South Tees Hospitals
NHS Foundation Trust

Board of Directors

6 April 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 6 APRIL 2021 AT 10:00 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 2 March 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.	Learning from deaths report	Information	Chief Medical Officer	ENC 6
10.	CQC update	Information	Chief Nurse	Verbal
FINANCE AND PERFORMANCE				
11.	Finance Report Month 11	Information	Chief Finance Officer	ENC 7
12.	Integrated Performance Report	Discussion	Chief Operating Officer	ENC 8

	ITEM	PURPOSE	LEAD	FORMAT
WORKFORCE				
13.	Staff Survey	Discussion	Director of HR	ENC 9
GOVERNANCE AND ASSURANCE				
14.	Revisions to the Board Committee structure	Approval	Head of Governance & Company Secretary	ENC 10
15.	Board Assurance Framework	Information	Head of Governance & Company Secretary	ENC 11
16.	Committee Reports	Information	Chairs	ENC 12
17.	**DATE OF NEXT MEETING** The next meeting of Board of Directors will take place on Tuesday 4 May 2021			
18.	**Exclusion to the Public – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960)**			

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 APRIL 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			**TBC**

South Tees Hospitals NHS
NHS Foundation Trust

UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 3 MARCH 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 M Ducker	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
Mr R Harrison	Managing Director

In Attendance

Mrs J White	Head of Governance & Company Secretary
Mr M Graham	Director of Communications
Mr K Oxley	Director of Estates, Facilities and Capital Planning
Mrs R Metcalf	Director of HR
Ms J Reilly	Interim Chief Operating Officer
Mr S Mason	Director of Finance
Mrs M Angel	Interim Director of Clinical Development

Members of the public

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STAFF STORY

The Chairman welcomed and introduced Leeann Harrison, ODP from Cardiac Theatres who joined the Board to discuss her story of being a new employee shielding during the pandemic.

Leeann highlighted to members that a number of risk assessments had been undertaken with her line manager during the pandemic. She confirmed that she did receive clarity by the Trust and was able to be redeployed into a non-patient focus area for a while until the national guidance changed again.

The Chairman commented that none of us were prepared for the pandemic and how long it has gone on for so our learning from Leeann's experience is critical and we would love to continue the dialogue going forward. He added that what you have told us today will help us to identify about what needs to be done in the wake of COVID. The Chairman concluded that Leeann's personal experience will help us greatly.

		Action
BoD/20/190	**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 Dr Hilary Lloyd, Chief Nurse, Dr Mike Stewart, Chief Medical Officer and Chris Hand, Chief Finance Officer to their first Board meeting. The Chairman also welcomed and congratulations to Angela Seward who has been appointed as Lead Governor for the Council of Governors.	
BoD/20/200	**APOLOGIES FOR ABSENCE** There were no apologies for absence.	
BoD/20/201	**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/20/202	**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/20/203	**MINUTES OF THE LAST MEETING** The minutes of the meeting held on Tuesday 20 February 2021 were reviewed and agreed as an accurate record subject to the following amendment. Present – Ada Burns	Mrs White
BoD/20/204	**MATTERS ARISING** The matters arising were reviewed and the action log updated.	
BoD/20/205	**CHAIRMAN'S REPORT** The Chairman thanked colleagues in both trusts for being welcoming and kind as he settled into the interim joint Chairman role. He reported that he had had the privilege to join the CEO in making some early visits to staff in James Cook and the Friarage and thanked them and others who he had not yet met for delivering care to our community and to those who are providing the vaccine to our community and staff. He added that yesterday he met staff in medical physics who are servicing 15,000 pieces of equipment to make sure that everything is functioning across the trust and without them we wouldn't be able to deliver care to the high standards we do. He acknowledged the need to recognise	

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the vital role they provide in supporting our clinical staff. The Chairman commented that he presented the monthly STAR awards, which was a special example to recognise and celebrate the work of our staff and he commented that he cannot express how moving this was for their superb standards of care recognised and to be so appreciated by their colleagues and patients.

The Chairman discussed his interim joint Chairman role and that he is working with the Vice Chairs and councils of governors.

Resolution

The Board of Directors NOTED the Chairman's report.

BoD/20/206 **CHIEF EXECUTIVE'S REPORT**

Ms Page referred members to her previously circulated report and added that the Trust was still very busy with Covid-19 community infection rates still the highest in the region.

Resolution

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

BoD/20/207 **SAFE STAFFING REPORT**

Dr Lloyd referred members to the safe staffing report and highlighted that during January the number of patients requiring BIPAP/CPAP remained high and staffing levels have been stretched at times. Critical Care remained under pressure due the Covid-19.

The risk to safe staffing remains from COVID self-isolation and sickness for all staff groups and increased COVID activity.

Workforce assurance meetings have been re-established from January which are taking place 3 times per week with daily staff focus meetings being held with Matrons.

There were no reported co-ordinator breaches reported.

Theatre staff continue to support and ex-critical care nurses have been redeployed. With regard to turnover this is currently at 7.5% for nursing and midwifery staff and the vacancy against the financial ledger is 4.8% against an increased budgeted WTE.

Student nurses will be returned to paid placements from 8 February for 11 weeks to support the workforce. Rapid HCA

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recruitment was undertaken in February to bring the vacancy rate to 0 by 31st March 2021.

Ms Burns asked Dr Lloyd where her areas of greatest concern were in terms of safer staffing and how we were using the community services. Dr Lloyd advised that there is a concern nationally that we will see a lot of staff retiring and we are doing some work regionally to anticipate how many people will retire going forward. We are looking at this specifically for community services as we know this is an area of risk with the age profile. Dr Lloyd added that key for the Trust is preferred placement for nurses going forward and we have good plans in place for this.

The Chairman referred to the overall unavailability of staff which was reported as 34.3% against the 21% headroom availability of staff and asked for clarity on this. Dr Lloyd advised that 21% is built into staffing budgets to cover annual leave, study leave etc, in addition the international nurses need to self-isolate when arriving in the UK. Where staff have been redeployed into an areas they are super-numery which contribute to the 34% and this has a positive impact for quality and safety.

The Chairman commented regarding fill rates for January 2021 and how these compared across the region, Dr Lloyd advised that the fill rates are exceptionally high and look good in comparison.

Resolution

The Trust Board of Directors NOTED the safer staffing report

BoD/20/208 **OCKENDEN REVIEW**

Dr Lloyd gave a verbal update on the Ockenden review and advised that she had met with the Head of Midwifery and reviewed the action plan to deliver the improvements the Trust highlighted in the Ockenden review. She added that the Trust had not yet received feedback following the second submission. Referring to queries raised at the last Board regarding governance and assurance, Dr Lloyd advised that Maternity Services have a quality Board meeting and look at the plan in detail, the Trust patient safety group also look at the plan and check and challenge the detail and evidence and then the Quality Assurance Committee receive updates for assurance. Dr Lloyd reminded members that the Trust are fully compliant with the recommendations in the review but we do have further work to do in terms of improvement.

Resolution

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The Trust Board of Directors NOTED the update on Ockenden

BoD/20/209 **FINANCE REPORT MONTH 10**

Mr Mason presented the month 10 finance positon and highlighted to members 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 10 the Trust is £0.5m underspend against its revised financial plan.

The Chairman asked Mr Mason whether he felt the year end cash flow balance which was estimated to be around £10m was adequate for a trust of this scale. Mr Mason advised that the normal level was around £2.5m so this is higher. He added that the Trust has historically had problems with cash flow and therefore it has improved over the last 2 years and this year it has been healthy.

The Chairman commented on the current financial regime with regard to COVID and asked Mr Mason what the estimated position will be when we come out of this period. Mr Mason advised that last year the Trust met its financial target including the bonus Provider Sustainability Fund (PSF). As we come out of COVID depending on the targets cash could become tighter, but no immediate issues are highlighted.

Mr Ducker commented on the capital position and asked if the Trust are still on track to deliver the £60m investment. Mr Mason confirmed that the Trust were on track but remained constrained with regard to capital funding (due to the James Cook Hospital PFI) and that every year and that the Trust need to bid for emergency capital and if we get approval it is generally late in the year but we are used to this position but it would be far better if we could get funds in advance of the financial year so we could plan better. This year we were fortunate that there was capital underspending from elsewhere in the region around £14m. We will secure some much needed equipment with this funding. This year we have £60m which we are spending on capital which far exceeds spending in previous years.

The Chairman commented that part of the purpose of working collaboratively in the Tees Valley and North Yorkshire is to develop a road map to secure and deploy strategic capital funding.

Mr Jennings drew members attention to the £1.6m overspend

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on junior doctors and £0.5m on medical engineering spending asking for clarity on these issues. Mr Mason advised that the Trust had been undertaking work on junior doctors to ensure we have the right baseline and to understand the issues which might be pressure of COVID or having the right baseline. Mr Mason added that in the past the overspend has been carried by the underspend on nursing but this year has seen that reduce.

With regard to medical engineering the Trust have been able to replace a number of items and that will have eased some of the pressure.

Resolution

The Trust Board of Directors NOTED the month 10 finance report

BoD/20/210 **INTEGRATED PERFORMANCE REPORT**

Ms Reilly referred members to the integrated performance report and highlighted the following:

- The Trust has continued its Covid response alongside the maintenance of urgent non Covid and other services.
- There have been no reports of MRSA for the past 16 months.
- There has been an increase in the incidence of Category 2 Pressure Ulcers in January, linked to increased critical care and COVID admissions.
- A Trust wide VTE focus will be re established and an improvement trajectory to be agreed.
- Higher acuity, reduced capacity and swabbing delays have led to A&E compliance being below target and continuing to be an area of concern.
- RTT and diagnostic are not achieving the constitutional standard however the planned activity has been delivered.
- Whilst there has been deterioration in annual appraisal compliance during the pandemic, there has been a greater focus on staff wellbeing and risk assessment through individual discussions with staff.
- Although staff turnover has stabilised it remains an area for monitoring.
- The Trust is £0.5m ahead of revised financial plans.

Referring to the A&E targets Ms Reilly added that the new transfer team in ED has been working well; the process for rapid swab has changed and this should see some improvement, the same day emergency care area opened in December and the Trust are working with the Emergency Care Improvement service team who are supporting us with ED flow – the outcome of which will discussed in the Finance

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& Improvement Committee.

Ms Reape asked for some assurance regarding patient experience and safety with regard to the patients waiting in ED, Ms Reilly confirmed that intentional rounding is in place to check on patients and no incidents have been reported.

Ms Reilly highlighted diagnostics and the 6 week standard advising that due to the covid and non covid pathways an improvement plan is being developed to improve compliance.

With regard to two week referrals Ms Reilly highlighted that these are increasing slowly; last month 44% increase in breast referrals, this is a big increase and we are reviewing this impact.

Ms Burns commented that the Trust need to tackle the improvements that haven't been happening on those areas which have not improved, recognising the need to learn lessons from COVID, and asked Ms Reilly how the Trust is approaching this challenge. Ms Reilly advised that the Trust, like the rest of the NHS, was still in the eye of the storm with regard to COVID and local community prevalence is still high. The Trust still have Strategic Command in place and we are reviewing and altering things every day. She added that Mrs Fallon will be bringing a report to Board on recovery in the near future.

Mr Ducker referred to the cancer treatment 14 day standard, discussing that the Trust has shown good progress since August last year, and we are not far from target, but that the commentary doesn't match that position. Ms Reilly advised that nationally there is still concern that patients are reluctant to come into hospital so are presenting late and therefore we won't see as many referrals coming through so activity will take some time to get up to predicted levels. Dr Stewart added that as we come out of lockdown we should see patients coming in greater numbers.

Dr Lloyd reported that she was pleased to report no MRSA for 16 months against the Trust's zero tolerance. With regard to falls, Dr Lloyd advised that the Trust is developing a plan for falls with harm and falls reduction strategy.

Dr Lloyd advised that the Trust had reported 9 Incidents in January, and that there had been an improvement in timely reporting; 3 of the incidents related to falls and 2 never events; initial learning has been shared through learning bulletins and a safer surgery event. She added that the Trust has seen incidents of pressure damage increase in category 2 in the community and in critical care, which relate the medical device usage during Covid-19.

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Dr Lloyd confirmed that new metrics for maternity had been agreed following discussion at the last Board meeting.

Ms Reape asked Dr Stewart if the independent report into mortality had been received yet and he confirmed that it had just been received and will be discussed at the Quality Assurance Committee.

Ms Reape commented on VTE assessment and that it continued to be impacted by COVID and not meeting the revised trajectory. Dr Lloyd advised that performance has deteriorated and she will be focussing on this with Dr Stewart but at this point in time she is unaware if the deterioration relates to practice or reporting. Dr Stewart added that it probably relates to reporting as there is no requirement for national reporting now. The Chairman asked if it impacting on quality and safety of patient care and Dr Stewart advised that it is impossible to answer as COVID is having an impact on patient care, however Dr Stewart commented that he thought that most of the patients who need the drugs will be receiving them but it's the paper work that probably not being completed. Ms Reape commented that this issue has not come up in the medical examiner reviews and asked Dr Stewart if he would expect this to come out of the reviews, Dr Stewart confirmed that it would if it had been raised as an issue.

Mrs Metcalf referred members to the well led section of the report and confirmed that the Trust is continuing welfare calls for staff absence from work; 231 calls in January, 122 calls in February and was pleased to report the Trust is starting to see a reduction in staff absence to covid.

Mrs Metcalf confirmed that risk assessments on staff are continuing.

With regard to mandatory training, Mrs Metcalf advised that the Trust is doing a deep dive into two areas of risk relating to Information Governance (IG) and Fire safety at the next Workforce Committee, and that she was pleased to report that the Trust has maintained the target for safeguarding children and adults.

The Chairman asked if there is a plan for annual appraisal and Mrs Metcalf confirmed that from the first quarter of the new financial year a new appraisal framework will be in place with a the values and behaviours framework embedded. She is working with the new clinical chairs and directorate leads to embed this process.

Mr Heslop commented regarding compliance levels with IG and that it has huge ramifications financially if we have a data breach. He asked Ms Burns that when discussing with

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Workforce Committee can we think about innovative ways of understanding data security.

Mr Oxley reported that the Trust is spending £800k on cyber resilience and security. In April he will bring a paper to the meeting on where we have strengthened this.

Ms Burns thanked Mr Heslop for his comments and would ensure these were picked up in Workforce Committee. In addition Ms Burns reported that she was looking forward to the new framework for appraisals being rolled out and staff completing these in the first quarter of financial year.

Ms Burns asked Mrs Metcalf what the impact was on staffing following the recent letter which significantly widened the net on shielding. Mrs Metcalf advised that the Trust had assessed the impact this hasn't caused any operational issues.

Mr Harrison thanked colleagues for the report and advised members that the Trust continue to update the narrative and change the way we produce reports. This month we have changed the graphs where a Statistical Process Control (SPC) chart would not be appropriate. Mrs Fallon is reviewing the metrics to see if there are any other metrics which need including. Mr Harrison added that he would like to see community metrics in here as well working with the community collaborative.

The Chairman thanked colleagues for the report and commented that we will see the system improving and being refined over the months and by the end of the year we will be in a better place, adding that he has already seen a measured improvement this month.

Resolution

The Trust Board of Directors NOTED the update on performance

BoD/20/211 **FREEDOM TO SPEAK UP REPORT**

Dr Lloyd referred members to the Freedom To Speak up report and highlighted that since the introduction of the new the new Freedom to Speak up (FTSU) model in August 2020, there has been a positive increase in the number of issues being raised. Between September 2020 to January 2021, there were 26 issues raised, which is an increase of 116.7%. Dr Lloyd added that in total 37 issues have been concluded satisfactory for the person who raised issue, and that there are 10 open and ongoing issues.

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The Chairman thanked Dr Lloyd for presenting the report and that he was looking forward to meeting the Guardians in the next week.

Ms Burns commented that she welcomed the work that has been done, and was pleased to report that the Guardians had attended the Workforce Committee and reported that they were receiving good supporting from the executive team. Ms Burns advised that the launch of the new appraisal process linking to the values and the culture change is underway and aligned greatly with the work of the Guardians.

Resolution

The Trust Board of Directors NOTED the update on Freedom to Speak up

BoD/20/212 **APPRAISAL AND REVALIDATION**

Dr Stewart updated members on medical appraisal and revalidation and drew members attention to the appraisal compliance figures for the 2019-2020 appraisal year, the impact of COVID-19 on appraisal and revalidation in 2020-2021, and the national guidance for which the Trust has followed and the plan for a return to business as usual, appraisal and revalidation wise, from 1st April 2021

In regards to appraisal and revalidation, Dr Stewart reported that our response to COVID-19 has been in keeping with our regional counterparts. Engagement from doctors remains positive with a soft re-launch of appraisals having taken place in October 2020, and a hard reset due to take place next month. He added that training sessions have been booked next week for appraisal leads and last week the Trust appointed a new medical lead for appraisal to focus on the quality of appraisal and improving the focus on the individual needs.

Ms Reape questioned what the process was for locum consultants who are with us a longer period of time and how they link into this process. Dr Stewart advised that if the locum is appointed through agency; the agency will take responsibility for making sure that the process is undertaken if it's a locum we appoint a locum we are their employer and as Responsible Officer I will encourage them to participate in appraisal and revalidation process, adding that it's their responsibility to complete their revalidation and therefore most do still engage.

Resolution

The Trust Board of Directors NOTED the report on appraisal and revalidation

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BoD/20/213 **COMMITTEE CHAIR REPORTS**

The Chairman offered Committee Chairs the opportunity to highlight to members any issues from the Board Sub Committees not already discussed in the meeting.

Charitable funds – Ms Burns updated that the Committee discussed support to staff and patients who were suffering with mental health problems. With regard to Trinity Holistic Centre the Charitable funds committee will receive a paper on moving this to a sustainable footing. The Corporate Trustees endorsed the Charity strategy for the next 2 years and discussed the opportunity for the chairs of the collaboratives to align some of the smaller funds in the Charity to make them work harder for the benefit of staff and patients and for the team to work with the collaboratives to make it more dynamic and increase funds.

The Chairman commented that he was encouraged by the presentation by the Head of Charity and the positive and innovative direction of travel for the Charity.

Audit Committee – Mr Carter Ferris advised that the internal audit plan had been discussed with regard to the impact on delivering this due to COVID19 pressures but that at this stage the Auditors are comfortable that they can complete the work but we need to ensure that we don't hold this work up.

Finance and Investment Committee (FIC) – Mr Ducker added that the Committee approved an urgent IT infrastructure investment which only brings investment up to foundation level and there is much more to do but good news for the Trust; also that the integrated performance report was discussed and where FIC would like to see improvement trajectories post pandemic recovery and this discussion will continue through FIC.

Quality Assurance Committee (QAC) – Ms Reape advised that two items included on the Chair's log had been deferred; the Committee continued to operate on a reduced membership in line with the other Committees and reducing the burden. Reports on maternity and Ockenden had been considered along with an update on electronic prescribing system roll out in terms of quality and safety. The Committee received a presentation on patient prioritisation and the clinical harm process in line with national guidance will form part of the IPR moving forward.

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BoD/20/214 **QUESTIONS FROM THE PUBLIC**

The Chairman offered members of the public an opportunity for questions. There were no questions from the public.

BoD/20/215 **DATE AND TIME OF NEXT MEETING**

The Trust Board of Directors will meet on Tuesday 6 April 2021.

Signed: ……

Date: ……

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Board of Direction Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
4.2.20	BoD/19/147	IMPROVEMENT PLAN	Improvement plan needed to be costed and robustly monitored	R Fallon	31.3.21	on hold due to Covid however it should be picked up as we go	open

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 6 April 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

2020 NHS Staff Survey results

Since the autumn of 2019, we have been empowering our clinicians to take the decisions about how we manage our resources and deliver care across our hospitals and services.

This clinically-led approach has been at the heart of our response to the COVID-19 pandemic.

In the 2020 NHS Staff Survey, colleagues have rated the trust as the most improved hospital trust in the country.

The results, which were published on 11 March, show significant improvements. In particular, the number of colleagues who feel patient care is the organisation's number one priority and would recommend the trust as a place to work has increased substantially.

A separate report by the Director of HR will cover this year's results in more detail.

COVID vaccination

The COVID-19 vaccination programme has expanded beyond the initial hospital hubs (of which James Cook and the Friarage have been two) and the majority of jabs are now being delivered in GP practices and other community venues.

Our amazing vaccination team has delivered more than 50,000 jabs (at the time of this report's writing) and is now delivering second jabs for patients, home care workers, health and social care staff and colleagues who received their first dose of the vaccine earlier this year.

COVID response

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.

Despite the enormous pressures which the winter COVID wave has brought, the earlier changes which our experienced clinicians introduced to separate our hospitals into green amber and red pathways, and other clinically-led infection prevention control measures have enabled clinical colleagues to maintain care for patients without COVID-19 whose needs are equally urgent.

For example, since the start of the New Year, our clinicians have delivered over 2,000 elective theatre operations.

In addition, our regional Major Trauma Centre at The James Cook University Hospital, which sees half (47 per cent) of all trauma cases in the North East, has continued to provide life-saving care throughout the pandemic.

This is so 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, tertiary and regional trauma centre.

COVID-19 treatment research recruitment

Saturday 20 March marked the one year anniversary since the first patients with COVID-19 were admitted to The James Cook University Hospital's critical care unit.

Since then, more than 150 patients have been recruited to 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 lower mortality and improves chances of recovery.

The James Cook critical care unit is the nation's third highest recruiting site to the Remap Cap trial.

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

The UK has taken a world leading role in the discovery of these new treatments and the North East of England has significantly contributed, with every critical care unit recruiting critically ill patients to COVID-19 research. This is a big achievement for the NHS and the North East.

Awards

The trust's teams have been shortlisted for two awards in the 2021 HSJ Values awards which take place in June:

Team	Category
Post-COVID sustainable transformation award	Introduction of Macmillan Community Thoracic Specialist Nurse to improve patient experience and protect from COVID 19
Cancer care initiative of the year	Holistic wellbeing calls for cancer patients

NHS Operational Planning and Contracting Guidance

The 2021/22 priorities and operational planning guidance were published on 25 March 2021. The guidance sets out the NHS priorities for the year ahead, against a backdrop of the challenge to restore services, meet new care demands and reduce the care back logs that are a direct consequence of the pandemic, whilst supporting

staff recovery and taking further steps to address inequalities in access, experience and outcomes.

The trust's clinical collaboratives will be working with the clinical policy group to apply the planning guidance to the development of the trust's clinically-led recovery plan

Board Assurance Framework

The Board Assurance Framework (BAF) aims to record risks that threatens the achievement of the Trust's long term (strategic objectives) together with the controls and actions in place to mitigate these risks. The BAF is supported by the Corporate Risk Register.

Since the last Board meeting the elements of the BAF has been reviewed by the Board Sub Committees and updated by Executive Director leads. A detailed paper is included in the Board pack.

In March and April the Board development sessions have focussed on the two year strategy and underpinning plans and objectives and following this the principal risks which threaten the delivery of those objectives will be refreshed into a new BAF which will be presented to Board in May.

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 –March 2021			
Safe Staffing Report for February 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 February 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 98.7%, demonstrating good compliance with safer staffing. Demand for critical care beds remain high and staff from other areas to support continues. 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. Patients requiring CPAP on ward areas have maintained staffing levels of 1:2 – 1:4 with critical care outreach support. It is recognised that during COVID this stretch ratio has been required to enable critical care beds to be fully utilised for the significant numbers of level 3 patients. Nursing and Midwifery Turnover for February is currently 7.27% Vacancy rate is 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. Close monitoring and agile actions will be required to mitigate risks.		
Recommendation	The Board of Directors are asked to note the content of this report		

Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 5.1 Demographic changes, shifting cultural attitudes to careers, capacity and capability of staff combined with employment market factors resulting in critical workforce gaps in some clinical and non clinical services	
Legal and Equality and Diversity implications	• Care Quality Commission • NHS Improvement • NHS England	
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒
	Drive operational performance ☐	Long term financial sustainability ☐
	Develop clinical and commercial strategies ☐	

Nursing and Midwifery Workforce Exception Report
February 2021

Safe Staffing Governance

Safer staffing is maintained through twice daily SafeCare (staffing review) meetings to address any immediate issues and put robust 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 patient safety. Redeployment of staff has taken place on a regular basis with 475 shifts/5304 hours logged via SafeCare 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 48,000 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 February 2021

		November 2020	December 2020	January 2021	February 2021
Overall Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	91.2%	91.1%	95.1%	93.6%
	HCA (%) Average fill rate - DAYS	93.1%	96.2%	96.4%	94.2%
	NA (%) Average fill rate - DAYS	100.0%	100.0%	100%	100%
	TNA (%) Average fill rate - DAYS	100.0%	100.0%	100%	100%
	RN/RMs (%) Average fill rate - NIGHTS	99.1%	99.3%	98.7%	95.5%
	HCA (%) Average fill rate - NIGHTS	103.9%	101.7%	109.3%	104.6%
	NA (%) Average fill rate - NIGHTS	100.0%	100.0%	100%	100%
	TNA (%) Average fill rate - NIGHTS	100.0%	100.0%	100%	100%
	Total % of Overall planned hours	**98.5%**	**98.5%**	**99.9%**	**98.7%**

The latest published Care Hours per Patient Day (CHPPD) for Nursing, Midwifery and AHP on the Model Hospital was in December 2020 and was 11.3 against a Peer of 9.8 and a National of 9.2. Higher number of hours of care per patient is 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 Feb 2021	Total CHPPD	Average fill rate - Days RN/ Midwives (%)	Average fill rate - Days HCA (%)	Average fill rate – Days Reg Nursing Associates (%)	Average fill rate – Day Trainee Nursing Associates (%)	Average fill rate - Night RN/ Midwives (%)	Average fill rate - Night HCA (%)	Average fill rate – Night Reg Nursing Associates (%)	Average fill rate - Night Trainee Nursing Associates (%)	Reason for exception (when less than 80%)
Ward 2 AAU (Short Stay Staff)	28	28	18	8.7	129.9%	78.1%	100.0%	-	126.3%	92.8%	100.0%	-	Bed occupancy reduced by 10 beds in February
Ward 3	28	27	20	8.4	106.5%	93.7%	-	100.0%	91.9%	102.0%	-	-	
JC04	21	21	19	7.7	106.4%	100.9%	-	-	73.8%	120.6%	-	-	Bed occupancy reduced by 2 beds in February. Planned 3 RN working 2 (1:9 Ratio) with HCA support
JC06 Gastro	30	30	22	7.0	113.2%	106.2%	-	-	89.2%	159.8%	-	-	
Ward 7 Colo	30	30	18	6.4	114.9%	96.9%	-	100.0%	94.8%	96.6%	-	-	
Ward 8	30	30	21	7.5	111.2%	104.6%	100.0%	100.0%	85.6%	140.7%	100.0%	100.0%	
JC09	28	28	17	10.8	103.5%	82.3%	100.0%	-	105.3%	98.8%	-	-	
Ward 10 (Short Stay RAFAU Staff)	27	27	16	7.7	109.6%	131.1%	-	-	117.9%	100.7%	-	-	
OPM (Ward 11)	28	28	23	8.6	130.3%	120.4%	-	-	97.1%	119.2%	-	-	
Ward 12 (JC25 Elective Ortho Staff)	26	20	18	8.5	95.6%	116.7%	-	-	77.0%	99.2%	-	-	Bed occupancy reduced by 8 beds in February. Planned 4 RN worked 3 (1:6 ratio)
JC14 Oncology Staff	23	21	12	10.0	103.4%	89.4%	-	100.0%	99.6%	99.8%	-	-	
JC24	23	23	19	9.1	103.5%	125.7%	100.0%	-	97.2%	162.7%	100.0%	-	
Ward 25 (Ward 5 Surgery Staff)	21	21	7	16.3	103.9%	57.2%	-	100.0%	75.0%	35.7%	-	-	Bed occupancy reduced by 14 beds in February. Planned 3 RN worked 2 (Ratio 1:4 ratio)
JC26	18	18	16	7.6	101.2%	94.5%	-	-	100.0%	98.3%	-	-	
JC27 Neuro Staff	15	15	13	14.1	148.1%	257.9%	-	-	100.0%	157.9%	-	-	
JC28	30	30	20	8.0	98.2%	86.3%	-	-	98.2%	105.8%	-	-	
JC29	27	27	22	9.3	120.4%	126.2%	100.0%	-	115.8%	176.8%	100.0%	-	
Cardio MB	9	9	6	8.8	96.4%	132.1%	-	-	96.4%	-	-	-	
JC31 Vas	35	26	22	7.3	150.5%	127.7%	100.0%	-	136.4%	135.3%	100.0%	-	
JCCT (Ward 32)	22	21	19	7.6	111.8%	99.2%	-	-	100.0%	112.3%	-	-	
JC33 Specialty	19	19	17	7.7	93.8%	97.9%	-	-	71.5%	69.2%	-	-	Bed occupancy reduced by 2 beds in February. Planned 3 RN working 2 (1:9 Ratio)
JC34	34	34	28	7.4	121.1%	93.3%	-	100.0%	95.2%	112.7%	-	-	

JC35	26	26	21	8.1	97.1%	109.3%	-	-	78.7%	115.6%	-	-	Bed occupancy reduced by 5 beds in February. Planned 3 RN working 2 (1:11 ratio) with additional HCA support
JC36 Trauma	34	34	28	6.9	96.5%	117.9%	-	100.0%	97.5%	122.4%	-	100.0%	
Critical Care	32	32	41	42.0	94.0%	102.1%	-	-	92.4%	78.7%	100.0%	-	
CICU JCUH	8	8	8	27.2	67.0%	92.9%	-	-	62.9%	100.0%	-	-	Planned for 12 RN day and night working 10 during the day and 9 overnight to flex around level 2/3 patient requirement
Cardio HDU	10	10	5	22.3	101.5%	96.4%	-	-	98.7%	89.3%	-	-	
JC24 HDU	8	8	5	21.8	93.6%	120.2%	100.0%	100.0%	111.3%	101.5%	100.0%	100.0%	
Ainderby FHN	27	27	14	9.5	102.4%	123.3%	-	100.0%	130.4%	107.3%	-	100.0%	
Romanby FHN	26	27	20	7.1	102.4%	123.3%	-	100.0%	130.4%	107.3%	-	100.0%	
Gara Orthopaedic FHN	0	0	0	-	-	-	-	-	-	-	-	-	Closed
Rutson FHN	17	15	8	16.5	78.9%	72.9%	-	-	100.0%	90.8%	-	-	Bed occupancy reduced by 7 in February. Planned 3 RN working 2 (1:4 ratio)
Friary Community Hospital	18	18	8	11.6	75.2%	59.2%	-	-	97.9%	135.7%	-	-	Bed occupancy reduced by 10 in February. Planned 3 RN working 2 (1:4 ratio)
Zetland	31	29	24	8.8	92.0%	87.8%	-	-	77.7%	114.2%	-	-	Bed occupancy reduced by 5 in February. Planned 4 RN working 3 (1:8 ratio)
Tocketts Ward	30	30	16	8.6	71.3%	68.6%	-	-	71.6%	76.9%	-	-	Bed occupancy reduced by 14 in February. Planned 4 RN day and 3 nights working 3 and 2 (1:3 and 1:4 ratio)
JC21	25	25	10	16.7	71.2%	92.9%	-	-	71.4%	63.1%	-	-	Bed occupancy reduced by 15 in February. Planned 6 RN day and night working 4 (1:4 ratio)
JC22	17	17	4	21.4	88.0%	49.6%	-	-	81.5%	38.4%	-	-	Bed occupancy reduced by 13 in February.
JCDS (Central Delivery Suite)	-	-	4	70.2	95.4%	53.7%	-	-	97.1%	94.8%	-	-	
Neonatal Unit (NNU)	35	35	15	21.0	82.4%	125.0%	-	-	82.3%	-	-	-	Bed occupancy reduced by 20 in February.
Paediatric Intensive Care Unit (PCCU)	6	6	0	155.2	46.4%	96.3%	-	-	41.1%	-	-	-	Less than 1 patient on average Staff supporting Critical Care
Ward 17 JCUH	-	-	27	6.8	87.4%	65.1%	-	-	89.8%	87.8%	-	-	Bed occupancy reduced by 7 in February. Planned 3 RN working 2 (1:4 ratio)
Ward 19 Ante Natal	-	-	3	15.7	53.2%	88.1%	-	-	53.6%	-	-	-	Average of 3 patients at midnight during February
Maternity Centre FHN	-	-	1	112.4	69.3%	62.3%	-	100.0%	200.0%	96.4%	-	-	Average 1 patient at midnight during February
Spinal Injuries	24	24	22	9.0	93.3%	69.4%	-	-	99.1%	90.5%	-	-	
CCU JCUH	14	14	9	15.5	71.6%	49.7%	-	-	80.4%	-	-	-	Bed occupancy reduced by 5 in February. Planned 8 RN working 6

Ward 9 now has two Respiratory Support Bays and two side wards (10 beds). During February there have been significant numbers of patients requiring admission to these beds to be supported on Continuous Positive Airway Pressure (CPAP) to release critical care beds for level 3 patients. Faculty of Intensive Care Medicine (FICM) and The British Thoracic Society (BTS) recommend a 1:2 to 1:4 nursing model, provision for 1:2 care for acutely unwell patients. However, it is recognised that in the present pandemic the ratio of 1:2 is not always achievable.

During the month of February 2021 Ward 9 maintained staffing ratio of 1:2 RNs for level 2 patients on all but one day shift were a 1:4 RN staffing ratio was achieved with two Assistant Practitioners (Band 4) experienced in NIV supporting the ward. Night shifts maintained staffing ratios of 1:2 for 17 nights and 1:4 RNs for 11 nights.

The emergency department continues to require 18 RNs during the day as building work takes place. Beta testing of the new ED Safer Nursing Care Tool (national project) has been undertaken and results are awaited to allow for an establishment review to be undertaken. An A&E transfer team has been implemented during COVID surge and requires review as we emerge into business as usual.

80 third year adult and 13 child branch student nurses have joined the workforce for the second time on an 11 week paid placement from 8th February 2021 to support practice. This activity has increased the fill rates for HCAs across most areas.

NHSP (Staff Bank) pay rates have been increased over the winter and will remain in place until the end of April. A small number of agency nurses worked in Critical Care, A+E and Theatres. A Care Support Worker (CSW) Programme has increased the HCA bank by 27 in February.

Nurse sensitive indicators report February 2021

Ward/Area Name	New or Deteriorating PU 2's (Inpatient)	New or Deteriorating PU 3's (Inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey 1000 voices	Reported Serious Incidents
A&E JCUH	1	0	5	2	1	-	
CARDIO HIGH DEPENDENCY UNIT	0	1	1	0	0	8.61	
AINDERBY WARD FHN	1	0	1	1	1	-	
CLINICAL DECISIONS UNIT FHN	1	0	2	3	0	9.45	
ROMANBY WARD FNH	3	0	0	6	0	-	
WARD 2 COVID	1	0	4	3	1	-	
WARD 3	3	0	1	10	0	9.34	
WARD 4	8	0	0	6	0	-	
WARD 5	0	0	0	0	0	-	
WARD 5 COVID	1	0	0	0	0	-	
WARD 6	1	2	0	2	1	9.88	
WARD 7	0	1	1	2	0	-	1 PU (3)
WARD 8	1	0	0	5	1	-	
WARD 9	2	0	1	1	0	8.73	
WARD 10	0	1	0	4	0	9.35	
WARD 12	1	0	0	5	1	-	
WARD 14	1	0	1	0	0	-	
WARD 17	1	0	0	0	0	8.99	
ANTENATAL WARD	0	0	0	0	0	-	
WARD 21	0	0	0	0	0	9.44	
WARD 22	0	0	0	0	0	9.73	
WARD 24	5	0	0	4	0	9.91	
WARD 25	0	0	1	0	0	9.42	
WARD 26	0	0	0	2	0	8.52	
WARD 27	0	0	0	2	0	8.68	
WARD 28	0	0	2	14	0	-	
WARD 29	4	0	2	4	1	-	
WARD 31	2	1	0	10	0	-	1 PU (3)
WARD 32	1	0	1	2	0	9.08	
WARD 33	0	0	2	5	0	9.13	
WARD 34	5	1	2	11	1	8.37	1 PU (3)
WARD 35	2	0	0	4	0	9.03	
JCUH ACUTE MED UNIT WARD 37	2	0	1	6	0	-	
JCUH CORONARY CARE UNIT	0	0	0	1	0	10.00	
JCUH CENTRAL DELIVERY SUITE	0	0	3	0	0	-	
JCUH MATERNITY ASSESSMENT UNIT	0	0	0	0	0	-	
GENERAL HIGH DEPENDENCY UNIT	21	0	2	0	0	-	
GENERAL ICU2	6	1	2	0	1	-	
GENERAL ICU3	6	0	3	0	0	-	
CARDIOTHORACIC ITU	2	0	0	0	0	-	
JCUH SPECIAL CARE BABY UNIT	0	0	6	0	0	-	
SPINAL INJURY HDU	0	0	1	4	0	-	
JCUH TRAUMA OPD	0	0	0	0	0	-	
NEURO HIGH DEPENDENCY UNIT	0	0	0	0	0	9.22	
WARD 1	6	0	0	1	0	-	
RICHMOND FRIARY VICTORIA WARD	0	0	0	0	0	9.29	

RUTSON FHN	2	0	1	3	0	7.86	
RPCH ZETLAND WARD	0	0	3	5	0	-	
EAST CLEVELAND TOCKETTS WARD	0	0	0	1	0	9.01	

Both pressure ulcers and falls have increased with 3 Serious Incidents (SI) being reported in February for grade 3 pressure ulcers on wards 7, 31 and 34. Staffing does not appear to be a contributing factor but will be examined as part of the panel reviews.

Pressure ulcers in Critical care have remained high due to acuity of patients and proning of patients for respiratory support. Most beds have been utilised by level 3 patients across ITU and GHDU.

A pressure ulcer collaborative is being planned to refocus pressure ulcer activity and prevention as this has demonstrated positive reduction in the past.

Red flag reporting February 2021

Red flags	Early	Late	Long Day	Night	Night Duty	Grand Total
AMBER Beds Open					1	1
Delay in providing pain relief		1		1		2
Less than 2 RNs on shift	1			4	1	6
Missed 'intentional rounding'	1			3		4
RED Beds Open		1				1
Shortfall in RN time	13	9	2	16		40
Vital signs not assessed or recorded				3		3
Grand Total	**15**	**11**	**2**	**27**	**2**	**57**

A total of 57 red flags were reported during February with shortfall of RN being the most common (40). 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.

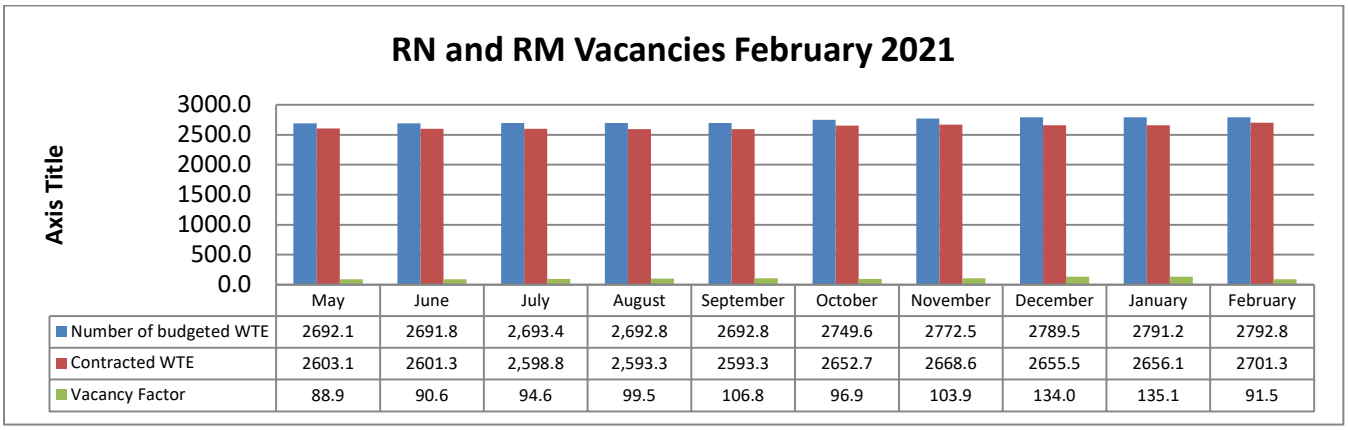
Retrospective red flags have been raised for missing intentional rounding, delays in pain relief and missing vital signs. These can be due to short periods of increased acuity and dependency and should be datix if likely to cause patient harm.

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

Vacancy and Turnover

The total current nursing and midwifery vacancy rate for all nursing and midwifery staff is currently at 3.3% at the end of February 2021 this equates to 91.5 WTE (Figure 1).

Figure 1 Registered Nursing and Midwifery Vacancy Rate



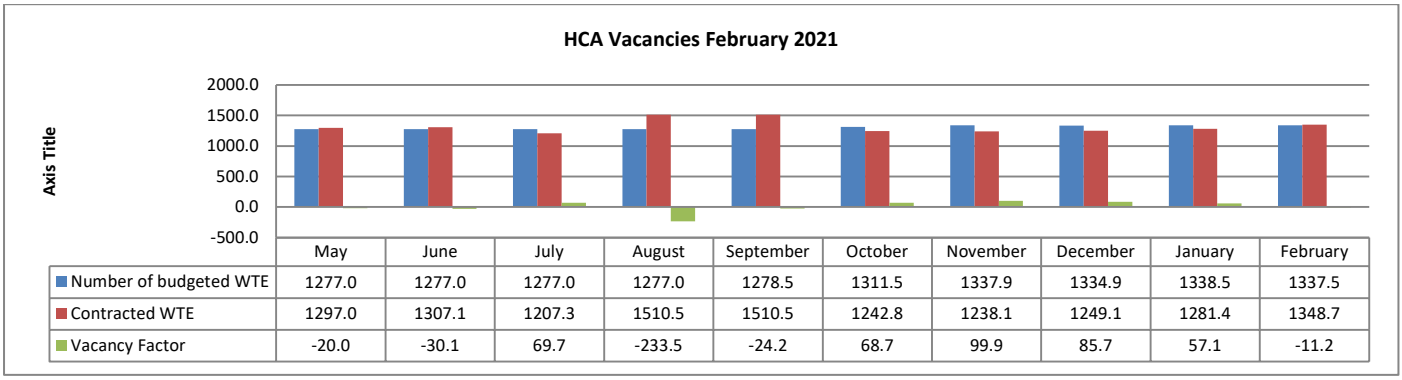
	May	June	July	August	September	October	November	December	January	February
Number of budgeted WTE	2692.1	2691.8	2,693.4	2,692.8	2692.8	2749.6	2772.5	2789.5	2791.2	2792.8
Contracted WTE	2603.1	2601.3	2,598.8	2,593.3	2593.3	2652.7	2668.6	2655.5	2656.1	2701.3
Vacancy Factor	88.9	90.6	94.6	99.5	106.8	96.9	103.9	134.0	135.1	91.5

The reduction in vacancies is due to recruitment of student qualifying in January and international recruitment which continues with our NHS Professionals partners with nurses arriving from India and the Philippines monthly. Bids to support our international recruits have been successful and will support the extra processes involved in on-boarding and pastoral support. A number of these are critical care nurses with 6 deploying to ITU in February/March.

The Observed Structured Clinical Exam (OSCE) dates have been delayed due to the significant numbers of nurses nationally accessing these exams to gain entry on to the Nursing and Midwifery (NMC) Register. To support Trusts the NMC have offered temporary COVID19 Pin Numbers to these nurses to allow them to work as band 5 nurses whilst awaiting exam dates. Extra pastoral care is in place to support this extended period and help with transition to UK working.

A third Practice Placement Facilitator post has been advertised as part of successful placement expansion funding with Health Education England to support students being placed on our e-roster. This process has already begun with the students currently on paid placements and the BSc Trust students and is working well for ward managers who can put individuals onto their rosters and improve visibility via SafeCare.

Figure 2 - Health Care Assistant Vacancy Rate



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

Health Care Assistant (HCA) vacancy rates are showing as over recruited by 11.2 WTE at the end of February 2021 (Figure 2). This may be due to student nurses who are now on short term paid placements as part of the national COVID response.

Rapid HCA recruitment centres have taken place during February and more are planned for March to ensure a 0% vacancy rate is achieved by 31st March, and ambition set by NHSE/I. Weekly returns are being submitted to NHSE/I to monitor progress and we are in discussion with Redcar College to provide a care certificate programme to run alongside Trust induction for these new staff members.

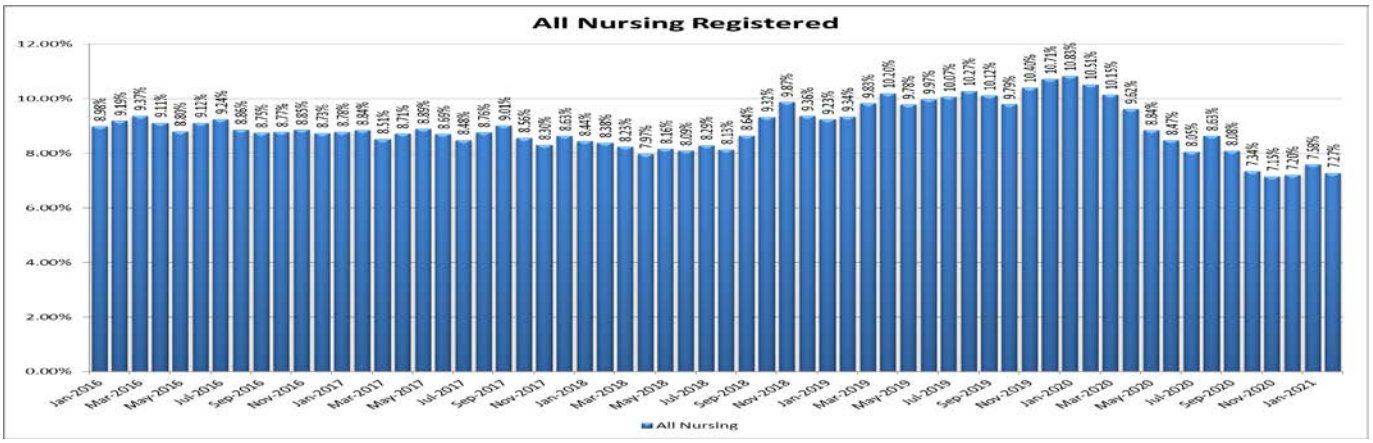
Nineteen Nursing Associates (Band 4 NMC Registered) and Assistant Practitioners (Band 4) have commenced a top up degree with Teesside University and the Open University and will complete in 18 month – 2 years dependent on the chosen route to become Registered Nurses.

Twenty HCAs will commence the 4 year Pre-Registration BSc Apprenticeship at the end of March 2021, working part time whilst studying a nursing degree. Two Clinical Placement Facilitators have been appointed to support this group in practice. They will ensure placements are arranged alongside our traditional student cohorts, ensuring that placements are staggered and teams are not overwhelmed by the increased numbers of learners in practice.

Monies have also been secured through NHSE/I to assist HCAs who have an international nursing qualification to undertake an English language programme and take the OET (English Language Exam) required by the NMC to progress to NMC application. One HCA from ward 34 has already passed and has joined our OSCE programme. This is a fantastic achievement and it has been a very long wait for progression for this group of staff but great to be able to 'grow our own' as we are now doing with our APs.

Nursing and Midwifery Turnover

Turnover for February 2021 was 7.27% which is significantly lower than the National average. Very little movement of staff has taken place during COVID.



Conclusion

During February 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. There have been no reported episodes for lack of supernumerary co-ordinators during February 2021.

Student nurses coming into paid placements have given us the opportunity to maintain safe staffing levels.

Monthly International RN recruitment continues with 7 -12 arrivals each month and HCA rapid recruitment to achieve a 0% vacancy by 31st March 2021 is well underway.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 April 2021			
Learning from Deaths			**AGENDA ITEM: 9, ENC 6**
Report Author and Job Title:	Tony Roberts Deputy Director (Clinical Effectiveness) & Joanne Raine Data Analyst: Mortality Surveillance.	**Responsible Director:**	Dr Mike Stewart Chief Medical Officer
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Latest available hospital mortality information		
Background	Learning from Deaths Dashboard (as required by the National Quality Board) and other hospital mortality monitoring information.		
Assessment	• The Summary Hospital-level Mortality Indicator (SHMI) is 'higher than expected' for the period October 2019 to September 2020. • Capture of comorbidities is a known problem; an external independent report has confirmed this issue and identified a further potential problem 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 as 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		
Recommendation	Members of the Trust Board are asked to note the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 2.3 Ability to learn from Serious Incidents, complaints, clinical audits and external reviews to improve on quality and patient safety		
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 ☐	

Learning from Deaths Monthly Dashboard - February 2021

NHS
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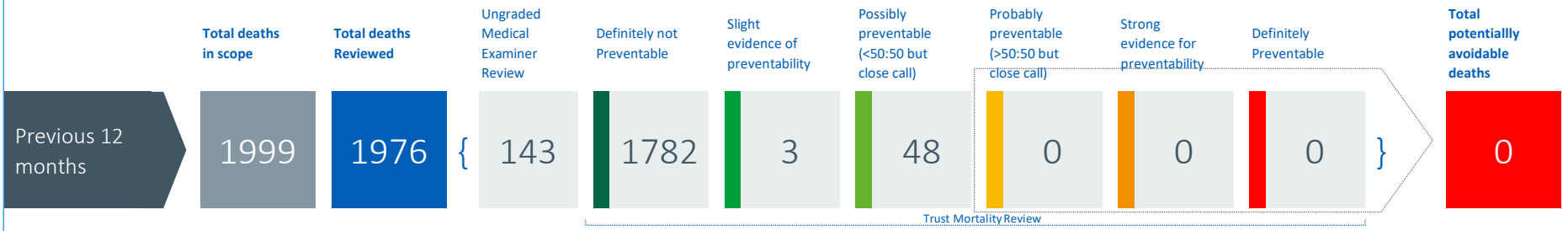
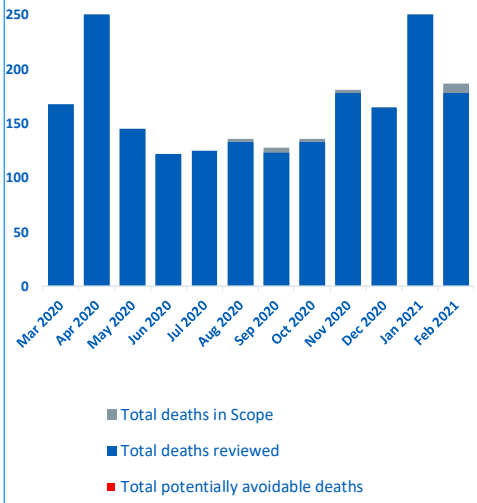
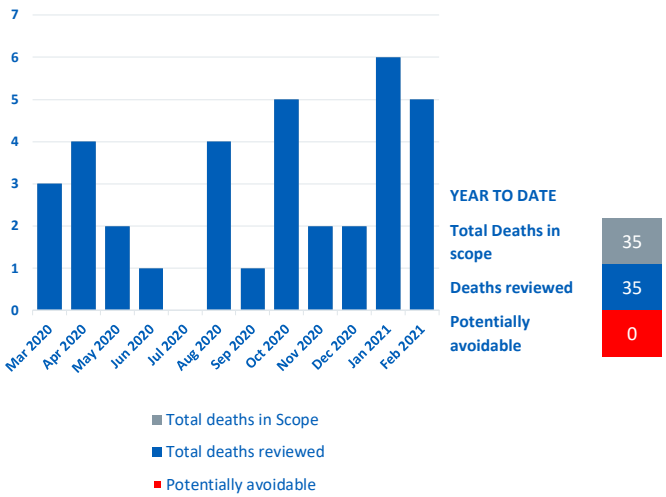
Total number of deaths reviewed and deaths judged preventable from the case notes
(includes patients with identified learning disabilities or serious mental illness) Note: This dashboard shows deaths that have received a review. In practice, some deaths may have received more than one review but they are only counted once for this dashboard



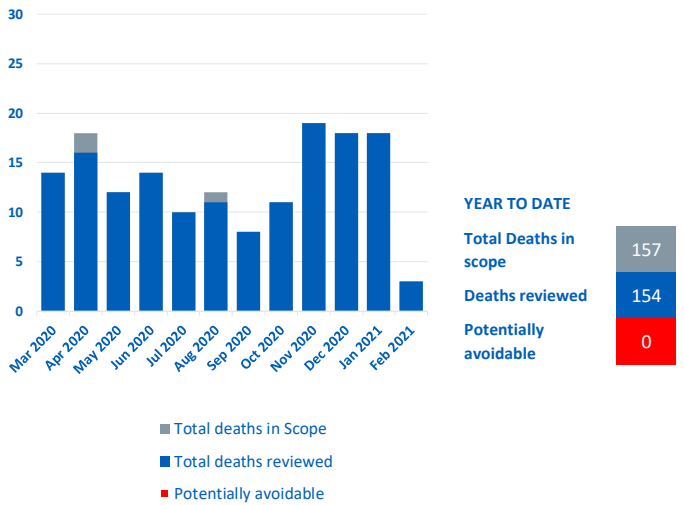
All patients:
Mortality over time, total deaths and deaths considered potentially preventable



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



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



South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 6 April 2021			
Month 11 2020/21 Financial Performance			**Agenda Item 11,** **ENC 7**
Report Author and Job Title:	Luke Armstrong Deputy Chef 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 11.		
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 manage resources within this funding envelope.		
Assessment	At month 11 the Trust is £0.4m overspent against its revised financial plan.		
Recommendation	Members of the Trust Board are asked to Note the Trust position for Month 11.		
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 11 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 11.

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 have been identified both regional and nationally as potentially allowable deviations from the breakeven requirement. This being lost non-NHS income and an allowance for a year end annual leave provision. The amounts involved being £1.3m and £3.8m for the Trust.

As part of the new financial arrangements for month 7 onwards the Trust has reset its budget to align to the revised NHSI 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 Covid-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 11 YTD actual performance is a £1.4m deficit. This has resulted in the Trust being behind of its financial plan by £0.4m. This in-month position has been driven by lower than anticipated full-year allocations from Tees Valley CCG, as outlined in the forecast section of this report.

3. DETAILS

Trust position

The Month 11 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	Full Year Budget £'000
Nhs Clinical Income	580,129	580,594	**465**	**636,049**
Education & Training Income	15,954	17,732	**1,778**	**17,407**
Estates Income	1,724	1,743	**19**	**1,908**
Misc. Other Income	8,563	8,780	**217**	**9,510**
Non Patient Care Income	2,291	2,616	**325**	**2,483**
Other Clinical Income	805	1,220	**415**	**885**
Psf, Mret & Top Up	38,987	40,713	**1,726**	**39,245**
Research & Development Income	4,187	5,036	**848**	**4,529**
Total Other Income	**652,640**	**658,433**	**5,793**	**712,015**
Ahp'S, Sci., Ther. & Tech.	(54,579)	(54,450)	**130**	**(60,270)**
Apprentice Levy	(1,395)	(1,399)	**(05)**	**(1,521)**
Hca'S & Support Staff	(41,402)	(41,995)	**(593)**	**(45,418)**
Medical And Dental	(113,810)	(116,710)	**(2,900)**	**(125,077)**
Nhs Infrastructure Support	(53,490)	(53,838)	**(348)**	**(59,000)**
Nursing & Midwife Staff	(114,838)	(114,269)	**568**	**(126,795)**
Total Pay	**(379,514)**	**(382,661)**	**(3,147)**	**(418,081)**
Clinical Negligence Cost	(15,950)	(15,950)	**0**	**(17,400)**
Clinical Supplies And Services	(58,453)	(57,590)	**862**	**(65,028)**
Drugs	(61,212)	(62,581)	**(1,370)**	**(66,906)**
Establishment	(8,184)	(8,694)	**(510)**	**(8,818)**
Ext. Staffing & Consultancy	(538)	(522)	**16**	**(567)**
General Supplies & Service	(8,007)	(8,103)	**(96)**	**(8,340)**
Healthcare Service Purchase	(10,566)	(11,000)	**(434)**	**(11,631)**
Miscellaneous Services	(1,341)	(2,092)	**(752)**	**(1,638)**
Pfi Unitary Payment	(48,550)	(48,484)	**66**	**(51,426)**
Premises & Fixed Plant	(23,555)	(24,171)	**(616)**	**(25,789)**
Research, Education & Training	(3,941)	(4,165)	**(224)**	**(4,230)**
Transport	(3,680)	(3,798)	**(117)**	**(4,032)**
Total Non Pay	**(243,977)**	**(247,150)**	**(3,173)**	**(265,806)**
Depreciation	(13,445)	(13,133)	**312**	**(14,994)**
Interest Payable	(10,676)	(10,675)	**01**	**(11,663)**
Interest Receivable	49	07	**(42)**	**57**
Other Non Operating	(6,114)	(5,928)	**186**	**(6,668)**
Restructuring Costs	0	(328)	**(328)**	**0**
Corporation Tax	(01)	0	**01**	**(02)**
Control Total	**(1,038)**	**(1,435)**	**(397)**	**(5,141)**

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, 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.

- 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 M11 and M12 of 2019/20 and actual billing within 2020/21.

Commissioner Code	Commissioner Name	Block Payment
16C	NHS Tees Valley CCG	301,732
84H	NHS County Durham CCG	12,936
85J	NHS England - North East and Yorkshire Commissioning Hub	172,383
85J	NHS England - CDF & HepC (months 7-12)	2,452
Y63	NHS England - North East and Yorkshire Commissioning Region	6,983
42D	NHS North Yorkshire CCG	80,795
15F	NHS Leeds CCG	127
13T	NHS Newcastle Gateshead CCG	155
01H	NHS North Cumbria CCG	597
03J	NHS North Kirklees CCG	105
00L	NHS Northumberland CCG	109
00P	NHS Sunderland CCG	567
03Q	NHS Vale of York CCG	1,339
Y58	South West Regional Office (MoD)	720
	Prior Year Adjustments	(407)
	Total Income Month 11	**580,594**

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	259,978	259,978	0
Top Up	12,450	12,450	0
Covid-19	11,160	11,160	0
CDF	1,665	2,052	387
HEPC	322	400	78
YTD M11	**580,129**	**580,594**	**465**

Other Income

Other income is £5.3m ahead of plan, with key drivers of this variance being improved Education and Training income, RTA income and a VAT rebate from NHS Fleet Solutions. The Trust is also receiving additional income to cover the cost of vaccinations, swabbing and lost non-NHS income as shown within the Top up category. 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	Full Year Budget £'000
Education & Training Income	15,954	17,732	**1,778**	**17,407**
Estates Income	1,724	1,743	**19**	**1,908**
Misc. Other Income	8,563	8,780	**217**	**9,510**
Non Patient Care Income	2,291	2,616	**325**	**2,483**
Other Clinical Income	805	1,220	**415**	**885**
Psf, Mret & Top Up	38,987	40,713	**1,726**	**39,245**
Research & Development Income	4,187	5,036	**848**	**4,529**
Total Other Income	**72,511**	**77,839**	**5,328**	**75,966**

- Education and Training income is overachieving by £1.8m, 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. This income is linked to the increase in the number of educational placements across the Trust for Trainee Doctors. The finance team are working with the operational lead for Education to understand the recurrent nature of this income.
- 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.
- Misc. other income is showing a favourable variance to plan of £0.2m driven by the £0.6m received from NHS Fleet Solutions as part of a historic VAT settlement with HMRC, offsetting against credits being issued for rental

income from the Royal Volunteers Service along with reductions in salary recharge income.

- R and D income is over achieving by £0.8m 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 with £1.1m shown in the YTD position. 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.

Pay

In the year-to-date position pay is overspent by £3.1m, due to additional spend on Medical and Dental employees.

Included within the pay position is £0.7m 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.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Ahp'S, Sci., Ther. & Tech.	(54,579)	(54,450)	**130**	**(60,270)**
Apprentice Levy	(1,395)	(1,399)	**(05)**	**(1,521)**
Hca'S & Support Staff	(41,402)	(41,995)	**(593)**	**(45,418)**
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Nhs Infrastructure Support	(53,490)	(53,838)	**(348)**	**(59,000)**
Nursing & Midwife Staff	(114,838)	(114,269)	**568**	**(126,795)**
Total Pay	**(379,514)**	**(382,661)**	**(3,147)**	**(418,081)**

- HCAs are overspent by £0.6m with nursing staff £0.6m underspent giving a combined on budget position. Within the budget is a YTD allowance of Covid sick pay of £0.5m and additional winter funding of £0.5m from Tees Valley CCG.
- Medical and Dental staff show a year to date overspend of £2.9m. £2.2m of this overspend relates to junior doctors and £0.7m consultants. The overspend on consultants relates to increased premium costs for agency staffing within a number of directorates, particularly older person medicine, oral surgery, respiratory and Radiotherapy /Oncology.
- Additional work is required within the medical workforce team to complete the review of junior doctor rotas and align these to budgets held within Finance. The Trust needs to ensure appropriate controls are in place for the deployment of staff across the Trust. Work is being arranged to add rotas to the allocate rostering system and review the individual specialty detail.

Non-Pay

Non-pay is overspent by £3.2m at month 11.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Clinical Negligence Cost	(15,950)	(15,950)	**0**	**(17,400)**
Clinical Supplies And Services	(58,453)	(57,590)	**862**	**(65,028)**
Drugs	(61,212)	(62,581)	**(1,370)**	**(66,906)**
Establishment	(8,184)	(8,694)	**(510)**	**(8,818)**
Ext. Staffing & Consultancy	(538)	(522)	**16**	**(567)**
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Healthcare Service Purchase	(10,566)	(11,000)	**(434)**	**(11,631)**
Miscellaneous Services	(1,341)	(2,092)	**(752)**	**(1,638)**
Pfi Unitary Payment	(48,550)	(48,484)	**66**	**(51,426)**
Premises & Fixed Plant	(23,555)	(24,171)	**(616)**	**(25,789)**
Research, Education & Training	(3,941)	(4,165)	**(224)**	**(4,230)**
Transport	(3,680)	(3,798)	**(117)**	**(4,032)**
Total Non Pay	**(243,977)**	**(247,150)**	**(3,173)**	**(265,806)**

- Clinical supplies and services are showing a year-to-date underspend of £0.9m. Driven by underspends within Medical Engineering on maintenance contracts and from underspends in a number of clinical directorates arising from reductions in activity levels.
- Drugs has a YTD overspend of £1.3m. Part of this increase in cost is covered by additional income for CDF and HEPC drugs of £0.5m, this resulting increase in cost is from increased activity in a number of directorates including Paediatrics, Gastro, Rad/Onc and Neurology.
- Healthcare Service purchase is overspending by £0.4m year to date with £0.2m within Trauma and Orthopaedics for outsourcing to the T and O LLP and an overspend within renal of £0.2m from the satellite renal clinics.
- Premised and Fixed Plant is overspending by £0.6m due to the purchases of furniture and fittings, minor new works and estates work for Covid-19. Where relevant for vaccinations and swabbing this cost is being recovered from NHSE/I.
- Research, Education and Training is overspending by £0.2m due to clinical trials, with this cost covered by additional income.

Non-Operating Costs

Technical items are broadly in line with budgeted amounts, following the re-phasing of the Trusts annual budget and delays to the Trust capital programme. The revised full year deprecation charge for the Trust has now been calculated and is shown within the YTD position.

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 11 spend is outlined below within these categories.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Sickness	(1,917)	(1,917)	**0**
Facilities	(833)	(574)	**259**
Ward	(500)	(500)	**0**
Critical Care	(671)	(1,639)	**(968)**
IPC & Winter	(75)	(122)	**(47)**
Redcar	(136)	(136)	**0**
Emergency Department	(464)	(750)	**(286)**
PPE		(97)	**(97)**
Staff catering		(92)	**(92)**
Other		(114)	**(114)**
Contingency	(544)		**544**
Total	**(5,140)**	**(5,941)**	**(801)**

The full allocation for sickness costs has been shown as utilised due to the Trust over spending in month on pay expenditure. Provisions have been made within Facilities for anticipated spend with Serco.

The Trust has also incurred cost in relation to Covid-19 swabbing YTD of £1.1m, 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 £0.8m.

Forecast outturn

The Trust is continuing to monitor and plan its expected outturn position, with discussions ongoing within the ICP and ICS. The Trust planned deficit for the year end as part of the planning process was £5.1m driven by lost other income due to Covid-19 and annual leave accruals.

The below table outlines the movement between the M10 forecast outturn and the M11 reported forecast outturn.

	£'m
M10 Full year forecast outturn	-4.1
Additional other income allocation	1.3
Lower CCG Income allocations	-2.0
M11 Full year forecast outturn	-4.8

The lost other income allocation of £1.3m has been provided from NHS England in month to cover reduced income due to the Covid-19 pandemic.

At month 10 the Trust had assumed additional income allocations would flow from Tees Valley CCG to the Trust as allocations become available to them, however these allocations are now not likely to flow due to additional cost pressures within the CCG.

Capital

The Trust's capital expenditure at the end of February amounted to £36.3m as detailed below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PFI Lifecycle	9,451	9,451	0	10,310	10,310	0
Site Reconfiguration	4,674	3,656	(1,018)	8,247	8,247	0
Replacement of Medical Equipment	7,697	8,603	906	17,651	18,087	436
Network Replacement and Clinical Noting	12,593	6,313	(6,280)	16,362	16,050	(312)
COVID Phase 1	8,482	8,240	(242)	8,364	8,240	(124)
Total	**42,897**	**36,263**	**(6,634)**	**60,934**	**60,934**	**0**

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	8,744	6,359	(2,385)	9,539	9,539	0
Internal Reserves	0	0	0	14,660	14,660	0
Charitable Funding	525	10	(515)	1,181	1,181	0
PDC	33,628	29,894	(3,734)	35,554	35,554	0
Total Financing	**42,897**	**36,263**	**(6,634)**	**60,934**	**60,934**	**0**

The schemes include the following:

- PFI Lifecycle - £10.3m contractual commitment to Endeavour SCH Plc. Payment to Endeavour based on the Financial Model. £20.1m has to date been charged direct to revenue in line with the agreed profiling of the Providers Lifecycle investment gap.

- Estates – PFI Enhancements and change in law for lifecycle (£0.8m), Pathology development, relocation across sites including blood sciences hub (£0.4m), Paediatric Emergency Department (£3.2m), critical infrastructure investment at FHN (£1.1m), Critical Care Isolation and Surge Capacity (£0.9m) and FHN Rationalisation (£1.0m);

- IT – Data Centre Upgrade and N365 connection including investment in the server estate and operating software (£1.0m), Cyber resilience on the network (£1.1m), Alcidion and Digital Aspiration investment for e-prescribing and licencing (£4.8m), Data Centre Upgrade (£1.8m), emergency IT equipment replacement (£4.8m) and HSLI investment (£2.1m).

- Medical equipment – Replacement and expansion of robotic surgery (£2.8m), Endoscopy Adopt and Adapt (£0.6m), Group C equipment replacement (£1.0m), Vascular Intervention (£1.2m) with an allocation for emergency replacement and additional COVID related investment (£10.6m);

- COVID – first phase investment fully committed (£8.3m) with the shortfall in funding on Phase 1 amounting to £1.4m. The Trust submitted a number of bids for COVID Phase 2 and 3 however thee where unfunded due to national funding constrains. This included submitted bids for Interventional Radiology, a Modular Ward block and Temporary Theatres.

The majority of the equipment yet to be delivered relates to the recent orders submitted at the end of January and in early February. The Procurement team continue to work with suppliers to ensure delivery before year end. The full programme is financed significantly through the use of PDC and depreciation. Depreciation is also used to fund the Trust's principal repayments on the PFI (£2.4m), loans taken out previous years (£2.4m) and finance leases (£0.6m).

All PDC allocations have now been approved by NHSE/I and DHSC and the funding has been fully drawn down in early March

Scheme	Value £000's
Capital Emergency Support	14,560
Critical Care Resilience	904
Critical Infrastructure Fund	1,142
Critical Care Capacity (Surge Preparation)	2,000
Digital Aspiration	2,820
FHN Site Rationalisation	1,000
Urgent and Emergency Care Programme	3,180
Endoscopy Adapt and Adopt	714
Eyecare Electronic Referral System	110
Rapid Testing Technology	110
HSLI Radiology and Haematology	2,073
COVID 19 Phase 1	6,941
Total	35,554

Liquidity

As at month 11 the Trusts cash balance amounted to £110.9m with the high balance mainly caused by advanced commissioner payments. In March the Trust will receive its PDC funding, repay its outstanding Capital Financing Facility loans and look to repay all outstanding capital payables as equipment is received. The Trust will process daily payment runs during the last weeks of March and look to maintain a cash balance equating to approximately £55m at 31 March. The timing and extent of commissioner funding in early 2021/22 has yet to be determined and this retained liquidity will provide assurance during this period of uncertainty.

South Tees Hospitals NHS
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 APRIL 2021			
Integrated Performance Report			**AGENDA ITEM: 8, ENC 12**
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, Finance and Investment Committee and Workforce and OD 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. The following new metrics that have been implemented in February's IPR: • Sepsis - NEWS Within 1 Hour • Sepsis - Targeted oxygen delivered within 1 hour • Sepsis - Empiric IV antibiotics administered within 1 hour • Sepsis - Blood cultures taken within 1 hour • Sepsis - IV fluid resuscitation initiated within 1 hour • Sepsis - Serum lactate taken within 1 hour 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 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 swabbing delays 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.
Recommendation	The Board of Directors are asked to: • Receive the Integrated Performance Report for February 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%. BAF risk 3.3 - Risk of ability to deliver the national access target of 85%

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

February 2021

New Additions to IPR for February

South Tees Hospitals NHS Foundation Trust

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

- New metrics:
  - Sepsis - NEWS Within 1 Hour
  - Sepsis - Targeted oxygen delivered within 1 hour
  - Sepsis - Empiric IV antibiotics administered within 1 hour
  - Sepsis - Blood cultures taken within 1 hour
  - Sepsis - IV fluid resuscitation initiated within 1 hour
  - Sepsis - Serum lactate taken within 1 hour

Key Messages

South Tees Hospitals
NHS Foundation Trust

Our key messages are:

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 swabbing delays 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.

Summary

South Tees Hospitals NHS Foundation Trust

	Indicator	Latest Month	Target/ Benchmark	Month Reported	Trend	Assurance
SAFE	All Falls Rate	6.44	5	02/2021		
	Falls With Harm Rate	0.09	0	02/2021		
	Infection Control - C-Difficile (YTD)	73	81	02/2021		
	Infection Control - MRSA (YTD)	0	0	02/2021	N/A	N/A
	Serious Incidents	7	0	02/2021		
	Never Events (YTD)	4	0	02/2021	N/A	N/A
	Category 2 Pressure Ulcers	6	0	02/2021	H	
	Category 3 & 4 Pressure Ulcers	1	0	02/2021		
	SHMI	125.45	100	11/2020		
	Hospital Standard Mortality Rate (HSMR)	89.78	100	12/2020		
	VTE Assessment	86.6%	95.0%	02/2021	L	F
	Maternity - Caesarean Section Rate (%)	32.7%	30.0%	02/2021		
	Maternity - Still Births (YTD)	0	17	02/2021	N/A	N/A
	Maternity - Induction of Labour Rate (%)	47.7%	44.0%	02/2021		
	Maternity - PPH 1000ml Rate (%)	7.2%	8.6%	02/2021		

	Indicator	Latest Month	Target/ Benchmark	Month Reported	Trend	Assurance
EFFECTIVE	Sepsis - NEWS Within 1 Hour	88.92%	95.0%	02/2021		
	Sepsis - Targeted oxygen delivered within 1 hour	93.50%	95.0%	11/2020		
	Sepsis - Empiric IV antibiotics administered	64.50%	95.0%	11/2020		F
	Sepsis - Blood cultures taken within 1 hour	87.10%	95.0%	11/2020		
	Sepsis - IV fluid resuscitation initiated	58.10%	95.0%	11/2020		F
	Sepsis - Serum lactate taken within 1 hour	74.20%	95.0%	11/2020		F
CARING	F&F A&E Overall Experience Rate (%)	93.71%	85.0%	01/2021		
	F&F Inpatient Overall Experience Rate (%)	96.71%	96.0%	02/2021		
	F&F Outpatient Overall Experience Rate (%)	94.32%	95.0%	02/2021		
	F&F Maternity Overall Experience Rate (%)	100.00%	97.0%	01/2021		
	Complaints Closed Within Target (%)	81.25%	80.0%	02/2021	L	

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

NHS
South Tees Hospitals
NHS Foundation Trust

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
RESPONSIVE	A&E 4 Hour Wait Standard (%)	83.86%	95.0%	02/2021	L	?
	RTT Incomplete Pathways (%)	62.03%	92.0%	02/2021	L	F
	Diagnostic 6 Weeks Standard (%)	82.80%	99.0%	02/2021		F
	Cancer Treatment - 14 Day Standard (%)	92.97%	93.0%	02/2021		?
	Cancer Treatment - 31 Day Standard (%)	95.02%	96.0%	02/2021		?
	Cancer Treatment - 62 Day Standard (%)	73.48%	85.0%	02/2021		?
	Non-Urgent Ops Cancelled on Day	3	0	02/2021	L	F
	Cancer Operations Cancelled On Day (YTD)	12	0	02/2021	N/A	N/A
	Cancelled Ops Not Rebooked Within 28 days	0	0	02/2021		?
	E-Discharge (%)	93.62%	90.0%	02/2021	H	?

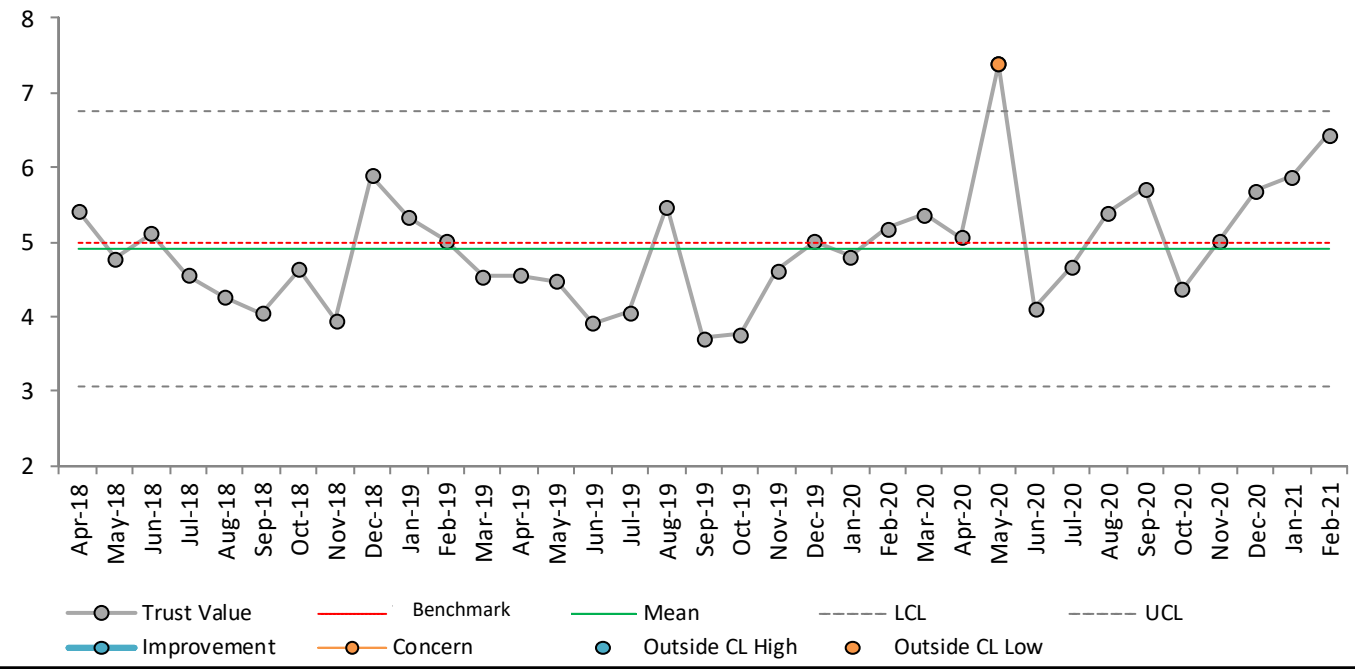
	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
WELL LED	Year-To-Date Budget Variance (£'millions)	-£0.39	Within Budget	02/2021		?
	Annual Appraisal (%)	63.56%	80.0%	02/2021	L	F
	Mandatory Training (%)	85.47%	90.0%	02/2021		?
	Sickness Absence (%)	4.59%	4.0%	02/2021	H	?
	Staff Turnover (%)	12.43%	10.0%	02/2021	H	F

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

Safe

South Tees Hospitals NHS Foundation Trust

All Falls Rate



The Trust falls rate per 1000 bed days

Benchmark	5
Mean	4.92
Last Month	6.44

Executive Lead

Hilary Lloyd

Lead

Beth Swanson

Commentary

This metric is consistent and mean is close to the national benchmark.

141 falls were reported in February 2021

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

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

- Update and launch the Falls Prevention Strategy for 2021/22 and align with the Trust Patient Safety Strategy. Specific work includes;
- Re establish falls improvement work by ward teams.
- 40 high low beds have been purchased and are being deployed across areas with high numbers of falls from bed.

Timescale

- All actions are ongoing and linked to the falls reduction strategy.
- STAQC team will continue to foster the sharing of good practice and quality improvement work.

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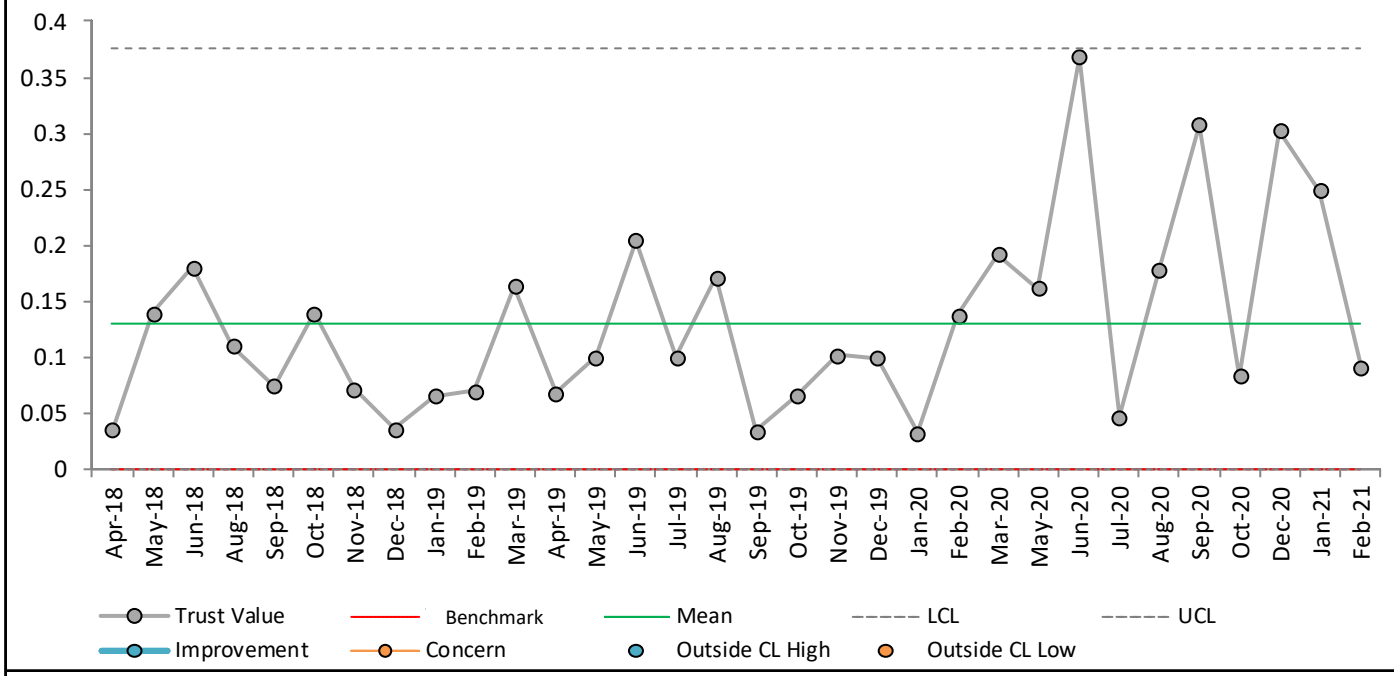
Falls With Harm Rate



Rate of falls with harm per 1000 bed days

Benchmark	0
Mean	0.13
Last Month	0.09

Executive Lead

Hilary Lloyd

Lead

Beth Swanson

Commentary

- 141 falls were reported in February 2021.
- Two patients sustained moderate harm following falls (# clavicle –Zetland ward, #wrist –ward 34).

Cause of Variation

- This metric is within normal variation .

Planned actions

- Update and launch the Falls Prevention Strategy for 2021/22 in and align with the Trust Patient Safety Strategy and Nursing . Specific work includes;
- Re establish the falls improvement work by ward teams.
- Focus on frailty and deconditioning.
- Discuss and review heightened falls rate with CCG and regional colleagues.
- A planned improvement trajectory will be agreed with the Chief Nurse.

Timescale

- All actions are ongoing and linked to the falls reduction strategy.
- Improvement timescales to be built into refreshed Improvement Plan.

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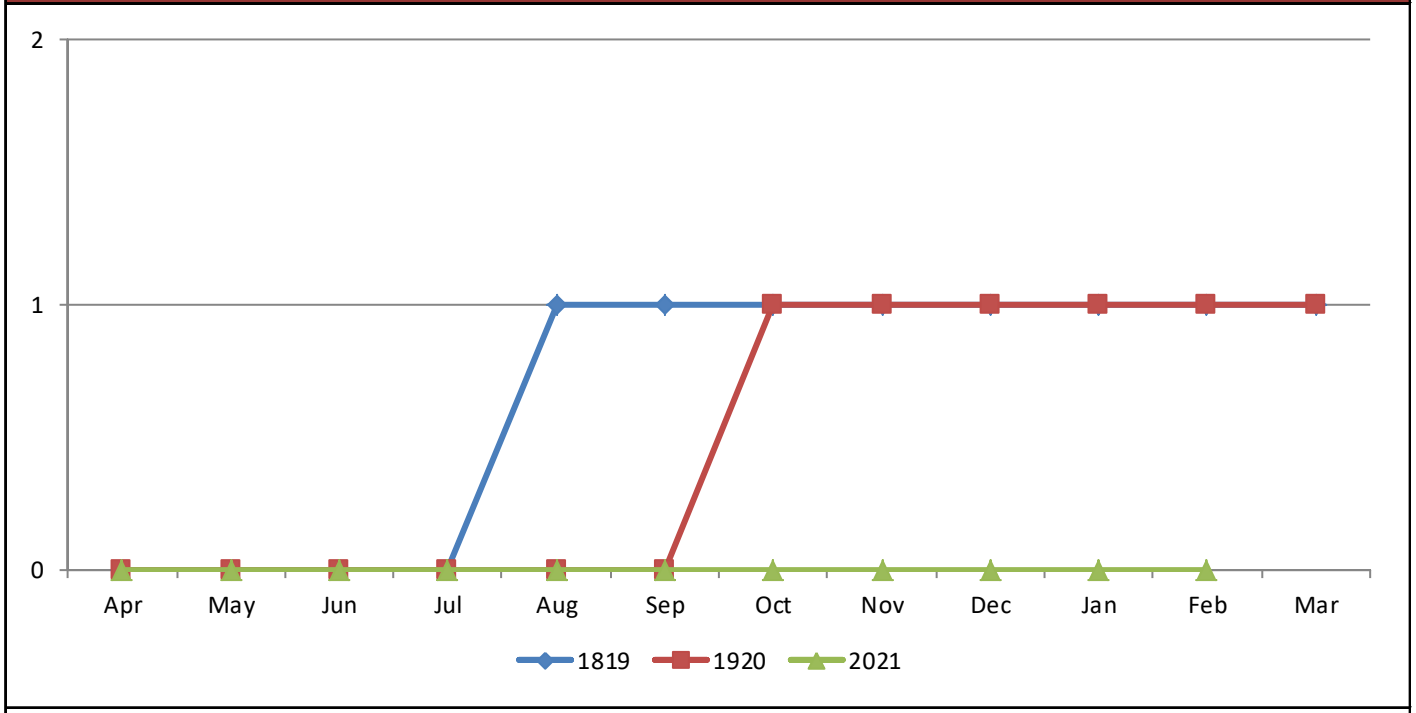
Infection Control - MRSA (YTD)



Cases of hospital acquired MRSA bacteraemia

Target	0
Mean	N/A
YTD	0

Executive Lead

Hilary Lloyd

Lead

Sharon Lance

Commentary

There have been no cases of MRSA bacteraemia at the Trust for 17 months.

Cause of Variation

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

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 working closely with Dr John Williams in OPAT service
- Further work aligned with development of collaborative in relation to any 'hot spot' areas for focussed work
- Align action areas and education plan in relation to bacteraemia management into 2021/22 Annual Plan

Timescale

- Ongoing

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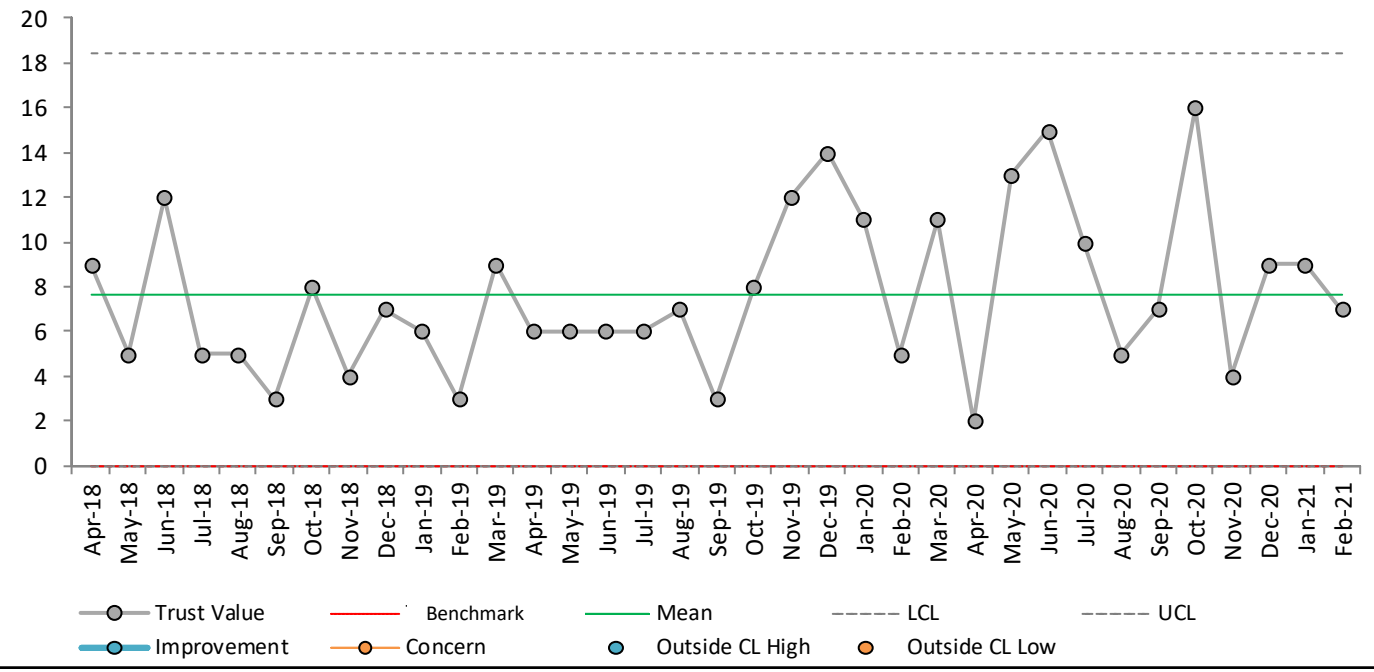
South Tees Hospitals NHS Foundation Trust

Serious Incidents



The number of Serious Incidents

Benchmark	0
Mean	7.66
Last Month	7.00

Executive Lead

Hilary Lloyd

Lead

Kay Davies

Commentary

In February 2021, 86% were reported in the month that they occur. (6 out of 7).

A fall with a serious fracture was not escalated to the safety team.

Cause of Variation

- This metric is within normal variation .

Planned Actions

- Continue to report and investigate SIs within agreed timescales and ensure lessons learnt are shared across the Organisation.
- Focus on outstanding actions from previous SIs to ensure evidence is provided and learning is being embedded.
- Await the publication of the new Patient Safety Incident Response Framework.
- Training for key staff continues.
- Establish a learning culture through the Leadership and Safety Academy.

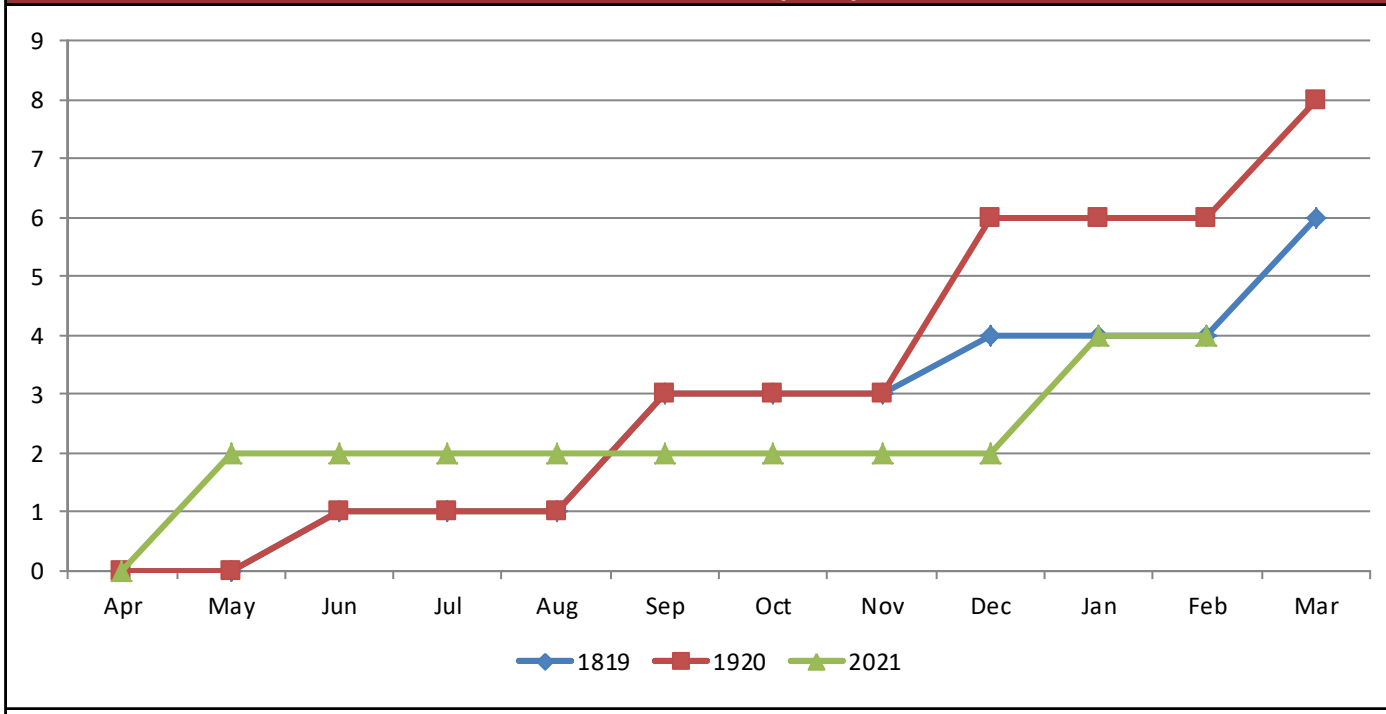
Timescale

- Ongoing

Safe

South Tees Hospitals NHS Foundation Trust

Never Events (YTD)



Number of reported Never Events

Target	0
Mean	N/A
YTD	4

Executive Lead

Hilary Lloyd

Lead

Kay Davies

Commentary

Eliminating never events is a priority for 2020. However there is no evidence of a significant reduction.

0 Never Events reported in February.

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.

Timescale

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

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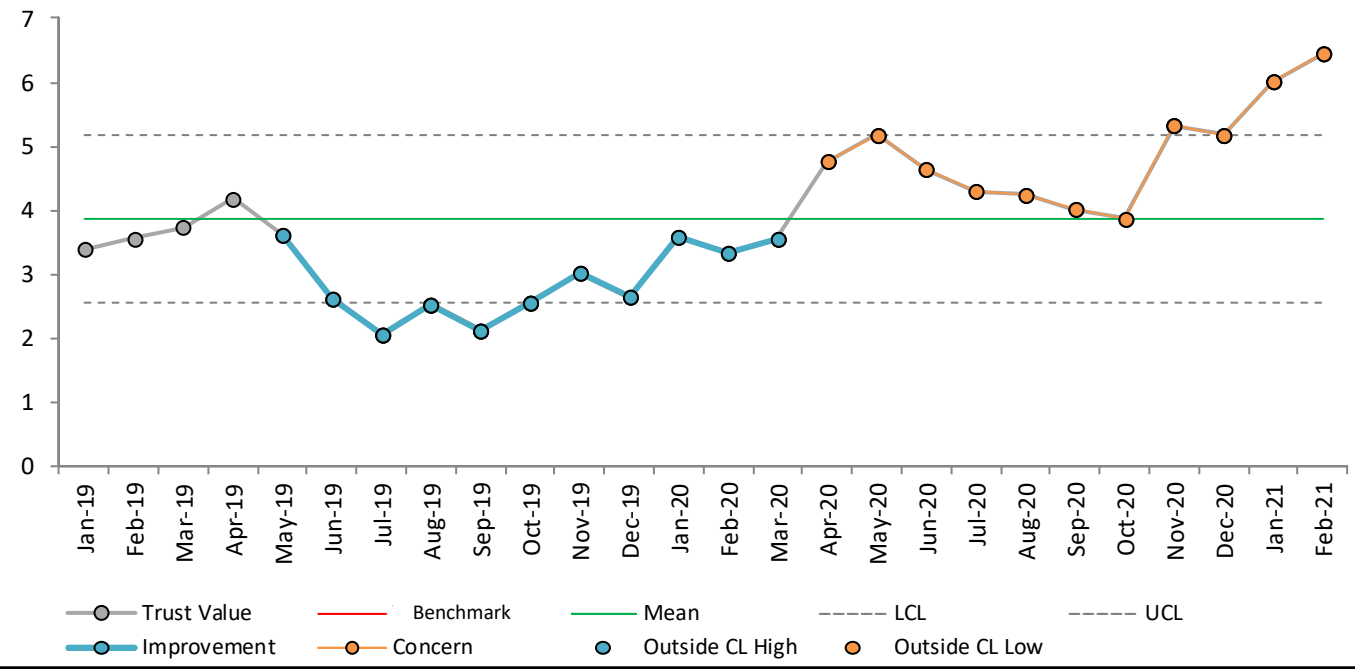
South Tees Hospitals NHS Foundation Trust

Category 2 Pressure Ulcers



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

Benchmark	TBD
Mean	3.86
Last Month	6.44

Executive Lead

Hilary Lloyd

Lead

Beth Swanson

Commentary

Although there was a reduction between June-Dec 19 this was not sustained and currently numbers are outside of the upper control limit.

Am improvement trajectory to be agreed by the Chief Nurse.

Cause of Variation

- Whilst there was improvement from May 19 to March 20, there is a concern since April 20. This is as a result of proning and other COVID related clinical dependencies,
- The actual number of reported category 2 pressure ulcers has reduced in February to 141.
- Improved surveillance and reporting in the community may be contributing to a slight rise in new G2s.

Planned Actions

- Update and launch the Tissue Viability Strategy for 2021/22 in and align with the Trust Patient Safety Strategy. Specific work includes;
- Targeted training and support continues in areas with heightened incidence.
- Community nursing collaborative met in December and January and are creating guidance for end of life pressure area care and management.
- New risk assessment tool (Purpose T) to be trailed from April 2021
- Revised Pressure Ulcer Policy launched.

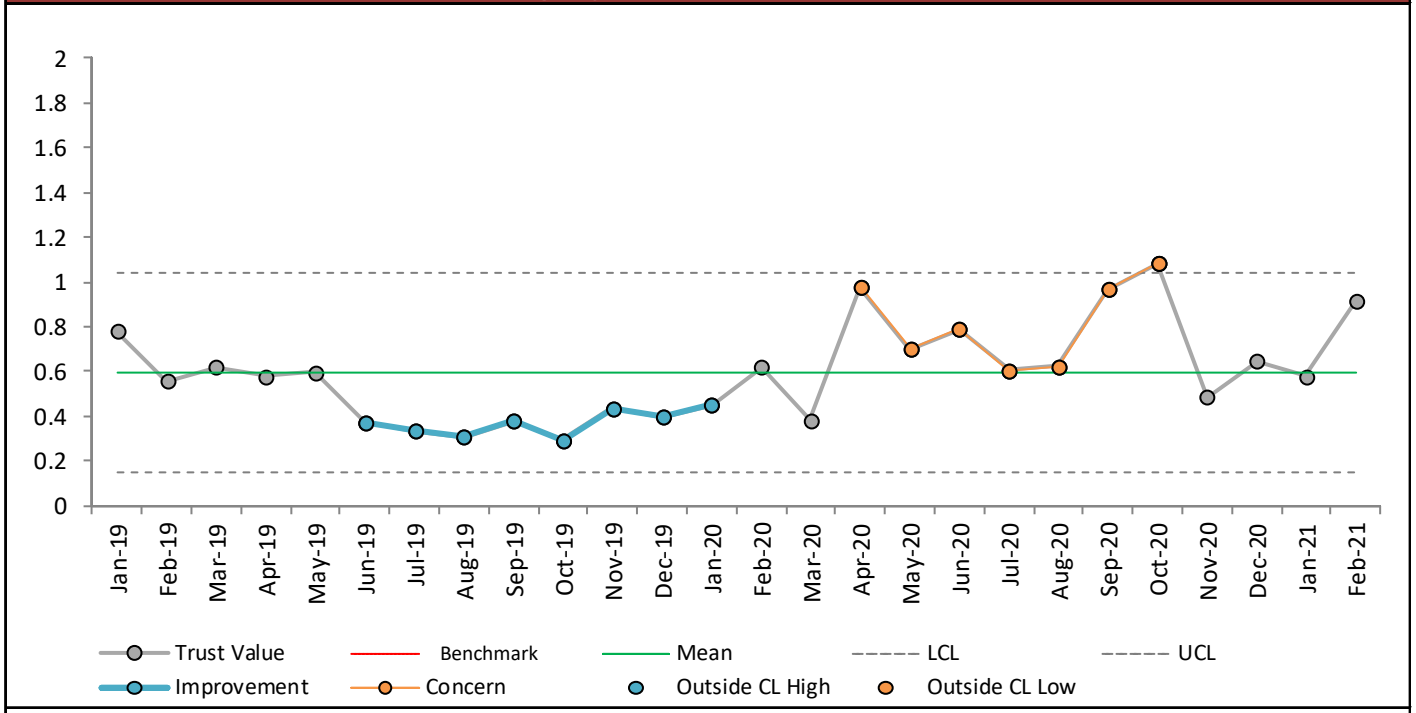
Timescale

- All actions are ongoing and linked to the pressure ulcer reduction strategy.
- Improvement timescales to be built into refreshed Improvement Plan.

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	0.60
Last Month	0.91

Executive Lead

Hilary Lloyd

Lead

Beth Swanson

Commentary

- In February, there were x17 category 3 pressure ulcer and 1 category 4. The category 4 pressure ulcer was a deterioration from a category 3 in a community palliative care patient.
- 11 of the 18 pressure ulcers occurred in the community and 7 in the acute setting.
- Of the 17 reported pressure ulcers an internal review determined that x 3 met SI reporting criteria (wards 34,31 and 7)

Cause of Variation

- Whilst there was improvement from June 19 to January 20, there is a concern since April 20. This is probably as a result of the reduction in bed days in those patients at low risk of pressure ulcers
- Since November 20 the rate is within normal variation

Planned Actions

- Update and launch the Tissue Viability Strategy for 2021/22 in and align with the Trust Patient Safety Strategy. Specific work includes;
- Targeted training and support continues in areas with heightened incidence.
- Community nursing collaborative met in December and January and are creating guidance for end of life pressure area care and management.
- New risk assessment tool (Purpose T) to be trailed from April 2021.
- Revised Pressure Ulcer Policy launched.

Timescale

- All actions are ongoing and linked to the pressure ulcer reduction strategy.
- Improvement timescales to be built into refreshed Improvement Plan.

Safe

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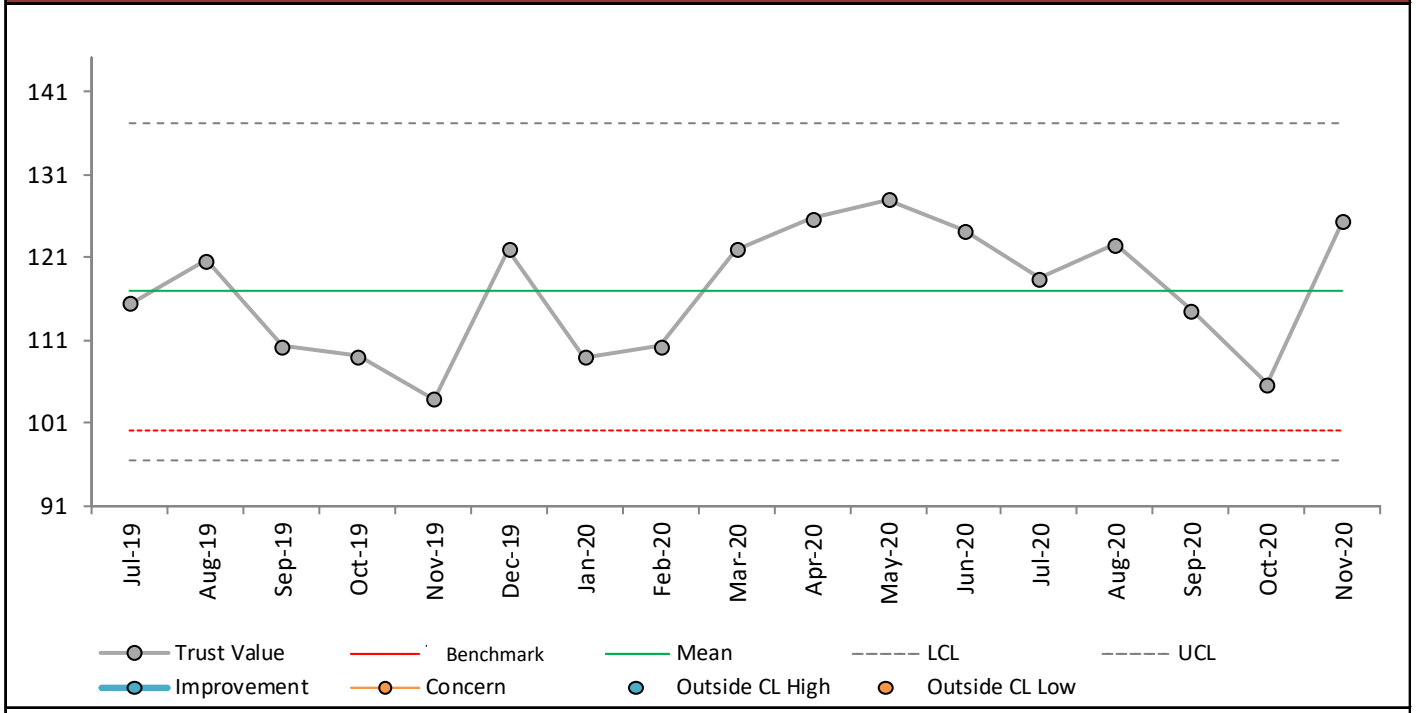
SHMI



Summary Hospital-Level Mortality Indicator

Benchmark	100
Mean	116.87
Last Month	125.45

Executive Lead

Mike Stewart

Lead

Tony Roberts

Commentary

SHMI is 'higher than expected'. It is the official NHS hospital mortality indicator and relies on correct primary diagnosis and comorbidity 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 coding.
- A new Clinical Coding Strategy has been written as 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.

Timescale

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

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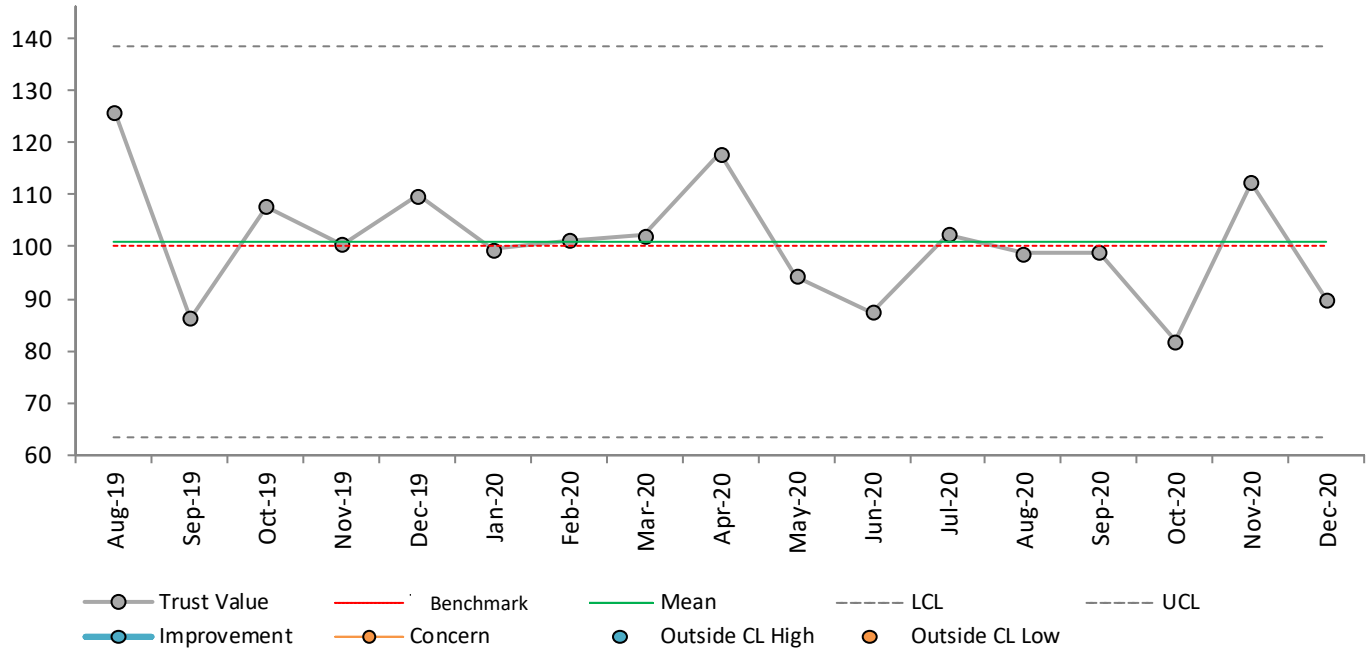
Hospital Standard Mortality Rate (HSMR)



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

Benchmark	100
Mean	101.01
Last Month	89.78

Executive Lead

Mike Stewart

Lead

Tony Roberts

Commentary

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

Cause of Variation

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

Planned Actions

- Continued monitoring of counts of deaths, unadjusted mortality, SHMI, HSMR, Medical Examiner and Trust Mortality Reviews and any deaths reported as a Serious Incident, 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.

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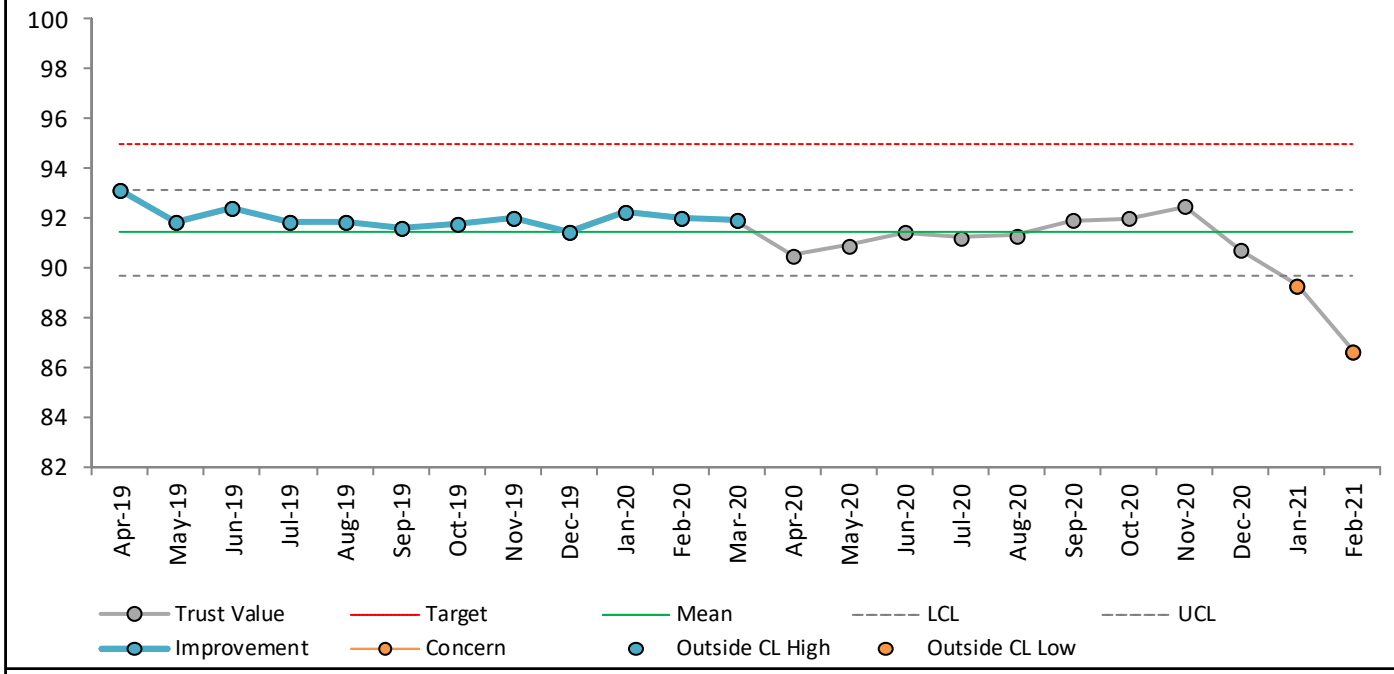
VTE Assessment



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

Target	95
Mean	91.42
Last Month	86.64

Executive Lead

Mike Stewart

Lead

TBC

Commentary

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

Cause of Variation

- Since April 20 VTE risk assessment has fallen.
- The last 2 points 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 Strategy Group to focus on VTE Assessment.

Timescale

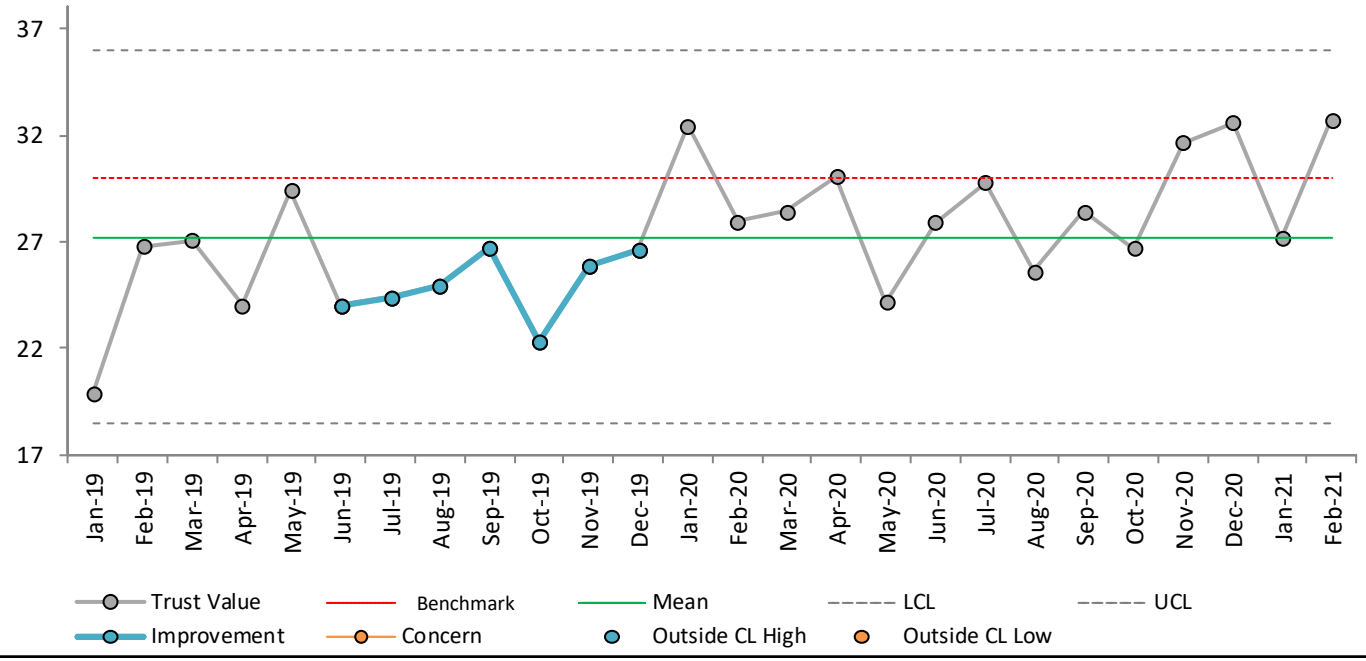
Q1 – VTE Strategy Group to agree trajectory
Q3 – Improved compliance

- 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	27.22
Last Month	32.73

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

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.

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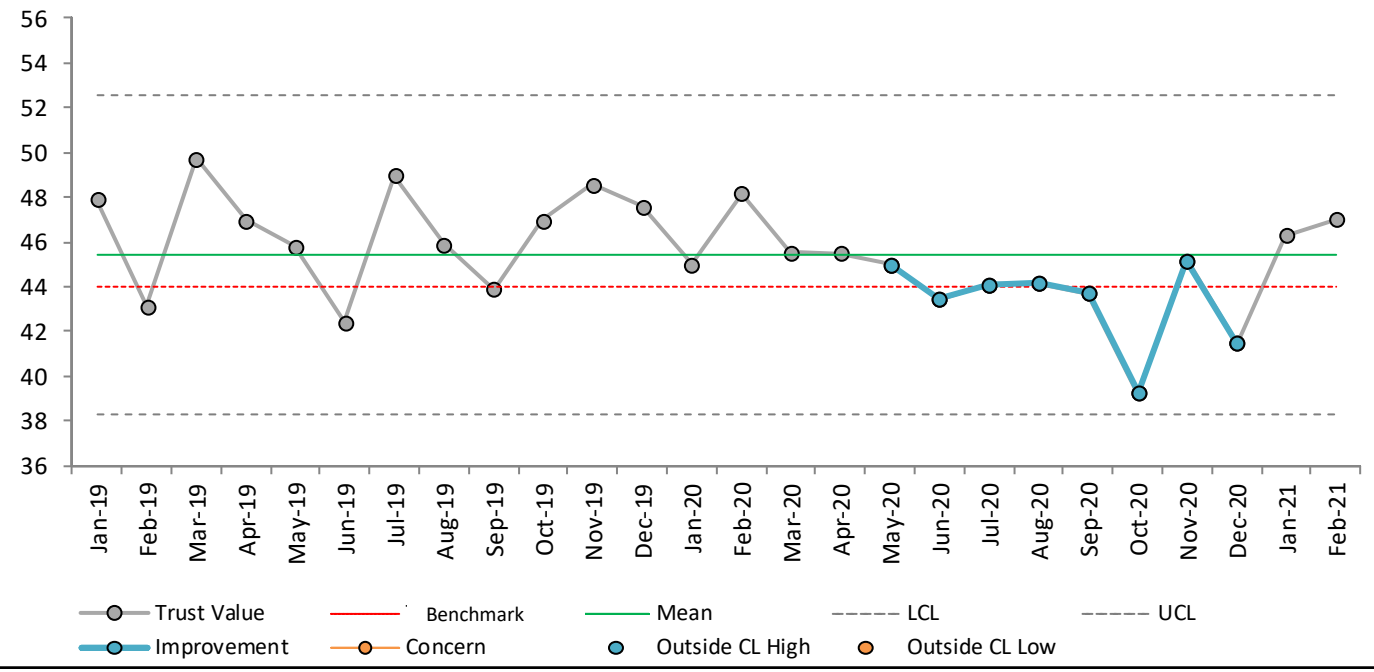
South Tees Hospitals NHS Foundation Trust

Maternity - Induction of Labour Rate (%)



The % of Patients Delivering via Caesarean Section

Benchmark	44
Mean	45.46
Last Month	46.99

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 has a mean of 45% against a national benchmark of 44%.
- There is improvement from May 20
- The last 2 points of this metric are within control limits.

Planned Actions

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

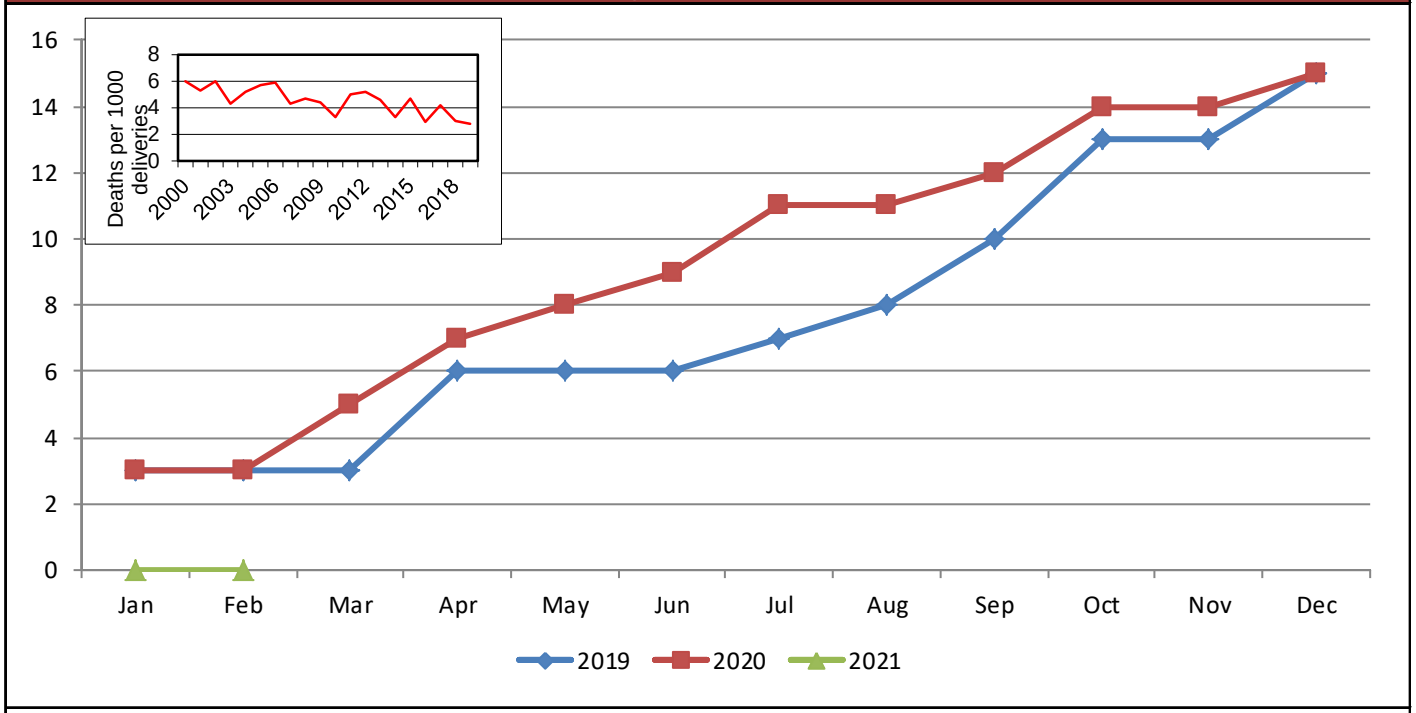
Timescale

- Not applicable

Safe

South Tees Hospitals NHS Foundation Trust

Maternity - Still Births (YTD)



Still births

Benchmark	17
Mean	N/A
YTD	0

Executive Lead

Hilary Lloyd

Lead

Fran Toller

Commentary

There were no stillbirths during February 2021.

- The Trust is on track to deliver the national benchmark.

Cause of Variation

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

Planned Actions

- Continued analysis through the labour ward report and risk management case review.
- Deliver all aspects of the Saving Babies Lives Care Bundle and new standards as and when they are bought in .

Timescale

- Timescale to be determined.

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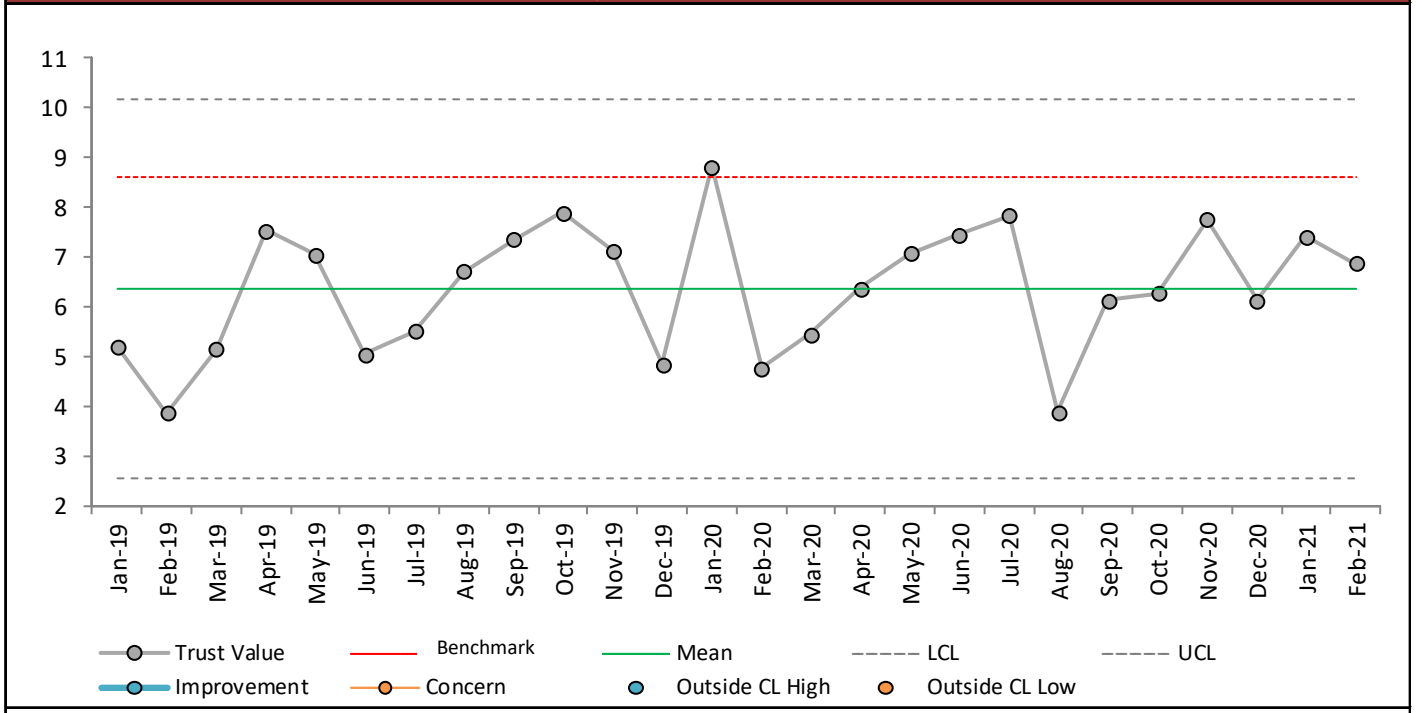
South Tees Hospitals NHS Foundation Trust

Maternity - PPH 1000ml Rate (%)



Postpartum Haemorrhage Rate over 1000ml

Benchmark	8.6
Mean	6.37
Last Month	6.88

Executive Lead

Hilary Lloyd

Lead

Fran Toller

Commentary

National benchmark data for Post Partum Haemorrhage is not consistent, however our mean of 6.37 is lover that the national benchmark of 8.6

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.

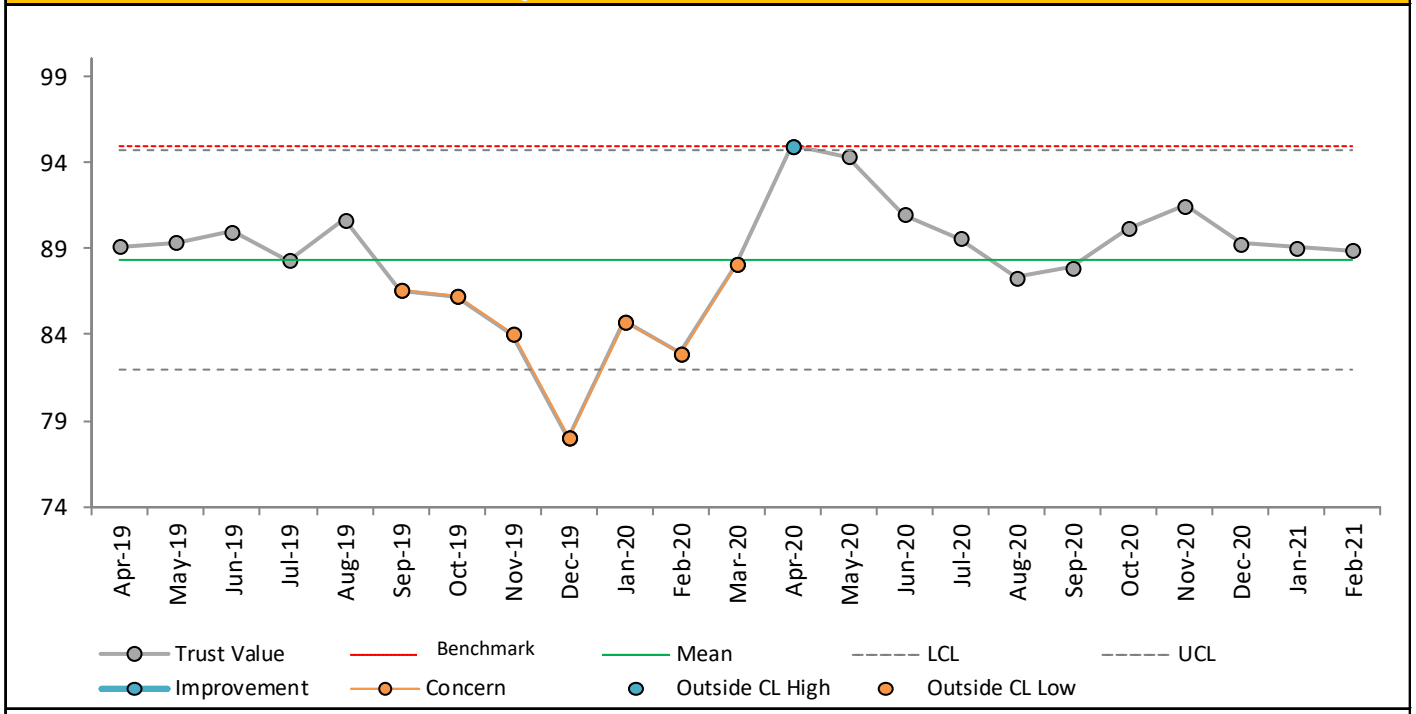
Timescale

- Timescale to be determined.

Safe

South Tees Hospitals NHS Foundation Trust

Sepsis - NEWS Within 1 Hour



NEWS within 1 hour of arrival

Benchmark	95
Mean	88.36
Last Month	88.92

Executive Lead

Mike Stewart

Lead

Lindsay Garcia

Commentary

Sepsis NEWS was an area of concern from September 19 to March 20.

Currently the benchmark is not being achieved.

Cause of Variation

- There is a concern from September 2019 to March 2020 which possibly correlates with daily activity and demands.
- The mean of 88% does not meet the target of 95%

Planned Actions

- ED have introduced a triage team in response to delayed time to triage.
- Plan will be to evaluate after 1 month.

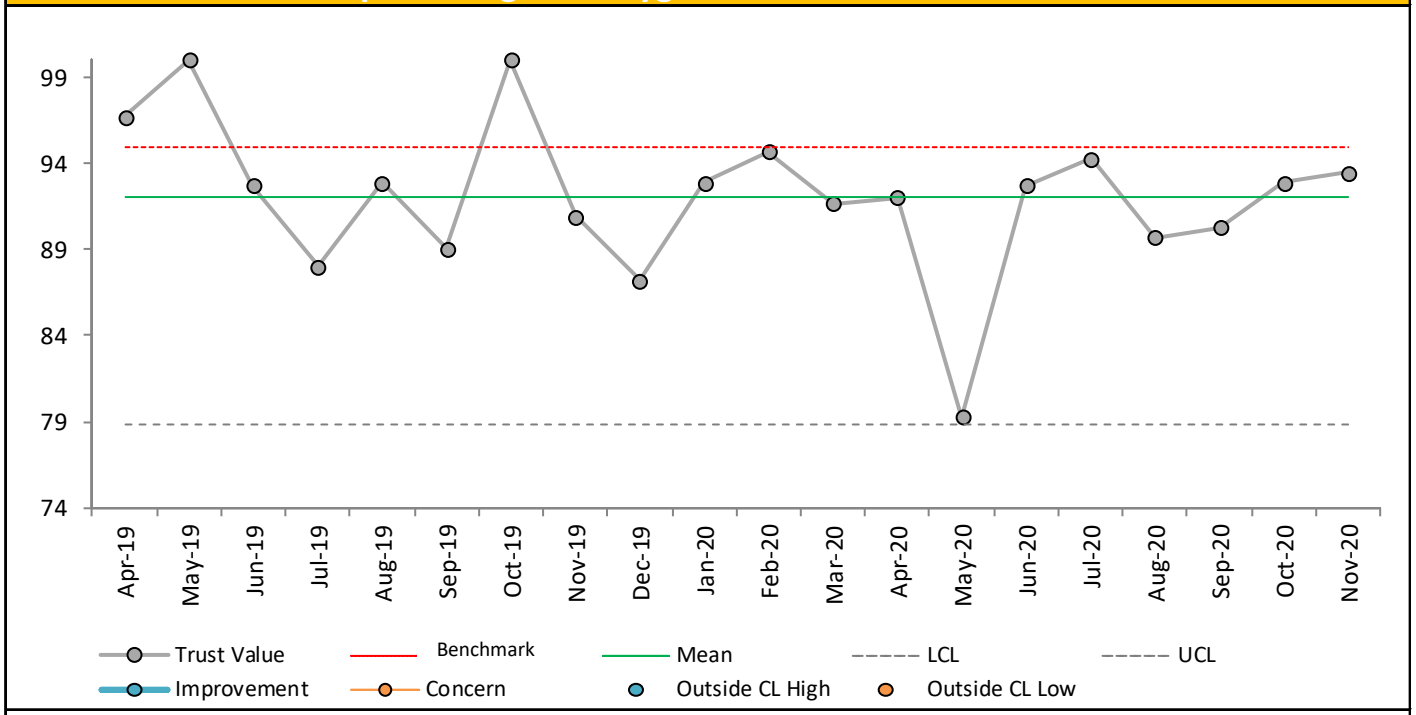
Timescale

- Triage team implemented two weeks ago.

Safe

South Tees Hospitals NHS Foundation Trust

Sepsis - Targeted oxygen delivered within 1 hour



Targeted oxygen delivered within 1 hour

Benchmark	95
Mean	92.08
Last Month	93.50

Executive Lead

Mike Stewart

Lead

Lindsay Garcia

Commentary

The system is not currently meeting the benchmark.

Cause of Variation

This metric is within normal variation but the mean is below the benchmark

- The primary documented reason for not meeting this is COPD patients not receiving O2 within the timescale
- There are still cases where inappropriate target oxygen saturations have been set or assumed.

Planned Actions

- Educational programme to continue.
- Emphasis on the sepsis six – alert automatically generated as a task - will remain incomplete on visual electronic platform until actioned.
- Review of symphony usage and any reoccurring user issues.
- Data for May 2020 will be examined in further detail to highlight any anomaly.

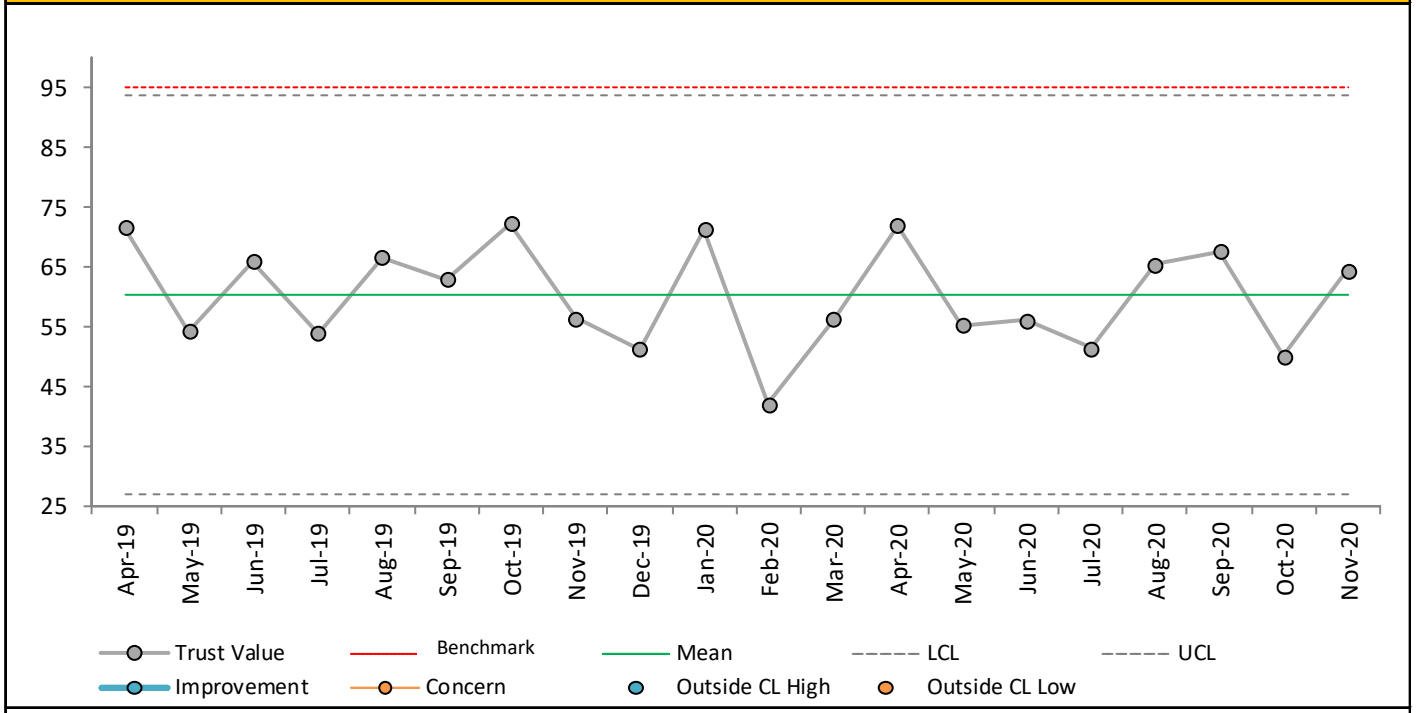
Timescale

- Formal education to recommence April 2021.
- Electronic systems replaced June 2021.

Safe

South Tees Hospitals NHS Foundation Trust

Sepsis - Empiric IV antibiotics administered within 1 hour



Empiric IV antibiotics administered within 1 hour

Benchmark	95
Mean	60.39
Last Month	64.50

Executive Lead

Mike Stewart

Lead

Lindsay Garcia

Commentary

Monthly compliance is consistent, but benchmark is not being achieved.

Cause of Variation

- This metric is within normal variation but the mean is below the benchmark

Reasons include:

- Failure to escalate.
- Failure to follow existing escalation policies.
- Record of Trigger Protocol and Sepsis Assessment tools not being utilised.
- Awaiting blood results.

Planned Actions

- Electronic work flow being implemented across the organisation with 'close the loop' configuration. Immediate data available for audit. Targeted education.
- Educator and clinical matron ED to meet weekly and identify patterns of practice.
- Discussions with informatics to explore if data can be released earlier to offer real time reporting.

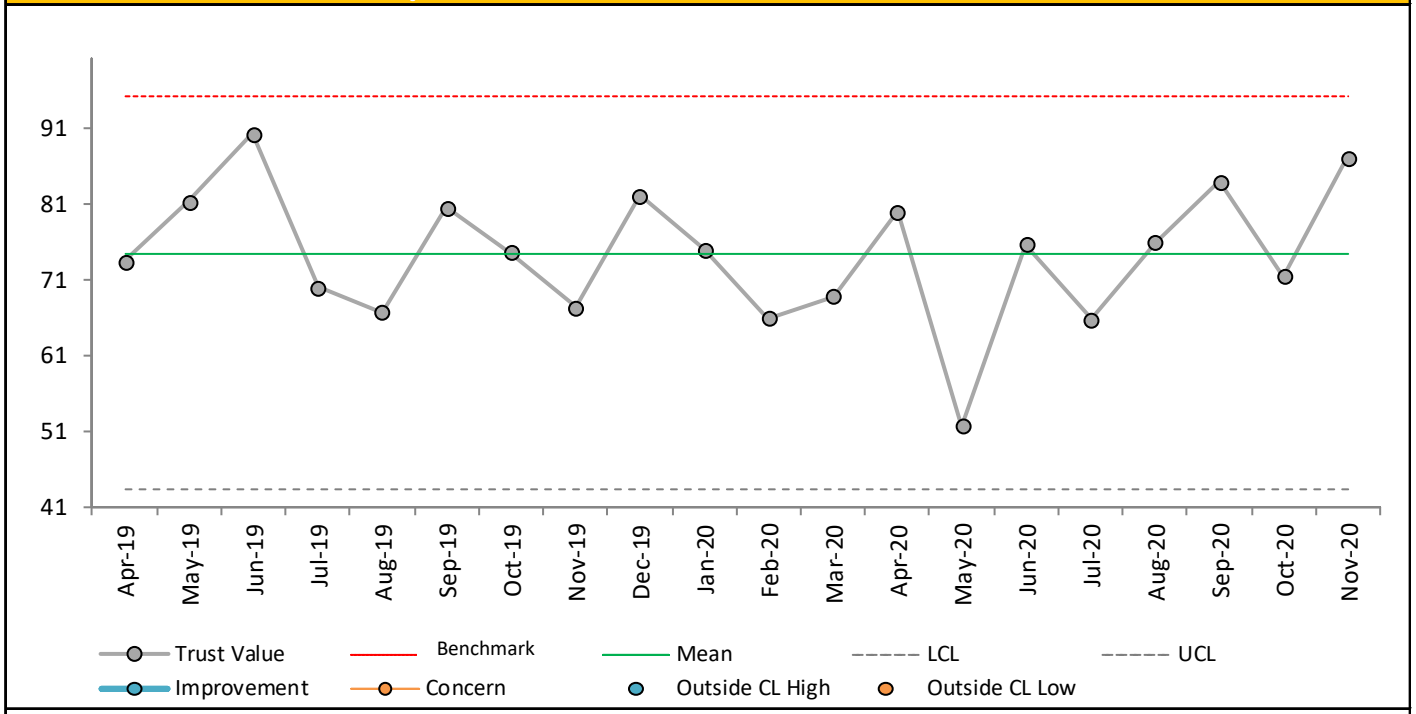
Timescale

- June 2021 for electronic system.
- Meetings between matron and educator commenced.
- Informatics being explored at present.

Safe

South Tees Hospitals NHS Foundation Trust

Sepsis - Blood cultures taken within 1 hour



Blood cultures taken within 1 hour

Benchmark	95
Mean	74.34
Last Month	87.10

Executive Lead

Mike Stewart

Lead

Lindsay Garcia

Commentary

Monthly compliance is consistent, but benchmark is not being achieved.

Cause of Variation

- This metric is within normal variation but the mean is below the benchmark

Reasons include:

- Sepsis Assessment tools not being utilised.
- Apyrexial patients not given same priority for blood cultures.
- Staff in some clinical areas not having venepuncture skills.

Planned Actions

- Educational programme to continue.
- Emphasis on the sepsis six – alert automatically generated as a task - will remain incomplete on visual electronic platform until actioned.
- Data will be available in real time for constructive feedback to staff and planned education.

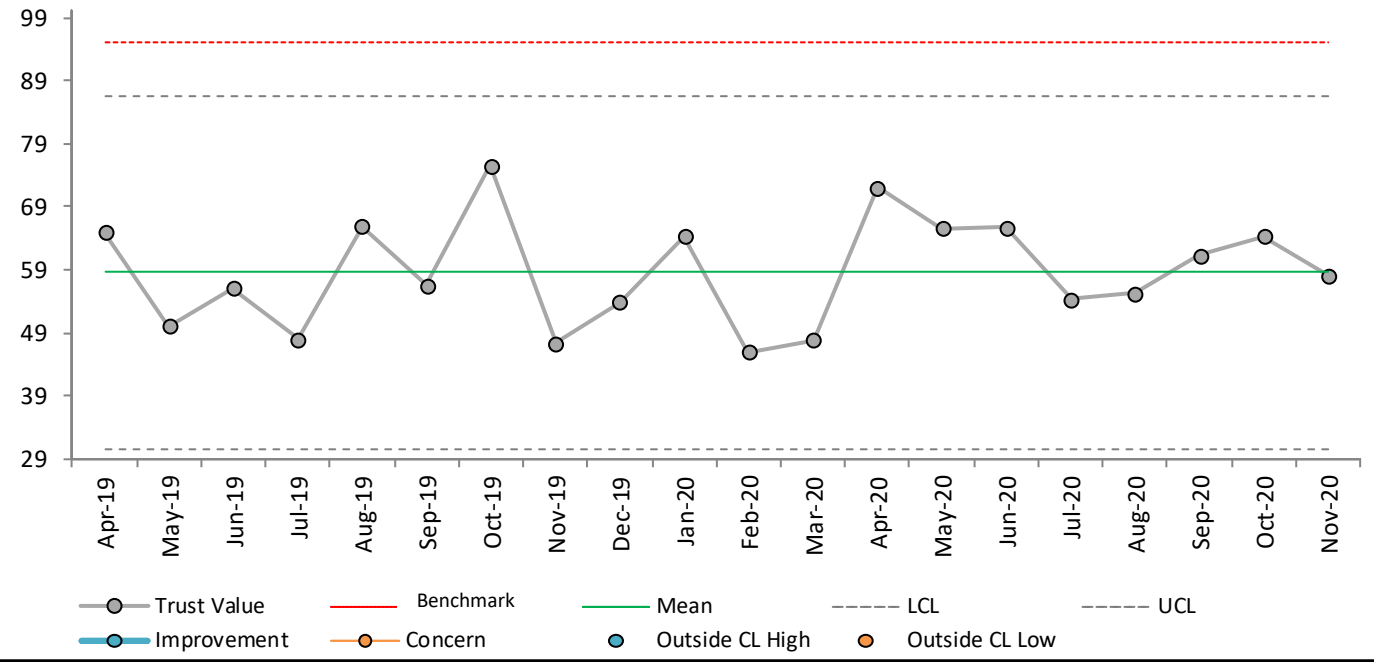
Timescale

- April 2021 education available in person and online.
- June 2021 for electronic system.

Safe

South Tees Hospitals NHS Foundation Trust

Sepsis - IV fluid resuscitation initiated within 1 hour



IV fluid resuscitation initiated within 1 hour

Benchmark	95
Mean	58.64
Last Month	58.10

Executive Lead

Mike Stewart

Lead

Lindsay Garcia

Commentary

Monthly compliance is consistent, but benchmark is not being achieved.

Cause of Variation

- This metric is within normal variation but the mean is below the benchmark

Reasons include:

- Failure to escalate.
- Failure to follow existing escalation policies.
- Record of Trigger Protocol and Sepsis Assessment tools not being utilised.
- Fear of administration of IV fluids but not IV antibiotics in PGDs.

Planned Actions

- Electronic work flow being implemented across the organisation with 'close the loop' configuration. Immediate data available for audit. Targeted education.
- Discussions with informatics to explore if data can be released earlier to offer real time reporting.

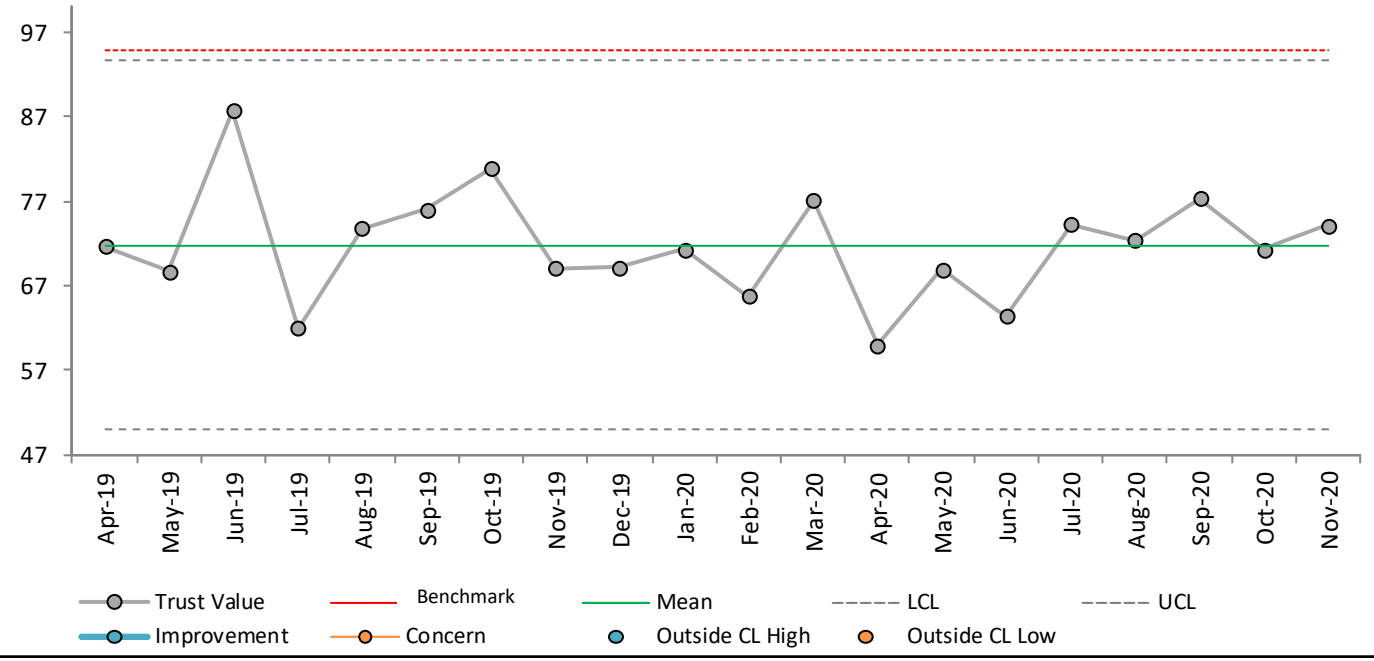
Timescale

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

Safe

South Tees Hospitals NHS Foundation Trust

Sepsis - Serum lactate taken within 1 hour



Serum lactate taken within 1 hour

Benchmark	95
Mean	71.79
Last Month	74.20

Executive Lead

Mike Stewart

Lead

Lindsay Garcia

Commentary

Monthly compliance is consistent, but benchmark is not being achieved.

Cause of Variation

- This metric is within normal variation but the mean is below the benchmark

Reasons include:

- Sepsis Assessment tools not being utilised.
- Failure to follow existing escalation policies.
- Staff unaware lactate measurement can be taken with venous sample often wait for an ABG to be performed.

Planned Actions

- To discuss value of adding a grey blood bottle used for venous lactate into blood culture pack.
- Electronic work flow being implemented across the organisation with 'close the loop' configuration. 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.

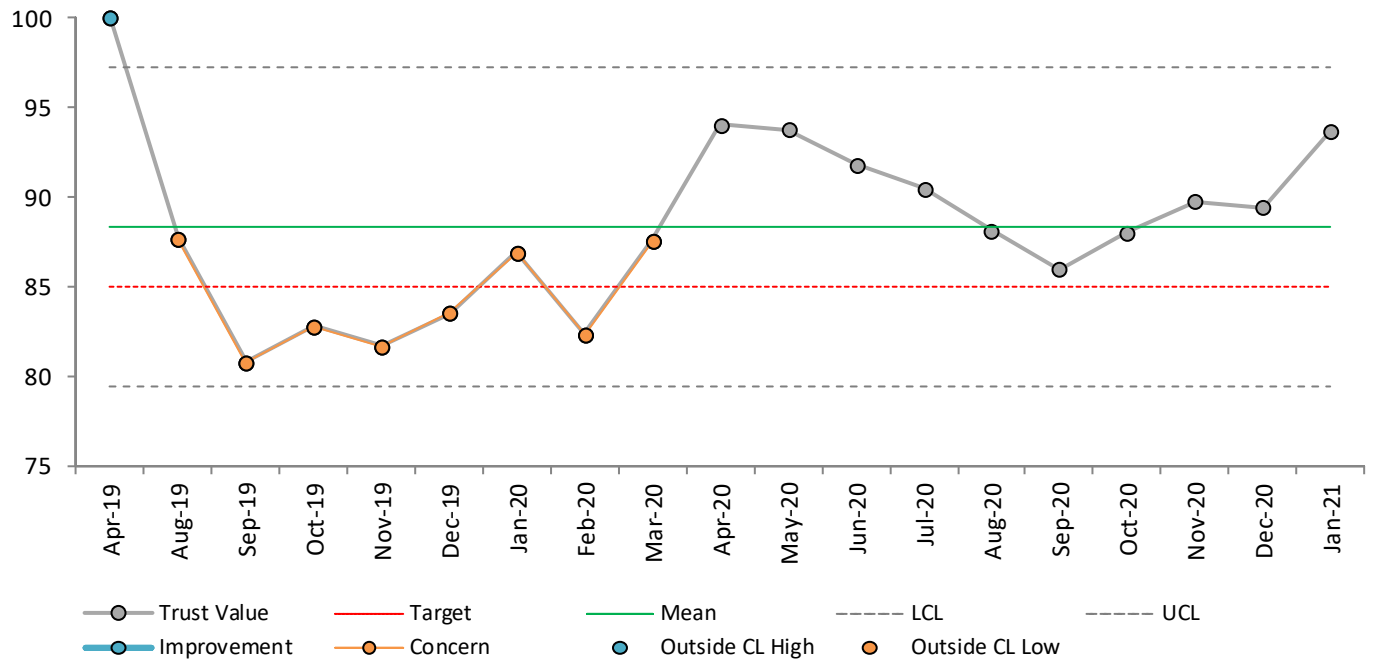
Timescale

- 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	88.34
Last Month	93.71

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

- This target has been met consistently since April 2020.

Cause of Variation

- This metric has been within normal variation since April 2020

Planned Actions

- Continue current processes.

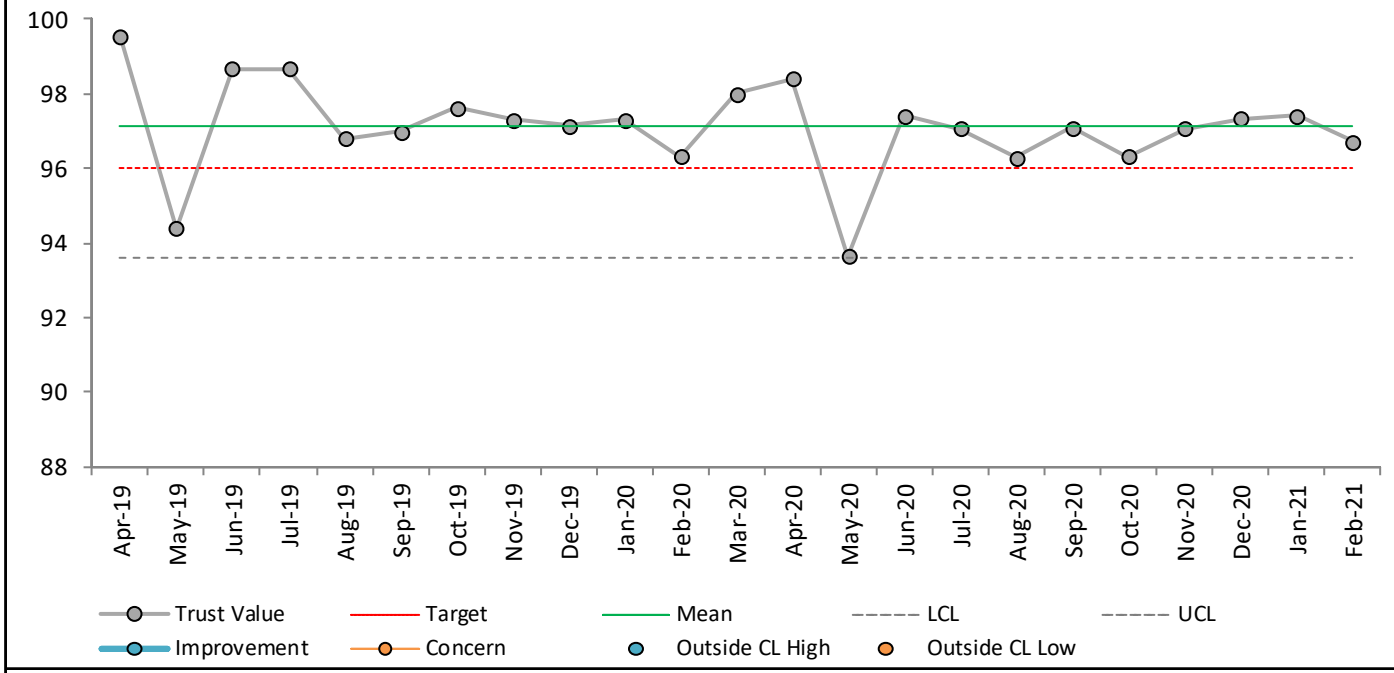
Timescale

- 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	97.11
Last Month	96.71

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

This target is being met consistently and is within the control limit.

Cause of Variation

- This metric is within normal variation and the mean is above the target.

Planned Actions

- Continue with current process.

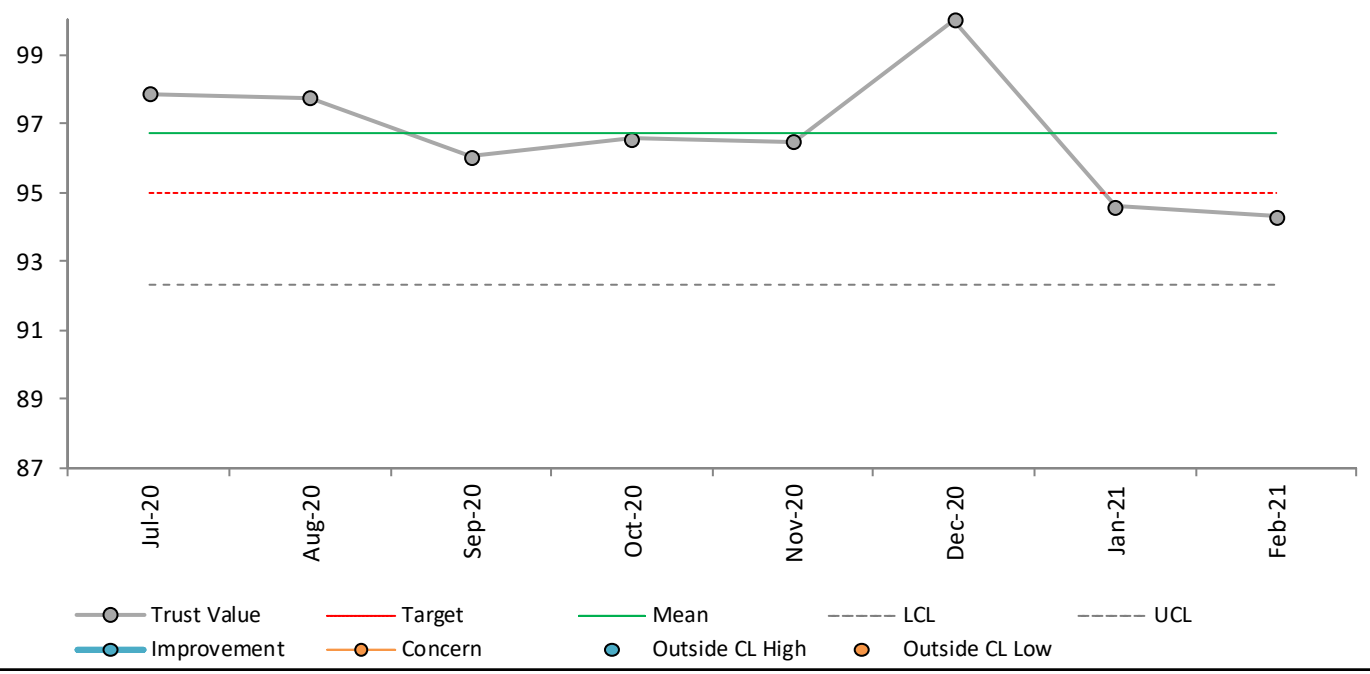
Timescale

- 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	96.71
Last Month	94.32

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

This is a new indicator and data is available from July 2020.

Cause of Variation

This metric is within normal variation and the mean is above the benchmark

Planned Actions

- Continue to monitor the overall experience for further downward trend.

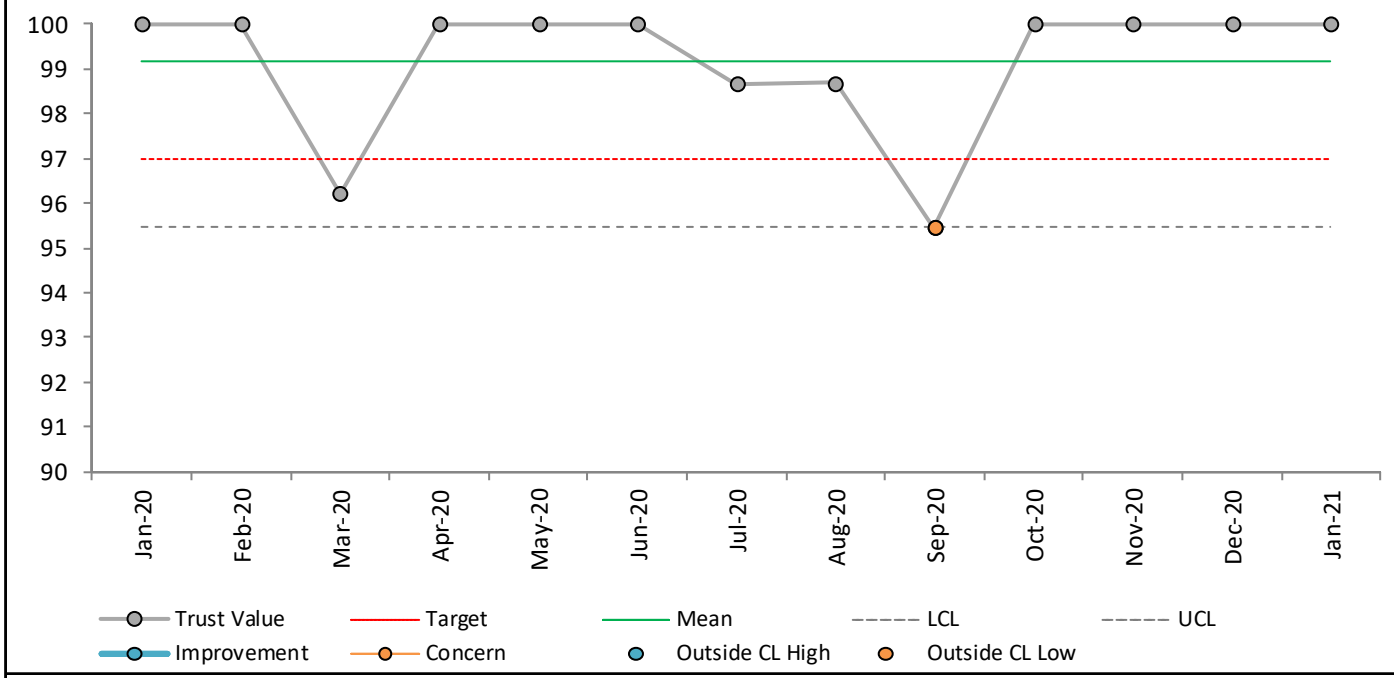
Timescale

Timescale to be determined.

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	99.16
Last Month	100.00

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

This is a new indicator and data is available from Jan 2020.

Cause of Variation

- This metric is within normal variation except for September which was outside the lower control limit.
- The mean is below the benchmark
- 100% compliance has been achieved for four months.

Planned Actions

- Continue with current process.

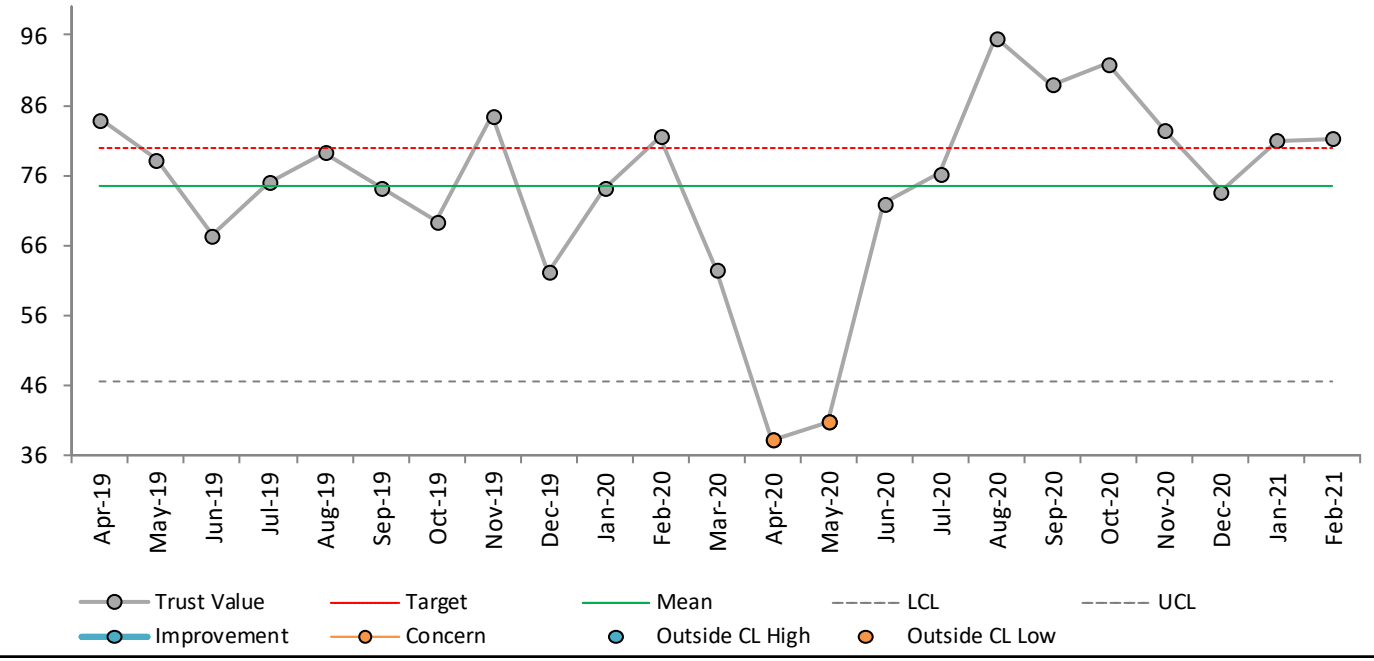
Timescale

- Ongoing

Caring

South Tees Hospitals NHS Foundation Trust

Complaints Closed Within Target (%)



The percentage of complaints closed within the target

Target	80
Mean	74.51
Last Month	81.25

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

The target of 80% compliance has been met for the second month.

Cause of Variation

This metric is within normal variation to March 2020, then concern for April and May 2020 due to COVID 19.

The mean is below the benchmark.

Planned Actions

- Weekly reviews of complaints that are outstanding and off target.
- Timely escalation to Service Managers, Clinical Directors and Ops Directors .

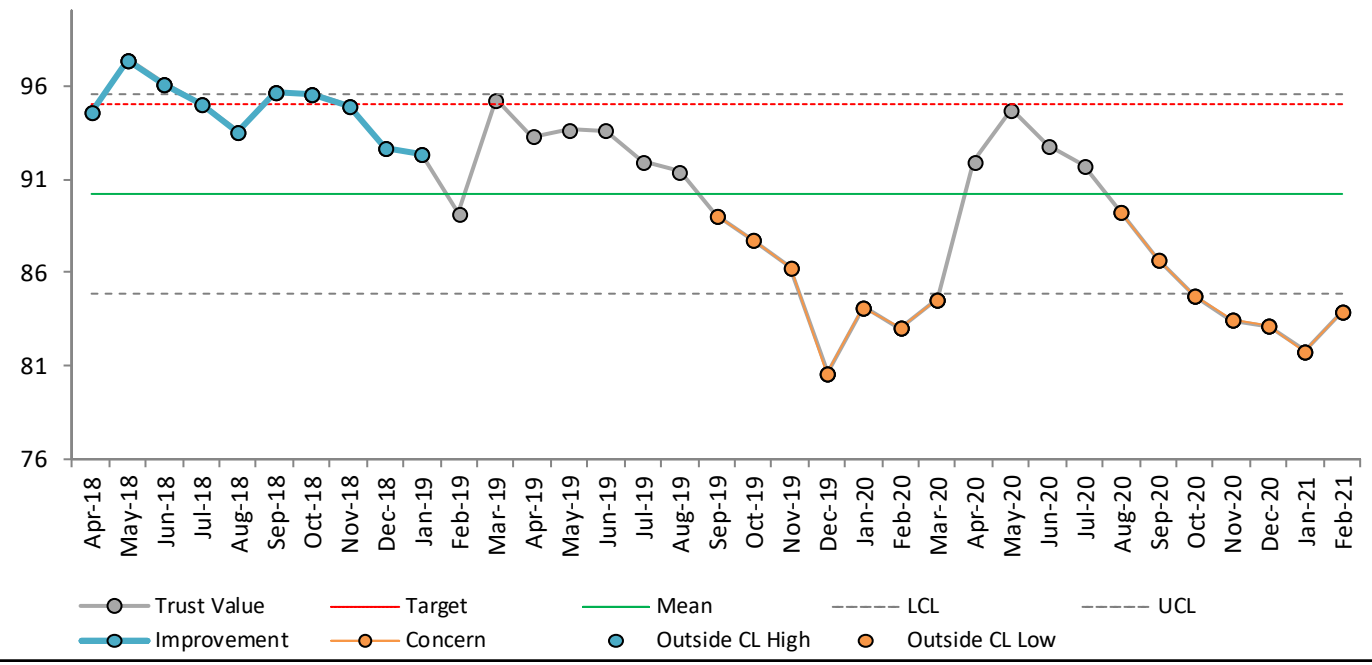
Timescale

- Ongoing

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	90.16
Last Month	83.86

Executive Lead

Johanna Reilly

Lead

Penny Bateman

Commentary

Significant deterioration can be seen from April 2019 onwards. Whilst some improvement was seen during the first wave of Covid there has been further decline since May 2020 and this metric is now outside the control limit.

Cause of Variation

- Demand, segregation pathways.
- Delays in transfers awaiting swab results, lab capacity vs demand
- Social distancing measures. impacting upon efficiency of service delivery.
- Limited isolation capacity.
- Throughput, transfers to in patient areas delayed

Planned Actions

- Demand, segregation pathways.
- Delays in transfers awaiting swab results, lab capacity vs demand
- Social distancing measures. impacting upon efficiency of service delivery.
- Limited isolation capacity.
- Throughput, transfers to in patient areas delayed.

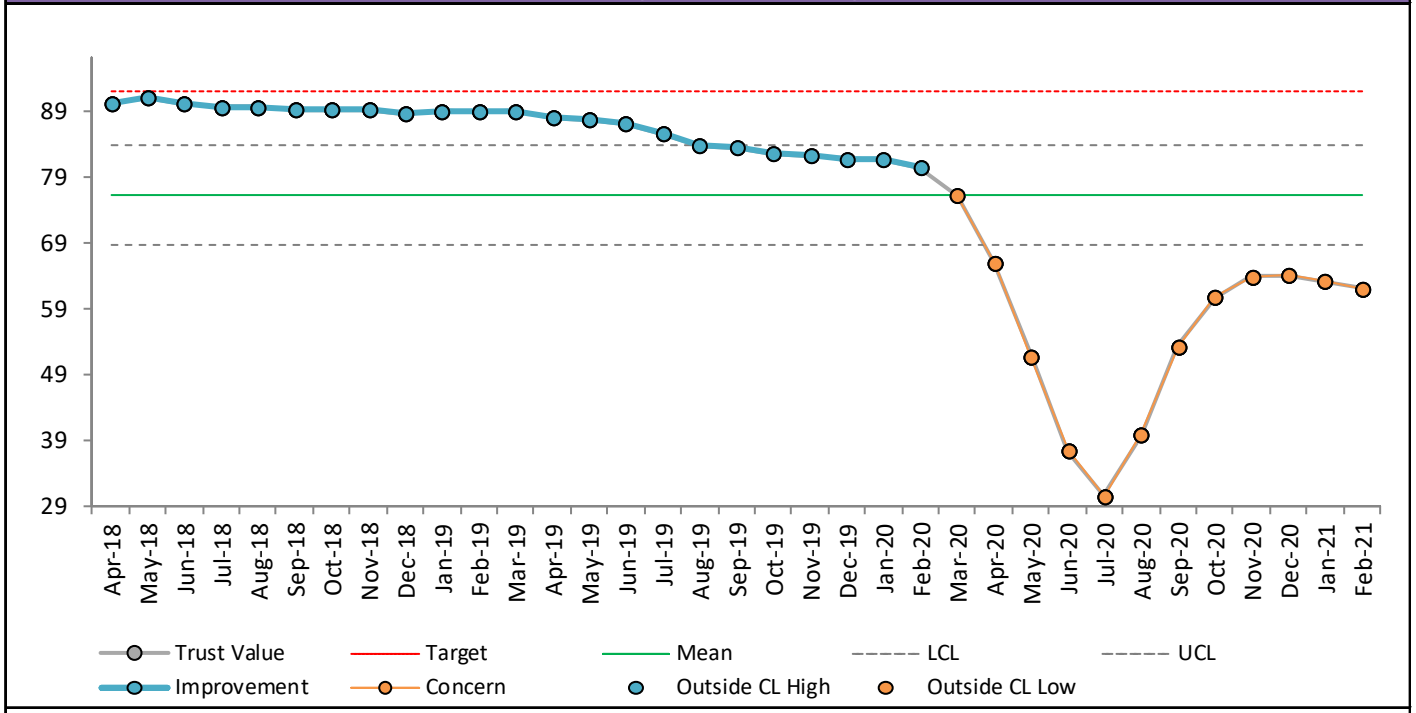
Timescale

- Improvement trajectory to be determined.

Responsive

South Tees Hospitals NHS Foundation Trust

RTT Incomplete Pathways (%)



The % of incomplete pathways for patients within 18 weeks

Target	92
Mean	76.19
Last Month	62.03

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

Compliance has been below target since April 18 and then decreased significantly since March 2020 due to COVID.

RTT target is still not being met.

Cause of Variation

- RTT compliance has marginally reduced to 62.03% (from 63.11% in February). 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

- Due to critical care surge plans and need to staff additional critical care beds theatre capacity has had to be reduced to release theatre staff to support critical care. Focus remains on patients of greatest clinical need and therefore the longest waiters will continue to increase. Plans being considered to reinstate some elective activity (at FHN site) from March/April (reliant on release of theatre staff redeployed to critical care) so planning increased elective activity as capacity allows.

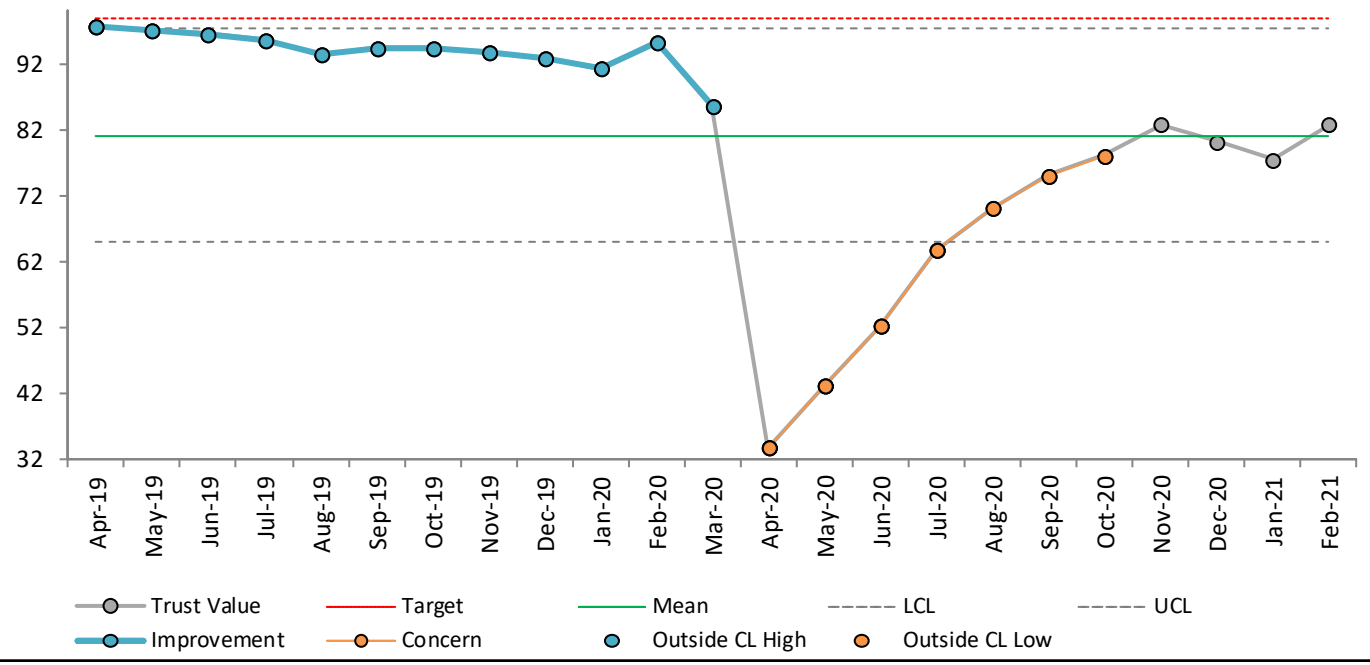
Timescale

- Due to the impact of Covid this metric is unlikely to get back to target for many months or possibly years.
- 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	81.17
Last Month	82.80

Executive Lead

Johanna Reilly

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. The metric has remained constant during the current wave of Covid..

Cause of Variation

- 4 modalities are compliant against the standard: Cardio Echo, CT, MRI and Ultrasound.
- 4 modalities are statistically a cause for concern: Audiology, Bone Densitometry, Cystoscopy, sleep.

Planned Actions

- Weekend working in place and to continue.
- Administration support for managing of patients.
- Moving activity out of theatres .
- Utilising all available capacity.

Timescale

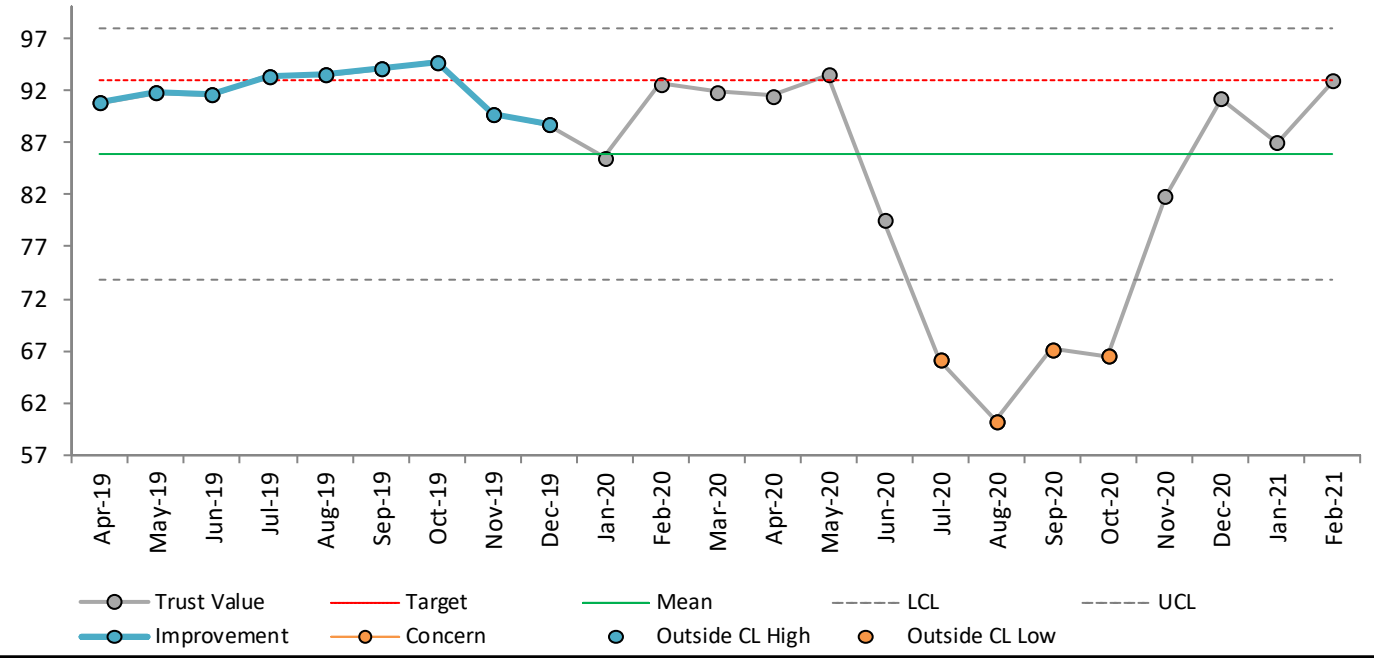
Due to the impact of Covid this metric is unlikely to get back to target for many months.

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	85.93
Last Month	92.97

Executive Lead

Johanna Reilly

Lead

Nicki Hurn

Commentary

Prior to COVID the metric was consistent although not always meeting the target. Following the onset of Covid the metric deteriorated outside the control limit however this position has improved since August 2020.

Cause of Variation

- 2ww referrals are currently down by 18% 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.

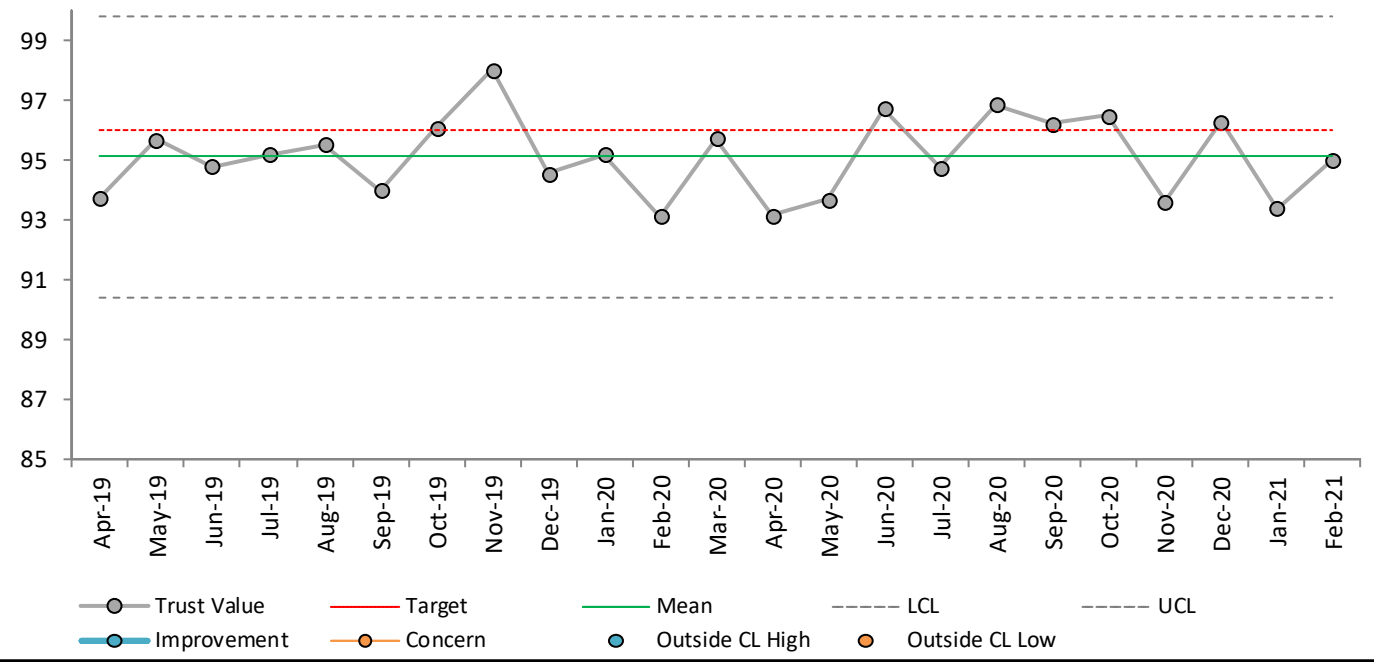
Timescale

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

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	95.13
Last Month	95.02

Executive Lead

Johanna Reilly

Lead

Nicki Hurn

Commentary

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

Cause of Variation

- It should be noted that those who have breached the 62 day standard often carry a 31 day standard as well.
- Diagnostic capacity increasing as COVID 19 demand reduces.

Planned Actions

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

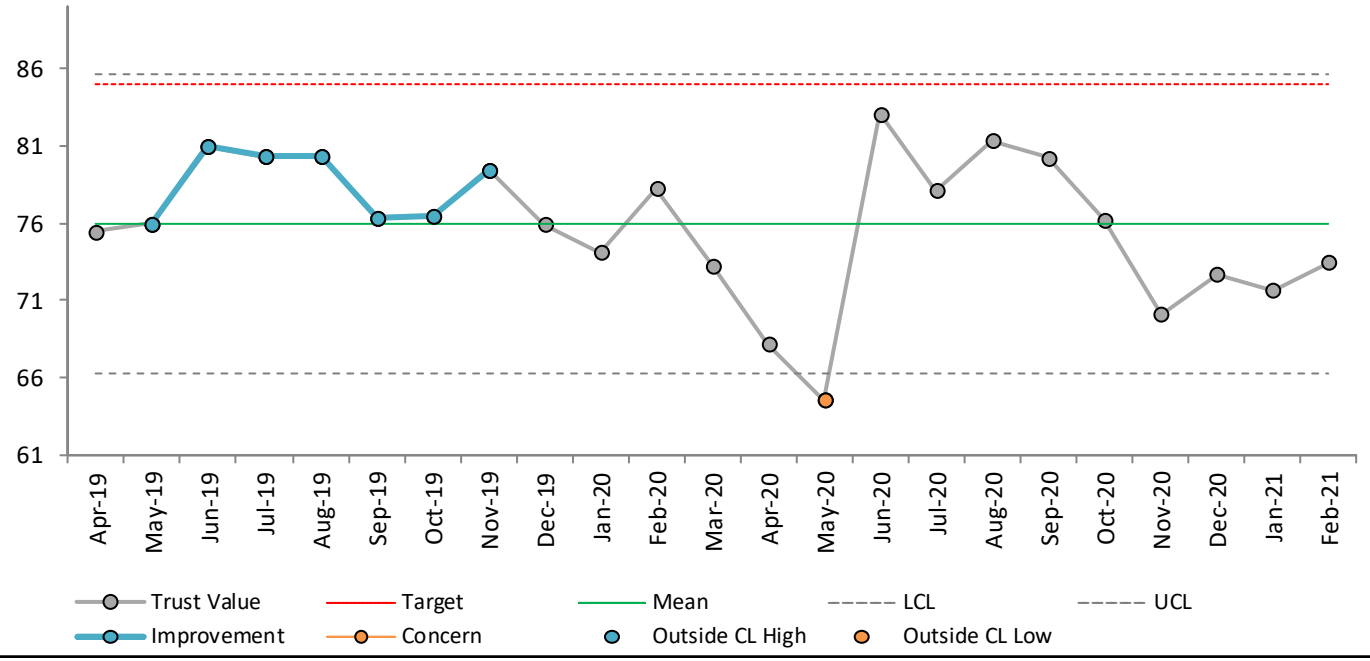
Timescale

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

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 62 Day Standard (%)



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

Target	85
Mean	75.96
Last Month	73.48

Executive Lead

Johanna Reilly

Lead

Nicki Hurn

Commentary

Whilst just within the control limit the means is at 78.3% therefore the target is unlikely to be met.

Cause of Variation

- January treatments were 148 compared to 176 in January 2020 (-16%)
- 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 .

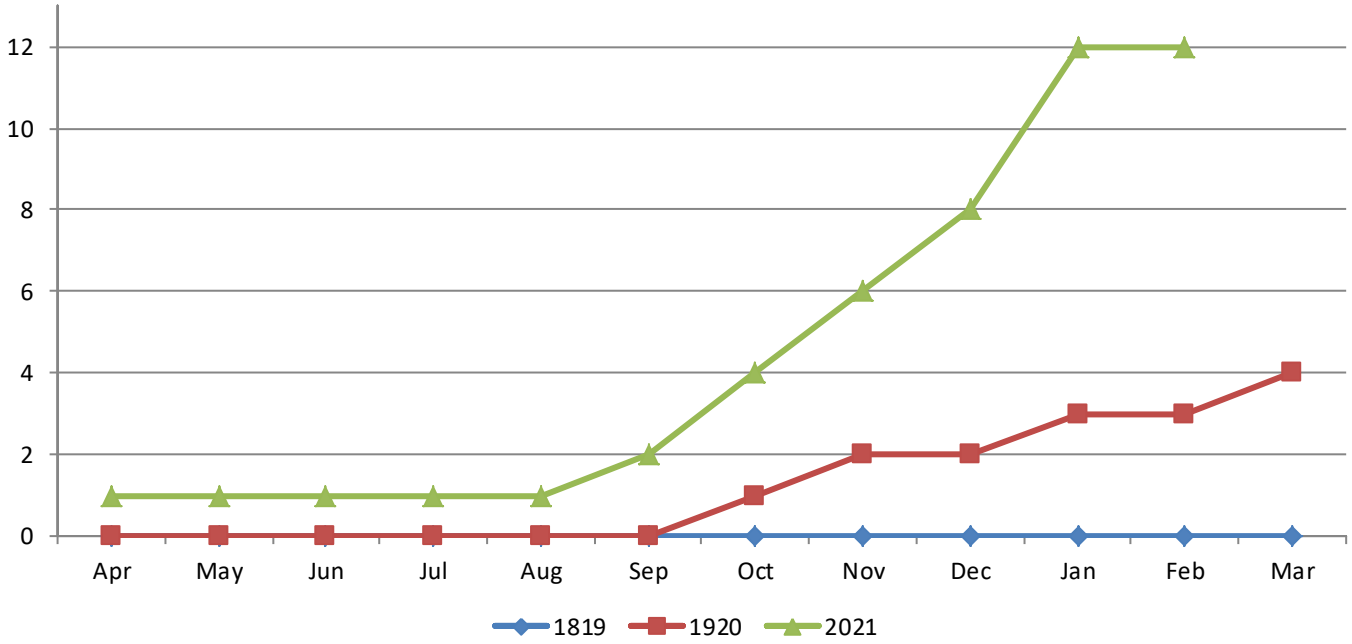
Timescale

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

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

Johanna Reilly

Lead

Sue Geldart

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 February for non clinical reasons.

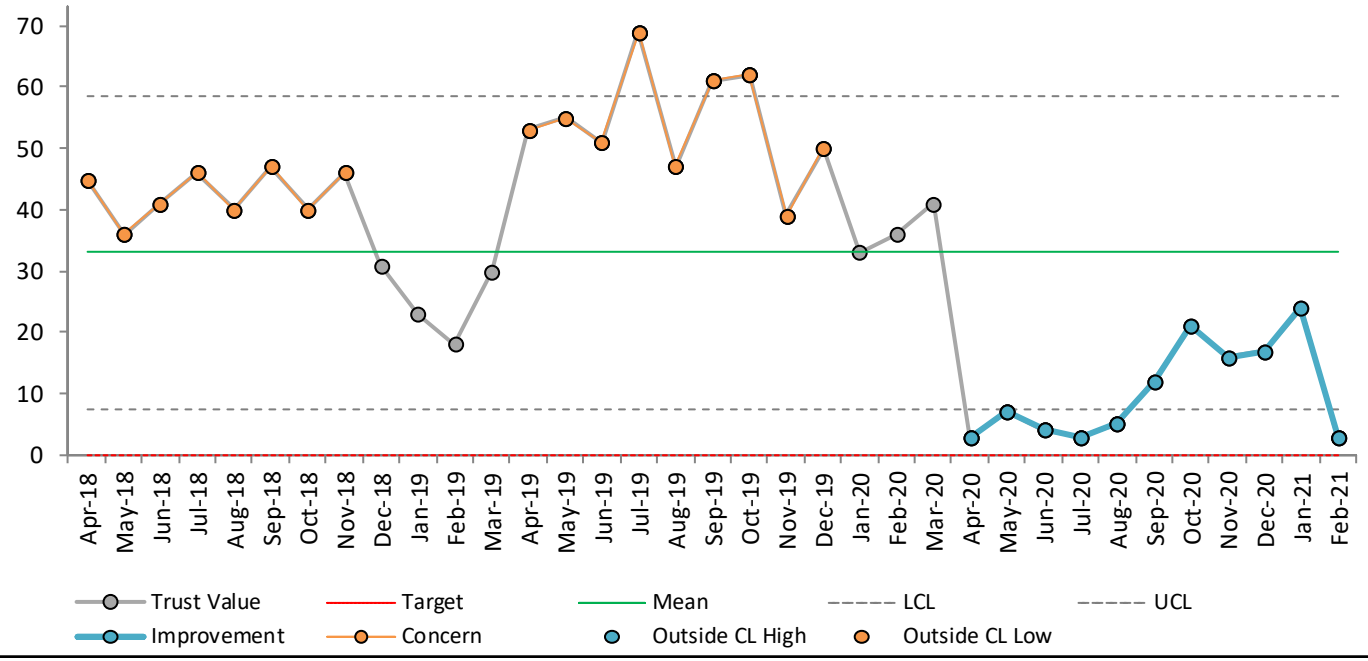
Planned Actions

Timescale

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	33.00
Last Month	3.00

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

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

Cause of Variation

- 3 patients cancelled (1 Cardiothoracic Surgery, 2 General Surgery).
- Reasons for the cancellations are lack of theatre time, ITU/HDU bed or ward bed.
- Low number of cancellations in February is being investigated by BIU to ensure that this is an accurate reflection.

Planned Actions

- Continue to book non-urgent patients as set out in the Trust's Standard Operating Procedure for prioritisation of elective patients during current COVID-19 pandemic. Continue to ensure that patients are appropriately consented and pre-assessed prior to admission (including swabbed 48 hours prior to admission) to minimise the likelihood of 'hospital initiated' cancellation.

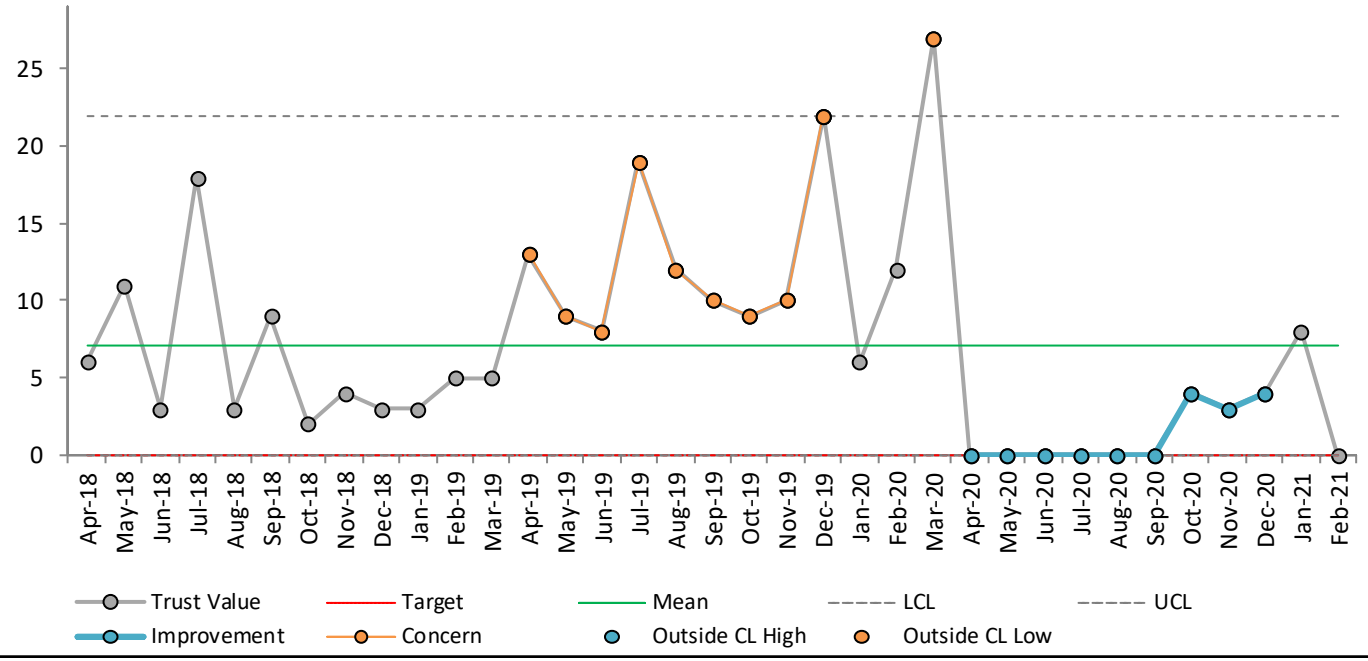
Timescale

- Ongoing

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	7.09
Last Month	0.00

Executive Lead

Johanna Reilly

Lead

Sue Geldart

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

- 3 patients cancelled (1 Cardiothoracic Surgery, 2 General Surgery). All 3 patients were given new TCI dates within the 28 day standard.

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.

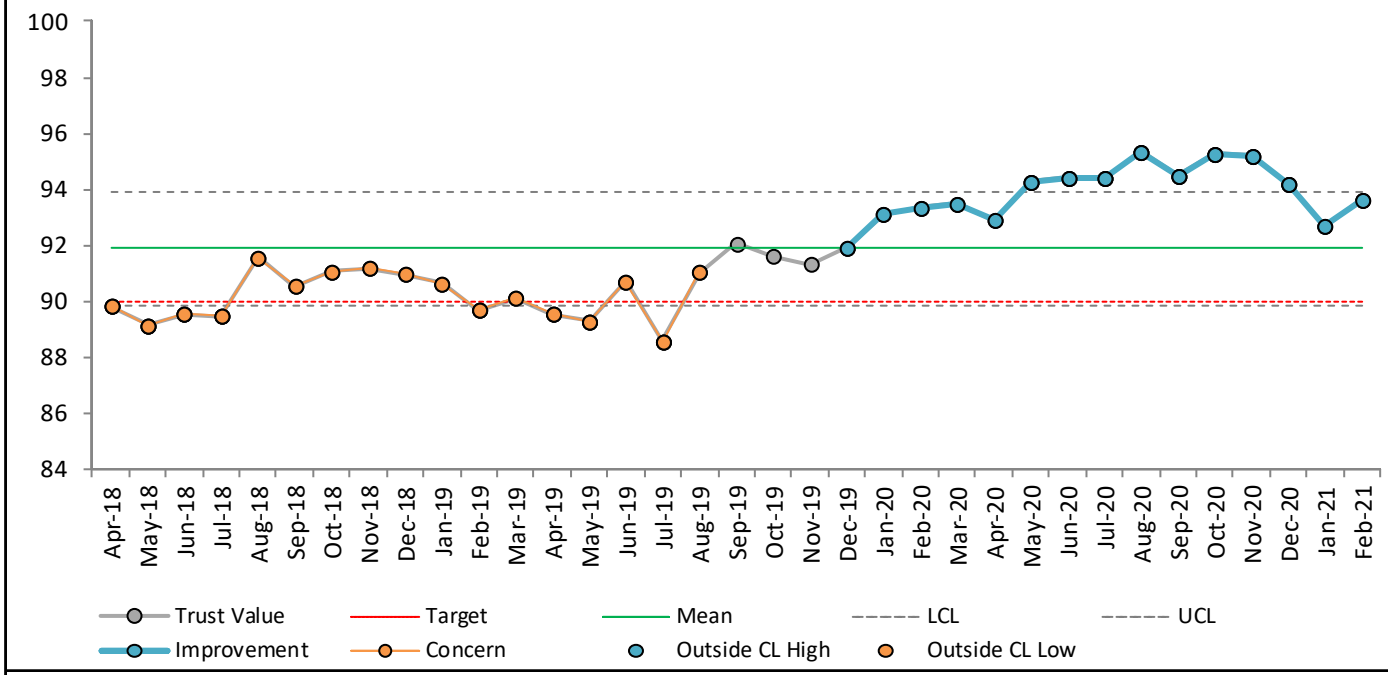
Timescale

- Ongoing

Responsive

South Tees Hospitals NHS Foundation Trust

E-Discharge (%)



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

Target	90
Mean	91.89
Last Month	93.62

Executive Lead

Johanna Reilly

Lead

Hilary Lloyd

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.

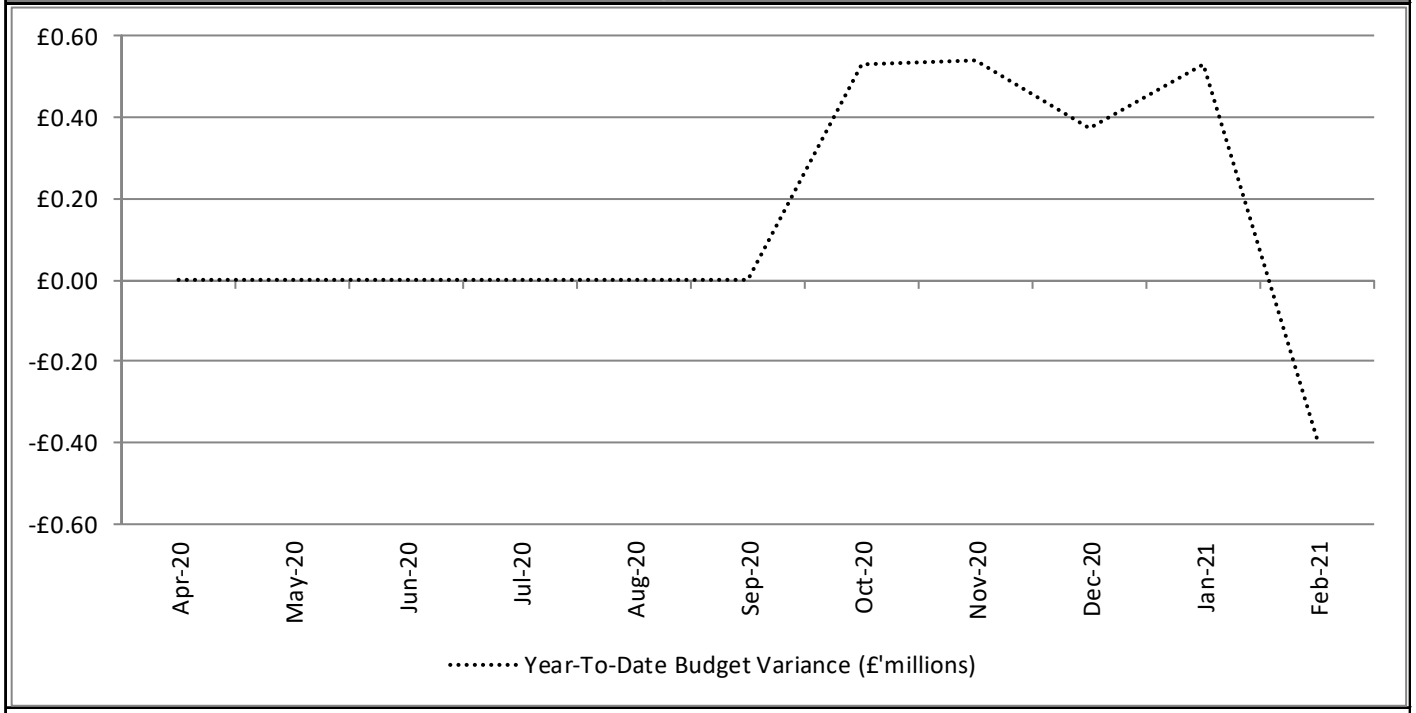
Timescale

- 19th March 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	-0.39

Executive Lead

Steven Mason

Lead

Luke Armstrong

Commentary

For February the Trust is £0.4m behind of its revised annual plan.

Cause of Variation

- £5.8m positive variation to plan on income, linked to RTA, Education and Training Income and additional income to cover Covid-19 costs.
- £3.1m overspend on pay driven by Medical and Dental Pay
- £3.0m overspend on non pay caused by increased drugs costs and Covid-19 costs covered by additional income.

Planned Actions

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

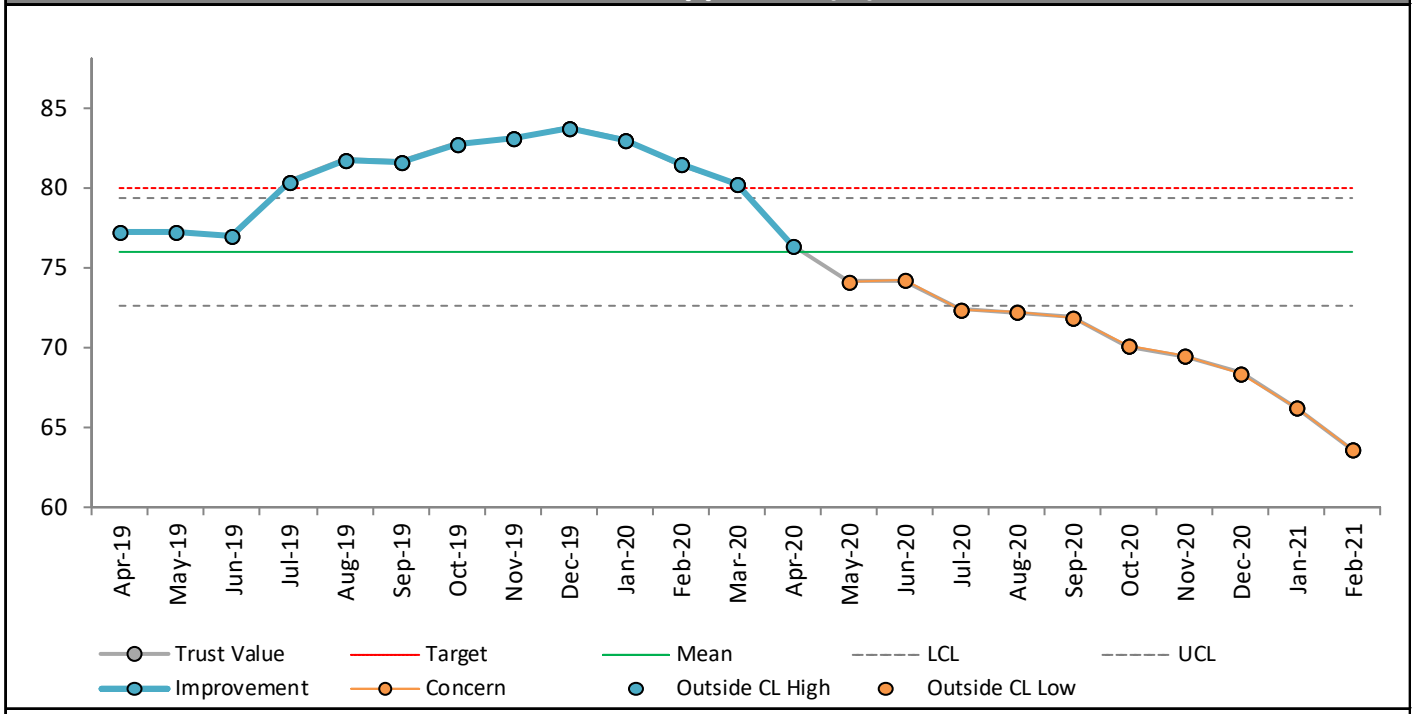
Timescale

- Ongoing
- Ongoing

Well Led

South Tees Hospitals NHS Foundation Trust

Annual Appraisal (%)



Annual Appraisal Rate

Target	80
Mean	75.99
Last Month	63.56

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.

Cause of Variation

- Increased volume of staff absence due to COVID, including absence and isolation.
- Medical staff not required to complete annual appraisals.
- Covid-19 second wave, including winter pressures, resulted in focus on operational requirements .

Planned Actions

- New Appraisal and Career Conversation being piloted in Strive and Patient Connect and will be rolled out to the whole organisation in April 2021.
- Working party set up to identify plans for Corporate functions to complete all appraisals within first quarter of financial year, with a view to implementing further Trust-wide.
- Plans being developed for the return of staff who have been shielding, which will include completion of SDRs.
- A number of Health and Wellbeing initiatives have bee introduced including psychological, physical, financial wellbeing and health and advice services.

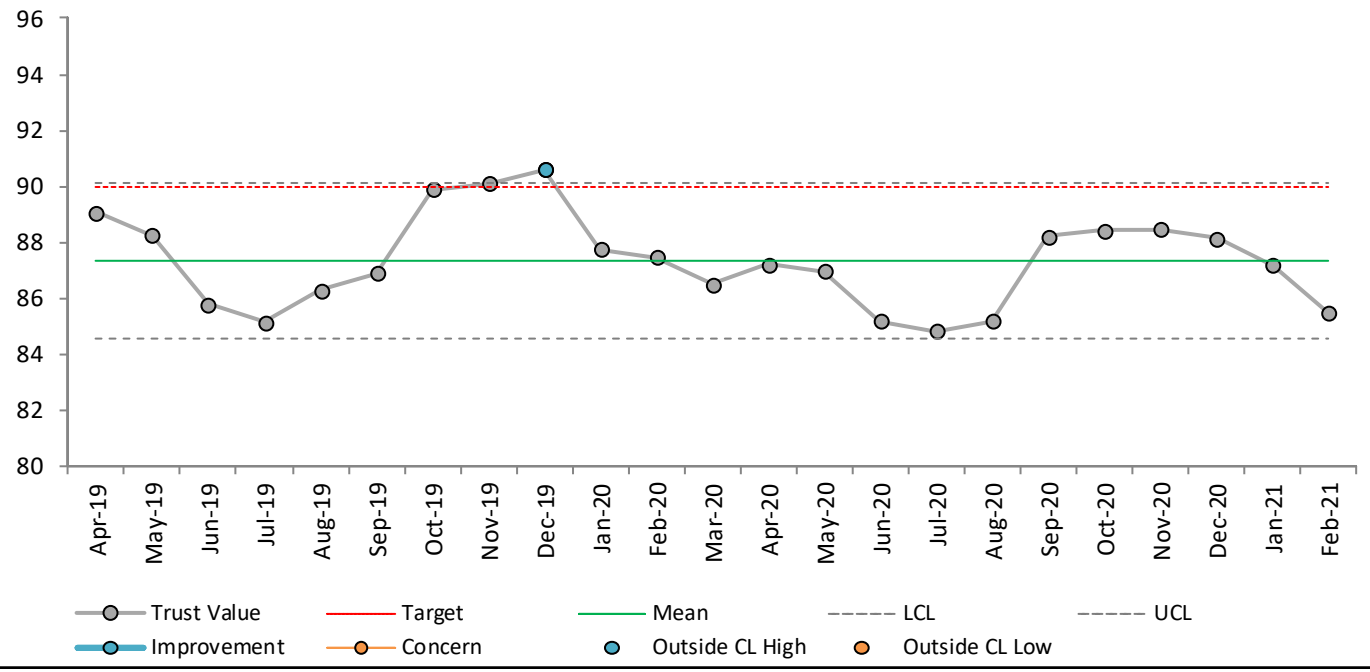
Timescale

- April 2021
- April 2021
- April 2021

Well Led

South Tees Hospitals NHS Foundation Trust

Mandatory Training (%)



The % of Mandatory Training Compliance

Target	90
Mean	87.34
Last Month	85.47

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Whilst within control limits the target is not being met. Trajectories will be developed for the new collaboratives from April with a key focus on swift improvement.

Cause of Variation

- Operational focus on mandatory training compliance limited due to workforce pressures.
- 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.

Planned Actions

- Transfer of mandatory training elements onto ESR launch in April 2021
- Training and communication packages in final development and will be communicated via Trust briefings and direct communication with managers
- Continued focus on non-compliant areas and elements of mandatory training via HRBPs and Centre/Department managers.

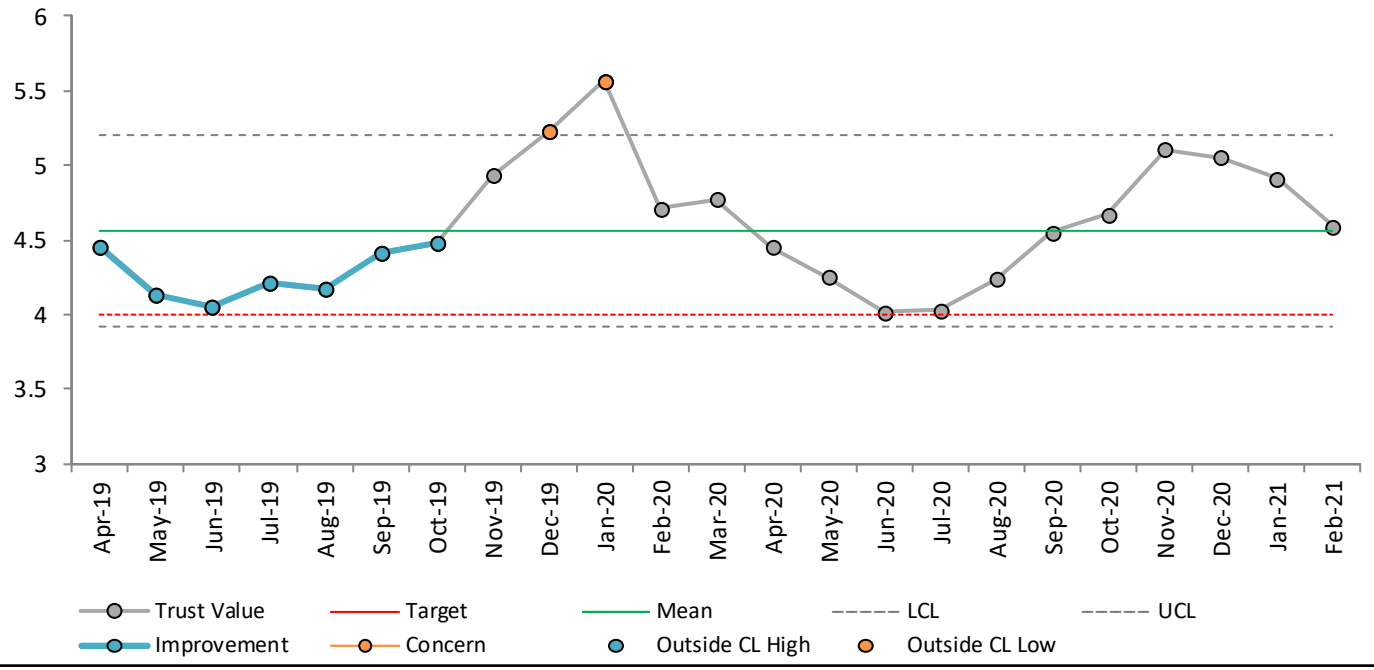
Timescale

- April 21
- April 21
- Ongoing

Well Led

South Tees Hospitals NHS Foundation Trust

Sickness Absence (%)



The % of monthly sickness absence

Target	4
Mean	4.57
Last Month	4.59

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

General sickness has reduced over the recent 3 months though remains below target. A number of support mechanisms have been developed for colleagues.

Cause of Variation

- Staff absence figures demonstrate a positive decline against last month to 4.59% for general absence and 1.21% covid absence against an overall target of 4. Increase in number of staff absence/isolating due to covid-related matters and potential long covid-issues have impacted negatively on overall absence.

Planned Actions

- Return to work plans in development for those staff who have been shielding due to covid-19 absence, which will include guidance and pro-formas for managers. Focus will be on a mental health and wellbeing during the transition back to the workplace.
- Long covid working party established.
- Risk assessment process reviewed and clear guidance issued to managers to ensure all staff have undertaken a covid risk assessment. Requirement to report completion data to be held centrally.

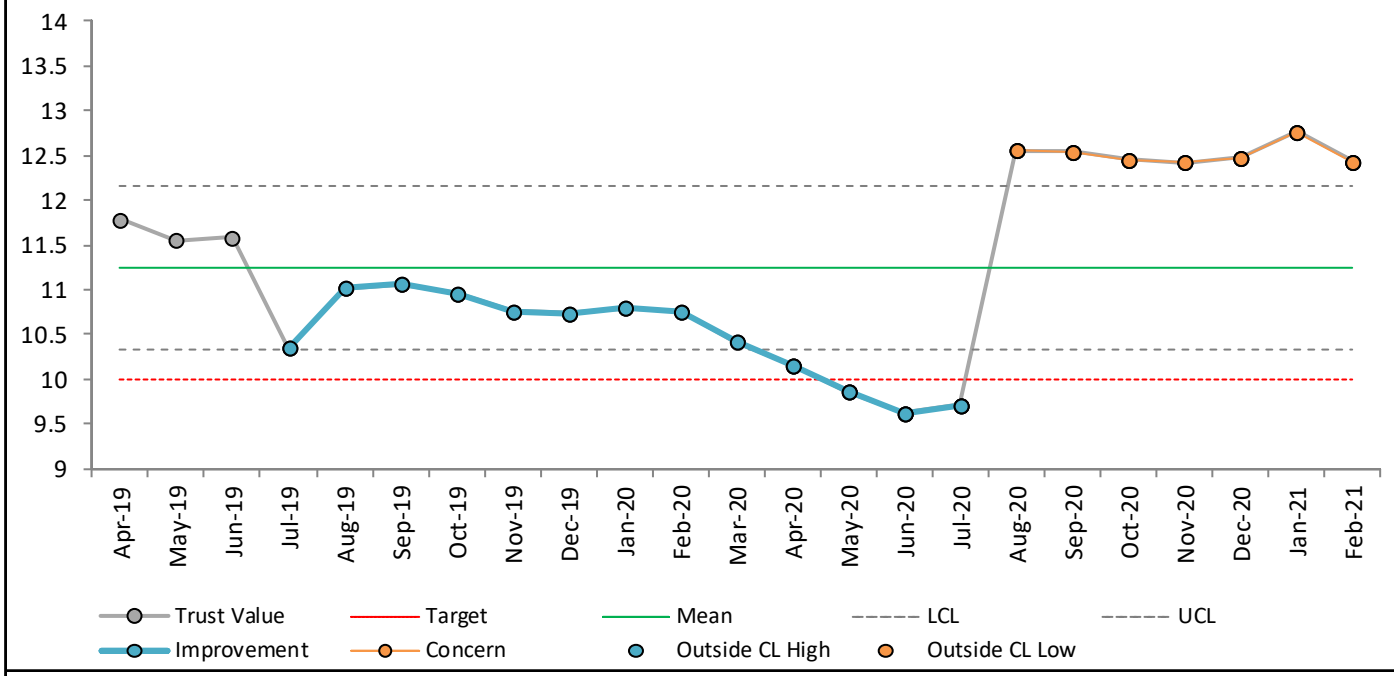
Timescale

- April 2021
- Ongoing
- April 2021

Well Led

South Tees Hospitals NHS Foundation Trust

Staff Turnover (%)



Staff turnover rate

Target	10
Mean	11.25
Last Month	12.43

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Staff turnover reduced significantly from April 2019 until July 2020 however it then showed a significant increase.

Cause of Variation

- Turnover has stabilised over the last quarter with a slight increase at the beginning of 2021. There has been significant increase in short-term/fixed term contract s to support with the requirement of the pandemic throughout 2020. This situation will be closely monitored.

Planned Actions

- Meeting to discuss retention and exit process arranged. The focus will be on supporting staff prior to their resignation in the form of 'itchy feet' discussions for staff who are seeking alternative employment and 'stay' conversations for those staff who have tendered their resignation.
- 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

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 APRIL 2021			
NHS National Staff Survey Results 2020			**AGENDA ITEM: 13, ENC 9**
Report Author and Job Title:	Jason Emerson, Head of Workforce	**Responsible Director:**	Rachael Metcalf HR Director
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Background	The NHS Annual Staff Survey results have been released along with the benchmarking data. South Tees has been benchmarked against Acute and Acute and Community Trusts of which there are 128.		
Assessment	The Trust's results this year place the organisation as the most improved hospital and community trust in the nation. The attached report contains an assessment of the staff survey results and proposed areas of focus over the next twelve months.		
Recommendation	The Board of Directors are requested to note the content of this paper, noting the next steps actions to be undertaken.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 5.2 - Ineffective engagement with the workforce may result in low staff morale, leading to poor outcomes & experience for patients; less effective teamwork; reduced compliance with policies and standards; high levels of staff absence; and high staff turnover.		
Legal and Equality and Diversity implications	Positive action has been undertaken across a range of protective characteristics including ethnicity, disability and gender, due to the evidence that has emerged as to the significantly higher level of impact it has on people with whom identify within these vulnerable groups identified.		
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

NHS National Staff Survey 2020

1.0 Background and Introduction

The report provides details of the NHS Annual Staff Survey for 2020.

In 2019 the trust's summer staff survey showed a steep drop in a number of areas, including the proportion of colleagues who said they would recommend the trust as a place to work, and who felt patient care was the organisation's number one priority.

The national 2019 NHS staff survey was carried out just a few weeks later, in early October 2019, and unsurprisingly the views expressed then by colleagues were very similar.

Since this time the Trust has undergone a number of significant changes which colleagues have made together.

The Trust's Clinical Policy Group now makes the decisions on how the Trust allocate its resources and deliver care, and this clinically-led approach has been at the heart of the way South Tees have met the enormous challenge of COVID-19 and the goal of helping to keep patients, service users and one another safe.

In addition, staff-side colleagues helped to create a 'you said we did' list of practical changes, including our STAR awards.

Colleagues across the trust have also helped to develop a new set of values and behaviours which we want our patients and colleagues to be able to use to describe how it feels to receive care or work at South Tees.

The results from the 2020 NHS Staff Survey show significant improvements. For example there has been a significant increase in the number of colleagues who feel patient care is the organisation's number priority and would recommend the trust as a place to work.

Trust Trends and themes are set out within the following pages.

2.0 Trust Results 2020

South Tees Completed Questionnaires 2,452
South Tees Response Rate 2020 28%

South Tees is benchmarked against Acute and Acute and Community Trusts and there were 128 organisations within the benchmarking group with a median response rate of 45%.

The Trust's response rate has increased this year against a decrease in the benchmarking group median response rate.

The complete results are included in appendix 1.

2.1 Theme Results

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.2**	2226	**9.2**	2401	Not significant
Health & wellbeing	**5.2**	2243	**5.6**	2448	↑
Immediate managers †	**6.5**	2248	**6.7**	2447	↑
Morale	**5.7**	2236	**6.1**	2446	↑
Quality of care	**7.1**	2015	**7.4**	2135	↑
Safe environment - Bullying & harassment	**8.1**	2222	**8.2**	2443	Not significant
Safe environment - Violence	**9.5**	2226	**9.6**	2441	↑
Safety culture	**6.2**	2232	**6.7**	2445	↑
Staff engagement	**6.5**	2249	**6.9**	2450	↑
Team working	**6.2**	2227	**6.3**	2425	Not significant

2.3 Analysis

The current year staff survey results are comparable against national averages with South Tees exceeding or being just under the national averages score in the majority of areas.

Equality diversity and inclusion:

	2016	2017	2018	2019	2020
Best	9.6	9.5	9.6	9.6	9.5
South Tees	9.3	9.2	9.3	9.2	9.2
Average	9.2	9.1	9.1	9.1	9.1
Worst	8.2	8.1	8.1	8.3	8.1

The Trust has undertaken a great deal of EDI work over the past twelve months and the staff networks continue to become more established. The networks will assist in influencing the future of EDI across the Trust in future months. The networks will also be able to provide regular feedback from staff in this area, in advance of the next annual staff survey.

The Trust has recently joined the Reciprocal Mentoring for Inclusion Programme with NHS I which will support us as Trust to learn and both develop understanding of biases and the ways in which the system works against greater equity.

We are also a Pilot Trust for 'Inclusive Recruitment and Promotion Practices in the NHS, working closely with regional teams to establish the improvement cycle quickly to start closing the gap on inclusive recruitment and promotion practices in NHS organisations.

Health and Wellbeing:

	2016	2017	2018	2019	2020
Best	6.8	6.6	6.7	6.7	6.9
South Tees	5.7	5.9	5.6	5.2	5.6
Average	6.1	6.0	5.9	5.9	6.1
Worst	5.3	5.4	5.2	5.2	5.5

The Trust has introduced a range of health and wellbeing schemes and /or improvements. The Trust has made a commitment to increasing the number of staff who received the flu vaccine. This winter has seen biggest increase for the Trust with over 92% of staff receiving the vaccine.

Additionally the Trust has invested in occupational health resources increasing the amount of occupational health consultant time that is available and establishing the role of health and wellbeing coordinator. This new role will provide central person to focus on future initiatives across the Trust in the following months. The Trust is also look to re-introduce the better health at work award during 2021. This award recognises the efforts of employers in the North East and Cumbria in addressing health issues within the workplace

The Trust continues to be committed to flexible working and the culture and approach to this continues to evolve. The increased number of staff working flexible during COVID-19 has assisted in advancing the Trust culture around this and it is hopeful this will be reflected within the next annual staff survey.

Immediate managers:

	2016	2017	2018	2019	2020
Best	7.2	7.3	7.3	7.5	7.3
South Tees	6.6	6.8	6.6	6.5	6.7
Average	6.7	6.7	6.8	6.9	6.8
Worst	6.2	6.3	6.2	6.0	6.2

71% of staff stated their immediate manager values their work with 67.7% of staff confirming they receive support from their immediate manager.

As the Trust moves to the new clinical collaborative structure there will be a range of support and training that has been refreshed and will be available to managers. This covers everything from HR training around how to deal with absence, performance and difficult conversations through to leadership development.

At the heart of our Leadership and Safety Accademy is the strategic aim to develop a positive, inclusive person-centred leadership culture across the Trust. Building a system for continuous learning through quality improvement, leadership and organisational development.

Morale:

	2016	**2017**	**2018**	**2019**	**2020**
Best	**-**	**-**	**6.7**	**6.9**	**6.9**
South Tees	**-**	**-**	**5.8**	**5.7**	**6.1**
Average	**-**	**-**	**6.1**	**6.1**	**6.2**
Worst	**-**	**-**	**5.4**	**5.5**	**5.6**

The Trust has achieved its highest score in four years. The results highlight that attitude, satisfaction and engagement levels have all increased.

We will continue to embed our values of creating a respectful, supportive and caring culture through all our action. Specifically developing our values based recruitment and new launch to appraisals process.

Safe Environment – Violence:

	2016	**2017**	**2018**	**2019**	**2020**
Best	**9.7**	**9.7**	**9.7**	**9.7**	**9.8**
South Tees	**9.5**	**9.3**	**9.5**	**9.5**	**9.6**
Average	**9.4**	**9.4**	**9.4**	**9.4**	**9.5**
Worst	**9.2**	**9.1**	**9.2**	**9.2**	**9.1**

The Trust has a range of mechanism in place include zero tolerance on violence and aggression and risk assessment tools.

The Trust has seen a positive improvement in this area, with our results this year the highest in recent years.

As part of our COVID response one of our key pillars was to ensure we keep our colleagues safe and this remain fundamental.

Quality of Care:

	2016	2017	2018	2019	2020
Best	**8.2**	**8.1**	**8.1**	**8.1**	**8.1**
SouthTees	**7.5**	**7.7**	**7.4**	**7.1**	**7.4**
Average	**7.6**	**7.5**	**7.4**	**7.5**	**7.5**
Worst	**7.0**	**7.0**	**7.0**	**6.7**	**7.0**

The Trust achieved its highest score in this indicator since 2017.

80% of staff stated they were satisfied with the quality of care they give to patients and 89% of staff stated they feel that their role makes a difference to patients.

Safe Environment – Bullying and Harassment:

	2016	2017	2018	2019	2020
Best	**8.6**	**8.5**	**8.5**	**8.6**	**8.7**
South Tees	**8.3**	**8.0**	**8.1**	**8.1**	**8.2**
Average	**8.1**	**8.0**	**8.0**	**8.0**	**8.1**
Worst	**7.1**	**7.2**	**7.1**	**7.3**	**7.2**

The Trust has achieved better than the national average in this area and has seen an improvement on our position over the previous years.

This is an improving position, however we recognise this must remain an area of key focus. As part of our improvement journey we will be underpinning our values with the programme 'Civility Saves Lives' in 2021/22

A revised Freedom to Speak Up model was developed across the trust in June 2020 which culminated in the appointment of four new FTSU Guardians with a different reporting structure in place. Since September 2020 the Guardians have been embedding the new model with the aim of improving the speaking up culture within the organisation.

Safety Culture:

	2016	2017	2018	2019	2020
Best	**7.2**	**7.2**	**7.2**	**7.4**	**7.4**
South Tees	**6.6**	**6.5**	**6.3**	**6.2**	**6.7**
Average	**6.7**	**6.6**	**6.7**	**6.7**	**6.8**
Worst	**6.0**	**5.9**	**6.0**	**5.7**	**6.1**

The Trust has achieved its highest score in the last five years.

57.4% of staff believe that staff who are involved with errors and near miss or incident are treated fairly. 72.3% of staff believe the Trust takes action when such events happen so they do not happen again – and 57.9% of staff state they are given feedback about changes made in response to these events

In addition we will be adopting the 'Just Culture' model which supports a conversation between managers about whether a staff member involved in a patient safety incident requires specific individual support or intervention to work safely.

Staff engagement:

	2016	2017	2018	2019	2020
Best	**7.6**	**7.5**	**7.6**	**7.6**	**7.6**
South Tees	**6.9**	**6.8**	**6.6**	**6.5**	**6.9**
Average	**7.0**	**7.0**	**7.0**	**7.0**	**7.0**
Worst	**6.4**	**6.4**	**6.4**	**6.1**	**6.4**

The Trust has achieved improvements in the area of staff engagement and our highest level since 2016.

Our South Tees People Plan will be launched on Quarter 1 and the overarching strategic aim is to 'Make South Tees the Best Place to Work'. Our People Plan will have a key focus on creating a sense of pride and belonging to the Trust

Team working:

	2016	2017	2018	2019	2020
Best	**7.1**	**7.0**	**7.1**	**7.3**	**7.1**
South Tees	**6.5**	**6.7**	**6.2**	**6.2**	**6.3**
Average	**6.6**	**6.6**	**6.6**	**6.6**	**6.5**
Worst	**6.1**	**6.0**	**5.9**	**5.9**	**6.0**

The Trust position has slight increase in our team working score whilst the national position has decreased. As a consequence of COVID we have seen a high proportion of our staff redeployed to new areas, working in different teams across the Trust.

3.0 Next Steps

This year's staff survey has seen colleagues rate the Trust as the most improved in the country.

Individual reports for directorates will be shared with relevant operational managers and action plans will be developed for the new collaboratives which will be presented to the People and Culture Committee.

Staff side colleagues will be instrumental in developing our overarching action plan based on the 10 Staff Survey themes. This will be delivered to the Board in the coming months.

Work around embedding our values will be the focus going forward, looking at how these are 'brought to life' in the Trust will be a key piece of work. Plans include engaging further with staff to understand more their experience of working for the Trust and how we can support them further to provide the best possible care for patients. This will include work around 'Talent Management' including reviewing the processes that support it including appraisal.

4.0 Recommendations

The Board of Directors are requested to note the content of this paper, noting the next steps actions to be undertaken.

Survey Coordination Centre

NHS England

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey

Directorate Report

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Introduction

This directorate report for South Tees Hospitals NHS Foundation Trust contains results by directorate for themes from the 2020 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

Please note: It is possible that there are differences between the 'Your org' scores reported in this directorate report and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within your organisation so the unweighted organisation result is a more appropriate point of comparison.

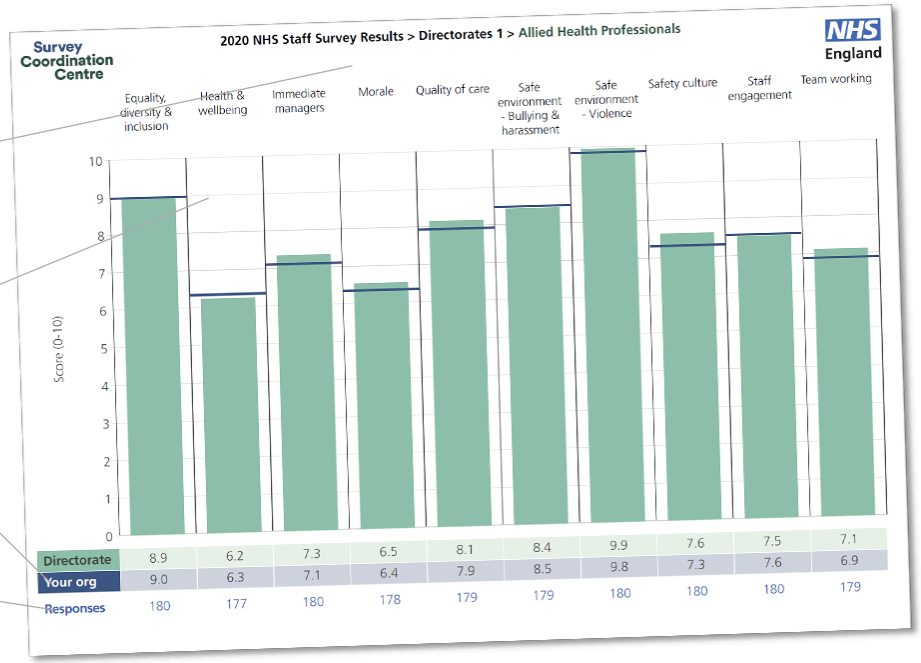
The directorate breakdowns used in this report were provided and defined by South Tees Hospitals NHS Foundation Trust. Details of how the theme scores were calculated are included in the Technical Document, available to download from our results website.

Key features

Breakdown type and **directorate name** are specified in the header. Black text in the header is hyperlinked: clicking on '2020 NHS Staff Survey Results' navigates back to the contents page.

Directorate results are presented in the context of the (unweighted) **organisation average ('Your org')**, so it is easy to tell if a directorate is performing better or worse than the organisation average. For all themes, a higher score is a better result than a lower score.

The **number of responses** feeding into each theme score **for the given directorate** is specified below the table containing the directorate and trust scores.



! Note: when there are less than 11 responses in a group, results are suppressed to protect staff confidentiality

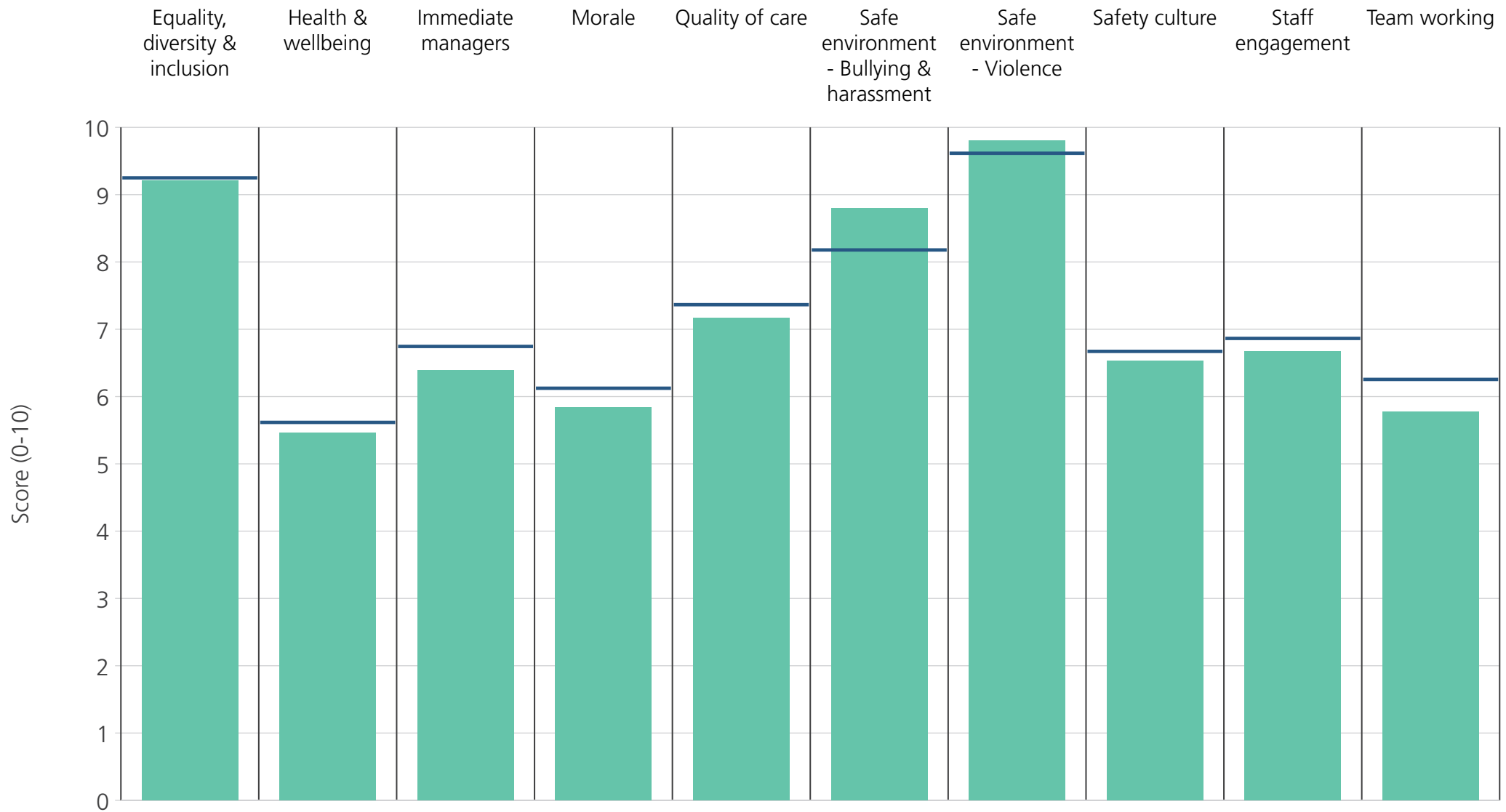
Survey Coordination Centre

NHS England

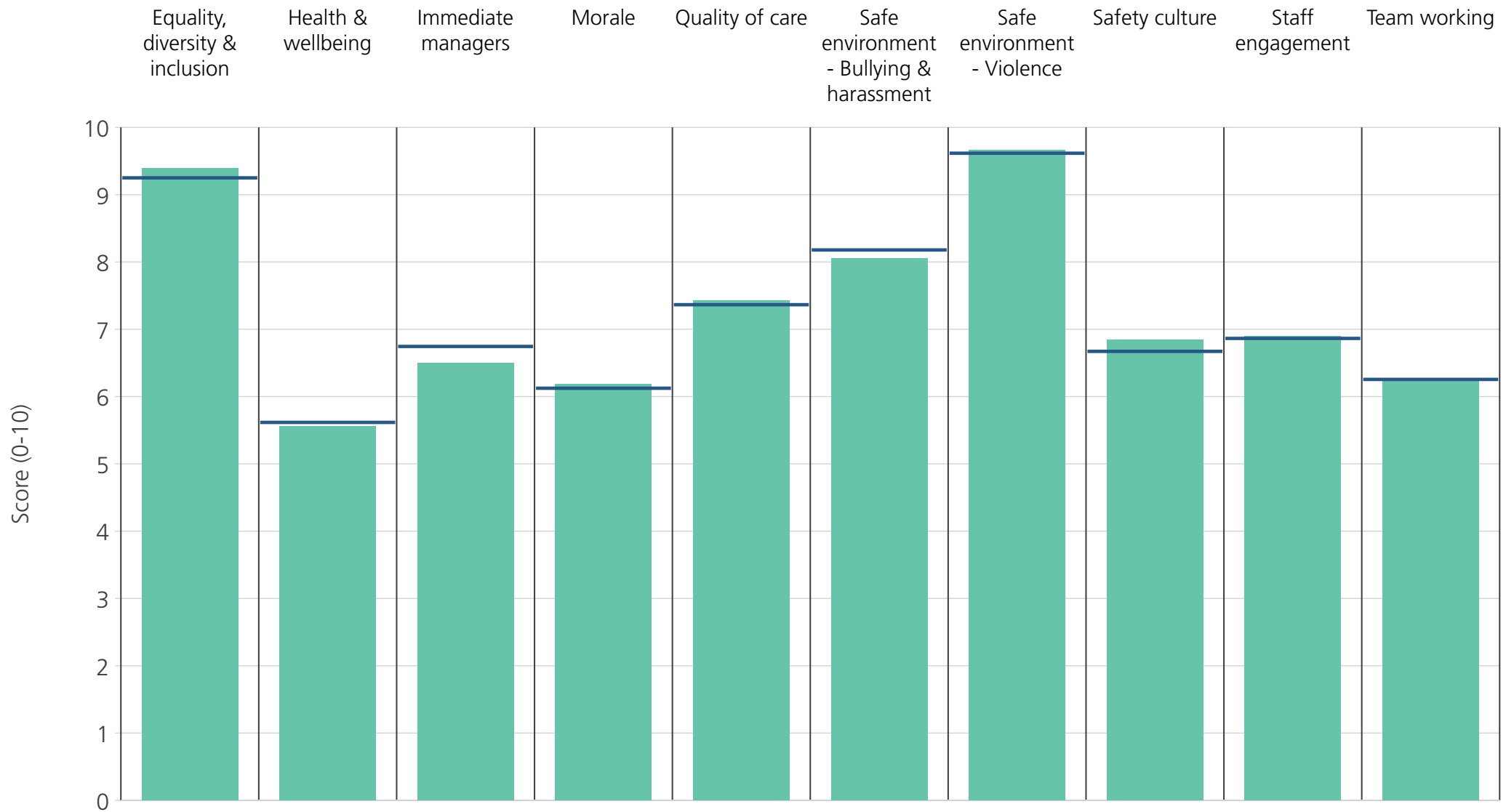
Directorates 1

South Tees Hospitals NHS Foundation Trust

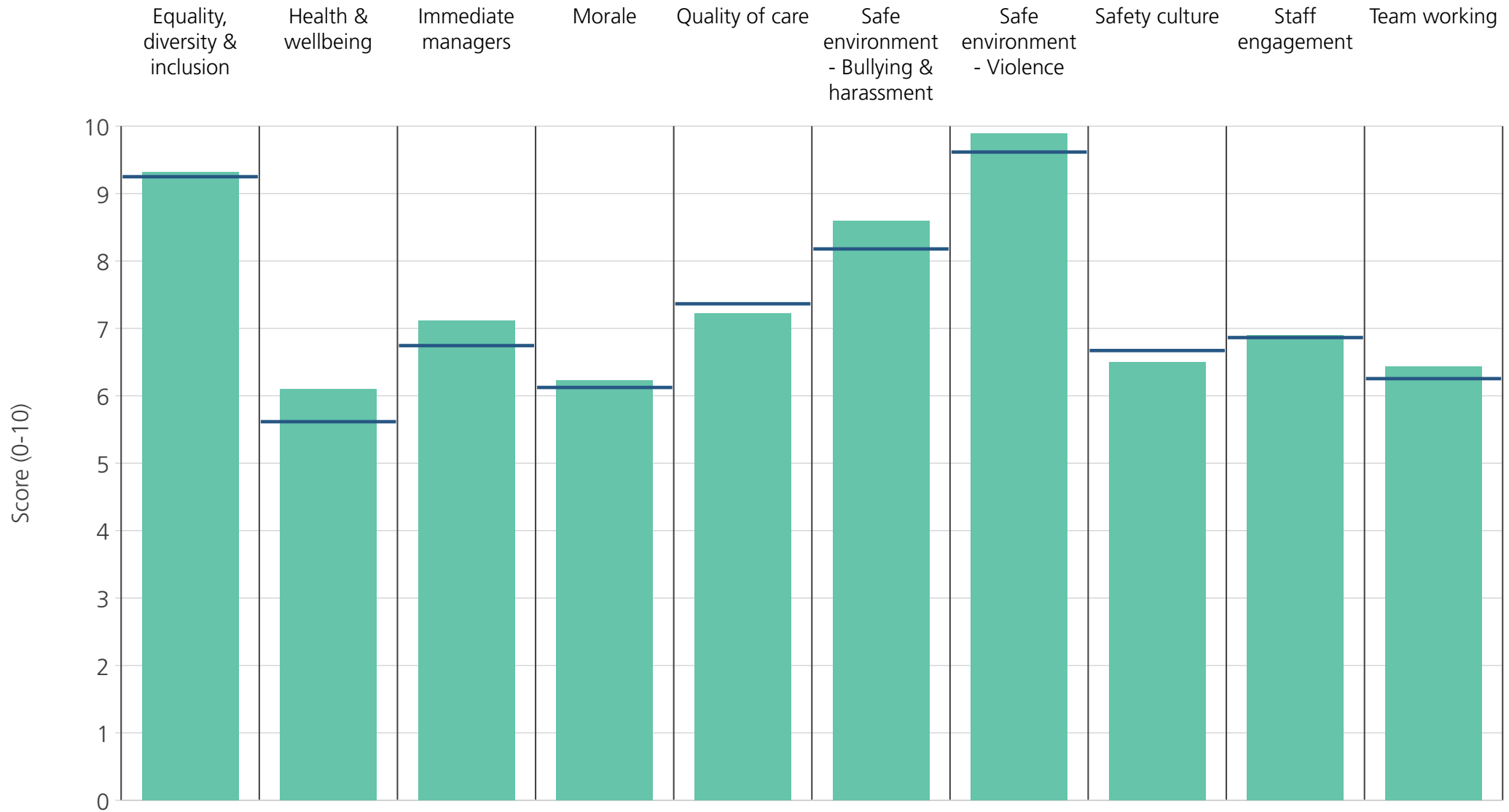
2020 NHS Staff Survey Results



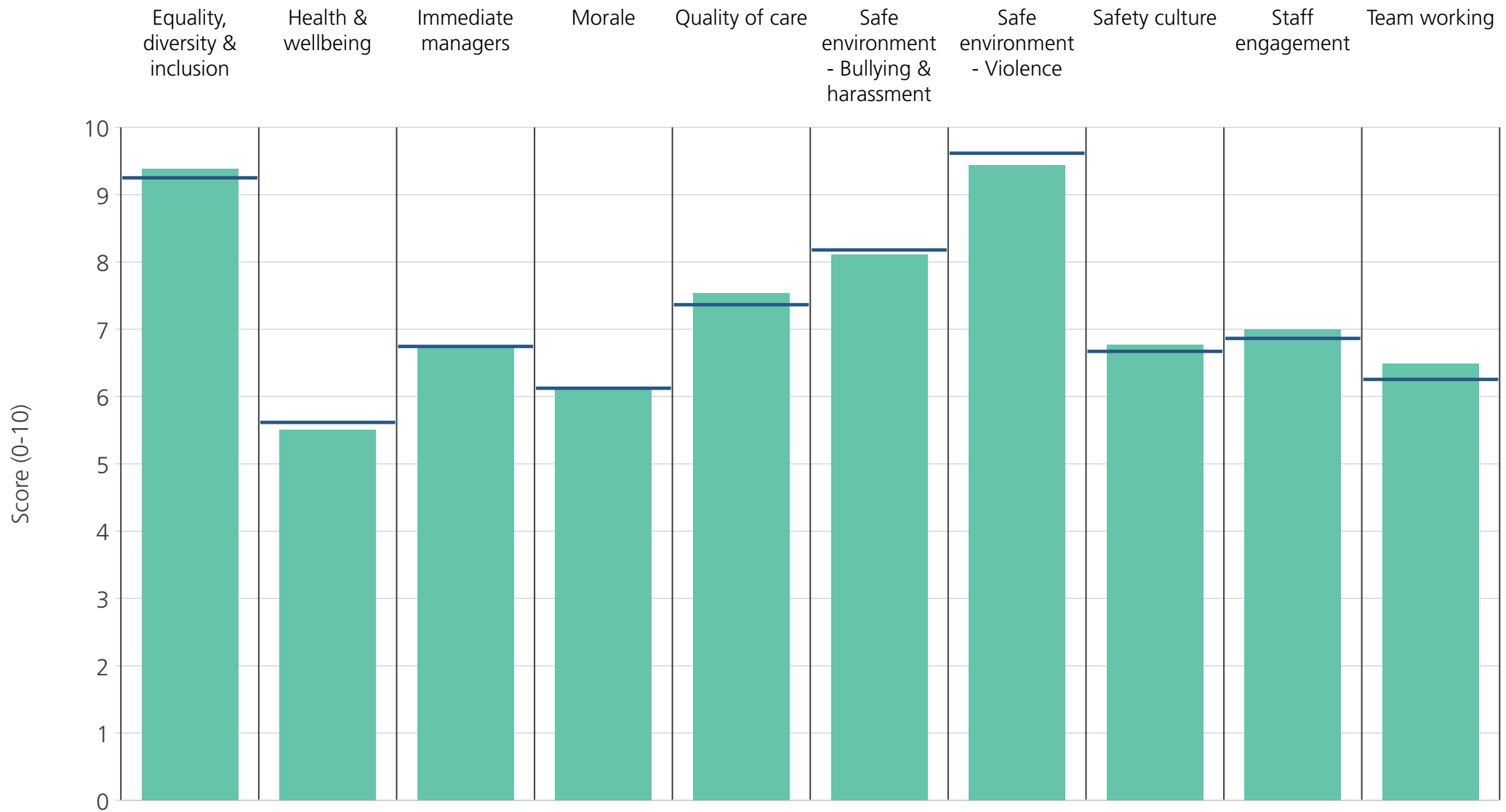
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.2	5.5	6.4	5.8	7.2	8.8	9.8	6.5	6.7	5.8
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	236	240	240	240	213	239	238	240	240	236



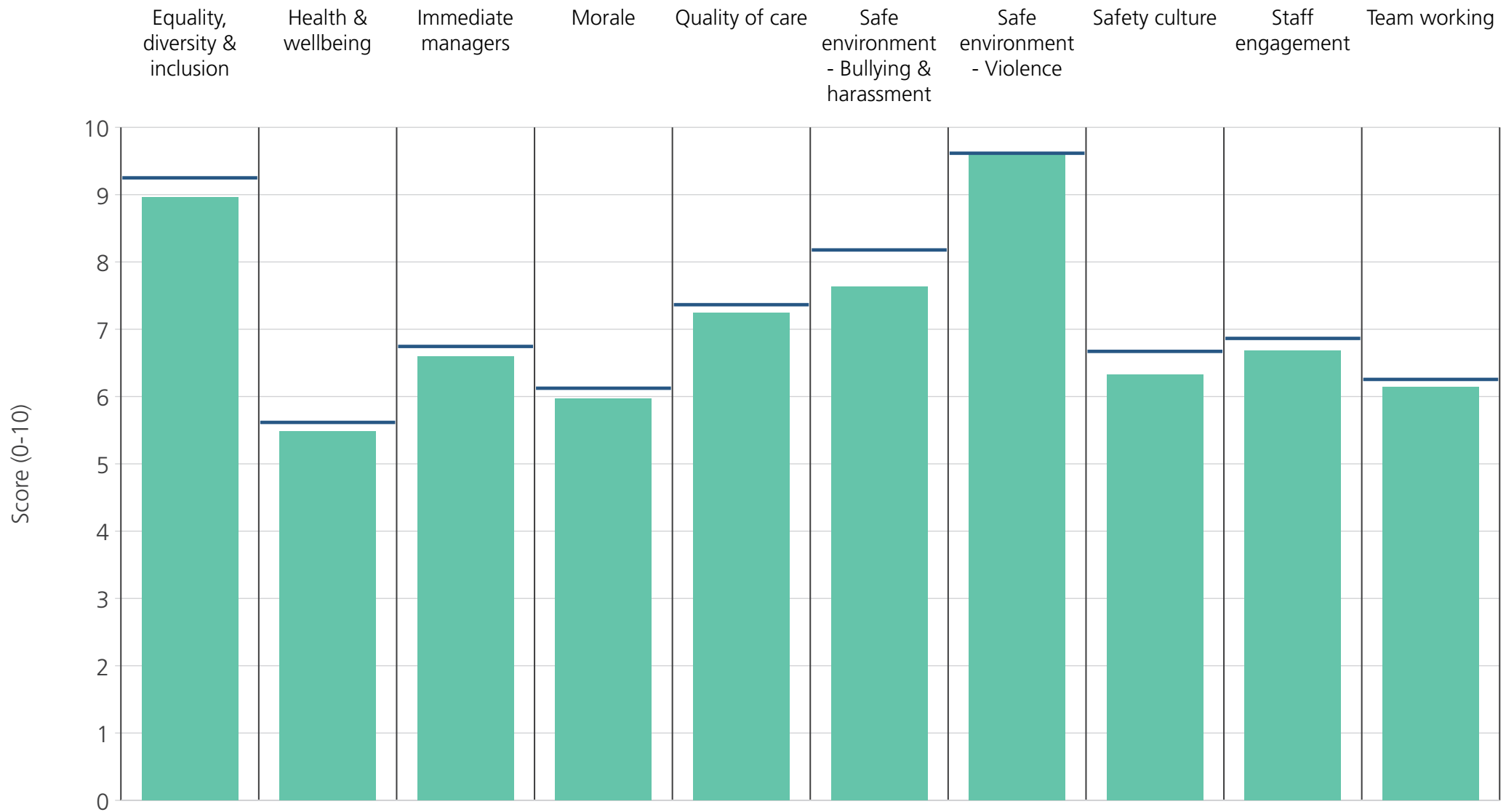
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.4	5.6	6.5	6.2	7.4	8.1	9.7	6.8	6.9	6.3
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	579	590	590	589	549	587	588	589	590	587



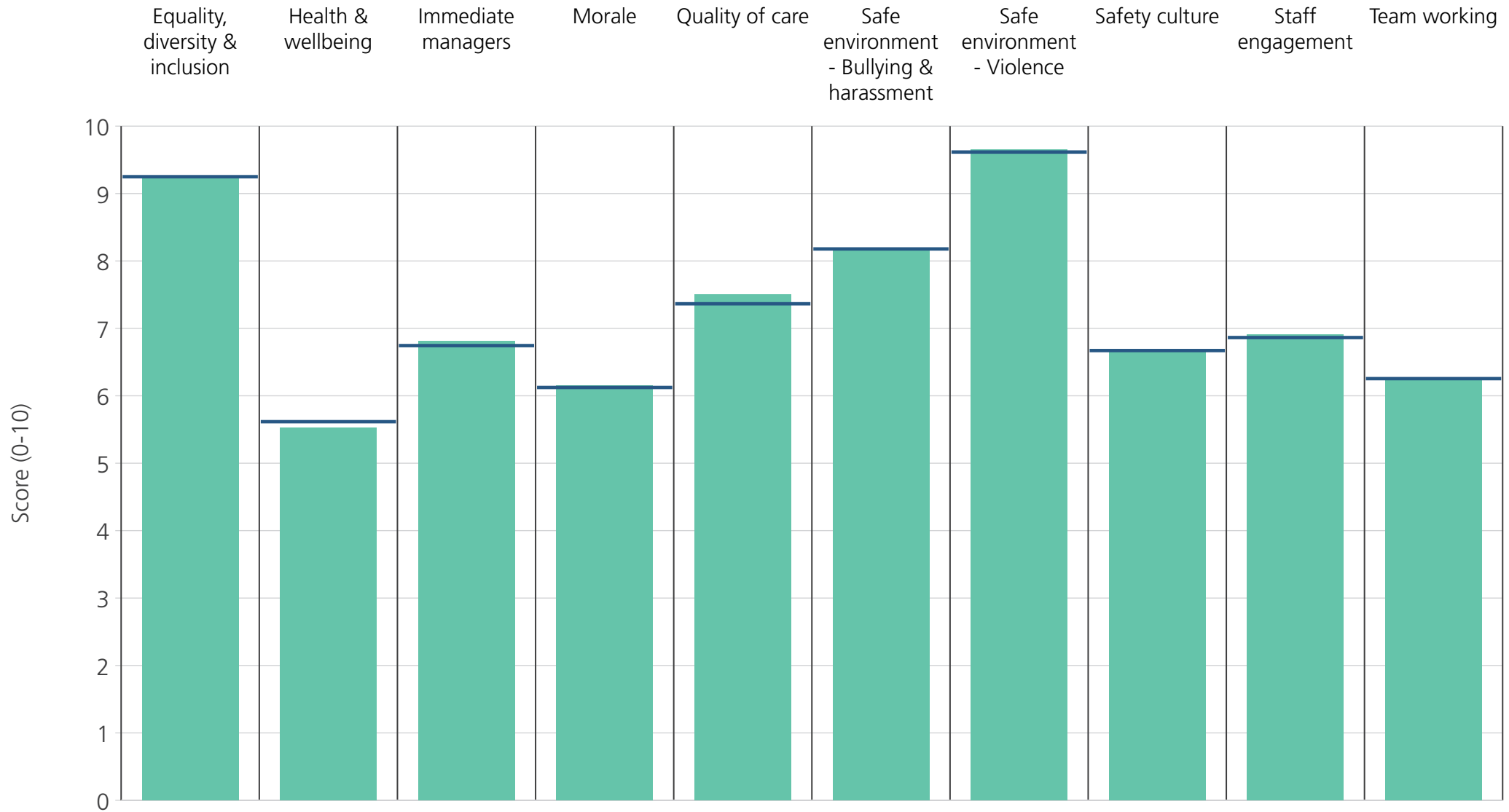
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.3	6.1	7.1	6.2	7.2	8.6	9.9	6.5	6.9	6.4
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	463	472	471	472	292	471	471	471	472	466



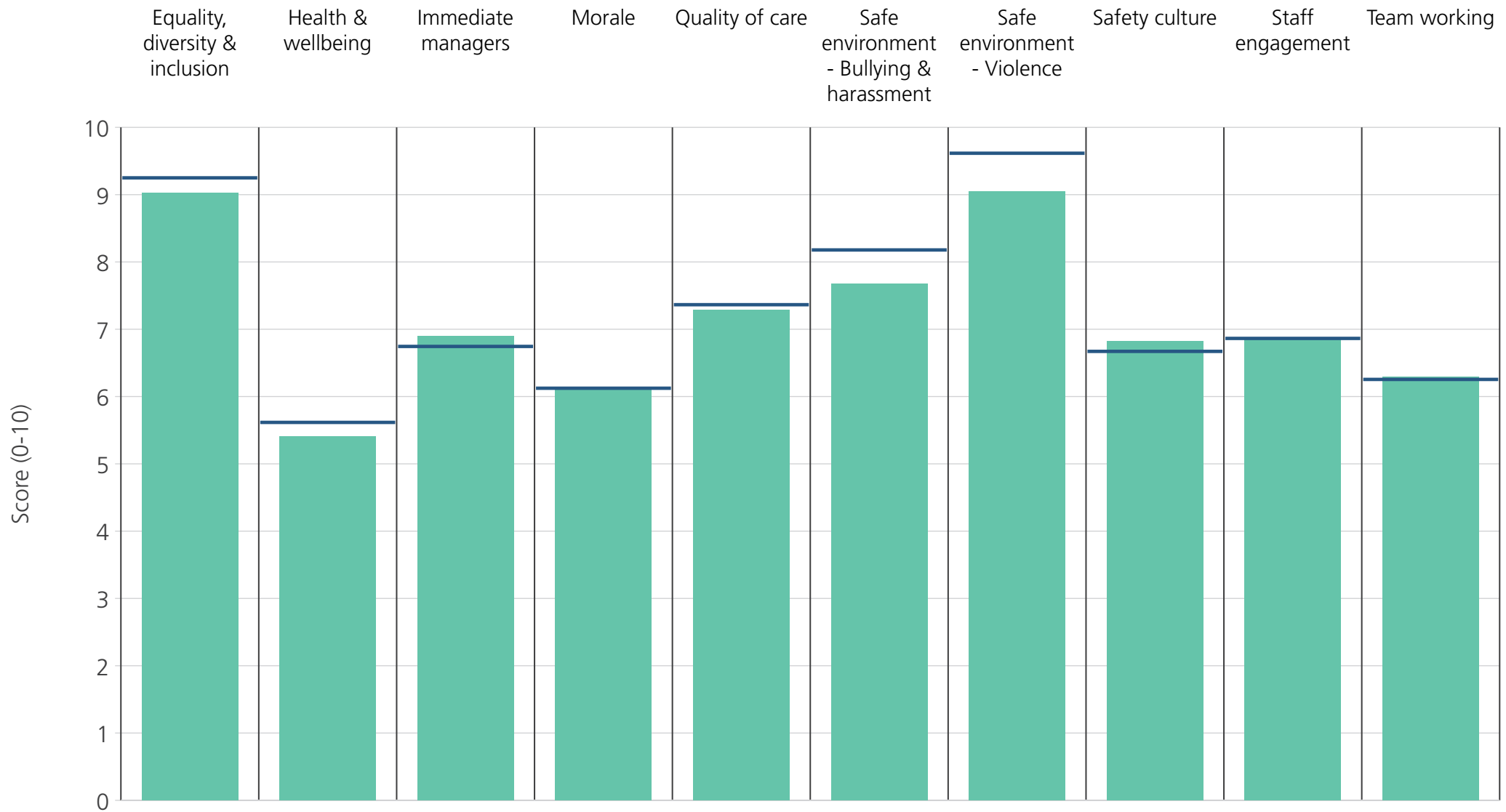
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.4	5.5	6.8	6.1	7.5	8.1	9.4	6.8	7.0	6.5
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	171	176	176	175	169	176	176	175	176	171



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.0	5.5	6.6	6.0	7.2	7.6	9.6	6.3	6.7	6.1
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	159	163	163	163	152	163	163	163	163	162



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.2	5.5	6.8	6.2	7.5	8.2	9.7	6.7	6.9	6.2
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	476	484	484	483	452	484	483	483	486	484



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.0	5.4	6.9	6.1	7.3	7.7	9.0	6.8	6.9	6.3
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	317	323	323	324	308	323	322	324	323	319

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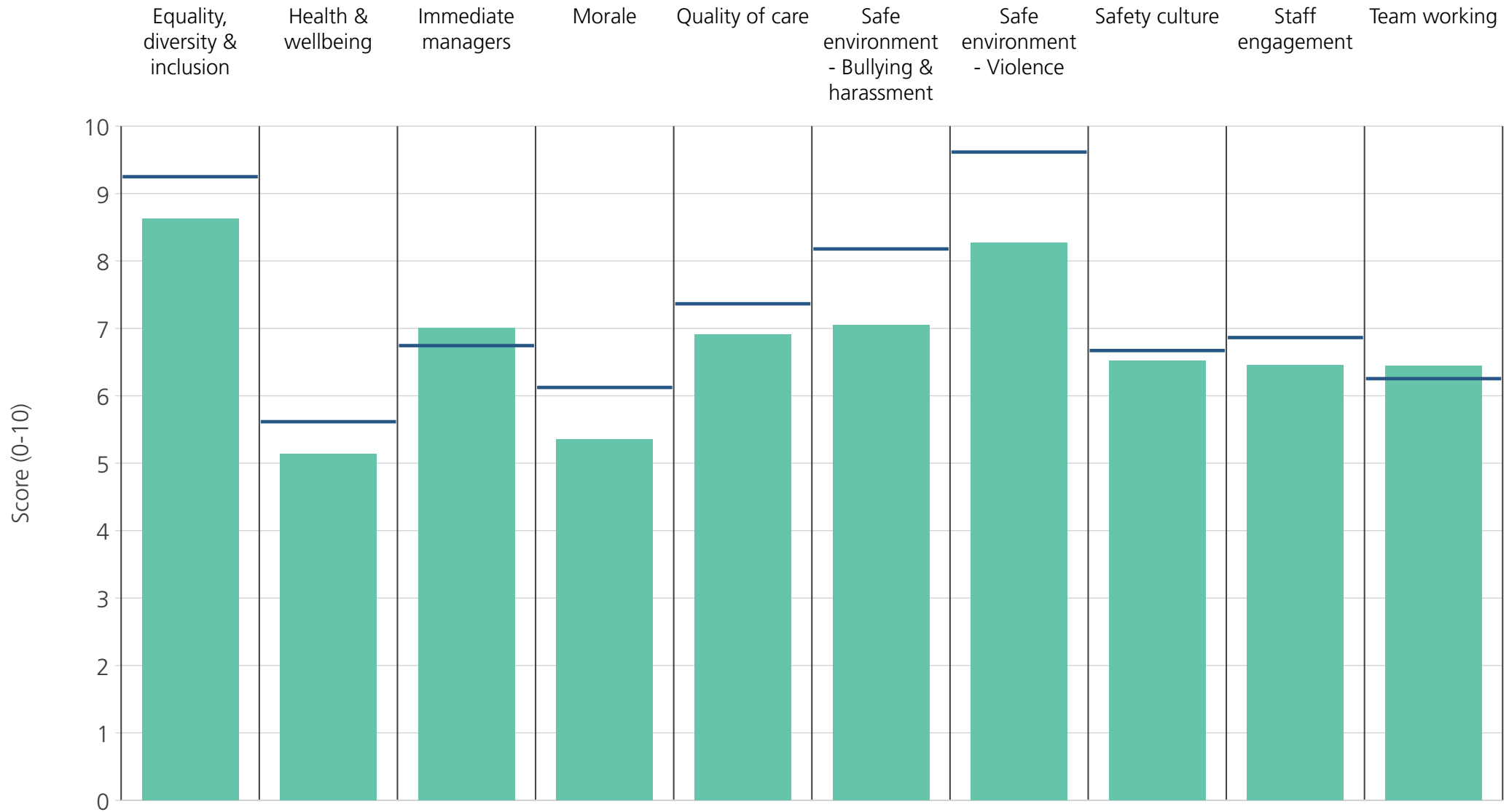
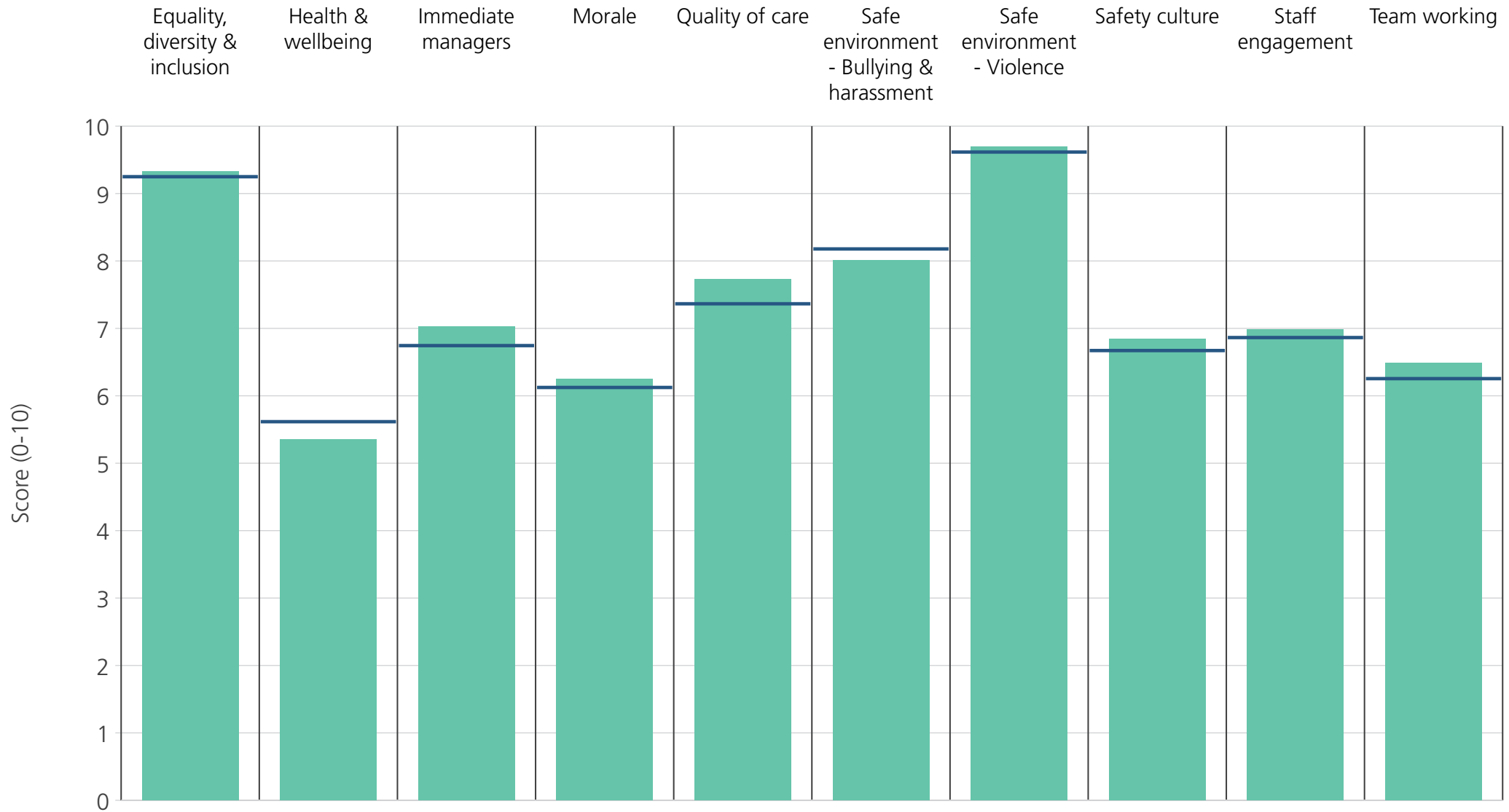
Directorates 2

South Tees Hospitals NHS Foundation Trust

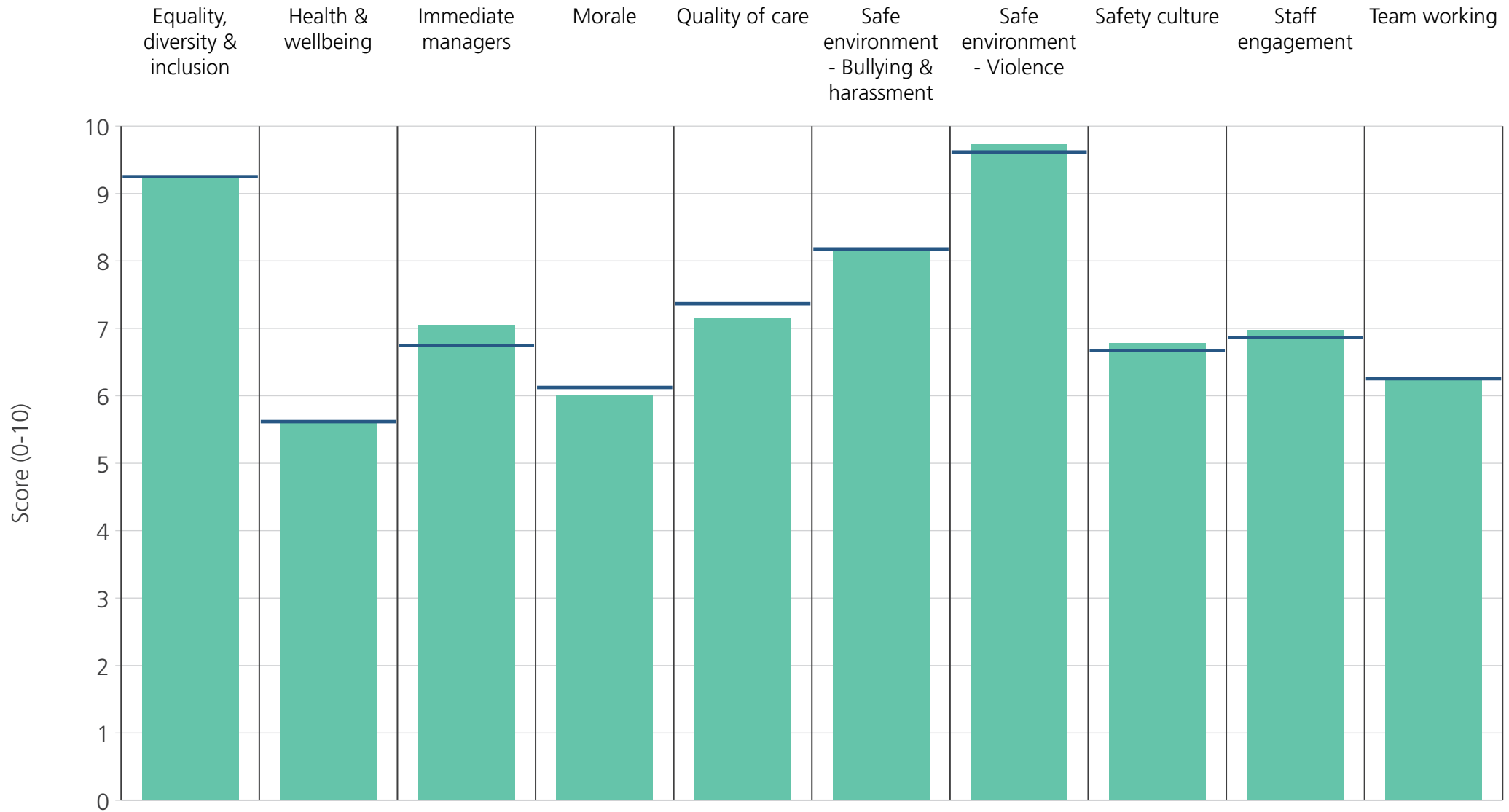
2020 NHS Staff Survey Results



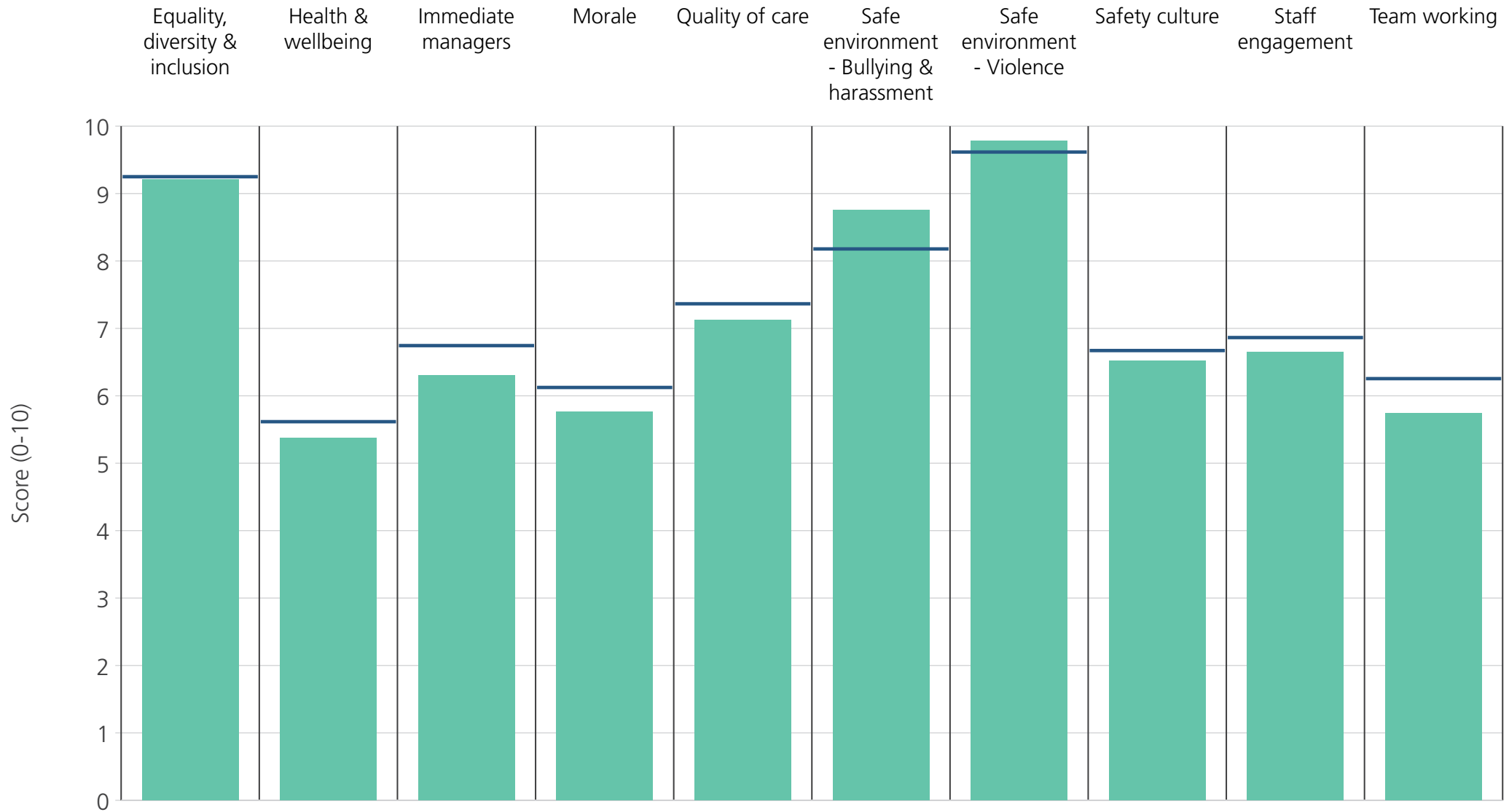
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	8.6	5.1	7.0	5.3	6.9	7.1	8.3	6.5	6.5	6.4
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	52	52	52	52	52	52	52	52	52	52



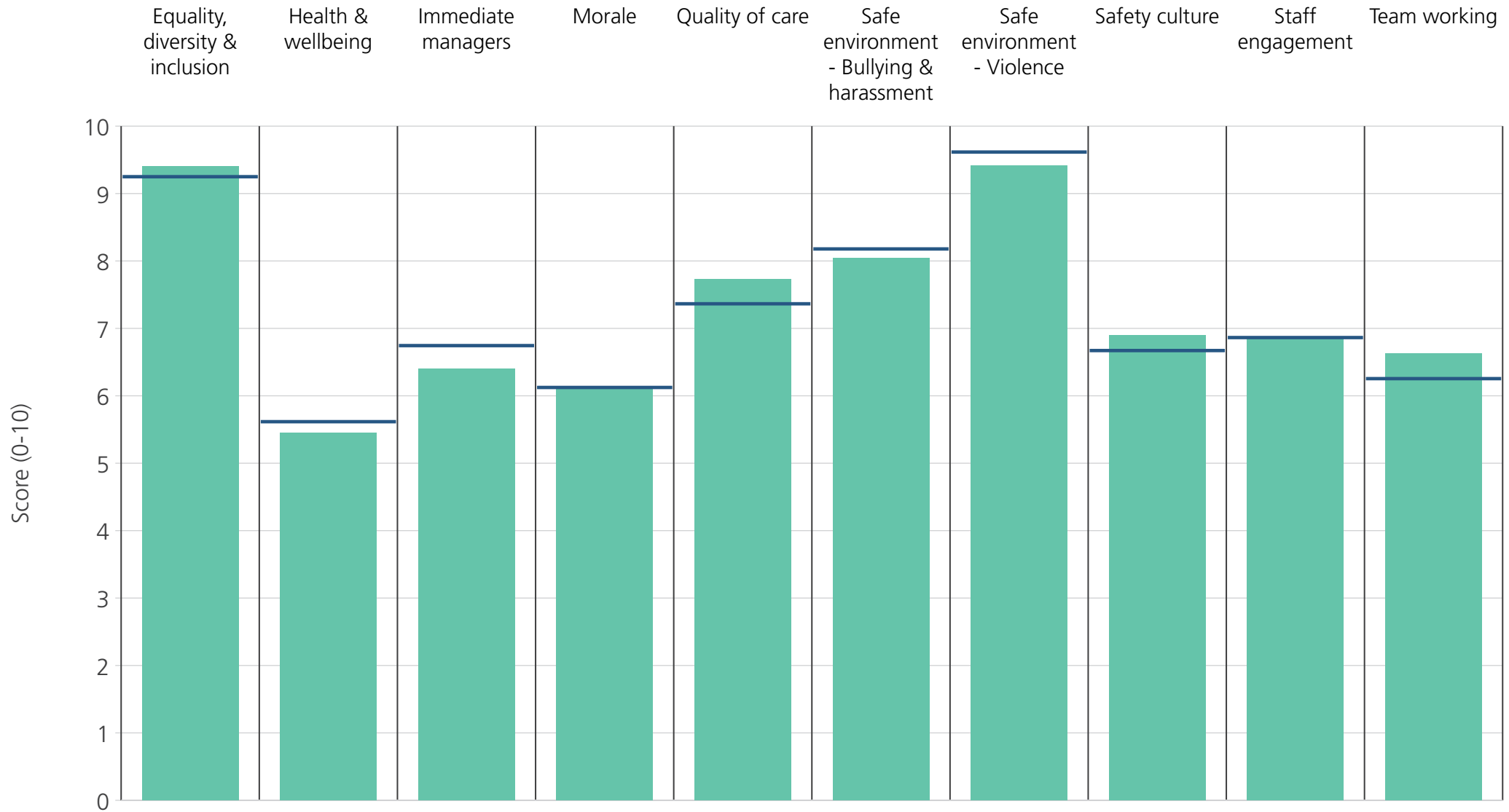
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.3	5.4	7.0	6.3	7.7	8.0	9.7	6.8	7.0	6.5
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	165	166	166	166	151	166	165	166	166	166



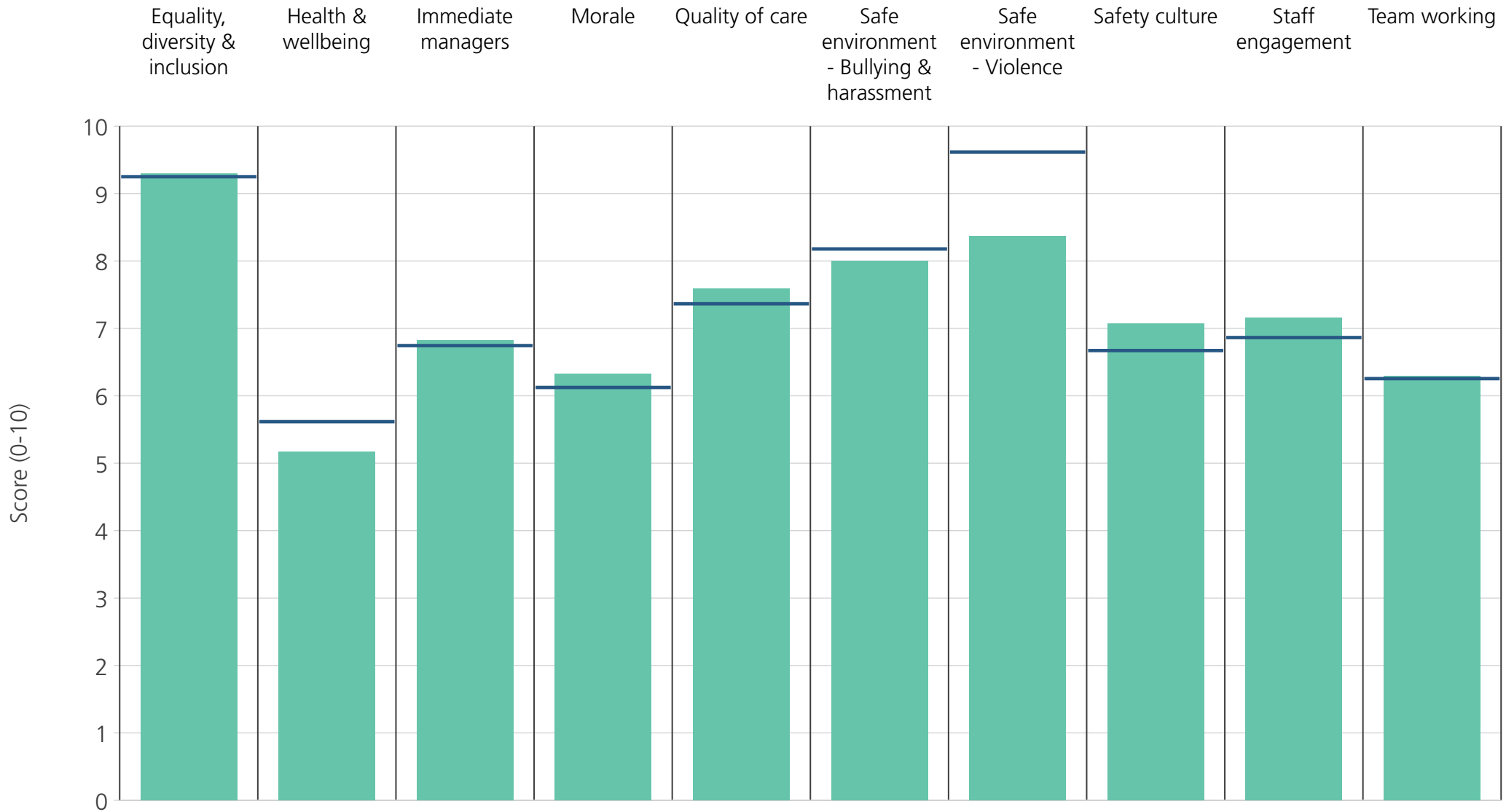
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.2	5.6	7.0	6.0	7.1	8.1	9.7	6.8	7.0	6.2
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	94	96	97	97	80	97	96	97	97	95



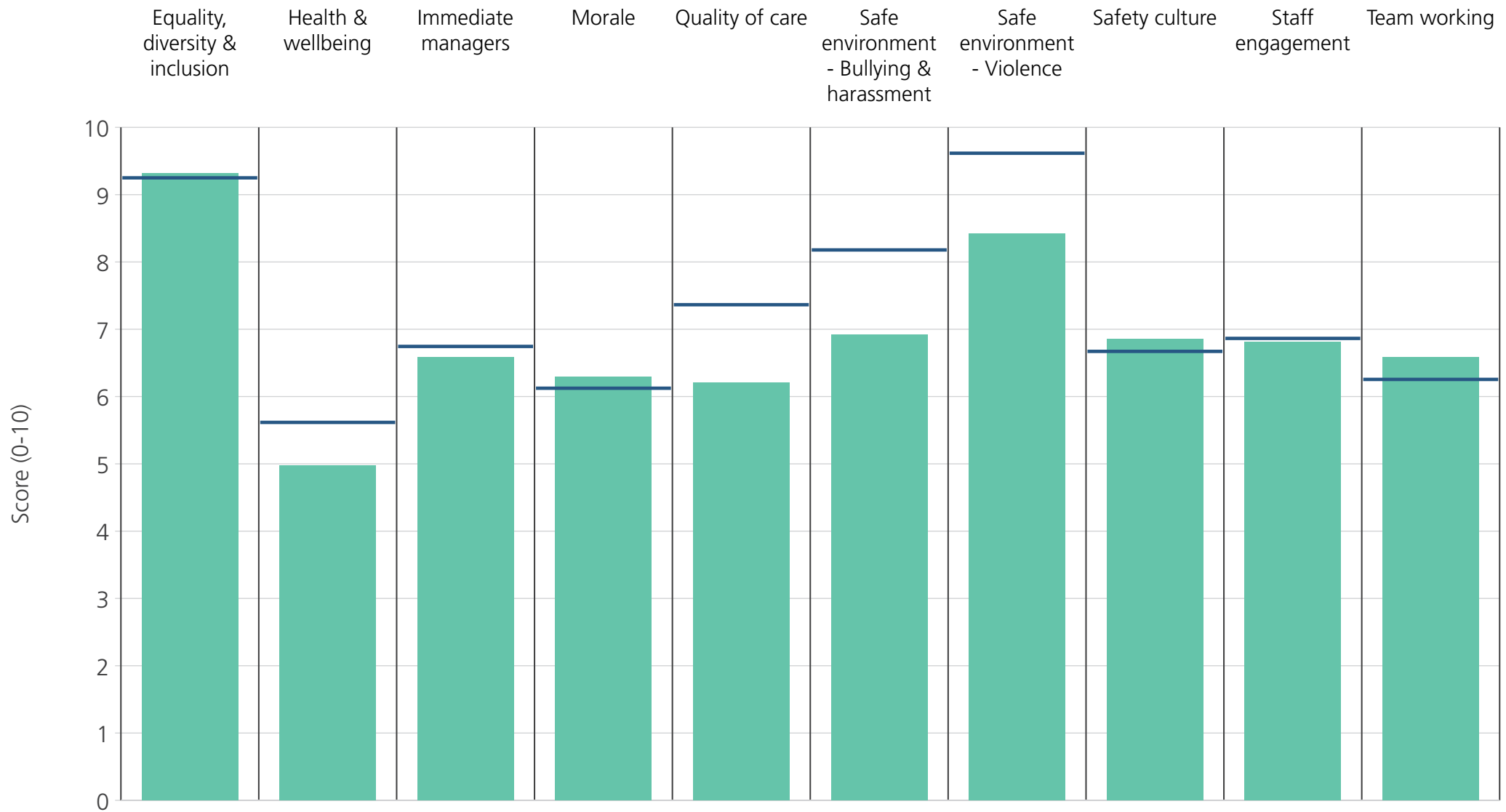
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.2	5.4	6.3	5.8	7.1	8.8	9.8	6.5	6.6	5.7
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	213	217	217	217	194	216	215	217	217	213



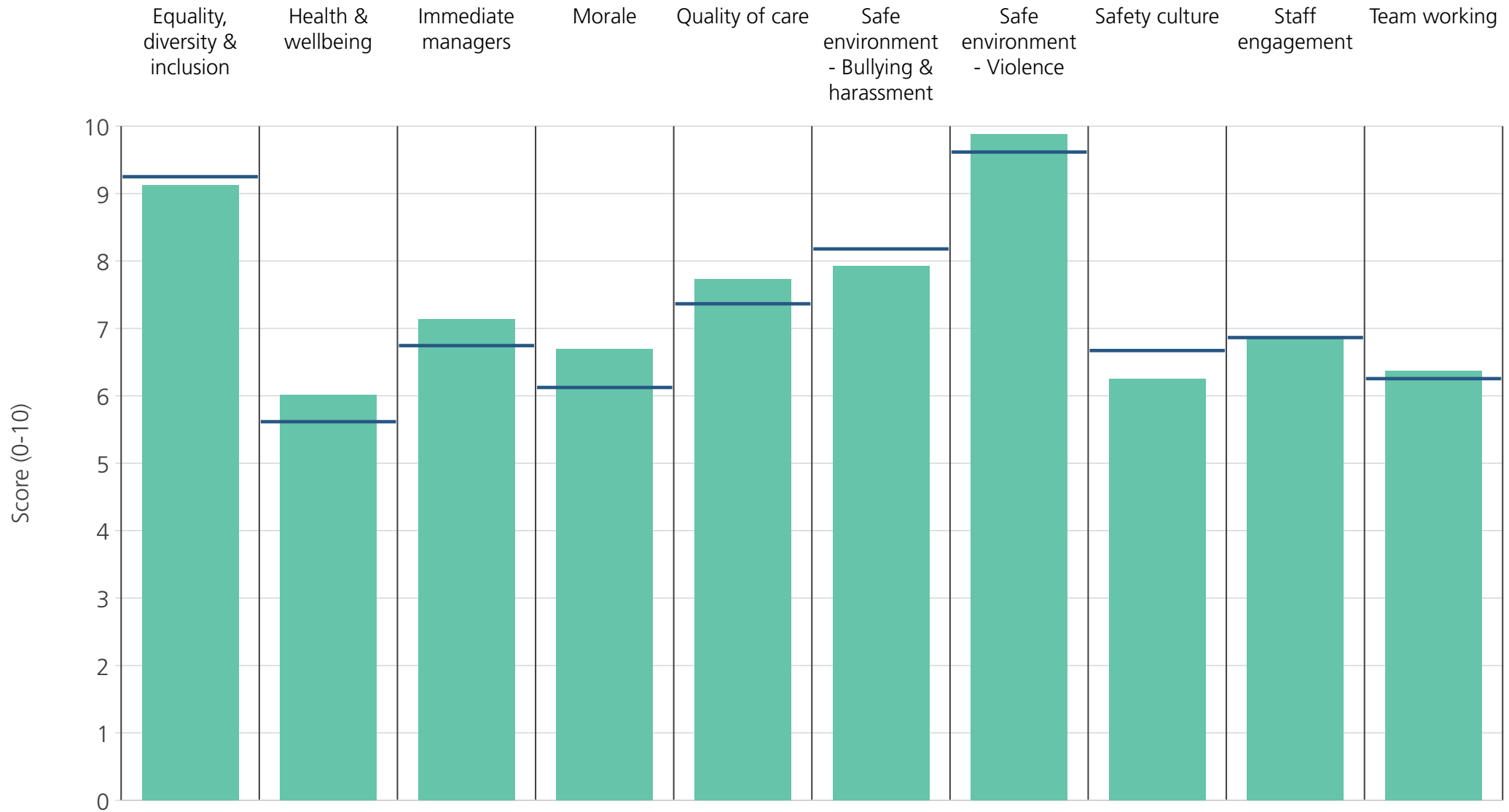
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.4	5.4	6.4	6.1	7.7	8.0	9.4	6.9	6.9	6.6
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	188	190	190	190	172	188	189	189	190	189



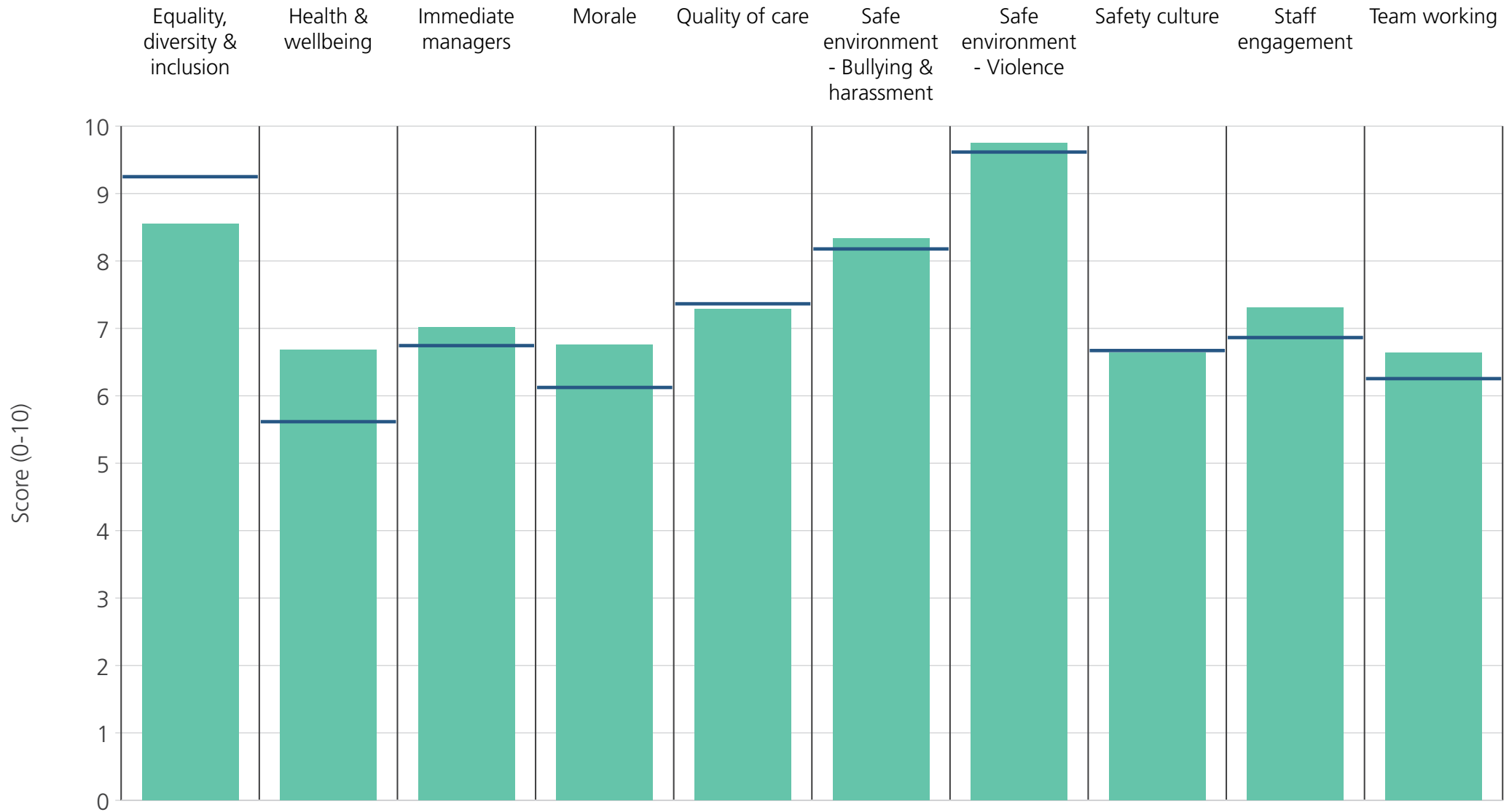
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.3	5.2	6.8	6.3	7.6	8.0	8.4	7.1	7.2	6.3
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	59	60	60	60	59	60	60	60	60	60



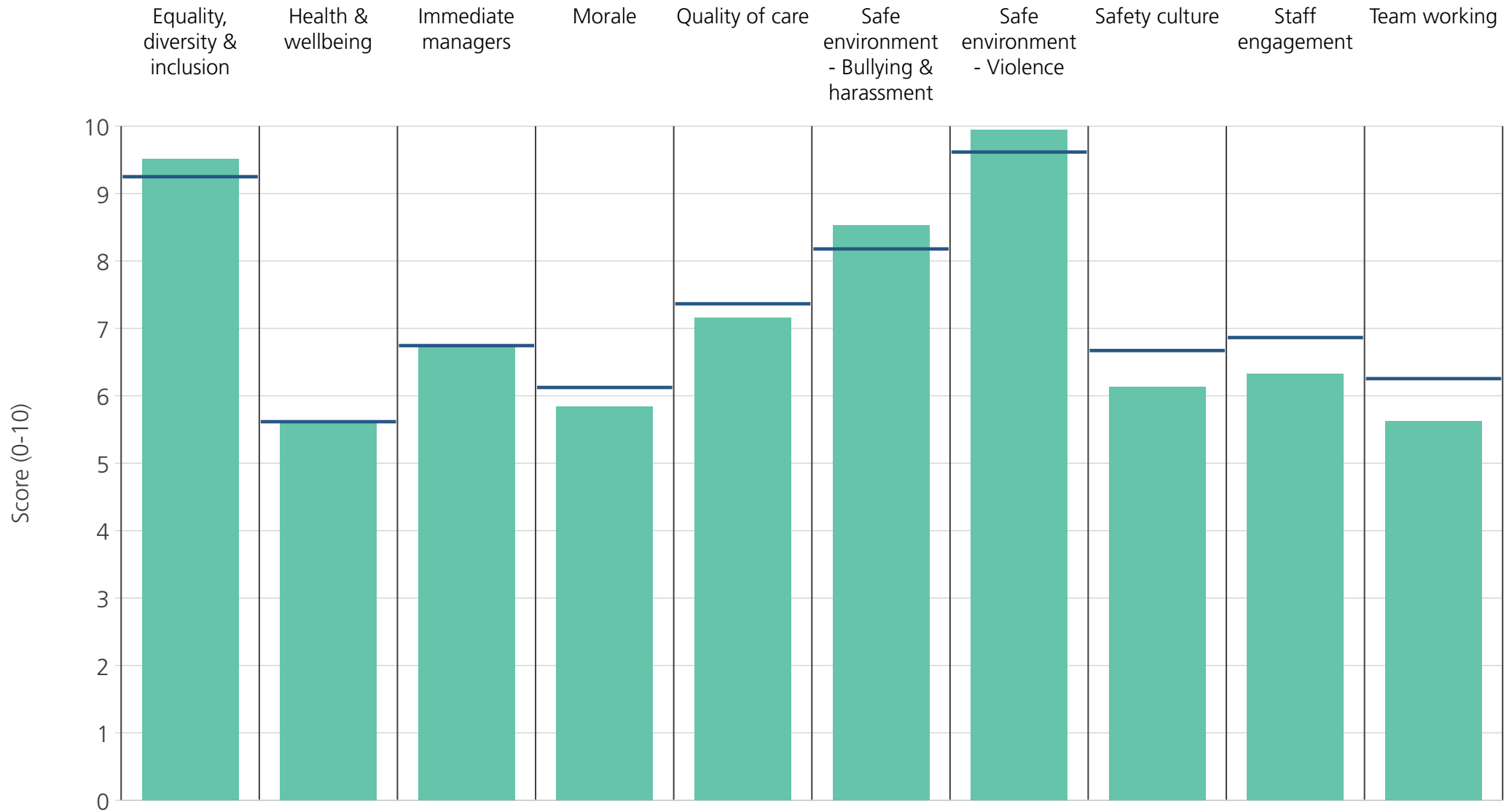
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.3	5.0	6.6	6.3	6.2	6.9	8.4	6.9	6.8	6.6
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	39	40	40	40	40	40	40	40	40	38



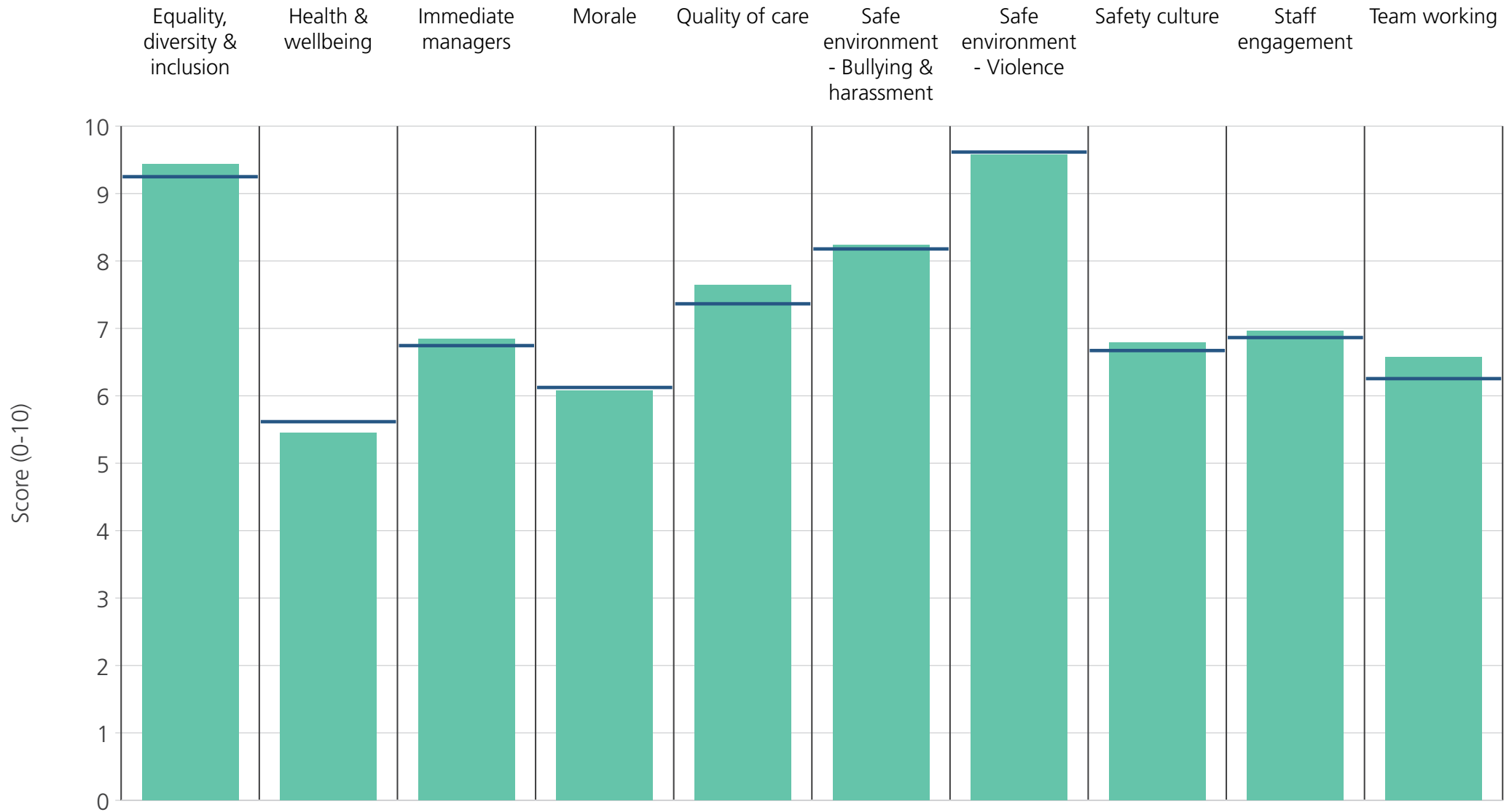
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.1	6.0	7.1	6.7	7.7	7.9	9.9	6.3	6.9	6.4
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	52	53	53	53	49	53	53	53	53	53



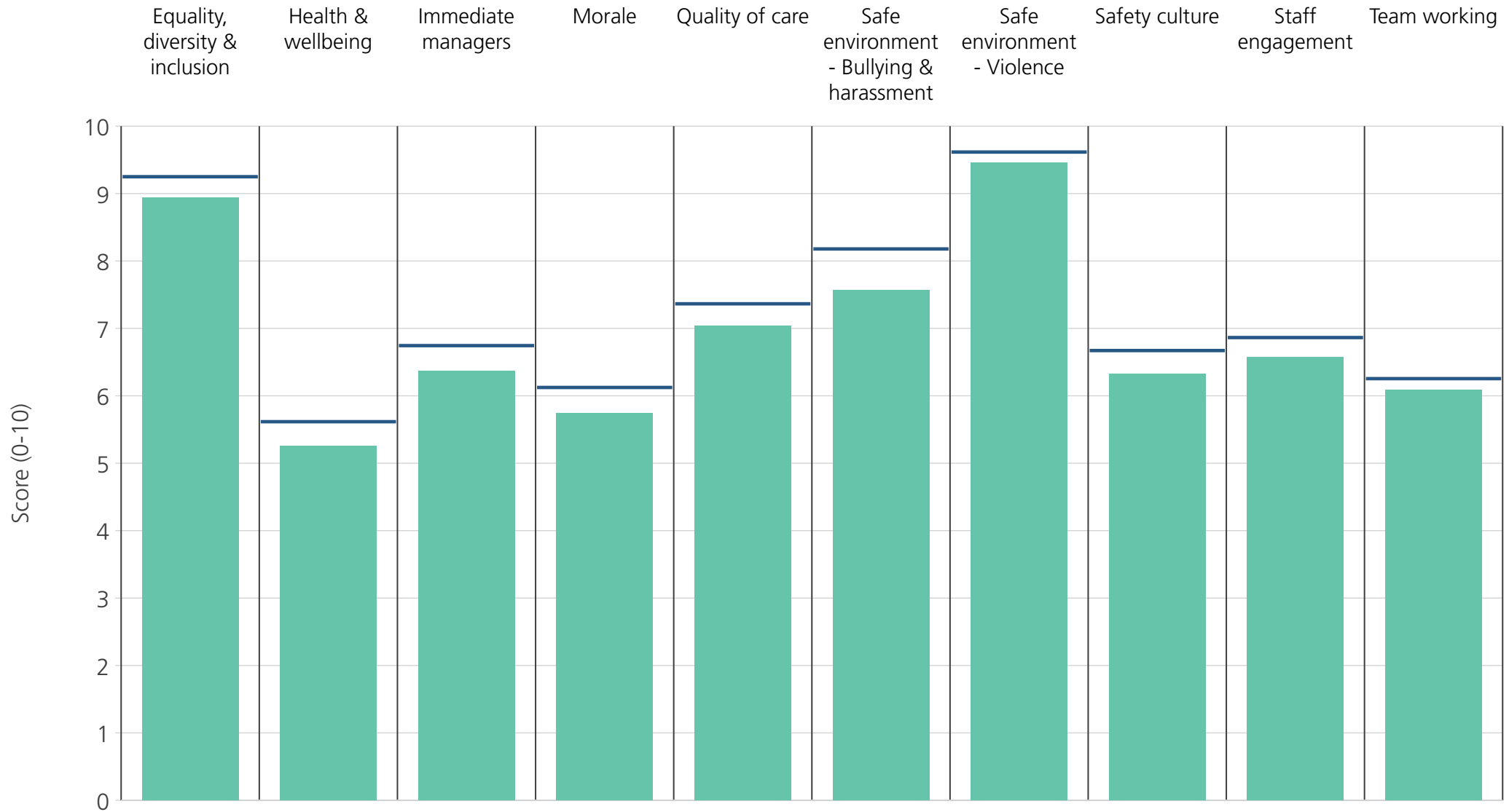
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	8.6	6.7	7.0	6.8	7.3	8.3	9.7	6.6	7.3	6.6
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	53	53	53	53	33	53	53	53	53	52



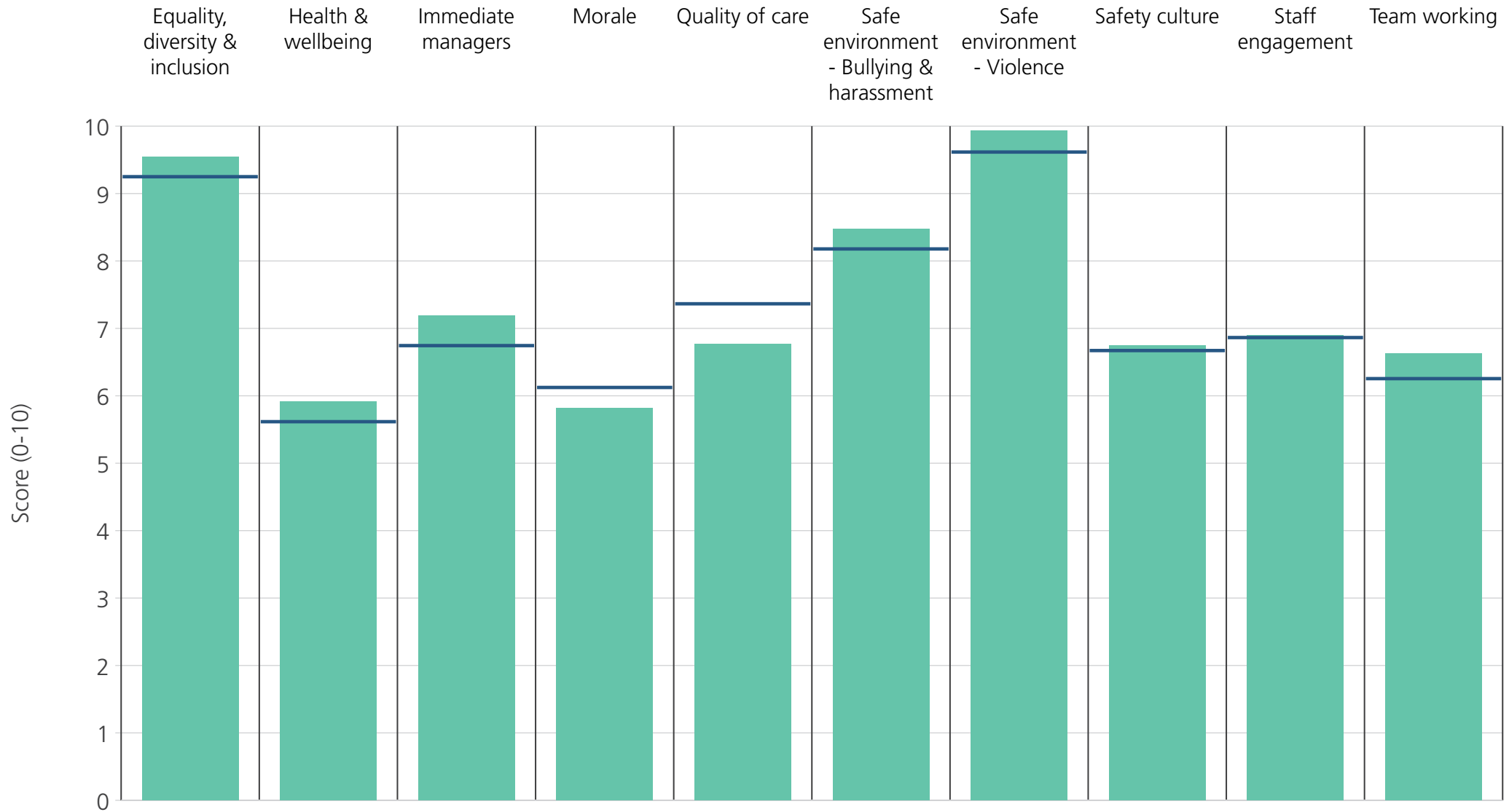
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.5	5.6	6.7	5.8	7.2	8.5	9.9	6.1	6.3	5.6
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	169	174	174	174	99	173	173	173	174	172



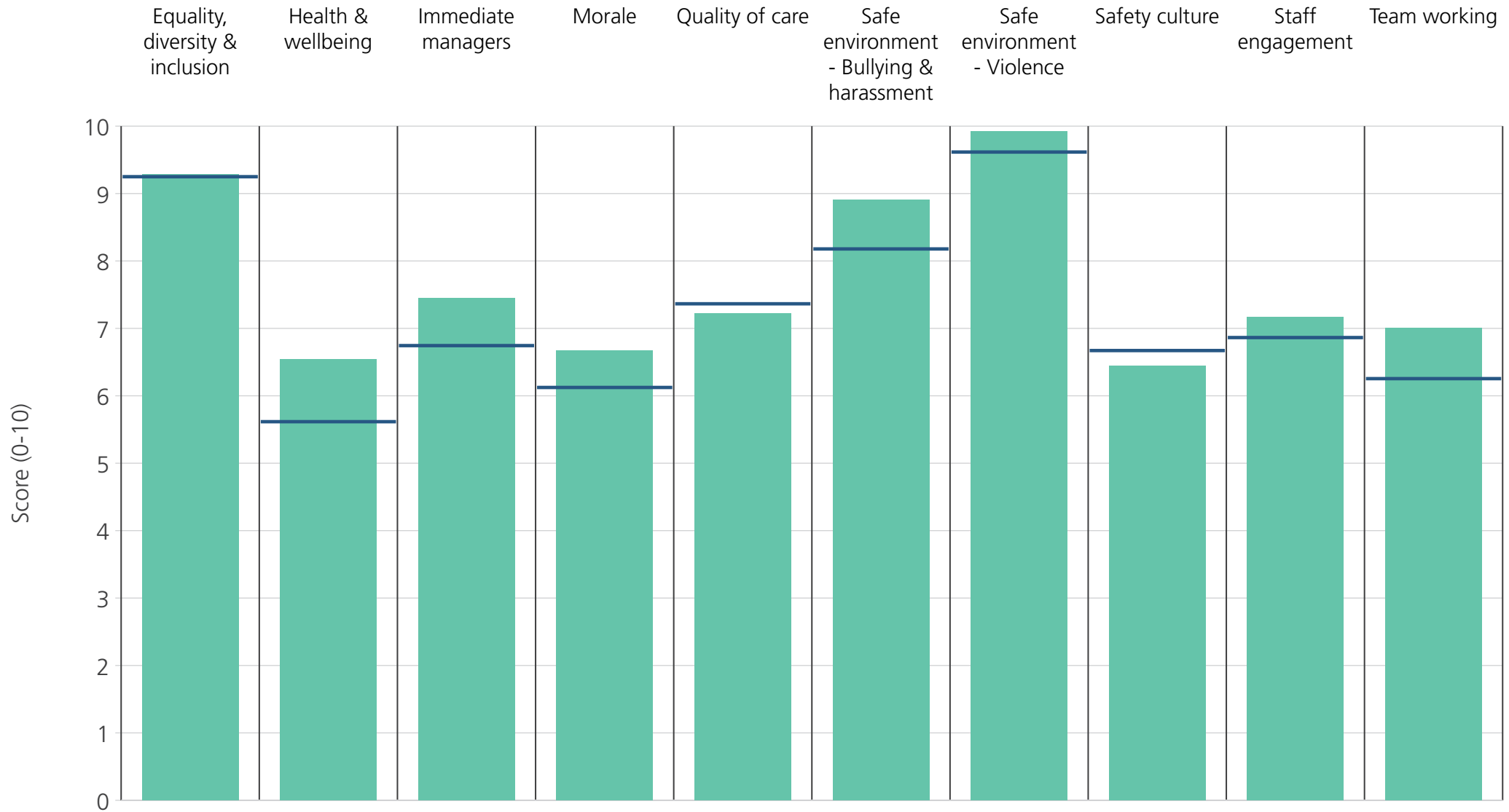
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.4	5.5	6.8	6.1	7.6	8.2	9.6	6.8	7.0	6.6
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	137	142	142	141	135	142	142	141	142	137



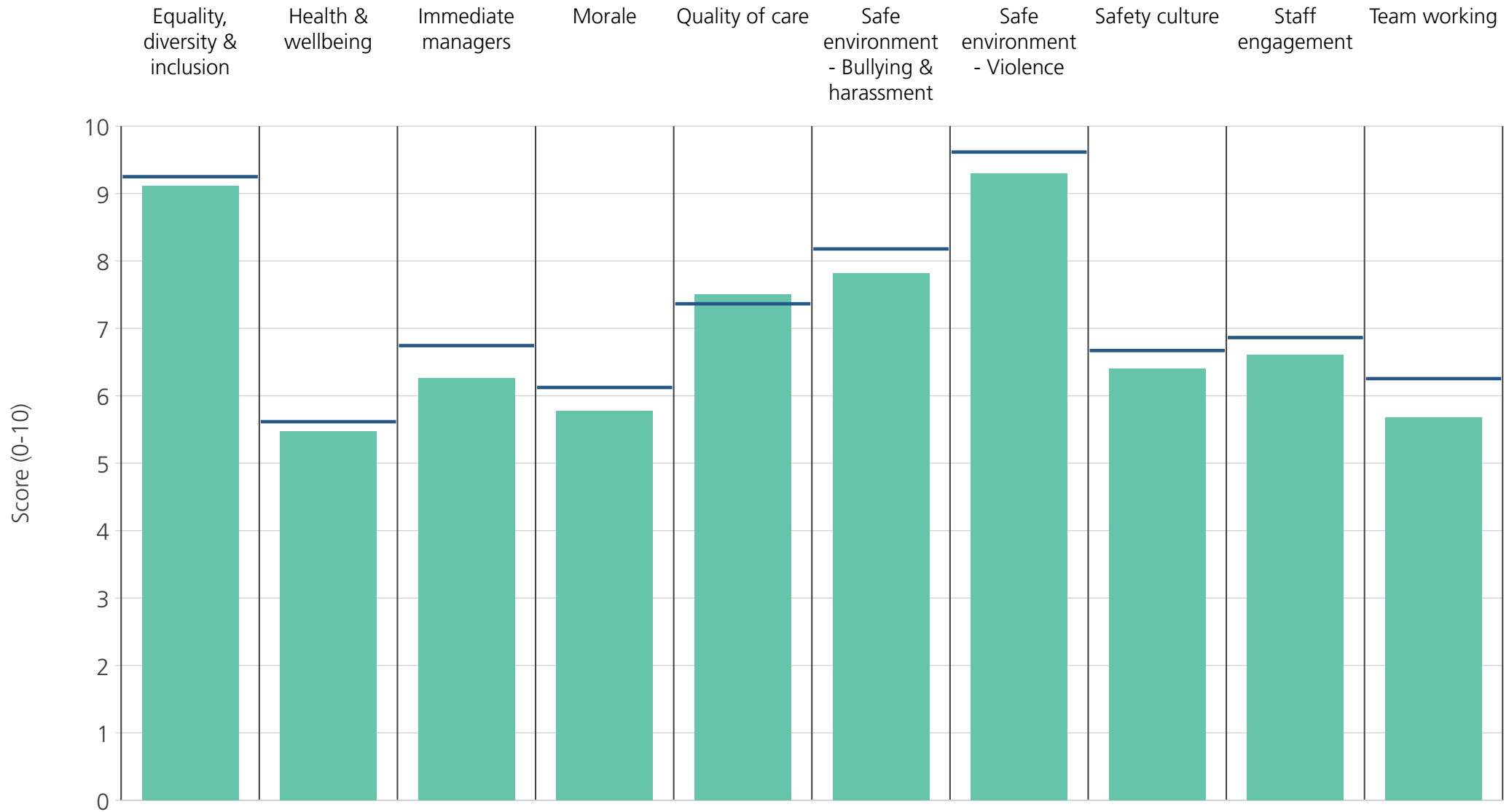
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	8.9	5.3	6.4	5.7	7.0	7.6	9.5	6.3	6.6	6.1
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	101	104	104	104	97	104	104	104	104	103



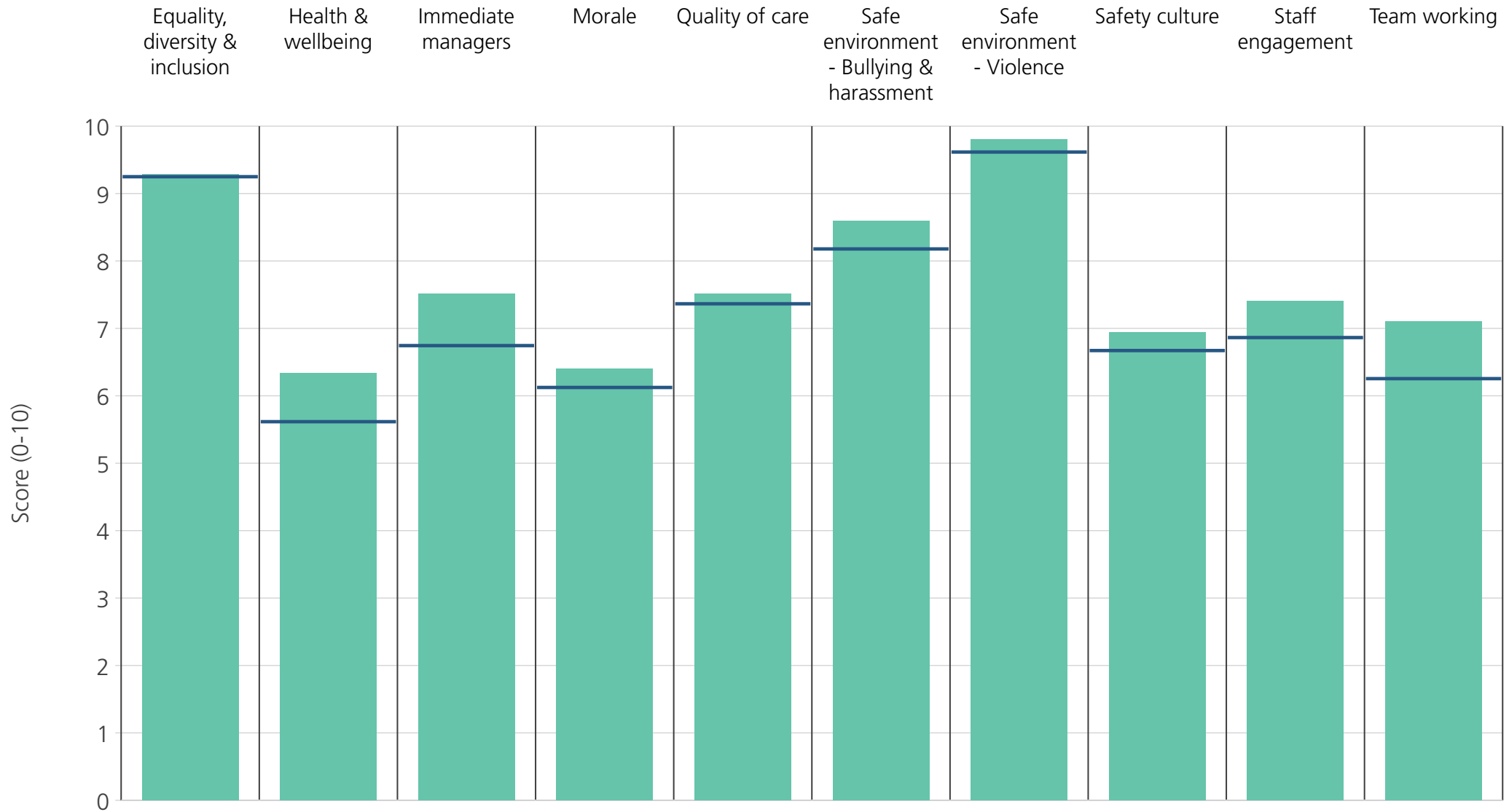
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.5	5.9	7.2	5.8	6.8	8.5	9.9	6.7	6.9	6.6
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	47	48	48	48	30	48	48	48	48	46



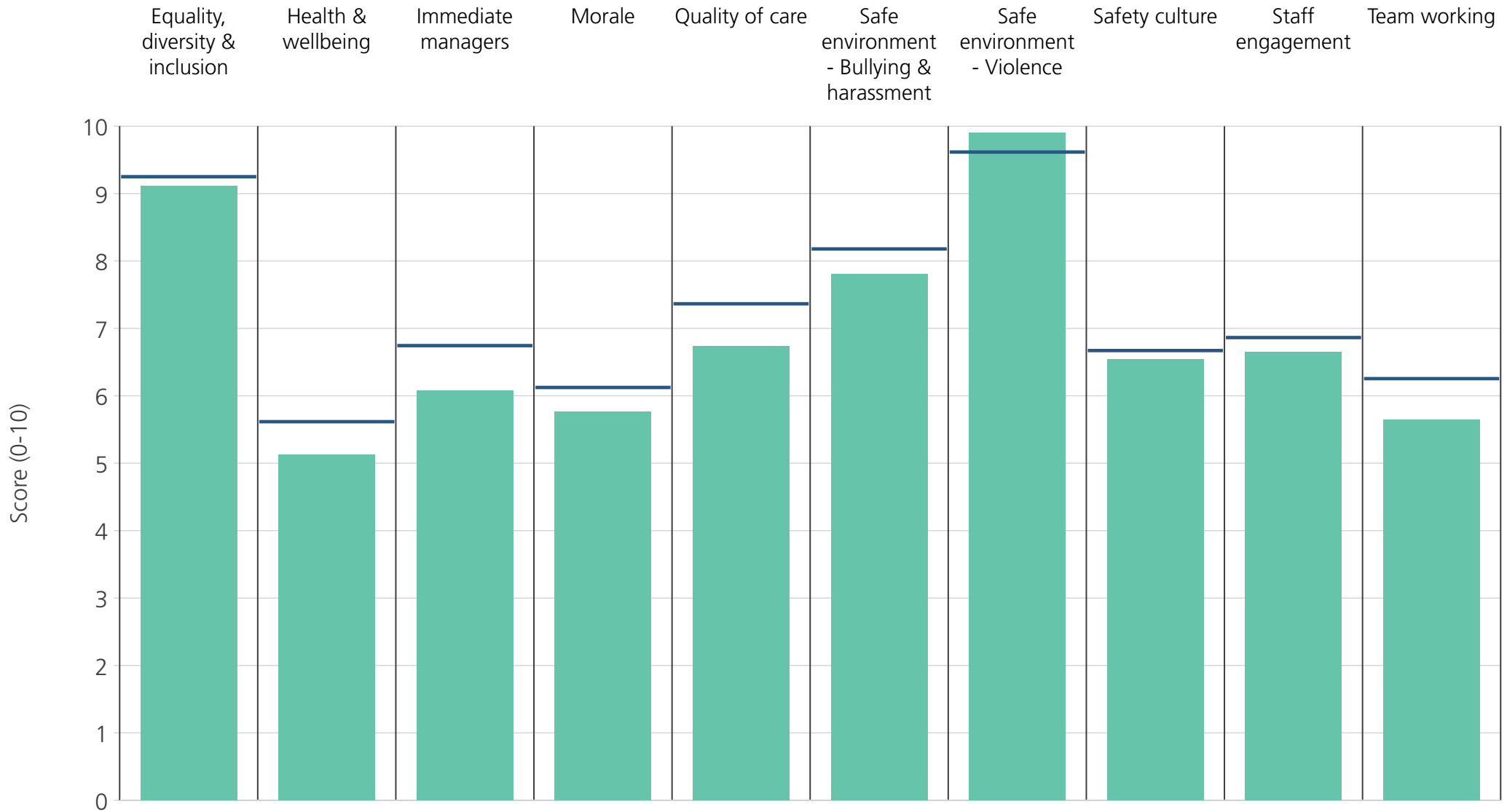
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.3	6.5	7.4	6.7	7.2	8.9	9.9	6.4	7.2	7.0
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	90	90	90	90	57	90	90	90	90	90



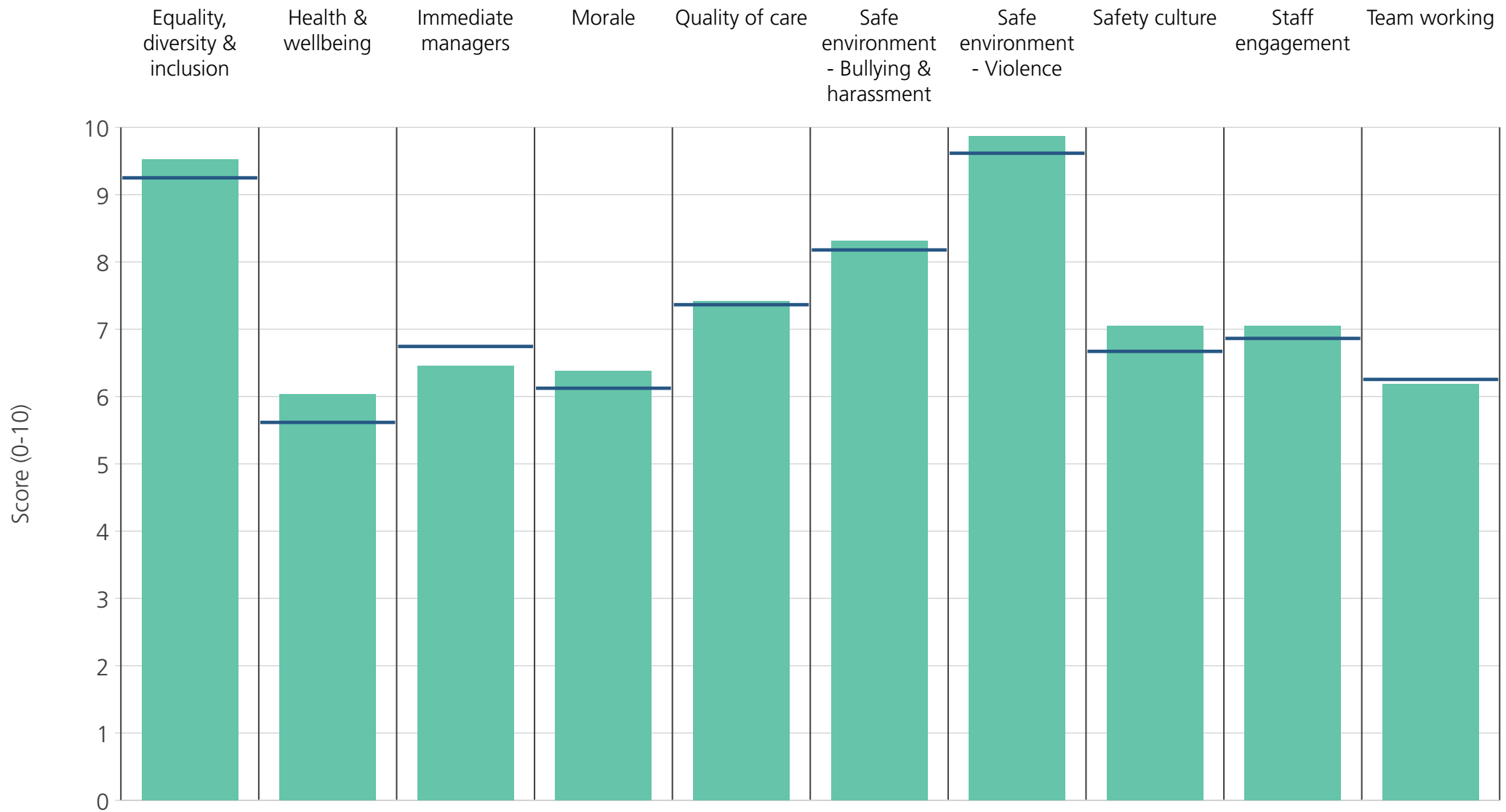
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.1	5.5	6.3	5.8	7.5	7.8	9.3	6.4	6.6	5.7
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	94	99	98	99	91	99	99	99	100	99



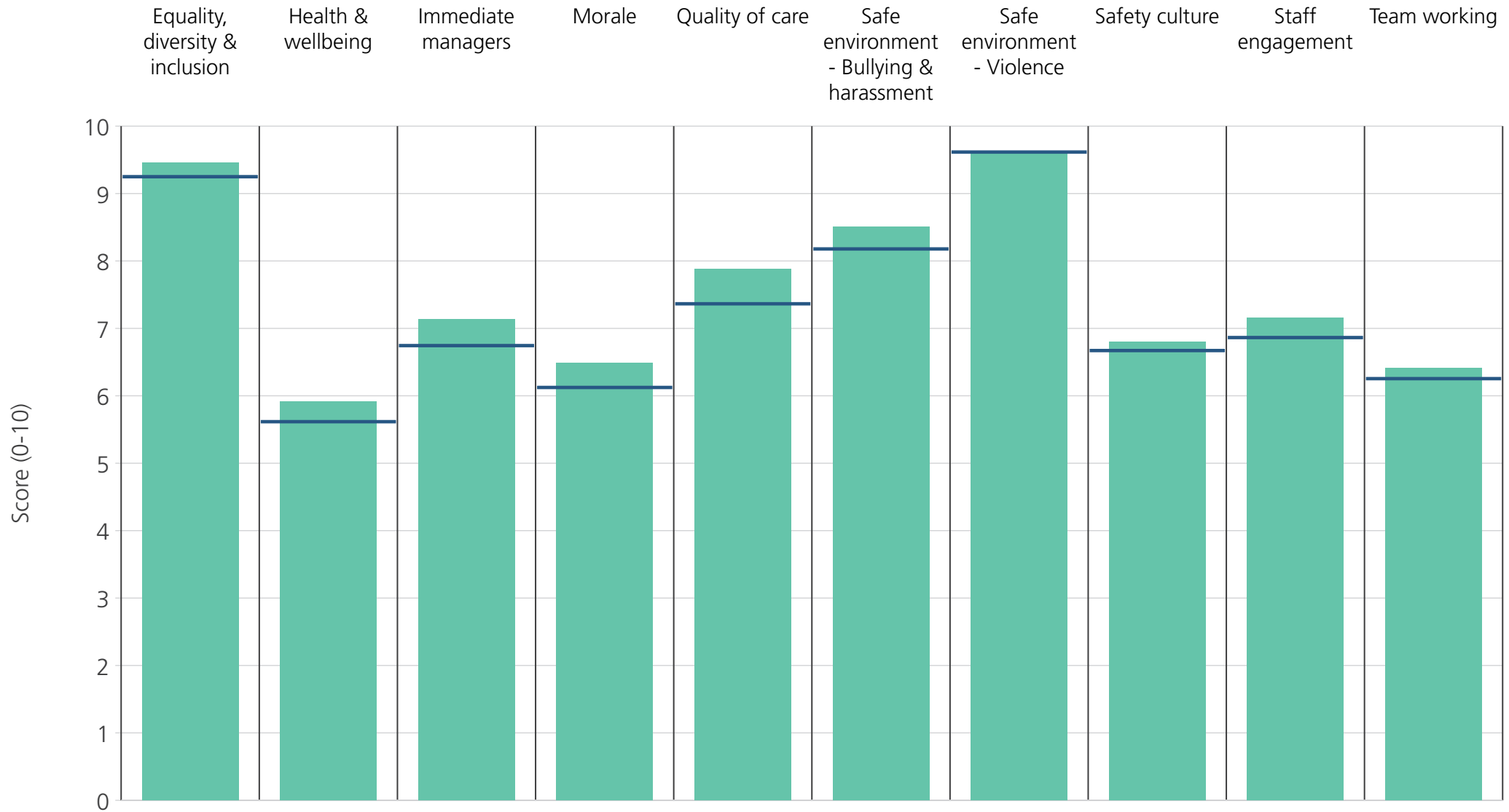
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.3	6.3	7.5	6.4	7.5	8.6	9.8	6.9	7.4	7.1
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	98	101	100	101	70	101	101	101	101	101



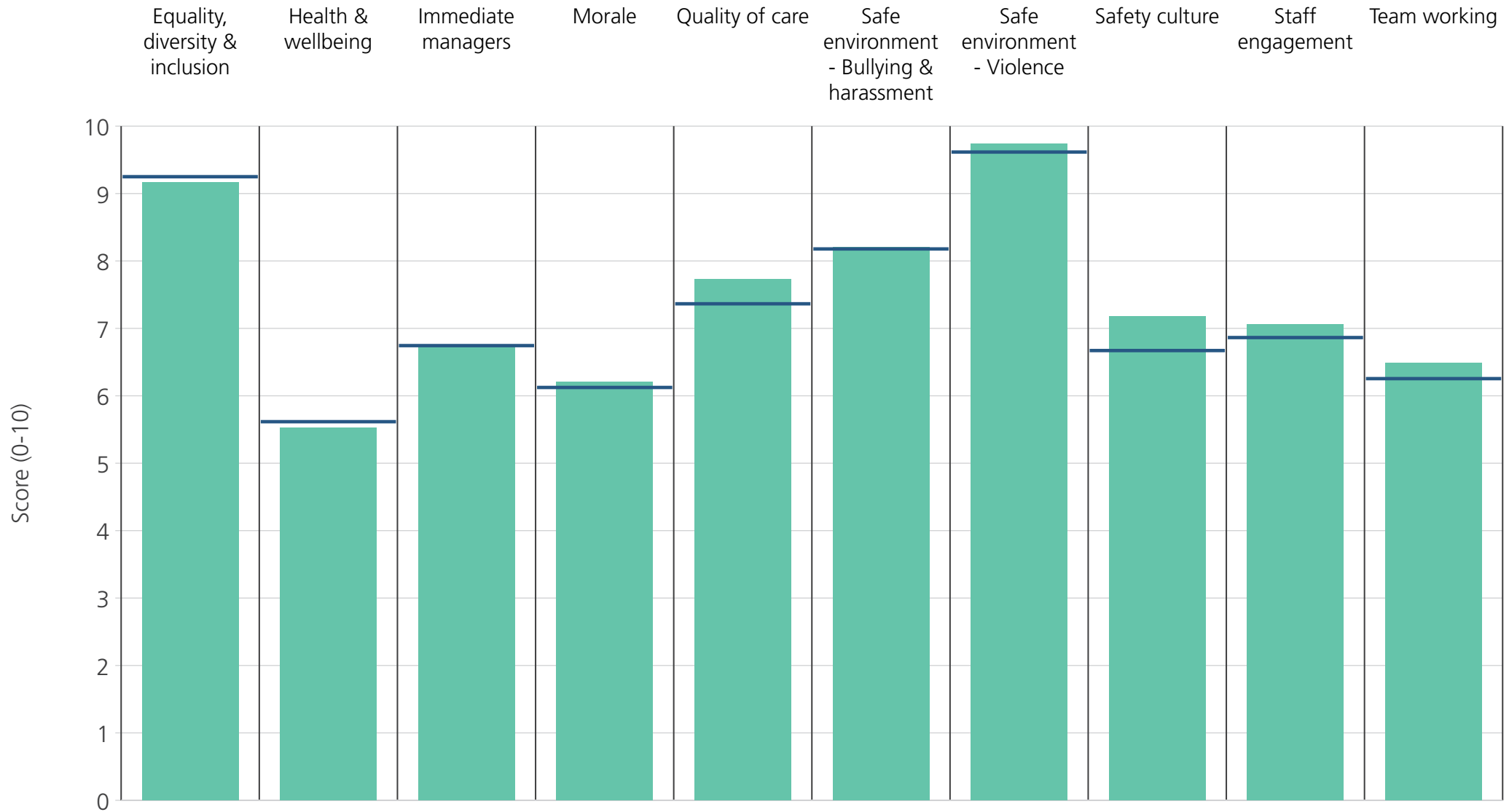
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.1	5.1	6.1	5.8	6.7	7.8	9.9	6.5	6.7	5.6
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	100	105	105	105	98	105	105	105	105	104



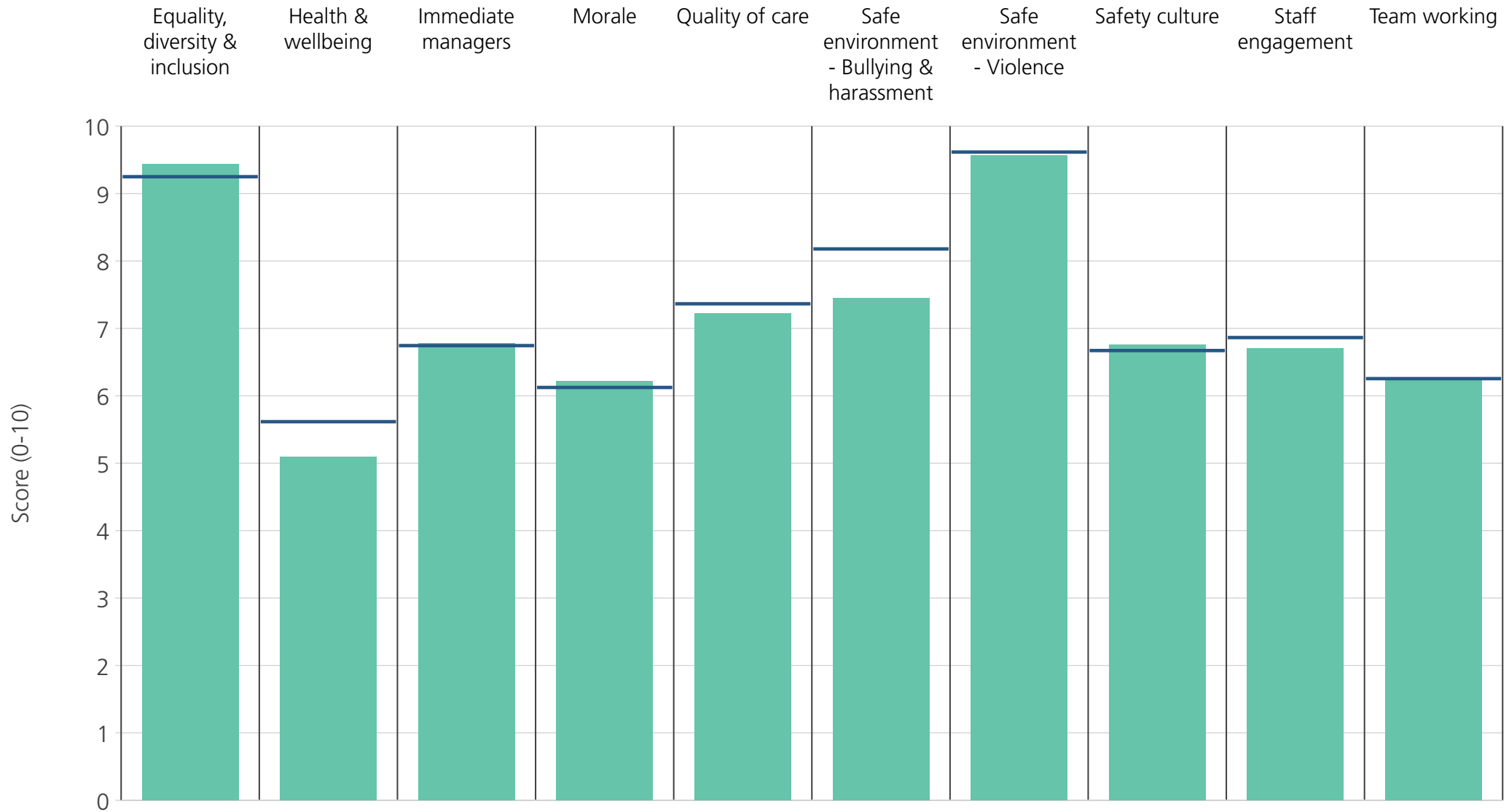
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.5	6.0	6.4	6.4	7.4	8.3	9.9	7.0	7.1	6.2
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	147	148	148	148	143	148	148	148	148	147



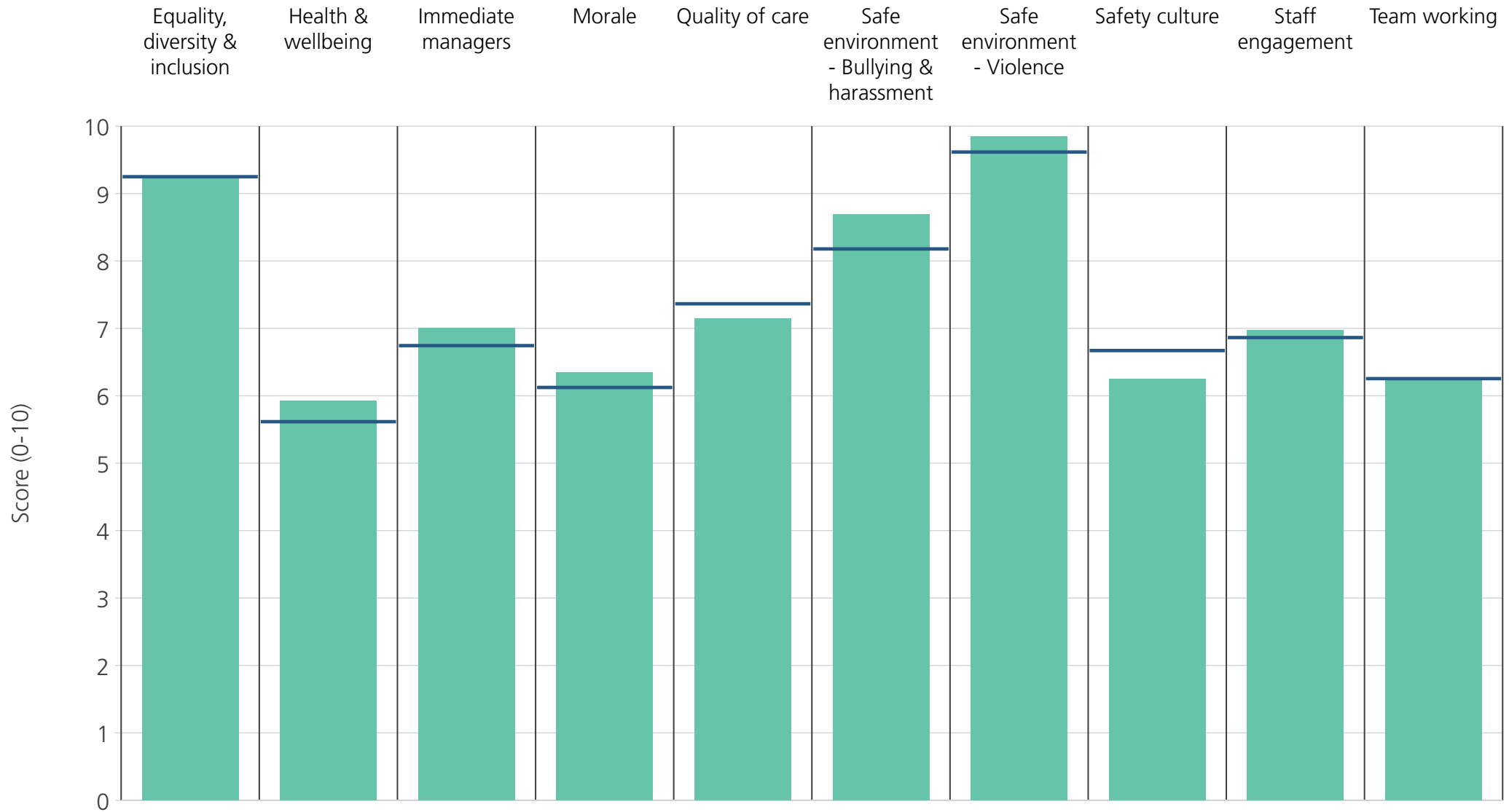
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.5	5.9	7.1	6.5	7.9	8.5	9.6	6.8	7.2	6.4
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	74	77	77	76	72	76	77	77	77	77



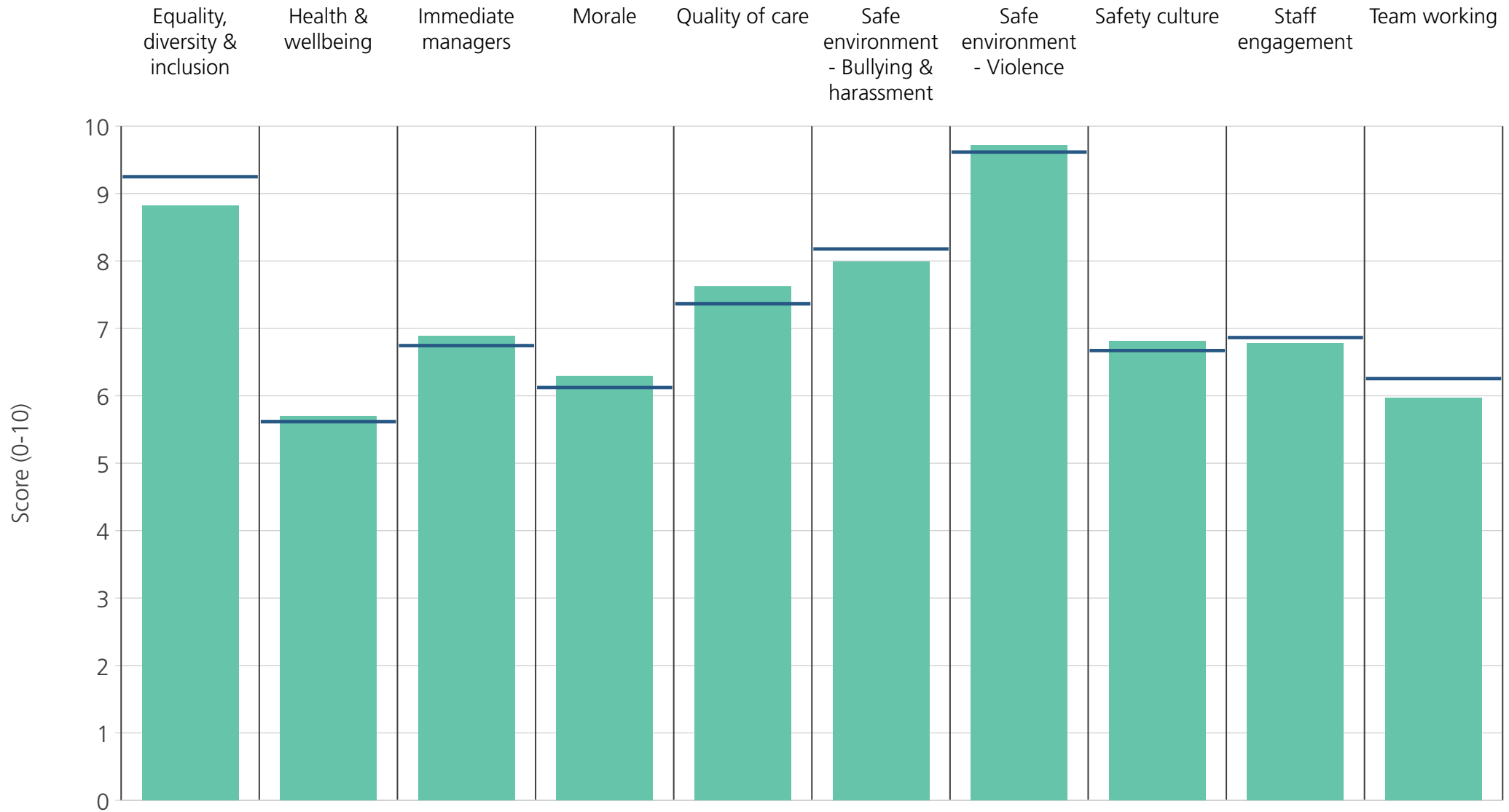
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.2	5.5	6.7	6.2	7.7	8.2	9.7	7.2	7.1	6.5
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	102	102	102	102	95	101	102	101	102	101



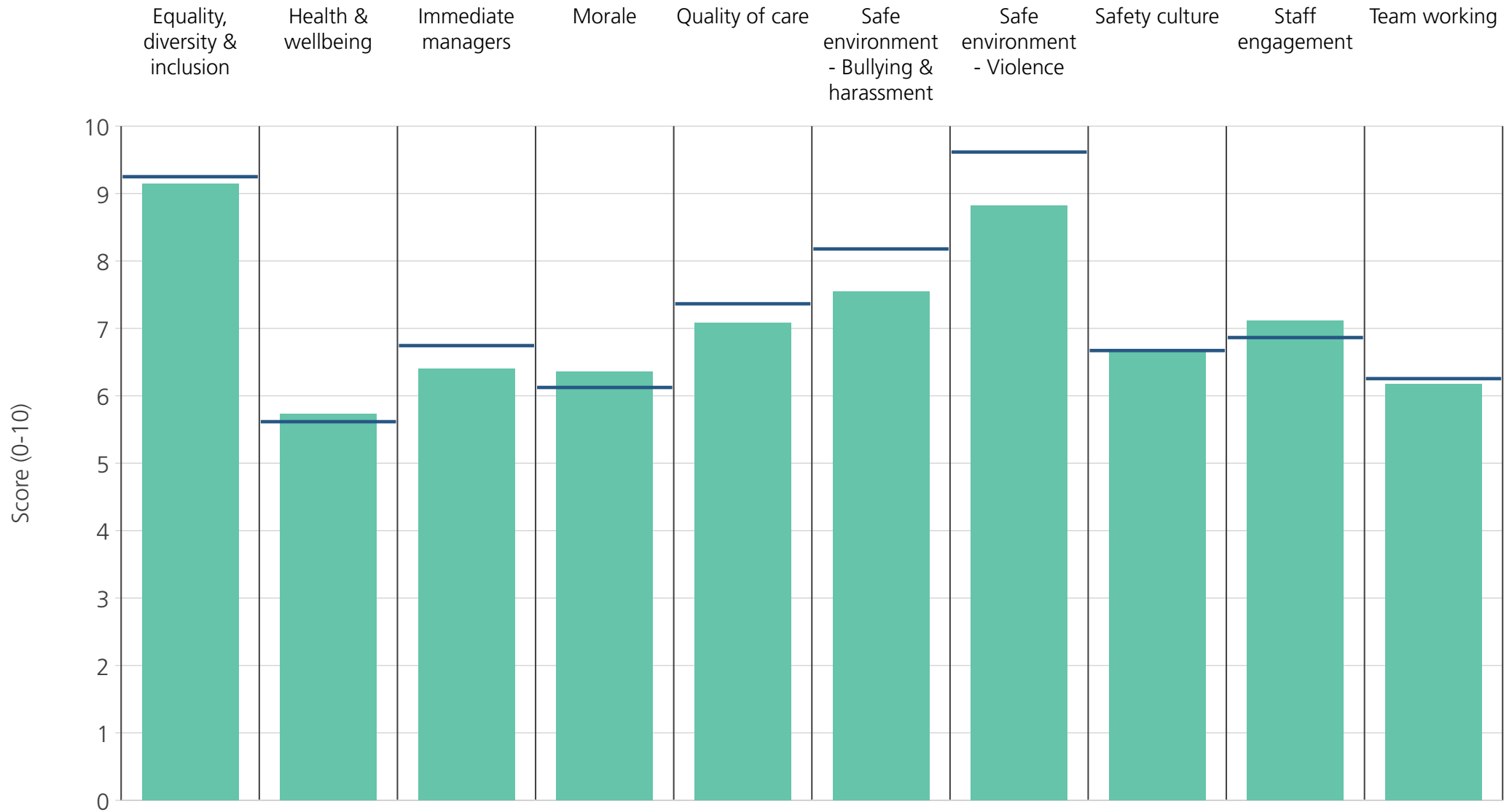
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.4	5.1	6.8	6.2	7.2	7.5	9.6	6.8	6.7	6.3
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	70	70	70	70	64	70	69	70	70	70



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.3	5.9	7.0	6.3	7.2	8.7	9.8	6.2	7.0	6.2
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	105	107	108	106	106	108	107	107	108	108



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	8.8	5.7	6.9	6.3	7.6	8.0	9.7	6.8	6.8	6.0
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	118	120	119	120	114	119	119	120	119	118



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Directorate	9.1	5.7	6.4	6.4	7.1	7.5	8.8	6.7	7.1	6.2
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Responses	34	34	34	34	34	34	34	34	34	34

Survey Coordination Centre

NHS England

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey

Benchmark Report

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Introduction

This benchmark report for South Tees Hospitals NHS Foundation Trust contains results for themes and questions from the 2020 NHS Staff Survey, and historical results back to 2016 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Please note: q1, q10a, q20a-d, q22-q26a, and q27a-q28 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our results website.

The structure of this report

Introduction

- Introduction
- Using the report
- Organisation details

Provides a brief introduction to the report, including the graphs used throughout.

The '**Organisation details** ' page contains key information about the organisation's survey and its benchmarking group.

Theme results

- Overview
- Trends
- Covid-19 classification
- Detailed information

The ten themes provide a high level overview of the results for an organisation.

The '**Detailed information**' sub-section contains the question results that feed into each theme.

Question results

- Your job
- Your managers
- Your health, well-being and safety at work
- Your organisation
- The Covid-19 pandemic
- Background details

Results from all questions, structured by the questionnaire sections.

Workforce Equality Standards

- Introduction
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)

Shows data required for the NHS Staff Survey indicators used in the Workforce Equality Standards.

Appendices

- Response rate trends
- Significance testing of themes
- Tips on action planning and interpreting results
- Additional reporting outputs

'**Significance testing of themes**' contains comparisons for the 2020 and 2019 theme scores.

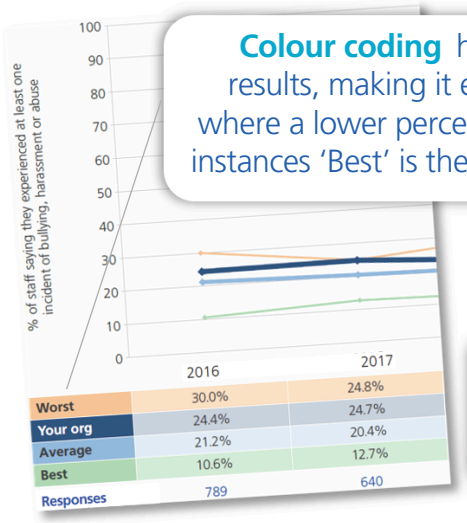
Using the report

Key features

Question number and text (or the theme) specified at the top of each slide

Slide headers are **hyperlinked** throughout the document. '2020 NHS Staff Survey Results' takes you back to the contents page (which is also hyperlinked to each section), while the rest of the text highlighted in bold can be used to navigate to sections and sub-sections

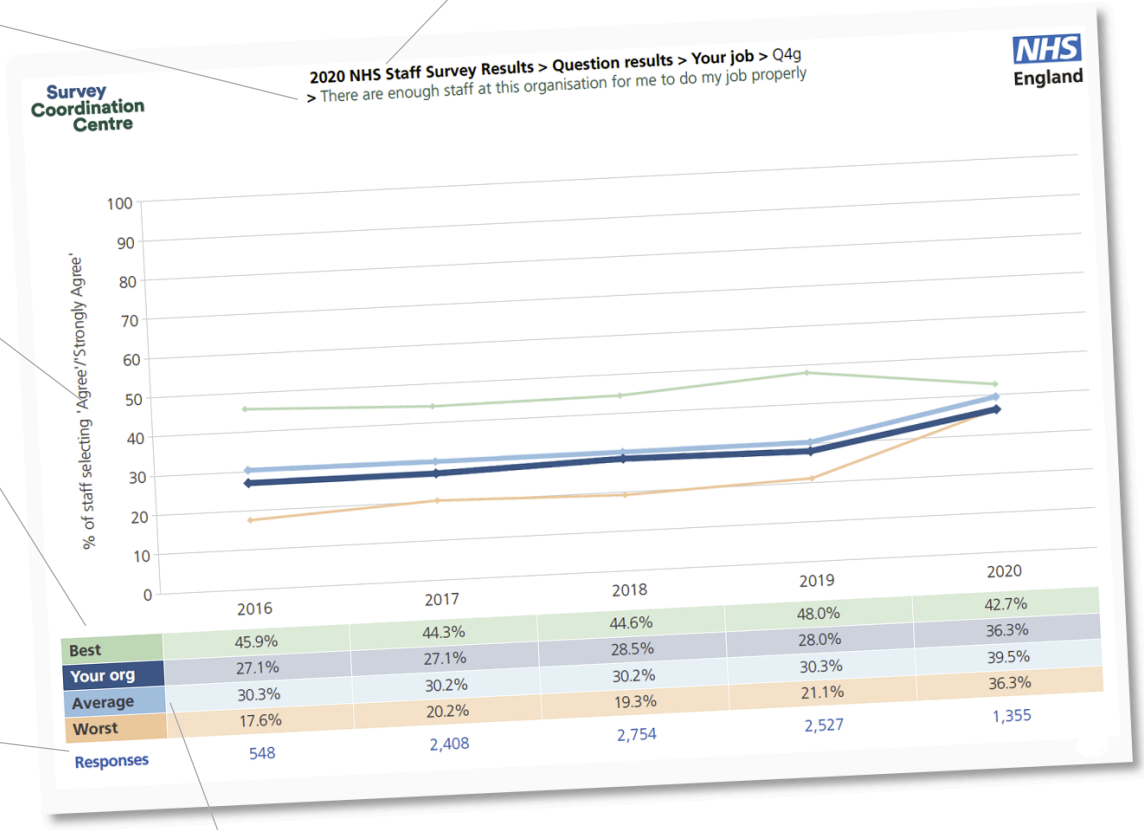
Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Themes are always on a 0-10pt scale where 10 is the best score attainable



Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table

Keep an eye out!

Number of responses for the organisation for the given question



'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results**

Tips on how to read, interpret and use the data are included in the Appendices

Organisation details

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey

Organisation details

Completed questionnaires **2,452**

2020 response rate **28%**

See response rate trend for the last 5 years

Survey details

Survey mode **Mixed**

Sample type **Census**

This organisation is benchmarked against:

Acute and Acute & Community Trusts

2020 benchmarking group details

Organisations in group: **128**

Median response rate: **45%**

No. of completed questionnaires: **402,201**

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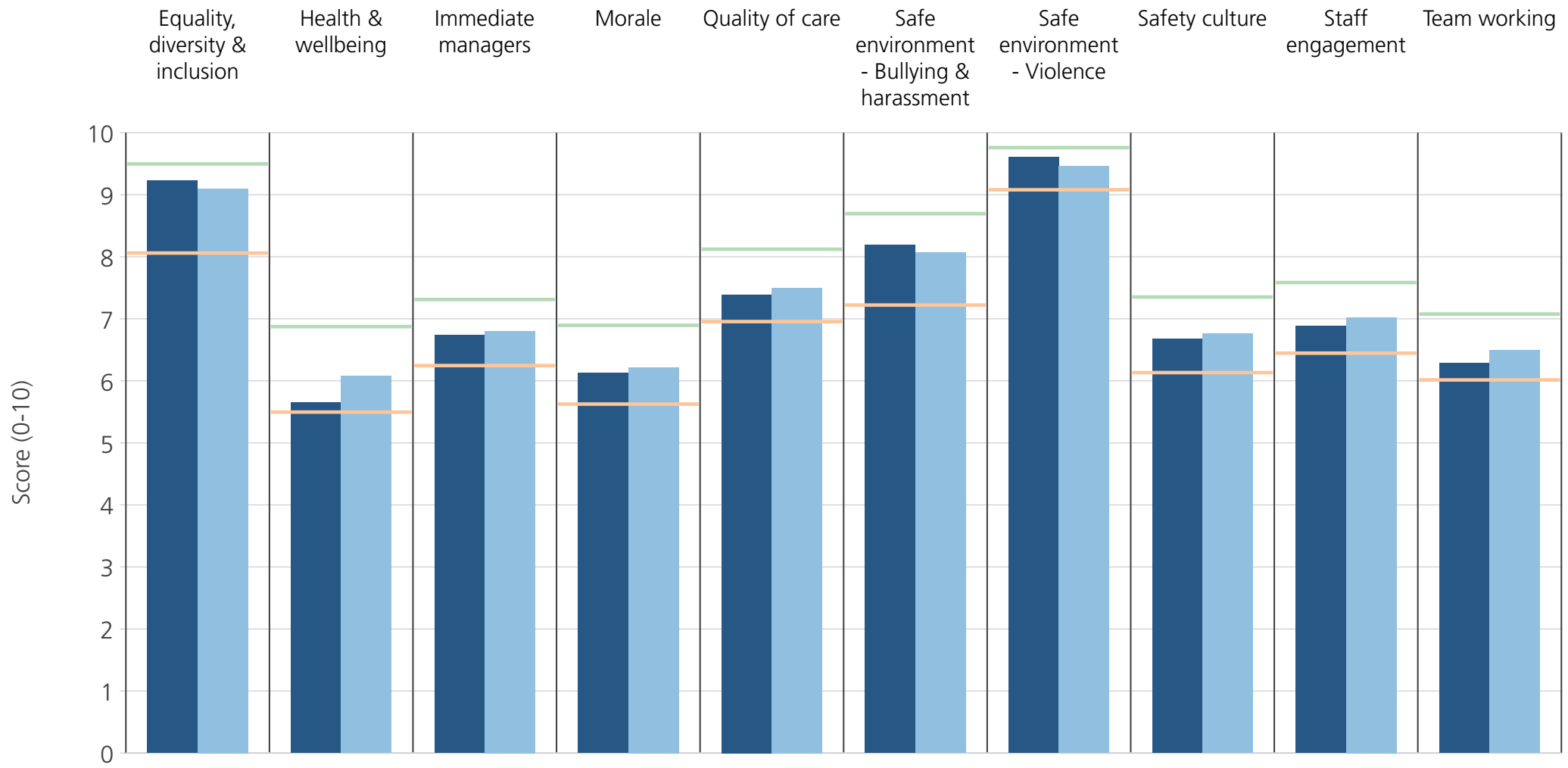
Theme results

The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in the charts are comparable for this theme, however these figures are not directly comparable to the results reported in previous years. For more details please see the technical document.

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	2,401	2,448	2,447	2,446	2,135	2,443	2,441	2,445	2,450	2,425

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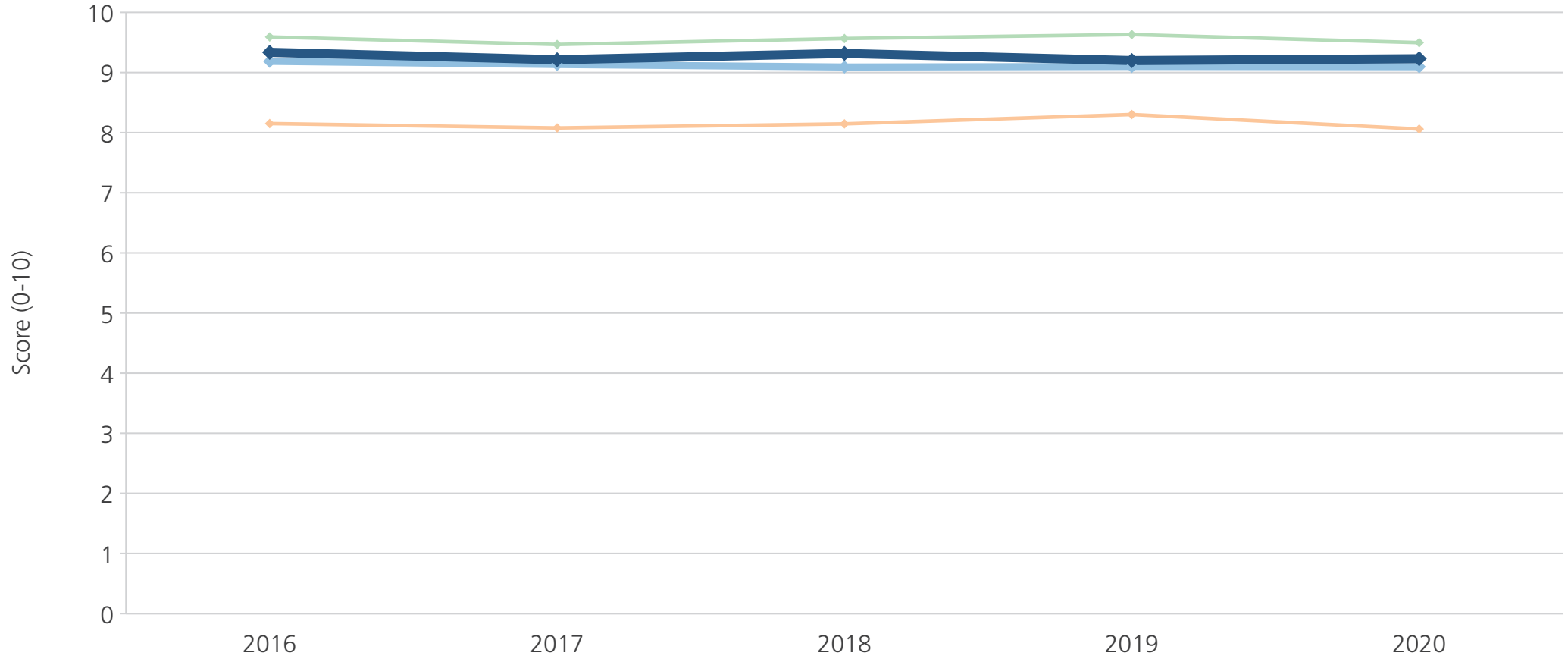
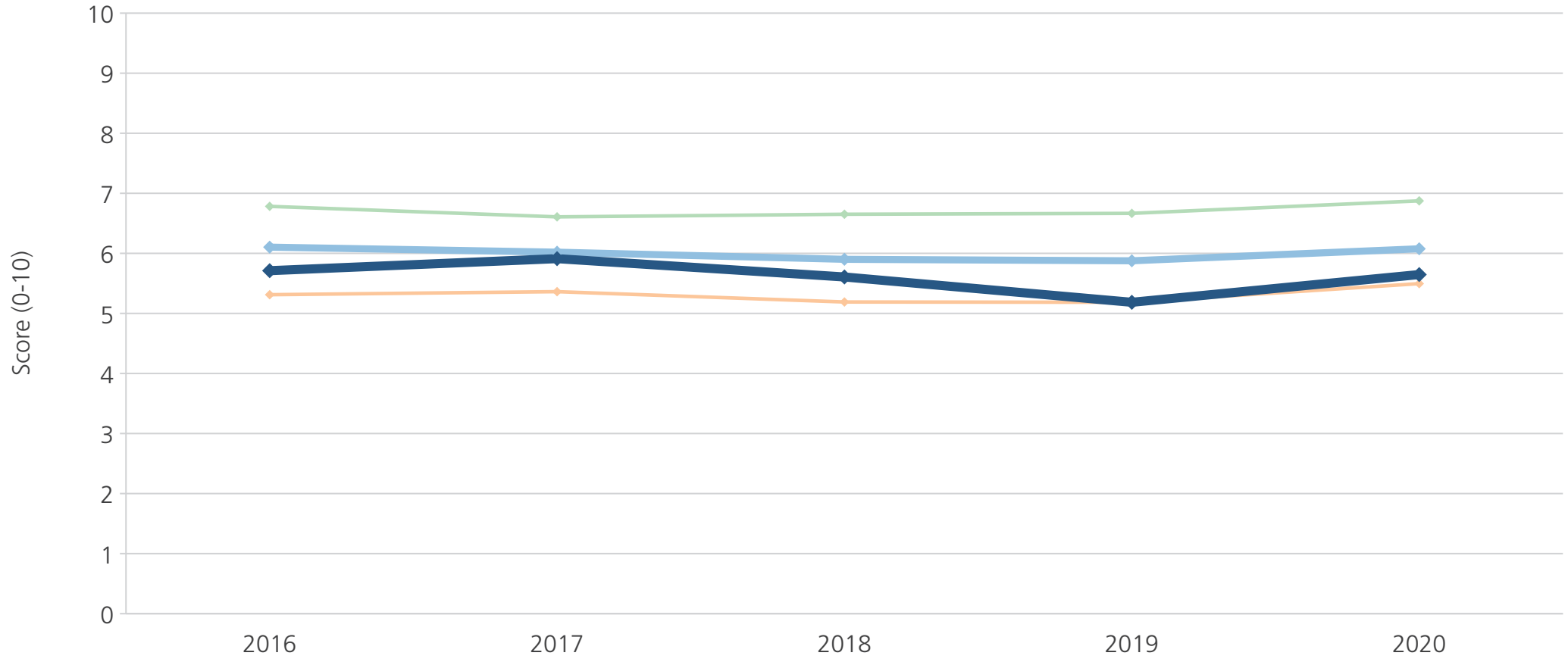
Theme results – Trends

South Tees Hospitals NHS Foundation Trust

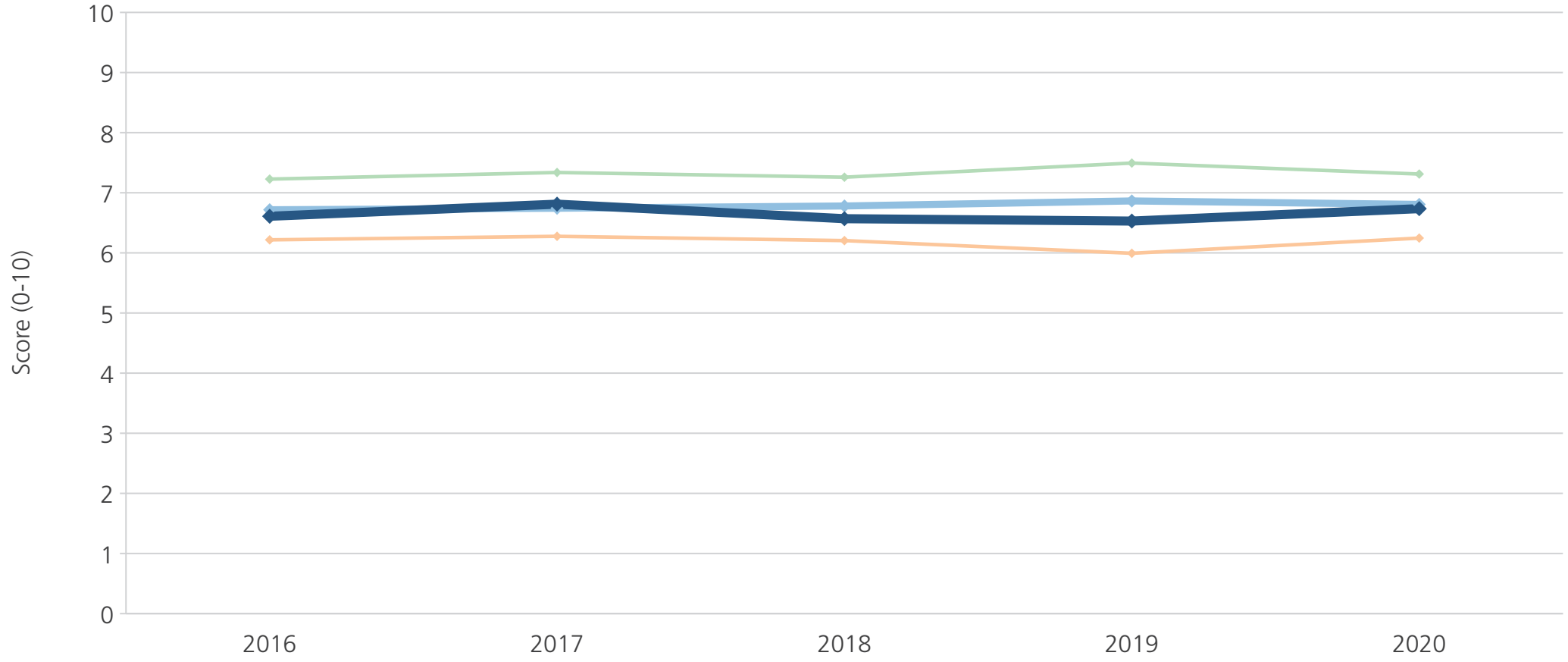
2020 NHS Staff Survey Results



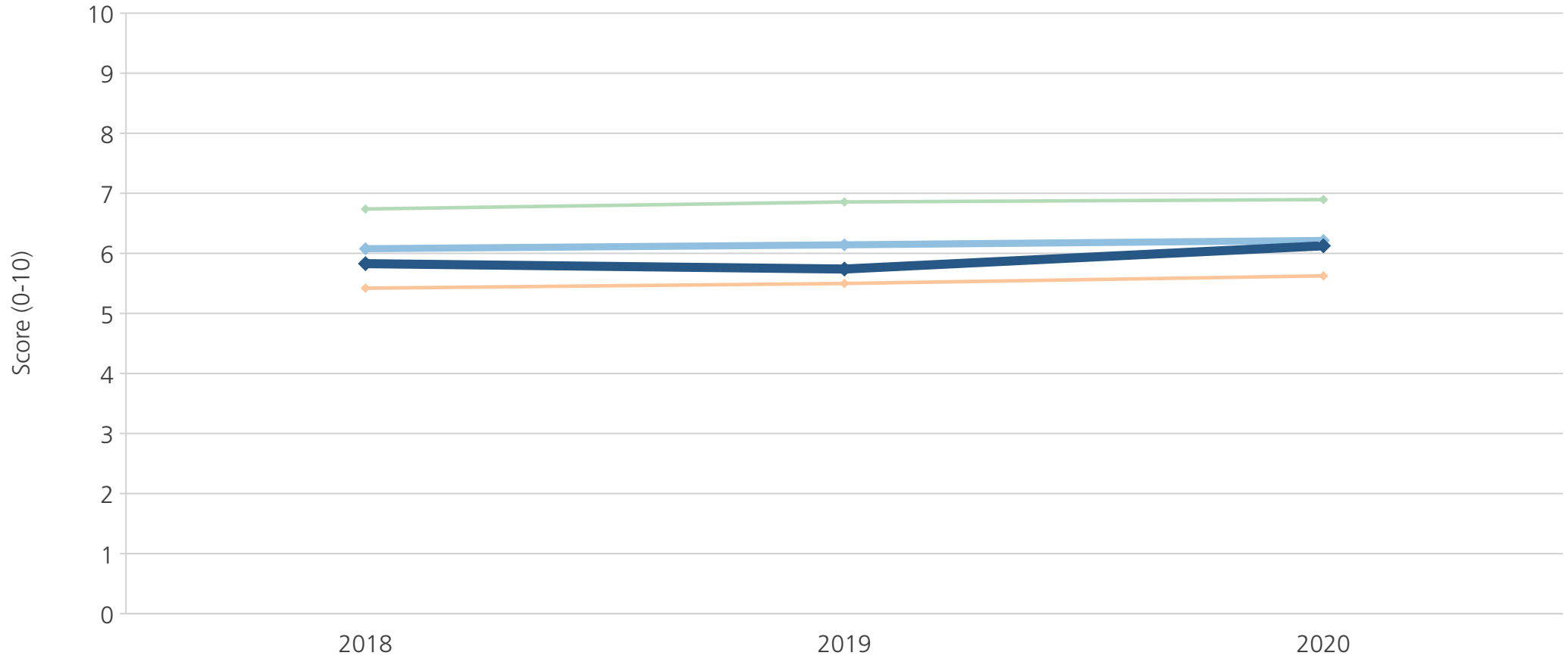
	2016	2017	2018	2019	2020
Best	9.6	9.5	9.6	9.6	9.5
Your org	9.3	9.2	9.3	9.2	9.2
Average	9.2	9.1	9.1	9.1	9.1
Worst	8.2	8.1	8.1	8.3	8.1
Responses	2,682	410	407	2,226	2,401



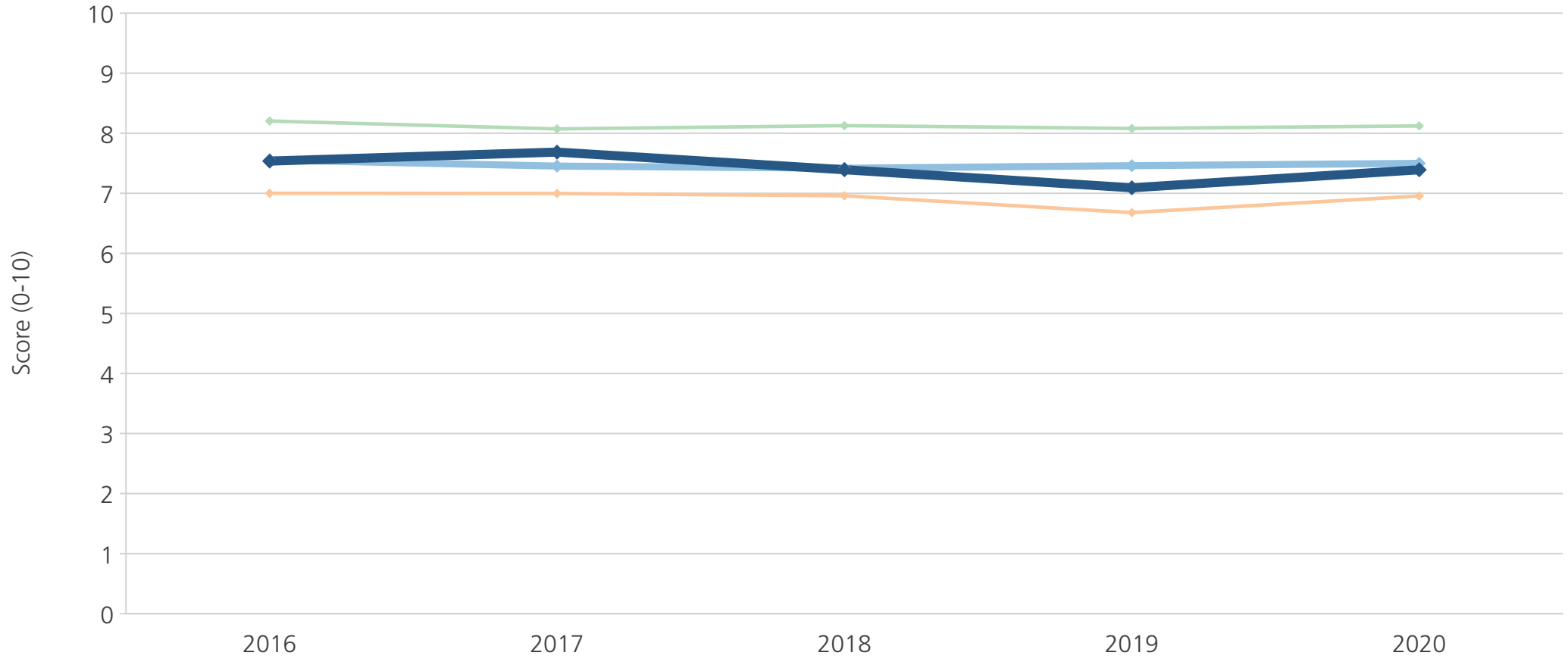
	2016	2017	2018	2019	2020
Best	6.8	6.6	6.7	6.7	6.9
Your org	5.7	5.9	5.6	5.2	5.6
Average	6.1	6.0	5.9	5.9	6.1
Worst	5.3	5.4	5.2	5.2	5.5
Responses	2,720	414	411	2,243	2,448



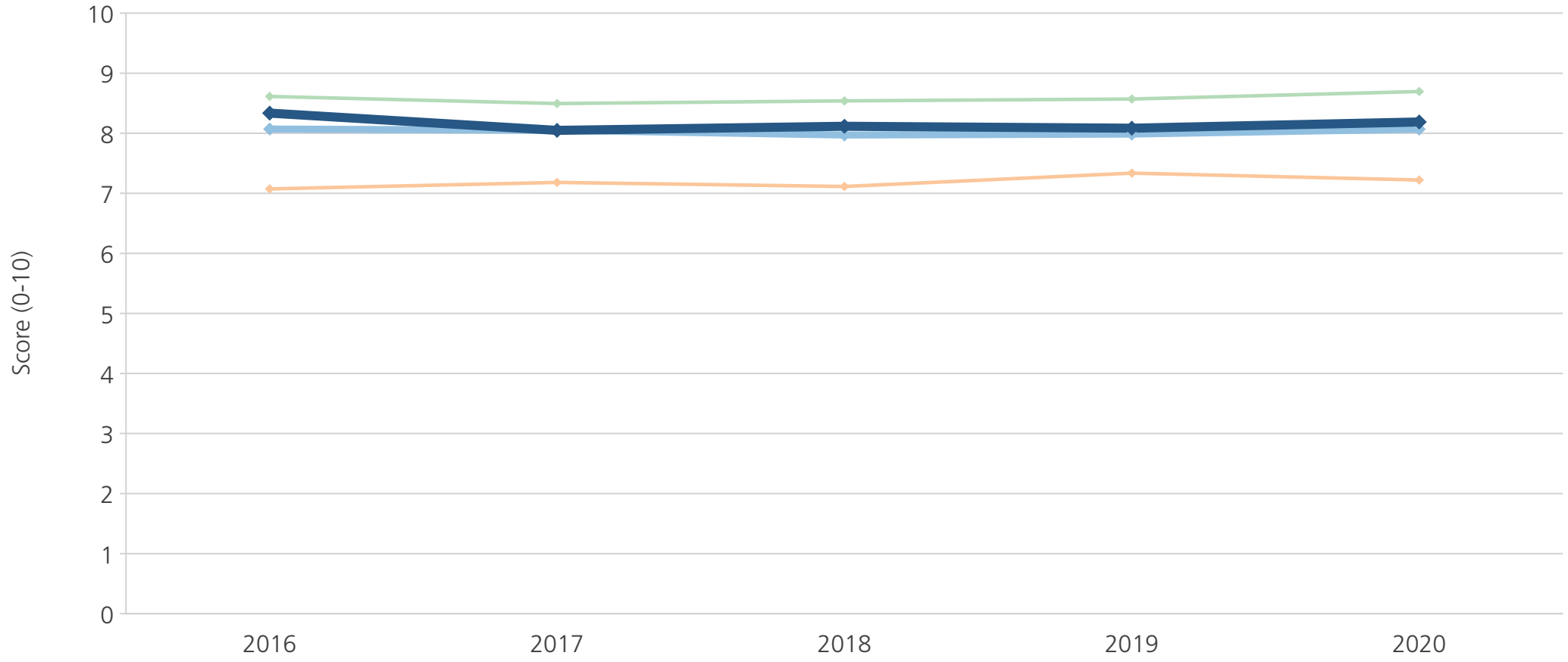
	2016	2017	2018	2019	2020
Best	7.2	7.3	7.3	7.5	7.3
Your org	6.6	6.8	6.6	6.5	6.7
Average	6.7	6.7	6.8	6.9	6.8
Worst	6.2	6.3	6.2	6.0	6.2
Responses	2,712	413	409	2,248	2,447



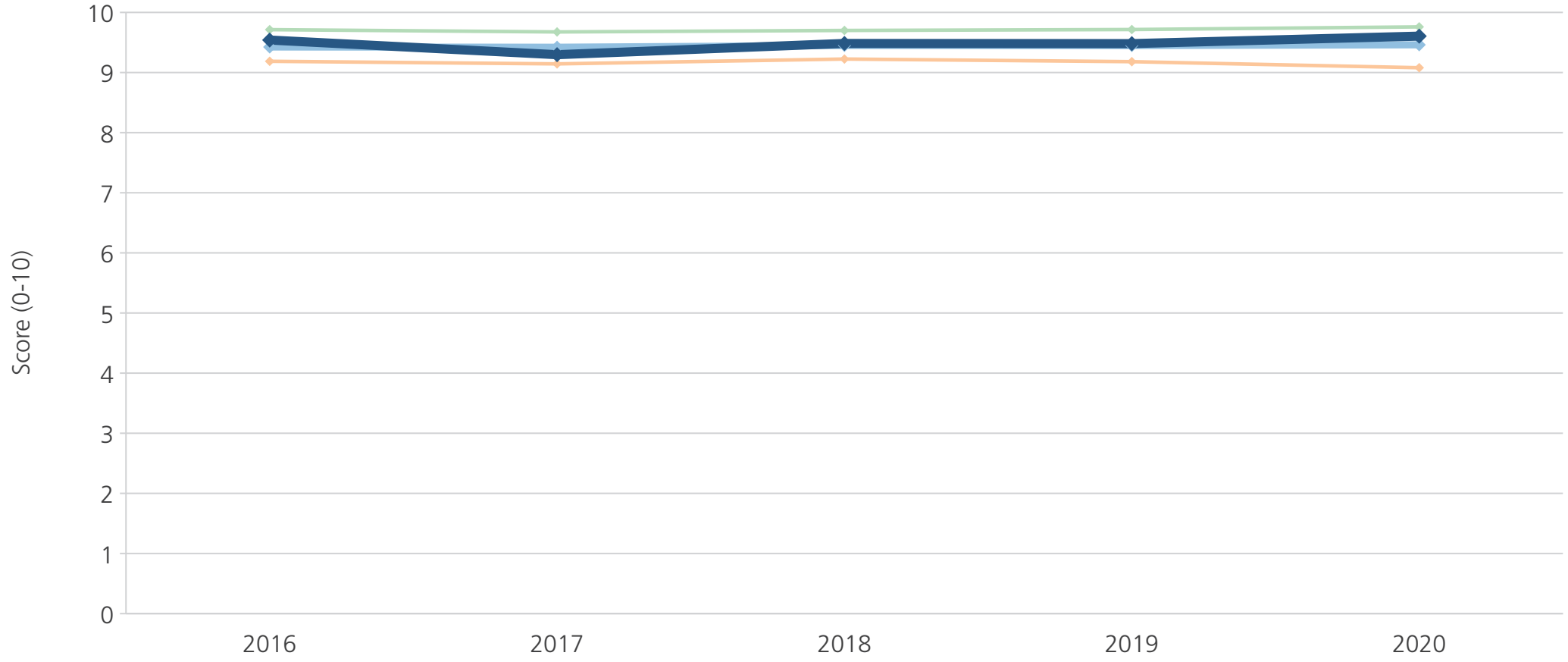
	2018	2019	2020
Best	6.7	6.9	6.9
Your org	5.8	5.7	6.1
Average	6.1	6.1	6.2
Worst	5.4	5.5	5.6
Responses	406	2,236	2,446



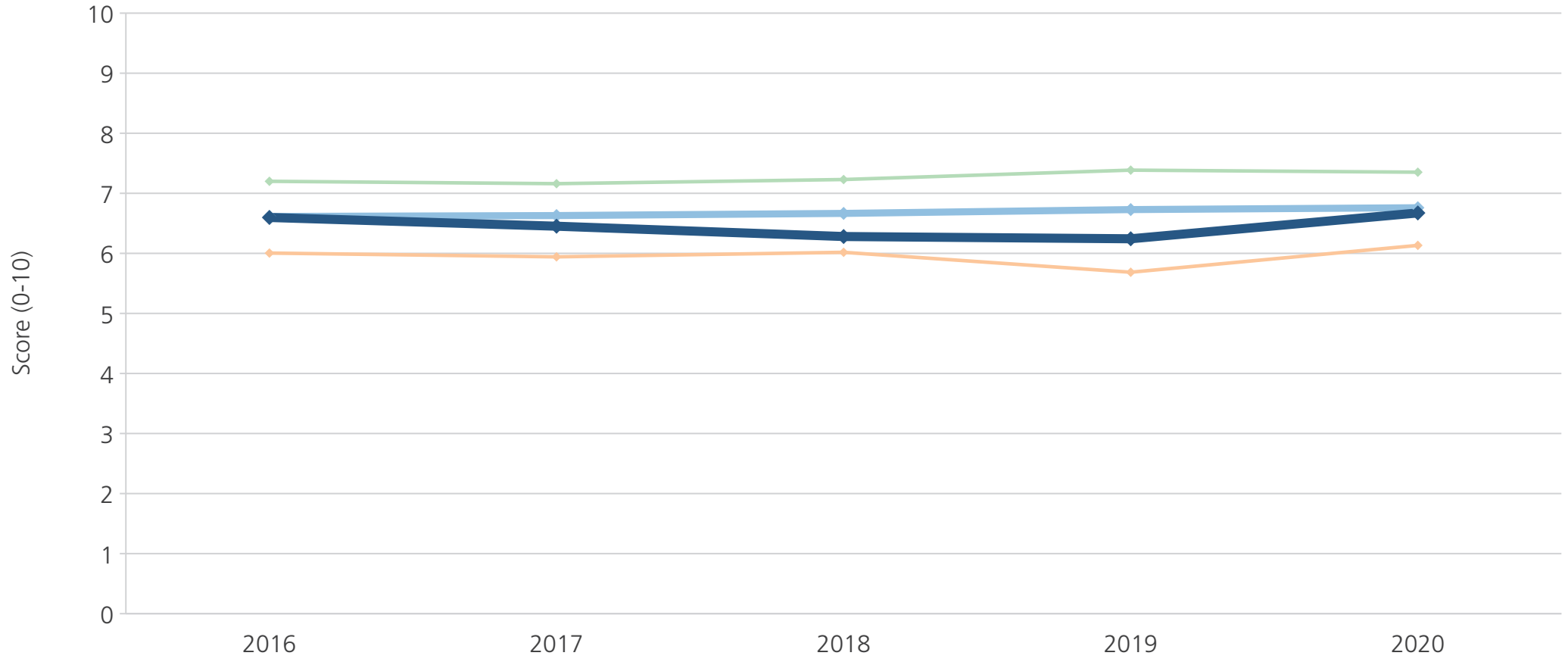
	2016	2017	2018	2019	2020
Best	8.2	8.1	8.1	8.1	8.1
Your org	7.5	7.7	7.4	7.1	7.4
Average	7.6	7.5	7.4	7.5	7.5
Worst	7.0	7.0	7.0	6.7	7.0
Responses	2,364	355	367	2,015	2,135



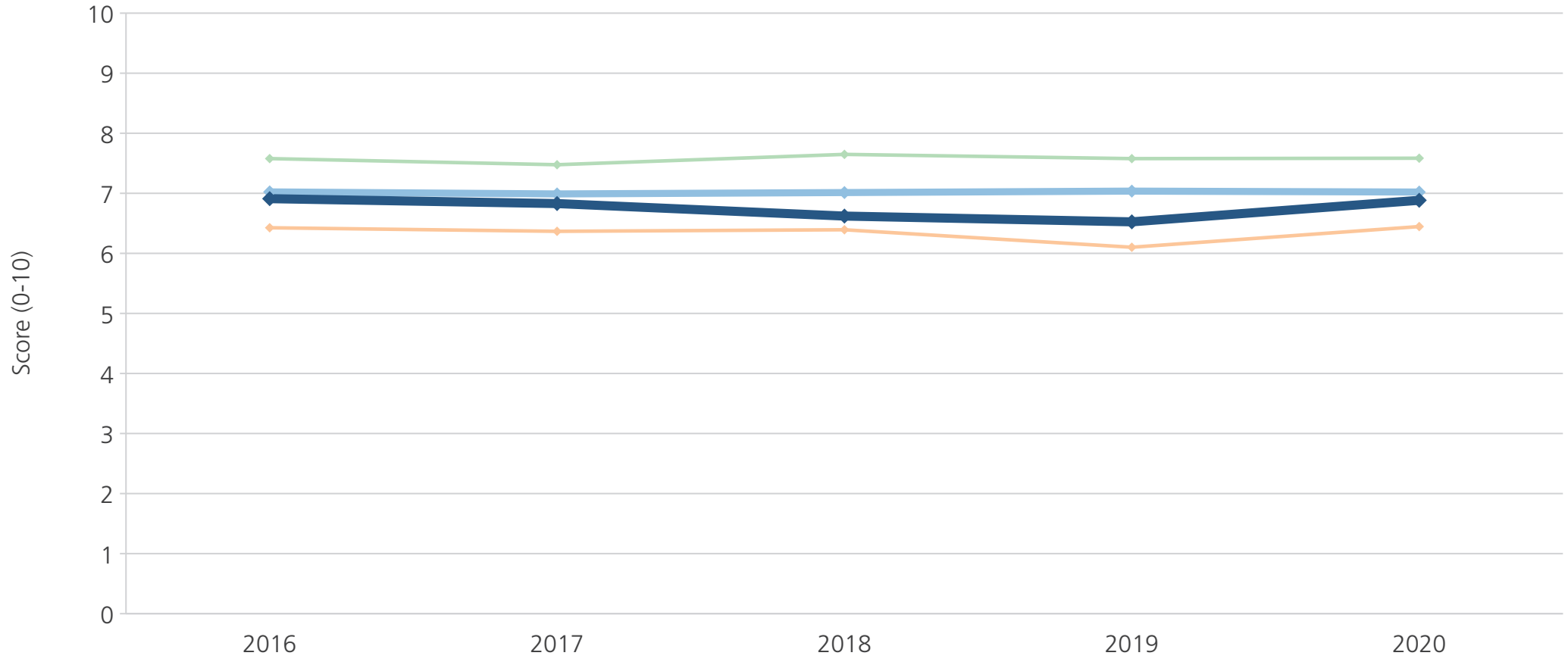
	2016	2017	2018	2019	2020
Best	8.6	8.5	8.5	8.6	8.7
Your org	8.3	8.0	8.1	8.1	8.2
Average	8.1	8.0	8.0	8.0	8.1
Worst	7.1	7.2	7.1	7.3	7.2
Responses	2,666	410	407	2,222	2,443



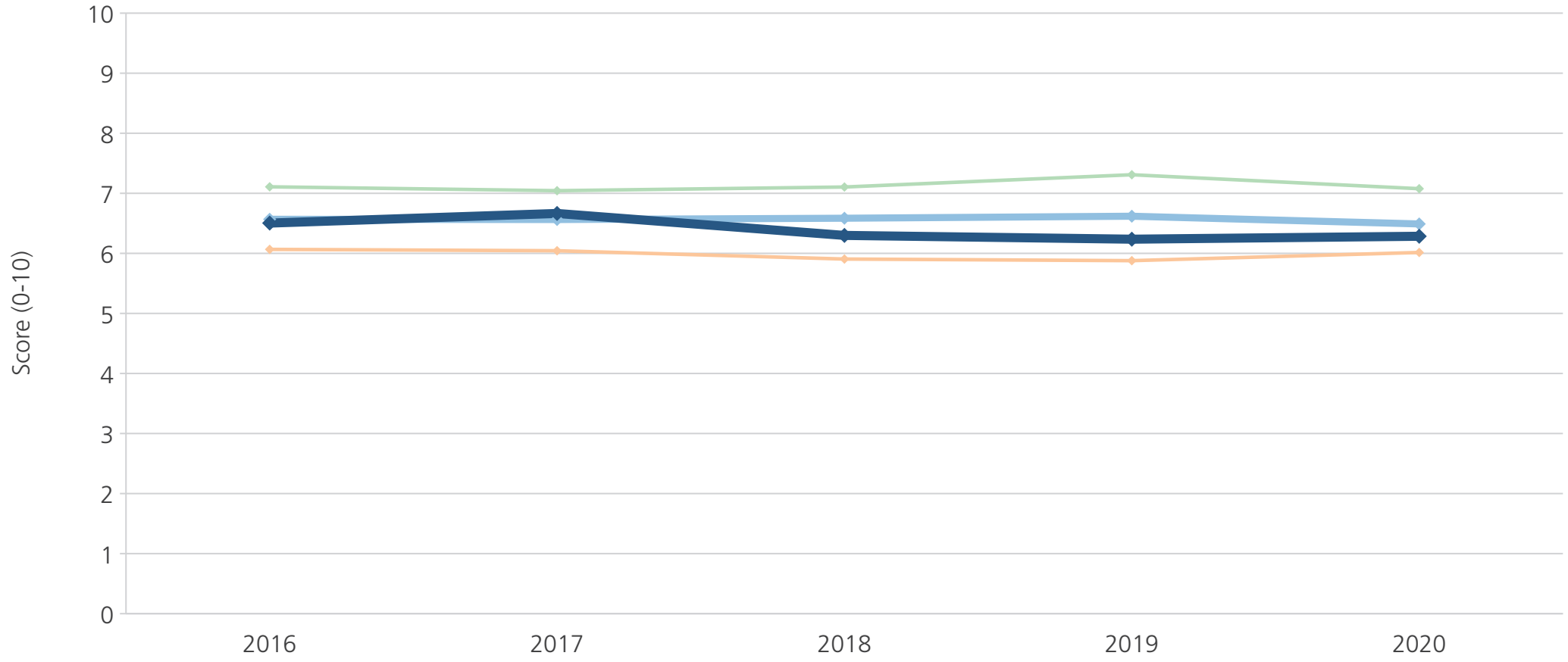
	2016	2017	2018	2019	2020
Best	9.7	9.7	9.7	9.7	9.8
Your org	9.5	9.3	9.5	9.5	9.6
Average	9.4	9.4	9.4	9.4	9.5
Worst	9.2	9.1	9.2	9.2	9.1
Responses	2,670	412	406	2,226	2,441



	2016	2017	2018	2019	2020
Best	7.2	7.2	7.2	7.4	7.4
Your org	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
Responses	2,703	413	407	2,232	2,445



	2016	2017	2018	2019	2020
Best	7.6	7.5	7.6	7.6	7.6
Your org	6.9	6.8	6.6	6.5	6.9
Average	7.0	7.0	7.0	7.0	7.0
Worst	6.4	6.4	6.4	6.1	6.4
Responses	2,754	414	412	2,249	2,450



	2016	2017	2018	2019	2020
Best	7.1	7.0	7.1	7.3	7.1
Your org	6.5	6.7	6.3	6.2	6.3
Average	6.6	6.6	6.6	6.6	6.5
Worst	6.1	6.0	5.9	5.9	6.0
Responses	2,720	408	406	2,227	2,425

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Theme results – Covid-19 classification breakdowns

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results

Covid-19 classification breakdowns

Covid-19 questions

Staff were asked four classification questions relating to their experience during the Covid-19 pandemic:

a.	Have you worked on a Covid-19 specific ward or area at any time?	☐ Yes	☐ No
b.	Have you been redeployed due to the Covid-19 pandemic at any time?	☐ Yes	☐ No
c.	Have you been required to work remotely/from home due to the Covid-19 pandemic?	☐ Yes	☐ No
d.	Have you been shielding?	☐ Yes, for myself ☐ Yes, for a member of my household	☐ No

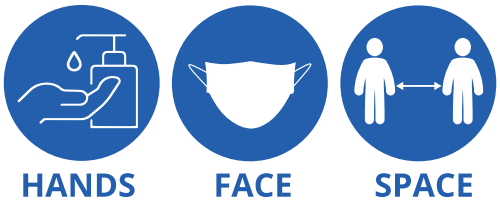
The charts on the following pages show the breakdown of theme scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of the highest, average and lowest scores for similar organisations.

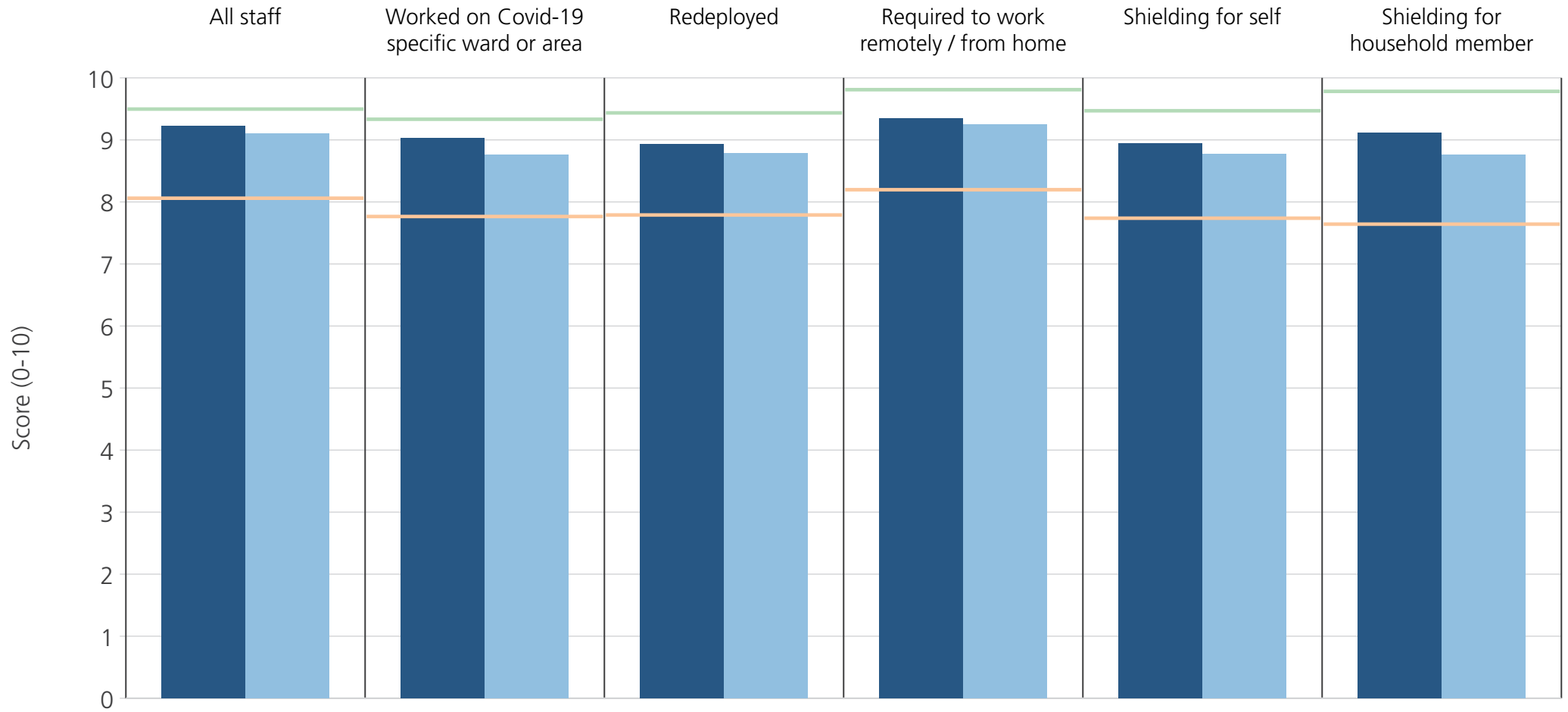
Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of results. As such, a degree of caution is advised when interpreting your results.

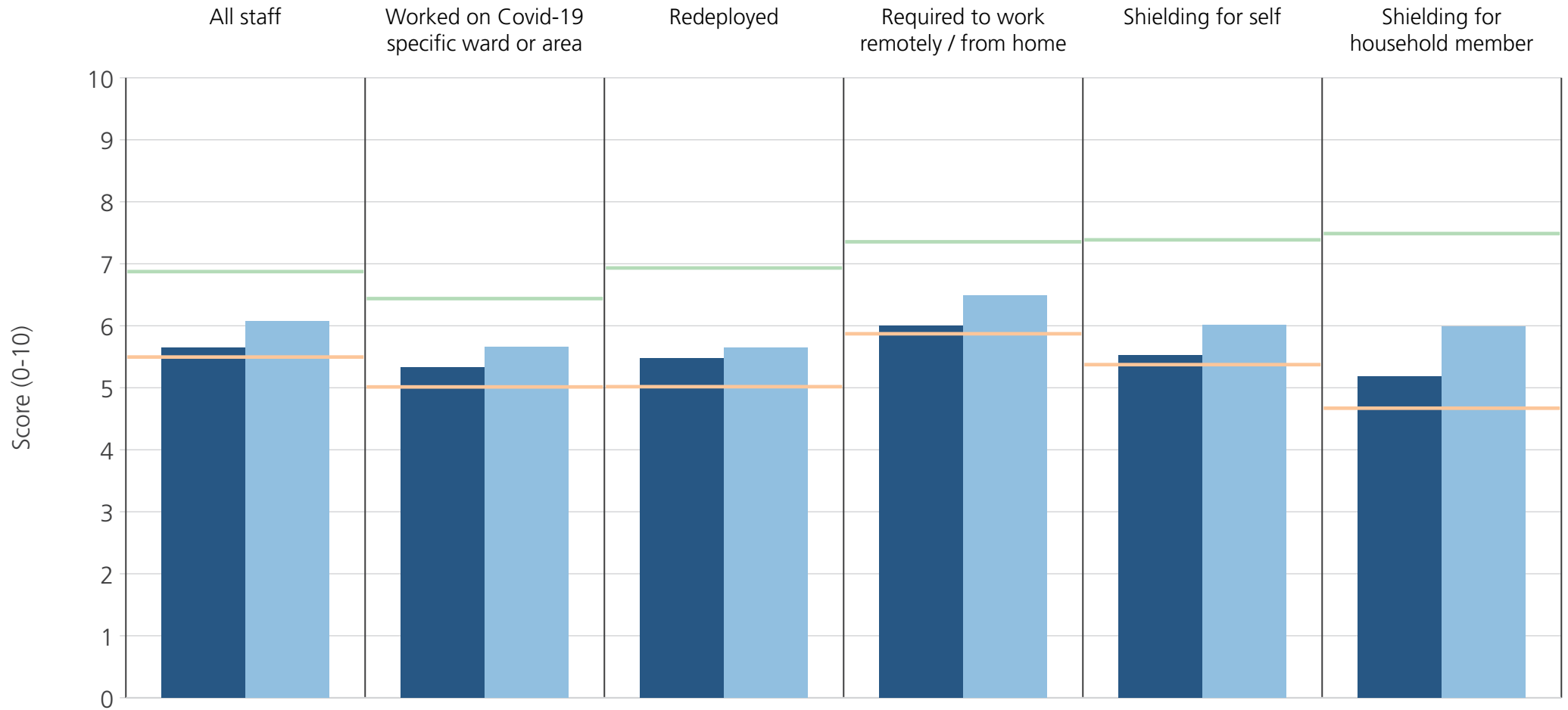
Further information

Results for these groups of staff, including data for individual questions, are also available via the online dashboards. Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.

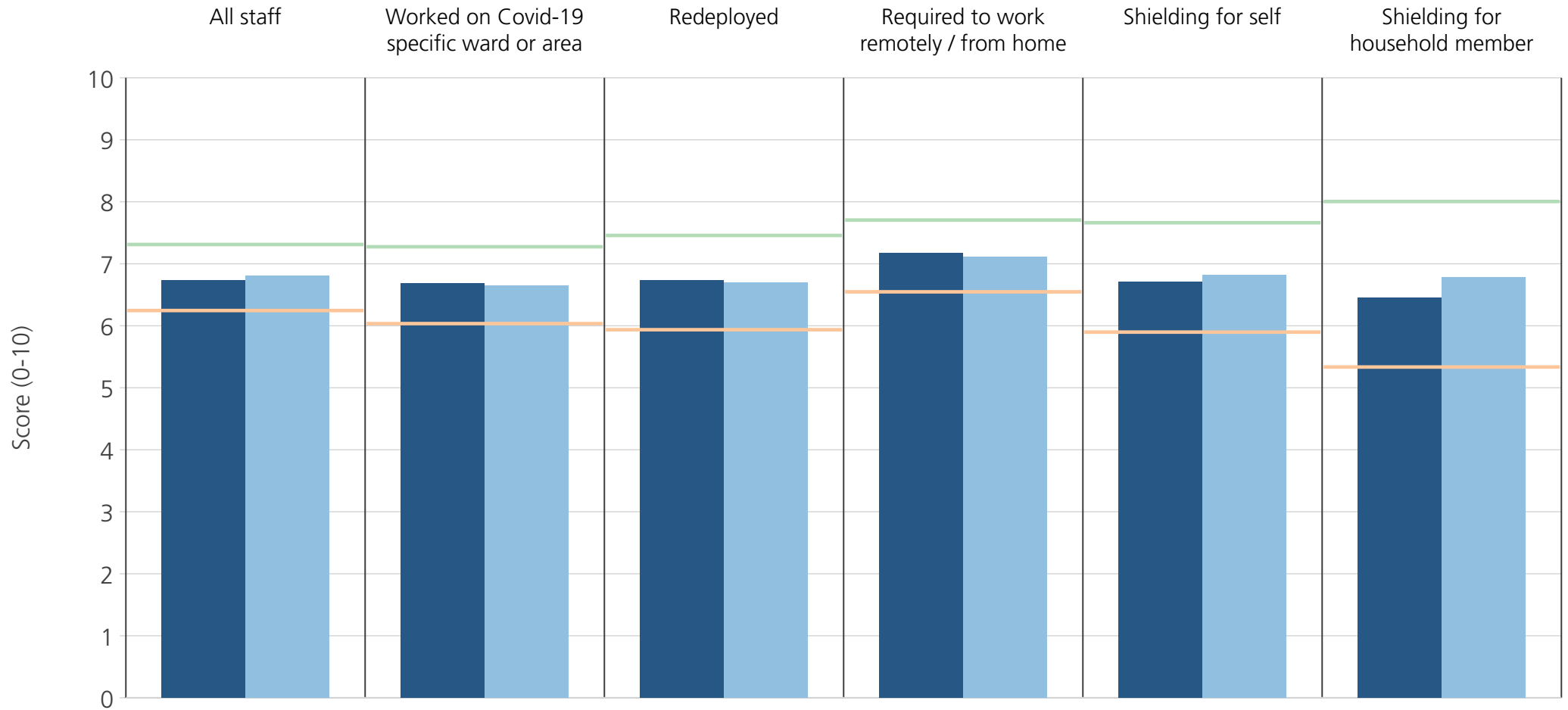




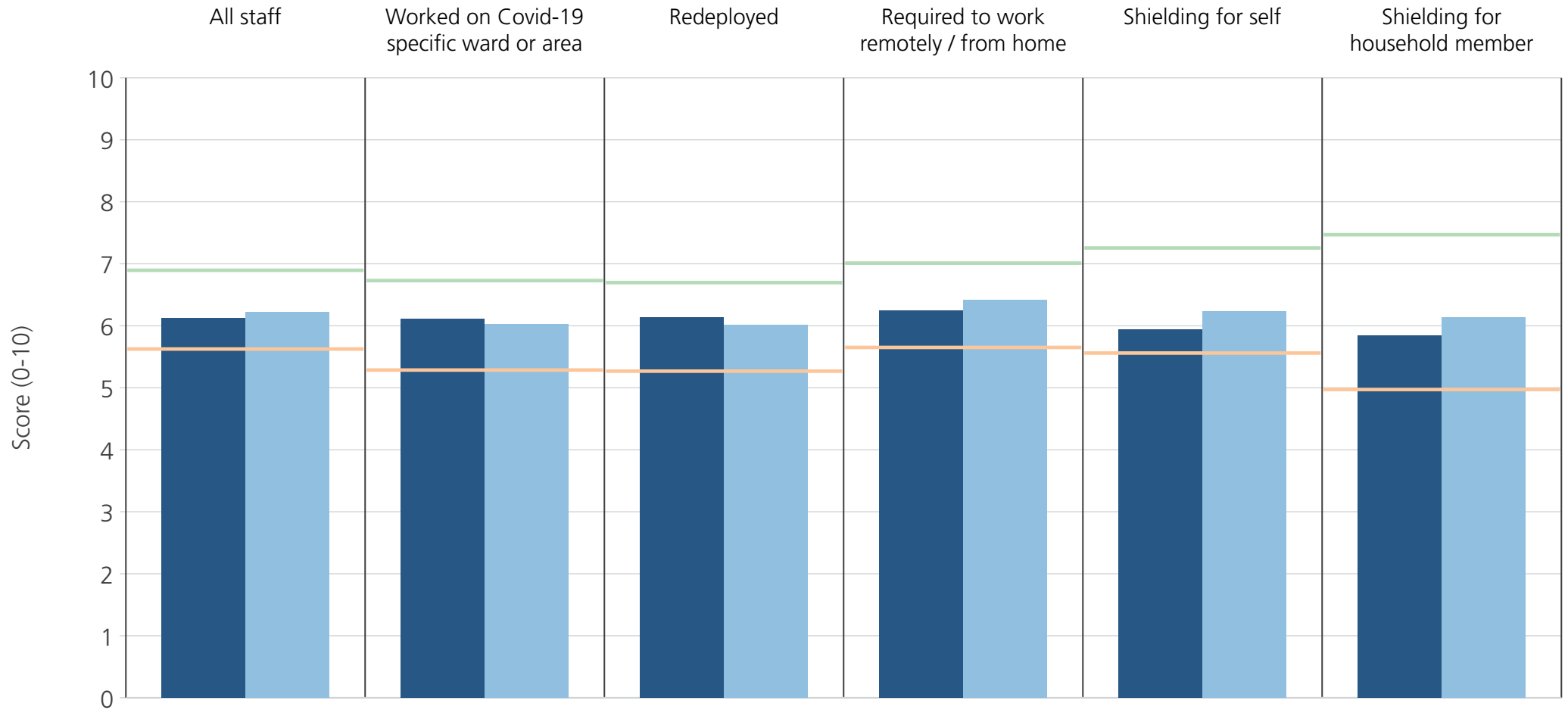
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	9.5	9.3	9.4	9.8	9.5	9.8
Your org	9.2	9.0	8.9	9.3	8.9	9.1
Average	9.1	8.8	8.8	9.2	8.8	8.8
Lowest	8.1	7.8	7.8	8.2	7.7	7.6
Responses	2,401	790	543	560	155	59



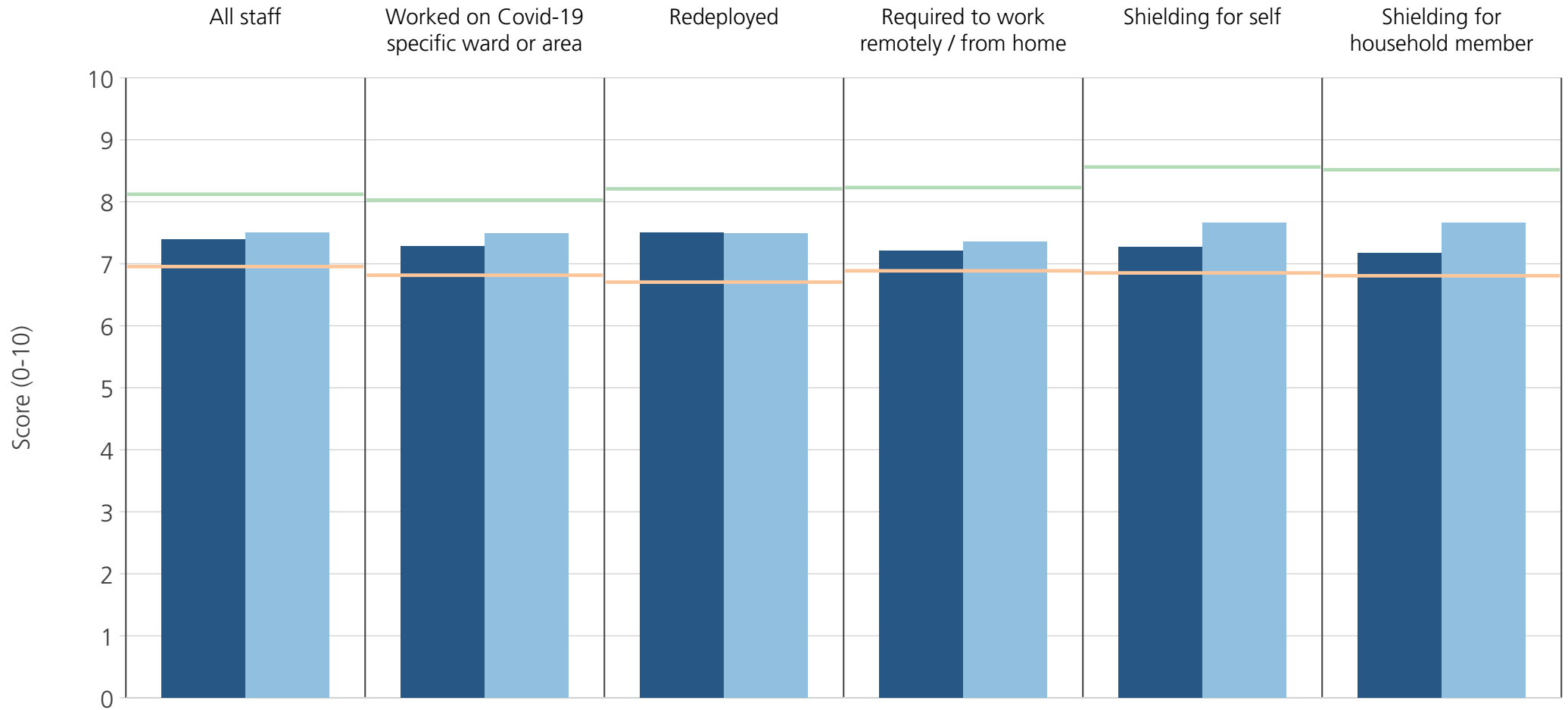
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	6.9	6.4	6.9	7.4	7.4	7.5
Your org	5.6	5.3	5.5	6.0	5.5	5.2
Average	6.1	5.7	5.6	6.5	6.0	6.0
Lowest	5.5	5.0	5.0	5.9	5.4	4.7
Responses	2,448	801	554	573	158	62



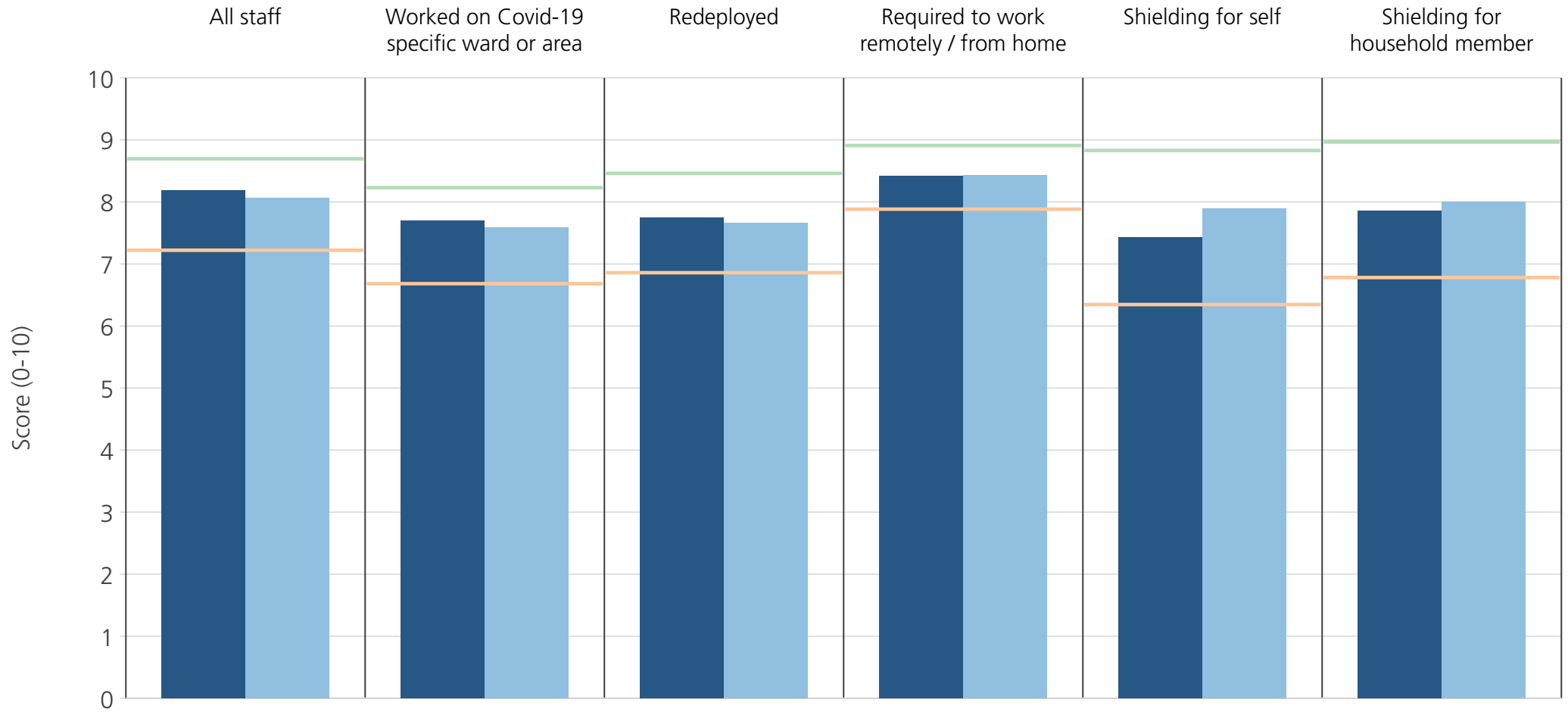
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	7.3	7.3	7.5	7.7	7.7	8.0
Your org	6.7	6.7	6.7	7.2	6.7	6.4
Average	6.8	6.7	6.7	7.1	6.8	6.8
Lowest	6.2	6.0	5.9	6.5	5.9	5.3
Responses	2,447	801	554	572	158	62



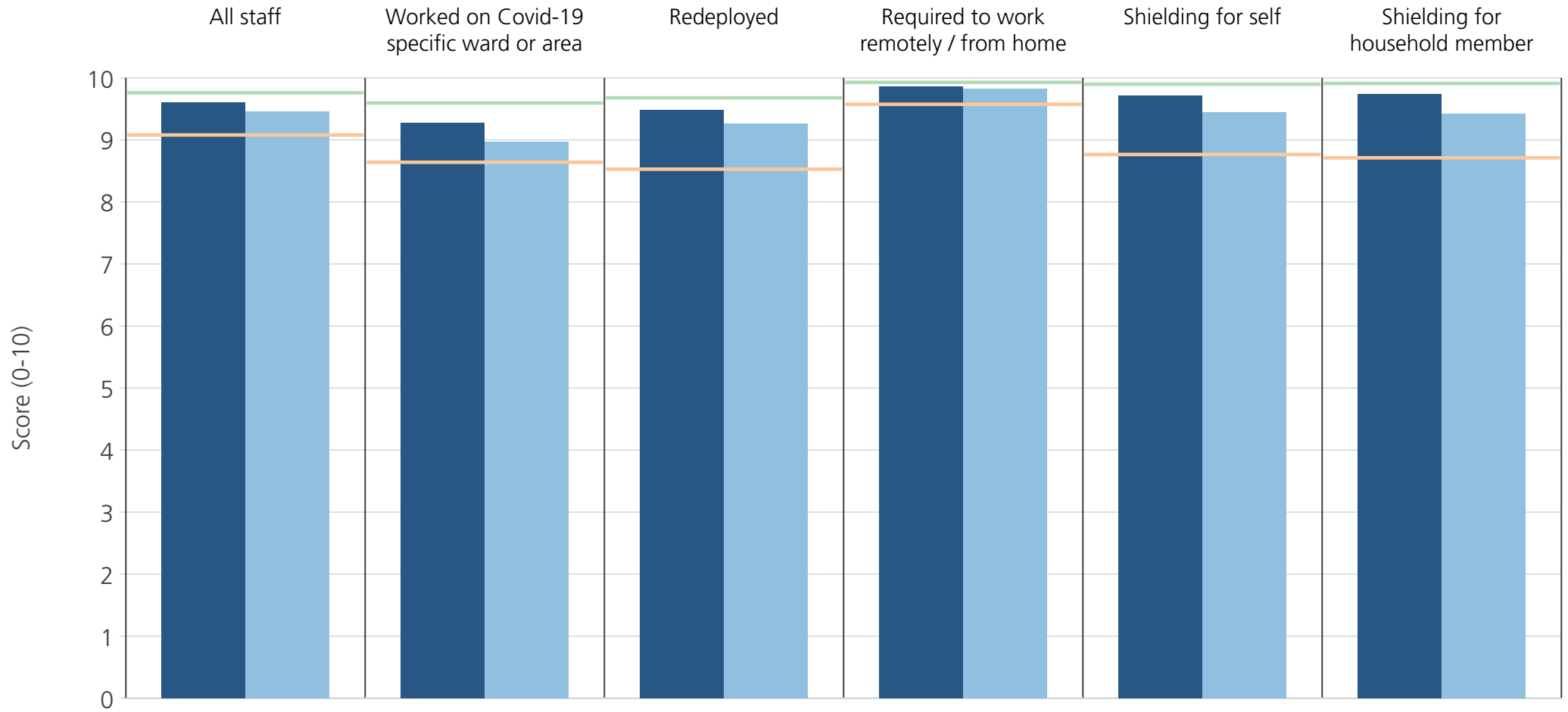
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	6.9	6.7	6.7	7.0	7.3	7.5
Your org	6.1	6.1	6.1	6.2	5.9	5.8
Average	6.2	6.0	6.0	6.4	6.2	6.1
Lowest	5.6	5.3	5.3	5.7	5.6	5.0
Responses	2,446	802	553	572	158	62



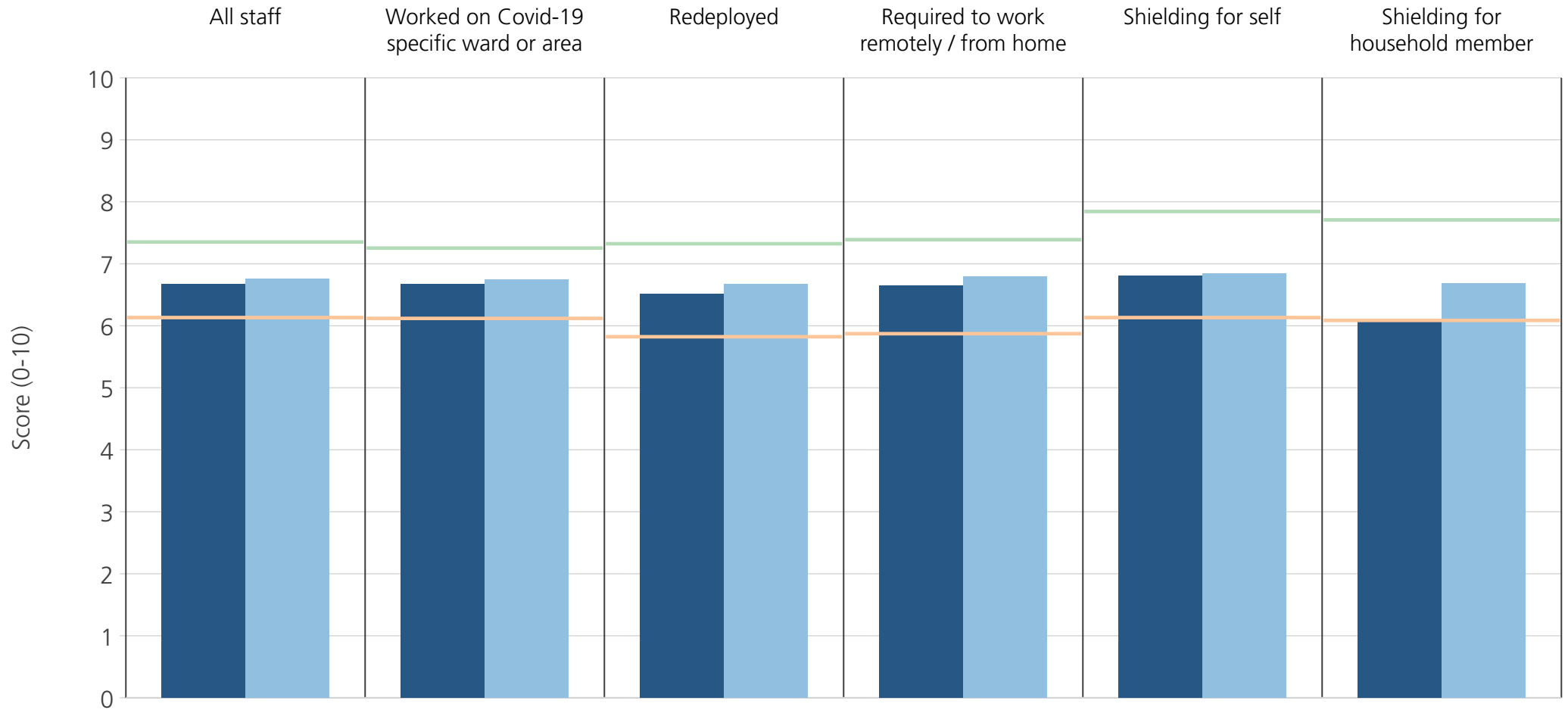
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	8.1	8.0	8.2	8.2	8.6	8.5
Your org	7.4	7.3	7.5	7.2	7.3	7.2
Average	7.5	7.5	7.5	7.4	7.7	7.7
Lowest	7.0	6.8	6.7	6.9	6.9	6.8
Responses	2,135	764	528	463	130	48



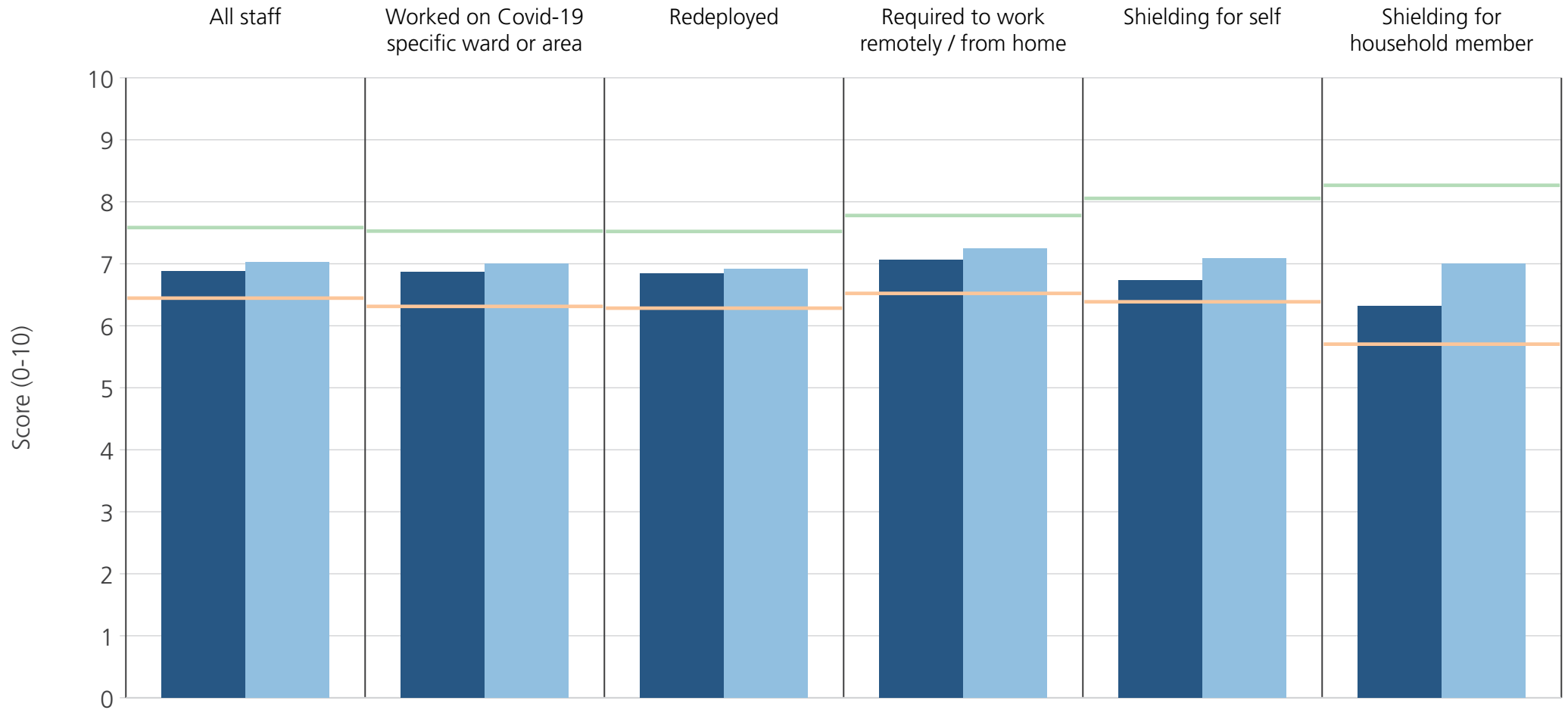
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	8.7	8.2	8.5	8.9	8.8	9.0
Your org	8.2	7.7	7.7	8.4	7.4	7.9
Average	8.1	7.6	7.7	8.4	7.9	8.0
Lowest	7.2	6.7	6.9	7.9	6.3	6.8
Responses	2,443	797	553	572	156	61



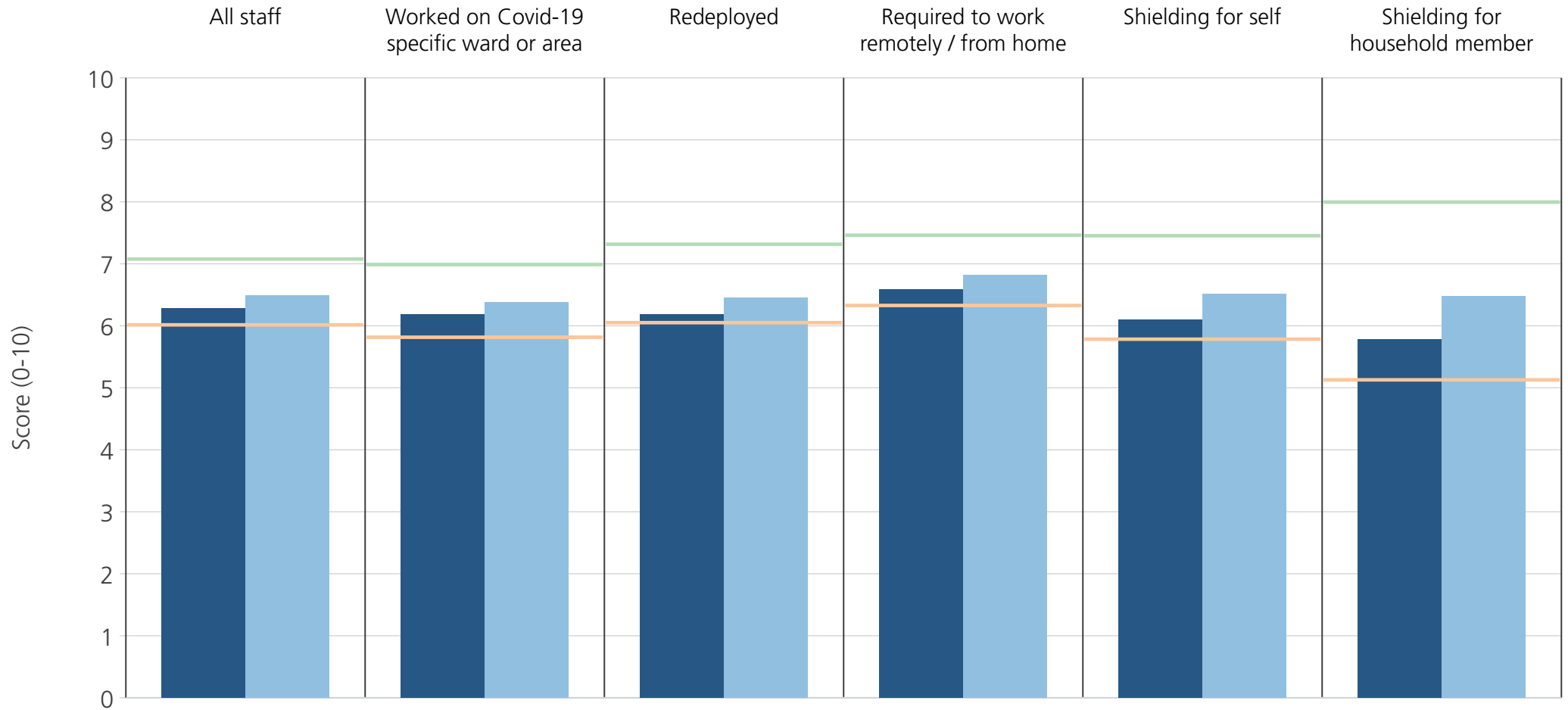
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	9.8	9.6	9.7	9.9	9.9	9.9
Your org	9.6	9.3	9.5	9.9	9.7	9.7
Average	9.5	9.0	9.3	9.8	9.4	9.4
Lowest	9.1	8.6	8.5	9.6	8.8	8.7
Responses	2,441	797	553	572	158	62



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	7.4	7.3	7.3	7.4	7.8	7.7
Your org	6.7	6.7	6.5	6.6	6.8	6.1
Average	6.8	6.7	6.7	6.8	6.8	6.7
Lowest	6.1	6.1	5.8	5.9	6.1	6.1
Responses	2,445	802	554	571	157	61



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	7.6	7.5	7.5	7.8	8.1	8.3
Your org	6.9	6.9	6.8	7.1	6.7	6.3
Average	7.0	7.0	6.9	7.2	7.1	7.0
Lowest	6.4	6.3	6.3	6.5	6.4	5.7
Responses	2,450	802	554	574	159	62



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	7.1	7.0	7.3	7.5	7.5	8.0
Your org	6.3	6.2	6.2	6.6	6.1	5.8
Average	6.5	6.4	6.5	6.8	6.5	6.5
Lowest	6.0	5.8	6.1	6.3	5.8	5.1
Responses	2,425	793	552	567	157	60

Survey Coordination Centre

NHS England

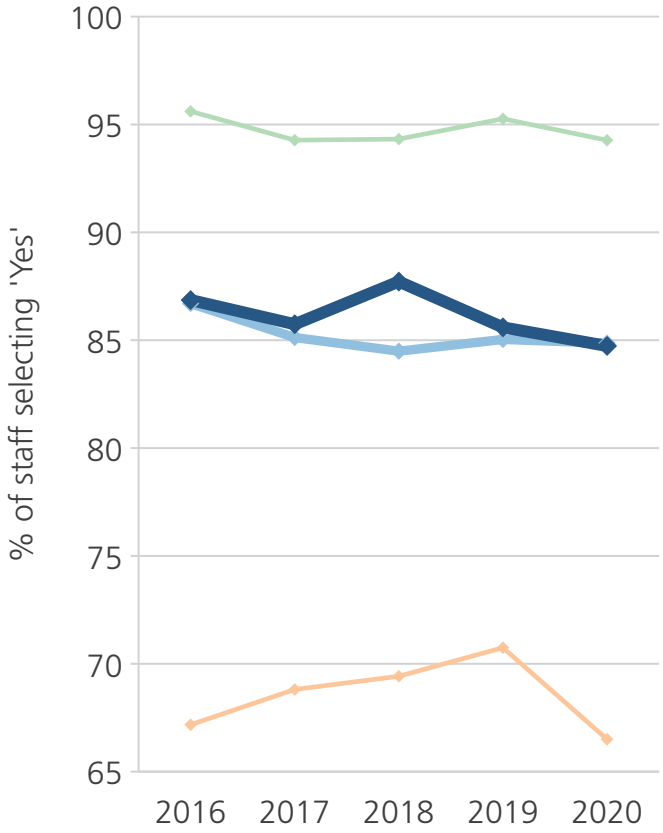
Theme results – Detailed information

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results

Q14

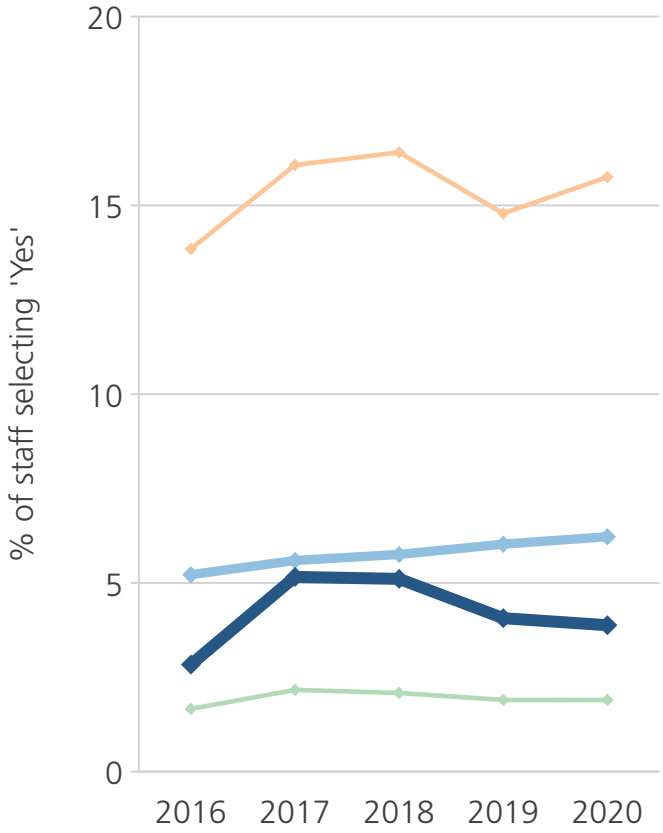
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2016	2017	2018	2019	2020
Best	95.6%	94.3%	94.3%	95.3%	94.3%
Your org	86.9%	85.7%	87.7%	85.6%	84.7%
Average	86.7%	85.1%	84.5%	85.0%	84.9%
Worst	67.2%	68.8%	69.4%	70.7%	66.5%

Q15a

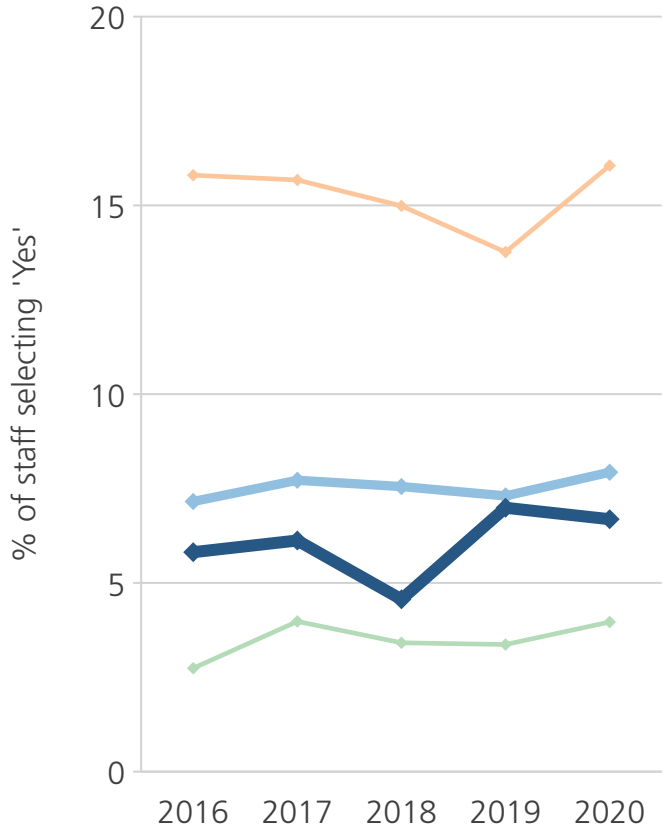
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2016	2017	2018	2019	2020
Worst	13.8%	16.1%	16.4%	14.8%	15.7%
Your org	2.8%	5.2%	5.1%	4.1%	3.9%
Average	5.2%	5.6%	5.8%	6.0%	6.2%
Best	1.7%	2.2%	2.1%	1.9%	1.9%

Q15b

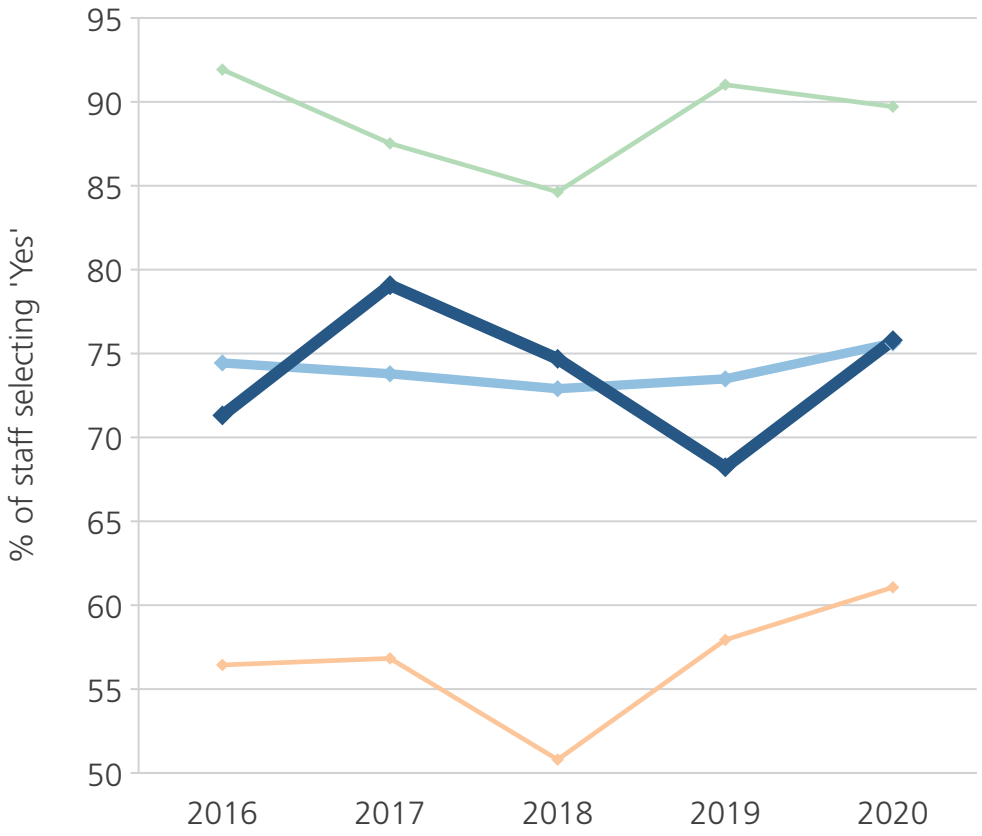
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2016	2017	2018	2019	2020
Worst	15.8%	15.7%	15.0%	13.8%	16.1%
Your org	5.8%	6.1%	4.6%	7.0%	6.7%
Average	7.2%	7.7%	7.6%	7.3%	7.9%
Best	2.7%	4.0%	3.4%	3.4%	4.0%

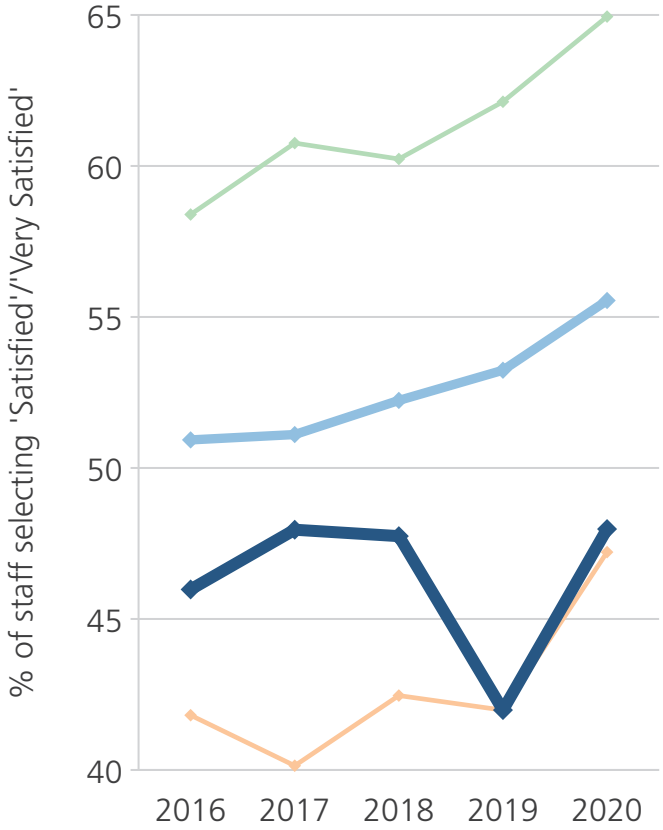
Q26b

Has your employer made adequate adjustment(s) to enable you to carry out your work?



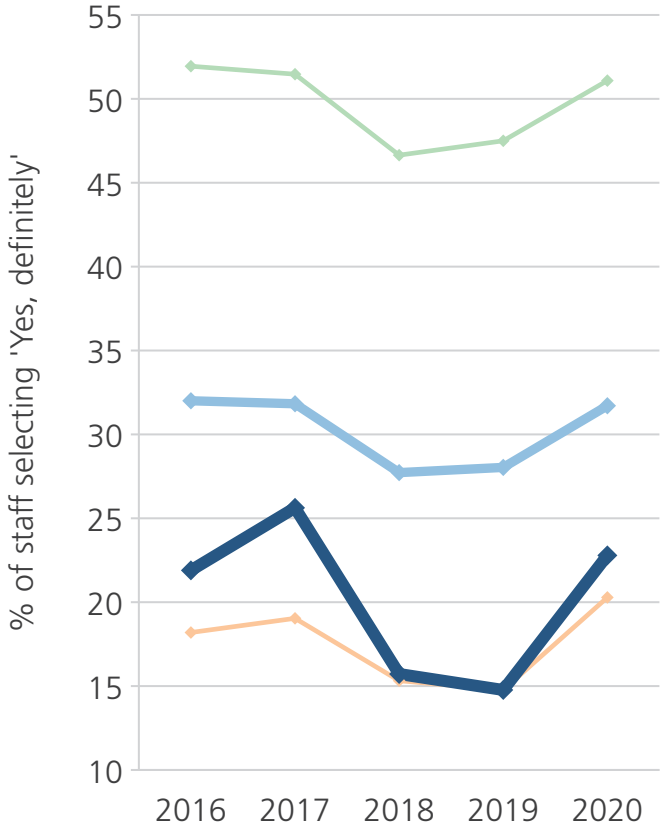
Best	91.9%	87.5%	84.6%	91.0%	89.7%
Your org	71.3%	79.1%	74.7%	68.2%	75.8%
Average	74.4%	73.8%	72.9%	73.5%	75.6%
Worst	56.4%	56.8%	50.8%	57.9%	61.1%

Q5h
The opportunities for flexible working patterns



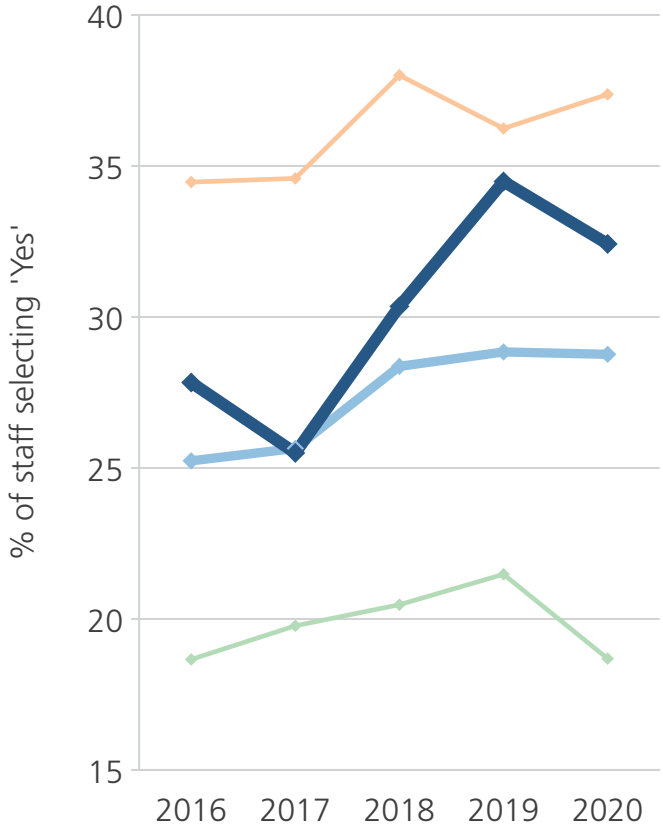
	2016	2017	2018	2019	2020
Best	58.4%	60.8%	60.2%	62.1%	64.9%
Your org	46.0%	48.0%	47.7%	42.0%	48.0%
Average	50.9%	51.1%	52.2%	53.2%	55.5%
Worst	41.8%	40.1%	42.5%	42.0%	47.2%

Q11a
Does your organisation take positive action on health and well-being?



	2016	2017	2018	2019	2020
Best	51.9%	51.5%	46.6%	47.5%	51.1%
Your org	21.9%	25.6%	15.7%	14.8%	22.8%
Average	32.0%	31.8%	27.7%	28.0%	31.7%
Worst	18.2%	19.0%	15.3%	14.8%	20.3%

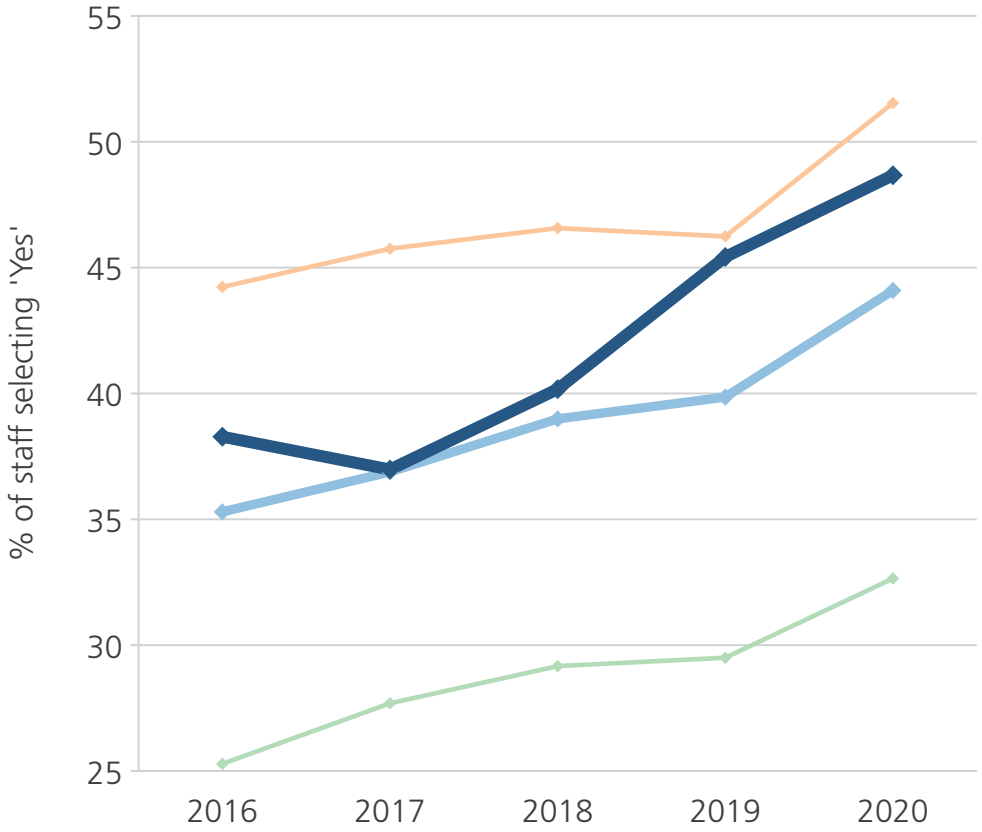
Q11b
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



	2016	2017	2018	2019	2020
Worst	34.5%	34.6%	38.0%	36.2%	37.4%
Your org	27.8%	25.5%	30.3%	34.5%	32.4%
Average	25.2%	25.6%	28.4%	28.8%	28.8%
Best	18.7%	19.8%	20.5%	21.5%	18.7%

Q11c

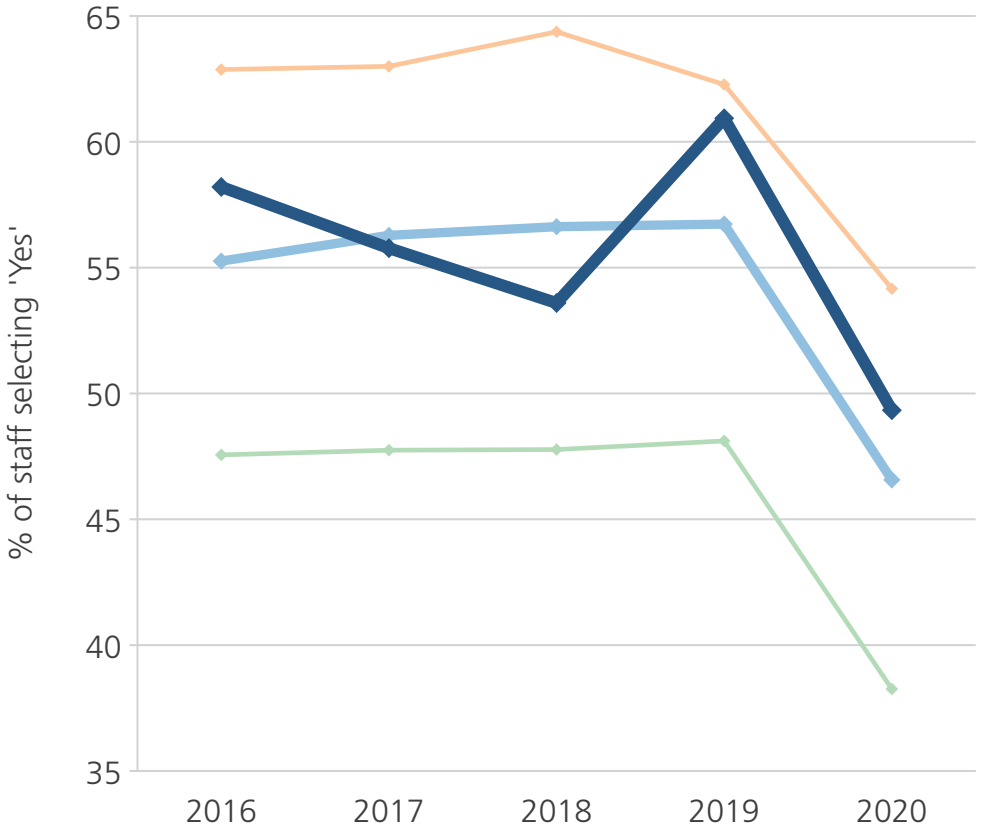
During the last 12 months have you felt unwell as a result of work related stress?



	2016	2017	2018	2019	2020
Worst	44.2%	45.8%	46.6%	46.2%	51.5%
Your org	38.3%	37.0%	40.2%	45.4%	48.7%
Average	35.3%	36.9%	39.0%	39.9%	44.1%
Best	25.3%	27.7%	29.2%	29.5%	32.6%

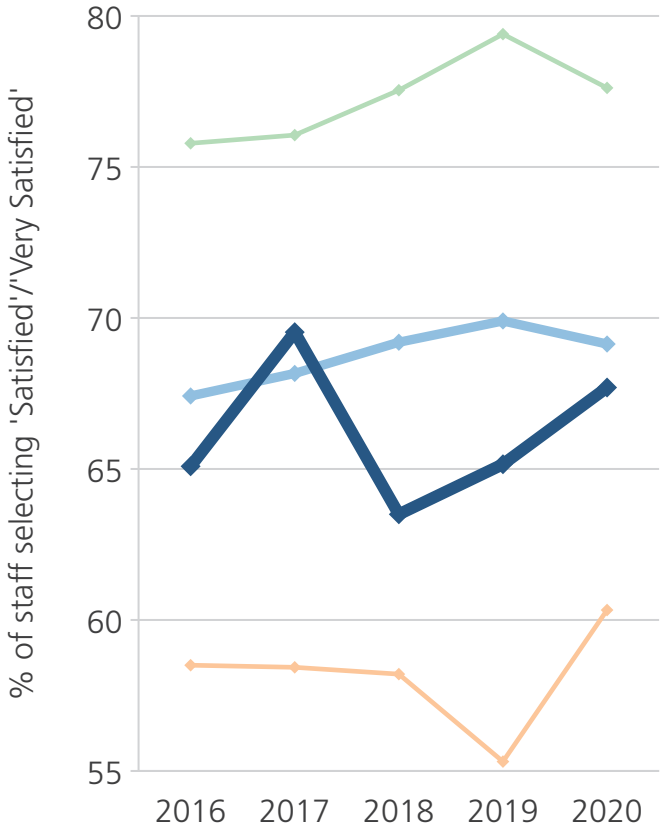
Q11d

In the last three months have you ever come to work despite not feeling well enough to perform your duties?



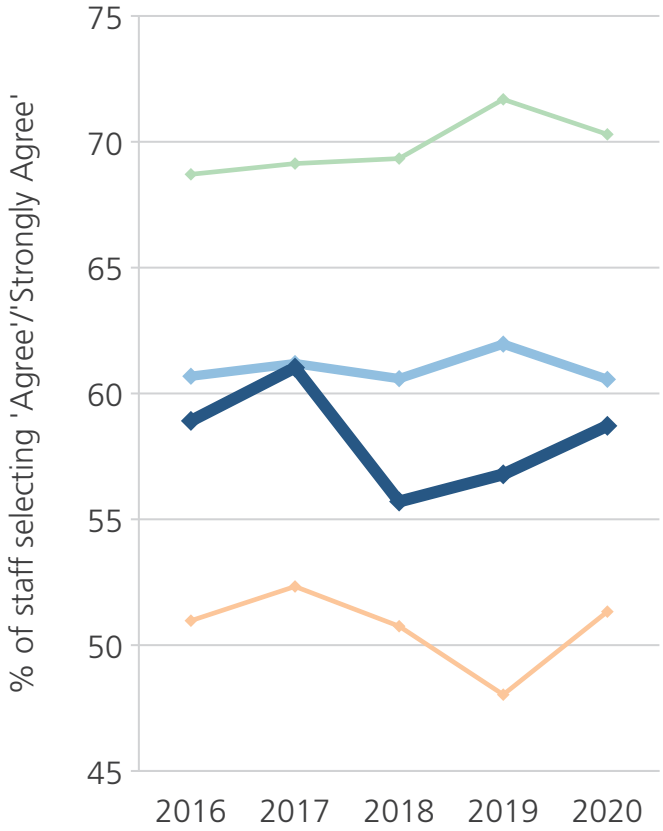
	2016	2017	2018	2019	2020
Worst	62.9%	63.0%	64.4%	62.3%	54.2%
Your org	58.2%	55.8%	53.6%	60.9%	49.3%
Average	55.3%	56.3%	56.6%	56.7%	46.6%
Best	47.6%	47.7%	47.8%	48.1%	38.3%

Q5b
The support I get from my immediate manager



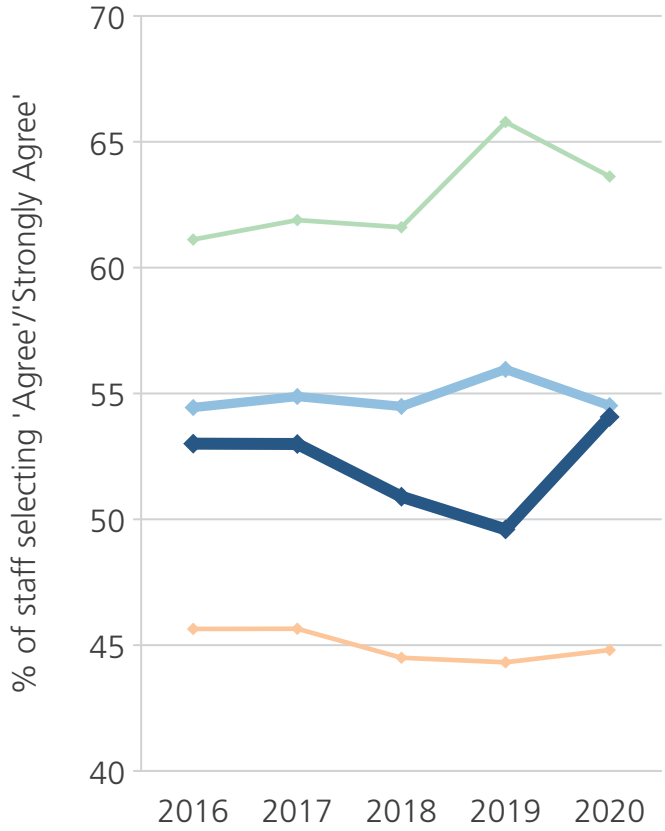
	2016	2017	2018	2019	2020
Best	75.8%	76.1%	77.5%	79.4%	77.6%
Your org	65.1%	69.5%	63.5%	65.2%	67.7%
Average	67.4%	68.2%	69.2%	69.9%	69.1%
Worst	58.5%	58.4%	58.2%	55.3%	60.3%

Q8c
My immediate manager gives me clear feedback on my work



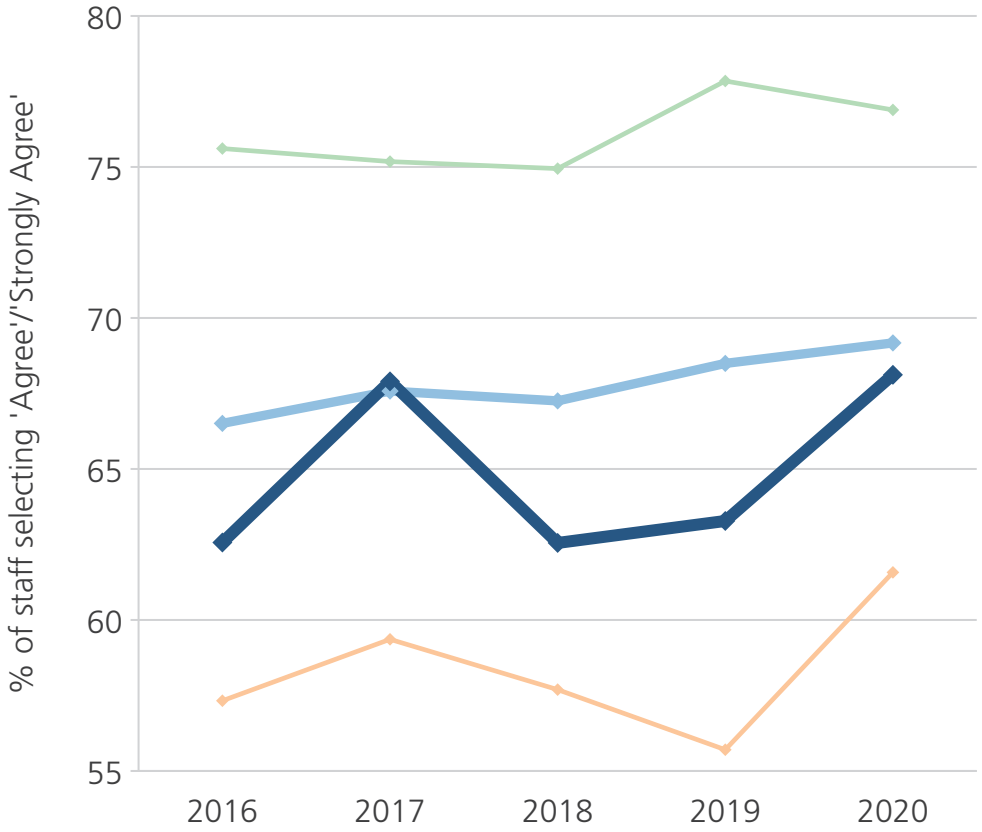
	2016	2017	2018	2019	2020
Best	68.7%	69.1%	69.3%	71.7%	70.3%
Your org	58.9%	61.0%	55.7%	56.8%	58.7%
Average	60.7%	61.2%	60.6%	62.0%	60.6%
Worst	51.0%	52.3%	50.8%	48.0%	51.3%

Q8d
My immediate manager asks for my opinion before making decisions that affect my work



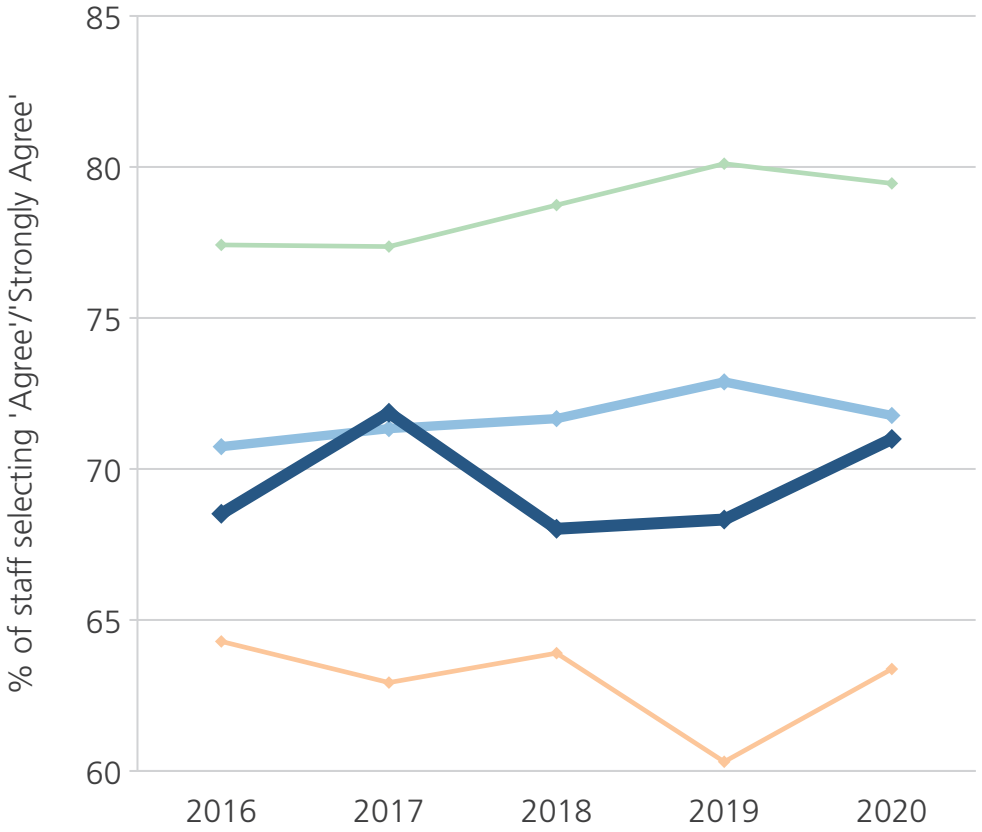
	2016	2017	2018	2019	2020
Best	61.1%	61.9%	61.6%	65.8%	63.6%
Your org	53.0%	53.0%	50.9%	49.6%	54.1%
Average	54.4%	54.9%	54.5%	56.0%	54.5%
Worst	45.6%	45.7%	44.5%	44.3%	44.8%

Q8f
My immediate manager takes a positive interest in my health and well-being



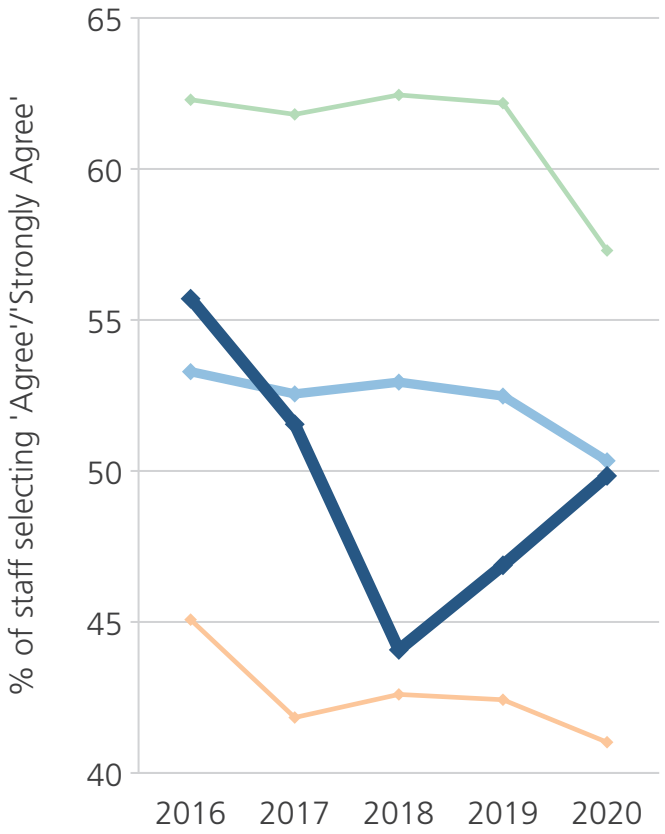
	2016	2017	2018	2019	2020
Best	75.6%	75.2%	74.9%	77.8%	76.9%
Your org	62.6%	67.9%	62.6%	63.3%	68.1%
Average	66.5%	67.6%	67.3%	68.5%	69.2%
Worst	57.3%	59.4%	57.7%	55.7%	61.6%

Q8g
My immediate manager values my work



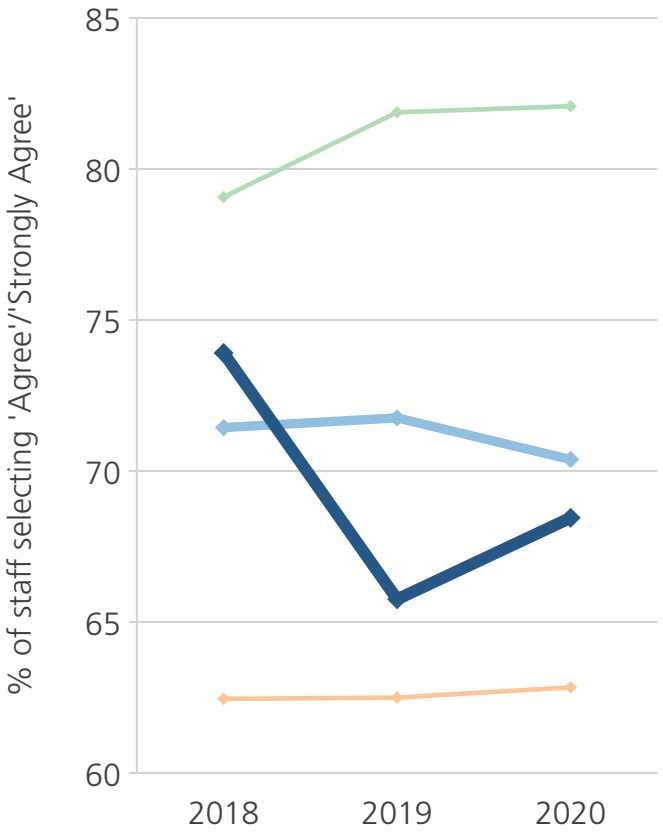
	2016	2017	2018	2019	2020
Best	77.4%	77.4%	78.7%	80.1%	79.5%
Your org	68.5%	71.9%	68.0%	68.3%	71.0%
Average	70.7%	71.3%	71.7%	72.9%	71.8%
Worst	64.3%	62.9%	63.9%	60.3%	63.4%

Q4c
I am involved in deciding on changes introduced that affect my work area / team / department



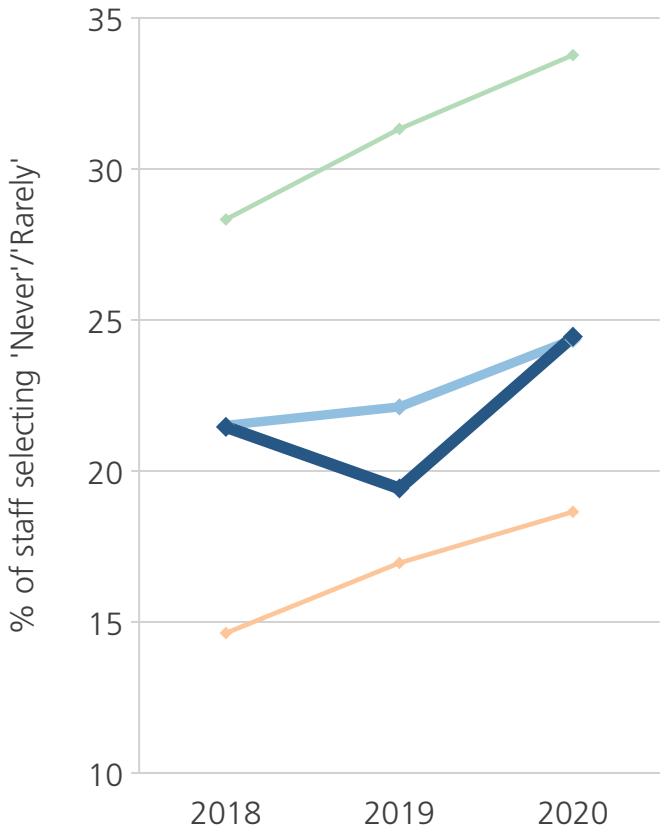
	2016	2017	2018	2019	2020
Best	62.3%	61.8%	62.5%	62.2%	57.3%
Your org	55.7%	51.5%	44.1%	46.9%	49.8%
Average	53.3%	52.6%	52.9%	52.5%	50.3%
Worst	45.1%	41.8%	42.6%	42.4%	41.0%

Q4j
I receive the respect I deserve from my colleagues at work



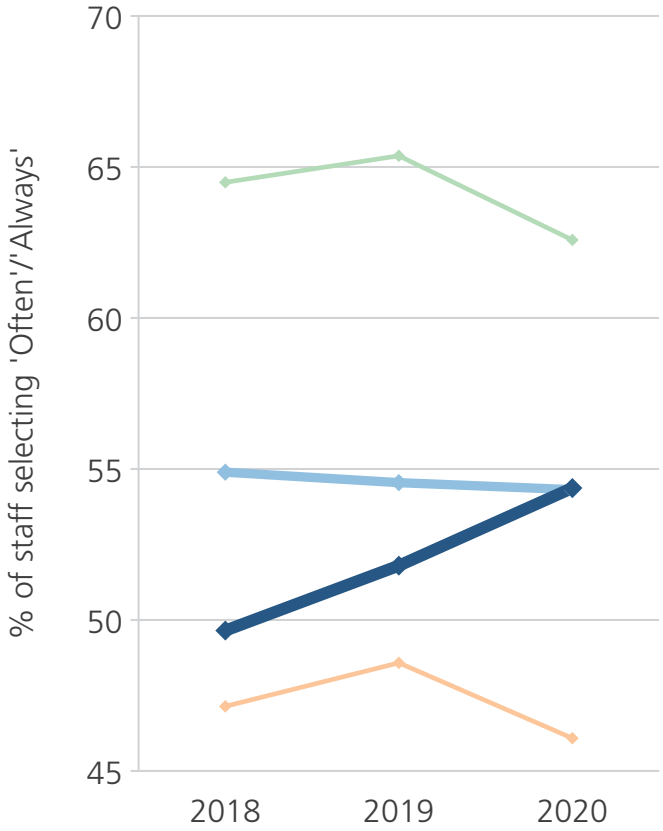
	2018	2019	2020
Best	79.1%	81.9%	82.1%
Your org	73.9%	65.8%	68.4%
Average	71.4%	71.8%	70.4%
Worst	62.5%	62.5%	62.8%

Q6a
I have unrealistic time pressures



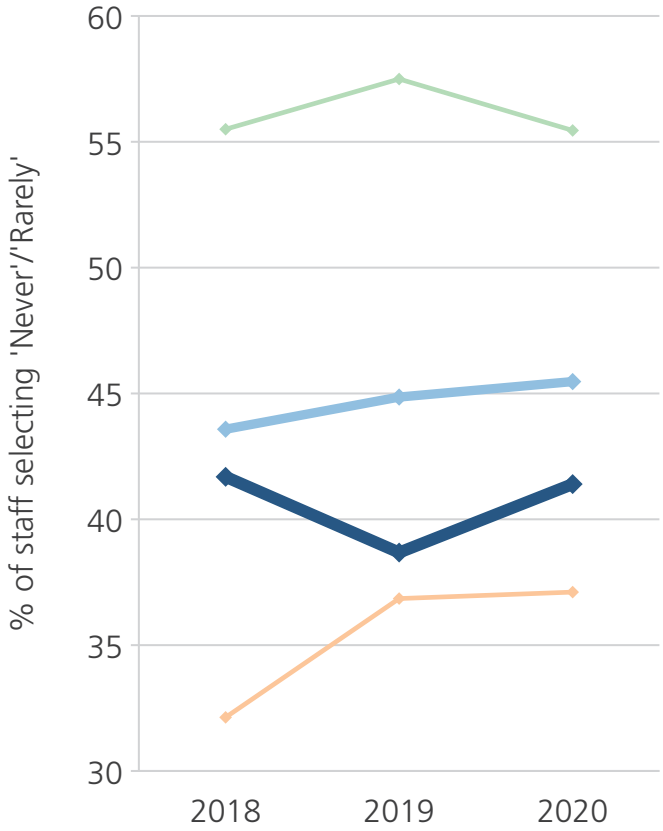
	2018	2019	2020
Best	28.3%	31.3%	33.8%
Your org	21.5%	19.4%	24.4%
Average	21.5%	22.1%	24.4%
Worst	14.6%	17.0%	18.6%

Q6b
I have a choice in deciding how to do my work



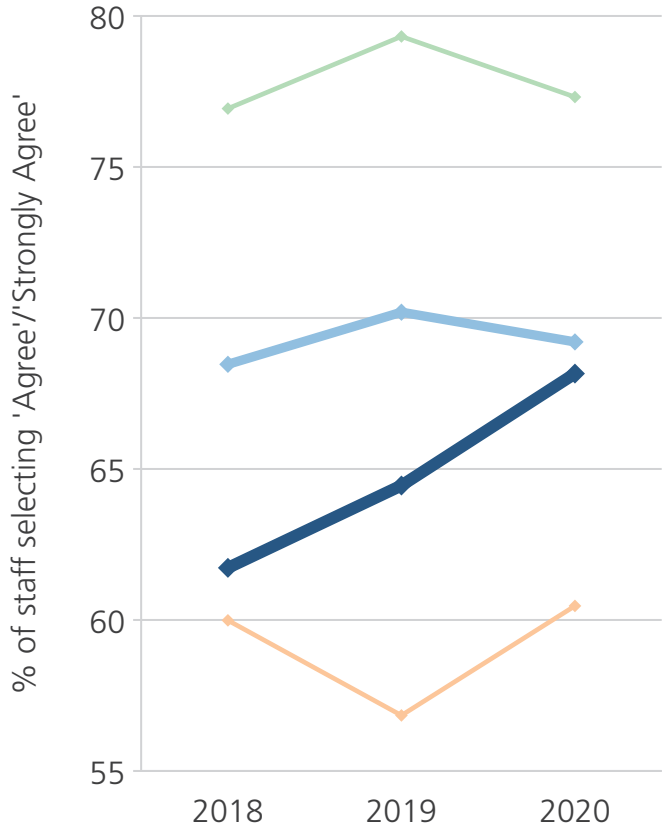
	2018	2019	2020
Best	64.5%	65.4%	62.6%
Your org	49.6%	51.8%	54.4%
Average	54.9%	54.5%	54.3%
Worst	47.1%	48.6%	46.1%

Q6c
Relationships at work are strained



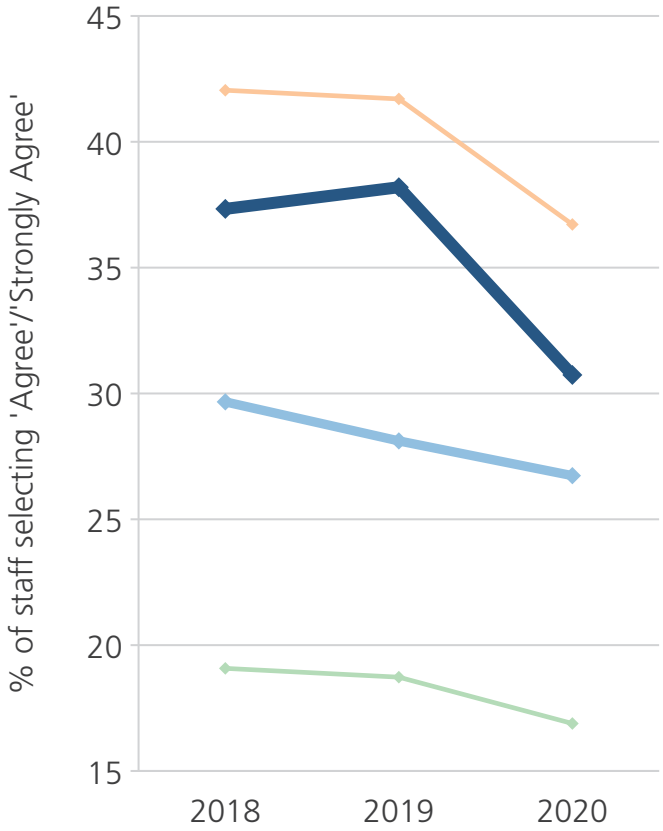
	2018	2019	2020
Best	55.5%	57.5%	55.5%
Your org	41.7%	38.7%	41.4%
Average	43.6%	44.9%	45.5%
Worst	32.1%	36.9%	37.1%

Q8a
My immediate manager encourages me at work



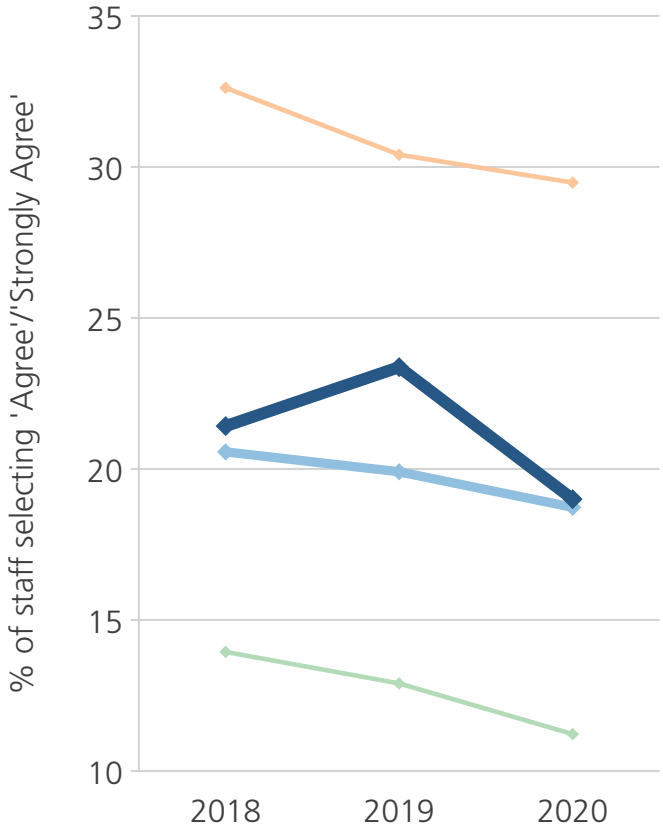
	2018	2019	2020
Best	76.9%	79.3%	77.3%
Your org	61.7%	64.5%	68.2%
Average	68.5%	70.2%	69.2%
Worst	60.0%	56.8%	60.5%

Q19a
I often think about leaving this organisation



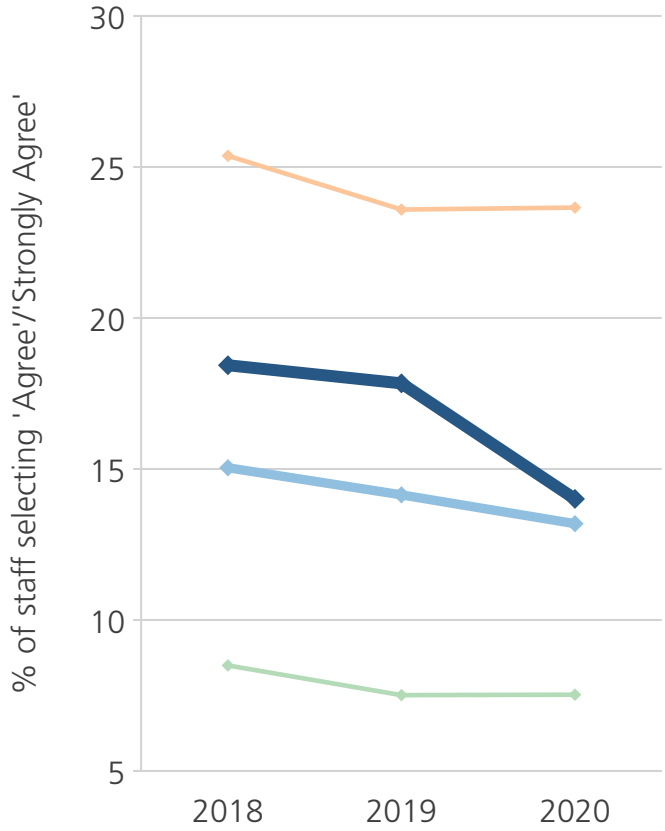
	2018	2019	2020
Worst	42.0%	41.7%	36.7%
Your org	37.3%	38.2%	30.7%
Average	29.7%	28.1%	26.7%
Best	19.1%	18.7%	16.9%

Q19b
I will probably look for a job at a new organisation in the next 12 months



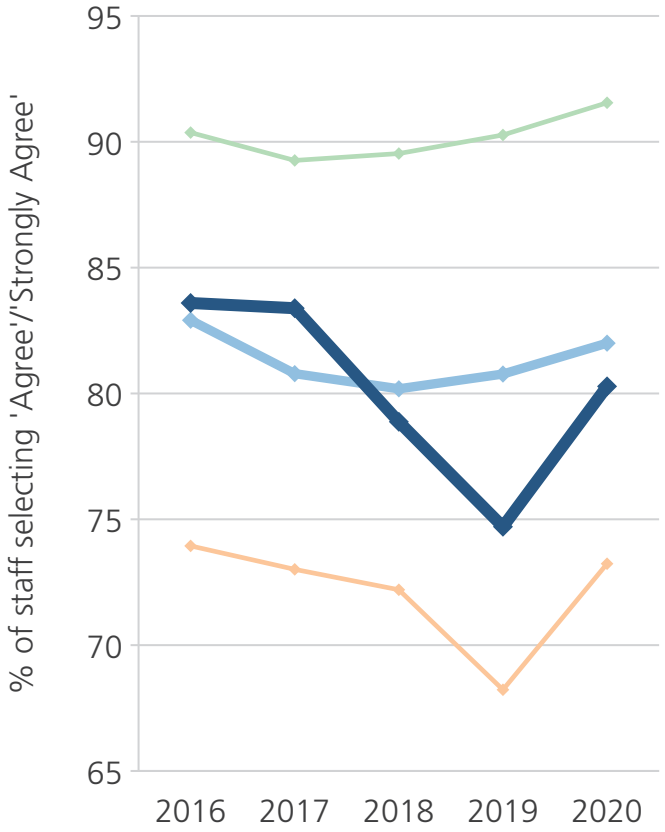
	2018	2019	2020
Worst	32.6%	30.4%	29.5%
Your org	21.4%	23.4%	19.0%
Average	20.6%	19.9%	18.7%
Best	13.9%	12.9%	11.2%

Q19c
As soon as I can find another job, I will leave this organisation



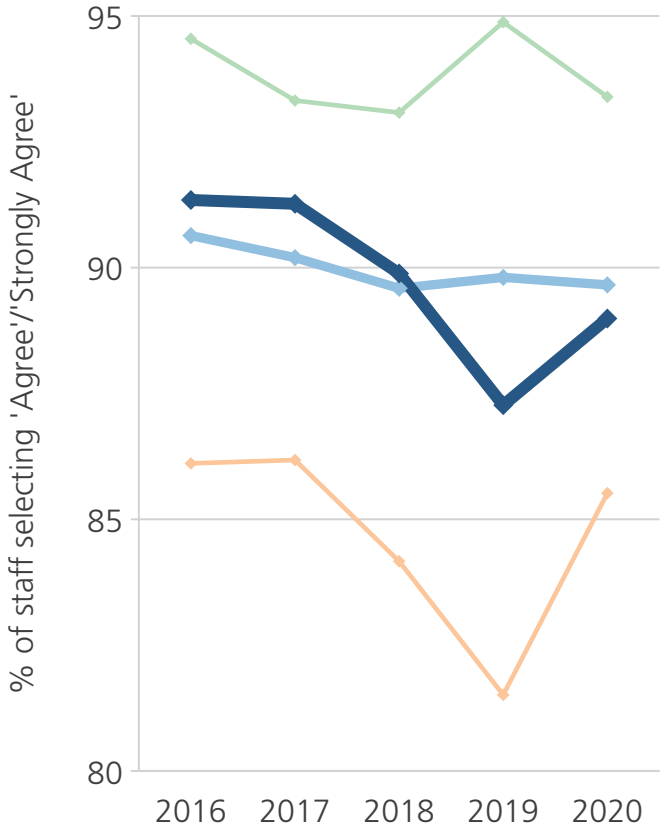
	2018	2019	2020
Worst	25.4%	23.6%	23.7%
Your org	18.4%	17.8%	14.0%
Average	15.0%	14.1%	13.2%
Best	8.5%	7.5%	7.5%

Q7a
I am satisfied with the quality of care I give to patients / service users



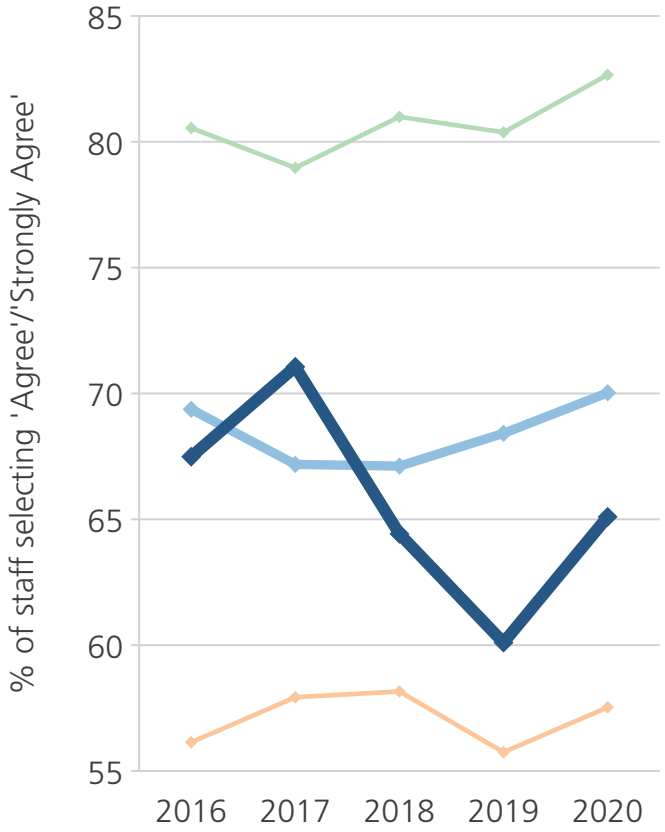
	2016	2017	2018	2019	2020
Best	90.4%	89.3%	89.5%	90.3%	91.6%
Your org	83.6%	83.4%	78.9%	74.7%	80.3%
Average	82.9%	80.8%	80.2%	80.8%	82.0%
Worst	73.9%	73.0%	72.2%	68.2%	73.2%

Q7b
I feel that my role makes a difference to patients / service users



	2016	2017	2018	2019	2020
Best	94.5%	93.3%	93.1%	94.9%	93.4%
Your org	91.3%	91.3%	89.9%	87.3%	89.0%
Average	90.6%	90.2%	89.6%	89.8%	89.7%
Worst	86.1%	86.2%	84.2%	81.5%	85.5%

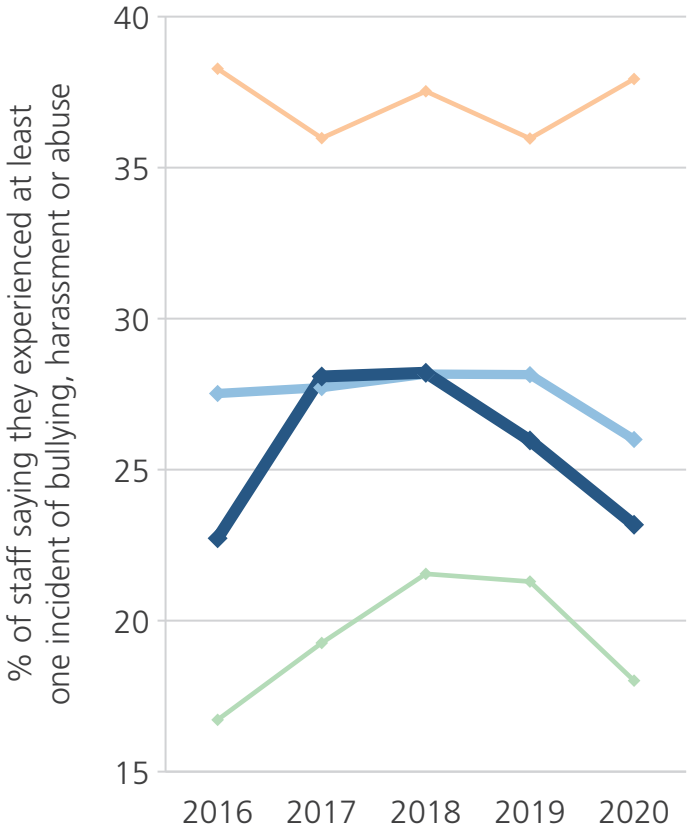
Q7c
I am able to deliver the care I aspire to



	2016	2017	2018	2019	2020
Best	80.6%	79.0%	81.0%	80.4%	82.7%
Your org	67.5%	71.1%	64.4%	60.1%	65.1%
Average	69.4%	67.2%	67.1%	68.4%	70.0%
Worst	56.1%	57.9%	58.2%	55.7%	57.5%

Q13a

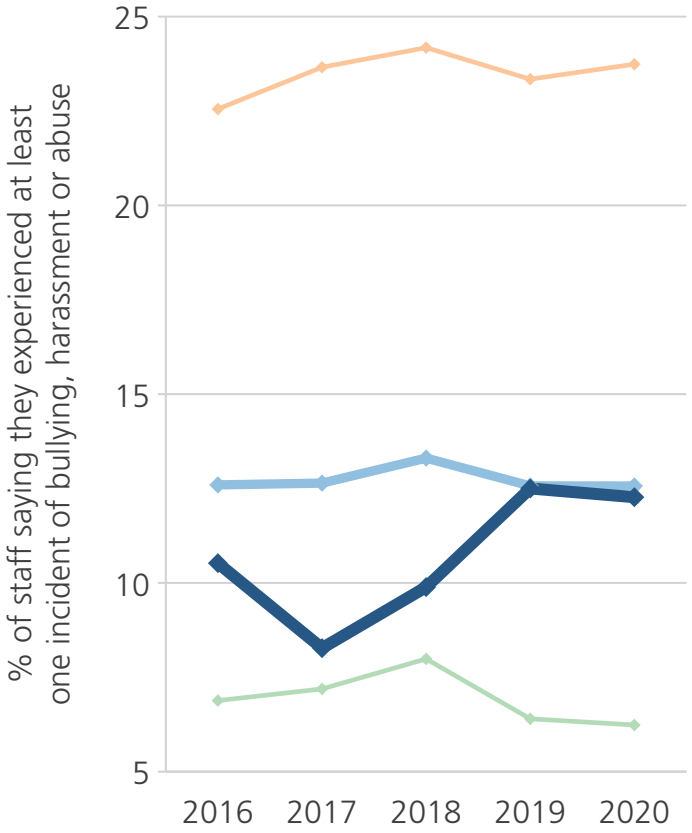
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



	2016	2017	2018	2019	2020
Worst	38.3%	36.0%	37.5%	36.0%	37.9%
Your org	22.7%	28.1%	28.2%	26.0%	23.2%
Average	27.5%	27.7%	28.2%	28.1%	26.0%
Best	16.7%	19.3%	21.5%	21.3%	18.0%

Q13b

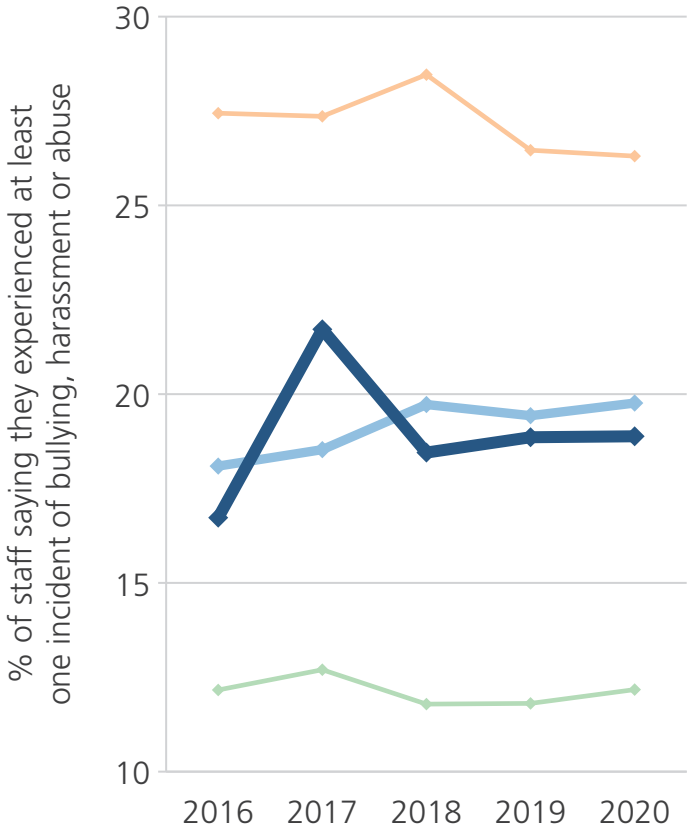
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



	2016	2017	2018	2019	2020
Worst	22.6%	23.7%	24.2%	23.3%	23.7%
Your org	10.5%	8.3%	9.9%	12.5%	12.3%
Average	12.6%	12.6%	13.3%	12.6%	12.6%
Best	6.9%	7.2%	8.0%	6.4%	6.2%

Q13c

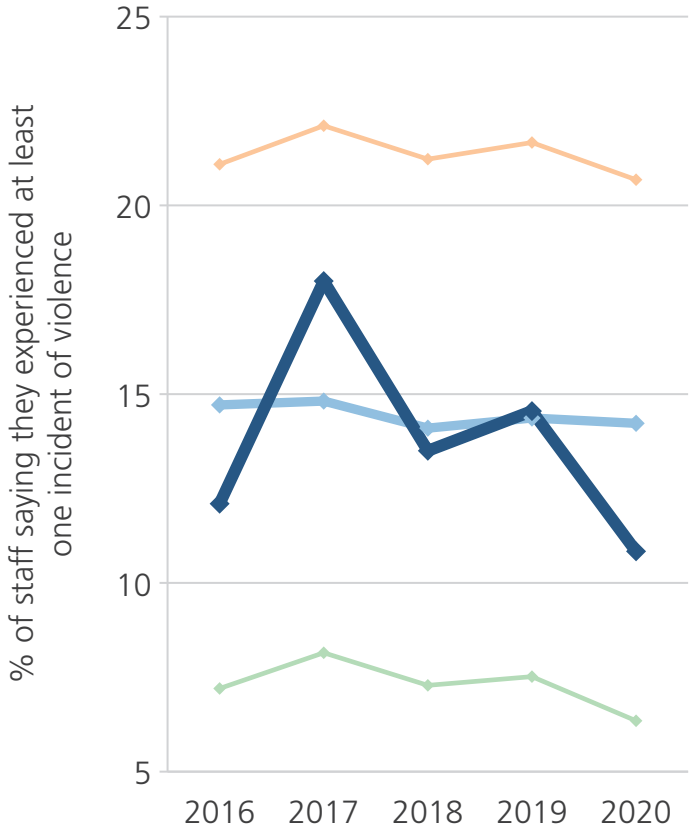
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



	2016	2017	2018	2019	2020
Worst	27.4%	27.4%	28.5%	26.5%	26.3%
Your org	16.7%	21.7%	18.5%	18.9%	18.9%
Average	18.1%	18.5%	19.7%	19.4%	19.8%
Best	12.2%	12.7%	11.8%	11.8%	12.2%

Q12a

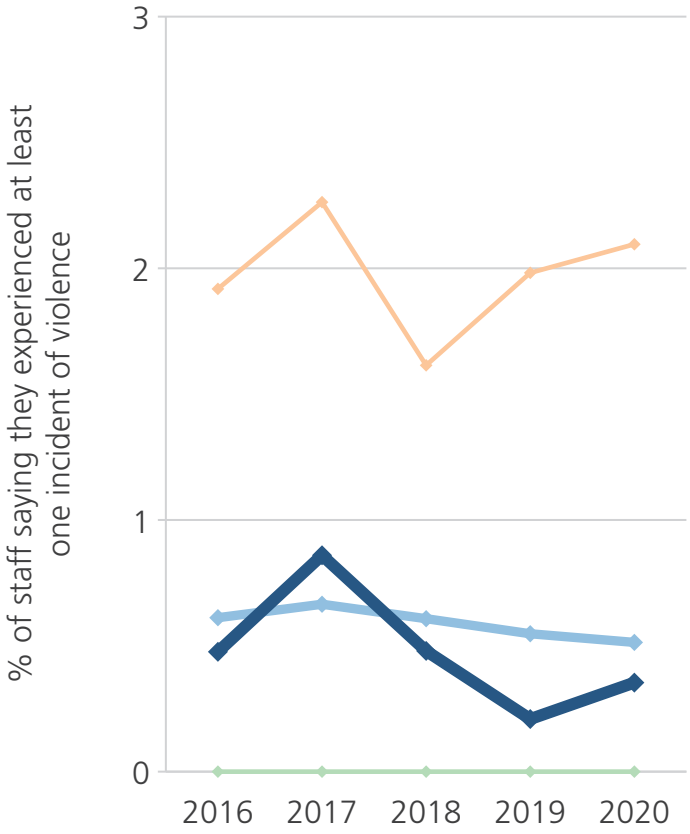
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



	2016	2017	2018	2019	2020
Worst	21.1%	22.1%	21.2%	21.7%	20.7%
Your org	12.1%	18.0%	13.5%	14.6%	10.8%
Average	14.7%	14.8%	14.1%	14.4%	14.2%
Best	7.2%	8.1%	7.3%	7.5%	6.3%

Q12b

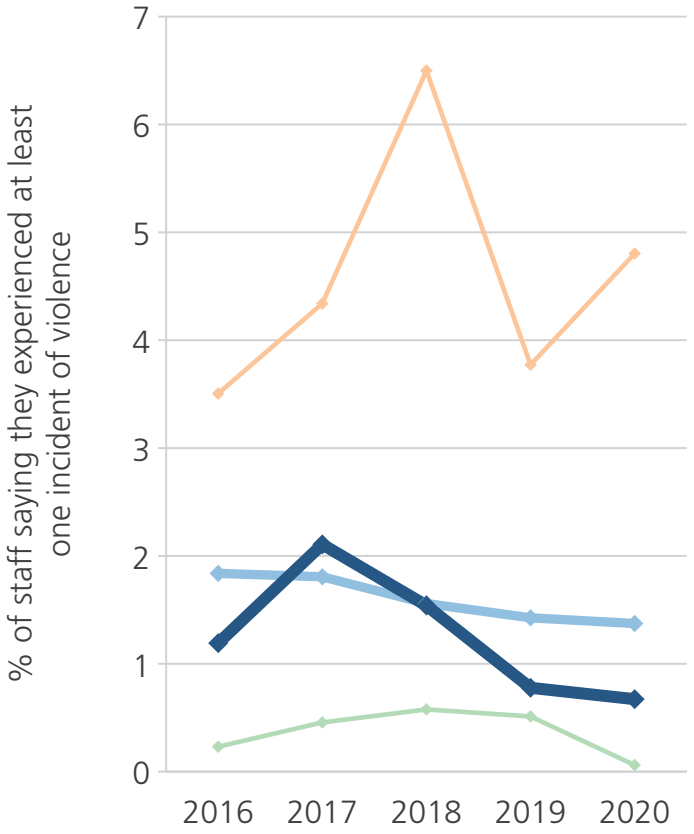
In the last 12 months how many times have you personally experienced physical violence at work from managers?



	2016	2017	2018	2019	2020
Worst	1.9%	2.3%	1.6%	2.0%	2.1%
Your org	0.5%	0.9%	0.5%	0.2%	0.4%
Average	0.6%	0.7%	0.6%	0.5%	0.5%
Best	0.0%	0.0%	0.0%	0.0%	0.0%

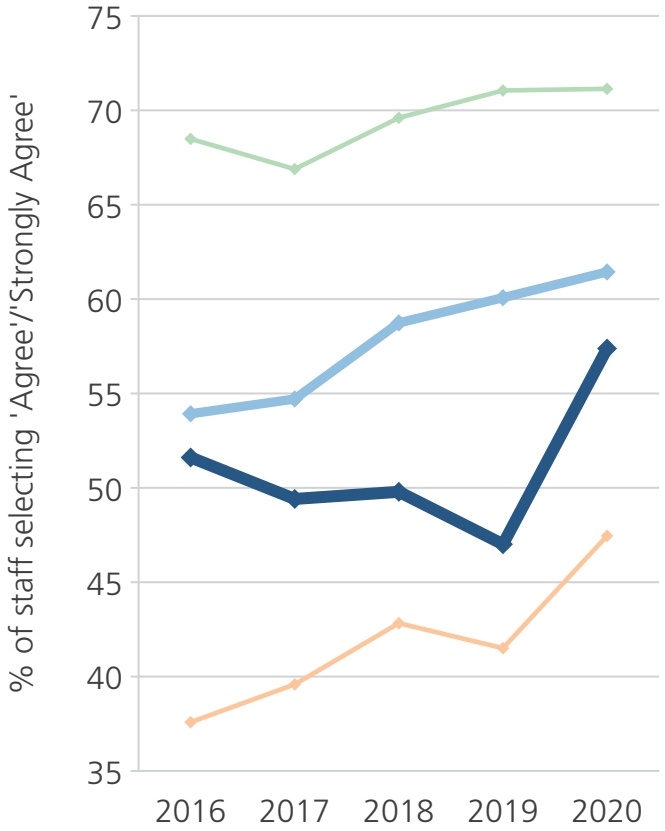
Q12c

In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



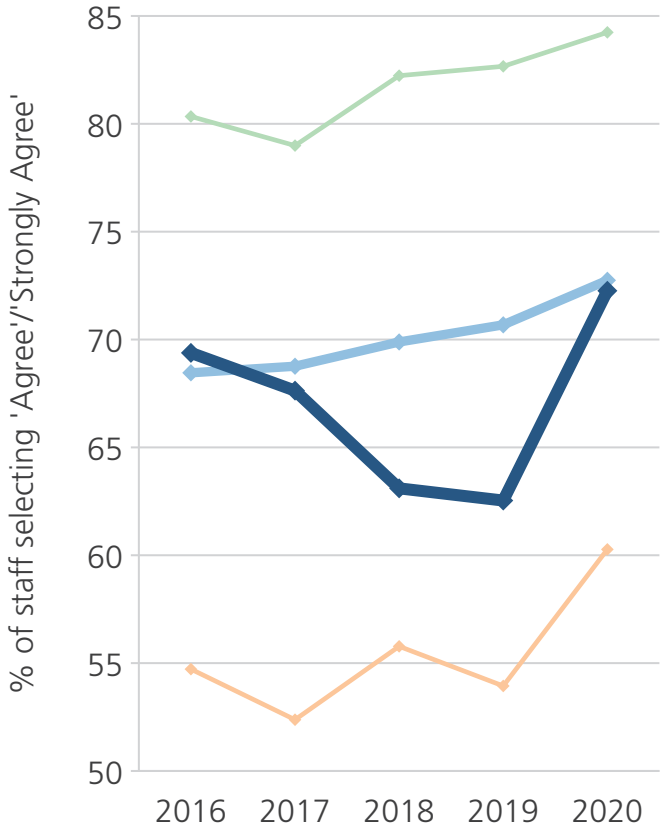
	2016	2017	2018	2019	2020
Worst	3.5%	4.3%	6.5%	3.8%	4.8%
Your org	1.2%	2.1%	1.5%	0.8%	0.7%
Average	1.8%	1.8%	1.6%	1.4%	1.4%
Best	0.2%	0.5%	0.6%	0.5%	0.1%

Q16a
My organisation treats staff who are involved in an error, near miss or incident fairly



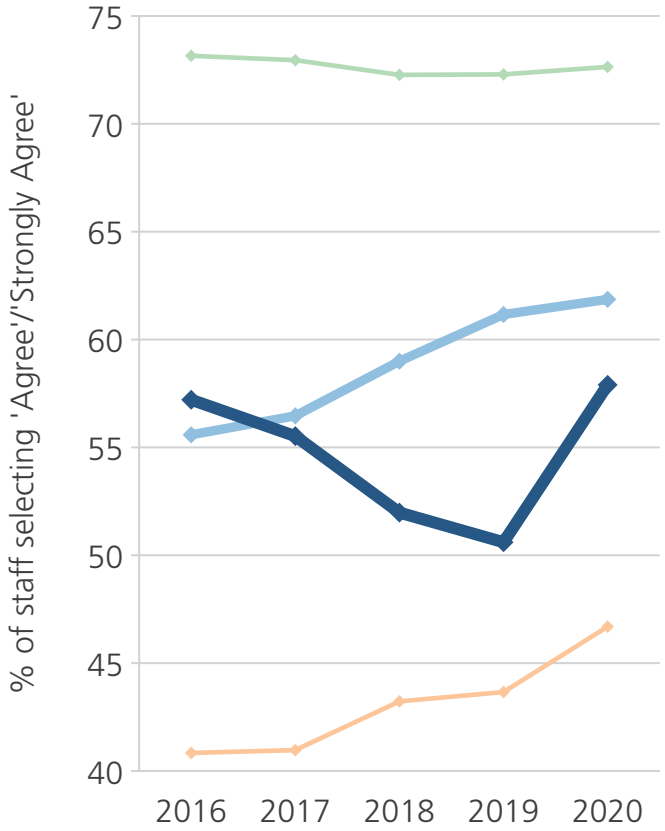
	2016	2017	2018	2019	2020
Best	68.5%	66.9%	69.6%	71.1%	71.1%
Your org	51.6%	49.4%	49.8%	47.0%	57.4%
Average	53.9%	54.7%	58.7%	60.1%	61.4%
Worst	37.6%	39.6%	42.8%	41.5%	47.5%

Q16c
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again



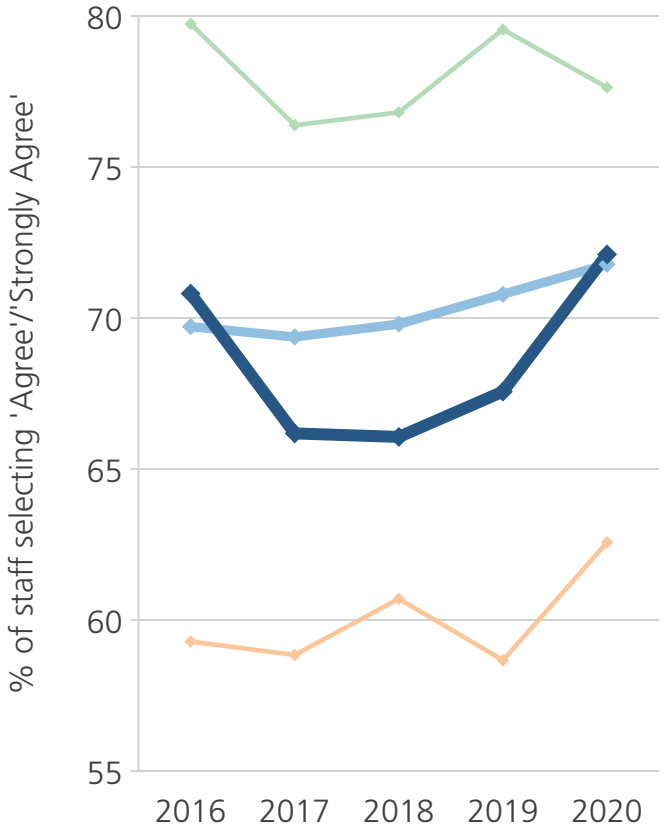
	2016	2017	2018	2019	2020
Best	80.3%	79.0%	82.2%	82.7%	84.2%
Your org	69.4%	67.6%	63.1%	62.5%	72.3%
Average	68.5%	68.8%	69.9%	70.7%	72.7%
Worst	54.7%	52.4%	55.8%	53.9%	60.3%

Q16d
We are given feedback about changes made in response to reported errors, near misses and incidents



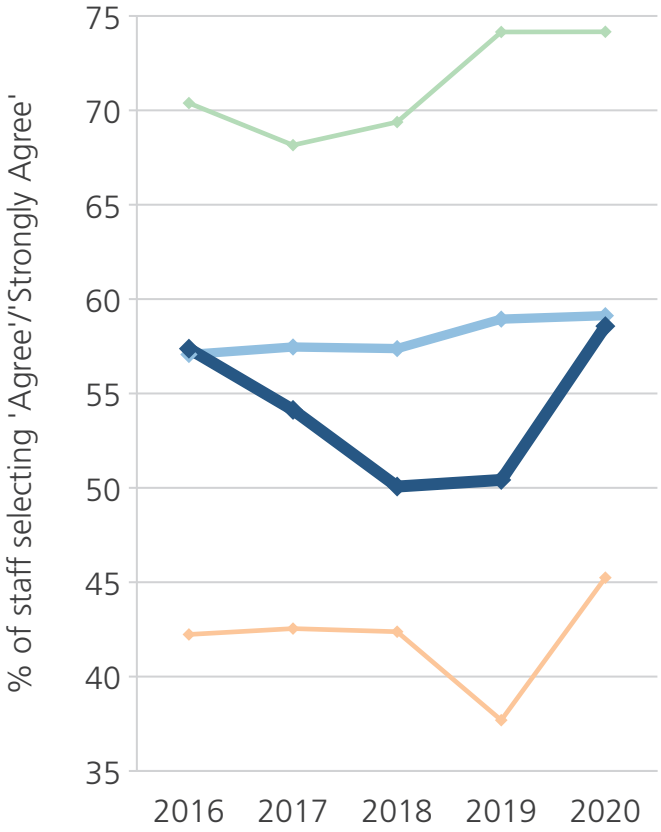
	2016	2017	2018	2019	2020
Best	73.2%	73.0%	72.3%	72.3%	72.6%
Your org	57.2%	55.5%	52.0%	50.6%	57.9%
Average	55.6%	56.5%	59.0%	61.2%	61.9%
Worst	40.8%	41.0%	43.2%	43.7%	46.7%

Q17b
I would feel secure raising concerns about unsafe clinical practice



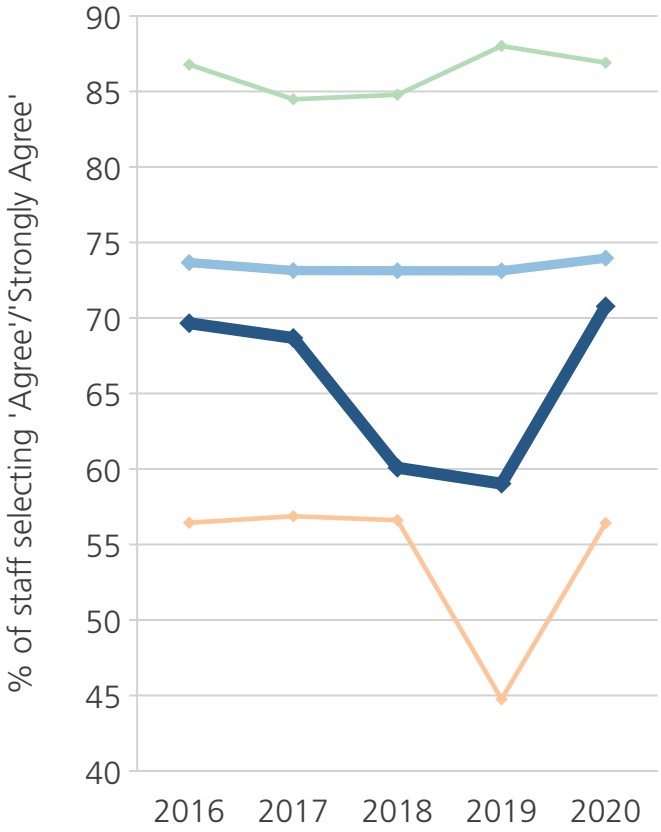
	2016	2017	2018	2019	2020
Best	79.7%	76.4%	76.8%	79.6%	77.6%
Your org	70.8%	66.2%	66.1%	67.6%	72.1%
Average	69.7%	69.4%	69.8%	70.8%	71.8%
Worst	59.3%	58.8%	60.7%	58.7%	62.6%

Q17c
I am confident that my organisation would address my concern



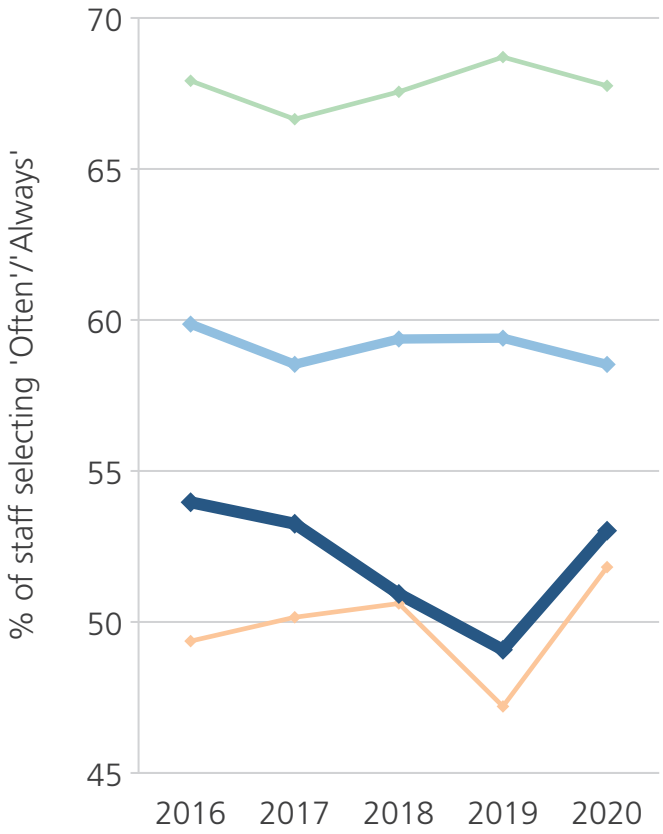
	2016	2017	2018	2019	2020
Best	70.4%	68.2%	69.4%	74.2%	74.2%
Your org	57.4%	54.1%	50.1%	50.4%	58.6%
Average	57.1%	57.5%	57.4%	58.9%	59.1%
Worst	42.2%	42.5%	42.4%	37.7%	45.2%

Q18b
My organisation acts on concerns raised by patients / service users



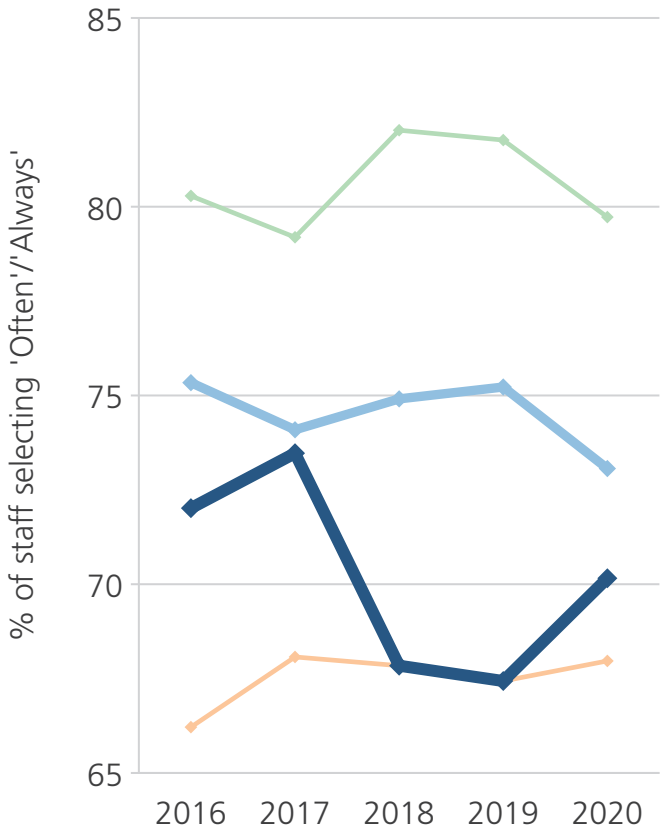
	2016	2017	2018	2019	2020
Best	86.8%	84.5%	84.8%	88.0%	86.9%
Your org	69.7%	68.7%	60.1%	59.0%	70.8%
Average	73.7%	73.1%	73.1%	73.1%	74.0%
Worst	56.4%	56.9%	56.6%	44.8%	56.4%

Q2a
I look forward to going to work



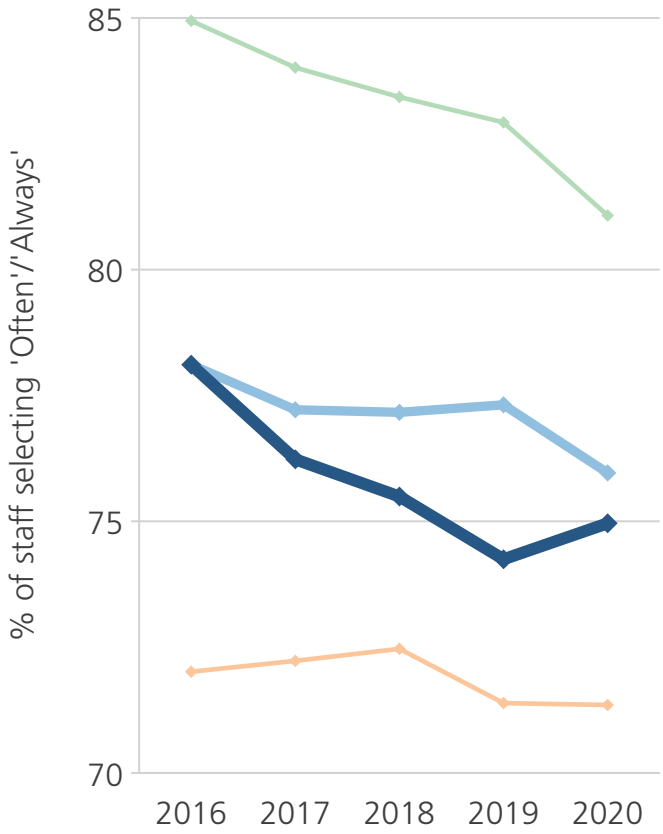
	2016	2017	2018	2019	2020
Best	67.9%	66.6%	67.6%	68.7%	67.8%
Your org	54.0%	53.3%	50.9%	49.1%	53.0%
Average	59.9%	58.5%	59.4%	59.4%	58.5%
Worst	49.4%	50.2%	50.6%	47.2%	51.8%

Q2b
I am enthusiastic about my job



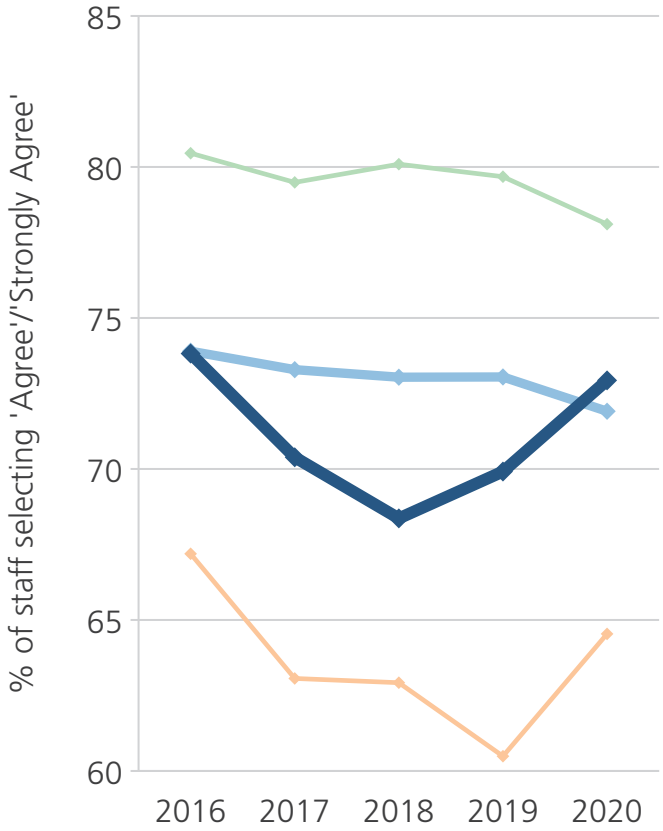
	2016	2017	2018	2019	2020
Best	80.3%	79.2%	82.0%	81.8%	79.7%
Your org	72.0%	73.5%	67.8%	67.4%	70.2%
Average	75.3%	74.1%	74.9%	75.2%	73.1%
Worst	66.2%	68.1%	67.8%	67.4%	68.0%

Q2c
Time passes quickly when I am working



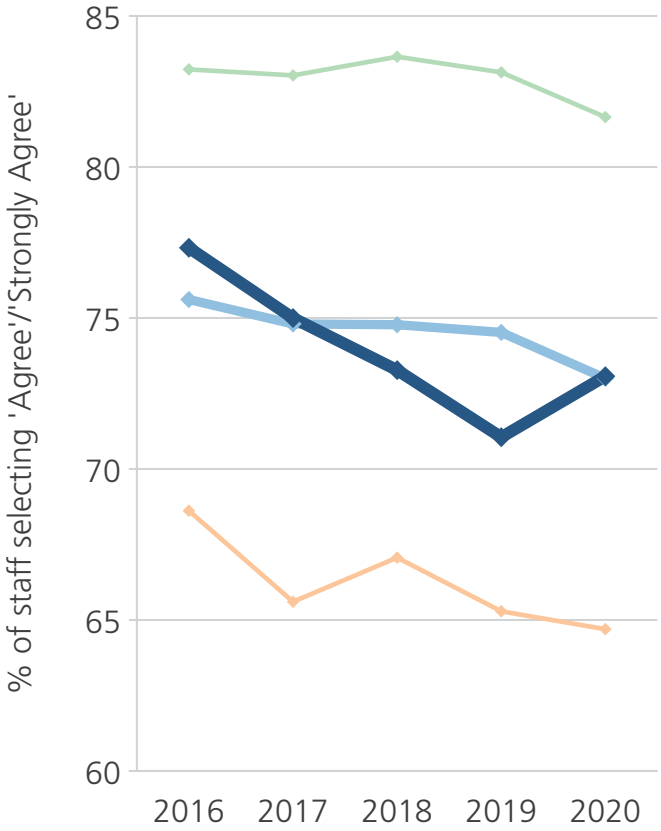
	2016	2017	2018	2019	2020
Best	84.9%	84.0%	83.4%	82.9%	81.1%
Your org	78.1%	76.2%	75.5%	74.2%	75.0%
Average	78.1%	77.2%	77.2%	77.3%	76.0%
Worst	72.0%	72.2%	72.5%	71.4%	71.4%

Q4a
There are frequent opportunities for me to show initiative in my role



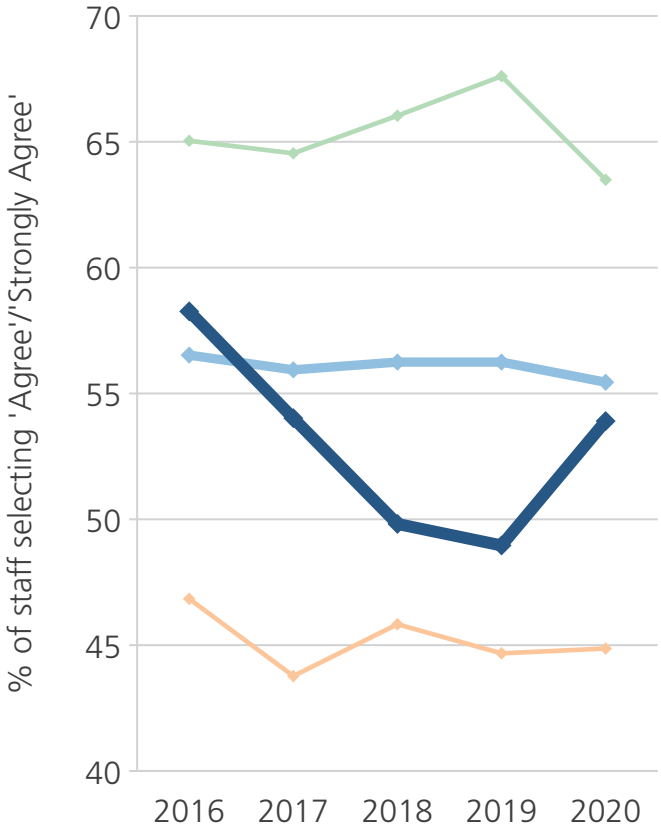
	2016	2017	2018	2019	2020
Best	80.5%	79.5%	80.1%	79.7%	78.1%
Your org	73.8%	70.4%	68.4%	69.9%	72.9%
Average	73.9%	73.3%	73.0%	73.0%	71.9%
Worst	67.2%	63.1%	62.9%	60.5%	64.5%

Q4b
I am able to make suggestions to improve the work of my team / department



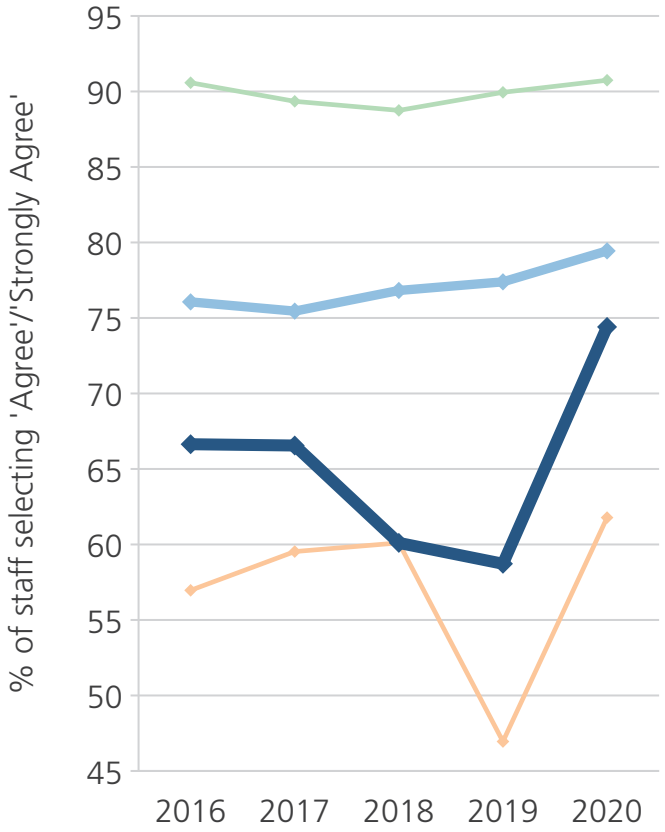
	2016	2017	2018	2019	2020
Best	83.2%	83.0%	83.6%	83.1%	81.7%
Your org	77.3%	75.0%	73.3%	71.1%	73.1%
Average	75.6%	74.8%	74.8%	74.5%	73.0%
Worst	68.6%	65.6%	67.1%	65.3%	64.7%

Q4d
I am able to make improvements happen in my area of work



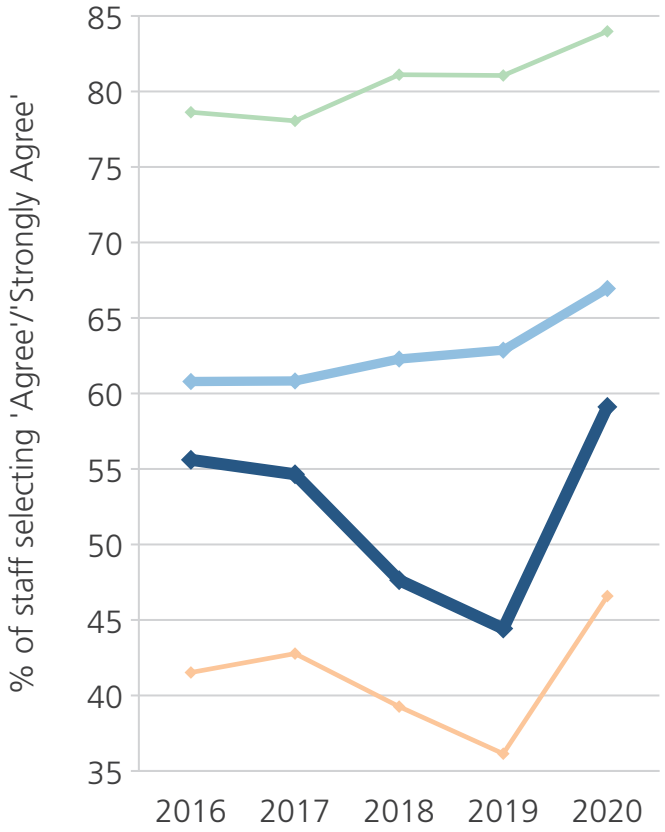
	2016	2017	2018	2019	2020
Best	65.0%	64.5%	66.0%	67.6%	63.5%
Your org	58.3%	54.0%	49.8%	49.0%	53.9%
Average	56.5%	55.9%	56.2%	56.2%	55.4%
Worst	46.8%	43.8%	45.8%	44.7%	44.9%

Q18a
Care of patients / service users is my organisation's top priority



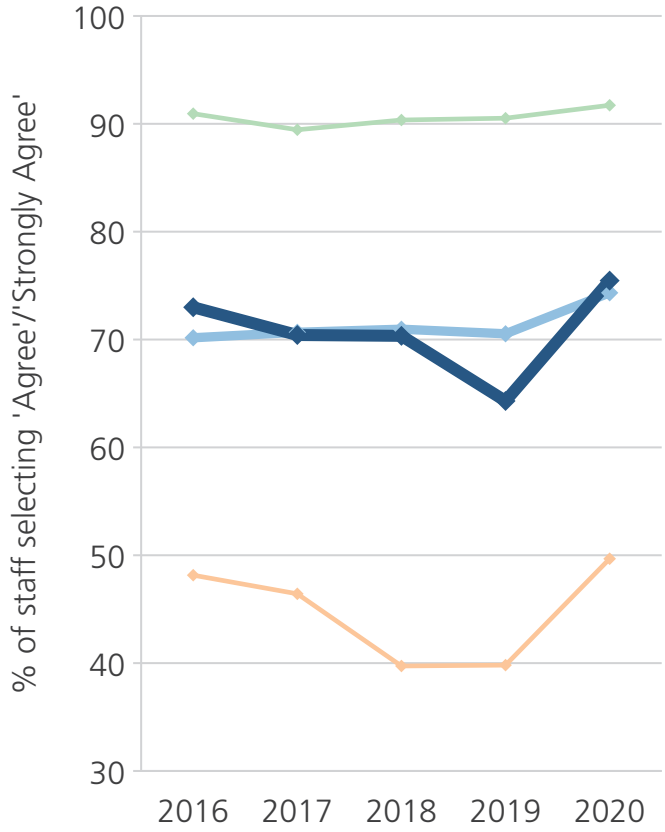
	2016	2017	2018	2019	2020
Best	90.6%	89.3%	88.7%	89.9%	90.7%
Your org	66.6%	66.6%	60.1%	58.7%	74.4%
Average	76.1%	75.5%	76.8%	77.4%	79.4%
Worst	57.0%	59.5%	60.1%	47.0%	61.8%

Q18c
I would recommend my organisation as a place to work



	2016	2017	2018	2019	2020
Best	78.6%	78.1%	81.1%	81.1%	84.0%
Your org	55.6%	54.6%	47.6%	44.4%	59.1%
Average	60.8%	60.8%	62.3%	62.9%	66.9%
Worst	41.5%	42.8%	39.3%	36.1%	46.6%

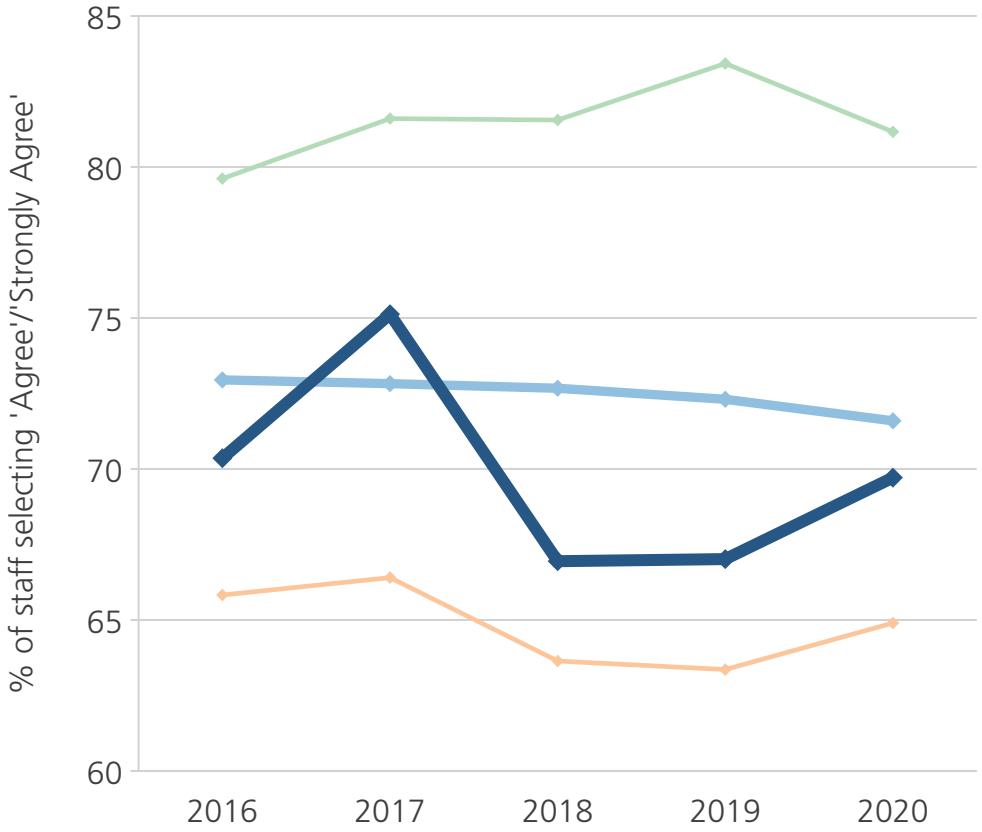
Q18d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



	2016	2017	2018	2019	2020
Best	90.9%	89.4%	90.4%	90.5%	91.7%
Your org	73.0%	70.4%	70.3%	64.3%	75.5%
Average	70.2%	70.7%	71.0%	70.5%	74.3%
Worst	48.2%	46.4%	39.7%	39.8%	49.7%

Q4h

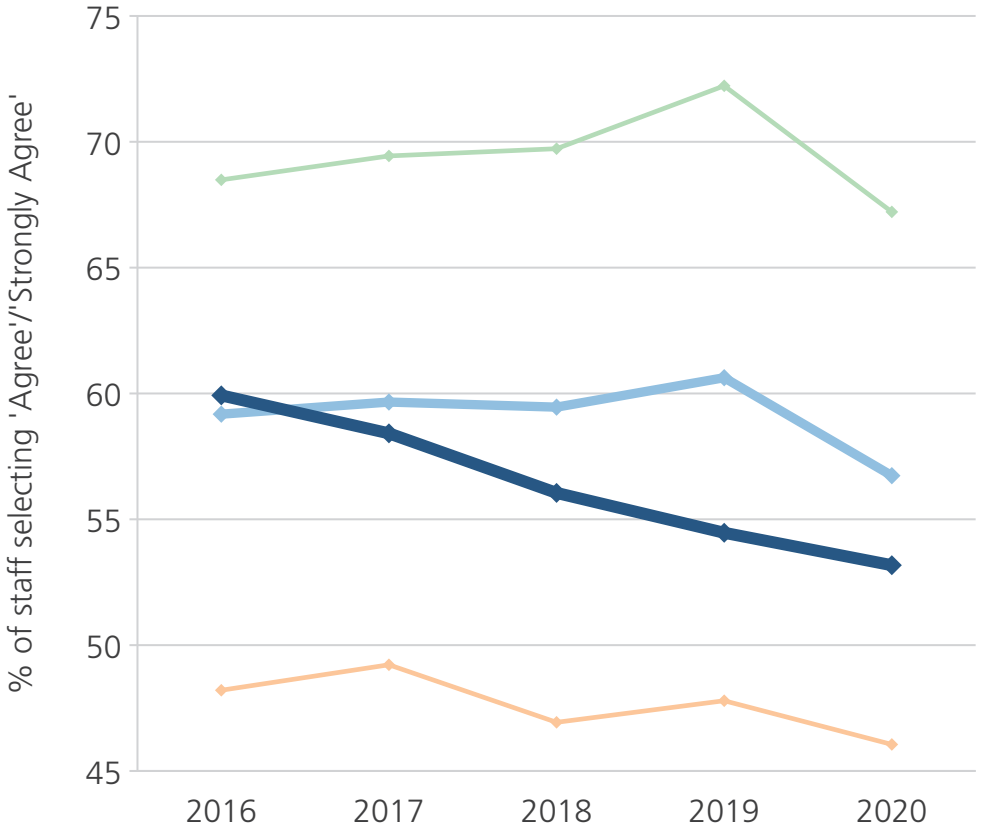
The team I work in has a set of shared objectives



	2016	2017	2018	2019	2020
Best	79.6%	81.6%	81.6%	83.4%	81.2%
Your org	70.4%	75.1%	66.9%	67.0%	69.7%
Average	72.9%	72.8%	72.7%	72.3%	71.6%
Worst	65.8%	66.4%	63.6%	63.4%	64.9%

Q4i

The team I work in often meets to discuss the team's effectiveness



	2016	2017	2018	2019	2020
Best	68.5%	69.4%	69.7%	72.2%	67.2%
Your org	59.9%	58.4%	56.0%	54.5%	53.2%
Average	59.2%	59.7%	59.5%	60.6%	56.7%
Worst	48.2%	49.2%	46.9%	47.8%	46.1%

Survey Coordination Centre

NHS England

Question results

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results

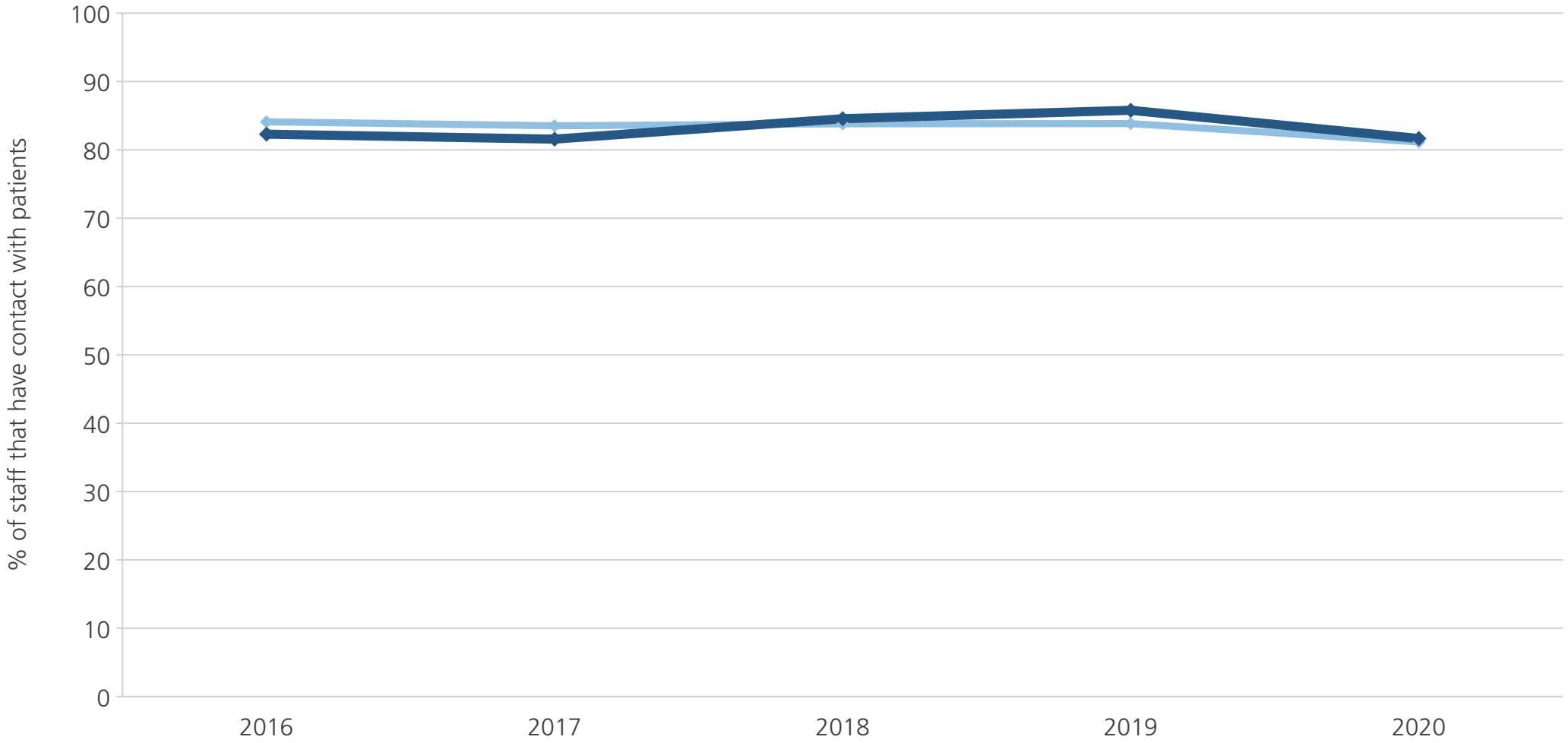
Survey Coordination Centre

NHS England

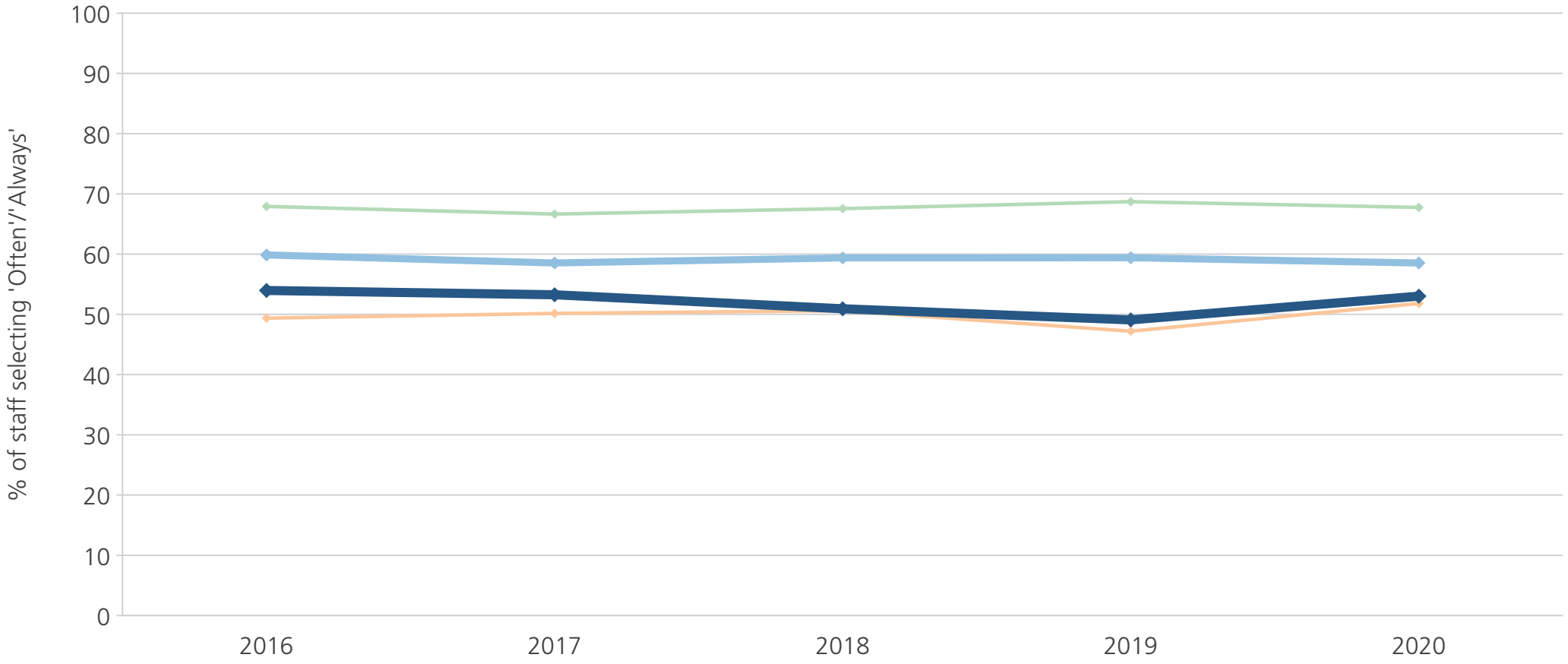
Question results – Your job

South Tees Hospitals NHS Foundation Trust

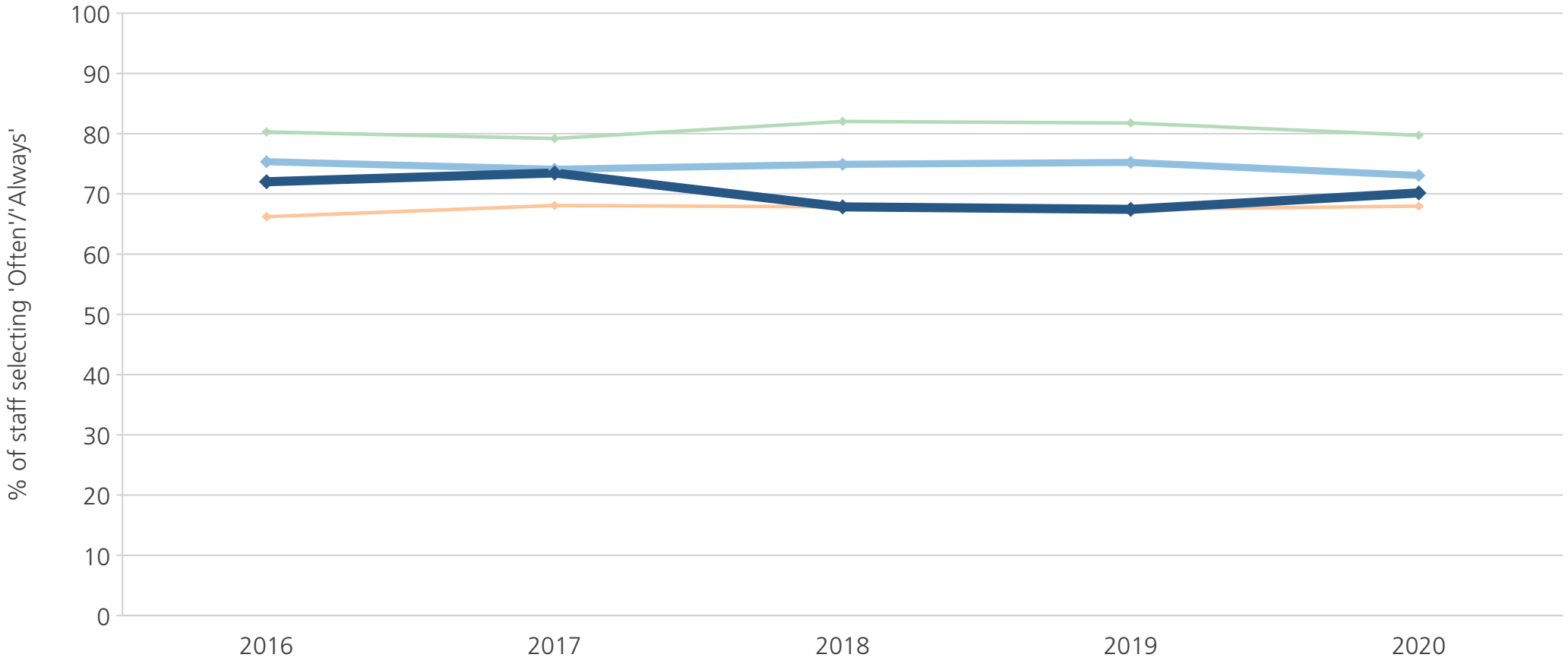
2020 NHS Staff Survey Results



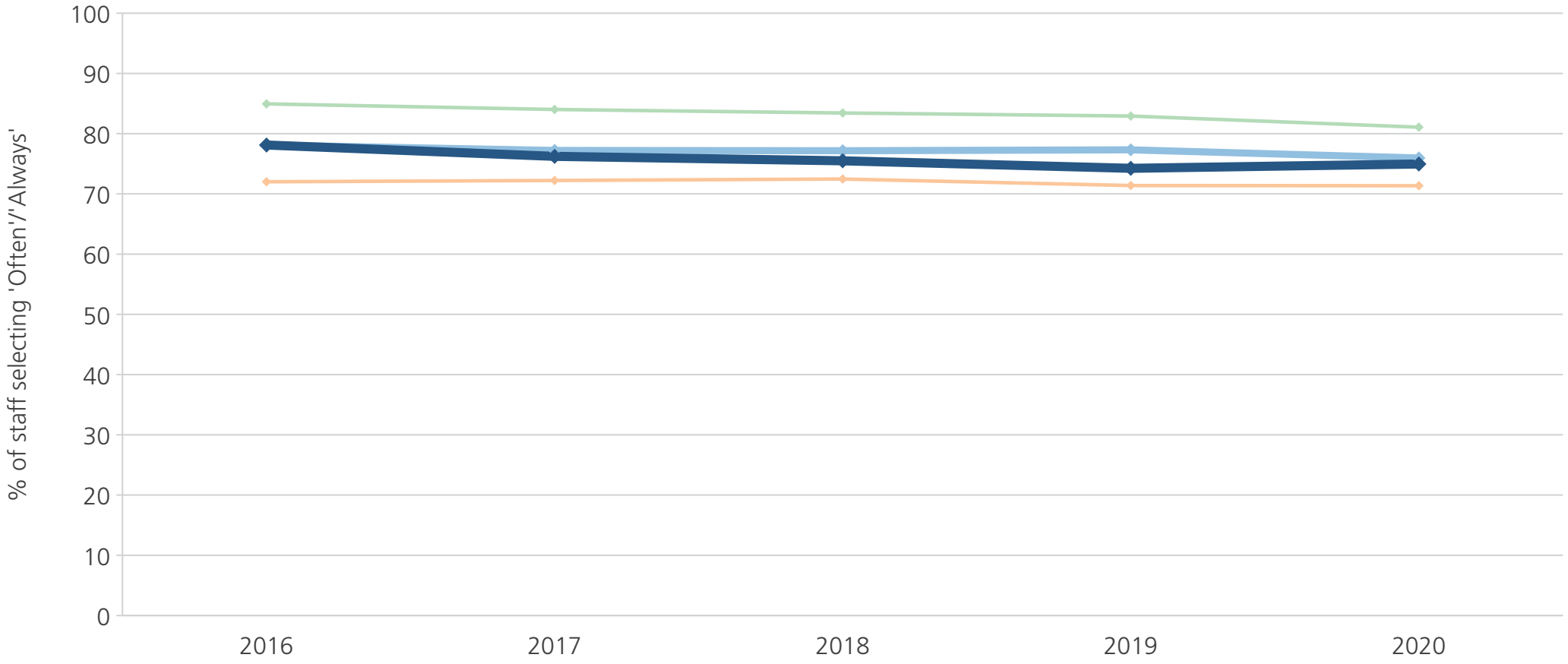
	2016	2017	2018	2019	2020
Your org	82.3%	81.6%	84.6%	85.8%	81.7%
Average	84.1%	83.5%	83.8%	83.8%	81.2%
Responses	2,519	407	408	2,118	2,334



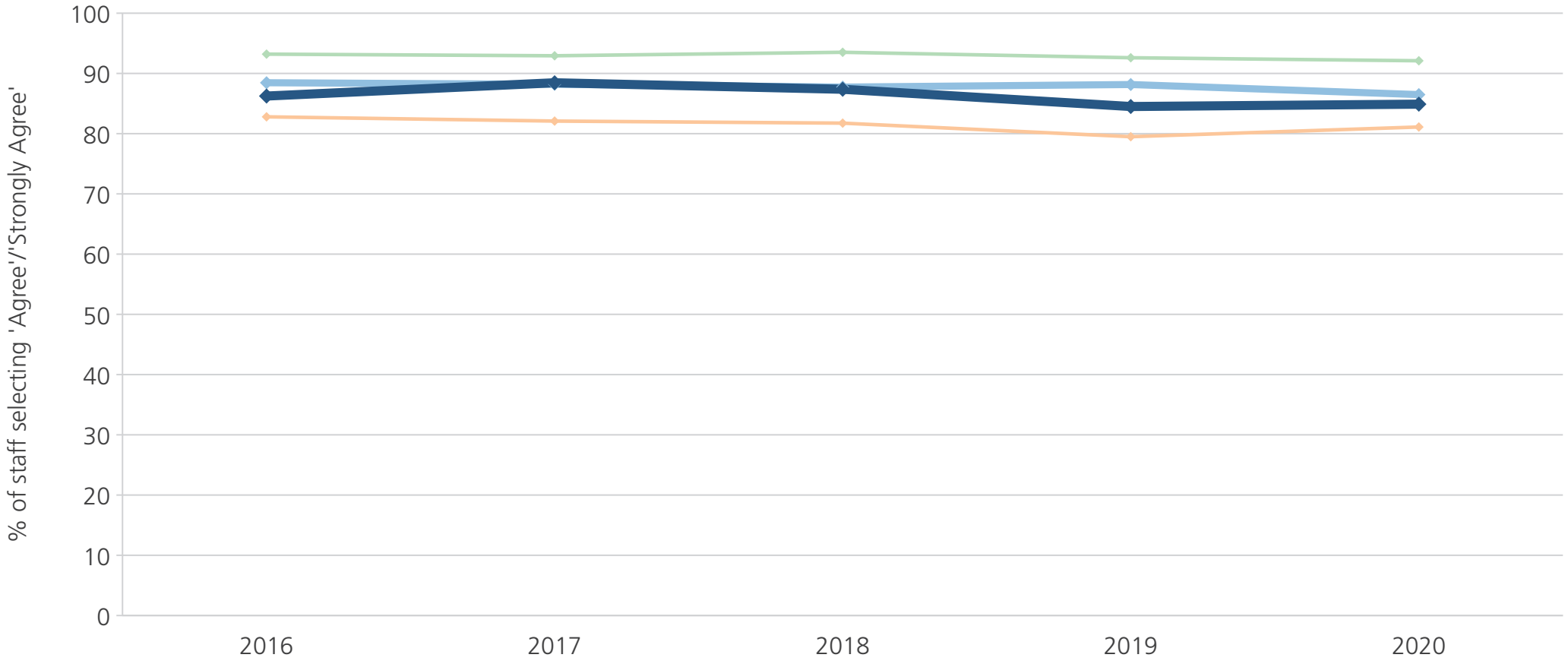
	2016	2017	2018	2019	2020
Best	67.9%	66.6%	67.6%	68.7%	67.8%
Your org	54.0%	53.3%	50.9%	49.1%	53.0%
Average	59.9%	58.5%	59.4%	59.4%	58.5%
Worst	49.4%	50.2%	50.6%	47.2%	51.8%
Responses	2,744	412	410	2,235	2,443



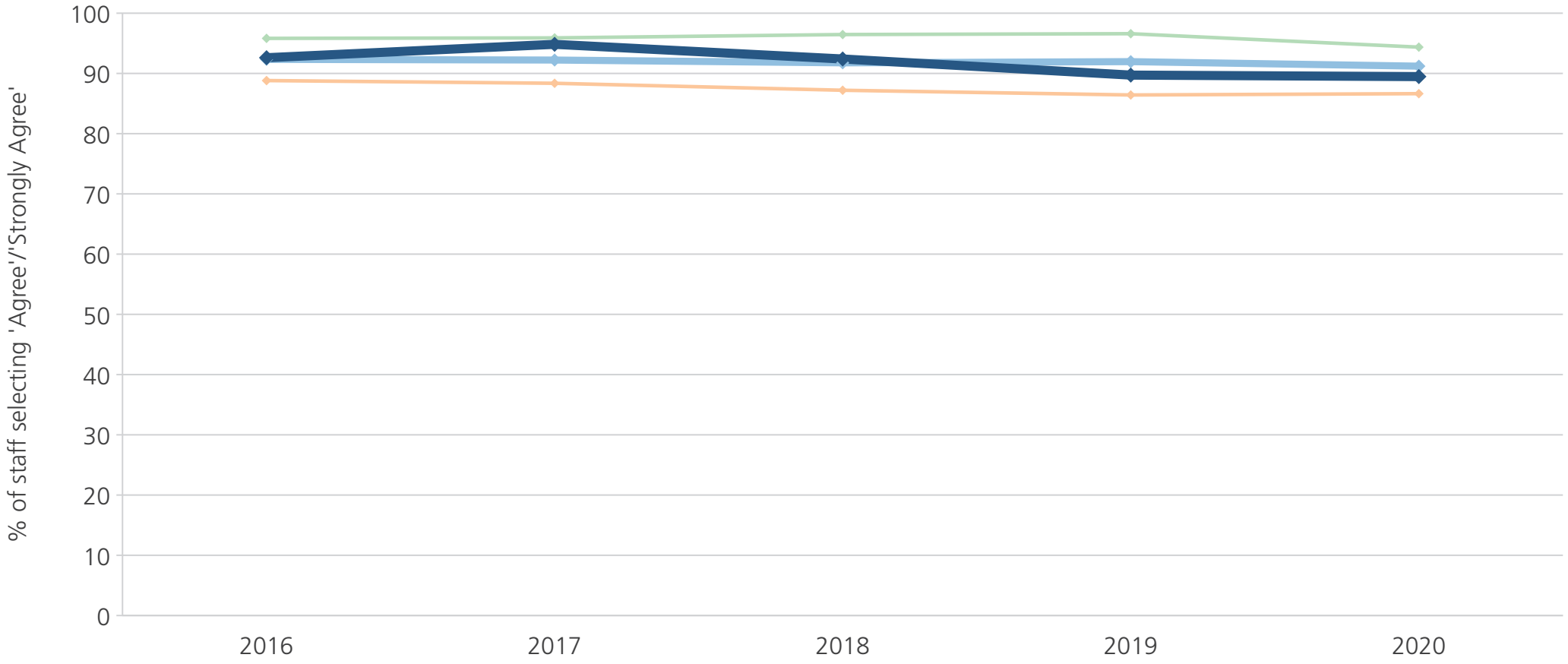
	2016	2017	2018	2019	2020
Best	80.3%	79.2%	82.0%	81.8%	79.7%
Your org	72.0%	73.5%	67.8%	67.4%	70.2%
Average	75.3%	74.1%	74.9%	75.2%	73.1%
Worst	66.2%	68.1%	67.8%	67.4%	68.0%
Responses	2,702	402	407	2,230	2,440



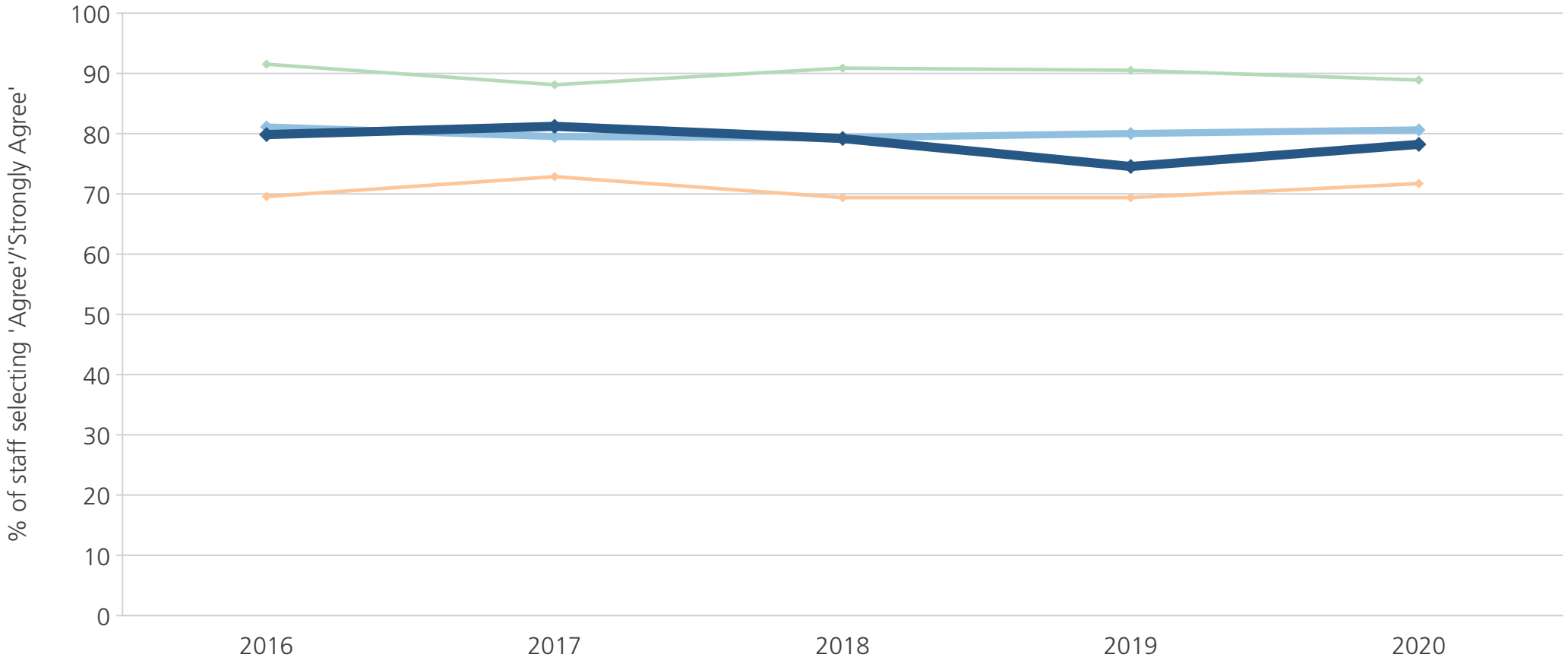
	2016	2017	2018	2019	2020
Best	84.9%	84.0%	83.4%	82.9%	81.1%
Your org	78.1%	76.2%	75.5%	74.2%	75.0%
Average	78.1%	77.2%	77.2%	77.3%	76.0%
Worst	72.0%	72.2%	72.5%	71.4%	71.4%
Responses	2,703	403	407	2,225	2,434



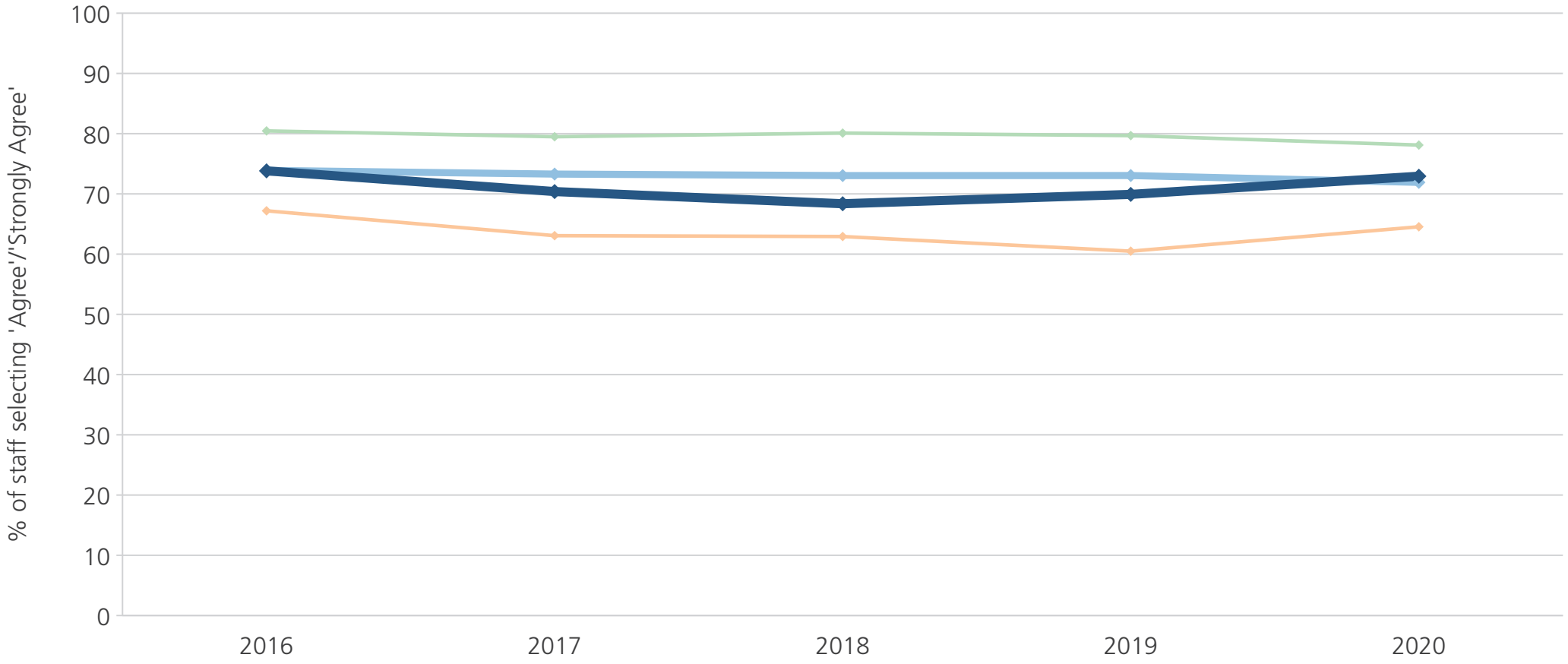
	2016	2017	2018	2019	2020
Best	93.2%	92.9%	93.5%	92.6%	92.1%
Your org	86.2%	88.4%	87.4%	84.5%	84.9%
Average	88.5%	88.2%	87.7%	88.2%	86.5%
Worst	82.8%	82.1%	81.7%	79.5%	81.1%
Responses	2,754	414	411	2,248	2,451



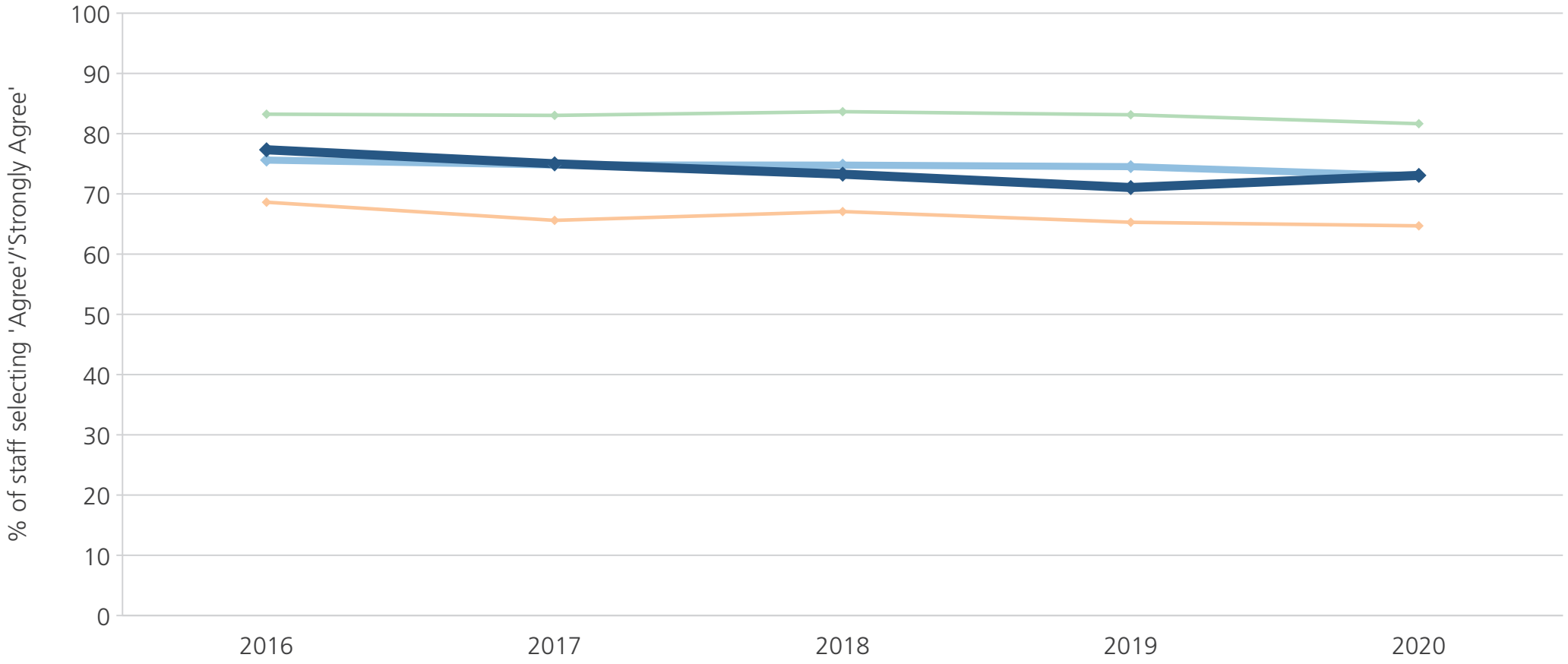
	2016	2017	2018	2019	2020
Best	95.8%	95.9%	96.5%	96.6%	94.4%
Your org	92.6%	94.8%	92.4%	89.7%	89.5%
Average	92.3%	92.2%	91.8%	92.0%	91.2%
Worst	88.8%	88.4%	87.2%	86.4%	86.6%
Responses	2,747	411	411	2,237	2,440



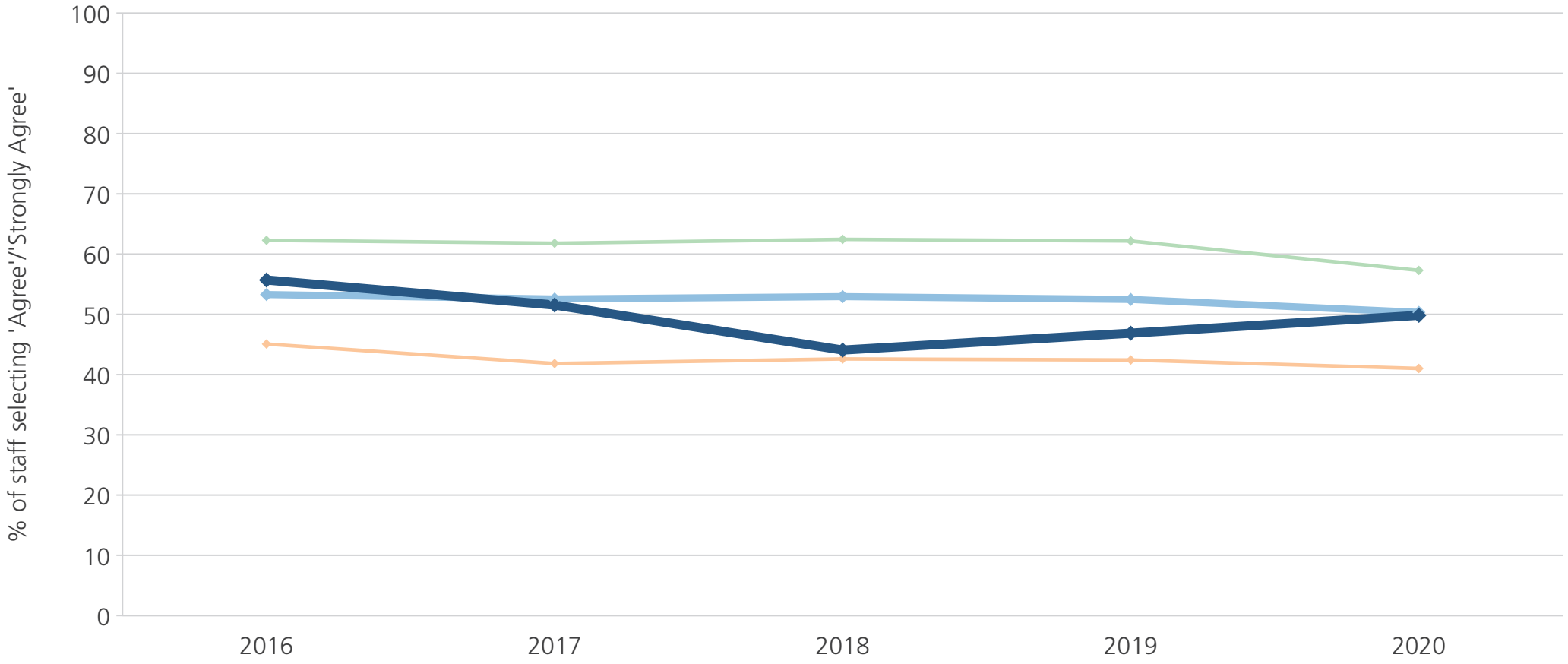
	2016	2017	2018	2019	2020
Best	91.5%	88.1%	90.9%	90.5%	88.9%
Your org	79.8%	81.2%	79.2%	74.5%	78.2%
Average	81.1%	79.5%	79.3%	80.0%	80.6%
Worst	69.6%	72.9%	69.4%	69.4%	71.7%
Responses	2,740	411	411	2,235	2,442



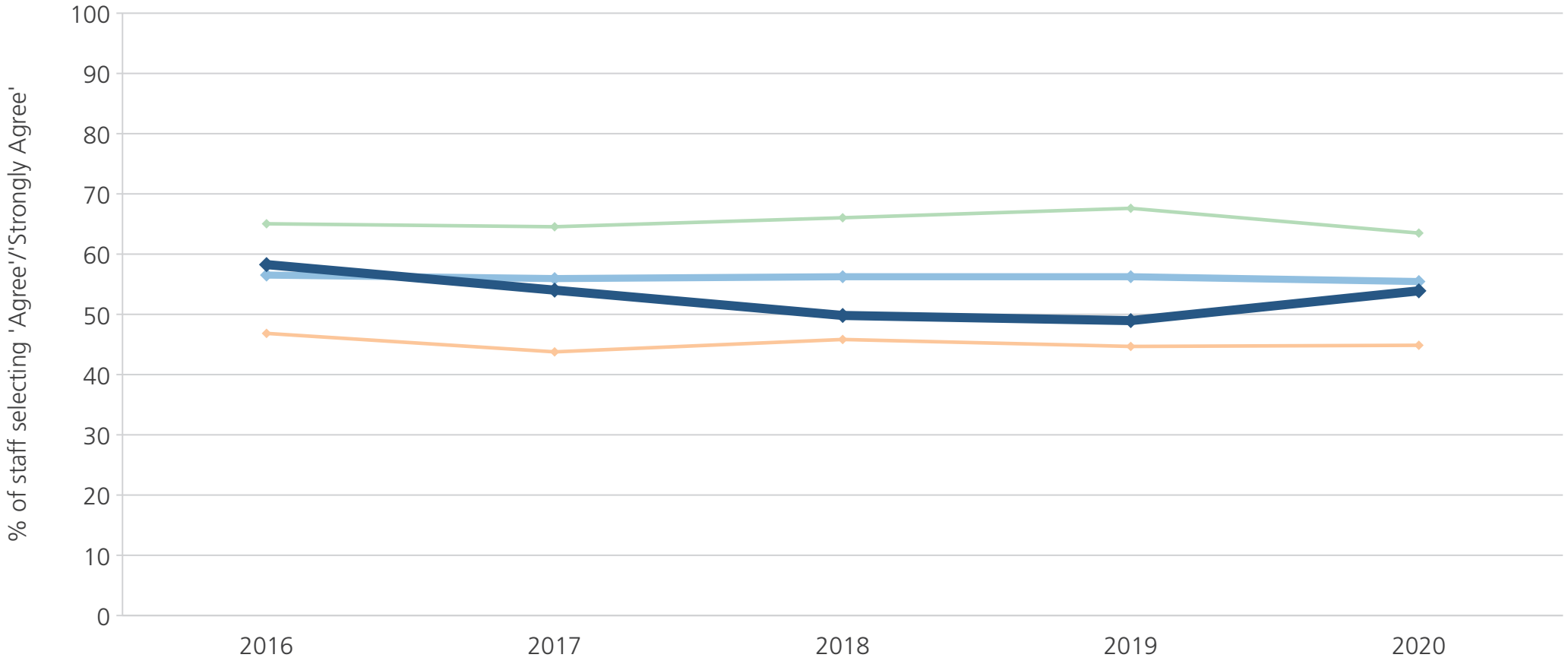
	2016	2017	2018	2019	2020
Best	80.5%	79.5%	80.1%	79.7%	78.1%
Your org	73.8%	70.4%	68.4%	69.9%	72.9%
Average	73.9%	73.3%	73.0%	73.0%	71.9%
Worst	67.2%	63.1%	62.9%	60.5%	64.5%
Responses	2,755	412	411	2,248	2,445



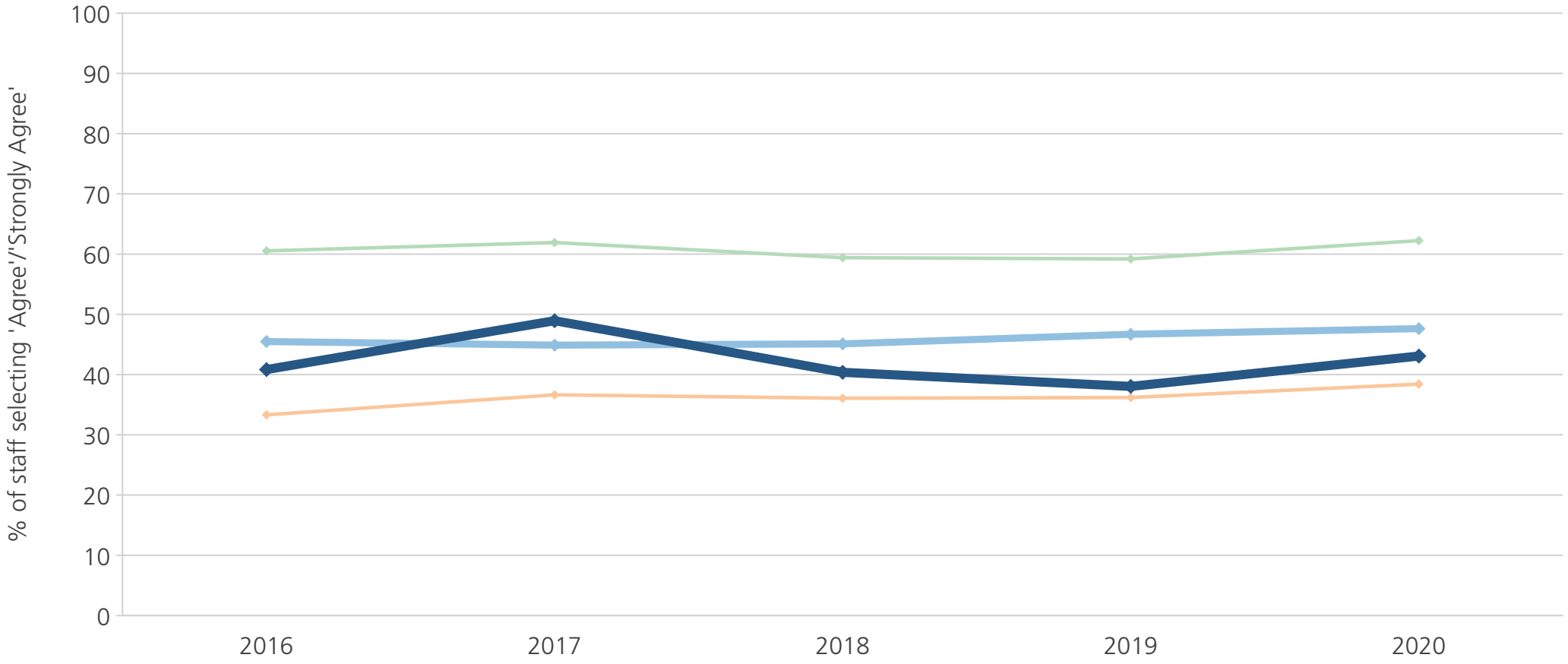
	2016	2017	2018	2019	2020
Best	83.2%	83.0%	83.6%	83.1%	81.7%
Your org	77.3%	75.0%	73.3%	71.1%	73.1%
Average	75.6%	74.8%	74.8%	74.5%	73.0%
Worst	68.6%	65.6%	67.1%	65.3%	64.7%
Responses	2,754	413	411	2,245	2,446



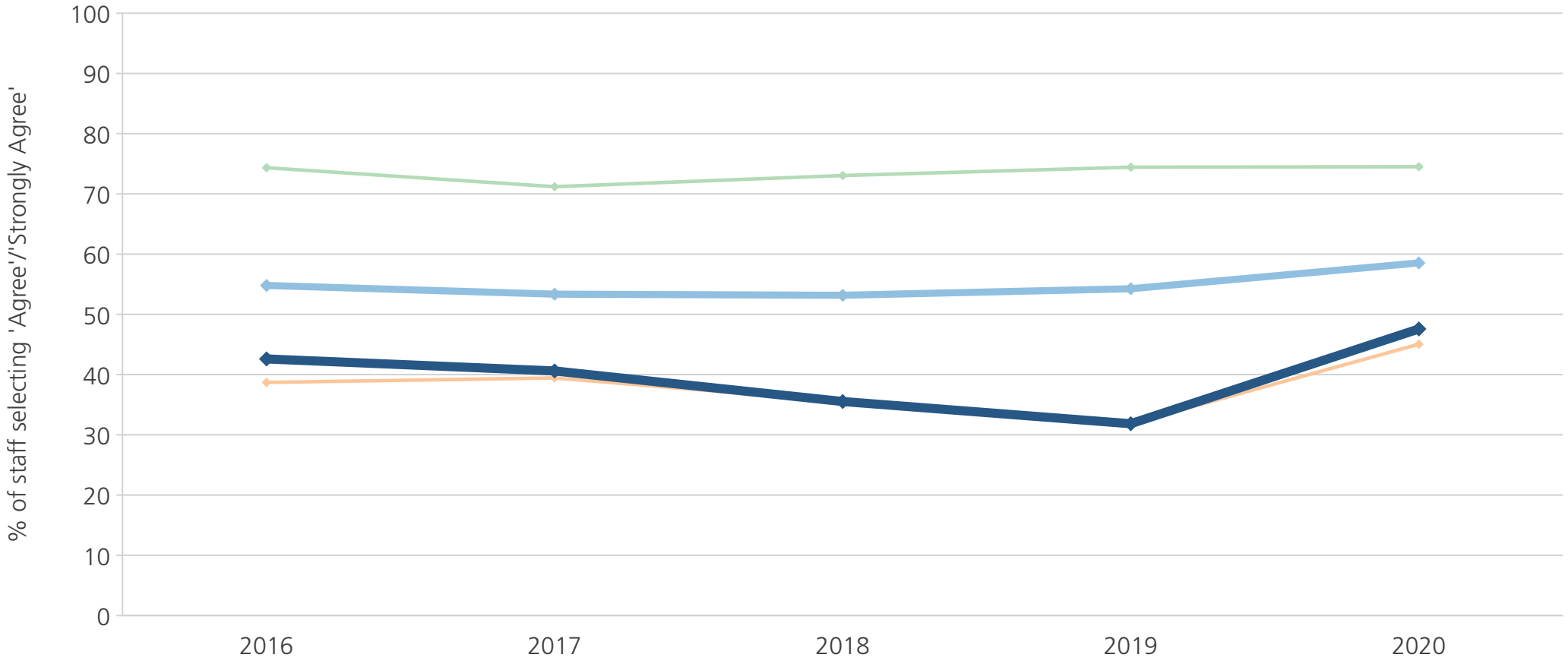
	2016	2017	2018	2019	2020
Best	62.3%	61.8%	62.5%	62.2%	57.3%
Your org	55.7%	51.5%	44.1%	46.9%	49.8%
Average	53.3%	52.6%	52.9%	52.5%	50.3%
Worst	45.1%	41.8%	42.6%	42.4%	41.0%
Responses	2,751	411	411	2,244	2,443



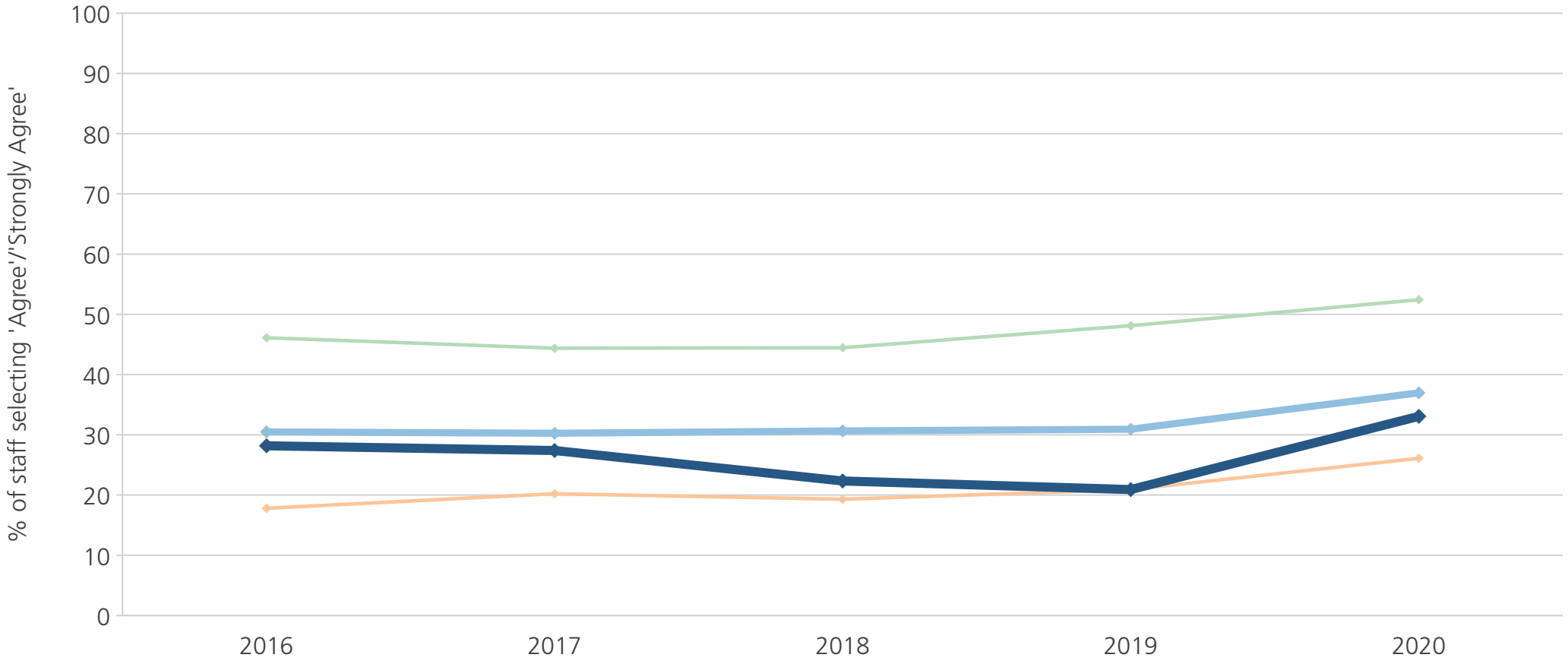
	2016	2017	2018	2019	2020
Best	65.0%	64.5%	66.0%	67.6%	63.5%
Your org	58.3%	54.0%	49.8%	49.0%	53.9%
Average	56.5%	55.9%	56.2%	56.2%	55.4%
Worst	46.8%	43.8%	45.8%	44.7%	44.9%
Responses	2,747	410	410	2,236	2,443



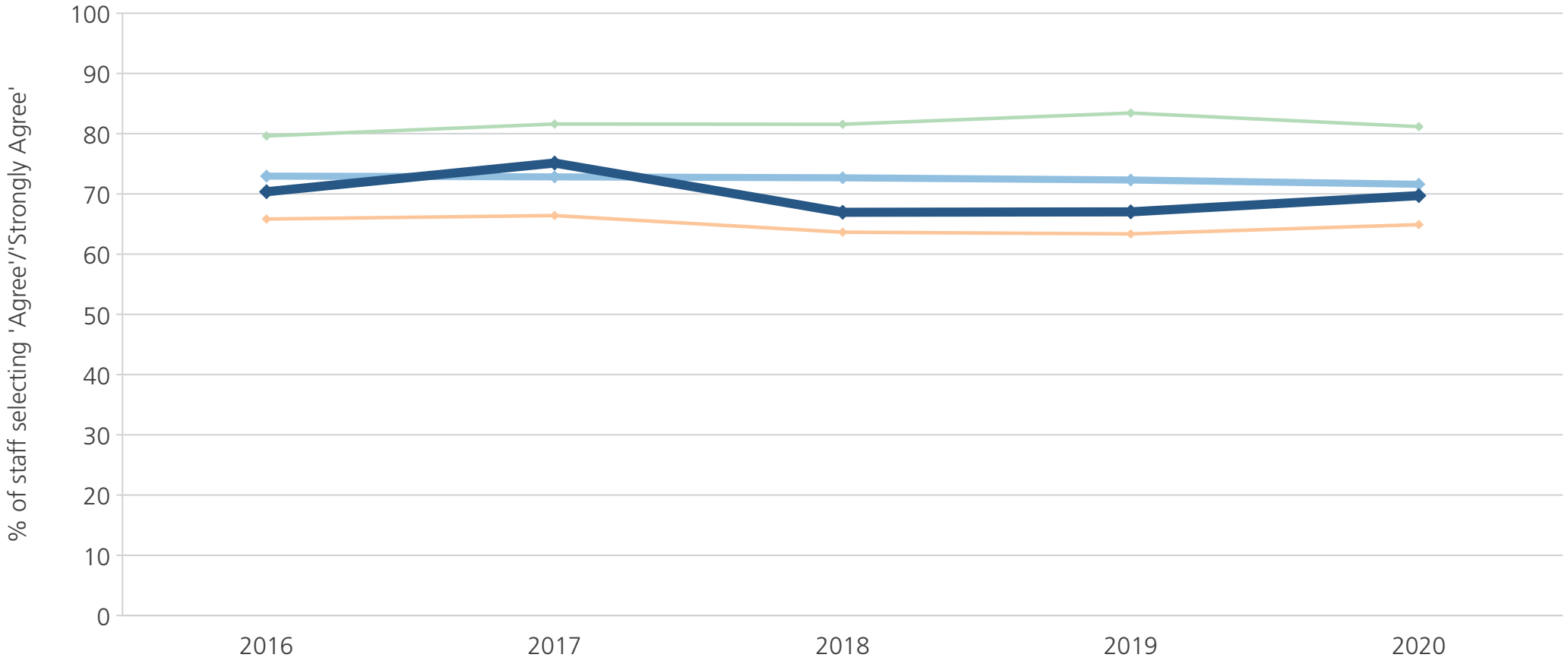
	2016	2017	2018	2019	2020
Best	60.5%	61.9%	59.4%	59.2%	62.2%
Your org	40.8%	48.9%	40.4%	38.0%	43.1%
Average	45.5%	44.9%	45.1%	46.7%	47.6%
Worst	33.3%	36.6%	36.1%	36.2%	38.4%
Responses	2,729	411	409	2,240	2,432



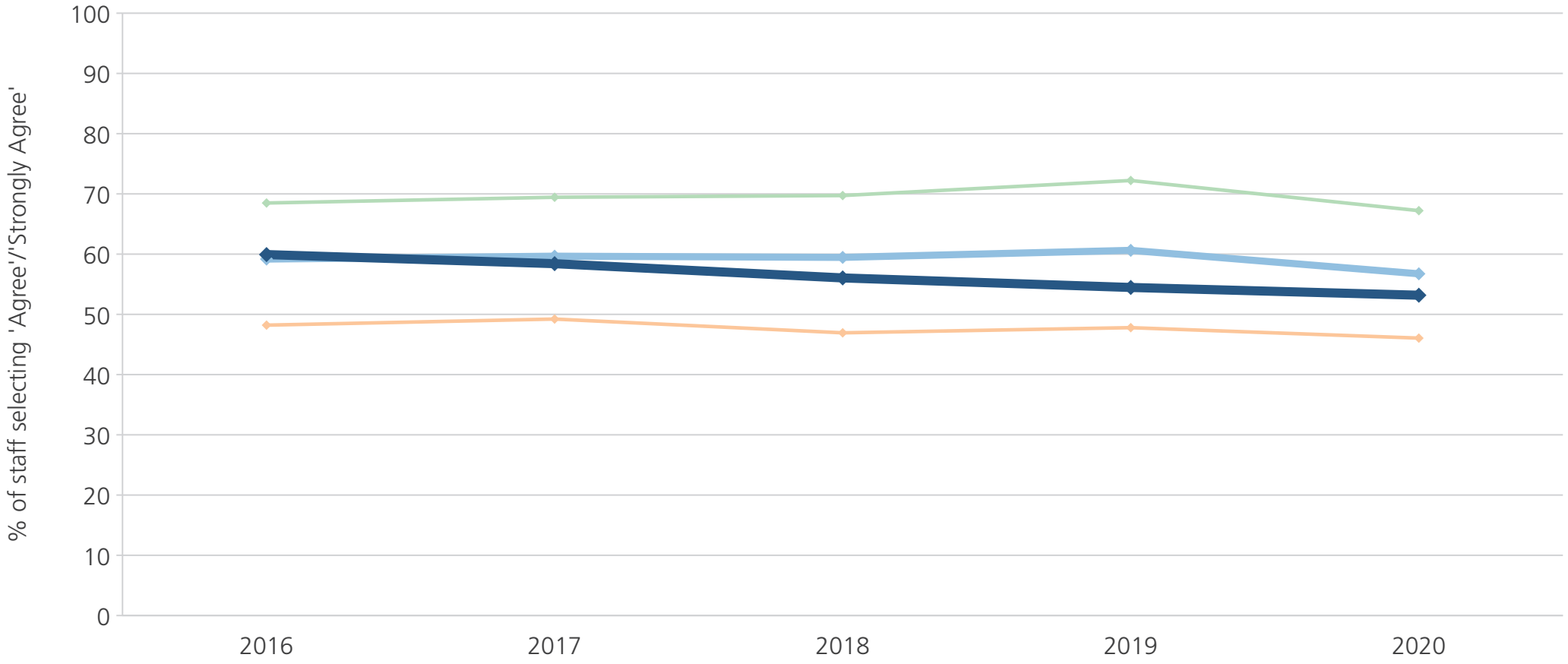
	2016	2017	2018	2019	2020
Best	74.3%	71.2%	73.0%	74.4%	74.5%
Your org	42.6%	40.6%	35.5%	31.8%	47.6%
Average	54.8%	53.4%	53.2%	54.3%	58.5%
Worst	38.7%	39.4%	35.5%	31.8%	45.0%
Responses	2,734	411	411	2,241	2,434



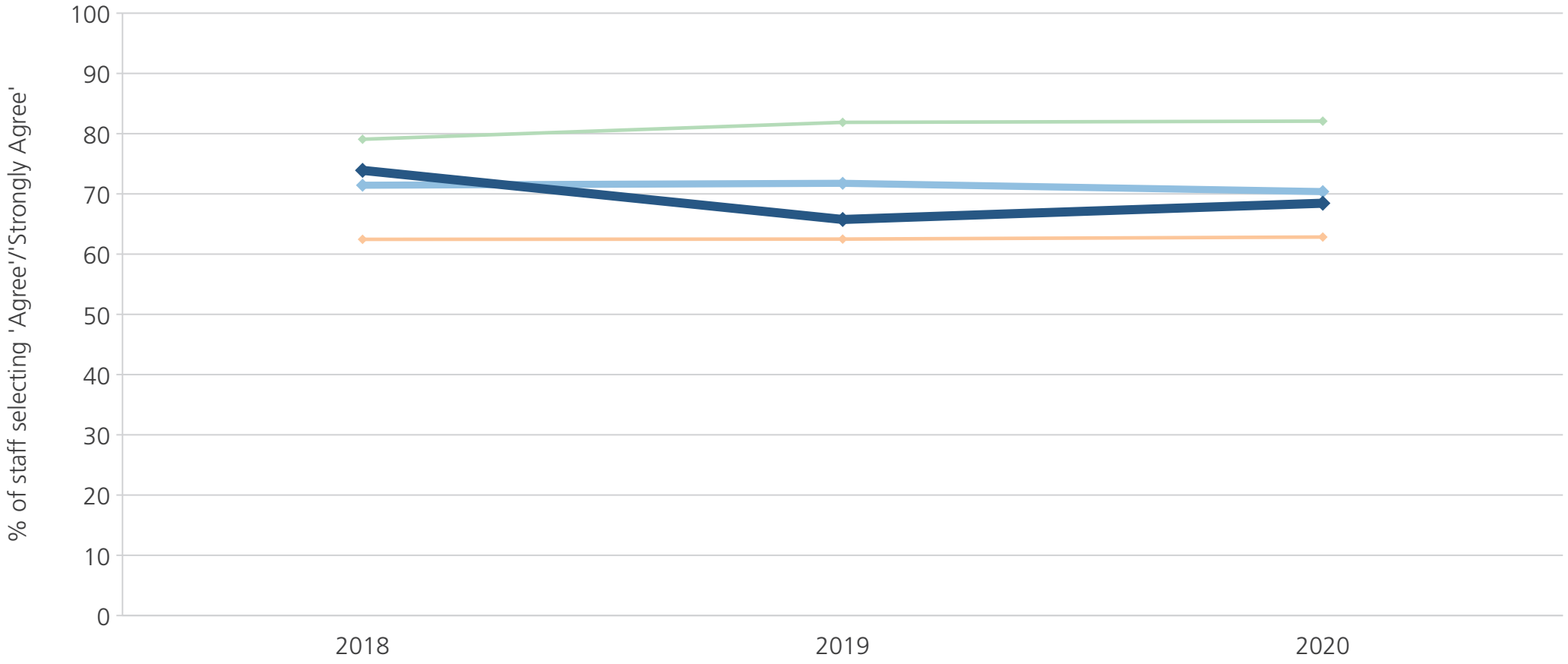
	2016	2017	2018	2019	2020
Best	46.1%	44.4%	44.5%	48.1%	52.4%
Your org	28.2%	27.4%	22.3%	20.9%	33.1%
Average	30.5%	30.3%	30.6%	30.9%	37.0%
Worst	17.8%	20.2%	19.3%	20.9%	26.1%
Responses	2,732	412	409	2,237	2,440



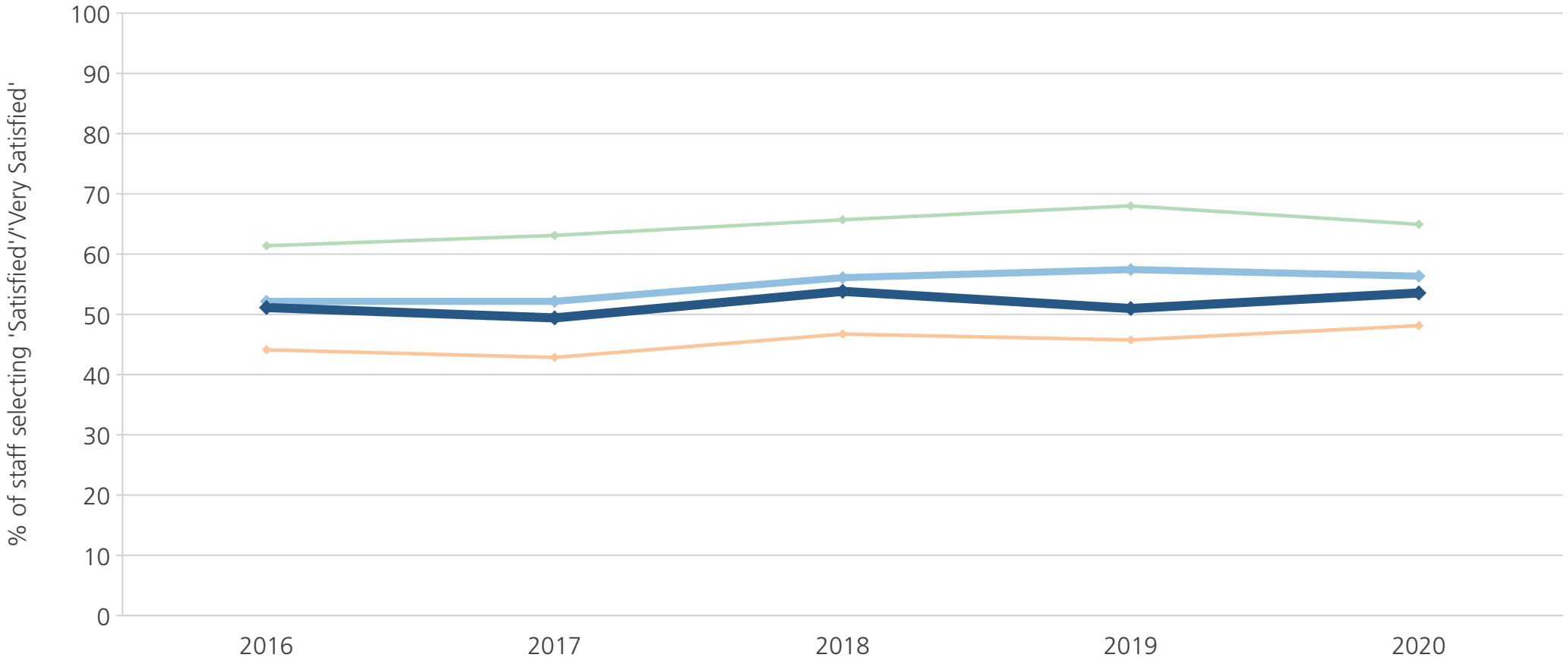
	2016	2017	2018	2019	2020
Best	79.6%	81.6%	81.6%	83.4%	81.2%
Your org	70.4%	75.1%	66.9%	67.0%	69.7%
Average	72.9%	72.8%	72.7%	72.3%	71.6%
Worst	65.8%	66.4%	63.6%	63.4%	64.9%
Responses	2,737	411	408	2,233	2,434



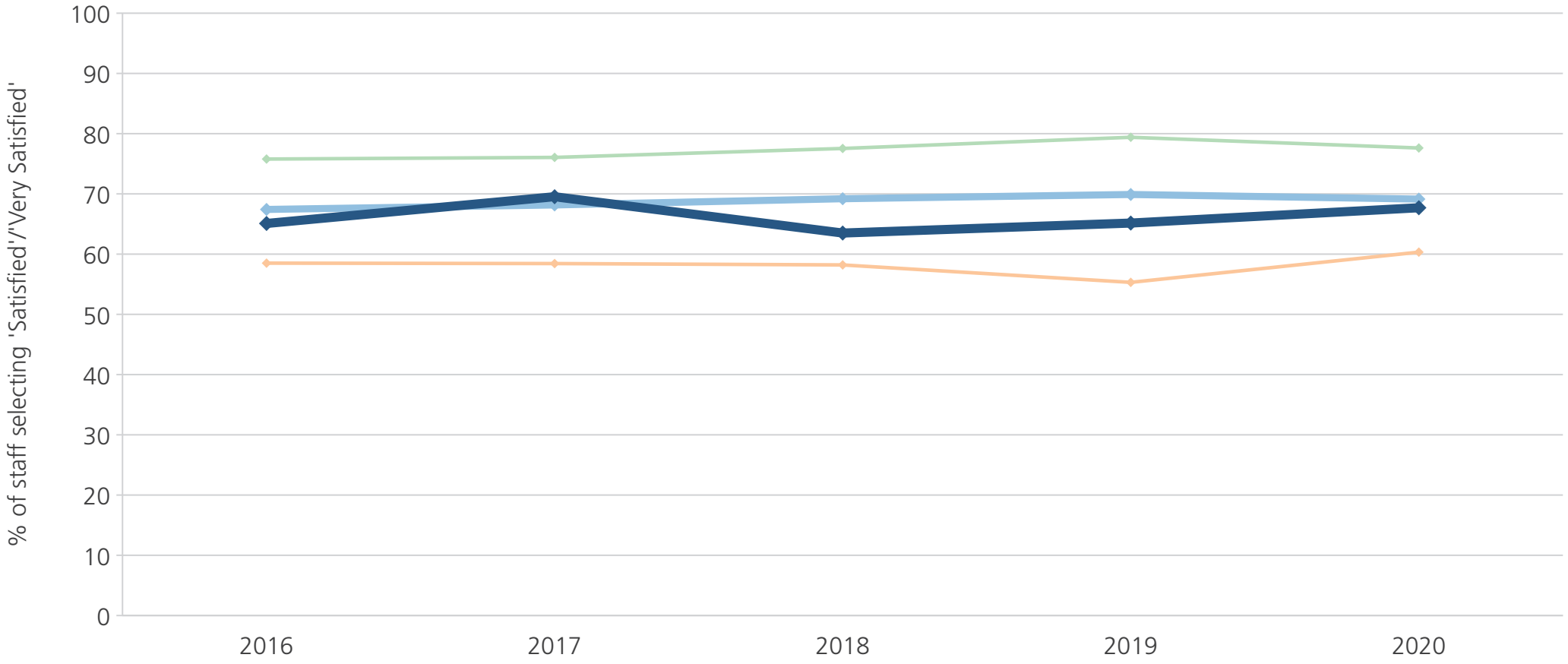
	2016	2017	2018	2019	2020
Best	68.5%	69.4%	69.7%	72.2%	67.2%
Your org	59.9%	58.4%	56.0%	54.5%	53.2%
Average	59.2%	59.7%	59.5%	60.6%	56.7%
Worst	48.2%	49.2%	46.9%	47.8%	46.1%
Responses	2,733	409	409	2,240	2,439



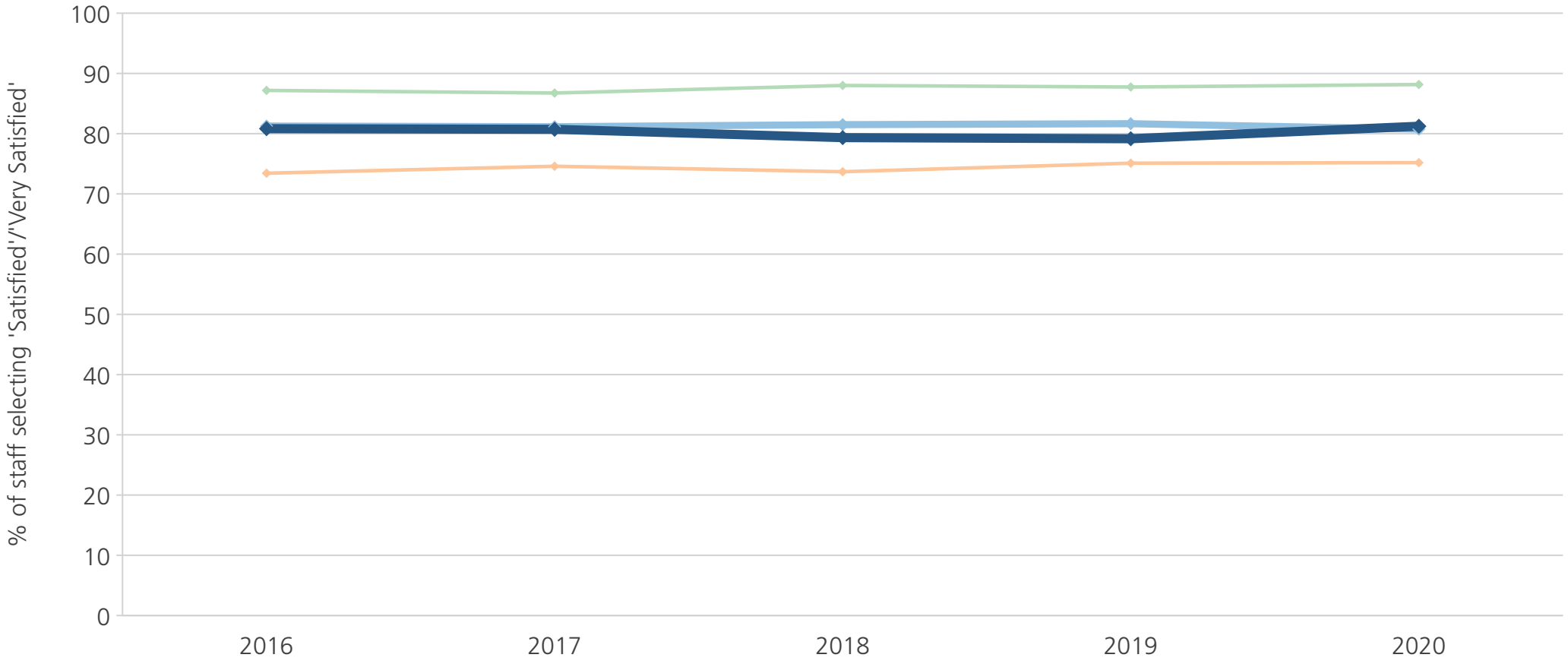
	2018	2019	2020
Best	79.1%	81.9%	82.1%
Your org	73.9%	65.8%	68.4%
Average	71.4%	71.8%	70.4%
Worst	62.5%	62.5%	62.8%
Responses	410	2,140	2,442



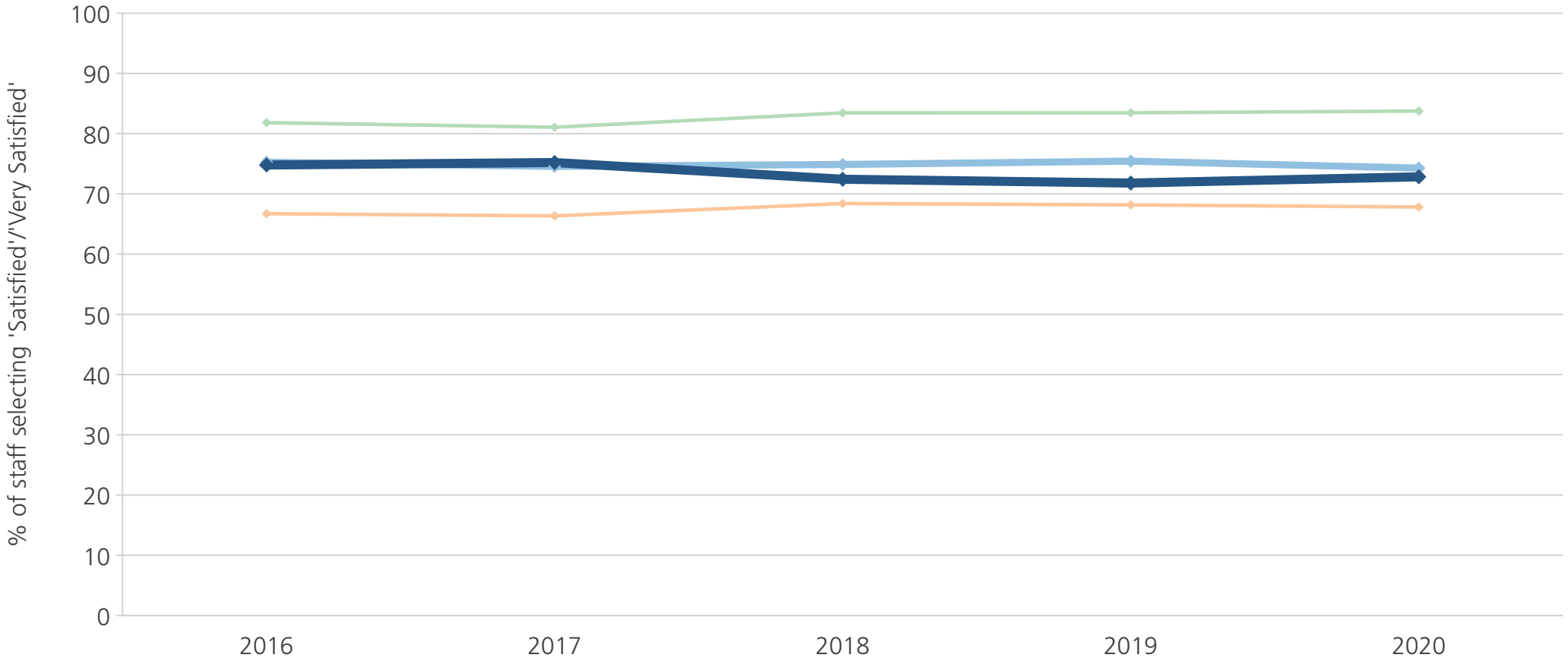
	2016	2017	2018	2019	2020
Best	61.4%	63.1%	65.7%	68.0%	64.9%
Your org	51.1%	49.4%	53.8%	51.0%	53.6%
Average	52.2%	52.2%	56.1%	57.4%	56.3%
Worst	44.1%	42.8%	46.7%	45.7%	48.1%
Responses	2,742	413	410	2,245	2,447



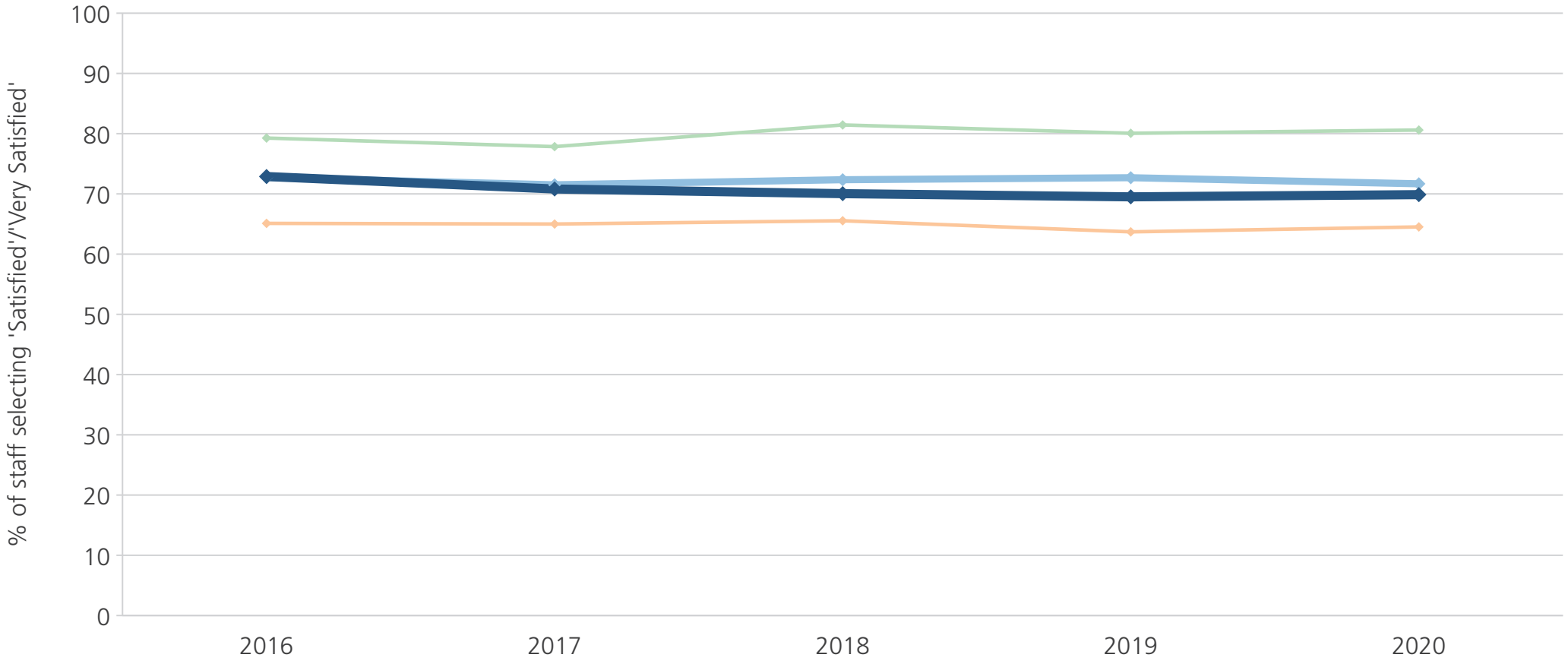
	2016	2017	2018	2019	2020
Best	75.8%	76.1%	77.5%	79.4%	77.6%
Your org	65.1%	69.5%	63.5%	65.2%	67.7%
Average	67.4%	68.2%	69.2%	69.9%	69.1%
Worst	58.5%	58.4%	58.2%	55.3%	60.3%
Responses	2,743	413	411	2,243	2,449



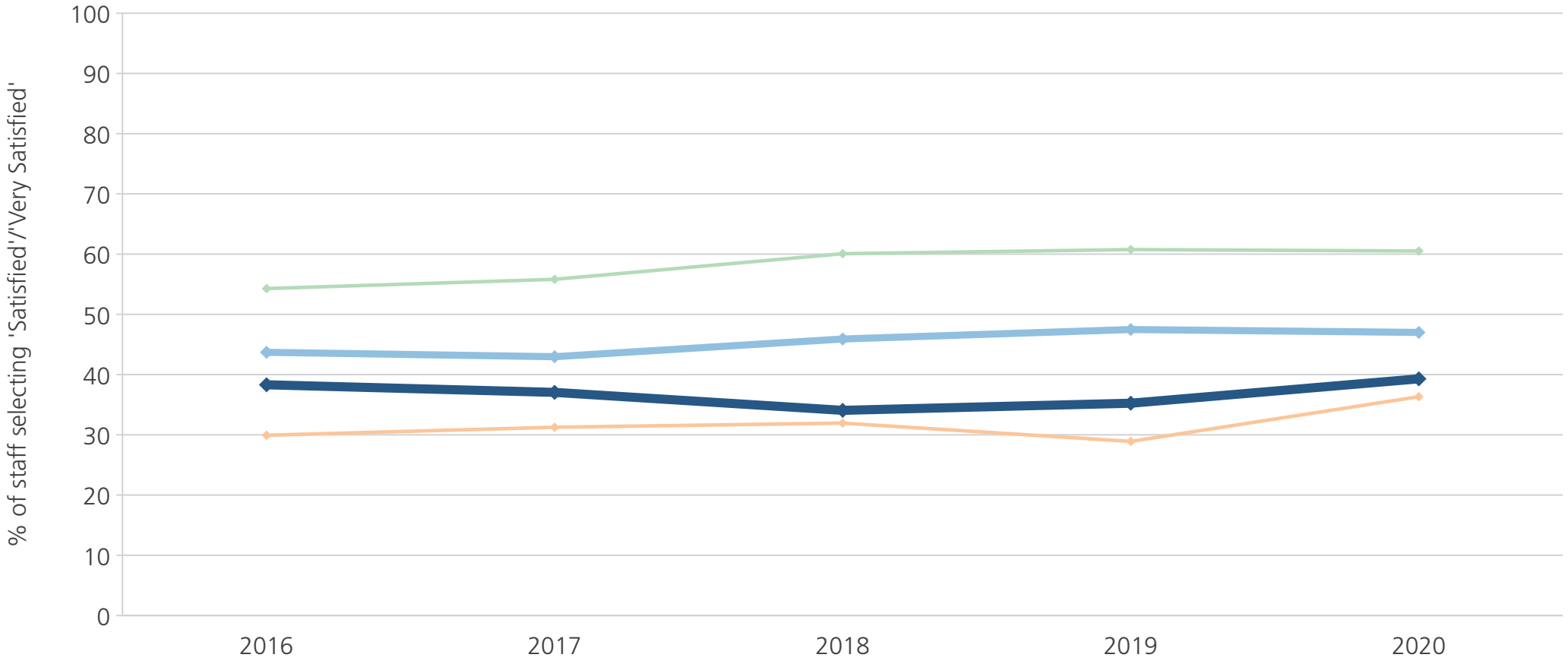
	2016	2017	2018	2019	2020
Best	87.2%	86.7%	88.0%	87.7%	88.2%
Your org	80.8%	80.7%	79.3%	79.2%	81.2%
Average	81.3%	81.2%	81.5%	81.7%	80.7%
Worst	73.4%	74.6%	73.7%	75.1%	75.2%
Responses	2,738	413	412	2,240	2,447



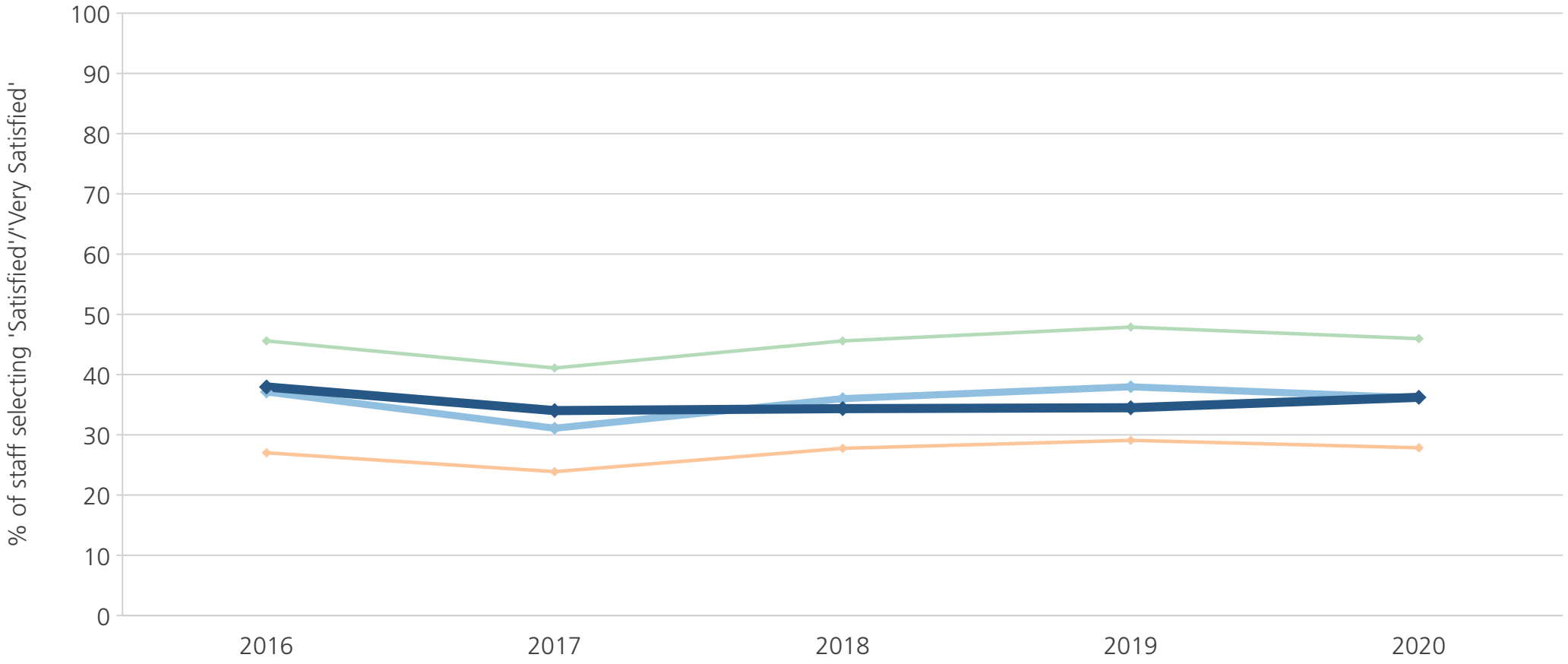
	2016	2017	2018	2019	2020
Best	81.8%	81.1%	83.4%	83.5%	83.8%
Your org	74.8%	75.2%	72.4%	71.8%	72.8%
Average	75.3%	74.6%	74.9%	75.4%	74.3%
Worst	66.7%	66.3%	68.4%	68.2%	67.8%
Responses	2,741	413	410	2,244	2,445



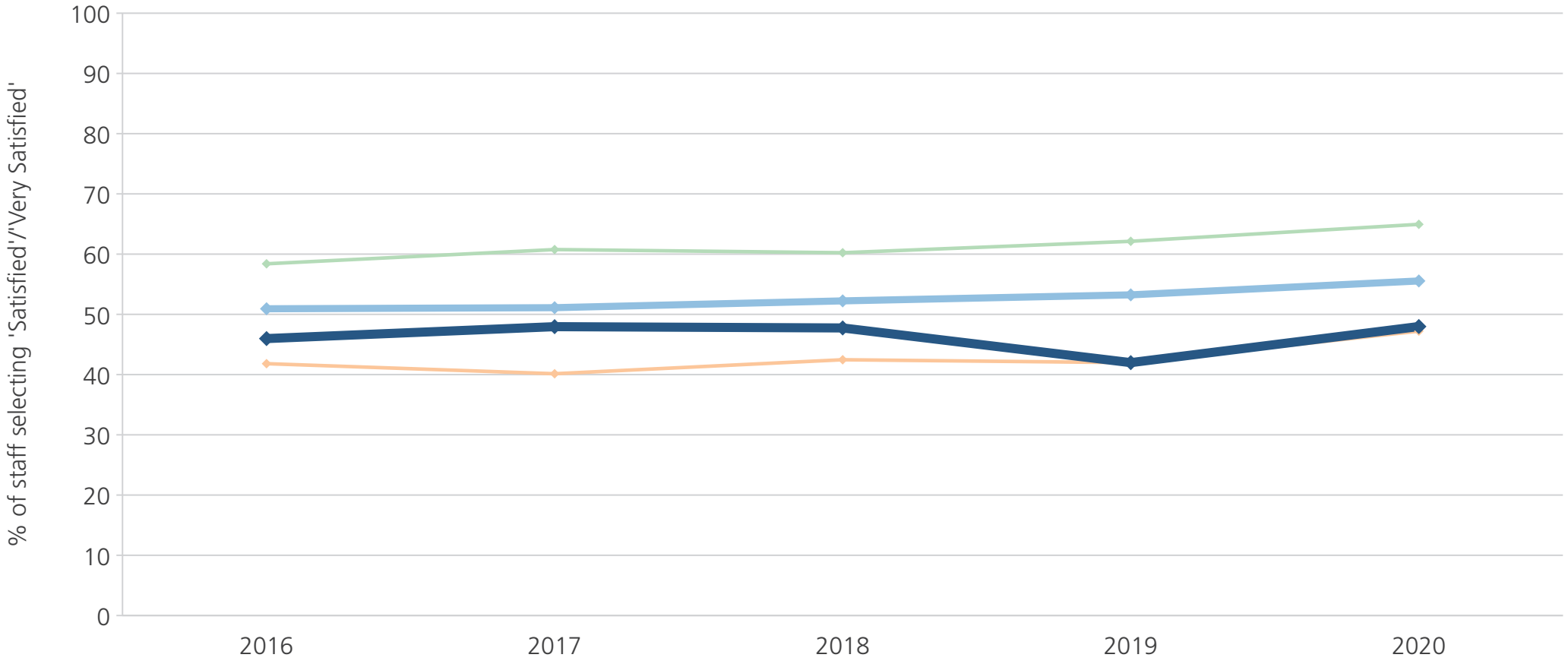
	2016	2017	2018	2019	2020
Best	79.3%	77.8%	81.4%	80.1%	80.6%
Your org	72.9%	70.8%	70.0%	69.5%	69.9%
Average	72.7%	71.5%	72.4%	72.7%	71.7%
Worst	65.1%	65.0%	65.5%	63.7%	64.5%
Responses	2,735	414	410	2,237	2,443



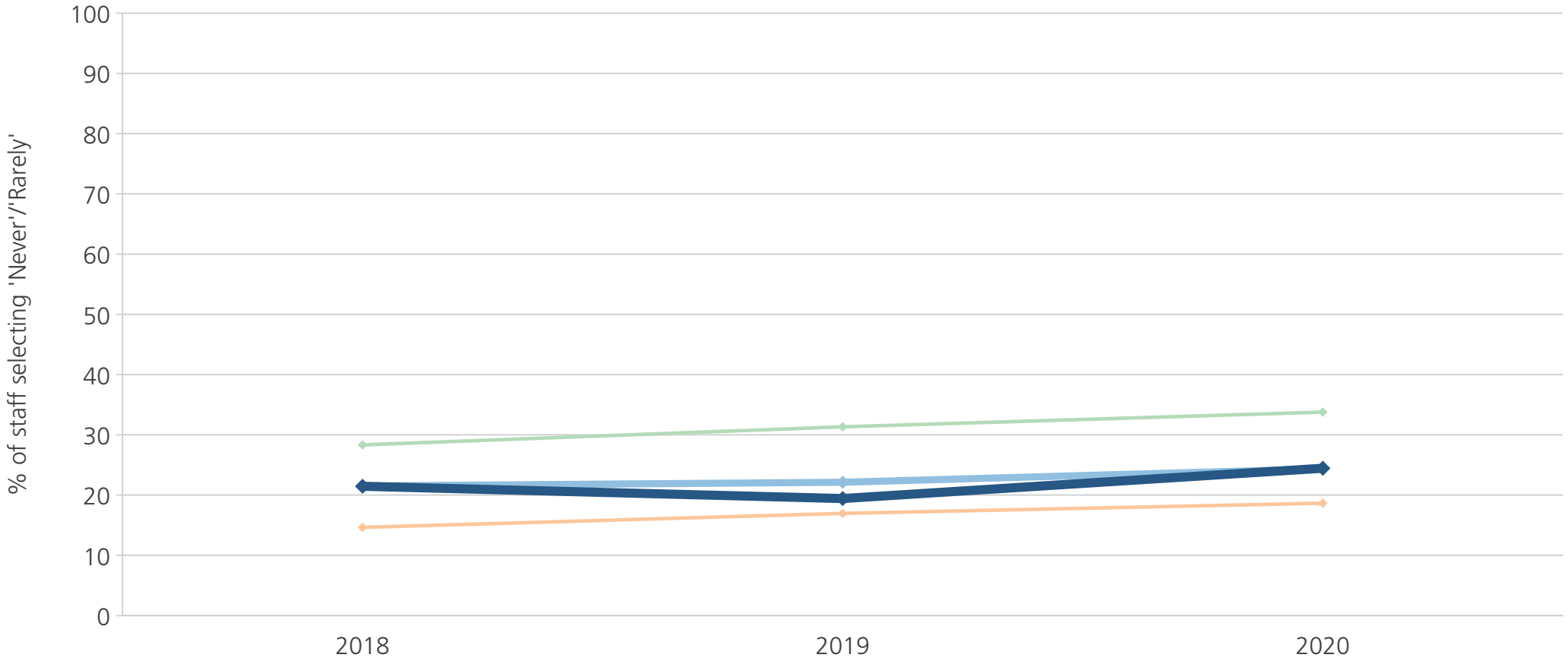
	2016	2017	2018	2019	2020
Best	54.3%	55.8%	60.1%	60.8%	60.5%
Your org	38.3%	37.0%	34.1%	35.2%	39.3%
Average	43.7%	43.0%	45.9%	47.5%	47.0%
Worst	29.9%	31.3%	31.9%	28.9%	36.3%
Responses	2,737	410	411	2,241	2,442



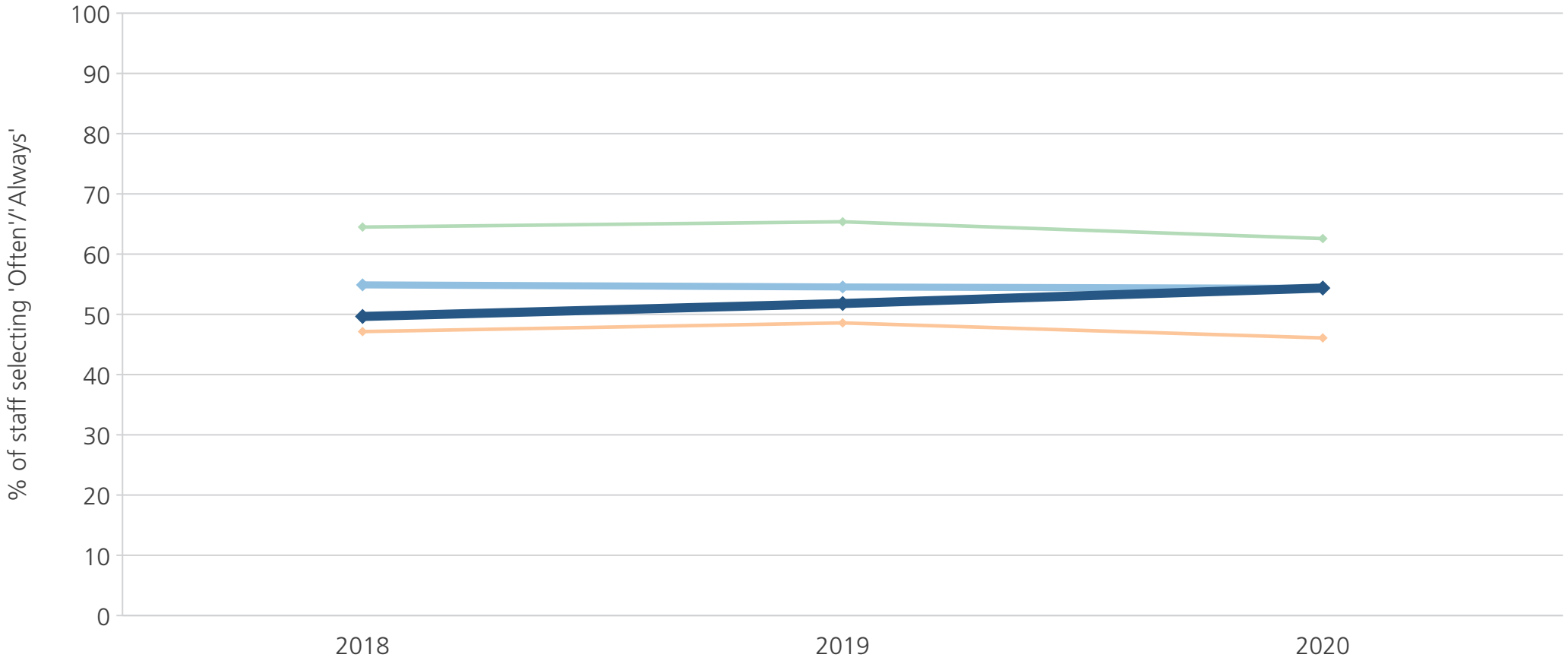
	2016	2017	2018	2019	2020
Best	45.6%	41.1%	45.6%	47.9%	46.0%
Your org	37.9%	34.0%	34.3%	34.5%	36.2%
Average	37.1%	31.1%	36.0%	38.0%	36.1%
Worst	27.0%	23.9%	27.8%	29.1%	27.8%
Responses	2,737	411	410	2,243	2,437



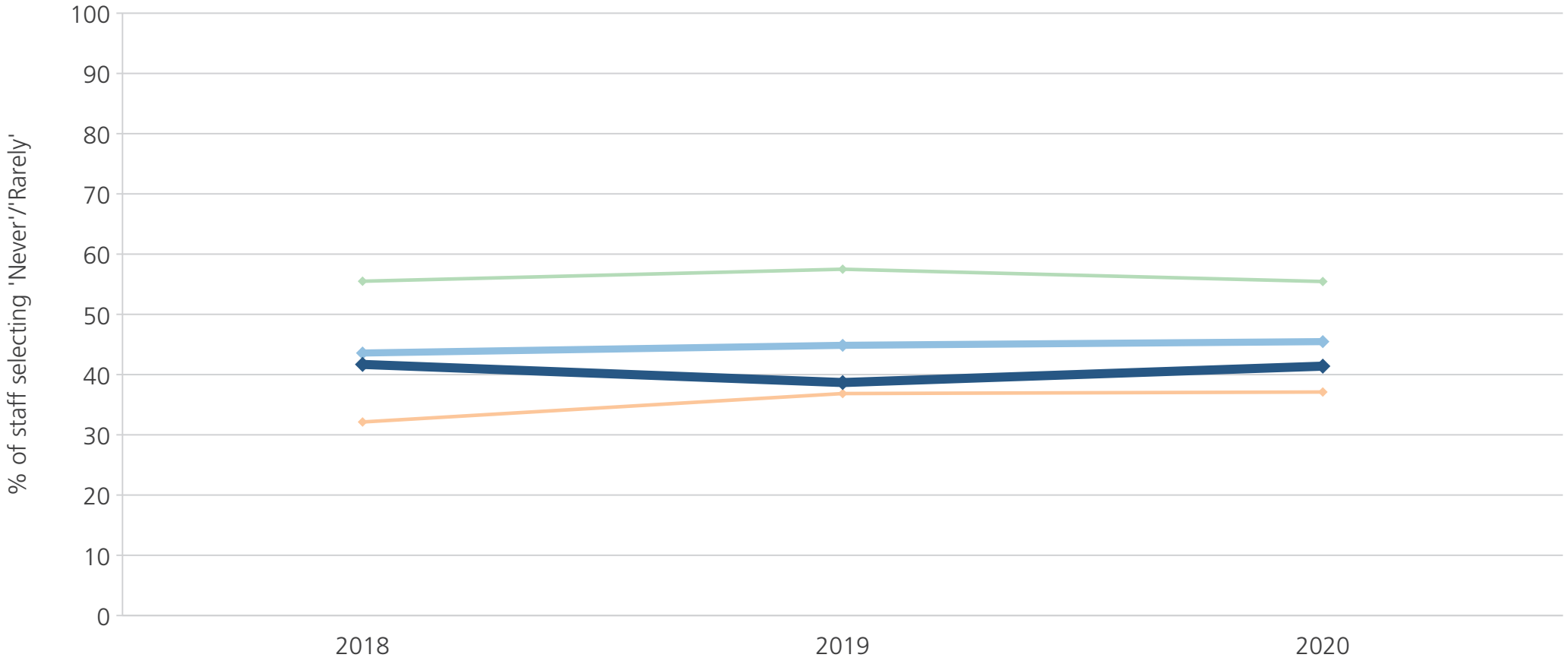
	2016	2017	2018	2019	2020
Best	58.4%	60.8%	60.2%	62.1%	64.9%
Your org	46.0%	48.0%	47.7%	42.0%	48.0%
Average	50.9%	51.1%	52.2%	53.2%	55.5%
Worst	41.8%	40.1%	42.5%	42.0%	47.2%
Responses	2,741	413	408	2,242	2,445



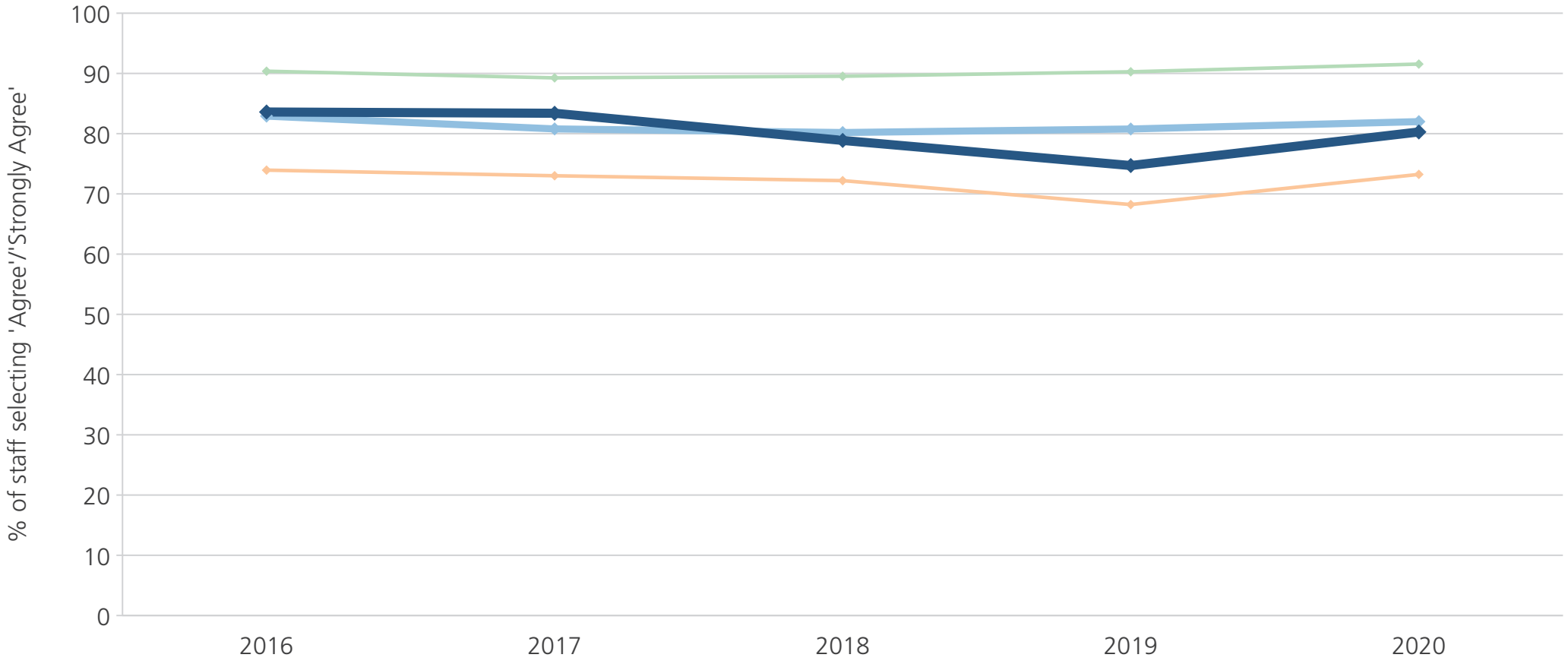
Best	28.3%	31.3%	33.8%
Your org	21.5%	19.4%	24.4%
Average	21.5%	22.1%	24.4%
Worst	14.6%	17.0%	18.6%
Responses	412	2,242	2,442



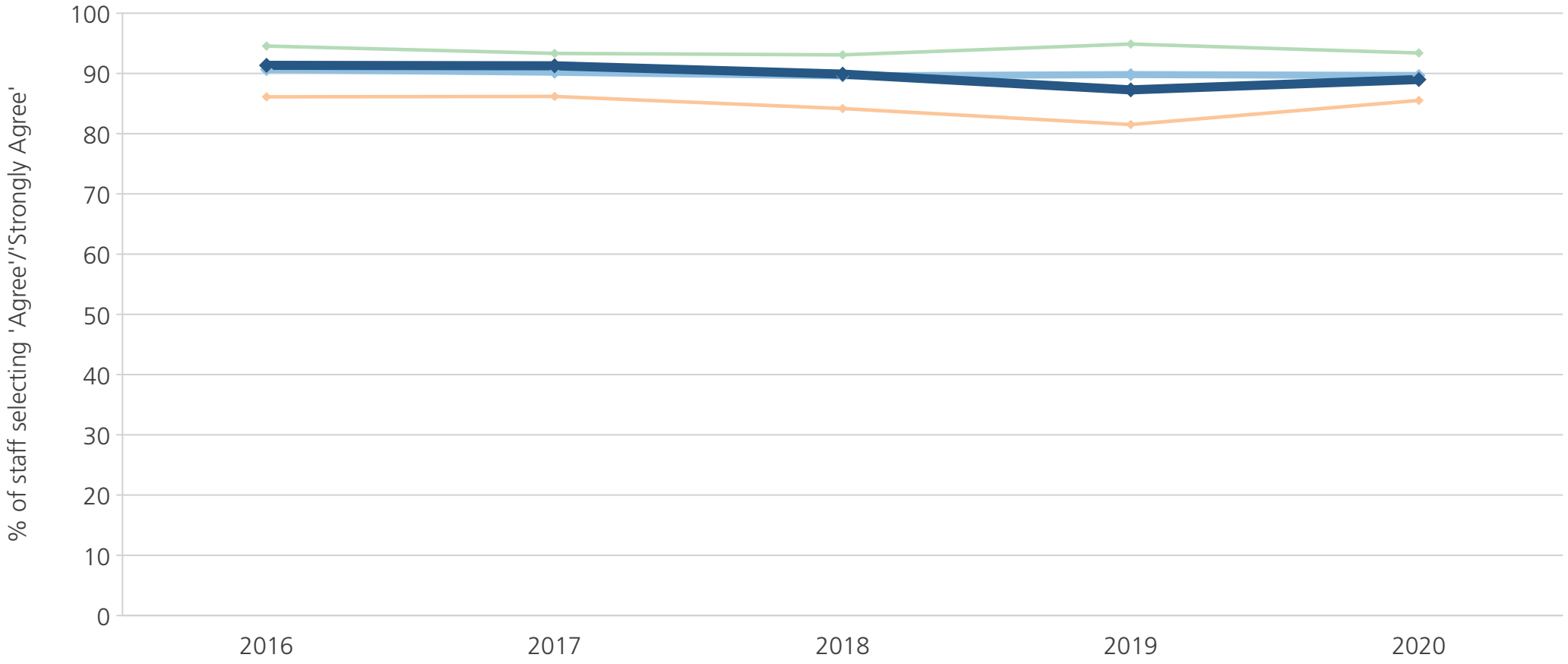
	2018	2019	2020
Best	64.5%	65.4%	62.6%
Your org	49.6%	51.8%	54.4%
Average	54.9%	54.5%	54.3%
Worst	47.1%	48.6%	46.1%
Responses	411	2,235	2,443



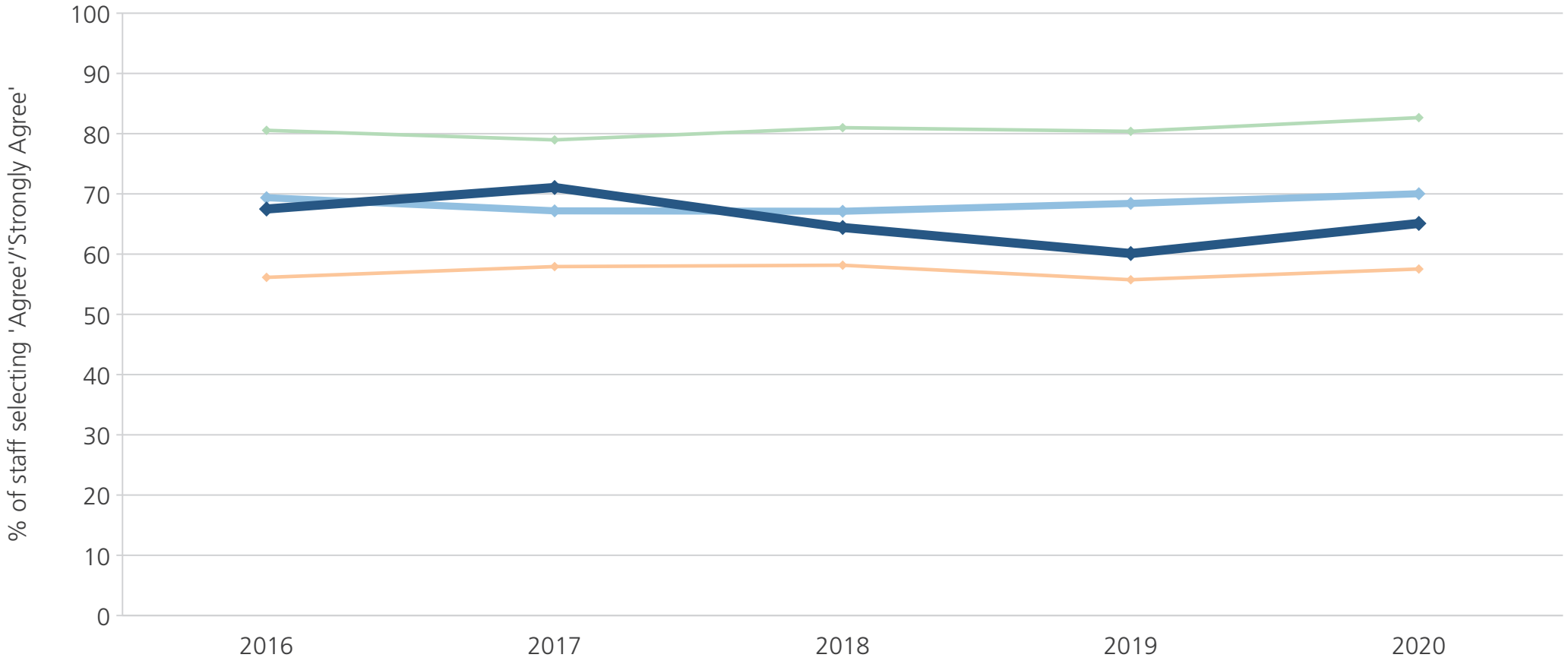
	2018	2019	2020
Best	55.5%	57.5%	55.5%
Your org	41.7%	38.7%	41.4%
Average	43.6%	44.9%	45.5%
Worst	32.1%	36.9%	37.1%
Responses	407	2,234	2,436



	2016	2017	2018	2019	2020
Best	90.4%	89.3%	89.5%	90.3%	91.6%
Your org	83.6%	83.4%	78.9%	74.7%	80.3%
Average	82.9%	80.8%	80.2%	80.8%	82.0%
Worst	73.9%	73.0%	72.2%	68.2%	73.2%
Responses	2,334	353	365	2,002	2,103



	2016	2017	2018	2019	2020
Best	94.5%	93.3%	93.1%	94.9%	93.4%
Your org	91.3%	91.3%	89.9%	87.3%	89.0%
Average	90.6%	90.2%	89.6%	89.8%	89.7%
Worst	86.1%	86.2%	84.2%	81.5%	85.5%
Responses	2,519	373	387	2,127	2,267



	2016	2017	2018	2019	2020
Best	80.6%	79.0%	81.0%	80.4%	82.7%
Your org	67.5%	71.1%	64.4%	60.1%	65.1%
Average	69.4%	67.2%	67.1%	68.4%	70.0%
Worst	56.1%	57.9%	58.2%	55.7%	57.5%
Responses	2,301	348	362	1,959	2,070

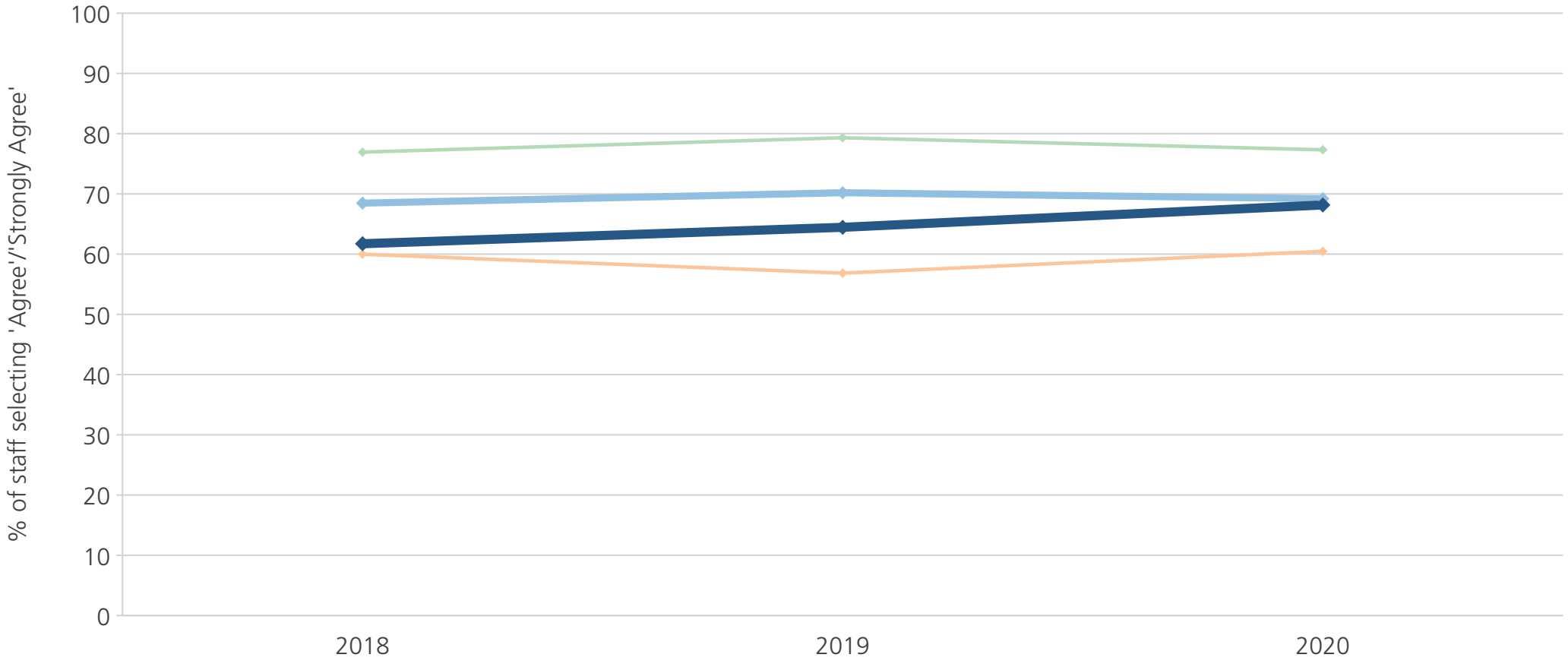
Survey Coordination Centre

NHS England

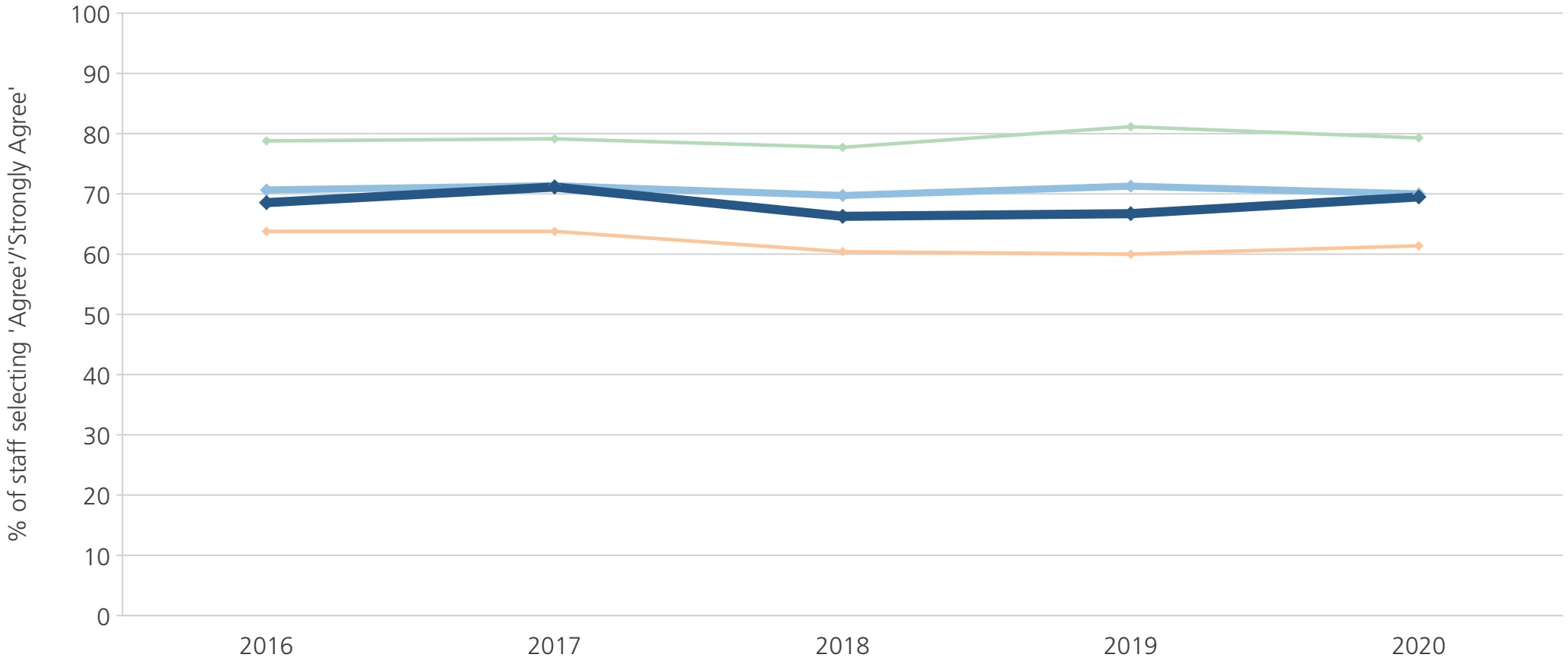
Question results – Your managers

South Tees Hospitals NHS Foundation Trust

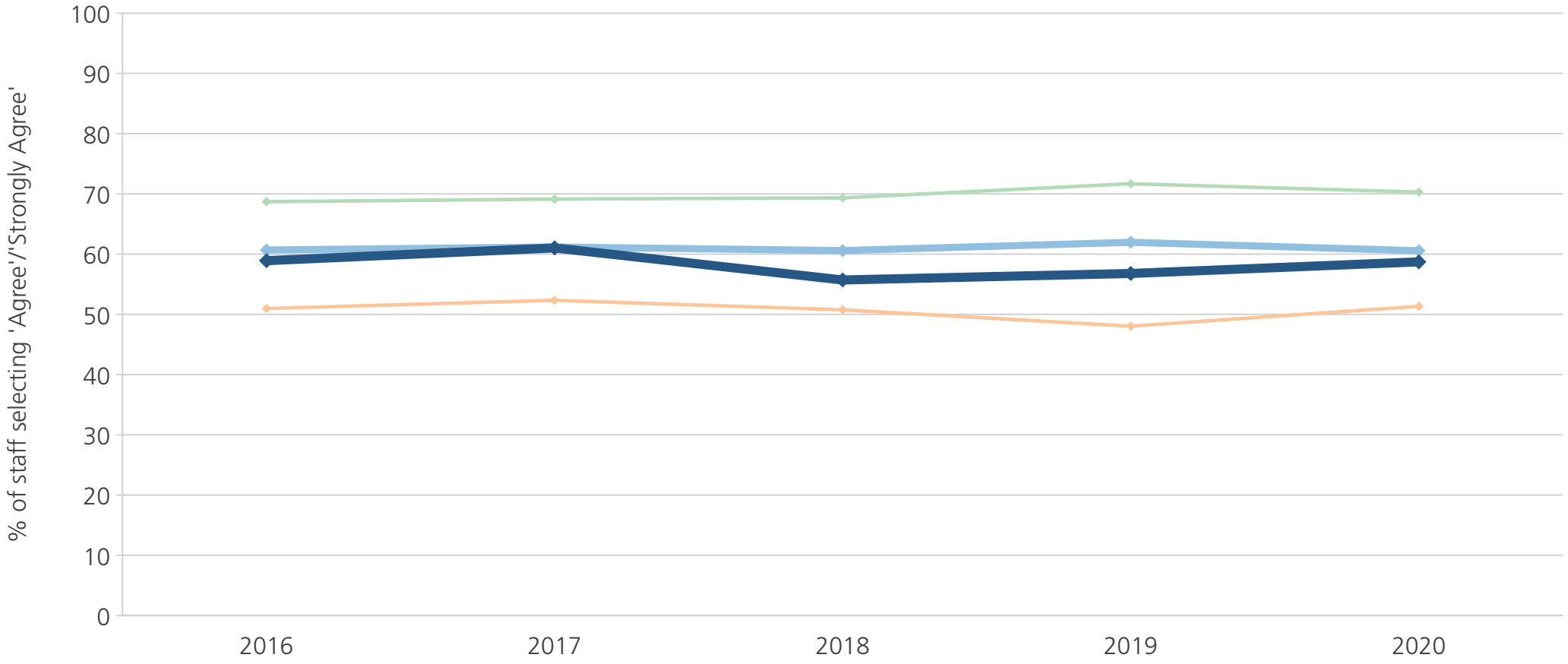
2020 NHS Staff Survey Results



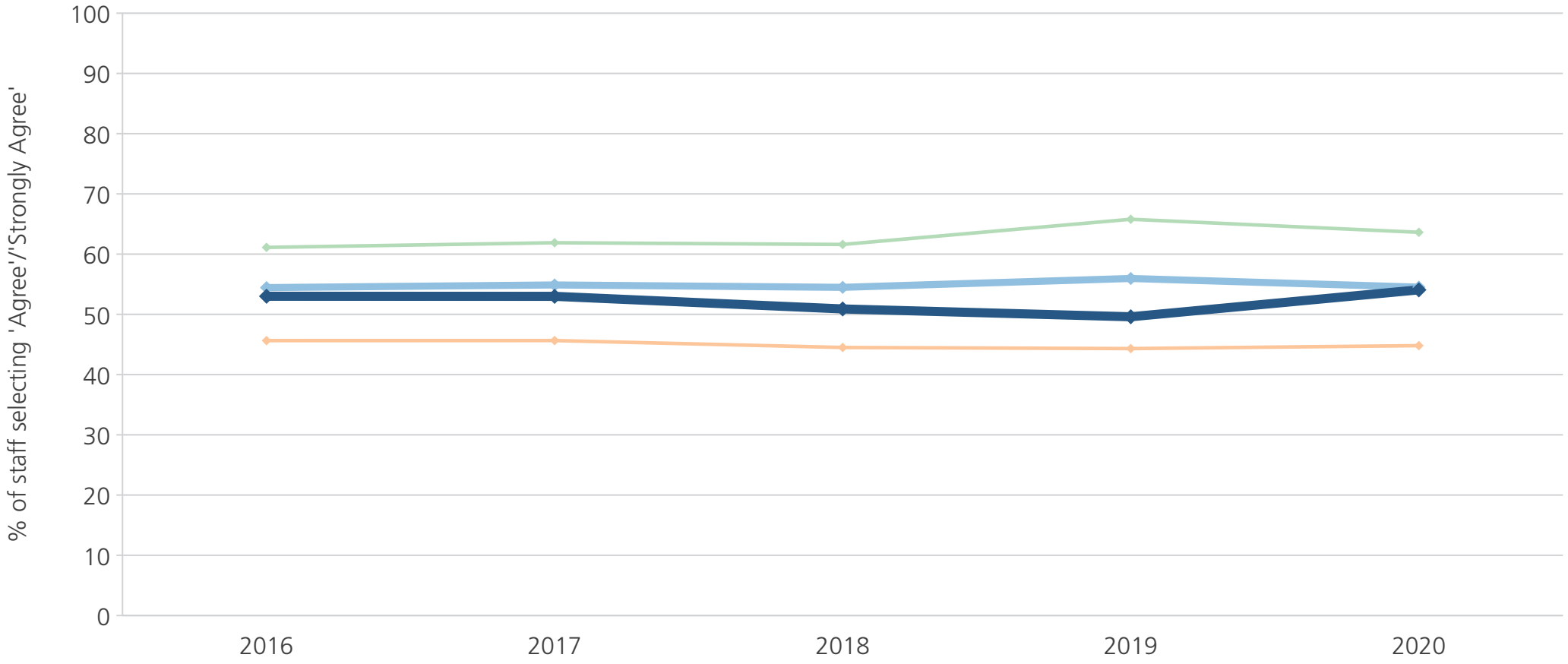
	2018	2019	2020
Best	76.9%	79.3%	77.3%
Your org	61.7%	64.5%	68.2%
Average	68.5%	70.2%	69.2%
Worst	60.0%	56.8%	60.5%
Responses	408	2,247	2,446



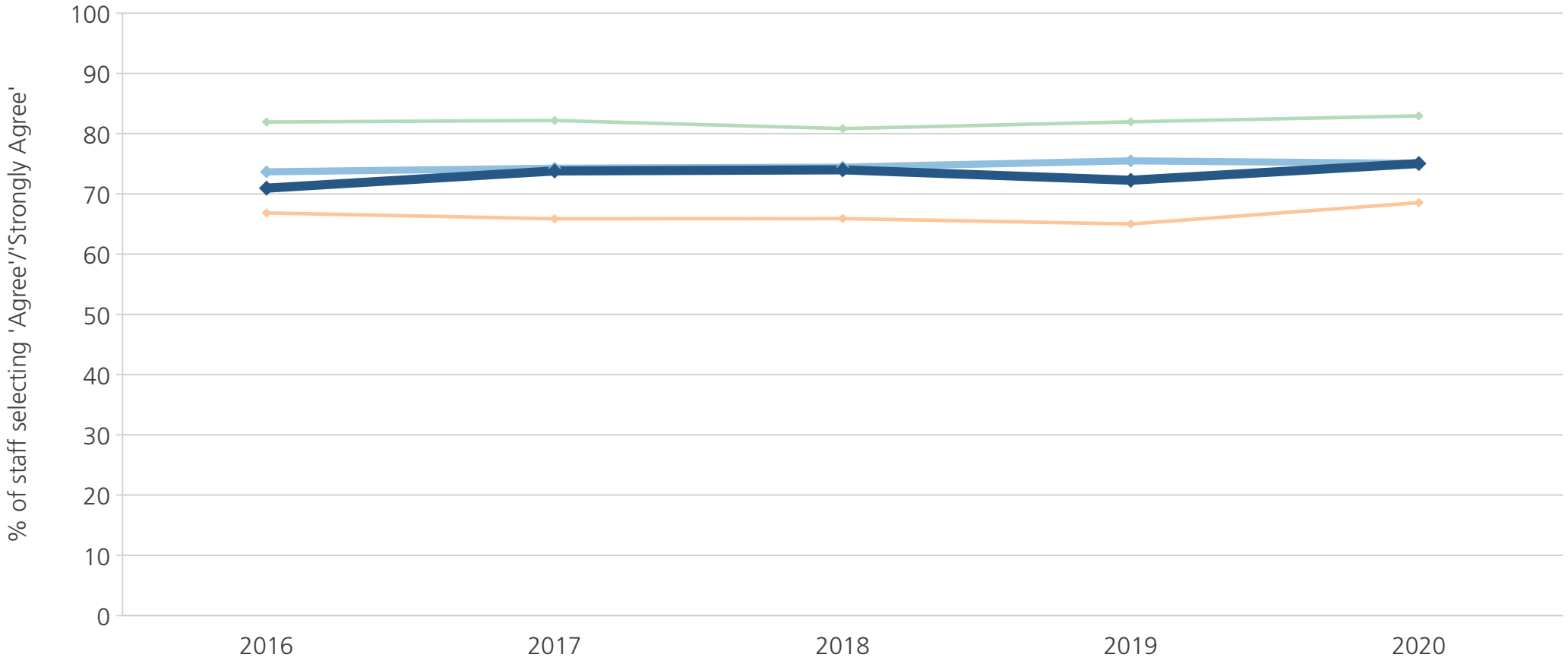
	2016	2017	2018	2019	2020
Best	78.8%	79.1%	77.7%	81.1%	79.3%
Your org	68.5%	71.1%	66.3%	66.7%	69.5%
Average	70.7%	71.4%	69.7%	71.3%	70.0%
Worst	63.8%	63.8%	60.4%	60.0%	61.4%
Responses	2,709	411	408	2,247	2,447



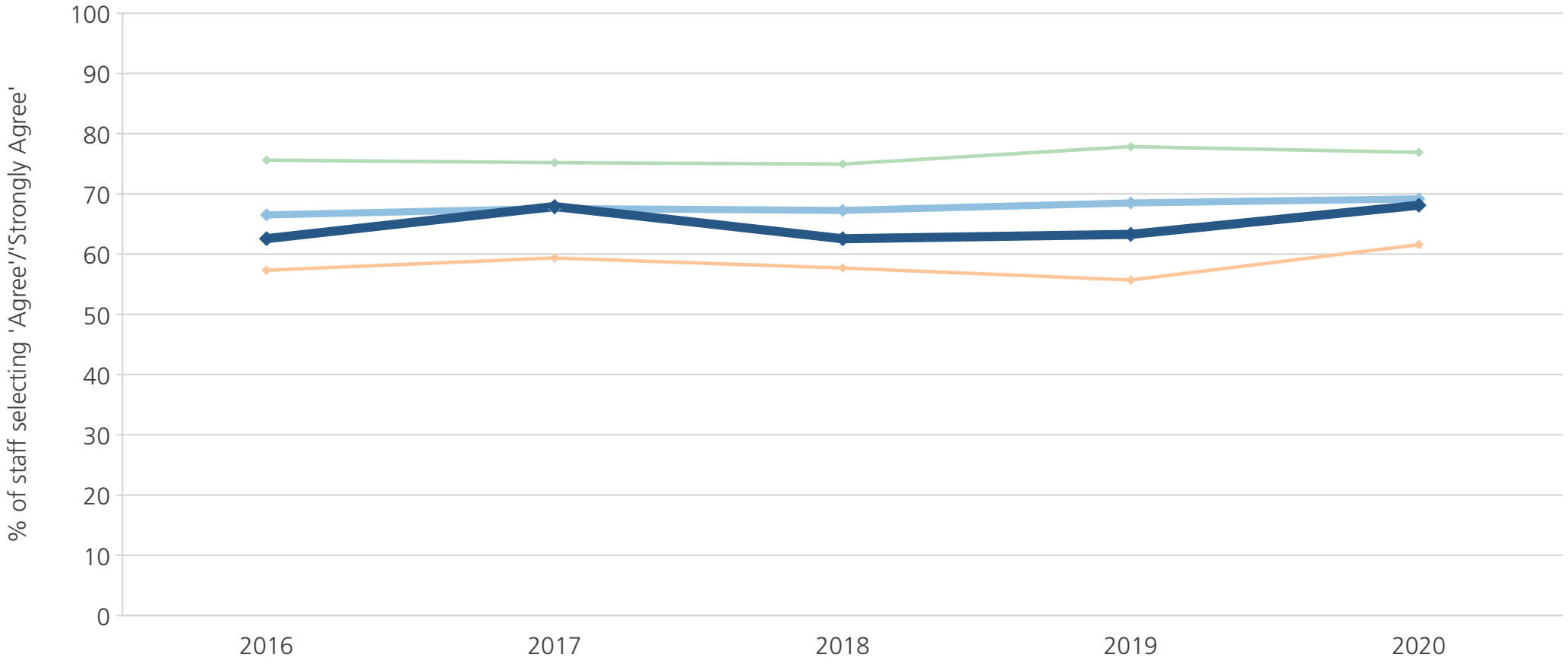
	2016	2017	2018	2019	2020
Best	68.7%	69.1%	69.3%	71.7%	70.3%
Your org	58.9%	61.0%	55.7%	56.8%	58.7%
Average	60.7%	61.2%	60.6%	62.0%	60.6%
Worst	51.0%	52.3%	50.8%	48.0%	51.3%
Responses	2,706	412	409	2,240	2,441



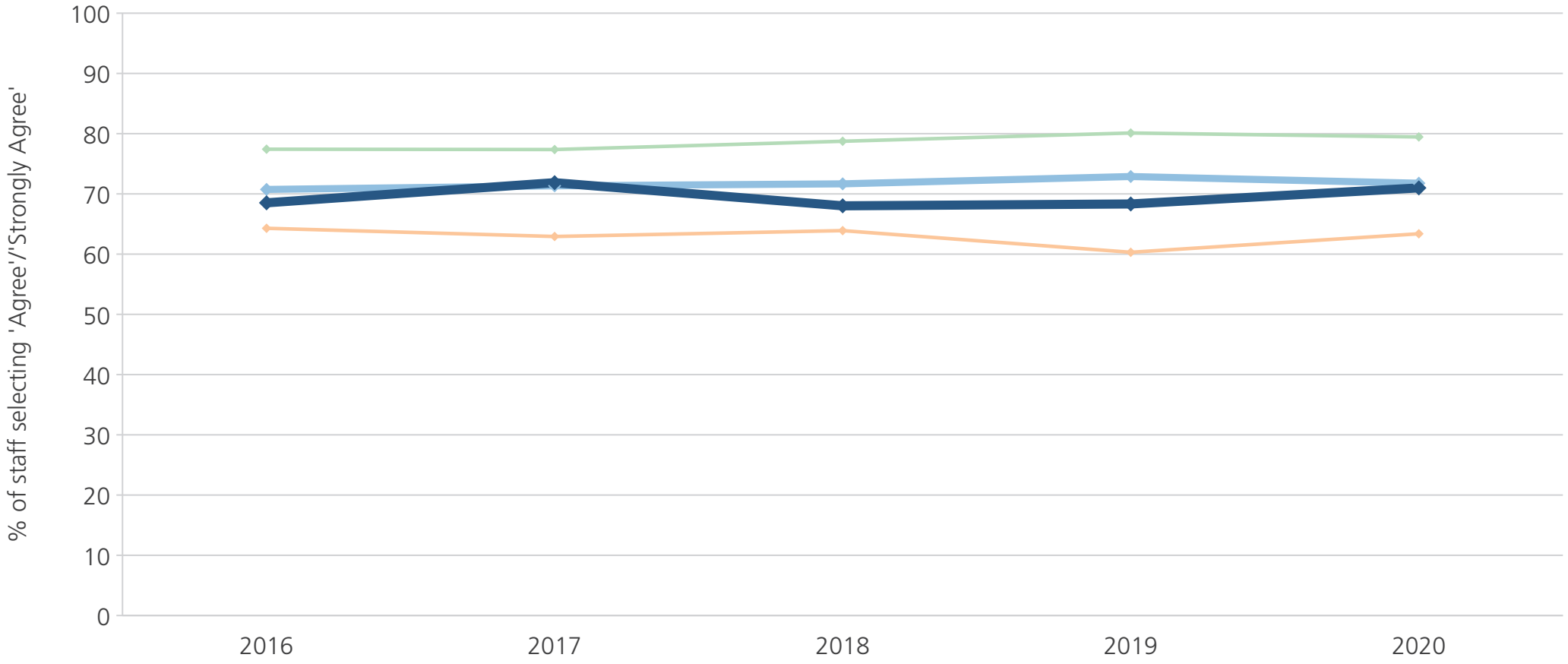
	2016	2017	2018	2019	2020
Best	61.1%	61.9%	61.6%	65.8%	63.6%
Your org	53.0%	53.0%	50.9%	49.6%	54.1%
Average	54.4%	54.9%	54.5%	56.0%	54.5%
Worst	45.6%	45.7%	44.5%	44.3%	44.8%
Responses	2,706	410	406	2,241	2,439



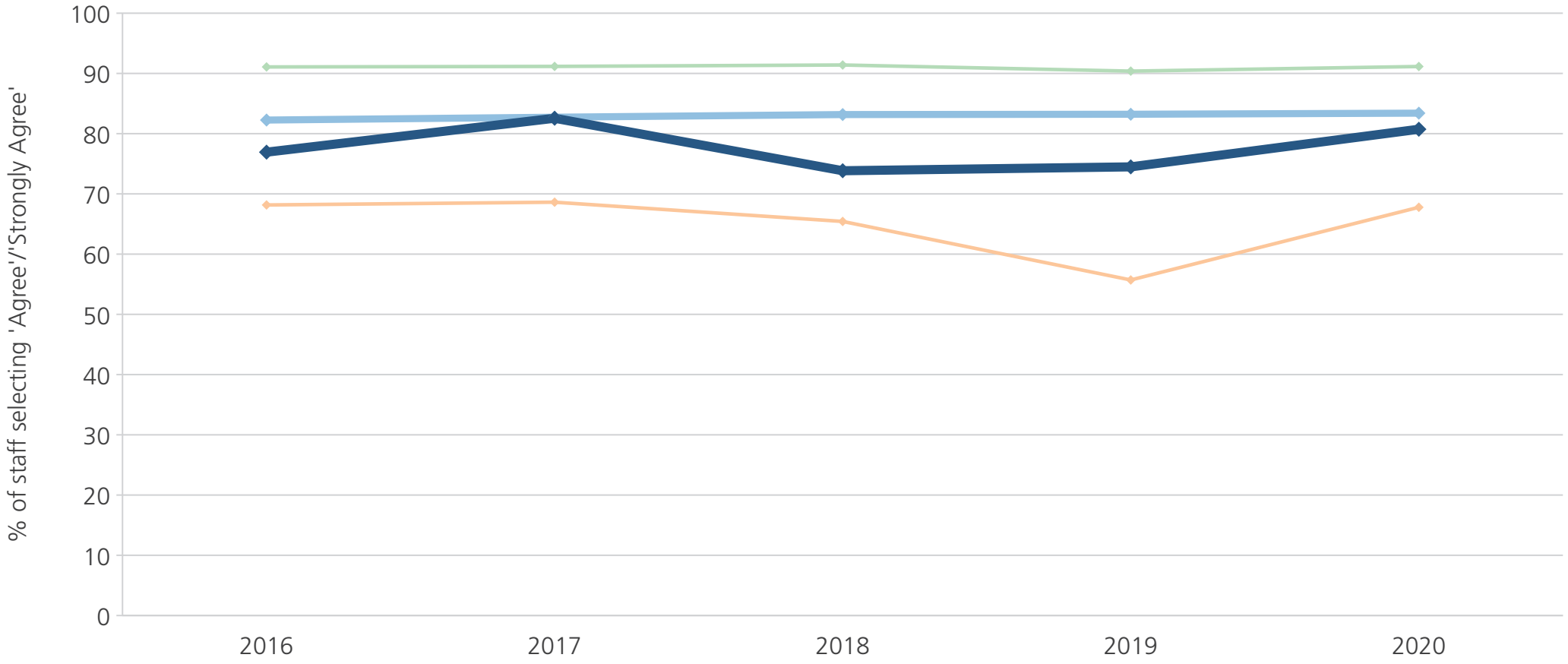
	2016	2017	2018	2019	2020
Best	81.9%	82.2%	80.8%	82.0%	82.9%
Your org	71.0%	73.8%	74.0%	72.3%	75.0%
Average	73.7%	74.3%	74.4%	75.5%	75.1%
Worst	66.8%	65.9%	65.9%	65.0%	68.5%
Responses	2,704	411	410	2,242	2,441



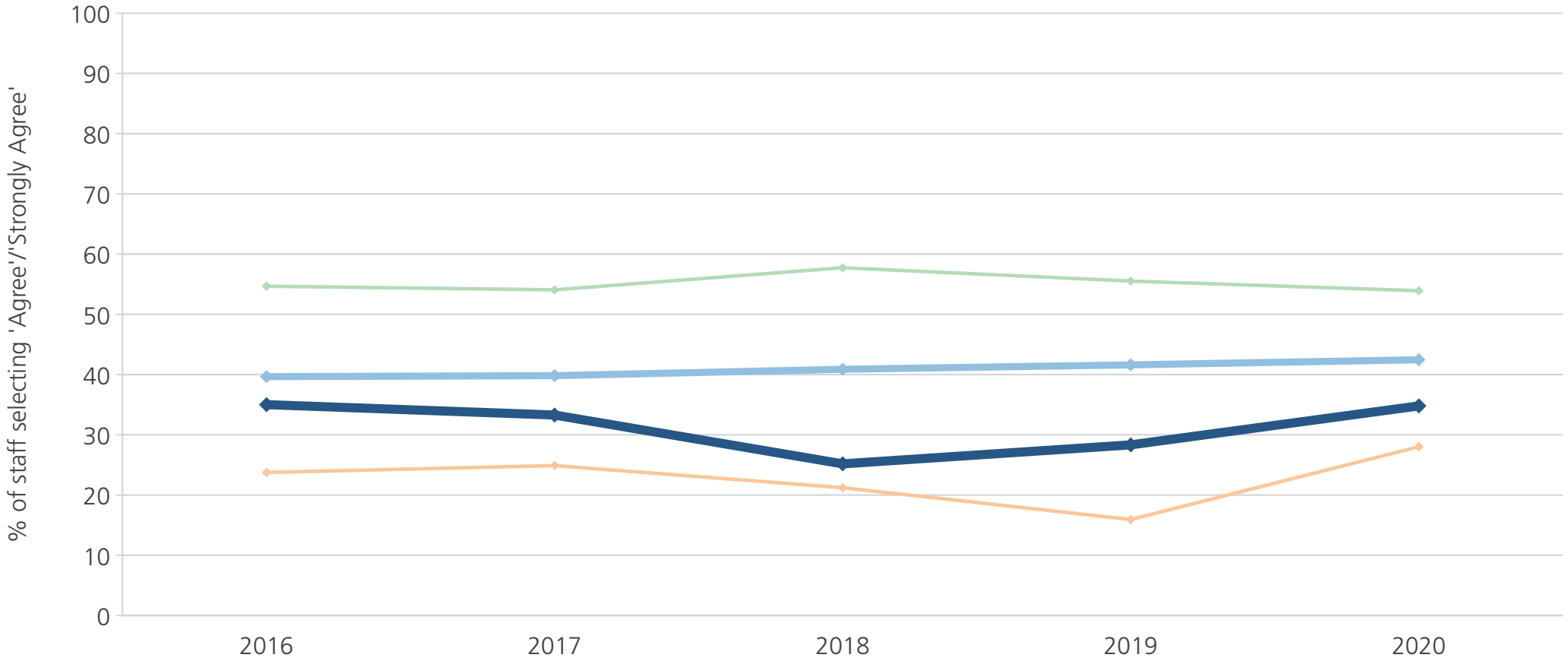
	2016	2017	2018	2019	2020
Best	75.6%	75.2%	74.9%	77.8%	76.9%
Your org	62.6%	67.9%	62.6%	63.3%	68.1%
Average	66.5%	67.6%	67.3%	68.5%	69.2%
Worst	57.3%	59.4%	57.7%	55.7%	61.6%
Responses	2,703	412	408	2,243	2,444



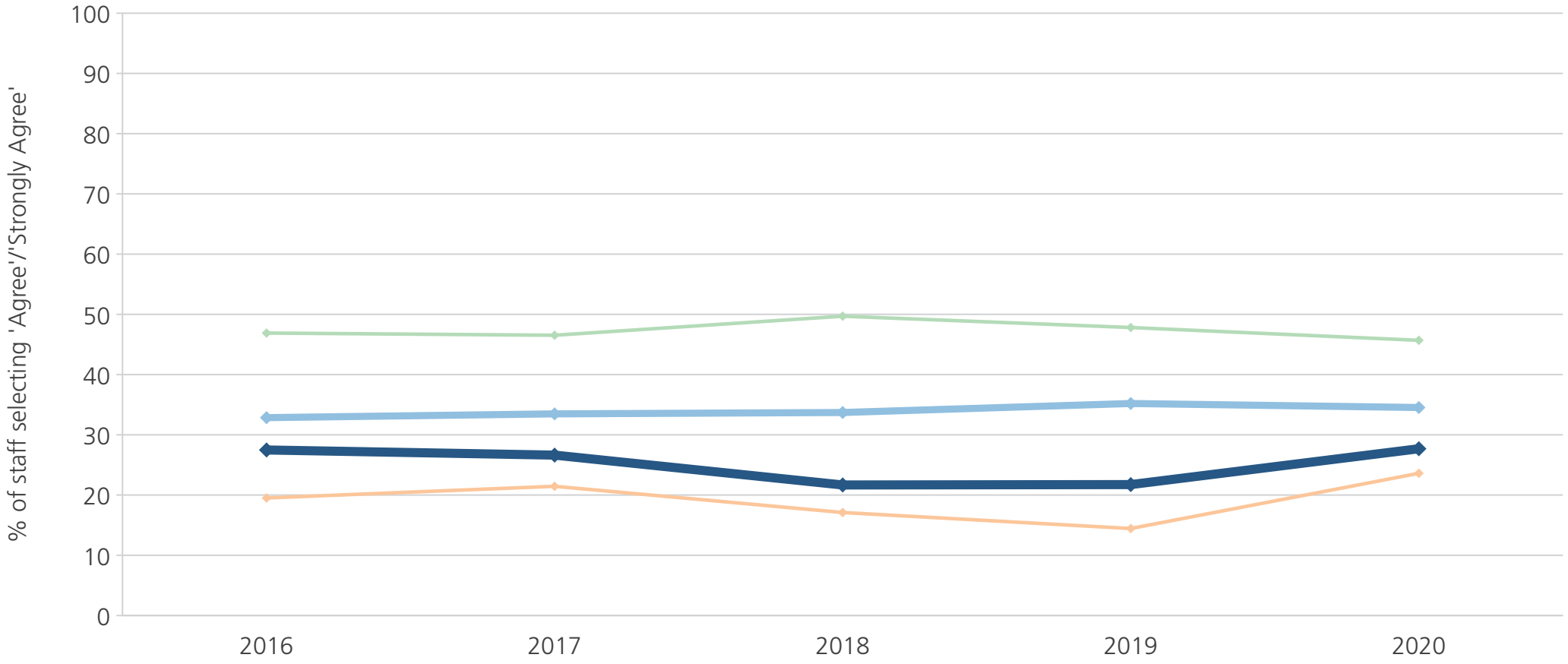
	2016	2017	2018	2019	2020
Best	77.4%	77.4%	78.7%	80.1%	79.5%
Your org	68.5%	71.9%	68.0%	68.3%	71.0%
Average	70.7%	71.3%	71.7%	72.9%	71.8%
Worst	64.3%	62.9%	63.9%	60.3%	63.4%
Responses	2,704	408	407	2,242	2,439



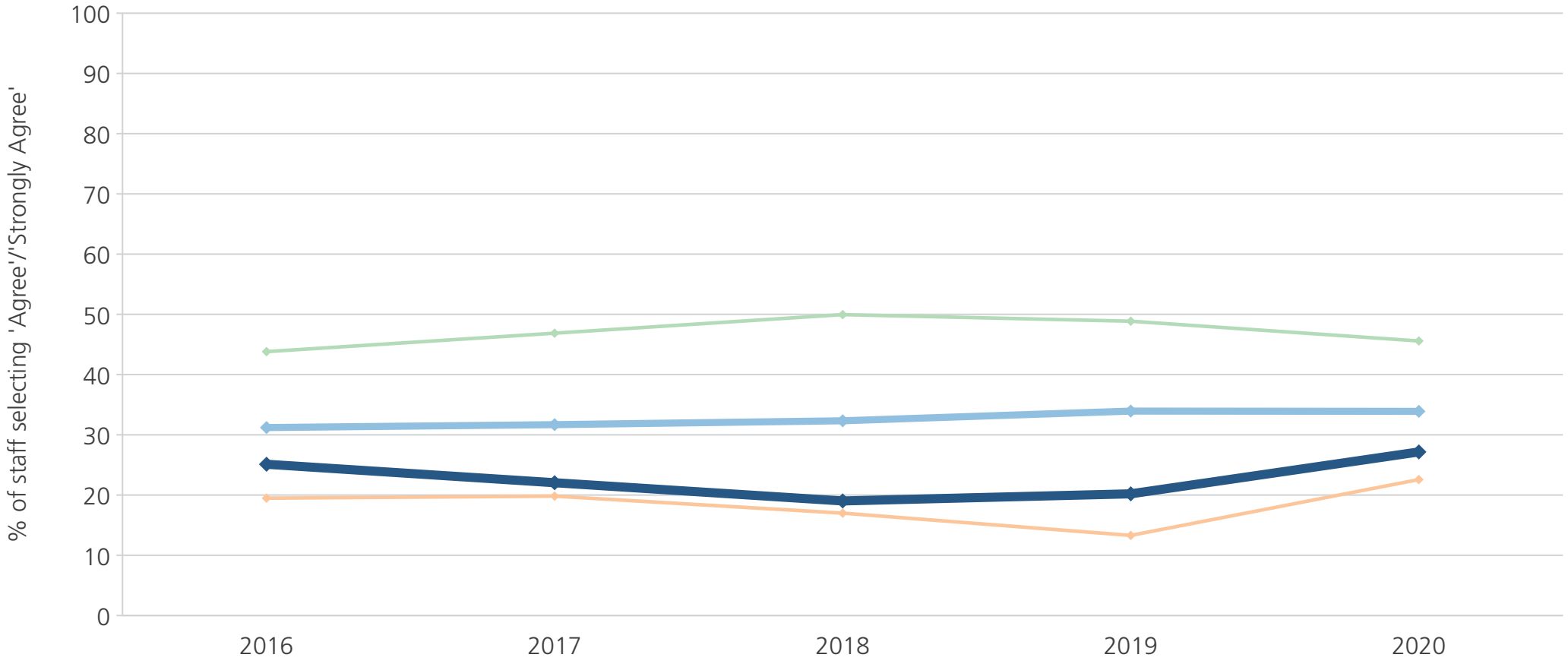
	2016	2017	2018	2019	2020
Best	91.1%	91.2%	91.4%	90.4%	91.1%
Your org	76.9%	82.6%	73.8%	74.5%	80.7%
Average	82.3%	82.7%	83.2%	83.2%	83.4%
Worst	68.2%	68.6%	65.4%	55.7%	67.8%
Responses	2,713	410	411	2,240	2,448



	2016	2017	2018	2019	2020
Best	54.7%	54.1%	57.7%	55.5%	53.9%
Your org	35.0%	33.3%	25.2%	28.3%	34.8%
Average	39.7%	39.8%	40.9%	41.6%	42.5%
Worst	23.8%	24.9%	21.2%	15.9%	28.0%
Responses	2,707	408	410	2,240	2,445



	2016	2017	2018	2019	2020
Best	46.9%	46.5%	49.7%	47.8%	45.7%
Your org	27.5%	26.6%	21.7%	21.7%	27.7%
Average	32.9%	33.5%	33.7%	35.2%	34.5%
Worst	19.5%	21.5%	17.1%	14.4%	23.6%
Responses	2,711	407	409	2,244	2,445



	2016	2017	2018	2019	2020
Best	43.8%	46.9%	50.0%	48.9%	45.6%
Your org	25.1%	22.0%	19.0%	20.2%	27.2%
Average	31.2%	31.7%	32.3%	33.9%	33.9%
Worst	19.5%	19.8%	17.0%	13.3%	22.6%
Responses	2,713	409	408	2,233	2,441

Survey Coordination Centre

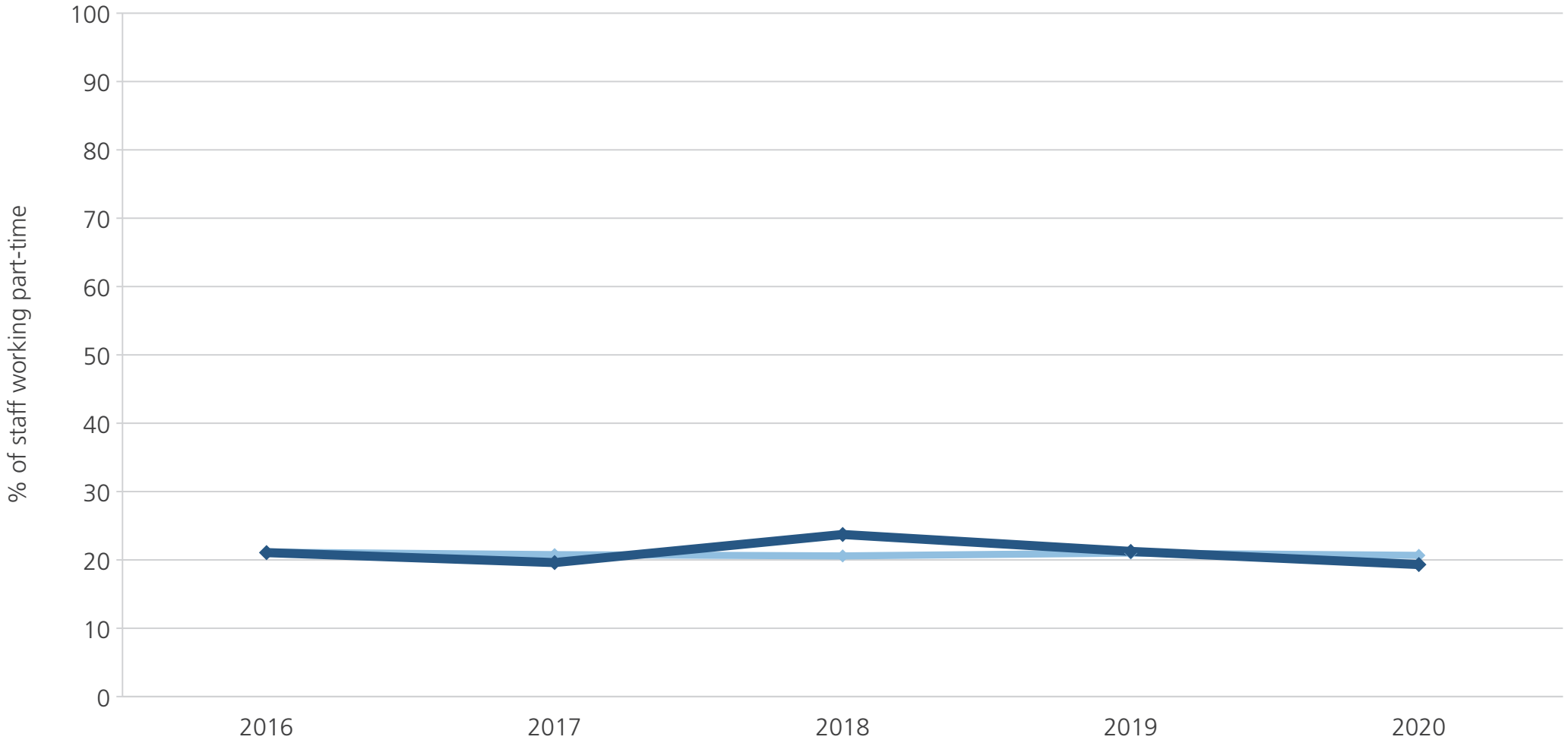
NHS England

Question results – Your health, well-being and safety at work

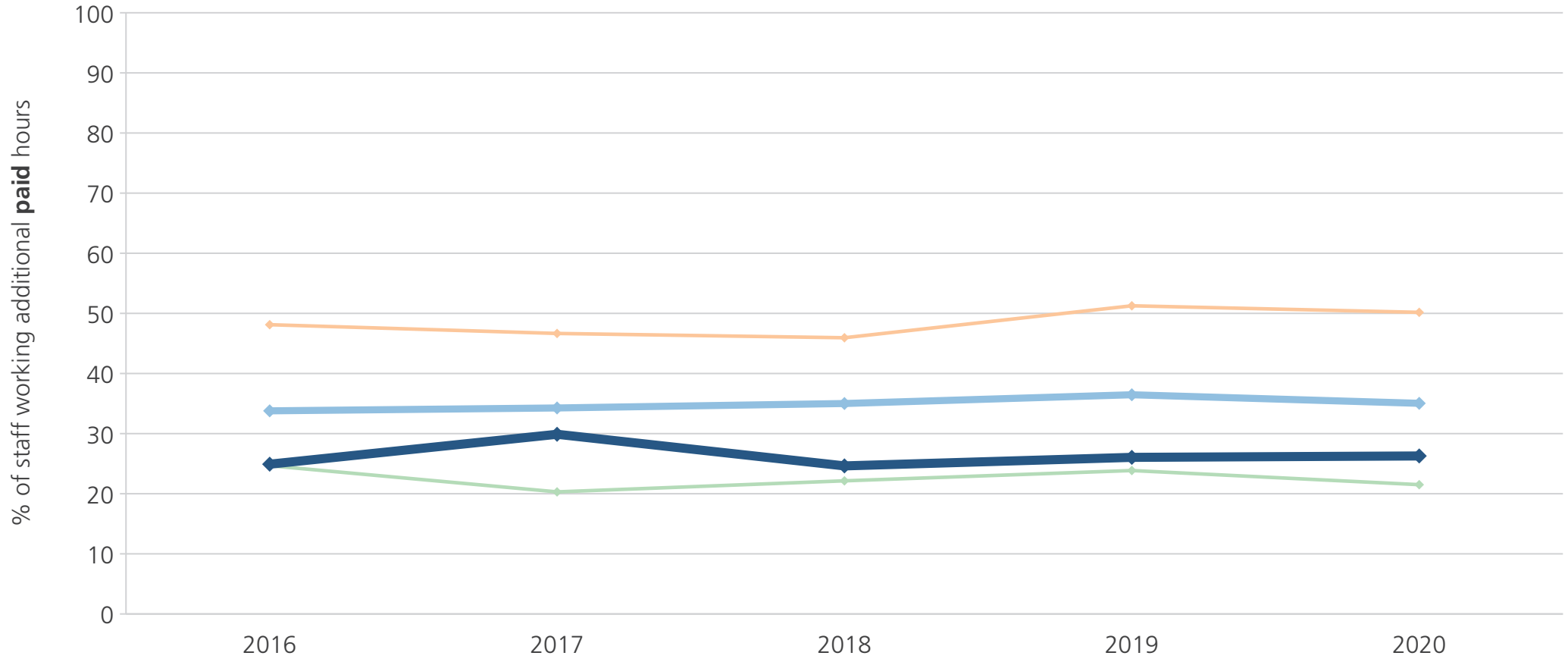
The way in which the data for Q12d and Q13d are reported has changed this year. This change has been applied retrospectively so the data for 2016-2020 shown in the charts for these questions are comparable. However, these figures are not directly comparable to the results reported in previous years.
For more details please see the technical document.

South Tees Hospitals NHS Foundation Trust

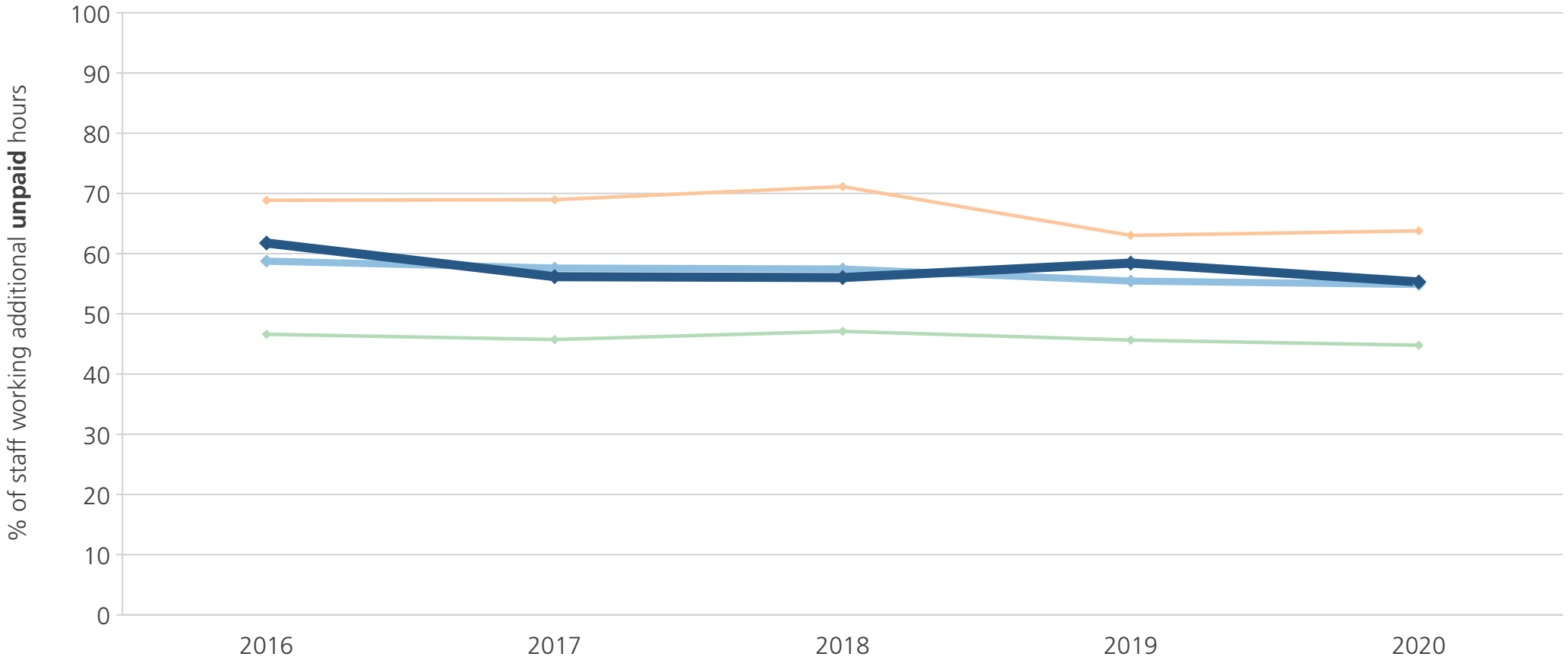
2020 NHS Staff Survey Results



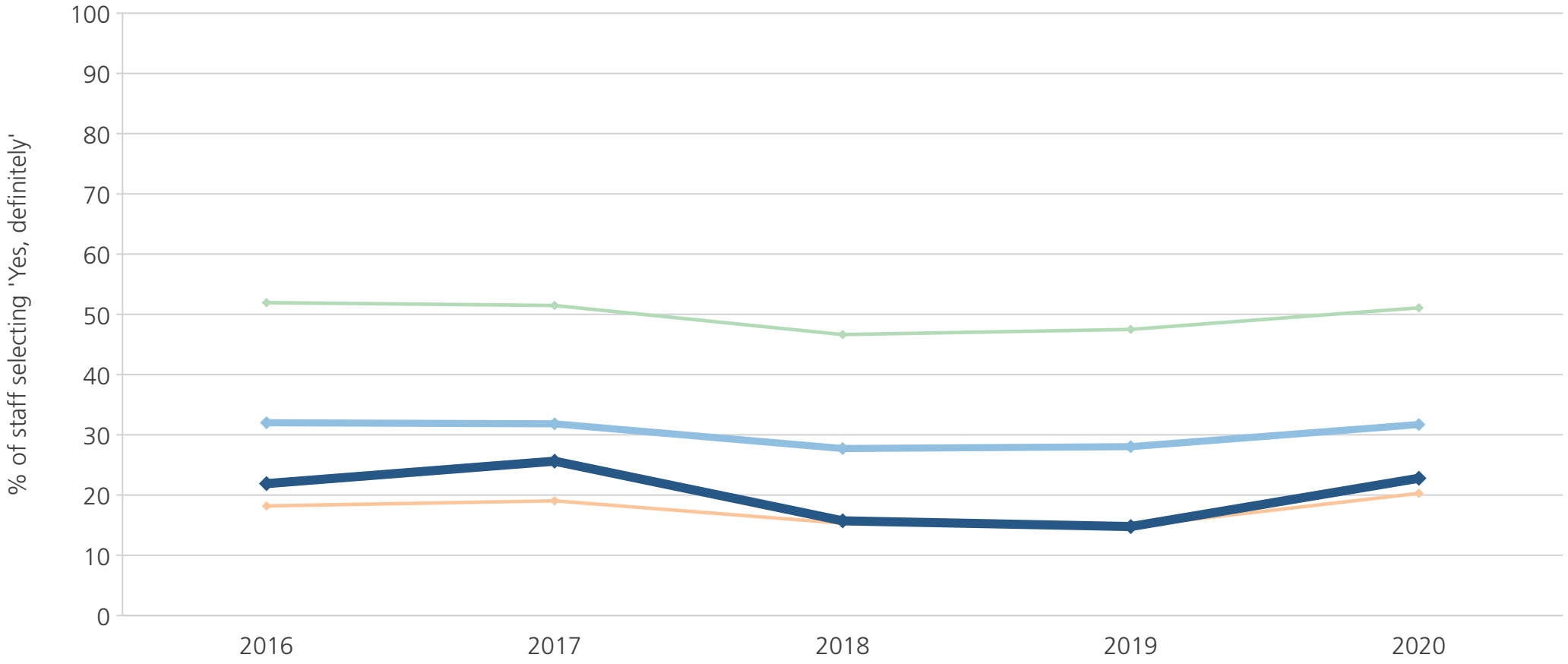
	2016	2017	2018	2019	2020
Your org	21.1%	19.6%	23.7%	21.2%	19.3%
Average	21.1%	20.8%	20.6%	21.0%	20.7%
Responses	2,701	408	409	2,001	2,143



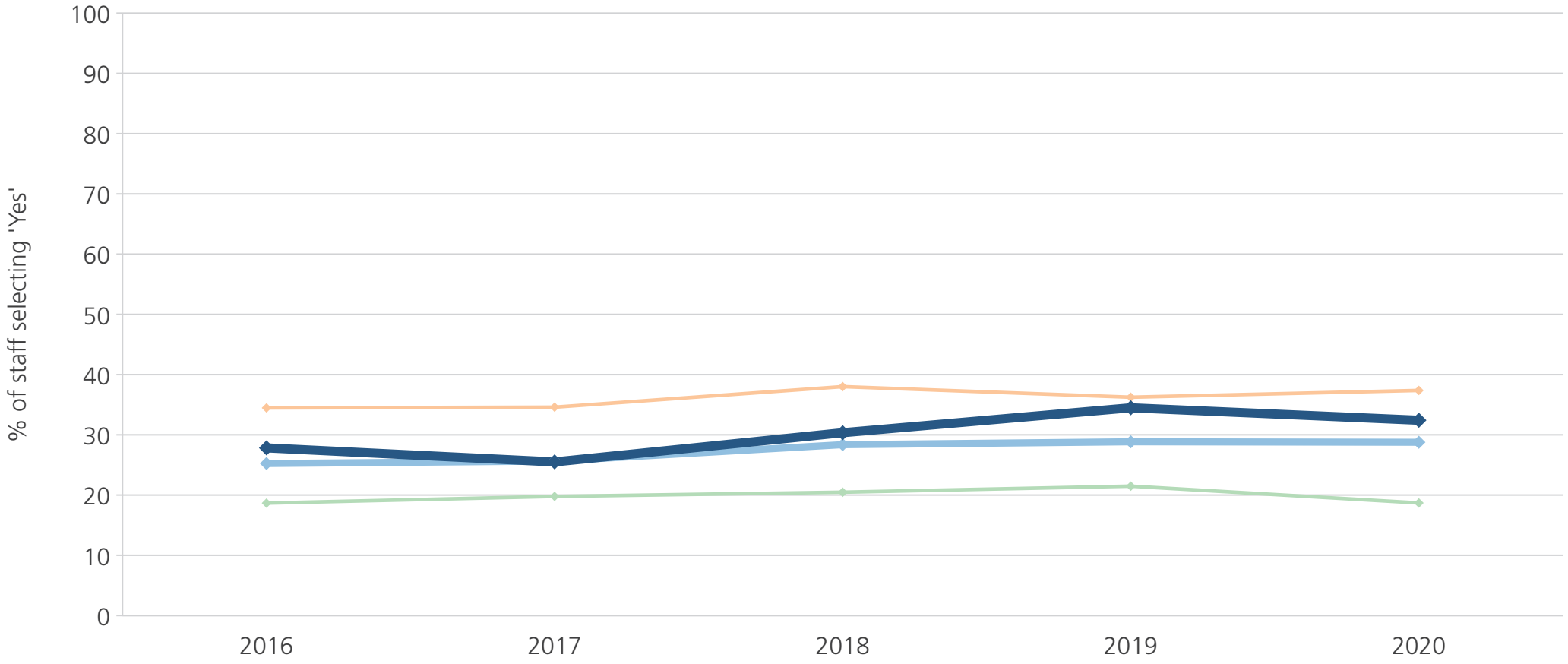
	2016	2017	2018	2019	2020
Worst	48.1%	46.7%	45.9%	51.3%	50.2%
Your org	24.9%	29.9%	24.6%	26.0%	26.3%
Average	33.8%	34.3%	35.0%	36.5%	35.0%
Best	24.7%	20.3%	22.1%	23.9%	21.5%
Responses	2,644	400	399	2,201	2,426



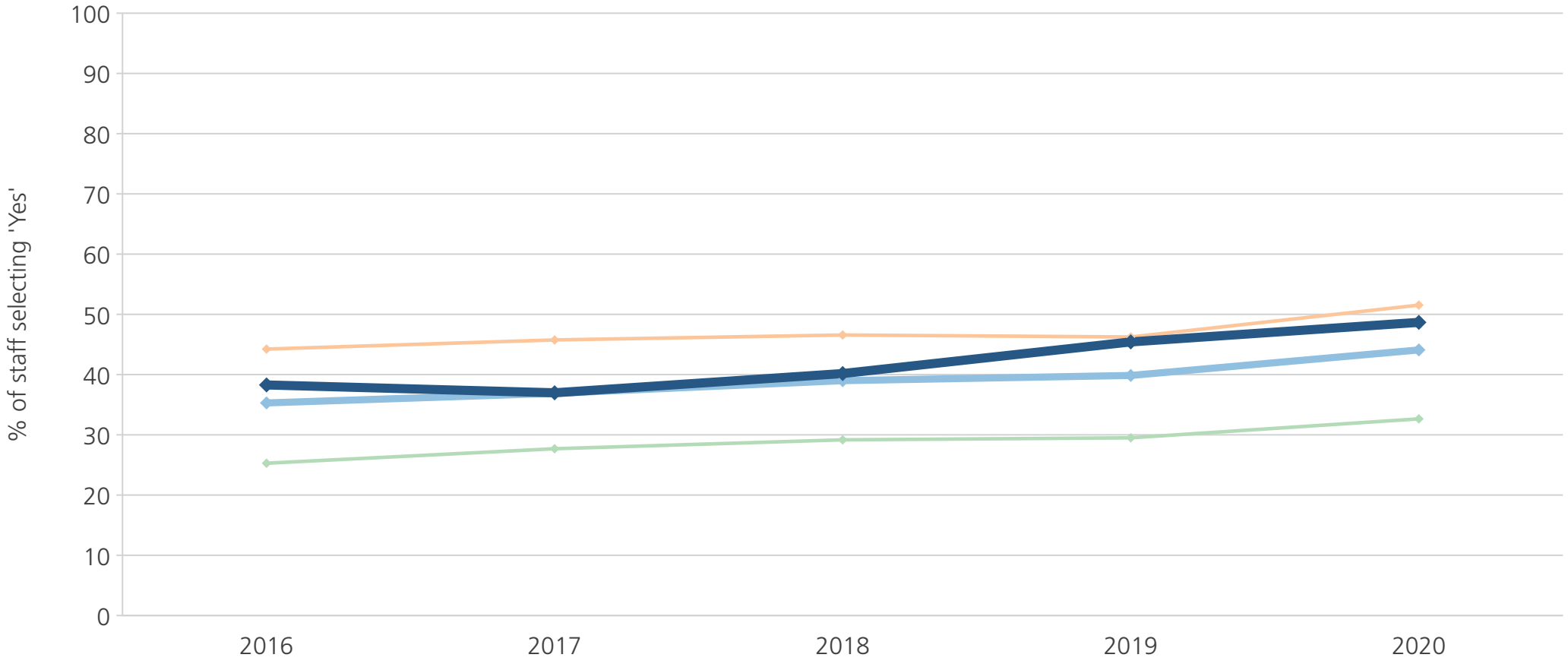
	2016	2017	2018	2019	2020
Worst	68.9%	69.0%	71.1%	63.0%	63.8%
Your org	61.8%	56.2%	56.0%	58.4%	55.3%
Average	58.7%	57.6%	57.4%	55.4%	54.9%
Best	46.6%	45.7%	47.1%	45.6%	44.8%
Responses	2,666	401	397	2,189	2,406



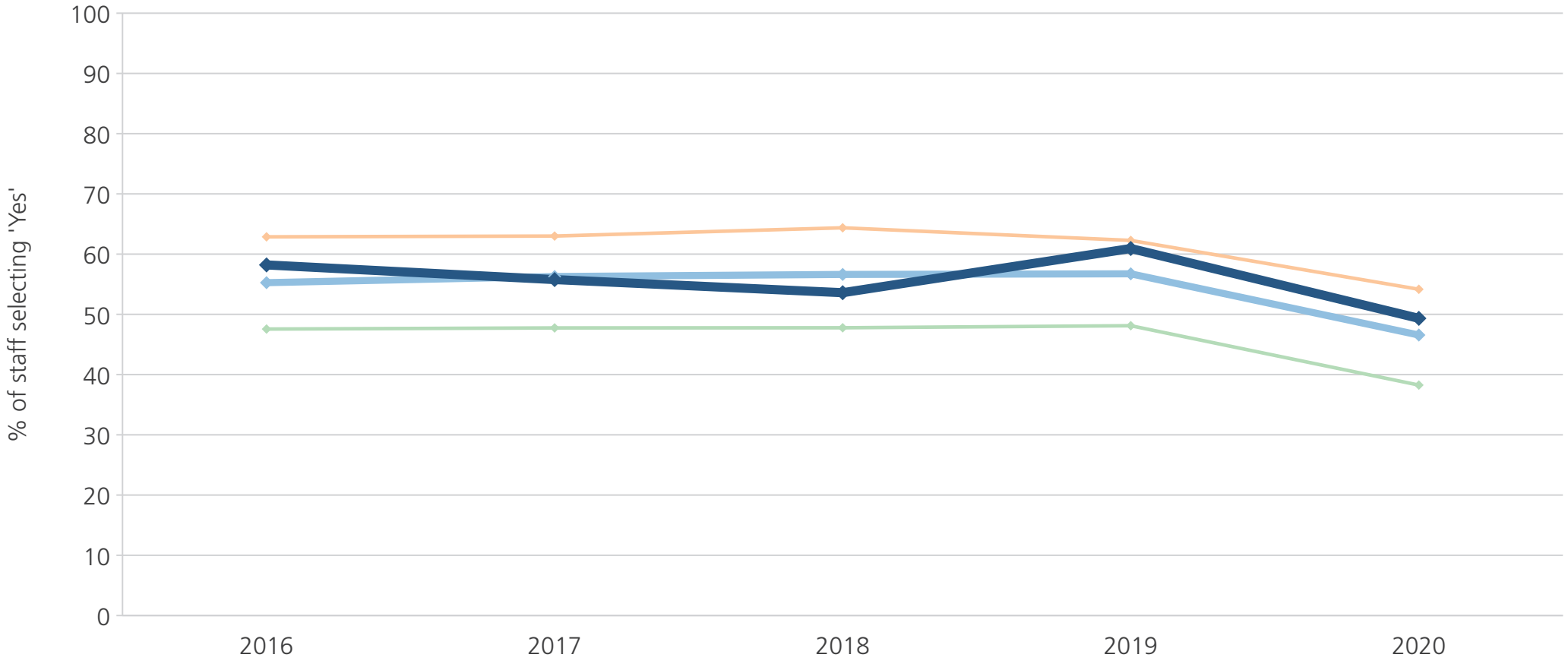
	2016	2017	2018	2019	2020
Best	51.9%	51.5%	46.6%	47.5%	51.1%
Your org	21.9%	25.6%	15.7%	14.8%	22.8%
Average	32.0%	31.8%	27.7%	28.0%	31.7%
Worst	18.2%	19.0%	15.3%	14.8%	20.3%
Responses	2,559	405	402	2,224	2,443



	2016	2017	2018	2019	2020
Worst	34.5%	34.6%	38.0%	36.2%	37.4%
Your org	27.8%	25.5%	30.3%	34.5%	32.4%
Average	25.2%	25.6%	28.4%	28.8%	28.8%
Best	18.7%	19.8%	20.5%	21.5%	18.7%
Responses	2,708	410	410	2,238	2,442

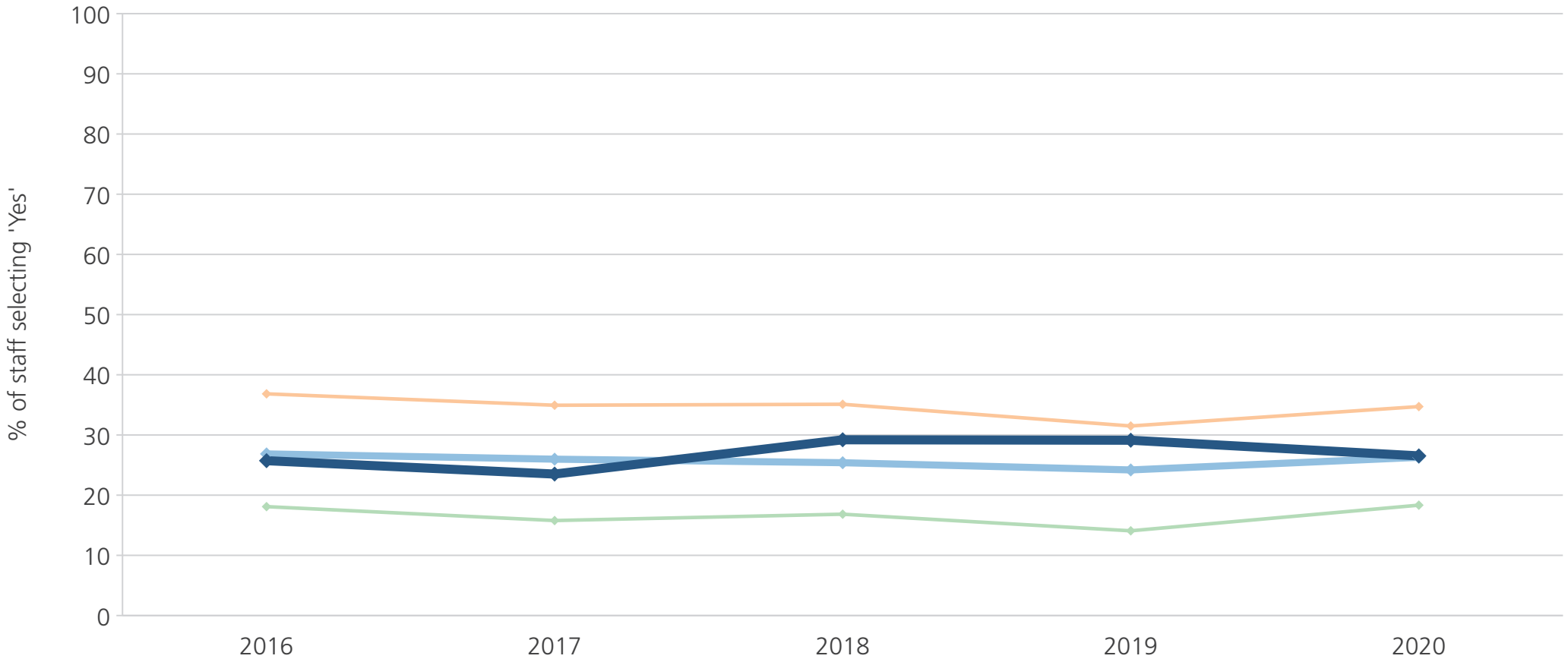


	2016	2017	2018	2019	2020
Worst	44.2%	45.8%	46.6%	46.2%	51.5%
Your org	38.3%	37.0%	40.2%	45.4%	48.7%
Average	35.3%	36.9%	39.0%	39.9%	44.1%
Best	25.3%	27.7%	29.2%	29.5%	32.6%
Responses	2,712	410	410	2,238	2,443



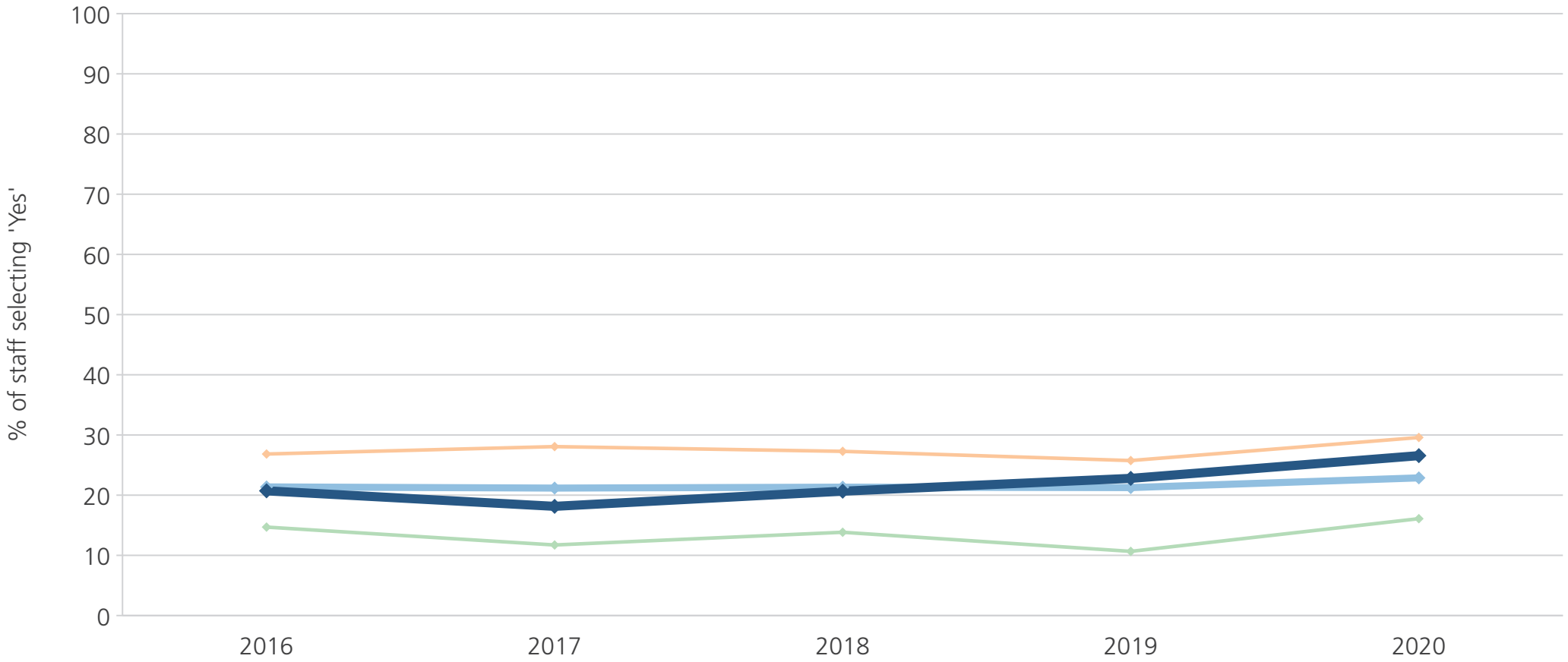
	2016	2017	2018	2019	2020
Worst	62.9%	63.0%	64.4%	62.3%	54.2%
Your org	58.2%	55.8%	53.6%	60.9%	49.3%
Average	55.3%	56.3%	56.6%	56.7%	46.6%
Best	47.6%	47.7%	47.8%	48.1%	38.3%
Responses	2,709	409	409	2,235	2,442

This question was only answered by people who responded to Q11d.



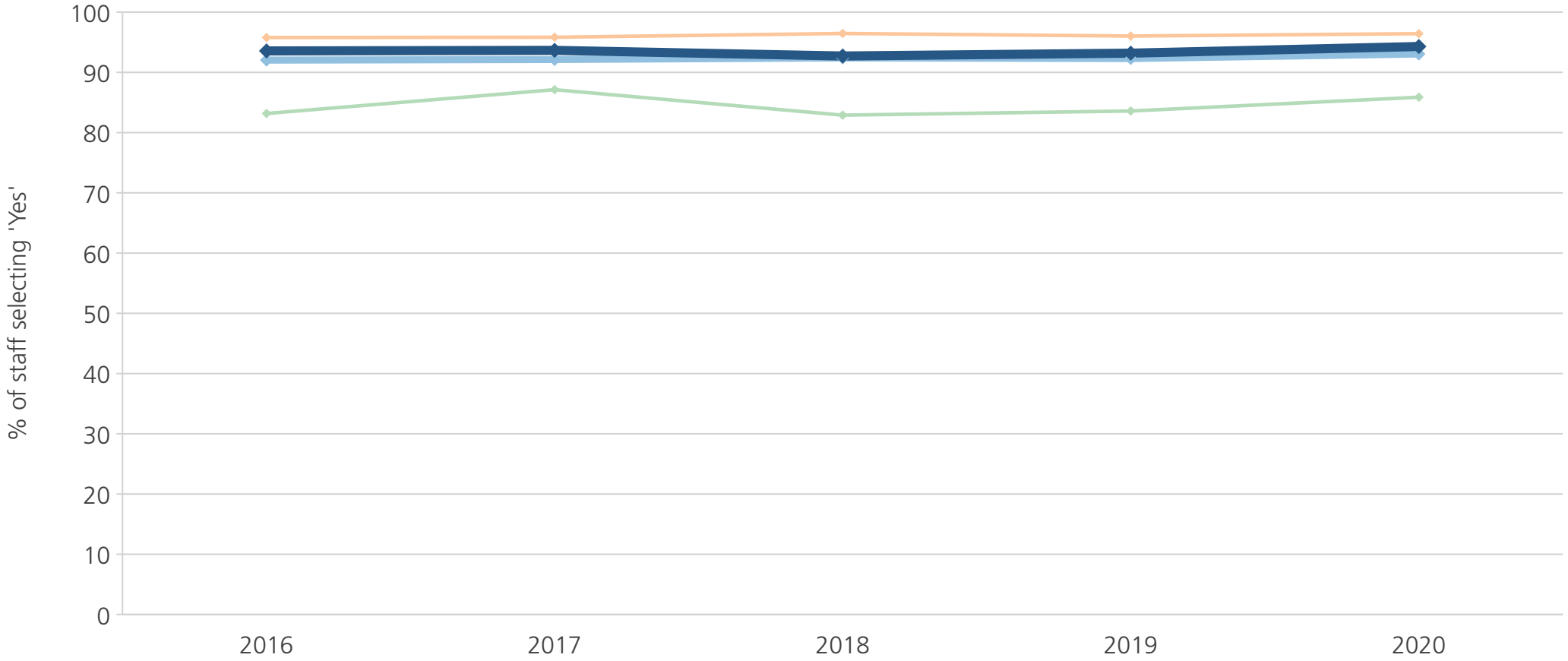
	2016	2017	2018	2019	2020
Worst	36.8%	34.9%	35.1%	31.5%	34.7%
Your org	25.7%	23.5%	29.2%	29.1%	26.5%
Average	26.9%	26.0%	25.4%	24.2%	26.3%
Best	18.1%	15.8%	16.8%	14.1%	18.3%
Responses	1,525	225	212	1,338	1,200

This question was only answered by people who responded to Q11d.

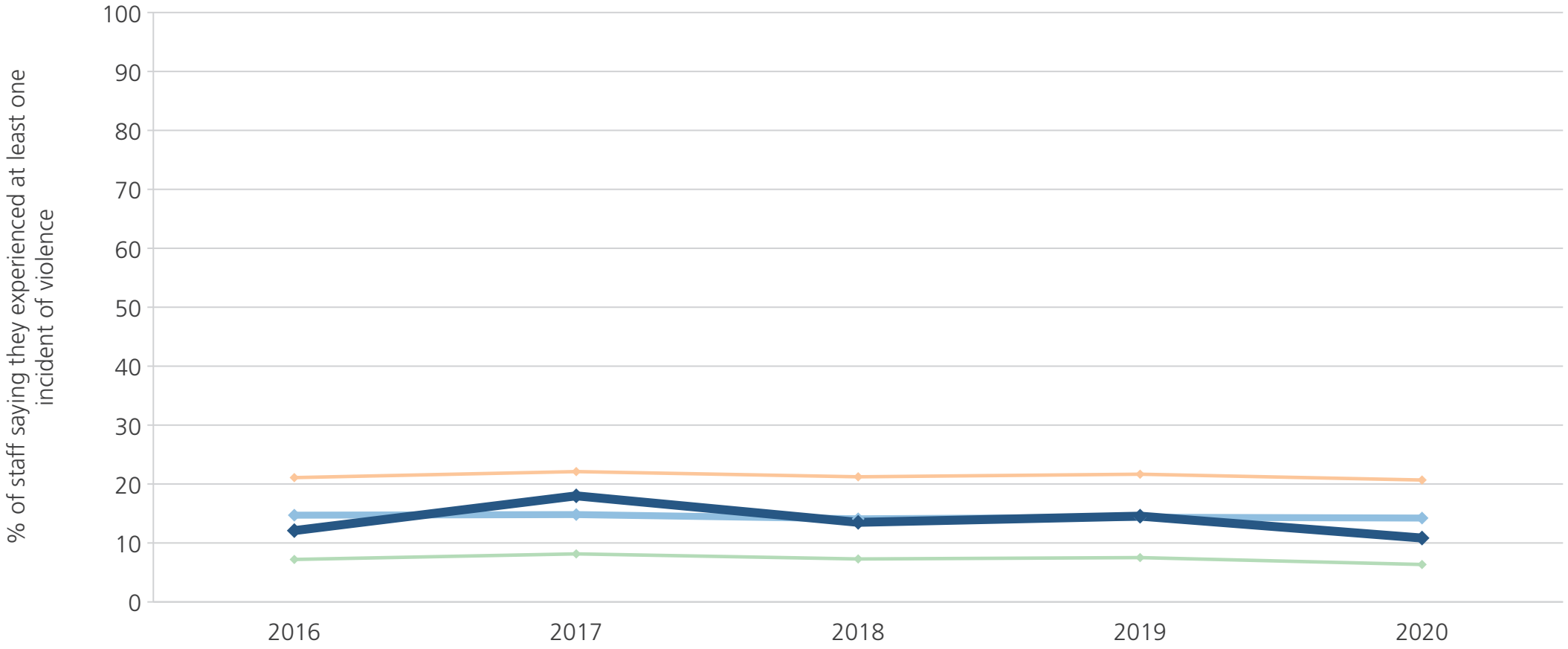


	2016	2017	2018	2019	2020
Worst	26.8%	28.1%	27.3%	25.7%	29.6%
Your org	20.7%	18.1%	20.7%	22.8%	26.6%
Average	21.4%	21.2%	21.3%	21.3%	22.9%
Best	14.7%	11.7%	13.8%	10.7%	16.1%
Responses	1,530	226	211	1,336	1,199

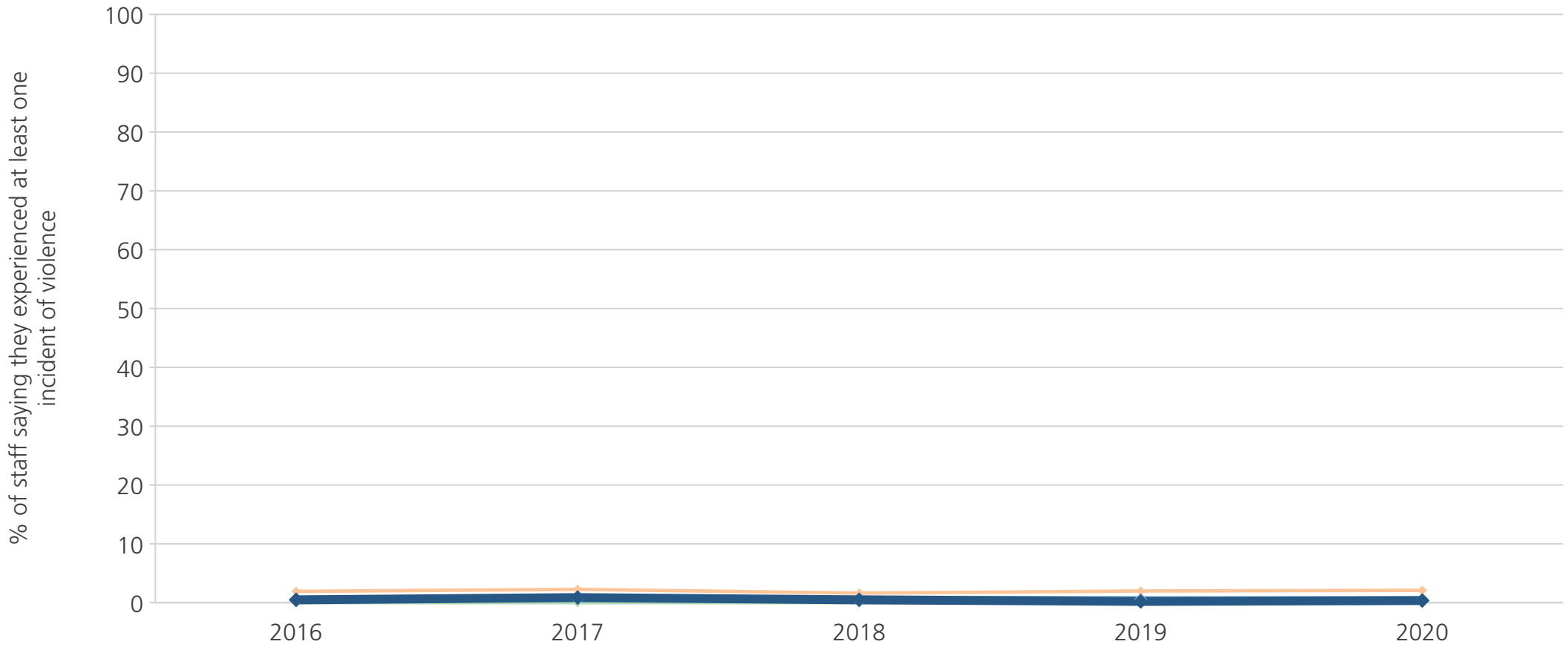
This question was only answered by people who responded to Q11d.



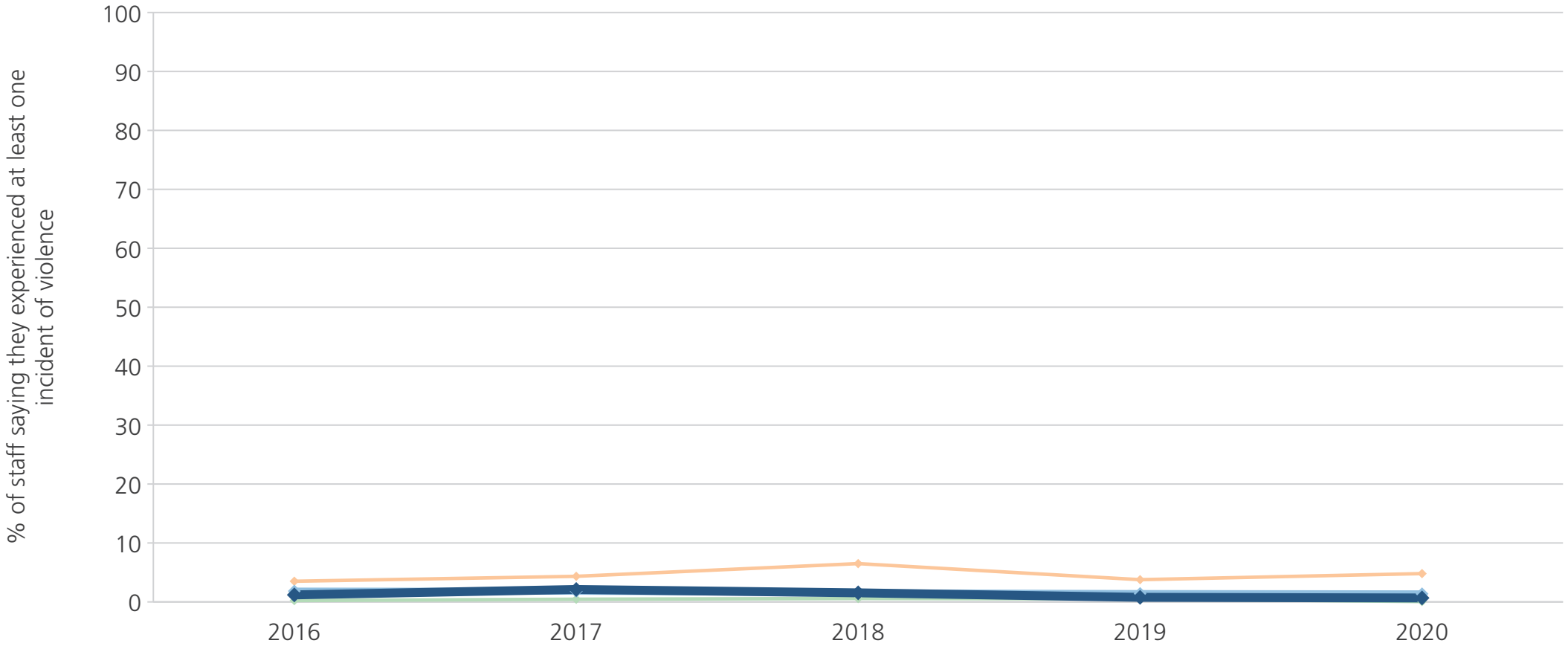
	2016	2017	2018	2019	2020
Worst	95.8%	95.8%	96.5%	96.0%	96.4%
Your org	93.6%	93.7%	92.7%	93.2%	94.3%
Average	92.0%	92.1%	92.4%	92.3%	93.0%
Best	83.2%	87.1%	82.9%	83.6%	85.9%
Responses	1,537	228	214	1,338	1,201



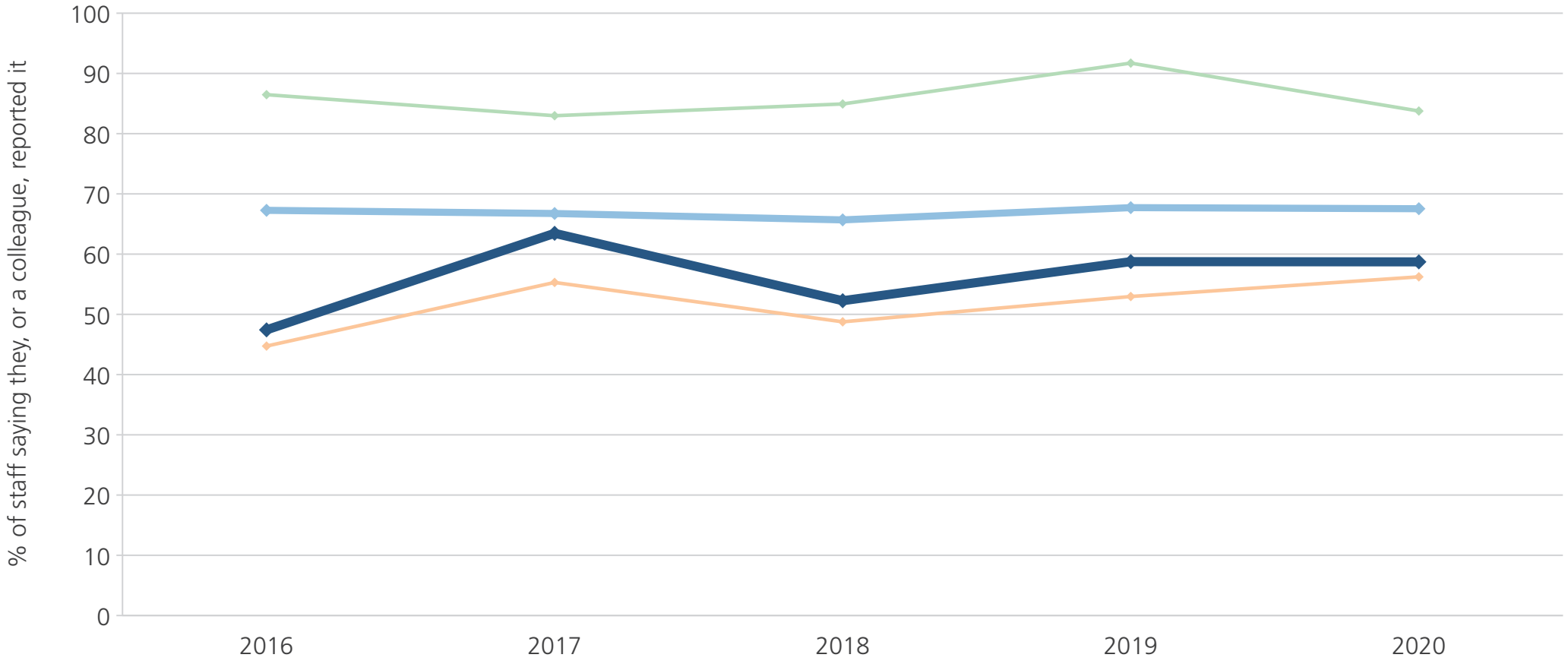
	2016	2017	2018	2019	2020
Worst	21.1%	22.1%	21.2%	21.7%	20.7%
Your org	12.1%	18.0%	13.5%	14.6%	10.8%
Average	14.7%	14.8%	14.1%	14.4%	14.2%
Best	7.2%	8.1%	7.3%	7.5%	6.3%
Responses	2,693	413	409	2,228	2,439



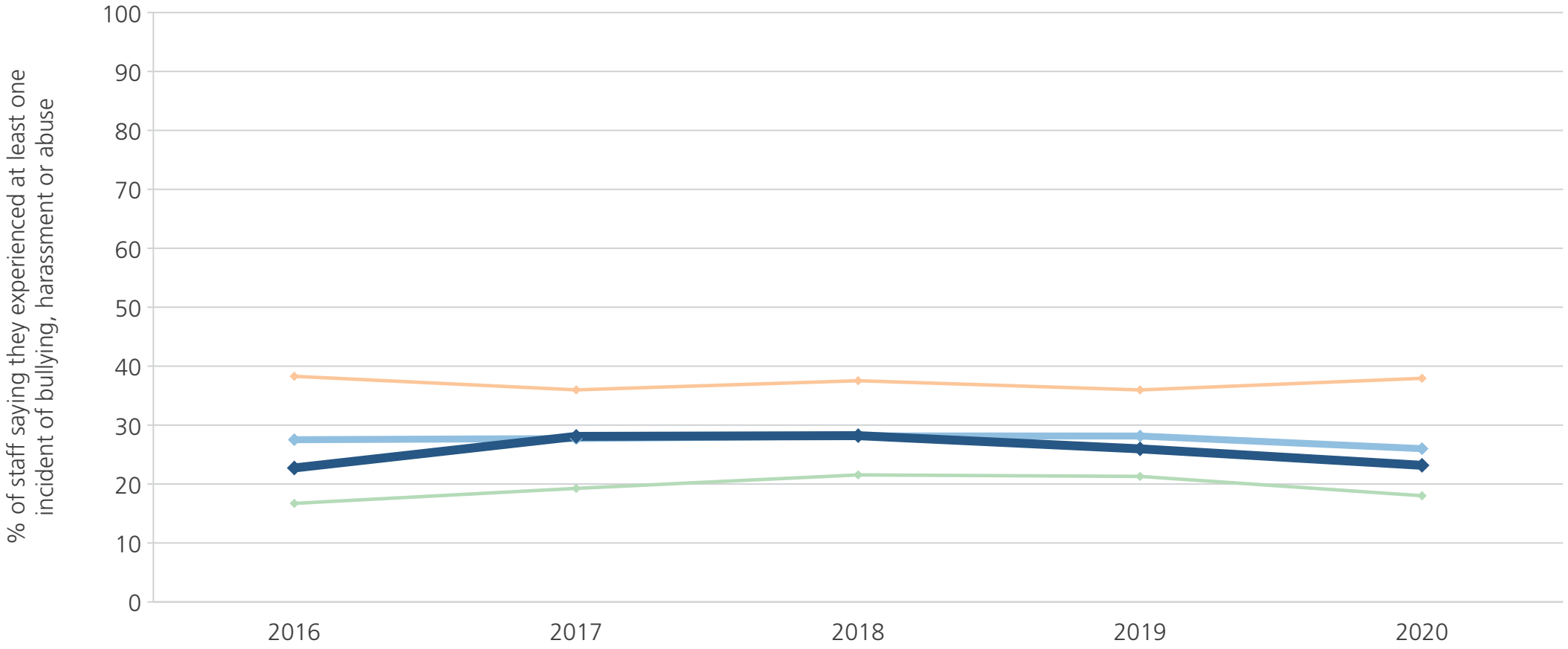
	2016	2017	2018	2019	2020
Worst	1.9%	2.3%	1.6%	2.0%	2.1%
Your org	0.5%	0.9%	0.5%	0.2%	0.4%
Average	0.6%	0.7%	0.6%	0.5%	0.5%
Best	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	2,666	410	404	2,219	2,438



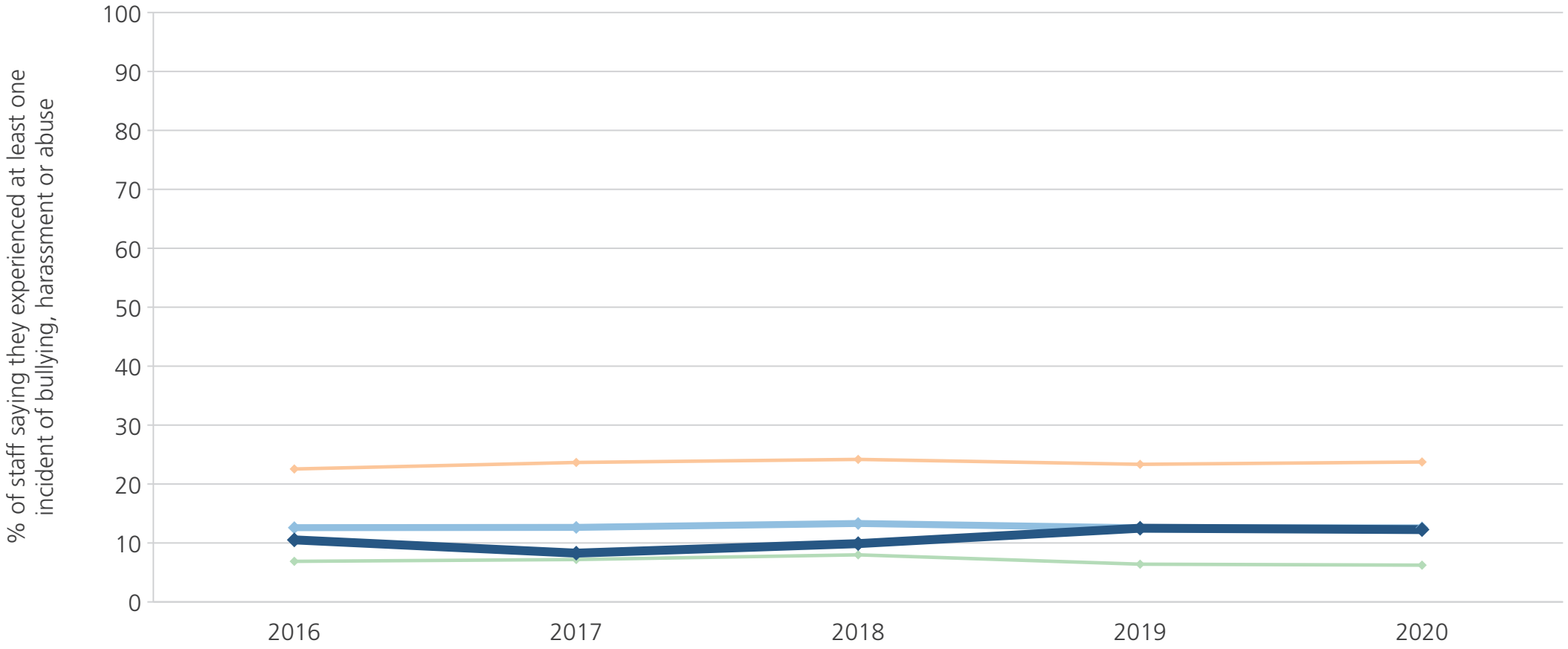
	2016	2017	2018	2019	2020
Worst	3.5%	4.3%	6.5%	3.8%	4.8%
Your org	1.2%	2.1%	1.5%	0.8%	0.7%
Average	1.8%	1.8%	1.6%	1.4%	1.4%
Best	0.2%	0.5%	0.6%	0.5%	0.1%
Responses	2,663	407	404	2,216	2,434



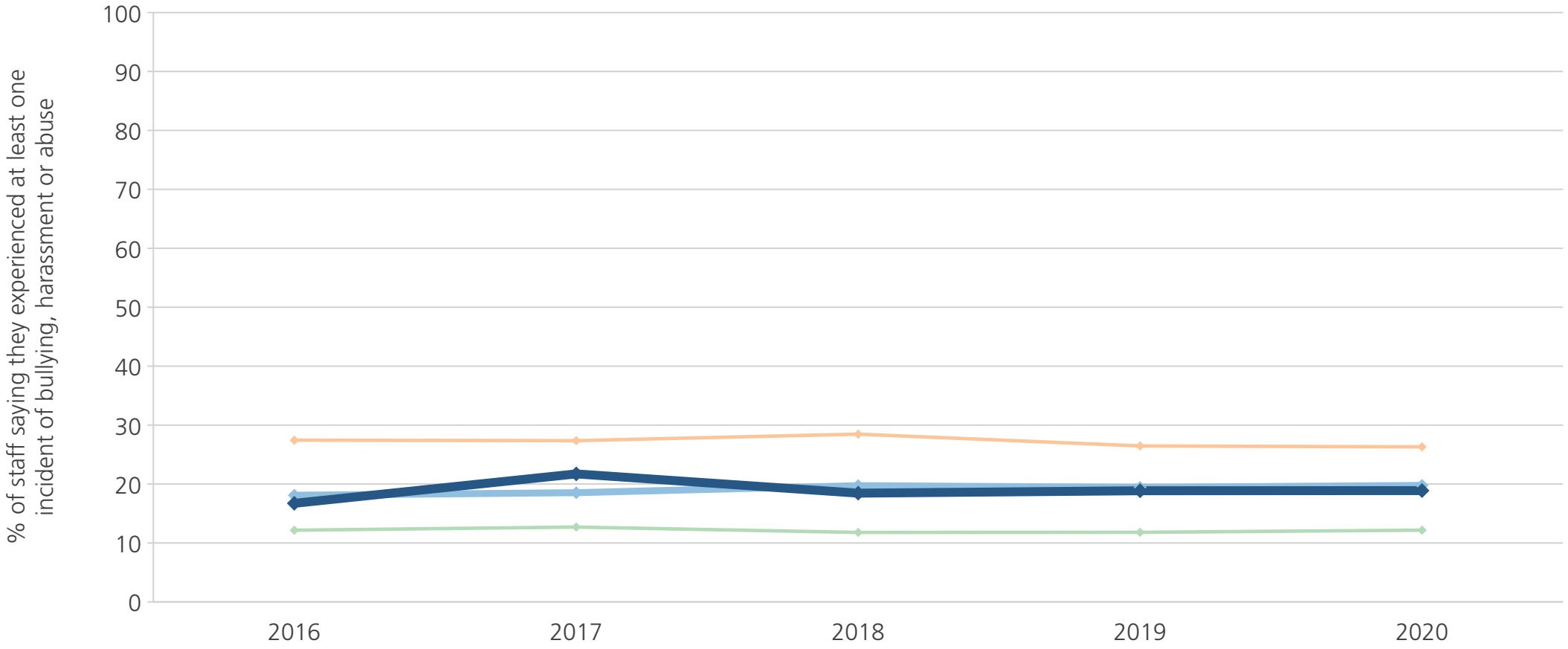
	2016	2017	2018	2019	2020
Best	86.5%	83.0%	84.9%	91.7%	83.8%
Your org	47.4%	63.5%	52.3%	58.8%	58.7%
Average	67.3%	66.7%	65.7%	67.7%	67.5%
Worst	44.7%	55.3%	48.8%	53.0%	56.2%
Responses	238	60	47	260	208



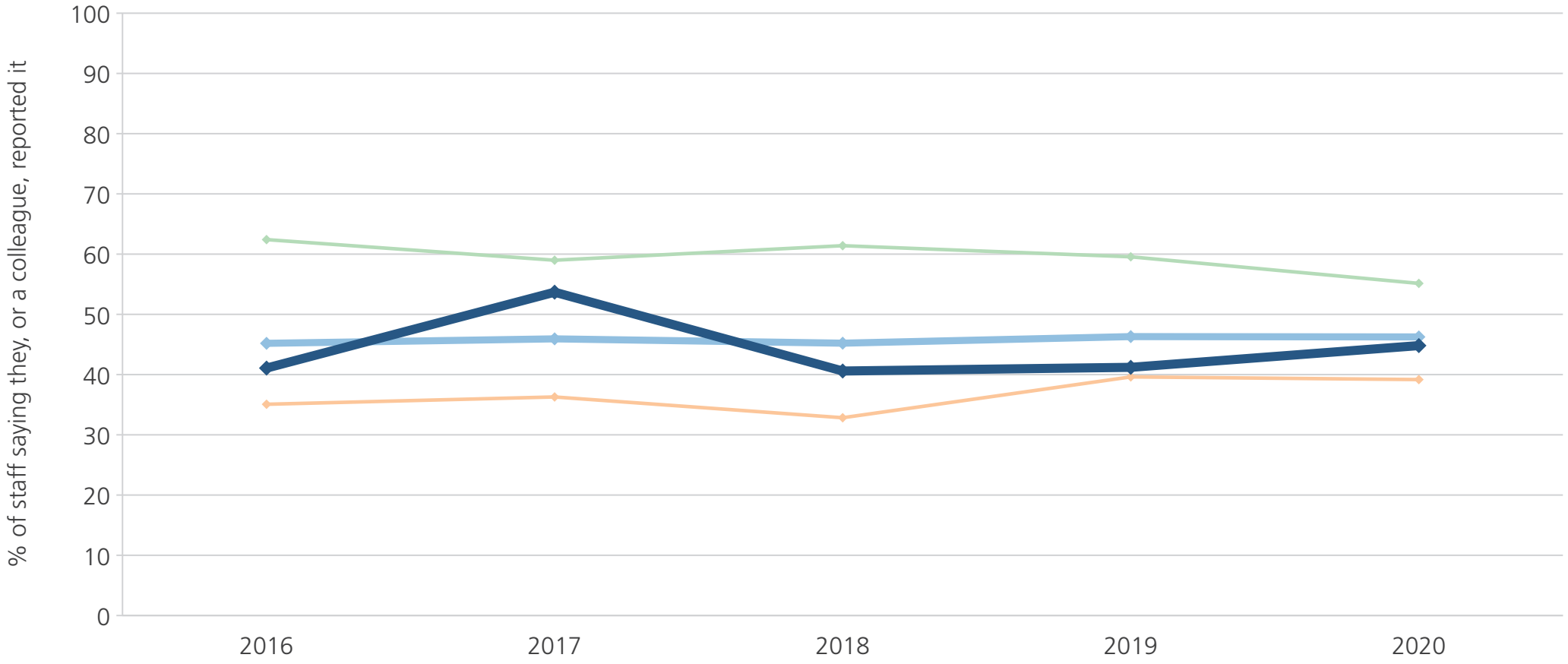
	2016	2017	2018	2019	2020
Worst	38.3%	36.0%	37.5%	36.0%	37.9%
Your org	22.7%	28.1%	28.2%	26.0%	23.2%
Average	27.5%	27.7%	28.2%	28.1%	26.0%
Best	16.7%	19.3%	21.5%	21.3%	18.0%
Responses	2,682	410	410	2,218	2,440



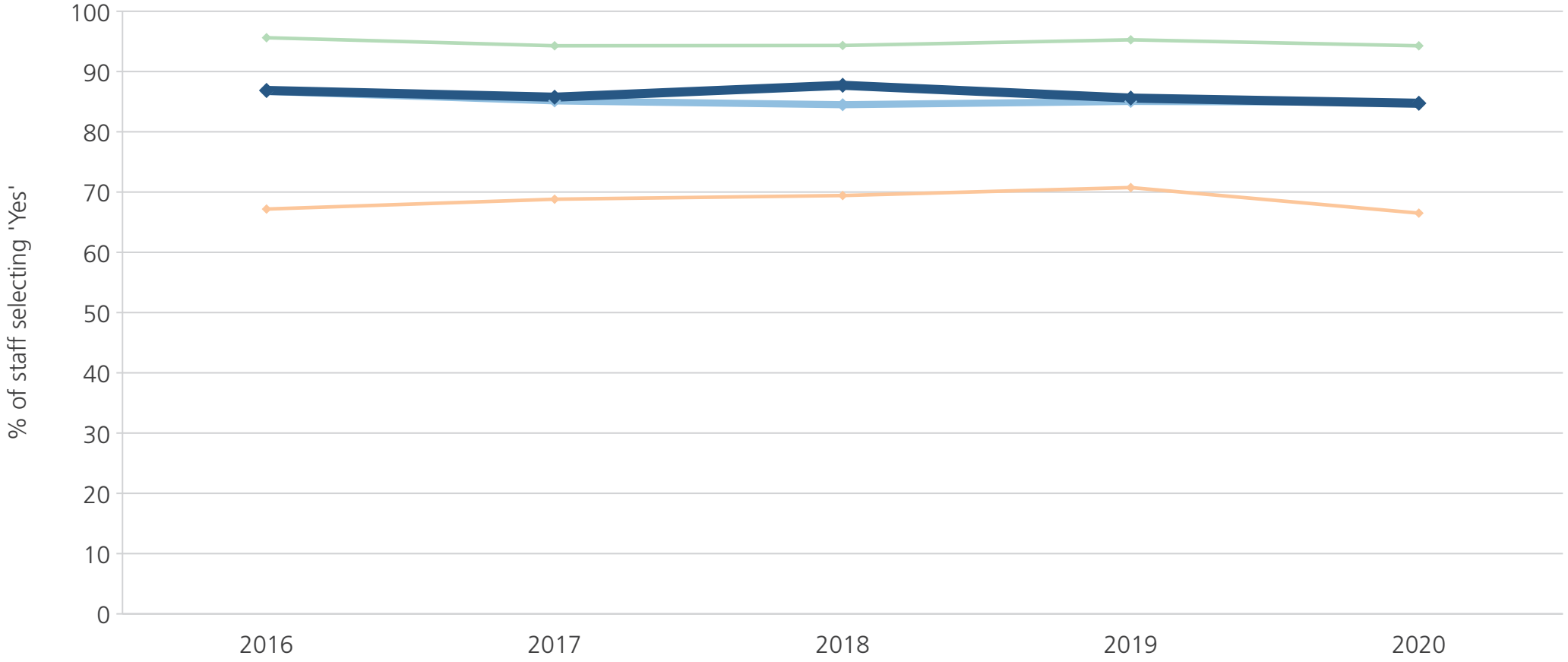
	2016	2017	2018	2019	2020
Worst	22.6%	23.7%	24.2%	23.3%	23.7%
Your org	10.5%	8.3%	9.9%	12.5%	12.3%
Average	12.6%	12.6%	13.3%	12.6%	12.6%
Best	6.9%	7.2%	8.0%	6.4%	6.2%
Responses	2,654	408	405	2,209	2,433



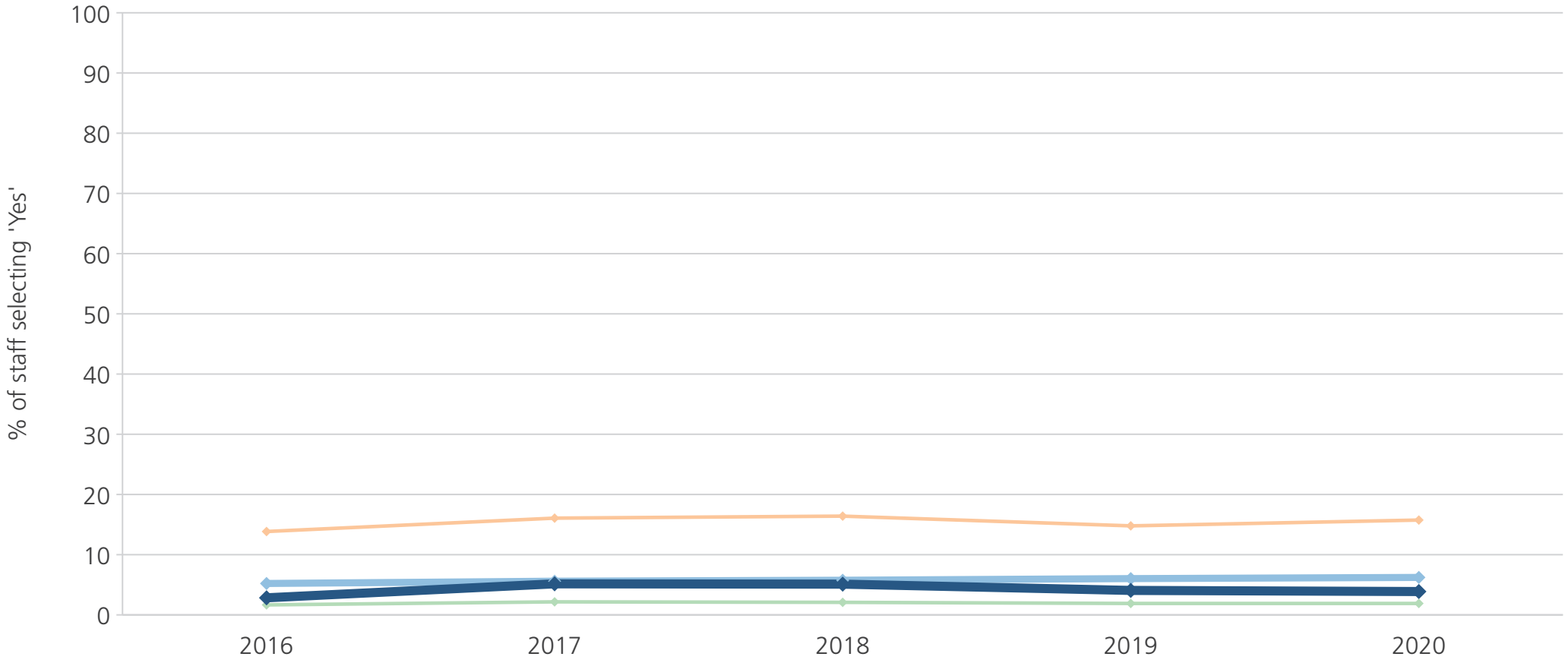
	2016	2017	2018	2019	2020
Worst	27.4%	27.4%	28.5%	26.5%	26.3%
Your org	16.7%	21.7%	18.5%	18.9%	18.9%
Average	18.1%	18.5%	19.7%	19.4%	19.8%
Best	12.2%	12.7%	11.8%	11.8%	12.2%
Responses	2,653	406	404	2,204	2,431



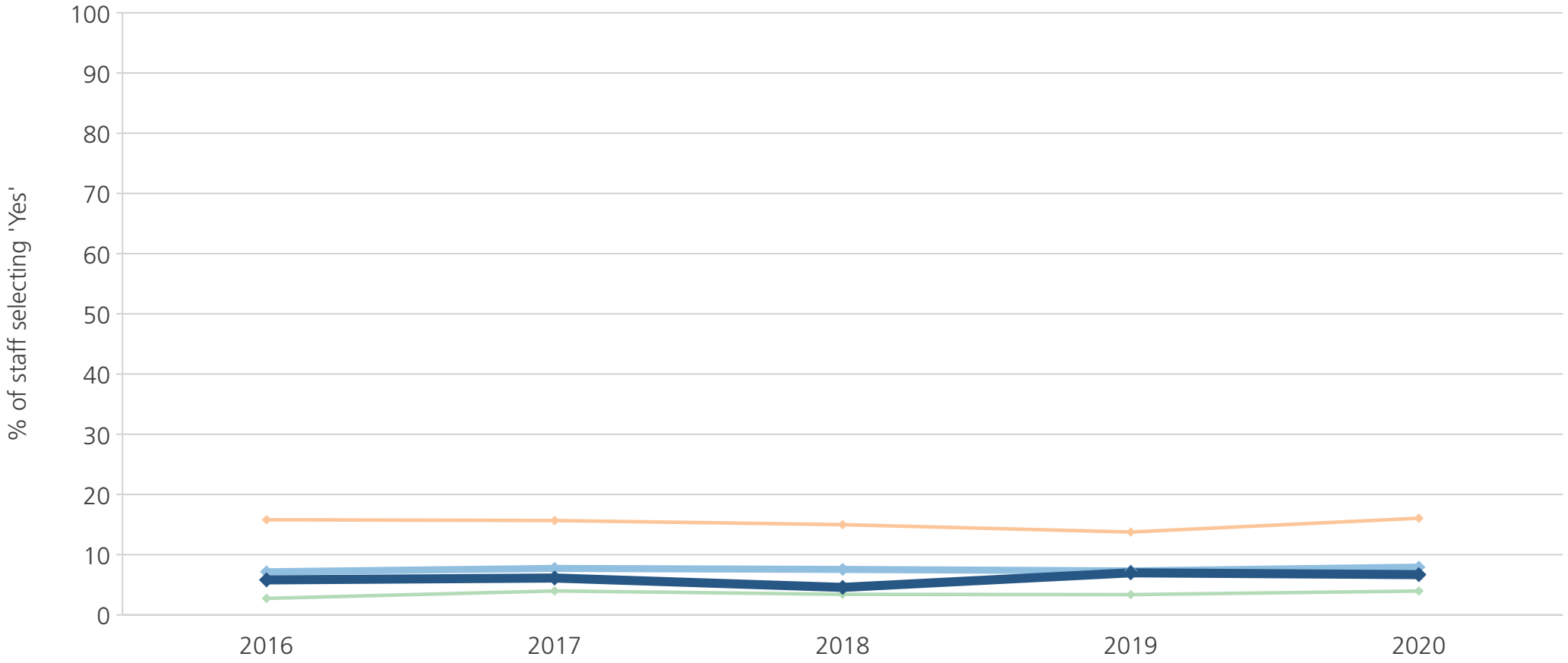
	2016	2017	2018	2019	2020
Best	62.4%	59.0%	61.4%	59.6%	55.1%
Your org	41.1%	53.7%	40.6%	41.2%	44.8%
Average	45.2%	45.9%	45.2%	46.3%	46.3%
Worst	35.1%	36.3%	32.8%	39.6%	39.2%
Responses	833	150	141	754	800



	2016	2017	2018	2019	2020
Best	95.6%	94.3%	94.3%	95.3%	94.3%
Your org	86.9%	85.7%	87.7%	85.6%	84.7%
Average	86.7%	85.1%	84.5%	85.0%	84.9%
Worst	67.2%	68.8%	69.4%	70.7%	66.5%
Responses	1,758	277	248	1,286	1,439

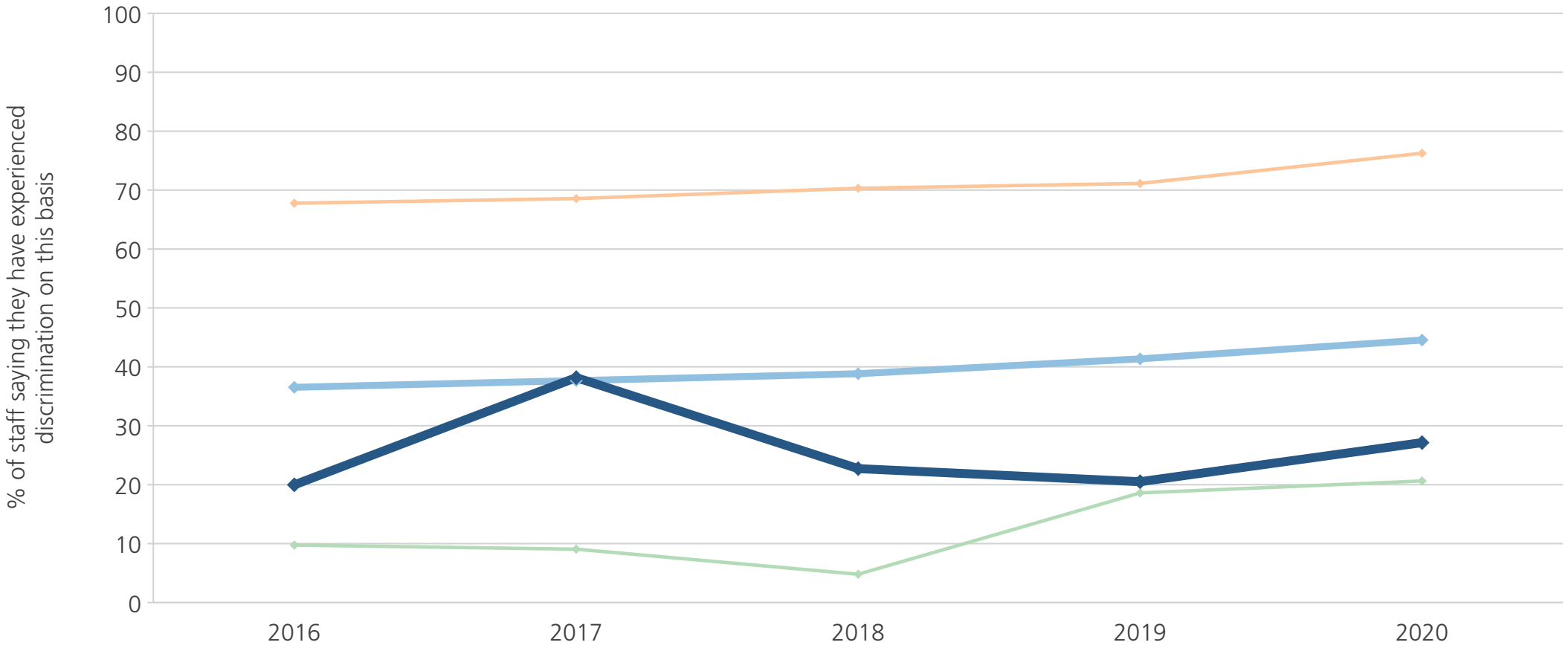


	2016	2017	2018	2019	2020
Worst	13.8%	16.1%	16.4%	14.8%	15.7%
Your org	2.8%	5.2%	5.1%	4.1%	3.9%
Average	5.2%	5.6%	5.8%	6.0%	6.2%
Best	1.7%	2.2%	2.1%	1.9%	1.9%
Responses	2,681	409	407	2,229	2,402



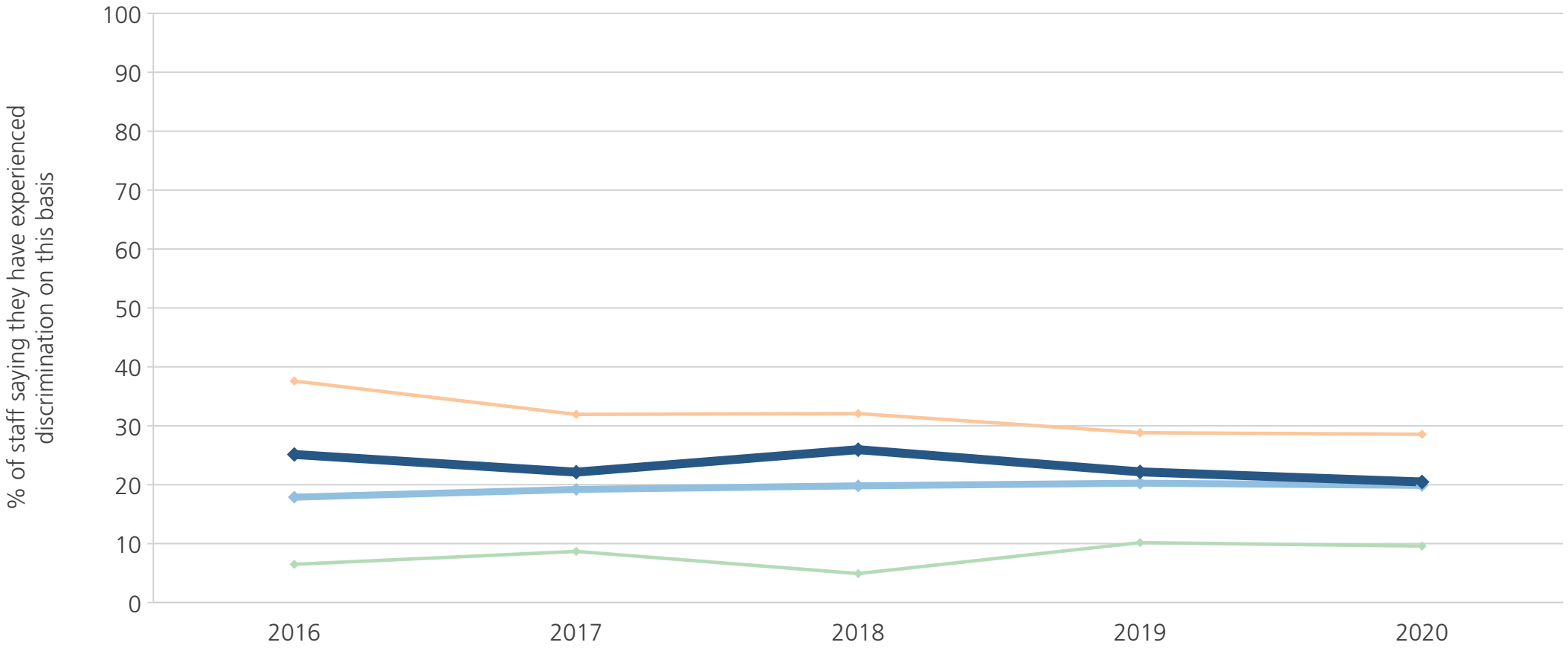
	2016	2017	2018	2019	2020
Worst	15.8%	15.7%	15.0%	13.8%	16.1%
Your org	5.8%	6.1%	4.6%	7.0%	6.7%
Average	7.2%	7.7%	7.6%	7.3%	7.9%
Best	2.7%	4.0%	3.4%	3.4%	4.0%
Responses	2,676	406	404	2,201	2,394

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



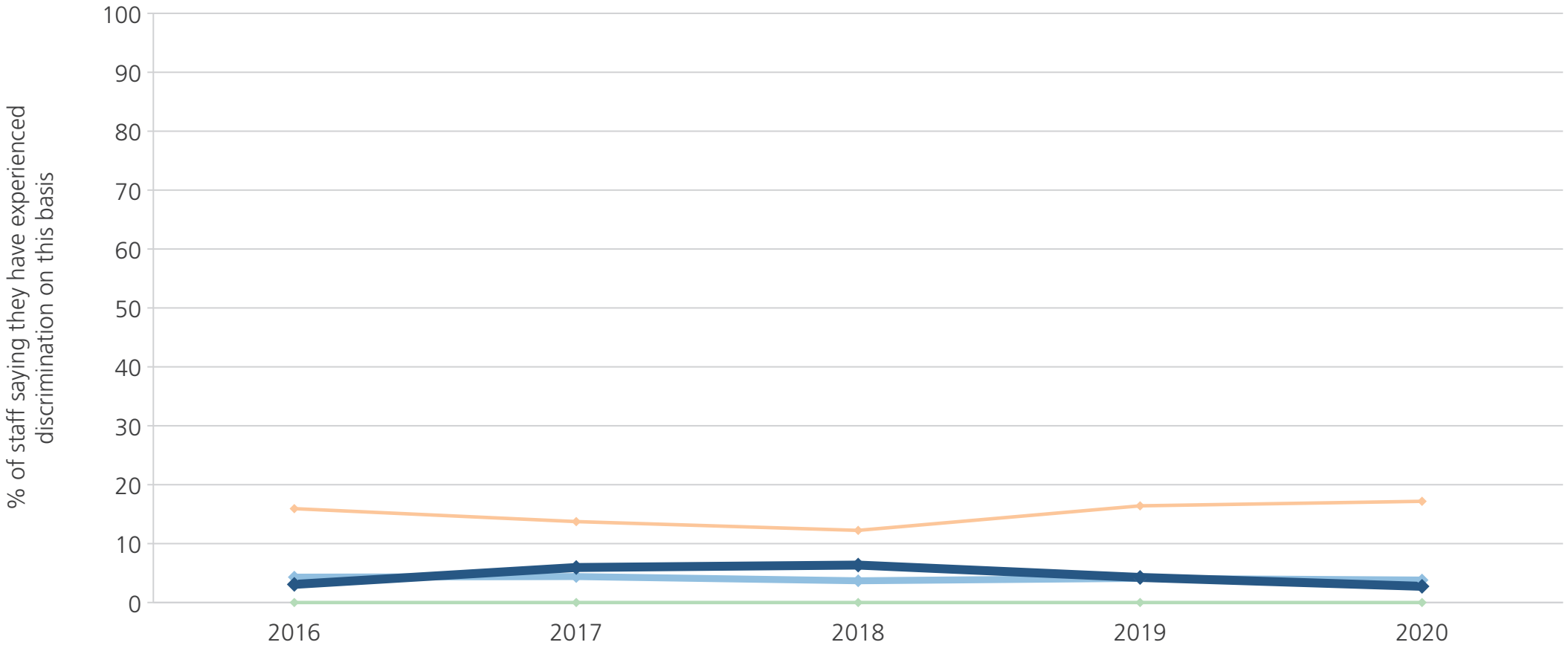
	2016	2017	2018	2019	2020
Worst	67.8%	68.6%	70.3%	71.1%	76.3%
Your org	20.0%	38.2%	22.7%	20.5%	27.1%
Average	36.5%	37.7%	38.8%	41.4%	44.5%
Best	9.7%	9.1%	4.8%	18.6%	20.6%
Responses	197	33	34	197	212

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



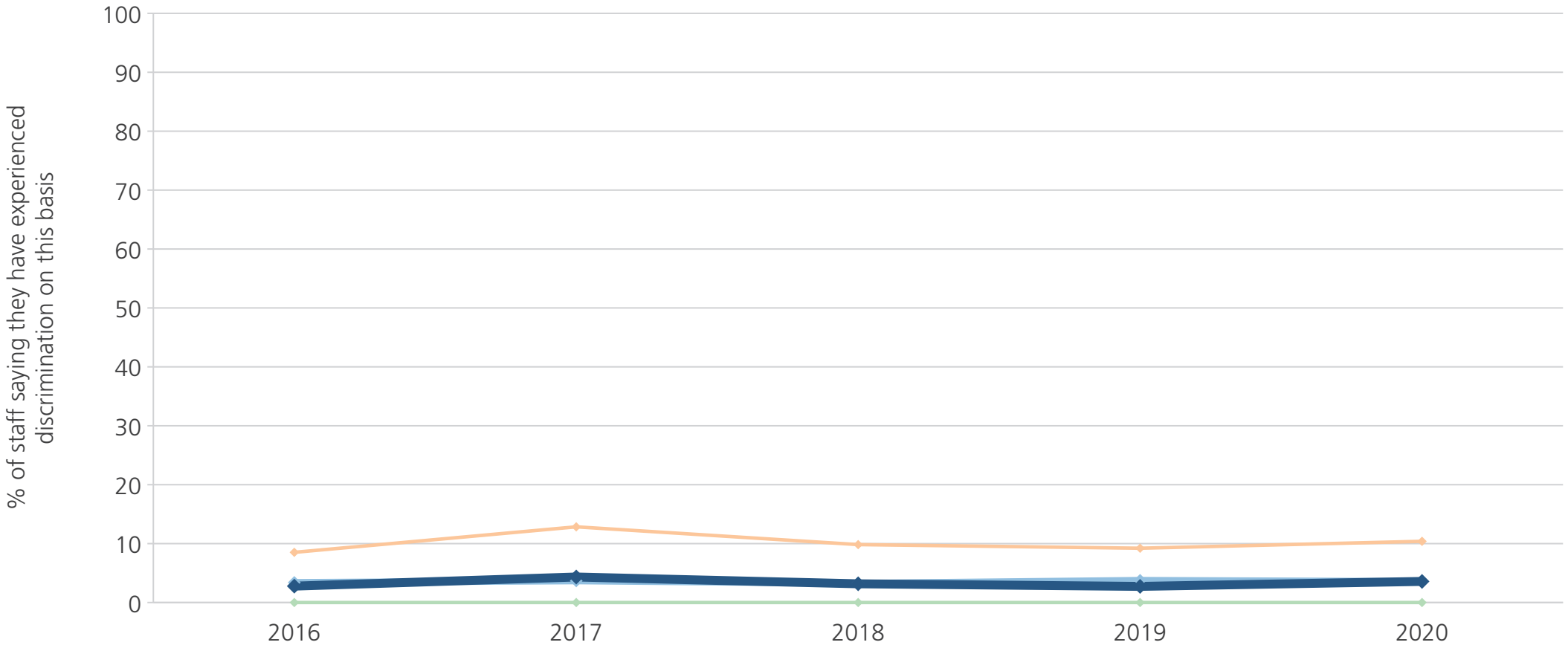
	2016	2017	2018	2019	2020
Worst	37.6%	31.9%	32.1%	28.8%	28.6%
Your org	25.1%	22.1%	25.9%	22.2%	20.5%
Average	17.9%	19.2%	19.8%	20.3%	19.9%
Best	6.5%	8.7%	4.9%	10.2%	9.6%
Responses	197	33	34	197	212

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



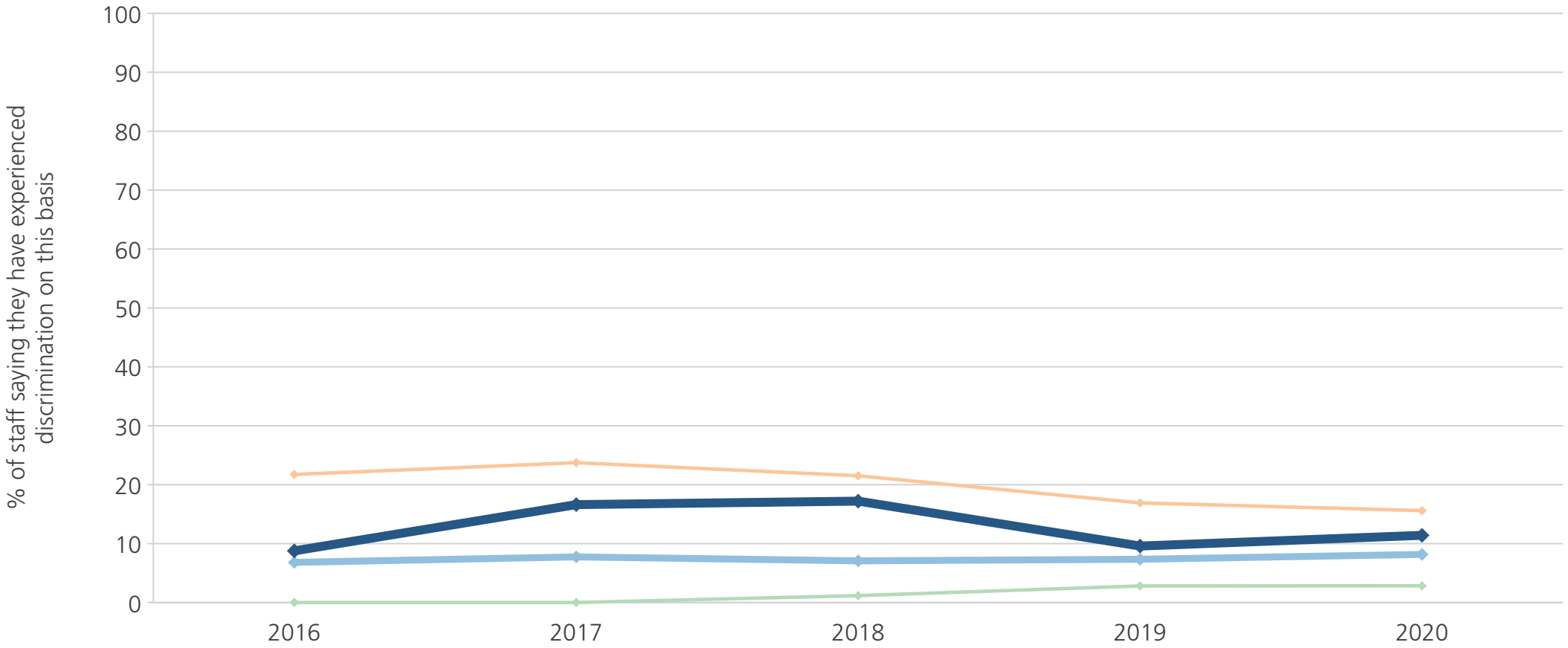
	2016	2017	2018	2019	2020
Worst	15.9%	13.7%	12.2%	16.4%	17.2%
Your org	3.1%	5.9%	6.4%	4.3%	2.7%
Average	4.3%	4.4%	3.7%	4.1%	3.8%
Best	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	197	33	34	197	212

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



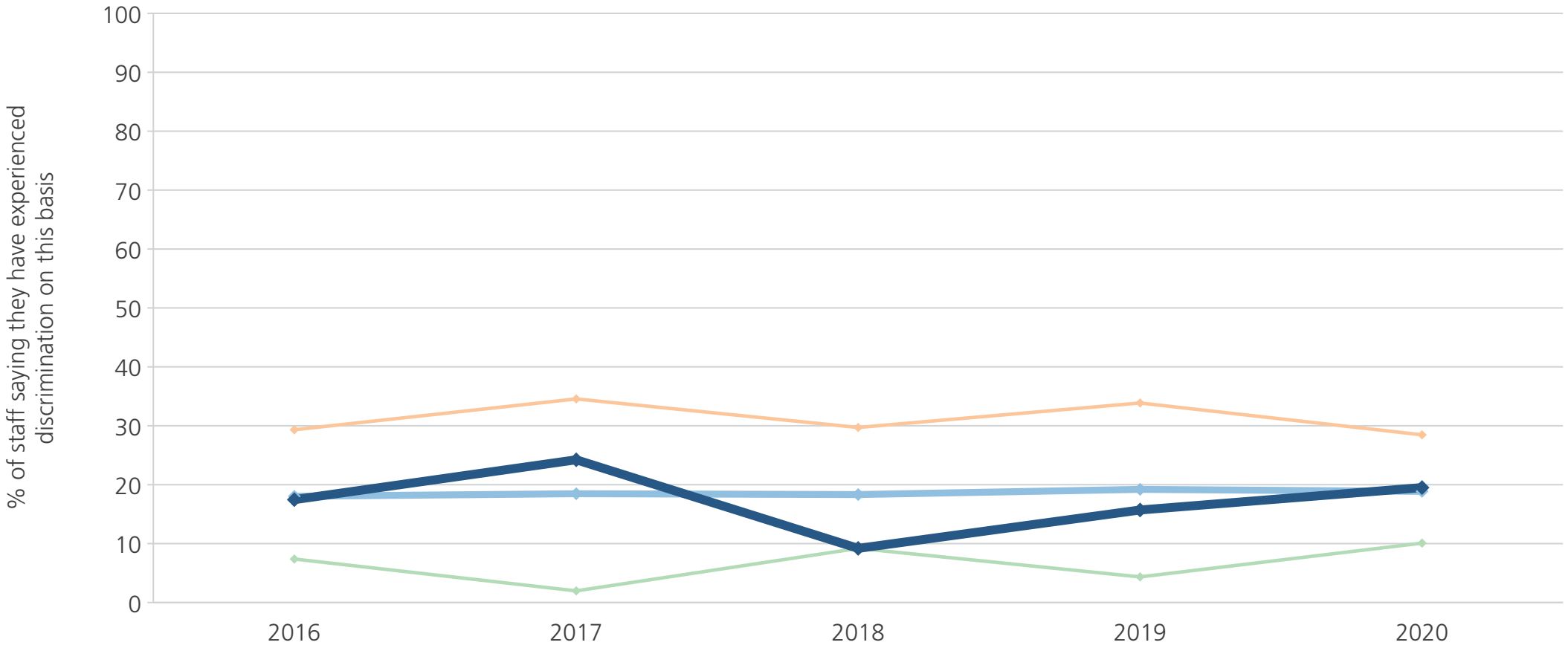
	2016	2017	2018	2019	2020
Worst	8.5%	12.8%	9.8%	9.2%	10.4%
Your org	2.8%	4.3%	3.2%	2.7%	3.6%
Average	3.4%	3.7%	3.3%	3.8%	3.6%
Best	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	197	33	34	197	212

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



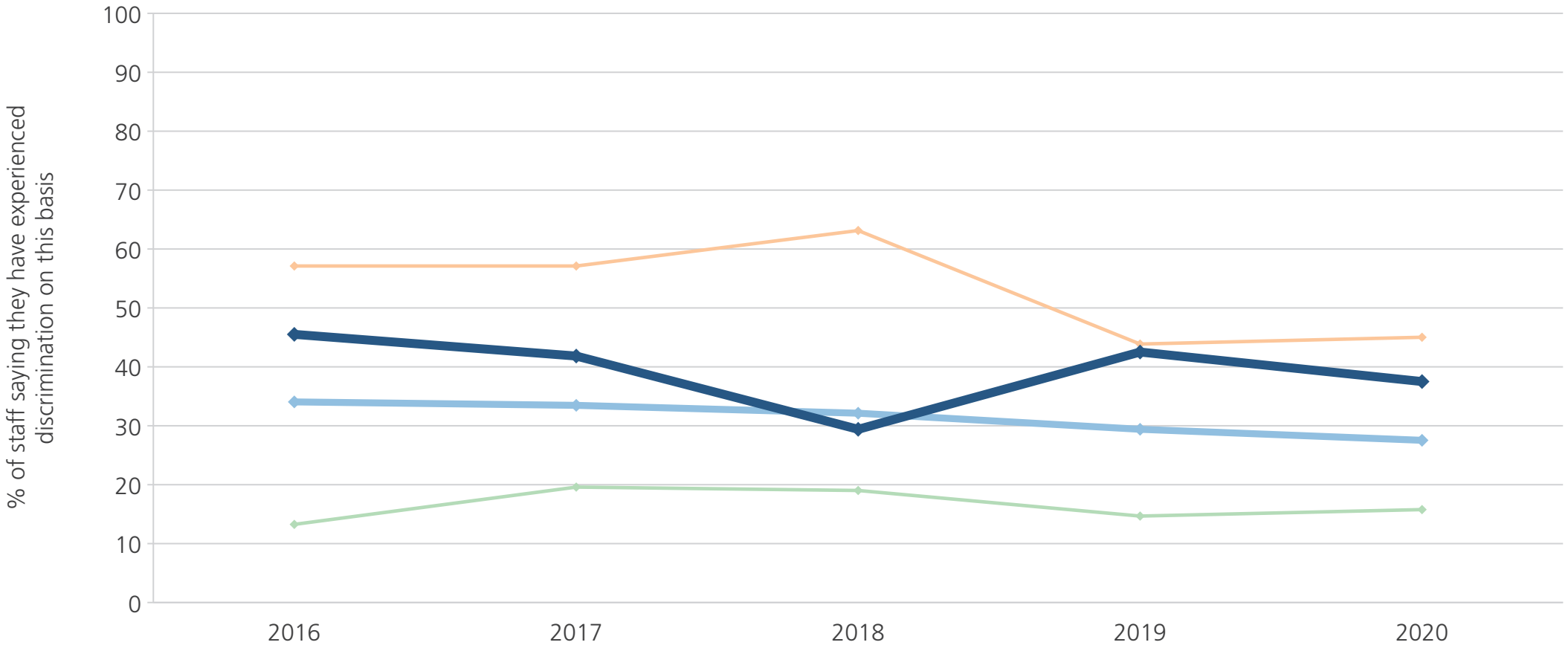
	2016	2017	2018	2019	2020
Worst	21.7%	23.7%	21.5%	16.9%	15.6%
Your org	8.8%	16.6%	17.2%	9.6%	11.4%
Average	6.8%	7.7%	7.1%	7.3%	8.2%
Best	0.0%	0.0%	1.2%	2.8%	2.8%
Responses	197	33	34	197	212

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.

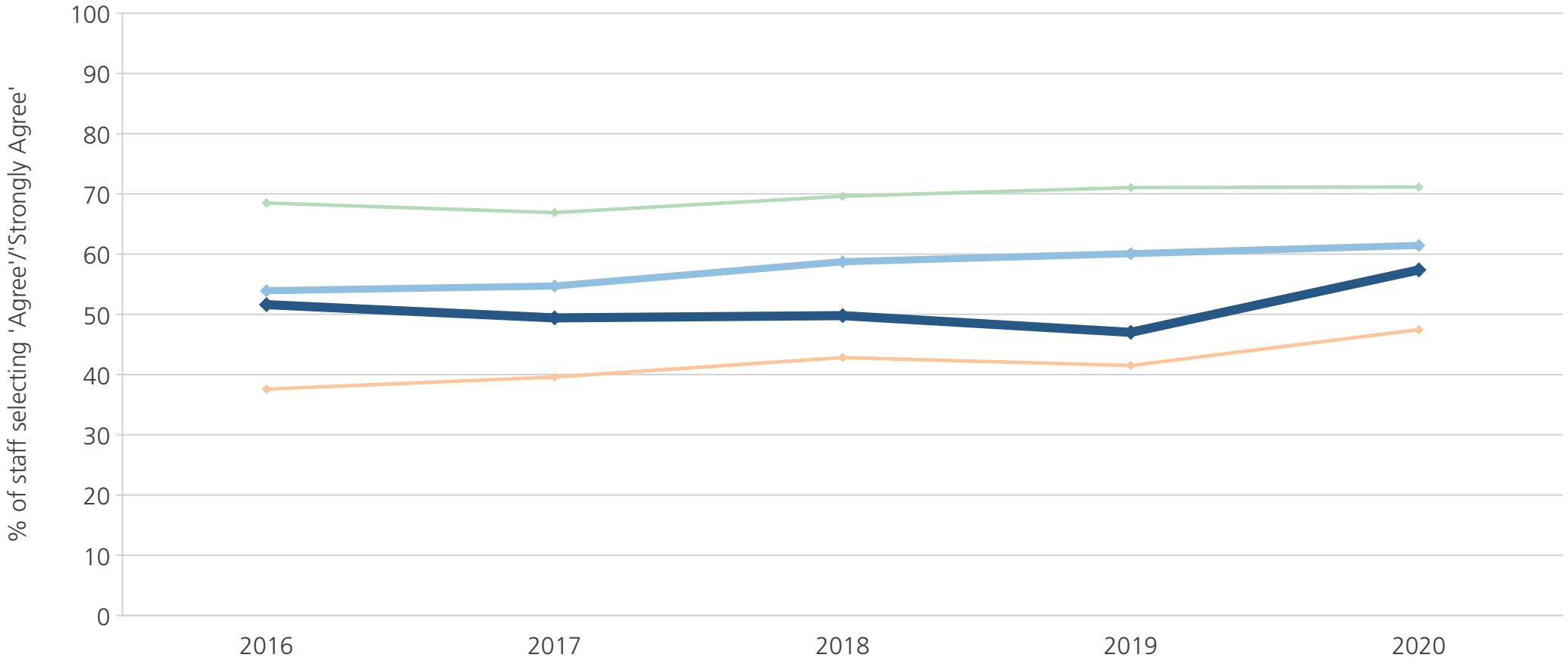


	2016	2017	2018	2019	2020
Worst	29.3%	34.6%	29.7%	33.9%	28.5%
Your org	17.5%	24.2%	9.2%	15.7%	19.5%
Average	18.0%	18.5%	18.3%	19.2%	18.9%
Best	7.4%	2.0%	9.2%	4.3%	10.1%
Responses	197	33	34	197	212

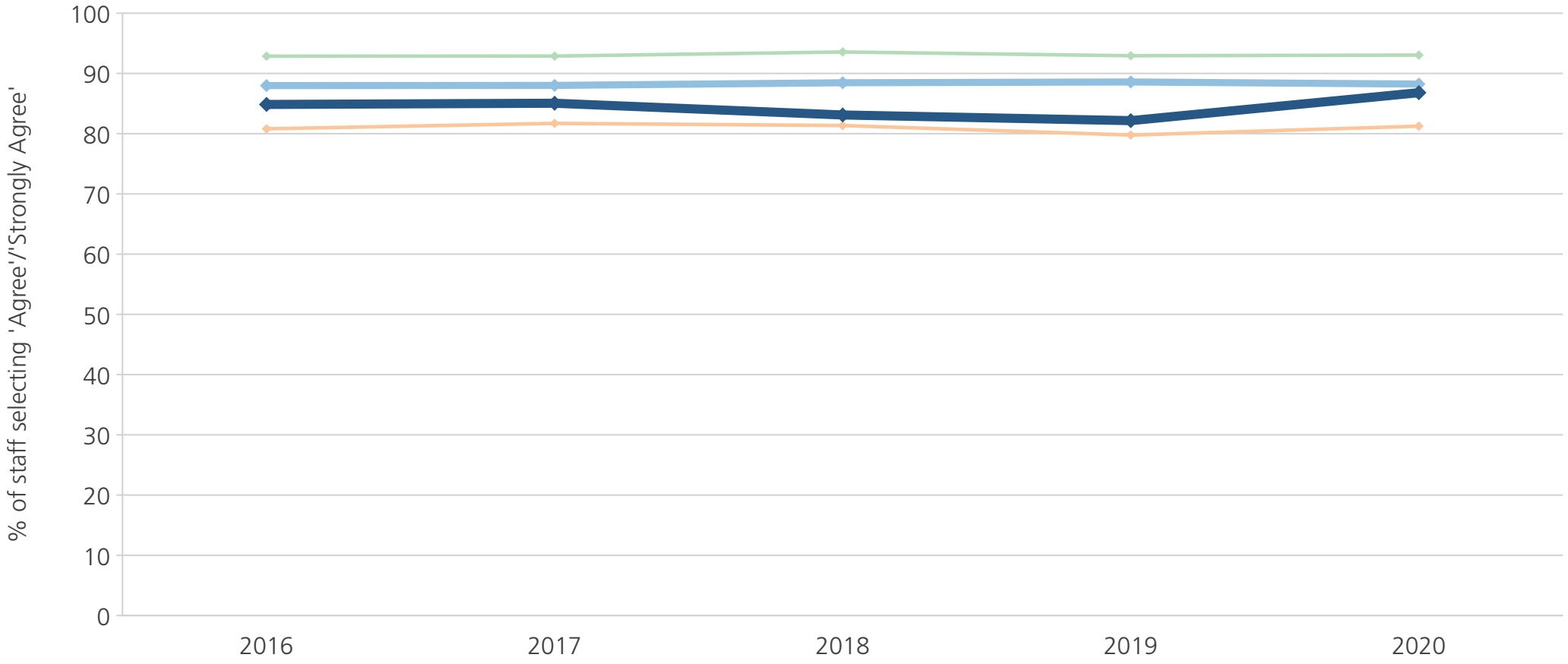
This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



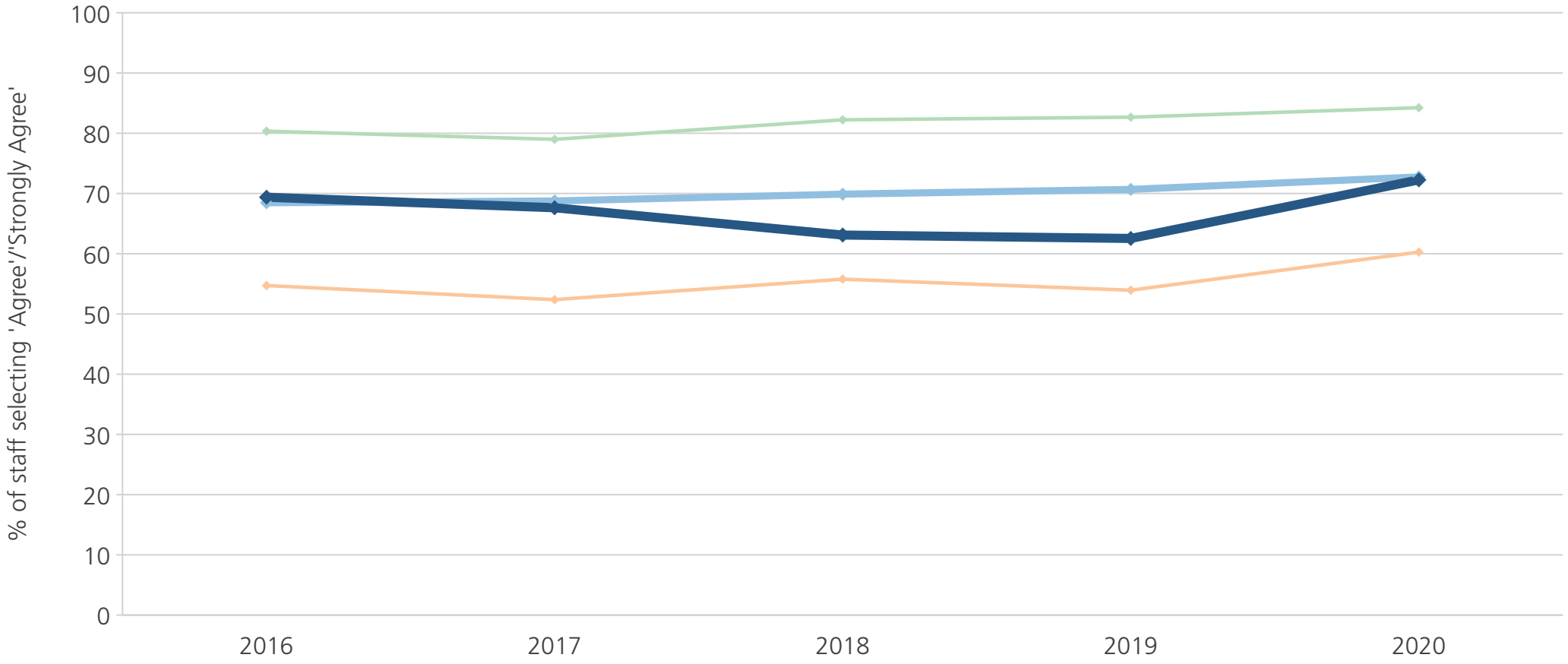
	2016	2017	2018	2019	2020
Worst	57.1%	57.1%	63.1%	43.9%	45.0%
Your org	45.5%	41.8%	29.4%	42.5%	37.5%
Average	34.0%	33.5%	32.1%	29.4%	27.5%
Best	13.3%	19.6%	19.0%	14.7%	15.8%
Responses	197	33	34	197	212



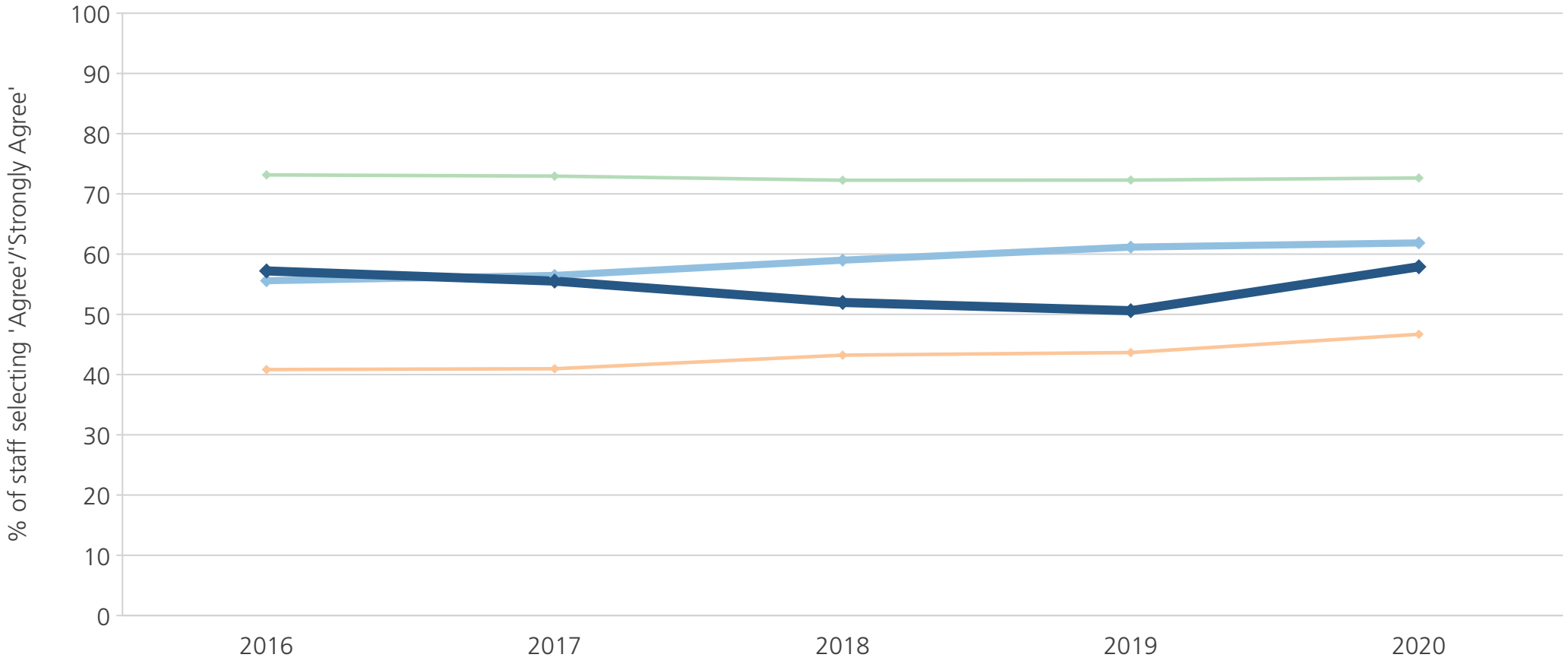
	2016	2017	2018	2019	2020
Best	68.5%	66.9%	69.6%	71.1%	71.1%
Your org	51.6%	49.4%	49.8%	47.0%	57.4%
Average	53.9%	54.7%	58.7%	60.1%	61.4%
Worst	37.6%	39.6%	42.8%	41.5%	47.5%
Responses	2,209	340	312	1,705	1,891



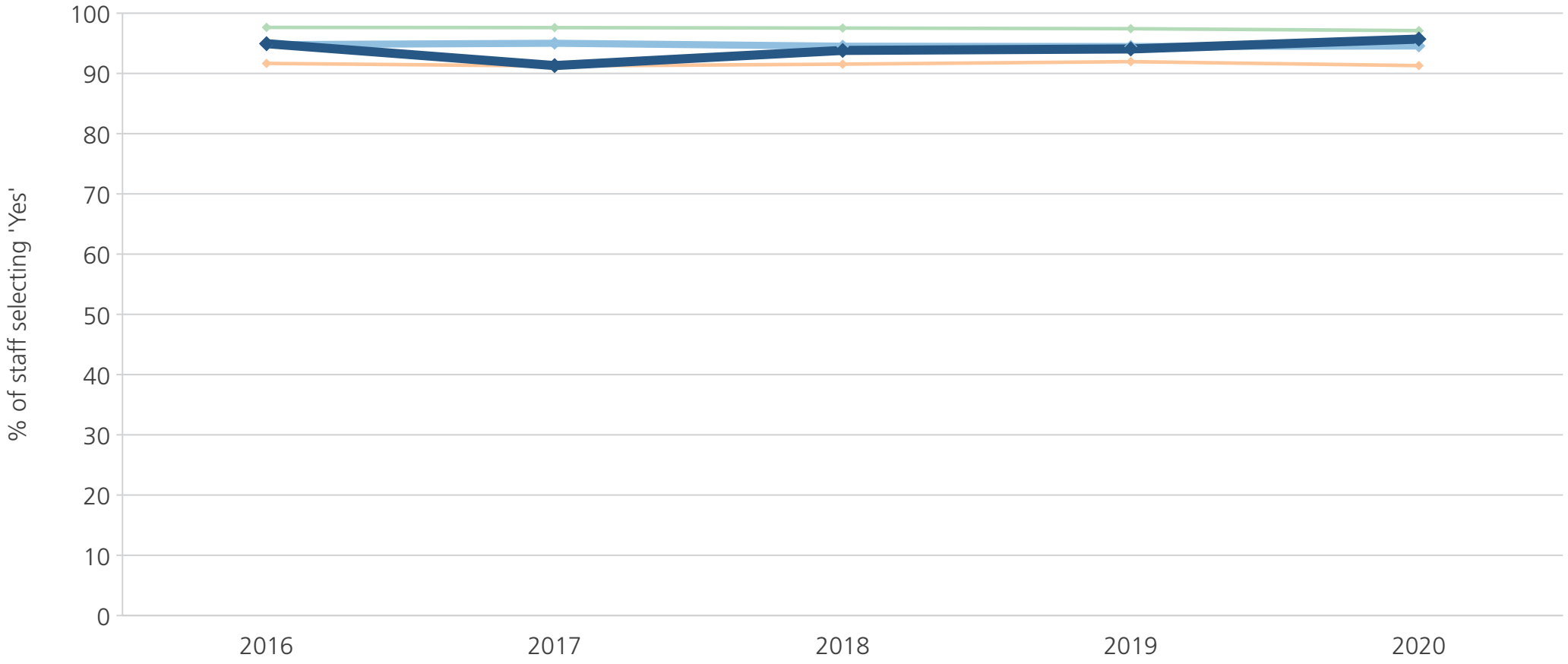
	2016	2017	2018	2019	2020
Best	92.9%	92.9%	93.6%	92.9%	93.0%
Your org	84.8%	85.0%	83.1%	82.2%	86.8%
Average	88.0%	88.0%	88.4%	88.6%	88.2%
Worst	80.8%	81.7%	81.3%	79.8%	81.2%
Responses	2,604	398	391	2,151	2,356



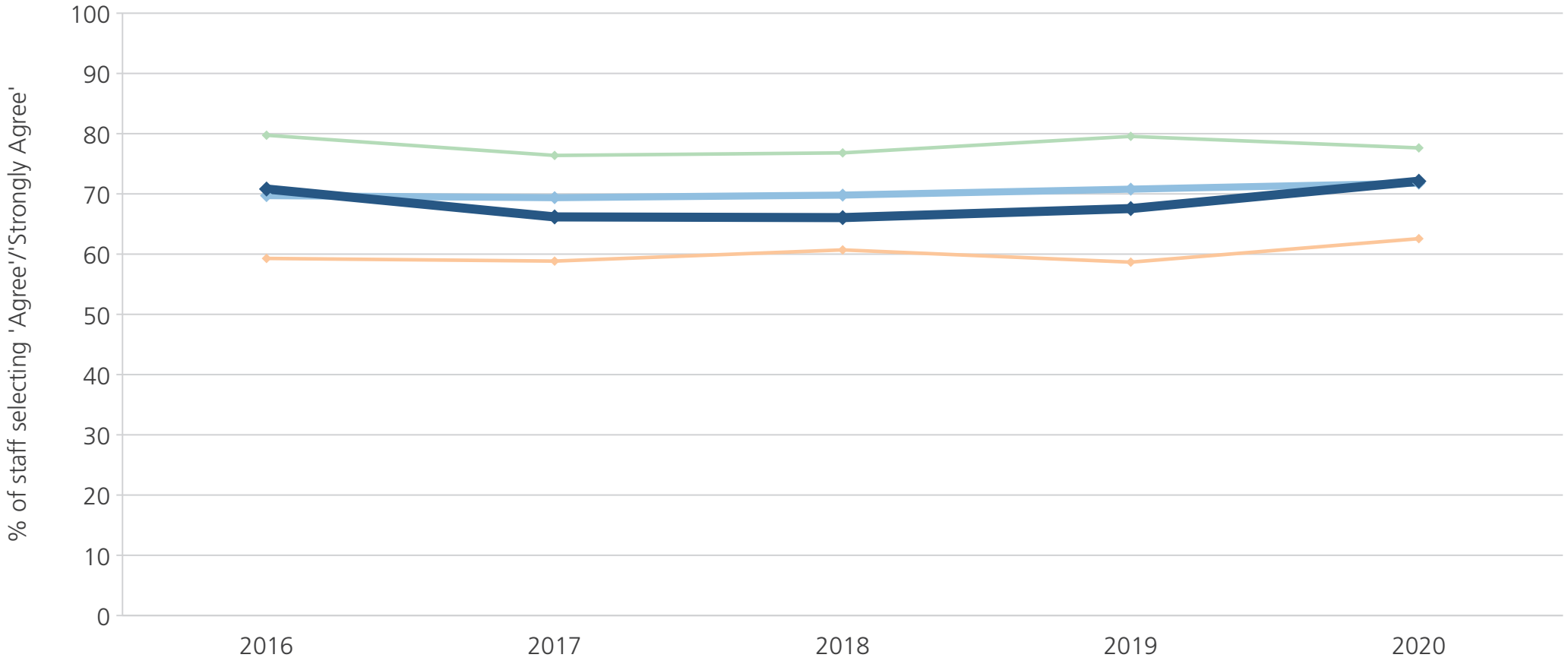
	2016	2017	2018	2019	2020
Best	80.3%	79.0%	82.2%	82.7%	84.2%
Your org	69.4%	67.6%	63.1%	62.5%	72.3%
Average	68.5%	68.8%	69.9%	70.7%	72.7%
Worst	54.7%	52.4%	55.8%	53.9%	60.3%
Responses	2,440	369	355	1,972	2,205



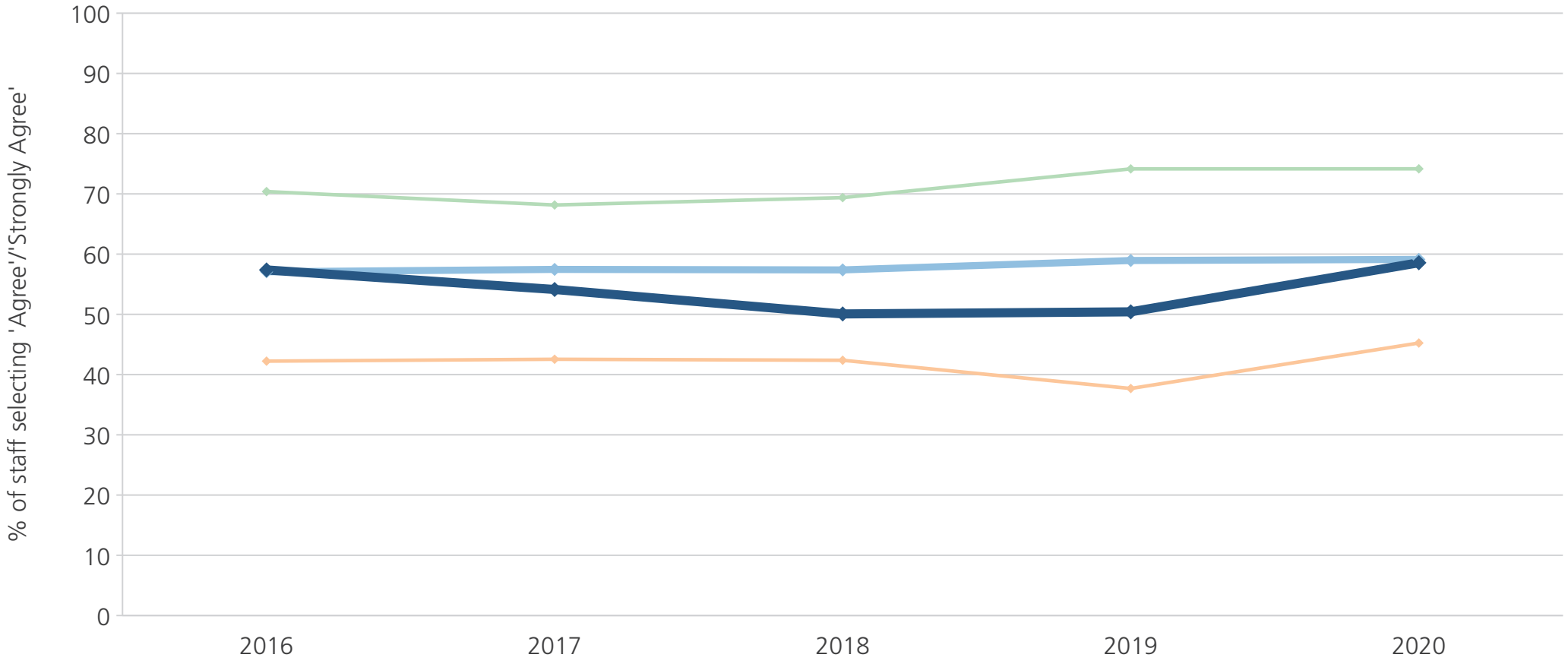
	2016	2017	2018	2019	2020
Best	73.2%	73.0%	72.3%	72.3%	72.6%
Your org	57.2%	55.5%	52.0%	50.6%	57.9%
Average	55.6%	56.5%	59.0%	61.2%	61.9%
Worst	40.8%	41.0%	43.2%	43.7%	46.7%
Responses	2,464	380	368	2,005	2,220



	2016	2017	2018	2019	2020
Best	97.6%	97.6%	97.5%	97.4%	97.1%
Your org	94.9%	91.3%	93.8%	94.1%	95.7%
Average	94.8%	95.0%	94.5%	94.5%	94.6%
Worst	91.7%	91.2%	91.5%	92.0%	91.3%
Responses	2,449	367	367	2,042	2,200



	2016	2017	2018	2019	2020
Best	79.7%	76.4%	76.8%	79.6%	77.6%
Your org	70.8%	66.2%	66.1%	67.6%	72.1%
Average	69.7%	69.4%	69.8%	70.8%	71.8%
Worst	59.3%	58.8%	60.7%	58.7%	62.6%
Responses	2,697	407	407	2,231	2,440



	2016	2017	2018	2019	2020
Best	70.4%	68.2%	69.4%	74.2%	74.2%
Your org	57.4%	54.1%	50.1%	50.4%	58.6%
Average	57.1%	57.5%	57.4%	58.9%	59.1%
Worst	42.2%	42.5%	42.4%	37.7%	45.2%
Responses	2,695	407	402	2,224	2,434

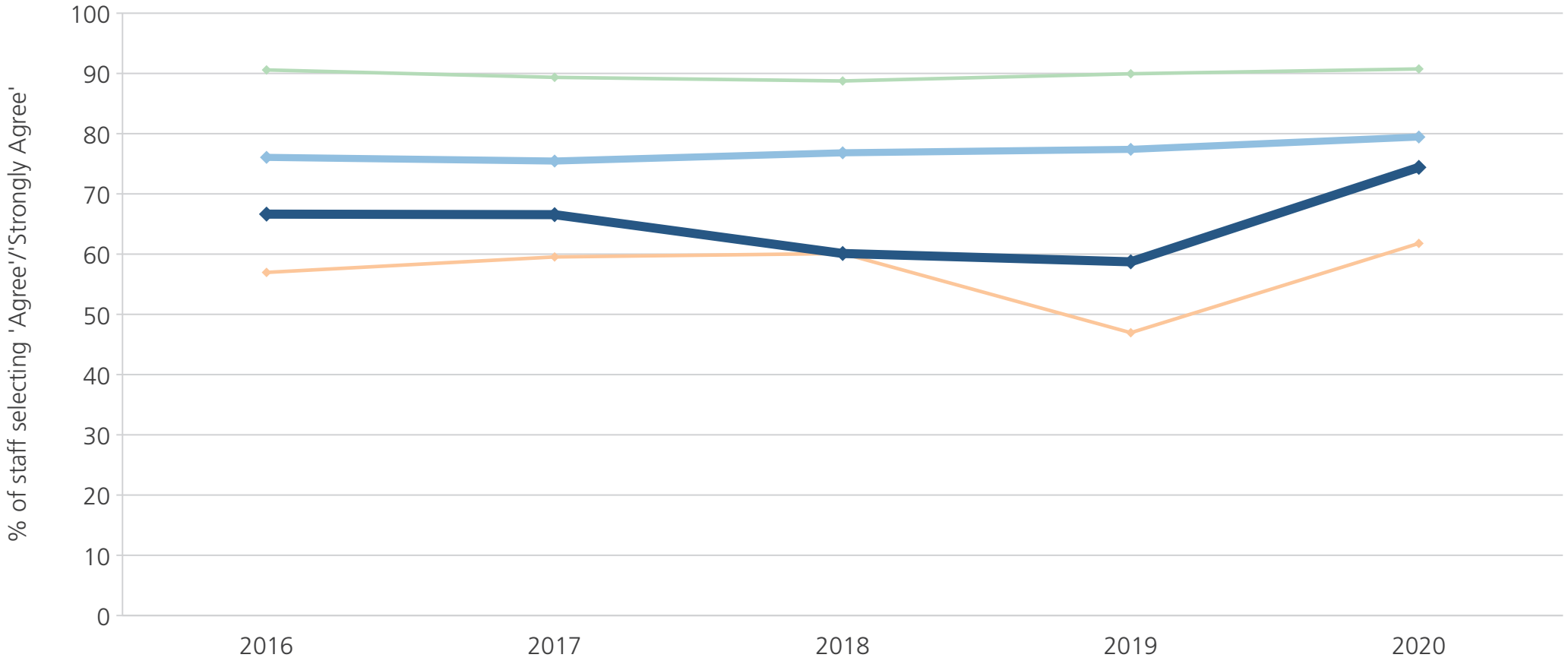
Survey Coordination Centre

NHS England

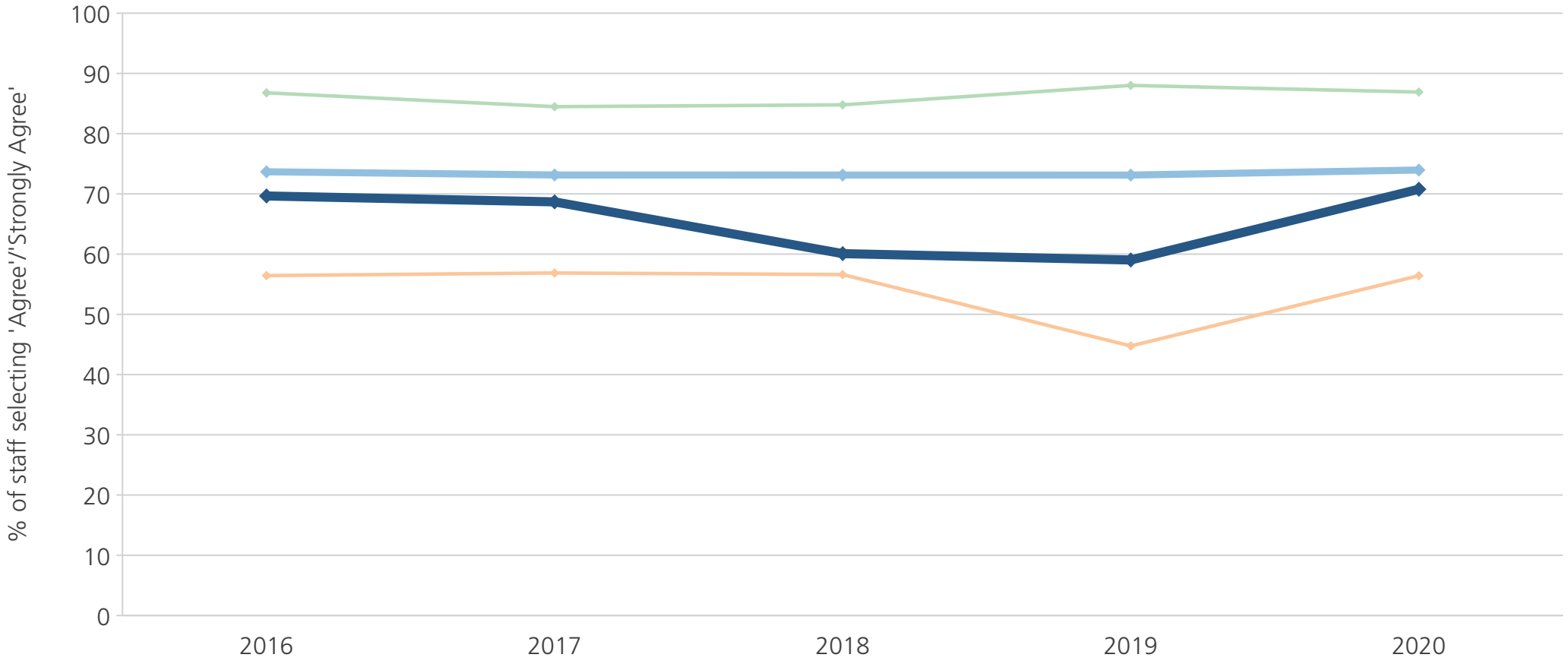
Question results – Your organisation

South Tees Hospitals NHS Foundation Trust

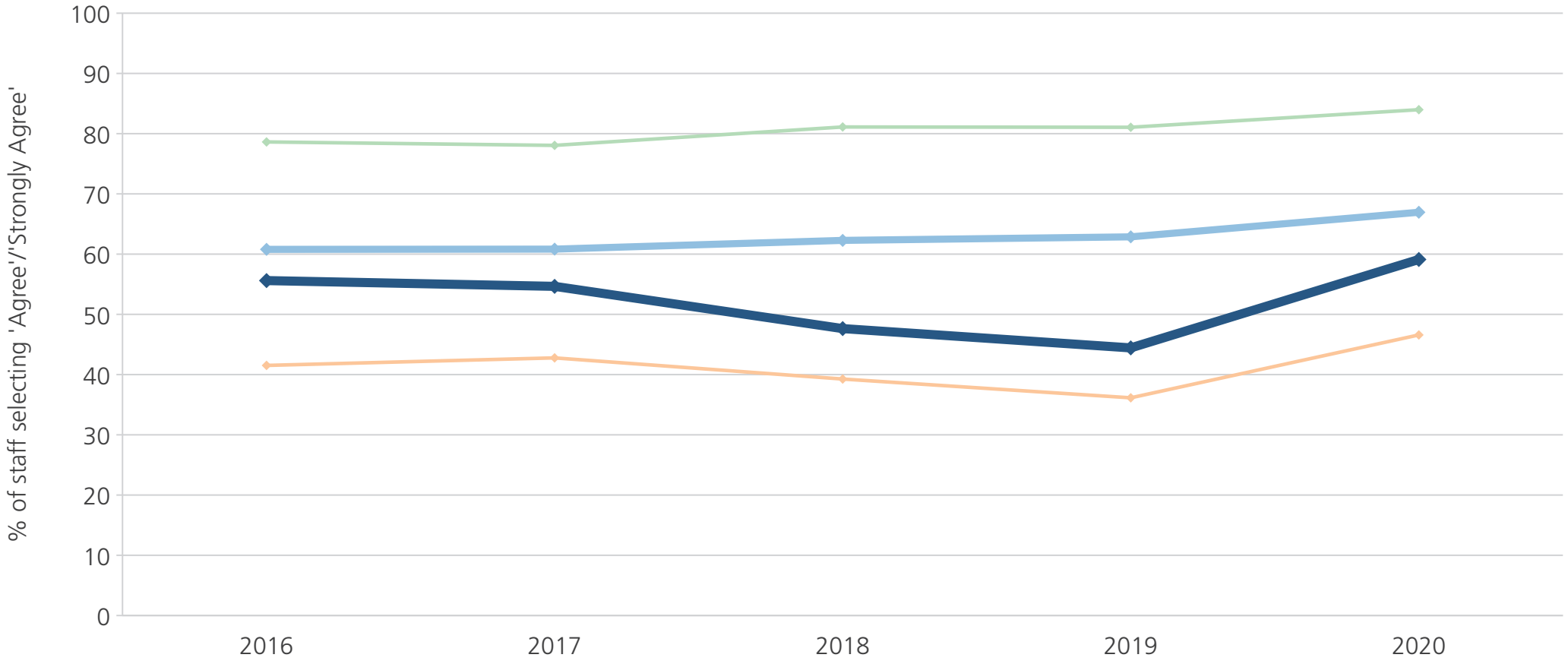
2020 NHS Staff Survey Results



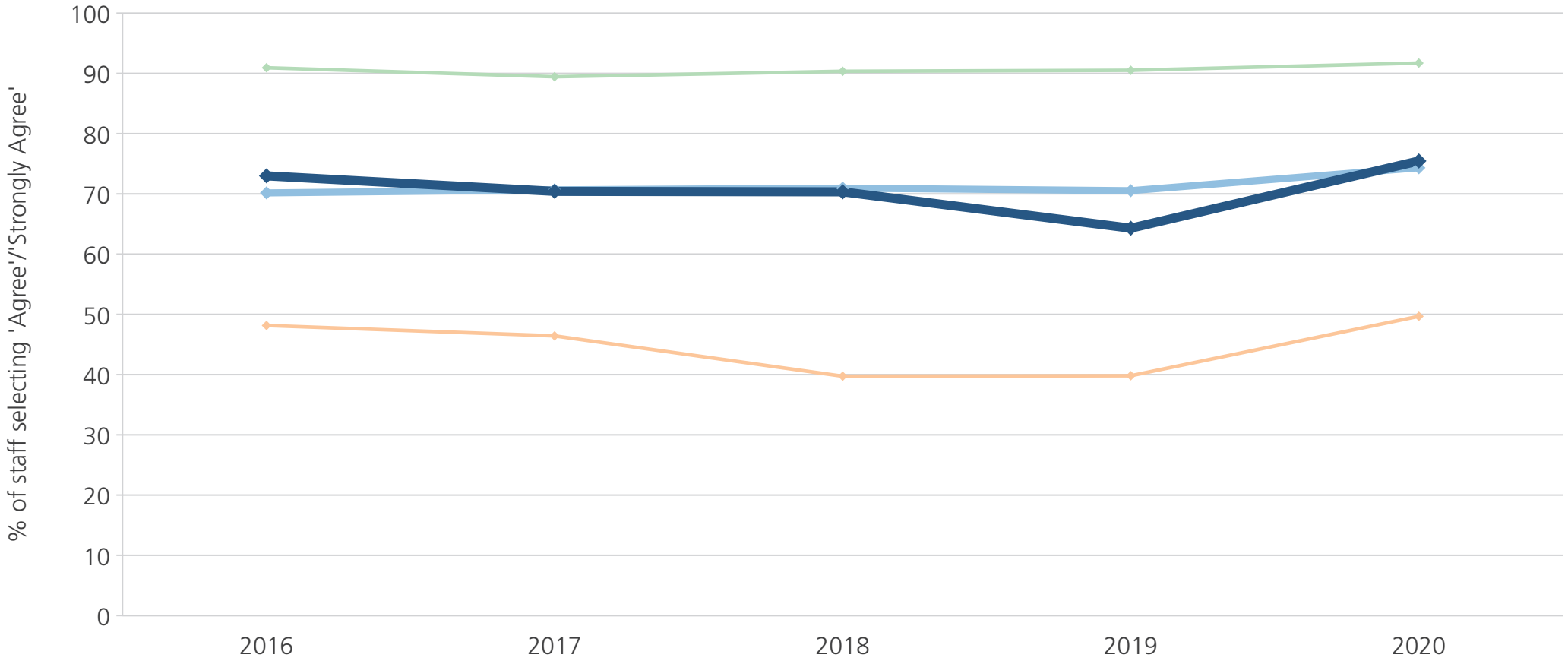
	2016	2017	2018	2019	2020
Best	90.6%	89.3%	88.7%	89.9%	90.7%
Your org	66.6%	66.6%	60.1%	58.7%	74.4%
Average	76.1%	75.5%	76.8%	77.4%	79.4%
Worst	57.0%	59.5%	60.1%	47.0%	61.8%
Responses	2,675	408	406	2,227	2,441



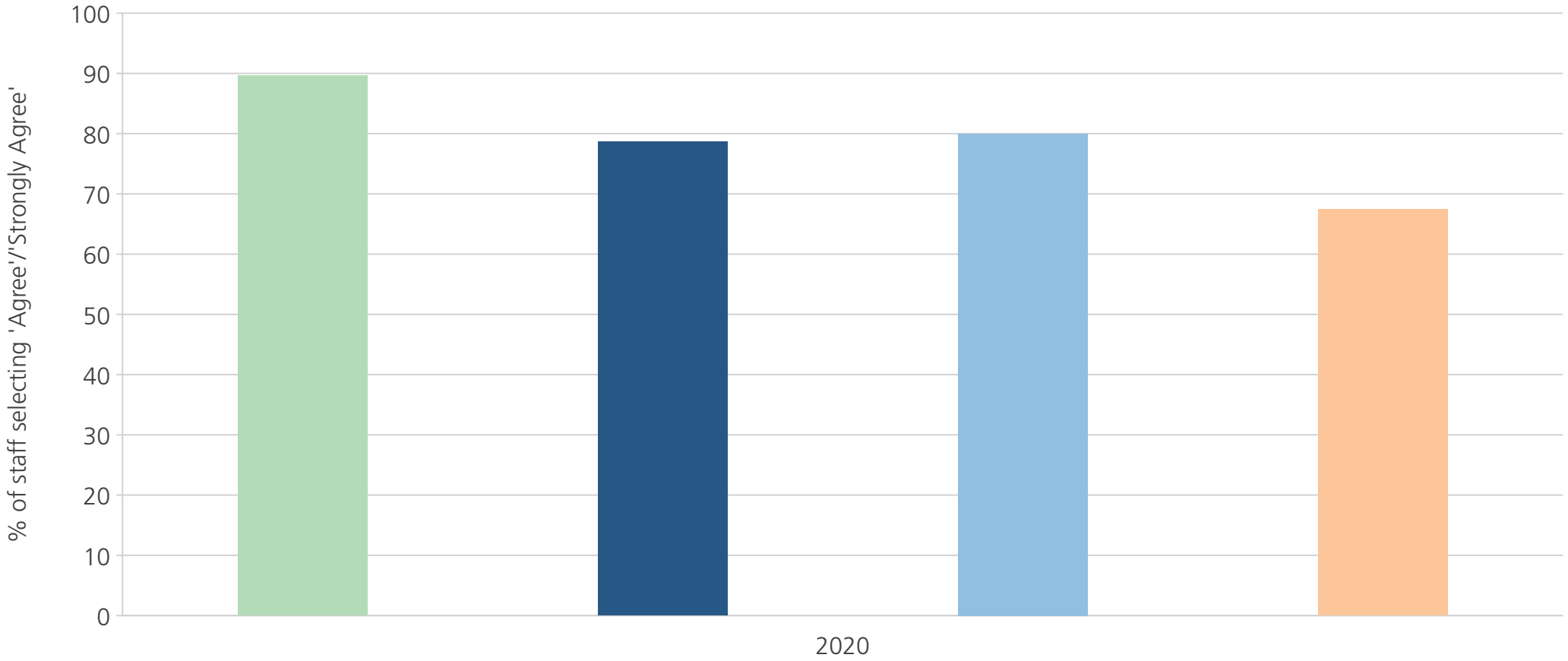
	2016	2017	2018	2019	2020
Best	86.8%	84.5%	84.8%	88.0%	86.9%
Your org	69.7%	68.7%	60.1%	59.0%	70.8%
Average	73.7%	73.1%	73.1%	73.1%	74.0%
Worst	56.4%	56.9%	56.6%	44.8%	56.4%
Responses	2,672	408	405	2,220	2,438



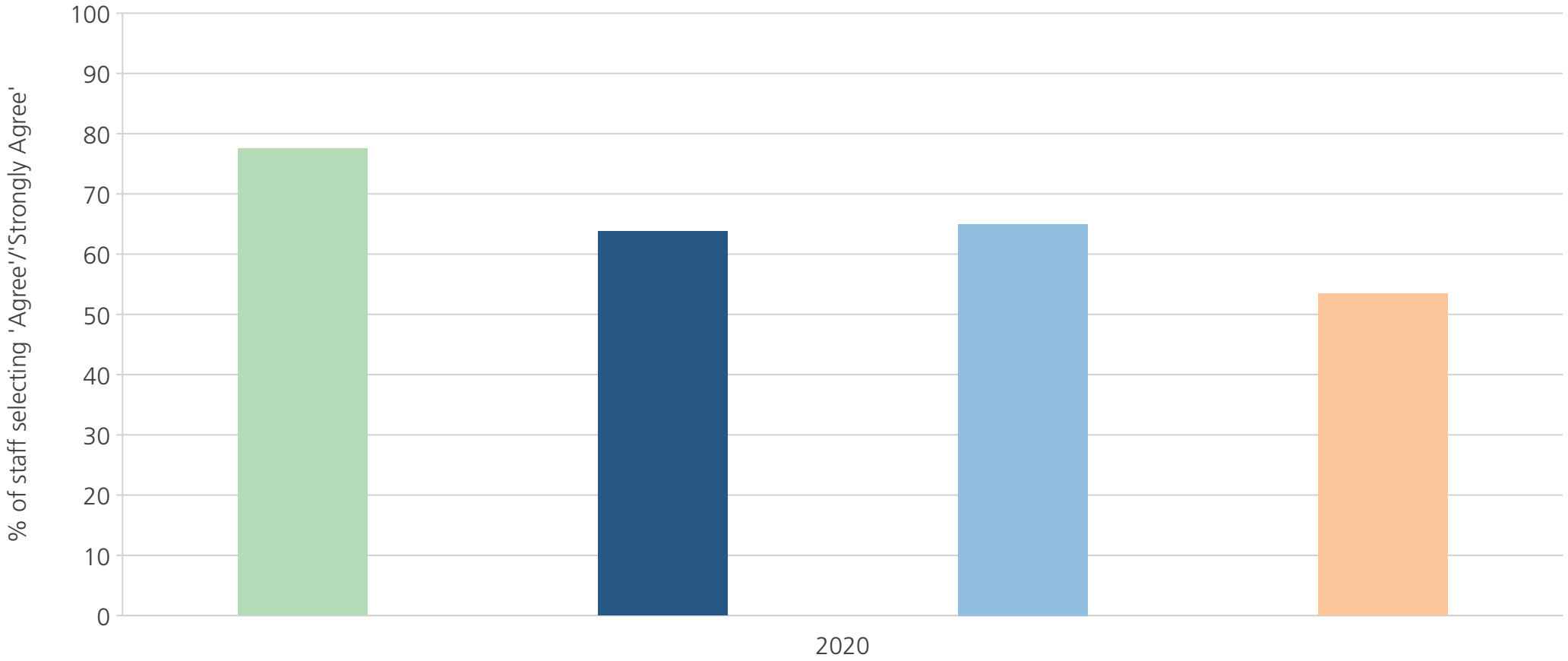
	2016	2017	2018	2019	2020
Best	78.6%	78.1%	81.1%	81.1%	84.0%
Your org	55.6%	54.6%	47.6%	44.4%	59.1%
Average	60.8%	60.8%	62.3%	62.9%	66.9%
Worst	41.5%	42.8%	39.3%	36.1%	46.6%
Responses	2,677	409	409	2,218	2,443



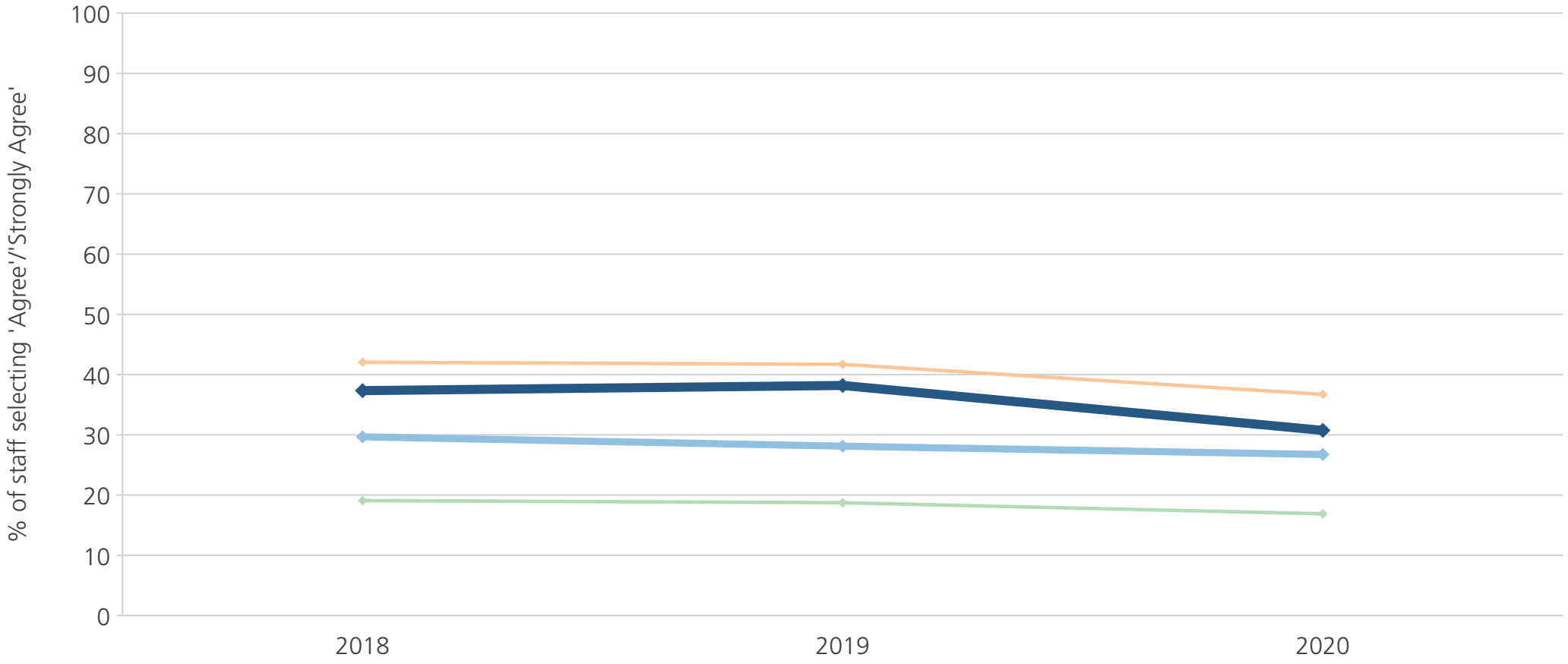
	2016	2017	2018	2019	2020
Best	90.9%	89.4%	90.4%	90.5%	91.7%
Your org	73.0%	70.4%	70.3%	64.3%	75.5%
Average	70.2%	70.7%	71.0%	70.5%	74.3%
Worst	48.2%	46.4%	39.7%	39.8%	49.7%
Responses	2,665	406	406	2,214	2,444



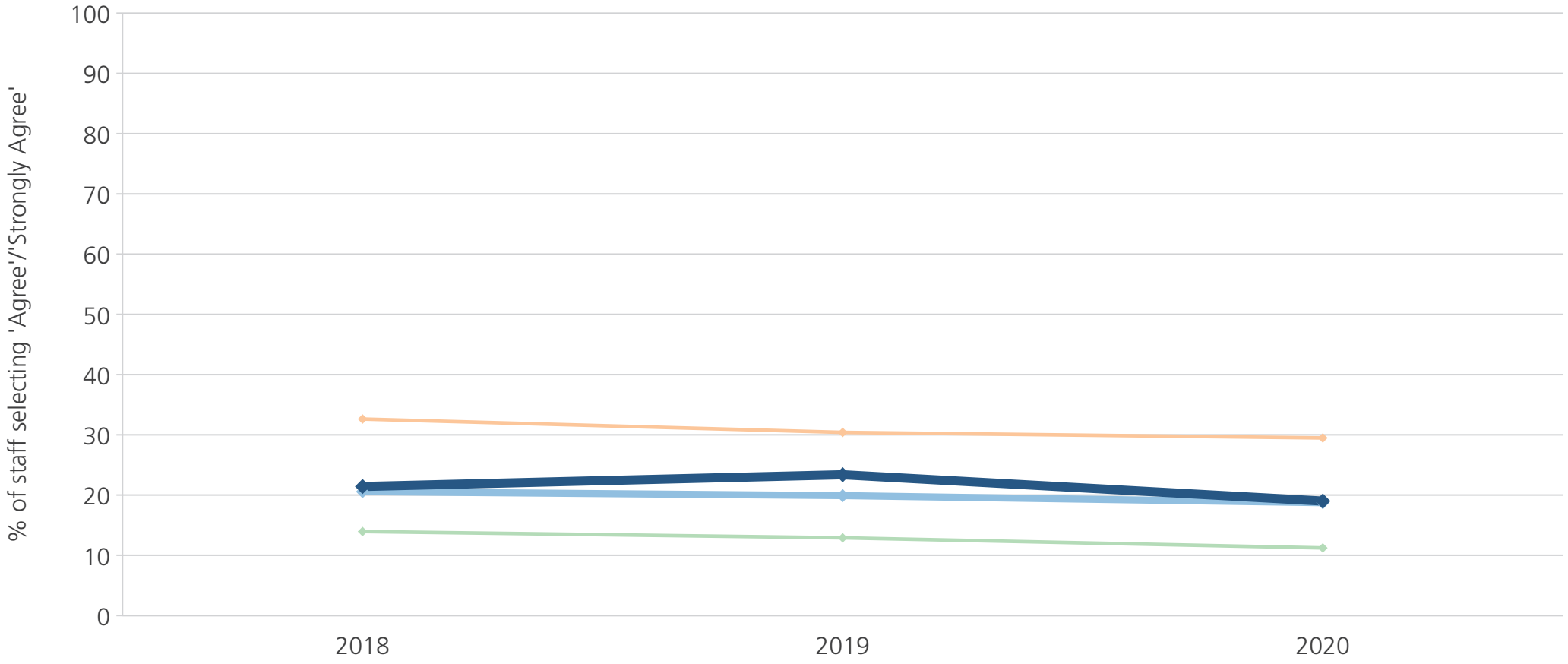
Best	89.6%
Your org	78.7%
Average	80.0%
Worst	67.5%
Responses	2,440



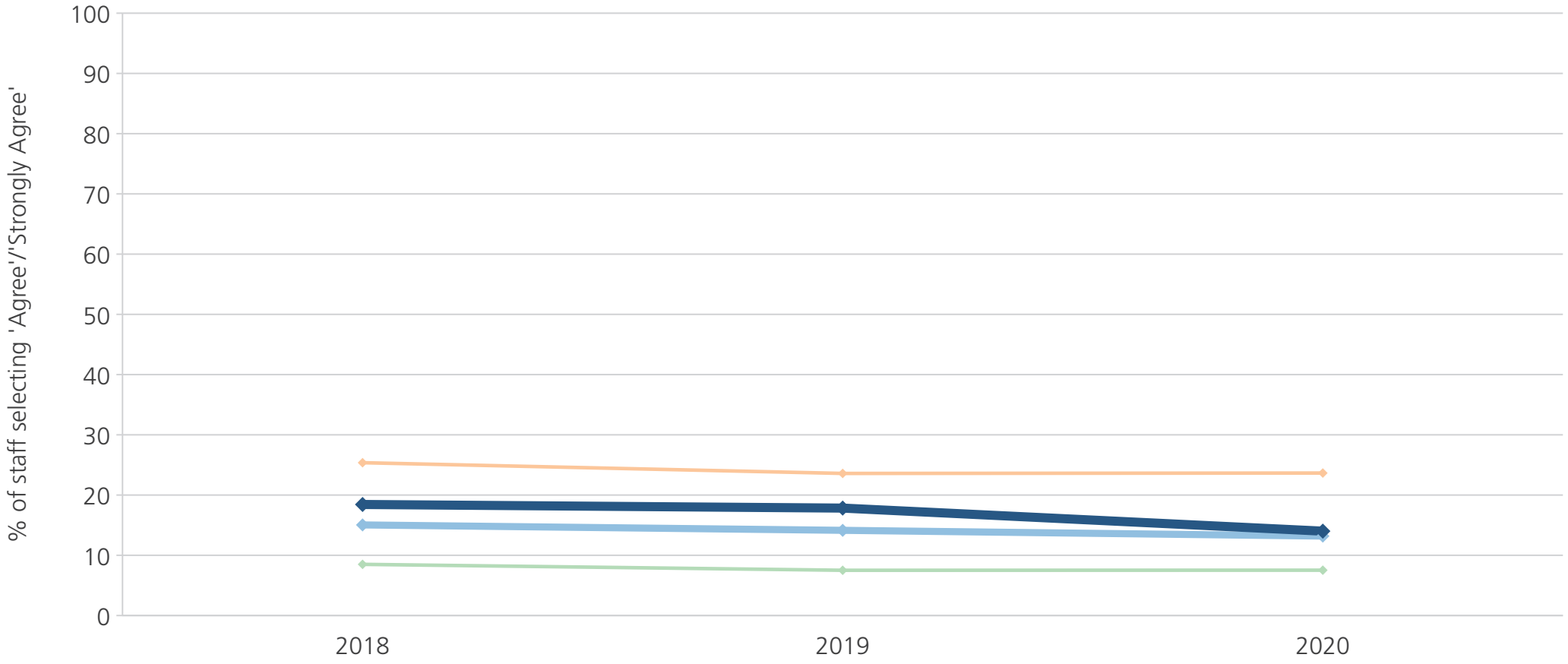
Best	77.6%
Your org	63.8%
Average	65.0%
Worst	53.4%
Responses	2,442



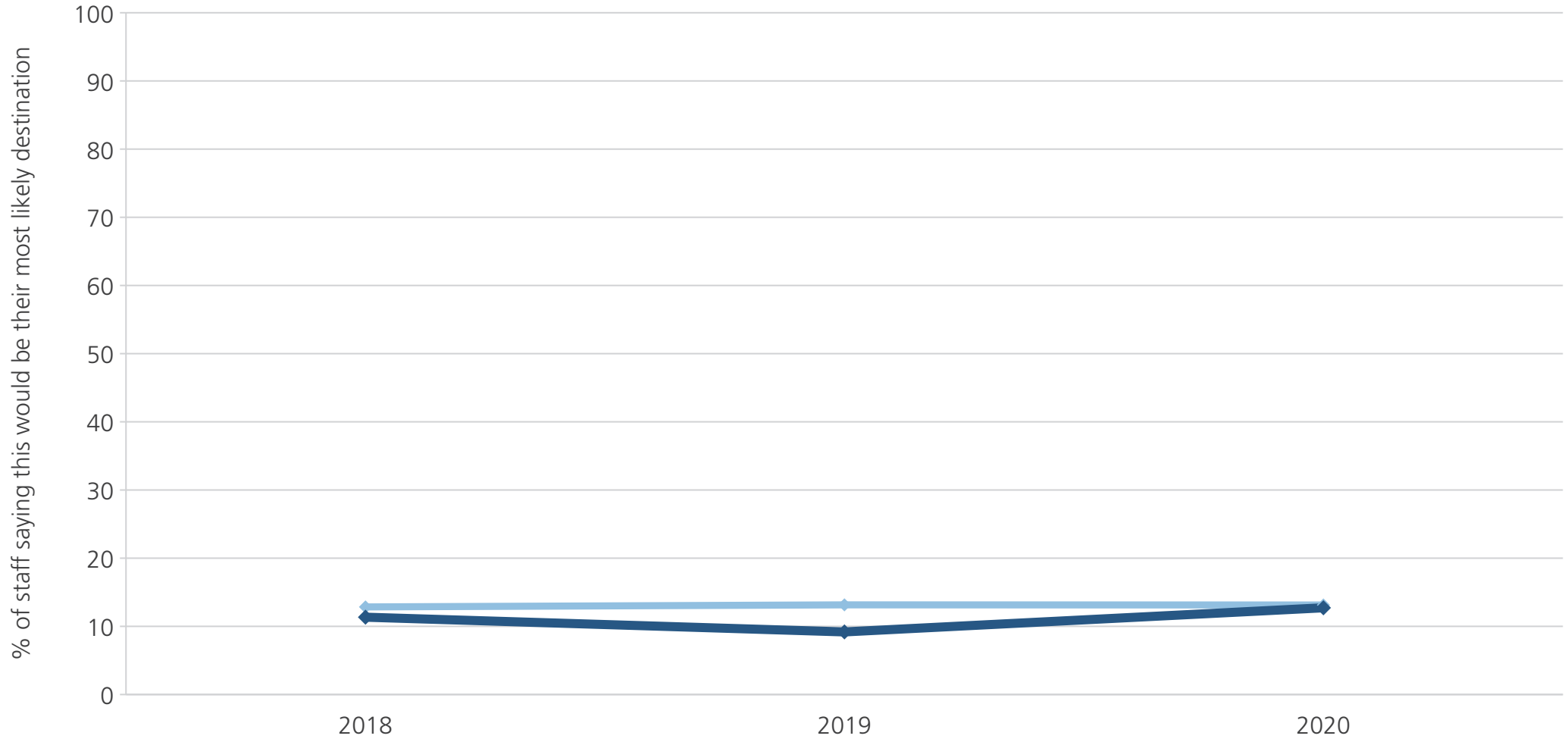
	2018	2019	2020
Worst	42.0%	41.7%	36.7%
Your org	37.3%	38.2%	30.7%
Average	29.7%	28.1%	26.7%
Best	19.1%	18.7%	16.9%
Responses	406	2,235	2,445



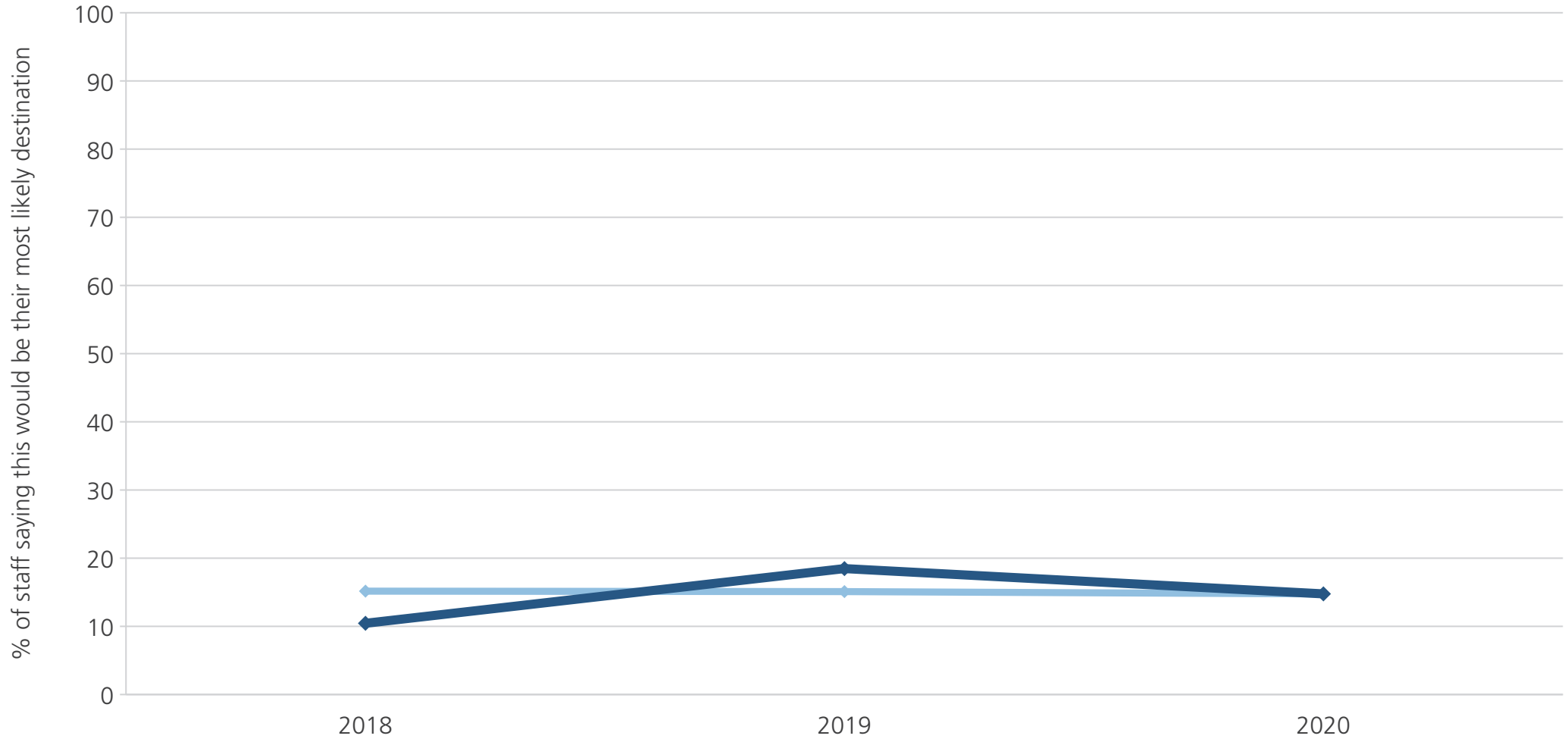
	2018	2019	2020
Worst	32.6%	30.4%	29.5%
Your org	21.4%	23.4%	19.0%
Average	20.6%	19.9%	18.7%
Best	13.9%	12.9%	11.2%
Responses	406	2,231	2,444



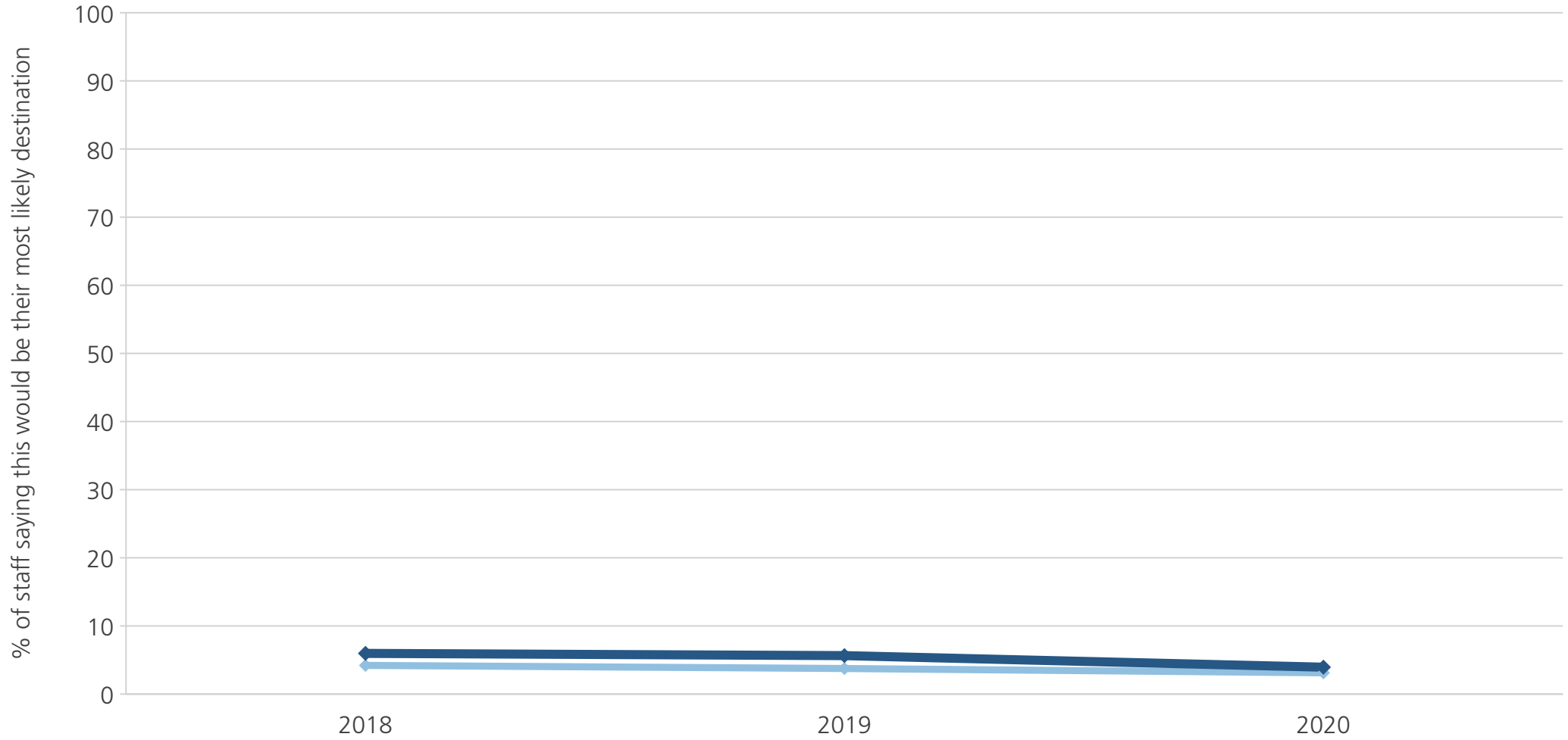
	2018	2019	2020
Worst	25.4%	23.6%	23.7%
Your org	18.4%	17.8%	14.0%
Average	15.0%	14.1%	13.2%
Best	8.5%	7.5%	7.5%
Responses	405	2,225	2,440



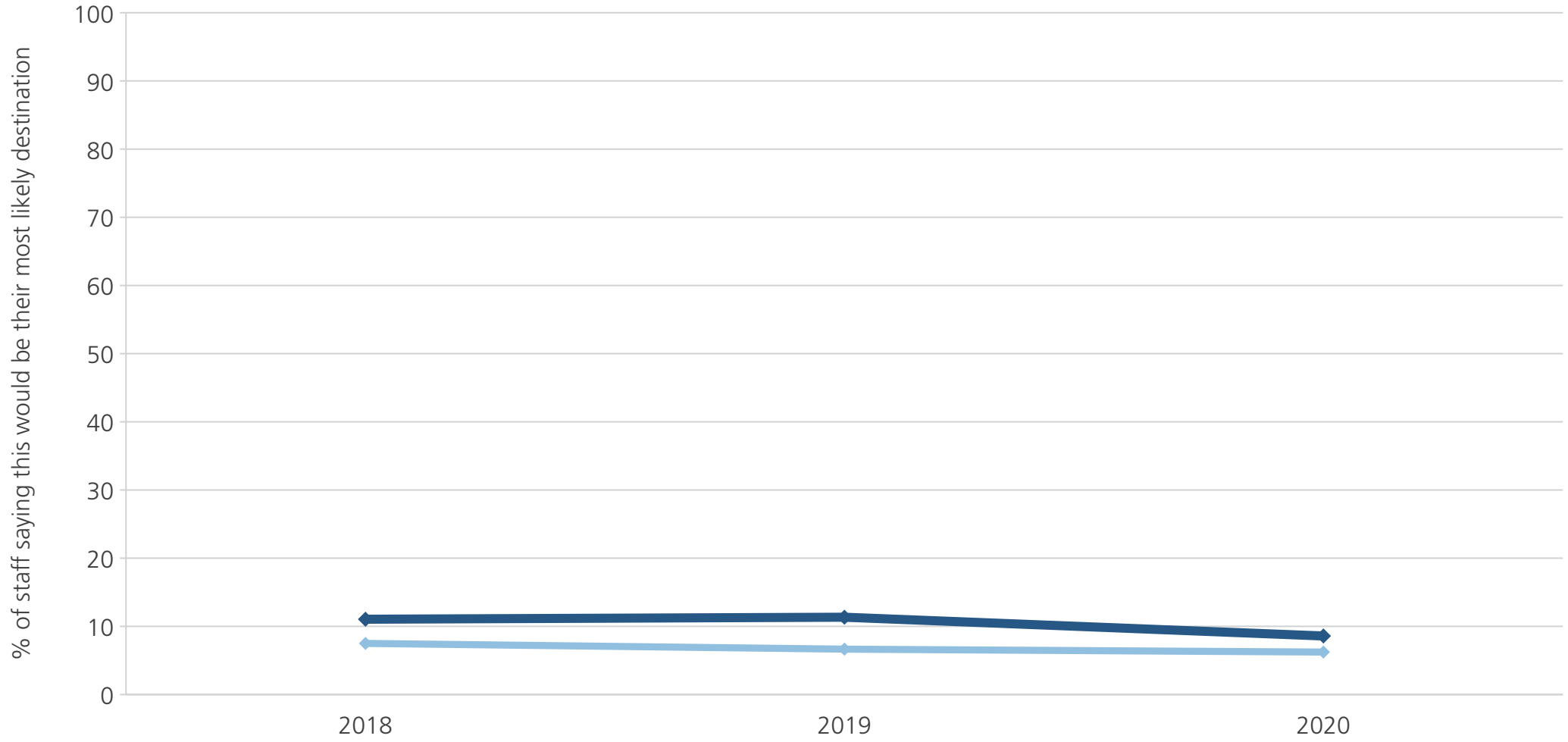
	2018	2019	2020
Your org	11.3%	9.2%	12.7%
Average	12.8%	13.2%	13.1%
Responses	335	1,949	2,154



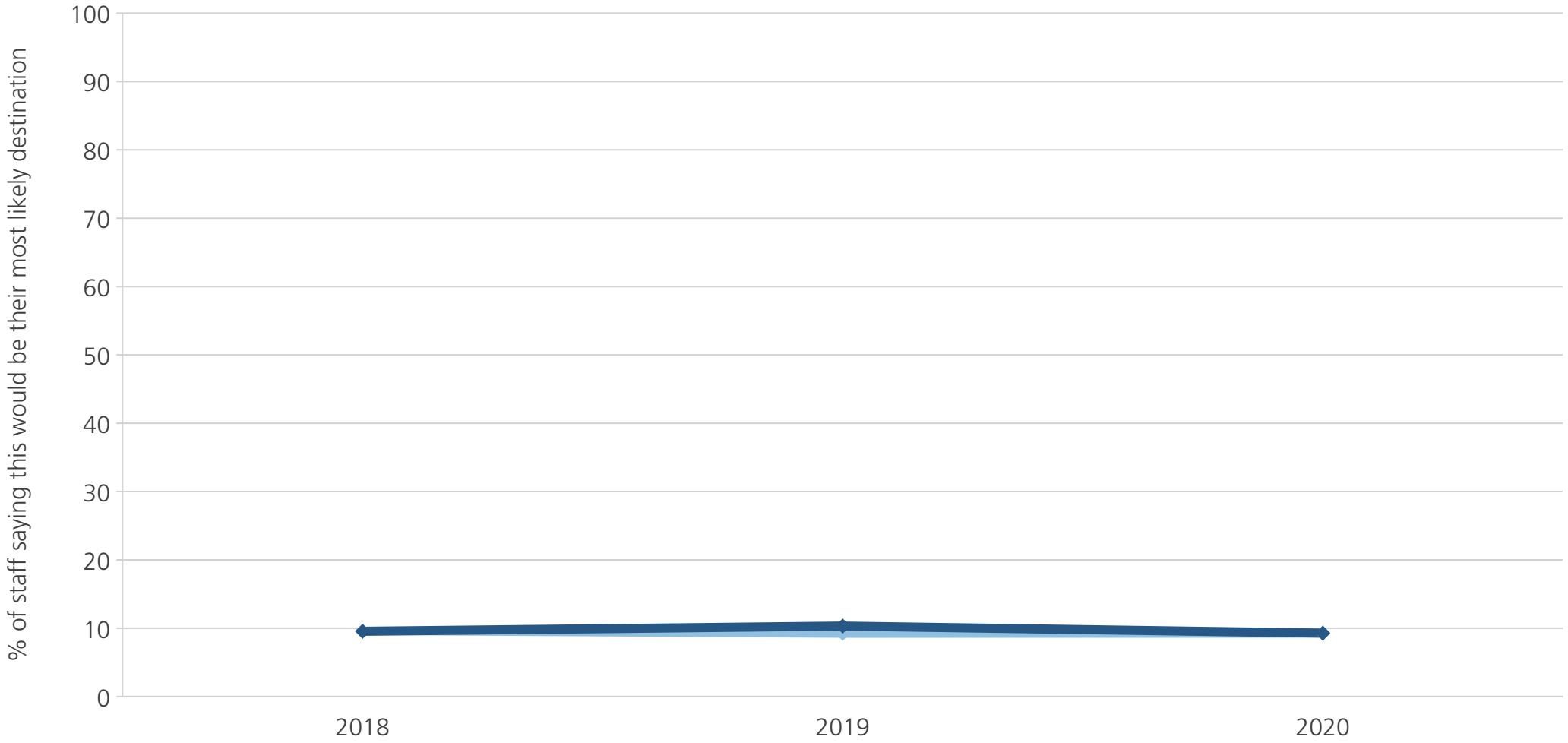
	2018	2019	2020
Your org	10.4%	18.5%	14.8%
Average	15.2%	15.1%	14.8%
Responses	335	1,949	2,154



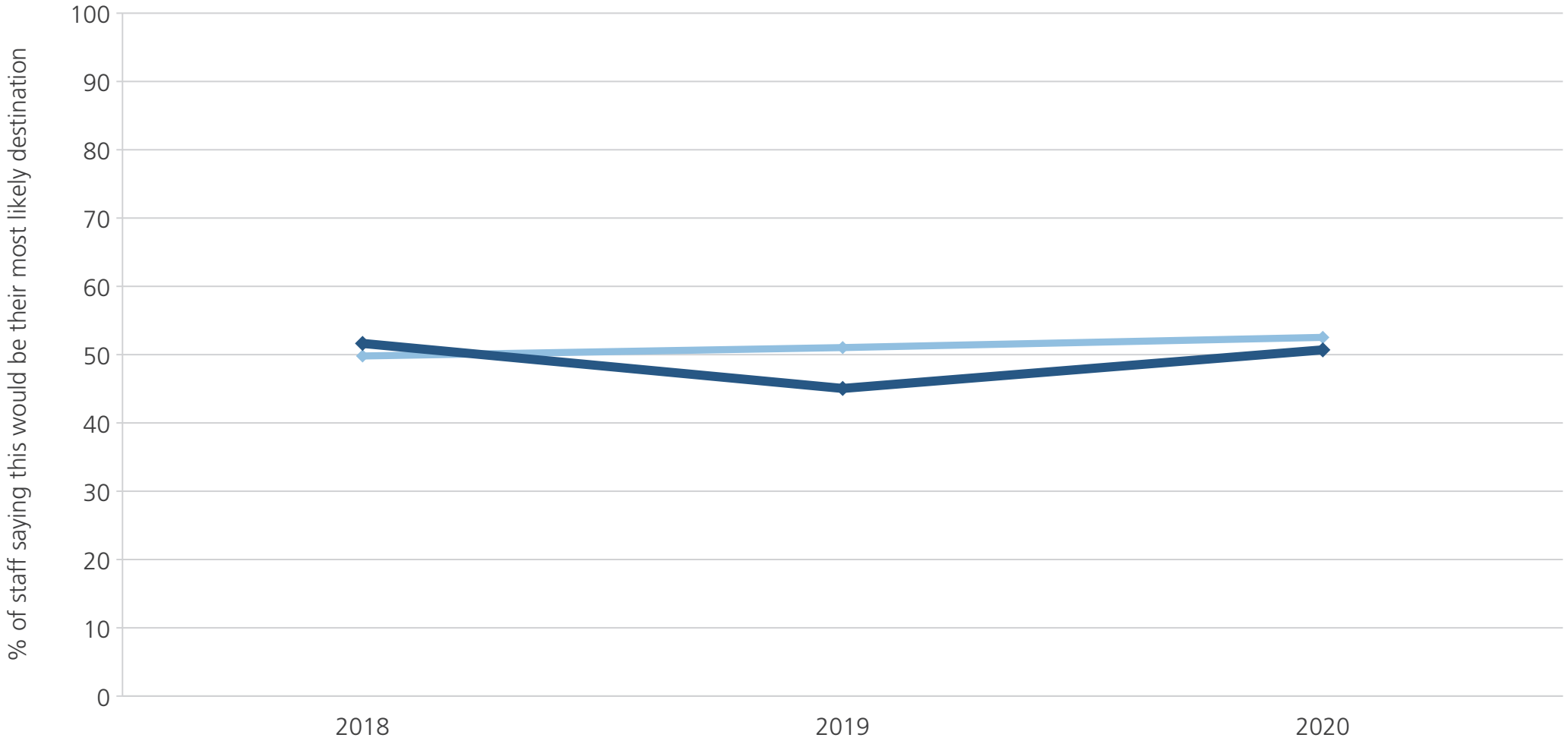
	2018	2019	2020
Your org	6.0%	5.6%	3.9%
Average	4.2%	3.8%	3.1%
Responses	335	1,949	2,154



	2018	2019	2020
Your org	11.0%	11.3%	8.6%
Average	7.5%	6.7%	6.2%
Responses	335	1,949	2,154



	2018	2019	2020
Your org	9.6%	10.3%	9.3%
Average	9.5%	9.1%	9.1%
Responses	335	1,949	2,154



	2018	2019	2020
Your org	51.6%	45.0%	50.7%
Average	49.8%	51.0%	52.5%
Responses	335	1,949	2,154

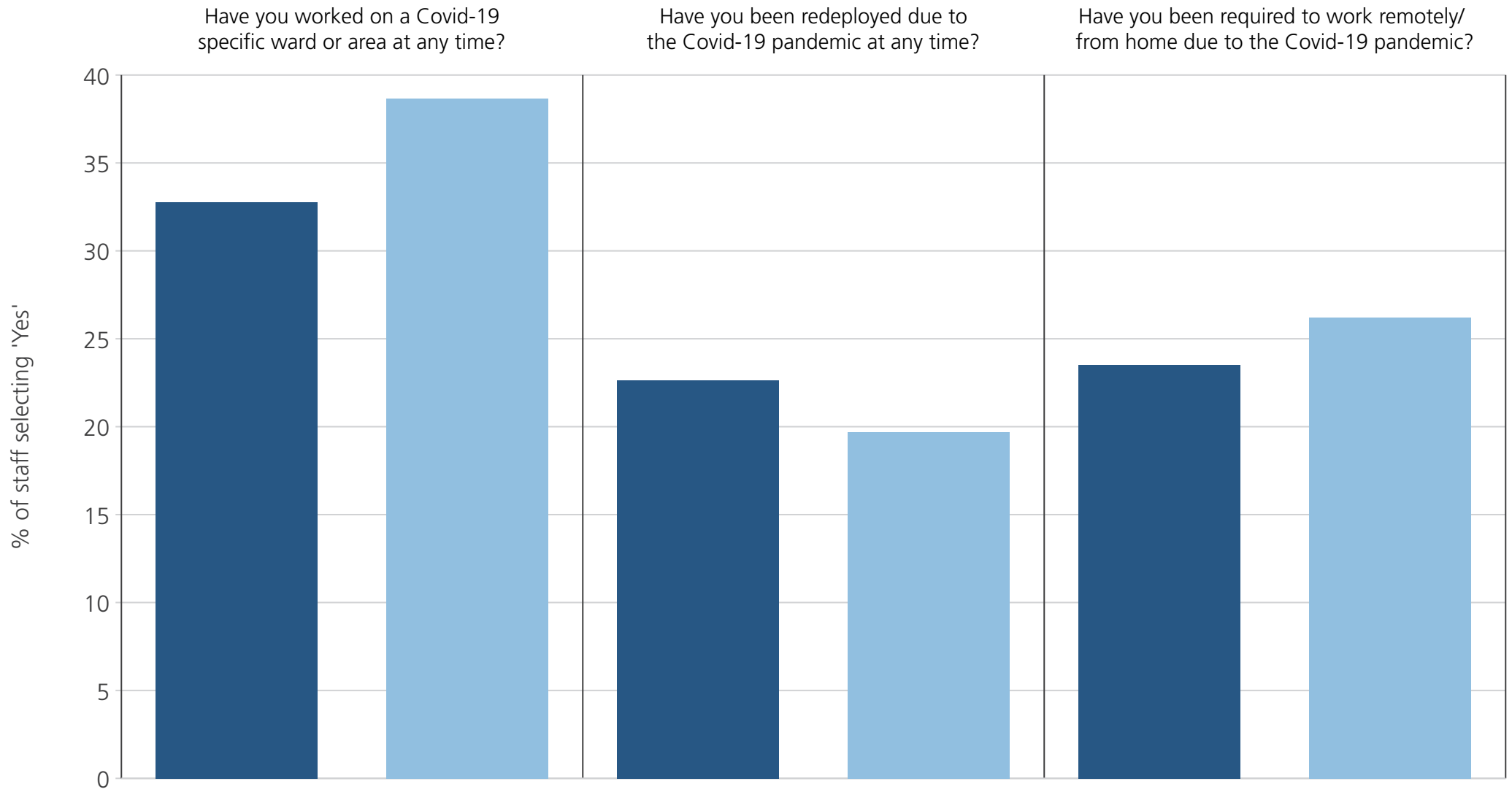
Survey Coordination Centre

NHS England

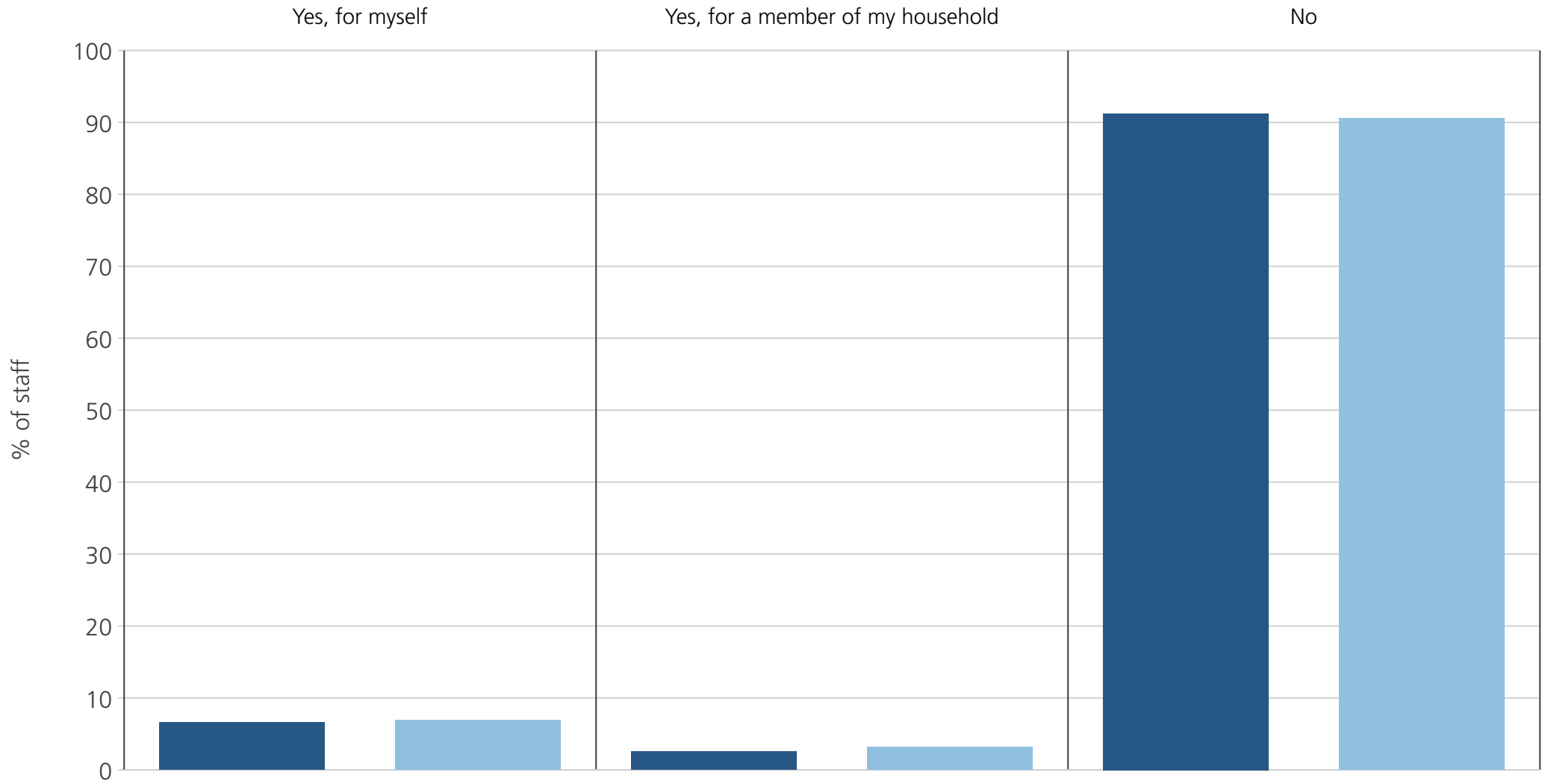
Question results – The Covid-19 pandemic

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results



	Have you worked on a Covid-19 specific ward or area at any time?	Have you been redeployed due to the Covid-19 pandemic at any time?	Have you been required to work remotely/ from home due to the Covid-19 pandemic?
Your org	32.8%	22.6%	23.5%
Average	38.7%	19.7%	26.2%
Responses	2,447	2,448	2,441



	Yes, for myself	Yes, for a member of my household	No
Your org	6.6%	2.6%	91.2%
Average	6.9%	3.2%	90.5%
Responses	2,416	2,416	2,416

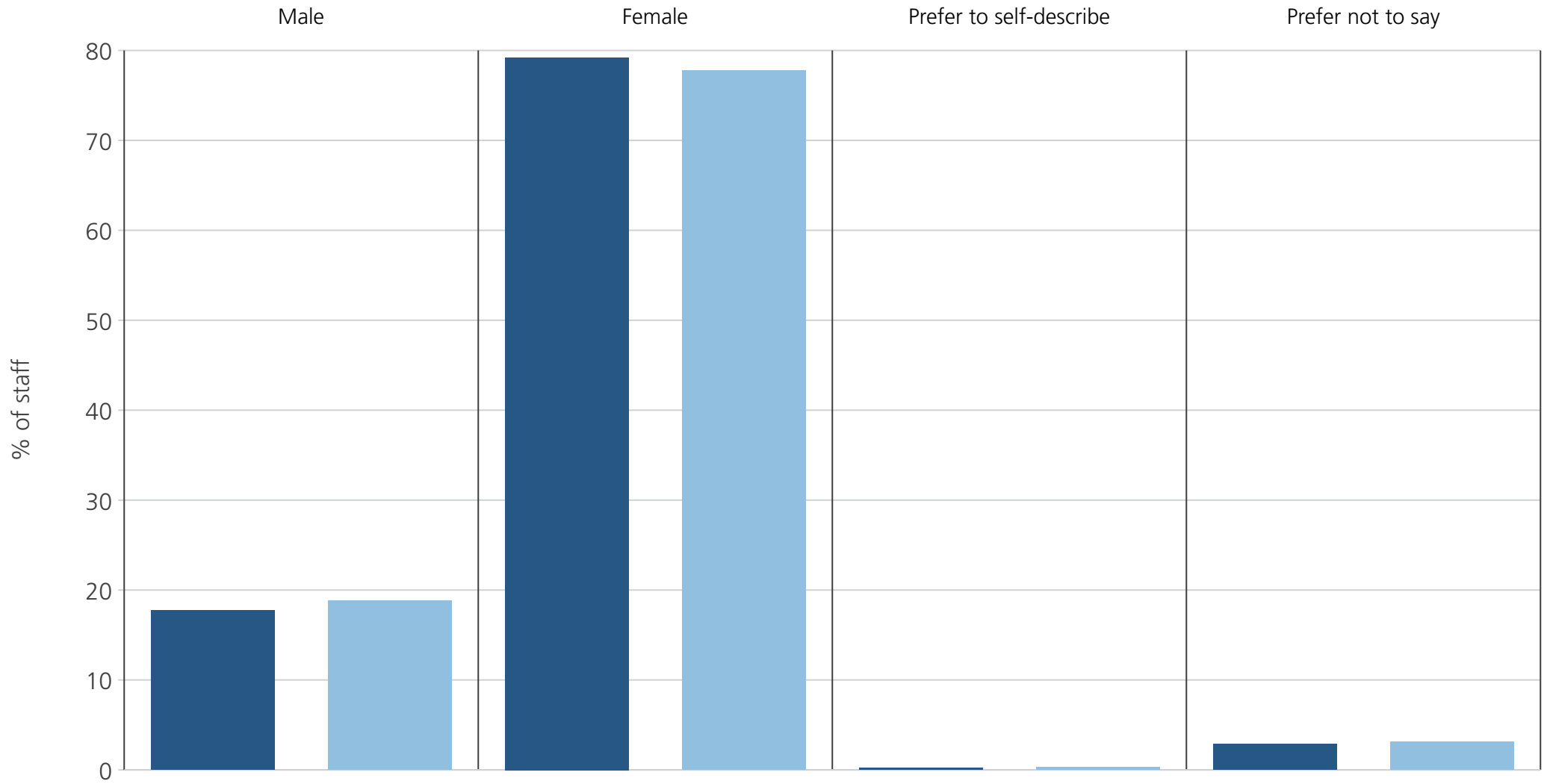
Survey Coordination Centre

NHS England

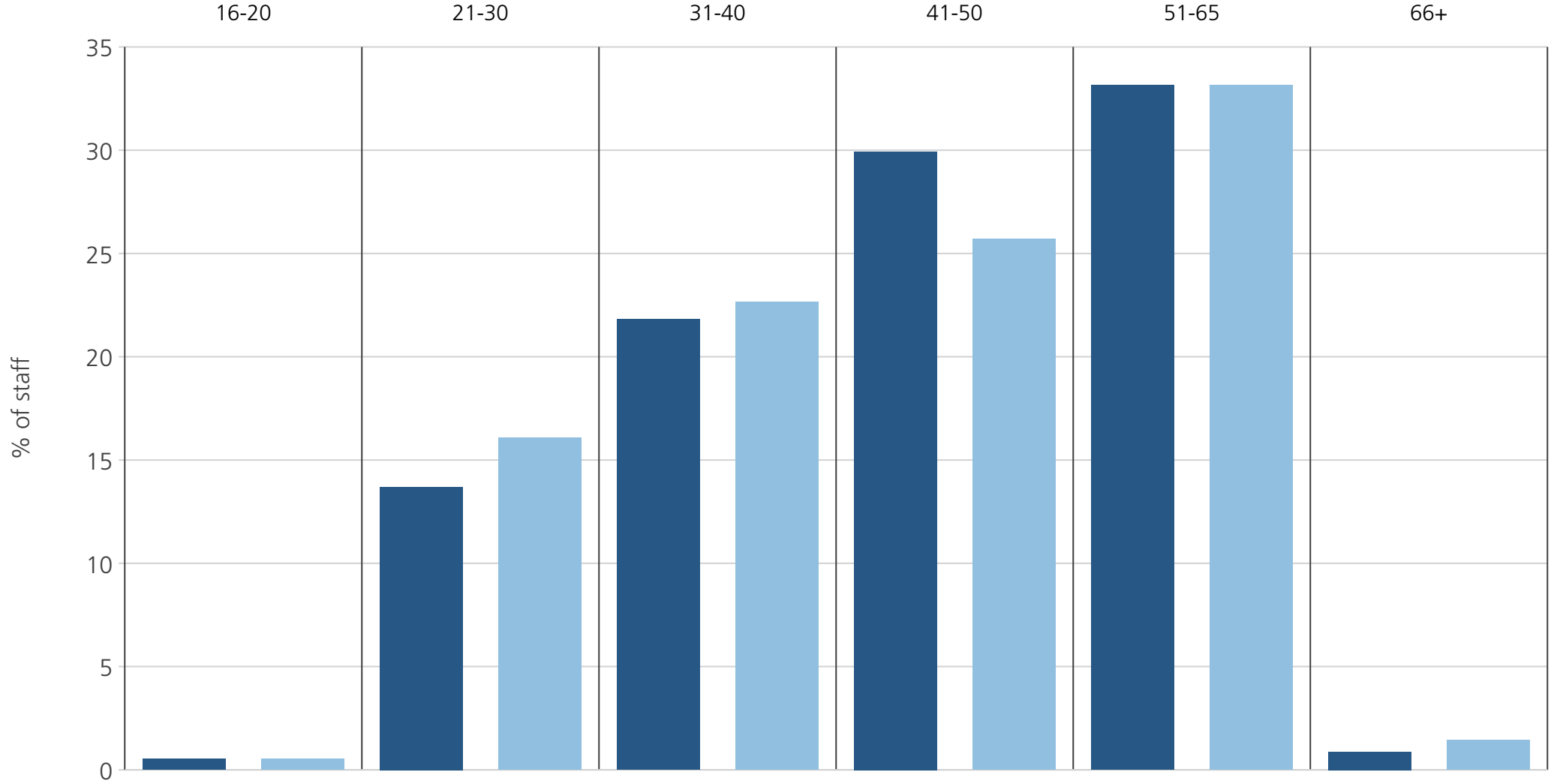
Question results – Background details

South Tees Hospitals NHS Foundation Trust

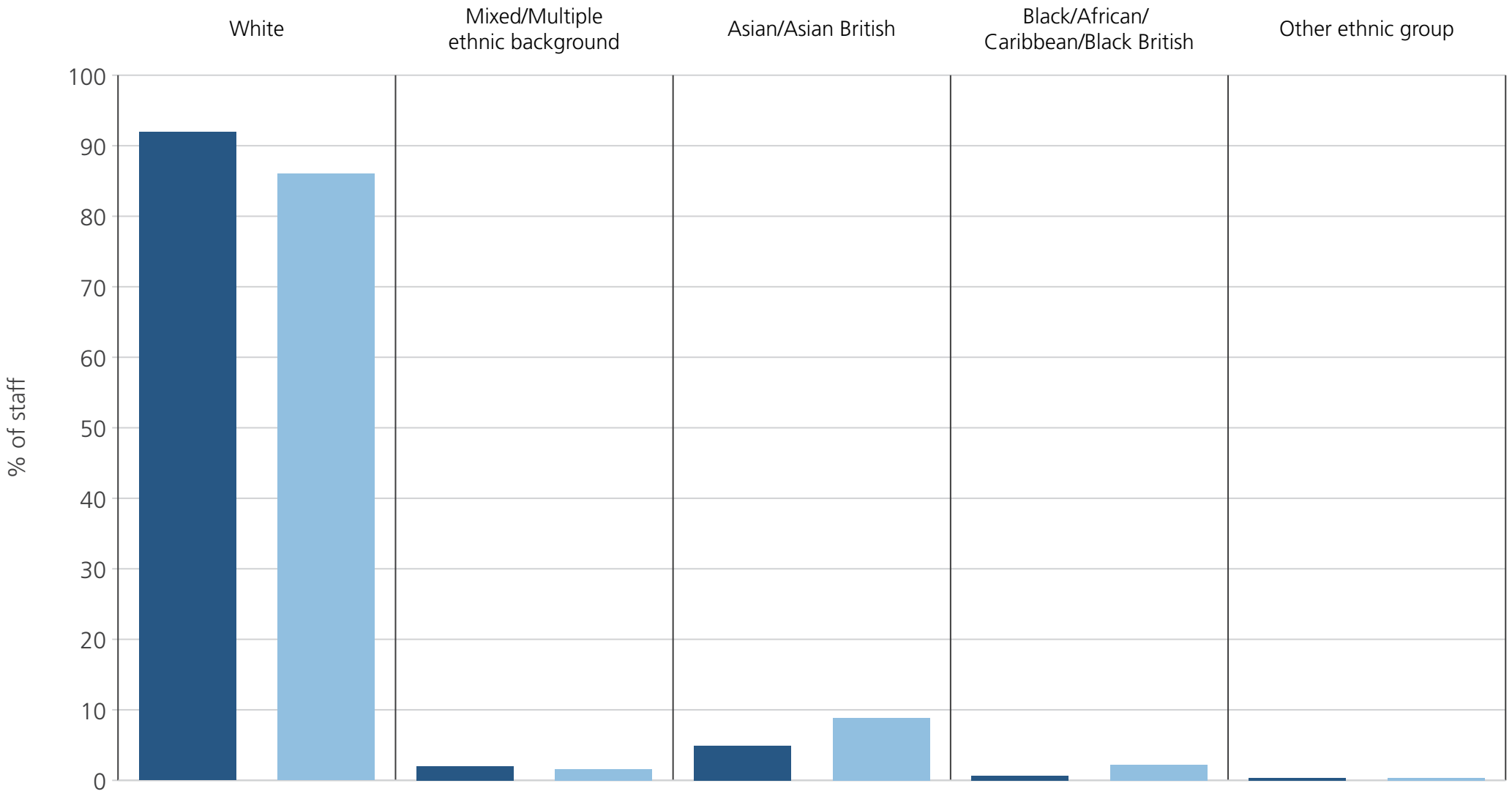
2020 NHS Staff Survey Results



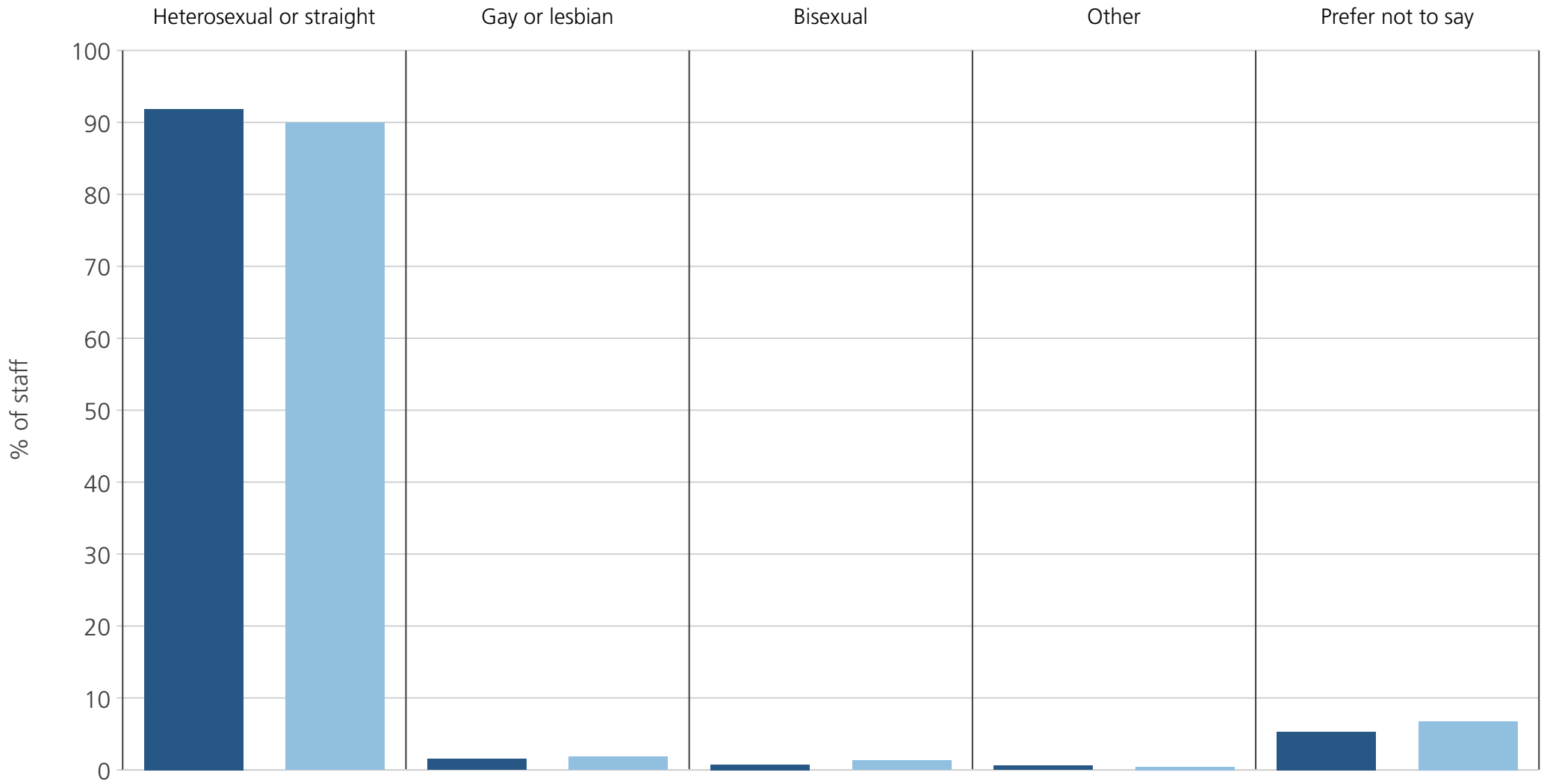
	Male	Female	Prefer to self-describe	Prefer not to say
Your org	17.7%	79.2%	0.2%	2.8%
Average	18.8%	77.8%	0.3%	3.1%
Responses	2,391	2,391	2,391	2,391



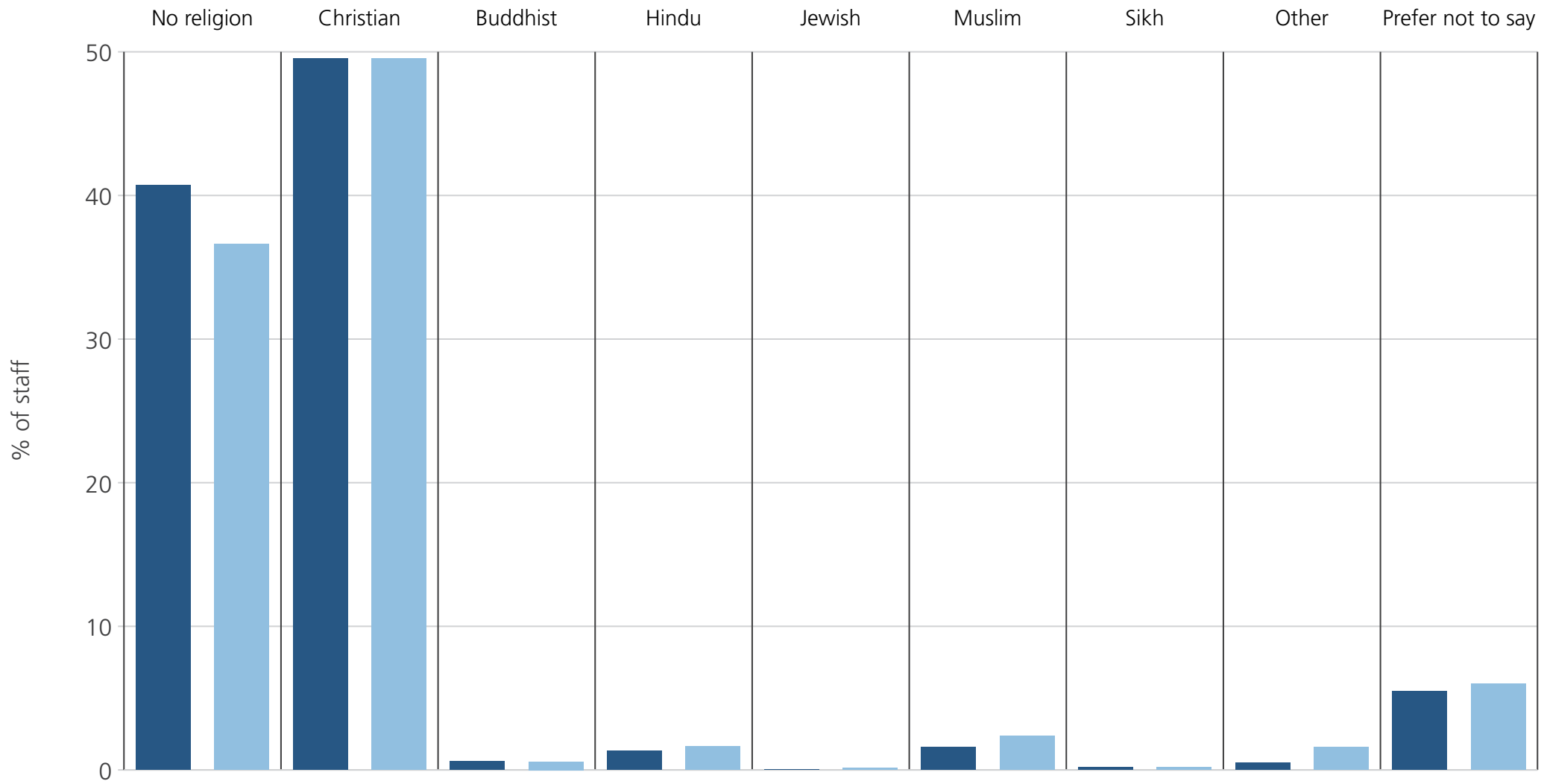
	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.5%	13.7%	21.8%	29.9%	33.1%	0.9%
Average	0.5%	16.1%	22.7%	25.7%	33.2%	1.5%
Responses	2,402	2,402	2,402	2,402	2,402	2,402



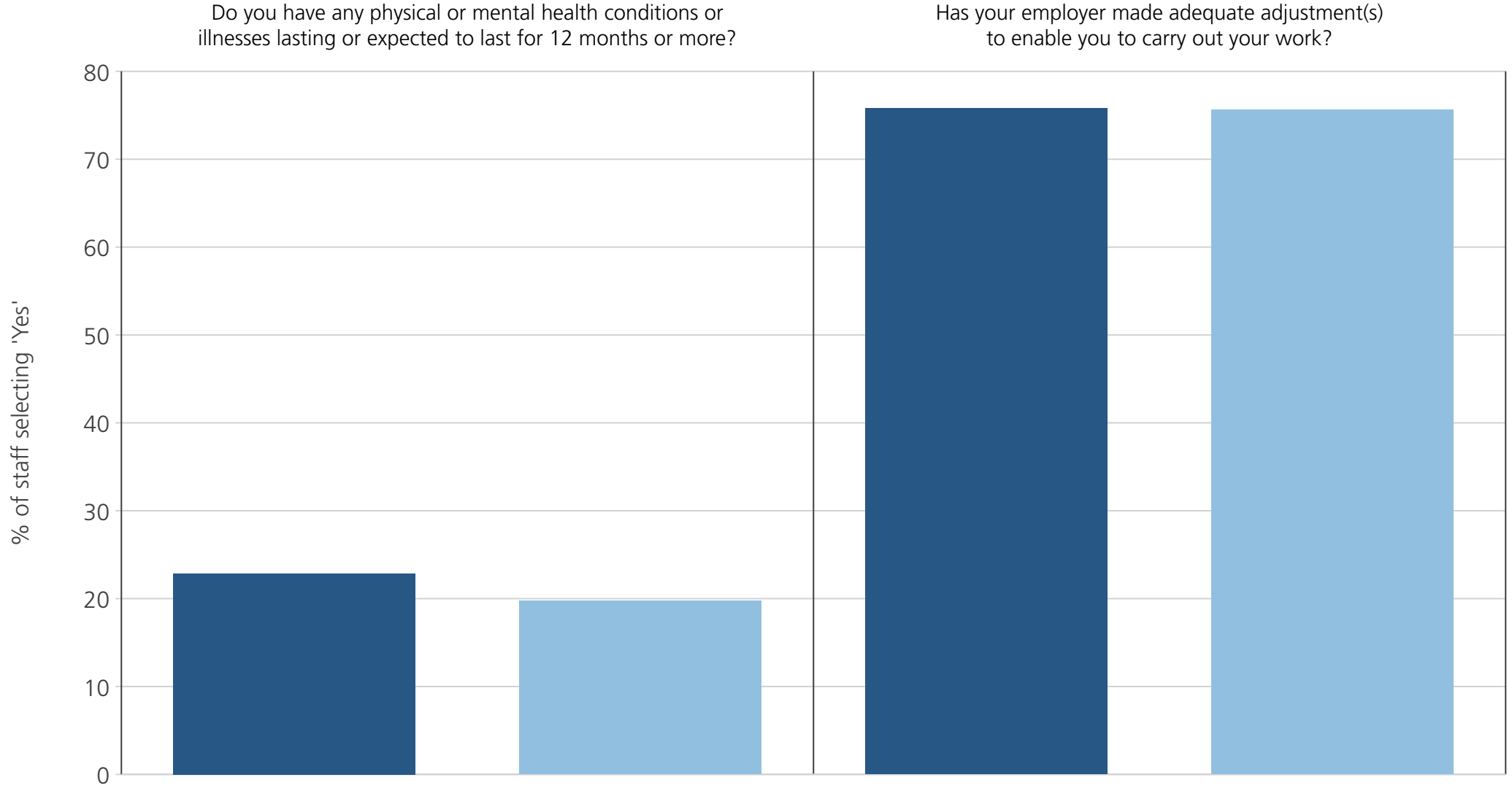
	White	Mixed/Multiple ethnic background	Asian/Asian British	Black/African/ Caribbean/Black British	Other ethnic group
Your org	91.9%	2.0%	4.9%	0.7%	0.4%
Average	86.0%	1.6%	8.8%	2.2%	0.3%
Responses	2,432	2,432	2,432	2,432	2,432



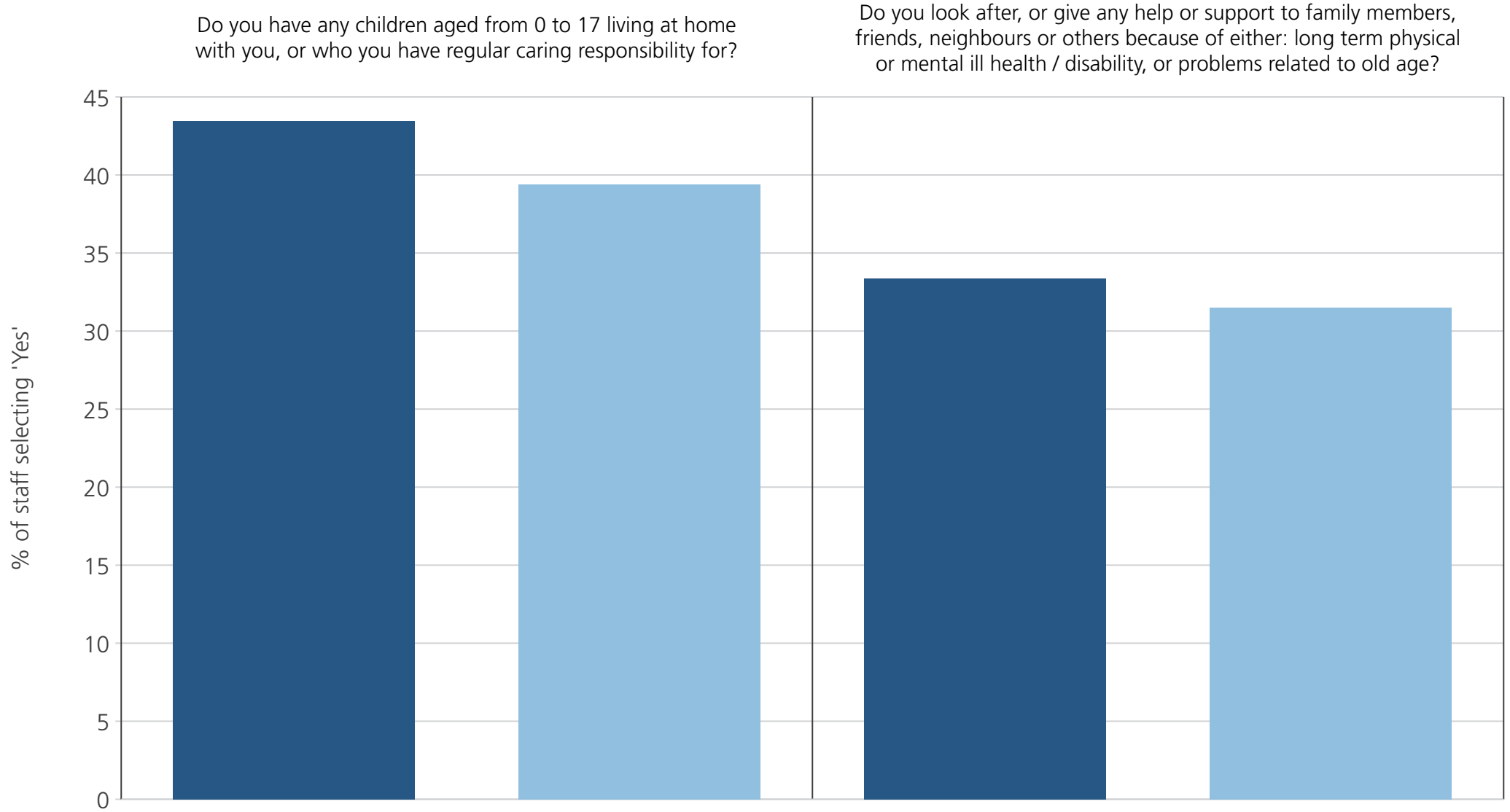
	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	91.9%	1.5%	0.7%	0.6%	5.3%
Average	89.9%	1.8%	1.3%	0.4%	6.8%
Responses	2,418	2,418	2,418	2,418	2,418



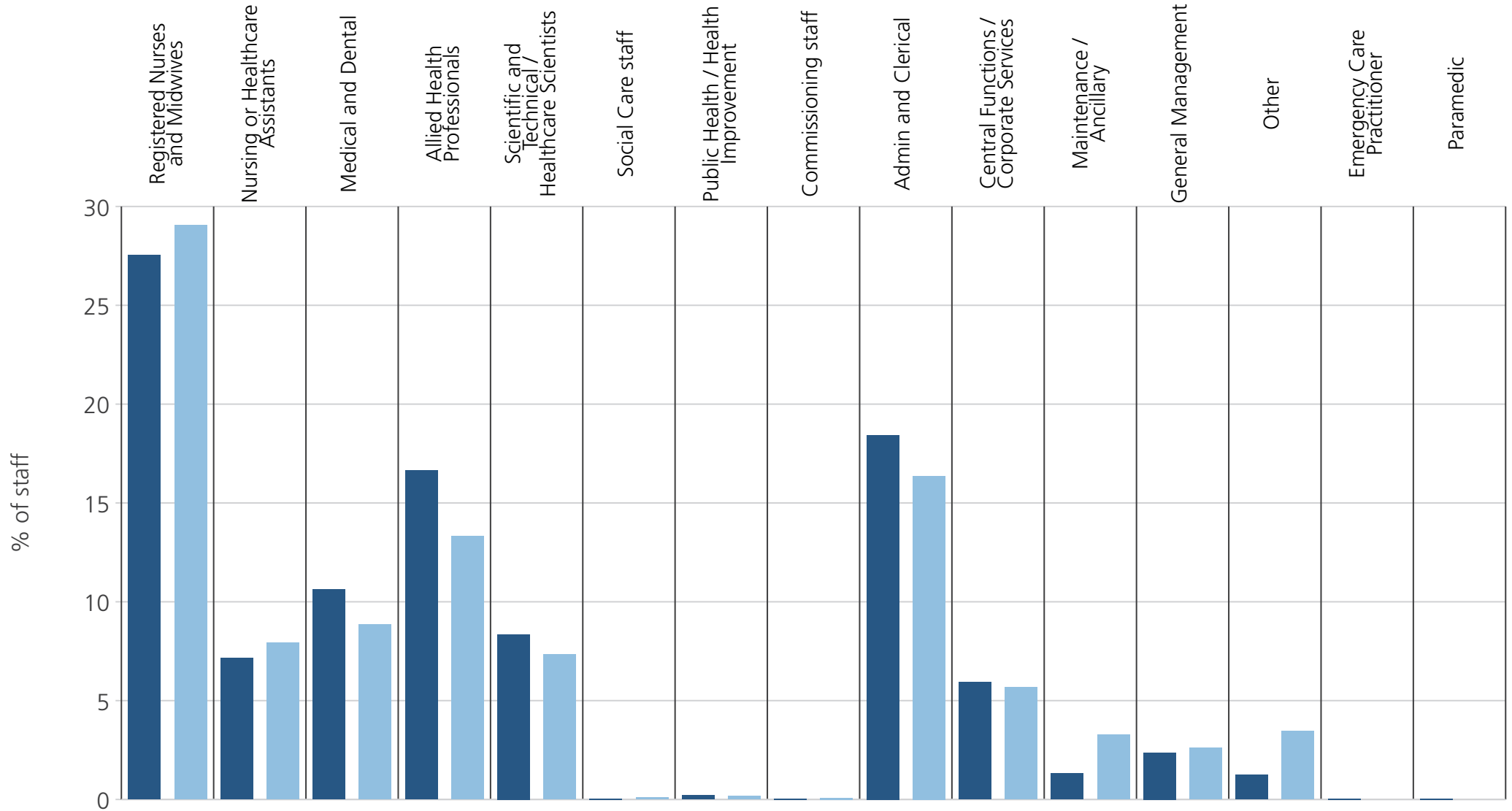
	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	Prefer not to say
Your org	40.7%	49.5%	0.6%	1.3%	0.0%	1.6%	0.2%	0.5%	5.5%
Average	36.6%	49.5%	0.6%	1.6%	0.2%	2.4%	0.2%	1.6%	6.0%
Responses	2,419	2,419	2,419	2,419	2,419	2,419	2,419	2,419	2,419



	Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?	Has your employer made adequate adjustment(s) to enable you to carry out your work?
Your org	22.9%	75.8%
Average	19.7%	75.6%
Responses	2,319	286



Your org	43.5%	33.3%
Average	39.4%	31.5%
Responses	2,415	2,414



	Registered Nurses and Midwives	Nursing or Healthcare Assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical / Healthcare Scientists	Social Care staff	Public Health / Health Improvement	Commissioning staff	Admin and Clerical	Central Functions / Corporate Services	Maintenance / Ancillary	General Management	Other	Emergency Care Practitioner	Paramedic
Your org	27.5%	7.1%	10.6%	16.7%	8.3%	0.0%	0.2%	0.0%	18.4%	5.9%	1.3%	2.4%	1.2%	0.0%	0.0%
Average	29.1%	7.9%	8.9%	13.3%	7.3%	0.1%	0.2%	0.1%	16.4%	5.7%	3.3%	2.6%	3.5%	0.0%	0.0%
Responses	2,408	2,408	2,408	2,408	2,408	2,408	2,408	2,408	2,408	2,408	2,408	2,408	2,408	2,408	2,408

Survey Coordination Centre

NHS England

Workforce Equality Standards

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results

Workforce Equality Standards

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Full details of how the data are calculated are included in the Technical Document, available to download from our results website.

Workforce Race Equality Standard (WRES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017, 2018, 2019 and 2020 trust/CCG and benchmarking group median results for q13a, q13b&c combined, q14, and q15b split by ethnicity (by white / BME staff).

Workforce Disability Equality Standard (WDES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018 and 2019 trust/CCG and benchmarking group median results for q5f, q11e, q13a-d, and q14 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q26b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.
- The WDES breakdowns are based on the responses to q26a ***Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?*** In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

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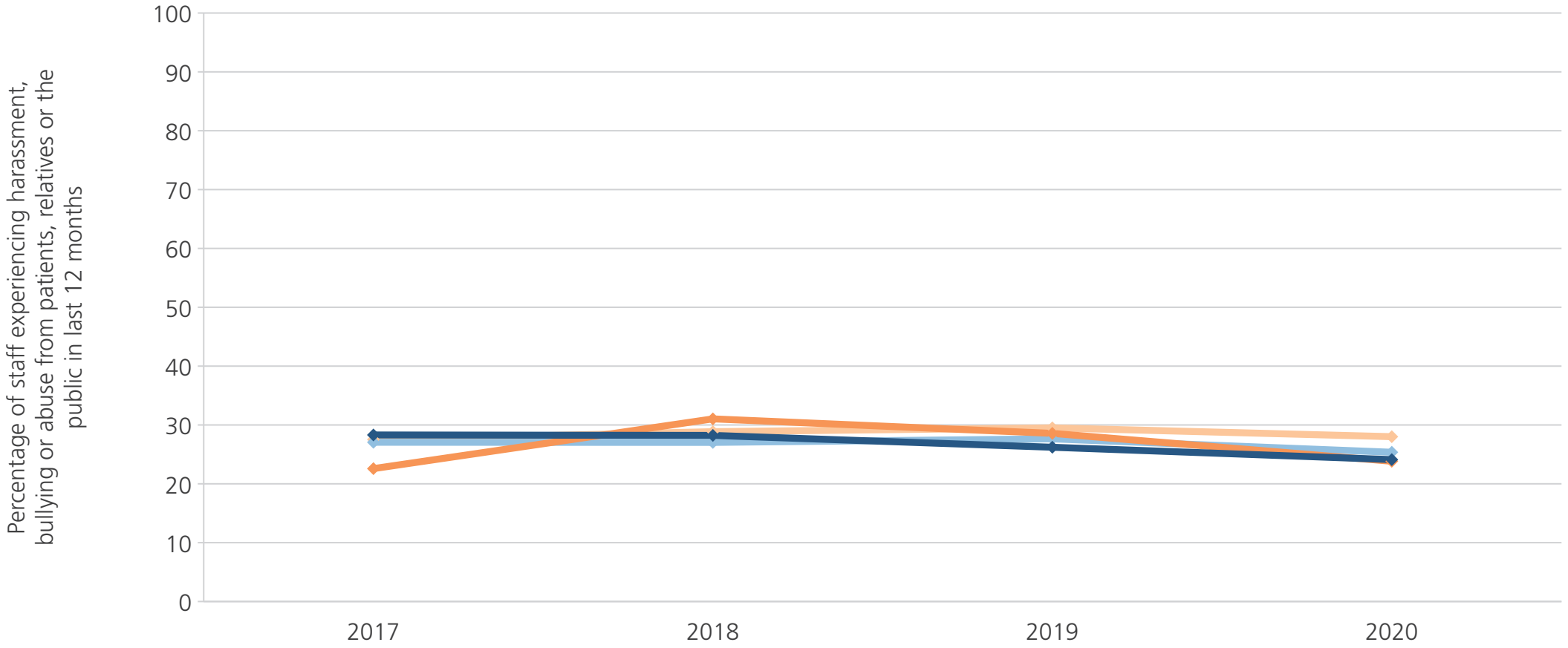
NHS England

Workforce Race Equality Standard (WRES)

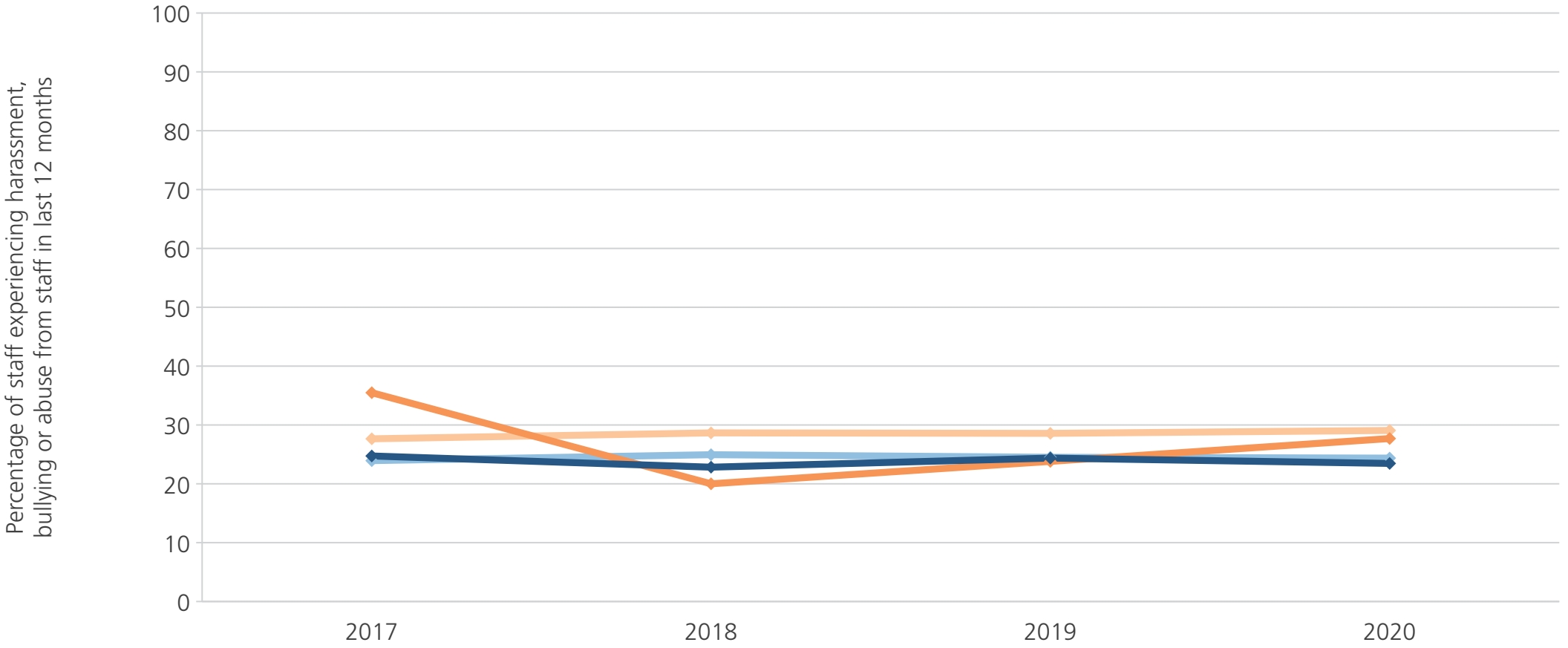
South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results



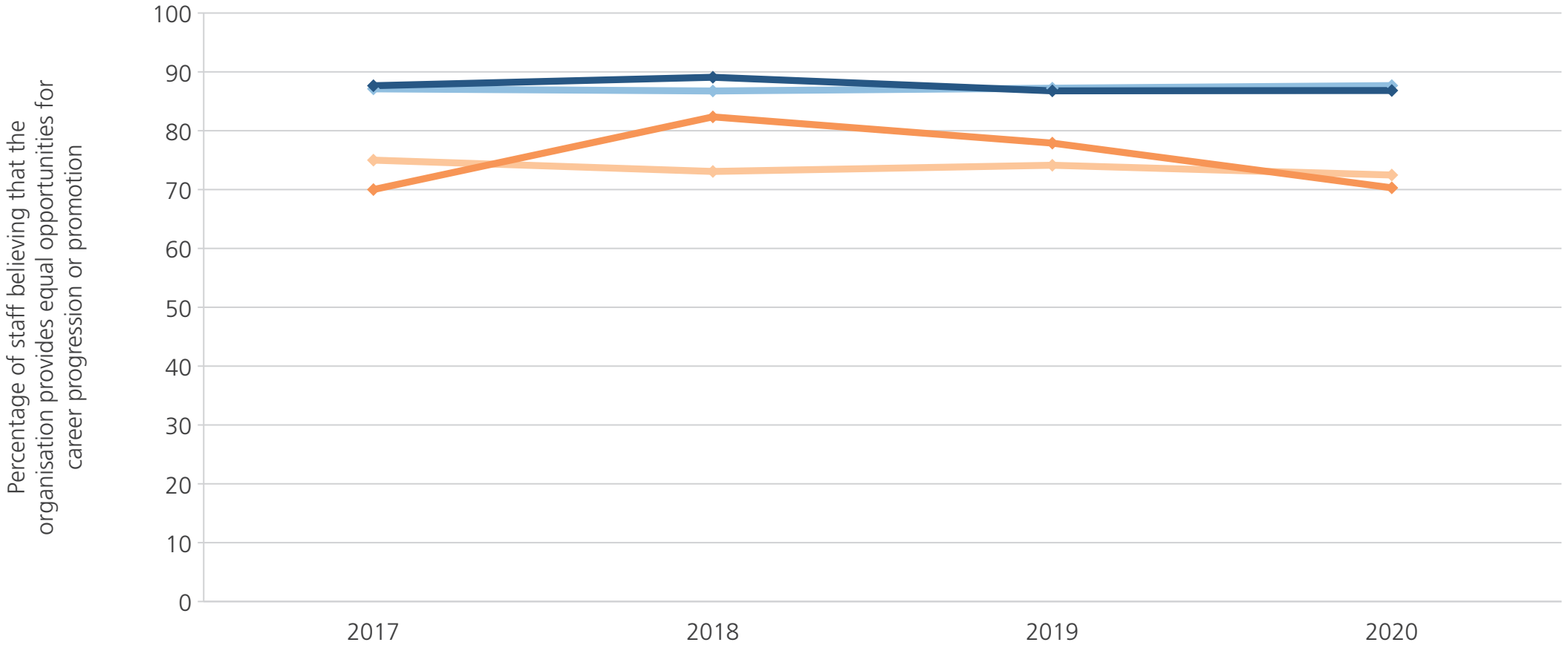
	2017	2018	2019	2020
White: Your org	28.3%	28.2%	26.2%	24.1%
BME: Your org	22.6%	31.0%	28.6%	23.8%
White: Average	27.1%	27.0%	27.6%	25.4%
BME: Average	27.5%	28.9%	29.5%	28.0%
White: Responses	371	372	2,022	2,227
BME: Responses	31	29	168	193

Average calculated as the median for the benchmark group



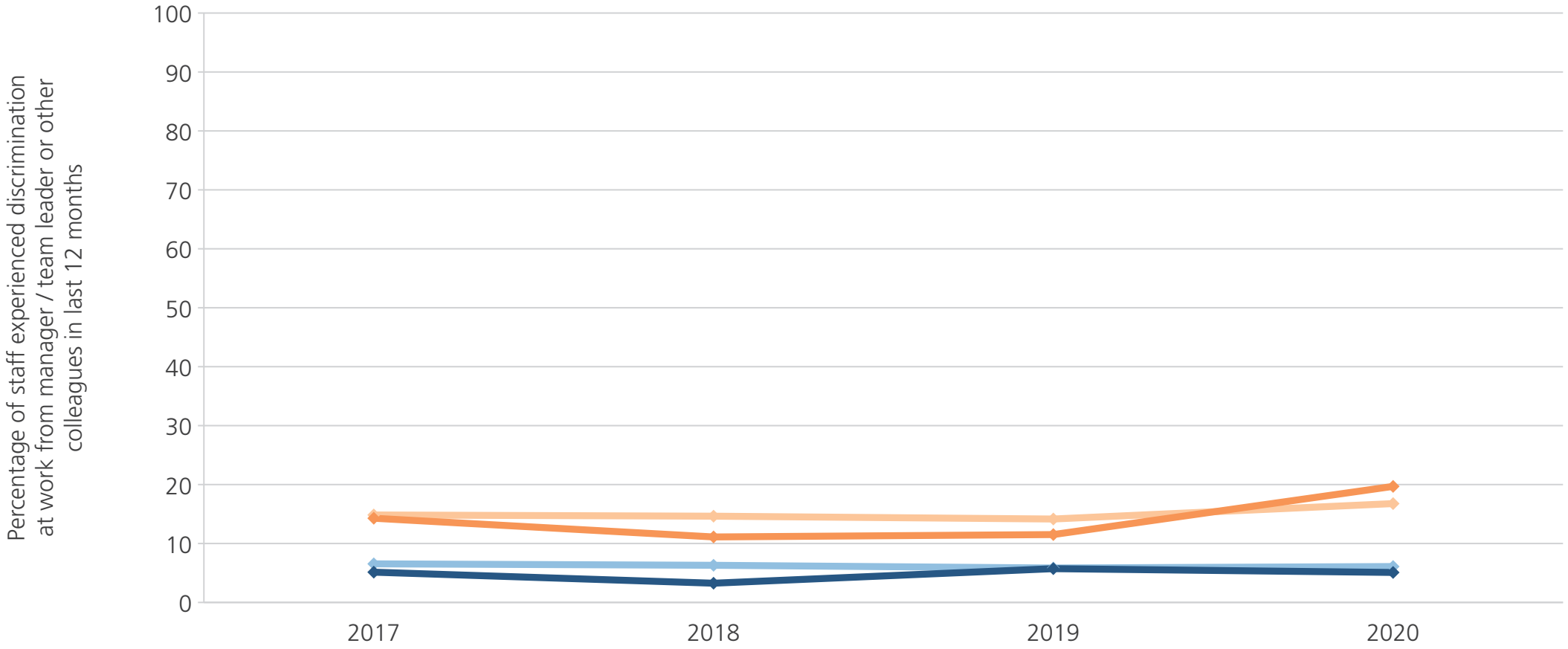
	2017	2018	2019	2020
White: Your org	24.7%	22.8%	24.4%	23.5%
BME: Your org	35.5%	20.0%	23.8%	27.7%
White: Average	23.9%	24.9%	24.5%	24.4%
BME: Average	27.6%	28.7%	28.6%	29.1%
White: Responses	372	368	2,027	2,229
BME: Responses	31	30	168	195

Average calculated as the median for the benchmark group



	2017	2018	2019	2020
White: Your org	87.6%	89.1%	86.8%	86.8%
BME: Your org	70.0%	82.4%	77.9%	70.3%
White: Average	87.1%	86.8%	87.2%	87.7%
BME: Average	75.0%	73.1%	74.1%	72.5%
White: Responses	251	229	1,172	1,329
BME: Responses	20	17	95	101

Average calculated as the median for the benchmark group



	2017	2018	2019	2020
White: Your org	5.1%	3.3%	5.7%	5.1%
BME: Your org	14.3%	11.1%	11.5%	19.7%
White: Average	6.5%	6.3%	5.8%	6.1%
BME: Average	14.8%	14.6%	14.2%	16.8%
White: Responses	370	368	2,007	2,182
BME: Responses	28	27	165	193

Average calculated as the median for the benchmark group

Survey Coordination Centre

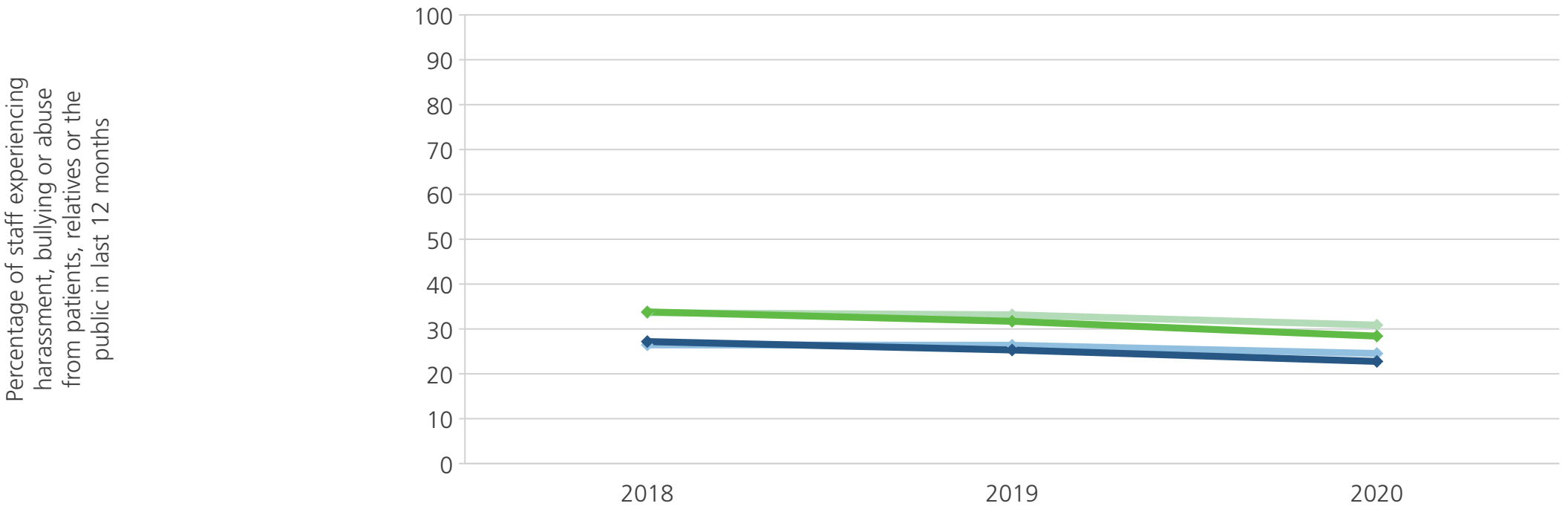
NHS England

Workforce Disability Equality Standard (WDES)

The approach to calculating the benchmark median scores and the way in which the data for Q13d are reported has changed this year. These changes have been applied retrospectively so historical data shown in the average calculations and all figures for Q13d are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the technical document.

South Tees Hospitals NHS Foundation Trust

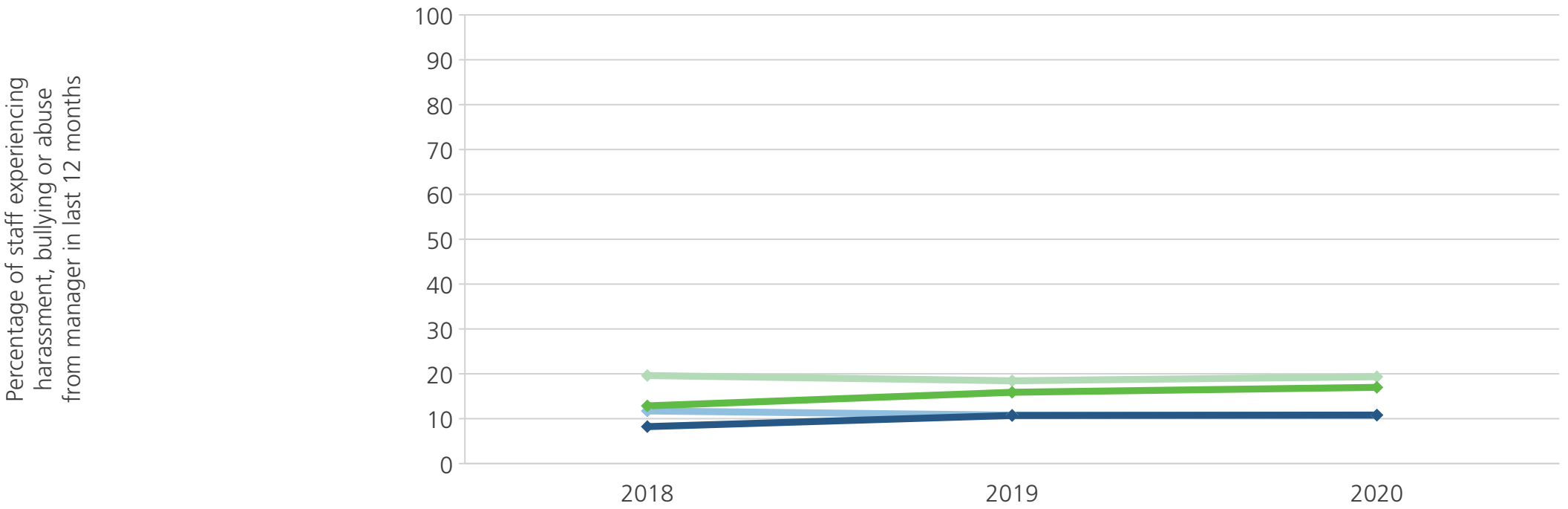
2020 NHS Staff Survey Results



	2018	2019	2020
Staff with a LTC or illness: Your org	33.8%	31.7%	28.4%
Staff without a LTC or illness: Your org	27.2%	25.3%	22.8%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%
Staff without a LTC or illness: Average	26.5%	26.4%	24.5%

Staff with a LTC or illness: Responses	71	451	528
Staff without a LTC or illness: Responses	331	1,683	1,779

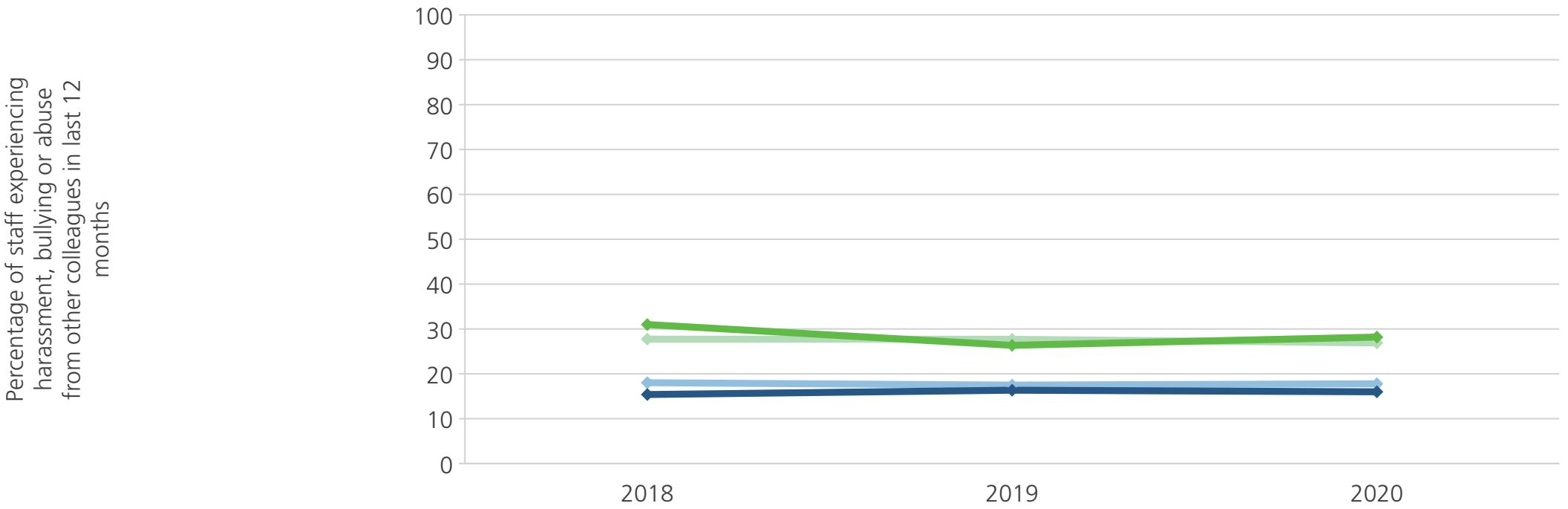
Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	12.9%	15.9%	17.0%
Staff without a LTC or illness: Your org	8.2%	10.7%	10.8%
Staff with a LTC or illness: Average	19.6%	18.5%	19.3%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%

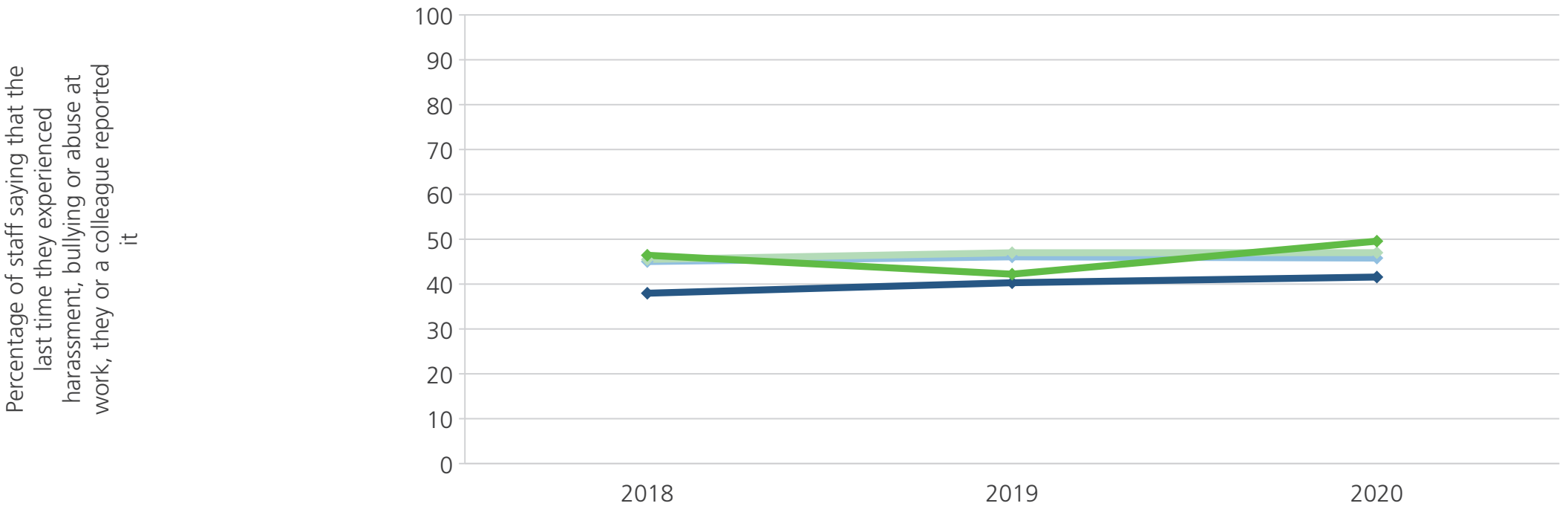
Staff with a LTC or illness: Responses	70	447	524
Staff without a LTC or illness: Responses	328	1,680	1,776

Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	31.0%	26.4%	28.2%
Staff without a LTC or illness: Your org	15.4%	16.3%	16.0%
Staff with a LTC or illness: Average	27.7%	27.7%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%
Staff with a LTC or illness: Responses	71	444	525
Staff without a LTC or illness: Responses	325	1,676	1,776

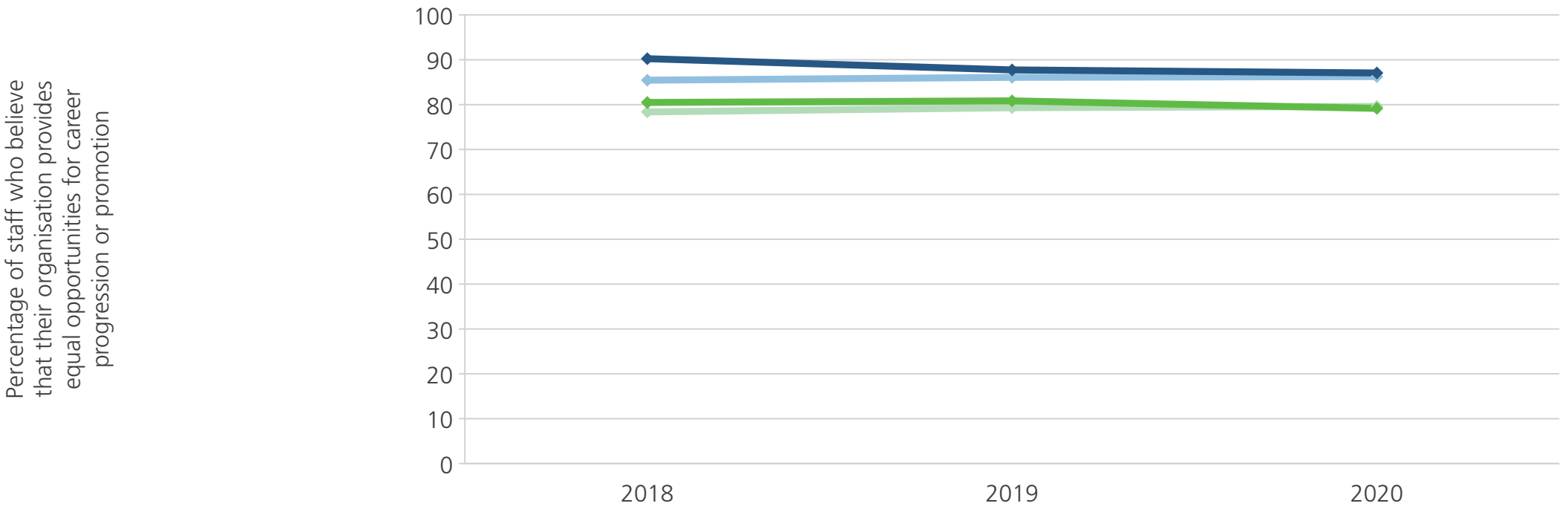
Average calculated as the median for the benchmark group



Staff with a LTC or illness: Your org	46.4%	42.2%	49.6%
Staff without a LTC or illness: Your org	38.0%	40.3%	41.6%
Staff with a LTC or illness: Average	45.5%	47.0%	47.0%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%

Staff with a LTC or illness: Responses	28	199	232
Staff without a LTC or illness: Responses	108	526	534

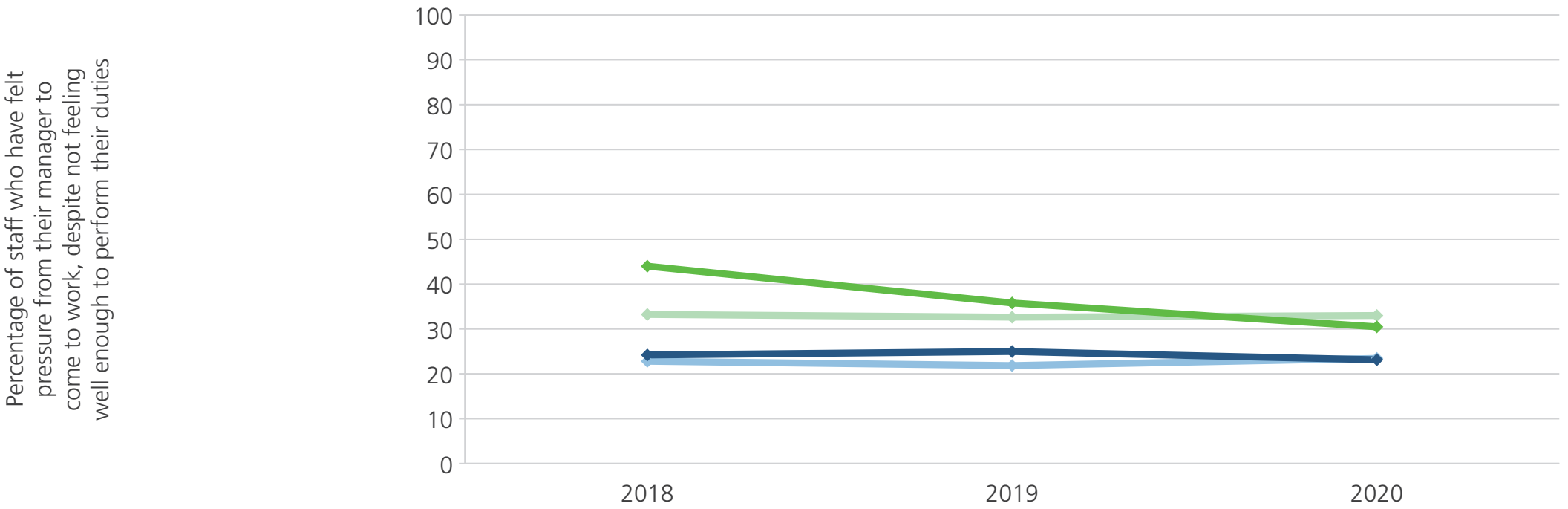
Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	80.5%	80.8%	79.2%
Staff without a LTC or illness: Your org	90.2%	87.7%	87.1%
Staff with a LTC or illness: Average	78.4%	79.3%	79.6%
Staff without a LTC or illness: Average	85.5%	86.1%	86.3%

Staff with a LTC or illness: Responses	41	261	288
Staff without a LTC or illness: Responses	205	979	1,074

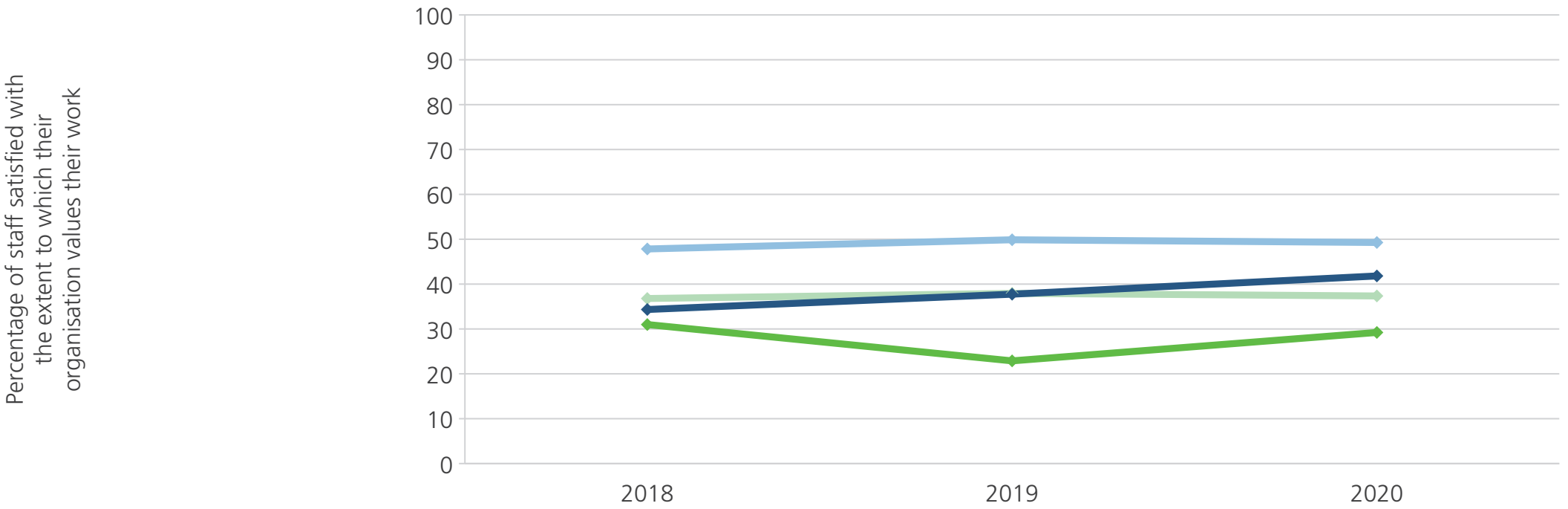
Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	44.0%	35.8%	30.5%
Staff without a LTC or illness: Your org	24.2%	25.0%	23.1%
Staff with a LTC or illness: Average	33.2%	32.6%	33.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%

Staff with a LTC or illness: Responses	50	352	361
Staff without a LTC or illness: Responses	157	937	778

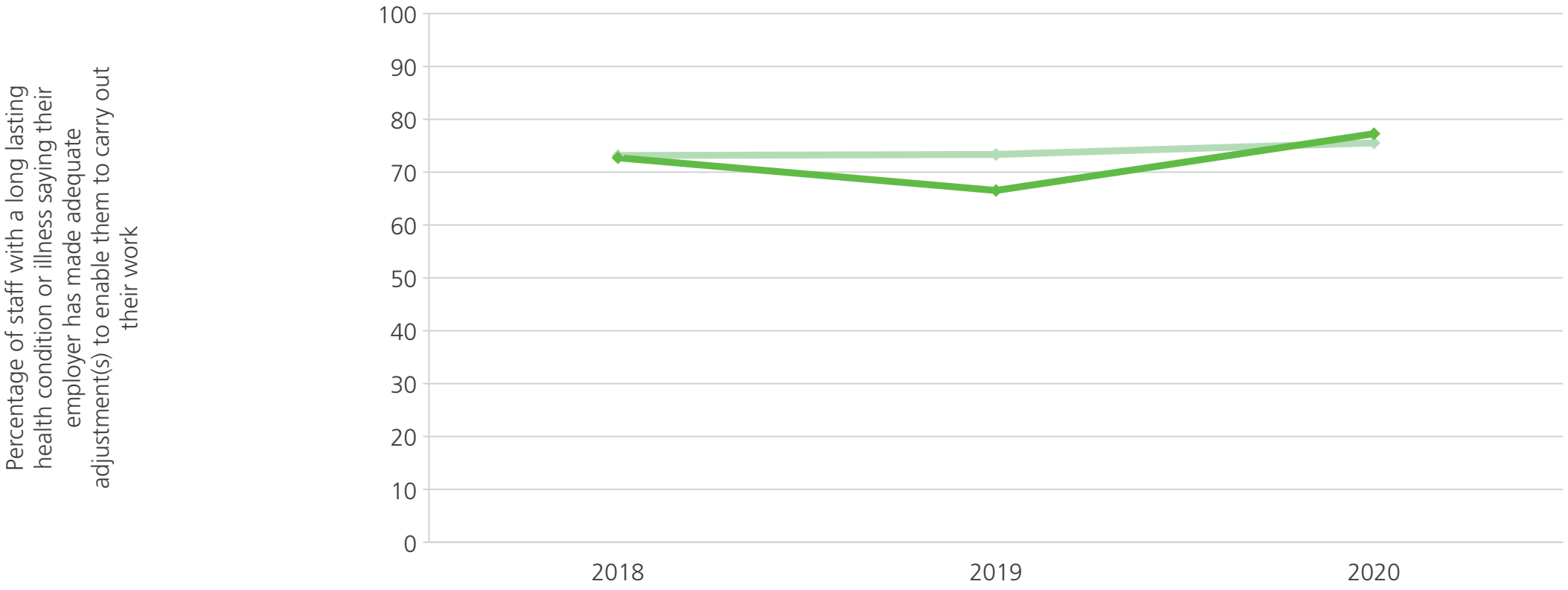
Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	31.0%	22.9%	29.2%
Staff without a LTC or illness: Your org	34.3%	37.7%	41.8%
Staff with a LTC or illness: Average	36.8%	37.9%	37.4%
Staff without a LTC or illness: Average	47.8%	49.9%	49.3%

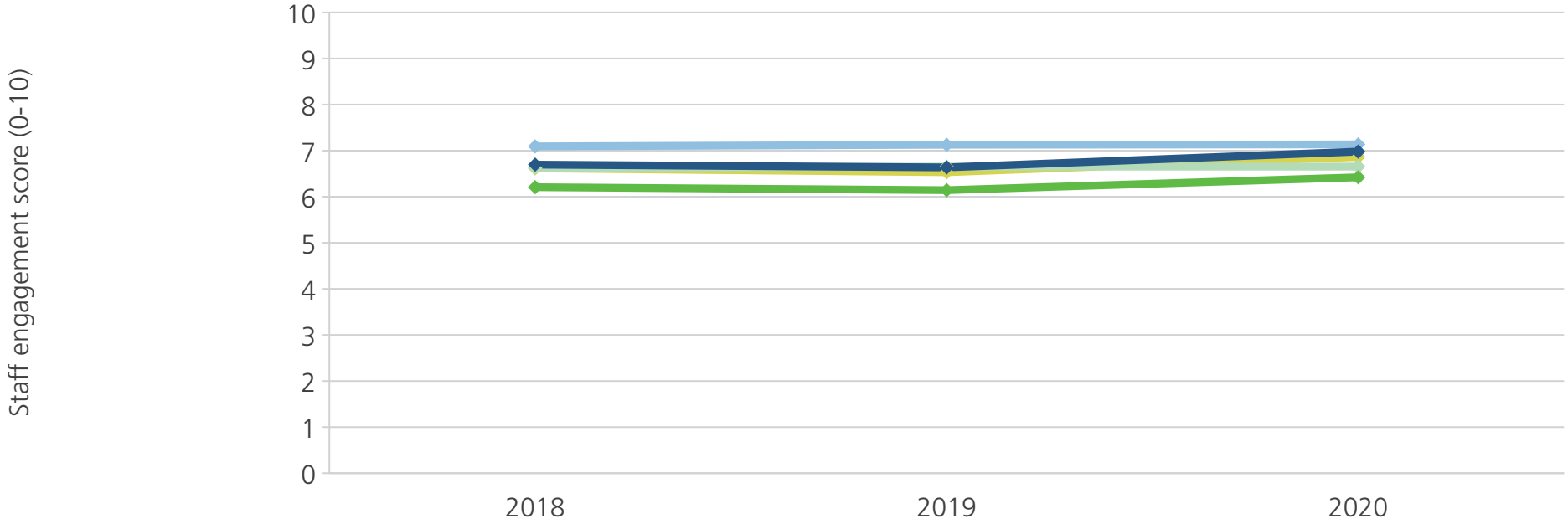
Staff with a LTC or illness: Responses	71	450	527
Staff without a LTC or illness: Responses	332	1,706	1,784

Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	72.7%	66.5%	77.3%
Staff with a LTC or illness: Average	73.1%	73.4%	75.5%
Staff with a LTC or illness: Responses	33	269	286

Average calculated as the median for the benchmark group



	2018	2019	2020
Organisation average	6.6	6.5	6.9
Staff with a LTC or illness: Your org	6.2	6.1	6.4
Staff without a LTC or illness: Your org	6.7	6.6	7.0
Staff with a LTC or illness: Average	6.6	6.7	6.7
Staff without a LTC or illness: Average	7.1	7.1	7.1

Organisation Responses	412	2,249	2,450
Staff with a LTC or illness: Responses	71	453	529
Staff without a LTC or illness: Responses	333	1,710	1,788

Average calculated as the median for the benchmark group

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NHS England

Appendices

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results

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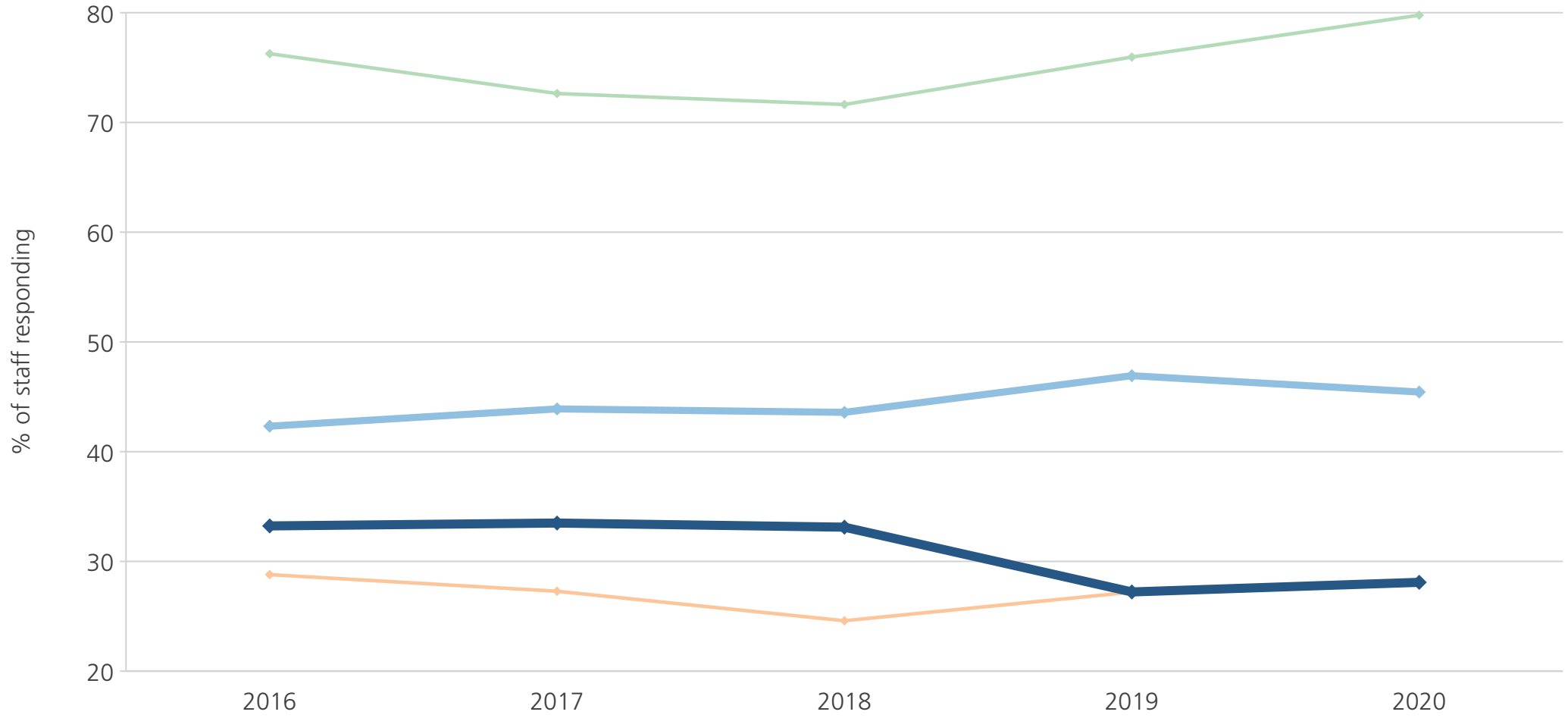
Appendix A: Response rate

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results



Best	76.3%	72.6%	71.6%	76.0%	79.8%
Your org	33.2%	33.5%	33.1%	27.2%	28.1%
Median	42.3%	43.9%	43.6%	46.9%	45.4%
Worst	28.8%	27.3%	24.6%	27.2%	28.1%

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NHS England

Appendix B: Significance testing - 2019 v 2020 theme results

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2020 score is significantly higher than last year's, whereas ↓ indicates that the 2020 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.2**	2226	**9.2**	2401	Not significant
Health & wellbeing	**5.2**	2243	**5.6**	2448	↑
Immediate managers †	**6.5**	2248	**6.7**	2447	↑
Morale	**5.7**	2236	**6.1**	2446	↑
Quality of care	**7.1**	2015	**7.4**	2135	↑
Safe environment - Bullying & harassment	**8.1**	2222	**8.2**	2443	Not significant
Safe environment - Violence	**9.5**	2226	**9.6**	2441	↑
Safety culture	**6.2**	2232	**6.7**	2445	↑
Staff engagement	**6.5**	2249	**6.9**	2450	↑
Team working	**6.2**	2227	**6.3**	2425	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the technical document.

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NHS England

Appendix C: Tips on using your benchmark report

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results

Survey Coordination Centre

Data in the benchmark reports

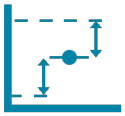
NHS England

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users transitioning from the previous version of the benchmark report and those who are new to the Staff Survey.

Key points to note

- The themes cover ten areas of staff experience and present results in these areas in a clear and consistent way. All of the ten themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together.

- A key feature of the reports is that they **provide organisations with up to 5 years of trend data** across theme **and** question results. Trend data provides a much **more reliable indication of whether the most recent results represent a change from the norm** for an organisation than comparing the most recent results to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons were drawn solely between the current and previous year.



- **Question results are benchmarked** so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

1. Reviewing theme results

When analysing theme results, it is easiest to start with the **theme overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

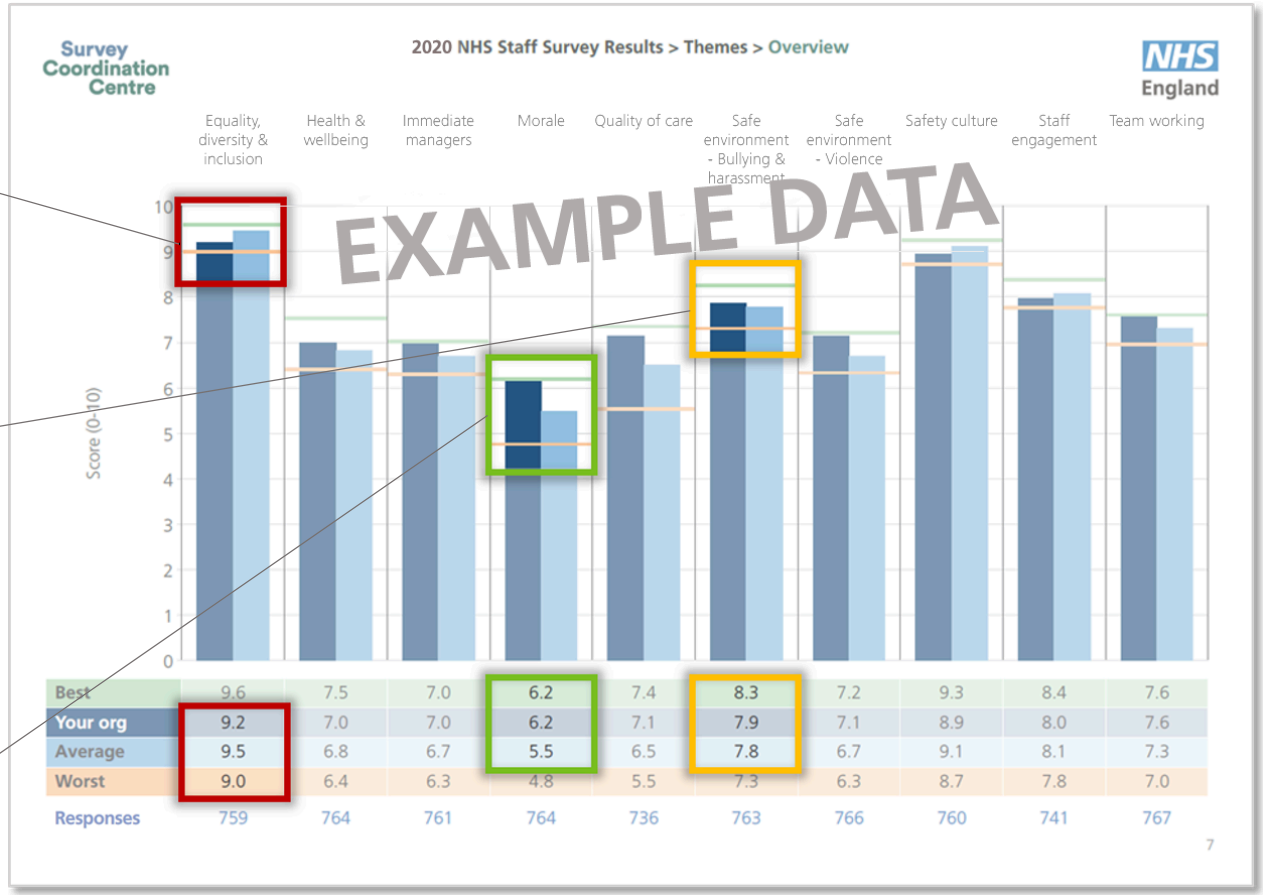
It is important to **consider each theme result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.



Only one example is highlighted for each point

- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.

2. Reviewing theme results in more detail

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

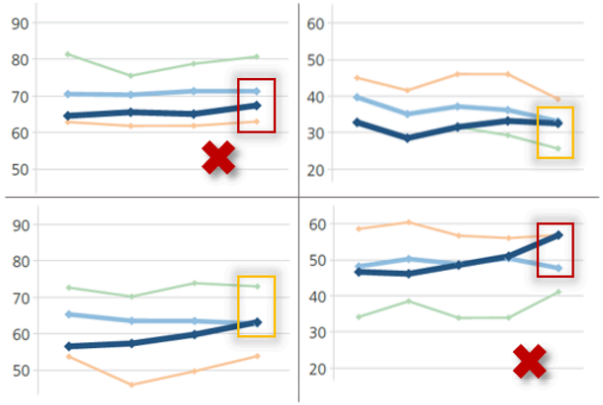
	2016	2017	2018	2019	2020
Best	6.3	6.5	6.3	6.3	6.2
Your org	5.7	5.8	5.8	6.0	6.2
Average	5.8	5.7	5.8	5.6	5.5
Worst	4.7	4.8	4.4	4.8	4.8
No. responses	344	803	668	738	764

Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review questions feeding into the themes

In order to understand exactly which factors are driving your organisation's theme score, you should review the questions feeding into the theme. The **'Detailed information'** section contains the questions contributing to each theme, grouped together, thus they can be reviewed easily without the need to search through the 'Question results' section. By comparing 'Your org' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores for each question, the **questions which are driving your organisation's theme results can be identified**.

For themes where results need improvement, action plans can be formulated to **focus on the areas where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



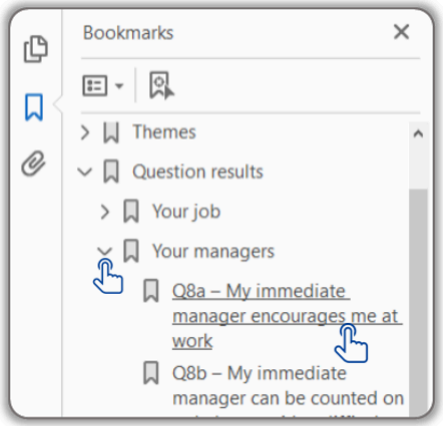
✖ = Negative driver, org result falls between average & worst benchmarking group result for question

3. Reviewing question results

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 180 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data. It is worth noting that a PDF summary report is also available. This presents the same data as this main benchmark report, but does not include the detailed question level reporting.

Identifying questions of interest

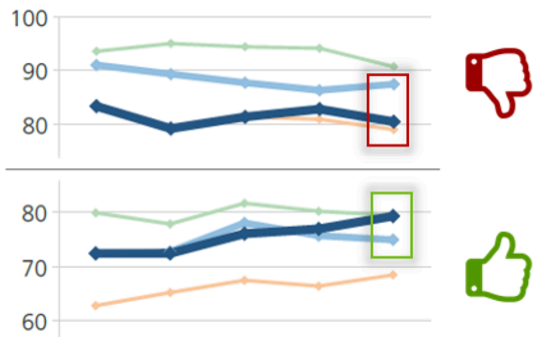
Use the bookmarks bar to navigate directly to questions of interest



- **Pre-defined questions of interest – key questions for your organisation**
  - Most organisations will have questions which have traditionally been a focus for them. Questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can now be assessed on the backdrop of benchmark and historical trend data.
  - **Note:** The bookmarks bar allows for easy navigation through the report, allowing subsections of the report to be folded, for quick access to questions through hyperlinks.

- **Identifying questions of interest based on the results in this report**

  The methods recommended to review your theme results can also be applied to pick out question level results of interest. However, **unlike themes where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- [To identify areas of concern]: look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- [When looking for positive outcomes]: search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

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NHS England

Appendix D: Additional reporting outputs

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results

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Additional reporting outputs

NHS England

Below are links to other key reporting outputs which complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents

Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, theme, historical comparability of organisations and questions in the survey.

Other local results

Benchmark summary reports: A PDF summary version of this benchmark report, that produces the same data, but does not include the detailed question level reporting.

Local Breakdowns: Dashboards containing results for each organisation broken down by demographic characteristics. Data is available for up to five years where possible.

Directorate Reports: Reports containing theme results split by directorate (locality) for South Tees Hospitals NHS Foundation Trust.

National results

National Trend Data and **National Breakdowns**: Dashboards containing national results – data available for five years where possible.

National Free Text report: A PDF report will be available from April 2021 that highlights the themes, subthemes and sentiment scores of the free text comments from questions 21a and 21b.

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NHS England

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey

Summary Benchmark Report

Organisation details

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey

Organisation details

Completed questionnaires **2,452**

2020 response rate **28%**

See response rate trend for the last 5 years

Survey details

Survey mode **Mixed**

Sample type **Census**

This organisation is benchmarked against:

Acute and Acute & Community Trusts

2020 benchmarking group details

Organisations in group: **128**

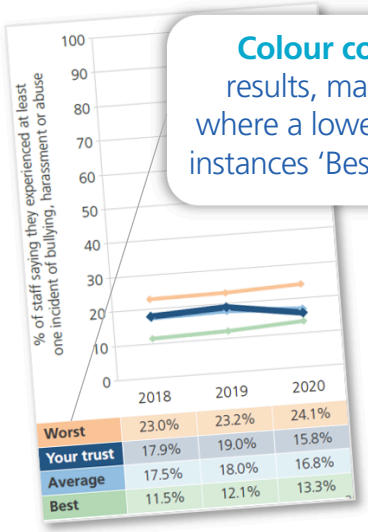
Median response rate: **45%**

No. of completed questionnaires: **402,201**

Key features

Question number and text (or the theme) specified at the top of each slide

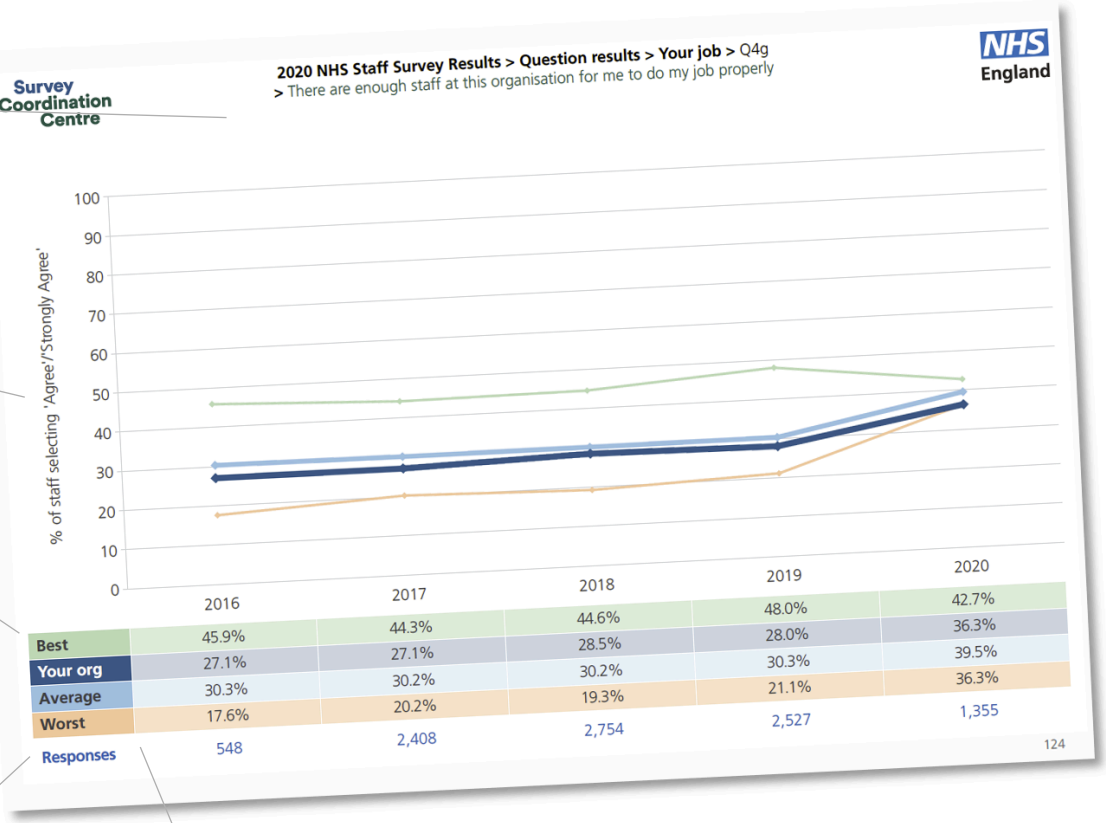
Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Themes are always on a 0-10pt scale where 10 is the best score attainable



Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table

Keep an eye out!

Number of responses for the organisation for the given question



'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results**

Full details on how the scores are calculated are provided in the **Technical Document**, under the Supporting Documents section of our results page

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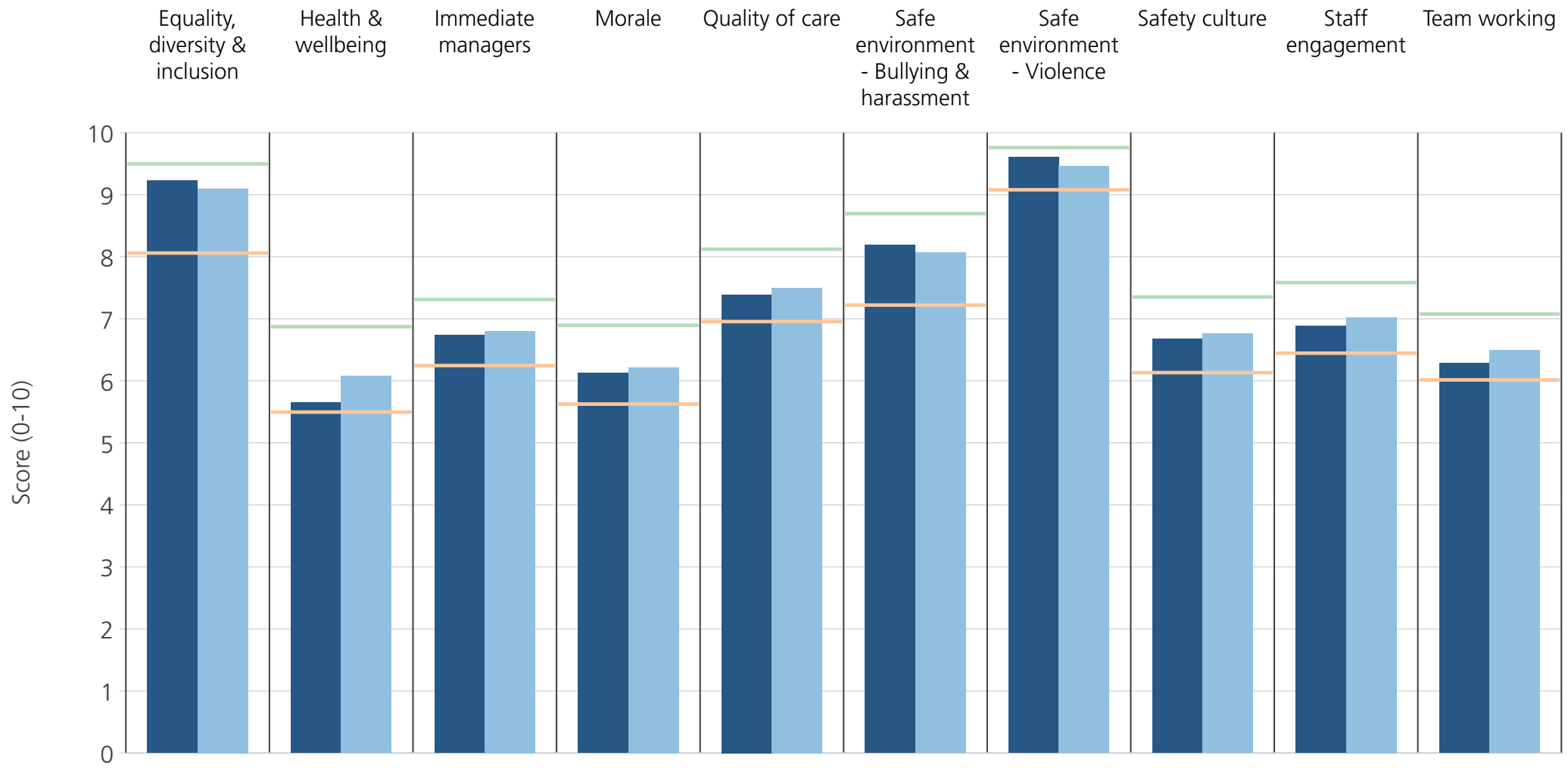
NHS England

Theme results

The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in the charts are comparable for this theme, however these figures are not directly comparable to the results reported in previous years. For more details please see the technical document.

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	9.2	5.6	6.7	6.1	7.4	8.2	9.6	6.7	6.9	6.3
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	2,401	2,448	2,447	2,446	2,135	2,443	2,441	2,445	2,450	2,425

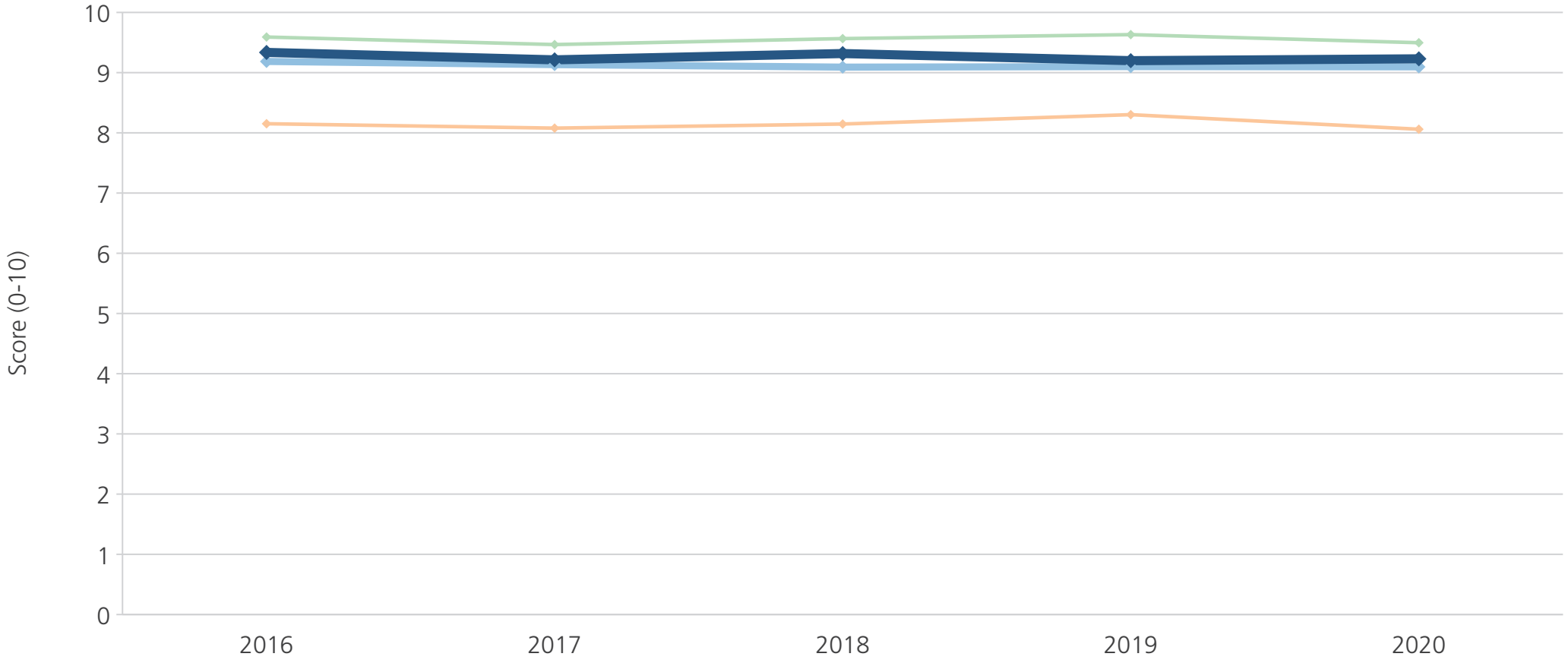
Survey Coordination Centre

NHS England

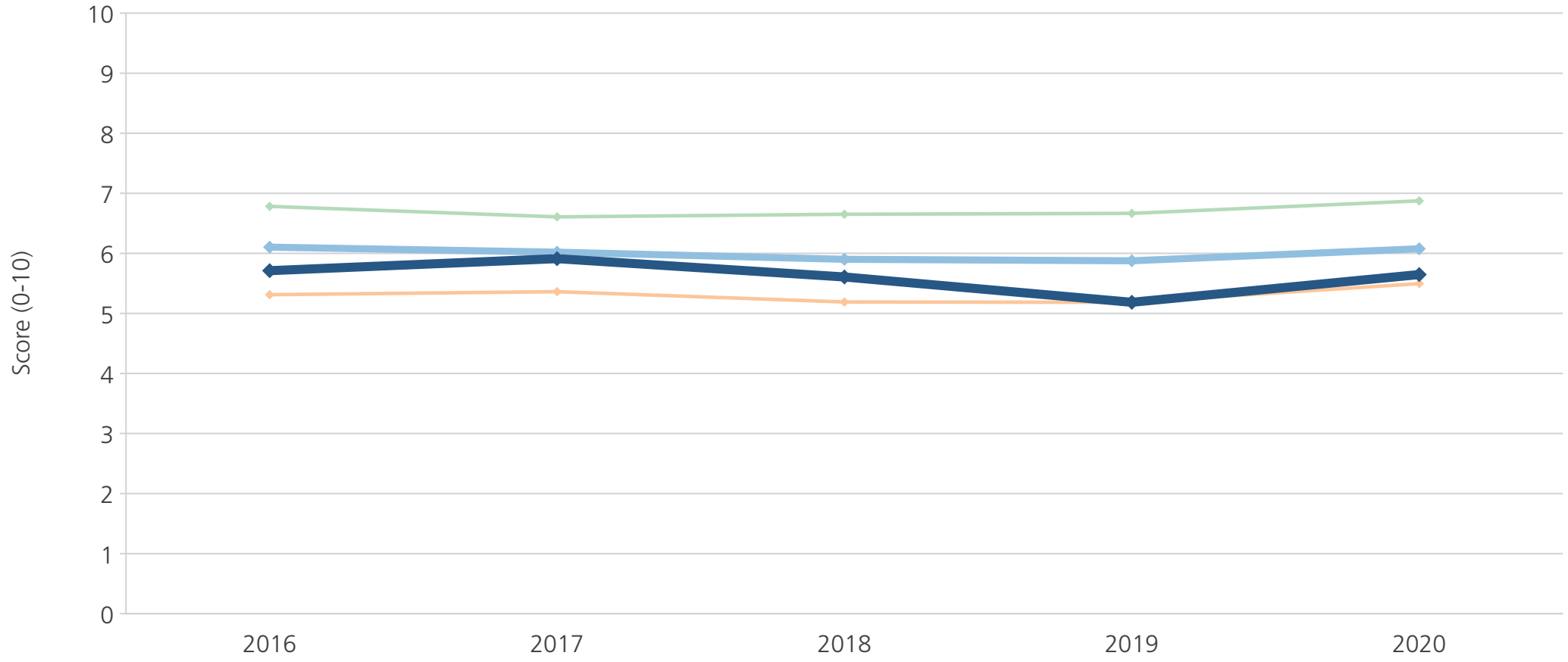
Theme results – Trends

South Tees Hospitals NHS Foundation Trust

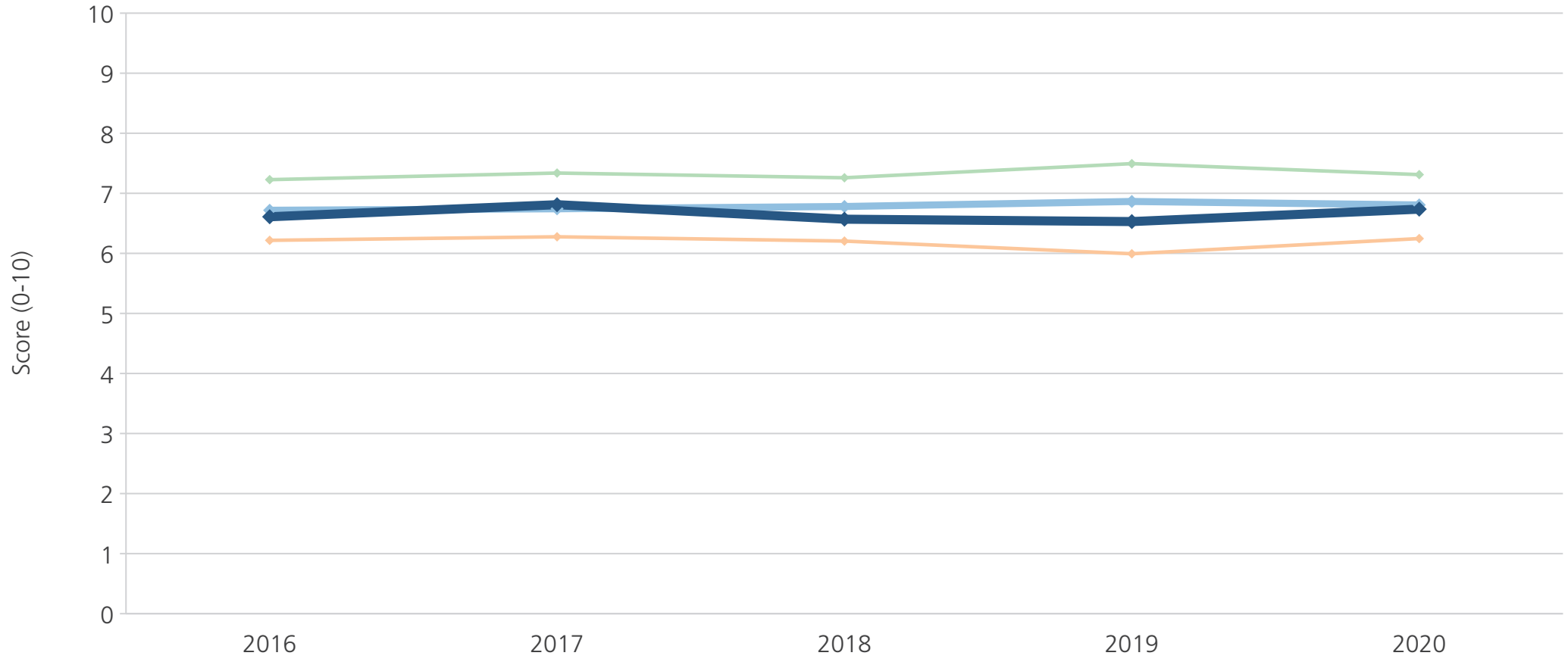
2020 NHS Staff Survey Results



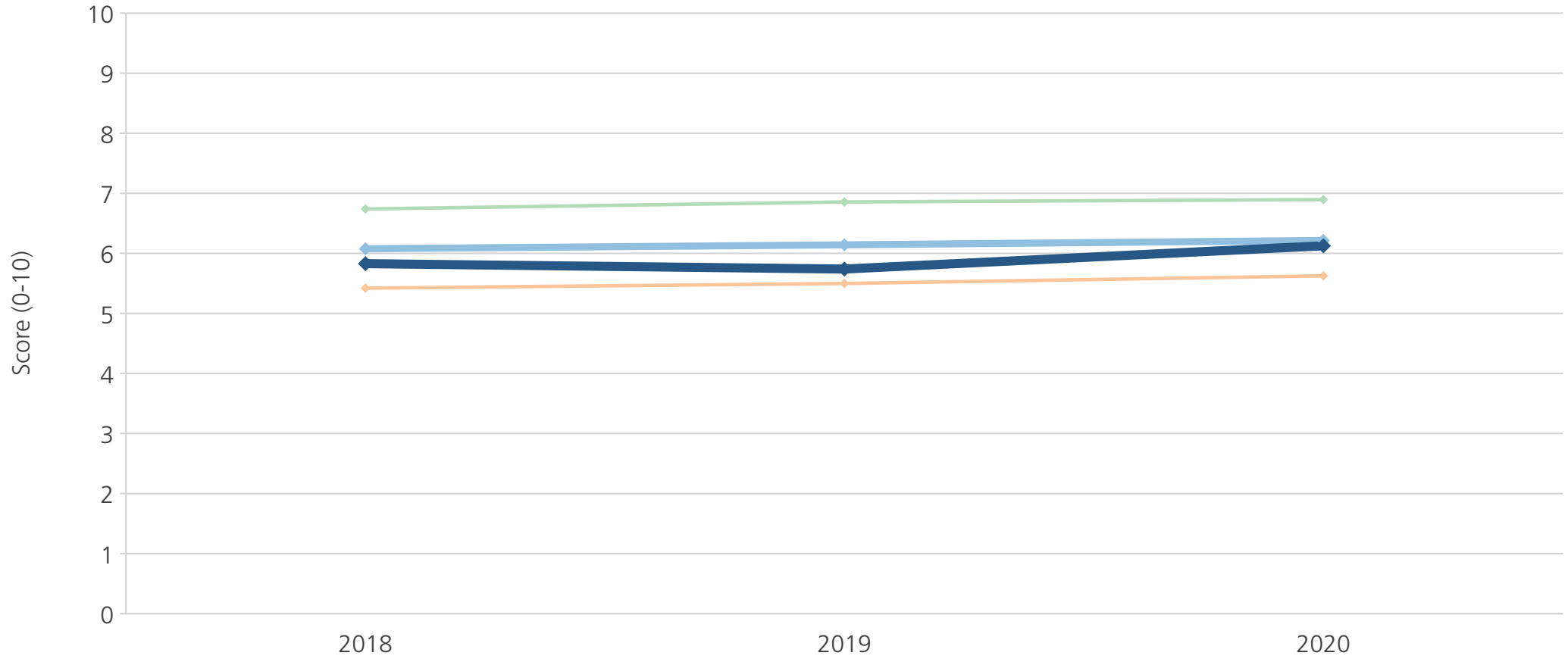
	2016	2017	2018	2019	2020
Best	9.6	9.5	9.6	9.6	9.5
Your org	9.3	9.2	9.3	9.2	9.2
Average	9.2	9.1	9.1	9.1	9.1
Worst	8.2	8.1	8.1	8.3	8.1
Responses	2,682	410	407	2,226	2,401



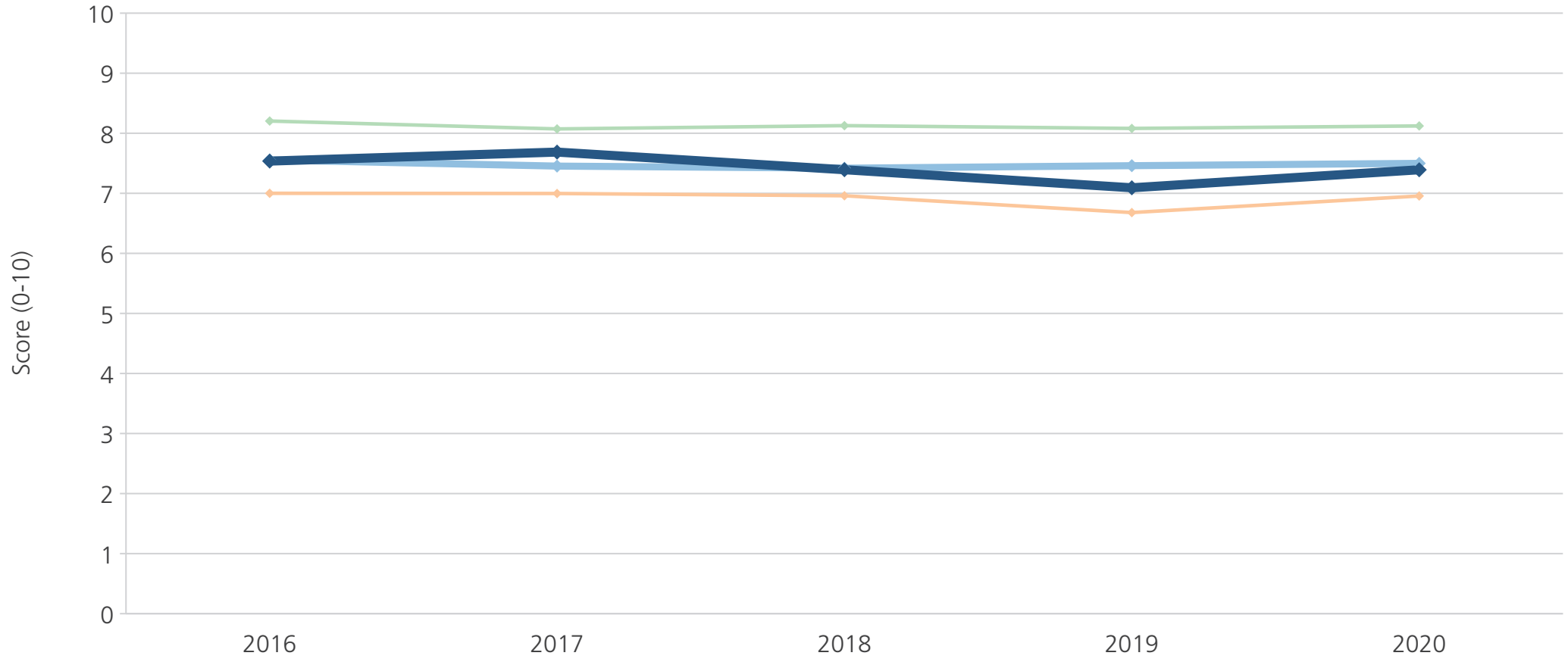
	2016	2017	2018	2019	2020
Best	6.8	6.6	6.7	6.7	6.9
Your org	5.7	5.9	5.6	5.2	5.6
Average	6.1	6.0	5.9	5.9	6.1
Worst	5.3	5.4	5.2	5.2	5.5
Responses	2,720	414	411	2,243	2,448



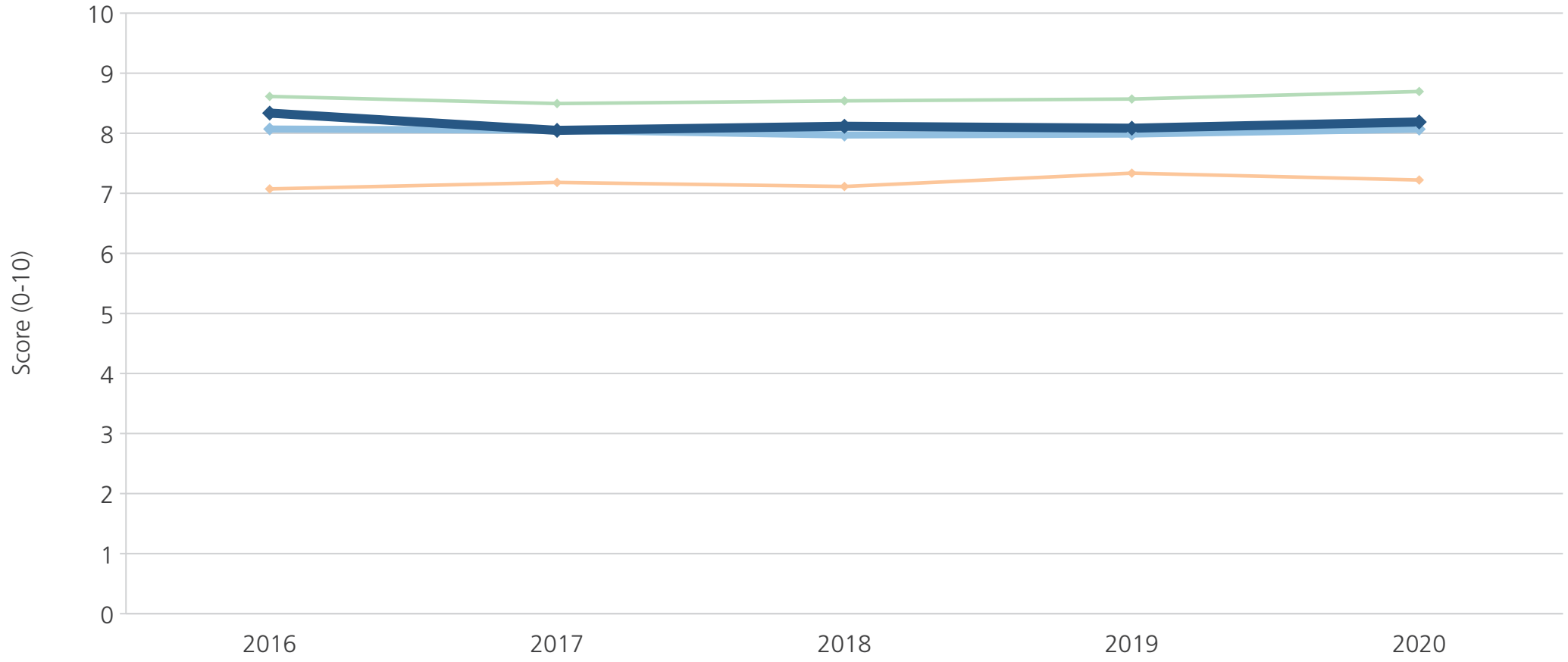
	2016	2017	2018	2019	2020
Best	7.2	7.3	7.3	7.5	7.3
Your org	6.6	6.8	6.6	6.5	6.7
Average	6.7	6.7	6.8	6.9	6.8
Worst	6.2	6.3	6.2	6.0	6.2
Responses	2,712	413	409	2,248	2,447



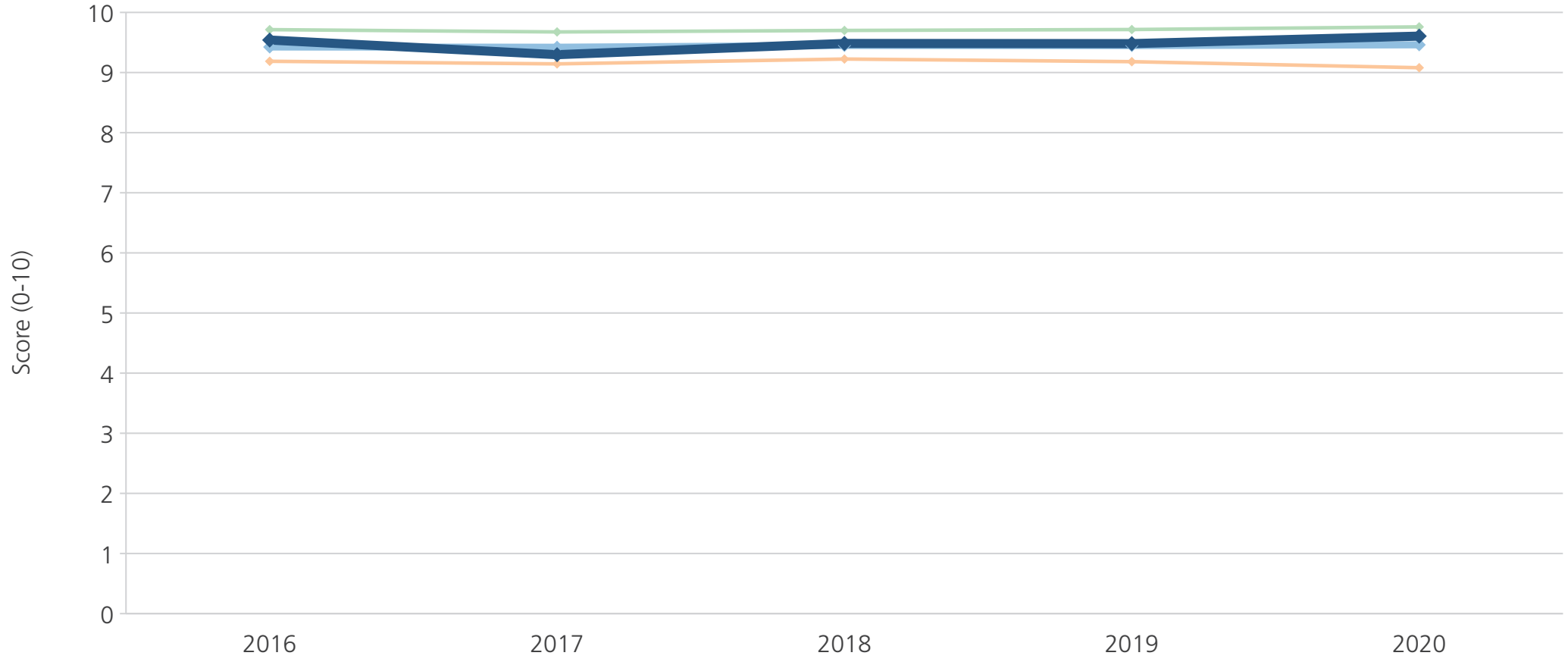
	2018	2019	2020
Best	6.7	6.9	6.9
Your org	5.8	5.7	6.1
Average	6.1	6.1	6.2
Worst	5.4	5.5	5.6
Responses	406	2,236	2,446



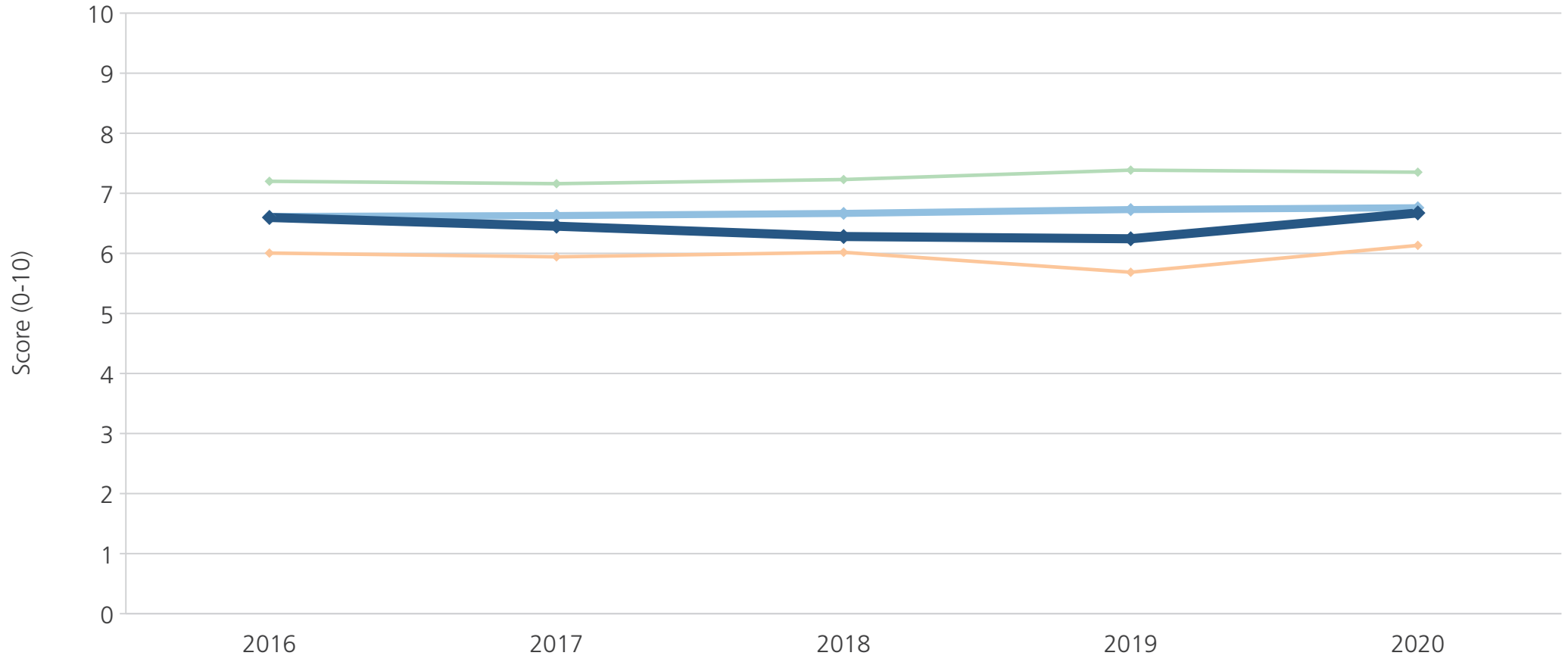
	2016	2017	2018	2019	2020
Best	8.2	8.1	8.1	8.1	8.1
Your org	7.5	7.7	7.4	7.1	7.4
Average	7.6	7.5	7.4	7.5	7.5
Worst	7.0	7.0	7.0	6.7	7.0
Responses	2,364	355	367	2,015	2,135



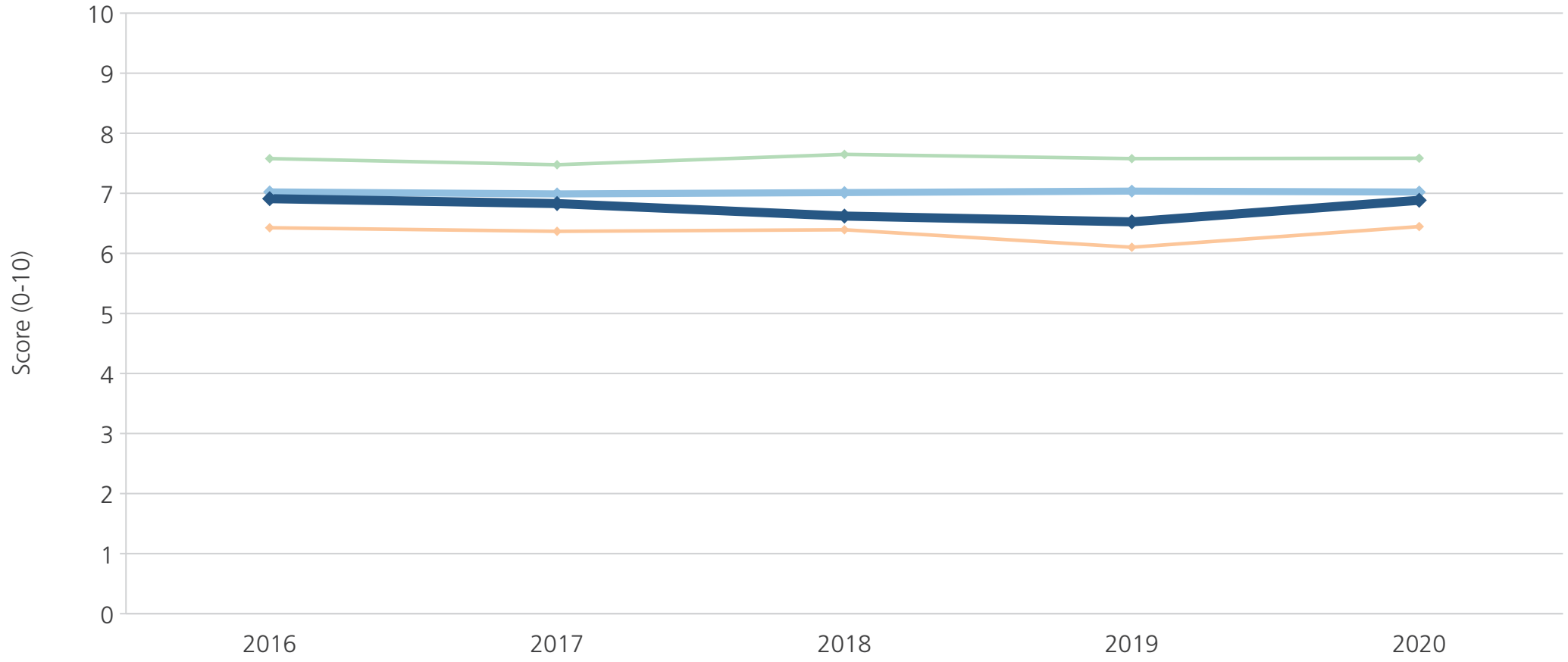
	2016	2017	2018	2019	2020
Best	8.6	8.5	8.5	8.6	8.7
Your org	8.3	8.0	8.1	8.1	8.2
Average	8.1	8.0	8.0	8.0	8.1
Worst	7.1	7.2	7.1	7.3	7.2
Responses	2,666	410	407	2,222	2,443



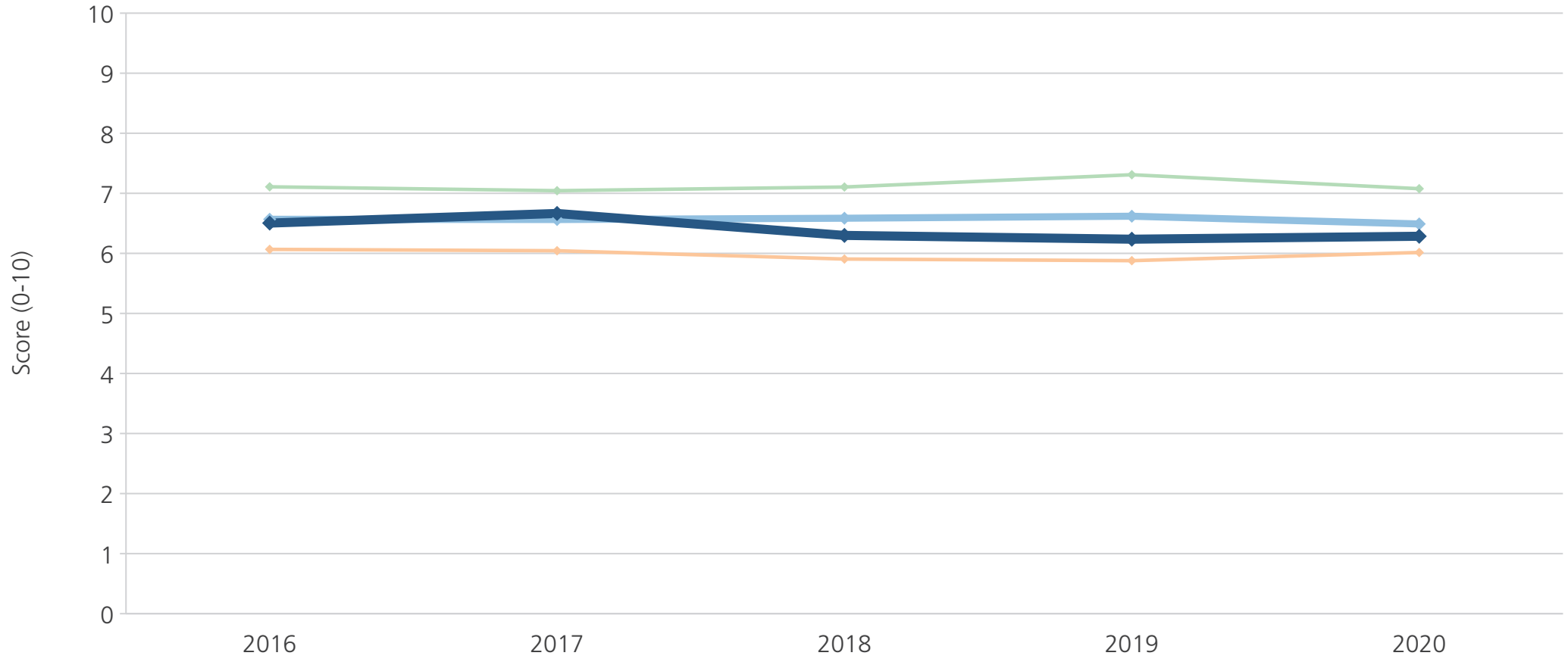
	2016	2017	2018	2019	2020
Best	9.7	9.7	9.7	9.7	9.8
Your org	9.5	9.3	9.5	9.5	9.6
Average	9.4	9.4	9.4	9.4	9.5
Worst	9.2	9.1	9.2	9.2	9.1
Responses	2,670	412	406	2,226	2,441



	2016	2017	2018	2019	2020
Best	7.2	7.2	7.2	7.4	7.4
Your org	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
Responses	2,703	413	407	2,232	2,445



	2016	2017	2018	2019	2020
Best	7.6	7.5	7.6	7.6	7.6
Your org	6.9	6.8	6.6	6.5	6.9
Average	7.0	7.0	7.0	7.0	7.0
Worst	6.4	6.4	6.4	6.1	6.4
Responses	2,754	414	412	2,249	2,450



	2016	2017	2018	2019	2020
Best	7.1	7.0	7.1	7.3	7.1
Your org	6.5	6.7	6.3	6.2	6.3
Average	6.6	6.6	6.6	6.6	6.5
Worst	6.1	6.0	5.9	5.9	6.0
Responses	2,720	408	406	2,227	2,425

Survey Coordination Centre

NHS England

Theme results – Covid-19 classification breakdowns

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results

Covid-19 classification breakdowns

Covid-19 questions

Staff were asked four classification questions relating to their experience during the Covid-19 pandemic:

a.	Have you worked on a Covid-19 specific ward or area at any time?		☐ Yes	☐ No
b.	Have you been redeployed due to the Covid-19 pandemic at any time?		☐ Yes	☐ No
c.	Have you been required to work remotely/from home due to the Covid-19 pandemic?		☐ Yes	☐ No
d.	Have you been shielding?	☐ Yes, for myself ☐ Yes, for a member of my household		☐ No

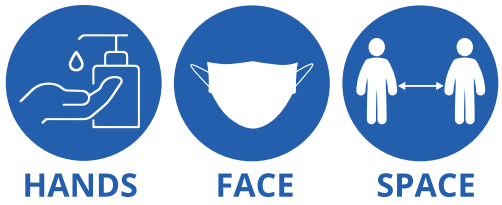
The charts on the following pages show the breakdown of theme scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of the highest, average and lowest scores for similar organisations.

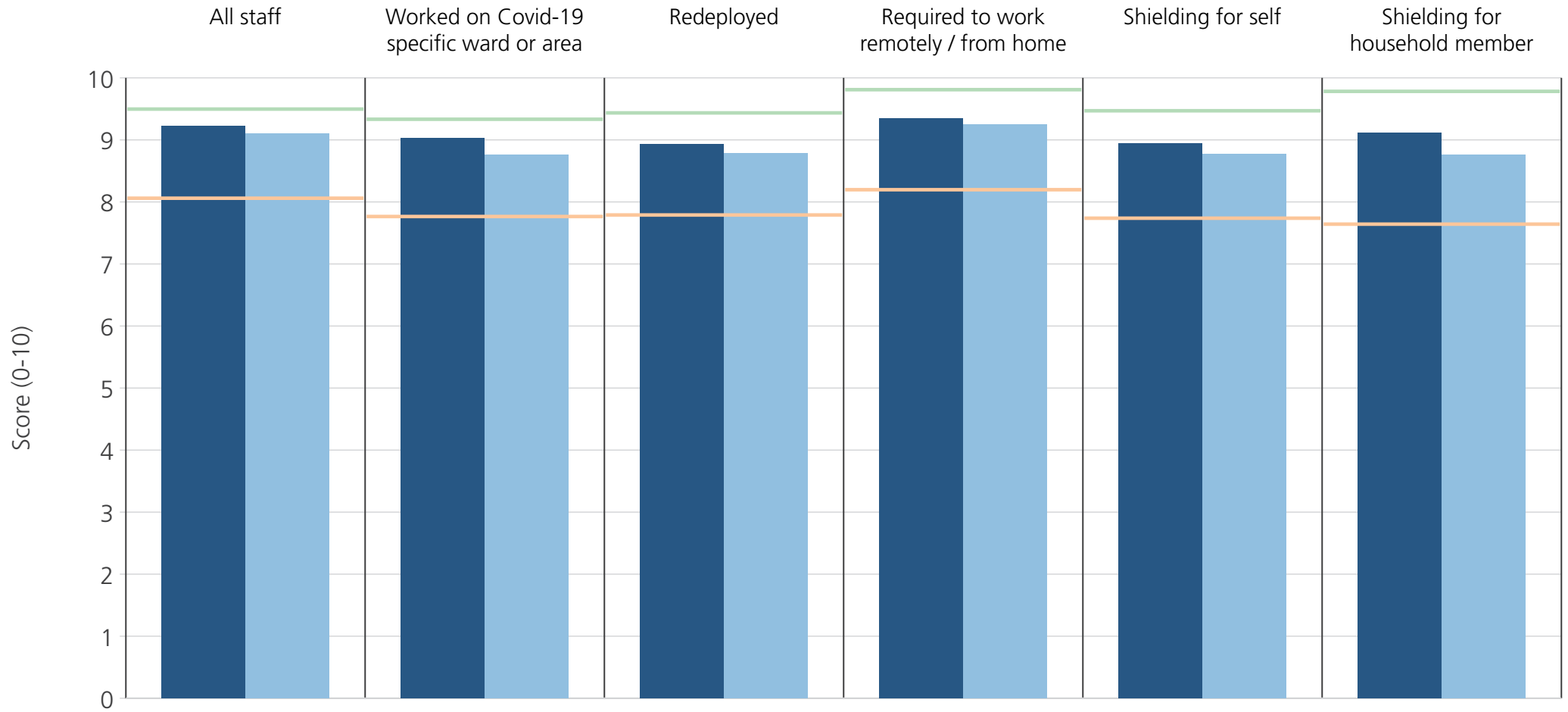
Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of results. As such, a degree of caution is advised when interpreting your results.

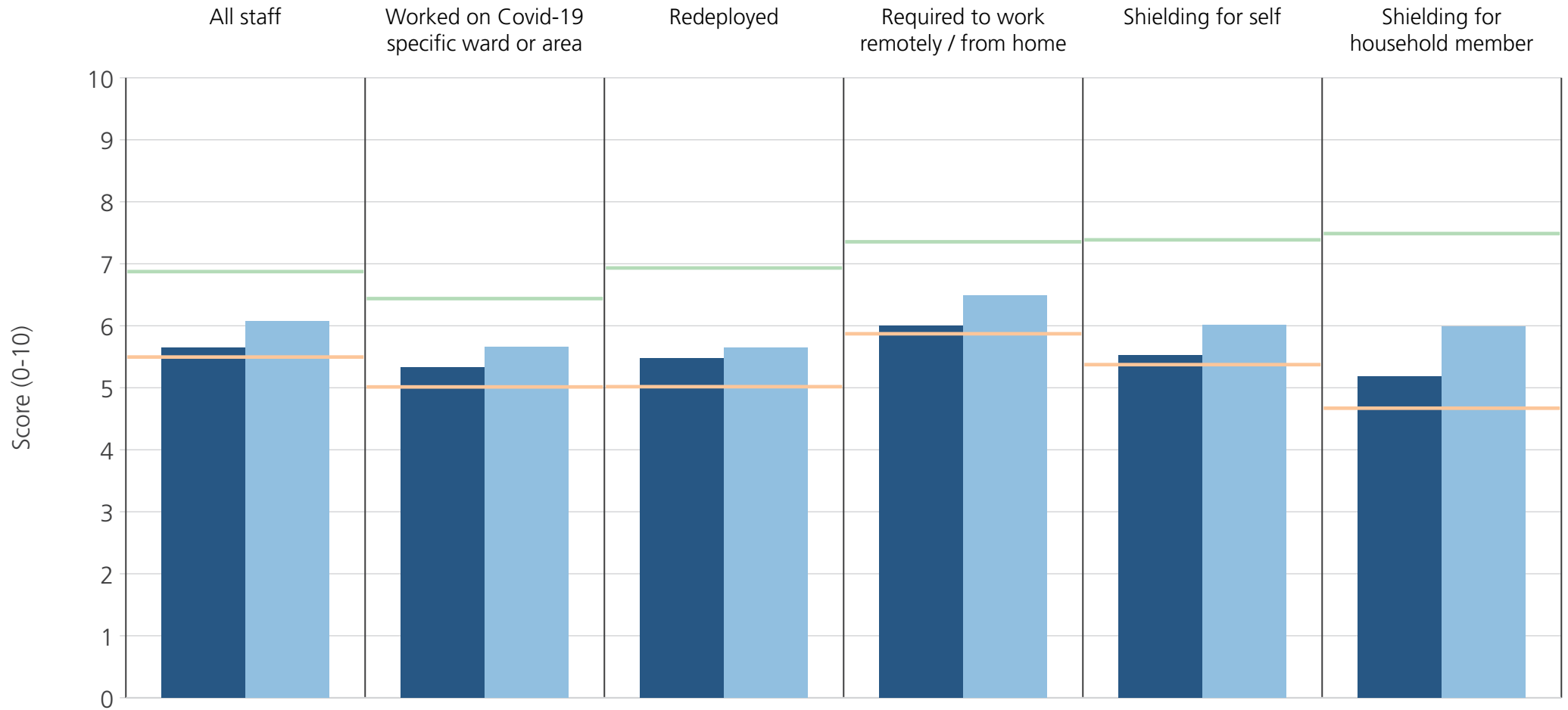
Further information

Results for these groups of staff, including data for individual questions, are also available via the online dashboards. Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.

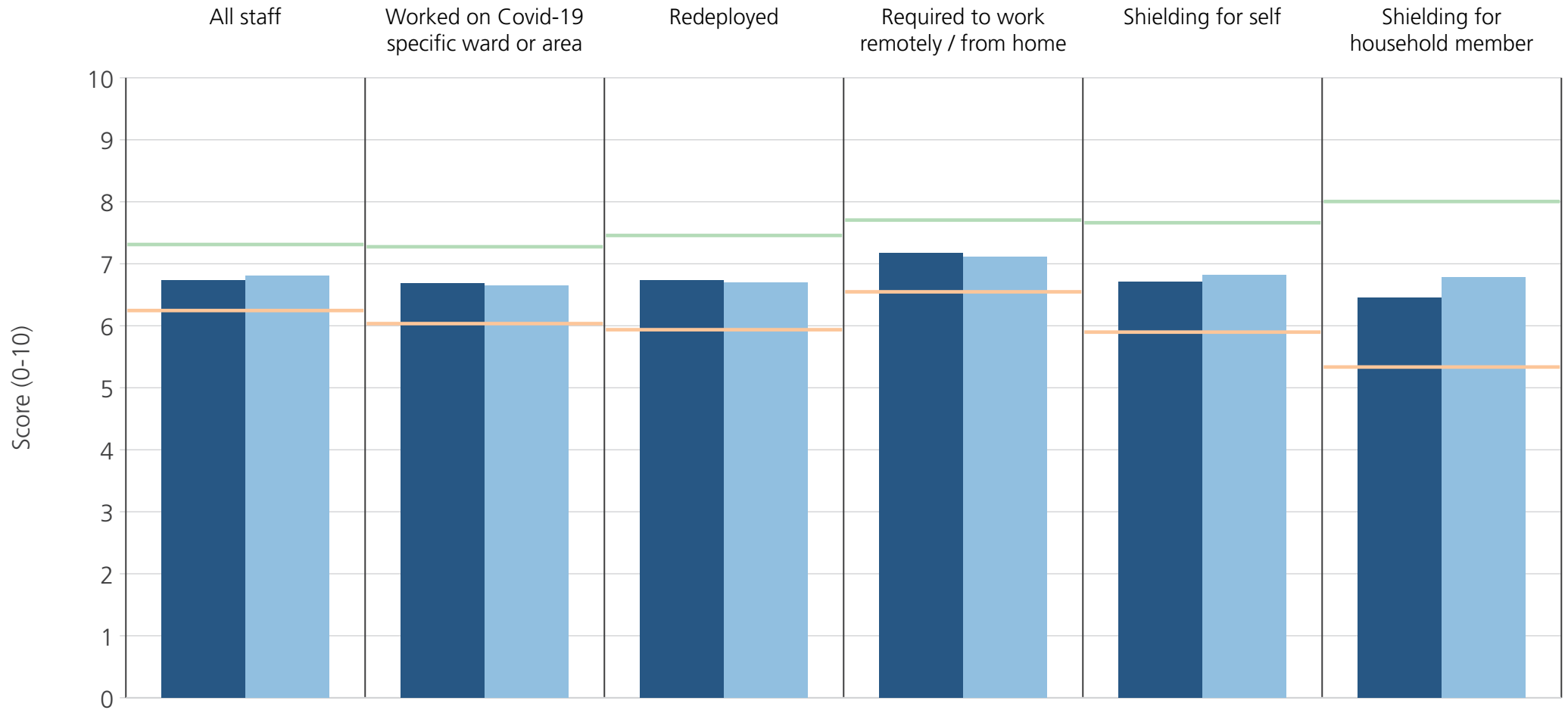




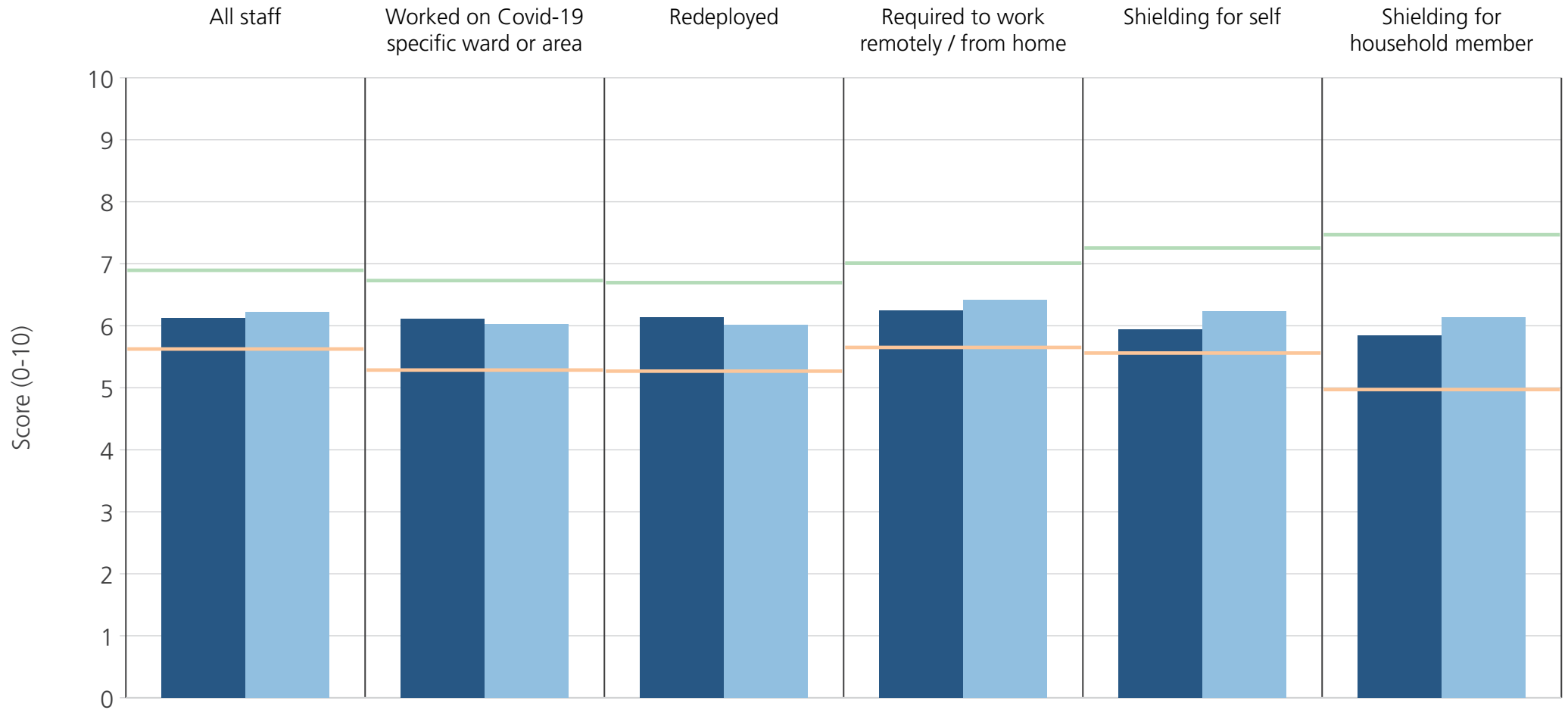
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	9.5	9.3	9.4	9.8	9.5	9.8
Your org	9.2	9.0	8.9	9.3	8.9	9.1
Average	9.1	8.8	8.8	9.2	8.8	8.8
Lowest	8.1	7.8	7.8	8.2	7.7	7.6
Responses	2,401	790	543	560	155	59



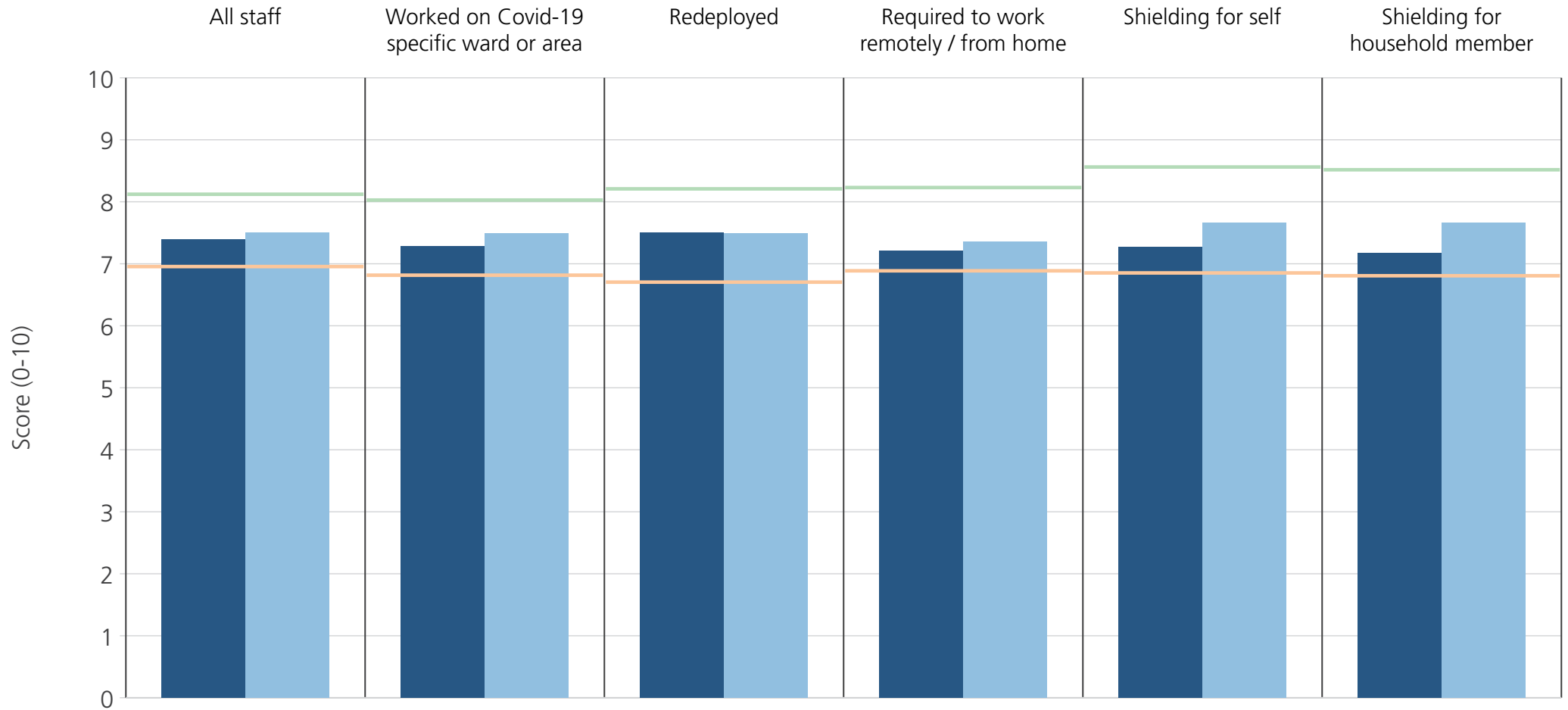
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	6.9	6.4	6.9	7.4	7.4	7.5
Your org	5.6	5.3	5.5	6.0	5.5	5.2
Average	6.1	5.7	5.6	6.5	6.0	6.0
Lowest	5.5	5.0	5.0	5.9	5.4	4.7
Responses	2,448	801	554	573	158	62



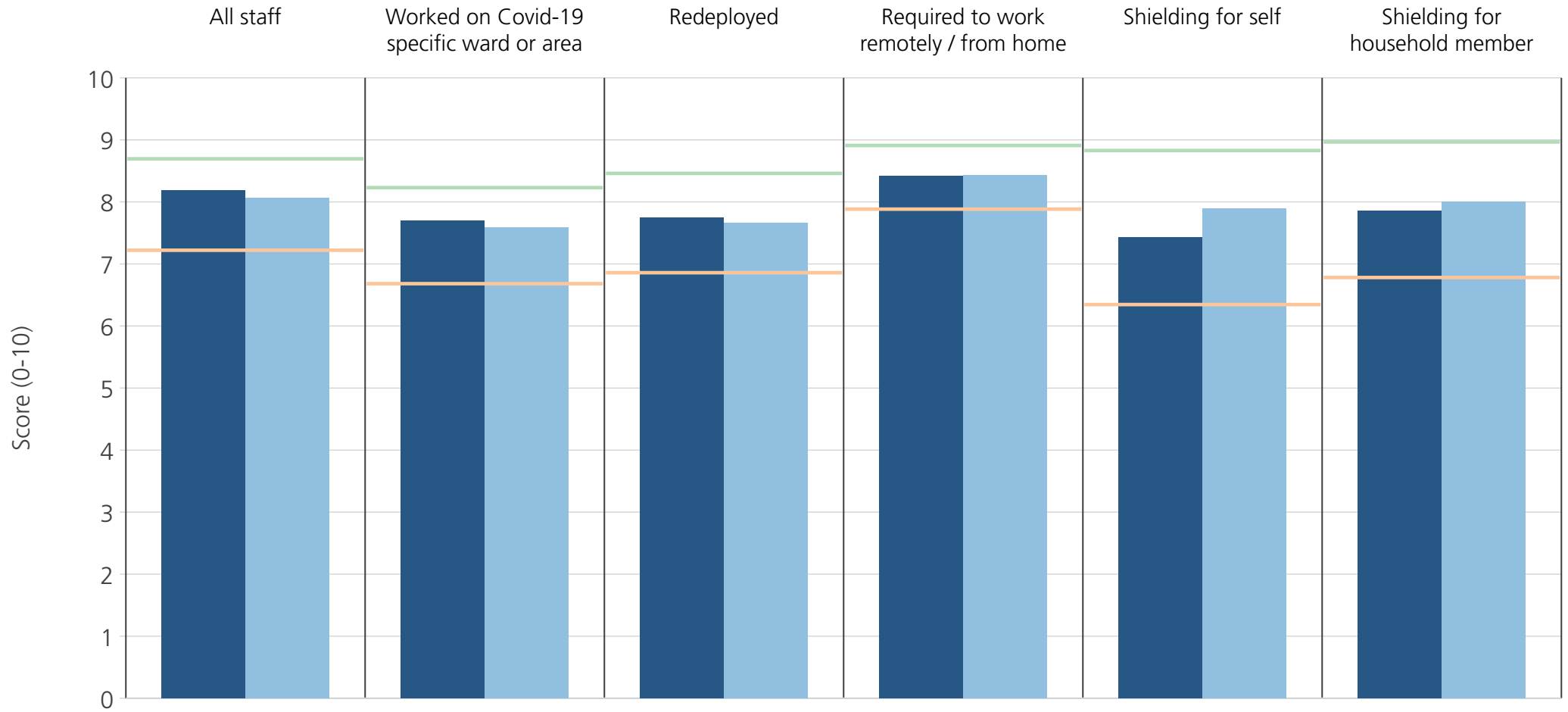
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	7.3	7.3	7.5	7.7	7.7	8.0
Your org	6.7	6.7	6.7	7.2	6.7	6.4
Average	6.8	6.7	6.7	7.1	6.8	6.8
Lowest	6.2	6.0	5.9	6.5	5.9	5.3
Responses	2,447	801	554	572	158	62



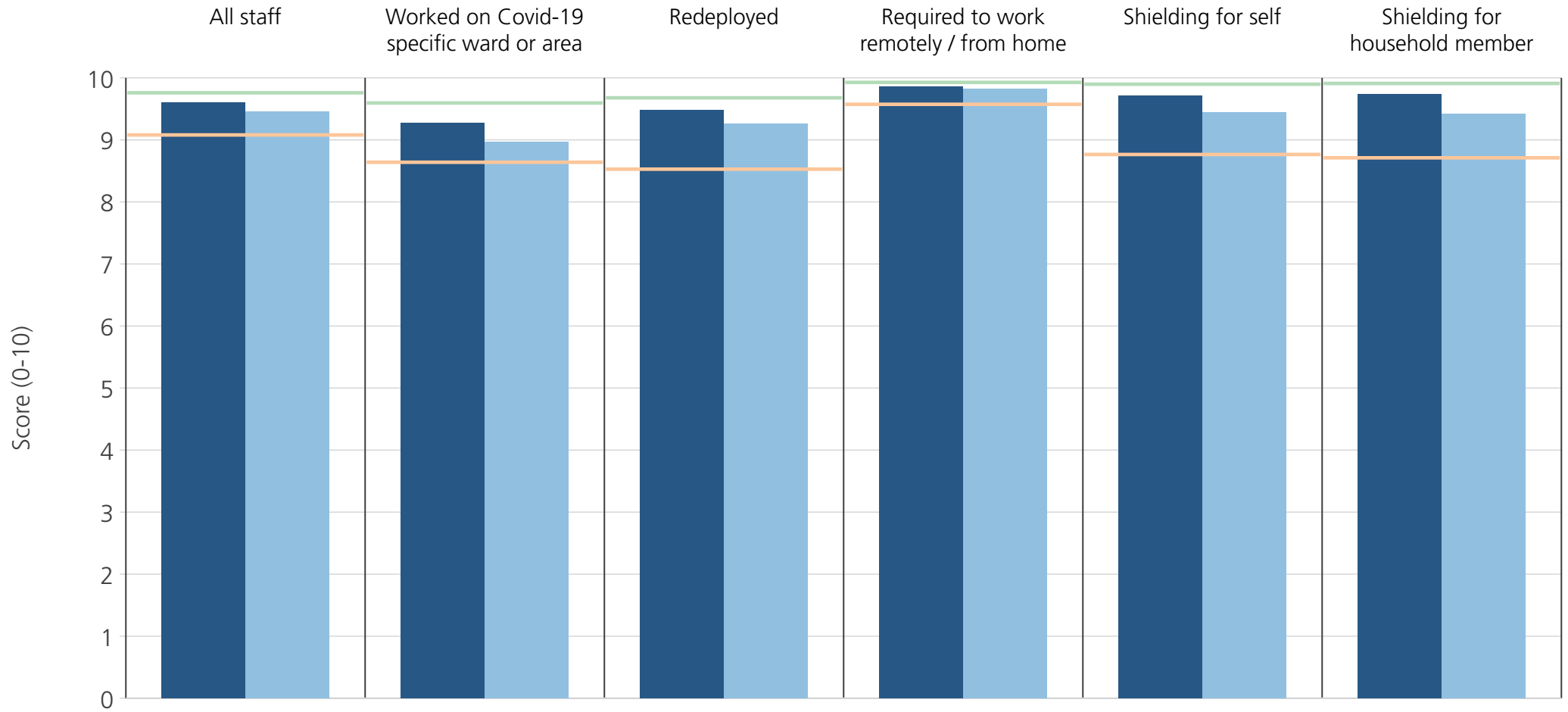
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	6.9	6.7	6.7	7.0	7.3	7.5
Your org	6.1	6.1	6.1	6.2	5.9	5.8
Average	6.2	6.0	6.0	6.4	6.2	6.1
Lowest	5.6	5.3	5.3	5.7	5.6	5.0
Responses	2,446	802	553	572	158	62



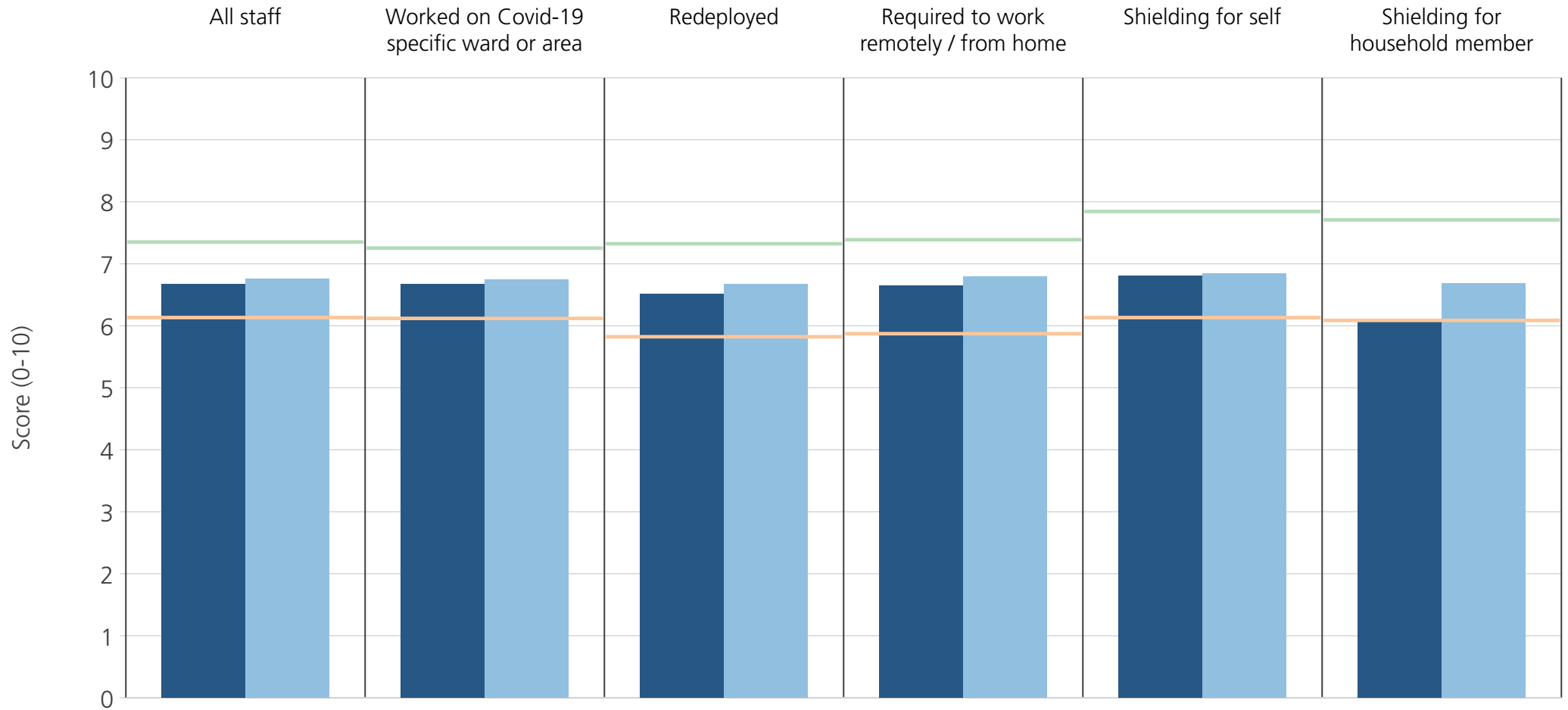
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	8.1	8.0	8.2	8.2	8.6	8.5
Your org	7.4	7.3	7.5	7.2	7.3	7.2
Average	7.5	7.5	7.5	7.4	7.7	7.7
Lowest	7.0	6.8	6.7	6.9	6.9	6.8
Responses	2,135	764	528	463	130	48



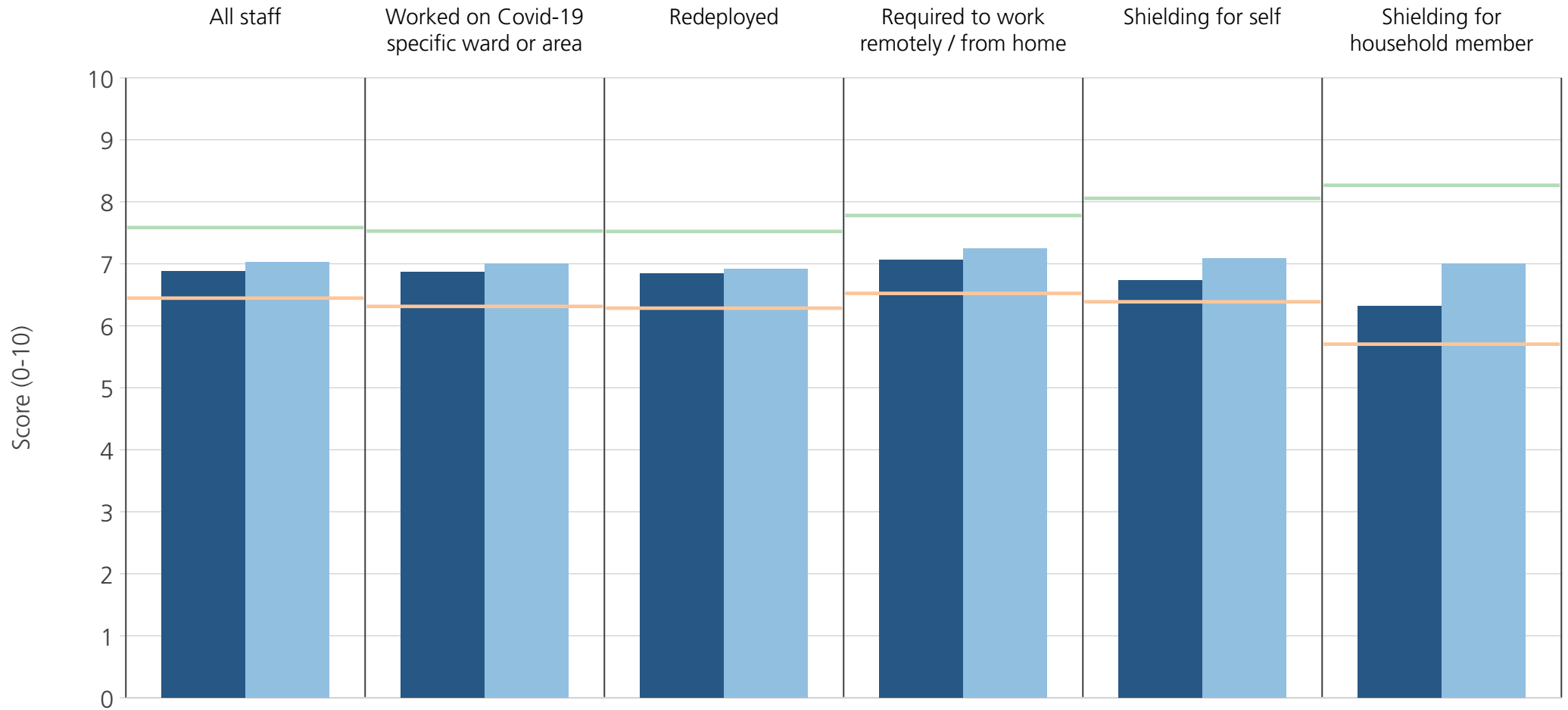
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	8.7	8.2	8.5	8.9	8.8	9.0
Your org	8.2	7.7	7.7	8.4	7.4	7.9
Average	8.1	7.6	7.7	8.4	7.9	8.0
Lowest	7.2	6.7	6.9	7.9	6.3	6.8
Responses	2,443	797	553	572	156	61



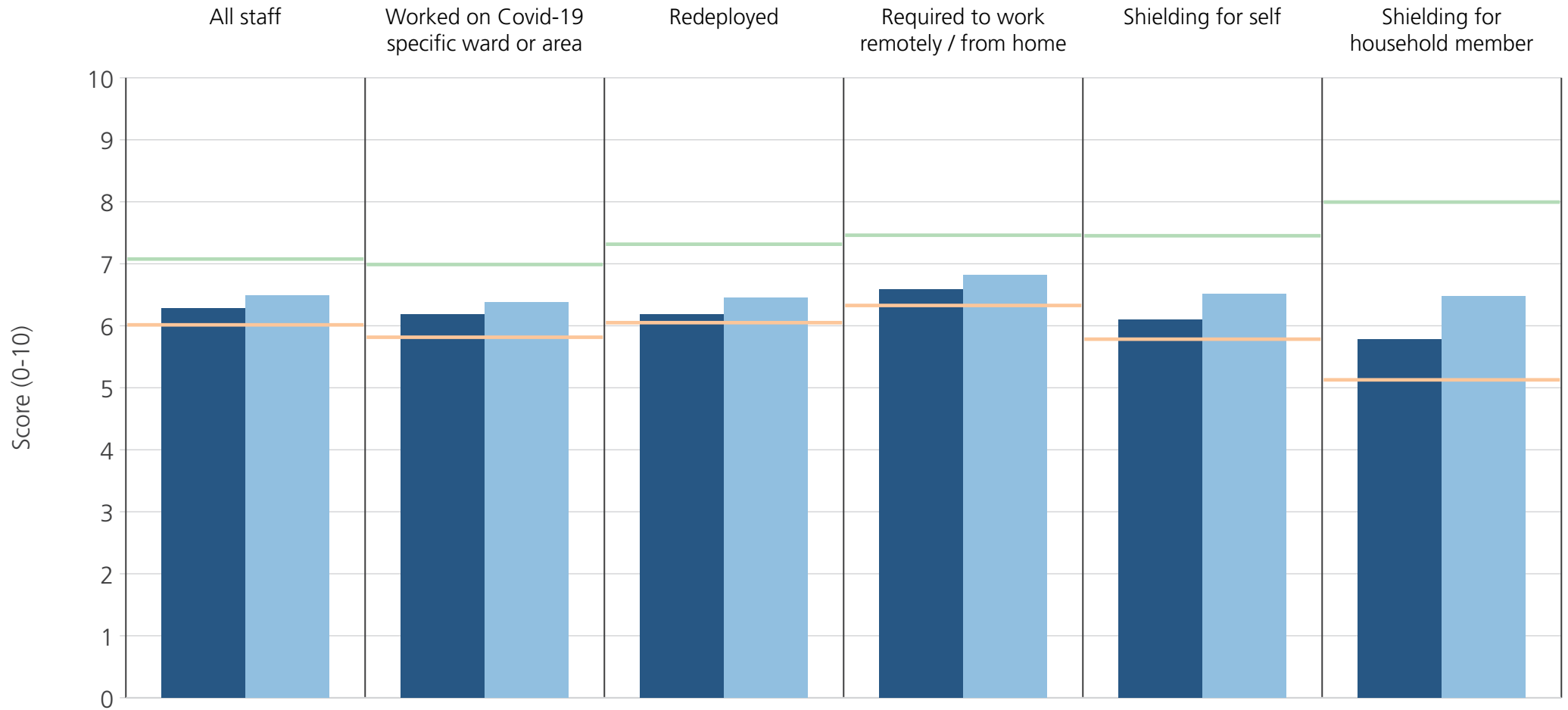
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	9.8	9.6	9.7	9.9	9.9	9.9
Your org	9.6	9.3	9.5	9.9	9.7	9.7
Average	9.5	9.0	9.3	9.8	9.4	9.4
Lowest	9.1	8.6	8.5	9.6	8.8	8.7
Responses	2,441	797	553	572	158	62



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	7.4	7.3	7.3	7.4	7.8	7.7
Your org	6.7	6.7	6.5	6.6	6.8	6.1
Average	6.8	6.7	6.7	6.8	6.8	6.7
Lowest	6.1	6.1	5.8	5.9	6.1	6.1
Responses	2,445	802	554	571	157	61



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	7.6	7.5	7.5	7.8	8.1	8.3
Your org	6.9	6.9	6.8	7.1	6.7	6.3
Average	7.0	7.0	6.9	7.2	7.1	7.0
Lowest	6.4	6.3	6.3	6.5	6.4	5.7
Responses	2,450	802	554	574	159	62



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	7.1	7.0	7.3	7.5	7.5	8.0
Your org	6.3	6.2	6.2	6.6	6.1	5.8
Average	6.5	6.4	6.5	6.8	6.5	6.5
Lowest	6.0	5.8	6.1	6.3	5.8	5.1
Responses	2,425	793	552	567	157	60

Survey Coordination Centre

NHS England

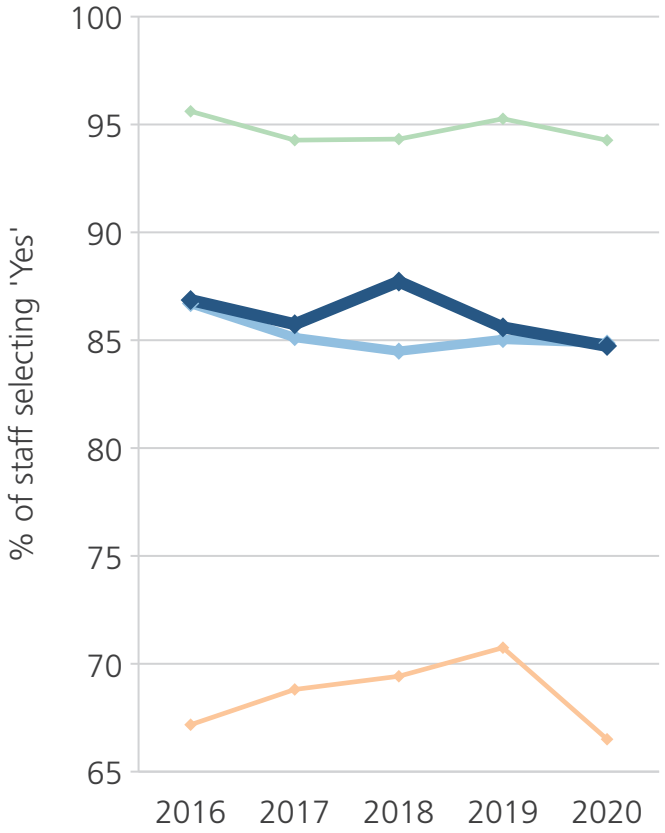
Theme results – Detailed information

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results

Q14

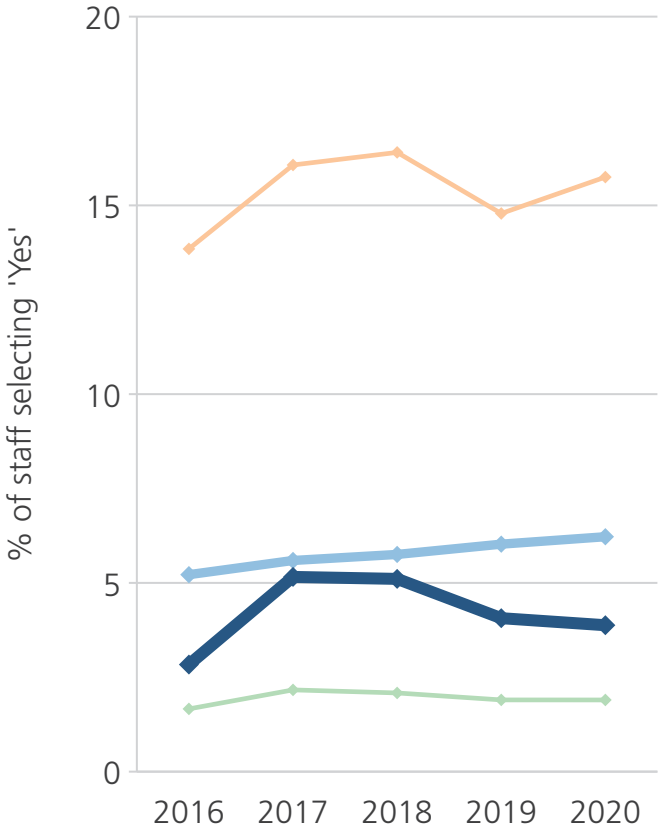
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2016	2017	2018	2019	2020
Best	95.6%	94.3%	94.3%	95.3%	94.3%
Your org	86.9%	85.7%	87.7%	85.6%	84.7%
Average	86.7%	85.1%	84.5%	85.0%	84.9%
Worst	67.2%	68.8%	69.4%	70.7%	66.5%

Q15a

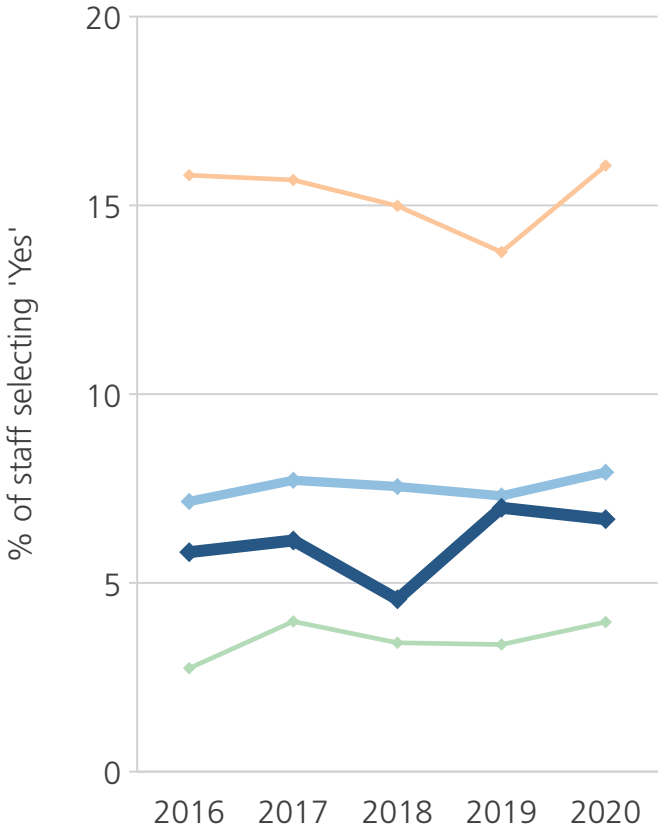
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2016	2017	2018	2019	2020
Worst	13.8%	16.1%	16.4%	14.8%	15.7%
Your org	2.8%	5.2%	5.1%	4.1%	3.9%
Average	5.2%	5.6%	5.8%	6.0%	6.2%
Best	1.7%	2.2%	2.1%	1.9%	1.9%

Q15b

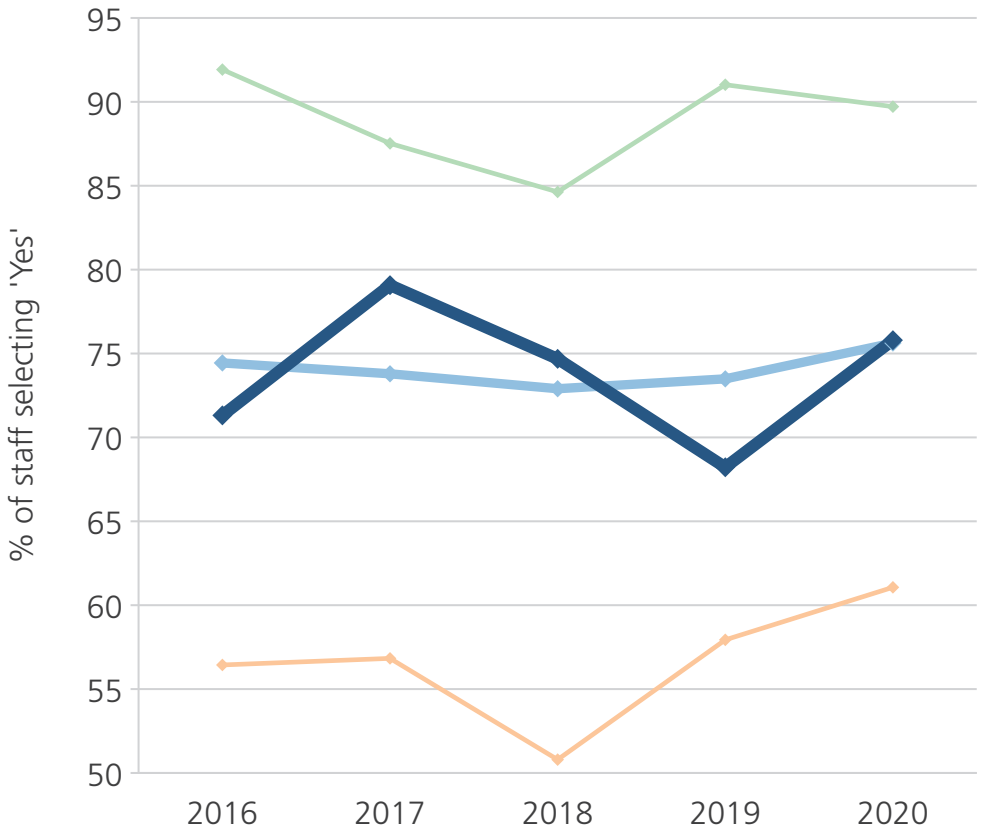
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2016	2017	2018	2019	2020
Worst	15.8%	15.7%	15.0%	13.8%	16.1%
Your org	5.8%	6.1%	4.6%	7.0%	6.7%
Average	7.2%	7.7%	7.6%	7.3%	7.9%
Best	2.7%	4.0%	3.4%	3.4%	4.0%

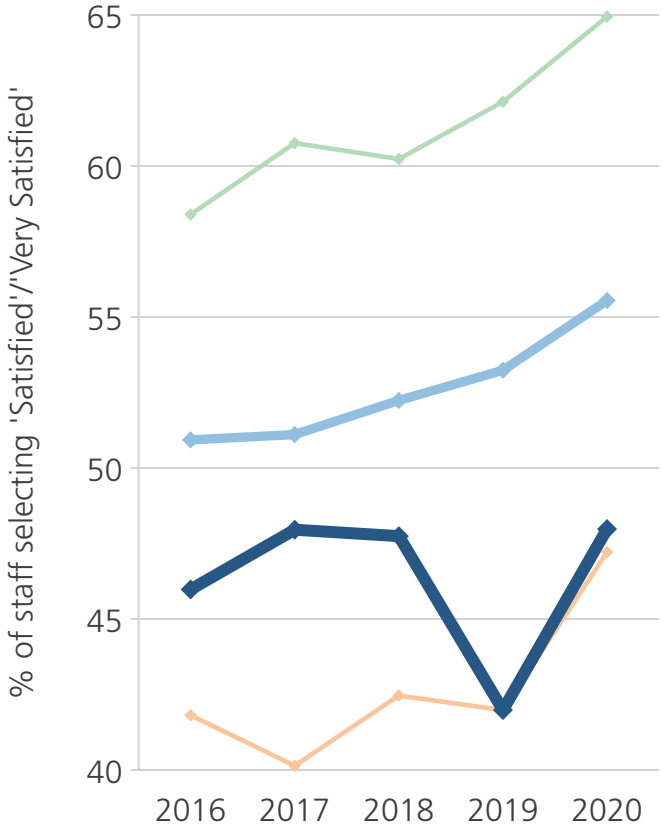
Q26b

Has your employer made adequate adjustment(s) to enable you to carry out your work?



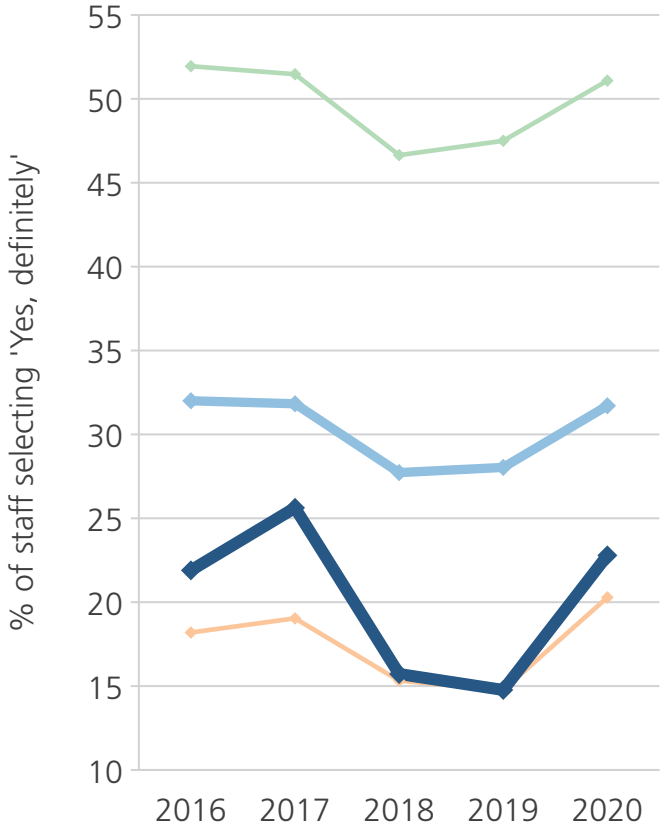
Best	91.9%	87.5%	84.6%	91.0%	89.7%
Your org	71.3%	79.1%	74.7%	68.2%	75.8%
Average	74.4%	73.8%	72.9%	73.5%	75.6%
Worst	56.4%	56.8%	50.8%	57.9%	61.1%

Q5h
The opportunities for flexible working patterns



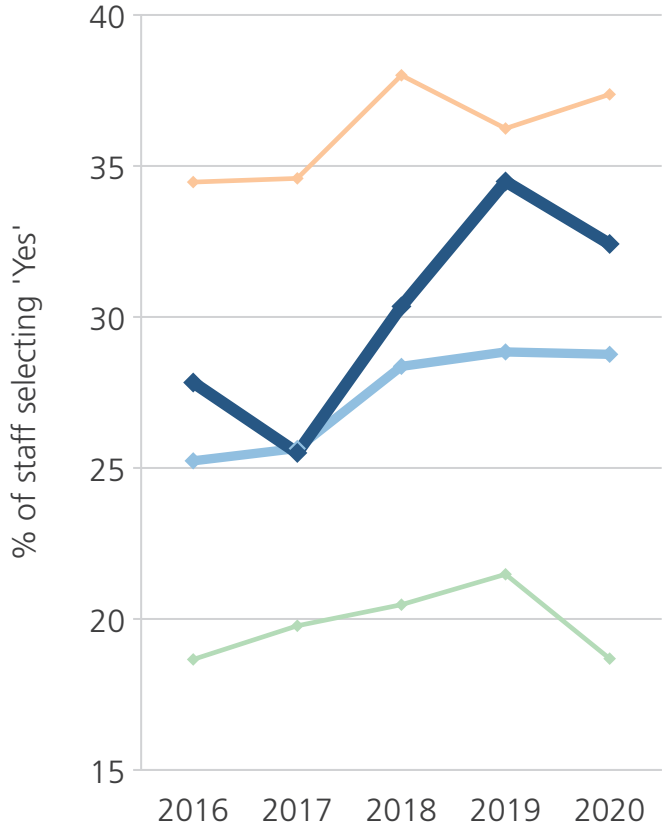
	2016	2017	2018	2019	2020
Best	58.4%	60.8%	60.2%	62.1%	64.9%
Your org	46.0%	48.0%	47.7%	42.0%	48.0%
Average	50.9%	51.1%	52.2%	53.2%	55.5%
Worst	41.8%	40.1%	42.5%	42.0%	47.2%

Q11a
Does your organisation take positive action on health and well-being?



	2016	2017	2018	2019	2020
Best	51.9%	51.5%	46.6%	47.5%	51.1%
Your org	21.9%	25.6%	15.7%	14.8%	22.8%
Average	32.0%	31.8%	27.7%	28.0%	31.7%
Worst	18.2%	19.0%	15.3%	14.8%	20.3%

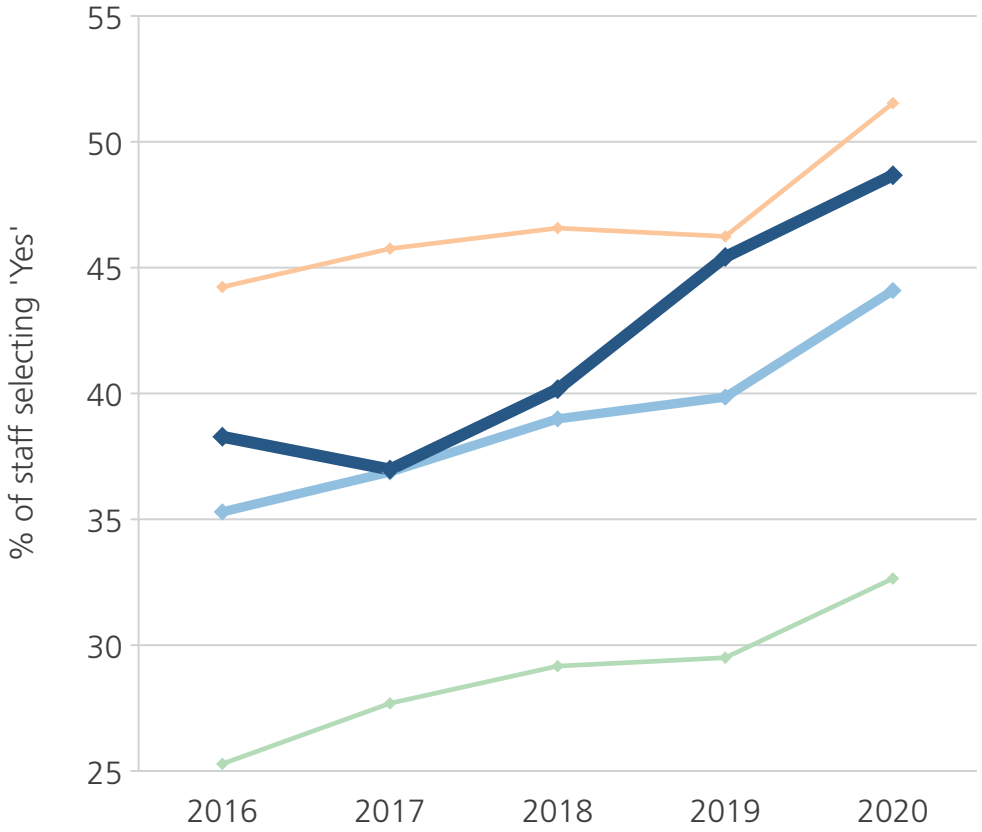
Q11b
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



	2016	2017	2018	2019	2020
Worst	34.5%	34.6%	38.0%	36.2%	37.4%
Your org	27.8%	25.5%	30.3%	34.5%	32.4%
Average	25.2%	25.6%	28.4%	28.8%	28.8%
Best	18.7%	19.8%	20.5%	21.5%	18.7%

Q11c

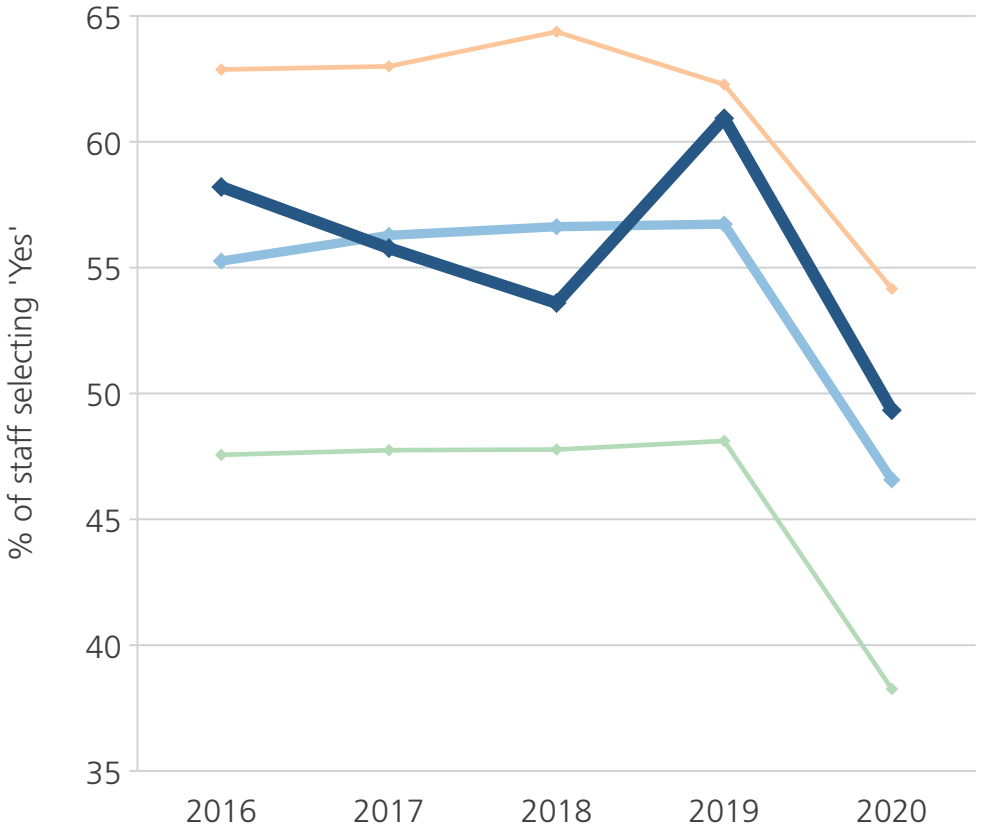
During the last 12 months have you felt unwell as a result of work related stress?



	2016	2017	2018	2019	2020
Worst	44.2%	45.8%	46.6%	46.2%	51.5%
Your org	38.3%	37.0%	40.2%	45.4%	48.7%
Average	35.3%	36.9%	39.0%	39.9%	44.1%
Best	25.3%	27.7%	29.2%	29.5%	32.6%

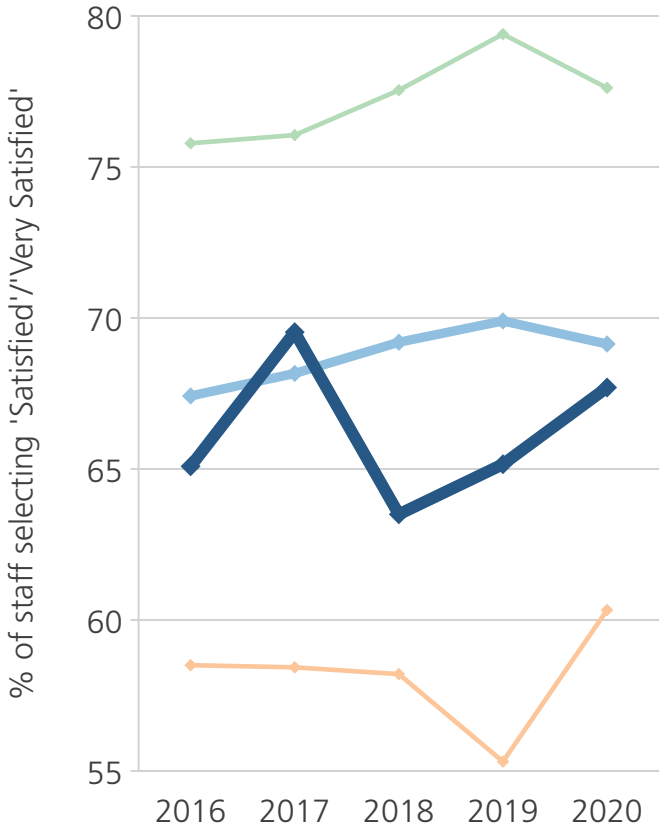
Q11d

In the last three months have you ever come to work despite not feeling well enough to perform your duties?



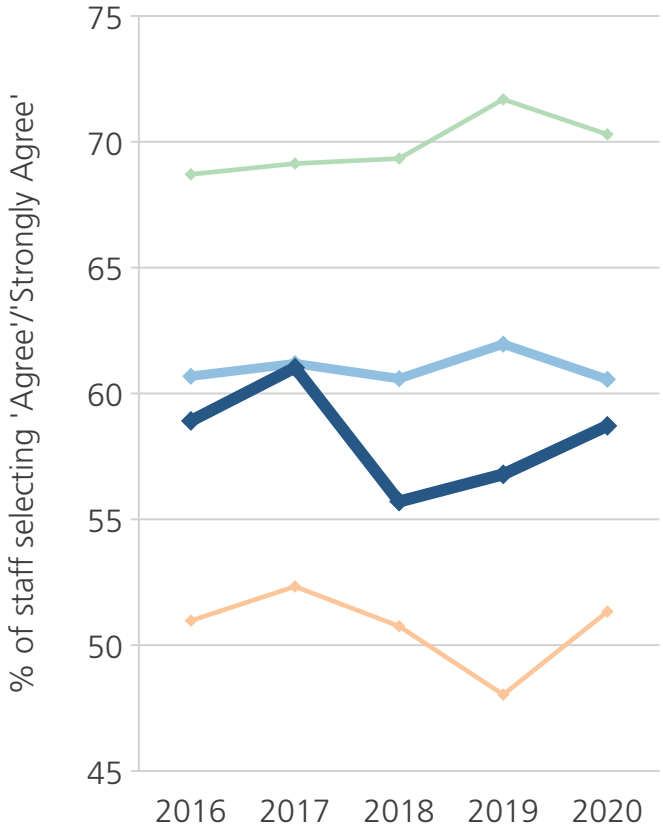
	2016	2017	2018	2019	2020
Worst	62.9%	63.0%	64.4%	62.3%	54.2%
Your org	58.2%	55.8%	53.6%	60.9%	49.3%
Average	55.3%	56.3%	56.6%	56.7%	46.6%
Best	47.6%	47.7%	47.8%	48.1%	38.3%

Q5b
The support I get from my immediate manager



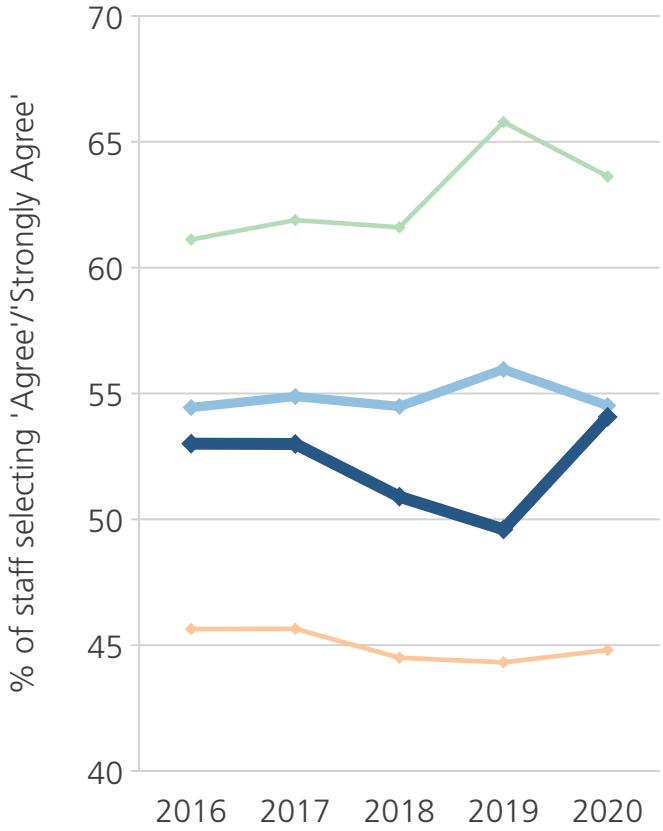
	2016	2017	2018	2019	2020
Best	75.8%	76.1%	77.5%	79.4%	77.6%
Your org	65.1%	69.5%	63.5%	65.2%	67.7%
Average	67.4%	68.2%	69.2%	69.9%	69.1%
Worst	58.5%	58.4%	58.2%	55.3%	60.3%

Q8c
My immediate manager gives me clear feedback on my work



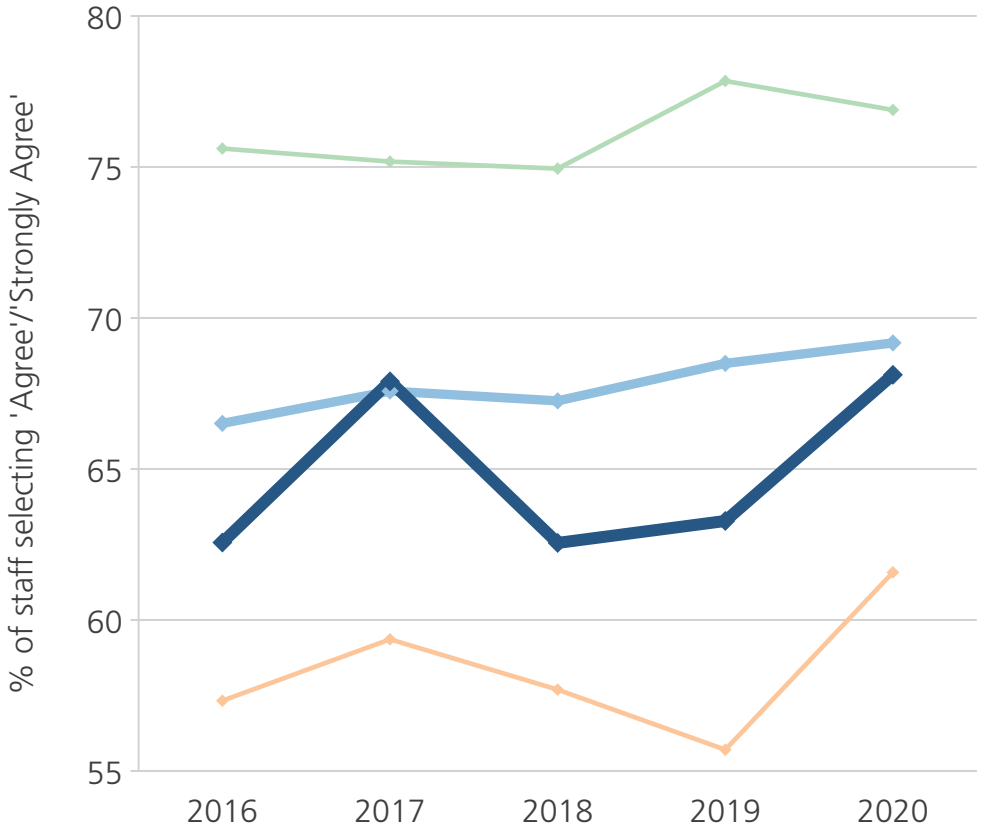
	2016	2017	2018	2019	2020
Best	68.7%	69.1%	69.3%	71.7%	70.3%
Your org	58.9%	61.0%	55.7%	56.8%	58.7%
Average	60.7%	61.2%	60.6%	62.0%	60.6%
Worst	51.0%	52.3%	50.8%	48.0%	51.3%

Q8d
My immediate manager asks for my opinion before making decisions that affect my work



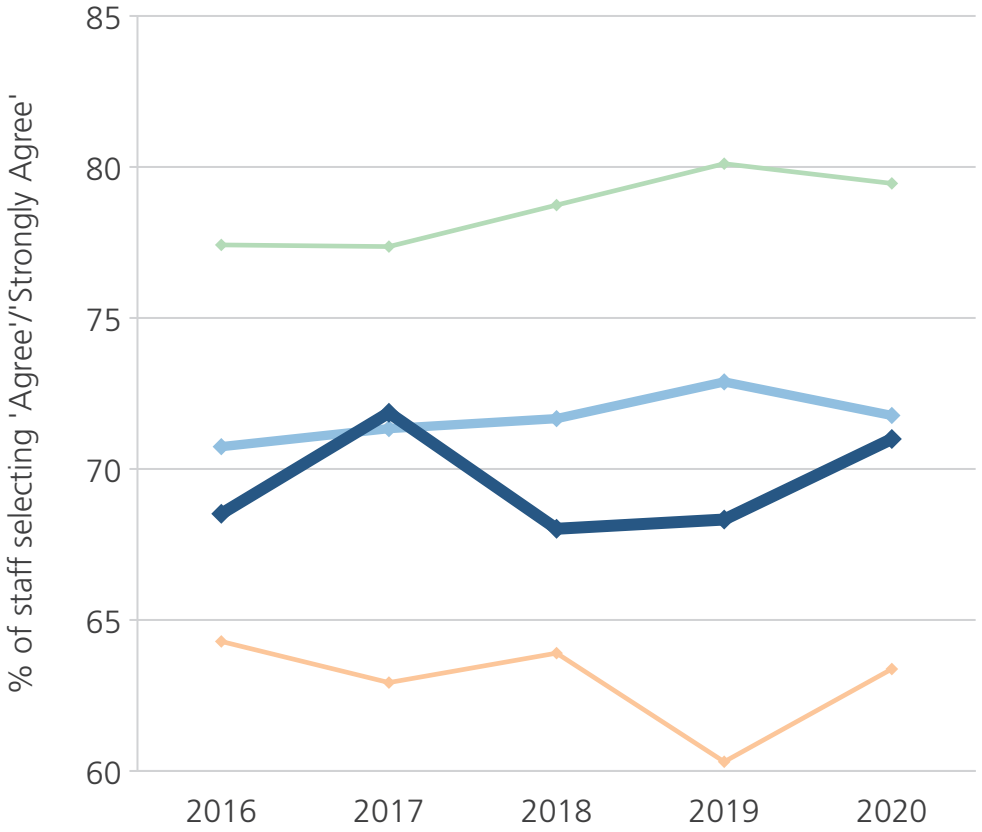
	2016	2017	2018	2019	2020
Best	61.1%	61.9%	61.6%	65.8%	63.6%
Your org	53.0%	53.0%	50.9%	49.6%	54.1%
Average	54.4%	54.9%	54.5%	56.0%	54.5%
Worst	45.6%	45.7%	44.5%	44.3%	44.8%

Q8f
My immediate manager takes a positive interest in my health and well-being



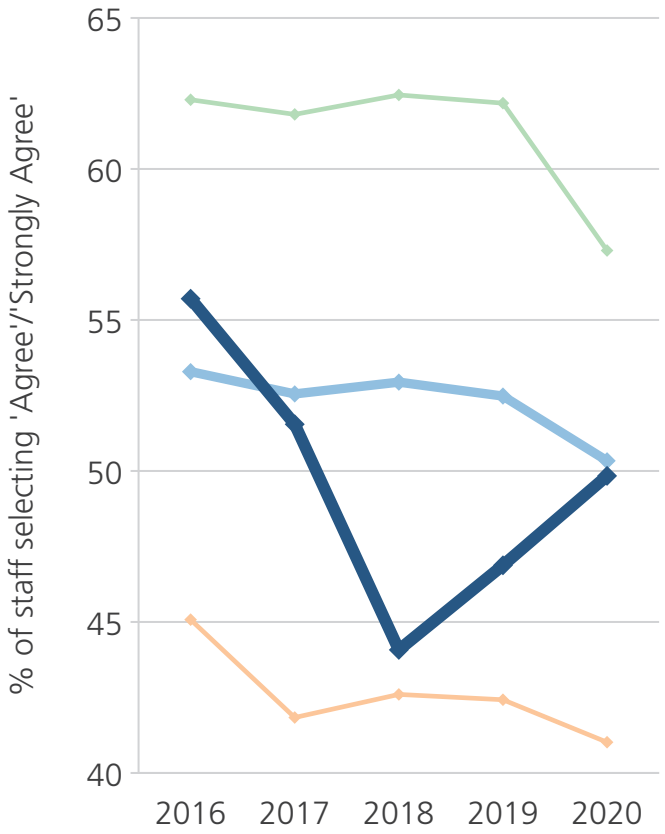
	2016	2017	2018	2019	2020
Best	75.6%	75.2%	74.9%	77.8%	76.9%
Your org	62.6%	67.9%	62.6%	63.3%	68.1%
Average	66.5%	67.6%	67.3%	68.5%	69.2%
Worst	57.3%	59.4%	57.7%	55.7%	61.6%

Q8g
My immediate manager values my work



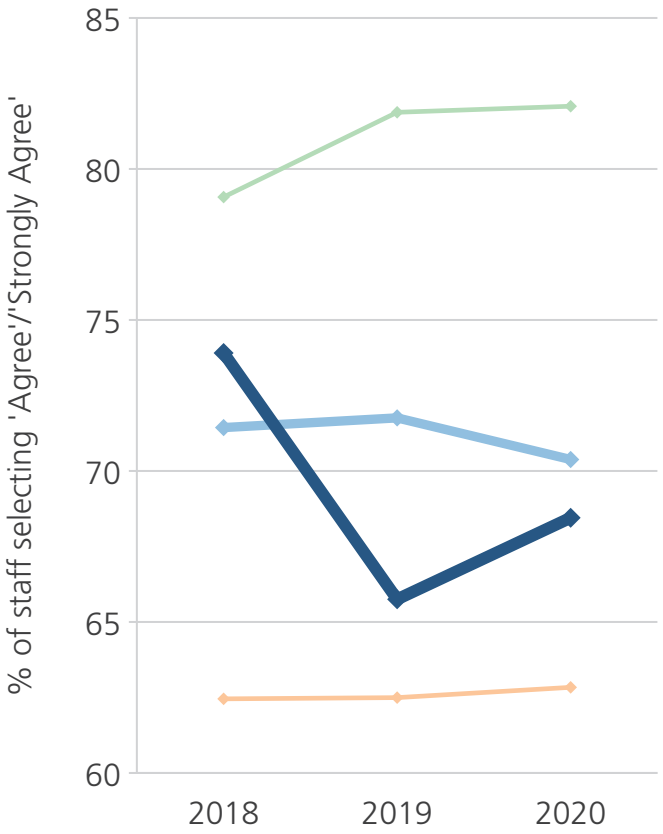
	2016	2017	2018	2019	2020
Best	77.4%	77.4%	78.7%	80.1%	79.5%
Your org	68.5%	71.9%	68.0%	68.3%	71.0%
Average	70.7%	71.3%	71.7%	72.9%	71.8%
Worst	64.3%	62.9%	63.9%	60.3%	63.4%

Q4c
I am involved in deciding on changes introduced that affect my work area / team / department



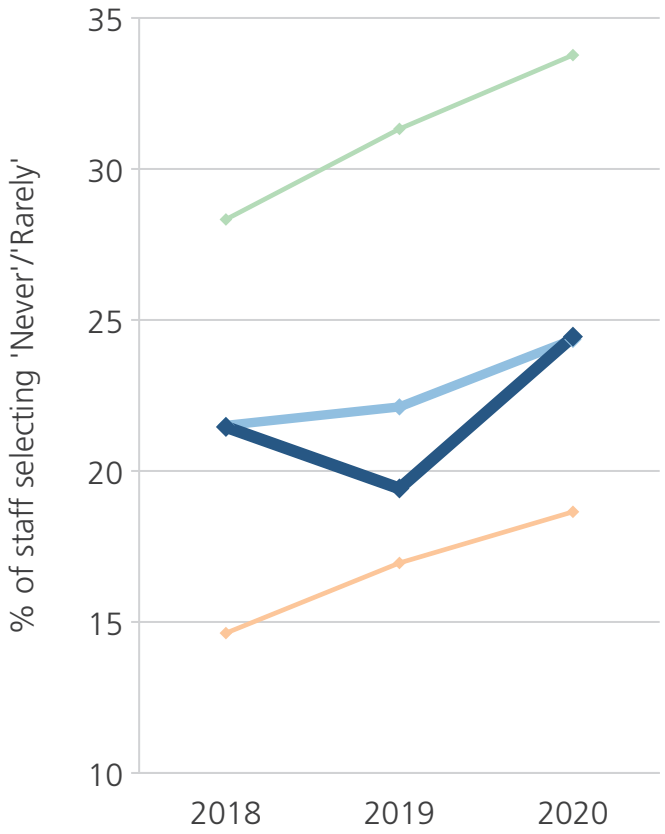
	2016	2017	2018	2019	2020
Best	62.3%	61.8%	62.5%	62.2%	57.3%
Your org	55.7%	51.5%	44.1%	46.9%	49.8%
Average	53.3%	52.6%	52.9%	52.5%	50.3%
Worst	45.1%	41.8%	42.6%	42.4%	41.0%

Q4j
I receive the respect I deserve from my colleagues at work



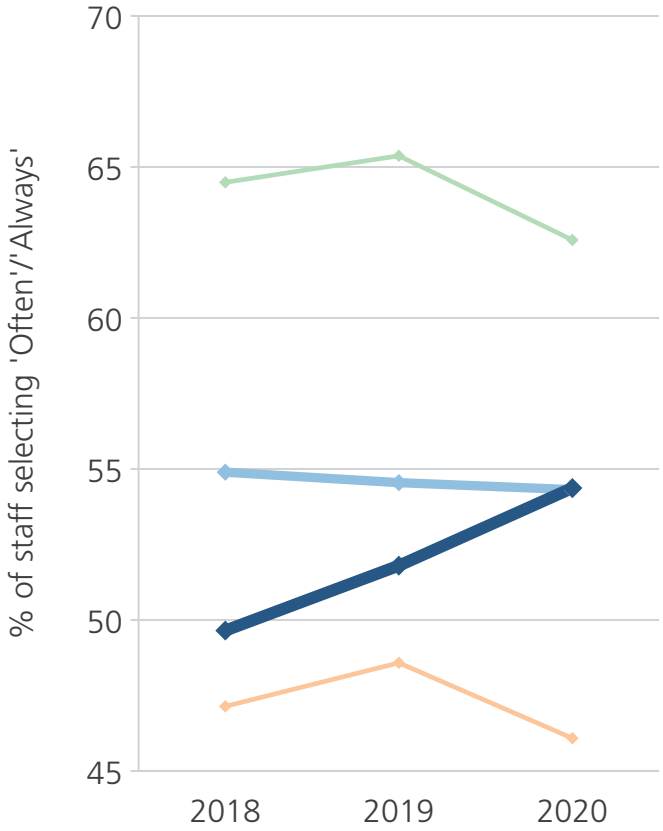
	2018	2019	2020
Best	79.1%	81.9%	82.1%
Your org	73.9%	65.8%	68.4%
Average	71.4%	71.8%	70.4%
Worst	62.5%	62.5%	62.8%

Q6a
I have unrealistic time pressures



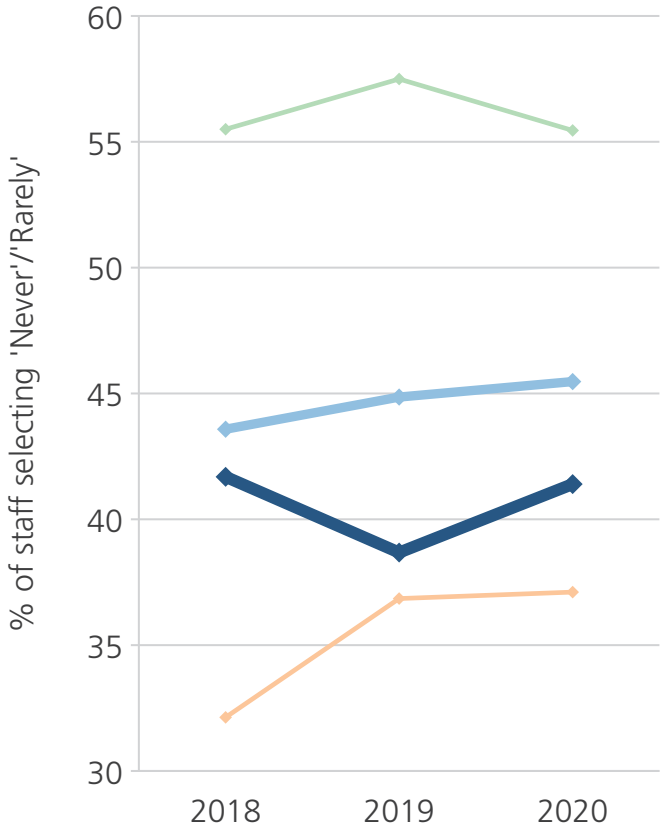
	2018	2019	2020
Best	28.3%	31.3%	33.8%
Your org	21.5%	19.4%	24.4%
Average	21.5%	22.1%	24.4%
Worst	14.6%	17.0%	18.6%

Q6b
I have a choice in deciding how to do my work



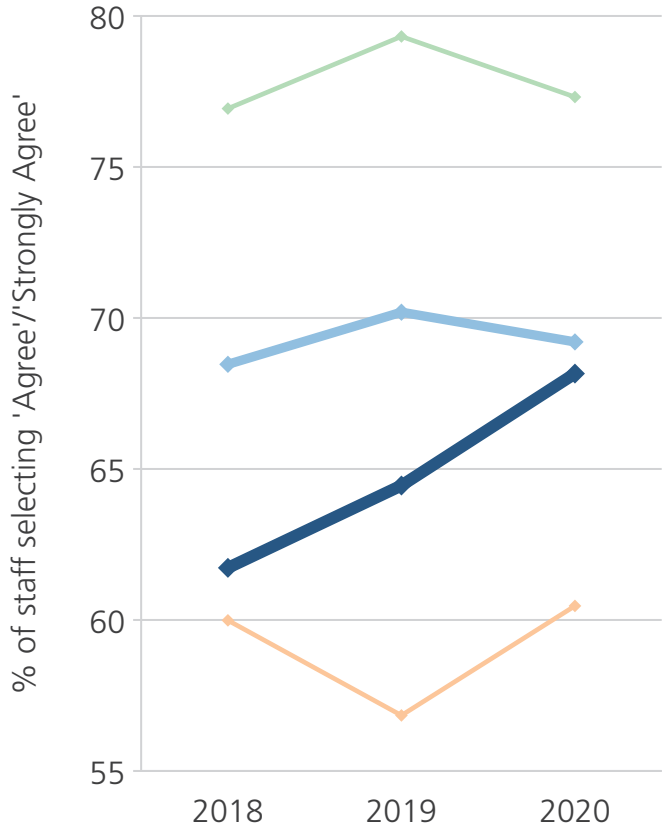
	2018	2019	2020
Best	64.5%	65.4%	62.6%
Your org	49.6%	51.8%	54.4%
Average	54.9%	54.5%	54.3%
Worst	47.1%	48.6%	46.1%

Q6c
Relationships at work are strained



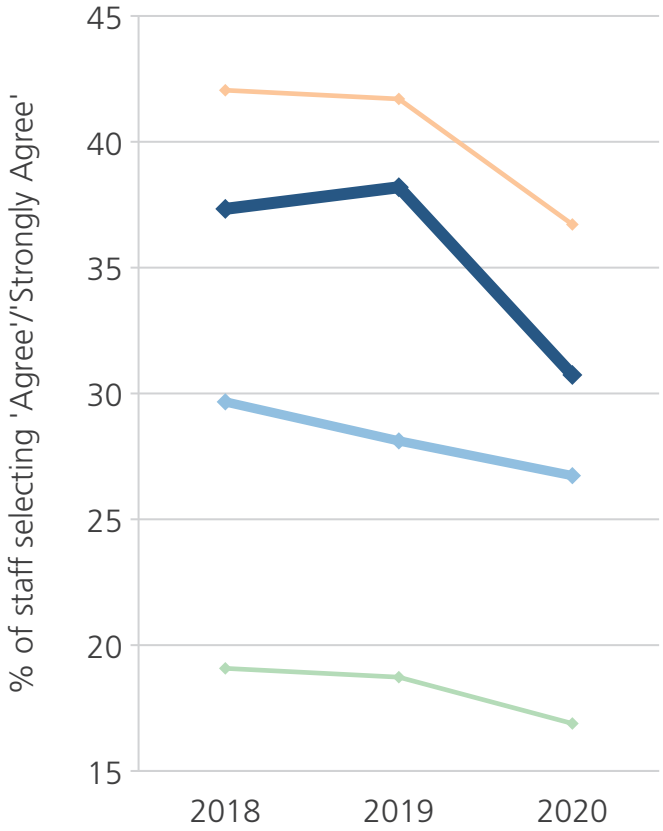
	2018	2019	2020
Best	55.5%	57.5%	55.5%
Your org	41.7%	38.7%	41.4%
Average	43.6%	44.9%	45.5%
Worst	32.1%	36.9%	37.1%

Q8a
My immediate manager encourages me at work



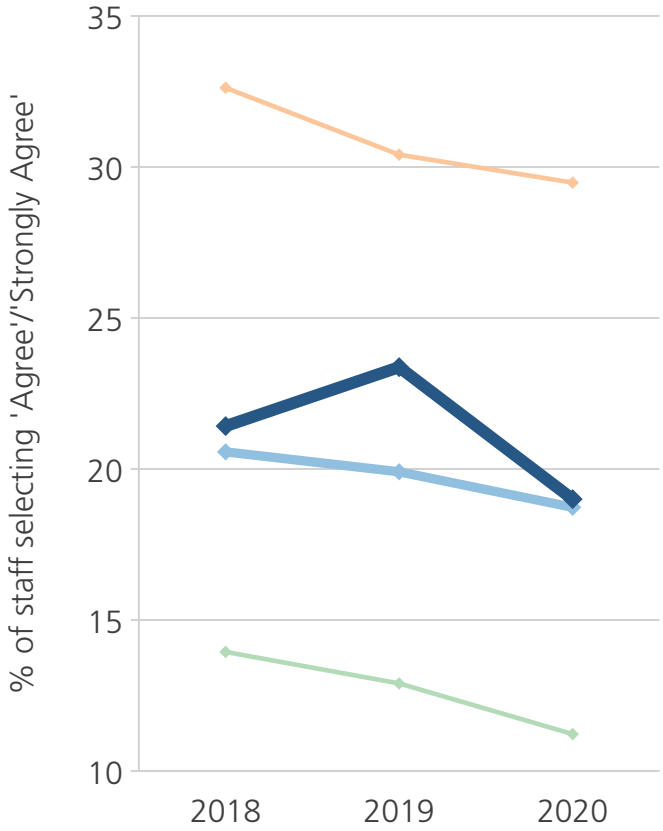
	2018	2019	2020
Best	76.9%	79.3%	77.3%
Your org	61.7%	64.5%	68.2%
Average	68.5%	70.2%	69.2%
Worst	60.0%	56.8%	60.5%

Q19a
I often think about leaving this organisation



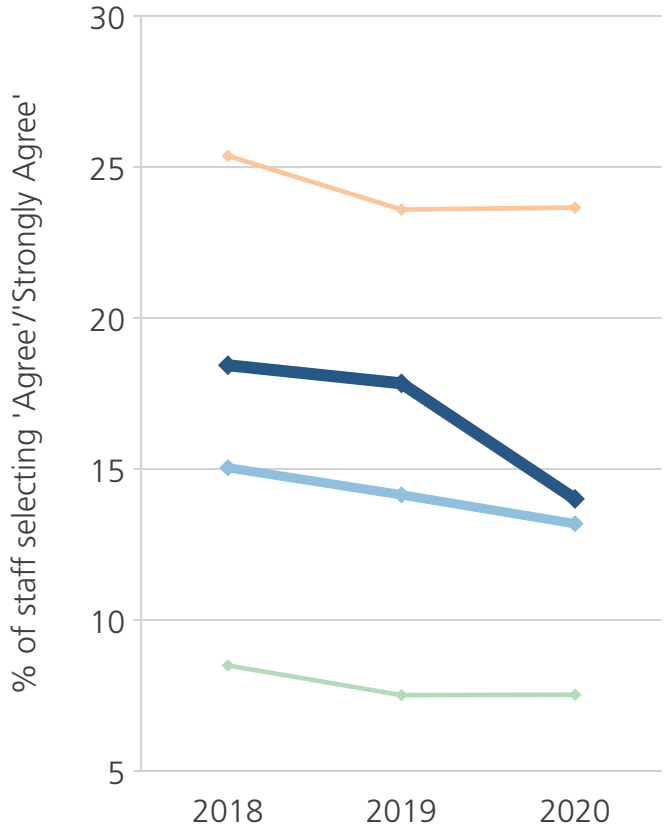
	2018	2019	2020
Worst	42.0%	41.7%	36.7%
Your org	37.3%	38.2%	30.7%
Average	29.7%	28.1%	26.7%
Best	19.1%	18.7%	16.9%

Q19b
I will probably look for a job at a new organisation in the next 12 months



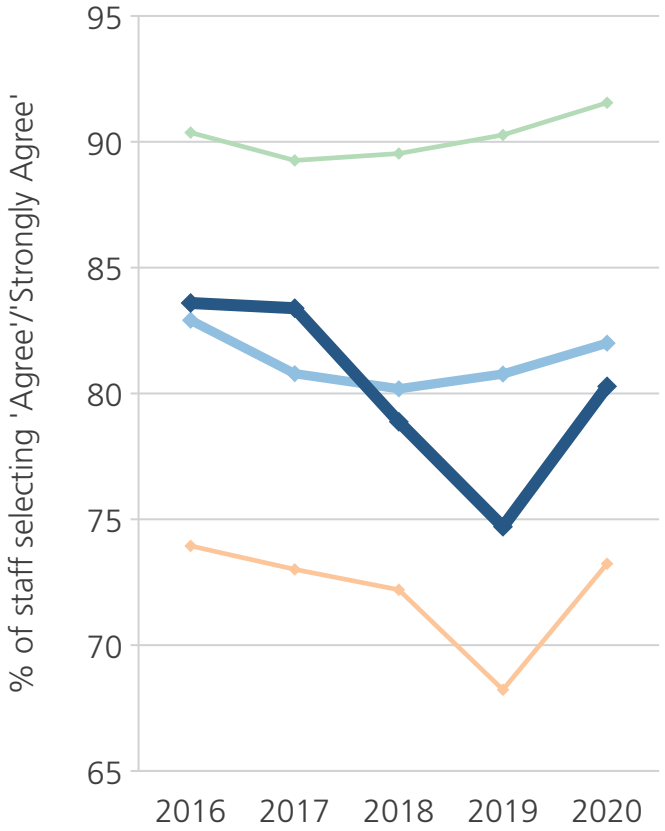
	2018	2019	2020
Worst	32.6%	30.4%	29.5%
Your org	21.4%	23.4%	19.0%
Average	20.6%	19.9%	18.7%
Best	13.9%	12.9%	11.2%

Q19c
As soon as I can find another job, I will leave this organisation



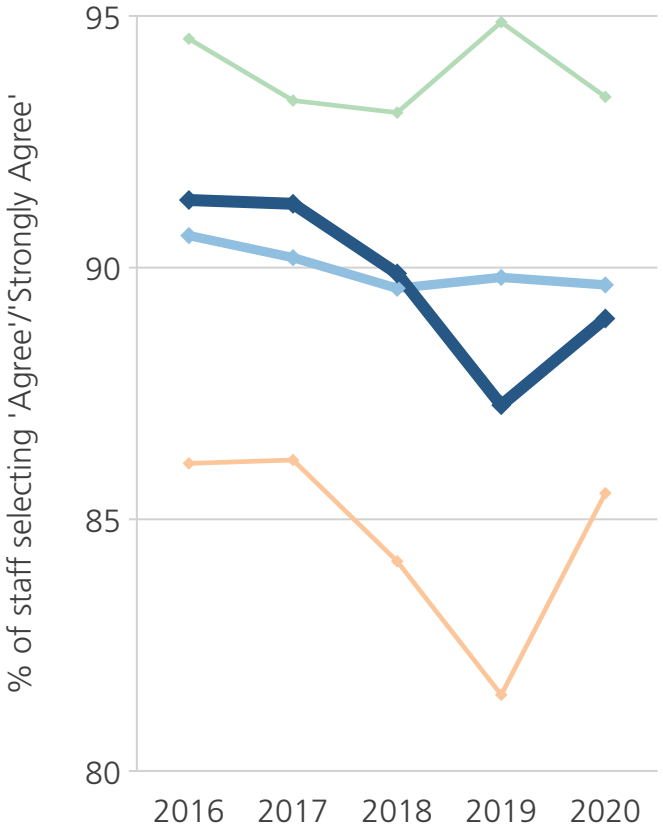
	2018	2019	2020
Worst	25.4%	23.6%	23.7%
Your org	18.4%	17.8%	14.0%
Average	15.0%	14.1%	13.2%
Best	8.5%	7.5%	7.5%

Q7a
I am satisfied with the quality of care I give to patients / service users



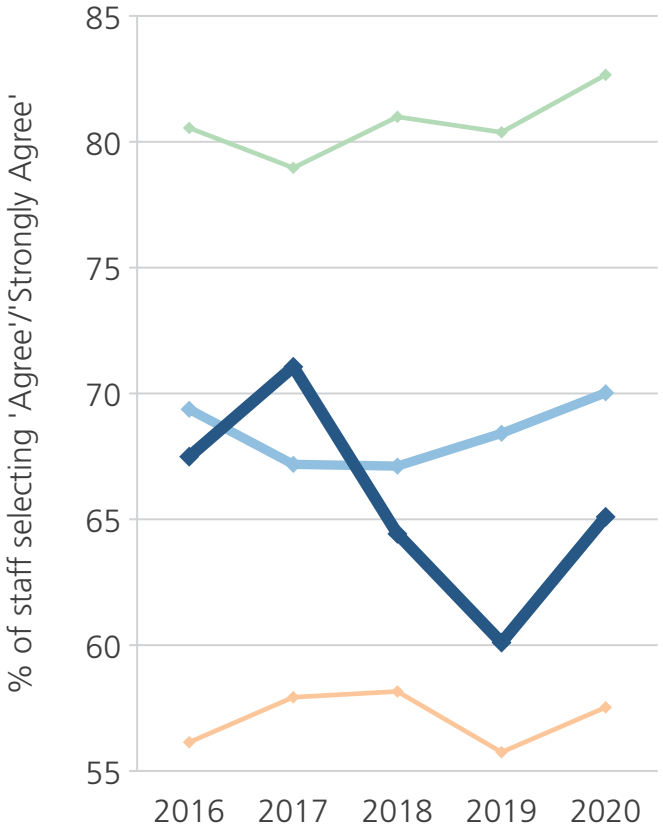
	2016	2017	2018	2019	2020
Best	90.4%	89.3%	89.5%	90.3%	91.6%
Your org	83.6%	83.4%	78.9%	74.7%	80.3%
Average	82.9%	80.8%	80.2%	80.8%	82.0%
Worst	73.9%	73.0%	72.2%	68.2%	73.2%

Q7b
I feel that my role makes a difference to patients / service users



	2016	2017	2018	2019	2020
Best	94.5%	93.3%	93.1%	94.9%	93.4%
Your org	91.3%	91.3%	89.9%	87.3%	89.0%
Average	90.6%	90.2%	89.6%	89.8%	89.7%
Worst	86.1%	86.2%	84.2%	81.5%	85.5%

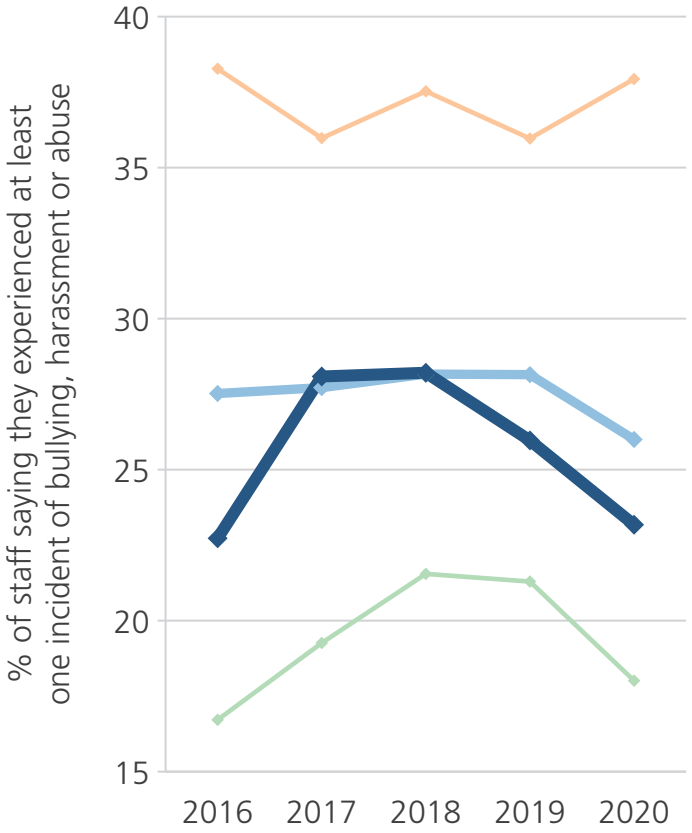
Q7c
I am able to deliver the care I aspire to



	2016	2017	2018	2019	2020
Best	80.6%	79.0%	81.0%	80.4%	82.7%
Your org	67.5%	71.1%	64.4%	60.1%	65.1%
Average	69.4%	67.2%	67.1%	68.4%	70.0%
Worst	56.1%	57.9%	58.2%	55.7%	57.5%

Q13a

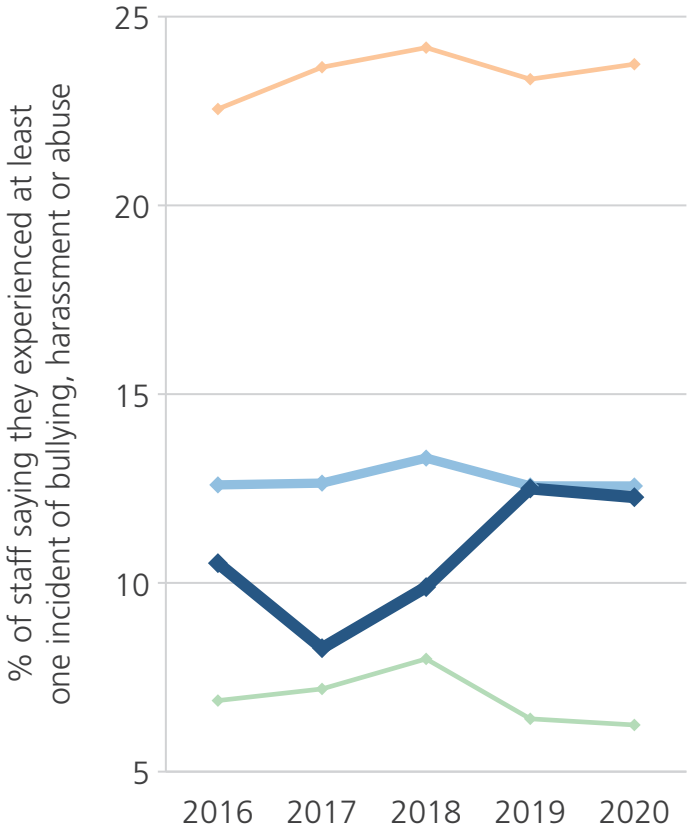
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



	2016	2017	2018	2019	2020
Worst	38.3%	36.0%	37.5%	36.0%	37.9%
Your org	22.7%	28.1%	28.2%	26.0%	23.2%
Average	27.5%	27.7%	28.2%	28.1%	26.0%
Best	16.7%	19.3%	21.5%	21.3%	18.0%

Q13b

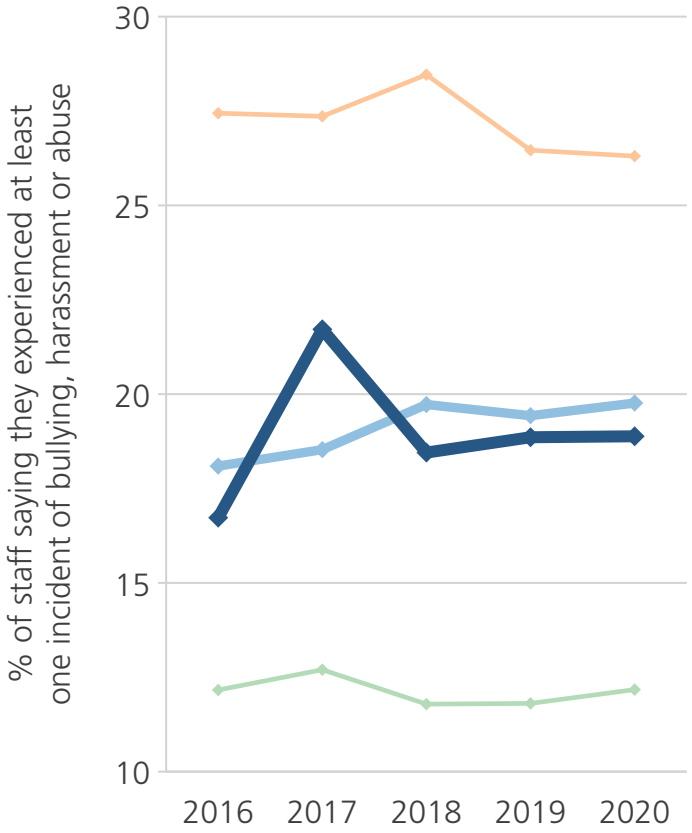
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



	2016	2017	2018	2019	2020
Worst	22.6%	23.7%	24.2%	23.3%	23.7%
Your org	10.5%	8.3%	9.9%	12.5%	12.3%
Average	12.6%	12.6%	13.3%	12.6%	12.6%
Best	6.9%	7.2%	8.0%	6.4%	6.2%

Q13c

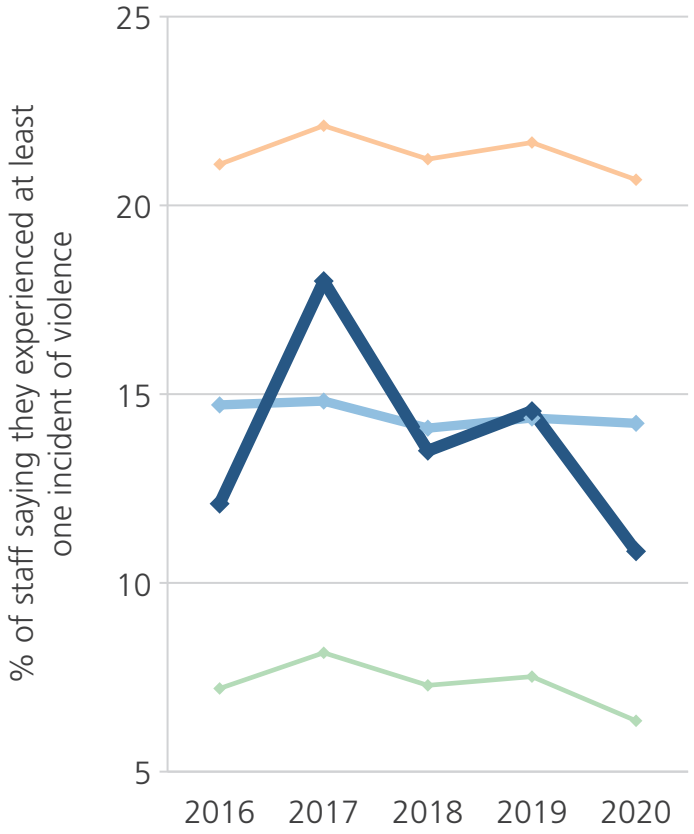
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



	2016	2017	2018	2019	2020
Worst	27.4%	27.4%	28.5%	26.5%	26.3%
Your org	16.7%	21.7%	18.5%	18.9%	18.9%
Average	18.1%	18.5%	19.7%	19.4%	19.8%
Best	12.2%	12.7%	11.8%	11.8%	12.2%

Q12a

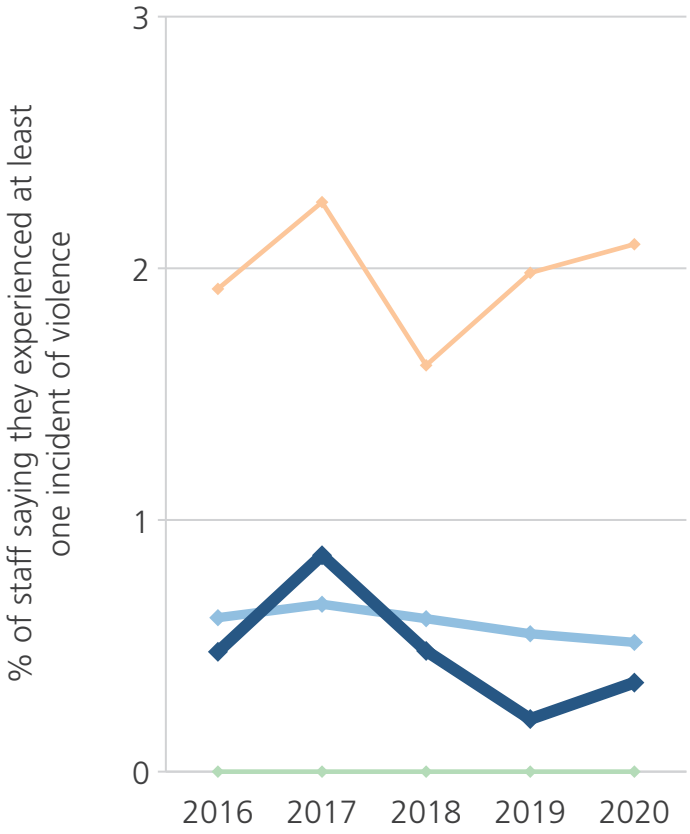
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



	2016	2017	2018	2019	2020
Worst	21.1%	22.1%	21.2%	21.7%	20.7%
Your org	12.1%	18.0%	13.5%	14.6%	10.8%
Average	14.7%	14.8%	14.1%	14.4%	14.2%
Best	7.2%	8.1%	7.3%	7.5%	6.3%

Q12b

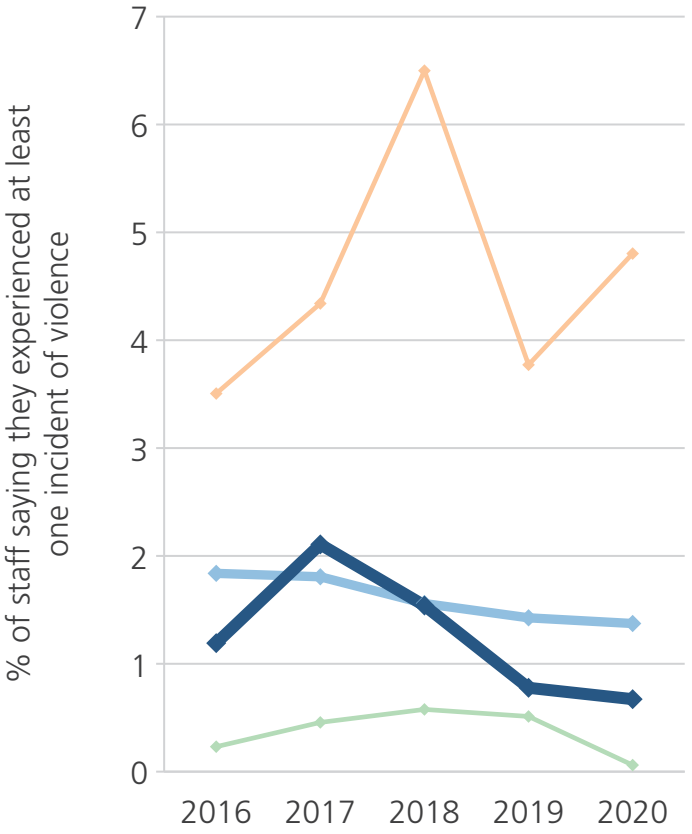
In the last 12 months how many times have you personally experienced physical violence at work from managers?



	2016	2017	2018	2019	2020
Worst	1.9%	2.3%	1.6%	2.0%	2.1%
Your org	0.5%	0.9%	0.5%	0.2%	0.4%
Average	0.6%	0.7%	0.6%	0.5%	0.5%
Best	0.0%	0.0%	0.0%	0.0%	0.0%

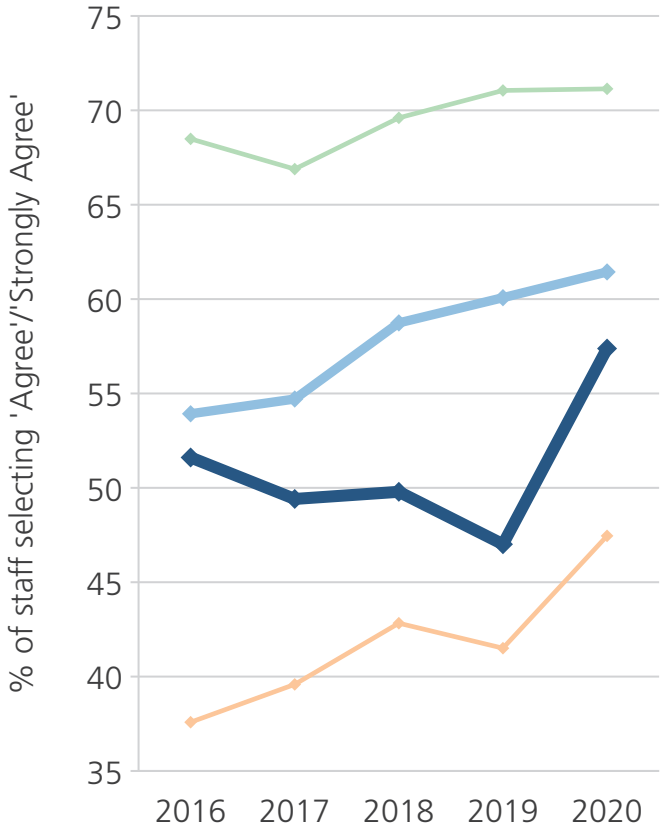
Q12c

In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



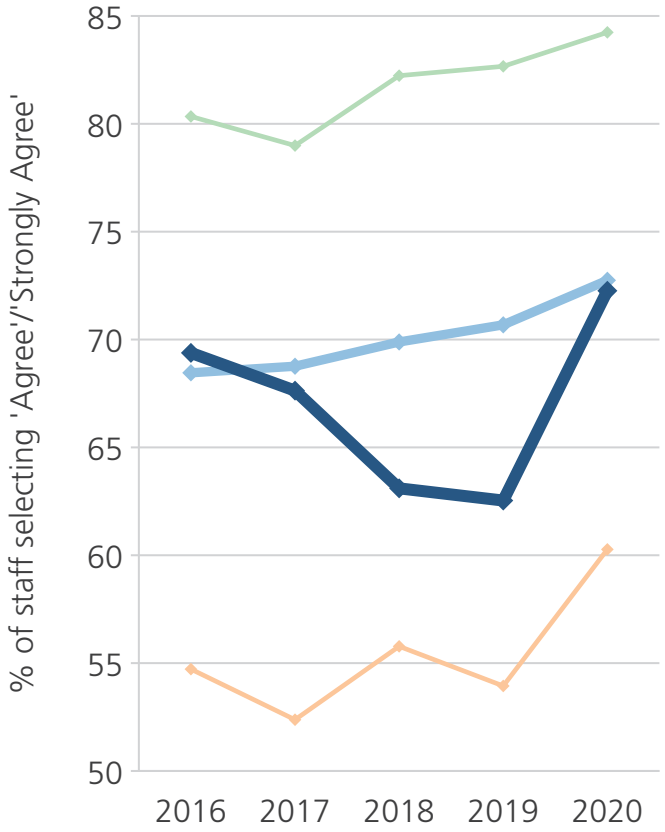
	2016	2017	2018	2019	2020
Worst	3.5%	4.3%	6.5%	3.8%	4.8%
Your org	1.2%	2.1%	1.5%	0.8%	0.7%
Average	1.8%	1.8%	1.6%	1.4%	1.4%
Best	0.2%	0.5%	0.6%	0.5%	0.1%

Q16a
My organisation treats staff who are involved in an error, near miss or incident fairly



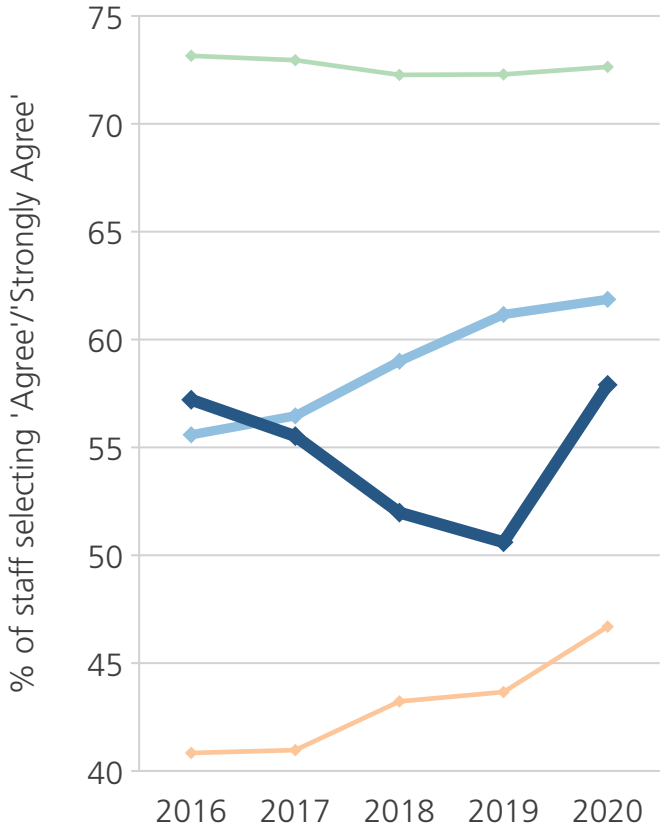
	2016	2017	2018	2019	2020
Best	68.5%	66.9%	69.6%	71.1%	71.1%
Your org	51.6%	49.4%	49.8%	47.0%	57.4%
Average	53.9%	54.7%	58.7%	60.1%	61.4%
Worst	37.6%	39.6%	42.8%	41.5%	47.5%

Q16c
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again



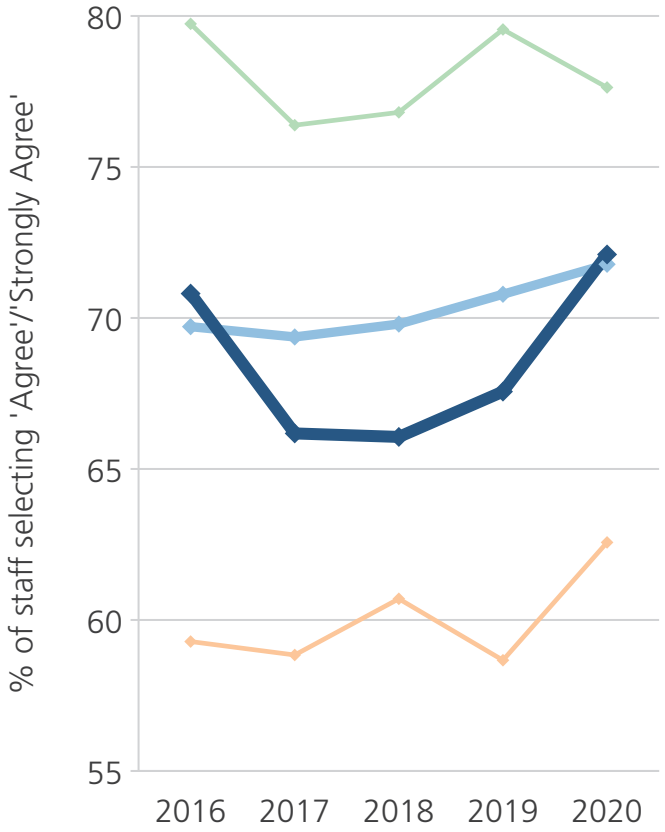
	2016	2017	2018	2019	2020
Best	80.3%	79.0%	82.2%	82.7%	84.2%
Your org	69.4%	67.6%	63.1%	62.5%	72.3%
Average	68.5%	68.8%	69.9%	70.7%	72.7%
Worst	54.7%	52.4%	55.8%	53.9%	60.3%

Q16d
We are given feedback about changes made in response to reported errors, near misses and incidents



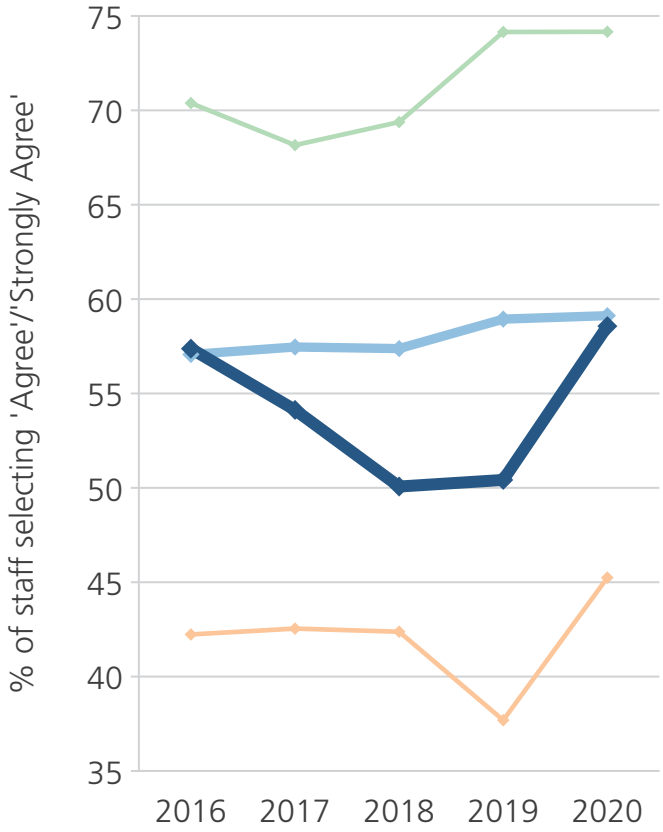
	2016	2017	2018	2019	2020
Best	73.2%	73.0%	72.3%	72.3%	72.6%
Your org	57.2%	55.5%	52.0%	50.6%	57.9%
Average	55.6%	56.5%	59.0%	61.2%	61.9%
Worst	40.8%	41.0%	43.2%	43.7%	46.7%

Q17b
I would feel secure raising concerns about unsafe clinical practice



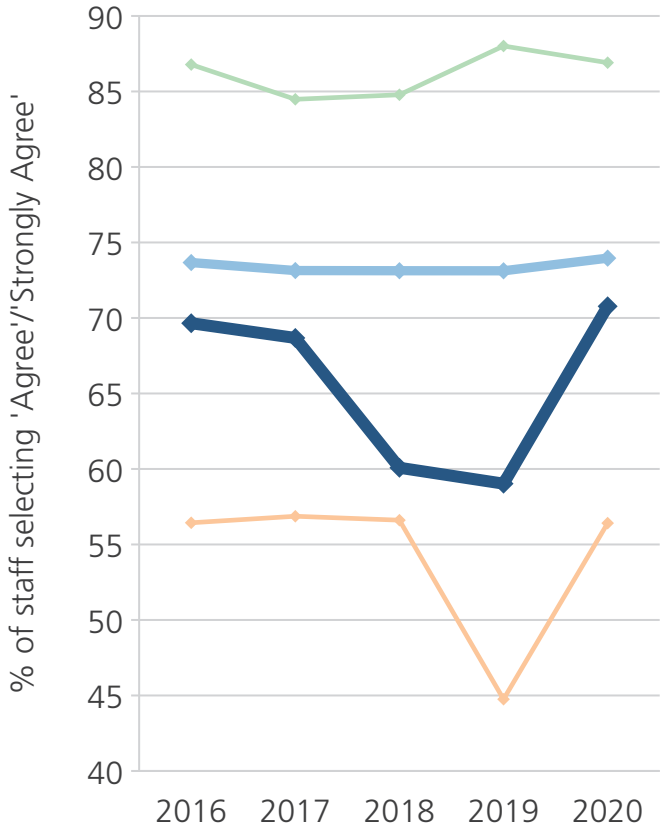
	2016	2017	2018	2019	2020
Best	79.7%	76.4%	76.8%	79.6%	77.6%
Your org	70.8%	66.2%	66.1%	67.6%	72.1%
Average	69.7%	69.4%	69.8%	70.8%	71.8%
Worst	59.3%	58.8%	60.7%	58.7%	62.6%

Q17c
I am confident that my organisation would address my concern



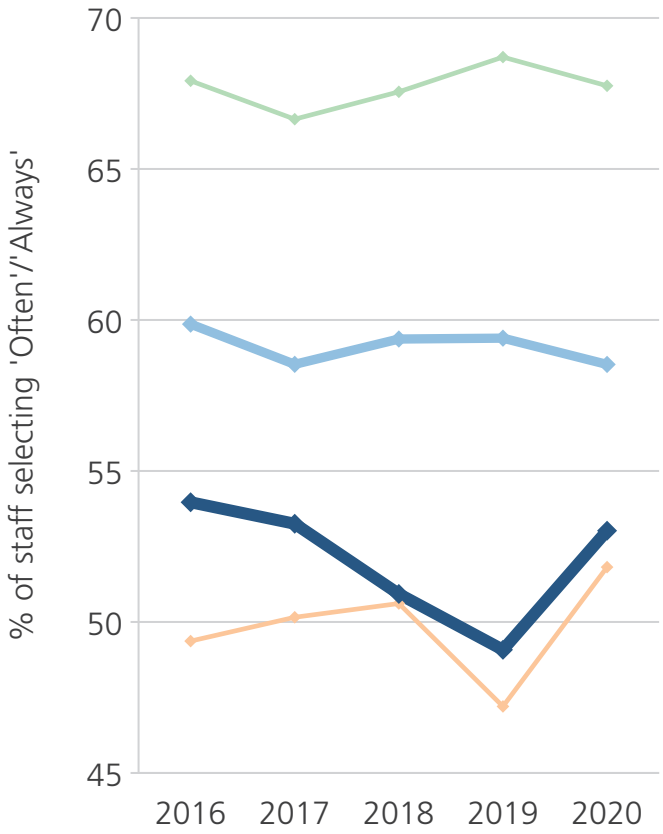
	2016	2017	2018	2019	2020
Best	70.4%	68.2%	69.4%	74.2%	74.2%
Your org	57.4%	54.1%	50.1%	50.4%	58.6%
Average	57.1%	57.5%	57.4%	58.9%	59.1%
Worst	42.2%	42.5%	42.4%	37.7%	45.2%

Q18b
My organisation acts on concerns raised by patients / service users



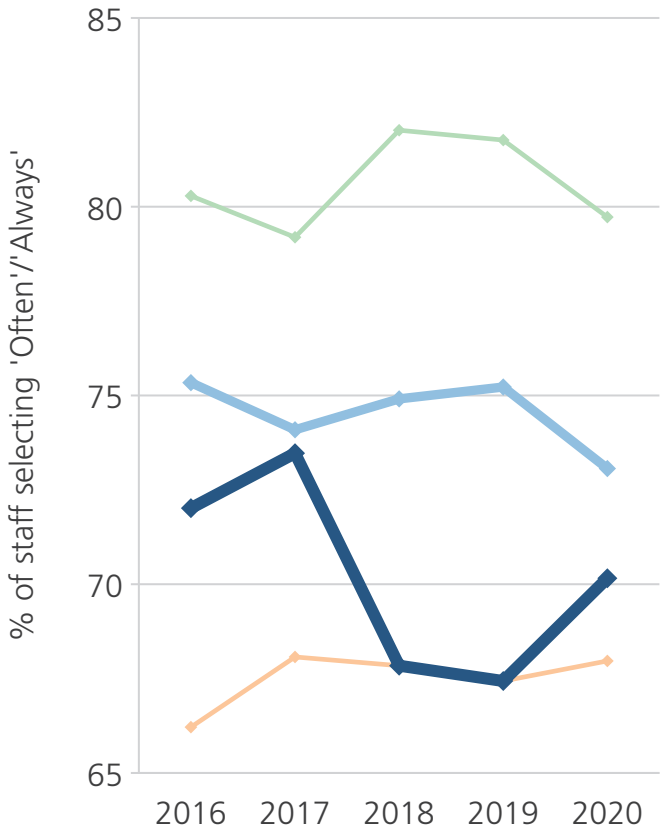
	2016	2017	2018	2019	2020
Best	86.8%	84.5%	84.8%	88.0%	86.9%
Your org	69.7%	68.7%	60.1%	59.0%	70.8%
Average	73.7%	73.1%	73.1%	73.1%	74.0%
Worst	56.4%	56.9%	56.6%	44.8%	56.4%

Q2a
I look forward to going to work



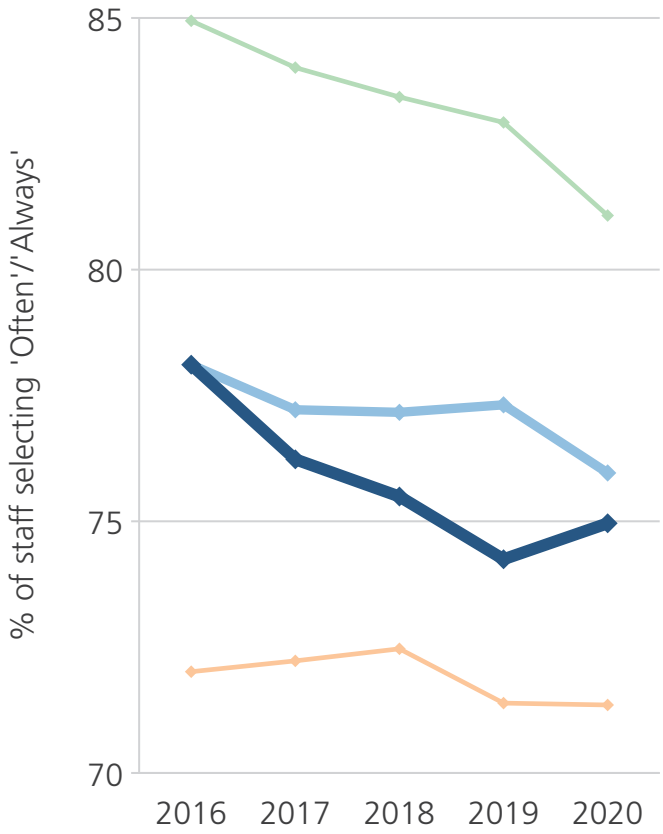
	2016	2017	2018	2019	2020
Best	67.9%	66.6%	67.6%	68.7%	67.8%
Your org	54.0%	53.3%	50.9%	49.1%	53.0%
Average	59.9%	58.5%	59.4%	59.4%	58.5%
Worst	49.4%	50.2%	50.6%	47.2%	51.8%

Q2b
I am enthusiastic about my job



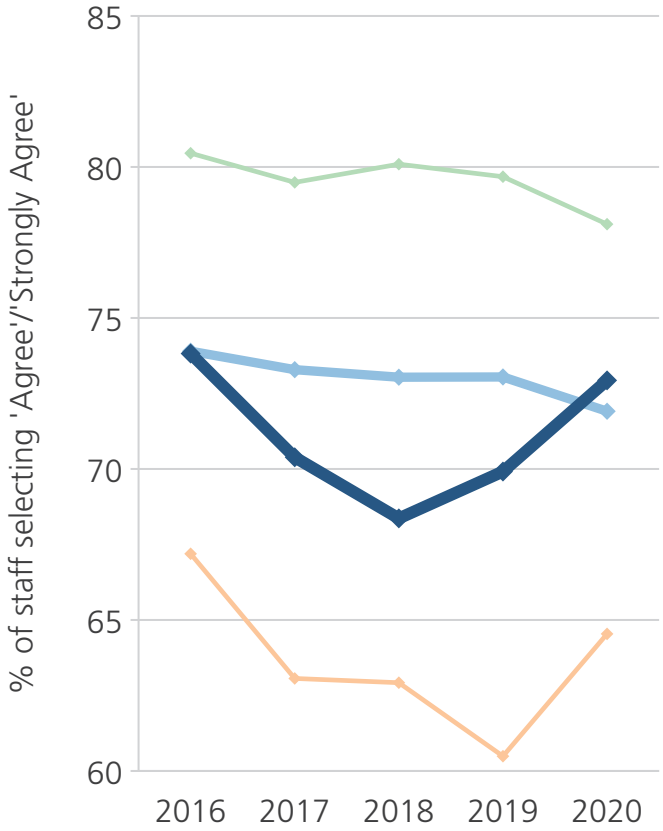
	2016	2017	2018	2019	2020
Best	80.3%	79.2%	82.0%	81.8%	79.7%
Your org	72.0%	73.5%	67.8%	67.4%	70.2%
Average	75.3%	74.1%	74.9%	75.2%	73.1%
Worst	66.2%	68.1%	67.8%	67.4%	68.0%

Q2c
Time passes quickly when I am working



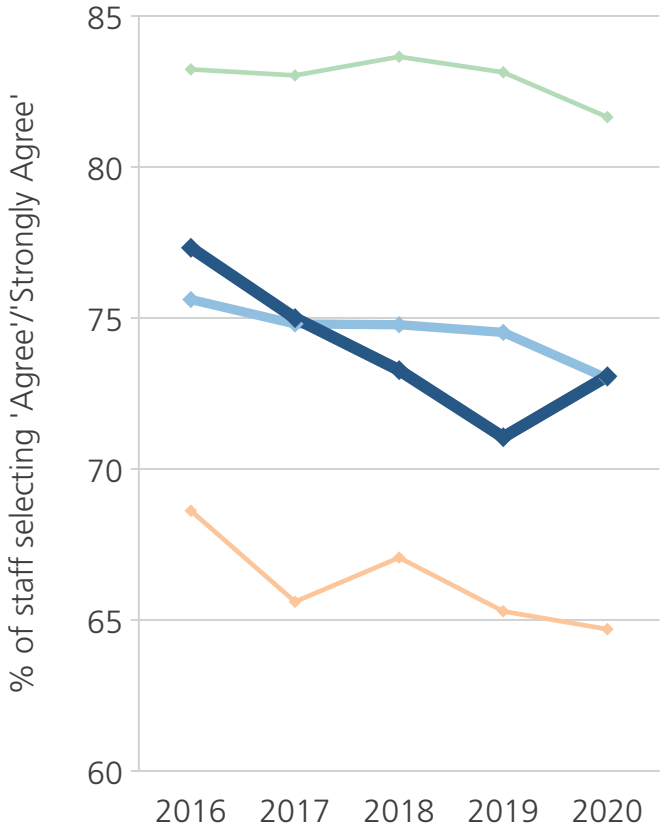
	2016	2017	2018	2019	2020
Best	84.9%	84.0%	83.4%	82.9%	81.1%
Your org	78.1%	76.2%	75.5%	74.2%	75.0%
Average	78.1%	77.2%	77.2%	77.3%	76.0%
Worst	72.0%	72.2%	72.5%	71.4%	71.4%

Q4a
There are frequent opportunities for me to show initiative in my role



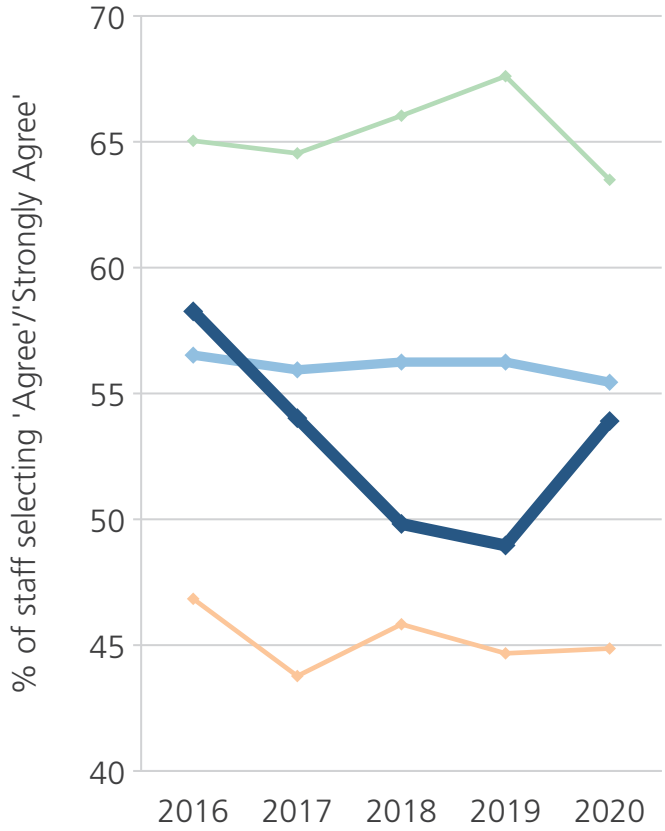
	2016	2017	2018	2019	2020
Best	80.5%	79.5%	80.1%	79.7%	78.1%
Your org	73.8%	70.4%	68.4%	69.9%	72.9%
Average	73.9%	73.3%	73.0%	73.0%	71.9%
Worst	67.2%	63.1%	62.9%	60.5%	64.5%

Q4b
I am able to make suggestions to improve the work of my team / department



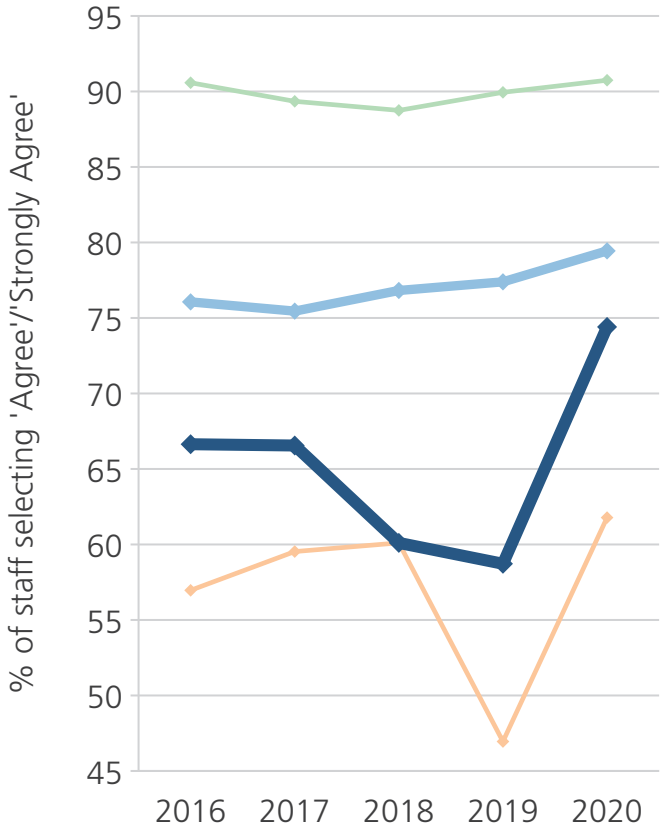
	2016	2017	2018	2019	2020
Best	83.2%	83.0%	83.6%	83.1%	81.7%
Your org	77.3%	75.0%	73.3%	71.1%	73.1%
Average	75.6%	74.8%	74.8%	74.5%	73.0%
Worst	68.6%	65.6%	67.1%	65.3%	64.7%

Q4d
I am able to make improvements happen in my area of work



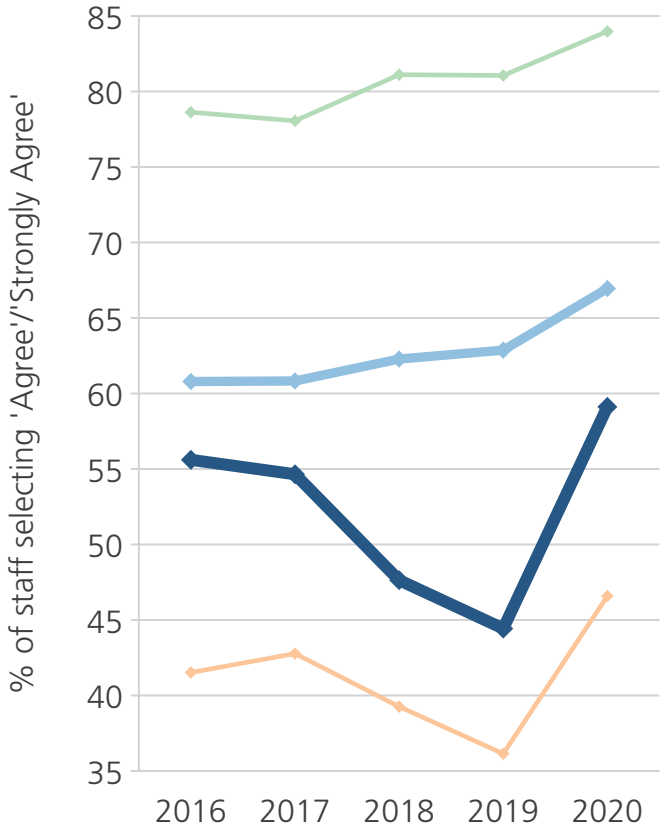
	2016	2017	2018	2019	2020
Best	65.0%	64.5%	66.0%	67.6%	63.5%
Your org	58.3%	54.0%	49.8%	49.0%	53.9%
Average	56.5%	55.9%	56.2%	56.2%	55.4%
Worst	46.8%	43.8%	45.8%	44.7%	44.9%

Q18a
Care of patients / service users is my organisation's top priority



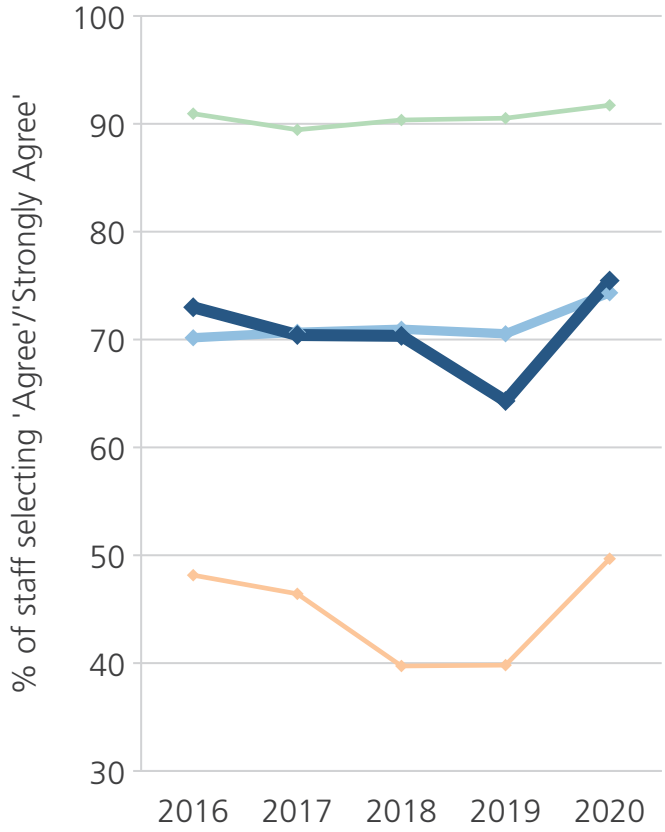
	2016	2017	2018	2019	2020
Best	90.6%	89.3%	88.7%	89.9%	90.7%
Your org	66.6%	66.6%	60.1%	58.7%	74.4%
Average	76.1%	75.5%	76.8%	77.4%	79.4%
Worst	57.0%	59.5%	60.1%	47.0%	61.8%

Q18c
I would recommend my organisation as a place to work



	2016	2017	2018	2019	2020
Best	78.6%	78.1%	81.1%	81.1%	84.0%
Your org	55.6%	54.6%	47.6%	44.4%	59.1%
Average	60.8%	60.8%	62.3%	62.9%	66.9%
Worst	41.5%	42.8%	39.3%	36.1%	46.6%

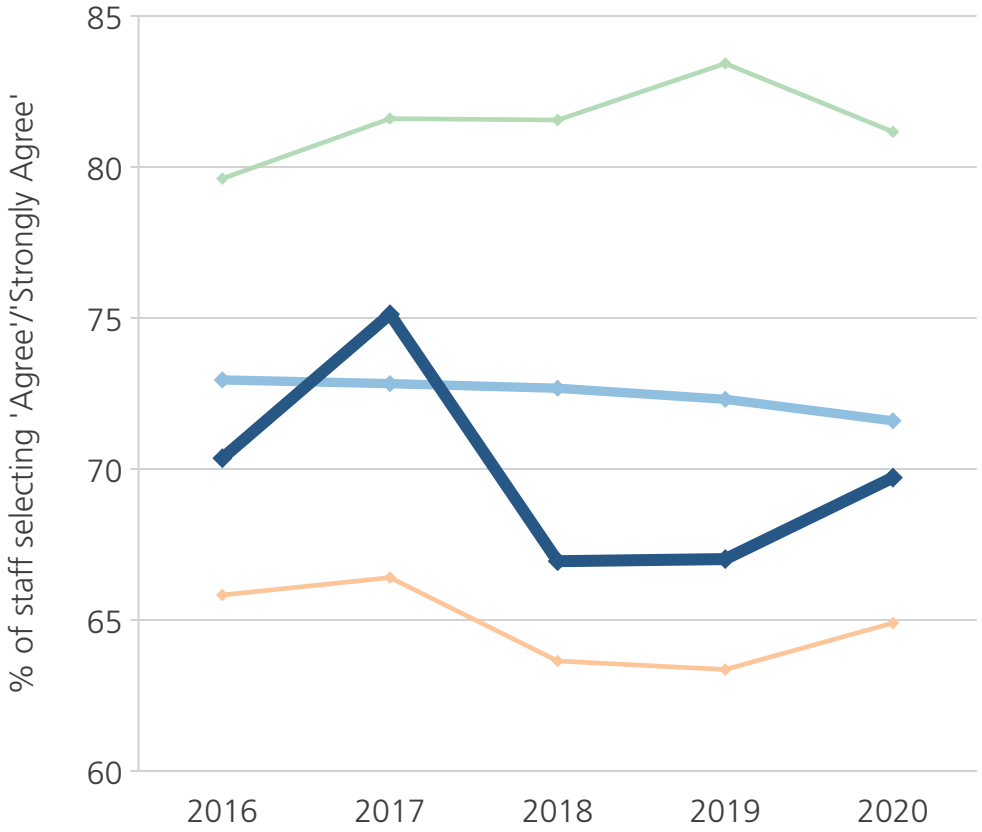
Q18d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



	2016	2017	2018	2019	2020
Best	90.9%	89.4%	90.4%	90.5%	91.7%
Your org	73.0%	70.4%	70.3%	64.3%	75.5%
Average	70.2%	70.7%	71.0%	70.5%	74.3%
Worst	48.2%	46.4%	39.7%	39.8%	49.7%

Q4h

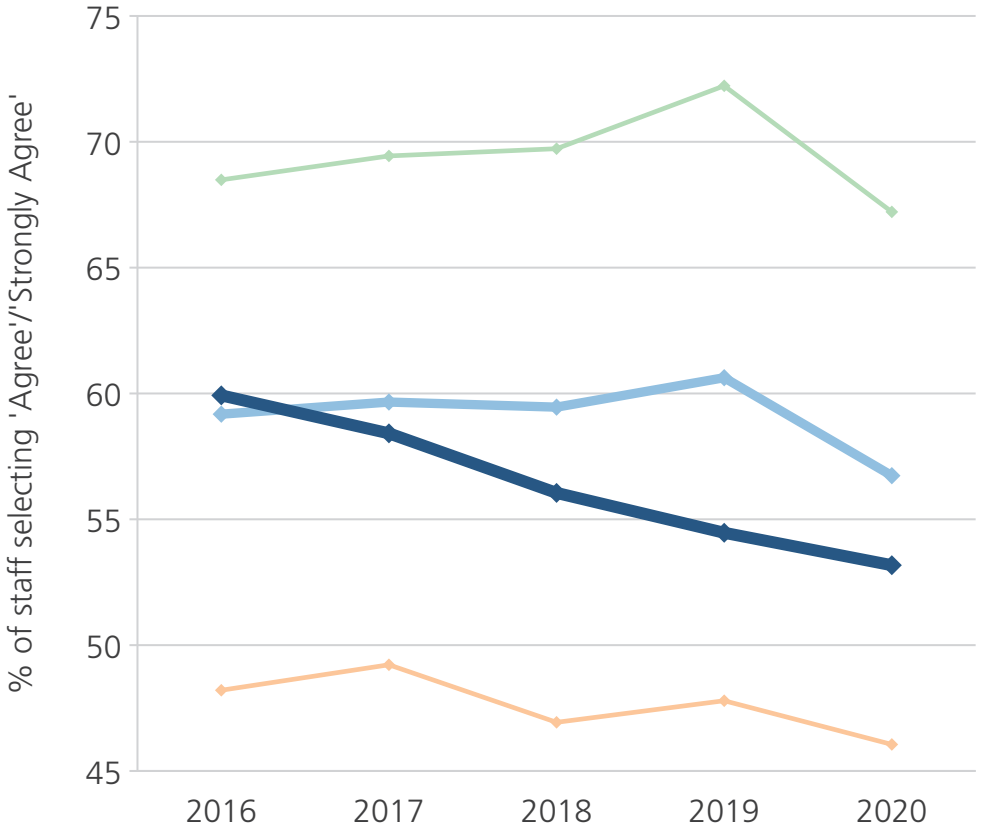
The team I work in has a set of shared objectives



	2016	2017	2018	2019	2020
Best	79.6%	81.6%	81.6%	83.4%	81.2%
Your org	70.4%	75.1%	66.9%	67.0%	69.7%
Average	72.9%	72.8%	72.7%	72.3%	71.6%
Worst	65.8%	66.4%	63.6%	63.4%	64.9%

Q4i

The team I work in often meets to discuss the team's effectiveness



	2016	2017	2018	2019	2020
Best	68.5%	69.4%	69.7%	72.2%	67.2%
Your org	59.9%	58.4%	56.0%	54.5%	53.2%
Average	59.2%	59.7%	59.5%	60.6%	56.7%
Worst	48.2%	49.2%	46.9%	47.8%	46.1%

Survey Coordination Centre

NHS England

Workforce Equality Standards

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results

Workforce Equality Standards

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Full details of how the data are calculated are included in the Technical Document, available to download from our results website.

Workforce Race Equality Standard (WRES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017, 2018 and 2019 trust/CCG and benchmarking group median results for q13a, q13b&c combined, q14, and q15b split by ethnicity (by white / BME staff).

Workforce Disability Equality Standard (WDES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018 and 2019 trust/CCG and benchmarking group median results for q5f, q11e, q13a-d, and q14 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q26b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.
- The WDES breakdowns are based on the responses to q26a ***Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?*** In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

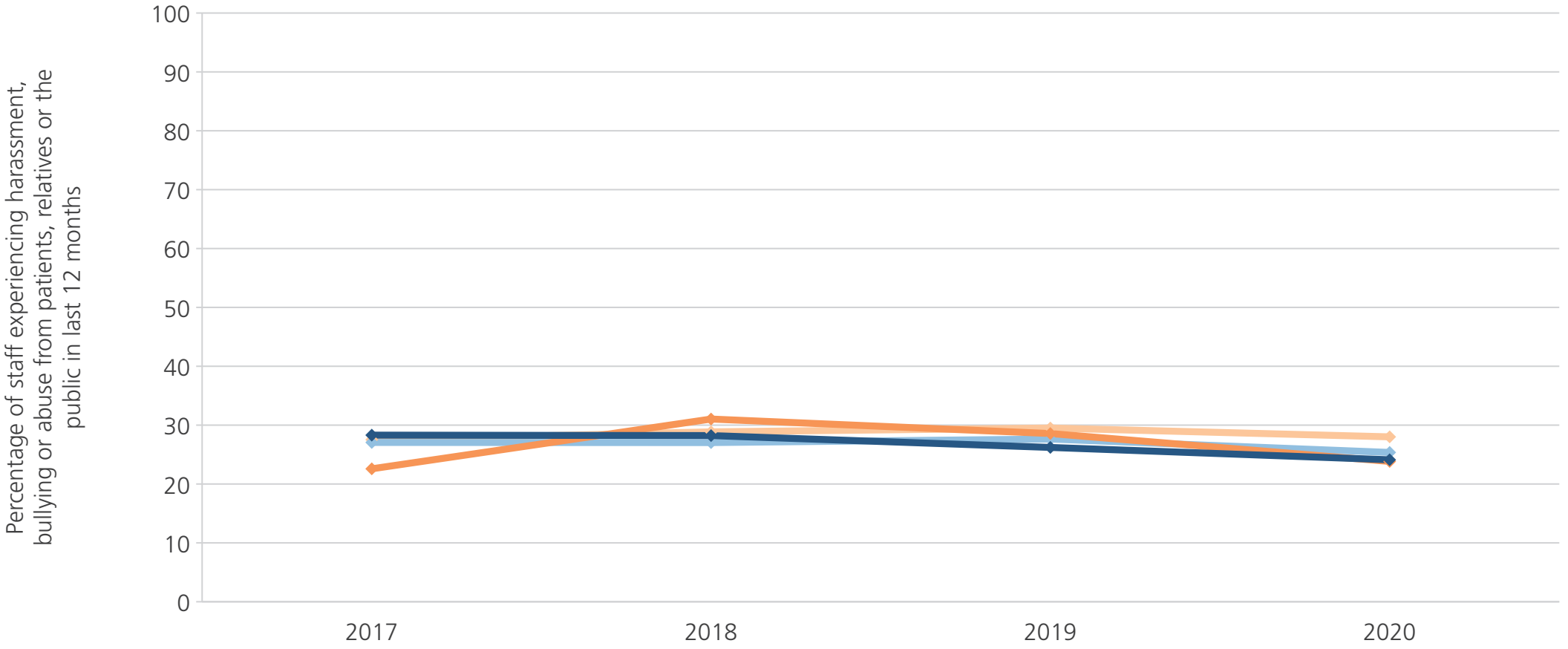
Survey Coordination Centre

NHS England

Workforce Race Equality Standard (WRES)

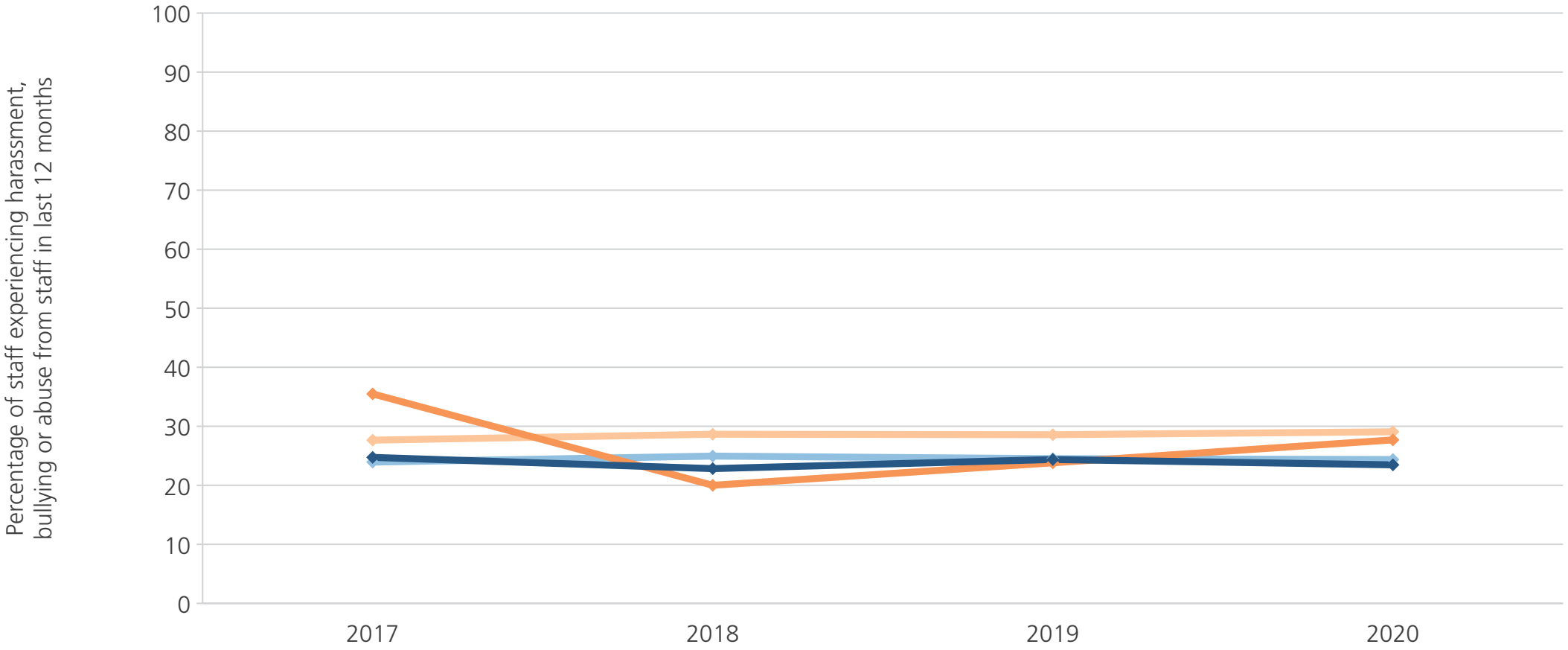
South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results



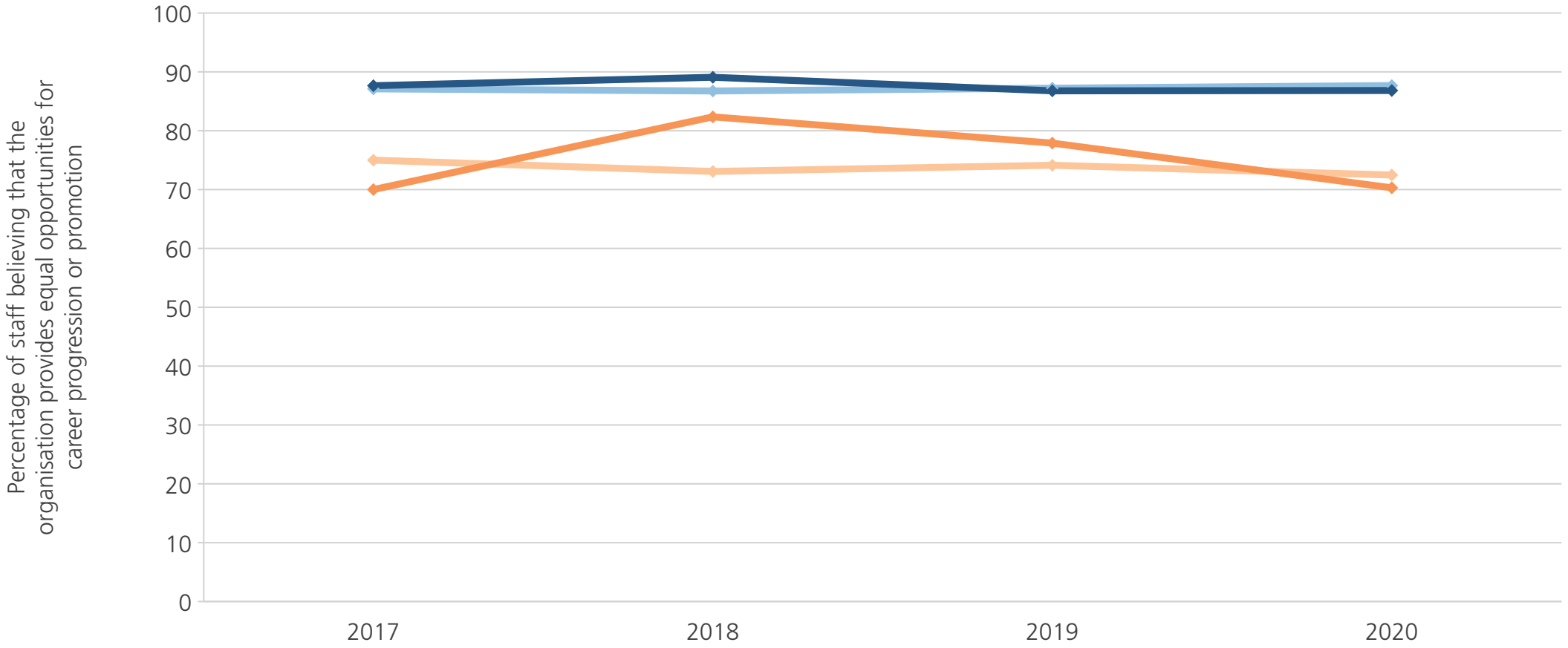
	2017	2018	2019	2020
White: Your org	28.3%	28.2%	26.2%	24.1%
BME: Your org	22.6%	31.0%	28.6%	23.8%
White: Average	27.1%	27.0%	27.6%	25.4%
BME: Average	27.5%	28.9%	29.5%	28.0%
White: Responses	371	372	2,022	2,227
BME: Responses	31	29	168	193

Average calculated as the median for the benchmark group



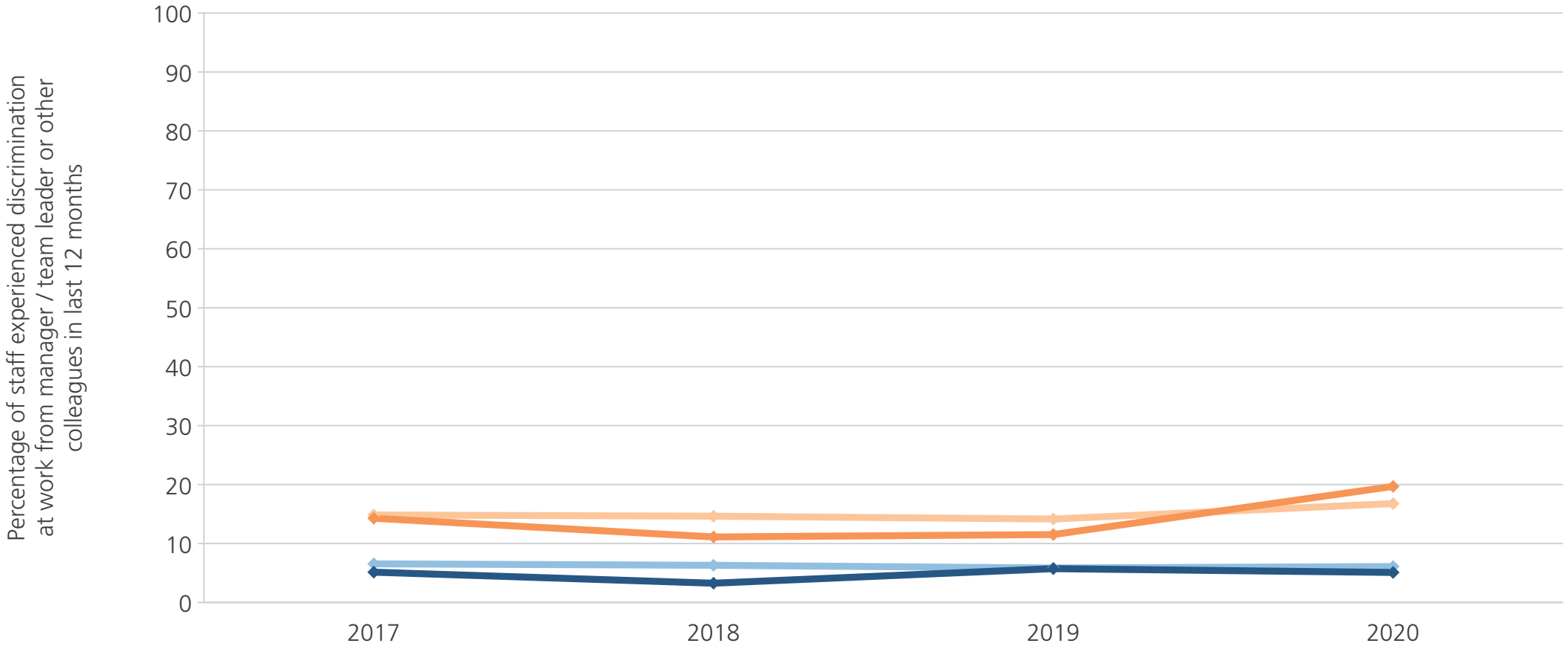
	2017	2018	2019	2020
White: Your org	24.7%	22.8%	24.4%	23.5%
BME: Your org	35.5%	20.0%	23.8%	27.7%
White: Average	23.9%	24.9%	24.5%	24.4%
BME: Average	27.6%	28.7%	28.6%	29.1%
White: Responses	372	368	2,027	2,229
BME: Responses	31	30	168	195

Average calculated as the median for the benchmark group



	2017	2018	2019	2020
White: Your org	87.6%	89.1%	86.8%	86.8%
BME: Your org	70.0%	82.4%	77.9%	70.3%
White: Average	87.1%	86.8%	87.2%	87.7%
BME: Average	75.0%	73.1%	74.1%	72.5%
White: Responses	251	229	1,172	1,329
BME: Responses	20	17	95	101

Average calculated as the median for the benchmark group



	2017	2018	2019	2020
White: Your org	5.1%	3.3%	5.7%	5.1%
BME: Your org	14.3%	11.1%	11.5%	19.7%
White: Average	6.5%	6.3%	5.8%	6.1%
BME: Average	14.8%	14.6%	14.2%	16.8%
White: Responses	370	368	2,007	2,182
BME: Responses	28	27	165	193

Average calculated as the median for the benchmark group

Survey Coordination Centre

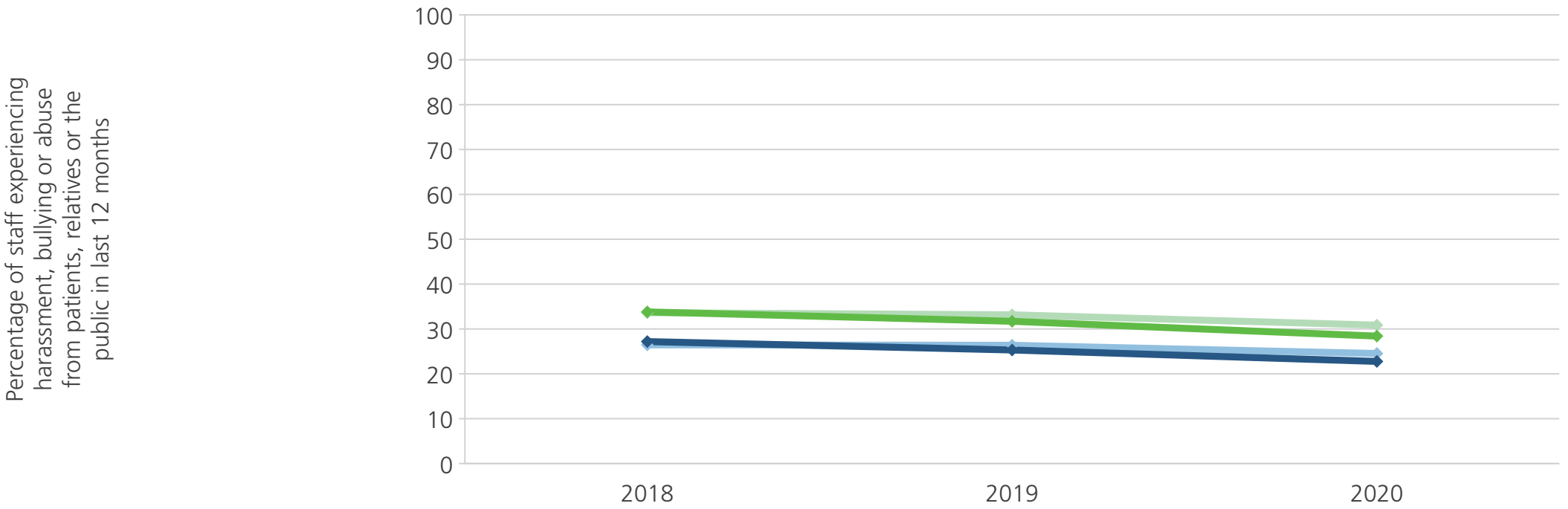
NHS England

Workforce Disability Equality Standard (WDES)

The approach to calculating the benchmark median scores and the way in which the data for Q13d are reported has changed this year. These changes have been applied retrospectively so historical data shown in the average calculations and all figures for Q13d are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the technical document.

South Tees Hospitals NHS Foundation Trust

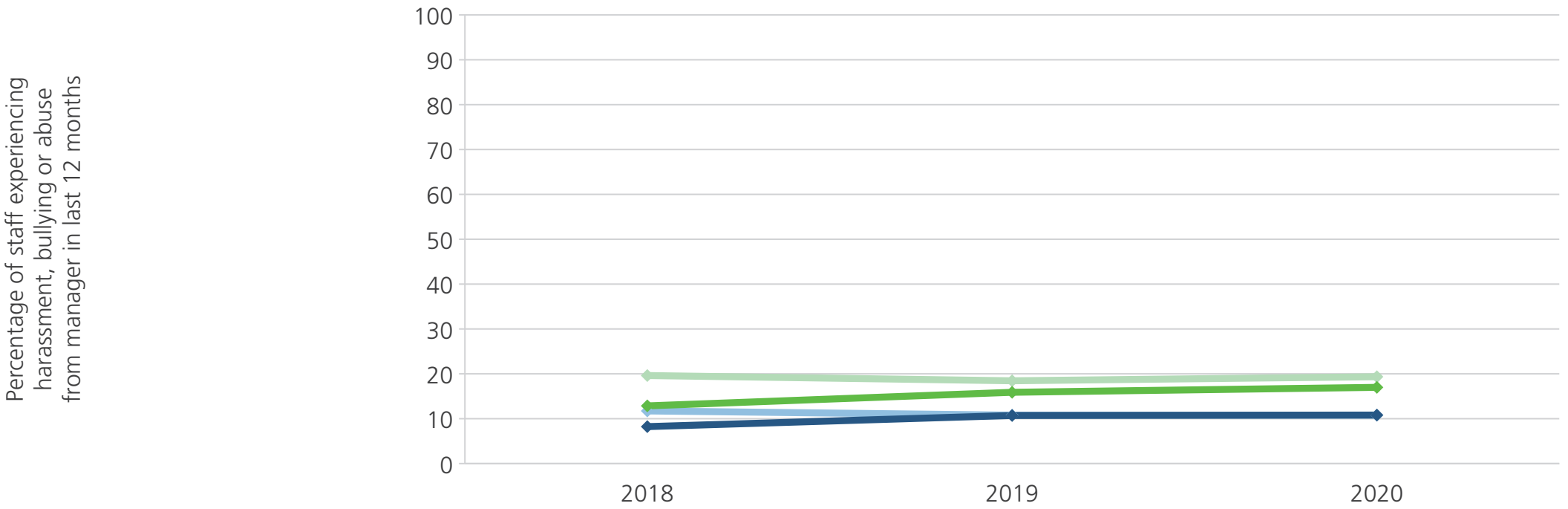
2020 NHS Staff Survey Results



	2018	2019	2020
Staff with a LTC or illness: Your org	33.8%	31.7%	28.4%
Staff without a LTC or illness: Your org	27.2%	25.3%	22.8%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%
Staff without a LTC or illness: Average	26.5%	26.4%	24.5%

Staff with a LTC or illness: Responses	71	451	528
Staff without a LTC or illness: Responses	331	1,683	1,779

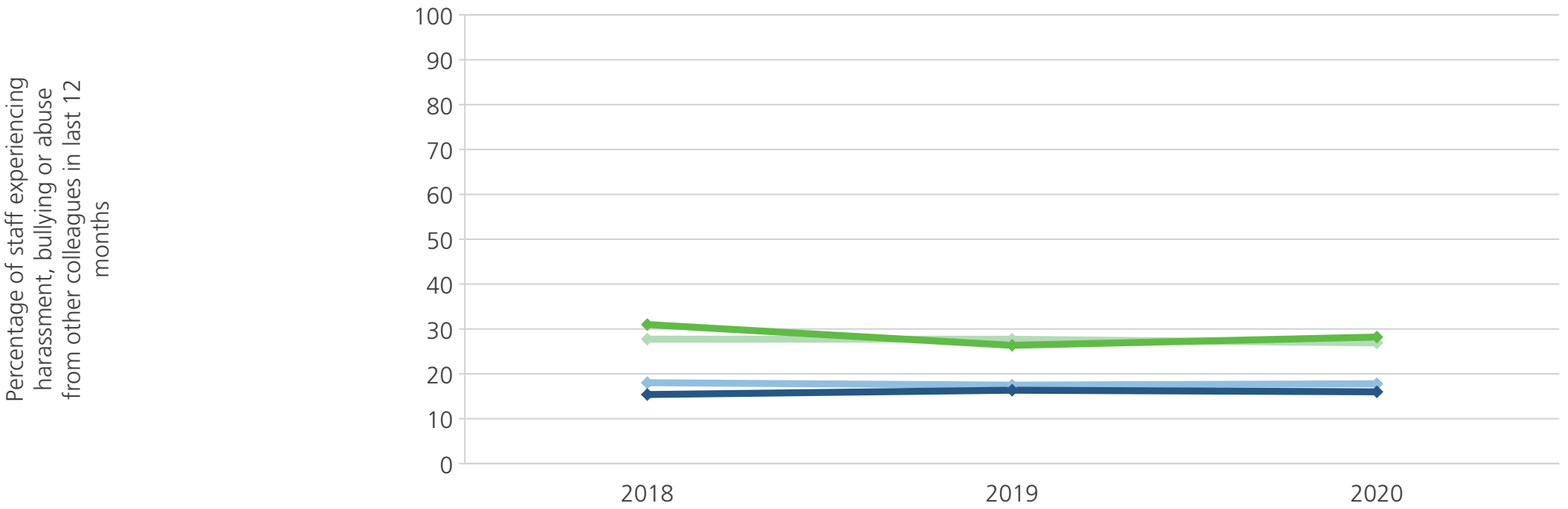
Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	12.9%	15.9%	17.0%
Staff without a LTC or illness: Your org	8.2%	10.7%	10.8%
Staff with a LTC or illness: Average	19.6%	18.5%	19.3%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%

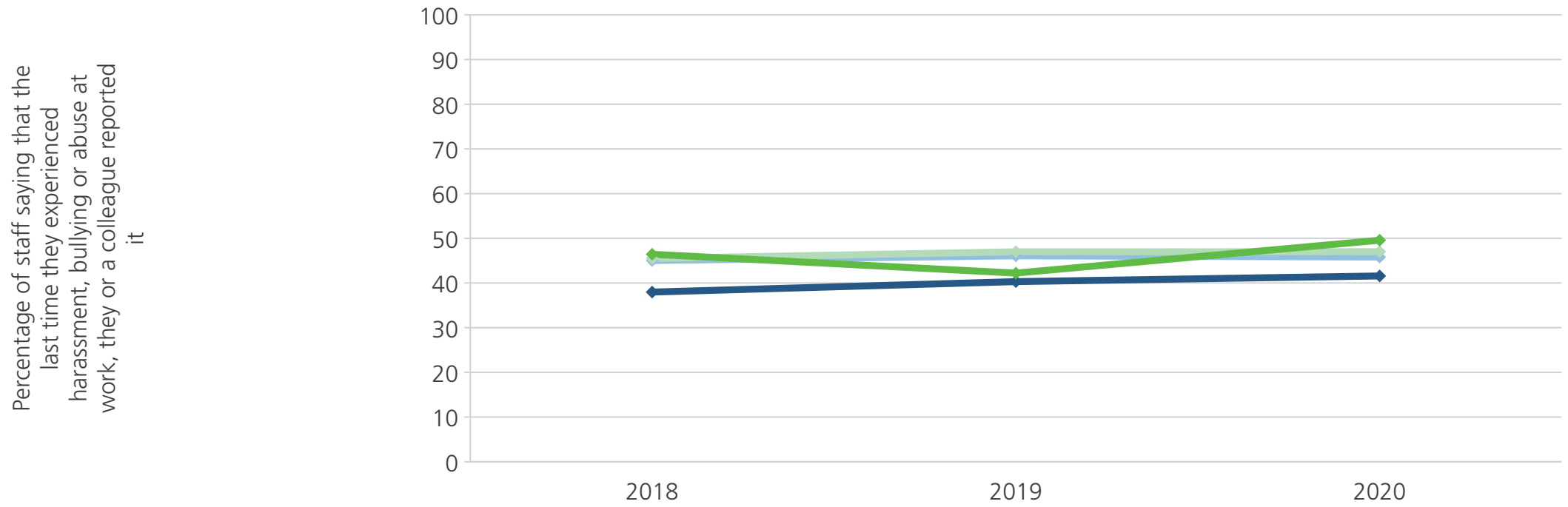
Staff with a LTC or illness: Responses	70	447	524
Staff without a LTC or illness: Responses	328	1,680	1,776

Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	31.0%	26.4%	28.2%
Staff without a LTC or illness: Your org	15.4%	16.3%	16.0%
Staff with a LTC or illness: Average	27.7%	27.7%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%
Staff with a LTC or illness: Responses	71	444	525
Staff without a LTC or illness: Responses	325	1,676	1,776

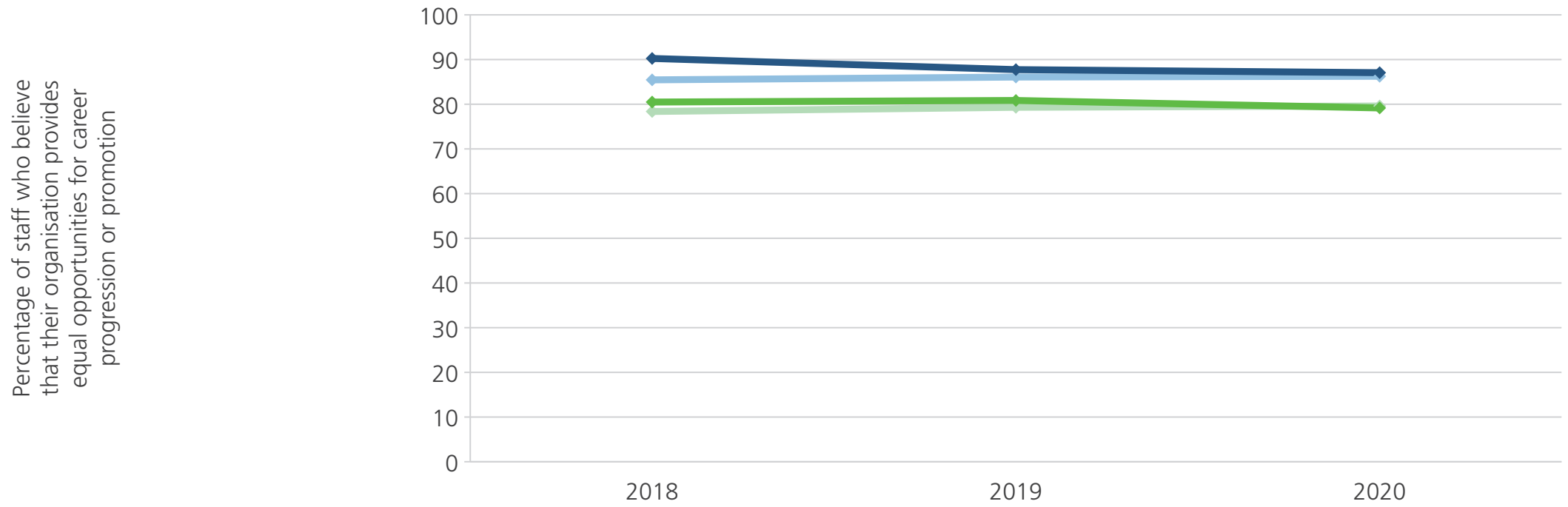
Average calculated as the median for the benchmark group



Staff with a LTC or illness: Your org	46.4%	42.2%	49.6%
Staff without a LTC or illness: Your org	38.0%	40.3%	41.6%
Staff with a LTC or illness: Average	45.5%	47.0%	47.0%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%

Staff with a LTC or illness: Responses	28	199	232
Staff without a LTC or illness: Responses	108	526	534

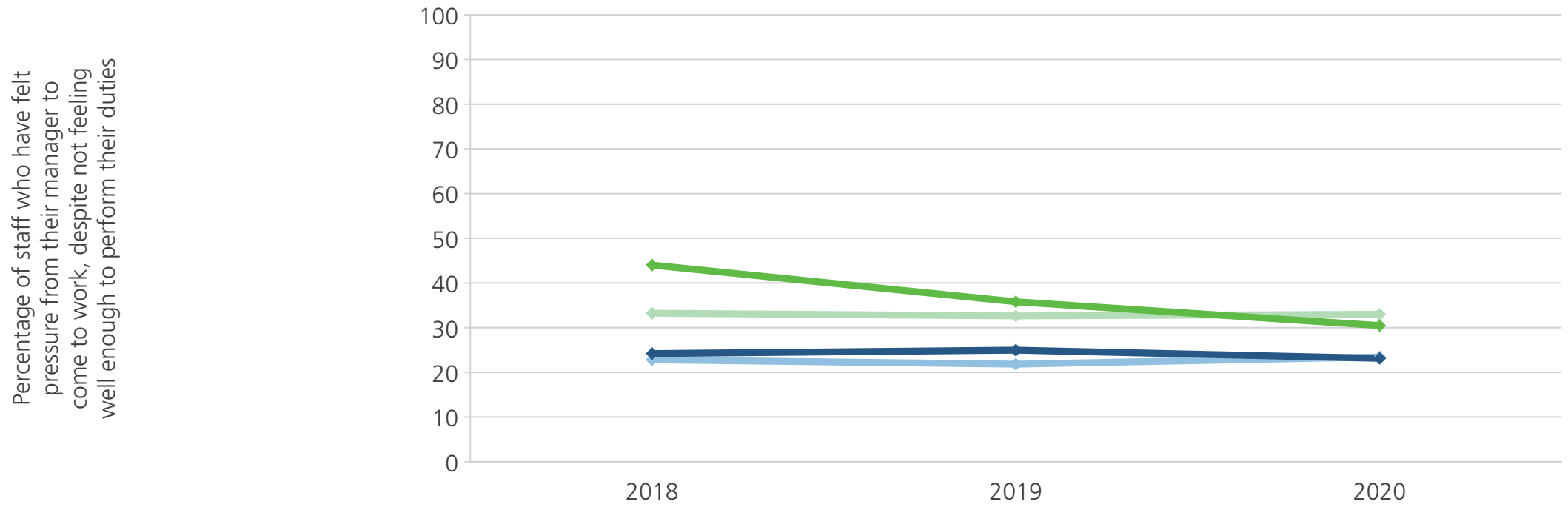
Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	80.5%	80.8%	79.2%
Staff without a LTC or illness: Your org	90.2%	87.7%	87.1%
Staff with a LTC or illness: Average	78.4%	79.3%	79.6%
Staff without a LTC or illness: Average	85.5%	86.1%	86.3%

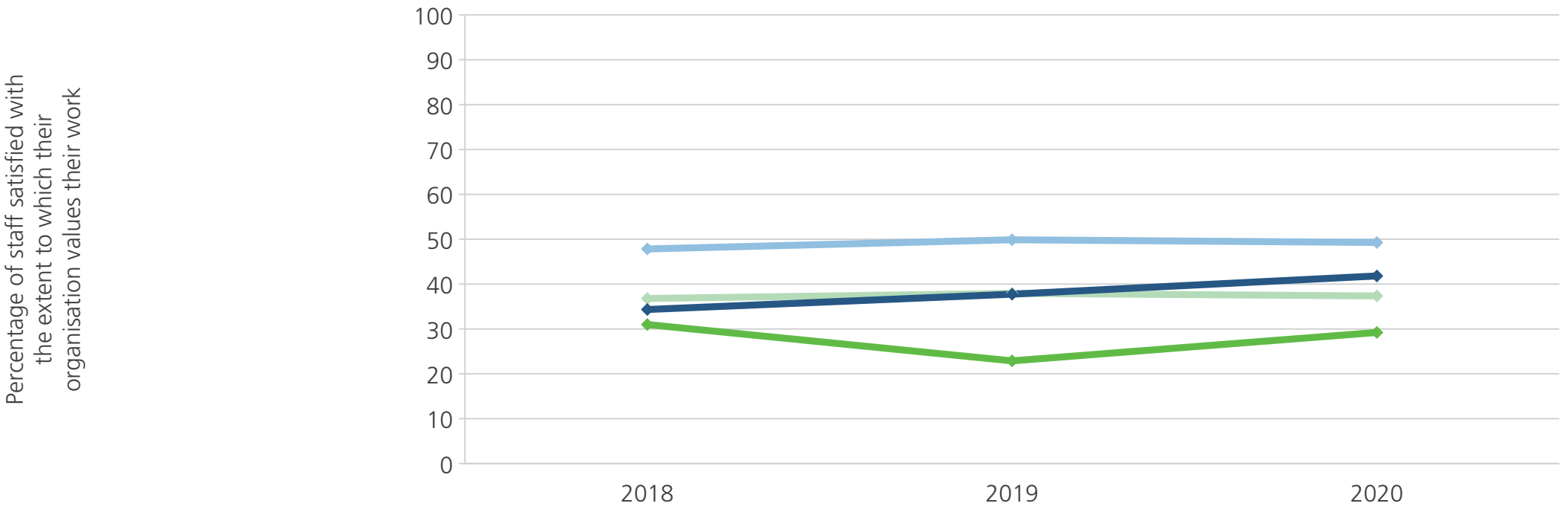
Staff with a LTC or illness: Responses	41	261	288
Staff without a LTC or illness: Responses	205	979	1,074

Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	44.0%	35.8%	30.5%
Staff without a LTC or illness: Your org	24.2%	25.0%	23.1%
Staff with a LTC or illness: Average	33.2%	32.6%	33.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%
Staff with a LTC or illness: Responses	50	352	361
Staff without a LTC or illness: Responses	157	937	778

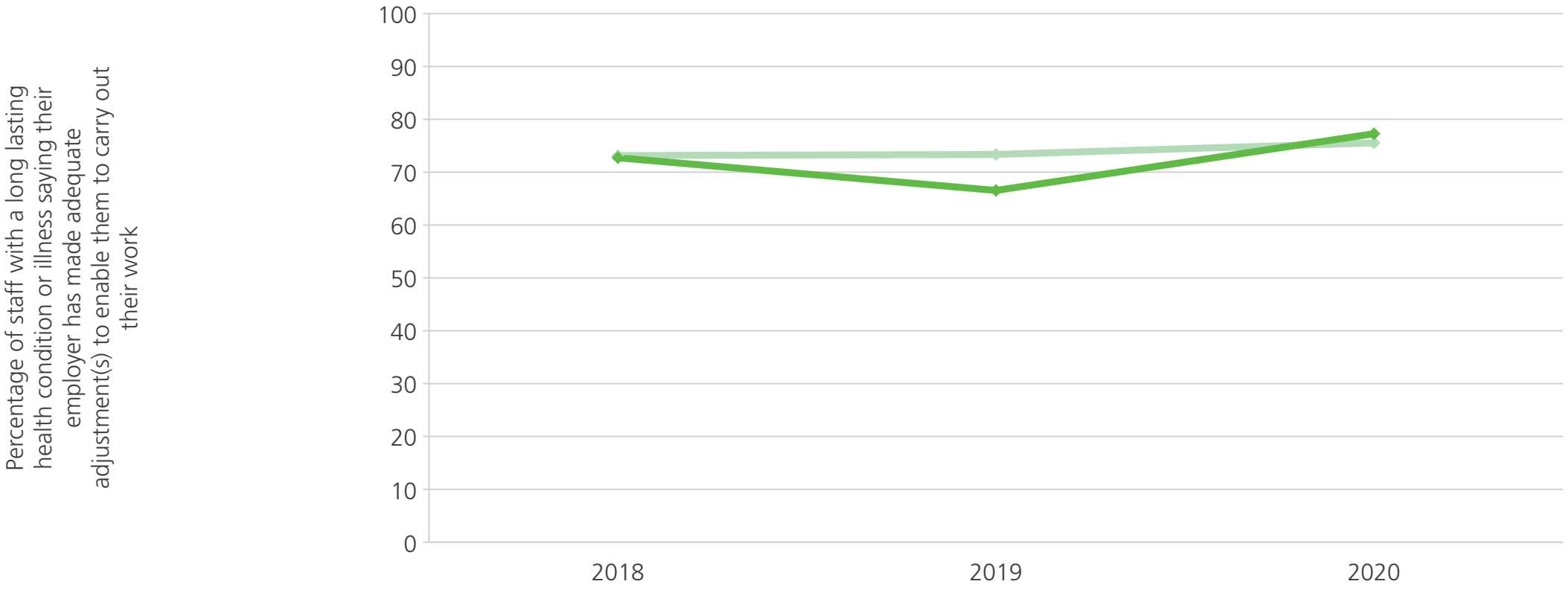
Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	31.0%	22.9%	29.2%
Staff without a LTC or illness: Your org	34.3%	37.7%	41.8%
Staff with a LTC or illness: Average	36.8%	37.9%	37.4%
Staff without a LTC or illness: Average	47.8%	49.9%	49.3%

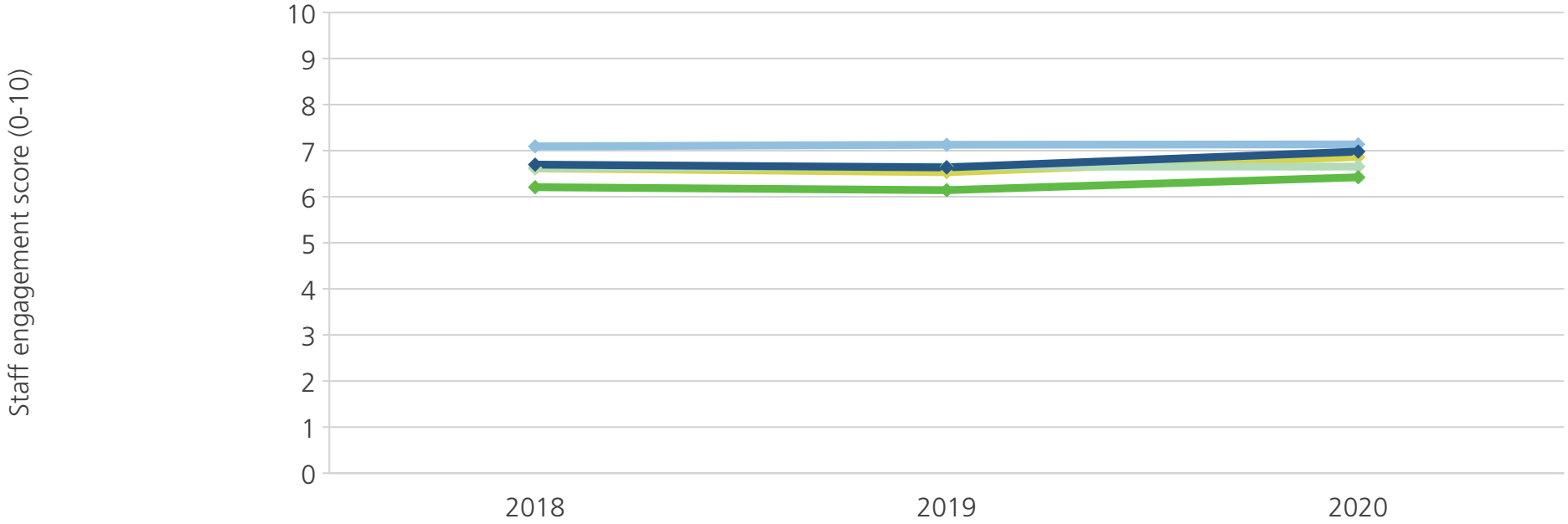
Staff with a LTC or illness: Responses	71	450	527
Staff without a LTC or illness: Responses	332	1,706	1,784

Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	72.7%	66.5%	77.3%
Staff with a LTC or illness: Average	73.1%	73.4%	75.5%
Staff with a LTC or illness: Responses	33	269	286

Average calculated as the median for the benchmark group



Organisation average	6.6	6.5	6.9
Staff with a LTC or illness: Your org	6.2	6.1	6.4
Staff without a LTC or illness: Your org	6.7	6.6	7.0
Staff with a LTC or illness: Average	6.6	6.7	6.7
Staff without a LTC or illness: Average	7.1	7.1	7.1

Organisation Responses	412	2,249	2,450
Staff with a LTC or illness: Responses	71	453	529
Staff without a LTC or illness: Responses	333	1,710	1,788

Average calculated as the median for the benchmark group

Survey Coordination Centre

NHS England

Appendices

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results

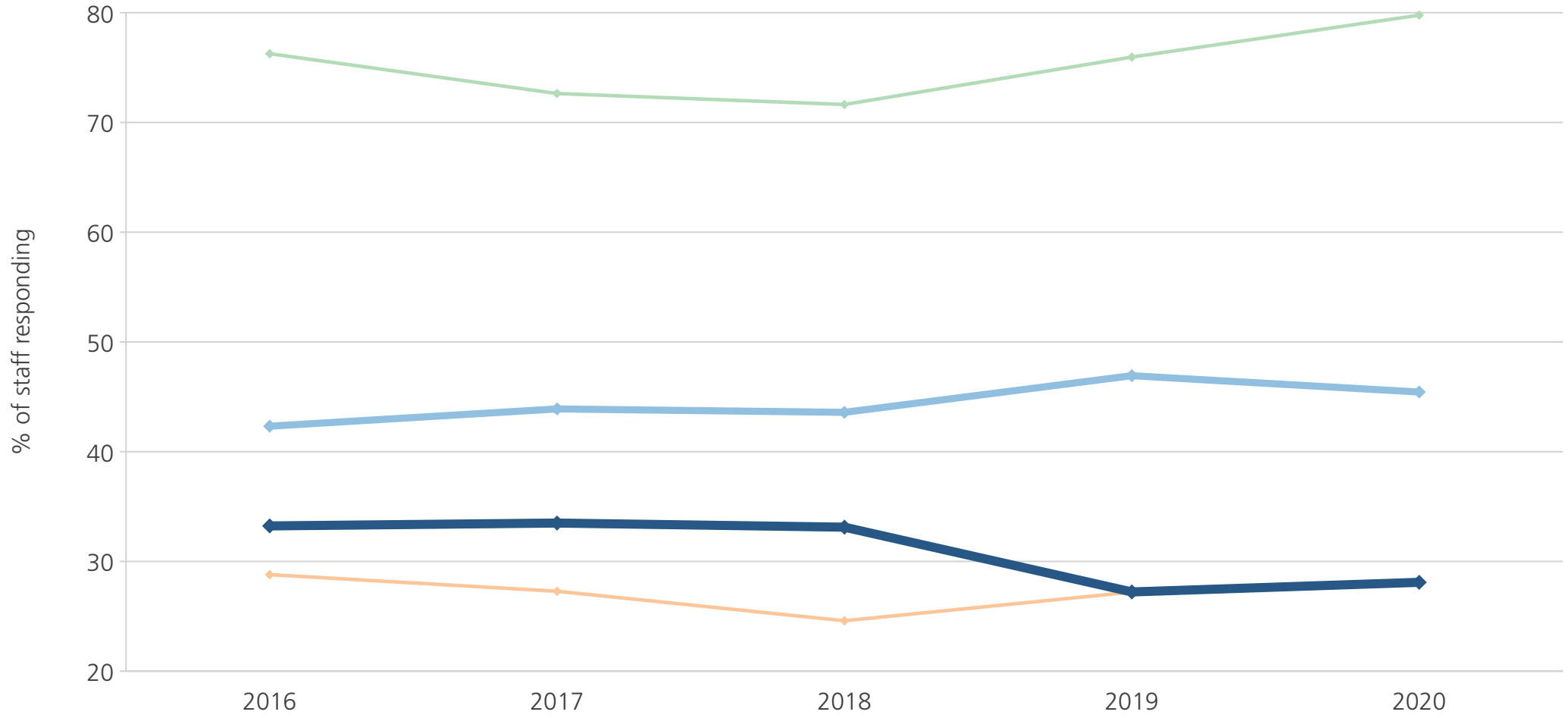
Survey Coordination Centre

NHS England

Appendix A: Response rate

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results



Best	76.3%	72.6%	71.6%	76.0%	79.8%
Your org	33.2%	33.5%	33.1%	27.2%	28.1%
Median	42.3%	43.9%	43.6%	46.9%	45.4%
Worst	28.8%	27.3%	24.6%	27.2%	28.1%

Survey Coordination Centre

NHS England

Appendix B: Significance testing - 2019 v 2020 theme results

South Tees Hospitals NHS Foundation Trust

2020 NHS Staff Survey Results

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2020 score is significantly higher than last year's, whereas ↓ indicates that the 2020 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.2**	2226	**9.2**	2401	Not significant
Health & wellbeing	**5.2**	2243	**5.6**	2448	↑
Immediate managers †	**6.5**	2248	**6.7**	2447	↑
Morale	**5.7**	2236	**6.1**	2446	↑
Quality of care	**7.1**	2015	**7.4**	2135	↑
Safe environment - Bullying & harassment	**8.1**	2222	**8.2**	2443	Not significant
Safe environment - Violence	**9.5**	2226	**9.6**	2441	↑
Safety culture	**6.2**	2232	**6.7**	2445	↑
Staff engagement	**6.5**	2249	**6.9**	2450	↑
Team working	**6.2**	2227	**6.3**	2425	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the technical document.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 APRIL 2021			
Revisions to the Board Committee structure			**AGENDA ITEM: 14, ENC 10**
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	**Responsible Director:**	Rob Harrison Managing Director
Action Required	Approve ☒ Discuss ☐ Inform ☐ (select the relevant action required)		
Situation	The Board is asked to agree proposed revisions to its Committee structure, following a review of membership and terms of reference.		
Background	This report brings the recommendations from a review of Board committees. It is also informed by the Board Effectiveness Reviews undertaken by the Co Secretary. In addition the Trust Board of Directors have agreed to establish a Committee in Common to be known as the Joint Strategic Board for the purposes of joint working with North Tees & Hartlepool NHS Trust.		
Assessment	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 recognized that the functions of one of the Board Committee can be incorporated into another Committee. In addition the appointment of two 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.		
Recommendation	Members of the Trust Board are asked to approve the revisions to the Committee structure		
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 ☒	

Revisions to the Board Committee structure

1. PURPOSE OF REPORT

1.1 Following discussion with the Chairman, Chairs of Board Committees and the Managing Director we agreed some changes to Board Committee structure in principle, but required the proposals to be worked up into specific changes to terms of reference and also accompanying changes to the Corporate Governance Framework (Standing Orders, Scheme of Delegation and Standing Financial Instructions).

1.2 These have now been completed and are coming to the Board for approval so they can be implemented immediately.

2. BACKGROUND

2.1 This report brings the recommendations from a review of Board committees. It is also informed by the Board Effectiveness Reviews undertaken by the Co Secretary.

2.2 In addition the Trust Board of Directors have agreed to establish a Committee in Common to be known as the Joint Strategic Board for the purposes of joint working with North Tees & Hartlepool NHS Trust.

2.3 The review concluded

- One Board Committee can now be incorporated and managed by another Committee.
- The remit and purpose of the committees needed to be much more clearly based on delegated functions of the Board and aligned to the new values of the Trust.

2.4 The proposed new structure incorporates the following:

- Extending the remit of the Audit Committee to incorporate Risk 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
- Stopping the Risk Committee
- 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.

2.5 The proposed Committee structure is described in more detail in the attached terms of reference.

3. DETAILS

3.1 Revisions to the Corporate Governance Framework

3.1.1 To support the introduction of new Committee arrangements, a small number of enabling revisions are proposed to the Corporate Governance Framework, as described below.

3.1.2 Standing Orders

The proposed changes to the Board Committee structure comply with the existing Standing Orders (SOs), and no amendments are needed in this regard.

3.1.3 Standing Financial Instructions (SFIs)

Revisions are required to support the introduction of the new Committee structure, in particular ensuring approval limits are fit for purpose. The changes to the SFIs will be undertaking in line with the updating of the SFIs which is currently underway following the changes to the Operations structure.

3.1.4 Schedule of Matters Reserved to the Board (Scheme of Delegation)

The proposed changes to the Board Committee structure comply with the existing Schedule of Matters Reserved to the Board (Scheme of Delegation (SD)). However, following review, the Board is asked to agree the following immediate amendments and clarifications to the SoD:

- Updating of Committee names to reflect the proposed new structure within this paper;

- Updating of job titles referenced within the SoD to reflect the new structure of the organisation.

The SoD will require further amendment to support implementation of the Operations structure. The Board is asked to agree that these required changes to the SoD should be prepared for approval at the

next meeting of the Audit and Risk Committee, enabling moves towards operation of the new structure from April 2021.

3.2 Making the most of Non-Executive skills and expertise

3.2.1 Our NEDs are essential to our governance and development, and play a key role in the Board and its committees. But in addition to that formal remit, they bring a wide range of valuable skill and expertise.

3.2.2 There are significant benefits from using NEDs in an array of more informal roles in addition to their formal roles. These might include involvement in strategic thinking as well as supporting, challenging and sponsoring individual areas of work aligned to their skills and expertise. This ongoing informal input will help NEDs to provide the Board with greater assurance through their personal engagement with the business. To facilitate enhanced involvement, the Company Secretary will work with the Chairman, Vice Chair and NEDs to align NEDs to key work-streams based upon their knowledge and experience.

3.2.3 In recognition of the risks relating to the Trust digital systems particular focus will be placed on the role of NEDs involvement in seeking assurance on the robustness of systems planning and implementation. (BAF Risk 4.4 - Underdeveloped informatics infrastructure compromises ability to deliver safe, responsive and efficient patient care).

3.3 Timescales

3.3.1 Subject to Board agreement, moves to the new structure will be made from April 2021 with a phased approach to the establishment of the Audit and Risk Committee which will be fully operational from July 2021.

4. RECOMMENDATIONS

4.1 The Board is asked to agree:

- the new Committee structure;
- proposals for amendments to the Standing Orders, Scheme of Delegation and Standing Financial Instructions;
- that the transition to the new arrangements should take place forthwith.

APPENDICES

Terms of Reference People Committee
Terms of Reference Resources Committee
Terms of Reference Trust Committee (in Private paper pack)

RESOURCES COMMITTEE (previously Finance & Investment Committee)

TERMS OF REFERENCE:

RATIFIED BY TRUST BOARD ON:

NEXT REVIEW DUE:

1. CONSTITUTION

1.1 The Board of Directors hereby resolves to establish a Committee of the Board of Directors to be known as the Resources Committee (The Committee). The Committee is a non-executive committee of the Board of Directors and has no executive powers, other than those specifically delegated in these Terms of Reference.

2. PURPOSE

2.1 The purpose of the Committee is to keep under review the financial position of the Board and to provide assurance that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all financial resources and that the arrangements are working effectively.

3. MEMBERSHIP

3.1 Membership shall be appointed by the Board and comprise of:

4 Non-Executive Directors (one of whom is the Chair of the Committee)
Chief Finance Officer
Chief Medical Officer
Chief Nurse
Chief Operating Officer
Director of HR
Managing Director
Director of Estates, Facilities & Capital Planning

4. ATTENDEES

4.1 The Committee may invite individuals to attend from time to time on a regular or ad hoc basis for specific items on the agenda.

5. ATTENDANCE

5.1 It is expected that each member attends a minimum of 75% of meetings and performance will be reported for each member in terms of attendance at the end of each financial year.

6. QUORUM

6.1 The Committee has no decision making authority unless there are 2 Non-Executive Directors and 2 Executive Directors present.

7. FREQUENCY OF MEETINGS

7.1 The Committee will meet monthly.

8. CHANGES TO TERMS OF REFERENCE

8.1 Changes to the terms of reference including changes to the Chair or membership of the Committee are a matter reserved to the Board of Directors.

9. ESTABLISHMENT OF SUB GROUPS

9.1 The Committee may establish sub groups and / or sub committees made up wholly or partly of members of the Committee to support its work. The terms of reference of such sub group and subcommittee will be approved by the Committee and reviewed at least annually. The Committee may delegate work to the sub group and or subcommittee in accordance with the agreed terms of reference. The Chair of each sub group and or subcommittee will be expected to provide a Chairs report to the Finance and Investment Committee.

9.2 The Committee has established the following sub groups:

To be confirmed.

10. ADMINISTRATIVE ARRANGEMENTS

10.1 The Chair of the Committee will agree the agenda for each meeting with the Director of Finance. The Committee shall be supported administratively by the Director of Finance PA whose duties in this respect will include:

- Agreement of agenda with Chair and attendees and collation of papers
- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward
- Advising the committee on pertinent issues / areas
- Enabling the development and training of Committee members

10.2 All papers presented to the Committee should be prefaced by a summary of key issues and clear recommendations setting out what is required of the Committee.

11. ANNUAL CYCLE OF BUSINESS

11.1 The Committee will develop an annual cycle of business for approval by the Trust Board meeting at its first meeting of the financial year. The Committee

work plans informs the standing agenda items as described within the terms of reference, to ensure that all regulatory and legislative items are adequately reviewed and acted upon.

12. REPORTING TO THE TRUST BOARD

12.1 The Chair of the Committee will provide a highlight report monthly to the Board of Directors outlining key actions taken with regard to the issues, key risks identified and key levels of assurance given.

13. MONITORING

13.1 The Committee will provide the Board of Directors with an Annual Report setting out the issues that have been considered by the Committee and details of assurance provided.

14. PERFORMANCE EVALUATION

14.1 As part of the Board's annual performance review process, the Committee shall review its collective performance.

15. REVIEW

15.1 The terms of reference of the Finance and Investment Committee shall be reviewed by the Board at least annually.

16. DUTIES

Improving service efficiency and productivity

- Business Case Investments and Evaluation - ensuring that these support the delivery of the Trust's corporate objectives and strategic direction.
- To receive and scrutinise post implementation reviews on business case and capital investment schemes.
- To oversee implementation of the annual plan, monitoring and reviewing progress against plan, taking decisions to recover areas of underperformance, providing assurance to the Board and escalating as required.
- To oversee the implementation of national transformation plans within divisions, including GIRFT, HED, Model Hospital, and Carter. This will include cost improvement and other productivity improvement programmes.
- Setting and monitoring key performance, financial, activity and workforce plans over the short, medium and long term. This will include annual targets (including revenue and capital budgets) for approval by the Trust Board on an annual basis prior to the start of each financial year.

Arrangements for Securing Value for Money

The Committee shall keep under review arrangements for securing economy, efficiency and effectiveness in the use of resources. These arrangements will include procedures for:

- The planning, appraisal, control, accountability and evaluation of the use of current and future resources.
- Reporting and reviewing performance and managing performance issues as they arise in a timely and effective manner. In particular, the Committee will review action (proposed or underway) to ensure that the Board achieves financial balance in line with its statutory requirements.

Digital Strategy

- To review the Digital strategy and recommend it to the Board, and to monitor progress against and risks associated with the strategy, and monitor other Digital related improvement plans
- Where appropriate, to make recommendations to the Board on necessary actions or approvals relating to the matters in this section.

Estates Strategy

- It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Estates Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference.

Procurement Strategy

- To review the Trust's procurement strategy and policies on a regular basis and to make recommendations to the Board.
- To consider any significant variations to the Trust's existing procurement methodology as set out in the Trust's Standing Orders and Standing Financial Instructions.

Board Assurance Framework

- To review the status of the top-level strategic risks owned by the Committee by reviewing the actions being taken to mitigate risks.
- To ensure that the gaps in control and gaps in assurance for strategic risks are reported appropriately to the Committee by the Lead Executive.

Resource Management

- To review income and expenditure for the latest month, year to date and forecast
- To review the Trust's cash flow position
- To assess the Trust's financial risk profile.
- To consider the Trust's medium and long term financial strategy, in relation to both revenue and capital.

- To consider the target level of Cost Improvement Programme (CIP) and actions to ensure that CIP targets are achieved without compromising on quality and to ensure that proposed financial initiatives are rated according to their potential impact on quality.
- To agree budget setting principles on an annual basis.
- To receive and consider major Trust Investment Plans and maintain an oversight of the Trust's investments, ensuring compliance with the Trust's Strategic Direction and Annual Plan. To review and approve or make a recommendation to the Board on recurring or non-recurring revenue schemes that will result in costs that over twenty four months in line with the Standing Orders, Standing Financial Instructions, Scheme of Reservation and Delegation.

Sustainability

- To review the Trust's Green Plan which sets out the aim for this Trust is to achieve carbon neutral for energy emissions by 2030 which can be accomplished by creating a fully sustainable estate, utilising alternative, renewable power sources and making the most of innovation.
- To monitor routinely the actions to deliver this aim including receiving reports on
  - Working collaboratively
  - Resources
  - Procurement and raw materials
  - Waste
  - People
  - Journeys
  - Green spaces

PEOPLE COMMITTEE (replacing the Workforce & OD Committee)

TERMS OF REFERENCE:

RATIFIED BY THE TRUST BOARD ON:

NEXT REVIEW DUE:

1. CONSTITUTION

1.1 The Board of Directors hereby resolves to establish a Committee of the Board of Directors to be known as the People Committee (The Committee). The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

2. PURPOSE

2.1 The purpose and function of the Committee is to gain assurance, on behalf of the Board of Directors:

- on the identification of strategic people and workforce priorities for the Trust as a significant employer and as a partner in training, education, and development of health and care capacity in the locality.
- in relation to the organisation's understanding of strategic workforce needs (including wellbeing, recruitment, retention, development of people, and organisational capacity) and the quality and effectiveness of plans to deliver them.
- that the commitments of the NHS Constitution and the stated values of the Trust and standards of behaviour are being practiced at all levels of the organisation, based on evidence.
- that the effectiveness of mitigation of strategic risks relating to the above, as set out in the Corporate Risk Register and Board Assurance Framework, are adequately assessed.
- on the Trust's legislative and regulatory compliance as an employer, including anticipation of, and planning for, future requirements.
- on the development of staff governance in the organisation, including staff engagement processes, with the Committee acting as the oversight Committee.
- on strategic issues relating to ethics and duty of care in the conduct of Trust affairs (including whistleblowing) and to the Trust's equality duty.
- That the staff survey actions plans are developed and actively implemented across the Trust

- The Committee will agree progress reporting and information requirements relating to its remit on behalf of the Board of Directors, and will oversee the resulting performance intelligence.

3. MEMBERSHIP

4.1 Membership shall be appointed by the Board and comprise of:

- Three Non-executive Directors (one of which will be the Chair of the Committee)
- Director of Human Resources
- Chief Nurse
- Associate Medical Director - People
- Director of Education
- Head of Professions

4. ATTENDEES

4.1 The Committee may invite individuals to attend from time to time on a regular or ad hoc basis for specific items on the agenda.

5. ATTENDANCE

5.1 It is expected that each member attends a minimum of 75% of meetings and performance will be reported for each member in terms of attendance at the end of each financial year.

6. QUORUM

6.1 The Committee has no decision making authority unless there are 2 Non-Executive Directors and 2 Executive Directors present.

7. FREQUENCY OF MEETINGS

7.1 The Committee will meet monthly.

8. CHANGES TO TERMS OF REFERENCE

8.1 Changes to the terms of reference including changes to the Chair or membership of the Committee are a matter reserved to the Trust Board.

9. ESTABLISHMENT OF SUB GROUPS

9.1 The Committee may establish sub groups made up wholly or partly of members of the Committee to support its work. The terms of reference of such sub group will be approved by the Committee and reviewed at least annually. The Committee may delegate work to the sub group in accordance with the agreed terms of reference. The Chair of each sub group will be expected to provide a Chairs report to the Committee.

10. ADMINISTRATIVE ARRANGEMENTS

10.1 The Chair of the Committee will agree the agenda for each meeting with the Executive Lead. The Committee shall be supported administratively by the Executive PA whose duties in this respect will include:

- Agreement of agenda with Chair and attendees and collation of papers
- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward
- Advising the committee on pertinent issues / areas
- Enabling the development and training of Committee members

10.2 All papers presented to the Committee should be prefaced by a summary of key issues and clear recommendations setting out what is required of the Committee.

11. ANNUAL CYCLE OF BUSINESS

11.1 The Committee will develop an annual cycle of business for approval by the Committee at its first meeting of the financial year. The Committee work plans informs the standing agenda items as described within the terms of reference, to ensure that all regulatory and legislative items are adequately reviewed and acted upon.

12. REPORTING TO THE TRUST BOARD

12.1 The Chair of the Committee will provide a highlight report monthly to the Trust Board outlining key actions taken with regard to the quality and safety issues, key risks identified and key levels of assurance given.

13. STATUS OF THE MEETING

13.1 All Committees of the Trust Board will meet in private. Matters discussed at the meeting should not be communicated outside the meeting without prior approval of the Chair of the Committee and Executive Lead

13.2 The Committee will from time to time establish joint meetings with other Board sub committees for business of a joint nature.

14. MONITORING

14.1 The Committee will provide the Trust Board with an Annual Report setting out the issues that have been considered by the Committee and details of assurance provided.

15. PERFORMANCE EVALUATION

15.1 As part of the Board's annual performance review process, the Committee shall review its collective performance.

16. REVIEW

16.1 The terms of reference of the Workforce committee shall be reviewed by the Board at least annually.

17. DUTIES

People Strategy and Policies

Assess the strategic priorities and investments needed to support the Trust's workforce and advise the Board accordingly.

Review the Trust's People Strategy, and Education, Training and Development Strategy, and related delivery plans and programmes, and provide informed advice to the Board of Directors on their robustness, comprehensiveness and relevance to the Trust's vision, values, strategic objectives and impact.

Provide advice and support on the development of significant people-related policies prior to their adoption.

Review the Trust's suite of people-related policies against benchmarks to ensure that they are comprehensive, up-to-date, and reflect best practice.

Review strategic intelligence, research evidence on people and work, and distil their relevance to the Trust's strategic priorities (including, where necessary, commissioning research to inform its work) relating to:

- the impact of changing working practices
- the potential and impact of technology on working lives and practices
- models of employment practice drawn from multiple sectors
- organisational and work design
- incentives and rewards
- developments and best practice in delivery of education, training and development
- national, regional and local workforce and population trends
- other dynamics affecting the future development of the health and care workforce
- employee relation cases and themes

Review the development and effective use of shared intelligence and data with partners on local health and care skills to shape the growth of future capacity. To develop a partnership working approach with North Tees NHS Foundation Trust and share learning and developments where applicable.

Culture & Values

Agree and oversee a credible process for assessing, measuring and reporting on the "culture of the organisation" on a consistent basis over time.

Oversee the coherence and comprehensiveness of the ways in which the Trust engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications, to the Board of Directors.

Act as the oversight Committee for the coherence and alignment of different codes of personal and professional behaviour and conduct, covering all permanent and temporary staff acting in the name of, or on the business of, the Trust.

Take a leadership role on behalf of the Board of Directors on:

- securing positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Trust
- evaluating the impact of work to promote the values of the organisation and of the NHS Constitution
- promoting staff engagement and partnership working
- developing a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.

Working with our Trade Union partners to ensure staff are involved and can shape the decisions that affect them in the workplace.

Develop an employee relations climate within the Trust that reflects a positive and constructive relationship typical of that experienced in a genuine partnership model where employees report feeling valued and involved.

Organisational Capacity

Ensure the systems, processes and plans used by the Trust have integrity and are fit for purpose in the following areas:

- strategic approach to growing the capacity of the Trust's workforce
- analysis and use of sound workforce, employment and demographic intelligence
- the planning of current and future workforce capacity
- effective recruitment and retention
- new models of care and roles
- flexible working
- identification of urgent capacity problems and their resolution
- continuous development of personal and professional skills
- talent management

Review the plans to improve productivity of permanent and temporary staff, including the effectiveness and efficiency of their deployment, the best use of skills, and the flexibility and maturity of working practices in the Trust.

Consider the coherence and pace of strategic plans to secure:

- transformational change, service redesign and pathways of care
- new and innovative ways of working
- use of tools and technology

- opportunities for changing practices and skills across traditional professional boundaries
- joint working with partners both in health and social care and other sectors
- the value of apprenticeships

Review plans for ensuring the development of leadership and management capacity, including the Trust's approach to succession planning.

Education and training

Review the Trust's current and future educational and training needs to ensure they support the strategic objectives of the organisation in the context of the wider health and care system.

Review the Trust's strategic contribution to the development of the health and care workforce.

Secure the necessary assurances about the Trust's compliance with the practice requirements of professional and regulatory bodies for all staff.

Performance and Progress Reporting

Establish a succinct set of key performance and progress measures relating to the full purpose and function of the Committee, including:

- the Trust's strategic priorities on people
- national performance targets
- organisational culture
- workforce utilisation
- staff health and well-being
- health and safety
- strategic communications

Review progress against these measures and seek assurance around any performance issues identified, including proposed corrective actions.

Agree a programme of benchmarking activities to inform the understanding of the Committee and its work.

Ensure the credibility of sources of evidence and data used for planning and progress reporting to the Committee, and to the Board of Directors in relation to the Committee's purpose and function.

Ensure alignment of the Board assurances and consistent use of data and intelligence, by working closely with the Audit & Risk, Quality Assurance and Resources Committees.

Review and shape the quality-related content of periodic workforce reports to the Board.

Statutory Compliance

Ensure, on behalf of the Board of Directors, that current statutory and regulatory compliance and reporting requirements are met, including:

- standards of professional conduct and practice
- freedom to speak up
- equality and diversity
- well-being
- consultation on service change

Board Assurance Framework

- To review the status of the top-level strategic risks owned by the Committee by reviewing the actions being taken to mitigate risks.

- To ensure that the gaps in control and gaps in assurance for strategic risks are reported appropriately to the Committee by the Lead Executive.

Other Assurance Functions

- Receive assurance that recommendations from audits relation to workforce and organisational development are being progressed and any risks associated with these are being managed.

- The Committee will also consider matters referred to it by other committees and groups across the Trust provided they are within the Committee's remit.

South Tees Hospitals NHS
NHS Foundation Trust

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 6 APRIL 2021			
Board Assurance Framework			**AGENDA ITEM: 15, ENC 11**
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Jackie White Head of Governance & Co Secretary
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Updated BAF following review by the Executive Lead, Head of Governance and Sub Committees		
Background	This paper presents the current Board Assurance Framework (BAF) for 2020/21, following discussions at Board subcommittees since consideration at the last Board meeting.		
Assessment	The BAF comprises of 19 strategic risks, as attached. There have been no risks removed from the BAF since the last review by the Board. 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). The Company Secretary has continued to track the papers presented to the Trust Board and other Board sub-committees. This has been reflected in the current iteration of the BAF.		
Recommendation	Members of the Public Board of Directors are asked to note the update of the BAF risks		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The risk implications associated with this report are included in the report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☐	
	Drive operational performance ☒	Long term financial sustainability ☐	

	Develop clinical and commercial strategies ☐	

Board Assurance Framework

1. PURPOSE OF REPORT

The purpose of the report is to update members on the Board Assurance Framework principal risks affecting the Trust.

This report includes

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

2. BACKGROUND

The Board Assurance Framework (BAF) forms the strategic risk register of this organisation. Strategic risks are recorded on the corporate risk register and managed in the same way as other risks, but are raised and accepted by the Trust Board to determine adequacy of assurance and controls measures to effectively minimise these risks to acceptable levels.

3. DETAILS

A review of the risks has been undertaken by the lead Executive Director and an update is provided to the Board. The review included assessing the existing key controls, possible sources of assurance, assurances received, gaps in control; and all additional supporting assurances.

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

The BAF comprises of 19 strategic risks, as attached. There have been no risks removed from the BAF since the last review by the Board.

There are 10 high risks which are discussed in further detail within the report and 9 moderate risks.

A detailed description of any changes made to the Board Assurance Framework

Updated risks

All risks have been updated since the last review by the Board.

High Risks

The following high risks are highlighted for information:

Workforce – BAF risk 5.4 - Failure to comply with national guidance regarding funded establishments in Stroke, Maternity, Paediatric inpatient wards, Cardiothoracic HDU and

Neurosurgery HDU could impact on the quality and safety of patient care and / or regulatory action. Actions have now been agreed and the Workforce Committee should start to receive assurance from June 2021.

Finance – BAF 4.4 - Underdeveloped informatics infrastructure compromises ability to deliver safe, responsive and efficient patient care. Members of the Board are well sighted on this risk which sits within the Finance & Investment Committee. A review of capacity, capability and digital experience at operational and senior leadership level is current underway within the Trust along with consideration of the governance structure for digital. There is a robust risk register in place which is reviewed at operational level with the lead Director.

Finance – BAF 4.6 - Current estate, lack of capital investment in equipment, and infrastructure compromises the ability to consistently deliver safe, caring, responsive and efficient patient care. Potential impact on delivery of service, backlog maintenance, unplanned equipment failure leading to a patient safety risk. Although the Trust has managed to secure emergency capital funding this risk remains high as the current estate still requires significant capital investment and the historical James Cook Hopsital PFI continues to severely restrict the Trust's capital planning. In addition there is an inability to release estate for lifecycle due to COVID restrictions. This hopefully should start to improve as we move into the recovery phase.

Operations – 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. This risk remains high and relates to the risks identified in phase one of the improvement plan...

Operations – BAF risk 3.2 and 3.3 - Risk of ability to deliver the national access target. Members are fully sighted on the risks to delivery of constitutional standards. Two pieces of work are in progress with regard to mitigating these risks – recovery (from the incident COVID) and recovery (improvement plan) which will come back to the Board at a future meeting for approval. In addition the operational plan will be presented to the Board in July which will set out the trajectories for delivery of these key targets.

Quality – 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. This risk relates to quality and safety and specifically and outcome is delivery of the CQC action plan.

Strategic – BAF risk 3.1a Risk of further breaches to condition 4 of the Trust Provider licence could result in further enforcement undertakings and licence conditions and 3.1b Prolonged adverse publicity or regulatory attention resulting in a fundamental loss of confidence in the Trust amongst regulators, partner organisations, patients, staff and the general public. The Trust has received a number of external assurances with regard to this risk and an action is in place to establish the assurance required to modify the licence conditions..

Strategic – BAF 1.4 - A major incident (cyber attack, critical infrastructure failure, supply chain failure etc) resulting in temporary hospital closure or a prolonged disruption to the continuity of care services across the Trust, which also impacts significantly on the local

health service community. This risk remains high as we continue to progress through the global pandemic including preparing for the recovery phase.

Strategic – BAF 1.5 - Risk to Trust's ability to delivery strategic objectives due to diversion of resources of all types required to manage the COVID19 19 pandemic. Again this risk remains as we continue to progress through the global pandemic including preparing for the recovery phase and the impact on all areas of the Trust specifically the workforce.

Close / de-escalated

The Quality & Assurance Committee have agreed to reduce the following risk from 16 (High risk) to 12 (moderate risk) following review - An infection outbreak (such a influenza; norovirus; infections resistant to antibiotics and CDiff) may result in avoidable patient harm and could adversely impact on delivery of key performance indicator.

Next steps into 2021/22

The BAF will be considered as part of the year-end risk and assurance review process, the results of this will be presented to TME and Audit Committee in April.

It is anticipated that further changes will be proposed following the development of the Trust's two year strategy and following the next board seminar including the content and layout of the BAF which is being reviewed for 2021/22 to take into account the following:

- The new objectives developed around the new Trust strategy, in line with the revisions to the business planning process;
- Feedback from the internal audit and the need to strengthen the approach to risk, assurance and performance; learning from other NHS models and different models used in other industries.

4. RECOMMENDATIONS

It is recommended that the Board review the BAF risks to ensure they are content that the risk has been appropriately articulated, the risk score and target score are correct and the controls, assurances and gaps are appropriately documented.

APPENDICES
BAF

Board Assurance Framework

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

Risk ID	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Action	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Change to Rating since last Review	Date Reviewed
			LH	Conseq	Rating				Internal	External								
1.1	Delivery of Trust's strategic aims and sustainable healthcare services across North Yorkshire and the Tees Valley (ICP Footprint)	A fundamental breakdown in one or more strategic partnerships, resulting in long term disruption to plans for transforming local health and care services	3	4	**Moderate Risk 12**	**Low Risk 2x3=6**	Stakeholder Engagement with Local Authorities , MPs and local population, CCGs ICS MOU Clinical Policy Group Improvement Recovery Plan Capital Plan amended June 2020 Vice Chair job role supporting joint chair role Appointment of Interim Joint Chairman Action plan for joint working with North Tees including establishment of a CIC in place Tees Valley ICP Executive Group Tees Valley ICP Compact Exec to Exec meetings with CCG and Trust Continued engagement with ICP and ICS planning and governance arrangements Joint development of plans at ICS level Finance Directors Group Provider Collaborative and work streams	Media publications on engagement with the Trust Clinical Policy Group agenda and papers, Reports to Board, SLT, Council of Governors Provider Collaborative agenda and meetings NHSI QRM / System and oversight groups ICS/ICP groups Joint meetings with North Tees & Hartlepool NHS Trust including COG, Joint Nom Com and B2B **Sir Ian Caruthers, Independent Review** supported by NHSI	Agenda and action notes, minutes and reports to Board and Sub Committees and Clinical Policy Group Partnership updates to Board ICP finance update to FIC Planning updates to Board Council of Governor minutes supporting proposals	Sir Ian Caruthers Review ICS / ICP meetings NHSI QRM/system and oversight NHSE/I letters from Amanda Prichard and Richard Barker regarding joint working with NTHT NTHT letter supporting proposal to joint Chair Confirmation of timeframe agreed Letter from M Kitchin re step down of Quality Board	Hold first meeting of the CIC (Joint Strategic Board Board sign off of MOU and TOR for CIC Appointment of Joint Director of Strategy Appointment of Joint Chair Routine attendance at Live Well Board Work with the ICP to further the expectations to strengthen ICP working Consider further opportunities for joint appointments ICS governance review to include: - Roles and responsibilities of the ICS Board	8.4.21 6.4.21 June 2021 July 2021 May 2021 June 2021 June 2021 May 2021	30.9.21	Chief Executive	Board of Directors		⟷	23.3.21

23.3.21 - update to controls, sources of assurance and assurances received and gaps in controls

1. STRATEGIC OBJECTIVE: Develop clinical and commercial strategies to ensure long term sustainability																	
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk rating)**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target date for completion of Action**	**Target date score will be met/closed**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Change to Rating since last Review**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
1.3a	Regulatory Compliance with the Health and Social Care Act 2008 and Regulations 2014	Risk of further breaches to condition 4 of the Trust Provider licence could result in further enforcement undertakings and licence conditions	3	5	**15 High risk**	**Low Risk 3x3=9**	SFI/SO; Scheme of Delegation review September 2020 Constitution update August 2020 Board and Committee structures in place Provider Licence self assessment 2020 Internal control arrangements reviewed Trust Strategic Plan currently being refreshed Additional short term senior interim support in specialist areas in place Board to Board meeting held with NHSE/I (3) Single item QSG Quality Risk Profile NHSE/I Quality Board CQC relationship meetings - weekly and monthly	Board and Sub committees review of BAF risks and internal assurances Board Sub Committee annual review of effectiveness Board agenda and minutes CQC action plan Single item QSG minutes of meeting Review of governance and effectiveness of committees Annual Governance Statement CQC presentations on progress	Audit Committee Agenda and Minutes re BAF, review of effectiveness and reviews of SFI/SO and SoD and annual provider licence Sub Committee agenda and minutes ref BAF review and effectiveness reviews COG approval of Constitution QAC and Board updates on CQC Board development session on Strategic Plan	External NHS QRM - currently suspended Internal and External Audit Reports Annual Governance Statement Quality Report Annual Report Single item QSG minutes of meeting and level of assurance B2B September 2020 Quality Board November 2020 M Kitchin letter to stand down Quality Board CQC inspection January 2019 CQC patient first and IPC inspection reports and assurance	Need to establish what further assurance is required for addressing provider licence conditions	30.9.21	30.9.21	Chief Executive	Board		⟷	23.3.21
1.3b		Prolonged adverse publicity or regulatory attention resulting in a fundamental loss of confidence in the Trust amongst regulators, partner organisations, patients, staff and the general public	3	5	**15 High risk**	**Low Risk 3x3=9**	Conflicts of interest & whistleblowing & Freedom to speak up processes Counter Fraud arrangements Internal Audit programme in place Established relationships with regulators and partners Stakeholder engagement meetings with partners and regulators Forum for Public Involvement meetings Internal control arrangements Staff briefings and forums Public Board and AGM Ongoing engagement with local MPs, OSC	Fraud and Internal Audit Reports to FIC and Audit Committee Pulse Surveys Staff survey report National patient survey reports Freedom to speak up reports to Board and sub committees Media publications on engagement with the Trust Clinical Policy Group agenda and papers, Reports to Board, SLT, Council of Governors	Board and Sub Committees reports and board development sessions	External NHS QRM - currently suspended Internal and External Audit Reports Annual Governance Statement Quality Report Annual Report Single item QSG minutes of meeting and level of assurance B2B September 2020 Quality Board November 2020 M Kitchin letter to stand down Quality Board CQC inspection January 2019 CQC patient first and IPC inspection reports and assurance National FTSU contact on improved process	Stakeholder relationship management plan underpinning Strategy	30.4.21	30.9.21	Chief Executive	Board		⟷	23.3.21

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

1. STRATEGIC OBJECTIVE: Develop clinical and commercial strategies to ensure long term sustainability																		
Risk ID	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Action	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Change to Rating since last Review	Date Reviewed
			LH	Conseq	Rating				Internal	External								
1.4	Regulatory Compliance with the Health and Social Care Act 2008 and Regulations 2014	A major incident (cyber attack, critical infrastructure failure, supply chain failure etc) resulting in temporary hospital closure or a prolonged disruption to the continuity of care services across the Trust, which also impacts significantly on the local health service community	4	4	High Risk 16	Low Risk 2x4=8	Emergency preparedness, resilience and response (EPRR) arrangements at regional, Trust, Centre and service level Operational strategies and plans for specific types of major incident, business continuity and critical incidents Strategic, tactical and operational command for major incidents Estates Governance arrangements with PFI partner Trust Resilience Forum and EPRR operational group EPRR Strategy in line with National EPRR framework Training and testing exercises undertaken annually Annual assessment against EPRR core standards On call arrangements in place EU Exit task and finish group review of operational response plan for monitoring issues following Brexit SRO for EU Exit appointed - S Mason	Declared substantial compliance with EPRR core standards in 2020/21 following ongoing work to address amber ratings from previous year Information Governance Assurance Framework (IGAF) Debriefs following local testing shared with Trust resilience forum, report to Board, SLT and Sub Committee Strategic Command level 3 incident management and supporting instrastructure	Board report on EPPR self assessment IG Assurance Framework submission Annual report to Board on EPRR Board cyber training February 2020 Internal audit report on cyber (September 2020) Cyber exercise held 28.09.2020 –	Validated EPPR assessment - partial compliance Regional assurance visit undertaken in October External audit (2017) Peer Review undertaken (December 2019) Digital review - Tees wide Audit report on cyber security	Strategic leadership in a crisis course being developed (2020) HMIMMS course for all staff on call Oncall refresher training Address cyber risks internal audit report	2021/22 July 2021 May / June 2021 31.9.21	30.9.21	Director of Estates, Facilities and Capital Planning	FIC		⇔	23.3.21

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

1. STRATEGIC OBJECTIVE: Develop clinical and commercial strategies to ensure long term sustainability																		
	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk			Target	Existing Key Controls	Possible Sources of Assurance (that	Assurances Received		Gaps in control/assurance and description of	Target date for completion of	Target date score will be	Responsible Director	Responsible Committee	Associated Risk	Changes to Ratings since	Date Reviewed by Committee
			LH	Conseq	Rating				Internal	External								
1.5	Delivery of safe care	Risk to Trusts ability to delivery strategic objectives due to diversion of resources of all types required to manage the COVID19 19 pandemic, leading to: Failure to deliver constitutional standards Associated reduced / compromised outcomes Patient Harm Reduced patient experience Increased costs Failure to meet financial trajectories Workforce issues such as stress, recruitment and retention	5	5	**Very High Risk 25**	**Low Risk - 1 x 5 = 5**	Operational risk register in place and reviewed by Tactical Command and Control incident management in place at Level 4 reducing to 3 Regional oversight EPPR incident management processes in place with tactical and strategic command meeting daily and supporting groups including Estates and IPC Daily Communication briefings and frequent meetings with staff HR systems and processes to enable tracking of staff, welfare calls and psychological support / OH support to staff and risk assessments Implementation of national guidance with regard to incident management Implementation of business continuity plans Elective activity paused and recovery plan in place Redeployment and retraining of staff Training for staff in relation to PPE and redeployment duties IT facilities to enable patient contact/appointments/reviews to be	Board reporting Real time reporting to tactical and strategic command through daily SITREP Task and finish groups NED weekly meetings and assurance around outbreaks, mortality and welfare of staff	Daily reporting to strategic command through SITREP Clinical Clinical Oversight group (ethical)	LRF coordination process in place ICS/ICP coordination processes in place NHSE/I reducing the burden guidance	Availability of staffing for the continuation of front line services due to shielding, pregnancy, pathway restrictions etc Availability of appropriately trained staff when redeploying staff Recovery phase to be established and governance arrangements to be put in place	Ongoing monitoring through daily huddles at ward level and consideration at Tactical As above May 2021	31.12.21	Chief Executive	Board			23.3.21

26.01.21 - update to controls
23.3.21 - update to controls, assurance, and actions

	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Action	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Changes to Ratings since last Review	Date Reviewed by Committee
			LH	Conseq	Rating				Internal	External								
2.1 (1)	Delivery of excellence in patient outcomes and experience	An infection outbreak (such a influenza; norovirus; infections resistant to antibiotics and CDiff) may result in avoidable patient harm and could adversely impact on delivery of key performance indicator	3	4	**Moderate risk 3 x 4 - 12**	**Very Low Risk 2x3=6**	IBAF Cleaning standards meetings Review panels of all trust apportioned CDIF Clinical policies, procedures, guidelines, pathways, supporting documentation & IT systems Clinical Audit programme and monitoring arrangements. Ward assurance and accreditation programme - STAQ Weekly Dep. DIPC Matron IPC huddles Handwashing audits Environmental Audits HPV fogging Antibiotic stewardship programme As part of agreed contracts external suppliers are supporting with refresher training in relation to equipment cleaning and ANTT for clinical staff. Daily outbreak report aligned to COVID Outbreak meetings convened at initial onset and then weekly Weekly regional outbreak meeting 14 HCA/PPE marshalls / Fit testers and in place Matron for IPC appointed and capacity increased	QAC and sub group meeting agenda and minutes IPAG meeting minutes Audit findings Panel outcomes Regulator oversight Capital and FIB minutes of meetings Nosocomial rates Key quality metrics Strategic Command review of nosocomial infection rates - daily	Board, QAC and sub committee structure CQC confirm and challenge STACQ Clinical Standards Group IBAF review and feedback report and discussion in IPAG Reduction in nosocomial infection rates	Tees Infection Prevention & Control Committee CCG oversight through Chief Nurses CQC oversight / bi weekly calls NHSEI Quality Board assurance received 021220	Capital funding to support IPC initiatives and equipment replacement Compliance with SOP and Policies - further work required to ensure compliance being explored Implement recommendations from Table top exercise with HR and OH on resilience	30.6.21 ongoing 30.9.21	31.3.22	Director of Nursing	Quality Assurance Committee		↓	23.3.21

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

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

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

	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Action	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Changes to Ratings since last Review	Date Reviewed by Committee
			LH	Conseq	Rating				Internal	External								
2.1 (2)	Delivery of excellence in patient outcomes and experience	2. Due to gaps in compliance in medication practice there is a risk of avoidable patient harm leading to reputational damage	3	4	**Moderate risk - 12**	**Very Low 1x4=4**	1. Pharmacist staff allocated to priority wards 2. Specific medication incident reporting system on Datix 3. Medicines policies are fit for purpose 4. Monthly omitted doses audits 5. Medication Safety Alerts 6. World Café Educational events 7. DON/MD visibility in clinical areas 8. Omnicel	Controlled drugs audit Omitted doses audit NHS protect audit Medicines reconciliation audit Clinical standards group QAC and sub group oversight EPR report on mitigations to SLT and QAC	Safer Medication Practice Group QAC review of mitigations	Digital review and proposal for E prescribing system	Electronic prescribing system has been procured, EPMA programme lead has started in post 22.3.21 rest of team start May/June 2021 to build EPMA system Insufficient technical staff on ward to deliver at times of staff shortage - Due to the problems recruiting to grade, we are recruiting to training posts and developed a training program to train the staff in house. Current pharmacy establishment insufficient to achieve 80% medicines reconciliation - Business case part 2 is going to FIB on Thursday. Pharmacist pulled from clinical team to support the vaccination hub. Over recruit band 6 pharmacists Implement outcome of digital review in relation to pharmacy EPR element - EPMA approved recruitment started	30.6.21	28.02.20	Director of Nursing	Quality Assurance Committee	1572- Risk of patient harm due to medicine related errors due to no electronic prescribing system	⟷	23.3.21

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

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

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

	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Action	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Changes to Ratings since last Review	Date Reviewed by Committee
			LH	Conseq	Rating				Internal	External								
2.2	Delivery of excellence in patient outcomes and experience	Risk that failure to comply with the regulations / regulators could lead to restrictions on service provision leading to reputational damage and/or financial penalties	3	4	**High Risk - 16**	**Low Risk 3x3=9**	Risk management process Centre governance meetings Monthly quality and safety report Monthly safe staffing report (nursing and midwifery) Quarterly patient experience report Monthly health care associated infection report Monthly mandatory training report Quality and Equality Impact Assessment process CQC Action plan CQC confirm and challenge meetings Quality risk profile and implementation plan Business case process established Improvement Recovery Plan in place Interim Director of Clinical Development Moving to Good programme MD/DON visibility in clinical areas Safeguarding structure Clinical policy group oversight STACQ program Leadership programme for senior leaders QI tools and programme for all levels	QAC and sub group meeting agenda and minutes Audit findings Panel outcomes Regulator oversight Capital and FIB minutes of meetings Key quality metrics	Board, QAC and sub committee structure CQC confirm and challenge STACQ evidence	TIPC CCG oversight through Chief Nurses CQC oversight / bi weekly calls IBAF and Patient First review and feedback report Improvement Board Single item quality surveillance group meeting Risk Summits for critical services B2B September 2020 NHSe/I Quality Board assurance on CQC Letter from Regional Chief Nurse to stand down Quality Board	Implement CQC improvement report Undertake a self assessment and preparedness for CQC inspection from Board to Ward Implement new Clinical Collaborative governance	30.6.21 30.6.21 30.4.21	31.5.21	Director of Nursing	Quality Assurance Committee		⟷	23.3.21

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

28 August 2019 - risk rating and target risk rating updated, additional controls added
29 October 2019 - updated assurances received
20.11.19 - update to key control, sources of assurances
25.5.20 - update to risk grade, key controls, assurances and gaps
18.8.20 - update to existing key controls, sources of assurance, assurances and gaps
29.9.20 - update to gaps in control and risk score
18.1.21 - no change
23.3.21 - update to key controls and assurances and gaps in control

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

	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Action	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Changes to Ratings since last Review	Date Reviewed by Committee
			LH	Conseq	Rating				Internal	External								
2.3	Delivery of excellence in patient outcomes and experience	Ability to learn from Serious Incidents, complaints, clinical audits and external reviews to improve on quality and patient safety	4	3	**Moderate Risk - 4 x 3 = 12**	**Low Risk 2x3=6**	1. Serious Incident Report (monthly) 2. Serious Incident Investigations 3. Safety Bulletins 4. Learning Bulletins 5. Monthly Quality Report 6. Quarterly Patient Experience Report 7. Quarterly & Annual Claims 8. Real time patient experience reporting 9. Clinical Audit 10. Centre Governance Board meetings 11. Review panels (Serious Incident, Pressure Ulcers, Falls, Deteriorating Patients, C. Difficile) 12 .Mortality Review 13. Medical Examiner reviews 14. Safety@stees collaborative 15. Clinical assurance rounds 16. Risk Validation Group to meet monthly to review Centre/Corporate Risks with consideration of 15+ new risks 17. Patient Safety Sub-group 18. cross-centre learning through QBP structure 19. Induction and education sessions 20. Patient Safety Faculty 21. Clinical support unit development 22. Getting to good programme 23. Weekly safety wall	Monthly report to Quality Assurance Committee Clinical Standards Sub Group Clinical support Unit QAC report demonstrating month on month increase in reporting DATIX incident reporting levels monitored against NRLS NRLS Benchmarking CQC engagement meeting National Staff Survey External Audit Independent assessment of Quality Report Internal Audit	Quality Report to QAC monthly Serious Incident Report to QAC monthly Patient Experience Report Quality Account Internal Audit Report Performance report Board Serious incidents/Never Events report to Board Urgent escalations to QAC 30.3.21 re clinical harm reviews	CCG SI oversight by Chief Nurses National Clinical Audit Outcome National Staff Survey - annually External Audit Quality Report review Independent Audit reports presented to Quality Assurance Committee and Audit Committee Serious Incident Report Bi weekly clinical governance and risk oversight group NHSE/I Single item QSG / risk summit NHSE/I Quality board Regional Chief Nurse letter to stand down Quality Board	Train key staff on incident investigation techniques to support increase in reporting culture - commenced Embed a sustained learning culture in line with trust vision, values and behaviours , civility and a just culture Incident reporting upgrade - DATIX cloud Development of patient safety faculty – commenced Agree Patient Safety Campaign and pledges – completed and agreed at CPG Implement Patient safety campaign in line with just culture approach Increase number of staff who are training in human factors (linked to 21/22 Quality Priority)	Ongoing from Jan 2021 and throughout next 12 months ongoing for next 12 months from 31.3.21 31.5.21 March 2021 23.3.21 From April 2021 from April 21	31.9.21	Director of Nursing	Quality Assurance Committee		⟺	23.3.21

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

Quarter 1 (1 April - 30 June 2019)

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

3. STRATEGIC OBJECTIVE: Drive operational performance to deliver responsive cost effective care																		
Risk ID	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Action	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Changes to Ratings since last Review	Date Reviewed
			LH	Conseq	Rating				Internal	External								
3.1	Achievement of key access standards/NHSI investigation	A sustained, exceptional level of demand for services that overwhelms capacity resulting in a prolonged, widespread reduction in the quality of patient care and repeated failure to achieve constitutional standards, with possible harm to patients	5	4	High Risk - 20	Low risk 2x3 = 6	Patient Flow process in place Standard operating procedures Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Working with primary care and other stakeholders to manage demand through diversion and re-provision Clinical Policy group addressing key issues and deterring the allocation of resources based on clinical priorities Single QSG review of constitutional standards and escalation of high risk areas QAC review and deep dive into critical areas SI process Clinical Harm review process Intensive support package agreed with NHSE/I and lead Director and network for support in place Emergency capital funding received and SDEC implemented, Paediatric ED being established Weekly touchpoint meeting with Commissioners Daily touchpoint meeting on patient flow	Clinical Policy Group agenda and action notes A&E Delivery Board agenda and notes Improvement recovery plan - capacity and demand Recovery plans for high risk services and updates to Board and Committees and CPG Risk register Outcome of QSG Internal risk summit Joined Improvement network with NHSE/I Tactical estates and workforce meeting	Centre Board management of constitutional standards Weekly incident control meetings for high risk areas Deep dive into critical services at QAC SLT review of risks to delivery of critical services Weekly update to Strategic Command	LADB NHSE/I External review of DTOC CQC inspection report Monthly management of RTT 52 week waiters Single Item QSG Risk Summit 2/52 oversight with regulators B2B September 2020 Letter from Margaret Kitchen to stand down quality board	Capacity and demand process to be implemented National planning guidance to be received and review of risks and implications to Trust Reinstate Assurance and Improvement Committee with oversight of risk areas Review of Directory of Service service	April 2021 April 2021 June 2021 June 2021	Jun-21	COO	FIC		⟷	19.3.21

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

3. STRATEGIC OBJECTIVE: Drive operational performance to deliver responsive cost effective care																	
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in**			**Target**	**Existing Key Controls**	**Possible Sources of**	**Assurances Received**		**Gaps in control/assurance and**	**Target date for**	**Target date**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Changes to Ratings since**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
3.2	Achievement of key access standards/NHSI investigation	Risk of ability to deliver the national access target of 92% for 18 weeks RTT and achievement of the March 19 WTL by March 2020 due to gaps in workforce (T&O, Spinal, General Surgery, Plastics and Urology), increasing demand (ophthalmology, Gastroenterology), transfer of activity from CCDFT, reduction in weekend working and premium pay .	5	4	**High Risk - 20**	**Low risk 3x3 = 9**	Speciality specific level recovery plans have been developed Patient Flow process in place Standard operating procedures Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Clinical Policy group addressing key issues and deterring the allocation of resources based on clinical priorities Single QSG review of constitutional standards and escalation of high risk areas QAC review and deep dive into critical areas Intensive support package to be arranged with NHSE/I - mtg Tracey Grainger Level 4 command and control in place due to pandemic Continue use of IS	RTT Recovery Plan Regular meeting with NHSE/I regarding position Clinical Policy Group agenda and action notes Recovery plans for high risk services and updates to Board and Committees Risk register Outcome of QSG Internal risk summit	Performance report to Board and Centre boards Outcome of QSG Weekly incident control meetings for high risk areas Deep dive into critical services at QAC SLT review of risks to delivery of critical services	NHSE/I weekly / monthly Return Regular meeting with NHSE/I External review of DTOC CQC inspection report Monthly management of RTT 52 week waiters Single Item QSG Risk Summit 2/52 oversight with regulators B2B September 2020	RTT recovery plan including trajectories to be developed	Jun-21	Sep-21	COO	FIC		⟷	19.3.21

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

Quarter 1 (1 April - 30 June 2019)

May 2019:

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

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

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

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

29.9.20 - update to sources of assurance

19.3.21 - update to controls, assurances and gaps

3. STRATEGIC OBJECTIVE: Drive operational performance to deliver responsive cost effective care																		
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target date for completion**	**Target date score will be met/closed**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Changes to Ratings since last**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
3.3	Achievement of key access standards/NHSI investigation	Risk of ability to delivery the national access target of 85% for 62 Day Cancer Standard	5	4	**High Risk - 20**	**Low risk 3x3 = 9**	Recovery Plan in place for overall Cancer target Weekly Performance Meetings Speciality specific level recovery plans have been developed Weekly cancer wall including medical director input Cancer delivery group meeting monthly Standard operating procedures Performance management process in place Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Clinical Policy group addressing key issues and deterring the allocation of resources based on clinical priorities Single QSG review of constitutional standards and escalation of high risk areas QAC review and deep dive into critical areas SI process Clinical Harm review process High risk patients identified and have been allocated appointment and theatre capacity using T100 Cancer Cell in place (Southern) Repatriation to local unit policy in place Automated tracking system in place	Cancer Recovery Plan Outcome of QSG RTT Recovery Plan Regular meeting with NHSE/I regarding position Clinical Policy Group agenda and action notes Improvement recovery plan - capacity and demand Recovery plans for high risk services and updates to Board and Committees Risk register Outcome of QSG	Performance report to Board and Centre boards Outcome of QSG Weekly incident control meetings for high risk areas Deep dive into critical services at QAC SLT review of risks to delivery of critical services	NHSE/I weekly / monthly Return Regular meeting with NHSE/I External review of DTOC CQC inspection report Monthly management of RTT 52 week waiters Single Item QSG Risk Summit 2/52 oversight with regulators National patient experience report	Continue to outsource pathology and radiology services	ongoing	Sep-21	COO	FIC		⟷	19.3.21

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

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

3. STRATEGIC OBJECTIVE: Drive operational performance to deliver responsive cost effective care																	
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target date for completion of Action**	**Target date score will be met/closed**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Changes to Ratings since last Review**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
3.4	Achievement of key access standards/NHSI investigation	Risk that patients deteriorate or actual harm materialises due to patients being moved from list to accommodate cancelled surgical procedures due to inadequate capacity in critical care	4	5	**High Risk 20**	**Moderate risk 2x5 = 10**	Monitoring and tracking patients DATIX report if operation is cancelled Clinical review to determine the level of harm that may have occurred as a result PACU opened Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Single QSG review of constitutional standards and escalation of high risk areas Network activity decompressing sites Social work teams in hospital identifying appropriate patients for discharge	Clinical Policy Group action notes updates to Board and Committees Risk register Outcome of QSG IPR presented to FIC and Board Weekly report to Strategic Command	Report to Board Sub Committees and Centre boards	NHSE/I B2B September 2020	Ensure critical care capacity is fully utilised across the Network Ensure community services are fully utilised to enable appropriate step-down care Implement recommendations from NHSE/I work in theatres	ongoing Ongoing September 2021	Oct-21	COO	FIC		⟷	19.3.21

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

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

4. STRATEGIC OBJECTIVE: Deliver long term financial sustainability to invest in our future																		
Risk ID	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Actions	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Changes to Rating since last Review	Date Reviewed
			LH	Conseq	Rating				Internal	External								
4.1	Delivery of Annual Plan including Control Total	Lack of robust financial information and grip and control may result in poor financial governance and decision making lead to the inability to deliver the annual control total impacting on cash flow and long term sustainability as a going concern	2	3	Moderate Risk - 6	Moderate Risk 1 x 4 - 4	Day to day budget management processes in place Finance business partners - qualified Policies and procedures for managing financial control Cash flow forecast Finance Investment Board in place quality assuring business cases for revenue Capital Planning Group in place quality assuring business cases for capital Business case process in place SFI/SO, Scheme of delegation in place vacancy control plan in place Aligned incentive contact agreed with NHSI, NHSE and Trust's commissioners. Savings. Initial programme of work in development. Board to Board meetings and ongoing concerns discussed with NHSE/I Dialogue with National Cash Management Team Ongoing discussions regarding joint working ICP Finance Director Group	Audit report on going concern Reports to SLT, FIC, Audit Committee and Board Subject to NHS monitoring through monthly return Achieved revised forecast in 2019/20 and on target to achieve 2020/21 Agreed return submitted to NHSE/I - suspended COVID19 Interim COVID19 arrangements - Trust currently on plan Governance report on COVID 19 External audit report Key controls in Finance External audit report Year end accounts Strategic Command oversight of COVID related spending	Agenda and minutes from Finance and Investment Committee and Board Audit Committee work plan Finance Improvement Board agenda and minutes Senior Leadership Team action notes Scheme of delegation presented and approved by September 2020 Audit Committee and ratified by the Board	External Audit report Revised financial envelop next 6 months - plus q1 2021/22 Revised financial framework (Covid) Financial governance and control gaps - NHSI review being undertaken - report received and further controls implemented	Develop savings plan for 2021/22 Take forward actions agreed by Board with regard to PFI Review FIB/Capital planning group and process for business plan Review and update / approve SFI/SO Establish and implement financial governance arrangements for new Collaborative Prepare for a use of resources assessment in 2021/22	June 2021 Ongoing June 2021 June 2021 May 2021 Start March 2021	31/09/2021	Chief Finance Officer	Finance and Investment Committee		⇔	19.03.21

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

15.6.20 Update to key controls, sources of assurance and gaps in control
01.07.20 update to assurances and gaps in controls
29.9.20 - update to assurances and gaps
12.10.20 - update to risk score
22.1.21 - no change
11.2.21 - update to controls, assurances and gaps in control
19.03.21 - update to controls, assurance and gaps in control

4. STRATEGIC OBJECTIVE: Deliver long term financial sustainability to invest in our future																		
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk rating)**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target date for completion of Actions**	**Target date score will be met/closed**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Changes to Rating since last Review**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
4.4	IT infrastructure fit for current and future organisational needs	Underdeveloped informatics infrastructure compromises ability to deliver safe, responsive and efficient patient care.	**4**	**4**	**HIGH - 16**	**Moderate Risk 2x4=8**	Business Case for Electronic Patient Records (EPR) approved by the Board in December 2018 and has subsequently been submitted to NHSI/E for review/approval. IT Business Continuity and Incident Management plans have been updated. A desktop of the BCPs for IT undertaken May 2019. Upgrade to Network infrastructure completion. IT Capital Investment approved and spent for replacement hardware. Business case for new backup solution approved at Capital & Investment Committee. Digital Strategy group and Cyber group reviewing risks Bid for digital project which would fund both infrastructure and medicines management £6m - successful Emergency capital funding agreed - IT – Data Centre Upgrade and N365 connection including investment in the server estate and operating software (£1.0 million), Cyber resilience on the network (£1.1 million), Alcidion and Digital Aspiration investment for e-prescribing and licencing (£4.8 million), emergency IT equipment replacement (£1.3 million) and HSLI investment (£1.0 million). Funded GNCR Executive Director SIRO in place A monthly Cyber Security group has been established which reports through to the re-established Information Governance Steering Group. Monthly meeting with SIRO and reps from IT and IG has been established The Trust participated in a patch wide incident exercise related to Cyber security in March 2019. PWC have completed audits of Cyber Security and the Data Security & Protection toolkit. Action plans have been developed to mitigate identified risks, business cases to be drafted for key recommendations that require investment (see above) NHS Digital have completed a technical assessment, results received Appointed interim cyber security manager to work with IG	Update reports to Digital Strategy Group, FIC and Board on digital FIC agenda and minutes and reports on capital inc IT Trust Board agenda and minutes and reports on capital and digital Cyber and IT risk papers discussed at SLT Infrastructure review undertaken and completed Information Governance steering group	Key IG roles such as Caldicott Guardian, SIRO and Clinical Information Officer, DPO and deputies where appropriate in place and trained appropriately Business Continuity testing commenced Programme Board in place Board minutes evidence approved EPR Business Case E prescribing risk considered in QAC and review of linked patient safety incidents NED digital leads appointed	PWC update reports to Audit Committee on Audit reports on DSPT and cyber NHS Digital review completed October 2020 PWC cyber report Infrastructure review	Address high risk audit reports Revenue improvements elements of business case due to be considered at FIB equaliting to around £177k Approval and appointment of a senior leader for Digital Agreement and appointment of a COI Review of good governance and board assurance for Digital	30.6.21 30.6.21 30.9.21 31.3.22 May 2021	31.3.22	Director of Estates, Facilities & Capital Planning	Finance and Investment Committee	Risk 968 – Risk of clinical system failure due to ageing hardware Risk 1768 – Risk to the security and availability of systems due to cyber attack Risk 2113 – Risk that due to the lack of capital investment critical hardware/software will become outdated	⟷	23.3.21

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

15.6.20 - update to key controls and gaps
01 07 20 -update to assurances, key control and actions
29.9.20 - update to assurances
22.1.21 - no change
11.2.21 - update to controls, assurances and gaps in control
23.3.21 - update to assurances and gaps in control

4. STRATEGIC OBJECTIVE: Deliver long term financial sustainability to invest in our future																			
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk rating)**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target date for completion of Actions**	**Target date score will be met/closed**	**Responsible Director**	**Responsible Committee**	**Associated Risk**	**Changes to Rating since last Review**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
4.6	Trust estate developed and maintained to meet regulatory requirements and aligned to strategic plans	Current estate, lack of capital investment in equipment, and infrastructure compromises the ability to consistently deliver safe, caring, responsive and efficient patient care. Potential impact on delivery of service, backlog maintenance, unplanned equipment failure leading to a patient safety risk.	**4**	**4**	**High Risk 16**	**Moderate Risk 2x5=10**	Improved access now in place for lifecycle investment (not available due to COVID restrictions currently Feb 21) Capital planning group in place Planned maintenance processes in place Premises assurance model (PAM) undertaken Regular risk assessments and environmental audits Low levels of back log maintenance Available wards for decanting (not available due to COVID restrictions currently Feb 21) Emergency capital bid 2020/21 Prioritised 5 year Capital plan developed and submitted to ICS for consideration	Emergency capital funding bid considered and funding received Commissioned a condition survey of the estate underway Health & Safety Group consideration of audit information ongoing Reports to FIC on PFI lifecycle	PFI Lifecycle - £7.9 million contractual commitment to Endeavour SCH Plc. Payment to Endeavour based on the Financial Model amounts to £10.5 million with the difference charged direct to revenue in line with the agreed profiling of the Providers Lifecycle investment gap Estates – PFI Enhancements and change in law for lifecycle (£0.8 million), Pathology development, relocation across sites including blood sciences hub (£0.4 million), Paediatric Emergency Department (£3.2 million), critical infrastructure investment at FHN (£1.2 million), Critical Care Isolation and Surge Capacity (£2.9 million) and FHN Rationalisation (£1.0 million); IT – Data Centre Upgrade and N365 connection including investment in the server estate and operating software (£1.0 million), Cyber resilience on the network (£1.1 million), Alcidion and Digital Aspiration investment for e-prescribing and licencing (£5.2 million), emergency IT equipment replacement (£1.3 million) and HSLI investment (£1.0 million); Medical equipment – Replacement and expansion of robotic surgery (£2.6 million), Endoscopy Adopt and Adapt (£0.6 million) with an allocation for emergency replacement and additional COVID related investment (£5.8 million); COVID – first phase investment fully committed £4.4 m on IT infrastructure FIC capital update January 2021	PLACE assessments ISO accreditation for medical engineering CQC report Visit by David Black and Alan Foster re Critical Care investment	Inability to release estate for lifecycle due to COVID restrictions - additional planned maintenance works and condition assessments being undertaken routinely	Ongoing - summer 2021 for release of estate	31.3.22	Director of Estates, Facilities and Capital Planning	Finance and Investment Committee		⇔	11/02/2021

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

15.6.20 - update to gaps in control
12.10.20 - update to risk score and assurances
22.1.21 - update to assurances
11.2.21 - update to controls, assurances and gaps in control

5. STRATEGIC OBJECTIVE: Delivering excellence in employee experience to be seen as an employer of choice																		
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk rating)**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target dates for completion of Actions**	**Target date score will be met/closed**	**Changes to Ratings since last Review**	**Responsible Director**	**Responsible Committee**	**Associated Corporate Risk**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
5.1	Recruit high calibre people and offer a flexible, patient centred and family friendly work environment	Demographic changes, shifting cultural attitudes to careers, capacity and capability of staff combined with employment market factors resulting in critical workforce gaps in some clinical and non clinical services (radiology, anaesthetics, critical care)	3	4	**Moderate Risk - 12**	**Low Risk 3x3=9**	Vacancy management and recruitment systems and processes Safe nurse staffing levels for all wards and departments managed through daily huddles and escalation through to tactical and strategic Temporary staffing approval and recruitment process in place Specialist recruitment campaigns Work / link with university medical school Nurse recruitment days AHP recruitment days International nurse recruitment programme Return to practice programme for nursing vacancies Flexible retirement and return process Learning and development programme for staff development Increased apprenticeship workforce People Plan work stream on addressing workforce shortages	National Staff Survey 2019/20 and 2020/21 results reported to Workforce Committee, Board of Directors Exit interviews data reviewed at Workforce Committee Vacancy report for hard to recruit gaps discussed at SLT and Workforce Committee including establishment of RRPs ACP further development (report to CPG 08.09.20) Turnover report considered as part of KPIs Locum costs report to JLNC Critical Care network decompression and visibility of staffing pressures ICS Workforce work stream attended by HRD Reduction in vacancies evident in report to Workforce Committee	Staff Survey You said we did action plan and presentation to Board / Workforce Committee co produced with Staff Side and Staff Engagement for 2019/20 report Pulse surveys carried out and responses shared through staff briefings	National Staff Survey 2019-20 and 2020-21 CQC inspection report B2B with NHSE/I 2.9.20 GMC staff survey	Robust workforce plan including roles and skill mix baseline to be established Workforce plan improvement plan to address gaps identified in baseline to be developed Safe staffing metrics (medical workforce) for high risk areas to be established and routinely reported to Workforce Committee On boarding plan for all areas - developed by the new AMD for People Develop programme to support new medical staff for 1st 5 years consultant plan	June 2021 October 2021 May 2021 and then ongoing May 2021 July 2021	Oct-21	⟷	Director of Human Resources	Workforce Committee		16.03.21

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

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

5. STRATEGIC OBJECTIVE: Delivering excellence in employee experience to be seen as an employer of choice																	
Risk ID	**Principle Objective**	**Principle risks to delivery of objective**	**Grade (including change in risk**			**Target**	**Existing Key Controls**	**Possible Sources of Assurance (that controls are effective)**	**Assurances Received**		**Gaps in control/assurance and description of mitigating actions**	**Target dates for completion of Actions**	**Target date score will be met/closed**	**Changes to Ratings since last Review**	**Responsible Director**	**Responsible Committee**	**Associated Corporate Risk**	**Date Reviewed**
			LH	**Conseq**	**Rating**				**Internal**	**External**								
5.2	Recruit high calibre people and offer a flexible, patient centred and family friendly work environment	Ineffective engagement with the workforce may result in low staff morale, leading to poor outcomes & experience for patients; less effective teamwork; reduced compliance with policies and standards; high levels of staff absence; and high staff turnover.	3	4	**Moderate Risk - 12**	**Low Risk 3x3=9**	HR Policies and procedures Staff Wellbeing and Occupational Health Engagement strategy (including rewards and recognition; engagement tools) Staff Engagement Group Visibility of leadership Board walk rounds Road shows Covid Health and Wellbeing Strategy Exit interviews Workforce metrics ED&I strategy Workshop and roll out of values and behaviours STAR awards Partnership working compact with medical and staff side CPG established - decision making forum Staff weekly briefing Psychology support Pulse survey Welfare calls BAME risk assessments COVID health & wellbeing support programme Freedom to speak up	National Staff Survey results reported to Workforce Committee, Board of Directors and Council of Governors Exit interviews trend analysis reported to Workforce Committee People Plan report to Workforce committee Turnover report in KPIs demonstrating retention of staff FTSU report demonstrating culture of openness Number of Internal promotions demonstration staff retention	Staff Survey You said we did action plan and presentation to Board / Workforce Committee co produced with Staff Side and Staff Engagement 12 months on You Said We Did report October 2020	National Staff Survey 2019/20 and 2020/21 CQC inspection report B2B with NHSE/I 2.9.20	Agree Reduction in turnover KPI and monitor as appropriate Reduction in staff sickness to 3.9% Increase staff survey response rate by x% (to be confirmed)	May 2021 Ongoing Next staff survey	Jul-05	⇔	Director of Human Resources	Workforce Committee		16.03.21

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

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

5. STRATEGIC OBJECTIVE: Delivering excellence in employee experience to be seen as an employer of choice																		
Risk ID	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target dates for completion of Actions	Target date score will be met/closed	Changes to Ratings since last Review	Responsible Director	Responsible Committee	Associated Corporate Risk	Date Reviewed
			LH	Conseq	Rating				Internal	External								
5.4	Recruit high calibre people and offer a flexible, patient centred and family friendly work environment	Failure to comply with national guidance regarding funded establishments in Stroke, Maternity, Paediatric inpatient wards, Cardiothoracic HDU and Neurosurgery HDU could impact on the quality and safety of patient care and / or regulatory action	4	4	High Risk 16	Low Risk 3x3=9	Vacancy management and recruitment systems and processes Safe nurse staffing levels for all wards and departments managed through daily huddles and escalation through to tactical and strategic Temporary staffing approval and recruitment process in place Specialist recruitment campaigns Work / link with university medical school Nurse recruitment days AHP recruitment days International nurse recruitment programme Return to practice programme for nursing vacancies Flexible retirement and return process Learning and development programme for staff development Increased apprenticeship workforce People Plan work stream on addressing workforce shortages	Risk assessment and registers identifying mitigation of failure to comply with guidance Exit interviews data reviewed at Workforce Committee Vacancy report for hard to recruit gaps discussed at SLT and Workforce Committee including establishment of RRPs ACP further development (report to CPG 08.09.20) Turnover report considered as part of KPIs Locum costs report to JLNC Critical Care network decompression and visibility of staffing pressures ICS Workforce work stream attended by HRD Reduction in vacancies evident in report to Workforce Committee	Safer staffing report to Board	CQC inspection report Royal College guidelines	Safe staffing metrics (medical workforce) for high risk areas to be established and routinely reported to Workforce Committee Baseline audit of which specialities are covered by national guidance and gaps in compliance identified Plan to address gaps identified by national guidance and baseline audit	May 2021 and ongoing June 2021 October 2021	Oct-21	⟺	Director of Human Resources Chief Nurse Chief Medical Officer and Associate Medical Director	Workforce Committee		16.03.21

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

Quarter 1 (1 April - 30 June 2019)
May 2019: No changes made
28 August 2019 - new risk
12.11.19 - update to assurances and target actions
01.06.20 - update to gaps in control
29.9.20 - no change
05.10.20 - no change
16.03.21 - update to key controls, sources of assurance, assurances received and gaps in assurance

Finance and Investment Committee
Chair's Log

Meeting: Finance and Investment Committee (Virtual Meeting)	**Date of Meeting** 25th Mar 2021
Key topics discussed in the meeting	
• Board Assurance Framework • Integrated Performance Report • M11 Finance & Capital Reports • Budget Setting & Planning • Procurement Update • Committee Effectiveness & Terms of Reference	
Actions agreed in the meeting	Responsibility / timescale
• The Risks relevant to the Committee were reviewed and updates noted. It was recognised that the BAF requires update to reflect the revised strategy.. • FIC specific metrics on the Integrated Performance Report were reviewed. It was noted that 9 of the 41 metrics are short of target and recognised that S Tees is still in COVID surge. A&E performance remains a particular area for focus and new NHS performance targets are expected in this area. A revised IPR to reflect new targets and realistic improvement trajectories will be prepared for May/June. • The Committee noted that the M11 YTD performance was a deficit of £1.4M, which represents a £0.4M shortfall against the financial plan, and that the year-end position was forecast to be in line with plan. The forecast deficit is however expected to increase. in line with Regional discussions and the final position will also reflect additional funding that is being provided to trusts as part of the national year-end accounting arrangements. • Capital spend for 2020/21 is still expected to be close to £60M. • The annual budget setting process has been delayed at national level, but the current block payment model will continue for the first half of the new financial year. National guidance for the second half of the year has just been released and a draft budget is due for submission by 3rd May 2021. The Committee approved the principles for the budget setting process. • The Committee received a general update of the procurement function and noted the excellent performance during the COVID pandemic and the Brexit	Head of Governance September 2021 Chief Operating Officer June 2021 FIC Meeting Chief Finance Officer May 2021

uncertainties. Best-value and benchmark-based target-setting for improvements were discussed and will be reviewed after NED Training on Model Hospital benchmarks. • The report on Committee Effectiveness was accepted, and improvements will be built into the agenda-setting process. Revised Terms of Reference were tabled for the proposed Resource Committee which will replace the FIC with a broader resource effectiveness remit.	Head of Procurement Q3 2021
Issues for Board escalation/action	**Responsibility / timescale**
• The BAF requires update to reflect the revised strategy. • The Trust will review financial assumptions for 2020/21 to ensure prudence and overall system financial balance. This may result in an increase in the reported year-end deficit.	Head of Governance September 2021 Chief Finance Officer April 2021 Board

Workforce Committee
Chair's Log

Meeting: Workforce Committee	**Date of Meeting**: 18 March 2021
Highlights for: Board of Directors	**Date of Meeting**: 6 April 2021

Overview of key areas of work and matters for Board.

- Committee effectiveness review and Terms of Reference for the People Committee
- BAF risks
- Roll out of Trust values
- Mandatory Training, with particular focus on IG, fire safety, and safeguarding
- Advanced Clinical Practitioner Strategy
- Covid health and well-being support

Actions to be taken	Responsibility / timescale
Agreed to work to ensure that the Trust values are integrated into medical appraisal processes	Dr Lal
Noted and thanked the Strive team for ensuring that library services were maintained and adapted to suit the special challenges during the Covid Pandemic	Jennie Winnard
Agreed amendments to strengthen assurance arrangements for the key risks falling to the Workforce Committee	Jackie White
Agreed to recommend to Board the ToR for the People Committee and the Effectiveness Review	Jackie White
Agreed and commended the Advanced Practitioner Strategy	Rachael Metcalf & SLT
Agreed and commended the revised framework for Safeguarding Training	Rachael Metcalf & SLT
Noted progress to move training onto ESR and the information campaigns, and link to pay progression to encourage compliance.	Rachael Metcalf & SLT
Agreed to request a comment to every Committee meeting from the managers of any services which are falling behind target on compliance with SDR and Mandatory Training.	Rachael Metcalf & SLT
Board action	**Responsibility / timescale**
There was significant disquiet at news of the failure of managers to ensure that nominated Fire Wardens and other key staff are made available for training on	Rachael Metcalf

essential equipment and procedures. An urgent report back to Committee was requested on plans to rectify this situation. A Board Development session is to be arranged on the plans for participation in the first wave of Trusts rolling out a NHS Leadership Academy Reciprocal Mentoring programme, which will be focused on supporting system change that reduces inequality in our workforce and care.	Rachael Metcalf
Risks (Include ID if currently on risk register)	Responsibility / timescale

Quality Assurance Committee
Chair's Log

Meeting: Quality Assurance Committee	**Date of Meeting**: 30/03/2021
Connecting to: Board of Directors	**Date of Meeting**: 06/04/2021

Key topics discussed in the meeting

- Emergency Department Deep Dive
- Cancer Priority Pathway plans
- CQC update
- STAQC update and Implementation plan
- Alcidion update / Risk review – **Deferred to April 2021**
- Sepsis action plan
- End of Life Care Strategy update
- Urgent Escalations
- Board Assurance Framework (BAF)
- Monthly Integrated Performance Report (IPR)
- Quality Priorities
- Clinical Audit Forward plan – **Deferred to April 2021**
- LocSSIPs progress report
- Monthly SI/NE report
- Patient Safety Faculty update
- Quality Assurance report including QEIA, CQC, NICE, Clinical Audit - local and national, LocSSIPs, NatSSIPs, Commissioning & Regulatory requirements - 3 monthly update report
- Quality Surveillance report including monitoring of SSQD position and monitoring of external visit recommendations and action plans & GIRFT visits & recommendations
- Chairs logs of reporting sub groups
- Safer surgery audit – **Silent paper**

Actions	Responsibility / timescale
ED Deep Dive The committee heard about progress on delivering waiting time standards, incidents, issues relating to patient flow, staffing and mitigations in place, intentional rounding, meeting environmental targets and the process of quality and equality impact analysis. A confirm and challenge session is being held to review progress against CQC standards. ECIST (Emergency Care Improvement Team) is supporting the team. The committee asked to be kept informed about anticipated performance new A&E standards as standards are agreed.	Jo Reilly
Cancer Priority Pathways Progress has been made in many areas, with investment in workforce and recruitment. Ongoing work around the cancer action plans includes reinstating the Cancer Delivery Group to focus on process reviews which are expected to be completed in 8-12 weeks. The current work on capacity and demand and trajectories for improvement in waiting times is to return to the committee in due course.	Jo Reilly
CQC standards update Two outstanding actions remain on the CQC action plan tracker. Progress has been made on the S20 consent action, trust wide policy development in discussion with CPG. It is expected that this action will move to amber shortly. M6 Mandatory training remains a concern as	

training targets are not met. Extra investment has gone into HR team to address issues around the data and merging this with ESR. Roll out of ESR remains on track for April. The Chair is to pick this up with the Chair of Workforce Committee. The outcome of the confirm and challenge meetings with services will be the monitoring information against quality standards the committee will receive in future months.	Debbie Reape / March 2021
STACQ accreditation. The planned deep dive into well led self assessments are slightly delayed however will include the quality committee - The committee noted that the Urgent Treatment Centre at Redcar had achieved Diamond Standard in their January.	Moira Angel / June 2021
Board assurance framework The current BAF was updated and the changes agreed: 2.1(1) – Relating to IPC outbreaks – Update to controls, assurance and risk score. This risk has reduced to 12. 2.2 – relating to medication practice – Update to gaps in control. 2.2 (2) – Relating to the CQC action Plan – Update to key controls and assurances and gaps in controls. Additional risk identified, preparation for the ward to board well led programme is being developed to commence in June. 2.3 – Relating to SIs, learning and clinical audits to improve on patient safety – Update in the gaps in control. The risk score was reconsidered and agreed to raise to 12.	
Serious Incidents A discussion took place around incidents that were reported in March with a focus on learning and prevention of future recurrence. The committee asked for an in-depth review to come to the next meeting.	Hilary Lloyd / April 2021
Quality Priorities QAC accepted the new quality priorities.	
All other papers were circulated prior to the meeting however due to the size of the agenda and time constraints, the committee was out of time for discussion on the remaining papers. These will be picked up in future meetings.	

Escalated items
Board to note: • That agenda items were not discussed due to size and content of the agenda and the time constraints. • The CQC action plan has 2 actions which remain rated red although work is progressing there remain concerns around mandatory training. • The focus on the prevention of serious incidents and learning from incidents. • Changes to BAF risks as above.

Risks (Include ID if currently on risk register)	Responsibility / timescale
As above for the BAF amendments	