South Tees Hospitals
NHS Foundation Trust

Board of Directors

6 October 2020
14:00
Microsoft teams & David Kenwood Lecture Theatre

South Tees Hospitals NHS Foundation Trust

MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON 6 OCTOBER AT 2PM MICROSOFT TEAMS & DAVID KENWOOD LECTURE THEATRE

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT
Staff Story				
CHAIR'S BUSINESS				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence – Sue Page	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1
4.	Minutes of the last meetings held on 1 September	Approval	Chair	ENC 2
5.	Matters Arising	Review	Chair	ENC 3
6.	Chairman's report	Information	Chair	Verbal
7.	Chief Executive's Report	Information	Managing Director	Verbal
QUALITY AND SAFETY				
8.	Safe Staffing Report	Information	Director of Nursing & Midwifery	ENC 4
9.	Patient Safety Plan	Information	Director of Nursing & Midwifery	ENC 5
WORKFORCE				
10.	People Plan	Discussion	Director of HR	ENC 6
FINANCE AND PERFORMANCE				

	ITEM	PURPOSE	LEAD	FORMAT
11.	Phase 3 Recovery Report	Discussion	Director of Planning & Recovery	ENC 7
12.	Integrated Performance Report	Discussion	Chief Operating Officer plus others	ENC 8
13.	Finance Report	Discussion	Director of Finance	ENC 9
14.	Winter preparedness update	Information	Chief Operating Officer	Verbal
GOVERNANCE AND ASSURANCE				
15.	Corporate Risk Register	Discussion	Head of Governance	ENC 10
16.	Board Assurance Framework	Discussion	Head of Governance	ENC 11
17.	Committee Chairs Reports	Information	Chair	ENC 12
18.	**DATE OF NEXT MEETING** The next meeting of Board of Directors will take place on 3 November 2020			
19.	**Exclusion to the Public – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960)**			

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 OCTOBER 2020			
Register of members interests			**AGENDA ITEM: 3, ENC 1**
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	**Responsible Director:**	Alan Downey Chairman
Action Required	Approve ☐ Discuss ☐ Inform ☒ (select the relevant action required)		
Situation	The Board of Directors are asked to note interests declared by members of the Committee		
Background	The report sets out membership of the Board of Directors and interests registered by members. Conflicts should be managed in accordance to the Constitution para 32 - If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to other Directors.		
Assessment	There are no specific conflicts identified with the agenda. Members will be reminded at the meeting to raise any if they arise.		
Recommendation	The Board of Directors are asked to note the Register of Interest.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☐	Excellence in employee experience ☐	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
Alan Downey	Chairman	1 March 2018	ongoing	Wife is Director of PricewaterhouseCoopers working mainly with local government clients in the North of England
Ada Burns	Non-Executive Director Deputy Chair	2017 2017 2019	Ongoing Ongoing Ongoing	Role - Governor – Chair of Resources Committee, member of Board of Teesside University. Trustee & Vice Chair – New Local Government Network (NLGN) – Public policy think tank Role – Associate Consultant – Cratus Consultancy, public sector management consultancy
Richard Carter-Ferris	Non-executive Director	1 August 2015	ongoing	Director of Yorkshire Area P2P Club – company generates donations for Yorkshire Air Ambulance. Director/No exec Director – Malton & Norton Golf club ltd.
David Heslop	Non-executive Director			No interests declared
Mike Ducker	Non-executive Director	1 December 2017 1 December 2005 1 October 2019	ongoing ongoing ongoing	Advisor to UK Government on Chemicals Industry Trustee of Greenstones Christian Trust Charity – a Charity working with prisons in Ethiopia South Tees Healthcare Management Limited - Company number 10166808
Debbie Reape	Non-executive Director Senior Independent Director	August 2019 1 October 2019 October 2019	Ongoing Ongoing Ongoing	Associate Director with Northumbria International Alliance (Northumbria NHS Trust and Northumberland County Council) South Tees Healthcare Management Limited - Company number 10166808. School Governor, Ashington Academy.
Adrian Clements	Medical Director	23 January 2012	Ongoing	Director of Clements Medico Legal Consulting Limited.
Sath Nag	Medical Director			No interests declared.
Steven Mason	Director of Finance	1 October 2017 13 August 2018 March 2019 1 October 2019 1 April 2020	ongoing ongoing ongoing ongoing ongoing	Children employed at Ernst & Young and Deloitte HM Property Services Ltd (Shareholder) not seeking work in NHS Client representative ELFS Management Board. South Tees Healthcare Management Limited - Company number 10166808. Non-Executive Director – Together for Children
Jackie White	Head of Governance	March 2013	Ongoing	Director – Applied Interim Management Solutions – Company Number 08473345
Sue Page	Chief Executive	May 2018	Ongoing	President of British Red Cross – Cumbria.
Kevin Oxley	Director of Estates,	21.02.2020	Ongoing	Trustee with Carbon and Energy Fund Limited (CEF), a private company.

	Facilities and Capital Planning			
Rachael Metcalf	Director of Human Resources			No interests declared.
Joanne Dobson	Director of Transformation			No interests declared
Mark Graham	Director of Communications			Ad hoc communications support to North Cumbria integrated care NHS Foundation Trust. Registered with IMAS (NHS interim management & support)
Johanna Reilly	Chief Operating Officer	2 October 2019	Ongoing	JRR Consultants Limited – Company number 11600734.
Ros Fallon	Director of Planning & Recovery			Non-Executive Director for Countess of Chester NHS Foundation Trust Trustee – Tarporley War Memorial Hospital
Moira Angel	Director of Clinical Development			Director of Moira Angel consulting Ltd. Director of Arista Associates Ltd. Vice president of the red cross in Cumbria.
Deirdre Fowler	Director of Nursing & Midwifery			No interests declared
Robert Harrison	Managing Director			No interests declared

South Tees Hospitals NHS
NHS Foundation Trust

UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 1 SEPTEMBER 2020 AT 13:00 IN THE BOARD ROOM, JAMES COOK UNIVERSITY HOSPITAL AND MICROSOFT TEAMS

Present

Mr A Downey	Chairman
Ms A Burns	Non-Executive Director / Deputy Chair
Ms D Reape	Non-Executive Director
Mr D Heslop	Non-Executive Director
Mr R Carter-Ferris	Non-Executive Director
Mr M Ducker	Non-Executive Director
Mrs D Fowler	Interim Director of Nursing & Midwifery
Mr A Clements	Medical Director
Dr S Nag	Medical Director
Mr S Mason	Director of Finance
Ms S Page	Chief Executive

In Attendance

Mrs J White	Interim Head of Governance
Mr M Graham	Interim Director of Communications
Mrs R Metcalf	Director of HR
Mr K Oxley	Director of Estates, Facilities and Capital Planning
Mr R Harrison	Managing Director
Ms R Fallon	Interim Director of Planning & Recovery
Mrs J Dobson	Director of Transformation

PATIENT STORY

The Chairman welcomed Mr John Guyon who joined the Trust Board through Microsoft Teams and shared his story with members following a recent episode of care with the Trust.

Mr Guyon thanked the Trust and staff for their care and compassion during his treatment and commented that, given the difficult circumstances of COVID 19, he felt staff were very supportive to him. Mr Guyon did raise a number of issues for the Trust to consider going forward including:

- Poor patient information following referral
- Scheduling of Radiology sessions
- Hospital transport

The Chairman thanked Mr Guyon for raising the issues and acknowledged that these were consistent with concerns raised by patients in other forums.

The Chairman once again thanked Mr Guyon for joining the Trust Board of Directors.

Action

BoD/20/083 **WELCOME AND INTRODUCTIONS**

The Chairman welcomed members to the meeting which was

being held both virtually and socially distanced in the Board Room. The Chairman introduced Mr Robert Harrison who had joined the Trust as Managing Director.

BoD/20/084 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Ms J Reilly, Interim Chief Operating Officer

BoD/20/085 **QUORUM**

The meeting was quorate in line with the Constitution paragraph 4.39 "Quorum - No business shall be transacted at a meeting of the Board of Directors unless at least one-third of the whole number of the Directors appointed, (including at least one non-executive director and one executive director) are present".

BoD/20/086 **DECLARATION OF INTEREST**

The Chairman referred members to the register of interests and asked members if there were any further declarations to be made not already included. There were no further declarations made.

BoD/20/087 **MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 7 July 2020 were reviewed and agreed as an accurate record subject to the following changes: Mrs White

Page 5, BoD/20/073, Safeguarding Annual Report, 2nd line, insert "and children".
Page 8, BoD/20/077, Corporate Risk Register, 3rd paragraph, 4th line, Mr Ducker advised that he was not present for the meeting and did therefore not make the comment.

BoD/20/088 **MATTERS ARISING**

The matters arising were reviewed and the action log updated.

BoD/20/089 **CHAIR'S REPORT**

The Chairman reported that over the 8 weeks since the last meeting the Trust had been visited by three of the four local MPs; he had continued to have significant interactions with governors, including an induction meting for the new governor from Durham University and a catch-up with the lead governor. In addition the Chairman reported that he had attended a Nomination Committee meeting and continued to hold virtual, now fortnightly meetings with the Non-Executive Directors. The Chairman added that he had joined the Chief Executive in a meeting with the team who are reviewing the digital strategy for the Tees Valley. The Chair reported that he had supported the Head of Governance & Company Secretary to interview and successfully appoint a new Head of South Tees Hospitals Charity: he looked forward to welcoming the successful candidate, Mr Ben Murphy, to the

Trust. He had also presented at a Schwartz round in July with members of SLT, met with members of staff including the lead clinicians for cancer and for the new clinical support unit. He had been privileged to present STAR awards for achievement to several members of staff.

Resolution

The Board of Directors noted the Chair's report.

BoD/20/090 **CHIEF EXECUTIVE'S REPORT**

The Chief Executive reported that in August the trust received its COVID Infection Prevention and Control Assessment from the Care Quality Commission. She was pleased to report that the assessment found that the board is assured that the trust has effective infection prevention and control measures in place.

Reflecting on the trust's response to COVID-19, she commented on the huge contribution made by members of the Armed Forces. In particular she mentioned Andy Maund, one of our consultant anaesthetists and a Lieutenant Colonel in the Royal Army Medical Corp who, together with colleagues from Queen Alexandra's Royal Army Nursing Corps, was instrumental in ensuring staff training in the use of personal protective equipment was timely and robust. The confidence that this training has provided to frontline colleagues across the trust has been immense.

The Chief Executive added that the laboratory team at James Cook was amongst the first in the country to develop round the clock on-site testing for COVID-19 and moved mountains to quickly set up a service to test patient and staff swabs 24 hours a day, seven days a week – working continuously to improve turnaround times which rapidly decreased from over 24 hours to less than six hours.

With regard to COVID recovery, the Chief Executive reported that colleagues across the trust have worked fantastically hard to restore services that were paused during the height of the COVID-19 pandemic. The precautions that remain in place nationally to reduce the risk of COVID transmission mean that recovery will be a gradual process. Already, however, all of the trust's non-urgent services which were paused during the height of the pandemic have re-started, either fully or partially. She mentioned the complexities in delivering care, which personal protective equipment, testing and social distancing continue to present,: this means that how, where and when care is delivered will remain different for some time to come. These clinically-led measures have been instrumental in ensuring that we have some of the lowest in-house transmission rates of any trust. Our message

to patients is that, if you are offered a face to face appointment at our hospitals, it is because our clinicians believe it is really necessary and can be done safely: so it is important you attend.

Finally, the Chief Executive reported that the trust's new eye unit at the Friarage began seeing its first patients last week. The Allerton Eye Unit offers all of the services previously provided by the ophthalmology team from the hospital's main outpatient department, but on a much bigger scale. Following the opening of the new unit, clinics will increase from eight a week to as many as 30 a week which means that hundreds more patients will be able to have their eye outpatient appointments at the Friarage. Once social distancing rules are relaxed, the unit will welcome more than 14,000 patients a year through its doors.

Resolution

The Trust Board of Directors noted the Chief Executive's update

BoD/20/091 **SAFE STAFFING MONTHLY REPORT**

Mrs Fowler reported that nurse staffing throughout July has matched the acuity, dependency and numbers of patients. There does not appear to be any direct correlation between patient harms and safe staffing levels, although medication incidents have increased. Work is on-going to review training and education around safe medication administration and will form part of the medication safety week in September. Mrs Fowler added that Ward Manager Supervisory time has improved during July but requires further work in Specialist and Planned areas.

Finally Mrs Fowler reported that the pipeline from India and the Philippines has also reopened and we are planning to welcome the first group from the remaining 35 to travel in early September.

Mr Heslop asked if there is anything that Mrs Fowler can put into the report which demonstrates professional judgement and Mrs Fowler advised that the most impactful measure is the outcome for patients and in moderate incidents and serious incidents there was no correlated theme with staffing in July. She added that the National Quality Board does guide the Trust to use professional judgement, acuity, dependence and patient outcome together when assessing staffing levels.

Ms Reape commented that a number of student and aspirant nurses worked for the Trust during the pandemic and she was interested if we had captured any feedback on their experience. Mrs Fowler commented that the formal feedback

loop from Teesside University was suspended during COVID, but verbal received on site has been positive, with no negative comments received. However, we need to ensure this is accurate and we are working with the teams to get the lived experience in a more sensitive way.

Mr Ducker, referring to the Shelford professional judgement tool, asked what impact using this tool had had on staffing and whether the use of PPE had impacted. Mrs Fowler advised that the Shelford tool is the standard acuity and dependency tool used for safer staffing and they are currently working on a metric with regard to doffing and donning and how this might translate into staffing resources. A pilot will be run first and then this will be built into the metrics.

Resolution

The Trust Board of Directors noted the update on staffing

BoD/20/092 **INFECTION CONTROL ANNUAL REPORT**

Mrs Fowler presented the Infection Control Annual Report to the Board for approval. Members noted that the report summarises information on healthcare-associated infections for the period 1st April 2019 to 31st March 2020 including a summary of alert organisms and conditions. It includes information on Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia, Methicillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia and *Clostridium difficile*-associated diarrhoea. The report also includes a brief summary of other key infection control issues and a summary of HCAI delivery plan for 2019/20

Mrs Fowler added that the focus of the last year has been around infection prevention and control for managing the pandemic.

Resolution

The Trust Board of Directors APPROVED the Infection Control Annual Report

BoD/20/093 **LEARNING FROM DEATHS**

Dr Nag referred members to the Learning from Deaths (Mortality) report which sets out mortality monitoring information.

Dr Nag advised that a detailed quarterly report is presented to Patient Safety Sub Group and to the Quality Assurance Committee. Members noted that the Summary Hospital-level Mortality Indicator (SHMI) is 'higher than expected'. The Hospital Standardised Mortality Ratio (HSMR) is 'as expected'. 1 death has been judged, through case note

review, to be potentially avoidable. COVID-19 has had a large impact on counts and unadjusted mortality rates. 97.7% of deaths received a review (medical examiner, specialty or mortality surveillance). The number of deaths continues to be below the 2019 data.

Ms Reape commented that continuing with mortality reviews through COVID-19 was extremely commendable.

Mr Ducker referred to the higher than expected SHMI and asked Dr Nag whether we should be concerned about this, based on the data presented in the report. Dr Nag advised that that the current report only gives a snap shot of this data but will investigate and report back to the Board.

The Chairman asked whether the Trust is expecting a national review in relation to covid deaths, and Dr Nag advised that the National Medical Examiner has written to Trusts on Covid-19 staff related deaths but he is not aware of anything else.

Resolution

The Trust Board of Directors NOTED the Learning from Deaths report.

BoD/20/094 **NATIONAL PATIENT SURVEY REPORT**

Mrs Fowler presented to the Trust Board of Directors the National Patient Survey report which shows the findings of the inpatient survey results for 2019. Mrs Fowler advised that the results reported in the survey are not what the Trust aspires to and there is a lot of work going on to address this.

Mrs Burns commented that it was good to see reports on patient experience on the Board agenda, but said that she did not understand the data in the report and that it would be useful to have more detail and clarity on what we are measuring. Mrs Fowler agreed.

In addition Mrs Burns added that it is important that this information is correlated with intelligence from PALS, complaints and incidents and any commentary from our partners such as Healthwatch. Mrs Fowler advised that the Trust receive a number of experience reports and agreed that we need to triangulate these before bringing the results to the attention of the Board to understand the full picture.

Mr Heslop concurred with Mrs Burns with regard to the data and suggested that it is presented in the same way as the new integrated performance report. The Chairman agreed and suggested that reports containing data for the Trust Board are presented in a consistent approach.

Director of Planning & Recovery

Mrs Fowler thanked members for their input and said that the details will be monitored through the Patient Safety Sub Group; progress on delivery of the recommendations which were set out in the report would be reported quarterly to the Board through the Quality Assurance Committee. .

The Chairman thanked Mrs Fowler for the report.

Resolution

The Trust Board of Directors NOTED the patient experience report

BoD/20/095 **INTEGRATED PERFORMANCE REPORT**

Mrs Fallon presented the Integrated Performance Report for the Trust and the Chairman thanked Mrs Fallon for organising the Board Development Session on "making data count" which had provided great insight and thought provoking discussion on the data provided within this report.

Mrs Fallon in conjunction with others highlighted the following key messages relating to performance this month:

- Increased demand and reduced capacity has led the A&E 4 hour wait to continue below target
- Diagnostics continue to be impacted by COVID-19. (Entering into recovery stage and implementing recovery plans)
- Recording quality and completeness for DToC, e-discharge, and primary diagnosis on admission have been identified for further investigation.
- Annual appraisal compliance has continued to decrease as a result of the COVID 19 pandemic. Detailed actions to address this are underway.
- Financially the trust has recorded a break even position
- RTT compliance continues to fall for the fourth consecutive month. There has also been a big increase in the number of over 52 week waiters, from 650 to 956.
- Diagnostic compliance continues to improve for the third consecutive month. Problem areas have been identified and recovery plans are under discussion.
- Cancer 14 Day standard has fallen again in July to 65.64% as referrals continue to rise towards pre-COVID levels.
- Both Delayed Transfers of Care and e-Discharge continue to show improved positions. A review of completeness and quality would provide confidence in the data.
- SHMI is 'higher than expected'.

Mrs Burns commented that the Trust has done some great work on values, but we need to ensure these are embedded and that discussion about values becomes part of every annual appraisal.

Mr Heslop commented that it was great to see the new style report and that we will get better at understanding and interpreting it following the development session. It is particularly important to improve the narrative supporting the data, as some of the narrative does not make sense. Mr Mason agreed that Directors now needed to take away the learning from the session and reflect it in the supporting narrative.

Director of Planning & Recovery / All Directors

Ms Reape reported that the Quality Assurance Committee had received a presentation from Barney Green on LOCSIPS and the approach he wants to take: he highlighted the shortage of resource that is available to deliver this. Given that this is a key area, Ms Reape asked the Board how this will be taken forward. Mrs Fowler advised that the Safer Surgery task and finish group will take forward the LOCSIP work, and this will be coordinated and supported through the Clinical Support Unit and Patient Safety Faculty as these two areas develop.

The Chairman suggested that Vince Connolly, who leads the Clinical Support Unit, should be invited to provide an update to the Trust Board in approximately 6 months' time.

Mrs Burns commented that the Board had received assurance several months ago that there was a plan in place to meet the A&E 4 hour wait standard; although we have had COVID, we would expect to see some progress. Mrs Dobson reported that the improvement plan for A&E is still in place with some operational changes in relation to flow being addressed. However, there are wider issues to address, including the front of house model, which are still outstanding. Mrs Dobson added that the Trust is seeing a number of patients who are coming to A&E who should have been seen in primary care or by dental and sexual health services: this is something we are addressing with our partners.

Mr Ducker commented that he was encouraged to see use of SPC charts which had facilitated a more informed discussion.

The Chairman agreed that it is encouraging that the board development session and the new performance report format have led to a better informed debate.

Resolution

The Trust Board of Directors NOTED the integrated performance report

BoD/20/096 **MONTH 4 2020/21 FINANCIAL PERFORMANCE**

Mr Mason updated members on the month four finance position. He advised that the Trust has achieved the requirement by NHSE/I to break even. The Trust's historic PFI scheme on the James Cook site remains the largest contributor to the organisation's underlying structural deficit which has remained unchanged throughout 2019/20 and has been carried forward into 2020/21. The Trust remains in a challenging position once the current Covid-19 interim funding arrangements come to an end.

Mr Carter Ferris asked whether there had been any feedback on the COVID-19 costs and Mr Mason advised that months 1-3 have been approved in terms of revenue and that we are waiting for more feedback in relation to capital. Mr Carter Ferris advised that there is a risk until we get this clarity.

Mr Ducker commented that the main concern is capital which has been discussed in detail at the Finance and Investment Committee. This is not something the trust can resolve on its own.

Resolution

The Trust Board of Directors NOTED the Finance report

BoD/20/097 **WINTER PREPARDENSS PLAN**

Mrs Dobson shared with members a presentation which set out the high-level winter plan with detailed plans sitting beneath. Mrs Dobson advised members that the plan is to progress the actions identified in the plan through the new clinical structure which has grouped services together into families or collaboratives. Members noted that the presentation explains the challenges from the previous winter and actions required to deliver key initiatives this year. It relies upon each collaborative taking responsibility for prioritising actions and ensuring they are delivered in order to manage anticipated demands across the organisation.

At times in previous winters the organisation has not had sufficient capacity to manage demand, which has resulted in cancelled elective procedures. This may be exacerbated by a second COVID 19 spike. It is therefore imperative that all collaboratives/specialties/services work together to ensure the organisation is prepared for winter.

Mr Carter-Ferris pointed out that there were some gaps in the plan around workforce and that it feels a little late to be addressing some of these areas. Mrs Dobson agreed that

there are gaps and indicated that work is taking place this afternoon on the plan with a view to closing these gaps.

Ms Reape commented that it was a comprehensive plan and asked Mrs Dobson what were her confidence levels in delivering it. Mrs Dobson said that the level of confidence varied and depends on timeliness of delivery and implementation of the action plan. She added that our ability to discharge patients efficiently had a significant impact when we had the pressure of COVID, and we need to ensure that we work with our partners on this.

The Chairman requested that, given the importance of the subject, the Board should have an update at each meeting over the coming months.

Resolution

The Trust Board of Directors NOTED the Winter Plan

BoD/20/098 **GUARDIAN OF SAFE WORKING ANNUAL REPORT AND QUARTER 1 REPORT**

Dr Nag presented the Annual Report on behalf of the Guardian of Safe Working. Members noted that this report provides an annual summary of numbers of doctors in training employed on the new contract along with vacancy information and actions taken to address rota gaps. It is a requirement of the 2016 Doctors and Dentists in Training Terms and Conditions that an annual report is submitted to Trust Board. The report includes a summary of exception reporting activity and vacancies in the Doctors and Dentists in Training Workforce as well as an annual summary from the Director of Medical Education.

Dr Nag also drew members attention to the quarter one report and specifically acknowledged the work which has been undertaken by the medical workforce and postgraduate teams and clinicians within departments to manage the additional work involved in the implementation of the 2016 contract.

Members noted that the contract remains work in progress.

Resolution

The Trust Board of Directors NOTED the Guardian of Safe Working Annual Report

BoD/20/099 **RESPONSIBLE OFFICER REVALIDATION AND APPRAISAL REPORT**

Dr Nag as Responsible Officer (RO) presented the revalidation and appraisal report. Members noted that the purpose of the report is to provide the Board of Directors with

assurance that annual appraisals are being undertaken by Doctors to allow for revalidation recommendations to be made, in accordance with GMC guidance, for Doctors holding a prescribed connection to South Tees Hospitals NHS Foundation Trust and Teesside Hospice Care Foundation. The report details quarterly appraisal compliance figures, revalidation recommendations submitted in 2019-20, the impact of COVID-19 on appraisal and revalidation, the national guidance for which the Trust has followed and the suggested plan for the remainder of this appraisal year.

The Board also noted that Dr Nag will be standing down as Responsible Officer later in the year and the Chairman thanked Dr Nag for his work.

Resolution

The Trust Board of Directors NOTED the RO Revalidation and Appraisal report

BoD/20/100 **COMMITTEE CHAIR REPORTS**

The Chairman offered the Chairs of Committees the opportunity to raise any issues not already covered by the agenda:

Finance & Investment Committee – Mr Ducker raised concern regarding capital expenditure
Quality Assurance Committee – Ms Reape highlighted that the Committee had received updates in relation to Ophthalmology and Gastro; reviewed the Trusts must dos on CQC and received the IBAF report
Workforce Committee – Mrs Burns thanks to Mrs Rutter for Chairing the Committee and discussed that the Committee had supported proposals for EDI for reciprocal mentorship to develop careers in the Trust for BAME colleagues
Charity – The Chairman confirmed that the Committee had approved the funding for a Mental Health nurse post for 12 months to provide advice and support to ward on dealing with patients with mental health challenges. He was surprised that the Trust does not already have this as routine provision, through core funding and suggested that the Trust should assess the value this post will bring and whether we need to invest further in this area. The Chair added that the Trinity Holistic Centre is deficit which will put pressure on the finances of either the trust or the charity.

Mr Carter-Ferris added that the members of the Workforce Committee had welcomed the opportunity to meet the three recently appointed Freedom to Speak Up Guardians.

BoD/20/101 **ANNUAL CONSTITUTION REVIEW**

Mrs White provided for information the Annual Constitution and explained to members that the Constitution had recently been reviewed by the constitution sub group of the Council of Governors. A small number of changes have been made to the Constitution which did not relate to the powers or duties of the Council of Governors.

Resolution

The Trust Board of Directors received the Annual Constitution for information

BoD/20/102 **ANY OTHER BUSINESS**

There were no further items of business.

BoD/20/103 **RISKS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK**

No new risks were identified for inclusion on the Board Assurance Framework.

BoD/20/104 **QUESTIONS FROM THE PUBLIC**

There were no questions from members of the public.

BoD/20/105 **REFLECTIONS ON THE MEETING**

The Chairman offered members the opportunity for reflections on the meeting. The Chair commented that he welcomed the increase in the number of people attending in person and expessed the hope that the board would be able to continue to meet face-to-face.

He concluded by thanking executive colleagues for their hard work and commitment during the current very challenging circumstances.

BoD/20/106 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Trust Board of Directors will be held on Tuesday 6 October 2020.

Signed: ……

Date: ……

Board of Direction Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
5.11.19	BoD/19/82	HEALTHCARE ASSOCIATED INFECTION MONTHLY REPORT	Mr Heslop advised that the online training for infection control hasn't changed, and perhaps the focus needs to be on behavioural changes going forward. Mrs Hunt agreed to look into the training.	D Fowler	31.12.20	Training slides revewied with the IPC lead and these have been updated in terms of priorities and technical knowledge. They need loading onto the system but that is delayed due to current situation. The next piece of work is to help the team develop more skills around 'nudge theory' and human factors to enhance both formal and informal training methods and we will be planning to do that when the new Band 8 starts (hopefully in approx. 3-4 month) and aligned with the new QI and Leadership Practitioners being more readily available as we lift some restrictions.	open
4.2.20	BoD/19/147	IMPROVEMENT PLAN	Improvement plan needed to be costed and robustly monitored	R Fallon	31.12.20		open
2.6.20	BoD/20/053	PERFORMANCE REPORT	Mrs Fallon to support the Board to agree which KPIs it wishes to see and which will be monitored by a Board Committee.	R Fallon	31.12.20	Further interation of the Board report being received at the July meeting and during August the KPIs will be finalised and agreed with the Committees and Board for September	open
1.9.20	BoD/20/094 & BoD/20/095	NATIONAL PATIENT SURVEY REPORT & INTEGRATED PERFORMANCE REPORT	All reports presented to the Board are presented in a consistent approach in line with "making data count" training. Director of Planning & Recovery to ensure this is rolled out across the Trust	R Fallon	31.3.21		open
1.9.20	BoD/20/097	WINTER PREPARDENSS PLAN	All gaps identified in the report to be updated and monthly update provided to Board	J Dobson	6.10.20		open

MEETING OF THE TRUST BOARD OF DIRECTORS – 6 OCTOBER 2020			
Safe Staffing Report for August 2020 – Nursing, Midwifery and Allied Health Professionals (AHP)			**AGENDA ITEM: 8, ENC 4**
Report Author and Job Title:	Eileen Aylott, Assistant Director of Nursing Education and Workforce	**Responsible Director:**	Deirdre, Director of Nursing and Quality
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report details nursing, midwifery and AHP staffing levels for the month of August 2020.		
Background	The requirement to publish nursing, midwifery and AHP staffing levels on a monthly basis is explicit and is one of the ten expectations specified by the National Quality Board (2013 and 2016).		
Assessment	Mandated levels of safe staffing have been maintained within the RSU, Stroke, Oncology and Midwifery. Reopening of closed beds has been agreed from the end of August through a paper presented to Workforce Assurance and Strategic Working Groups and includes a request to permanently fund the beds on wards 34 and 35. Additional staffing to open beds on ward 12 have been advertised Nursing and Midwifery Turnover is currently 8.6% Vacancy against financial ledger is 6% /99wte Nurse Staffing throughout July has matched the acuity, dependency and numbers of patients. There does not appear to be any direct correlation between patient harms and safe staffing levels. NHSE/I have announced funding opportunities to support Band 2/3 HCA's to undertake 4 year RN apprenticeships and for Nursing Associates and Assistant Practitioners to undertake 2 year RN apprenticeships. The Trust has submitted expressions of interest for both routes and will be informed in October if successful. This is a very exciting opportunity to develop our own staff and to 'grow our own' nursing workforce. There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GHDU or CICU. Ward managers remaining supervisory remains a challenge The risk to safe staffing remains from COVID self-isolation and sickness for all staff groups which is as yet unknown. Close monitoring and agile		

	actions will be required to mitigate risks. This action may include the requirement to over recruit for a short period of time which will have obvious financial implications.	
Recommendation	The Board of Directors are asked to note the content of this report	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 5.1 Demographic changes, shifting cultural attitudes to careers, capacity and capability of staff combined with employment market factors resulting in critical workforce gaps in some clinical and non clinical services	
Legal and Equality and Diversity implications	• Care Quality Commission • NHS Improvement • NHS England	
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒
	Drive operational performance ☐	Long term financial sustainability ☐
	Develop clinical and commercial strategies ☐	

Nursing, Midwifery and AHP Workforce Report

September 2020 based on August 2020 Data

Safe Staffing Governance

Clinical Matron Huddles and Ward Manager Briefings have been utilised to ensure full communication of plans and to gain feedback from teams to inform decision making.

Staff redeployment has taken place to ensure patient safety with twice daily SafeCare meetings to address any immediate issues and robust plans for overnight and weekend staffing shared with patient flow. Review of beds closed due to COVID social distancing have been reviewed and agreed through Workforce Assurance and the Strategic Group.

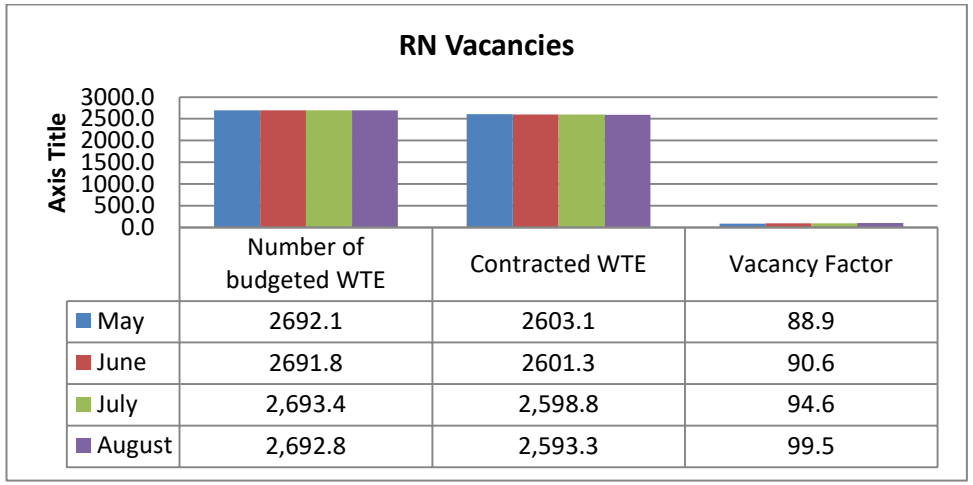
There is a potential risk to safe staffing due to the unknown nature of track and trace and the requirements for self-isolation and unexpected childcare unavailability at short notice. There is also a risk of a second surge in COVID19 cases requiring ITU and an increase in workforce to support this activity.

Table 1 – Overall UNIFY fill Rate based on planned vs worked hours for August 2020

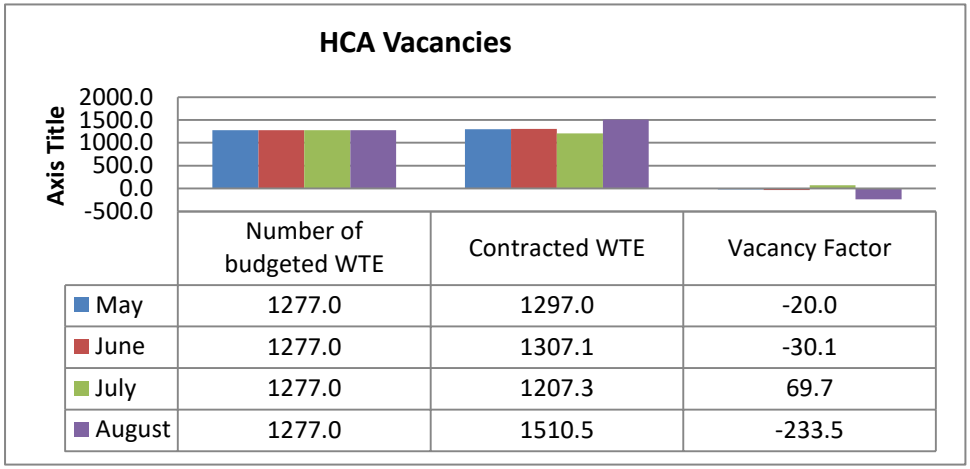
		July 2020	August 2020	
Overall Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	88.7%	87.8%	HCA % includes Registered Nursing Associates (Band 4), Assistant Practitioners (Band 4), Trainee Nursing Associates (Band 3) and HCA's Bands 2 and 3. Therapeutic Care Support Workers (TCSW Band 2) support wards on the JCUH site with enhanced observation for level 3 patients presenting with challenging behaviour. Students have remained in paid placements until the end of August and will return to supernumerary placements form September.
	HCA (%) Average fill rate - DAYS	120.4%	117.6%	
	NA (%) Average fill rate - DAYS	100%	100.0%	
	TNA (%) Average fill rate - DAYS	100%	100.0%	
	RN/RMs (%) Average fill rate - NIGHTS	99.7%	98.6%	
	HCA (%) Average fill rate - NIGHTS	119.4%	114.2%	
	NA (%) Average fill rate - NIGHTS	100%	100.0%	
	TNA (%) Average fill rate - NIGHTS	100%	100.0%	
	Total % of Overall planned hours	**103.5%**	**102.28%**	

Vacancy and Turnover

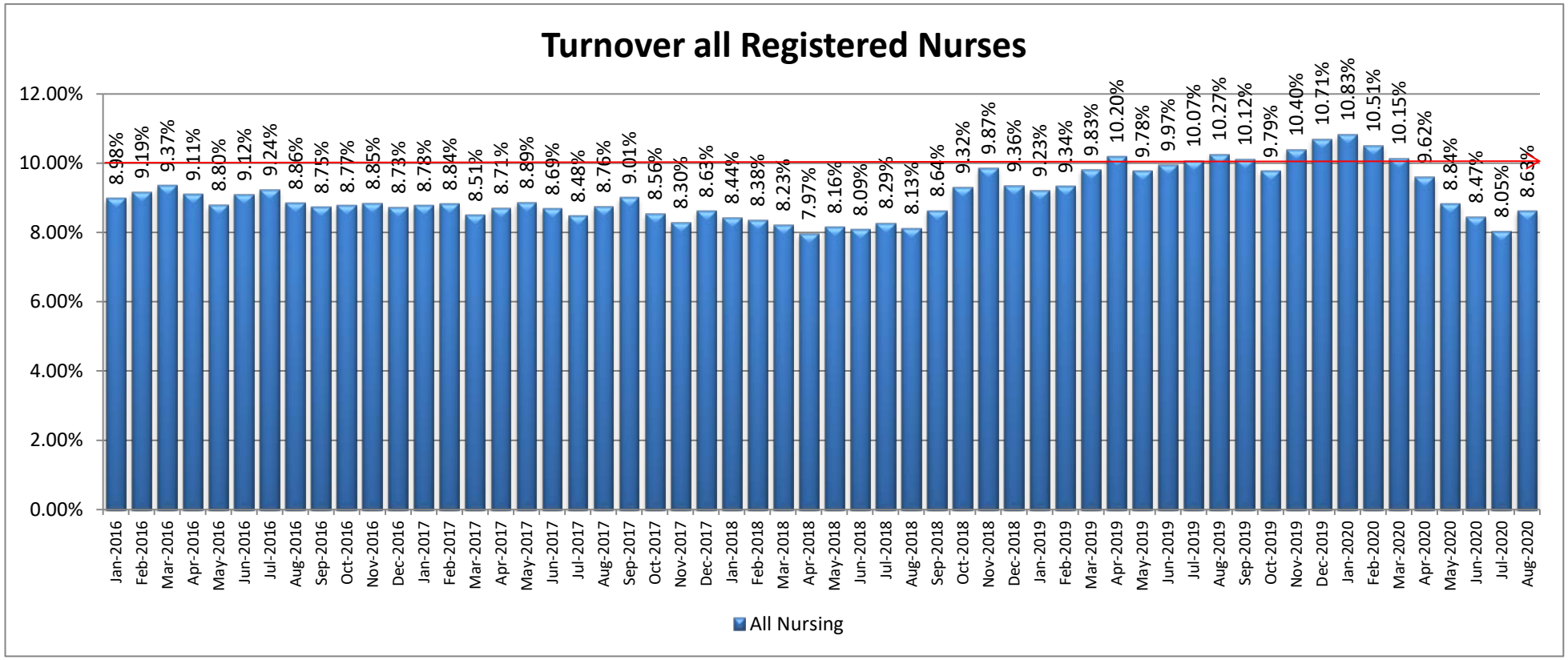
The total current nursing and midwifery vacancy rate against the financial ledger for all nursing and midwifery staff remains at 6% for August 2020 which equates to approximately 99 WTE. HCA vacancy rates have been skewed by student nurses and midwives on paid placement. Nursing and Midwifery Turnover for August was 8.6% and will be refreshed within the report quarterly.



	Number of budgeted WTE	Contracted WTE	Vacancy Factor
May	2692.1	2603.1	88.9
June	2691.8	2601.3	90.6
July	2,693.4	2,598.8	94.6
August	2,692.8	2,593.3	99.5



	Number of budgeted WTE	Contracted WTE	Vacancy Factor
May	1277.0	1297.0	-20.0
June	1277.0	1307.1	-30.1
July	1277.0	1207.3	69.7
August	1277.0	1510.5	-233.5



International nurses who have taken their OSCE exams the week of 17th August 2020 have now completed and are progressing to full NMC registration. The international nurses delayed through COVID begin to arrive again in September (*n*10) with and end of October (*n*9*)* and end of November (*n*12) group now arranged to travel.

The new recruitment process of 'Assessment Centre' interviews were piloted in late August and proved to be very successful with all applicants being appointed. Students qualifying in January will have their assessment centres across 2 days in September with centre representation and will include our revised 'values and behaviours'

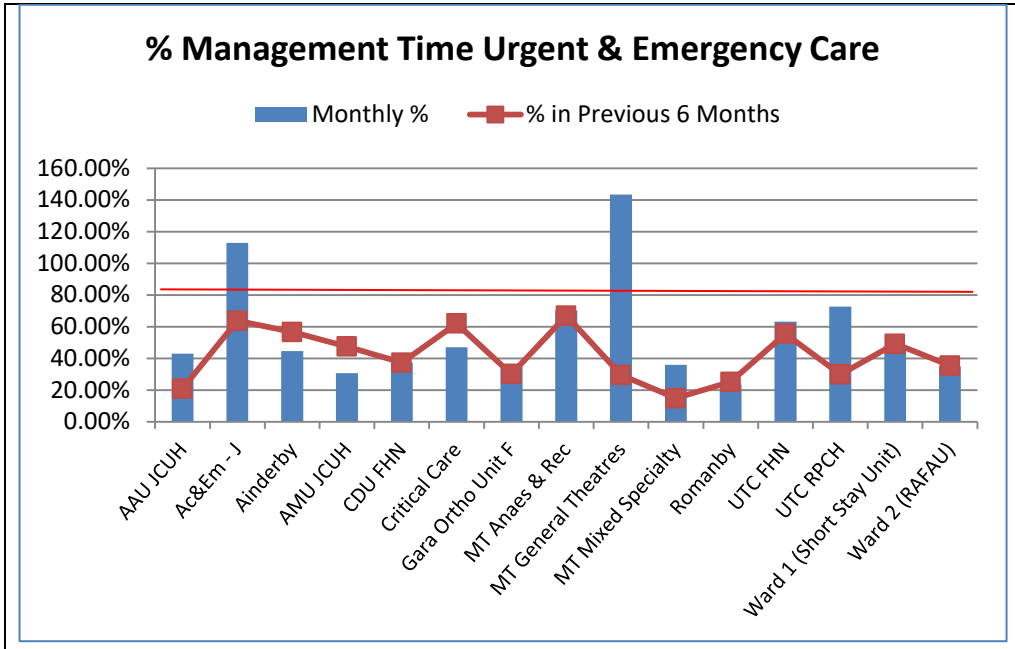
NHSE/I have announced funding opportunities to support Band 2/3 HCA's to undertake 4 year RN apprenticeships and for Nursing Associates and Assistant Practitioners to undertake 2 year RN apprenticeships. The Trust has submitted expressions of interest for both routes and will be informed in October if successful. This is a very exciting opportunity to develop our own staff and to 'grow our own' nursing workforce.

Urgent and Emergency Care Centre actual worked hours against planned and professional judgement template numbers for August 2020

May 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Formal Complaints	1000 voices	Quality Impact
Critical Care	28 + 6	28 +10	28 + 4	27 + 5	24	6	0	1	0	0	9.04	
RAFAU (On Ward 2)	4 + 3	4 + 6	3 + 3	3 + 4	21	1	0	0	10	0	-	SI- Fractured neck of femur
Short Stay (On Ward 1)	5 + 3	5 + 5	3 + 3	3 + 4	20	1	0	2	9	0	-	
AMU JCUH	5 + 3	6 + 5	4 + 3	5 + 4	13	0	0	2	3	0	-	
AAU JCUH	5 + 3	7 + 4	4 + 3	5 + 3	12	0	0	2	5	0	-	
CDU FHN	5 + 3	4 + 4	3 + 2	2 + 2	7	1	0	1	3	0	-	One bay of 4 beds converted into resus bay for patients awaiting transfer to JCUH
Ainderby FHN	4 + 3	3 + 4	2 + 2	2 + 3	14	0	0	0	3	0	-	
Romanby FHN	4 + 3	3 + 3	2 + 2	2 + 2	14	1	0	3	4	0	-	
Ac&Em -J	17 + 7	16 + 8	16 + 7	15 + 8	/	0	0	5	4	2	-	

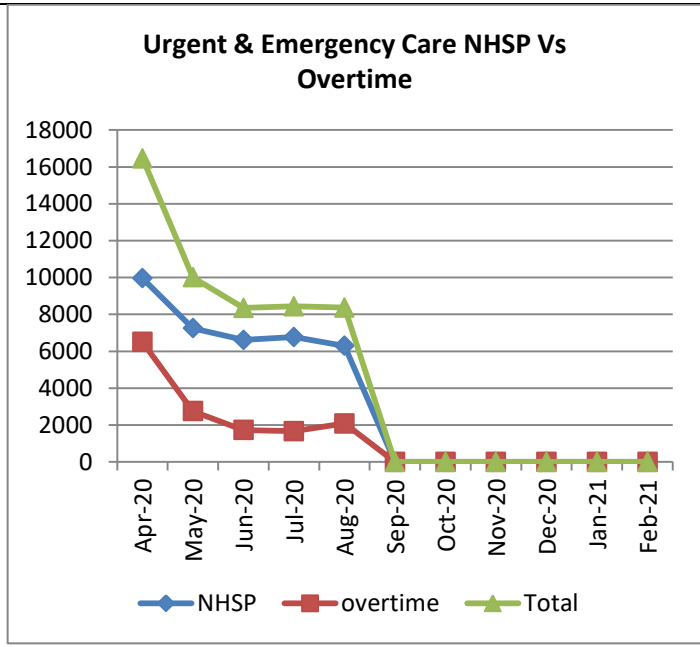
Staffs have been encouraged to attend the learning café events during medication safety week 14th September to support learning from incidents. The impact of the loss of the RAFAU on rates of falls requires ongoing review.

There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GHDU or CICU. Nursing Associates and Assistant Practitioners compliment the A+E team and sit in the HCA numbers. Activity has increased across the centre during August with large number of patients being seen through the AAU and AMU's overnight.



Ward Managers are budgeted 80% supervisory time on the roster. Most areas have returned or improved on pre COVID levels.

Overall usage remains static although overtime has increased as NHSP has decreased.



Community Care Centre actual worked hours against planned and professional judgement template numbers for August 2020

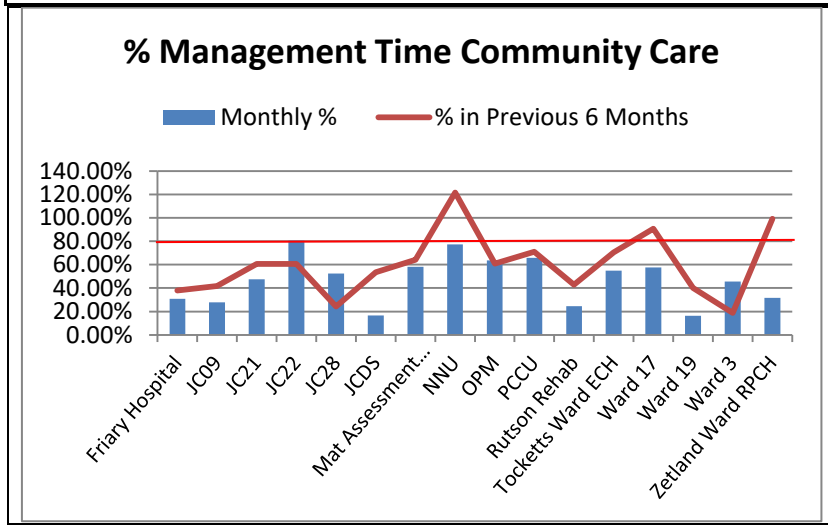
May 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Complaints	1000 voices	Quality Impacts
Ward 3	4 + 1 + 4	3 + 5	3 + 3	3 + 2	13	0	0	0	1	0	9.2	
JC09 (Ward 9)	5 + 5	4 + 5	3 + 3	3 + 3	23	4	0	4	9	1	8.9	No RSU staffing breaches
Ward 11 (Older Persons Medicine OPM)	5 + 5	4 + 7	3 + 3	3 + 5	26	4	0	2	8	0	9.1	SI – Fractured humerus.
Rutson FHN	3 + 4	2 + 3	2 + 2	2 + 2	10	0	0	0	0	0	8.7	
Tocketts Ward	4 + 5	3 + 5	3 + 4	2 + 4	20	4	0	1	5	0	9.2	
Zetland Ward	4 + 6	4 + 9	3 + 3	3 + 3	25	0	0	0	5	0	9.6	
Friary Community Hospital	3 + 4	3 + 3	2 + 1	2 + 2	11	0	0	0	1	0	9.0	

Ward 21 – Paeds	5 + 2	5 + 2	5 + 2	5 + 2	9	0	0	2	0	0	9.4	
Ward 22 – Paeds	5 + 2	3 + 2	3 + 1	3 + 1	6	0	0	2	0	0	9.4	
Central Delivery Suite	10 + 2 M- F	10 + 2	11 + 2	11 + 2	6	1	0	0	0	0		
Neonatal Unit	15 + 1	13 + 1	15 + 1	13 + 1	22	0	0	9	0	1		
Paediatric Intensive Care Unit (PICU)	4 + 0	3 + 1	4 + 0	3 + 0	1	0	0	0	0	0		
Ward 17 JCUH	6 + 2	6 + 3	4 + 2	4 + 2	23	0	0	1	0	0	9.4	
Ward 19 Ante Natal	3 + 1	3 + 1	2 + 0	2 + 0	9	0	0	0	0	0	9.2	
Maternity FHN	2 + 0	2 + 1	2 + 0	2 + 0	1	0	0	0	0	0		
Mat Assessment Unit	4 +1	5 + 2	1 + 0	2 + 0	1	0	0	0	0	0		

Patient dependency on ward 11 OPM has been higher during August and has required extra HCA and TCSW input for level 3 enhanced observation patients and those at risk of falls. Staff have been encouraged to attend the medication safety events during September.

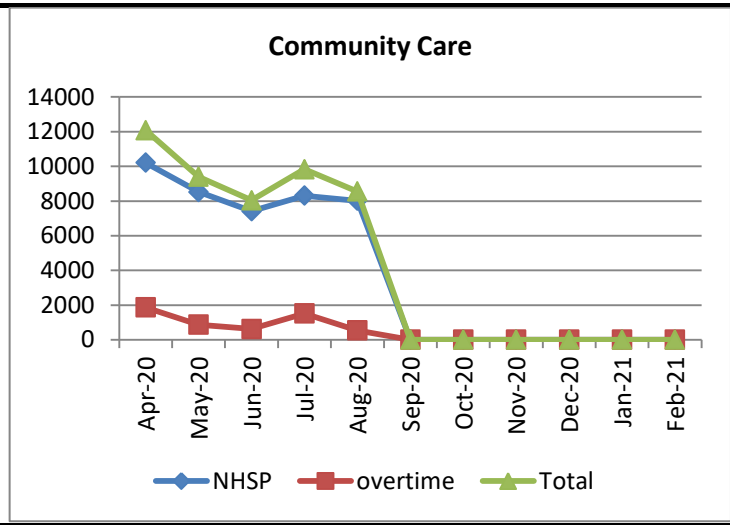
There have been no reported Respiratory Support Unit (RSU) staffing or same sex accommodation breaches during August.

The teams manning the swabbing pods are returning to their substantive activity and a dedicated POD team will be recruited to undertake this activity with help from wards and departments to fill any roster gaps. Staff should be in post by the end of September.



Management time is improving but remains variable.

Overall NHSP and overtime usage has seen a downward trend during August due to reduction in overtime.

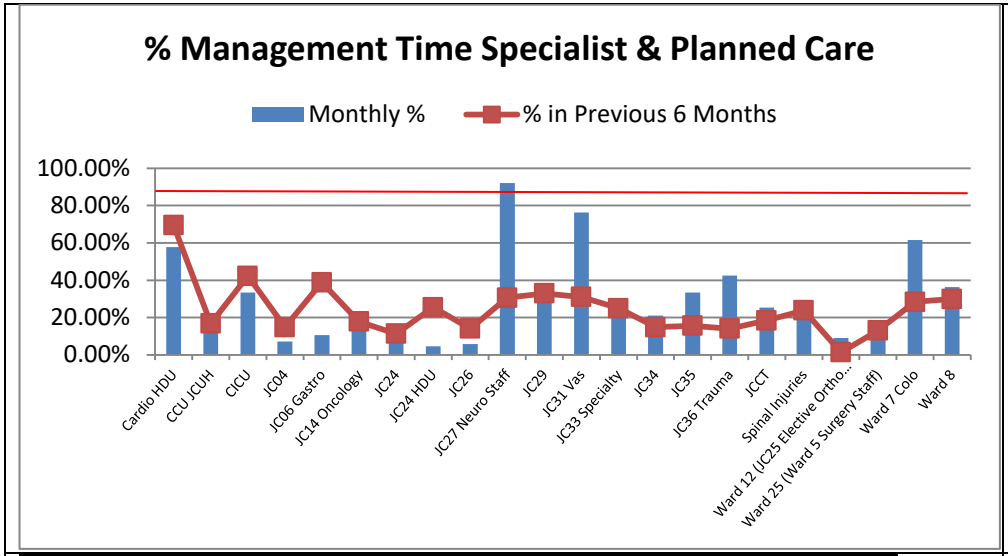


Specialist and Planned Care Centre actual worked hours against planned and professional judgement template numbers for August 2020

August 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed occ	PU 2's	PU 3's	Medication Incidents	Falls	Complaints	1000 voices	Quality Impacts
JC04 (Ward 4)	5 + 3	4 + 3	3 + 2	3 + 3	15	1	0	0	3	0	9.6	
Ward 5 Surgery (on Ward 25)	4 + 3	3 + 4	3 + 3	2 + 2	11	0	0	0	0	0	9.5	
JC06 Gastro	3 + 4	3 + 5	3 + 2	2 + 3	24	3	0	0	6	0	8.6	
Ward 7 Colo	5 + 4	4 + 5	3 + 3	3 + 3	23	0	0	5	2	0	8.9	
Ward 8	5 + 4	4 + 5	3 + 3	3 + 3	23	2	0	3	1	0	8.7	
Ward 12 (Ward 25 Staff)	5 + 4	3 + 5	3 + 3	3 + 3	16	3	0	0	6	0		
Ward 14	4 + 3	3 + 4	2 + 2	2 + 2	12	0	0	0	3	0	8.8	
JC24 (Ward 24)	4 + 3	4 + 5	3 + 2	3 + 3	17	1	0	0	1	0	9.2	
Neuro HDU	4 + 1	4 + 2	4 + 1	4 + 1	5	0	0	0	0	0		Datix have been submitted from Neuro HDU when a co-ordinator has not been present although not currently in budget it is a breach of GPICS recommendation.
JC26 (Ward 26)	3 + 2	3 + 4	2 + 2	2 + 3	14	0	0	0	1	0	9.3	
JC27 Neuro Staff	3 + 2	4 + 4 inc day unit	2 + 2	2 + 4	12	0	0	0	6	0	9.2	
JC28 (Ward 28)	5 + 3	4 + 4	4 + 2	4 + 2	12	1	0	1	1	1	9.4	
JC29 (Ward 29)	4 + 3	3 + 4	3 + 2	3 + 2	18	0	0	0	4	1	9.5	SI - Fractured humerus
Cardio MB	2 + 1	2 + 1	2 + 0	2 + 0	6	0	0	0	0	0		
JC31 Vas	3 + 4	3 + 4	3 + 2	2 + 2	17	1	0	0	4	0	9.3	
JCCT (Ward 32)	4 + 3	4 + 3	3 + 2	2 + 2	17	0	0	1	0	0	9.2	
JC33 Specialty	4 + 4	4 + 4	3 + 3	3 + 3	17	0	0	1	5	0	9.0	
JC34 (Ward 34)	5 + 5	4 + 6	4 + 3	4 + 4	26	0	0	1	2	0	9.5	
JC35 (Ward 35)	4 + 4	3 + 5	3 + 3	3 + 4	20	0	0	2	1	0	9.0	
JC36 Trauma	5 + 5	5 + 5	3 + 3	3 + 4	27	1	0	2	6	0	8.8	
Spinal Injuries	8 + 5	7 + 4	7 + 5	4 + 3	17	0	0	0	2	0		

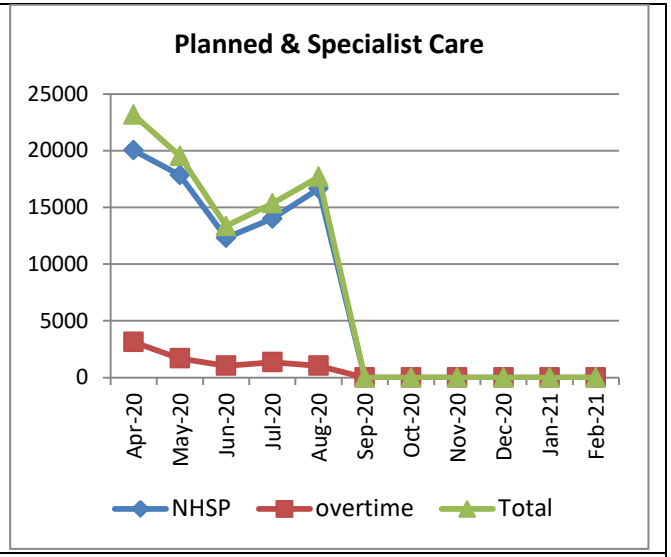
CCU JCUH	8 + 2	6 + 2	6 + 0	5 + 0	8	0	0	0	1	0	9.7	
CICU JCUH	11 + 2	8 + 4	11+ 1	8 + 3	6	1	0	1	0	0		
Cardio HDU	6 + 1	5 + 1	5 + 1	4 + 1	5	0	0	1	0	0	9.3	
Gara Orthopaedic FHN	2 + 2	2 + 2	2 + 2	2 + 0	6	0	0	1	0	0	9.7	

Inpatient surgical activity has increased during August with bed occupancy returning to pre COVID figures. Ward Managers do support staffing where required as part of their daily activity.



Management time across the centre is improving. The manager for MB is also the manager for ward 29. The Manager for ward 7 has retired and the new manager has not started. As above

NHSP and overtime has seen a slight increase during July

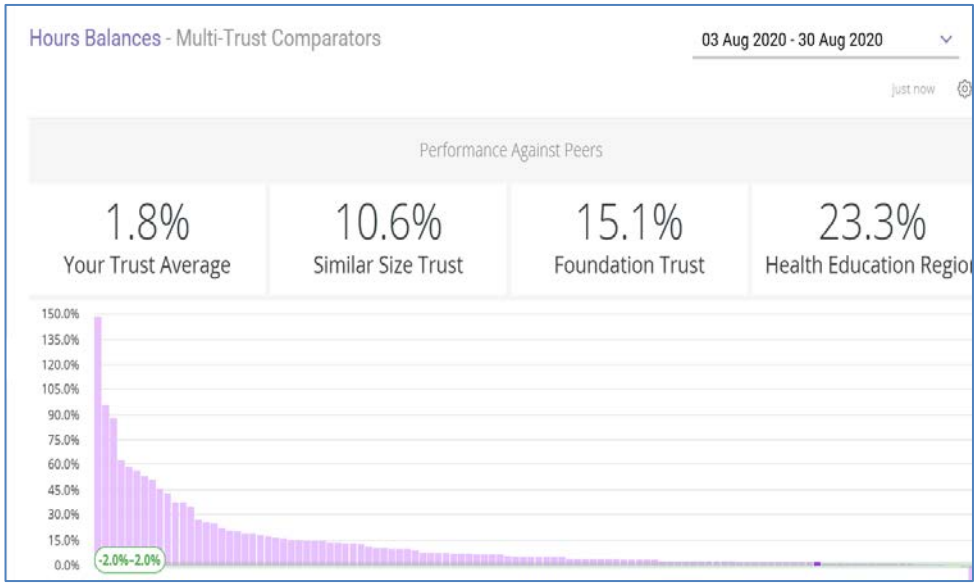
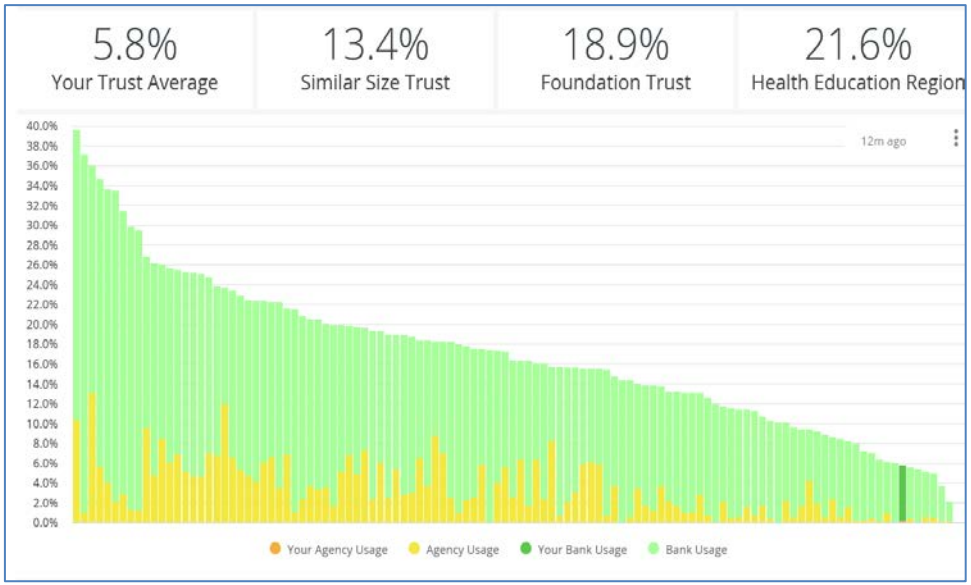


Red Flags raised during August 2020	Day	Night	Grand Total
AMBER Beds Open	2	1	3
Delay in providing pain relief	1		1
Less than 2 RNs on shift	7	1	8
Missed 'intentional rounding'	2	2	4
RED Beds Open	1		1
Shortfall in RN time	30	4	34
Vital signs not assessed or recorded		2	2
Grand Total	**43**	**10**	**53**

Matrons reviewed all red flags and solutions sought through in centre redeployment or professional discussion considering patient acuity and dependency and bed occupancy. Any unresolved issues were taken to SafeCare meetings for escalation to ADoN and group support for cross centre redeployment.

Amber beds are opened within staffing limits and red beds are unstaffed. All shifts with less than 2 RN on duty have been mitigated. Shortfall in RN time has been due in part to COVID self isolation and short term sickness.

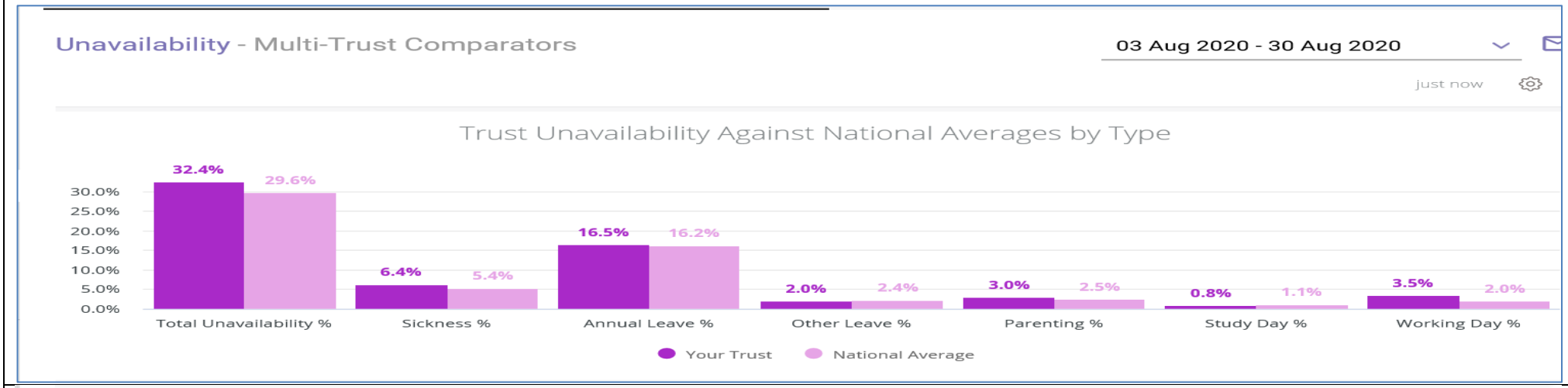
Missed international rounding's, pain relief and vital signs have been logged retrospectively and cannot therefor be resolved.

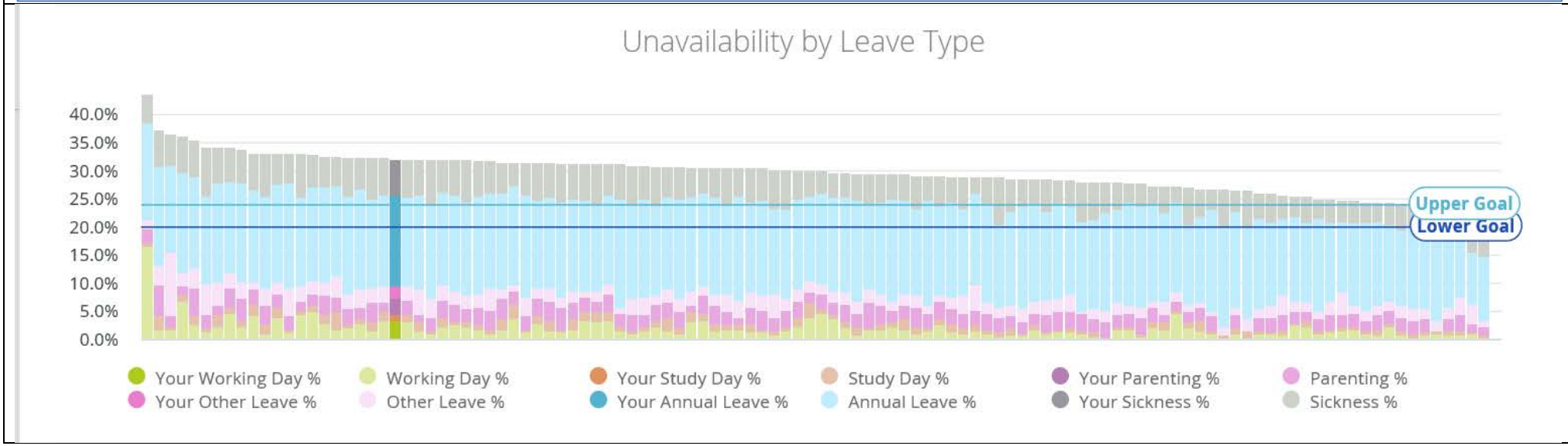
4 Weekly Hours Balance Against Peers	Temporary Staffing usage against other Allocate Peers
	
Best practice is to maintain the 4 weekly hours balance between + and – 2%.	Although higher than normal our temporary staffing remains well managed

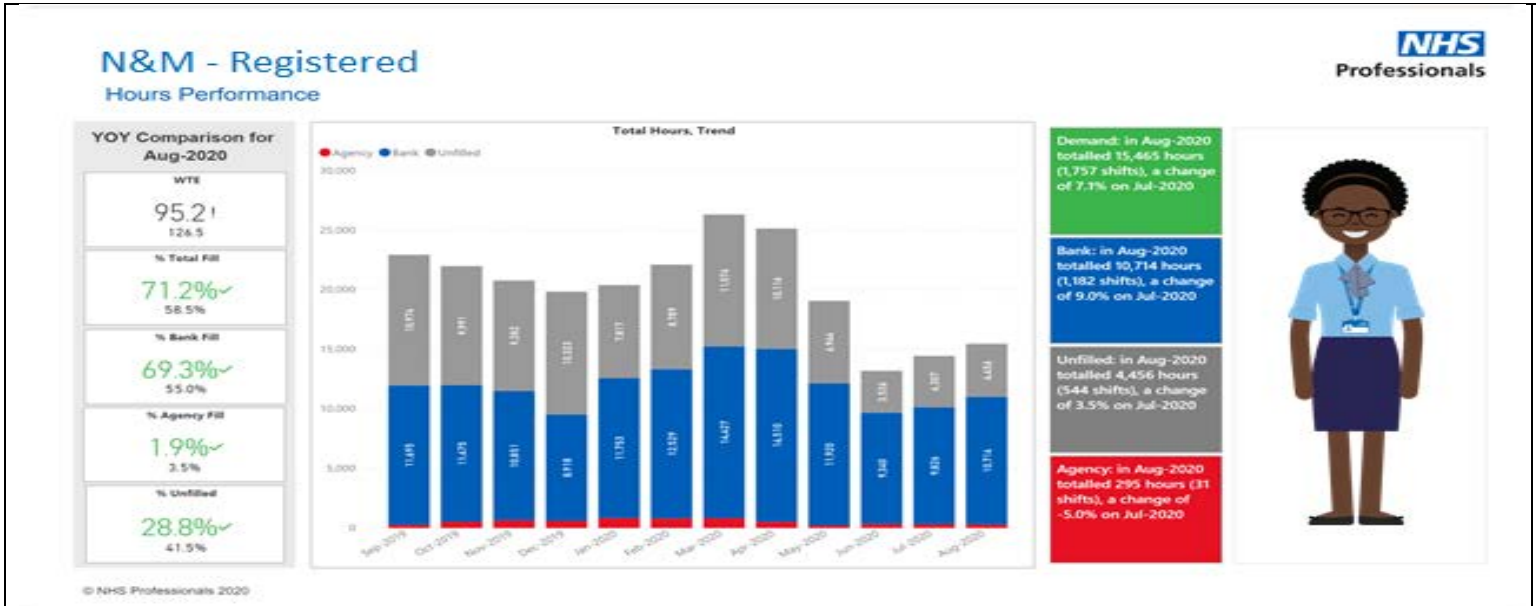
Overall unavailability of staff was 32% (same as last report) against standard Trust 21% headroom. Parenting leave is not included in the headroom and is held centrally. A targeted piece of work will be undertaken later in the year to understand the position and opportunities.

Sickness and other leave % remains slightly higher but are now in line with the National trend. Annual leave remains well managed at 16.5% against a 14% - 16% KPI target.

Unavailability Compared to Allocate National Average 3rd – 30th August 2020

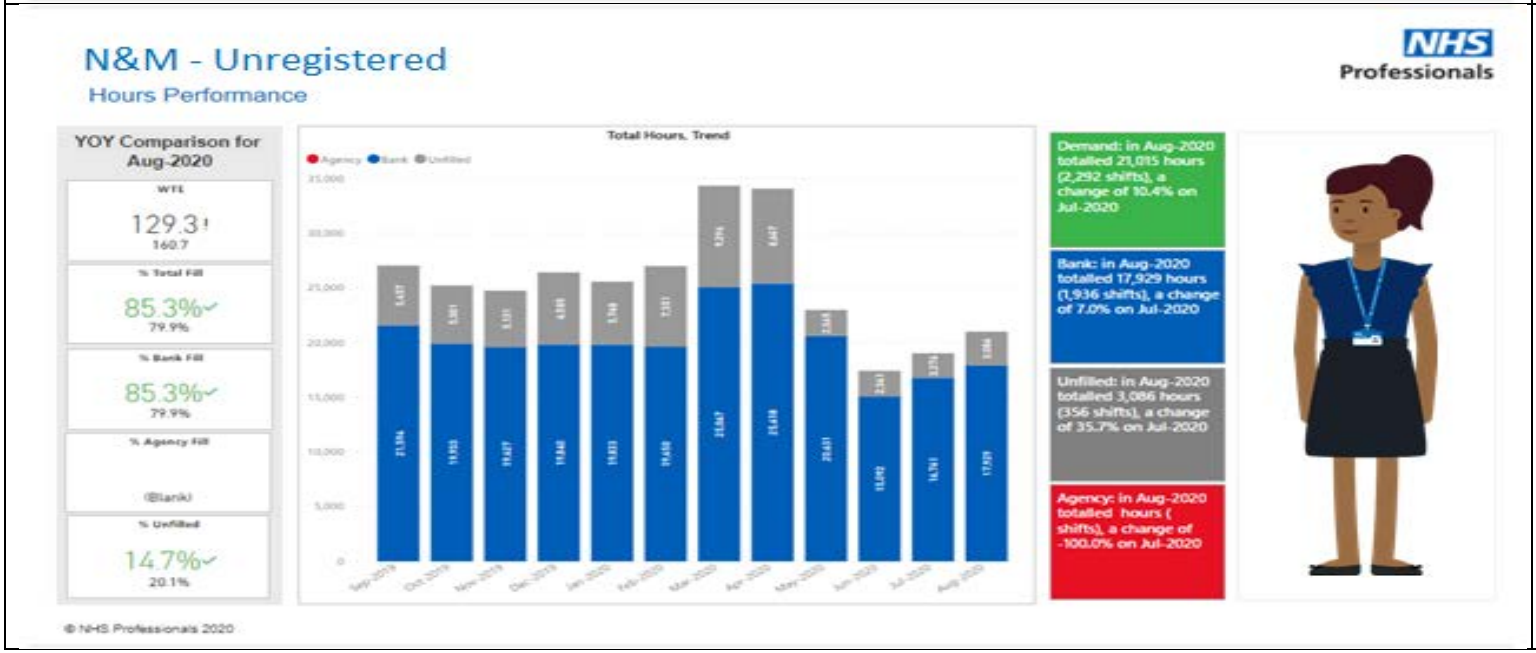






RN hours worked through NHSP and agency was 71.2% against a demand of 15,465 hours which equates to 95.2 WTE

Agency (31 shifts) have been utilised to support anaesthetics



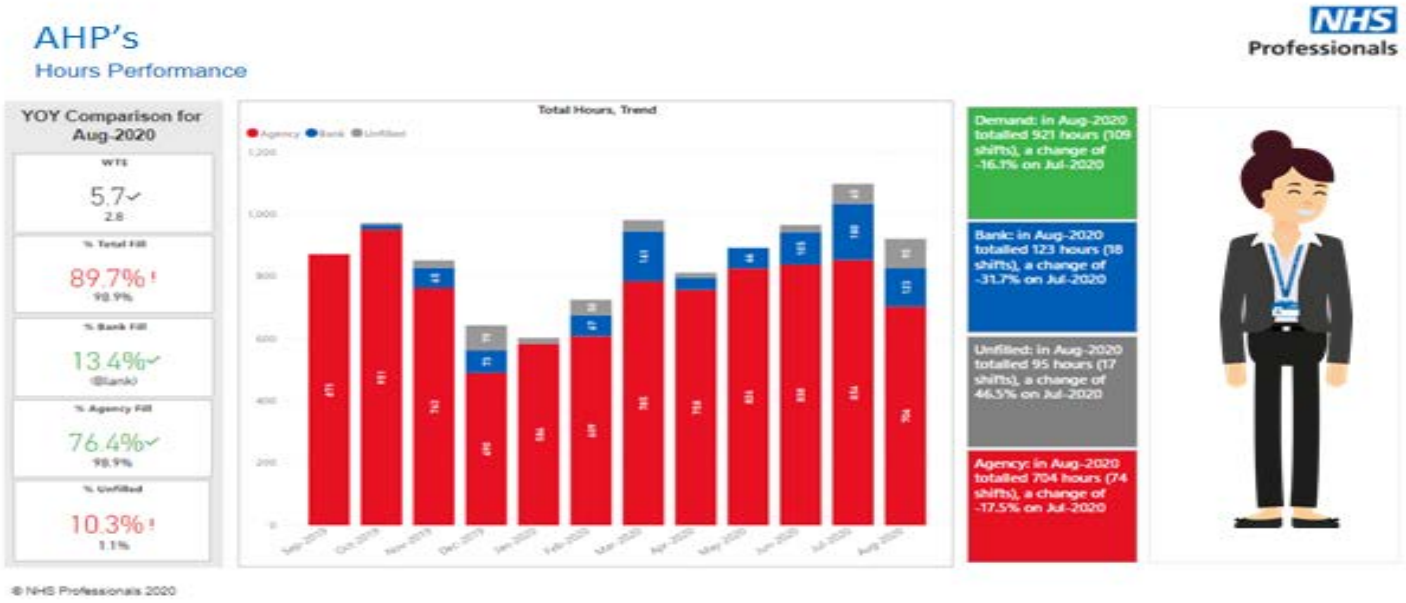
HCA hours worked through NHSP was 85.3% against a demand of 21,015 hours

There was no agency usage for HCA.

Second and 3rd year student nurses continue on paid extended placements and have contributed to reduced demand.

AHP Staffing

All AHP services utilised 5.7 wte of agency staff. This is more than AHP services have previously utilised and is attributed to difficulties in recruiting into the specialist roles and delays to recruitment logistics due to COVID -19. The expectation was that AHP staffing levels would have been better in August as a number of staff have now returned to work from shielding. The teams have however also been encouraged to use their annual leave as most of them had not done so, and the difference in staffing levels has been minimal. The capacity in outpatient AHP services remains impacted by space due to need for social distance, the use of PPE and other COVID related IPC procedures. There has been an increase in the number of face to face contacts in order to minimise harm to patients.



The physiotherapy rotational band 5 staff turnover rate since January is 50%. Most of the bands 5s have been promoted, into both permanent and fixed term posts throughout the organisation. There has also been a high staff turnover within Dietetics and it has been noted that most of the staff have left for promotion elsewhere. The services are looking to work with regional peers so that bandings for specialist services are rationalised. Appropriate training was provided and continues to be provided, to support staff working within different areas of normal practice.

The Professional leads and operational service leads work collaboratively and discuss staffing concerns whilst ensuring to ensure safe staffing establishment is maintained in all areas.

UNIFY reports for August show the following against baseline staffing;

- Critical care staffing levels are less than in the last few months. This is attributed to redeployed staff being moved back to their base areas and some sickness absences.
- Stroke services remain impacted by some long term sickness absences and other services support as needed.
- Community teams continue to see an increase in the number of referrals to services and are now actively recruiting into vacant posts.
- Speech and language therapy services continue to have difficulty filling the rota with the departure of agency staff adding to the concerns around dysphagia trained staff. The service is actively recruiting into vacant posts.
- The overall Dietetic service has met demand for August with some services continuing to provide criteria led services due to staffing constraints.

	Included in Staffing Return NHSI Submission					< 80	80-95
AHPS		**Day Hours**				**Day (%)**	
		Registered AHPs		Non-Registered AHPs		**Average fill rate - Reg AHP (%)**	**Average fill rate - Non-AHP (%)**
		Total monthly planned staff hrs	Total monthly actual staff hrs	Total monthly planned staff hrs	Total monthly actual staff hrs		
UEC	**UECC Therapists Critical Care - ICU**	1,327.50	1,084.75	157.50	120.00	81.7%	76.2%
UEC	**UECC Therapists Critical Care - Cardio**	637.50	587.00	157.50	135.50	92.1%	86.0%
UEC	UECC Therapists Front of House	2,379.50	1,891.75	754.50	612.50	79.5%	81.2%
SP&PL	**SPCT Acute Stroke**	1,177.50	562.50	645.00	330.00	47.8%	51.2%
SP&PL	SPCT Trauma & Orthopaedics	3,287.00	1,951.25	2,335.50	891.50	59.4%	38.2%
COMM	Community Therapists South Tees	6,218.00	3,844.25	3,828.00	1,661.50	61.8%	43.4%
COMM	**Community Therapists ECPCH**	1,260.00	866.50	517.50	431.25	68.8%	83.3%
SP&PL	Speech & Language Therapy	2,230.50	1,082.25	157.50	146.25	48.5%	92.9%
SP&PL	Dietitians JCUH	3,345.00	2,188.17	0.00	0.00	65.4%	-
						65.2%	69.4%

Summary

Nurse Staffing throughout August has matched the acuity, dependency and numbers of patients. There does not appear to be any direct correlation between patient harms and safe staffing levels this month.

Mandated staffing for Critical Care, RSU and Stroke have been maintained although Neuro HDU has not had a shift co-ordinator on every day. Redeployment has been undertaken to support safe staffing across all centres and student nurses are returning to supernumerary placements from the 1st September. The deployment of students has been a successful activity and very much appreciated by ward/dept staff during COVID.

Students qualifying in January 2021 will attend an assessment centre in September and the lifting of International travel bands will see the arrival of 10 nurses in September. These staff will be deployed into Critical Care, Surgery and Medicine.

Review of beds closed due to COVID social distancing have been undertaken as part of our Staffing through COVID process and agreed through Workforce Assurance and the Strategic Group.

There is a risk to safe staffing from COVID self-isolation and sickness for all staff groups which is as yet unknown. Close monitoring and agile actions will be required to mitigate risks. This action may include the requirement to over recruit for a short period of time which will have obvious financial implications.

References

Department of Health (2016) Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. An independent report for the Department of Health by Lord Carter of Coles
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Safe, sustainable and productive staffing in maternity
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Safe, sustainable and productive staffing for neonatal care and children and young people's
services https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_Neonatal_mYLJCHm.pdf

Safe, sustainable and productive staffing in urgent and emergency
care https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_urgent_and_emergency_care.pdf

South Tees Hospitals NHS Foundation Trust

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 6 OCTOBER 2020			
Trust Wide Draft Patient Safety Incident Response Plan			**AGENDA ITEM: 9, ENC 5**
Report Author and Job Title:	Kay Davies Patient Safety & Legal Services Lead Linda Doidge, Quality Assurance and Compliance Lead Ian Bennett, Head of Patient Safety & Quality	**Responsible Director:**	Deirdre Fowler, Interim Director of Nursing & Midwifery, Adrian Clements, Sath Nag & David Chadwick, Medical Directors
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	This report provides information on the draft action plan that has been developed to outline the work that the Trust is undertaking to address patient safety		
Background	There are several strands of work currently within the trust to improve the patient safety culture and ensure there is learning from incidents. This action plan brings together the actions into one overarching action plan using the following themes: organisational governance –ward to board; organisational learning, training and education; process and policy and cultural change.		
Assessment	The Patient Safety Incident Response Framework (PSIRF) is a key part of the NHS Patient Safety Strategy published in July 2019. It supports the strategy's aim to help the NHS to improve its understanding of safety by drawing insight from patient safety incidents. The PSIRF responds to calls for a new approach to incident management, one which facilitates inquisitive examination of a wider range of patient safety incidents "in the spirit of reflection and learning" rather than as part of a "framework of accountability" informed by feedback and drawing on good practice from healthcare and other sectors. This supports a robust response to patient safety; anchored in the principles of openness, fair accountability, learning and continuous improvement. The action plan will ensure that organisational learning is improved in line with the new PSIRF. A major focus of the Patient Safety Incident Response Plan will be the cultural change needed in the development of a 'just' culture. This will focus on the work currently being undertaken to improve the incident reporting culture and also build on some of the work that is taking place in HR to refresh of the Trust's vision and values. The main issues that are being addressed are: • Ensuring there is a cultural change within the Organisation • Reviewing Floor to Board Governance • Strengthening Organisational Learning		

	• Training and education available to all staff • Strengthen process and policies The actions on the plan will be monitored monthly via the Patient Safety Sub Group (PSSG) and any risks escalated to Quality Assurance Committee (QAC) as appropriate. Actions will also be discussed internally at centre clinical standards groups and externally with regulators including the CQC and CCG. The key to success in the delivery and implementation of this action plan will be engagement and ownership of the changes required by staff at all levels in the organisation and that we can evidence this learning by demonstrating that this has been embedded across the organisation. The Trust is planning an audit of the safer surgery action plan, which includes actions relating to LocSSIPs, since these are currently risks to the organisation.	
Recommendation	The Board of Directors are asked to note the content of this report and support the actions planned in the draft action plan to improve patient safety and address issues identified.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	2.1(2) - 2. Due to gaps in compliance in medication practice there is a risk of avoidable patient harm leading to reputational damage 2.3 - Ability to learn from Serious Incidents, complaints, clinical audits and external reviews to improve on quality and patient safety 2.4 - Ensure an open and transparent safety culture that supports organisational learning and quality improvement	
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 ☒	Excellence in employee experience ☐
	Drive operational performance ☐	Long term financial sustainability ☐
	Develop clinical and commercial strategies ☐	

South Tees Hospitals
NHS Foundation Trust

Patient Safety Incident Response Plan - Overview and Ambitions

• This is an overarching action plan to outline the work that the Trust is undertaking to address patient safety and maintain its focus and commitment to improving patient safety.

This work will link to the The Patient Safety Incident Response Framework (PSIRF) which is being launched by NHSE later this year and will be rolled out nationally during 2021.

• A major focus will be a continuation of the positive culture change within the organisation.

• The action plan will ensure training and education is developed through floor to board governance.

• The action plan will ensure that organisational learning is improved in line with the new patient safety incident response framework 2020 and that where learning is identified in one area this will be shared across the trust to prevent a recurrence of similar incidents. The action plan is aligned to the trust's quality priorities 2020/21.

• The actions will be monitored monthly via Patient Safety Sub Group (PSSG) and any risks escalated to Quality Assurance Committee (QAC) as appropriate. Actions will also be discussed internally at centre clinical standards groups and externally with regulators including the CQC and CCG.

• The key to success in the delivery of this action plan will be engagement and ownership of the changes required by staff at all levels in the organisation and that we can evidence this learning by demonstrating that it has been embedded across the organisation.

Patient Safety Incident Response Plan - DRAFT

NHS South Tees Hospitals NHS Foundation Trust

Ref	Issue	Value/Objective	Action	Exec Sponsor	Lead(s)	Due Date	Completed	Evidence Required	KPI/ Success Criteria	Progress
Organisational Governance - Ward to Board										
1	To review Floor to Board Governance	Ensure there are robust Organisational Governance arrangements from Ward to Board	To review ToR for PSSG to understand centre arrangements and to ensure patient safety ownership sits within the clinical areas. Ensure key staff in each area are enabled to provide more visible robust and resilient leadership.	Deirdre Fowler	Ian Bennett Kay Davies DoN&M MD's	July 2020	In Progress	Revised TOR Agendas and minutes of meetings, centre board agendas and minutes. Agreed governance centre arrangements.	Revised group in place in accordance with TOR. Annual report of PSSG. Chairs log from centre board. Evidence of increased involvement of key staff with a variety of professions involved with investigations and responding to incidents.	
1.1			To host a workshop with key stakeholders	Jackie White	Ian Bennett Jackie White Jennie Winnard	Jun-20	Yes	Workshop attendance. Action plan - development and implementation. Feedback from stakeholders.	Workshop taken place.	
1.2			To Implement the agreed model in centres for Operational performance and Quality and Patient Safety	Johanna Reilly	Ops Directors ADoN's	August 2020	In Progress	Minutes from meetings and action plan within centres developed and implemented	Evidence of learning and sharing. Reduction in Never Events and fewer incidents of a similar nature. Fewer outstanding and overdue actions for RCAs.	SPCC has confirmed it is working to the agreed terms of reference and business cycle that was circulated by Jackie White, Head of Governance in April 20.
1.3			To evaluate the effectiveness of the implemented model	Johanna Reilly	Ops Directors ADoN's	February 2021	In Progress	Evaluation and improvements in performance in the areas identified	cross section of feedback from staff at all levels. Review of notes and actions from meetings	
Organisational Learning										
2	Organisational Learning needs to be strengthened	Safer Surgery Work stream to be aligned with the new 'Families'	Safer Surgery Group membership to be extended to involve all specialties and to meet regularly to move forward work streams	Adrian Clements /Sath Nag	Barney Green Louise Fleming	Aug-20	In Progress	TOR of Safer Surgery Group Agenda and minutes of meeting, evidence of attendance from all specialties	Reduction in SI's and Never Events relating to safer surgery	Safer Surgery Group met in August
2.1		Continue to monitor incident themes, triangulation of data and optimise Datix functionality	Review content of SI report. Include data on claims and coronial. Ensure Datix functionality is optimised	Deirdre Fowler	Ian Bennett Kay Davies	Sep-20	In Progress	Notes from the review meeting re the content of the SI report. SI Reports include the additional information . Roll out of the integrated governance performance report ensuring data matters.	All reports going forward will include this information. Reduction in thematic Sis relating to similar issues. Integrated governance report rolled out across the organisation	Revised SI / Legal Report for September meetings
2.2		Understands the correlation between complaints not upheld and successful claims	Review Claims and complaints to understand links between successful claims which were not upheld as complaints	Deirdre Fowler / Adrian Clements / Sath Nag	Ian Bennett Kay Davies Jen Olver	Sep-20	In Progress	Review of all successful claims and complaint responses. Written SOP for managing this going forward. Review of themes/trends arising and lessons learnt from these reviews. Review of all complaints including upheld and not upheld to identify learning	Correlation between the complaint final grading (i.e. upheld) and successful outcome of a claim. Reduction in successful claims	Initial meeting held - monthly meetings to be arranged.
2.3		Ensure there is learning across the organisation from incidents	Develop ways of sharing learning from incidents, Network with other Trusts and experts to understand their approaches	Deirdre Fowler / Adrian Clements / Sath Nag	Ian Bennett Kay Davies Chris Bridle Barney Green	Sep-20	In Progress	Communication of agreed process and evidence of implementation . Changes in practice	Newsletter or agreed form of communication . Staff feedback on awareness of incidents. Reduction in repeat occurrences of similar incidents	
2.4			Develop & Distribute a Safety Alert / Update whenever relevant on discovery of an SI, SLE or Never Event	Deirdre Fowler	Ian Bennett Kay Davies	Sep-20	In Progress	Safety alert update issued. STAQC accreditation demonstrating learning from incidents	All relevant SI's, SLE and Never Events have a safety alert issued. Staff can articulate awareness of specific safety alerts and safety incidents	in progresss and implimented
2.5		Ensure action plans from SI's are SMART and that there is a robust process in place to ensure actions are implemented within agreed timescales	To clear backlog of historic actions from Serious Incidents	Deirdre Fowler / Adrian Clements / Sath Nag	Kay Davies QBP's	Jul-20	In Progress	Evidence that actions have been completed and closed. Review of current processes to identify if these need refining	To monitor the achievement of this action at the Quality Wall. Reduction in the number of open actions and monitoring timescales for completion of action. SMART Action plans in line with local guidance.	Action tracker has been developed. Sharing at centre Board meetings / PSSG.

Patient Safety Incident Response Plan - DRAFT

South Tees Hospitals NHS Foundation Trust

Ref	Issue	Value/Objective	Action	Exec Sponsor	Lead(s)	Due Date	Completed	Evidence Required	KPI/ Success Criteria	Progress
2.6		To ensure staff are aware of the importance of near miss reporting	Improve Near Miss Reporting within the trust	Deirdre Fowler / Adrian Clements / Sath Nag	Ian Bennett Kay Davies	Aug-20	In Progress	Increased reporting of near misses ? Obtain staff understanding via STAQC and other mechanisms	Increase reporting of near misses across the trust. Feedback from staff that they know what a Near Miss is and why they need reporting.	
2.7		Learning and best practice should be shared at key meetings from floor to board	Develop communication strategy	Mark Graham / Deirdre Fowler / Adrian Clements / Sath Nag	Ian Bennett Kay Davies	Sep-20	No	Communication strategy in place	Staff aware of the strategy and can talk about key meeting they attend where learning is shared.	Patient Safety Influencers paper shared
2.8		Ensure learning is shared via a number of forums	Attend Matrons Forum and Ward Managers Forum and CPG monthly to share learning	Deirdre Fowler / Adrian Clements / Sath Nag	Ian Bennett Kay Davies	Sep-20	In Progress	Evidence of attendance and increased visibility at these forums and learning shared. Safety@south tees distributed monthly	People are aware of Sis that have occurred in other areas. Monthly safety bulletins issued. STAQC Accreditation visits and achievements	Safety@SouthTees, Matrons Forum. Learning Slide QBP's to CPG, monthly qualiy and and safety bulletins
2.9		Ensure there is a rapid review of incidents and complaints so that immediate action can be taken where required	To review the weekly safety and quality wall and ensure develop a rapid review of incidents and complaints to identify themes and immediate interventions required	Deirdre Fowler / Adrian Clements / Sath Nag	Ian Bennett Kay Davies Jen Olver	Jul-20	In Progress	Process in place and evidence that immediate actions have been taken where required	List of interventions that have taken place	Rapid Review each Monday. Weekly Slide for Quality Wall
Training and Education										
3	Training and Education needs to be available to all staff	Commence preparations to implement the Trust response to the Patient Safety Incident Response Framework	Engage with external trainer to arrange a training package to deliver bespoke package of training.	Deirdre Fowler / Adrian Clements / Sath Nag	Chris Bridle	Oct-20	No	Training package developed and training records	Agree the number of staff to be trained. Increase in incident reporting	
3.1		Agreed training and education programme	Develop timetable for training and execute roll out . Part of the training is delivered by training and development and will restart in Sept. The clinical component and PSIRF specific training is to be delivered by the patient safety team.	Deirdre Fowler / Adrian Clements / Sath Nag	Ian Bennett Jennie Winnard	Oct-20	In Progress	Timetable for training in place and training records of attendees	Agree the number of staff to be trained. Training and development delivered as per agreed schedule.	
3.2		Ensure staff are aware of what good behaviour are and the culture is, in relation to patient safety and incident reporting	Modelling Good behaviours - videos? STRIVE are running the culture review work which will be shared Trust wide. All future 'external providers will be filmed and their sessions available via video wall and on line.	Deirdre Fowler / Adrian Clements / Sath Nag	Ian Bennett Jennie Winnard	Oct-20	No	Training package and records	Agree the number of staff to be trained. Completion of the culture work and evidence that this has been shared trustwide. Evidence that external provider sessions are available via video wall and on line and that staff are able to access them.	
3.3		Hold a Safer Surgery and patient safety Day to discuss issues and areas of concern	To work with STRIVE to explore possibilities of rearranging the Safer Surgery day using technology. Consequence UK were engaged in Dec 19 and the session plan has been agreed. The first full patient safety day will take place on 10th November 2020 and a draft agenda has been produced and is being discussed. It has been agreed at CPG to have 3 such days per year and provisional dates for March and July have been agreed.	Deirdre Fowler / Adrian Clements / Sath Nag	Jennie Winnard Ian Bennett	TBC	No	Action plan developed and implemented. Records of attendance and discussions	To hold a safer surgery day. Dates confirmed with Consequence UK and sessions delivered as agreed. Evidence that session on 10th November has taken place and list of attendees and agenda. Publication of future dates for patient safety day.	
3.4		Staff will be aware of the human factor issues within patient safety	Reintroduce Human Factors training and education	Deirdre Fowler / Adrian Clements / Sath Nag	Chris Bridle	Sep-20	In Progress	Training records of sessions provided and attendance	Agreed number of staff trained in human factors	Human Factors training has recommenced. Over 100 staff have been through the training thus far and all sessions for this calendar year are fully booked. HF faculty is in development and growing.

Patient Safety Incident Response Plan - DRAFT

NHS South Tees Hospitals NHS Foundation Trust

Ref	Issue	Value/Objective	Action	Exec Sponsor	Lead(s)	Due Date	Completed	Evidence Required	KPI/ Success Criteria	Progress
3.5			Use of Simulation Training to improve outcome and learning	Deirdre Fowler / Adrian Clements / Sath Nag	Chris Bridle	Sep-20	In Progress	Training records of sessions provided and attendance	Agreed number of staff trained.	Simulation is now operational. Fully immersive simulation suite is functional. New simulation fellow appointed in August and developing SiM programme.
3.6		Ensure that there are knowledgeable staff available to support staff with incident reporting and management of incidents	Introduce Patient Safety Influencers and the role of the Patient Safety Specialist	Deirdre Fowler / Adrian Clements / Sath Nag	Kay Davies CD's Matrons	Sep-20	No	Patient safety influencers identified. Clear definition of roles. Patient safety specialist in post.	Patient Safety Influencers in place as per agreed process. Increase in incident reporting including low reporting groups i.e. medics. Increased visibility across all departments and increased knowledge at wards/departmental level of incidents.	
Process and Policy										
4	Process and Policy needs to be strengthened	Roll out Datix Cloud IQ to facilitate incident reporting	Implement Datix CloudIQ with associated investigation tools	Steve Mason	Kay Davies IT Project Manager	Sep-20	In Progress	Datix Cloud IQ implemented across the Trust. Agreed policy and process in place	Implementation plan actioned. Increase in incident reporting specifically low reporting groups	Datix Cloud implenattaion is progressing. Work is contining on the development of each of the modules. Awaiting linking of Cloud to Camis and conversations in respect of data warehouse is continuing.
4.1		Review of LocSIPPS work	LocSIPPS group to meet to rationalise LocSIPPS	Adrian Clements / Sath Nag	Iain Greener Barney Green	Jul-20	In Progress	Agendas and minutes of meetings	Audits completed to demonstrate compliance and action plans in place where issues of non-compliance are identified	The Locsip lead is attending CPG in Oct to present the new staderdised concept of Locsip in readiness for the patient safety away day in November.This has been delayed due to Covid-19.
4.2		Ensure LocSIPPS are progressed according to agreed timescales	Prepare a report detailing progress made with LocSSIPs and share internally and externally	Adrian Clements / Sath Nag	Iain Greener Barney Green	Aug-20	Yes	Report produced and shared internally and externally. Evidence of implementation of actions	All LocSSSIPs are in the same format, Staff have been briefed on the new format and know how to access them. Audits undertaken to demonstrate full compliance. Action plans implemented where issues identified	Report has been presented at QAC in July with a position statement and current audit status.
4.3		Ensure there is a robust audit process for the management of LocSIPPS audits	Review the LocSIPPS audit process	Adrian Clements / Sath Nag	Iain Greener Barney Green Maria Taylor	Sep-20	In Progress	Process in place. Clinical audit annual programme.	All LocSSIPs audits included in the clinical audit annual programme and where issues identified a SMART action plan will be developed and implemented including reaudit. This will commence when first cycle is completed.	There has been a meeting held with the clinical audit facilitator to discuss the design of forthcoming locsips and a process has been agreed. This has been delayed due to staffing issues and capacity within the clinical audit department
4.4		Ensure there are robust Incident reporting policies and processes in place	Review the Incident Reporting Policy (G60) and SI and Never Event Investigation Policy (G60b) including the RCA Toolkit	Deirdre Fowler	Ian Bennett/Kay Davies	Sep-20	In Progress	Policy review completed and associated SOPS developed.	Policy published and disseminated to staff. Awareness raising sessions held to ensure staff are aware of the policy and associated processes.	G60b DoN has made amendments to the policy which require review and implementation.
4.5		Ensure that there is a robust process for providing feedback to staff who have reported an incident	Provide robust and timely feedback to incident reporters	Deirdre Fowler / Adrian Clements / Sath Nag	Kay Davies QBP's	Sep-20	No	Agreed process in place for this and evidence that this is being adhered to. Audit records	All reporters that request feedback will be provided with feedback when the incident is finally approved. Policy in place. Audit to show incidents closed and feedback to reporter within agreed timescales depending on the type of incident.	Automated within Datix Web.
Culture and Behaviours										
5		To understand and improve the Culture of the Organisation	Introduction of quality improvement learning. It is recognised that cultural change is going to take 3-5 years.	Sue Page	Jennie Winnard Ian Bennett	Sep-20	In Progress	Evidence of implementation of this.	Reduction in Never Events that involve culture where there has been communication issues. Evidence that quality improvement learning has commenced and evidence of commitment to the programme.	
5.1		Consider the implementation of the model of 'civility saves lives' across the Trust	Civility Saves Lives model to be reviewed to determine its use within the trust. This will be included in both the safety day and then separately via OD to look at civility ambassadors.	Deirdre Fowler	Deirdre Fowler/Ian Bennett	Sep-20	No	Evidence of outcome of review and implementation if agreed. Staff survey results.	Improvement in staff survey scores in specific areas relating to an open and honest culture. Evidence this has been included in the safety day. Appointment of civility ambassadors.	

Patient Safety Incident Response Plan - DRAFT

NHS
South Tees Hospitals
NHS Foundation Trust

Ref	Issue	Value/Objective	Action	Exec Sponsor	Lead(s)	Due Date	Completed	Evidence Required	KPI/ Success Criteria	Progress
5.2	To ensure there is a cultural change within the Organisation	Ensure staff are aware of how to report concerns and the Freedom to speak up process	Implement new Freedom to Speak Up Model	Deirdre Fowler	Ian Bennett	Sep-20	In Progress	New model in place. Communication strategy so staff aware of new processes and who the leads are.	Evidence that staff are reporting Freedom to speak up concerns. Staff receive feedback when requested. Increase in the number of concerns reported via this mechanism. FTSU guardians appointed and visible to staff across the organisation and staff know who the new FTSU guardians are	
5.3		To encourage staff to report where things have gone well as well as issues of concern	To further develop excellence reporting	Deirdre Fowler	Jennie Winnard Ian Bennett	Jul-20	In Progress	numbers of incidents reported	Month on month increase in incident reporting and improvement in staff survey culture scores.	
			Continue to promote STARS reporting and commence STAR awards. Implement learning from STARS.	Deirdre Fowler	Jennie Winnard	Apr-21	in progress	Evidence that STARS is being well utilised, number of STARS reporting, number of awards, evidence of learning from STARS	Increase in STARS reporting and the number of awards. Evidence of learning.	
5.4		Ensure that work takes place with staff to improve the learning culture of the organisation	Analyse staff survey and Patient feedback to understand our Culture and develop mechanisms to make change	Sue Page	Rachael Metcalf Jane Herdman	Sep-20	In Progress	Staff survey results. Review of patient feedback. Action plan in place to address issues identified.	Agree the target percentage going forward for the staff survey. Roll out of updated visions and values across the Trust and staff are aware of these	
5.5		Ensure that there is patient involvement in patient safety issues and investigations	To involve patients in investigations of serious and SLE incidents	Deirdre Fowler	Jen Olver/Kay Davies	Jul-20	In Progress	Duty of candour paperwork and communication. Minutes of PSSG and other meetings. Patient stories.	Increase in the number of incidents where patients are involved in investigations.	Amend Duty of Candour paperwork to inlude asking patient / relative for their input into the investigation
5.6		Consider the inclusion of patient safety in future JD's to ensure patient safety is everyone's responsibility	Discussion with HR re the possibility of patient safety being included in future JD's	Deirdre Fowler	Ian Bennett/Kay Davies	Aug-20	No	Meeting has taken place and an implementation plan agreed.	Patient safety included in all future JD's or a standard strap line included.	To discuss with HR and also as part of revised medical leadership structure
5.7		Undertake a baseline assessment of the Organisation's safety culture	Understanding our safety culture using a tool such as the Manchester Patient Safety Framework	Deirdre Fowler / Adrian Clements / Sath Nag	Deirdre Fowler Ian Bennett	Sep-20	No	Use of a tool such as the Manchester Patient Safety framework to provide baseline assessment. Development and implementation of action plan	Baseline assessment completed in all wards/departments	

MEETING OF THE TRUST BOARD OF DIRECTORS – 6 OCTOBER 2020			
PEOPLE PLAN			**AGENDA ITEM: 9, ENC 5**
Report Author and Job Title:	Rachael Metcalf HR Director	**Responsible Director:**	Rachael Metcalf HR Director
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report provides details of the implementation plan requirement to fulfill the commitments within the People Plan.		
Background	'We are the NHS: People Plan 2020/21 action for us all' was published on Thursday 30 July 2020 alongside the People Promise. This included 4 specific commitments: Looking after our people – with quality health and wellbeing support for everyone Belonging in the NHS – with a focus on tackling the discrimination that some staff face New ways of working – effective use of the full range of our people's skills and experience Growing for the future – how we recruit, train and keep our people, and welcome back colleagues who want to return The purpose of this report is to provide assurance to the Board that the Trust has reviewed the 44 actions pertaining to NHS Trusts in the National People Plan and has plans in place to ensure delivery.		
Assessment	The Trust will monitor the actions required from the National People Plan through groups already established and will incorporate the actions into our strategic plans already established for EDI, Health and Wellbeing, Engagement and our culture ambassadors. Whilst the People Plan identifies a number of key actions, as a Trust we have already considerable work underway to need the requirements. Our flu campaign is well established and we are confident we are able to offer 100% of our healthcare workers the vaccination. We are 100% compliant with our BAME risk assessments and are offering all staff the opportunity to have a health risk assessment. Our values work is concluding the initial stages and we have a		

	detailed plan in place to embed these values.	
Recommendation	Members of the Board as asked to note the content of the report.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 5.2 - Ineffective engagement with the workforce may result in low staff morale, leading to poor outcomes & experience for patients; less effective teamwork; reduced compliance with policies and standards; high levels of staff absence; and high staff turnover. BAF 5.3 - Lack of an Inclusive and open culture impacts on staff morale, staff engagement and patient care	
Legal and Equality and Diversity implications	The People Plan is designed to improve equality through the reduction in variation between different staff groups.	
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒
	Drive operational performance ☐	Long term financial sustainability ☐
	Develop clinical and commercial strategies ☐	

People Plan

1. Background

The NHS People Plan was published at the end of July 2020 'The NHS People Plan 2020/21'. There are 4 specific commitments within the People Plan:

Looking after our people – with quality health and wellbeing support for everyone

Belonging in the NHS – with a focus on tackling the discrimination that some staff face

New ways of working – effective use of the full range of our people's skills and experience

Growing for the future – how we recruit, train and keep our people, and welcome back colleagues who want to return

The overarching message of the plan is that the NHS needs 'more people, working differently, in a compassionate and inclusive culture'.

Our People Promise is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.

The Annual NHS Staff Survey will be redesigned to align with Our People Promise.

The plan sets out the immediate actions required for the remainder of 20/21, with a view to those actions being taken forward after announcement about future funding levels for health training and workforce in Autumn's Comprehensive Spending Review.

2. Immediate Actions for the Trust

Immediate areas for focus and action include:

Looking after our People

- Continuing to provide PPE, flu vaccination, risk assessments for all staff

- A health and wellbeing conversation for every member of staff, with access to enhanced psychological and respite support as needed
- Flexible working by default, from day one
- Agile approach to workforce solutions, exploring how we can increase the levels of flexibility through alternative approaches to working patterns

Belonging to the NHS

- Our values are now defined as Supportive, Respectful and Caring. We will embed these values into our values based recruitment, appraisal, exit interviews and well being conversations.
- As a region we have developed a 'collective promise' to our Black, Asian and minority and ethnic colleagues and communities, which links with our EDI strategy and network groups. Appendix 1.

New Ways of Working

- Making greater use of skill-mix
- More efficient deployment
- Greater access to online training for staff

Growing for the Future

- Expanding training
- International recruitment and increased numbers returning to practice
- Improving retention including through offering flexible/remote working
- Continuing to develop our Apprenticeship Programme
- Support and enhance our Volunteers

3. Regional Approach

There is a requirement for systems (ICS/STPs) to develop their own people plans and the continued suggestion that the workforce operating model will be developed to systems. The initial regional People Plan response can be found in Appendix 2.

As an ICP we have agreed to work collaboratively to assess any skills gaps and agree system wide action to address them. We have recently developed a partnership with Tees Valley Combined Authority and aim to work together with schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers. A key focus will be to develop workforce sharing agreements enabling staff movement toolkit and adopt the digital passport.

4. Next Steps

Within each commitment there are a number of initiatives and opportunities for Trusts to implement. 44 actions have been identified for the Trust to review and ensure commitment to the People Plan. To ensure all actions within the NHS People Plan are addressed a log of requirements has been developed Appendix 3. This will be incorporated into our current People Strategies and monitored through our EDI

Committee, Health and Wellbeing Group, Engagement Group and Joint Partnership Forum with regular assurance provided to the Workforce Committee.

The actions set out in the NHS People Plan are consistent with the plans already set out in our Staff Survey Action Plan and People Strategies. Work is underway to finalise the South Tees People Plan, which will incorporate the NHS People Plan and our OD and Education strategy.

2020/21 People Plan Actions

Key	
	Not achieved and now overdue
	Risk of non-achievement
	On track for achievement
	Completed

The NHS needs **more people, working differently, in a compassionate and inclusive culture.** This involves:

Looking after our people
Creating an organisational culture where everyone feels they belong
New ways of working and delivering care
Growing the workforce for the future

		Control Number	Actions	Sponsor	Management Lead	Target date	Progress to Date	Hyper link to supporting document	Status
	Health and Wellbeing	1	Put in place effective infection prevention and control procedures	Director of Nursing		Ongoing	Following of PHE guidance - ie., wearing of masks and maintaining an appropriate distance		
		2	Ensure all staff have access to appropriate personal protective equipment (PPE) and are trained to use it.	Director of Nursing		Ongoing	Supply of PPE available including masks to all buildings - training provided to staff as appropriate		
		3	All frontline healthcare workers should have a flu vaccine provided by their employer.	Director of HR		31/10/2020	Flu plan developed and presented to SLT with a target trajectory of 100%. Flu champions have been released from their substantive role to ensure optimum performance. Booking system has been developed		
		4	Ensure roll out programme available in anticipation of COVID vaccine	Director of HR		31/12/2020	Plan in development - anticipated to be similar to flu		
		5	Complete risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, and take action where needed.	Director of HR		30/09/2020	All staff were offered a risk assessment and the Trust is 100% compliant with our BAME colleagues. Additional criteria for staff with underlying conditions has been published by Public Health England and the Trust are contacting all staff in an attempt to identify those who are at higher /medium risk to ffer a discussion with line manager /risk assessment /OH referral		
		6	Ensure people working from home can do safely and have support to do so, including having the equipment they need	Director of Estates Health and Safety		30/09/2020	Agile working policy in development with support from Health and Safety Team. Staff have been supported to work from home, with appropriate IT equipment and line management support. To be submitted to JPC by 30/09/20		
		7	Ensure people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.	Operations Director and Corporate Directors		31/03/2020	Staff to take their annual leave and not carry forward where possible. Audits for annual leave to take place within departments - where high levels of outstanding leave are identified individual discussion to take place. In extreme circumstances where a member of staff has taken little or no leave, a period of leave will be allocated by the line manager		
		8	Prevent and tackle bullying, harassment and abuse against staff, and a create a culture of civility and respect.	Director of HR and Director of Education and OD		31/12/2020	Value and behaviour imitative work to be undertaken in September and linked to value based recruitment, behavioural competency framework and appraisal process		
		9	Prevent and control violence in the workplace – in line with existing legislation	Operational director and Corporate Directors		31/12/2020	Need to establish where we are now and the key actions to progress		
		10	Appoint a wellbeing guardian	Director of HR		30/11/2020	Awaiting further national guidance on role profile and competency requirement. Initial discussion undertaken with Ada Burns (NED)		
		11	Continue to give staff free car parking at their place of work	Director of Finance		Ongoing	National guidance provides that free car parking should remain at the place of work for at least the duration of the pandemic To be reviewed monthly		
		12	Support staff to use other modes of transport and identify a cycle-to-work lead.	Director of Finance		Completed	Cycle wot work scheme in place and widely published across the Trust		
		13	Ensure staff have safe rest spaces to manage and process the physical and psychological demands of the work	Director of Estates		31/12/2020	Need to establish where we are now and the key actions to progress		
		14	Ensure that all staff have access to psychological support	Director of HR		31/10/2020	Working in partnership with psychology department to deliver the health and wellbeing strategy. Psychological support available to staff seven days per week - currently recruiting a nurse psychologist who will also assist with the delivery of the health and wellbeing strategy		
		15	Identify and proactively support staff when they go off sick and support their return to work	Director of HR		Ongoing	Comprehensive occupational health and support available to staff during periods of absence and upon their return to work. This includes OH referrals, counselling and psychological support and advice on reasonable adjustment to assist staff to return and remain at work. A health and wellbeing group have been established to support the wellbeing agenda and develop and new wellbeing initiatives		
		16	Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.	Director of HR		30/11/2020	Consideration to be given to partnership working with local health and fitness organisations regarding the feasibility of offering staff the opportunity to undertake physical activity on site		
		17	Make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout	Director of HR		31/12/2020	Wellbeing discussion are to take place during induction and SDR discussions. Mental health strategies and awareness to be included as part of the health and wellbeing strategy and initiates publicised to staff which include active participation. Time to care initiative to be rolled out across the Trust		
		18	Every member of NHS staff should have a health and wellbeing conversation	Director of HR		31/03/2020	All current have been offered a health risk assessment in line with PHE and COVID 19 guidelines - health and wellbeing conversations to be included as part of SDR discussions		
		19	All new starters should have a health and wellbeing induction	Director of HR		31/10/2020	Health and wellbeing to be included as part of induction process (Trust and Local)		
2	Flexible Working	20	Be open to all clinical and non-clinical permanent roles being flexible	Director of HR		30/03/2020	All new posts will offer candidates opportunity to work flexibly ie., up to 37.50 hours and will stated the Trust actively encourages the opportunity for staff to work flexibly. Discussion to take place around feasibility to extend offer to all staff - currently someone must have 26 weeks continuous service		
		21	Cover flexible working in standard induction conversations for new starters and in annual appraisals	Director of HR		31/10/2020	Induction check list will be amended to include information relating to flexible working and how to apply. Discussion around flexible working will be included in SDR discussions will all staff and is to be included as part of SDR checklist		
		22	Requesting flexibility – whether in hours or location, should (as far as possible) be offered regardless of role, team, organisation or grade.	Director of HR		31/12/2020	Trust policy to be reviewed considering removing the 26 week requirement for continuous service to be eligible to request. Undertake an analysis across the Trust of current flexible working patterns - review. Development of an agile policy		
		23	Board members must give flexible working their focus and support	Director of HR		31/12/2020	To review and support the finding of analysis and proposed changes to policy		
		24	Roll out the new working carers passport to support people with caring responsibilities.	Director of HR		Pending	Digital solution for careers passport to be developed and implemented across the Trust once received		

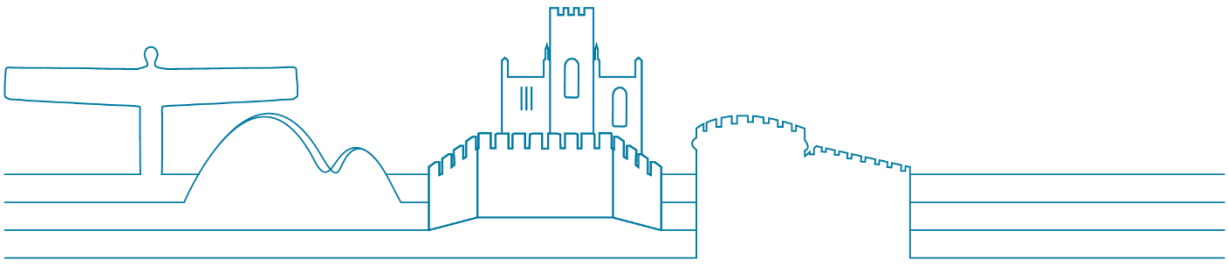
		Control Number	Actions	Sponsor	Management Lead	Target date	Progress to Date	Hyper link to supporting document	Status
3	Equality & Diversity	25	Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.	Director of HR		31/12/2020	Review of recruitment processes and development of agreed action plan		
		26	Discuss equality, diversity and inclusion as part of the health and wellbeing conversations	Director of HR		31/10/2020	EDI to be added to induction process and included in revised induction checklist. EDI to form part of SDR discussions. Process /SOPs to be updated to reflect		
		27	Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce	Director of HR		31/10/2020	Trust to establish target for BAME representation across the leadership exam and broader workforce and plan when to publish progress against goals as required by a Model Employer		
		28	51 per cent of organisations to have eliminated the ethnicity gap when entering into a formal disciplinary processes	Director of HR		31/01/2020	Data from WRES report demonstrated that from April 1 2019 to March 31 2020, the relative likelihood of BAME staff entering a formal disciplinary process compared to white staff is 1.31 (11%). As part of the strategic EDI actions, all Trust employee relations policies to be reviewed to ensure the process is fair and equitable		
		29	Review governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes	Director of HR		31/12/2020	Governance arrangements for EDI groups and networks to be reviewed to ensure they are able to contribute to wider Trust decision making processes		
4	New ways of delivering care	30	Use guidance on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHSEI and key partners, alongside the existing tool to support a structured approach to ongoing workforce transformation.	Director of HR		Ongoing	All staff requiring redeployment or returning to work are offered the opportunity for a discussion with their manager, a risk assessment and /or referral to occupational health using the guidance provided in response to COVID 19. In addition similar opportunities offered to those staff who have declared underlying medical conditions and these processes will remain in place		
		31	Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression.	Director of Education and OD		31/03/2021	OD team to develop learning opportunities and career road maps for staff at all levels and offer a programme of development which includes a range of learning methods and opportunities		
		32	Use HEE's e-Learning for Healthcare programme and a new online Learning Hub, which was launched to support learning during COVID-19.	Director of Education and OD		30/11/2020	To review and make recommendation for use, producing an action where of key steps and timescales		
		33	Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors; supporting expansion of clinical placement capacity during the remainder of 2020/21; and providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.	Director of Education and OD		31/12/2020	Briefing , recommendations and action plan to be produced		
		34	For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.	Director of Medical Education		31/12/2020	Briefing , recommendations and action plan to be produced		
		35	Ensure people have access to continuing professional development, supportive supervision and protected time for training.	Director of Medical Education		31/12/2020	Briefing , recommendations and action plan to be produced		
5	Recruitment	36	Increase recruitment to roles such as clinical support workers, highlighting the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles.	Director of Nursing		31/12/2020	Briefing , recommendations and action plan to be produced		
		37	Offer more apprenticeships, ranging from entry-level jobs through to senior clinical, scientific and managerial roles.	Director of Education and OD		31/12/2020	Briefing around current and future apprenticeships on offer within the Trust - spend against levy currently and predictions over next 12 months. Identify which roles are suitable to be offered as apprenticeships		
		38	Encourage our former people to return to practice as a key part of recruitment drives during 2020/21, building on the interest of clinical staff who returned to the NHS to support the COVID-19 response.	Director of Nursing		31/12/2020	Nursing recruitment plan for next 12 months		
		39	When recruiting temporary staff, prioritise the use of bank staff before more expensive agency and locum options and reducing the use of 'off framework' agency shifts during 2020/21	Director of HR		31/12/2020	Data to be included in key workforce metric - audit of establish, vacancies and agency usage to ensure posts are being advertised and recruited to and there are no long standing locum or agency arrangements		
6	Retaining Staff		Design roles which make the greatest use of each person's skills and experiences and fit with their needs and preferences.	Director of HR		31/03/2021	Review the skills mix of roles within the Trust to identify where positive changes can be made to support staff and make best use of identified skills and experience		
			Ensure that staff who are mid-career have a career conversation with their line manager, HR and occupational health.	Director of Education		31/12/2020	Appraisal process to be updated to include at least one talent management and health and wellbeing conversation each year. Process for monitoring to be introduced		
			Ensure staff are aware of the increase in the annual allowance pensions tax threshold	Director of HR		31/03/2021	Additional pensions advice sessions and briefing documents to be arranged for appropriate staff		
			Make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities	Director of HR		31/03/2021	Additional pensions advice sessions and briefing documents to be arranged for appropriate staff		

iCS
Integrated Care System
North East & North Cumbria

North East & North Cumbria

System Response to the NHS
PEOPLE PLAN

V4.3 21 September 2020



Contents

1. Introduction

Across our region health we have a strong and proud history of working together.

The quality of our health and care services is consistently rated amongst the best in the NHS and we have an abundance of great care delivered by highly committed teams of health and care staff.

Despite this, our overall public health is still amongst the worst in the country and there is more to do improve the overall health of people living in our area.

Our people are crucial to tackling these challenges.

Working in health and care in the future will need to be a different employment experience. This document starts to set out our system response to the recently published People Plan and our ambitions for the future.

The commitment of our people and our ability to adaptable and collaborate was, and continues to be tested, as we tackle the challenges presented to us by the Coronavirus pandemic.

Further to the publication of the interim People Plan in June 2019, we were pleased to receive a further People Plan in July 2020 'We are the NHS: People Plan 2020/21 - action for us all'.

This plan has been considered by our Integrated Care System (ICS) Workforce Board at its August meeting, along with discussions across employers and our regional Social Partnership Forum (SPF) with trade union colleagues.

We are pleased to be members of the North East and Yorkshire (NEY) Regional People Leadership Group and be working with regional colleagues on the NEY workforce priorities, as well as our North East and North Cumbria (NENC) system response to the People Plan and our local priorities.

Systems are required to develop a local People Plan in response to the national People Plan.

This People Plan sets out practical actions that employers and systems will take, as well as the actions that NHS England and Improvement (NHS E/I) and Health Education England (HEE) will take.

It focuses on:

- **Looking after our people** – with quality health and wellbeing support for everyone.
- **Belonging in the NHS** – with a particular focus on the discrimination that some staff faces.

- **New ways of working** – capturing innovation, much of it led by our NHS people.
- **Growing for the future** – how we recruit, train and keep our people, and welcome back colleagues who want to return.

This paper provides some context to our system work and then focuses on the system actions and our initial response in the NENC ICS.

2. Our workforce programme

2.1 Background

Our workforce programme was established in Autumn 2018 and has been working to deliver an agreed vision and ambition for the region which is '*to be the best place to work in health and care, with a focus on adaptability, wellbeing and population health.'*

Under the direction of our Workforce Board, chaired by Ken Bremner (chief executive of South Tyneside and Sunderland NHS Foundation Trust), the programme has been structured around four strategic objectives and we have made significant progress in a number of areas – delivering a number of key achievements. Please see *appendix one.*

In March 2020 our focus shifted as we supported the region's response to the national Coronavirus pandemic.

The ICS Workforce Transformation Programme was paused and resources deployed to support our trusts, or NHSE/I work at a regional level. A regional workforce cell was established within the North East and Yorkshire (NEY) region and following the immediate crisis response, three core strategic workforce priorities were set relating to

1. Workforce modelling
2. Health and wellbeing
3. Equality, diversity and inclusion.

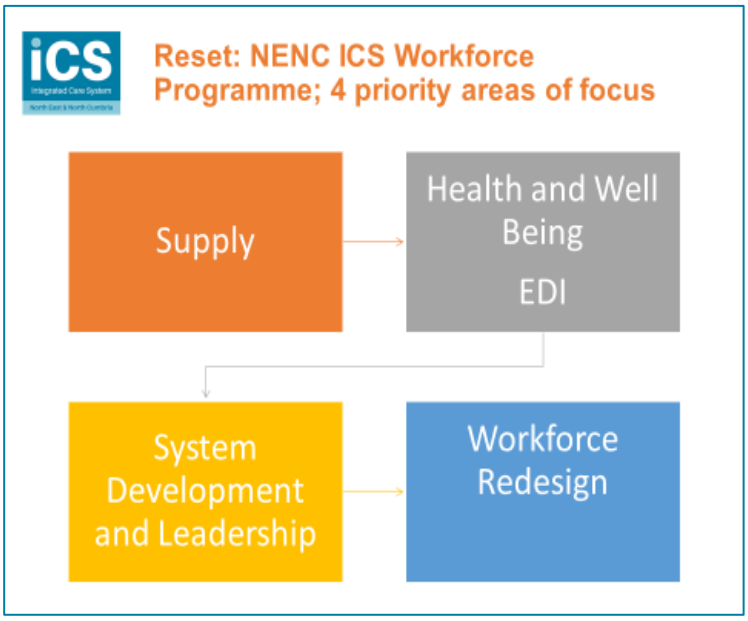
We are now working closely with the Regional People Leadership Group in regards to these areas of work and the formation of the Regional People Board.

Our collective approach enables us to work with the regional team and the three other NEY integrated care systems, with a focus on

- co-ordinating and improving support to deliver national priorities
- fostering capacity in local health systems
- influencing and being involved in decisions which need to be made across a regional labour market.

2.2 Our governance and priority areas

Locally, we are now moving to the second phase of the ICS workforce programme and have recently refreshed our priority areas of work at system level and are highlighted in the diagram below.



These priority areas of work have been formally agreed by our chief executive Health Management Group and signed off at the August ICS Workforce Board. There is a clear alignment to the People Plan themes as shown in the table below and we are in the process of aligning senior responsible officers to each area of work.

Principle	People Plan theme
Supply	Growing for the future
Health and wellbeing and EDI	Looking after our people Belonging in the NHS
System development and leadership	Belonging in the NHS
Workforce re-design	New ways of working and delivering care

Given the size of our workforce in the NENC we have refreshed our programme governance and working arrangements, with a key shift to greater delivery across our four Integrated Care Partnerships (ICPs). This includes the appointment of four ICP workforce leads to steer and champion work, and develop the response to the People Plan at a more local level.

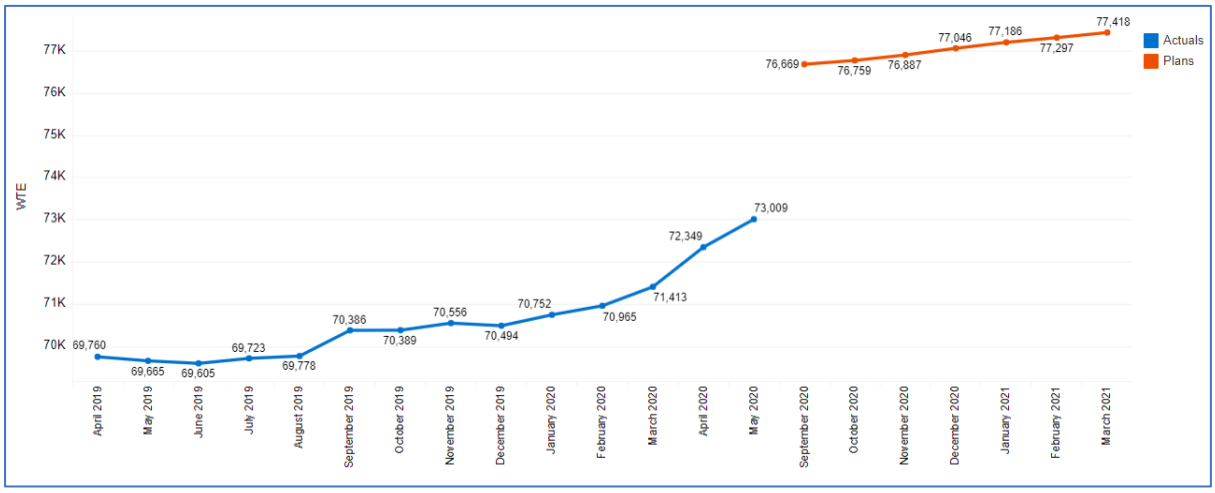


Figure 1: North East and North Cumbria Substantive NHS Workforce Proposed Numbers (in WTE)

Figure 1 above shows the NHS workforce increases to March 2021. We know that the social care workforce will be over twice this size at ~185,000 headcount and the primary care workforce ~10,000. We also have our volunteers, carers, students and others that work across our system further growing our workforce.

Our ICS Workforce Board has also been refreshed and will be supported by a wide and varied stakeholder forum and a finance and investment group.

2.2. A focus which goes beyond the NHS workforce

A priority for our workforce programme has always been to look beyond the NHS workforce - working in partnership with local authorities, the voluntary sector, independent sector, third sector and others.

We have a vital role to ensure that the cross sector and system wide approach developed during the formative stage of our ICS workforce strategy is not lost and built upon.

Recognising, and maximising the development of the wider health and care 'workforce family' will be essential if the NHS is to strive forward after the pandemic. Recent experience - including our response to the Coronavirus pandemic- has taught us that local system approaches to finding workforce solutions are essential if we are to build around the needs of the people we serve.

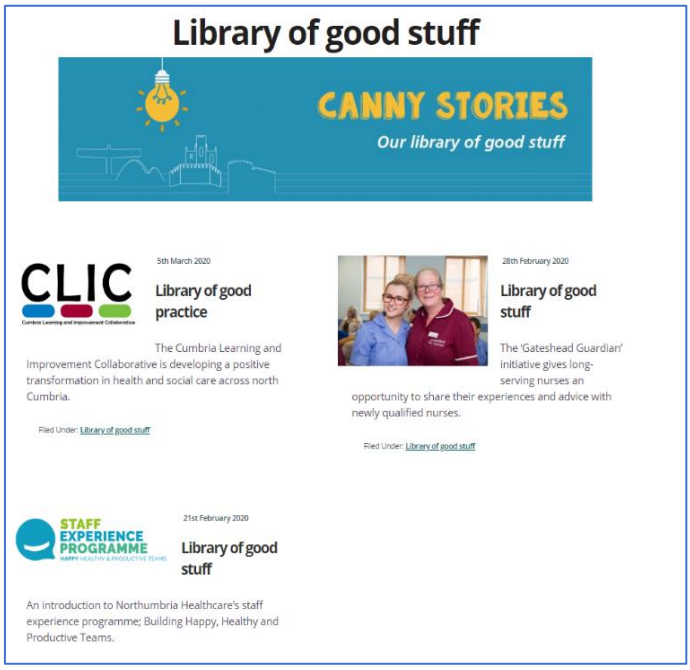
We will work now collaboratively to support ICP colleagues to clearly set out their collective approach to developing and overseeing workforce issues at an ICP level. We have set out best practice standards based on the System Workforce Improvement Model of the interim People Plan to support colleagues with the definition and shaping of this work. Each ICP will now establish an ICP workforce group so priorities and focus can be maintained at a more 'local' level.

3. Our response to the People Plan

3.1 Recognising and sharing good practice

We must recognise and give credit to the vast amount of work underway across employers, both historically and in response to the employer specific actions in the People Plan. Culturally, from a workforce perspective, we have developed, in partnership with our trade unions, trusted networks across all of our NHS foundation trusts. This was initially through a previous programmes of work which has since expanded through 'great place to work' to include those from local authorities. Whilst this has focused our minds on systems working, there has been little progress in terms of 'practicing' as a system from workforce.

We also know we must do more to share practice and bring greater equity to resources and support, across the primary care and social care workforces. Despite this being an ***NHS*** People Plan, the Workforce Board re-affirmed its commitment to approach this work in the spirit of ICS working, sharing and where possible, working inclusively across health and care.



There is a plethora of good practice to draw upon and share across the system and our region. We have started to do this locally through our 'library of good stuff' which is continuing to grow and develop as we move through the programme https://nhsjoinourjourney.org.uk/category/library-of-good-stuff/

3.2 Our system focus

Our focus as a Board, will be at the ICS wide level and work is underway to complete a base line assessment on our system actions , with recommendations for taking the work forwards. This plan is due to be shared at the next meeting of the ICS Workforce Board. Please see the current action plan in *appendix two*.

Our NENC Workforce Board is well established and will be the place where the some of the most senior system leaders receive regular reviews on the local People Plan and oversee progress.

We have recently drafted role descriptors for our Board's senior responsible officer (SROs), regional officer (RO), ICS director of workforce, workstream SROs and ICP

workforce leads. These set out their individual and collectively responsibilities to lead aspects of the workforce programme.

3.2.1 Establish the process for regular reviews and refresh of the local system integrated People Plan by the System People Board

As an ICS Board, we will continue to develop strong local partnerships including partnerships with local government, social care providers, voluntary care sector (VCS) and education. Our focus will include planning over a medium-term period (e.g. up to five years) and we will work collectively, on matters where we benefit from 'at-scale' working and finding joined-up solutions to shared challenges, making decisions across local labour markets.

Activities will be led or co-ordinated by ICSs where:

Strong local partnerships are required, including partnerships with local government, social care providers and education. Planning is needed over a medium-term period (for example - up to five years). Decisions need to be made across a local labour market. There are benefits of scale from joined-up solutions to shared challenges.

Since March 2020 and the establishment of regional NHSI/E footprints, we have been engaging with ICS workforce leaders across the three Yorkshire integrated care systems , specific to equality, diversity and inclusion and health and wellbeing. Whilst the regional team are newly established and the impact on system-wider working is not yet clear, it has allowed direct links with our neighbouring ICS counterparts to consider tackling significant issues for widespread gain.

We await the publication of national metrics to help us track progress, linked to the NHS Oversight Framework, and this will be embedded into our programme approach and reporting dashboards.

3.2.2 Establish Local System People Plan (LSPP) metrics to track the impact of the LSPP linked to the NHS oversight-framework

We await guidance around accountability in terms of subsidiarity and then interplay between national, regional, system and place actions.

4. Our Great Place to Work programme

The North East and North Cumbria (NENC) Great Place to Work Programme (GPTW) programme was led by our trusts director of human resources community following on from a successful NHS Streamlining Programme.

There was a clear governance and programme management structure, which included a Delivery Board whose members were from across our system; local authority, trade unions and NHS arm's length bodies. GPTW had direct links with national programmes of work affecting the workforce to ensure that there was a regional, clear understanding and supportive network and that our region had a direct influence shaping national priorities which would in turn directly affect our workforce. For example, our doctors in postgraduate training.

GPTW had six delivery groups. Three of them were legacy groups from the previous NE Streamlining Programme and were limited to NHS foundation trust partners. These were:

- Recruitment
- Statutory and mandatory training
- Occupational health

An additional three delivery groups had a membership which encouraged participation from our local authority partners who commission the delivery of social care. These were:

- Health and wellbeing
- Equality, diversity and inclusion
- Flexibility of employment (the movement between employers to effectively deliver care)

Whilst some progress was made in terms of forming a wider health and social care network there have been challenges including wider participation from local authorities. This has been, in part, due to differences in service demands, resources and funding, and national delivery requirements specific to NHS partners.

It remains an ongoing challenge, wider than the GPTW programme, to navigate the national and regional NHS structure and utilise those outcomes for greater benefit wider ICS partners, whilst having the independence to decide how to better integrate health and social care on behalf of our residents through full participation of those familiar with the service.

Partnership working has been strong in many areas. Regional trade union representatives have been active members of the three new delivery groups and had intended to commence with the three legacy groups. This developed a positive, honest and strategic working relationship - particularly for those who had no previous working experience of partnership working.

To this end, the directors of human resources community, who have funded GPTW will fully review how we progress given these changes. It is anticipated that the main areas of focus will be equality, diversity and inclusion and health and wellbeing (incorporating occupational health).

5. Looking after our people – with quality health and wellbeing support for everyone

5.1 Health and wellbeing

As part of the GPTW programme, health and wellbeing colleagues worked alongside colleagues in occupational health and those in the mental health workstream to suggest a high- level plan of what could be achieved as a system over a five-year period.

This was informed by an exploration of current practice and the recommended use of an independent assessment scheme (Better Health at Work) – already used by many. This helped to evidence good practice alongside those areas needing further attention minimising any additional assessment. The group identified that whilst there was organisational variation, the gulf appeared to be the offering from foundation trusts in comparison with other providers across our system. Since March, the delivery group have not met and the immediate priorities changed.

Nationally, both NHS Employers and NHS E/I led groups specific to health and wellbeing. This included the creation of resources specific to supporting staff's personal response to an international pandemic. There were a number of 'apps' offered freely and the uptake of them, in terms of assisting with sleep, identified that staff within the North East in particular had the highest prevalence of mental health needs in the country. This correlates with what was already known to our healthcare leaders, but focused the strategic need for long term input for our staff specific to their mental and emotional wellbeing.

The initial national resource was specific to staff working in the NHS. A further national resource was developed for staff working throughout social care – navigating the challenge of access for those without a standardised email address format. Each resource mirrors the other, but communication of the provision for the social care community has proven more challenging.

Regionally, the health and wellbeing team have facilitated meetings with ICS leads across each of the four ICS areas. This has included those from a workforce perspective as well as mental health colleagues. The NHS I/E team have undertaken two stocktakes, specific only to foundation trusts to understand their specific needs in which to provide a service during the pandemic i.e. childcare provision noting that usual provisions, or even school, were no longer accessible.

This has since been accompanied by an offer for staff to participate in a 'pulse' survey to indicate how they are feeling; to establish patterns of concern, even specific to ethnicity, age or other protected characteristics. This is limited to foundation trusts and it remains their decision as to whether they opt to participate. Each ICS can be furnished with the detail of the pulse applicable to them, alongside

that of the wider region. This will inform the resetting of the priorities for our region specific to health and wellbeing, however, is only an indication of a small part of our system. We will look to review the uptake of the pulse surveys and if there is value in analysing at system level.

Whilst there was continued sharing of resources throughout our health and wellbeing community specific to COVID-19, there was variation in terms of offering at a more local place-based level. For example, some organisations offered helplines for staff open to the wider system, on a place-based footprint, whereas others have utilised their occupational health services. There is little analysis available in terms of uptake or themes discussed, but given that those providing the service are now stepping up their usual services, there is a danger those provisions will be wound down unless a clear business case for continuity is agreed. We have yet to audit the provisions in place, impact and continued need in order to inform our continued offering.

The ambition, both prior to and during COVID-19 is to clearly understand when a system-wide response is helpful and when more local place-based offering are preferable. The virtual world, which has become embedded in our 'normal' since COVID-19, should assist in how we make very practical offerings specific to health and wellbeing, such as virtual classes and interactions and where our need may differ across our ICS.

5.2 Flexible working

Flexible working is a key feature of the People Plan and most providers have introduced and retained flexible or agile working arrangements during COVID-19 progressing this agenda swiftly. Some staff can now work from home and work remotely and there has been increased flexibility in working arrangements and patterns, which will help attract and retain staff in the future.

All trusts are proactively managing staff risk assessments and are working to ensure people are safe. Trusts have implemented follow-ups for those people at most risk, including pregnancy, long term conditions as well as BAME colleagues and local line managers have taken a key role in this work. There are examples of environmental risk assessments, introduction of home/ remote working guidelines.

We have been acutely aware of the need to ensure good practice across primary care and social care and will work more cohesively as a health and care system on this area of work moving forwards; sharing some of the good practice from large providers.

Trusts have proactively worked with occupational health departments and BAME networks in this area of work, often anchored around COVID-19 workforce or redeployment hubs.

In primary care, one ICP foresaw significant potential risk due to high numbers of BAME colleagues in one practice, and this informed the clinical strategy to be locally deployed.

As COVID-19 continues to be part of the landscape local organisations will manage and support their shielding and redeployed workforces across their ICP footprints. Should this escalate there may be a need for system level support or approaches.

5.3 Mental health, learning disability and autism

The development of an informed North East and North Cumbria ICS recruitment plan is required to access the national community mental health transformation funding. This funding will enable the implementation of the innovations outlined in the ICS's strategic plan.

A mental health, learning disability and autism ICS workforce group is in place. This group is clinically led with multi-agency representation that links into the ICPs.

The ICS mental health priorities have been revised in response to the COVID-19 pandemic and learning from contemporary evidence to enable system resilience planning. The mental health ICS priorities have been mapped to the delivery outcomes described in the NHS Long Term Plan 2019 and informed by findings of The Marmot Review: 10 years on - Health equity in England (2020)

The priority areas of action are;

- **Priority 1:** Give every child the best start in life: mental health and wellbeing *(Including maternity and perinatal)*
- **Priority 2:** Supporting local systems to develop and implement integrated models of care *(Implementation of Community Mental Health Framework for adults and older adults)*
- **Priority 3:** Improving parity of esteem *(to reduce the mortality gap for people with mental health, learning disability and autism)*
- **Priority 4:** Reducing the life impact of mental health, learning disability and autism conditions *(Create and develop healthy and sustainable places and communities)*
- **Priority 5:** Zero suicide ambition

Public Health England's Disparities in risks and outcomes report 2020, confirms that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them. People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas.

The NENC ICS has some of the most deprived areas in England. The financial impact of the COVID-19 pandemic will bring further hardships to communities, neighbourhoods, businesses and families and those affected by recent economic recession.

The BAME population has also been identified as a high-risk group. A population health management approach will be utilised to progress creative and innovative solutions that will focus on prevention, early intervention and positively impact on the socioeconomic, equality and diversity determinants of health and wellbeing. It is anticipated that 75 per cent of the population will be emotionally impacted by the effects of the COVID19 pandemic. The responses will be variable and require different levels of support to ensure that, where appropriate, responses are normalised and not pathologised as mental ill health.

The workforce planning transformation model will aim to maximise opportunities to develop, modernise and sustain a workforce structure, in line with national policy, that will:

- Focus on prevention and early intervention
- Meet the needs of communities and difficult to reach groups
- Maximise employment opportunities
- Promote healthy communities and improve wellbeing
- Reduce the life impact of mental ill health for people in the North East and North Cumbria.

The learning disability and autism plans are informed by the nationally driven transforming care agenda and localised to address the bespoke needs of the population. A collaborative multi-agency plan is being progressed by the NENC ICS learning disability and autism programme and a joint working approach to workforce planning is in place.

The People Plan provides a framework for the ICS mental health, learning disability and autism working group to monitor progress and inform areas where further action may be required at an organisational, place, primary care network or ICP or ICS level. The developing workforce plan will be flexible and informed by feedback from the multi-agency group members to harness opportunities for:

- At scale approaches to support implementation and reduce duplication
- Sharing learning and positive practice

The plans will be informed by the multi-agency working group and actions will be operationalised by a combination of:

- Whole system resource management.
- Reallocation of existing staff.
- Development of new roles within existing resources.
- New investment in existing traditional roles
- Investment in innovative new roles.
- Targeted investment in education and development.
- Development of a digitally enabled work force.
- Implementation of technological solutions to maximise work force capacity.

6. Belonging in the NHS –
with a particular focus on the discrimination that some staff face

6.1 Our collective promise

We completely support the ambition to make the culture of the NHS universally understanding, kind and inclusive, through the testing times that lie ahead as well as the challenges of today.

Through discussions with NEY ICS leaders we were proud to take a lead role on behalf of the region to develop a 'collective promise' to our Black, Asian and minority and ethnic colleagues and communities.

Signed up to by our Health Management Group, this sets out our commitment to ensure fairness and embed a culture where personal experiences are not influenced by racism or bias.

The collective promise has been shared and discussed with the HR directors, our Social Partnership Forum, the ICS Partnership Forum and with a range of BAME colleagues across the region. We recognise that as conversations and learning continue with our BAME communities, the 'promise' may be further shaped and refined

As we develop our local People Plan our ambition is for 'our promise' to be signed up to by the ICS and wider system partners.

Our collective promise to our Black, Asian and minority ethnic colleagues and communities

Healthcare leaders across the North East and Yorkshire are committed to better supporting people from Black, Asian and minority ethnic (BAME) communities. This includes ensuring fairness for all and embedding a culture where, no matter your race and/or background, your personal experience, either as a staff member or as someone who accesses health and care services, is one that is not influenced by racism or any bias, be it unconscious or not.

Our collective promise includes:

- Increasing diversity across all levels of workforce, boards and governing bodies (including leadership), underpinned by transparent and fair recruitment processes
- Introducing yearly learning and development activities for all staff on the subject of unconscious bias and/or cultural intelligence
- Ensuring through commissioning and encouragement that all leadership boards have a programme of reporting, training and development which focuses on workforce race equality standards, such as WRES metrics or other locally determined measures.
- Ensuring feedback mechanisms are firmly in place for all protected groups and can demonstrate specific feedback from BAME colleagues and communities creating psychological safety
- Supporting zero tolerance for bullying and abuse as a result of racism
- A programme which recognises the talent and leadership potential of our BAME colleagues
- Ensuring our work place environments support people from all backgrounds
- Ensuring all organisations have established staff networks to support listening into real, tangible action, where not already in place
- A commitment to continue to understand and develop strong ally ship to our BAME communities and colleagues
- Ensure promotional or communications activity actively reflects the communities we service and our workforce
- Engaging BAME service users and carers in patient and carer involvement activities

The months since March 2020, when GPTW was formally stood down to prioritise organisational COVID-19 responses, have directly impacted on those working throughout health and social care. This has included the widespread impact on all of

our work and our personal health and wellbeing as a result of a global health pandemic. The impact and behaviours specific to racial inequalities have been understood as never before both in terms of the greater detrimental health impact of COVID-19 on those from a BAME heritage alongside institutionalised racism resulting in poorer outcomes, experiences and indeed life chances for those who are not white.

In health and social care terms we must ensure that our leadership's influence is better informed by the impact of their decisions, including by those with lived experience to better structure how we deliver care, attract and retain talent and remove bias from our policies, procedures and practices. There is now greater urgency to deliver strategic and fundamental change to benefit both our population health and that of our workforce. The national NHS People Plan, published in August 2020 identifies time-pressured priorities to achieve this, however, this will be alongside locally determinations, specifically to include system partners outside of health.

Regionally, there is variation, including for example, in West Yorkshire and Harrogate there is network of staff specific to staff from a black and minority ethnic background. Initial, introductory, meetings have taken place with ICS leads specific to equality, diversity and inclusion but have not developed to the same extent as the health and wellbeing forum.

In our ICS, there are a variety of good provisions and practises in place to support different elements of our workforce. All foundation trusts have confirmed which staff networks we have in place. A request was made of our local authorities but only one response was received. The three main staff networks are specific to the Equality Act protected characteristics of race; disability and sexuality. There are some networks specific to women, but to a far lesser extent so it is not yet clear what direct needs there may be. Additionally, there are some staff who may not identify with any of these groups and it is important not to assume, without inviting views from those who have the lived experience, including for example our transgender staff. As with everything, individuals may not identify with a collective or agree on a collective reference, but in progressing support for our established networks we will be better informed as to how best to widely support our staff, improve our offer as employers and services for our population to improve their health and care.

6.2 Our initial focus

Given the above, our initial focus will be three networks of

- Race
- Disability
- Sexuality

Support will be offered specifically to their chairs to ensure that they have the skills, support of their counterparts and that they have direct access to leadership to identify both challenges and solutions.

As part of this offering, all staff network chairs will be invited to a virtual session with Cherron Inko-Tariah MBE, who has national credibility for her experience, knowledge and proactive development of staff networks. She will facilitate a number of virtual sessions to explore the potential of staff networks, assess our collective needs and give each chair the platform to share what they need one other and from us as leaders to be effective. This has been funded by a bursary from the NEY Leadership Academy.

We have also begun some work engaging directly with the chairs of the networks specific to race. This is led by one chief executive, who supported by a number of colleagues will champion their needs at a senior, strategic level. Each network chair representing staff from a Black and Minority Ethnic heritage have received an introductory letter and have been invited to a virtual meeting to discuss the regional collective promise specific to race and invite them to share what. It is the aim to replicate this approach and structure for the other key networks.

To emphasise the importance afforded to our staff networks, chief executives of foundation trusts have been asked to confirm their position regarding their organisation and how they support their own networks to be effective.

Ahead of these initial discussions it is not possible to confirm our priorities, but some of the themes are anticipated to include both system-wide training and mentoring schemes and effective ally ship to extend the understanding that our challenges specific to diversity is a widespread joint responsibility not limited to those with any given protected characteristic.

7. New ways of working – capturing innovation, much of it led by our NHS people

7.1 Digital transformation

Our new ways of working could be summarised as "*not doing the same things better, but perhaps doing better things*", we have rapidly delivered and adopted a range of digital technologies and capabilities that will enable our workforce to function in more mobile and agile ways.

Within secondary care in NENC we have four global digital exemplars (GDE), with a further two 'fast followers'. A GDE is an internationally recognised NHS provider delivering improvements in the quality of care, through the world-class use of digital technologies and information. Exemplars will share their learning and experiences through the creation of blueprints to enable other trusts to follow in their footsteps as quickly and effectively as possible. These organisations already have high digital maturity assessment scores. They are involved in innovative digital healthcare initiatives and work with a range of different solution types

Building on this work our solutions range from implementing essential infrastructure to allow health and care staff to work remotely using secure communication and collaboration services, including, but not limited to virtual desktop interfaces (VDI) and rapid deployment of virtual private networking (VPN) solutions - together with remote working devices delivered at scale regionally.

Furthermore, interoperability and collaboration have been major themes in this fast-paced approach. We have seen a step change in the uptake and adoption of virtual collaboration tools for both health and care consultation delivery as well as day-to-day business communication activities.

There has also been significant progress with point of care information such as sharing programmes like the Great North Care Record (GNCR). Very soon we expect to see a significant transformation within the diagnostic services arena. Digital imaging for pathology and radiology services will be connected by a common infrastructure and converged digital solutions, enabling our clinical and care professionals to work in more connected and collaborative ways than ever before.

We acknowledge and accept that given the pace of delivery, our solutions may not be perfect, but have delivered a scale of transformation that has been unprecedented to date, we now need to confirm where these transformations have delivered the most appropriate benefits and industrialise our delivery accordingly.

Digital skills will remain a key area of focus for both the workforce and digital programmes and we have started to discuss how to approach this significant challenge. We would like to undertake a small pilot to take a baseline of current skill gaps across the wider workforce and then initiate a plan to address these.

We are working with digital colleagues on the Health Education England and Yale University project “Using Education to Prepare the NHS and Social Care Workforce to Deliver the Digital Future”. This project offers the opportunity for leaders to work together to strengthen the capacity of the NHS and social care workforce to: ‘embrace the digital future, realising the full potential of benefits for patients and their families, including citizen empowerment, improved patient-clinician/practitioner relationships and more efficient and effective clinical care’.

7.2 Working with the voluntary sector

Voluntary Organisations' Network North East (VONNE) have been identified by NHSE/I as our ICS’s lead infrastructure support organisation for the voluntary, community and social enterprise sector (VCSE). VONNE has been funded to develop an ICS VCSE leadership programme supporting the involvement of VCSE leaders within ICS governance and structures to support collaborative working and co-production.

Our health and wellbeing associate VONNE and North East regional social prescribing facilitator has established a regional VCSE Partnership Forum made up of representatives from organisations and networks representing both communities of interest and communities of place. This will include nominated local infrastructure organisation (CVS) and key third sector organisations that can contribute at an ICP geography. We will also make best use of key representatives from organisations and networks representing vulnerable groups (for example mental health, older people, children and young people, long term conditions, multiple and complex needs).

Our lead has been supporting the recruitment of the new primary care network (PCN) social prescribing link workers (SPLW) across the ICS. We now have more than 100 link workers in post across the 66 PCNs, many of whom are hosted by VCSE organisations. There is currently a NHSE rapid recruitment campaign linked to COVID-19 response which provides support to PCNs to recruit more SPLW’s recognising their vital contribution to supporting vulnerable and shielded patients through COVID-19.

Work is also ongoing with the regional Workforce Transformation Team (primary care training hub) at Health Education England to have input to a webinar aimed at PCN’s highlighting the new personalised care non-clinical roles including SPLW’s, health and wellbeing coaches and care co-ordinators.

Support is being given to the training and development proposals linked to the NENC Personalised Care memorandum of understanding COVID-19 annex. This includes commissioning and delivery of health coaching training to the health and care workforce and **VCSE** across the NENC to develop conversational skills to support health coaching, personalised care planning and management, self-care for patients. There is also funding for delivering more patient activation measure (PAM) training to the workforce as another vital sign, used in appropriate pathways, to enable personalised care and to evaluate the ability to support effective self-care.

We have a duty to ensure that the introduction of new roles is consistent and that they complement the existing workforce. With system level oversight and excellent work such as the Faculty of Advanced Practice we will be taking a system view of where there is a need for investment in new roles ensuring the appropriate support is provided and wider implications considered.

7.3 Keep the need for local retraining and upskilling under review, working in partnership with local higher education institutions

Across the ICS until the end of March 2021, colleagues in Health Education England will support the system to prioritise:

- maximising the utilisation of national continuous professional development and workforce development funding to upskill eligible staff in the current workforce across NHS trusts and primary care, negotiating relevant provision with education providers

- upskilling staff to support areas of workforce shortage, including for example, nursing associate roles, advanced clinical practitioners and roles to support the mental health agenda

8. Growing for the future -
how we recruit, train and keep our people, and welcome back colleagues who want to return

In the NENC we have undertaken an innovative process of strategic workforce planning with a population health focus. This was the first ever piece of planning work across the entire system which incorporated health and care and connected population health with service transformation and workforce transformation.

The approach modelled future exemplars for integrated community teams, general practice and care navigation - highlighting skill mix options and implications for recruitment, retention and retraining. These approaches adopt a high-level view of skill levels which allow a move away from traditional professional role - based planning. This project has been shortlisted for a Healthcare People Management Association (HPMA) award for innovation.

We recognise that we need to expand on this work and with three further pilot areas at different levels of discussion we are keen to spread and share good and innovative practice where we can.

We must recognise our role within the local economy as anchor institutions and that workforce goes beyond NHS staff but across communities and families.

Delivery of our workforce programme will be via our ICPs and each of these will develop specific approaches to growing their workforces. The ICS will support and enable these approaches and ensure the sharing and upscaling of good practice.

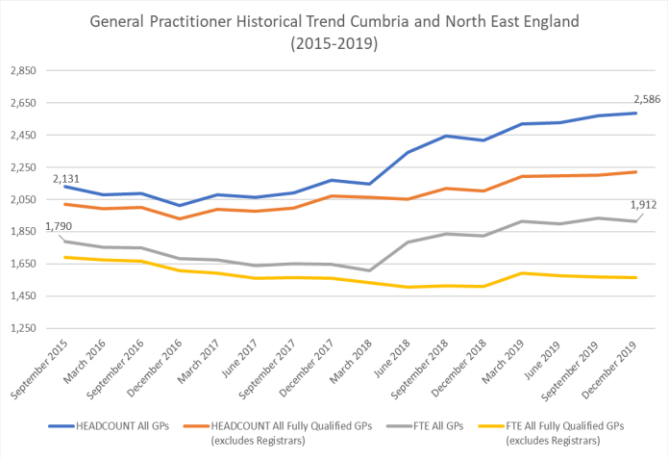
Our ICS has been selected as a pathfinder in the NHSE/I's looking after our people retention project, given out good record on retention. This work will build on previous retention initiatives and contribute towards the 50,000 extra nurses manifesto pledge.

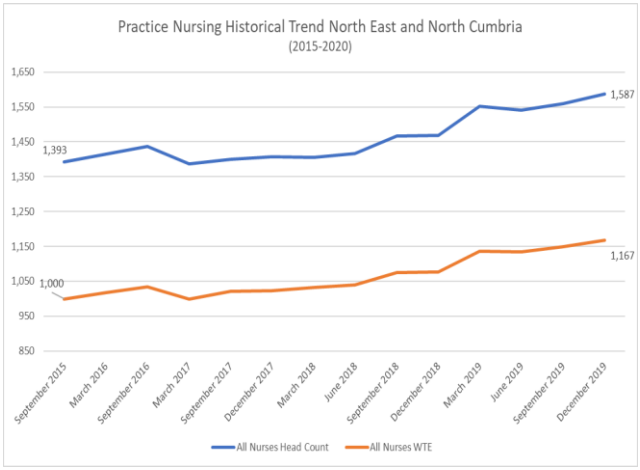
Across the ICS until the end March 2021, colleagues in HEE will support the system to prioritise:

- placement resilience plans to enable continuation of student placements disrupted due to COVID-19, to reduce the risk of interruption in the future supply chain
- placement plans to meet the increase in healthcare student numbers across medical and non-medical courses, working across education providers and employers to secure the placements required to ensure a future workforce supply
- maximising the opportunities to increase the supply for nursing midwifery and allied health professions through the national nursing supply workstream offers

8.1 Key workforce trends for the North East and North Cumbria

Primary Care: Since 2013 HEE have increased their intake of trainees on their general practitioners' training programme in NENC. This has led to a steady increase of qualified GPs within our ICS, as is referenced on figure 1 below. Similarly, nursing in primary care has been a priority area and the numbers have increased (as shown below on figure 2) Data source: NHS Digital NWRS extracted September 2020.





Cancer workforce: This workforce has grown over the last few years as well, see figure 5 below. As we work to restore cancer services and the impacts of the pandemic become known we know there will be increase in activity in this area. Data source: ESR extracted September 2020.

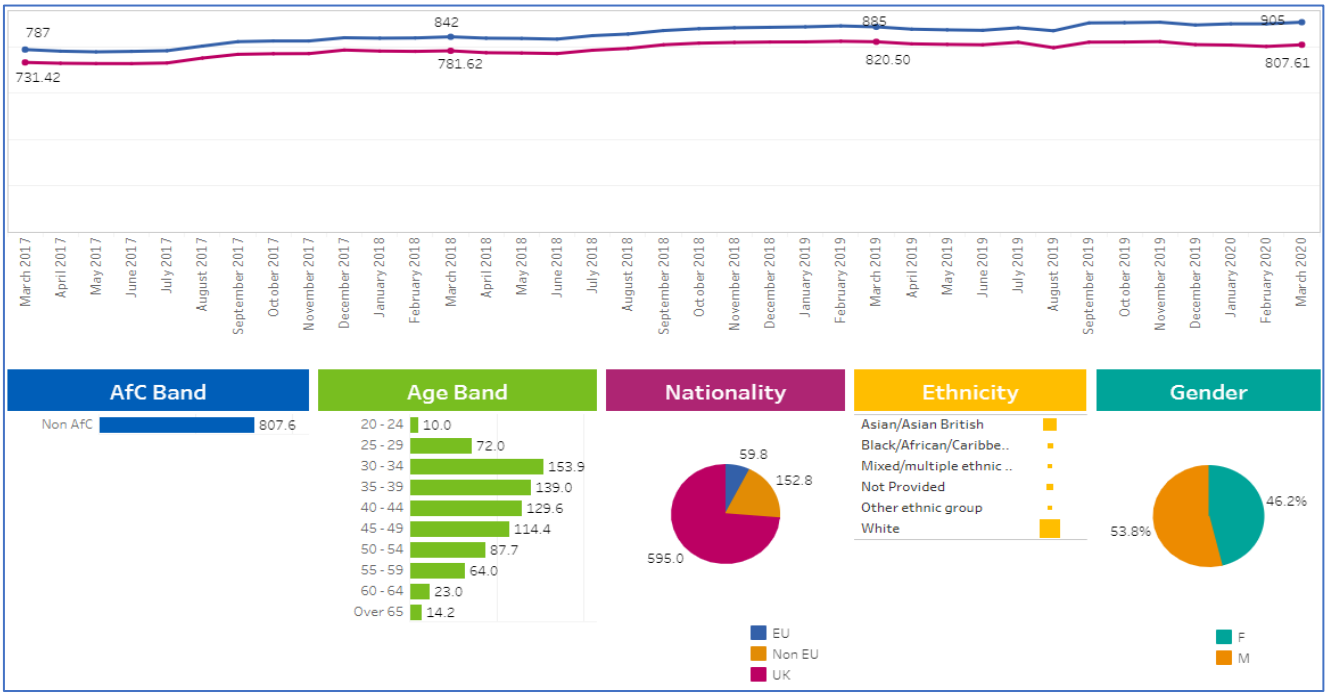
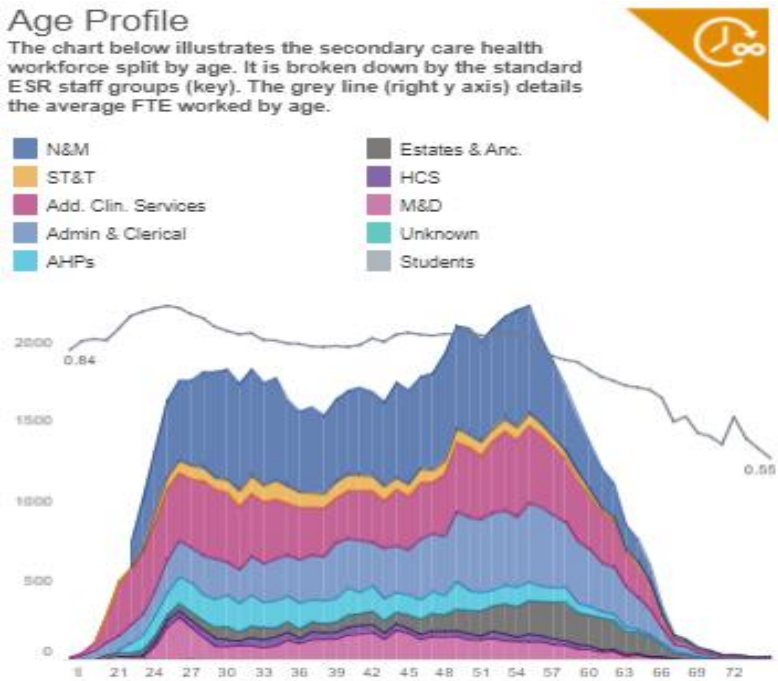


Figure 2: Cancer Workforce in NENC 2017-2020

8.2 Supporting local international recruitment hubs



Given the backdrop of our ageing workforce and the retirement risk, there is a need to take a different approach to recruitment and growing our workforce.

International recruitment will be a challenging area given both the size of our ICS and the additional COVID-19 related challenges. In reality an ICP focussed approach may still be too large and this will be discussed with relevant stakeholders in order to explore the collective opportunities.

8.3 Supporting the GP workforce through full use of the GP retention scheme.

Expanding the workforce is a key priority for primary care and under the GP contract this year the additional roles reimbursement scheme (ARRSs) was expanded in order to secure 26,000 additional staff. PCNs have been asked to submit their plan for recruiting to the new roles this year by 30 August and clinical commissioning groups (CCGs) are required to present an aggregated position by 9 September 2020 for NHSE/I to approve. There is also an additional requirement to submit longer term plans by 9 November 20 for the period up to 2023/24, for NHSE/I to approve by 30 November. The newly established Primary Care Workforce Group will be well placed to oversee the submissions by CCGs with full support from HEE and the primary care workforce hub.

In addition, the retention of the GP workforce is essential. Funding to the ICS has recently been announced for initiatives to support the retention of GPs across the system. Again, the Primary Care Workforce Group will allow key consideration for applications for funding by key stakeholders including HEE, HEE Training Hub team and local medical committees (LMCs) to ensure the limited funding is directed to the most appropriate area.

Across the ICS until end March 2021, colleagues in HEE will support the system to prioritise supporting primary care networks and wider primary care stakeholders to workforce plan particularly for the reimbursable new roles. This includes

- the delivery of planning webinars
- the launch of an ICS resource to support the understanding and potential of the different roles
- introduction of a preceptorship offer to support newly qualified physician associates supporting the roll-out of the national fellowships programme and clinical supervision training

Each ICP workforce group will have primary care involvement so we can enable place based solutions as well as wider system approaches.

8.4 Review the system workforce resilience and capability, strengthening the approach to workforce planning and fully integrating service and clinical strategies and financial plans

Prior to COVID-19 we held a developmental session with secondary care HR directors and directors of finance to discuss the triangulation of workforce, activity and finance information in relation to operational and longer-term planning.

An insightful session with some good practice shared this work will continue at ICP level in terms of identifying a framework whereby the planning process includes and acknowledges all three variables, and is future focused.

We have established a workforce planners' network across the system with a remit to share expertise and good practice as well as facilitate wider discussions around workforce planning. We anticipate that this network will be a sound forum to test assumptions and discuss the framework approach mentioned above.

8.5 Assess any skills gaps and agree system wide action to address them

HEE runs a successful system wide 'return to practice' programme for some professions such as nursing, supporting staff back into professional practice. A system-led approach to this may make sense in certain areas given the Bring Back Staff work that has taken place during the pandemic to support recently retired staff and those no longer practising to return to NHS settings.

We are aware through the phase three planning round that there are a number of skills shortages across our system. Areas such as oncology, radiology and diagnostics remain a challenge, as well as the pressures on nursing staff, amongst others. We pledge to work with regulatory bodies, trade unions, education institutions and arm's length bodies (ALBs) to best support and enable the

recruitment, training and retention that is needed. We have many good opportunities in our system to share skills and expertise and joint posts such as a shared emergency care consultant for North Tees and South Tees Foundation NHS Trusts is merely one excellent example of this.

8.6 Support employers in the system with other routes into the NHS including volunteering, apprenticeships and direct entry; Support local economic recovery and improving social and economic outcomes; including reducing inequalities in health and social care systems

We have formed a system apprenticeship group and are about to agree key priorities for the next 12 months. This is linked with the Local Enterprise Partnership (LEP) and councils/combined authorities on economic regeneration and pending changes in the job market.

We need to build on existing areas of good practice in terms of 'growing our own' skills for the future Using apprenticeships and nurse cadet type schemes is wide spread in NENC and is a proven way to attract, retain and motivate staff as well as addressing some of our future skills gaps.

8.7 Work with schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers

The HEE careers team, apprenticeship and widening participation hub will provide information and support across the ICS to encourage employers to maximise Department of Work and Pensions (DWP) and other national programmes. This includes working closely with schools and education providers to increase interest in healthcare careers and support existing staff to progress in their careers.

Sunderland University opened its new medical school in 2019 and partnering with a number of NHS organisations across the North East will enable more doctors to train and work in our region.

STEP INTO HEALTH

Most of our foundation trusts have pledged their support to the Step into Health programme where members of the Armed Forces community can connect to NHS organisations to set up training opportunities, clinical and general work placements, insight days and receive application support. The programme provides a dedicated pathway into a career in the NHS.

8.8 Support employers to establish collaborative banks - Support an increase numbers registered on a bank

BBS has put more staff on banks, and a junior doctor staff bank is already in place. Potential ICP level solutions includes utilising clinical passport initiatives or MOU as a means of medium-term approaches to workforce shortages

8.9 Develop workforce sharing agreements enabling staff movement toolkit and adopt the digital passport

A system wide memorandum of understanding for movement of staff within secondary care was in place during COVID-19. With agreement from trade unions and a support offer in place this enabled staff to more freely move between employers where the need was greatest

Colleagues in the North East Commissioning Support Unit had a similar agreement in place with the CCGs and partners in social care.

There is further work to be done on these arrangements to identify lessons learned and how these can continue to be utilised post COVID-19.

Whilst a focus on skills and training is key we must also not lose sight of the equal importance of values and behaviours. We must all ensure that we are developing an inclusive and supportive culture where behaviours are always appropriate and all staff feel they have a voice.

9. Challenges

Work of this nature across a complex and varied system is always going to be a challenge. There are a number of specific challenges that face our ICS, as below:

9.1 Resources

There are a number of resource restraints within our ICS. As an ICS workforce team, we have two HR professionals and programme support and one of the HR roles is currently vacant. With a move to deliver via our ICPs there is an expectation that some workforce infrastructure will be enabled at this level, but without funding or additional resources to do this will be a significant challenge.

As providers strive to restore services and staff start to experience the longer-term effects of working extremely hard during a pandemic there is little extra capacity for additional roles and responsibilities. We are fortunate in NENC that there is a shared understanding that system working with a population health focus is the *right* thing to do but it will remain a challenge in how we enable and facilitate larger scale change with limited resources.

With no statutory powers our system approach is one of collaboration embedded in long term organisational change principles, however this needs resources in terms of momentum and delivery.

9.2 Disconnect

At times there is little connection between the many arm's length bodies and providers with what is carried out a national, regional, system and place level. There is an assumption that ICSs have the means to 'join the dots' but this in itself can be a daily challenge. We continually strive to ensure we facilitate the right conversations and enable the right work to take place without duplication or wasted effort. Given our size and complexity this is a huge challenge and we will work with communications colleagues to best navigate and understand this ever changing landscape.

9.3 Health focus of the People Plan

We have championed, along with others in the NEY region, for the People Plan to be for health and care, however it still focuses heavily on the NHS. Our workforce programme has always strived for true engagement from a wide variety of non-NHS stakeholders across the voluntary, community, local authority, housing, education, Third sector and academic sectors. We will continue to do this and ensure that our local people plan is for health and care.

9.4 Programme risks

Delivery through ICPs has been agreed by the chief executives and is, for most elements, the right place for this. That said, establishing a new programme infrastructure takes time and the subsidiarity issues will remain a challenge. This will provide a risk in terms of timescales for delivery.

Future supply remains a key risk for each ICP within our system if they cannot recruit or retain into workforce shortages. Many of these are longstanding issues so innovation and different approaches are needed.

Health and wellbeing, adequate training, leadership, equal opportunities and digital transformation will also be included in our risk profile which we are continuing to finalise.

9.5 Winter, flu and second peak

It would be remiss not to capture the specific challenges faced with restoring services. A second peak, local lockdowns and winter pressures will put already challenged services under further demand. Along with detailed planning and modelling, supporting and communicating with our staff will be key to ensuring we are prepared for these situation. We are working collaboratively across the region to join up our communication and campaigns to share key messaging this winter – which includes flu vaccination programme

9.6 Returning to 'normal' work with social distancing/precautions

It will remain a challenge that social distancing and stricter infection prevention and control measures are with us for some time. Physical constraints such as estate and equipment will place added constraints on the workforce both in terms of physical space but also on good mental health.

10. Conclusion

Given the timescale in which this has been produced, alongside annual leave and wider planning activities, it has not been possible to take a system wide inclusive approach to this work and this should still be viewed as a work in progress.

We have had the opportunity to share this initial response with our ICS Workforce Board and a small number of wider stakeholders, but as we look ahead and develop our full Local People Plan, we would wish to do this over a longer period of time, taking a more inclusive and collaborative approach.

We welcome the work which is ongoing with regards to metrics to help us measure progress and to the wider alignment of the Plan themes into annual staff survey and regulatory frameworks.

Some of our programme achievements to date

Appendix 1

Expansion of Find Your Place campaign; Junior Drs, Nurses, Social Workers

Joint working; NHS and LA HR leadership communities

6 strands of system leadership / OD activities; inc population health management leadership course and support to clinical directors in primary care networks

£500k granted for ICS workforce projects; social prescribing link worker training hub; flexible worker, youth mental health first aid training, workforce development leads caring for older people

Creation of Great Place to Work Regional Board; streamlining plus health and well-being, EDI and flexibility of employment

1 of 8 regions to field test the workforce development and readiness tool (People Plan)

Supporting clinical work streams; it's not just about numbers. People Plan conversations.

Secured a place on LEP Skills Advisory Panel

Developing system approach to talent management

Strategic workforce planning focused on population health needs - 2025

A system approach to use of and sharing the apprenticeship levy

Emergent ICS workforce strategy

Building relationships and trust

Influencing and lobbying for NENC – taking the reigns

Appendix 2

We are the NHS: People Plan 2020/21 – action for all.

Draft (in progress) **action plan for system actions.**

In each area of the NHS People Plan (PP), the document sets out actions for employers, organisations, national bodies and **systems,** which will need to take place to transform the NHS Workforce.

In the table below are the System Actions that we need to review and consider against our current status v's what actions we need to identify in order to bridge any gaps in reaching the PP aims, who will be leading and what timeline we have given ourselves.

	System PP Actions	**PP Timeline**	**Lead(s)**	**Current Status**	**Action Plan (**inc timeline**)**
RECRUITMENT					
3	Develop lead-recruiter and system-level models of international recruitment, which will improve support to new starters as well as being more efficient and better value for money		TBC ICS Workforce Team ICP Workforce Leads	International recruitment taken place at organisation levels. Initial discussions at Workforce Board in January.	To be discussed at RPLG and with ICP Workforce Leads
4	Primary care networks to recruit additional roles, funded by the additional roles reimbursement scheme, which will fund 26,000 additional staff until 2023/24	Immediate	Tracey Johnstone HEE PC workforce hub	Across the ICS until end Mar 2021, we are prioritising supporting primary care networks and wider primary care stakeholders to workforce plan particularly for the reimbursable new roles. This includes the delivery of planning webinars and the launch of an ICS resource to support the understanding and potential of the different roles. We have introduced a preceptorship offer to support newly qualified physician associates and are supporting the roll-out of the national	To be discussed at Primary Care Workforce Board

				fellowships programme and clinical supervision training.	
RETAINING STAFF					
8	Support the GP workforce through full use of the GP retention initiatives outlined in the GP contract, which will be launched summer 2020		Tracey Johnstone HEE PC workforce hub	The retention of the GP workforce is essential. Funding to the ICS has recently been announced for initiatives to support the retention of GPs across the system. Again, the Primary Care Workforce Group will allow key consideration for applications for funding by key stakeholders including HEE, HEE Training Hub team and LMCs to ensure the limited funding is directed to the most appropriate area.	To be discussed at the Primary Care Workforce Board
9	Strengthen the approach to workforce planning to use the skills of our people and teams more effectively and efficiently		Amanda Venner HEE WFP Lead ICP Workforce Leads	Strategic Workforce Planning work commenced last year. (Population Health focused) Now rolling out across 3 clinical pathways. 5 year plans submitted and to be revisited on action.	Follow up with ICP Workforce Leads Delayed actions (covid related) re ICS workforce planning network and meeting for HRDs / DOFs to recommence. Longer term vision for workforce changes (agile workforce planning) to be considered.
10	Work with HEE and NHSEI regional teams to further develop competency-based workforce modelling and planning for the remainder of 2020/21, including assessing any existing skill gap and agreeing system-wide actions to address it.	2020/21	Amanda Venner HEE WFP Lead ICP Workforce Leads	ICS workforce team members of RPLG Local ICS and HEE teams meeting on weekly basis	To be discussed at RPLG and with ICP Workforce Leads

RECRUITMENT AND DEVELOPMENT ACROSS SYSTEMS					
1	Actively work alongside schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers.		HEE ICS Workforce Team ICP Workforce Leads	Scope 'as is' with HEE colleagues	Possible agenda item for first stakeholder meeting To be discussed at RPLG and with ICP Workforce Leads
2	Make better use of routes into NHS careers (including volunteering, apprenticeships and direct-entry clinical roles) as well as supporting recruitment into non-clinical roles.	By March 2021	HEE ICS Workforce Team ICP Workforce Leads	The HEE careers team, apprenticeship and widening participation hub will provide information and support across the ICS to encourage employers to maximise DWP and other national programmes, working closely with schools and education providers to increase interest in healthcare careers and support existing staff to progress in their careers	To be discussed at RPLG and with ICP Workforce Leads
3	Develop workforce sharing agreements locally, to enable rapid deployment of our people across localities.		HRDs with ICS workforce team ICP Workforce Leads	Covid workforce sharing agreement in place.	To be reviewed in terms of longevity To be discussed at RPLG and with ICP Workforce Leads
4	When recruiting temporary staff, prioritise the use of bank staff before more expensive agency and locum options and reducing the use of 'off framework' agency shifts during 2020/21	2020/21	HRDs	Varied practice across employers	Schedule for HMG / HRD discussion / agreement To be discussed at RPLG and with ICP Workforce Leads
RETURN TO PRACTICE					
	Employers and systems in partnership with SC should encourage former		HEE ICS Workforce Team	Scope 'as is' with HEE colleagues	To be discussed at RPLG and with ICP Workforce Leads

	people to return to practice as part of their recruitment drive etc		ICP Workforce Leads		
HEALTH & SOCIAL CARE PARTNERSHIP WORKING					
	All systems should review their local workforce position with providers and implement arrangements for their areas to increase resilience and capability		ICP Workforce Leads	Review Phase 3 planning submissions as a ‘stocktake’	To be discussed at RPLG and with ICP Workforce Leads

Our collective promise to our Black, Asian and minority ethnic colleagues and communities

Healthcare leaders across the North East and Yorkshire are committed to better supporting people from Black, Asian and minority ethnic (BAME) communities. This includes ensuring fairness for all and embedding a culture where, no matter your race and/or background, your personal experience, either as a staff member or as someone who accesses health and care services, is one that is not.

Our collective promise includes:

- Increasing diversity across all levels of workforce, boards and governing bodies (including leadership), underpinned by transparent and fair recruitment processes
- Introducing yearly learning and development activities for all staff on the subject of unconscious bias and/or cultural intelligence
- Ensuring through commissioning and encouragement that all leadership boards have a programme of reporting, training and development which focuses on workforce race equality standards, such as WRES metrics or other locally determined measures.
- Ensuring feedback mechanisms are firmly in place for all protected groups and can demonstrate specific feedback from BAME colleagues and communities creating psychological safety
- Supporting zero tolerance for bullying and abuse as a result of racism
- A programme which recognises the talent and leadership potential of our BAME colleagues
- Ensuring our work place environments support people from all backgrounds
- Ensuring all organisations have established staff networks to support listening into real, tangible action, where not already in place
- A commitment to continue to understand and develop strong ally ship to our BAME communities and colleagues
- Ensure promotional or communications activity actively reflects the communities we service and our workforce
- Engaging BAME service users and carers in patient and carer involvement activities

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 6 October 2020			
Third Phase of NHS Response to Covid19			**AGENDA ITEM:11, ENC 7**
Report Author and Job Title:	Ros Fallon	**Responsible Director:**	Ros Fallon
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	On 31 July 2020 the NHS Chief Executive and Chief Operating Officer set out the NHS priorities from August 2020. This paper sets of the South Tees Hospitals NHS Foundation Trust response to the challenge.		
Background	In March 2020, following national guidance, the Trust paused routine elective services as the initial phase of the NHS Response to Covid19. At the end of April 2020 the Trust received further guidance on the second phase of the NHS Response to Covid19 and has since been working on a Recovery Plan alongside an established Improvement Plan. On 31 July 2020 the Trust received guidance on the third phase of the NHS Response to Covid 19 and has developed clinically led plans to continue its improvement journey and to, where possible, recover elective activity.		
Assessment	The Trust has made considerable progress in the clinically led recovery of services following the Covid19 pandemic. It has built upon the engagement and service changes undertaken at the height of the pandemic and clinical teams have developed realistic activity plans for their services. Staff have been supported to come together to improve hospital and community services, ensuring patients receive care in the most clinically appropriate setting and making best use of all available capacity. Current elective activity plans will need to be adjusted in response to the scale and length of a second Covid19 surge.		
Recommendation	Members of the Trust Board are asked to note the progress made in the recovery and planning of services following the Covid19 pandemic.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 1.5 - Risk to Trusts ability to delivery strategic objectives due to diversion of resources of all types required to manage the Covid 19 pandemic. BAF risk 3.1 - A sustained, exceptional level of demand for services that overwhelms capacity resulting in a prolonged, widespread reduction in the quality of patient care and repeated failure to achieve constitutional standards, with possible harm to patients		
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 ☒	Excellence in employee experience ☒	

	Drive operational performance ☒	Long term financial sustainability ☐
	Develop clinical and commercial strategies ☐	

Third Phase of NHS Response to COVID 19
South Tees Hospitals NHS Foundation Trust Recovery and Improvement Plan

1. Introduction

The purpose of this paper is to set out the South Tees Hospitals NHS Foundation Trust (STHFT) response to the guidance issued by the NHS Chief Executive and Chief Operating Officer setting out the NHS priorities in the third phase of the NHS Response to Covid 19. In summary the priorities are:

- To accelerate the return to near normal levels of non Covid19 health services, making full use of the capacity available in the window of opportunity between now and winter
- Prepare for winter demand pressures, alongside continuing vigilance in the light of further possible Covid19 spikes locally and possible nationally
- Do the above in a way that takes account of lessons learned during the first Codid19 peak, locks in beneficial changes and explicitly tackles fundamental challenges including support for staff and action on inequalities and prevention

2. Background

In March 2020, following national guidance, the Trust paused routine elective services as the initial phase of the NHS Response to Covid19. At the end of April 2020 the Trust received further guidance on the second phase of the NHS Response to Covid19 and has since been working on a Recovery Plan alongside an established Improvement Plan. On 31 July 2020 the Trust received guidance on the third phase of the NHS Response to Covid 19 and has developed clinically led plans to continue its improvement journey and to, where possible, recover elective activity.

3. Current position

Just like the rest of the NHS, the Trust's number one priority during the height of the pandemic has been about ensuring that all those who need emergency and urgent care – not just those with coronavirus – have been able to receive it when they need it.
In just 12 short weeks during the initial surge, as our clinicians separated the hospital into Covid and non Covid units and began the gradual process of re-establishing services, they delivered 3,400 theatre operations and provided a tenfold increase in virtual outpatient appointments. Our laboratory colleagues were amongst the first in the country to develop round the clock on site testing for Covid19 and moved mountains to quickly set up a service to test patient and staff swabs 24 hours a day, seven days a week – working continuously to improve turnaround times which rapidly decreased from over 24 hours to less than six hours.

At the height of the pandemic, our critical care team was providing care to 26 patients with Covid, as well as critically ill patients with other conditions. Throughout this period the critical care and theatre teams worked together to ensure urgent non-Covid related surgery could continue. This work helped to ensure that more than 130 patients were able to be admitted electively from theatres to critical care between 2 March and 4 May alone.

Our cancer physicians worked with cardiothoracic surgeons and other clinical colleagues to deliver more stereotactic radiotherapy to treat early stage lung cancer as an alternative to cancer surgery due to the risks associated with COVID.

Community nurses continued to visit their most vulnerable patients to deliver vital care in their own homes, including those who had tested positive for coronavirus. This meant changing the way care was delivered.

At the Friarage, colleagues who came together on the Ainderby and Mowbray wards enabled non critical Covid19 patients from across the Dales and elsewhere to receive inpatient care, closer to home.

Our procurement team sourced and delivered a staggering 5.3 million items of personal protective equipment – including 600,000 items to neighbouring hospitals and local care providers. The wearing of personal protective equipment, social distancing and other measures, however, mean that the way our clinicians deliver care is going to be different for some time to come. The precautions that remain in place nationally to reduce the risk of nosocomial mean that recovery will be a gradual process. Already all of the trust's non-urgent services which were paused during the height of the pandemic have restarted either fully or partially.

Accelerating the return of non Covid19 health services for a tertiary and secondary care provider relies on safely delivering the maximum elective activity possible between now and winter. The expectations are:

- In September, to deliver at least 80% of last year's activity for both inpatient electives and for outpatient/day case procedures rising to 90% in October.
- To support the above, STHFT is expected to return to at least 90% of last year's levels of MRI/CT and endoscopy procedures with an ambition to reach 100% by October.
- To deliver 100% of last year's activity for first outpatient attendances and follow ups from September through the balance of the year, aiming for 90% in August

Throughout August and early September work has been undertaken at individual service level to take stock of their current position and identify what level of activity can realistically be achieved between now and the end of March 2021. The output of this work has been aggregated at Tees Valley Integrated Care Partnership (ICP) level and submitted to NHS England and NHS Improvement (NHSE/I). The submission from STHFT contained likely activity figures alongside a narrative explaining how key issues are being addressed.

Table 1 contains the final elective activity plan submitted on 11 September 2020 with the trajectory set out as a percentage of activity delivered over the same period the previous year. August data is actual performance data whilst October, February and March is planned activity. March 2020 activity was low due to the start of the Covid19 pandemic and the therefore March 2021 percentage is over inflated: however February 2021 sets out a realistic trajectory.

Point of Delivery	August 20 (Actual)	October 20 (Planned)	February 21 (Planned)	March 21 (Planned)
Outpatients First Attendances	71%	76%	84%	110%
Outpatient Follow Up Attendances	77%	80%	84%	106%
Elective Day Case	67%	75%	82%	105%
Elective Inpatient	63%	74%	78%	115%
Diagnostics	79%	77%	83%	95%

Table 1: Elective activity submission

At the onset of the pandemic non elective activity reduced significantly in line with the national pause. However this has since increased to near normal levels. Table 2 sets out the actual non elective activity for August 2020 and planned activity for October, February and March.

Point of Delivery	August 20 (Actual)	October 20 (Planned)	February 21 (Planned)	March 21 (Planned)
Accident and Emergency	91%	100%	100%	100%
Non elective: zero length of stay	82%	100%	99%	130%
Non elective: 1+ night length of stay	83%	100%	100%	100%

Table 2: Non elective activity submission

4. Cancer Services

Early in the pandemic the Northern Cancer Alliance (NCA) led the introduction of the Southern Cancer Cell (SCC). The SCC brought together cancer Patient Tracking Lists (PTL) for all provider organisations across the Tees Valley ICP ensuring that capacity was shared and patient treatments prioritised equitably regardless of which organisation was responsible for their care.

At the beginning of the pandemic cancer referrals reduced by 75% and although now increasing again the Trust is still seeing a 21% reduction in referrals. During August 2020 the number of treatments was 37% less than last year.

A concerted regional and national campaign urging the public not to delay seeking medical advice if they are worried about possible symptoms of cancer has been undertaken. The Cancer Service is currently meeting demand due to the reduction in referrals however it is considering actions in case demand exceeds capacity.

5. Elective activity (outpatients)

In response to the pandemic, routine referral routes were temporarily paused in March 2020. Urgent referrals were received via an advice and guidance route and, where possible, dealt with virtually. By July 2020 all directorates had re opened routine referral routes along with routine advice and guidance services. Demand for routine outpatient referrals has not yet returned in full across many specialities.

However the Trust has seen a nearly two-fold increase in provision of advice and guidance services in July and August. In addition, all directorates have worked to implement clinical triage of referrals prior to outpatient attendances to ensure only those patients who t need an appointment receive one. Due to these changes in referral management the Trust will not see a 100% return in outpatient referrals by March 2021.

In line with the national response, directorates have worked to increase delivered virtually either via video consultation or telephone, with an expectation that 37% of all appointments will be delivered in this way by the end of the financial year.

All directorates are working to ensure that any patients cancelled for an outpatient appointment during the initial response to the pandemic are appropriately rebooked and seen.

Directorates have been responsible for undertaking assessments of their physical space to ensure that they can maximise the throughput of patients requiring face to face appointments. Those that are able to provide services on other sites have looked to increase provision of activity locally. As part of the national Adapt and Adopt programme the Trust is looking to expand the use of:

- Patient initiated follow ups – this model allows patients to arrange their own review appointments as and when needed. Patients will be able to make contact based on individual symptoms and receive guidance or an appointment where appropriate. Patient initiated follow up is an alternative to the traditional routine follow up appointment and is seen as a preferred alternative for both patients and services even without the current capacity constraints
- Working with primary care to review clinical pathways – focussing on high priority directorates in the first instance.
- Reviewing technological solutions such as self-check in facilities and virtual pre assessment models.

6. Elective activity (inpatient and outpatient)

Throughout the pandemic patients requiring clinically urgent treatment were able to access these services, with service provision increasing over the summer. From 4 September 2020 the Trust moved to the current state of theatre provision with 4 theatres on the James Cook site remaining out of service for the following reasons:

- 1 theatre will remain out of service for Covid19 pathways
- 1 theatre will remain out of service in the day unit due the size of the theatre prohibiting social distancing
- 2 theatres currently out of service on the James Cook University Hospital (JCUH) site due to refurbishment
-

To mitigate, the Trust has worked with the CCG and agreed access to the second theatre on the Redcar Primary Care Hospital site. In addition (and in line with national Covid19 recovery guidance) the Trust is working with the Independent Sector (IS) to provide additional sessions on a weekly basis.
The main factors adversely impacting elective performance are:

- A reduction in the number of cases booked per theatre list due to the time it takes for donning and doffing Personal Protective Equipment (PPE)
- A reduction in theatre sessions available to STHFT
- A reduction of 53 available beds due to Infection Prevention Control (IPC) measures. This is in addition to 50 beds the Trust reduced in April 2019 due to cost pressures and therefore this winter the Trust will be operating with 103 beds less that two year ago.

Throughout the pandemic the Trust has consistently treated patients according to clinical priority. Patients on a cancer pathway, patients identified as clinically urgent and any patients waiting over 52 weeks from referral to treatment are being actively managed and appointed into the identified capacity as it is released. To support this, in line with national guidance, the Trust is working to implement a system that will enable recording of clinical reviews and clinical prioritisation of patients; surgical procedure to ensure that waiting lists are clinically validated and auditable.
The Trust is considering and/or implementing a range of initiatives to increase elective inpatient capacity including:

- Two additional all day theatre sessions on a Saturday and Sunday have been established at the James Cook site and one additional all day theatre session has been established at the Friarage through additional session payments to the end of October 2020
- Focussing on Day Case activity over the winter period in order to create bed capacity for medical admissions
- Regular review of clinical need across all directorates inpatient waiting lists, with reallocation of capacity dependent on clinical need.

7. Diagnostic activity

Endoscopy sessions have been restricted by IPC guidance. Activity levels have been maintained through the conversion of some surgical outpatient and theatre sessions to endoscopy. The Trust is currently utilising sessions at the IS as well as (in line with national Covid19 recovery guidance) utilising imaging as an alternative to endoscopy. Throughout the pandemic radiology capacity has been maintained for all cancer referrals.

MRI and CT have returned to near normal levels. Non-cancer activity has been transferred to the mobile CT unit funded by NHSE/I and where capacity allows MRI activity is being undertaken through the IS. Work is underway to restart a direct to CT project with anticipated implementation in mid-October.
Extended appointment times have been introduced to ensure appropriate cleaning between patients and also to accommodate social distancing. Business cases have been submitted to recruit to unutilised estate which would allow all modalities to increase capacity.

8. Workforce

The Trust response to the national pandemic was rapid and required new and innovative ways of working. This ensured protection of both patients and staff whilst continuing the delivery of critical services.

Through the recovery phase, workforce plans have focussed on three key areas:

- Supporting staff to safely return to levels of service across the trust laid out in the Phase 3 plan
- Preparation for winter and increased Covid19 prevalence
- Identifying lessons learned from Covid19 and embedding the new ways of working to sustain workforce levels and thus mitigate any impact on future service delivery plans.

Strategies to support the workforce include:

- Review and continuation of homeworking and the introduction of Remote Working policy to formalise present and future arrangements in addition to the current Flexible Working policy provisions
- Provision of PPE and associated 'Fit Testing' for all staff as appropriate
- Redeployment and retraining of clinical staff to meet safe staffing levels and mitigate any identified health and wellbeing risks to vulnerable staff
- Risk Assessments in place for all staff and where necessary reasonable adjustments made
- Continuation of Staff Testing
- Introduction of a range of tools and access to services to support staff health and wellbeing requirements
- Plans in place for winter flu vaccination campaign

9. Approach to delivery

Over the summer the Trust has established a number of Improvement Collaboratives that consist of services that are dependent upon each other and are working together to resolve strategic and operational issues. A key focus of the collaboratives has been on Covid19 recovery and resilience planning for winter.

Surgical Improvement Collaborative

The Surgical Improvement Collaborative has identified three key priority areas:

- Pre-operative assessment and booking
- Elective efficiency
- Non elective surgical care

Initial work has focussed on management of theatre access across sites and pre-operative isolation pathways.

In order to safely ensure maximum service provision in the coming months the collaborative has worked to develop a number of key trigger points and mitigation processes should there be:

- Reduced or limited access to inpatient surgical beds on the JCUH site
- Reduced or redeployed theatre and clinical staff effecting the number of theatre sessions that can be safely staffed
- Increased prevalence of Covid19 in the community which would change admission processes relating to pre-operative isolation

The collaborative has additionally agreed key principles of ensuring additional theatre sites (FHN, Redcar and IS Sector sites) are maintained to ensure focus on clinical priority.

Medical Improvement Collaborative

A key focus for the Medical Collaborative has been on the development of initiatives that will reduce patients being admitted to a hospital bed when they could be cared for more appropriately outside hospital. The aim is to create bed capacity and reduce the need to cancel elective specialist and tertiary patients when a bed is not available through the following initiatives:

- Same Day Emergency Care
- Implementing a Paediatric Emergency Department (ED) – this initiative will create space in the ED and meet CQC requirements
- Implementing 'Talk before you walk' – this initiative will ensure that patients only visit ED when necessary
- Implementing a Frailty Pathway
- Improving internal transfers and discharge planning

Community Improvement Collaborative

The agreed aim of the Community Improvement Collaborative is to optimise community care pathways ensuring the patient receives the best care at the right time in the right place, with home being the preferred place for care. The collaborative recognises that demand for community care is increasing as patients' needs become more complex. The current system facilitates hospital admission, duplication of assessments and multiple referral routes. The collaborative are working on redesigning pathways to ensure that only patients who require an acute hospital admission are cared for in this setting.

Due to interdependencies the Community Collaborative works closely with the Medical Collaborative and key initiatives include:

- Single point of contact
- Discharge planning and discharge to assess
- Greater use of Community Hospitals
- Integration with Primary Care Networks
- Intensive support in the community
- Integration of Therapy Services

10. Other Initiatives

A key requirement of the Phase 3 Response has been to manage waiting lists and performance at system level as well as trust level to ensure equal access and effective use of facilities.

The Trust has commenced work to develop a shared PTL. Initial focus on three clinical directorates (Orthopaedics, Urology and Gastroenterology) has been agreed based on existing performance and waiting times.

The Trust has also engaged in the Clinical Prioritisation Programme at system level. This programme is managed by the North East and North Cumbria Integrated Care System (ICS) and provides a digital solution for validating and prioritising waiting lists.

11. Risk to delivery

To support directorates in their service recovery, weekly performance support and enhancement meetings have been formed to ensure rapid escalation and address of any issues that may impede Covid19 recovery.

All recovery plans and subsequent activity plans are grounded in clinically led activity assessments however a second wave of Covid19 will necessarily impact on these assessments.

12. Conclusion

In conclusion the Trust has made considerable progress in the clinically led recovery of services following the Covid19 pandemic. It has built upon the engagement and service changes undertaken at the height of the pandemic and clinical teams have developed realistic activity plans for their services. Staff have been supported to come together to improve hospital and community services, ensuring patients receive care in the most clinically appropriate setting and making best use of all available capacity. Current elective activity plans will need to be adjusted in response to the scale and length of a second Covid19 surge.

13. Recommendation

The Board is asked to note the progress made in the recovery and planning of services following the Covid19 pandemic.

South Tees Hospitals NHS
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 OCTOBER 2020			
Integrated Performance Report			**AGENDA ITEM: 12, ENC 8**
Report Author and Job Title:	Ros Fallon Director of Planning & Recovery	**Responsible Director:**	Various
Action Required	Approve ☐ Discuss ☐ Inform ☒ (select the relevant action required)		
Situation	To provide the Board with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	The Integrated Performance Report (IPR) will be produced by the Trust on a monthly basis to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance. The IPR provides assurance to the Board that all areas of performance are monitored, allowing the Board to gain assurance regarding actual performance, Trust priorities and remedial actions. Key elements of the report will be discussed by the Board's Quality Assurance Committee, Finance and Investment Committee and Workforce and OD Committee. A summary of discussions will be included in Chair Reports to the Board of Directors.		
Assessment	Key messages relating to performance this month include: • Increased demand and reduced capacity has led to A&E 4 hour wait to continue to be below target. • Diagnostics,18 week and cancer compliance continue to be impacted by COVID-19. (Entering into Recovery stage and implementing recovery plans.) • Annual appraisal compliance has continued to be impacted as a result of the COVID 19 pandemic. • Financially the trust has recorded a break even position		
Recommendation	The Board of Directors are asked to: a) Receive the Integrated Performance Report for May 2020. b) Note the performance standards that are being achieved. c) Be assured that where performance standards are not currently met, a detailed analysis is being undertaken and actions are in place to ensure an improvement is made.		

Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 1.5 - Risk to Trusts ability to delivery strategic objectives due to diversion of resources of all types required to manage the Covid 19 pandemic. BAF risk 3.1 - A sustained, exceptional level of demand for services that overwhelms capacity resulting in a prolonged, widespread reduction in the quality of patient care and repeated failure to achieve constitutional standards, with possible harm to patients BAF risk 3.2 - Risk of ability to deliver the national access target of 92% for 18 weeks RTT and achievement of the March 19 WTL by March 2020 due to gaps in workforce (T&O, Spinal, General Surgery, Plastics and Urology), increasing demand (ophthalmology, Gastroenterology), transfer of activity from CCDFT, reduction in weekend working and premium pay . BAF risk 3.3 - Risk of ability to deliver the national access target of 85% for 62 Day Cancer Standard	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☐	Excellence in employee experience ☐
	Drive operational performance ☐	Long term financial sustainability ☐
	Develop clinical and commercial strategies ☐	

South Tees Hospitals
NHS Foundation Trust

Integrated Performance Report

August 2020

Key Messages

South Tees Hospitals NHS Foundation Trust

- Our key messages are:
- Increased demand and reduced capacity have led to A and E compliance to continue to be below target for the third consecutive month.
- RTT compliance has started to improve and compliance has increased by 9.16% on Julys position.
- Diagnostic compliance continues to improve for the fourth consecutive month. Modality compliance is now included.
- Cancer 14 Day standard is 60.09% as referrals continue to rise towards pre-COVID levels.
- SHMI is ‘higher than expected’.
- Annual appraisal compliance continues to remain outside of the lower control limits for fourth consecutive month. Detailed actions to address this are underway.
- The Trust has achieved a break even position and is 6.2m ahead of internal budget.

Measures

South Tees Hospitals NHS Foundation Trust

	Indicator	Latest Month	Control Limit	Trend	Assurance
SAFE	All Falls Rate	5.54	5		
	Falls With Harm Rate	0.18	0		
	Infection Control - C-Difficile	9	0		
	Infection Control - MRSA	0	0	L	
	Serious Incidents	5	0		
	Never Events	0	0		
	Grade 2 Pressure Ulcers	92	TBD		
	Grade 3 & 4 Pressure Ulcers	15	TBD		
	SHMI	125.89	N/A		
	Hospital Standard Mortality Rate (HSMR)	95.58	N/A		
	VTE Assessment	Data Validation Required - metric isn't currently being reported nationally			
EFFECTIVE	SEPSIS - Screening	Data Validation Required			

	Indicator	Latest Month	Control Limit	Trend	Assurance
CARING	F&F A&E Recommendation Rate	88.16%	85.0%		
	F&F A&E Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	F&F Inpatient Recommendation Rate	96.28%	96.0%		
	F&F Inpatient Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	F&F Maternity Recommendation Rate	98.68%	97.0%		
	F&F Maternity Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	Complaints Closed Within Target (%)	89.47%	80.0%		
	Mixed Sex Accommodation (MSA) Breaches	0	0	L	

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

Measures

South Tees Hospitals NHS Foundation Trust

	Indicator	Latest Month	Control Limit	Trend	Assurance
RESPONSIVE	A&E 4 Hour Wait Standard (%)	89.22%	95.0%		?
	RTT Incomplete Pathways (%)	39.72%	92.0%	L	F
	Diagnostic 6 Weeks Standard (%)	70.00%	99.0%	L	?
	Cancer Treatment - 14 Day Standard (%)	60.09%	93.0%	L	?
	Cancer Treatment - 31 Day Standard (%)	96.91%	96.0%		?
	Cancer Treatment - 62 Day Standard (%)	79.15%	85.0%		?
	Non-Urgent Ops Cancelled on Day	5	0	L	F
	Cancer Operations Cancelled On Day	0	0		?
	Cancelled Ops Not Rebooked Within 28 days	0	0		?
	E-Discharge (%)	95.71%	90.0%	H	?

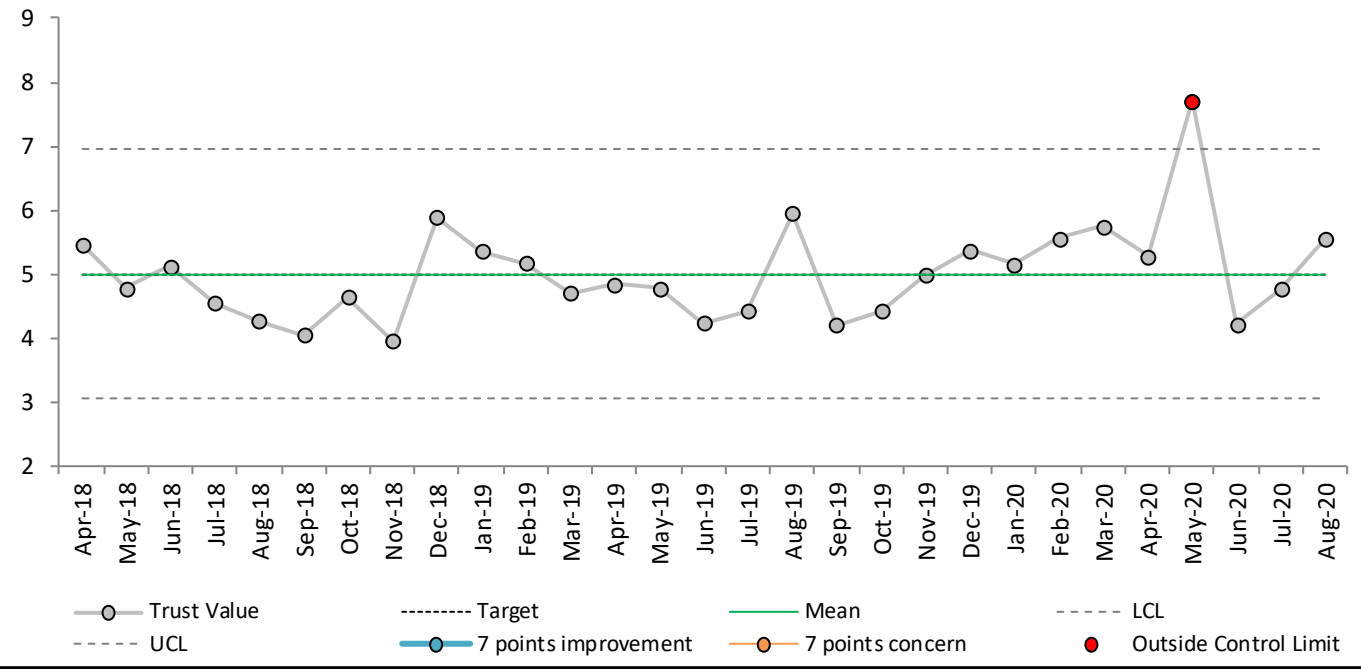
	Indicator	Latest Month	Control Limit	Trend	Assurance
WELL LED	Annual Appraisal (%)	72.18%	80.0%	L	?
	Mandatory Training (%)	85.19%	90.0%	L	?
	Sickness Absence (%)	4.24%	4.0%	L	?
	Staff Turnover (%)	12.56%	10.0%	H	?
	Year-To-Date Budget (£'millions)	-£6.20	Within Budget		?

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

Safe

South Tees Hospitals NHS Foundation Trust

All Falls Rate



The Trust falls rate per 1000 bed days

Target	5
Mean	5.00
Last Month	5.54

Executive Lead

Deirdre Fowler

Lead

Beth Swanson

Commentary

In August, the falls rate has risen to just above target.

Falls rate is 5.54% falls per 1000 bed days (125 falls.)

Cause of Variation

- The mainstay of our improvement strategy remains on-going with normal variation in the rate.
- Investigation into the incident is ongoing.

Planned Actions

- Actions associated with the falls prevention strategy continue.
- The impact of the loss of the RAFAU on rates of falls requires ongoing review.

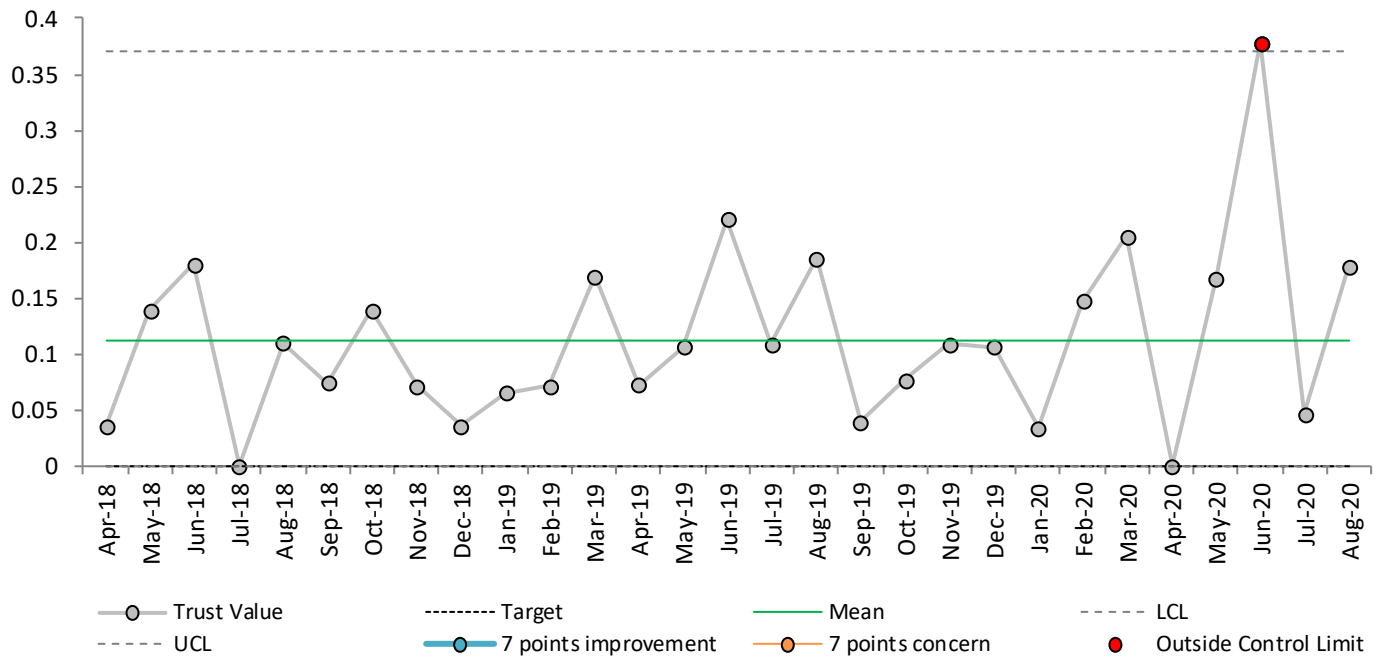
Timescale

- Actions associated with the falls prevention strategy continue.

Safe

South Tees Hospitals NHS Foundation Trust

Falls With Harm Rate



Rate of falls with harm per 1000 bed days

Target	0
Mean	0.11
Last Month	0.18

Executive Lead

Deirdre Fowler

Lead

Beth Swanson

Commentary

There was 4 falls with harm for August.

Cause of Variation

- Three patients sustained harm which occurred on ward 1, ward 29 and ward 11.
- This included x1 fracture neck of femur and x2 fractures to the humerus.

Planned Actions

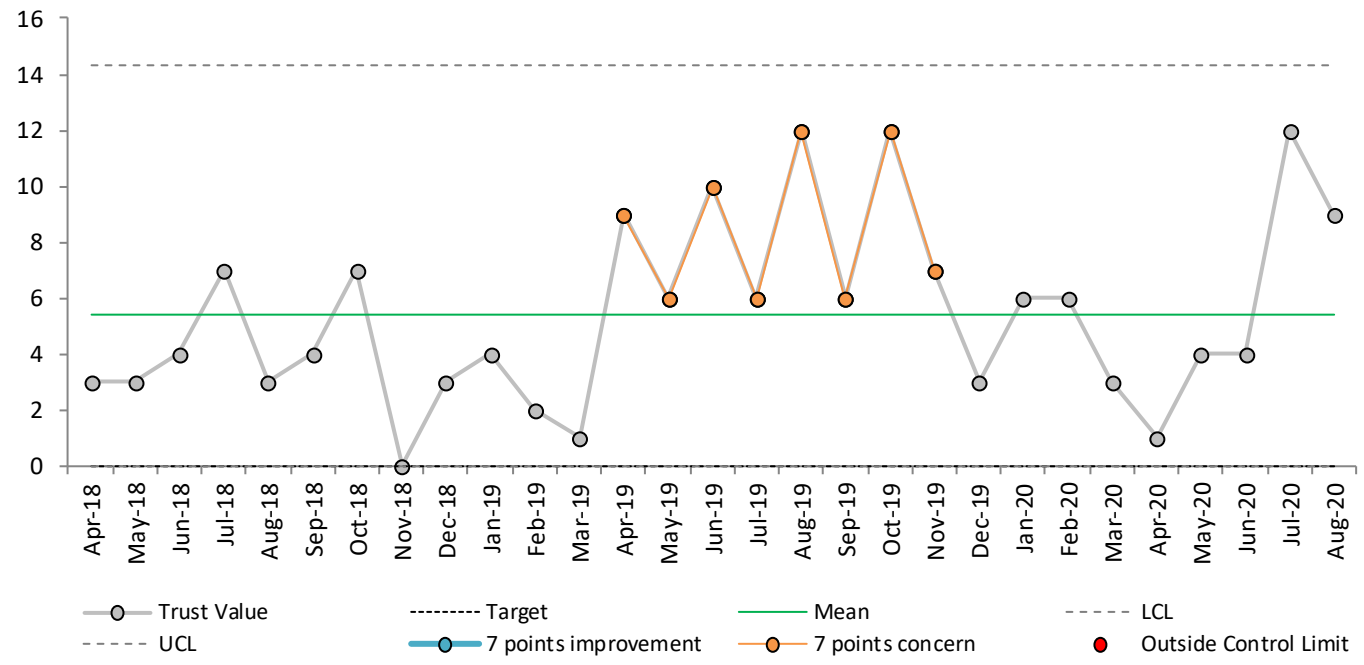
- Actions associated with the falls prevention strategy continue.

Timescale

Safe

South Tees Hospitals NHS Foundation Trust

Infection Control - C-Difficile



Cases of hospital acquired C. Difficile bacteraemia

Target	0
Mean	5.41
Last Month	9.00

Executive Lead

Deirdre Fowler

Lead

Sharron Lance

Commentary

There is a decrease in cases in August. There is no upper threshold target for 2020/21 but based on last years upper threshold of 81 case by year end we remain slightly under trajectory. There are no linked cases

Cause of Variation

- No obvious cause but closer analysis of the root cause investigations may reveal potential learning opportunities.

Planned Actions

- Commenced root cause analysis and panel reviews after a pause in these processes during the first wave of Covid19.

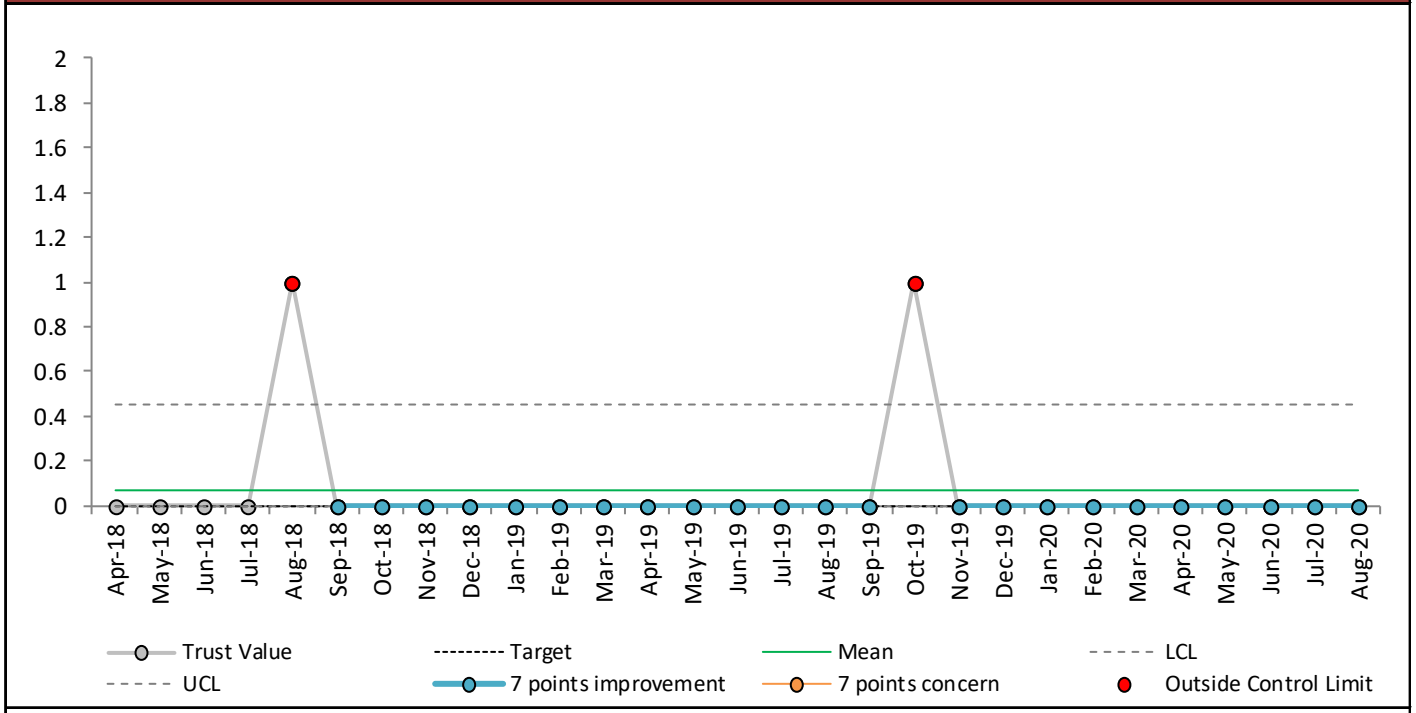
Timescale

Ongoing

Safe

South Tees Hospitals
NHS Foundation Trust

Infection Control - MRSA



Cases of hospital acquired MRSA bacteraemia

Target	0
Mean	0.07
Last Month	0.00

Executive Lead

Deirdre Fowler

Lead

Sharron Lance

Commentary

There were 0 MRSA cases to report for July, meaning we have not reported any cases for 10 consecutive months.

Cause of Variation

- Not applicable.

Planned Actions

- Aseptic non touch technique training and audit programs for indwelling device insertion and care remain in place.

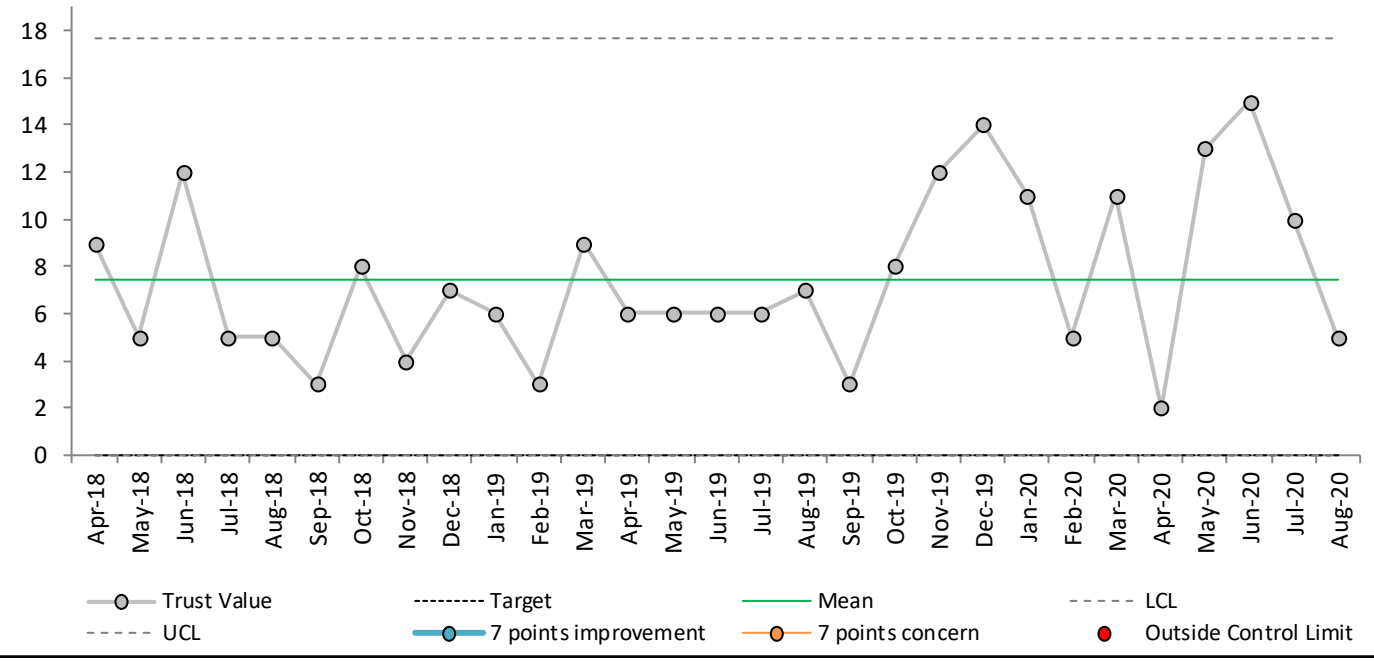
Timescale

- Not applicable

Safe

South Tees Hospitals NHS Foundation Trust

Serious Incidents



The number of Serious Incidents

Target	0
Mean	7.45
Last Month	5.00

Executive Lead

Deirdre Fowler

Lead

Kay Davies

Commentary

There were 5 serious incidents declared in August, which is an improvement on the previous two months.

Cause of Variation

- Serious Incidents are not always reported in the same month that they occur.
- In August, 66% were reported within 48 hours of knowledge of the incident.

Planned Actions

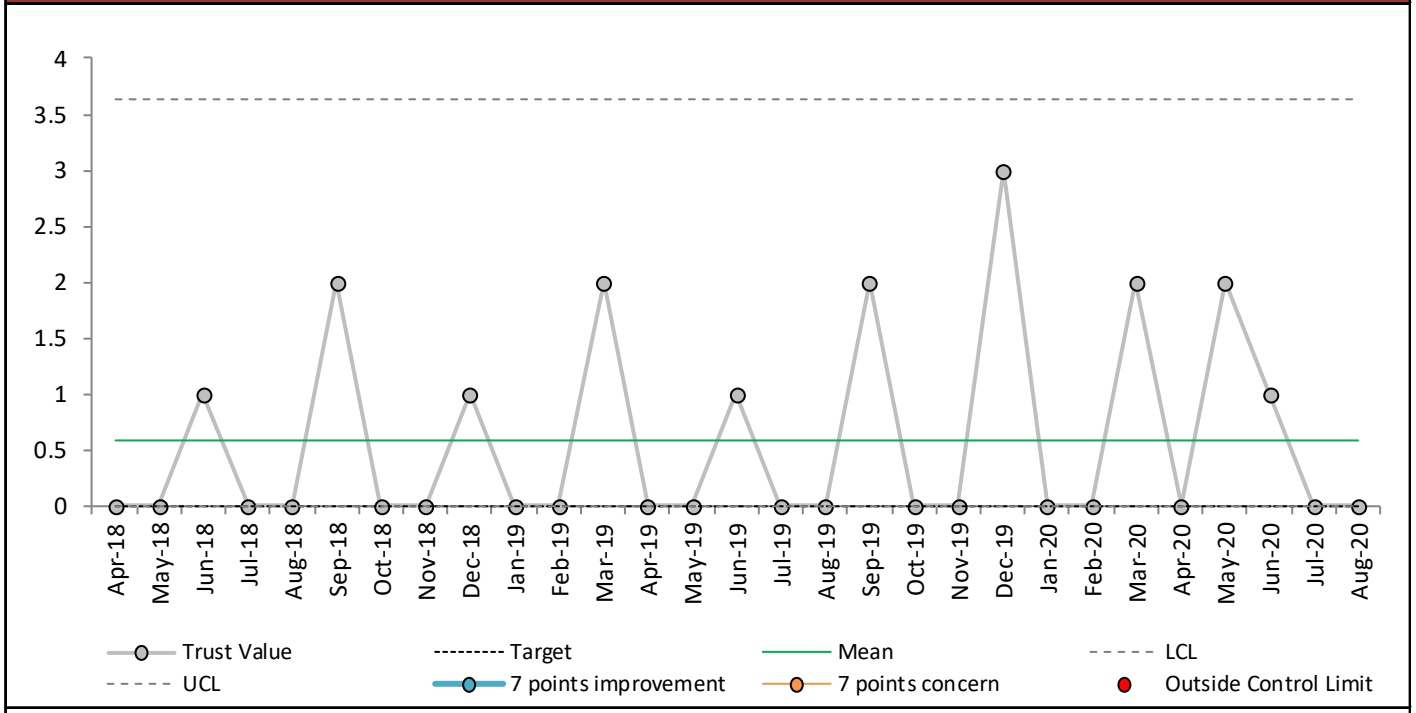
- Continue to report and investigate SIs within agreed timescales and ensure lessons learnt are shared across the Organisation.
- Focus on outstanding actions from previous SIs to ensure evidence is provided and learning is being embedded
- Await the publication of the new Patient Safety Incident Response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

Timescale

Safe

South Tees Hospitals NHS Foundation Trust

Never Events



Number of reported Never Events

Target	0
Mean	0.59
Last Month	0.00

Executive Lead

Deirdre Fowler

Lead

Kay Davies

Commentary

There were 0 never events reported for the 2nd consecutive month.

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, incorporating the feedback from the external review of our never events, recent go and see visits to theatres, human factors training and the recommendations from these investigations which have been concluded.
- Internal Audit will commence a site visit in September to review the design and operating effectiveness of key controls in place relating to patient safety.

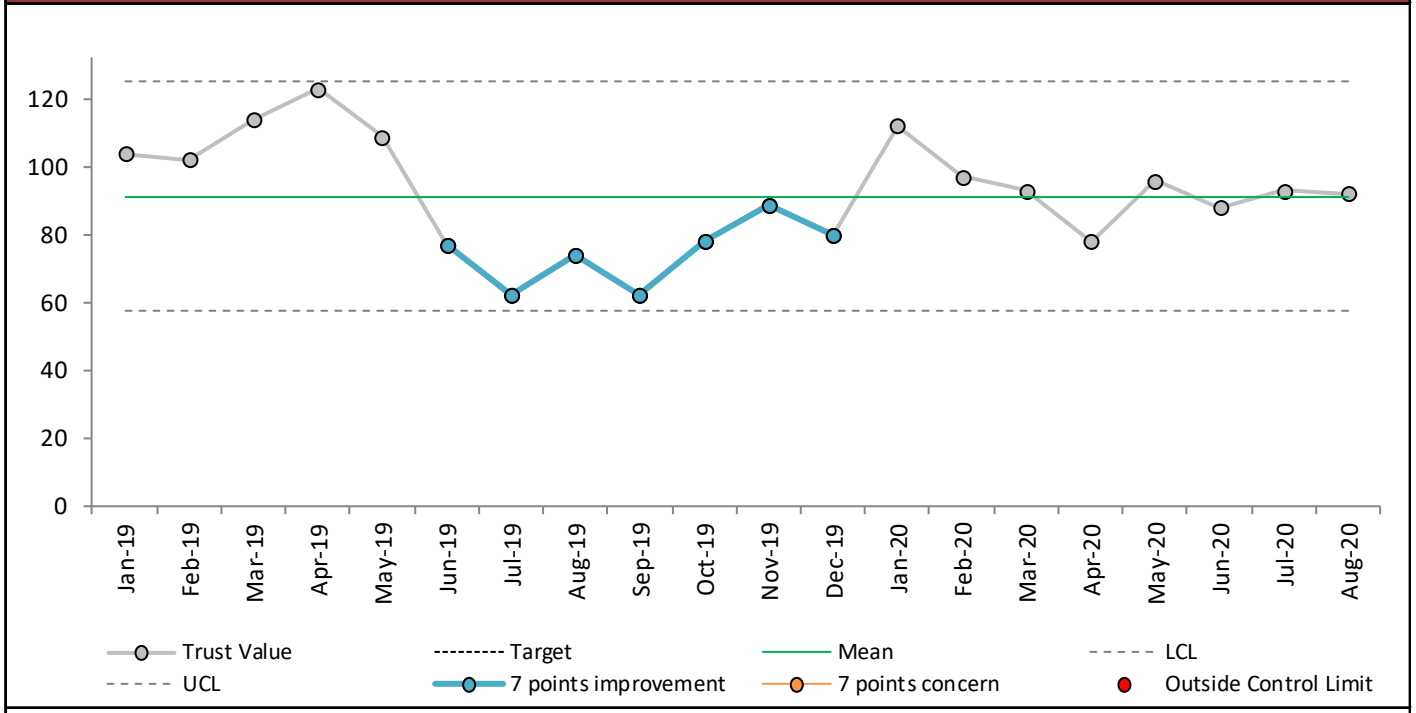
Timescale

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

Safe

South Tees Hospitals NHS Foundation Trust

Grade 2 Pressure Ulcers



Number of Grade 2 Pressure Ulcers - Trust Acquired

Target	TBD
Mean	91.15
Last Month	92.00

Executive Lead

Deirdre Fowler

Lead

Beth Swanson

Commentary

We reported 92 grade 2 pressure ulcers for August.

Community 49
Acute 43

Cause of Variation

- During August it has been identified that pressure ulcers reported on datix as additional wounds have not been pulled through into CBiS data.
- CBiS counts only the number of datix submissions not the total number of wounds.

Planned Actions

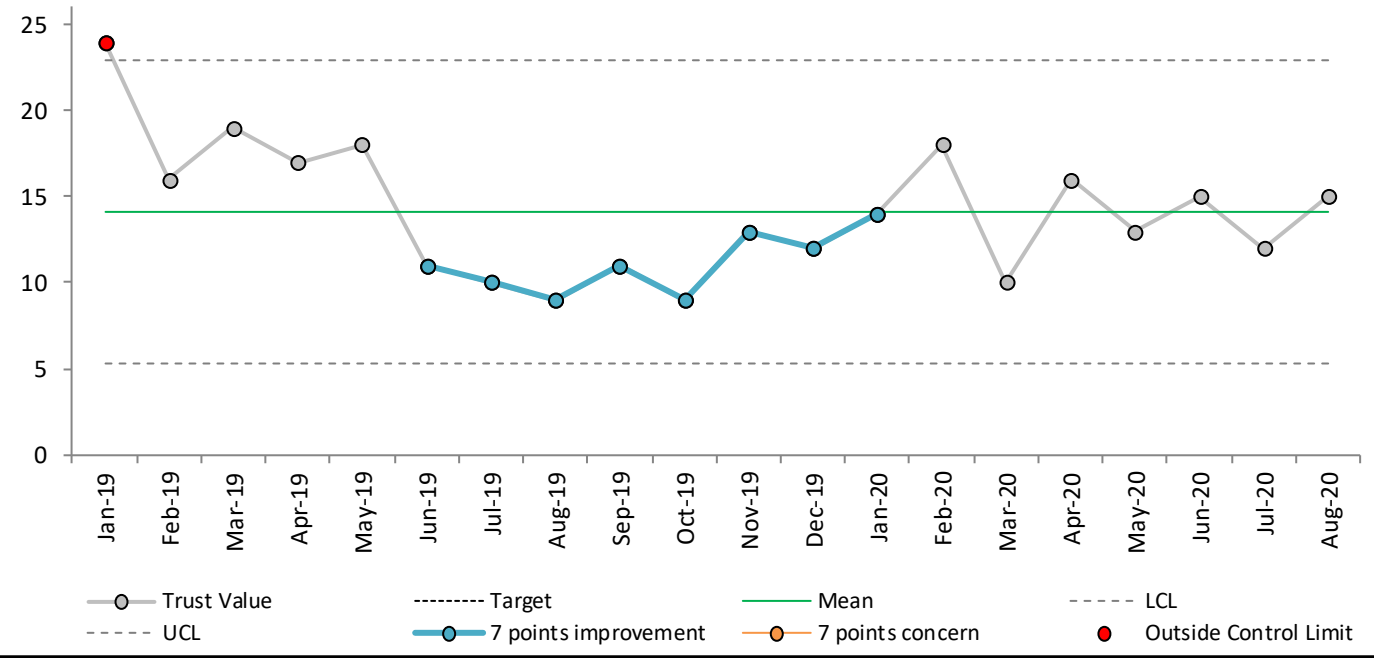
- Work is under way to ensure that the reported pressure ulcer rate is correctly presented in trust figures.
- All other planned actions continue.

Timescale

Safe

South Tees Hospitals NHS Foundation Trust

Grade 3 & 4 Pressure Ulcers



Number of Grade 3 & 4 Pressure Ulcers - Trust Acquired

Target	TBD
Mean	14.10
Last Month	15.00

Executive Lead

Deirdre Fowler

Lead

Beth Swanson

Commentary

We reported 14 grade 3 and 1 grade 4 pressure ulcers in August.

Community 15

Acute 0

Cause of Variation

- During August it has been identified that pressure ulcers reported on datix as additional wounds have not been pulled through into CBiS data.
- CBiS counts only the number of datix submissions not the total number of wounds.

Planned Actions

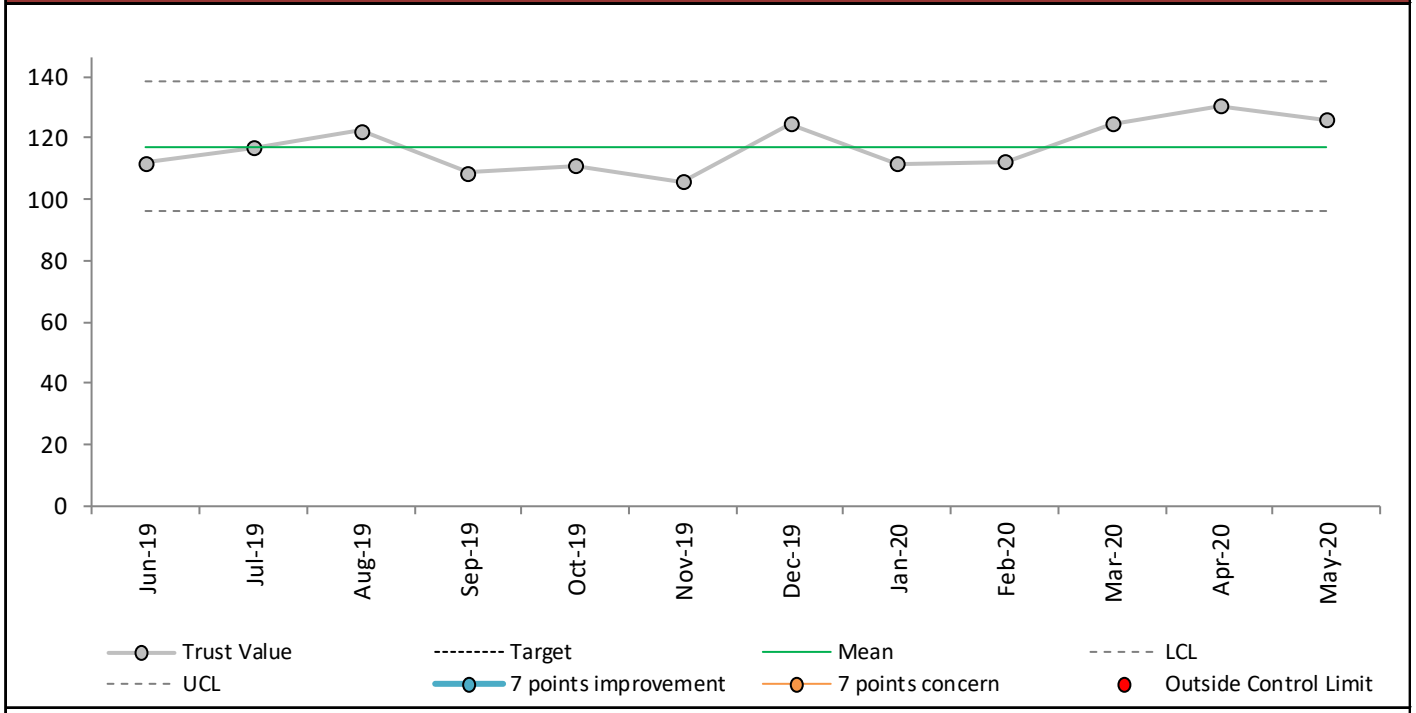
- Work is under way to ensure that the reported pressure ulcer rate is correctly presented in trust figures.
- Localised action plans developed in response to thematic analysis (ward 34 and H&R community nursing)continue.

Timescale

Safe

South Tees Hospitals NHS Foundation Trust

SHMI



Summary Hospital-Level Mortality Indicator

Target	N/A
Mean	117.19
Last Month	125.89

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 (the trust has lower than national levels of comorbidity in admitted patients).
- SHMI is officially reported quarterly and for April 2019 to March 2020 is outlying. Pneumonia and septicemia mortality is high.

Planned Actions

- The trust is gradually falling behind national averages for comorbidity coding as other trusts move to EPRs and direct coding at point of care. There may be some problems with accurate recording (and therefore coding) of primary diagnosis at admission.
- SHMI is likely to be impacted by COVID-19 as cases appear in the data from February 2020 and deaths rise steeply in March and particularly April 2020.

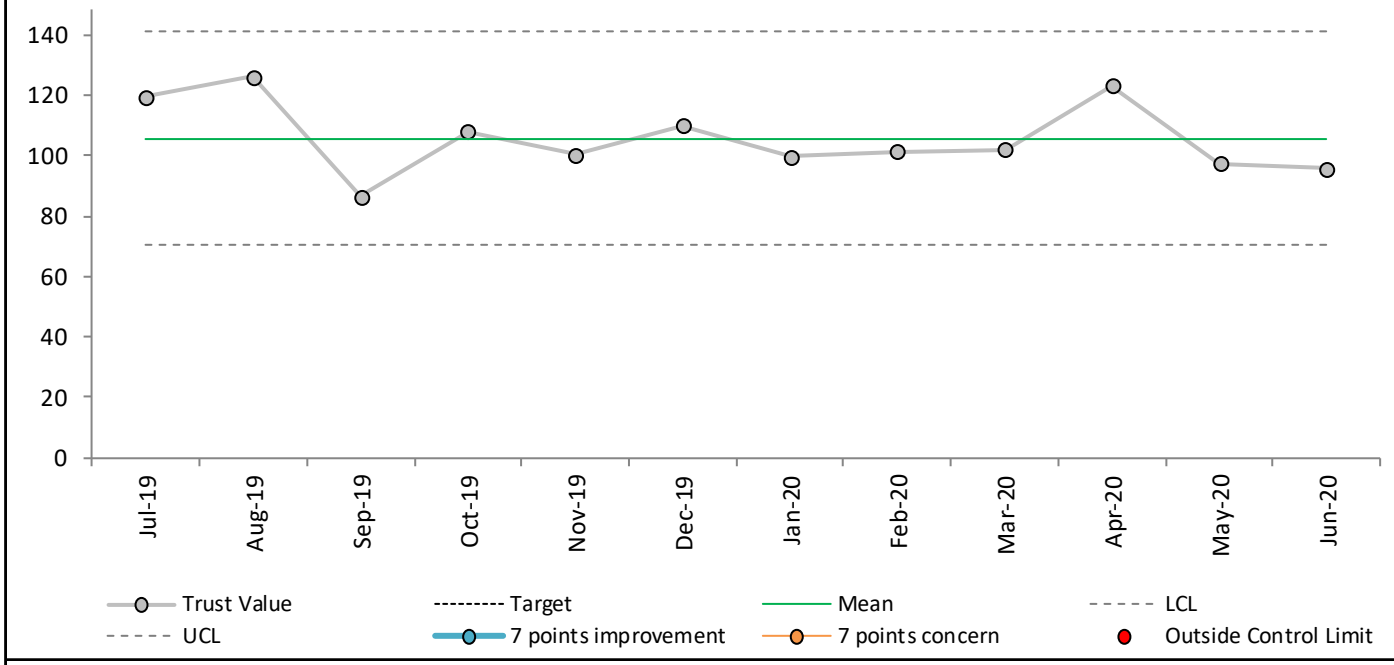
Timescale

On-going, although a quarterly review of the impact of COVID-19 on SHMI will be needed throughout 2020/2021. COVID particularly influences pneumonia and septicemia.

Safe

South Tees Hospitals NHS Foundation Trust

Hospital Standard Mortality Rate (HSMR)



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

Target	N/A
Mean	105.70
Last Month	95.58

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.

Cause of Variation

- HSMR is stable and reflects the improvement in accuracy of specialist palliative care coding, following implementation of a new process checking SystmOne 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.

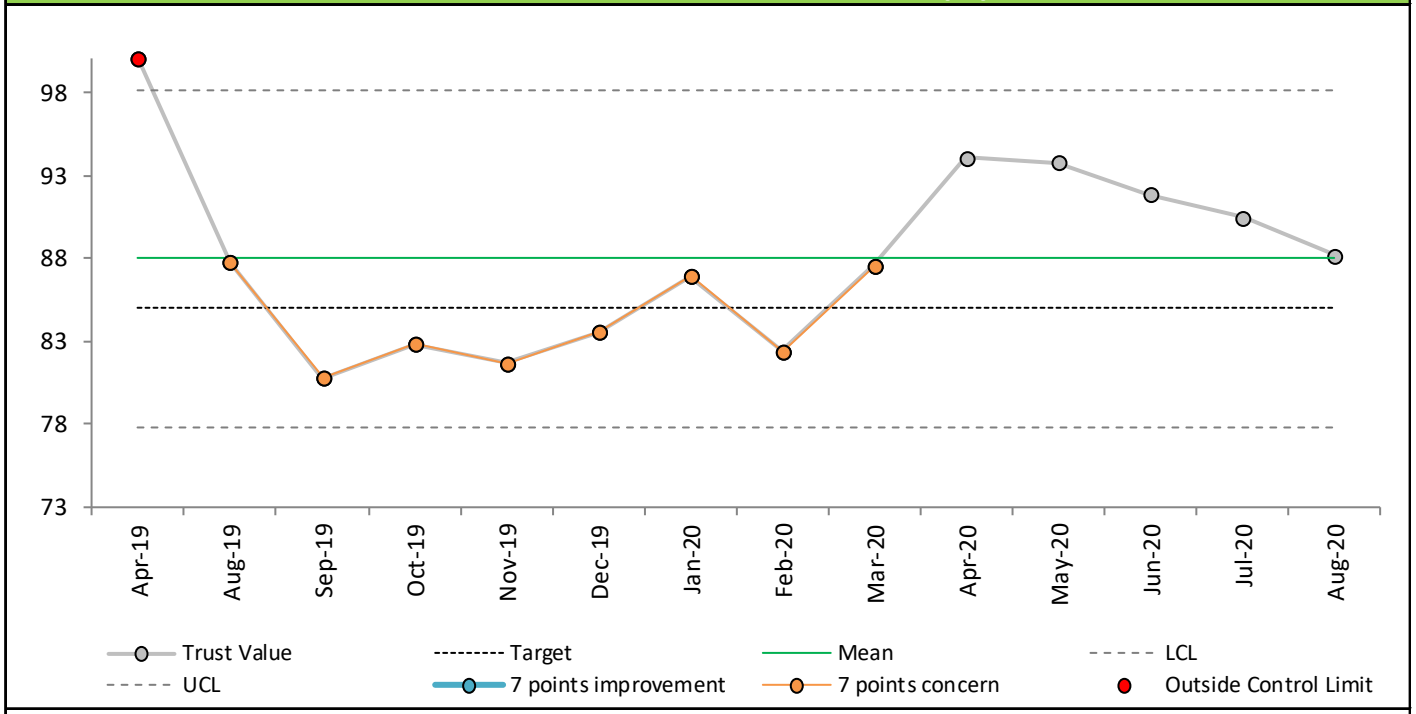
Timescale

On-going. Comparison for patient-level data for SHMI and HSMR will be important, particularly in pneumonia and septicemia given the discrepancy between them.

Caring

South Tees Hospitals NHS Foundation Trust

F&F A&E Recommendation Rate (%)



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

Target	85
Mean	87.97
Last Month	88.16

Executive Lead

Deirdre Fowler

Lead

Jen Olver

Commentary

A&E Recommendation rate remains above target for the 5th consecutive month.

Cause of Variation

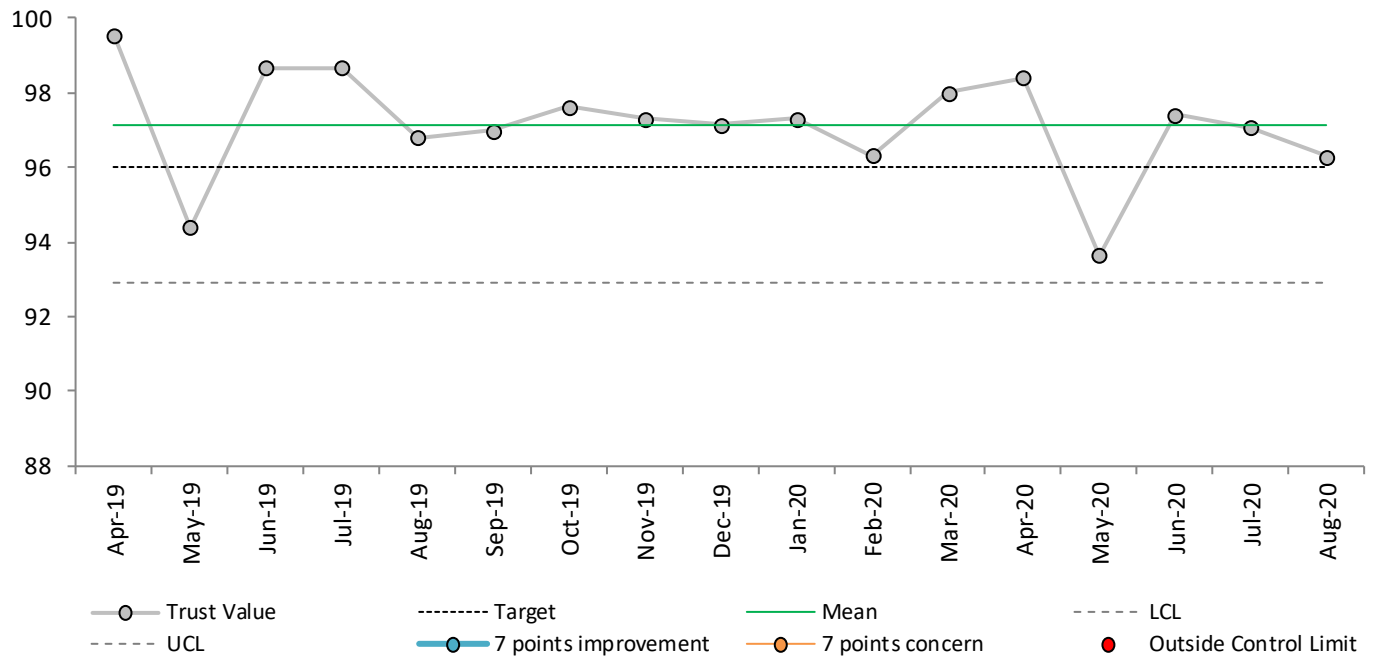
Planned Actions

Timescale

Caring

South Tees Hospitals NHS Foundation Trust

F&F Inpatient Recommendation Rate (%)



The friends and family survey/text recommendation rate for Inpatient wards

Target	96
Mean	97.16
Last Month	96.28

Executive Lead

Deirdre Fowler

Lead

Jen Olver

Commentary

Inpatient recommendation continues to be just above target for August.

Cause of Variation

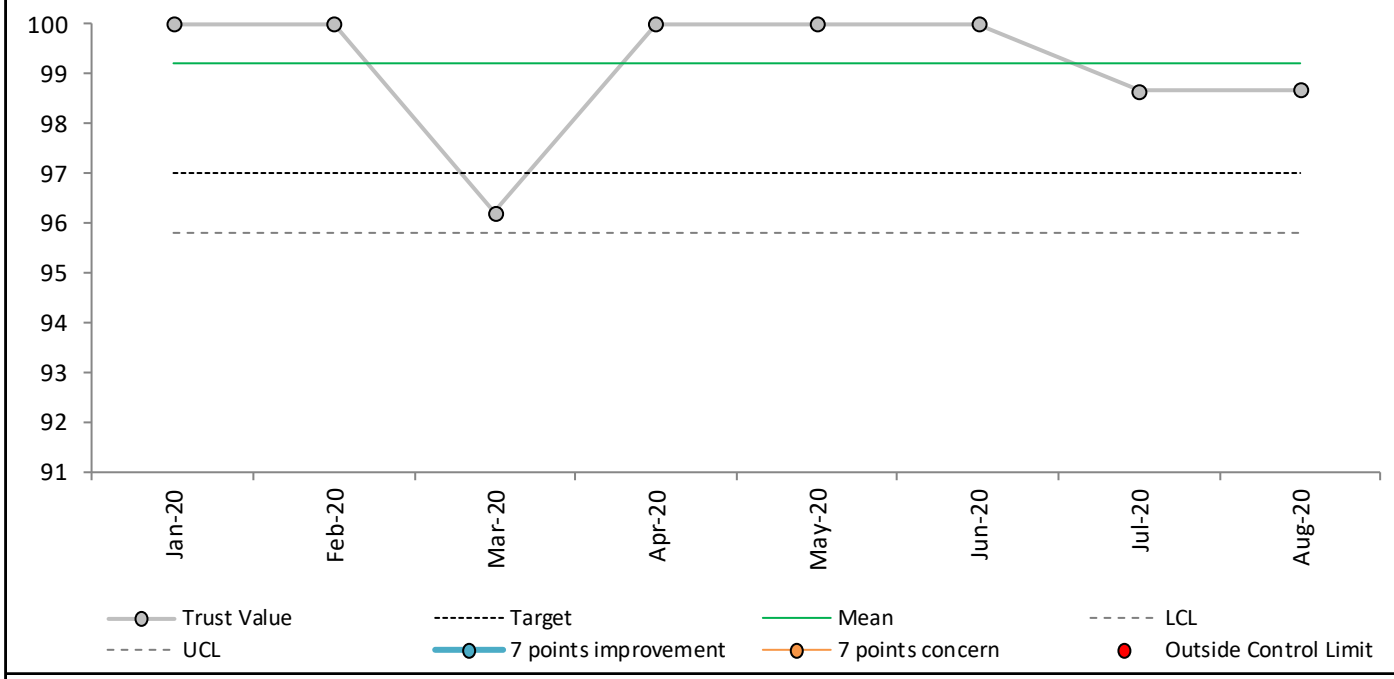
Planned Actions

Timescale

Caring

South Tees Hospitals NHS Foundation Trust

F&F Maternity Recommendation Rate (%)



The friends and family survey/text recommendation rate for Maternity services

Target	97
Mean	99.20
Last Month	98.68

Executive Lead

Deirdre Fowler

Lead

Jen Olver

Commentary

There has been a slight increase in recommendation rate for August compared to July.

Recommendation is still well above target.

Cause of Variation

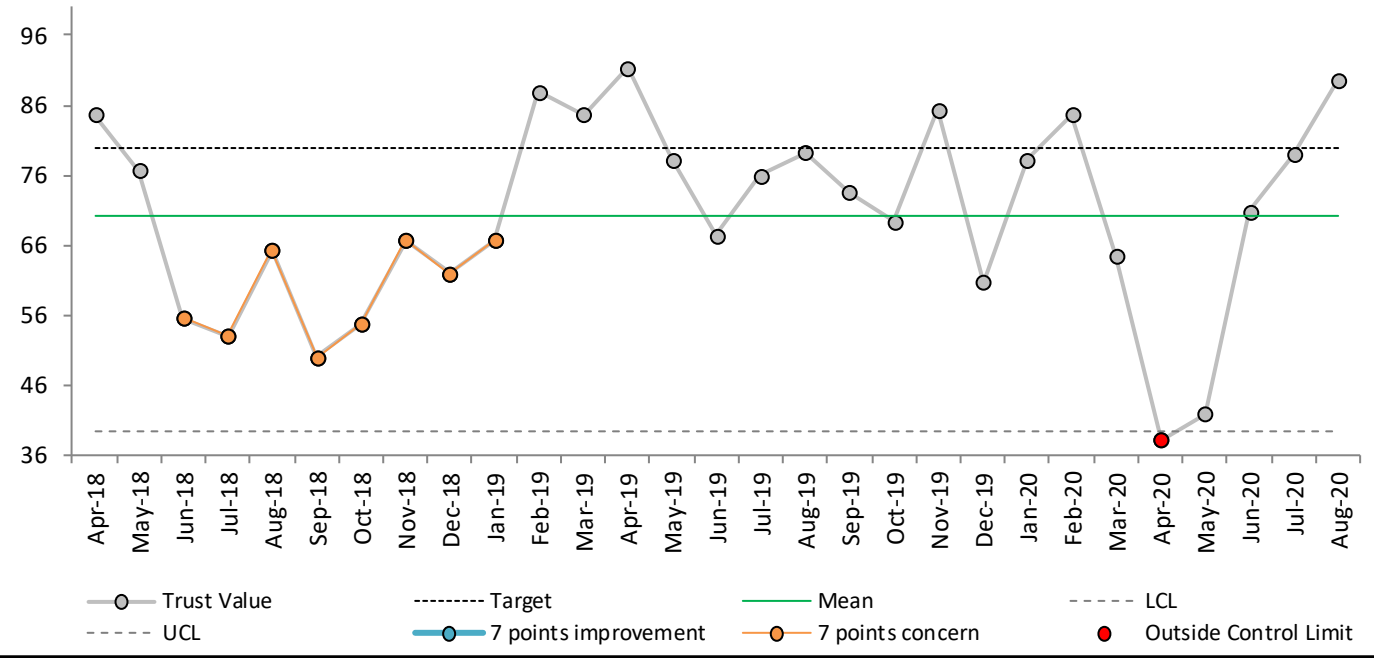
Planned Actions

Timescale

Caring

South Tees Hospitals NHS Foundation Trust

Complaints Closed Within Target (%)



The percentage of complaints closed within the target

Target	80
Mean	70.18
Last Month	89.47

Executive Lead

Deirdre Fowler

Lead

Jen Olver

Commentary

Complaints closed has exceeded its target for August at 89.47%

Cause of Variation

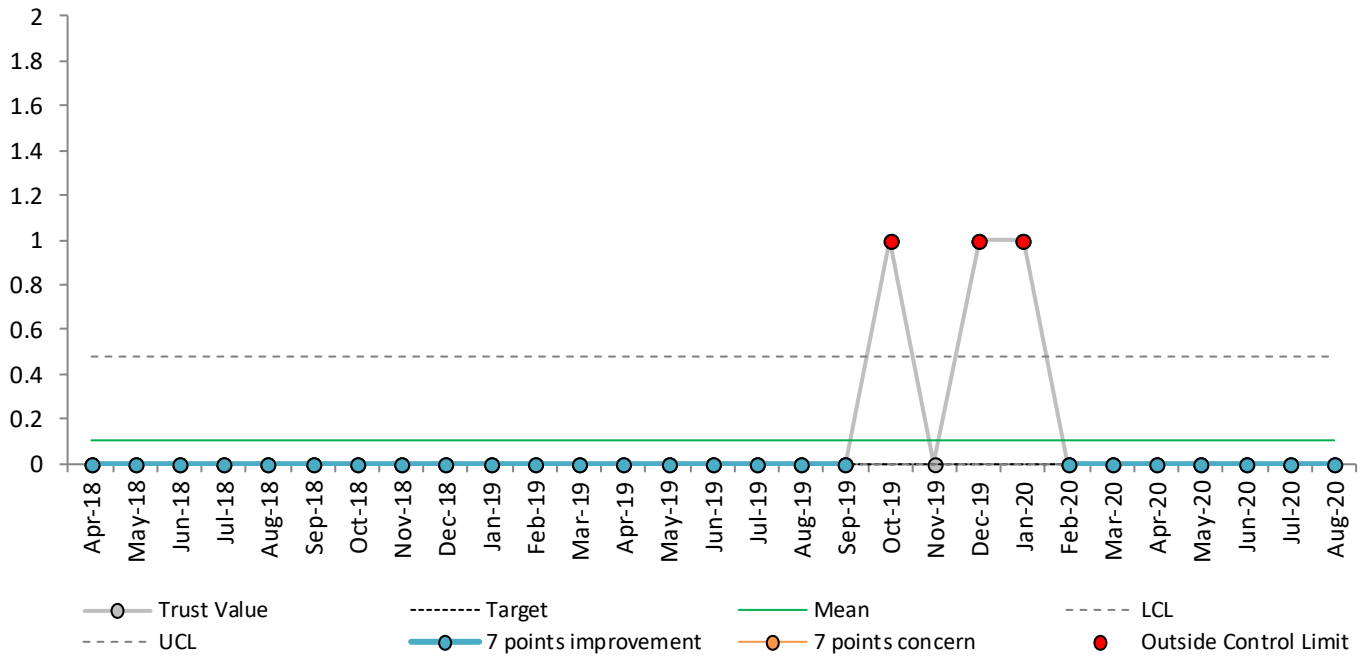
Planned Actions

Timescale

Caring

South Tees Hospitals NHS Foundation Trust

Mixed Sex Accommodation (MSA) Breaches



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

Target	0
Mean	0.10
Last Month	0.00

Executive Lead

Deirdre Fowler

Lead

Jen Olver

Commentary

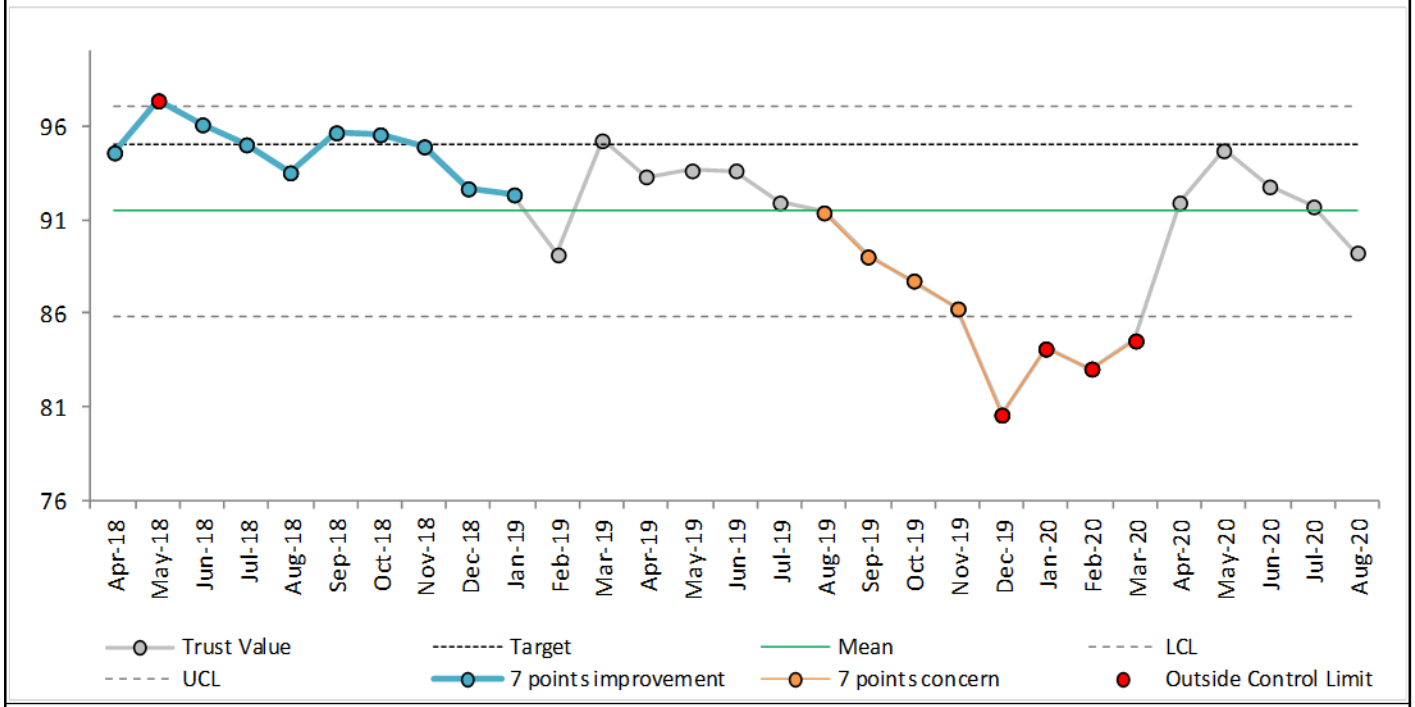
Compliance against the target has been achieved for the 7th consecutive month.

Cause of Variation	Planned Actions	Timescale

Responsive

South Tees Hospitals NHS Foundation Trust

A&E 4 Hour Wait Standard (%)



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

Target	95
Mean	91.45
Last Month	89.17

Executive Lead

Johanna Reilly

Lead

Penny Bateman

Commentary

A&E 4 hour compliance has decreased for the third consecutive month and continues to remain below target .

Cause of Variation

- Rising demand with a significant reduction in capacity remains a challenge.
- Social distancing measures impacting upon efficiency of service delivery
- Demand management challenges due to limited access to alternative services both externally and internally
- Exit block – limited isolation capacity, variable access to rapid diagnostics and bed capacity issues

Planned Actions

- Talk before you walk soft launch 1 September
- Expansion of red shed to accommodated ED ambulatory stream and expand footprint to achieve social distancing and enhance flow
- Development of SDEC – works commenced
- Development of separate Paediatric A&E department
- Review UTC model – options to expand times of operation
- Improve Patient Flow

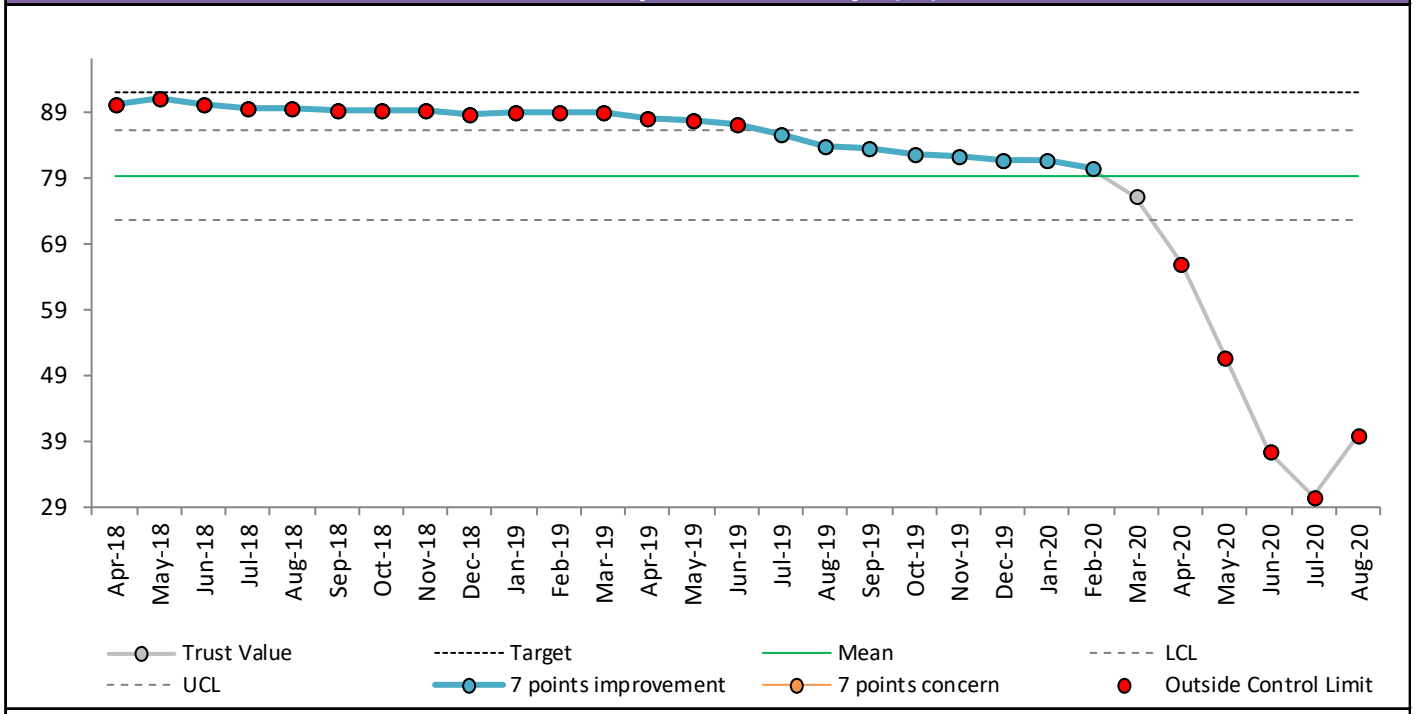
Timescale

- September 2020
- October 2020
- October 2020
- March 2021
- November 2020
- Ongoing

Responsive

South Tees Hospitals NHS Foundation Trust

RTT Incomplete Pathways (%)



The % of incomplete pathways for patients within 18 weeks

Target	92
Mean	79.29
Last Month	39.72

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

Compliance has started to improve and is 39.72% for August compared to 30.56% for July.

Special cause variation as a result of COVID 19.

Cause of Variation

- In March 2020 the Trust was required to cancel all non-urgent elective activity (by NHSE/I) for a minimum of three months. RTT compliance has significantly increased to 39.72% (from 30.56% in July). The number of patients waiting over 52 weeks at the end of August has increased to 1,227 from 956 at the end of July.

Planned Actions

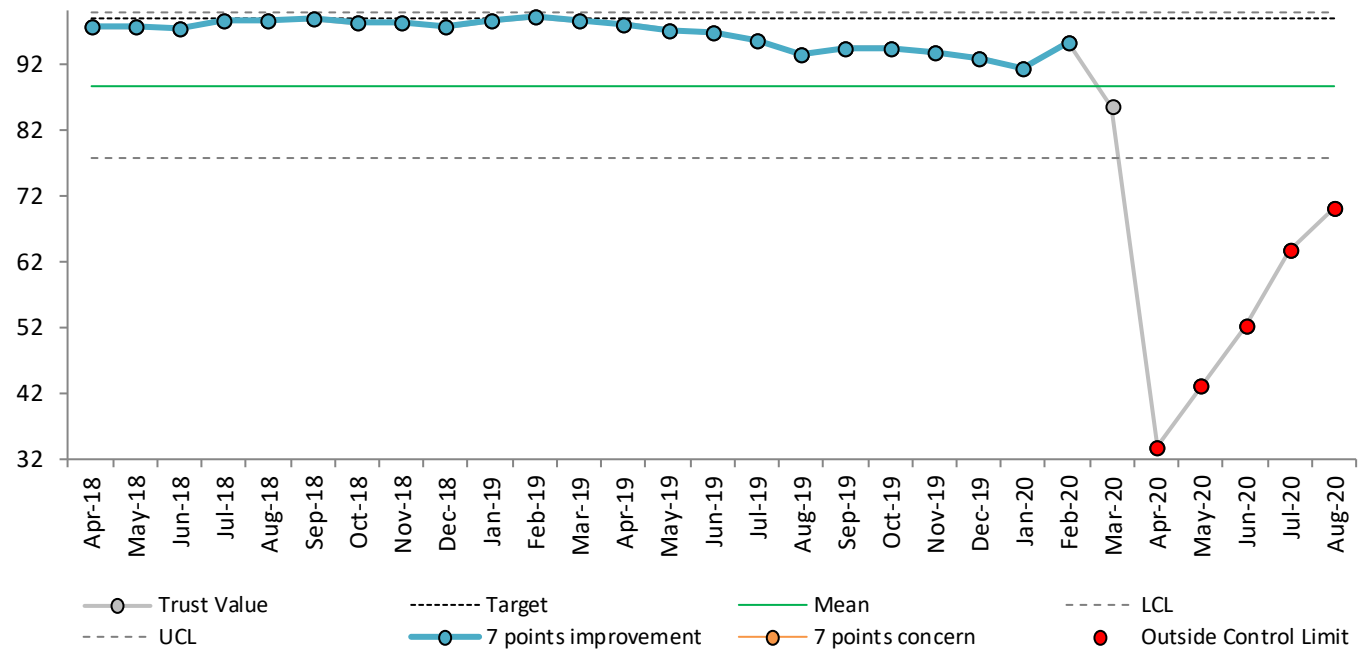
- As part of phase 3 recovery all Directorates have submitted recovery plans with assessment of achieving the expected % activity levels. More recently elective activity is increasing in line with increasing theatre capacity. Further increase is expected from the Schedule to be implemented early September. Focus remains on patients (a) of greatest clinical need and (b) those waiting in excess of 52 weeks.

Timescale

Responsive

South Tees Hospitals NHS Foundation Trust

Diagnostic 6 Weeks Standard (%)



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

Target	99
Mean	88.64
Last Month	70.00

Executive Lead

Johanna Reilly

Lead

Joanne Dobson

Commentary

Diagnostic waiting times remain outside of the control limits apart from radiology – MRI, CT and USS, which are compliant. Endoscopy remains a challenge in particular cystoscopy, upper and lower GI.

Cause of Variation

- Demand for endoscopy continues to increase. Social distancing and ICP limit capacity.

- Compliance:

- Flexible Sigmoidoscopy = 29.52%
- Gastroscopy = 33.09%
- Cystoscopy = 44..92%

Planned Actions

- Explore all opportunities to utilise independent sector. Triage system in place to prioritise urgent referrals. Utilise neuro scanner for CT Colon.

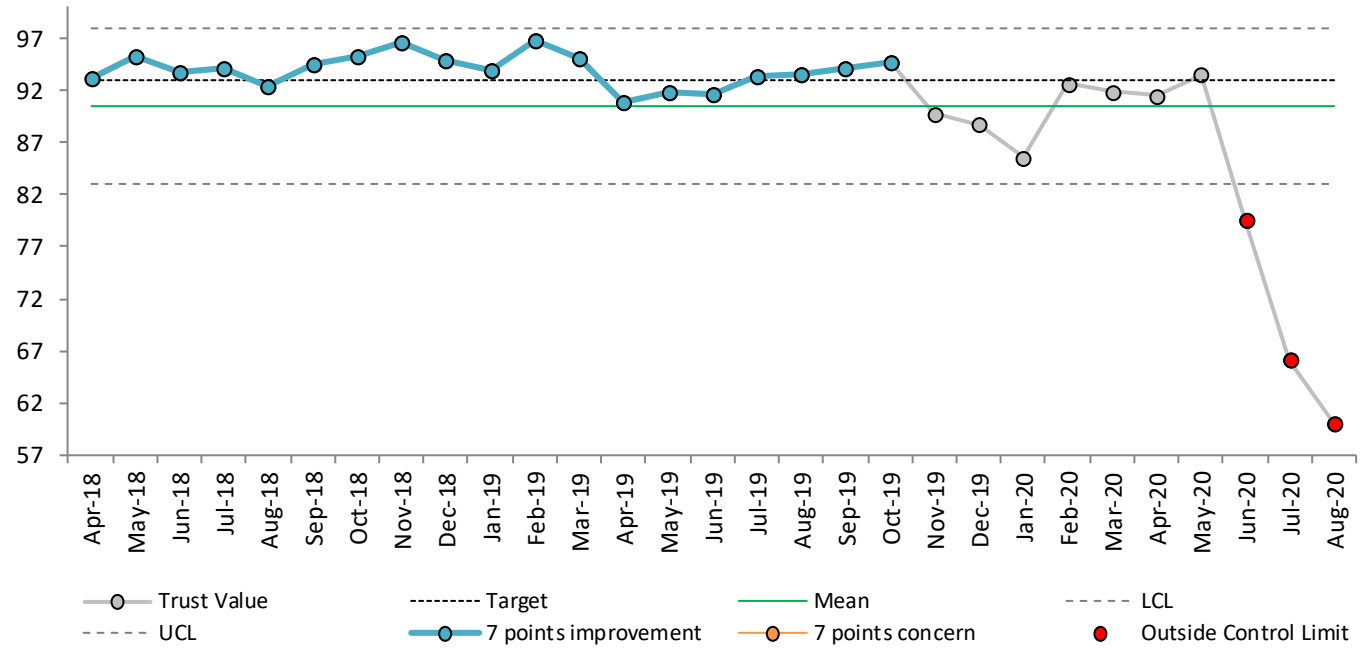
Timescale

- March 2021.

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 14 Day Standard (%)



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

Target	93
Mean	90.53
Last Month	60.09

Executive Lead

Adrian Clements

Lead

Nicki Hurn

Commentary

Compliance for August continues to be outside the control limit.

Compliance has decreased from 65.64% for July to 60.09%

Cause of Variation

- 2ww referrals continue to rise towards pre – COVID levels. Currently referral levels are currently down by 25%.
- Direct to Test backlog due to the reduction of the service for a 3 month period during the pandemic.

Planned Actions

- 2 week rule clinics re-instated including endoscopy capacity although this remains limited.
- Weekly cancer performance wall continues virtually to identify pressures and theme.
- Exploring options to continue triage of all 2ww referrals. Looking at processes available through eRS.

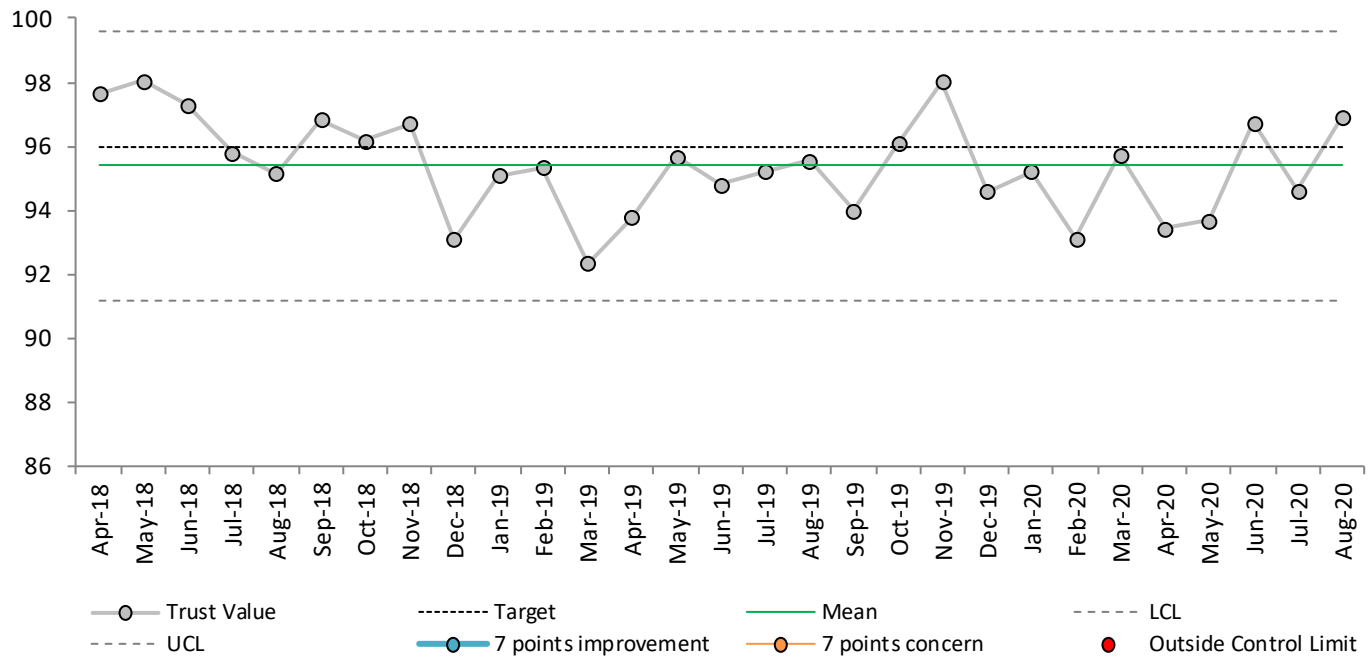
Timescale

- Weekly review – additional capacity approved by Recovery Group.

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 31 Day Standard (%)



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

Target	96
Mean	95.40
Last Month	96.91

Executive Lead

Adrian Clements

Lead

Nicki Hurn

Commentary

Compliance against the 31 day standard is just above target for August.

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.

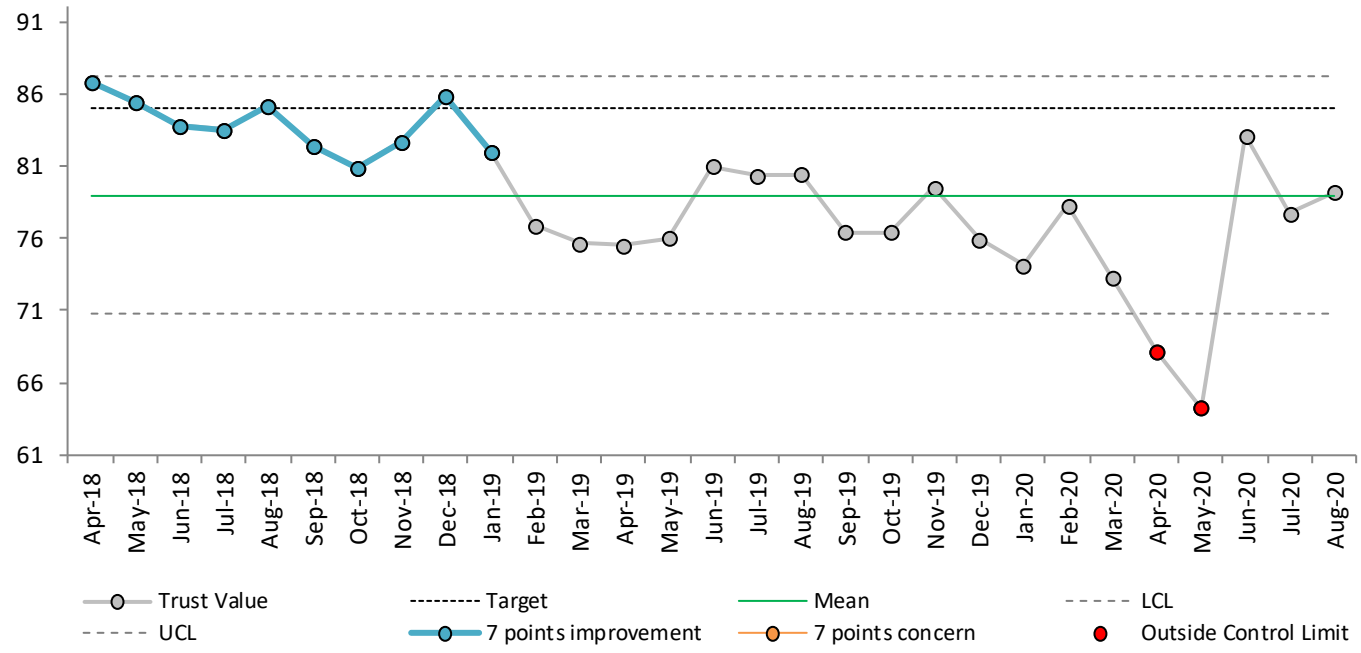
Timescale

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

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 62 Day Standard (%)



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

Target	85
Mean	78.99
Last Month	79.15

Executive Lead

Adrian Clements

Lead

Nicki Hurn

Commentary

Compliance against the 62 day target is above the mean but still below target for August.

Confirmed July 20 compliance was 77.07%, 34 breaches in total.

Cause of Variation

- Overall treatments in July were down in comparison to the same period last year by 15% (152.5 v 178.5 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

- Deep dive reviews carried out with tumour site MDTs – expedite implementation of recommendations where possible.
- 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 .

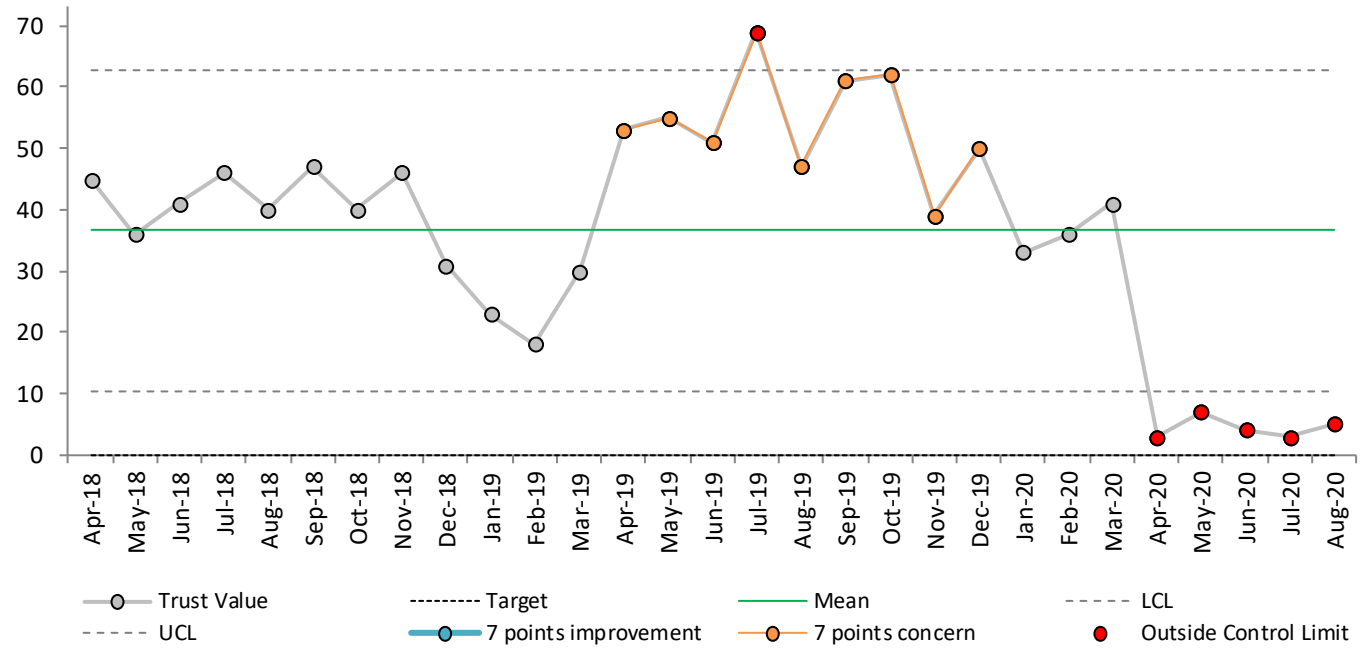
Timescale

- October 2020.
- Weekly on-going.

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	36.62
Last Month	5.00

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

Variation outside control limits due to a continued reduced elective program

Cause of Variation

- Significant reduction in the number of non-urgent operations cancelled on the day (day of admission / day of procedure) due to limited number of elective / non urgent procedures going ahead during the COVID-19 pandemic. 5 patients cancelled during August (2 General Surgery, 1 Urology, 1 Plastic Surgery, 1 Neurosurgery). All patients were given new TCI dates within 28 day standard.

Planned Actions

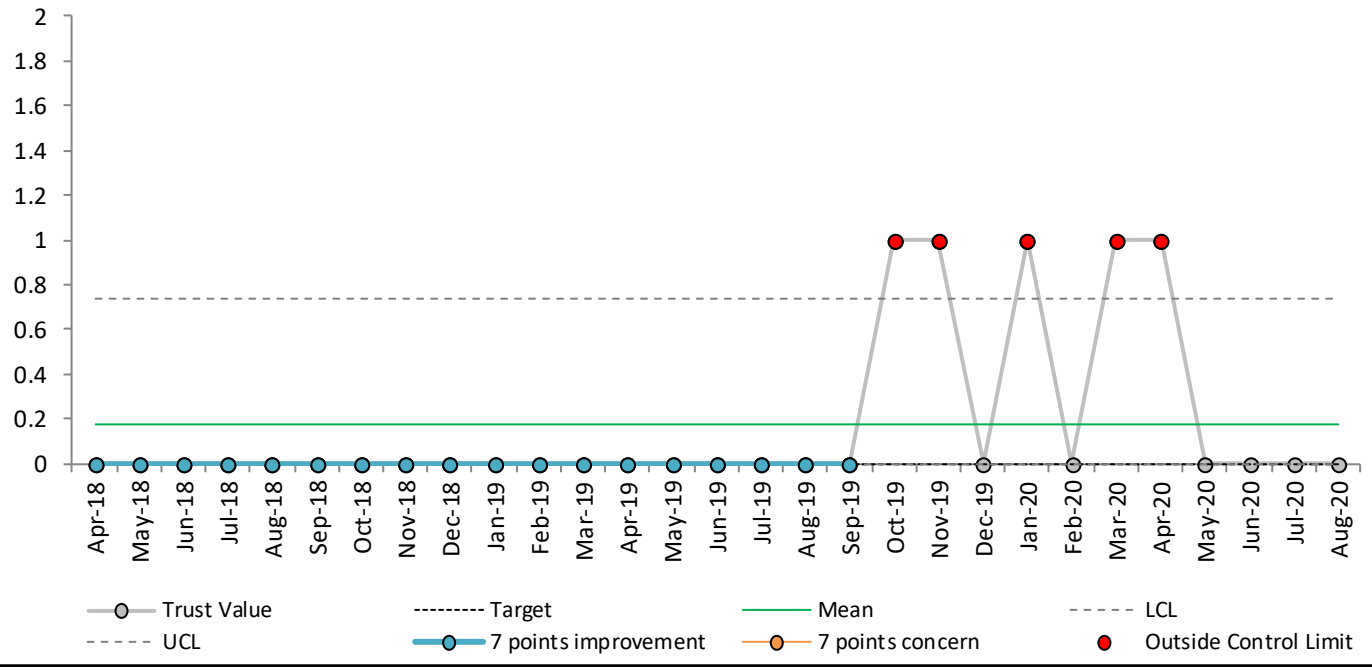
- Continue to book non-urgent patients as set out in the Trust's Standard Operating Procedure for prioritisation of elective patients during current COVID-19 pandemic. Continue to ensure that patients are appropriately consented and pre-assessed prior to admission (including swabbed 48 hours prior to admission) to minimise the likelihood of 'hospital initiated' cancellation. Increased theatre capacity available from w/c 6th July 2020 with further increases planned from 7th September 2020.

Timescale

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Operations Cancelled On Day



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

Target	0
Mean	0.17
Last Month	0.00

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

There were no cancelled cancer operations in August.

Cause of Variation

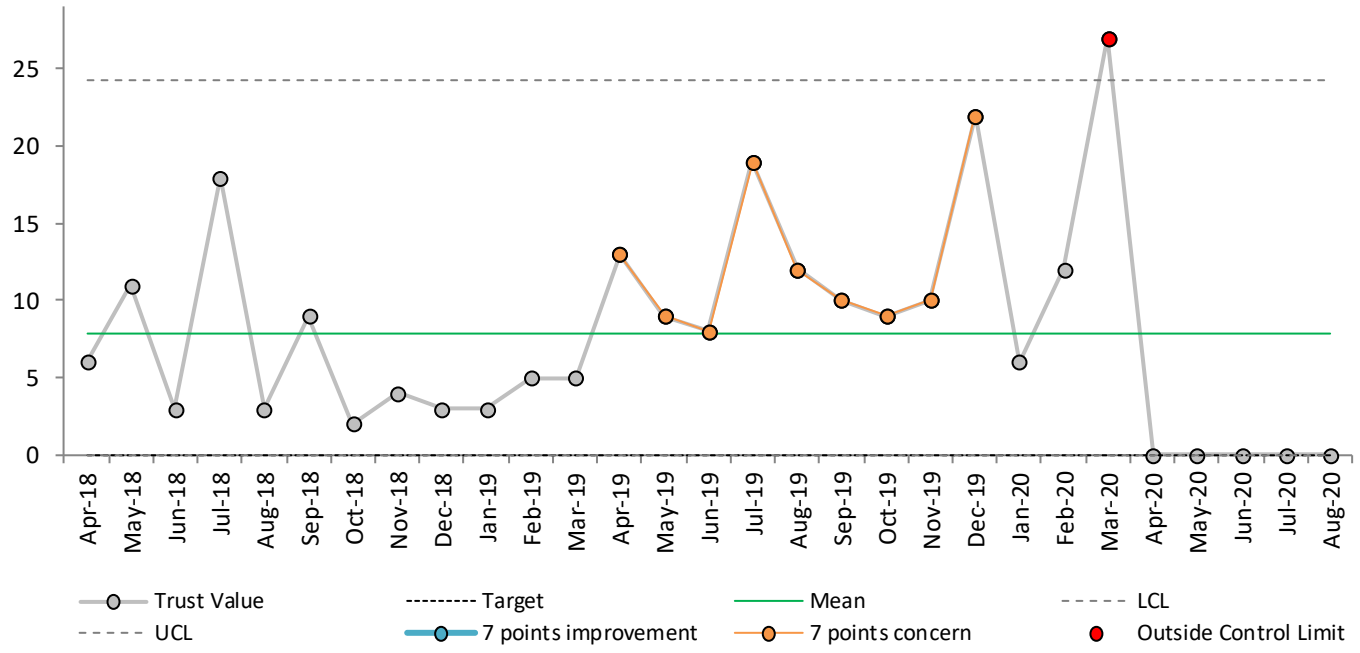
Planned Actions

Timescale

Responsive

South Tees Hospitals
NHS Foundation Trust

Cancelled Ops Not Rebooked Within 28 days



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

Target	0
Mean	7.90
Last Month	0.00

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

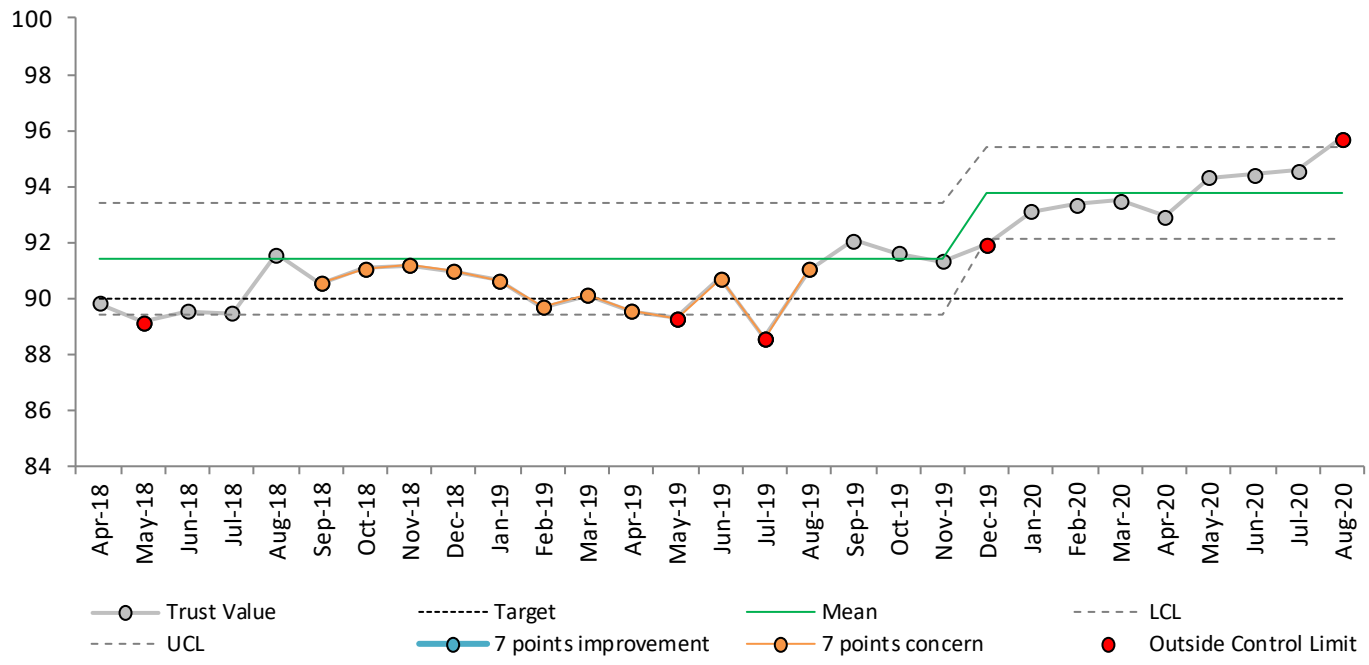
Cancelled ops not rebooked within 28 days remains compliant against target for the 5th consecutive month.

Cause of Variation	Planned Actions	Timescale

Responsive

South Tees Hospitals NHS Foundation Trust

E-Discharge (%)



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

Target	90
Mean	93.75
Last Month	95.71

Executive Lead

Johanna Reilly

Lead

Joanne Dobson

Commentary

Compliance continues to improve.

Cause of Variation

- Positive improvement continues.

Planned Actions

- Need to ensure all discharge summaries include COVID results as per the new national policy for discharges.

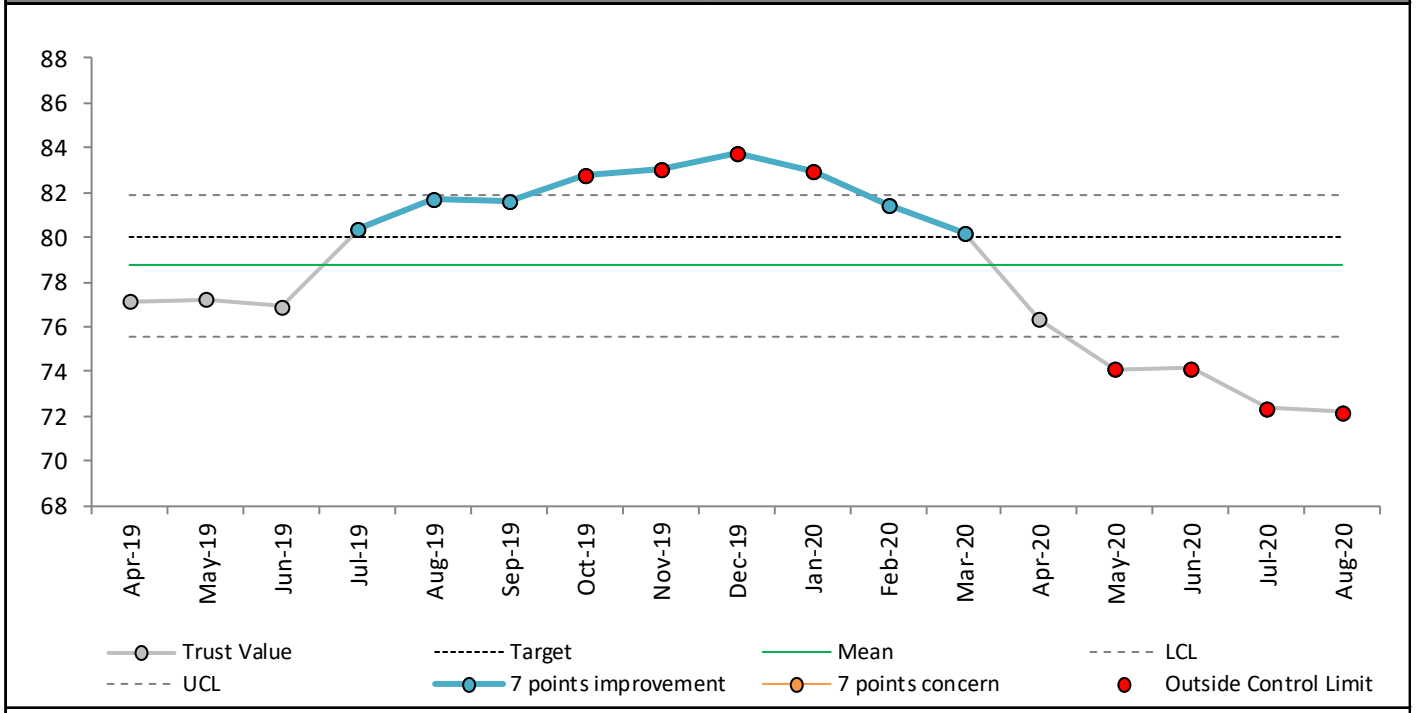
Timescale

- October 2020

Well Led

South Tees Hospitals NHS Foundation Trust

Annual Appraisal (%)



Annual Appraisal Rate

Target	80
Mean	78.73
Last Month	72.18

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Appraisal compliance remains outside of the lower control limit for the fourth consecutive month.

Cause of Variation

- Limited focus on compliance due to workforce pressure during Covid-19 and operational management time invested in front line delivery.

Planned Actions

- Monthly data provided to managers regarding SDR compliance.
- Identification of top 50 outstanding SDRs by date order shared per Centre for action with agreed timeframe for completion.
- Confirm and challenge meetings to ensure agreed actions are met.
- Presentation of monthly KPIs at Centre Boards.

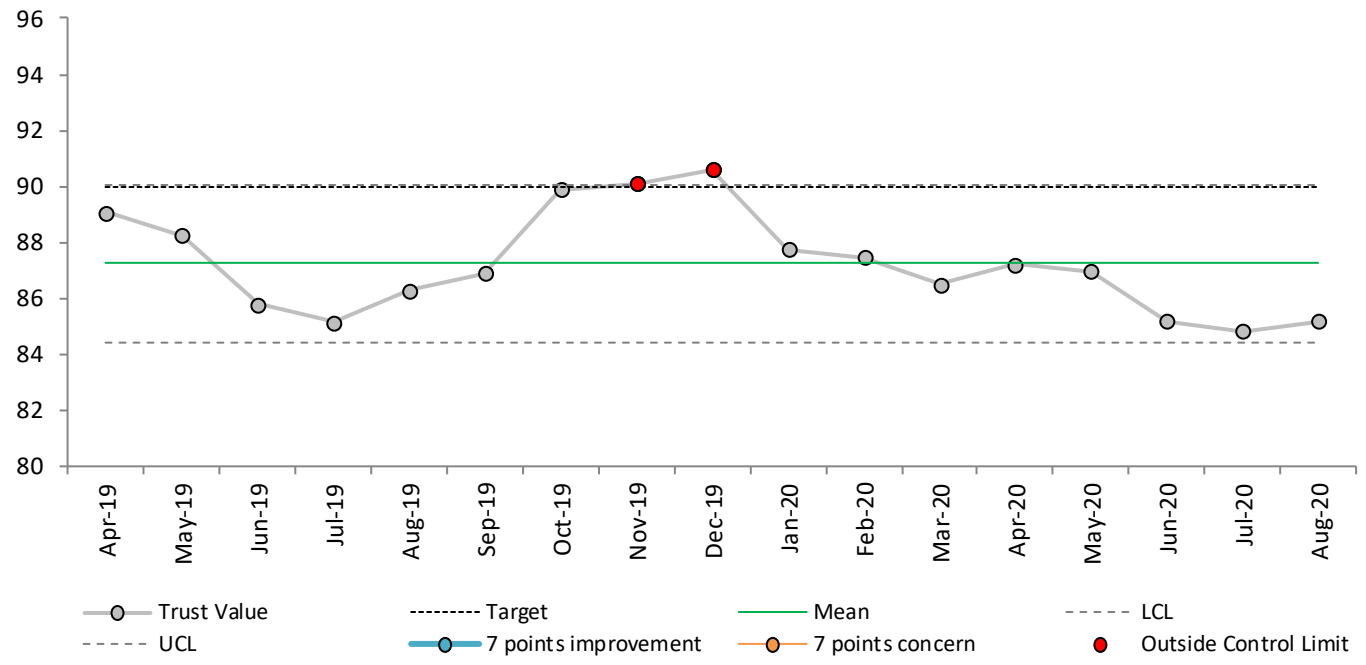
Timescale

- Ongoing
- 31st October 2020
- Oct 2020 and monthly
- Ongoing

Well Led

South Tees Hospitals NHS Foundation Trust

Mandatory Training (%)



The % of Mandatory Training Compliance

Target	90
Mean	87.23
Last Month	85.19

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Mandatory training compliance continues to remain below target, though is within the control limits.

Cause of Variation

- Operational focus on mandatory training compliance has been limited due to workforce pressures through Covid-19.

Planned Actions

- Monthly data circulated to managers
- Confirm and challenge meetings to ensure agreed actions are met
- Utilisation of trajectories to monitor progress
- One to one discussions with the relevant Service Manager / Director to improve compliance.
- Escalation of poor compliance through Centre Board Meetings and Directorate Meetings.
- Focus on Information Governance during September 2020 to ensure Trust wide compliance.

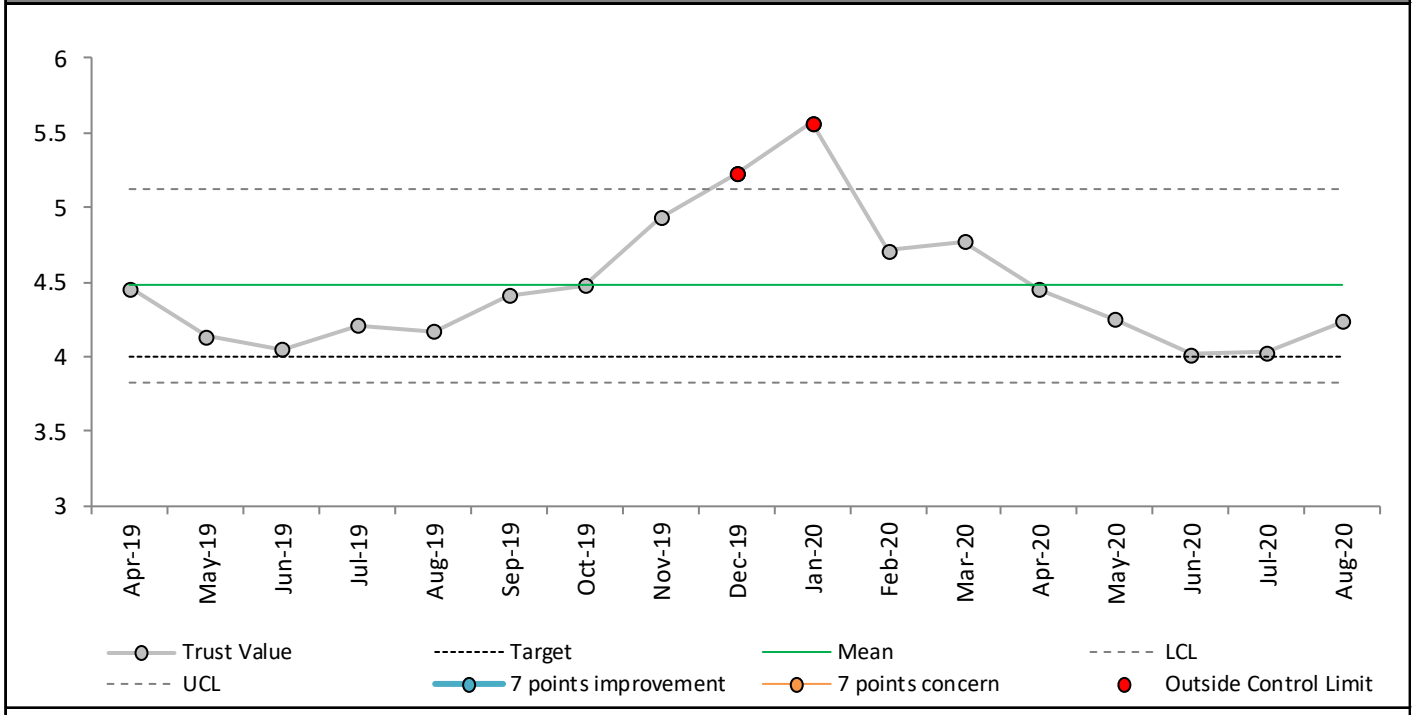
Timescale

- On-going
- October 2020 and monthly
- December 2020
- Ongoing
- Ongoing
- September 2020

Well Led

South Tees Hospitals NHS Foundation Trust

Sickness Absence (%)



The % of monthly sickness absence

Target	4
Mean	4.48
Last Month	4.24

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Sickness compliance has increased in August and remains outside of the target.

Cause of Variation

- Increase of both long and short term sickness following Covid-19.

Planned Actions

- Confirm and challenge KPI meetings lead by Matrons with HR support for line managers to attend.
- Monthly dissemination of HR sickness information.
- Sickness management training as requested or identified by HR team.
- Utilisation of immediate referral to Occupational Health for mental health related concerns.

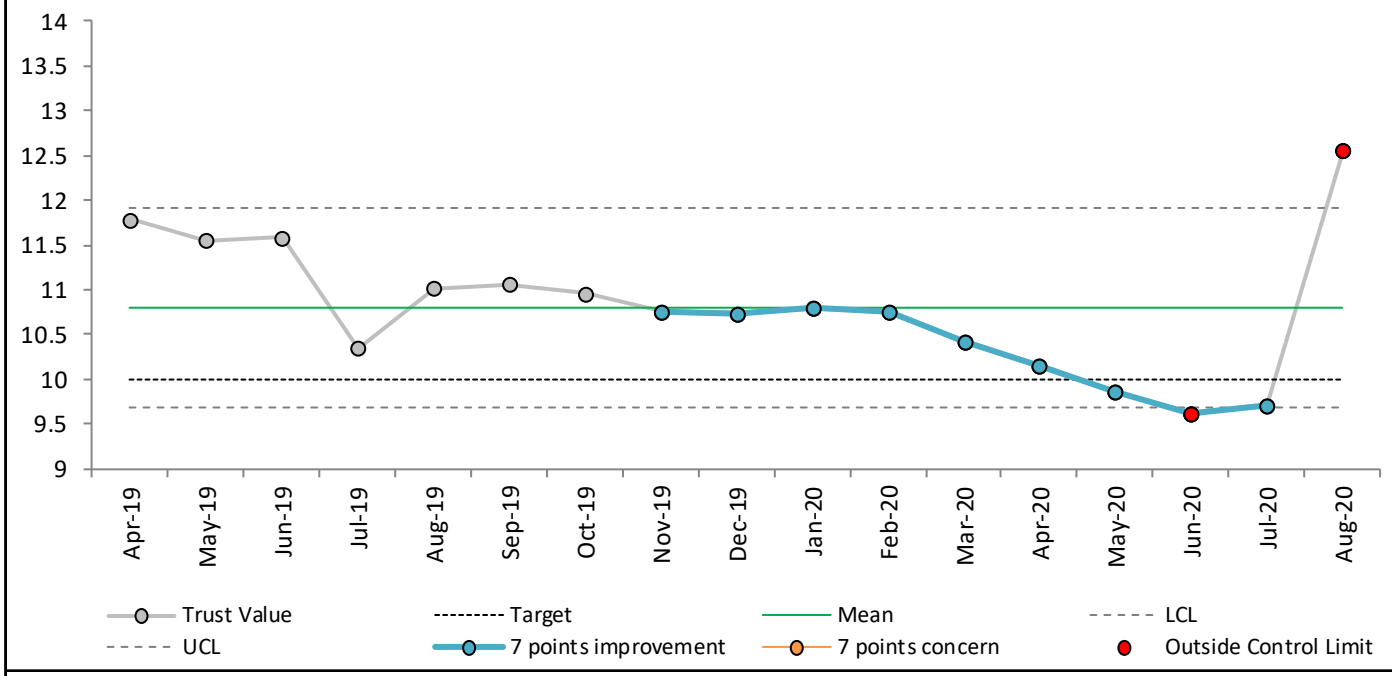
Timescale

- Oct 2020 and monthly
- Ongoing
- Ongoing
- Ongoing

Well Led

South Tees Hospitals NHS Foundation Trust

Staff Turnover (%)



Staff turnover rate

Target	10
Mean	10.81
Last Month	12.56

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Staff turnover has increased significantly in August, and is no longer within the target.

Cause of Variation

- A significant number of staff groups left employment in August 2020:

-Student Nurses who were employed as Band 3, HCA's on a fixed term contract to respond to COVID-19. (245 in total)
- Junior Doctors

Planned Actions

- Reinvigoration of exit interview process
- Implementation of 'Itchy feet' conversations

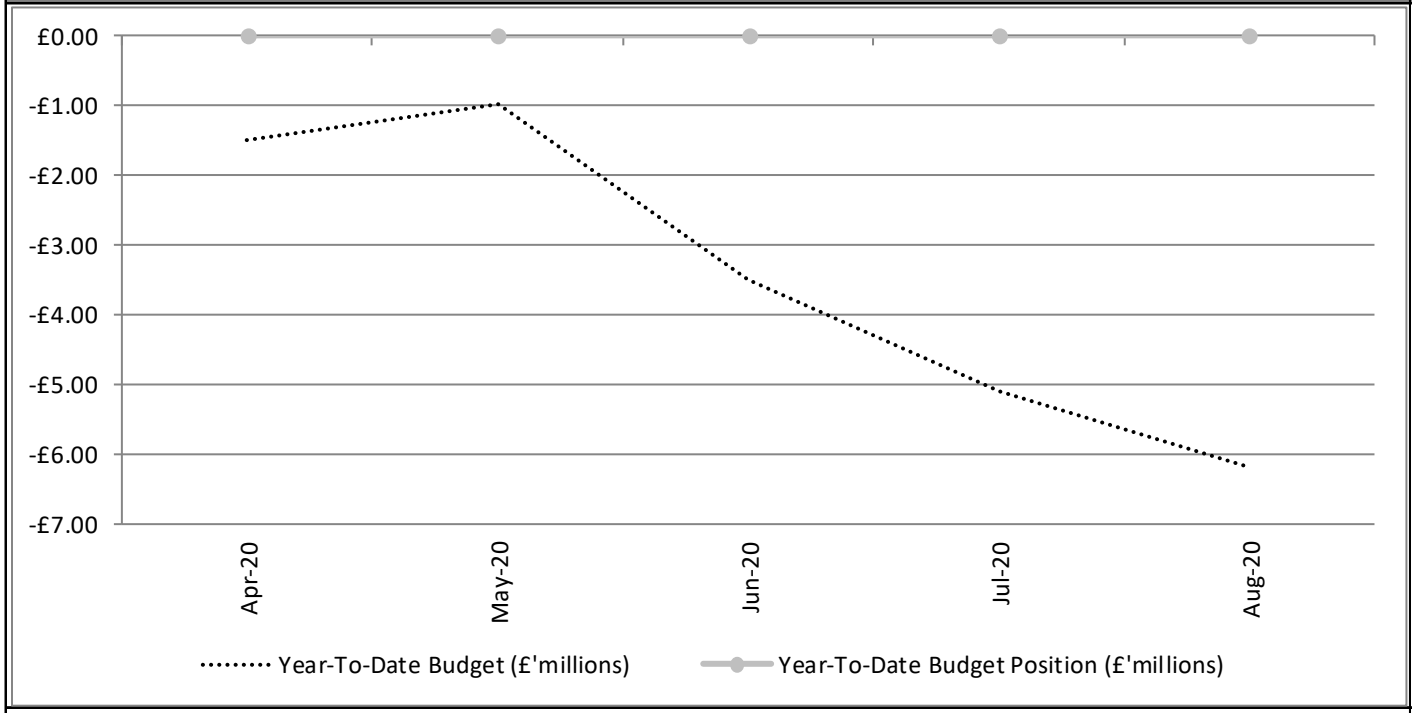
Timescale

- October 2020
- October 2020

Well Led

South Tees Hospitals NHS Foundation Trust

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



Year-To-Date Budget Position

Target	0.00
Mean	N/A
Last Month	-6.22

Executive Lead

Steven Mason

Lead

Luke Armstrong

Commentary

The Trust has recorded a break even position for month 5, as required by the financial arrangements from NSHE/I. Leading to the Trust being £6.2m ahead of its internal budget.

Cause of Variation

- Year to date Covid-19 specific costs of £7.2m on pay and £7.2m on non pay, with costs for M1 to M4 reimbursed by NHSE/I.
- YTD underspends noticed on clinical supplies £6.0m and drugs £2.0m due to reductions in activity, this is reducing as activity resumes.

Planned Actions

- Continuation of detailed monitoring of pay costs to challenge and ensure appropriateness of any additional spend.
- Detailed review of funding guidance and financial envelopes for months 7 to month 12 as now issued by NHS England / Improvement.

Timescale

- Revised budget for the last 6 months of the year to be developed by mid October.

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 OCTOBER 2020			
Month 5 2020/21 Financial Performance			**AGENDA ITEM: 13, ENC 9**
Report Author and Job Title:	Luke Armstrong Head of Financial Management	**Responsible Director:**	Steven Mason Director of Finance
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report outlines the Trusts financial performance as at Month 5.		
Background	The Trust is required to break-even during the Covid-19 period which will be determined by NHSE/I. The Trust is underspent by £6.2m year to date against our own internal budget as amended to reflect the Covid-19 interim financial arrangements. The Trust has assumed additional Covid-19 revenue support of £4.1m in month 5 and £18.9m year to date for specific costs as outlined within the report.		
Assessment	The Trust has achieved the Month 5 position as required by NHSE/I to break even. The underlying structural deficit has remained unchanged throughout 2019/20 and has been carried forward into 2020/21. Excess costs from the Trust's historical PFI scheme remain the largest single contributory factor to the organisation's structural deficit position.		
Recommendation	Members of the Trust Board are asked tonote the report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 2.1 - Lack of robust financial information and grip and control may result in poor financial governance and decision making lead to the inability to deliver the annual control total impacting on cash flow and long term sustainability as a going concern		
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 ☐	Excellence in employee experience ☐	
	Drive operational performance ☒	Long term financial sustainability ☒	
	Develop clinical and commercial strategies ☒		

Month 5 2020/21 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Board on the financial position of the Trust as at Month 5.

2. BACKGROUND

Due to the suspension of the national NHS planning process for 2020/21, the NHS is operating under a different financial regime. This includes the payment to Trusts of both block and top up income to fund expenditure. Each Trust has a requirement to break-even with funding provided by NHSE/I to reach this required outcome. These new arrangements are in place until September 2020.

For the purpose of this report and internal reporting, the Trust is monitoring financial performance against an internal budget that was developed as part of the budget setting process for 2020/21. As a result of the national suspension this budget was not submitted to NHSE/I and the Trust will not be monitored externally against this during 2020/21.

This budget shows a full year bottom line deficit of £14.2m at a control total level. The Trust remains in dialogue with NHSE/I over how this deficit will be bridged in order that the Trust operates at a break-even position. Further guidance on the NHS financial arrangements post month 6 was expected in August, however these arrangements are still outstanding at the start of September. The Trust has undertaken preliminary work on its expected cost base for the last 6 months of 2020/21 however detailed planning guidance has yet to be issued by NHSE/I.

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 5 YTD actual performance is a break-even position. This has resulted in the Trust being ahead of its internal plan by £6.2m. In order to achieve a break-even position, the Trust has assumed an additional top up payment of £18.9m year to date.

3. DETAILS

Trust position

The Month 5 full year position is outlined below; the following section 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	245,875	245,400	**(475)**	**590,100**
Education And Training Income	6,732	6,765	**33**	**16,157**
Estates Income	2,208	656	**(1,552)**	**5,300**
Misc Other Income	5,088	3,193	**(1,895)**	**13,798**
Non Patient Care Income	1,161	1,095	**(66)**	**2,652**
Other Clinical Income	1,544	292	**(1,252)**	**3,705**
Psf, Mret, Top Up	9,542	28,466	**18,924**	**22,901**
Research & Development Income	2,027	2,122	**95**	**4,864**
Total Income	**274,177**	**287,990**	**13,813**	**659,476**
Ahp'S, Sci, Ther & Tech	(24,307)	(24,211)	**96**	**(59,193)**
Apprentice Levy	(571)	(635)	**(64)**	**(1,370)**
Hca'S And Support Staff	(16,735)	(19,655)	**(2,920)**	**(40,337)**
Medical And Dental	(46,921)	(51,075)	**(4,154)**	**(112,250)**
Nhs Infrastructure Support	(24,017)	(24,167)	**(150)**	**(57,034)**
Nursing & Midwife Staff	(50,948)	(51,265)	**(317)**	**(122,990)**
Total Pay	**(163,499)**	**(171,006)**	**(7,507)**	**(393,174)**
Clinical Negligence Cost	(7,250)	(7,250)	**0**	**(17,401)**
Clinical Supplies And Services	(30,214)	(24,115)	**6,099**	**(72,692)**
Drugs	(28,412)	(26,406)	**2,006**	**(68,056)**
Establishment	(3,210)	(3,820)	**(610)**	**(7,642)**
Ext Staffing And Consultancy	(300)	(347)	**(47)**	**(504)**
General Supplies And Service	(1,725)	(5,353)	**(3,628)**	**(4,139)**
Healthcare Service Purchase	(4,481)	(4,851)	**(370)**	**(10,754)**
Miscellaneous Services	(546)	(527)	**18**	**(1,310)**
Pfi Unitary Payment	(13,296)	(17,472)	**(4,177)**	**(31,813)**
Premises & Fixed Plant	(10,401)	(10,416)	**(14)**	**(25,170)**
Research, Education & Training	(1,076)	(1,856)	**(780)**	**(2,574)**
Transport	(1,758)	(1,514)	**244**	**(4,390)**
Total Non Pay	**(102,669)**	**(103,927)**	**(1,258)**	**(246,445)**
Depreciation	(6,292)	(5,487)	**804**	**(15,100)**
Interest Payable	(5,020)	(4,779)	**241**	**(12,048)**
Interest Receivable	42	07	**(34)**	**100**
Other Non Operating	(2,911)	(2,797)	**114**	**(6,987)**
Corporation Tax	(01)	0	**01**	**(03)**
Control Total	**(6,174)**	**(0)**	**6,174**	**(14,179)**

Clinical Income

Under the revised financial arrangements for 2020/21, the Trust's previous contractual arrangements 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, which is intended to cover the Trust's usual cost base. Any shortfall in the block arrangement is covered by top up payments claimed by the Trust on a monthly basis. This additional top up payment is recorded within other income as per NHSE/I guidance.

The Trust's block payments are shown below split by Commissioner.

Commissioner Code	Commissioner Name	Block Payment
16C	NHS Tees Valley CCG	(119,307)
84H	NHS County Durham CCG	(5,852)
85J	NHS England - North East and Yorkshire Commissioning Hub	(79,110)
Y63	NHS England - North East and Yorkshire Commissioning Region	(3,284)
42D	NHS North Yorkshire CCG	(36,726)
15F	NHS Leeds CCG	(106)
13T	NHS Newcastle Gateshead CCG	(129)
01H	NHS North Cumbria CCG	(272)
03J	NHS North Kirklees CCG	(87)
00L	NHS Northumberland CCG	(91)
00P	NHS Sunderland CCG	(304)
03Q	NHS Vale of York CCG	(609)
	Prior Year Adjustments	476
	Total Income Month 5	**(245,400)**

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.

Other Income

Other income is £14.3m ahead of plan, to deliver a break-even position for the Trust, additional top up payments of £18.9m have been assumed, £4.1m within M5. The Trust has needed to claim an additional top up over and above its Covid-19 costs in order to break even of £1.8m. This is due to the underspend on clinical supplies and drugs decreasing in month as activity returns to the Trust, with a corresponding increase in cost.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Education And Training Income	6,732	6,765	**33**	**16,157**
Estates Income	2,208	656	**(1,552)**	**5,300**
Misc Other Income	5,088	3,193	**(1,895)**	**13,798**
Non Patient Care Income	1,161	1,095	**(66)**	**2,652**
Other Clinical Income	1,544	292	**(1,252)**	**3,705**
Psf, Mret, Top Up	9,542	28,466	**18,924**	**22,901**
Research & Development Income	2,027	2,122	**95**	**4,864**
Total Other Income	**28,302**	**42,590**	**14,288**	**69,376**

- Education and Training income is on budget. The Trust has now obtained confirmation of HEE funding arrangements for the rest of the 2020/21 financial year. This is in line with the income the Trust received in the previous financial year and its budget.
- Estates income is behind plan by £1.6m due to the loss of car parking and catering income due to the Covid-19 response. Car parking income is now being received from visitors at both Trust sites, this being c£40k a month. The overall monthly loss of car parking income to the Trust is however £250k with this predominantly due to the loss of staff car parking charges and lower visitor parking charges due to lower foot fall on site.
- Misc other income is behind plan by £1.9m. £0.9m of this under recovery against budget relates to income previously billed to NHS England for national CEA awards and salary recharges. These payments are now covered by the block arrangements in place for funding and cannot be billed separately. The remaining underperformance relates to lower rental income receipts, occupational health SLAs and lower income generation within pathology from testing services provided to other bodies, this is offset by lower costs.
- Other clinical income is behind plan by £1.3m. £0.6m is due to reductions in private patient's procedures taking place within Q1, due to Covid-19 restrictions. Further drops have also been noticed in month 5 on RTA income with this income now underperforming by £0.6m against budget. This being linked to lower traffic accidents during lockdown.
- R and D income is overachieving by £0.1m, this additional income is covering additional costs noticed in non-pay. Taken together the income and cost is causing an overall pressure as lower income is received from clinical trials.
- Additional top up income of £18.9m has been assumed to cover the Trust's Covid-19 specific costs and to enable the Trust to break even.

Pay

In the year to date position pay is overspent by £7.5m, an increase of £1.2m on month 4, which is being driven by increased pay costs for Covid-19.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Ahp'S, Sci, Ther & Tech	(24,307)	(24,211)	**96**	**(59,193)**
Apprentice Levy	(571)	(635)	**(64)**	**(1,370)**
Hca'S And Support Staff	(16,735)	(19,655)	**(2,920)**	**(40,337)**
Medical And Dental	(46,921)	(51,075)	**(4,154)**	**(112,250)**
Nhs Infrastructure Support	(24,017)	(24,167)	**(150)**	**(57,034)**
Nursing & Midwife Staff	(50,948)	(51,265)	**(317)**	**(122,990)**
Total Pay	**(163,499)**	**(171,006)**	**(7,507)**	**(393,174)**

- HCAs are overspent by £2.9m with nursing staff £0.3m underspent giving a combined overspend of £2.6m. £1.9m of this additional cost is due to student nurses who have entered employment with the Trust early due to Covid-19. This additional cost is reclaimable as a Covid-19 response cost.
- Reductions have been noticed within month 5 on enhancements for HCAs and Nursing staff with run rates of spend now down to pre Covid levels per month. This is linked to staff returning to their core department and work pattern.
- Bank spend for both HCAs and Nursing staff has continued to fall, spend on bank is now in line with pre Covid-19 run rates of £0.5m per month. Further reductions in bank spend are expected in September for qualified staff as Student nurses move in to substantive posts.
- Medical and Dental staff show a year to date overspend of £4.2m due to increases in costs for both junior staffing of £2.1m and senior medical staff £2.0m. Increases in both costs are linked to increased staffing costs from Covid-19, with additional bank and substantive spend for junior staff and increased additional payment claims and agency costs for senior staff. Additional controls have been introduced to ensure appropriate challenge on additional spend with all senior medical staffing claims for Covid-19 requiring Medical Director sign off. In month spend on Medical and Dental staffing has reduced from a high of £10.8m in month 2 to £10.0m in month 4 and month 5 down to spend levels pre Covid-19.

Non-Pay

Non-pay is underspent by £1.3m at month 5. Reductions in spend on both clinical supplies and drugs noticed in quarter 1 have continued but to a lesser extent reflecting slight increases in activity in a number of specialities. These are offset by increased costs for personal protective equipment and estates charges

Given the revised funding model and the Trust being funded on a month to month basis, key underspends within non pay must be protected and not spent in future months.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Clinical Negligence Cost	(7,250)	(7,250)	**0**	**(17,401)**
Clinical Supplies And Services	(30,214)	(24,115)	**6,099**	**(72,692)**
Drugs	(28,412)	(26,406)	**2,006**	**(68,056)**
Establishment	(3,210)	(3,820)	**(610)**	**(7,642)**
Ext Staffing And Consultancy	(300)	(347)	**(47)**	**(504)**
General Supplies And Service	(1,725)	(5,353)	**(3,628)**	**(4,139)**
Healthcare Service Purchase	(4,481)	(4,851)	**(370)**	**(10,754)**
Miscellaneous Services	(546)	(527)	**18**	**(1,310)**
Pfi Unitary Payment	(13,296)	(17,472)	**(4,177)**	**(31,813)**
Premises & Fixed Plant	(10,401)	(10,416)	**(14)**	**(25,170)**
Research, Education & Training	(1,076)	(1,856)	**(780)**	**(2,574)**
Transport	(1,758)	(1,514)	**244**	**(4,390)**
Total Non Pay	**(102,669)**	**(103,927)**	**(1,258)**	**(246,445)**

- Clinical supplies and services are showing a year to date underspend of £6.1m. This has been driven by reductions in activity in key surgical specialities with lower patient numbers reducing the need to purchase clinical consumables across the Trust. The underspend noticed in April and May has continued into August but to a lesser extent as activity begins to return to some specialities. With increases in costs on run rate noticed in Gastro, Ophthalmology, Cardio and Neuro.
- Drug costs are underspent by £2.0m, being driven by reductions in clinical activity across the Trust.
- General supplies and services show a large overspend of £3.6m. This is due to the purchase of Personal Protective Equipment; this cost has been recorded on the Trusts Covid-19 cost return to be fully reimbursed by NHSE/I.
- PFI costs are overspent by £4.2m. This additional cost is from the additional write-off of lifecycle payments for 2020/21. Additional write-offs of lifecycle are being posted to the Trust's income and expenditure account, as the lifecycle work cannot currently be completed due to Covid-19 restrictions.

Non-Operating Costs

Depreciation is showing an underspend of £0.8m due to delays in capital spending during 2020/21. Interest charges are also underspent due to the write-off of a number of capital loans. The Trust's interest and PDC budgets will be re-based by NHSI/E during this financial year, removing the underspend.

Other technical items are broadly in line with budgeted amounts.

Covid-19 Costs

In line with the new financial regime for 2020/21 the Trust is able to claim additional income to cover costs incurred specific to Covid-19. In line with the national guidance these costs are the incremental cost to the Trust of delivering Covid-19, and not the overall total cost. These are summarised below in line with the national requirements.

£'000	Month 1	Month 2	Month 3	Month 4	Month 5
Catering	35	0	0	0	0
Decontamination	415	283	216	103	210
IT Equipment	10	1	1	0	0
PPE	1,654	824	926	397	361
Printing / Stationary	9	12	4	13	2
Security Costs	7	0	0	0	0
Testing / Swabbing	133	108	252	91	159
Transport	13	5	1	33	4
Ward equipment	172	153	82	69	25
Rental costs	0	62	56	9	31
Ophthalmology	0	0	89	0	193
Incremental additional pay cost	448	1,869	1,482	790	710
Student Nurses	0	215	531	604	588
Total	**2,895**	**3,532**	**3,640**	**2,109**	**2,283**

Additional pay costs have been calculated based on the increase in bank, agency and additional overtime payments compared to the run rate of 2019/20, with this increase being due to increased shift requests due to sickness or increased staffing for Covid-19 patient areas.

Catering costs have not been claimed as a Covid-19 cost within month 2 or 3 given the tighter national guidance around what is and is not an allowable claim, total catering costs for the provision of free meals to employees was £0.1m

Within the year to date position, the Trust has seen reductions in other income of £3.2m from lost estates income and reductions in private patients. The Trust has covered this loss of income by under spending in other areas and as part of the general top up payment.

Capital

The Trust's capital expenditure at the end of August amounted to £11.4m 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	4,353	4,354	01	10,448	10,448	0
Site Reconfiguration	0	343	343	0	343	343
Replacement of Medical Equipment	133	337	204	400	737	337
Network Replacement and Clinical Noting	0	452	452	0	452	452
PDC						
- COVID 19 Medical gases & Equipment	352	352	0	352	352	0
- HSLI Radiology and Digital Haematology	0	0	0	966	966	0
COVID-19		5,584	5,584	0	5,584	5,584
Total	**4,839**	**11,422**	**6,583**	**12,166**	**18,882**	**6,716**

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	4,353	11,070	6,717	10,448	17,164	6,716
Charitable Funding	133	0	(133)	400	400	0
PDC - COVID 19 & HSLI	352	352	0	1,318	1,318	0
Total Financing	**4,839**	**11,422**	**6,583**	**12,166**	**18,882**	**6,716**

The expenditure at the end of August includes contractual PFI lifecycle payments to Endeavour SCH plc (£4.4m), £5.9m on medical equipment relating to COVID-19 and £1.1m on schemes that have carried over from 2019/20. 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 (£14.8m) and potential charitable contributions amounting to £0.4m. Contractual commitments for the year incorporate PFI Lifecycle (£10.5m) and 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 at the end of May for 2020/21 amounting to £29.1m. The Trust drafted a further request to support this plan amounting to £14.6m. And this is now with NHSE/I for consideration.

To date the Trust has expended £5.6m and it is anticipated that the unfunded COVID related expenditure, which the Trust assumes will amount to circa £2.5m, will have to be found from within the revised emergency capital plan. The Trust is now redrafting the Capital Programme for 2020/21 to include this reduction within our replacement programme for further discussion at CPG. Further information on Phase 1, 2 and 3 COVID developments is included in an additional report on this agenda.

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 6 OCTOBER 2020			
Corporate Risk Register			**AGENDA ITEM: 15, ENC 10**
Report Author and Job Title:	Jackie White Head of Governance	**Responsible Director:**	Kevin Oxley Director of Estates, Facilities and Capital Planning
Action Required	Approve ☐ Discuss ☒ Inform ☐ (select the relevant action required)		
Situation	The Trust has a number of risk registers which provide a comprehensive picture of all risks that affect the Trust. The mechanism for escalating risks to the Board of Directors is through the Risk Validation Group, Senior Leadership Team a Board Committee or the Risk Committee.		
Background	In line with the Risk Management Policy the attached report sets out the risks which have been brought together into the Corporate Risk Register which are risks facing the Trust and scored 16 and above and are brought to the attention of the Committee		
Assessment	On 28 September 2020 (report extracted from DATIX) there are 55 risks on the corporate risk register graded 16 and above. There has been an increase in the number of incidents graded 16 and above this has been in two areas; corporate due to the planned work on developing risk registers highlighted to Board at the last meeting and specialist and planned as an impact of COVI19. All risks have an action plan, however 11 risks are overdue a review, 1 of these risks relate to an overdue review in 2019.		
Recommendation	The Trust Board of Directors are asked to note the risk report and full risk register which has been previously circulated to members.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Risk implications associated with this report are contained within the report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☒	Long term financial sustainability ☒	
	Develop clinical and commercial strategies ☒		

Risk Register Report

1. PURPOSE OF REPORT

The purpose of the report is to provide the Trust Board with an update on the risks monitored at Board level. These are risks which are graded as 16 and above which are high or extreme risk and contained on the Trust corporate risk register.

2. BACKGROUND

The corporate risk register is an active tool through which the Trust manages its risks. Its purpose is to log all risks identified in the high or extreme categories and the controls in place or planned to manage the risk to its lowest possible level (residual risk). The corporate risk register is built up from the Centre registers and the organisation-wide and strategic risks identified by corporate committees and the Senior Leadership Team. Used correctly it demonstrates that an effective risk management approach is in operation within the Trust.

The Risk Validation Group is responsible for reviewing locally approved new and existing risks scored as 16 and above (the Corporate Risk Register), to validate the risk score and grade; to scrutinise and challenge the adequacy of the risk description, the controls and the mitigating action plan; and to consider any cross-cutting issues and the implications for risk aggregation.

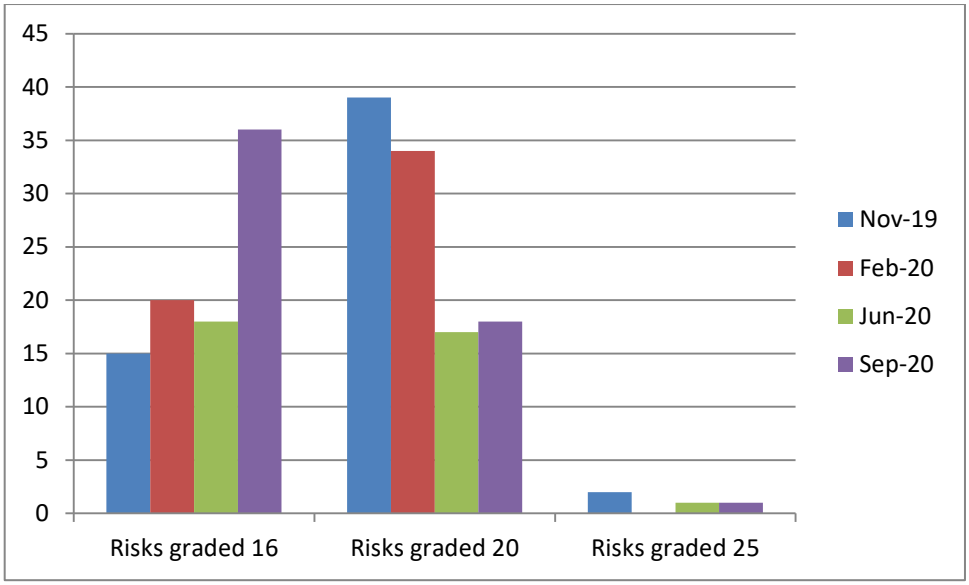
The consequences of some risks, or the action needed to mitigate them, can be such that it is necessary to escalate the risk to a higher management level, for example from a Directorate risk register to a Centre register, or from the Centre risk register to the Corporate risk register reviewed by the Senior Management Team, Finance and Investment, Audit, Workforce and Quality Assurance Committees, and finally the Board.

3. DETAILS

As of 28 September 2020 there are 55 risks on the corporate risk register of 16 and above which are broken down by centre/corporate Directorate below. This is an increase of 19 since the last quarter.

All 16 and above risks relating to the clinical Centres were reviewed by the Senior Leadership Team at its meeting on 6 August 2020 and corporate Directorate risks graded 16 and above were reviewed by the Risk Committee at its meeting held on 17 June 2020.

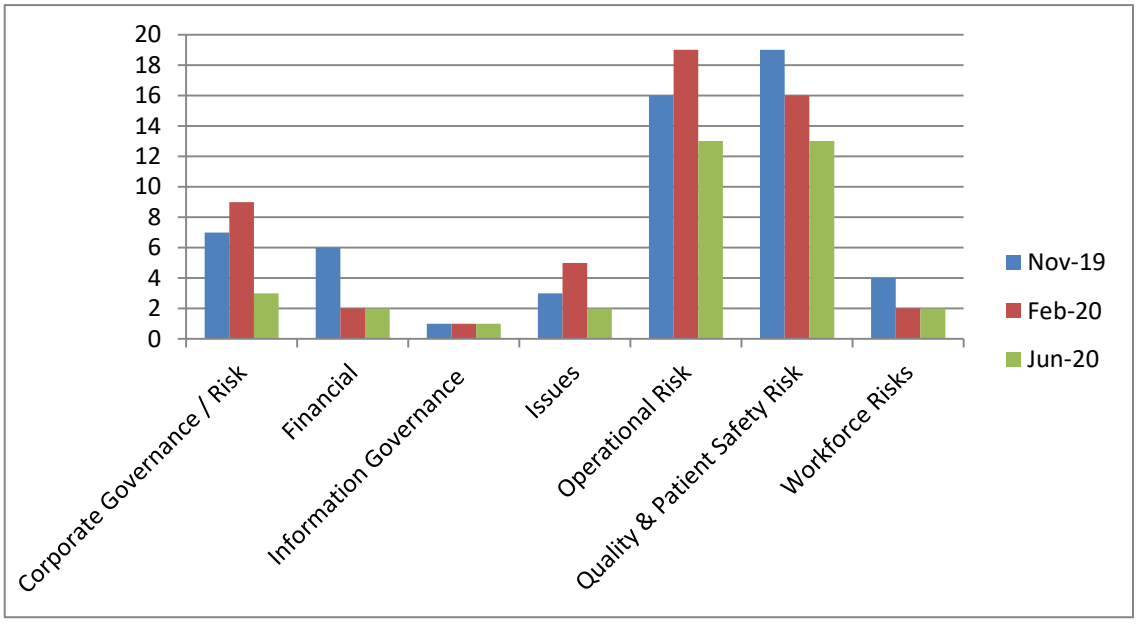
Work on corporate Directorate risk registers has commenced and has seen an increase in 12 risks 16 and above during the last quarter.



In the last quarter the risks graded 16 and above have increased by 18, this was due to the focussed work over the last quarter with Corporate Directorates, COVID19 risks and activity pressures in Specialist and Planned due to COVID19.

Work continues with the risk graded 25 within Specialist and Planned which has been escalated within the system.

The main themes this quarter relate to information governance, specifically cyber risks, operational risks as described above which relate to pressures due to COVID19 and quality and safety risks relating to a number of issues including workforce constraints and social distancing limitations causing risks to safety.



Of the 55 risks on the risk register all risks have an action plan to mitigate the risk

4. RECOMMENDATIONS

The Trust Board of Directors are asked to note the corporate risk register.

APPENDICES
Corporate Risk Register (previously circulated)

South Tees Hospitals NHS
NHS Foundation Trust

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 6 OCTOBER 2020			
Board Assurance Framework			**AGENDA ITEM: 11, ENC 16**
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Jackie White Head of Governance & Co Secretary
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Updated BAF following review by the Executive Lead, Head of Governance and Sub Committees		
Background	The BAF risks have been reviewed and updates made as appropriate over the last quarter.		
Assessment	The Executive Lead, Head of Governance and Sub Committees have reviewed the BAF risks relevant to the Committee. Gaps in controls, assurances and target dates have been amended to reflect the review.		
Recommendation	Members of the Public Board of Directors are asked to note the update of the BAF risks		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The risk implications associated with this report are included in the report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☐	
	Drive operational performance ☒	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

1. PURPOSE OF REPORT

The purpose of the report is to update members on the Board Assurance Framework principal risks affecting the Trust and the control measures which have been introduced.

This report includes

- A summary of both the overall number and grade of risks contained in the Board Assurance Framework (BAF)
- A description of the high risks included on the BAF
- A description of any changes made to the Board Assurance Framework.
- A description of any BAF reviewed and agreed risks to close.

2. BACKGROUND

The BAF must meet the requirements of the DoH Guidance on Building an Assurance Framework and is reviewed annually by Internal Audit. The Trust Board reviews the Board Assurance Framework (BAF) on a quarterly basis.

The BAF is the means by which the Trust holds itself to account and assures the safety of patients, visitors and staff. It does this by clarifying the risks to not achieving the Strategic Objectives. The Board has the responsibility for ensuring that there is assurance identified against the risks and ensures that the controls are appropriate and up to date.

The Board must also assess the assurance, which could be internally generated, external, evidence based, or potential assurance. It is important that actual examples of assurance in the BAF are drawn from a broad spectrum of evidence, noting that some evidence is stronger than other, eg external audit report will be stronger evidence than an internally generated review. By including a wide range of assurance, the BAF will be a more robust and effective tool.

3. DETAILS

3.1 A summary of both the overall number and grade of risks contained in the Board Assurance Framework (BAF)

The BAF currently contains 19 risks. There is 1 very high risk, 11 high risks and 7 moderate risks.

3.2 A description of the very high risks included on the BAF

The very high risk (25) relates to the following Strategic risk:

BAF 1.5 - Risk to Trusts ability to delivery strategic objectives due to diversion of resources of all types required to manage the Covid 19 pandemic, leading to:

- Failure to deliver constitutional standards
- Associated reduced / compromised outcomes
- Patient Harm

- Reduced patient experience
- Increased costs
- Failure to meet financial trajectories
- Workforce issues such as stress, recruitment and retention

3.3 A detailed description of any changes made to the Board Assurance Framework (changes to risk score)

Quality

2.1 (2) - Due to gaps in compliance in medication practice there is a risk of avoidable patient harm leading to reputational damage - update to risk score (increase) controls and sources of assurance

2.5 - Due to changes in maternity services there is a risk of inability to provide continuous, safe maternity and neonatal care posing a risk to the mortality and morbidity of women and babies – update to risk score (decrease) controls and sources of assurance.

Finance

4.1 - Lack of robust financial information and grip and control may result in poor financial governance and decision making lead to the inability to deliver the annual control total impacting on cash flow and long term sustainability as a going concern – update to risk score (decrease)

4.2. Risk of ability to repay the Trust's debt of £90m is removed from the risk register due to the mitigations – update to risk score (decrease)

Strategy

1.3a - Risk of further breaches to condition 4 of the Trust Provider licence could result in further enforcement undertakings and licence conditions- update to key controls, sources of assurances and gaps - risk scores reduced (decrease)

1.3b - Prolonged adverse publicity or regulatory attention resulting in a fundamental loss of confidence in the Trust amongst regulators, partner organisations, patients, staff and the general public - update to key controls, sources of assurances and gaps - risk scores reduced (decrease)

1.4 - A major incident (cyber attack, critical infrastructure failure, supply chain failure etc) resulting in temporary hospital closure or a prolonged disruption to the continuity of care services across the Trust, which also impacts significantly on the local health service community - update to risk score, controls, assurances and gaps (increase due to increase in risk around cyber, supply chain and EU exit)

3.3.1 Updated risks

All risks have been reviewed since the last report.

3.3.2 New Risks added

No new risks added.

3.3.3 Risks closed

FIC considered and agreed to close BAF risk 4.2 – Eradicate debt

QAC considered and agreed to merge and close BAF risk 2.4 with 2.3 – organisational learning from complaints and incidents; and closed BAF risk 2.5 safe maternity care.

Board of Directors are asked to consider BAF risk 1.2 – Future for the Friarage hospital - the consultation has now finished and the CCG have approved the new model which has been operating since March 2019.

4. RECOMMENDATIONS

It is recommended that members note the changes to the BAF since the last report and consider closing BAF risk 1.2 as described above.

It is recommended that the Board of Directors approve the changes to the risk scores in relation to the Strategy risks.

APPENDICES
BAF

Board Assurance Framework

1. STRATEGIC OBJECTIVE: Develop clinical and commercial strategies to ensure long term sustainability																
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk rating)**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target date for completion of Action**	**Target date score will be met/closed**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Change to Rating since last Review**	**Date Reviewe**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
1.1	Delivery of Trust's strategic aims and sustainable healthcare services across North Yorkshire and the Tees Valley (ICP Footprint)	A fundamental breakdown in one or more strategic partnerships, resulting in long term disruption to plans for transforming local health and care services	**3**	**4**	**Moderate Risk 12**	**Low Risk 2x3=6**	NHSE/I Engagement ICS/ ICP Leadership Stakeholder Engagement with Local Authorities , MPs and local population, CCG ICS MOU Clinical Policy Group Tees Valley Hospitals Group Board Interim Independent Chair Tees Valley Group Board Improvement Recovery Plan Capital Plan amended June 2020 ICP compact N&Y CEO Call ICP Executive Management Group	**Internal** Clinical Policy Group agenda and papers, Reports to Board, SLT, Council of Governors **External** NHSI QRM / System and oversight groups ICS/ICP groups CEO meetings (South Tees FT, County Durham and Darlington NHS FT, North Tees and Hartlepool FT) **Sir Ian Caruthers, Independent Review** supported by NHSI	Clinical Policy Group agenda and action notes, Board minutes Council of Governor minutes	ICS / ICP meetings Sir Ian Caruthers Review NHSI QRM/system and oversight Tees Valley Hospitals Group Board papers	Confirmation of timeframe for Tees Valley integration model	31.12.20	31.11.21	Chief Executive	Board of Directors		⟷	29.9.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

Quarter 1 (1 April - 31 July 2019)
- May 2019 - no changes made
28 August 2019 - principal risk updated
29.9.20 - update to Sources of assurance and gaps in control

1. STRATEGIC OBJECTIVE: Develop clinical and commercial strategies to ensure long term sustainability

Risk ID	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Action	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Change to Rating since last Review	Date Reviewed
			LH	Conseq	Rating				Internal	External								
1.2	Delivery of a sustainable future for the Friarage Hospital	Due to the unavoidable accelerated implementation timescale of the preferred clinical model there is a risk that we will not be able to fully deliver all elements of the change, which could adversely impact on patient outcome and experience leading to reputational damage.	**3**	**4**	**Moderate Risk 12**	**Low Risk 2x4 = 8**	Urgent Temporary Changes to the services we provide at the Friarage Hospital including Implementation/Operational Plans / Standard Operating Procedures Quality Impact Assessments for all affected services continued to be reviewed and updated Operational Risk Registers Human Resources Retention Plan Communication and engagement plan	Communication briefings held with: Clinical Senate, Yorkshire Ambulance Service, Harrogate NHS FT, York NHS FT, ICR North Yorkshire, ICP Tees Valley, Health Education England, Local University Partners, All Staff, Unions/Staff side, Governors, Local Medical Committee, Medical Advisory Committee, Friends of Friarage, Local Authorities, Catterick Garrison/Military, GP Practices, Pharmacy, Dental Practices, Health Watch, McMillan, Health Engagement Network, Town councils, Parish Councils, MPs, Media Real time daily patient flow tracker Daily documented review of variance from SOP's Case review of any patient transfers from the FHN site Monthly assurance report to OMB & QAC Daily Assurance Calls with Strategic, Tactical, Surgical and Medical On-call Weekly assurance report provided to SLT and NHSE Medical Director	Board approval of preferred Clinical Model agreed 4 September 2018 submitted to NHS Hambleton, Richmondshire and Whitby CCG to take forward to NHSE and N&Y Clinical Senate Board approval of Urgent Temporary Change (5 February 2019) to move to Urgent Service Change model on 27 March 2019 Quality Assurance Committee reviewed QIAs, SOPs and potential risks approved proposal to move to urgent temporary change for ratification by the Board Board approved the Urgent Service Change Implementation Plan (including communication plan) on 5 March 2019 to mobilise the Urgent Service Change Model on 27 March 2019	North Yorkshire Scrutiny of Health Committee minutes NHS England Medical Director Site Visit prior to 27 March 2019 Clinical Senate Review 21 May 2019 Consultation events ongoing The consultation has finished and the CCG have approved the new model which has been operating since March 2019				Medical Director	Board	1664	⟺	29.9.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved
Quarter 1 (1 April - 30 June 2019)
May 2019:
Added:
Assurances received: 1. continuing to review and update QIAs and SOPs; Clinical Senate Review 21 May 2019
Assurances effective: 1. regular briefings with Yorkshire Ambulance Service; 2. daily assurance calls with strategic, tactical, surgical and medical on-call; 3. weekly assurance report to SLT and NHSE Medical Director
Deleted:
deleted gaps in operational plans QIAs and SOPs from gaps in controls/assurances due to them now being in place and reviewed and updated continuously
28 August 2019 - no change

Propose to Board no longer a risk as outcome has been received.

1. STRATEGIC OBJECTIVE: Develop clinical and commercial strategies to ensure long term sustainability																	
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk rating)**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target date for completion of Action**	**Target date score will be met/closed**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Change to Rating since last Review**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
1.3a	Regulatory Compliance with the Health and Social Care Act 2008 and Regulations 2014	Risk of further breaches to condition 4 of the Trust Provider licence could result in further enforcement undertakings and licence conditions	3	5	**High Risk 15**	**Low Risk 3x3=9**	SFI/SO; Scheme of Delegation review September 2020 Constitution update August 2020 Board and Committee structures Provider Licence self assessment 2020 Internal control arrangements Trust Strategic Plan Additional short term senior interim support in specialist areas Board to Board meeting held with NHSE/I (2) Single item QSG Quality Risk Profile	Board and Sub committees review of BAF risks and internal assurances Board agenda and minutes CQC action plan Single item QSG minutes of meeting Review of governance and effectiveness of committees Annual Governance Statement	Quality Assurance Committee Minutes / Chairs log Finance & Investment Committee Minutes / Chairs Log	External NHS QRM CQC Inspection Internal and External Audit Reports Annual Governance Statement Quality Report Annual Report Finance Single item QSG minutes of meeting and level of assurance B2B September 2020	Need to establish what further assurance is required for addressing provider licence conditions	31.12.20	31.3.21	Chief Executive	Board		↓	29.9.20
1.3b		Prolonged adverse publicity or regulatory attention resulting in a fundamental loss of confidence in the Trust amongst regulators, partner organisations, patients, staff and the general public	3	5	**High risk 15**	**Low Risk 3x3=9**	Conflicts of interest & whistleblowing management arrangements Counter Fraud arrangements Internal Audit Established relationships with regulators Stakeholder engagement meetings Forum for Public Involvement meetings Internal control arrangements Staff briefings and forums Public Board and AGM Ongoing engagement with local MPs, OSC	Fraud and Internal Audit Reports to FIC and Audit Committee Pulse Surveys Staff survey National patient survey reports	Board and Sub Committees	External NHS QRM CQC Inspection Internal and External Audit Reports Annual Governance Statement Quality Report Annual Report Finance B2B	Stakeholder relationship management plan	31.12.20	31.3.21	Chief Executive	Board		↓	29.9.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved
Quarter 1 (1 April - 30 June 2019)
May 2019: Recommend this risk is removed and a new risk is added at 2.2 overseen by the Quality Assurance Committee with regards to ongoing compliance with the CQC (compliance with the Health and Social Care Act 2008 and Regulations 2014)
28 August 2019 - new risk added 1.3b; 1.3 principal risk updated;
27.11.19 - update to assurance and gaps
29.9.20 - update to key controls, sources of assurances and gaps - risk scores reduced

1. STRATEGIC OBJECTIVE: Develop clinical and commercial strategies to ensure long term sustainability																		
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk rating)**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target date for completion of Action**	**Target date score will be met/closed**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Change to Rating since last Review**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
1.4	Regulatory Compliance with the Health and Social Care Act 2008 and Regulations 2014	A major incident (cyber attack, critical infrastructure failure, supply chain failure etc) resulting in temporary hospital closure or a prolonged disruption to the continuity of care services across the Trust, which also impacts significantly on the local health service community	4	4	**High Risk 16**	**Low Risk 2x4=8**	Emergency preparedness, resilience and response (EPRR) arrangements at regional, Trust, Centre and service level Operational strategies and plans for specific types of major incident, business continuity and critical incidents Strategic, tactical and operational command for major incidents Estates Governance arrangements with PFI partner Trust Resilience Forum and EPRR operational group EPRR Strategy in line with National EPRR framework Training and testing exercises undertaken annually Annual assessment against EPRR core standards On call arrangements in place EU Exit task and finish group review of operational response plan for monitoring issues following Brexit SRO for EU Exit appointed - S Mason	EPPR self assessment - partial compliance for 2019/20 Information Governance Assurance Framework (IGAF) Debriefs following local testing shared with Trust resilience forum, report to Board, SLT and Sub Committee	Board report on EPPR self assessment IG Assurance Framework submission Annual report to Board on EPRR Board cyber training February 2020 Internal audit report on cyber (September 2020)	Validated EPPR assessment - partial compliance Regional assurance visit undertaken in October External audit (2017) Peer Review undertaken (December 2019)	Actions to address self assessment to increase compliance contained within EPPR work plan Tees Valley Digital review Cyber exercise to be planned Strategic leadership in a crisis course being developed (2020) HMIMMS course for all staff on call Oncall refresher training Address cyber risks internal audit report	30.10.20 31.12.20 31.9.20 2021 31.4.21 31.12.20 31.12.20	31.5.21	Director of Estates, Facilities and Capital Planning	FIC		↑	29.9.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved
28 August 2019 - new risk added
27.11.19 - update to controls, gaps and assurance
11.12.19 - update to full risk
29.9.20 - update to risk score, controls, assurances and gaps

1. STRATEGIC OBJECTIVE: Develop clinical and commercial strategies to ensure long term sustainability																		
	Principle Objective	Principle risks to delivery of objective	Grade (including change in			Target	Existing Key Controls	Possible Sources of Assurance	Assurances Received		Gaps in control/assurance and	Target date for completion of	Target date score will be	Responsible Director	Responsible Committee	Associated Risk	Changes to Ratings	Date Reviewed by
			LH	Conseq	Rating				Internal	External								
1.5	Delivery of safe care	Risk to Trusts ability to delivery strategic objectives due to diversion of resources of all types required to manage the COVID19 19 pandemic, leading to: Failure to deliver constitutional standards Associated reduced / compromised outcomes Patient Harm Reduced patient experience Increased costs Failure to meet financial trajectories Workforce issues such as stress, recruitment and retention	5	5	**Very High Risk 25**	**Low Risk 1 x 5 = 5**	EPPR incident management processes in place with tactical and strategic command meeting daily Communication briefings and meetings with staff HR systems and processes to enable tracking of staff, welfare calls and psychological support / OH support to staff Implementation of national guidance Implementation of business continuity plans Stopping elective activity Redeployment and retraining of staff Training for staff in relation to PPE and redeployment duties IT facilities to enable patient contact/appointments/reviews to be undertaken IT facilities in place to enable staff to work from other places Liaison with partners and stakeholders LRF coordination in place Government financial support to manage COVID 19 Reducing the burden guidance on managing performance and governance processes	Board reporting Real time reporting to tactical and strategic command through daily SITREP Task and finish groups	Daily reporting to strategic command through SITREP Clinical Clinical Oversight group (ethical)	LRF coordination process in place ICS/ICP coordination processes in place NHSE/I reducing the burden guidance	Availability of staffing for the continuation of front line services Availability of appropriately trained staff Availability of equipment from NHS supply chain Loss of staff through self isolation / ill health	Ongoing		Chief Executive	Board			01.04.20
New risk added																		

2. STRATEGIC OBJECTIVE: Delivering excellence in patient outcomes and experience

	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Action	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Changes to Ratings since last Review	Date Reviewed by Committee
			LH	Conseq	Rating				Internal	External								
2.1 (1)	Delivery of excellence in patient outcomes and experience	An infection outbreak (such a influenza; norovirus; infections resistant to antibiotics and CDiff) may result in avoidable patient harm and could adversely impact on delivery of key performance indicator	4	4	**High risk - 16**	**Very Low Risk 2x3=6**	IBAF Cleaning standards meetings Review panels of all trust apportioned CDIF Clinical policies, procedures, guidelines, pathways, supporting documentation & IT systems Clinical Audit programme and monitoring arrangements. Ward assurance and accreditation programme - STAQ Weekly Dep. DIPC Matron IPC huddles Performance management systems Monthly performance dashboards Monthly performance meeting with clinical matrons. Handwashing audits Environmental Audits HPV fogging Antibiotic stewardship programme me As part of agreed contracts external suppliers are supporting with refresher training in relation to equipment cleaning and ANTT for clinical staff.	QAC and sub group meeting agenda and minutes IPAG meeting minutes Audit findings Panel outcomes Regulator oversight Capital and FIB minutes of meetings Reduction in HCAIs since Covid 19 pandemic Nosocomial rates Key quality metrics	Board, QAC and sub committee structure CQC confirm and challenge STACQ Clinical Standards Group	TIPC CCG oversight through Chief Nurses CQC oversight / bi weekly calls IBAF review and feedback report Improvement IBAF feedback August 2020	Capital funding to support IPC initiatives and equipment replacement Compliance with SOP and Policies - further work required to ensure compliance being explored Develop a more collaborative approach with Serco in terms of education delivery and audits including hand hygiene and IPC and Serco joint monitoring in augmented care areas (this is a recent development and we will review effectiveness).	30.7.20 31.12.20 31.12.20	31.3.21	Director of Nursing & Midwifery	Quality Assurance Committee			18 08 20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

28 August 2019 - Principal risk updated and risk score, additional controls and external assurance
29.10.19 - updated gaps in control / assurance and target date
20.11.19 - update to risk score, controls, assurance and gaps
25.5.20 - update to existing key controls, sources of assurances, assurances and gaps.
18.8.20 - no change
29.9.20 - no change

2. STRATEGIC OBJECTIVE: Delivering excellence in patient outcomes and experience

	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Action	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Changes to Ratings since last Review	Date Reviewed by Committee
			LH	Conseq	Rating				Internal	External								
2.1 (2)	Delivery of excellence in patient outcomes and experience	2. Due to gaps in compliance in medication practice there is a risk of avoidable patient harm leading to reputational damage	3	4	**Moderate risk - 12**	**Very Low 1x4=4**	1. Pharmacist staff allocated to priority wards 2. Specific medication incident reporting system on Datix 3. Medicines policies are fit for purpose 4. Monthly omitted doses audits 5. Medication Safety Alerts 6. World Café Educational events 7. DON/MD visibility in clinical areas 8. Omnicel	Controlled drugs audit Omitted doses audit NHS protect audit Medicines reconciliation audit Clinical standards group QAC and sub group oversight	Safer Medication Practice Group		1. Limited pharmacist cover at weekends. Insufficient technical staff on ward to deliver at times of staff shortage 2.Automated cabinets not fully implemented 3. Current pharmacy establishment insufficient to achieve 80% medicines reconciliation - business case in progress 4. Implement outcome of digital review 5. Organisational learning from medication errors 6. • Access to system one/EMIS for admissions wards to access GP records for medication dosing 7. Medical Safety Action plan	31.12.19 28.02.19	28.02.20	Director of Nursing	Quality Assurance Committee	1572- Risk of patient harm due to medicine related errors due to no electronic prescribing system	⟷	29.9.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

29.10.19 - added additional gap and updated gaps in control / assurance
25.5.20 - suggest reduce from BAF to risk register - no specific incidents or issues - not supported by Committee
18.8.20 - update to risk score, controls and sources of assurance
29.9.20 - update to gap in control

2. STRATEGIC OBJECTIVE: Delivering excellence in patient outcomes and experience

	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Action	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Changes to Ratings since last Review	Date Reviewed by Committee
			LH	Conseq	Rating				Internal	External								
2.2	Delivery of excellence in patient outcomes and experience	Risk that failure to comply with the CQC Health and Social Care Act could lead to restrictions on service provision leading to reputational damage and/or financial penalties	4	4	**High Risk - 16**	**Low Risk 3x3=9**	Risk management process Centre governance meetings Monthly quality and safety report Monthly safe staffing report (nursing and midwifery) Quarterly patient experience report Monthly health care associated infection report Monthly mandatory training report Quality and Equality Impact Assessment process CQC Action plan CQC confirm and challenge meetings Quality risk profile and implementation plan Business case process established Improvement Recovery Plan in place Interim Director of Clinical Development Moving to Good programme MD/DON visibility in clinical areas Safeguarding structure	QAC and sub group meeting agenda and minutes Audit findings Panel outcomes Regulator oversight Capital and FIB minutes of meetings Reduction in HCAIs since Covid 19 pandemic Key quality metrics	Board, QAC and sub committee structure CQC confirm and challenge STACQ evidence	TIPC CCG oversight through Chief Nurses CQC oversight / bi weekly calls IBAF review and feedback report Improvement Board Single item quality surveillance group meeting Risk Summits for critical services B2B September 2020	Implement CQC improvement report Undertake a self assessment and preparedness for CQC inspection	31.12.20 31.3.21	31.3.21	Director of Nursing & Midwifery	Quality Assurance Committee		⟷	29.9.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

28 August 2019 - risk rating and target risk rating updated, additional controls added
29 October 2019 - updated assurances received
20.11.19 - update to key control, sources of assurances
25.5.20 - update to risk grade, key controls, assurances and gaps
18.8.20 - update to existing key controls, sources of assurance, assurances and gaps
29.9.20 - update to gaps in control

2. STRATEGIC OBJECTIVE: Delivering excellence in patient outcomes and experience

	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Action	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Changes to Ratings since last Review	Date Reviewed by Committee
			LH	Conseq	Rating				Internal	External								
2.3	Delivery of excellence in patient outcomes and experience	Ability to learn from Serious Incidents, complaints, clinical audits and external reviews to improve on quality and patient safety	3	3	**Moderate Risk 9**	**Low Risk 2x3=6**	1. Serious Incident Report (monthly) 2. Serious Incident Investigations 3. Safety Bulletins 4. Learning Bulletins 5. Monthly Quality Report 6. Quarterly Patient Experience Report 7. Quarterly & Annual Claims 8. Real time patient experience reporting 9. Clinical Audit 10. Centre Governance Board meetings 11. Review panels (Serious Incident, Pressure Ulcers, Falls, Deteriorating Patients, C. Difficile) 12 .Mortality Review 13. Medical Examiner reviews 14. Safety@stees collaborative 15. Clinical assurance rounds 16. Risk Validation Group to meet monthly to review Centre/Corporate Risks with consideration of 15+ new risks 17. Patient Safety Sub-group 18. cross-centre learning through QBP structure 19. Induction and education sessions 20. Patient Safety Faculty 21. Clinical support unit development 22. Getting to good programme 23. Weekly safety wall	Monthly report to Quality Assurance Committee Clinical Standards Sub Group Clinical support Unit QAC report demonstrating month on month increase in reporting DATIX incident reporting levels monitored against NRLS NRLS Benchmarking CQC engagement meeting National Staff Survey External Audit Independent assessment of Quality Report Internal Audit	Quality Report to QAC monthly Serious Incident Report to QAC monthly Patient Experience Report Quality Account Internal Audit Report Performance report Board Serious incidents/Never Events report to Board	CCG SI oversight by Chief Nurses National Clinical Audit Outcome National Staff Survey - annually External Audit Quality Report review Independent Audit reports presented to Quality Assurance Committee and Audit Committee Serious Incident Report Bi weekly clinical governance and risk oversight group NHSE/I Single item QSG / risk summit	Requirement to train more investigators to support increase in reporting culture Evidence of embedded and sustained learning Incident reporting upgrade - DATIX cloud	31.3.21 31.3.21 31.3.21	31.3.21	Director of Nursing/Medical Director	Quality Assurance Committee		⟷	29.9.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

Quarter 1 (1 April - 30 June 2019)

May 2019: Updated target dates for completion of actions. December 2018 changes to 31 October 2019 for completion of actions listed under gaps; Develop mechanisms for cross centre learning and embed induction and education sessions (completed March 2019); Establishment of Patient Safety Group (completed September 2018); Establish Patient Experience Group (date added by June 2019)
29.10.19 - updated gaps in control / assurance actions
20.11.19- updated controls, assurance and gaps
25.5.20 - reduce risk to risk register and remove from BAF - not agreed by QAC
18 08 20 - update to key controls assurances and gaps - suggest merge with 2.4
29.9.20 - no change

3. STRATEGIC OBJECTIVE: Drive operational performance to deliver responsive cost effective care																		
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk rating)**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target date for completion of Action**	**Target date score will be met/closed**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Changes to Ratings since last Review**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
3.1	Achievement of key access standards/NHSI investigation	A sustained, exceptional level of demand for services that overwhelms capacity resulting in a prolonged, widespread reduction in the quality of patient care and repeated failure to achieve constitutional standards, with possible harm to patients	5	4	**High Risk - 20**	**Low risk 2x3 = 6**	Patient Flow process in place Urgent Care monitoring A&E Delivery Board Standard operating procedures Performance management process in place Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Working with primary care and other stakeholders to manage demand through diversion and re-provision Clinical Policy group addressing key issues and deterring the allocation of resources based on clinical priorities Single QSG review of constitutional standards and escalation of high risk areas QAC review and deep dive into critical areas SI process Clinical Harm review process High risk patients identified and have been allocated appointment and theatre capacity using T100	Clinical Policy Group agenda and action notes A&E Delivery Board agenda and notes Improvement recovery plan - capacity and demand Recovery plans for high risk services and updates to Board and Committees Risk register Outcome of QSG Internal risk summit	Centre Board management of constitutional standards Weekly incident control meetings for high risk areas Deep dive into critical services at QAC SLT review of risks to delivery of critical services	LADB NHSE/I External review of DTOC CQC inspection report Monthly management of RTT 52 week waiters Single Item QSG Risk Summit 2/52 oversight with regulators B2B September 2020	Compliance with SAFER standards, Patient Flow SOPs Review of 111 Directory of Service service Recruitment of medical and nursing workforce to manage demand with appropriate skill mix Limitation of current Estate with increased demand - outcome of emergency capital bid and 2020/21 capital bid	31.03.20 31.1.21 Ongoing 2021	31.11.20	COO	FIC		⟷	29.9.20

28 August 2019 - 3.1 principal risk updated, controls and gaps in controls added;
27.11.19 - update to controls, gaps and assurances
23.6.20 update to risk grade, key controls, assurances, gaps
29.9.20 - update to internal assurances

3. STRATEGIC OBJECTIVE: Drive operational performance to deliver responsive cost effective care																	
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in**			**Target**	**Existing Key Controls**	**Possible Sources of**	**Assurances Received**		**Gaps in control/assurance and**	**Target date for**	**Target date**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Changes to Ratings since**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
3.2	Achievement of key access standards/NHSI investigation	Risk of ability to deliver the national access target of 92% for 18 weeks RTT and achievement of the March 19 WTL by March 2020 due to gaps in workforce (T&O, Spinal, General Surgery, Plastics and Urology), increasing demand (ophthalmology, Gastroenterology), transfer of activity from CCDFT, reduction in weekend working and premium pay .	5	4	**High Risk - 20**	**Low risk 3x3 = 9**	Recovery Plan in place for overall RTT Weekly Performance Meetings Speciality specific level recovery plans have been developed Patient Flow process in place Standard operating procedures Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Clinical Policy group addressing key issues and deterring the allocation of resources based on clinical priorities Single QSG review of constitutional standards and escalation of high risk areas QAC review and deep dive into critical areas	RTT Recovery Plan Regular meeting with NHSE/I regarding position Clinical Policy Group agenda and action notes Improvement recovery plan - capacity and demand Recovery plans for high risk services and updates to Board and Committees Risk register Outcome of QSG Internal risk summit	Performance report to Board and Centre boards Outcome of QSG Weekly incident control meetings for high risk areas Deep dive into critical services at QAC SLT review of risks to delivery of critical services	NHSE/I weekly / monthly Return Regular meeting with NHSE/I External review of DTOC CQC inspection report Monthly management of RTT 52 week waiters Single Item QSG Risk Summit 2/52 oversight with regulators B2B September 2020	Waiting list system inefficient due to underdeveloped informatics infrastructure - capital and revenue bids for emergency funds System discussion regarding shared PTIs for critical services	31.03.21	31.3.20	COO	FIC		⇔	29.9.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

Quarter 1 (1 April - 30 June 2019)

May 2019:

Changed Risk description March 18 WTL by March 19 to March 19 WTL to March 20; and deleted service manager capacity (additional service managers now in post);

Added to key controls: Directorate level recovery plans have been developed

27.11.19 - update to risk rating, controls, assurances and target dates

23.6.20 update to risk grade, key controls, assurances, gaps

29.9.20 - update to sources of assurance

3. STRATEGIC OBJECTIVE: Drive operational performance to deliver responsive cost effective care																		
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target date for completion**	**Target date score will be met/closed**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Changes to Ratings since last**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
3.3	Achievement of key access standards/NHSI investigation	Risk of ability to delivery the national access target of 85% for 62 Day Cancer Standard	5	4	**High Risk - 20**	**Low risk 3x3 = 9**	Recovery Plan in place for overall Cancer target Weekly Performance Meetings Speciality specific level recovery plans have been developed Weekly cancer wall including medical director input Cancer delivery group meeting monthly Standard operating procedures Performance management process in place Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Clinical Policy group addressing key issues and deterring the allocation of resources based on clinical priorities Single QSG review of constitutional standards and escalation of high risk areas QAC review and deep dive into critical areas SI process Clinical Harm review process High risk patients identified and have been allocated appointment and theatre capacity using T100 Cancer Cell in place (Southern) STAR chamber MDT reviews with COO Repatriation to local unit policy in place	Cancer Recovery Plan Outcome of QSG RTT Recovery Plan Regular meeting with NHSE/I regarding position Clinical Policy Group agenda and action notes Improvement recovery plan - capacity and demand Recovery plans for high risk services and updates to Board and Committees Risk register Outcome of QSG	Performance report to Board and Centre boards Outcome of QSG Weekly incident control meetings for high risk areas STAR chamber report to QAC Deep dive into critical services at QAC SLT review of risks to delivery of critical services	NHSE/I weekly / monthly Return Regular meeting with NHSE/I External review of DTOC CQC inspection report Monthly management of RTT 52 week waiters Single Item QSG Risk Summit 2/52 oversight with regulators National patient experience report	Roll out of automated tracking system across all relevant specialities identifying patients who have high risk of cancer Continue to outsource pathology and radiology services	31.03.21 ongoing	31.03.21	COO	FIC		⟺	29.9.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

Quarter 1 (1 April - 30 June 2019)
May 2019:
Deleted under Gaps in control - Cancer Delivery Group to be formed
Added to Existing controls - Trust wide Cancer Delivery Group (this is now in place and Chaired by the Medical Director, Specialist and Planned)
27.11.19 - update to risk score, controls, gaps, assurance and action scores
23.5.20 - update to risk grade, key controls, gaps
29.9.20 - update to assurances

3. STRATEGIC OBJECTIVE: Drive operational performance to deliver responsive cost effective care																	
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target date for completion of Action**	**Target date score will be met/closed**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Changes to Ratings since last Review**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
3.4	Achievement of key access standards/NHSI investigation	Risk that patients deteriorate or actual harm materialises due to patients being moved from list to accommodate cancelled surgical procedures due to inadequate capacity in critical care	4	5	**High Risk 20**	**Moderate risk 2x5 = 10**	Monitoring and tracking patients DATIX report if operation is cancelled Clinical review to determine the level of harm that may have occurred as a result PACU opened Planned surgery has been smoothed across the week ensuring the demand on critical care capacity is balanced Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Single QSG review of constitutional standards and escalation of high risk areas	Clinical Policy Group action notes updates to Board and Committees Risk register Outcome of QSG	Report to Board Sub Committees and Centre boards	NHSE/I B2B September 2020	Ensure critical care capacity is fully utilised across the Network Ensure community services are fully utilised to enable appropriate step-down care Review of patient flow and the standardisation of pre-assessment processes Patient DNA rates are high and require further investigation to understand the cause	31.12.20 31.12.20 31.12.20 31.12.20	31.3.21	COO	FIC		⟷	29.9.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

28 August 2019 - New Risk
27.11.19 - update to controls, assurance, gaps and target dates
23.5.20 - no change - due to COVID19 position will change when restarting activity
29.9.20 - update to assurances

4. STRATEGIC OBJECTIVE: Deliver long term financial sustainability to invest in our future																		
Risk ID	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Actions	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Changes to Rating since last Review	Date Reviewed
			LH	Conseq	Rating				Internal	External								
4.1	Delivery of Annual Plan including Control Total	Lack of robust financial information and grip and control may result in poor financial governance and decision making lead to the inability to deliver the annual control total impacting on cash flow and long term sustainability as a going concern	2	4	Moderate Risk - 8	Moderate Risk 1 x 4 - 4	**Internal** FIB driving cost improvement programme with Executive Risk Owners linked to schemes Capital Planning Group in place Monthly defunding of budgets for completed schemes Monitoring through Board, Senior Leadership Team, FIC and FIB SFI/SO, Scheme of delegation FIB established to control expenditure vacancy controls established Business case process re-establish **External** Aligned incentive contact agreed with NHSI, NHSE and Trust's commissioners. Savings. Initial programme of work in development. NHSI performance review meetings (PRM) Board to Board meetings and ongoing concerns discussed with NHSE/I Dialogue with National Cash Management Team Ongoing discussions regarding Group structure and addressing PFI ICP Finance Director Group	Audit report on going concern Reports to FIC, Audit Committee and Board Achieved revised forecast in 2019/20 Agreed return submitted to NHSE/I - suspended COVID19 Interim COVID19 arrangements - Trust currently breakeven Year end accounts	Board minutes Finance and Investment Committee minutes Audit Committee work programme Finance Improvement Board minutes Senior Leadership Team action notes Standing Orders/Standing Financial Instructions presented and approved by September 2020 Audit Committee and ratified by the Board	PWC Audit report Revised financial envelop next 6 months Revised financial framework (Covid) Financial governance and control gaps - NHSI review being undertaken - report received and further controls implemented	Savings need to be identified to bridge underlying deficit Draft PFI business case - to be completed	31.12.20 30.9.21	31/09/2021	Director of Finance	Finance and Investment Committee		⟷	29.9.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

Quarter 1 (1 April - 31 July 2019)
- May 2019 - no changes made
28 August 2019 - principal risk updated, risk rating updated, target risk updated,
21 January 2020 - principal risk objective updated, risk reduced, key controls and assurances updated
15.6.20 Update to key controls, sources of assurance and gaps in control
01.07.20 update to assurances and gaps in controls
29.9.20 - update to assurances and gaps

4. STRATEGIC OBJECTIVE: Deliver long term financial sustainability to invest in our future																	
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk rating)**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target date for completion of Actions**	**Target date score will be met/closed**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Changes to Rating since last Review**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
4.4	IT infrastructure fit for current and future organisational needs	Underdeveloped informatics infrastructure compromises ability to deliver safe, responsive and efficient patient care.	**4**	**4**	**HIGH - 16**	**Moderate Risk 2x4=8**	IT strategy presented to Board in November 2018 Business Case for Electronic Patient Records (EPR) approved by the Board in December 2018 and has subsequently been submitted to NHSI/E for review/approval. IT Business Continuity and Incident Management plans have been updated. A desktop of the BCPs for IT undertaken May 2019. Upgrade to Network infrastructure completion. IT Capital Investment approved and spent for replacement hardware. Business case for new backup solution approved at Capital & Investment Committee. Digital Strategy group reviewing risks Approval to bid for digital project which would fund both infrastructure and medicines management £6m - successful Emergency capital funding Cyber funding's Funded GNCR Executive Director SIRO in place A monthly Cyber Security group has been established which reports through to the se	Action Plan in response to Internal Audit report DSP Action Plan Update reports to Digital Strategy Group, and Board Audit Committee and Digital Strategy Group minutes FIC agenda and minutes Trust Board agenda and minutes Cyber and IT risk papers discussed at SLT **External** NHS Digital Audit PWC Audit IG Toolkit re unsupported systems	Chief Clinical Information Officer (CCIO) and Deputies appointed Business Continuity testing commenced EPR Programme Board in place Board minutes evidence approved EPR Business Case	PWC Audit reports on DSPT NHS Digital Audit PWC cyber report	Future strategy subject to independent review commissioned by ICS / NHSE/I Address high risk audit reports Trust commissioned independent review of IT infrastructure	31.11.20 in line with audit recommendations 30.9.20	31.3.21	Director of Finance	Finance and Investment Committee		⟺	01 07 20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

Quarter 1 (1 April - 30 June 2019)
- May 2019 - no changes made
12.11.19 - update to principal risk, controls and assurances
21.1.20- update to principal risk, risk score, sources of assurance and responsible Director
15.6.20 - update to key controls and gaps
01 07 20 -update to assurances, key control and actions
29.9.20 - update to assurances

4. STRATEGIC OBJECTIVE: Deliver long term financial sustainability to invest in our future																			
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk rating)**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target date for completion of Actions**	**Target date score will be met/closed**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Changes to Rating since last Review**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
4.6	Trust estate developed and maintained to meet regulatory requirements and aligned to strategic plans	Current estate, lack of capital investment in equipment, IT and infrastructure compromises the ability to consistently deliver safe, caring, responsive and efficient patient care. Potential impact on delivery of service, backlog maintenance, unplanned equipment failure leading to a patient safety risk.	**4**	**4**	**High Risk 16**	**Moderate Risk 2x5=10**	Improved access now in place for lifecycle investment Capital planning group in place Planned maintenance processes in place Premises assurance model (PAM) undertaken Regular risk assessments and environmental audits Low levels of back log maintenance Available wards for decanting £22m emergency capital bid 2020/21	Emergency capital funding bid Commissioned a condition survey of the estate Health & Safety Group consideration of audit information	Lifecycle work now commenced at James Cook University Hospital (2 x wards and 4 x theatres) Trust has acquired additional equipment as part of COVID 19 response which is now available for business as usual use through £7m capital and loan store £3.2m received for Paediatric ED (CQC must do) £2.9m received for critical care	PLACE assessments ISO accreditation for medical engineering CQC report	Prioritised funded Capital Programme currently in place PFI contract limited to 'like for like' replacement - change in Law is a Trust liability Emergency bid for capital (2nd bid) External review commissioned to look at physical infrastructure (condition survey)	31.3.21 ongoing 30.8.20 30.9.20	31.3.22	Director of Estates, Facilities and Capital Planning	Finance and Investment Committee		⇔	29.9.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

Quarter 1 (1 April - 30 June 2019)
- May 2019 - no changes made

28 August 2019 - principal risk updated - new one added
12.11.19 - updated principle risk, risk rating, controls, actions and assurances
26.11.19 - update to objective, key controls and sources of assurance and responsible director
15.6.20 - update to gaps in control

5. STRATEGIC OBJECTIVE: Delivering excellence in employee experience to be seen as an employer of choice																		
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk rating)**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target dates for completion of Actions**	**Target date score will be met/closed**	**Changes to Ratings since last Review**	**Responsible Director**	**Responsible Committee**	**Associated Corporate Risk**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
5.1	Recruit high calibre people and offer a flexible, patient centred and family friendly work environment	Demographic changes, shifting cultural attitudes to careers, capacity and capability of staff combined with employment market factors resulting in critical workforce gaps in some clinical and non clinical services (radiology, anaesthetics, critical care)	3	4	**Moderate Risk - 12**	**Low Risk 3x3=9**	Internal: Reports to Workforce Committee Board of Directors Vacancy management and recruitment systems and processes Safe medical and nurse staffing levels for all wards and departments Temporary staffing approval and recruitment process in place Specialist recruitment campaigns Work / link with university medical school Nurse recruitment days AHP recruitment days External: Care Quality Commission National Staff Survey	National Staff Survey results reported to Workforce Committee, Board of Directors and Exit interviews Vacancy report for hard to recruit gaps discussed at SLT and Workforce Committee Timeline for recruitment report to SLT Staff survey split down into staffing groups ACP further development (report to CPG 08.09.20) Turnover report Locum costs report	Staff Survey You said we did action plan and presentation to Board / Workforce Committee co produced with Staff Side and Staff Engagement	National Staff Survey CQC inspection report B2B with NHSE/I 2.9.20	People Plan (bring together all plans) Robust workforce plan including roles and skill mix Safe staffing (medical workforce) for high risk areas On boarding plan for high risk / all areas - developed by the new AMD for People Working across Tees Valley - workforce fops and learning - Clinical Services Strategy cross cutting groups 1st 5 years consultant plan CSU leadership development training for clinicians	31.7.20 30.6.20 31.7.20 30.12.20 ongoing 31.8.20 31.12.20	01.06.21	⟷	Director of Human Resources	Workforce Committee		09.09.20
Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved																		

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

3.2.20 - update to risk rating score, key controls, sources of assurance and gaps
01.06.20 - update to gaps in control and target dates
09.09.20 - update to sources of assurance, external and gaps in assurance

5. STRATEGIC OBJECTIVE: Delivering excellence in employee experience to be seen as an employer of choice																		
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target dates for completion of Actions**	**Target date score will be met/closed**	**Changes to Ratings since last Review**	**Responsible Director**	**Responsible Committee**	**Associated Corporate Risk**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
5.2	Recruit high calibre people and offer a flexible, patient centred and family friendly work environment	Ineffective engagement with the workforce may result in low staff morale, leading to poor outcomes & experience for patients; less effective teamwork; reduced compliance with policies and standards; high levels of staff absence; and high staff turnover.	3	4	**Moderate Risk - 12**	**Low Risk 3x3=9**	Reports to Workforce Committee Board of Directors Policies and procedures Staff Wellbeing and Occupational Health Draft Engagement strategy (including rewards and recognition; engagement tools) Staff Engagement Group Visibility of leadership Board walk rounds Road shows Covid Draft Wellbeing Strategy Exit interviews Workforce metrics Draft ED&I strategy Workshop on values and behaviours STAR awards Partnership working compact with medical and staff side CPG established - decision making forum Staff weekly briefing Psychology support Health & Wellbeing Group Pulse survey Welfare calls BAME risk assessments	National Staff Survey results reported to Workforce Committee, Board of Directors and Council of Governors Exit interviews Staff survey split down into staffing groups Pulse survey	Staff Survey You said we did action plan and presentation to Board / Workforce Committee co produced with Staff Side and Staff Engagement	National Staff Survey CQC inspection report B2B with NHSE/I 2.9.20	Launch of People Strategy Reduction in absence and turnover (<10%) CSU leadership development training for clinicians	July 2020 April 2020 31.12.20	Aug-21	⇔	Director of Human Resources	Workforce Committee		09.09.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

3.2.20 - update to existing control, sources of assurance and gaps in control and target dates
01.06.20 - update to risk grade, existing controls, sources of assurance, gaps in control
09.09.20 - update to assurances external and gaps in assurance

5. STRATEGIC OBJECTIVE: Delivering excellence in employee experience to be seen as an employer of choice																	
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk rating)**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target dates for completion of Actions**	**Target date score will be met/closed**	**Changes to Ratings since last Review**	**Responsible Director**	**Responsible Committee**	**Associated Corporate Risk**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
5.4	Recruit high calibre people and offer a flexible, patient centred and family friendly work environment	Failure to comply with national guidance regarding funded establishments in Stroke, Maternity, Paediatric inpatient wards, Cardiothoracic HDU and Neurosurgery HDU could impact on the quality and safety of patient care and / or regulatory action	4	4	**High Risk 16**	**Low Risk 3x3=9**	Internal: Reports to Workforce Committee Reports to SLT Board of Directors Vacancy management and recruitment systems and processes Safe nurse staffing levels for all wards and departments Temporary staffing approval and recruitment process in place External: Care Quality Commission	Safe staffing report monthly to QAC and Board Risk assessment and registers identifying mitigation of failure to comply with guidance		CQC inspection report Royal College guidelines	Baseline audit of which specialities are covered by national guidance Plan to address gaps identified in baseline audit Safe staffing (medical workforce) for high risk areas	31.10.20 31.11.20 30.6.20	31.3.21	⟺	Director of Human Resources Director of Nursing and Quality Medical Directors Corporate Executive Directors	Workforce Committee		09.09.20

Reviewed principle risk, current and target risk rating, existing key controls, possible sources of assurances, assurances received, gaps in control, target date for completion of actions, target date score will be achieved

Quarter 1 (1 April - 30 June 2019)
May 2019: No changes made
28 August 2019 - new risk
12.11.19 - update to assurances and target actions
01.06.20 - update to gaps in control
29.9.20 - no change

Audit Committee
Chair's Log

Meeting: Audit Committee	**Date of Meeting**: Sept 15th, 2020
Summary for Board	

Audit Committee was held to review and approve Annual report and accounts including Internal and External Audit reports

Quorum

The meeting was held virtually and NEDs Richard Carter-Ferris and Debbie Reape were present giving quorum to the AC.

In attendance were Steven Mason, Jackie White and Brian Simpson from the Trus and representatives from Mazars (External Audit),PWC (Internal Audit) and Audit One(Counter Fraud Audit)

Counter Fraud

Ms K Wilson provided an update to the Committee and presented the Counter Fraud work programme for the next12 months. This was received by the Committee. Noo major issues were raised.

Internal Audit

PWC provided a summary of the Audit Plan for 20/21 which had been updated in light of COVID and reviewed with the Trust's leadership team and the AC chair. The plan was accepted.

PWC highlighted the key issues contained within the progress update drawing the Committee's attention to high risk recommendations contained within the IT disaster recovery report. Mr S Orley from the Trusts IT team was present Mr Orley agreed with the recommendations. He informed the Committee that a paper had been prepared for SLT consideration which recommended increased resource to address the issue. This paper had been considered and referred to the Risk Validation Group for consideration and confirmation of the level of risk facing the organization.

External Audit

This was the first AC meeting attended by the Trusts new External Auditors Mazars. The Chair welcomed Cameron Waddell the lead partner who gave an overview of Mazars and their planned approach to the audit. A full audit plan would be presented to the Committee once completed.

Governance

The Committee reviewed and agreed the updates to the scheme of delegation which had been made following changes to the Trust's senior leadership structure.

The Committee reviewed the statement of losses

There are no matters to be added to the BAF

Key	Actions
• External Audit plan to be presented once complete	Mazar

Finance and Investment Committee
Chair's Log

Meeting: Finance and Investment Committee (Virtual Meeting)	**Date of Meeting** 17th Sep 2020
Key topics discussed in the meeting	
• M5 Financial Report • Integrated Performance Report • Annual Plan update • Model Hospital update • Capital Bids update	
Actions agreed in the meeting	Responsibility / timescale
• The Committee noted that the M5 YTD performance remains at break-even based on an additional top up payment for Covid-19 expenditure. • Progress on the Integrated Performance Report was noted with more work required to clarify Board Committee oversight for the various metrics. A change programme will be required to support role out and a proposal will be brought to FIC in Nov. • The Annual Plan process is progressing, and it is clear that the Trust will not be able to meet all of the activity recovery targets specified by NHSE/I. Further clarity is still required on the financial targets. • A high-level review of the Model Hospital benchmarking data showed the Trust to be largely cost-effective compared to its peer group with the PFI contract the only area identified for further significant cost saving. A Board awareness session on Model Hospital is proposed. • The lack of clarity around the availability of capital funds remains a concern. The Trust has no self-generated capital and are therefore dependent on bids.	R Fallon November FIC Meeting Director of Finance October 2020 Director of Finance Q4 2020 Director of Finance October 2020
Issues for Board escalation/action	Responsibility / timescale
• The Trust will not meet all of its activity targets under the Annual Plan. The Committee recognised that the two main area for improvement is the PFI scheme. The Board should consider whether a financial model should be produced for an 'ideal' future state to help make the case for change. • A Board Development Session on the Model Hospital data should be scheduled for Q4 2020 to enable better	October Board Meeting

understanding of our performance against our peers.	Head of Governance October 2020

Workforce Committee
Chair's Log

Meeting: Workforce Committee	**Date of Meeting** 27th August 2020
Key topics discussed in the meeting	
• Updates on the Values and Behaviour framework • Education Strategy and activity updates • Introduction to the new FTSU Guardians and update on next steps • NHS People Plan • Exit Interviews • Performance data • Workforce Racial Equality Scheme and Disability Equality Scheme reports	
Actions agreed in the meeting	**Responsibility / timescale**
Apprenticeships There is scope and value in expanding our employment of apprentices, especially in growing our workforce and contributing to anti-poverty strategies for the Tees Valley. The barriers relate to the requirement to have a budget for a post which is limiting applications. Agreed to raise this with FIC for 2021/22 budget discussions Agreed to refresh expectation at vacancy panel that Centres will have considered an apprentice	Ada Burns Jane Herdman
Values and Behaviours Framework Agreed the need to accelerate and conclude decisions on our core values and to receive a note on the timescale and process before our next meeting. Agreed the need to align this with discussions on re-launch of appraisal and model of ensuring all appraisals concluded within a set period each year as the best way of embedding our values.	Jennie Winnard Rachael Metcalf
Leadership and management training Reflecting on the importance of embedding our values and organisational culture agreed for an investigation into a proposal that the leadership programme should be mandated for all new appointments of band 5 and above.	Rachael Metcalf

FTSU Agreed to examine the proposal that the Strategy should include timescales for investigations to be concluded, as a vehicle to build confidence. Supported ongoing work to ensure that staff from a BAME community and staff with a disability have representation in the Guardian team and approach. People Plan Keen to avoid yet another separate action plan, focus needs to be on wrapping all that we are required to do within a South Tees People Plan, a South Tees People promise and communications on values. WRES and WDES Noted with concern the differential experience staff from BAME and with a disability have in respect of harassment and bullying from staff and managers. Agreed again the importance of the EDI Strategy and Networks in ensuring that South Tees is a workplace of choice for all staff.	Ian Bennett Ian Bennett Rachael Metcalf
Issues for Board escalation/action	**Responsibility / timescale**
Commitment and active support for the values framework and approaches to ensure that these are embedded in behaviour and process Commitment to explore the potential to significantly increase the employment of apprentices in the Trust	

Workforce Committee
Chair's Log

Meeting: Workforce Committee	**Date of Meeting** 24th September 2020
Key topics discussed in the meeting	
• NHS People Plan • Mandatory Training compliance • Staff survey action plan • Trust values • Health & Wellbeing strategy • Listening Faculty • Flu Campaign • Staff engagement Strategy	
Actions agreed in the meeting	Responsibility / timescale
• Note and thank all involved in the very significant progress made across a raft of people and organisational development workstreams • Note that the NHS People Plan contained little that was not already being addressed within the Trust's People Plan but that the challenge will be around developing the evidence • More publicity is required of the good progress against the Staff Survey Action Plan from 2019 • The Board to be asked to have a development session on the proposed value and behaviour framework, as part of the process to agree and launch this. • The listening faculty is a valuable addition to the Health & Wellbeing Plan and joint working with OH will add value to work to support the mental well-being of staff	For the minutes Mark Graham & Sarah Binns Jackie White Jennie Winnard
Issues for Board escalation/action	Responsibility / timescale
• To welcome and support the Flu Campaign • Support the value and behavior framework	

Quality Assurance Committee
Chair's Log

Meeting: Quality Assurance Committee	**Date of Meeting**: 29 September 2020
Connecting to: Board of Directors	**Date of Meeting**: 6 October 2020

Key topics discussed in the meeting	

• Urgent escalations
• Cycle of business – **Approved**
• Monthly Quality Report
• Annual Quality Report (account) - **Approved**
• Quality Surveillance updates - Gastroenterology
• STAQC update
• STAR Chamber update
• Monthly Patient Safety Report
  • Never Events
  • Serious Incidents
  • Inquests
  • CQC update
• Infection Prevention & Control annual plan
• Learning Disabilities Standards update - **Deferred**
  • Learning Disability (LeDeR) Mortality Review 4th Annual Report 2019 - **Deferred**
• QEIA update – **Deferred**
• Quality Surveillance Update – internal Quality Surveillance Plan
  • Specialised Services Q1 Update Report
• Internal audit report update - Quality Assurance & Clinical Governance
• Chairs logs of reporting sub groups
• Meridian closure report (silent paper) - **Accepted**	

	Responsibility / timescale

• Owing to the Trust Strategic Command now being re-established on a daily basis due to C-19, the time allocated to this QAC meeting was reduced. A decision was taken to ask QAC members to present as opposed to invited guests (apart for vascular services).
 	
• QAC received a presentation from the Vascular Services Team, noting:
  • There were many areas to celebrate with many of these centred around teamwork. A number of pressures remain which were discussed at the meeting.
  • Middle grade workforce issues have been discussed at the Improvement Board.
 	
• Update on C-19 =
  • The number of patients requiring C-19 inpatient and critical care has increased in line with heightended incidence of community prevelance.
  • Strategic Command is now daily and plans for the second wave are being put in place.
  • Staff testing is at 750 a day with capacity and plans to increase to 1000 over a seven day period, 12 hours a day to continue to support the trust and local community.
	• Deferred items to October to allow more time for discussion.
	
	• QAC will stay sighted in the pressures through a quarterly update and by exception.

• QAC requested a review of all the current information on the patients experience to return to QAC to provide assurance that the steps taken in recent months, and the conclusion of the admin review, has resulted in better communication to our patients and users. Also that the trust is taking action and making improvements where the theme of communication has come through the complaints or PALs process.
 	
• QAC signed off the Trust Quality Account 2019/2020 taking note of the stakeholder feedback, deadline for the end of September 2020 postponed by NHSEI from June 2020 due to C-19. The team was thanked for putting together the report which clearly shows the successes in the year, improvements that have been made and plans for 2020/2021.
 	
• QAC had asked for an update on cancer services reviewed through the Star Chamber process.
  • Endoscopy, Head and Neck, Skin (Dermatology) and Gynae reviews are completed with clear recommendations and timescales; all planned to be completed before March 2021.
  • Lung and Upper GI have initial recommendations however further work was postponed due to C-19 and although this has recommenced in September the increase in C-19 will be an impact on the progress being made by all cancer services.
 	
• QAC heard the update for gastroenterology:
  • All previous referrals have had a consultant triage to determine the best pathway for the patientActivity and waiting times are increasing despite the measures that have been put in place, which include an independent review of pathways, alternative pathways, and additional weekend endoscopy. Successful recruitment of nurse endoscopists will support recovery. The resilience of the team will continue to be prioritised following the introduction of a 7-day service
  • £690K regional investment has been secured to support long term seven day a week working.
  • A broader objective is to combine patient treatment lists across the Tees Valley..
  • QAC noted that the regulators and the CCG are fully aware of the position. Also the ICP maintains an overview of North East and Cumbria trust pressures to ensure full utilisation of endoscopy capacity across the region.
 	
• Pressures in A&E caused by C-19 infection prevention control measures can result in delays in patient ambulance transfers which is something. This is a widespread problem nationally not reported into QAC previously.
	• To return to QAC in November.
	
	• QAC noted the progress the Star Chamber process had made.

• The IP&C Annual Plan was received for information and was supported by QAC.
 	
• The quarterly update on Clinical Services Quality Surveillance was received and all quality surveillance work is now being aligned with GIRFT.
  • It was noted that the trust process for the management of compliance and regulatory vistas, inspections and accreditations is under review.
  • Good engagement from all teams was reported with clinical directors central to the self-assessments of services and action planning where there is non-compliance. Assurance was given that this process knitted together with service recovery plans.
  • There are 36 services under enhanced surveillance with five having achieved 100% compliance with actions to date.
	• A report will come to the next meeting – 27 October 2020

Escalated items	**Responsibility / timescale**
• Vascular services (see above) • Endoscopy (see above). • The Trust Quality Report (account) was received and signed off. • Progress made by Cancer Services through the Star Chamber process • The effect C-19 second wave will have on services and workforce that will affect planned recovery. • To be aware of the Quality Surveillance Process.	
Risks (Include ID if currently on risk register)	**Responsibility / timescale**
As above	