

# Board of Directors meeting

Tuesday, 7 May 2019

**Board of Directors Meeting (to be held in PUBLIC)**

**Tuesday, 7 May 2019 at 1pm in the Boardroom**

**Murray Building, James Cook University Hospital**

		<b>Enclosure</b>	<b>Led By</b>
<b>1. Opening Items</b>			
1.1	Welcome and Apologies for Absence ( <i>information</i> )	<i>Verbal</i>	Chairman
1.2	Board Declarations of Interest Register ( <i>information/approval</i> ) ( <i>Any new conflict of interest and any actual or potential conflict of interest in relation to any matter to be discussed</i> )	<i>Verbal</i>	Chairman
1.3	Minutes of Previous Meeting ( <b>approval</b> )		Chairman
1.4	Matters Arising ( <i>discussion/information/approval</i> )	<i>Verbal</i>	Chairman
1.5	Action Log ( <i>information</i> )		Chairman
1.6	Patient/Staff Story	<i>Presentation</i>	Director of Nursing and Quality
1.7	Chairman's Report ( <i>discussion/information</i> )	<i>Verbal</i>	Chairman
1.8	Chief Executive Report ( <i>discussion/information</i> )	<i>Verbal</i>	Deputy Chief Executive
<b>2. Strategy and Planning</b>			
2.1	Strategic Issues Affecting the Trust and Wider Health Economy update	<i>Verbal</i>	Chief Executive/Chairman
2.2	Friarage Hospital Northallerton update	<i>Verbal</i>	Deputy Chief Executive
<b>3. Quality, Safety, Performance and Finance</b>			
3.1	Quality, Safety, Performance and Finance Exception Report ( <i>discussion/information</i> )		Deputy Chief Executive/ Director of Nursing and Quality/ Medical Directors/ Director of Finance
3.2	Healthcare-associated Infection Report ( <i>information/approval</i> )		Director of Nursing and Quality
3.3	Safe Staffing Monthly Report ( <i>discussion/information</i> )		Director of Nursing and Quality
3.4	Learning from Deaths Q4 Report 2018-19 ( <i>discussion/information</i> )		Medical Director

4. Governance/Assurance			
4.1	Visits, Accreditations and Inspections ( <i>discussion/information</i> )	<i>Verbal</i>	Medical Directors/ Director of Nursing and Quality
4.2	Human Trafficking and Modern Slavery Act Commitments – Annual Statement ( <b>approval</b> )		Director of Finance
4.3	Chair’s Logs from Board Committee Meetings ( <i>discussion/information/action</i> )		Committee Chairs
4.3.1	Audit Committee - 23 April 2019		
4.4.2	Finance and Investment Committee – 25 April 2019		
4.4.3	Workforce Committee – 25 April 2019		
4.4.4	Operational Management Board – 25 April 2019		
4.4.5	Quality Assurance Committee – 30 April 2019		
5. Closing Items			
5.1	Any Other Business	<i>Verbal</i>	Chairman
5.2	<i>Risks</i> <i>Any Risks discussed during meeting for consideration of adding to Risk Registers or Board Assurance Framework (discussion/approval)</i>	<i>Verbal</i>	Chairman
5.3	Evaluation of Meeting ( <i>discussion</i> )	<i>Verbal</i>	Chairman
5.4	Date and Time of Next Meeting ( <i>information</i> ) The next meeting is scheduled to take place on Tuesday, 3 September 2019 ( <i>information</i> )		

<b>Board of Directors</b>	
<b>Agenda item</b>	1.2
<b>Title of Report</b>	Register of Board's Interests
<b>Date of Meeting</b>	7 May 2019
<b>Presented by</b>	Alan Downey, Chairman
<b>Author</b>	Lynn Hughes, Company Secretary
<b>Previous Committee/Group Review</b>	-
<b>Purpose</b>	Approval <input type="checkbox"/> Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/>
<b>Alignment to Trust's Strategic Objectives</b>	<input checked="" type="checkbox"/> 1. We will deliver excellence in patient outcomes and experience <input checked="" type="checkbox"/> 2. We will drive operational performance to deliver responsive, cost effective care <input checked="" type="checkbox"/> 3. We will deliver long term financial sustainability to invest in our future <input checked="" type="checkbox"/> 4. We will deliver excellence in employee experience to be seen as an employer of choice <input checked="" type="checkbox"/> 5. We will develop clinical and commercial strategies to ensure our long term sustainability
<b>Alignment to Board Assurance Framework</b>	-
<b>Legal/Regulatory Compliance Requirements (if applicable)</b>	<ul style="list-style-type: none"> <li>• NHS 2006 Act</li> <li>• NHS Improvement</li> <li>• NHS England</li> <li>• Terms and Conditions – Consultants (England) 2003</li> <li>• The Trust's Constitution</li> </ul>
<b>Recommendation(s)</b>	The Board is asked to note the Register of Board's Interests which has been updated following an annual review.

Board of Directors Register of Interests (as at April 2019)

Board Member	Position	Relevant Dates From	to	Declaration Details
Alan Downey	Chairman	1 April 2018	ongoing	Chairman of Maudsley Charity – the Charity is associated with, but independent from, South London Maudsley NHS Foundation Trust
		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
Amanda Hullick	Non-executive Director (Deputy Chair)	1 June 2018	ongoing	Husband employed as Supply Chain and Operations Director at Brakes UK (Susco Plc) – company supply to the Friarage Hospital, Northallerton
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
Debbie Reape	Non-executive Director			No interests declared
Siobhan McArdle	Chief Executive	6 May 2016	ongoing	Director of Trust subsidiary company South Tees Healthcare Management Limited (dormant)
		1 November 2015	ongoing	Director of the Academic Health Science Network for the North East and North Cumbria
		1 October 2015	ongoing	PA Consulting (relative has senior management responsibility within the company)
		6 January 2003	ongoing	Director of the Strategy House Limited
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)	6 May 2016	ongoing	Director of Trust subsidiary company South Tees Healthcare Management Limited (dormant)
		21 August 2006	ongoing	Member of Team Health LLP (dormant)
Sath Nag	Medical Director (Community Care)			No interests declared
Andrew Owens	Medical Director (Corporate Clinical and Support Services)	May 2018	ongoing	Non-executive Director of Medicor Software Ltd – a data analytics company that provides services to the NHS
		March 2016	ongoing	Director of Niche Medical Ltd – a medical device manufacturing start-up
Gill Hunt	Director of Nursing and Quality			No interests declared
Steven Mason	Director of Finance	1 October 2017	ongoing	Children employed at PricewaterhouseCoopers and Deloitte
		1 September 2018	ongoing	Child employed at Ernst & Young
		13 August 2018	ongoing	HM Property Services Ltd (family company)



**Board of Directors Meeting (held in PUBLIC)  
held on 5 February 2019  
Boardroom, Murray Building, James Cook University Hospital**

**Present:**

Alan Downey	Chairman
Amanda Hullick	Deputy Chair
Maureen Rutter	Non-executive Director/Senior Independent Director
Mike Ducker	Non-executive Director
David Heslop	Non-executive Director
Siobhan McArdle	Chief Executive
David Chadwick	Medical Director (Planned and Specialist Care)
Adrian Clements	Deputy Chief Executive and Medical Director (Urgent and Emergency Care & Friarage)
Gill Hunt	Director of Nursing and Quality
Steven Mason	Director of Finance
Sath Nag	Medical Director (Community Care)
Andrew Owens	Medical Director (Corporate Clinical Support Services)

**In attendance:**

Helen Edwards	Director of Communications
Lynn Hughes	Company Secretary
Jill Bullimore	Care Quality Commission
Plym Auty	Elected Governor (Hambleton and Richmondshire)
Tony Roberts	Deputy Director for Clinical Effectiveness ( <i>item BoD/02/19/16 only</i> )
Angela Seward	Lead Governor (Elected Governor for Rest of England)
Roagah Shaher	Staff Side Chair
David Smith	Teesside Hospice Chief Executive
Caroline Wroe	Director of Research and Innovation ( <i>item BoD/02/19/10 only</i> )

**BoD/02/19/01 Apologies for Absence**

1.1 Apologies for absence were received from Richard Carter-Ferris, Debbie Reape, and Jake Tompkins, all Non-executive Directors.

**BoD/02/19/02 Declaration of Interests**

2.1 The Chairman asked Directors to declare any interest relevant to their role as members of the Board of Directors and, in particular, relevant to any matter to be discussed at the meeting. None were declared.

**BoD/02/19/03 Minutes of Previous Meeting**

3.1 **Resolved:** the minutes of the previous meeting held on 6 November 2018 were accepted as a true record.

**BoD/02/19/04 Matters Arising**

4.1 There were no matters arising in addition to those included on the agenda.

**BoD/02/19/05 Action Log**

5.1 It was noted that all actions had been completed and would be closed. The Chairman confirmed that the business case for the Electronic Patient Records system had been approved at the Board meeting held in Private on 4 December 2018.

- BoD/02/19/06 Patient Experience**
- 6.1 Gill Hunt introduced a video which captured a number of patients sharing their experience of the care they had received at the James Cook and Friarage hospitals.
- 6.2 **Resolved:** the video was well received by the Board.
- BoD/02/19/07 Chairman's Report**
- 7.1 The Chairman gave a verbal update report which highlighted the following matters:
- 7.1.1 **South Tees Charities**  
Following the independent review of the South Tees Charities, carried out by Tarnside Consulting in the autumn of 2018, the Trust had considered the findings of the review and had subsequently appointed Debra Thornton as Director of Charities.
- 7.1.2 **Official Opening of Sir Robert Ogden MacMillan Cancer Centre at the Friarage**  
The Sir Robert Ogden Macmillan Centre was officially opened on 11 December 2018 by Sir Robert and Lady Ogden at the Friarage Hospital, Northallerton. Feedback on the event and on the new centre had been very positive from the many guests who attended and from patients using the centre.
- 7.1.3 **Schwartz Rounds**  
The Chair had attended his third Schwartz Round since joining the Trust and had found each round to be both powerful and moving. He thanked Maureen Rutter for championing the Schwartz Rounds and urged other members of the Board and Trust employees to attend.
- 7.1.4 **Jake Tompkins**  
Jake Tompkins had resigned as Non-executive Director, with effect from 31 March 2019, because of work commitments, and the Trust had reluctantly accepted his resignation. The Chairman thanked Jake for his contribution as a Board member.
- 7.2 **Resolved:** the Chairman's report was noted.
- BoD/02/19/08 Chief Executive's Report**
- 8.1 The Chief Executive was pleased to report on the following activity, covering the period from December 2018 to the end of January 2019:
- Public Wi-Fi** had been launched for patients, visitors and staff at the James Cook and Friarage Hospitals. This had been well received by visitors and patients and is part of the wider roll-out by NHS Digital to give staff, patients and members of the public free access to Wi-Fi the NHS in England. Plans are in place to offer free Wi-Fi at other Trust sites.
- Implementation of plans for a smoke-free Trust** were continuing. The next stage of the Trust's campaign was the launch of support for staff to stop smoking, including a 12-week programme provided by Occupational Health and the appointment of qualified stop-smoking advisors.
- The 'Sleep Helps Healing' campaign**, to reduce noise levels on wards at night, was launched in December 2018. It had been well received, and other Trusts had asked to use the Trust's campaign material.



**The Trust's Freedom to Speak Up Guardians**, Helen Smithies and Laura Mills, launched an online reporting toolkit on 21 January 2019. This can be accessed on the Trust's intranet. The Toolkit aims to make it easier for staff to raise any concerns in relation to patient safety, quality of care or the working environment that they feel unable to raise through other channels.

**Winter Plan and flu vaccinations programme.** Despite high levels of demand, the Trust remained on track to achieve the 95% target against the four-hour A&E standard. The programme of flu vaccinations for staff was continuing, and 6,497 staff (77% of the total) had been vaccinated as at 1 February 2019. This was in excess of the Trust's target.

**Staff Engagement Groups.** There had been 68 nominations for the Staff Engagement Group and 29 nominations for the Consultant Engagement Group. Plans were well underway for the re-launch of the Trust's corporate induction programme on 4 March 2019: this will include a welcome from the Chief Executive or Deputy Chief Executive.

**The Human Hospital Tepee** will be installed in the atrium at the James Cook Hospital in mid-March 2019 for three months.

**The CQC inspection** was continuing. An unannounced service inspection had been carried out, as had the NHS Improvement Use of Resources review. The Well Led inspection had commenced on the day of the Board meeting. The final report was expected to be received in late March or early April 2019.

**Response to Northallerton fire.** A fire on the evening of 16 January 2019 in buildings adjacent to the Friarage Hospital site had resulted in the creation of a 200-metre exclusion zone bordering the site. Staff at the Friarage had prepared for an emergency evacuation of the hospital: the preparations included an assessment of all patients on the site. In the event, there was no need for an evacuation of the hospital, although 60 residents of homes near the fire were evacuated. The hospital was able to function as normal during the emergency, using alternative access routes to the site.

There had been several recent **charity fundraising activities and events**, including visits by local businesses and organisations to the Trust's spinal, stroke, elderly and children's wards to hand out Christmas gifts. In December 2018 the Trust had celebrated 25 years of cardiothoracic surgery, and two electric cars had been delivered, to give children the opportunity to drive themselves from ward to operating theatre at the James Cook and Friarage Hospitals.

A briefing on the **NHS Long-term Plan** had been delivered to staff, Non-executive Directors and the Council of Governors, and plans were in place to brief the consultant body.

**Brexit.** The Department of Health and Social Care had issued operational readiness guidance in relation to Brexit which outlines actions and plans to be taken by Trusts in the event that the UK leaves the EU without a withdrawal agreement. The Trust has appointed Andrew Owens as the Senior Responsible Owner for Brexit contingency planning. He will be supported by the Lead Director for Emergency Preparedness. The Trust is on track to complete an assessment of risks associated with Brexit and to comply with reporting requirements.

**The Council of Governors meeting** on 11 December 2018 at the Friarage Hospital was well attended. The Governors received a presentation from one

of the appointed governors representing carer organisations and updates on the Trust's winter plans, on quality operational and financial performance and on the forthcoming CQC inspection.

On 11 January 2019 the Chief Executive had **attended Joint Health Overview and Scrutiny Committee for North Yorkshire** and had given an update on the Trust's performance and plans, including developments at the Friarage Hospital.

The Chief Executive reported that meetings were being held to discuss implementation of changes in the **numbers and responsibilities of clinical directors**. The new staffing structure would be in place from 1 April 2018.

**Awards and events.** The Chief Executive was pleased to report that:

- Caroline Buckley, Advanced Neonatal Nurse Practitioner, has been recognised for her work in establishing a consistent standard in emergency trolleys to help reduce risks when responding to emergencies. She was runner-up in the National Neonatal Nurses Associate Nurse of the Year Award.
- The Myeloma service at James Cook Hospital has been accredited by Myeloma UK as a centre of excellence. The recognition demonstrates the commitment of staff to provide outstanding treatment and care to the Trust's patients and their families.
- Dr Sanjay Rao, Consultant in Obstetrics and Gynaecology has been voted as the 'best trainer' in the Northern Deanery by trainees in obstetrics and gynaecology.
- The Trust's library and knowledge service has received 100% compliance against Health Education England's national standards. This service is led by Hugh Hanchard and is one of only 12 library and knowledge services across the North to achieve 100% compliance.
- Nominations are open for the Trust's Nursing and Midwifery Nightingale Awards. The closing date for nominations is 28 February 2019.

8.2 **Resolved:** the Chief Executive's Report was noted.

**BoD/02/19/09 Strategic Issues Affecting the Trust and Wider Health Economy**

9.1 The Chief Executive provided an update on the ongoing work chaired by Sir Ian Carruthers. The plans to reconfigure acute services across the Tees Valley were well advanced and would be presented to the Boards of the three Trusts (South Tees, North Tees and County Durham & Darlington) by the end of February 2019.

9.2 **Resolved:** the update on Strategic Issues Affecting the Trust and Wider Health Economy.

**BoD/02/19/10 Research and Innovation Strategy**

10.1 Caroline Wroe, the outgoing Director of Research and Innovation, presented the Interim Research and Innovation Strategy which replaced the 2013-18 strategy and was intended to run for a limited period with the expectation that it would be overtaken by the creation of a strategy for the Durham Tees Valley Research Alliance, which should be formalised by 1 April 2019. The four stands of the interim strategy were noted:

1. Increase the opportunities for patients and staff to participate in health research and innovation at all sites and in all clinical areas.
2. Provide high quality research and innovation services.
3. Support and develop research and innovation staff.
4. Develop new and strengthening existing regional and national relationships with research and innovation partners.

10.2 The Board noted with pleasure that the Trust had recruited 3,800 patients to clinical trials, was within the top 5% of NHS trusts for the number of clinical trials open, was within the top 10% for the number of patients recruited to clinical trials, and was within the top 30 acute Trusts for the number of commercial trials.

10.3 The Board thanked Caroline Wroe for her inspirational leadership and commitment and wished her well in her new role.

10.4 **Resolved:** the Board endorsed the Interim Research and Innovation Strategy.

**BoD/02/19/11 Communication and Engagement Strategy**

11.1 Helen Edwards presented the Communication and Engagement Strategy which sets out how the Trust will communicate and engage with its audiences while supporting the delivery of the Trust's mission, vision, values and strategic objectives. She highlighted the need to communicate and engage effectively with staff, members of the public, patients, partners and key stakeholders, in order to support the delivery of safe and high-quality patient care. The strategy aimed to build on the Trust's reputation to ensure that Trust remained an attractive place to work for existing and prospective staff.

11.2 It was noted that the strategy would support the delivery of other enabling Trust strategies such as the HR strategy and the Equality and Diversity strategy, as well as staff and member engagement strategies which were under development.

11.3 The Board noted the six objectives of the strategy, the key messages, branding and corporate identity and the plan to monitor and evaluate the success of the strategy.

11.4 Mike Ducker asked if metrics would be developed to enable the Trust to measure its success in implementing the strategy. In response, the Chief Executive agreed that metrics would need to be developed.

**ACTION (Helen Edwards)**

11.5 Maureen Rutter asked whether the strategy included provision for communication and engagement with patients who were visually impaired or suffered from mental ill-health. In response, Helen explained that the Patient Experience Group, which reported to the Quality Assurance Committee, had plans to cover these areas.

11.6 David Heslop asked if the Trust planned to ensure adherence to NHS branding standards. In response, Helen confirmed that all materials would be compliant with the national standards.

11.7 **Resolved:** the Communication and Engagement Strategy was approved.

## **BoD/02/19/12 Quality, Safety, Performance and Finance Assurance Report**

- 12.1 The report was discussed at length, and the following points were made:
- 12.2 Accident and Emergency 4-hour performance was reported as 93.69% against the 95% target, with a year-to-date performance position of 95.7%. It was noted that this was an improved position in comparison to the 90.93% reported for the same period in 2017. Adrian Clements confirmed that work was continuing to ensure that the Trust would meet the 95% target by 31 March 2019.
- 12.3 Referral to Treatment performance against the 18-week standard was noted as 88.61% against the 92% target, marginally lower than the previous month's figure of 89.21%. Work was ongoing to manage waiting lists proactively. In response to a query from Amanda Hullick, Adrian Clements and David Chadwick explained that performance was expected to improve in the coming months, although it was unlikely that the 92% target would be achieved.
- 12.4 Performance against the cancer 62-day standard was reported at 84.97%, just below the 85% target. David Chadwick reported that work was ongoing to improve performance, including close monitoring of activity via the cancer wall. The Board noted that the Trust continued to perform well against all other cancer targets.
- 12.5 Gill Hunt spoke to the Healthcare Associated Infection Report: there had been an increase in category two pressure ulcers during December 2018, but the rate per 1,000 bed days remained within acceptable limits. There had also been an increase in falls during December 2018, also within acceptable limits. Fewer falls had been reported in January 2019. Preventing pressure ulcers and falls remained a high priority for the Trust.
- 12.6 Sickness absence was reported at 4.89% against the 3.5% target with Human Resource support now working closely to drive down sickness absence levels. Amanda Hullick asked if the Trust's target was realistic and if there was any merit in adjusting it. In response, the Chief Executive argued that, although the target was challenging, it should remain in place for a further six months and then be reviewed if performance had not improved significantly. She also referred to the commendable performance of 89.17% against the 90% target and highlighted the work taking place to improve performance against the target for completion of staff appraisals (74.28% achieved against the 80% target).
- 12.7 Financial performance as at 31 December 2018 was noted as £200,000 better than plan. The Board noted with pleasure the significant progress that had been made against the Trust's productivity and efficiency savings plan in recent weeks: £30.4m had been achieved against the target of £35.6m for the year.
- 12.8 **Resolved:** the Quality, Safety, Performance and Finance Assurance Report as at 31 December 2018 was noted.

## **BoD/02/19/13 Healthcare Associated Infection Report**

- 13.1 Gill Hunt spoke to the report for the month ending 31 December 2018. She explained that the Trust remained well within the full-year target of no more than 54 Trust-apportioned cases of Clostridium difficile: there had been three Trust-apportioned cases in December 2018, bringing the total for the year to date to 34 cases.

13.2 There had been no Trust-assigned cases of MRSA bacteraemia in December, with only one Trust-apportioned case for the year to date. For MSSA bacteraemia, there had been four Trust-apportioned cases in December 2018, bringing the total for the year to date to 32 cases. There was no official target for MSSA bacteraemia.

13.3 **Resolved:** the Board noted the current position and the actions taken to prevent and manage Healthcare Associated Infection at the Trust.

**BoD/02/19/14 Safe Staffing Report**

14.1 Gill Hunt spoke to the Safe Staffing report. She explained that the Trust is committed to ensuring that safe staffing levels are maintained for Registered Nurses (RNs), Registered Midwives (RMs) and Health Care Support Workers (HCSWs), taking account of the requirements of patients.

14.2 The Board noted that the fill rate against the planned rosters for December 2018 were: RN/RM day shift 94.6%, night shift 94.8%; and HCSW day shift 92%, night shift 104.2%. Gill Hunt assured the Board that staffing levels in December 2018 were sufficient to deliver safe, high quality care and that systems and processes were in place to respond, should staffing levels fall short of those planned or required.

14.3 Maureen Rutter asked how Nursing Assistants would be included in the report in future. In response, Gill Hunt explained that national guidance will be adhered to.

14.4 **Resolved:** the Staff Staffing report was noted.

**BoD/02/19/15 Learning from Deaths Quarterly Report**

15.1 Andrew Owens and Tony Roberts spoke to the Quarter Two report for the period ending 31 December 2018 and explained that the dashboard included the number of deaths from April 2008 to December 2018. The total number of deaths in December 2018 was noted to be lower than expected, with 162 deaths reported in comparison to 191 deaths reported in December 2017. This was the lowest number reported in December since 2011.

15.2 There was a discussion about the graphs showing the two main risk-adjusted mortality indicators: Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR). The SHMI figure for the period July 2017 to June 2018 was reported as 109 (within the expected range). However, the figure for HSMR for the period October 2017 to September 2018 was 114 (higher than the expected range). A possible explanation for the relatively high HSMR figure was failure to adequately capture co-morbidities in patient coding. The introduction of an Electronic Patient Record system should facilitate more accurate coding.

15.3 Maureen Rutter explained that concerns were raised at the Quality Assurance Committee about specialist palliative care coding. As a result a deep dive had been carried out, to enable a greater understanding of the issue. It was noted that mortality indicators will continue to be monitored, and issues around the coding of co-morbidities and specialist palliative care were being addressed.

15.4 Maureen confirmed that, in response to the Gosport Independent Panel Report, a review on the Friary Hospital in Richmond had been led by the Sath Nag. The outcome of the review was reported to the Quality Assurance Committee, and no concerns were raised.

15.5 Andrew Owens reported that the Trust's Medical Examiner Service was fully operational: 49% of deaths had received a stage one review, and 124 deaths had been recommended for a second stage review. The Board noted that the Learning from Deaths quarterly dashboard will continue to evolve and that a more in-depth report is reviewed by the Patient Safety Group which reports to the Quality Assurance Committee.

15.6 **Resolved:** the Board noted the Trust will continue to monitor and learn from deaths data and respond accordingly.

#### **BoD/02/19/16 Guardian of Safe Working Hours**

16.1 Sath Nag presented the quarterly Guardian of Safe Working Hours report for the period ending 31 December 2018 which was noted.

16.2 Sath highlighted that exception reporting submissions were lower than originally anticipated with had been identified following a recent survey carried out by the General Medical Council.

16.3 **Resolved:** the quarterly Guardian of Safe Working Hours report for the period ending 31 December 2018 was noted.

#### **BoD/02/19/17 Board Committee Terms of Reference**

17.1 The Board noted that the terms of reference for the Quality Assurance Committee, Finance and Investment Committee, and Audit Committee had been updated to align with regulatory requirements and the Trust's Corporate Governance Structure. These changes had been approved by the Board at its 6 November 2018 meeting held in private. The Board noted that the Terms of Reference in question had been reviewed and approved by the relevant Board Committees. The Board therefore endorsed approval of the Terms of Reference (subject to the Audit Committee quoracy requiring at least two members present).

17.2 **Resolved:** the Terms of Reference of the Quality Assurance Committee, Finance and Investment Committee and Audit Committee were endorsed, subject to the Audit Committee quoracy requiring at least two members present.

#### **BoD/02/19/18 Chairs' logs from Board Committee meetings Quality Assurance Committee**

18.1 The Chair's logs from the meetings held on 27 November 2018 and 29 January 2019 were noted.

18.1.1 Maureen Rutter explained that the Quality Assurance Committee Terms of Reference and work plan included time for deep dives at each meeting, if required. These would help to support learning across the Trust.

#### **18.2 Finance and Investment Committee**

The Chair's logs from the Finance and Investment Committee meetings held on 27 November 2018 and 29 January 2019 were noted.

#### **18.3 Risk Committee**

The Chair's logs from the Risk Committee meetings held on 25 October 2018 and 13 December 2018 were noted.

#### **18.4 Workforce Committee**

The Chair's log from the Workforce Committee held on 13 December 2018 was noted. The Board noted with pleasure the letter received from Rt Hon Anne Milton MP (Minister of State for Apprenticeships and Skills). The letter

recognised the Trust as one of the top performing apprenticeship employers in the country. The Board thanked Dave Morris, Head of Learning and Development, personally for his commitment, enthusiasm and drive for apprenticeship development.

18.4.1 It was noted that the Director of Communications from Leeds NHS Foundation Trust was working with the Trust on staff engagement plans with the intention that the Trust would develop its own staff survey to be used in addition to the national Staff Survey.

18.5 **Operational Management Board**

The Chair's logs from the Operational Management Board meetings held on 29 November 2018 and 24 January 2019 were noted.

18.6 **Resolved:** the Board Committee Chair's logs were noted.

**BoD/02/19/19 Any Other Business**

19.1 There was no other business.

**BoD/02/19/20 Risks**

20.1 There was a discussion about the risks raised during the meeting. It was noted that no risks had been raised which were not already included in the Risk Registers or Board Assurance Framework.

**BoD/02/19/21 Evaluation of Meeting**

21.1 It was noted that the meeting had covered a wide range of important issues, including strategy, governance, risk management, service quality, patient safety, and operational and financial performance. The Chairman invited feedback on any areas where improvements could be made. In response it was agreed that further work was required to improve the processes in place to monitor patient experience with the support of the Clinical Intelligence Unit.

**ACTION (Gill Hunt, Andrew Owens)**

21.2 It was also noted that it would be beneficial to provide patient and staff stories at future Board meetings held in Public going forward.

**BoD/02/19/22 Date and Time of Next Meeting**

22.1 The Board meeting to be held in Public was arranged to take place on Tuesday, 7 May 2019.





**Board of Direction Action Log (meeting held in Public)**

<b>Date of Meeting</b>	<b>Minute no</b>	<b>Item</b>	<b>Action</b>	<b>Lead</b>	<b>Due Date</b>	<b>Comments</b>	<b>Status (Open or Completed)</b>
5.2.19	BoD/02/19/11.4	Communication and Engagement Strategy	It was agreed metrics would be developed	H Edwards	<b>date to be agreed</b>	Update to be provided at the meeting	Open
5.2.19	BoD/02/19/21.1	Evaluation of Meeting	The Chairman invited feedback on any areas where improvements could be made. It was agreed further work was required to improve the processes in place to monitor patient experience with the support of the Clinical Intelligence Unit.	G Hunt, A Owens	7.05.19	Update to be provided at the meeting	Open





# Quality & Operational Performance Report

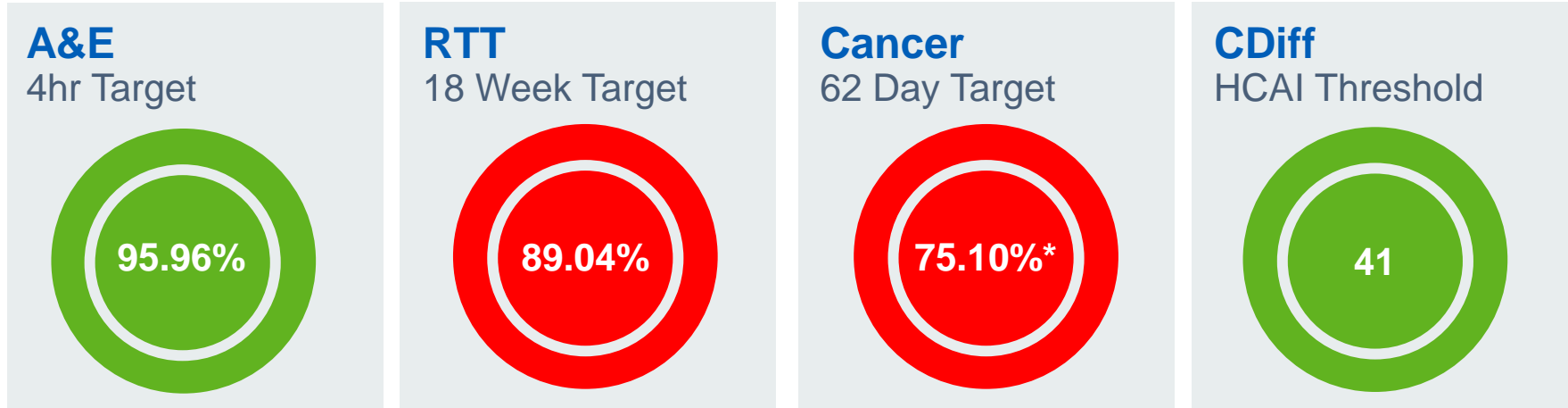
Board of Directors

7 May 2019

# Must Do's

# Must Do's 2018/19 – March 2019

## Deliver Excellence in Patient Outcome and Experience....



\* Indicative

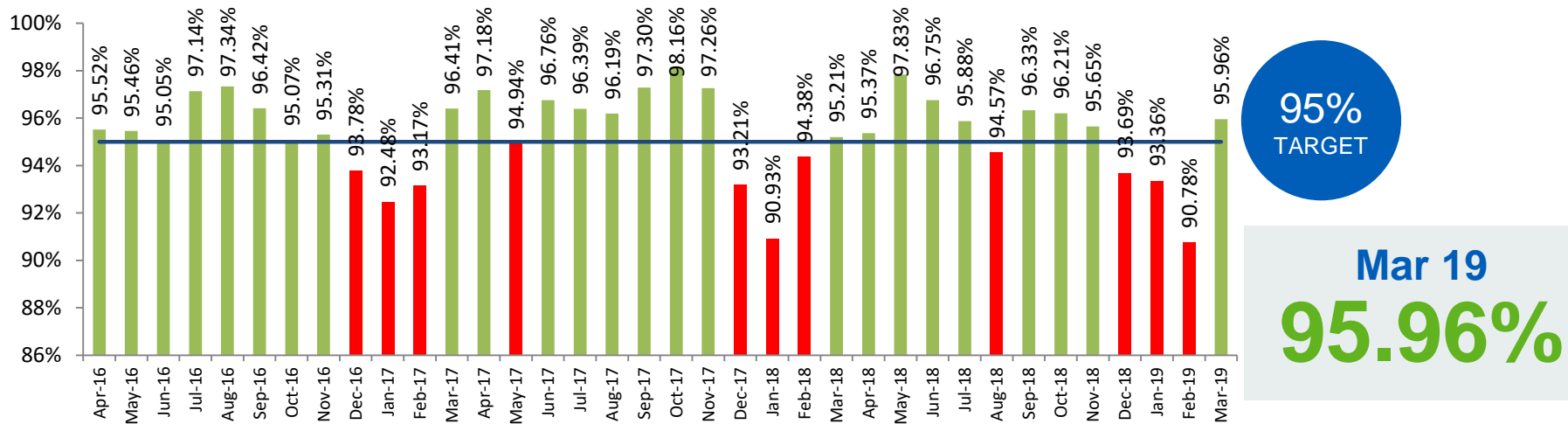
...and ensure our long term financial sustainability



CHIEF EXECUTIVE REPORT 25<sup>th</sup> April 2019



# Performance - A&E



Regional Rank	Trust	Mar-19
1	North Tees and Hartlepool NHS Foundation Trust	97.77%
2	Harrogate and District NHS Foundation Trust	96.34%
3	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	96.22%
4	South Tyneside NHS Foundation Trust	95.96%
5	<b>South Tees Hospitals NHS Foundation Trust</b>	<b>95.96%</b>
6	Northumbria Healthcare NHS Foundation Trust	95.16%
7	Gateshead Health NHS Foundation Trust	93.52%
8	County Durham and Darlington NHS Foundation Trust	90.64%
9	North Cumbria University Hospitals NHS Trust	86.79%
10	City Hospitals Sunderland NHS Foundation Trust	85.33%
11	York Teaching Hospitals NHS Foundation Trust	84.04%
	<b>ENGLAND</b>	<b>86.60%</b>

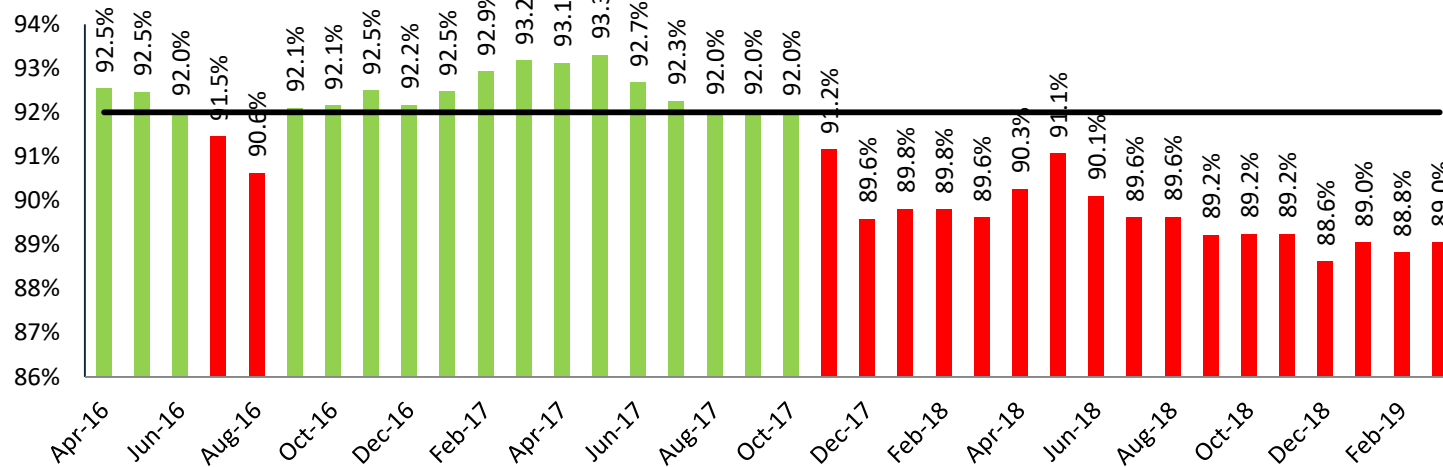
**March 19  
Ranked 5th in the  
region**

**April to date (at 18/04/19)**  
**95.38%**



# Referral to Treat

Trustwide RTT Performance



92%  
TARGET

Mar 19  
**89.04%**

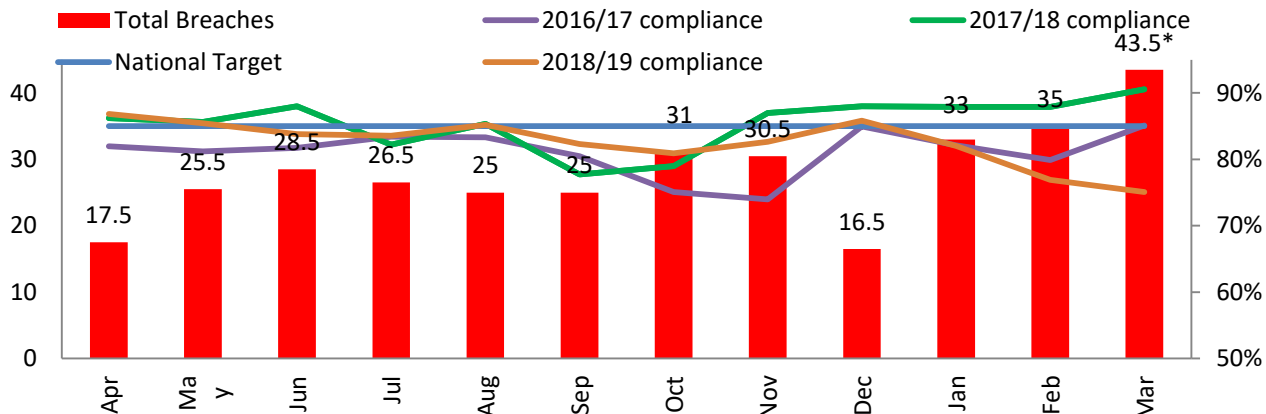
Regional Rank	Trust	Feb-19
1	South Tyneside NHS Foundation Trust	95.37%
2	North Tees and Hartlepool NHS Foundation Trust	94.54%
3	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	93.00%
4	City Hospitals Sunderland NHS Foundation Trust	92.56%
5	Northumbria Healthcare NHS Foundation Trust	92.32%
6	Gateshead Health NHS Foundation Trust	92.17%
7	County Durham and Darlington NHS Foundation Trust	90.43%
8	<b>South Tees Hospitals NHS Foundation Trust</b>	<b>88.82%</b>
9	Harrogate and District NHS Foundation Trust	88.58%
10	York Teaching Hospital	81.67%
11	North Cumbria University Hospitals NHS Trust	78.01%
	ENGLAND	86.97%

**February 19  
Ranked 8th in the  
region**



# Performance – 62 Day Cancer Standard

**% compliance and number of breaches**



**% compliance and number of breaches**

**\* Indicative**

**Nov 18 | Dec 18 | Jan 19 | Feb 19 | Mar 19**  
**82.67% | 85.84% | 82.02% | 76.90% | 75.10%\***

Regional Rank	Trust	Feb-19
1	South Tyneside NHS Foundation Trust	95.00%
2	Harrogate and District NHS Foundation Trust	84.21%
3	Gateshead Health NHS Foundation Trust	81.25%
4	York Teaching Hospitals NHS Foundation Trust	79.40%
5	North Tees and Hartlepool NHS Foundation Trust	78.95%
6	Northumbria Healthcare NHS Foundation Trust	77.27%
7	<b>South Tees Hospitals NHS Foundation Trust</b>	<b>76.90%</b>
8	County Durham and Darlington NHS Foundation Trust	76.53%
9	City Hospitals Sunderland NHS Foundation Trust	76.35%
10	North Cumbria University Hospitals NHS Trust	71.07%
11	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	68.67%
	<b>ENGLAND</b>	<b>76.14%</b>

**February 19  
Ranked 7th in the region**

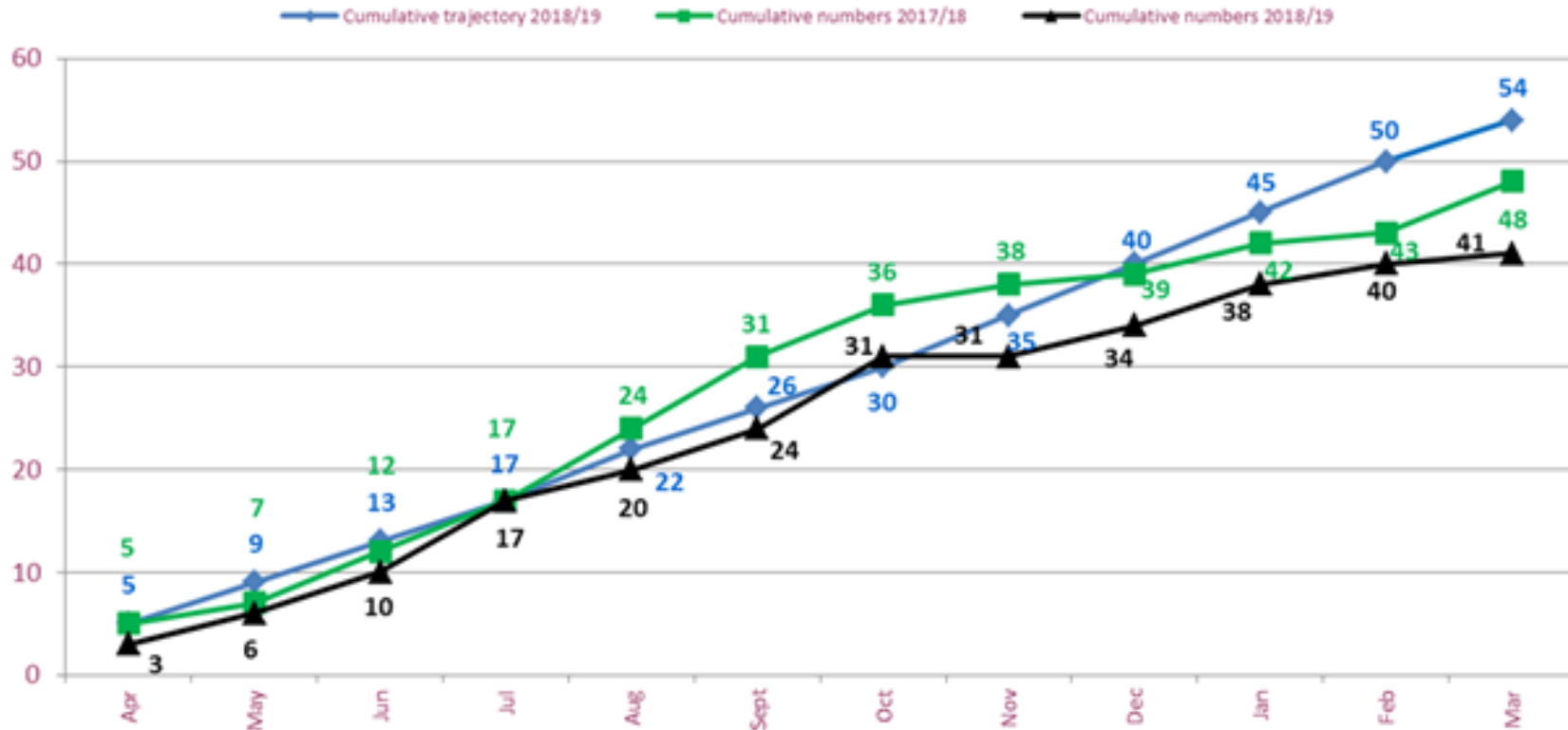




# Patient Outcome and Experience

# Trust apportioned Clostridium difficile

Clostridium difficile cases - April 2017 to 31st March 2019



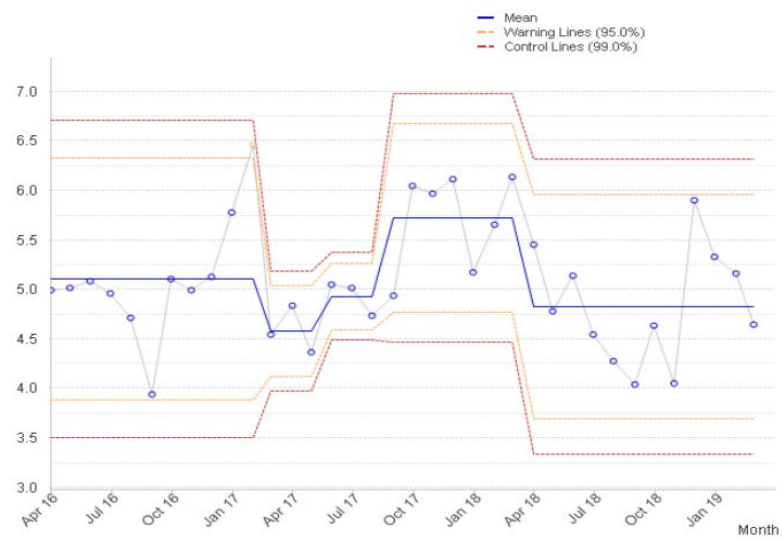
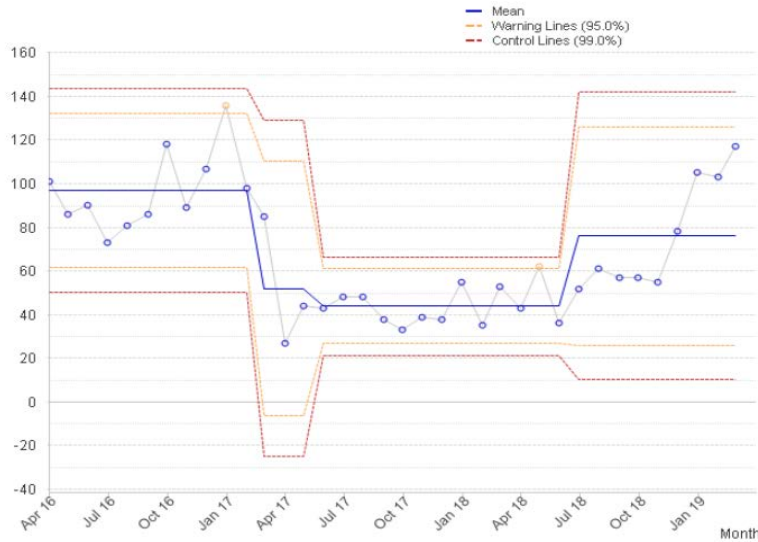
Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
JC24	JC31	ECTO	JC06	Friary	JC35	JC12		JC36	JCSSU	JC08	JC26
JC14	JC14	FHGara	FHGara	JCTLD	JC33	JC14		JC09	JC06	Friary	
JSIRU	JC08	JC33	Zetland	JCGHDU	JCGHDU	JC06		JC04	JC04		
		JC34	ITU FH-N		JC07	JC03			FHAIND		
			JC12			JC05					
			JC11			JC33					
			JC27			ZETLAND					



# Delivering Safe Care 18/19

## New or deteriorating category 2 pressure ulcers March 2019

## Falls March 2019



**Rate 3.9 per 1000 bed days.**  
**A full refresh of pressure ulcer prevention strategy underway during April 19**

**Rate 4.6 per 1000 bed days.**  
**The number of falls has reduced by 11.7% in comparison to 2017/18.**

**Continued Focus on Pressure Ulcer Prevention Strategies**

# Patient Experience Trust

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



South Tees Hospitals  
NHS Foundation Trust



In March 2019 patients gave us an overall rating of...

**9.68 out of 10**

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

**96%**

No of patients on new medication

**154**

No of respondents

**364**

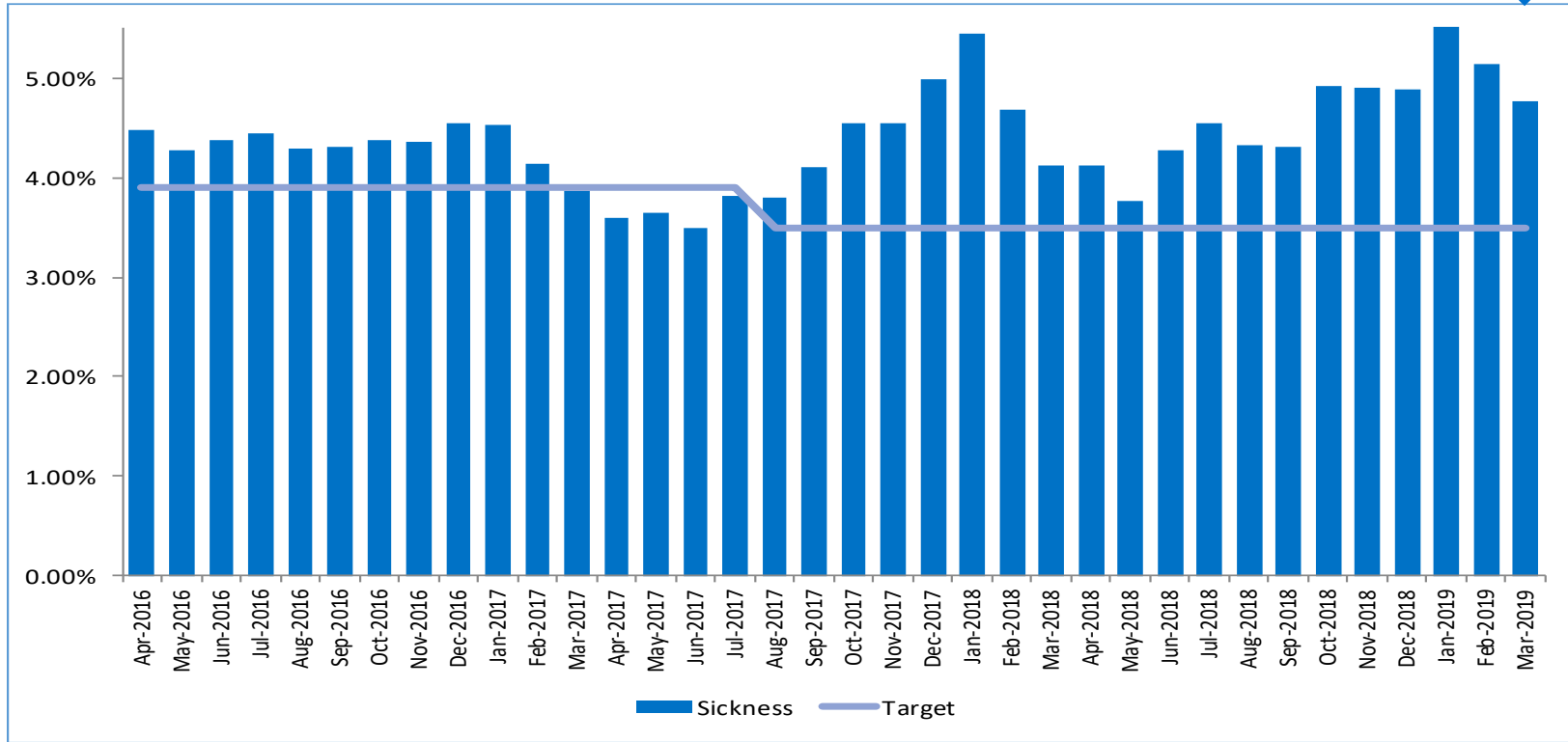


# People

# People

## Sickness % Rate

Mar  
4.76%



Target  
3.5%

SDR % Rate - 76.51% (Target 80%)

2015/16	2016/17	2017/18	2018/19
68.58%	71.27%	84.70%	77.83%

Training % Rate 90.04% (Target 90%)

2015/16	2016/17	2017/18	2018/19
79.75%	89.35%	92.38%	90.31%



# Finance

# Summary Financials by Centre – March 2019

Summary Financials	Forecast Outturn		
	Plan	Actual	Variance
	£'000	£'000	£'000
<b>Community Care</b>			
Income	120,885.7	120,956.2	70.5
Pay expenditure	(73,306.9)	(70,930.8)	2,376.1
Non-Pay expenditure	(23,485.6)	(23,149.8)	335.8
<b>EBITDA</b>	<b>24,093.2</b>	<b>26,875.6</b>	<b>2,782.4</b>
<b>Clinical Support</b>			
Income	42,163.2	40,423.6	(1,739.6)
Pay expenditure	(68,867.5)	(67,662.5)	1,205.0
Non-Pay expenditure	(25,218.7)	(25,423.0)	(204.3)
<b>EBITDA</b>	<b>(51,922.9)</b>	<b>(52,661.9)</b>	<b>(739.0)</b>
<b>Urgent and Emergency Care</b>			
Income	75,442.5	75,893.7	451.2
Pay expenditure	(61,977.9)	(63,731.8)	(1,753.9)
Non-Pay expenditure	(5,781.0)	(6,066.8)	(285.8)
<b>EBITDA</b>	<b>7,683.6</b>	<b>6,095.1</b>	<b>(1,588.5)</b>
<b>Specialist and Planned Care</b>			
Income	315,865.9	307,118.4	(8,747.5)
Pay expenditure	(120,908.7)	(121,334.2)	(425.5)
Non-Pay expenditure	(90,670.4)	(93,262.0)	(2,591.6)
<b>EBITDA</b>	<b>104,286.8</b>	<b>92,522.2</b>	<b>(11,764.5)</b>
<b>Corporate</b>	<b>(94,236.5)</b>	<b>(80,932.4)</b>	<b>13,276.1</b>
<b>Control Total</b>	<b>(10,095.9)</b>	<b>(8,129.4)</b>	<b>1,966.5</b>

## Trust Headlines Month 12 Outturn

### Control Total

Deficit	(£ 8.1m) exc.PSF
PSF	<u>£13.9m</u>
Surplus	<u>£ 5.8m</u>
Control Total	<u>£ 3.8m</u>
Ahead plan	<u>£ 2.0m</u>

Reported to NHSI	<u>£ 5.8m</u>
PSF "bonus"	<u>£ 9.7m</u>
Trust position (surplus)	<u>£15.5m</u>

## Productivity and Efficiency savings

£35.6m Plan year  
£50.1m Final Outturn





<b>Board of Directors</b>	
<b>Agenda item</b>	3.2
<b>Title of Report</b>	Healthcare-associated infection report for March 2019
<b>Date of Meeting</b>	7 May 2019
<b>Presented by</b>	Gill Hunt, Director of Nursing and Quality/DIPC
<b>Authors</b>	Richard Bellamy, Infection Control Doctor, JCUH Astrida Ndhlovu, Lead Nurse, Infection Prevention and Control Helen Day, Deputy Director of Nursing/Deputy DIPC Gill Hunt, Director of Nursing and Quality/ DIPC
<b>Approved by</b>	Gill Hunt, Director of Nursing and Quality/DIPC
<b>Previous Committee/Group Review</b>	Operational Management Board Quality Assurance Committee
<b>Purpose</b>	<p style="text-align: center;">Approval <input checked="" type="checkbox"/>                      Decision <input type="checkbox"/></p> <p style="text-align: center;">Discussion <input type="checkbox"/>                      Information <input checked="" type="checkbox"/></p>
<b>Alignment to Trust's Strategic Objectives</b>	<p><input checked="" type="checkbox"/> 1. We will deliver excellence in patient outcomes and experience</p> <p><input checked="" type="checkbox"/> 2. We will drive operational performance to deliver responsive, cost effective care</p> <p><input type="checkbox"/> 3. We will deliver long term financial sustainability to invest in our future</p> <p><input type="checkbox"/> 4. We will deliver excellence in employee experience to be seen as an employer of choice</p> <p><input type="checkbox"/> 5. We will develop clinical and commercial strategies to ensure our long term sustainability</p>
<b>Alignment to Board Assurance Framework</b>	BAF 2.1
<b>Legal/Regulatory Compliance Requirements (if applicable)</b>	<ul style="list-style-type: none"> <li>• Care Quality Commission</li> <li>• NHS Improvement</li> <li>• NHS England</li> </ul>
<b>Recommendation(s)</b>	The Board is asked to note the current position in respect of HCAI and for their support for the actions being taken.

## 1. Executive Summary

This report summarises surveillance information on *Clostridium difficile*-associated diarrhoea, *Methicillin Resistant Staphylococcus aureus* (MRSA) and *Methicillin Sensitive Staphylococcus aureus* (MSSA) bacteraemia, bacteraemia due to *glycopeptide-resistant enterococci*, *Escherichia coli* (E.coli), Extended Spectrum Beta Lactamase (ESBL)-producing coliform infections and other important healthcare-associated infections for the month of March 2019. The report also highlights antimicrobial stewardship and environmental cleaning in relation to HCAI management.

- The *Clostridium difficile*-associated diarrhoea objective for 2018/19 is to have no more than 54 trust-apportioned cases among patients aged over 2 years. There was 1 trust-apportioned case in March 2019. In the whole 12 months of 2018/19 there have been 41 trust-apportioned cases. We remain under trajectory.
- The Trust approach to MRSA bacteraemia is one of 'zero tolerance'. There were 0 trust-assigned cases in March 2019. In the whole 12 months of 2018/19 there has been 1 trust-assigned case.
- There is no official MSSA bacteraemia target for 2018/19. There were 4 trust-apportioned cases in March 2019. In the whole 12 months of 2018/19 there have been 42 trust-apportioned cases.

## 2. Recommendation

The Board is asked to note the current position in respect of HCAI and for their support for the actions being taken.

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## 1. SURVEILLANCE DATA

### 1.1 *Clostridium difficile*

C diff	Total 2017/18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total 2018/19 to date	Target for 2018/19
Total cases	125	8	11	12	14	8	11	17	9	8	11	5	6	120	NA
Not trust apportioned	77	5	8	8	7	5	7	10	9	5	7	3	5	79	NA
Trust apportioned	48	3	3	4	7	3	4	7	0	3	4	2	1	41	<b>54</b>
- JCUH	45	3	3	2	4	2	4	6	0	3	4	1	1	33	
-FHN	3	0	0	1	2	0	0	0	0	0	0	0	0	3	
-Carters	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
-Redcar	0	0	0	0	1	0	0	1	0	0	0	0	0	2	
-East Cl	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
-Guis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
-Rutson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
-Friary	0	0	0	0	0	1	0	0	0	0	0	1	0	2	
-Lambert	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

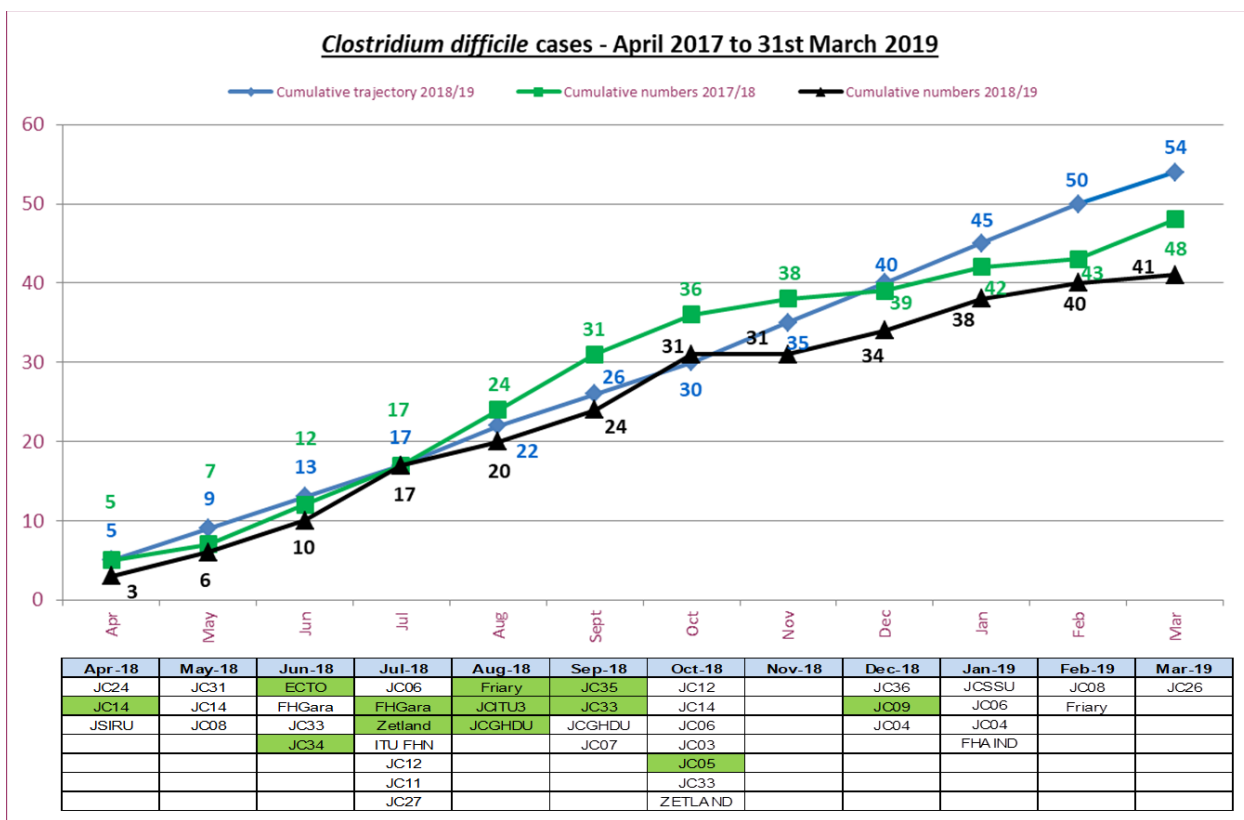
There were 6 cases of *C. difficile* infection in March 2019, 1 of which was classed as trust-apportioned. The 2018/2019 annual objective is to have no more than 54 trust-apportioned cases. There have been 41 trust-apportioned cases in the whole 12 months of 2018/19, this is the lowest number of trust apportioned cases reported in any one year. 8 cases have been agreed as 'no lapses in care' with the South Tees CCG. All actions to ensure that robust controls are in place are monitored through IPAG and the monthly Centre Clinical Standards meetings-held with Matrons.

The 2019/20 annual objective is to have no more than 81 *C. difficile* cases which are classed as either hospital-onset healthcare-associated or community-onset healthcare-associated. This target is slightly more difficult than our target of 54 trust-apportioned cases as we can expect an approximately 65-70% increase with the new definition. Cases are defined as follows:

- Healthcare-onset healthcare-associated: cases detected in the hospital  $\geq 3$  days after admission.
- Community-onset healthcare-associated: cases that occur in the community (or  $\leq 2$  days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks.
- Community-onset indeterminate-association: cases that occur in the community (or  $\leq 2$  days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks.
- Community onset community associated: cases that occur in the community (or  $\leq 2$  days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

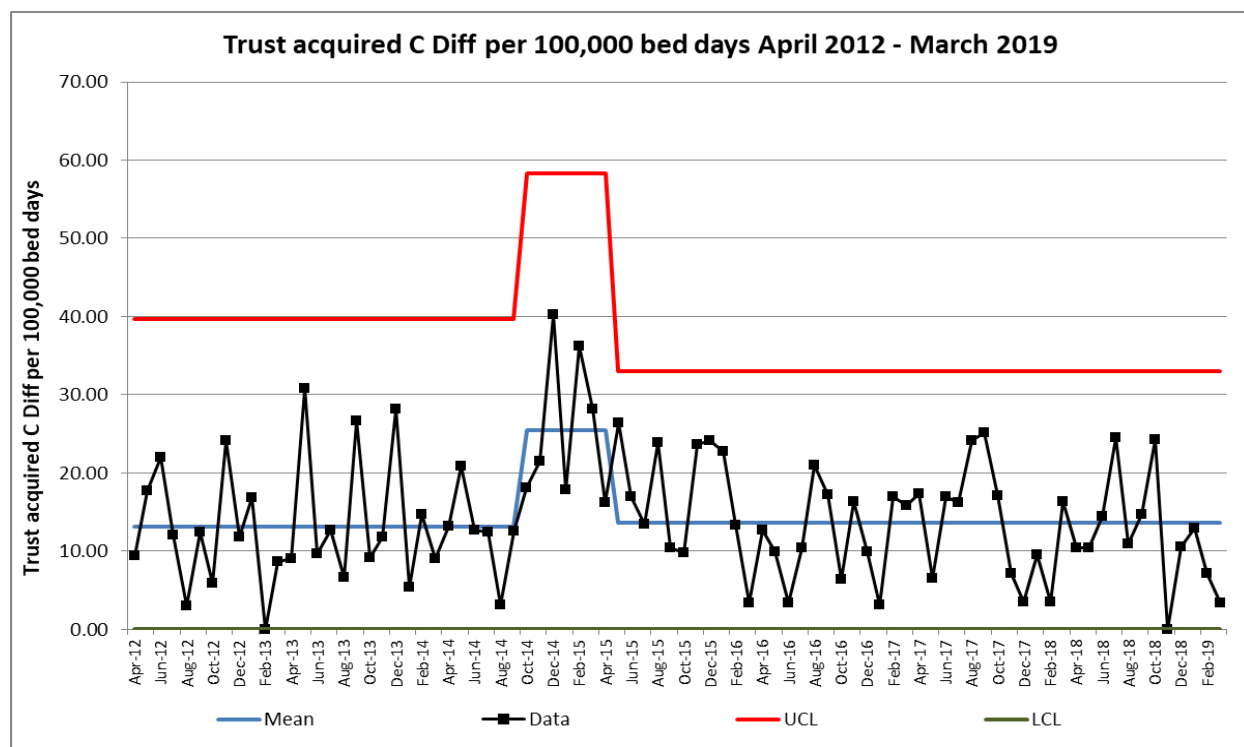
Deaths within 30 days after *C. difficile* diagnosis: for February 2019, 0 patients died during this period. Since April 2009, 292/1639 patients (18%) have died during the 30 day follow-up period.

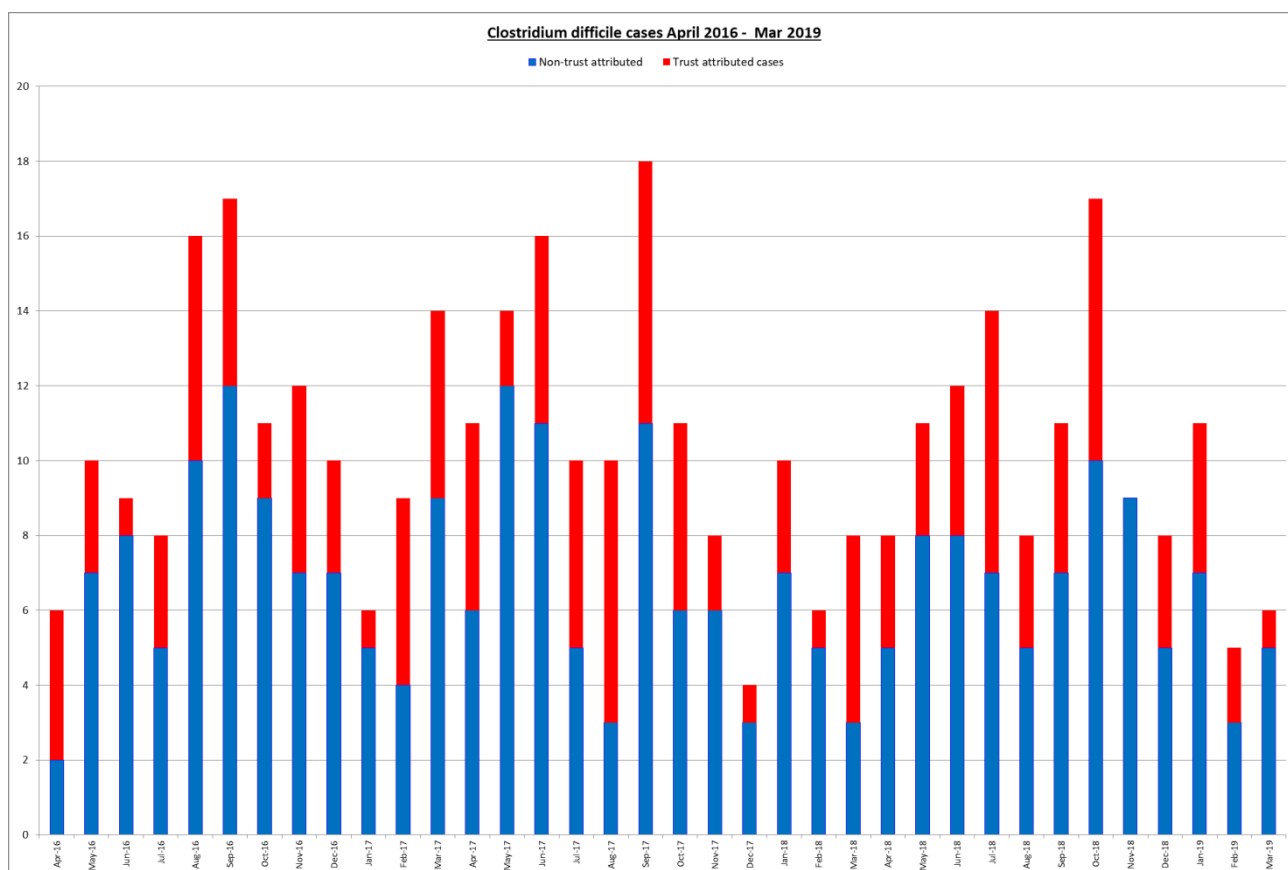
Graph 1: Cumulative Trust-apportioned *C. difficile* cases 2018/19 compared to 2017/18 trajectory:



Appeal successful

Graph 2: Rate of *Clostridium difficile* infection per 100,000 bed days.





Root Cause Analysis (RCA) and panel reviews are undertaken for all trust-apportioned *C. difficile* cases. Panel reviews are chaired by the DIPC or her Deputy and are attended by CCG colleagues. There have been no episodes of linked cases by ribotype identified since June/July 2017.

The average hand hygiene self-assessment score in March 2019 was 92.73% and the peer review average was 87%.

### Antimicrobial Stewardship

The trust is continuing with a number of antimicrobial stewardship initiatives including the ARK project.

The antibiotic guidelines are being developed into a user-friendly app in conjunction with North Tees Hospitals. The “Antibiotic Sepsis/ Infection (not sepsis)” poster was released in January 2019. The antimicrobial CQUIN for 2019/20 focuses on 3 areas:

1. Diagnosis and antibiotic prescribing for lower urinary tract infections.
2. Antibiotic prophylaxis for colorectal surgery.
3. Diagnosis and antifungal prescribing for systemic fungal infections.

### Environmental Cleaning

The average cleaning scores by month are as follows:

The James Cook Site:

Risk Category	NSC Target	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
High Risk	95%	99%	99%	99%	98%	98%	98%	98%	98%	98%	98%	98%	99%
Significant Risk	85%	97%	98%	97%	97%	97%	97%	97%	97%	97%	96%	97%	98%
Low Risk	75%	95%	95%	96%	95%	94%	94%	95%	95%	95%	94%	95%	96%

Cleaning scores have been maintained on the JCUH site. No areas failed C4C inspection in March on the James Cook site. Maintaining cleaning standards remains an area of continued focus in conjunction with our new service provider SERCO. The monthly cleaning standards review meetings continue to be led by the Director of Estates and cleaning scores continue to be monitored via IPAG. The trust will be adopting the new cleaning standards in 2019 which utilise red, amber and green risk categories.

The Friarage, Friary, East Cleveland and Redcar Primary Care Hospital:

Risk Category	NSC Target	FHN Site	Friary	East Cleveland	Redcar PCH
Very High Risk	98%	99.31%	99.77%		100%
High Risk	95%			95%	100%
Significant Risk	85%			96%	100%
Low Risk	75%	95.83%		94%	100%

### 1.2 MSSA bacteraemia

MSSA	Total 2017/18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total 2018/19 to date	Target for 2018/19
Total cases	130	9	23	8	13	13	10	9	8	12	10	8	11	134	NA
Not trust apportioned	96	6	16	6	11	9	6	5	6	8	7	5	7	92	NA
Trust apportioned	34	3	7	2	2	4	4	4	2	4	3	3	4	42	NA

There were 11 cases of MSSA bacteraemia in March 2019; 4 of which were classed as trust-apportioned. There have been 42 trust-apportioned cases in the whole 12 months of 2018/19.

Whilst there is no external target for MSSA, the trust has set an internal target to maintain the 15% reduction of Staphylococcus aureus infections based on the 2016/17 baseline. This means no more than 35 combined MRSA and MSSA trust-apportioned cases in total. The trust has exceeded this ceiling. Enhanced training for Aseptic Non-Touch Technique (ANTT) is being implemented across the trust for all relevant staff groups to address avoidable causes related to invasive procedures.

### 1.3 MRSA bacteraemia

MRSA	Total 2017/18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total 2018/19 to date	Target for 2018/19
Total cases	4	0	2	0	2	1	0	0	2	0	1	1	0	9	NA
Not trust assigned	3	0	2	0	2	0	0	0	2	0	1	1	0	8	NA
Trust assigned	1	0	0	0	0	1	0	0	0	0	0	0	0	1	NA

There were no cases of MRSA bacteraemia in March 2019. Case reviews were held in March for 2 cases. The cases were classed as non-trust-assigned as no avoidable factors were identified with respect to our trust's care. There has been 1 trust-assigned case in the whole 12 months of 2018/19.

### 1.4 Surveillance for other healthcare-associated infections

	Total for 17/18	March 2019	Total 18/19
Bacteraemia due to glycopeptide-resistant enterococci	7	0	10
Bacteraemia due to <i>E. coli</i>	500	41	550
• Trust-apportioned	106	9	128
• Not trust-apportioned	394	32	422
ESBL producing coliform infections	798	87	953
• sample taken in community	490	53	599
• sample taken in our trust	304	34	354
• bacteraemias	25	2	28
Bacteraemia due to <i>Klebsiella</i> species	131	8	134
• Trust-apportioned	41	4	37
• Not trust-apportioned	90	4	97
Bacteraemia due to <i>Pseudomonas aeruginosa</i>	41	6	37
• Trust-apportioned	19	2	12
• Not trust-apportioned	22	4	25
Other alert organisms			
• invasive group A streptococcus	1	1	1

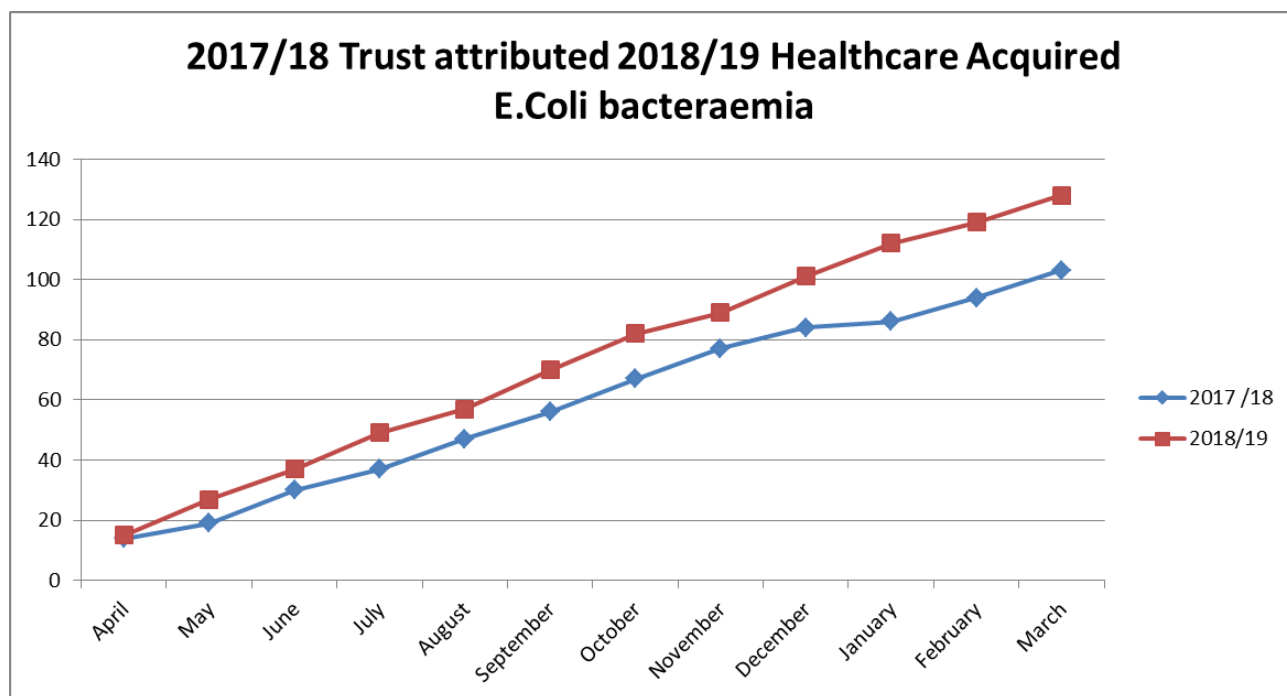
The investigation into a hospital-onset *invasive group A streptococcus* infection did not identify a source.

Reducing gram negative blood stream infections (GNBSI) is a national priority with the stated aim of a 50% reduction in healthcare associated GNBSI by 2021.

In March 2019 the trust reported a total of 55 cases of the three GNBSI organisms which are part of national surveillance (*E.coli*, 41; *Klebsiella sp.* 8; *Pseudomonas aeruginosa* 6). Of these, 15 cases were classed as trust-apportioned (27%) as defined by the Department of Health definition. This demonstrates the need to continue working in collaboration with the wider community as part of the Tees-wide collaborative which supports a number of initiatives within the community setting. In addition a detailed audit of 5 sets of notes per week are being audited retrospectively to ascertain patient related contributory themes in the challenge to identify causes of *E. Coli* infections.

Initiatives in the community will be emulated and implemented within the acute trust in order to reduce these infections. The trust continues to take part in the national GNBSI urinary tract infection collaborative hosted by NHS Improvement/NHS England. The focus of this improvement

programme is hydration in both the community setting in the older population and care home setting with a number of resources being made available as well as specific hydration campaigns. This work is being led by a post holder working with the IPC team, currently hosted by the trust and funded through health and social care funding the 'Better Care Fund'.



## 2. OUTBREAKS

Diarrhoea & vomiting outbreaks	Annual total 17/18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total 18/19 to date
Total number	3	0	0	0	0	0	0	0	0	0	0	1	0	0
Total number of patients affected	42	0	0	0	0	0	0	0	0	0	0	1	0	0
Total number of staff affected	15	0	0	0	0	0	0	0	0	0	0	12	0	0

There were no outbreaks of diarrhoea and vomiting in March 2019.

## 3. OUTBREAK OF GES – CARBAPENEMASE-PRODUCING MULTI-DRUG-RESISTANT PSEUDOMONAS AERUGINOSA INFECTION IN ICU2/3, GHDU, WARDS 4 AND 24H DU AND OTHER AREAS

In March 2019, we have not identified any further patients who had the *GES-carbapenemase-producing Pseudomonas aeruginosa* infection. We believe the three recently detected cases were infected during the outbreak in 2014/2015.

In total there have been 24 confirmed patients identified who are colonised or infected with a GES carbapenemase-producing strain of *Pseudomonas aeruginosa* in our trust since November 2014.

## 4. OXA-48-CARBAPENEMASE-PRODUCING KLEBSIELLA PNEUMONIAE

Acute trusts in North and South locality across Teesside have seen an increase in patients affected by a single strain of oxa-48 carbapenemase-producing *Klebsiella pneumoniae* over the last year. In March 2019 we did not identify any further cases that carried the strain which has been linked to this



cluster. We do not believe transmission has occurred unknowingly in our trust. An extensive contact screening programme has only identified one case.

## **5. INFLUENZA**

The influenza season is now over and we are back at baseline levels. The total overall cases of Influenza since the start of reporting to the end of the March were 324. *Influenza A* predominated this year.



<b>Board of Directors</b>	
<b>Agenda item</b>	3.3
<b>Title of Report</b>	Safe Staffing Report – Nursing and Midwifery
<b>Date of Meeting</b>	7 May 2019
<b>Presented by</b>	Gill Hunt, Director of Nursing and Quality
<b>Author</b>	Eileen Aylott, Assistant Director of Nursing, Workforce
<b>Approved by</b>	Gill Hunt, Director of Nursing and Quality
<b>Previous Committee/Group Review</b>	Operational Management Board
<b>Purpose</b>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">Approval <input type="checkbox"/></div> <div style="text-align: center;">Decision <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;">Discussion <input checked="" type="checkbox"/></div> <div style="text-align: center;">Information <input checked="" type="checkbox"/></div> </div>
<b>Alignment to Trust's Strategic Objectives</b>	<input type="checkbox"/> 1. We will deliver excellence in patient outcomes and experience <input checked="" type="checkbox"/> 2. We will drive operational performance to deliver responsive, cost effective care <input type="checkbox"/> 3. We will deliver long term financial sustainability to invest in our future <input checked="" type="checkbox"/> 4. We will deliver excellence in employee experience to be seen as an employer of choice <input type="checkbox"/> 5. We will develop clinical and commercial strategies to ensure our long term sustainability
<b>Alignment to Board Assurance Framework</b>	
<b>Legal/Regulatory Compliance Requirements (if applicable)</b>	<ul style="list-style-type: none"> <li>• Care Quality Commission</li> <li>• NHS Improvement</li> <li>• NHS England</li> </ul>
<b>Recommendation(s)</b>	The Board is asked to receive and note the content of this report.

## 1. Executive Summary

South Tees Hospitals NHS Foundation Trust is committed to ensuring that levels of nursing staff, which includes Registered Nurses (RN), Midwives (RM) and Health Care Support Workers (HCSW), matches the acuity and dependency needs of patients within the organisation. To ensure there is an appropriate level and skill mix of staff to provide safe and effective high quality care.

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

From April 2019 all staffing reports presented to the Board must comply with NHSI Workforce Safeguards and require a signed declaration by the Director of Nursing or appropriate Director for the staff group (s).

The fill rate against planned rosters for the month of March at an overall level was:

- RN / RM day shift 92.8%, night shift 94.2%
- HCSW day shift 91.2%, night shift 106.6%

## 2. Recommendation

The Board is asked to note the content of the report and to be assured that staffing levels are sufficient to deliver safe, high quality care with systems and processes in place should staffing levels fall short of those planned.

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### Workforce Safeguard Compliance and Governance

Signature



Date 23 April 2019

Gill Hunt, Director of Nursing and Quality

## 1. UNIFY Safe Staffing Return

The Trust's safer staffing submission to UNIFY for March 2019 was submitted on 15 April 2019 with the summary of overall fill rate in the table below with the full report in Appendix 1.

**Table 1 – Overall UNIFY Return fill Rate 2018/2019**

2017/2018	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)
January 2018	90.7%	91.2%	93.0%	109.1%
February 2018	89.4%	89.2%	93.1%	107.4%
March 2018	91.1%	92.6%	94.2%	109.2%
April 2018	91.0%	94.7%	96.4%	110.9%
May 2018	92.1%	91.4%	96.2%	112.1%
June 2018	92.7%	93.1%	94.6%	109.5%
July 2018	91.4%	92.3%	94.3%	107.3%
August 2018	91.3%	91.3%	94.5%	108.1%
September 2018	93.7%	92.4%	95.6%	109.4%
October 2018	94.0%	94.9%	95.4%	107.0%
November 2018	95.7%	94.2%	96.8%	105.5%
December 2018	94.6%	92.0%	94.8%	104.2%
January 2019	96.8%	94.0%	96.0%	106.4%
February 2019	93.7%	94.7%	94.3%	108.4%
March 2019	92.8%	91.2%	94.2%	106.6%

Centre Associate Directors of Nursing lead the twice daily SafeCare meetings Monday to Friday with Clinical Matrons providing weekend leadership in this area. Temporary staffing requirements are reviewed daily together with acuity, dependency and clinical judgement to ensure safe and efficient staffing.

Specialist Nurses, Critical Care Outreach and Corporate Nurses have all supported wards with complex patients and those with higher acuity and dependency but do not appear in the fill rate. Matrons provide oversight and assurance across their areas addressing red flags and supporting decision making.

Paediatric and Midwifery teams meet daily to review staffing across the floor and move staff accordingly. Unavailability is adjusted to meet the needs of the service with managers working clinically as required to maintain safe staffing. Paediatric areas have been reactivated on SafeCare from 2 April 2019 which will improve daily redeployment of staff across the floor. The NNU bed occupancy was 67% and PICU 55% during March so safe staffing has been maintained.

The 6 escalation beds on Ward 6 JCUH have remained open during March as part of resilience planning during the temporary urgent changes associated with the Friarage Hospital.

## **Wards with an RN fill rate of less than 80% (RAG rated red)**

Ward 34 planned staffing was 4 RN's and 5 HCA during the day for 27 beds but they have worked with 3 RN's (nurse : patient ratio 1:9), 1 Assistant Practitioner (AP) and 3 HCA. Nights had 3 RN's and 4 HCA planned but they have worked with 2 (ratio 1:13.5) and 4 HCA. There currently have 7.6 WTE RN vacancies with the advert closing on 18 April. High sickness and parenting leave are compounding current staffing issues. One Trainee Nursing Associate qualifies at the end of April and will take up a band 4 post with a second member of staff due to complete the Open University part time BSc nursing programme in September. The ward is supported on a daily basis by the matron, with staff deployed from within Centre as needed.

Older People's Medicine (Previously Ward 12) planned to have 5 RN during the day and 4 RN at night but worked with 4 (ratio of 1:6.5) and 3 (ratio of 1:8.6) respectively. There was an average of 26 patients on the ward during March so safe nurse to patient ratios were maintained. The ward currently has 8.1 WTE RN vacancies with high sickness and parenting leave.

Romanby Ward FHN was planning 4 RN during the day but worked with 3 (ratio 1:6.6). With an average of 20 patients safe staffing was maintained.

Allerton ward transferred to JCUH on 27 March 2019. Staffing has matched patient need throughout this period and has been closely monitored.

Tocketts ward planned 4 RN during the day but worked with 3 for an average of 26 patients giving a ratio of 1:8.6. They have staff appointed to vacant posts awaiting start dates.

Zetland ward planned 6 RN days, 1 AP plus 8 HCA's, the majority of days they had 4 RN's (1:7.25) or 5 (1: 5.8) RN's and 6 unregistered staff for 29 beds

Military non committed hours are provided at month end and have been added to the UNIFY report for the following areas: Critical Care, AAU, AMU, and Wards 2, 5, 35 and 36. Ward 6 has been provided with 1 experienced military RN and an RN in preceptorship who has been supernumerary and supported by a Senior Nurse as part of a pilot before officially committing these staff to the roster.

Staff have been redeployed to maintain safe staffing and professional judgment used to triangulate staffing ratios, CHPPD and conversations with the nurse in charge of each shift.

## **2. Temporary Staffing**

Average fill rates for RN and HCA has increased during March providing a 72% fill rate overall (68.8% RN and 81% HCA).

Agency Nurses and dedicated NHSP staff have contributed to Critical care to give the trust flexibility and resilience during the temporary transition of services from the Friarage hospital on 27 March 2019.

Daily review of all shifts continues to take place during the morning SafeCare meeting with ADoN's to ensure both safe and efficient allocation of staff.

## **3. Red Flag Reporting**

A total of 90 red flags have been reported during March. These are investigated by Clinical Matrons prior to the morning SafeCare meeting on a daily basis and action to address taken in real time. The predominant themes are Shortfall in RN time (40), opening of 'amber' beds (17) and. Red beds open (26). Action taken to mitigate risk is captured on the system providing an audit trail or response to the alert.

Row Labels	Day	Night	Grand Total
AMBER Beds Open	16	1	17
Less than 2 RNs on shift	4	3	7
RED Beds Open	19	7	26
Shortfall in RN time	34	6	40
<b>Grand Total</b>	<b>73</b>	<b>17</b>	<b>90</b>

Amber beds are used as part of routine escalation during surge and are managed within planned staffing levels. The system alerts the matron to the opening of amber beds which ensures the matron can support patient flow as required. Red beds are staffed outside of the normal ward establishment.

The system records 3 counts per day so an escalation bed may only be open for part of a day and then reclosed.

#### 4. Redeployed staff

SafeCare gives the Trust the ability to redeploy staff from an area with excess hours to one which is short using the acuity and dependency calculation to support patient care and ensure effective use of resource. During the month of March a total of 1199 hours were redeployed across adult inpatient areas via SafeCare.

#### 5. Care Hours Per Patient Day (CHPPD)

CHPPD is a national measurement recorded monthly through the UNIFY safe staffing report and is a Model Hospital metric. Triangulation between hours planned vs hours worked in this report should be considered with CHPPD and professional judgement to ensure areas have safe and efficient levels of staffing. The Model Hospital metric also provides the Trust with a peer review option to enable us to compare with hospitals of a similar size and complexity as well as the National trend.

The latest Trust results published on the Model Hospital website are from January 2019 and were 8.2 against a peer group median of 8.1 and a national median of 7.9.

#### 6. Band 5 Vacancy Rate and Recruitment Activity

There are 91 band 5 Wte unfilled post across the organisation with a number of interviews outcomes expected. Some of these are new vacancies as a result of the Critical Care strategy and planned opening of the Post-operative Care Unit (PACU)

The Pre-registration nursing advert remains open for those qualifying in September with 79 completed applications and 27 in progress. Interviews are planned for 5 June.

Eileen Aylott  
Assistant Director of Nursing Workforce  
April 2019

#### 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**  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/499229/Operational\\_productivity\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf)

National Quality Board (2016) **How to ensure the right people, with the right skills are in the right place at the right time. A guide to nursing, midwifery and care staffing capacity and capability.** London

Safe, sustainable and productive staffing in maternity services

[https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe\\_Staffing\\_Maternity\\_final\\_2.pdf](https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_Maternity_final_2.pdf)

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](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](https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_urgent_and_emergency_care.pdf)



Appendix 1 JCUH

James Cook	Hours								< 80	80-95	> 95	Registered		Unregistered				CHPPD	Registered Midwives/Nurses	Care Staff	Overall			
	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	DAYS Average fill rate - RNRMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RNRMs (%)	NIGHTS Average fill rate - HCA (%)	Parenting	Sickness	Parenting	Sickness	In patient falls					Fernal Complaints	Grade 2 Trust PU	Grade 3 Trust PU
Critical Care	10,180.75	9,962.25	2,304.00	2,036.50	10,184.00	9,597.33	780.00	768.00	97.9%	88.4%	94.2%	98.5%	3.40%	3.30%		13.10%	2		9	840	23.3	3.3	26.6	
RAFAU	2,498.67	2,014.83	1,562.58	1,658.08	1,252.33	1,258.17	1,147.33	1,310.67	80.6%	106.1%	100.5%	114.2%	6.80%	3.50%	4.70%	5.70%	6		5	804	4.1	3.7	7.8	
JC06 Gastro	1,414.58	1,504.42	1,771.08	1,639.83	1,070.83	1,045.08	713.00	732.67	106.4%	92.6%	97.6%	102.8%		7.20%		12.90%	6	1		897	2.8	2.6	5.5	
JC09 (Ward 9)	1,861.83	1,600.42	1,477.00	1,531.67	1,488.00	1,103.83	1,116.00	1,246.00	86.0%	103.7%	74.2%	111.6%		1.70%		10.40%	3	1	7	838	3.2	3.3	6.5	
OPM (Older Persons Medicine)	1,852.32	1,465.32	2,213.63	2,077.13	1,463.00	1,091.00	1,116.00	1,421.33	79.1%	93.8%	74.6%	127.4%	5.70%	10.50%	2.30%	10.70%	5	1	2	819	3.1	4.3	7.4	
JC28 (Ward 28)	2,068.83	1,897.00	1,487.33	1,374.08	1,703.85	1,571.52	744.00	856.58	91.7%	92.4%	92.2%	115.1%	4.10%	1.00%		1.70%	4		1	702	4.9	3.2	8.1	
Ward 3	1,427.00	1,470.00	1,780.67	1,696.17	1,071.83	1,002.83	718.00	877.00	103.0%	95.3%	93.6%	122.1%	1.10%	2.50%		11.70%	9			851	2.9	3.0	5.9	
Short Stay (JC02)	1,852.67	1,921.17	1,158.17	1,153.33	1,200.00	1,044.00	1,115.00	1,206.35	103.7%	99.6%	87.0%	108.2%		1.80%	5.60%	0.20%	3			719	4.1	3.3	7.4	
PCAU	737.42	852.42	744.00	840.00	744.00	744.00	372.67	360.00	115.6%	112.9%	100.0%	96.6%		1.90%		1.80%				282	5.7	4.3	9.9	
JC35 (Ward 35)	1,116.07	1,430.32	1,409.08	1,162.58	792.00	801.25	744.00	816.00	128.2%	82.5%	101.2%	109.7%	2.70%	4.00%		18.70%	2			630	3.5	3.1	6.7	
JC05 Vas	1,108.50	1,324.50	1,494.00	1,454.33	744.00	744.00	740.25	791.83	119.5%	97.3%	100.0%	107.0%	13.20%	6.10%	5.90%	5.80%				370	5.6	6.1	11.7	
Ward 7 Colo	1,858.50	1,788.67	1,860.00	1,549.00	1,116.00	1,111.33	744.00	760.00	96.2%	83.3%	99.6%	102.2%	7.50%	1.40%	4.80%	25.20%	2		3	936	3.1	2.5	5.6	
JC04 (Ward 4)	1,644.00	1,417.92	1,116.00	1,056.83	1,116.00	1,045.50	744.00	760.83	86.2%	94.7%	93.7%	102.3%	4.30%	8.30%	7.50%	6.10%	8		1	714	3.5	2.5	6.0	
JC14 Oncology (Ward 14)	1,854.67	1,725.83	1,121.50	1,123.33	1,117.00	1,105.00	743.00	755.00	93.1%	100.2%	98.9%	101.6%		4.80%	12.10%	10.80%	5		1	685	4.1	2.7	6.9	
JC33 Speciality (merger of ward 18 and ward 27)	1,487.00	1,217.00	1,484.33	1,326.33	1,115.00	1,053.00	735.83	723.00	81.8%	89.4%	94.4%	98.3%		12.20%	6.40%	13.20%	2		1	578	3.9	3.5	7.5	
JC34 (Ward 34)	1,548.50	1,134.00	2,018.83	1,745.33	1,200.00	875.83	1,485.00	1,413.33	73.2%	86.5%	73.0%	95.2%	4.80%	14.60%	4.10%	5.60%	2			837	2.4	3.8	6.2	
JC25 Elective Ortho	1,075.98	977.07	1,073.00	1,013.00	714.67	715.83	356.83	345.33	90.8%	94.4%	100.2%	96.8%	14.10%	2.40%	15.50%	2.40%	3	1		575	2.9	2.4	5.3	
JC36 Trauma	1,853.33	1,526.83	1,489.00	1,351.83	1,115.67	1,086.33	1,119.33	1,203.00	82.4%	90.8%	97.4%	107.5%	4.50%	3.20%	5.30%	8.90%	1		1	942	2.8	2.7	5.5	
Spinal Injuries	2,504.42	2,325.08	1,966.82	1,914.97	1,482.00	1,482.00	1,116.00	1,116.00	92.8%	97.4%	100.0%	100.0%	8.10%	5.10%		0.70%	1			700	5.4	4.3	9.8	
Cardio MB	744.00	750.00	371.00	435.67	744.00	720.00	0.00	67.82	100.8%	117.4%	96.8%	-	7.90%	6.50%		18.90%				248	5.9	2.0	8.0	
CCU JCUH	2,652.00	2,124.17	371.83	355.42	1,860.00	1,815.50	0.00	12.00	80.1%	95.6%	97.6%	-		1.90%						288	13.7	1.3	15.0	
CICU JCUH	3,977.50	3,364.50	1,039.50	625.50	3,552.00	3,036.00	564.00	432.00	84.6%	60.2%	85.5%	76.6%	5.50%	11.60%		11.40%			1	239	26.8	4.4	31.2	
JC24 (Ward 24)	1,747.42	1,534.33	1,179.67	1,308.33	1,116.00	1,119.00	743.00	1,161.67	87.8%	110.9%	100.3%	156.3%	3.10%	1.40%	4.90%	11.10%	6			668	4.0	3.7	7.7	
JC27 Neuro	1,433.42	1,409.15	1,107.33	1,219.67	745.08	754.17	932.50	1,095.50	98.3%	110.1%	101.2%	117.5%		12.00%		8.00%	3		1	458	4.7	5.1	9.8	
JC26 (Ward 26)	1,138.42	1,138.42	746.00	1,094.83	744.00	745.08	372.00	945.98	100.0%	146.8%	100.1%	254.3%		8.10%	11.50%		10			563	3.3	3.6	7.0	
JC29 (Ward 29)	1,487.17	1,451.17	1,113.00	1,036.17	1,115.00	1,091.00	531.33	480.68	97.6%	93.1%	97.8%	90.5%		1.20%	9.00%		4	1	1	770	3.3	2.0	5.3	
JCCT (Ward 32)	1,949.08	1,631.27	1,207.62	1,136.05	1,115.17	1,079.17	742.83	774.17	83.7%	94.1%	96.8%	104.2%	4.10%	4.80%		4.10%	4	1		443	6.1	4.3	10.4	
Cardio HDU	2,090.57	1,893.82	372.00	372.00	1,692.00	1,392.00	372.00	372.00	90.6%	100.0%	82.3%	100.0%	3.00%	4.30%						218	15.1	3.4	18.5	
Ward 8	1,860.50	1,797.50	1,656.00	1,305.08	1,106.25	1,083.33	744.00	803.00	96.6%	78.8%	97.9%	107.9%		5.30%	5.50%	10.50%	4	1	4	899	3.2	2.3	5.5	
JC24 HDU	1,494.75	1,447.17	378.00	348.00	1,488.50	1,443.50	371.00	359.00	96.8%	92.1%	97.0%	96.8%	1.70%	9.80%		30.10%	1			208	13.9	53.9	13.1	
JC21 (Ward 21)	2,232.00	1,980.00	744.00	540.00	2,232.00	1,860.00	372.00	348.00	88.7%	72.6%	83.3%	93.5%		11.10%		16.20%				637	6.0	1.4	7.4	
JC22 (Ward 22)	1,115.00	1,225.25	569.48	473.50	996.00	922.00	120.00	107.00	109.9%	83.1%	92.6%	89.2%		4.70%		18.80%				289	7.4	2.0	9.4	
JCDS (Central Delivery Suite)	3,706.50	3,526.00	1,317.50	713.50	4,084.83	3,656.83	1,113.50	720.50	95.1%	54.2%	89.5%	64.7%	1.70%	4.40%		2.30%				606	11.9	2.4	14.2	
Neonatal Unit	5,739.00	4,901.50	372.00	216.00	5,016.00	4,155.92	0.00	132.00	85.4%	68.1%	82.9%	-	6.00%	6.10%	25.90%	8.90%				631	14.4	0.6	14.9	
Paediatric Intensive Care Unit (PICU)	1,860.00	1,512.00	232.50	165.50	1,860.00	1,560.00	0.00	0.00	81.3%	71.2%	83.9%	-	3.00%	2.60%		7.40%				68	45.2	2.4	47.6	
Ward 17 JCUH	2,229.33	1,893.33	1,111.00	965.00	1,488.00	1,452.00	1,115.83	1,019.83	84.9%	86.9%	97.6%	91.4%	10.90%	8.30%	5.70%	6.70%		1		781	4.3	2.5	6.8	
Ward 19 Ante Natal	979.67	951.67	310.00	242.00	744.33	732.33	0.00	0.00	97.1%	-	98.4%	-	4.50%	0.90%				1		329	5.1	0.7	5.9	
Site average									93.7%	92.4%	93.3%	108.1%												

FHN	Hours								DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Parenting	Sickness	Parenting	Sickness	In patient falls	Formal Complaints	Grade 2 Trust PU	Grade 3 Trust PU	CHPPD	Registered Midwives/Nurses	Care Staff	Overall
	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights																
Ainderby FHN	1,391.25	1,209.33	1,069.83	1,031.58	713.00	715.50	713.33	736.33	86.9%	96.4%	100.4%	103.2%		1.40%		0.50%	5		5		610	3.2	2.9	6.1
FHCU (ICU FHN)	967.50	791.17	291.00	165.67	948.00	673.33	0.00	12.00	81.8%	58.9%	71.0%	-	4.90%	11.90%							37	39.6	4.8	44.4
Romanby FHN	1,539.25	1,156.75	1,220.98	1,068.97	713.00	713.00	714.00	771.83	75.2%	87.5%	100.0%	108.1%		2.30%	6.90%	16.40%	4	1	2		621	3.0	3.0	6.0
Rutson FHN	1,129.47	935.47	1,733.37	1,140.03	713.00	713.00	713.00	932.50	82.8%	65.8%	100.0%	130.8%	6.20%	0.50%	13.30%	1					448	3.7	4.6	8.3
Allerton Ward FHN	1,254.08	1,087.00	1,109.83	1,025.83	744.00	732.00	744.00	660.00	86.7%	92.4%	98.4%	88.7%	6.30%	6.50%	9.30%						524	3.5	3.2	6.7
Gara Orthopaedic FHN	814.00	769.00	727.00	689.50	713.33	690.33	356.50	356.50	94.5%	94.8%	96.8%	100.0%		6.00%	2.70%						401	3.6	2.6	6.2
Maternity FHN	1,066.50	914.00	168.00	156.00	742.83	694.83	0.00	24.00	85.7%	92.9%	93.5%	-	5.20%								27	59.6	6.7	66.3
								Site Average	84.8%	83.8%	94.3%	106.2%												

East Cleveland	Hours								DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Parenting	Sickness	Parenting	Sickness	In patient falls	Formal Complaints	Grade 2 Trust PU	Grade 3 Trust PU	CHPPD	Registered Midwives/Nurses	Care Staff	Overall
	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights																
									< 80	80-95	> 95													
Tocketts Ward East Cleveland Hospital	1,502.13	1,166.13	1,989.00	1,681.50	1,073.50	937.33	1,070.83	1,476.00	77.6%	84.5%	87.3%	137.8%		10.00%		3.70%	8				798	2.6	4.0	6.6
								Site Average	77.6%	84.5%	87.3%	137.8%												

Redcar	Hours								DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Parenting	Sickness	Parenting	Sickness	In patient falls	Formal Complaints	Grade 2 Trust PU	Grade 3 Trust PU	CHPPD	Registered Midwives/Nurses	Care Staff	Overall
	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights																
									< 80	80-95	> 95													
Zetland	2,245.00	1,718.17	3,368.92	2,524.92	1,116.00	1,104.00	1,115.00	1,331.00	76.5%	74.9%	98.9%	119.4%		2.40%	3.20%	6.10%	6		2		901	3.1	4.3	7.4
								Site Average	76.5%	74.9%	98.9%	119.4%												

Friary Community Hospital	Hours								DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Parenting	Sickness	Parenting	Sickness	In patient falls	Formal Complaints	Grade 2 Trust PU	Grade 3 Trust PU	CHPPD	Registered Midwives/Nurses	Care Staff	Overall
	Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights																
									< 80	80-95	> 95													
Friary Community Hospital	1,004.00	905.75	1,312.00	1,187.00	626.00	627.00	621.25	501.25	90.2%	90.5%	100.2%	80.7%	4.00%	3.00%		1.70%	2	1	1		427	3.6	4.0	7.5
								Site Average	90.2%	90.5%	100.2%	80.7%												

James Cook									< 80	80-95	> 95													
Hours									DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	Parenting	Sickness	Parenting	Sickness	in patient falls	Formal Complaints	Grade 2 Trust PU	Grade 3 Trust PU	CHPPD	Registered Midwives/Nurses	Care Staff	Overall
Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights																	
AMU JCUH	2,232.00	2,315.00	1,488.00	1,479.67	1,848.67	1,812.00	1,667.17	1,498.33	103.7%	99.4%	98.0%	89.9%	6.70%	3.80%	4.10%	8.10%	5	1	2		695	5.94	4.28	10.22
AAU JCUH	2,972.67	2,783.67	1,740.00	1,742.50	1,860.00	1,764.00	1,116.00	1,155.67	93.6%	100.1%	94.8%	103.6%	8.00%	6.10%	7.60%	2.20%	3	1	3	1	630	7.22	4.60	11.82
Mat Assessment Unit	1,366.33	1,289.00	279.50	226.80	744.00	744.00	0.00	0.00	94.3%	81.1%	100.0%	-	4.90%	7.10%		16.90%					19	107.00	11.94	118.94
<b>FHN</b>																								
Clinical Decisions Unit FHN	1,782.50	1,704.58	1,067.50	1,033.33	1,069.50	1,053.67	713.00	667.00	95.6%	96.8%	98.5%	93.5%	3.60%	3.30%		4.50%	3	1			436	6.33	3.90	10.23

	< 80	80-95	> 95	
	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)
<u>Trust Average</u>				
Community Care	88.8%	83.4%	91.5%	106.9%
Planned Care	99.1%	89.3%	96.2%	101.8%
Specialist	90.6%	100.8%	95.8%	118.3%
Urgent and Emergency Care	92.9%	91.4%	93.4%	99.4%
Trust Average	92.8%	91.2%	94.2%	106.6%



<b>Board of Directors</b>	
<b>Agenda item</b>	3.4
<b>Title of Report</b>	Learning From Deaths Monthly Dashboard January 2018
<b>Date of Meeting</b>	7 May 2019
<b>Presented by</b>	Andrew Owens, Medical Director (Corporate Clinical Support Services)
<b>Author</b>	Jo Raine, Data Analyst Mortality Surveillance Tony Roberts, Deputy Director (Clinical Effectiveness)
<b>Approved by</b>	Andrew Owens, Medical Director (Corporate Clinical Support Services)
<b>Previous Committee/Group Review</b>	Quality Assurance Committee
<b>Purpose</b>	Approval <input type="checkbox"/> Decision <input type="checkbox"/> Discussion <input type="checkbox"/> <b>Information</b> <input checked="" type="checkbox"/>
<b>Alignment to Trust's Strategic Objectives</b>	<input checked="" type="checkbox"/> 1. We will deliver excellence in patient outcomes and experience <input type="checkbox"/> 2. We will drive operational performance to deliver responsive, cost effective care <input type="checkbox"/> 3. We will deliver long term financial sustainability to invest in our future <input type="checkbox"/> 4. will deliver excellence in employee experience to be seen as an employer of choice <input type="checkbox"/> 5. We will develop clinical and commercial strategies to ensure our long term sustainability
<b>Alignment to Board Assurance Framework</b>	-
<b>Legal/Regulatory Compliance Requirements (if applicable)</b>	Care Quality Commission NHS Improvement
<b>Recommendation(s)</b>	The Board is asked to note that the Trust will continue to monitor and Learning From Deaths data, and act accordingly.



# Learning From Deaths Monthly Dashboard March 2019

## 1 Responding to Deaths

- 1.1 In March 2017 the National Quality Board published *Guidance on Learning from Deaths* (LFD)<sup>1</sup> and a national work programme has been established for LFD. NHS Improvement hosted a conference on 14 December 2017 LFD: One Year On and have published case studies<sup>2</sup>.
- 1.2 The Trust published its *Responding to Deaths* Policy (in line with the national LFD requirements) in September 2018. It sets out the Trust's approach to learning from deaths in care: <https://www.southtees.nhs.uk/about/trust/responding-deaths-policy/> There are broadly three opportunities to learn:
- at the time of certification of death. The Trust has established a Medical Examiner Service which commenced work in May 2018. All deaths receive some scrutiny and for those deaths not referred to the Coroners this includes a 'stage one' case record review, discussion with the attending team and a discussion with the bereaved family
  - at a 'stage two' case record review, usually conducted within weeks of a death, any death identified by a 'stage one' case record review plus all deaths of patients with learning disabilities, serious mental illness, where an incident or complaint has been reported, within 30 days of a surgical procedure or where a 'mortality alert' from a range of sources has occurred.
  - at the time of investigation when a death has occurred where an incident has been reported through the Trust's incident reporting system (Datix).
- 1.3 The Learning From Deaths dashboard has been redesigned to make it more easily interpreted and reports the number of deaths, the number deaths with 1<sup>st</sup> stage reviews (by Medical Examiners), number of deaths with 2<sup>nd</sup> stage reviews or investigations and the number of those deaths judged to show evidence of preventability. Numbers are reported separately for patients with learning disabilities and known mental health issues. For the year to end of March 2019, there were 1,847 deaths, of which 1,347 received a review or investigation (1,097 1<sup>st</sup> stage only) and 7 deaths were considered to be potentially avoidable. In the same period there were 14 deaths in patients with learning disabilities, of which 6 received a review or investigation and 0 deaths were considered to be potentially avoidable. For patients with a mental health issue, 132 were identified of which 30 have been reviewed, with 0 deaths considered potentially avoidable. Potential learning from both good care and from problems in care are outlined. Changes that are being implemented relate to better coordination and documentation of care and these will be easier to address as enhancement to the use of electronic patient records occur and the impact of these changes will also become easier to assess from digital records.

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<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf>

<sup>2</sup> [https://improvement.nhs.uk/uploads/documents/Learning\\_from\\_deaths\\_case\\_studies\\_Web\\_version.pdf](https://improvement.nhs.uk/uploads/documents/Learning_from_deaths_case_studies_Web_version.pdf)

## **2 Mortality indicators**

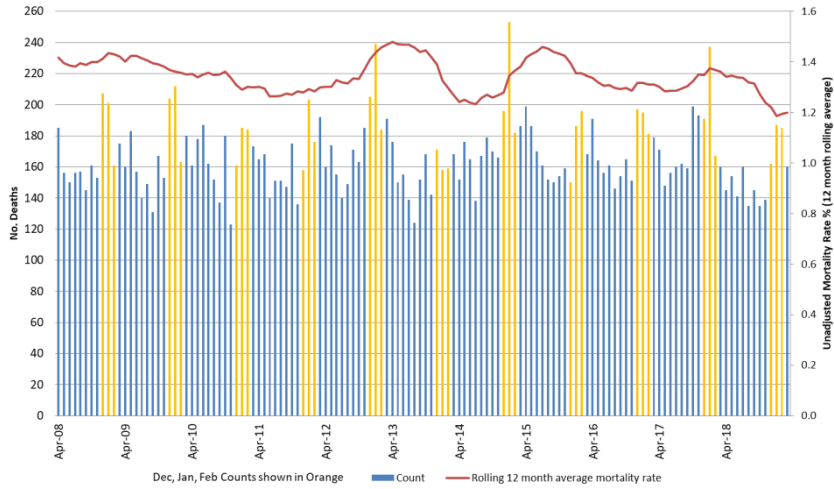
- 2.1 The dashboard includes the number deaths from April 2008 to March 2019. There were 160 deaths recorded in March 2019. In the same period in 2018 161 deaths were recorded (179 deaths in March 2017)
- 2.2 The Summary Hospital-level Mortality Indicator (SHMI) includes all in-hospital deaths plus deaths within 30 days of discharge. It is published on a quarterly basis (including 12 months of data in each release) by NHS Digital and is an official government statistic. Current reporting is January 2018 - December 2018. The SHMI is the ratio of observed mortality rate/expected mortality rate (based on a statistical estimate of expected mortality). The SHMI is 105 and is 'as expected' (ie within the variation expected statistically).
- 2.3 SHMI risk-adjust deaths in diagnostic groups based on the primary diagnosis coded in the first Finished Consultant Episode (FCE), risk-adjusted for age, sex, method of admission and comorbidities (ie other clinical conditions coded in secondary positions). The Comorbidity score for South Tees and England is shown in quarters from January 2015 to September 2018. This shows the broadly static coding level for South Tees and the higher and rising rate for England. The chart for Palliative Care Coding for January 2016 to March 2019 shows that the number of cases with the relevant codes is static or falling slightly.

## **3 Next steps**

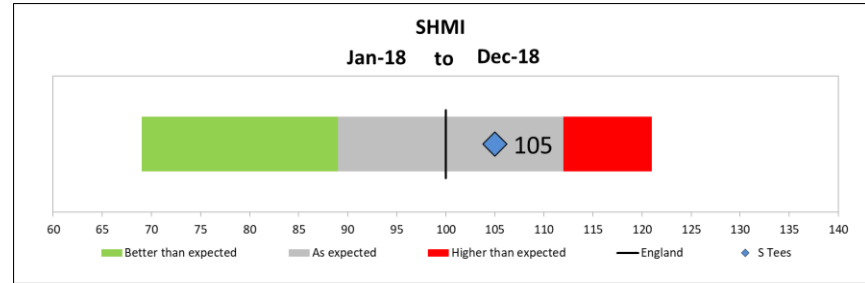
- 3.1 The Learning From Deaths work will be reported in the annual Quality Account to be published in June 2019.
- 3.2 The Medical Examiner Service has been operational since May 2018, and 54% of deaths have received a stage one review with 173 deaths being recommended for 2<sup>nd</sup> stage review of which 55 have since been completed. The new service will also impact on the number and complexity of second stage reviews completed and this will be monitored through the Learning From Deaths dashboard.
- 3.3 Mortality indicators will continue to be monitored. Issues around the recording of comorbidities and specialist palliative care coding are being addressed through relevant departments of the Trust.
- 3.4 This Learning From Deaths Quarterly Dashboard is a development of previous Board reporting and will continue to evolve. A longer report is considered by the Patient Safety Group who report to the Quality Assurance Committee (QAC) who report to the Board of Directors.



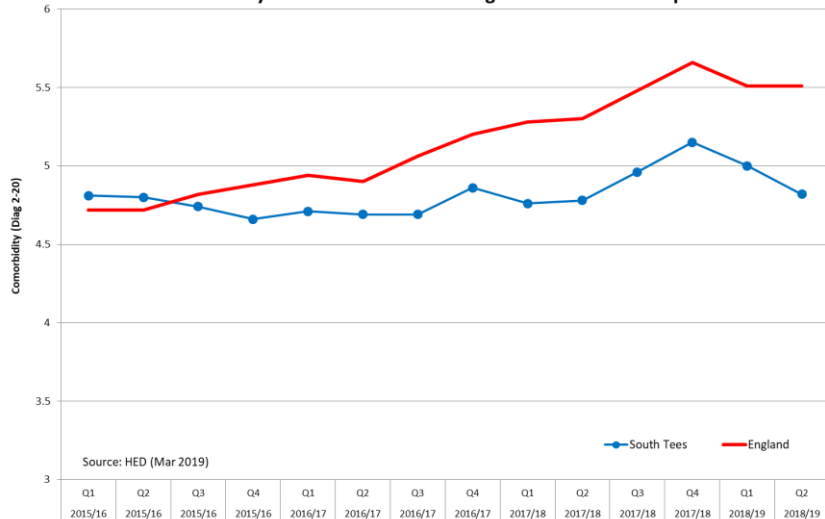
**Count of deaths and 12 month average unadjusted mortality rate (%)**  
April 2008 - March 2019



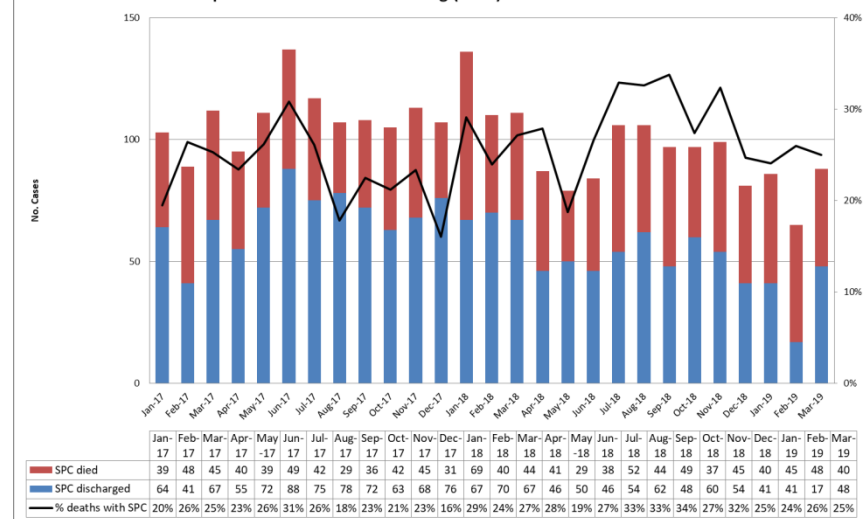
**SHMI**  
Jan-18 to Dec-18



**Comorbidity score: South Tees and England: Jan 2015 to Sep 2018**



**Specialist Palliative Care Coding (Z515) Jan 2017 - March 2019**



# Learning from Deaths Monthly Dashboard - March 2019

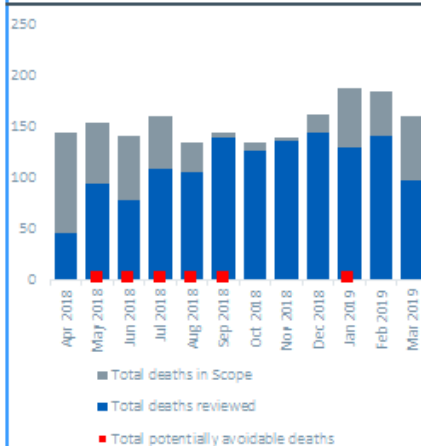


South Tees Hospitals  
NHS Foundation Trust

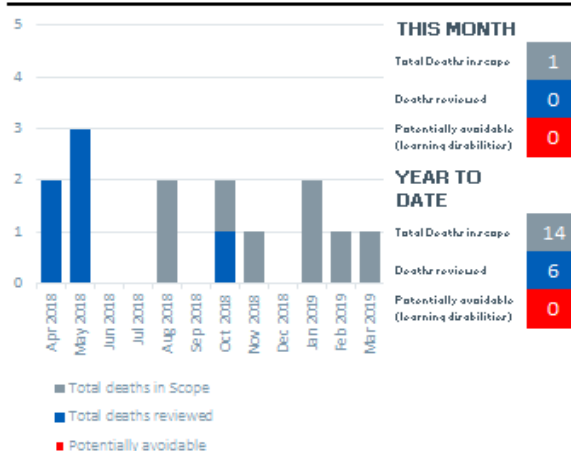
Total number of deaths reviewed and deaths judged preventable from the case notes  
(includes patients with identified learning disabilities or serious mental illness)



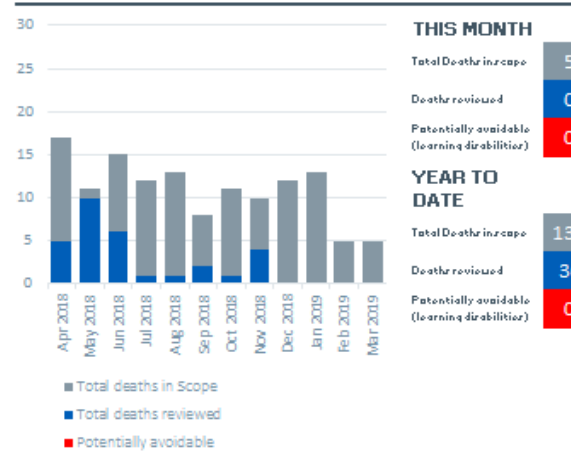
**All patients:**  
Mortality over time, total deaths and deaths considered potentially preventable



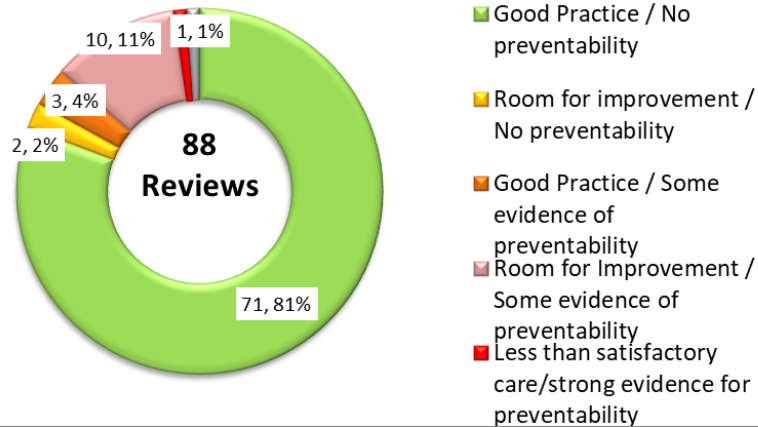
**Patients with learning disabilities:**  
Mortality over time, total deaths and deaths considered potentially avoidable



**Patients with a serious mental illness:**  
Mortality over time, total deaths and deaths considered potentially avoidable



## Mortality Surveillance Reviews January - March 2019



Of the 88 deaths reviewed in the month, 81% of patients were judged to have received good care with no preventability. 3 cases (3%) were judged to show some preventability with room for improvement in care. 89% of deaths were Expected.

10 cases were highlighted as identifying learning from good care (cases can appear in more than one category) and 36 cases were highlighted as identifying learning from problems in care.

Positive lessons were around communication with family, multi-specialty involvement and good advanced decision making. Negatives reflected poor quality of documentation, lack of senior input into cases and advanced decision making, DNACPR not being completed properly or not being available/appropriately filed in HCR.

REVIEWS IDENTIFYING LEARNING FROM GOOD CARE		10
Good communication with family		7
Good coordination of clinical care / senior input / advanced decision making		6
Good documentation		3
Palliative care instituted appropriately		3
Test results / tests being undertaken appropriately		2
Complete physiological observations / deterioration escalated appropriately		1

REVIEWS IDENTIFYING LEARNING FROM PROBLEMS IN CARE		36
Poor quality of documentation		12
Poor coordination of clinical care / lack of senior input / advanced decision making		11
DNACPR not in place or invalid or not followed and CPR undertaken		10
Delay in test results / tests being undertaken		6
Incomplete physiological observations / deterioration not escalated		5
Mis- or Missed Diagnosis		5
Delay in treatment/surgery due to staff shortages/equipment failure		3
Inappropriate admission from nursing home / community hospital / community setting		3
Medication Error		3
Poor Communication with Family		3
Inappropriately aggressive treatment		2
Patient fall not escalated properly		2
Rapid readmission following earlier (inappropriate?) discharge		2
Delay in instituting palliative care		1
Delayed discharge into community/lack of appropriate supportive care package		1
Delayed or poor clerking		1
Inappropriate tertiary referral / repatriation		1
Possible poorer standard of care over weekend		1



<b>Board of Directors</b>	
<b>Agenda item</b>	4.2
<b>Title of Report</b>	Modern Slavery and Human Trafficking Act 2015 Compliance Statement
<b>Date of Meeting</b>	7 May 2019
<b>Presented by</b>	Steven Mason, Director of Finance
<b>Author</b>	William Todd, Head of Procurement
<b>Approved by</b>	Steven Mason, Director of Finance
<b>Previous Committee/Group Review</b>	-
<b>Purpose</b>	Approval <input checked="" type="checkbox"/> Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/>
<b>Alignment to Trust's Strategic Objectives</b>	<input checked="" type="checkbox"/> 1. We will deliver excellence in patient outcomes and experience <input checked="" type="checkbox"/> 2. We will drive operational performance to deliver responsive, cost effective care <input checked="" type="checkbox"/> 3. We will deliver long term financial sustainability to invest in our future <input checked="" type="checkbox"/> 4. We will deliver excellence in employee experience to be seen as an employer of choice <input type="checkbox"/> 5. We will develop clinical and commercial strategies to ensure our long term sustainability
<b>Alignment to Board Assurance Framework</b>	-
<b>Legal/Regulatory Compliance Requirements (if applicable)</b>	<ul style="list-style-type: none"> <li>• Modern Slavery and Human Trafficking Act 2015</li> <li>• NHS Improvement</li> </ul>
<b>Recommendation(s)</b>	The Board is asked to: <ol style="list-style-type: none"> <li>1. Note the actions taken by the Trust to comply with the Modern Slavery and Human Trafficking Act 2015 as outlined in the statement below; and</li> <li>2. Grant approval for the statement to be signed by the Chairman and Chief Executive and uploaded on the Trust's website.</li> </ol>

## **Background**

At South Tees NHS Foundation Trust we continue to commit to ensuring that no human trafficking or modern slavery takes place in any part of our business or our supply chain.

The Trust continues to seek assurance from its existing supply chain by contacting all suppliers with a Trust expenditure of more than £1m per annum to obtain copies of their Human Trafficking and Modern Slavery Policy.

All new suppliers who contract under our standard terms are also required to adhere to all relevant laws and guidelines on Human Trafficking and Modern Slavery and assurance statements are required to be provided to us.

All procurement buyers at the Trust have completed the training course on the legislative requirements of the Act.

## **Recommendation**

As part of the Trust's Annual Report declaration the Board is asked to:

1. Note the actions taken by the Trust to comply with the Modern Slavery and Human Trafficking Act 2015 as outlined in the statement below; and
2. Grant approval for the statement to be signed by the Chairman and Chief Executive and uploaded on the Trust's website.

**April 2019**

The aim of this statement is to demonstrate the Trust follows good practice and all reasonable steps are taken to prevent slavery and human trafficking.

The Modern Slavery Act 2015 is designed to consolidate various offences relating to human trafficking and slavery. The provisions in the act create a requirement for an annual statement to be prepared that demonstrates transparency in supply chains, in line with all businesses with a turnover of greater than £36m per annum. The NHS is also obliged to comply with the Act.

The legislation addresses slavery, servitude, forced and compulsory labour, human trafficking and links to the transparency of supply chains. Section 54 of the Act specifically addresses the point about transparency in the supply chains. It states that a commercial organisation (defined as a supplier of goods and services with a total turnover of less than £36m per year) shall prepare a written slavery and human trafficking statement for the financial year. The statement should include steps an organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any part of the supply chain or its business. The aim of the statement is to encourage transparency within organisations and is required to be approved by the Board of Directors.

### **Modern Slavery and Human Trafficking Act 2015 Annual Statement**

South Tees Hospitals NHS Trust is the largest hospital Trust in the Tees Valley serving people of Middlesbrough, Redcar and Cleveland, Hambleton and Richmondshire and beyond. The Trust runs the James Cook University Hospital in Middlesbrough and the Friarage Hospital in Northallerton. It also runs community services in Hambleton and Richmondshire, Middlesbrough and Redcar and Cleveland. Its workforce of almost 9,000 provides a range of specialist regional services to 1.5m people in the Tees Valley and parts of Durham, North Yorkshire and Cumbria, with a particular expertise in heart disease, trauma, neurosciences, renal services, cancer services and spinal injuries.

The Trust is fully aware of the responsibilities it bears towards patients, employees and the local community. The Trust's senior procurement team are all Chartered Institute of Purchasing and Supply (CIPS) qualified and uphold to the CIPS code of professional conduct.

The procurement department also regularly monitors and reviews its supply base.

In compliance with the consolidation of offences relating to trafficking and slavery within the Modern Slavery Act 2015, the Trust continues to review all of its supply chain with a view to confirming that such actions are not taking place. As such we will be contacting all our key suppliers to request confirmation that they too are compliant with the Act within their own organisations, sub-contracting arrangements and supply chains.

All clinical and non-clinical staff within the Trust have a responsibility to consider issues regarding modern slavery and incorporate their understanding of these into their day to day practices.

Staff undertake safeguarding and we also monitor our recruitment procedures.

Signed on behalf of the Board of Directors:

**Alan Downey**  
Chairman

**Siobhan McArdle**  
Chief Executive





# Audit Committee Chair's Log

23 April 2019

<b>Connecting to:</b> Board	<b>Date of Meeting</b> 7 May 2019
<b>Key topics discussed in the meeting</b>	
<p><b>Counter Fraud Progress Report</b> – noted. Due to an internal re-organisation within Audit one it was noted Mr Bevan was taking over from Mr Clarkson with immediate effect and would be the principal contact for the Trust.</p> <p><b>Internal Audit (PwC) 2019/20 Strategic and Annual Workplan</b> – noted the internal audit programme supported a risk analysis and would be updated as required following the receipt of the CQC inspection report.</p> <p><b>Internal Audit (PwC) 2018/19 Progress Report</b> – noted <b>there</b> had been an improvement in the clearance of audit recommendations which would be reflected in the Annual Report</p> <p><b>External Audit (KPMG) Annual Report and Accounts 2018/19 Timeline and progress</b></p> <p><b>Register of Interests</b> - noted with annual review of register planned to be presented to the 23 May 2019 meeting as part of the self-certification against the Trust's licence conditions</p> <p><b>Review of Losses and Special Payments</b> – any future losses of cash would be flagged to Audit One to review</p> <p><b>Annual use of Trust Seal</b> - noted</p> <p><b>PSF Funding</b> - PSF received at the year-end totalled £9.5m above the baseline amount. Mr Mason was seeking clarity from NHSI over whether this money could be retained to support the capital programme in 2019/20.</p>	
<b>Actions agreed in the meeting</b>	<b>Responsibility / timescale</b>
<ul style="list-style-type: none"> <li>• Clinical Audit Programme deferred to next meeting</li> <li>• Board Assurance Framework to be presented to the next meeting</li> </ul>	<p>G Hunt – 23 May 2019 L Hughes – 23 May 2019</p>
<b>Issues for Board escalation/action</b>	<b>Responsibility / timescale</b>

- Data Security Protection Toolkit (2 high risk recommendations were noted which Kevin Oxley was leading on); and
- non-completion of 2 audits relating to medical staffing (Steven Mason to arrange for all SLT Audit Leads to be invited to future Audit Committee meetings when outcome of audits identify any high risk recommendations)

S Mason (Audit Committee meetings going forward)



# Finance and Investment Committee

## Chair's Log

25 April 2019

<b>Connecting to:</b> Board	<b>Date of Meeting</b> 7 May 2019
<b>Key topics discussed in the meeting</b>	
<ul style="list-style-type: none"> <li>• Month 12 and full year financial performance</li> <li>• Working Capital update</li> <li>• 2019/20 Draft Annual Operating Plan and Budget</li> <li>• 2019/20 Capital Borrowing Request</li> <li>• Review of Board Assurance Framework</li> </ul>	
<b>Actions agreed in the meeting</b>	<b>Responsibility / timescale</b>
<ul style="list-style-type: none"> <li>• The Committee noted M12 performance was improved significantly against plan by the completed sale and leaseback of the LRI giving a full year outturn of £2M above the Control Total. Additional 'bonus' PSF allocation from NHSI of £9.7M is anticipated. DoF to determine what flexibility the Trust will have in the use of this surplus.</li> <li>• The unsustainable capital position was reviewed and it was agreed that more work needed to be done to highlight the potential patient safety issues which could result from a failure to invest in an EPR.</li> <li>• A review of the Finance elements of the BAF suggested a revised set of strategic risks to focus more on those which were within Trust control. DoF to revise BAF accordingly for comment by Executive Risk Committee.</li> </ul>	<p>Director of Finance May Board Meeting</p> <p>Director of Estates May 2019</p> <p>Director of Finance May 2019</p>
<b>Issues for Board escalation/action</b>	<b>Responsibility / timescale</b>
<ul style="list-style-type: none"> <li>• Serious concern remains over the capital spend available for 2019/20. A reply is still awaited on the emergency capital financing application submitted to NHSI, and the EPR project funding requires urgent consideration</li> <li>• Concern was expressed over the large efficiency programme required to hit the 2019/20 Control Total, and the high reliance on regional systems improvements to deliver this</li> </ul>	<p>Senior Leadership Team May 2019</p> <p>Board May 2019 Away Day</p>



# Workforce Committee Chair's Log

25 April 2019

<b>Connecting to:</b> Board	<b>Date of Meeting:</b> 7 May 2019
<b>Key topics discussed in the meeting</b>	
<p>Engagement Strategy</p> <p>Workforce Updates for Nursing and Medical</p> <p>LCEA – Review of last round and timetable for next round</p> <p>Friarage Urgent Temporary Service Change – Retention Strategy</p> <p>People KPI including Sickness and Gender Pay Gap</p> <p>NHS Staff Survey Results and key areas of focus</p> <p>Talent Management – Entry Career Programmes and Levy Spend, Current Talent Development Activities</p>	
<b>Actions agreed in the meeting</b>	<b>Responsibility / timescale</b>
Strategic Matters - Workforce Review & Plan by Clinical Centre - Discussion to be held with Siobhan McArdle regarding the planning process	Andy Owens – July 19
Strategic Matters - Succession Planning for Matrons - Update to be given on talent management after the Aspire Together - The North Regional Talent Board meeting on 5.6.19.	Gill Hunt – July 19
Consultant Radiologists risk to be updated on a quarterly basis at the Workforce Committee and also added to the BAF with Andy Owens as executive lead	Andy Owens – May 19
People KPI Report - Sickness. To find out if A&E have had regular high sickness in winter months	Rachael Metcalf – July 19
People KPI Report - Sickness. To find out if there are more DATIX applications submitted where sickness is high	Rachael Metcalf – July 19
Gender Pay Gap - Presentation to be produced regarding the themes and actions	Rachael Metcalf – July 19
A NED to be invited to the NHSI Tackling Bullying day on 22 May 2019.	Rachael Metcalf- May -19
Staff Survey key action areas agreed. More work to be done on triangulating actions with other areas of engagement and OD work	Rachael Metcalf – July 19

<p>Training - AH to discuss with Jennie Winnard how regular JW will attend the Workforce meetings to give updates</p> <p>HEE report on NHS Staff &amp; Mental Health Well-Being to be incorporated into the Trust's Health &amp; Well-Being Strategy</p>	<p>Amanda Hullick June - 19</p> <p>Rachael Metcalf - July - 19</p>
<p><b>Escalation of issues for the Board</b></p>	<p><b>Responsibility / timescale</b></p>
<p>Workforce Safeguarding Standards– NHSI will assess trust compliance with NQB’s guidance. This will cover all clinical staff and DoN and Medical Director(s) <b>“must confirm in a statement to the Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable”</b></p> <p>Support from the Committee on the Radiologists risk to be added to the BAF</p>	<p>Gill Hunt, Andy Owens, Robb Goddard/June 2019 report to the Board</p> <p>Andy Owens/June 2019</p>
<p><b>Risks (Include ID if currently on risk register)</b></p>	<p><b>Responsibility / timescale</b></p>
<p>No change but further work to be done on timescales for BAF risks</p>	<p>Rachael Metcalf/July 2019</p>

# Operational Management Board Chair's Log

25 April 2019

Connecting to: Board	Date of Meeting 7 May 2019
Key topics discussed in the meeting	
<p><b>Strategic Issues affecting the Trust and the Wider Health Economy</b> – update noted</p> <p><b>Urgent Temporary Changes to the Friarage Hospital Northallerton</b> – update and assurances received</p> <p><b>Radio 1 Big Weekend Planning Update</b> – noted the work taking place to finalise the collective emergency preparedness, resilience and response plans</p> <p><b>Quality, Operational and Finance Performance Update</b> – year end position and forward plans discussed and agreed</p> <p><b>Healthcare Associated Infection Report</b> – monthly update noted</p> <p><b>Delayed Transfer of Care (DTC), Stranded, Super-stranded Patients and Length of Stay</b> - update and action plans in place discussed</p> <p><b>Staff Survey Report (2018)</b> – noted and as part of the Trust's Staff Engagement Strategy an internal full staff survey is planned to be carried out in Autumn 2019</p> <p><b>Board Assurance Framework (BAF)</b> – received and noted necessary actions in place to drive forward and continue to embed the BAF</p> <p><b>Serious Incident Report</b> – noted</p> <p><b>Monthly Quality Report</b> – noted and format approved for future use</p> <p><b>Safe Staffing Report</b> – noted</p> <p><b>Urgent and Emergency Care Centre Board Chair's log</b> – noted escalated item for Critical Care to be added to the BAF</p>	
Actions agreed in the meeting	
<ul style="list-style-type: none"> <li>• BAF – Executive Risk Owners updates agreed to be provided</li> <li>• Corporate Clinical Centre Board Chairs Log to be submitted to future meetings</li> <li>• Updated Policies approved: <ul style="list-style-type: none"> <li>○ Annual leave and bank holiday policy</li> <li>○ Social media policy</li> <li>○ Patient health record retention and destruction policy</li> <li>○ Media relations policy</li> </ul> </li> </ul>	<p>Responsibility / timescale</p> <p>Executive Risk Owners (10 May 2019)</p> <p>Medical Director/Quality Business Partner (17 May 2019)</p>
Issues for Board escalation/action	
<p>Critical Care risk to be added to the BAF following sign off by the Trust's risk process</p>	<p>Responsibility / timescale</p> <p>Medical Director Urgent and Emergency Care (May 2019)</p>





# Quality Assurance Committee

## Chair's Log

30 April 2019

<b>Connecting to:</b> Board	<b>Date of Meeting</b> 7 May 2019
<b>Key topics discussed in the meeting</b>	
<ul style="list-style-type: none"> <li>• Monthly Quality Report</li> <li>• Mortality/Learning from Deaths Quarterly report</li> <li>• Monthly Serious Incidents report</li> <li>• Board Assurance Framework – Quality Risks</li> <li>• Quality Impact Assessment and post implementation review of major cost reduction plans</li> <li>• Friarage Hospital Northallerton 'Urgent Temporary Change' update</li> <li>• Annual Quality Report</li> <li>• QAC Report Review of Terms of Reference and Committee Effectiveness</li> <li>• Annual Review of Terms of Reference of Supporting Sub-groups:             <ul style="list-style-type: none"> <li>○ Patient Safety sub-group</li> <li>○ Safeguarding Adults and Children Strategic Group</li> <li>○ Patient Experience sub-group</li> <li>○ Clinical Standards sub-group</li> <li>○ Infection Prevention Action Group</li> <li>○ Safer Medication Practice Group</li> <li>○ Health and Safety sub-group</li> </ul> </li> <li>• Chairs logs of supporting sub-groups</li> </ul>	
<b>Actions agreed in the meeting</b>	<b>Responsibility / timescale</b>
<ul style="list-style-type: none"> <li>• Friarage Hospital Quality Impact Assessments to be monitored by the Committee</li> <li>• Challenging new CQUIN measures x3 to be monitored by IPAG</li> <li>• 3x Obstetric Incidents – Review of grading and process</li> </ul>	<p>G Hunt/L Tullock – May 2019</p> <p>G Hunt/R Bellamy – to start May 2019</p> <p>G Hunt – April 2019</p>
<b>Escalation of issues for action by connecting group</b>	<b>Responsibility / timescale</b>
<ul style="list-style-type: none"> <li>• All sub-groups and QAC have met Terms of Reference except Clinical Standards Group – partially met</li> </ul>	

Issues for Board escalation/action	Responsibility / timescale
<ul style="list-style-type: none"> <li>• New risk to be added to the BAF – Safety and Quality may be compromised due to lack of capital to replace and provide equipment</li> <li>• BAF risk 2.1 – Pressure ulcer concern to be added</li> </ul>	G Hunt – May 2019