday, 28 June 2024, led by the Critical Care Team, where previous patients and families were invited to attend.

Resolved: that, the content of the report be noted

GB/094 Group Chief Executive's Report

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

- Cyber Security and Resilience – whilst the Trusts were not impacted by the cyber-attack, which had caused a significant ongoing disruption, it served as a reminder of the need to continue to minimise the risks. Work continued at a local level ensuring that cyber security and resilience in the organisations systems remained an absolute priority. Work was ongoing with colleagues in the ICB and region regarding priorities for investment in data and technology capabilities.
- Health Care Assistants – following extensive discussions between a number of Group Executives and Unison members and the proposed offer to backdate the pay to 1 July 2019, on Wednesday, 26 June 2024 the offer was accepted by members. Provider colleagues were kept updated on progress being made. The Group Board thanked Rachael Metcalf and Hilary Lloyd for their hard work in reaching a resolution.
- System Recovery Board – since the last meeting, the region's Integrated Care System (ICS) had submitted its final financial plan for the year ahead and work was ongoing to monitor the delivery of key asks in the plan. The Group Board thanked Chris Hand and the team for their hard work during the demanding planning round.
- Maintaining focus and oversight on quality of care and experience in pressurised services – members were urged to watch the latest Channel 4 Dispatches documentary that had been filmed in the Emergency Department at Royal Shrewsbury Hospital. NHS England wrote to ICBs, ICSs and NHS Trusts requesting that every Board across the NHS assured themselves that they were working with system partners to do all they could to provide alternatives to emergency department attendances and admissions and to maximise in-hospital flow and rapid and focussed work was being undertaken regarding that.
- NHS Confed Expo 2024 – members were directed to Amanda Pritchard's key messages.

Resolved: (i) that, the content of the report be noted; and
(ii) that, members were urged to watch the latest Channel 4 Dispatches documentary that had been filmed in the Emergency Department at Royal Shrewsbury Hospital.

GB/095 Integrated Performance Reports

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

- The improved position in the A&E 4-hour target in April and May were noted, which reflected the focussed 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.
- NTHFT remained first in the region for ambulance handovers and despite STHFT experiencing the highest ambulance arrivals in May, numbers of patients experiencing long A&E waits and ambulance handover delays was consistent with previous months.
- Performance against the 62 day cancer standard continues to require improvement and both Trusts were committed to service improvement work to achieve the 70% target by March 2025.

- The Trusts had zero 78 week waiters reported at the end of April. NTHFT achieved the May trajectory for both incomplete pathways greater than 52 weeks and patients waiting 65 weeks and over and STHFT had seen an increase in 65 week waits due to ongoing pressures in a small number of specialist services. Each service had plans in place to deal with the pressures, which continued to be tracked along with Length of Stay (LOS).
- Compliance against the 6 week diagnostic standard had reduced in NTHFT with predominant pressures continuing around capacity in non-obstetric ultrasound however, six additional sonographers had recently been recruited. Recovery of the 6 week standard position continue at STHFT, with planning trajectories in place to achieve 95% compliance across the major modalities by the end of March 2025.
- NTHFT had stepped up to OPEL 3 for 14 days due to non-elective pressures. The Trust also reported a dip in theatre utilisation due to unexpected sickness absence, which continued to be managed.

Following a query raised regarding pressures highlighted in urology pathways, it was reported that urology was a regional challenge with on-going increased demand. Both organisations were working in collaboration with shared Multi-Disciplinary Teams (MDTs) and work was underway to share information to allow patients to be managed across University Hospitals Tees (UHT). Funding from the Cancer Care Alliance had purchase new equipment.

Health inequalities was discussed and it was noted that this was a key part of the IPR review, in terms of content and areas for improvement.

Importance was stressed for the need to be more objective regarding the data presented in the IPR, recognising the move towards an open culture the UHT model was developing.

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

GB/096 Resources Committee Assurance Report/Chairs Log

Chris Macklin, Group Non-Executive Director presented the Resources Committee Assurance Report for the meeting held In Common on 27 June 2024. The key areas to note were:

- Following in-depth discussions regarding the Board Assurance Framework (BAF) and IPR, with challenge put forward as to when the first draft iteration would be seen, it was agreed that this would be ready for presenting at the October Group Board meeting.
- Revised financial plans and the Month 2 position for the Group were discussed in detail.
- A number of 'Digital' papers were discussed and it was really powerful and clear how the two Trusts were working together to remedy the issues. Both Trusts made declarations showing achievement of the 95% Data Security & Protection Toolkit.
- Following discussion regarding the Gateway Criteria, members unanimously felt moving towards a single Committee for Resources was appropriate if approved by the Group Board.

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

GB/097 Safer Staffing Report

Hilary Lloyd, Group Chief Nurse presented the Safer Staffing Report and highlighted the key points.

The report detailed nursing and midwifery staffing levels for May 2024 for inpatient wards. The percentage of shifts filled against the planned nurse and midwifery staffing across the Trusts had decreased slightly to 98.1% and demonstrated continued compliance with safer staffing.

Both sites currently had differing models in place to achieve safer staffing however, processes were being reviewed on both sites to align future staffing models wherever possible.

There were no staffing factors identified at either trust as part of any Serious Incident review process. The number of red flags had shown an increase in May 2024 at STHFT. There were 19 open red flags

relating to workforce, which related mostly to a shortfall in Registered Nurse (RN) time however, there had been no safety incidences associated with the shortfall. Mitigations had been put in place at NTHFT and all red flags had been closed.

Nursing turnover had increased from 6.84% to 7.53%. The combined vacancies for both nurses and midwives at STHFT was 36.36 wte and the registered nursing vacancy position at NTHFT was 34.32 wte and registered midwifery vacancy position at NTHFT was 6.7 wte.

Work was ongoing to review recruitment in all areas and the trusts were working with Teesside University regarding the legacy mentor project and it was noted that the outputs of that had made a significant contribution.

Plans were in place at both trusts to allocate all pre-registered nurses, who were due to register in September, into available vacancies however, this would mean there would be a shortfall in the meantime.

Following a query raised regarding fill rates reported over 100%, it was noted that those related mainly to really high acuity therefore, additional resource would be deployed, which happened more often during the night as there was less clinical support available to help cover. For the fill rates reported under 100%, it was noted that during the day, shifts could be managed lower that the fill rate, where possible, in a safe way.

There was a query regarding the impact of newly qualified nurses and Hilary Lloyd confirmed that newly qualified nurses were well supported through their preceptorship programmes.

Discussion ensued regarding the detail within future reports and it was agreed to discuss this further out with the meeting to identify the appropriate forums for discussion and the required level of detail to be provided at each forum. It was agreed that the reports provided the required assurance however, it was questioned as to whether it was being provided in the most effective way possible. The importance of triangulation of relevant data sources was also discussed.

Angela Warnes and June Black left the meeting at 2.30pm.

Resolved: (i) that, the content of the report be noted; and
(ii) that, discussions take place out with the meeting on the requirements for future reports and which forums they would report to.

GB/098 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 24 June 2024. The key areas to note were:

- Infection Rates – rates continued to be monitored closely with several still higher than the threshold, although there had been a decrease in some rates from the previous month. Much work was ongoing to ensure best practice.
- Measles Pathways for Adults and Children – the pathways recommended that when patients move between hospitals they were screened, which could cause a risk of pressure on services if there was an increased use of single rooms. Work was underway to identify decant facilities if required. The Committee recommended to the Board that patients be screened when moving between hospitals however, recognised the potential impact this may cause.
- Complaints – there was a proactive management strategy for complaints with a new process in place with the aim of reducing outstanding complaints over the next 4 months.
- Following discussion regarding the Gateway Criteria, members recommended that the Committee move to a single Committee in July, if approved by the Group Board.
- Lived Experience – a discussion around lived experience involvement took place and it was highlighted that work needed to be completed to look at how lived experience was represented, if needed, at all Committees. It was agreed that options were to be discussed at the September Committee meeting.

It was noted that with the increase in Carbapenemase-Producing Enterobacterales (CPE) testing, there was a likelihood of more cases being reported therefore, further space for segregation was a necessity. A query was raised as to whether there had been any organisational response testing or scenario plan developed. It was agreed that the Chief Medical Officer would undertake a risk analysis and identify any potential consequences. Further updates were to be provided in future Chair Logs.

Resolved: (i) that, the content of the report be noted; and
(ii) that, the Chief Medical Officer to undertake a risk analysis and identify any potential consequences with the increase in CPE testing; and
(iii) that, further updates to be provided in future Chair Logs.

GB/099 Finance Reports Month 2 2024/25

Chris Hand, Group Finance Officer presented the Finance Reports Month 2 2024/25 and highlighted the key issues.

No formal external reporting of the Month 1 position to NHSE was required, and only a 'key data' submission was 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 12 June 2024.

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

The financial position for Month 2 2024/25 was 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 was an adverse variance of £0.2m for the Group.

The Group plan for the 2024/25 financial year was 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 was consistent with the overall ICS plan.

The plans for the Group included a number of risks and assumptions that were outlined in the paper and would 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.

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

GB/100 Audit Committee Chairs Logs

Chris Macklin Group Non-Executive Director and Jackie White, Head of Governance/Company Secretary presented the Audit Committee Assurance Reports for the meetings held on 24 and 25 June 2024. The key areas to note were:

24 June 2024:

- Approval was given for the Accounts and Annual Report to be submitted by the 28 June 2024 deadline, on behalf of the Trust Board. It was noted that there was a section around health inequalities, which was informative.
- Work continued up to 28 June 2024 on the external audit scrutiny of the accounts and associated information however, the expectation was that an 'unmodified' statement would be made. Work was to continue throughout July to allow the Value for Money (VFM) report to be completed following which, the final external audit report would be provided.
- The Internal Audit Annual Report was discussed with particular attention to the "Good" Head of Internal Audit Opinion, which was an improvement from the last couple of years.

- There was a positive debate on how many 'reasonable assurances' was to be expected and it was agreed that these were not negative although, there needed to be a higher amount of 'substantial' and 'good' assurances.

25 June 2024:

- The main purpose of the meeting was to receive the various year-end financial documents and auditors reports and for the approval of the submission to NHS England by the 28 June 2024 deadline.
- The Head of Internal Audit Opinion was noted as 'reasonable assurance / moderate assurance'. Governance, risk management and control in relation to business critical areas was generally satisfactory however, there were some areas of weakness and non-compliance in the framework of governance, risk management and control which could potentially put the achievement of objectives at risk.
- Counter Fraud - The year end rating was green in all counter fraud requirements, which was an improvement from the previous year and giving significant assurance. The plan for 2024/25 was approved.
- External Audit - The audit was substantially completed and an 'unqualified' opinion and a VFM opinion with a significant weakness were anticipated. This was unchanged from the previous year. The financial statements, annual report and governance statement were approved in principle.

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

GB/101 Freedom to Speak Up Annual Reports

Samantha Sinclair, Freedom to Speak Up Guardian at South Tees Hospitals NHS Foundation Trust and Jules Huggan, Freedom to Speak Up Guardian at North Tees & Hartlepool NHS Foundation Trust presented the Freedom to Speak Up Annual Reports and highlighted the key issues.

STHFT:

- South Tees had received a higher number of anonymous concerns compared to the national position. The Guardian Team had plans in place to address this, which included planned events across the organisation to promote the guardian service and specific education plans for managers and staff around understanding the barriers of detriment from speaking up and how to foster positive cultures where speaking up is encouraged.
- At a recent Network meeting, it was highlighted that not all trusts had an electronic system for receiving anonymous concerns. It was felt this could be a contributing factor to the Trust having a higher number of anonymous concerns raised.
- Of the feedback received, 100% of staff confirmed that they would use the Freedom to Speak Up (FTSU) service again.
- The Guardian Team were working towards embedding FTSU training within the organisation and making Module 1 "Speak Up" and Module 2 "Listen Up" mandatory across both trusts.
- Work was ongoing across the two organisations to share learning and ideas for improvement.

NTHFT:

- Results from the latest Staff Survey provided assurance that FTSU was embedded within the organisation.
- Following discussions regarding detriment being perceived as a barrier for "Speaking Up", the FTSU Guardian drafted a feedback survey which would be provided at months 3, 6 and 12 after a case had been closed to ask if the worker/s had suffered detriment following "Speaking Up". To complement the work on detriment the FTSU Guardian had drafted a presentation and leaflet to educate staff on what detriment was and the importance of reporting it.
- Anonymous reporting at the Trust had reduced significantly from the previous year, from being above the national average of data reported to the NGO at 10.4% to 0%.
- Proactive work continued to raise the number of concerns raised through line manager routes rather than the confidential route.

- In order to further facilitate developing the FTSU ethos, a number of priorities were agreed with included continued work with network leads to increase visibility in the form of walkabouts and as many platforms as possible, triangulation of data, peer reviews and training.

It was agreed that, as well as sharing learning and ideas for improvement across both organisations, that excellent models seen in other organisations be explored also.

Following a query raised regarding the 16 anonymously raised concerns and if there were any themes, it was reported that all of the concerns raised were from one particular known area. The details of the concerns were discussed in detail at the People Committee and a series of listening events and actions were taken forward with the team.

The Group Board thanked the FTSU Guardians for presenting the reports and agreed to support the FTSU training becoming mandatory across the organisations. It was noted that there was to be a Board Development Session planned focusing on FTSU in October, as part of FTSU Month.

Jules and Sam left meeting at 3.00pm.

Resolved: (i) that, the content of the report be noted; and
(ii) that, learning and ideas for improvement be shared across both organisations, as well as exploring excellent group models seen in other organisations.

GB/102 People Committee Chairs Logs

Ann Baxter, Group Non-Executive Director presented the People Committee Assurance Report for the meetings held on 26 June 2024. The key area to note was:

- Following discussion of the Gateway Criteria, members agreed that a large element of the schedule of business needed to be taken to an In Common meeting therefore agreed to move to a single Committee.

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

GB/103 Any Other Business

Derek Bell, Group Chair thanked all members of the Committees for the work carried out to date and for the agreement of moving towards a single Committee, which was approved by the Group Board.

Derek Bell welcomed Rachael Metcalf into her new role of Group Chief People Officer.

A query was raised regarding attendance at meetings for those presenting reports and the travel time required and a suggestion was made as to whether when meetings were being held offsite that those speaking to reports could use MS Teams to provide their updates. It was agreed that this option be explored.

Resolved: that, the option for presenters to join meetings via MS Teams for meetings being held offsite be explored.

GB/104 Date and Time of Next Meeting

Resolved: that, the next meeting be held on, Tuesday, 3 September 2024 at 1.00pm, Lecture Theatre, Middlefield Centre, North Tees Hospital.

The meeting closed at 3.05pm.

Signed:  Date: 3 September 2024

Agenda Item: 6

Caring
Better
Together

Group Board Public

Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
17 April 2024	GB/007	***Board Assurance Framework Update*** The outcome of the review to align processes across the two organisations for consistency and standardisation would be provided in six month's time.	Stuart Irvine	5 November 2024		
05 June 2024	GB/069	***Research & Development Annual Report*** Stacey Hunter would provide an overview on the North East and North Cumbria Health Innovation Board at a future Board seminar	Stacey Hunter	31 October 2024		
03 July 2024	GB/098	***Quality Committee Chairs Logs*** Chief Medical Officer to undertake a risk analysis and identify any potential consequences with the increase in CPE testing. Further updated to be provided in future Chair Logs.	Mike Stewart	02 September 2024		
03 July 2024	GB/101	***Freedom to Speak Up Annual Reports*** Learning and ideas for improvement be shared across both organisations, as well as exploring excellent group models seen in other organisations.	Hilary Lloyd			

Agenda Item: 7

Caring
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Together

NHS
University Hospitals Tees

Group Chairman's Report

Meeting date: 3 September 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

Caring Better Together

Key discussion points and matters to be escalated from the meeting

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

The 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 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 Annual Members meeting / AGM

Just a reminder that the Annual Members meetings for South Tees Hospitals NHS Foundation Trust and North Tees & Hartlepool NHS Foundation Trusts take place on the 17th and 19th September respectively. Further details will be posted on the websites.

1.3 Innovation Roadshow

I was very pleased to be able to attend the innovation roadshow on 4th July 2024. The Innovation Roadshow is a collaborative endeavour between the two Trusts Innovation teams, which has at its heart a commitment to fostering a culture of innovation.

By providing a platform for employees to unleash their creativity and share their insights, the teams aim to tap into the wealth of knowledge across the two Trusts empowering staff members to take ownership of their innovations and drive progress across all areas of our organisation.

1.4 Council of Governors meetings in common

We had a very good Council of Governors meeting for the Councils of South Tees Hospitals NHS Foundation Trust and North Tees & Hartlepool NHS Foundation Trust on 16 July 2024. The Governors spent some time working together on how they can connect back with their constituents which was facilitated by Healthwatch. They heard a moving lived experience story from a young man with additional needs who has a Personal Perioperative Plan for dental surgery and received a briefing from the Maternity Champion on the role.

1.5 New Governors

I was pleased to meet with our new governors appointed to the Councils of South Tees Hospitals NHS Foundation Trust and North Tees & Hartlepool NHS Foundation Trust on 5 August. What a great wealth of experience they have between them.

2. Recommendation

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

Professor Derek Bell
Group Chair

Agenda Item: 8

Caring
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NHS
University Hospitals Tees

Group Chief Executive Officer's Report

Meeting date: 3 September 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

Caring Better Together

Key discussion points and matters to be escalated from the meeting

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

The 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 University Hospitals Tees response to 2024 riots

An extensive and sensitive discussion took place with University Hospital Tees board of Directors regards the recent riots, specifically in Hartlepool and Stockton. The board recognised and acknowledged what a difficult and challenging period of time this has been, specifically for those in our communities from a global majority. Our diverse workforce is a point of celebration for University Hospitals Tees, and the board commits to supporting and allying our colleagues and indeed our wider communities. The board recognises that whilst it cannot provide all of the solutions to the issues, members can stand with those impacted, hear the anxieties and challenges faced and support a voice for change. The board will keep an open dialogue with our staff networks and broader colleagues over the coming weeks and months. As colleagues will be aware the Group is hosting an Equality, Diversity & Inclusion event in November from which I am keen for us to build the actions required from us as Board members to minimise the risks of our colleagues or our patients and their families experiencing prejudice or discrimination.

1.2 Fuller Enquiry

North Tees & Hartlepool NHS Trust were selected to participate in phase 2 of the Fuller Enquiry which looks at the broader national picture and considers if procedures and practices in hospital and non-hospital settings, where deceased people are kept, safeguard the security and dignity of the deceased. A series of interviews were undertaken with key personnel in the Trust at the end of August and supporting evidence was submitted. Transcriptions of the interviews have been received but the Trust is yet to receive the draft report or any feedback at the time of writing this report.

1.3 System oversight framework

I previously reported that NHS England has published the Operating Framework in October 2022 which sets out how NHS England work with integrated care boards (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.

Both South Tees Hospitals NHS Foundation Trust and North Tees & Hartlepool NHS Foundation Trust have their oversight meeting with NHSE and the ICBs at the end of October. The Group Executive and senior leadership teams will prepare the necessary documentation and I will report back to the Board in due course.

1.4 System recovery board

The 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 progresses we will ensure Board colleagues are kept appraised of any significant actions and the impact of those for our local plans. The work we are progressing in relation to the opportunities of a single clinical strategy and aligning our corporate services will need to provide a contribution to this over the same period.

1.5 NENC Provider Collaborative Leadership Board

Neil Atkinson and I attended the Provider Collaborative Leadership Board meetings on 5 July 2024 and 2 August 2024 respectively with both meetings focussing on updates in relation to the key programme deliveries such as elective care in particular 65 week waits, urgent and emergency care, diagnostics and workforce which focussed on the new dashboard. The board agreed to progress the work on an overarching clinical secondary care strategy across all acute providers at an increased pace and noted that there is a newly appointed manager due to start to support this.

Updates on the work of the Group and other nested collaborative across the NENC were provided. The Great North Care Alliance have progressed to form a committee in common to oversee the areas of work they are collaborating on. This includes work across a number of specialities /clinical pathways either where there are strengths and opportunities or areas of vulnerabilities.

1.6 Thank you day for staff

I have asked Ruth Dalton, Group Director of Communications and Rachael Metcalf Group Chief People Officer to create a week of celebration to thank our staff and volunteers for all their amazing work. We currently have a number of events and activities in place to celebrate at different times in the year, but I am keen to bring this all together to have a greater impact across the Group. The communications teams have issued a campaign asking for staff participation in developing this offer. The first discussion across the group will take place Monday 19 August 2024. We will produce a proposition that I will bring back to the Board later this year for discussion and agreement.

1.7 Board development

We continue to be supported by a number of external colleagues in supporting the Board to become a high performing Board. This includes some bespoke support to our Non-Executive Director colleagues and coaching and team building for our newly

formed Group Executive Directors as well as the external facilitation to help us understand how we maximise the contribution of the Group Board.

1.8 PLACE

1.8.1 Stockton

Work is continuing to build a new community diagnostic centre which will give people from across our communities rapid access to tests, checks and scans. It is based on Stockton High Street and will increase the capacity for a range of tests to help speed up the diagnosis of any health problems and guide follow up treatment. I visited the site on 9 August and was pleased to see the works are well underway on key infrastructure including concrete, drainage, electrical mechanical work and cladding. The centre is part of our ambition to offer our community the very best in healthcare and will sit right in the middle of the community we serve across the Tees Valley, meaning it is accessible to all. MP Matt Vickers for Stockton West who also attended the diagnostic centre visit.

1.8.2 Tees Valley

The Chairman, Ruth Dalton and I met with Mayor Ben Houchen and Julie Gillespie, CEO of the Tees Valley Combined Authority on 31 July 2024. The focus of the meeting was on potential opportunities to work together as discussions continue about how the new government might devolve further opportunities to local mayors.

1.9 Health and Care Secretary visit 6 August

I was very pleased to be able to attend a meeting with Wes Streeting when he paid a visit to Leeds Teaching Hospitals on 6 August 2024. As part of his visit the Yorkshire and North East and North Cumbria regional team invited NHS CEOs, Council CEOs and Directors of Adult Social Care to meet with him.

He was keen to recognise the current unrest and riots over recent days and paid tribute to NHS and care workers responding and advised he was aware of attacks on global majority staff which were totally unacceptable. He reiterated the commitment to zero tolerance and committed that the Prime Minister and Home Secretary would ensure the police had what was needed to prosecute etc.

He thanked colleagues who he knows are working hard in a difficult context and spoke about his early priorities, the financial context for the country and the development a new 10-year plan for health and social care.

He outlined 3 key areas of focus and shift which will be reflected as they develop the next 10 year plan for health and care:

- Hospital to community care
- Analogue to digital
- Prevention - primary and secondary

1.10 Clinical Strategy

The clinical boards are now in month four of their work. They are focused on the longer term model for service delivery in their areas across the Group using data to drive their plans. They are working on developing single services which may include changes to service configuration across sites, moving more activity into the community and people's own homes and integrated working with partners. They are also being asked to think about the opportunities for new technologies and the digital distribution of care may offer in the future. This is obviously a complex picture with many interdependencies but the clear expectation is that it will begin to come together in the next few months.

The boards are now all engaging much more widely both internally and externally as their strategies develop, with visioning events including senior internal stakeholders and partners either having taken place or due to take place shortly. The Healthwatch work we commissioned around expectations from patients is due to report in August and while it will be at a high level it will play a big role in informing the strategies of the clinical boards.

The Group Chief Medical Officer will provide an update to this work when we meet in October.

1.11 Operational and financial performance

Board members will note from the Integrated Performance Report the delivery against the plan with the details of any exceptions reported via the respective Board committees. The resources committee have received the detailed finance reports from each trust and I can confirm that the South Tees application for cash support which we discussed at our Board meeting in August has been submitted. I will ask the Group CFO to provide any additional update verbally when we met in September.

1.12 In other news!

Ambitious students from low-income backgrounds were welcomed to The James Cook University Hospital as part of its annual residential programme aimed at inspiring the next generation of doctors.

More than 50 students from across the UK came together from Monday 22 July to Friday 26 July to learn and interact with the trust's diverse workforce whilst learning more about their roles and responsibilities.

The 'I Want to be a Doctor' course commenced in 2017 as a partnership between South Tees Hospitals NHS Foundation Trust and Social Mobility Foundation – to support high-achieving students from disadvantaged backgrounds.

https://www.southtees.nhs.uk/news/inspiring-next-generation-of-doctors-as-residential-course-returns-to-james-cook/

Work is continuing to build a new community diagnostic centre in Stockton Town Centre which will give people rapid access to tests, checks and scans.

Less than 12 months after building works started, significant progress has been made including the completion of the building's foundations and steel structures.

https://www.nth.nhs.uk/news/progress-on-new-town-centre-nhs-facility-offering-rapid-health-checks-tests-and-scans/

2. RECOMMENDATIONS

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

Date published: 12 August, 2024
Date last updated: 12 August, 2024

NHS response to 2024 riots

Publication (/publication)

Content

Classification: Official
Publication reference: PRN01502

To:

- integrated care boards:
  - chief executive officers
  - chief nursing officers
  - medical directors
  - chief people officers
- NHS trusts and foundation trusts:
  - chief executive officers
  - chief nursing officers
  - medical directors
  - chief people officers
- GP practices
- dental practices
- pharmacy contractors
- general ophthalmic service contractors

cc:

- regional directors

Dear colleagues,

NHS response to 2024 riots

Last week we held a meeting with integrated care board (ICB) and trust chief executives and deputies to discuss the NHS's response to the civil unrest and groundswell of hate we have seen across the country – including online – over the last fortnight in particular.

These racist and Islamophobic riots have been shocking and have had a deep impact on many of our staff and patients. We are conscious that these traumatic events have come swiftly after other racist incidents in our society affecting our staff, such as continuing acts of antisemitism, all of which are deeply concerning.

Thank you for the very clear determination and commitment that we heard in that meeting to look after all our colleagues and patients. We know this extends well beyond the chief executives and others who joined us last week, which is why we are sharing this letter with a wider group.

We know also that while the events of the last week have brought a particularly acute focus on the racism that some colleagues and members of our communities still face, these are longstanding issues that require long term commitment. While much of it is not within our influence, what happens within the NHS is.

A key takeaway from the meeting was that colleagues would appreciate a 'do once' approach to bringing together, and in some cases interpreting, relevant resources, guidance and policies: relating to supporting our staff, and to addressing racist or other discriminatory behaviour, whether from patients or colleagues.

Since then, we have held two calls with all chief people officers to establish further what would be helpful. We have continued to hear updates from the frontline.

Our starting principle is that discrimination is unacceptable, and the NHS should have zero tolerance of racism towards our patients or colleagues.

As we pointed out in the NHS equality, diversity and inclusion (EDI) improvement plan (https://www.england.nhs.uk/publication/nhs-edi-improvement-plan/) last year, this is not just a question of values; but of staff feeling safe to come to work, wanting to remain in the NHS, and being able to contribute to the best of their

ability; and of patients having the confidence that they will be looked after appropriately if they need our care. As such, it is fundamental to our core business.

This letter is the first main step in responding to your ask on last week's call. The annex below provides guidance and information and clarifies key points of concern.

We are conscious it is not the full picture. Some elements of it will be more applicable to some organisations than others. Other elements need further work to finalise, which we are doing with national partners.

Our intent in writing now is to share what we can quickly, but we are committed to continuing to work with you and staff representatives to address additional questions and considerations.

Finally, the information below is by necessity written for you as leaders of your respective organisations, responsible for developing and implementing policies; you will know best what works in terms of how you communicate this to your staff, patients and the different communities you serve.

However, as you will appreciate, it is important that this communication does take place, with an emphasis on empowering individual staff and patients to take action where they encounter racist behaviour, and giving confidence that their organisation will back them when they do. London Ambulance Service gave us a good example of this earlier this week (https://twitter.com/Ldn_Ambulance/status/1820506353343013258).

Thank you, again, for everything you are doing to support both staff and patients.

Yours sincerely,

Dr Navina Evans, Chief Workforce, Training and Education Officer

Professor Sir Stephen Powis, National Medical Director

Steve Russell, Chief Delivery Officer

Duncan Burton, Chief Nursing Officer, England

Annex: Listening to and supporting affected staff

1. Ensuring staff can access the support they need

NHS employers will already have well-established policies in place to support staff who are concerned about their safety at work. The general principles relevant to the events of the last fortnight are that:

- staff know how concerns can be raised, and use of these processes is monitored to ensure they are fit for purpose
- line managers have adequate advice and training so that they can directly support colleagues where possible, and signpost to other forms of support where needed.
- (where staff raise concerns about their personal safety) mechanisms exist to undertake a local risk assessment and put appropriate mitigating actions in place, such as consideration of temporary remote working arrangements and/or safety measures for lone workers

Employers may wish to increase promotion of their local health and wellbeing support for staff. Details of nationally-commissioned routes of support, including the 24/7 text helpline 'SHOUT' and NHS Practitioner Health, can be found at NHS England – Support available for our NHS People (https://www.england.nhs.uk/supporting-our-nhs-people/support-now/).

It is important to recognise that while some staff may need support because they have been directly affected by attacks to themselves or friends of family, others may face less-direct impacts, including those living or needing to travel through affected or at risk areas. These impacts should be addressed as proactively as possible through line management conversations.

2. Involve staff networks in organisational response

Staff networks within an organisation are often a valuable source of peer support for colleagues.

Senior leaders – both executive and non-executive – may find it helpful to specifically engage with staff networks or other groups (for example, in primary care, this may be the whole team) to understand how colleagues feel about the current unrest and ensure their involvement in key decisions.

All staff have a responsibility to report where they see acts of discrimination, whether it affects them directly or not.

We know that many staff are strong allies on issues of discrimination, and they should be called upon to support.

Dealing with instances of racism and discrimination

3. Refusal to treat

In general terms, it is lawful for providers of NHS services to refuse to provide treatment where a patient's behaviour constitutes discrimination or harassment towards staff; but this must be reasonable, and the approach tailored to specific cases.

The NHS Constitution, to which all NHS bodies and all providers of NHS care (including primary care providers and sub-contractors) have a statutory duty to have regard, is clear that access to NHS treatment is contingent on patients and the public acting in a respectful way.

This is reinforced by the NHS Standard Contract 7.2.3, which confirms that a provider is not required to provide or continue to provide a service to a patient "… who displays abusive, violent or threatening behaviour unacceptable to the Provider, or behaviour which the Provider determines constitutes discrimination or harassment towards any Staff or other Service User", with the provider "in each case acting reasonably and taking into account that Service User's mental health and clinical presentation and any other health conditions which may influence their behaviour".

Similar but different provisions exist in general practice, dental services, pharmacy and optometry under the relevant regulations.

All healthcare settings should have policies relating to abuse, violence and racism against their staff (including trainees) by patients and or their accompanying relatives, that put processes in place to trigger a refusal of treatment, with appropriate safeguards and that are in keeping with the regulations and rules the service is delivered under.

Implementation of NHS England's violence prevention and reduction standard is an important part of delivering safe services.

All policies should be in keeping with the guidance issued by professional regulators and bodies.

In particular, NHS trusts and GP practices should note:

- the General Medical Council's (GMC) guidance, Racism in the workplace – GMC (gmc-uk.org) (https://www.gmc-uk.org/professional-standards/ethical-hub/racism-in-the-workplace#Experiencing-racism-in-the-workplace) and ending the professional relationship a patient (https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/ending-your-professional-relationship-with-a-patient), which includes important provisions on emergency care, and is aligned with the BMA's guidance (https://www.bma.org.uk/advice-and-support/equality-and-diversity-guidance/discrimination-guidance/managing-discrimination-from-patients-and-their-guardians-and-relatives/steps-for-any-worker)
- the NMC's professional guidelines (https://www.nmc.org.uk/standards/code/) and the Royal College of Nursing's (RCN) guidance on Refusal to treat | Advice guides | Royal College of Nursing (rcn.org.uk) (https://www.rcn.org.uk/Get-Help/RCN-advice/refusal-to-treat)

It should also be noted that some types of behaviour potentially constitute criminal acts. Where this is suspected, and particularly where the safety of colleagues or other members of the public is threatened or compromised, it should be reported to the police immediately, or as soon as practicable afterwards.

While respecting the wishes of individual staff in this regard, we support organisations pursuing criminal charges and convictions in all applicable cases.

Notwithstanding the guidance above, we recognise that developing and applying these policies is not simple. If colleagues require further information or advice, they should contact their professional leads within ICBs and regions. Primary care contractors (general practice, dentistry, optometry and pharmacy) should contact their commissioner.

4. Consistency in approach to social media policies

Many healthcare providers already have established social media policies for staff, covering activity inside and outside of work.

In general it is good practice that social media policies are reviewed and re-communicated to all staff periodically. Where appropriate, it is also good practice that policies make specific links to the requirements of professional regulators, for example the GMC (https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/using-social-media-as-a-medical-professional/using-social-media-as-a-medical-professional), Nursing and Midwifery Council (NMC) (https://www.nmc.org.uk/standards/guidance/social-media-guidance/), the Health and Care Professions Council (HCPC) (https://www.hcpc-uk.org/standards/meeting-our-standards/communication-and-using-social-

media/guidance-on-use-of-social-media/) and the General Dental Council (GDC) (https://www.gdc-uk.org/docs/default-source/guidance-documents/guidance-on-using-social-media.pdf?sfvrsn=de158345_2).

It is also important that these policies link to broader disciplinary policies and procedures.

Appended to this email is the NHS England social media policy, which may be useful as an example – we are also reviewing this in light of the current situation.

As above, some comments made on social media may contravene the law. Where this is suspected, organisations should report them to the Police for investigation.

5. Consistency in our approach to dealing with staff involved in civil unrest, or other racism-related activities outside of the workplace

NHS Employers has developed specific advice and guidance for NHS HR directors/chief people officers, which addresses conduct outside of working hours, incidences involving the police and the use of social media. This can be accessed online: Legal advice in relation to the summer 2024 riots | NHS Employers (https://www.nhsemployers.org/news/legal-advice-relation-summer-2024-riots)

We support a robust and proactive approach to applying local disciplinary policies where staff are allegedly involved in discriminatory behaviour, inside or outside of work.

This may include a risk-based approach to concluding the investigation, hearing the evidence, and appropriate sanction applied, in advance of the police concluding their procedures.

You should note that onward referral to professional regulators may be appropriate. Additionally, there may be cases where there has been no police involvement to date, but where internal investigations suggest criminal acts may have taken place; in these cases, employers should report their concerns to the police.

NHS Employers will be available to support this approach.

Demonstrating ongoing commitment to equality, diversity and inclusion

6. Improving our own progress in addressing key EDI concerns

The concerns of staff about the discrimination they experience working in the NHS are not new; nor do they manifest solely in the ways we have seen over the last fortnight.

We all have a duty to staff, patients and the public to root out discrimination in all forms in the NHS. We can do this by taking forward the 6 high-impact EDI actions set out in the NHS EDI improvement plan (https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/), through a plan of tangible actions against which performance can be assessed internally by leaders, in a transparent way.

In doing so, it is important to pay attention to the experience of students/learners, bank workers, international recruited and subcontracted staff, to ensure they are included in our support and their experiences shape our wider work.

7. Working closely in partnership with our trade unions

Trade unions have a long history of advocating for staff, including dealing with and addressing discrimination in our society and workplaces.

Some of the issues that you will be dealing with locally will be relatively new and require new or more proactive approaches.

Many of you will be working closely with your local trade unions, and we would encourage a united approach with our local partnerships forums. Trade union health and safety representatives are an important partner in addressing safety issues including violence and aggression in the workplace.

8. Ongoing joint working and advice

To support leaders, the national NHS England Workforce, Training and Education team will convene all HR directors and chief people officers on a regular basis. The first of those meetings happened last week and was instrumental in shaping the content of this letter.

For individual cases that require support, the relevant regional director of workforce, training and development should be contacted.

NHS Employers will also convene a weekly ‘drop in’ session, with legal support, to support consistency of local application. Details of how to access this support will be sent shortly.

Date published: 12 August, 2024
Date last updated: 12 August, 2024

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Agenda Item: 9

Caring
Better
Together

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Finance Report – Month 4 2024-25

Meeting date: 3 September 2024

Reporting to: Group Board of Directors

Agenda item No: 9

Report author: Chris Hand, Group Chief Finance Officer

Action required:
Information

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

Previously presented to:

NTHFT strategic objectives supported:

Putting patients first ☐

Valuing our people ☐

Transforming our services ☒

Health and wellbeing ☒

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

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

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

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

This report 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.

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 12th June 2024.

Full external reporting to NHSE is required from Month 3 onwards, with performance measured against the 12th June plan re-submission. (No formal external reporting was required for Month 1 and only a 'key data' submission was required for the Month 2.)

The financial position for Month 4 2024/25 is an adverse variance of £0.765m for the Group against the year-to-date plan. This report outlines the drivers of the variance and action being taken.

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.

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.

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:

Members of the Group Board are asked to:

- Note the financial position for Month 4 2024/25.

Finance Report – Month 4 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 2nd 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 22nd May, a system control total deficit of £49.9m was agreed for the ICS overall. An additional £20m funding will be provided to the ICS in recognition of the impact of IFRS 16 on PFIs. Consequently, a further plan re-submission was required from all system partners on the 12th June 2024.

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 4 FINANCIAL POSITION

The table below shows the revenue position for the Group as at the end of Month 4 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	133,436	133,525	89	280,177	282,523	2,346	413,613	416,048	2,435
Other operating income	12,988	12,119	(869)	18,422	17,624	(798)	31,410	29,743	(1,667)
Employee expenses	(97,636)	(98,978)	(1,342)	(182,995)	(183,075)	(80)	(280,631)	(282,053)	(1,422)
Operating expenses excluding employee expenses	(45,653)	(46,193)	(540)	(122,591)	(124,504)	(1,913)	(168,244)	(170,697)	(2,453)
OPERATING SURPLUS/(DEFICIT)	**3,135**	**473**	**(2,662)**	**(6,987)**	**(7,432)**	**(445)**	**(3,852)**	**(6,959)**	**(3,107)**
FINANCE COSTS									
Finance income	832	1,051	219	958	1,191	233	1,790	2,242	452
Finance expense	(214)	(229)	(15)	(7,868)	(7,777)	91	(8,082)	(8,006)	76
PDC dividends payable/refundable	(760)	(730)	30	0	0	0	(760)	(730)	30
NET FINANCE COSTS	**(142)**	**92**	**234**	**(6,910)**	**(6,586)**	**324**	**(7,052)**	**(6,494)**	**558**
Other gains/(losses) including disposal of assets	0	26	26	0	27	27	0	53	53
Corporation tax expense	(20)	(30)	(10)	0	0	0	(20)	(30)	(10)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**2,973**	**561**	**(2,412)**	**(13,897)**	**(13,991)**	**(94)**	**(10,924)**	**(13,430)**	**(2,506)**
Add back all I&E impairments/(reversals)	0	0	0	0	0	0	0	0	0
Remove capital donations/grants I&E impact	(3,472)	(1,827)	1,645	163	199	36	(3,309)	(1,628)	1,681
Adjust PFI revenue costs to UK GAAP basis	0	0	0	(2,142)	(2,082)	60	(2,142)	(2,082)	60
Adjusted financial performance for the purposes of system achievement	(499)	(1,266)	(767)	(15,876)	(15,874)	2	(16,375)	(17,140)	(765)

At the end of Month 4 2024/25 the Group is reporting an adverse variance of £0.765m (with -£0.767m relating to NTH and +£0.002m relating to STH).

The main drivers of the NTH Month 4 position are:

- Income from patient care activities is slightly ahead of plan, which mostly relates to increased high cost drugs and devices income
- Other operating income is ahead of plan, mainly relating to Research & Development, education and commercial income.
- There is an overspend against block funded high-cost drugs and devices
- Slippage on delivery of CIP savings

The main drivers of the STH Month 4 position are:

- Clinical Income is ahead of plan, relating to additional income relating to additional activity funded via ERF income.
- Overspends on drug and devices expenditure, part offset by additional pass-through income, with pressures on block-funded costs.
- Operational delivery overspends on Collaborative budgets.

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 4:

	NTH			STH			GROUP		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Nursing	1,484	1,083	-401	123	101	-22	1,607	1,184	-423
AHP and S&T	38	92	54	331	21	-310	369	113	-256
Other Clinical	0	0	0	0	0	0	0	0	0
Consultants	718	694	-24	1,148	923	-225	1,866	1,617	-249
Career/staff grades	0	36	36	0	0	0	0	36	36
Trainee grades	0	0	0	0	0	0	0	0	0
Non Clinical	0	30	30	63	3	-60	63	33	-30
Total Agency	**2,240**	**1,935**	**-305**	**1,665**	**1,048**	**-617**	**3,905**	**2,983**	**-922**

Agency Expenditure is below plan overall for the Group, with an underspend of £617k at STH and underspend of £305k 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 and 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 4 amounted to £124.1m, as detailed below, and is broadly in line with plan:

	NTH £000	STH £000	Group £000
Equipment	337	553	**890**
Digital	65	642	**707**
Estates	1,530	489	**2,019**
PFI	0	3,919	**3,919**
Salix	1,277	0	**1,277**
FHN Hub	0	5,857	**5,857**
JCUH UTC	0	392	**392**
CDC Hub	6,465	0	**6,465**
IFRS 16	640	0	**640**
Total Gross Capital	**10,314**	**11,852**	**22,166**
YTD Plan	10,771	13,345	**24,116**
Variance	-457	-1,493	**-1,950**

Liquidity

The cash balance at the end of Month 4 stood at £80.2m for the Group (with £60.3m relating to NTH and £19.9m relating to STH).

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

NTH	YTD Number	YTD Value £000
Total bills paid in the year	23,800	73,951
Total bills paid within target	22,943	72,561
Percentage of bills paid within target	**96.4%**	**98.1%**
STH	**YTD Number**	**YTD Value £000**
Total bills paid in the year	34,385	196,608
Total bills paid within target	33,211	188,330
Percentage of bills paid within target	**96.6%**	**95.8%**
GROUP	**YTD Number**	**YTD Value £000**
Total bills paid in the year	58,185	270,559
Total bills paid within target	56,154	260,891
Percentage of bills paid within target	**96.5%**	**96.4%**

Statement of Financial Position

The table below shows the balance sheet position for the two Trusts as at the end of Month 4:

	NTH	STH
	£000	£000
Non-current assets		
Intangible assets	882	8,586
On-SoFP IFRIC 12 assets	0	146,883
Other property, plant and equipment (excludes leases)	140,336	149,290
Right of use assets - leased assets for lessee (excluding PFI/LIFT)	19,351	31,327
Receivables: due from NHS and DHSC group bodies	579	1,155
Receivables: due from non-NHS/DHSC Group bodies	1,228	1,518
Credit Loss Allowances		(2,045)
Total non-current assets	**162,376**	**336,714**
Current assets		
Inventories	6,795	16,116
Receivables: due from NHS and DHSC group bodies	3,842	29,496
Receivables: due from non-NHS/DHSC Group bodies	24,412	35,516
Credit Loss Allowances	(2,948)	(1,300)
Cash and cash equivalents: GBS/NLF	55,193	18,428
Cash and cash equivalents: commercial/in hand/other	5,064	1,511
Total current assets	**92,358**	**99,767**
Current liabilities		
Trade and other payables: capital	(1,729)	(15,100)
Trade and other payables: non-capital	(58,329)	(142,085)
Borrowings	(4,781)	(14,286)
Other financial liabilities	(334)	
Provisions	(5,345)	(1,550)
Other liabilities: deferred income including contract liabilities	(6,379)	
Total current liabilities	**(76,897)**	**(173,021)**
Total assets less current liabilities	**177,837**	**263,460**
Non-current liabilities		
Borrowings	(34,100)	(261,112)
Provisions	(2,082)	(1,370)
Total non-current liabilities	**(36,182)**	**(262,482)**
Total net assets employed	**141,655**	**978**

4. RECOMMENDATIONS

Members of the Group Board are asked to:

- Note the financial position for Month 4 2024/25

Agenda Item: 10

Caring
Better
Together

University Hospitals Tees

Group Integrated Performance Report

Meeting date: 3 September 2024

Reporting to: Group Board of Directors

Agenda item No: 10

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 Forums in August 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
- 62-day cancer standard
- 18-week RTT
- 6 week diagnostics standard

Further detail is provided in the Trust-level IPRs.

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

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

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

The Working Group has now met with Group Directors across Quality, Workforce, and Finance, Site COO's and Public Health Consultants to agree metrics for inclusion within Group IPR. A meeting with the Meeting with Non-Executive Directors is scheduled.

BI/Performance Teams currently drafting the format/presentation of how the Group IPR could look like, with alternative formats for consideration. Group IPR to be presented to Group Board in November.

Work continues with Site IPRs to help support the reduction of metrics.

Recommendations:

The Group Board is asked to note performance against the priority metrics highlighted within the latest operational and planning guidance, acknowledging the progress made to date to agree content and presentation of the report for 2024/25.

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Group Integrated Performance Report

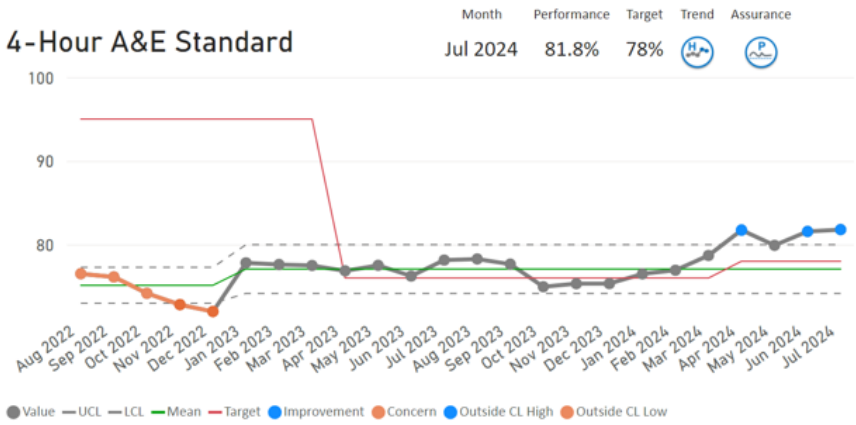
(July 2024 reporting period)

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Urgent and Emergency Care

	Target	Peformance
Group	78%	81.78%
North Tees & Hartlepool		87.26%
South Tees		76.92%



North Tees

The Trust overall reports at 87.26% with Type 1 reporting at 57.26%, despite a 4.61% increase in attendances compared to the same period last year. Overall compliance is continuing to perform well against trajectory. Continuous improvement is ongoing with a range of work streams covering workforce, digital and pathways, alongside education and communication across the Trust, with governance via More Before 4 Meetings and the Four Hour Steering Group. A business is case is currently in progress to support the addition of a second senior decision maker overnight, this was trialled over winter 2023/24 with positive impacts on patient and staff safety, flow and outcomes alongside increased 4 hour compliance.

South Tees

The 4-hour standard performance improved to its highest level in the last 2 years and continued to exceed trajectory. The Trust placed inside the top quartile nationally for July performance. 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.

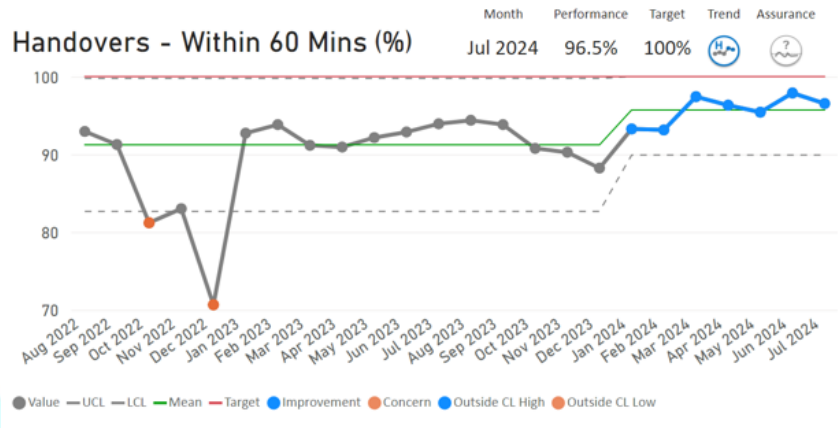
North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Ambulance Handovers

	Target	Performance
Group	100%	96.53%
North Tees and Hartlepool		100.00%
South Tees		94.07%

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



North Tees

1,921 patients arrived by ambulance to A&E, with a handover compliance (PIN) rate of 92.35%. 100% of handovers were completed within 60 minutes. The average handover time was 14 minutes. Average turnaround time (arrival to clear) reported at 36 minutes, against a regional average of 41 minutes. This places the Trust first in the region.

South Tees

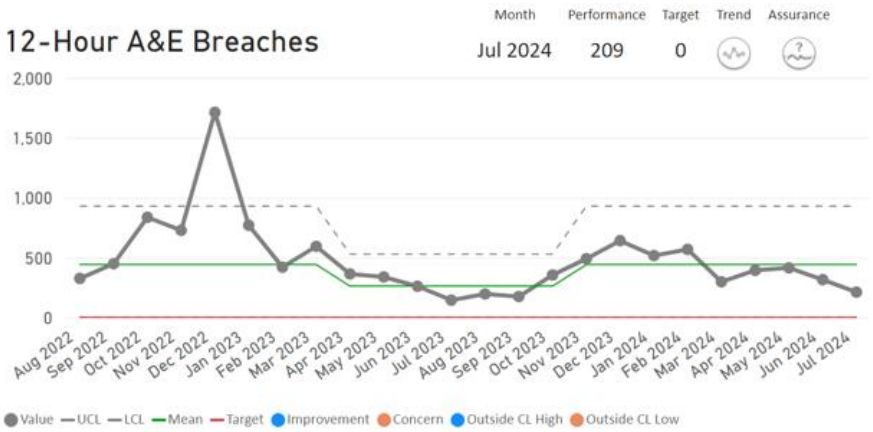
Ambulance handover delays have remained stable.

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

12 Hour in Department

	Target	Performance
Group	0	209
North Tees and Hartlepool		26
South Tees		183



North Tees

An increase in 12 hour waits in department compared to the previous month is noted. Key delay reasons were awaiting admission/transfer (46%) and awaiting specialty review (23%). The waits occurred at times when the Trust was under extreme pressure with increased admissions from the emergency department and the Trust declaring OPEL 3 for a number of days, within the month.

South Tees

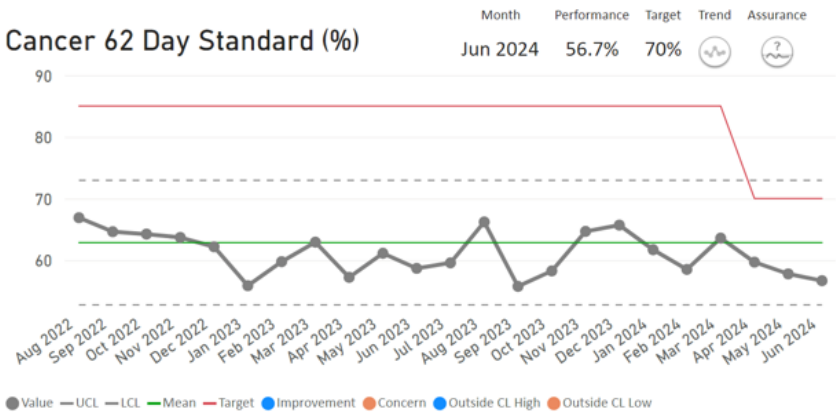
Patients experiencing the longest A&E waits were stable and the proportion of patients waiting over 12 hours benchmarked favourably at national level.

North Tees and Hartlepool NHS Foundation Trust

Cancer

South Tees Hospitals NHS Foundation Trust

	Target	Performance
Group	70%	56.65%
North Tees & Hartlepool		59.74%
South Tees		54.87%



North Tees

Non-compliance with the cancer metrics is noted this month. A number of initiatives to increase capacity across the tumour groups are underway to support reduced waiting times and improved performance against the standards. Some of the Initiatives include:

- Implementation of a One-Stop PMB clinic within the gynaecology pathway commenced in July
- Urology clinicians undertaking training to provide transperineal biopsies for prostate patients in line with best practice timed pathways.
- An additional colorectal surgeon is due to commence in September.
- Discussions with the Freeman underway regarding reducing wait times for outpatient appointments for the Upper GI pancreatic pathway.
- Repatriation of curative upper GI patients receiving chemotherapy, within our locality, from South Tees is planned from September.

South Tees

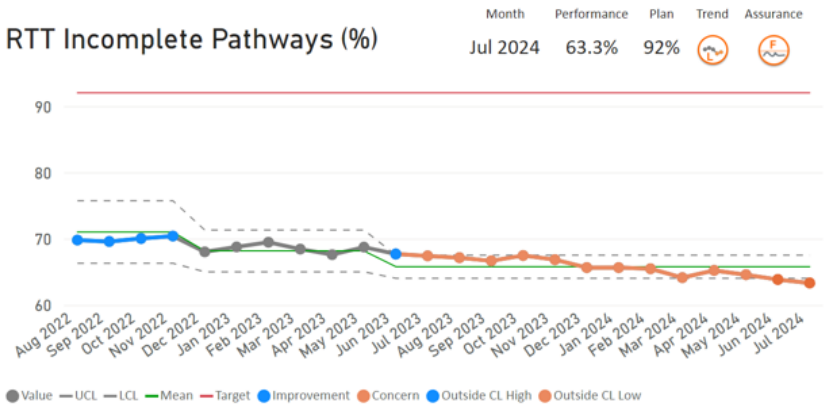
For cancer, Faster Diagnosis Standard performance shows sustained compliance in the SPC chart (page 37) and the national standard was achieved again for June. The number of patients waiting more than 62 days while being investigated for cancer was on target at the end of July. The 62 day to first treatment standard was lower than plan and continues to be supressed as the longest waiters have treatment prioritised. Urology pathways are the focus of a range of improvement work that includes extra theatre lists and streamlining the prostate diagnostic pathway. Elsewhere, targeted work has begun in Breast, colorectal and upper GI pathways. 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.

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Referral to Treatment

	Target	Performance
Group	92%	63.30%
North Tees and Hartlepool		71.66%
South Tees		60.27%



North Tees

The waiting list continues to be reviewed on a weekly basis in Care Group performance meetings, with work ongoing to bring forward long waiters where possible. Work carries on in line with Further Faster to ensure services working with optimal productivity and efficiency. The Trust is participating in an eight week national "Validation Sprint" due commence 2 September 2024 with the aim to reduce the waiting list where possible through digital, clinical and data validation. As part of this project partial booking is set to be trialled within Pain and Paediatrics with the aim of reducing non-attendances and releasing slots where appointments are no longer needed.

The number of patient waiting over 52 week increased in July and reported slightly above trajectory. The Trust continues to support the Group and System with the aim of eliminating waits over 65 weeks by the end of September 2024, reporting four as of the end of July.

South Tees

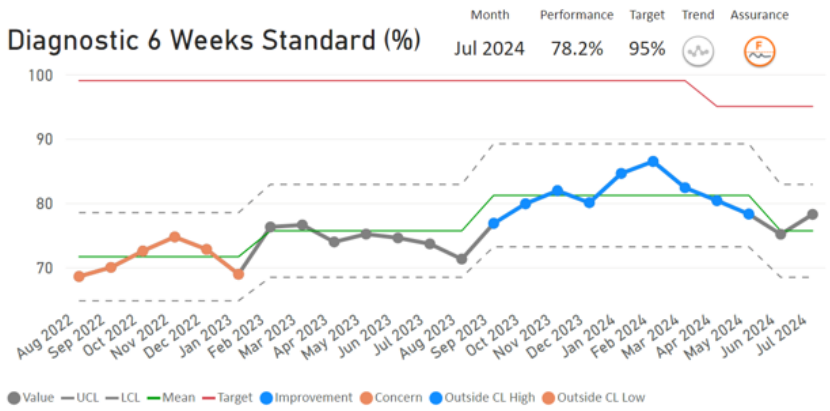
Referral to treatment within 18 weeks trend continues to track within normal variation and performed above the national average although is potentially showing the start of a decreasing trend. There was a continued rise in over 65-week waiters, driven by capacity issues in a small number of specialist services and recovery plans are progressing to address them.

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Diagnostics

	Target	Performance
Group	95%	78.21%
North Tees and Hartlepool		72.90%
South Tees		83.21%



North Tees

An improvement in performance is evident from the previous month. Ultrasound breach position has improved as capacity increases following, the return to work of some of the long-term sick members of staff. MRI saw a slight reduction in the number of breaches in month with the removal of some Cardiac scans from the waiting list following validation. The issue with ECHO's continue as an increase in the number of breaches at end of July. CT compliance reports a positive position and DEXA continues to see no breaches in July.

South Tees

For the diagnostic 6-week standard, June was a positive month, sustaining the improved level of performance. Initiatives implemented since last 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.

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

Next Steps

- Working Group now met with Group Directors across Quality, Workforce, and Finance, Site COO's and Public Health Consultants to agree metrics for inclusion within Group IPR.
- Meeting with Non-Executive Directors scheduled
- BI/Performance Teams currently drafting the format/presentation of how the Group IPR could look like, with alternative formats for consideration.
- Group IPR to be presented to Group Board in November.

Agenda Item: 11

Caring
Better
Together

NHS
University Hospitals Tees

Resources Committee July 24

25 July 2024

Connecting to: Group Board

Key topics discussed in the meeting:

Financial Position

- At the end of Month 3 2024/25 the Group is reporting an adverse variance of £1.4m (with £0.8m relating to NTH and £0.6m relating to STH)
- Across the Group, overall year-to-date SIP delivery is £13.6m (87% of target), with forecast delivery by the end of the year at £66.2m (89% of target).

Patient Transport Business Case

- The committee approved the business case for patient transport services being brought in house. This will deliver a saving of £1.2m as well as deliver significant service improvements for patients

Soft FM services

- We were presented with the BAFO from the current provider as well as options around going to market, external advice and options to reduce service provision

Actions:

- n/a

Escalated items:

- Financial position remains a concern
- Focus on FTE and productivity performance
- Soft FM service provision

Risks (Include ID if currently on risk register):

- none

Caring Better Together

Agenda Item: 12

Caring
Better
Together

University Hospitals Tees

Maternity and Neonatal Services Safety and Quality and Staffing Report Q1 2024/25

Meeting date: 3 September 2024

Reporting to: Group Board of Directors

Agenda item No: 12

Report author: Stephanie Worn – Associate Director of Midwifery

Action required:
Assurance

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

Previously presented to:
Group Quality Committee

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

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

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

Make best use of our resources ☐

CQC domain link:

Safe

Board assurance / risk register this paper relates to:

Caring Better Together

Key discussion points and matters to be escalated from the meeting

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

One event referred to and accepted by Maternity and Neonatal Safety Investigation (MNSI) branch and by NHS Resolution Early Notification scheme. One event did not meet the threshold for a MNSI and will investigated at Trust level as a Patient Safety Incident Investigation. No themes were identified following a rapid review of both events

Workforce: On-going recruitment to the midwifery, obstetric and neonatal workforce.

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.

Service Transformation

- Maternity Triage: on-going developments; estate plans to be confirmed and a named consultant lead to be confirmed. The relevant guideline is under review to reflect current actions and mitigations so that women are seen in a timely manner.
- Community midwifery services: on-going developments.

The Ockenden Immediate and Essential actions will be monitored through the Maternity and Neonatal Three Year Service Delivery Plan. On-going progress and monitoring of the Maternity Incentive Scheme year 6 with no escalations.

Midwifery workforce are hosting a recruitment event to capture third year students completing in January 2025.

Medical workforce are recruiting to a consultant post.

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

Embedded engagement with the Board Safety Champions and the Perinatal Quadrumvirate.

Supporting staff with career development sessions and health and wellbeing via a staff council

Recommendations:

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

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

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Group Board of Directors
3 September 2024

Maternity and Neonatal Services Safety and Quality Report for Quarter 1 2024/25

1. Introduction/Background

The purpose of the report is to inform and provide assurance to the Group University Hospitals Tees Board of Directors members that there is an effective system of clinical governance in place monitoring the safety of our maternity service with clear direction for learning and improvement.

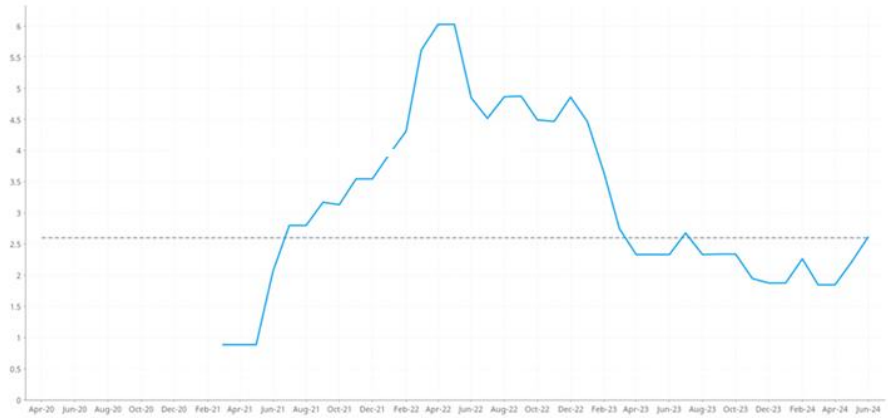
The data within this report is for quarter 1 of 2024/25. This report contains the perinatal quality surveillance model dashboard (appendix 1) to continue monthly oversight reporting to the Trust Board. Where any data provided sits outside this reporting timeframe this will be specified within the report. This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety, as outlined in the NHSEI document 'Implementing a revised perinatal quality surveillance model' (December 2020).

2. Perinatal mortality rate

In quarter 1, three stillbirths reported and zero neonatal deaths. Graph 1 shows the rolling annual stillbirth rate per 1000 births of 2.61 and exclusive of medical termination of pregnancy. Graph 2 shows the rolling neonatal death rate per 1000 births of 1.47, inclusive of early and late neonatal deaths. On average, the Trust has 200 births per month.

The NENC ICB average 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.

Graph 1. Rolling annual Stillbirth rate per 1000 births



Graph 2. Rolling annual neonatal death rate per 1000 births

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

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

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

2.2 Learning from PMRT reviews Quarter 4 2023.24 and Quarter 1 2024.25

A rapid response to learning is undertaken to identify and action any immediate learning until the full PMRT review has been completed within the expected timeframe. Lessons of learning from previous quarters found consideration of further laboratory investigations with a previous history of addictive behaviours, which has prompted a revision of a risk assessment tool.

3 Maternity and Neonatal Safety Investigations

3.1 Background

Maternity and Neonatal Safety Investigation team (MNSI) formally known as HSIB undertake maternity investigations in accordance with the Department of Health and Social Care criteria (Maternity Case Directions 2018). Along this NHS Resolution have a proactive approach to investigate specific brain injuries for determining if negligence caused harm, known as the Early Notification (EN) scheme. The intentions for both MNSI and EN are to identify learning, improve processes for transparency and candour, and to meet the needs to the family in real time.

3.1.1 Babies

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

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

3.1.2 Mothers

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

3.2 Reported and investigation progress update

MNSI were notified of one event that met the eligible criteria in quarter 1, and two cases were reported to NHSR EN scheme. Limited information is shared within this report to minimise patient identifiable details and a full report is provide to the in-committee Group Board of Directors. Table 1 outlines the compliance requirements for MIS year 6.

Table 1 MNSI reporting compliance

MNSI and NHSR Early Notification scheme	Eligible cases	completed
Eligible cases reported to MNSI	x 1	Yes
Eligible cases reported to NHSR EN	x 2	Yes
Family informed of MNSI, EN scheme and duty of candour	x 2	Yes
Trust Claims reporting wizard completed	x 2	Yes

3.3 Safety recommendations and learning from completed investigations from quarter 1.

The Trust had no completed MNSI investigations.

3.4 Coroner Reg 28 made directly to Trust

No requests made in this reporting period.

4. Maternity events

In addition to MNSI cases, the service reported one event under the category of a Patient Safety Incident Investigations (PSII) and will be investigation as per the framework process. The service reports seven moderate graded events. At the point of an event entry, the service reported eight events graded as moderate harm or above for this period (table 2). All events that have been graded as moderate harm and above are discussed at the trust response-planning meeting, attended by the patient safety team and chaired by the patient safety operational lead. Following a review, 1 of the 8 events were downgraded to low harm (table 3) it was considered the care provided did not affect the overall outcome of care.

Table 2. Grading of events

Event	April	May	June	Total
No Harm	33	45	27	105
Low Harm	11	18	21	50
Moderate Harm	2	3	3	8
PSII	0	1	1	2
Total	**46**	**67**	**52**	**165**

Table 3. Moderate graded events review

Event	Summary of event	outcome
Retained placenta	Management of retained advice sought from senior colleagues within the system for on-going management	Low harm

4.1 Maternity and /or neonatal services suspension/divert/closure

The maternity service and the Special Care Baby Unit (SCBU) did not report any closures in quarter 1.

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

In October 2022 the Maternity Services were placed on the Maternity Safety Support Programme (MSSP) following a review by the CQC, which rated Maternity Services as
Requires Improvement. The Trust are working with the Simon Mehigan - named Maternity Improvement Advisor. In May 2023 the exit criteria from the MSSP was agreed by Trust, ICB and NHSE, with an addition in November 2023. There are 7 elements are:

- Workforce
- Leadership
- Quality, risk and safety
- Digital
- Improvement plan
- CQC
- Communications

The exit criteria review demonstrated the service is making good progress with an expectation of a formal review led by the MSSP lead in the autumn.

6. Ockenden Update

In response to failures at Shrewsbury and Telford NHS Trust, the initial Ockenden report (2020) set out recommendations and highlighted 7 Immediate and Essential

Actions (IEAs) for all maternity services to enable them to improve safety for mothers and babies. The final Ockenden report was subsequently published in March 2022 and included 15 additional IEAs for all Trusts to act upon.

The Trust has monitored compliance at a local and ICB level. The 7 IEAs from 2020 have been met and will be monitored through NHSE Three year Maternity and Neonatal service delivery plan (table 4). To strengthen the existing reporting on Ockenden within the Care Group and to the Trust Board, compliance status will be appended to the Maternity operational meeting, Maternity Quality Assurance Council (MQAC), the Quality Committee and then to the Group Board of Directors. The governance approach taken for progress position adopts the BRAG system; completed actions are to remain green until evidence has been reviewed and approved at which point they will change to blue coding.

Table 4: Ockenden IEAs transition

Ockenden IEA
1. Enhanced Safety
2. Listening to women and families
3. Staff training and MDT working
4. Managing complex pregnancy
5. Risk assessment throughout pregnancy
6. Monitoring Fetal wellbeing
7. Informed consent

3year Maternity and Neonatal Service Delivery plan: 4 key themes
Listen to and work with women and families
Grow, retain and support our workforce
Culture of safety, learning and support
Personalised and equitable care underpinned by standards

7. NHS Resolution Maternity Incentive Scheme (MIS)

The Trust received confirmation from NHS Resolution for achieving all ten safety actions in year 5 and a payment equal to the Trust 10% contribution into the Clinical Negligence Scheme for Trusts, plus a share of the surplus funds in respect of Trusts that did not achieve ten out of ten. Year 6 guidance and the monitoring period commenced on the 2nd April 2024. The team have carried forward the governance arrangements from year 5, and as to date there are no items to escalate (table 5).

Table 5 MIS year progress position

Safety Action	Compliance	Update
SA1 PMRT		On track with requirements for compliance
SA 2 MSDS		MSDS quality metrics for July's submission to be confirmed by NHSE
SA 3 Transitional Care		Q1 Audits for review and approval
SA 4 Clinical Workforce Planning		Q1 Audits for review and approval
SA 5 Midwifery Workforce Planning		Monthly Report produced

SA 6 SBLV3 Bundle		Q1 show low compliance against ICB/LMNS targets
SA 7 Patient Feedback		Further development with BAME population
SA 8 In house Training		On Track with requirements for compliance
SA 9 Safety Champions		On Track with requirements for compliance
SA 10 MNSI		On Track with requirements for compliance

8. Saving Babies Lives Care Bundle Version 3

The Saving Babies' Lives Care Bundle is a group of actions that have been put together to reduce stillbirth. Each element has a specific action plan against it and together, these have now been shown to save babies' lives. Saving Babies Lives Care Bundle Version 3 (SBLCBv3) was published on the 30th May 2023 with a revised version published July 2023. There are 6 elements with a total of 70 interventions. For the purpose of MIS year 6 to achieve compliance the following evidence is required:

- Details of element specific improvement work being undertaken including evidence of generating and using the process and outcome metrics for each element.
- Progress against locally agreed improvement aims.
- Evidence of sustained improvement where high levels of reliability have already been achieved.
- Regular review of local themes and trends with regard to potential harms in each of the six elements.
- Sharing of examples and evidence of continuous learning by individual Trusts with their local ICB, neighbouring Trusts and NHS Futures where appropriate.
- Following a review by the ICB /LMNS, the Trust declared compliance with SBLCBv3.

The Trust and the ICB/LMNS have quarterly meetings dates scheduled for 2024/25. A review has taken place but the agreed compliance is to be confirmed once all evidence has been received and approved.

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

This is a programme of work to reduce avoidable admissions to a neonatal unit for infants born at term (over 37 weeks gestation) paralleled by reducing separation of mother and baby. The National ambition is a rate below 6%. A total of 32babies (4.9%) >37weeks gestation, were admitted to SCBU. The reasons for 70% of admission were for respiratory distress. An improvement action plan of learning is shared at the maternity and neonatal safety champions meetings. The perinatal quadrumvirate (Obstetric Clinical Director, Care group Manager, Associate Director of Midwifery and Senior Clinical Matron for Neonates) have membership to this meeting. Monthly updates are reported at the Quality Committee, Board of Directors and quarterly to the LMNS. Respiratory distress is the planned focus for a perinatal quality improvement with the aim to reduce the amount of babies requiring admission for this reason. Intravenous antibiotics administration is now embedded on the post-natal ward and

there is a plan to reduce gestational admission age criteria for admission to transitional care to 34 weeks in September 2024 in line with BAPM guidance.

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

10.1 Core Competency Framework v2 (CCFv2) year 2

The Trust has worked in collaboration with the NENC Local Maternity and Neonatal System (LMNS) to develop a maternity training syllabus to meet the requirements of Core Competency Framework v2 (CCFv2), supporting standardisation of training, servicer user involvement and shared resources. Compliance for MIS year 6 focuses on MDT obstetric emergency skills, fetal monitoring and new-born life support. The training compliance is outlined in tables 6, 7 and 8. The training compliance and trajectory is shown in graph 1 and 2.

The obstetric and neonatal department Trust core 10 mandatory training is shown in Table 9. Compliance will continued to be monitored monthly and to support staff to access training. A review of mandatory training modules will be undertaken as an opportunity to ensure the assigned training is appropriate for each of the staff groups.

Table 6. MDT obstetric emergencies skills

Staff group	April	May	June	MIS year compliance for Q1	Yearly Rolling compliance average
Midwives	31%	44%	51%	50%	92%
Support staff	29%	38%	49%	50%	89%
Obs consultant	15%	30%	38%	50%	92%
Obs trainee	14%	19%	24%	50%	100%
Anaesthetic consultant	30%	60%	60%	50%	90%
Anaesthetic trainee	27%	45%	64%	50%	62%
Theatre staff	18%	24%	33%	25%	33%

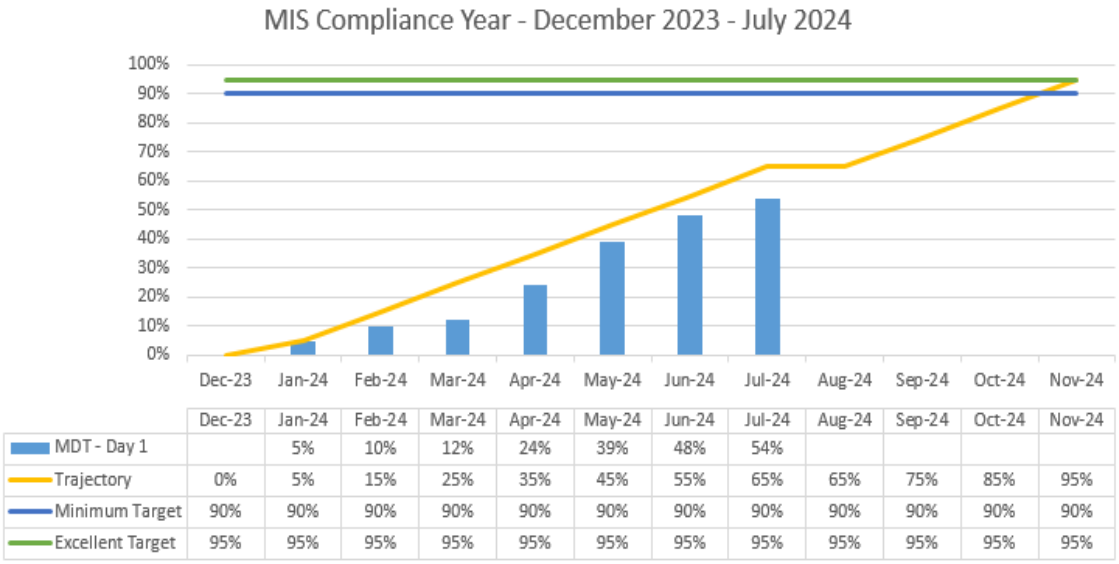
Table 7. Fetal monitoring training

Staff group	April	May	June	MIS year compliance for Q1	Yearly Rolling compliance average
Midwives	33%	42%	51%	50%	90%
Obs consultant	18%	46%	46%	50%	85%
Obs trainee	0%	0%	0%	50%	100%

Table 8. Newborn Life support (NLS)

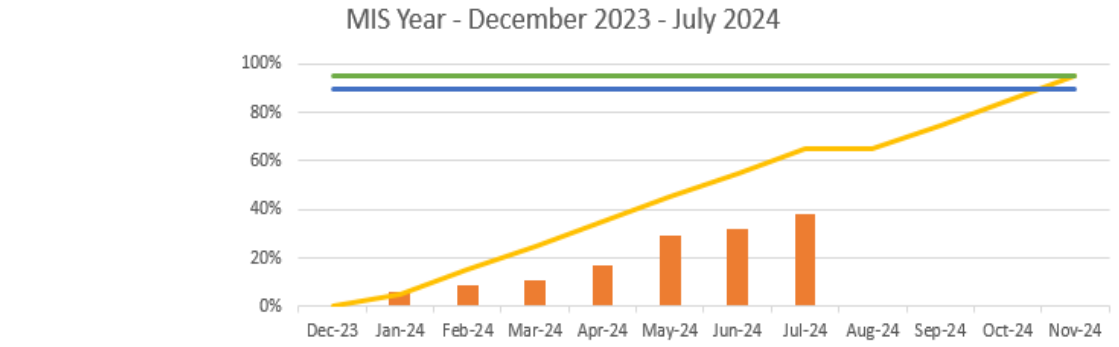
Staff group	April	May	June	MIS year compliance for Q1	Yearly Rolling compliance average
Midwives	31%	44%	51%	50%	92%
Support staff	29%	38%	49%	50%	89%
Obs consultant	15%	30%	38%	50%	92%
Obs trainee	14%	19%	24%	50%	100%
Anaesthetic consultant	30%	60%	60%	50%	90%
Anaesthetic trainee	27%	45%	64%	50%	62%
Theatre staff	18%	24%	33%	25%	33%

Graph 1. MIS training compliance and trajectory MDT obstetric skills and NLS



	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
MDT - Day 1		5%	10%	12%	24%	39%	48%	54%				
Trajectory	0%	5%	15%	25%	35%	45%	55%	65%	65%	75%	85%	95%
Minimum Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Excellent Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Graph 2. MIS training compliance and trajectory for Fetal monitoring



	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
SBL and fetal wellbeing - Day 2		6%	9%	11%	17%	29%	32%	38%				
Trajectory	0%	5%	15%	25%	35%	45%	55%	65%	65%	75%	85%	95%
Minimum Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Excellent Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Table 9. Maternity workforce Trust Mandatory Core training

Staff group	April	May	June
RM and support staff	**91.38%**	**88.89%**	**89.24%**
Medical	91.72%	87.66%	85.99%
Nursing and support staff	97.27%	86.68%	93.47%

11. Insights from service users

11.1 Complaints and compliments overview

The monthly numbers of both complaints and compliments are outlined in Table 10 and Table 11 formal complaints within quarter 1 related to:

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

The above has been communicated to maternity staff through mandatory training and ward meetings. Complaints are monitored via the trust complaints process.

Table 10. Complaints

Complaints	April	May	June	Total
Stage 0	0	1	3	**4**
Stage 1	4	0	1	**5**
Stage 2	3	0	1	**4**
Stage 3	1	0	0	**1**
Total	**8**	**1**	**5**	**14**

Table 11. Compliments

Compliments	April	May	June	Total
Care provided/compassion	11	20	18	49
Communication	3		1	4
Multiple	4	1	4	9
Staff to staff	0		7	7
Other	17	11	0	28
Total	**35**	**32**	**30**	**97**

11.2. Service user insights from Friends and Family Test (FFT)

The service continues to monitor friends and family test feedback. The latest results are identified in the Table 12.

Table 12. FFT

	April	May	June
Positive %	95%	82%	90%

11.3 Trust Claims Scorecard.

The scorecard is a quality improvement tool that provides insights into claims in support of clinical governance and quality assurance for the Trust. The scorecard provides details of all CNST claims, combined with data from the early notification scheme, providing a full picture of maternity related claims. The information is triangulated with the other feedback sources to support improvements, such as complaints and compliments. An updated scorecard is expected within quarter 2, upon receipt, triangulation of other data sources will be taken and shared via the governance structures.

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

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

- Engagement with local communities through baby banks within some of the most deprived communities.
- Work on what good co-production looks like.
- Expanding the team and exploring opportunities with South Tees MNVP

The LMNS approved the 2024/25 work plan (appendix 2) and the Board of Directors are asked to consider approval of the workplan.

11.5 Service user insights taken from a recent CQC peer review

Following the National Maternity survey publication in quarter 4 of 2023/24, an improvement plan has been developed in response to areas where it was identified by service users experience could have been improved (appendix 3). The improvement plan will be monitored through the perinatal service improvement group.

12. Community midwifery services

An external review of community services has been undertaken by members of the NEY Regional Midwifery team supported by the designated Maternity Improvement Advisor (MIA). There have been several staff engagement sessions and a survey. The report was received in November 2023, outlining opportunities such as a review of the workforce model, location of service provision and enhanced models of care. There were 4 key themes identified from the report which led to 3 work streams, led by the community teams:

- Autonomous working
- Flexible working
- Community Hubs as a location base
- Antenatal and postnatal continuity of carer

Representatives from each of the geographical teams will progress the work streams over the next quarter.

12.1 Continuity of Care

There is no longer a national target for Maternity Continuity of Carer (MCoC). Local midwifery and obstetric leaders should focus on retention and growth of the workforce, and develop plans that will work locally taking account of local populations, current staffing, more specialised models of care required by some women and current ways of working supporting the whole maternity team to work to their strengths. NHS England expects the trust to continue to review our staffing in the context of the Ockenden final report. The Trust position is to maintain the one MCoC team and not to expand until the building blocks of a workforce are achieved. A project to explore an enhanced maternity model of care is underway; focus on those women from vulnerable groups who will benefit the most from this model. The local LMNS, regional and national colleagues are available to support the trust with this.

12.1 Progress to Date

Table 13 outlines the current percentage on a continuity pathway with the MCoC team (Rowan) i.e. the same team of midwives looking after women throughout their antenatal, intrapartum labour and postnatal care.

Table 13. Maternity Continuity of Carer (Rowan) Percentage

	% of women who are on a MCoC pathway at 29 weeks	% of women who are from the BAME community on a MCoC pathway at 29 weeks	% of women who live in the 10% most deprived on a MCoC pathway at 29 weeks	% of women who were cared for in labour by their continuity team
Q1	**4.8%**	**5%**	**30%**	**28.94%**

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

ambitions. A scoping project to understand population demographics will be developed in quarter 4 and quarter 1 of 2024/25.

Table 14 shows the current percentage of women who have antenatal care plans recorded by 29 weeks, with CoC pathway indicator and record of teams providing care. The data is submitted to the National maternity dashboard and quarter 1 demonstrates compliance.

Table 14. Antenatal MCoC antenatal pathways

Continuity of Care	April	May	June
i. Over 5% of women who have an Antenatal Care Plan recorded by 29 weeks and also have the CoC pathway indicator completed	97.9%	96.6%	96.5%
ii. Over 5% of women recorded as being placed on a CoC pathway where both Care Professional ID and Team ID have also been provided.	100%	100%	100%

13. Quality improvement and research

13.1 Research midwifery team

The research team are currently the 4th highest recruiting site in NENC. Table 15 summaries currently research activity:

Table 15. Research activity summary

Obstetric study	Status
COPE – Carboprost vs Syntocinon as first line treatment for PPH	Active Recruited 148
ROTATE – RCT of manual vs instrumental rotation of the fetal head in malposition at birth	Active Recruited 8
iGBS3 – Cord blood for research into GBS protection	Active Recruited 2269
iHOLDS – High or low dose syntocinon for IOL	On Hold (manufacturer delay) Recruited 101
MiNESS – Mothers working to prevent early stillbirth	Active Recruited 1
TTTS Registry – Multiple Pregnancy Registry	Active Recruited 30
SNAP3 – Enhanced support NRT offered for preloading, lapse recovery and smoking reduction – impact on smoking in pregnancy	Active Recruited 37
INGR1D2 – Identification of infants with increased type 1 diabetes risk for enrolment into primary prevention trials	Paused (recruitment target achieved) Recruited 1723
OBS PPH UK – Obstetric Bleeding Study	Active. Implementation phase
SNAP 2 – smoking, Nicotine and Pregnancy 2	Active

13.2 Quality Improvement Lead

There are several quality improvement projects active:

- Post-Partum Haemorrhage: currently lowest rate within the LMNS. Early phase of joining a national research project: OBS UK
- Mechanical induction of labour (IOL): Launched in May. Data review will incorporate women's experience, IOL durations, outcomes and financial impact.
- NeoTRIPS: Started a new national project to improve expressed breast milk (EBM) in pre-term infants less than 34weeks gestation.
- Fetal genotyping: aim is to train staff and develop a new process by September.
- Smoking in Pregnancy: focus on inpatient referrals, currently seen an increase from 0-1 per week to 3-4 per week. Nicotine replacement therapy protocol approved to allow midwives to prescribe, with the next step to look at launch and implementation. Performing carbon monoxide levels on admission is 100% and this has been sustained for since November.

13.3 Retention, Recruitment and Pastoral Support Midwife

- Supporting x 2 Internationally Educated Midwives.
- Planning next recruitment drive for 3rd students in January cohorts
- Celebration events held for International Day of the Midwife
- Focus work on staff returning following a leave of absence, to optimise support
- Intend to recruit a legacy midwife in quarter 2.
- On-going work to ensure accuracy of PWR data.

13.4 Infant feeding and health in pregnancy specialist services

NTHFT population have some of lowest rates of Breast Feeding at a NENC and national level. In January 2023, NTHFT registered its intent to gain Baby Friendly Initiate (BFI) accreditation and achieved stage 1 in September 2023. The following outlines key activities and achievements for quarter 1:

- Q1 staff audit indicative of readiness to apply for stage 2 BFI assessment.
- Specialist service live and increasing in referrals.
- Training for paediatric nurses around infant feeding support for women and babies readmitted with feeding concerns.
- Ongoing completion of a business proposal for a frenulotomy service within NTHFT.

13.5 Digital Specialist Midwife

The implementation of the new electronic patient record (EPR) system known as Badgernet was launched across all areas of the maternity services by November 2023. The following outlines achievements, challenges and next steps:

Achievements:

- Interface between BadgerNet and some laboratory results to reduce potential transcript errors
- Electronic referrals: physiotherapy, sexual health Teesside and STH urgent scan request
- Digital inclusion: register as a digital hub to offer digital and mobile data services to those in need.
- Installed new software to reduce the number of logins per user
- On-going training updates

Challenges

- System administrator support: wider support is required to oversee the 'business as usual' as it currently lies with the digital midwife, which is not sustainable.
- System admin reports to ensure discharge letters are sent

Next Steps

- Additional laboratory interface and Infant referrals on Badgernet i.e. BCG & Cardiology
- Weekly report for all unsent discharge summaries
- Maternity Theatres Optimisation (WHO checklist, peri-operative pathway)
- Explore E-obs and Early Pregnancy (PAC/EPAC) modules

13.6 Bereavement Specialist Midwife

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

- Bereavement care champions identified and meeting scheduled to discuss the implementation of these roles.
- 3 x Midwives have completed their perinatal post-mortem consent taking training.
- Staff now receiving bereavement care training as part of their mandatory training.

14. Culture and Leadership

14.1 Board level safety champion meetings

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

The meetings are held with the Executive Board Champion, Non-Executive Director Maternity Champion, the Obstetric, Midwifery and Neonatal Safety Champions, representative from Maternity and Neonatal Voice Partnership, Neonatal Matron, and Clinical Director, Associate Director of Midwifery, perinatal quadrumvirate and the Patient Safety, Risk and the Governance Lead midwife. The meetings are bi-monthly,

followed by a walkabout of the clinical areas. National, Regional and system developments are discussed along with audits, dashboard metrics, service feedback, improvement plans for ATAIN and the optimisation Bundle. The perinatal quadrumvirate provide regular feedback and inform the members of progress and intelligence shared by peer 'perinatal quads'. There are no items for escalation for quarter 1.

The feedback from the perinatal walkabouts are:

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

14.2 2023 Staff survey feedback

No update for quarter 1.

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

The Professional Midwifery Advocate (PMA) continues to offer restorative support, one to one and in groups, as well as signposting to further sources of support, information and assistance. As a critical part of the advocating for education and quality improvement (AEQUIP) model, the PMA focuses efforts on empowering midwives to confidently handle situations themselves, improve relationships with peers and managers, and to seek ways to increase service quality, safety and excellence. The PMAs are developing plans to support those new to the role and a sessional schedule. The following outlines quarter 1 activity:

- Provided 14 restorative clinical supervision sessions and monthly rota produced to share with staff.
- Provided support to women who requested care outside of guidance.
- Developing a PMA strategy

14.4 Perinatal Culture and Leadership Programme

Work has been ongoing following the SCORE survey to build systems and processes to continue to gain feedback from the teams on the issues highlighted and to ensure an ongoing forum for feedback to be received and action taken.

Highlights:

- 5x cultural coaches are now in place across the perinatal service to continue to gain feedback from the SCORE survey results to help action planning
- Staff council established to take action on feedback received

- Links established between the cultural coaches and the staff council with a regular agenda item for feedback

14.5 Opportunities and development

The senior midwifery team have acknowledged feedback from the workforce and in response have established the following initiatives:

- Perinatal staff health and well-being council: the team have committed to provide activities and support to staff to support their wellbeing and team development.
- Staff Development sessions: these are led by a Maternity Senior Clinical Matron on a monthly basis for staff to discuss their future professional development and career pathways. The idea is that the Trust can provide or sign post to opportunities to enable tailored professional development.

15. Risk register

In quarter 1 the service reported one new approved risks.

- 596- Lack of dedicated maternity triage service increasing risk of deterioration of women and babies causing suboptimal outcomes

There are nine open risks (appendix 4), graded as:

- 3 x Major
- 5 x Moderate
- 1 x Minor

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

16. Key issues, updates, significant risks and mitigations

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

Other work streams include:

- A review of antenatal clinic capacity and demand
- Development of a five year workforce strategy

17. Assurance and Recommendations

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

The Board of directors are asked to receive and note the culture and leadership developments. The Board of directors are asked to approve Appendix 1 and 2.

Appendices
Appendix 1. Perinatal quality surveillance model dashboard
Appendix 2. MNVP work plan 2024.25
Appendix 3. CQC maternity survey improvement plan
Appendix 4. Risk Register

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Group Board of Directors
3 September 2024

Maternity and Neonatal Services Staffing Report for Quarter 1 2024/25

Background

It is a requirement that as NHS providers we continue to have the right people with the right skills in the right place at the right time to achieve safer nursing and midwifery staffing in line with the National Quality Board (NQB) requirements.

Organisational requirements for safe midwifery staffing for maternity settings (NICE 2017) states that midwifery staffing establishments develop procedures to ensure that a systematic process is used to set the midwifery staffing establishment to maintain continuity of maternity services and to always provide safe care to women and babies in all settings.

Previously midwifery staffing data has been included in the nurse staffing paper, however, to provide evidence for NHS Resolutions Maternity CNST Incentive Scheme, a separate paper is now provided.

1. Minimum safe staffing maternity services

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

1.1 Midwifery Staffing

The Trust is compliant with the recommended funded midwifery establishment by Birth-rate Plus undertaken in January 2023. The midwife to birth ratio is recommended to be 1:19.5 with section 1.2 outlines actions and mitigations to minimise risks when the staffing levels ae below template.

The registered midwifery (RM) vacancy position at the end of June was -8.73wte, Table 1 shows the staffing position and Table 2 shows the monthly fill rates.

Table 1. Midwifery staffing position

RM vacancy position	Sum of Budget			Sum of Actual			Sum of Variance			Projected 3 month			Projected 6 month		
	April	May	June	April	May	June	April	May	June	April	May	June	April	May	June
B5/B6 RN's/RM's	108.03	108.03	**108.03**	99.98	99.7	**97.22**	-8.05 (7.45%)	-8.33 (%)	**-10.81 (10%)**	-4.03 (3.73%)	-4.93 (4.56%)	**+0.25**	+4.47	+5.15	**-1.03 (0.95%)**
B7 Clinical and Specialist Midwives	25.52	25.52	**25.52**	27.2 (mat leave cover) +3.1 externally funded position	27.15 (mat leave cover) **+3.1 externally funded position**	**27.6 (mat leave cover) +3.1 externally funded position**	+1.68 (mat leave cover) +3.1 externally funded posts	+1.63 (mat leave cover) **+3.1 externally funded posts**	**+2.08 (mat leave cover) +3.1 externally funded posts**	+2.73 (mat leave cover) +3.1 externally funded posts	+3.14 (mat leave cover) **+3.1 externally funded posts**	2.18 (mat leave cover) +3.1 externally funded posts	+2.14 (mat leave cover) +3.1 externally funded posts	+1.64 (mat leave cover) **+3.1 externally funded posts**	**+2.68 (mat leave cover) +3.1 externally funded posts**
Grand Total	**133.55**	133.55	**133.55**	**127.18 130.28 (including externally funded posts**	126.85 **129.95 (including externally funded posts**	**124.82 127.92 (including externally funded posts**	**-6.37 (6.02%)**	-6.7 (5.01%)	**-8.73 (6.53%)**	**-1.3 (0.97%)**	-1.79 (1.34%)	**+2.43 (mat leave cover)**	**+6.61 (4.56 wte fixed term posts)**	+6.61 (4.56 wte fixed term posts)	**+1.65 (mat leave cover)**

Table 2. Unavailability for qualified staff across maternity services

	April	May	June
Sickness rate	7%	8.49%	8.13%
Maternity Leave rate	5.80%	5.80%	5.81%
RM fill rate %	86%	86%	82.1%
Midwife to birth ratio	1:20	1:21.5	1:22.4

1.2 Midwifery staffing safety measures.

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

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

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

All the above actions are designed to maximise staffing into critical functions to maintain safe care for the women and their babies. In addition, a significant number of bank hours have been used across the service to cover maternity leave and long and short-term sickness.

2. Red Flag Incidents

A midwifery red flag event is a warning sign that something may be wrong with midwifery staffing (NICE 2015). The midwife in charge will then determine the action required (appendix 1). Red flags are collected through the live Birth Rate Plus acuity tool, and reviewed by the perinatal quadrumvirate (Table 3). The reporting process follows the governance structures of the Maternity Quality Assurance Council (MQAC), Quality committee and Trust Board of Directors.

Table 3. Midwifery red flags

Red Flag category	April	May	June
Delayed or cancelled time critical activity	5	7	0
Delay between admission for induction and beginning of process.	0	1	3
Labour Ward Coordinator (LWC) not supernumerary.	0	0	0
One - one care in active labour	2	0	1
Delay in Triage	0	1	0

2.1 Supernumerary Labour Ward Co-ordinator

Availability of a supernumerary LWC is recommended as best practice to oversee safety on the labour ward. This is an experienced midwife available to provide advice, support, and guidance to clinical staff and able to manage activity and workload through the labour ward. In quarter one there were no red flags raised for loss of LWC supernumerary status. In addition, compliance is monitored for the allocated LWC having supernumerary status at the start of every shift, as per MIS year 6 (Table 4).

Table 4. LWC supernumerary status: start of shift

	Number of days per month	Number of shifts per month	Compliance
April	30	60	100%
May	31	62	100%
June	30	60	100%

2.2 One to One in Established Labour

Women in established labour are required to have one to one care (Table 5) and support from an assigned midwife. Care will not necessarily be given by the same midwife for the whole labour. If there is an occasion where one to one care cannot be achieved, then this will prompt the LWC to follow the course of actions above in section 10.2.

Table 5. One to one care compliance.

	April	May	June
One-one care in active labour	98.8%	100%	99.4%

Following a review in April and June, it was identified women transitioning from the induction of labour phase to augmentation would require one to care, in these circumstances midwifery support was escalated from other clinical areas. The actions taken were appropriate to facilitate one to one midwifery care.

3. Obstetric staffing

The Service is fully established at Consultant grade. Despite this there has been pressures within the consultant workforce in Q1 with a 17% deficit in the consultant medical workforce available for on call emergency obstetric work due to a mixture of occupational health

requirements and acute sickness. To mitigate the 17% reduction in cover for the on call emergency obstetric work the current consultant workforce has been undertaking additional shifts to ensure that safe staffing for obstetrics has been maintained. There is a weekly safe obstetric and gynaecology staffing meeting coordinated by the operational manager with the clinical director, rota administration team and the specialty training lead to ensure safe staffing and plan clinical work to fit the training needs of the doctors in training in the department.

Consultant interviews will take place in July 2024 to expand the consultant workforce. This will lead to an over establishment of consultant workforce and support the mitigation of reduction in emergency cover.

The department is undergoing a detailed perinatal workforce review and has plans for further consultant recruitment. The care group has supported an expansion plan for the medical leadership roles within the department, which will be developed during quarter 1 2024/25.

There is on-going monitoring of consultant attendance for obstetric emergencies to ensure appropriate consultant attendance for complex obstetric emergency care, in line with the national recommendations of the Royal College of Obstetrics and Gynaecology (Table 6) and the Trust have implemented a standard operating procedure compensatory rest in line with RCOG guidance, demonstrating compliance.

Table 6. Obstetric Consultant Attendance for Obstetric Emergencies

Measure	Aim	April	May	June
Consultant presence on labour ward (hours/week)	≥60 hours	100%	100%	100%
Reported events of Consultant non-attendance when requested	0	0	0	X2
Rolling monthly audit of consultant attendance for emergencies against national standard	100%	100%	89%	89%

The learning from review of the three cases in Q1 of consultant non-attendance has been in relation to ensuring clarity on communication within the team and full awareness by all staff of when to contact the consultant to attend out of hours. The completed action plan is attached in appendix 2. A more detailed audit template is being designed as part of work across the LMNS.

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

4. Neonatal Nurse Staffing

The staffing compliance rate was 75.82% in comparison to the national average for the quarter 1 was 86% for SCBUs. The Trust use the National Neonatal workforce calculator tool and provide updates to the Neonatal Operational Delivery Network (appendix 3 and 4). Compliance is managed through escalation of additional shifts paid via NHSP and overtime

in times of increased occupancy and acuity. During this period there were a number of shifts escalated due to occupancy and acuity that were not filled contributing to the decrease in compliance this quarter. There has been an agreement for over recruitment of establishment by 1WTE following review of age profile in neonatal staffing to ensure skill levels are maintained.

Neonatal nurse staffing is on the risk register (6600) and the action plan agreed at Trust Board in the quarter 3 report is reviewed regularly, outlining progress against each of the actions, with oversight from the LMNS and Neonatal Operational Delivery Network (ODN) on a quarterly basis.

5. Neonatal Medical Staffing Compliance

The neonatal medical staffing continues to be compliant with BAPM guidance in all tiers. The Advanced Neonatal Nurse Practitioner (ANNP) Workforce is at full establishment from June 2024 with return from maternity leave and two trainees in the first year of study to future proof the establishment following review of age of workforce. This will facilitate ANNPs being able to spend time at James Cook hospital for skills maintenance and development.

6. Obstetric anaesthetic cover

The service provided a 24hour obstetric anaesthetic cover service.

Recommendations

It is recommend for the Group Board of Directors to note the report.

Agenda Item: 13

Caring
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Together

Group Quality Assurance Committee

Connecting to: Group Trust Board

Key topics discussed in the meeting:

The following reports and updates were considered at the July meeting. It was noted the considerable amount of work undertaken in all areas:

- Maternity Report
- Organ Donation 6 month report
- Human Tissue Authority report
- Safe Environment report
- Health Inequalities Report
- Internal Audit Update
- Patient Safety Report
- Patient Experience Report (South Tees)
- IPR
- BAF update on progress

Urgent escalations at the meeting identified 2 incidents (neonatal and medical), and it was noted that the investigation process had commenced immediately.

The reflections section at the end of the meeting noted the need for more work with teams and presenters on report format and key messages at the meeting.

Actions:

There are important standing items from the IPR, and these were agreed to be continually monitored:

- Infection prevention and control – Although the Group are in a good position across the ICB in comparison with other Trusts, continued focus is needed on stewardship and actions to keep infections down.

- Cancer targets remain a concern on 62 day waits, and consistent action is being taken to continually address clinical need, with extra clinical sessions where appropriate.
- Long waiters remain a focus with work undertaken for extra clinics and surgical sessions.

Escalated items:

- The committee noted the good work across Tees in addressing health inequalities, with an outline of many sustained initiatives. However, some concern was raised with regards to ongoing funding for some pieces of work. Consultants were positive in working together, and are now and integral part of the strategy work.
- The committee noted the positive improvement on the outstanding clinical audits, with identified actions on those remaining.
- The HTA report outlined the initial inspection visit from across all sites which took place in June. Further details will be presented in “in committee” section of the Board.
- Maternity reports highlighted some further work in relation to mandatory training.

Agenda Item: 14

Caring
Better
Together

University Hospitals Tees

Group Patient Experience and Involvement Report Q4 & Q1

Meeting date: 3 September 2024

Reporting to: Group Board of Directors

Agenda item No: 14

Report author: Hilary Lloyd, Group Chief Nurse

Action required:
Assurance

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

Previously presented to:
Group Quality Committee

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☐

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☒

A great place to work ☐

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

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

Make best use of our resources ☒

CQC domain link:

Caring

Board assurance / risk register this paper relates to:

NT&H BAF alignment 1 Quality. STUH all risks recorded on relevant risk register and aligned with the BAF.

Caring Better Together

Key discussion points and matters to be escalated from the meeting

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

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.

South Tees are none compliant with both the acknowledgement of initial complaints and those closed within target. A recovery plan is in place and being overseen by the PESG, which is showing an improvement in compliance.

North Tees & Hartlepool are none complaint with complaints closed within target.

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

In January 2024, both Trusts implemented the new complaint processes in line with the PHSO Complaint Standards Framework. The Framework sets out a single set of Standards for NHS organisations to follow when handling complaints.

North Tees & Hartlepool are fully compliant with acknowledgement of initial complaints.

Recommendations:

- Receive the report and acknowledge the progress which has been made.
- Note the areas which are off track and the actions which will be taken.
- Agree any further action which may be required.

Group Patient Experience and Involvement Report Q4 and Q1

1. Introduction

This report sets out current information in relation to complaints received during Q4 and Q1by South Tees Hospitals NHS Foundation Trust and North Tees & Hartlepool NHS Foundation Trust. The report includes the actions/outcomes from Care Group and Collaborative investigations from complaints, and where cases have been investigated and founded by the Parliamentary and Health Service Ombudsman (PHSO).

Action taken as a result of the analysis of all patient feedback can impact by improving the experience and service provided to our patients. This can also potentially prevent further complaints regarding the same or similar issues.

2. Key Messages

In January 2024, both Trusts implemented new complaint processes in line with the PHSO Complaint Standards Framework. The Framework sets out a single set of Standards for NHS organisations to follow when handling complaints.

An effective complaint handling system:

- Will promote a just and learning culture within the Trust. Senior staff to make sure staff dealing with complaints have the knowledge to do so and are supported.
- Will welcome complaints in a positive way. All staff in the Trust openly welcome complaints so they can identify and resolve issues quickly, ensuring people are listened to and treated with empathy, courtesy and respect.
- Is thorough and fair. All staff in the Trust look for ways they can resolve complaints and the earliest opportunity.
- Gives fair and accountable decisions – about what happened and whether mistakes occurred or not.

3. Definitions

Complaint An expression of dissatisfaction either spoken or written that requires a response. It can be about an act omission or decision we have made and/or the standard of the service we have provided.

Complainant Person who has initiated the complaint/concern.

NPSA Grading Overall severity and complexity of the complaint.

Stages Complaint process to be followed.

North Tees Hospitals:

Stage 1 – (Local/Early Resolution) resolved within 7 working days either face to face, via telephone or email or followed up in writing by way of a pdf providing a brief summary of issues, outcomes and actions.

Stage 2 – Meeting (face to face or virtual) to be arranged by Care Group with senior staff within the agreed timescale, meeting notes form the written response.

Stage 3 – Written response to be complied by the lead investigator in the Care Group, approved by the senior quality reviewer and the Care Group Director then approved by the Chief Executive (or person with delegated authority) in line with the NHS Complaints Regulations 2009.

South Tees Hospitals:

The complaint process promotes early contact and resolution of an enquiry within 24 hours by the Collaboratives. If this is achieved, the organisation is not required to log this as a complaint. However, it is acknowledged that the majority of enquiries cannot be resolved within the 24-hour timeframe. Any enquiry unresolved are managed as a complaint, with the offer of a meeting or a written response.

The Collaborative staff contact the complainant to establish the facts of the complaint and agree a timeframe for response, dependant on the complexity. For a non-complex issue, a 10-working day response letter can be provided by the Collaborative staff detailing the issues discussed and a resolution. For complaints that require a deeper investigation, the Trust aims to provide a response to complainants signed by the Chief Nurse or Chief Medical Officer, and the Group Chief Executive Officer

Timescale Agreed length of time to respond to a complainant.

South Tees Timescales for written responses:

- Up to 10 working days (early resolution)
- Up to 25 working days (non-complex, a small number of issues)
- Up to 40 working days (complex, multi-issue, multi-collaborative complaints, including complaints that require external comments to be obtained).
- Up to 60 days working days if the complaint meets Serious Incident (SI) criteria.

Where a meeting is requested, these are organised within the legislated six-month timeframe for completion of a complaint.

North Tees Timescales:

Stage 1 – Local Resolution via Telephone:

When a complainant requests resolution by telephone, the complaint is sent directly to the Ward Matron or Deputy, or to the Department Manager/Deputy to contact them to discuss, within 7 working days. Written confirmation of the resolution is provided by the investigator who has delegated authority to respond, a Resolution template is then emailed or posted to the complainant. If the complaint was made verbally and is resolved to the complainant's satisfaction by no later than the next working day, this does not need to be logged as a complaint and is declassified to a 'Stage 0 – Resolved in 24hrs', in line with the National Complaint Regulations 2009.

Stage 2 – Meeting with Senior Trust Staff:

When a complainant opts for a meeting to discuss their complaint, this is triaged by the Patient Safety Team who will then arrange for the most appropriate staff members to meet with the complainant to resolve the complaint. A timeframe is agreed during triage. Meeting notes are produced, and together with a cover letter signed by the Chair of the meeting who has delegated authority to respond to complaints and sent to the complainant.

Stage 3 – Letter of Response

When complainants opt for a letter, a member of the Care Group triage the complaint and agrees with the complainant an appropriate timescale to receive the Executive response. An investigation is required to be carried out by the Care Group and a review of the response undertaken by an appointed Quality Reviewer during a Swarm Huddle, prior to agreement and approval by the Care Group Director. The PET will then prepare the executive response for review and signature by the Chief Executive (or person with delegated authority), in line with the NHS Complaints Regulations 2009.

4. Overall Complaint status

Table 1 – South Tees complaints received by Collaborative in Q4 2023-24 & Q1 2024-25

South Tees Collaboratives	Q4 (2023-24)	Q1 (2024-25)
Cardiovascular Care Services	16	11
Clinical Support Services	6	8
Corporate Services	8	8
Digestive diseases, urology and general Surgery services	26	45
Growing the Friarage and Community Services	8	19
Head and neck, Orthopaedic and reconstructive services	34	55
James Cook Cancer Institute and Speciality Medicine	17	17
Medicine & Emergency Care Services	30	36
Neurosciences and Spinal Care services	33	33
Perioperative and Critical Care Services	3	2
Women and Children Services	13	17
Total	194	251

In Q1, a total of 251 complaints were opened which was an increase of 57 on the previous quarter, as detailed in table 1. Head and Neck, Orthopaedic and Reconstructive Services received the most complaints in each quarter.

Table 2 – North Tees complaints received by Care Group in Q4 2023-24 & Q1 2024-25

North Tees Care Groups	Q4 (2023-24)	Q1 (2024-25)
Healthy Lives	91	73
Responsive Care	133	141
Collaborative Care	89	102
Corporate Group	5	4
Total	**318**	**320**

In Q1, at total of 320 complaints were opened compared with 318 in Q4. Responsive Care received the most complaints with 141, an increase of 8 on the previous quarter.

Table 3 – South Tees collaborative enquiries

South Tees	Q4 (2023-24)	Q1 (2024-25)
Total	194	251

Table 3 shows, in Q1, 250 collaborative enquiries were received which was an increase on the 194 received In Q4. If a collaborative enquiry is not resolved in 24 hours, it becomes a complaint. The increase seen in Q1 positively, suggests that more collaborative enquiries were responded to within the 24-hour timeframe, avoiding a complaint.

Table 4 – North Tees verbal complaints declassified as resolved in 24 hours

North Tees	Q4 (2023-24)	Q1 (2024-25)
Total	72	50

In Q1, 50 verbal complaints were declassified and changed to 'Stage 0 – Closed in 24 Hours' following resolution with the complainant by the next working day from when the complaint was received. They are not counted in the total number of complaints opened as they are declassified once resolved in 24 hours and do not require reporting. However, this highlights the great work by lead investigators in attempting to resolve complaints as quickly as possible.

Table 5 – South Tees top 5 complaints by collaborative

South Tees - collaborative	Q4 (2023-24)	Q1 (2024-25)
Head and neck, Orthopaedic and reconstructive services	34	55
Digestive diseases, urology and general Surgery services	26	45
Medicine & Emergency Care Services	30	36
Neurosciences and Spinal Care services	33	33
Women and Children Services	13	17

Table 6 shows, the Head and neck, Orthopaedic and Reconstructive Services collaborative received the highest number of complaints in Q1 and Q4. The five collaboratives receiving the most complaints in Q4 and Q1 saw an increase in Q1, with the exception of Neurosciences and Spinal Care services which received the same number of complaints in each quarter.

Table 6 – North Tees top 5 complaints by location (exact)

North Tees – location (exact)	Q4 (2023-24)	Q1 (2024-35)
Emergency Department	28	17
Urgent Care UHNT	2	21
Ward 28	14	12
Ortho OPD, Spinal & Homeward	5	10
Emergency Assessment Unit	10	10

The Urgent Care Centre at North Tees received the most complaints in Q1 with 21, a significant increase compared with Q4. The Emergency Department have significantly reduced the number of complaints they have received this quarter from 28 to 17.

Table 7 – South Tees top 5 complaints by sub-subject

South Tees Sub-subjects	Q4 (2023-24)	Q1 (2024-25)
Care needs not adequately met	30	26
Communication with patient	20	22
Appointment delay (inc length of wait)	16	25
Appointment cancellations	15	7
Communication with relatives/carers	9	9

The top theme in both Q1 and Q4 are care needs not adequately met, although this theme saw a slight decrease in Q1. Table 8 shows the number of complaints relating to communication with the patient and appointment delays increased in Q1. The number of complaints relating to appointment cancellations decreased in Q1 and the number relating to communication with relatives/carers was equal to the previous quarter.

Table 8 – North Tees top 5 complaints by sub-subject

North Tees Sub-subjects	Q4 (2023-24)	Q1 (2024-25)
Communication with patient	59	67
Communication with relatives/carers	53	59
Failure to provide adequate care (inc. overall level of care)	33	47
Care needs not adequately met	46	46
Appointment delay (inc. length of wait)	51	43

With the implementation of InPhase, we took the opportunity to update the sub-subjects we used. The top theme in complaints for Q1 was communication with patient with 67 which is an increase of 8 compared with the previous quarter. Complaints relating to appointment delays have decreased by 8.

Table 9 – South Tees grading report by quarter

South Tees Final Grading	Q4 (2023-24)	Q1 (2024-25)
Low final	127	64
Moderate final	14	18
High final	2	1
Extreme final	0	1

Complaints are graded upon receipt, in line with NPSA Guidance 2008, and at the point of closure. Table 10 shows the final grading for complaints closed in Q1 against the final grading of complaints closed in Q4. Complaints graded 'high' or 'extreme' post investigation must be shared with the Integrated Care Board (ICB). The complaints graded as extreme or high are linked to a serious incident and investigated alongside the complaint. A Family Liaison Officer (FLO) is deployed to support the patient, carer and family during the investigation, ensuring their questions are responded to in the report. On completion of the investigation the report is shared with the ICB.

Table 10 – North Tees grading report – Q1 2024-25

North Tees - Care Groups	One	Two	Three	Four	Five
Healthy Lives	62	5	2	0	0
Responsive Care	122	16	0	0	0
Collaborative Care	94	8	2	0	0
Corporate Group	2	1	0	0	0

Complaints are graded in line with the definitions of consequences/impact on the organisation or individual guidance document (adapted from NPSA Guidance 2008 - see appendix 1) located in the Trust Risk Management Policy. The grading may change as the investigation progresses.

5. Performance

Table 11 – South Tees performance against timescales in Q1

	Q4			Q1		
South Tees Final Grading	Jan 24	Feb 24	March 24	Apr 24	May 24	Jun 24
Cardiovascular Care Services	0%	50%	0%	0%	0%	0%
Clinical Support Services	100%	75%	0%	50%	0%	100%
Corporate Services	0%	0%	100%	50%	50%	-
Digestive diseases, urology and general Surgery services	40%	46.2%	26.7%	40%	0%	50%
Growing the Friarage and Community Services	100%	16.7%	40%	25%	0%	50%
Head and neck, Orthopaedic and reconstructive services	66.7%	25%	76.9%	50%	0%	33.3%
James Cook Cancer Institute and Speciality Medicine	75%	0%	0%	33.3%	0%	100%
Medicine & Emergency Care Services	57.1%	57.1%	60%	50%	25%	0%
Neurosciences and Spinal Care services	0%	50%	57.1%	0%	0%	-
Perioperative and Critical Care Services	-	0%	-	-	0%	-
Women and Children Services	0%	25%	16.7%	0%	0%	0%
Total	41.7%	40.7%	47.1%	30%	9.1%	40%

The Trust remained below the 80% target in Q1 (Table 12). Overall, not all collaboratives achieved the 80% target in all months in Q1, with the exception of 2 collaboratives in June where the timeframe was achieved for all complaints received. The significant decrease to the response timeframe is due to staff vacancies, staff absence, staffing resources and delays in receiving healthcare records, resulting in delayed complaint responses from clinical staff. Following the start of the new process and data cleansing we anticipate this position will improve as we move into 2024/25.

Table 12 – North Tees performance against timescales in Q1

	Opened	**Replied to in agreed timescale**		**Replied to out of agreed timescale**		**Open**	
	Count	Count	%	Count	%	Count	%
Care Group Healthy Lives	4	4	100%	0	N/A	0	N/A
Care Group Responsive Care	12	8	67%	3	25%	1	8%
Care Group Collaborative Care	0	N/A	N/A	N/A	N/A	N/A	N/A

Corporate Group	1	1	100%	0	N/A	0	N/A
Totals:	**17**	**13**	**76%**	**3**	**18%**	**1**	**6%**

**North Tees – Performance is currently only available for stage 3 complaints and will be updated to show all complaints in Q2.*

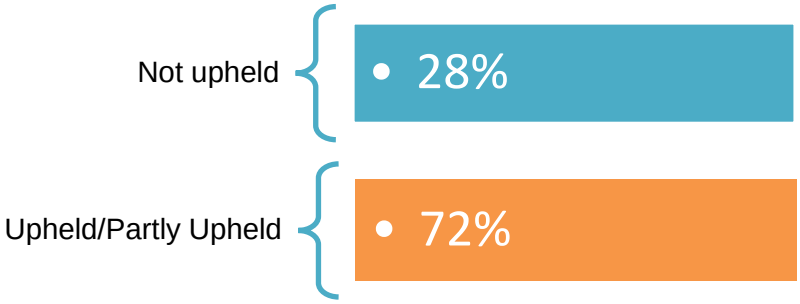
17 Stage 3 complaints were opened for investigation in Q1. 13 were responded to within the agreed timescales, 3 out of the agreed timescale and 1 was open at the time of reporting and is out of the agreed timeframe; attempts have been made to extend the timeframe with the complainant with no success.

Outcome classification of all complaints closed in Q4 (2023-24)

All complaints closed are given an outcome code to indicate if they have been upheld, partially upheld or not upheld.

South Tees

Figure 1 - Of the complaints closed in Q4:



North Tees

Figure 2 - Of the complaints closed in Q4:

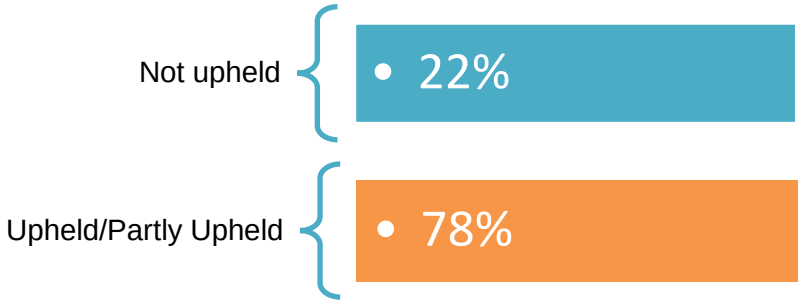


Table 13 – Complaints acknowledged within 3 working days

South Tees	Q4 (2023-24)	Q1 (2024-25)
Ack in 3 Days	86.1%	46.9%

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As shown in table 14, the Trust failed to meet the 100% 3-day working target. On investigation it was identified this was due to increased activity and reduced staffing in the patient experience team. However, the data for April and June 2024 needs to be verified.

Table 14 - Complaints acknowledged within 3 working days

North Tees	Q4 (2023-24)	Q1 (2024-25)
Ack in 3 Days	100%	100%

As shown above, all complaints in Q1 were acknowledged within the 3 working day timescale set out in the NHS Complaints Regulations 2009.

6. Parliamentary Health Service Ombudsman (PHSO)

The role of the PHSO is to investigate complaints from members of the public who believe that they have suffered injustice by being treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

South Tees

There was 1 case closed by the PHSO in Q1, which was party upheld. The Trust were recommended to write a letter of apology, to the complainant, for the failings identified and the distress caused and an action, within 3 months. An action plan has been provided to support the changes in practice, to be shared with the PHSO, CQC and NHS Improvement.

North Tees

There were 2 cases closed by the PHSO in the previous quarter and both were partly upheld. The Trust were required to provide financial remedy for 1 of the cases, along with a letter to confirm the actions/learning from the complaint. For the second case, were advised to provide an apology letter to the family for the distress caused and an action plan. 1 case was opened in Q1, and the Trust have provided comments on the provisional views proposed.

7. Learning from complaints

South Tees

- Urology administration team to review the patient administration system to identify any other procedures that are happening in the same week and confirm if this will have an impact on a conflicting urology procedure. Team to avoid booking appointments that will impact other appointments.
- Following multiple cancellations for emergency vascular surgery, the electronic system will be used to capture information on the reasons why the emergency theatres may not be working for a period of time and the reasons why a patient's emergency surgery may not proceed until the following day to communicate to the patient, carer or family. The Standard Operating Procedure (Emergency Theatre Scheduling/Reallocation) was shared with surgical colleagues, and the vascular fasting flow chart guidance recirculated to both the medical and nursing team on the ward.
- Education/training organised for nursing staff on end-of-life care and link nurse identified for end-of-life care, following a patient receiving end-of-life care being discharged over a weekend when family had raised concerns.
- A pre-assessment pathway has been developed for haematology patients to improve the

patient experience and reduce anxiety.

- 1:1 restorative discussion held with member of staff following complaint about end-of-life care. The experience was also shared with Palliative Care Educator to use a scenario-based learning for new staff.

North Tees

- There will be an increase in palliative education to medical and nursing staff within the Emergency Department, including a completion of a palliative information board, with quick advice and guidance regarding referrals that can be made and how to complete them.
- A complaint has been shared with the paediatric medical and nursing teams to ensure that staff explain the safeguarding process thoroughly and clearly to families, unless this would cause immediate risk to the child.
- British Association of Urological Surgeons (BAUS) leaflets on Transurethral Resection of the Prostate (TURP) / Transurethral Resection of Bladder Tumour (TURBT) / Stent insertion / Holmium Laser Enucleation of the prostate (HoLEP) are now readily available on Ward 28 and the Urology Specialist Nurse's contact number has been added to the leaflets for if further advice is needed.
- In the event a safeguarding order is in place, Social Care are responsible for sharing medical findings with parents. The Trust acknowledges the information leaflet provided suggests a doctor will notify families of the results, therefore, the leaflet will be updated.
- A Urology patient receiving letters from the department was unable to read them as the text was too small. As a result, the department have added an alert to the patient's record and are now sending any clinic/appointment letters via email to allow the patient to enlarge the text.

8. Friends and Family Survey

Table 15 – FFT Total return rate by Trust and department – Q4 (2023-24)

	Total surveys completed		Total number of eligible		% Response Rate		% Overall Experience		% National Average
Department / Trust	**STHFT**	**UHNT**	**STHFT**	**UHNT**	**STHFT**	**UHNT**	**STHFT**	**UHNT**	
A&E/UTC	2,885	599	38,476	14,053	7.50%	4.26%	81%	76%	78%
Inpatient	2,797	1,000	15,081	12,251	18.55%	8.16%	97%	90%	94%
Outpatient	9,749	3,644	551,691	176,948	1.77%	2.05%	96%	94%	94%
Community	980	1,087	17,772	31,597	5.51%	3.44%	98%	96%	94%
Maternity (Antenatal)	644	16	-	-	-	-	91%	*	92%
Maternity (Birth)	201	3	752	686	26.73%	0.4%	87%	*	93%
Maternity (Postnatal Inpatient)	38	8	-	-	-	-	88%	*	92%
Maternity (Postnatal Community)	3	0	-	-	-	-	*	*	93%

**Data is supressed when responses received are less than 5*

Table 15 shows South Tees Hospitals and North Tees & Hartlepool NHS Foundation Trusts data for A&E/UTC, Inpatient, Outpatient, Community and Maternity services for Q4, 2024. The FFT question is included in all local surveys, this data is uploaded to NHS England monthly.

South Tees

The A&E positive score for South Tees in Q4 was above the national average at 81%. The overall Inpatient positive score for South Tees was above the national average at 97% with a response rate of 18.55%. Table 15 shows that the Outpatient positive score was above the national average, with South Tees scoring 96%. The Community positive score was also above the national average, with South Tees scoring 98%.

Table 15 also shows FFT data from the Maternity surveys at the four touchpoints (Antenatal, Birth, Postnatal Inpatient, and Postnatal Community). For South Tees, the services all scored below the national average, with antenatal scoring 91%, birth scoring 87% and postnatal inpatient scoring 88%.

North Tees

Table 15 indicates that the positive score for Outpatients at North Tees was in line with the national average of 94%. The positive score for Community was also above the national average score at 96%. However, the positive scores for A&E and Inpatients are slightly below the national average.

Table 16 - FFT Total return rate by Trust and department – April (2024)

**Data is for April only as the data for May and June is not yet released by NHS England*

Department / Trust	STHFT	UHNT	STHFT	UHNT	STHFT	UHNT	STHFT	UHNT	
A&E/UTC	980	131	10,664	4,477	9.19%	2.92%	77%	84%	79%
Inpatient	877	292	4,194	3,760	20.91%	7.76%	97%	87%	95%
Outpatient	3,503	1,223	230,448	73,488	1.52%	1.66%	97%	95%	94%
Community	277	444	6,139	11,825	4.51%	3.75%	97%	95%	93%
Maternity (Antenatal)	235	9	-	-	-	-	86%	89%	92%
Maternity (Birth)	96	0	226	86	42.48%	0.0%	94%	*	93%
Maternity (Postnatal Inpatient)	22	2	-	-	-	-	95%	*	92%
Maternity (Postnatal Community)	4	1	-	-	-	-	*	*	93%

Table 16 shows South Tees Hospitals and North Tees & Hartlepool NHS Foundation Trusts data for A&E/UTC, Inpatient, Outpatient, Community and Maternity services for April 2024. FFT results for May and June are yet to be published.

South Tees

The A&E positive score for South Tees in April 2024 was below the national average at 77%. The overall Inpatient positive score for South Tees was above the national average at 97%. Table 16 shows that for the Outpatient positive score the trust was above the national average, with South Tees scoring 97%. Similarly, the Community positive score for South Tees was above the national average at 97%.

The Maternity Antenatal positive score for South Tees in April 2024 was below the national average, with a score of 86%. South Tees scored above the national average for both Birth and Postnatal Inpatient services with positive percentages of 94% and 95%. In Q1 only three surveys were completed for Postnatal Community at South Tees, so this data was supressed.

North Tees

A&E have scored above the national average in this quarter so far at 84%, a positive increase compared with the previous quarter's figures. Outpatient and Community have also scored above the national average in Q1 so far. The Maternity (Antenatal) and Inpatient positive scores are currently scoring below the national average, and we hope to see this improve with the release of May and June's data.

Appendix 1. **NHSR Reporting Guidelines for complaints.**

1	Peripheral element of treatment or service suboptimal.	Stage 1 (Informal) complaint/inquiry	To be resolved with complainant by Care Group within 7 working days
2	Overall treatment or service is suboptimal. Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance rating if unresolved.	Stage 1 or Stage 2 complaint. Local resolution	Stage 1 to be resolved with complainant by Care Group within 7 working days. Stage 2 meeting to be arranged within a reasonable timescale.
3	Treatment or service has significantly reduced effectiveness. Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Stage 3 (formal) complaint.	Local resolution (with potential to go to independent PHSO review) Written response from Chief Executive to be provided within timescales agreed with patient/complainant.
4	Non-compliance with national standards with significant risk to patients if unresolved. Low performance rating. Multiple complaints/independent review.	Critical report. Further contact response/meeting. PHSO independent review.	Further written response from Chief Executive to be provided within timescales agreed with patient/complainant.
5	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety if findings not acted on. Gross failure to meet national standards. Inquest/PHSO inquiry.	PHSO issues to be investigated by Care Group. Duty of Candour investigation by Care Group.	Written response from Chief Executive to be provided within timescales requested by PHSO. Action plans and Recommendations to be provided within timescales requested by PHSO.

Agenda Item: 15

Caring
Better
Together

University Hospitals Tees

Workforce Race Equality Standard (WRES)

Meeting date: 3 September 2024

Reporting to: Group Board of Directors

Agenda item No: 15

Report author: Rachael Metcalf, Group Chief People Officer

Action required:
Assurance

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

Previously presented to:
Group People Committee

NTHFT strategic objectives supported:

Putting patients first ☐

Valuing our people ☒

Transforming our services ☐

Health and wellbeing ☒

STHFT strategic objectives supported: OBJ

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:

To align with the Group BAF

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.

A summary of the results for North Tees and Hartlepool NHS Foundation Trust and South Tees NHS Foundation Trust is shown in the tables below and includes comparison of the Trust's results covering a five-year period (2020 to 2024).

The Workforce Race Equality Standard (WRES) was introduced as part of the NHS Standard Contract in 2015 and seeks to tackle one aspect of equality – the consistently less favourable treatment of those who identify themselves as Black, Asian or from a Minority Ethnic (BAME) background.

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.

There are no risk implications associated 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.

The Workforce Race Equality Standard (WRES) has now been collecting data on race inequality for ten years, holding up a mirror to the service and revealing the disparities that exist for black and minority ethnic staff compared to their white colleagues.

We are pleased to report an improvement across the metrics for both Trusts for 2024 and note that this reflection of the continued EDI programme of work and the significant investment made in terms of data analysis, our restorative approach and focused interventions to improve staff experience across the range of protected characteristics.

The Trusts have taken a number of important actions in 2023/2024, to support the Workforce Race Equality Standard and we will focus and work collaboratively on the recommendations and actions outlined within section 5 of this paper. This will include engagement with our collective workforce and key stakeholders to share these results and jointly develop actions that can be progressed across University Hospitals Tees in the coming year.

Recommendations:

The Board is asked to receive the content of the report and acknowledge the Workforce Race quality Standard (WRES) results for both Trusts reported in Section 2 and the key points and recommendations outlined within Section 5. Both Trusts individual reports are included in the appendices for further information.

Appendix 1 - North Tees & Hartlepool NHS Foundation Trust - NHS Workforce Race Equality Standard 2024

Appendix 2 - South Tees Hospitals NHS Foundation Trust - NHS Workforce Race Equality Standard 2024

University Hospitals Tees

NHS Workforce Race Equality Standard (WRES) 2024

September 2024

1. Introduction

As set out in the NHS Long Term Plan, respect, equality, and diversity are central to changing culture and are at the heart of the NHS workforce implementation plan.

The Workforce Race Equality Standard (WRES) was introduced as part of the NHS Standard Contract in 2015 and seeks to tackle one aspect of equality – the consistently less favourable treatment of those who identify themselves as Black, Asian or from a Minority Ethnic (BAME) background.

National research shows that those individuals who are from a Black, Asian or Minority Ethnic background are:

- less likely to be appointed for jobs once shortlisted.
- less likely to be selected for training and development programmes.
- more likely to experience harassment, bullying or abuse.
- more likely to be disciplined and dismissed.

The purpose of this report is to present a group update in relation to the Workforce Race Equality Standard (WRES) 2024.

2. WRES Indicators

A summary of the results for North Tees and Hartlepool NHS Foundation Trust and South Tees NHS Foundation Trust is shown in the tables below and includes comparison of the Trust's results covering a five-year period (2020 to 2024).

A copy of the WRES Reports 2024 for each Trust is contained at Appendix 1 and Appendix 2 for information purposes.

North Tees and Hartlepool - WRES Indicators 2024			2020	2021	2022	2023	2024
1	Percentage of BME staff	Overall	11.0%	11.0%	11.4%	12.80%	14.33%
		VSM	0.0%	0.0%	0.0%	0.00%	0.00%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		0.99	3.24	1.43	2.12	2.40
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		0.69	0.93	0.88	0.78	0.99*
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		0.77	1.16	0.96	1.1	0.91
			2019	2020	2021	2022	2023
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME	42.3%	28.1%	34.9%	30.7%	28.3%
		White	28.0%	24.8%	26.2%	24.8%	21.8%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	33.8%	29.2%	30.1%	26.9%	22.8%
		White	18.4%	20.4%	18.7%	18.6%	16.1%
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	BME	57.4%	55.7%	48.2%	48.1%	50.6%
		White	63.6%	61.7%	64.8%	64.9%	63.7%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	11.7%	14.6%	16.8%	12.6%	13.7%
		White	4.3%	5.1%	5.2%	4.7%	5.2%
			2020	2021	2022	2023	2024
9	BME Board membership	BME	5.3%	5.6%	7.1%	6.3%	0.0%

**Remains a positive indicator as 1.00 would indicate equal experience of both White and BME Staff*

South Tees - WRES Indicators 2024			2020	2021	2022	2023	2024
1	Percentage of BME Staff	Overall		9.56%	9.99%	11.44%	12.83%
		VSM					14.30%
2	Relative likelihood of white applicants being appointed across all posts compared to BME applicants appointed from shortlisting		1.81	2.6	1.6	1.52	1.86
3	Relative likelihood compared to white of BME staff entering the formal disciplinary process.		1.31	1.8	1.27	0.8	0.78
4	Relative likelihood of white staff accessing non-mandatory training continuous professional development (CPD) compared to BME staff		1.03	1.09	0.98	1.08	0.99
			2019	2020	2021	2022	2023
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME	28.6	23.8	26.7	28.8	23.00%
		White	26.2	24.1	23.9	24.8	22.00%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	23.8	27.7	28.6	32.9	30.10%
		White	24.3	23.5	21.5	22.2	20.60%
7	Percentage of staff believing the Trust provides equal opportunities that for career progression or promotion.	BME	44.9	38.6	48.2	43.3	43.50%
		White	50.9	53.1	58.2	58.4	58.70%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	11.5	19.7	19.9	20.4	20.00%
		White	5.7	5.1	5.8	5.8	6.20%
			2020	2021	2022	2023	2024
9	BME Board Membership	BME	-1.5	-1.1	-9.6	-10	-13%

3. WRES Update - North Tees and Hartlepool

A review of the WRES data for 2024 has highlighted the following points of interest:

- The number of BAME staff employed within the Trust has increased each year from 2021 and represents 14.33% of the workforce. In comparison to the Government's Office for

National Statistics, BAME employees are very well represented in the organisation when compared to the BAME population in the Northeast of England which is reported as 5%.
- Continued decreased likelihood of applicants with a BAME ethnicity being appointed from shortlisting.
- We continue to report that we do not have a disproportionate number of BAME employees entering a formal disciplinary process.
- There is a greater likelihood of BAME employees to access non-mandatory training opportunities.
- A reduction of BAME staff experiencing Bullying, Harassment and Abuse from patients, relatives or the public and from staff.
- A reduction of BAME representation at Board level.

A key issue highlighted in this year's WRES was the increase of BAME staff personally experiencing discrimination from a team leader/manager.

4. WRES Update - South Tees

A review of the WRES data for 2024 has highlighted the following points of interest:

- The number of BAME colleagues employed within the Trust has increased each year from 2021 and represents 12.83% of the workforce. In comparison to the Government's Office for National Statistics, BAME employees are very well represented in the organisation when compared to the BAME population in the Northeast of England which is reported as 5%.
- Continued decreased likelihood of applicants with a BAME ethnicity being appointed from shortlisting.
- The Trust continues to report that we do not have a disproportionate number of BAME employees entering a formal disciplinary process.
- There is a greater likelihood for BAME employees to access non-mandatory training opportunities.
- A reduction of BAME representation at Board level. OBJ

5. WRES Group Update

A review of both Trusts data has highlighted the following key points:

Indicator 1 – Representation.

It's positive to report that both Trusts have seen an increase in employed ethnic minority staff for 2024. When compared to the North East's ethnicity data (2021 census) which is reported at 7%, both Trusts report a higher representation within the overall workforce. Also, when compared against our local areas ethnicity data, including Stockton, Hartlepool, Redcar and Cleveland and Hambleton (apart from Middlesbrough) both Trusts have also reported a higher workforce representation in comparison to our local communities BAME population.

Indicator 2 – Likelihood of staff being appointed from shortlisting.

Both Trusts report a decrease in the likelihood of BAME staff being appointed from shortlisting. This will be a priority area and it is recommended that a collaborative review is undertaken in relation to the overall recruitment journey including advertising, shortlisting, and interviews, including BAME representation on interview panels. It is also recommended that this information is reviewed collaboratively amongst the BAME Staff Networks and Leads, considering the use of more inclusive interview panels and support for internal applicants in this area.

Indicator 3 – Likelihood of staff entering formal disciplinary process

It's positive to report that both Trusts have consistently reported that there does not appear to be a disproportionate number of BAME staff entering formal disciplinary processes. However, we will be continuing to review and compare against regional benchmarks as well as responses from previous years.

Indicator 4 – Likelihood of staff accessing non-mandatory

Once again, both Trusts report a positive indicator highlighting an increasing likelihood of BAME staff accessing non mandatory training. As there is no shortfall in respect of the likelihood of BAME staff accessing training as compared to White staff, it is recommended that further consideration should be given to the requirement for the Trusts to record all training via ESR for consistency purposes.

Indicator 5 – Percentage of staff experiencing harassment, bullying/abuse from patients, relatives/public

Both Trusts have seen an overall positive reduction in the percentage of staff stating they have experienced harassment, bullying/abuse from patients, relatives/public. It's also positive to note that South Tees figure of 23%, is reported 4.3% below the national average of 27.3%. Further analysis of this key finding has been undertaken to identify hotspots, and development of department specific action plans to address any areas of concern.

Indicator 6 – Percentage of staff experiencing harassment, bullying/abuse from staff

Both Trusts have seen an overall positive reduction in the percentage of staff stating they have experienced harassment, bullying/abuse from staff. Again, it's also positive to note that North Tees figure of 22.8%, is 2.45% below the national average which is reported at 25.25%.

We will continue to seek feedback from those staff who have been directly involved in cases of bullying and harassment to understand how they felt during the process. Undertake case review to identify areas of good practice and ensure wider learning is cascaded across the organisations. We will also continue to undertake awareness raising programmes for staff to promote understanding of examples and the effects of workplace bullying, including the actions that staff can take and where they may obtain further support as well as sign posting routes for reporting behaviours.

Indicator 7 – Percentage of staff believing the Trust provides equal opportunities.

The percentage of our BAME staff that believe we provide equal opportunities for career progression or promotion has positively increased for both Trusts. We will continue to review this collaboratively and recommendations outlined in indicator 2 in terms of fairer recruitment processes will support this indicator. We will continue to explore perceived barriers to equal opportunities and career progression via the BAME Staff Networks and Leads and develop additional actions to address any areas of concern.

Indicator 8 – Percentage of staff experiencing discrimination at work

This has been highlighted as priority area within both Trusts. South Tees have seen a marginally (0.04%) positive decrease to 20%, but this still remains above the national average which is reported at 16.17%. North Tees have seen a negative increase of 1.17% (13.7%) when compared to the 2022 Staff Survey data, however it's positive to note that the figure remains below the national average.

It's recommended that both Trusts work collaboratively. We will look to empower managers to ensure they are confident to appropriately challenge behaviours and have difficult conversations, deliver difficult decisions, and by doing so, ensuring that staff fully understand the reasons behind decisions – particularly where the outcome could be perceived as discriminatory. We will also continue to review exit information to identify the number of BAME staff who are leaving the Trusts and whether or not discrimination has had an impact on the decision to leave.

Indicator 9 –Board Membership

BAME representation at Board level is underrepresented for both Trusts, as compared to the Trust's overall ethnic minority workforce. The Trusts will continue to implement a fair and transparent recruitment process for all positions at all levels of the organisation.

It is recommended that a review is undertaken in relation Board members in terms of positive action, to encourage BAME representation at Board Level to ensure our Board is reflective of our overall workforce, services and local communities.

6. Conclusion and next Steps

The Workforce Race Equality Standard (WRES) has now been collecting data on race inequality for ten years, holding up a mirror to the service and revealing the disparities that exist for black and minority ethnic staff compared to their white colleagues.

We are pleased to report an improvement across the metrics for both Trusts for 2024 and note that this reflection of the continued EDI programme of work and the significant investment made in terms of data analysis, our restorative approach and focused interventions to improve staff experience across the range of protected characteristics.

The Trusts have taken a number of important actions in 2023/2024, to support the Workforce Race Equality Standard and we will focus and work collaboratively on the recommendations and actions outlined within section 5 of this paper. This will include engagement with our collective workforce and key stakeholders to share these results and jointly develop actions that can be progressed across University Hospitals Tees in the coming year.

7. Recommendation

This report presents a group update in relation to the Workforce Race Equality Standard (WRES) 2024 across **University Hospitals Tees.** The Group People Committee is asked to receive the content of the report and acknowledge the Workforce Race quality Standard (WRES) results for both Trusts reported in Section 2 and the key points and recommendations outlined within Section 5. Both Trusts individual reports are included in the appendices for further information.

Appendix 1 - North Tees & Hartlepool NHS Foundation Trust - NHS Workforce Race Equality Standard 2024

Appendix 2 - South Tees Hospitals NHS Foundation Trust - NHS Workforce Race Equality Standard 2024

Agenda Item: 16

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NHS
University Hospitals Tees

Workforce Disability Equality Standard (WDES)

Meeting date: 3 September 2024

Reporting to: Group Board of Directors

Agenda item No: 16

Report author: Rachael Metcalf, Group Chief People Officer

Action required:
Assurance

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

Previously presented to:
Group People Committee

NTHFT strategic objectives supported:

Putting patients first ☐

Valuing our people ☒

Transforming our services ☐

Health and wellbeing ☒

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☒

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

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

Make best use of our resources ☒

CQC domain link:

Well-led

Board assurance / risk register this paper relates to:

To align with the Group BAF

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.

A summary of the results for North Tees and Hartlepool NHS Foundation Trust and South Tees NHS Foundation Trust is shown in the report and includes comparison of the Trust's results covering a five-year period (2020 to 2024).

The NHS Workforce Disability Equality Standard (WDES) is designed to improve workplace experience and career opportunities for people with a disability working, or seeking employment, in the NHS

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.

There are no risk implications associated 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.

The WDES is an important tool for employers as research shows that a motivated, inclusive and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The implementation of the WDES will enable us to better understand the experiences of our staff with a disability. It supports positive change for existing employees and promotes a more inclusive environment for people with a disability working in the NHS.

We are pleased to report an improvement across the metrics for both Trusts for 2024 and note that this is a reflection of the continued EDI programme of work and the significant investment made in terms of data analysis, our restorative approach and focused interventions to improve staff experience across this protected characteristic specifically.

We will continue to promote the activities and good practice that we already undertake, including undertaking fair and transparent recruitment processes, delivery of unconscious bias training and promotion of various leadership and development opportunities which exist across both Trusts.

Both Trusts have taken a number of important actions in 2023/2024, to support the Workforce Disability Equality Standard and key emphasis for 2024/25 will be placed on working collaboratively relating to the recommendations and actions outlined within section 5 of this paper. This will include engagement with our collective workforce and key stakeholders to

share these results and jointly develop actions that can be progressed across University Hospitals Tees in the coming year.

Recommendations:

The Board is asked to receive the content of the report and acknowledge the Workforce Disability Equality Standard results for both Trusts reported in Section 2 and the key points and recommendations outlined within Section 5. Both Trusts individual reports are included in the appendices for further information.

University Hospitals Tees

NHS Workforce Disability Equality Standard (WDES) 2024

1. Introduction

As set out in the NHS Long Term Plan, respect, equality and diversity are central to changing culture and are at the heart of the NHS workforce implementation plan.

The NHS Workforce Disability Equality Standard (WDES) is designed to improve workplace experience and career opportunities for people with a disability working, or seeking employment, in the NHS.

This report presents a group update in relation to the Workforce Disability Equality Standard (WDES) 2024.

2. WDES Indicators

A summary of the results for North Tees and Hartlepool NHS Foundation Trust and South Tees NHS Foundation Trust is shown in the tables below and includes comparison of the Trust's results covering a five-year period (2020 to 2024).

A copy of the WDES Reports 2024 for each Trust is contained at Appendix 1 and Appendix 2 for information purposes.

North Tees and Hartlepool - WDES Indicators 2024			2020	2021	2022	2023	2024
1	Percentage of staff with a disability or long term health condition	Overall	2.0%	2.0%	3.0%	4.0%	4.9%
		Non-Clinical	2.0%	2.0%	3.0%	4.0%	5.2%
		Clinical	2.0%	2.0%	3.0%	3.0%	4.8%
2	The relative likelihood of Disabled staff being appointed from shortlisting compared to Non-Disabled staff		1.34	0.94	0.98	1.25	0.90
3	The relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff		0	0	0	0	0
			2019	2020	2021	2022	2023
4a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Staff with a disability or LTC	35.5%	29.6%	28.6%	30.7%	28.1%
		Staff without	27.8%	24.1%	26.3%	23.5%	20.1%
4b	Percentage of staff experiencing harassment, bullying or abuse from manager in the last 12 months	Staff with a disability or LTC	14.2%	18.3%	14.2%	12.5%	10.5%
		Staff without	7.3%	7.5%	7.6%	6.3%	5.1%
4c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	Staff with a disability or LTC	21.5%	23.4%	19.9%	23.2%	21.1%
		Staff without	14.7%	13.8%	13.3%	12.7%	11.9%
4d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	Staff with a disability or LTC	45.9%	54.3%	46.2%	53.2%	50.3%
		Staff without	46.3%	47.3%	47.3%	48.1%	49.3%
5	Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	Staff with a disability or LTC	59.3%	54.5%	57.6%	57.3%	55.6%
		Staff without	63.8%	62.6%	65.5%	65.3%	64.8%
6	Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Staff with a disability or LTC	35.7%	39.0%	27.8%	26.9%	26.7%
		Staff without	24.0%	24.9%	21.0%	18.0%	15.8%
7	Percentage of staff satisfied with the extent to which their organisation values their work	Staff with a disability or LTC	40.7%	36.9%	37.4%	34.60%	36.3%
		Staff without	54.1%	53.3%	47.6%	48.40%	50.80%
8	Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work	Staff with a disability or LTC	77.4%	74.2%	74.1%	72.9%	75.4%
9	Staff Engagement Score (0-10)	Staff with a disability or LTC	6.7	6.7	6.6	6.6	6.6
		Staff without	7.3	7.3	7.1	7.2	7.1
		Overall	7.2	7.1	6.9	7.0	6.9
			2020	2021	2022	2023	2024
10	Disabled/LTC Board Membership		0.0%	0.0%	7.1%	0.0%	3.0%

South Tees - WDES Indicators 2023/4				2021	2022	2023	2024
1	Percentage of staff with a disability or long- term health condition overall			2.62	3.47	4.57	4.99
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts			0.82	1.58	1.31	1.30
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability			2.48	0	0	0
			2019	2020	2021	2022	2023
4a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.	Disabled & LTHC staff	31.7	28.4	27.1	28.9	26.30%
		Non-disabled staff	25.3	22.8	23.2	23.7	20.50%
4b	Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from managers in the last 12 months.	Disabled & LTHC staff	15.9	17	14.4	13.9	10.40%
		Non-disabled staff	10.7	10.8	8.7	7.8	8.60%
4c	Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from colleagues in the last 12 months.	Disabled & LTHC staff	26.4	28.2	24.5	25.2	23.00%
		Non-disabled staff	16.3	16	15.2	17.1	16.00%
4d	Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	Disabled & LTHC staff	42.2	49.6	50.4	49.4	49.20%
		Non-disabled staff	40.3	41.6	42.3	45.5	48.10%
5	Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	Disabled & LTHC staff	47.3	44.2	53.5	51.5	53.20%
		Non-disabled staff	51.6	53.9	58.4	59	58.60%
6	Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled & LTHC staff	35.8	30.5	29.9	26.8	25%
		Non-disabled staff	25	23.1	22.8	19.1	19.70%
7	Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled & LTHC staff	22.9	29.2	32.7	34.2	33.40%
		Non-disabled staff	37.7	41.8	40.7	39.8	43.40%
8	Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Disabled & LTHC staff	66.5	77.3	75.6	69.6	72.40%
9	Staff Engagement Score	Disabled & LTHC staff	6.1	6.4	6.6	6.5	6.6
		Non-disabled staff	6.7	6.9	7	6.9	7
			2019	2020	2021	2022	2023
10	Disabled / LTC Board Membership		-2.6	-2.6	-3.3	-4.3	-3

3. WDES Update - North Tees and Hartlepool

A review of the WDES data for 2024 has highlighted the following points of interest:

- The number of staff with a disability or a long-term condition employed within the Trust has increased each year from 2020 and represents 4.9% of the workforce.
- Continued increased likelihood of applicants with a disability being appointed from shortlisting.
- We continue to report zero cases of capability involving employees with a reported disability.
- A reduction of staff with a disability experiencing Bullying, Harassment and Abuse from patients, relatives or the public, managers and colleagues.
- An increase in the percentage of staff with a disability reporting that the Trust has made adequate reasonable adjustments.
- The staff engagement score for staff with a disability has remained unchanged at 6.6.
- An increase in disability representation at Board level.

A key issue highlighted in this year's WDES was the decrease in the number of staff with or without a disability reporting that the Trust provides equal opportunities.

4. WDES Update - South Tees

A review of the WDES data for 2024 has highlighted the following points of interest:

- Staff with a disability or a long-term condition employed within the Trust has increased each year from 2021 and represents 4.9% of the workforce.
- More likelihood of applicants with no disability being appointed from shortlisting.
- We continue to report zero cases of capability involving employees with a reported disability.
- A reduction of staff with a disability experiencing Bullying, Harassment and Abuse from patients, relatives or the public, managers and colleagues
- An increase in the percentage of staff with a disability reporting that the Trust has made adequate reasonable adjustments.
- The staff engagement score for staff with a disability has positively increased to 6.6.
- Disability status underrepresented at Board level.

A key issue highlighted in this year's WDES is the decrease in the number of staff with a disability who feel satisfied that the organisation values their work.

5. WDES Group Update

A review of both Trusts data has highlighted the following key points:

Indicator 1 – Representation.

It's positive to report that both Trusts have seen an increase in employed staff with disabilities or long-term health conditions (LTC), which is reported at 4.9% for both Trusts in 2024.

However, this still remains an area of priority when compared to the North East's disability data (2021 census), which is reported at 21%, therefore significantly lower than he regional population. Also, when compared against the disabilities profile for the local areas, including Stockton, Hartlepool, Redcar and Cleveland, Hambleton and Middlesbrough, both Trusts

report less workforce representation in comparison to our local communities disabilities population. It's recommended that a collaborative review is undertaken in relation to local advertising and the reporting and recording of disabilities on the electronic staff record (ESR).

It's encouraging that disability declaration rates continue to increase with both Trusts. We will continue to promote the ESR self-service and recommend we work collaboratively with producing a group 'how to' guide that can be included in induction packs and made available on the intranet, as well as strong internal communication activities and focus group workshops to promote the benefits of declaration and how this data can be used to facilitate the best support for staff.

Indicator 2 – Likelihood of staff being appointed from shortlisting.

Analysis of South Tees recruitment data shows that applicants with a disability appear to be less likely to be appointed from shortlisting, with a reported ratio of 1:31, North Tees report an increased likelihood of staff with a disability being appointed from shortlisting, with a reported ratio of 0.90.

Both Trusts are a 'positive about people with a disability' employer, which means any applicant who indicates that they have a disability as part of their application and meets the essential criteria of the post being recruited to, will be guaranteed an interview.

There would be benefit in both Trusts working collaboratively to review actions and best practice in relation to this indicator to include a review of the Disability Confident accreditation (South Tees currently level 1). North Tees were awarded Disability Confident Level 3 status in March 2023 in recognition of the work undertaken to ensure that people with a disability have opportunities to fulfil their potential and realise their aspirations.

Indicator 3 – Likelihood of staff entering formal capability process

It's positive to report that both Trusts have consistently reported that there does not appear to be a disproportionate number of staff with a disability entering formal capability processes. We will continue to review and compare against regional benchmarks as well as responses from previous years.

Indicator 4a to 4c – Percentage of staff experiencing harassment, bullying/abuse from patients, relatives/public, managers and colleagues.

Both Trusts have seen an overall reduction in the percentage of staff with a disability experiencing harassment, bullying/abuse across all three areas: patients, colleagues and managers. . It's also positive to note that both Trusts report below the national average for all three areas as follows:

- Patients – national average reported at 29.83% (North Tees 28.1%, South Tees 26.3%)
- Managers – national average reported at 15.33% (North Tees 10.5%, South Tees10.4%)
- Colleagues – national average reported at 25.26% (North Tees 21.1%, South Tees 23%)

Further analysis of this key finding has been undertaken to identify hotspots, and development of department specific action plans to address any areas of concern.

We will continue to seek feedback from those staff who have been directly involved in cases of bullying and harassment to understand how they felt during the process. Case reviews are regularly undertaken to identify areas of good practice to ensure wider learning is shared

across the organisations. We will also continue to raise awareness of staff to the effects of workplace bullying, including the actions that staff can take and where they may obtain further support as well as sign posting routes for reporting behaviours.

We will be looking to build on the progress which has been achieved so far and aim to ensure that the experiences of staff with a disability continue to improve including signposting to specific avenues such as Freedom to Speak Up. Similarly, we will closely work with our services to understand any hot spot areas where more targeted or specific support may be required

Indicator 4d - Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

South Tees results have remained fairly static in the number of staff with a disability who have reported harassment, bullying and abuse (49.2% compared to 49.4% for 2022).

North Tees have seen a slight decrease in the number of staff with a disability who have reported harassment, bullying and abuse (50.3% compared to 53.2% for 2022).

As both Trusts report below the national average of 50.6%, this will be a priority area for review.

Indicator 5 – Percentage of staff believing the Trust provides equal opportunities.

The results for North Tees have decreased in terms of the % of both staff with/ without a disability who believe the organisation provides equal opportunities for career progression or promotion. The figures for staff with a disability are reported as 55.6% compared to 57.3% for 2022.

The results for South Tees show an increase of colleagues with a disability who believe the organisation provides equal opportunities for career progression or promotion compared to colleagues without a disability which shows a slight decrease. The staff with a disability are reported as 53.18% compared to 51.48% for 2022.

It's positive to note that both Trusts report above the national average of 51.54%.

We will continue to review this collaboratively with recommendations to explore perceived barriers to equal opportunities and career progression via the Ability/Disability Staff Networks and Leads and development of additional actions to address any areas of concern.

Indicator 6 – Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Both Trusts have shown a reduction in the number of staff with a disability who have felt pressure from their manager to come to work whilst unwell and have also reported below the national average of 28.55%.

Staff with a disability/LTC continue to be more likely to report pressure to attend work whilst unwell than staff without a disability.

We will review processes surrounding the health and wellbeing conversation between managers and colleagues. Both Trusts continue to deliver training to line managers, which includes advice surrounding reasonable adjustments and raising awareness of how an individual's disability can impact upon their performance.

Indicator 7 – Percentage of staff satisfied with the extent to which their organisation values their work.

North Tees report 36.3% of staff with a disability felt satisfied that the organisation valued their work, this has increased by 1.7% since 2022.

South Tees report 33.4% of staff with a disability reported that they felt satisfied that the organisation valued their work, this has decreased slightly by 0.8% since 2022.

North Tees report above the national average of 35.66%.

We will continue to review this collaboratively with recommendations to host a group Disability Awareness Day for colleagues who have a disability or long-term condition, with the focus of the day to raise awareness, and an opportunity to share areas of good practice and seek suggestions from staff about further improvements.

Indicator 8 – Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work.

Both Trusts have seen an overall positive increase in the percentage of staff saying that adequate reasonable adjustment has been made to enable them to carry out their work.

Again, it's also positive to note that North Tees figure of 75.4% and South Tees figure of 72.4, is above the national average which is reported at 72.3%.

Indicator 9 – Staff Engagement Score

Both Trusts overall engagement score for staff with a disability are reported at 6.6. However, staff with a disability/LTC continue to be more likely to report lower levels of staff engagement than staff who do not have a disability. Its positive to note the national benchmarking data indicates that the engagement score for staff with a disability is 6.5, which is 0.4 lower than both Trusts figures.

It is recommended that an important emphasis is placed on engaging engagement with our workforce and seek to understand their views on an individual level as well as the views of the group.

Indicator 10 –Board Membership

North Tees have seen an increase in disability representation at Board level, however representation continues to be underrepresented for both Trusts, as compared to the Trust's (4.9%) overall disability workforce.

Both Trusts will continue to implement a fair and transparent recruitment process for all positions at all levels of the organisation. It is recommended that a review is undertaken in relation Board members in terms of positive action, to encourage disability representation at Board Level to ensure our Board is reflective of our overall workforce, services and local communities.

6. Conclusion and next Steps

The WDES is an important tool for employers as research shows that a motivated, inclusive and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The implementation of the WDES will enable us to better understand the experiences of our staff with a disability. It supports positive change for existing employees and promotes a more inclusive environment for people with a disability working in the NHS.

We are pleased to report an improvement across the metrics for both Trusts for 2024 and note that this is a reflection of the continued EDI programme of work and the significant investment made in terms of data analysis, our restorative approach and focused interventions to improve staff experience across this protected characteristic specifically.

We will continue to promote the activities and good practice that we already undertake, including undertaking fair and transparent recruitment processes, delivery of unconscious bias training and promotion of various leadership and development opportunities which exist across both Trusts.

Both Trusts have taken a number of important actions in 2023/2024, to support the Workforce Disability Equality Standard and key emphasis for 2024/25 will be placed on working collaboratively relating to the recommendations and actions outlined within section 5 of this paper. This will include engagement with our collective workforce and key stakeholders to share these results and jointly develop actions that can be progressed across University Hospitals Tees in the coming year.

7. Recommendation

The Board is asked to receive the content of the report and acknowledge the Workforce Disability Equality Standard results for both Trusts reported in Section 2 and the key points and recommendations outlined within Section 5. Both Trusts individual reports are included in the appendices for further information.

Appendix 1 - North Tees & Hartlepool NHS Foundation Trust - NHS Workforce Disability Equality Standard 2024

Appendix 2 - South Tees Hospitals NHS Foundation Trust - NHS Workforce Disability Equality Standard 2024

Agenda Item: 17

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People Committee

25 July 2024

Connecting to: NHS UHT Group Board

Key topics discussed in the meeting:

- Board Assurance Framework: Excellent overview of the previous BAF structures, risks and plans for consolidation.
- Joint Health & Wellbeing Report: Assurance received on direction for supporting health and wellbeing of workforce. Capacity risk aligned to tension of demand and supply (affordability and resources).
- Joint WRES Report: Assurance of group WRES and the measurable impact of the NHS EDI strategy. There is some stagnation in culture change and committee seeks further assurance on how executive leadership intends to drive change.
- Joint WDES Report: Assurance of group WDES and the measurable impact of the NHS EDI strategy. Questions raised on whether employees are disclosing impairments and/or capability of managers to implement reasonable adjustments.
- People Practices: Excellent report providing assurance on employee relations and practical advantages of the restorative justice approach. Committee informed on case complexity and implication on investigation timing.
- Growing the Workforce: An initial view on holistic talent pipeline (incl. workforce planning) where future demand drives talent acquisition, development, education and engagement.

Actions:

- Allied Health Professional workforce report (replanned to October 2024)
- Nursing Safe Staffing Report (planned for October 2024)
- Residential Block referral to Resource Committee following health and wellbeing visit (completed)
- Agency Spend reduction report (planned for September 2024)
- Occupational Health strategy review (planned for December 2024)
- IPR Improvement – EDS analysis incorporation (Open)

Escalated items:

- First Group people committee completed. BAF consolidation is attainable and will provide clearer assurance

Risks (Include ID if currently on risk register):

- None

Agenda Item: 18

Caring
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Audit Committee

29 July 2024

Connecting to: Board

Key topics discussed in the meeting:

- It was noted that the Trust has been notified that there will be changes to NHS spending controls and new requirements from central government that will apply to the NHS North East and Yorkshire region from 5th September 2024.
- Review and discussion of BAF Q.1 24/24 to gain assurance that key risks have been captured and are being managed under the Trust's agreed processes: received and noted.
- Review and discussion of IPR for March 2024, to gain assurance that processes are effective: received and noted.
- Received and reviewed the Internal Audit Progress Report, including the reasonable assurance report issued regarding Freedom of information, overdue actions, and use of contingency days in the audit programme. Also discussed the potential AuditOne financial controls review across all foundation trusts within the Integrated Care System, and associated time and cost consequences for the Trust. Noted the content and approved two changes to AuditOne's internal Audit Draft plan 24/25.
- Also received and approved adoption of AuditOne's Internal Audit Charter and Protocol for 2024/25.
- Received and noted the Counter Fraud Report - queried the time being taken to close down some outstanding investigations. Approved the Trust's updated Counter Fraud Policy.
- Reviewed and noted the final position from the 2023/24 ISO 260 audit of the Trust by Deloitte LLP.
- Referrals from other committees: the Committee received an update on progress with Clinical Audits, which are being tracked by the Quality Committee.
- The Committee received and noted the update on progress with the Trust's overdue policies.
- The Committee received and noted a report setting out information on NHS non-eligibility income and debt recovery over the past three years.

Actions:

- Committee quoracy – Ms. White to consider the number of Non-Executive Directors on the Committee to ensure quoracy: before next committee meeting.
- The updated cycle of business for the Committee will come back to the next meeting for approval (Ms. White).

Escalated items:

- Assurance received on BAF and IPR processes.
- Progress being made with Clinical Audits.
- Progress being made with updating outstanding Trust policies.

Risks (Include ID if currently on risk register):

No new risks

Agenda Item: 19

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University Hospitals Tees

Proposed Naming of the Friarage Surgical Hub

Meeting date: 3 September 2024

Reporting to: Group Board of Directors

Agenda item No: 19

Report author: Ann Wright, Director of Operations

Action required:
Approval

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

Previously presented to: Clinical Operational Group at Friarage, the Theatre Project Group and the Growing the Friarage Collaborative Board

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:

Caring Better Together

Key discussion points and matters to be escalated from the meeting

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

The existing theatres at the Friarage Hospital Northallerton are being replaced as they are currently beyond economic repair. The new build will be completed in April 2025 and operational by the end of May 2025. The new facility is *going 'To provide a state-of-the-art elective surgical hub at the Friarage Hospital benefiting patient access, clinical quality, workforce and strategic development of health services in North Yorkshire and the Tees Valley'*.

The chosen name is the Friarage Surgical Centre and this has had significant input from the staff in the Trust which has included staff from North Tees who attended an engagement event in June 2024.

The chosen name has been approved through the Trust governance procedures which has included the Clinical Operational Group at Friarage, the Theatre Project Group and the Growing the Friarage Collaborative Board.

The Trust board is asked to formally ratify this decision.

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.

There are no risk implications associated 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.

The chosen name is the Friarage Surgical Centre and this has had significant input from the staff in the Trust which has included staff from North Tees who attended an engagement event in June 2024.

The chosen name has been approved through the Trust governance procedures which has included the Clinical Operational Group at Friarage, the Theatre Project Group and the Growing the Friarage Collaborative Board.

Recommendations:

The Board are asked to approve the recommendation to name the unit the Friarage Surgical Centre and note the next step would be to produce communication materials and the build contractor can proceed with the facility signage.

Proposed Naming of the Surgical Hub at the Friarage

1. PURPOSE OF REPORT

The purpose of the report is to seek Board approval on the naming of the surgical hub at the Friarage.

2. BACKGROUND

The existing theatres at the Friarage Hospital Northallerton are being replaced as they are currently beyond economic repair. The new build will be completed in April 2025 and operational by the end of May 2025. The new facility is *going 'To provide a state-of-the-art elective surgical hub at the Friarage Hospital benefiting patient access, clinical quality, workforce and strategic development of health services in North Yorkshire and the Tees Valley'*. Following approval at the Clinical Operational Group at Friarage, the Theatre Project Group and the Growing the Friarage Collaborative Board. The Trust board is asked to formally ratify this decision.

The new theatres build started in 2023 following a successful business case process to secure national Target Investment Fund (TIF) capital funding. The new facility is a significant development for the Friarage site and the plan is that it will be accredited by the Getting it Right First Time (GIRFT) team within the next 12 months.

Surgical hubs, which are separated from emergency services, are part of plans nationally to increase capacity for elective care with more dedicated operating theatres and beds.

3. DETAILS

It is important that the facility has its own identity; it has already been allocated a unique code for activity reporting and it is expected that it will be a standalone unit that has a protected workforce to ensure elective activity is not impacted by the pressures of urgent and emergency care.

There were 3 name options proposed to colleagues and the opportunity to vote was promoted at an engagement event in June. The results were as follows with the Friarage Surgical Centre as the favourite:

North Yorkshire Surgical Centre 15 votes
North Yorkshire Surgical Hub – 1 vote
The Friarage Surgical Centre – 345 votes

The Trust has contacted NHS England who have confirmed that the final decision around the choice of name for the facility rests with the Trust board.

4. RECOMMENDATIONS

It is recommended that the new facility is named the Friarage Surgical Centre. The Board are asked to discuss this proposal and approve the recommendation so that the decision is confirmed ahead of the GIRFT accreditation process, communication materials can be produced and the build contractor can proceed with the facility signage.

Agenda Item: 20

Caring
Better
Together

University Hospitals Tees

RETROSPECTIVE APPROVAL OF DOCUMENTS EXECUTED UNDER SEAL

Meeting date: 3 September 2024

Reporting to: Group Board of Directors

Agenda item No: 20

Report author: Sarah Hutt, Assistant Company Secretary

Action required:
Approval

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

Previously presented to:
N/A

NTHFT strategic objectives supported:

Putting patients first ☒

Valuing our people ☒

Transforming our services ☒

Health and wellbeing ☒

STHFT strategic objectives supported:

Best for safe, clinically effective care and experience ☐

A great place to work ☐

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

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

Make best use of our resources ☐

CQC domain link:

Effective

Board assurance / risk register this paper relates to:

Key discussion points and matters to be escalated from the meeting

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

The NHS Act 2006, paragraph 29(1), Schedule 7 set out the requirement for foundation trust constitutions to make provision for the authentication of the fixing of the company's seal to execute documents as required.

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 part of the Community Diagnostic Centre Development in Stockton, a Supplemental Agreement between North Tees and Hartlepool Solutions LLP and Stockton Borough Council documenting the £1.436m contribution by Stockton Borough Council for the external works required to be sealed with the Trust's corporate seal.

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 document was signed by Steven Taylor and Neil Atkinson on behalf of the Trust and North Tees and Hartlepool Solutions LLP and sealed on 12 July 2024.

Recommendations:

The Board are asked to grant retrospective approval for the sealing of this document.