

Council of Governors – Public Meeting

Tuesday 12 January 2021, 10.00 – 11.30am
Microsoft Teams

Agenda

ITEM	PURPOSE	LEAD	FORMAT	TIMING	
CHAIRS BUSINESS					
1.	Welcome and Introductions	Information	Chair	Verbal	10.00am
1.	Apologies for Absence	Information	Chair	Verbal	
2.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC 1	
3.	Minutes of Previous Meeting held on 10 November 2020	Approval	Chair	ENC 2	10.05am
4.	Matters Arising and Action Sheet	Review	Chair	ENC 3	
5.	Chairman's Report	Information	Chair	Verbal	10.10am
6.	Lead Governor's Report plus notes from zoom call with Hempsons on 11.12.2020	Information	Lead Governor	ENC 4	10.20am
INVITED MEMBERS					
7.	Introduction – Ben Murphy, Head of Charities - Update on Captain Tom money	Information	Head of Charities	Verbal	10.30am
STRATEGY & PLANNING					
PEOPLE					
QUALITY, SAFETY, PERFORMANCE & FINANCE					
8.	Performance Report	Discussion/ information	Managing Director	ENC 5	10.45am
9.	Finance Report	Discussion/ Information	Managing Director	ENC 6	10.55am
GOVERNANCE					
10.	CQC Update	Information	Moira Angel	ENC 7	11.00am

11.	Risks facing the Trust	Information	Head of Governance	Verbal	11.05am
12.	Committee Chair Logs 12.1 - Quality Assurance Committee 12.2 - Workforce Committee 12.3 - Charitable Funds Committee 12.4 - Risk Management Committee 12.5 – Audit Committee	Information Debbie Reape Ada Burns Alan Downey David Heslop Richard Carter-Ferris	Chair	ENC 8 (a-f)	
13.	Nomination Committee - Ratification of NED recruitment	Discussion / Approval	Head of Governance	Verbal	11.10am
14.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	11.20am
15.	Reflections on Meeting	Discussion	Chair	Verbal	11.25am
16.	Any Other Business - Governor Elections - Future meeting dates	Information	Chair Chair / All	Verbal ENC 9	
17.	Date of Next Meeting: Tuesday 9 March 2021.	Information	Chair		

ENC 1

Council of Governors Register of Interests

Board Member	Position	Declaration Details
Ann Arundale	Governor	NIL
Plym Auty	Governor	NIL – but is a volunteer with Great North Air Ambulance Service but holds no position of Authority
Steve Bell	Governor	NIL
David Bennett	Governor	NIL
Lisa Bosomworth	Governor	NIL
Jon Broughton	Governor	NIL
Yvonne Teresa Bytheway	Governor	Therapeutic Care Volunteer – James Cook University Hospital NHS Responder during COVID pandemic – providing support to vulnerable people as a check in and chat volunteer Volunteer for Ageing Better, Middlesbrough Teaching Support for NHS Medical Students
Janet Crampton	Governor	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Chair of Dementia Friendly Hambleton
Paul Crawshaw	Governor	Chair of Healthwatch Middlesbrough Board
Prof Stephen Cummings	Governor	Head of School of Health and Life Sciences at Teesside University Responsible for Nursing and Midwifery and Allied Health Profession programmes run by University. Students undertake placements at South Tees. Governor Academic Health Science Network for North East and North Cumbria
Cllr Caroline Dickinson	Governor	Portfolio Holder for Public Health NYCC Trustee Hambleton Foodshare Trustee Mencap Northallerton
Martin Fletcher	Governor	NIL
David John Hall	Governor	NIL

Barbara Hewitt	Governor	NIL
Rebecca Hodgson	Governor	NIL
Mike Holmes	Governor	Member of Patient Group at GP practice – Dr Duggleby & Partners, Stokesley
Allan Jackson	Governor	NIL
Prof Steve Jones	Governor	Head of School of Medical Education at Newcastle University Responsible for medical students teaching and the physicians associate programmes run by Newcastle University. Both are placed in South Tees for training and the Trust receives payment for these placements.
Jean Milburn	Governor	NIL
Alison Munkley	Governor	NIL
Lee O'Brien	Governor	CEO Carers Together Foundation. Carers Together is not commissioned by the Trust but it has received funding from NHSI/E
John Race	Governor	NIL
Patrick Rice	Governor	Redcar & Cleveland Council have dealings with Hospital Social Work Team within South Tees Hospitals NHS Foundation Trust
Jennifer Rutland	Governor	Councillor – Ingleby Barwick Town Council – representing residents Vice Chair – Stockton on Tees Over 50s Forum – representing residents
Erik Scollay	Governor	Director of Adult Social Care and Health Integration at Middlesbrough Council Director of Adult Social Care and Health Integration at Middlesbrough Council
Angela Seward	Governor	Chair of Patient Participation Group (PPG) for Barnard Castle Surgery, part of NHS County Durham CCG Chair of the Durham Dales Patient Representative Group (PRG) which meets bi monthly with NHS County Durham CCG Non-voting member of NHS County Durham CCG Governing Body – previously Durham Dales, Easington and Sedgfield CCG
Philip Warwick	Governor	NIL
Tink Wedgwood-Jones	Governor	NIL
Jon Winn	Governor	NIL
Sue Young	Governor	Member of Patient Participation Group at Quakers Lane Surgery, Richmond

**Unconfirmed minutes of the Council of Governors Meeting held in PUBLIC
10 November 2020 at 2.00pm
Microsoft Teams**

Present:

Mr Alan Downey	Chairman of the Trust and Chair of the meeting
Ms Ann Arundale	Elected governor, Middlesbrough
Mrs Plym Auty	Elected governor, Hambleton & Richmondshire
Mr Steve Bell	Elected governor, Staff
Mr David Bennett	Elected governor, Patient and/or Carer
Mr Jon Broughton	Elected governor, Staff
Mrs Yvonne Bytheway	Elected governor, Middlesbrough
Ms Janet Crampton	Elected governor, Hambleton & Richmondshire
Prof Stephen Cummings	Appointed governor, Teesside University
Cllr Caroline Dickinson	Appointed governor, North Yorkshire County Council
Mr Martin Fletcher	Elected governor, Staff
Mr David Hall	Elected governor, Hambleton & Richmondshire
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Prof Steve Jones	Appointed governor, Newcastle University
Ms Jean Milburn	Elected governor, Middlesbrough
Ms Alison Munkley	Elected governor, Middlesbrough
Mr Lee O'Brien	Appointed governor, Carer Organisation
Mr John Race MBE	Elected governor, Redcar & Cleveland
Mrs Angela Seward	Elected governor, Rest of England
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Sue Young	Elected governor, Hambleton & Richmondshire

In attendance:

Ms Lisa Bosomworth	Representative of appointed governor, Healthwatch
Mr Mark Graham	Director of Communications
Mr Mike Ducker	Non-executive Director (<i>item 2020/011/11</i>)
Mr Rob Harrison	Managing Director (<i>item 2020/011/7, 9 & 10</i>)
Mrs Anita Keogh	Corporate Affairs Officer/PA to Chairman
Ms Sue Page	Chief Executive (<i>item 2020/011/8</i>)
Ms Debbie Reape	Non-executive Director (<i>item 2020/011/11</i>)
Mrs Jackie White	Head of Governance/Company Secretary

2020/011

CHAIR'S BUSINESS

1. **Welcome and Apologies for Absence**

Apologies for absence were received from:

Mr Paul Crawshaw	Appointed governor, Healthwatch
Ms Barbara Hewitt	Elected governor, Redcar & Cleveland
Mr Patrick Rice	Appointed governor, Redcar & Cleveland Borough Council
Ms Jennifer Rutland	Elected governor, Redcar & Cleveland
Mr Erik Scollay	Appointed governor, Middlesbrough Council
Dr Philip Warwick	Appointed governor, Durham University
Ms Tink Wedgwood-Jones	Elected governor, Patient and/or Carer

The following Non-executive Directors submitted their apologies:

Ms Ada Burns	Non-executive Director
Mr Richard Carter-Ferris	Non-executive Director
Mr David Heslop	Non-executive Director

2. **Declarations of Interest**

There were no new interests declared and no interests declared in relation to open items on the agenda.

3. **Minutes of Previous Meeting**

The minutes of the previous **public** meeting held on 22 September 2020 were approved.

Resolved: i) the minutes of the previous **public** meeting held on 22 September 2020 were accepted as an accurate record.

Date of Next Meeting

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 12 January 2021 from 1.30pm.

PA/AK/LET003

17 December 2020

Council of Governors

Dear Colleague

Telephone call with Alan

As usual I have had my monthly telephone call with Alan to update Governors on the state of play at South Tees.

The first thing to say is that at Tuesday this week we had vaccinated 1829 people with their first dose of the Covid vaccine. This was mainly given to those who are over 80 patients both inpatient and outpatient, care home staff and vulnerable staff in the Trust. You will have read in the Covid-19 bulletins that this continues well and all staff have been reminded to wait their call – I understand it to be a well organised operation – long may it continue until we have all been called!

In addition, over 85% of staff have received their flu vaccination – this is the highest number ever achieved in the Trust and congratulations to those who have been running the flu drop in sessions all over the Trust.

Moving on to medical appointments and following the appointment of Dr Mike Stewart as Chief Medical Officer, 3 Associate medical officers are Dr Vince Connolly to cover quality and patient safety, Mr Mithilesh Lal covering people and governance and Dr David Reaich for clinical strategy and service improvement and Deputy Medical Officer. You will recall that we were shown a diagram of the new set up which included 10 collaboratives feeding into the Clinical Policy Group. The chiefs of these collaboratives will be appointed in the near future, so the medical side of the organisation should all be in post by the Spring.

This will tie in with the new Chief Nursing Officer commencing on 14th February and the Chief Finance officer commencing on the 1st March 2021.

I have attended, virtually, two Covid 19 webinars, that we were made aware of by Anita, regarding the key legal considerations arising from the pandemic - the first on Health and Safety and particularly relevant to staff and the second on Clinical Negligence. Both of these were extremely informative and laid bare some of the issues and risks that Trusts may have to consider in the future.

Finally may I take this opportunity to wish you all a very Merry Christmas. Let us hope we have a Happy New Year and a vast improvement in 2021.

Take care and stay safe.



Plym Auty
Lead Governor
South Tees Hospitals NHS Foundation Trust

Health and safety following Covid outbreak.

zoom meeting with Hempsons, solicitors, organised by NHS Providers on 11th December 2020.

During the **pandemic** the main risks, amongst others, is the redeployment of staff to areas that may not be similar to their own, the fluctuating staff levels available and the use of agency staff. These staff should always be fully inducted into the workplace with time given for policies and procedures to be fully understood. Risk assess the situation and the impact on high turnover of staff and the functioning of the area. Who should do what needs to be agreed and recorded. Communication should be both ways – up and down.

The **vaccine** hub should be risk assessed before commencement of vaccinations. The site should be accessible to both pedestrians and vehicles and in particular accessible for the more vulnerable and those with mobility issues. Case: Maughan v HM which changed the standard of proof from criminal to civil -i.e balance of probabilities rather than beyond reasonable doubt. Trusts are reminded that the HSE is keeping a watching brief re organisational culpability.

The duty of care lies with the acute trusts and this leads to the need to have policy clearly written and embedded. The pandemic is shining a light on health and safety and trusts should be proactive rather than reactive. There is the need to review working procedures and incorporate new information if required, Communication is essential if procedures are to be changed, it should be inclusive, accessible proportionate and reasonable.

Document everything, document, document.....

Clinical Negligence re Covid

zoom meeting with Hempsons, solicitors, organised by NHS Providers on 17th December 2020.

The trust will be held liable vicariously for breach of duty of care and causation loss on the balance of probabilities.

The need for evidence is critical, not only from those primarily involved but also of witnesses. The case may not come to court for 2 years or more and the evidence of all present is crucial – what, where, when? The evidence needs to be cemented now so that on inspection by independent experts all the facts are clear. The information should include who each person involved is – name, address, position full time, part time, student etc as in a couple of years' time they may have moved on and left the trust. All evidence includes emails which should be filed with the papers and staff should be reminded that emails may be used as evidence and questioned in court.

NICE guidance on documentation should be followed in all cases.

Teleconferencing has implications for both doctor and patient. The Bolam principle applies here - what would the reasonable patient want to know? what material risks would the reasonable patient want to know? The patient may understand the letter or booklet when in front of the doctor but that is not available in teleconference. It is suggested that a letter advising the patient that the appointment will be by teleconference should include a paragraph asking them to prethink questions so they can be recorded following the consultation. This should be highlighted to staff who intend to use the system.

Questions raised during the session included the use of pens as signature – should patients bring their own, wear gloves – lack of signature is not a defence. Similarly, with teleconferencing whilst risks and agreements may be made during the call, all papers should be signed if possible or the matter adequately documented.

A further question was regarding the Darnley case and the duty of care and Covid patients attending A and E. They were advised that there should be a clear local policy, in line with other similar trusts, regarding how to prioritise patients and this should be updated during the rapid change in treatment options.

Duty of care, reasonable at that time, communication and evidence were emphasised strongly.

Plym Auty



South Tees Hospitals
NHS Foundation Trust

Integrated Performance Report

November 2020

Key Messages



South Tees Hospitals
NHS Foundation Trust

- Our key messages are:
- Increased demand, higher acuity and reduced capacity have led to A and E compliance to continue to be below target on a downward trajectory for the fifth consecutive month.
- Implementation of recovery plans have seen RTT and diagnostic compliance continue to improve although both are still below target.
- Cancer compliance against the 14 day standard is an area of concern but is back within the lower control limit. The weekly cancer performance wall continues to identify pressures and themes.
- There has been significant deterioration in annual appraisal compliance.
- The target of 4% for sickness and absence is currently not achievable.
- The Trust is £0.5m ahead of revised plans.

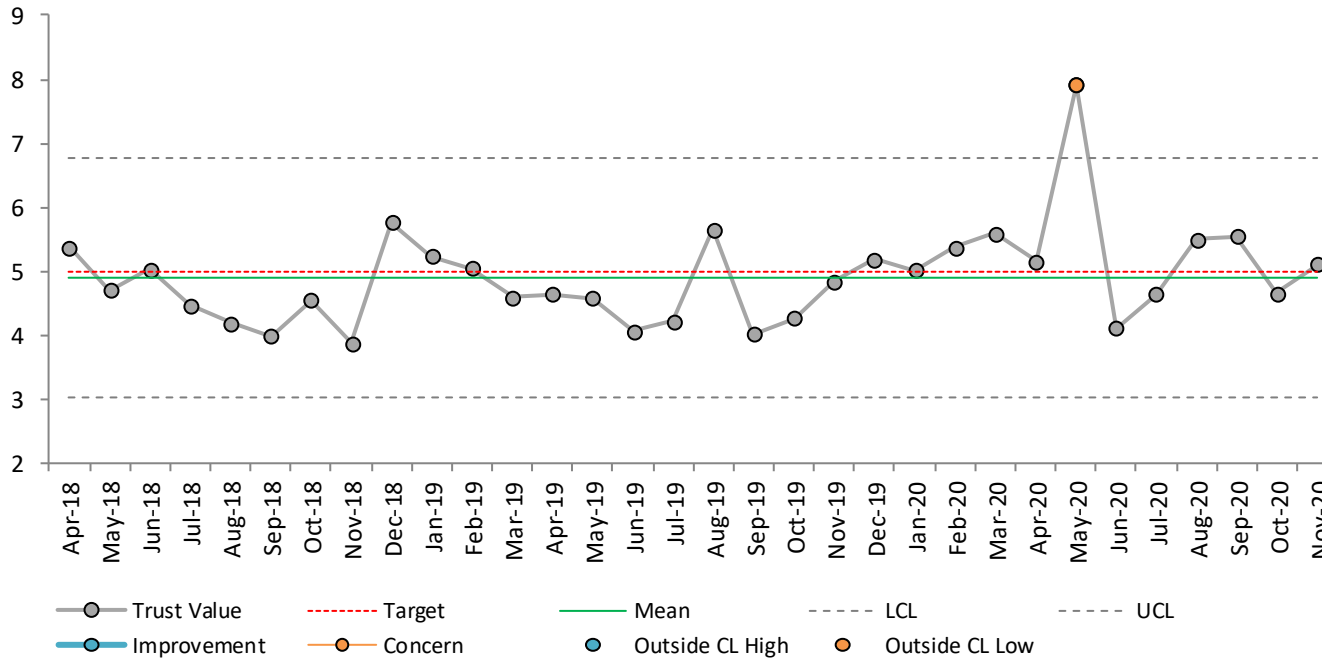
Quality Summary

	Indicator	Latest Month	Target	Trend	Assurance
SAFE	All Falls Rate	5.11	5		
	Falls With Harm Rate	0.00	0		
	Infection Control - C-Difficile	6	6.75		
	Infection Control - MRSA	0	0		
	Serious Incidents	4	0		
	Never Events	0	0		
	Category 2 Pressure Ulcers	126	TBD		
	Category 3 & 4 Pressure Ulcers	12	TBD		
	SHMI	120.45	N/A		
	Hospital Standard Mortality Rate (HSMR)	101.49	N/A		
VTE Assessment	Data Validation Required - metric isn't currently being reported nationally				
EFFECTIVE	SEPSIS - Screening	Data Validation Required			

	Indicator	Latest Month	Target	Trend	Assurance
CARING	F&F A&E Overall Experience Rate (%)	89.76%	85.0%		
	F&F A&E Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	F&F Inpatient Overall Experience Rate (%)	97.06%	96.0%		
	F&F Inpatient Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	F&F Outpatient Overall Experience Rate (%)	96.49%	95.0%		
	F&F Maternity Overall Experience Rate (%)	100.00%	97.0%		
	F&F Maternity Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	Complaints Closed Within Target (%)	81.25%	80.0%		
	Mixed Sex Accommodation (MSA) Breaches	0	0		

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)ailing short of the target

All Falls Rate



The Trust falls rate per 1000 bed days

Target	5
Mean	4.90
Last Month	5.11

Executive Lead
Deirdre Fowler

Lead
Beth Swanson

Commentary
Overall compliance against this metric has not changed in the last 2 ½ years, therefore we do not have confidence we will consistently achieve the target.

Cause of Variation

- The falls rate per 1000 bed days remains susceptible to changes in patient dependency, work force and location.
- In November, there were 115 falls. This included: 10 falls from the toilet or commode, 35 from bed, 5 trips and 45 while mobilising.
- The most common cause of falls remain poor balance (36), deconditioning (1), alcohol / drug toxicity (9), slips (30) memory loss (20).

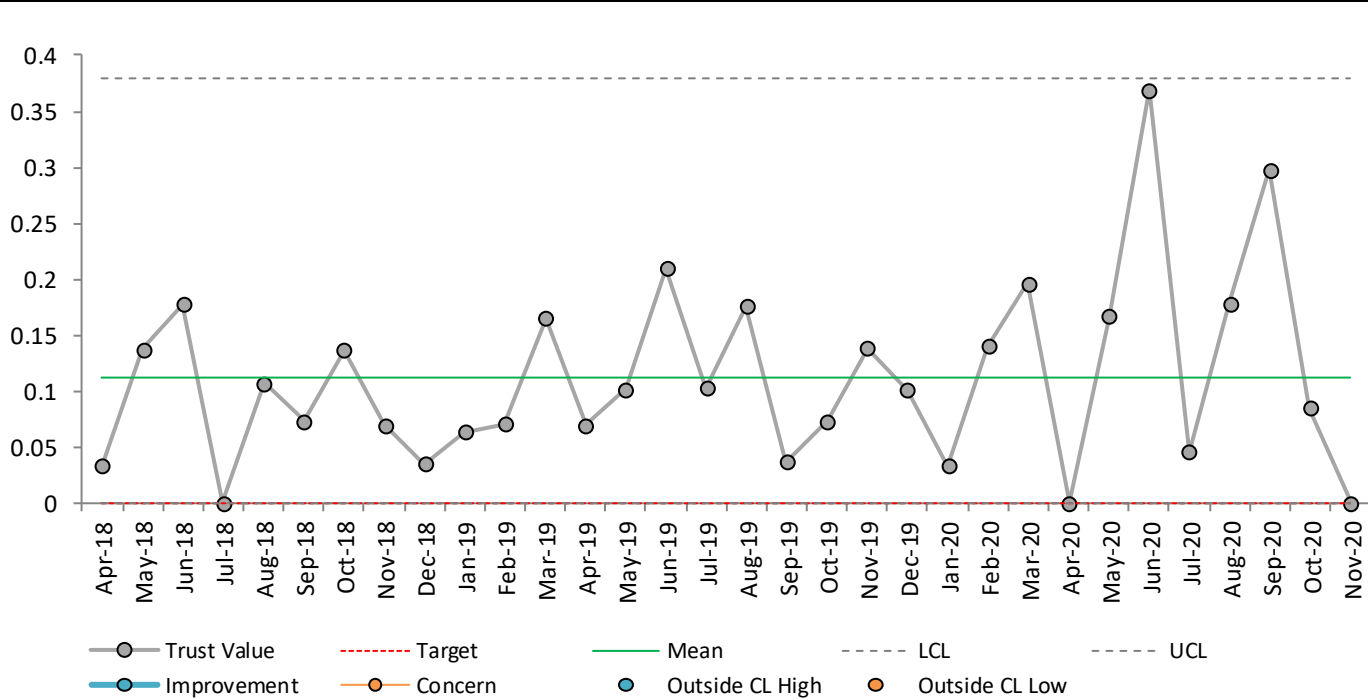
Planned Actions

- There is now dedicated a project facilitator within the STAQC team leading multiple PDSA cycles with ward staff. This includes a trial of the "falling star" visual indicator and work to improve patient mobilisation.
- Review of high low bed provision and use of bed rails
- Ward 3, 9 and 11 – are completing a new training package which includes fall's assessment completion and "what now" and L&S BPs, fall's specific exercise prescription.

Timescale

- All actions are ongoing and linked to the falls reduction strategy.
- STAQC team continue to foster the sharing of good practice and quality improvement work.

Falls With Harm Rate



Rate of falls with harm per 1000 bed days

Target	0
Mean	0.11
Last Month	0.00

Executive Lead
Deirdre Fowler

Lead
Beth Swanson

Commentary
<p>This metric has not significantly changed over time.</p> <p>There is evidence during COVID that there was an increase in falls (likely due to bed moves.)</p> <p>As the target is 0 there is no evidence we can consistently achieve it.</p>

Cause of Variation

- There were no falls with harm in November.

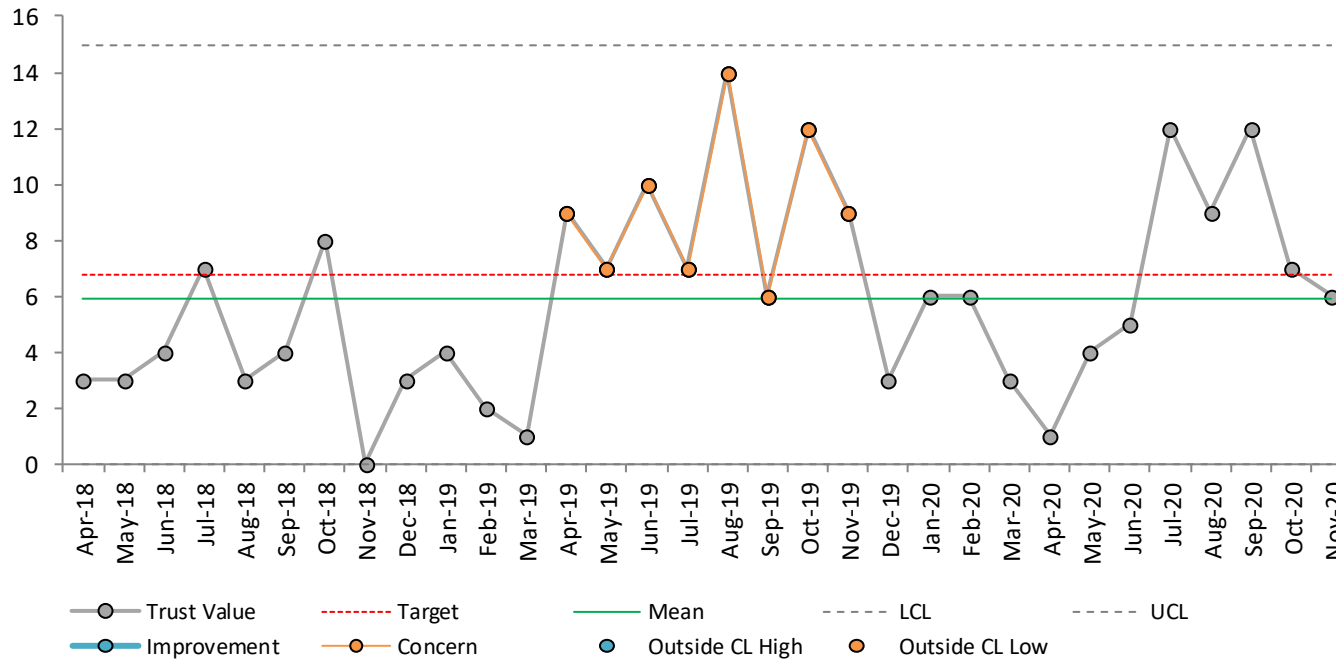
Planned Actions

- Dedicated project facilitator within STAQC team leading multiple PDSA cycles with ward staff. This includes a trial of the "falling star" visual indicator and work to improve patient mobilisation.
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Timescale

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- STAQC team continue to foster the sharing of good practice and quality improvement work.

Infection Control - C-Difficile



Cases of hospital acquired C. Difficile bacteraemia

Target	6.75
Mean	5.94
Last Month	6.00

Executive Lead
Deirdre Fowler

Lead
Sharon Lance

Commentary

Except for April – Nov 19 there is no significant change over time. A monthly target of 6.75 has been added to support monitoring against last years upper threshold of 81. Currently the process is not capable of consistently meeting target.

Cause of Variation

- No obvious cause but closer analysis of the root cause investigations may reveal potential learning opportunities.
- There were 6 areas with a CDI case identified in November (4 HOHA & 2 COHA); JC04, JC28, JC36, JC37 and Gara x2.
- Therefore in the first 8 months of 2020/2021 there have been 54 trust-apportioned cases. We are currently above trajectory, and we note the higher number of cases during July, August and September.

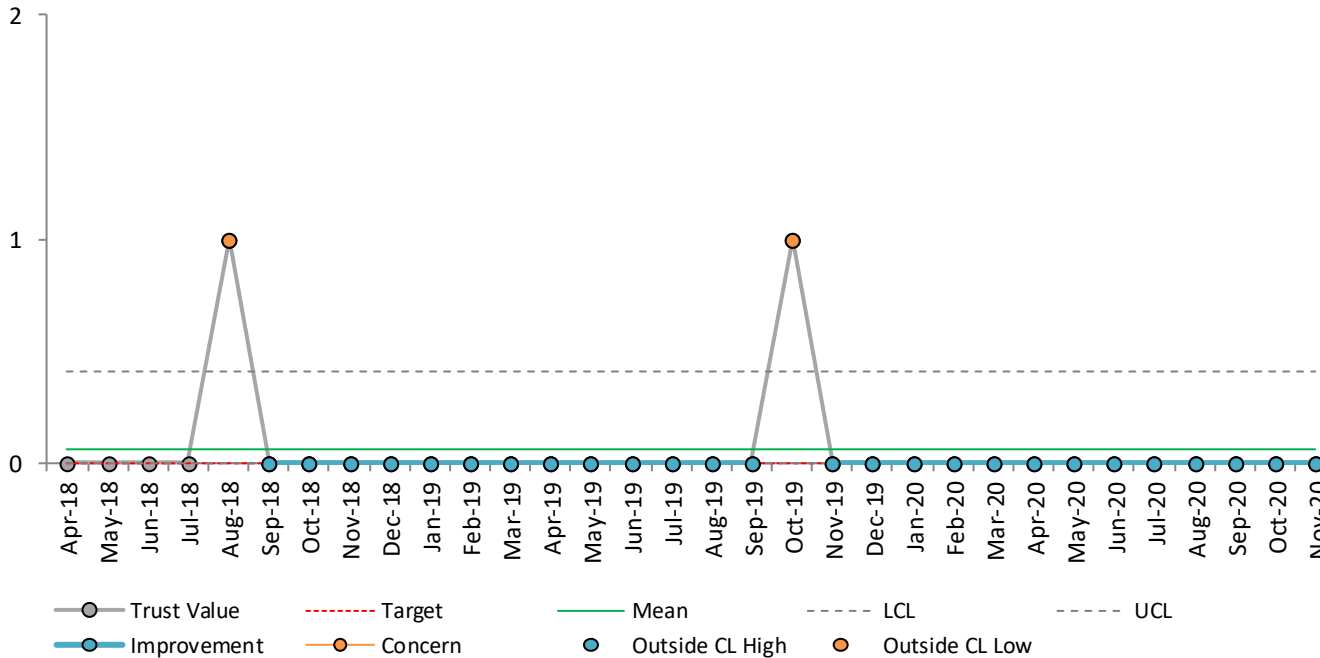
Planned Actions

- Continue reintroduction of RCA'S and panel reviews
- Reporting to be strengthened into IPAG.
- Continue with monthly report updates to IPAG, QAC etc.
- Development of electronic system for side rooms to aid prompt isolation.
- Senior IPCN review of all RCA cases to identify thematic analysis.
- Strengthened IPC Matron Huddle.

Timescale

- Ongoing

Infection Control - MRSA



Cases of hospital acquired MRSA bacteraemia

Target	0
Mean	0.06
Last Month	0.00

Executive Lead
Deirdre Fowler

Lead
Sharon Lance

Commentary
13 months of consecutive compliance shows the current process is a capable process.

Cause of Variation

- Not applicable

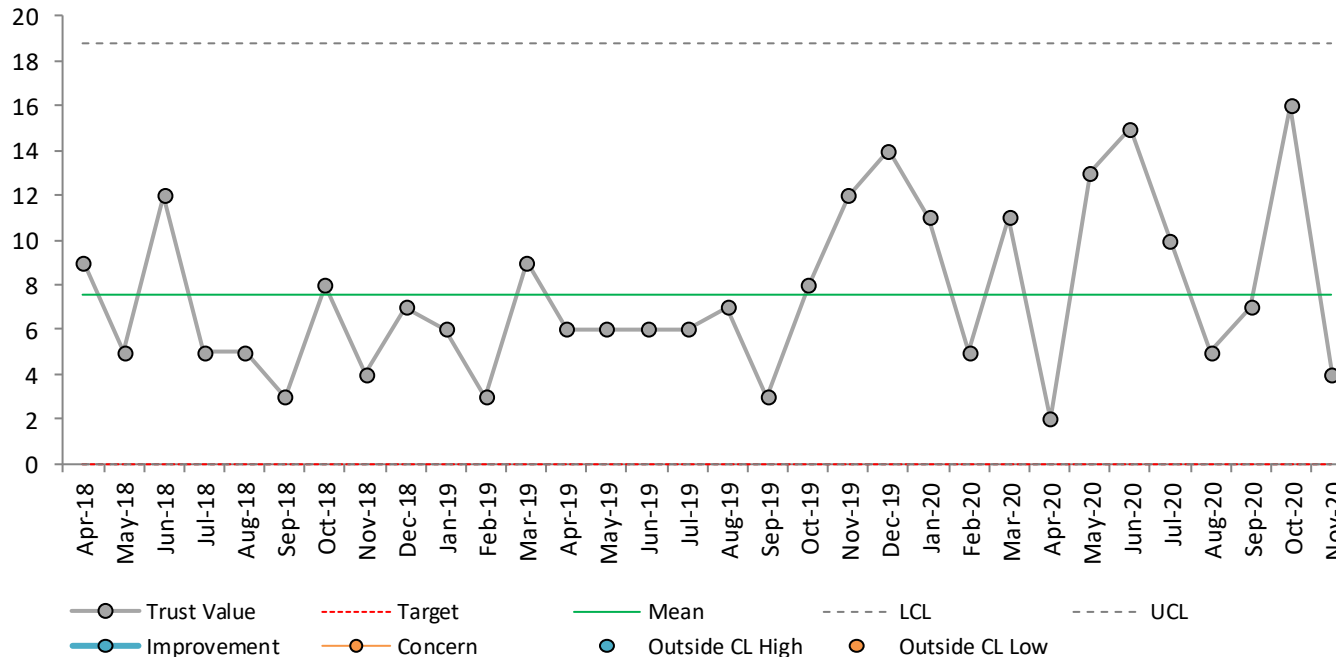
Planned Actions

- Aseptic non touch technique training and audit programs for indwelling device insertion and care remain in place.
- Further implementation of annual plan regarding line care across the organisation.
- Attendance at IPAG in December from OPAT team regarding line care service.
- Dedicated IPCN input for OPAT and line care support.

Timescale

- Not applicable

Serious Incidents



Target	0
Mean	7.59
Last Month	4.00

Executive Lead
Deirdre Fowler

Lead
Kay Davies

Commentary

There is some evidence that the variation has increased although this is not statistically significant.

This variation could be linked to improved DATIX reporting.

The number of Serious Incidents

Cause of Variation

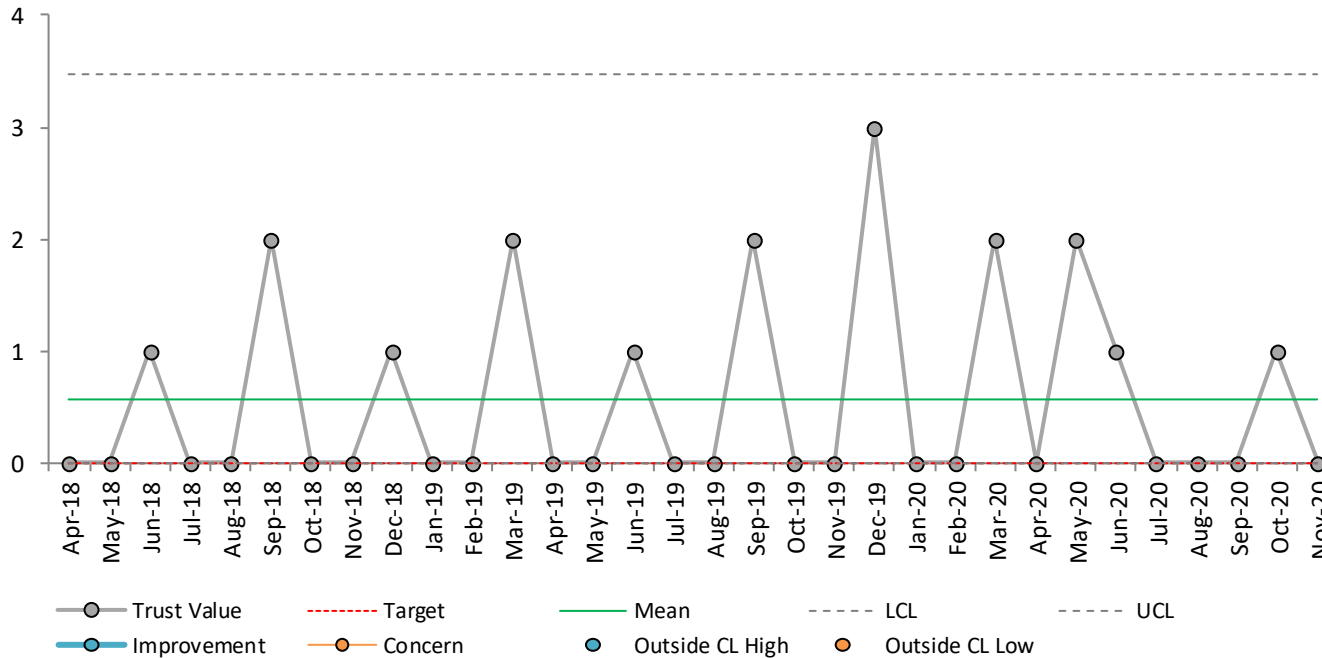
- Serious Incidents are not always reported in the same month that they occur.
- In November, 50% were reported within 48 hours of knowledge of the incident.

Planned Actions

- Continue to report and investigate SIs within agreed timescales and ensure lessons learnt are shared across the Organisation.
- Focus on outstanding actions from previous SIs to ensure evidence is provided and learning is being embedded
- Await the publication of the new Patient Safety Incident Response Framework.
- Training for key staff concluded in November

Timescale

Never Events



Number of reported Never Events

Target	0
Mean	0.56
Last Month	0.00

Executive Lead
Deirdre Fowler

Lead
Kay Davies

Commentary

Eliminating never events is a priority for 2020.

However there is no evidence of a significant reduction.

Cause of Variation

- Nationally there is a variation in the number of never events reported of between 28 and 48 per month.

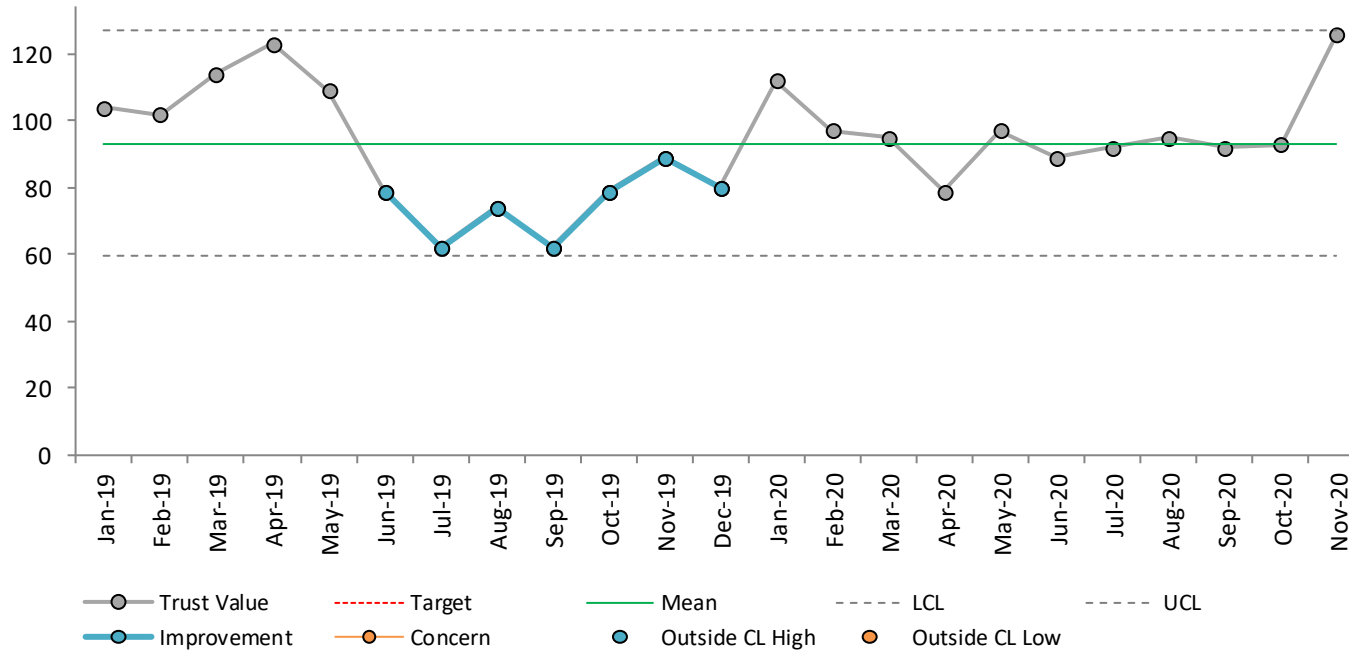
Planned Actions

- A safer surgery oversight group has been established.
- A three month project to fully coordinate and establish the LocSSIP process has commenced in November 2020.
- Regional data has been released and a local actions plan has been developed and was presented to the Quality Assurance Committee in November 2020 and shared with our CCG.
- Internal Audit carried out a site visit in September to review the design and operating effectiveness of key controls in place relating to patient safety. Closing meeting January 2021.

Timescale

- Eliminating Never Events remains a quality priority for 2020/21.

Category 2 Pressure Ulcers



Number of Category 2 Pressure Ulcers - Trust Acquired

Target	TBD
Mean	93.22
Last Month	126.00

Executive Lead
Deirdre Fowler

Lead
Beth Swanson

Commentary

Although there was a reduction between June-Dec 19, we are now observing a system of around 90 a month.

There is no current target so data can only be measured against the mean.

Cause of Variation

- The number of reported category 2 pressure ulcers has increased in November. However, the number of category 3 has reduced.
- There has been a noted increase in reporting of category 2 pressure ulcer in critical care (18) with 8 related to devices. This is most likely linked to increased activity and high numbers of Covid+ve admissions.

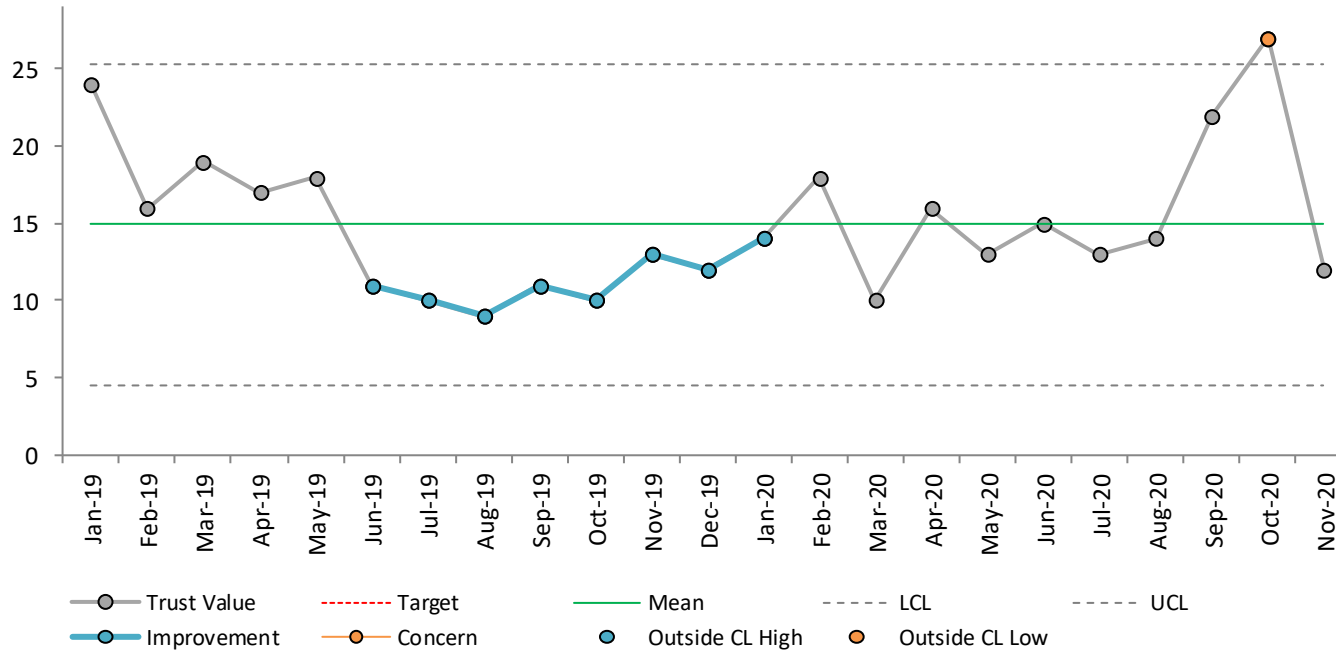
Planned Actions

- The Pressure ulcer safety huddle (push) has been rolled out. This aims to prevent deterioration of pressure ulcers by ensuring all aspects of the ASSKING bundle are in place.
- Targeted training and support continues in areas with heightened incidence (community nursing, ward 34 and 9).
- Tissue viability policy has been ratified.
- Community nursing collaborative will meet in December to create guidance for EOL pressure area care and management.
- Compliance with the ASSING bundle remains good (measured via PPA audit).

Timescale

- All actions are ongoing and linked to the pressure ulcer reduction strategy.
- STAQC team continue to foster the sharing of good practice and quality improvement work.

Category 3 & 4 Pressure Ulcers



Target	TBD
Mean	14.96
Last Month	12.00

Executive Lead
Deirdre Fowler

Lead
Beth Swanson

Commentary

Following the significantly higher number of pressure ulcers in October this month the variance is now back within range. (Between 6 and 24.)

Number of Category 3 & 4 Pressure Ulcers - Trust Acquired

Cause of Variation

- In November, there were x10 category 3 pressure ulcer and x1 category 4.
- 9 of the 11 pressure ulcers occurred in the community with 7 patients residing in care homes.
- In the acute, X2 were reported for the same patient on Ward 37 and were noted to be a deterioration of a previous category 2 pressure ulcer.
- Of the 11 reported pressure ulcers an internal review determined that none met SI reporting criteria. Ongoing learning focuses on heel off loading and documentation.

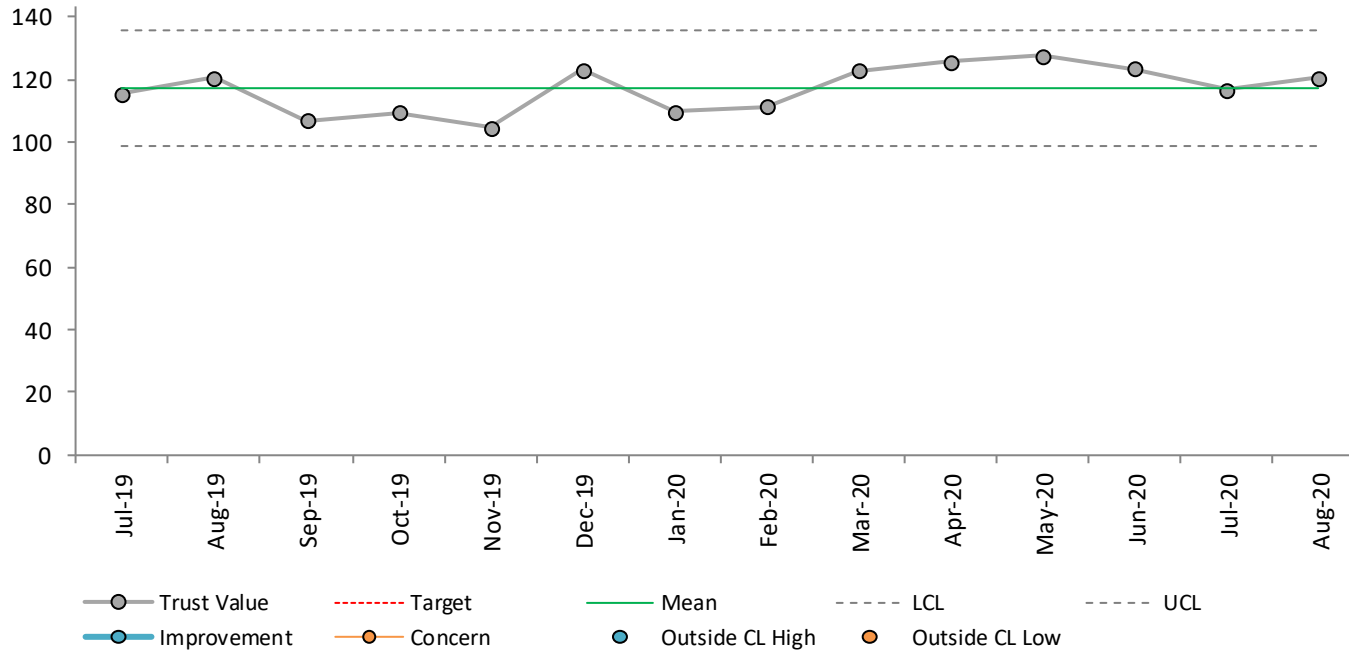
Planned Actions

- The Pressure ulcer safety huddle (push) has been rolled out. This aims to prevent deterioration of pressure ulcers by ensuring all aspects of the ASSKING bundle are in place
- Targeted training and support continues in areas with heightened incidence (community nursing, ward 34 and 9).
- Tissue viability policy has been ratified.
- Community nursing collaborative will meet in December to create guidance for EOL pressure area care and management.
- Compliance with the ASSKING bundle remains good (measured via PPA audit).

Timescale

- All actions are ongoing and linked to the pressure ulcer reduction strategy.
- STAQC team continue to foster the sharing of good practice and quality improvement work.

SHMI



Summary Hospital-Level Mortality Indicator

Target	N/A
Mean	116.96
Last Month	120.45

Executive Lead
Sath Nag

Lead
Tony Roberts

Commentary

SHMI is 'higher than expected'. It is the official NHS hospital mortality indicator and relies on correct primary diagnosis and comorbidity coding at admission. It does not adjust for specialist palliative care coding.

Cause of Variation

- SHMI has remained stable but high (national average is set to 100). This reflects the Trust's relatively low level of comorbidity coding.
- SHMI is reported quarterly and for June 2019 to July 2020 is outlying (officially 115). Pneumonia and septicemia mortality is high.
- SHMI is impacted by COVID-19 as spells are removed and the fall in discharges of other patients is substantial.

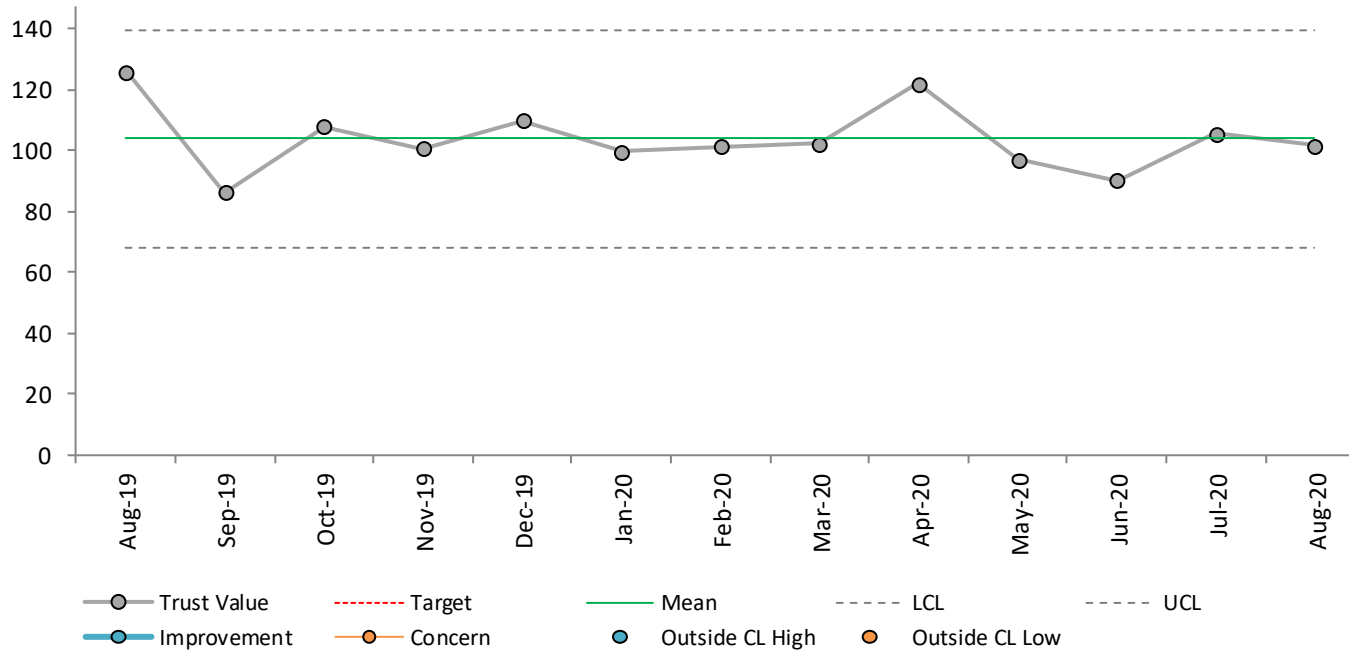
Planned Actions

- The trust is gradually falling behind national averages for coding. Work to change documentation of comorbidities at admission to enable better coding is progressing. An independent review of SHMI data has been commissioned from University Hospitals Birmingham NHS FT's HED service.

Timescale

- Coding work on-going, although a quarterly review of the impact of COVID-19 on SHMI will be needed throughout 2020/2021.
- HED report delayed to early January 2021.

Hospital Standard Mortality Rate (HSMR)



Target	N/A
Mean	103.80
Last Month	101.49

Executive Lead
Sath Nag

Lead
Tony Roberts

Commentary

HSMR is "as expected" It is a commercially produced indicator, but used by the CQC. It is sensitive to specialist palliative care coding levels, and since the Trust has increased the rate of this coding HSMR has remained close to 100.

The HSMR measures the rate of observed deaths divided by predicted deaths

Cause of Variation

- HSMR is stable and reflects the improvement in accuracy of specialist palliative care coding, following implementation of a new process checking SystemOne recording from May 2019.

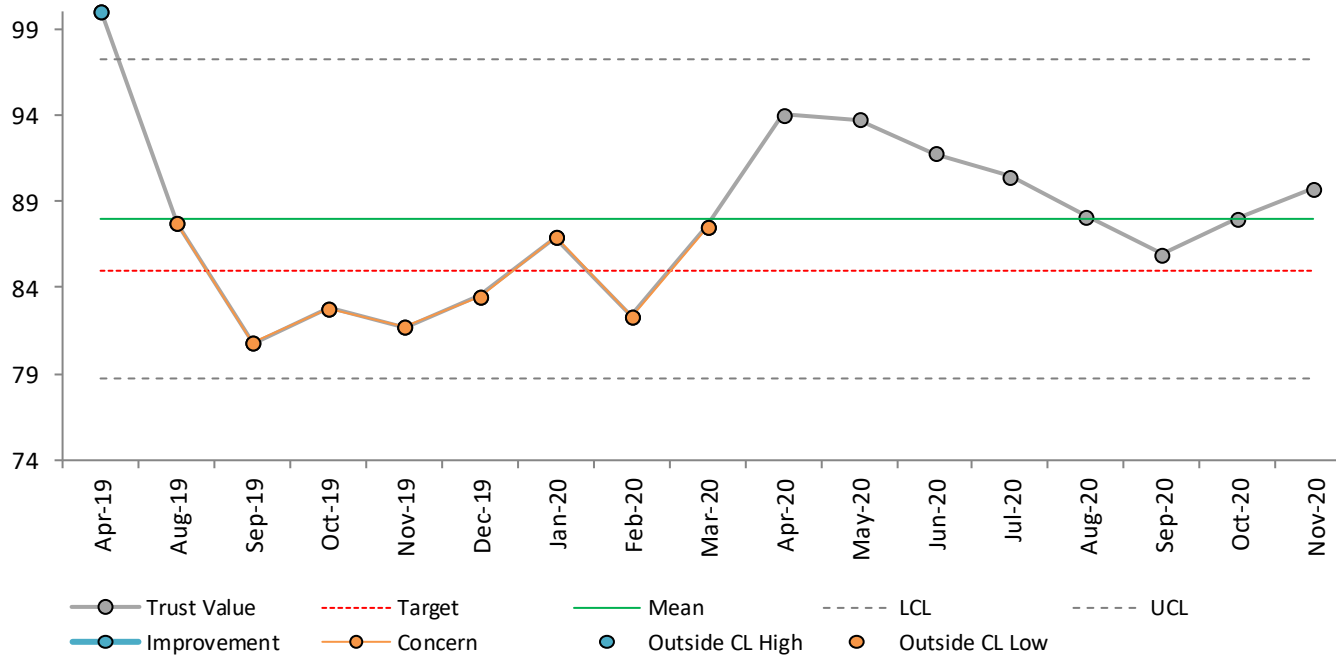
Planned Actions

- Continued monitoring of counts of deaths, unadjusted mortality, SHMI, HSMR, Medical Examiner and Trust Mortality Reviews and any deaths reported as a Serious Incident I, via nationally mandated Learning from Deaths dashboard.
- Improvements to coding (outlined on SHMI slide) will impact on HSMR.

Timescale

- On-going. Comparison of SHMI and HSMR will be important, given the discrepancy between them.

F&F A&E Overall Experience Rate (%)



Target	85
Mean	87.96
Last Month	89.76

Executive Lead
Deirdre Fowler

Lead
Jen Olver

Commentary
There has been an overall improvement since March 2020 but the change is not yet statistically significant.

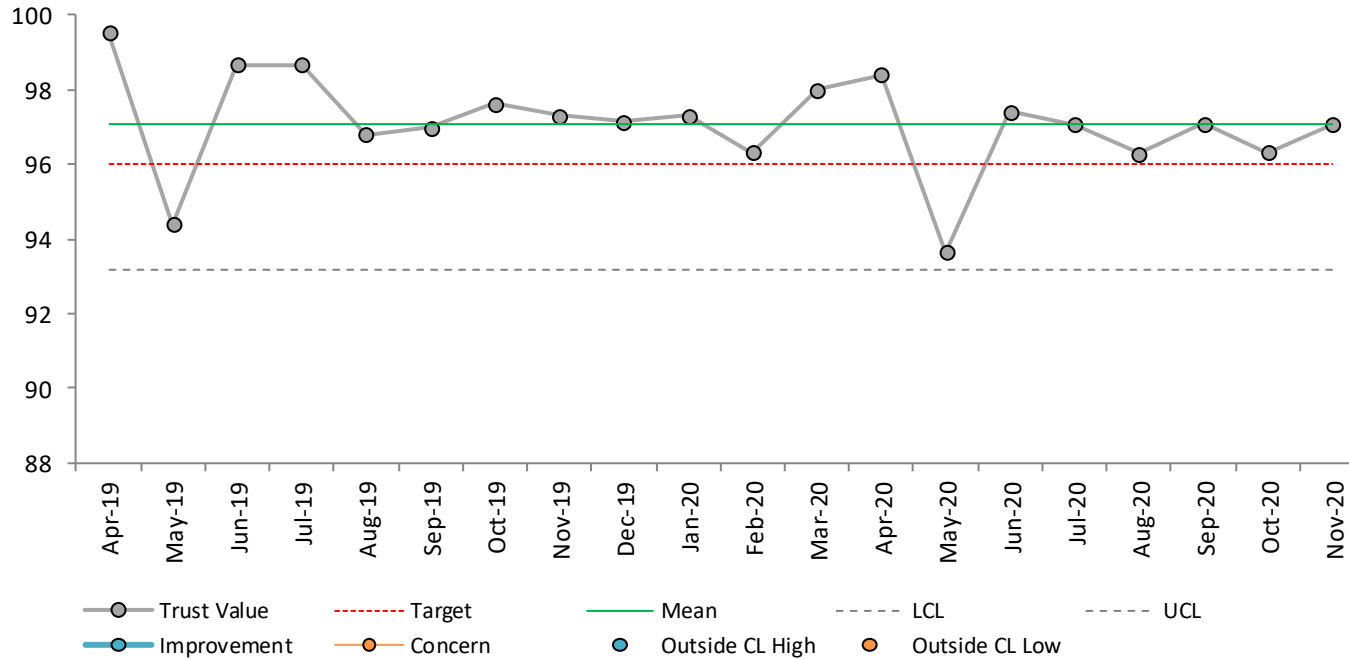
The friends and family survey/text overall experience rate for A&E

Cause of Variation

Planned Actions

Timescale

F&F Inpatient Overall Experience Rate (%)



Target	96
Mean	97.11
Last Month	97.06

Executive Lead	Deirdre Fowler
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Lead	Jen Olver
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Commentary	Compliance is good although we may not consistently meet the target.
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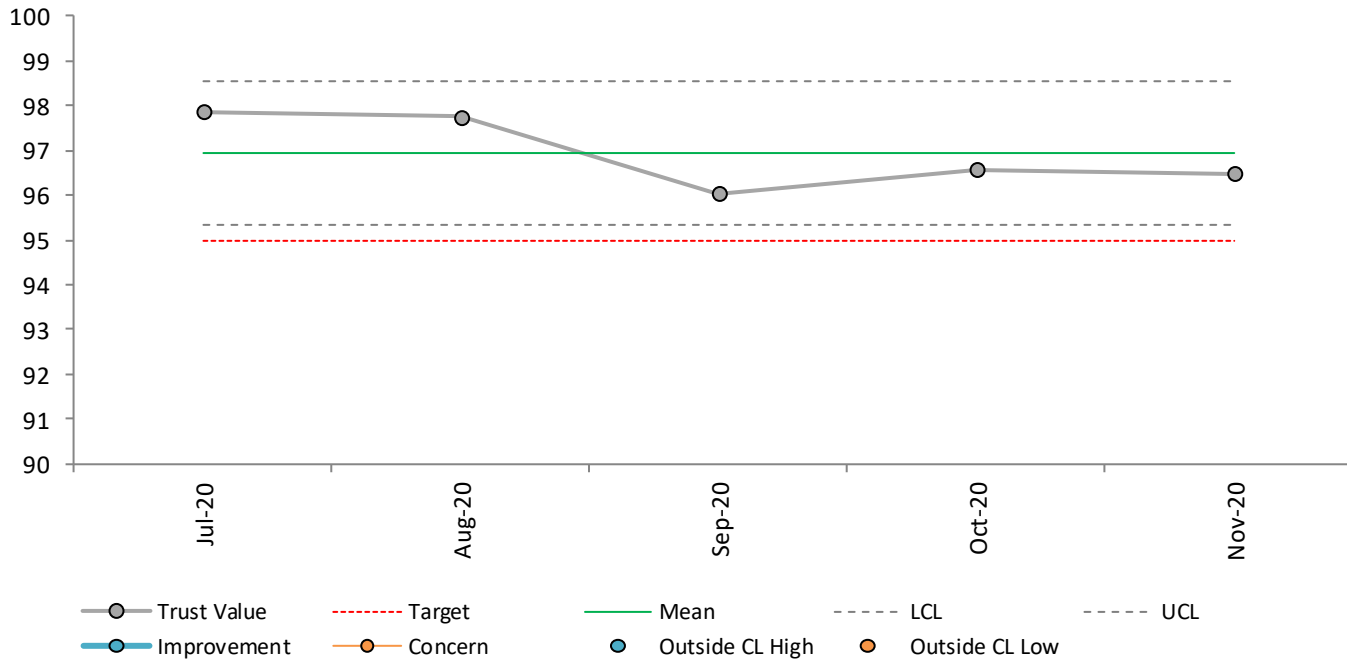
The friends and family survey/text overall experience rate for Inpatient wards

Cause of Variation

Planned Actions

Timescale

F&F Outpatient Overall Experience Rate (%)



Target	95
Mean	96.95
Last Month	96.49

Executive Lead
Deirdre Fowler

Lead
Jen Olver

Commentary
Compliance is good, although more data needed to allow comment that it is a capable process.

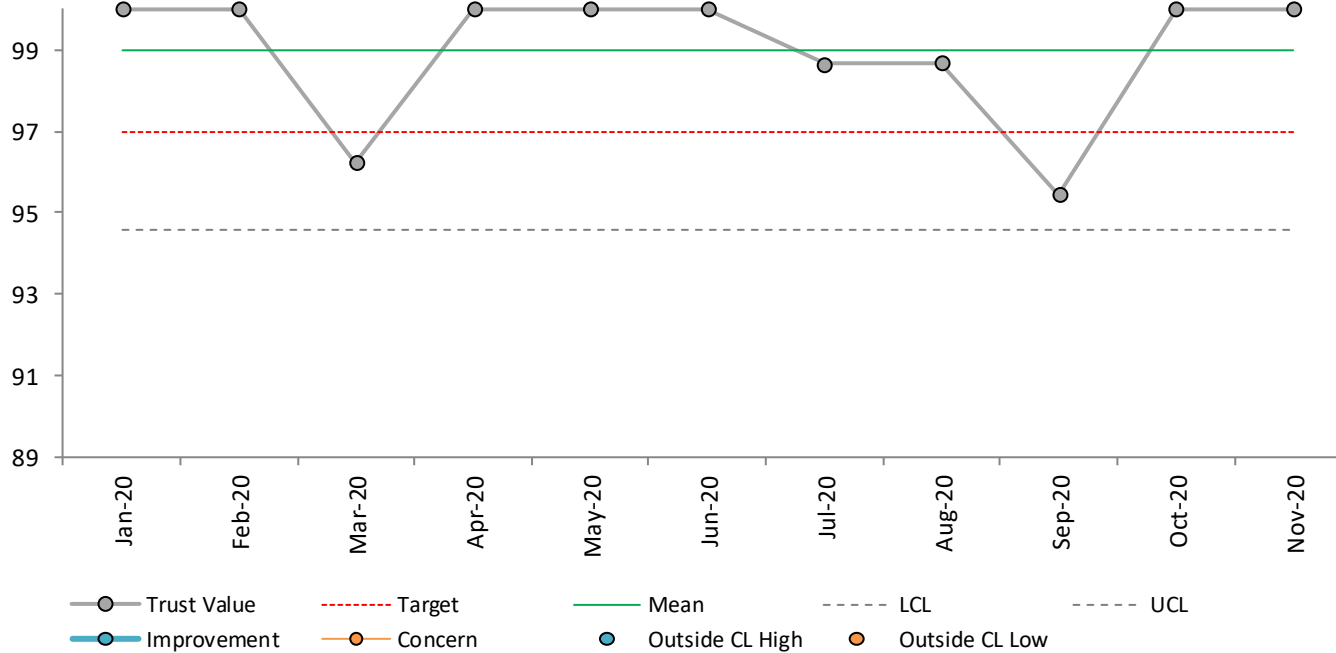
The friends and family survey/text overall experience rate for Outpatients

Cause of Variation

Planned Actions

Timescale

F&F Maternity Overall Experience Rate (%)



Target	97
Mean	99.00
Last Month	100.00

Executive Lead
Deirdre Fowler

Lead
Jen Olver

Commentary
Compliance is good but it is unlikely that we will hit the target consistently.

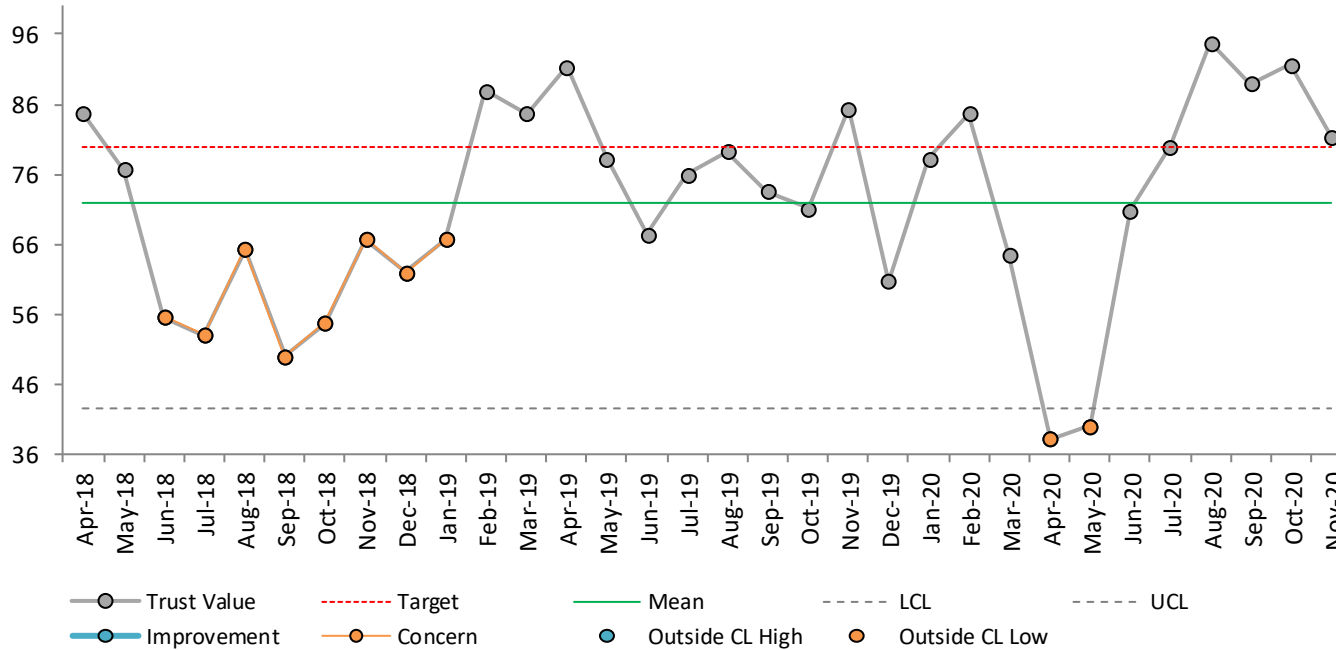
The friends and family survey/text overall experience rate for Maternity services

Cause of Variation

Planned Actions

Timescale

Complaints Closed Within Target (%)



Target	80
Mean	71.98
Last Month	81.25

Executive Lead
Deirdre Fowler

Lead
Jen Olver

Commentary

Apart from April and May when COVID significantly impacted response rates, there is some evidence that this metric may be improving, but this is not yet significant.

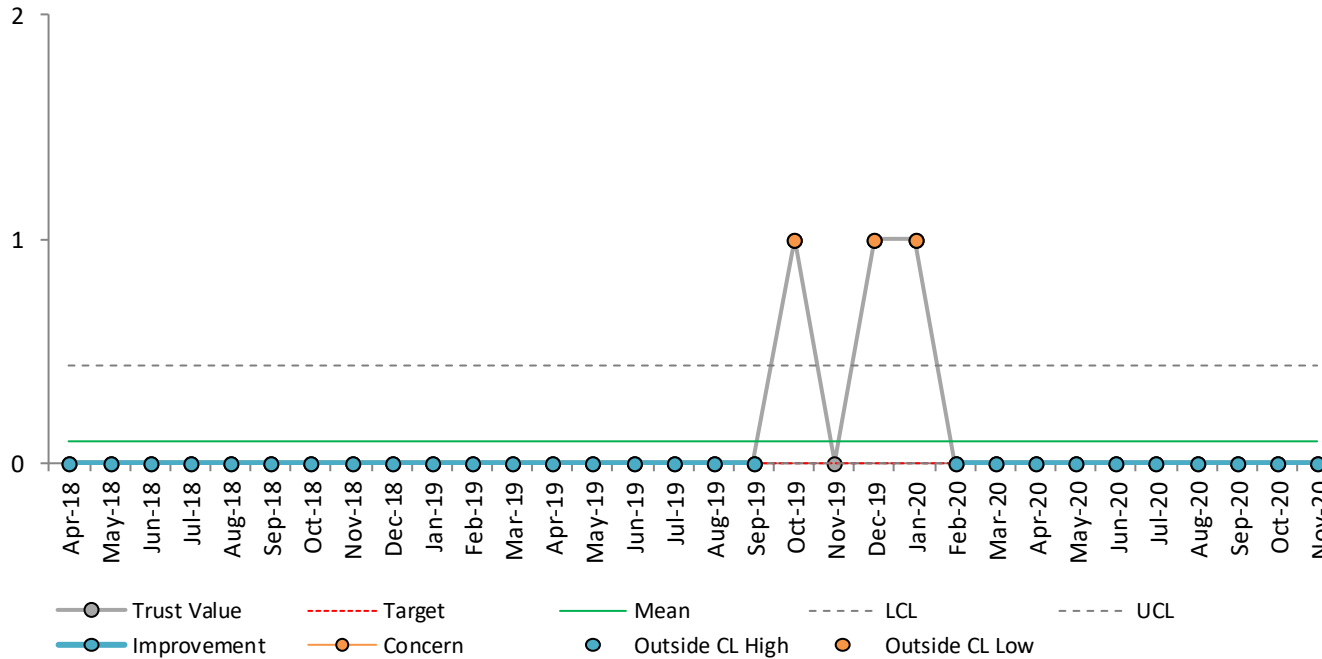
The percentage of complaints closed within the target

Cause of Variation

Planned Actions

Timescale

Mixed Sex Accommodation (MSA) Breaches



Target	0
Mean	0.09
Last Month	0.00

Executive Lead
Deirdre Fowler

Lead
Jen Olver

Commentary
10 Months of consecutive compliance shows the process is capable.

The number of non-clinically justified breaches of the single sex accommodation standard

Cause of Variation

Planned Actions

Timescale

Responsive Summary

	Indicator	Latest Month	Target	Trend	Assurance
RESPONSIVE	A&E 4 Hour Wait Standard (%)	83.43%	95.0%		
	RTT Incomplete Pathways (%)	63.94%	92.0%		
	Diagnostic 6 Weeks Standard (%)	82.83%	99.0%		
	Cancer Treatment - 14 Day Standard (%)	81.81%	93.0%		
	Cancer Treatment - 31 Day Standard (%)	93.19%	96.0%		
	Cancer Treatment - 62 Day Standard (%)	66.27%	85.0%		
	Non-Urgent Ops Cancelled on Day	16	0		
	Cancer Operations Cancelled On Day	0	0		
	Cancelled Ops Not Rebooked Within 28 days	3	0		
	E-Discharge (%)	95.93%	90.0%		

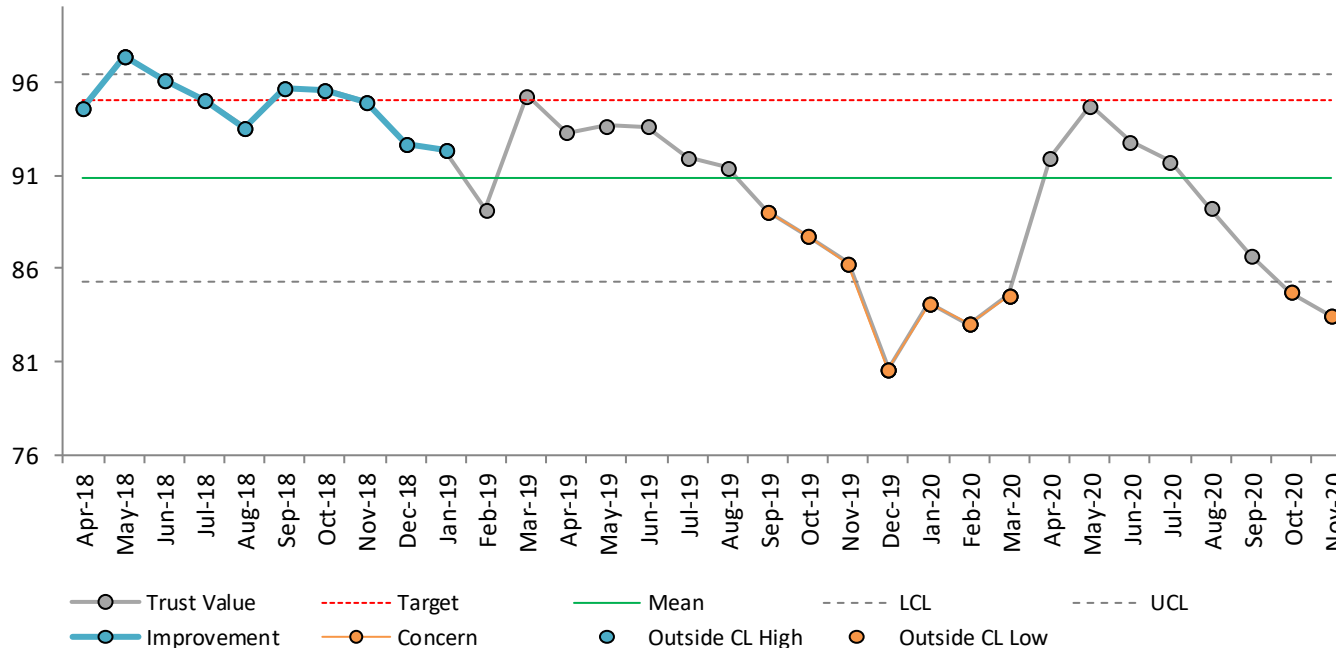
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Responsive



South Tees Hospitals
NHS Foundation Trust

A&E 4 Hour Wait Standard (%)



Target	95
Mean	90.84
Last Month	83.43

Executive Lead
Johanna Reilly
Lead
Penny Bateman

Commentary

Significant deterioration can be seen from April 18 – March 20.

COVID period showed improvement, however as attendance numbers increase again compliance continues to drop and is now outside the LCL.

The Trust figure of A&E attendances who have been discharged within the 4 hour target

Cause of Variation

- Pressure on segregation capacity due to lack of flow.
- Delays in transfers awaiting swab results.
- Limited number of rapid swabs.
- Social distancing measures continually impacting upon efficiency of service delivery.
- Exit block – limited isolation capacity.
- Higher acuity.

Planned Actions

- Segregated and effective ED pathways.
- Opening of SDEC 21 December.
- Development of separate Paediatric ED.
- Extension of hours at Redcar UTC increased activity through enhanced navigation and triage as well as NHS 111.
- Expansion of back of house segregation pathways to improve capacity to meet demand.
- Direct access to red pathway assessment areas.

Timescale

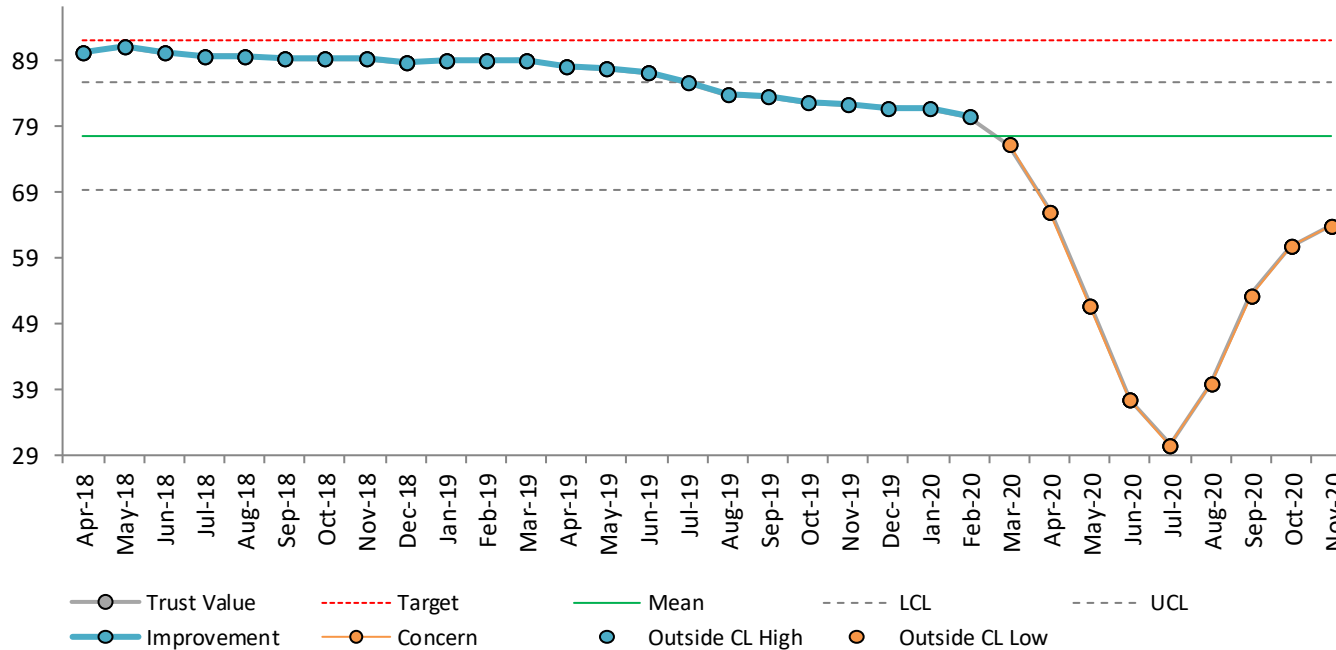
- December 2020
- May 2021
- Ongoing and monitored
- Fluid and responsive on demand pathways

Responsive



South Tees Hospitals
NHS Foundation Trust

RTT Incomplete Pathways (%)



Target	92
Mean	77.42
Last Month	63.94

Executive Lead
Johanna Reilly

Lead
Sue Geldart

Commentary

Compliance has been below target since April 18 and then decreased significantly since March 2020 due to COVID.

Compliance is improving but is still not capable of meeting the target.

The % of incomplete pathways for patients within 18 weeks

Cause of Variation

- RTT compliance has significantly increased to 63.94% (from 60.71% in October). The number of patients waiting over 52 weeks at the end of November has increased to 2,254 from 1,925 at the end of October. The number of patients waiting in excess of 78 weeks has increased from 50 at the end of October to 134 at the end of November.

Planned Actions

- During recent months elective activity has increased as additional theatre capacity was realised, however, due to critical care surge plans and need to staff additional critical care beds theatre capacity has had to be reduced to release theatre staff to support critical care. Focus remains on patients of greatest clinical need and therefore the longest waiters are increasing and will continue to do so.

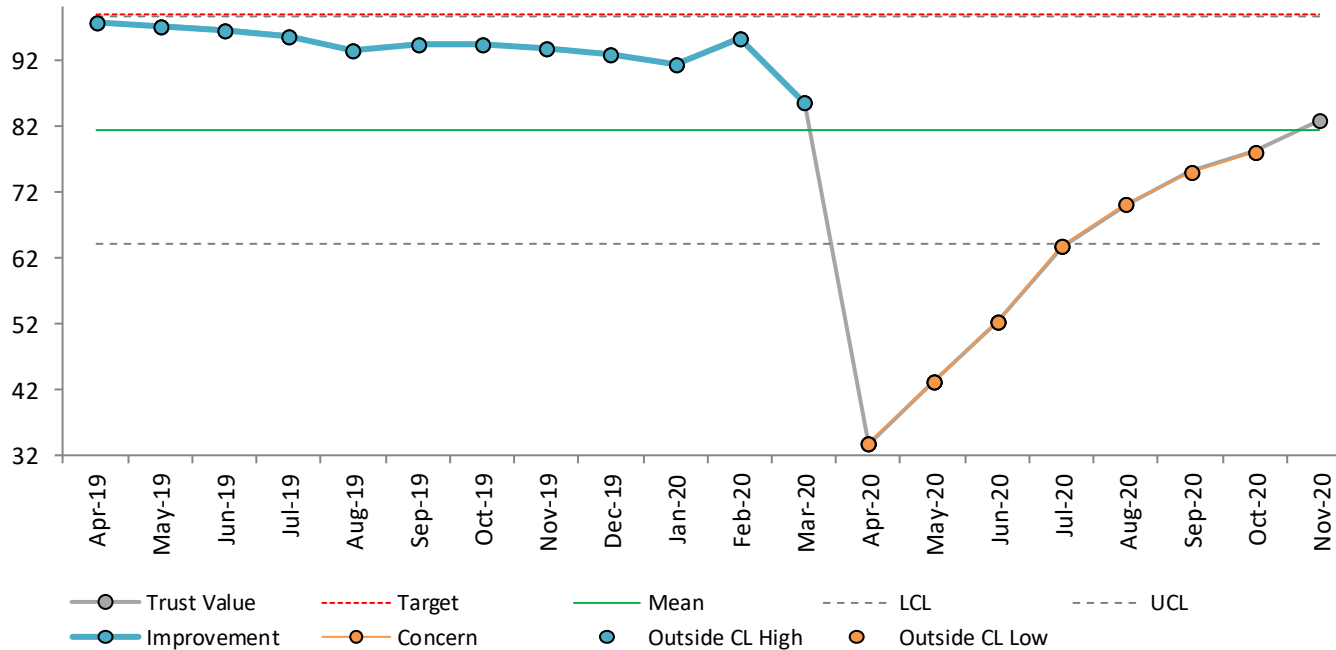
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

Diagnostic 6 Weeks Standard (%)



Target	99
Mean	81.32
Last Month	82.83

Executive Lead
Johanna Reilly

Lead
Ann Wright

Commentary

Compliance across all diagnostics has been below target since April 19 and decreased significantly due to COVID. Radiology & Cardio Echo procedures are now back above target. Compliance for all other diagnostics, although increasing month on month are areas for concern.

The % of Diagnostic tests that were carried out within 6 weeks of request being received

Cause of Variation

- See Appendix for individual responses

Planned Actions

- See Appendix for individual responses

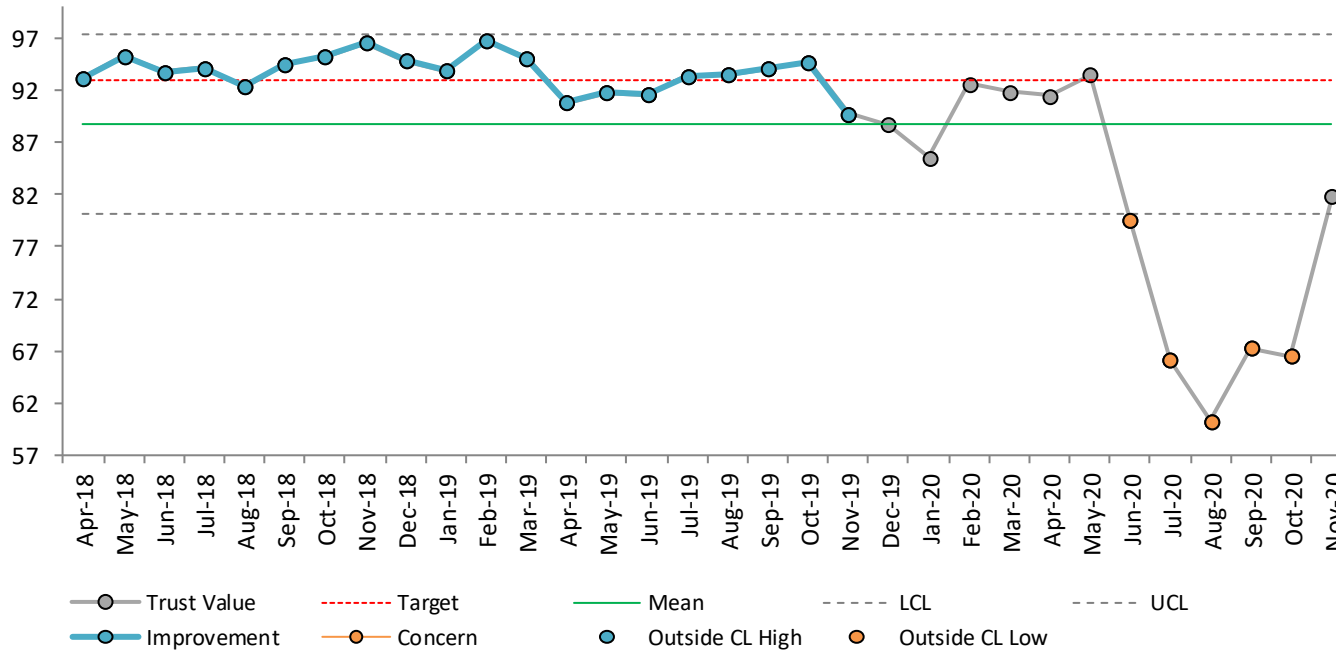
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancer Treatment - 14 Day Standard (%)



Target	93
Mean	88.79
Last Month	81.81

Executive Lead
Johanna Reilly

Lead
Nicki Hurn

Commentary

Prior to COVID the system was consistent although not always meeting the target.

The system is now showing an area of concern and is currently not capable of meeting the target.

The Trust figure showing number of patients treated within the 14 day target

Cause of Variation

- 2ww referrals continue to rise towards pre-COVID levels. Currently referral levels are currently down by 16%.
- Reduction in Outpatient capacity due to requiring social distancing for some specialties.

Planned Actions

- 2 week rule clinics re-instated including endoscopy capacity although this remains limited.
- Continuation of triage of 2ww referrals on receipt
- Weekly cancer performance wall continues virtually to identify pressures and theme.

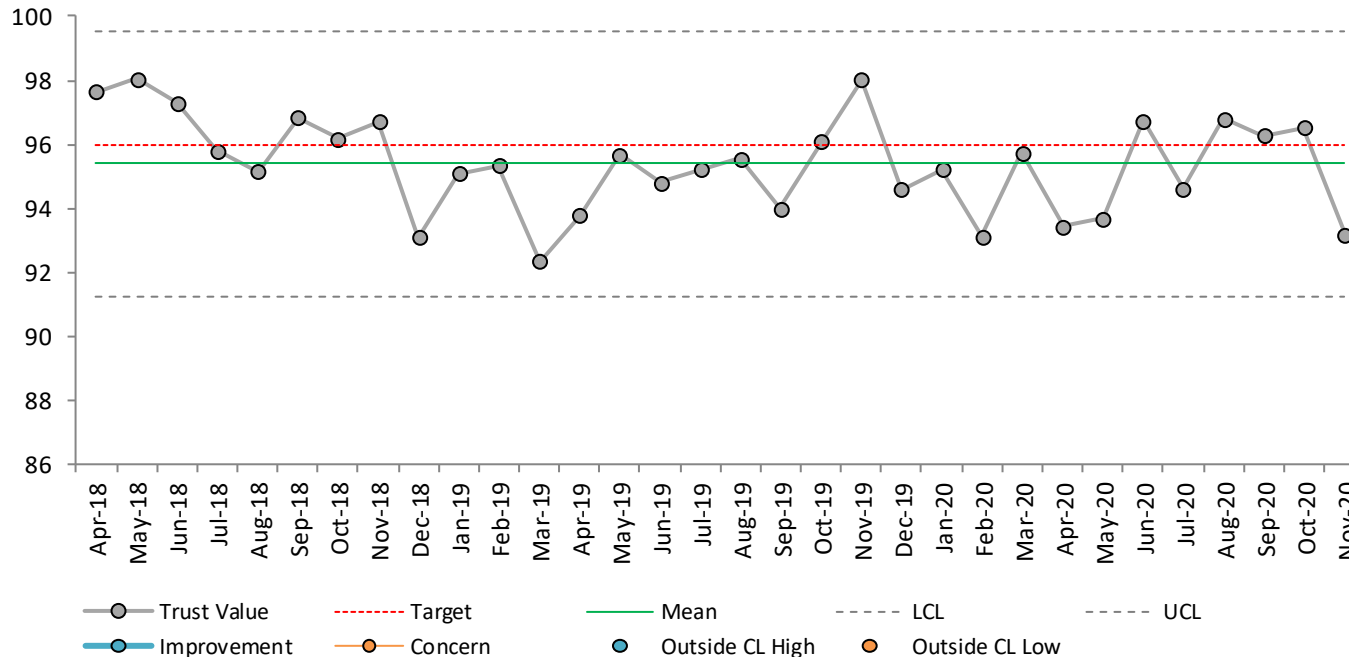
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancer Treatment - 31 Day Standard (%)



Target	96
Mean	95.39
Last Month	93.19

Executive Lead
Johanna Reilly

Lead
Nicki Hurn

Commentary
This metric has not significantly changed over time.
The current process is unlikely to consistently meet the target.

The Trust figure showing number of patients treated within the 31 day target

Cause of Variation

- It should be noted that those who have breached the 62 day standard often carry a 31 day standard as well.
- Diagnostic capacity increasing as COVID 19 demand reduces.

Planned Actions

- Ensure all patients are tracked and expedited where appropriate.
- Weekly cancer performance wall continues virtually.
- Operations Directors/Service Managers to implement recommendations from recovery plans.

Timescale

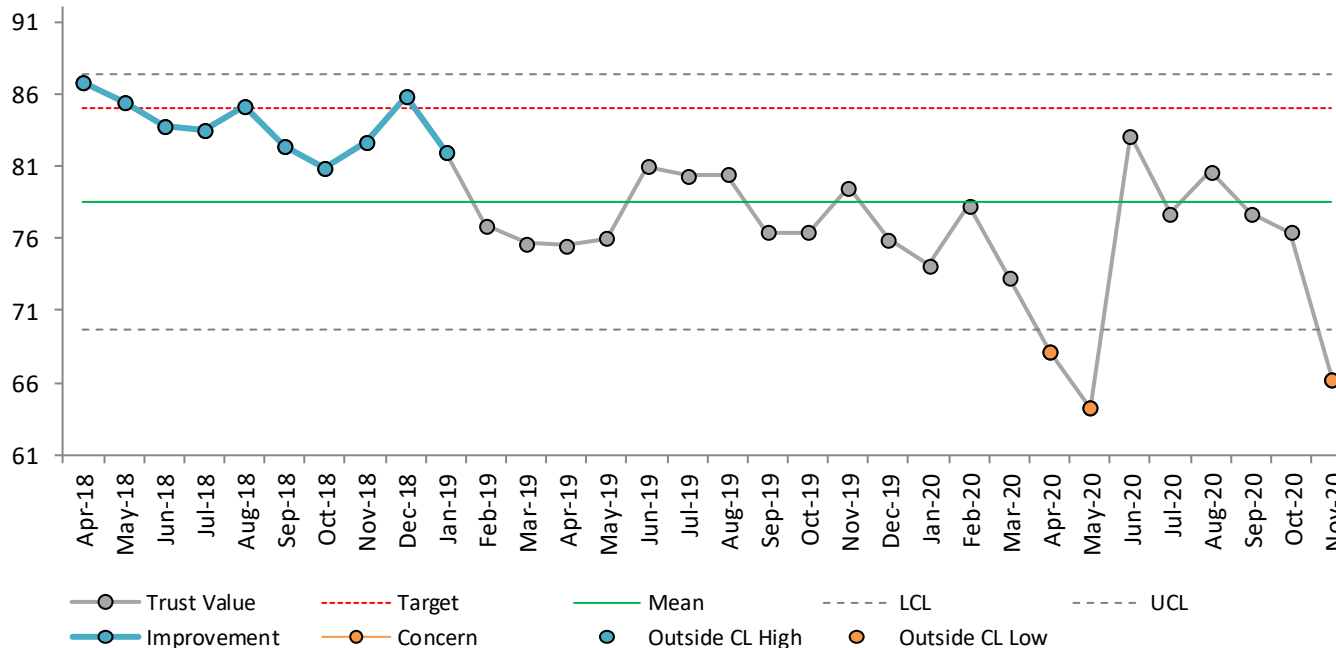
- Weekly.
- Weekly.
- Progress reviewed monthly with escalation to Board through performance report.

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancer Treatment - 62 Day Standard (%)



Target	85
Mean	78.52
Last Month	66.27

Executive Lead
Johanna Reilly

Lead
Nicki Hurn

Commentary
The current process is not capable of meeting the target.
Confirmed October 20 compliance was 76,28%, 37 breaches in total.

The Trust figure showing number of patients treated within the 62 day target

Cause of Variation

- Overall treatments in October were down in comparison to the same period last year by 19% (156 v 193 treatments).
- Tees wide cancer cell developed ensuring all priority 2 patients are operated on within a four week period – Trust is managing to consume priority 2 cancer demand .

Planned Actions

- South Tees Surgical Cell in place to support the delivery of Cancer Surgeries across the patch
- Weekly PTL meetings in place to aid patients through their pathway and mitigate breaches where possible.
- Weekly Cancer Wall forum – provides an opportunity to discuss current performance and updates from specialties on current state of play .

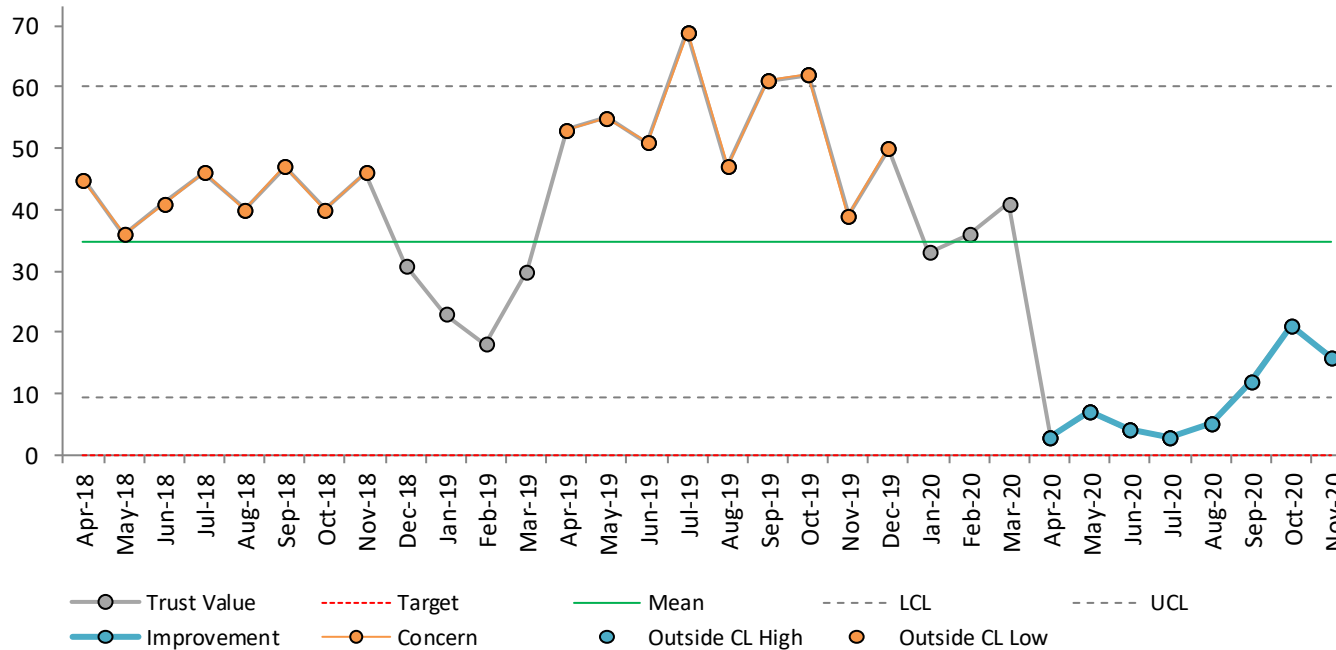
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

Non-Urgent Ops Cancelled on Day



The number of non-urgent operations that were cancelled on the day of the procedure

Target	0
Mean	34.72
Last Month	16.00

Executive Lead
Johanna Reilly

Lead
Sue Geldart

Commentary

Significant improvement in the system due to COVID and reduced elective programme.

Cancellations are increasing as activity resumes towards pre-COVID levels.

Cause of Variation

- 16 patients cancelled during November (5 Cardiothoracic Surgery, 2 General Surgery, 2 Urology, 2 Neurosurgery, 1 Ophthalmology, 1 Pain, 1 Plastic Surgery, 1 Gynaecology, 1 ENT). Predominate reasons for the cancellations were lack of theatre time and no ITU/HDU bed.

Planned Actions

- Continue to book non-urgent patients as set out in the Trust's Standard Operating Procedure for prioritisation of elective patients during current COVID-19 pandemic. Continue to ensure that patients are appropriately consented and pre-assessed prior to admission (including swabbed 48 hours prior to admission) to minimise the likelihood of 'hospital initiated' cancellation.

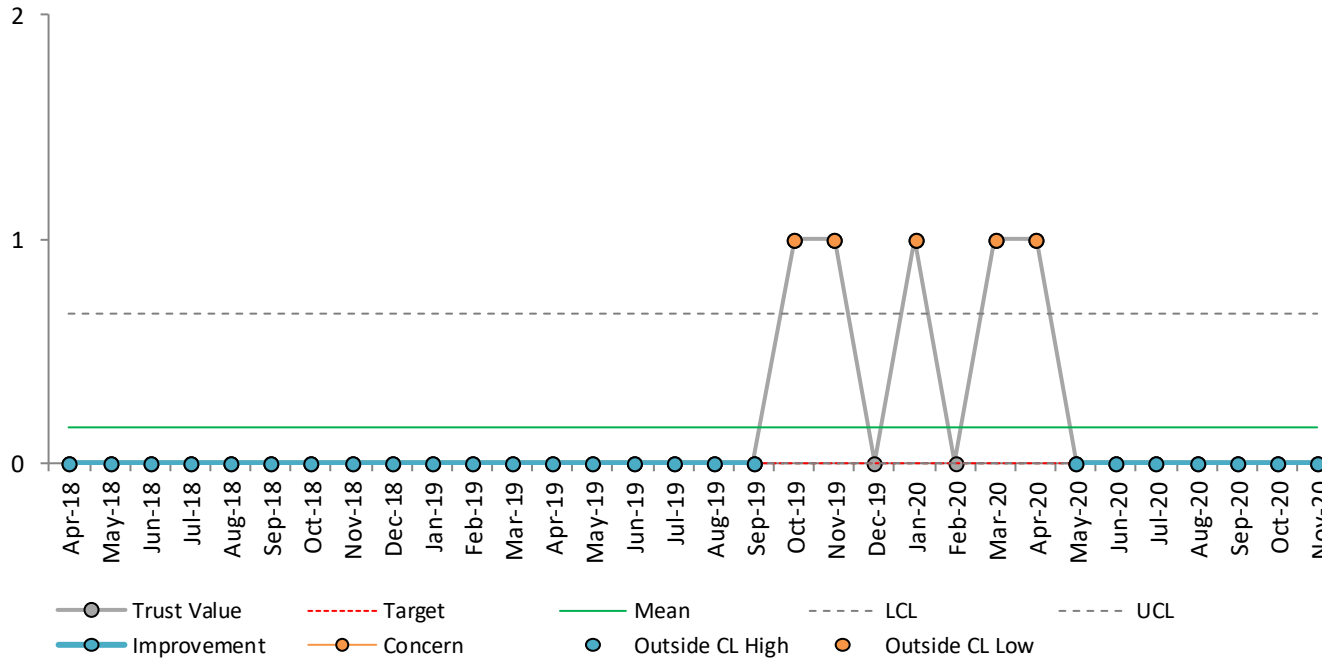
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancer Operations Cancelled On Day



Target	0
Mean	0.16
Last Month	0.00

Executive Lead
Johanna Reilly
Lead
Sue Geldart

Commentary

The process is showing some evidence of being capable although this is not yet statistically significant.

The number of cancer operations that were cancelled on the day of the procedure

Cause of Variation

Planned Actions

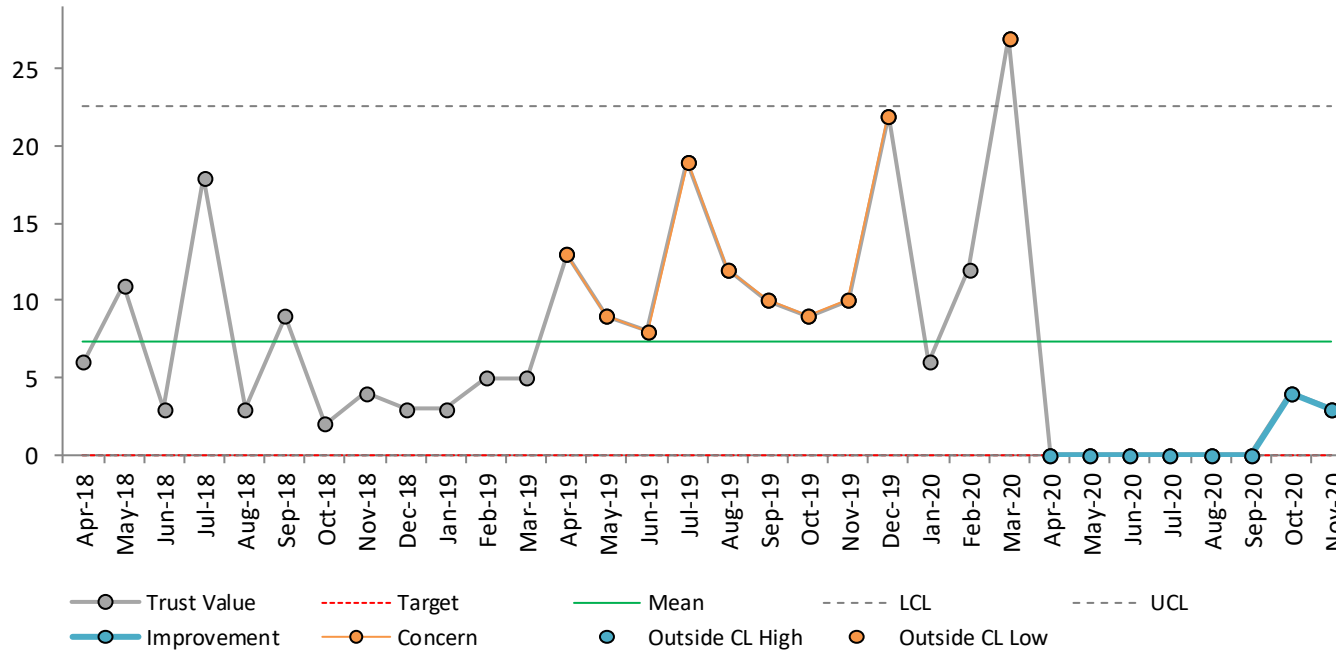
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancelled Ops Not Rebooked Within 28 days



Target	0
Mean	7.38
Last Month	3.00

Executive Lead
Johanna Reilly
Lead
Sue Geldart

Commentary

As the target is zero there is no significant evidence that the target can be consistently met.

Compliance was met during COVID due to a reduced elective programme.

Cancelled operations for non-clinical reasons not rebooked within 28 days

Cause of Variation

- 16 patients had their operation cancelled on the day of admission or procedure mainly due to lack of HDU/ITU bed or lack of theatre time. 13 patients were given dates within the 28 day standard. 3 patients are still to be dated.

Planned Actions

- Continue to escalate for dates to be re-booked within 28 day standard if dates not yet booked or booked outside of the 28 day standard(3 patients in November).

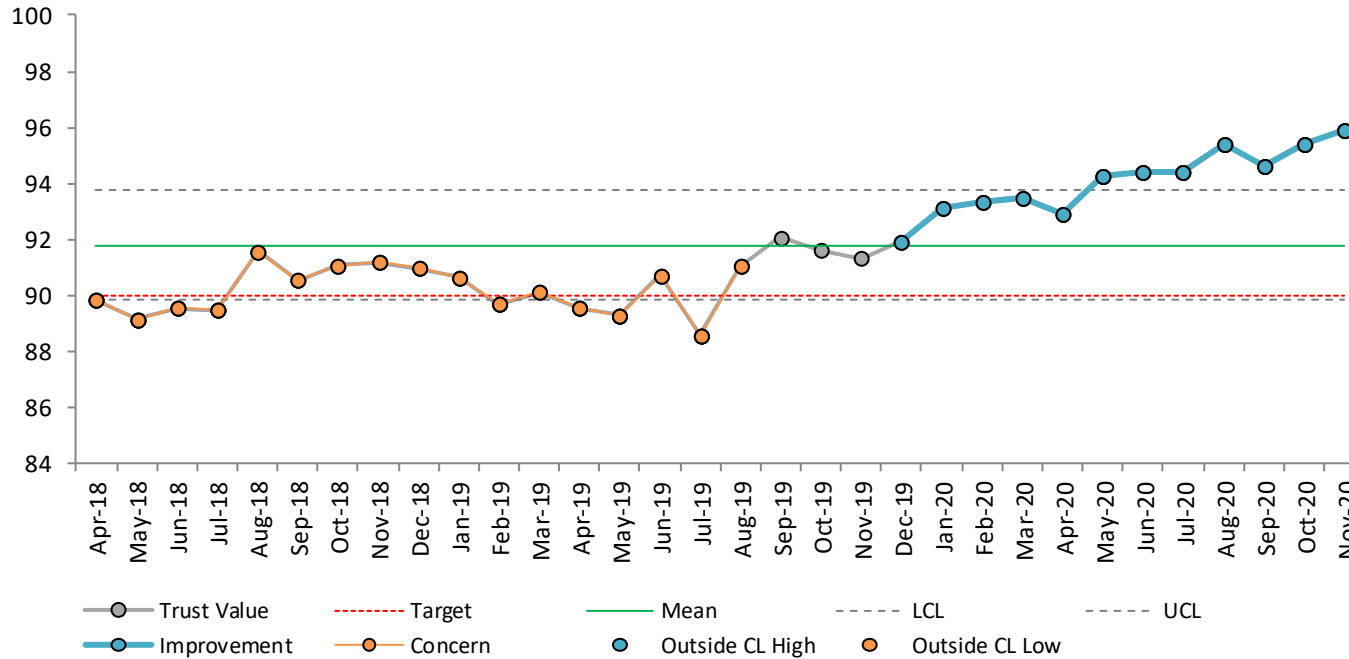
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

E-Discharge (%)



Target	90
Mean	91.77
Last Month	95.93

Executive Lead
Johanna Reilly
Lead
Moira Angel

Commentary

The process has shown significant improvement.

Are we confident in the quality of the information recorded?

The % of clinical discharge letters which were sent within 24 hours

Cause of Variation

Planned Actions

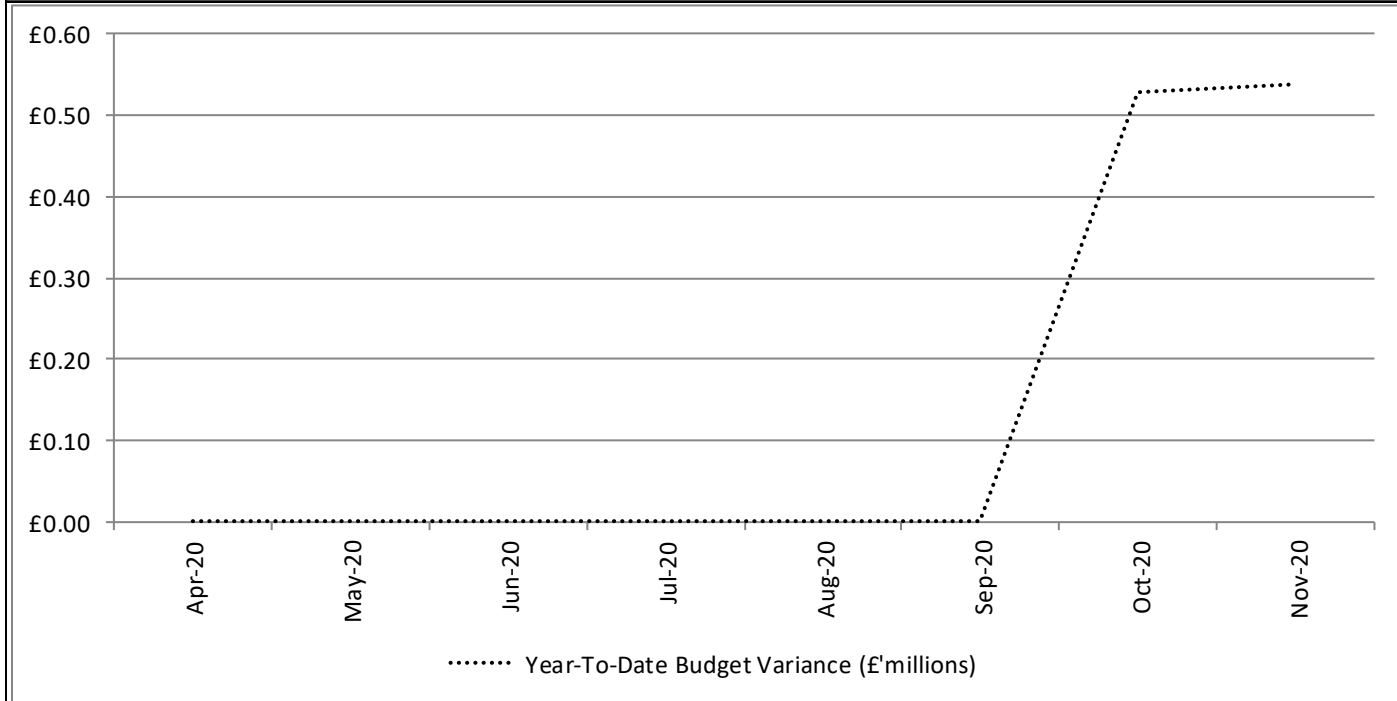
Timescale

Well-Led Summary

	Indicator	Latest Month	Target	Trend	Assurance
WELL LED	Year-To-Date Budget Variance (£'millions)	£0.54	Within Budget		
	Annual Appraisal (%)	69.45%	80.0%		
	Mandatory Training (%)	88.45%	90.0%		
	Sickness Absence (%)	5.11%	4.0%		
	Staff Turnover (%)	12.42%	10.0%		

Variation			Assurance				
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values			Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Year-To-Date Budget Variance (£'millions)



Target 0.00

Mean N/A

Last Month -0.54

Executive Lead

Steven Mason

Lead

Luke Armstrong

Commentary

For November the Trust is £0.5m ahead of its revised annual plan.

Year-To-Date Budget Variance

Cause of Variation

- £0.4m positive variation to plan on income, linked to RTA and Education and Training Income.
- £0.8m overspend on pay driven by Medical and Dental Pay
- £0.9m underspend on non pay caused by the phasing of the Covid-19 cost budget and reductions in costs from lower activity.

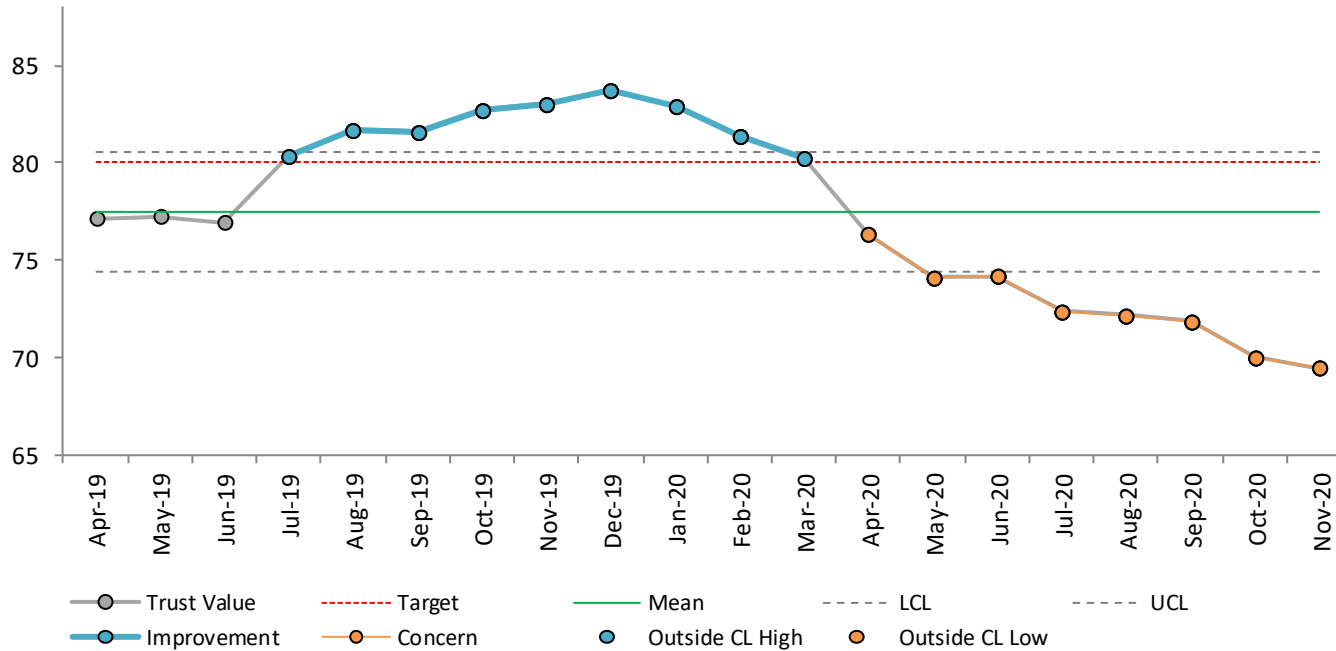
Planned Actions

- Ongoing review of Covid-19 non pay costs via operational, tactical and strategic group meetings.
- Challenge over workforce costs via workforce meetings.

Timescale

- Ongoing
- Ongoing

Annual Appraisal (%)



Target	80
Mean	77.48
Last Month	69.45

Executive Lead
Rachael Metcalf

Lead
Jane Herdman

Commentary
Significant deterioration in the system can be seen.
This can be attributed to the COVID pandemic.

Annual Appraisal Rate

Cause of Variation

- Managers realigned to operational duties, with reduced focus on specific management tasks.
- Increased staff absence and remote working as a result of COVID – staff not readily available to complete SDRs.

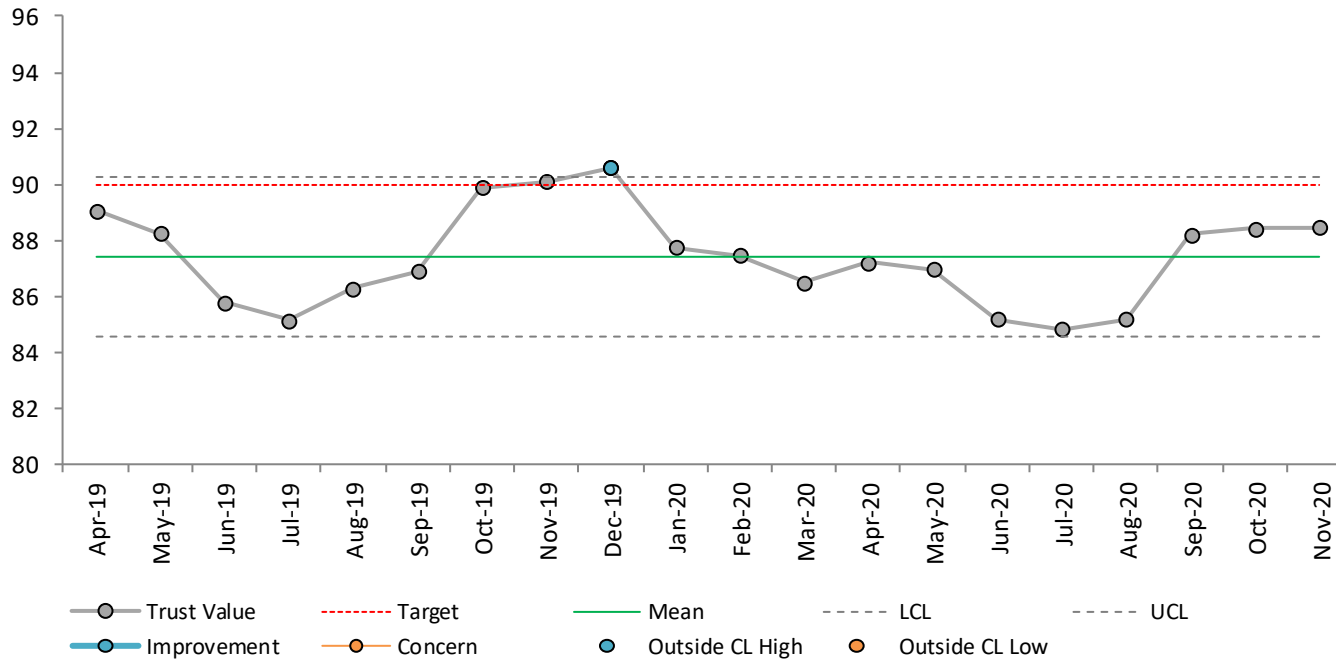
Planned Actions

- Revised appraisal documentation focussed on a 'discussion' rather than completion of documentation.
- Consideration of alternative methods to complete SDRs (ie group SDR discussions) senior cross cover to enable managers time to meet with staff members.
- Continued focus on top 100 non compliant SDRs and specific areas with high non compliance rates.

Timescale

April 2021.
Ongoing.
Ongoing.

Mandatory Training (%)



Target	90
Mean	87.40
Last Month	88.45

Executive Lead
Rachael Metcalf

Lead
Jane Herdman

Commentary

There is no evidence of significant change in compliance of mandatory training.

Without a new initiative the process is incapable of achieving the target.

The % of Mandatory Training Compliance

Cause of Variation

- Large number of staff absent due to COVID-19 and self-isolation.
- Agile working may result in some staff with limited access to mandatory training modules staff .

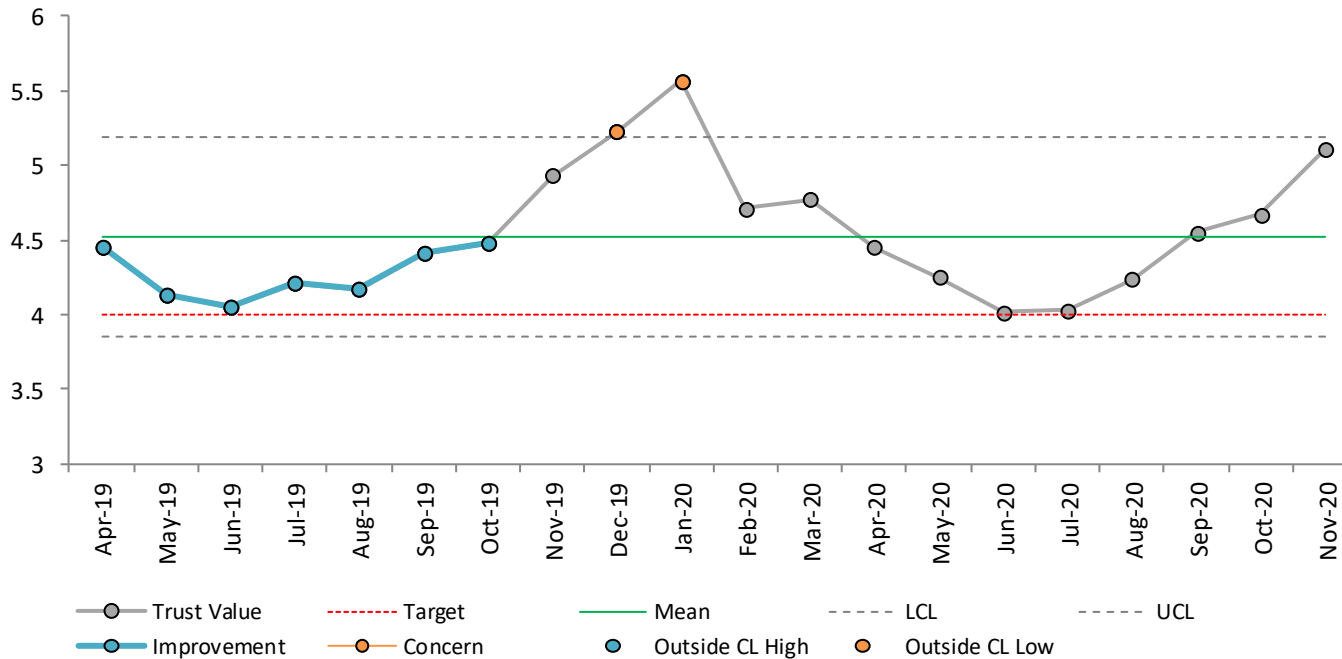
Planned Actions

- Transfer Core 7 elements and role specific mandatory training onto ESR to enable easier access and production of accurate and timely reports.
- Continued focus between HR team and managers to identify areas with poor compliance and agree improvement actions.
- Trajectory to be provided to managers.

Timescale

- March 2021
- Ongoing
- End Jan 2021

Sickness Absence (%)



Target	4
Mean	4.52
Last Month	5.11

Executive Lead
Rachael Metcalf

Lead
Jane Herdman

Commentary
This process cannot meet the target of 4%.

The % of monthly sickness absence

Cause of Variation

- Winter period historically demonstrates increased sickness absence.
- Potential increase in anxiety related illness due to COVID-19.
- Managers focussed on operational issues with limited time to robustly address absence issues in a timely manner.

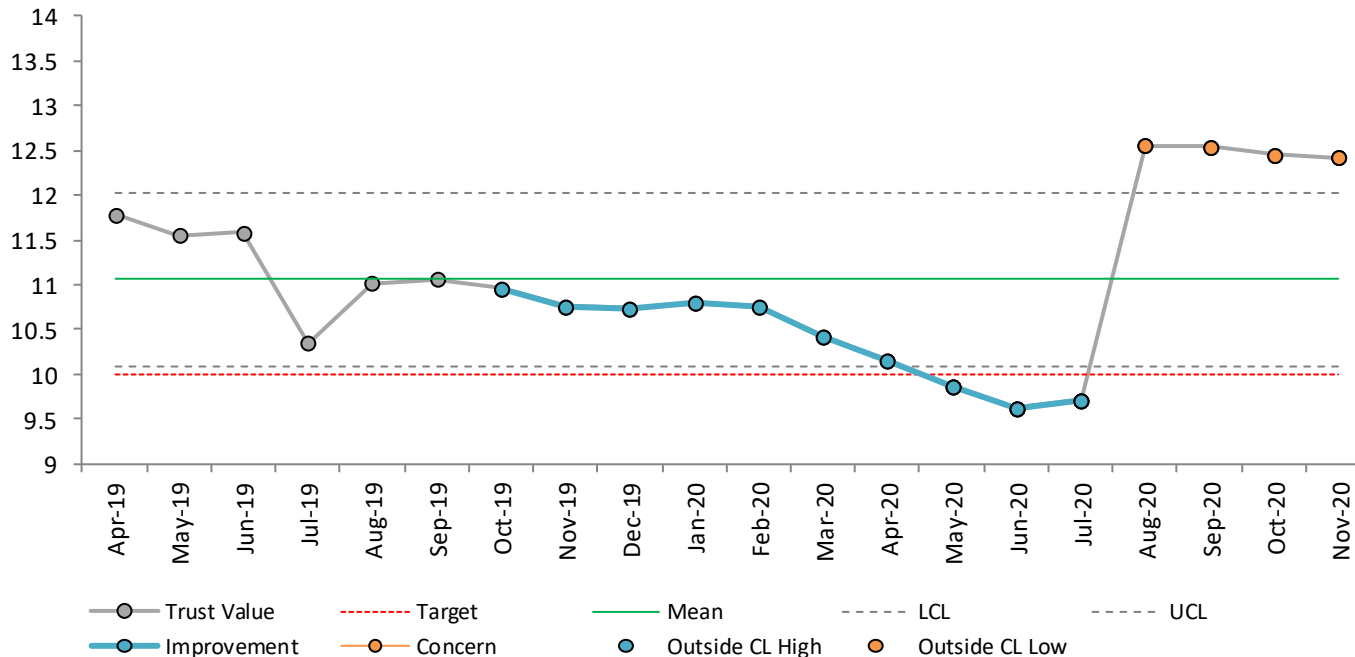
Planned Actions

- Managers/HR team to review non-covid related absences.
- Review number of absences due to anxiety/stress.
- Provide accurate and timely absence data to managers and arrange case reviews for long term absences

Timescale

- 31 Jan 2021
- 31 Jan 2021
- Ongoing

Staff Turnover (%)



Target	10
Mean	11.06
Last Month	12.42

Executive Lead
Rachael Metcalf

Lead
Jane Herdman

Commentary

From October 19 to July 20 there was a significant improvement in turnover reduction.

In August 20 there was a significant increase in turnover and this has been maintained for the last 4 months.

Staff turnover rate

Cause of Variation

- August increased turnover due to exit of student nurses.
- HR team working with managers to ensure timely and meaningful exit interviews wherever possible.
- Staff survey action plans rolled out within Centres, focussing on Staff Engagement and Retention .

Planned Actions

- August increased turnover due to exit of student nurses.
- HR team working with managers to ensure timely and meaningful exit interviews wherever possible.
- Staff survey action plans rolled out within Centres, focussing on Staff Engagement and Retention .

Timescale

- Feb 2021
- Jan 2021
- Jan 20201

COUNCIL OF GOVERNORS			
Month 8 2020/21 Financial Performance			AGENDA ITEM: 9 ENC 6
Report Author and Job Title:	Luke Armstrong Head of Financial Management	Responsible Director:	Steven Mason Director of Finance
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report outlines the Trusts financial performance as at Month 8.		
Background	From Month 7 of 2020/21 revised financial arrangements have been put in place, replacing the previous arrangements of a break even requirement with retrospective expenditure claims. The Trust now has a fixed income level as agreed within the ICP, and is expected to manage resources within this funding envelope.		
Assessment	At month 8 the Trust is £0.5m underspend against its revised financial plan, in line with the position reported at month 7. The key drivers for this underspend being improved income and under utilisation of Covid funding, as outlined further in the report. It is however anticipated that expenditure will increase during the winter months and the Trust is not reporting a revised forecast position.		
Recommendation	Members of the Council of Governors are asked to: <ul style="list-style-type: none"> • Note the Trust position for Month 8 • Note that the Trust continues to have a significant underlying deficit of c £25 m, after the Financial Recovery Fund (£17.2m). • Note the capital position including the level of Covid-19 related commitments. 		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The main risk from this report relates to the underlying structural deficit which remains unchanged despite the revised funding arrangements for part of 2020/21. It is too early to establish the extent of the financial challenge in 2021/22 as the detailed planning guidance is awaited and the approach has not been agreed.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>	
	Drive operational performance <input checked="" type="checkbox"/>	Long term financial sustainability <input checked="" type="checkbox"/>	
	Develop clinical and commercial strategies <input checked="" type="checkbox"/>		

Month 8 2020/21 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update Council of Governors on the financial position of the Trust as at Month 8.

2. BACKGROUND

Following the suspension of the NHS Planning Process for 2020/21 the Trust had operated under a break even arrangement up to month 6. The Trust has received top up income from NHS England to cover its increased expenditure and achieve a break even position.

From month 7 a revised financial framework has been implemented. This new framework allows for greater system working across the ICP and ICS. The Trust now has a fixed financial plan for the remainder of 2020/21, with a fixed level of Clinical Income.

The Trust and the ICP, like others nationally, have a requirement to achieve an overall system break even position at the year end. Two items have been identified both regional and nationally as potentially allowable deviations from the breakeven requirement. This being lost non NHS income and an allowance for a year end annual leave provision. The amounts involved being £1.3m and £3.8m for the Trust.

As part of the new financial arrangements for month 7 onwards the Trust has reset its budget to align to the revised NHSI financial plan. Previous variances up to month 6 have been reset and the revised agreed budget profiled for month 7 onwards.

The revised budget includes a fixed budget allocation for Covid-19, outlined further in the report.

The financial position included within this report is shown on a group basis including both the Trust and the Trust's subsidiary company South Tees Healthcare Management. The Trust is required to report on a group basis each month to NHSE/I.

The Month 8 YTD actual performance is a £0.3m surplus. This has resulted in the Trust being ahead of its financial plan by £0.5m. The Trust expects this underspend to reduce as the year progresses to cover increased Covid-19 costs and winter pressures. This position is unchanged from Month 7.

3. DETAILS

Trust position

The Month 8 position is outlined below; the following sections outline key variances and risks for divisional income, pay, non-pay and technical items.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Nhs Clinical Income	404,378	403,997	(381)	624,096
Education & Training Income	11,596	12,235	639	17,402
Estates Income	1,173	1,218	45	1,908
Misc. Other Income	5,702	5,439	(263)	9,445
Non Patient Care Income	1,714	1,713	(01)	2,483
Other Clinical Income	564	854	290	885
Psf, Mret & Top Up	38,266	38,269	03	38,266
Research & Development Income	3,164	3,227	63	4,529
Total Income	466,557	466,951	394	699,013
Ahp'S, Sci., Ther. & Tech.	(39,316)	(39,266)	49	(60,046)
Apprentice Levy	(1,015)	(1,010)	05	(1,521)
Hca'S & Support Staff	(30,562)	(30,685)	(123)	(45,436)
Medical And Dental	(82,176)	(83,107)	(931)	(124,563)
Nhs Infrastructure Support	(38,719)	(38,640)	79	(58,939)
Nursing & Midwife Staff	(82,525)	(82,440)	84	(126,354)
Total Pay	(274,311)	(275,147)	(836)	(416,860)
Clinical Negligence Cost	(11,600)	(11,600)	0	(17,400)
Clinical Supplies And Services	(43,635)	(41,823)	1,811	(68,102)
Drugs	(44,130)	(44,175)	(45)	(66,906)
Establishment	(6,282)	(6,370)	(89)	(8,818)
Ext. Staffing & Consultancy	(450)	(398)	52	(567)
General Supplies & Service	(7,010)	(7,087)	(77)	(8,340)
Healthcare Service Purchase	(7,911)	(8,205)	(294)	(11,451)
Miscellaneous Services	(980)	(1,255)	(276)	(1,270)
Pfi Unitary Payment	(26,582)	(26,446)	136	(37,926)
Premises & Fixed Plant	(16,780)	(16,999)	(219)	(25,196)
Research, Education & Training	(3,087)	(3,327)	(240)	(4,217)
Transport	(2,955)	(2,912)	43	(4,362)
Total Non Pay	(171,401)	(170,598)	803	(254,556)
Depreciation	(8,899)	(8,899)	(0)	(14,454)
Interest Payable	(7,714)	(7,660)	54	(11,663)
Interest Receivable	24	07	(17)	57
Other Non Operating	(4,458)	(4,318)	140	(6,683)
Corporation Tax	(01)	0	01	(02)
Control Total	(203)	336	539	(5,148)

Clinical Income

Under the revised financial arrangements for 2020/21, the Trust's previous contractual arrangement under an aligned incentive scheme with its commissioners no longer stands. Instead, the Trust is paid under a block arrangement as agreed by NHSE/I, these had been fixed for the first half of the year and then re set for the second.

For the second half of the year the Trust does have a number of key variable areas of clinical income that are not under a block arrangement, this covers

- HEPC and CDF Drugs
- Covid Swabbing

The Trust's block payments are shown below split by Commissioner. The prior year adjustment of £0.5m relates to differences between accruals made for NCAs in M11 and M12 of 2019/20 and actual billing within 2020/21.

Commissioner Code	Commissioner Name	Block Payment
16C	NHS Tees Valley CCG	(202,188)
84H	NHS County Durham CCG	(9,363)
85J	NHS England - North East and Yorkshire Commissioning Hub	(126,349)
	NHS England - North East and Yorkshire Commissioning Region	(5,152)
Y63		(5,152)
42D	NHS North Yorkshire CCG	(58,759)
15F	NHS Leeds CCG	(127)
13T	NHS Newcastle Gateshead CCG	(155)
01H	NHS North Cumbria CCG	(434)
03J	NHS North Kirklees CCG	(105)
00L	NHS Northumberland CCG	(109)
00P	NHS Sunderland CCG	(487)
03Q	NHS Vale of York CCG	(974)
Y58	South West Regional Office (MoD)	(288)
	Prior Year Adjustments	494
Total Income Month 7		(403,997)

Clinical income is shown below split by income type in order to highlight variable elements.

The £0.3m adverse variance on blocks YTD has been driven by the recognition of a funding reduction from Specialised Commissioning for high cost devices. This adjustment is currently in dispute with the national team by both the Trust and regional colleagues. It is hoped that this adjustment will be reversed in future months with the income repaid to the Trust.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
YTD M6	294,554	294,554	0
M7 Onwards			
Blocks	99,072	98,727	(345)
Top Up	4,980	4,980	0
Covid-19	4,464	4,464	0
CDF	666	768	102
HEPC	128	76	(52)
Swabbing	514	428	(86)
YTD M7	404,378	403,997	(381)

In line with national guidance the Trust has assumed no income loss from the elective incentive scheme. It is still not clear if this scheme will continue for the 2020/21 financial year. If it does the Trust would be financially penalised if it does not achieve agreed activity trajectories for recovery of elective work.

Other Income

Other income is £0.8m ahead of plan, with key drivers of this variance being improved Education and Training income and RTA income. As part of the re setting of the Trust budget from month 7 a number of adjustments have been made to the other income budget to take account of lower income due to Covid-19, particularly in relation to Estates income, Private Patients and Overseas visitors income.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Education & Training Income	11,596	12,235	639	17,402
Estates Income	1,173	1,218	45	1,908
Misc. Other Income	5,702	5,439	(263)	9,445
Non Patient Care Income	1,714	1,713	(01)	2,483
Other Clinical Income	564	854	290	885
Psf, Mret & Top Up	38,266	38,269	03	38,266
Research & Development Income	3,164	3,227	63	4,529
Total Other Income	62,179	62,954	775	74,917

- Education and Training income is overachieving by £0.6m, this is being driven by the revised education income received from Health Education North East for quarter 3 that has been received in month. This income is linked to the increase in the number of educational placements across the Trust for Trainee Doctors. The finance team are working with the operational lead for Education to understand the recurrent nature of this income.
- Other clinical income is ahead of plan by £0.3m, this variance is largely RTA income along with a small amount of private patients income in month that was not budgeted for.

- Misc. other income is showing an adverse variance to plan of £0.3m driven by credits being issued in month for rental income from the Royal Volunteers Service along with reductions in salary recharge income.

Pay

In the year to date position pay is overspent by £0.8m, mainly due to a overspend on Medical and Dental employees. This will be partially offset by the additional income mentioned above.

Graphs showing year to date premium pay costs and trends are included in Appendix 1.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Ahp'S, Sci., Ther. & Tech.	(39,316)	(39,266)	49	(60,046)
Apprentice Levy	(1,015)	(1,010)	05	(1,521)
Hca'S & Support Staff	(30,562)	(30,685)	(123)	(45,436)
Medical And Dental	(82,176)	(83,107)	(931)	(124,563)
Nhs Infrastructure Support	(38,719)	(38,640)	79	(58,939)
Nursing & Midwife Staff	(82,525)	(82,440)	84	(126,354)
Total Pay	(274,311)	(275,147)	(836)	(416,860)

- HCAs are overspent by £0.1m with nursing staff £0.1m underspent giving a combined balanced budget position. Bank spend for both staff groups has in the current month increased over 2019/20 run rates and compared to month 7 by £0.1m however remains within budget.
- Medical and Dental staff show a year to date overspend of £0.9m. £0.7m of this overspend relates to junior doctors and £0.2 consultants. The overspend on consultants relates to increased premium costs for agency staffing within a number of directorates, particularly older person medicine, respiratory and Radiotherapy /Oncology.
- All other staff groups are showing a year to date underspends against budget.
- Additional work is required within the medical workforce team to complete the review of junior doctor rotas and align these to budgets held within Finance. The Trust needs to ensure appropriate controls are in place for the deployment of staff across the Trust. Work is being arranged to add rotas to the allocate rostering system and review the individual specialty detail.

Non-Pay

Non-pay is underspent by £0.8m at month 8.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Clinical Negligence Cost	(11,600)	(11,600)	0	(17,400)
Clinical Supplies And Services	(43,635)	(41,823)	1,811	(68,102)
Drugs	(44,130)	(44,175)	(45)	(66,906)
Establishment	(6,282)	(6,370)	(89)	(8,818)
Ext. Staffing & Consultancy	(450)	(398)	52	(567)
General Supplies & Service	(7,010)	(7,087)	(77)	(8,340)
Healthcare Service Purchase	(7,911)	(8,205)	(294)	(11,451)
Miscellaneous Services	(980)	(1,255)	(276)	(1,270)
Pfi Unitary Payment	(26,582)	(26,446)	136	(37,926)
Premises & Fixed Plant	(16,780)	(16,999)	(219)	(25,196)
Research, Education & Training	(3,087)	(3,327)	(240)	(4,217)
Transport	(2,955)	(2,912)	43	(4,362)
Total Non Pay	(171,401)	(170,598)	803	(254,556)

- Clinical supplies and services are showing a year to date underspend of £1.8m. £0.5m of this relates to the phasing of the Covid-19 budget, £0.3m from underspends within Medical Engineering on maintenance contracts and the residual £1.0m from underspends in a number of clinical directorates arising from reductions in activity levels.
- Healthcare Service purchase is overspending by £0.3m year to date with £0.1m of this within Ophthalmology from outsourcing work to New Medica and £0.2m within Trauma and Orthopaedics for outsourcing to the T and O LLP.
- Premised and Fixed Plant is overspending by £0.2m due to a slight overspend on utilities changes.
- Research, Education and Training is overspending by £0.2m due to clinical trials.

Non-Operating Costs

Technical items are broadly in line with budgeted amounts, following the rephrasing of the Trusts annual budget and delays to the Trust capital programme. The revised full year depreciation charge is currently being forecast based on the Trust revised capital programme for the year. This will be reflected in the Month 9 report. The level of PDC dividend is being reviewed with NHSE/I to ensure an accurate forecast next month.

Covid-19 Costs

In line with the revised financial arrangement for the second half of 2020/21 the Trust now has a fixed financial plan; within this the Trust has allocated specific budgets for Covid-19 expenditure.

Following discussions with operational colleagues and CPG the below envelopes of funding have been provided. Although underspent currently at month 8 the Trust expects to fully utilise the full budget allocation by year end.

Actual month 8 spend is outlined below within these categories, this will be updated month on month.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Sickness	767	766	
Facilities	333	333	
Ward			
Critical Care	154	154	
IPC & Winter	14	14	
Redcar	34	34	
Emergency Department	116	116	
PPE		101	-101
Other		40	-40
Contingency	488		488
Total	1,906	1,558	348

The full allocation for sickness costs has been shown as utilised due to the Trust over spending in month on pay expenditure. Provisions have been made within Facilities for anticipated spend with Serco. PPE spend has been noticed in month, this category is not expected to incur extra cost as the year progresses as all required PPE should be centrally provided.

The Trust has also incurred cost in relation to Covid-19 swabbing YTD of £0.4m, covering increased staffing and consumables along with the hire of swabbing facilities. This cost has been fully reclaimed from NHSE/I and the Trust is awaiting confirmation that these costs will be covered and fully reimbursed.

The Trust has received feedback on its final retrospective top up claim for month 6, the Trust is being deducted £0.3m for the provision made in respect of the backdating of expense payments, with this adjustment being made within month 9. The Trust will look to manage this loss within its current funding envelope. Overall the level of reimbursement was significant and has enabled the Trust to break even despite a significant underlying deficit.

Capital

The Trust's capital expenditure at the end of November amounted to £21.7m as detailed below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PFI Lifecycle	7,067	7,067	0	10,600	10,600	0
Site Reconfiguration	355	597	242	8,247	8,282	35
Replacement of Medical Equipment	3,814	3,822	08	8,284	8,435	151
Network Replacement and Clinical Noting	1,773	2,179	406	9,963	9,777	(186)
PDC						
COVID Phase 1	8,482	8,077	(405)	8,482	8,482	0
Total	21,490	21,742	251	45,576	45,576	0

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	6,359	6,359	0	9,539	9,539	0
Internal Reserves	0	0	0	472	472	0
Charitable Funding	272	05	(267)	1,181	1,181	0
PDC	14,859	15,377	518	34,384	34,384	0
Total Financing	21,490	21,742	251	45,576	45,576	0

The expenditure at the end of November includes:

- PFI Lifecycle - contractual payments to Endeavour SCH plc (£7.1m),
- COVID-19 - £8.1m on medical equipment to support delivery of services;
- Information Technology - £2.2m on essential IT equipment replacement and the delivery of the Alcidion project;
- Medical equipment - £3.8m on emergency replacements including £2.8m on the expansion of robotic surgery; and
- Estate Rationalisation - £0.6m on the investment in the estate infrastructure including Community premises and PFI lifecycle enhancements.

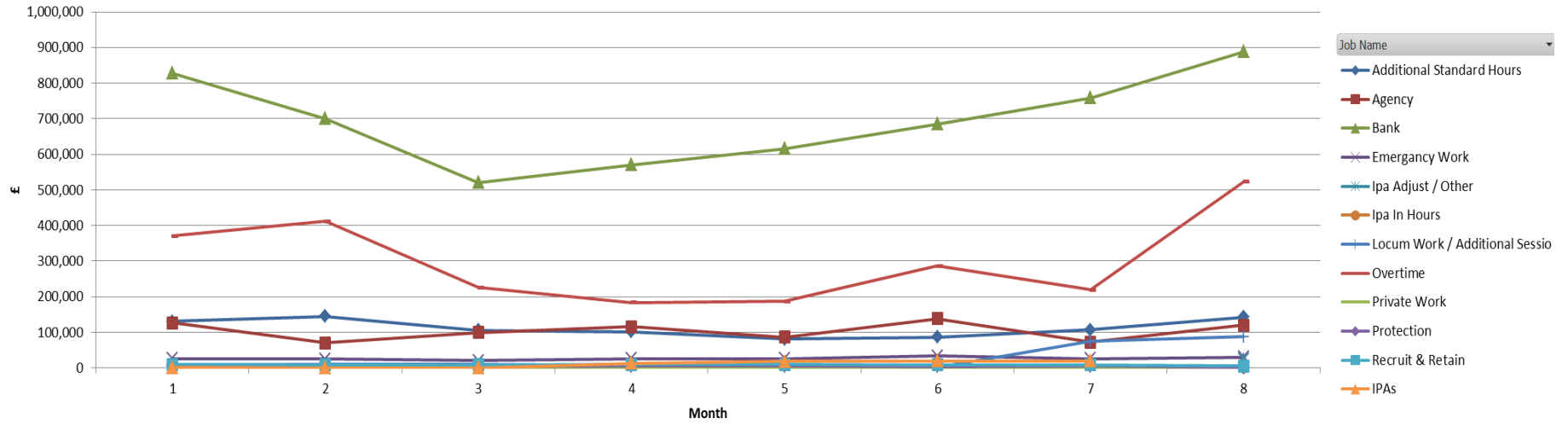
As it stands for 2020/21, the only funding sources available to the Trust, excluding PDC and assuming emergency support is not available, includes depreciation and internal reserves (£10.0m) and potential charitable contributions amounting to £1.2m. Contractual commitments for the year include PFI Lifecycle (£10.6m) with £3.1m charged to revenue in line with the agreed recharge profile from the Lifecycle Fund. In addition, further contractual commitments concern the principal repayments on loans, PFI and finance leases of £5.4m. On that basis and without support, the existing funding sources are not sufficient to cover these contractual commitments.

The Trust submitted a revised capital plan to NHSE/I at the end of July for 2020/21 amounting to £29.1m that incorporated a reduction of approximately 20% compared to the draft March submission. The Trust drafted an emergency request to support this plan amounting to £14.6m and this request has now been approved by NHSE/I and the DHSC. During November all other outstanding PDC allocations were approved including Urgent and Emergency Care (£3.2m), Digital Aspiration (£3.0m) and FHN Rationalisation (£1.0m). The latter bid was a 2 year request covering £4.1m for 2021/22 and this portion is still going through the approval process.

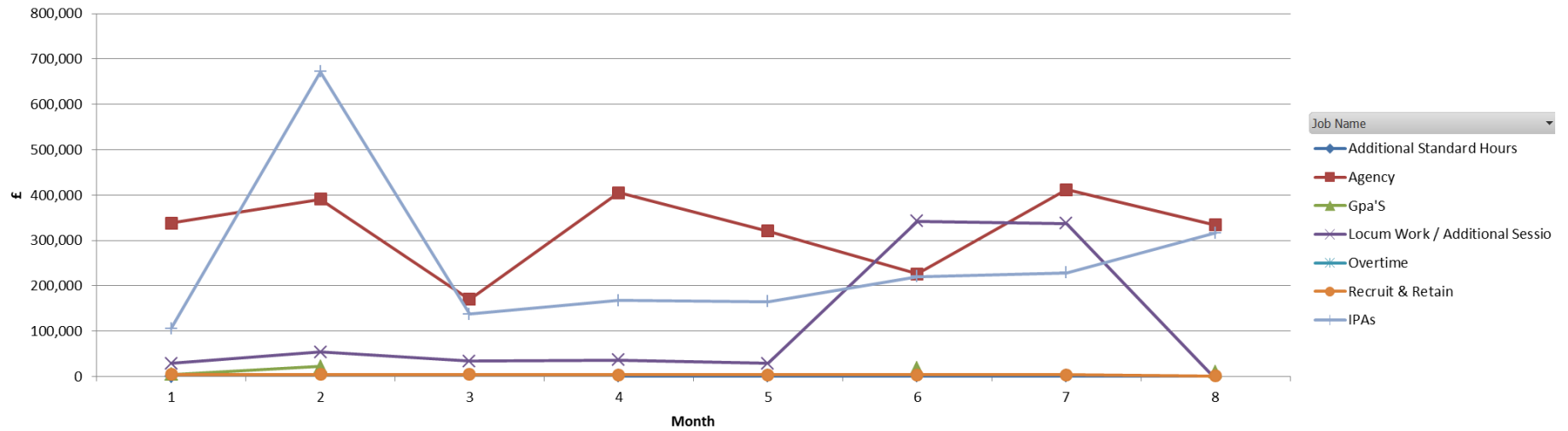
In relation to the Trust's position on committed COVID-19 expenditure, a number of requests amounting to £6.1m have been approved by the DHSC with £0.8m now awaiting approval through NHSE/I and DHSC. To date the Trust has expended £8.1m and it is anticipated that the unfunded COVID related expenditure, which the Trust assumes will amount to circa £1.5m, will have to be found from within the revised emergency capital plan.

Appendix 1

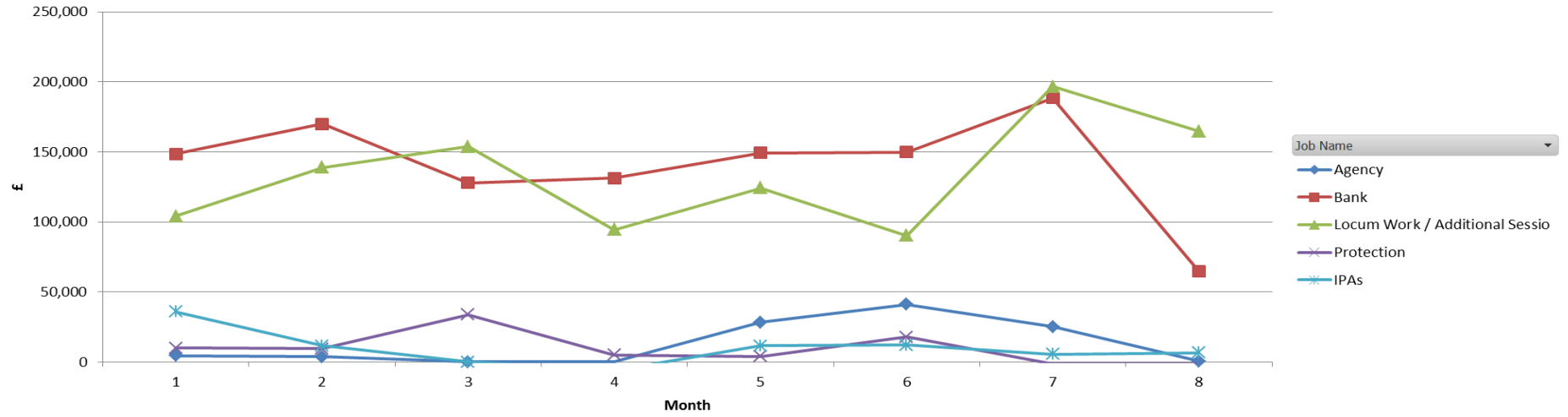
AfC Premium Pay Costs



Medical and Dental Consultants Premium Pay Costs



Medical and Dental Trainee Grades Premium Pay Costs





South Tees Hospitals
NHS Foundation Trust

CQC Update

January 2021

CQC Compliance



South Tees Hospitals
NHS Foundation Trust

- No concerns identified from the IPC BAF CQC engagement meeting and the CQC was assured that the appropriate processes are in place.
- Following the Patient First meeting focusing on ED the CQC advised that there were no concerns.
- In terms of progress with the CQC action plan of the 26 '**must do**' actions 11 are expected to deliver actions, 13 where the actions have been completed and 1 that is embedded in practice. There is one '**must do**' action that is off track relating to mandatory training and actions are in place to address this.
- Of the 23 '**should do**' actions there is one that is off track – S20 – The Trust should ensure patient consent is obtained in accordance with best practice guidance and action is in place to address, this, 11 are expected to deliver actions, 11 where the actions have been completed and none that are considered as embedded in practice.

Quality Assurance Committee Chair's Log

Meeting: Quality Assurance Committee	Date of Meeting: 24/11/2020
Connecting to: Board of Directors	Date of Meeting: 1/12/2020
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Maternity Services Quarterly report <ul style="list-style-type: none"> • Independent Review of Maternity Services report • Health & Safety Workplan (updated) • E-discharge risks update report • Committee effectiveness report • Reviewed cycle of business • Monthly Integrated Performance Report – Quality • CQC update - Now, next, future: Our transitional Regulatory Approach and Strategy • Never Event Report • QEIA update • Review of Risks and matters for the Board Assurance Framework • Chairs logs of reporting sub groups 	
Actions	Responsibility / timescale
<ul style="list-style-type: none"> • The committee received an update on the % of e-discharge letters, asking that the roll out of Alcidion includes supporting the process of e-discharge letters. A paper is to return to the committee once implementation of the Alcidion software has commenced. • Reporting of the monthly quality indicators were presented to the committee in the integrated performance report (IPR) format for the first time. There is a request that reference to the trust target or threshold is shown in some way, as well as the mean. The committee reviewed September data in the November meeting so will hold another short meeting before Trust Board on 1st December 2020 when October quality measures will be presented. The timeliness of data to QAC is to be reviewed. • QAC received a update on the trust's central focus on safety and improvement. QAC was assured that the themes of never events are being addressed. QAC will remain sighted on the work of the Patient Safety Faculty into 2021 and beyond. 	<p>Sath Nag & Ian Bennett / February 2021</p> <p>Ian Bennett / January 2021</p> <p>Deidre Fowler & Jackie White / December 2020</p> <p>Ian Bennett / May 2021</p>

Escalated items	Responsibility / timescale
<p>Board to note:</p> <ul style="list-style-type: none"> • QAC membership has been reduced and clinical teams have been stepped down from attending QAC during the escalation to Opel 4 in response to C-19. • Approval of the slightly amended H&S Workplan 2020/1. • QAC received assurances that the Trust Maternity Services had responded to both the MBRRACE- (UK) report 2017 (Mothers and Babies Reducing Risk through Audits and Confidential Enquiries across the UK) and recommendations from an external review reported in 2018. • QAC is in a transitional period for new reporting measures to the committee this has been reflected in the cycle of business which requires some amendments prior to approval. • QAC received areview update on the trust's central focus on safety and imporvement. QAC was assured that the themes of the never events are being addressed. 	
Risks (Include ID if currently on risk register)	Responsibility / timescale
None identified	

Workforce Committee

Chair's Log

Meeting: Board of Directors	Date of Meeting: 1 December 2020
Highlights for: Workforce Committee	Date of Meeting: 19 November 2020
Overview of key areas of work and matters for Board.	
<ul style="list-style-type: none"> - Roll out of values and behaviours - Mandatory training review - Clinical Excellence Awards update - Covid update - Workforce KPI's 	
Actions to be taken	Responsibility / timescale
Accelerate the completion of the SDR review to align with launch of the values framework	Director of HR
Explore branding and communications for values to ensure early and widespread familiarity with the agreed words and meanings	Director of HR / Head of Governance
Noted that from April 2021 pay progression will be linked to completion of mandatory training	
Noted that the move of mandated training onto ESR will enable the Trust to benefit from standard, best in class packages of training.	
Supported the need to ensure that management of mandated training records and compliance needs to be adequately resourced.	
Noted that work is in hand to improve the fine grain of data on staff absence related to Covid, enabling on a ward basis, Managers to project forward the impact on staffing depending on why staff are absent (self isolation, symptomatic, shielding etc).	
Supported decisions made by SLT to recognise the exceptional efforts of staff during this current wave of Covid 19.	
Board action	Responsibility / timescale

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



Charitable Funds Committee

Chair's Log

Meeting: Charitable Funds Committee	Date of Meeting: 25/08/2020
Connecting to: Board of Directors / Corporate Trustee	Date of Meeting: 01/09/2020
Key topics discussed in the meeting	
<p>Funding of post for mental health nurse (Band 6) to provide specialist clinical support to wards in caring for patients with mental health issues. The postholder will join the Therapeutic Support team.</p> <p>Review of expenditure below £25k authorised by fund managers.</p> <p>Review of the charity's income and expenditure.</p> <p>Review of the finances of the Trinity Holistic Centre.</p>	
Actions agreed in the meeting	Responsibility / timescale
<p>The committee agreed that charitable funds should be made available to fund the post for a mental health nurse for 12 months, with a review to be conducted after 9 months.</p> <p>Alan Downey to meet with Kevin Oxley, Sath Nag and Ramamurthy Sathyamurthy to discuss next steps on charity funding to support smoking cessation initiatives.</p>	<p>Jackie White / immediate</p> <p>Alan Downey / asap</p>
Escalation of issues for action by connecting group	Responsibility / timescale
<p>Board / Corporate Trustee to note that funding has been agreed for the mental health nurse post; also to consider whether a Board discussion is needed on the provision of greater support to staff who deal with patients suffering from mental ill health.</p> <p>Board to note that the Trinity Holistic Centre is facing a funding crisis and is likely to be in deficit from Period 10 onwards.</p> <p>Board to note the successful work carried out by the charity team to improve understanding management and communication in relation to the multiplicity of funds.</p>	<p>Alan Downey and Jackie White / timescale to be determined</p> <p>Jackie White to continue discussions with centre management / ongoing</p>

Board to note that work continues on the charity accounts.	David Billings / ongoing
Risks (Include ID if currently on risk register)	Responsibility / timescale
None	



Risk Committee

Chair's Log

Date: 10 October 2020

Meeting: Risk Committee	Date of Meeting: 01/10/20
Connecting to: Board of Directors	Date of Meeting: 06/10/20
Key topics discussed in the meeting	

The meeting was quorate and received the following inputs to discuss:

- Paper on Cyber Security risks as presented to SLT
- Deep dive presentation from Community Care Centre
- Paper on the PFI Lifecycle
- Minutes of the Risk Validation Group
- Minutes of the SLT risk meeting
- Verbal update on the Board Assurance Framework and internal audit assurance work

The committee reviewed the paper on Cyber risks presented by Head of Information Governance and Data Protection. The committee thanked Head of IG and DP for an excellent and substantial paper.

The risk mitigation work is still in progress with SLT with a business case being considered for additional work required to comply with various NHS Digital requirements. This needs to be resolved by end October or escalated further.

The committee noted the huge progress made over the last 18 months in tightening controls – around the firewall, updating devices, patching and eliminating old software and complying with other requirements. There is more work to be done on getting to the required level for staff training on data protection.

The main concern is around “ransom ware” attacks. We are better placed to deal with this but (as with all organisations) are reliant on staff behaviours to counter phishing attacks. A campaign is currently underway to remind staff.

Regular oversight of Cyber risk is undertaken by FIC. The committee noted that changes in the Exec team are underway and need to ensure IT and Digital is given the requisite level of focus in any structural changes.

The Committee received an excellent presentation from Community Care centre on risk management processes and high-level risks. The committee were given a high degree of assurance from the deep dive.

The Committee received an excellent update on PFI Lifecycle position and risks. Huge progress has been made during the last 18 months in ensuring that we drive value from the partnership and reduce risks.

The Committee noted that the risk management process was working as expected through Risk Validation Group and SLT. The relevant Board committees have reviewed and updated the BAF.

Internal audit completed the report on our risk management process. There were three findings – one medium and two low rated. The committee noted the medium rated finding related to the Risk Appetite. This is work in progress which has been delayed due to Covid19 and will be completed following the Board review of Strategy. The report gives a high degree of assurance over risk management in the organisation.

There were no specific escalations to be made to the Board.

Actions agreed in the meeting	Responsibility / timescale
<p>Arrange to complete the Risk Appetite work after the Board has reviewed and agreed business strategy.</p> <p>Adjust risk management process to ensure relevant Exec is informed of delays and major changes to risks.</p>	<ul style="list-style-type: none"> • Jackie White/asap • Jackie White/asap
Escalation of issues for action by connecting group	Responsibility / timescale
None	
Risks (Include ID if currently on risk register)	Responsibility / timescale
None	



Audit Committee Chair's Log

Meeting: Audit Committee	Date of Meeting: November 17th, 2020
Summary for Board	
<u>Quorum</u>	
<p>The meeting was held virtually and NEDs Richard Carter-Ferris and Debbie Reape were present giving quorum to the AC.</p> <p>In attendance were Steven Mason, Jackie White and Brian Simpson from the Trust and representatives from Mazars (External Audit), PWC (Internal Audit) and Audit One (Counter Fraud Audit). KPMG also attended for the initial session.</p> <p>1. <u>Annual Accounts for Group Companies</u></p> <p>Rashpal Khangura from KPMG was present for this item only presented the audit reports and findings for the 3 group companies : South Tees Charity; South Tees Learning Research and Innovation LLP and South Tees Healthcare Management Ltd.</p> <p>Audit work is virtually complete with a few outstanding items that KPMG and Brian Simpson will complete.. Whilst there were a few items found in the audits there is nothing substantial in either the unadjusted errors or the management letter reporting control improvements.</p> <p><u>Charity</u></p> <p>KPMG did note the gaps in administration team in the year but have completed additional work to satisfy themselves that no material errors occurred. The Audit Committee having reviewed all relevant documents and discussed the Audit findings with KPMG recommends that Board as the representatives of the corporate Trustee to the Charity approves the signing of relevant letters of representation and authorises the Accounts to be Approved.</p> <p><u>South Tees Learning Research and Innovation LLP</u></p> <p>The Audit Committee having previously been granted delegated authority by the LLP to review the Accounts and the Audit findings with KPMG recommends that the board of the LLP approve the signing of the Accounts and relevant letter of representation.</p> <p><u>South Tees Healthcare Management Ltd. "STHML"</u></p> <p>The Audit Committee having previously been granted delegated authority by the company to review the Accounts and the Audit findings with KPMG recommends that the board of STHML approve the signing of the Accounts and relevant letter of representation.</p> <p>As this was the final item to be completed before KPMG leave their role as External Auditors to the Trust and its associated companies the Chair thanked KPMG for their support and</p>	

work over the past few years. Rash Khangura left the meeting.

Counter Fraud

Rachel Metcalfe (HR Director) attended for this item. Audit one presented the findings of 3 historical HR reports covering a) False or forged qualifications, b) Variation of staff contracts and c) Working whilst sick. Many of the issues identified were due to historical inadequacies in process which have been updated and where changes have not been made Ms Metcalfe confirmed that changes to processes and controls would be implemented.

Internal Audit

PWC provided an update of their work which due to C-19 has been curtailed. The Committee did note that there was a heavy Internal Audit workload planned for January - March which is necessary to enable PWC to sign off the annual controls statement.

Mr Mason was asked to brief SLT as to which areas will receive audits that will occur in the new year.

External Audit

New external auditors Mazars provided a summary of their planning document which will be reviewed with the Finance team as the Audit nears its start in 2021.

Committee Effectiveness

The Committee reviewed its self-assessment and agreed that the 2 areas that needed improvement were a higher focus on non-financial areas and more integration with other sub-committees to ensure all areas of assurance are covered by the Board and its committees.

The Committee reviewed the statement of losses and tender waivers

There are no matters to be added to the BAF

Key	Actions
<ul style="list-style-type: none">Charity; LLP and STHML to convene “board meetings” to sign off annual accountsExternal Audit plan to be presented once complete	Mazar

