South Tees Hospitals
NHS Foundation Trust

Board of Directors

4 February 2020
2.00 pm
Board Room, Murray Building, James Cook University Hospital

South Tees Hospitals NHS Foundation Trust

MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON TUESDAY 4 FEBRUARY 2020 AT 2.00 PM IN THE BOARD ROOM, MURRAY BUILDING, JAMES COOK UNVERSITY HOSPITAL

AGENDA

ITEM		PURPOSE	LEAD	FORMAT
1. Patient Story		Discussion	Director of Nursing	Presentation
CHAIR'S BUSINESS				
2.	Welcome and Introductions	Information	Chair	Verbal
3.	Apologies for Absence	Information	Chair	Verbal
4.	Quorum and Declarations of Interest	Information	Chair	ENC 1
5.	Minutes of the last meetings held on 3 December 2019	Approval	Chair	ENC 2
6.	Matters Arising	Review	Chair	ENC 3
7.	Chairman's report	Information	Chair	Verbal
8.	Chief Executive's report	Information	Director of Finance	Verbal
PEOPLE				
9.	Summer Staff Survey "You Said We Did" plan	Information	Staff Side Chair	Presentation
QUALITY AND SAFETY				
10.	Healthcare-associated Infection Monthly Report	Information	Director of Nursing & Quality	ENC 4
11.	Safe Staffing Monthly Report	Information	Director of Nursing & Quality	ENC 5
12.	Nurse staffing reviews	Approval	Director of Nursing & Quality	ENC 6
13.	NHS Blood & Transplant 6 monthly report	Information	Lisa Tombling and Sharon Mitchinson	ENC 7
PERFORMANCE AND FINANCE				

ITEM		PURPOSE	LEAD	FORMAT
14.	Performance Report	Discussion	Chief Operating Officer	Presentation / ENC 8
15.	Month 9 2019/20 Financial Performance	Information	Director of Finance	ENC 9
STRATEGY AND PLANNING				
16	Annual plan update	Information	Director of Finance	Verbal
17.	Strategic Issues Affecting the Trust and Wider Health Economy update	Information	Chair	Verbal
18.	Friarage Hospital Northallerton	Information	Medical Director	ENC 10
GOVERNANCE AND ASSURANCE				
19.	Annual Filings report	Approval	Head of Governance	ENC 11
20.	CQC update	Information	Director of Nursing & Quality	ENC 12
21.	Well Led self-review action plan and update	Approval	Head of Governance	ENC 13
22.	Improvement Plan	Discussion	Medical Director	ENC 14
23.	Communications & Engagement Strategy- updated	Approval	Director of Communications	ENC 15
24.	Chair's Logs from Board Committee Meetings • Workforce Committee	Discussion	Chairs	ENC 16
25.	Any Other Business		Chair	Verbal
26.	Risks to be added to the Board Assurance Framework	Discussion	Chair	Verbal
27.	Reflections on Meeting	Discussion	Chair / All	Verbal
	DATE OF NEXT MEETING The next meeting of Board of Directors will take place on Tuesday 3 March 2020			
	Exclusion to the Public – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960)			

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 February 2020			
Register of members interests			**AGENDA ITEM: 4, ENC 1**
Report Author and Job Title:	Jackie White Head of Governance	**Responsible Director:**	Alan Downey Chairman
Action Required	Approve ☐ Discuss ☐ Inform ☒ (select the relevant action required)		
Situation	The Board of Directors are asked to note interests declared by members of the Committee		
Background	The report sets out membership of the Board of Directors and interests registered by members. Conflicts should be managed in accordance to the Constitution para 32 - If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to other Directors.		
Assessment	There are no specific conflicts identified with the agenda. Members will be reminded at the meeting to raise any if they arise.		
Recommendation	Members of the Board of Directors are asked to note the Register of Interest in relation to the Committee.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☐	Excellence in employee experience ☐	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

Board of Directors Register of Interests

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

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

South Tees Hospitals NHS
NHS Foundation Trust

UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 3 DECEMBER 2019 AT 1:30 PM IN THE BOARD ROOM, MURRY BUILDING, JAMES COOK UNIVERSITY HOSPITAL

Present

Mr A Downey	Chairman
Mr M Ducker	Non-Executive Director
Mr R Carter-Ferris	Non-Executive Director
Ms D Reape	Non-Executive Director
Mrs M Rutter	Non-Executive Director
Mr A Clements	Deputy Chief Executive and Medical Director (Urgent and Emergency Care and the Friarage)
Mrs G Hunt	Director of Nursing & Quality
Dr S Nag	Medical Director (Community Care)
Mr D Chadwick	Medical Director (Planned and Specialist Care)
Mr S Mason	Director of Finance

In Attendance

Mrs J White	Interim Head of Governance
Mr M Graham	Interim Director of Communications
Mrs J Dobson	Director of Transformation & Strategic Partnerships
Mr K Oxley	Director of Estates, ICT and Healthcare Records
Mrs R Metcalf	Director of HR

Action

BoD/19/102 **STAFF STORY**

The Chairman welcomed Pam McIvor, Clinical Lead, and Karen Banham, District Nursing Sister, from Community services based in North Yorkshire. Karen spoke to the Board regarding her experience in Community Nursing and presented a number of slides on feedback she had received from patients and colleagues.

The Chairman thanked Pam and Karen for attending and for the great service they provided to patients in North Yorkshire.

Mrs Rutter asked Pam what the plans for nursing in North Yorkshire were and Pam advised that she was looking forward to the future with the creation of Primary Care Networks.

BoD/19/103 **WELCOME AND INTRODUCTIONS**

The Chairman reported that Professor Owens had stepped down from the Board. The Chair extended his gratitude for everything Professor Owens has brought to the Board. The Chair advised that Professor Owens was not leaving the Trust and is continuing to provide a leading clinical role across the Trust. The Chair also reported that Ms Seward, Lead Governor, had not been re-elected to the Council of Governors. Ms Seward had served for 6 years and as Lead

		Action
	Governor for around 2 years. The Chair said that he was very glad to have known and worked with Ms Seward and particularly referenced her enthusiasm and commitment.	
BoD/19/104	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Ms Burns and Mr Heslop, Non-Executive Directors, and Ms Page, Interim CEO, and Ms Reilly, Interim Chief Operating Officer.	
BoD/19/105	**QUORUM** The meeting was quorate in line with the Constitution paragraph 4.39 "Quorum - No business shall be transacted at a meeting of the Board of Directors unless at least one-third of the whole number of the Directors appointed, (including at least one non-executive director and one executive director) are present".	
BoD/19/106	**DECLARATION OF INTEREST** The Chairman referred members to the register of interest and asked members if there were any further declarations to be made not already included. There were no further declarations made.	
BoD/19/107	**MINUTES OF THE LAST MEETING** The minutes of the meeting held on 5 November 2019 were reviewed and agreed for accuracy subject to the following change: Page 3, BoD/19/81– 2rd para, 4th line, replace "makde" with made Page 3, BoD/19/81 – 3rd para, 2nd line, remove Trust Page 4, BoD/19/82 – 4th para, insert at end of sentence "of hand hygiene practice. Page 5, BoD/19/83 – 6th para, 2nd line, replace RCN with RGN Page 12, BoD/19/90, - 1st para, 7th line, insert "election" following general	Head of Governance
BoD/19/108	**MATTERS ARISING** The matters arising were reviewed and the action log updated. Mrs Hullick reported that the Workforce Committee had met last week and received a good presentation from the Freedom to Speak Up (FTSU) Guardian on resourcing for the role. Members noted that the role is currently provided by two members of staff within their existing roles and that the Guardian was recommending that the role is resourced as a full time equivalent. Members noted that it was agreed that recommendations be worked up into a business case with an outcome ready for February Board.	FTSU Guardian Head of Governance

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Ms Reape expressed concern that there didn't appear to be clear actions on taking forward the matters raised at the last meeting concerning implementation of an Electronic Patient Record (EPR). The Chair advised that an Independent review of the system has been commissioned by NHSE/I. Ms Reape asked if there was anything else the Trust needed to do and Mr Oxley confirmed that the Trust is preparing a plan for managing the risks identified in the report to the last Board meeting.

BoD/19/109 **CHAIR'S REPORT**

The Chair reported that he had attended a number of meetings with the Chief Executive to progress joint working across the Tees Valley.

He had visited the Friarage hospital on a number of occasions including attending a consultation event, the Friends of the Friarage AGM and a Schwartz round.

Members noted that the Charitable Funds Committee had met and considered reports on the charity's strategy and on a review of governance for the charity. It had also approved a number of funding requests.

Finally the Chair said that he had attended the Chief Executive's staff engagement session along with a number of Non-Executive Directors in which she gave a well-received report on activities and progress during her first 8 weeks and with the Trust.

BoD/19/110 **CHIEF EXECUTIVE'S REPORT**

Mr Mason, Director of Finance, updated members on behalf of the Chief Executive. Members noted that during the last nine weeks the Trust's Chief Executive has visited more than 100 services and teams right across the organisation.

The Trust's new Clinical Policy Group is now meeting on a weekly basis to make decisions about how Trust manages its resources and delivers care across the organisation. The Trust's clinical directors, medical directors, senior nursing and allied health professionals, chair of staff side, chair of senior medical staff forum and BMA representative make up the Clinical Policy Group.

In addition to the service and team visits undertaken by the Chief Executive, a staff engagement event was held last week which was attended by around 100 colleagues from across the Trust.

Finally, in October the heart team from James Cook Hospital gave up their holidays to perform life-saving operations in Ghana on their second mission to the Kumasi Hospital. The

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team observed that, in area with a population of three million people, no angiogram tests were available. Therefore, in addition to the first operations being performed by local doctors, the Tees Valley team were able to perform the first angiogram. The procedure was carried out by Justin Carter from North Tees Hospitals NHS Foundation Trust. The team are now deep into the planning for their third mission, which they hope will take place in the first half of 2020.

BoD/19/111 **HEALTHCARE ASSOCIATED INFECTION MONTHLY REPORT**

Mrs Hunt referred members to her previously circulated report and confirmed that the *Clostridium difficile*-associated diarrhoea objective for 2019/20 is to have no more than a combined total of 81 community-onset healthcare-associated (COHA) and/or healthcare-onset healthcare-associated (HOHA) cases among patients aged over 2 years. There have been 12 COHA + HOHA cases in October 2019. There have been 62 COHA + HOHA cases in the first 7 months of 2019/20. The Trust is currently over trajectory.

With regard to MRSA bacteraemia the target is one of 'zero tolerance'. There was 1 trust-assigned case in October 2019 which is the only trust-assigned case in the first 7 months of 2019/20.

There is no official MSSA bacteraemia target for 2019/20. There was 1 trust-apportioned case in October 2019. There have been 25 trust-apportioned cases in the first 7 months of 2019/20.

Finally members noted that there has been an outbreak of *Serratia marcescens* infection affecting patients who have been treated in cardiothoracic ICU and/or HDU and/or Ward 32. There have been 5 confirmed cases, 8 probable cases and 16 excluded cases.

Resolution

The Board of Directors NOTED the Healthcare Associated Infection Monthly Report

BoD/19/112 **SAFE STAFFING MONTHLY REPORT**

Mrs Hunt confirmed that the fill rate against planned rosters for the month of October 2019 at an overall level was:

- RN / RM day shift 88% night shift 91.8%
- HCSW day shift 94.7% night shift 110.5%

Mrs Hunt also commented that there had also been an in-depth review of safe staffing levels in a number of in hospital

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areas at an extra ordinary meeting of the Workforce Committee.

Mrs Hullick referred to the recruitment of international nurses and suggested that the Friends of the Friarage might be able to support the Trust in making improvements to the accommodation at the Friarage.

Mrs Rutter requested further information be included in the report on maternity and neonatal nursing for the next meeting. The Chair stressed the importance of receiving information on the consequences of short staffing (eg the impact on patient safety, on the availability of services and on staff morale and sickness) rather than just the bare statistics about fill rates.

Ms Reape noted that the report identifies more shortages at the Friarage than the James Cook site and Mrs Hunt confirmed that this was the case and that there are challenges at the Friarage and the Trust has just undertaken a recruitment campaign specifically for the Friarage working with York University. To mitigate the risk Mrs Hunt advised that the Trust has increased NHS Professions rates for one of the wards.

Ms Reape asked whether student nurses are getting a good experience and Mrs Hunt advised that the picture is not consistent, but there are many parts of the Trust where student nurses are well supported. Mrs Hunt advised that hotspot areas are no different to the national picture, including older person and neurosciences.

Resolution

The Board of Directors NOTED the Safer Staffing Monthly report.

BoD/19/113 **GUARDIAN OF SAFE WORKING**

Dr Nag referred members to his previously circulated report and members noted that the overall vacancy rate is 4.1%. Gaps on rotas tend to be short term due to sickness or emergency leave. The Junior Doctors Forum has been established as per the contract terms and conditions. The forum has previously been slow to engage. However the first meeting held following the August 2019 intake was well attended. Exception reporting submissions have been consistently lower than expected but we have seen a recent increase since the August changeover particularly in one specialty. Dr Peatman attended the National Guardian of Safe working conference in September 2019.

Ms Reape asked Dr Nag whether the Trust will be able to resolve the challenges with the rota following the changes to

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the 2016/17 terms and conditions and Dr Nag confirmed that it will be challenging and require more people.

Resolution

The Board of Directors NOTED the Guardian of Safe Working report

BoD/19/114 **CANCELLED OPERATIONS**

Mrs Dobson updated members on cancelled operations which have occurred across the Trust between April and October 2019. Members noted that the issues are multifactorial in nature and that an area of concern is the number of on the day patient cancellations.

Mrs Dobson confirmed that the Post Anaesthetic Care Unit (PACU) was now fully operational. In addition, further work is on-going with North Tees & Hartlepool Foundation Trust to ensure critical care capacity across the Network is fully utilised, which will further reduce the number of on the day cancellations within the organisation.

Mrs Hullick requested that future reports include the DNA percentage. Mr Chadwick indicated that patient DNA may be due to Trust issues: 38% were patient initiated, but further analysis was required.

Mrs Rutter commented that the Trust needs to focus on the things which have the biggest impact. It appears that 60% of cancellations are within our control, and we need to put our effort into those.

The Chair asked that additional information on how well the Trust is doing compared to others would be useful. Mrs Dobson agreed to look in into this. — Mrs Dobson

The Chair also asked Mrs Dobson how the Trust would know it was moving in the right direction and Mrs Dobson advised that there would be less or no cancelled patients on the day and the Trust has already seen a difference. The Chair responded by asking that, in future, there should be a summary of the trend (improving or deteriorating) in cancellations.

Mrs Rutter asked when the Trust will see some impact of the work and Mrs Dobson advised that at this stage the Trust cannot guarantee performance won't get worse as we go into winter.

Resolution

The Board of Directors NOTED the update on cancelled

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operations.

QUESTIONS FROM THE PUBLIC

The Chairman offered members of the public an opportunity to raise any questions in relation to the agenda.

Ms Auty, Governor, made a number of comments as follows:

- Pre assessment centralisation has come up as an issue in relation to cancelled operations and it is an important issue for further consideration.
- The low nurse staffing levels at community hospitals in Tees are a concern; Mrs Hunt confirmed that bed occupancy ratios were safe.
- Repatriation of patients back to the community hospitals in Tees: there is a big piece of work to ensure that community facilities are used to the best.

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BoD/19/115 **INTEGRATED PERFORMANCE REPORT**

Mr Clements introduced the performance report and members noted that the Trust continued to fail to deliver on the key must dos. A&E was currently at 87.68% and the Trust is looking at extending opening hours at Redcar Primary Care Hospital in addition to looking at bed capacity across the James Cook site.

RTT was at 82.57%, but with fewer patients on the waiting list compared to last year.

Mrs Rutter asked if the Trust knew the main reasons why people wait and Mrs Dobson advised it was the demand and capacity issues which will hopefully start to be resolved as the Trust undertakes more elective work at the Friarage.

With regard to Cancer, the Trust is currently at 77.47%. Mr Chadwick advised that the Trust has treated the highest number of patients but has had a high number of breaches with the main reason being lack of capacity. Mrs Dobson advised that the Trust has put on additional clinics in specialities where there are concerns. Another reason may be the changes to how a breach is allocated between trusts.

Mrs Rutter expressed concern that, in a Trust which is a cancer centre, 25% of patients wait longer than 62 days for treatment. Mr Clements advised that since the opening of PACU he was not aware of any on the day cancelations for cancer patients.

Mrs Hunt advised that pressure ulcers remain static and falls rates continue to be good.

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Mrs Hunt advised that the team had added two questions on patient experience, as requested at last month's Board meeting, and the results should start to come through in December. Two work streams have started on accessible information standards and outpatient experience, updates to follow.

Mrs Metcalf reported that sickness absences have increased and are now at 4.48%. Stress and anxiety were the key issues for sickness absence. Mandatory training is just under target at 89.89% - risk areas being ENT secretaries and Ophthalmology secretaries, Appraisals target has been met at 82.75%, representing and an increase of 9.6 percentage points compared with the previous 12 months. 113 Employee Relation cases are currently being taken forward and 65 disciplinary cases. A new partnership agreement is in place with staff side with weekly meetings in place. A staff engagement session was held last week with 15 participants who agreed that NHS values should be adopted by the Trust. The flu campaign is current at 66%.

Mr Mason advised members that at month 7 the Trust is behind plan, against its control total, by £11.2m. This is due to £9.1m of undelivered system savings, compounded by the consequent loss of £2.9m of Provider Sustainability Funding of £2.9m. The full year plan is a surplus of £3.2m. Productivity and efficiency savings for the year to amount to £5.6m.

Ms Reape commented on the 6 weeks diagnostic target and noted some improvement and asked if it was something that would be sustained. Mrs Dobson advised that she expected to see this continue.

Mr Ducker pointed out that Trust performance was below target and was deteriorating against all the key metrics. Moreover there was apparently no prospect of this trend being reversed in the near future. This was not acceptable. He looked forward to receiving assurance from the executive team that the measures being put in place by the new Chief Executive would lead to an improvement in performance in the relatively near future.

Mrs Dobson commented that improvement will depend on how quickly the Trust can deliver the measures in the improvement plan.

Mr Ducker commented that the growth in demand for service has not been matched by an increase in capacity. He asked what plans are in place to address this. . Mr Mason said that the steps that have been taken are designed to prevent a

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further deterioration in performance: it would be wrong to assume that they will lead to an improvement in performance in the near future. Real improvement will require action at a system level.

The Chair commented that it is clear the Trust is not in a position to give assurance to Mr Ducker in relation to the concerns he has raised. The current focus is on the specific issues that have been identified as the most critical. However, plans are being developed, through the Clinical Policy Group, which will start to have a positive impact on performance in due course.

Resolution

The Board of Directors NOTED the performance report

BoD/19/116 **STRATEGIC ISSUES AFFECTING THE TRUST**

The Chair reported that discussions continued across the Tees Valley on working more together as part of Managed Clinical Networks.

BoD19/117 **FRIARAGE HOSPITAL NORTHALLERTON**

Mr Clements reported that the new clinical model at the Friarage continues to work well: the Urgent Treatment Centre is treating almost as many patients (95%) as were seen when the A&E department was in operation. Moreover there have been no patient safety incidents since the changes were made. Consultation on the changes has been paused due to the election. However 1,278 people have provided feedback as part of the consultation exercise, and the Trust has participated in all the consultation events.

BoD/19/118 **CQC UPDATE**

Mrs Hunt reported that, of the 46 actions which are currently rated red, there are only 25 of deemed to be 'true red' actions, with the remaining 21 being turned to green and marked as complete, once the relevant evidence had been received from the leads. It should be noted that there a number of actions which relate to the same issue (i.e. 4 relating to SI reporting and 2 relating to procurement of the Datix upgrade). With regard to Well Led assessment, the Trust Board had met and undertaken a self-assessment exercise to look at the actions required to improve the rating and address the issues raised by the CQC. Finally, the Trust has signed up to the Moving to Good Programme which is facilitated by NHSE/I. The Director of Nursing, the Head of Patient Safety and Quality and the Head of Corporate Governance attended the first workshop on the 30th October in Leeds. Participating in this programme, along with 10 other Trusts, will enable us to receive bespoke support from

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NHSE/I and to partner with a similar organisation which has been rated as either good or outstanding.

Mrs Hullick commented on the action regarding the Datix system, and asked for an update. Mrs Hunt advised that following some procurement issues the system can now move forward. Mr Oxley advised that the Datix app which can go onto phones will be implemented in the Trust before the end of the financial year. Complete deployment will take around 9 months with training.

Resolution

The Board of Directors NOTED the CQC update.

BoD/19/119 **BOARD ASSURANCE FRAMEWORK / RISK REGISTER**

The Head of Governance updated members on the Board Assurance Framework and advised that there are 18 high risks, which is an increase of four (4) from the last report and seven (7) moderate risks.

Updates to key controls, assurances, gaps and target dates have been made to 16 BAF risks. Five (5) risks have remained unchanged and one (1) risk has been closed which related to the BAF risk 4.6 – risk that contractual targets for CQUIN are not achieved.

Mr Ducker suggested that the likelihood for BAF risk 3.2 and 3.3 should be increased to 5.

With regard to the Risk Register, Mrs White advised members that the Trust has a number of risk registers which provide a comprehensive picture of all risks that affect the Trust. The mechanism for escalating risks to the Board of Directors is through the Risk Validation Group, Senior Leadership Team a Board Committee or the Risk Management Group.

Mrs White explained that the risks facing the Trust and scoring 16 and above are brought together into a Corporate Risk Register. Mrs White advised there are 56 risks on the risk register, all of which have an action plan to mitigate the risk. Only 5 of the 56 risks have an overdue review date.

There are two risks which score 25 in the Community Care Centre, both relating to Ophthalmology. Mrs White advised that Ms Reilly, interim Chief Operating officer had incident management plans in place with weekly meetings overseeing the work. The Quality Assurance Committee, Patient Safety Group and Senior Leadership Team had on-going oversight of the risks.

Resolution

Action

The Board of Directors NOTED the update on the BAF and Risk Register

BoD/19/120 **CHAIRS LOGS FROM BOARD COMMITTEE MEETINGS**

The Chair asked Chairs of Sub Committees if there were any further issues to escalate.

Mrs Hullick reported that safe medical staffing is a matter of concern for the Workforce Committee
Mr Carter Ferris advised that there were a number of health & safety risks following an audit of the service. He also reported that KPMG wish to resign as the Trust's external auditor.
Mrs Rutter reported that the QAC will oversee updates on saving babies lives, also that there were concerns regarding RAG accreditation and the Endoscopy service.
Mr Ducker advised that the Head of Governance would circulate the FIC chairs log under separate cover. A proposal for an approach to develop a medium-term financial strategy will be presented to the next FIC meeting; and the Guisborough Hospital lease proposal will be prepared for final Board approval at the December meeting following a review of service provision.
Every effort should be made to close the revenue performance gap of £2.4m in order for the Trust to achieve its own target for savings (as opposed to the target for system savings) for the full year.

BoD/19/121 **ANY OTHER BUSINESS**

Mr Mason was asked to confirm with members the deadline for signing the Charity accounts.

BoD/19/122 **RISKS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK**

There were no further risks to be added to the BAF.

BoD/19/123 **REFLECTIONS ON MEETING**

No reflections were undertaken of the meeting.

BoD/19/124 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Public Board of Directors will take place on Tuesday 4 February 2020.

Signed: ……

Date: ……

Board of Direction Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
3.9.19	BoD/19/62	ANNUAL BOARD REPORT AND STATEMENT OF COMPLIANCE	Delegated authority to be given to the Chief Executive to sign of the report on behalf of the Board	CEO	30.9.19		complete
3.9.19	BoD/19/63	FREEDOM TO SPEAK UP	Mrs Hunt confirmed that the Trust now need to reflect on the future model for Freedom to Speak and that a Board development session should be held to explore this further. Ms Smithies agreed to prepare some options based on national best practice ahead of the Board Development session.	G Hunt	28.2.20	Option appraisal by mid January 2020. Awaiting dates for a board session. Update to be provided under workforce committee chairs log.	open
5.11.19	BoD/19/82	HEALTHCARE ASSOCIATED INFECTION MONTHLY REPORT	Mr Heslop advised that the online training for infection control hasn't changed, and perhaps the focus needs to be on behavioural changes going forward. Mrs Hunt agreed to look into the training.	G Hunt	31.3.20		open
5.11.19	BoD/19/83	SAFE STAFFING MONTHLY REPORT	The reports were discussed at the Workforce Committee and it was agreed to undertake a deep dive into the methodology and results to provide further assurance to the Board.	G Hunt	4.2.20	On agenda	open
3.12.19	BoD/19/114	CANCELLED OPERATIONS	The Chair asked that additional information on how well the Trust is doing compared to others would be useful. Mrs Dobson agreed to look in into this.	J Dobson	4.2.20		open

South Tees Hospitals NHS
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 February 2020			
Healthcare-associated infection (HCAI) report for December 2019			**AGENDA ITEM: 10** **ENC 4**
Report Author and Job Title:	R Bellamy, Infection Control Doctor, JCUH A Ndhlovu, Lead Nurse, IPC Helen Day, Deputy Director of Nursing/Deputy DIPC Gill Hunt, Director of Nursing and Quality/ DIPC	**Responsible Director:**	Gill Hunt, Director of Nursing and Quality/ DIPC
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	The Board of Directors are asked to note the current position in respect of HCAI and for their support for the actions being taken.		
Background	The report summarises surveillance information on healthcare-associated infections for the month of December 2019; and also highlights antimicrobial stewardship and environmental cleaning in relation to HCAI management. Enhanced actions that have been put in place as a response to an increased number of *C.difficile* have been summarised in appendix 1 of this report and include: • Weekly cleaning standards meetings with Serco • Weekly action focussed IPC 'huddle' with matrons • Launch of 'glove awareness' campaign to reduce overuse (associated audit) • Actions to support the use of patient hand hygiene wipes at mealtimes • Review and respond to the external cleaning audit on the JCUH site National reporting of Influenza cases started week commencing 30th September 2019, focusing on critical care areas and this report provides an update.		
Assessment	The organisation remains above trajectory for Clostridium difficile infection. The report provides an update on the recent outbreaks and assurance that robust action has been taken and policy followed.		
Recommendation	The Board are asked to note the current position in respect of HCAI and for their support for the actions being taken.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 2.1(1) An infection outbreak (such a influenza; norovirus; infections resistant to antibiotics and CDiff) may result in avoidable patient harm and could adversely impact on delivery of key performance indicators		

Legal and Equality and Diversity implications	• Care Quality Commission • NHS Improvement • NHS England	
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☐
	Drive operational performance ☐	Long term financial sustainability ☐
	Develop clinical and commercial strategies ☐	

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,* bacteraemia due to three Gram negative bacteria *(Escherichia coli* (*E. coli*), *Klebsiella* species. and *Pseudomonas aeruginosa)*, Extended Spectrum Beta Lactamase (ESBL)-producing coliform infections and other important healthcare-associated infections for the month of December 2019. The report also highlights antimicrobial stewardship and environmental cleaning in relation to HCAI management.

In response to the high incidence of *C.difficile* enhanced actions have been implemented. These actions have been summarised in appendix 1 of this report.

- The *Clostridium difficile*-associated diarrhoea objective for 2019/20 is to have no more than a combined total of 81 community-onset healthcare-associated (COHA) and/or healthcare-onset healthcare-associated (HOHA) cases among patients aged over 2 years. There were 0 COHA + 3 HOHA cases in December 2019. There have been 72 COHA + HOHA cases in the first 9 months of 2019/20. We are currently over trajectory.

- The Trust approach to MRSA bacteraemia is one of 'zero tolerance'. There were 0 trust-assigned cases in December 2019. There has been 1 trust-assigned case and 1 potentially trust-assigned case in the first 9 months of 2019/20.

- There is no official MSSA bacteraemia target for 2019/20. There were 3 trust-apportioned cases in December 2019. There have been 35 trust-apportioned cases in the first 9 months of 2019/20.

- There has been an outbreak of *Serratia marcescens* infection affecting patients who have been treated in cardiothoracic ICU and/or HDU and/or Ward 32. At the time of writing (8th January 2020) there have been 5 confirmed cases, 3 probable cases and 25 excluded 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

The 2019/20 *C. difficile* definitions are as follows:

a) Hospital onset healthcare associated (HOHA): cases detected in the hospital ≥2 days after admission.
b) Community onset healthcare associated (COHA): cases that occur in the community (or within <2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks.
c) Community onset indeterminate association (COIA): cases that occur in the community (or within <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 4 weeks.
d) Community onset community associated (COCA): cases that occur in the community (or within <2 days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

Table 1. 2019/20 *C. difficile* definitions

1.1 Clostridium difficile

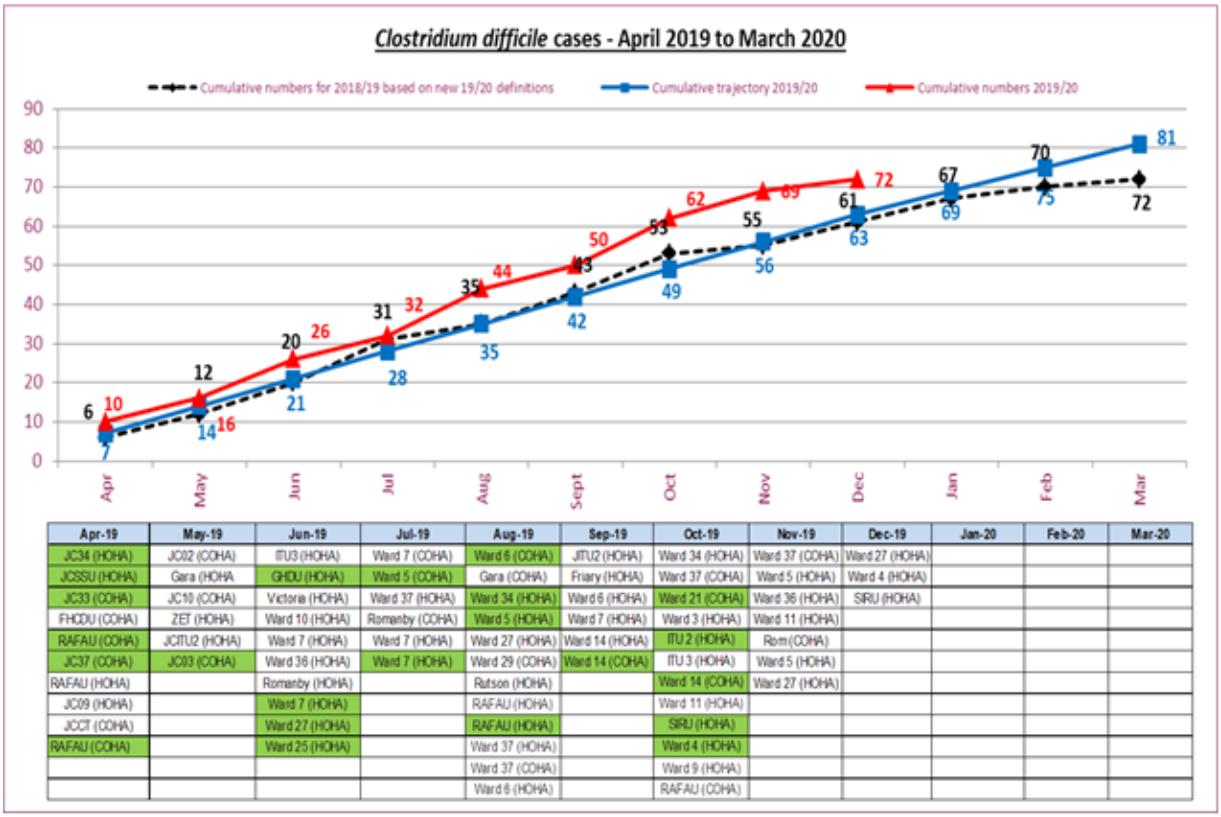
C diff	Total 18/19	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Total 2018/19 to date	Target for 2018/19
Total cases	120	11	5	6	18	7	14	14	19	10	23	12	8	125	NA
Not trust apportioned	79	7	3	5	8	1	4	8	7	4	11	5	5	53	NA
Trust-apportioned	41	4	2	1	10(4)	6(3)	10 (10)	6(3)	12(8)	6(5)	12 (8)	7(5)	3(3)	72(49)	**81**
- JCUH	33	4	1	1	10	4	8	4	10	5	11	6	3	61	
-FHN	3	0	0	0	0	1	1	2	1	0	1	1	0	7	
-Carters	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
-Redcar	2	0	0	0	0	1	0	0	0	0	0	0	0	1	
-East Cl	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
-Guis	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
-Rutson	0	0	0	0	0	0	1	0	1	0	0	0	0	2	
-Friary	2	0	1	0	0	0	0	0	0	1	0	0	0	0	
-Lambert	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Table 2 (numbers in brackets denote HOHA cases)

There were 8 cases of *C. difficile* infection in December 2019, 0 of which were classed as COHA and 3 were classed as HOHA, totalling 3 classed as trust-apportioned according to the new definition (table 2). The 2019/20 annual objective is to have no more than 81 COHA + HOHA cases. In the first 9 months of 2019/20 there have been 72 trust-apportioned cases (COHA = 23; HOHA = 49). All actions to ensure that robust controls are in place are actioned in weekly 'huddle' style meetings with Clinical Matrons and at monthly Centre Clinical Standards meetings held with Matrons and monitored through IPAG.

Deaths within 30 days after *C. difficile* diagnosis: for November 2019, 4 patients died during this period. Since April 2009, 316/1753 patients (18%) have died during the 30 day follow-up period.

Graph 1: Cumulative Trust-apportioned *C. difficile* cases 2019/20 compared to trajectory:



Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
JC34 (HOHA)	JC02 (COHA)	ITU3 (HOHA)	Ward 7 (COHA)	Ward 6 (COHA)	JITU2 (HOHA)	Ward 34 (HOHA)	Ward 37 (COHA)	Ward 27 (HOHA)			
JCSSU (HOHA)	Gara (HOHA	GHDU (HOHA)	Ward 5 (COHA)	Gara (COHA)	Friary (HOHA)	Ward 37 (COHA)	Ward 5 (HOHA)	Ward 4 (HOHA)			
JC33 (COHA)	JC10 (COHA)	Victoria (HOHA)	Ward 37 (HOHA)	Ward 34 (HOHA)	Ward 6 (HOHA)	Ward 21 (COHA)	Ward 36 (HOHA)	SIRU (HOHA)			
FHCDU (COHA)	ZET (HOHA)	Ward 10 (HOHA)	Romanby (COHA)	Ward 5 (HOHA)	Ward 7 (HOHA)	Ward 3 (HOHA)	Ward 11 (HOHA)				
RAFAU (COHA)	JCITU2 (HOHA)	Ward 7 (HOHA)	Ward 7 (HOHA)	Ward 27 (HOHA)	Ward 14 (HOHA)	ITU 2 (HOHA)	Rom (COHA)				
JC37 (COHA)	JC03 (COHA)	Ward 36 (HOHA)	Ward 7 (HOHA)	Ward 29 (COHA)	Ward 14 (COHA)	ITU 3 (HOHA)	Ward 5 (HOHA)				
RAFAU (HOHA)		Romanby (HOHA)		Ripon (HOHA)		Ward 14 (COHA)	Ward 27 (HOHA)				
JC09 (HOHA)		Ward 7 (HOHA)		RAFAU (HOHA)		Ward 11 (HOHA)					
JCCT (COHA)		Ward 27 (HOHA)		RAFAU (HOHA)		SIRU (HOHA)					
RAFAU (COHA)		Ward 25 (HOHA)		Ward 37 (HOHA)		Ward 4 (HOHA)					
				Ward 37 (COHA)		Ward 9 (HOHA)					
				Ward 6 (HOHA)		RAFAU (COHA)					

Graph 1

Appeal successful	

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. If the panel agrees that there were no deficiencies in care then the case may be discounted from the total for performance measurement purposes.

South Tees Hospitals NHS
NHS Foundation Trust

Clostridium difficile cases 19/20 (HOHA / COHA) summary of risk factors and compliance with best practice

	Apr-19									May-19						Jun-19										Jul-19						Aug-19										Sep-19					Oct-19											Nov-19	
Were the following assessment and management elements completed?	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10	Case 11	Case 12	Case 13	Case 14	Case 15	Case 16	Case 17	Case 18	Case 19	Case 20	Case 21	Case 22	Case 23	Case 24	Case 25	Case 26	Case 27	Case 28	Case 29	Case 30	Case 31	Case 32	Case 33	Case 34	Case 35	Case 36	Case 37	Case 38	Case 39	Case 40	Case 41	Case 42	Case 43	Case 44	Case 45	Case 46	Case 47	Case 48	Case 49	Case 50	Case 51	Case 52	Case 53	Case 54	Case 55	Case 56	Case 57	Case 58	Case 59	Case 60	Case 61	Case 62	Case 63	Case 64	Case 65
The patient has received Antibiotics in previous 12 weeks to this episode of care	Y	Y	Y	N	Y	Y	Y	Y		Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y		Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y
Normal Bowel habit assessment on admission	N	Y	Y	Y	N	Y	N	N		Y	N	N	N	Y	N	Y	N	Y	Y	N	Y	N	N	Y	Y	N	N	Y	Y		Y	Y	Y	Y	Y	Y	N	Y	N	Y	N	Y	Y	N	N	N	N	N	N	N	N	N	Y	N	N	Y	N	Y		Y	N
Was the sample obtained timely	N	Y	Y	Y	Y	Y	Y	N		N	N	N	Y	Y	N	Y	N	Y	N	N	N	Y	Y	Y	Y	Y	Y	N	Y		Y	Y	Y	Y	NA	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	N	Y	N	Y	Y	Y	Y	N	Y	Y	N	N		N	Y
Bristol Stool score recorded	N	Y	Y	Y	Y	Y	Y	Y		Y	N	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	NA	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y
Was the patient Isolated within 2 hours of suspicion of infected diarrhoea?	Y	Y	Y	Y	Y	Y	Y	Y		Y	N	NA	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	N	Y	NA	Y	Y	Y	Y	Y	Y	Y	N	NA	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y	N	Y		Y	N
Patient commenced appropriate pathway and bundle for isolation eg PPE (full length fluid repellent gowns), chlorine based products for cleaning, signage, single use equipment etc.	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	NA	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	NA	Y	Y	Y	Y	Y	Y	NA	Y	Y	NA	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y
Was the patient given the appropriate information leaflet and given advice about hand hygiene?	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	N	Y	Y	N	Y	Y	Y	N	Y	Y	Y	N	Y	Y		Y	Y
Reviewed by medic and severity assessment completed	Y	Y	N	Y	Y	Y	Y	N		Y	Y	NA	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y		Y	Y	Y	Y	NA	Y	Y	Y	Y	Y	Y	Y	Y	N	NA	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y
Appropriate antibiotics based on severity assessment prescribed and administered in line with trust guidelines?	Y	Y	Y	Y	Y	Y	Y	N		Y	Y	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	N		Y	Y	Y	Y	NA	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y
Previous hospital admission in the last 12 weeks	Y	Y	Y	Y	Y	N	Y	Y		Y	Y	N	Y	Y	N	Y	N	Y	Y	Y	N	Y	N	N	Y	Y	Y	Y	Y		Y	Y	N	Y	N	N	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Y	N	Y	Y	N	N	N	Y	N	N	Y	Y	Y		Y	Y
Does the patient have the following risk factors?	Apr-19									May-19						Jun-19										Jul-19						Aug-19																														
>65 years old	Y	Y	Y	N	Y	Y	Y	Y		Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	Y		Y	N	Y	N	Y	Y	N	Y	Y	N	N	Y	N	Y	N	N	Y	N	Y	N	Y	Y	Y	N	N	N	Y	N	Y	Y	Y		Y	Y
Taking protein pump inhibitors (PPI)	N	Y	Y	Y	Y	N	Y	Y		Y	Y	y	N	N	Y	Y	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Y	Y		N	Y	N	Y	Y	N	Y	N	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y		N	N
Known history of Clostridium Difficile infection (CDI)	N	Y	N	Y	Y	Y	N	N		Y	N	N	N	N	Y	N	N	N	Y	N	N	N	N	N	N	N	N	Y	N		Y	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	Y	N	N		N	Y
Link to CDI case	N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		N	N
Immune supressed	N	Y	Y	N	N	N	Y	Y		N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	Y		Y	Y	N	N	N	N	N	N	Y	N	N	Y	Y	N	N	N	N	N	Y	N	N	Y	N	N	N	N	N	Y	N	N		Y	N
Underlying oncology	N	Y	Y	N	Y	N	Y	N		Y	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	Y		N	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	Y	N	N	Y	N	N	N	N	N	Y	N	N		Y	N
Care Home resident	N	N	N	N	Y	Y	N	N		Y	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	Y	N	N	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N		N	N
History of abdominal surgery	N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N	N	N	N	Y	N	N	Y	N	N	N	Y		N	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N		Y	N
Admission to critical care	N	N	N	N	N	N	N	N		N	N	N	N	N	Y	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N	Y		N	Y	N	N	N	Y	N	N	N	N	Y	N	N	N	N	N	Y	N	N	N	Y	N	Y	Y	N	N	Y	N	N	N		N	N
PEG tube and feed	N	N	N	N	N	N	N	N		N	N	N	N	N	Y	N	Y	N	Y	N	N	N	N	Y	N	N	N	N	N		N	N	Y	N	N	N	N	N	Y	Y	N	Y	N	Y	N	N	N	Y	N	Y	Y	N	N	N	N	N	N	N	N		N	N

Improvements are needed in recording adequate detail around bowel habit on admission, the new nursing documentation for adult inpatients launched in January 2020 includes prompts to ensure detailed assessment. A new algorithm for diarrhoea assessment was implemented across the Trust in September 2019 to support timely sampling, further work to embed is ongoing. The average hand hygiene self-assessment score in December 2019 was 98% and the peer review average was 93%.

1.2 MRSA bacteraemia

MRSA	Total 2018/19	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Total 2019/20 to date	Target for 2019/20
Total cases	9	1	1	0	0	0	0	0	0	0	2	2	0	4	NA
Not trust assigned	8	1	1	0	0	0	0	0	0	0	1	2	0	3	NA
Trust assigned	1	0	0	0	0	0	0	0	0	0	1	0	0	1	**NA**

Table 3

There were 0 cases of MRSA bacteraemia in December 2019 (table 3); The case reviews for the two cases from November were postponed. These are both provisionally classed as not trust-assigned, but for one case this is likely to change after the case review.

In the first 9 months of 2019/20 there has been 1 trust-assigned case and 1 case which will potentially become trust-assigned.

1.3 MSSA bacteraemia

There were 15 cases of MSSA bacteraemia in December 2019; 3 of which were classed as trust-apportioned (table 4). In the first 9 months of 2019/20 there have been 35 trust-apportioned MSSA bacteraemia cases.

MSSA	Total 2018/19	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Total 2019/20 to date	Target for 2019/20
Total cases	134	10	8	11	12	12	17	18	17	15	13	13	15	132	NA
Not trust apportioned	92	7	5	7	9	11	12	14	11	11	11	6	11	96	NA
Trust apportioned	42	3	3	4	3	1	5	4	6	4	2	7	3	35	NA

Table 4

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 is currently over trajectory for this as we have had 36 cases after 9 months. Enhanced training for Aseptic Non-Touch Technique (ANTT) is being implemented across the trust for all relevant staff groups to address avoidable causes of MRSA and MSSA bacteraemia related to invasive procedures.

1.4 Surveillance for other healthcare-associated infections (table 5)

	Total for 18/19	December 2019	Total for 19/20
Bacteraemia due to glycopeptide-resistant enterococci	10	1	6
Bacteraemia due to E. coli	550	41	366
• Trust-apportioned	128	5	64
• Not trust-apportioned	422	36	302
ESBL producing coliform infections	953	65	606
• sample taken in community	599	41	384
• sample taken in our trust	354	24	222
• bacteraemias	28	2	19
Bacteraemia due to Klebsiella species	134	11	93
• Trust-apportioned	37	3	25
• Not trust-apportioned	97	8	68
Bacteraemia due to Pseudomonas aeruginosa	37	4	39
• Trust-apportioned	12	1	11
• Not trust-apportioned	25	3	28
Other alert organisms	1	0	1
• invasive group A streptococcus			

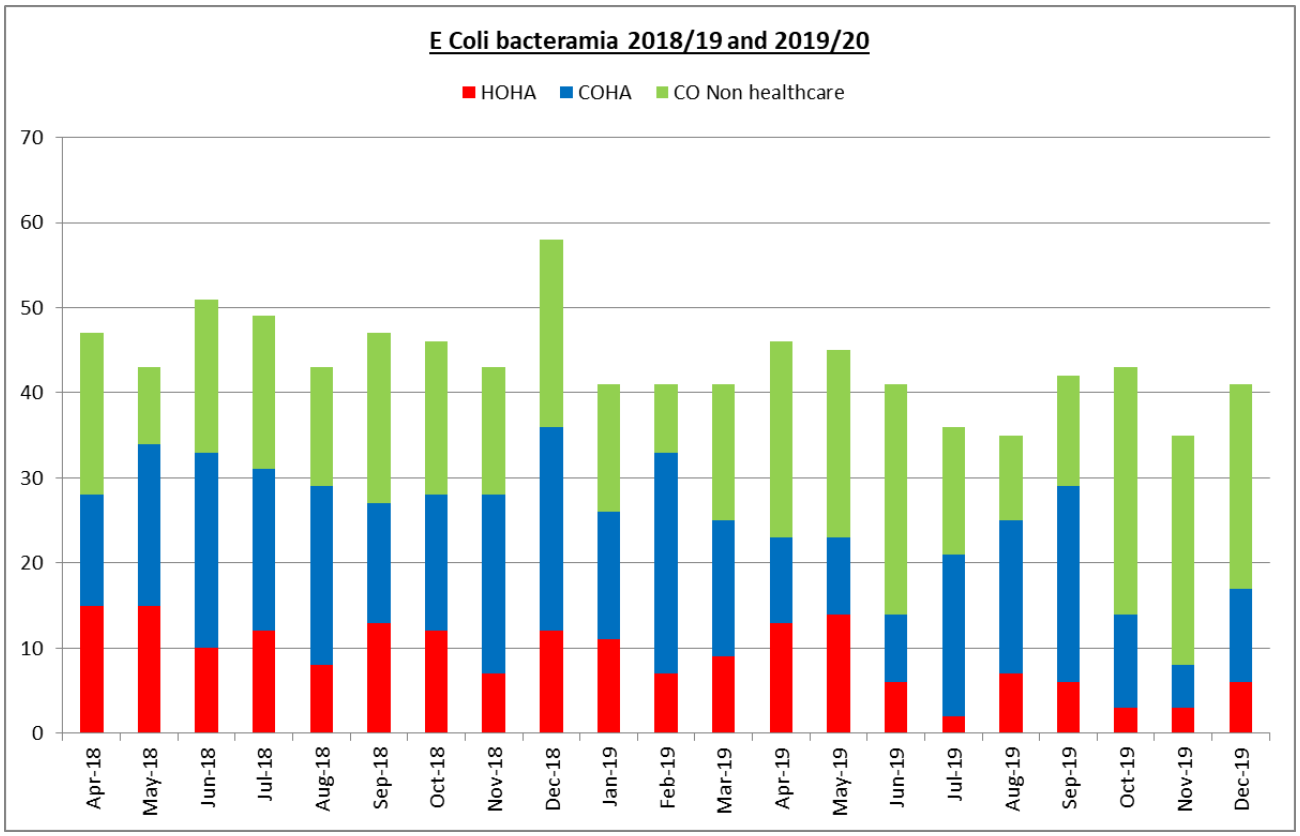
Table 5

Reducing gram negative blood stream infections (GNBSI) is a national priority with the stated aim of a 50% reduction in healthcare associated GNBSI by 2022/2023.

In December 2019, the trust reported a total of 56 cases of three GNBSI organisms which are part of national surveillance (*E. coli, 41; Klebsiella sp. 11; Pseudomonas aeruginosa* 4). Of these, 9 cases were classed as trust-apportioned as defined by the Department of Health definition. In the first 9 months of 2019/2020 there have been a total of 498 cases of the three GNBSI cases (*E.coli,* 366*; Klebsiella sp.* 93*; Pseudomonas aeruginosa* 39) and of these 100 are classed as trust-apportioned 20%. This demonstrates the need to continue working 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 retrospective audit of 5 sets of notes per month is being performed to ascertain patient-related contributory themes in the challenge to identify causes of *E. Coli* infections.

The trust's GNBSI annual plan is on track with initiatives and reduction strategies to reduce rates of GNBSIs including promotion of hydration, central venous catheter care and training and education for staff.

Graph 2 – E Coli bacteraemia cases 2018/19 and 2019/20



Graph 2: note that the definition of cases above is based upon information available to the infection control team. Information around community healthcare interventions may be incomplete overestimating the proportion of CO non-healthcare-associated cases as defined by the PHE definition.

Antimicrobial Stewardship

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

The antibiotic guidelines app was launched at the end of September 2019. This complements the “Antibiotic Sepsis/ Infection (not sepsis)” poster which was released in January 2019. The change in guidance carries a potential risk of increased cases of *C. difficile* as it could lead to an increase in appropriate prescribing of broad-spectrum antibiotics. However we do not have any evidence as yet that this has occurred. Data has been collected on the quantity of antibiotics dispensed but this needs to be compared to the inpatient activity for comparison purposes.

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.

The antimicrobial pharmacy team are currently performing audits for these CQUINs. There have been improvements with performance but achievement of the full targets remains challenging.

The Medical Director lead for antimicrobial prescribing is undertaking a review of the antimicrobial stewardship programme with the antibiotic pharmacist, in view of the increase in *Clostridium difficile* infections.

Environmental Cleaning

The average cleaning scores by month are as follows (table 6):

The James Cook Site:

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

Table 6

Cleaning scores have been maintained on the JCUH site (table 6). No areas failed C4C inspection in December 2019 on the James Cook site. Maintaining cleaning standards remains an area of continued focus in conjunction with our service provider SERCO. Concerns from clinical staff about the standard of cleaning versus the cleaning scores have been raised with Serco colleagues and escalated to IPAG and actions put in place where required. For example, the frequency of cleaning standards review meetings have been

increased from monthly to weekly and continue to be led by the Director of Estates with cleaning scores monitored via IPAG.

The Friarage, Friary, East Cleveland and Redcar Primary Care Hospital (table 7):

Risk Category	NSC Target	FHN Site	Friary	East Cleveland	Redcar PCH
Very High Risk	**98%**	98.69%	100%		99.4%
High Risk	**95%**			96%	99.5%
Significant Risk	**85%**	98.97%		95%	97.6%
Low Risk	**75%**	100%		94%	99.4%

Table 7

2. OUTBREAKS OF DIARRHOEA AND VOMITING

Table 8

Diarrhoea & vomiting outbreaks	Annual total 18/19	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Total 19/20 to date
Total number	*1*	0	1	0	0	0	0	0	0	0	1	2	1	4
Total number of patients affected	*1*	0	1	0	0	0	0	0	0	0	6	28	8	42
Total number of staff affected	*12*	0	12	0	0	0	0	0	0	0	3	25	3	31

There was an outbreak of diarrhoea and vomiting affecting East Cleveland Hospital (Tocketts Ward) which began on December 8th. There was a previous outbreak affecting the same ward which ended on 6th December but the two outbreaks were not directly linked. The December outbreak affected 8 patients and 3 staff members and the ward reopened on 21st December 2019.

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

During December 2019, we have identified no further patients who have the *GES-carbapenemase-producing Pseudomonas aeruginosa* infection.

In total there have been 25 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

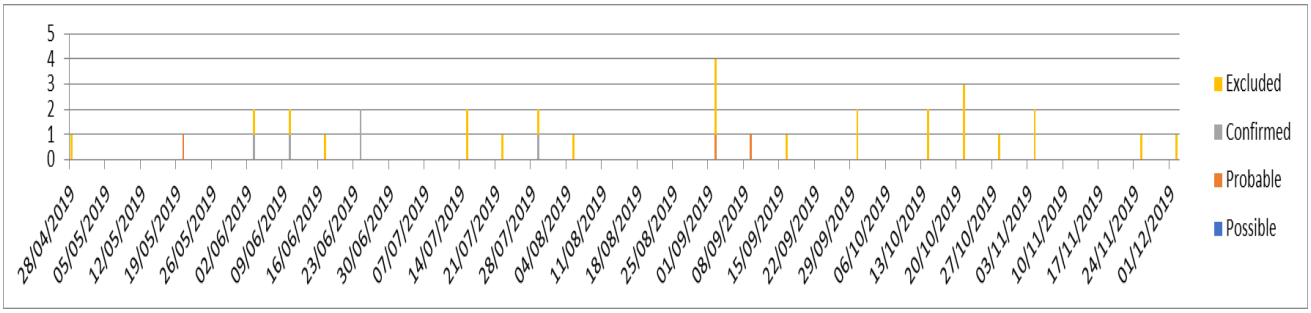
Acute trusts across Teesside have seen an increase in patients affected by a single strain of oxa-48 carbapenemase-producing *Klebsiella pneumoniae* over the last year. In December 2019 we did not identify any further cases that carried the strain which has been linked to this cluster. We do not believe transmission has occurred unknowingly in our trust. An extensive contact screening programme has only identified one case.

5. OUTBREAK OF SERRATIA MARCESCENS WITHIN THE CARDIOTHORACIC SURGICAL SERVICE

In July we found that our surveillance system for potential clusters of gram negative bacteria had identified that 4 patients who had been treated in Cardiothoracic ICU and/or HDU had been colonised or infected with the same strain of *Serratia marcescens*. Further investigations have determined (as of 8th January 2020) we have had a total of 5 patients who are confirmed as affected by the outbreak strain, 3 cases classed as 'probable' and 25 cases which have subsequently been found to be unlinked to each other (but may have had an environmental source). The timeline of outbreak cases is shown in graph 3. Environmental sampling has identified *Serratia marcescens* from a sink area where there was damage to the wall behind the sink. On subsequent environmental sampling the environmental strain was isolated from another clinical area. This isolate had the same strain type as one of the patients supporting our hypothesis that at least some of the patients have been infected from an environmental source.

In addition we have identified 6 patients who had been treated in Cardiothoracic ICU (CICU) and/or HDU, between August 2019 and November 2019, who have been infected or colonised with the same strain of *Stenotrophomonas maltophilia.* The organism was not isolated from multiple environmental samples and probably represents patient-to-patient transmission which is a consequence of inadequate isolation facilities. No further cases were identified in December 2019. A business case has been prepared to increase isolation facilities in CICU and will progress through centre governance processes ahead of consideration at the Finance Investment Board in February 2020.

The Cardiothoracic ICU, HDU and ward 32 underwent a deep clean and hydrogen peroxide fogging and replacement of the contaminated sink in August 2019. Outbreak meetings are ongoing and a detailed action plan is in place addressing potential influencing variables relating to clinical practice and the environment. The 'Dangers in Damp' awareness campaign commenced in September 2019. The outbreak status remains 'open' until assurance is provided that we have returned to a background rate of Serratia colonisation.



Graph 3

6. OTHER CRITICAL CARE SURVEILLANCE

Isolation capacity for patients with infection continues to pose a challenge particularly on ICU2, ICU3 and Cardiothoracic ICU. Processes to mitigate risk of transmission of infection continue to be put in place including increased presence of the IPC team to support staff.

When isolation becomes challenging critical care staff work with IPC staff to ensure all risk reduction strategies are put in place. This includes appropriate use of aprons, gloves, gowns and other personal protective equipment, with the visual prompt of the PPE trolley displaying a 'STOP' sign alerting staff who need to enter the bed space. Strict hand hygiene, equipment decontamination and any condition-specific devices (e.g. faecal collector) are put in place. For patients with infections in sputum, these measures may not be sufficient as demonstrated by the cluster of Stenotrophomonas maltophilia cases in cardiothoracic services.

In December 2019, 28 patients across the critical care footprint (including specialist areas) were not isolated in a side room, all mitigating actions were implemented.

- In December 2019, we have not identified any cases of MRSA transmission of colonisation or infection on Critical Care.

- In December 2019, we had 0 cases of HOHA *C. difficile* infection on Critical Care.

- In December 2019, 1 healthcare-onset GNBSI bacteraemia (due to the 3 organisms which are part of national surveillance) have been identified 2 or more days after admission to Critical Care.

7. ENTEROBACTER CLOACAE ON NEONATAL UNIT

In July and August 2019 we identified 5 patients on the neonatal unit who were colonised or infected with *Enterobacter cloacae*. Strain typing has found that 3 patients (two of whom were twins) had the same strain and this same strain was also isolated from environmental samples. This suggests environmental transmission occurred. This outbreak has now been closed. Since closure of the outbreak there has been a further colonised patient, identified in November. Strain typing indicated it was not related to the other cases and no further cases occurred in December, so this outbreak remains closed.

8. EXPOSURE OF MICROBIOLOGY STAFF TO BURKHOLDERIA PSEUDOMALLEI

During December 2019, a patient was admitted to JCUH, who was subsequently found to be suffering from melioidosis, a life-threatening infection due to the bacteria Burkholderia pseudomallei. This organism is found in South East Asia, which is where the patient had

been working. It is usually acquired from the environment and person-to-person transmission is exceptionally rare. However this organism can infect laboratory staff working with culture plates growing the bacteria, so the organism is classed as biological hazard group 3. Unfortunately 4 staff members in microbiology were exposed to culture plates on which the organism was growing. Guidance was sought from the national reference laboratory and an incident meeting was held on 31st December 2019. The exposure was classed as low risk, but the staff members were given antibiotic prophylaxis as a precautionary measure. They are being followed up by occupational health.

9. INFLUENZA REPORTING

National reporting of Influenza cases started week commencing 30 September 2019 focusing on critical care areas. All patients admitted to ICU/HDU with a laboratory-confirmed influenza result (A, H1, H3 or Novel) or B will be reported. If two influenza types are detected in the same patient, this will be reported as influenza A. In the month of December 2019, 7 patients with influenza were admitted to critical care areas.

Appendix 1

Enhanced actions -*Clostridium difficile*

In response to the increasing rate of *C. difficile* in 2019 enhanced actions have been put in place and are reviewed in a weekly 'huddle' style meeting with the Clinical Matrons and led by the Deputy Director of Nursing and senior IPC nurse.

The enhanced action plan and impact are monitored via IPAG and Clinical Standards, a summary of the key actions are provided below.

Hand Hygiene

- External peer review of process and practice in hand hygiene was performed by Ecolab in 2019. The report highlighted an overuse of non-sterile gloves. The response to this has been to add glove use to the hand hygiene audit tool and launch a 'gloves awareness' education link on the intranet. Follow up quarterly external peer hand hygiene audits from Ecolab have been requested.

- Patient hand hygiene is encouraged with the use of hand hygiene wipes before meals. The Matron group are working with Serco to reinstate/refresh existing processes whereby catering staff provide a 10 minute warning prior to meal serving and ensure that all patients have used the wipes. Action will be complete in early February.

- The Infection Prevention and Control Team (IPCT) is working collaboratively with Serco Service managers to train domestic staff in hand hygiene; training in the Critical Care areas is now complete and will be further cascaded across key clinical areas. Audit results can be filtered by staff group and will be reviewed at Clinical Standards and Cleaning Standards meetings.

- Clinical matrons also undertook a peer hand hygiene audits in December 2019. The compliance result is 93%. Results will be reviewed within the weekly huddle and actioned as required week commencing 13/1/2020.

Environment and equipment

- Commodes - Two commode audits have been conducted in 2019 and revealed a small number of commodes that were no longer fit for purpose. Commode checks now form part of the daily nurse in charge checklist and a new central store or commodes ensures easy replacement of damaged commodes.

- Environmental audits - The Infection Prevention and Control Team (IPCT) have started to join Serco staff during their cleaning audits, promoting teamwork and to ensure consistent and accurate reporting and escalation of findings. Further work to merge the IPCT and Serco cleaning audit tool is being undertaken, expected completion end February 2020 and will be monitored via Cleaning Standards Group.

- External review of Serco cleaning processes was undertaken by Environmental Excellence training and development limited (EETD) in December 2019. A report has been received and an associated action plan is being developed.

- The use of Ultra Violet (UV) light to monitor effectiveness of terminal cleaning was introduced in October 2019 by the IPC lead for decontamination, capturing 5 areas per month and auditing at least 5 high touch points within the immediate patient area. Feedback is given in real time and captured in a monthly Decontamination report for IPAG and via Cleaning Standards Group.

- Vernaclean was introduced to the trust in August 2019 to use in small rooms such toilets and bathrooms where Hydrogen Peroxide Vapour (HPV) could not be deployed.

Further actions include:

- A method statement to ensure consistent standards of equipment cleaning is due to be approved at IPAG in January 2020. As part of agreed contracts external company representatives are supporting with refresher training.

- Regular Dump the Junk reminders with a further focussed program scheduled for spring 2020.

- A decant and cleaning program was initiated in September 2019 starting with ward 7. A business case has been submitted to facilitate a rolling program and aligned with scheduled life cycle work. A further ward will be deep cleaned during 19/20, a funding source and alignment to the operational plan needs to be finalised for a continued rolling programme into 2020/2.

- Mattress and Pillow audit - In November 2019 a trust-wide mattress and pillow audit was performed and ensured that any mattresses and pillows that were not fit for purpose were condemned and replaced. Whilst this audit forms part of the regular monthly QIC audit a further full Trust audit will be also performed in the Spring.

Process, reporting and assurance

- Diarrhoea management – RCA thematic analysis review and staff feedback resulted in replacing the diarrhoea assessment tool with a simplified diarrhoea algorithm which advises stool sampling at first episode of diarrhoea. The new document was launched in September 2019, staff report ease of use but further work is required to empower nursing staff to sample all type 5 stools.

- Situational reporting - From November 2019 a situational report of all current *C.difficile* in-patients with active symptoms is being shared with clinical matrons and the site team on a daily basis to ensure that efforts are concentrated first and foremost in these areas of risk.

- Staff training – Records are being compiled by the IPC team and will be held centrally to ensure compliance can be tracked relating to bed cleaning, commode cleaning, hand hygiene competencies and C. difficile tool box teaching.

- Weekly DIPC / Dep. DIPC Matron IPC huddles with actions to reinforce hand hygiene for staff and patients, environmental and equipment cleaning and staff training have been put in place.

- Weekly *C.difficile* audits have continued since their introduction in April 2019 and results are shared at Clinical Standards meetings.

- Weekly *C.difficile* ward rounds conducted by the IC Doctor, IPCN, and pharmacy staff remain ongoing with opportunities to highlight antibiotic usage.

- Clinical Standards meetings will have a dedicated IPC section from March 2020.

South Tees Hospitals NHS Foundation Trust

MEETING OF THE TRUST BOARD OF DIRECTORS – 4 February 2020			
Safe Staffing Report for December 2019 – Nursing and Midwifery			**AGENDA ITEM: 11, ENC 5**
Report Author and Job Title:	Eileen Aylott, Assistant Director of Nursing Education and Workforce	**Responsible Director:**	Gill Hunt, Director of Nursing and Quality
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report details nursing and midwifery staffing levels (planned versus actual) for the month of December 2019.		
Background	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).		
Assessment	The fill rate against planned rosters for the month of December 2019 at an overall level was: • RN / RM day shift 87.1% night shift 90.0% • Nursing Associates (NA) day and night shift 100% • HCSW day shift 95.1% night shift 111.1% • Trainee NA day and night shift 100%		
Recommendation	The Board of Directors are asked to note the content of this report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 5.1 Demographic changes, shifting cultural attitudes to careers, capacity and capability of staff combined with employment market factors resulting in critical workforce gaps in some clinical and non clinical services		
Legal and Equality and Diversity implications	• Care Quality Commission • NHS Improvement • NHS England		
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

Executive Summary

South Tees Hospitals NHS Foundation Trust is committed to ensuring that levels of nursing staff, which includes Registered Nurses (RN), Midwives (RM), Nursing Associates (NA) 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 December 2019 at an overall level was:

- RN / RM day shift 87.1% night shift 90.0%
- Nursing Associates (NA) day and night shift 100%
- HCSW day shift 95.1% night shift 111.1%
- Trainee NA day and night shift 100%

1. Recommendation

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

1. UNIFY Safe Staffing Return

The Trust's safer staffing submission to UNIFY for December 2019 was submitted on 16th January 2020 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 2019

2019	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)
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%
April 2019	94.2%	94.7%	95.8%	105.8%
May 2019	92.7%	92.3%	95.4%	110.3%
June 2019	92.1%	96.5%	95.6%	111.6%
July 2019	89.2%	90.9%	94.3%	107.6%
August 2019	89.3%	95.5%	93.8%	109.2%
September 2019	88.1%	96.1%	91.8%	109.1%
October 2019	88.0%	94.7%	91.8%	110.5%
November 2019	88.9%	95.9%	90.8%	111.6%

December 2019	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	DAYS Average fill rate - NA (%)	DAYS Average fill rate - TNA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	NIGHTS Average fill rate - NA (%)	NIGHTS Average fill rate - TNA (%)
Trust Average	87.10%	95.10%	100.00%	100.00%	90.00%	111.10%	100.00%	100.00%

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. The Paediatric wards and the Neonatal unit have been added to SafeCare to improve visibility.

Appendix 1. Details staffing fill rate by ward (i.e. planned versus actual), parenting and sickness percentage and a range of quality metrics by ward.

Further information in relation to wards with an RN fill rate of less than 80% is below:

1. Ward 9 Planned staffing for Nights were 4 RN and they have worked with 3 RN's and 1 AP as the RSU did not require the 4th RN due to patient acuity (25 patients)
2. OPM planned staffing for days was 5 RN and they have worked with 3 - 4 RN's for 26 patients (RN:Pt ratio 1:9) Nights were planned 3 RN but worked with 2 RN and 4 HCA
3. Ward 2 planned staffing for RN Nights was 4 RN and they have worked with 3 RN for 25 patients (RN:PT ratio 1:8)
4. Ward 5 currently have closed beds with 2 RN working nights for an average of 19 patients (RN:Pt ratio 1:10)
5. Ward 7 planned staffing for RN days was 5 and they have worked with 4 RN for 24 beds (RN:Pt ratio 1:6)
6. Ward 14 planned staffing for RN days was 5 RN and they have worked with 3 RN for an average of 21 patients (RN:Pt ratio 1:7)
7. Ward 25 planned staffing for RN days was 3 RN and they have worked with 2 RN for 19 patients (RN:Pt ratio 1:10)
8. CCU planned staffing for RN days was 7 RN and they have worked with 5 RN for 8 patients
9. CICU plan a varied staffing template and have matched staffing to patient numbers (Av of 7)
10. PICU had average bed occupancy of 3 maintaining safe staffing in line with patient need.
11. Ainderby ward planned RN staffing for days were 4 RN and they have been working with 3 RN for 20 patients with Nursing Associate support (RN:Pt ratio 1:7)
12. Romanby ward planned staffing was 4 RN and they have worked with 3 RN for an average of 20 patients (ratio 1:7).
13. Rutson Ward planned staffing for days were 3 RN, they have worked with 2 RN for an average of 13patients (RN:Pt ratio 1:7).
14. Tocketts Ward planned staffing for days was 5 RN and working with 3 RN for 22 patients (RN:Pt ratio 1:8) nights was 3 RN and working with 2 RN (RN:Pt ratio 1:11)
15. Zetland Ward planned staffing for days was 6 RN and have worked with 4 RN (ratio 1:9/7) for an average of 25 patients. HCA and AP support numbered 6 per day.

Critical Care

Nurse staffing is monitored on a daily basis and reported on a weekly basis to ensure compliance with safe staffing. The rare occasion of non-compliance has been due to late sickness or late cancellation of temporary staff, all efforts are made to cover. There was one shift during December 2019 when the general critical care areas had 2 rather than 3 supernumerary coordinators

Stroke Ward (W28)

If safe staffing cannot be maintained and all other options have been exhausted the escalation policy includes an option to temporarily reduce capacity. Due to RN workforce shortages 6 beds were reduced on ward 28 in July and remained closed. International Nurses have joined the team and are working towards their NMC registration.

2. Temporary Staffing

The total number of hours requested for RN and HCA increased during December with a 62.5% fill rate overall. Agency Nurses and dedicated NHSP staff have contributed to Critical care to give the trust flexibility and resilience with 613 hours of Nursing/ODP agency worked across Critical Care (ITU/GHDU), theatres and winter escalation beds.

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 155 red flags have been reported during November. 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 (76) and opening of 'amber' beds (51). Action taken to mitigate risk is captured on the system providing an audit trail or response to the alert.

Red Flags raised during December

Red Flag	Day	Night	Grand Total
AMBER Beds Open	39	12	51
Delay in providing pain relief	1	1	2
Less than 2 RNs on shift	6	15	21
Missed 'intentional rounding'	2		2
RED Beds Open	2	1	3
Shortfall in RN time	59	17	76
Grand Total	**109**	**46**	**155**

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.

Any occasion where there are less than 2 RN's on a shift is always immediately addressed with staff redeployed to support.

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 December a total of 962 hours were redeployed across adult inpatient areas via SafeCare.

Redeployment can be a source of unrest as it often reduces staff satisfaction and potentially increases turnover. The Clinical Matrons have led a piece of work looking at staff redeployment and are in the process of producing a 'Charter' to address some of the concerns raised by staff who have been redeployed. ADoN's have established zoned areas in which to redeploy staff with similar skill sets to reduce anxiety and increase support for staff. Staff side colleagues are contributing to the draft Charter with an anticipated launch date of February 2020.

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 result published on the Model Hospital website are from October 2019 and was 9 against a peer group median of 8 and a national median of 8.

6. Band 5 Vacancy Rate and Recruitment Activity

The third cohort of 7 International RN's is due to arrive on 10th January 2020 and will be deployed to Ward 8, Ainderby (x2), ITU, Ward 5, OPM and Theatres/Scrub (FHN). A fourth cohort of 8 is due to arrive at the end of January 2020.

The open morning on Saturday 18th January for students qualifying in September/November 2020, Return to Practice and Registered Nurses was well attended and supported by all centres across the Trust

Previous systems have enabled us to report against unfilled posts, the new TRAC system provides more detailed information at every stage of the recruitment process.

On the 14th January 2020 the TRAC system detailed 178 Wte Band 5 posts (this includes parenting leave cover) of which:

- 78 are filled (start dates January / February)
- 26 international nurses are due to arrive in January and February
- 74 posts at various stages of the recruitment process.

In the month of December NHSP usage for RN's equated to 132 Wte in mitigation.

7. Staff Retention

A retention plan has been submitted to NHSI with a full report currently being written for Workforce Committee submission. As part of this work the Trust has signed up to the 'Nightingale Challenge' to offer 20 nurses and midwives between the age of 25 -35 the opportunity to complete an MSc in Leadership Management in 2020, which is also the International year of the Nurse and the Midwife.

A number of activities will be planned throughout the year to celebrate nursing and midwifery which will also support the ongoing retention work.

A task and finish group will meet in January to review the nurse recruitment process and literature to form a new recruitment campaign. Work is ongoing in Critical Care with their retention work based on the staff survey they have undertaken.

8. Workforce Safeguards

Adult inpatient wards, Paediatrics, Theatres and Community Nursing will complete Safe Staffing reviews in January as required in accordance with National Quality Board Guidance. Meetings are planned with Service Managers in January 2020 to review staffing in OPD's which will be reported as part of the June 2020 cycle.

A+E Safe staffing is based on yearly attendance figures so will be completed in April to ensure it includes a full data set. NHSI will help with the calculation if the SNCT tool has not been published at this point.

Dates for Midwifery and Neonatal Safe Staffing reporting will be agreed with Head of Midwifery.

9. Community Nursing

The Community SNCT will take place during the Week commencing 20th January 2020. Teams will be aligned to Primary Care Networks and a significant piece of work is required to amend e-roster templates and discuss individual staff moves.

10. AHP reporting on UNIFY

The first AHP hours were reported through UNIFY in the 16th January return. The Head of Professions will work with clinical teams to review the data and will complete a section in future reports.

Eileen Aylott
Assistant Director of Nursing Workforce

January 2020

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South Tees Hospitals NHS
NHS Foundation Trust

Appendix 1 JCUH

	James Cook																	< 80	80-95	> 95																	
		Hours																DAYS Average fill rate - RNRMs (%)	DAYS Average fill rate - HCA (%)	DAYS Average fill rate - NA (%)	DAYS Average fill rate - TNA (%)	NIGHTS Average fill rate - RNRMs (%)	NIGHTS Average fill rate - HCA (%)	NIGHTS Average fill rate - NA (%)	NIGHTS Average fill rate - TNA (%)														
		Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned NA Days	Actual NA Days	Planned TNA Days	Actual TNA Days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	Planned NA Nights	Actual NA Nights	Planned TNA Nights	Actual TNA Nights									Parenting	Sickness	Parenting	Sickness	Formal Complaints	Inpatient Falls	Tissue acquired grade 2 PU	Tissue acquired Grade 3 PU	CHPPD	Registered Midwives/ Nurses	Care Staff	Overall
UEC	Critical Care	10,411.67	9,757.50	2,309.67	1,949.67					10,416.00	10,032.00	1,080.00	924.00					93.7%	84.4%	-	-	96.3%	85.6%	-	-	8.60%	5.70%	5.50%	14.30%			4		757	26.1	3.8	29.9
UEC	RAFAU	2,351.75	1,886.75	1,595.17	1,703.92	120.00	120.00			1,165.33	1,056.00	1,388.50	1,810.20					80.2%	106.8%	100.0%	-	90.6%	130.4%	-	-	7.70%	9.40%		7.80%	1	10	5		793	3.7	4.4	8.1
SP&PL	JC06 Gastro	1,070.23	1,128.57	1,428.33	1,394.75					1,069.50	932.50	713.42	1,026.83					105.5%	97.6%	-	-	87.2%	143.9%	-	-		10.00%	4.50%	13.00%	1	5			708	2.9	3.4	6.3
COM	JC09 (Ward 9)	1,854.17	1,497.67	1,385.42	1,423.25			96.00	96.00	1,488.00	1,068.00	1,114.75	1,158.08					80.8%	102.7%	-	100.0%	71.8%	103.9%	-	-	5.30%	2.00%		11.10%		6	2		767	3.3	3.4	6.7
COM	OPM (Older Persons Medicine)	1,881.98	1,317.73	2,230.88	1,978.72					1,109.00	761.00	1,116.00	1,528.00					70.0%	88.7%	-	-	68.6%	136.9%	-	-	10.50%	9.20%	3.10%	8.70%		8	3		803	2.6	4.4	7.0
COM	JC28 (Ward 28)	1,494.00	1,321.33	1,107.67	1,179.50					1,487.75	1,367.75	744.00	864.00					88.4%	106.5%	-	-	91.9%	116.1%	-	-	6.00%	4.40%	5.20%	6.90%		2	1		439	6.1	4.7	10.8
COM	Ward 3	1,430.17	1,364.17	1,795.58	2,059.67					1,074.00	938.83	716.00	1,222.58					95.4%	114.7%	-	-	87.4%	170.8%	-	-		12.30%	6.20%	4.50%	1	10	1		802	2.9	4.1	7.0
UEC	Short Stay (JC02)	1,851.67	1,827.50	1,453.00	1,360.67			24.00	24.00	1,488.00	1,130.00	1,104.00	1,175.67			12.00	12.00	98.7%	93.6%	-	100.0%	75.9%	106.5%	-	100.0%		18.60%		15.10%		11	3		776	3.8	3.3	7.1
SP&PL	Ward 5 Surgery	1,668.00	1,494.25	1,854.75	1,681.75					1,116.00	768.00	1,116.00	1,123.33					89.6%	90.7%	-	-	68.8%	100.7%	-	-	6.90%	1.60%	5.60%	1.60%		2			599	3.8	4.7	8.5
SP&PL	JC35 (Ward 35)	1,491.17	1,334.25	1,851.42	1,548.67					1,110.50	918.50	1,116.00	1,248.00					89.5%	83.6%	-	-	82.7%	111.8%	-	-	10.70%	5.50%		10.70%		2			657	3.4	4.3	7.7
SP&PL	JC31 Vas	1,073.42	1,168.42	1,373.75	1,220.08	66.00	66.00	84.00	84.00	696.00	696.00	696.00	696.00	60.00	60.00	36.00	36.00	108.9%	88.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	12.70%	5.00%		4.30%		1			445	4.2	4.3	8.5
SP&PL	Ward 7 Colo	1,858.33	1,470.67	1,860.00	1,696.58					1,116.00	1,104.00	744.00	1,077.65					79.1%	91.2%	-	-	98.9%	144.8%	-	-	5.20%	5.40%		11.00%		1	2		741	3.5	3.7	7.2
SP&PL	JC04 (Ward 4)	1,639.25	1,448.17	1,099.57	1,292.07					1,112.58	1,028.58	743.50	982.42					88.3%	117.5%	-	-	92.5%	132.1%	-	-	5.60%	2.10%	8.70%	5.40%		6	2		610	4.1	3.7	7.8
SP&PL	JC14 Oncology (Ward 14)	1,840.50	1,169.00	1,078.33	1,596.00			36.00	36.00	1,115.50	1,081.17	720.00	753.83			24.00	24.00	63.5%	148.0%	-	100.0%	96.9%	104.7%	-	100.0%	9.00%	17.20%	7.40%	4.40%		6			660	3.4	3.6	7.0
SP&PL	JC33 Specialty (merger of ward 18 and ward 27)	1,488.00	1,343.83	1,377.17	1,113.00			108.00	108.00	1,116.00	1,080.33	743.50	763.17					90.3%	80.8%	-	100.0%	96.8%	102.6%	-	-		2.30%		11.60%		6	1		533	4.5	3.5	8.1
SP&PL	JC34 (Ward 34)	1,475.50	1,348.50	1,858.83	1,355.83	24.00	24.00	114.00	114.00	1,032.00	828.00	1,454.00	1,370.00	108.00	108.00			91.4%	72.9%	100.0%	100.0%	80.2%	94.2%	100.0%	-	5.30%	5.50%	0.40%	16.10%			3		789	2.8	3.5	6.2
SP&PL	JC25 Elective Ortho	1,086.47	763.63	1,062.67	1,066.83					716.83	706.33	357.17	548.67					70.3%	100.4%	-	-	98.5%	153.6%	-	-		19.50%	2.00%	4.40%		4			582	2.5	2.8	5.3
SP&PL	JC36 Trauma	1,868.50	1,538.08	1,859.17	1,518.33					1,116.00	1,077.17	1,121.00	1,180.83					82.3%	81.7%	-	-	96.5%	105.3%	-	-	9.10%	6.20%		21.20%		6			930	2.8	2.9	5.7
SP&PL	Spinal Injuries	2,511.30	2,123.30	1,932.75	1,534.60					1,488.00	1,488.00	1,116.00	1,055.33					84.5%	79.4%	-	-	100.0%	94.6%	-	-	13.60%	13.20%	9.30%	12.00%					358	10.1	7.2	17.3
SP&PL	Cardio MB	744.00	744.00	371.83	409.50					744.00	732.00	0.00	103.33					100.0%	110.1%	-	-	98.4%	-	-	-		1.30%		53.50%					248	6.0	2.1	8.0
SP&PL	CCU JCUH	2,664.00	2,016.00	366.00	515.33					1,860.00	1,836.00	0.00	52.67					75.7%	140.8%	-	-	98.7%	-	-	-	3.40%	0.20%				2	1		256	15.0	2.2	17.3
UEC	CICU JCUH	3,599.33	3,153.67	714.00	570.00					3,600.00	3,072.00	540.00	456.00					87.6%	79.8%	-	-	85.3%	84.4%	-	-	4.40%	9.20%	9.10%	22.60%		1	1		225	27.7	4.6	32.2
SP&PL	JC24 (Ward 24)	1,505.75	1,365.50	1,107.00	1,638.07			84.00	84.00	1,116.00	986.58	720.00	1,313.48			24.00	24.00	90.7%	148.0%	-	100.0%	88.4%	182.4%	-	100.0%	0.80%	3.60%		1.10%		9			628	3.7	4.7	8.4
SP&PL	JC27 Neuro	1,446.83	1,412.75	1,146.83	1,088.58					744.00	744.00	960.00	1,077.33					97.6%	95.8%	-	-	100.0%	112.2%	-	-		12.30%		24.10%		1			405	5.3	5.4	10.7
SP&PL	JC26 (Ward 26)	1,125.17	1,015.25	744.08	1,195.92					744.00	745.33	372.00	828.00					90.2%	160.7%	-	-	100.2%	222.6%	-	-	6.80%	5.10%		3.30%		4			359	4.9	5.6	10.5
SP&PL	JC29 (Ward 29)	1,485.67	1,348.00	1,121.00	1,021.83					1,116.00	1,044.00	744.00	744.00					90.7%	91.2%	-	-	93.5%	100.0%	-	-		10.60%	9.90%	9.50%		3	4		691	3.5	2.6	6.0
SP&PL	JCCT (Ward 32)	1,619.17	1,584.92	1,247.75	1,248.50					1,115.83	827.83	743.17	1,056.83					97.9%	100.1%	-	-	74.2%	142.2%	-	-	12.70%	5.50%			1		1		593	4.1	3.9	8.0
UEC	Cardio HDU	2,093.92	1,927.50	361.17	333.42			12.00	12.00	1,692.00	1,464.00	358.25	348.00			24.00	24.00	92.1%	92.3%	-	100.0%	86.5%	97.1%	-	100.0%	3.50%	5.40%		2.70%		1	1		200	17.0	3.4	20.4
SP&PL	Ward 8	1,867.42	1,630.83	1,862.33	1,544.33					1,110.00	1,086.00	744.00	1,025.00					97.3%	82.9%	-	-	97.8%	137.8%	-	-	4.30%	6.70%		20.80%	1	7	2		830	3.3	3.1	6.4
UEC	JC24 HDU	1,492.83	1,352.83	363.83	309.83					1,488.00	1,339.67	372.00	432.00					90.6%	85.2%	-	-	90.0%	116.1%	-	-	2.10%	6.30%		8.70%			1		159	16.9	4.7	21.6
COM	JC21 (Ward 21)	2,220.00	2,039.00	567.00	560.00					2,232.00	1,927.00	372.00	348.00					91.8%	98.8%	-	-	86.3%	93.5%	-	-	5.20%	5.30%	10.60%	3.40%					517	7.7	1.8	9.4
COM	JC22 (Ward 22)	1,114.50	1,158.50	571.50	530.00					1,008.00	937.50	108.00	108.00					103.9%	92.7%	-	-	93.0%	100.0%	-	-		2.40%		1.30%					234	9.0	2.7	11.7
COM	JCDS (Central Delivery Suite)	3,762.00	3,723.00	1,212.00	723.50					4,089.50	3,948.25	744.00	718.00					99.0%	58.7%	-	-	96.5%	96.5%	-	-	1.90%	6.40%		5.10%					627	12.2	2.3	14.5
COM	Neonatal Unit	5,709.25	4,862.25	372.00	198.00					5,208.00	4,744.75	0.00	96.00					85.2%	53.2%	-	-	91.1%	-	-	-	8.00%	11.50%	18.60%	32.10%					711	13.5	0.4	13.9
COM	Paediatric Intensive Care Unit (PICU)	1,860.00	1,435.50	237.00	157.00					1,854.00	1,386.00	0.00	0.00					77.2%	66.2%	-	-	74.8%	-	-	-	3.90%	12.00%		3.80%					104	27.1	1.5	28.6
COM	Ward 17 JCUH	2,226.50	1,995.50	1,056.00	808.00					1,485.50	1,449.50	1,068.00	800.50					89.6%	76.5%	-	-	97.6%	75.0%	-	-	12.90%	11.40%	6.50%	8.70%					755	4.6	2.1	6.7
COM	Ward 19 Ante Natal	1,271.50	1,002.50	312.00	253.50					744.00	732.00	0.00	0.00					78.8%	-	-	-	98.4%	-	-	-		3.30%		13.30%					255	6.8	1.0	7.8
																	Site average	88.6%	96.2%	100.0%	100.0%	90.1%	118.7%	100.0%	100.0%												

																		< 80	80-95	> 95																			
	FHN	Hours																DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	DAYS Average fill rate - NA (%)	DAYS Average fill rate - TNA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	NIGHTS Average fill rate - NA (%)	NIGHTS Average fill rate - TNA (%)	Parenting	Sickness	Parenting	Sickness	Formal Complaints	Inptient Falls	Turst aquired grade 2 PU	Trust Aquired Grade 3 PU	CHPPD	Registered Midwives/ Nurses	Care Staff	Overall
		Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned NA Days	Actual NA Days	Planned TNA Days	Actual TNA Days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	Planned NA Nights	Actual NA Nights	Planned TNA Night	Actual TNA Nights																						
UEC	Ainderby FHN	1,285.83	947.00	1,063.83	1,323.00	123.50	123.50			713.33	682.83	713.00	701.50					73.6%	124.4%	100.0%	-	95.7%	98.4%	-	-	6.20%	6.60%				2	3		616	2.6	3.3	5.9
UEC	Romanby FHN	1,593.27	1,080.60	1,164.00	1,125.50					713.33	713.33	713.00	690.00					67.8%	96.7%	-	-	100.0%	96.8%	-	-		11.00%	4.30%	3.80%		1	3		613	2.9	3.0	5.9
COM	Rutson FHN	1,185.48	749.48	1,686.50	1,185.50					713.00	714.50	714.00	714.00					63.2%	70.3%	-	-	100.2%	100.0%	-	-	14.30%	11.20%	6.70%	11.40%		1			414	3.5	4.6	8.1
SP&PL	Gara Orthopaedic FHN	832.50	779.48	733.50	707.50					714.83	692.83	356.50	381.50					93.6%	96.5%	-	-	96.9%	107.0%	-	-	8.30%	10.90%		1.00%		1	1		321	4.6	3.4	8.0
COM	Maternity FHN	1,021.50	999.50	165.00	135.00					744.00	588.50	0.00	0.00					97.8%	81.8%	-	-	79.1%	-	-	-	7.10%	4.80%		32.70%					19	83.6	7.1	90.7
																	Site Average	79.2%	93.9%	100.0%	-	94.4%	100.5%	-	-												

																		< 80	80-95	> 95																			
	Redcar	Hours																DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	DAYS Average fill rate - NA (%)	DAYS Average fill rate - TNA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	NIGHTS Average fill rate - NA (%)	NIGHTS Average fill rate - TNA (%)	Parenting	Sickness	Parenting	Sickness	Formal Complaints	Inptient Falls	Turst aquired grade 2 PU	Trust Aquired Grade 3 PU	CHPPD	Registered Midwives/N urses	Care Staff	Overall
		Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned NA Days	Actual NA Days	Planned TNA Days	Actual TNA Days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	Planned NA Nights	Actual NA Nights	Planned TNA Night	Actual TNA Nights																						
COM	Zetland	1,475.62	1,330.62	3,038.40	2,840.82					1,116.00	1,031.83	1,116.00	1,127.50					90.2%	93.5%	-	-	92.5%	101.0%	-	-	0.40%	8.10%		7.10%		5			769	3.1	5.2	8.2
																	Site Average	90.2%	93.5%	-	-	92.5%	101.0%	-	-												

	East Cleveland									< 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	Formal Complaints	Inptient Falls	Turst aquired grade 2 PU	Trust Aquired Grade 3 PU	CHPPD	Registered Midwives/N urses	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																					
COM	Tocketts Ward East Cleveland Hospital	1,090.48	949.98	1,735.48	1,559.33	1,058.67	738.00	1,300.50	1,278.25	87.1%	89.9%	69.7%	98.3%		20.10%		29.20%		2	3		669	2.5	4.2	6.8
									Site Average	87.1%	89.9%	69.7%	98.3%															

	Friary Community Hospital									< 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	Formal Complaints	Inptient Falls	Turst aquired grade 2 PU	Trust Aquired Grade 3 PU	CHPPD	Registered Midwives/N urses	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																					
COM	Friary Community Hospital	1,008.08	968.00	1,343.00	1,156.50	621.50	621.50	626.75	596.75	96.0%	86.1%	100.0%	95.2%		1.00%		6.50%		1			396	4.0	4.4	8.4
									Site Average	96.0%	86.1%	100.0%	95.2%															

	James Cook																	< 80	80-95	> 95																	
		Hours																																			
		Planned RN days	Actual RN days	Planned HCA days	Actual HCA days	Planned NA Days	Actual NA Days	Planned TNA Days	Actual TNA Days	Planned RN Nights	Actual RN nights	Planned HCA nights	Actual HCA nights	Planned NA Nights	Actual NA Nights	Planned TNA Nights	Actual TNA Nights	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	DAYS Average fill rate - NA (%)	DAYS Average fill rate - TNA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	NIGHTS Average fill rate - NA (%)	NIGHTS Average fill rate - TNA (%)	Parenting	Sickness	Parenting	Sickness	Formal Complains	Inptient Falls	Turstaquired grade 2 PU	TrustAquired Grade 3 PU	CHPPD	Registered Midwives/Nurses	Care Staff	Overall
UEC	Ac&Em -J	6,954.17	6,237.17	2,542.32	1,777.48	111.00	111.00	48.00	48.00	5,316.00	5,432.33	2,165.83	1,527.83	156.00	156.00	60.00	60.00	89.7%	69.9%	100.0%	100.0%	102.2%	70.5%	100.0%	100.0%	2.10%	4.40%	2.90%	9.30%	1	1						
UEC	AMU JCUH	2,602.00	2,140.50	1,488.00	1,547.33					2,232.00	1,836.00	1,488.00	1,665.33					82.3%	104.0%	-	-	82.3%	111.9%	-	-	7.70%	4.60%	4.30%	4.00%		4	3		748	5.3	4.3	9.6
UEC	AAU JCUH	2,976.00	2,957.67	1,751.75	1,501.42					1,860.00	1,884.00	1,116.00	1,168.67					99.4%	85.7%	-	-	101.3%	104.7%	-	-	10.40%	2.10%		7.60%		11			641	7.6	4.2	11.7
COM	Mat Assessment Unit	1,653.33	1,455.33	279.00	234.00					900.00	809.30	0.00	0.00					88.0%	83.9%	-	-	89.9%	-	-	-	5.50%	4.60%		15.20%					36	62.9	6.5	69.4
	Theatres																																				
UEC	MT Mixed Specialty	3,422.25	3,145.00	2,578.75	2,075.50					310.00	310.00	310.00	300.00					91.9%	80.5%	-	-	100.0%	96.8%	-	-		6.80%	3.50%									
UEC	MT Orthopaedics	1,993.50	1,742.50	1,796.50	1,523.00					310.00	310.00	310.00	310.00					87.4%	84.8%	-	-	100.0%	100.0%	-	-	5.80%	7.00%		9.40%								
UEC	MT General Theatres	3,655.25	3,475.75	3,070.00	2,606.00	83.00	83.00	50.00	50.00	930.00	960.00	590.00	550.00	30.00	30.00			95.1%	84.9%	100.0%	100.0%	103.2%	93.2%	100.0%	-	2.80%	9.30%		6.50%								
UEC	MT Anaes & Rec	9,010.75	7,278.25	932.50	1,102.50					930.00	930.00	0.00	0.00					80.8%	118.2%	-	-	100.0%	-	-	-	1.30%	12.30%		6.00%								
UEC	Theatres FHN	5,119.10	3,989.67	2,628.75	1,694.75	145.00	145.00			0.00	0.00	0.00	0.00					77.9%	64.5%	100.0%	-	-	-	-	-	2.30%	3.70%		4.60%								
	FHN																																				
UEC	Clinical Decisions Unit FHN	1,797.83	1,259.50	1,063.50	1,219.83					1,071.17	887.17	714.00	783.67					70.1%	114.7%	-	-	82.8%	109.6%	-	-	13.90%	14.80%		10.60%		9	1		517	4.2	3.9	8.0

	< 80	80-95	> 95					
	DAYS Average fill rate - RN/RMs (%)	DAYS Average fill rate - HCA (%)	DAYS Average fill rate - NA (%)	DAYS Average fill rate - TNA (%)	NIGHTS Average fill rate - RN/RMs (%)	NIGHTS Average fill rate - HCA (%)	NIGHTS Average fill rate - NA (%)	NIGHTS Average fill rate - TNA (%)
Trust Average								
Community Care	87.2%	85.3%	100.0%	100.0%	87.6%	107.3%	100.0%	100.0%
Specialist & Planned Care	88.9%	102.8%	100.0%	100.0%	92.6%	125.9%	100.0%	100.0%
Urgent and Emergency Care	85.1%	97.1%	100.0%	100.0%	89.7%	100.1%	100.0%	100.0%
Trust Average	87.1%	95.1%	100.0%	100.0%	90.0%	111.1%	100.0%	100.0%

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 February 2020			
Summary of the Deep Dive into Safe Staffing, Extraordinary Workforce Committee meeting 28 November 2019			**AGENDA ITEM: 12, ENC 6**
Report Author and Job Title:	Eileen Aylott, Assistant Director of Nursing Education and Workforce	**Responsible Director:**	Gill Hunt, Director of Nursing and Quality
Action Required	Approve ☒ Discuss ☐ Inform ☐		
Situation	This paper summarises the deep dive undertaken at the Extraordinary Workforce Committee on the 28 November 2019 in relation to the Safe Staffing Papers for adult inpatients / paediatrics inpatients / theatres and the Emergency Department (JCUH).		
Background	These papers are required to be submitted to Board as part of the National Quality Board requirements which inform the NHSI Workforce Safeguards		
Assessment	A presentation was delivered to Committee members outlining the validated tools used to calculate the staffing requirements presented within each paper. The Committee accepted the papers as a robust evaluation of the safe staffing review undertaken during the month of June 2019 in line with NHSI Workforce Safeguards		
Recommendation	Members of the Trust Board are asked to approve this paper as a record of the deep dive discussion undertaken		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 5.1 Demographic changes, shifting cultural attitudes to careers, capacity and capability of staff combined with employment market factors resulting in critical workforce gaps in some clinical and non clinical services		
Legal and Equality and Diversity implications	• Care Quality Commission • NHS Improvement • NHS England		
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

Summary Paper of the Safe Staffing Reviews of Adult Inpatient, Paediatric inpatient, Theatres and the Emergency Department, JCUH

1. PURPOSE OF REPORT

The purpose of the report is to provide the Board with an overview of the four safe staffing papers presented to the Extraordinary Workforce Committee convened on 28 November 2019, arranged to allow sufficient time for a 'deep dive' to be undertaken.

2. BACKGROUND

The National Quality Board (NQB) published guidance in 2013 revised in 2016 "Supporting NHS Providers to deliver the right staff, with the right skills, in the right place at the right time" outlining its expectations and framework within which decisions on safe and sustainable staffing should be made to deliver safe, effective, caring, responsive and well-led care on a sustainable basis.

The Developing Workforce Safeguards (DWS) document was published by NHS Improvement (NHSI) in October 2018 with regulatory reporting by all provider Trusts against the framework, through the mandatory submission of an Annual Governance Statement[i] and Single Oversight Framework[ii] monitoring, from April 2019.

3. DETAILS

The Director of Nursing and Assistant Director of Nursing Education and Workforce delivered a presentation to the Committee, with an overview of the Shelford Group Safer Nursing Care Tool (SNCT) and how this tool calculates staffing requirements based on the acuity and dependency of the patients during the time frame agreed. The use of Care Hours per Patient Day (CHPPD) as a measure was also presented. This information is overlaid with professional judgement and nurse sensitive outcome measures.

The section below outlines the executive summary from each of the reports presented (full papers available for reference).

The Committee noted that the Trust agreed and budgeted headroom is 21%, with national guidance generally recommending 25%.

Adult Inpatient Review

This review utilised 1 months acuity and dependency data extracted from SafeCare and other data systems to provide a robust review of staffing across centres. The

electronic SNCT tool has been used to then calculate required establishments based on the number of occupied beds during June 2019 as per NHSI recommendations. The report also details CHPPD and nurse:patient ratios alongside nurse sensitive indicators.

The RN to patient ratio was considered in respect of a minimum 1:8 (day time) which has a clear evidence base to indicate that as this ratio increases so does the risk of harm to patients. Following a review a ratio of 1:12 overnight was agreed as a minimum requirement, although no clear evidence base exists. Ward 34 was the only area to exceed this standard during data collection (nurse : patient ratio of 1:8.3 day time 1:12.5 night time). At a macro level CHPPD is comparable with peer organisations.

The results of the review were discussed with each Centre Associate Director of Nursing who have applied their professional judgement to create action plans.

The Committee noted the following exceptions:

1. The National Stroke Nursing Forum (2016) recommends a RN staffing ratio of 1:2 for the first 72 hours following stroke and should be classified as level 2 patients.

   The monitored area on the JCUH site is a combination of a Hyper-acute stroke unit (HASU) and an acute stroke unit (ASU). The funded establishment for RN: patient ratio is 1:3. The unit is recording patient levels on a daily basis and patient outcome / experience is monitored and is generally positive.

2. There is a need to review the classification of the speciality High Dependency Units (neurosurgery and cardiothoracic surgery) in line with GPIC's v2. The CHDU has a supernumerary coordintor 7 days a week but not overnight. The NHDU has a 1:2 nurse: patient ratio but no supernumerary coordinator. The Clinical Director for critical care is undertaking a full gap analysis against GPIC v2.

There continues to be a recognised national shortage of adult registered nurses. To maintain the current nursing workforce numbers across England and to close the current vacancy gap, an increase in the numbers of student nurses in training of 5,000 is required per year from 2020. To support this plan there will need to be a continued reliance on international recruitment and support programmes in place particually for hard to recruit to areas such as older peoples medicine, stroke, theatres and neurosciences. A campaign was supported to recruit from India and the Philippines in October 2019 following the student nurse cohort interviews for those qualifying in January/March 2020. The Trust has been invited by NHSI to join the final cohort of retention support which began in September 2019 to inform a nursing and midwifery retention strategy.

Paediatric Review

Results have been triangulated with professional judgement in reaching conclusions and making recommendations.

Results from this data are similar to those presented in the June 2018 paper in which staffing for the summer months is aligned to budgeted WTE. Winter months pose a risk in terms of safe staffing and a business case recommended in the January 2019 report has been progressed to increase funded HCA WTE and uplift some Band 5 RN to Band 6 to provide 24/7 unit cover as per Royal College of Nursing Guidance.

Theatre Review

The Theatre staffing review utilises the Association of Perioperative Practitioners (AfPP) guidance as the standard to benchmark against, whilst triangulated with local specialist knowledge of the specialty areas.

Generally, funded establishments are close to the requirements of AfPP guidance and local knowledge in both Theatres at JCUH and FHN within the Urgent and Emergency Care Centre. The main challenge in the theatre environment has related to securing adequate numbers of substantive RN's / Operating Department Practitioners and has meant there has been a reliance on temporary staffing solutions (including agency staff). We have targeted nurses with theatre skills in the overseas recruitment campaign.

Emergency Department (ED)

This was the first formal paper to Workforce Committee relating to the ED.as part of the ongoing requirements of the Developing Workforce Safeguards[iii] recommendations

Two tools have been used to assess staffing levels in the ED, the BEST tool and the more recently introduced NHSI evidenced based tool. Results from the assessments have also been reviewed in the context of national benchmarking comparisons.

The findings of this review against the BEST tool suggest a WTE deficit of 18.21 however the introduction of the Band 4 Nursing Associate (who are NMC registered) and the Emergency Care Practitioner are not considered within this tool and therefore the gap can be partially mitigated. The NHSI evidence based tool indicates that staffing within the ED is appropriate to meet the needs of the service with the exception of some uplift from Band 5-6 and a Band 7 in Resuscitation 24 hours a day, which is a Major Trauma Centre requirement. There is a need to establish a

clear scope of practice for the new Registered Nursing Associate role within the ED team.

4. RECOMMENDATIONS

Members of the Trust Board are asked to: approve this paper as a record of the deep dive discussion undertaken

References

[i] Department of Health (2019) *Department of Health and Social Care Group Accounting Manual 2018-19*. https://www.gov.uk/government/publications/dhsc-group-accounting-manual-2018-to-2019

[ii]NHS Improvement (2017) *The Single Oversight Framework*. NHS Improvement. London. https://improvement.nhs.uk/resources/single-oversight-framework-segmentation

5 The Royal College of Paediatrics and Young People (2018): *Facing the Future – Standards for children in emergency care settings*

[iii] NHS Improvement (2018) *Developing Workforce Safeguards: Supporting providers to deliver high quality care through safe and effective staffing.* NHS Improvement London (accessed 09/07/2019) https://improvement.nhs.uk/resources/developing-workforce-safeguards/

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 February 2020			
Actual and Potential Deceased Organ Donation 1st April 2019- 30th Sept 2019 South Tees Hospital NHS Foundation Trust			**AGENDA ITEM: 13** **ENC 7**
Report Author and Job Title:	Lisa Tombling Specialist Nurse Organ Donation NHS Blood and Transplant	**Responsible Director:**	Sath Nag Medical Director & Chair Trust Donation Committee Clinical Leads for Organ Donation Professor Stephen Bonner and Dr Steven Williams
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Actual and Potential Deceased Organ Donation		
Background	Six month report into Actual and Potential deceased donation activity 2019/2020		
Assessment	Goal : Every patient who meets the referral criteria should be identified and referred to NHS Blood and Transplants Organ Donation Service. Goal: A Specialist Nurse for Organ Donation (SNOD) should be present during every organ donation discussion with families.		
Recommendation	The Board of Directors are asked to note this report for information.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☒	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

Actual and Potential Deceased Organ Donation 1 April 2019 - 30 September 2019

NHS Blood and Transplant

South Tees Hospitals NHS Foundation Trust

Taking Organ Transplantation to 2020

In the first six months of 2019/20, from 13 consented donors the Trust facilitated 8 actual solid organ donors resulting in 20 patients receiving a life-saving or life-changing transplant. Data obtained from the UK Transplant Registry.

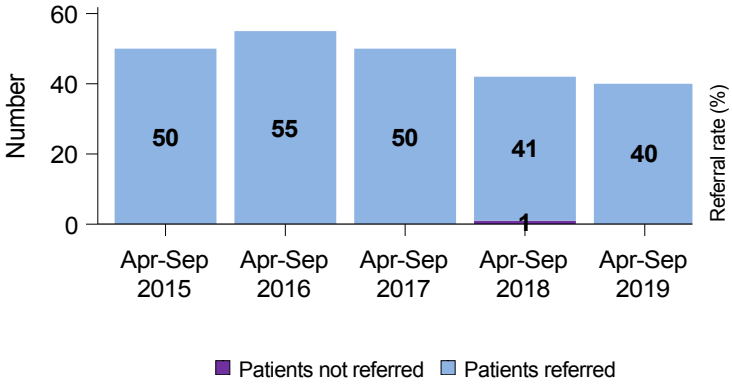
In addition to the 8 proceeding donors there were 5 consented donors that did not proceed.

Best quality of care in organ donation

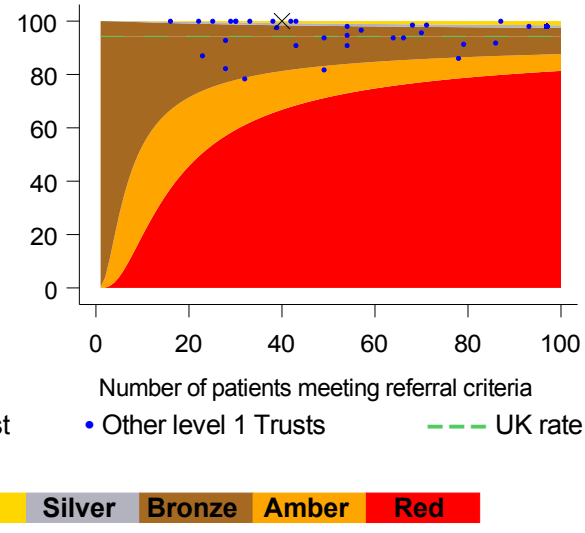
Referral of potential deceased organ donors

Goal: Every patient who meets the referral criteria should be identified and referred to NHS Blood and Transplant's Organ Donation Service

Aim: There should be no purple on the chart



Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold



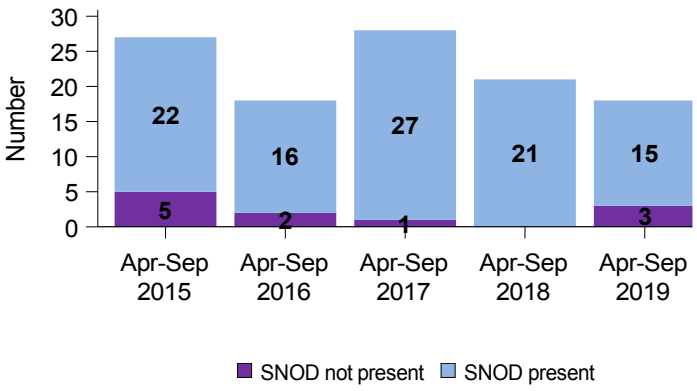
The Trust referred 40 potential organ donors during the first six months of 2019/20. There were no occasions where potential organ donors were not referred.

When compared with UK performance, the Trust was exceptional (gold) for referral of potential organ donors to NHS Blood and Transplant.

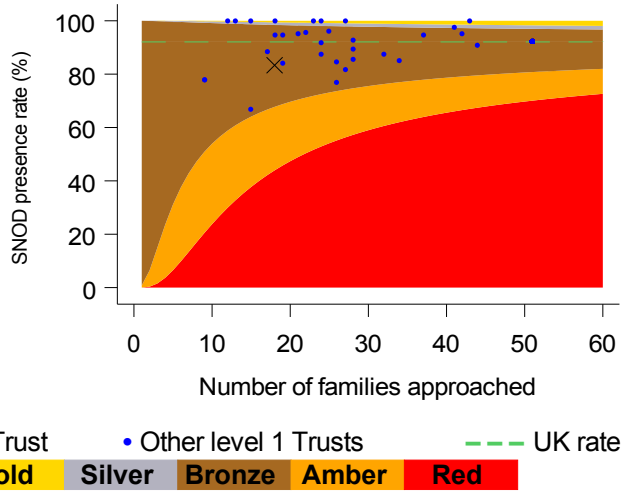
Presence of Specialist Nurse for Organ Donation

Goal: A Specialist Nurse for Organ Donation (SNOD) should be present during every organ donation discussion with families

Aim: There should be no purple on the chart



Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold



A SNOD was present for 15 organ donation discussions with families during the first six months of 2019/20. There were 3 occasions where a SNOD was not present.

When compared with UK performance, the Trust was average (bronze) for SNOD presence when approaching families to discuss organ donation.

Why it matters

- If suitable patients are not referred, the patient's decision to be an organ donor is not honoured or the family does not get the chance to support organ donation.
- The consent rate in the UK is much higher when a SNOD is present.
- The number of patients receiving a life-saving or life-changing solid organ transplant in the UK is increasing but patients are still dying while waiting.

Regional donors, transplants, waiting list, and NHS Organ Donor Register (ODR) data

	North East*	UK
1 April 2019 - 30 September 2019		
Deceased donors	41	779
Transplants from deceased donors	63	1,865
Deaths on the transplant list	7	167
As at 30 September 2019		
Active transplant list	286	6,267
Number of NHS ODR opt-in registrations (% registered)**	1,000,055 (38%)	25,582,001 (39%)

*Regions have been defined as per former Strategic Health Authorities
** % registered based on population of 2.62 million, based on ONS 2011 census data

Further information

Further information on potential donors after brain death (DBD) and potential donors after circulatory death (DCD) at the Trust are shown below, including a UK comparison. Data obtained from the Potential Donor Audit (PDA).

Key numbers, rates and comparison with UK data, 1 April 2019 - 30 September 2019

	DBD		DCD		Deceased donors	
	Trust	UK	Trust	UK	Trust	UK
Patients meeting organ donation referral criteria[1]	10	959	31	2832	40	3693
Referred to Organ Donation Service	10	950	31	2624	40	3482
Referral rate %	G *100%*	*99%*	G *100%*	*93%*	G *100%*	*94%*
Neurological death tested	9	850				
Testing rate %	B *90%*	*89%*				
Eligible donors[2]	8	813	20	1963	28	2776
Family approached	8	722	10	917	18	1639
Family approached and SNOD present	8	694	7	815	15	1509
% of approaches where SNOD present	G *100%*	*96%*	B *70%*	*89%*	B *83%*	*92%*
Consent ascertained	5	513	8	585	13	1098
Consent rate %	B *63%*	*71%*	B *80%*	*64%*	B *72%*	*67%*
Actual donors (PDA data)	4	458	4	316	8	774
% of consented donors that became actual donors	*80%*	*89%*	*50%*	*54%*	*62%*	*70%*

[1] DBD - A patient with suspected neurological death
DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours

[2] DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation
DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

Gold | Silver | Bronze | Amber | Red

For further information, including definitions, see the latest Potential Donor Audit report at www.odt.nhs.uk/statistics-and-reports/potential-donor-audit/

South Tees Hospitals
NHS Foundation Trust

Performance Report

27th January 2020

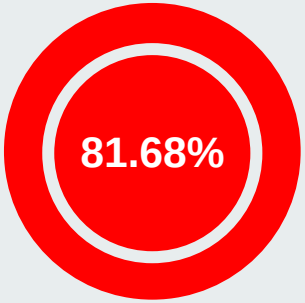
Must Do’s

Must Do's 2019/20 – December 2019

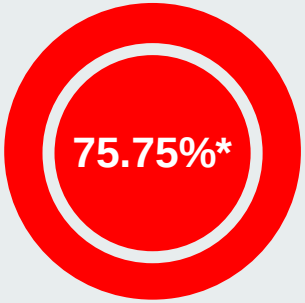
Deliver Excellence in Patient Outcome and Experience….

A&E
4hr Target

RTT
18 Week Target



Cancer
62 Day Target

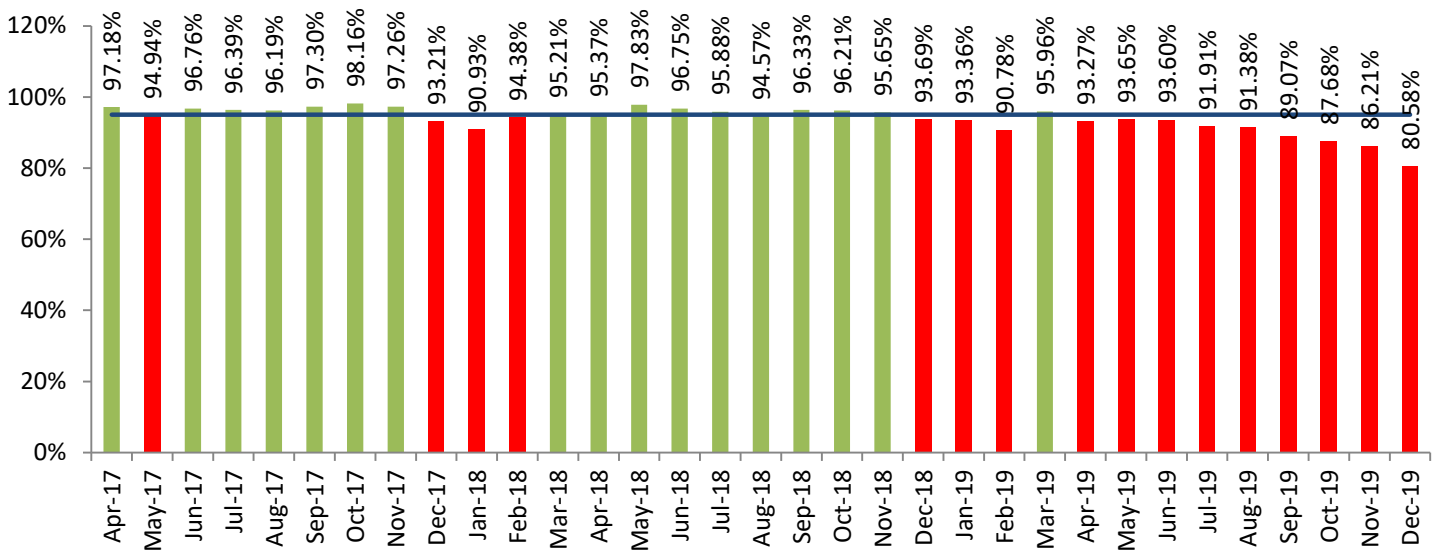


Operating Surplus

* Indicative

…and ensure our long term financial sustainability

Performance - A&E



95% TARGET

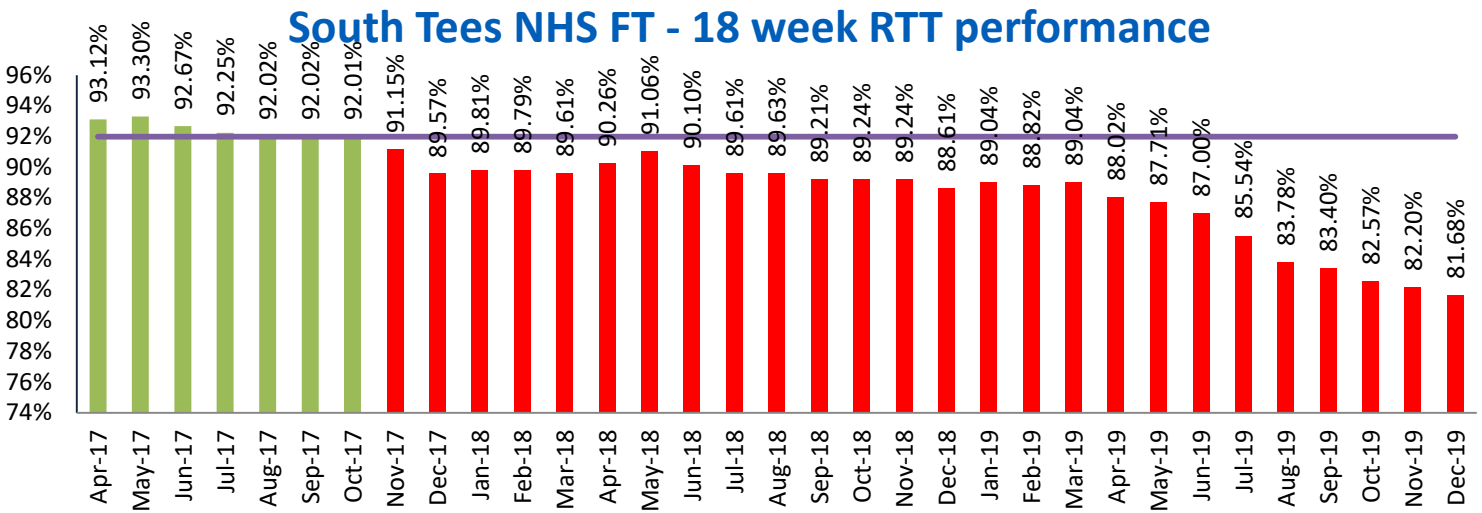
Dec 19
80.58%

Jan to date (as at 21/01/2020)
84.03%

Regional Rank	Trust	Dec-19
1	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	94.29%
2	Northumbria Healthcare NHS Foundation Trust	92.72%
3	Harrogate and District NHS Foundation Trust	85.66%
4	Gateshead Health NHS Foundation Trust	83.97%
5	**South Tees Hospitals NHS Foundation Trust**	**80.58%**
6	North Cumbria University Hospitals NHS Trust	75.32%
7	York Teaching Hospitals NHS Foundation Trust	75.06%
8	South Tyneside And Sunderland NHS Foundation Trust	74.41%
9	County Durham and Darlington NHS Foundation Trust	70.64%
-	North Tees and Hartlepool NHS Foundation Trust	-
	ENGLAND	**79.78%**

Dec 19
Ranked 5th in the region

Referral to Treat



92%
TARGET

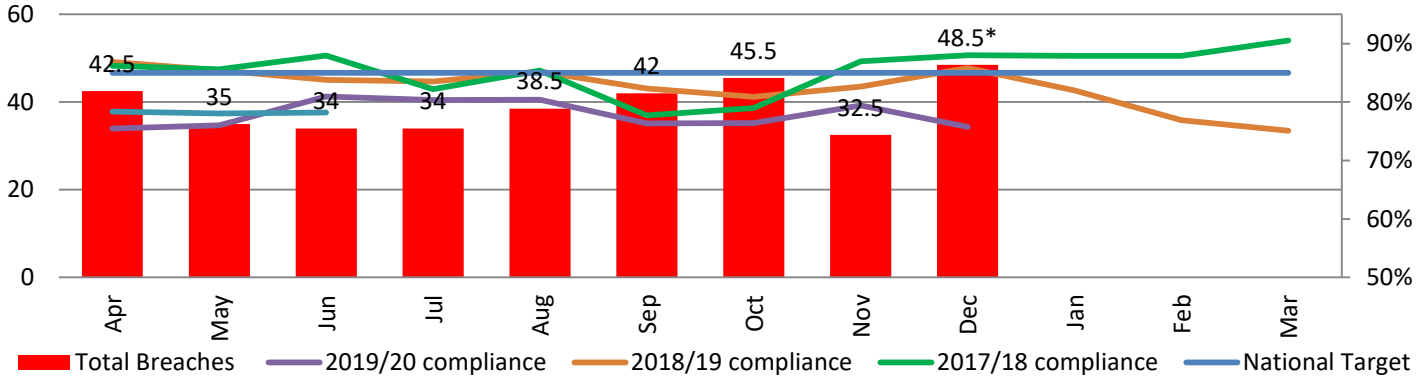
Dec 19

81.68%

Regional Rank	Trust	Nov-19
1	North Tees and Hartlepool NHS Foundation Trust	92.98%
2	South Tyneside And Sunderland NHS Foundation Trust	92.52%
3	Northumbria Healthcare NHS Foundation Trust	92.08%
4	Gateshead Health NHS Foundation Trust	92.02%
5	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	89.50%
6	County Durham and Darlington NHS Foundation Trust	88.90%
7	**South Tees Hospitals NHS Foundation Trust**	**82.20%**
8	North Cumbria University Hospitals NHS Trust	75.20%
9	York Teaching Hospital	75.00%
10	Harrogate and District NHS Foundation Trust	-
	ENGLAND	**84.37%**

Nov 19
Ranked 7th in the region

Performance – 62 Day Cancer Standard



% compliance and number of breaches

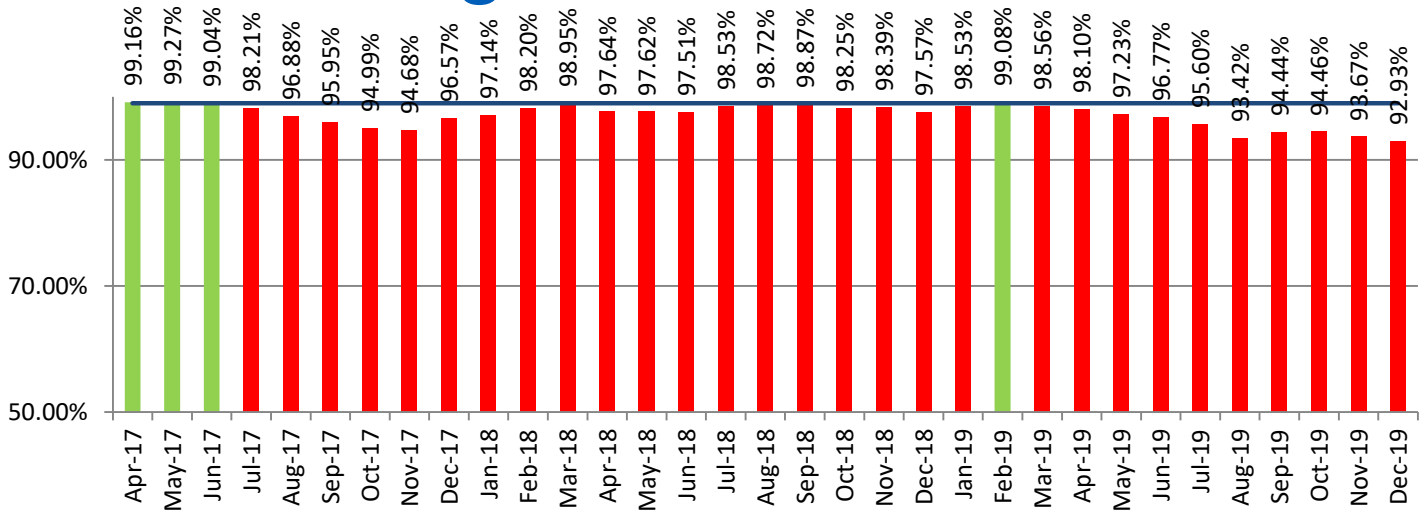
* Indicative

Jun 19	Jul 19	Aug 19	Sep 19	Oct19	Nov 19	Dec 19*
80.95%	80.35%	80.41%	76.34%	76.42%	79.43%	75.75%*

Regional Rank	Trust	Sep-19
1	Harrogate and District NHS Foundation Trust	88.30%
2	Northumbria Healthcare NHS Foundation Trust	88.24%
3	North Cumbria University Hospitals NHS Trust	87.37%
4	North Tees and Hartlepool NHS Foundation Trust	85.83%
5	**South Tees Hospitals NHS Foundation Trust**	**79.43%**
6	County Durham and Darlington NHS Foundation Trust	78.81%
7	South Tyneside and Sunderland NHS Foundation Trust	78.69%
8	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	78.69%
9	York Teaching Hospitals NHS Foundation Trust	75.86%
11	Gateshead Health NHS Foundation Trust	71.67%
	ENGLAND	**77.37%**

Nov 19 Ranked 5th in the region

6 Week Diagnostic



99% TARGET

Dec 19

92.93%

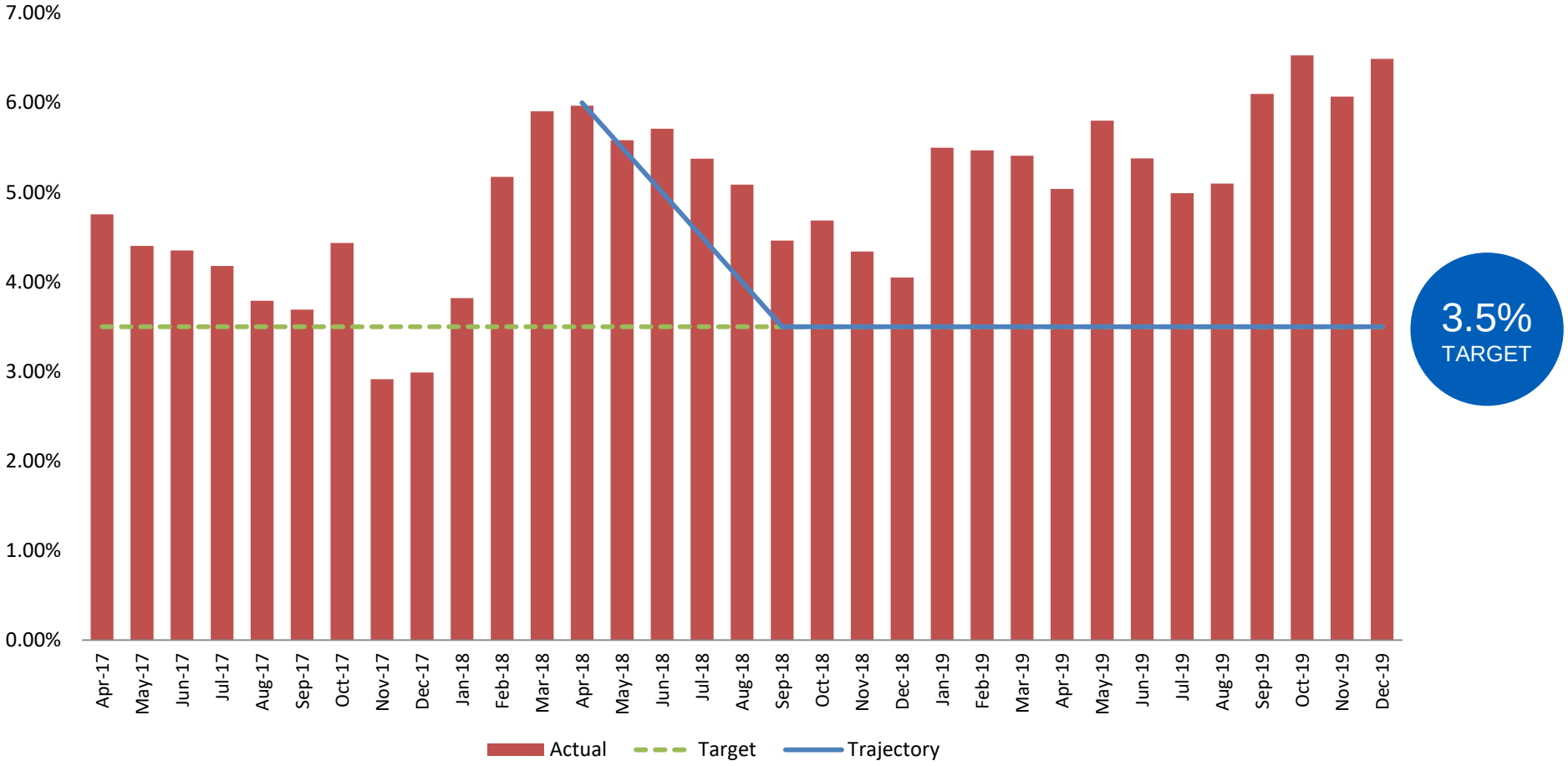
6 Week Diagnostic Performance (Target 99%)	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Magnetic Resonance Imaging	98.65%	99.69%	99.75%	99.83%	99.64%	98.81%	99.78%	99.96%	99.73%	99.89%	99.60%	97.75%
Computed Tomography	100.00%	99.79%	99.92%	99.85%	99.94%	99.93%	99.93%	99.80%	99.93%	99.30%	99.46%	99.84%
Non-obstetric ultrasound	100.00%	100.00%	100.00%	100.00%	99.90%	99.97%	99.90%	99.92%	99.97%	99.93%	100.00%	99.76%
Barium Enema												
DEXA Scan	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Audiology Assessments	99.77%	98.55%	98.83%	96.22%	98.11%	97.99%	94.86%	88.51%	87.10%	86.57%	86.49%	86.28%
Cardiology - echocardiography	100.00%	92.50%	93.62%	92.31%	88.24%	69.70%	83.78%	97.62%	96.88%	100.00%	97.44%	90.63%
Cardiology - electrophysiology												
Neurophysiology	83.07%	95.21%	91.30%	84.09%	70.74%	72.06%	70.64%	66.53%	73.38%	79.23%	88.38%	86.89%
Sleep studies	65.38%	67.31%	50.00%	44.44%	14.29%	22.64%	34.92%	40.00%	49.06%	62.75%	65.96%	46.30%
Urodynamics - pressures & flows	65.63%	47.37%	18.52%	48.00%	52.08%	73.91%	79.07%	85.29%	70.45%	76.47%	55.26%	49.09%
Gastro - Colonoscopy	100.00%	98.41%	94.30%	93.75%	94.86%	89.72%	71.53%	62.66%	64.38%	62.86%	59.13%	56.85%
Gastro - Flexi sigmoidoscopy	100.00%	96.77%	94.12%	92.75%	89.47%	91.49%	74.38%	60.63%	69.51%	65.00%	53.26%	45.98%
Urology - Cystoscopy	96.17%	95.95%	97.18%	100.00%	94.62%	96.07%	96.83%	92.68%	91.84%	95.60%	98.14%	94.44%
Gastroscopy	100.00%	98.32%	95.95%	96.48%	98.11%	90.87%	88.85%	77.52%	83.81%	87.66%	79.51%	82.47%
Trust Total	98.53%	99.08%	98.56%	98.10%	97.23%	96.77%	95.60%	93.42%	94.44%	94.46%	93.67%	92.93%

Operational Management

2

Delayed Transfer of Care (DToC)

Percentage DToC against Midnight Bed Occ

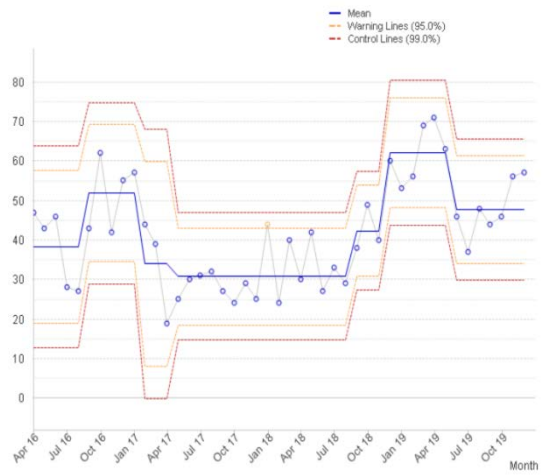


Patient Safety, Outcome and Experience

3

Delivering Safe Care 19/20

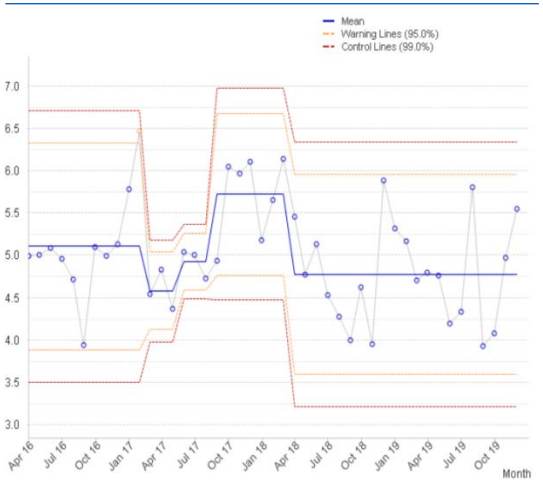
New or deteriorating category 2 pressure ulcers December 2019



Inpatient rate is 2.0 per 1000 bed days.

28 community category 2 pressure ulcers

Falls December 2019



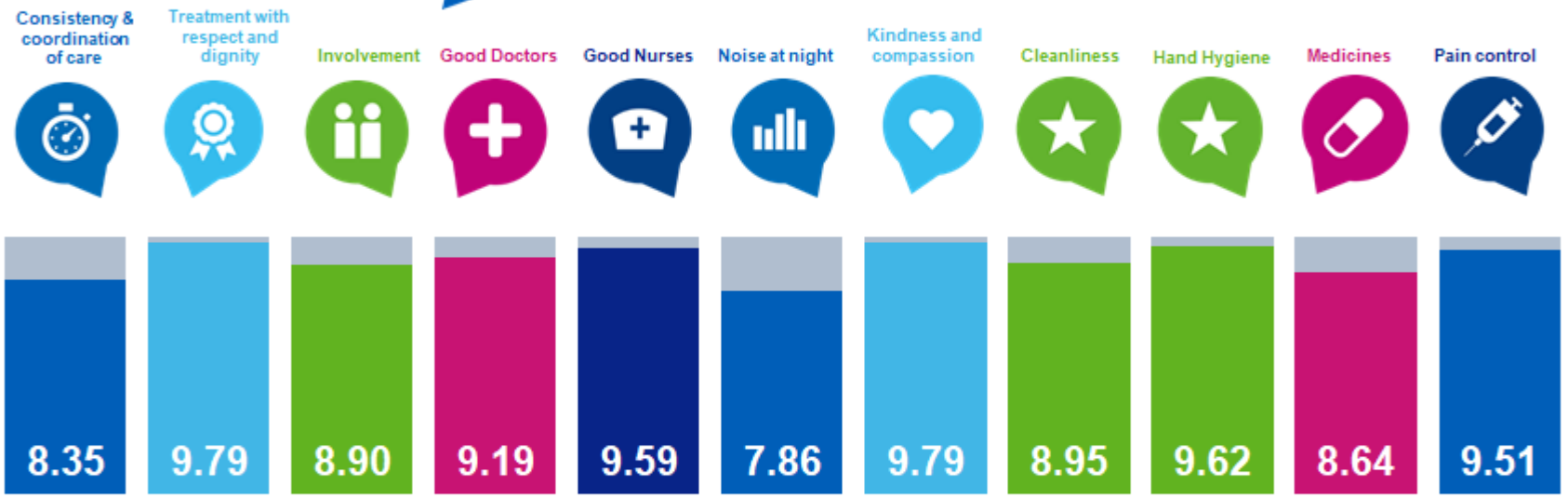
Rate 5.5 per 1000 bed days.

With regards to falls, a deep dive is taking place at the Friarage to further explore contributory factors and subsequent learning

Patient Experience Trust

How do patients rate us out of 10…?

NHS
South Tees Hospitals
NHS Foundation Trust



In December 2019 patients gave us an overall rating of... **9.01** out of 10

% of patients surveyed would highly likely or likely recommend this ward to their families and friends	96%	No of patients on new medication	308	No of respondents	585

People

4

HR Workforce Data

Dec-2019

Sickness

Overall absence percentage increased by 0.30% with a reduction of 1.88% for short term absence and an increase of 0.48% for long term absence. The overall performance against a target of 3.5% is 5.23% for December 2019. Stress and anxiety accounts for a third of all absence in December 2019, with 244 staff absent amounting to a total of 4069 days, an average of 16.7 days per employee. 1386 days were lost for musculoskeletal recorded absences. ICU and Neonatal Unit were the two lowest performing wards/departments.

Training

December saw an 0.49% increase on November's performance and is the highest recorded compliance rate since July 2018 This is also the second month running that the performance target was met. The lowest performing areas are Paediatric Junior Medics JCUH at 26.19% compliance followed by Cancer Services at 37.14%. Community Care Centre Management is the recorded 100% compliance followed by Radiology at 97.48% Of the Core 7, Information Governance has the lowest compliance at 80.04% followed by Infection Control at 88.57%.

Appraisals

SDR performance target achieved for the sixth month running. Compliance has increased by 7.81% in last 12 months. The lowest performing areas are Legal Services at 9.09% followed by Endoscopy Decontamination with 18.18% compliance. Again, Community Care Centre Management recorded 100% compliance, followed by Pharmacy at 94.27% Support continues to be provided by the HR Team who report monthly on staff/areas that are overdue for SDR completion. Of the 1325 overdue SDRs, 436 span over 2018, 410 over 2017 and 117 from previous years.

Turnover

FTE has increased by 171.05 within the last 12 months, with the biggest increase in the Specialist and Planned Care Centre, totalling 22.01 FTE. Community Care shows a reduction of 169.54 FTE. 63.24% of all leavers are due to Voluntary Resignation with Retirement showing a turnover of at 23.19%, although of these 33.02% are Flexi Retirements. Turnover at 10.74% is 1.00% lower than the previous 12 months.

Employee Relations

104 ER cases have been received in the last 12 months, 67 of which related to disciplinary issues, 15 of which were due to inappropriate behaviour and 8 misconduct. Of the 67 Disciplinary cases 28.39% (19 in total) were within Additional Clinical Services which is the second largest staff group totally 22% of all staff. 26.87% (18 staff) of cases received were within the Nursing and Midwifery Registered staff group, the largest staff group accounting for 32.75% of all staff.

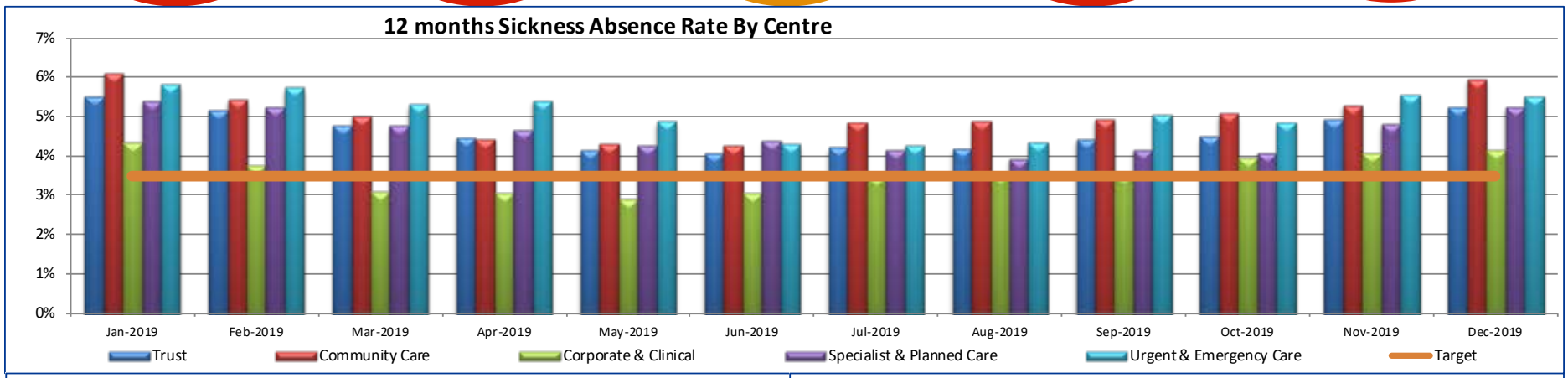
General Update

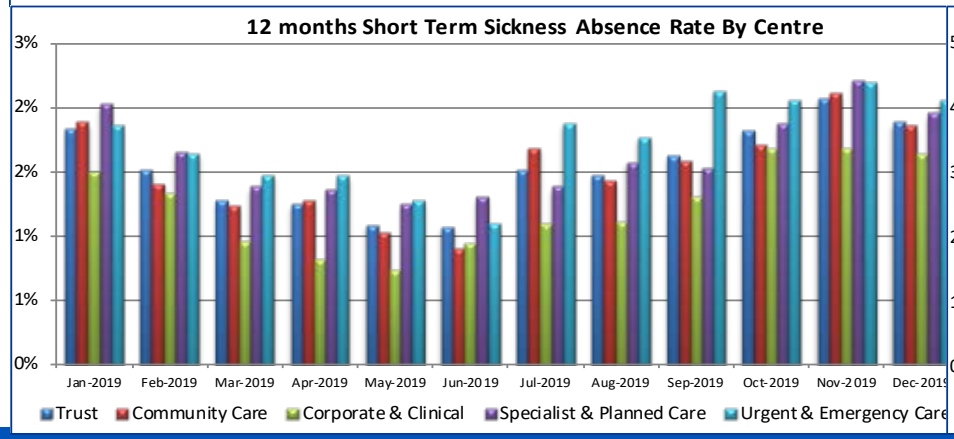
The Staff Engagement Group recommended that the Trust adopt the National NHS Values. A workshop has been arranged for Tuesday 11th February, open invite to all staff, to develop the NHS Values into South Tees Principles and expected behaviours. These behaviours will be further developed into our appraisal relaunch in April 2020 and into our recruitment framework.

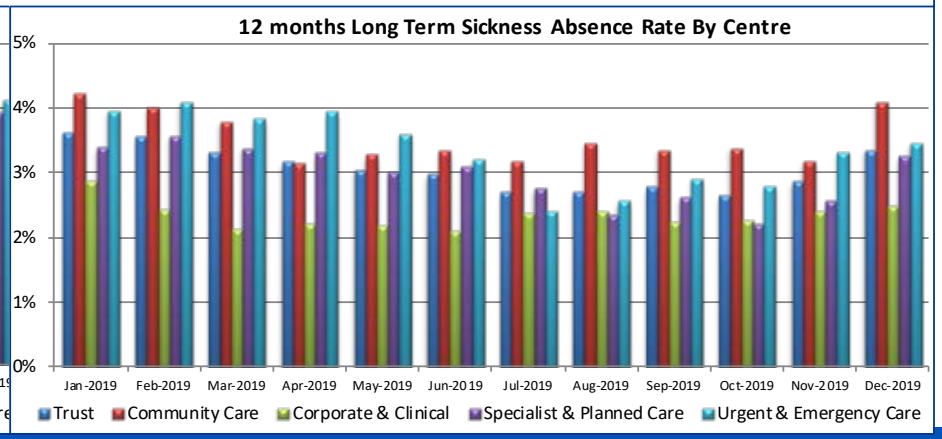
Sickness

Dec-2019

Trust	Community Care	Corporate	Specialist & Planned Care	Urgent & Emergency Care
5.23%	5.94%	4.14%	5.22%	5.52%
↑ 0.30%	↑ 0.65%	↑ 0.05%	↑ 0.44%	↓ -0.01%
4.93%	5.29%	4.08%	4.79%	5.53%







Top 10 Sickness by Ward/Department

Dec-2019

All Sickness

Rank	Ward/Department	FTE	% Rate
1	ICU JCUH	133.56	7.93%
2	Neonatal Unit	97.41	10.87%
3	Anaesthetics And Recovery JCUH	90.35	10.61%
4	Tocketts Ward ECH	51.49	17.86%
5	Pharmacy Department	127.11	6.60%
6	District Nursing Middlesbrough	87.15	9.46%
7	A & E Department JCUH	175.44	4.33%
8	Cardiothoracic ITU	67.16	10.93%
9	Ward 2 Acute Medicine	44.55	16.14%
10	District Nursing Redcar & Cleveland	83.97	8.07%

Short Term

Rank	Ward/Department	FTE	% Rate
1	Neonatal Unit	97.41	10.87%
2	ICU JCUH	133.56	7.93%
3	Anaesthetics And Recovery JCUH	90.35	10.61%
4	A & E Department JCUH	175.44	4.33%
5	Ward 8 Urology, Gynae & Ugi	42.54	10.28%
6	Out Patient Booking Service	37.71	10.46%
7	District Nursing Middlesbrough	87.15	9.46%
8	Pharmacy Department	127.11	6.60%
9	Medical Records JCUH	76.51	8.44%
10	Ward 2 Acute Medicine	44.55	16.14%

Long Term

Rank	Ward/Department	FTE	% Rate
1	Tocketts Ward ECH	51.49	17.86%
2	ICU JCUH	133.56	7.93%
3	Neonatal Unit	97.41	10.87%
4	Anaesthetics And Recovery JCUH	90.35	10.61%
5	Pharmacy Department	127.11	6.60%
6	District Nursing Redcar & Cleveland	83.97	8.07%
7	Clinical Decisions Unit FHN	54.15	11.77%
8	District Nursing Middlesbrough	87.15	9.46%
9	Cardiothoracic ITU	67.16	10.93%
10	A & E Department JCUH	175.44	4.33%

Includes only Wards/Departments with greater than 5.0 WTE

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

Top 10 Sickness Reasons By FTE Days Lost

Absence Reason	Headcount	FTE Days Lost	Abs Estimated Cost	% of All Sickness
Stress/Anxiety	244	4,069.44	£345,127.35	33.3
Other musculoskeletal	102	1,386.37	£108,611.80	11.4
Gastrointestinal	369	1,183.96	£98,965.02	9.7
Injury, fracture	62	1,051.29	£84,343.18	8.6
Cold, Flu	342	1,025.88	£101,249.17	8.4
Back Problems	60	602.20	£53,127.15	4.9
Genitourinary & gynae	41	468.96	£37,867.89	3.8
Chest & respiratory	84	358.79	£32,385.85	2.9
Pregnancy related	33	298.72	£26,980.90	2.4
Unknown causes / Not specified	23	278.12	£31,055.14	2.3

Local NHS Trust Sickness % Rates

NHS Trust	% Rate
Cumbira, Northumberland, Tyne and Wear	6.06%
County Durham and Darlington	5.70%
Tees, Esk and Wear Valleys	5.63%
City Hospitals Sunderland	5.60%
South Tees Hospitals	**5.23%**
Norhumbria Healthcare	4.88%
Gateshead Health	4.70%
Newcastle Upon Tyne	4.40%

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

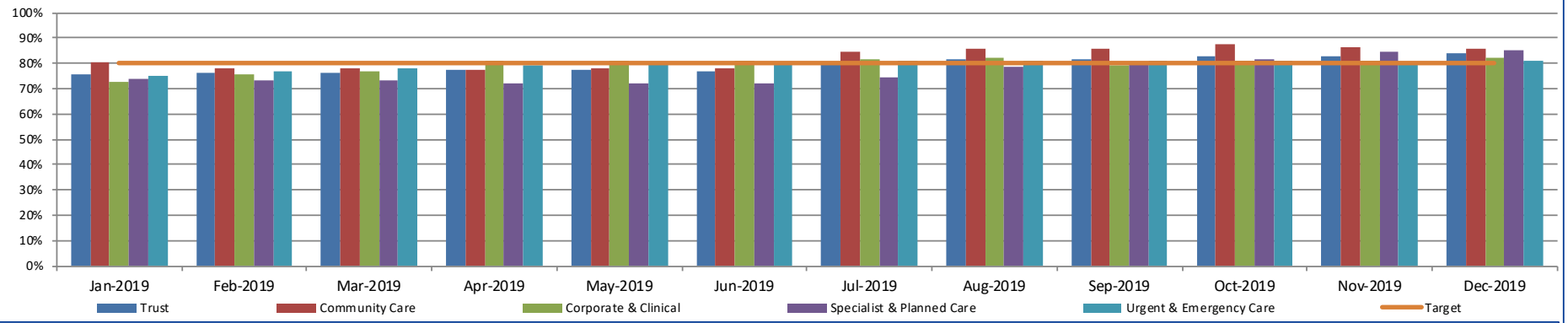
Please note, because ESR does not record shift patterns, this is only an estimate using the assignment FTE and calendar days.

SDR

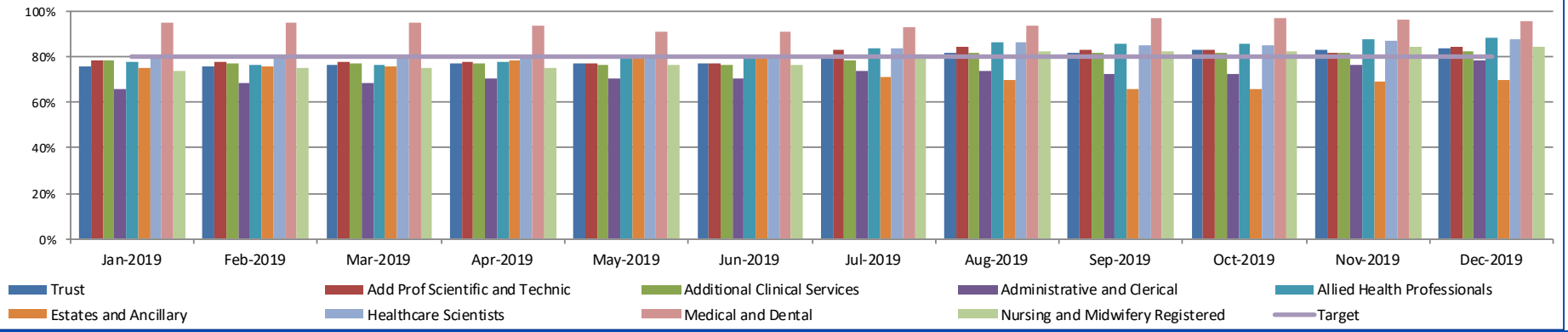
Dec-2019

Trust	Community Care	Corporate	Specialist & Planned Care	Urgent & Emergency Care
83.74%	85.98%	81.96%	85.08%	81.09%
↑	↓	↑	↑	↑
0.69%	-0.25%	0.89%	0.77%	1.51%
83.05%	86.23%	81.07%	84.32%	79.58%

12 months SDR % Rate By Centre



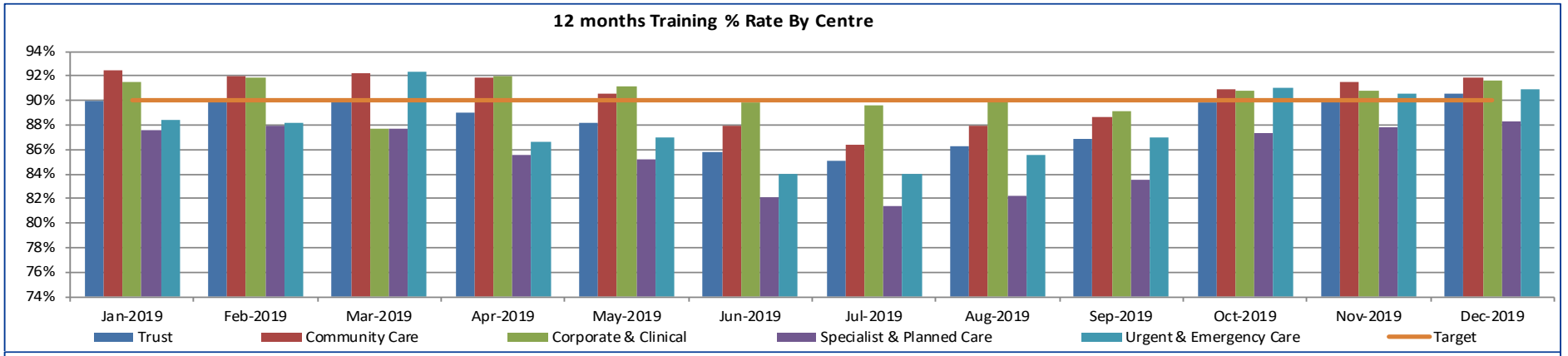
12 months SDR % Rate By Staff Group

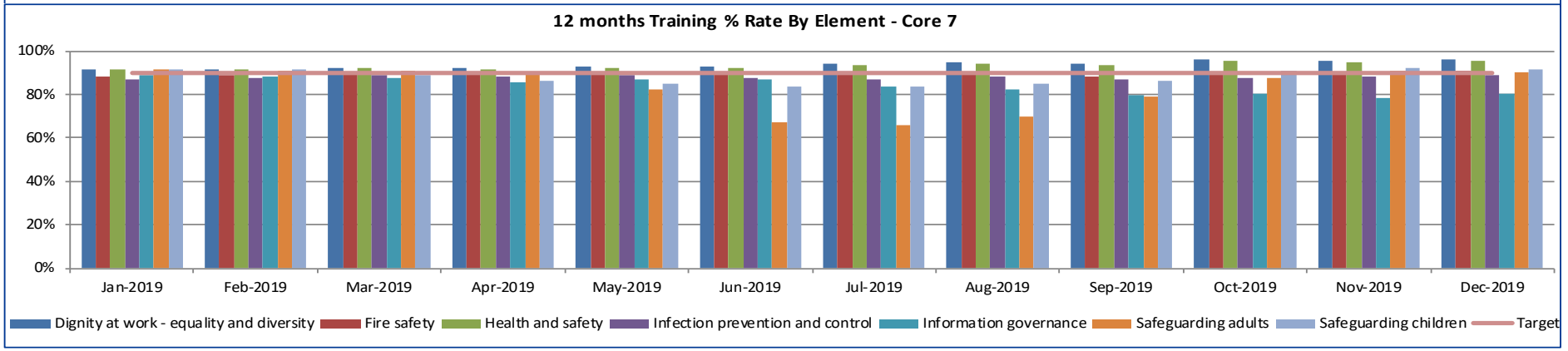


Training

Dec-2019

Trust	Community Care	Corporate	Specialist & Planned Care	Urgent & Emergency Care
90.58%	91.88%	91.69%	88.26%	90.94%
↑ 0.49%	↑ 0.33%	↑ 0.84%	↑ 0.45%	↑ 0.40%
90.09%	91.55%	90.85%	87.81%	90.54%





Employee Relations

Employee Relations Cases received

Month	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019
Grievance	5	5	1	1	2	1	0	0	2	2	1	0
Disciplinary	15	11	6	4	4	4	6	4	5	5	2	1
Capability	2	0	1	1	0	0	2	0	1	0	0	0
Dignity at Work	2	2	0	0	1	2	1	1	0	1	0	0
Total	24	18	8	6	7	7	9	5	8	8	3	1

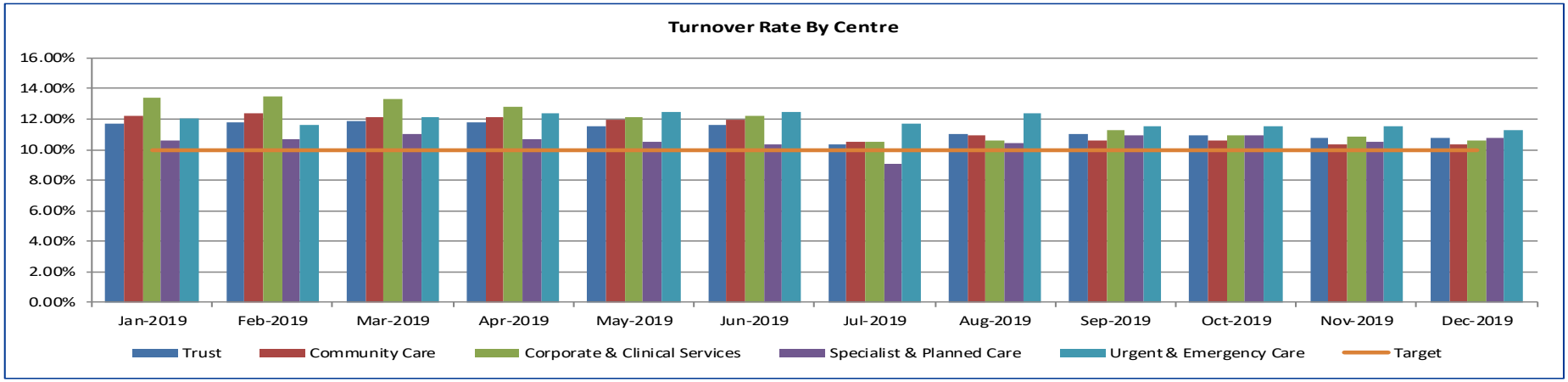
Reasons for Disciplinary Cases

Nature of Allegation	Community Care	Corporate & Clinical Services	Specialist & Planned Care	Urgent & Emergency Care	Grand Total
Breach of confidentiality		1		3	4
Breach of Health and Safety Requirements		2			2
Disregard of instructions		2		3	5
Failure to Renew Prof Reg	2		2		4
Falsification of records	1				1
Fraud	2				2
Inappropriate Behaviour	4	4	4	3	15
Inappropriate use of NHS resources			1		1
Maltreatment of other Worker				1	1
Maltreatment of Patient / Client	6		1		7
Misconduct	7	1			8
Negligence	4		2		6
Other Allegation	4		3	1	8
Theft of Money or materials		1	1	1	3
Total	30	11	14	12	67

Staff in Post & Turnover

Staff in Post by FTE

Centre	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019
Community Care	2094.391	2097.484	2101.994	2091.718	2000.513	1919.106	1929.45	1896.123	1915.062	1931.976	1928.669	1924.852
Corporate & Clinical Services	1591.749	1598.209	1596.729	1590.189	1595.536	1611.906	1634.873	1645.453	1650.902	1676.77	1685.463	1689.717
Specialist & Planned Care	2094.258	2093.291	2079.771	2081.957	2133.907	2163.39	2175.83	2187.016	2200.399	2226.834	2225.011	2216.271
Urgent & Emergency Care	1607.915	1612.835	1619.224	1616.664	1645.874	1667.481	1671.026	1664.8	1717.848	1722.771	1726.108	1728.521
Trust	**7388.313**	**7401.819**	**7397.719**	**7380.528**	**7375.83**	**7361.883**	**7411.178**	**7393.392**	**7484.212**	**7558.35**	**7565.251**	**7559.36**



Leavers By Reason

Reasons	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Dismissal	2	3	4	2	4	1	2	2	4	2	1		27
End of Fixed Term	3	8	2	1	4	1	5	50	8	4	1	1	88
Flexi Retirement	1	3	6	4	8	9	4	2	10	4	8	11	70
Redundancy	1	4	1	1	1				1				9
Retirement	6	7	20	19	15	11	12	9	10	13	9	11	142
Voluntary Resignation	55	38	60	42	37	51	48	65	69	31	47	35	578
Grand Total	**68**	**63**	**93**	**69**	**69**	**73**	**71**	**128**	**102**	**54**	**66**	**58**	**914**

Finance

5

Summary Financials - YTD December 2019

Community Care	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	3,315	3,598	282
Pay	(69,893)	(70,371)	(478)
Non Pay	(29,084)	(28,988)	96
Total	(95,661)	(95,761)	(99)

Corporate Clinical Services	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	17,228	18,167	939
Pay	(28,251)	(28,397)	(147)
Non Pay	(13,307)	(13,976)	(669)
Total	(24,330)	(24,206)	123

Specialist & Planned Care	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	2,658	2,778	120
Pay	(89,193)	(89,427)	(234)
Non Pay	(63,876)	(63,425)	451
Total	(150,411)	(150,073)	337

Urgent & Emergency Care	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	799	735	(64)
Pay	(65,425)	(66,495)	(1,070)
Non Pay	(9,745)	(10,018)	(272)
Total	(74,371)	(75,777)	(1,406)

Corporate	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Nhs Clinical Income	431,135	430,356	(779)
Other Income	12,667	8,186	(4,481)
Pay	(27,427)	(25,529)	1,898
Non Pay	(51,396)	(65,865)	(14,469)
Depreciation And Interest	(17,907)	(17,477)	430
Other Non Operating	(4,672)	(4,597)	75
Restructuring Costs	(375)	(365)	10
Total	342,025	324,710	(17,315)

Shm Pharmacy	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	21	29	08
Pay	(116)	(84)	31
Non Pay	(21)	(39)	(19)
Total	(115)	(94)	20

Total	(2,863)	(21,202)	(18,339)

- **Trust headlines YTD M9**
- **Control total**
- Behind plan by £18.3m
- Loss of PSF funding £4.9m, £14.3m being undelivered system savings, underlying underspend of £0.9m
- Full year plan is a control total surplus of £3.2m
- **Productivity and Efficiency savings**
- YTD savings of £7.5m

Summary Financials – FY Forecast

Community Care	Full Year Budget £'000	Full Year Forecast £'000	Full Year Veriance £'000
Other Income	4,387	4,728	**341**
Pay	(93,455)	(94,158)	**(703)**
Non Pay	(38,824)	(39,017)	**(193)**
Total	**(127,892)**	**(128,447)**	**(555)**

Corporate Clinical Services	Full Year Budget £'000	Full Year Forecast £'000	Full Year Veriance £'000
Other Income	22,933	23,828	**895**
Pay	(37,783)	(37,997)	**(214)**
Non Pay	(17,541)	(19,221)	**(1,680)**
Total	**(32,390)**	**(33,390)**	**(1,000)**

Specialist & Planned Care	Full Year Budget £'000	Full Year Forecast £'000	Full Year Veriance £'000
Other Income	3,547	3,803	**256**
Pay	(118,873)	(119,851)	**(978)**
Non Pay	(85,202)	(85,313)	**(111)**
Total	**(200,529)**	**(201,361)**	**(832)**

Urgent & Emergency Care	Full Year Budget £'000	Full Year Forecast £'000	Full Year Veriance £'000
Other Income	1,065	969	**(96)**
Pay	(87,410)	(88,640)	**(1,230)**
Non Pay	(13,057)	(13,467)	**(410)**
Total	**(99,401)**	**(101,138)**	**(1,737)**

Corporate	Full Year Budget £'000	Full Year Forecast £'000	Full Year Veriance £'000
Nhs Clinical Income	575,769	574,925	**(844)**
Other Income	18,835	19,185	**350**
Pay	(36,656)	(33,759)	**2,897**
Non Pay	(63,707)	(90,528)	**(26,821)**
Depreciation And Interest	(23,876)	(23,768)	**108**
Other Non Operating	(6,229)	(6,229)	**0**
Restructuring Costs	(500)	(365)	**135**
Total	**463,636**	**439,461**	**(24,175)**

Shm Pharmacy	Full Year Budget £'000	Full Year Forecast £'000	Full Year Veriance £'000
Other Income	43	49	**07**
Pay	(231)	(183)	**48**
Non Pay	(29)	(49)	**(20)**
Total	**(217)**	**(183)**	**34**

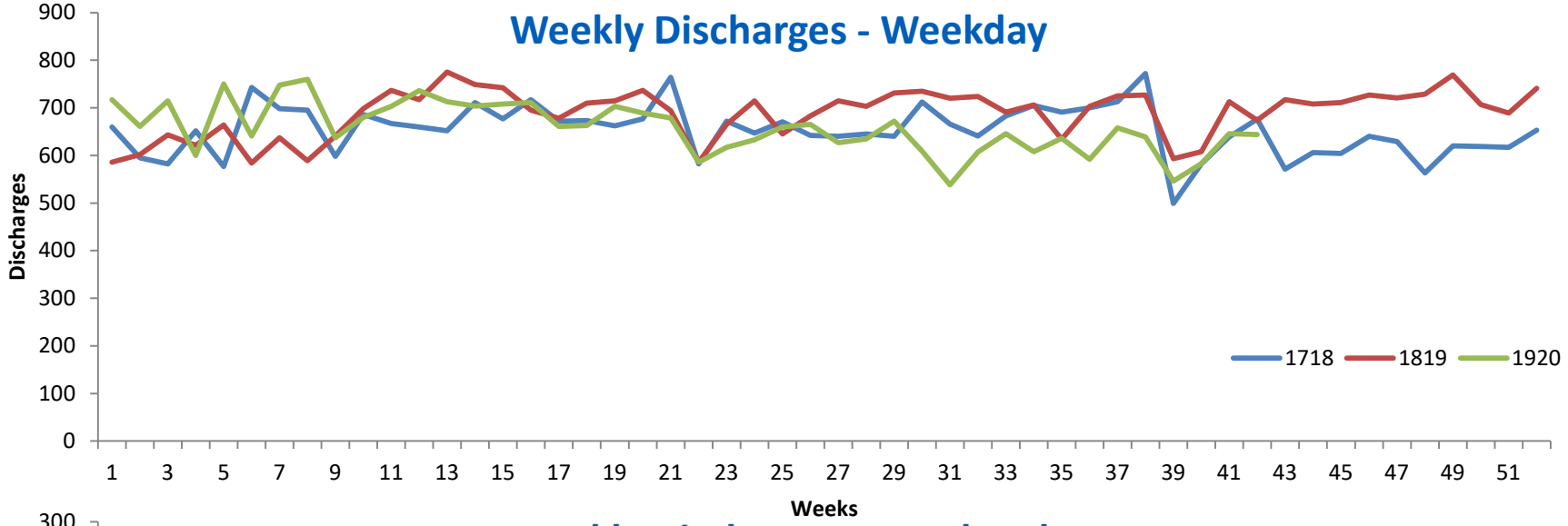
Total	**3,206**	**(25,058)**	**(28,264)**

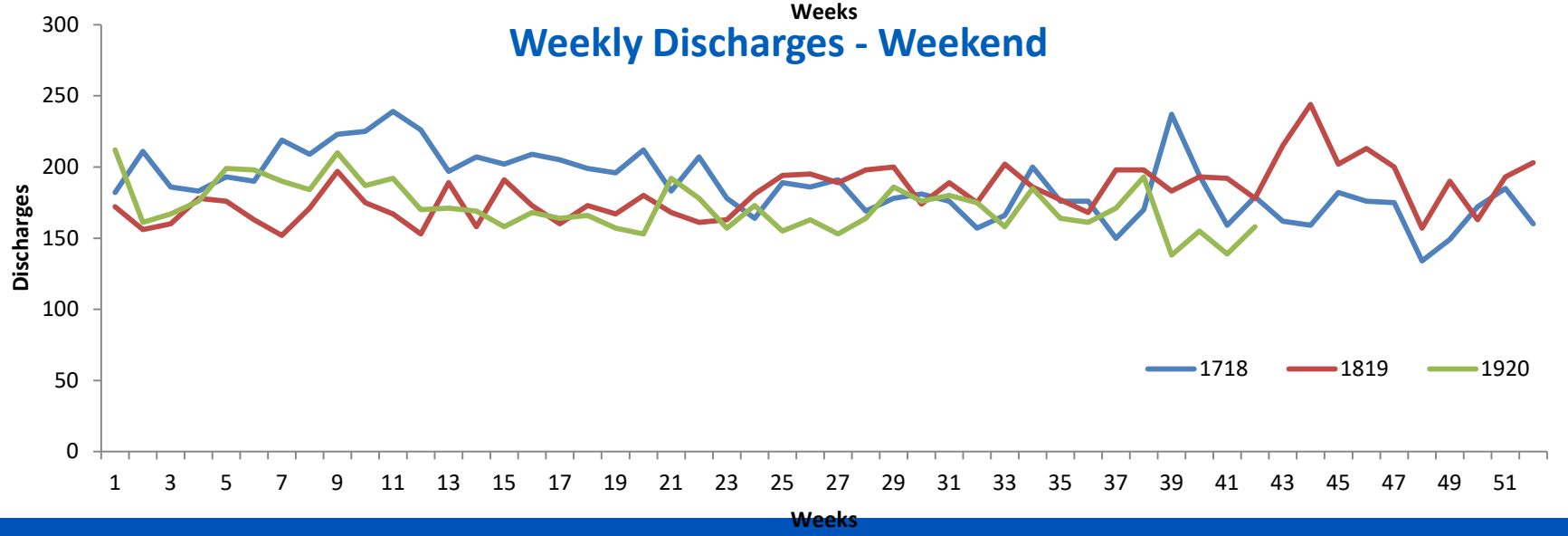
- **Control total**
- Behind plan by £28.3m
- Key variance being £22.0m being undelivered system savings, underlying Trust overspend of £6.3m
- Full year plan is a control total surplus of £3.2m
- **Productivity and Efficiency savings**
- Full year forecast savings of £9.9m

Appendices

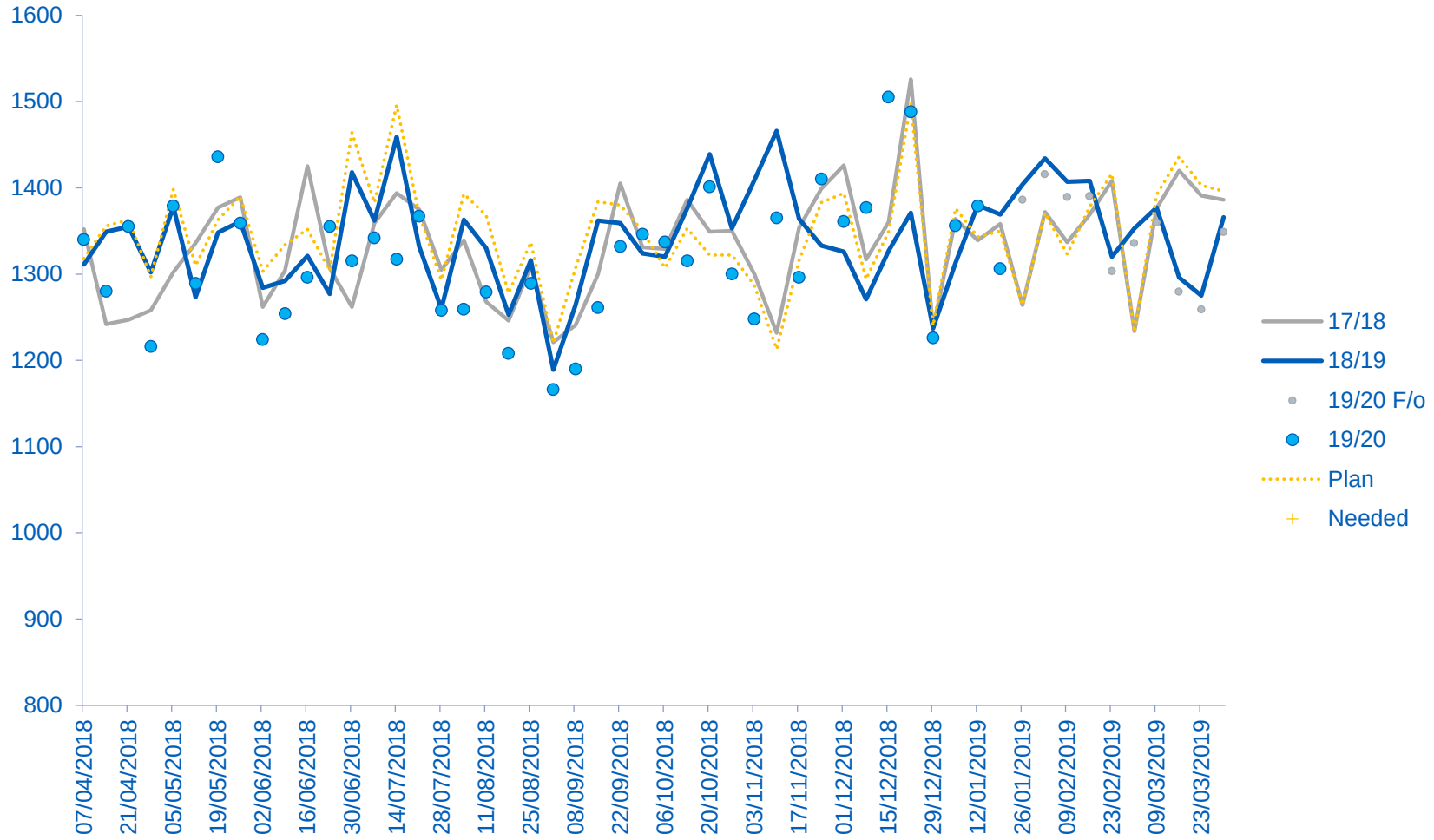
6

JCUH Adult Ward Discharge Rates



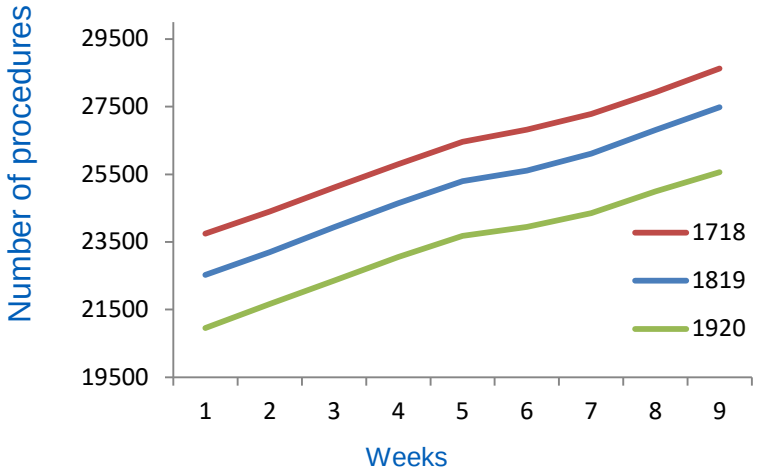


Non-Elective Delivery - All



Elective – Theatre Throughput

Elective overnight and day case - 9 week delivery period from 18/12/2019 FY19/20 compared with FY17/18 & FY18/19

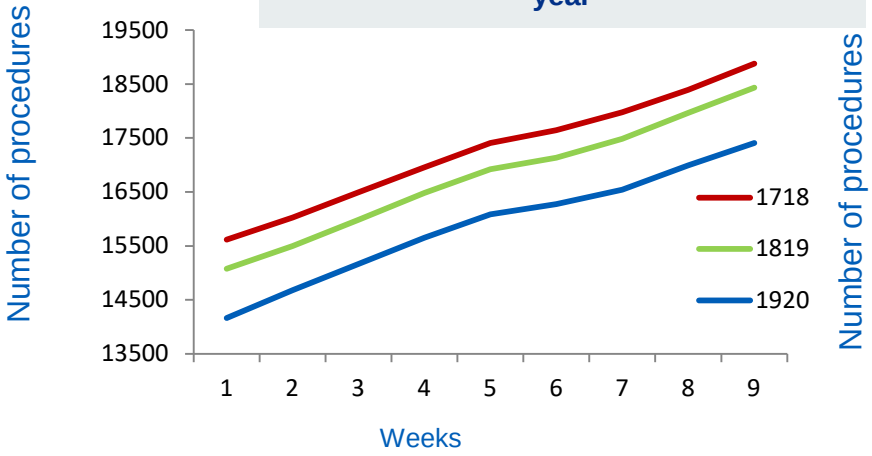


6.7% *less* cases undertaken in last 9 week period this year when compared to last.

YTD 7.0% *less* than last year

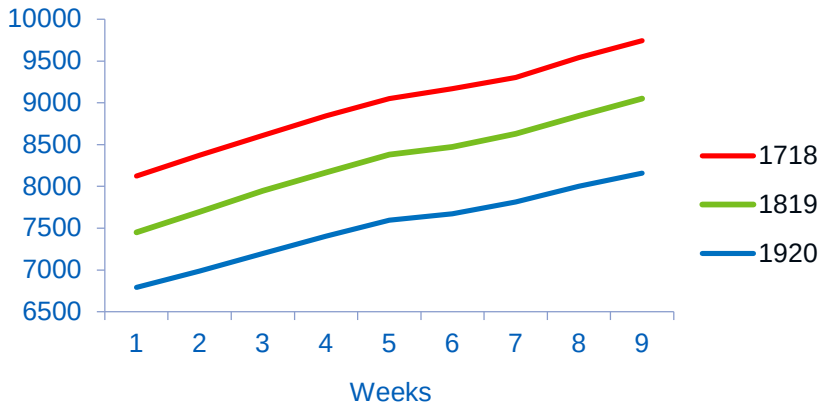
Elective day case

YTD 5.6% *less* when compared with last year



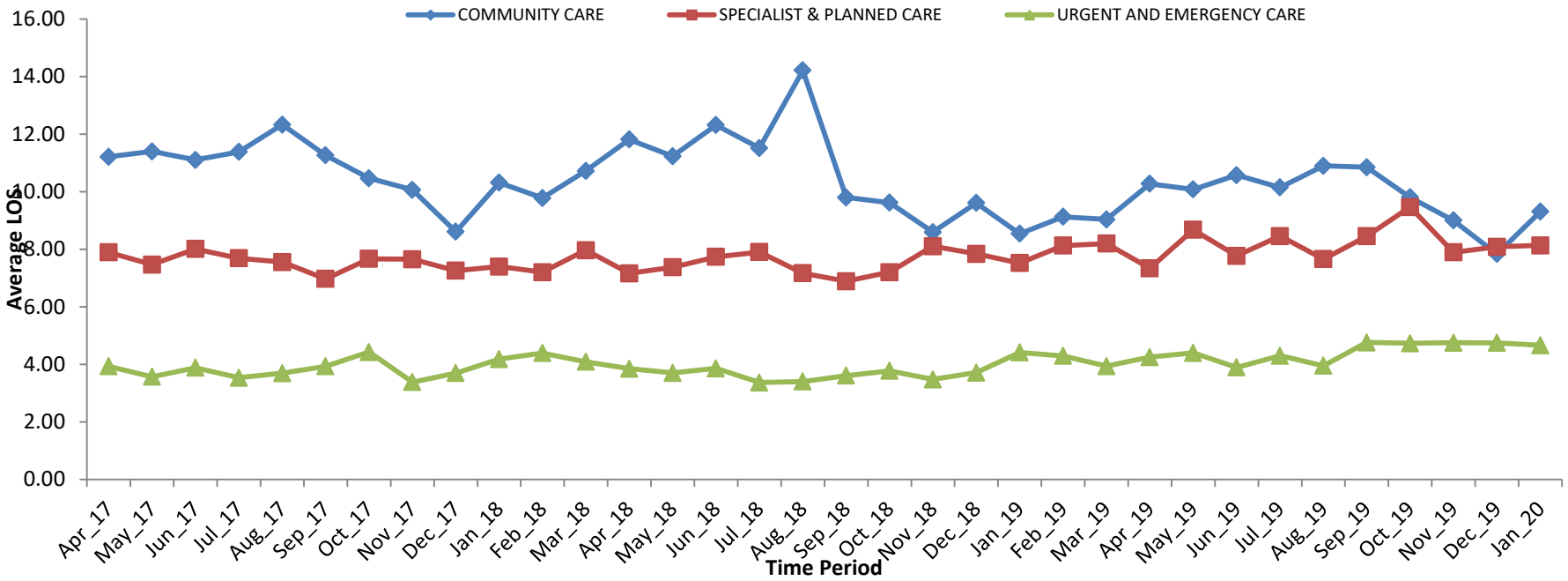
Elective overnight

YTD 9.9% *less* when compared with last year



Emergency Length of Stay by Centre

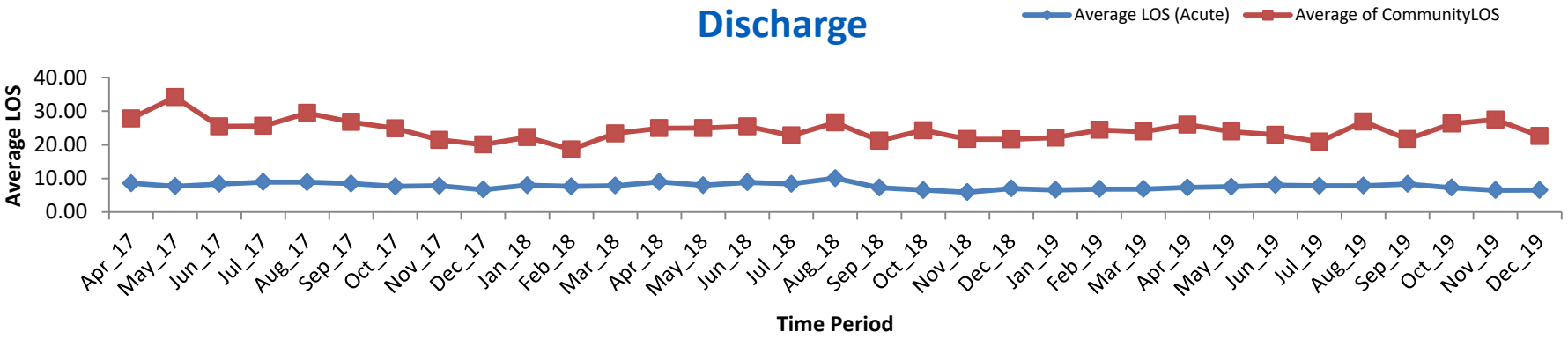
Emergency LOS by Centre at Discharge - 1st April 17 – 23rd January 20



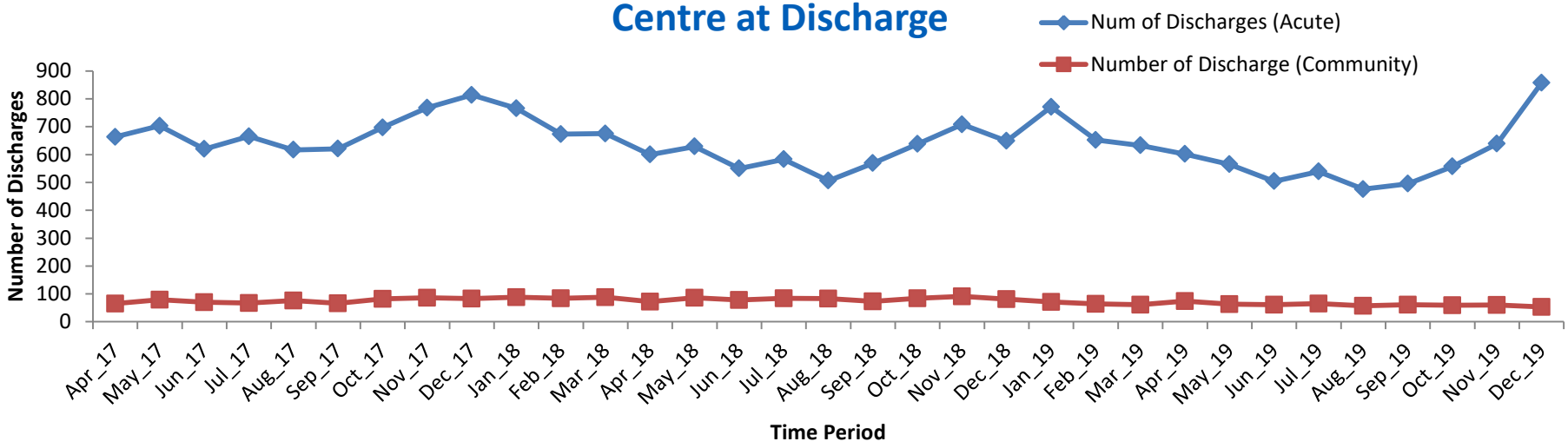
AVG LOS				
Centre	Community Care	Specialist & Planned Care	Urgent & Emergency Care	Grand Total
1718	10.7	7.6	3.9	7.2
1819	10.4	7.6	3.8	6.9
1920	9.8	8.2	4.4	7.3

Emergency LOS for Community Centre by Site Type

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



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



MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 February 2020			
Month 9 2019/20 Financial Performance			**AGENDA ITEM: 15, ENC 9**
Report Author and Job Title:	Luke Armstrong Head of Financial Management	**Responsible Director:**	Steven Mason Director of Finance
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report outlines the Trusts financial performance as at month 9.		
Background	The Trust has a year to date overspend of £18.3m driven by the loss of PSF and non-delivered system savings. This is forecast to increase to a full year overspend of £28.3m. Included within the full year forecast are costs of £4.0m due to an exceptional cost from lifecycle prepayments. The Trust has agreed as year-end position with NHSE/I. Residual finance risks will be managed within this forecast. Excess costs of £17.5 million per year from the Trust's historical PFI scheme remain the largest single contributory factor to the organisation's structural deficit position.		
Assessment	The Trust's current run rate has continued from month 8 into month 9 and is shown continuing for the remainder of the financial year. Month 9 performance was in line with what was forecast at month 8.		
Recommendation	Members of the Trust Board are asked to: • Discuss and consider the contents of this report • Note the liquidity position, capital plan and the proposed utilisation of revenue and capital borrowing.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The main risk from this report relates to the ongoing Trust overspend both year to date and full year forecast. A year end forecast position of a variance of £28.3m has been agreed.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Excellence in patient outcomes and experience ☐	Excellence in employee experience ☐	
	Drive operational performance ☒	Long term financial sustainability ☒	
	Develop clinical and commercial strategies ☒		

Month 9 2019/20 Financial Performance

1. PURPOSE OF REPORT

The purpose of the reports is to update the Board on the Financial Position of the Trust as at Month 9.

2. BACKGROUND

The Trust Control Total for 2019/20 is a £3.2m surplus, inclusive of £9.7m PSF funding.

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

The month 9 YTD budget is a £2.9m deficit position. The month 9 YTD actual performance is a £21.2m deficit. This has resulted in the Trust being behind plan by £18.3m. Of this, £4.9m is due to the loss of PSF funding giving an underlying position of £13.4m behind plan. The saving required from the system CIP of £22.0m has been phased into the Trust's position with a year to date budget reduction of £14.3m. The Trust is therefore ahead of plan by £0.9m out-with the system saving target and PSF. The system saving is the responsibility of with the Trust unless additional funding is agreed. The original risk sharing agreement is unlikely to deliver an in-year contribution. The Trust will therefore continue to look for in-years savings mitigate any deficit.

Full year, the Trust is forecasting a deficit of £25.1m showing a variance to plan including PSF of £28.3m.

Risks within the year to date and full year position include:

- NHS property services and confirmation of current and prior year charges
- Medical premium pay for additional sessions and IPAs.

3. DETAILS

Trust position

The month 9 YTD and full year forecast position is outlined below; the following section outlines key variances and risks for divisional income, pay, non-pay and technical items.

Performance per directorate is shown in appendix 1 along with detailed reconciliations on forecast movements in appendix 2.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Nhs Clinical Income	431,135	430,356	**(779)**	575,769	575,029	**(740)**
Education And Training Income	12,137	12,341	**204**	16,120	16,213	**93**
Estates Income	3,700	3,956	**256**	4,936	5,269	**333**
Misc Other Income	6,492	6,607	**116**	9,329	17,448	**8,119**
Non Patient Care Income	1,820	2,323	**502**	2,419	3,036	**617**
Other Clinical Income	2,466	2,302	**(163)**	3,278	3,113	**(165)**
Psf And Mret	6,894	2,032	**(4,862)**	10,487	2,223	**(8,264)**
Research & Development Income	3,180	3,932	**752**	4,241	5,155	**914**
Total Income	**467,823**	**463,849**	**(3,974)**	**626,579**	**627,486**	**907**
Ahp'S, Sci, Ther & Tech	(41,253)	(40,509)	**745**	(55,179)	(54,120)	**1,059**
Apprentice Levy	(999)	(1,035)	**(36)**	(1,332)	(1,380)	**(48)**
Hca'S And Support Staff	(27,705)	(29,282)	**(1,576)**	(37,079)	(39,096)	**(2,017)**
Medical And Dental	(81,321)	(84,329)	**(3,008)**	(108,770)	(113,325)	**(4,555)**
Nhs Infrastructure Support	(38,920)	(39,320)	**(400)**	(51,729)	(51,417)	**312**
Nursing & Midwife Staff	(90,106)	(85,829)	**4,277**	(120,320)	(115,216)	**5,104**
Total Pay	**(280,304)**	**(280,304)**	**01**	**(374,409)**	**(374,554)**	**(145)**
Clinical Negligence Cost	(13,104)	(12,461)	**642**	(17,472)	(16,829)	**643**
Clinical Supplies And Services	(53,275)	(54,057)	**(781)**	(70,763)	(71,759)	**(996)**
Drugs	(50,101)	(49,500)	**601**	(65,793)	(66,450)	**(657)**
Establishment	(5,511)	(5,977)	**(466)**	(7,475)	(8,316)	**(841)**
Ext Staffing And Consultancy	(257)	(531)	**(274)**	(341)	(630)	**(289)**
General Supplies And Service	(3,267)	(2,854)	**413**	(4,373)	(3,804)	**569**
Healthcare Service Purchase	(3,856)	(4,130)	**(274)**	(5,209)	(5,472)	**(263)**
Miscellaneous Services	(5,282)	(6,057)	**(776)**	(6,907)	(7,730)	**(823)**
Pfi Unitary Payment	(22,402)	(22,419)	**(17)**	(29,746)	(34,014)	**(4,268)**
Premises & Fixed Plant	(19,638)	(19,618)	**19**	(25,661)	(25,578)	**83**
Research, Education & Training	(1,496)	(1,532)	**(36)**	(1,934)	(2,649)	**(715)**
System Savings	14,269	0	**(14,269)**	22,000	0	**(22,000)**
Transport	(3,510)	(3,174)	**337**	(4,686)	(4,396)	**290**
Total Non Pay	**(167,428)**	**(182,310)**	**(14,882)**	**(218,359)**	**(247,627)**	**(29,268)**
Depreciation	(9,601)	(9,076)	**525**	(12,801)	(12,506)	**295**
Interest Payable	(8,381)	(8,560)	**(179)**	(11,175)	(11,438)	**(263)**
Interest Receivable	75	159	**84**	100	175	**75**
Other Non Operating	(4,672)	(4,597)	**75**	(6,229)	(6,229)	**0**
Restructuring Costs	(375)	(365)	**10**	(500)	(365)	**135**
Control Total	**(2,863)**	**(21,202)**	**(18,339)**	**3,206**	**(25,058)**	**(28,264)**

Clinical Income

The NHS Clinical YTD income position has improved from month 8 by £0.2M. The month 9 YTD position is behind plan by £0.7m. This is due to underperformance against the non AIC contracts of £0.3m and the finalisation of the income position from 2018/19, which is showing a variance of £0.4m.

The Trust is currently forecasting an adverse variance of £0.7m. This is based upon maintaining the year to date variance from the non-aligned incentive income. As shown below, the estimated impact of the aligned incentive contract is an overall benefit of £3.5m in the YTD position and £3.8m in the forecast. If any challenges

were recognised this would increase the overall benefit up to £21.8m in the full year position. The forecast below assumes that activity is delivered in the same trend as 2018/19.

The HRW CCG plan now reflects a reduction in income relating to the clinically necessary reconfiguration of services at the Friarage hospital whch took place in 2018/19. All additional income received in-month has been added to the income position and the expenditure has been matched in the forecast position.

Aligned Incentive Contract Performance YTD to Month 9 - 12ths and Forecast Out Turn

Code	Commissioner Name	Price Plan	Price Actual	Price Diff	Indicative Challenges	Revised Actual	Revised Variance	Price Plan	Price Actual	Price Diff	Indicative Challenges	Revised Actual	Revised Variance
00C	NHS DARLINGTON CCG	(5,604)	(5,361)	242	313	(5,048)	556	(7,482)	(7,178)	304	418	(6,760)	722
00D	NHS DURHAM DALES EASINGTON AND SEDGEFIELD CCG	(9,150)	(8,670)	480	418	(8,252)	898	(12,200)	(11,619)	581	557	(11,061)	1,139
00J	NHS NORTH DURHAM CCG	(1,110)	(991)	119	50	(941)	169	(1,480)	(1,330)	150	67	(1,263)	217
00K	NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG	(28,155)	(28,325)	(170)	867	(27,458)	697	(37,540)	(37,727)	(187)	1,156	(36,571)	969
00M	NHS SOUTH TEES CCG	(174,282)	(174,773)	(491)	9,114	(165,659)	8,623	(233,301)	(234,280)	(979)	12,152	(222,128)	11,173
00N	NHS SOUTH TYNESIDE CCG	(125)	(72)	52	2	(71)	54	(166)	(98)	68	2	(96)	70
00P	NHS SUNDERLAND CCG	(410)	(341)	68	8	(334)	76	(546)	(458)	88	10	(447)	99
01H	NHS NORTH CUMBRIA CCG	(475)	(412)	63	0	(412)	63	(633)	(549)	84	0	(549)	84
03D	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	(61,810)	(61,862)	(52)	2,457	(59,405)	2,405	(82,410)	(82,914)	(504)	3,276	(79,638)	2,772
03M	NHS SCARBOROUGH AND RYEDALE CCG	(750)	(618)	132	0	(618)	132	(1,000)	(819)	181	0	(819)	181
03Q	NHS VALE OF YORK CCG	(1,066)	(992)	74	0	(992)	74	(1,422)	(1,326)	95	0	(1,326)	95
13T	NHS NEWCASTLE GATESHEAD CCG	(226)	(333)	(106)	0	(332)	(106)	(302)	(446)	(145)	1	(446)	(144)
13X	NHS ENGLAND - Specialised	(133,202)	(130,129)	3,073	270	(129,859)	3,343	(177,602)	(173,511)	4,092	360	(173,151)	4,452
	Grand Total	**(416,364)**	**(412,881)**	**3,484**	**13,500**	**(399,381)**	**16,984**	**(556,085)**	**(552,255)**	**3,830**	**18,000**	**(534,255)**	**21,830**
	AIC Adjustment	0	(3,484)	(3,484)				0	(3,830)	(3,830)			
	Non AIC Income	(14,771)	(14,417)	354				(19,684)	(19,369)	315			
	Prior Year	0	425	425				0	425	425			
	NHS Clinical Income	**(431,135)**	**(430,355)**	**779**				**(575,769)**	**(575,029)**	**741**			

The detail by contract of the £0.4m YTD underperformance and the expected £0.3m forecast under performance on non AIC contracts is shown in the table below. The forecast is mainly driven by an underperformance on Hep C drugs.

Non Aligned Incentive Contract Performance YTD to Month 9 - 12ths and Forecast Out Turn

Code	Commissioner Name	Price Plan	Price Actual	Price Diff	Price Plan	Price Actual	Price Diff
03E	Harrogate and Rural CCG	(1,937)	(1,890)	47	(2,583)	(2,527)	55
13Q	Ministry of Defence	(1,660)	(1,290)	370	(2,214)	(1,722)	492
Q72	NHS England - Yorkshire & Humber	(983)	(922)	61	(1,310)	(1,241)	70
Q74	NHS England - Cumbria & North East	(4,124)	(4,231)	(107)	(5,499)	(5,686)	(186)
CBF	Cross Boarder Flows	(179)	(131)	48	(239)	(175)	64
NCA	Non Contract Activity	(2,105)	(2,372)	(266)	(2,796)	(3,242)	(446)
CDF	Cancer Drug Fund	(2,615)	(2,915)	(299)	(3,487)	(3,886)	(399)
AQP	AQP Audiology	(90)	(102)	(12)	(120)	(137)	(17)
HepC	Hepatitis C Drugs	(947)	(461)	486	(1,263)	(615)	648
MPK	Micro Processor Knees	(130)	(104)	26	(173)	(139)	34
	Grand Total	**(14,771)**	**(14,417)**	**354**	**(19,684)**	**(19,369)**	**315**

Other Income

YTD other income is £3.2m behind of plan. Within this position YTD PSF funding of £4.9m has been removed. As a result, Trust income variance excluding PSF funding is £1.7m ahead on income. Full year, the Trust is forecast to be ahead of plan on income by £1.6m, with a PSF loss of £8.3m. Excluding this income loss the Trust is forecaste to be ahead on other income by £9.9m. This over achievement is due to additional forecast income being confirmed within month 9 of £8.0m.

From the forecast that was completed at month 8, expected YTD other income for month 9 was £33.1m, with actual YTD income being £33.5m and showing a variance

to forecast of £0.4m. The key driver for this being the reclassification of write-off of £0.2m of aged unrecoverable private patient debt from income to non-pay and bad debt expenses.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Education And Training Income	12,137	12,341	**204**	16,120	16,213	**93**
Estates Income	3,700	3,956	**256**	4,936	5,269	**333**
Misc Other Income	6,492	6,607	**116**	9,329	17,448	**8,119**
Non Patient Care Income	1,820	2,323	**502**	2,419	3,036	**617**
Other Clinical Income	2,466	2,302	**(163)**	3,278	3,113	**(165)**
Psf And Mret	6,894	2,032	**(4,862)**	10,487	2,223	**(8,264)**
Research & Development Income	3,180	3,932	**752**	4,241	5,155	**914**
Total Other Income	**36,689**	**33,494**	**(3,195)**	**50,810**	**52,457**	**1,647**

- Education and Training income is over achieving by £0.2m YTD due to additional one-off income being received from HENE. This position is expected to continue to the full year forecast.
- Non patient care income is over achieving by £0.5m due to increases in maternity pathway income. This is expected to continue for the rest of the year with a full year forecast variance of £0.6m.
- Other clinical income is behind plan YTD by £0.2m due to lower private patent and overseas visitor income. The forecast assumes that this underachievement will not be recovered but the current rates of income will continue with a full year forecast variance of £0.2m.
- R and D income is over achieving both YTD £0.8m and full year £0.9m this additional income is covering increased costs within non pay.

Pay

In the year to date position pay is on budget with a full year forecast variance overspend of £0.1m. This increase in pay cost is being driven by additional recruitment in the latter part of the financial year for example PACU, additional medical consultants and increases in admin staff.

Compared to the month 8 forecast, month 9 pay was forecast to be £280.2m with actual pay costs being £0.1m higher at £280.3m.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Ahp'S, Sci, Ther & Tech	(41,253)	(40,509)	**745**	(55,179)	(54,120)	**1,059**
Apprentice Levy	(999)	(1,035)	**(36)**	(1,332)	(1,380)	**(48)**
Hca'S And Support Staff	(27,705)	(29,282)	**(1,576)**	(37,079)	(39,096)	**(2,017)**
Medical And Dental	(81,321)	(84,329)	**(3,008)**	(108,770)	(113,325)	**(4,555)**
Nhs Infrastructure Support	(38,920)	(39,320)	**(400)**	(51,729)	(51,417)	**312**
Nursing & Midwife Staff	(90,106)	(85,829)	**4,277**	(120,320)	(115,216)	**5,104**
Total Pay	**(280,304)**	**(280,304)**	**01**	**(374,409)**	**(374,554)**	**(145)**

Non-Pay

Year to date, non-pay is £14.9m behind plan. Compared to the month 8, the forecast for month 9 was £181.4m, with non-pay costs being £0.9m over. CNST maternity contributions were assumed within month 9 at £1.0m. However, £0.6m has been received, accounting for £0.4m of this variance. The reminder of the variance is due to anticipated savings that have been assumed each month. Although not covered by a reduction in non-pay costs these have been mitigated via higher clinical income in month. The full year forecast for non-pay is an overspend of £29.3m.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Clinical Negligence Cost	(13,104)	(12,461)	**642**	(17,472)	(16,829)	**643**
Clinical Supplies And Services	(53,275)	(54,057)	**(781)**	(70,763)	(71,759)	**(996)**
Drugs	(50,101)	(49,500)	**601**	(65,793)	(66,450)	**(657)**
Establishment	(5,511)	(5,977)	**(466)**	(7,475)	(8,316)	**(841)**
Ext Staffing And Consultancy	(257)	(531)	**(274)**	(341)	(630)	**(289)**
General Supplies And Service	(3,267)	(2,854)	**413**	(4,373)	(3,804)	**569**
Healthcare Service Purchase	(3,856)	(4,130)	**(274)**	(5,209)	(5,472)	**(263)**
Miscellaneous Services	(5,282)	(6,057)	**(776)**	(6,907)	(7,730)	**(823)**
Pfi Unitary Payment	(22,402)	(22,419)	**(17)**	(29,746)	(34,014)	**(4,268)**
Premises & Fixed Plant	(19,638)	(19,618)	**19**	(25,661)	(25,578)	**83**
Research, Education & Training	(1,496)	(1,532)	**(36)**	(1,934)	(2,649)	**(715)**
System Savings	14,269	0	**(14,269)**	22,000	0	**(22,000)**
Transport	(3,510)	(3,174)	**337**	(4,686)	(4,396)	**290**
Total Non Pay	**(167,428)**	**(182,310)**	**(14,882)**	**(218,359)**	**(247,627)**	**(29,268)**

- Clinical supplies and services are showing a year to date variance of £0.8m and full year overspend of £1.0m. Within the full year forecast a saving of £1.0m has been included within the category. Excluding this, the full year position would be an overspend of £2.0m.
- Drug costs are forecast to be overspent by the year end by £0.7m.
- Establishment costs are overspending YTD by £0.5m with this forecast to increase to £0.8m by the year end. The key causes of both the YTD and full year variances being postage and carriage costs.
-
- PFI costs are forecast to be overspent by £4.3m by the year end. This is attributable to the required write off underutilised lifecycle prepayments. Following discussions with the Trust's external auditor and PFI partner, the total cost for this financial year is £4.9m. A provision has been made within the annual 2019/20 budget of £0.9m for this, resulting in a cost pressure of £4.0m. The remaining overspend has been driven by increases in contract variations.
- Transport costs are showing a YTD and full year underspend.

Non-Operating Costs

A budget of £0.5m has now been provided for restructuring costs provided from reserves phased across the full year with 9 months shown within the YTD position. YTD spend on restructuring has been £0.4m. No further spend is anticipated for 2019/20.

Depreciation is showing a YTD underspend of £0.5m. Other technical items are in line with budgeted amounts.

Efficiency programme

The Trust's overall savings requirement for 2019/20 is a savings programme of £31.9m. In order to mitigate savings that have not progressed from the original CIP plan, for example PFI savings, other schemes have been developed.

The YTD savings target is £21.2m and the Trust has delivered £7.5m. YTD the Trust has exceeded the internal plan to mitigate an element of the system saving requirement. By year end the Trust is forecast to achieve CIP of £9.9m being.

CIP Scheme	YTD Target £'000	YTD Delivery £'000	YTD Variance £'000	Full Year Target £'000	Full Year Delivery £'000	Full Year 2020/21 £'000
Admin Review	1,500	1,500	-	2,000	2,000	2,000
Therapies	1,425	1,425	-	1,900	1,900	1,900
Estates	333	487	**154**	500	550	202
Procurement	578	460	**(118)**	860	496	324
PFI Review	667	-	**(667)**	1,000	-	-
GIA Review	975	975	-	1,300	1,300	1,300
Drugs	681	1,293	**612**	1,100	1,582	1,156
Commercial Review	-		-	200	-	-
Community Savings	750	519	**(231)**	1,000	680	617
Other Savings	-	837	**837**	-	952	454
System Savings	14,269	-	**(14,269)**	22,000	-	-
Total	**21,178**	**7,496**	**(13,682)**	**31,860**	**9,460**	**7,953**

Cash and Working Capital

Liquidity

The Trust held £11.7 million at the end of December (£9.9 million ahead of plan). The Trust continues to retain a higher than planned cash balance and this will be utilised during January and February to cover aged payable balances.

It is anticipated that the higher than planned level of liquidity carried through from December, supported by deficit funding and Capital Support utilised from February, will provide sufficient funding to meet identified pressures.

Working capital

Payables update

During December the Trust spent £36.1 million on payments to suppliers including £15.8 million for the quarterly contractual PFI payment and the Trust will have approximately £22.0 million available to spend on suppliers in January.

The age profile of payments, as reported in line with the Better Payment Practice Code (BPPC target 95%), currently stands at 81%. There continues to be a gradual improvement in the BPPC during the financial year from April when it stood at 67%.

Outstanding debt and accrued income

The value of aged outstanding debt at the end of December amounted to £8.9 million. The Trust's aged debt reduced by £0.7 million from November to December. During January and February the Trust will continue to concentrate recovery on aged and higher value debt.

The Trust has a balance on accrued income at the end of December amounting to £9.6 million, an increase of £0.7 million from the end of November.

Capital

The following table provides a summary of the position on capital expenditure, the full year forecast and funding position.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PFI Lifecycle	7,767	8,118	(351)	10,824	10,824	0
Site Reconfiguration	0	4,196	(4,196)	70	5,297	(5,227)
Replacement of Medical Equipment	1,047	1,600	(553)	1,690	6,012	(4,322)
Network Replacement and Clinical Noting	0	1,831	(1,831)	0	4,433	(4,433)
Cancer Transformation	0	200	(200)	0	200	(200)
Total	**8,814**	**15,945**	**(7,131)**	**12,584**	**26,766**	**(14,182)**

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	5,918	5,918	0	11,984	5,918	6,066
Capital - LRI	2430	9317	(6,887)	0	12,875	(12,875)
Macmilan	0	0	0	0	0	0
Charitable contributions including Newcastle University contribution towards LRI	266	510	(244)	400	1000	(600)
Interim Support	0	0	0	0	3,935	(3,935)
PDC (received in 2018/19)	200	200	0	200	3,038	(2,838)
Total Financing	**8,814**	**15,945**	**(7,131)**	**12,584**	**26,766**	**(14,182)**

As at 31 December the Trust has spent £15.9 million on its capital programme with a forecast spend of £26.8 million in agreement with NHSE/I. A detailed analysis of the capital schemes within this programme is included in the attached annex.

The major areas of expenditure included in the forecast include:

- Contractual PFI lifecycle payment to the PFI Provider (£10.8 million);
- Medical equipment - £6.0 million allocation of which £2.3 million is currently committed;
- Estate schemes – allocations for the LRI refurbishment, PACU/SAU and further allocations for Community Premises, Trust lifecycle works within Ward

12 and Theatre 3 and the Pharmacy refit following Board approval of the formation of the wholly owned subsidiary;

- Information Technology - £4.4 million included to cover Voice Recognition, Pharmacy LIMS server replacement, UPS, backups and an allocation for equipment replacement. This allocation covers the planned replacement programme of desktops, servers and laptops given the age and condition of the existing infrastructure.

To finance the above programme the Trust has gained approval for a bid for Capital Support amounting to £2.5 million and a further bid has now submitted for approval. The Trust will draw the funding to support the initial bid of £2.5 million in February and March 2020.

A further bid has been prepared and submitted to support the delivery of the capital programme for 2020/21. In 2020/21 the capital plan amounts to £27.6 million and the financing request amounts to £21.1 million.

5 Year Long Term Capital Plan

A 5 year plan was submitted in October to support a programme over 4 years from 2020/21 to 2023/24 amounting to £125.6 million. The delivery of a programme of this size will require capital borrowing support of £93.8 million. It is not anticipated, however, that a significant level of borrowing will be approved or that borrowing will be given for non-essential spend.

The detail of the programme can and will continue to be reviewed and updated as part of the submission process. The Trust's Capital Planning Group will manage both the programme and Long Term Capital Planning moving forward.

Borrowing Update

The Trust utilised funding in the form of Revenue Support in December amounting to £4.6 million (this included deficit funding of £3.6 million and PSF due in December of £1.0 million).

The Trust's current position on future borrowing and the repayment of existing borrowing is as follows:

- Revenue borrowing support will continue to be available for deficit funding and lost/due PSF with drawdown occurring in line with the existing monthly process.

- A process is now in place to provide 1 year extensions to revenue loans at the end of their existing terms. The Trust is in receipt of confirmations to support these annual extensions. The position will continue to be reviewed by NHS Improvement in conjunction with the Department of Health and Social Care (DoHSC) to develop a long term solution on borrowing.

- The Trust has submitted 2 bids for Interim Capital Support, the first being approved and the Trust is in receipt of a borrowing agreement and the second

is awaiting approval. The Trust has held discussions around utilising this funding during February and March and held further discussions on the timing of support to cover the utilisation of cash received from the sale and leaseback of the LRI.

4. RECOMMENDATIONS

- Discuss and consider the contents of this report
- Note the liquidity position, capital plan and the proposed utilisation of revenue and capital borrowing.

APPENDICES

Appendix 1 – Performance per Centre and Directorate
Appendix 2 – Month to month forecast bridge
Appendix 3 – Capital Programme 2019/20

Appendix 1 – Performance per Centre and Directorate

Urgent & Emergency Care

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Acute Medicine	(16,291)	(17,774)	**(1,483)**	(21,710)	(23,697)	**(1,987)**
A&E	(9,979)	(9,452)	**527**	(13,302)	(12,630)	**672**
Anaesthetics	(9,467)	(9,571)	**(104)**	(12,741)	(12,850)	**(109)**
Critical Care	(9,663)	(9,806)	**(143)**	(12,937)	(13,096)	**(159)**
Hdu	(1,936)	(1,978)	**(42)**	(2,579)	(2,633)	**(54)**
Icu	(5,467)	(5,174)	**293**	(7,291)	(6,894)	**397**
Miu	(603)	(593)	**10**	(822)	(795)	**27**
Operational Management	(2,568)	(2,635)	**(66)**	(3,422)	(3,519)	**(97)**
Pain	(122)	(79)	**44**	(164)	(105)	**59**
Social Workers	(175)	(286)	**(111)**	(234)	(382)	**(148)**
Theatres	(15,240)	(15,370)	**(130)**	(20,302)	(20,450)	**(148)**
Urgent & Emergency Care Cm	(2,861)	(3,060)	**(200)**	(3,897)	(4,087)	**(190)**
Total	**(74,371)**	**(75,777)**	**(1,406)**	**(99,401)**	**(101,138)**	**(1,737)**

Specialist & Planned Care

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Admin - Cardio, Thoracic & Vas	(929)	(918)	**12**	(1,249)	(1,221)	**28**
Admin - Ent, Audiology & Omfs	(447)	(433)	**14**	(617)	(576)	**41**
Admin - Gastro & Urology	(428)	(405)	**23**	(590)	(539)	**51**
Admin - Neurosciences	(908)	(984)	**(76)**	(1,191)	(1,307)	**(116)**
Admin - Radonc & Haematology	(824)	(779)	**44**	(1,120)	(1,037)	**83**
Admin - Trauma & Orthopaedics	(564)	(574)	**(10)**	(749)	(763)	**(14)**
Appointments Team	(14)	0	**14**	(19)	0	**19**
Cardiology	(17,136)	(15,878)	**1,258**	(22,822)	(21,134)	**1,688**
Cardiothoracic	(8,974)	(8,542)	**432**	(11,946)	(11,419)	**527**
Ent	(8,375)	(8,601)	**(226)**	(11,201)	(11,732)	**(531)**
Gastroenterology	(8,698)	(7,944)	**754**	(11,582)	(10,755)	**827**
General Surgery	(10,112)	(10,483)	**(371)**	(13,471)	(13,971)	**(500)**
Haematology	(10,911)	(10,911)	**0**	(14,548)	(14,654)	**(106)**
Neurology	(11,642)	(11,868)	**(226)**	(15,519)	(15,853)	**(334)**
Neuro Rehab & Spinal Injuries	(4,948)	(5,232)	**(284)**	(6,594)	(6,935)	**(341)**
Neurosurgery, Spinal & Pain	(6,804)	(7,048)	**(243)**	(9,063)	(9,368)	**(305)**
Oral Surgery	(2,259)	(2,754)	**(495)**	(3,012)	(3,715)	**(703)**
Orthodontics	(850)	(688)	**162**	(1,132)	(923)	**209**
Outpatients	(965)	(787)	**177**	(1,284)	(1,048)	**236**
Planned Care Centre Management	(746)	(537)	**209**	(994)	(714)	**280**
Radiotherapy & Oncology	(14,802)	(14,646)	**156**	(19,701)	(19,683)	**18**
Renal	(8,268)	(8,957)	**(689)**	(11,010)	(11,892)	**(882)**
Specialist Care Cm	(948)	(931)	**17**	(1,273)	(1,674)	**(401)**
Spec Therapies	(7,896)	(8,108)	**(211)**	(10,564)	(10,857)	**(293)**
Trauma And Orthopaedics	(13,963)	(14,458)	**(495)**	(18,611)	(19,386)	**(775)**
Urology	(5,178)	(5,044)	**134**	(6,915)	(6,762)	**153**
Vascular	(2,821)	(2,563)	**258**	(3,752)	(3,443)	**309**
Total	**(150,411)**	**(150,073)**	**337**	**(200,529)**	**(201,361)**	**(832)**

Shm Pharmacy

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Op Pharmacy	(115)	(94)	**20**	(217)	(183)	34
Total	**(115)**	**(94)**	**20**	**(217)**	**(183)**	**34**

Corporate Clinical Services

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Bacteriology	(2,390)	(2,438)	**(48)**	(3,183)	(3,216)	**(33)**
Blood Sciences - Biochemistry	(1,538)	(1,505)	**33**	(2,041)	(2,001)	**40**
Blood Sciences - Haematology	(3,847)	(3,968)	**(121)**	(5,104)	(5,301)	**(197)**
Cell Path	(2,666)	(2,897)	**(231)**	(3,554)	(3,856)	**(302)**
Clinical Support Cm	(897)	(843)	**54**	(1,233)	(1,132)	**101**
Cor Therapies	(1,992)	(1,952)	**40**	(2,680)	(2,644)	**36**
Fhn & Community	(1,150)	(1,131)	**19**	(1,549)	(1,484)	**65**
Lri Institute	9,293	10,380	**1,087**	12,401	12,741	**340**
Neuroradiology	(579)	(641)	**(62)**	(807)	(872)	**(65)**
Pathology	(3,382)	(3,309)	**73**	(4,543)	(4,497)	**46**
Pharmacy	(4,261)	(4,225)	**36**	(5,596)	(5,571)	**25**
Radiology	(9,649)	(10,363)	**(713)**	(12,799)	(13,796)	**(997)**
Ultrasound	(748)	(786)	**(39)**	(1,006)	(1,047)	**(41)**
Virology	(522)	(525)	**(03)**	(696)	(714)	**(18)**
Total	**(24,330)**	**(24,206)**	**123**	**(32,390)**	**(33,390)**	**(1,000)**

Corporate

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Capital Charges	(22,344)	(22,120)	**224**	(29,792)	(29,967)	**(175)**
Corporate Affairs Directorate	(2,909)	(3,139)	**(230)**	(3,886)	(4,185)	**(299)**
Estates And Facilities	(51,413)	(50,837)	**576**	(68,629)	(68,580)	**49**
Finance Directorate	(18,040)	(17,959)	**81**	(24,058)	(23,921)	**137**
Hr Directorate	(2,656)	(2,697)	**(42)**	(3,540)	(3,645)	**(105)**
Nursing Directorate	(4,453)	(4,686)	**(233)**	(5,947)	(6,511)	**(564)**
Central	443,839	426,147	**(17,691)**	599,488	576,270	**(23,218)**
Total	**342,025**	**324,710**	**(17,315)**	**463,636**	**439,461**	**(24,175)**

Community Care

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Admin - Community	(704)	(674)	**30**	(958)	(896)	**62**
Admin - Obstetrics & Gynae	(526)	(539)	**(13)**	(710)	(717)	**(07)**
Admin - Paeds & Neonatology	(609)	(596)	**13**	(825)	(793)	**32**
Admin - Plastics, Ophth, Derm	(757)	(685)	**72**	(1,044)	(911)	**133**
Admin - Specialist Medicine	(635)	(609)	**26**	(871)	(809)	**62**
Community Care Cm	(451)	107	**558**	(600)	(70)	**530**
Community Services Therapies	(5,685)	(5,326)	**360**	(7,592)	(7,083)	**509**
Com Services - Management	(769)	(929)	**(160)**	(1,025)	(1,237)	**(212)**
Dermatology	(3,865)	(3,673)	**192**	(5,138)	(4,901)	**237**
Diabetes	(4,639)	(5,785)	**(1,145)**	(6,175)	(7,695)	**(1,520)**
Gynaecology	(2,250)	(2,146)	**104**	(2,997)	(2,907)	**90**
Infectious Diseases	(3,132)	(2,737)	**395**	(4,166)	(3,643)	**523**
Medicine - Management	(214)	(201)	**13**	(285)	(267)	**18**
Middlesbrough Com. Services	(4,030)	(3,733)	**297**	(5,393)	(5,018)	**375**
Neonatology	(5,074)	(4,842)	**232**	(6,752)	(6,449)	**303**
North Yorkshire Com. Services	(4,281)	(4,159)	**122**	(5,701)	(5,537)	**164**
Obstetrics	(8,823)	(8,468)	**355**	(11,783)	(11,300)	**483**
Obstetrics & Gynaecology	(3,291)	(3,799)	**(508)**	(4,373)	(5,068)	**(695)**
Older Persons Medicine	(5,762)	(5,678)	**84**	(7,679)	(7,553)	**126**
Ophthalmology	(12,231)	(13,245)	**(1,015)**	(16,423)	(17,896)	**(1,473)**
Paediatrics	(10,235)	(10,355)	**(120)**	(13,713)	(13,841)	**(128)**
Paediatrics & Neonatology	119	(01)	**(119)**	163	(06)	**(169)**
Palliative Care	(1,080)	(1,046)	**34**	(1,439)	(1,395)	**44**
P And N Therapies	(1,713)	(1,789)	**(75)**	(2,291)	(2,379)	**(88)**
Plastic Surgery/Burns	(2,370)	(2,508)	**(138)**	(3,155)	(3,344)	**(189)**
Redcar And Cleveland Com. Ser.	(2,761)	(2,639)	**122**	(3,699)	(3,556)	**143**
Respiratory	(3,740)	(4,017)	**(277)**	(5,069)	(5,481)	**(412)**
Rheumatology	(6,152)	(5,691)	**461**	(8,198)	(7,695)	**503**
Total	**(95,661)**	**(95,761)**	**(99)**	**(127,892)**	**(128,447)**	**(555)**

Appendix 2 – Centre Forecast Bridges

Forecast Bridge COM			
	Forecast £'000	Budget £'000	Variance £'000
Month 8 forecast	(128,359.0)	(127,801.2)	(557.8)
Education & Training Income - postgrad student midwives income risk	(10.0)		
Increase in Consultant and Junior Doctor spend - specifically for Consultants in Ophthalmology to reduce back log and other areas for winter months)	(230.0)		
Nursing & Midwife Staff - vacancies not yet filled	96.9		
NHS Infrastructure Support - vacancies	32.3		
HCA & Support Staff - vacancies not yet filled	20.0		
CNST payment less than expected (£1m forecast, actual £641k)	(358.5)		
Drugs - (underspend due to price reduction and reduced activity for Hep C) & Clinical Supplies & Services overspend due to increase in consumables spend for winter pressures and Medical Gases).	449.7		
Transport - Lease cars underspend	33.9		
Local CEA budget/cost	(90.9)	(90.9)	
Various - Balancing figure to match new forecast	(31.2)		
Revised M9 forecast	(128,446.9)	(127,892.1)	(554.7)
Monthly Change	(87.8)	(90.9)	3.1

Forecast Bridge U and E			
	Forecast £'000	Budget £'000	Variance £'000
Month 8 forecast	(101,053.6)	(99,340.7)	(1,712.9)
M&D CEA Pay budget from Reserves	(60.6)	(60.6)	
HCL Locum consultant shifts - winter pressure funding	(15.0)		
Other income one off adjustments	(9.1)		
Revised M9 forecast	(101,138.3)	(99,401.3)	(1,737.0)
Monthly Change	(84.7)	(60.6)	(24.1)

Forecast Bridge CSD			
	Forecast £'000	Budget £'000	Variance £'000
Month 8 forecast	(33,457.5)	(32,382.7)	(1,074.8)
Pathology Quality Control Invoices benefit	48.0		
Pathology lower spend on equipment, chemicals and reagents	27.0		
Pathology outsourcing	(48.0)		
Pathology replacement intercom in the mortuary	(7.0)		
Pathology Siemens msc credit rec'd end contract year oct 19	119.0		
Admin agency moved to CM cost centres	38.0		
Cell path agency prof and tech continuation until end of year	(22.0)		
North Tees income down for virology and immunology variable	(34.0)		
Radiology High cost devices	(75.0)		
Increase outsourcing as delay in consultants starting	(67.0)		
Re- accrued agfa invoice from 2017	(75.0)		
York invoices for training 2017	(21.0)		
Recruitment benefit, finders fee not being paid	20.0		
Radiographer lower than forecast	23.0		
Trainee grades 4.00wte more in post from Sept and higher grades	(72.0)		
Substantive consultants delayed or now not starting	120.0		
Local CEA awards	(7.6)	(7.6)	
Agency lower spend in Dec	40.0		
Agency reduce PAS from Jan	40.0		
Education and training income	11.0		
Private patients improvement	5.0		
Sale of goods income variable	6.0		
Cor therapies mat leave back fill	(19.0)		
CM Admin increased cost	(19.0)		
Pharmacy minor new works aseptic dept	(8.0)		
Other	44.8		
Revised M9 forecast	(33,390.3)	(32,390.3)	(1,000.0)
Monthly Change	67.2	(7.6)	74.8

Forecast Bridge SPE

	Forecast £'000	Budget £'000	Variance £'000
Month 8 forecast	(201,079.0)	(200,341.2)	(737.8)
Local CEA awards	(99.0)	(99.0)	0.0
FNSD funding	(23.0)	(63.0)	40.0
Go Well Health funding	(30.0)	(30.0)	0.0
Pay budget to Procurement		4.0	(4.0)
Centre wide increase in Junior Doctors overspend	(201.0)		(201.0)
Centre wide decrease in HCA & Nursing spend	70.0		70.0
Reduction in additional recruitment forecast for International Nursing	30.0		30.0
Trauma & Orthopaedics - reduction in Major Trauma Service staffing	14.0		14.0
Trauma & Orthopaedics - increase in implant expenditure	(90.0)		(90.0)
Cardiology - Pacemakers opening stock adjustment to reflect correction for start of year	(50.0)		(50.0)
Cardiology - increase in Cath Labs MSE	(32.0)		(32.0)
Cardiology - Pacemakers expenditure adjustment	180.0		180.0
ENT -Cochlear implants (CSS) forecast movement	(50.0)		(50.0)
Neuro Rehab & SI - Increase forecast for expected Ottobock contract spend	(10.0)		(10.0)
Neurology - Increased High Cost Drugs spend	(126.0)		(126.0)
Neurology - Increased high Cost Devices spend	(30.0)		(30.0)
Renal - increasing satellite clinic expenditure	(40.0)		(40.0)
Haematology - reduced high cost drugs expenditure	125.0		125.0
Haematology - pay corrections	(29.0)		(29.0)
Radiology/Oncology - decrease in high cost drugs expenditure	35.0		35.0
Balancing reduction	73.0		73.0
Revised M9 forecast	(201,362.0)	(200,529.2)	(832.8)
Monthly Change	(283.0)	(188.0)	(95.0)

Forecast Bridge COR

	Forecast £'000	Budget £'000	Variance £'000
Month 8 forecast	430,698.0	463,289.6	(32,591.6)
CorAf - Agency Transformation LH	(68.6)		
CorAf - Cancer Services income utilisation	61.5		
CorAf - Cancer Services expenditure increase for Benefits Advice (externally funded)	(20.0)		
CorAf - Cancer Services expenditure increase for Consultant costs (eternally funded)	(27.0)		
CorAf - Cancer Services expenditure increase for IT and training (externally funded)	(35.0)		
CorAf - Cancer Services salary recharge income reduction, external funding stopped	(51.6)		
E&F - Utilities increase for winter (FHN)	(133.0)		
E&F - Utilities stopped credit note accruals (FHN)	(37.8)		
E&F - Utilities reduction in electricity charge (JCUH)	56.5		
E&F - Med Eng non-contract parts reduction to expenditure	45.5		
E&F - Med Eng contract forecast increase as a correction	(515.9)		
E&F - PFI reduction in pay and non pay inflation FYE Yr19/20	569.9		
Finance - Private Patient Income	19.0		
Finance - Procurement reduction Paper expenditure	8.0		
Finance - Procurement pay budget from SPE		(4.0)	
HR - Occupational health benefit income	17.0		
HR - CRB checks increase in expenditure	8.0		
Reduction in centrally forecast Grip and Control	290.0		
Bad debt provision recalculation	218.0		
Additional Income	8,000.0		
Reserves - reduced expenditure budget local CEA Awards provided to centres	257.7	257.7	
Reserves - reduced expenditure and budget to SPE Go Well Health	30.0	30.0	
Reserves - reduced expenditure and budget to SPE FNSD	23.0	63.0	
Other small movements	47.8	0.5	
Revised M9 forecast	439,461.0	463,636.8	(24,175.8)
Monthly Change	8,763.0	347.2	8,415.8

Forecast Bridge South Tees Healthcare Management

	Forecast £'000	Budget £'000	Variance £'000
Month 8 forecast	(191.0)	(217.0)	26.0
Pay forecast improvement	8.0		
Revised M9 forecast	(183.0)	(217.0)	34.0
Monthly Change	8.0	0.0	8.0
Trust Total	8,382.6	0.0	8,382.6

Appendix 3 – Capital Programme 2019/20

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Estates						
PFI Lifecycle	7,767	8,118	351	10,824	10,824	0
Task 218 - CT scanner	0	97	97	0	97	97
Ward 4 refurbishment	0	56	56	0	56	56
LRI	0	2,004	2,004	0	2,004	2,004
PACU/SAU	0	1,605	1,605	0	1,727	1,727
Cheriton House	0	33	33	0	33	33
Community premises	0	28	28	0	280	280
Omnicell	0	5	5	0	376	376
Lifecycle enhancements (Theatres 1-6, Ward 11-12 and Medical Gases)	0	19	19	0	300	300
Pharmacy refit	0	0	0	0	100	100
Endoscopy – JAG Accreditation	0	0	0	0	0	0
Cancer Centre (Friarage)	0	41	41	70	41	(29)
Critical infrastructure risk (FHN)	0	26	26	0	26	26
PFI change of law (Emergency Lighting)	0	0	0	0	0	0
Pre- Assessment	0	2	2	0	2	2
Critical Care Expansion	0	121	121	0	121	121
VAT on Capital	0	(31)	(31)	0	(56)	(56)
Replacement Programme - Radio	0	23	23	0	23	23
3T in the Current MRI 2	0	12	12	0	12	12
Hardstanding for Mobile MRI at FHN	0	56	56	0	56	56
Microscope	0	9	9	0	9	9
Linac Bunker 2	0	24	24	0	24	24
Car Parking Improvements	0	26	26	0	26	26
CSSD AHU Replace/Refurb (FHN)	0	40	40	0	40	40
Estates Total	7,767	12,314	4,547	10,894	16,121	5,227
Medical Equipment						
Chief Executive Emergency Replacement	1,047	0	(1,047)	1,690	0	(1,690)
- Manometry solar trolley system	0	51	51	0	51	51
- Cannon Megacool	0	63	63	0	63	63
- Hemosphere monitoring systems	0	180	180	0	180	180
- Endoscopic imaging	0	255	255	0	255	255
- Birthing beds	0	0	0	0	100	100
- BIPaps	0	108	108	0	108	108
- YSIO Detector	0	110	110	0	110	110
- Natus Embla Amplifier	0	46	46	0	66	66
- Irradiation booth	0	0	0	0	47	47
- Neonatal incubators	0	0	0	0	55	55
- Pathology labelling machine	0	0	0	0	138	138
- Home Haemodialysis machine	0	80	80	0	81	81
- Slidemate as on demand printing system A8390(	0	138	138	0	138	138
- Dual server dual san upgrade	0	0	0	0	0	0
- Trilogy 202 Ventolator	0	108	108	0	108	108
- Opthalmology equipment	0	0	0	0	0	0
- High risk investment	0	0	0	0	0	0
- Other replacements	0	287	287	0	287	287
Emergency Breakdown contingency	0	0	0	0	0	0
Ultrasounds	0	30	30	0	30	30
JCUH Ophthalmic Consulting Rooms	0	02	02	0	165	165
Defribrillator - Pain Clinic	0	08	08	0	08	08
Endoscopy PDC	0	0	0	0	104	104
Emergency Replacement	0	08	08	0	3,792	3,792
X Ray tubes	0	126	126	0	126	126
Total Medical Equipment	1,047	1,600	553	1,690	6,012	4,322

Information Technology						
Telephones (VOIP)	0	857	857	0	857	**857**
Clinical Noting	0	34	**34**	0	34	**34**
MFD printers	0	85	85	0	85	**85**
Lloyds Pharmacy	0	47	**47**	0	47	**47**
Symphony expansion to Redcar Primary	0	5	5	0	5	**5**
Patient WiFi	0	1	**1**	0	1	**1**
Voice recognition	0	353	353	0	353	**353**
IT discretionary	0	192	**192**	0	192	**192**
Pervasive BYOD	0	15	15	0	18	**18**
LIMS server	0	231	**231**	0	344	**344**
Radiology PACS PDC	0	0	**0**	0	365	**365**
Digital Pathology	0	11	11	0	96	**96**
Web ice upgrade	0	0	**0**	0	37	**37**
Cyber PDC	0	0	0	0	79	**79**
IT kit replacement	0	0	**0**	0	1,180	**1,180**
UPS	0	0	0	0	222	**222**
integration Engine PDC	0	0	0	0	290	**290**
Backups	0	0	**0**	0	228	**228**
Total Information Technology	0	1,831	1,831	0	4,433	**4,433**
Cancer Transformation PDC	0	200	**200**	200	200	**0**
Total	8,814	15,945	7,131	12,784	26,766	**13,982**
Financing						
Depreciation	5,918	5,918	0	5,918	5,918	0
Capital - LRI	2,463	9,317	(6,854)	6,266	12,875	(6,609)
Macmilan	0	0	0	0	0	0
Charitable contributions including Newcastle University contribution towards LRI	233	510	(277)	400	1,000	(600)
Interim Support	0	0	0	0	3,935	(3,935)
PDC (received in 2018/19)	200	200	0	200	3,038	(2,838)
Total Financing	**8,814**	**15,945**	**(7,131)**	**12,784**	**26,766**	**(13,982)**

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 February 2020			
Building a Sustainable Future for the Friarage - Update at close of Consultation			**AGENDA ITEM: 18** **ENC 10**
Report Author and Job Title:	Lucy Tulloch Service Manager	**Responsible Director:**	Adrian Clements, Medical Director
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	This paper provides an update on the activity and clinical impact of the urgent temporary change, and summarises the consultation activity and next steps.		
Background	Following the urgent temporary change to services at the Friarage Hospital in March 2019, the Board received a paper in September 2019 setting out the arrangements for statutory public consultation. This was led by Hambleton, Richmondshire & Whitby CCG, with the Trust supporting.		
Assessment	The urgent temporary change to services at the Friarage continues to be delivered safely. The consultation has been completed and Hambleton, Richmondshire & Whitby CCG are now analysing the feedback. The Trust will move forward with work to sustain the urgent and acute care model whilst this process concludes, to develop the elective programmes on site and integrate the hospital with community services in this locality.		
Recommendation	Members of the Trust Board are asked to note the impact of the urgent temporary change, progress of the process to formalise the change to preferred clinical model and next steps.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 1.2 Due to the unavoidable accelerated implementation timescale of the preferred clinical model there is a risk that we will not be able to fully deliver all elements of the change, which could adversely impact on patient outcome and experience leading to reputational damage.		
Legal and Equality and Diversity implications	*Planning, assuring and delivering service change for patients* NHS England, March 2018 Equality Impact Assessments completed for urgent temporary change.		
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☐	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☒		

Building a Sustainable Future for the Friarage
Update at close of Consultation

1. PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update on the activity and clinical impact of the urgent temporary change to services at the Friarage, and summarises the consultation activity and next steps.

2. BACKGROUND

2.1 Following the urgent temporary change to services at the Friarage Hospital in March 2019, the Board received a paper in September 2019 setting out the arrangements for statutory public consultation. This was led by Hambleton, Richmondshire & Whitby CCG, with the Trust supporting.

3. DETAILS

a. Impact of Urgent Temporary Change

3.1 The urgent temporary change has been closely monitored. Clinical case reviews have identified no patient harms arising from the model. Activity through the Friarage has been greater than predicted, and the impact on JCUH has therefore been lower than predicted (critical care in line with modelling). County Durham and Darlington Foundation Trust have experienced higher ED attendances from this locality than expected but slightly fewer admissions. GP practices and the Yorkshire Ambulance Service continue to strongly support the model in their daily practice, and we continue to liaise with Tees Esk and Wear Valleys NHSFT to refine and improve mental health pathways. The ability to reinstate the A&E department has been kept under review Circumstances remain unchanged in that there is no ability at this time to re-instate the Friarage Hospital A&E department nor the critical care and anaesthetic cover upon which this would depend. This is due to workforce gaps in critical care consultants, anaesthetic doctors.

3.2 Activity monitoring presentation attached (**Appendix 1 Friarage urgent temporary change activity monitoring**). Headlines are:

- UTC has seen 99% of volume of activity seen in A&E in the previous year
- Number of children attending has increased by 55%
- Non-elective admissions direct to FHN are 73% of previous activity
- 3 times as many patients are now repatriated from JCUH
- Repatriation is extended to elective pathways and Darlington hospital
- Total admissions to acute medicine (including repatriations) are 79% of previous activity
- Elective admissions have increased by 4% (total theatre and other)

- There has been no increase in transfers off-site from the wards (10% fewer)
- Transfers from UTC have doubled, to just over 2 per day
- Patients from HRW occupy 11 more ward beds at JCUH than before
- Patients from HRW occupy 3 more critical care beds on average (the same average number as were used at Friarage before the change)

b. Public Consultation

3.3 During the period and ran from 13 September 2019 to 17 January 2020, 13 public consultation events were held, plus focus groups and a number of meetings with interest groups such as Health Watch, Save the Friarage Campaign, Age Concern/ Northallerton Over Fifties Forum, the Samaritans local group, Snape Parish Council (who arranged an additional public meeting), and the consultation was promoted through local venues and stakeholder groups. The Trust provided senior clinical input and management support to these events. A total of 1,612 surveys were completed (701 online surveys back and 310 paper, plus 601 street surveys).

3.4 The CCG are now analysing the feedback obtained through the public consultation with commissioned support in this from NECS and Enventure.

c. Next Steps for the Friarage

3.5 The post-consultation business case with the recommended outcome will go to Trust Board, HRW CCG Governing Body and NHS England Checkpoint 3. The CCG aims to complete this by April 2020. This will be followed by completion of the implementation and change management process from April 2020, however, any legal challenge processes could significantly delay this.

3.6 In the meantime, the urgent temporary change model continues, along with the governance and assurance around this. The 'Getting Back to Best' improvement programme actions to grow the Friarage are underway. The *Building a Sustainable Future Programme Board* will continue and incorporate oversight of these actions.

3.7 There is significant professional and political interest in the Friarage model and the potential to learn from it and replicate in other English local health systems.

4. RECOMMENDATIONS

4.1 Members of the Trust Board are asked to note the impact of the urgent temporary change, progress of the process to formalise the change to preferred clinical model and next steps.

APPENDICES

Appendix 1 Friarage urgent temporary change activity monitoring

Urgent Temporary Changes to the Friarage: Weekly Information Report 20.01.20

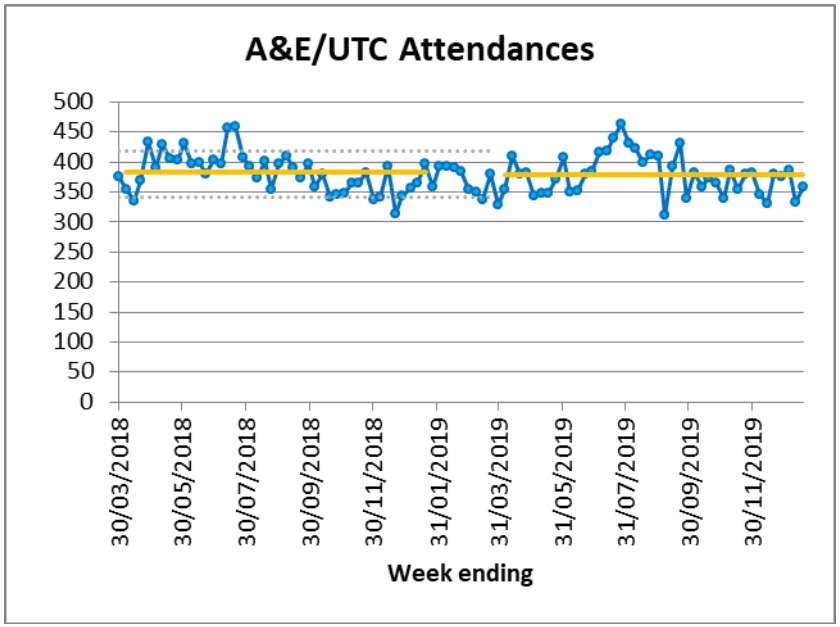
Building a sustainable future for the Friarage

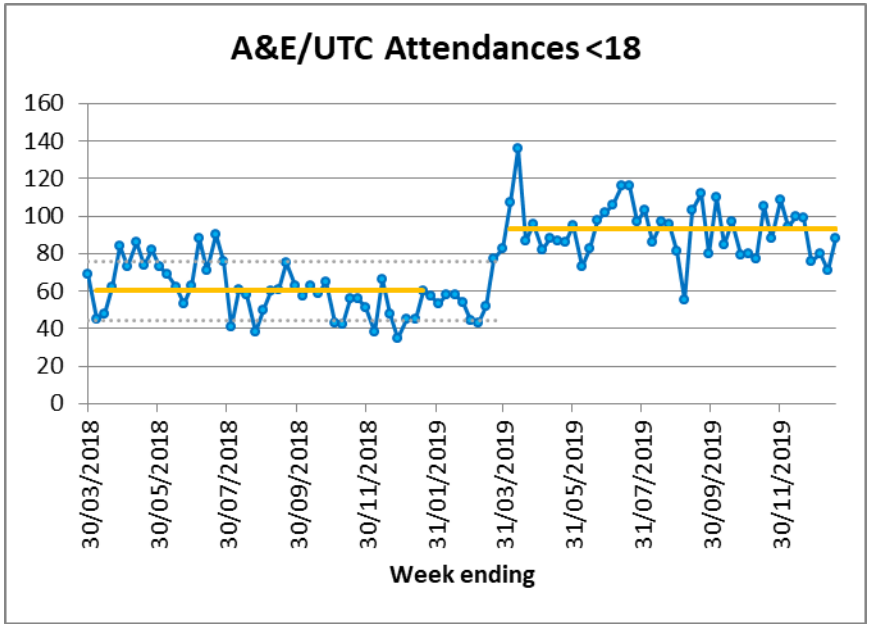
Activity comparison YTD to 18.01.20

	Expected Model	Actuals From 27-Mar to 18-Jan	2018 equivalent period	Change 2019 vs 2018	Change Vs Model
UTC attends	14730	16258	16312	-54	1528
UTC attendances under 18s	2086	4008	2569	1439	1922
FHN admits non-elective	3874	4571	6148	-1577	697
Repatriations to FHN	639	515	204	311	-124
Total: FHN NEL & Repats	4513	5086	6352	-1266	573
FHN admits elective	14134	14305	13591	714	171
NY occupied bed days JCUH	34653	27077	23424	3653 (12 beds)	-7576
FHN to JCUH Ward transfers	298	378 (El 42, Nel 336)	529 (El 39, Nel 490)	-151	80
FHN to JCUH A&E transfers	596	634	293	341	38
NY occupied bed days JCUH CC	2738	2644	1984	660 (2 beds)	-94

Urgent Treatment Centre attendances

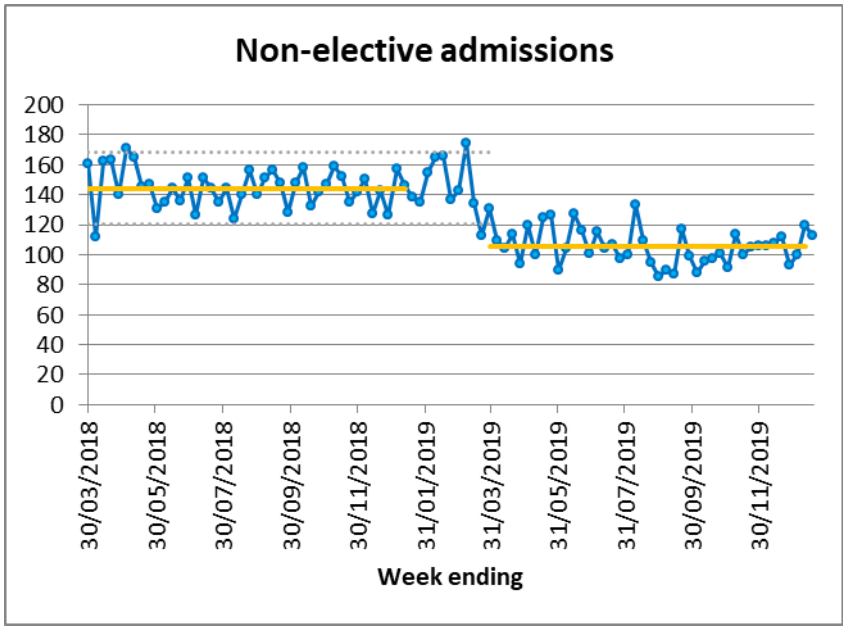
- UTC has seen 99% of volume of activity seen in A&E in the previous year
- Number of children attending has increased by 55%

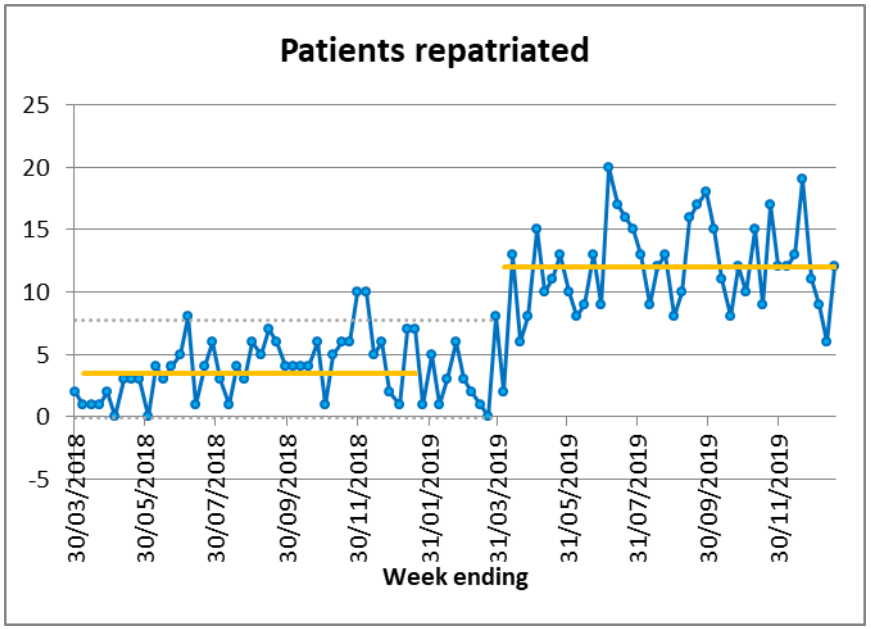




Non-elective admissions

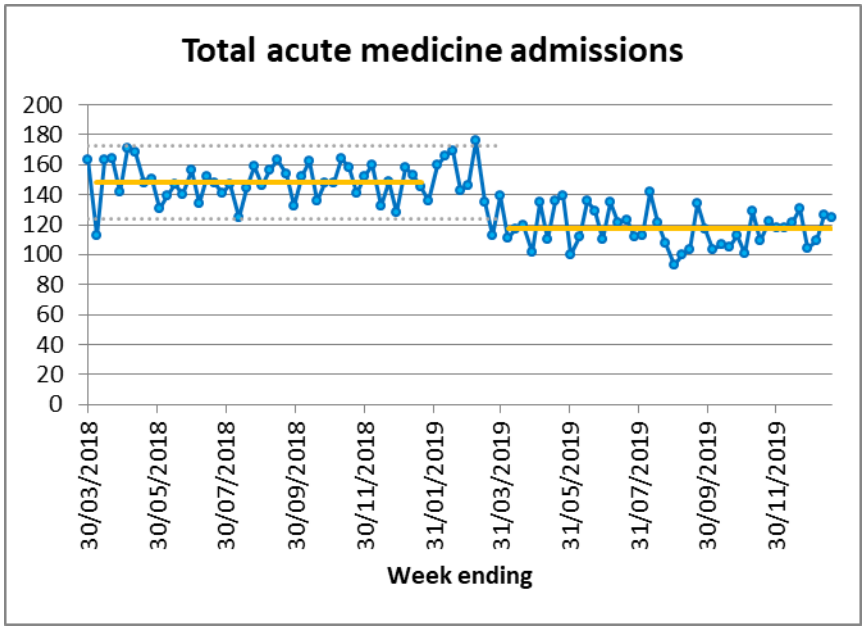
- Non-elective admissions direct to FHN are 73% of previous activity
- 3 times as many patients are now repatriated from JCUH
- Repatriation is extended to elective pathways and Darlington hospital

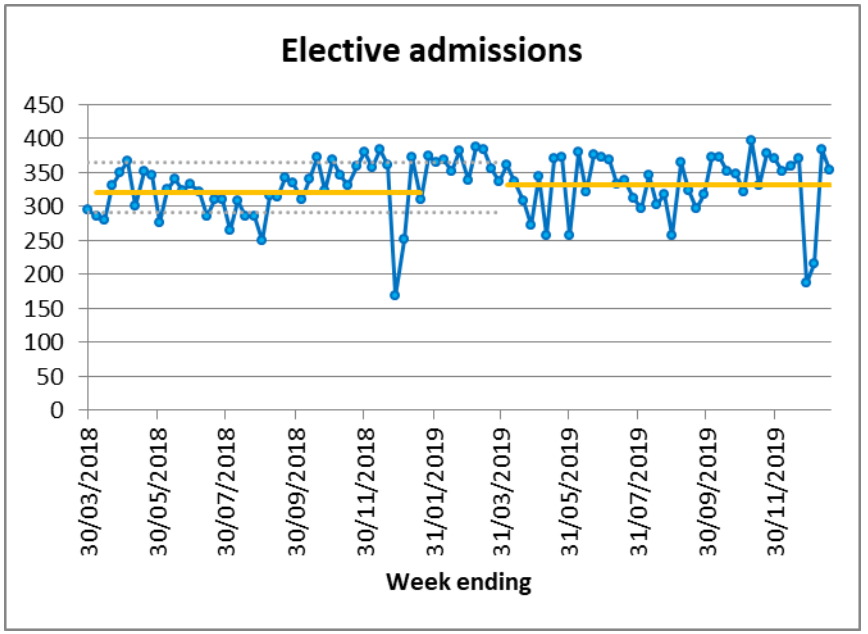




Total acute and elective admissions

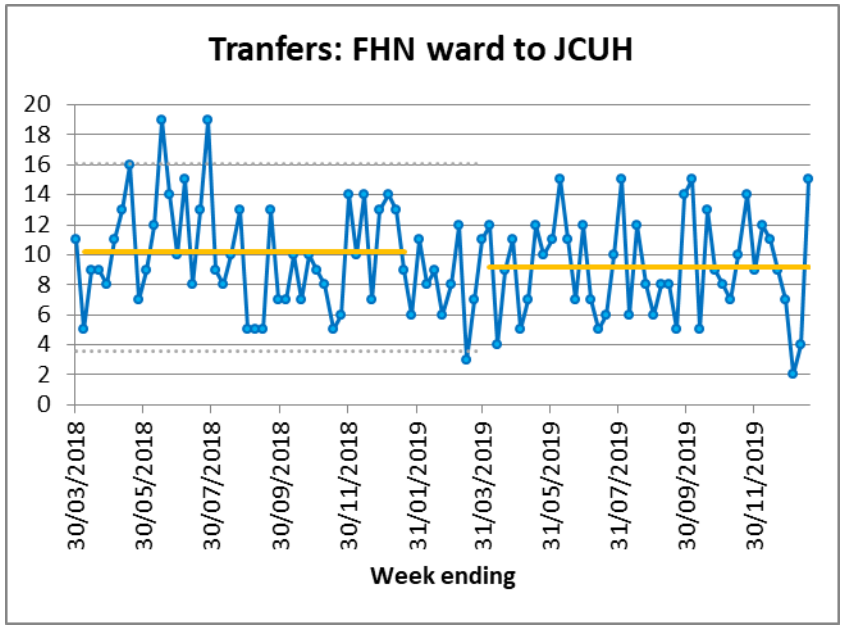
- Total admissions to acute medicine are 79% of previous activity
- Elective admissions have increased by 4%

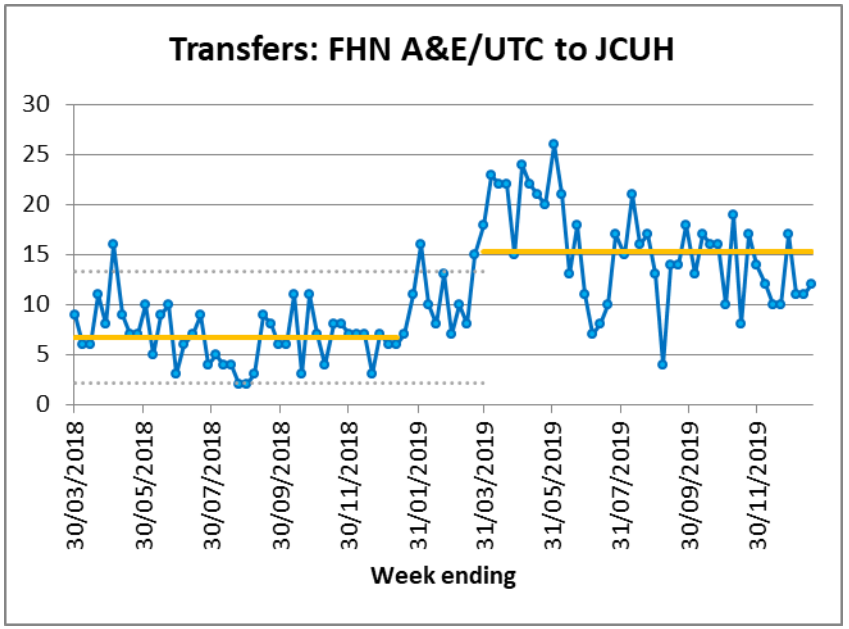




Patients transferred from Friarage Hospital

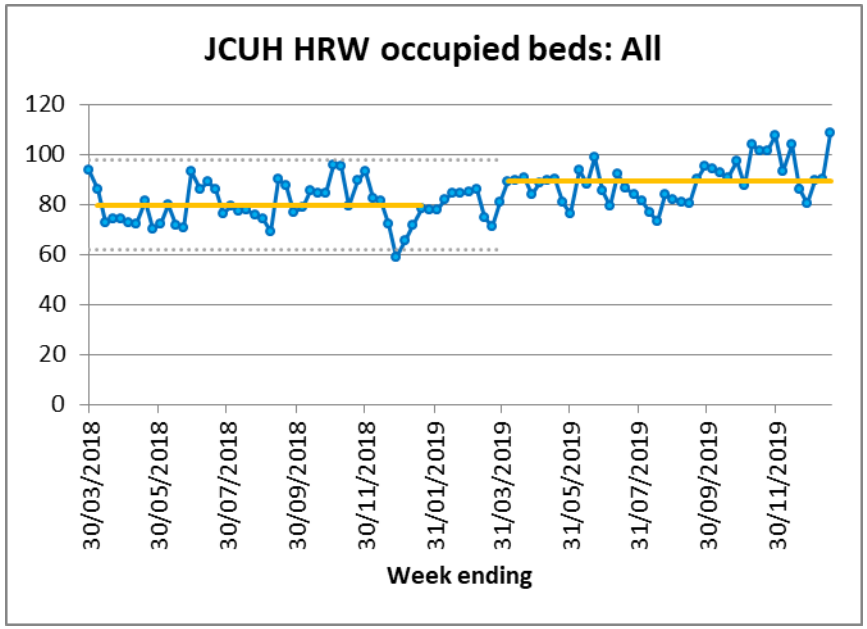
- There has been no increase in transfers off-site from the wards (10% fewer)
- Transfers from UTC have doubled, to just over 2 per day

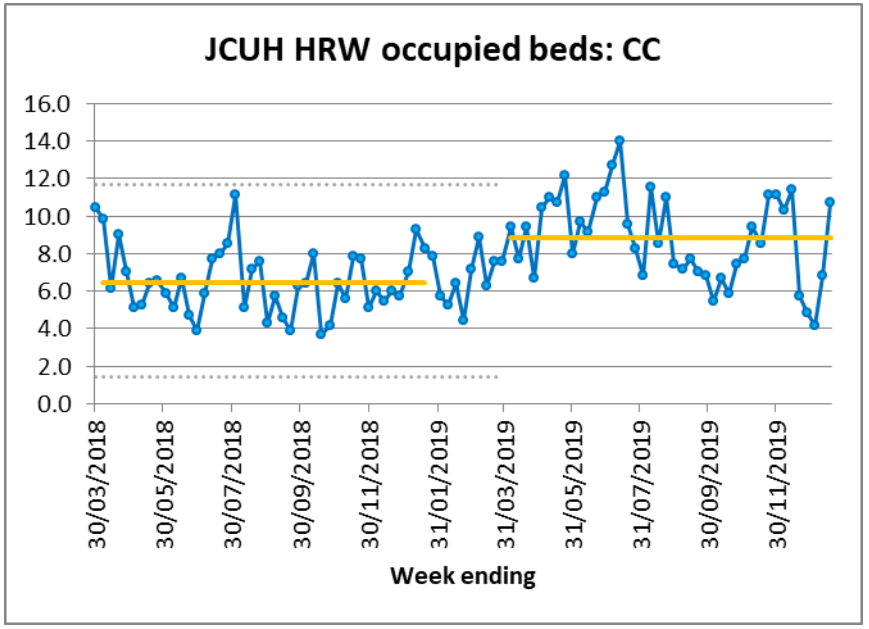




North Yorkshire patients at JCUH

- Patients from HRW occupy 11 more ward beds at JCUH than before
- Patients from HRW occupy 3 more critical care beds on average (the same average number as were used at Friarage before the change)





MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 February 2020			
Annual Filings 2019/20			**AGENDA ITEM: 19, ENC 11**
Report Author and Job Title:	Jackie White Head of Governance	**Responsible Director:**	Steven Mason Director of Finance Gill Hunt Director of Nursing & Quality
Action Required	Approve ☒ Discuss ☐ Inform ☐ (select the relevant action required)		
Situation	The Trust has a statutory requirement to produce a number of key documents as part of its annual filings following the end of the financial year. These include the Annual Report, Annual Accounts, Annual Governance Statement and Quality Report (Account).		
Background	Guidance has been received on production of the annual report and accounts. Guidance relating to the Quality Report and Annual Governance Statement is still outstanding. A programme management approach has been established to oversee this work and a programme plan is attached which includes the key timeline of deliverables.		
Assessment	At this stage there are no issues or risks highlighted with the production of the annual filings. Whilst guidance is still outstanding the Quality Report and Annual Governance Statement will be drafted in line with previous guidance to ensure no delay. However, in order to meet the drafting and final publication timetable the Board of Directors are requested to delegate approval to the Quality Assurance Committee and Audit Committee for ongoing monitoring and approval.		
Recommendation	Members of the Trust Board are asked to note the progress in developing the key annual filings documentation and agree to delegate ongoing monitoring and approval of the annual filings to the Audit Committee and Quality Assurance Committee.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		

Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☐	Excellence in employee experience ☐
	Drive operational performance ☐	Long term financial sustainability ☐
	Develop clinical and commercial strategies ☐	

Annual Filings 2019/20

1. PURPOSE OF REPORT

- The purpose of the report is to update members of the Trust Board on the preparation of the annual filings for 2019/20:
  - Quality Report (Account)
  - Annual Accounts
  - Annual Report
  - Annual Governance Statement

- and to ask for delegated authority to the Audit Committee and Quality Assurance Committee for ongoing monitoring and approval of the annual filings on behalf of the Board.

2. BACKGROUND

The Trust has a statutory requirement to produce a number of key documents as part of its annual filings following the end of the financial year. These are as follows:

- an annual report and accounts (ARA) as set out in the Group Accounting Manual 2019/20 and National Health Service Act 2006 c. 41 Schedule 15: Preparation of annual accounts .

- an annual governance statement, which will be incorporated into the ARA as set out in the Group Accounting Manual 2019/20.

- a quality report (account) each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended ('the quality accounts regulations').The Department of Health and Social Care published the NHS (Quality Accounts) Amendment Regulations 2017 in July 2017.

A programme management approach has been established to oversee this work. A task and finish group has been established and will meet every two weeks to review progress.

The guidance for the Annual Governance Statement and Quality Report (Account) is outstanding and due around early February 2020.

3. DETAILS

3.1 Annual report and accounts

The Annual accounts timetable has been developed. Negotiations are underway with External Audit with regard to carrying out their checks. No risks to identify at this stage.

3.2 Quality Report (Account)

An initial engagement event has been held with a sub group of the Council of Governors regarding the quality improvement priorities for 2020/21. A long list of quality priorities was developed using quality indicators from national, regional and local level intelligence, ensuring that the measures are relevant to our population and this has been shared at the engagement event.

Those participating in the engagement event were asked to select their priorities from the long list. This information will be refined into a short list for further consideration.

Contact needs to be made with External Audit to agree the two indicators for testing. Dates to carry these out have not yet been agreed.

3.3 Annual Governance Statement

The guidance for the Annual Governance statement has not yet been released.

4. RECOMMENDATIONS

The Board of Directors are asked to note the progress in developing the key annual filings documentation and agree to delegate ongoing monitoring and approval of the annual filings to the Audit Committee and Quality Assurance Committee.

5. APPENDIX

Programme timeline

Theme	**Action required**	**lead**	**Due Date**	**Rag Rating**	**Comments on progress**
Kick off meeting	Set up kick off meting	JW			
	Identify executive lead	JW			
	Define project objectives	JW			
	Receive approval from management and stakeholders	JW			
	Define project scope	JW			
	Identify risks	JW			
	Establish a list of deliverables	JW			
	Initial meeting / discussion with External Auditors to review arrangements review and comments	JW			
	Roles and responsibilities of key members	JW			
Annual Report					
	Agree the Timetable and plan for Annual Report	JW	24.1.20		
	Report to Trust Board for delegated authority to QAC and Audit Committee for Quality Report and Annual Report and Accounts	JW	4.2.20		
	Finance to provide unaudited financial information for inclusion in Annual Report.	BS			
	Draft Annual report to be considered by External Audit	EA	April / May		
	External Audit feedback on Draft Annual Report	EA	May		
	Draft Annual report shared with SLT for comment				
	SLT feedback on Draft Annual Report				
	Report to Audit Committee on Annual Report and Accounts for approval	JW/MG	20.5.20		
	Update annual report based on feedback from Audit Committee and SLT				
	Review Final Annual Report	MG			
	Submit draft annual report to NHS Improvement	BS	29.5.20		
	Annual Report goes to printer				
	Approval of Annual Report by Trust Board	JW	2.6.20		
	AGM/AMM	MG	September		
	Check in preparation for laying before parliament	MG	15.6.20		
	Submit annual report and accounts to parliament	JW	22.6.20		
	Upload annual report and accounts to website	MG	26.6.20		
	Submit final full annual report and accounts to NHSI	JW	24.7.20		
Annual Accounts	Agree the Timetable and plan for the Annual Accounts	JW	24.1.20		
	Report to Trust Board for delegated authority to QAC and Audit Committee for Quality Report and Annual Report and Accounts	JW	4.2.20		
	Draft accounts to NHS Improvement	BS	24.4.20		
	Submit audited accounts to NHS Improvement	BS	29.5.20		
	Approval of Annual Report by Trust Board	JW	2.6.20		
	AGM/AMM	MG	September		
	Reply to NHS Improvement's letter regarding events after the reporting date.	BS	24.6.20		
	Submit annual report and accounts to parliament	JW	22.6.20		
	Upload annual report and accounts to website	MG	26.6.20		
	Submit final full annual report and accounts to NHSI	JW	24.7.20		
Annual Governace Statement	Agree the Timetable and plan for the AGS	JW	24.1.20		
	Report to Trust Board for delegated authority to QAC and Audit Committee for Quality Report and Annual Report and Accounts	JW	4.2.20		
	Draft AGS to be considered by External Audit	EA	April / May		
	External Audit feedback on AGS	EA	May		
	Draft AGS shared with SLT for comment	JW			
	SLT feedback on Draft AGS	JW			
	Update AGS based on feedback from Audit Committee and SLT	JW			
	Review Final AGS	JW			
	Submit draft annual report to NHS Improvement	BS	29.5.20		
	Annual Report goes to printer				
	Approval of Annual Report by Trust Board	JW	2.6.20		
	AGM/AMM	MG	September		
	Check in preparation for laying before parliament	MG	15.6.20		
	Submit annual report and accounts to parliament	JW	22.6.20		

	Upload annual report and accounts to website	MG	26.6.20		
	Submit final full annual report and accounts to NHSI	JW	24.7.20		
Quality Account	Agree the Timetable and plan for Quality Report	IB	24.1.20		
	Report to Trust Board for delegated authority to QAC and Audit Committee for Quality Report and Annual Report and Accounts	JW	4.2.20		
	Draft Quality report to be considered by External Audit	EA	April / May		
	External Audit feedback on Draft Quality Report	EA	May		
	Draft Quality report shared with SLT for comment				
	SLT feedback on Draft Quality Report				
	Update quality report based on feedback from Audit Committee and SLT				
	Review Final Quality Report	IB			
	QAC approval of Quality Report	IB	26.5.20		
	Submit draft annual report to NHS Improvement	BS	29.5.20		incorporating quality report
	Annual Report goes to printer				
	Approval of Annual Report by Trust Board	JW	2.6.20		
	AGM/AMM	MG	September		
	Check in preparation for laying before parliament	MG	15.6.20		
	Submit annual report and accounts to parliament	JW	22.6.20		
	Upload annual report and accounts to website	MG	26.6.20		
	Submit final full annual report and accounts to NHSI	JW	24.7.20		

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 February 2020			
Care Quality Commission (CQC) action plan update			**AGENDA ITEM: 20, ENC 12**
Report Author and Job Title:	Moira Angel Senior Nurse Advisor	**Responsible Director:**	Gill Hunt Director of Nursing and Quality
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	This paper provides an update on progress with the CQC action plan		
Background	Following the CQC inspection of the Trust which was carried out between the 15th January and the 23rd February 2019, a detailed action plan was developed to address the regulatory breaches ('must do' actions) and also the 'should do' actions.		
Assessment	This report outlines the progress since the last report to the Board of Directors		
Recommendation	Members of the Board are asked to note the update.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 2.2 Risk that failure to comply with the CQC Health and Social Care Act could lead to restrictions on service provision leading to reputational damage and/or financial penalties		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☐	
	Drive operational performance ☒	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

1. PURPOSE OF REPORT

This paper provides an update on the action plan which has been developed following the CQC's most recent inspection of the Trust which was carried out between the 15th January and the 23rd February 2019.

The last report to the Board in December 2019 outlined the:

- Development and progress against the CQC action tracker
- The role and function of the CQC Oversight group, to provide assurance to QAC, chaired by the Director of Nursing and Quality and meets fortnightly
- Moving to Good Programme
- The development of the Trusts Improvement Plan

2. BACKGROUND

The CQC inspected the Trust between the 15th January and the 23rd February, the overall rating was 'requires improvement'. The Trust was rated good for the caring and responsive domains. The table below describes the position.

A detailed action plan has been developed to address all the 'must do' actions and also the 'should do' actions and this has been submitted to the CQC.

The dedicated CQC mailbox remains the way all evidence relating to CQC actions and responses to CQC information requests will be sent and received via this mailbox. stees.cqc@nhs.net.

The evidence is used to inform our own quality assurance as well as the regulators through regular updates to CQC as required, providing some weekly data and in the regular CQC/Trust relationship meetings.

Overall rating for this trust	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

3. DETAILS

3.1 The following developments are now supporting the action plan to address the 26 'Must do' regulatory breaches and' Should do's' as highlighted by the CQC.

- Daily Huddle to review and challenge evidence/sources of assurance.
- Confirm and challenge sessions with Operational and Director Leads. These allow detailed discussions related to evidence, action plans, assurance and risk. There is an opportunity to discuss what support is needed to progress any action. An assessment of the performance rating of the each Must Do is made overall and reported to the CQC oversight group.
- Process of Quality Assurance aligned to the CQC KLOE's and embed in the refreshed ward/service accreditation programme (STAQC) and being piloted in Q4. (NB: A separate detailed paper outlining STAQC will be reported to the QAC).
- A deep dive in to Critical Care using the STAQC methodology is due to take place on the 23rd of January 2020. The methodology is being adapted for use in Diagnostic Services and an assessment will be scheduled.
- This approach is being supported by NHSE/I colleagues.

3.2 Progress on the action tracker

The CQC action plan and tracker provides details of the current state of all the actions. There were 164 individual actions, due to one action being removed and further actions being combined there are now 161 actions.

Table 1. shows the number of actions that are green (completed), the number of actions rated amber (on track) or red (due to either action not being completed by the required time or lack of evidence to demonstrate that the action has been completed) The table shows the position at 07/01/20 against the 20/01/20.

The Huddles and the Confirm and Challenge meetings with each action owner provides a new level of scrutiny and rigour to be applied to the evidence meaning there is currently a changing picture in relation to the RAG rating. This 'live' process of confirming actions and reviewing evidence in-itself allows us to create an environment of assurance and assessing risk. This assists the 'owners' to work towards embedding change. This detailed focus is primarily on the 'Must Do' regulatory breaches initially without losing sight of the 'Should Do's'.

It is important to note as many of the original actions are met new actions are developed to get us to the next level of improvement. This is allowing us to better assess where the organisation is against the overall 'Must do' or 'Should do'. The learning is giving us the opportunity to work towards trust wide areas for improvement and understand areas where there needs to be additional support, new ways of working or monitoring. This will over time lead to sustainable change.

Detailed action plan - where we are now

	Position as at 07/01/2020				Position as at 20/01/2020		
	RED	AMBER	GREEN		RED	AMBER	GREEN
Must Do	14	14	77		15	12	78
Should Do	16	13	27		16	13	27

* Note: 4 Must do actions relating to reporting SI's within 48 hrs have been combined into 1 (2.4)

Table 1

3.3 The following tables outline the Must Do's that have been escalated through the CQC Oversight Group to the Senior Leadership Team and the Clinical Policy Group. They demonstrate a clarity regarding reasons for lack of progress and the necessary mitigation.

‘Must do’ red ratings, current position by exception

Off target	Detail	Mitigation / Action

Lack of progress / evidence	• Percentage of RN’s with a formal critical care qualification. Current 28%, trajectory in place (31% end Jan, 35% June 43% Jan 2021, 56% by June 2021)	• Additional training places identified for step 2/3 with HEI
		• Senior nursing presence / support
		  • 3 Clinical Educators
		  • 3 Supervisory co-ordinators protected
		  • Matron / Nurse Consultant presence

	• Complete redesign of the disabled toilet in ED to ensure suitable for patients with a mental health need	• Work will be completed in mid-February
	• Resuscitation training 90% compliance not achieved	• Additional sessions • Morning / evening sessions • Centre trajectories agreed and will be met by May 2020

Off target	Detail	Mitigation / Action
Resource constraints	• Paediatric environment in ED, JCUH	• Business Case submitted
	• Full compliance with MTC standards	• Work with Specialised Commissioning to match available external resourcing to externally mandated model
	• Medical Staffing review in ED undertaken	• CCG funding for integrated Primary Care/ED assessment
	• Pharmacists to deliver GPIC's compliance and 80% medicines reconciliation	• Patient prioritisation • Electronic prescribing funding secured for 2021
	• Increase isolation facilities in critical care	• High level architect scope undertaken, options appraisal being developed • Risk mitigation where isolation not possible, reported in monthly Board report

Off target	Detail	Mitigation / Action
Resource constraints	• Ensure adequate numbers of suitable qualified Radiologists	• External review of workforce planning underway. • Three additional radiologists successfully recruited and will commence by March 2020
	• Provide a workforce plan to address any shortfalls identified in the number of suitably qualified Radiologists	• Inclusion in phase 1 of Trust improvement plan

Off target	Detail	Mitigation / Action
Sustained impact on outcome not seen	•Ensure all SI's are reported within 48 hours (12 month rolling total 52%, improving trajectory 77% in December 2019)	• Reviewed process • Raised awareness in all forums • Improved communications • Programme of incident investigation training agreed and being finalised

Off target	Detail	Mitigation / Action
Identified enablers to support delivery of actions	• Procurement and implementation of an Electronic Patient Record	• Clinical Audit processes • Failsafe processes • Review effectiveness of phase 1 admin review • £6 million secured for planning and infrastructure improvements
	• Upgraded DATIX system to support improved patient safety culture	• Funding in place and implementation to start during Q4 19/20 (with associated training for all staff)

3.4 Further work has been undertaken to look at the financial implications since reported at the last Board. This work includes identifying where there are outstanding business cases and a need for QIA assessments. This is enabling us to examine what other mitigations are required if financial resources are not immediately available.

3.5 The Trusts Improvement Plan includes the CQC action plan (appendix 1). This will be underpinned with performance metrics which will allow us to further measure against our CQC actions. This is important if we are to see sustainable change and get back to good.

3.6 Well led - The findings of the well led inspection identified a number of key themes:

- Leadership capacity and capability
- Staff engagement
- Equality and diversity
- Risk and incident culture, reporting and learning
- Financial governance and links with quality

Actions to address this are:

- New COO appointed
- Clinical Policy group is now a key decision making body
- Risk management policy updated waiting approval (Jan 2020)
- Leadership programme for CDs and Board in place
- Improvement plan in place
- Accountability framework for compliance and governance
- Visible leadership

3.7 The Trust has signed up to the Moving to Good Programme which is offered and facilitated by NHSE/IA team from the Trust have attended a number of workshops a first site visit (diagnostic) to the Trust was held on 11th December, to review areas within our CQC action plan. This was a helpful and productive process helping us focus on our 3 objectives:

- To increase incident reporting and learning
- To Develop a Quality strategy and identify and implement the Trusts approach to Quality Improvement
- Safety Project Objective – To eliminate Never Events by focusing on Safer Surgery

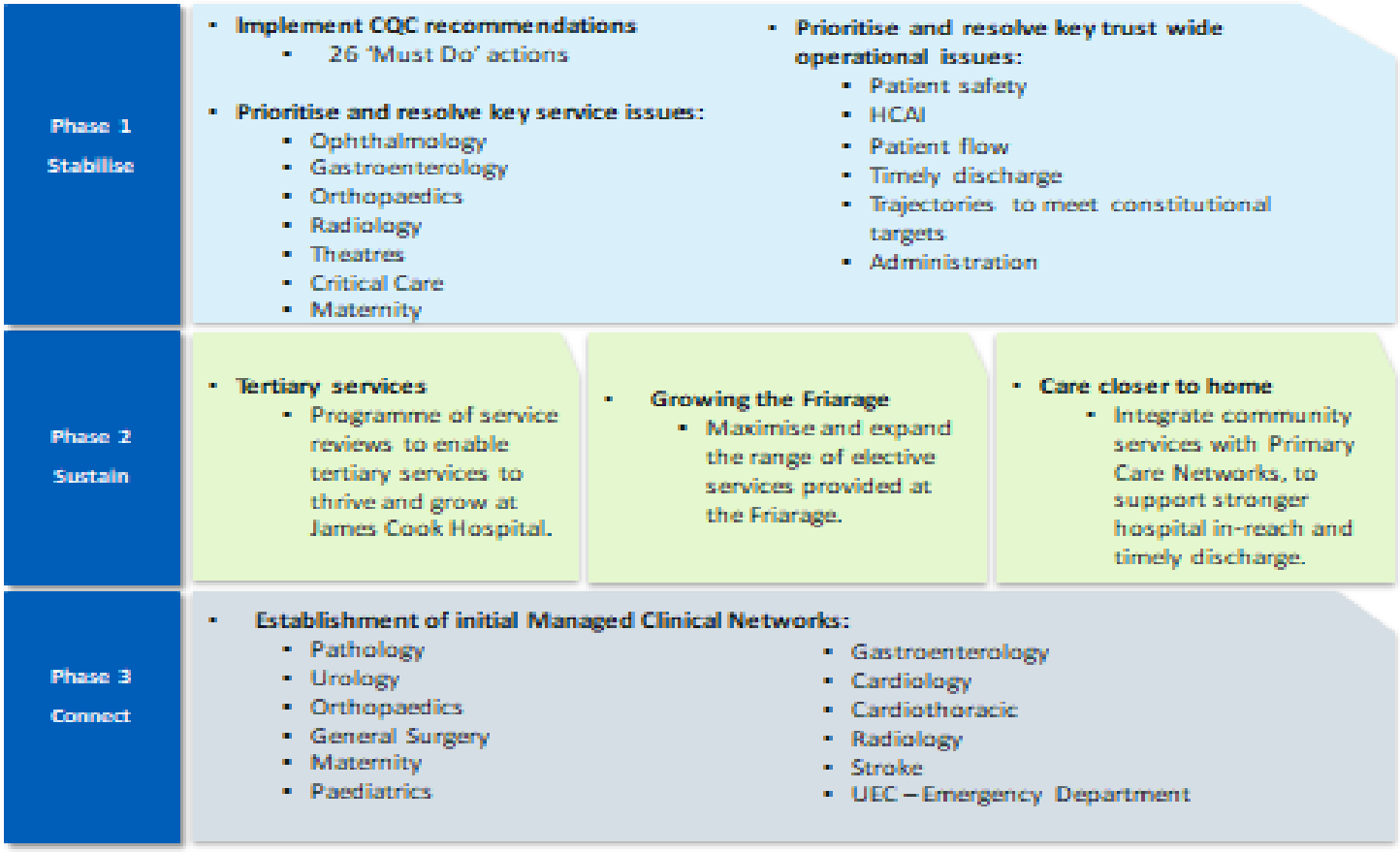
Each objective has a lead and a work stream to deliver.

4. RECOMMENDATIONS

- For the Board of Directors to be made aware and to discuss the exceptions identified from the action tracker.
- For the Board of Directors to be aware of the actions that have not been delivered within agreed timescales and what the mitigating actions are to bring these back on track.
- For the Board of Directors to be made aware of the Moving to Good Programme visit to the Trust.
- For the Board of Directors to discuss the CQC action plan as part of the overarching improvement plan.

Appendix 1

Improvement Plan on a page



MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 February 2020			
Well Led Self Review, Action Plan and update			**AGENDA ITEM: 21, ENC 13**
Report Author and Job Title:	Jackie White Head of Governance	**Responsible Director:**	Sue Page Chief Executive Alan Downey Chairman
Action Required	Approve ☒ Discuss ☒ Inform ☐ (select the relevant action required)		
Situation	In December 2019, the Board undertook a self-review against the well led key lines of enquiry.		
Background	The well led framework suggests that Trust should undertaken an annual self review against performance, three yearly external developmental review and a detailed review will be undertaken by the CQC. The Board undertook a self review in December 2019 and the output of the review is attached.		
Assessment	The review attached sets out the actions to move the Trust to good taking into account the self review of performance and CQC detailed review actions from February 2019.		
Recommendation	Members of the Trust Board are asked to approve output from the self review and note the update.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 2.2 - Risk that failure to comply with the CQC Health and Social Care Act could lead to restrictions on service provision leading to reputational damage and/or financial penalties		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☐	Excellence in employee experience ☐	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

Well Led self review and update

1. PURPOSE OF REPORT

The purpose of the report is to present to the Board of Directors the output of the well led self-assessment which was undertaken by members in December 2019 along with an update on the actions identified.

2. BACKGROUND

There are three elements to the well led framework: self-review, developmental review which is undertaken every three years and detailed review which is undertaken by the CQC and for the Trust this occurred in February 2019.

The board undertook a self-review of its performance against the well led framework in December 2019 taking into account the outputs from the CQC detailed review.

3. DETAILS

In February 2019, the CQC rated the Trust for well-led taking into account Trust and centre level information as requires improvement, which was a deterioration from the last inspection of good.

The findings of the well led inspection identified a number of key themes:

- Leadership capacity and capability
- Staff engagement
- Equality and diversity
- Risk and incident culture, reporting and learning
- Financial governance and links with quality

The board undertook a self-review of its performance against the well led framework
in December 2019 taking into account the outputs from the CQC detailed review. The Board concurred with the CQC rating of requires improvement.

A well led action plan was developed as an output of the self-review and detailed review which is attached at appendix 1. Each of the actions identified by the Board have been allocated a lead Director and timescales in which to be delivered. The actions should enable the Trust to move to good in its CQC ratings.

A update against each of the actions is also included in the report.

4. RECOMMENDATIONS

The Board of Directors are asked to receive and approve the output from the self-review and note the update against the actions.

APPENDICES
Well Led self review and update

DRAFT Well-led Self Review – December 2019

KLOE	Actions	Desired Outcome	Addresses Pg 13 (CQC Inspection report)	Lead	Deadline date	Progress (27.1.20)
1. Leadership Capacity & capability	• Develop a People Development Strategy (which includes: talent management & succession planning) o Assess the personal development needs of all leaders, o Develop a delivery plan against the strategy & implement utilizing good governance to monitor effectiveness o Evaluate the effectiveness of the strategy in relation to desired outcomes & make changes as necessary	Strategy, delivery plan and evidence of implementation Talent pool of staff groups identified Succession plan for key roles in the Trust Service level leadership plans identified In house development and QI strategy	The need to develop senior leaders was not always recognised or identified therefore action was not always taken. Although there was leadership training for certain roles within the organisation there was no recognised organisational development strategy to develop senior leaders and those aspiring to move into executive roles	**Director of HR** Director of Operations, Education, Research and Innovation	28 February 2020	Funding received for leadership development programme. Engaged with North East Leadership Academy (NELA), going out to tender for 25 one day self-awareness / culture workshops for those services identified in CQC report. Recruitment concluded for staff to deliver leadership and QI programmes. OD leadership programme starting March 2020. 6 Clinical Directors currently on Northumbria leadership training. 6 staff currently on Manchester MBA programme
	• Develop a Board development programme to provide opportunities for the Board to learn together including opportunities to refresh and update skills and knowledge and personal and team development	Programme of learning for whole board Programme of learning for individual board members identified as part of individual appraisal processes Evidence of learning	Not all leaders at Board/senior level had the necessary experience, knowledge, capacity, to lead effectively	**Head of Governance** Director of Operations, Education, Research and Innovation	31 January 2020 March 2020	Board development programme in place for refresh and updates. Sessions covered in 2019 include System update and Well Led Self Assessment. Funding received for Board Leadership development programme. Currently being worked up with estimated roll out March 2020.
	• Review key leadership roles and responsibilities across the organisation, to ensure the organisation has the right structure in place to meet its needs. o Review the capability of staff within the roles to ensure they have the skills and knowledge necessary to carry out their roles effectively	Review of key identified roles & responsibilities Completion of a TNA Implementation of a development programme which meets needs identified within the TNA	Not all leaders at Board/senior level had the necessary experience, knowledge, capacity, to lead effectively There were structures, processes and systems of accountability for governance in place which had been reviewed	**Chief Executive**	31 March 2020	Key roles and responsibilities for SLT reviewed. A number of senior interim roles established to support structure. Medical leadership model review complete and operational management

KLOE	Actions	Desired Outcome	Addresses Pg 13 (CQC Inspection report)	Lead	Deadline date	Progress (27.1.20)
	o Implement a development programme to address any gaps in knowledge/skills identified	Improved performance across the trust	although there was a lack of capacity for clinical governance leadership and management. We had concerns about the model for medical leadership; it had led to a splintered approach with a lack of clarity in accountabilities and a lack of a collective view of the medical priorities for the organisation.	Director of Operations, Education, Research and Innovation	31 March 2020	realigned to COO. A new Clinical Policy Group (CPG) has been established to strengthen clinical decision-making and engagement within the Trust, and make the decisions about how the organisation uses its resources and delivers care. OD leadership programme starting March 2020
2. Clear Vision & credible strategy	• Develop a Strategy for the Trust to deliver the 3 phases of the improvement plan o Include the work of the Tees Valley (ICS) clinical service integration o Review the current strategic objectives for the Trust o Complete the reviews of clinical services (clinical networks) o Evaluate the effectiveness of the strategy in relation to desired outcomes, making necessary changes	Strategy, delivery plan and evidence of implementation	The trust had a mission statement, a vision and guiding values. The values were being reviewed. The trust had an overarching "Target Operating Model 2015 – 2020" and we were told the trust was refreshing its strategy. A clinical strategy was in development.	**Medical Director** COO	31 January 2020	Improvement plan developed and shared with staff; Board approval February 2020
	• Develop a delivery plan which supports implementation of the trust strategy o Develop a set of metrics which will demonstrate implementation of the plan o Evaluate the effectiveness of plan implementation against the desired outcomes, making necessary changes	One Delivery plan with clear outcome measures identifying the requirements of the Trust and evidence of implementation		**Medical Director**	28 February 2020	Metrics for each implementation plan area have been identified and are being incorporated into the plan. Initial meetings are being held on Phase 1 critical services to identify improvement areas.
	• Develop an internal and external communication plan of work which supports implementation of the Trust strategy	Communication and Engagement plan	There was mixed feedback from external stakeholders as to how engaged the trust was within the wider system to improve care pathways and services for patients	**Director of Communications**	31 January 2020	Communications and engagement strategy aligned to the improvement plan developed – Board approval February 2020
	• Implement a Values & Behaviors	Staff understand the trust	There was deterioration in staff	**Director of HR**	31 March	Staff engagement group

KLOE	Actions	Desired Outcome	Addresses Pg 13 (CQC Inspection report)	Lead	Deadline date	Progress (27.1.20)

	Framework
	• Evaluate the effectiveness of the:
	  • Values implementation
	  • The Behaviors Framework
	• Against the desired outcomes and make changes as necessary
		values and can demonstrate how they implement them in everyday practice
		
		Behaviors improve across the organisation, demonstrated via surveys, retention figures, reduction in grievances and sickness rates.
		
		Increase the percentage of staff who would recommend STHFT as a place to work by 5 per cent (based on the baseline in 2019 Summer Staff survey)
		
		Increase percentage of staff reporting care of patients / service users is STHFT top priority by 5 per cent (based on the baseline in 2019 Summer Staff survey)
			engagement as evidenced by the staff survey. This was also confirmed by what staff told us about the culture of the organisation.	Director of Operations, Education, Research and Innovation	2020	recommendation for values to be taken forward. Additional local values identified.
						
						Funding received for culture programme. Workshops to identify the behaviours for the values that will resonate within STFT starting 12 February 2020.

3. Culture of high quality, sustainable care	• Develop an Accountability Framework including roles, responsibilities & assurance systems and implement effectively o Evaluate the effectiveness of the Accountability Framework in relation to desired outcomes, making changes as appropriate	Revised accountability framework & evidence of implementation via Centre & Corporate Performance Reviews Improved compliance & performance across the trust Evidence of use of accountability framework in place	Staff at different levels of the organisation described the culture, at executive level, as top down and directive. There were structures, processes and systems of accountability for governance in place which had been reviewed although there was a lack of capacity for clinical governance leadership and management.	**Chief Operating Officer** DOF	31 March 2020	Draft accountability framework developed and metrics to support implementation identified.

	• Develop an Quality Improvement Strategy, and agree on a suite of improvement methodology tools
	  o Initial scoping exercise to understand the current improvement methodology within the Trust and skills available
	  o Build new skills by training staff in improvement techniques.
	  o Develop a delivery plan against the strategy & implement utilizing good governance to monitor effectiveness
		Strategy, delivery plan & evidence of good governance systems to monitor delivery & impact
		
		Evidence of alignment of effort across the trust with strategic objectives
		
		Evidence of a Learning Organisation (against the CQC criteria for improvement & learning)
				Director of Nursing & Quality
				
				Director of Operations, Education, Research and Innovation
					30 April 2020	Initial scoping exercise undertaken on current QI methodology and practitioners.
						
						Funding received to commence quality improvement training, including Root Cause Analysis Training,
						IHI compact across medical, senior nursing and AHP and Senior Management

KLOE	Actions	Desired Outcome	Addresses Pg 13 (CQC Inspection report)	Lead	Deadline date	Progress (27.1.20)
	o Evaluate the effectiveness of the strategy in relation to desired outcomes, making changes as appropriate	QI programmes; QI experts Culture change recognised			May 2020	5 lean days provided; 20 half days on QI. Recruitment concluded for staff to deliver leadership and QI programmes.
	• Undertake, with support from NHSE/I, a culture programme to support leadership o Define the vision, purpose and mission of the culture o diagnose current culture using existing data, the perceptions and knowledge of your board, staff and stakeholders, o Better understanding of your workforce.	• Information on culture, leadership behaviours and workforce capacity • Share your findings with the organisation, • Leadership strategy. • Values and behavious strategy and framework • Values based recruitment • 360 programme for leaders		**Director of HR** Director of Operations, Education, Research and Innovation	31 March 2020	TBC
4. Clear roles, responsibilities & accountability	Review the Accountability Framework – see 3 above					
	• Review trust governance systems & processes, putting a plan in place to improve o Governance Framework o Cycles of Business o Effectiveness Review o Governance Handbook for staff o Evaluate the effectiveness of the revised governance system in relation to desired outcomes, making changes as appropriate.	Streamlined governance systems, which promote escalation of unresolved issues, and a clear line of site from the ward/department to the board Demonstration of compliance against national standards, systems and processes (e.g. NICE guidance, CAS alerts, Learning from Deaths, Duty of Candour etc.) Demonstration of enhanced continuous learning and development	There was a lack of assurance in financial governance within the trust therefore quality priorities were not always being addressed in a timely manner. We found examples of payment for vital supplies not being prioritised and pieces of medical equipment being delayed which could potentially have compromised the treatment and care of patients. There were structures, processes and systems of accountability for governance in place which had been reviewed although there was a lack of capacity for clinical governance leadership and management.	**Head of Governance** DOF	31 January 2020	Board committee effectiveness reviews undertaken, TOR and Annual Cycles of business updated Board to ward review undertaken; standardised documentation developed – roll out plan to include workshop (February) – implementation (March) Review of decision making groups undertaken; SFI/SO/SoD updated; CPG established
	• Review the appraisal system to ensure that the appraisal delivered is of high quality o Evaluate the effectiveness of the	Revised appraisal system Staff report that they find their appraisal useful in survey's /		**Director of HR**	31 April 2020	Adopting regional talent board appraisal framework and link back to Trust values and

KLOE	Actions	Desired Outcome	Addresses Pg 13 (CQC Inspection report)	Lead	Deadline date	Progress (27.1.20)
	new appraisal system, making changes as appropriate	weekly audits				behaviours framework.
5. Managing risk, issues & performance	• Develop and implement a Risk Management Strategy o Updated BAF and BAF processes o Update Risk Management Strategy and Policy o Review DATIX system o Review and implement Risk Management Training o Evaluate the effectiveness of the Risk Management Strategy in relation to desired outcomes, making changes as necessary	Risk Management Strategy Demonstration of a greater understanding of how to manage risk appropriately A dynamic risk register & BAF, which is used appropriately to identify, mitigate and proactively manage risk Clear escalation process	Whilst leaders were aware of some of the risks, issues and challenges they were not always acted upon in an effective or timely manner, such as those identified within critical care services and urgent and emergency care.	**Director of Estates, ICT and Healthcare Records** Head of Governance	30 April 2020	Risk Management Policy and escalation process updated – subject to final approval DATIX cloud – full mobilization 6-9 months. Initial APP to report incidents launched by April 2020. Funding received for Risk Management training including root cause analysis training – currently being worked up BAF updated and received by the Board on quarterly basis. Considered by Board Sub Committees at each meeting; Operational Risk Register report to Board quarterly; considered by SLT monthly
	• Review and improve the Integrated Performance Report, ensuring use of benchmarking and Model Hospital data is used o Review the business intelligence system o Where possible, introduce the use of ‘real-time’ data o Educate staff in the use of SPC charts to ensure data is used as intelligence o Review effectiveness of the integrated performance reporting system against desired outcomes	Ability to quickly interrogate ‘real time’, accurate data at different levels of the organisation Demonstration that staff understand, use & present data effectively to make informed decisions Evidence of improvement demonstrated through the use of intelligence (metrics / outcomes / triangulation / use of Big data)	There was a focus on performance data, this sufficiently covered operational and financial information which was shared with staff from board to ward through the business intelligence unit.	**DOF** COO	31 March 2020	Review of performance report underway including review of key metrics aligned to the Accountability Framework and Improvement plan; Board development session scheduled for April on “making data count” Implementation of new report to Board with April data in May 2020
6. Appropriate, accurate information is being effectively processed, challenged and acted upon	• Develop a Data Quality Strategy (to include the use of Kite Marks) o Evaluate the effectiveness of the Strategy against the desired outcomes, making changes as appropriate	Data Quality Strategy, delivery plan and evidence of implementation		**DOF** Head of Business Intelligence	31 April 2020	Data Quality Strategy developed 2018. Refresh and update required. Board to approve April 2020 and then re-launch
	• Review the Digital strategy & delivery plan which aims to Invest in technology o Agreement on EPR		The trust`s digital status was relatively poor, however there were some business cases	**DOF** Head of Business	31 April 2020	4 year Digital Strategy developed. Digital programme bid for funding

KLOE	Actions	Desired Outcome	Addresses Pg 13 (CQC Inspection report)	Lead	Deadline date	Progress (27.1.20)
	o Technology strategy developed		awaiting the outcome of funding decisions to improve this.	Intelligence		submitted January 2020.
	• Develop a training needs analysis around the use of data as intelligence o Design an education programme to meet the needs of staff in relation to use of data as intelligence o Evaluate the effectiveness of the education programme on the desired outcomes, making changes as appropriate.	TNA, Education Programme Evidence of informed decision making		**DOF**	31 April 2020	Board development session scheduled for April on “making data count”
7. Are the public, staff & external partners engaged and involved in supporting high quality sustainable services?	• Develop Patient involvement, Staff & Public Engagement Strategies o Review existing strategies o Revise stakeholder strategy o Rebuild internal and external relationships o Develop a delivery plan against the strategy & implement utilizing good governance to monitor effectiveness o Evaluate the effectiveness of the strategy in relation to desired outcomes, making changes as appropriate	Strategy, delivery plan and evidence of implementation Share areas and pockets of good practice wider	There was deterioration in staff engagement as evidenced by the staff survey. This was also confirmed by what staff told us about the culture of the organisation. There was mixed feedback from external stakeholders as to how engaged the trust was within the wider system to improve care pathways and services for patients	**Director of Nursing & Quality** **Director of Communications** **Director of HR**	April 2020 29 February 2020 31 March 2020	Communications and engagement strategy aligned to the improvement plan developed – Board approval February 2020
8. Robust systems and processes for learning, continuous improvement & innovation	• Develop an integrated Quality Improvement Strategy – see KLOE 1					
	• Develop systems to identify & reward innovation o Develop Quality improvement Strategy incorporating Innovation, R&D and NMAHP research strategies o Embedding of research activity as part of routine high quality care as part of the Durham Tees Valley Research Alliance o Profile raising of research and innovation opportunities to staff and patients across all specialties o STRIVE Annual Quality Improvement event to showcase Research & Innovation developments	Annual report of Innovation to SLT Routine reporting of research activity, performance and income within directorate and Centre Board agendas Innovation strategy embedded in specialties	Speciality directorates participated in appropriate research projects and recognised accreditation schemes.	**Director of Operations, Education, Research and Innovation**	30 April 2020 May 2020	Initial scoping exercise undertaken on current QI methodology and practitioners. Funding received to commence quality improvement training, including Root Cause Analysis Training, IHI compact across medical, senior nursing and AHP and Senior Management Recruitment concluded for staff to deliver leadership and QI programmes.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 February 2020			
Improvement Plan			**AGENDA ITEM: 22, ENC 14**
Report Author and Job Title:	Ros Fallon External Advisor	**Responsible Director:**	Sue Page Chief Executive
Action Required	Approve ☒ Discuss ☐ Inform ☐		
Situation	Early in 2019, the Trust was inspected by the Care Quality Commission and its rating was reduced from 'Good' to 'Requires Improvement.' In its inspection report the CQC placed 26 'Must Do' regulatory notices on the Trust and highlighted a lack of visible senior leadership and poor clinical engagement around service changes. A number of the CQC findings were echoed in the Trust's 2019 Summer Staff Survey, which was conducted in July and August 2019, and highlighted a deterioration in the number of staff citing patient care as Trust's top priority and those recommending Trust as a place to work.		
Background	This document provides an overarching Improvement Plan for the Trust. The plan describes three phases of work that will provide stability to services requiring focussed support, alongside systematically reviewing each service and developing more integrated services across the Tees Valley, North Yorkshire and beyond.		
Assessment	The Trust has undergone a number of leadership changes since the CQC Report and the 2019 Staff Survey. This Improvement Plan will be delivered in three concurrent phases and has been developed with lead clinicians through the recently established Clinical Policy Group. Phase 1 runs from now to March 2020, Phase 2 from now to March 2021 and Phase 3 from now until March 2022. To support delivery of the Plan a significant degree of operational, cultural, learning and performance support will be provided to enhance existing teams to deliver a range of early and measurable improvements.		
Recommendation	Members of the Trust Board are asked to: • Approve the improvement plan • Note progress • Discuss the 3 concurrent phases		

	• Approve the approach to delivery	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 2.2 Risk that failure to comply with the CQC Health and Social Care Act could lead to restrictions on service provision leading to reputational damage and/or financial penalties	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒
	Drive operational performance ☒	Long term financial sustainability ☒
	Develop clinical and commercial strategies ☒	

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SOUTH TEES NHS FOUNDATION TRUST IMPROVEMENT PLAN

1. PURPOSE OF REPORT

The purpose of this report is to provide South Tees NHS Foundation Trust Board with an Improvement Plan that will be delivered in three concurrent phases between now and March 2022. The Improvment Plan is underpinned by strengthened clinical leadership, governance and accountability.

2. BACKGROUND

Early in 2019 the Trust was inspected by the Care Quality Commission (CQC) and its subsequent rating 'required improvement.' The CQC placed 26 'must do' regulatory notices on the Trust and highlighted a lack of visible senior leadership and poor clinical engagement around service changes. A number of the CQC findings were echoed in the Trust's 2019 Staff Survey and highlighted a deterioration in the number of staff citing patient care as the Trust's top priority and those recommending the Trust as a place to work.

The Trust has undergone a number of leadership changes since the CQC Report and the 2019 Staff Survey. A new Clinical Policy Group (CPG) has been established to strengthen clinical decision making and engagement within the Trust, and make decisions about how the organisation uses its resources and delivers care. The CPG have been fully engaged in the development of the Improvement Plan and reviewed it in detail in early January 2020.

3. DETAILS

Appendix 1 sets out the clinical detail and approach to delivery of the Improvement Plan however this section sets out a summary of the three concurrent phases.

Phase 1 runs from now until March 2020 and focuses on identifying and addressing a range of critical issues that will have an immediate, positive impact on the delivery of safe, high quality care.

Phase 2 runs from now until March 2021 and will see the development os a 12 month clinical plan that identifies services required for transformation across the two main hospital sites at James Cook and the Friarage. In doing so it will ensure that the Trust's Tertiary Services are enabled to thrive an dgrow on the James Cook site.

Phase 2 will also concentrate on delivering integrated community services in partnership with local GPs through Primary Care Networks (PCNs) and Social Care. The aim will be to wrap services around the needs of local communities taking into account community assets and establishing seamless links with acute services.

Phase 3 will run from now until March 2022 and will ensure Managed Cliical Networks (MCNs) are developed and implemented across the Tees Valley and North Yorkshire in order to ensure more patients can benefit from improved outcomes and the right care in the right place at the right time.

To support delivery of the Improvement Plan a significant degree of operational, cultural, learning and performance support will be provided to enhance existing teams to deliver a range of early and measurable improvements.

A robust set of accountability and governance arrangements is being developed which provide scrutiny, oversight, and challenge to the organisation's progress. A key aspect of these governance arrangements will be the central role of the Trust Board in shaping a healthy culture within the organisation at the same time supporting collaboration and closer working with partners across Tees Valley.

Detailed action plans and metrics are currently being developed for Phase 1 of the Improvement Plan however Phases 2 and 3 are still in the early stages. A programme managment approach is being adopted to oversee delivery of the Improvement Plan and is aligned with the Trust's annual operational planning process.

From the start of 2020/21 the Trust Board will be provided with periodic progress reports against delivery of the Improvement Plan and a new style Integrated Performance Report.

4. RECOMMENDATIONS

Members of the Trust Board are asked to:

- Note progress in the development of an Improvement Plan for South Tees NHS Foundation Trust
- Discuss the 3 concurrent phases
- Approve the approach to delivery

APPENDICES
Appendix 1 Detailed Improvement Plan

Getting Back to our Best

South Tees Hospitals NHS Foundation Trust Improvement Plan

February 2020

Contents

1. Introduction

This document provides an overarching Improvement Plan for South Tees Hospitals NHS Foundation Trust (the Trust). The plan describes three phases of work that will provide stability to services requiring focussed support, alongside systematically reviewing each service and developing more integrated services across the Tees Valley, North Yorkshire and beyond.

Early in 2019, the Trust was inspected by the Care Quality Commission and its rating was reduced from 'Good' to 'Requires Improvement.' In its inspection report the CQC placed 26 'Must Do' regulatory notices on the Trust and highlighted a lack of visible senior leadership and poor clinical engagement around service changes.

A number of the CQC findings were echoed in the Trust's 2019 Summer Staff Survey, which was conducted in July and August 2019, and highlighted a deterioration in the number of staff citing patient care as Trust's top priority and those recommending Trust as a place to work.

We know that getting good NHS services is the most important thing to more than 1.5 million patients, carers and families in the Tees Valley, North Yorkshire and beyond who depend and rely on them. It is the most important thing to everyone who works at South Tees Hospitals NHS Foundation Trust too. That is why, despite the challenges which the NHS everywhere is facing, we will not take risks with the frontline care that our communities count on.

The Trust has undergone a number of significant changes since its CQC inspection report was published in July 2019 and the completion of its Summer Staff Survey. We are now working to strengthen and improve the services we deliver by empowering our doctors, nurses and other clinical professionals to deliver and shape the services our communities receive today and tomorrow.

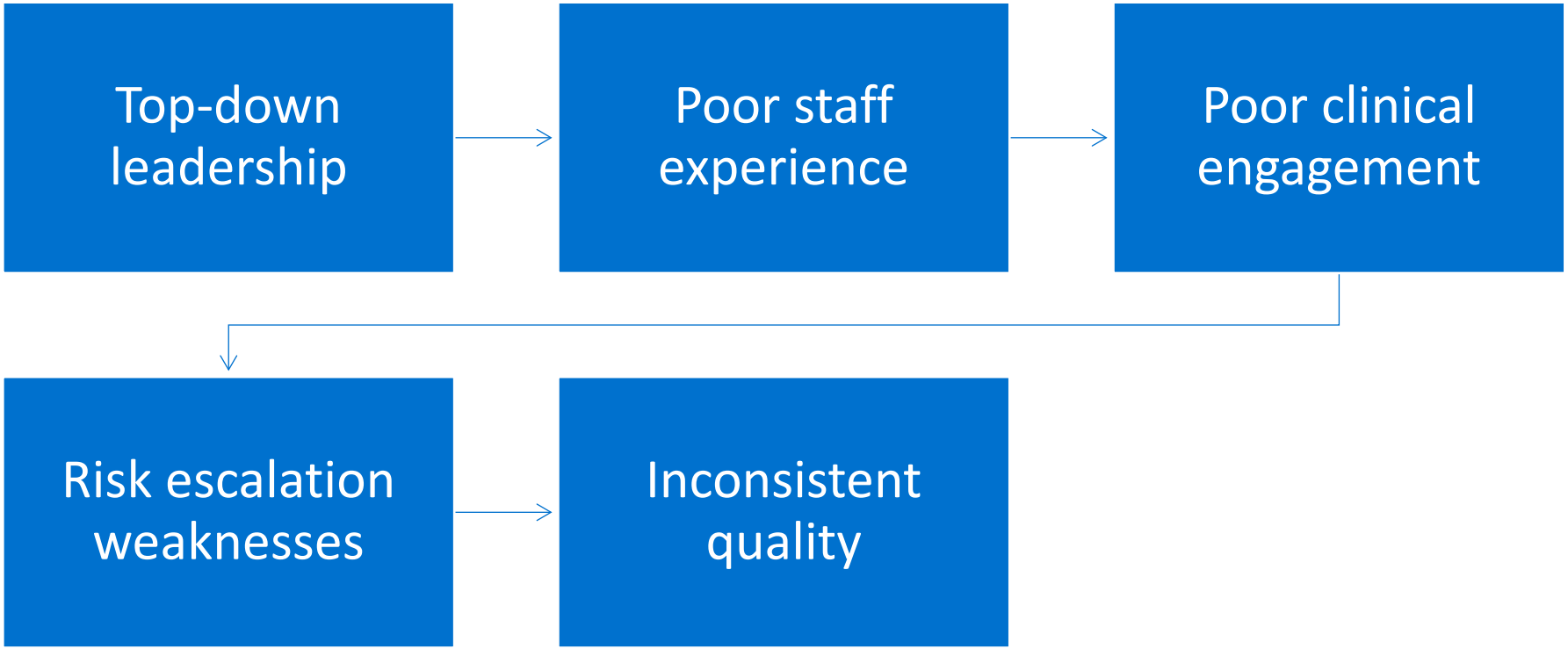
As a first step, we are fixing the immediate problems to get back to our best and, just as importantly, give our staff the support and tools they need to meet the needs of patients now and in the years ahead. For example, we have some of the most talented and experienced surgeons and physicians in the country, but the Care Quality Commission found that too many have not always felt properly involved in discussions about changes to our services.

A new Clinical Policy Group (CPG) has been established to strengthen clinical decision-making and engagement within the Trust, and make the decisions about how the organisation uses its resources and delivers care. Membership of the CPG includes the Trust's clinical directors, medical directors, nursing and allied health professional leaders, chairs of staff-side and our Senior Medical Staff Forum, and the organisation's BMA representative. The CPG and teams across the organisation have helped to shape and inform this improvement plan to help us get back to our best.

To support delivery of the plan a significant degree of operational, cultural, learning and performance support will be provided over the coming months and years to enhance existing teams to deliver a range of early and measurable improvements. An interim chief executive, chief operating officer, senior nurse advisor and director of communications have been appointed to date, further support will be commissioned as required.

The Trust is also developing a robust set of governance arrangements which provide scrutiny, oversight and challenge to the organisation's progress. A key aspect of the organisation's governance arrangements will be the central role of the Trust Board in shaping a healthy culture for the organisation at the same time supporting collaboration and closer working across the Tees Valley in order to deliver, sustainable high quality services.

2. CQC and Summer Staff Survey Context



3. Improvement Plan Overview

Stabilise
Phase 1
Now – March 20

Fix critical operational delivery and governance

Phase 1 will focus on identifying and addressing a range of critical issues that will have an immediate, positive impact on the delivery of safe, quality, care.

This includes addressing the CQC action plan, HR & OD, organisational governance and supporting individual services that require significant and timely interventions.

Sustain
Phase 2
Now – March 21

Develop a clinical plan and enable tertiary services to thrive and grow

Phase 2 will see the development of a 12-month clinical plan, and identifying services required for transformation across the two Trust's main hospital sites, James Cook and the Friarage. In doing so, it will ensure that the Trust's tertiary services are enabled to thrive and grow on the James Cook site. It will also concentrate on delivering integrated community services in partnership with local GPs through Primary Care Networks (PCNs) and social care that will wrap around the needs of local communities, taking into account available community assets and establishing seamless links with acute care.

Connect
Phase 3
Now – March 22

Establish integrated care through revitalised managed clinical networks

Phase 3 will ensure Managed Clinical Networks (MCNs) are developed and implemented across the Tees Valley and North Yorkshire in order to ensure more patients can benefit from improved outcomes and the right care in the right place at the right time.

4. Improvement Plan on a page

Phase 1
Stabilise

- **Implement CQC recommendations**
  - 26 'Must Do' actions
- **Prioritise and resolve key service issues:**
  - Ophthalmology
  - Gastroenterology
  - Orthopaedics
  - Radiology
  - Theatres
  - Critical Care
  - Maternity
- **Prioritise and resolve key trust wide operational issues:**
  - Patient safety
  - HCAI
  - Patient flow
  - Timely discharge
  - Trajectories to meet constitutional targets
  - Administration

Phase 2
Sustain

- **Tertiary services**
  - Programme of service reviews to enable tertiary services to thrive and grow at James Cook Hospital.
- **Growing the Friarage**
  - Maximise and expand the range of elective services provided at the Friarage.
- **Care closer to home**
  - Integrate community services with Primary Care Networks, to support stronger hospital in-reach and timely discharge.

Phase 3
Connect

- **Establishment of initial Managed Clinical Networks:**
  - Pathology
  - Urology
  - Orthopaedics
  - General Surgery
  - Maternity
  - Paediatrics
  - Gastroenterology
  - Cardiology
  - Cardiothoracic
  - Radiology
  - Stroke
  - UEC – Emergency Department

5. Approach to delivery

This plan brings together actions that are significant to delivering sustained improvement. It is an ambitious plan and will require new systems and processes that will embed a culture of continuous quality improvement. This plan also aims to strengthen leadership in the Trust to deliver safe and sustainable clinical services.

We will approach our Improvement Plan through:

- ✓ visible and responsive leadership to drive clinically-led improvement
- ✓ focused Board oversight and scrutiny
- ✓ building strong leadership at all levels within the Trust
- ✓ extensive staff engagement to drive improvement and innovation
- ✓ embedding a rigorous Quality Improvement approach throughout the organsiation
- ✓ management support to deliver programmes of work
- ✓ a single reporting structure that will inform the Board, Regulators and Commissioners
- ✓ engagement and involvement from staff side
- ✓ support and involvement from patients, service users and the public
- ✓ external support from independent experts to address capacity and capability
- ✓ working and collaborating with partners across the Tees Valley Integrated Care Partnership and wider Integrated Care System

6. Phase 1: Stabilise (support for operational service issues)

Phase 1 focuses on implementation of the CQC action plan and addressing a range of services and issues that require continued support and interventions.

Seven services have been prioritised by the CPG as requiring continued support and intervention:

- Ophthalmology
- Endoscopy
- Orthopaedics
- Radiology
- Theatres
- Critical Care
- Maternity

Clinicians will lead the development of action plans that will have an immediate and positive impact on quality. Any proposed clinical changes will be subject to quality impact assessments to ensure there are no adverse consequences to patient safety. Following the intervention, each service will be subject to a Peer Review to assure the CPG that the intervention has had the required effect.

Phase 1 will also address a number of key trust-wide operational issues including:

- Incident reporting
- HCAI
- Patient flow
- Timely discharge
- Administration
- Trajectories to meet constitutional targets

In addition, phase 1 will see the development of a trajectory and operational plans to meet constitutional standards. The Trust will achieve this by undertaking a service by service review of demand and capacity and address any gaps through reductions in clinical variation and, where possible and under the stewardship of the CPG, deploy available resources to relevant areas.

Through our annual planning cycle we will work with commissioners and NHSI/E to develop an achievable Financial Recovery Plan for 2020/21

The issues highlighted by the CQC during its 2019 inspection spoke of poor governance which the Trust is now successfully addressing. In addition to work in these areas already completed or underway, we will review our Governance and Performance Frameworks to ensure there is transparent reporting and clear accountability from ward to board.

We will also deliver a board development programme to develop clinical and corporate strategies and set standards of behaviour that anyone in the trust can challenge.

We will develop a culture of continuous improvement by giving colleagues throughout the Trust, the skills to deliver excellent care - thereby creating a culture of openness, transparency and candour. How we will achieve this will be set out in a People Plan for the Trust.

7. Phase 2: Sustain (develop a clinical plan and strengthen tertiary services)

Phase 2 focuses on developing a sustainable clinical plan to transform services across the two main hospital sites (James Cook and the Friarage), enabling the Trust's world-class tertiary services to thrive and grow at James Cook, and optimising beds within the community. We will develop our community services to support people to remain independent for longer and receive their care in the place that best meets their clinical need.

The Phase 2 focus will be on sustaining tertiary and specialised commissioned services, by ensuring they are able to work as stand-alone services whilst maximising the benefits created from being co-located within a large acute Trust - enabling these services to thrive and grow on the James Cook site. These specialities include:

- Neuroscience
- Cardiology
- Cardiothoracic
- Major Trauma
- Oncology

In addition, Phase 2 will focus on expanding the range of elective services available at the Friarage.

Finally, Phase 2 will also focus on delivering integrated community services in partnership with local GPs through Primary Care Networks (PCNs) and social care that will wrap around the needs of local communities, taking into account available community assets and establishing stronger links to acute services to enable timely discharge.

As part of this process, we will strengthen our administrative functions to enable the central booking of outpatient appointments, inpatient beds, and theatre slots where the Clinical Policy Group judges this to be clinically appropriate, and deliver a central pre-assessment function.

8. Phase 3: Connect (develop Managed Clinical Networks)

Phase 3 focuses on the on-going development of Managed Clinical Networks across the Tees Valley and North Yorkshire. A Managed Clinical Network is a linked group of health professionals and organisations working together without the constraints of organisational or professional boundaries. They offer a new way of delivering services to patients designed to lead to a focus on services and patients rather than upon buildings and organisations. This should ensure that existing health service resources and staff can focus on what matters - patients and their problems.

This collaborative approach to the development and delivery of integrated clinical care is in lock-step with existing patient pathways and experiences. For example, more than 20,000 patients from Stockton and Hartlepool use South Tees hospital services each year (equivalent to one in ten of all patients seen by South Tees Hospitals NHS Foundation Trust).

Phase 3 recognises that the challenge for the future will be how we can build and strengthen clinical networks across organisational boundaries to deliver more joined-up care for patients.

It will involve the development of Managed Clinical Networks to connect care so that, over time, more patients can benefit from improved outcomes and the right care in the right place at the right time.

Doing this together as one system provides an invaluable opportunity to drive up quality of care for patients

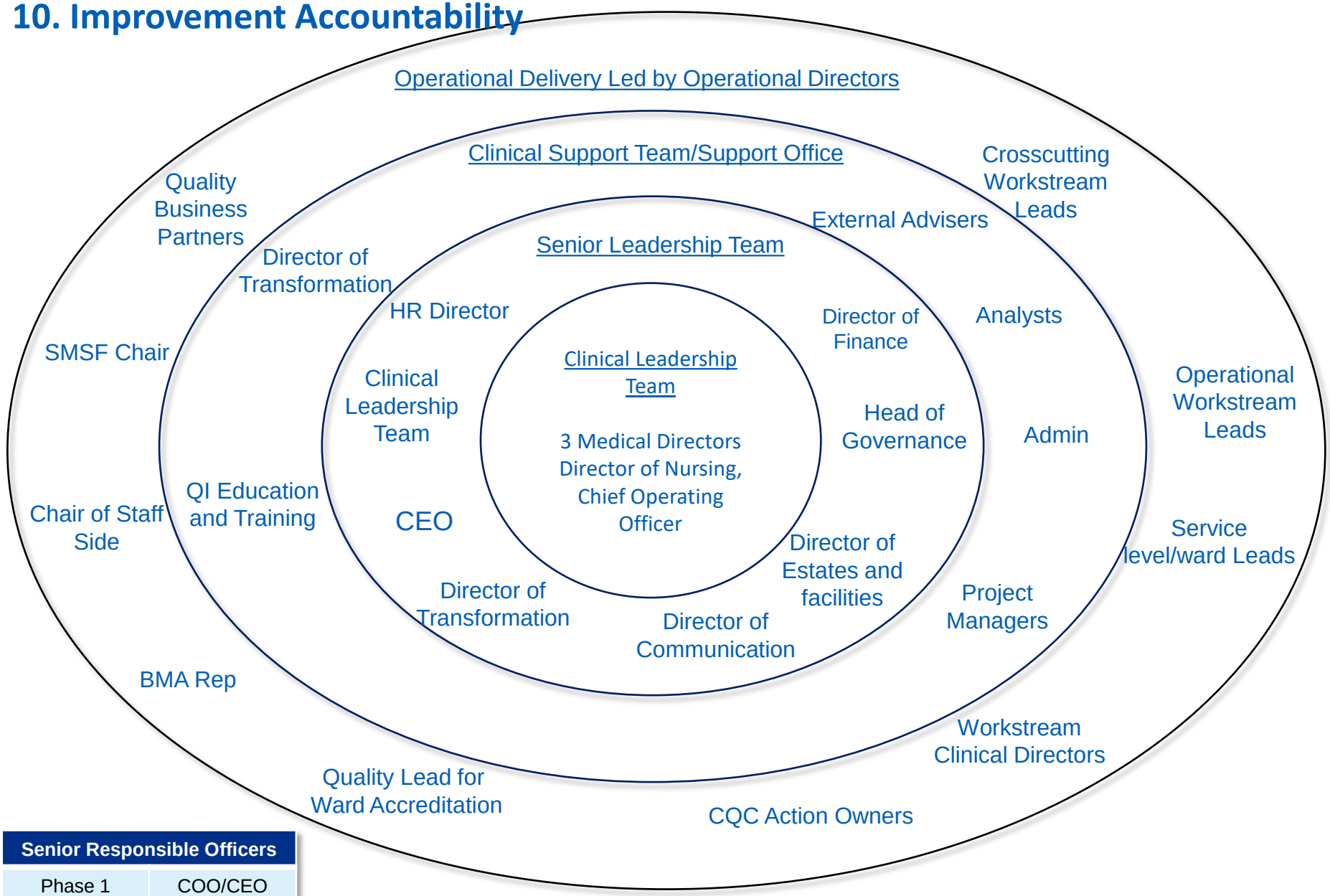
As part of the Tees Valley Integrated Care Partnership, the CPG will continue to work to establish Managed Clinical Networks across 12 initial specialities :

- Pathology
- Urology
- Orthopaedics
- General Surgery
- Maternity
- Paediatrics
- Gastroenterology
- Cardiology
- Cardiothoracic
- Radiology
- Stroke
- UEC – Emergency Department

9 . Performance and delivery principles

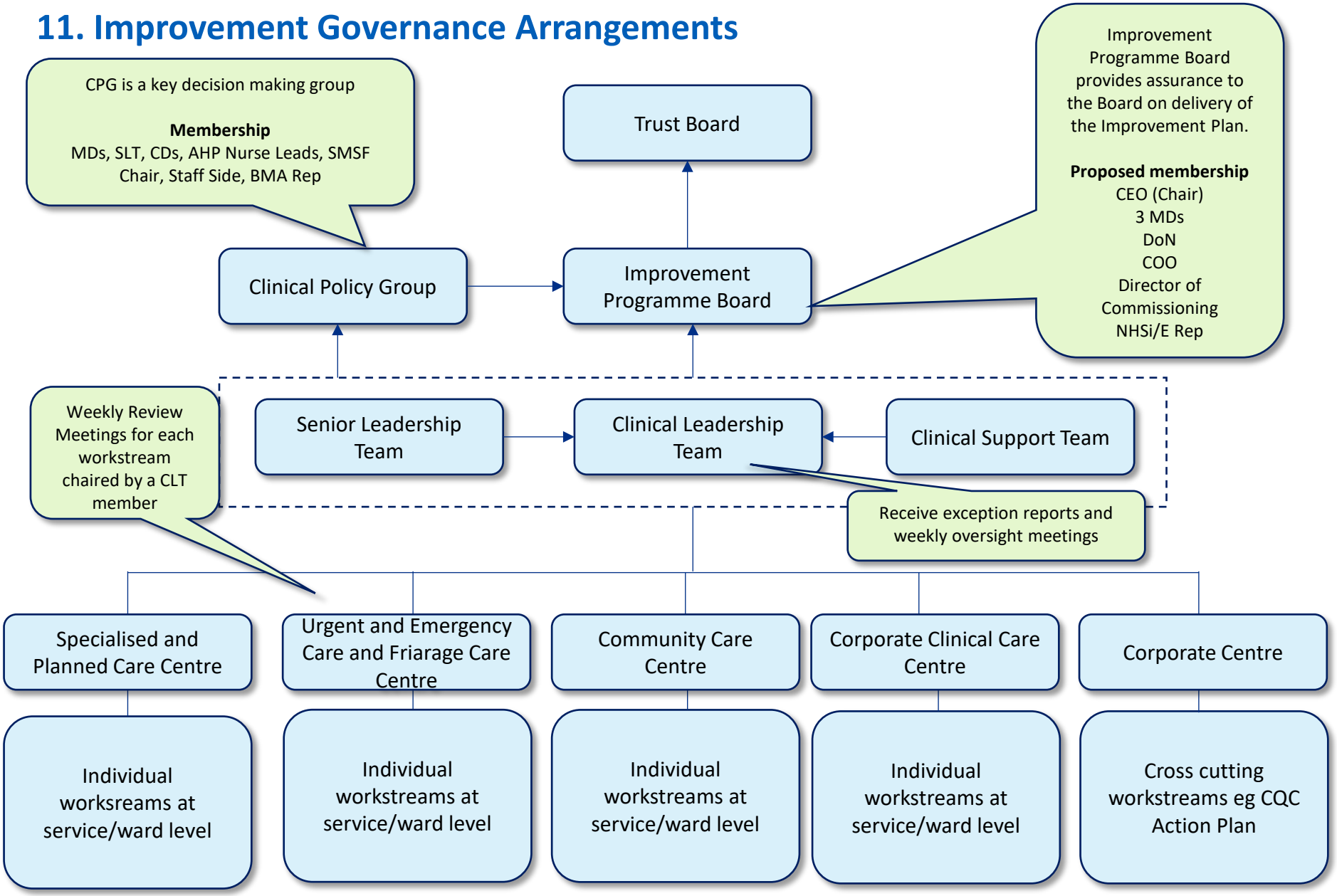
- To assure Senior Leaders, the Board, Regulators, Public/Patients and Staff that the organisation is continuously improving
- To have a clear understanding of where the Trust is on its improvement journey
- Clinical priorities embedded in corporate and centre level operational plans
- Clear objectives, coordinated action plans and measurable outcomes
- Clear governance and accountability
- Clinical Assurance Framework and Ward/Service Accreditation
- Aligned to NHSI/E and CQC requirements
- Improvement trajectories with qualitative and quantitative evidence
- Audit against outcomes
- Dashboards aligned to CQC Key Lines of Enquiry and avoiding distraction by random variation:
  - Clinical effectiveness
  - Operational delivery
  - Staffing metrics
  - Finance

10. Improvement Accountability



Senior Responsible Officers	
Phase 1	COO/CEO
Phase 2	CEO & COO
Phase 3	CEO

11. Improvement Governance Arrangements



12. Workstream accountability

	Workstream	SRO	MD Lead	Other Exec lead	Clinical Lead	Centre Lead	Service Lead
Phase 1	Ophthalmology	J Reilly	Sath Nag	Jo Reilly	P Severn	F ran Toller	Yasmine Scott
	Gastroenterology		David Chadwick	Jo Reilly	D Craig	Sue Geldart	Joanne Evans
	Critical Care		Adrian Clements	Jo Reilly	Micelle Carey	Penny Bateman	Gemma Swann
	Orthopaedics		David Chadwick	Jo Reilly	A Gray	Ann Wright	Dave Welch
	Radiology		Sath Nag	Jo Reilly	R Hartley	Jo Dobson	Kelly Smith
	Theatres		Adrian Clements	Jo Reilly	M Cheesman	Penny Bateman	Jonathon Kelly
	Maternity		Sath Nag	Jo Reilly	K Kumararendran	Fran Toller	Paul Roth
	CQC Action Plan (inc getting back to good)		Adrian Clements	G ill Hunt	Adrian Clements	Moira Angel/Helen Day	Ian Bennett
	Patient safety		David Chadwick	G ill Hunt	David Chadwick	Ian Bennet	All action owners
	HCAI		Adrian Clements	Gill Hunt	Richard Bellamy	Helen Day	Associate DNs
	Patient flow, discharge, A&E performance		Adrian Clements	Jo Dobson	Clinical Directors	Penny Bateman	Jonathon Kelly/Julie Suckling
	RTT		David Chadwick	Jo Reilly	Clinical Directors	Sue Geldart/Fran Toller	Service Managers
	Cancer		David Chadwick	Jo Reilly	Clinical Directors	Jo Dobson	Service Managers
	Administration		Sath Nag	Jo Reilly	TBC	Fran Toller	Service Managers
	Performance Framework		Adrian Clements	Jo Reilly	Clinical Directors	Ros Fallon	Niki Idle
	Governance	S Page	Sath Nag	Jackie White	Clinical Directors	Relevant CDs/ Ian Bennet	Quality Bus Partners
	People and OP Plan		David Chadwick	Rachael Metcalf	Dave Macafee	J Herdman/M Burns	HR Business Partners
Phase 2	Tertiary Services	S Page	David Chadwick	Jo Reilly	Relevant CDs	Sue Geldart	Service Managers
	Growing the Friarage		Adrian Clements	Jo Reilly	James Dunbar	Penny Bateman	Lucy Tulloch
	Care Closer to Home		Sath Nag	Jo Reilly	Gill Ingram	Fran Toller	Amanda Raine
	Quality Strategy	J Reilly	David Chadwick	Gill Hunt	Ian Bennet	Jennie Winnard	Quality Bus Partners
	Financial Recovery Plan/Procurement	S Page	David Chadwick	Steven Mason	Clinical Directors	Luke Armstrong	F'inance Bus Partners
	Estate Plan		Adrian Clements	Kevin Oxley	James Dunbar	I Rooney	Service Managers
	Comms and engagement Plan		Sath Nag	Mark Graham	Phil Kane	Ops Directors	Service Managers
	IM&T Plan		Adrian Clements	Steve Mason	Andrew Adair	Ali Davies	TBC

13. Next steps to March 2020

Action	Owner	Timescale
Confirm accountable leads	Senior Leadership Team	23 Jan 20
Establish a Clinical Support Team	Director of Transformation	31 Jan 20
Develop ToR for Proganmme Board and arrange first meeting	Head of Governance	31 Jan 20
Consolidate Governance/Well Led Action Plans	Head of Governance	Completed
Agree first two Phase 2 Service Reviews	Clinical Policy Group	31 Jan 20
Develop ward/service level data packs (orthopaedics and critical care)	Chief Operating Officer	31 Jan 20
Establish workstream meetings and define scope, action plans and outcome measures	Clinical Leadership Team	31 Jan 20
Develop centre level exception reports – compliance, recovery plans, trajectories	Clinical Leadership Team	Mid Feb 20
Align with Centre operational plans for 2010/21	Clinical Leadership Team	31 Mar 20
Improvement Plan Board Approval	DoN/COO	Feb 20
Implement ward/service accreditation programme	Director of Nursing	Jan 20
Design Performance Framework for 2020/21 including earned autonomy	Chief Operating Officer	Feb 20
Develop a Quality Strategy for 2020/21	Director of Nursing	End Mar 20
Develop a People and OD Plan	HR Director	Feb 20
Develop a Communication and Engagement Plan	Director of Communication	31 Jan 20
Develop an IM&T Plan	Director of Finance	Mar 20
Develop new style Board Integrated Performance Report	Director of Finance	Mar 20
Set up a programme of Performance Reviews for 2020/21	Chief Operating Officer	Mar 20

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 4 February 2020			
Communications & Engagement Strategy- updated			**AGENDA ITEM: 21** **ENC 15**
Report Author and Job Title:	Mark Graham Director of Communications	**Responsible Director:**	Mark Graham Director of Communications
Action Required	Approve ☒ Discuss ☐ Inform ☐		
Situation	This report sets out the Trust's updated communications and engagement strategy		
Background	The Board approved the Trust's current communications and engagement strategy at its meeting on 5 February 2019. An updated communications and engagement strategy has now been developed to support the Trust's improvement journey.		
Assessment	South Tees Hospitals NHS Foundation Trust has developed a clinically led Improvement plan (Getting Back to Our Best) to address strategic and operational concerns highlighted by the Care Quality Commission and staff feedback in 2019. Effective communication and engagement has formed a central part of the improvement plan's development and will be required to remain a key enabler throughout each phase of the plan's implementation,		
Recommendation	Members of the Trust Board are asked to: Approve the Trust's updated communications and engagement strategy.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 1.1 Delivery of Trust's strategic aims and sustainable healthcare services across North Yorkshire and the Tees Valley (ICP Footprint).		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☒	Long term financial sustainability ☒	
	Develop clinical and commercial strategies ☒		

Communications & Engagement Strategy- updated

1. PURPOSE OF REPORT

The purpose of the this report is to ensure that the Trust's communications and engagement strategy is updated to reflect the organisation's direction of travel.

2. BACKGROUND

South Tees Hospitals NHS Foundation Trust has developed a clinically led Improvement plan (Getting Back to Our Best) to address strategic and operational concerns highlighted by the Care Quality Commission and staff feedback in 2019. A summary of the concerns highlighted are:

- Top-down leadership.
- Poor staff experience.
- Poor clinical engagement.
- Risk escalation weaknesses.
- Inconsistent quality.

Significant work has been undertaken since October 2019 to:

- Introduce visible and responsive leadership through more than 108 individual service visits by the Trust's interim CEO.

- Co-produce a 'you said, we did' action plan with Staff-Side to improve staff experience.

- Introduce clinically-led decision-making into the way the Trust allocates resources and delivers care across the organisation.

- Clearly communicate the importance of good risk escalation and introduce the Trust's first Full Capacity Protocol.

- Re-focus medical leadership to enable greater focus on quality.

The Trust's improvement plan builds on this work to provide a roadmap for the way in which the Trust will prioritise and deliver continuous improvement over the next two years.

An updated communications and engagement strategy has been developed to the Trust's journey of clinically-led change and the successful implementation of its improvement plan

3. DETAILS

The updated communications and engagement strategy is shown in the appendices to this paper.

4. RECOMMENDATIONS

The Board is asked to approve the updated communications and engagement strategy.

APPENDICES

Communications & Engagement Strategy- updated.

SOUTH TEES HOSPITALS NHS FOUNDATION TRUST COMMUNICATION & ENGAGEMENT STRATEGY 2019-21

1. EXECUTIVE SUMMARY

This strategy describes how the Trust's communications and engagement functions will play an integral role in driving the journey of clinically-led change at South Tees Hospitals NHS Foundation Trust.

This change will be characterised by a series of far-reaching improvements that will embed clinically-led services that are safe, effective and joined-up for patients across the Tees Valley, North Yorkshire and beyond. Fundamental to this change is a three-phase improvement plan which has been developed in collaboration with staff and stakeholders in response to the challenges identified by the Trust and its regulators.

The communications and engagement strategy sets out how the Trust will effectively communicate and engage staff, patients, stakeholders and the public at each juncture in the improvement plan process and, in doing so, deliver a shift in awareness, attitudes and behaviours. To achieve this shift, the approach described below is grounded in a situational analysis and messaging designed to address key assumptions by the Trust's audiences.

The Trust's clinically-led to improvement will underpin the delivery of the communication and engagement strategy's objectives. The strategy will be refreshed and updated at regular intervals over its two year lifespan (2019-21).

2. ANALYSIS OF THE SITUATION

Strengths	**Weaknesses**
- Patient feedback on STHFT services are positive. - STHFT has an emerging vision of clinically-led services which is supported by commissioners. - STHFT medical, nurse and AHP skills and professionalism are high and recognised regionally and nationally. - The NHS brand remains one of the strongest in the UK on levels of recognition and trust.	- Historically poor levels of effective engagement with some external stakeholders and staff. - Previous perceptions amongst staff groups and external partners of an unresponsive 'top-down' organisation. - Staff have viewed the organisation as remote and out of touch with the realities on the ground. - Significant PFI costs.
Opportunities	**Threats**
- There is good identification of the high levels of specialism and skills of STHFT medical, nursing and AHP staff by commissioners and other external audiences. - Independent research continues to show that doctors, nurses and other front-line NHS professionals remain highly trusted and respected voices. - Good emerging relationships with stakeholders and partners. - National recognition of the PFI challenges faced by STHFT.	- Inability to resolve structural PFI debt. - Maintaining pace of change required. - Recruitment challenges. - Inconsistent messaging leading to a lack of clarity on the organisation's direction of travel.

3. STAKEHOLDER ANALYSIS

Stakeholder segmentation has been used to identify and facilitate partnership working between stakeholders and South Tees Hospitals NHS Foundation Trust in line with the issues identified in the situation analysis. This is further segmented to determine priorities and capacity requirements for effective engagement with individual stakeholder groups.

Enabling stakeholders (who permit STHFT to operate)

- Department of Health and Social Care
- NHSE/I
- ICS/ICP
- Care Quality Commission (CQC)
- Middlesbrough OSC
- South Tees OSC
- North Yorkshire OSC
- Members of Parliament (direct)
- Members of Parliament (indirect)
- Media (local, regional and national)
- Healthwatch South Tees
- Healthwatch North Yorkshire
- STHFT Governors

Functional input stakeholders (who contribute to resourcing STHFT services)

- NHS South Tees CCG
- NHS Hambleton, Richmondshire and Whitby CCG
- NHS Hartlepool and Stockton-on-Tees CCG
- NHS Darlington CCG
- NHS Durham Dales Easington and Sedgefield CCG
- NHS North Durham CCG
- NHS South Tyneside CCG
- NHS Sunderland CCG
- NHS North Cumbria CCG
- NHS Scarborough and Ryedale CCG

- NHS Vale of York CCG
- NHS Newcastle Gateshead CCG
- STHFT staff (medical, nursing, AHP, support, administrative)

Functional output stakeholders (who receive STHFT services)

- Middlesbrough patients
- North Yorkshire patients
- Tees Valley patients
- North East and Cumbria patients
- STHFT Governors
- STHFT members
- STHFT staff

Normative stakeholders (who have interconnected interests)

- North Tees and Hartlepool NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- North East Ambulance Service
- Gateshead Health NHS Foundation Trust
- South Tyneside NHS Foundation Trust
- Middlesbrough and Redcar & Cleveland HWBB
- North Yorkshire HWBB

Diffused stakeholders (who have limited interaction but could impact on the work of STHFT)

- North Yorkshire Police
- Cleveland Police
- Other UK government departments

Interest

• Tees, Esk and Wear Valleys NHS Foundation Trust • Gateshead Health NHS Foundation Trust • South Tyneside NHS Foundation Trust	• Middlesbrough patients • North Yorkshire patients • Tees Valley patients • North East and Cumbria patients • STHFT governors • STHFT members • STHFT staff • NHS South Tees CCG • NHS Hambleton, Richmondshire and Whitby CCG • STHFT staff (medical, nursing, AHP, support, administrative) • North East Ambulance Service • Yorkshire Ambulance Service • Media (local, regional and national) • NHSE/I • ICS/ICP • Care Quality Commission (CQC) • Members of Parliament (direct)
• North Yorkshire Police • Cleveland Police • Other UK government department • NHS Durham Dales Easington and Sedgefield CCG • NHS North Durham CCG • NHS South Tyneside CCG • NHS Sunderland CCG • NHS North Cumbria CCG • NHS Scarborough and Ryedale CCG • NHS Vale of York CCG • NHS Newcastle Gateshead CCG • Newcastle upon Tyne Hospitals NHS Foundation Trust • Northumbria Healthcare NHS Foundation Trust	• NHS Hartlepool and Stockton-on-Tees CCG • NHS Darlington CCG • Department of Health and Social Care • Middlesbrough OSC • South Tees OSC • North Yorkshire OSC • Members of Parliament (indirect) • Healthwatch South Tees • Healthwatch North Yorkshire • Middlesbrough and Redcar & Cleveland HWBB • North Yorkshire HWBB • Tees and Hartlepool NHS Foundation Trust • County Durham and Darlington NHS Foundation Trust

Influence

High influence and high interest	Highest priority.
Low influence and high interest	Keep informed.
High influence and low interest	Keep satisfied.
Low Influence and low interest	Monitor.

4. HIGH INTEREST/INFLUENCE STAKEHOLDER ENGAGEMENT METHODS

Stakeholders		How to reach	STHFT lead
Middlesbrough patents		Direct patient contact – primarily through JCUH acute and community services	STHFT clinical staff
North Yorkshire patients		Direct patient contact – primarily through FGH and community services	STHFT clinical staff
Tees Valley patients		Direct patient contact – primarily through JCUH acute services	STHFT clinical staff
North East and Cumbria patients		Direct patient contact – primarily through JCUH tertiary services	STHFT clinical staff
NHSE/I		Regular performance management process	Executive team
ICS/ICP		Regular partnership working process	Executive team
Members of Parliament (direct)		Face2face and MP correspondence	Director of Comms
Media (local, regional and national)		Briefings, media enquiries, news releases, digital output	Director of Comms
STHFT staff	Corporate	Face2face, staff weekly briefing, Talking Point, intranet, NHS staff survey, improvement plan snapshot reports, staff side mtgs	Trust Board members (exec and non-exec)
	Frontline	Face2face, staff weekly briefing, intranet, NHS staff survey, improvement plan snapshot reports, Quality & Safety Briefing, Consultant Briefing, staff side and SMSF mtgs	Trust Board members (exec and non-exec)
STHFT governors		Governors mtgs, Chairs' updates	Chair/Company Secretary
STHFT members		Talking Point	Company Secretary
NHS South Tees CCG		Face2face, improvement plan	Executive team
NHS Hambleton, Richmondshire and Whitby CCG		Face2face, improvement plan	Executive team
Southport and Formby CCG		Face2face, improvement plan, GP updates, and locality newsletters	Executive team
North East Ambulance Service		Face2face	Executive team
Yorkshire Ambulance Service		Face2face	Executive team
Care Quality Commission (CQC)		Face2face, regulatory process	Executive team

5. SMART OBJECTIVES

Objectives and performance measures will continue to be reviewed and refreshed over the teo year life-span of strategy. Initial objectives are outcome focused, align to the early phases of the improvement plan and will continue to be adapted at each step of the organisation's improvement journey. Progress will be reported through the improvement plan reporting systems.

	Objective	**Quarter 4 (2020/21)**
Internal comms measures	Deliver greater levels of employee engagement in order to ensure staff are able to influence and play a full role in the delivery of the organisation's improvement journey.	Increase the percentage of staff who would recommend STHFT as a place to work by 5 per cent (based on the 43 per cent baseline in 2019 Summer Staff survey)
		Increase percentage of staff reporting care of patients / service users is STHFT top priority by 5 per cent (based on the 58 per cent baseline in 2019 Summer Staff survey)
External comms measure	Increase key message outtakes and stakeholder satisfaction in order to ensure a consistent and responsive approach through the delivery of the organisation's improvement journey.	Achieve 10 per cent increase in key messages reported and broadcast through digital and offline media channels (evidenced through media monitoring)
		Achieve a 10 per cent increase stakeholder satisfaction survey metrics (evidenced through stakeholder temperature-check survey)

6. CORE NARRATIVE AND SEGEMENTED MESSAGES

We're on a journey to get back to our best.

We know that getting good NHS services it is the most important things to more than 1.5 million patients, carers and families in the Tees Valley, North Yorkshire and beyond who depend and rely on them.

It is the most important thing to everyone who works at South Tees NHS Foundation Trust too. That is why, despite the challenges which the NHS everywhere is facing, we will not take risks with the frontline care that our communities count on.

Instead, we are working to strengthen and improve the services we deliver by empowering our doctors, nurses and other clinical professionals to deliver and shape the services our communities receive today and tomorrow.

As a first step, we are fixing the immediate problems to get back to our best and, just as importantly, give our staff the tools they need to meet the needs of patients now and in the years ahead.

For example, we've recruited 69 extra nurses, opened a new specialist unit new Post Anesthetic Care Unit to support patients who require a higher level of care after their surgery, and are investing £6 million in new hospital equipment.

But this investment alone won't be enough to strengthen NHS hospital and community services for the years ahead. Our doctors, nurses and other NHS professionals do a fantastic job. They're well-trained and provide the best care they can for their patients. But their efforts are sometimes let down by the way services are organised.

That is why we are giving our clinicians more responsibility than ever before to work together to develop and deliver our hospital and community health services.

Segmented messages for key audiences		
	STHFT staff	• We're on a journey to get back to our best. • We have listened and will go on listening. • These are challenging times for the NHS everywhere but we will not take risks with the frontline care that our communities count on. • Instead, we are working to strengthen and improve the services we deliver by empowering our doctors, nurses and other clinical professionals to deliver and shape the services our communities receive today and tomorrow. • As a first step, we are fixing the immediate problems to get back to our best and, just as importantly, give colleagues the tools they need to meet the needs of patients now and in the years ahead. • We've boosted nursing numbers, opened a new specialist unit new Post Anaesthetic Care Unit, and are investing £6 million in new hospital equipment. • But investment alone won't be enough to strengthen local NHS services for the years ahead. • That is why we are giving our clinicians more responsibility than ever before to work together to develop and deliver our hospital and community health services. • We're being clear and open. There's no hidden agenda.
	Commissioners	• We're on a journey to get back to our best. • We have listened and will go on listening.

		• These are challenging times for the NHS everywhere but we will not take risks with the frontline care that our communities count on. • Instead, we are working to strengthen and improve the services we deliver by empowering our doctors, nurses and other clinical professionals to deliver and shape the services our communities receive today and tomorrow. • As a first step, we are fixing the immediate problems to get back to our best and, just as importantly, give colleagues the tools they need to meet the needs of patients now and in the years ahead. • We've boosted nursing numbers, opened a new specialist unit new Post Anaesthetic Care Unit, and are investing £6 million in new hospital equipment. • But investment alone won't be enough to strengthen local NHS services for the years ahead. • That is why we are giving our clinicians more responsibility than ever before to work together to develop and deliver our hospital and community health services. • We're being clear and open. There's no hidden agenda. • Scrutinise what we do and tell us where we can be more effective.
	Patients and public	• We're on a journey to get back to our best. • These are challenging times for the NHS everywhere but we will not take risks with the frontline care that our communities count on. • Instead, we are working to strengthen and improve the services we deliver by empowering our doctors, nurses and other clinical professionals to deliver and shape the services our communities receive today and tomorrow.

		• As a first step, we are fixing the immediate problems to get back to our best and, just as importantly, give colleagues the tools they need to meet the needs of patients now and in the years ahead. • We've boosted nursing numbers, opened a new specialist unit new Post Anaesthetic Care Unit, and are investing £6 million in new hospital equipment. • But investment alone won't be enough to strengthen local NHS services for the years ahead. • That is why we are giving our clinicians more responsibility than ever before to work together to develop and deliver our hospital and community health services. • We know that actions speak louder than words though which is why we will continue to provide updates on our progress so you can see what we are doing and hold us to account.

7. KEY TACTICS

Tactics will continue be deployed to build relationships, confidence and trust with key stakeholders through a series of formal and informal face2face opportunities. In addition, the following tactics will be used at key points during the improvement plan's implementation.

Staff

- A rolling programme of face2face briefings with staff groups will be prioritised as the optimum communication and engagement method internally.
- Communication tools increasingly aligned to the improvement plan phases.
- Promote the organisation's new visions and values.
- Support and develop staff recognition through staff awards and other mechanisms.
- Utilise the Friends and Family test as the primary staff temperature check tool across the organisation.

Stakeholders

- Periodic 'temperature check' surveys to assess stakeholder awareness and attitudes to the STHFT improvement journey.
- Systematic mapping of stakeholder interactions at key junctures in the improvement journey to ensure early and responsive flow of communication.

External

- Story development to grow awareness of the changes being made at STHFT that directly improve the way patients receive care.
- Use quality content-led communications to provide public information and advice.

Workforce Committee
Chair's Log

Meeting: Workforce Committee	**Date of Meeting**: 10th December 2019
Connecting to: Board	**Date of Meeting**: 4th February 2020

Key topics discussed in the meeting	
• Medical Education update • Staff Retention • HEE Funding Model • Update on Regional Passport • Workforce KPI Report • Key Indicators for Monitoring Safe Medical Staffing • Staff Survey • Engagement Group Update • Guardian of Safe Working Report • Employee Relations update • Freedom to Speak up Resourcing • BAF • Terms of Reference	
Actions agreed in the meeting	**Responsibility / timescale**
• Mrs Metcalf to provide NEDs with Engagement Group meetings for 2020	RM Jan 2020
• Detailed Presentation on Exit Interview Findings to next Committee	RM Feb 2020
• Board Development Session to be arranged	JW Feb 2020
• Update on benefits of power napping and links to Health and Well Being Strategy	GH Feb 2020
• ED Staff to be included on Regional Passport Pilot with update to next meeting	AW Feb 2020
• Committee endorsed staffing model for FTSU and asked Mrs. Smithies and Mrs. Hunt to develop a business case and take through the Trust process. Update to Feb meeting	HS,GH Feb 2020
Escalation of issues for action by connecting group	**Responsibility / timescale**
Regional Passport Pilot is currently underway. Implications for Tees Valley Working.	Board Meeting February 2020
Risks (Include ID if currently on risk register)	**Responsibility / timescale**

No new risks identified.	