

# *Board of Directors*

7 April 2020

2.00 pm

Microsoft teams



**MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST  
BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON TUESDAY 7 APRIL 2020  
AT 2.00 PM IN THE BOARD ROOM, MURRAY BUILDING, JAMES COOK  
HOSPITAL**

**AGENDA**

<b>ITEM</b>	<b>PURPOSE</b>	<b>LEAD</b>	<b>FORMAT</b>	
<b>CHAIR'S BUSINESS</b>				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1
4.	Minutes of the last meetings held on 3 March 2020	Approval	Chair	ENC 2
5.	Matters Arising	Review	Chair	ENC 3
6.	Chairman's report	Information	Chair	Verbal
7.	Chief Executive's report	Information	Chief Executive	Verbal
<b>QUALITY AND SAFETY</b>				
8.	Safe Staffing Report	Information	Director of Nursing & Quality	Verbal
<b>FINANCE AND PERFORMANCE</b>				
9.	Performance Report	Discussion	Chief Operating Officer	ENC 4
<b>GOVERNANCE AND ASSURANCE</b>				
10.	Chair's Logs from Board Committee Meetings	Discussion	Chairs	ENC 5
11.	Any Other Business	Discussion	Chair	Verbal
12.	Risks to be added to the Board Assurance Framework	Discussion	Chair	Verbal
13.	Reflections on Meeting	Discussion	Chair / All	Verbal
<b>DATE OF NEXT MEETING</b> The next meeting of Board of Directors will take place on Tuesday 5 May 2020				

ITEM	PURPOSE	LEAD	FORMAT
	<b>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)</b>		

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 April 2020			
Register of members interests			<b>AGENDA ITEM: 4, ENC 1</b>
<b>Report Author and Job Title:</b>	Jackie White Head of Governance	<b>Responsible Director:</b>	Alan Downey Chairman
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
<b>Situation</b>	The Board of Directors are asked to note interests declared by members of the Committee		
<b>Background</b>	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.		
<b>Assessment</b>	There are no specific conflicts identified with the agenda. Members will be reminded at the meeting to raise any if they arise.		
<b>Recommendation</b>	Members of the Board of Directors are asked to note the Register of Interest in relation to the Committee.		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	There are no risk implications associated with this report.		
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.		
<b>Strategic Objectives</b> (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>	
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>	
	Develop clinical and commercial strategies <input type="checkbox"/>		

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
		15 April 2014	2 April 2019	Neddown Limited (dissolved company) from 2 April 2019 and (dormant) prior to joining the Trust
Maureen Rutter	Non-executive Director (Senior Independent Director)	1996	ongoing	Member of Macmillan Cancer Support
Richard Carter-Ferris	Non-executive Director	1 August 2015	ongoing	Director of Yorkshire Area P2P Club – company generates donations for Yorkshire Air Ambulance
David Heslop	Non-executive Director			No interests declared
Mike Ducker	Non-executive Director	1 December 2017	ongoing	Advisor to UK Government on Chemicals Industry
		1 December 2005	ongoing	Trustee of Greenstones Christian Trust Charity – a Charity working with prisons in Ethiopia
		1 October 2019	ongoing	South Tees Healthcare Management Limited - Company number 10166808
Debbie Reape	Non-executive Director	August 2019	Ongoing	Associate Director with Northumbria International Alliance (Northumbria NHS Trust and Northumberland County Council)
		1 October 2019	Ongoing	South Tees Healthcare Management Limited - Company number 10166808
		October 2019	Ongoing	School Governor, Ashington Academy
Adrian Clements	Medical Director (Urgent and Emergency Care & Friarage Hospital) and Deputy Chief Executive	23 January 2012	Ongoing	Director of Clements Medico Legal Consulting Limited
David Chadwick	Medical Director (Specialist and Planned Care)	21 August 2006	ongoing	Member of Team Health LLP (dormant)
Sath Nag	Medical Director (Community Care)			No interests declared
Gill Hunt	Director of Nursing and Quality			No interests declared
Steven Mason	Director of Finance	1 October 2017	ongoing	Child employed at Deloitte
		1 September 2018	ongoing	Children employed at Ernst & Young
		13 August 2018	ongoing	HM Property Services Ltd (family company)
		March 2019	ongoing	Client representative ELFS Management Board
		1 October 2019	ongoing	South Tees Healthcare Management Limited - Company number 10166808
Jackie White	Head of Governance	March 2013	Ongoing	Director – Applied Interim Management Solutions – Company Number 08473345
		February 2017	Ongoing	Specialist Governance Advisor – CQC

		September 2018	Ongoing	The Northern School of Art Director – DevCo Ltd – Company Number 11574517
Ada Burns	Non-Executive Director (Deputy Chair)	2017	Ongoing	Role - Governor – Chair of Resources Committee, member of Board of Teesside University
		2017	Ongoing	Trustee & Vice Chair – New Local Government Network (NLGN) – Public policy think tank
		2019	Ongoing	Role – Associate Consultant – Cratus Consultancy, public sector management consultancy
Sue Page	Chief Executive	May 2018	Ongoing	President of British Red Cross – Cumbria
Kevin Oxley	Director of Estates, ICT and Healthcare Records			No interests declared
Rachael Metcalf	Director of Human Resource Operations			No interests declared
Joanne Dobson	Director of Transformation			No interests declared
Mark Graham	Director of Communications			No interests declared
Johanna Reilly	Chief Operating Officer	2 October 2019	Ongoing	JRR Consultants Limited – Company number 11600734

**UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 3 MARCH 2020 AT 2.00 PM IN THE BOARD ROOM, LANGBAURGH HOUSE, GUISBOROUGH**

**Present**

Mr A Downey	Chairman
Mr M Ducker	Non-Executive Director
Ms A Hullick	Non-Executive Director – Deputy Chair
Mrs M Rutter	Non-Executive Director
Ms A Burns	Non-Executive Director
Mrs G Hunt	Director of Nursing & Quality
Mr A Clements	Medical Director
Dr S Nag	Medical Director
Mr D Chadwick	Medical Director
Mr S Mason	Director of Finance
Ms S Page	Interim Chief Executive

**In Attendance**

Mrs J White	Interim Head of Governance
Mr M Graham	Interim Director of Communications
Mr K Oxley	Director of Estates and Facilities
Mrs R Metcalf	Director of HR
Ms J Reilly	Interim Chief Operating Officer
Ms J Alderson	Non-Executive Director – Insights Programme
Ms Kay Branch	Acting Head of Midwifery (for xx)
Ms Lucy Finlay	Continuity of Carer (for xx)

**Action**

**BoD/19/154 STAFF STORY**

Ms Denise Johnson, Clinical Lead for Specialist Palliative Care and Queens Nurse for the Trust attended the meeting and discussed her journey throughout her employment with the Trust. The Chairman thanked Denise for attending and providing such a lovely story.

Ms Reape thanked Denise and noted her long career with the Trust and the highs and lows and emotional impact this had had on her. Ms Reape asked Denise what advice she would give to new registrants. Denise commented that she would suggest they seek help, support and guidance.

Ms Page commented that she had recently visited the team with Dr Nag and had a great experience, and Denise was a great influence to teams in the Community.

**BoD/19/155 WELCOME AND INTRODUCTIONS**

The Chairman welcomed members to the meeting which was being held in Guisborough. The Chair welcomed observers to the meeting.

**Action**

The Chairman thanked Sharon Lance, Assistant Director of Nursing and Amanda Raine, Service Manager for organising a fantastic Board walk round with community staff this morning. The team visited therapies, district nursing, palliative care and specialist areas of stoma care, Continence care and SPC.

The Chairman also reminded members that today was the last Board meeting for Mrs Hullick who had been a Non-Executive Director for the Trust for 5 years in the capacity of deputy chair, acting chair and NED. The Chair and the Board thanked Ms Hullick for her contribution.

**BoD/19/156 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr D Heslop and Mr R Carter-Ferris, Non-Executive Directors.

**BoD/19/157 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/19/158 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/19/159 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 4 February 2020 were reviewed and agreed as an accurate record.

Head of  
Governance

**BoD/19/160 MATTERS ARISING**

The matters arising were reviewed and the action log updated.

**BoD/19/161 CHAIR'S REPORT**

The Chair reported that he has been undertaking appraisals and setting objectives with Non-Executive Directors for the new year. He has been catching up with governors who have been recently appointed to the Council of Governors and met with new lead governor Plym Auty. The Chair also reported that he had met with Dr Boleslaw Posmyk, newly appointed chair of the Tees Valley CCG.

Members noted that the Board had undertaken a number of Board development sessions including a session looking at



**Action**

the key lines of enquiry with well led and developing a well led Board action plan, freedom to speak up and undertaking the Board self-assessment, information and cyber security and finally reviewing the strategy for the South Tees Hospitals Charity.

**Resolution**

**The Board of Directors noted the Chair's report.**

**BoD/19/162 CHIEF EXECUTIVE'S REPORT**

Ms Page updated that she had attended a session on knife crime in Middlesbrough ran by the Trust which discussed the impact this has on individuals and their families. Ms Page described the session as inspirational.

Ms Page reported that the trust, like others in the region, has been working with the Red Cross who are helping to get patients home and the Chief Operating Officer, Ms Reilly is working with them to bring the wheelchair service onto site. Ms Page declared interest in this item as Chair of the Red Cross in Cumbria.

Ms Page went on to thank all staff who have been planning for managing Covid 19. Ms Page described that the Trust is operating as usual but to rest assured the Trust are on top of the planning if and when anything should happen. Mr Clements, Medical Director, who is leading the preparedness in the Trust commented that all processes are in place with planning, reviewing and enacting national guidance as and when it is issued. Timescales between the national guidance and implementation is sometimes less than 24 hours. Staff briefings and meetings are being held with the consultant body to engage in the process. Ms Burns questioned whether the local resilience forum has been convened do to any joint planning. Mr Oxley confirmed that the resilience forum meets regularly but haven't had a meeting regarding Covid 19 specifically.

Mrs Rutter asked for assured on how the Trust was managing the impact on performance in other areas of the Trust. Mr Clements commented that the ask nationally is moving very quickly and therefore we are preparing the site and preparing teams. A recovery plan and assessment of the impact will be the next piece of work to start.

Mr Graham commented that the NHS has declared a level 4 response and this stipulates that Trusts are asked to engage in well laid plans which it instructs trusts to take forward. The Trust is well prepared, open to patients and continues to encourage patients to attend as normal at this time.

## Resolution

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

### **BoD/19/163 VALUES AND BEHAVIOURS UPDATE**

Mrs Metcalf referred members to the report which set out an update for Trust Board members on the work to revise and agree the Trust values and develop a behaviours framework associated with the Values.

Mrs Metcalf reported that an initial workshop involving 40 staff from across the Trust had been held to look at the behaviours associated with the values. It is acknowledged that this process needs to involve as many staff as possible and therefore further workshops are being held during March and April. Following this the values and behaviours will be launched across the Trust.

Mrs Burns congratulated the Trust on the format of the workshop and reported that there had been good discussions and the technology used worked well. Mrs Burns reported that she would like to see the Trust replicate the workshop as many times as practically possible in order to reach a place where everyone can identify with the values and behaviours.

Ms Page commented that behaviours start at the very top and every conversation we have and the way we act is important and needs to be on the values and behaviours we agree. The Board need to be involved in this and everyone needs to attend a workshop.

## Resolution

**The Board of Directors received the update on values and behaviours.**

### **BoD/19/164 SAFE STAFFING MONTHLY REPORT**

Mrs Hunt referred members to the safe staffing monthly report and highlighted the fill rate against planned rosters for the month of January 2020 at an overall level was:

- RN / RM day shift 90.5% night shift 93.4%
- Nursing Associates (NA) day and night shift 100%
- HCSW day shift 99.2% night shift 112.2%
- Trainee NA day and night shift 100%

Monitoring of AHP workforce levels is included for the first

**Action**

time within this report and is based on planned v actual fill rates to align with the nursing report. More meaningful KPI's need to be developed for future months so that the report provides the detail required for this staff group.

Mrs Rutter commented that the report would benefit from having further commentary included where there was an impact on service levels.

Ms Reape asked Mrs Hunt if she was worried about the care on a particularly ward or any care failing. Mrs Hunt highlighted that Ward 34 and targeted work at the Friarage are areas of focus and that she was closely monitoring this on a daily basis.

Ms Reape also asked Mrs Hunt if there had been any stroke patients who couldn't be on stroke ward due to closed beds and Mrs Hunt confirmed there hadn't been.

Mrs Burns asked if there were other ward where beds have been closed and Mrs Hunt confirmed that Ward 28 beds are due to be open at the end of March.

Ms Page asks Mrs Hunt what the Trust is doing to recruit student nurses. Mrs Hunt confirmed that the Trust have recruited well in advance previously around 4-6 months and have a keeping in touch programme. The Trust fill rate is over 90% on recruiting students. Mrs Hunt confirmed that there is lots of engagement as part of the overall recruitment along with support from the practice placement facilitators.

**Resolution**

**The Board of Directors received the Safe Staffing Monthly Report**

**BoD/19/165 HEALTHCARE ASSOCIATED INFECTIONS REPORT**

Mrs Hunt referred members to the previously circulated report and highlighted that in response to the high incidence of C. difficile enhanced actions have been implemented.

The Clostridium difficile-associated diarrhoea objective for 2019/20 is to have no more than a combined total of 81 community-onset healthcare-associated (COHA) and/or healthcare-onset healthcare-associated (HOHA) cases among patients aged over 2 years. There were 2 COHA + 5 HOHA cases in January 2020. There have been 79 COHA + HOHA cases in the first 10 months of 2019/20. We are currently over trajectory.

The Trust approach to MRSA bacteraemia is one of 'zero

## Action

tolerance'. There were 0 trust-assigned cases in January 2020. There has been 1 trust-assigned case and 1 potentially trust-assigned case in the first 10 months of 2019/20.

There is no official MSSA bacteraemia target for 2019/20. There were 3 trust-apportioned cases in January 2020. There have been 38 trust-apportioned cases in the first 10 months of 2019/20.

There has been an outbreak of *Serratia marcescens* infection affecting patients who have been treated in cardiothoracic ICU and/or HDU and/or Ward 32. At the time of writing (4th February 2020) there have been 5 confirmed cases, 5 probable cases and 26 excluded cases.

The Trust has responded to instruction by NHSE/I to set up COVID-19 (Novel Wuhan Coronavirus) assessment and screening 'pods' which are now in place at JCUH and a 111 facility at FHN.

Mrs Burns asked Mrs Hunt whether the changes the Trust had introduced on CDIF were making a difference. Mrs Hunt commented that it is difficult to identify which ones specifically make the difference, its all of them.

Mrs Hullick asked Mrs Hunt what impact the flu season had had and Mrs Hunt commented that it had been very quiet, the Trust had a small increase in the early part of the season.

## Resolution

**The Trust Board of Directors noted the Healthcare associated infection report**

### **BoD/19/166** **CONTINUITY OF CARER**

Ms Kay Branch Acting Head of Midwifery and Ms Lucy Finlay Continuity of Carer lead attended and presented to the Board the requirements for continuity of carer. Members noted that this is a future model for maternity services and implementation is being driven by the Maternity Transformation programme. To achieve the ambition Continuity of carer target all the workforce needs to be open to participation. The benefits for patients include more personalised care, patient focussed and preventative care and ultimately better outcomes.

This project supports delivery of CNST and saving babies lives programmes. Early adopter sites have proven research on the experience for patients.

Ms Branch reported that this is a great opportunity to change

the workforce and support the midwives.

Ms Branch updated that two continuity pathways should be running by May in South Tees Hospitals NHS Trust including the Friarage maternity service and a geographical pathway in TS3. A team of 8 staff have been recruited and trained. The Local Maternity Service funding has been received to support this up and the full programme will need costed.

Mrs Dobson asked how the midwives feel about the change and Ms Branch commented that the feelings were mixed. Staff at the Friarage are all on board and feel it will be a great unit, there are no issues and they are happy to be integrated. Staff at James Cook have different work patterns so a consultation process on the changes is just starting. Mrs Dobson also asked whether there is a risk that midwives will leave if close to retirement and Ms Finlay commented that there is a role for core midwives on maternity and other units, and the Trust need to keep the experience.

Mr Mason questioned the financial impact and referred to the resource the Trust had recently put into CNST and birth rate plus. Ms Branch confirmed that the Trust is receiving £200k from LSMS for bits of kit and improving areas at the Friarage refurb.

Ms Burns suggested that Ms Branch should have a conversation with public health to see if there was any other funding available to support this. Ms Burns commented that the target of 51% by 2021 is very high and that based on vulnerability in our patch it be lower. Ms Brach concurred and advised that she has fed this into the programme.

The Chairman asked Ms Finlay how the service will measure the impact of the initiative and Ms Finlay advised that data is being collected and a report will be produced and shared with the Board.

### **Resolution**

**The Trust Board of Directors noted the update on Continuity of Carer**

### **BoD/19/167 PERFORMANCE REPORT**

Ms Reilly presented the performance report and members noted that the Cancer 62 day target was at 72.4% which was a further decline from last month. Mrs Dobson reported that the Trust has doubled the amount of treatments for cancer in year and in December the Trust completed the most amount of treatments. Mrs Rutter asked when the Trust will get back on track with this target. Ms Reilly discussed that a recovery

**Action**

plan for achieving this target has been drafted. There is further work to be undertaken and further dialogue required. Ms Reilly reported that with regard to the 6 week diagnostic the target the Trust achieved 91.23%, again a reduction from last month. Ms Reilly confirmed again that a recovery plan has been drafted which will be discussed in further detail at the next Board meeting. Ms Reape asked what the issues were in relation to failure to deliver this target and Ms Reilly confirmed they were multi factorial. With regard to Delayed transfers of care Ms Reilly confirmed that the Trust has been focussing on systems and processes and Mrs Dobson discussed that the Trust had seen a slight improvement in January and continued to work with the local authority in encouraging them look at the way they operate.

Mrs Hunt discussed the falls position and raised that she was concerned with level of falls with harm and was taking a paper to the Quality Assurance Committee on this area.

With regard to Pressure Ulcers, Mrs Hunt reported that she is working with community services, which is an area of focus. The Trust is meeting with colleagues from Gateshead on improvement work they have done in their community setting.

Mrs Hunt reported that there had been a 16 % increase in incident reporting across the Trust from Quarter 2 (19/20) to Quarter 3 (19/20). January 2020, 2,180 incidents reported on Datix (highest number of incidents ever reported on Datix in the Trust) and that this was excellent progress.

Mr Ducker commented that he would expect to see more minor incidents being reported as more incidents were reported but Mrs Hunt confirmed that the increase represented a spread across all levels.

Mr Chadwick discussed that the Trust need to have a good reporting culture so it's important to see incidents being reported.

Mrs Metcalf reported that the sickness absence rate had increased, with the short term position up and as reported in previous months stress and anxiety and musculoskeletal being the main issues. Overall mandatory training compliance is 87.74% which is a 2.84% decrease from December. Information Governance has the lowest compliance at 71.57% followed by Infection Control at 83.92%.

Appraisals are 82.96% which is a decrease by 0.78% from December but is still compliant against the 80% compliance target which has been consistently achieved for 7 months.



**Action**

Ms Reilly commented that a lot of Trusts do their appraisals April – June so that staff can focus on delivery over the winter months. South Tees should be doing these all at the same time so it's all collected through workforce planning and HEE. We need to consider this going forward.

Dr Nag reported that in terms of consultant medical appraisal this is over 92% and it is linked to revalidation and appraisal.

76 colleagues left the Trust in January 2020. All leavers have been sent an exit interview questionnaire and a number of face to face interview have taken place. Data is being collated and analysis will go to workforce committee in March 2020.

**Resolution**

**The Trust Board of Directors noted the performance report.**

**BoD/19/168 MONTH 10 2019/20 FINANCIAL PERFORMANCE**

Mr Mason reported that the Trust has a year to date overspend of £22.8m driven by the loss of PSF and non-delivered system savings. This is forecast to increase to a full year overspend of £28.3m, included within the full year forecast are costs of £4.0m due to an exceptional cost from lifecycle prepayments. Excess costs of £17.5 million per year from the Trust's historical PFI scheme remain the largest single contributory factor to the organisation's structural deficit position.

Month 10 performance was behind what was forecast at month 9 due to a number of one off pressures, as outlined in the body of this report. A lot of work going on, broadly stable position and challenge transfers into next year.

Mr Ducker referred Mr Mason to the comment on the HRW CCG plan which now reflects a reduction in income relating to the reconfiguration of services at the Friarage hospital. Mr Mason commented that when the Trust set the budget for the Friarage there was a budget set which included a loss of income and this has now been agreed and the actual position.

**Resolution**

**The Trust Board of Directors noted the Finance Report**

**BoD19/169 STRATEGIC ISSUES AFFECTING THE TRUST**

The Chair updated that discussions were ongoing on developing managed clinical networks across the Tees Valley and the Trust wait to see how this works through.

**BoD/19/170 FRIARAGE HOSPITAL NORTHALLERTON**

Mr Clements reported that the new clinical model at the Friarage continues to work well: the Urgent Treatment Centre is treating almost as many patients (95%) as were seen when the A&E department was in operation. Moreover there have been no patient safety incidents since the changes were made.

Mrs Hullick asked when the outcome of the consultation was due and Mr Clements advised that a decision should be available in late March early April.

Ms Page reported that the Friarage was working well and additional joint replacement were taking place there. The length of stay was reducing and staff are pleased.

Mr Graham reminded members that the timescales and final decision of the consultation lie with the Commissioner.

**Resolution**

**The Trust Board of Directors noted the update on the Friarage**

**BoD/19/171 BOARD ASSURANCE FRAMEWORK AND RISK REGISTER**

Mrs White presented the BAF to the Board and highlighted that the BAF currently contains 24 risks. There are 15 high risks and 9 moderate risks. 21 BAF risks have been updated. Seven (7) risks have had a change to the risk score. No new risks have been added to the BAF. One risk has been closed and this relates to Quality 2.1(3).

**Resolution**

**The Trust Board of Directors noted the updated BAF**

**BoD/19/172 CQC UPDATE**

Mrs Hunt updated members on the CQC action plan highlighting that throughout January and February 2020 a series of confirm and challenge sessions have been held with operational and director leads. These sessions have focussed on the 'must do' recommendations and have facilitated discussions relating to evidence, action plans, assurance and risk. Good progress has been made for 21 of the 26 recommendations. Five (5) recommendations are deemed to



## Action

be off track however this is mainly due to specific actions and not the entire CQC recommendation. Mitigating actions are in place for each action that is deemed off track.

Mrs Hullick referred members to M8 - *The Trust must take action to ensure that the environment is suitable for the purpose being used and is secure and compliant with current standards especially for paediatric patients and patients with mental health needs (Urgent & Emergency Care Centre & FHN)* and asked for an update. Mr Oxley confirmed that a business case had been submitted to NHS England nationally.

Mr Ducker asked for an update on the Moving to good workshops and Mrs Hunt updated that the Trust had signed up to the Moving to Good programme for Trusts ran by NHSE / I. This programme paired the Trust up with a Trust who was good or outstanding and also provided a series of workshops and 1:1 support on service improvement.

Ms Reape referred Mrs Hunt to the CQC action within critical care in terms of cubicle space. Mrs Hunt confirmed that the CQC are sighted on the estate and assured in terms of general critical care and that there are no options in terms of creating extra space. Mrs Hunt confirmed that the CQC are sighted that we have a number of mitigations and actions regarding this and they are comfortable we are doing everything we can

Mr Oxley confirmed that Endeavour are undertaking lifecycle work this year but it is not high on the list.

Ms Burns commented that the accreditation scheme sounded good and would like to hear more about this and have an opportunity to observe.

## Resolution

**The Trust Board of Directors noted the CQC update**

### **BoD/19/173 CHAIRS LOGS FROM BOARD COMMITTEES**

Workforce – Ms Burns highlighted that the Committee wished to ensure the business case for FTSU was supported by the Trust. Mr Mason confirmed that the case was considered by FIB who asked that the team consider alternative ways of providing the service due to the financial position. Ms Burns asked for an update with regard to the timescale for this and Mr Mason confirmed that this should be concluded by early April. Mrs Rutter asked why it has taken 4 months for a decision when a subcommittee of the Board acting on national guidance had supported it. The Chair commented

**Action**

that there is a strong sense from workforce committee; CQC report and where we stand on FTSU league table and board session that we need to move this forward. Ms Reilly agreed to relook at the options for this.

Charitable funds – The Chair reported that the Committee did not sign off the request for funding for the smoke free initiative as there was not enough detail in the paperwork. Mr Graham discussed that Local authorities through public health budgets are funded to provide support to smoking cessation and there is an opportunity with local authority colleagues to invite them to partner with the hospital to provide instance advice to individuals who visit the hospital.

Mr Oxley commented that the Trust changed the policy and complied with NICE guidelines, this needs to transfer to business as usual and conversations with patients by clinicians. We were advised that in 2021 it would be getting built into the national contract and would be one more year for funding for the post. It needs to be someone clinically focussed to drive and embed this.

**BoD/19/174 ANY OTHER BUSINESS**

There was no other business.

**BoD/19/175 RISKS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK**

No new risks were identified.

**BoD/19/176 REFLECTIONS ON MEETING**

The Chair offered members the opportunity for reflection on the meeting. Feedback included a good challenge.

**BoD/19/177 DATE AND TIME OF NEXT MEETING**

The next meeting of the public Board of Directors will be held on Tuesday 7 April 2020.

Signed: .....

Date: .....

DRAFT

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.	G Hunt	31.3.20		open
3.12.19	BoD/19/114	CANCELLED OPERATIONS	The Chair asked that additional information on how well the Trust is doing compared to others would be useful. Mrs Dobson agreed to look in into this.	J Dobson	4.2.20 31.3.20	Work underway, extended deadline.	open
4.2.20	BoD/19/147	IMPROVEMENT PLAN	Improvement plan needed to be costed and robustly monitored	R Fallon	31.3.20		open
3.3.20	BoD/19/173	CHAIRS LOGS FROM BOARD COMMITTEES	Ms Reilly agreed to relook at the options for FTSU and using existing resources	J Reilly	31.4.20		open



**South Tees Hospitals**  
NHS Foundation Trust

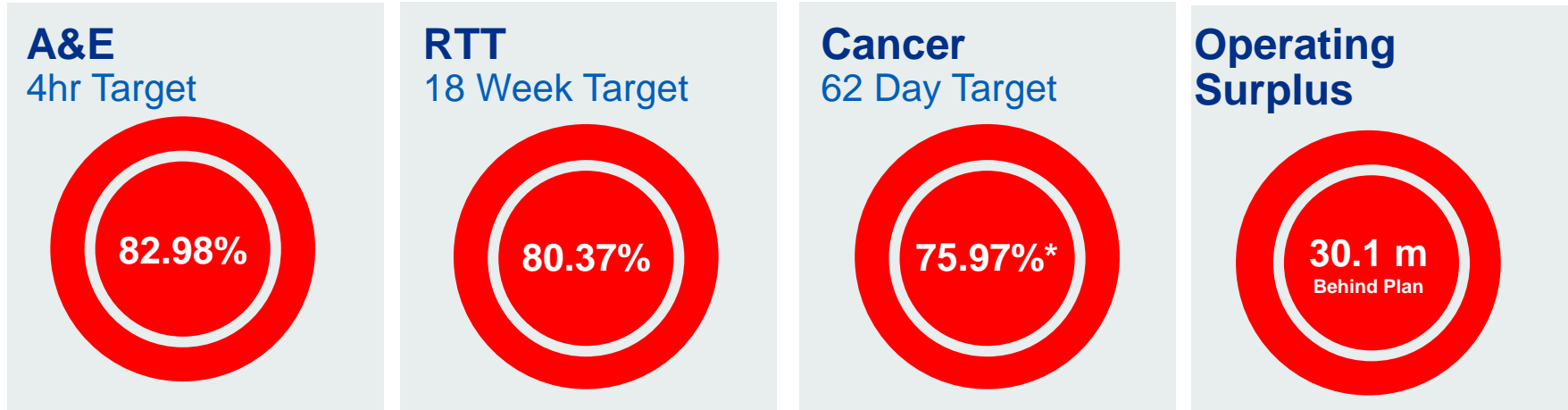
# Quality, Operational & Finance Performance Report

1<sup>st</sup> April 2020

# Must Do's

# Must Do's 2019/20 – February 2020

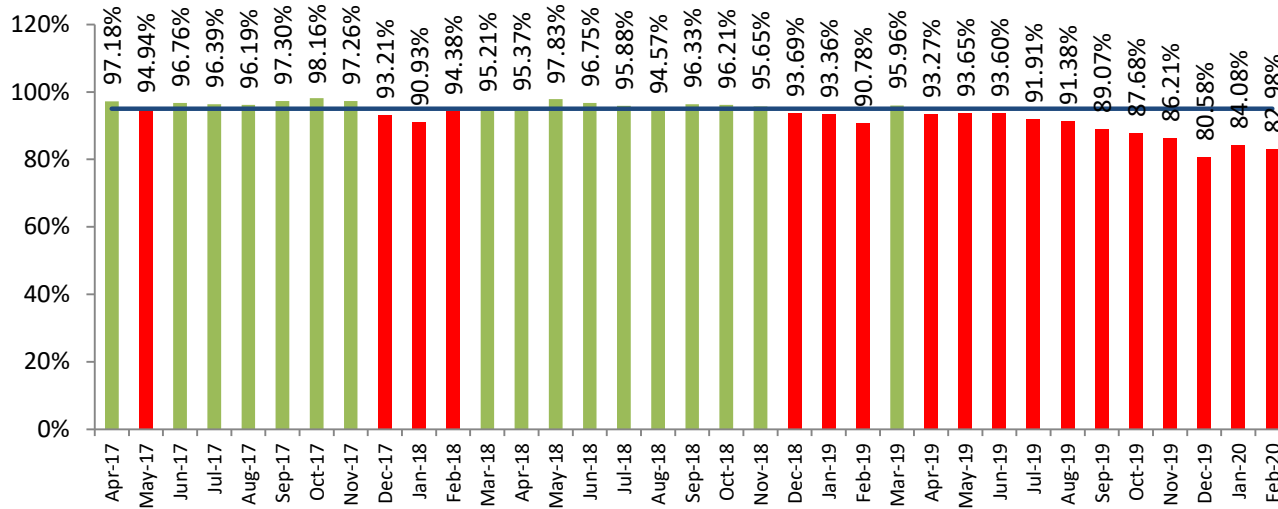
Deliver Excellence in Patient Outcome and Experience....



\* Indicative

...and ensure our long term financial sustainability

# Performance - A&E



**95%  
TARGET**

**Feb 20**  
**82.98%**

**Mar 20 position at**  
**20/3/2020 – 83.98%**

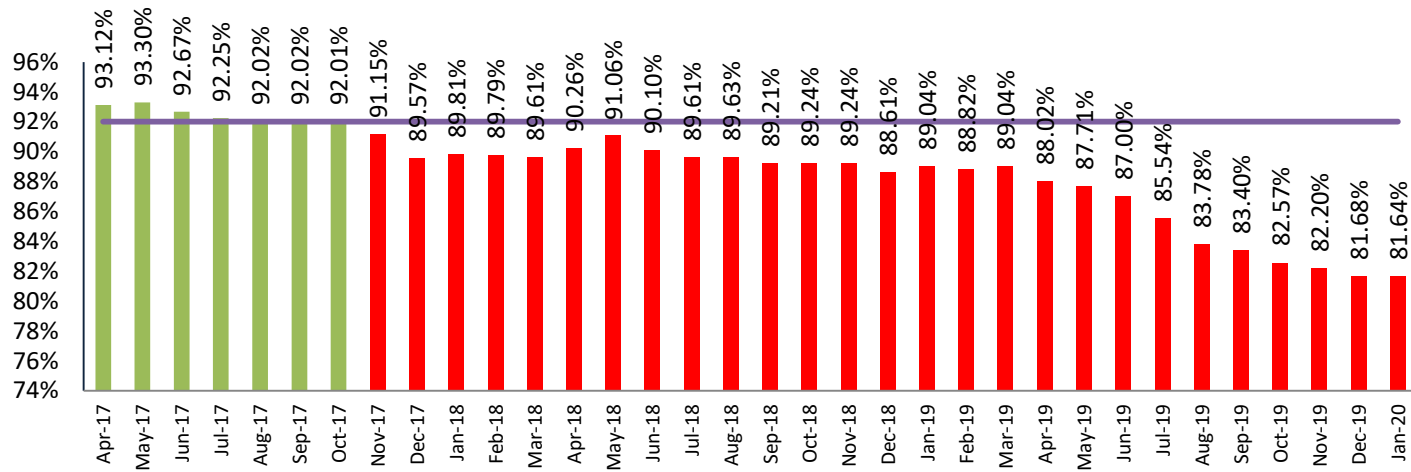
**Improvement trajectory**  
**aiming for 95%**  
**compliance for end April**  
**2020**

Regional Rank	Trust	Feb-20
1	Northumbria Healthcare NHS Foundation Trust	96.20%
2	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	95.77%
3	Gateshead Health NHS Foundation Trust	87.43%
4	Harrogate and District NHS Foundation Trust	85.78%
5	<b>South Tees Hospitals NHS Foundation Trust</b>	<b>82.98%</b>
6	South Tyneside And Sunderland NHS Foundation Trust	81.75%
7	York Teaching Hospitals NHS Foundation Trust	81.72%
8	North Cumbria University Hospitals NHS Trust	80.24%
9	County Durham and Darlington NHS Foundation Trust	73.10%
-	North Tees and Hartlepool NHS Foundation Trust	
	<b>ENGLAND</b>	<b>82.79%</b>

**February 2020**  
**Ranked**  
**5th in the region**



# Referral to Treatment



92%  
TARGET

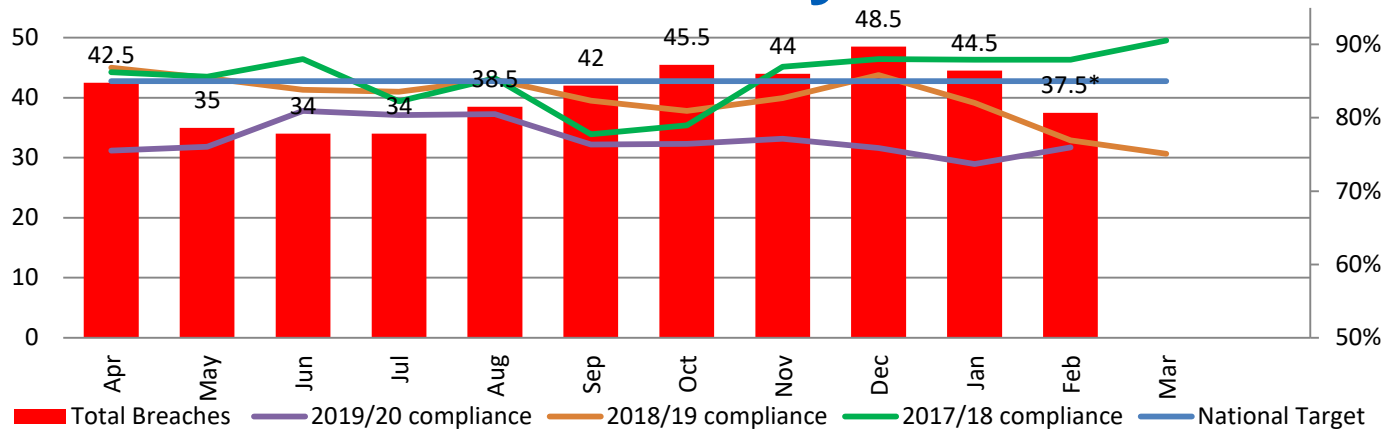
Jan 20  
**80.37%**

Regional Rank	Trust	Jan-20
1	North Tees and Hartlepool NHS Foundation Trust	93.28%
2	Northumbria Healthcare NHS Foundation Trust	92.52%
3	South Tyneside And Sunderland NHS Foundation Trust	91.79%
4	Gateshead Health NHS Foundation Trust	91.03%
5	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	88.25%
6	County Durham and Darlington NHS Foundation Trust	87.28%
7	<b>South Tees Hospitals NHS Foundation Trust</b>	<b>81.64%</b>
8	York Teaching Hospital	74.00%
9	North Cumbria University Hospitals NHS Trust	73.17%
10	Harrogate and District NHS Foundation Trust	-
	<b>ENGLAND</b>	<b>83.47%</b>

Improvement trajectory  
(indicative TBC)  
RTT compliance - August 2021  
Waiting list size - September 2020

Jan 20  
Ranked 7th in the  
region

# Performance – 62 Day Cancer Standard



◀ % compliance and number of breaches

\* Indicative

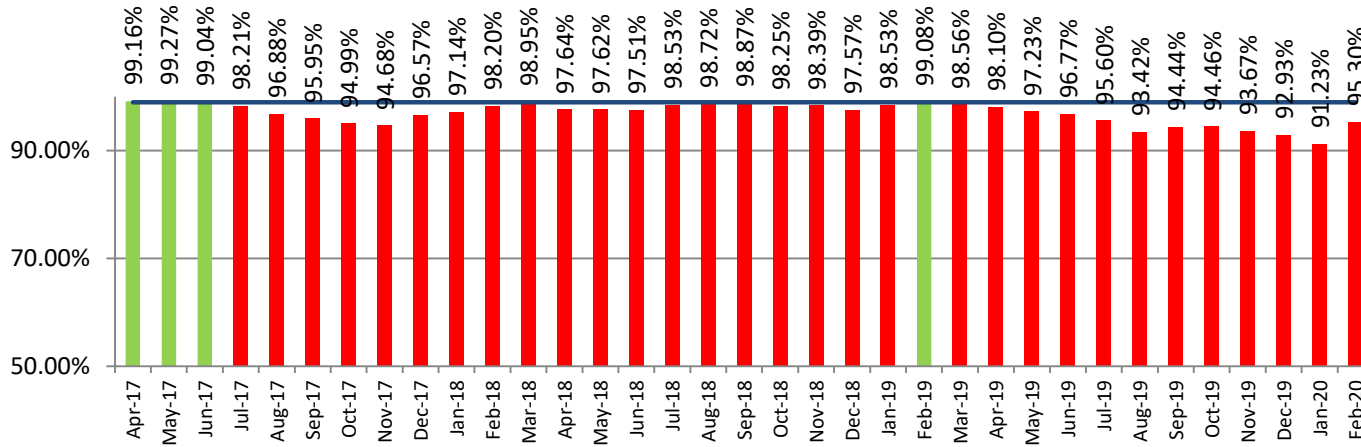
Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20\*

80.41% | 76.34% | 76.42% | 79.43% | 75.87% | 73.67% | 75.97%\*

Regional Rank	Trust	Jan-20
1	Harrogate and District NHS Foundation Trust	95.65%
2	County Durham and Darlington NHS Foundation Trust	79.02%
3	York Teaching Hospitals NHS Foundation Trust	76.84%
4	North Tees and Hartlepool NHS Foundation Trust	76.13%
5	South Tyneside and Sunderland NHS Foundation Trust	74.36%
6	Northumbria Healthcare NHS Foundation Trust	73.72%
7	<b>South Tees Hospitals NHS Foundation Trust</b>	<b>73.67%</b>
8	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	68.72%
9	North Cumbria University Hospitals NHS Trust	66.00%
11	Gateshead Health NHS Foundation Trust	56.64%
	<b>ENGLAND</b>	<b>73.58%</b>

Jan 20  
Ranked 7th in the region

# 6 Week Diagnostic



**99%**  
TARGET

**Feb 20**  
**95.30%**

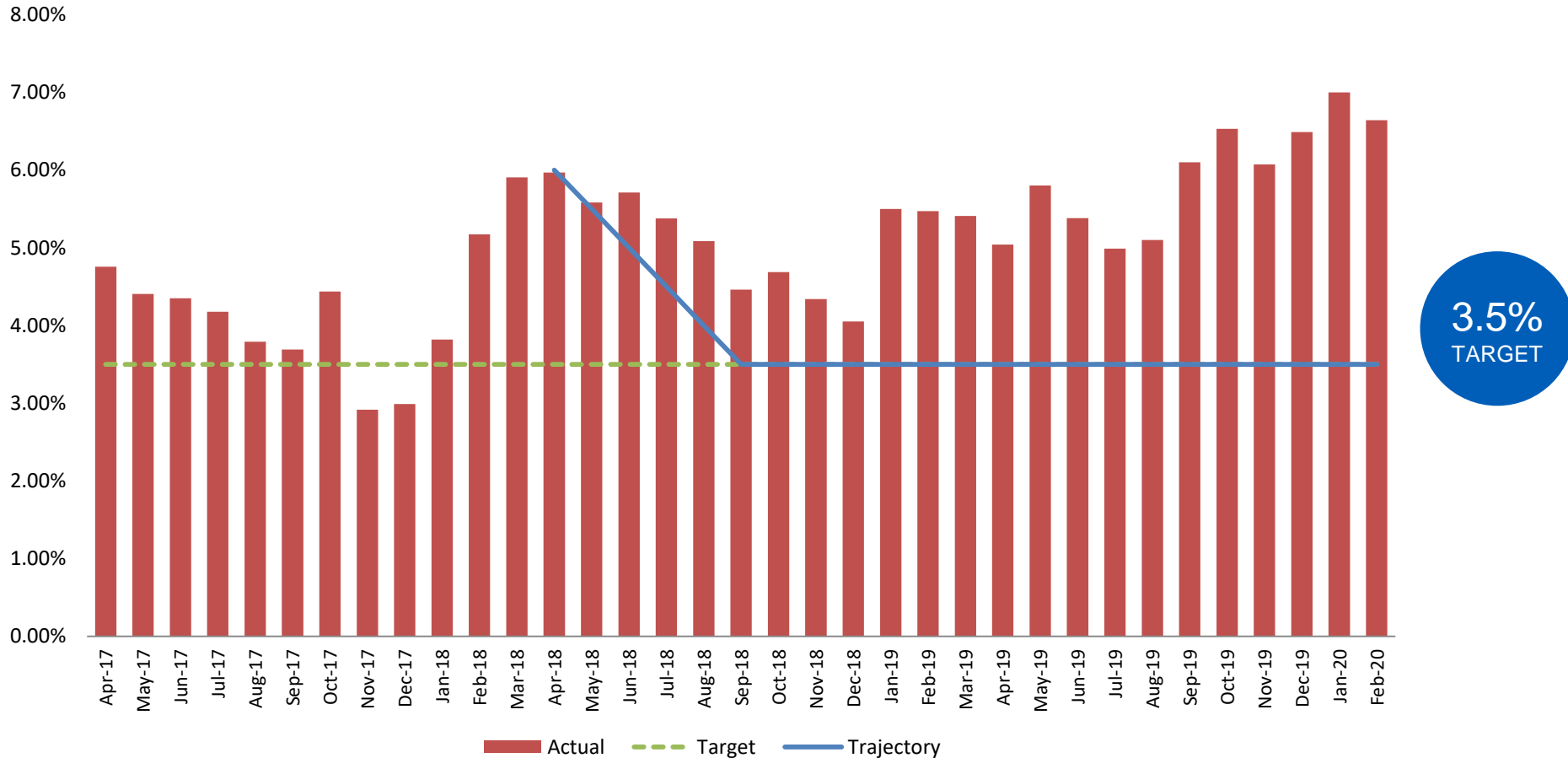
6 Week Diagnostic Performance (Target 99%)	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Magnetic Resonance Imaging	99.75%	99.83%	99.64%	98.81%	99.78%	99.96%	99.73%	99.89%	99.60%	97.75%	92.26%	99.08%
Computed Tomography	99.92%	99.85%	99.94%	99.93%	99.93%	99.80%	99.93%	99.30%	99.46%	99.84%	99.93%	99.93%
Non-obstetric ultrasound	100.00%	100.00%	99.90%	99.97%	99.90%	99.92%	99.97%	99.93%	100.00%	99.76%	99.97%	100.00%
Barium Enema												
DEXA Scan	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Audiology Assessments	98.83%	96.22%	98.11%	97.99%	94.86%	88.51%	87.10%	86.57%	86.49%	86.28%	83.33%	86.74%
Cardiology - echocardiography	93.62%	92.31%	88.24%	69.70%	83.78%	97.62%	96.88%	100.00%	97.44%	90.63%	94.59%	96.67%
Cardiology - electrophysiology												
Neurophysiology	91.30%	84.09%	70.74%	72.06%	70.64%	66.53%	73.38%	79.23%	88.38%	86.89%	84.34%	89.70%
Sleep studies	50.00%	44.44%	14.29%	22.64%	34.92%	40.00%	49.06%	62.75%	65.96%	46.30%	51.06%	36.89%
Urodynamics - pressures & flows	18.52%	48.00%	52.08%	73.91%	79.07%	85.29%	70.45%	76.47%	55.26%	49.09%	42.86%	60.53%
Gastro - Colonoscopy	94.30%	93.75%	94.86%	89.72%	71.53%	62.66%	64.38%	62.86%	59.13%	56.85%	54.08%	69.58%
Gastro - Flexi sigmoidoscopy	94.12%	92.75%	89.47%	91.49%	74.38%	60.63%	69.51%	65.00%	53.26%	45.98%	46.82%	57.89%
Urology - Cystoscopy	97.18%	100.00%	94.62%	96.07%	96.83%	92.68%	91.84%	95.60%	98.14%	94.44%	93.84%	92.41%
Gastroscopy	95.95%	96.48%	98.11%	90.87%	88.85%	77.52%	83.81%	87.66%	79.51%	82.47%	77.39%	89.80%
Trust Total	98.56%	98.10%	97.23%	96.77%	95.60%	93.42%	94.44%	94.46%	93.67%	92.93%	91.23%	95.30%

# Operational Management

2

# Delayed Transfer of Care (DToC)

## Percentage DToC against Midnight Bed Occ

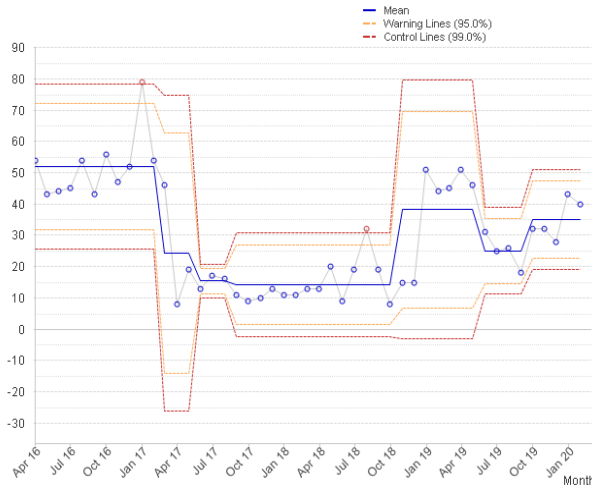
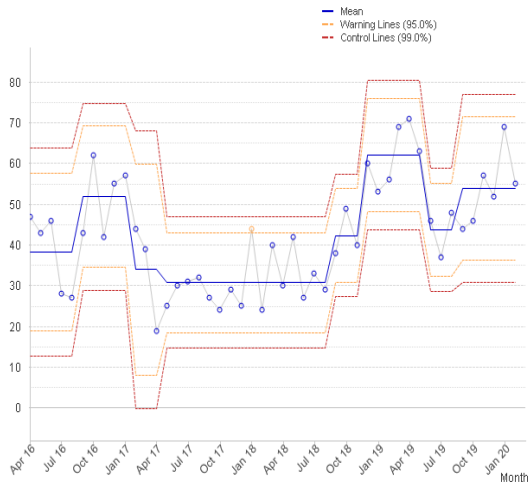


# Patient Safety, Outcome and Experience

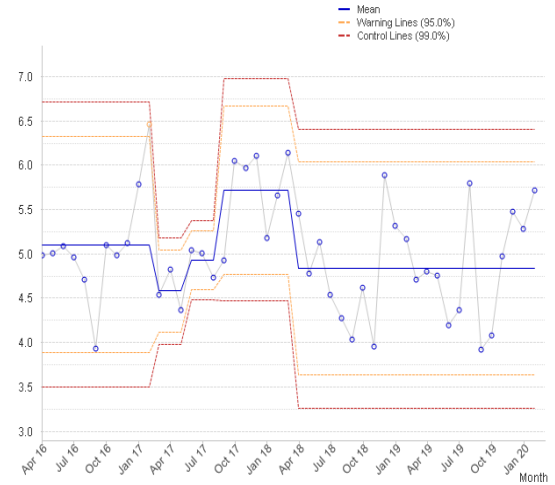
# 3

# Delivering Safe Care 19/20

## New or deteriorating category 2 pressure ulcers February 2020



## Falls February 2020



**Inpatient rate is 2.1 per 1000 bed days.**

**40 community category 2 pressure ulcers**

**Rate 5.7 per 1000 bed days.**

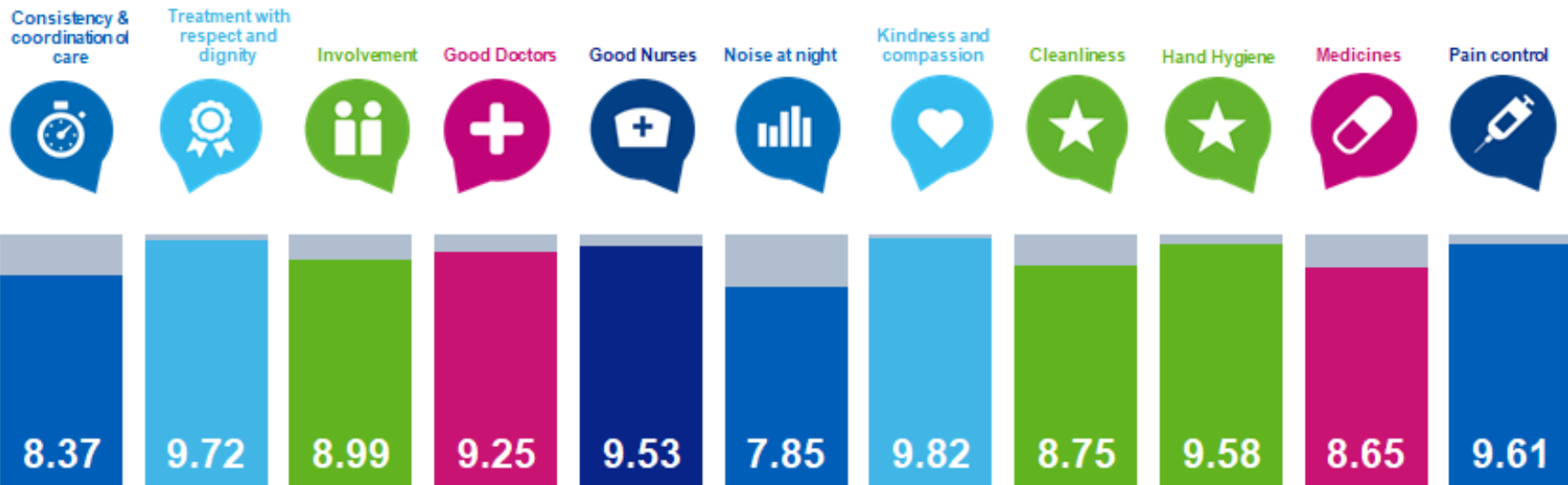
The focus on falls remains a priority and a falls report was presented to QAC earlier in February and an update will be presented at the QAC meeting in April.

# Patient Experience Trust

How do patients rate us out of 10...?



South Tees Hospitals  
NHS Foundation Trust



In February 2020 patients gave us an overall rating of...

**9.01** out of 10

% of patients surveyed would highly likely or likely recommend this ward to their families and friends

**98%**

No of patients on new medication

**443**

No of respondents

**873**



Excellence in Patient Outcome and Experience

[www.southtees.nhs.uk](http://www.southtees.nhs.uk)



# People

# 4

Sickness	Training	Appraisals
<p>Our overall sickness absent rate is 4.71% which is a 0.86% decrease on January.</p> <p>Short Term is 1.51% which is down 0.64% on January.</p> <p>Long Term is 3.20%, which is down by 0.22% on January.</p> <p>Stress/Anxiety accounts for the most FTE days lost at 3344.94 days and accounts for almost a third of all sickness.</p> <p>In February, 243 staff were absent with Stress/Anxiety with an average of 14 days per employee.</p> <p>Other musculoskeletal is next highest with 1367.59 FTE days lost.</p>		<p>We are currently at 81.41% compliance for appraisals which is a decrease of 1.55% on our January position.</p> <p>However this is compliant against our 80% target which has been consistently achieved for 8 months.</p> <p>The Centre with the highest concern is Urgent &amp; Emergency Care with 78.76% compliance. Their lowest performing Portfolio is UEC Centre Management with 66.67% compliance.</p> <p>Reminders continue to be sent by HR to all staff and managers that are overdue. We currently have 1546 overdue appraisals, 1039 are from 2018, 364 from 2017, 98 are from previous years and 45 have never been completed.</p>
Turnover	Employee Relations	
<p>51 colleagues left the Trust in February 2020.</p> <p>4 End of a fixed term contract 5 Retire and returns 2 Retirements 40 Voluntary leavers</p> <p>All leavers have been sent an exit interview questionnaire and a number of face to face interview have taken place. Data is being collated and analysis will go to workforce committee in March 2020.</p>	<p>4 new disciplinary cases were opened in February 2020</p> <p>2x Staff Nurse Negligence – Incorrect dosage of medication given</p> <p>1x Community Nurse Breach of Confidentiality – Laptop and Smartcard stolen from car</p> <p>1x Consultant Inappropriate behaviour</p>	

**All Sickness**

**Short Term**

**Long Term**

Rank	Ward/Department	FTE	% Rate
1	6400DA A & E Department JCUH	174.16	6.18%
2	6356FG Anaesthetics And Recovery JCUH	90.85	10.79%
3	2127OA District Nursing Redcar & Cleveland	84.25	11.43%
4	2204AD ICU JCUH	139.72	6.44%
5	7106AE Neonatal Unit	97.83	8.55%
6	1051IF Pharmacy Department	128.11	6.29%
7	2001AA Ward 15 AAU & Ambulatory Care	85.16	7.46%
8	8157QI Medical Records JCUH	77.34	7.47%
9	2129AG Tocketts Ward ECH	51.23	9.99%
10	3462AA Ward 14 Rad, Onc, & Haem	35.68	14.32%

Rank	Ward/Department	FTE	% Rate
1	6400DA A & E Department JCUH	174.16	3.69%
2	2204AD ICU JCUH	139.72	3.43%
3	7106AE Neonatal Unit	97.83	3.51%
4	2127OA District Nursing Redcar & Cleveland	84.25	3.78%
5	6356FG Anaesthetics And Recovery JCUH	90.85	2.36%
6	2004AA Ward 1 Rafau	55.68	3.55%
7	3365AA Ward 4 Renal JCUH	34.97	5.63%
8	6552CA Trauma Outpatients JCUH	20.17	9.52%
9	2215AA Ainderby Ward FHN	30.53	6.51%
10	6304AK Surgical Day Unit JCUH	57.43	3.31%

Rank	Ward/Department	FTE	% Rate
1	6356FG Anaesthetics And Recovery JCUH	90.85	8.43%
2	1051IF Pharmacy Department	128.11	5.16%
3	2127OA District Nursing Redcar & Cleveland	84.25	7.65%
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9	3462AA Ward 14 Rad, Onc, & Haem	35.68	11.17%
10	2129AG Tocketts Ward ECH	51.23	6.74%

Includes only Wards/Departments with greater than 5.0 WTE

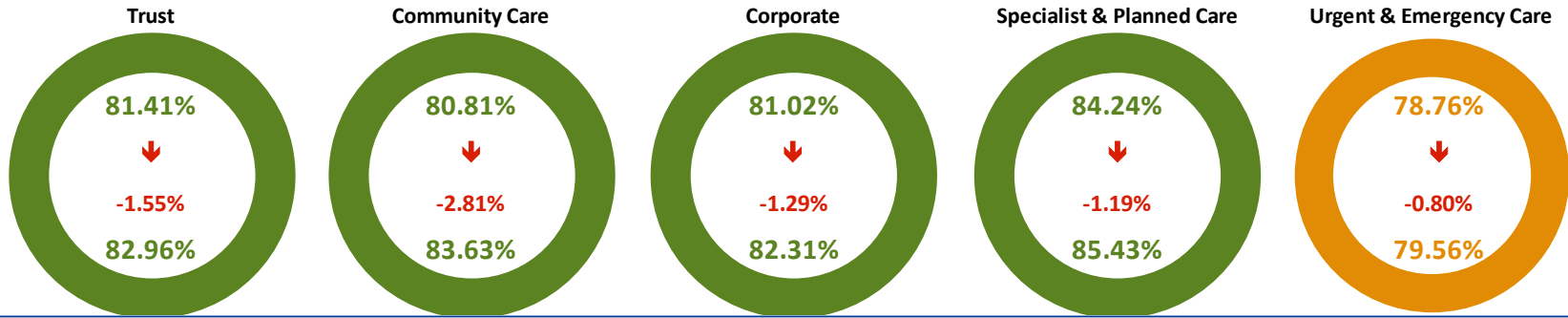
Scoring is calculated by taking the FTE and multiplying by the % Absence Rate

**Top 10 Sickness Reasons By FTE Days Lost**

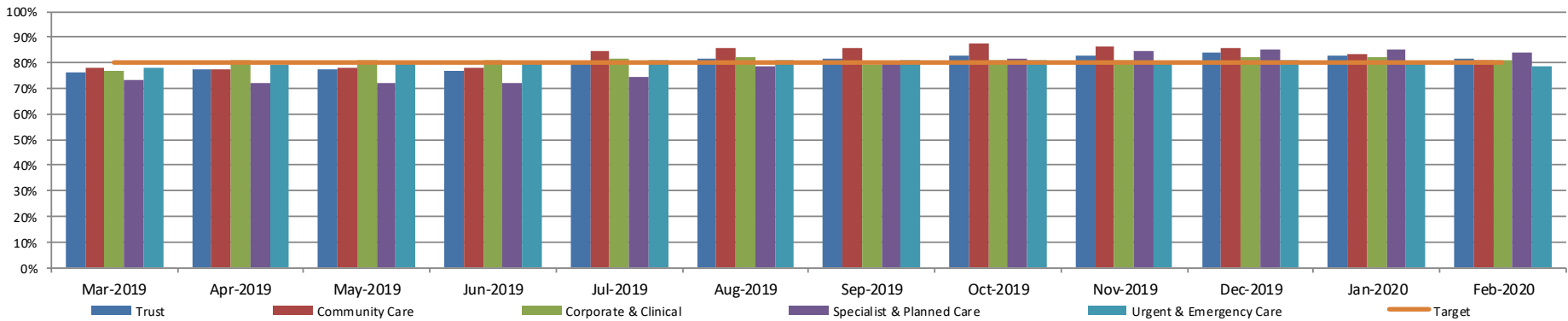
Absence Reason	Headcount	FTE Days Lost	Abs Estimated Cost	% of All Sickness
Stress/Anxiety	243	3,344.94	£297,710.47	31.4
Other musculoskeletal	90	1,367.59	£115,725.79	12.8
Injury, fracture	70	945.16	£75,852.50	8.9
Gastrointestinal	227	830.77	£67,414.87	7.8
Back Problems	54	659.38	£55,470.34	6.2
Cold, Flu	179	539.60	£49,051.51	5.1
Pregnancy related	48	488.08	£43,254.27	4.6
Genitourinary & gynae	43	412.20	£34,638.37	3.9
Chest & respiratory	44	318.69	£27,674.02	3.0
Ear, nose, throat (ENT)	51	261.89	£20,418.82	2.5

Total estimated cost = Salary Based Absence Cost OSP OMP Adjusted + Employers Cost OSP OMP Adjusted.

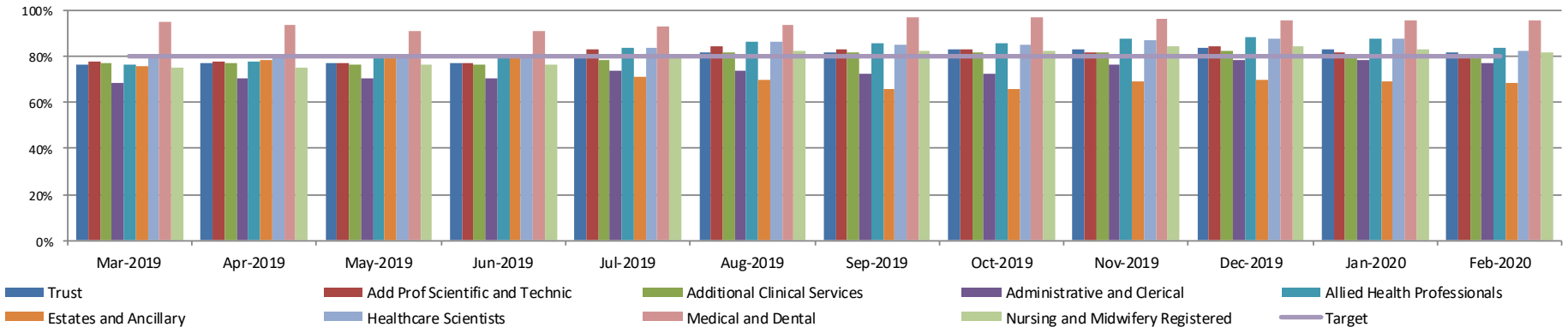
Please note, because ESR does not record shift patterns, this is only an estimate using the assignment FTE and calendar days.

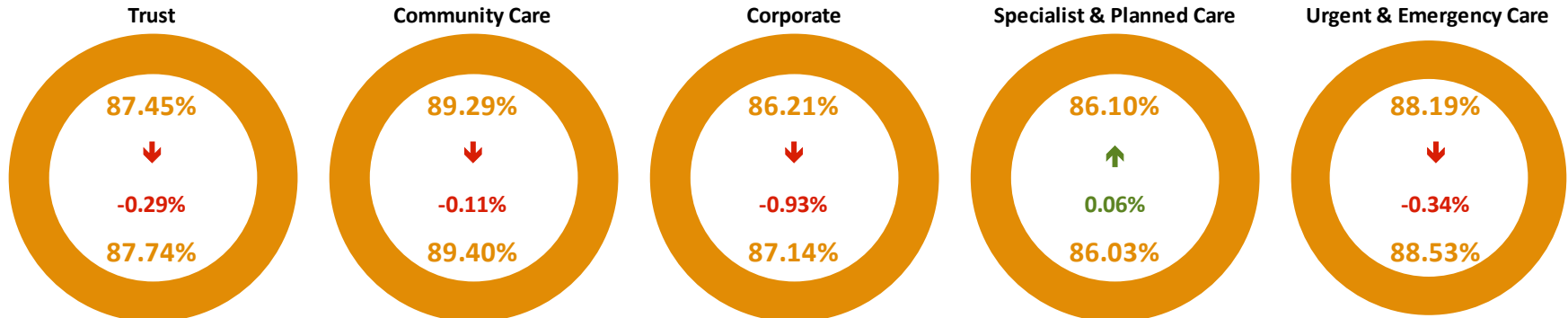


12 months SDR % Rate By Centre

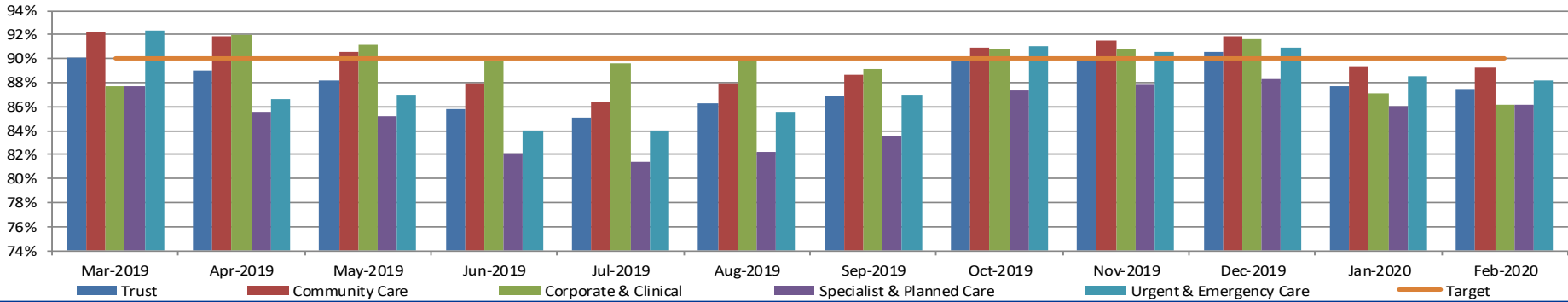


12 months SDR % Rate By Staff Group

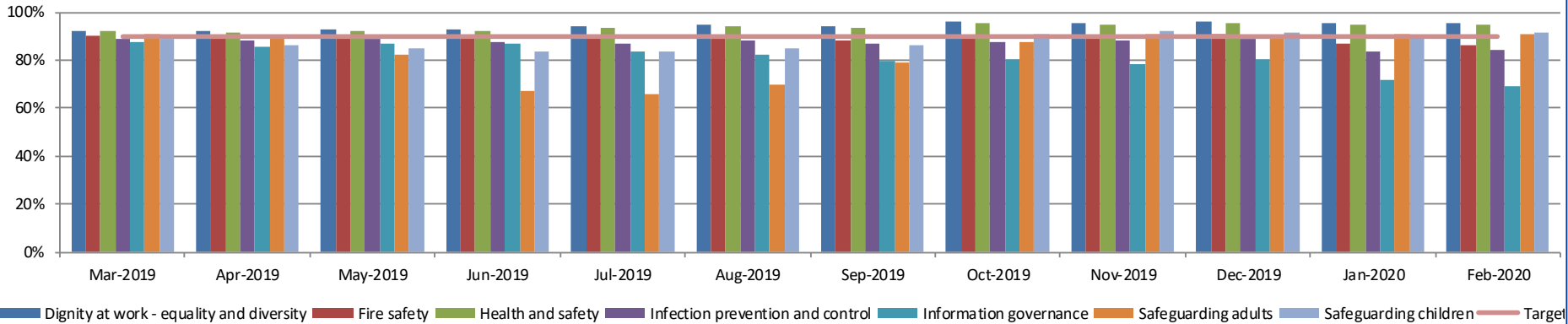




12 months Training % Rate By Centre



12 months Training % Rate By Element - Core 7



## Employee Relations Cases received

Month	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020
Grievance	1	1	2	1	0	0	2	2	1	0	1	0
Disciplinary	6	4	4	4	6	4	5	5	2	1	5	4
Capability	1	1	0	0	2	0	1	0	0	0	0	0
Dignity at Work	0	0	1	2	1	1	0	1	0	0	0	0
<b>Total</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>5</b>	<b>8</b>	<b>8</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>4</b>

## Reasons for Disciplinary Cases

Nature of Allegation	Community Care	Corporate & Clinical Services	Specialist & Planned Care	Urgent & Emergency Care	Grand Total
Breach of confidentiality		2		1	3
Breach of Health and Safety Requirements		2			2
Disregard of instructions				3	3
Failure to Renew Prof Reg			1		1
Falsification of records	1				1
Fraud	1				1
Inappropriate Behaviour	2	4	4	3	13
Inappropriate use of NHS resources					0
Maltreatment of other Worker				1	1
Maltreatment of Patient / Client	4				4
Misconduct	6	1		1	8
Negligence	2				2
Other Allegation	1		2		3
Theft of Money or materials		2			2
<b>Total</b>	<b>17</b>	<b>11</b>	<b>7</b>	<b>9</b>	<b>44</b>

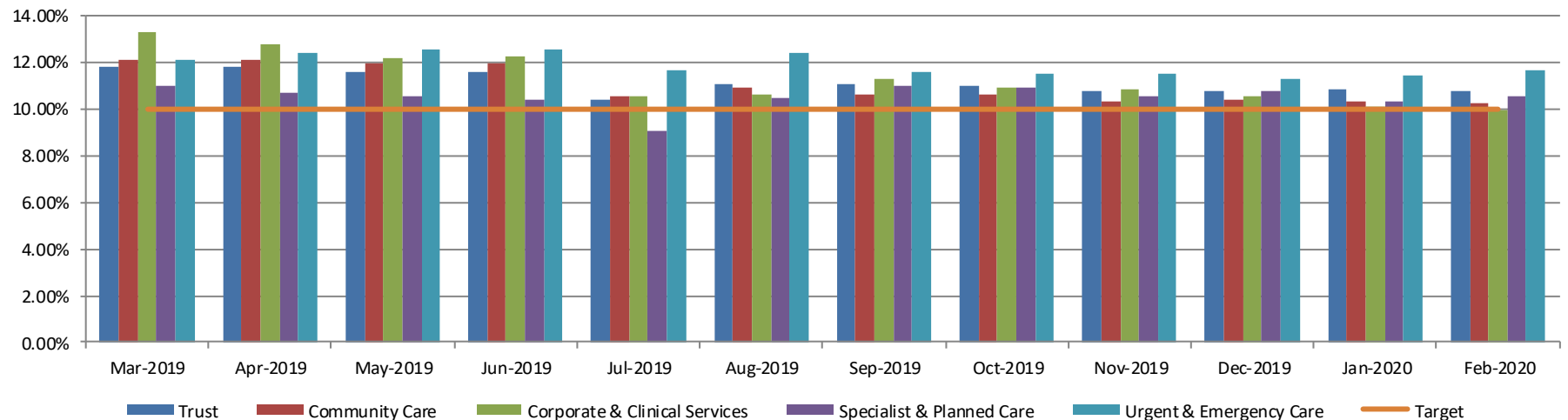
# Staff in Post & Turnover

Feb-2020

## Staff in Post by FTE

Centre	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020
Community Care	2101.994	2091.718	2000.513	1919.106	1929.45	1896.123	1915.062	1931.976	1928.669	1924.852	1927.502	1953.728
Corporate & Clinical Services	1596.729	1590.189	1595.536	1611.906	1634.873	1645.453	1650.902	1676.77	1685.463	1689.717	1699.022	1674.895
Specialist & Planned Care	2079.771	2081.957	2133.907	2163.39	2175.83	2187.016	2200.399	2226.834	2225.011	2216.271	2230.958	2244.014
Urgent & Emergency Care	1619.224	1616.664	1645.874	1667.481	1671.026	1664.8	1717.848	1722.771	1726.108	1728.521	1733.556	1746.109
<b>Trust</b>	<b>7397.719</b>	<b>7380.528</b>	<b>7375.83</b>	<b>7361.883</b>	<b>7411.178</b>	<b>7393.392</b>	<b>7484.212</b>	<b>7558.35</b>	<b>7565.251</b>	<b>7559.36</b>	<b>7591.038</b>	<b>7618.746</b>

Turnover Rate By Centre



## Leavers By Reason

Reasons	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total
Dismissal	4	2	4	1	2	2	4	2	1		1		23
End of Fixed Term	2	1	4	1	5	50	8	4	1	1	1	4	82
Flexi Retirement	6	4	8	9	4	2	10	4	8	11	3	5	74
Redundancy	1	1	1				1						4
Retirement	20	19	15	11	12	9	10	13	9	11	10	2	141
Voluntary Resignation	60	42	37	51	48	65	69	31	47	35	61	40	586
<b>Grand Total</b>	<b>93</b>	<b>69</b>	<b>69</b>	<b>73</b>	<b>71</b>	<b>128</b>	<b>102</b>	<b>54</b>	<b>66</b>	<b>58</b>	<b>76</b>	<b>51</b>	<b>910</b>

# Finance

5



# Summary Financials - YTD February 2020

Community Care	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	4,030	4,289	259
Pay	(85,601)	(86,335)	(734)
Non Pay	(35,656)	(35,933)	(277)
<b>Total</b>	<b>(117,228)</b>	<b>(117,979)</b>	<b>(751)</b>

Corporate Clinical Services	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	21,032	22,190	1,158
Pay	(34,601)	(34,806)	(205)
Non Pay	(16,129)	(17,352)	(1,223)
<b>Total</b>	<b>(29,699)</b>	<b>(29,969)</b>	<b>(270)</b>

Specialist & Planned Care	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Nhs Clinical Income	0	29	29
Other Income	3,250	3,305	55
Pay	(108,998)	(109,992)	(994)
Non Pay	(78,093)	(77,697)	396
<b>Total</b>	<b>(183,841)</b>	<b>(184,355)</b>	<b>(514)</b>

Urgent & Emergency Care	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	977	954	(23)
Pay	(80,079)	(81,562)	(1,483)
Non Pay	(11,953)	(12,163)	(210)
<b>Total</b>	<b>(91,055)</b>	<b>(92,771)</b>	<b>(1,716)</b>

Corporate	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Nhs Clinical Income	528,056	527,167	(889)
Other Income	17,205	10,314	(6,891)
Pay	(33,254)	(30,827)	2,427
Non Pay	(60,595)	(82,958)	(22,363)
Depreciation And Interest	(21,886)	(21,455)	432
Other Non Operating	(5,710)	(5,358)	352
Restructuring Costs	(458)	(365)	94
<b>Total</b>	<b>423,358</b>	<b>396,520</b>	<b>(26,838)</b>

Shm Pharmacy	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	35	64	28
Pay	(193)	(157)	35
Non Pay	(26)	(67)	(41)
<b>Total</b>	<b>(183)</b>	<b>(161)</b>	<b>22</b>

<b>Trust Total</b>	<b>1,352</b>	<b>(28,714)</b>	<b>(30,066)</b>
--------------------	--------------	-----------------	-----------------

- Trust headlines YTD M11
- Control total
- Behind plan by £30.1m
- Loss of PSF funding £7.1m, £19.4m being undelivered system savings.
- Full year plan is a control total surplus of £3.2m
- Productivity and Efficiency savings
- YTD savings of £8.6m

# Summary Financials – FY Forecast

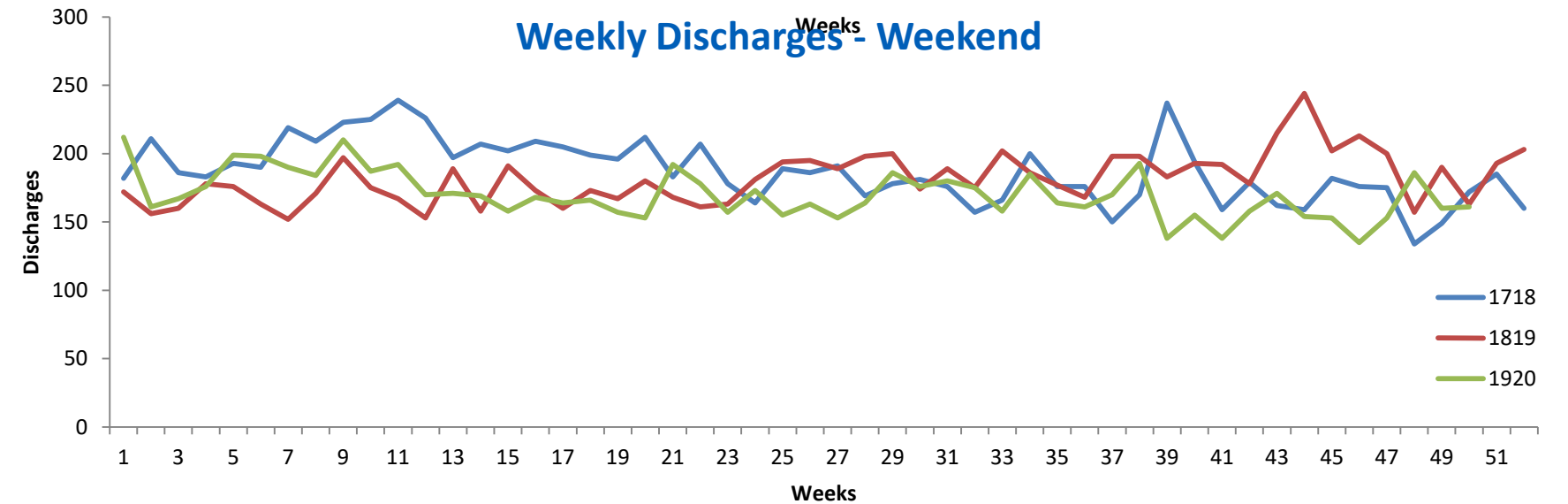
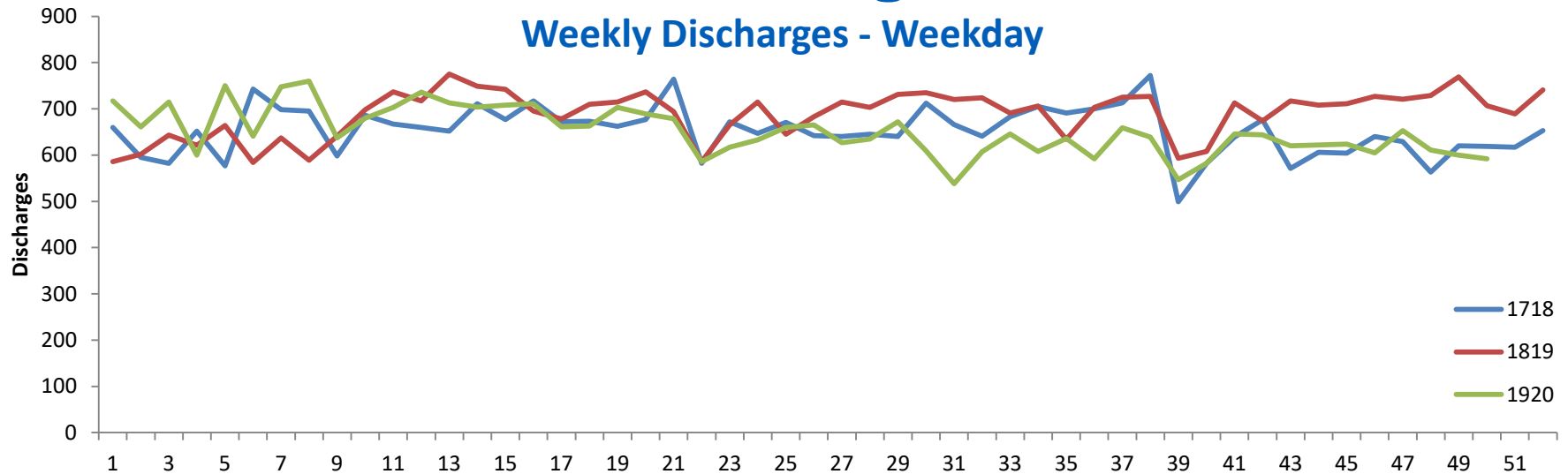
Community Care	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Other Income	4,387	4,641	254
Pay	(93,463)	(94,365)	(902)
Non Pay	(38,904)	(39,251)	(347)
<b>Total</b>	<b>(127,980)</b>	<b>(128,975)</b>	<b>(995)</b>
Corporate Clinical Services	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Other Income	22,933	24,156	1,223
Pay	(37,780)	(38,050)	(270)
Non Pay	(17,541)	(19,402)	(1,861)
<b>Total</b>	<b>(32,387)</b>	<b>(33,296)</b>	<b>(909)</b>
Specialist & Planned Care	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Nhs Clinical Income	0	65	65
Other Income	3,547	3,601	54
Pay	(118,897)	(120,055)	(1,158)
Non Pay	(85,202)	(84,959)	243
<b>Total</b>	<b>(200,553)</b>	<b>(201,348)</b>	<b>(795)</b>
Urgent & Emergency Care	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Other Income	1,065	1,041	(24)
Pay	(87,410)	(88,991)	(1,581)
Non Pay	(13,057)	(13,262)	(205)
<b>Total</b>	<b>(99,401)</b>	<b>(101,212)</b>	<b>(1,811)</b>
Corporate	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Nhs Clinical Income	576,969	584,063	7,094
Other Income	19,260	11,320	(7,940)
Pay	(36,626)	(33,597)	3,029
Non Pay	(65,254)	(91,262)	(26,008)
Depreciation And Interest	(23,876)	(23,976)	(100)
Other Non Operating	(6,229)	(6,229)	0
Restructuring Costs	(500)	(365)	135
<b>Total</b>	<b>463,744</b>	<b>439,954</b>	<b>(23,790)</b>
Shm Pharmacy	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Other Income	43	(427)	(470)
Pay	(231)	(157)	74
Non Pay	(29)	386	415
<b>Total</b>	<b>(217)</b>	<b>(198)</b>	<b>19</b>
<b>Trust Total</b>	<b>3,206</b>	<b>(25,075)</b>	<b>(28,281)</b>

- Control total
- Behind plan by £28.3m
- Key variance being £22.0m being undelivered system savings, underlying Trust overspend of £6.3m
- Full year plan is a control total surplus of £3.2m
- Productivity and Efficiency savings
- Full year forecast savings of £9.9m

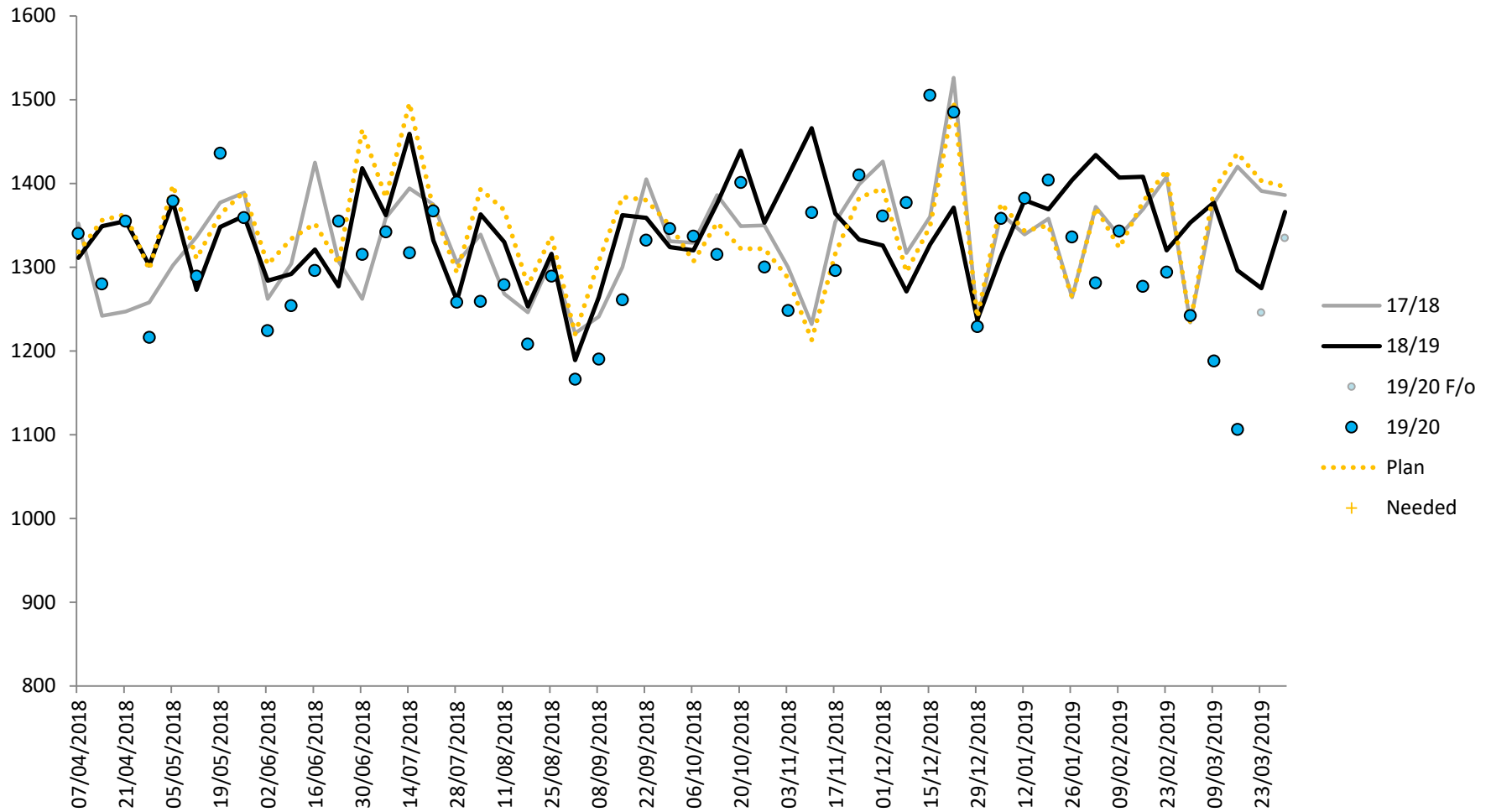
# Appendices

6

# JCUH Adult Ward Discharge Rates

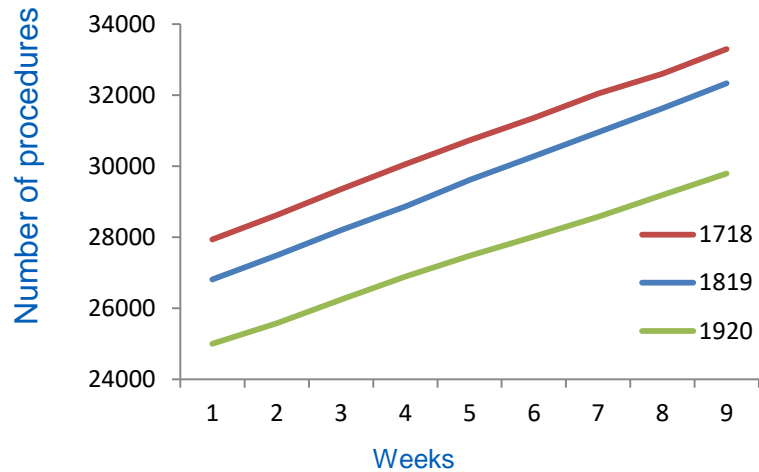


# Non-Elective Delivery - All



# Elective – Theatre Throughput

Elective overnight and day case - 9 week delivery period from 12/01/2020 FY19/20 compared with FY17/18 & FY18/19

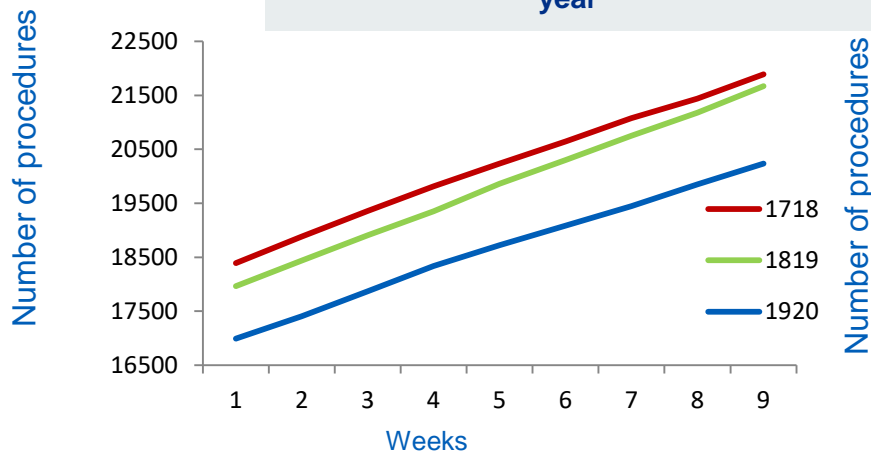


**12.6% less cases undertaken in last 9 week period this year when compared to last.**

**YTD 7.9% less than last year**

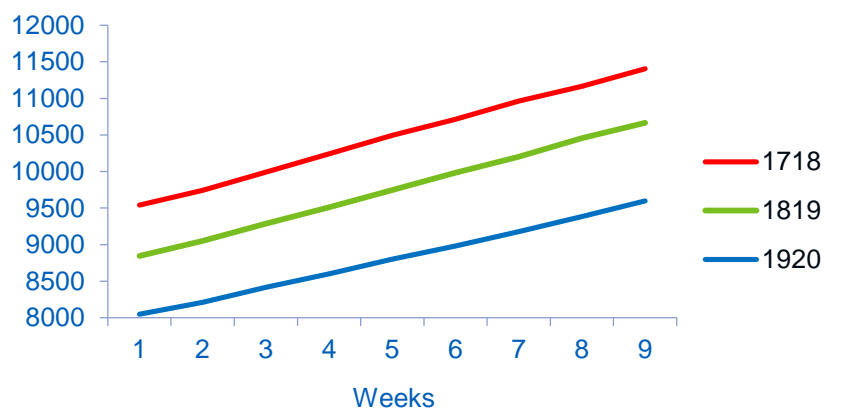
## Elective day case

**YTD 6.6% less when compared with last year**



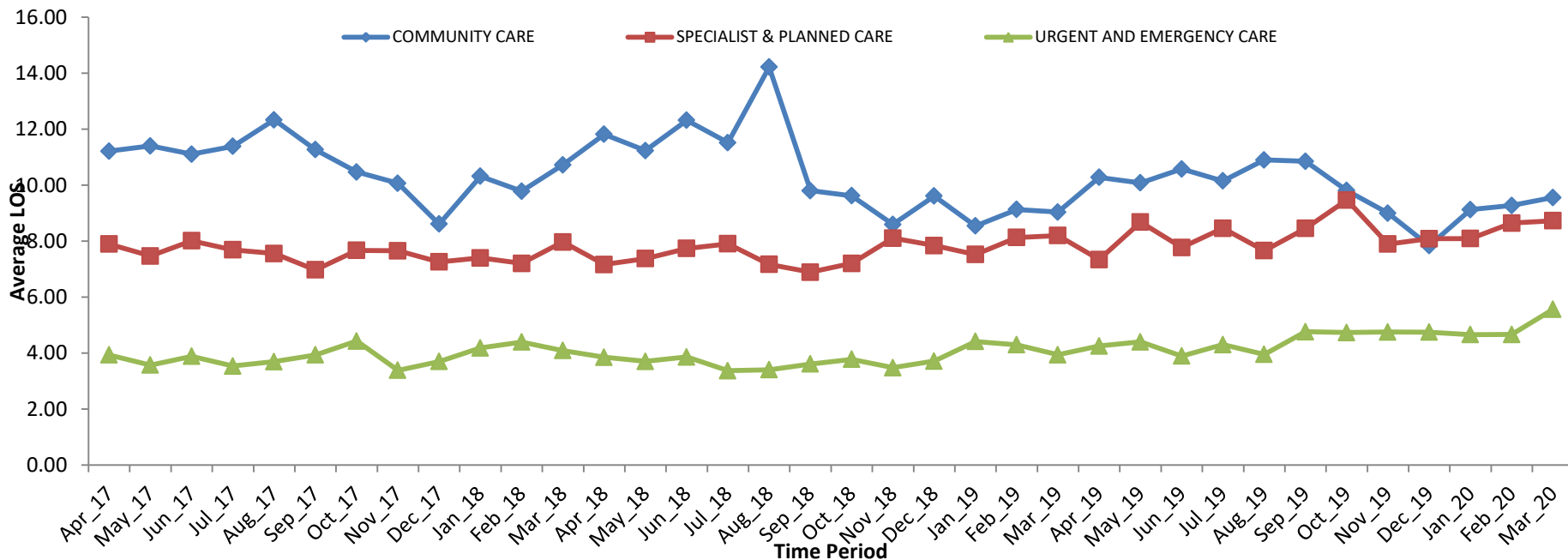
## Elective overnight

**YTD 10.0% less when compared with last year**



# Emergency Length of Stay by Centre

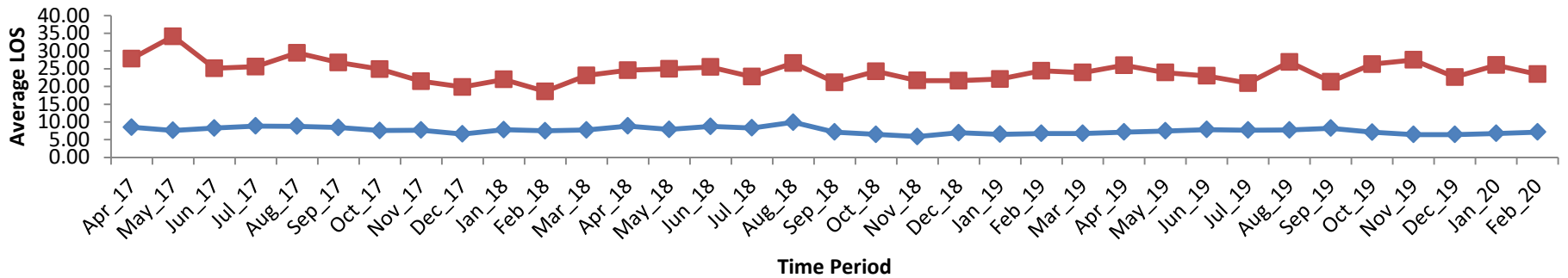
Emergency LOS by Centre at Discharge - 1st April 17 - 19th March 2020



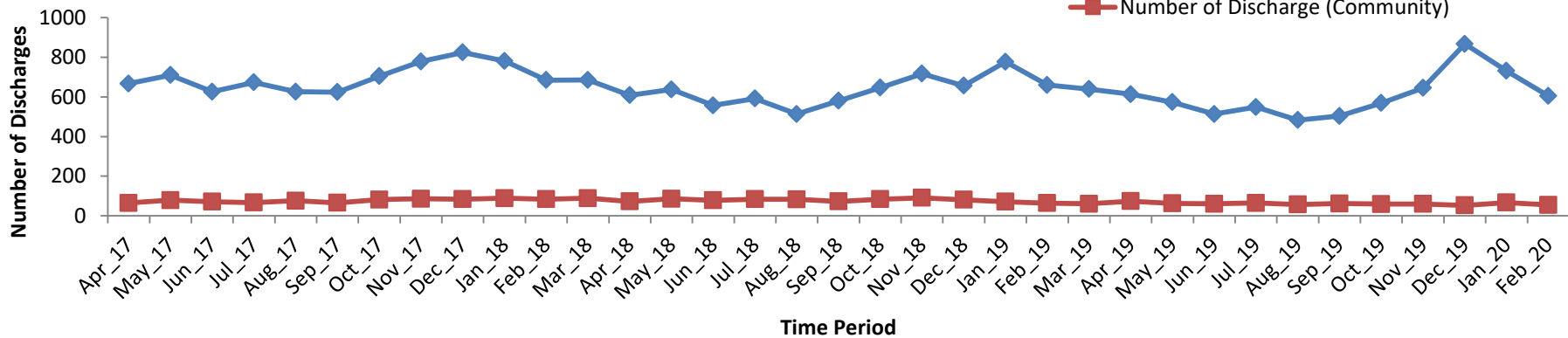
AVG LOS				
Centre	Community Care	Specialist & Planned Care	Urgent & Emergency Care	Grand Total
1718	10.7	7.6	3.9	7.2
1819	10.4	7.6	3.8	6.9
1920	9.7	8.3	4.5	7.3

# Emergency LOS for Community Centre by Site Type

## Average LOS by Site Type for Patients Under Community Care Centre at Discharge



## Number of Discharges by Site Type for Patients Under Community Care Centre at Discharge





# Audit Committee Chair's Log

<b>Meeting:</b> Audit Committee	<b>Date of Meeting:</b> February 20 <sup>th</sup> , 2020
<b>Highlights for:</b> Board Meeting	<b>Date of Meeting:</b> 7 April 2020
Overview of key areas of work	
<p><b><u>AC Chair / KPMG meeting</u></b></p> <p>Ahead of the meeting Audit Committee – AC Chair met with KPMG Director Rashpal Khangura following KPMG's agreement to continue as external auditors for the current year. Mr Khangura, who will lead the Audit for KPMG, is an experienced public sector Auditor and has responsibility for a number of NHS trust and CCG audits in the region</p> <p><b><u>Governance</u></b></p> <ol style="list-style-type: none"> <li>1. Committee reviewed the ToR for the AC and the cycle of business, discussions resulted in a few changes and AC approved the ToR subject to the aforementioned changes.</li> </ol> <p><b><u>Counter- Fraud</u></b></p> <ol style="list-style-type: none"> <li>2. Meeting reviewed CF progress including National Benchmarking. Terry Smith (Counter Fraud Director) noted that the national benchmarks are not a good guide to a robust CF framework and that Audit One would provide regional data collected from local trusts as better benchmark. Overall South Tees is improving in CF rating..</li> </ol> <p><b><u>Internal Audit</u></b></p> <ol style="list-style-type: none"> <li>3. Update provided to meeting.</li> <li>4. Meeting noted that outstanding audit recommendations and actions are not gaining the Executive focus to ensure that matters are corrected. DoF and Co Sec will take this to SLT to get moretraction.</li> </ol> <p><b><u>External Audit</u></b></p> <ol style="list-style-type: none"> <li>5. KPMG have only recently commenced their y/e process and as such just presented key risks. They noted that detailed Audit Planning would commence soon and meetings with Trust Finance team are scheduled.</li> </ol> <p><b><u>Annual Accounts</u></b></p> <ol style="list-style-type: none"> <li>6. Jackie White presented year end schedule and indicated that the process was broadly similar to last year.</li> </ol>	
Actions to be taken	
Responsibility / timescale	
<ul style="list-style-type: none"> <li>• SLT to close out audit recommendations</li> </ul>	SLT

Board action	Responsibility / timescale
<ul style="list-style-type: none"><li data-bbox="240 271 791 344">• Note KPMG have agreed to remain as Auditors for current year.</li><li data-bbox="240 349 863 423">• DoF starting process to get new auditors for 2021</li></ul>	Board / DoF



# Finance and Investment Committee Chair's Log

<b>Meeting:</b> Finance and Investment Committee	<b>Date of Meeting</b> 19 <sup>th</sup> March 2020
<b>Key topics discussed in the meeting</b>	
<ul style="list-style-type: none"> <li>• Month 11 and YTD financial performance</li> <li>• Forecast outturn for 2019/20</li> <li>• Budget Plan 2020/21</li> <li>• CIP Plan 2020/21</li> <li>• Performance Report Deep Dive</li> <li>• Coronavirus Emergency Measures</li> </ul>	
<b>Actions agreed in the meeting</b>	<b>Responsibility / timescale</b>
<ul style="list-style-type: none"> <li>• The Committee noted M11 YTD performance was £23m behind plan, driven principally by the loss of PSF and the inability to access planned system savings</li> <li>• The full-year forecast continues to indicate a £28.3m deficit against plan including £8.3m from the loss of PSF. This position has been agreed with NHSI/E.</li> <li>• There is an underlying deficit within the Trust of circa £25m which will carry forward into 2020/21.</li> <li>• The Committee reviewed progress on the 2020/21 CIP but recommended that action be limited to those items which would not affect service delivery nor increase the risk profile at this very challenging time. A proposal will be brought to the Board.</li> <li>• The revised Performance Report with Improvement Trajectories was reviewed. A full deep dive will be postponed as a result of the COVID-19 response.</li> </ul>	<p>Director of Finance April 2020</p>
<b>Issues for Board escalation/action</b>	<b>Responsibility / timescale</b>
<ul style="list-style-type: none"> <li>• The Deep Dive on Performance to sign off on improvement trajectories will be delayed as a result of the COVID-19 response</li> <li>• The 2020/21 CIP is recommended to be significantly curtailed and to focus on low-risk areas with high likelihood of delivery.</li> </ul>	<p>Senior Leadership Team April 2020</p>

# Workforce Committee

## Chair's Log

<b>Meeting:</b> Workforce Committee	<b>Date of Meeting:</b> 26 March 2020
<b>Highlights for:</b> Board Meeting	<b>Date of Meeting:</b> 7 April 2020
Overview of key areas of work	
<ul style="list-style-type: none"> <li>• People Plan update</li> <li>• Values and Behaviours framework</li> <li>• Mandatory training update</li> <li>• Engagement update</li> <li>• KPI update</li> <li>• Annual Equality Pay Audit, gender pay gap</li> <li>• BAF risks</li> </ul>	
Actions to be taken	Responsibility / timescale
Planning is progressing well and there are some important contributors to the Improvement Plan – very effective engagement with staff side and streamlining some HR processes for example.	R Metcalf
Trust staying with Public Health England guidance on PPE and working to manage the differing commentaries from the Royal Colleges on what is appropriate and safe. Training up to date and continuing.	R Metcalf
Numbers of staff self-isolating are being monitored and impact on individual staff groups. Staff testing has been agreed with focus on voluntary offer of testing (twice over 24 hour period) and option to stay in a hotel if the risk is at home to get people back wherever possible.	R Metcalf
Major focus on growing the workforce – student nurses, final year Doctors and returnees and some people off work following disciplinary	R Metcalf
Significant work on staff welfare – welfare boxes being made available, a new Fund will be set up and launched today, an expansion of rest room facilities and hotel accommodation.	J White
Board action	Responsibility / timescale
No specific actions	