South Tees Hospitals
NHS Foundation Trust

Board of Directors

4 May 2021
10:00
Microsoft teams & Board Room, Murray Building

South Tees Hospitals NHS Foundation Trust

MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON 4 MAY 2021 AT 10:00 IN THE BOARD ROOM AND MICROSOFT TEAMS

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT
PATIENT STORY				
CHAIR'S BUSINESS				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1
4.	Minutes of the last meetings held on 6 April 2021	Approval	Chair	ENC 2
5.	Matters Arising / action log	Review	Chair	ENC 3
6.	Chairman's report	Information	Chair	Verbal
7.	Chief Executive's Report	Information	Chief Executive	ENC 4
QUALITY AND SAFETY				
8.	Safe Staffing Report	Information	Chief Nurse	ENC 5
9.	CQC update	Information	Chief Nurse	ENC 6
FINANCE AND PERFORMANCE				
10.	Finance Report Month	Information	Chief Finance Officer	ENC 7
11.	Integrated Performance Report	Discussion	Chief Operating Officer	ENC 8
WORKFORCE				

	ITEM	PURPOSE	LEAD	FORMAT
12.	Freedom to Speak Up Annual Report	Information	Chief Nurse	ENC 9
13.	Guardian of Safeworking – Quarter 4 report January 2021 to March 2021	Information	Chief Medical Officer	ENC 10
GOVERNANCE AND ASSURANCE				
14.	2 year strategic plan	Approval	Managing Director	ENC 11
15.	Annual Filings update	Approval	Head of Governance & Co Secretary	ENC 12
16.	Use of the seal	Information	Head of Governance & Co Secretary	ENC 13
17.	Board Assurance Framework	Approval	Head of Governance & Co Secretary	ENC 14
18.	Committee Reports	Information	Chairs	ENC 15
19	**DATE OF NEXT MEETING** The next meeting of Board of Directors will take place on Tuesday 1 June 2021			
20.	**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 May 2021			
Register of members interests			**AGENDA ITEM: 3** **ENC 1**
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	**Responsible Director:**	Neil Mundy Chairman
Action Required	Approve ☐ Discuss ☐ Inform ☒ (select the relevant action required)		
Situation	The Board of Directors are asked to note interests declared by members of the Committee		
Background	The report sets out membership of the Board of Directors and interests registered by members. Conflicts should be managed in accordance to the Constitution para 32 - If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to other Directors.		
Assessment	There are no specific conflicts identified with the agenda. Members will be reminded at the meeting to raise any if they arise.		
Recommendation	The Board of Directors are asked to note the Register of Interest.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☐	Excellence in employee experience ☐	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
Ada Burns	Non-Executive Director Deputy Chair	2017 2019	Ongoing Ongoing	Role - Governor – Chair of Resources Committee, member of Board of Teesside University. Role – Associate Consultant – Cratus Consultancy, public sector management consultancy
Richard Carter-Ferris	Non-executive Director	1 August 2015	ongoing	Director of Yorkshire Area P2P Club – company generates donations for Yorkshire Air Ambulance. Director/No exec Director – Malton & Norton Golf club ltd.
David Heslop	Non-executive Director			No interests declared
Mike Ducker	Non-executive Director	1 December 2017 1 December 2005 1 October 2019	ongoing ongoing ongoing	Advisor to UK Government on Chemicals Industry Trustee of Greenstones Christian Trust Charity – a Charity working with prisons in Ethiopia South Tees Healthcare Management Limited - Company number 10166808
Debbie Reape	Non-executive Director Senior Independent Director	August 2019 1 October 2019 October 2019	Ongoing Ongoing Ongoing	Associate Director with Northumbria International Alliance (Northumbria NHS Trust and Northumberland County Council) South Tees Healthcare Management Limited - Company number 10166808. School Governor, Ashington Academy.
Jackie White	Head of Governance	March 2013	Ongoing	Director – Applied Interim Management Solutions – Company Number 08473345 Registered with IMAS (NHS interim management & support)
Sue Page	Chief Executive	May 2018	Ongoing	President of British Red Cross – Cumbria.
Kevin Oxley	Director of Estates, Facilities and Capital Planning			No interests declared
Rachael Metcalf	Director of Human Resources			No interests declared.
Mark Graham	Director of Communications			Ad hoc communications support to North Cumbria integrated care NHS Foundation Trust. Registered with IMAS (NHS interim management & support)
Ros Fallon	Interim Director of Planning & Recovery			Non-Executive Director for Countess of Chester NHS Foundation Trust Trustee – Tarporley War Memorial Hospital
Moira Angel	Interim Director of Clinical Development	18 January 2021		Director of Moira Angel consulting Ltd - Company number 09529658

				Director of Arista Associates Ltd. - Company number 09986504 Vice president of the red cross in Cumbria.
Robert Harrison	Managing Director			No interests declared
Maria Harris	Non-executive Director	1 January 2021	Ongoing	Director of Digital Cat Consultancy Ltd – provider of digital transformation and mortgage expertise in financial services - Company number 11967428 Non-executive Director of United Trust Bank – a regulated specialist bank
David Jennings	Non-executive Director	1 January 2021	Ongoing	Trustee Newcastle University Development Trust. Unremunerated, voluntary role. Chair AuditOne Board NHS internal Audit Consortium. Unremunerated, voluntary role. Board member, and Chair of Audit & Risk Committee of Bernicia House Group, a North East Social Housing Company – a remunerated role
David Redpath	Associate Non-Executive Director	1 January 2021	Ongoing	Director of DGR Consultancy - Company number 10340661
Neil Mundy	Interim joint Chair	2 February 2021		Director and Trustee Northumberland Theatre Company Director of N Mundy Ltd (Charitable Trusteeships) - Company number 11136507 Member of the North East Working Group for Medilink North Ltd Board Member of Medilink North of England Ltd - Healthcare and Life sciences technology membership organisation For completeness - Chair of the Joint Independent Audit Committee for the Police and Crime Commissioner and Chief Constable of Northumbria Police. Son Philip Mundy and Daughter in Law Dr. Lydia Mundy are Founders and major shareholder in Pando Ltd a Clinical Communications Platform company conducting business with the NHS .
Michael Stewart	Chief Medical Officer	1 February 2021	Ongoing	No interests declared
Hilary Lloyd	Chief Nurse	15 February 2021	Ongoing	No interests declared
Chris Hand	Chief Finance Officer	1 March 2021	Ongoing	No interests declared
Samuel Peate	Chief Operating Officer	1 April 2021	Ongoing	No interests declared

South Tees Hospitals NHS
NHS Foundation Trust

UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 6 APRIL 2021 AT 14:00 IN THE BOARD ROOM, MURRAY BUILDING JAMES COOK AND VIA MICROSOFT TEAMS

Present

Mr N Mundy	Interim Joint Chairman
Ms D Reape	Non-Executive Director
Ms A Burns	Vice Chair / Non-Executive Director
Mr D Heslop	Non-Executive Director
Mr R Carter-Ferris	Non-Executive Director
Mr D Redpath	Associate Non-Executive Director
Ms M Harris	Non-Executive Director
Mr D Jennings	Non-Executive Director
Ms S Page	Chief Executive
Dr M Stewart	Chief Medical Officer
Dr H Lloyd	Chief Nurse
Mr C Hand	Chief Finance Officer

In Attendance

Mrs J White	Head of Governance & Company Secretary
Mr K Oxley	Director of Estates, Facilities and Capital Planning
Mrs R Metcalf	Director of HR
Mr S Peate	Chief Operating Officer
Mrs R Fallon	Interim Director of Planning & Recovery
Mrs M Angel	Interim Director of Clinical Development

Members of the public x 4

PATIENT STORY

The Chairman welcomed and introduced Lucy Findlay and Dr Banerjee. Lucy is a Midwife and a member of Trust staff who attended with Dr Banerjee to share her experience of the impact her cochlear implant, and the care she has received, from the team, has had on her life.

Lucy described that she first noticed a slight hearing loss aged 14, and in 2012/13 her hearing deteriorated and she needed 2 hearing aids.

With the onset of the COVID-19 pandemic and having to wear a facemask, things became much harder for Lucy as she was unable to lip read and she moved away from direct patient care. The department were very supportive and gave her an administrative role to support her and keep her at work; however Lucy was disheartened as she wanted to support her colleagues during the pandemic.

Once Lucy was accepted for a Cochlear Implant at the Trust, although she was feeling isolated, this kept her going. Lucy has made a fantastic recovery from her surgery and following this treatment feels like she has been reborn. She no longer

feels isolated or that people mistakenly perceive her as being rude. Lucy has regained her confidence and has returned to patient facing care as a Midwife which she is very passionate about.

Mr Mundy expressed his profound thanks to Dr Banerjee and staff on their great work and thanked Lucy for sharing her story and the work she has been doing during the pandemic. Mr Mundy added that Lucy's story was enormously uplifting for everyone and it was great to see both Lucy and Dr Banerjee at the Board.

Action

BoD/20/216 **WELCOME AND INTRODUCTIONS**

The Chairman welcomed members to the meeting which was held in the Board Room and virtually. He gave a specific welcome to Diane Monkhouse, newly elected Chair of the Senior Medical Staff Committee.

BoD/20/217 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr M Ducker, Non-Executive Director, Mr R Harrison, Managing Director and Mr M Graham, Director of Communication.

BoD/20/218 **QUORUM**

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

BoD/20/219 **DECLARATION OF INTEREST**

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

BoD/20/220 **MINUTES OF THE LAST MEETING**

The minutes of the meeting held on Tuesday 2 March 2021 were reviewed and agreed as an accurate record subject to the following amendment.

Mrs White

Date of meeting is 2 March not 3 March.

BoD/20/221 **MATTERS ARISING**

The matters arising were reviewed and the action log updated.

BoD/20/222 **CHAIRMAN'S REPORT**

The Chairman commented that since the last Board meeting a great deal has happened. The 23 March 2021 marked the anniversary of the first Covid lockdown.

It was very moving to hear stories from so many people in the Region. He expressed his heartfelt gratitude to all Trust staff and everyone across health and care for their dedication and commitment, then and now.

He added that NHS staff and partners in Local Government, Third Sector and in the community have been through so much but we can take strength from the fact that much has been achieved through working together.

Mr Mundy highlighted that he had met with Councillors Dorothy Davison and Mary Lanigan, the Co-Chairs of Live Well, on 29th March with Ms Burns to share our common commitment to support population health.

With regard to the vaccine programme, Mr Mundy was pleased to report that the region is continuing to lead the way having protected over 50%per cent of adults in the North East and North Cumbria. This remains the highest cumulative number of vaccines delivered in the country, and is a remarkable achievement.

Mr Mundy commented that he was pleased to attend the recent staff Star Awards which the Trust supports - recognising and celebrating the work of our wonderful staff. There were moving examples of staff going way beyond expectations in care and support - recognised by patients, their carers and colleagues.

He shared that over the weekend he received a very touching letter of gratitude from a patient who had received care recently at the Friarage .The patient was so generous in their praise of all the staff who cared for them and the many kindnesses they received.

With regard to closer working with colleagues in North Tees and Hartlepool he was delighted to report that last month saw the first meetings, of Board to Board on 17th March and Joint Meetings of the Councils of Governors of North Tees and Hartlepool and South Tees Foundation Trusts on 24th March to develop our closer relationships.

At the Board to Board the Trusts were joined by Professor Sir Liam Donaldson who offered his thoughts and experience both nationally and internationally and particularly from his work in the North East.

Mr Mundy advised members that last week on 30th March the Nominations Committees of both Trusts met jointly to take forward the process by which the Councils of Governors of both Trusts undertake formal recruitment with the view to an appointment of a permanent Joint Chair by the Summer. To assist in that process the Joint Nominations Committee

selected, through competition, recruitment experts Hunter Healthcare.

Mr Mundy referring to the Board reports commented that the Trust is focusing more widely on the recovery and its improvement plan. Whilst progress has been made despite the pandemic there is still work to do to achieve the standards and sustainability that we all strive for in getting back to our best. He added that this is reflected in the results in the Integrated Performance Report.

Finally, Mr Mundy added that the last year has been exceptional in the modified financial regime provided for COVID-19. In the Autumn, this Trust like others will be expected to move back to a more stable and conventional financial system within the Region. The Finance report will highlight areas of pressure.

Resolution

The Board of Directors NOTED the Chairman's report.

BoD/20/223 **CHIEF EXECUTIVE'S REPORT**

Ms Page referred members to her previously circulated report and added that she wanted to highlight the amazing work the Durham Tees Valley Research Alliance had been doing alongside caring for patients with COVID.

Ms Page reported that more than 150 patients have been recruited to the one of the world's most important trials into new critical care treatments for COVID-19 with the Trust being the third highest in the country recruiting centre for the Remap Cap trial, which has shown that treating severely ill COVID-19 patients, with both the steroid hydrocortisone and the anti-inflammatory drug Tocilizumab, significantly lowers mortality and improves chances of recovery.

As well as treatment research, the hospital has recruited patients into a genomics study to understand why some people with COVID-19 have no symptoms and others become extremely ill.

Ms Page was also pleased to report on the ICNARC, the Intensive Care National Audit and Research Centre results, which highlights that both The James Cook University Hospital and the Friarage Hospital had lower mortality rates than most units nationally, which means that more critically ill people recover in intensive care than would have been expected given how dangerously ill they were, their age and the area's health inequalities.

Finally, Ms Page reported that the Trust still has 30 patients

with COVID and is still in surge. She added that last year she met with all the Clinical Directors and discussed their recovery plans and the plans they put in place last year have been delivered and they are now re-looking at their plans for this year. This will be agreed with the Chief Medical Officer through the Clinical Policy Group.

Resolution

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

BoD/20/224 **SAFE STAFFING REPORT**

Dr Lloyd referred members to the safe staffing report and highlighted that the percentage of shifts filled against the planned staffing across the trust was 98.7%, demonstrating good compliance with safer staffing. The demand for critical care beds remain high and staff from other areas continue to support. There have been no reported episodes for lack of supernumerary co-ordinators during February 2021.

The highest risk to safe staffing remains from COVID self-isolation and sickness for all staff groups and increased COVID activity resulting in stretch staffing ratios at times.

February turnover for Nursing and Midwifery Turnover is currently 7.27% with a vacancy rate of 3.3% (96 whole time equivalents). Monthly International RN recruitment continues with 7 -12 arrivals each month. HCA rapid recruitment to achieve a 0 vacancy by 31st March 2021 is well underway.

Mr Jennings thanked Dr Lloyd for the report and commented that it is a much better read and the narrative added to the data helps. Mr Jennings referred Dr Lloyd to table 1 highlighting that this showed that month on month the fill Rate based on planned vs worked hours is moving in the right direction other than RN at night and asked if Dr Lloyd was worried about this and did it raise any quality issues. Dr Lloyd advised that the fill rate was exceptionally high for a Trust and she was not worried about the numbers in the report. Where there is a gap staff movement takes place to ensure patient safety with Clinical Matron Huddles and Ward Manager Briefings. Having a very experienced HCA filling these gaps occasionally provides good safety and quality.

Ms Burns also commended the report adding that it was much clearer and welcomed the description of the governance in terms of managing staffing on a day to day basis.

Mr Mundy commented that the nurse sensitive indicators sets out incidents relating pressure ulcers and falls and asked how this comes together with the overall plan for reducing

pressure ulcers and falls. Dr Lloyd advised that a number of actions are in place in relation to pressure damage and the Trust have relaunched pressure damage strategy. Some wards are at a higher risk than others due to the complexity and acuity of patients and the Trust will be focussing on these areas first. Dr Lloyd added that she wouldn't say they are directly linked to staffing levels.

Mr Mundy commented that he was pleased to hear the Trust was focussing on these areas.

Ms Harris asked if there is enough flex in the plan for staff to have time off. Dr Lloyd advised that she has also asked this question and believed there was.

Ms Reape thanked Dr Lloyd for the report and added that the messages in the report are really good. She advised that the Quality Assurance Committee do talk about pressure ulcers on a regular basis.

Ms Reape asked Dr Lloyd how the staff are feeling as they return to their clinical areas following a period of redeployment. Dr Lloyd advised that staff are pleased to be going back to their areas with a sense of hope, albeit tired and fatigued due to the pandemic. They have had support from the wellbeing offer at the Trust and Matrons are promoting self-care.

Mr Peate commented that if you go round the hospital you can see staff who are tired who have been working intensively over the last 12 months but they can see that we are moving forward with recovery.

Ms Reape commented that pre covid we discussed including information on safe medical and AHP staffing in the report and asked Dr Lloyd and Dr Stewart if there was a timescale for this. Mrs Metcalf on behalf of Dr Lloyd and Dr Stewart advised that the People Committee have agreed to look at this and a report should be received at its May Committee.

Resolution

The Trust Board of Directors NOTED the safer staffing report

BoD/20/225 **LEARNING FROM DEATHS REPORT**

Dr Stewart presented the Learning from Deaths Dashboard and other hospital mortality monitoring information and highlighted that the Summary Hospital-level Mortality Indicator (SHMI) is 'higher than expected' for the period October 2019 to September 2020.

The capture of comorbidities is a known problem; an external independent report has confirmed this issue and identified a further potential factor with higher-than-average levels of elective admission method. The report does not however provide sufficient assurance that this is the sole reason for higher than expected SHMI.

A new Clinical Coding Strategy has been written and is being launched in April.

Medical Examiner and other reviews have been sustained at high levels (>95% of deaths are reviewed) and preventable deaths have not been identified.

Covid has made SHMI and other statistical measures of mortality difficult to interpret and this will continue to be the case.

With regard to the external review Dr Stewart added that the independent experts have highlighted a higher proportion of deaths coded against elective activity at South Tees, with the ratio 15/85% compared to comparable trusts with around 90% of deaths coded as emergency. He explained that this matters as deaths in the elective cohort have a greater impact on the SHMI. He added that this might be explained in ways the medical admissions unit has operated where, to avoid admissions, patients will attend for investigation and return for treatment. When they return they are graded as an elective return and if they are admitted and unfortunately pass way this is still coded as an elective death. This requires further analysis to understand fully.

Dr Stewart advised that this initial analysis needs to be validated and further work undertaken on coding. A new coding strategy is being launched at Clinical Policy Group which will be important to understand the position.

Mr Mundy thanked Dr Stewart for the report and commented that as a Trust Board we should understand what lies behind the mortality figures and the coding issues and this sometimes masks the proper interpretation of the statistics. He added that Dr Stewart should resolve this as soon as he can and that he had the full Board's support to do so.

Ms Reape commented that the Trust we have taken a lot of assurances from the medical examiner process and it's good to hear that we are delving into the SHIM and the summary Dr Stewart has given us is very good and really positive.

Resolution

The Trust Board of Directors NOTED the update

BoD/20/226 **CQC UPDATE**

Dr Lloyd updated the Trust Board on CQC and advised that a detailed report was considered at the Quality Assurance Committee last week which focussed on the two areas which require further work – consent and mandatory training. With regard to mandatory training Dr Lloyd advised that the Trust is currently reporting 88% compliance against a target of 90% and a lot of work is going into this. With regard to consent, Dr Lloyd added that a clinically led group has been established to update the policy which will be completed soon.

With regard to next steps Dr Lloyd advised that the CQC actions need to be mapped into the new Collaboratives and an assessment undertaken along with further work on the well led assessment. Dr Lloyd added that lots of work is ongoing with regard to ward accreditation to support this process and the Trust continued to have regular updates with NHSE/I and the CQC.

Ms Burns commented that at the same time as we continue to look at progress against the action plan starting a fresh look at the self-assessment feels like an important part of the preparation. It is welcomed and it is important that we know and understand our areas of improvement.

Mr Mundy commented that he was advised that the self-assessment is to take place in June and asked Dr Lloyd what form that will take. Dr Lloyd confirmed that the plan for the self-assessment is currently being drawn up now, but it will include an assessment against the Key Lines of Enquiry and a well led assessment. The Trust is also looking at the potential for mock inspections, but Dr Lloyd was keen to advise that although it is preparing for a CQC visit, it is important to recognise that this is about quality and safety not an inspection..

Mr Mundy agreed and suggested that the report next month to the Board outlines how this will take shape. Adding that the Board needs to understand how this will be done.

Mr Jennings commented that another Trust report focusses on culture and escalation and clear process of learning and it's really important to hear what you have said regarding reinforcing this and describing this about quality and safety.

Ms Page commented that this is the social movement we want on quality and safety and the way we do things around here and we want the inspectors to see this and the journey the staff have been on. The process should help staff get confident on what they do on a daily basis and be able to describe the work that they are doing.

Mr Mundy concurred and advised when going into an

organisation which is outstanding you get that feeling and it's important we too can demonstrate this.

Mr Mundy requested that a report is received to the next Board meeting on the approach to the June CQC preparations. Dr Lloyd

Resolution

The Trust Board of Directors NOTED the update

BoD/20/227 **FINANCE REPORT MONTH 11**

Mr Hand referred members to his previously circulated report and highlighted that from Month 7 of 2020/21 revised financial arrangements have been put in place, replacing the previous arrangements of a break-even requirement with retrospective expenditure claims. The Trust now has a fixed income level as agreed within the ICP, and is expected to manage resources within this funding envelope. At month 11 the Trust is £0.4m overspent against its revised financial plan.

Ms Page commented regarding the capital expenditure this year and advised members that this is normally around what an organisation of this size should receive. She added that we are just about getting our basics right, there are some major investments we need to make, and there is a long way to go.

Mr Mundy asked for Mr Hand's view of looking beyond the current year and how we can tackle longer term planning. Mr Hand advised that the Trust needs to have the longer view / strategy. He added that it is a complex time financially due to COVID. Mr Hand confirmed that the Trust know that the covid financial arrangements will carry forward for the next 6 months, thereafter on a system basis linked to provider cost basis. We will be working together on a risk pooling basis as a system, making best use of patient costing and recognising the Trust has significant shortages of capital and this needs resources. The plan is to have a longer term plan recognising we don't have the entire picture yet.

Mr Mundy commented that it is clearly difficult but as a Board we need to understand the fundamentals and the impact of the PFI and structural deficit and whilst the future system planning may not be clear we need to understand our own Trust. Many of the decisions we will be subject to will be how we operate in a broader integrated care system.

Mr Hand advised that the more we can work collaboratively across the ICP/ICS the better.

Mr Jennings commented that at the Finance & Investment Committee last week we discussed longer term view and to

identify which is about COVID spend, structural and PFI issues. The Finance & Investment Committee oversee this.

Resolution

The Trust Board of Directors NOTED the update

BoD/20/228 **INTEGRATED PERFORMANCE REPORT**

Mrs Fallon updated the Board on performance and provided the following highlights:

Key messages relating to performance this month include:

- The Trust has continued its Covid response alongside maintaining critical non Covid services and ensuring a greater focus on staff wellbeing and risk assessment though individual discussions with staff.
- Areas of improved performance include:
- A reduction in cases of C Difficile than during 2019/20.
- Complaints closed within target.
- Compliance with Friends and Family Maternity Experience rate.
- Cancer treatment within 14 days achieved the target this month.
- Areas for focus include:
- An increase in the incidence of Category 2 Pressure Ulcers in February linked to increased critical care and COVID admissions.
- Higher acuity, reduced capacity and COVID IPC requirements have led to A& E compliance being below target.
- RTT and diagnostics are still below the constitutional standard however the planned activity has been delivered.

Mr Jennings thanks Mrs Fallon for the report and advised that the commentary throughout the IPR is welcomed and improving. He asked Mrs Fallon if she could outline to the Board the timescales the Trust are attaching to making improvements to the targets and how this was being developed with the Collaboratives. Mrs Fallon advised that the plan will come to the July Board, in terms of the detail of the Collaboratives it is difficult to say right now, we will need to go back down into individual specialities in terms of discussing the issues and we will better understand the timescales once we understand the capacity to deliver week on week improvements. The other piece of work we will be doing is across the system. Mr Jennings thanked Mr Fallon for outlining the expectations.

Dr Stewart commented that the Trust are close to appointing 10 new Clinical Directors and the timeframes he has set in

draft are to embed the new governance arrangements by quarter 1 and noting there will be some variation in this and by quarter 2 we should start to see we are going in the right direction and what support is required.

Ms Page commented that going into covid and during that period we were focussing on the quality and safety and the teams which required additional support and what I have watched during COVID is that those teams who were have performed really well. They have worked well as a team and across teams. Comparing waiting lists now with other areas, we have done well and the job of the Leadership and Safety Academy is that all teams have an improvement plan that is bespoke to them and that's what Dr Connolly and I will drive through coming out of COVID.

Ms Burns, referring to the Well Led indicators, commented that we need to be more ambitious in our approach to rolling out the process for appraisal. This is an opportunity for us to reinforce accountability for mandatory training.

Ms Page concurred and commented that she would like to think the teams know where they are going so that the individuals in the team understand their objectives and review how they are doing in their appraisal. She added that we need to allow teams to have time to discuss their plans so staff can see a sense of where they are going and what is expected of them. All the staff will then pull through on this journey.

Resolution

The Trust Board of Directors NOTED the update

BoD/20/229 **STAFF SURVEY**

Mrs Metcalf updated the Board on the staff survey. She advised that the Trust has been benchmarked against Acute and Acute and Community Trusts of which there are 128.

The Trust's results this year place the organisation as the most improved hospital and community trust in the nation.

Ms Burns commented that when she joined the Board it was just after the staff survey for 2019 had been published and she remembered the shock of the result and discussed that she has to remind herself about that when I look at this year's report. It's an extraordinary achievement and praise must be given to Ms Page and others about the impact that we have made. It is useful to see the whole report by section and we look forward in the People committee to hear from the services on their improvement. Ms Burns added that the one which surprises her is the health and wellbeing indicator due

to the amount of support the Trust has provided to staff throughout the pandemic.

Ms Page thanked Ms Burns for her comments and advised that this result is quite normal for an organisation in recovery, the staff still feel quite weary as they start to recover. She added that she also thinks that the last 12 months the Trust have been recruiting for nursing staff, around 100 nurses and this has an impact. It will improve if we keep this trajectory. Ms Page advised that the Trust is OK where we are at the moment, we have had slightly more improvement than she would have expected at this stage.

Mr Mundy commented that the Board should be encouraged by this. How our staff feel is most important.

Mr Jennings thanked Ms Page and Mrs Metcalf for their update and commented that the report was really helpful and interesting to read. He asked how the detail and the drill down for services occur, what is the timescale for action. Ms Page advised that there is a weekly meeting with staff side colleagues and we are developing a joint action plan with them on this.

Mrs Metcalf advised that each of the Collaboratives will attend an extra ordinary People Committee in June where they will share their plans for improvement.

Mrs Metcalf also advised that the next national pulse survey will include questions from the staff survey on morale and engagement and this will be 6 months from the staff survey so this should have some rich information in it to compare and contrast.

Mr Mundy asked if there were any aspect on race equality standards and Mrs Metcalf advised that this is an area of focus and the EDI group is looking at this area.

Mr Redpath asked what success in terms of response rate in the coming year would look like. Ms Page advised she would expect to see a doubling of the rate. Mr Redpath commented that getting to the average would be a good position. Mrs Metcalf advised that the People Committee are discussing what would be a good response rate next year and will advise the Board accordingly.

Resolution

The Trust Board of Directors NOTED the update

BoD/20/230 **COMMITTEE PROPSED NEW STRUCTURE**

Mrs White updated members on the proposed new structure for the Board Sub Committees. She advised that the a review of the Board committees was undertaken and it was established that the remit and purpose of the committees needed to be much more clearly based on delegated functions of the Board and that the committee's purposes were more clearly aligned to the objectives and values of the Trust. It was also recognised that the functions of one of the Board Committee can be incorporated into another Committee.

The additional appointment of three new Non-Executive Directors (NEDs) offered the opportunity to review the skills and experience of our NEDs which are essential to our governance and development, and play a key role in the Board and its committees allowing the opportunity to review membership and purpose. In conjunction with Ms Burns and Mr Harrison, Managing Director the following changes were proposed:

- Extending the remit of the Audit Committee to incorporate the work of the Risk Committee and therefore becoming the Audit & Risk Committee

- Replacing the Finance & Investment Committee with a Resources Committee with a wider strategic function and revised terms of reference to include oversight of use of resources

- Establishment of a new Trust Committee which will be established as a Committee in Common known as the Joint Strategic Board with North Tees & Hartlepool NHS Trust for the purposes of joint working

- Replacement of the Workforce Committee with a People Committee with reframed terms of reference focused on people and culture.

Mr Mundy thanked Mrs White and Ms Burns on their work and supported the proposals.

Resolution

The Trust Board of Directors APPROVED the new committee structure

BoD/20/231 **BOARD ASSURANCE FRAMEWORK (BAF)**

Mrs White referred members to her previously circulated report and Board Assurance Framework. She highlighted that the BAF comprises of 19 strategic risks, there have been no

risks removed from the BAF since the last review by the Board.

Mrs White reminded members that the BAF reflects the existing Trust Strategy which is currently being refreshed and agreed by the Board and therefore a revised BAF will be developed by the Board and presented in May 2021.

In line with the Standard Operating Procedure the BAF has been considered by each of the Executive Director's and since the last Trust Board, the BAF (or elements of it) have been presented once to the Quality Assurance Committee (March 2021), once to the Finance and Investment Committee (March 2021) and Workforce Committee (March 2021).

Mr Mundy thanked Mrs White for the update and commented that with regarding to the current Finance BAF risk this reflects the current annual position which is under control but advised that this does need to be updated to include the risk regarding long term financial stability. He added that he has had conversations with Dr Ducker, Chair of FIC who agrees that this does need to be reframed. Mr Mundy advised that we must recognise that we have a financial challenge in the form of our PFI regarding which we are having discussions with our regulators and the ICS. Mr Hand agreed to work with Mrs White on this risk.

Mr Jennings commented that the current process places emphasis on the Committees to review the BAF risks assigned to them and wondered if there is an opportunity to revise the Committee's terms of reference to clarify the way in which the Committees drill down into risk and what they look for in terms of risk and how this is covered in the chairs log. Mrs White agreed that she was able to do this and that she has developed a standing operating procedure which sets out the roles of Committees and others in terms of the BAF and she would also include this requirement in there.

Resolution

The Board of Directors NOTED the update

BoD/20/232 **COMMITTEE REPORTS**

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

Finance & Investment Committee (FIC) – Mr Jennings on behalf of Mr Ducker advised that the Committee reviewed the BAF and agreed that it needed further exploration in terms of risk around longer-term financial plan.

Quality Assurance Committee (QAC) – Ms Reape advised that the Committee approved the quality priorities, had a good discussion on the BAF risks and two risk scores were updated. Mr Mundy asked Dr Lloyd if the new electronic prescribing system would see the risk on medication errors reduce and Dr Lloyd advised that the new system will support this but may also support addressing further issues.

Workforce – Ms Burns updated that there was a discussion regarding compliance with mandatory training. She was pleased to report that the Trust was the only Trust in region to be accepted onto the reciprocal mentorship programme, and that a board session on this would be organised for May. Mr Jennings asked regarding the issue with fire warden training highlighted in the chairs log and if it had been included on the risk register. Mr Oxley who is the lead for fire safety advised that it was and that the issues we are well understood and that the Trust does have a register of all areas where we have wardens / or no wardens – all areas have had training but may not be up to date. There are lots of complimentary measures including equipment, testing on a planned basis. The fire warden generally is responsible for coordinating the patient escape if necessary, there is 24/7 coverage for fire. Mr Mundy asked Mr Oxley if he felt at present that the gaps are covered in the short term before the process is brought up to standard and Mr Oxley gave that assurance.

BoD/20/233 **QUESTIONS FROM THE PUBLIC**

The Chairman offered members of the public and observers the opportunity for questions – there were no questions raised.

BoD/20/234 **DATE AND TIME OF NEXT MEETING**

Mr Mundy confirmed that the date of the next meeting is 4 May 2021.

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)
06.04.21	BoD/20/226	CQC UPDATE	Mr Mundy requested that a report is received to the next Board meeting on the approach to the June CQC preparations.	H Lloyd	6.5.21	A report on the preparation for CQC is included on the agenda.	open
06.04.21	BoD/20/231	BOARD ASSURANCE FRAMEWORK (BAF)	Mrs White to include in the standard operating procedure the role of individuals and committees in terms of the Board Assurance Framework to ensure confirming the emphasis placed on the them to review the BAF risks assigned to them.	J White	Jun-21	Draft standard operating procedure in place - shared with D Jennings and comments received. On track to be completed	open
06.04.21	BoD/20/231	BOARD ASSURANCE FRAMEWORK (BAF)	Mrs White to ensure the role of the Committee in terms of the BAF is included in their terms of reference to clarify the way in which the Committees drill down into risk and what they look for in terms of risk and how this is covered in the chairs log.	J White	Jun-21	the role of the Committees in terms of the BAF is included in the standard operating procedure which is on track to be complete in June 2021	open

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 4 May 2021			
Chief Executive update			**AGENDA ITEM: 7** **ENC 4**
Report Author and Job Title:	Mark Graham, Director of Communications	**Responsible Director:**	Sue Page Chief Executive
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Chief Executive update		
Background	The following report provides an update from the Chief Executive.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Trust Board are asked to note the contents of the report		
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	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☒	Long term financial sustainability ☒	
	Develop clinical and commercial strategies ☒		

Chief Executive Update

COVID-19

At the time of the report's writing, community infection rates are continuing to decline and this is reflected in the number of inpatients requiring COVID-care across our hospitals.

In response, the experienced clinicians who continue to guide our response to COVID-19 have made careful changes to our current patient pathways. From Monday 19 April, red, amber and green pathways have been replaced with red and blue (standard) pathways.

Alongside the pathway changes, our clinicians have updated personal protective equipment (PPE) requirements to match the new red and blue pathways, and to continue to help keep colleagues, patients and service users safe.

Treating over 4,000 patients with COVID-19 has inevitably had an impact but it is a testament to the hard work and dedication of our fantastic colleagues that, at the same time, they have delivered almost 23,000 operations, including over 14,500 planned surgeries. This is important - not just for our local communities in Teesside and North Yorkshire but for patients across the North East and beyond who rely on us as a major cancer, specialist and regional trauma centre.

COVID vaccination

Our vaccination team has so far delivered more than 65,000 jabs (at the time of this report's writing) since we became one of the first organisations in the world to begin delivered the COVID vaccine in December.

Since then, GP surgeries and public vaccination centres have expanded their programmes and are now delivered the majority of jabs up and down the country.
So much so that in early May our vaccination team, which has done such an amazing job in delivering jabs for colleagues, care home workers and other priority groups, will be moving out of their current hubs and to support the programme on a smaller scale.

The wellbeing of our colleagues

The overriding priority set by our experienced clinicans at the start of the pandemic has been to help keep patients, service users and colleagues safe. The wellbeing of our colleagues is a critical priority in our COVID-19 recovery and measures which have been put in place, include good access to psychological support and staff rest areas receiving a makeover.

Throughout April the Trust's charity team has been offering colleagues a selection of free locally produced fruit from local greengrocers McMahons of Stokesley. 'Fruity Thursday' has been funded through Captain Tom Moore's fundraising money, which Charities Together has kindly donated to the trust to support staff health and wellbeing.

Trust two-year strategy

Today the Board of Directors will be asked to approve the development of enabling strategies and plans to support the Trust's two-year strategic planwhich has been developed following engagement with members of the Board, the Trust's Clinical Policy Group (CPG), patient and service user feedback, stakeholders and staff.

In doing so,the two-year strategy supports the Trust's clinically-led improvement journey and overarching improvement plan.

Safety promise
What colleagues have achieved together during the pandemic has had safety at its heart. As part of a longer-term legacy, the South Tees Safety Promise initiative ran from 13 to 30 April, during which colleagues were encouraged to commit to a goal to continue improving safety – a safety promise.

Medicines Safety Week
The Trust's pharmacy team hosted marked this year's Medicines Safety Week from 26 April with visits to ward areas across the organisation with a medication safety trolley to highlight good practice.

Local and regional partnerships
On 11 February 2021, the Government published a White Paper entitled Integration and Innovation: working together to improve health and social care for all. This paper sets out new proposals for the NHS, building on the successes experienced in responding to the COVID-19 pandemic, that are designed to bring health and care services closer together to improve care and to tackle health inequalities. The White Paper proposals seek to modernise the legal framework and remove unnecessary legislative bureaucracy. Taking account of feedback already received from NHSE/I's consultation, the key measures proposed in the White Paper include the creation of statutory Integrated Care Systems
(ICS) https://www.gov.uk/government/publications/working-together-to-improve-health-and-socialcare-for-all.

As a Trust we are an active partner in the existing ICS partnership in the North East and North Cumbria and work closely with NHS, social care and voluntary sector partners in the Tees Valley, North Yorkshire and beyond. Our role an an anchor teriary centre working in partnership across the Tees Valley and North Yorkshire and the North East and North Cumbria is if is a key component in delivering care without boundaries in collaboration with our health and social care partners.

NHS planning guidance 2021/22

New NHS planning guidance was published in March 2021..

Pandemic recovery
As part of our clinicdally-led recovery, our strategic incident group has stood down in response to the continued decline in COVID-19 community infection rates. In place

of the strategic incident group, clinically-led recovery meetings are now taking place each week.

Community diagnostic hub

As set out in the new NHS planning guidance, capital and revenue funding have been made available to deliver additional capacity through new Community Diagnostic Hubs (CDHs). All systems are expected to work with regions to deliver increased capacity to meet the diagnostic needs for their population, in line with the recommendations of the Richards review.

Board Assurance Framework

Following the review of the strategic objectives, the principal risks have been reviewed and a revised Board Assurance Framework is being considered by the Board of Directors.

2. RECOMMENDATIONS

The board is asked to note the contents of this report.

South Tees Hospitals NHS Foundation Trust

MEETING OF THE TRUST BOARD OF DIRECTORS – 4 May 2021			
Safe Staffing Report for March 2021 – Nursing, Midwifery and Allied Health Professionals (AHP)			**AGENDA ITEM: 8** **ENC 5**
Report Author and Job Title:	Eileen Aylott, Assistant Director of Nursing Education and Workforce	**Responsible Director:**	Dr Hilary Lloyd Chief Nurse
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report details nursing, midwifery staffing levels for March 2021		
Background	The requirement to publish nursing & midwifery staffing levels on a monthly basis is one of the ten expectations specified by the National Quality Board (2013 and 2016).		
Assessment	The percentage of shifts filled against the planned staffing across the trust is 96.6%, demonstrating good compliance with safer staffing. Demand for critical care beds remain high with surge areas still open and staff from other areas supporting. There have been no reported episodes for lack of supernumerary co-ordinators during March 2021. The highest risk to safe staffing remains from COVID self-isolation and sickness for all staff groups resulting in stretch staffing ratios at times. Nursing and Midwifery Turnover for March is currently 7.29% Vacancy rate is 2.1% (61 whole time equivalents) excluding the international nurses yet to arrive. HCA rapid recruitment has been successful with 246 HCA's recruited since the beginning of November against a target of 150. Close monitoring and agile actions will be required to mitigate risks.		
Recommendation	The Board of Directors are asked to note the good assurance provided in the content of this report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 5.1 Demographic changes, shifting cultural attitudes to careers, capacity and capability of staff combined with employment market factors resulting in critical workforce gaps in some clinical and non clinical services		

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

Nursing and Midwifery Workforce Exception Report
March 2021

Safe Staffing Governance

Safer staffing is maintained through twice daily SafeCare (staffing review) meetings to address any immediate issues and put 'on the day' plans in place. All elements of safer staffing are discussed at the Workforce Group which meets three times weekly and are escalated to the Tactical/Strategic Group as required. A look forward to the week ahead on Mondays and the weekends on Fridays takes place with Associate Directors of Nursing and Clinical Matrons.

Staff movement takes place to ensure patient safety with Clinical Matron Huddles and Ward Manager Briefings utilised to ensure full communication of plans and to gain feedback from teams to inform decision making.

Planned staffing templates, using professional judgement are reviewed monthly and when patient pathways change and are included in this report as planned versus actual (Table 1 & 2)

Critical Care and Emergency Department Staffing are reviewed using a one week look back and a two week forward view to ensure safer staffing. Redeployment of staff has taken place on a regular basis with 290 shifts/3695 hours logged via SafeCare (e-roster) showing staff transferring to ITU roster to support the COVID response.

Staff COVID unavailability is reported daily from the electronic roster data and is broken down by area and staff group.

COVID vaccination programme continues with over 60,000 doses administered through the James Cook and Friarage Hospital Hubs since December 2020.

Table 1 – Overall UNIFY fill Rate based on planned vs worked hours for March 2021

		January 2021	February 2021	March 2021
Overall Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	95.1%	93.6%	90.7%
	HCA (%) Average fill rate - DAYS	96.4%	94.2%	90.3%
	NA (%) Average fill rate - DAYS	100%	100%	100%
	TNA (%) Average fill rate - DAYS	100%	100%	100%
	RN/RMs (%) Average fill rate - NIGHTS	98.7%	95.5%	90.2%
	HCA (%) Average fill rate - NIGHTS	109.3%	104.6%	102.0%
	NA (%) Average fill rate - NIGHTS	100%	100%	100%
	TNA (%) Average fill rate - NIGHTS	100%	100%	100%
	Total % of Overall planned hours	**99.9%**	**98.7%**	**96.6%**

The latest published Care Hours per Patient Day (CHPPD) for Nursing, Midwifery and AHP on the Model Hospital was in December 2020 and was 11.5 against a Peer of 9.3 and a National of 9.1. Higher number of hours of care per patient is better.

Overall percentage fill rate has reduced slightly due to stretch ratios being implemented although ratios of RN to Patients remain good.

Table 2 provides details by ward and these are overlaid with bed occupancy and nurse sensitive indicators to triangulate data.

Nursing and Midwifery Planned Vs Actual hours % and Care Hours Per Patient Day

Wards	Physical Bed Capacity	Open Bed Capacity	Occupied Bed No March 2021	Total CHPPD	Average fill rate - Days RN/ Midwives (%)	Average fill rate - Days HCA (%)	Average fill rate – Days Reg Nursing Associate (%)	Average fill rate – Day Trainee Nursing Associate (%)	Average fill rate - Night RN/ Midwives (%)	Average fill rate - Night HCA (%)	Average fill rate – Night Reg Nursing Associate (%)	Average fill rate - Night Trainee Nursing Associate (%)	Reason for exception (when less than 80%)
Ward 2 AAU (Short Stay Staff)	28	28	25	6.7	89.5%	89.7%	100.0%	-	78.3%	95.0%	100.0%	-	Bed occupancy reduced by 3 beds in March Planned 4 RN nights working 3 (1:9 ratio)
Ward 3	28	27	16	10.0	100.8%	89.4%	-	100.0%	91.7%	99.3%	-	100.0%	
JC04	21	21	19	7.6	102.9%	107.2%	-	-	84.9%	111.5%	-	-	
JC06 Gastro	30	30	28	6.5	86.7%	150.6%	-	-	79.8%	146.9%	-	-	Bed occupancy reduced by 2 beds in March Planned 3 RN working 2 (1:14 ratio) with additional HCA support
Ward 7 Colo	30	30	21	7.7	112.5%	92.1%	-	100.0%	99.4%	95.2%	-	-	
Ward 8	30	30	20	7.2	90.5%	71.5%	100.0%	100.0%	90.0%	90.8%	100.0%	100.0%	Bed occupancy reduced by 10 beds in March
JC09	28	28	19	10.1	114.5%	82.5%	100.0%	-	107.2%	92.0%	-	-	
Ward 10 (Short Stay RAFAU Staff)	27	27	18	8.4	97.8%	78.0%	-	-	90.3%	89.8%	-	-	Bed occupancy reduced by 9 beds in March
OPM (Ward 11)	28	28	25	7.9	123.8%	123.0%	-	-	102.2%	127.3%	-	-	
Ward 12 (JC25 Elective Ortho Staff)	26	20	21	7.6	95.2%	133.6%	-	100.0%	74.8%	108.6%	-	-	Bed occupancy increased by 1 bed in March Planned 3 RN working 2 (1:11 ratio)
JC14 Oncology Staff	23	21	15	8.3	88.0%	98.6%	-	100.0%	80.5%	104.6%	-	-	
JC24	23	23	18	8.6	99.0%	126.2%	100.0%	100.0%	94.7%	136.2%	100.0%	-	
Ward 25 (Ward 5 Surgery Staff)	21	21	10	10.2	103.2%	49.5%	-	100.0%	67.7%	45.7%	-	-	Bed occupancy reduced by 11 beds in March Planned 3 RN working 2 (1:5 ratio)
JC26	18	18	16	7.7	101.9%	106.0%	-	-	98.9%	101.9%	-	-	
JC27 Neuro Staff	15	15	14	11.3	147.5%	217.5%	-	-	100.6%	141.3%	-	-	
JC28	30	30	21	7.8	95.9%	73.4%	-	-	99.2%	72.5%	-	-	
JC29	27	27	31	6.5	104.9%	108.1%	100.0%	-	99.9%	117.6%	-	-	
Cardio MB	9	9		8.4	100.0%	109.6%	-	-	100.0%	-	-	-	
JC31 Vas	35	26	24	7.3	92.1%	144.7%	100.0%	-	95.2%	139.3%	100.0%	-	
JCCT (Ward 32)	22	21	20	7.0	113.2%	95.0%	-	-	100.0%	107.4%	-	-	
JC33 Specialty	19	19	15	8.6	92.2%	102.2%	-	-	75.3%	69.1%	-	-	Bed occupancy reduced by 4 beds in March. Planned 3 RN working 2 (1:8 Ratio)
JC34	34	34	30	7.0	98.2%	171.4%	-	-	98.2%	145.8%	-	-	
JC35	26	26	20	8.2	108.5%	127.2%	-	100.0%	89.2%	149.9%	-	-	
JC36 Trauma	34	34	29	6.3	100.9%	104.2%	-	100.0%	100.1%	106.3%	-	100.0%	
Critical Care + Surge	32	32	36	50.1	98.1%	118.7%	-	-	94.5%	136.1%	-	-	
CICU JCUH	8	8	9	29.3	89.3%	88.5%	-	-	83.6%	164.5%	-	-	
Cardio HDU	10	10	6	18.7	66.6%	93.5%	-	-	59.4%	103.2%	-	-	Bed occupancy reduced by 4 beds in March Planned 6 RN Days working 4 (1:2 Ratio)

													Planned 5 RN nights working 3 (1:2 Ratio)
JC24 HDU	8	8	6	19.6	107.6%	100.0%	-	-	95.1%	96.8%	-	-	
Ainderby FHN	27	27	15	7.9	72.5%	102.9%	-	-	101.6%	98.2%	-	-	Bed occupancy reduced by 12 beds in March Planned 4 RN days working 3 (1:5)
Romanby FHN	26	27	21	6.3	101.4%	80.7%	-	100.0%	79.6%	73.0%	-	-	Bed occupancy reduced by 3 beds in March Planned 3 RN Nights working 2 (1:11 Ratio)
Gara Orthopaedic FHN					-	-	-	-	-	-	-	-	Closed
Rutson FHN	17	15	11	9.3	81.8%	71.3%	-	-	100.1%	96.9%	-	-	
Friary Community Hospital	18	18	12	8.1	75.8%	75.8%	-	-	101.1%	169.5%	-	-	Bed occupancy reduced by 6 in March. Planned 3 RN working 2 (1:6 ratio)
Zetland	31	29	21	9.0	96.6%	78.9%	-	100.0%	62.0%	116.7%	-	100.0%	Bed occupancy reduced by 8 in March. Planned 4 RN nights working 2 (1:11 ratio) with extra HCA support
Tocketts Ward	30	30	21	7.3	80.8%	74.1%	-	-	81.7%	78.2%	-	-	
JC21	25	25	11	13.5	72.7%	86.5%	-	100.0%	69.1%	52.7%	-	100.0%	Bed occupancy reduced by 14 in March. Planned 6 RN day and night working 4 (1:3 ratio)
JC22	17	17	4	17.6	92.1%	51.5%	-	-	74.8%	36.6%	-	-	Bed occupancy reduced by 13 in March. Planned 3 RN nights working 2 (1:2 ratio)
JCDS (Central Delivery Suite)	-	-	4	32.	93.8%	49.8%	-	-	95.6%	79.9%	-	-	
Neonatal Unit (NNU)	35	35	16	19.7	84.6%	90.3%	-	-	83.1%	-	-	-	
Paediatric Intensive Care Unit (PCCU)	6	6	2	45.3	68.6%	78.7%	-	-	65.3%	-	-	-	Bed occupancy reduced by 4 in March. Planned 4 RN day and night working 3 (1:1 ratio)
Ward 17 JCUH	-	-	21	8.5	95.4%	69.5%	-	-	88.2%	81.9%	-	-	
Ward 19 Ante Natal	-	-	4	12.1	63.4%	79.3%	-	-	71.0%	-	-	-	Average of 4 patients at midnight during March
Maternity Centre FHN	-	-	0	626.2	72.7%	34.2%	-	-	98.7%	-	-	-	Average 1 patient at midnight during March
Spinal Injuries	24	24	20	9.6	87.1%	74.6%	-	-	98.4%	98.9%	-	-	
CCU JCUH	14	14	10	14.8	72.4%	51.7%	-	-	83.3%	-	-	-	Bed occupancy reduced by 4 in March. Planned 8 RN working 6 (1:2 ratio)

Wards with less than 80% Fill rate and any Serious Incidents (SI) Reported during March

Ward 4 reported an inpatient fall with fracture as an SI during March. Staffing does not appear to be a contributing factor.

Ward 6 has additional beds opened which are in the process of being permanently staffed. Additional HCA/AP rostered to support RN staffing overnight. All gastro patients have been repatriated from across the trust and are a higher risk group for falls and pressure damage. No SIs reported.

Ward 12 reported two SI during March x1 fall with fracture and one grade 3 Pressure Ulcer. RNs have occasionally been on stretched ratio overnight.

Ward 31 reported an inpatient fall as an SI during March. Staffing does not appear to be a contributing factor.

Nurse Sensitive Indicators March 2021

Ward/Area Name	New or Deteriorating PU 2's (Inpatient)	New or Deteriorating PU 3's (Inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey	Reported Serious Incidents
A&E JCUH	0	0	0	3	2	-	
CARDIO HIGH DEPENDENCY UNIT	0	0	0	0	0	-	
AINDERBY WARD	3	0	1	3	0	9.60	
CLINICAL DECISIONS UNIT	0	0	1	4	1	9.40	
GARA	0	0	0	0	0	-	
ROMANBY WARD	4	1	2	6	0	9.12	
WARD 2 COVID	1	0	1	7	1	-	
WARD 3	1	0	2	4	0	9.21	
WARD 4	0	0	0	11	0	-	SI x1 Fall with fracture
WARD 5	0	0	0	0	0	-	
WARD 5 COVID	0	0	0	0	0	-	
WARD 6	6	0	1	13	0	9.19	
WARD 7	1	1	8	5	0	8.55	
WARD 8	2	0	2	5	0	-	
WARD 9	1	0	7	2	0	8.66	
WARD 10	2	0	1	8	1	8.04	
WARD 11	0	0	3	5	1	9.61	
WARD 12	5	2	2	10	0	9.44	SI x2 fall with fracture + grade 3 PU
WARD 14	2	0	1	1	0	-	
WARD 15	0	0	0	0	0	-	
WARD 17	0	0	0	0	0	9.23	
ANTENATAL WARD	0	0	0	1	0	7.50	
WARD 21	0	0	2	1	0	8.94	
WARD 22	0	0	0	0	0	9.13	
WARD 24	1	0	0	2	0	9.44	
WARD 25	1	0	0	1	0	9.45	
WARD 26	0	0	0	2	0	8.63	
WARD 27	0	0	1	0	0	-	
WARD 28	1	0	2	9	0	-	
WARD 29	2	0	0	2	1	-	
WARD 30	0	0	0	0	0	-	
WARD 31	1	0	2	10	0	-	SI x2 -grade 4 PU+ fall with fracture
WARD 32	1	0	1	5	0	9.40	
WARD 33	0	0	2	3	0	9.14	
WARD 34	5	3	14	4	1	9.24	SI x1 grade 3 PU
WARD 35	4	0	4	2	0	9.55	
JCUH ACUTE MEDICAL UNIT ON WARD 37	1	0	3	12	0	-	
JCUH CORONARY CARE UNIT	0	0	0	0	0	-	
JCUH CENTRAL DELIVERY SUITE	0	0	1	0	0	-	
JCUH MATERNITY ASSESSMENT UNIT	0	0	0	0	2	-	
JCUH TRAUMA WARD	0	0	3	7	0	8.55	
GENERAL HIGH DEPENDENCY UNIT	8	0	5	0	0	-	

GENERAL ICU2	11	1	1	0	1	-	
GENERAL ICU3	7	0	3	0	1	-	
CARDIOTHORACIC ITU	5	0	1	0	0	-	
JCUH SPECIAL CARE BABY UNIT	0	0	2	0	0	-	
SPINAL INJURY HDU	0	0	0	2	0	-	
JCUH TRAUMA OPD	0	0	0	0	1	-	
NEURO HIGH DEPENDENCY UNIT	0	0	3	0	0	9.71	
WARD 1	0	0	2	3	0	-	
RICHMOND FRIARY VICTORIA WARD	1	0	0	0	0	9.12	
RUTSON FHN	0	0	0	2	0	8.43	
RESPIRATORY MEDICINE DEPT - JCUH	0	0	0	1	0	-	
RPCH ZETLAND WARD	0	0	2	2	0	9.40	
EAST CLEVELAND TOCKETTS WARD	1	0	1	3	0	8.70	

Ward 34 is open to all 34 beds and has had high dependency with a 14 patients on level 3 enhanced observations during March requiring therapeutic care support. The ward is now fully staffed although there are a large number of new starters both RN and HCA. The clinical educators are working with the HCAs to complete competencies and the RNs are undertaking preceptorship.

Pressure ulcers during March have increased. Wards with higher incidence have joined the Pressure Ulcer Collaborative to support reduction.

Medication incidents have increased this month although no significant patient harm was reported. Staff have been encouraged to report incidents and Ward Managers implement an action plan supported by the Matron. Consultants are involved in reviewing all prescribing incidents.

Red flag reporting March 2021

Red Flags	Day	Night	Grand Total
Delay in providing pain relief		2	2
Less than 2 RNs on shift		1	1
Missed 'intentional rounding'	9	6	15
Shortfall in RN time	19	23	42
Grand Total	**28**	**32**	**60**

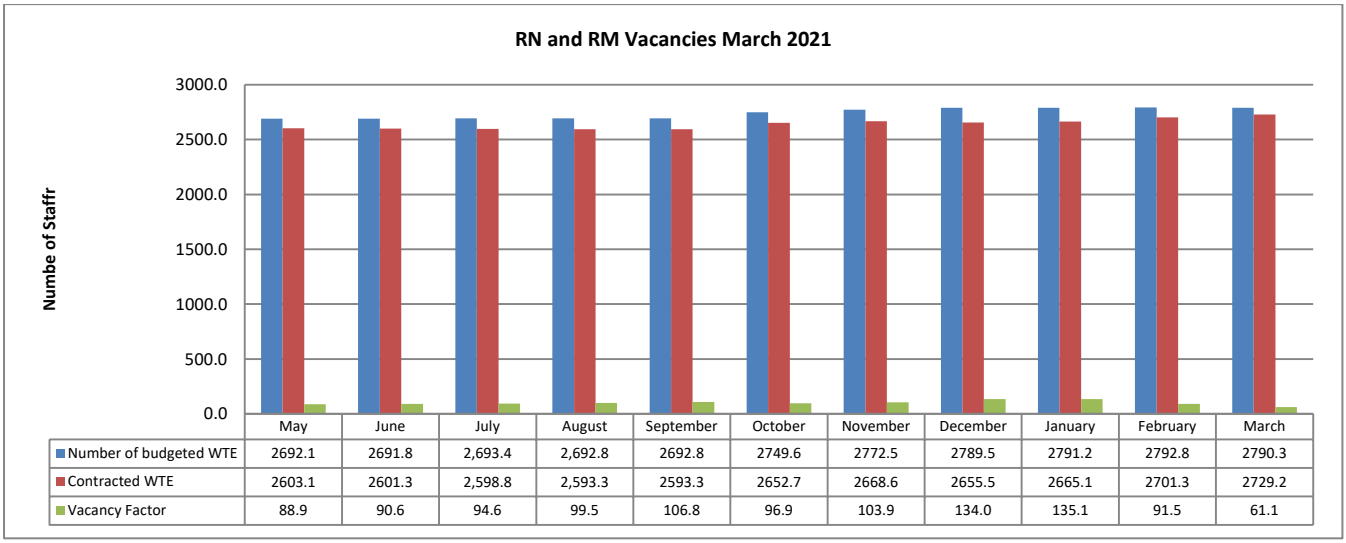
A total of 60 red flags were reported during March with shortfall of RN being the most common (42). No wards were left with less than two RN's on duty at any time as these flags were resolved by Matrons or patient flow.

Retrospective red flags have been raised for missing intentional rounding, delays in pain relief and missing vital signs. These can be due to short periods of increased acuity and dependency and should be datix if likely to cause patient harm.

There were 9 Datix reported related to staffing mostly overnight when wards were at stretch ratios. No patient harm related incidents reported within these.

Vacancy and Turnover

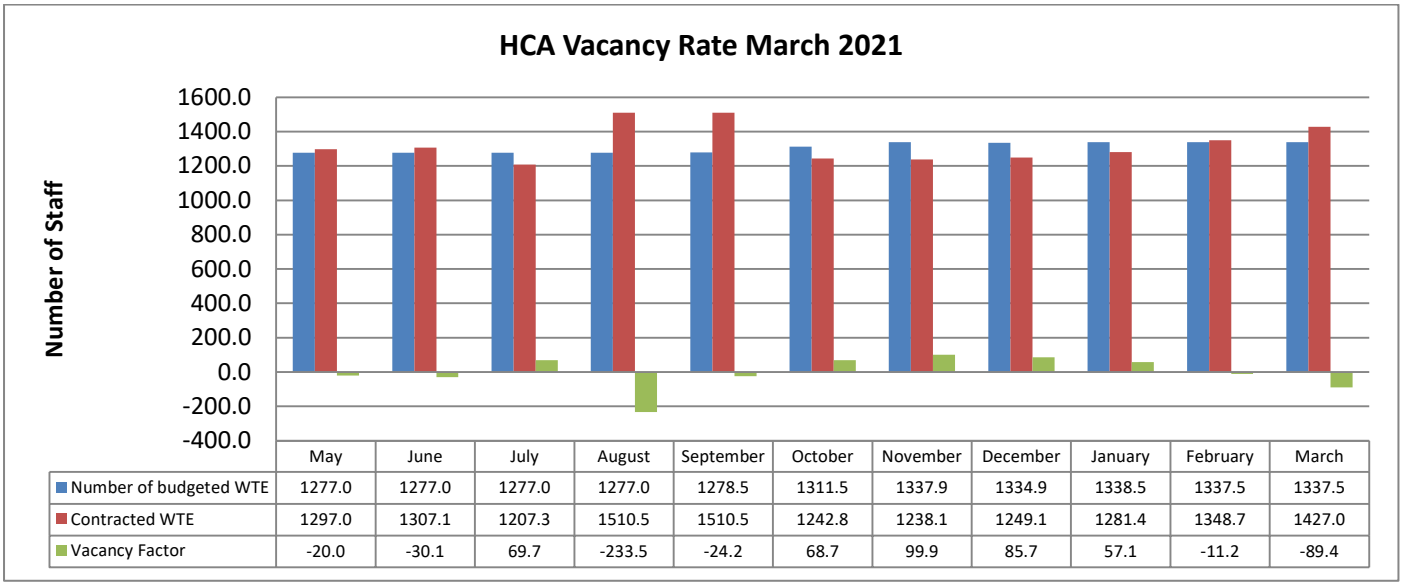
Figure 1 Registered Nursing and Midwifery Vacancy Rate



	May	June	July	August	September	October	November	December	January	February	March
Number of budgeted WTE	2692.1	2691.8	2,693.4	2,692.8	2692.8	2749.6	2772.5	2789.5	2791.2	2792.8	2790.3
Contracted WTE	2603.1	2601.3	2,598.8	2,593.3	2593.3	2652.7	2668.6	2655.5	2665.1	2701.3	2729.2
Vacancy Factor	88.9	90.6	94.6	99.5	106.8	96.9	103.9	134.0	135.1	91.5	61.1

The total nursing and midwifery vacancy rate is currently 2.1% at the end of March 2021 this equates to 61.1 WTE (Figure 1) excluding international nurses yet to arrive.

Figure 2 - Health Care Assistant Vacancy Rate



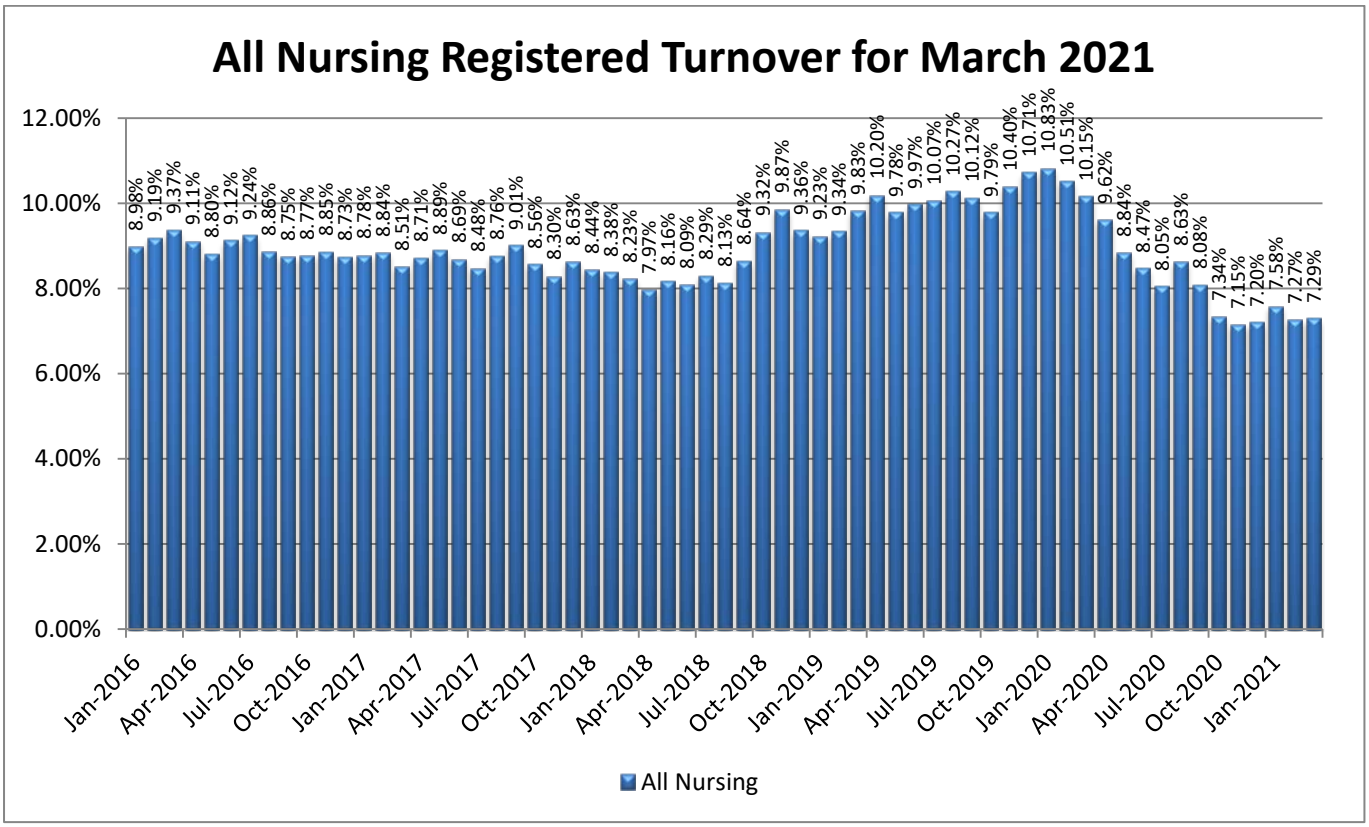
	May	June	July	August	September	October	November	December	January	February	March
Number of budgeted WTE	1277.0	1277.0	1277.0	1277.0	1278.5	1311.5	1337.9	1334.9	1338.5	1337.5	1337.5
Contracted WTE	1297.0	1307.1	1207.3	1510.5	1510.5	1242.8	1238.1	1249.1	1281.4	1348.7	1427.0
Vacancy Factor	-20.0	-30.1	69.7	-233.5	-24.2	68.7	99.9	85.7	57.1	-11.2	-89.4

Health Care Assistant (HCA) vacancy rates are showing as over recruited by 89.4 WTE at the end of March 2021 (Figure 2). This is due to 60.8 student nurses on short term paid placements as part of the national COVID response until 25th April and extra COVID HCA appointments to ED and Critical Care.

Rapid HCA recruitment centres achieved the planned target to recruit to all vacant posts by 31st March.

Nursing and Midwifery Turnover

Turnover for March 2021 was 7.29% which is significantly lower than the National average. Very little movement of staff has taken place during COVID.



Conclusion

During March nurse and midwifery staffing has mostly matched the acuity and dependency of the patients within agreed stretch staffing ratios. The highest impact on staffing continues to be COVID self-isolation and sickness and increased COVID activity resulting in stretch staffing ratios at times.

Demand for critical care beds remained high with ongoing additional staffing support required with theatres and ward staff have been redeployed to support until the end of April. There have been no reported episodes for lack of supernumerary co-ordinators during March 2021.

Student nurses remain on paid placements until on 25th April to support wards. A job advert is out for students to apply for September posts with interviews planned in May.

Monthly International RN recruitment continues with the next 11 arrivals due in late April/May. Dates are dependent on travel restrictions and Government quarantine agreements as the Philippines and possibly India join the 'Red List'.

HCA rapid recruitment to achieve a 0% vacancy by 31st March 2021 is complete with a reported 5 WTE left (small number of hrs across multiple areas).

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 4 May 2021			
CQC report			**AGENDA ITEM: 9, ENC 6**
Report Author and Job Title:	Hilary Lloyd Chief Nurse	**Responsible Director:**	Hilary Lloyd Chief Nurse
Action Required	Approve ☐ Discuss ☐ Inform ☒ (select the relevant action required)		
Situation	This report sets out the high level preparation plan for a CQC inspection at the Trust.		
Background	A CQC inspection of the Trust 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. In line with the CQC regulatory framework a Trust which is graded as "Requires improvement" will normally be inspected within two years of publishing the last core service inspection report, which for the Trust was July 2019. Therefore the Trust is preparing for a CQC inspection following the summer.		
Assessment	The Trust has prepared a high level preparation plan which sets out a process for undertaking a self assessment and assurance processes for a core services inspection of acute and community services, a well led assessment and a use of resources assessment. Governance processes for overseeing these assessments including check and challenge and peer review has been set out in the report. On behalf of the Board the Quality Assurance Committee and sub groups will oversee and monitor the process with appropriate updates to the Board.		
Recommendation	Members of the Trust Board are asked to note the report		
Does this report mitigate risk included in the BAF or Trust Risk	BAF risk 2.2 - Risk that failure to comply with the regulations / regulators could lead to restrictions on service provision leading to reputational damage and/or financial penalties		

Registers? please outline		
Legal and Equality and Diversity implications	Provider licence CQC regulatory framework	
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 ☐	

CQC update

1. PURPOSE OF REPORT

The purpose of the report is to set out the high level preparation plan for a CQC inspection at the Trust.

2. BACKGROUND

A CQC inspection of the Trust 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.

In line with the CQC regulatory framework a Trust which is graded as "Requires improvement" will normally be inspected within two years of publishing the last core service inspection report, which for the Trust was July 2019.

Therefore the Trust is preparing for a CQC inspection following the summer.

3. DETAILS

CQC Inspection Preparedness

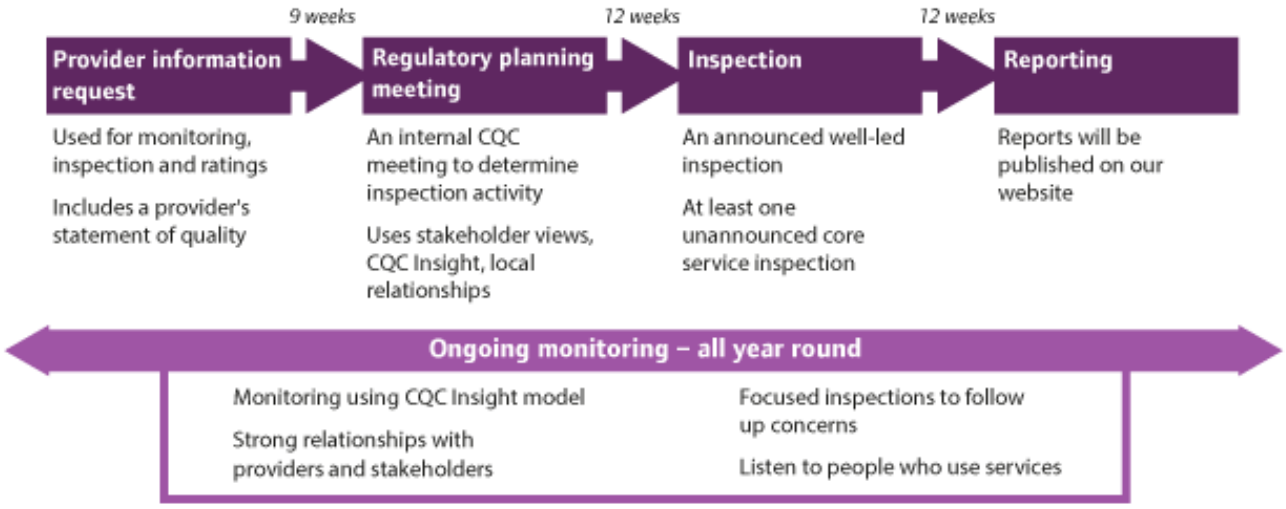
CQC comprehensive inspections are a 12 week process starting with a request from the CQC to the Trust to complete a Provider Information Request (PIR). The Trust has 3 weeks to return this information and the onsite inspection takes place approximately 12 weeks from initial receipt.

The PIR has two parts, which is send at the same time:

1. Trust level request. This is the main request, which asks us about the quality of our services against the five key questions. This includes any changes in quality or activity since the last inspection. It also asks us to use the key lines of enquiry for the well-led key question to tell us about the trust's leadership, governance and organisational culture. This will support CQC assessment of well led for the trust.

2. Sector request. This asks us to report on a limited number of key information items for core services that the trust provides. There are different requests for different sectors, for example community or acute. It is a much shorter list of questions to gather key information that is not available through other national data collections

CQC Inspection Framework:



Well-led

The new well-led framework for healthcare providers has a strong focus on financial and resource governance, and was developed jointly by CQC and NHS Improvement. It provides a single structure to assess and review leadership, management and governance of an organisation (including self-review). CQC uses the well-led framework in inspections and regulatory activity, and NHS Improvement uses it in its oversight/regulation and to support improvements in trusts.

Trusts are encouraged to use the framework to carry out developmental reviews as part of continuous improvement. When CQC inspects the well-led key question at the trust level as part of our regular inspection programme we take into account NHS Improvement's assessment of a trust's performance and leadership.

Before an inspection, NHS Improvement will provide information on trusts' financial and resource governance to CQC's inspection teams, which is drawn from its regular oversight and improvement work. Members of staff from NHS Improvement may also carry out a detailed assessment of financial and resource governance for a particular trust in a joint team with CQC inspectors, when inspecting the well-led key question at the trust-wide level. NHS Improvement will assess the risks in each trust and use the information it already holds to determine its involvement.

Use of Resources

CQC and NHS Improvement recognise that effective use of resources is fundamental to enable health and care providers to deliver and sustain high-quality care for patients. The use of resources assessment forms part of the approach to trust oversight and improvement through the Single Oversight Framework. The use of resources framework was jointly developed with CQC. The use of resources assessment results in a rating and report, which helps

patients, providers and regulators to understand how effectively trusts are using their resources to provide high-quality, efficient and sustainable care.

The Trust plan for preparedness for a CQC comprehensive inspection late this year is as follows:

Timeframe	Actions	Lead	Reporting
May	Review and sign off previous action plan	Moira Angel	QAC in May
May	Presentation to CPG	Hilary Lloyd / Moira Angel	CPG
May - June	Complete self - assessment for well led domains	Jackie White	Board
May – June	Gap analysis against PIR internally and develop action plan	Ian Bennett	Safe and Effective Care Strategic Group
May – June	Collaborative teams complete self-assessment against fundamental standards and KLOES	Collaborative Chairs	CPG
June	Merge self-assessments into CQC service lines and develop action plans	Ian Bennett	CPG
May - June	Embed CQC governance structure in to new quality governance structure	Hilary Lloyd / Moira Angel	QAC
May	Review CQC insights report at Safe and Effective Care Strategic Group	Ian Bennett	Report progress to QAC Group.
June	Carry out ‘hot’ topic reviews. E.g. LD, mental health, safeguarding, discharge etc.	Moira Angel / Ian Bennett	CQC & Compliance Group
June – July	Agree communication strategy – roadshows,	Mark Graham	

	presentations, posters etc.		
July – August	Capture areas of outstanding practice	Hilary Lloyd Moira Angel	
July – September	Plan supportive visits, peer reviews, CQC huddles, confirm and challenge with the collaboratives	Moira Angel Ian Bennett	
June -July	Prepare for potential use of resources review	Chris Hand Jackie White	
August – September	Plan CQC inspection oversight during inspection	Hilary Lloyd Moira Angel	

CQC Governance Meeting Plan:

Meeting	Frequency
Core Project team	Daily Touch base, progress, development and prep work
CQC Huddle	Weekly Wider group, check progress/check and challenge, horizon scan, unblock, give direction to project team
CQC and Compliance group	Fortnightly Exe led check and challenge, monitoring, assurance and escalation
CPG / SLT	Monthly Collaborative updates, sharing good practice, solution focused
QAC	Monthly Assurance

4. RECOMMENDATIONS

The Board of Directors are asked to note the report

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 4 May 2021			
Month 12 2020/21 Financial Performance			**Agenda Item 10, ENC 7**
Report Author and Job Title:	Luke Armstrong Deputy Chief Finance Officer	**Responsible Director:**	Chris Hand Chief Finance Officer
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report outlines the Trusts financial performance as at Month 12.		
Background	From Month 7 of 2020/21 revised financial arrangements have been put in place, replacing the previous arrangements of a break even requirement with retrospective expenditure claims. The Trust now has a fixed income level as agreed within the ICP, and is expected to work within the ICS to manage resources within the overall system funding envelope. Excess costs from the Trust's historical PFI scheme remain the largest single contributory factor to the organisation's structural deficit position.		
Assessment	At Month 12 the Trust reported a defect of £11.6m at a system control total level. This is £6.4m higher than the financial plan due primarily to the PFI Lifecycle, but in-line with the year-end forecast position agreed with the ICS.		
Recommendation	Members of the Trust Board are asked to note the Trust position for Month 12.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 4.1 - Lack of robust financial information and grip and control may result in poor financial governance and decision making lead to the inability to deliver the annual control total impacting on cash flow and long term sustainability as a going concern		
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 12 2020/21 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Board on the financial position of the Trust as at Month 12.

2. BACKGROUND

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

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

The Trust and the ICP, like others nationally, have a requirement to achieve an overall system break-even position at the year-end. Two items were identified both regional and nationally as allowable deviations from the breakeven requirement, which were lost non-NHS income and an allowance for a year-end annual leave provision. The amounts involved were £1.3m and £3.8m for the Trust. This gave rise to the deficit plan at a control total level of £5.1m. At year-end both items have been fully funded by NHS England.

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

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

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

The Month 12 YTD actual performance is a £11.6m deficit at system control total due primarily to the PFI Lifecyle. This has resulted in the Trust being behind of its financial plan by £6.4m as per agreement with regional NHSE/I colleagues.

3. DETAILS

Trust position

The Month 12 position is outlined below; the following sections outline key variances and risks for divisional income, pay, non-pay and technical items.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Nhs Clinical Income	665,775	666,893	**1,118**
Education & Training Income	17,407	19,874	**2,467**
Estates Income	1,908	1,955	**47**
Misc. Other Income	9,510	9,180	**(330)**
Non Patient Care Income	2,483	2,655	**172**
Other Clinical Income	885	1,265	**381**
Psf, Mret & Top Up	39,245	41,598	**2,353**
Research & Development Income	4,529	5,039	**510**
Total Other Income	**741,741**	**748,460**	**6,719**
Ahp'S, Sci., Ther. & Tech.	(60,944)	(61,066)	**(122)**
Hca'S & Support Staff	(45,739)	(46,989)	**(1,250)**
Medical And Dental	(126,707)	(130,982)	**(4,275)**
Nhs Infrastructure Support	(59,700)	(60,922)	**(1,222)**
Nursing & Midwife Staff	(127,873)	(127,546)	**327**
Other Pay Costs	(17,506)	(17,522)	**(16)**
Total Pay	**(438,469)**	**(445,027)**	**(6,558)**
Clinical Negligence Cost	(17,400)	(17,400)	**0**
Clinical Supplies And Services	(67,393)	(65,893)	**1,499**
Drugs	(66,906)	(69,216)	**(2,310)**
Establishment	(10,603)	(11,785)	**(1,182)**
Ext. Staffing & Consultancy	(732)	(596)	**136**
General Supplies & Service	(8,340)	(8,708)	**(368)**
Healthcare Service Purchase	(11,451)	(12,883)	**(1,431)**
Miscellaneous Services	(3,634)	(4,444)	**(810)**
Pfi Unitary Payment	(53,406)	(53,409)	**(03)**
Premises & Fixed Plant	(26,013)	(27,477)	**(1,464)**
Research, Education & Training	(4,230)	(4,683)	**(453)**
Transport	(4,252)	(4,241)	**11**
Total Non Pay	**(274,360)**	**(280,734)**	**(6,375)**
Depreciation	(14,994)	(16,925)	**(1,931)**
Interest Payable	(11,663)	(10,219)	**1,444**
Interest Receivable	57	07	**(50)**
Other Non Operating	(6,668)	(6,028)	**639**
Restructuring Costs	(784)	(784)	**(0)**
Corporation Tax	(02)	0	**02**
Control Total for Trust Performance	**(5,141)**	**(11,251)**	**(6,110)**
Remove gain on disposal	**0**	**(318)**	**(318)**
Control Total for System Performance	**(5,141)**	**(11,569)**	**(6,428)**
Donated Asset Inc / Depr	(899)	1,845	**2,744**
Impairments	(3,950)	(9,171)	**(5,221)**
Ppe Donations	0	1,109	**1,109**
Bottom line performance	**(9,990)**	**(17,468)**	**(7,478)**

Clinical Income

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

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

- HEPC and CDF Drugs

The Trust's block payments are shown below split by Commissioner. The prior year adjustment of £0.4m relates to differences between accruals made for NCAs in Month 11 and Month 12 of 2019/20 and actual billing within 2020/21.

Commissioner Code	Commissioner Name	Block Payment
16C	NHS Tees Valley CCG	337,621
84H	NHS County Durham CCG	14,083
85J	NHS England - North East and Yorkshire Commissioning Hub	188,330
85J	NHS England - CDF & HepC (months 7-12)	2,865
Y63	NHS England - North East and Yorkshire Commissioning Region	7,581
42D	NHS North Yorkshire CCG	89,040
15F	NHS Leeds CCG	127
13T	NHS Newcastle Gateshead CCG	160
01H	NHS North Cumbria CCG	650
03J	NHS North Kirklees CCG	105
00L	NHS Northumberland CCG	109
00P	NHS Sunderland CCG	666
03Q	NHS Vale of York CCG	1,461
Y58	South West Regional Office (MoD)	864
CBA033	NHS England - Core	23,764
	Transfer to capital	(112)
	Prior Year Adjustments	(422)
	Total Income Month 12	**666,893**

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

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
YTD M6	294,554	294,554	0
M7 Onwards			
Blocks	316,741	317,376	635
Top Up	14,940	14,940	0
Covid-19	13,392	13,392	0
CDF	1,998	2,482	484
HEPC	384	383	(01)
Flowers Legal Case	996	996	0
Additional Pensions Funding	15,985	15,985	0
Annual Leave Funding	6,785	6,785	0
YTD M12	**665,775**	**666,893**	**1,118**

The additional income within the block income line compared to plan is to cover additional cost and volume drugs cost from commissioners.

For Month 12 a number of additional items of income have been received to fully cover additional costs incurred by the Trust as part of national policy.

£996k has been received in relation to the national Flower overtime legal case. This case has been settled at a national level in relation to back pay for overtime whilst employees are on annual leave. A figure to settle the case for Trusts' employees has been provided by the national team. The Trust has recognised both income and cost in relation to this. Payments will be made to impacted employees in 2021/22.

Employer contributions to the NHS Pension scheme are paid by the Trust at a rate of 14.4%, however the actual employer contribution rate is 20.6%, with this differential paid centrally by NHS England on behalf of providers. As part of the year-end accounts a figure is provided to the Trust to recognise the cost of these additional pension contributions along with the corresponding income.

Nationally the impact of annual leave carried forward has been funded by NHS England for Trusts, up to a cap of five days' pay costs. Based on the detailed annual leave accrual calculated the Trust is eligible to claim income to cover its costs of £6.8m.

Other Income

Other income is £5.6m ahead of plan, with key drivers of this variance being improved Education and Training income, RTA income and additional top up income to cover the costs of vaccinations, swabbing and student nurses. As part of the re-setting of the Trust budget from Month 7 a number of adjustments have been made to the other income budget to take account of lower income due to Covid-19, particularly in relation to Estates income, Private Patients and Overseas visitors income.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Education & Training Income	17,407	19,874	**2,467**
Estates Income	1,908	1,955	**47**
Misc. Other Income	9,510	9,180	**(330)**
Non Patient Care Income	2,483	2,655	**172**
Other Clinical Income	885	1,265	**381**
Psf, Mret & Top Up	39,245	41,598	**2,353**
Research & Development Income	4,529	5,039	**510**
Total Other Income	**75,966**	**81,567**	**5,601**

- Education and Training income is overachieving by £2.5m, this is a continuation from Month 9 and is being driven by the revised education income received from Health Education North East for quarter 4. HENE have now confirmed interim arrangements for quarter 1 of 2021/22 with a revised funding mechanism from quarter 2 onwards. This will allow the Trust to fully understand the recurrent and non-recurrent split of this income stream.
- Other clinical income is ahead of plan by £0.4m. This variance is largely RTA income along with a small element of private patients income that had not been budgeted for.
- R and D income is over achieving by £0.5m linked to increased costs within pay and non-pay.
- Within the top up income line the Trust has received a full year additional allocation of £1.3m. This has been received to cover non NHS income lost by the Trust due to Covid-19 e.g. for car parking income and private patients. Additional income has also been received in this category to cover the costs of vaccinations and swabbing.

Pay

In the year-to date-position pay is overspent by £6.6m, due in the main to an overspend on Medical and Dental..

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Ahp'S, Sci., Ther. & Tech.	(60,944)	(61,066)	**(122)**
Hca'S & Support Staff	(45,739)	(46,989)	**(1,250)**
Medical And Dental	(126,707)	(130,982)	**(4,275)**
Nhs Infrastructure Support	(59,700)	(60,922)	**(1,222)**
Nursing & Midwife Staff	(127,873)	(127,546)	**327**
Other Pay Costs	(17,506)	(17,522)	**(16)**
Total Pay	**(438,469)**	**(445,027)**	**(6,558)**

- Included within the pay position is £0.9m of pay cost for delivery of the COVID-19 vaccination programme that although unbudgeted, is covered by additional income and is therefore of no cost to the Trust.
- In Month 12 additional unbudgeted costs have also been incurred for student nurses of £0.2m again with these being covered by additional income.
- Medical and Dental show a year to date overspend of £4.3m.
- Work has progressed in month on the understanding of the recurrent nature of the current junior doctors overspend. All rotas have now been obtained from medical workforce and have been costed in detail. These are currently being verified with each directorate's medical rota lead and CD.
- Within the other pay costs line of £17.5m the additional pensions cost of £16.0m has been recognised along with the Trusts Apprentice Levey payment.

Non-Pay

Non-pay is overspent by £6.4m at Month 12.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Clinical Negligence Cost	(17,400)	(17,400)	**0**
Clinical Supplies And Services	(67,393)	(65,893)	**1,499**
Drugs	(66,906)	(69,216)	**(2,310)**
Establishment	(10,603)	(11,785)	**(1,182)**
Ext. Staffing & Consultancy	(732)	(596)	**136**
General Supplies & Service	(8,340)	(8,708)	**(368)**
Healthcare Service Purchase	(11,451)	(12,883)	**(1,431)**
Miscellaneous Services	(3,634)	(4,444)	**(810)**
Pfi Unitary Payment	(53,406)	(53,409)	**(03)**
Premises & Fixed Plant	(26,013)	(27,477)	**(1,464)**
Research, Education & Training	(4,230)	(4,683)	**(453)**
Transport	(4,252)	(4,241)	**11**
Total Non Pay	**(274,360)**	**(280,734)**	**(6,375)**

- Clinical supplies and services are showing a year to date underspend of £1.5m. Driven by underspends in a number of clinical directorates arising from reductions in activity levels.
- Drugs has a YTD overspend of £2.3m. Part of this increase in cost is covered by additional income for CDF, HEPC and cost and volume drugs of £1.1m. The resulting increase in cost is from increased activity in a number of directorates including Paediatrics, Gastroenterology, Radiation Oncology and Neurology.

- Research, Education and Training is overspending by £0.4m due to clinical trials, with this cost covered by additional income.

Non-Operating Costs

Technical items are broadly in line with budgeted amounts; with an overspend on depreciation offset by savings on PDC.

Within month, but outside of the Trusts performance at an organisation and system level, the Trust has been required to recognise the cost and corresponding income for PPE that has been provided free of charge from the Department of Health in Year.

COVID-19 Costs

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

Following discussions with operational colleagues and CPG the below envelopes of funding have been provided.

Actual Month 12 spend is outlined below within these categories.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Sickness	(2,250)	(2,250)	**0**
Facilities	(1,000)	(754)	**246**
Ward	(500)	(500)	**0**
Critical Care	(861)	(2,417)	**(1,556)**
IPC & Winter	(97)	(233)	**(136)**
Redcar	(170)	(170)	**0**
Emergency Department	(580)	(1,056)	**(476)**
PPE		(97)	**(97)**
Staff catering		(124)	**(124)**
Other		(186)	**(186)**
Contingency	(544)		**544**
Total	**(6,002)**	**(7,787)**	**(1,785)**

The Trust has also incurred cost in relation to COVID-19 swabbing YTD of £1.2m, covering increased staffing and consumables along with the hire of swabbing facilities. This cost has been fully reclaimed from NHSE/I and the Trust is awaiting confirmation that these costs will be covered and fully reimbursed.

In December the Trust has also started its vaccination programme. Like swabbing the Trust is able to claim the incremental cost increase associated with the vaccination programme from NHS England. Year to date this has been £1.1m.

Liquidity

As at Month 12 the Trusts cash balance amounted to £58.4m, which is in line with the forecast at Month 11 for the year end.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4th May 2021			
Integrated Performance Report			**AGENDA ITEM: 11, ENC 8**
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	**Responsible Director:**	Various
Action Required	Approve ☐ Discuss ☐ Inform ☒ (select the relevant action required)		
Situation	To provide the Board with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance. The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions. Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.		
Assessment	A new format for the IPR was introduced in September 2020 with further improvements added in the following months. New metrics have been included this month: • Performance Summary Amendments • Sepsis measures have been amalgamated on to one slide. Some adjustments have been made to timescales for remedial actions however this requires further work aligned to the development of operational plans. Building on regional and national work following the Ockenden Review the maternity metrics will be strengthened over time. Consideration will also be given to the addition of metrics for Community services.		

	Key messages relating to performance this month include: The Trust has continued its COVID-19 response during March alongside maintaining emergency and urgent care, this included significant levels of critical care bed occupancy and the delivery of urgent surgical treatment. Areas of improved performance include: • A reduction in cases of C Difficile compared to 2019/20. • Complaints closed within target. • Compliance with Friends and Family Maternity Experience rate. • Cancer standards for 14 days and 31 days have provisionally achieved target in March. Areas for focus include: • An increase in the incidence of Category 2 Pressure Ulcers in March, linked to extended critical care LOS and COVID-19 admissions. • ED performance has improved in month, however it is still below the expected level • RTT and diagnostics are still below the constitutional standard due to the pandemic, however the planned activity has been delivered. • Two further Never Events have been recorded in March.
Recommendation	The Board of Directors are asked to: • Receive the Integrated Performance Report for March 2021. • Note the performance standards that are being achieved and the remedial actions being taken where metrics are outside expected parameters.
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 1.5 - Risk to Trusts ability to delivery strategic objectives due to diversion of resources of all types required to manage the Covid 19 pandemic. BAF risk 3.1 - A sustained, exceptional level of demand for services that overwhelms capacity resulting in a prolonged, widespread reduction in the quality of patient care and repeated failure to achieve constitutional standards, with possible harm to patients BAF risk 3.2 - Risk of ability to deliver the national access target of 92% for 18 weeks RTT and achievement of the March 19 WTL by March 2020 due to gaps in workforce (T&O, Spinal, General Surgery, Plastics and Urology), increasing demand (ophthalmology, Gastroenterology), transfer of activity from CCDFT, reduction in weekend working and premium pay .

	BAF risk 3.3 - Risk of ability to deliver the national access target of 85% for 62 Day Cancer Standard	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☐	Excellence in employee experience ☐
	Drive operational performance ☐	Long term financial sustainability ☐
	Develop clinical and commercial strategies ☐	

South Tees Hospitals
NHS Foundation Trust

Integrated Performance Report

March 2021

New Additions to IPR for March

South Tees Hospitals
NHS Foundation Trust

The following changes have been implemented in March's IPR:

- New metrics:

  Performance Summary.

- Amendments:

  Sepsis slides have been amalgamated on to one slide.

Key Messages

South Tees Hospitals NHS Foundation Trust

Our key messages are:

The Trust has continued its COVID-19 response during March alongside maintaining emergency and urgent care, this included significant levels of critical care bed occupancy and the delivery of urgent surgical treatment.

Areas of improved performance include:

- A reduction in cases of C Difficile compared to 2019/20.
- Complaints closed within target.
- Compliance with Friends and Family Maternity Experience rate.
- Cancer standards for 14 days and 31 days have provisionally achieved target in March.

Areas for focus include:

- An increase in the incidence of Category 2 Pressure Ulcers in March, linked to extended critical care LOS and COVID-19 admissions.
- ED performance has improved in month, however it is still below the expected level
- RTT and diagnostics are still below the constitutional standard due to the pandemic, however the planned activity has been delivered.
- Two further Never Events have been recorded in March.

Summary

South Tees Hospitals NHS Foundation Trust

	Indicator	Latest Month	Target/ Benchmark	Month Reported	Trend	Assurance
SAFE	All Falls Rate	6.51	5	03/2021	H	?
	Falls With Harm Rate	0.16	0	03/2021		?
	Infection Control - C-Difficile (YTD)	79	81	03/2021	N/A	N/A
	Infection Control - MRSA (YTD)	1	0	03/2021	N/A	N/A
	Serious Incidents	13	0	03/2021		?
	Never Events (YTD)	8	0	03/2021	N/A	N/A
	Category 2 Pressure Ulcers	6.23	0	03/2021	H	?
	Category 3 & 4 Pressure Ulcers	0.95	0	03/2021		?
	SHMI	100.66	100	12/2020		?
	Hospital Standard Mortality Rate (HSMR)	113.02	100	01/2021		?
	VTE Assessment	86.48%	95%	03/2021	L	F
	Maternity - Caesarean Section Rate (%)	27.61%	30.0%	03/2021		?
	Maternity - Induction of Labour Rate (%)	47.85%	44.0%	03/2021		?
	Maternity - Still Births (YTD)	0	17	03/2021	N/A	N/A
	Maternity - PPH 1500ml Rate (%)	1.84%	0.0%	03/2021		?

	Indicator	Latest Month	Target/ Benchmark	Month Reported	Trend	Assurance
EFFECTIVE	Sepsis - NEWS Within 1 Hour	92.59%	95%	03/2021		?
	Sepsis - Targeted oxygen delivered within 1 hour	93.50%	95%	11/2020		?
	Sepsis - Empiric IV antibiotics administered	64.50%	95%	11/2020		F
	Sepsis - Blood cultures taken within 1 hour	87.10%	95%	11/2020		?
	Sepsis - IV fluid resuscitation initiated	58.10%	95%	11/2020		F
	Sepsis - Serum lactate taken within 1 hour	74.20%	95%	11/2020		F
CARING	F&F A&E Overall Experience Rate (%)	87.79%	85%	03/2021		?
	F&F Inpatient Overall Experience Rate (%)	97.90%	96%	03/2021		?
	F&F Outpatient Overall Experience Rate (%)	94.17%	95%	03/2021		?
	F&F Maternity Overall Experience Rate (%)	100.00%	97%	03/2021		?
	Complaints Closed Within Target (%)	65.52%	80%	03/2021		?

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

Summary

South Tees Hospitals NHS Foundation Trust

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
RESPONSIVE	A&E 4 Hour Wait Standard (%)	84.65%	95%	03/2021	L	F
	RTT Incomplete Pathways (%)	60.33%	92%	03/2021	L	F
	Diagnostic 6 Weeks Standard (%)	85.88%	99%	03/2021		F
	Cancer Treatment - 14 Day Standard (%)	95.39%	93%	03/2021		?
	Cancer Treatment - 31 Day Standard (%)	96.48%	96%	03/2021		?
	Cancer Treatment - 62 Day Standard (%)	76.19%	85%	03/2021		?
	Non-Urgent Ops Cancelled on Day	17	0	03/2021	L	F
	Cancer Operations Cancelled On Day (YTD)	12	0	03/2021	N/A	N/A
	Cancelled Ops Not Rebooked Within 28 days	6	0	03/2021		F
	E-Discharge (%)	94.0%	90%	03/2021	H	P

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
WELL LED	Year-To-Date Budget Variance (£'millions)	-6.40	0	03/2021	N/A	N/A
	Annual Appraisal (%)	64.28%	80%	03/2021	L	F
	Mandatory Training (%)	84.37%	90%	03/2021	L	?
	Sickness Absence (%)	4.06%	4%	03/2021		?
	Staff Turnover (%)	11.55%	10%	03/2021	H	F

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

Activity Summary

South Tees Hospitals NHS Foundation Trust

Delivery August to March: 2020/21 vs 2019/20

Point of Delivery	Aug-20 (Actual)	Sep-20 (Actual)	Oct-20 (Actual)	Oct-20 (Plan)	Nov-20 (Actual)	Nov-20 (Plan)	Dec-20 (Actual)	Dec-20 (Plan)	Jan-21 (Actual)	Jan-21 (Plan)	Feb-21 (Actual)	Feb-21 (Plan)	Mar-21 (Actual)	Mar-21 (Plan)
Outpatients First Attendances	72%	82%	77%	76%	85%	79%	89%	82%	78%	84%	81%	85%	116%	113%
Outpatient Follow Up Attendances	76%	89%	81%	80%	88%	81%	93%	83%	79%	82%	87%	85%	116%	110%
Elective Day Case	71%	90%	86%	75%	85%	77%	86%	80%	63%	81%	69%	82%	97%	105%
Elective Inpatient	66%	77%	80%	74%	68%	76%	82%	78%	56%	76%	46%	78%	60%	115%
Diagnostics	79%	101%	98%	77%	95%	83%	99%	91%	88%	78%	92%	84%	117%	95%

Point of Delivery	Aug-20 (Actual)	Sep-20 (Actual)	Oct-20 (Actual)	Oct-20 (Plan)	Nov-20 (Actual)	Nov-20 (Plan)	Dec-20 (Actual)	Dec-20 (Plan)	Jan-21 (Actual)	Jan-21 (Plan)	Feb-21 (Actual)	Feb-21 (Plan)	Mar-21 (Actual)	Mar-21 (Plan)
Accident and Emergency	91%	87%	79%	100%	71%	100%	72%	100%	69%	100%	72%	100%	114%	100%
Non elective: zero length of stay	89%	83%	73%	90%	66%	90%	67%	90%	67%	90%	76%	90%	111%	115%
Non elective: 1+ night length of stay	83%	89%	83%	100%	81%	100%	77%	100%	78%	100%	85%	100%	103%	110%

Cause of Variation

- Submitted plans explicitly assumed no Covid-19 2nd wave.
- Reduced theatre schedule (workforce, physical space allocated to critical care)
- Clinical prioritisation.
- Late cancellations.
- Activity transferred to IS.

Planned Actions

- Specialties have submitted draft activity and capacity plans.
- Review and challenge with COO and Planning team.
- Triangulation of activity plans with activity done, new theatres schedule, and workforce capacity.

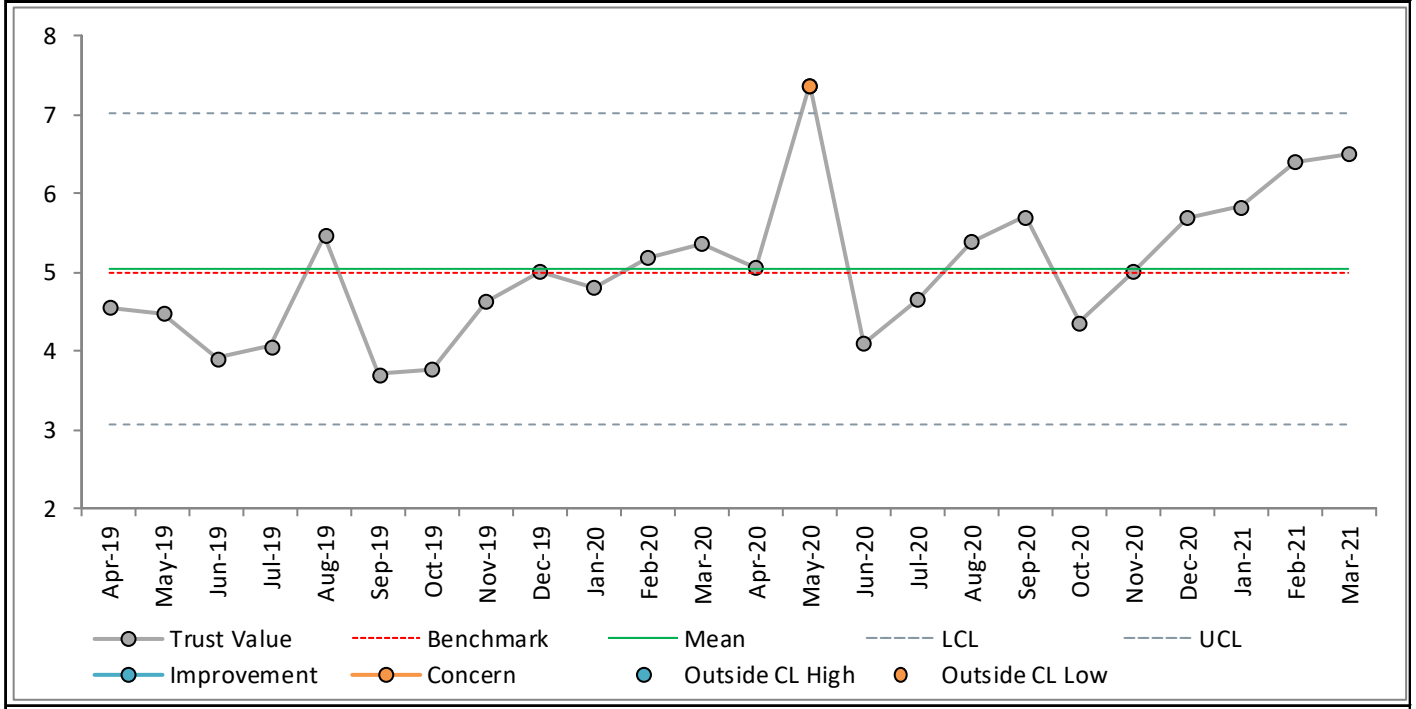
Timescale

- W/C 19/4 for draft submission of activity trajectories to ICP 27/4, NHSE deadline 6/5/21

Safe

South Tees Hospitals NHS Foundation Trust

All Falls Rate



The Trust falls rate per 1000 bed days

Benchmark	5
Mean	5.04
Last Month	6.51

Executive Lead

Hilary Lloyd

Lead

Helen Day

Commentary

There were 164 falls in March. This metric is consistent and mean is close to the national benchmark.

The most common cause of falls remain poor balance , slips deconditioning and memory loss or a combination of all 4.

TVCCG commenced regional scoping work for consistency of reporting, assessment and prevention.

Cause of Variation

- This metric is within normal variation, except for a special cause in May 2020, which may be related to a reduction in the number of bed days.
- Potential correlation between changes in ward functionality and increase in falls during Covid-19.
- Regional colleagues are also reporting increased falls rates.

Planned Actions

- Review multi disciplinary resource to enable Trust wide action group and update and launch the Falls Prevention action plan 2021/22 aligned with the ethos 'every contact counts '
- Re establish falls improvement work by ward teams and Frailty STAQC link.

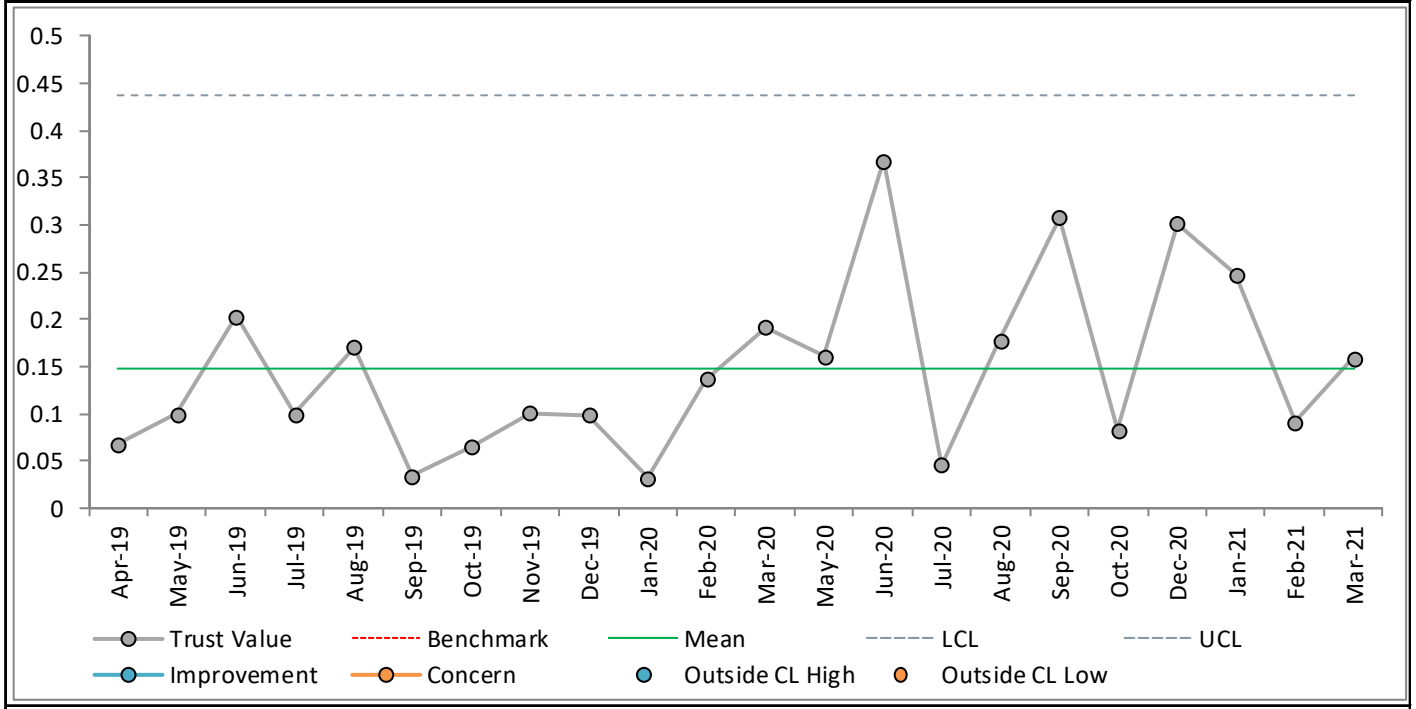
Timescale

- 1 month after Chief AHP in post
- STAQC team will continue to foster the sharing of good practice and quality improvement work.

Safe

South Tees Hospitals NHS Foundation Trust

Falls With Harm Rate



Rate of falls with harm per 1000 bed days

Benchmark	0
Mean	0.15
Last Month	0.16

Executive Lead

Hilary Lloyd

Lead

Helen Day

Commentary

There were 4 falls with harm in March.

Two patients sustained moderate harm following falls (Ward 6 and Ward 7) and two patient sustained fractured neck of femur (Ward 12 and Ward 4)

Cause of Variation

- This metric is within normal variation .

Planned actions

- Review multi disciplinary resource to enable Trust wide action group and update and launch the Falls Prevention action plan 2021/22 aligned with the ethos 'every contact counts '
- Re establish falls improvement work by ward teams and Frailty STAQC link

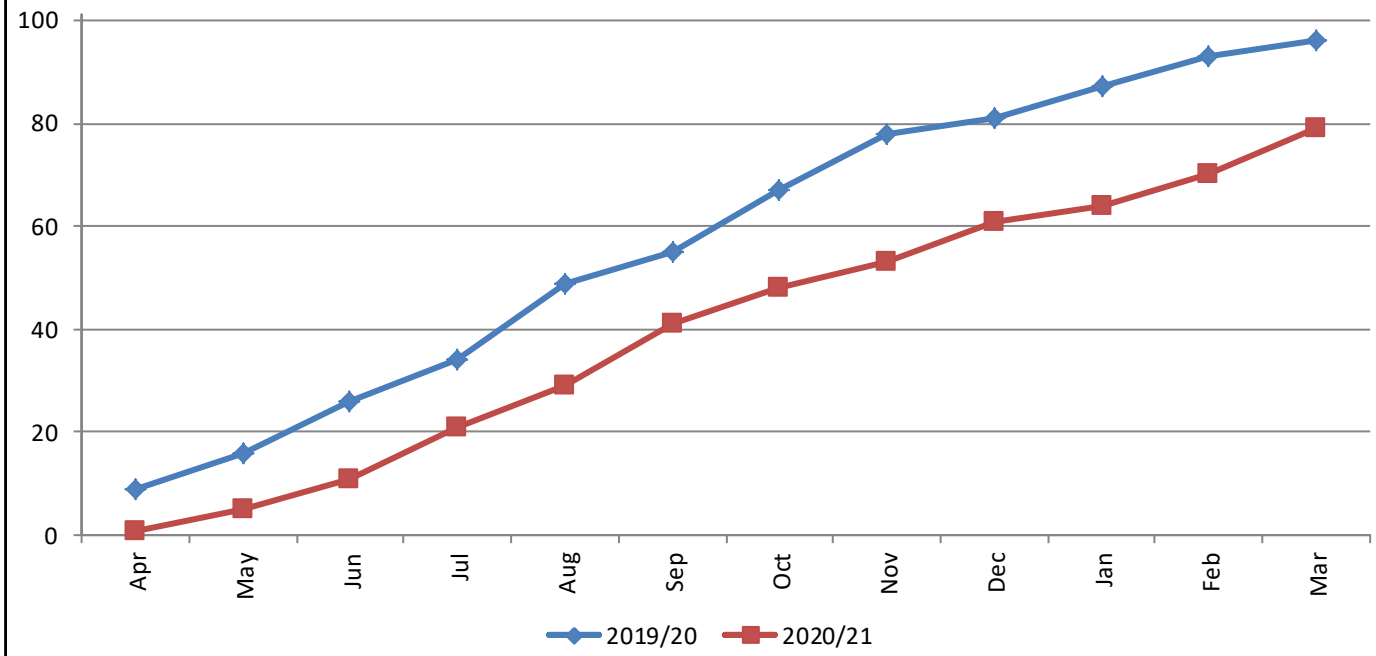
Timescale

- 1 month after Chief AHP in post
- STAQC team will continue to foster the sharing of good practice and quality improvement work.

Safe

South Tees Hospitals NHS Foundation Trust

Infection Control - C-Difficile (YTD)



Cases of hospital acquired C. Difficile bacteraemia

Outturn	81
Mean	N/A
YTD	79

Executive Lead

Hilary Lloyd

Lead

Sharon Lance

Commentary

This metric is benchmarked against the number of C Difficile cases at the Trust during 2019/20.

Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation is not being assessed.
- 79 Trust Assigned cases which was under the threshold of 81 cases. Sixteen 6 of C. difficile were recorded in March, two of which were classed as COHA and 8 were classed as HOHA = 10.

Plan

- Review of March CDI cases with findings to IPAG
- Review of current RCA process for CDI with both CCGs, initial agreement of proposal at IPAG with implementation in April – feedback to IPAG
- Reporting and learning to be enhanced in IPAG with new meeting structure
- Development of electronic system for side room allocation to facilitate prompt isolation
- Reinstate IPC Matron Huddle as combined currently with weekly matron/ward manger huddles from April 2021.
- Review of IPC input to Collaborative meetings.

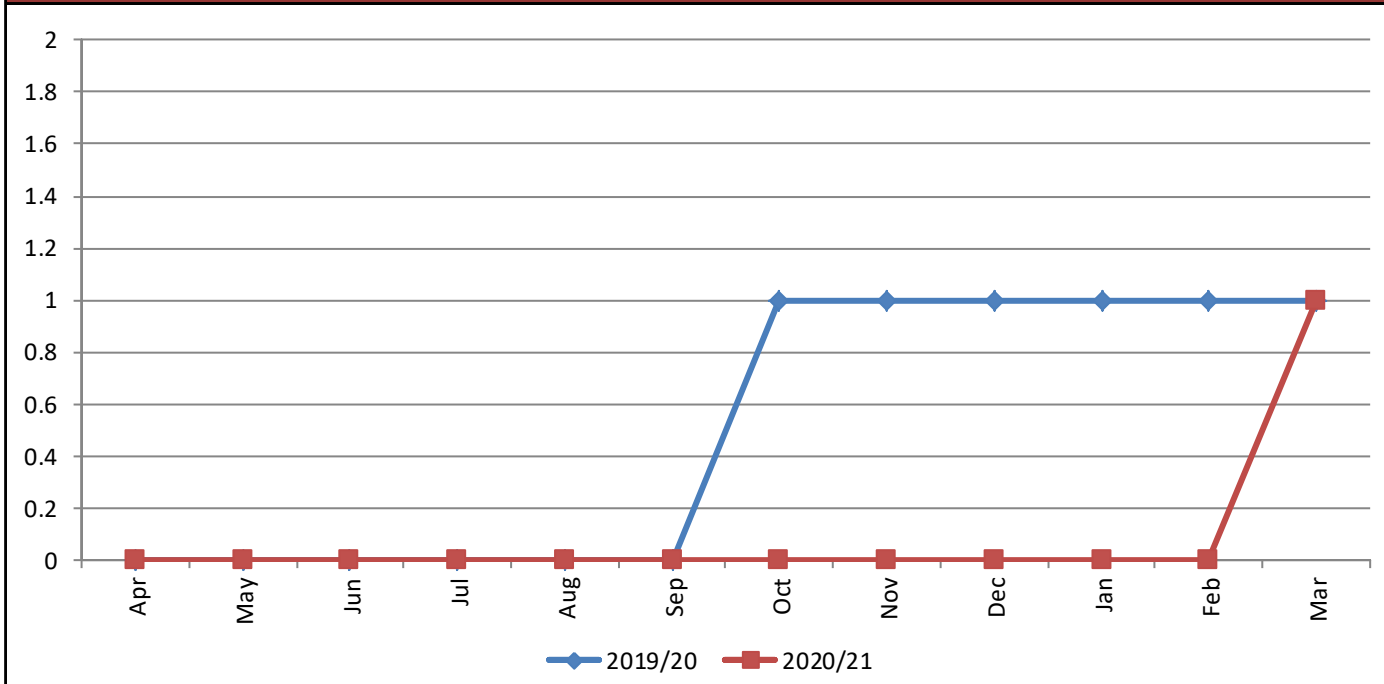
Timescale

- Ongoing

Safe

South Tees Hospitals NHS Foundation Trust

Infection Control - MRSA (YTD)



Cases of hospital acquired MRSA bacteraemia

Target	0
Mean	N/A
YTD	1

Executive Lead

Hilary Lloyd

Lead

Sharon Lance

Commentary

There has been one case identified in March 2021.

Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation is not being assessed.
- There was one trust-assigned case of MRSA bacteraemia in March 2021.
- This case was attributed to a peripheral cannula infection. A clinical incident report has been completed and a panel review held.

Planned Actions

- Aseptic non touch technique training and audit programs for indwelling device insertion and care remain in place and continue.
- Dedicated IPCN input for OPAT and line care support to commence from April 2021.
- Review of 'hot spot' areas for focussed work.
- Align action areas and education plan in relation to bacteraemia management into 2021/22 IPC Annual Plan.
- Lessons learned clearly shared across Trust.

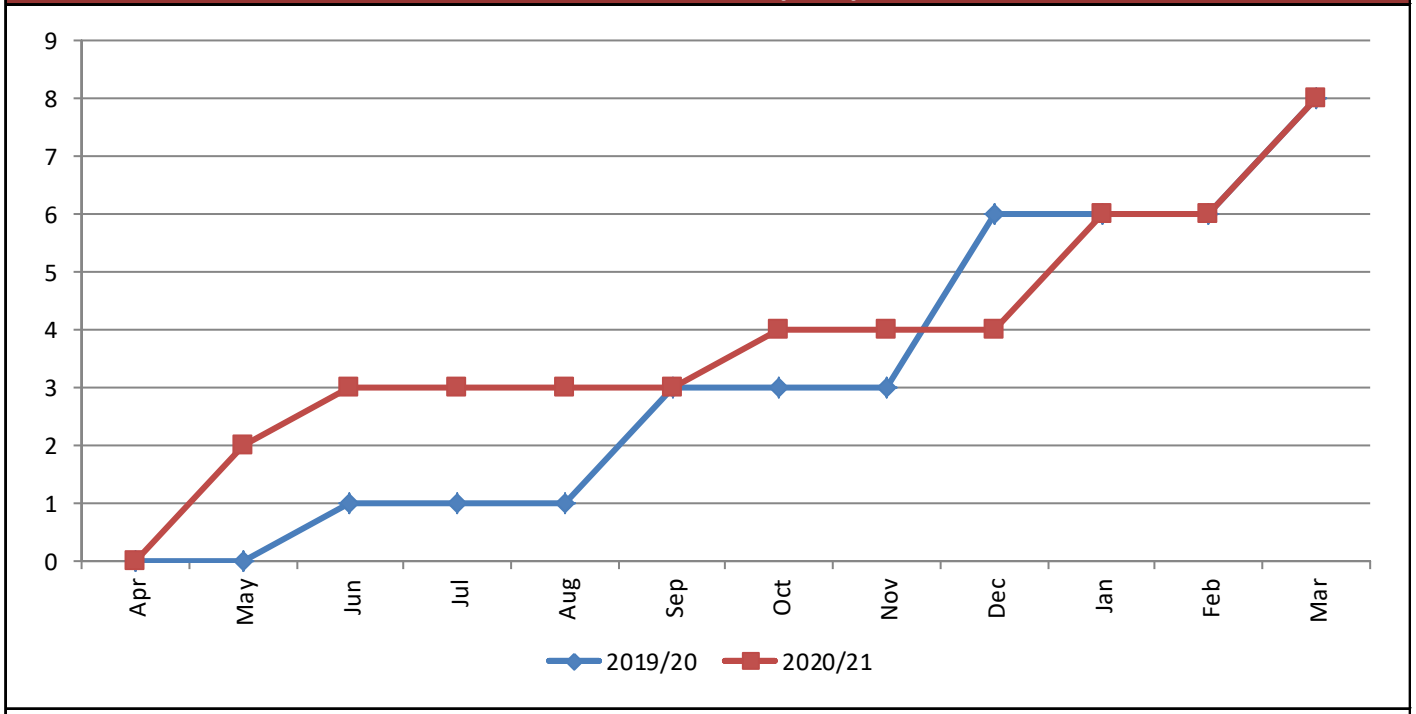
Timescale

- Ongoing.

Safe

South Tees Hospitals NHS Foundation Trust

Never Events (YTD)



Number of reported Never Events

Target	0
Mean	N/A
YTD	8

Executive Lead

Hilary Lloyd

Lead

Kay Davies

Commentary

Eliminating never events remains a priority.
There were 2 never events in March
One event related to a misplaced NG tube.
One never event related to wrong route medication.

Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation is not being assessed
- Nationally there is a variation in the number of never events reported of between 28 and 48 per month.

Planned Actions

- A safer surgery oversight group has been established.
- A three month project to fully coordinate and establish the LocSSIP process has concluded and an audit programme commences in May 2021.
- Regional data released and local action plan developed and presented to the Quality Assurance Committee in November 2020 and updated in January 2021 shared with our CCG.
- Internal Audit carried out a site visit in September to review the design and operating effectiveness of key controls in place relating to patient safety. Draft report received, action plan has been developed.
- Establish a learning culture through the Leadership and Safety Academy
- Critical friend review by NHSE/I is underway with interviews of key staff being undertaken

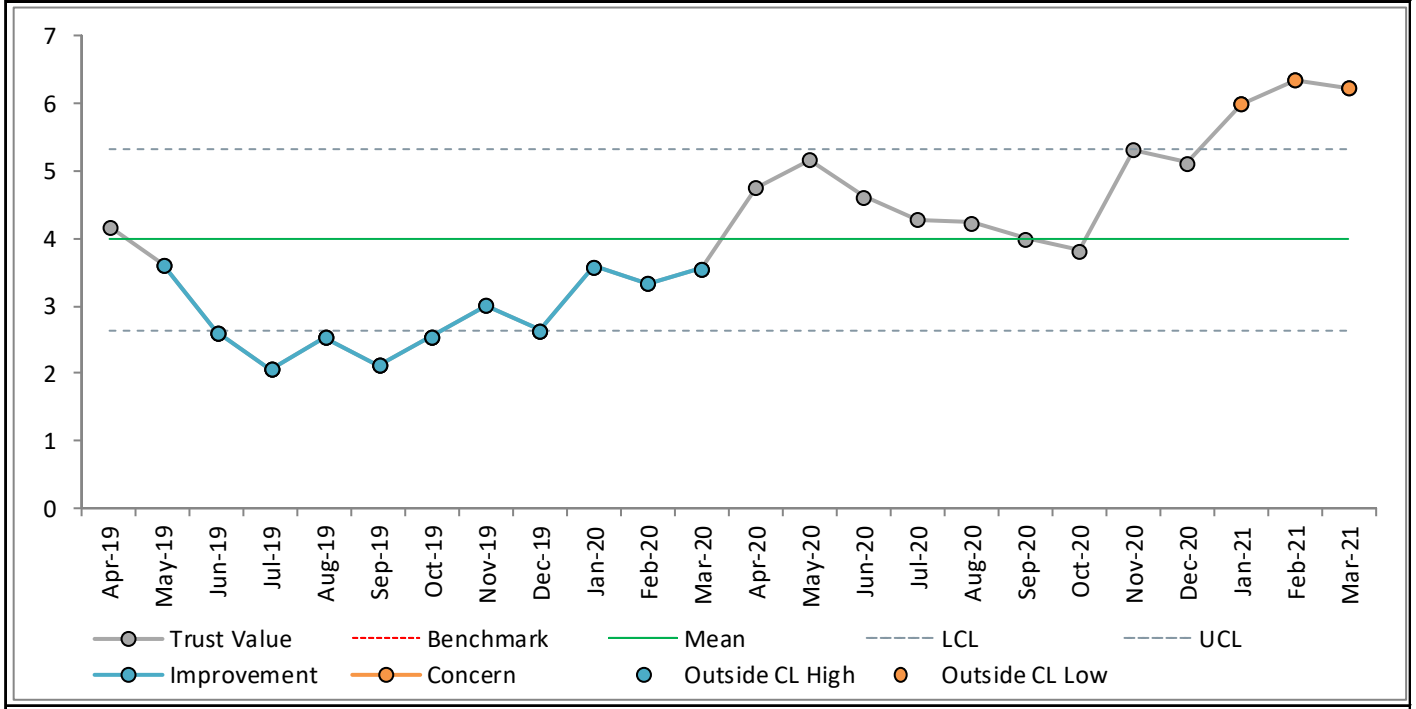
Timescale

- Eliminating Never Events remains a quality priority for 2020/21.
- The report from the critical friend review is due end of May 2021.

Safe

South Tees Hospitals NHS Foundation Trust

Category 2 Pressure Ulcers



Rate of Category 2 Pressure Ulcers - Trust Acquired per 1000 bed days

Benchmark	TBD
Mean	3.99
Last Month	6.23

Executive Lead

Hilary Lloyd

Lead

Helen Day

Commentary

- 88 G2 - acute setting and
- 69 G2 - community setting
- Majority of increase from Dec' 2020 is observed in general and cardiothoracic critical care areas reflecting both the patient type and nursing skill mix.

Cause of Variation

- The majority of the increase is observed in the general and cardiothoracic critical care areas reflecting both the patient type and nursing skill mix
- Improved surveillance and reporting in the community may be contributing to a slight rise in new G2s.
- Higher average acuity than comparable time last year

Planned Actions

- Update and launch the Tissue Viability action plan 2021/22 Examples of specific work includes;
- Trust wide Pressure Ulcer Collaborative (PUC)
- New risk assessment tool (Purpose T) to be trialled from April 2021 in the community setting
- Revised Pressure Ulcer Policy launched.

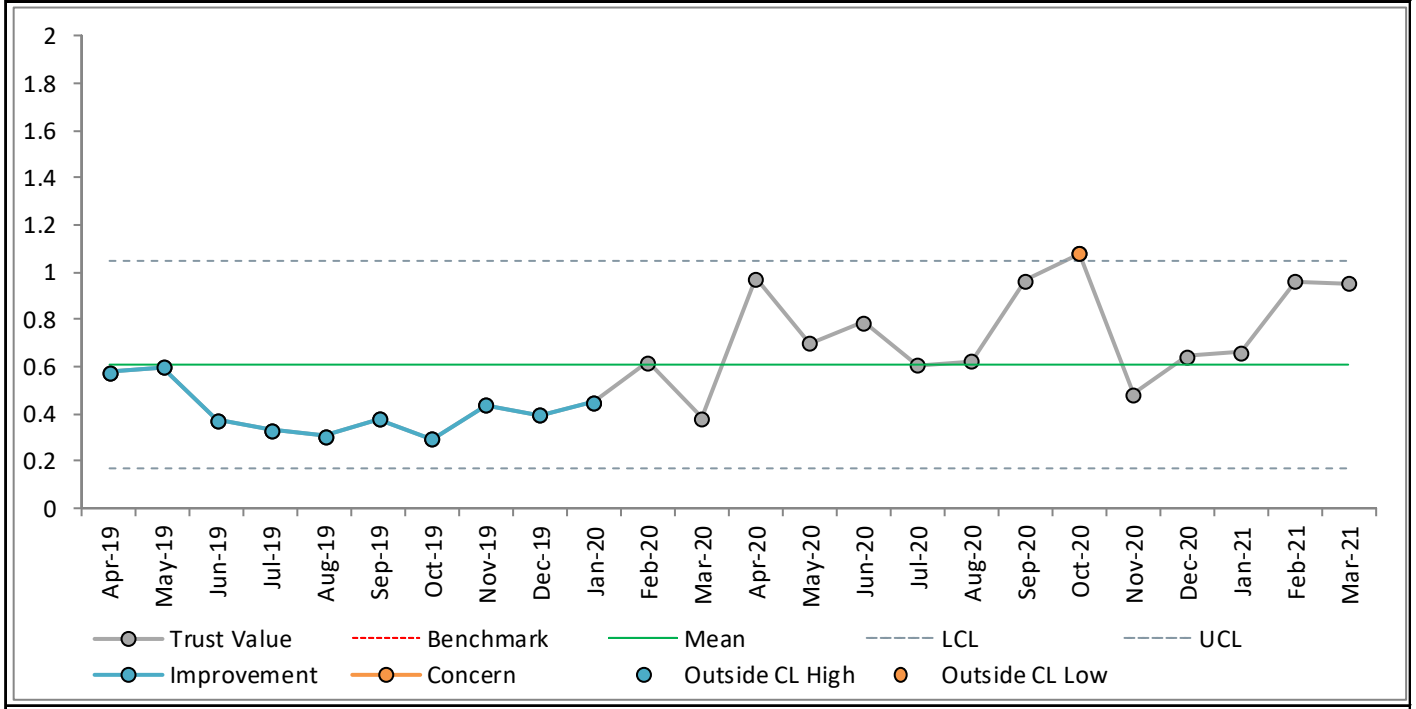
Timescale

- All actions are ongoing and linked to the pressure ulcer reduction action pan & improvement timescales are being built into this
- PUC commenced 12/04/2021

Safe

South Tees Hospitals NHS Foundation Trust

Category 3 & 4 Pressure Ulcers



Rate of Category 3 & 4 Pressure Ulcers per 1000 bed days

Benchmark	TBD
Mean	0.61
Last Month	0.95

Executive Lead

Hilary Lloyd

Lead

Helen Day

Commentary

- In March there were 25 grade 3 PUs with 4 meeting SI reporting criteria
- 19/25 were observed in the Community setting and 6/25 in the acute setting

Cause of Variation

- The rate is within normal variation , except for single point in October 2020.

Planned Actions

- Update and launch the Tissue Viability action plan 2021/22 Examples of specific work includes;
- Trust wide Pressure Ulcer Collaborative (PUC)
- New risk assessment tool (Purpose T) to be trialled from April 2021 in the community setting
- Revised Pressure Ulcer Policy launched.
- Report to Quality Assurance Committee.

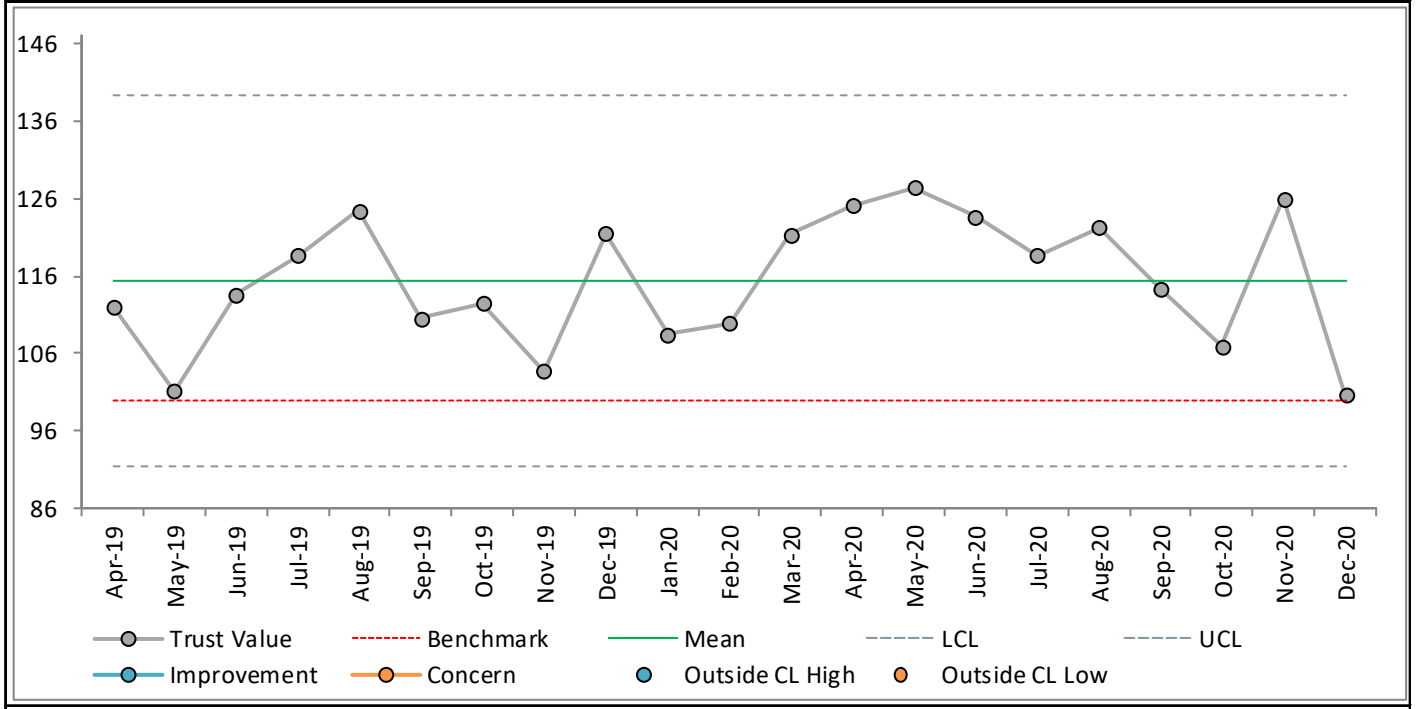
Timescale

- All actions are ongoing and linked to the pressure ulcer reduction action pan & improvement timescales are being built into this
- PUC commenced 12/04/2021

Safe

South Tees Hospitals NHS Foundation Trust

SHMI



Summary Hospital-Level Mortality Indicator

Benchmark	100
Mean	115.39
Last Month	100.66

Executive Lead

Mike Stewart

Lead

Tony Roberts

Commentary

SHMI has decreased in March so that it is in-line with the benchmark. SHMI is the official NHS hospital mortality indicator and relies on correct primary diagnosis and comorbidity capture at admission. It does not adjust for specialist palliative care coding.

Cause of Variation

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

Planned Actions

- The trust is gradually falling behind national averages for capture of comorbidities.
- A new Clinical Coding Strategy has been written as is being launched in April.
- Medical Examiner scrutiny has been sustained at high levels (>95% of deaths are reviewed) and preventable deaths have not been identified, although there is a backlog for mortality reviews requested by MEs.

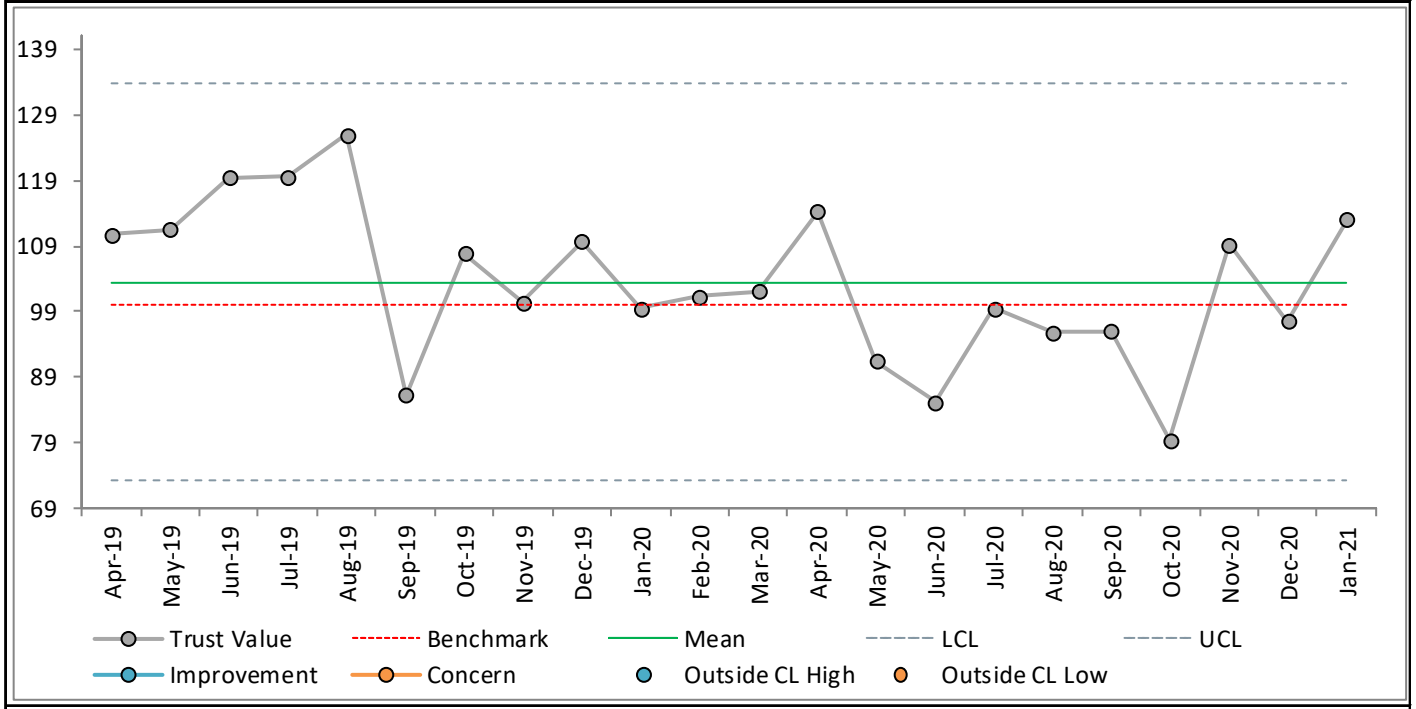
Timescale

- Coding work on-going. Quarterly review of the impact of COVID-19 on SHMI needed throughout 2021/2022.
- HED report delivered Jan 2021.

Safe

South Tees Hospitals NHS Foundation Trust

Hospital Standard Mortality Rate (HSMR)



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

Benchmark	100
Mean	103.46
Last Month	113.02

Executive Lead

Mike Stewart

Lead

Tony Roberts

Commentary

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

Cause of Variation

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

Planned Actions

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

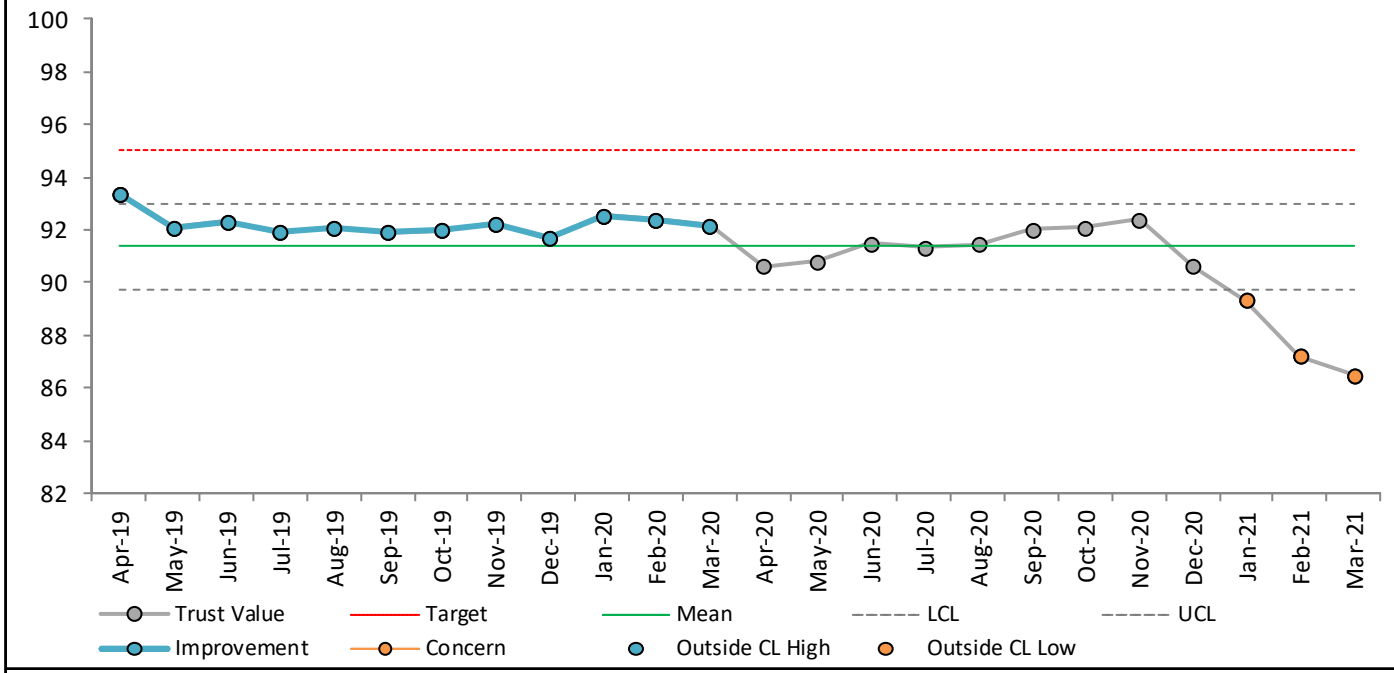
Timescale

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

Safe

South Tees Hospitals NHS Foundation Trust

VTE Assessment



The proportion of eligible admissions, who are being risk assessed for VTE (venous thromboembolism)

Target	95
Mean	91.36
Last Month	86.48

Executive Lead

Mike Stewart

Lead

Jamie Maddox

Commentary

Compliance with VTE assessment has reduced significantly and is now outside the control limits.

Cause of Variation

- The last 3 points (Jan, Feb, Mar) display the impact of changing the recording method and incomplete data.
- There are delays with recording and completing investigations.
-

Planned Actions

- General medical and critical care colleagues have reviewed national COVID guidance in this area to ensure that appropriate management policies are in place across the Trust.
- Re establish a Working Group to focus on VTE Assessment.
- Revise CAMIS VTE data entry to ensure easier and accurate data recording
- Addition of visual indicator, to prompt outstanding assessments.
- Anticoagulant specialist nurses to receive monthly ward level data to support wards.

Timescale

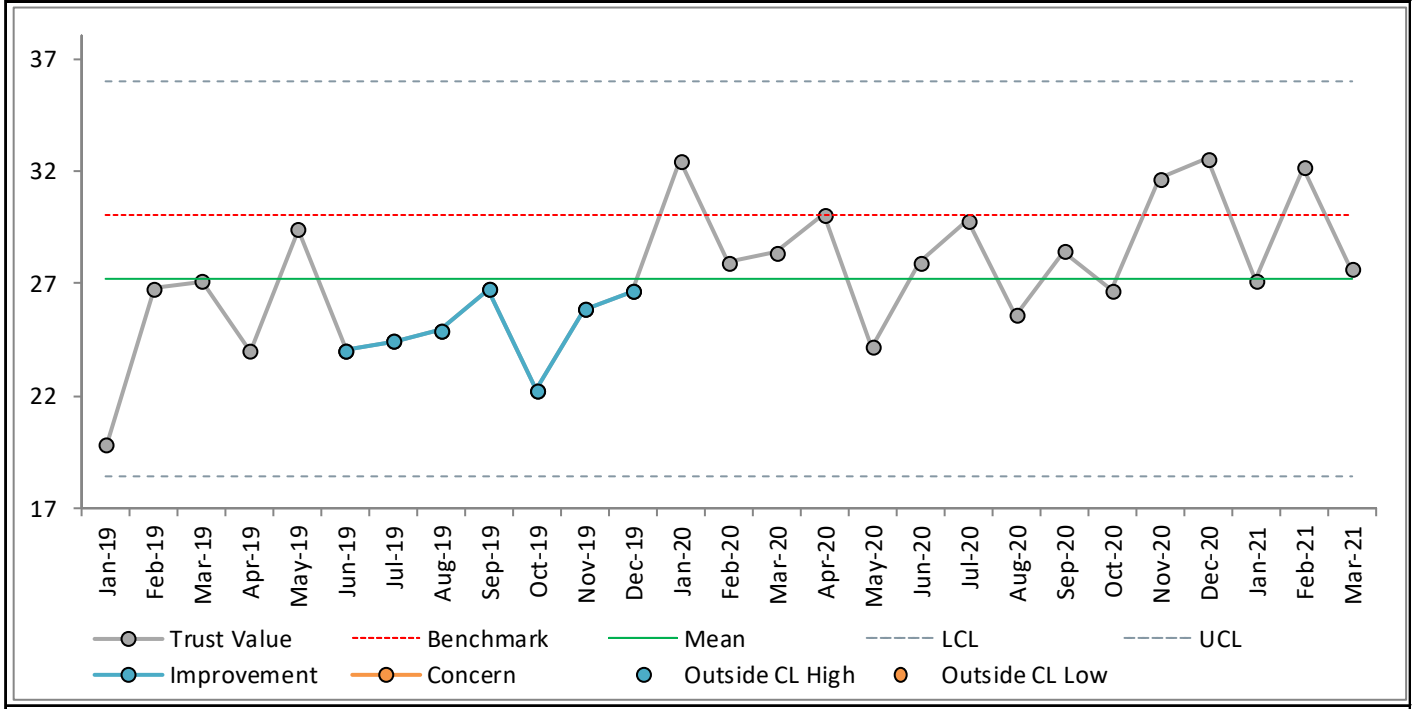
Q1 – VTE Working Group to agree trajectory
Q3 – Improved compliance

- Meeting is set for 14th May 2021

Safe

South Tees Hospitals NHS Foundation Trust

Maternity - Caesarean Section Rate (%)



The % of Patients Delivering via Caesarean Section

Benchmark	30
Mean	27.21
Last Month	27.61

Executive Lead

Hilary Lloyd

Lead

Fran Toller

Commentary

This metric is measured against a national benchmark. The Trust Caesarean Section rate is currently 27.5% and is within the control limits.

Cause of Variation

- This metric is within normal variation and measured against a national benchmark.
- The Trust Caesarean Section rate is currently 27.5% which is below the national benchmark.

Planned Actions

- An annual labour ward report has been produced since 2004 which tracks changes and identifies areas of practice change, such as the current work being undertaken on traumatic delivery .

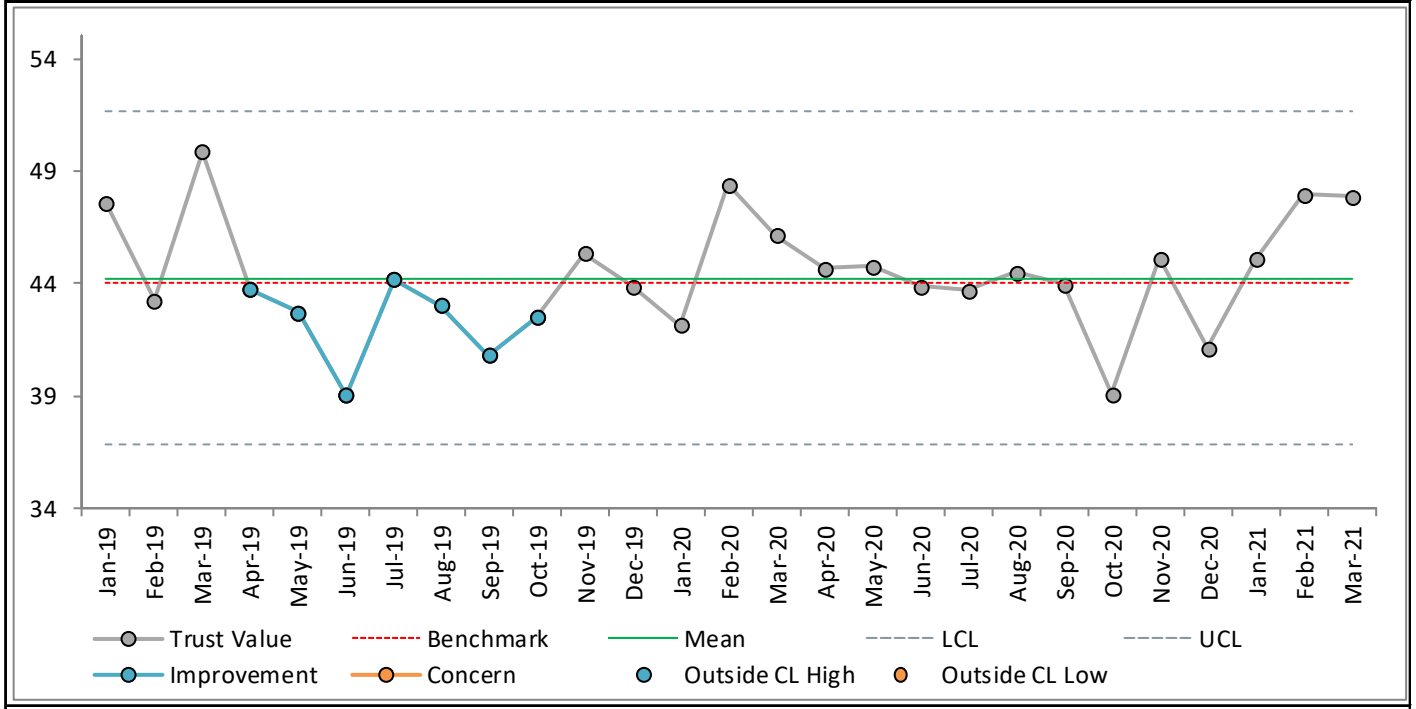
Timescale

- On going review – no specific time scale.

Safe

South Tees Hospitals NHS Foundation Trust

Maternity - Induction of Labour Rate (%)



The % of Patients Delivering via Caesarean Section

Benchmark	44
Mean	44.23
Last Month	47.85

Executive Lead

Hilary Lloyd

Lead

Fran Toller

Commentary

As the Trust position is very close to the national benchmark this is not an area of concern.

Cause of Variation

- This metric is within normal variation.
- This metric has a mean of 45% against a national benchmark of 44%.

Planned Actions

- No specific actions are required.
- Continue current processes.

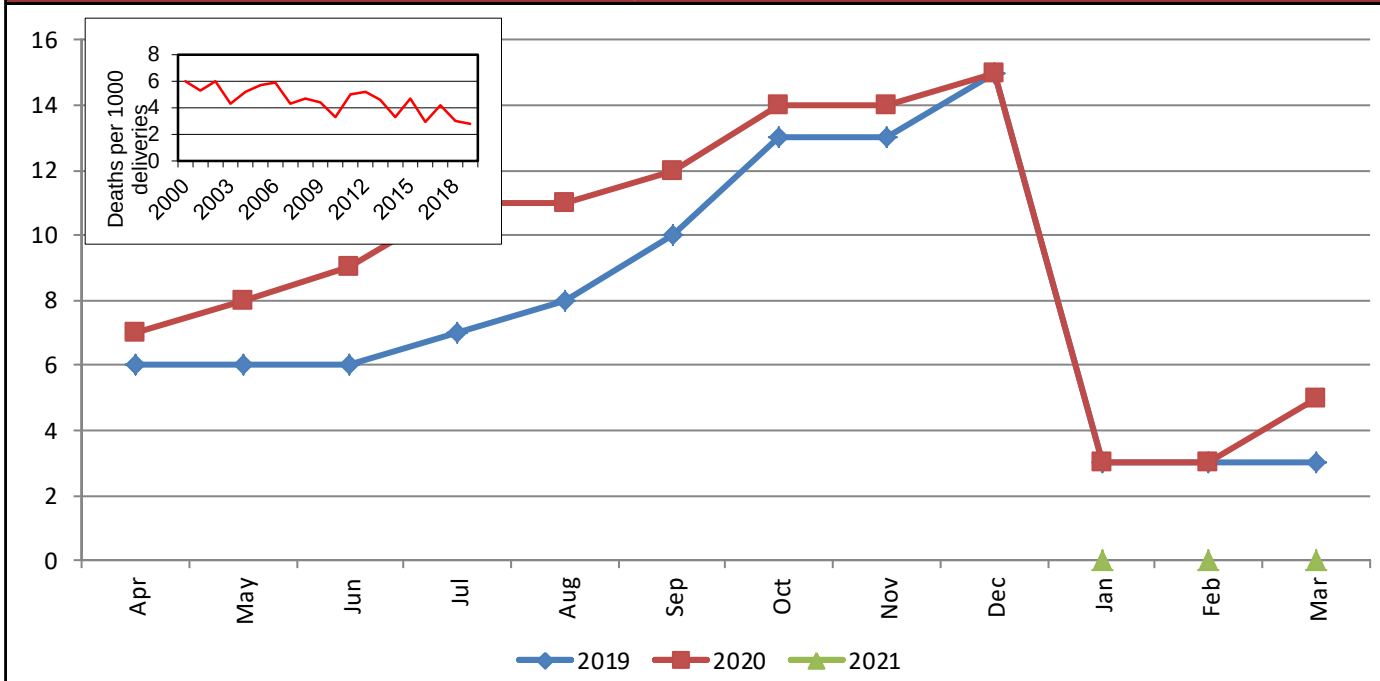
Timescale

- Not applicable

Safe

South Tees Hospitals NHS Foundation Trust

Maternity - Still Births (YTD)



Still births

Outturn	17
Mean	N/A
YTD	0

Executive Lead

Hilary Lloyd

Lead

Fran Toller

Commentary

There were no stillbirths during February 2021.

Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation cannot be assessed.

Planned Actions

- Deliver all aspects of the Saving Babies Lives Care Bundle
- Implementation of Okenden report recommendations
- Continued review and analysis through the labour ward reporting and risk management case reviews.

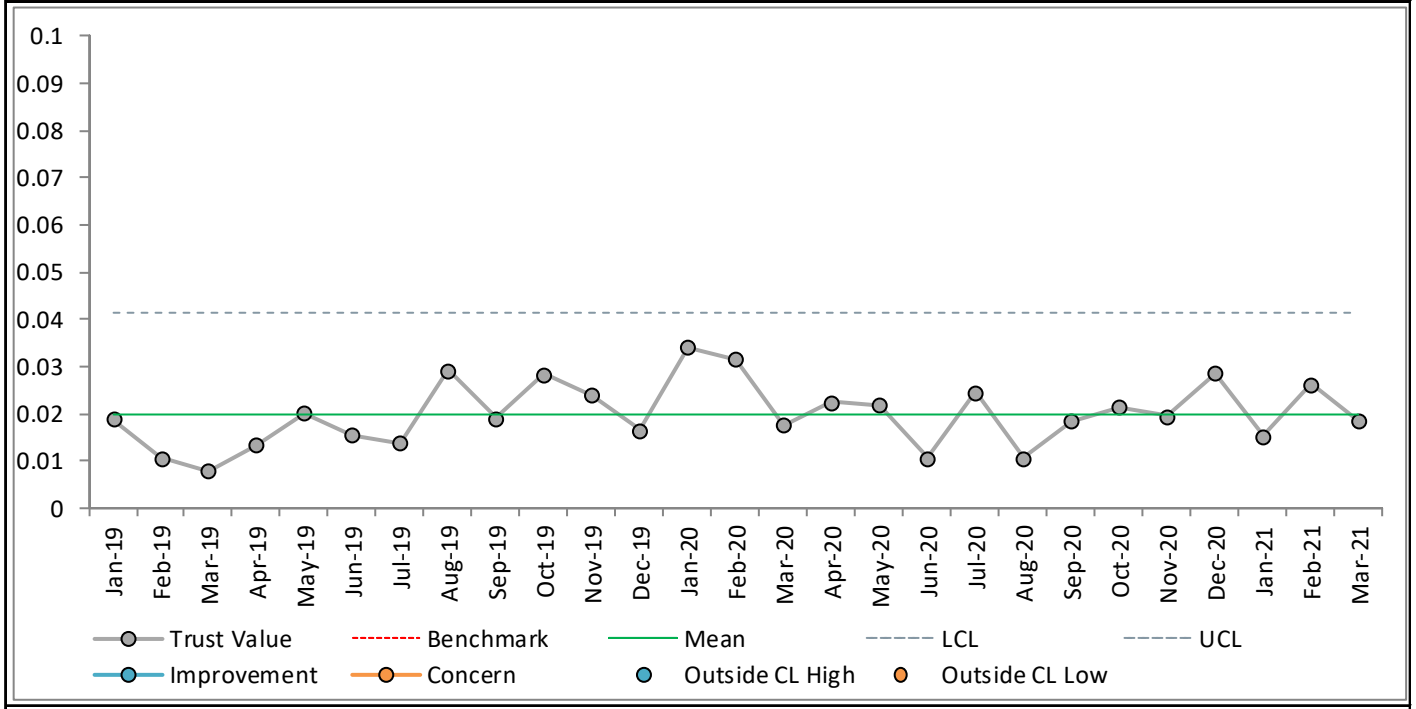
Timescale

- Ongoing

Safe

South Tees Hospitals NHS Foundation Trust

Maternity - PPH 1500ml Rate (%)



Postpartum Haemorrhage Rate over 1500ml

Benchmark	
Mean	0.02
Last Month	0.02

Executive Lead

Hilary Lloyd

Lead

Fran Toller

Commentary

National benchmark data for Post Partum Haemorrhage is not currently available.

Cause of Variation

- This metric is within normal variation.

Planned Actions

- Continue current processes.
- Introduction of measured blood loss at Elective Caesarean Section is being trialled with a view to rolling out to Emergency Caesarean Sections.

Timescale

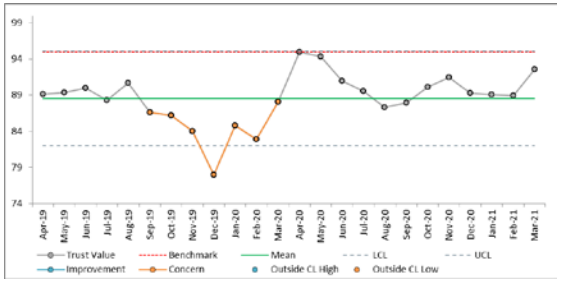
- Timescale to be determined.

Safe

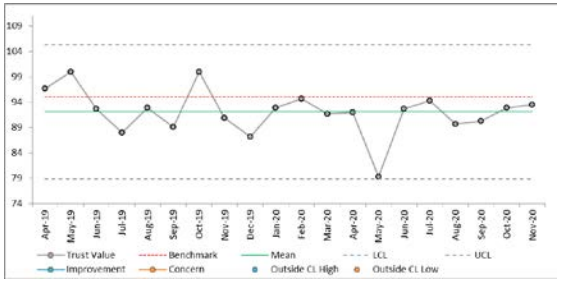
South Tees Hospitals NHS Foundation Trust

Sepsis			
Executive Lead	Mike Stewart	Lead	Lindsay Garcia

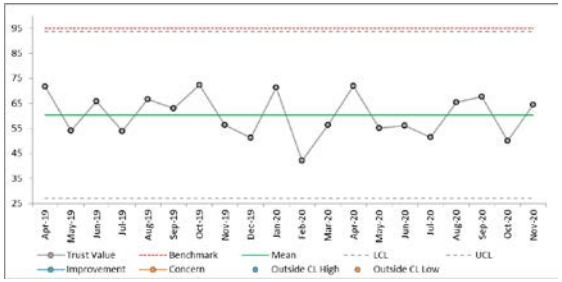
Sepsis - NEWS Within 1 Hour



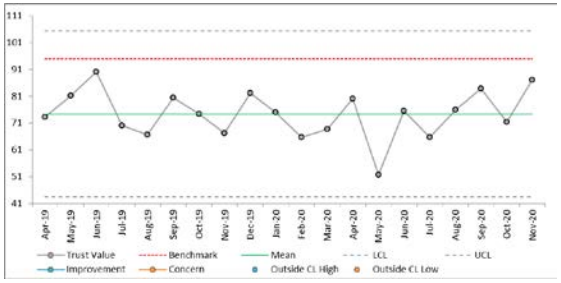
Oxygen delivered within 1 hour



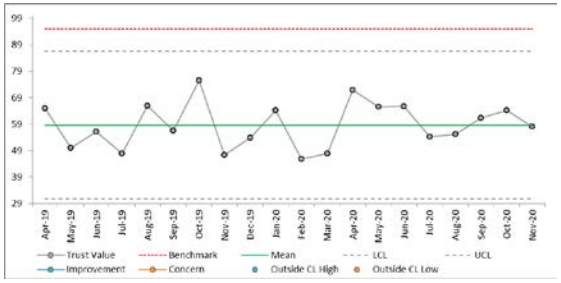
Antibodies delivered within 1 hour



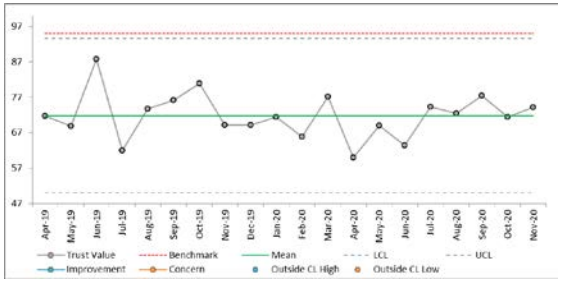
Blood cultures taken within 1 Hour



IV fluid resuscitation initiated within 1 hour



Serum lactate taken within 1 hr



Cause of Variation

- Normal variation but the means are below the targets and therefore need improvement plan

Reasons include:

- Sepsis Assessment tools not being utilised.
- Lack of compliance with escalation policies.
- Need for additional venous gas sample in order to obtain point of care lactate.

Planned Actions

- Triage team introduced in ED.
- To add grey blood bottle used for venous lactate into blood culture pack.
- Electronic work flow being implemented across the organisation with 'close the loop' configuration. So uncompleted tasks highlighted.
- Immediate data available for audit. Targeted education.
- Discussions with informatics to explore if data can be released earlier to offer real time reporting.

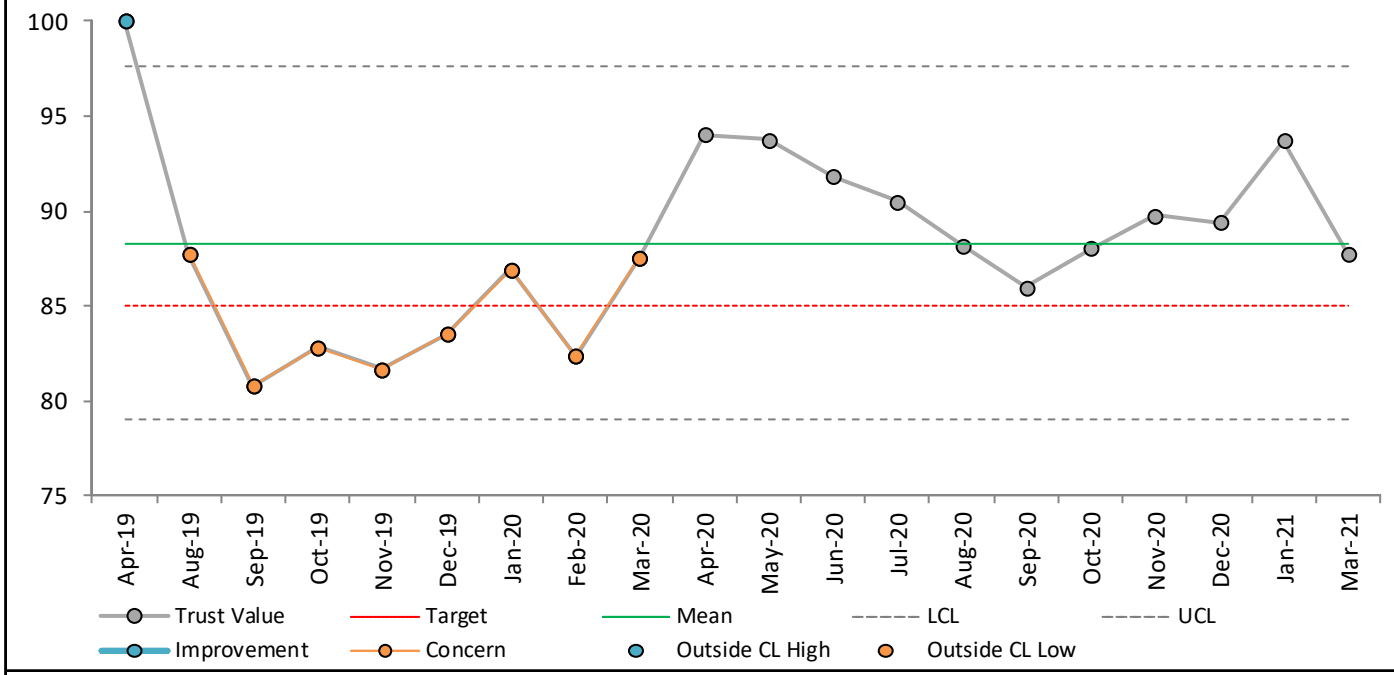
Timescale

- June 2021 for electronic system.
- Informatics being explored at present.

Caring

South Tees Hospitals NHS Foundation Trust

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



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

Target	85
Mean	88.32
Last Month	87.79

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

This target has been met consistently since April 2020.
Patient feedback in A and E remains high

Cause of Variation

- This metric has been within normal variation since April 2020.
- No data was reported in February 2021, an IT issue was identified and text messages were not sent post discharge.
- This has subsequently been rectified by the IQVIA.

Planned Actions

- Continue current processes.
- Continue to monitor response rates, for timely identification of IT issues.

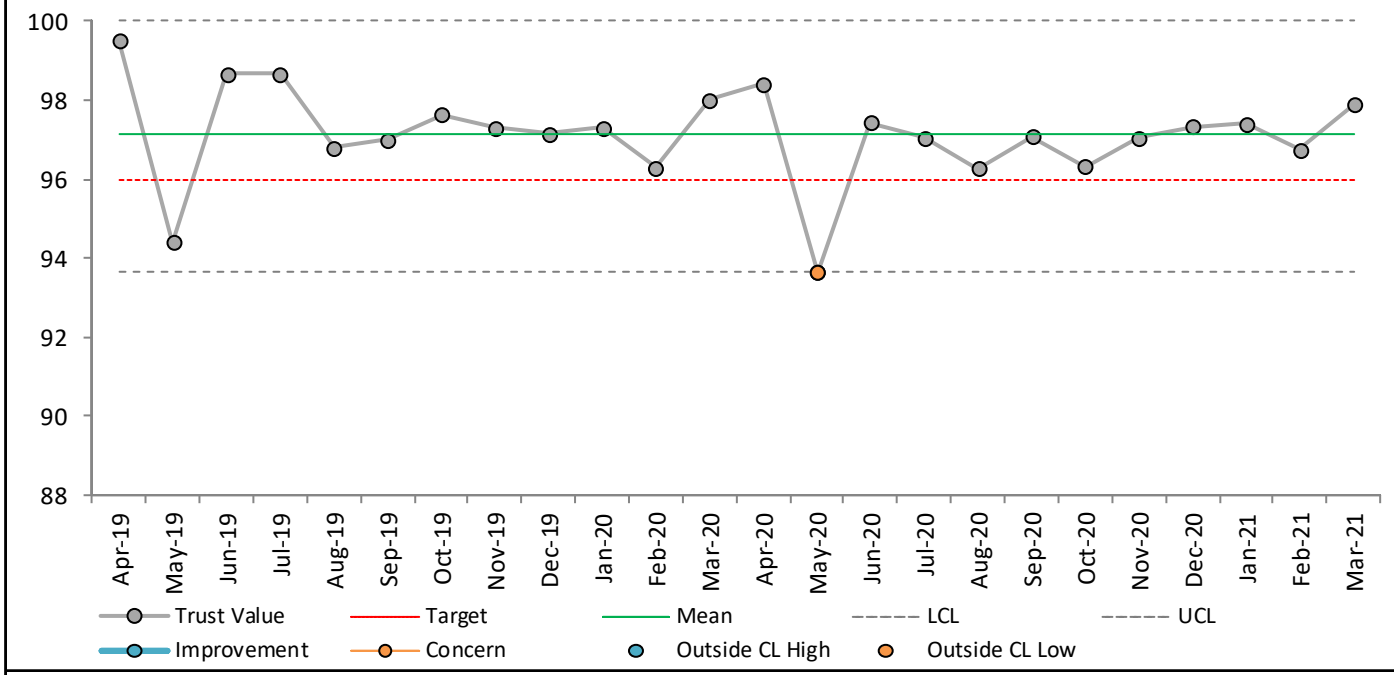
Timescale

- Ongoing.

Caring

South Tees Hospitals NHS Foundation Trust

F&F Inpatient Overall Experience Rate (%)



The friends and family survey/text overall experience rate for Inpatient wards

Target	96
Mean	97.15
Last Month	97.90

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

This target has been met since June 2020 and is within the control limit. Inpatient feedback remains high

Cause of Variation

- This metric is within normal variation and the mean is above the target.
- Excellent progress as compliance has been continually achieved.

Planned Actions

- Continue with current process.

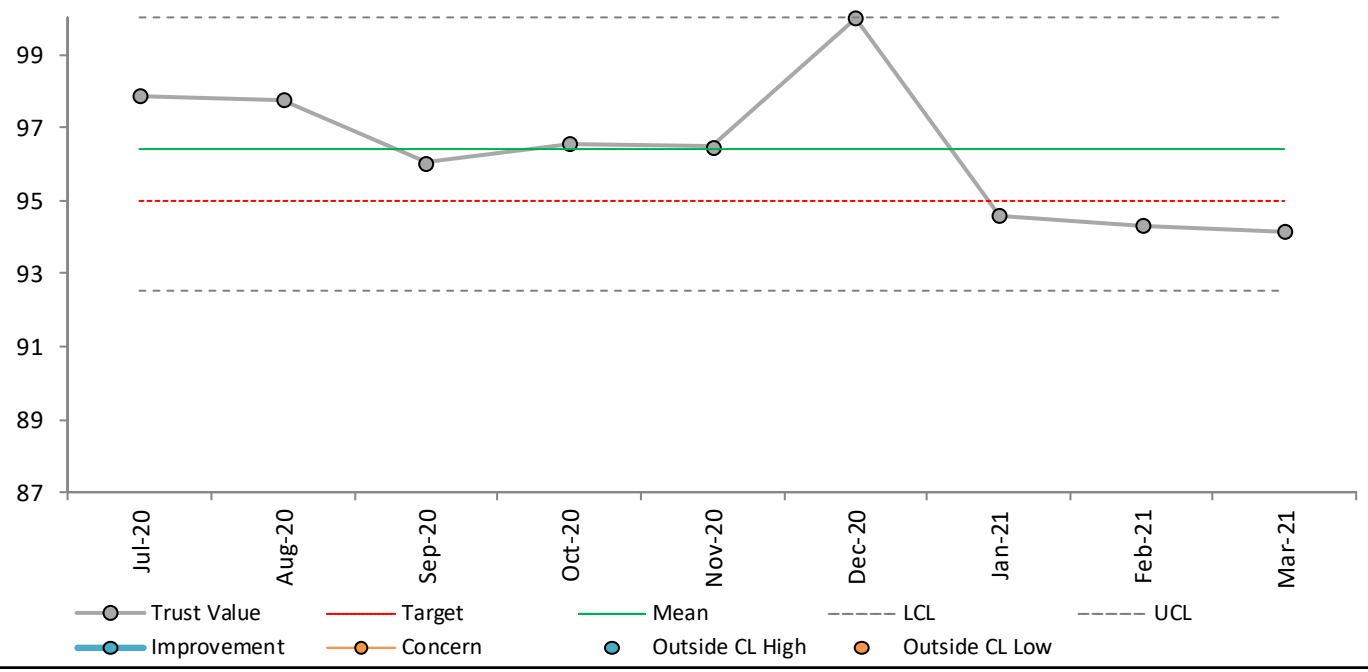
Timescale

- Ongoing.

Caring

South Tees Hospitals NHS Foundation Trust

F&F Outpatient Overall Experience Rate (%)



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

Target	95
Mean	96.43
Last Month	94.17

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

This is a new indicator and data is available from July 2020.
Patient experience in outpatients remains high

Cause of Variation

- This metric is within normal variation and the mean is above the benchmark.
- Excellent progress as good compliance continues to be achieved.

Planned Actions

- Continue to monitor the overall experience.

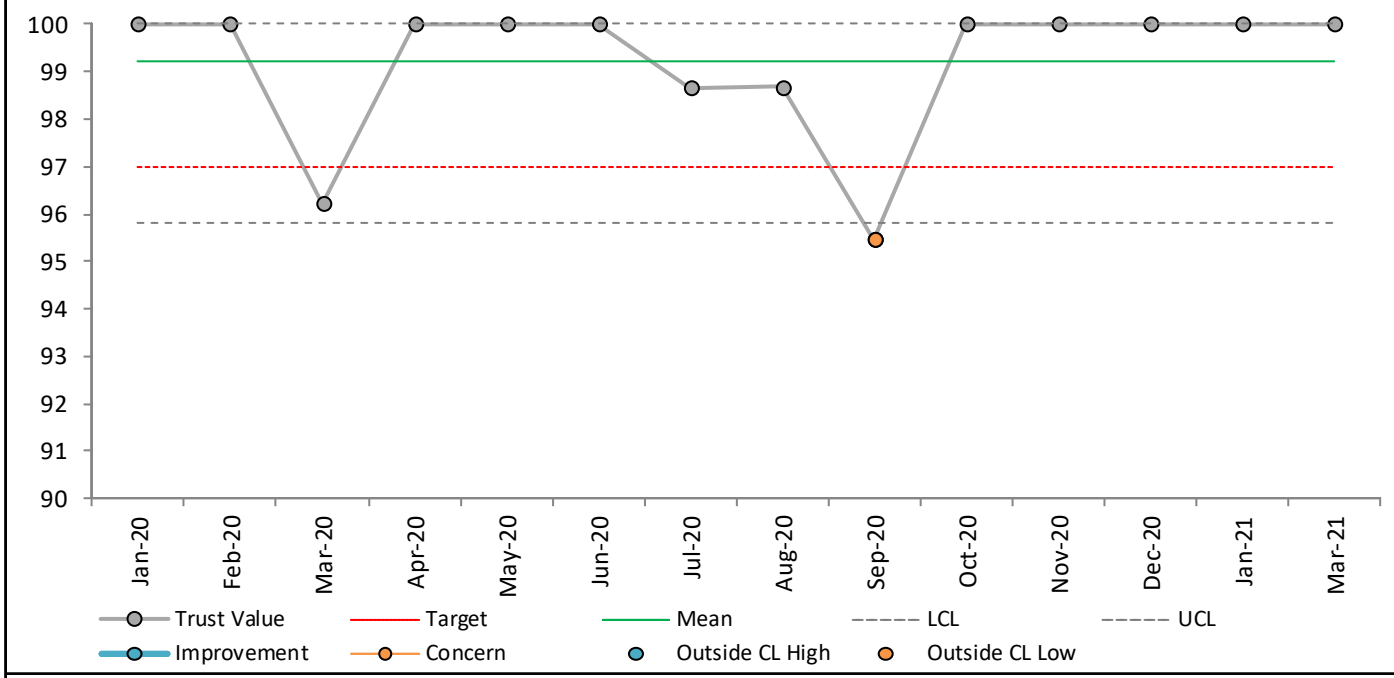
Timescale

- Ongoing

Caring

South Tees Hospitals NHS Foundation Trust

F&F Maternity Overall Experience Rate (%)



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

Target	97
Mean	99.22
Last Month	100.00

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

This is a new indicator and data is available from Jan 2020. The indicator has been above the target since October 2020.
Patient feedback in maternity remains high

Cause of Variation

- This metric is within normal variation except for September which was outside the lower control limit.
- The mean is above the target
- Excellent progress as 100% compliance has been achieved for five months.

Planned Actions

- Continue with current process.

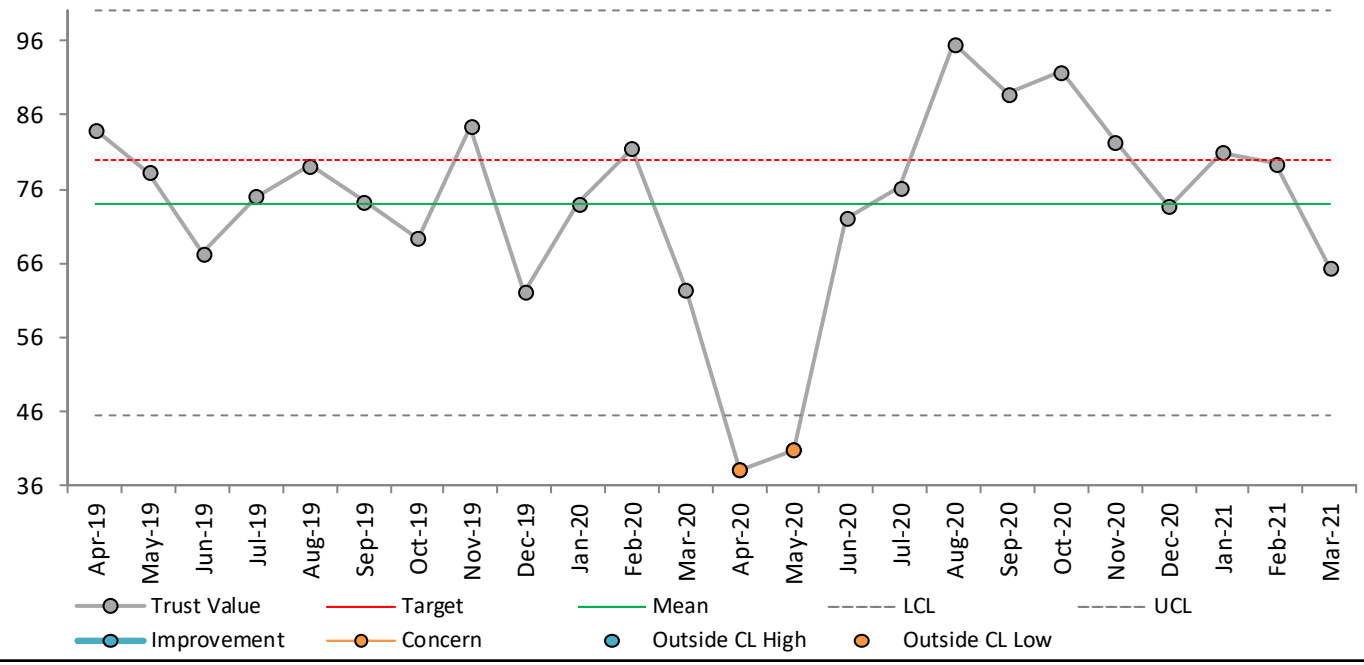
Timescale

- Ongoing

Caring

South Tees Hospitals NHS Foundation Trust

Complaints Closed Within Target (%)



The percentage of complaints closed within the target

Target	80
Mean	74.06
Last Month	65.52

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

There were 29 complaints closed in March.

The number of complaints has been very variable through the year and this has contributed to the variation in performance.

Cause of Variation

- This metric is within normal variation other than for April and May 2020, which is affected by COVID-19.
- The mean is below the target.

Planned Actions

- Weekly reviews of complaints that are outstanding and off target.
- Timely escalation to Service Managers and Clinical Chairs.
- Review at Patient experience steering group
- Report to QAC on progress in May

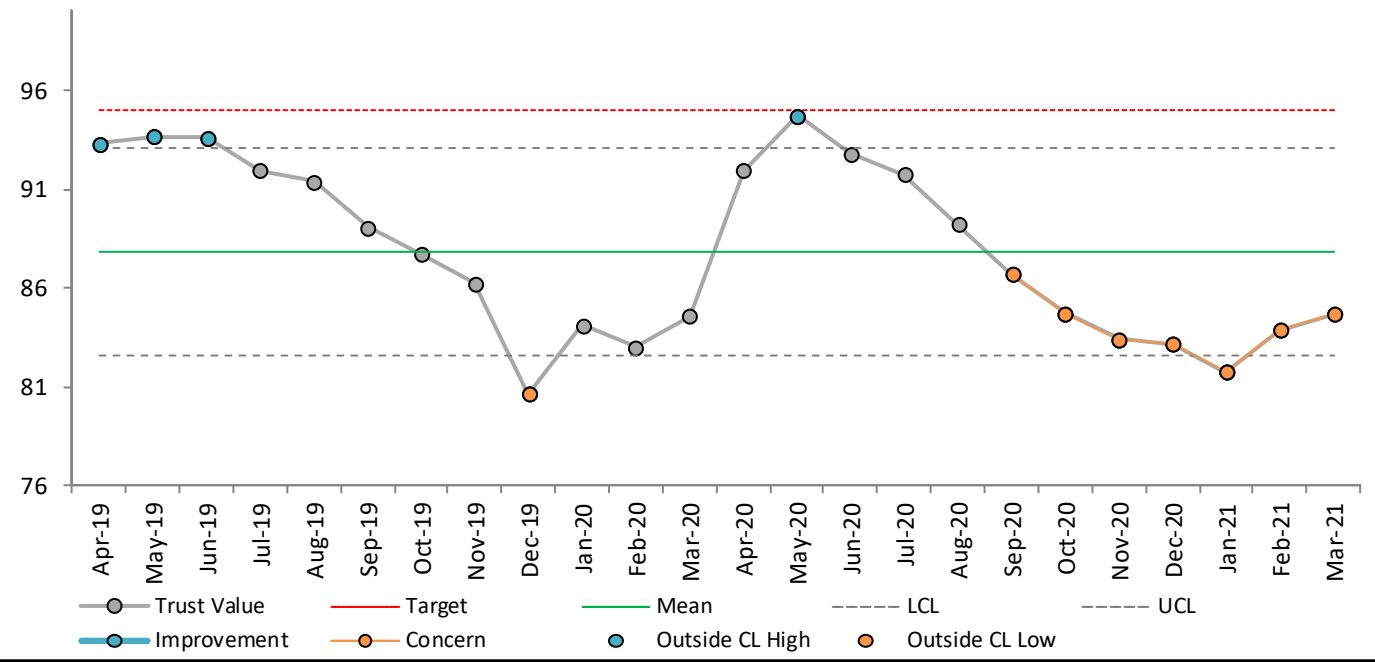
Timescale

- July 2021

Responsive

South Tees Hospitals NHS Foundation Trust

A&E 4 Hour Wait Standard (%)



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

Target	95
Mean	87.83
Last Month	84.65

Executive Lead

Sam Peate

Lead

Cheryl Burton

Commentary

Improving performance but outside control limits.

Activity levels are returning to pre-pandemic levels with higher acuity patients and fewer see and treat.

Cause of Variation

- Pre pandemic demand returning
- High acuity patients presenting than pre-pandemic
- Continuation of segregation pathways out of ED – Acute assessment (capacity).
- Social distancing measures.
- Limited isolation capacity.
- Throughput, transfers to in patient areas delayed.

Planned Actions

- Pandemic recovery process implemented, return to male and female assessment. Effectiveness to be reviewed.
- POCT implemented
- Escalation process to be reviewed
- Effective and timely communication with site team.
- Monitor compliance with the 4 hour standard weekly
- Clinical review of standards – mean time.
- Increase in assessment beds implemented
- ECIST review underway
- ED recovery plan to be generated in line with ECIST recommendations

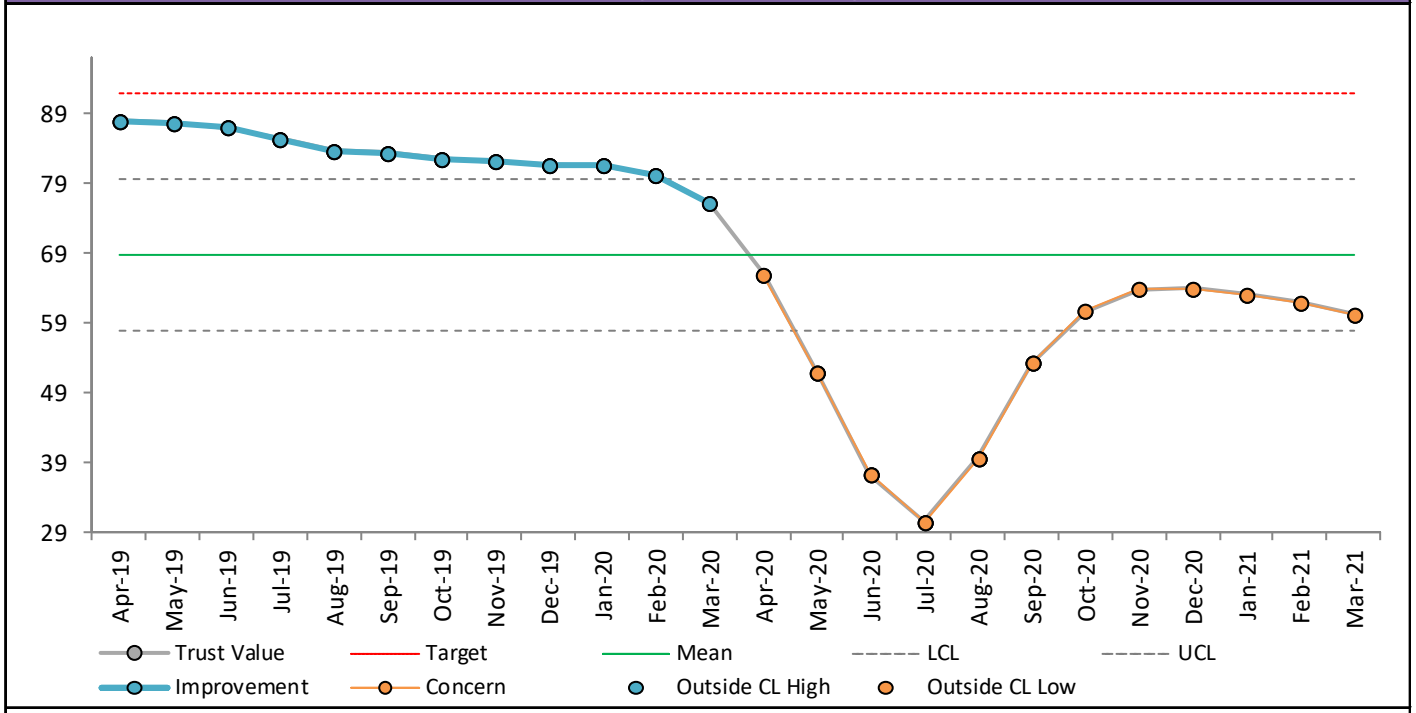
Timescale

- 12 – 18 months

Responsive

South Tees Hospitals NHS Foundation Trust

RTT Incomplete Pathways (%)



The % of incomplete pathways for patients within 18 weeks

Target	92
Mean	68.87
Last Month	60.33

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

Compliance has been below target since April 18 and decreased early in pandemic.

Improvement in performance previously restricted in the main due to limited theatre access.

Cause of Variation

March is working position yet to be finalised.
Feb 2021:
RTT compliance has marginally reduced to 62.03% (from 63.11% in January). The number of patients waiting over 52 weeks at the end of February has increased to 4,043 from 3,421 at the end of January. The number of patients waiting in excess of 78 weeks has increased from 342 at the end of January to 436 at the end of February.

Planned Actions

- Orthopaedic weekend working commenced
- Distribution of activity to IS
- Review of workforce released to CC
- Focus on clinical need first, then longest waiters
- Increase in theatre access throughout April
- Further increase in access planned in May

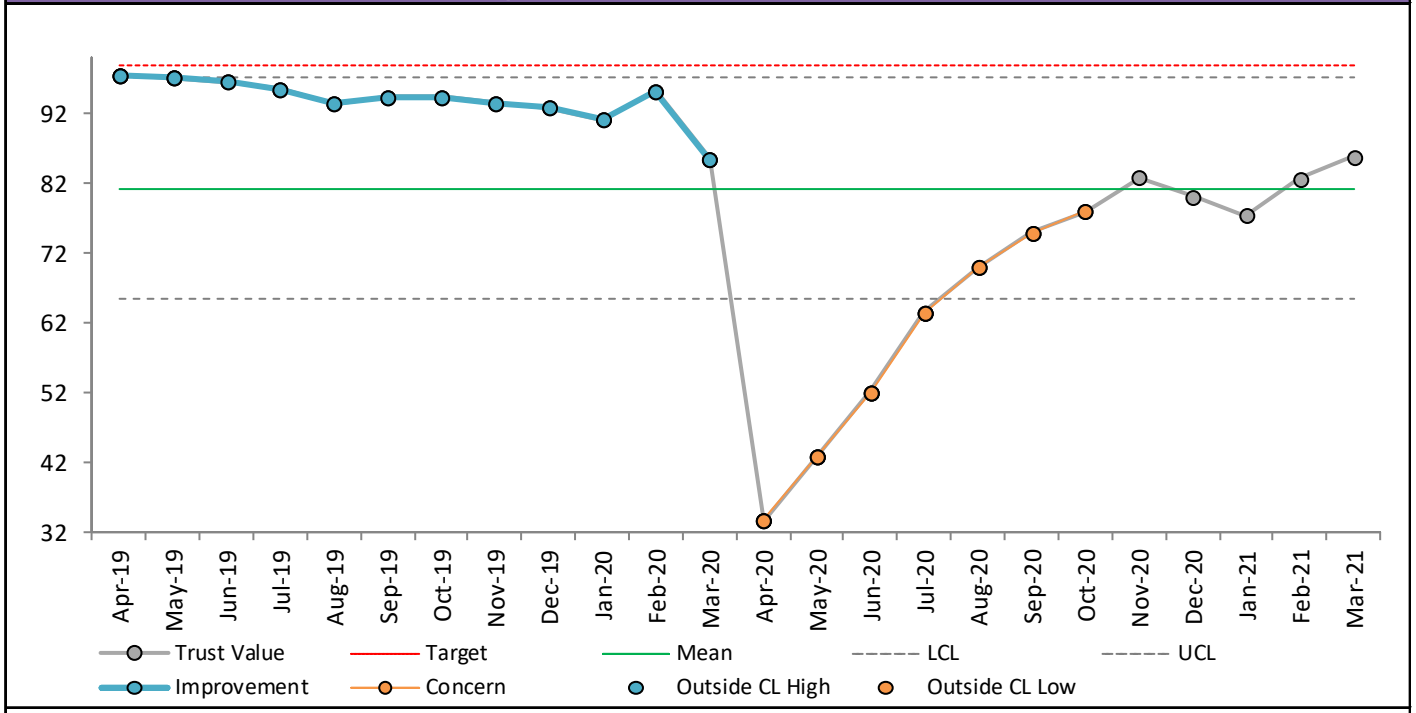
Timescale

- 18 months plus
- Improvement trajectory will be determined with clinical teams.

Responsive

South Tees Hospitals NHS Foundation Trust

Diagnostic 6 Weeks Standard (%)



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

Target	99
Mean	81.36
Last Month	85.88

Executive Lead

Sam Peate

Lead

Ann Wright

Commentary

Compliance for diagnostics has been below target since April 19. The metric decreased further following the onset of Covid however there was a rapid improvement during the recovery period in the main due to imaging performance. The metric has remained constant during the current wave of Covid.

Cause of Variation

- 3 modalities are compliant against the standard: CT, MRI and Ultrasound.
- 3 modalities are statistically a cause for concern: Bone Densitometry, Sleep and Audiology.
- Workforce constraints in key areas
- Social distancing affected patient turnover in some areas.

Planned Actions

- Weekend working in place and to continue.
- Weekly review of diagnostic performance.
- Significant increase in Audiology capacity planned April 2021.
- Workforce plan for Echo and Sleep being developed
- Utilising all available capacity.
- Working with partners to support improvement.
- Improvement trajectories to be developed.

Timescale

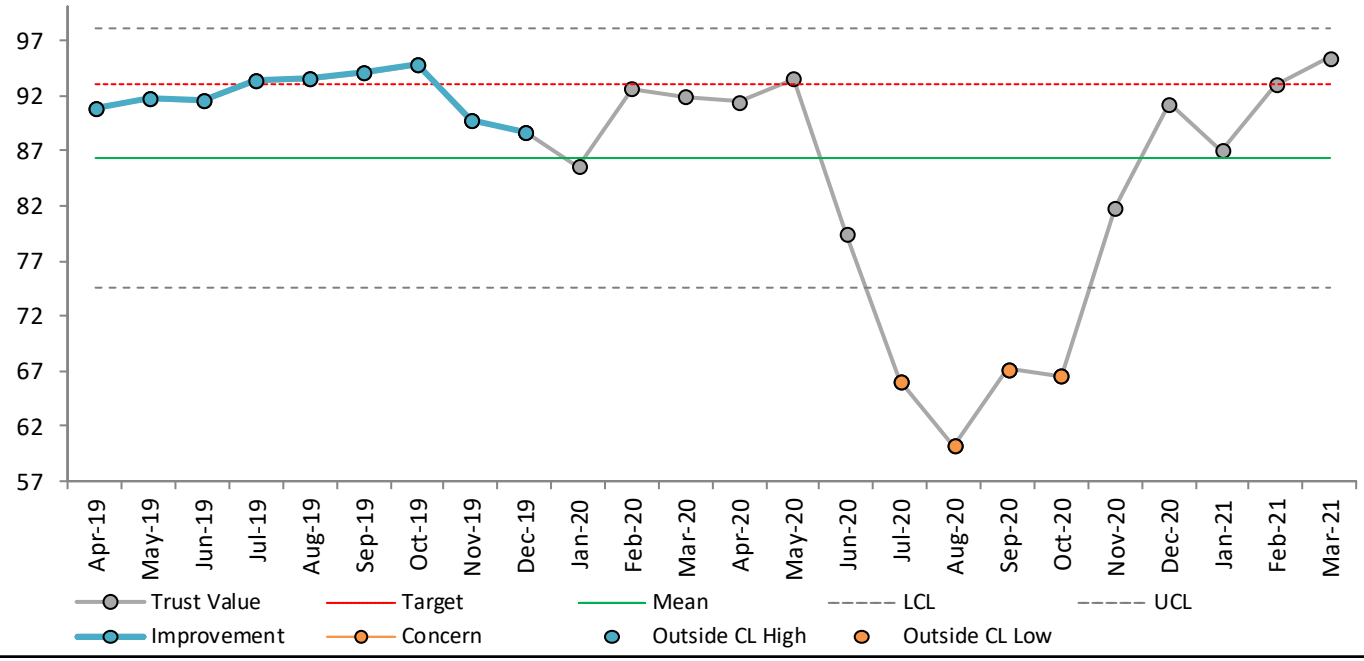
Due to the impact of Covid this metric is unlikely to get back to target for many months.

Improvement trajectory will be determined with clinical teams.

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 14 Day Standard (%)



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

Target	93
Mean	86.32
Last Month	95.39

Executive Lead

Sam Peate

Lead

Carol Taylor

Commentary

Provisional figure for March has achieved the target. Performance continues to be monitored through cancer performance meetings.

Cause of Variation

March is working position yet to be finalised.
Feb 2021:

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

Planned Actions

- Continuation of triage of 2ww referrals on receipt.
- Daily Escalation of unutilised slots to ensure these are filled.
- Weekly cancer performance wall continues virtually to identify pressures and themes.

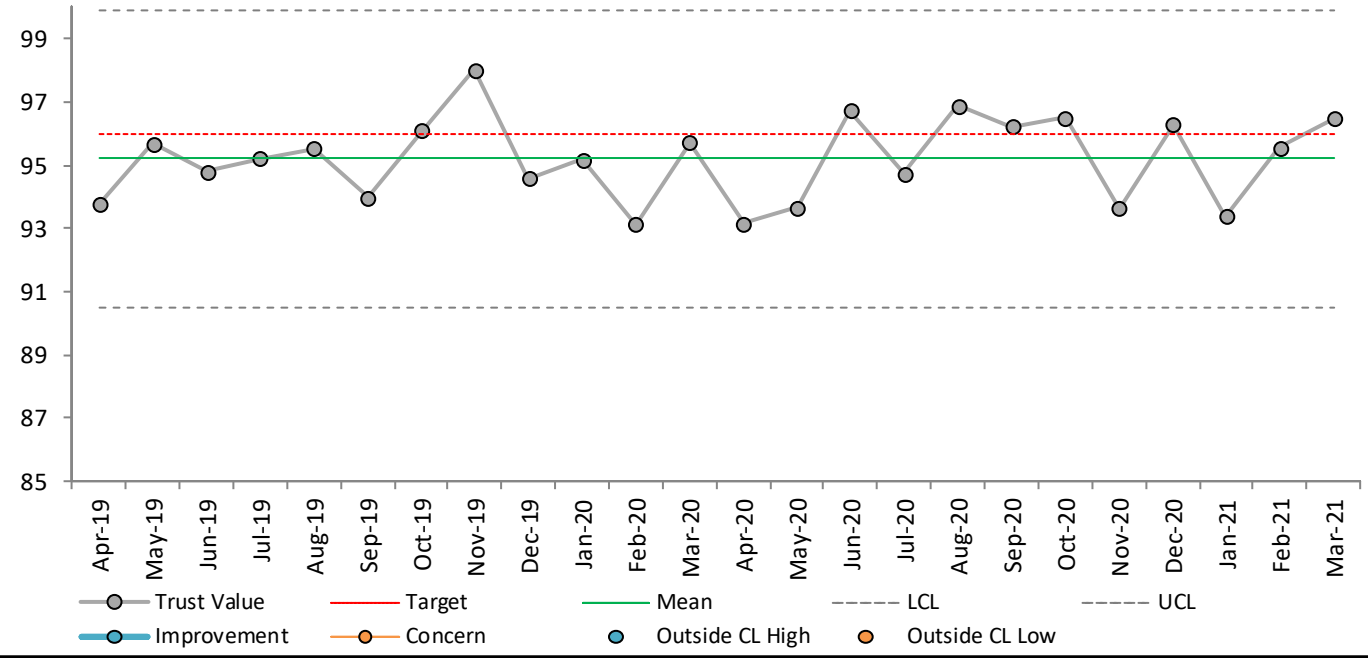
Timescale

- Measure compliant

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 31 Day Standard (%)



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

Target	96
Mean	95.21
Last Month	96.48

Executive Lead

Sam Peate

Lead

Carol Taylor

Commentary

Whilst within control limits this target is not being met consistently.

Cause of Variation

March is working position yet to be finalised.

Feb 2021:

- It should be noted that those who have breached the 62 day standard often carry a 31 day standard as well.
- Diagnostic capacity increasing as COVID 19 demand reduces.
- Lack of theatre access has impacted performance with some P3 patients in last three months

Planned Actions

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

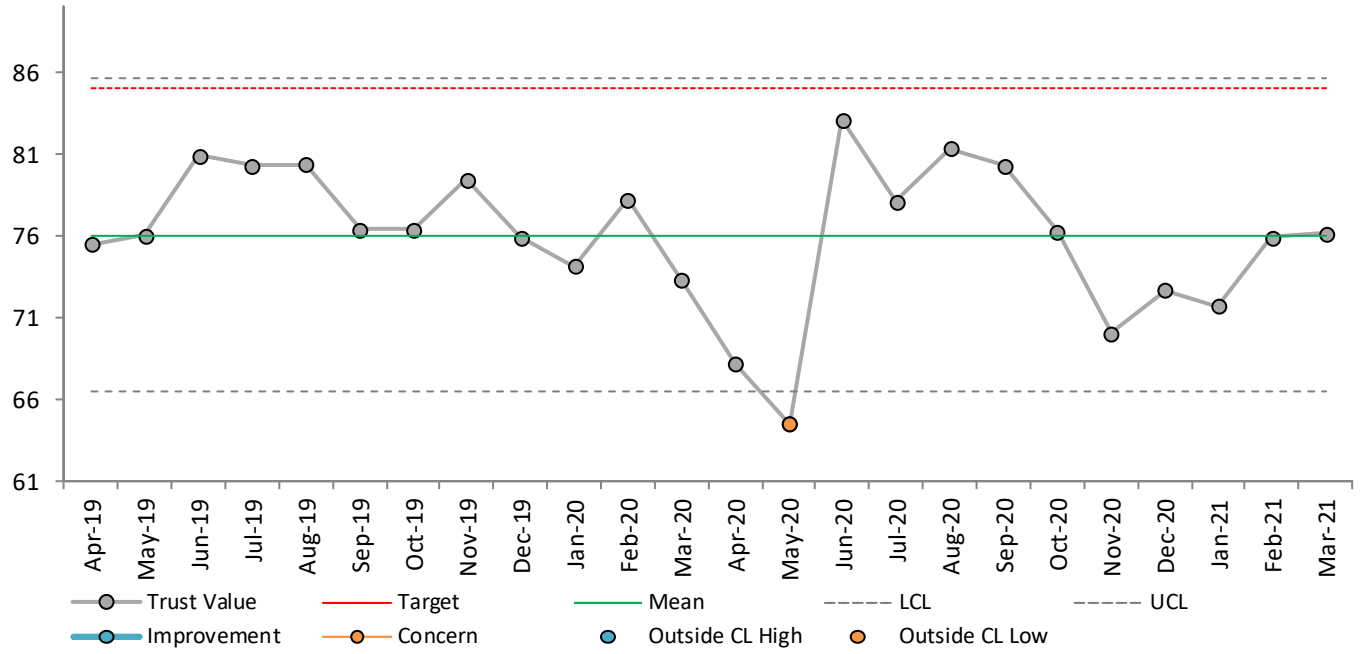
Timescale

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

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 62 Day Standard (%)



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

Target	85
Mean	76.07
Last Month	76.19

Executive Lead

Sam Peate

Lead

Carol Taylor

Commentary

Whilst just within the control limit the means is at 76.07% therefore the target is unlikely to be met.

Cause of Variation

March is working position yet to be finalised.
Feb 2021:

- February treatments were 137 compared to 151 in February 2020 (-9%)
- Surgical demand for P2 patients is still being met in the capacity available

Planned Actions

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

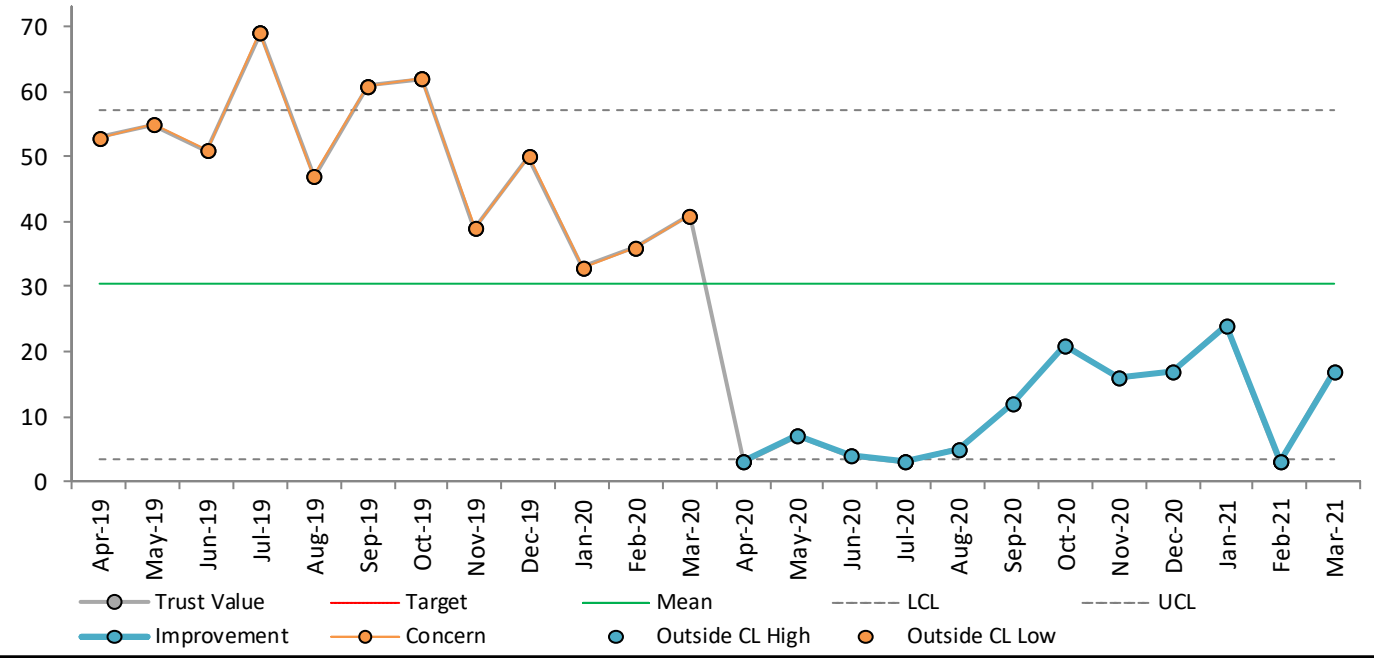
Timescale

- Due to the impact of Covid this metric is unlikely to get back to target for many months.
- Improvement trajectory will be determined with clinical teams.

Responsive

South Tees Hospitals NHS Foundation Trust

Non-Urgent Ops Cancelled on Day



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

Target	0
Mean	30.38
Last Month	17.00

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

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

Cause of Variation

- 17 patients cancelled Reasons for the cancellations are lack of theatre time, ITU/HDU bed or ward bed due To COVID-19 pressures.

Planned Actions

- Continue to ensure that patients are appropriately consented and pre-assessed prior to admission to minimise the likelihood of 'hospital initiated' cancellation.
- Focus on improved pre-assessment service.
- Weekly review to take place in clinical recovery meeting.
- Established waiting list managers forum to tackle performance.

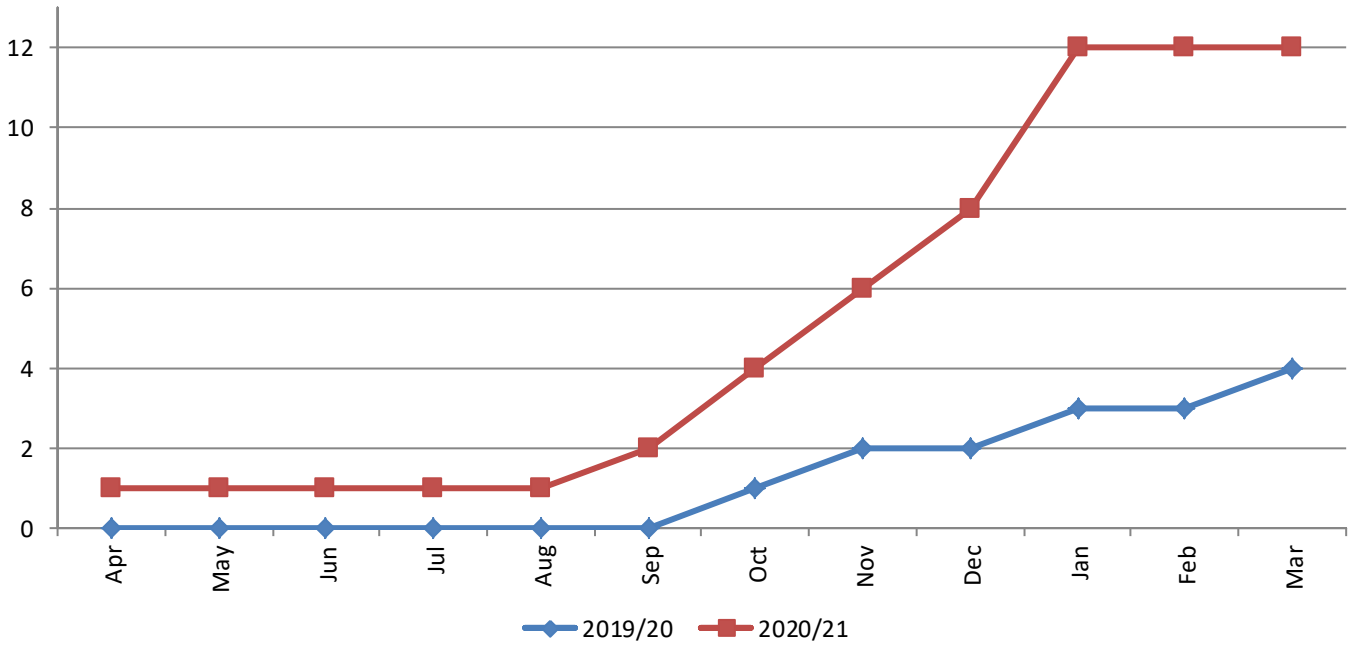
Timescale

- Ongoing.

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Operations Cancelled On Day (YTD)



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

Target	0
Mean	N/A
YTD	12

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

Cancer cancelled Operations have only been reported since the end of 2019.

There have been 12 cancer operations cancelled this financial year.

Cause of Variation

- There were 0 short notice cancer operations cancelled in March for non clinical reasons.
- Limited access to critical care throughout pandemic

Planned Actions

- Cancellation reasons to be reviewed in weekly clinical recovery meeting

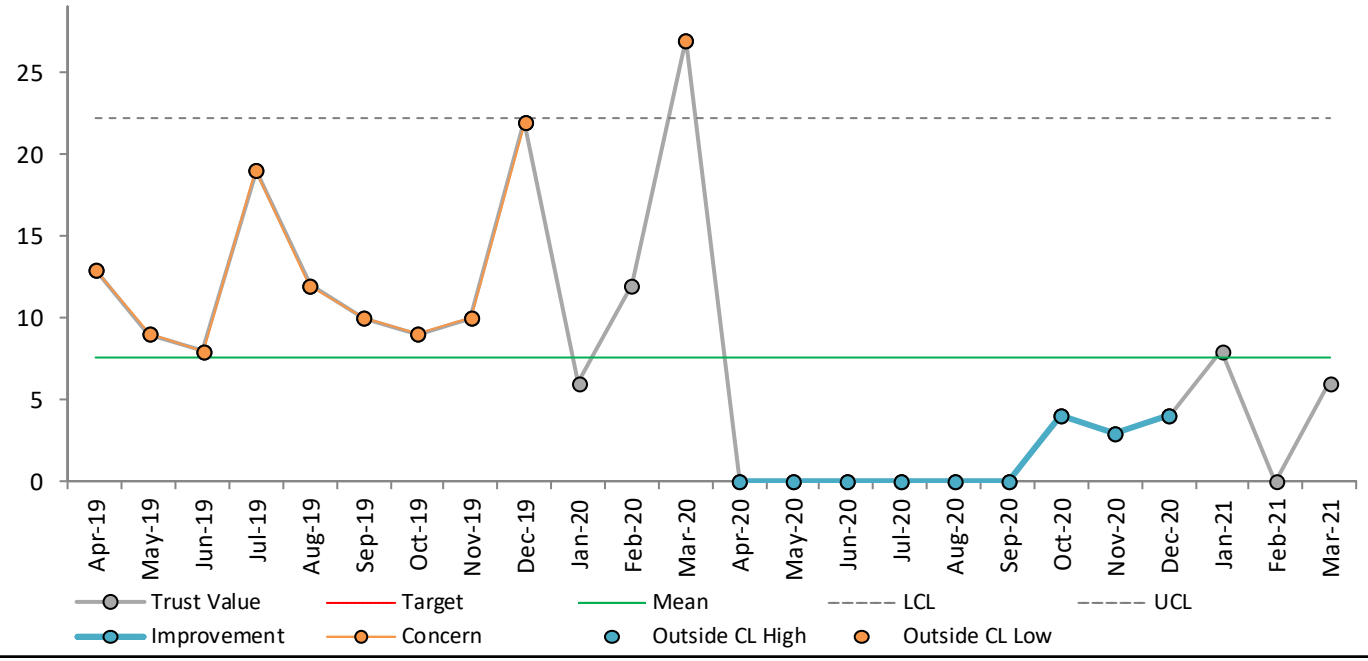
Timescale

- Ongoing monitoring

Responsive

South Tees Hospitals NHS Foundation Trust

Cancelled Ops Not Rebooked Within 28 days



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

Target	0
Mean	7.58
Last Month	6.00

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

This metric improved significantly following the onset of Covid. Cancellations started to increase during the recovery phase however they have not increase d to pre Covid levels.

Cause of Variation

- 6 patients reported in March 21, 2 have dates to come in 4 still awaiting dates.
- Constrained theatre access throughout pandemic

Planned Actions

- Continue to escalate for dates to be re-booked within 28 day standard if dates not yet booked or booked outside of the 28 day standard.
- Increase in theatre access implemented throughout April
- Weekly monitoring via clinical recovery meeting

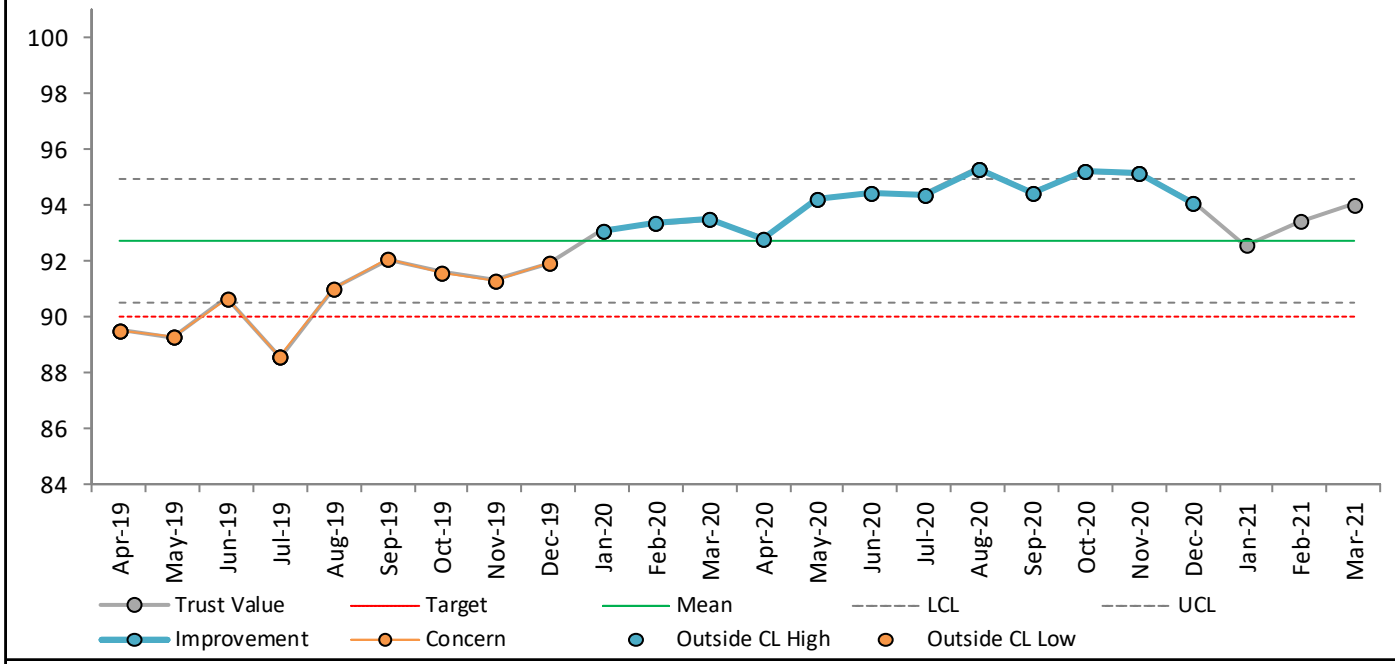
Timescale

- Ongoing

Responsive

South Tees Hospitals NHS Foundation Trust

E-Discharge (%)



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

Target	90
Mean	92.76
Last Month	94.05

Executive Lead

Sam Peate

Lead

Moira Angel

Commentary

This target has been met consistently since August 2019.

Cause of Variation

- No significant variation.

Planned Actions

- There are some data quality issues that are being explored to check for accuracy.

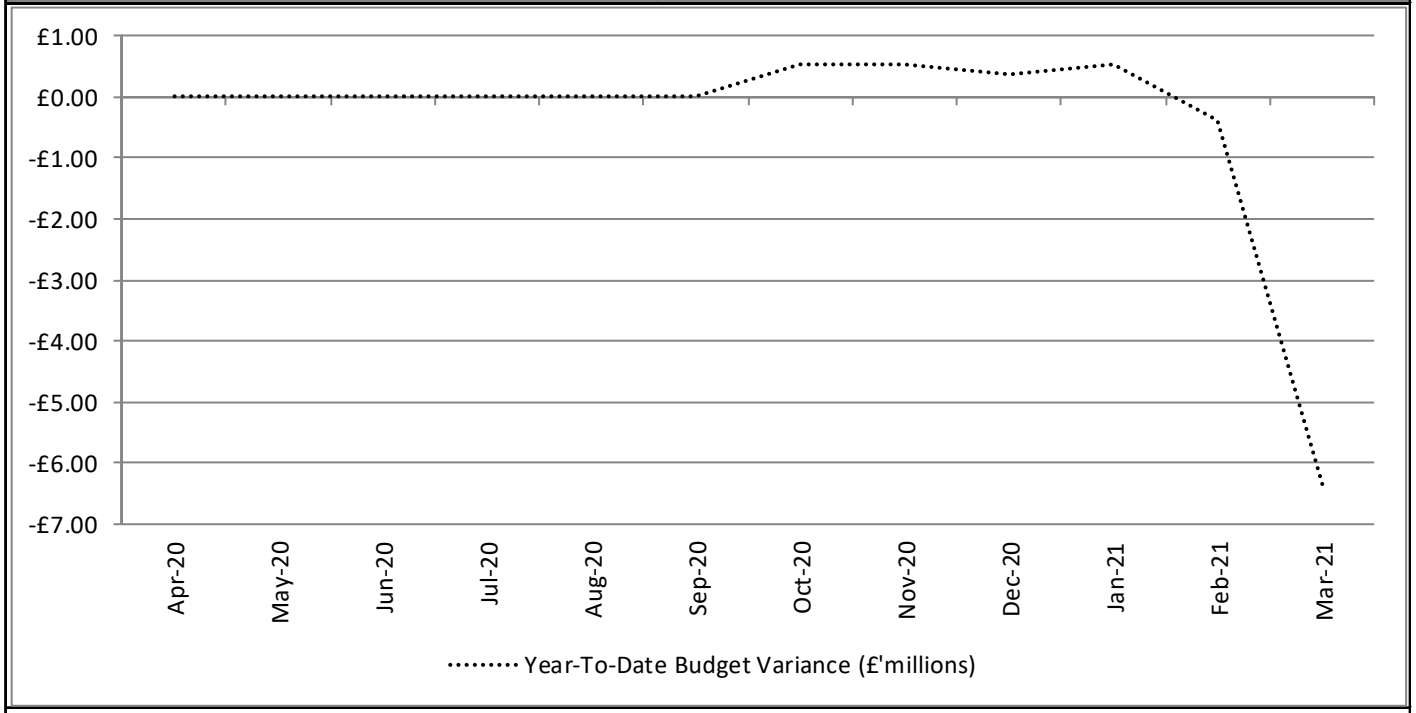
Timescale

- April 2021

Well Led

South Tees Hospitals NHS Foundation Trust

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



Year-To-Date Budget Variance

Target	0.00
Mean	N/A
Last Month	-6.40

Executive Lead

Chris Hand

Lead

Luke Armstrong

Commentary

At the end of March the Trust's (system performance) deficit was £11.6m. This was in line with the ICS system forecast and reflects national year end accounting adjustments for covid-19.

Cause of Variation

- The Trust's financial performance of a deficit of £11.6m is £6.4m higher than the unadjusted financial plan for the year.
- This position reflects year end accounting adjustments for covid-19 and achieves the deficit position agreed with NHSE / I regional colleagues, as part of delivering overall system financial balance.

Planned Actions

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

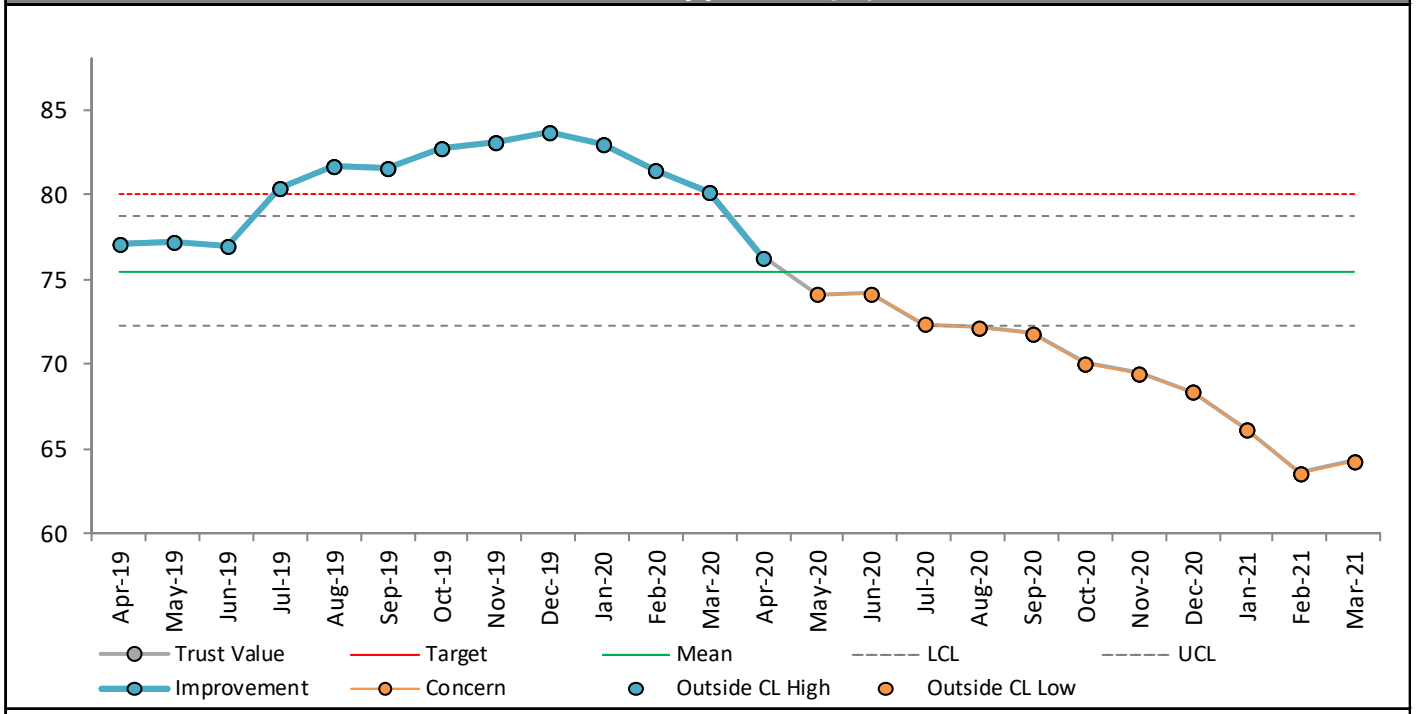
Timescale

- Ongoing
- Ongoing

Well Led

South Tees Hospitals NHS Foundation Trust

Annual Appraisal (%)



Annual Appraisal Rate

Target	80
Mean	75.50
Last Month	64.28

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

This metric has decreased significantly since April 2020 and the onset of COVID.
Launch of new appraisal process and formation of collaboratives should enable a swift increase. Focus on reaching 80% compliance by September 2021

Cause of Variation

- Increased volume of staff absence due to COVID, including absence and isolation.
- Medical staff not required to complete annual appraisals.
- Additional pressures on managers requiring them to focus on operational requirements.

Planned Actions

- Positive discussions regarding Appraisal and Career Conversation ongoing with Staff Side colleagues with a view to roll out new appraisal document in April 2021 – supported by guidance and training documents.
- Working party set up to identify plans for new appraisal process to be rolled out in Corporate functions to complete all appraisals within first quarter of financial year, with a view to implementing further Trust-wide.
- New appraisal to be rollout across the Trust and 80% appraisals completed by end of Quarter 2.

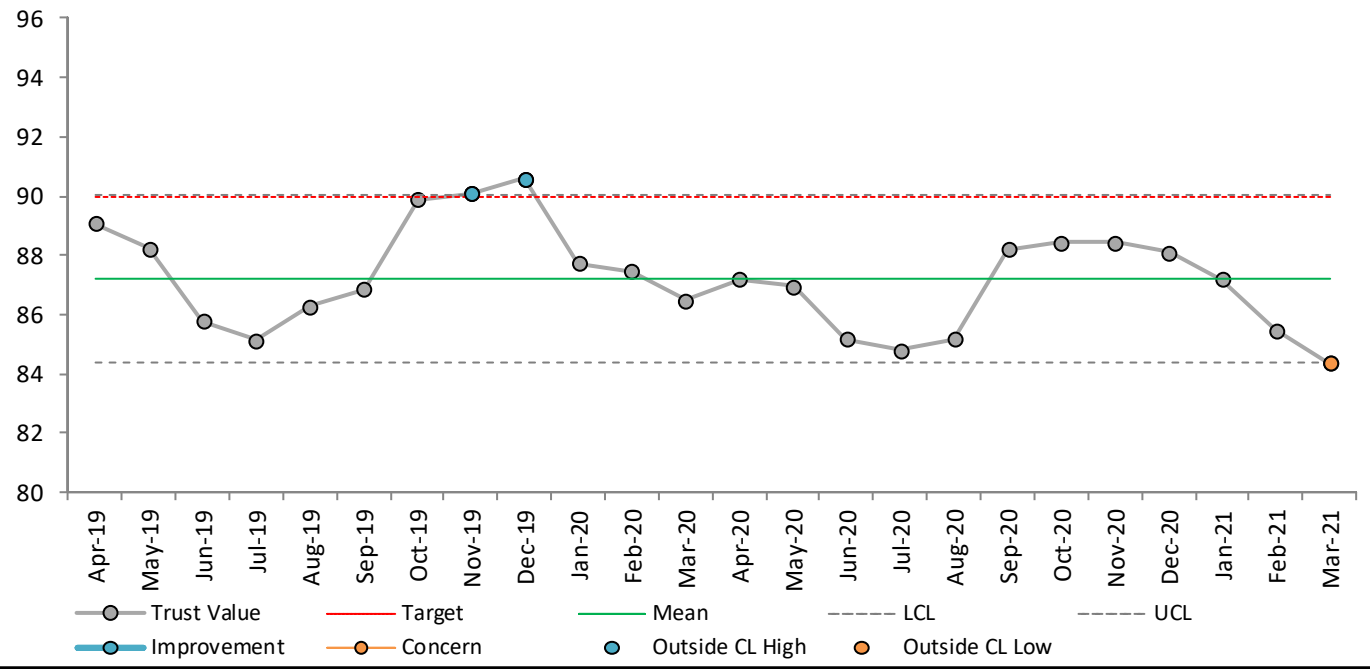
Timescale

- April 2021
- June 2021
- September 2021

Well Led

South Tees Hospitals NHS Foundation Trust

Mandatory Training (%)



The % of Mandatory Training Compliance

Target	90
Mean	87.22
Last Month	84.37

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

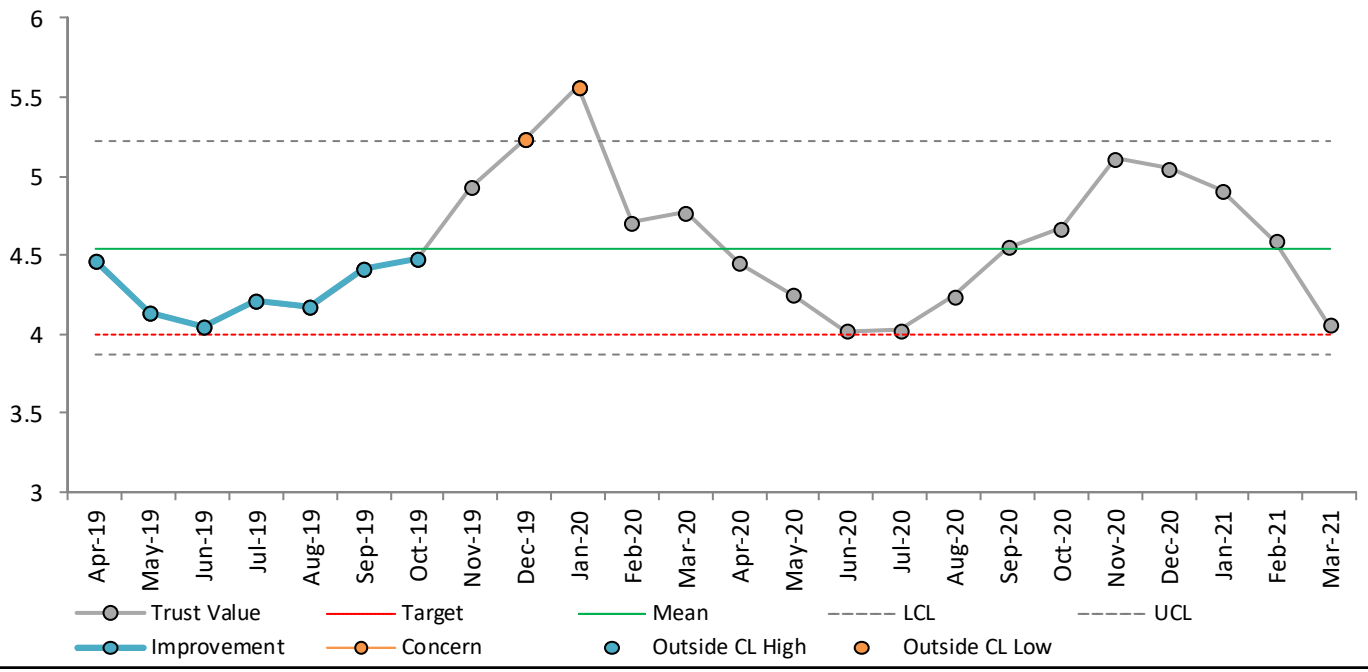
The transfer of mandatory training onto ESR has taken place and briefing sessions for staff in place.

Cause of Variation	Planned Actions	Timescale
• Operational focus on mandatory training compliance limited due to workforce pressures.	• Core 11 Mandatory Training updated to ESR at the beginning of April 2021.	• April 21
• Data cleanse of mandatory training data now complete and accuracy of data has vastly improved. Mandatory Training date to be transferred onto ESR from 1 April 2021, to be reported in real time.	• Information on new Mandatory Training system communicated via Trust briefed and drop in sessions held at both JCUH and FHN. • Continued focus on non-compliant areas and elements of mandatory training via HRBPs and Centre/Department managers.	• April 21 • Ongoing

Well Led

South Tees Hospitals NHS Foundation Trust

Sickness Absence (%)



The % of monthly sickness absence

Target	4
Mean	4.54
Last Month	4.06

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

General sickness has reduced over the recent months and now is almost at target . A number of support mechanisms have been developed for colleagues to support their return to work and health and wellbeing.

Cause of Variation

- Staff absence figures demonstrate a positive decline against last month from 4.59% to 4.06% against an overall absence target of 4%.

Planned Actions

- Guidance and support communicated for those staff who have returned from shielding, including a focus on health and wellbeing support.
- Appointment of a Mental Health Nurse to take a proactive lead in health and wellbeing across the Trust.
- Discussions underway regarding the establishment of long-covid clinics.
- Risk assessment process review in preparation for the return of staff from shielding.

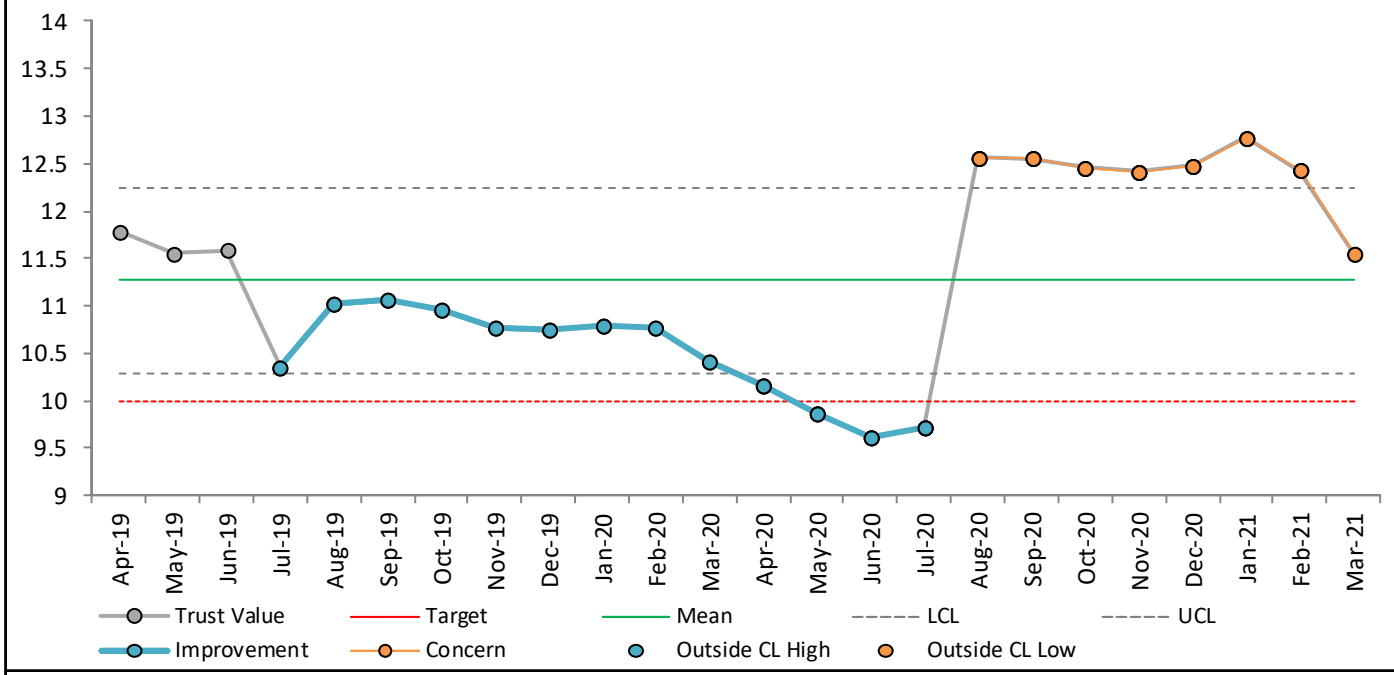
Timescale

- April 2021
- April 2021
- April 2021

Well Led

South Tees Hospitals NHS Foundation Trust

Staff Turnover (%)



Staff turnover rate

Target	10
Mean	11.27
Last Month	11.55

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Staff turnover reduced significantly over the last 3 months.

Cause of Variation

Turnover has reduced over the last quarter, as short and fixed term contracts expire, resulting in more stability within in staff groups.

Planned Actions

- Exit Strategy to be developed and presented to Staff Side Colleagues in May 2021.
- Reviewed and updated support provided for staff returning from shielding, with a focus on psychological and wellbeing.
- Continue to support staff wellbeing through welfare calls, wellbeing workshops, OH interventions and psychological support.

Timescale

- May 2021

Glossary of Terms

South Tees Hospitals NHS Foundation Trust

Term	Description
ED	Emergency Department
EPRR	Emergency Preparedness, Resilience and Response
HDU	High Dependency Unit
HILT	Hospital Intervention Liaison Team
HRBP	HR Business Partner
IPAC	Infection Prevention and Control
IPAG	Infection Prevention Assurance Group
IPCN	Infection Prevention Control Nurse
ITU	Intensive Therapy Unit
LocSSIP	Local Safety Standards for Invasive Procedures
OPAT	Outpatient Parenteral Antibiotic Therapy
PTL	Patient Tracking List
RTA	Ready To Assemble
SI	Serious Incident
STACQ	South Tees Accreditation for Quality of Care
TCI Date	To Come In Date

Future Changes

South Tees Hospitals
NHS Foundation Trust

- Clinical prioritisation and clinical harms as a result of COVID 19.
- Benchmark data against other Trusts.
- Elective recovery trajectories.
- Further revisions following publication of planning guidance.
- Implementation of recalculating the control limits within charts where special cause variation has been detected

South Tees Hospitals NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 4 May 2021			
FREEDOM TO SPEAK UP – ANNUAL REPORT			**AGENDA ITEM: 12** **ENC 9**
Report Author and Job Title:	Abbie Silivistris Freedom to Speak Up Guardian Ian Bennett and DD Quality & Safety	**Responsible Director:**	Dr Hilary Lloyd Chief Nurse
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	This report is an annual review of the Trust's raising concerns processes and the role of the Freedom to Speak Up Guardians.		
Background	The FTSU Guardian role was created in response to Sir Robert Francis' report on the Freedom to Speak Up review and the events at Mid Staffordshire NHS Trust. The new FTSU model was launched across the Trust in September 2020 and is now embedded within the Trust. The role of the Guardians includes determining if there are any related themes or issues associated with the items raised. These themes can be shared and used to improve learning within our organisation.		
Assessment	Significant progress has been made in the 6 months since the new model was launched with more staff than ever now speaking up through FTSU channels. We have seen a significant improvement within the 2020 Staff Survey results in regards to our safety culture and have also seen an improvement in our FTSU Index score.		
Recommendation	Members of the Board of Directors are asked to note the content of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	All risks associated with this paper are recorded on the risk registers.		
Legal and Equality and Diversity implications	There are no legal, equality and diversity implications within the report.		
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

South Tees Hospitals
NHS Foundation Trust

Freedom to Speak Up Annual Report 2020/2021

1.0 Introduction

“Anyone working in the NHS should be able to speak up about anything that gets in the way of delivering high quality patient care or that affects their working lives” (National Guardian Office, NGO 2019).

Our Freedom to Speak Up (FTSU) Guardian team provides a route to enable workers to do this when they feel unable to speak to their line manager or use other established processes. This annual report shows the significant steps we have taken so far in creating a healthy speaking up culture in order to improve patient safety and the experiences of our staff at work.

2.0 Background

The Trust’s cultural journey commenced in October 2019. The Trust Board have played a role in setting the tone by publically committing to speaking up and the expected values and behaviours associated with this.

The purpose of this paper is to provide a summary of the work undertaken by the FTSU team between 1st April 2020 and 31st March 2021, and to celebrate the progress made so far in improving our speaking up culture.

3.0 New FTSU Model

FTSU was first introduced at South Tees Hospitals Foundation Trust (STHFT) in 2018. However, due to changes in personnel, a revised model (Figure 1) was developed in June 2020 which culminated in the recruitment of four new part time FTSU Guardians (2 WTE), who commenced in September 2020.

The model is in line with national recommendations set out by the NGO and is in the portfolio of the DD Quality and Safety with Board level oversight by the Chief Nurse and one of the Non-Executive Directors.

Figure 1: Speak Up Model

Staff at South Tees are encouraged to raise concerns with their line manager in the first instance, but have the option to speak to anyone in the Speak Up Model outlined above if they feel their concerns are not being addressed.

3.1 Vision

Our vision:

From front line care to Board level, all staff at South Tees Hospitals are committed to supporting a transparent and open culture, where all staff including: agency workers, temporary workers, students, volunteers, governors and other stakeholders are encouraged and feel safe to speak up.

4.0 Key progress during 2020/21

4.1 Raising the profile of FTSU

Communication and visibility are key to the success of engaging staff to speak up, the Guardians have developed strong links with the communications department who have supported a speaking up communications strategy including a FTSU intranet page, resources such as leaflets, posters and banners, regularly mentioning FTSU in weekly Staff Bulletins and helping the team set up a Twitter account. An article about FTSU has also been published in the Trust's Talking Point Magazine.

The Guardians understand the importance of being accessible to staff and regularly visit wards and departments across all hospital sites, including GP surgeries to reach community teams. They introduce FTSU at Trust induction and preceptorship days and attend team meetings across all sites to increase awareness.

4.2 FTSU Champions

In line with NGO recommendations, the Trust created the FTSU Champion role in 2018 and developed a diverse network of champions across the organisation. The role of the Champions is to promote speaking up within their area of work and to signpost staff raising concerns to the appropriate person within the Speak Up Model.

The Guardians have re-established relationships with 15 previous FTSU Champions and they have 5 hours of protected time per year dedicated to their role to enable them to participate in annual training updates and awareness raising events. It will also allow the Guardians to provide supervision and support in the way of regular drop in sessions and MS Teams catch up meetings.

4.3 Local Networks

To triangulate data and identify areas that may need support, the Guardians have developed relationships with other services within the Speak Up Model. The team meets on a regular basis with Human Resources Business Partners (HRBPs) and Staff Side Representatives. The team have linked with Chaplaincy, Occupational Health and Medical Psychology Service and are able to directly refer staff when appropriate. The Guardians have established relationships with the Leadership and Development team and developing this relationship further will be a priority for 2021.

The Guardians meet with the Executive Lead for FTSU and the CEO on a bimonthly basis and with the Non-Executive Lead for FTSU and Chair of the Trust on a quarterly basis to provide updates on the progress made and discuss how to improve our speaking up culture further.

4.4 FTSU Networks

The NGO recognises the need to develop and engage within formal regional networks. The Guardian team are active members of the North East and Cumbria Regional Network and have a strong relationship with the Regional Liaison Lead. This forum is beneficial for Guardian support and facilitates sharing of good practice.

4.5 NHS Staff Survey: FTSU Index

Since 2019 the NGO has published an annual report on the FTSU Index which monitors ‘speaking up culture’ in the NHS based on four questions from the annual staff survey.

The purpose of the index is to enable trusts to see at a glance how their FTSU culture compares with others, promote the sharing of good practice and enable trusts that are struggling to ‘buddy up’ with those that have higher scores.

In July 2020 the Trust scored 73.1% in the FTSU Index linked to the 2019 staff survey. This compared nationally with the highest performing Trust at 86.6% and the lowest at 68.5%, STHFT ranked 224th out of 230 organisations.

Table 1 shows the survey questions used to make up the FTSU Index and benchmarks STHFT against the national average.

Table 1: Questions linked to the FTSU Index

Question	2019 (STHFT)	2020 (STHFT)	2020 (National Average)
% of staff responded “agreeing” or “strongly agreeing” that their organisation treats staff who are involved in an error, near miss or incident fairly (question 16a)	47.0%	57.4%	61.4%
% of staff responded “agreeing” or “strongly agreeing” that their organisation encourages them to report errors, near misses or incidents (question 16b)	82.2%	86.8%	88.2%

% of staff responded "agreeing" or strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 17a)	94.1%	95.7%	94.6%
% of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 17b)	67.6%	72.1%	71.8%

An additional question was included in the 2020 NHS Staff to explore whether staff feel safe to speak up about concerns.

Question	2020 (STFT)	2020 (National Average)
% of staff responded "agreeing" or "strongly agreeing" that that they would feel safe to speak up about anything that concerns me in this organisation (question 18f)	63.8%	65%

STHFT has improved its scores in relation to all four questions with these being the highest scores reported in the Trust for 5 years. The scores for questions 17a and 17b are also above the national average. This encouraging upward trend, which indicates an improvement in speaking up culture, is likely to be linked to the introduction of the new senior leadership team in 2019 and the new FTSU model.

In March 2021 the NGO contacted the FTSU Guardians to ask whether STHFT would submit a case study to the upcoming publication of the FTSU Index as the Trust has one of the most improved scores. The latest FTSU Index report is due to be published at the end of May 2021. However, as highlighted in the results for question 16a and 18f there is still work to be done as the Trust progresses a 'just and learning' culture.

4.6 Care Quality Commission (CQC)

CQC inspections assess whether the leadership, management and governance of the organisation assure the delivery of high quality person-centred care, support learning and innovation, and promote an open and fair culture. Consequently the CQC now assesses a Trust's speaking up culture during inspections under the key line of enquiry (KLOE) 3 as part of the well-led question.

4.7 National Guardian's Office

4.7.1 Quarterly NGO submissions/NGO Annual Report

The Guardians continue to provide quarterly information about speaking up cases raised, outlining the themes and reporting the feedback received from closed cases. The data has contributed to the publication of the NGO annual report in March 2021

which has seen a 32% rise in the number of cases raised to Guardians this year compared to 2018/19.

In the report the NGO makes it clear that while the mission of the NGO is to make speaking up business as usual in the NHS, their broader strategy is to effect cultural change and help the NHS to lead the way in embedding a 'learn, not blame' culture that seeks to change and improve.

The NGO is aiming to become a more 'intelligence driven organisation' to help improve their understanding of speaking up and to better support improvements in the way speaking up takes place across the healthcare system. They are working with NHS England and Improvement (NHSE/I), with input from the FTSU Guardians, on the development of the culture and engagement compartment of the Model Hospital database. Model Hospital is an NHS digital information service designed to help the NHS improve productivity and efficiency. It will enable the FTSU Guardians to support the organisation to learn and improve in relation to speaking up.

Key headlines from the 2019/20 NGO Annual Report were:

- 16,199 cases were raised to FTSU Guardians in trusts and FTs between 1st April 2019 and 31st March 2020.
- The total number of cases raised in 2019/20 was 32% higher compared to the previous year.
- Nurses continued to account for account for the highest portion of cases raised (28%) compared to other professional groups. Administrative and clerical workers accounted for the next highest portion (19%).
- 13% of cases were raised anonymously.
- 36% of cases were related to behaviours and included an element of bullying/harassment.
- 23% of cases included an element of patient safety.
- 3% of cases indicated that detriment as a result of speaking up was reported.

4.7.2 NGO case reviews/GAP analysis

In July 2017 the NGO launched a case review process reviewing how Trusts have supported workers to speak up, where there is evidence to suggest that the support has not been in line with best practice. Recommendations for improvement are made and it is expected that all Trusts perform a gap analysis against these recommendations to ensure learning is promoted.

Eight case reviews have been completed with recommendations and the FTSU Guardians have performed a gap analysis to ensure the Trust has benchmarked against these. It is encouraging to see that the Trust has already implementing most of the recommendations.

As shown in Table 3, out of 43 recommendations, 33 have been implemented, 8 are in the process of being implemented and 2 require liaison with HR.

Table 3: GAP analysis of case reviews		
RAG Rating	Number of Recommendations	Detail of Recommendations
Red Off Track	2	Ensure that all HR policies and procedure meet the needs of workers who speak up, including letters to suspended workers that accurately state their ability to access their Guardian. Ensure all investigations into the alleged conduct of workers who have previously spoken up also seek to identify whether any such allegations are motivated by a desire to cause detriment. This should include amending the Trust disciplinary policy to require such action.
Amber On track and expected to deliver	8	Ensure that the Trust FTSU Policy aligns with the Standard Integrated Policy. All organisations should follow the national guidance on training and provide training on speaking up for all those who deal with speaking up cases. Measure effectiveness of FTSU Communications Strategy Develop and implement a FTSU Strategy to improve the speaking up culture across the workforce. Ensure appropriate managerial and emotional support for FTSU Guardians. Value the views of workers including consulting staff about changes to their services where appropriate. Take steps to actively promote the use of mediation. Trust leaders should take appropriate steps to ensure that they are visible and accessible to all workers to promote a culture of visible leadership.
Green Fully implemented	33	

5.0 Internal Audit

The Guardians have been working with the internal audit department to evaluate the speaking up culture across STHFT. A review of Assurance Framework and Risk Management controls was undertaken by assessing the design and operating effectiveness of controls relating to the Trust's new FTSU model.

The report classified FTSU as a 'medium risk' with three findings identified relating to:

- 'Case Handling' – Due to Guardians often acknowledging issues and obtaining consent to close cases either face to face or via telephone the auditors noted a lack of written evidence. The Guardians have acknowledged this and will ensure follow up emails are sent following verbal communications.

- 'Follow Up Activities' – Following the closure of a case the Guardians encourage staff to report back to the Guardian if they feel their issue has not been resolved. They also regularly re-visit areas and email staff asking for updates. However, the auditors noted that there are no formal or documented controls in place for follow up. The plan is to liaise with the IT department to ensure that automated emails are sent to the Guardians

- 'Reporting' – the auditors recommend that a standard report template should be created for the Peoples Committee report and that meeting minutes should be captured from meetings with the lead executive and non-executive directors with responsibility for FTSU.

6.0 Key Publications

6.9.1 NHSI: Freedom to Speak Up Review Tool

In 2019 NHSI produced a guide and self-assessment tool to outline what boards need to create a positive speaking up culture. The guide is aimed at senior leaders because it is recognised that it is the behaviour of the executive and non-executive directors, which is then modelled by managers, that has the biggest impact on organisational culture.

The tool requires boards to:

- Behave in a way that encourages workers to speak up
- Demonstrate commitment to FTSU
- Have a strategy to improve your FTSU culture
- Support your FTSU Guardian
- Be assured your FTSU culture is healthy and effective
- Be open and transparent

The board completed the self-assessment tool in 2020, it is an expectation that the board should repeat this self-reflection exercise at regular intervals. It is envisaged that this exercise will be undertaken again in October 2021 so that the trust can be assured that patients are protected and staff have a good working experience.

6.9.2 NGO Training

The NGO, in association with Health Education England, has developed Freedom to Speak Up training which is divided into three modules aimed at all workers, line and middle managers and senior leaders respectively. The Guardians are working to ensure that the first module is mandatory for all staff. The Guardians have also collaborated with the trust Leadership and Development team to ensure the second module for managers is included as part of the Management Essentials Training Programme.

7.0 New FTSU Policy

The FTSU Guardians have reviewed and revised the Trust's FTSU Policy to bring it in line with the standards set out in the standard integrated Freedom to Speak Up Policy published by NHS Improvement in April 2016. The new FTSU Policy is currently being reviewed by Staff Side and HR before being forwarded to JPC for approval in the coming weeks.

7.1 FTSU Strategy (2021-2023)

The FTSU team have developed a strategy for speaking up, setting out our vision and objectives based on the issues that the Trust is currently facing in relation to speaking up. The strategy supports the delivery of the Trust's Vision and Values and a focussed work plan is in place to measure its delivery. A summary of the FTSU objectives are below in Table 4, with the FTSU strategy available in Appendix 1.

Table 4: FTSU Objectives

Freedom to Speak Up (FTSU) Strategy 2021-2023

The Freedom to Speak up strategy sets out the overarching commitment to embed a positive speaking up culture across the organisation.

NHS South Tees Hospitals NHS Foundation Trust

FTSU Objectives	What success will look like	How we will achieve it	How we will measure success
Creating the right conditions for staff to speak up	Establish a structured delivery plan that is inclusive to all staff and continue to see a rise in the percentage of staff reporting a positive speaking up experience.	• Implementing the NGO training for all staff, managers and senior leaders. • Working with HR/ Leadership & Development/ Patient Safety to promote a 'business as usual' fast response to mediation needs at the trust. • Focussed engagement with staff who identify with protected characteristics	-Continue to improve position on the FTSU Index. -Feedback on the speak up process. -Increase in number of concerns raised.
Enabling our leaders to connect with staff and be responsive	Working towards a culture that supports FTSU at every level, ensuring FTSU is part of the toolbox when engaging with staff, forming a culture that encourages conversations between staff at every level.	• Implementing the NGO training for all staff (including for managers and senior leaders). • Complete NGO board self-assessment exercise. • Develop senior leader 'drop in' listening sessions.	-Development of case studies -Reduction of concerns relating to leadership and management and bullying and harassment. -Staff survey
Implementing learning from concerns raised and improve the quality of services for patients and staff	Influence policy and practice through sharing key learning from internal cases and the NGO case reviews. Ensuring our systems are robust and effective in managing concerns effectively and implementing lessons learned.	• Share case studies at a high level with the Board every 6 months. • Take action and embed learning from NGO case reviews.	-Feedback on speaking up process. -Contribute to the NGO 100 voices campaign. -Active attendance at Regional and National NGO meetings

8.0 Staff survey results – Safety Culture

The results from the annual staff survey are represented by ten themes to allow for a high level overview of the organisation. One theme is 'Safety Culture'. Table 5 presents the overview of the safety culture as compared to previous years and in the context of the best, average and worst results for similar organisations. All of the ten themes are scored where a higher score is more positive.

Table 5: Safety Culture of STHFT

Safety Culture (0-10 scale, where a higher score is more positive than a lower score)	**2016**	**2017**	**2018**	**2019**	**2020**
Best	7.2	7.2	7.2	7.4	7.4
Your organisation	6.6	6.5	6.3	6.2	6.7
Average	6.6	6.6	6.7	6.7	6.8
Worst	6.0	5.9	6.0	5.7	6.1
No of responses	2,703	413	407	2,232	2,445

The safety culture score is the highest reported over the last 5 years and this improvement validates the work undertaken within STHFT within the patient safety teams and Quality Assurance Committee. The theme score is based on a number of questions which are presented in Table 6.

Table 6: Questions driving the Safety Culture theme score

Safety Culture Questions (%)		**2016**	**2017**	**2018**	**2019**	**2020**
16a	My organisation treats staff who are involved in an error, near miss or incident fairly	51.6	49.4	49.8	47.0	57.4
16c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	69.4	67.6	63.1	62.5	72.3
16d	We are given feedback about changes made in response to reported errors, near misses and incidents	57.2	55.5	52.0	50.6	57.9
17b	I would feel secure raising concerns about unsafe clinical practice	70.8	66.2	66.1	67.6	72.1
17c	I am confident that my organisation would address my concern	57.4	54.1	50.1	50.4	58.6
18b	My organisation acts on concerns raised by patients/service users	69.7	68.7	60.1	59.0	70.8

Table 6 shows that in 2020 there have been significant improvements in relation to all of the safety culture questions with the scores for all 6 questions being the highest reported in the Trust over the previous 5 years.

The NHS staff survey also contains results by directorate level (Table 7). This information allows us to highlight specific areas which need more focus in 2021 or need celebrating.

Staff have reported improvements in the culture of safety in 21 out of 24 directorates. The FTSU Guardians will focus their time in areas in 2021 to help to support and improve the safety culture.

Table 7: Overview of the Safety Culture in context of directorate		
Area	**Safety Culture score**(0-10 scale, where a higher score is more positive than a lower score)	
	2019	**2020**
Trust STHFT	6.2	6.7
Directorates 1		
Clinical Support	6.2	6.5
Community Care	6.4	6.8
Corporate	6.2	6.5
Friarage & Locality	6.4	6.8
Planned Care	6.1	6.3
Specialist Care	6.1	6.7
Urgent and Emergency Care	6.4	6.8
Directorates 2		
Acute Care	6.5	6.5
Cardiothoracic & Vascular	6.2	6.8
Centre Management	6.4	6.8
Clinical Support Services	6.2	6.5
Community and Palliative Care	6.3	6.9
Critical Care	6.6	7.1
Emergency Care	6.5	6.9
ENT & Oral	5.3	6.3
Estates & Facilities	5.7	6.6
Finance Directorate	6.2	6.1
Friarage & Locality	6.4	6.8
Gastro, General Surgery & Urology	6.1	6.3
Human Resources Directorate	6.3	6.7
LRI Institute	6.0	6.4
Neurosciences	6.4	6.4
Nursing and Corporate Affairs Directorate	6.6	6.9
Obstetrics & Gynaecology	6.4	6.5
Paediatrics & Neonatology	6.7	7.0
Plastics, Derm & Opthalmology	6.0	6.8
Renal, Haematology and Rad/Onc	6.4	7.2
Specialist Medicine	6.4	6.8
Specialist Therapies	5.7	6.2

Theatres, Anaesthetics & Pain	6.2	6.8
Trauma & Orthopaedics	6.2	6.7

9.0 FTSU Recording and Monitoring of Cases

A range of data is collected by the FTSU Guardians. Between 1st April 2020 and 31st March 2021 a total of 62 issues were raised with the FTSU Guardians compared to 25 reported during the previous year. This is an increase of 148% and suggests the new FTSU model is effective in supporting staff to speak up.

43.5% of staff chose to raise their issues openly, 25.8% were raised confidentially and 30.6% were raised anonymously. The previous year only 24% of staff chose to speak up openly which suggests there is increasing trust in the FTSU process.

9.1 Key themes of issues

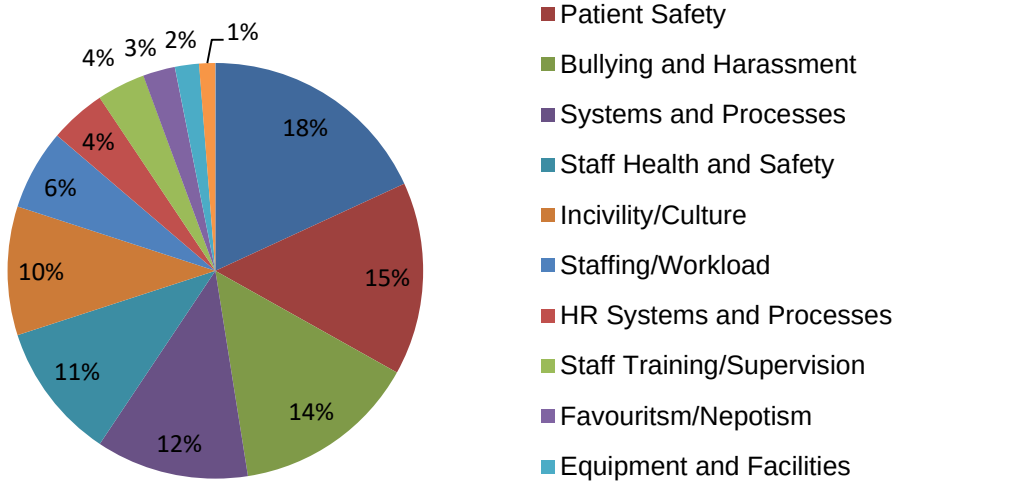
Table 8 and Chart 1 shows the key themes of the issues raised to the FTSU Guardians per quarter and over the year.

9.2 Benchmarking

As mentioned earlier, the NGO collect high level data from the FTSU Guardians on cases raised with them each quarter. The NGO then compiles statistics to enable comparison with other Trusts. The report for 2020/21 has not been published as yet. Once published, the FTSU Guardians will compare data and themes to identify any learning and this will be provided in a future report to the board.

Table 8: Themes of concerns raised to FTSU Guardians					
Themes	**Qtr 1** (April-June)	**Qtr 2** (July-Sept)	**Qtr 3** (Oct-Dec)	**Qtr 4** (Jan-Mar)	**Total number of themes Qt 1 – Qt 4**
Management	2	3	13	11	29
Patient issues	3	5	11	5	24
Bullying and Harassment	3	3	7	10	23
Systems and Processes		4	9	6	19
Staff Health and Safety	3	5	3	6	17
Incivility/Culture	2	4	8	2	16
Staffing/Workload		1	5	4	10
HR Systems and Processes		2	2	3	7
Staff Training/Supervision		1	4	1	6
Favouritism/Nepotism		1	3		4
Equipment and Facilities			2	1	3
Confidentiality/Information Governance			2		2
Total number of concerns per quarter	6	11	28	17	

Chart 1: Themes of concerns



9.3 Which staff groups are raising concerns?

Chart 2 shows that nurses continue to account for the majority of staff speaking up, followed by Allied Health Professionals (AHP) and Health Care Assistants (HCA). The FTSU Guardians will continue to increase awareness of FTSU within these staff groups by being more visible in these areas, attending team meetings and providing drop in sessions.

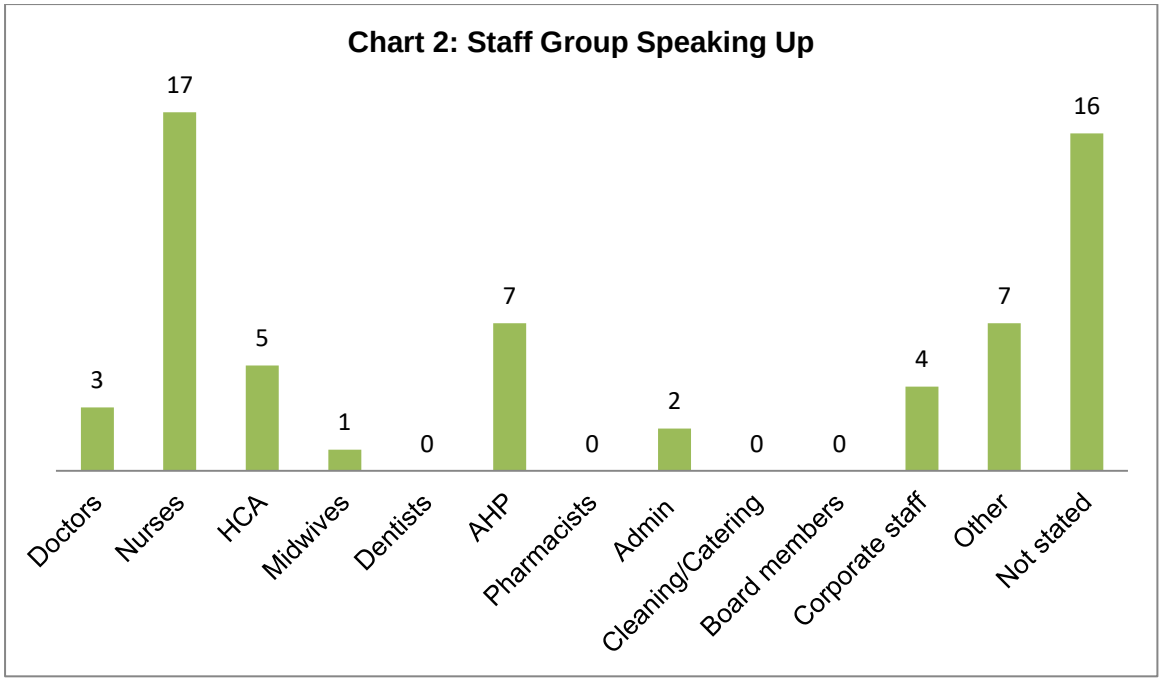
The Francis Review shows that some staff groups may feel more vulnerable than others when they raise a concern, particularly:

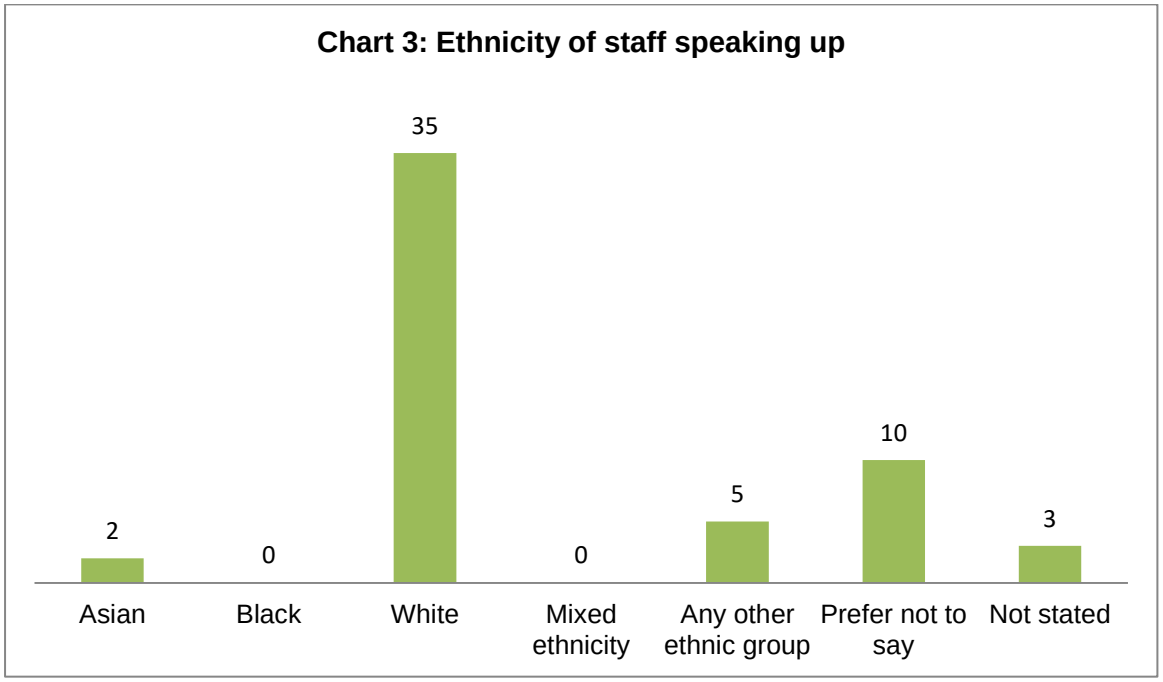
- Staff from Black and Ethnic Minority backgrounds
- Students
- Locum, agency and bank staff

The FTSU Guardians are working to promote FTSU within these staff groups with the aim of tackling barriers to speaking up.

As shown in Chart 3, the majority of staff who speak up within the organisation are of white ethnicity compared to other ethnic backgrounds. As a result, the FTSU Guardians have established links with the Equality, Diversity and Inclusion (EDI) Steering Group attending regular meetings and are in the process of attending all of the Trust Network meetings to increase awareness of FTSU. They are keen to work closely with EDI Steering Group to help support these workers.

They have also established links with Teesside University and have delivered a FTSU training session to a cohort of Child Nursing students and have plans to continue training students across the varying healthcare staff groups.





10.0 Feedback from staff who have spoken up

At present, when a case is closed and the identity of the staff member speaking up is known, the staff member receives a link to a survey asking: “Given your experience, would you speak up again? Please explain your response.”

Of the 6 staff members who responded it is positive to report that all would speak up again if necessary. Please see below for comments from staff who have been through the FTSU process.

the FTSU Guardians are changing the way feedback is requested in order to try and increase the number of staff providing feedback on their experience. It is vital that we capture this information so that we can continuously improve the service.

10.1 Lessons learned

As a result of staff speaking up some of the lessons learnt include:

- Improving recruitment processes.
- Importance of open discussions within teams and ensuring reasons behind decisions are communicated with staff.
- Importance of civility and ensuring the Trust's values and behaviours are embedded at all levels of the organisation.
- Ensuring the continuation of visible leadership within the organisation.
- Ensuring investigators of issuesare suitably independent.

10.2 Detriment

FTSU Guardians collect data on the number of cases raised with them where a staff member indicates they have experienced detriment as a result of speaking up. The NGO defines detriment as any treatment which is disadvantageous and/or demeaning and may include being ostracized, given unfavourable shifts, being overlooked for promotion or moved from a team.

There have been two cases of detriment reported in the last year. Both of these cases have been escalated appropriately and are being explored.

11.0 Summary

The purpose of creating a positive speaking up culture is to keep our patients safe and improve staff experience at work. The new FTSU Model is helping to improve speaking up within the organisation and the FTSU Guardians will continue tackling barriers to speaking up so that all staff feel safe to raise concerns.

South Tees Hospitals
NHS Foundation Trust

Appendix A – FTSU Strategy 2021-2023

Freedom to Speak Up Strategy

April 2021 – 2023

"Failure to speak up can cost lives. We need to get away from a culture of blame, and the fear that it generates, to one which celebrates openness and commitment to safety and improvement. If these things are achieved, the NHS will be a better place to work. Above all, it will be a safer place for patients."

Sir Robert Francis QC

"Anyone working in the NHS should be able to speak up about anything that gets in the way of delivering high quality patient care or that affects their working lives"

National Guardian Office, 2019

Purpose

The Freedom to speak up review was published by Sir Robert Francis in 2015, which called for NHS Trusts to appoint a Freedom to Speak Up Guardian to improve the way each organisation supports its staff to raise concerns about issues at work.

Underpinning the strategy is the Freedom to Speak Up Policy. It is acknowledged the Freedom to Speak up agenda is evolving as new learning and evidence becomes available, the strategy will be responsive to both local and national drivers and as such will be executed with focused annual deliverables.

South Tees Vision and Values

This Freedom to Speak up Strategy is in alignment with the Trust's vision, values and behaviours. South Tees Hospitals NHS Foundation Trust is determined to be an organisation that provides good quality and outstanding care supported by an open culture which focuses on the experience of its patients and staff.

OUR MISSION

Safety and quality first

As a clinically-led organisation, the safety and wellbeing of our patients and staff, underpinned by the quality of the care we provide, is at the heart of our mission. It is what matters most to people who use our services. Alongside our influence on wider determinants of health, this is our core organising principle.

OUR VISION

Empowering our Clinicians

We will continue to empower our clinicians to take the decisions about how we manage our resources and deliver safe, quality care across out hospitals and services for children, adults, families and our communities. In doing so, we will deliver the highest standards of patient-centred healthcare to communities in the North East of England, North Yorkshire and beyond.

OUR VALUES AND BEHAVIOURS

Respectful – I listen to others without judgement. I promote equality and diversity and treat others as I wish to be treated. By holding myself and others to account I demonstrate my professionalism and integrity to my colleagues.

Supportive – I acknowledge the contribution of my colleagues. I support my colleagues and our trainees to develop themselves in order to deliver the best possible care to our patients and families. Being part of a team requires me to be honest, available and ready to help others and myself.

Caring – I show kindness and empathy to others through the delivery of individual and high quality care to our patients, families and my colleagues.

We expect all staff at South Tees Hospitals to model and embed the Trust values and behaviours. We also expect staff, including managers and senior leaders to create an environment where staff feel safe to speak up, knowing that they will be listened to and that lessons will be learned as a result.

Where are we now?

At South Tees Hospitals NHS Foundation Trust we are committed to creating a positive speaking up culture by listening to concerns and taking them seriously. We empower and support our staff to speak up about concerns at an early stage.

The new FTSU model is helping to embed a positive speaking up culture across the organisation and we now have five FTSU Guardians in post along with a team of FTSU Champions. All members of the team are diverse in background, location and roles with the aim of improving accessibility and removing any barriers to speaking up.

The Trust's focus on FTSU and improving its culture has led to significant improvements in the 2020 National Staff Survey results and has also resulted in the organisation having one of the most improved FTSU Index scores nationally, which is a measure of speaking up culture.

National Developments

NHS people plan and promise published in July 2020 sets out focused actions and commitments around looking after our people, finding new ways of working, belonging to the NHS and growing for the future. The Freedom to speak up strategy and annual action plan will give consideration to the vision of the people plan to ensure we keep our people at the heart of what we do.

What do we know?

Our FTSU data show a number of themes in the issues that staff raise, these have been categorised as:

- Leadership and Management
- Patient Safety
- Bullying and Harassment

Where we want to be

FTSU Objective

1. **Creating the right conditions for staff to speak up**

Alignment with Trust values and behaviours

- **Respectful – staff speaking up should be listened to without judgement.**
- **Supportive – the contribution of staff should be acknowledged and workers should be supported to speak up.**
- **Caring – It should be acknowledged that speaking up can be stressful and staff should be shown kindness and empathy when raising concerns.**

We want to be in a place where our staff feel empowered to raise concerns within local escalation processes, their management teams and other Trust supportive functions where they believe there is a patient or staff safety risk. We know that this may not always be the case and it's important alternative routes are available.

We want staff to speak up when they have a genuine concern about anything that is impacting the service we deliver to patients or that is negatively affecting their experience at work.

This includes:

- Unsafe patient care
- Unsafe staff working conditions
- Inadequate induction or training for staff
- Lack of, or poor response to, a reported patient safety incident
- Suspicions of fraud
- A bullying culture.

FTSU Objective

2. **Enabling leaders to connect with staff and be responsive**

Alignment with Trust values and behaviours

- **Respectful – leaders should be visible and actively listen without judgement to staff raising concerns.**
- **Supportive – leaders should recognise the contribution of staff and support workers to speak up.**
- **Caring – leaders should be acknowledge that speaking up can be stressful and staff should be shown kindness and empathy when raising concerns.**

It's important for our leaders to connect with staff and be responsive to the concerns in line with the values and behaviours expected at the Trust. Our leaders must support staff who raise concerns and ensure they do not receive any disadvantageous/demeaning (detrimental) treatment as a result of speaking up.

We know that one of the main barriers to speaking up within our organisation is a 'fear of the consequences' of doing so and so we must move towards a 'Just and Learning Culture' where all staff feel safe to raise concerns.

FTSU Objective

3. **Implementing learning from concerns raised to improve the quality of services for patients and staff**

Alignment with Trust values and behaviours

- **Respectful – staff who speak up will be listened to without judgement to ensure lessons can be learnt and improvements made.**
- **Supportive – the contribution of staff should be acknowledged and workers should be supported to speak up.**
- **Caring – It should be acknowledged that speaking up can be stressful and appropriate support services are in place for staff raising concerns.**

We are committed to learning from the concerns raised within the Trust and implementing recommended guidance from the National Guardians Office case reviews.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 4 May 2021			
Guardian of Safeworking – Quarter 4 report January 2021 to March 2021			**AGENDA ITEM: 13, ENC 10**
Report Author and Job Title:	Tom Skeath, Guardian of Safe working and Stacey Dixon, Medical Workforce Team Manager	**Responsible Director:**	Dr Mike Stewart, Chief Medical Officer
Action Required	Approve ☐ Discuss ☐ Inform X		
Situation	This report provides an update of South Tees Hospitals NHS Foundation Trust's participation in the 2016 Junior Doctor Contract. It encompasses the 3 month period between 1st January 2021 and 31st March 2021.		
Background	It is a requirement of the 2016 Doctors and Dentists in Training Terms and Conditions that a quarterly report is submitted to Trust Board. The report should include a summary of exception reporting activity and vacancies in the Doctors and Dentists in Training Workforce.		
Assessment	Please see body of report for statistics in relation to the quarter ending 31st March 2021.		
Recommendation	Members of the Trust Board are asked to note the contents of the report		
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)	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

Guardian of Safeworking report 1st January 2021 to 31st March 2021

Report to Trust Board

Prepared by Thomas Skeath, Guardian of Safe working and Deputy Guardian of Safe working – Anu Kansal, and Stacey Dixon – Medical Workforce Team Manager.

1. Purpose

This report provides an update of South Tees Hospitals NHS Foundation Trust's participation in the 2016 Junior Doctor Contract. It encompasses the 3 month period between 1st January 2021 and 31st March 2021.

The report also provides information in relation to rota gaps, recruitment activity and exception reporting activity.

2. Key updates

- The overall vacancy rate has increased slightly to 2.1% as at the end of March 2021. A number of MTIs (medical training initiative) doctors have been appointed to commence later in the year. Gaps on rotas tend to be short term due to sickness, COVID-19 isolation or emergency leave. The medical rota team track junior doctor sickness/leave and any doctors hitting trigger points are picked up by the relevant team (e.g. postgraduate team for foundation doctors, Lead Employer Trust for LET employed doctors). Locum shifts have increased significantly since the 2nd COVID-19 pandemic, by 20% on a monthly basis.

- Advanced Nurse Practitioners are successfully being utilised to cover gaps in some areas and to support medical wards, at hospital at night.

- The medical rota team continue to fill approximately 95% of all locum shifts each month with the majority (approximately 90%) being filled by internal locum cover as opposed to agency.

- The regional collaborative locum bank (FlexiShift) hosted by the LET was well established. Therefore a decision was made to enrol the Trust (LED) doctors onto the system from the 5th August 2020. Unfortunately due to COVID-19 pressures, this impacted, causing delays to doctors receiving payment for additional shifts which they had covered in such unprecedented times. In order to rectify this issue urgently the Trust re-verted back to the previous locum claim form process to ensure all doctors receive payment, in a timely manner. The Trust is currently working on resolving these issues and will provide an update to all in the next JDCF meeting on the 27th April 2021 nd to agree next steps.

- Foundation Year 1 & 2 level doctors will be employed by the Lead Employer Trust from August 2021.

- There has been some delay in MTI appointments due to visa/embassy access in home countries.

- The school of medicine informed the postgraduate medical education team that the neurology doctors in training are to be moved from the Neuroscience speciality and into the medicine speciality due to their training curriculum. This change impacted on both the Medicine and neurosurgery/neurology junior doctor rota's from August 2021 – plans have been implemented to recruit an additional x4 Trust doctors to ensure the neurosurgery/neurology junior doctor rota remains compliant in line with the new 2016 junior doctor contract TCS/EWTD regulations. The Neurology department gained approval and are actively trying to recruit an additional x4 Trust doctors to commence from August 2021.

- The BMA have raised an enquiry with all regional Trusts in relation to prospective study leave allowance for doctors in training, to ensure that doctors have been in receipt of pay for prospective

study leave allowance calculation, within their salary, in line with the updated change to the 2016 junior doctor contract TCS from February 2020. I can confirm that some doctors working within the Trust during this time may have been affected by this change and that we have been instructed by the Lead Employer Trust, Northumbria Health care to withhold, along with other regional Trusts from taking any further action to resolve this matter at present. NHS Employers are currently in discussion with the BMA to agree what cause of action Trusts will need to take, in order to resolve. The Lead Employer Trust will provide an update to regional Trusts, following a meeting with NHS employers on the 17th May 2021, to try to achieve a collaborative approach across regional Trusts, in order to agree the next steps required.

- The Junior Doctors Forum has continued to be well attended since the August 2020 changeover.

- Exception reporting submissions continue to be consistently lower than expected.

3. Data summary and commentary

3.1 Numbers of doctors in training

Table 3.1.1

Number of doctors / dentists in training (total):	**413**
Number of doctors / dentists in training on 2016 TCS to date(total):	**374**

In addition to the above, the Trust is also allocated up to 37 military doctors in training who are employed on military terms and conditions and who are technically not under the protection of the Guardian of Safeworking. Following previous agreement, military colleagues have access to the exception reporting system. This allows military colleagues to highlight any issues with rotas and will provide departments and the guardian with additional information in relation to the safe working of rotas.

All Local employed Trust Doctors appointed from the 5th August 2020 are employed on a Trust 2016 TCS contract and have access to the exception reporting system, which will replace the monitoring exercise which took place in line with the previous 2002 trust contract TCS, this will also give the opportunity to be able to raise exception reports to highlight any issues with rotas, as stated in the paragraph above.

3.2 Amount of time available in job plan for guardian to carry out duties of the role

6 hours per week.

4. Exception reports

The tables below give a breakdown and analysis of the **24** exception reports raised between 1st January 2021 and 31st March 2021.

*Also including a breakdown of exception reports carried over from the last report.

Table 4.1

Specialty	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
Trauma & Orthopaedic Surgery	1	0	0	0
Accident and Emergency	1	0	1	0
Acute Medicine	1	0	0	1
Diabetes & Endocrinology	0	2	0	2
Gastroenterology	2	0	1	1

Gastroenterology	0	1	1	0
General Medicine	2	0	0	2
General Medicine	28	0	28	0
General Surgery	5	10	0	15
General Surgery	2	0	0	2
General Surgery	1	0	1	0
Neurology	0	4	0	4
Obstetrics and Gynaecology	0	2	2	0
Trauma & Orthopaedic Surgery	0	4	0	11
Trauma & Orthopaedic Surgery	3	0	0	0
Trauma & Orthopaedic Surgery	1	0	0	0
General Medicine	0	1	0	1
General Surgery	1	0	0	1
Total	**47**	**24**	**34**	**40**

Table 4.2 - figures based on New ER raised in current Quarter (Jan – March 2021)

Exception Report Category					
Specialty	**Education**	**Hours & Rest**	**Service Support**	**Pattern**	**Immediate patient safety issues**
Trauma & Orthopaedic Surgery	0	4	0	0	0
Diabetes & Endocrinology	0	2	0	0	0
Gastroenterology	0	1	0	0	0
General Medicine	0	0	1	0	0
General Surgery	0	10	0	0	0
Neurology	0	4	0	0	0
Obstetrics and Gynaecology	0	2	0	0	0
Total	**0**	**23**	**1**	**0**	**0**

*although categorised under hours/rest – it also states pattern category

Table 4.3

Exception report type							
Specialty	**Early Start**	**Early Start & Late Finish**	**Late Finish**	**Unable To Achieve Breaks**	**Working pattern does not match work schedule**	**Unable To Attend Scheduled Teaching / Training**	**Other**
Trauma & Orthopaedic Surgery	0	0	4	0	0	0	0
Diabetes & Endocrinology	0	0	2	0	0	0	0

Gastroenterology	0	0	0	0	0	0	1
General Medicine	0	0	0	0	0	0	1
General Surgery	0	0	6	4	0	0	0
Neurology	0	0	0	0	0	0	4
Obstetrics and Gynaecology	0	0	0	0	0	0	2
Total	**0**	**0**	**12**	**4**	**0**	**0**	**8**

Table 4.4

Exception report action taken					
Specialty	**No Action Required**	**Payment For Additional Hours**	**Time Off In Lieu**	**Work Schedule Review and payment**	**Other**
Trauma & Orthopaedic Surgery	0	0	0	0	4
Diabetes & Endocrinology	0	0	0	0	2
Gastroenterology	0	0	0	0	1
General Medicine	0	0	0	0	1
General Surgery	0	0	0	0	10
Neurology	0	0	0	0	4
Obstetrics and Gynaecology	0	0	0	0	2
Total	**0**	**0**	**0**	**0**	**24**

Exception reports continue to be predominantly for the reason of additional hours being worked which is being compensated with payment or time in lieu.

The recent increase in exception reports from general surgery (FY1) is due to natural breaks/over time and there are a total of x10 exception reports raised by x1 doctor, the clinical lead will liaise with the junior doctor in order to resolve and agree the appropriate outcome.

Outstanding vacancies as at 31.03.2021			
Specialty	**Grade**	**31.03.2021**	**Comments**
Diabetes/Endocrine	Trust Doctor	3	Advert closed, Recruitment co-ordinator organising interviews with Dr Arutchelvam, to take place on the 13th May 2021
Rheumatology	GP Trainee	0.1	Department do not wish to backfill
Obstetrics and Gynaecology	GP Trainee	2	Department do not wish to backfill
Paediatrics	GP Trainee	3	Rota has been adjusted to accommodate gap.
Neonatology	MTI	2	Recruited x1 MTI - ESD beginning of June 2021, x1 vacancy outstanding.
Neonatology	ST3+	6	x1 MTI appointed - Recruitment co-ordinator chasing up the candidate to gain an ESD (22/04/2021) and x1 Trust Registrar appointed and will commence sometime- week beginning 26th April 2021.
Colorectal	FY1	5	Rota has been adjusted to accommodate gap.
Urology	Research Fellow	2	Department do not wish to backfill
Ophthalmology	ST3+	5	Recruited x2 Doctors - x1 MTI (ESD July 2021) and x1 Trust Reg level - has commenced in Nov 2020.
Vascular	ST3+	4	Interviews taken place, and appointed x4 Doctors

			(Reg Level) x2 have commenced and x2 - ESD - End of May 2021
Haematology	Specialty Doctor	4	Recruitment co-ordinator is liaising with Dr Plews to discuss if the position needs to be re-advertised (22/04/2021).
A&E	FY2	10	Rota co-ordinator to check current vacancies - March 2021
A&E	FY2	3	Rota co-ordinator to check current vacancies - March 2021
A&E	CT1/2	5	Rota co-ordinator to check current vacancies - March 2021
A&E	ST3+	2	Rota co-ordinator to check current vacancies - March 2021
ICU	MTI	3	Recruitment co-ordinator, awaiting approval to advertise position (22/04/2021)
Total		**22.1**	

Guardian of safe working fines

There were no Guardian of Safeworking fines issued during the quarter.

5. Summary of risks/issues and next steps

There are a number of risks and issues to bring to the attention of the Board.

- The school of Medicine have asked that HEE NE Neurology trainees join the medicine speciality and be removed from Neurosciences (Neurosurgery). It has been agreed that this will take place from the August 2021, as informed by the DME – South Tees NHS Foundation Trust. Discussions took place around re-configuration of the junior doctor rotas and the Neuroscience speciality are actively trying to recruit an additional x4 Trust doctors to ensure rota compliancy within the Neurology/Neurosurgery junior doctor rota, from August 2021 an update will be provided at the next JDCF meeting on the 27th April 2021.

- Health Roster – engagement sessions began on the 9th December 2020, organised by Tracy Glennen - programme manager, involving the rostering and medical rota team to engage with senior clinicians/rota leads and the DME/postgraduate education department and junior doctors, to plan the implementation of unavailability (annual/study leave) and rostering/shift management, on the health roster system. Discussions are continuing, and to date we have the below speciality junior doctor rotas implemented onto health roster to date:-

    1) Paediatrics
    2) Trauma & Orthopaedic Surgery
    3) Anaesthetics

- No COVID rota has been implemented during the second wave for junior doctors. Regional discussions between guardians have highlighted that there may need to be exemptions to the 2016 contract but some aspects must be adhered to –this is in relation to safety - especially in total hours worked per week and rest between shifts, the other aspects of the 2016 T&C may need to be flexible.

- Update RE: Temporary transition to the use of electronic locum claims (Trust employed junior doctors) via Tempre workforce system; due to the implementation of the Tempre system there was a temporary backlog of locum payments. This has subsequently addressed by the rota team and reverted to the paper version which will remain in place until review of the process, which is currently on-going. The medical workforce team manager (Stacey Dixon) and the rota team with support from the medical education team manager (Sarah /Hudson) and the GOSW (Tom Skeath) have been actively working with both the Lead Employer Trust (Linsey Richards – HR Director) and

the flexi shift team provided by Liaison to exhaust possible solutions to the recent issues, experienced within the Trust in readiness for August 2021 junior doctor changeover. An update will be provided on the progress so far, in the next JDCF meeting on the 27th April 2021, to ensure we are engaging with all relevant parties involved and especially with the junior doctors to seek their valuable feedback/support, to improve this working practice.

- **LET Recruitment and rotation timeline August 2021 Update** – All regional Trust DME's have been informed that Health Education England (HEE) have amended the recruitment timelines for Specialty and GP recruitment this year resulting in delays to employers receiving information for new starters. Given this - discussion had been had nationally with HEE, BMA and NHS Employers as the Code of Practice will be difficult to achieve. The LET have reviewed timelines for recruitment locally with HEENE and have agreed the below timeline:-

Timeline

- The LET will issue Management Report for **Foundation year 1 on 3rd May** – please note this should follow COP therefore it is expected Trusts will upload Work Schedules for FY1's by 17th May and LET will issue to trainees by 28th May.

- The LET will issue the first Management report **25th May** (10 weeks before changeover) – please note this will **not** include Standalone Foundation Year 2 or IMT Year 3. Difficulties in producing rotations for this timescale have also been raised by ACCS/Anaesthetics and Psychiatry but work is ongoing with these specialties. As ever the LET will communicate in full when the first Management Report is available and which specialties are not included on it.
- Further management report will follow on 2nd June with trainees appointed at Round 2 and **possibly** IM3 trainees included.
- The Trusts will provide the LET the Generic Work Schedules by the **8th June** (8 weeks before changeover)
- The LET will issue all Generic Work Schedules received by the **23rd June** (6 weeks before changeover)
- The Trusts will issue all rotas by the **7th July** (4 weeks before changeover)

The medical rota team will be working on producing work schedules for LET DIT, to meet the deadlines outlined, in the above LET Recruitment and rotation timeline - August 2021, upon receipt of management reports, and will be liaising with speciality clinical leads within the Trust to ensure they are updated with establishment numbers/vacancies in readiness for August 2021.

The challenge will be in recruiting to backfill vacancies, in a timely manner due to delays in receiving the management report information. The medical workforce team manager (Stacey Dixon) will be liaising with the medical education team lead (Louise Campbell) within the next week to discuss and agree next steps.

- Self Development Time – Foundation Doctors, Health Education England's (HEE) foundation programme review recommended that foundation doctors should have dedicated time for self-development. All Trusts with foundation doctors need to ensure that from August 202, they are provided with two hours per week (self development time) within the work schedules for both year one and year two foundation doctors.

6. Conclusion

The Guardian of Safe working in submitting this report to the Board acknowledges the work which has been undertaken by the medial workforce and postgraduate teams and clinicians within departments to manage the additional work involved in the implementation of the 2016 contract.

The contract remains work in progress. Currently our issues are centred on the implementation of the changes to the contract from December 2019 and the challenges of ensuring rotas remain compliant with the contractual rules. The main issue is around weekend working but all rotas are now 2016 compliant but there are issues around vacancies and recruitment in readiness for August 2021 junior doctor changeover.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 4 May 2021			
Two-year strategic plan (2021-23) – Enabling strategies and plans			**AGENDA ITEM: 14** **ENC 11**
Report Author and Job Title:	Mark Graham Director of Communications	**Responsible Director:**	Rob Harrison Managing Director
Action Required	Approve ☒ Discuss ☐ Inform ☐		
Situation	This report outlines the development of the Trust's two-year strategy and next-steps regarding the development of underpinning enabling strategies and plans.		
Background	Board members have previously approved the development and composition of the Trust's two-year strategic plan and the following components have been introduced across the Trust: • Mission • Vision • Values and behaviours • Strategic intent • Strategic objectives A programme of enabling strategies and plans is set out in the two-year strategy which will be developed and submitted to future meetings of the Board for approval.		
Assessment	The Trust's two-year strategic plan has been developed through engagement with members of the Board, the Trust's Clinical Policy Group (CPG), patient and service user feedback, stakeholders and staff. In doing so, it supports the Trust's clinically-led improvement journey and overarching improvement plan.		
Recommendation	Members of the Trust Board are asked to approve the development of the underpinning enabling strategies and plans prior to their submission for approval at future meetings of the Board.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	5.2 – Workforce; 4.4 – Underdeveloped informatics 5.6 – Current estate 3.2 and 3.3 – National and constitutional targets 2.3 - Safety		

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 ☒	

Two-year strategic plan (2021-23) – Enabling strategies plans

1. PURPOSE OF REPORT

The purpose of the reports is to provide an update to the Board on the Trust's two-year strategic plan (2021-23) and seek approval for the development of underpinning enabling strategies and plans prior to their submission for approval at future meetings of the Board.

2. DETAILS

Since the autumn of 2019, the Trust has undergone a number of significant changes.

We are now empowering our clinicians to take the decisions about how we manage our resources and deliver care across our hospitals and services.

The two-year strategy supports our clinically-led improvement plan to 'Get Back to our Best' and describes how we will build on the strong foundations that colleagues across the trust have laid through the development and delivery of our overarching improvement plan and our response to COVID-19.

Board members have previously approved the development and composition of the Trust's two-year strategy and the following components have been introduced across the Trust:

- Mission
- Vision
- Values and behaviours
- Strategic intent
- Strategic objectives

The two-year strategy supports our improvement plan and will be underpinned by nine enabling strategies and plans which are described in the strategy.

3. RECOMMENDATIONS

Members of the Trust Board are asked to approve the development of the underpinning enabling strategies and plans prior to their submission for approval at future meetings of the Board.

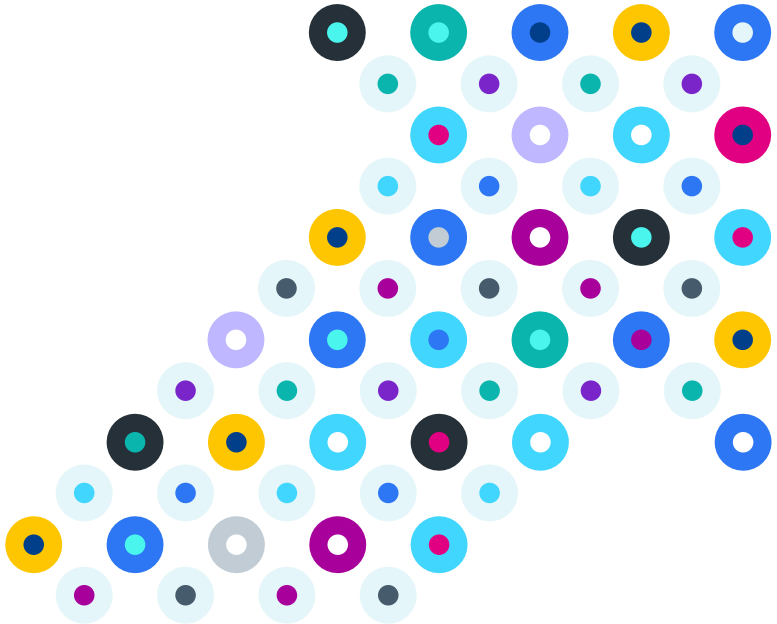
APPENDICES

- Two-year strategy 2021-23

South Tees Hospitals
NHS Foundation Trust

Putting safety and quality first

STRATEGIC PLAN 2021-23



November 2020

EXECUTIVE SUMMARY

This is the next important step in our journey to ‘Get Back to our Best’

Since the autumn of 2019, the trust has undergone a number of significant changes. We are now empowering our clinicians to take the decisions about how we manage our resources and deliver care across our hospitals and services.

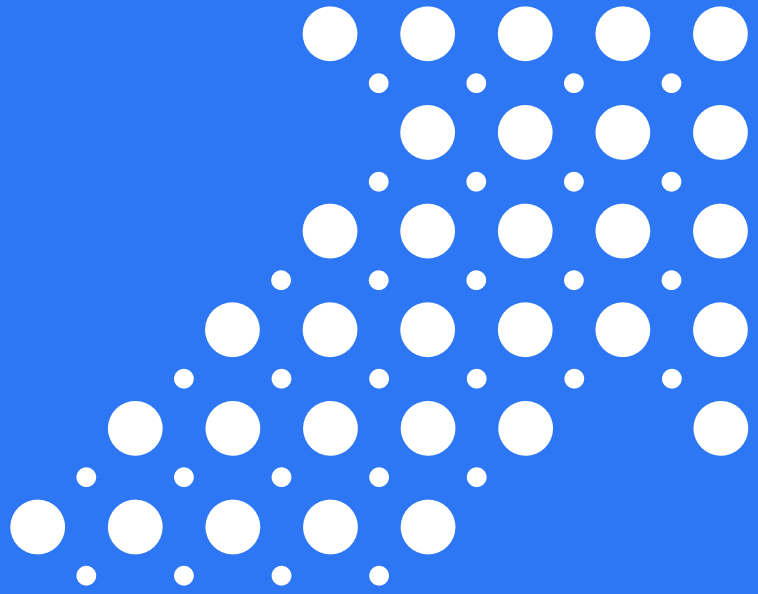
This two-year strategy is the next important step in our journey to ‘Get Back to our Best’ and describes how we will build on the strong foundations that colleagues across the trust have laid through the development and delivery of our clinically-led improvement plan and our response to COVID-19.

The bravery and hard work of NHS staff and the efforts and sacrifices of our communities demand that patient and family services emerge stronger from COVID-19.

Our significant contribution to the COVID-19 research effort is a mark of our determination to remain at the forefront of clinical research as a driver of safe, quality care.

Alongside our commitment to research, our position as one country’s highest ranked medical training organisations, and as a Top 100 Apprenticeship Employer, characterises our commitment to our people and communities.

Through this two-year strategy, we will build on recent successes by defining the scale and pace of our ambition and priorities.



OUR MISSION, VISION, VALUES AND BEHAVIOURS

OUR MISSION

Safety and quality first

As a clinically-led organisation, the safety and wellbeing of our patients and staff, underpinned by the quality of the care we provide, is at the heart of our mission. It is what matters most to people who use our services. Alongside our influence on wider determinants of health, this is our core organising principle.

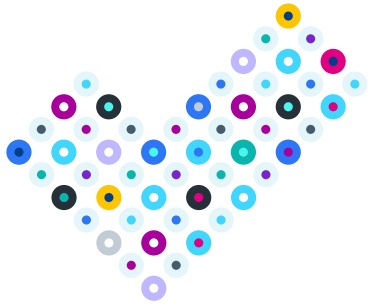
OUR VISION

We will continue to empower our clinicians to take the decisions about how we manage our resources and deliver safe, quality care across our hospitals and services for children, adults, families and our communities. In doing so, we will deliver the highest standards of patient-centred healthcare to communities in the North East of England, North Yorkshire and beyond.

OUR MISSION, VISION, VALUES AND BEHAVIOURS

OUR VALUES AND BEHAVIOURS

The values and behaviours of our nurses, midwives, doctors, allied health professionals, scientific teams, administrative, support staff and volunteers has been instrumental in helping our services to meet the challenges presented by COVID-19. They are the words we want our patients, service users and colleagues to be able to use to describe how it feels to receive care or work in our hospitals and services.



Underpinned by the NHS values, they have been co-designed with colleagues across the trust, and can be summarised in three words:

Respectful

I am respectful because I listen to others without judgement. I promote equality and diversity and treat others as they wish to be treated. By holding myself and others to account I demonstrate my professionalism and integrity to my colleagues.

Supporting

I am supportive because I acknowledge the contribution of my colleagues. I support my colleagues and our trainees to develop themselves in order to deliver the best possible care to our patients and families. Being part of a team requires me to be honest, available and ready to help others and myself.

Caring

I am caring because I show kindness and empathy to others through the delivery of individual and high quality care to our patients, families and my colleagues.

OUR STRATEGIC INTENT

WE ARE ON A JOURNEY TO GET BACK TO OUR BEST.

We know that getting good NHS services 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 Hospitals Foundation Trust too. That is why, despite the challenges faced by the NHS, we will not take risks with the frontline care that our communities count on.

Our singular focus will be the delivery of safe, quality care.

As a major cancer, tertiary and regional trauma centre, and the largest provider of secondary and community care for the populations we serve, we will achieve this by continuing to empower our clinicians to make the decisions around how we allocate our resources and deliver care.

Through empowering our clinicians, we will continue to deliver our clinically-led plan to get back to our best by:

Stabilising care

- Providing focused support to specialities through our Leadership and Safety Academy.
- Making it easier for patients who are ready to leave hospital, and for those who are waiting to come in.

Sustaining care

- Growing elective care at the Friarage.
- Wrapping community services around our hospitals and primary care.
- Enabling tertiary services to thrive and grow at The James Cook University Hospital.

Connecting care

- Ensuring that we work as one health and care system: delivering safe, quality care in a joined-up way ‘without organisational boundaries’.

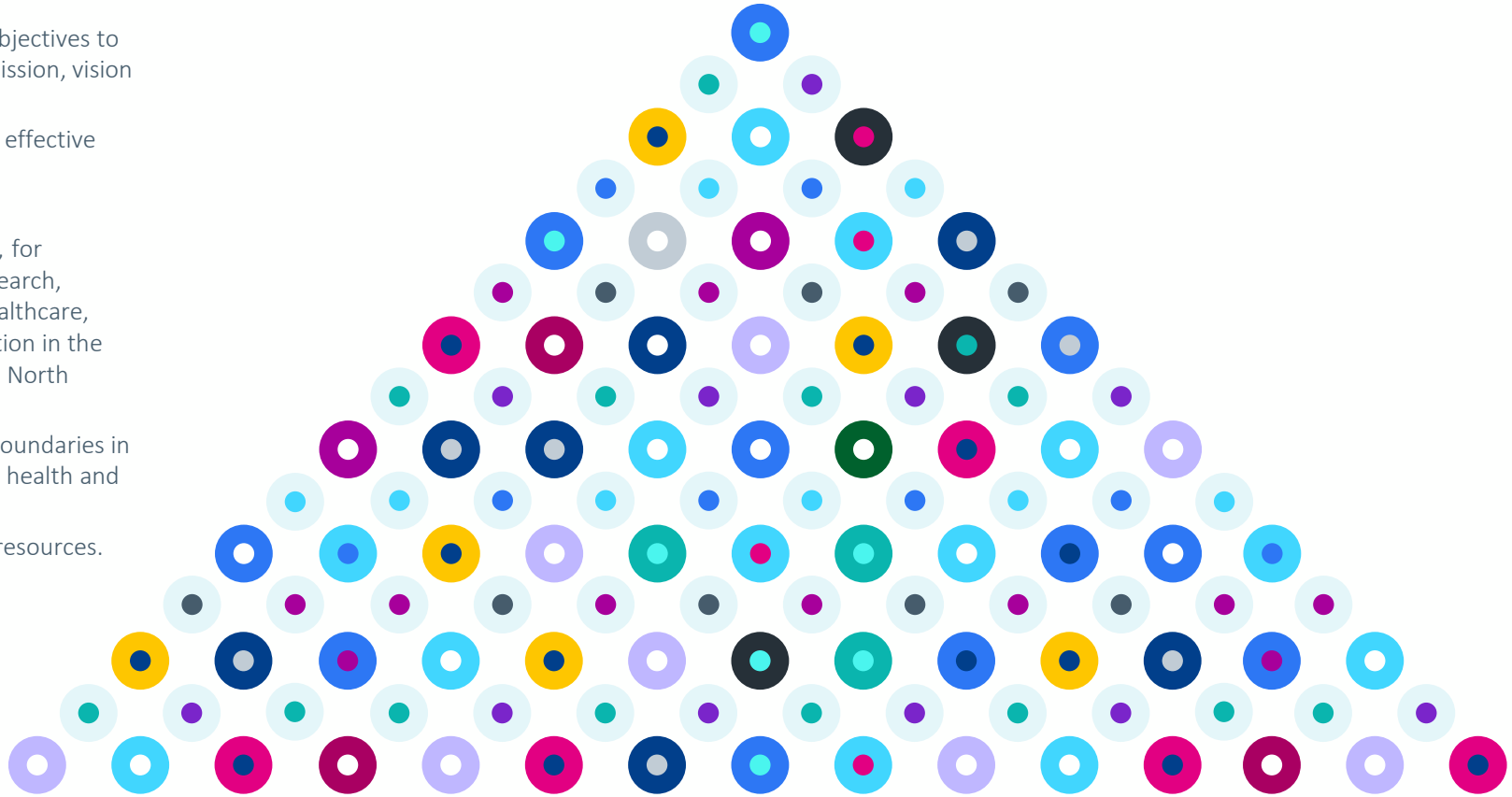
Caring for our communities

- Anchored in the communities we serve, we will positively contribute to our local area and influence the wider determinants of health by working as a good partner, seeking to be a leader in bringing inward investment into the Tees Valley and North Yorkshire, widening access to employment, continuing to reduce our environmental impact and thus supporting healthy and prosperous people and places.

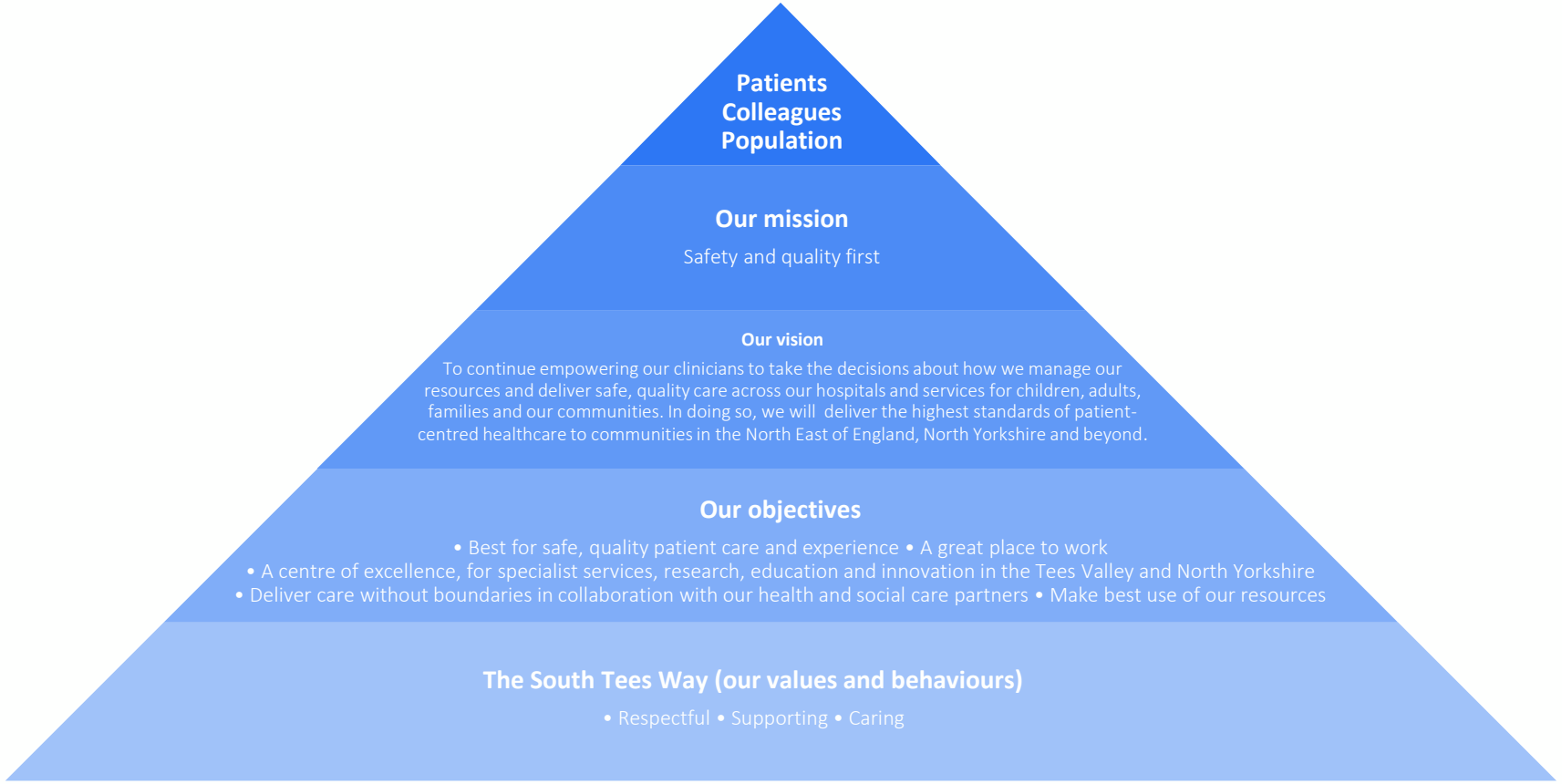
OUR STRATEGIC OBJECTIVES

We have five strategic objectives to help us deliver on our mission, vision and values:

- Best for safe, clinically effective care and experience.
- A great place to work.
- A centre of excellence, for specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond.
- Deliver care without boundaries in collaboration with our health and social care partners.
- Make best use of our resources.



OUR TWO-YEAR STRATEGY ON A PAGE



CLINICALLY LED

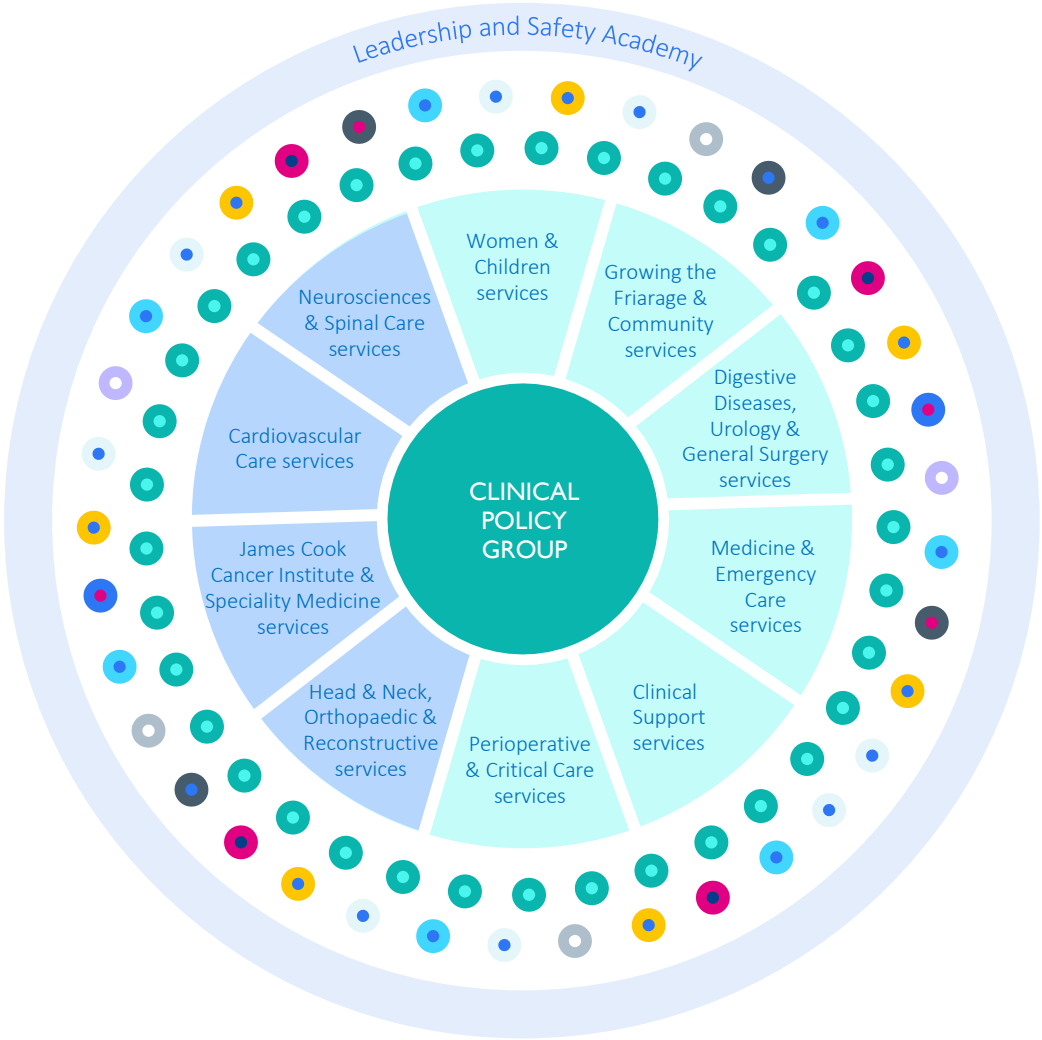
We have some of the most talented and experienced surgeons, physicians, nurses and other clinicians in the country, but a report published by the Care Quality Commission in July 2019 found that too many did not always feel properly involved in discussions about changes to our services.

Since October 2019, we have been empowering our clinicians to make the decisions around how we allocate our resources and deliver care – supported by the wealth of experience and professional knowledge that exists within our operational, estates, human resources and other administrative and support teams.

We have done this through our Clinical Policy Group (CPG) which draws its membership from our clinical directors, nursing and allied health professional leaders, chief medical officer, executive team, operational managers, chairs of staff-side, our senior medical staff forum, and our BMA representative.

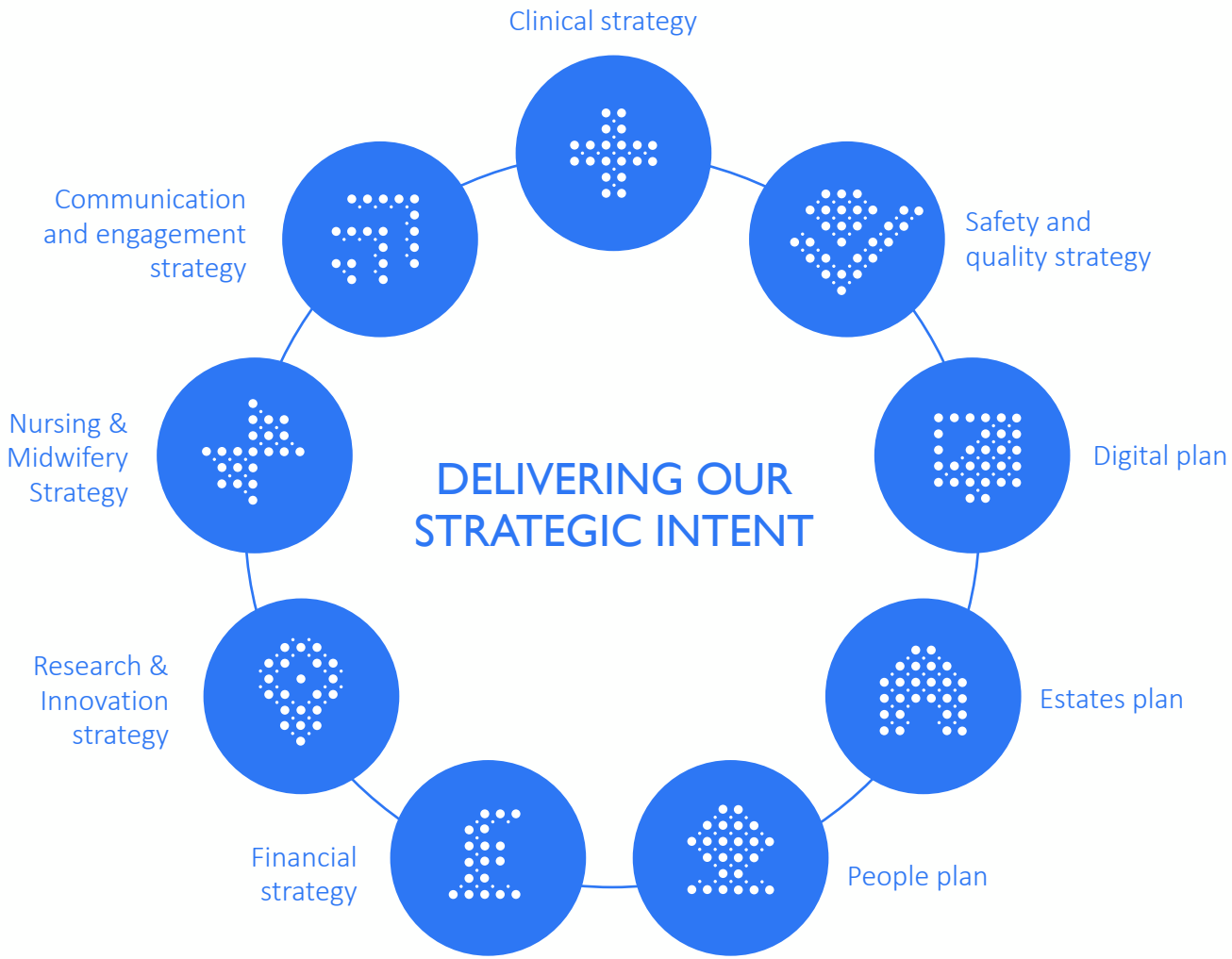
Our CPG has created ten clinically-led improvement collaboratives (service groups) - natural care communities of surgeons, physicians, nurses, midwives, scientists, allied health professionals and administrative and support colleagues, which have come together to make their services even better for our patients.

At the heart of our clinical collaboratives is our Leadership and Safety Academy which encompasses our patient safety faculty and provides a range of support, including leadership and management training, quality improvement skills, team and service support, coaching and human factors training.



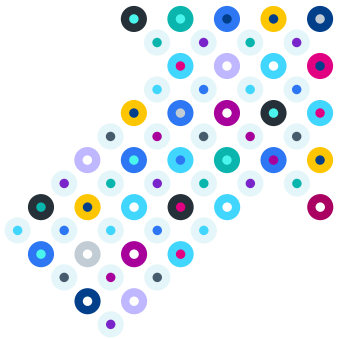
HOW WE WILL DELIVER OUR STRATEGIC INTENT AND OBJECTIVES: 2021-23

Our two-year strategy will be delivered through nine enabling strategies and plans.



HOW WE WILL IMPLEMENT THIS STRATEGY

Reporting progress >



Clinical strategy

Our Clinical Strategy will build on our plan to get back to our best, and will be designed around our improvement collaboratives and our mission to put safety and quality first.

Safety and quality strategy

Our Safety & Quality Strategy will build on our patient safety plan and the work of our Leadership and Safety Academy to ensure that our clinicians are equipped and supported to put safety and quality first, and ensure the patient voice is at the heart of everything we do.

People plan

Our People Plan, will be designed around the principle of being a great place to work. It will do so through encompassing workforce sustainability, equality & diversity, staff experience and transformation. In doing so, it will connect with our schools, colleges, universities industries and communities to forge greater opportunities for the places we serve.

Estates plan

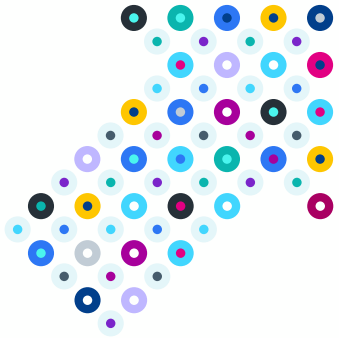
Our Estates Plan will be a key enabler to the delivery of our Clinical Strategy, and will describe how we can respond to planned and anticipated changes, new models of care and new ways of working. In doing so, it will also support our principle of being a great place to work.

Digital plan

Our Digital Plan will be an open and bold statement of our ambition to use digitally-supported healthcare to put safety and quality first.

Enabling Strategy Operational Objectives & Metrics >

HOW WE WILL IMPLEMENT THIS STRATEGY



Financial strategy

Our Financial Strategy will set out a sustainable future which protects safety and quality while seeking solutions to the unsustainable burden presented by the historic Private Finance Initiative (PFI) scheme on The James Cook University Hospital site.

STRIVE strategy

Our South Tees Research, Innovation and Learning (STRIVE) Strategy will build on our existing good practice as the largest research contributor in the Tees Valley, one of the nation's Top 100 Apprenticeship Employers and a leading training and education provider.

Nursing & Midwifery strategy

Our Nursing and Midwifery Strategy will have the patient at the centre with safety and quality at its heart.

It will does so by focusing on clinical care, patient experience, patient safety and our workforce.

Communications & Engagement strategy

Our Communications & Engagement Strategy describes how we will effectively communicate and engage our populations and audiences at each phase in our journey while nurturing and growing our partnerships.

Board Assurance Framework (BAF)

Integrated Performance Report, CPG and Improvement Collaboratives

Getting Back to our Best

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 4 May 2021			
Annual Filings 2020-21			**AGENDA ITEM: 15 ENC 12**
Report Author and Job Title:	Jackie White Head of Governance	**Responsible Director:**	Chris Hand Chief Finance Officer
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 these documents and a programme management approach has been established to oversee this work which has been overseen by the Audit Committee. In light of pressures caused by the public sector response to COVID-19, some annual report requirements were changed for 2019/20. These revisions were made in April 2020, mirroring changes made to *The Government Financial Reporting Manual* by HM Treasury. In December 2020 HM Treasury confirmed that these relaxations will continue to be available in 2020/21 reports. A summary of these changes are: • The annual report is no longer required to include a performance analysis section within the performance report. This is optional but the Trust has recommended we do not include this. • The annual report is no longer required to include a quality report. This is optional. Again the Trust has recommended we do not produce this. • The staff sickness disclosure in the staff report can be replaced with a link to where the information will be available online. • The model annual governance statement is updated to reflect the change to preparation of quality reports.		
Assessment	There continues to be no issues or risks highlighted with the production of the annual filings, taking into account the revised timetable for submission. The Board of Directors are asked that they delegate monitoring and approval of the Annual filings to the Audit & Risk Committee with support from the Quality Assurance Committee and Remuneration Committees as appropriate.		

Recommendation	Members of the Trust Board of Directors are asked to note the change in requirements for the annual filings, the revised timetable and ongoing oversight and approval by the Audit & Risk 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 2020/21

1. PURPOSE OF REPORT

- The purpose of the report is to update the Board of Directors on the preparation of the annual filings for 2020/21:
    - Quality Report (Account)
    - Annual Accounts
    - Annual Report
    - Annual Governance Statement
- and to remind members of the oversight and delegated authority given by the Board of Directors to the Audit Committee.

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 2020/21 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 2020/21.
- 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 meets every two weeks to review progress.

3. DETAILS

3.1 Revisions in April 2020

In light of pressures caused by the public sector response to COVID-19, some annual report requirements have been changed for 2020/21.

In summary the changes are:

- The annual report is no longer required to include a performance analysis section within the performance report. This is optional.
- The annual report is no longer required to include a quality report. This is optional.
- The staff sickness disclosure in the staff report can be replaced with a link to where the information will be available online.
- The model annual governance statement is updated to reflect the change to preparation of quality reports.

Additional guidance was received on 11 April 2020 relating to reflecting any covid 19 related considerations in the annual report and accounts.

3.2 Revised accounts deadlines 2020/21

The revised submission date for the Trust is now 19 April.

The Trust will be required to make a submission on 27 April, which is either full draft accounts, or can just be an agreement of balances submission.

The extended deadline for draft accounts (if required) is 11 May. For those who submitted draft accounts on 27 April, this will be an agreement of balances submission.

The extended deadline for audited accounts is 29 June.

3.3 Annual report and accounts

A first draft of the annual report has been completed excluding the accountability, remuneration sections and the annual governance statement.

The key accounts data return was submitted to NHSI on 19 April and the full draft set of accounts was submitted on 27 April. Key documentation is now being collated for the Trust's external auditor, KPMG LLP to support the audit that is due to commence in May.

3.4 Quality Report (Account)

Although the guidance has changed for the submission of a quality report, the trust has continued to develop a set of quality priorities which has been agreed with the Council of Governors and will continue to finalise these with the Quality Assurance Committee.

A summary of the progress made against the 2020/21 quality priorities will be presented in due course to the Quality Assurance Committee, via the monthly quality report.

The agreed Quality Priorities for 2021/22 will be shared widely across the organisation, including with key stakeholders and partners, with regular updates on progress being provided to the Quality Assurance Committee via the monthly quality report.

3.5 Annual Governance Statement

A first draft of the annual governance statement has been completed and shared with the Risk Management Committee who have agreed the significant internal controls issues.

4. RECOMMENDATIONS

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

5. APPENDIX

None.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 4 May 2021			
Use of Seal			**AGENDA ITEM: 16** **ENC 13**
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	**Responsible Director:**	Sue Page Chief Executive Neil Mundy Chairman
Action Required	Approve ☐ Discuss ☐ Inform ☒ (select the relevant action required)		
Situation	In line with the Trust's Constitution this report provides information on the documents affixed under seal between 1 November 2020 and 31 March 2021		
Background	In line with the Constitution para 14.5 Register of Sealing - An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and attested the seal. A report of all sealing shall be made to the next Board of Directors meeting. (The report shall contain details of the seal number, the description of the document and date of sealing).		
Assessment	There are no underlying issues for discussion regarding this report.		
Recommendation	Members of the Trust Board are asked to note the sealed documents report.		
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	Legal requirement of 2006 Act incorporated in Trust board standing orders		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☐	Excellence in employee experience ☐	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

1.0 Introduction

The Common Seal of the Trust is affixed to documents under the authority of the Board of Directors in accordance the Trust's Standing Orders.

In line with the Trust's Standing Orders this report provides information on the documents affixed under seal between 11 November 2020 and 31 March 2021:

Table 1. Sealed Documents

Date of Sealing	Seal No	Document	Signed and Sealed by
10 November 2021	2020/11	South Tees Hospitals NHS Trust and NHS Property Services for the lease relating to part of the ground floor, Low Grange Health Centre, Normanby (1 Low Grange)	Alan Downey, Chairman Sue Page, Chief Executive

2.0 Recommendation

The Board is asked to note the documents included within the report that were affixed under seal during 1 November 2020 and 31 March 2021.

South Tees Hospitals NHS
NHS Foundation Trust

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 4 May 2021			
Board Assurance Framework			**AGENDA ITEM: 17** **ENC 14**
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Jackie White Head of Governance & Co Secretary
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	The Board have previously approved the development and composition of the Trust's two-year strategic plan and the next stage in the process is to identify and understand the principal risks to achieving the strategic objectives. The attached report sets out the process which has been undertaken to identify the principal risks and proposes the next steps in the process.		
Background	This paper sets out an update on identifying the principal risks to achieving the strategic objectives as set out in the two year strategic plan which will form the Board Assurance Framework (BAF) The role of the BAF is to provide evidence and structure to support effective management of Risk within the organisation. The BAF provides evidence to support the Annual Governance Statement. The BAF provides this totality of assurance and identifies which of the strategic objectives are at risk of not being delivered and the actions to mitigate the risk are in place. At the same time, it provides positive assurance where risks are being managed effectively and objectives are being delivered. This allows the Board to determine where to make most efficient use of their resources and address the issues identified in order to deliver the Trust's strategic objectives. The process for gaining assurance is fundamentally about taking all of the relevant evidence together and arriving at informed conclusions. In order to do this the Board tasks its Board Sub Committee with undertaking scrutiny and assurance of the following: • Controls in place • Assurances in place and whether they give positive or negative assurance • Gaps in controls or assurance • Actions to close gaps and mitigate risk Ensuring effective systems are in place to identify, monitor and mitigate risks and providing assurance to Board.		

Assessment	A number of discussions have taken plan with the Executive Leads for each of the five strategic objectives to identify the principal risks and threats to delivery of these. These have been set out in the attached report. For clarification a risk is “The potential for loss, damage or destruction of an asset as a result of a threat exploiting vulnerability”, a threat is “what we're trying to protect against”. In addition to the respective Executive Lead, all the principal risks were reviewed by the Managing Director and some informal discussions were held with non-executive Directors. There was also an opportunity for discussion on the principal risks and threats in the Quality Assurance Committee and Resources Committee.	
Recommendation	Members of the Board of Directors are asked to note the progress with the development of the BAF. Members of the Board of Directors are asked to agree the next stage in the process.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The risk implications associated with this report are included in the report.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☐
	Drive operational performance ☒	Long term financial sustainability ☐
	Develop clinical and commercial strategies ☐	

Board Assurance Framework

1. PURPOSE OF REPORT

The purpose of the report is to set out the process which has been undertaken to identify the principal risks to the achieving the strategic objectives.

2. BACKGROUND

The role of the BAF is to provide evidence and structure to support effective management of Risk within the organisation. The BAF provides evidence to support the Annual Governance Statement.

The BAF provides this totality of assurance and identifies which of the strategic objectives are at risk of not being delivered. At the same time, it provides positive assurance where risks are being managed effectively and objectives are being delivered. This allows the Board to determine where to make most efficient use of their resources or otherwise take mitigation action and address the issues identified in order to deliver the Trust's strategic objectives.

The process for gaining assurance is fundamentally about taking all of the relevant evidence together and arriving at informed conclusions. In order to do this the Board tasks its Board Sub Committee with undertaking scrutiny and assurance of the following:

- Controls in place
- Assurances in place and whether they give positive or negative assurance
- Gaps in controls or assurance
- Actions to close gaps and mitigate risk

Ensuring effective systems are in place to identify, monitor and mitigate risks and providing assurance to Board.

3. DETAILS

A number of discussions have taken place with the Executive Leads for each of the five strategic objectives to identify the principal risks and threats to delivery of these. For clarification a risk is "The potential for loss, damage or destruction of an asset as a result of a threat exploiting vulnerability", a threat is "what we're trying to protect against".

In addition to the Executive Lead, all principal risks were reviewed by the Managing Director and shared with non-executive Directors for comments.

There was also an opportunity for discussion prior to the Board on the principal risks and threats in the Quality Assurance Committee and Resources Committee. Therefore the People Committee and Audit & Risk Committee need to have the opportunity to discuss the risks proposed.

Next Steps

- Ensure all Board Sub Committees have had the opportunity to review the principal risks – People and Audit & Risk
- Identify, evaluate and implement the design of key controls
- Set out the arrangements for obtaining assurance on the effectiveness of existing key controls and appropriate action taken
- Evaluate the level of assurance across all areas of principal risk
- Identify positive assurances and areas where there are gaps
- Put in place plans to take corrective action where gaps have been identified
- Clarify expectations on roles and responsibilities and implementation / action dates

4. RECOMMENDATIONS

Members of the Board of Directors are asked to note the progress with the development of the BAF and agree to the next steps.

APPENDICES
BAF

Audit Committee
Chair's Log

Meeting: Audit Committee	**Date of Meeting**: April 20th , 2021
Summary for Board : May 3rd 2021	

Quorum

The meeting was held by teams. Chair Richard Carter-Ferris and NEDs David Heslop (DH) Debbie Reape (DR) and David Jennings (DJ) were present giving quorum to the Committee

In attendance were Chris Hand (CH), Jackie White (JW) and Brian Simpson (BS) from the Trust and representatives from Mazars (External Audit), PWC (Internal Audit) and Audit One (Counter Fraud Audit).

Counter Fraud

Paul Bevan (PB) from Audit one presented an update. He reported that the NHSCFA mapping process had been updated and new requirements from NFI were included.

PB reviewed reviews in process and open items from investigations which are all in progress with external authorities.

Internal Audit

Susan McNair (SMc) and Paul Charnock (PC) from PWC provided an update of their work which is in line to achieve completion and allow final year end reports to be issued. Rachel Metcalf (Head of HR) attended to give an update on findings from PWCs recruitment audit and all actions are in place or in line to be completed.

External Audit

Cath Andrew (CA) senior manager for the Assignment briefed AC on the year end Audit progress. With delay of work due to Covid and after consultation with Mazars, the Auditors have applied for delay to reporting so as to provide a contingency should there be any delays. Despite this accepted delay we are still working to current provided deadlines.

TOR /Cycle of Business

The updated ToR and cycle of business were reviewed and with minor changes accepted by the Committee. This included addition of Risk items as the AC will merge with the Risk committee herewith.

Rick Committee

DH presented update from the final Risk committee and agreed that the ToR included all items to cover the Risk agenda.

Governance – Other

The Committee reviewed the register of gifts and hospitality, schedule of losses and tender waivers and identified no abnormal items. The committee reviewed the BAF and identified that there are no matters to be added to the BAF

Key	Actions
• SLT to ensure adequate support to PWC to ensure completion of internal Audit reviews so that the year end report can be issued on time.	CH / SLT
• External Audit deadline to me monitored and report any delay	Mazars / CH

People Committee
Chair's Log

Meeting: People Committee	**Date of Meeting**: 22 April 2021
Highlights for: Board of Directors	**Date of Meeting**: 4 May 2021

Overview of key areas of work and matters for Board.

- Fire Warden training update
- Update on Freedom to Speak Up
- Delivery of the Leadership and quality improvement programmes
- Workforce performance data
- Exit interviews
- New appraisal process
- Reciprocal Mentoring update

Actions to be taken	Responsibility / timescale
Assurance received on arrangements to manage safely fire alarms and incidents with a further update in due course on the target coverage of trained wardens Noted the continued success of the FTSU team and model, and congratulated the team on being invited to contribute to the National Guardians Office Index Congratulated the Education team for the delivery of leadership and QI training through the pandemic and asked that further consideration is given to the roll out strategy, and in particular the alignment of a more targeted approach informed by staff survey results Agreed a refreshed approach to Exit interviews with the goal of engaging with staff before they take steps to leave and exploring options for retention Noted the new approach to appraisal and asked that People Committee receive assurance on completion in line with the new timetable	

expectations Noted the significant interest in the reciprocal mentoring programme, and the assurance this offers about a more welcoming climate for staff from a BAME background to engage with work to improve the equality and diversity experience of staff. Congratulated and thanked Ruth Mhlanga as Chair of the BAME network for her work.	
Board action	Responsibility / timescale
There were no matters for escalation.	
Risks (Include ID if currently on risk register)	Responsibility / timescale

Quality Assurance Committee
Chair's Log

Meeting: Quality Assurance Committee	**Date of Meeting**: 27/04/2021
Connecting to: Board of Directors	**Date of Meeting**: 04/05/2021

Key topics discussed in the meeting	

- Pressure Ulcers Improvement plan report
- ICNARC – Critical Care
- Minutes of Previous Meeting held on 30 March 2021
- Minutes of Extra-ordinary QAC held on 6 April 2021
- Matters Arising and Action log
- Urgent Quality & Safety Issues
- Quality Assurance Committee Terms of reference - **DEFERRED**
- Internal Risk Summit – update
- QAC Reporting & Connecting Group Structure - **DEFERRED**
- Monthly IPR – Quality
- Clinical Audit Forward Plan
- Quality Priorities report - **DEFERRED**
- Patient Safety Culture next Steps
  - Process
  - Monthly SI/NE report
- Mortality / Learning from deaths annual report
- Patient Experience annual report
- Sub group terms of reference sign off - **DEFERRED**
- Annual reports of current sub groups effectiveness
- Review of Risks and Matters for the Board Assurance Framework
- Chairs log of any sub group reporting to the committee
- Clinical Prioritisation / Harm Review summary **- Silent paper**
- PwC – Trust Approach to Safer Surgery report – **Silent paper**

Actions	Responsibility / timescale
Pressure Ulcers • QAC received a comprehensive report on the incidence of pressure ulcers and plan for improvement. Both CCG leads commended the work that has already been completed and the Trusts push for a regional approach to reporting and benchmarking. Questions remain if the current plan will deliver the outcomes required. Having appropriate targets and regional benchmarking data is key to monitoring progress. The committee asked that data demonstrates where pressure ulcers are avoidable or unavoidable and acquired in the care of trust staff. Critical Care ICNARC presentation • An excellent presentation demonstrating positive patient outcomes Sept to Dec 2020 compared to national ICNARC data.Risk adjusted standardised mortality ratio of 0.86, 51.3% mortality in ventilated patients at JCUH compared to 61.5% nationally, 71% of covid patients discharged alive compared	Helen Day

to 58.1% nationally. Outcomes 3rd wave data is not available as yet, with workload and bed occupancy data showing greater pressures. QAC will review the 3rd wave data when available.	Michelle Carey
Incidents of lost to follow up	
• Recent incidents have been reviewed and there has been a look back at past incidents. QAC were advised that a task and finish group has been established and are looking at the risks moving forward and the mitigation in place. This is on the risk register at 16.	Hilary Lloyd / Vince Connolly
Integrated Performance Report	
• The format of the report is work in progress, with an agreement to review the trajectories for the safety indicators	Hilary Lloyd / Ian Bennett
Patient Safety Incident Response Plan	
• Next steps were shared including training around 'just culture' and civility saves lives, the now completed review of floor to board governance of connecting groups through the collaboratives and to QAC, which builds on the work being done in STRIVE to strengthen organisational learning. QAC welcomed the plans to stratify risk and prioritise including patients and staff.	Hilary Lloyd and Vince Connolly.
Serious Incidents and Never Events	
• QAC heard that NHSEI had been invited into the Trust to do a critical friend review serious incidents and never events. The report will come to the quality committee once completed.	Ian Bennett
Mortality Review	
• QAC received the quarterly mortality review, focused on the SHMI, the effects of COVID on deaths and the medical examiner review service. 98% of all deaths have had a medical review. The Trust Mortality Review process is delayed due to COVID with 38/50 deaths referred for review complete. A new process has been agreed to complete the remaining reviews.	Tony Roberts
Review of the Quality Committee sub groups' effectiveness	
• All groups delivered on their terms of reference throughout the last year. The committee suggested that in planning for 2021/2 each group outline against the terms of reference group outcomes, what will demonstrate that the group has made a difference.	Chairs of Sub Groups
BAF	
• The revised strategic risks relevant to QAC were presented and agreed with some comments to consider about risks that cross over between board sub groups.	Jackie White and Trust Board

Escalated items
Board to note: • Currently there is limited assurance from the plan to deliver on outcomes required for pressure ulcers. This is an agreed Quality Priority for 2021/2. • Very positive patient outcomes compared to national outcomes using ICNARC data in critical care at JCUH September to December 2020. Noting that the third wave data is not yet available and clinical pressures were increased at this time. • More work is needed to review risks around patients lost to follow up to understand the risks and mitigation.

Risks (Include ID if currently on risk register)	Responsibility / timescale
N/A	