South Tees Hospitals
NHS Foundation Trust

Board of Directors

6 July 2021
13:00
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 JULY 2021 AT 13:00 IN THE BOARD ROOM AND MICROSOFT TEAMS

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT
STAFF STORY				
CHAIR'S BUSINESS				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence – David Heslop, Ada Burns	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1
4.	Minutes of the last meetings held on 1 June 2021	Approval	Chair	ENC 2
5.	Matters Arising / action log	Review	Chair	ENC 3
6.	Chairman's report	Information	Chair	ENC 4
7.	Chief Executive's Report	Information	Chief Executive	ENC 5
QUALITY AND SAFETY				
8.	Safe Staffing Report	Information	Chief Nurse	ENC 6
9.	CQC update	Information	Chief Nurse	ENC 7
PEOPLE				
10.	Freedom to speak up report	Information	Guardian	ENC 8
11.	Staff Health & Wellbeing update	Information	Director of HR	ENC 9
FINANCE AND PERFORMANCE				

	ITEM		PURPOSE	LEAD	FORMAT
12	Finance Report Month 2		Information	Chief Finance Officer	ENC 10
13	Financial recovery plan		Approval	Chief Finance Officer	Verbal
14	Integrated Performance Report		Discussion	Chief Operating Officer	ENC 11
15	Operational and Improvement Plan		Approval	Interim Director of Planning & Recovery	ENC 12
	A	People Plan			ENC 12b
	B	Communications & Engagement Strategy			ENC 12c
GOVERNANCE AND ASSURANCE					
16.	Board Assurance Framework		Discussion	Head of Governance & Co Secretary	ENC 13
17.	Committee Reports		Information	Chairs	ENC 14
	DATE OF NEXT MEETING The next meeting of Board of Directors will take place on Tuesday 7 September 2021				
	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 July 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	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 and Honorary Treasurer. Unremunerated, voluntary role. Chair AuditOne Board NHS internal Audit Consortium. Unremunerated, voluntary role. Board member, and Chair of Audit & Risk Committee of Bernicia House Group, a North East Social Housing Company – a remunerated role
David Redpath	Associate Non-Executive Director	1 January 2021	Ongoing	Director of DGR Consultancy - Company number 10340661
Neil Mundy	Interim joint Chair	2 February 2021		Director and Trustee Northumberland Theatre Company Director of N Mundy Ltd (Charitable Trusteeships) - Company number 11136507 Member of the North East Working Group for Medilink North Ltd Board Member of Medilink North of England Ltd - Healthcare and Life sciences technology membership organisation For completeness - Chair of the Joint Independent Audit Committee for the Police and Crime Commissioner and Chief Constable of Northumbria Police. Son Philip Mundy and Daughter in Law Dr. Lydia Mundy are Founders and major shareholder in Pando Ltd a Clinical Communications Platform company conducting business with the NHS .
Michael Stewart	Chief Medical Officer	1 February 2021	Ongoing	No interests declared
Hilary Lloyd	Chief Nurse	15 February 2021	Ongoing	No interests declared
Chris Hand	Chief Finance Officer	1 March 2021	Ongoing	No interests declared
Samuel Peate	Chief Operating Officer	1 April 2021	Ongoing	No interests declared

South Tees Hospitals NHS
NHS Foundation Trust

UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 1 JUNE 2021 AT 10:00 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
Mr R Carter-Ferris	Non-Executive Director
Mr D Redpath	Associate Non-Executive Director
Ms M Harris	Non-Executive Director
Mr D Jennings	Non-Executive Director
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 K Oxley	Director of Estates, Facilities and Capital Planning
Mr S Peate	Chief Operating Officer
Mr M Graham	Director of Communications

Members of the public

Action

PATIENT STORY

Liz Dixon, Learning Disability Nurse attended and presented a patient story on behalf of a 23 year old male who had a diagnosis of severe autism and a severe learning disability, non-verbal communication, with behaviours that challenge services. Members noted that there was a history of self-harm and aggression to others, when his routine is disrupted or when personal space is invaded, required investigations and treatment.

Ms Dixon reported to members that the patient's GP made a referral to radiology and the learning disability nurse for a bilateral hip x-ray, following concerns about a change in gait. Following a discussion between the learning disability nurse and the GP, it became evident there were several areas in the patient's health care which urgently needed addressing. Following a formal Mental Capacity Act assessment it was agreed investigation and treatment would need to be carried out in the patient's best interest.

It was identified that in the patient's best interest it was agreed the patient would require a general anaesthetic for a number of tests.

To successfully co-ordinate each element took planning and multi-disciplinary working, which involved professionals from

different organisations, each service had different policies and procedures, which professionals had to adhere to. This case involved the independent sector, primary and secondary care (involving 2 Trusts) and parent. At every stage the patient remained at the centre of this episode of planning and care.

The Chairman thanked Ms Dixon for expressing the story on behalf of the patient and for the successful outcome.

BoD/20/256 **WELCOME AND INTRODUCTIONS**

The Chairman welcomed members to the meeting which was held in the Board Room and virtually.

BoD/20/257 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr M Ducker and Ms A Burns, Non Executive Directors, Ms S Page, Chief Executive, Mrs R Fallon, Interim Director of Planning & Recovery, Mrs R Metcalf, Director of HR and Mrs M Angel, Interim Director of Clinical Development.

BoD/20/258 **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/20/259 **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/20/260 **MINUTES OF THE LAST MEETING**

The minutes of the meeting held on Tuesday 4 May 2021 were reviewed and agreed as an accurate record. Mrs White

BoD/20/261 **MATTERS ARISING**

The matters arising were reviewed and the action log updated.

BoD/20/262 **CHAIRMAN’S REPORT**

The Chairman referred members to his previously circulated report and added that the Trust had received notification from the National Freedom to Speak Up Guardian following the announcement of the Freedom to Speak Up (FTSU) Index, which is an indicator that can help build a picture of what the speaking up culture feels like for workers. It is a metric for NHS Trusts, drawn from four questions in the NHS Annual Staff Survey. The Chairman was pleased to report that the Trust had been identified as one of the three most improved Trusts which is a testament to the work which has been going on through the Guardians office and Senior Leadership

Team.

The Chairman reported that he had attended a Staff Side meeting who are keen to continue working with the Trust on making improvements and feel that changes have been made.

The Chairman referred to a national article reported in the Guardian newspaper on COVID 19 deaths and provided clarification on the information presented to the Trust.

Referring to the agenda, the Chairman advised members that they will receive an update on the work being undertaken to treat the patients waiting over 52 weeks, including the work being undertaken with the ICS to secure additional funding to address these pressures. Also that members will receive the strategic plan for the Tees Valley Research Alliance recognising the work it is doing nationally to contribute to managing COVID 19.

The Chairman reminded members of the update last month on the Provider Licence restrictions regarding the financial position of the Trust and the requirement to provide a detailed recovery plan. He advised that the Trust is working with the regulators to put this into place and the Board is supportive of the team carrying this out. The Chairman added that at the same time as working on the financial recovery plan the Trust is working with its partners in Tees Valley and North Yorkshire on a rebalanced deployment of resources to tackle the health inequalities in this area.

Finally the Chairman was pleased to report he had visited lots of areas this month in the Trust including the Bereavement team, maternity, Paediatrics, Neonatal, Cardiology, Volunteers, Renal, Endeavor, Oncology and Radiology Surgical Wards.

Resolution

The Board of Directors NOTED the Chairman's report.

BoD/20/263 **CHIEF EXECUTIVE'S REPORT**

Mr Harrison referred members to the CEO report and added a thank you to all staff for the work they had undertaken in the last month with considerable focus on recovery and improving the Trust position with waiting lists and maintaining pathways of care for those who still require treatment for COVID 19.

He added that the Trust had made a big improvements with over 52 week waiters which is really positive.

With regard to activity, the Trust has exceeded the activity

targets planned for May (to be validated) and continue to be on trajectory.

Mr Harrison reported that the Nursing and Midwifery strategy will be presented to the Board next month with the operational plan, adding that lots of work has been undertaken on this by Dr Lloyd and teams. Also that a communications plan has been developed in support of the developing digital strategy which will released next week.

Resolution

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

BoD/20/264 **SAFE STAFFING REPORT**

Dr Lloyd referred members to the safe staffing report and highlighted that the percentage of shifts filled against the planned staffing across the trust is 97.7%, demonstrating good compliance with safer staffing.

Critical care is beginning to retract into their pre COVID footprint with staff from other areas still supporting activity. There have been no reported episodes for lack of supernumerary co-ordinators during April 2021.

Staffing during April has effectively supported the acuity and dependency of patients.

Nursing Turnover for April is currently 7.7% and the vacancy rate is 1% (20.96 whole time equivalents) against the financial ledger.

Monthly International Registered Nurse (RN) recruitment continued however, three nurses due to arrive from India have been delayed due to the country being added to the 'Red travel list'

Health Care Assistant (HCA) rapid recruitment targets were achieved and redeployment of temporary COVID 19 staff has begun starting with Emergency Department with Critical Care requirements currently being reviewed.

Student nurses who entered the workforce as HCAs during the last surge have now returned to supernumerary placements. Interviews are planned for May for student nurse who qualify in September

Ms Reape thanked Dr Lloyd for a positive report acknowledging that the recruitment that the team has put in place is tremendous and a 1% vacancy rate against the ledger is excellent. Ms Reape noted that the overall fill rate is showing a slight decline and asked if this was predominately more difficult to fill posts on wards and are there any issues in terms of areas. Dr Lloyd advised that staffing is always

complex and issues such as sickness, maternity and retirement do affect the fill rate.

Mr Jennings commented that the report works really well now, and asked what the trust is doing to underline the importance of raising staff issues on DATIX so it becomes part of day to day risk management. Dr Lloyd advised that the red flags are flags for scrutiny rather than when things have gone wrong and in terms of day to day management of risk, safer staffing is a key element of the Nursing & Midwifery Strategy and we will be reinforcing the messages as part of its launch and reminding staff so we can continue to learn.

The Chairman commented that there are a number of areas where there are significant levels of pressure ulcers, and asked where they are particularly high were there any issues relating to staffing, patient acuity etc. Dr Lloyd advised that high numbers relate to A&E and assessment areas and these are patients who attend with pressure damage on admission and this accounts for the high numbers in these areas. Dr Lloyd added that the pressure ulcer collaborative launched in March and she has seen a reduction in April following launch.

Ms Reape added that the Quality Assurance Committee (QAC) do talk about pressure ulcers on a regular basis and we are expecting to see a decline due to the work being done.

Resolution

The Trust Board of Directors NOTED the safer staffing report

BoD/20/265 **RESEARCH AND DEVELOPMENT UPDATE**

Mrs White advised members that due to a theatre session Mr Baker was unable to attend and present the Research & Development update including the strategic plan. Ms Reape and Dr Lloyd advised that Mr Baker had attended QAC this month to present the report which was well received and Ms Reape had included an update in the Chairs log.

The Chairman added that he is very proud of the tremendous work undertaken by the team on research during covid and other research has continued through this time and expressed his thanks to Mr Baker.

Resolution

The Trust Board of Directors NOTED the Research & Development update

BoD/20/266 **INFECTION PREVENTION AND CONTROL REPORT**

Dr Lloyd presented the Infection Prevention and Control Report to members and highlighted there were 2 community-onset healthcare-associated and 7 healthcare-onset healthcare-associated cases in April 2021. We are currently above trajectory.

There were 0 MRSA bacteraemia trust-assigned cases in April 2021.

There were 3 MSSA bacteraemia trust-apportioned cases in April 2021.

An outbreak of *Serratia marcescens* infection commenced in May 2019, affecting patients who have been treated in cardiothoracic ICU and/or cardiothoracic HDU. Dr Lloyd advised that as at 5 May 2021 there have been 5 confirmed cases, 24 probable cases and 40 excluded cases. Discussions are to take place at the next IPAG regarding the official closure of the outbreak; however continued reporting and monitoring will remain.

The average hand hygiene self-assessment score in April 2021 was 99%. The average hand hygiene peer assessment score for April 2021 was 99%.

The Trust has undertaken a number of measures to manage patients with COVID-19 infection and clear admission pathways are in place with associated screening protocols. The former red/amber/green 3-pathway system was replaced by a red/standard 2-pathway system in April 2021.

The IPC team have been involved in a Rapid-Process Improvement Workshop (RPIW) looking at systems and processes within the team. The key requirement to make this successful is information technology support from the Business Intelligence Unit (BIU)

The Chairman thanked Dr Lloyd for her report and asked if there had been a *Clostridium difficile* reported in April. Dr Lloyd advised that there has been an increase of *Clostridium difficile* regionally and she will share further information on this in the next report.

The Chairman asked if there is any reason for the increase and Dr Lloyd advised that there were no lapses identified in care and we are doing some significant work and continue to educate the staff in this area. The Chairman added he was pleased to see the hand hygiene audit results.

Mr Jennings referred to the information technology support from the BIU team to infection prevention and control and asked whether the team can incorporate this into their

workload given the amount of work they have to do. Dr Lloyd confirmed that the team had not identified any issues.

Dr Stewart commented that it was great news that the *Serratia marcescens* outbreak can be closed but highlighted that there has been *Pseudomonas* detected and this relates to the infrastructure in ITU and we need to be able to improve these areas and these outbreaks are a worrying sign that these outbreaks are due to the estate. The Chairman noted this estate causal factor was a really important issue.

Resolution

The Trust Board of Directors NOTED the update

BoD/20/267 **FINANCE REPORT**

Mr Hand presented the finance report and highlighted that due to the ongoing Covid-19 pandemic formal annual financial planning has been suspended for the first half of 2021/22. ICS system level planning is in place, with each ICP expected to deliver break-even with a fixed funding envelope.

The Trusts requirement for Half One (April-September) (H1) 2021/22 is to deliver a £3.0m deficit. At Month 1 the Trust reported a deficit of £1.0m at a control total level. This is in line with the required budget deficit for M1 as agreed within the ICP/ICS.

Mr Jennings asked if the Trust had made an application on Public Dividend Capital (PDC) funding and commented that without the approval of this we can't actual fund our capital. Mr Hand advised that the Trust has substantial cash flow and can cope. He added that the Trust have received a proportion of PDC funding through the ICS. There is a process with NHSE/I to get the PDC paid so there shouldn't be any issues.

Ms Reape asked Mr Hand how the process works and who in the ICS are making the decision on this. Mr Hand advised that the ICS is given the financial envelope for one year only this year and has distributed this as agreed; going forward it should be for 5 year. Mr Hand advised that Estates Directors, CEOs and DOFs all discuss capital in their forums and agreement was received on the distribution, however there is further work being undertaken on this regarding how to prioritise.

The Chairman commented that we are obviously in a period of uncertainty until the White paper turns into legislation. ICS Chairs are looking for further clarity on this but generally if Tees Valley and North Yorkshire can present a clear case there is an opportunity to rebalance the finances and the

more we can work together the stronger our case will be. We are moving in the right direction but the detailed mechanics will need to be hammered out.

Ms Reape commented that the Trust has often received capital at the end of the year which is very difficult to manage and also we are still developing the clinical strategy and know how important it is to align the two so we really do need early decisions and answers to our questions.

The Chairman advised that it is within the Trust's gift to put together a medium term plan and is an opportunity to set out the case in clear terms, to the ICS and NHSE/I.

Mr Oxley commented that one of our sources of capital is locked within PFI contract. We are planning to upgrade Cardiac ICU now as we have an agreement to do so as we start to unlock the PFI capital. Secondly to help deliver the clinical strategy, whilst we wait the allocation, CPG and SLT have agreed to seed funding to develop business cases so we have ready to go schemes.

Resolution

The Trust Board of Directors NOTED the update

BoD/20/268 **INTEGRATED PERFORMANCE REPORT**

Mr Peate referred members to the Integrated Performance Report which had been previously circulated and highlighted that since the last report benchmark data against other Trusts has been included and work has been completing on recalculating the control limits within charts where special cause variation has been detected.

Key messages relating to performance this month include:

The Trust has continued its COVID-19 response during April alongside maintaining emergency, urgent and other non-COVID-related care. Treating over 4,000 patients with COVID-19 during the pandemic to-date has inevitably had an impact. Clinical teams are now focused on addressing the needs of anybody whose non-urgent care has been disrupted by the pandemic.

Areas of improved or sustained performance include:

- Complaints closed within target.
- Compliance with Friends and Family Experience rates for, A&E, Outpatients and Maternity.
- Cancer standards for 14 days and 31 days achieved the provisional target in March.

Areas for focus include:

- ED performance continues to improve in month, however it is still below the expected level.
- RTT and diagnostics are still below the constitutional standard due to the pandemic, however the planned activity has been delivered.
- VTE compliance following changes to recording methods and steps in place to improve completeness of data
- To support operational focus on Annual Appraisals and Mandatory Training to improve compliance.

The Chairman referred to the mortality data and asked about the latest information as the report currently relates to the previous quarter. Dr Stewart advised that the numbers are actually stable and we are not seeing any change at the moment. We have launched some work around coding and a deep dive into elective surgical deaths is underway. The disparity between the indictors remains as in report.

The Chairman asked for further information on VTE, Dr Stewart reported that the issue relates to recording and the Trust has not been doing this accurately. He advised that the Clinical Lead is working with the ward clerks to improve the accuracy of recording and once we get the new electronic prescribing system we should start to see some improvement. Dr Stewart commented that an additional issue relates to the guidance for heparin prescribing for COVID patients and it has been identified that the focus during the pandemic was on prescribing heparin and not undertaking the VTE assessment.

The Chairman commented on the rising trend in caesarean section rates and asked Dr Lloyd how the Trust are engaging with mothers. Mr Harrison commented that there has been a lot of information published on this issue and there is a clear driver around mums choice and understanding what they want. He added that the Trust has recently appointed a Director of Midwifery and it will be her remit to work with CD for obstetrics to ensure we are consistent with our all indicators. Dr Lloyd added that the Trust does communicate with mothers and there is a strong maternity voice partnership in the Trust. On caesarean section rates the Trust has high dependency deliveries and we will have more emergency sections here.

The Chairman asked for an update on 31 day cancer treatment numbers which have reduced this month. Dr Stewart advised it was within the normal variation. Mr Harrison added that the Trust continue to manage this well. These are smaller numbers than other targets so you only need a small change for this to change significantly.

The Chairman asked regarding theatre capacity and Dr

Stewart confirmed that the Trust is still 2 theatres down in terms of capacity.

The Chairman commended on appraisal rates and in particular the new appraisal documentation. Mr Harrison confirmed that the documentation had been implemented and the People Committee heard last week positive feedback from a number of Collaboratives and staff feel that appraisal is now more consistent. Ms Harris commented that she was really impressed with quality and content and focus of staff survey action plans which had been presented and concurred with Mr Harrison regarding the quality of the new appraisal process was a theme throughout.

The Chairman commented on the sepsis target and Dr Stewart confirmed that the Trust had managed to demonstrate a very positive improvement in this measure this month.

The Chairman thanked Mrs Fallon for the work on the IPR and its improvements over the last couple of months and to those who contribute to it.

Resolution

The Trust Board of Directors NOTED the update

BoD/20/269 **PROVIDER LICENCE SELF ASSESSMENT**

Mrs White referred members to her previously circulated report on the Provider Licence. She advised that all NHS Foundation Trusts are required to self-certify whether or not they have: i) complied with the conditions of the NHS provider licence and ii) the required resources available if providing commissioner requested services (CRS); and iii) complied with governance requirements.

Mrs White confirmed that a review of the provider licence and supporting evidence has been undertaken and the following assessment has been proposed:

1. The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6) – CONFIRMED
2. The provider has complied with the required governance arrangements Condition FT4(8)- NOT CONFIRMED.
3. If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver designated services Condition CoS7(3) – CONFIRMED

The Chairman asked Mr Carter Ferris, Audit Committee

Chairman to advise if the self-assessment aligned to the Annual Governance Statement and the views of the Audit Committee. Mr Carter Ferris advised that the Audit Committee had reviewed the DRAFT Annual Governance Statement and were satisfied with the content. The self assessment therefore did align with the AGS. Mr Carter-Ferris confirmed that both audit partners had not raised any issues with the draft AGS.

The Chairman commented that he felt the report provided strong assurance report and felt and an appropriate assessment of the situation.

Resolution

The Trust Board of Directors APPROVED the provider licence self assessment

BoD/20/270 **BOARD ASSURANCE FRAMEWORK**

Mrs White referred members to her previously circulated report and highlighted that the Board have previously approved the development and composition of the Trust's two-year strategic plan and at the last meeting of the Board an update was provided on progress with regard to establishing the principal risks and threats to achieving the strategic objectives.

Mrs White reported that the report provided members with a first draft of the Board Assurance Framework and discussed the process which was been undertaken to identify the principal risks.

Mrs White added that since the last update to the Board discussions have taken place with the Executive Leads, Managing Director and Board Sub Committees to review and refine the principal risks and threats.

The next stage would include further discussion and sign off at Board Sub Committee level before presenting to the Board in July.

Mr Jennings commented that the BAF was very much moving in the direction. Acknowledging that Mrs White has done an amazing job in pulling together a good document as with the IPR the first draft has come up through Committees in May, with QAC and Resources reviewing it. He added that the new column on Committee assurance will become the key process in keeping the organisation safe going forward.

The Chairman advised that he was pleased to see the process coming together and that everyone agrees this is the key to Board assurance on the key risks the trust faces going forward.

Resolution

The Trust Board of Directors NOTED the update

BoD/20/271 **COMMITTEE REPORTS**

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

Audit Committee (Mr Carter Ferris) – focussed on year end accounts, detailed discussions with internal and external auditors. In a good position going into final accounts and annual report. Thanked the Board for delegated authority to approve the key documents.

Our Charity (Mr Mundy) – good time to refresh Trustees understanding of responsibilities and therefore the opportunity to build in some training around this. High levels of reserves in the Charity and worth reflecting on how this can be considered by fund holders are around deploying funds for patients and staff. Looking to consider rationalisation of funds which are currently in place. Huge amount of work in organising systems and governance around charitable funds and further work to finish off. Trinity Holistic Centre, historically funded through charitable funds and is fulfilling a role for the Trust and we need to look to long term sustainability for the Centre and report within 6 months – the Charity has supported this year but need to look at future going forward. Relaunch of branding.

QAC (Ms Reape) – detailed update on ophthalmology services and have identified some actions still required. Good to note risks are reducing and Committee will keep an oversight. QAC to sign off Quality Account in July.

People (Ms Harris) – Extra ordinary meeting to review staff survey action plans for this year. Committee – BAF review and approved – identified a number of additions to be included; good discussion on talent management and really comfortable with it. Lots of assurances around CQC - people and well led elements.

Resources (Mr Jennings) – BAF and IPR reviewed. Recovery plan discussed detailed work on speciality by speciality recovery mapping on 52 week waiters and RTT and sense we are getting granular detailed and RAG ratings in terms of speed in which specialities were coming on line. Detailed discussions around trajectories. Good discussion on Estates and Financial statements.

BoD/20/272 **QUESTIONS FROM THE PUBLIC**

The Chairman offered members of the public and observers the opportunity for questions.

Ms Shaher referred to the Safer Staffing report previously presented and raised that she notes the vacancy rate is low but that she has been made aware that vacancies have been held back due to student nurse intake in September / October. Dr Lloyd advised that there are no vacancies being held or paused.

BoD/20/273 **DATE AND TIME OF NEXT MEETING**

Mr Mundy confirmed that the date of the next meeting is 6 July 2021

Signed: ……

Date: ……

Board of Direction Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
06.04.21	BoD/20/231	BOARD ASSURANCE FRAMEWORK (BAF)	Mrs White to include in the standard operating procedure the role of individuals and committees in terms of the Board Assurance Framework to ensure confirming the emphasis placed on the them to review the BAF risks assigned to them.	J White	Jun-21	Draft standard operating procedure in place - shared with D Jennings and comments received. Slippage in completion date due to further check and challenge on BAF with committee chairs and executive leads taking place during July. Should be complete for August.	open

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 July 2021			
Interim Joint Chairman update			**AGENDA ITEM: 6 ENC 4**
Report Author and Job Title:	Neil Mundy Interim Joint Chairman	**Responsible Director:**	Neil Mundy Interim Joint Chairman
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Interim Joint Chairman update		
Background	The following report provides an update from the Interim Joint Chairman.		
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 ☒		

South Tees Hospitals
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Interim Joint Chairman update

Introduction

June has been a very busy month on several fronts which I shall mention but may I offer first grateful thanks to Sue Page and the Teams within the Trust for their continued remarkable efforts on behalf of our patients to overcome the impact of the Pandemic and in tackling the backlog of treatment which has built up over the past year.

We have seen a continued reduction in cases of COVID19, but due to the increase nationally in the incidence of the COVID variant, affecting some areas so seriously, the Pandemic lockdown has now been extended to the 19th July.

Staff achievements

The Trust has received recognition of the rapid improvements achieved by our Staff in the National Freedom to Speak Up Index for 2020. Our Trust is in the top three of those most improved.

It is our privilege to welcome National Guardian for the NHS Dr. Henrietta Hughes on her visit to the Trust on the 6th July.

The NHSE National bulletin this month highlighted the adoption by the Trust of a remarkable pill sized camera now used to investigate and diagnose bowel abnormalities. Patients have previously had to undergo colonoscopy procedures in hospital and the use of the latest microtechnology will improve patient experience.

One of the additional benefits of this new and innovative procedure is that patients are eligible to be given the option to undergo the examination at home. Congratulations to Dr Andrew Douglass and his Team.

Working with our partners within the Integrated Care System

You will hear in the reports later in the meeting the progress being made to return to the levels of services pre COVID 19 and how waiting lists for treatment are being reduced. This is a national priority and one for the Trust and our partners in the Region. It is an imperative that we reduce the number of patients waiting more than 52 weeks as soon as possible.

The Integrated Care System (ICS) in North East and North Cumbria is working collectively with the support of additional funding to address those pressures. Across the North East and North Cumbria, we perform well compared to many other parts of the country with about 73.8% of people treated within 18 weeks compared to an average nationally of 64%.

The design framework for the governances of the ICS has now been published though still subject to legislation. The Trust and its partners in the NHS, Local Government and the Third Sector in the Tees Valley and North Yorkshire will have the opportunity to help shape those arrangements.

It is important that we work together in the Tees Valley and North Yorkshire to ensure that the future policy and basis on which resources are allocated to reflect the needs and the health inequalities that are present within our population. This situation has been accentuated by COVID 19.

Whist there are clear signs that this priority for resources is being recognized, the Trust and its partners must actively working together within the local Collaborative to secure a satisfactory outcome.

It was reported at the last meeting that urgent steps are being taken to put in place a recovery and improvement plan covering the next five years and setting out the case for rebalancing of future resources better to reflect the needs of the population we serve. This is also a requirement of the Trust's license and working with NHS England / Improvement (NHSE/I) and the ICS this plan will be preparing by 31st August.

Developing our partnership and joint working

The next meeting of the Joint Strategy Board with North Tees and Hartlepool NHS Foundation Trust is on the 14th July. The meeting will focus on current progress on collaborative working within the ICS addressing Population Health and examining the ways in which our Trusts including colleagues in County Durham and Darlington NHS FT can work most effectively to support our Local Authority and other partners at place.

An agreed Joint Clinical Strategy for the Tees Valley and North Yorkshire is vitally important, and a joint system event is planned for the 20th July supported by the ICS and CCG at which current progress will be reviewed and careful consideration given to next steps.

I was most grateful to the Chair of Tees Valley CCG for the kind invitation to join the meeting of the Board in June and to receive the very comprehensive Annual Report for 2020/21. This was a year dominated by COVID 19 but one which demonstrated great adaptability, innovation and dedication from the staff of all areas of the Health and Care system to provide the best care possible for our population. I conveyed to the Chair of Tees Valley CCG the Trust's appreciation for the many areas of support of the CCG during 2020/21.

Recruitment and appointment of the substantive Joint Chair

The recruitment of the substantive Joint Chair is reaching its final stages with focus groups on the 29th June and Interviews on 30th June. The outcome of those interviews will be reported to the Council of Governors at South Tees on 1st July and for North Tees on 5th July.

This most important and complex process has involved very close working between the Council of Governors and Nominations Committees of both our Trusts, with the support of the ICS, CCG and NHSE/I. An update will be given at the Board on the 6th July.

I am most grateful to the Lead Governors, Councils of Governors of both Trusts and their Nominations Committees who have worked tirelessly since April in taking this process forward stage by stage. Thank you also to our staff, partners and other stakeholders who have supported this important process.

Visits and engagement

Visits this month includes a wonderful opportunity to visit the Spinal Injuries Unit which fulfills such an vital role within the North of England and Borders in providing this hugely important specialist Centre. I was enormously impressed at the complex and compassionate care the Teams provide to patients suffering such life changing injuries and how dedicated is the effort to support patients and their families to recover and rebuild their lives.

I was also delighted to visit the Community teams and to understand the particular pressures they are facing and to thank them for their amazing work during last year under the most demanding of circumstances.

In June we celebrated the achievements of staff in the Flu Campaign and presented prizes to successful colleagues.

Along with the Chief Executive and Vice Chair I had the privilege to raise the LGBT Pride flag on the 16th June to celebrate Pride month.

I was delighted to join a Staff side meeting last month to provide an update on progress in my Joint role. It was also an excellent opportunity to listen to the views of staff on greater participation in the governance of the Trust.

Particular areas of focus for the Board

There are five areas I wish to mention: -

- The wellbeing of the Chief Executive and Staff and their efforts to prepare for the coming winter period.
- Working collaboratively with our partners jointly to reduce the backlog in treatment as soon as possible.
- Supporting the journey of service improvement with the prospect of a CQC visit later this year.
- Developing and implementing the medium-term financial plan to secure future sustainability of Tertiary and other services which reflect the needs of our population and the areas we serve.
- Working collaboratively with North Tees and Hartlepool FT, County Durham and Darlington and other partners to develop a Clinical Strategy for Tees Valley and North Yorkshire.

Conclusion

This is my last Board Meeting as Interim Joint Chair before handing over to the substantive Joint Chair. I wish to record my profound thanks to Staff, Board

Members, Governors and Partners of the Trust who have been so supportive during the period I have acted in the interim role.

It has been a great privilege to be given that role and I feel sure that working together with our partner Trust in North Tees and Hartlepool and other partners within the Collaborative will ensure a stronger and more sustainable Health and Care System to serve our communities.

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 July 2021			
Chief Executive update			**AGENDA ITEM: 7** **ENC 5**
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 ☒		

South Tees Hospitals
NHS Foundation Trust

Chief Executive Update

Framework for Integrated Care Systems (ICS)

On 17 June, NHSE England published the Integrated Care Systems: Design framework.

The framework acts as interim guidance to development and preparation for new statutory arrangements over the next ten months. The framework provides flexibility to both build on the existing joint arrangements in each of the North East and North Cumbria local authority areas, and to ensure that ICS arrangements deliver improved health and care for the population at scale.

The framework also includes the following key points:

- As set out in the government's white paper the ICS will be made up of two parts - the ICS partnership and the statutory ICS NHS body (functions will include planning to meet population health needs, allocating resources and overseeing delivery). The statutory minimum membership of the board will be confirmed in legislation.

- ICSs will be expected to agree with local partners the form of governance at place level. The design framework sets five potential place-based governance arrangements: a consultative forum; a committee of the ICS NHS body; a joint committee of the ICS NHS body and one or more statutory provider; an ICS NHS body director with delegated authority; or a lead provider contracted to manage resources at place level.

- The framework re-iterates that Trusts are expected to be part of one provider collaborative.

- The final 2021/22 System Oversight Framework (SOF) is expected to confirm the ICS role in the oversight of organisations and partnership arrangements within their system.

- The framework reiterates seven principles for how ICSs should work with people and communities, including working with Healthwatch and the VCSE sector.

The North East and North Cumbria ICS has created a Development and Transition Programme Board to oversee programmes and plans required to ensure the transition of CCG functions to the ICS.

In addition, engagement processes are being developed that ensure partners and stakeholders such as directors of public health and local authority leaders, are able to contribute to the development of ICS plans.

As an anchor tertiary provider serving 1.5 million patients, families and carers across the Tees Valley, North Yorkshire and beyond, and the largest employer in the Tees Valley, the Trust will be closely engaged in these processes.

IR(ME)R

The Care Quality Commission visited the Trust's radiotherapy services on 22 June as part of its Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection programme.

Improvement plan update

The Trust's clinically-led improvement plan has been updated and forms part of the agenda at today's Board meeting.

The first phase has been updated to include current COVID-19 de-escalation and recovery focus.

Growing elective care at the Friarage, enabling specialty services to thrive and grow at James Cook, and working with our community services to deliver more care closer to home remain central to the plan's second phase.

While the majority of the Trust's specialities already deliver care to patients and service users across our region, the final phase of the plan will continue to focus on the delivery of more joined-up care locally across the Tees Valley and North Yorkshire which ensures:

- **Quality:** good access to sustainable specialty care
- **Workforce:** stronger and more resilient teams
- **Sustainability:** a firm footing for the long term
  Health inequalities: evidence based measures and interventions to empower and improve population health

Clinical recovery groups update

The Trust's clinically-led COVID-19 recovery groups continue to each week to support our recovery in outpatients and diagnostics, elective care and non-elective care.

Volunteers

Around 100 hospital volunteers who gave up their time to help others during the coronavirus pandemic have gained employment at a local trust.

Since the start of the pandemic more than 500 people from the local community have signed up to South Tees Hospitals NHS Foundation Trust's therapeutic support programme.

Over the last year 94 volunteers have been employed in a number of contracted roles such as health care assistants, wards clerks, personal assistants, medical record officers and porters in a number of areas across the trust, including pathology, pharmacy and medical equipment stores.

PillCam

Pill-sized cameras are now being used at The James Cook University Hospital to investigate and diagnose bowel abnormalities.

Previously, patients would need to undergo a colonoscopy procedure at the hospital but now, thanks to state-of-the-art cameras, suitable patients are being given the option to undergo the examination from the comfort of their own home.

The PillCam is roughly 3cm long, has a bright light on it and two minuscule cameras on either side of it. It is simply swallowed by the patient during their hospital outpatient appointment before it travels through their body and photographs their bowel, like a virtual telescope at home.

When the patient comes in for their appointment they are given a data belt which they must wear for the rest of the day. The pictures from the PillCam are sent wirelessly to the belt as it passes through their body before it is naturally discarded. The belt is then returned to the Middlesbrough hospital the next morning for the endoscopy team to download and review the footage.

RECOVERY trail

A new drug trialled by research colleagues has been found to reduce deaths from COVID-19 by a fifth in the sickest patients.

The research team at South Tees worked as part of the Durham Tees Valley Research Alliance (DTVRA) on the national RECOVERY trial, run by Oxford University, which is looking at the impact of different treatments on mortality and on the need for hospitalisation or ventilation. It trials different treatments versus standard care.

The trial has found that the use of an antibody combination reduced deaths by one fifth among patients hospitalised with severe COVID-19 who were not able to mount a natural antibody response of their own.

National Hydration Week

For this year's national hydration week and colleagues were out and about across wards and departments promoting our red, amber and green coloured water jug lids.

It's a simple idea – patients are given a water jug with a red lid first thing on a morning and, once they have drunk it all, the jug is refilled and the lid switched to an amber colour and once that is empty it is refilled and the lid changed to a green one.

Ward colleagues flag any patients who have a red lid on their jug for more than three hours to nursing colleagues who ensure a clinical review takes place

Learning disability pathways

To mark this year's Learning Disability Week, the Trust has launched our learning disability diamond acute care pathways our learning disability diamond acute care pathways.

I want to join colleagues in saying a big thank you to Dom, one of our volunteers, for helping to raise awareness about our hospital passports, communication books and diamond accreditation.

Digital Director

Manni Imiavan will be joining us from Great Western Hospitals NHS Foundation Trust as our new Digital Director later this year. Manni has almost 15 years of experience working in the NHS with clinical teams to develop and get the best out of digital and IT systems to support colleagues in the delivery of care to patients and service users.

Board Assurance Framework

Work has continued through June to refine the principal risks and threats to delivery of the strategic objectives. The People Committee, Resources Committee and Quality Assurance Committee have all had the opportunity to receive a second draft report which they have considered and will be recommending the Board adopt the framework. Further work will continue with the Executive Leads, Non-Executive Leads, Company Secretary and Chair of Audit & Risk Committee during the month to test out the assurances to complete the work and agree the standard operating procedure for the BAF.

Pride month

The trust celebrated and acknowledged Pride throughout the month of June.

Pride is important for so many reasons and, even though the world around us has changed, it is even more important than ever that we mark and celebrate Pride.

Pride is a time for us to reflect on the progress we've made towards LGBTQ equality and to acknowledge the fact that we stand on the shoulders of all those who have fought so hard over the years to achieve this. It is also a time for us to acknowledge that we still have so much more to do.

There are lots of examples of excellent work going on around our Trust to support our LGBTQ colleagues, and I was so very pleased to be able to raise the Pride flag with Ada Burns, Vice Chair, Neil Mundy, Interim Joint Chairman and colleagues.

2. RECOMMENDATIONS

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

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 July 2021			
Safe Staffing Report for May 2021 – Nursing and Midwifery			**AGENDA ITEM: 8, ENC 6**
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 and midwifery staffing levels for May 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 nurse and midwifery staffing across the trust is 99.36% as per table 1 demonstrating good compliance with safer staffing. Critical Care move back to their pre COVID footprint but have a higher number of level 3 patients requiring 35 -37 nurses per shift. There have been no reported episodes for lack of supernumerary co-ordinators during May 2021. Staffing during May has effectively supported the acuity and dependency of patients based on data from the SafeCare staffing tool. Nursing Turnover for May is currently 7.6% Monthly International RN recruitment continues with the last 6 arrivals travelling in early July, which includes the three Indian nurses delayed due to escalating cases across the country. Student nurse interviews have taken place and are in the process of being appointed to posts.		
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 - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit.		
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
May 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 weekly on a Wednesday 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)

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 187 shifts/1869.37 hours logged via SafeCare during May.

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

Reporting fill Rate based on planned vs worked hours for May 2021

Overall planned vs actual fill rates have been very good during May. NHSP demand is reducing and fill rates increasing. The breakdown by ward is in Table 2

Table 1 – Trust wide Monthly Fill Rates

		March 2021	April 2021	May 2021
Overall Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	90.7%	90.8%	92.7%
	HCA (%) Average fill rate - DAYS	90.3%	94.8%	99.6%
	NA (%) Average fill rate - DAYS	100%	100%	100%
	TNA (%) Average fill rate - DAYS	100%	100%	100%
	RN/RMs (%) Average fill rate - NIGHTS	90.2%	91.8%	93.8%
	HCA (%) Average fill rate - NIGHTS	102.0%	104.7%	108.8%
	NA (%) Average fill rate - NIGHTS	100%	100%	100%
	TNA (%) Average fill rate - NIGHTS	100%	100%	100%
	Total % of Overall planned hours	**96.6%**	**97.7%**	**99.36%**

Table 2 provides details by ward and these are overlaid with bed occupancy and nurse sensitive indicators to triangulate data in table 3.

Table 2 - Nursing and Midwifery Planned Vs Actual hours % and Care Hours Per Patient Day

Wards	Physical Bed Capacity	Open Bed Capacity	Occupied Bed No May 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	26		95.0%	101.0%	100.0%	-	79.8%	100.6%	100.0%	-	Bed occupancy reduced by 2 beds in May. Planned on 5 RN nights and working 5 (1:6)
Ward 3	28	28	15		85.4%	141.3%	-	100.0%	87.2%	104.5%	-	100.0%	
Ward 4	21	21	22		88.4%	91.4%	-	-	91.8%	101.3%	-	-	
Ward 5	28	22	18		95.3%	97.2%	-	100.0%	112.9%	129.4%	-	100.0%	
Ward 6 Gastro	30	30	27		98.7%	98.5%	-	-	80.1%	159.1%	-	-	
Ward 7 Colo	30	30	24		94.1%	106.1%	100.0%	100.0%	98.9%	101.7%	-	-	
Ward 8	30	30	23		93.2%	95.9%	-	100.0%	100.0%	95.7%	-	100.0%	
Ward 9	28	28	21		111.1%	90.1%	-	-	103.4%	84.4%	-	-	
Ward 10 (Short Stay RAFAU Staff)	27	27	25		94.9%	109.9%	-	-	92.5%	114.6%	-	-	
OPM (Ward 11)	28	28	25		93.2%	106.7%	-	-	95.1%	99.4%	-	-	
Ward 12	26	24	16		80.8%	121.1%	-	-	67.0%	85.0%	-	-	Bed occupancy reduced by 8 beds in May. Planned on 3 RN working 2 (1:8) Safe staffing maintained for 16 beds
Ward 14 Oncology Staff	23	21	17		90.3%	83.6%	-	100.0%	94.6%	103.3%	-	100.0%	
Ward 24	23	23	19		98.4%	96.8%	100.0%	100.0%	98.0%	127.4%	100.0%	-	
Ward 25	21	21	8		110.0%	103.8%	-	-	96.2%	63.8%	-	-	
Ward 26	18	18	18		100.8%	137.2%	-	-	98.4%	116.8%	-	-	
Ward 27 Neuro Staff	15	15	13		139.4%	183.3%	-	-	100.4%	156.0%	-	-	
Ward 28	30	30	20		82.0%	106.0%	-	-	97.6%	109.7%	-	-	

Ward 29	27	27	23		95.8%	118.1%	-	-	95.7%	119.4%	100.0%	-	
Cardio MB	9	9	8		100.0%	117.7%	100.0%	-	100.0%	-	-	-	
Ward 31 Vas	35	26	16		91.0%	75.8%	100.0%	-	103.3%	92.9%	100.0%	-	
Ward 32	22	21	19		111.1%	106.6%	-	-	66.7%	104.8%	-	-	Bed occupancy reduced by 3 beds in May. Planned 3 working 2 (1:10) with extra HCA support to maintain safe staffing
Ward 33 Specialty	19	19	15		93.3%	99.6%	-	-	85.0%	66.7%	-	-	
Ward 34	34	34	30		95.7%	126.4%	-	-	99.4%	113.7%	-	-	
Ward 35	26	26	20		109.2%	105.7%	-	100.0%	70.2%	102.7%	-	-	Bed occupancy reduced by 6 beds in May. Planned 4 RN working 3 (1:7 ratio) Safe staffing maintained
Ward 36 Trauma	34	34	29		96.4%	128.5%	-	100.0%	97.6%	123.0%	-	100.0%	
Critical Care + Surge	32	32	28		94.2%	85.0%	-	-	94.2%	78.2%	-	-	
CICU JCUH	8	8	8		84.3%	106.3%	-	-	86.4%	180.6%	-	-	
Cardio HDU	10	10	6		78.2%	98.3%	-	-	72.9%	103.2%	-	-	Bed occupancy reduced by 4 beds in May. Planned 6 RN Days working 5 (1:2 Ratio) Planned 5 RN nights working 4 (1:2 Ratio) safe staffing has been maintained
Ward 24 HDU	8	8	7		103.3%	108.2%	-	-	100.8%	100.0%	-	-	
Ainderby FHN	27	27	17		73.6%	97.3%	-	-	100.0%	93.3%	-	-	Bed occupancy reduced by 10 beds in May Planned 4 RN days working 3 (1:6). Safe staffing maintained
Romanby FHN	26	20	19		87.1%	74.6%	-	-	66.7%	65.6%	-	-	Bed occupancy reduced by 3 beds in May Planned 3 RN Nights working 2 (1:10 Ratio) Safe staffing maintained
Gara Orthopaedic FHN	16	16	9		123.8%	124.9%	-	-	89.1%	155.5%	-	-	
Rutson FHN	17	15	16		80.2%	85.1%	-	-	100.1%	85.5%	-	-	
Friary Community Hospital	18	18	12		73.9%	80.3%	-	-	102.6%	185.6%	-	-	Bed occupancy reduced by 6 in May. Planned 3 RN working 2 (1:6 ratio) Safe staffing maintained
Zetland	31	29	25		100.9%	87.9%	-	100.0%	66.2%	129.3%	-	100.0%	Bed occupancy reduced by 4 in May. Planned 4 RN nights working 3 (1:8 ratio) with extra HCA support. Safe staffing maintained
Tocketts Ward	30	30	21		79.9%	82.4%	-	-	77.3%	93.5%	-	-	Bed occupancy reduced by 9 in May. Planned 4 RN days working 3 (1:7 ratio) 3 RN nights working 2 (1:11 ratio) with 4 HCA Safe staffing maintained
Ward 21	25	25	13		70.6%	82.3%	-	100.0%	71.8%	72.6%	-	100.0%	Bed occupancy reduced by 12 in May. Planned 6 RN day and night working 4 (1:3 ratio) Safe staffing maintained

Ward 22	17	17	8		96.3%	85.6%	-	-	88.3%	56.2%	-	-	
JCDS (Central Delivery Suite)	-	-	11		91.2%	54.7%	-	100.0%	96.8%	100.0%	-	-	
Neonatal Unit (NNU)	35	35	25		80.0%	55.1%	-	-	83.1%	-	-	-	
Paediatric Intensive Care Unit (PCCU)	6	6	1		87.2%	91.0%	-	-	78.2%	104.5%	-	-	Bed occupancy reduced by 5 in May. Planned 4 RN night working 3 (1:1 ratio) Safe staffing maintained
Ward 17 JCUH	-	-	22		65.0%	96.8%	-	-	71.0%	-	-	-	Bed occupancy reduced by 7 in May. Planned 4 RN night working 3 (1:7 ratio) Safe staffing maintained
Ward 19 Ante Natal	-	-	4		66.6%	37.1%	-	-	96.3%	-	-	-	Average of 4 patients at midnight during May Safe staffing maintained
Maternity Centre FHN	-	-	0		88.2%	78.1%	-	-	99.2%	96.8%	-	-	
Spinal Injuries	24	24	19		74.2%	67.8%	-	-	82.8%	-	-	-	
CCU JCUH	14	14	9		65.0%	96.8%	-	-	71.0%	-	-	-	Bed occupancy reduced by 5 in May. Planned 8 RN days working 6 (min 1:2 ratio) Nights planned 6 working 5 (1:2 ratio) Safe staffing maintained

The emergency department continues to plan for 19 RNs during the day and 18 RNs overnight during May. Maintaining these numbers has been difficult to achieve at times due to periods of surge particularly in paediatrics. Help has been provided from other wards and departments

There were significant numbers of Pressure Ulcers reported in ED and the admission units which were reported on admission – not hospital acquired. Good progress is being made with the reduction in pressure ulcers through the pressure ulcer collaborative. Focused work on falls is also ongoing with the STAQC team.

Serious Incidents were reported by 5 wards during May. No staffing factors were identified as part of the SI review process.

Table 3 – Nurse sensitive indicators and 1000 voices scores

Ward/Area Name	New or Deteriorating PU 2's (Inpatient)	New or Deteriorating PU 3's (Inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey	SI's
A&E JCUH	67	4	5	1	4	-	
FRIARAGE CDU - CLINICAL DECISIONS UNIT	14	0	5	1	0	-	
JCUH FEMALE ASSESSMENT UNIT ON WARD 37	20	1	5	2	1	8.10	
JCUH MALE ASSESSMENT UNIT ON WARD 1	14	1	5	7	0	9.69	
FRIARAGE AINDERBY WARD	0	0	0	2	1	8.17	
FRIARAGE GARA	0	0	0	0	0	9.41	
FRIARAGE ROMANBY WARD	0	0	0	6	0	9.41	X1 Fall
WARD 2	3	0	2	4	0	8.97	
WARD 3	0	0	1	6	0	9.31	
WARD 4	1	0	2	3	0	8.71	
WARD 5	0	0	0	0	0	-	
WARD 6	0	0	3	5	0	8.65	PU
WARD 7	1	0	0	3	1	8.80	
WARD 8	1	1	3	4	1	9.12	
WARD 9	1	0	0	5	2	9.51	
WARD 10	0	0	1	8	0	8.42	
WARD 11	0	0	1	7	1	8.93	
WARD 12	0	0	3	1	2	9.27	
WARD 14	1	0	2	4	1	-	
WARD 17	0	0	0	0	1	8.78	
WARD 21	0	0	0	0	0	-	
WARD 22	0	0	1	0	0	9.55	
WARD 24	2	0	0	6	0	9.17	
WARD 25	0	0	7	6	0	9.60	
WARD 26	0	0	1	5	0	8.30	
WARD 27	0	0	0	1	0	9.51	
WARD 28	0	0	2	8	1	9.60	
WARD 29	0	0	2	6	0	9.19	X2 Falls
WARD 31	0	1	0	3	0	8.93	
WARD 32	1	0	0	0	0	9.23	
WARD 33	0	0	2	1	0	9.40	
WARD 34	0	0	2	1	2	9.52	
WARD 35	0	0	1	1	0	9.28	
JCUH CORONARY CARE UNIT	0	0	0	1	0	9.63	
JCUH CENTRAL DELIVERY SUITE	0	0	0	0	1	-	
JCUH TRAUMA WARD	1	0	4	1	2	9.29	
GENERAL HIGH DEPENDENCY UNIT	3	0	5	1	0	-	
GENERAL ICU2	0	0	1	0	0	-	
GENERAL ICU3	1	0	2	1	0	-	
CARDIOTHORACIC ITU	0	0	0	0	0	9.69	
SPINAL INJURY HDU	0	0	0	0	0	8.76	
SPINAL INJURY REHABILITATION UNIT	0	0	1	1	0	-	
PAEDIATRIC CRITICAL CARE UNIT	0	0	1	0	0	-	
RICHMOND FRIARY VICTORIA WARD	1	0	0	1	0	9.38	
RUTSON FHN	0	0	0	2	0	8.37	
RPCH ZETLAND WARD	0	0	1	6	0	9.15	X1 Fall
EAST CLEVELAND TOCKETTS WARD	0	0	2	2	0	8.95	

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Table 4 Red flag reporting May 2021

Red Flags	Day	Night	Grand Total
Delay in providing pain relief	2	3	5
Less than 2 RNs on shift		3	3
Missed 'intentional rounding'	7	2	9
Shortfall in RN time	19	7	26
Vital signs not assessed or recorded	1	1	2
Grand Total	**29**	**16**	**45**

A total of 45 red flags were reported during May with shortfall of RN being the most common (26). No wards were left with less than two RNs 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 and delays in pain relief. These can be due to short periods of increased acuity and dependency and should be reported through datix if likely to cause patient harm. There were no Datix reported against these flags.

Datix reported relating to staffing were mostly shortfalls in planned nursing numbers in ED reported during May. The department is fully staffed and shortfalls have been due to sickness.

Vacancy and Turnover

The total nursing and midwifery vacancy rates for both RN remain HCAs are minimal with vacancies being filled quickly. (Fig 1 and 2)

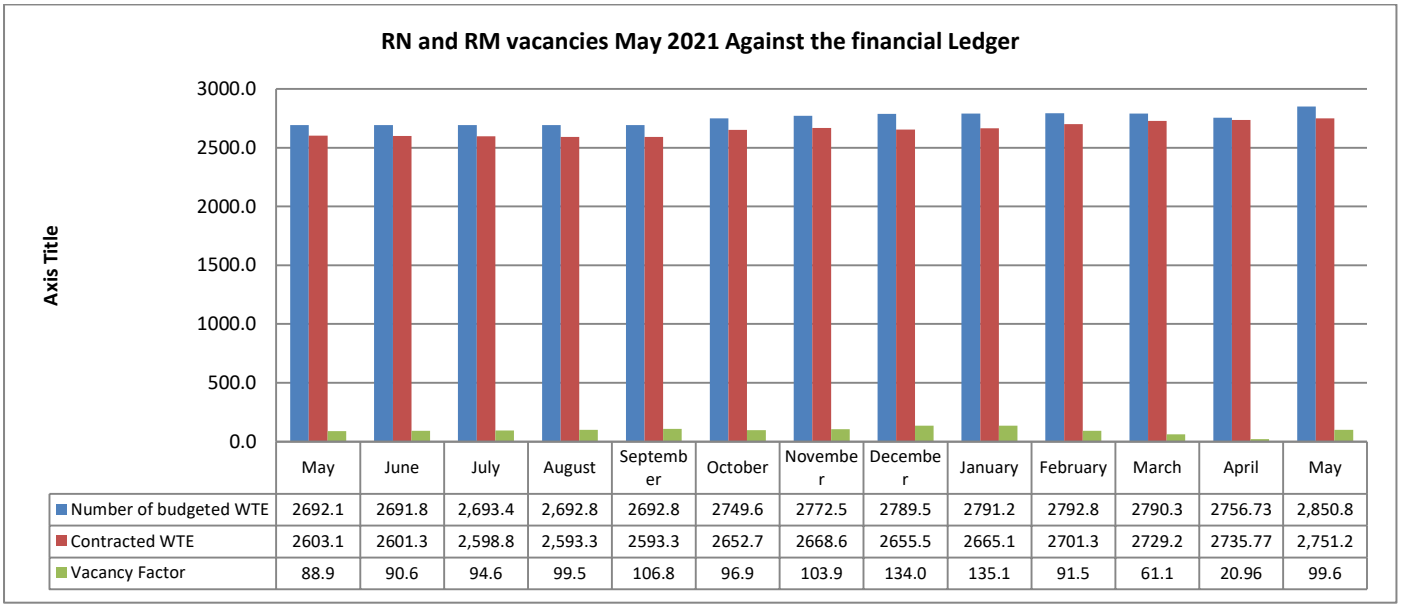
Recruitment of nursing staff continues, student nurses have filled the majority of vacant posts with additional posts advertised externally to maintain high skill mix in targeted areas. International recruitment is now targeting theatre nurses with ophthalmology and orthopaedic experience with interviews planned at the end of July with the theatre Matrons.

Midwifery

Midwifery has received a good response to the staffing advert during May and will be interviewing in June. There are 10 new midwives starting in September from our student cohort.

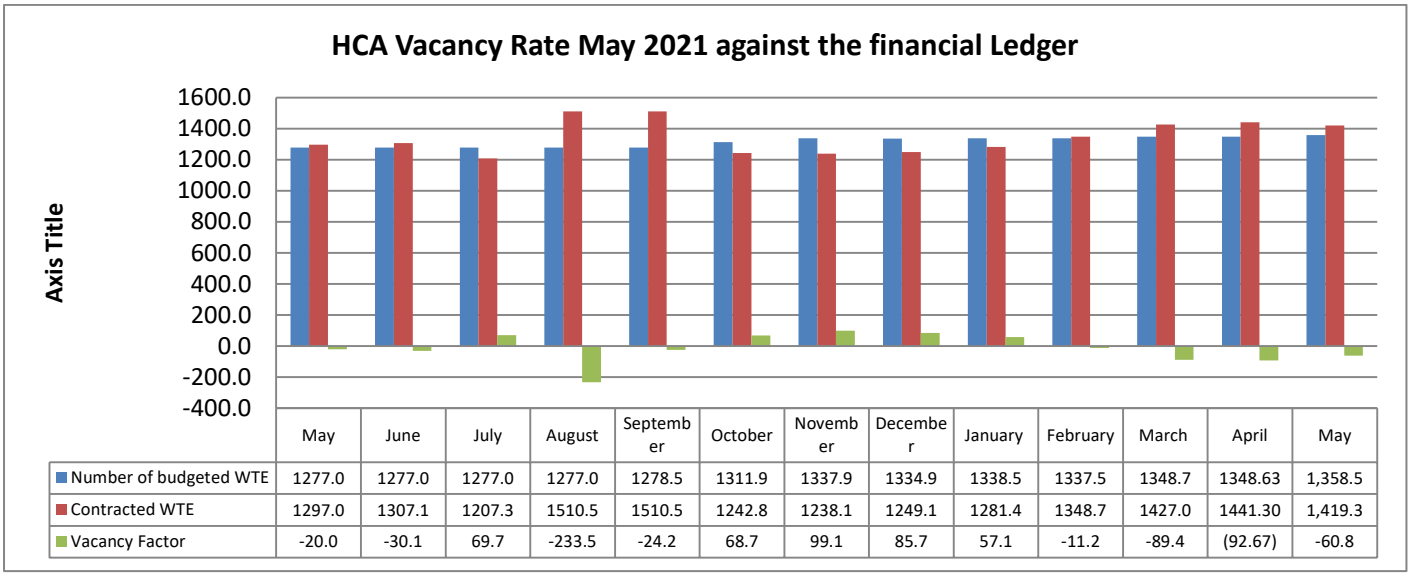
A midwifery establishment and staffing review has been presented to the People Committee and will come to Trust Board in July as part of the CNST requirements.

Figure 1 Registered Nursing Vacancy Rate



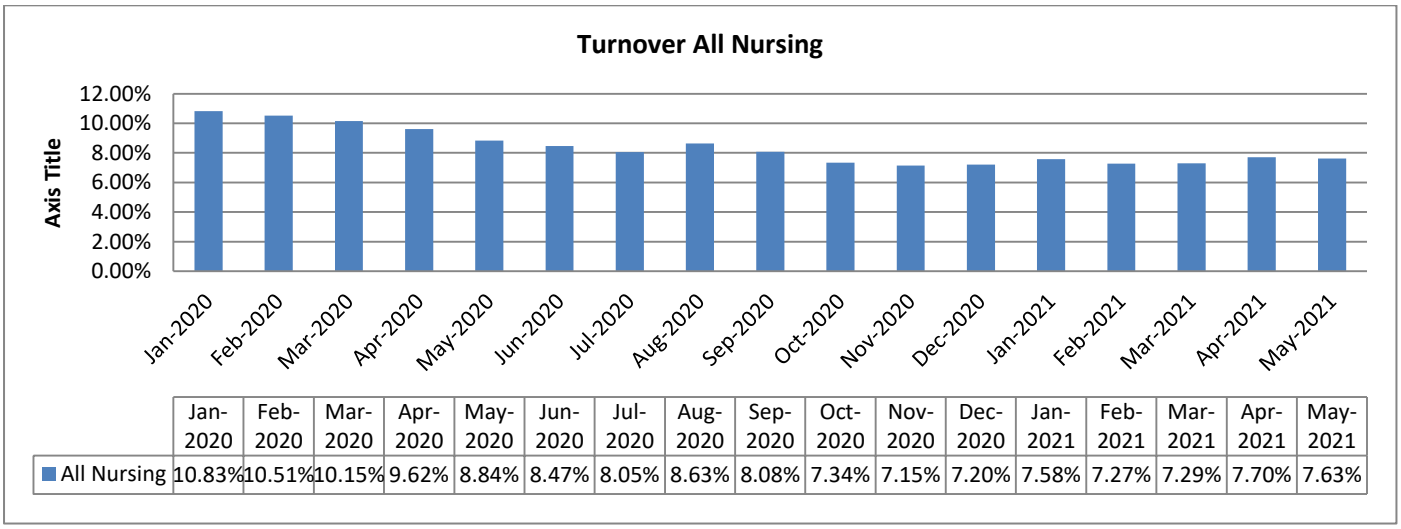
	May	June	July	August	September	October	November	December	January	February	March	April	May
Number of budgeted WTE	2692.1	2691.8	2,693.4	2,692.8	2692.8	2749.6	2772.5	2789.5	2791.2	2792.8	2790.3	2756.73	2,850.8
Contracted WTE	2603.1	2601.3	2,598.8	2,593.3	2593.3	2652.7	2668.6	2655.5	2665.1	2701.3	2729.2	2735.77	2,751.2
Vacancy Factor	88.9	90.6	94.6	99.5	106.8	96.9	103.9	134.0	135.1	91.5	61.1	20.96	99.6

Figure 2 - Health Care Assistant Vacancy Rate



	May	June	July	August	September	October	November	December	January	February	March	April	May
Number of budgeted WTE	1277.0	1277.0	1277.0	1277.0	1278.5	1311.9	1337.9	1334.9	1338.5	1337.5	1348.7	1348.63	1,358.5
Contracted WTE	1297.0	1307.1	1207.3	1510.5	1510.5	1242.8	1238.1	1249.1	1281.4	1348.7	1427.0	1441.30	1,419.3
Vacancy Factor	-20.0	-30.1	69.7	-233.5	-24.2	68.7	99.1	85.7	57.1	-11.2	-89.4	(92.67)	-60.8

Figure 3 Nursing Turnover May 2021



	Jan-2020	Feb-2020	Mar-2020	Apr-2020	May-2020	Jun-2020	Jul-2020	Aug-2020	Sep-2020	Oct-2020	Nov-2020	Dec-2020	Jan-2021	Feb-2021	Mar-2021	Apr-2021	May-2021
All Nursing	10.83%	10.51%	10.15%	9.62%	8.84%	8.47%	8.05%	8.63%	8.08%	7.34%	7.15%	7.20%	7.58%	7.27%	7.29%	7.70%	7.63%

Conclusion

During May nurse and midwifery staffing has mostly matched the acuity and dependency of the patients. The highest impact on staffing during the month has been sickness, continued critical care acuity (More level 3 patients) and increasing ED numbers, resulting in the requirement for redeployment from other areas to support.

There have been no reported episodes for lack of supernumerary co-ordinators for Critical Care during May 2021.

Monthly International RN recruitment continues with 6 arrivals due in June.

Adult student nurses have all now been interviewed for posts within the trust for end of September beginning of October (dependent on University) and we are working through allocations to place them into post.

Vacancies remain minimal and active recruitment to vacant posts continues to maintain skill mix. A number of posts are out to advert, mainly for difficult to fill posts. The final places in our International recruitment contract are being targeted to ophthalmology and orthopaedic theatres with interviews planned for the end of July.

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 July 2021			
CQC Update Report			**AGENDA ITEM: 9, ENC 7**
Report Author and Job Title:	Ian Bennett Deputy Director of Quality & Safety David Bell Quality, Governance & Mortality Reporting Manager (CQC Project Lead) Jane French Clinical Governance & Quality Advisor	**Responsible Director:**	Dr. Hilary Lloyd Chief Nurse Moira Angel Interim Director of Clinical Development
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	This paper provides an update on progress the Trust has made against the CQC action plan and sets out the steps the Trust is taking in preparation for its next CQC inspection.		
Background	Following the last CQC inspection of the Trust a detailed action plan was developed to address the regulatory breaches 26 'must do' actions and 23 'should do' actions.		
Assessment	This report outlines the actions that have been completed, those that are on track and are expected to be delivered on time and also the actions that remain that are behind schedule, with any actions taken to date. Furthermore, the report identifies risk and any mitigation which is in place and those with financial implications. **Achievements** • Good progress has been made on the action plan, with a small number of issues still to resolve, with clear risks identified and mitigation in place. • CQC Emergency framework, solid preparation around IBAF and first meeting held with positive outcome • Internal Emergency Department Confirm and Challenge was held on 30th March 2021with an updated action plan as a result • Alignment of all CQC action to Collaboratives for awareness, sign off and focus on trust wide actions as part of improvement plans. • Awareness sessions held throughout June for all clinical collaborative chairs, clinical policy groups members, senior professional forum and allied healthcare professionals forum around CQC • Deep dive type approach to Well Led throughout spring/summer • Letter from Regional Chief Nurse received in February 2021, stepping the Trust down from external Quality & Risk summits, with oversight now passed back locally to the Tees Valley. • Preparation for next inspection paper shared and agreed at trust board 4th May 2021 • Regular updates and engagement with NHSE/I, CCG and CQC colleagues • Development of the leadership & safety academy – bringing together the safety improvement work, the patient safety faculty		

	and the many other quality and safety initiatives. • Roll out and move over to ESR commenced in June 2021. • First phase of the EPR to be rolled out and on track for June 2021. **Risks** • Recognition that the Covid-19 pandemic has affected the appraisals and mandatory training compliance (M6). • Recognition of the ongoing work around Consent (S20), a short term task & finish group is working through audit processes and a policy review is in progress to align to the GMC guidelines. It is anticipated this work will be completed and the new policy implemented during July 2021. • Recognition of the ongoing risks regarding a lack of a full electronic patient record (EPR). Manual systems and processes remain in place across the organisation, which partly mitigate against the risks associated with this for the Trust, with an electronic "e-prescribing" system being launched in Summer 2021.	
Recommendation	For the Board of Directors to note the report.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk - Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes	
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 ☒	

CQC Update Report

1. PURPOSE OF REPORT

This paper provides an update on progress the Trust has made against the CQC action plan and sets out the steps the Trust is taking in preparation for its next CQC inspection.

The action plan tracker was produced in partnership with senior leaders from across the organisation and covers the 26 regulatory notices (the 'Must Do's) and the 23 'Should Do's' from the inspection report. The action plan has also been shared with both the CQC and the CCGs on a regular basis.

A small "huddle" group of colleagues have been responsible for overseeing the implementation of the action plan tracker and seeking assurance through supporting evidence and reporting on progress to Quality Assurance Committee on a regular basis. The huddle meetings were paused during the pandemic and these have now recommenced from April 2021 and new members from collaboratives will be invited to join the discussions in order to progress to the next phase of readiness for inspection.

Regular updates are provided to the Senior Leadership Team, via the Interim Director of Clinical Development and Chief Nurse. The huddle is focussed on ensuring there are effective ongoing assurance mechanisms in order to translate the action plan into business as usual. A priority has been to ensure effective trust wide monitoring is in place for all actions, to be assured that where a concern has been identified in one core service, steps are in place across the whole trust.

A 'next steps' plan has been shared with the trust board and is attached. This along with a new meetings structure to QAC will provide the necessary governance and assurance to the CPG/SLT and the QAC going forward.

2. BACKGROUND

Following the CQC inspection of the Trust which was carried out between the 15th January and the 23rd February 2019 where the Trust was rated overall as 'requires improvement'. The Trust was rated good for the caring and responsive domains. A detailed action plan was developed to address all the 'must do' actions and also the 'should do' actions and this was submitted to the CQC.

A dedicated CQC mailbox continues to receive evidence from across the organisation relating to CQC actions and responses to CQC information requests will be sent and received via this mailbox – stees.cqc@nhs.net.

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

Regular updates on the progress the Trust has made are also provided through regular meeting with NHSE/I, CCG and CQC colleagues and through formal board to board briefings and presentations. This will now include updates and briefings to the new collaboratives and CPG.

3. DETAILS

This report provides details of the current status of all the actions on the trust CQC action plan.

There are a total of 164 detailed actions which were devised from the original 49 must and should do requirements.

A number of these detailed actions were repeated for different areas/ specialities and these were subsequently merged onto 1 overarching trust-wide action 2.4 – "Ensure all Serious Incidents are reported within 48 hours from May 2019". This gives an overall total of 153 individual detailed actions (actions 2.4 (Trust-wide), 49.4 (Critical care), 66.3 (Diagnostic imaging) & 79.3 (Medicine (inc. older people) were merged).

The tables below show the number of actions that have been completed and the number of actions rated red due to either, action not being completed by the required time, or lack of evidence to demonstrate that the action has been completed.

The actions have also been separated into the 'must do' actions and the 'should do' actions and the actions that have a financial implication. A breakdown is provided below.

Table 1

Summary status of all 153 detailed CQC actions

Overview	
1	Off track
19	Expected to deliver actions
112	Completed actions
21	Embedding in practice

Summary status of CQC Must Do Actions

Of the total of 49 Must Do and Should Do actions, 1 Must Do action is currently rated red, with table 2 below showing the current status of all the Trusts Must Do actions.

Table 2

Overview – Must Do's	
1	Off track
3	Expected to deliver actions
15	Completed actions
7	Embedding in practice

Table 3 below shows the Must Do action which is currently classed as 'Off track' red including the mitigations in place and progress made to date.

Table 3

CQC "must do" Requirement	Actions taken to mitigate	Progress	Anticipated Timescale
• M6 - The Trust must ensure that staff training compliance with mandatory training, especially resuscitation training, safeguarding children (level 2) and safeguarding vulnerable adults (including mental capacity act and deprivation of liberty safeguard training) meets the Trust target of 90% (Reg 18)	• Trust current rate for mandatory training is 83.04% (May 2021).	• Mandatory Training date has been transferred onto ESR to enable real time reporting. • Training packages within ESR are more challenging than our previous packages and the system will require staff to develop familiarisation with the platform. • HR Workforce Team continues to provide training for managers and staff on the new ESR platform. • Continued focus on non-compliant areas and elements of mandatory training via HR Business Partners and collaborative managers. All centres to develop trajectories to improve position by July.	All collaboratives to develop trajectories to improve position by July.
Red (off track)			

Table 4 below shows the 3 amber- "expected to deliver", 3 blue - "embedding in practice" actions and 1 green "completed" "Must Do" actions on the CQC action plan.

Table 4

Area	"M" number	CQC requested action	Status	Progress	Anticipated Timescale
Trustwide	M1	The Trust must ensure that there are effective systems and processes to identify, assess, monitor and mitigate risks relating to the health, safety and welfare of patients and staff; especially within Critical Care (Reg 17)	Blue	Trust wide aspect (blue): • Oversight and regular update of all clinical and non-clinical risks • Monthly risk validation group (RVG) in place • Escalation from RVG of any risks 16+ • Review of QAC governance and reporting groups • Risk is a standard agenda item at directorate and collaborative governance meetings	
				Critical care aspect (green): • Risk assessments for patients and staff • QEIAs completed • Increased Datix reporting with shared learning. • SOPs for nursing prone. • LocSSIP for NG placement • Psychology support for staff and patients embedded.	
Trustwide	M7	The Trust must ensure that all staff have an up to date appraisal completed (Reg 18)	Amber	66.3% against an 80% target as at May 31, 2021, The case of variation is: • Increased volume of staff absence due to COVID over last 12 months, including absence and isolation. • Additional pressures on managers requiring them to focus on operational requirements. Planned actions • All collaborative's are now using the new appraisal form and communications plan is underway to facilitate use of new process	Collaborative management teams to develop plans to get back on track – HR BP's can support with this

				• Review of Corporate Services pilot of new appraisal process will take place in July. • Working party set up to develop a Retention Strategy which commences with recruitment and incorporates the importance of the appraisal process. • Aim for 80% appraisals completed by end of Quarter 2.	
Medicine and Emergency Care services	M8	The Trust must take action to ensure that the environment is suitable for the purpose being used and is secure and compliant with current standards especially for paediatric patients and patients with mental health needs (Reg 12)	Amber but building work nearing completion	• Environment in development which meets the standards for children and young people. •	
Medicine and Emergency Care services	M9	The Trust must take action to ensure that James Cook University Hospital is able to meet all requirements of the major trauma standards (Reg 12)	Blue	• ED consultants are on full-shift nights Friday to Monday inclusive. The timing of attendance of Major Trauma attendances at JCUH are such that for the whole of 2020, TARN data shows that there was an ED consultant TTL present on arrival 98% of the time in those patients for whom a pre-alert call had been received and 95% of the time within 30 minutes for those patients with the highest injury severity scores. This compares to a national average (in MTCs) of 89% on both counts.	

				• There has been a quality improvement exercise which means that now there is a consultant vascular surgeon present at all code red trauma calls	
Critical Care	M14	The Trust must review the role of supernumerary coordinators, the provision of clinical educators and the level of specialist pharmacy provision in critical care so they are in line with GPICS recommendations (Reg 18)	Blue	• Supernumerary coordinators on all general critical care areas on all shifts. • Clinical educators recruited into post to GPICS standards. • Pharmacists in post and recruited up to GPICS standards	
Radiology	M25	The Trust must ensure there is a robust system to ensure that incidents are reported, managed and used for on-going improvements according to Trust Policy (Reg 17)	Green	DATIX lead in post – DATIX categories reviewed for ease of use. Trends and themes now shared at radiology governance, also in a bi-monthly radiology safety and quality bulletin and bi-monthly Radiology communication briefing. . Risk register regularly reviewed and also shared at Radiology governance group meeting. Briefings and meeting minutes available in radiology shared drive for all staff to access.	Assured that radiology have a robust system in place for incident reporting and have increased awareness of such and also incorporated learning within radiology governance.
Radiology	M26	The Trust must ensure there are sufficient numbers of suitably qualified staff, especially radiologists (Reg 18)	Amber	Target operating models for all modality areas are completed and reviewed regularly. Covid has changed the way we currently work and activity/demand is reviewed weekly and rotas/appointment templates adjusted accordingly. National shortage of both Radiographers and Radiologists. Meridian external review has	Review completed, recruitment ongoing, with small number of posts still to fill, this is in line with a national shortage of Radiologists.

				completed and Radiologists numbers required now understood – recruitment exercise underway with interested parties engaged with. Recruitment package for radiology registrars agreed and successfully recruited to 1 post. Equipment replacement and service improvement will hopefully assist recruitment.	

Table 5 below gives the Summary status of CQC Should Do Actions

Of the total of 49 Must Do and Should Do actions, 0 Should Do actions are currently rated red or 'off track'.

Table 5

Overview	
0	Off track
5	Expected to deliver actions
14	Completed actions
4	Embedding in practice

Table 6 below shows the 5 "Should do" actions, which are currently amber "expected to deliver" action and 4 blue, "embedding in practice" actions on the CQC action plan.

Table 6

Area	"S" number	CQC requested action	Status	Progress	Anticipated Timescale
Critical care	S7	The Trust should review the psychological elements of NICE CG83 rehabilitation after critical illness and consider inputting this into the follow up clinics	Amber	•. Awaiting formal confirmation of the business case submission and approval route-map.	Ongoing

Trustwide	S11	The Trust should continue to ensure performance in national audits improves and that related action plans address all concerns highlighted.	Amber	The process for the management of national audits is currently being developed to ensure national audits are presented to the NICE, clinical audit and Service evaluation Group and any issues escalated appropriately to the Clinical Effectiveness Steering Committee. Action plans relating to national audits will be monitored through the services with issues of concern highlighted and escalated appropriately.	Robust system and process in place by 31st July 2021.
Trustwide	S13	The Trust should ensure that there is a safe, effective culture surrounding patient safety incidents with strong leadership and robust management of root cause analysis	Blue	• The Trust procured comprehensive training sessions from Consequence UK. Over 20 staff underwent the intensive training sessions in respect of Incident Investigations (Previously known as RCA) and over 50 staff underwent the general incident reporting training. In addition locally the team hold "Investigating Well" sessions on a monthly basis. • A serious incident review panel meeting, chaired by the CMO or CN is now part of the revised QAC reporting structure. • Process now includes informing the reporter of the incident that the investigation has concluded, thanking them for reporting and gaining feedback from those involved in the investigation process. • The investigation tools have been reviewed and updated to improve the experience for the investigator and to include questions from patients / family – a learning culture is a Just Culture • Incident reporting numbers are well above our 10%	On-going Completed Completed On-going National rollout is Spring 2022 October 2021

				year on year increase trajectory. • PSIRF Action Plan and preparation work well underway • Quality & Safety Strategy being developed	
Medicine and Emergency care services	S14	The Trust should ensure that the medicines management process is robust surrounding reconciliation of patient medicines on admission	Amber	• Improving compliance in medicines reconciliation to 80% • ePrescribing & Meds administration. (Provisional "go-live")	Q3 2021
Surgery	S19	The Trust should ensure that there is suitable and sufficient anaesthetic cover available when required	Amber	• Evidence of development and implementation of the agreed action plan • Consultant vacancies to be filled	Ongoing Rolling recruitment programme
Surgery	S20	The Trust should ensure patient consent is obtained in accordance with best practise guidance	Amber	• Consent policy drafted and going through approval process. Policy will then be embedded.	July 2021

3.1 MOVING TO GOOD

The Trust has signed up to the Moving to Good Programme which is offered and facilitate by NHSE/I. The programme has been suspended during Covid 19, however work has continued throughout the Trust to progress the areas identified as part of the programme, including the safety project.

The trust has agreed 3 areas of focus:

- Increase incident reporting and learning throughout the Trust
- To identify, develop and implement a Quality Strategy for the Trust and embed an agreed approach to Quality Improvement Methodology
- To implement safe surgery practices across the Trust in order to eliminate never events

The programme offers:

- On-site support for boards and senior leaders, including access to supporting documentation
- An opportunity to pair with other trusts in the region

- Focussed project on safety, with training on QI and action learning sets
- Interactive learning and talks
- Dedicated regional programme team and access to on-going support

3.2 SAFETY PROJECT

Every trust has been asked to identify 3 priority areas, including an area of concern relating to 'Safety' within their current CQC action plan to work on during the project with a specific aim, goal or outcome which is achievable by the end of the programme (September 2020) if not before.

The patient safety faculty was set up in November 2020 and its purpose is to develop the patient safety and quality incident response plan to support safe practice to lead and co-lead the organisation around 5 main themes:

- Review Floor to Board Governance
- Strengthen Organisational Learning
- Training & Education available to all staff
- Strengthen Process & Policy
- Positive Cultural Change within the Organisation

The patient safety faculty links closely with the clinical policy group who will be the driving force of the learning behind the outcomes of the above themes linking QUEST, Patient safety Faculty, CSU, STRIVE, CQC and STAQC together.

3.3 STAQC PROGRAMME

The STAQC programme has been aligned with the CQC fundamental standards (key lines of enquiry), the integrated performance report and the Trust's objectives.

STAQC provides a mechanism and process to drive and support the Trust's ambition of 'Getting Back to our Best'. Wards and departments are assessed against multiple standards grouped under the following four headings:

- Culture of compassionate care
- Well led
- Avoidable harm
- Effective care

STAQC is instrumental to the Trust's approach to quality and patient safety and our preparation for CQC's next inspection of the Trust.

To date there have been 5 STAQC accreditation completed and a further 3 scheduled in for June.

The areas that have been assessed and awarded are:

- Redcar UTC – Diamond
- Ward 32 – Diamond
- FHN UTC – Diamond
- FHN Children's Hub – Diamond
- Ward 26 – Diamond

4. CQC NATIONAL UPDATE

In March 2020 the CQC paused routine inspections and focused their activity where there was a risk to people's safety or where it supported the healthcare response to the pandemic.

On 24th March 2021 the CQC published a statement on their future approach to regulation and having an active role in encouraging system-wide recovery and how they can support this.

From 1st April 2021 the CQC advised that they will continue to have on-site inspection as a core part of their activity however they will also develop tools to inspect quality and risk proportionately.

The CQC will continue with their current risk-based approach to regulation, undertaking inspection activity where there is clear patient safety risk.

4.1 What this means for healthcare providers:

- A return to inspect and rate NHS trusts rated as inadequate or requires improvement, or where new risks have come to light
- Develop plans to review ratings for all hospital providers to make sure they are still appropriate based upon their latest assessment of risk
- Closely monitor how hospitals are ensuring robust IPC and carry out focused IPC inspections where there are concerns about provider's oversight of infection risk
- Carry out focused inspection activity in ED where their data and local intelligence indicates that increased pressure is impacting directly on the quality and safety of care
- Roll out a programme of focused safety inspections in NHS maternity services where there are concerns about the quality of care; these inspections will look closely at issues such as team-working and culture and patient and staff experience.

4.2 Further actions planned

Across all services the CQC will continue to monitor and assess where there is a risk of a closed culture developing, which includes monitoring and acting on information of concern about blanket bans on visiting. The CQC will continue their programme of provider collaboration reviews. These explore how health and care services have worked together as a system throughout the pandemic to deliver positive outcomes and experiences for people using their services.

Three further phases will focus on:

- the experiences of people with a learning disability;
- people who have used and are using cancer care services and pathways;
- and people with a mental health condition.

Learning from these will inform the approach to how the CQC look at health and care systems.

The CQC have also recently published a report that found worrying variations in people's experiences of do not attempt cardiopulmonary resuscitation (DNACPR) decisions during the pandemic. While there were some examples of good practice, CQC also heard from people who were not properly involved in decisions, or were unaware that such an important decision about their care had been made.

4.3 Proposed CQC strategy and changes to how they regulate to improve care for everyone.

This new strategy strengthens CQC's commitment to deliver their purpose:

To ensure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage those services to improve.

Their strategy is purposefully ambitious, and to implement it they will need to work closely with others to make it a reality. CQC's purpose and role as a regulator won't change – but how they work will be different.

CQC have set out their ambitions under four themes:

People and communities: Regulation that's driven by people's needs and experiences, focusing on what's important to people and communities when they access, use and move between services

Smarter regulation: Smarter, more dynamic and flexible regulation that provides up-to-date and high-quality information and ratings, easier ways of working with CQC and a more proportionate response
Safety through learning: Regulating for stronger safety cultures across health and care, prioritising learning and improvement and collaborating to value everyone's perspectives

Accelerating improvement: Enabling health and care services and local systems to access support to help improve the quality of care where it's needed most

Core ambitions

Running through each of the CQC theme are two core ambitions:

Assessing local systems: Providing independent assurance to the public of the quality of care in their area

Tackling inequalities in health and care: Pushing for equality of access, experiences and outcomes from health and social care services

CQC will look at how the care provided in a local system is improving outcomes for people and reducing inequalities in their care. This means looking at how services are working together within an integrated system, as well as how systems are performing as a whole.

5.0 CQC Insights Outliers Summary (source: NEQOS)

This report is received by the Trust on a regular basis from the North East Quality Observatory Service (NEQOS) and compares other regional Trusts across key CQC KLOE, in order to provide CQC Insights.

The insights below cover the latest two reporting periods, which are March 2021 and May 2021. It highlights indicators which are new (additional) outliers in May 2021.

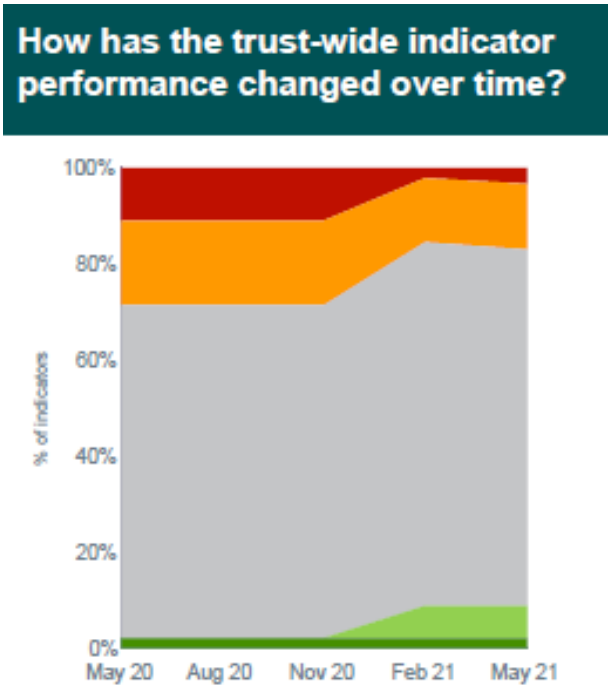
The key points for South Tees are:

- While there are 226 Insights indicators for South Tees 38 indicators are positive or negative outliers for the Trust in May 2021;
- Of the 38 outliers 14 were **updated** in the latest CQC report;
- There are 3 additional indicators in May with no removals, the additions are two Never events indicators and the trolley waits for March 2021;

- It is only possible to consider how the Trust compares to itself over time and not to benchmark it against other trusts

Graph 1.

Trust wide changes over 12 month period from May 2020 to May 2021



Across the trust-wide indicators over time the picture is of a reduction in the negative outliers, this can be partly be attributed to the improved results from the staff survey for 2020. The 2019 staff survey contained 7 negative outliers for South Tees which has now reduced to 3 due a shift towards more positive staff responses in 2020.

Positive outliers

Table 7 below shows the indicators rated as better or much better. Minimal change to positive outliers, with the following indicator moving from Much Better to Better:

A&E patients are spending less than 4 hours in type 3 A&E, including MIUs.

Table 7.

Outliers	Coreservice	Indicator	Indicator Description	Data Period	Published
Better	AE	A&E	AESUR_Q21 Getting help when needed.	Sep 18	28 Oct 2019
	AE	A&E	AESUR_Q44 Treated with respect and dignity.	Sep 18	28 Oct 2019
	AE	A&E	Patients spending less than 4 hours in type 3 A&E, including MIUs	Mar 21	**20 April 2021**
	AE	A&E	Total median time in A&E (all patients)	Feb 21	**20 April 2021**
	CC	ICCQIPA_01	Participation in the ICCQIP - Adult critical care services	Dec 19	12 Jan 2021
	CC	ICNARC	Risk-adjusted hospital mortality ratio for patients with lower predicted risk of death	Apr18-Mar19	23 Jan 2021
	Trust	STAFFS	Equality, diversity & inclusion	Sep-Dec20	11 March 2021
	Trust	STAFFS	Safe Environment - Violence	Sep-Dec20	11 March 2021
Much Better	Medicine	HESMORT	In-hospital mortality: Acute myocardial infarction	Jan20-Dec20	**02 May 2021**
	Trust	ESR	Ratio of consultant to non-consultant doctors	Dec 20	08 Feb 2021
	Trust	ESR	Sick days for medical and dental staff- [set target 3.5%] (%)	Mar20-Feb21	**21 April 2021**

6.0 Preparations for the Trust next CQC inspection

Whilst no date has been announced for the Trust's next CQC inspection, we are anticipating this will be sometime after September 2021, based on the fact that Trusts rated as requires improvement are inspected approximately every 2 years.

A Trust wide CQC project group has been established which oversees the following:

- Weekly Oversight huddles which includes a Multidisciplinary membership and are chaired by the Chief Nurse
- Alignment of the CQC Trust level services to South Tees Collaboratives at directorate and service level
- Walkabouts have been taking place and colleagues from the project team have undertaken these using the "15 Steps" methodology.
- Creation of CQC KLOE self-assessment tool which is to be completed by each individual directorate and returned and collated to give a Trust wide self-assessment position in July.

Check & Challenge meetings
Each Collaborative, between June 2021 and September 2021, will be invited to a Check and Challenge meeting to discuss the outcome of their self-assessment and to provide any support required.

Engagement meetings
Engagement meetings continue with the CQC acute inspector on a monthly basis and the senior team have met with the community inspector.

There have recently been 2 focused engagement meetings; one around the discharge process, which took place on the 26th April and one to discuss pressure ulcers which took place on 24th May. The CQC were satisfied with the approach outlines during these discussions and the mitigation the Trust has in place, with no concerns being identified.

Provider Information Request (PIR)
The CQC have indicated that they are not asking trusts to undertake the PIR going forward as they are aware it is very time consuming and difficult so they will use information they already have. However, as the official stance, on the CQC website remains that the PIR is in use, it has been decided that for internal assurances the trust will continue to use the PIR to collate information for the inspection, this will be collated during July within the Trust.

IR(ME)R Inspection – Initial feedback from the visit on 22nd June 2021
On the 8th June the Trust was notified that the CQC would be inspecting the Radiotherapy department for an IR(ME)R inspection on the 22nd June.

An information request was also received with the notification and requested that information to support the inspection process was sent to the CQC by 12 noon the following day. 84 pieces of information was sent to the CQC before the deadline.

On the 22nd June the inspection took place and at the end of the process an informal feedback session took place, where verbal feedback was provided that there were no enforcement actions for the Trust. Many areas of positive work were highlighted, with a small number of areas for improvement being noted. The final report and any subsequent action plans will be shared in due course.

The CQC inspectors also sent through the following feedback to the service:

"Can I just say how much I enjoyed yesterday, your centre was a real pleasure to inspect and one of the best I have seen. Please send my thanks and regards to the whole team for their participation, openness and contributions on the day."

7. Well Led

In December 2019 the Board of Directors undertook a self-assessment exercise against the well led KLOE and an overall rating of "requires improvement" was identified. The output of this exercise and assessment was that that a Board level and owned action plan was developed to address the gaps identified and to move the overall assessment of requires improvement to good.

The action plan was further updated for Board in January, July and September 2020 and the overall action plan incorporated into the Trust wide CQC action plan for improvement.

The Board has received previous reports on preparing for a CQC inspection. This included a timetable for carrying out a number of activities including a well led assessment at a number of levels in the Trust. This would seem an appropriate time to do the Board level well led assessment due to a number of factors:

- Changes to the membership of the Trust Board, including a newly appointed Non-Executive Directors and Executive Directors,
- Emphasis on partnership working within the wider ICP/ICS and joint working with NTHT
- Appointment of an interim joint Chair and soon to be appointed substantive joint Chair
- The importance of robust corporate governance within new organisational structures and collaboratives
- The importance of leadership development and its impact on improving care
- The effective delivery of the annual work programme, strategic objectives and vision

It is proposed that the Board of Directors self-assessment is undertaken on 3 August 2021 at the Board development day. The session will be facilitated and will focus on reviewing the key lines of enquiry for well led and agreeing the level of assurance and overall rating for well led.

Recognising this is only one level of assessment, CPG / SLT will also undertake a self-assessment which will be carried out in July and as identified above, the Collaboratives are currently carrying out self-assessments against all key lines of enquiry and the information from these self-assessments will be fed in to the overall assessment when all parties have completed the exercise. This will result in three different levels of action plans for the well led line of enquiry.

8. Communication plans

A communications approach to support colleagues during the inspection phase has been developed and will be rolled out across the Trust in the coming weeks and months.

9. Finances

Since the last CQC inspection the Trust has invested approximately £13,750,000 on the Must Do and Should Do actions as identified in table 8 below.

In the spirit of collaborative and partnership working, the Trust will continue to canvas locally, regionally and nationally, in order to secure the necessary investment, in order to deliver sustainable safe and high quality care to the local population.

Table 8.

	Total	Total	Description	CQC Ref

		£M		
Pharmacy Medicines Reconciliation re: CQC	**£525,586**	**£0.6**	The CQC required the trust to ensure that its medicines management process is robust surrounding reconciliation of patient medicines on admission. Additional pharmacy staff recruited to provide dedicated ward-based pharmacy support.	S14
Critical Care CQC initial investment	**£1,289,392**	**£1.3**	The CQC required that the Trust meet GPICS standards. Juniors, consultants, ACCPs and neuro nurses recruited.	M20, M21, M22
Additional CT Scanner Staffing	**£369,036**	**£0.4**	CT scanner to enable safe 24/7 access for urgent and emergency care. Recruitment of radiographers to staff CT scanner.	M26
Vascular / T and O / Neuro Juniors rotas	**£500,000**	**£0.5**	Junior doctor recruitment to ensure safe and compliant rotas.	M11
Ophthalmology staffing safety investment	***£2,120,276***	***£2.1***	*Although ophthalmology was an immediate concern following the appointment of the Trust's new leadership team and also subject to the Quality Surveillance Group process, it has been assumed the additional investment required to address capacity ancd demand has been funded in the clinical income baseline outlined below, and that commissioners have already agreed their support this.*	*M11*
Additional Ward /Beds	**£2,000,000**	**£2.0**	Reinstatement of 50 ward beds removed in March 2019 as part of cost-cutting measures. Re-established to ensure the bed-state safely reflects patient volumes and previous changes made across the Tees Valley leading to the transfer of higher levels of acuity to James Cook.	M20 / M22
Obstetric consultants x 4	**£352,420**	**£0.4**	Changes across the Tees Valley leading to higher numbers of complex births coming to James Cook. As a consequence, Obstetric consultants were working un-safe 24-hour rotas and the recruitment of four additional obstetric consultants was required to enable safe working.	M11
Birth-rate Plus Trust initial investment	**£600,000**	**£0.6**	Changes across the Tees Valley leading to higher numbers of complex births coming to James Cook. Recruitment of midwifery staff to ensure safe staffing as a consequence, and compliance with Birth-rate Plus assessment standards.	M11
Consultants	**£800,000**	**£0.8**	Expansion of consultant capacity to deliver safe physician rotas and same day emergency care.	M11
Radiology	**£600,000**	**£0.6**	Consultant and AHP capacity and PACS/RIS system costs to ensure compliance with CQC and safety and quality standards.	M26

Nurse Staffing	**£3,300,000**	**£3.3**	Recruitment to nurse vacancies to ensure safe staffing and establishment of PACU, RSU, paediatric ED and patient flow teams to ensure compliance with CQC and safety and quality standards.	M11
Admin Staffing	**£1,300,000**	**£1.3**	Reinstatement of admin recruitment to prevent patient harm, following failed pre-October 2019 admin review.	M11

Pre Oct 2019
Safety & Quality

10. Conclusion

Good progress has been made across a number of different areas with regards to delivering the CQC action plan from the last inspection and preparations are well underway within the organisation for our next CQC inspection.

The Board of Directors should receive assurance that robust systems and processes are in place, with areas where risks have been identified, being escalated quickly, with mitigation and recovery plans being put in place.

The currently level of engagement, focus and scrutiny must continue, in order that the Trust to achieve its ambition of getting back to its best**.**

11. Recommendations

For the Board of Directors to:

- Note the progress which has been made.
- Be aware of the actions that have not been delivered within agreed timescales and what the mitigating actions are.
- To note that any subsequent outstanding actions will be monitored and progressed through work streams which are already in place as part as business as usual in the collaboratives, with overarching monitoring being undertaken in a CQC assurance group reporting to QAC
- To note the change in position of those that have moved from amber to green or blue in their RAG rating and the mitigations which are in place.
- To support the next steps approach for assessment, monitoring and feedback in preparation for the next CQC inspection.

South Tees Hospitals NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 JULY 2021			
Freedom to Speak Up Update			**AGENDA ITEM: 10, ENC 8**
Report Author and Job Title:	Afshan Ali Freedom to Speak Up Guardian Abbie Silivistris Freedom to Speak Up Guardian Ian Bennett Freedom to Speak Up Guardian & Deputy Director of Quality & Safety	**Responsible Director:**	Dr Hilary Lloyd Chief Nurse
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report provides an update on the work of the Freedom to Speak Up (FTSU) Guardians during quarter one.		
Background	The new FTSU model continues to work well across the trust and staff have a greater awareness of the freedom to speak up ethos which is evident in the FTSU index score published last month. The role of the FTSU Guardians includes determining if there are any related themes or issues associated with concerns raised. These themes can be shared and used to improve learning within our organisation. Freedom to Speak up data and analysis is one source of information which enables us to understand and assess the prevailing culture within the organisation. Trust data relating to freedom to speak up is reported quarterly to the National Guardians Office, (NGO) who publish an annual index https://nationalguardian.org.uk/2021/05/27/freedom-to-speak-up-index-2021/		
Assessment	Staff continue to speak up within the organisation and the number of concerns reported have remained constant over the last quarter. More staff from a variety of backgrounds are speaking up and raising concerns within the organisation. There were 16 concerns raised between 1st April 2021 and 10th June 2021, with one concern being reopened. In the last quarter (1st January 2021 to 31st March 2021) there were 17 cases. To support the development of our 13 FTSU champions we have re-established training and have also recruited a further two new champions, which will complement the diversity of our champions across the Trust.		

	The team has forged links with Teesside University and have delivered two sessions to the health care students, raising the awareness and profile of FTSU, with this due to become a regular event. The NGO published the FTSU index in May 2021 in which we were asked to contribute a case study due to South Tees being the 3rd most improved trust overall and the 1st most improved acute Trust. Our FTSU index score increased by 4.5% from 2019 to 2020. We were the most improved acute trust nationally and saw our position move from 224th out of 230 in 2019, to 161 out of 219 in 2020. The case study will be published online and in the NGO bulletin. Following on from the publication of the FTSU index score, the team were invited to attend and present at the NGO's 'Lunch and Learn' webinar about 'how to improve your speak up culture'. The webinar was hosted by Henrietta Hughes and was a great opportunity to showcase, not only the FTSU Guardians, but also the improvement journey which the trust is currently on. The FTSU guardians have put forward a submission to the Health Service Journal (HSJ) for Freedom to speak up organisation of the year award. Shortlisting will take place in August. A GAP analysis has been completed against 8 NGO case reviews, of which the Trust has completed a RAG rating and of which 7 are red, 6 are amber and 52 are green. Plans are in place to address the areas which are red. The FTSU strategy was approved by the Trust Board at the May meeting of the Board of Directors and the revised FTSU policy is in the final stages of being signed off. Some of the themes highlighted in previous reports are still prevalent in quarter one, however new themes are also emerging. The main themes identified from the 16 concerns are: • Leadership and Management (7) • Incivility/Culture (6) • Bullying and Harassment (5) • Favoritism/Nepotism (4)
Recommendation	The Trust Board of Directors are asked to note this report.

Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit BAF risk - Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes	
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 ☐	

Freedom to Speak Up Update

1. PURPOSE OF REPORT

The purpose of the report is to update the Committee on the progress made by the Freedom to Speak up Guardian Team since the submission of the previous report in April 2021. The paper covers the quarter one period from the 1st April 2021 to 10th June 2021.

2. BACKGROUND

The current Freedom to Speak Up (FTSU) model employed in the Trust has been in place since September 2020 with 2 WTE guardians covering the Trust.

FTSU Guardians were part of a response to the 2016 report by Sir Robert Francis QC into the Mid Staffordshire Enquiry. In order to assist in changing the culture in the NHS from one of staff not feeling able to speak up on matters that concerned them and affected patient and staff safety amongst other issues, to one that enabled all staff regardless of background to speak up without fear of disadvantageous or demeaning treatment.

The Guardians role was introduced to this Trust in 2018. With the current model, put in place in September 2020.

Links are available in the Appendices section to the Guardians National page and the South Tees Guardians web page.

3. DETAILS

3.1 Assessment of cases

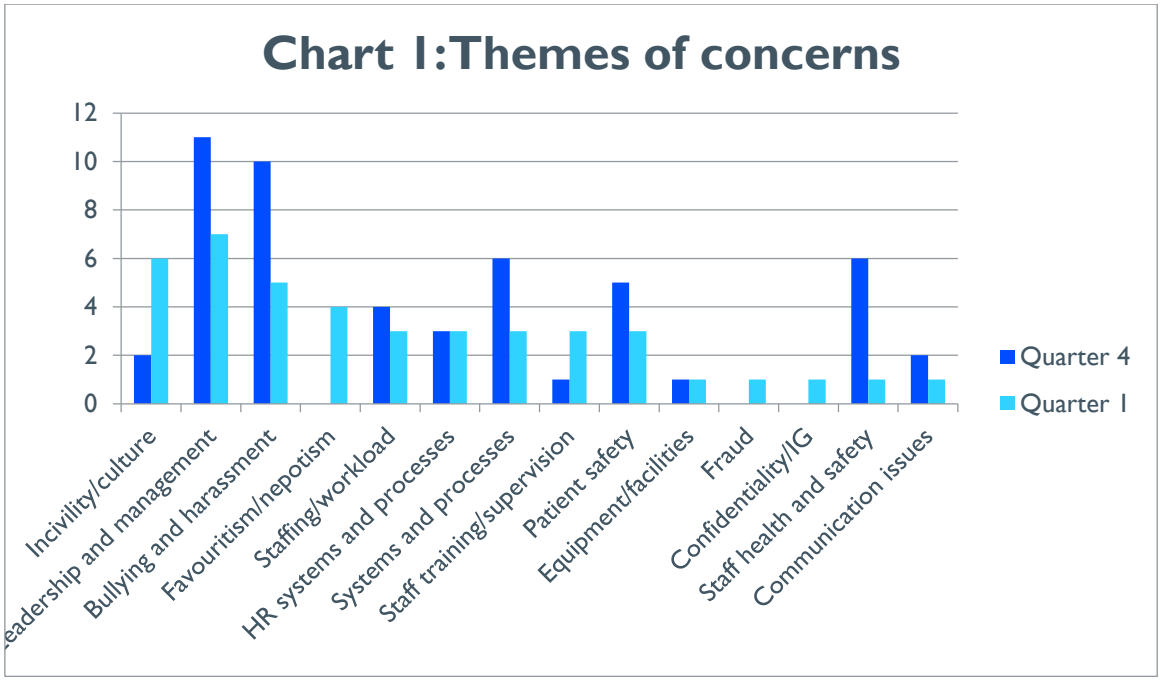
Staff continue to speak up within the organisation and the number of concerns reported has remained constant over the last quarter. More staff from a variety of backgrounds are speaking up and raising concerns within the organisation.

The number of staff speaking up confidentially has remained the same; however we have seen a shift in more staff speaking up anonymously in Q1, and less staff speaking up openly as identified in Table 1 below.

At the time of writing, we have received sixteen new concerns and one concern which was re-opened. Four of the concerns have been raised openly, seven anonymously and three confidentially. This shows increased levels of staff acceptance of the robustness and confidentiality of the system in place.

Table 1: Themes of the concerns raised				
Themes	**Number of concerns related to theme**	**Raised**		
Incivility/culture	6		Q4	Q1
		Openly	7 (41%)	4 (25%)
Leadership and management	7	Confidentially	6 (35%)	5 (31%)
Bullying and harassment	5	Anonymously	4 (24%)	7 (44%)
Favouritism/Nepotism	4			
Staffing/Workload	3			
HR systems and processes	3			
Systems and processes	3			
Staff training/supervision	3			
Patient Safety	3			
Equipment and facilities	1			
Fraud	1			
Confidentiality/Information Governance	1			
Staff health and safety	1	*Note that one concern may include a number of themes.		
Communication issues	1			

Chart 1, shows the themes from Q4 and Q1 and that some themes highlighted in previous reports are still prevalent in Q1, however new themes are also emerging.



The themes highlighted are consistent with previous reports and work is ongoing throughout the organisation to drive up standards and change cultures.

3.2 Learning and Improvement

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

- The importance of compassionate management styles and leadership
- The importance of feeding back the results of investigations to staff on the front line.
- Ensuring that those undergoing investigation are well supported.

3.3 Action taken to improve FTSU culture

- Progress continues to be made across the trust with regards to the work of the FTSU Guardians and the development of the champions network with the first training session completed and two further sessions planned.

- The aim is to recruit further champions from the equality and diversity networks and across hospital sites, we currently have one champion from the Friarage. The Guardians have ensured the champions now have 5 hours of protected time per year to dedicate to their role and their development. This will enable them to participate in annual training updates and awareness raising events. It will also allow the FTSU Guardians to provide supervision and support in the way of regular drop in sessions and MS Teams catch up meetings.

- It was noted in the Annual Report that no concerns had been raised by certain groups of staff, such as pharmacists, dentists and catering staff. To ensure this is not due to lack of awareness of FTSU, a FTSU Guardian attended a team meeting and ensured that all staff were aware of the service.

- There has been one report of detriment as a result of speaking up. A staff member reported that staff had already spoken up to management about their concerns but this had resulted in their off duty being changed and receiving poor shift patterns/unfavourable shifts and no enhancements. This concern has been escalated to senior management and is currently being investigated.

- The FTSU intranet page has been updated to include links to the FTSU online training produced by the NGO and Health Education England. Training is currently available for all workers and line and middle managers.

- The NGO have completed eight case reviews with numerous recommendations and the FTSU Guardians have performed a GAP analysis to ensure the Trust has been benchmarked against these. It is encouraging to see that the Trust is already implementing most of the recommendations.

  Below is a summary of the current status of the GAP analysis. The FTSU Guardians are planning to meet with the Human Resources Business Partners to review the HR related recommendations. An update will be provided in future papers.

Table 3: GAP analysis of case reviews		
RAG Rating	Number of Recommendations	Detail of Recommendations
Red Off Track	7	• Ensure that all HR policies and procedures meet the needs of workers who speak up, including letters to suspended workers that accurately state their ability to access their Guardian. • Awaiting new FTSU policy to be approved • Ensure all investigations into the alleged conduct of workers who have previously spoken up also seek to identify whether any such allegations are motivated by a desire to cause detriment because that worker spoke up and, where such evidence is found, take appropriate action. This should include amending the Trust disciplinary policy to require such action. • The trust should ensure that, in line with its practices, it continues to value the views of its workers, including consulting staff about changes to their services where appropriate. • The trust should ensure where a worker is going through a disciplinary process that also encompasses potential patient safety issues or similar matters the trust continues to provide workers with all appropriate support to speak up about matters and also takes all appropriate steps to maintain the worker's confidentiality • The trust should take steps to actively promote the use of mediation, where appropriate, to resolve issues arising from speaking up. • The trust should ensure that it responds to the concerns raised by its workers strictly in accordance with its policies and procedures and in accordance with good practice and report to the board evidence of this. • The trust should take steps to ensure that its policies and procedures are supportive of all workers affected by the speaking up processes, including those who are the subject of concerns raised. • The trust should appoint an equality and diversity lead and ensure that position is appropriately resourced.
Amber On track and expected to	6	• Ensure that the Trust FTSU Policy aligns with the Standard Integrated Policy. • All organisations should follow the national guidance on training and provide training on

deliver		speaking up for all those who deal with speaking up cases. • Measure effectiveness of FTSU Communications Strategy • Develop and implement a FTSU Strategy to improve the speaking up culture across the workforce. • Ensure appropriate managerial and emotional support for FTSU Guardians. • Value the views of workers including consulting staff about changes to their services where appropriate. • Take steps to actively promote the use of mediation. • Trust leaders should take appropriate steps to ensure that they are visible and accessible to all workers to promote a culture of visible leadership.
Green Fully implemented	52	

3.5 NGO developments

The NGO published the FTSU index in May 2021 in which we were asked to contribute a case study for which, South Tees were the 3rd most improved trust overall and the 1st most improved acute Trust which showed an index score increase of 4.5% from 2019 and 2020. We were the most improved acute trust nationally and saw our position move from 224th out of 230 in 2019, to 161 out of 219 in 2020. The case study is to be published online and in the NGO bulletin. (See appendix C)

Following on from the publication of the FTSU index score the team were invited to attend and present at a 'Lunch and Learn' webinar on 'how to 'improve your speak up culture', hosted by Henrietta Hughes at the NGO. This was a great opportunity to showcase, not only the FTSU Guardians, but also the improvement journey which the trust is currently on sharing good practice nationally. The team received excellent feedback both from the NGO and the webinar attendees.

The FTSU guardians have put forward a submission to the HSJ (Health service Journal) for Freedom to speak up organisation of the year award. Shortlisting will take place in August.

The Trust's FTSU strategy was approved by the Board in May 2021 and a copy is included in appendix D. The FTSU policy is in the final stages of being ratified and will be shared in the next update.

4. RECOMMENDATIONS

The Trust Board of Directors are asked to note the report.

APPENDICES

Appendix A
The following links are available:
National Guardians Office https://www.nationalguardian.org.uk/

Appendix B
South Tees Freedom to Speak Up Guardians
https://staffintranet.xstees.nhs.uk/employee-support/freedom-to-speak-up/speaking-up/

Appendix C
National Guardians Office 2021
Index score Freedom to Speak Up Index Report 2021 and South Tees case study
https://nationalguardian.org.uk/2021/05/27/freedom-to-speak-up-index-2021/

Appendix A – FTSU Strategy 2021-2023

South Tees Hospitals NHS Foundation Trust

Freedom to Speak Up Strategy
April 2021 – 2023

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

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

Purpose

The Freedom to speak up review was published by Sir Robert Francis in 2015, which called for NHS Trusts to appoint a Freedom to Speak Up Guardian to improve the way each organisation supports its staff to raise concerns about issues at work. Underpinning the strategy is the Freedom to Speak Up Policy. It is acknowledged the Freedom to Speak up agenda is evolving as new learning and evidence becomes available, the strategy will be responsive to both local and national drivers and as such will be executed with focused annual deliverables.

South Tees Vision and Values

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

OUR MISSION

Safety and quality first

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

OUR VISION

Empowering our Clinicians

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

OUR VALUES AND BEHAVIOURS

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

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

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

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

Where are we now?

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

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

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

National Developments

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

What do we know?

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

- Leadership and Management
- Patient Safety
- Bullying and Harassment

Where we want to be

FTSU Objective

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

Alignment with Trust values and behaviours

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

We want to be in a place where our staff feel empowered to raise concerns within local escalation processes, their management teams and other Trust supportive functions where they believe there is a patient or staff safety risk. We know that this may not always be the case and it's important alternative routes are available.
We want staff to speak up when they have a genuine concern about anything that is impacting the service we deliver to patients or that is negatively affecting their experience at work.

This includes:

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

FTSU Objective

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

Alignment with Trust values and behaviours

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

It's important for our leaders to connect with staff and be responsive to the concerns in line with the values and behaviours expected at the Trust. Our leaders must support staff who raise concerns and ensure they do not receive any disadvantageous/demeaning (detrimental) treatment as a result of speaking up.
We know that one of the main barriers to speaking up within our organisation is a 'fear of the consequences' of doing so and so we must move towards a 'Just and Learning Culture' where all staff feel safe to raise concerns.

FTSU Objective

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

Alignment with Trust values and behaviours

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

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

NHS
South Tees Hospitals
NHS Foundation Trust

Freedom to Speak Up (FTSU) Strategy 2021-2023

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

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

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 July 2021			
Health and Wellbeing Update			**AGENDA ITEM: 11, ENC 9**
Report Author and Job Title:	Jason Emerson – Head of Workforce	**Responsible Director:**	Rachael Metcalf - Director of Human Resources
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This paper provides details about our health and wellbeing support for our colleagues and highlights some of the initiatives and work that occurred as a consequence of the Covid 19 pandemic.		
Background	There have been many achievements for health and wellbeing in the last year with initiatives and activities increasing as we continue to focus on supporting the people who work in our organisation. This paper will update the board with regards to the wellbeing activities and set out the future aspirations for our continued health and wellbeing journey.		
Assessment	We want to make South Tees a great place to work and looking after the health and wellbeing of our workforce is a key component of this. We are aiming to create a wellbeing culture with a range of initiatives that are available and relevant both to our current and future workforce. Good health and wellbeing of our workforce is a key focus of our People Plan as is providing support for mental, physical and financial wellbeing.		
Recommendation	Members of the Trust Board of Directors are asked to discuss and note the content of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit		
Legal and Equality and Diversity implications	Our health and wellbeing initiatives are equality impact assessed so as not to disadvantage any of our colleagues.		
Strategic Objectives	Excellence in patient outcomes and experience ☐	Excellence in employee experience ☒	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

South Tees Hospitals
NHS Foundation Trust

Improving the Health and Wellbeing of our Workforce

1. Introduction

We want to make South Tees a great place to work and looking after the health and wellbeing of our workforce is a key component of this. We are aiming to create a wellbeing culture with a range of initiatives that are available and relevant both to our current and future workforce.

Good health and wellbeing of our workforce is a key focus of our People Plan as is providing support for mental, physical and financial wellbeing.

This paper will update the board with regards to the wellbeing activities over the past year, and set out the future aspirations of the Trusts health and wellbeing journey over the coming months.

2. Background

As an organisation that employs over 9,200 staff, health and wellbeing is one of our main priorities. We have taken an integrated approach to promote a holistic health and wellbeing strategy, working with a range of partners to assist staff make healthier choices and address the bio psychosocial factors that affect health.

There are a number of factors that affect staff wellbeing and this can be partly attributed to the work undertaken can often be physically, emotionally and psychologically demanding. In addition, for many of our staff, our services operate for 24 hours a day, 365 days of the year. Financial and social wellbeing also play a key part in maintaining good mental health.

We have recently developed our People Plan, which recognises that improving health and wellbeing is a key strategic enabler. We want to support colleagues to enable them to achieve good attendance and we will focus specifically on mental health awareness and address identified issues of concern.

The specific objectives of our health and wellbeing strategic enabler are:

- Develop a positive workplace environment that supports health and wellbeing
- Ensure our policies and practices support health and wellbeing
- Support healthy body for all and ensuring healthy eating options are available
- Encourage a healthy mind and reduce stigma relating to mental health
- Promote and support financial wellbeing

3. Staff Survey: 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

As part of the Staff Survey for 2020, the Trust's score was 5.6, which whilst an improvement on the previous year is still below the national average. We saw a

positive increase to the question in the staff survey: Does your organisation take positive action on your health and well-being, which moved from a 2019 position of 14.8% to 22.8%, however we recognise we need to continue to make improvements to move toward the upper quartile position of 51.1%

4. Health and Wellbeing Initiatives

2020/21 has been a year like no other, with the outbreak of Covid and the declaration of a worldwide pandemic in March 2020. This had one of the greatest impacts on the NHS in its history and in particular upon its amazing and dedicated workforce. Never before has the need to support our staffs health and wellbeing been such an essential element of our People Plan.

As a Trust we recognised at an early stage that our workforce overall health and wellbeing would be placed under significant pressure. In light of this, we acted quickly adapting our original plan to include a Covid Health and Wellbeing Strategy. This developed into a reactive phase followed by a recovery phase.

Support offered to staff is wide and diverse, purposefully so to ensure the choice of support on offer to suit individual needs. Below are some of the initiatives we implements to support our colleagues through the pandemic.

4.1 Covid Testing

We swiftly introduced access to Covid testing on site from the beginning of March 2020 for staff and their household members. This was set up at speed and enabled rapid diagnosis to support our operational planning. Staff cases were reviewed and monitored on a daily basis through our strategic covid response. Our Occupational Health team remained in regular contact with all colleagues who tested positive, offering support and counselling where needed. Weekly calls from Occupational Health team to all staff who have been identified with Long Covid remain in place.

4.2 Psychological Support

Initially Tees, Esk and Wear Valley NHS Foundation Trust were able to offer some dedicated psychology support, which we quickly identified as having a positive impact.

Own psychology team integrated into our covid wards, critical care and emergency department. They were able to offer a critical ear and immediate support and advice, which was invaluable to our colleagues.

Longer term we have invested in recruiting additional psychologists and a Staff Psychological wellbeing advisor who can support our longer term staff recovery programme.

4.3 Wellbeing Coordinators

We supported the training and development of 30 wellbeing coordinators/empathetic listeners visible across the organisation, the purpose of these voluntary roles was to advocate physical resources for safety, i.e. PPE, routines, shift patterns, sleep, rest

areas and access to breaks. The wellbeing coordinators also promoted self-care, validating and normalising emotions, listening non-judgementally to shared experiences and signposting staff to useful resources.

4.4 Vaccinations

Prevention of absence is a large part of maintaining the health and wellbeing of our workforce and the yearly flu campaign plays a large part of this. The last campaign saw the Trust achieve its highest compliance to date with the vaccine being administered to over 92.5% of the workforce.

On 8th December 2020 we administered our first Covid 19 vaccination. This created our 'Centre of Hope' with our dedicated staff who administered almost 72,000 Covid vaccinations and 96% of our colleagues have now received both vaccinations.

4.5 Staff Marshalls

Staff Marshalls were introduced across the trust to support staff safety from 10th April 2020. The aim of the role was to support clinical staff to remain safe and confident whilst using PPE. The service was supported by a number of non-clinical staff and was exceptionally well received and a huge benefit to staff who were suffering fatigue at the end of a shift.

4.6 Staff Environment

With the support of charity monies we have been able to enhance our rest areas. Such as the introduction of outside seating, ensuring all staff rooms had basic equipment – such as fridges/microwaves. Food parcels were distributed across wards and during April we ran our 'Fruity Thursday' campaign with free fruit and vegetables available to our staff.

During the covid peaks we have ensure that free food and drinks are available to our colleagues, and were one of the first Trusts to waive car parking fees, which remains in place.

Wobble Rooms were introduced, along with other department initiatives such as 'Living Room in a Box' and 'Restful thinking zone'. The purpose of these environments was to provide a save space for staff to take some time out and deal with the difficult situations that have arisen as a result of Covid.

We supported the national Project Wingman initiative which was set up in direct response to the Covid-19 pandemic. Professor Robert Bor, Captain Dave Fielding and Captain Emma Henderson came together to explore how grounded aircrew could support NHS staff during the current health crisis. They put a call out to the airline community with the idea of taking crew into NHS hospitals to look after NHS staff during their breaks in dedicated lounges. They offer their time, knowledge and skills to serve and support NHS staff, providing vital well-being and mental health support.

4.7 Hardship Fund

We have implemented both a Hardship Fund and an Advance of Pay process to support financial wellbeing. The Hardship Fund is a charitable gift of a maximum of £200 per financial year in one instalment and £500 in 3 years with no recovery of payments

Our Salary Advance Scheme enables colleagues to take an advance up to a maximum of £1,000 per financial year in one instalment and £2,000 in 3 year with a recovery period up to 12 months.

4.8 Clinically Extremely Vulnerable Colleagues

Government guidance identified individuals deems as clinically extremely vulnerable (CEV) in both the first and second waves of the pandemic. We worked with our operational managers to support CEV colleagues and to ensure that they were safe. In some instances colleagues were redeployed to green areas, other colleagues were able to work from home, supported by our agile working policy.

Our staff side colleagues were instrumental in developing our risk assessment process with the support of our senior physician.

We worked in partnership with our staff side colleagues at the height of the pandemic to ensure that all our CEV colleagues who were isolating at home received regular phones calls. In addition we made contact with colleagues who were redeployed to a Covid ward to ensure they were receiving the support required.

4.9 Pulse Surveys

In partnership with our staff side colleagues we developed a number of pulse surveys over the summer 2020. One focused on staff support and safety, another on supporting staff with their childcare needs and a third designed by our psychology team to assess the psychological wellbeing of colleagues. In addition to our own pulse surveys we have participated in the national health and wellbeing surveys.

4.10 Recognition

Reward and recognition is an important part of health and wellbeing and we have tried to ensure colleagues are regularly thanks and recognised for the difficult year they have endured. We continue with our Star Awards and publicise colleagues and teams who receive the awards.

Our charities team were able to secure pin badges as a small token of gratitude, which was a bespoke design of ‘The People’s Medal’, designed by local artist Mackenzie Thorpe.

4.11 Other Actions

- We developed a COVID HR policy with our staff side colleagues, which was regularly updated and briefed.

- A daily communication brief was published daily at the height of the pandemic with key messages.

- Talks to support good sleep and manage fatigue have been provided and there is an offer to provide further talks to Directorates, as required

- Line managers undertook health and wellbeing conversations with staff with the option of referral to Occupational Health for more specialist support.

- Managers and teams provided daily support through daily team huddles, pre-briefs and debriefs.

- Helplines set up offering advice on Covid testing, counselling and psychological support.

- Access to a range of free wellbeing apps covering a wide variety of wellbeing issues including sleep issues, mindfulness, suicide prevention.

- Changes to the attendance policy to ensure anytime that was recorded as Covid absence would not be considered in any absence management processes.

- Change in the annual leave policy enabling the carry forward of annual leave.

- Roll out of agile working arrangements and full implementation of flexible working arrangements.

- Protecting pay and allowances for all temporarily redeployed and shielding staff.

5 Sickness Absence

We have continued to focus on sickness absence and have made significant steps to improve the support we provide to managers, ensuring that both long and short term sickness is managed in accordance with the sickness absence policy.

We continue to work in close partnership with the Occupational Health Department and have developed case management forums to ensure that both staff and management are supported throughout the absence period, with a view to retaining, returning and rehabilitating staff into the workplace.

In additional to general occupational health advice and provision, we are working in partnership with a number of professional bodies offering support and counselling services and actively encourage staff to seek the help and support they need to aid their recovery.

In 2020/2021 the average sickness absence rate for our Trust was 4.06% which is a decrease of 0.71% on the previous year.

Occupational Health play as key role in supporting both our colleagues and managers understand the exact nature of medical absence and the plan and support that can be put into place.

During the last six month the occupational health team have undertaken the following assessments

6 Month Total (Sickness Absence Assessments Completed)

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	TOTAL	
Clinical Support	20	31	30	18	26	27	152	13%
Community Care	37	44	35	62	46	56	280	24%
Corporate	9	16	26	22	22	30	125	11%
Friarage & Locality	6	12	8	7	4	12	49	4%
Specialist & Planned Care	52	50	61	66	65	51	345	30%
Urgent & Emergency Care	19	20	33	53	49	44	218	19%
	143	173	193	228	212	220	1169	

Further assessments have been undertaken in conjunction with occupational health around stress related sickness absence. Figures for activity are listed below.

6 Month Total (Sickness Absence Assessments Completed Relating To Stress)

	Dec-20		Jan-21		Feb-21		Mar-21		Apr-21		May-21		TOTAL	
Clinical Support	8	42%	8	31%	13	54%	4	27%	6	30%	17	68%	56	42%
Community Care	18	53%	22	58%	14	45%	22	45%	23	52%	31	58%	130	52%
Corporate	4	67%	7	50%	13	59%	7	39%	8	42%	14	50%	53	51%
Friarage & Locality	1	20%	4	40%	2	33%	4	67%	3	100%	6	60%	20	53%
Specialist & Planned Care	21	45%	19	45%	28	57%	24	40%	32	53%	23	50%	147	48%
Urgent & Emergency Care	6	38%	9	47%	15	50%	25	49%	27	64%	18	44%	100	49%
	58	46%	69	46%	85	52%	86	43%	99	53%	109	54%	506	49%

Muscular skeletal also accounts for a high proportion of occupational health referals. The table below details the appoints in the previous six months.

6 Month Total (Sickness Absence Assessments Completed Relating To MSK)

	Dec-20		Jan-21		Feb-21		Mar-21		Apr-21		May-21		TOTAL	
Clinical Support	2	10%	6	19%	7	23%	4	22%	7	27%	4	15%	30	19%
Community Care	12	32%	11	25%	5	14%	20	32%	6	13%	11	20%	65	23%
Corporate	3	33%	4	25%	10	38%	10	45%	5	23%	3	10%	35	29%
Friarage & Locality	3	50%	4	33%	2	25%	1	14%	1	25%	3	25%	14	29%
Specialist & Planned Care	13	25%	14	28%	17	28%	15	23%	7	11%	16	31%	82	24%
Urgent & Emergency Care	6	32%	2	10%	5	15%	9	17%	11	22%	15	34%	48	22%
	39	27%	41	24%	46	24%	59	26%	37	17%	52	24%	274	24%

6 Next Steps

Our People Plan holds a range of objectives around health and wellbeing that includes the following objectives:

- Develop a positive workplace environment that supports health and wellbeing
- Ensure our policies and practices support health and wellbeing
- Support healthy body for all and ensuring healthy eating options are available
- Encouraging a healthy mind and reduce stigma relating to mental health
- Promote and support financial wellbeing

We have identified our success objectives as:

- The Trust is recognised for its efforts on improving health and wellbeing – securing the better health at work award
- Health and wellbeing initiatives are well known across the Trust by all colleagues and promoted by Trust leaders
- Colleagues believe that the Trust is committed to their health and wellbeing as demonstrated in the staff survey

- Sickness absence is effectively managed with the aim for each clinical collaborative to achieve the Trust target
- Each clinical collaborative is actively facilitating health and wellbeing conversations with all colleagues

The people plan contains the relevant KPI's, measures and time scales, which will be monitored via the People Committee to keep the plan on track.

Our new appraisal documentation has recently been launched with a structured approach to discussing in detail individual health needs – ensuring that all colleagues will have a health and wellbeing conversation as highlighted in the National People Plan.

We are working with a company called Labman who are prepared to donate investment in to creating a wellness facility on site for staff to use. We are working together to create a 'zen' area for staff to relax and recuperate.

Additionally the Trust is looking to launch further financial wellbeing initiative with a partner organisation - Salary Finance. This provider works with a range of NHS organisations as is able to offer competitive loans and money advice to NHS colleagues. Salary Finance are able to work with staff to help with household budgets and get out of payday loan cycles.

Working with one of our consultants who specialises in insomnia we are developing Sleep Clinics exploring opportunities to design sleep CBT, with the aim to hold these sessions in new wellbeing pods.

Also work continues with other Psychologists to develop a series of 'How am I …' self-help videos which should be available very soon for release across the Trust. Along with the videos we are developing a barometer to be launched at the same time to enable colleagues to temperature check where this health currently is, which support initiatives identified for each level.

We have developed a health and wellbeing calendar which will have monthly initiatives such as such as cycle to work day, menopause support, alcohol awareness and alcohol support.

The HR and Occupational Health teams will continue to evolve the health and wellbeing offering, listening to staff view and needs and responding appropriately.

7 Recommendation

The Board are requested to note the content of the paper, in particular the work that has been achieved to date and other on-going activities relating to supporting the health and wellbeing of our colleagues.

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 July 2021			
Month 2 2021/22 Financial Performance			**Agenda Item 12, ENC 10**
Report Author and Job Title:	Luke Armstrong Deputy Chief Finance Officer	**Responsible Director:**	Chris Hand Chief Finance Officer
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report outlines the Trust's financial performance as at Month 2.		
Background	Due to the ongoing Covid-19 pandemic formal annual financial planning has been suspended for the first half of 2021/22. ICS system level planning is in place, with each ICP expected to deliver break-even within a fixed funding envelope. The Trust's requirement for H1 2021/22 is to deliver a £3.0m deficit.		
Assessment	At Month 2 the Trust reported a deficit of £1.9m at a control total level. This is in line with the required budget deficit for M2 as agreed within the ICP/ICS.		
Recommendation	Members of the Trust Board are asked to note this report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk - Failure to deliver the Trust's financial recovery plan		
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 ☒		

South Tees Hospitals
NHS Foundation Trust

Month 2 2021/22 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 2.

2. BACKGROUND

Following the suspension of the NHS Planning Process for the first half of 2021/22 the Trust and wider ICP / ICS has a fixed level of income to cover its total costs. The ICP and ICS have an overall requirement to break even at the end of the 6 month period.

The Trust is required to deliver an overall deficit position of £3.0m for the 6 month period, in order to support the wider ICP / ICS system financial balance.

As with the final 6 months of 2020/21, a number of items of specific reasonable Covid-19 expenditure are reclaimable from NHS England centrally, including the costs of swabbing and vaccinations. The income in relation to these costs is shown in the PSF, MRET and Top up line, and the resulting variance has been normalised by adjusting budgets for both the additional income received and expenditure incurred.

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 2 YTD actual performance is a £1.9m deficit at a control total level. This has resulted in the Trust being in line with its financial plan.

3. DETAILS

Trust position

The Month 2 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	Adjustment £'000	Revised YTD Variance £'000
Nhs Clinical Income	112,365	117,604	**5,240**	(5,240)	**(0)**
Other Income	8,588	8,709	**121**		**121**
Pay	(72,015)	(72,189)	**(174)**		**(174)**
Non Pay	(44,173)	(49,374)	**(5,201)**	5,240	**39**
Depreciation And Interest	(5,442)	(5,470)	**(28)**		**(28)**
Other Non Operating	(1,217)	(1,158)	**59**		**59**
Corporation Tax	(01)	0	**01**		**01**
Restructuring Costs	0	(0)	**(0)**		**(0)**
Control Total	**(1,894)**	**(1,878)**	**16**	**0**	**16**

Overall the Trust is on plan for Month 2 of 2021/22.

- Adjustments are shown to normalise high cost drugs and devices along with additional income to reimburse the costs of vaccinations, swabbing and student nurses.
- For clinical income the Trust is over achieving by £5.2m, linked to higher income for pass through items of drugs and devices and ERF income of £4.6m both with corresponding increases in non-pay expenditure. The adjusted variance is nil.
- Within the year to date position the Trust has recognised income and cost in relation to the Elective Recovery Fund of £4.6m based on ICS level activity recovery modelling. Actual income and cost distribution will not be known until July. This has additionally been normalised within the above table.
- The £0.2m overspend on pay has been driven by the recognition of the year to date element of the flowers legal case and in month pay arrears.
- Non pay is overspent by £5.2m for Month 2 with this overspend driven by assumed cost in relation to the elective recovery fund and increased costs for high cost pass through items. Once adjusted for, the resulting variance is a small underspend.

Clinical Income

Under the revised financial arrangements for 2021/22, the Trust's previous aligned incentive contractual arrangement with its commissioners continues to be suspended as in 2020/21. Instead, the Trust is paid under a block arrangement with income fixed for the first half of the year, with the exception of the below items.

- HEPC and CDF Drugs
- High cost devices from NHS England
- Elective recovery fund income

The Trust's block payments are shown below split by Commissioner:

Commissioner Code	Commissioner Name	Block Payment
16C	NHS Tees Valley CCG	58,609
84H	NHS County Durham CCG	2,352
00P	NHS Sunderland CCG	122
01H	NHS North Cumbria CCG	109
13X	NHS England - North East and Yorkshire Commissioning Hub	33,596
13Q	NHS England - Central (CDF, HepC & C&V Variance)	1,616
Y63	NHS England - North East and Yorkshire Commissioning Region	1,217
Y58	South West Regional Office (MoD)	289
42D	NHS North Yorkshire CCG	14,764
03Q	NHS Vale of York CCG	245
	Prior Year Adjustments	85
	Elective recovery fund	4,600
	Total Income Month 2	**117,604**

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

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Blocks	99,266	99,266	**0**
Top Up	4,976	4,976	**0**
Covid-19	4,502	4,502	**0**
Lost non NHS Income	420	420	**0**
CDF	1,114	940	**(174)**
HEPC	128	155	**27**
High Cost Devices	1,959	2,495	**536**
Cost and volume drugs	0	250	**250**
ERF	0	4,600	**4,600**
YTD M2	**112,365**	**117,604**	**5,239**

Variances shown on CDF, HEPC and high cost devices income are counteracted by cost movements within expenditure.

At Month 2 the Trust has recognised an estimated income figure in relation to the elective recovery fund, ERF, of £4.6m, with a corresponding expenditure value within non pay, as outlined within the report. This estimated figure for Month 2 reporting is based on high level estimates provided by the region. The final income values are subject to central verification and will not be known until Q2, with distribution across the ICS to be determined.

Other Income

Other income is £0.1m ahead of plan at Month 2.

	Budget to M6 £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Adjustment £'000	Revised YTD Variance £'000
Education & Training Income	9,053	3,018	3,118	100	0	100
Estates Income	1,102	367	378	11	0	11
Misc. Other Income	6,254	2,122	1,756	(367)	0	(367)
Non Patient Care Income	1,199	446	470	24	0	24
Other Clinical Income	1,487	496	668	173	0	173
Psf, Mret & Top Up	1,169	989	989	(0)	0	(0)
Research & Development Income	2,451	1,150	1,330	180	0	180
Total	22,715	8,588	8,709	121	0	121

- Misc other income is under achieving by £0.4m. Pathology income is £0.1m less than plan, driven by lower testing income with corresponding lower expenditure within non pay. The remainder of the variance relates to planned income expected from Tees Valley CCG for the Stoma service. Discussions are ongoing with Tees Valley CCG in order to receive this income via variation to the Trust core blocks.
- Other clinical income is overachieving by £0.2m, this is being driven by higher income receipts for both RTA income and Private Patient income, as both income streams recover following the pandemic.
- R and D income is over achieving by £0.2m linked to additional research funds for increased costs within pay and non-pay. The R and D budget is currently being rebased to reflect the latest assumptions for research activity.
- Within the top up income line the Trust has accrued income of £1.0m to cover the costs of both the vaccinations and swabbing programmes along with additional student nurses cost. This is included in addition to the core blocks and claims are subject to validation by NHSE/I; receipt of income is expected in July 2022.

Pay

In the year to date position, pay is overspent by £0.2m, as outlined in the below table.

	Budget to M6 £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Adjustment £'000	Revised YTD Variance £'000
Ahp'S, Sci., Ther. & Tech.	(30,759)	(10,256)	(10,277)	(20)	0	(20)
Hca'S & Support Staff	(22,206)	(7,902)	(8,050)	(148)	0	(148)
Medical And Dental	(63,924)	(21,404)	(21,691)	(288)	0	(288)
Nhs Infrastructure Support	(29,948)	(10,077)	(10,176)	(99)	0	(99)
Nursing & Midwife Staff	(66,065)	(22,123)	(21,731)	392	0	392
Other Pay Costs	(760)	(253)	(264)	(11)	0	(11)
Total	(213,663)	(72,015)	(72,189)	(174)	0	(174)

- Within the YTD pay position a budget for additional Covid costs of £2.4m is included, assigned to the specific staff group and directorate where costs are being incurred.
- Slight overspends on HCAs and Support Staff is counteracted by underspends on Nursing. Within both pay categories £1.0m of year to date funding for covid sickness is included, increasing the overall underspend. Work is ongoing to rebase ward based budgets to reflect new ward structures and bed numbers.
- Medical and Dental staff show a year to date overspend of £0.3m. Junior staffing is overspent by £0.2m and £0.1m for senior medical staffing, with both elements driven by premium pay of agency and bank costs.
- Cost have been recognised in relation to the year to date element of the flowers legal case of £0.1m.

Total year to date agency spend is £1.1m. The top 10 directorates Agency costs year to date are shown below; work is ongoing within each directorate to recruit to hard to fill posts where possible and reduce overall cost. Agency spend will continue to be monitored monthly moving forward.

	YTD Actual £'000
Respiratory	(151)
Radiology	(137)
Older Persons Medicine	(118)
Radiotherapy & Oncology	(96)
Haematology	(87)
Neurology	(68)
Infectious Diseases	(64)
Perioperative	(61)
Pathology	(55)
Cardiothoracic	(53)

Non-Pay

Non-pay is overspent by £5.2m at Month 2, this includes cost of £4.6m in relation to the elective recovery scheme resulting in a net overspend of £0.6m. This overspend is predominantly driven by increases in drugs costs from high cost drugs funded by commissioners, with additional income recovered to cover this cost.

	Budget to M6 £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Adjustment £'000	Revised YTD Variance £'000
Clinical Negligence Cost	(9,120)	(3,040)	(3,040)	(0)	0	(0)
Clinical Supplies And Services	(38,496)	(14,087)	(15,673)	(1,587)	2,240	653
Drugs	(35,820)	(12,060)	(12,519)	(459)	250	(209)
Establishment	(3,981)	(1,328)	(1,501)	(172)		(172)
Ext. Staffing & Consultancy	(172)	(57)	(57)	01		01
General Supplies & Service	(2,133)	(723)	(572)	150		150
Healthcare Service Purchase	(5,479)	(1,826)	(4,445)	(2,618)	2,500	(118)
Miscellaneous Services	(525)	(175)	(212)	(37)		(37)
Pfi Unitary Payment	(14,792)	(4,965)	(5,115)	(150)		(150)
Premises & Fixed Plant	(12,225)	(4,236)	(4,351)	(115)		(115)
Research, Education & Training	(1,851)	(950)	(1,038)	(88)		(88)
Transport	(2,129)	(725)	(851)	(125)	250	125
Total	(126,722)	(44,173)	(49,374)	(5,201)	5,240	39

- Clinical supplies and services are showing a year to date overspend of £1.6m. This overspend is being driven by £1.9m of cost for the Elective Recovery Fund, covered by income as outlined within the income section of this report. The resulting underspend of £0.3m is from reduced activity levels within clinical directorates.
- Drugs have a YTD overspend of £0.5m, being driven by increase in high costs drugs for the cancer drug fund, Hep C and cost and volume drugs, with these costs covered by additional income from commissioners.
- Healthcare service purchase is showing a year to date overspend of £2.6m, £2.5m is in relation to costs for the elective recovery fund as outlined and £0.1m from outsourcing.
- PFI Unitary payment costs are overspent by £0.2m driven by increased costs for cleaning and waste, these costs are being investigated between the Finance and Estates team to understand the full nature of the uptake in cost in month and if this is linked to Covid.
- Research, Education and Training is overspending by £0.1m due to clinical trials, with this cost covered by additional income.

Non-Operating Costs

Technical items are in line with budgeted amounts, with both deprecation and PDC in line with the rebased budget for 2021/22.

CIP

For the first 6 months of the year the Trust has a £5.0m CIP target. The outline programme is shown in the below table. With work ongoing to embed delivery arrangements, as part of the Trust's financial recovery planning.

	Plan to M6 £'000		YTD Target £'000	YTD Actual £'000	YTD Variance £'000
Corporate	**2,430**		605	488	**(117)**
Procurement	**740**		113	95	**(18)**
Pharmacy	**485**		42	0	**(42)**
Clinical Services	**275**		75	0	**(75)**
Estates	**450**		117	117	**0**
ICT	**80**		27	0	**(27)**
Workforce	**540**		167	167	**0**
Total	**5,000**		**1,145**	**867**	**(278)**

In month savings have been formally recognised in relation to:

- PFI lifecycle
- Private Patients income
- PPE push savings
- Medical Engineering
- Workforce

For Month 3 further savings are undergoing validation and are planned to be defunded and recognised for pharmacy drugs, procurement contractual savings.

Capital

The Trust's capital expenditure at the end of May amounted to £2.9m 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	1,730	1,564	(166)	10,380	10,380	0
Site Reconfiguration	2,050	839	(1,211)	17,114	17,114	0
Replacement of Medical Equipment	450	175	(275)	2,181	2,181	0
Network Replacement and Clinical Noting	800	347	(453)	3,750	3,750	0
Total	**5,030**	**2,925**	**(2,105)**	**33,425**	**33,425**	**0**

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	5,030	2,925	(2,105)	11,733	11,733	0
Internal Reserves	0	0	0	0	0	0
Charitable Funding	0	0	0	0	0	0
PDC	0	0	0	21,692	21,692	0
Total Financing	**5,030**	**2,925**	**(2,105)**	**33,425**	**33,425**	**0**

The programme includes the following identified schemes:

- PFI Lifecycle - £10.4m contractual commitment (£9.4m) to Endeavour SCH LLP with the payment based on the Financial Model and PFI Enhancements and Change in Law (£1.0m);
- Estates – Friarage Rationalisation and Redevelopment (£12.1m), SDEC (£1.5m), Pathology Development (£1.2m) and Friarage Critical Backlog maintenance (£1.0m));
- IT – Alcidion and Digital Aspiration investment for e-prescribing and licencing (£1.2m), Data Centre Upgrade (£0.8m) and Cyber Investment (£0.5m); and
- Medical equipment – Emergency replacement of medical equipment including committed items from 2020/21.

The capital programme is currently underspent by £2.1m and this mainly includes variances on the Same Day Emergency Care (SDEC) scheme £0.3m, Interventional Radiology £0.3m, FHN Critical Backlog maintenance £0.2m and the Alcidion project £0.5m.

The Trust submitted the Annual Plan for 2021/22 to NHSE/I on 12 April amounting to £33.4m and will look to utilise PDC funding amounting to £21.7m to support this programme.

Liquidity

The cash balance at 31 May 2021 was £71.1m.

The Trust's cash position will reduce in June following the first quarterly PFI payment to Endeavour SCH Plc and that trend will continue through the remainder of the year.

The Better Payment Practice Code (BPPC) performance for the Trust (target 95%) on cumulative invoices paid to date is detailed as follows:

- April 95.8%; and
- May 96.4%

Statement of Financial Position (SOFP)

The following table compares the SOFP position between 30 April and 31 May 2021.

	30 April £000	31 May £000	Movement between months £000
Property, Plant and Equipment	243,510	244,000	490
Long Term Receivables	1,666	1,666	0
Total Non-Current Assets	245,176	245,666	490
Currents Assets			
Inventories	13,446	13,576	130
Trade and other receivables (invoices outstanding)	5,309	4,307	(1,002)
Trade and other receivables (accruals)	14,619	18,642	4,023
Prepayments including PFI	17,055	14,428	(2,627)
Cash	70,106	71,154	1,048
Total Current Assets	120,535	122,107	1,572
Current and Non-Current Liabilities			
Borrowings	(92,744)	(92,428)	316
Trade and other payables	(95,405)	(98,676)	(3,271)
Provisions	(1,632)	(1,632)	0
Total Current and Non-Current Liabilities	(189,781)	(192,736)	(2,955)
Net Assets	**175,930**	**175,037**	**(893)**
Equity:			
Income and Expenditure Reserve	(231,811)	(232,704)	(893)
Revaluation Reserve	33,643	33,643	0
Public Dividend Capital	347,622	347,622	0
Other Reserves	26,476	26,476	0
Total Equity	**175,930**	**175,037**	**(893)**

The major points of note on changes between April and May are:

- Property, Plant and Equipment – movement in month of £0.5m arising from spend on PFI lifecycle and emergency replacements, partly offset by depreciation.
- Trade and other receivables – covers an accrual for Elective Recovery Funding (ERF) amounting to £4.6 million, offset by similar adjustment through trade and other payables.
- Prepayments – reduction for one month of the quarterly contractual PFI charge paid in advance in March. The next quarterly PFI payment is due in June 2021.
- Payables – see trade and other receivables above.
- Income and Expenditure Reserve – movement relates to the deficit on the revenue position delivered in May.

South Tees Hospitals NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 July 2021			
Integrated Performance Report			**AGENDA ITEM: 14, ENC 7**
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	**Responsible Director:**	Various
Action Required	Approve ☐ Discuss ☐ Inform ☒ (select the relevant action required)		
Situation	To provide the Board with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance. The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions. Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.		
Assessment	The following changes have been implemented in May's IPR: • Finance chart has been updated. • Senior Leadership Team have reviewed content and format, changes to be implemented in subsequent months. . **Key messages relating to performance this month include**: The Trust has continued its COVID-19 response during May alongside maintaining emergency, urgent and other non-COVID-related care. Clinical teams are now focused on addressing the needs of patients whose non-urgent care has been disrupted or delayed by the pandemic. **Areas of improved or sustained performance include:** • Caring domain indicators: Complaints closed within target timescale, and Friends and Family Experience rates for Inpatients, Outpatients and Maternity all remain above target • Cancer standards for 14 days and 31 days achieved the		

	provisional target in March. **Areas for focus include:** • ED performance continues to improve in month, however it is still below the expected level. • RTT and diagnostics are still below the constitutional standard due to the pandemic, however the planned activity has been delivered. • VTE compliance following changes to recording methods and steps in place to improve completeness of data • To support operational focus on Annual Appraisals and Mandatory Training to improve compliance.	
Recommendation	The Board of Directors are asked to note the report.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk - Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes BAF risk - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit BAF risk - Failure to deliver as a centre of excellence, resulting in a lack of priority and recognition from commissioners and other stakeholders BAF risk - Inability to agree financial recovery plan with the regulator BAF risk - Failure to deliver the Trust's financial recovery plan	
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

May 2021

New Additions to IPR for May

South Tees Hospitals
NHS Foundation Trust

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

- **Finance chart has been updated.**
- **Senior Leadership Team have reviewed content and format, changes to be implemented in subsequent months.**

Key Messages

South Tees Hospitals
NHS Foundation Trust

Our key messages are:

The Trust has continued its COVID-19 response during May alongside maintaining emergency, urgent and other non-COVID-related care. Clinical teams are now focused on addressing the needs of patients whose non-urgent care has been disrupted or delayed by the pandemic.

Areas of improved or sustained performance include:

- **Caring domain indicators: Complaints closed within target timescale, and Friends and Family Experience rates for Inpatients, Outpatients and Maternity all remain above target**
- **Cancer standards for 14 days and 31 days achieved the provisional target in March.**

Areas for focus include:

- **ED performance continues to improve in month, however it is still below the expected level.**
- **RTT and diagnostics are still below the constitutional standard due to the pandemic, however the planned activity has been delivered.**
- **VTE compliance following changes to recording methods and steps in place to improve completeness of data**
- **To support operational focus on Annual Appraisals and Mandatory Training to improve compliance.**

Summary

South Tees Hospitals NHS Foundation Trust

	Indicator	Latest Month	Target/ Benchmark	Month Reported	Trend	Assurance
SAFE	All Falls Rate	4.43	6.6	05/2021		
	Falls With Harm Rate	0.21	TBD	05/2021		
	Infection Control - C-Difficile (YTD)	18	81	05/2021	N/A	N/A
	Infection Control - MRSA (YTD)	0	0	05/2021	N/A	N/A
	Serious Incidents	8	0	05/2021		
	Never Events (YTD)	0	0	05/2021	N/A	N/A
	Category 2 Pressure Ulcers	4.50	TBD	05/2021	H	
	Category 3 & 4 Pressure Ulcers	0.49	TBD	05/2021		
	SHMI	114.96	100	02/2021		
	Hospital Standard Mortality Rate (HSMR)	91.30	100	03/2021		
	VTE Assessment	86.36%	95%	05/2021	L	F
	Maternity - Caesarean Section Rate (%)	29.53%	30.0%	05/2021		
	Maternity - Induction of Labour Rate (%)	48.45%	44.0%	05/2021		
	Maternity - Still Births (YTD)	8	17	05/2021	N/A	N/A
	Maternity - PPH 1500ml Rate (%)	2.59%	0.00%	05/2021		

	Indicator	Latest Month	Target/ Benchmark	Month Reported	Trend	Assurance
EFFECTIVE	Sepsis - Targeted oxygen delivered within 1 hour	96.10%	95%	03/2021		
	Sepsis - Blood cultures taken within 1 hour	80.40%	95%	03/2021		
	Sepsis - Empiric IV antibiotics administered	68.60%	95%	03/2021		F
	Sepsis - Serum lactate taken within 1 hour	90.20%	95%	03/2021		F
	Sepsis - IV fluid resuscitation initiated	70.60%	95%	03/2021		F
	Sepsis - Urine measurement started	74.50%	95%	03/2021		F
CARING	F&F A&E Overall Experience Rate (%)	84.22%	85%	05/2021		
	F&F Inpatient Overall Experience Rate (%)	96.90%	96%	05/2021		
	F&F Outpatient Overall Experience Rate (%)	96.00%	95%	05/2021		
	F&F Maternity Overall Experience Rate (%)	100.00%	97%	05/2021	H	P
	Complaints Closed Within Target (%)	85.00%	80%	05/2021		

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

Summary

South Tees Hospitals NHS Foundation Trust

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
RESPONSIVE	A&E 4 Hour Wait Standard (%)	86.81%	95%	05/2021	L	F
	RTT Incomplete Pathways (%)	64.27%	92%	05/2021	L	F
	Diagnostic 6 Weeks Standard (%)	82.84%	99%	05/2021		F
	Cancer Treatment - 14 Day Standard (%)	92.51%	93%	05/2021		?
	Cancer Treatment - 31 Day Standard (%)	92.55%	96%	05/2021		?
	Cancer Treatment - 62 Day Standard (%)	72.02%	85%	05/2021		?
	Non-Urgent Ops Cancelled on Day	21	0	05/2021	L	?
	Cancer Operations Cancelled On Day (YTD)	5	0	05/2021	N/A	N/A
	Cancelled Ops Not Rebooked Within 28 days	3	0	05/2021		?
	E-Discharge (%)	95.1%	90%	05/2021	H	P

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
WELL LED	Year-To-Date Budget Variance (£'millions)	-1.1m	-1.9m	05/2021	N/A	N/A
	Annual Appraisal (%)	66.30%	80%	05/2021	L	F
	Mandatory Training (%)	83.04%	90%	05/2021	L	F
	Sickness Absence (%)	4.50%	4%	05/2021		?
	Staff Turnover (%)	12.85%	10%	05/2021	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

Elective Recovery Summary

South Tees Hospitals NHS Foundation Trust

Context: Performance in 2021 against service plans

Recovery: Elective & Theatres

ACTIVITY AGAINST PLAN

	Actual			Plan			Variance		
	Apr	May	Total	Apr	May	Total	Apr	May	Total
Outpatient First	15,351	15,381	30,732	15,269	15,807	31,076	82	-426	-344
Outpatient Follow-up	44,197	42,269	86,466	41,017	42,744	83,761	3,180	-475	2,705
Outpatient Total	**59,548**	**57,650**	**117,198**	**56,286**	**58,551**	**114,837**	**3,262**	**-901**	**2,361**
Outpatient virtual	*17,670*	*16,096*	*33,766*	*16,749*	*17,161*	*33,910*	*921*	*-1,065*	*-144*
Outpatient FtF	*41,878*	*41,554*	*83,432*	*39,537*	*41,390*	*80,927*	*2,341*	*164*	*2,505*
IP Elective SD	4,790	4,799	9,589	4,733	5,208	9,941	57	-409	-352
IP Elective Overnight	636	847	1,483	678	852	1,530	-42	-5	-47
IP Elective Total	**5,426**	**5,646**	**11,072**	**5,411**	**6,060**	**11,471**	**15**	**-414**	**-399**

Summary

- April total elective activity is on plan and above the 70% national threshold by value.
- May elective activity is lower than plan but is expected to be above the 75% national threshold by value.

Cause of Variation

- Note that the plan is not adjusted for working days, 2 fewer working days in May 2021 than baseline plan.
- Some data is incomplete at this point.

Planned Actions

- Complete outpatient clinic reconciliation for May.
- Assessment of impact of plans on PTL positions and support to challenged services.
- Ongoing monitoring of plans through Recovery.

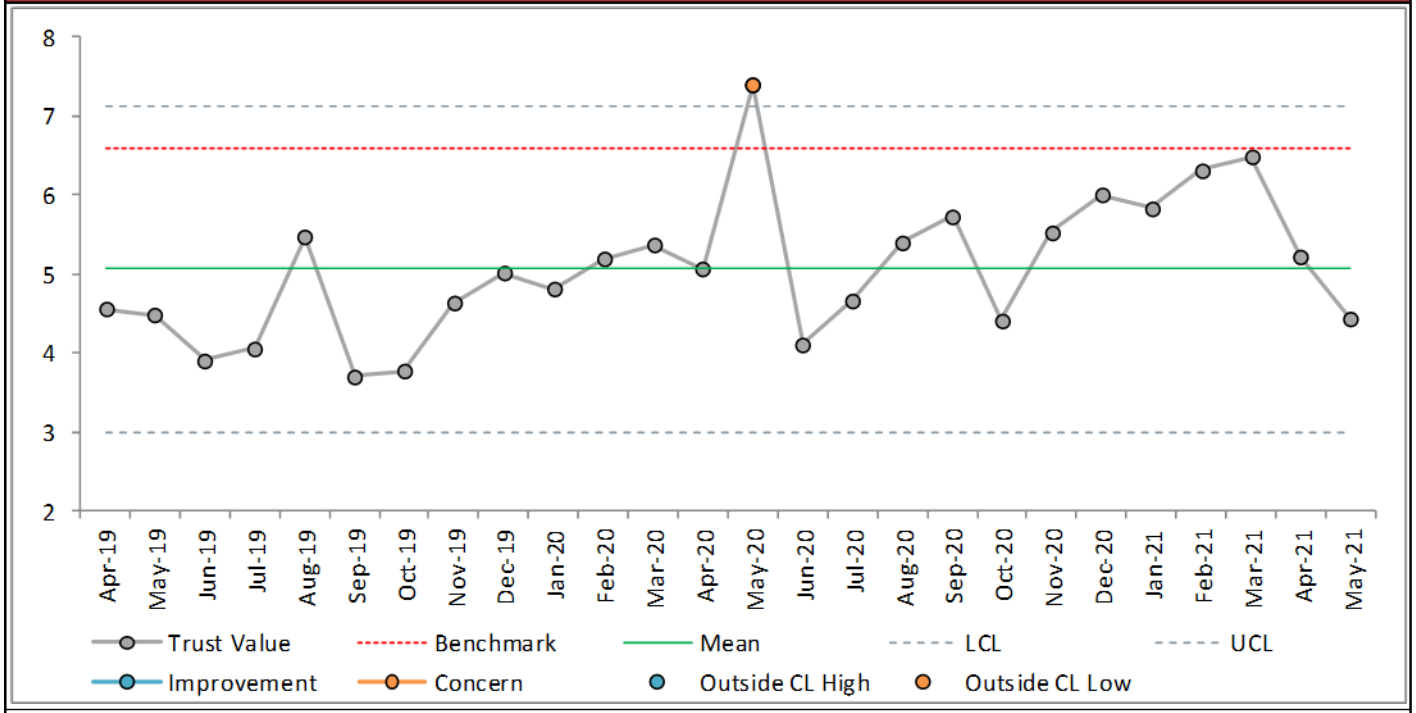
Timescale

- Weekly review and challenge at Strategic Recovery Group.

Safe

South Tees Hospitals NHS Foundation Trust

All Falls Rate



The Trust falls rate per 1000 bed days

Benchmark	6.6
Mean	5.06
Last Month	4.43

Executive Lead

Hilary Lloyd

Lead

Ruth Mhlanga

Commentary

The Trust has a mean of approx 130 falls per month. This metric is consistent and is below the national benchmark., which means we have less falls.

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

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

Cause of Variation

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

Planned Actions

- Review multi disciplinary resource to enable Trust wide action group and update and launch the Falls Prevention action plan 2021/22 aligned with the ethos 'every contact counts '
- Joint regular reviews of falls with harm with safeguarding team to share learning.

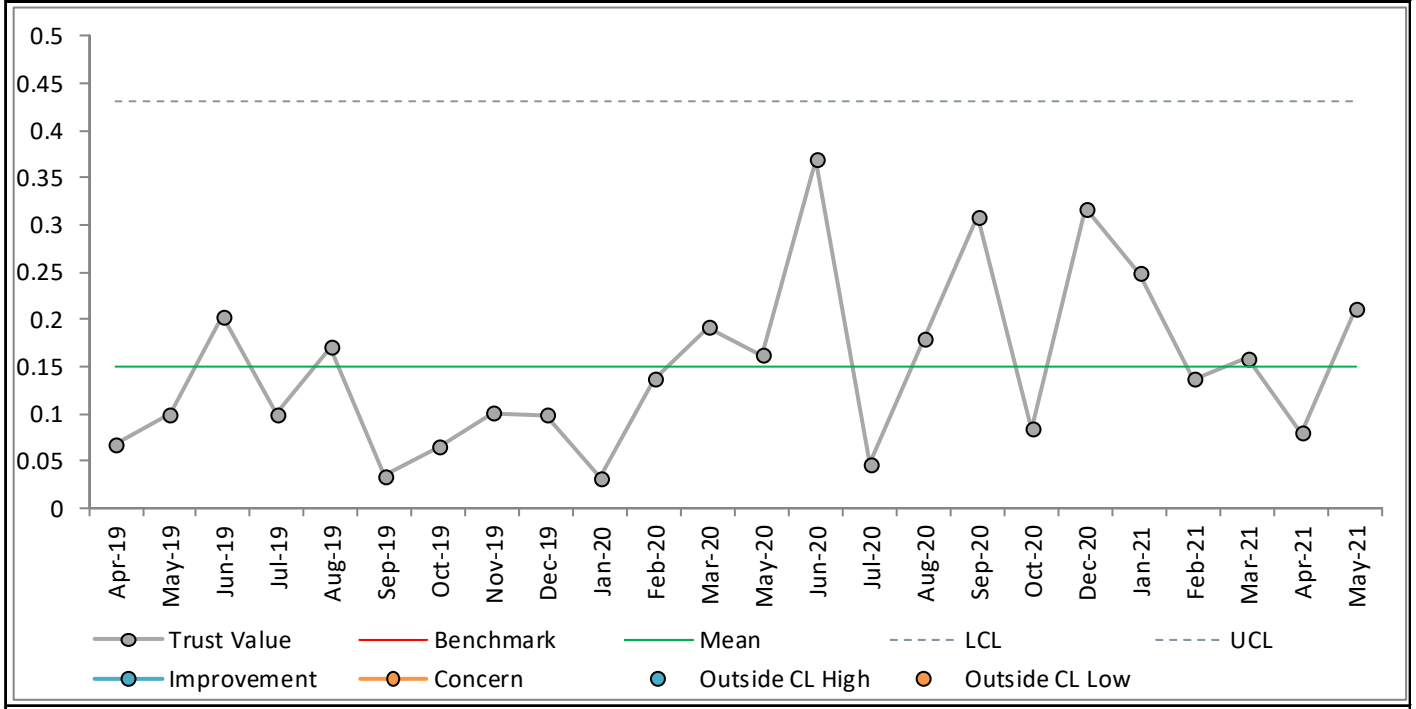
Timescale

- July 2021
- STAQC team will continue to foster the sharing of good practice and quality improvement work.

Safe

South Tees Hospitals NHS Foundation Trust

Falls With Harm Rate



Rate of falls with harm per 1000 bed days

Benchmark	TBD
Mean	0.15
Last Month	0.21

Executive Lead

Hilary Lloyd

Lead

Ruth Mhlanga

Commentary

There are less than 2 falls with harm per month.

Cause of Variation

- This metric is within normal variation.

Planned actions

- Review multi-disciplinary resource to enable Trust and locality wide action group and update and launch the Falls Prevention action plan 2021/22 aligned with the ethos 'every contact counts '.
- Joint regular reviews of falls with harm with safeguarding team to facilitate shared learning.

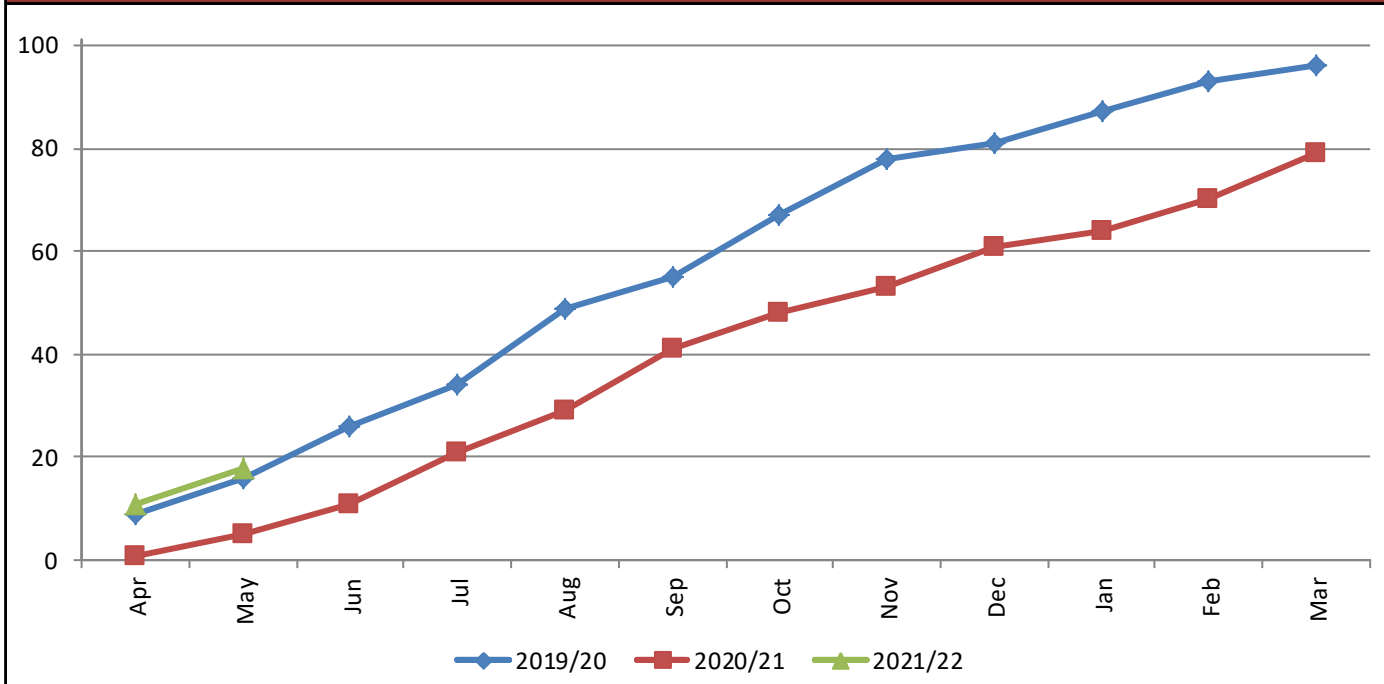
Timescale

- July 2021.
- STAQC team will continue to foster the sharing of good practice and quality improvement work.

Safe

South Tees Hospitals NHS Foundation Trust

Infection Control - C-Difficile (YTD)



Cases of hospital acquired C. Difficile bacteraemia

Outturn	81
Mean	N/A
YTD	18

Executive Lead

Hilary Lloyd

Lead

Sharon Lance

Commentary

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

Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation is not being assessed.
- This is a national reporting requirement and the Trust were to have no more than a combined total of community onset healthcare associated (COHA) and healthcare onset healthcare associated (HOHA) cases amongst patients aged over 2 year, the target for 2021/22 is currently unknown but is assumed to be the same.
- There were 11 cases of CDI in May 2021, 5of which were classed as COHA and 6 HOHA, totalling 11 cases as Trust Apportioned.

Plan

- Completed ribotyping of all cases in April and May due to increase (only 1 of concern – Surge area) so normal reporting to resume.
- New CDI Process continues with key learning theses identified – reported to IPC Strategic group.
- Development of electronic system for side room allocation to facilitate prompt isolation – ongoing support from BIU needed
- New Matron council in development with IPC focus embedded.
- Review of IPC input to Collaborative meetings at Board etc remains ongoing.
- CDI recovery plan developed to go to IPC Strategic group July '21 – Focus on Diarrhoea control, Hand Hygiene, Ownership & Learning.

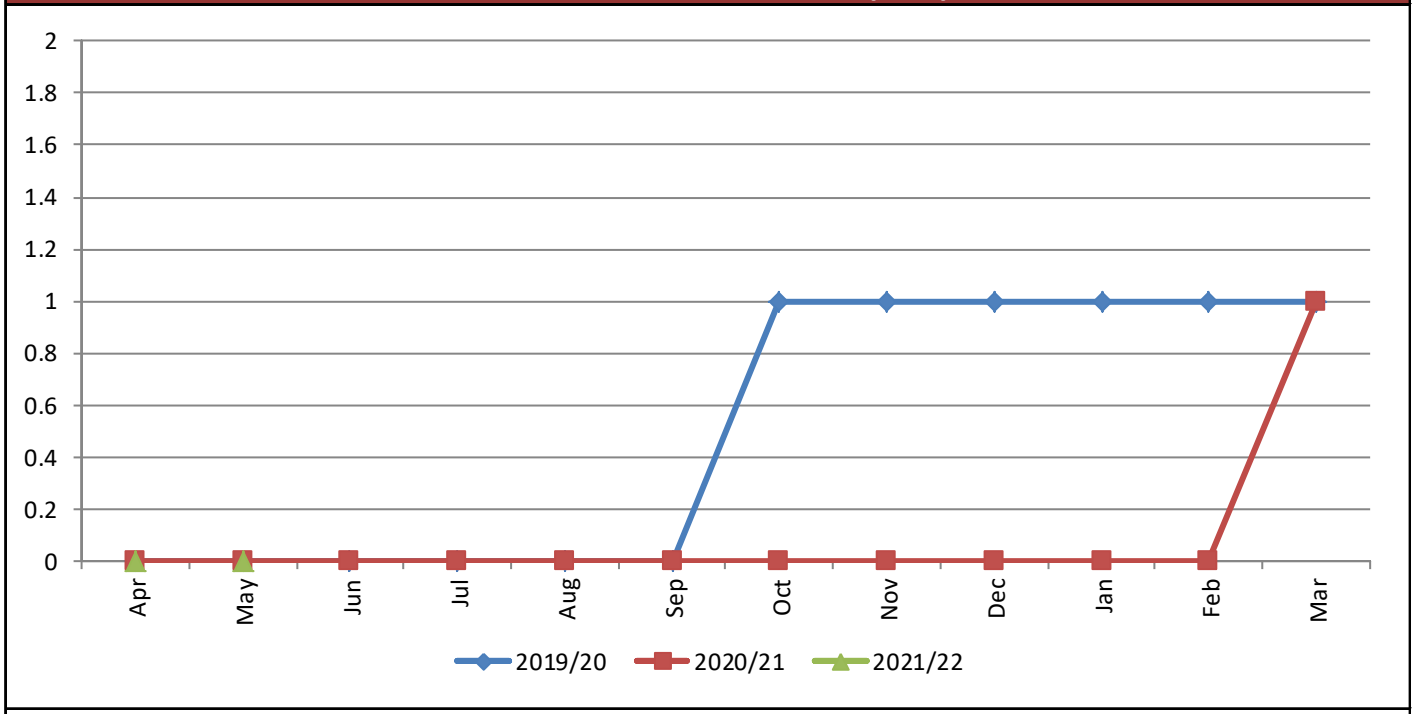
Timescale

- Ongoing as constant unless detailed otherwise in Plan.

Safe

South Tees Hospitals NHS Foundation Trust

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 has been one case identified in May 2021.

Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation is not being assessed.
- There were 0 trust-assigned cases in May 2021. In the first 2 months of 2021/2022 there have been 0 trust-assigned cases.

Planned Actions

- Aseptic non touch technique training and audit programs continue to be refreshed and supported in new collaboratives.
- Line care group developed with IPC, Procurement and OPAT.
- Line care and infection prevention included in annual plan 2021/22.
- Review of current MRSA/MSSA RCA/Lessons learned process to follow recent CDI review to follow same format.
- Development of patient pathway for line care in early discussions, utilising previous work to move forward.

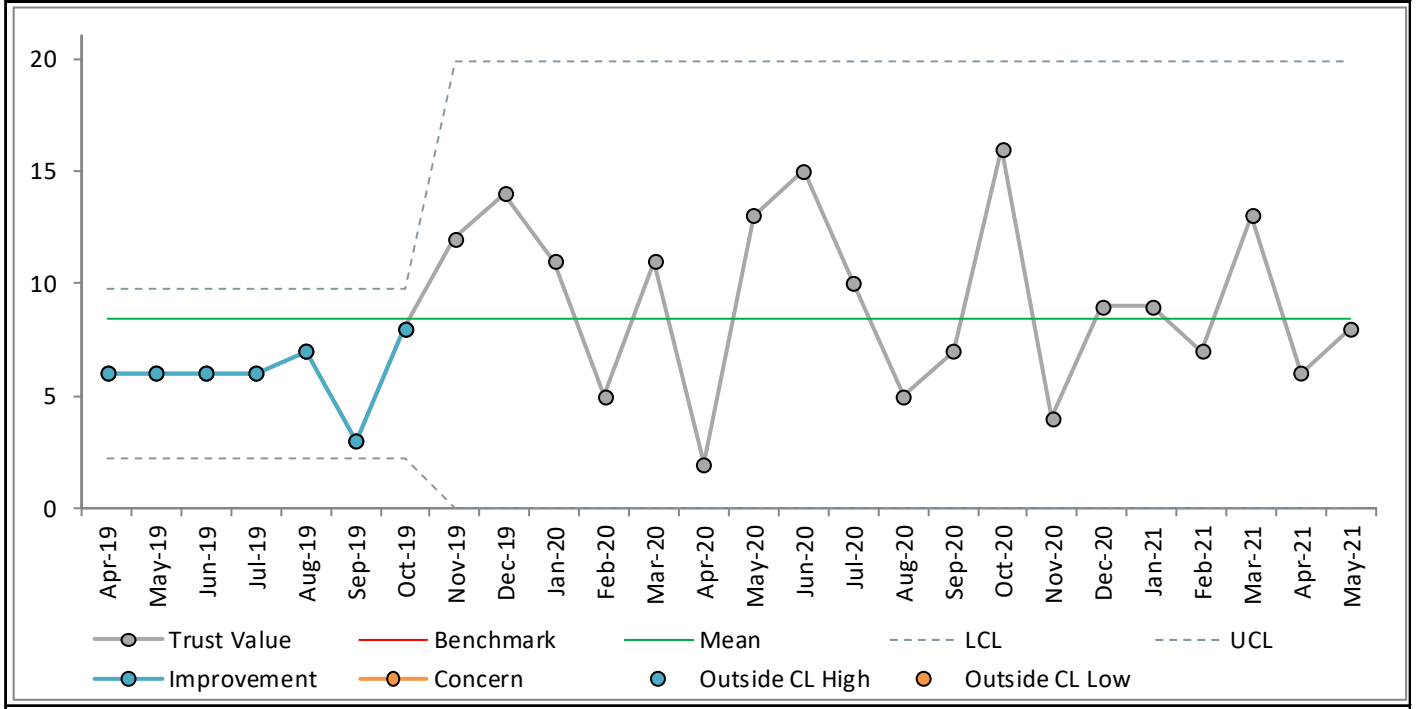
Timescale

- Ongoing.

Safe

South Tees Hospitals NHS Foundation Trust

Serious Incidents



The number of Serious Incidents

Benchmark	0
Mean	8.42
Last Month	8.00

Executive Lead

Hilary Lloyd

Lead

Kay Davies

Commentary

In May 2021, 100% were reported in the month that they occur.

Cause of Variation

- This metric is within normal variation from November 2019 .

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. Data has been added to monthly SI report and a spreadsheet will be shared with Collaboratives
•Await the publication of the new Patient Safety Incident Response Framework.
•Training needs analysis to be carried out.
•Establish a learning culture with support from the Leadership and Safety Academy.

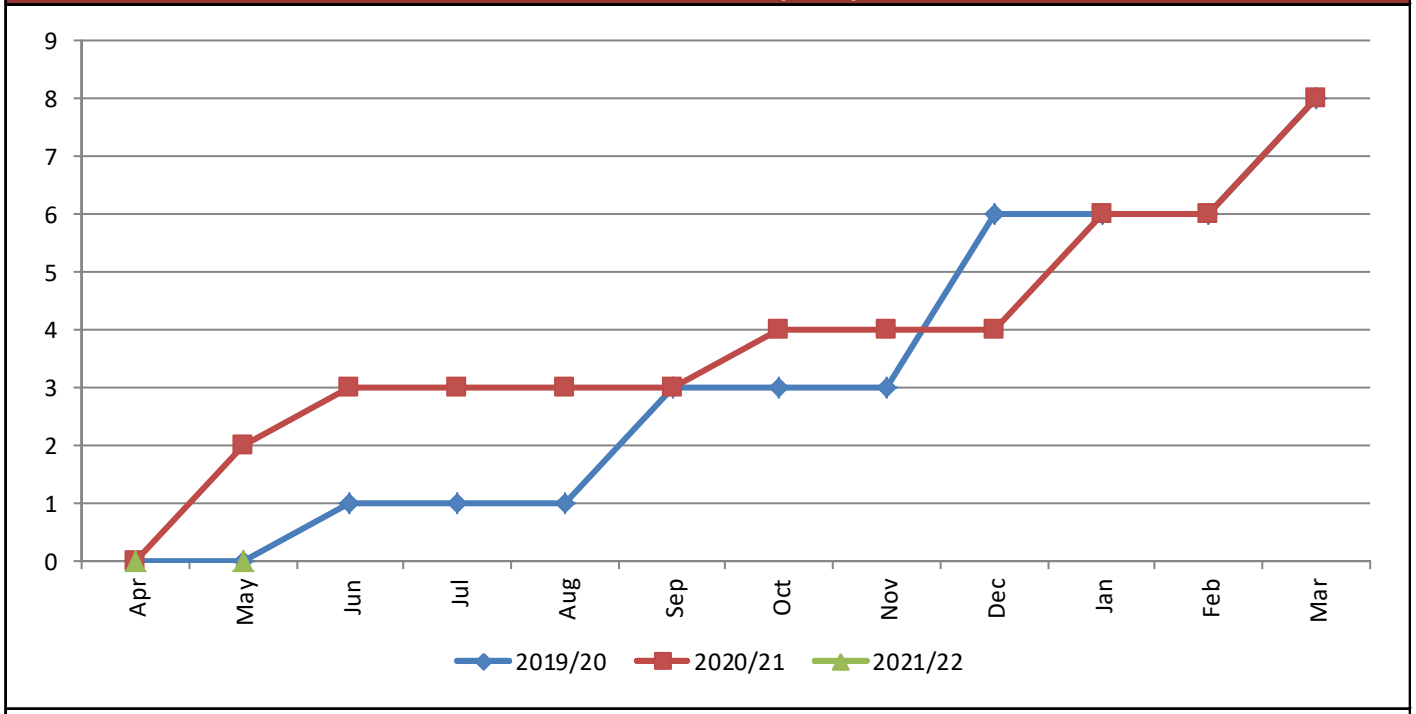
Timescale

- Ongoing

Safe

South Tees Hospitals NHS Foundation Trust

Never Events (YTD)



Number of reported Never Events

Target	0
Mean	N/A
YTD	0

Executive Lead

Hilary Lloyd

Lead

Kay Davies

Commentary

Eliminating never events remains a priority. There were 0 Never Events in May.

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 commenced in May 2021.
- Regional data released and local action plan developed and presented to the Quality Assurance Committee in November 2020 and updated in March 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 supported by the Leadership and Safety Academy
- Critical friend review by NHSE/I is been completed and a draft report has been received.

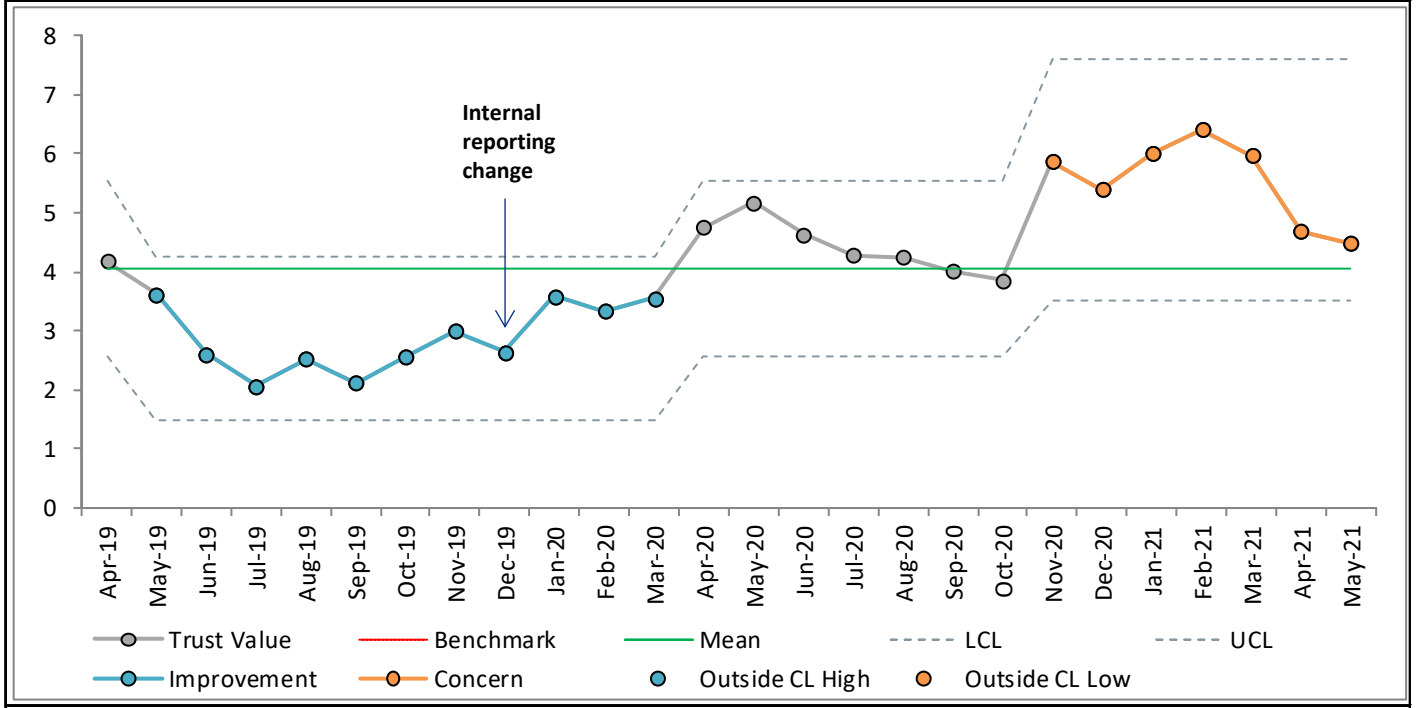
Timescale

- Eliminating Never Events remains a quality priority for 2020/21.
- The recommendations from the critical friend report will be added to the NE action plan.

Safe

South Tees Hospitals NHS Foundation Trust

Category 2 Pressure Ulcers



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

Benchmark	TBD
Mean	4.06
Last Month	4.50

Executive Lead

Hilary Lloyd

Lead

Helen Day

Commentary

- In May we observed 84 Cat. 2 in the acute setting.
- In May we observed 40 Cat. 2 in the community setting.

Cause of Variation

- Confidence limits have been recalculated from November 2020.
- The majority of the increase in Q4 20/21 was observed in the general and cardiothoracic critical care areas and was Covid related.

Planned Actions

- Update and launch the Tissue Viability action plan 2021/22 to enable continuous improvement. Examples of specific work includes;
- Trust wide Pressure Ulcer Collaborative (PUC)
- New risk assessment tool (Purpose T) trial commenced in April 2021 in the community setting.
- Peer conversations with subject matter experts.
- Data collection in progress to commence research into patient compliance in the community setting

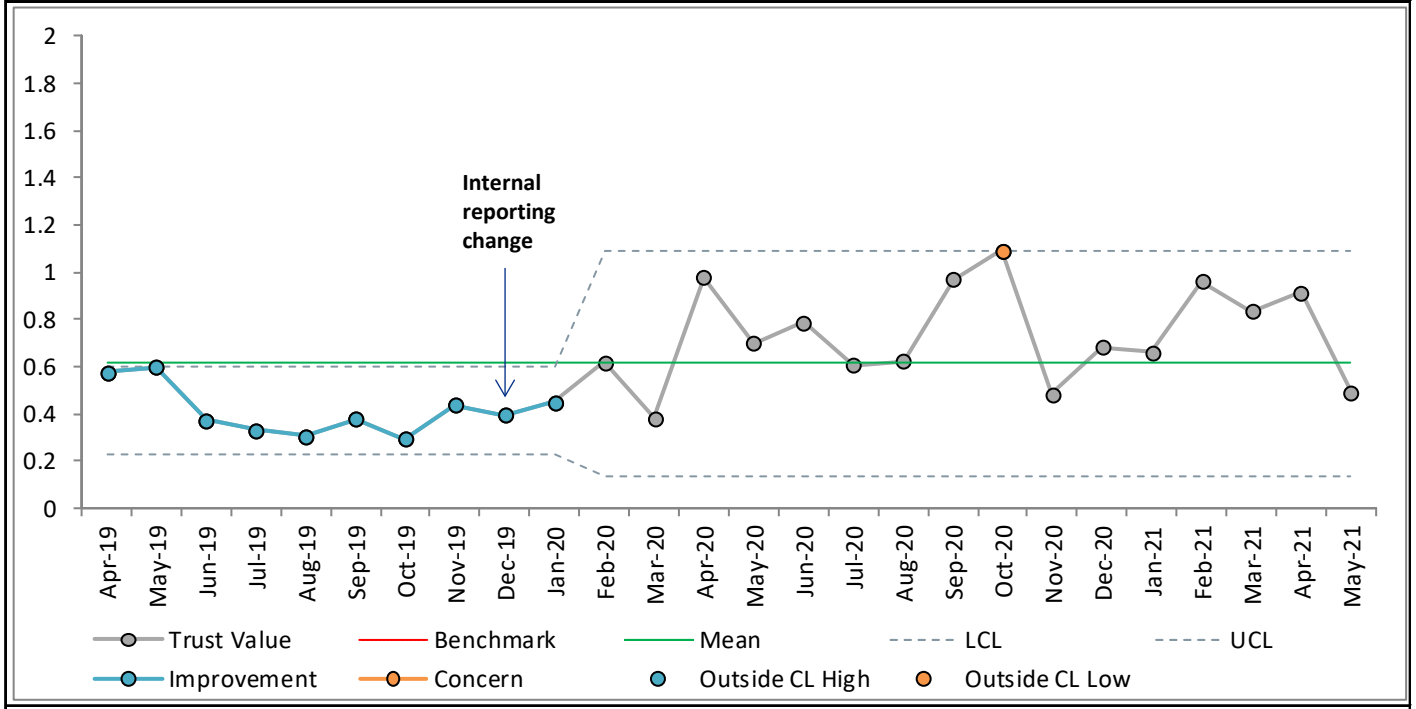
Timescale

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

Safe

South Tees Hospitals NHS Foundation Trust

Category 3 & 4 Pressure Ulcers



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

Benchmark	TBD
Mean	0.61
Last Month	0.49

Executive Lead

Hilary Lloyd

Lead

Helen Day

Commentary

In May there were 12 (19 in April) Cat. 3 PUs with 1 meeting SI reporting criteria

- 7/12 were observed in the Community setting with no SIs
- 5/12 were observed in the acute setting with 1 x SI on Ward 6

Cause of Variation

- The rate is within normal variation from February 2020, with the exception of October 2020.

Planned Actions

- Update and launch the Tissue Viability action plan 2021/22.
- Report to Quality Assurance Committee.
- Commenced 'structured review' learning conversation replacing RCA and panel process.

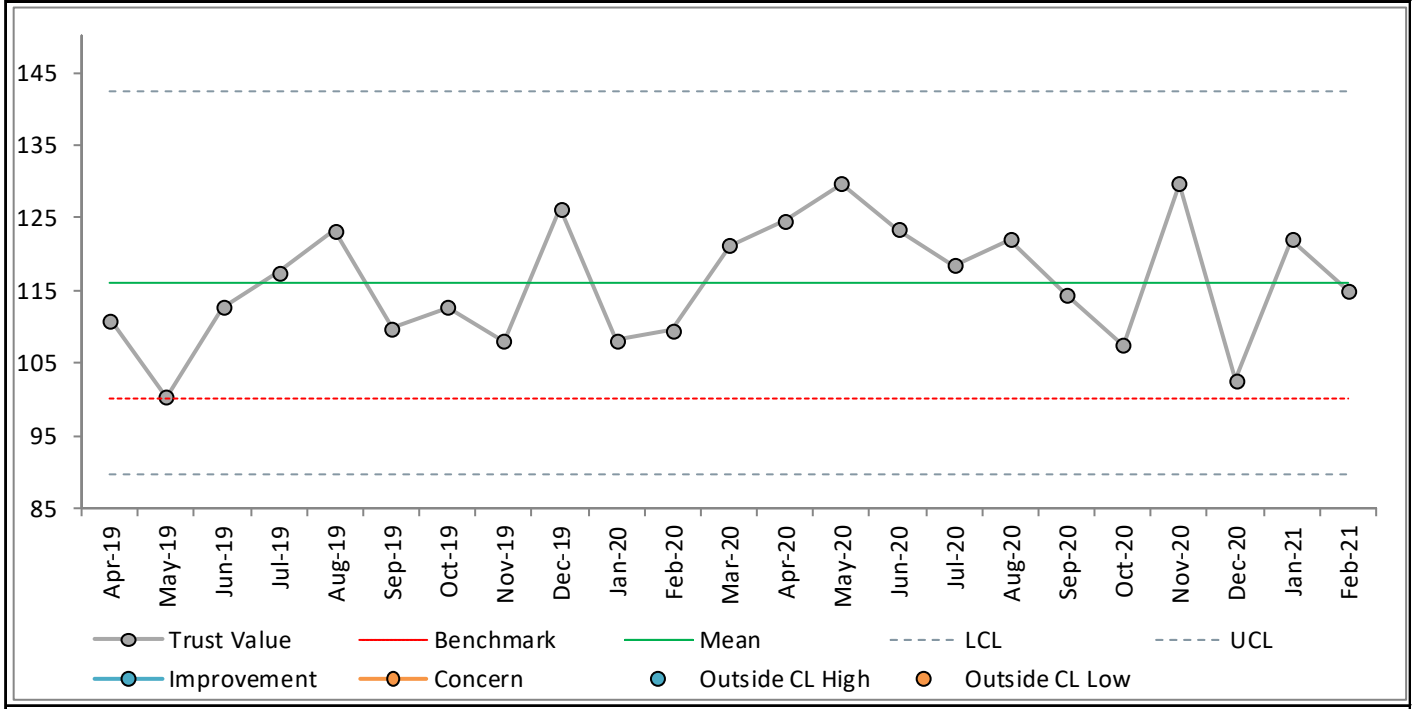
Timescale

- All actions are ongoing and linked to the pressure ulcer reduction action plan & improvement timescales are being built into this.

Safe

South Tees Hospitals NHS Foundation Trust

SHMI



Summary Hospital-Level Mortality Indicator

Benchmark	100
Mean	116.06
Last Month	114.96

Executive Lead

Mike Stewart

Lead

Tony Roberts

Commentary

SHMI is the official NHS hospital mortality indicator and relies on correct primary diagnosis and comorbidity capture at admission. It does not adjust for specialist palliative care coding.

Cause of Variation

- Mean SHMI is stable with normal variation but high (national average is set to 100). This reflects the relatively low level of comorbidity capture.
- SHMI for Jan 2020 to Dec 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 has fallen behind national average for capture of comorbidities. More analysis commissioned from NEQOS.
- A new Clinical Coding Strategy was launched in April and a number of specialties are piloting a refreshed approach.
- Medical Examiner scrutiny has been sustained at high levels (>95% of deaths are reviewed) and preventable deaths have not been identified, although there is a backlog for mortality reviews requested by MEs.

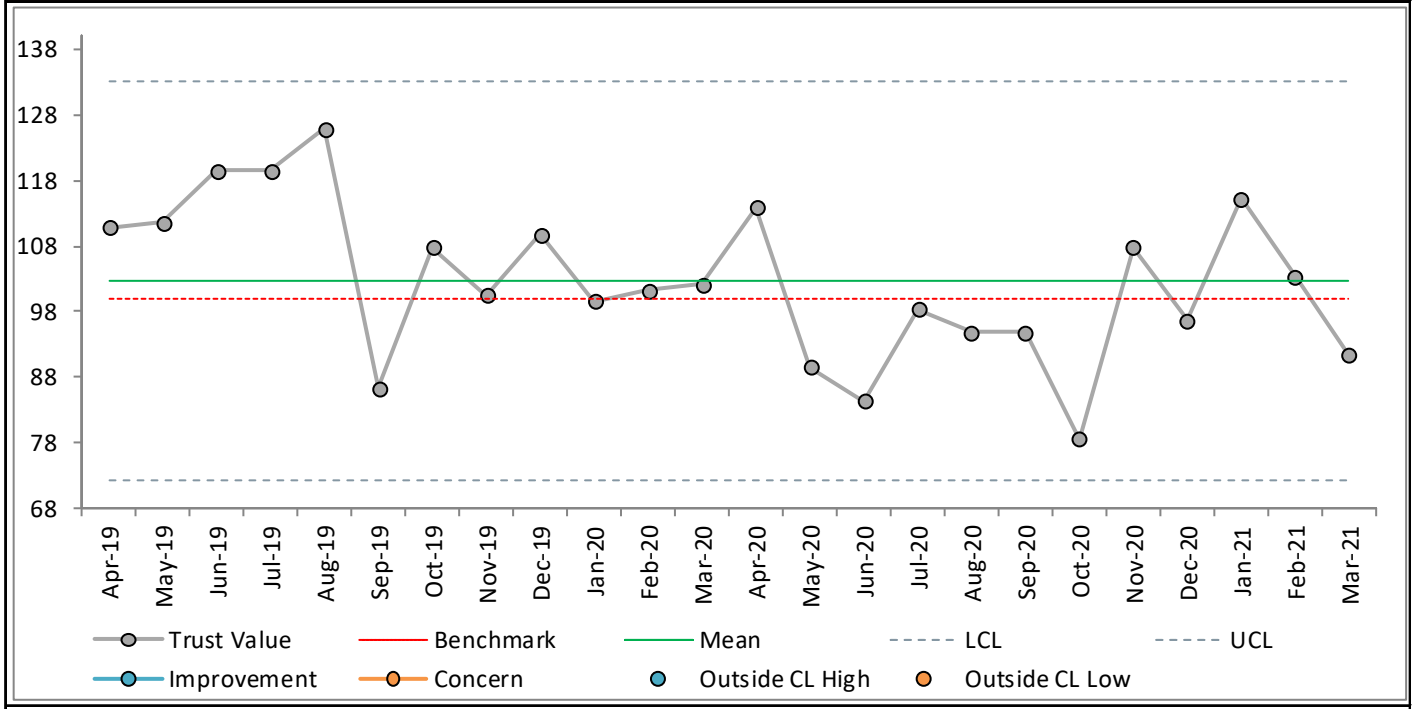
Timescale

- Coding work on-going. Quarterly review of the impact of COVID-19 on SHMI needed throughout 2021/2022.
- NEQOS report due late July 2021.

Safe

South Tees Hospitals NHS Foundation Trust

Hospital Standard Mortality Rate (HSMR)



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

Benchmark	100
Mean	102.64
Last Month	91.30

Executive Lead

Mike Stewart

Lead

Tony Roberts

Commentary

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

Cause of Variation

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

Planned Actions

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

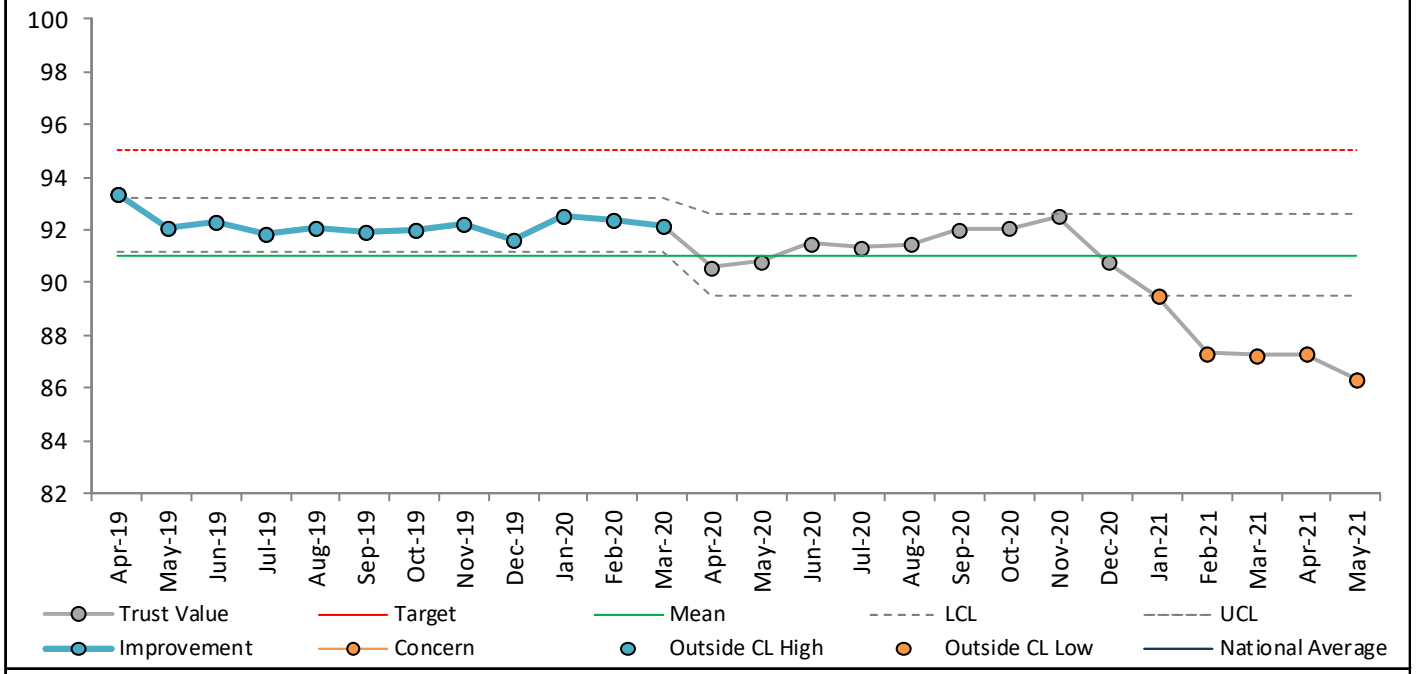
Timescale

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

Safe

South Tees Hospitals NHS Foundation Trust

VTE Assessment



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

Target	95
Mean	91.05
Last Month	86.36

Executive Lead

Mike Stewart

Lead

Jamie Maddox

Commentary

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

Cause of Variation

- The last 5 points (Jan, Feb, Mar, April, May), display the impact of changing the recording method and incomplete data.
- There are delays with recording and completing investigations.

Planned Actions

- Have re-established VTE Working Group - first meeting May 2021
- Revise CAMIS VTE data entry to ensure easier and accurate data recording.
- Addition of visual indicator, to prompt outstanding assessments.
- Anticoagulant specialist nurses to receive monthly ward level data to support wards – this data is still awaited.
- Long term goal would be to have VTE risk assessment as in essential requirement within the electronic medical record.

Timescale

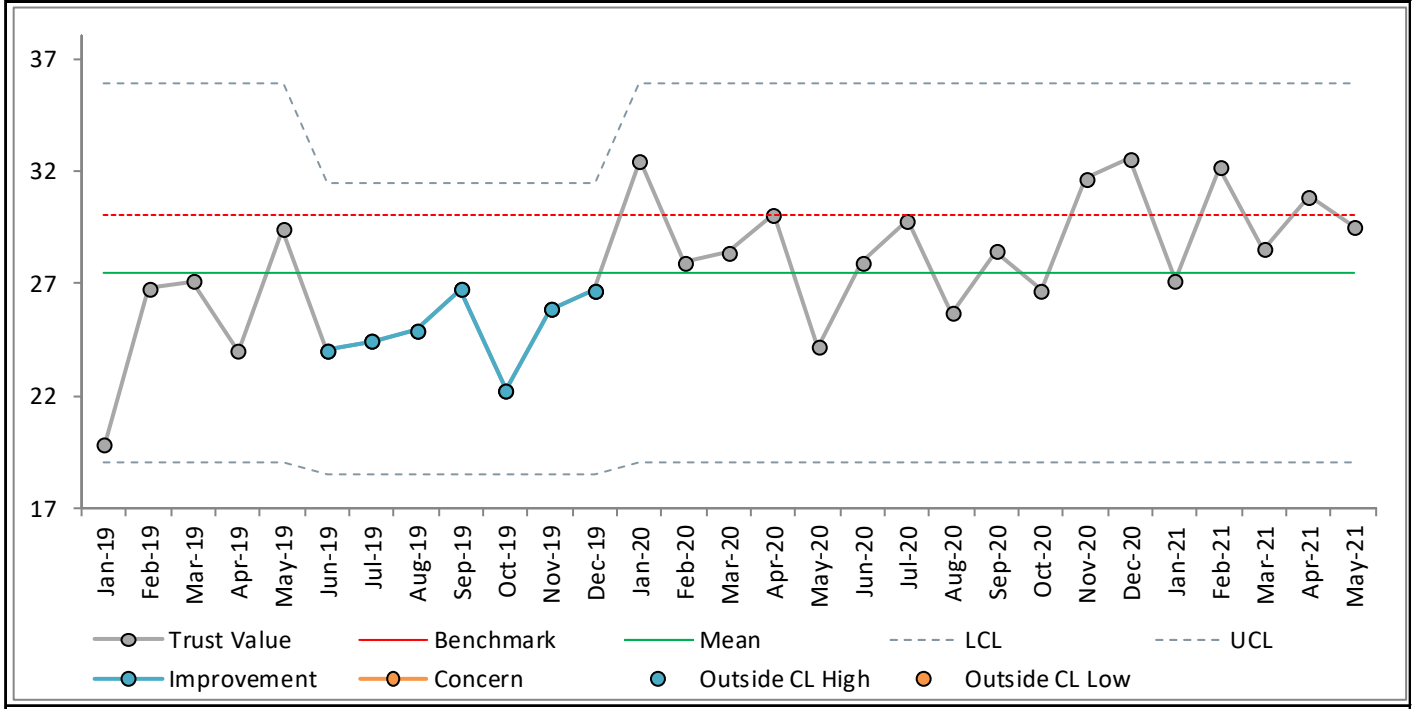
Q1 – VTE Working Group to agree trajectory.
Q3 – Improved compliance

- Meeting took place on the 14th May 2021.

Safe

South Tees Hospitals NHS Foundation Trust

Maternity - Caesarean Section Rate (%)



The % of Patients Delivering via Caesarean Section

Benchmark	30
Mean	27.45
Last Month	29.53

Executive Lead

Hilary Lloyd

Lead

Kay Branch

Commentary

This metric is measured against a national benchmark. The Trust Caesarean Section rate is currently 27.5% and is within the control limits. Lower threshold for LSCS throughout COVID-19

Cause of Variation

- This metric is a stable from January 2020 and within normal variation.

Planned Actions

- An annual labour ward report has been produced since 2004 which tracks changes and identifies areas of practice change.
- Lower Segment Caesarean Section rates are monitored quarterly via patient safety and the Local Maternity System regional board.

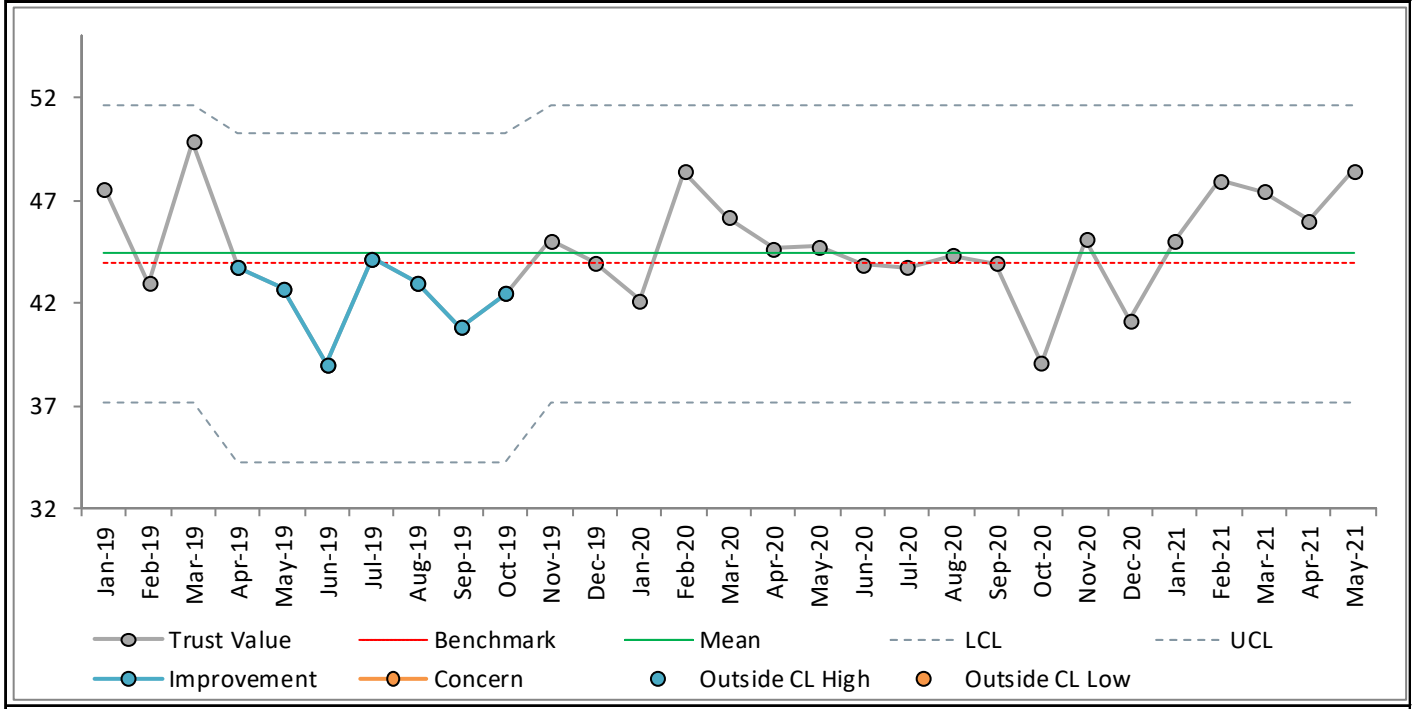
Timescale

- On-going review – no specific time scale.

Safe

South Tees Hospitals NHS Foundation Trust

Maternity - Induction of Labour Rate (%)



The % of Patients Delivering via Caesarean Section

Benchmark	44
Mean	44.40
Last Month	48.45

Executive Lead

Hilary Lloyd

Lead

Kay Branch

Commentary

National benchmark

Cause of Variation

- This metric is a stable process with normal variation since November 2019.

Planned Actions

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

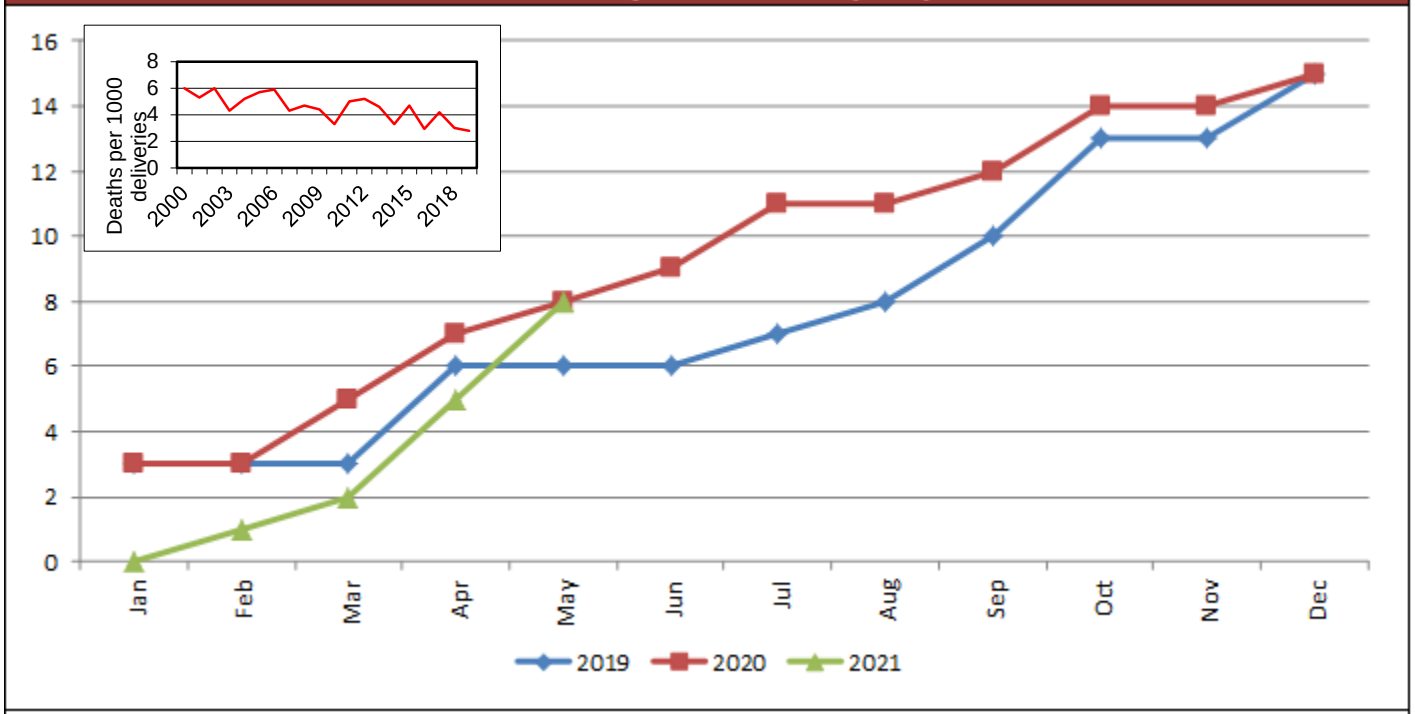
Timescale

- Not applicable

Safe

South Tees Hospitals NHS Foundation Trust

Maternity - Still Births (YTD)



Still births

Outturn	17
Mean	N/A
YTD	8

Executive Lead

Hilary Lloyd

Lead

Kay Branch

Commentary

National target 4 per 1000 births
Target of 50% reduction in stillbirths by 2025

Cause of Variation

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

Planned Actions

- Deliver all aspects of the Saving Babies Lives Care Bundle.
- Implementation of Ockenden report recommendations
- Continued review and analysis through the labour ward reporting and risk management case reviews.
- Monitored quarterly through patient safety and LMS regional board.

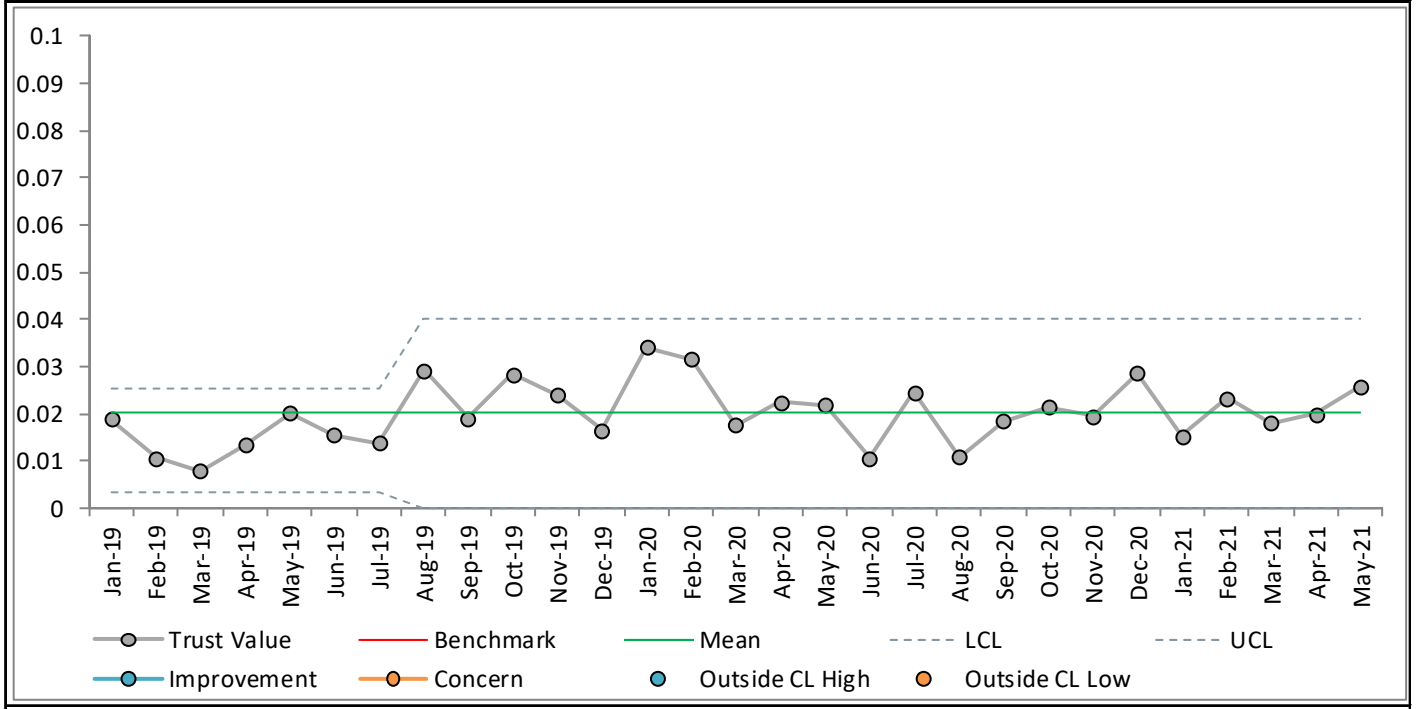
Timescale

- Ongoing

Safe

South Tees Hospitals NHS Foundation Trust

Maternity - PPH 1500ml Rate (%)



Postpartum Haemorrhage Rate over 1500ml

Benchmark	
Mean	0.02
Last Month	0.03

Executive Lead

Hilary Lloyd

Lead

Kay Branch

Commentary

Target based on National Maternity & Perinatal Audit (NMPA) data 2017 (data based on vaginal birth only)

Cause of Variation

- This metric is a stable process with normal variation.

Planned Actions

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

Timescale

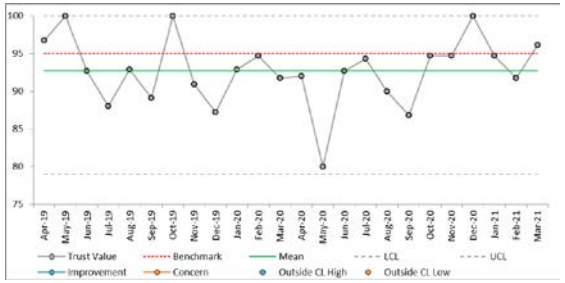
- Timescale to be determined.

Safe

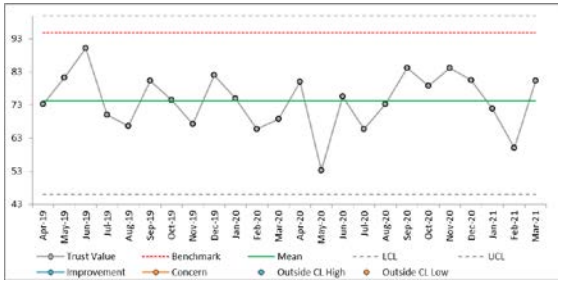
South Tees Hospitals NHS Foundation Trust

Sepsis			
Executive Lead	Mike Stewart	**Lead**	Lindsay Garcia

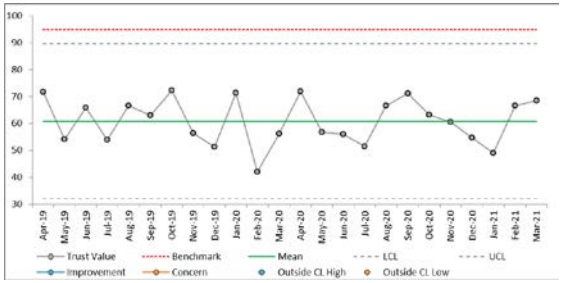
Targeted oxygen delivered within 1 hour



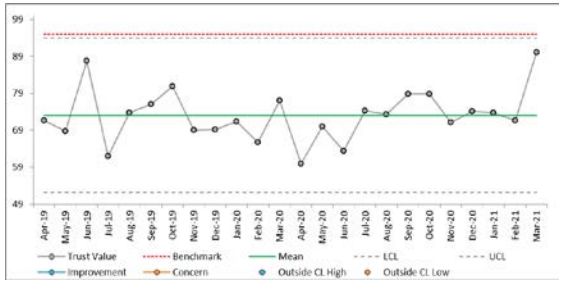
Blood cultures taken within 1 Hour



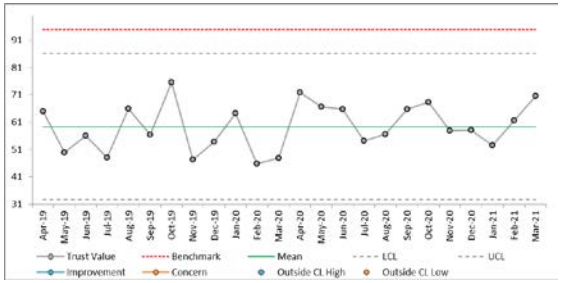
IV antibiotics administered within 1hr



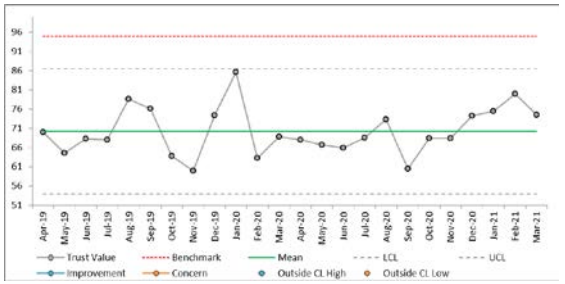
Serum lactate taken within 1 hour



IV fluid resuscitation initiated within 1 hour



Urine output measurement started within 1hr



Cause of Variation

- Normal variation, but the means show improvement from previous month on most elements. Continue to follow improvement plan.

Reasons include:

- Sepsis assessment tool not being utilised.
- Lack of compliance with escalation policies.
- Waiting for AGB sample to obtain lactate.
- Lack of electronic decision support tools

Planned Actions

- To add grey blood bottle used for venous lactate into blood culture pack. Discussions with microbiologist progressing.
- Electronic workflow being implemented across the organisation with 'close the loop' configuration, so uncomplete tasks highlighted.
- Performance data available post implementation – production of performance reports
- Recruited to Clinical Educators post

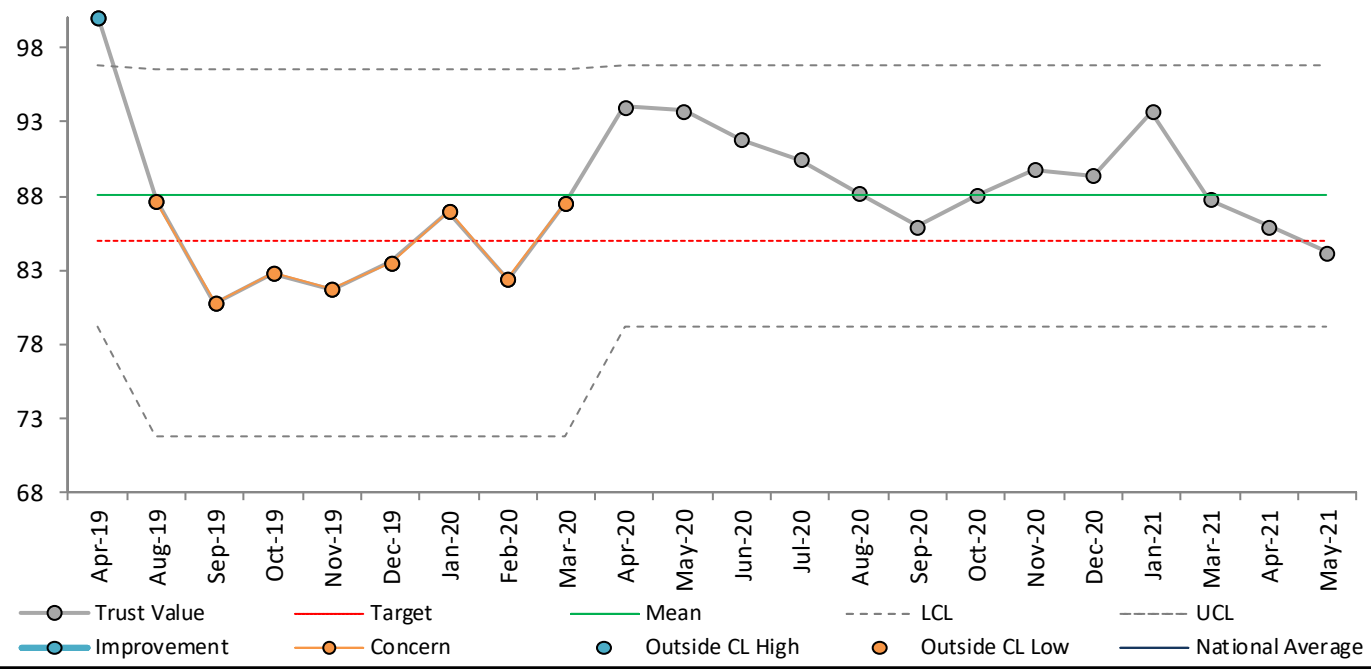
Timescale

- July 2021 for electronic system.
- Informatics being explored at present.
- Clinical Educator Commences July 2021

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	88.02
Last Month	84.22

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

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

Cause of Variation

- This metric has been within normal variation since April 2020.
- The metric has fallen just below the target this month.

Planned Actions

- Continue current processes.

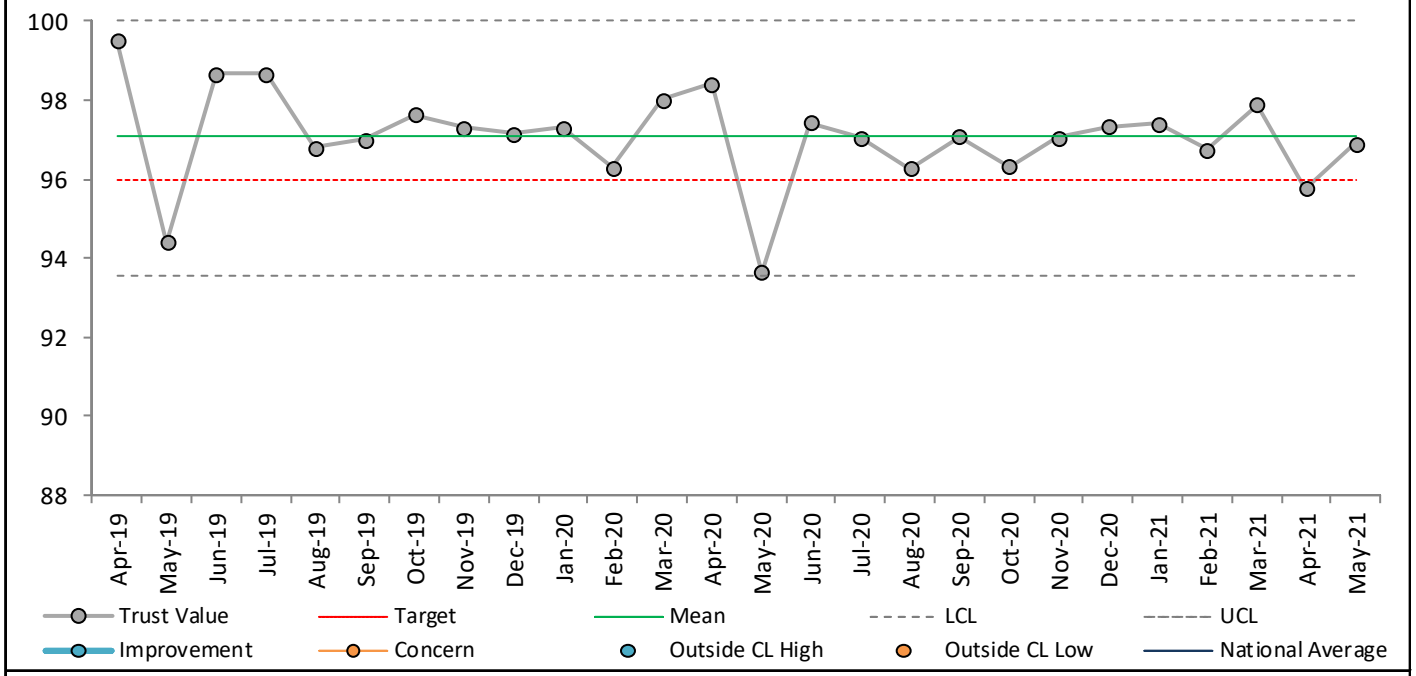
Timescale

- 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	97.08
Last Month	96.90

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

This metric has fallen below the target for the first time since June 2020

Inpatient feedback remains high

Cause of Variation

- This metric is within normal variation and the mean is above the target.
- An increase in completion of the survey.

Planned Actions

- Continue with current process.

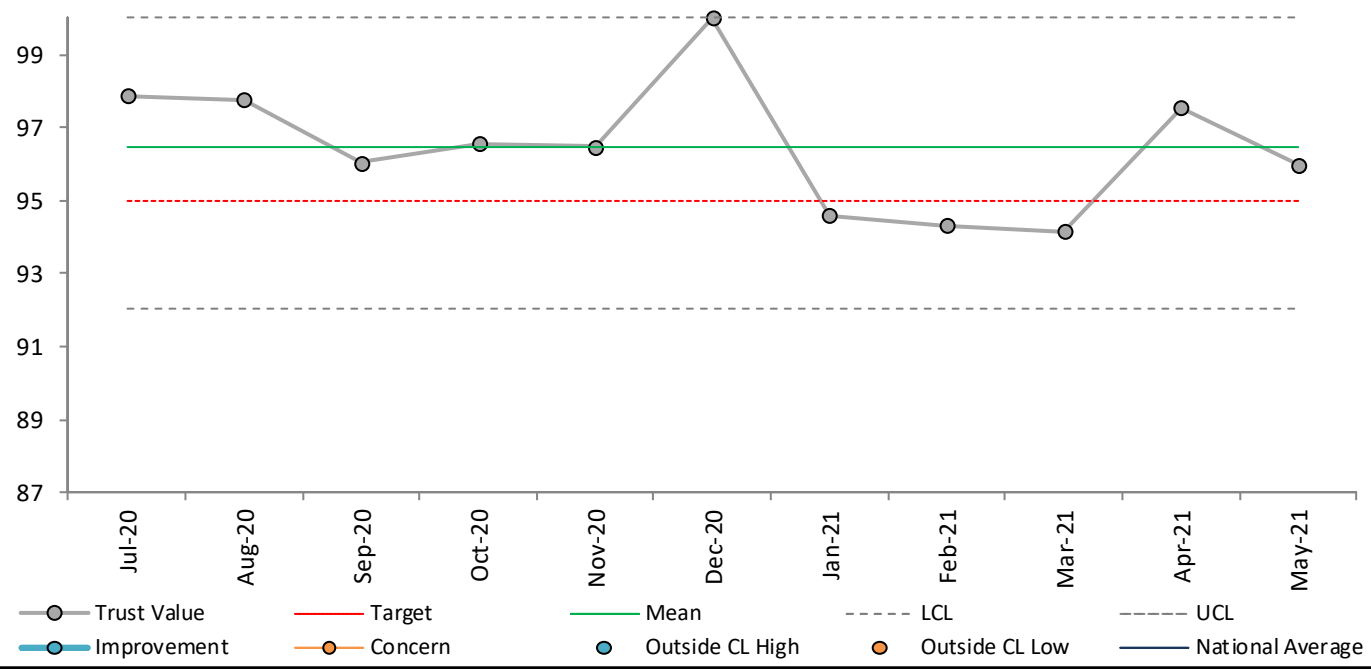
Timescale

- 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	96.49
Last Month	96.00

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

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

Patient experience in outpatients remains high

Cause of Variation

- This metric is within normal variation and the mean is above the benchmark.
- Compliance continues to be achieved.

Planned Actions

- Continue to monitor the overall experience.

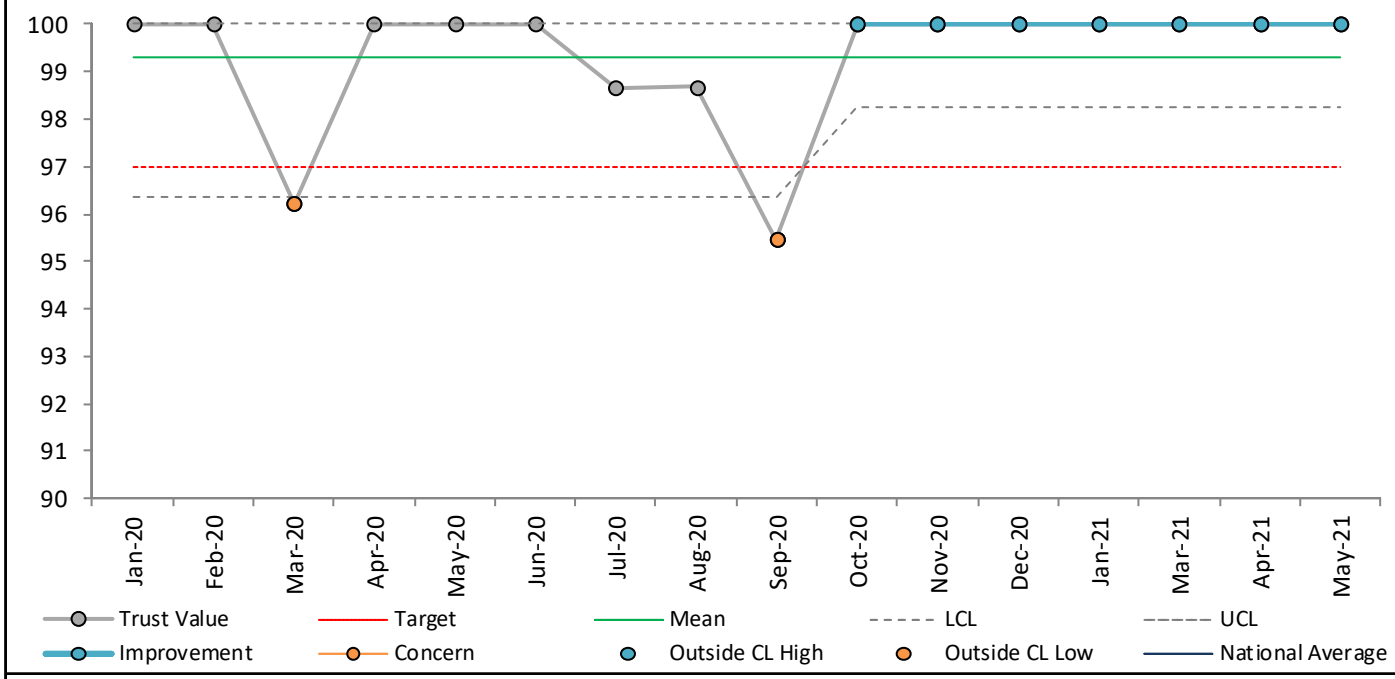
Timescale

- Ongoing

Caring

South Tees Hospitals NHS Foundation Trust

F&F Maternity Overall Experience Rate (%)



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

Target	97
Mean	99.31
Last Month	100.00

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

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

Patient feedback in maternity remains high

Cause of Variation

- This is within normal variations, with the exception of September 2020
- The mean is above the target.
- Excellent progress as 100% compliance has been achieved for six months.

Planned Actions

- Continue with current process.

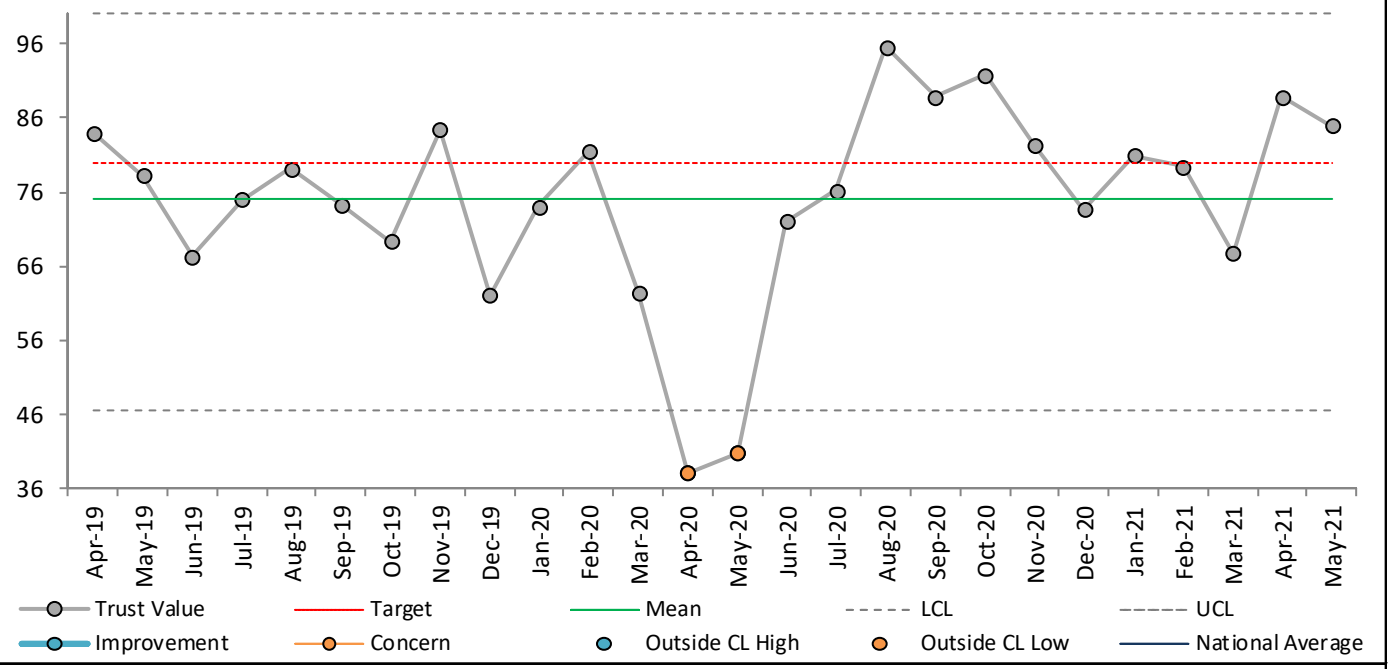
Timescale

- Ongoing

Caring

South Tees Hospitals NHS Foundation Trust

Complaints Closed Within Target (%)



The percentage of complaints closed within the target

Target	80
Mean	75.14
Last Month	85.00

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

There were 22 complaints closed in April.

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

Cause of Variation

- Compliance for this metric remans above the target.

Planned Actions

- Continue with current process

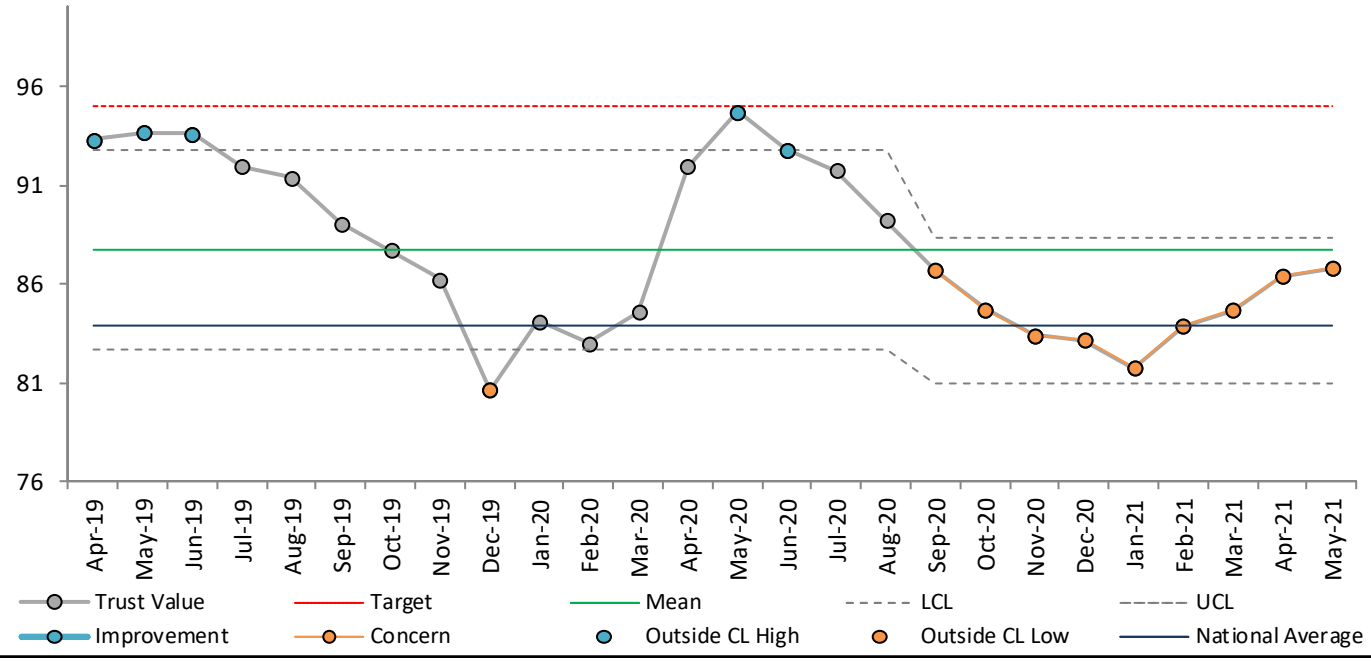
Timescale

- July 2021

Responsive

South Tees Hospitals NHS Foundation Trust

A&E 4 Hour Wait Standard (%)



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

Target	95
Mean	87.73
Last Month	86.81

Executive Lead

Sam Peate

Lead

Cheryl Burton

Commentary

Improving performance but activity still below mean.

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

Cause of Variation

- Increased demand across all emergency and urgent care settings.
- Throughput challenged at times of high numbers.
- Delays in processing of patients.
- Lack of cubicle space.
- Increase requirement for complex imaging.
- Resus activity increased.
- Transfers to both internal and external pathways delayed.
- Lack of F2F GP appointments.

Planned Actions

- Operationalisation of Childrens and Young Persons Emergency Department over Summer.
- Organisational approach to SDEC pathways to remove crowding and delays for non elective patients.
- Review of ED operational model to improve dwell times and processing – meetings scheduled.
- ED recovery plan developed in line with ECIST recommendations.

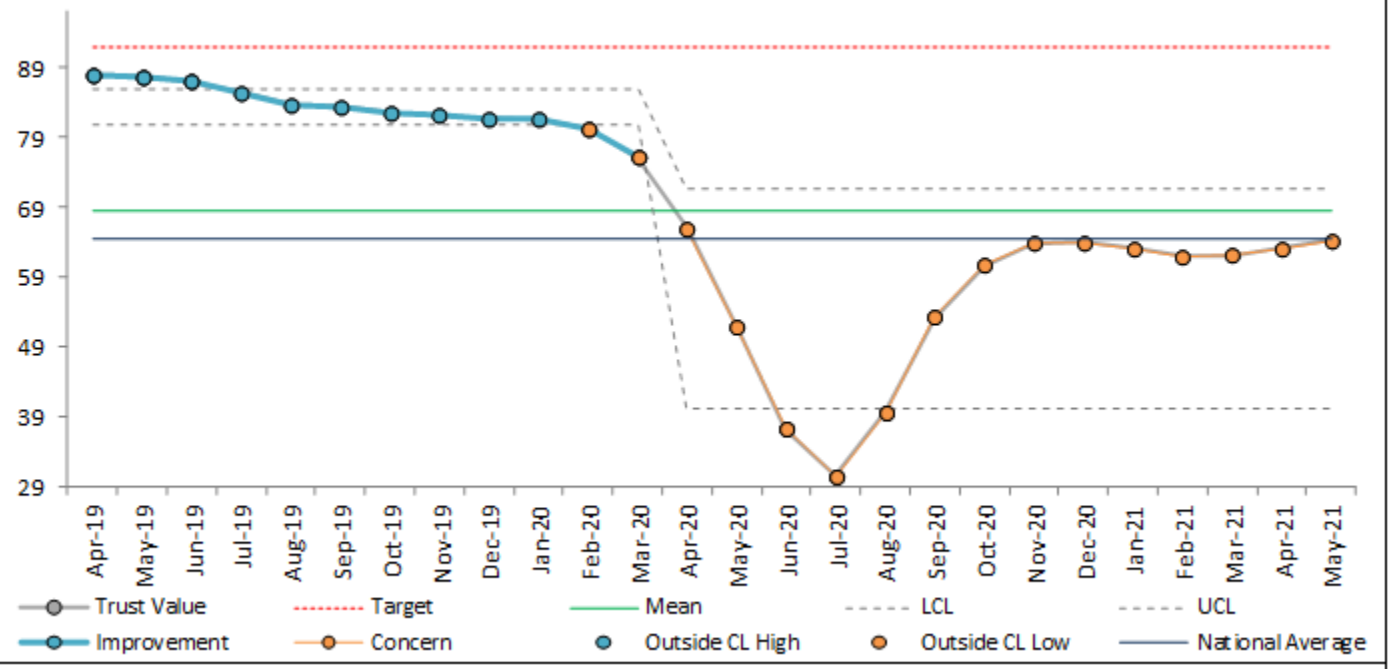
Timescale

- August 2021
- Ongoing – June 2021
- July 2021
- Completed

Responsive

South Tees Hospitals NHS Foundation Trust

RTT Incomplete Pathways (%)



The % of incomplete pathways for patients within 18 weeks

Target	92
Mean	68.55
Last Month	64.27

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

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

Existing RTT improvement Trajectory expecting performance to 68% by July 21 with further improvement to 74% by March 22.

National standard sets out that more than 92% of patients on incomplete pathways should have been waiting no more than 18 weeks from referral.

Cause of Variation

- Special cause variation within the system from July 2020 to December 2020 as a result of COVID. Improvements within the system can be seen, however the target is still not being achieved.
- May position not yet confirmed, Over 52 week waiters for April 21, 3,692 (March 21, 4258).

Planned Actions

- Orthopaedic weekend working commenced.
- Distribution of activity to IS.
- Focus on clinical need first, then longest waiters.
- Further increase in access planned in May ensuring all available theatre estate being utilised.
- Plan being established for opening additional sessional activity in August on completion of lifecycle works to Theatres 5 & 6.

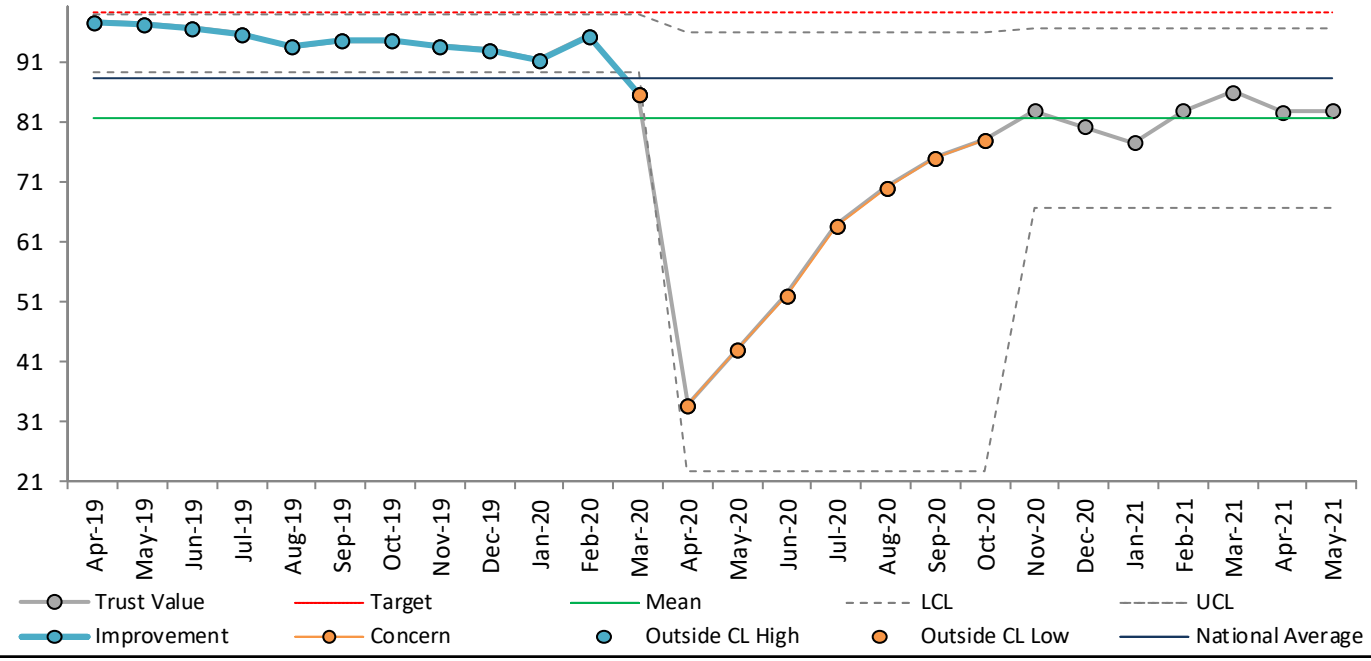
Timescale

- 18 months to deliver standard.
- Individual plans have specific target dates.
- 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	81.47
Last Month	82.84

Executive Lead

Sam Peate

Lead

Ann Wright

Commentary

The monthly diagnostics waiting times collection is the primary source for diagnostics waiting times and activity for 15 key diagnostics tests. It is used to measure performance against the operational standard, that less than 1% of patients should wait 6 weeks or more for a diagnostics test.

Cause of Variation

- The process is showing common cause variation following special cause variation in March 2020 due to Covid 19 pandemic.
- Backlog in routine diagnostic tests for Neurophysiology, Audiology, Dexa Scanning and Urodynamics.

Planned Actions

- Continue to review and maximise utilisation of capacity.
- Replacement Dexa scanner being progressed
- Administrative and clinical prioritisation and validation of waiting lists, including surveillance patients.
- Book according to priority and chronological order.
- Work with ICP and ICS partners on demand and capacity, including business cases for community diagnostic hubs.
- Service review and improvement trajectories.

Timescale

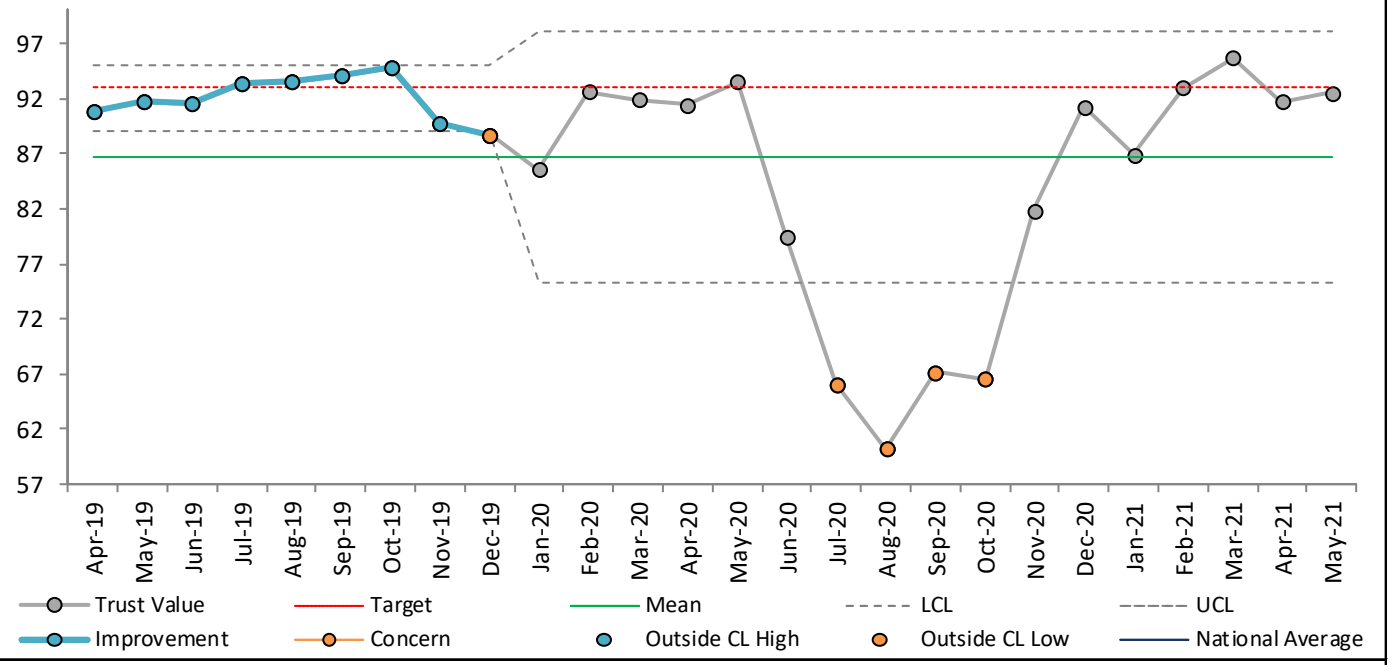
- Weekly
- August 2021
- 31st July 2021

- Weekly
- Q1/Q2
- As required by Strategic Recovery Group.

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 14 Day Standard (%)



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

Target	93
Mean	86.77
Last Month	92.51

Executive Lead

Sam Peate

Lead

Carol Taylor

Commentary

National Standard - 93% This standard covers patients seen by a specialist following an urgent GP referral for suspected cancer.

Target achieved March 2021. May 21 indicative. 28 day faster diagnostic target achieved in March 21 – compliance 77.3% (National Target 75%)

Cause of Variation

- Special cause variation within the system from Jun 2020 to November 2020, as a result of COVID and a marked reduction in referrals across all cancer sites. Improvements within the system can be seen, however the target is still not being achieved consecutively.

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.

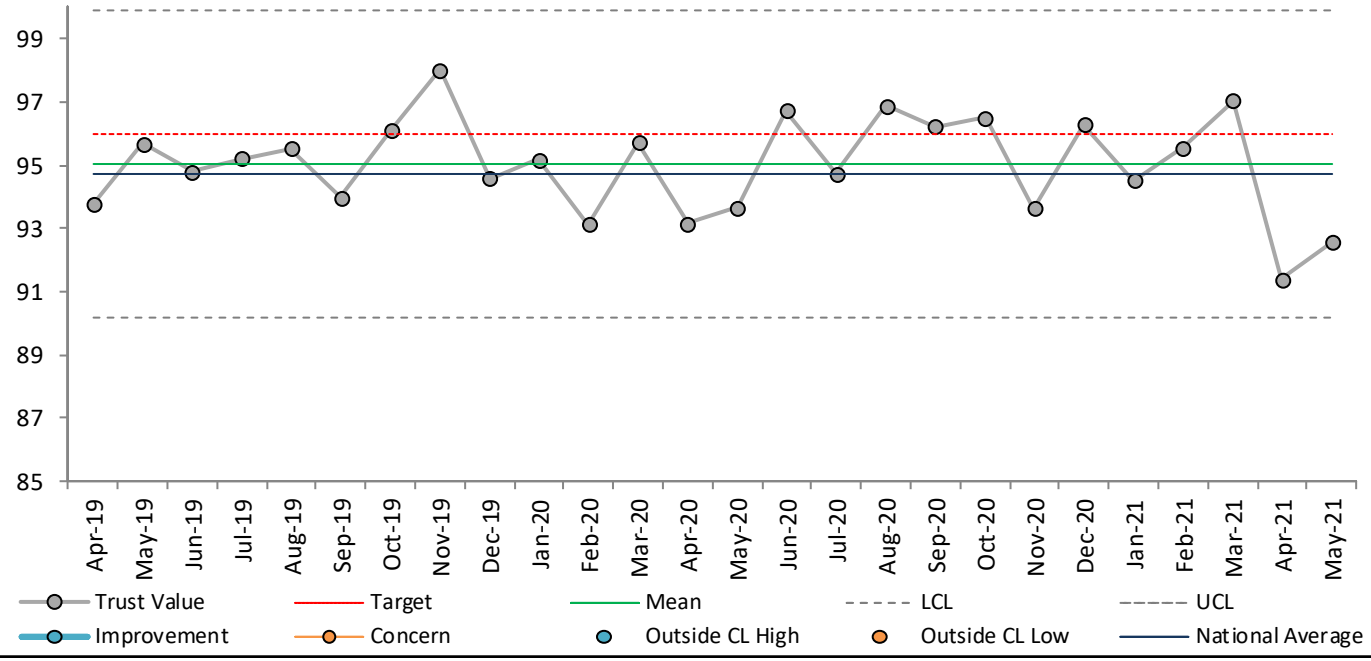
Timescale

- **Ongoing**

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	95.03
Last Month	92.55

Executive Lead

Sam Peate

Lead

Carol Taylor

Commentary

National Target - a maximum one month (31-day) wait from the date a decision to treat (DTT) is made to the first definitive treatment for all cancers.

Target not achieved April 2021. May 21 indicative

Cause of Variation

- Process within normal variation, although within control limits this target is not being met consistently.
- Significant reduction in referrals received in Lung and Urological tumour groups in comparison to Pre COVID.

Planned Actions

- Ensure all patients are tracked and expedited where appropriate.
- Weekly cancer performance wall continues virtually.
- Detailed Cancer improvement trajectories to be established by tumour group in June 21.

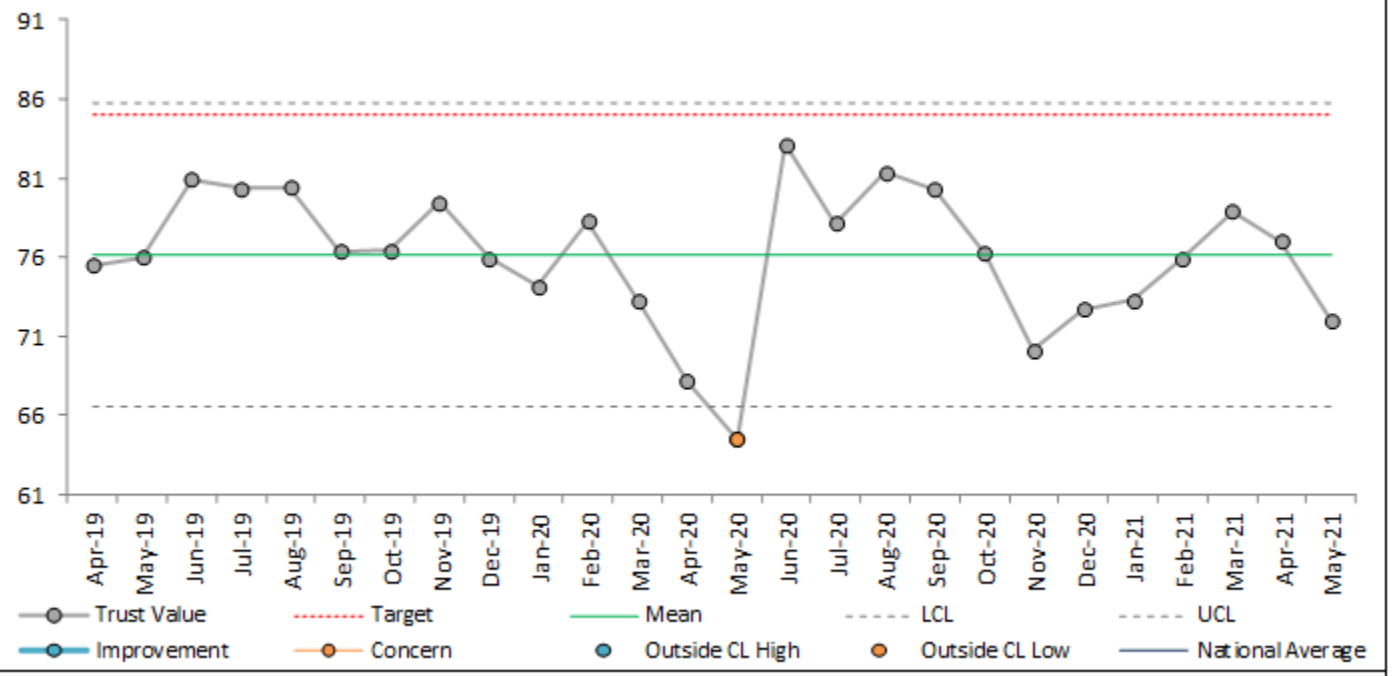
Timescale

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

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 62 Day Standard (%)



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

Target	85
Mean	76.12
Last Month	72.02

Executive Lead

Sam Peate

Lead

Carol Taylor

Commentary

National Target - maximum two month (62-day) wait from urgent referral for suspected cancer to the first definitive treatment for all cancers

Whilst just within the control limit the means is at 76.12 therefore the target is unlikely to be met.

Cause of Variation

- Late transfers from other organisations has impacted on the trust's ability to achieve the 62 days cancer standard. In order to achieve the standard transfers need to take place by day 38 of the patient pathway. Over the last 35% of transfers have taken place after 38 days. In line with the Inter Provider transfer rules those transferred after day 38 50% were treated by the trust within 24 days of receipt.

Planned Actions

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

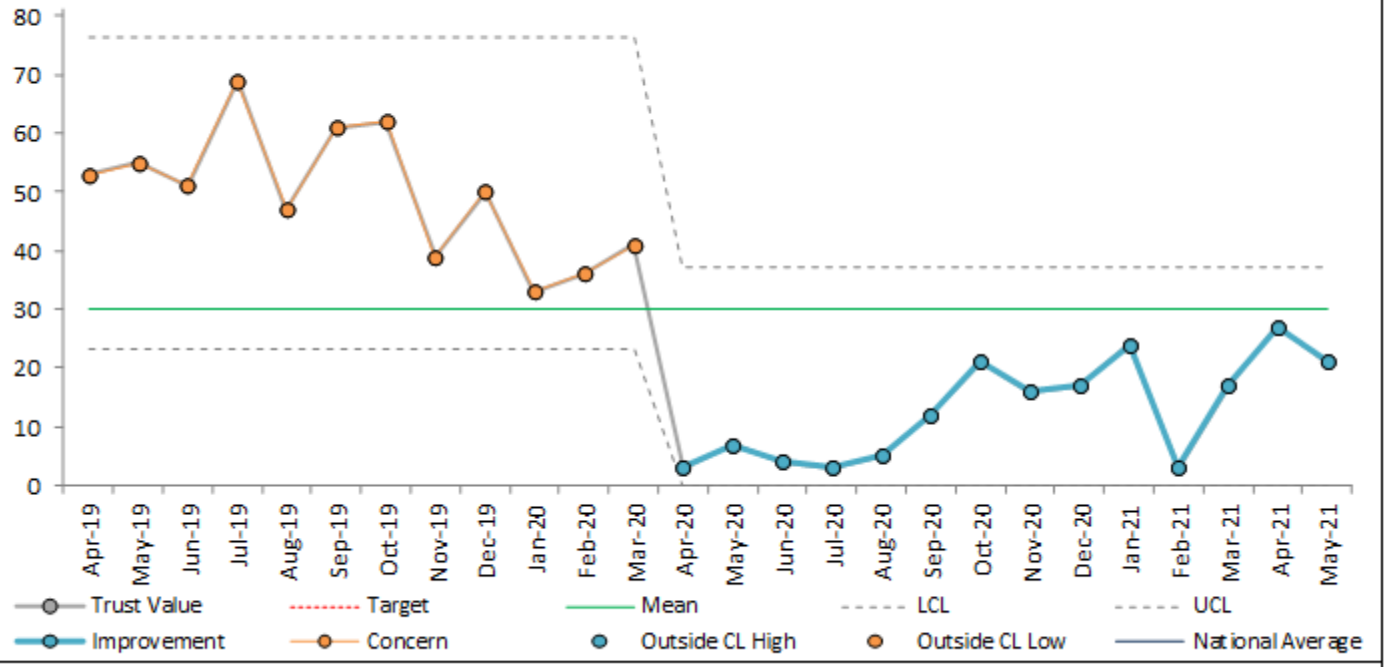
Timescale

- Due to the impact of Covid this metric is unlikely to get back to target for many months.
- Once the effects from the COVID pandemic subside, and the process reviews are all completed. The '62 day' KPI performance would start to improve to an average of circa. 85%, usually varying between 82% and 88% each month.

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	29.88
Last Month	21.00

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

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

Assurance given that theatre capacity will return to 100% by the end of May 2021.

Cause of Variation

- Process within normal variation, not reduced volumes of cancellations between April 2020 and August 2020 due to the reduction in elective activity being undertaken.

Planned Actions

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

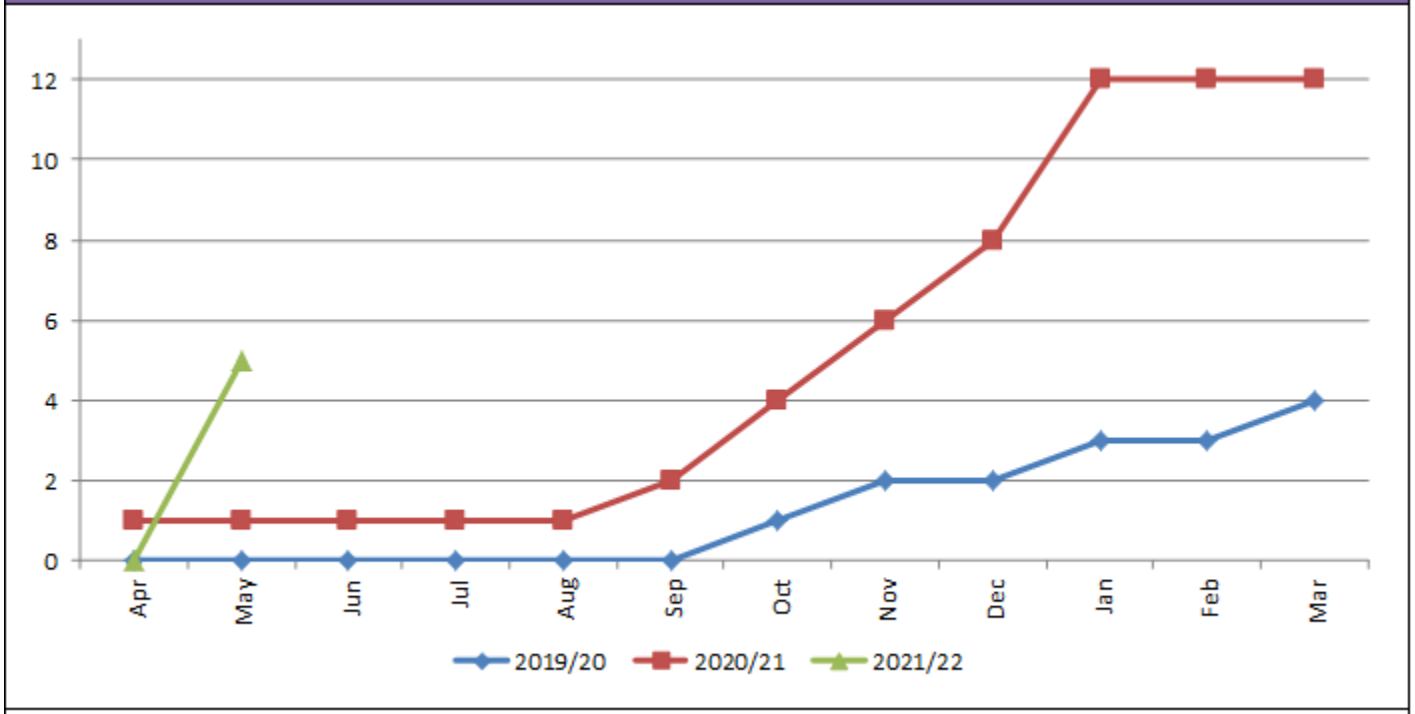
Timescale

- Ongoing.

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Operations Cancelled On Day (YTD)



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

Target	0
Mean	N/A
YTD	5

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

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

There have been 5 cancer operations cancelled this financial year.

Cause of Variation

- There were 5 short notice cancer operations cancelled in May for non clinical reasons.
- Limited access to critical care throughout pandemic.

Planned Actions

- Cancellation reasons to be reviewed in weekly clinical recovery meeting.

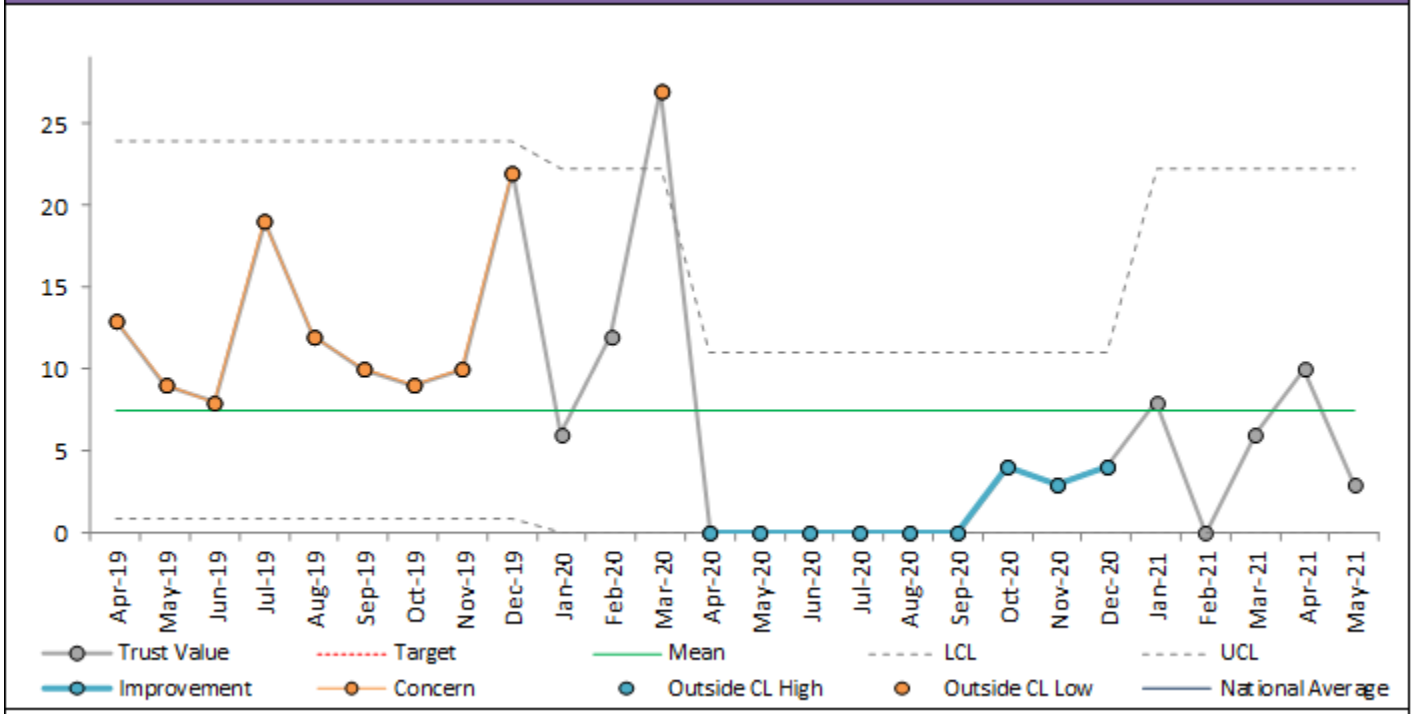
Timescale

- Ongoing monitoring.

Responsive

South Tees Hospitals NHS Foundation Trust

Cancelled Ops Not Rebooked Within 28 days



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

Target	0
Mean	7.50
Last Month	3.00

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

National standard - When a patient's operation is cancelled by the hospital at the last minute for non clinical reasons, the hospital will have to offer another binding date within a maximum of the next 28 days

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

Cause of Variation

- Process within normal variation.

Planned Actions

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

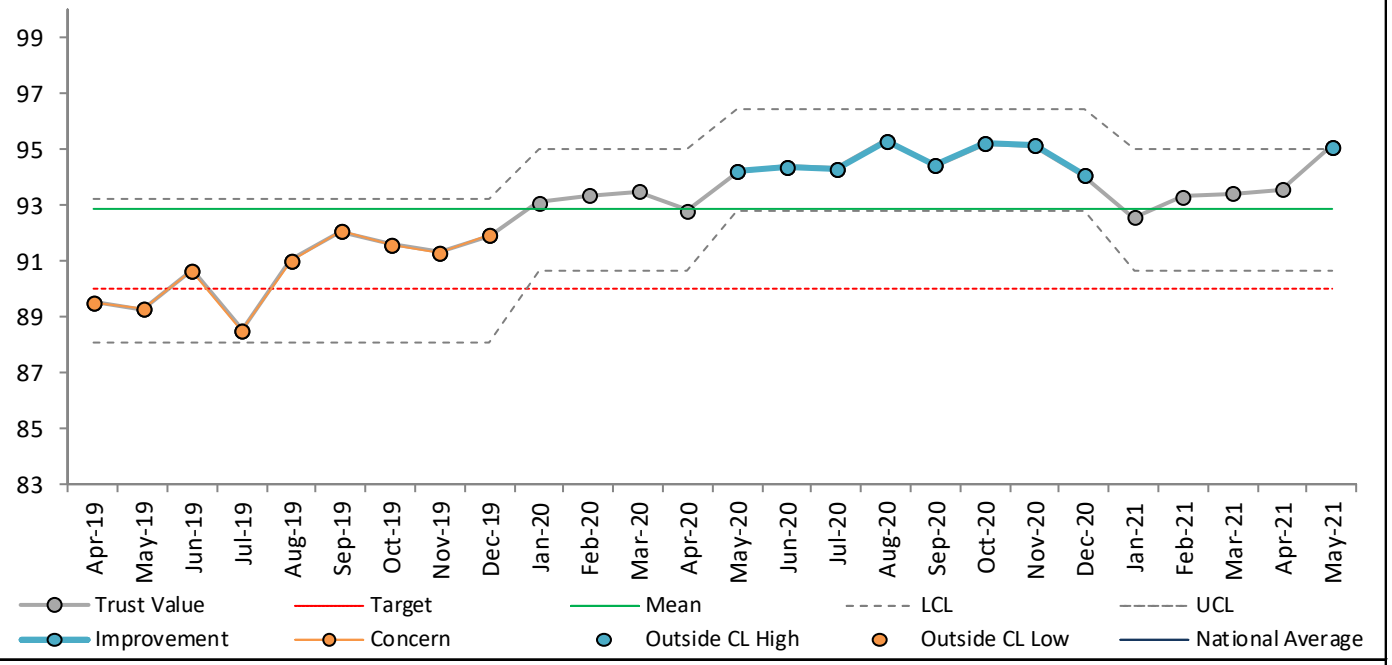
Timescale

- Ongoing

Responsive

South Tees Hospitals NHS Foundation Trust

E-Discharge (%)



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

Target	90
Mean	92.85
Last Month	95.10

Executive Lead

Sam Peate

Lead

Moira Angel

Commentary

This target has been met consistently since August 2019.

Cause of Variation

- No significant variation.

Planned Actions

- There are some data quality issues that are being explored to check for accuracy. The definition for the metric is being checked to make sure that the denominator only includes the areas of the organisation that should be completing e-discharges within 24 hours.

Timescale

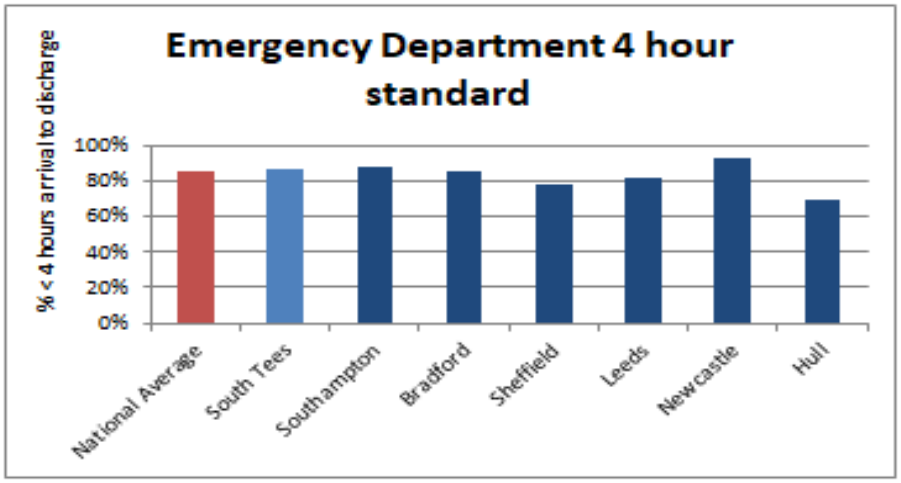
- June 2021

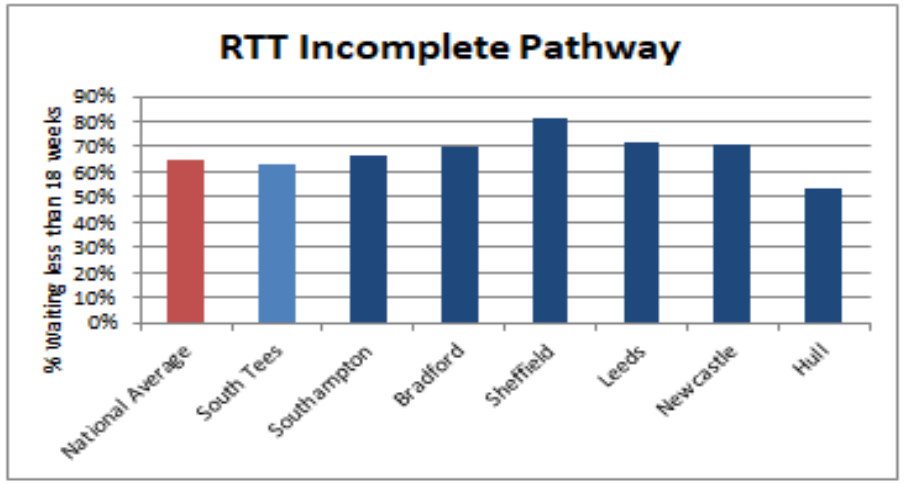
Responsive

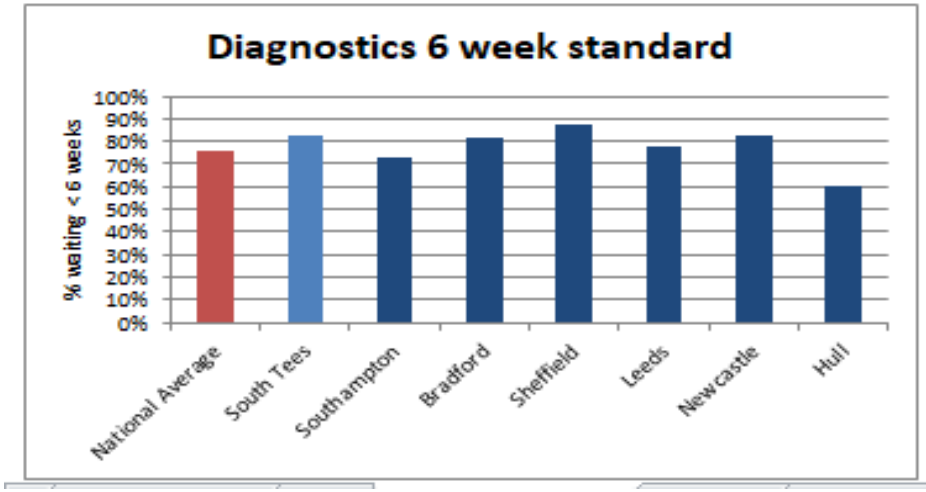
South Tees Hospitals NHS Foundation Trust

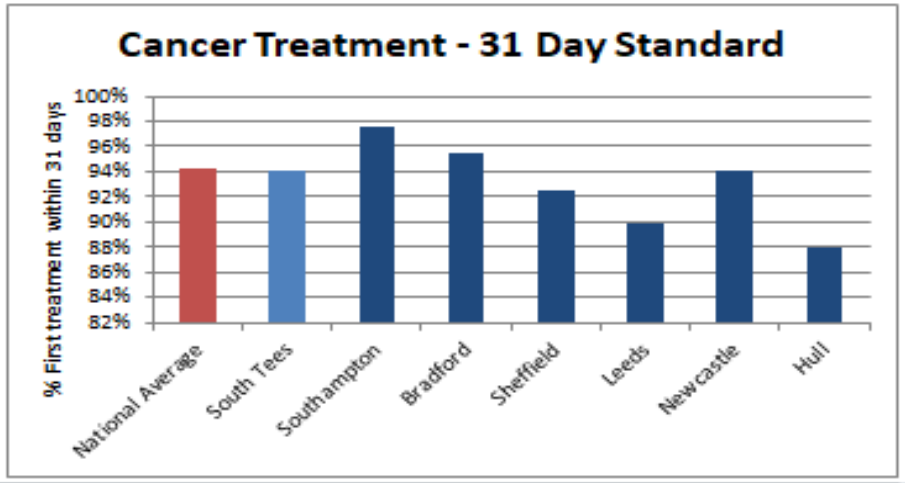
Benchmarking against National Average and Other Providers

April



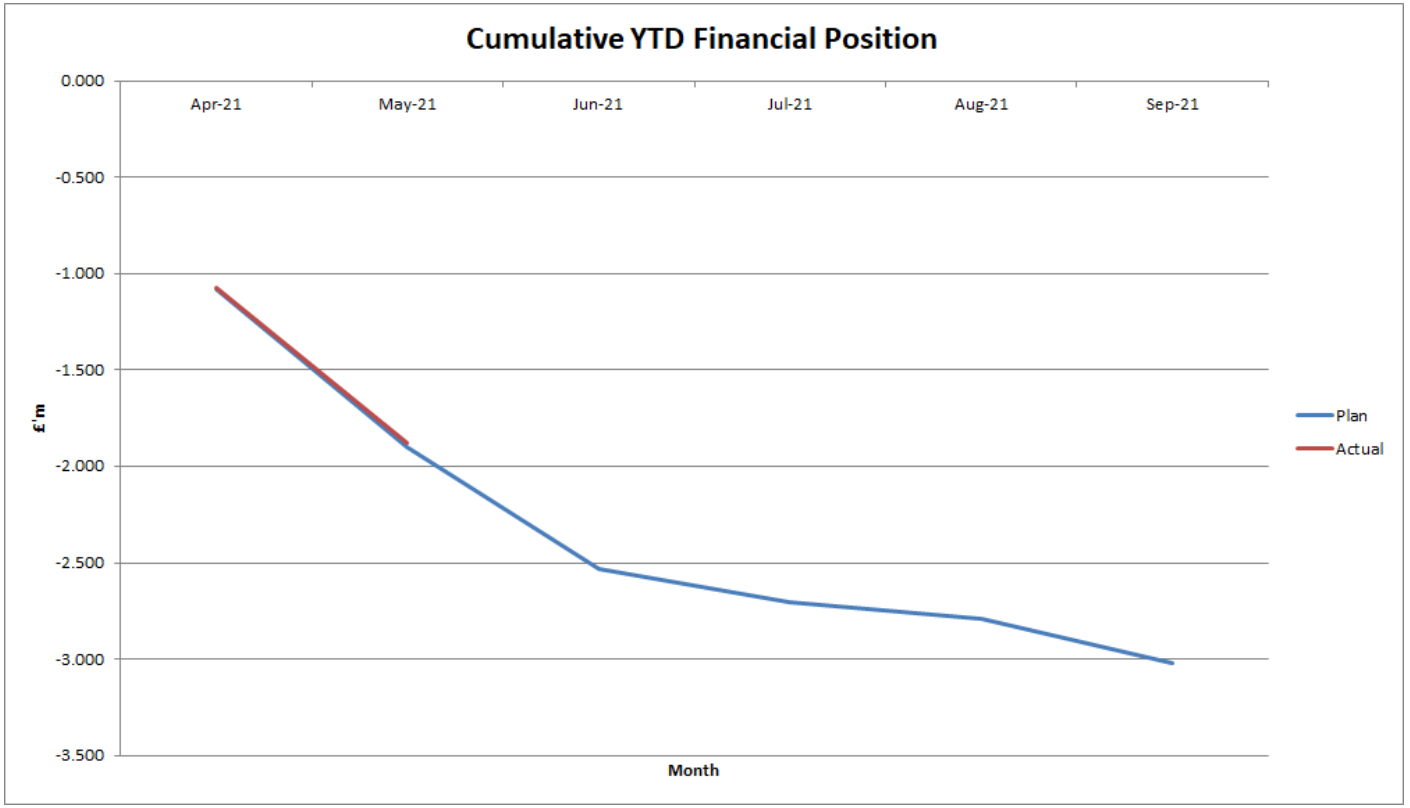






Well Led

South Tees Hospitals NHS Foundation Trust



Target	-1.9m
Mean	N/A
Last Month	-1.1m

Executive Lead

Chris Hand

Lead

Luke Armstrong

Commentary

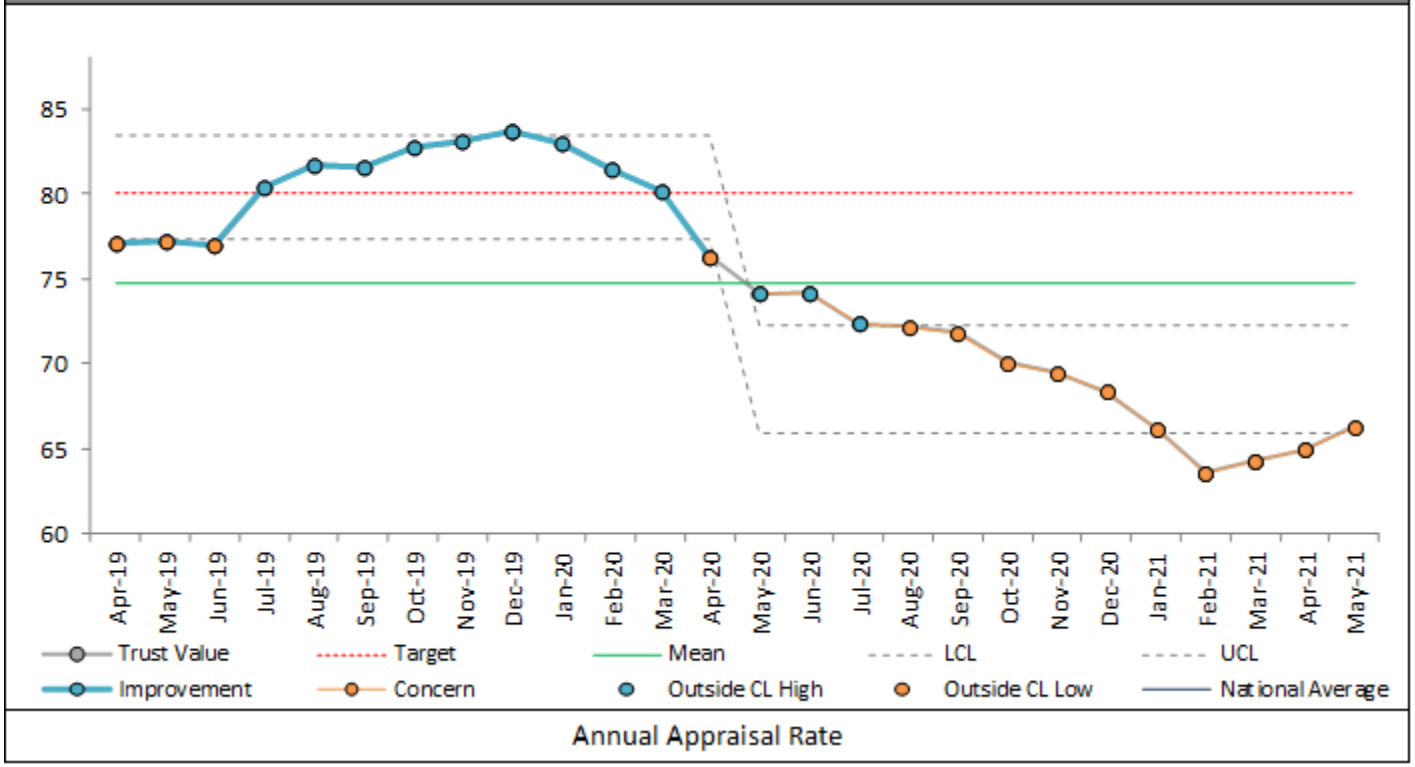
The Trust's financial performance is a deficit of £1.9m at month 2, in line with the submitted H1 plan.

Cause of Variation	Planned Actions	Timescale
• No cause of variation.	• Rebase of high cost drugs and devices baseline budget, including HCTED items.	• 30 June 2021
	• Review of ongoing Covid-19 costs for H1.	• 30 June 2021

Well Led

South Tees Hospitals NHS Foundation Trust

Annual Appraisal (%)



Annual Appraisal Rate

Target	80
Mean	74.74
Last Month	66.30

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

This metric is starting to improve and trajectories are in place to ensure we continue to improve month on month.
Launch of new appraisal process and formation of collaboratives should enable a swift increase. Focus on reaching 80% compliance by September 2021

Cause of Variation

- Increased volume of staff absence due to COVID over last 12 months, including absence and isolation.
- Additional pressures on managers requiring them to focus on operational requirements.

Planned Actions

- All collaborative's are now using the new appraisal form and communications plan is underway to facilitate use of new process
- Review of Corporate Services pilot of new appraisal process will take place in July.
- Working party set up to develop a Retention Strategy which commences with recruitment and incorporates the importance of the appraisal process.
- 80% appraisals completed by end of Quarter 2.

Timescale

- July 2021
- July 2021
- September 2021
- September 2021

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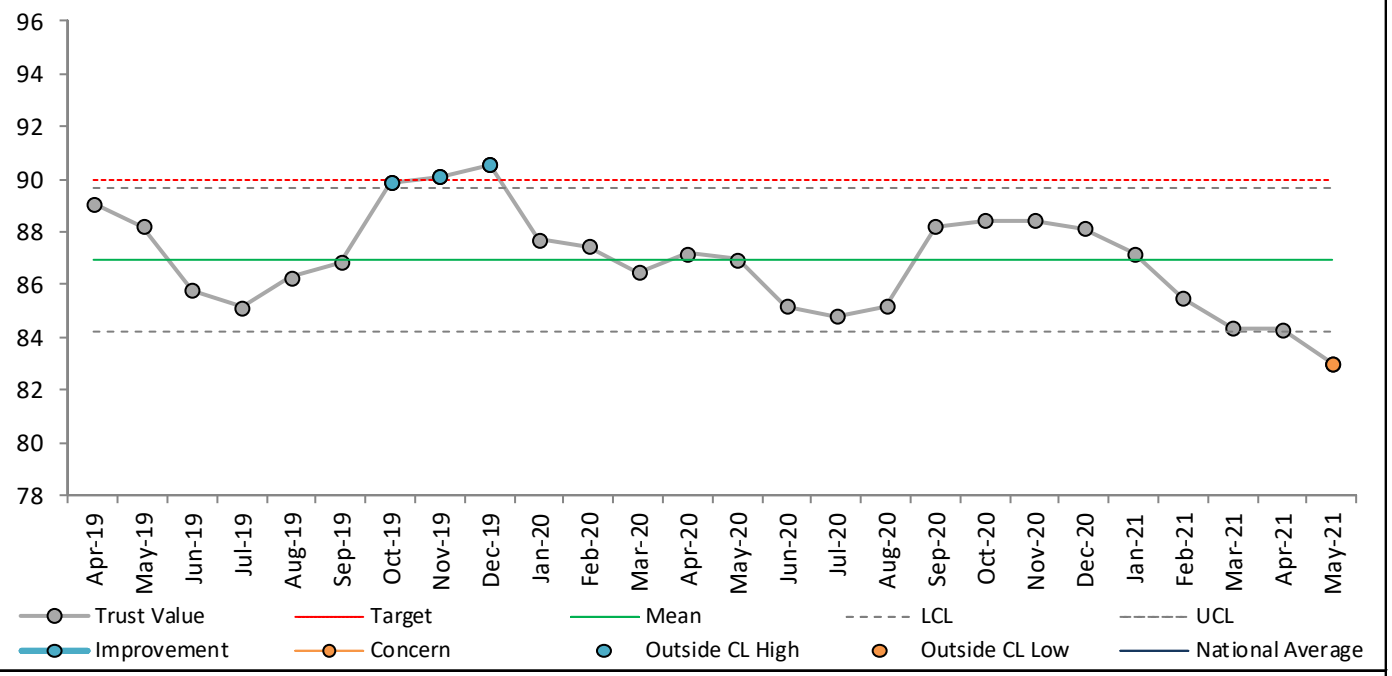
South Tees Hospitals NHS Foundation Trust

Mandatory Training (%)



The % of Mandatory Training Compliance

Target	90
Mean	86.94
Last Month	83.04

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

The transfer of mandatory training onto ESR has taken place and briefing sessions for staff are in place to support colleagues to familiarise themselves with a new system and more robust training packages.

Cause of Variation

- Mandatory Training date has been transferred onto ESR to enable real time reporting.
- Training packages within ESR are more challenging that our previous packages and the system will require staff to develop familiarisation with the platform.

Planned Actions

- HR Workforce Team continue to provide training for managers and staff on the new ESR platform.
- Continued focus on non-compliant areas and elements of mandatory training via HRBPs and Centre/Department managers. All centres to develop trajectories to improve position by July.

Timescale

- May-July 2021
- July 2021

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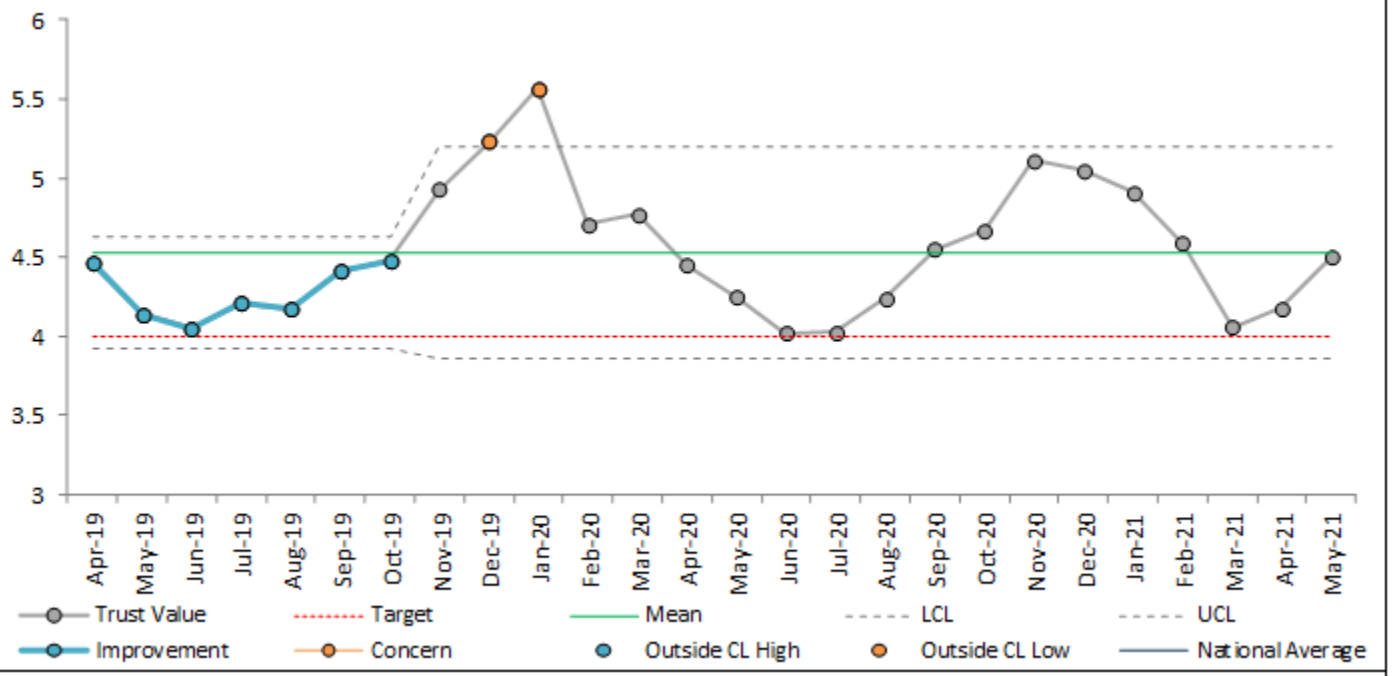
South Tees Hospitals NHS Foundation Trust

Sickness Absence (%)



The % of monthly sickness absence

Target	4
Mean	4.53
Last Month	4.50

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

General sickness has increased to our annual mean position.

Cause of Variation

- Staff absence figures have increased slightly from 4.18% in April to 4.50% in May.

Planned Actions

- 'How am I?' Videos and health check barometer to be launched to support colleagues
- Occupational Health Consultant appointed for 6PAs
- Case Conferences with Oc Health Consultant, HR and Collaborative Managers to be re-introduced.
- Discussions underway regarding the procurement of health and wellbeing hubs to be placed at JCUH, FHN and within the wider community hospitals.

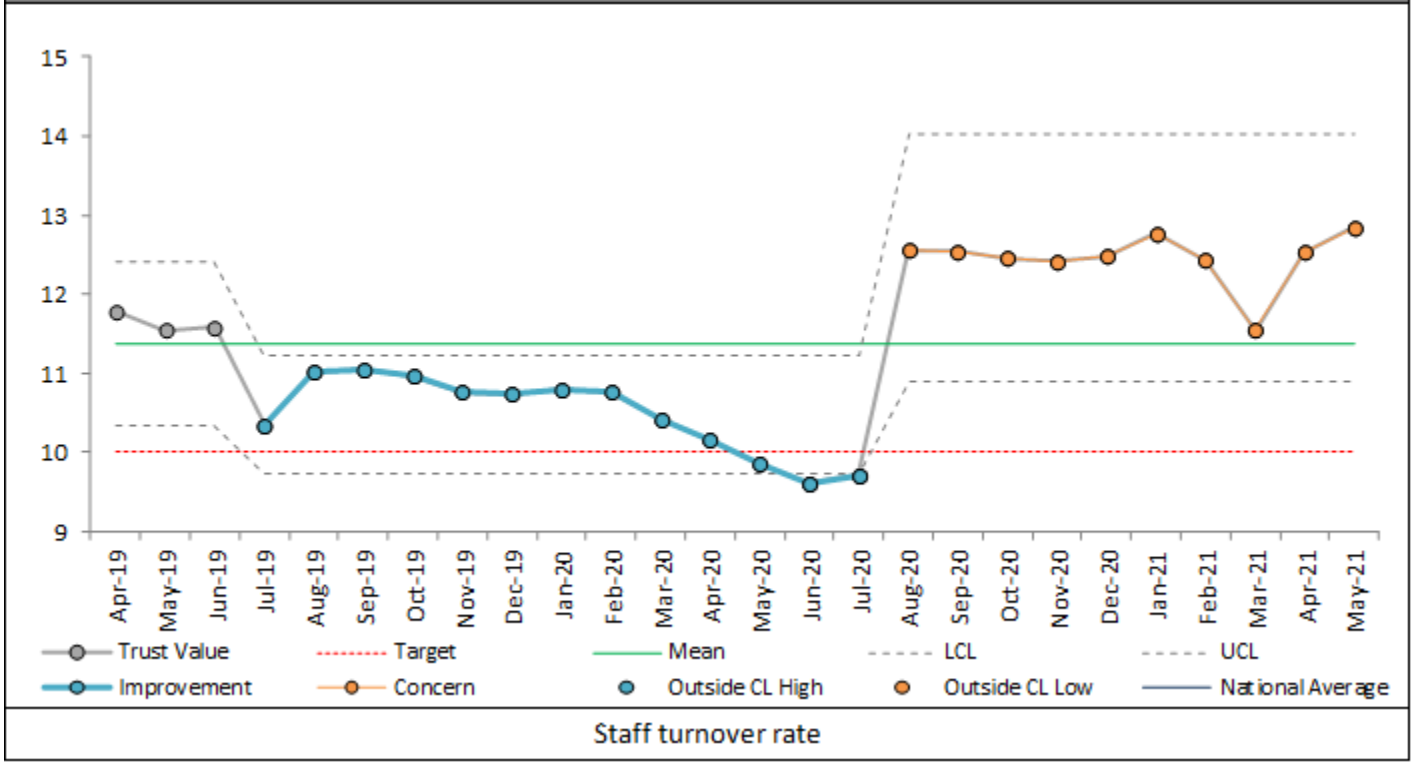
Timescale

- July 2021
- August 2021
- September 2021
- August 2021

Well Led

South Tees Hospitals NHS Foundation Trust

Staff Turnover (%)



Staff turnover rate

Target	10
Mean	11.38
Last Month	12.85

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Staff turnover has increased in the last 2 months due to temporary contract expiring.

Cause of Variation

- Turnover has increased over the last 2 months as short and fixed term contracts expire which were supporting our covid recovery.

Planned Actions

- Draft Retention Strategy presented at the People Committee in May. With plan to operationalise the 4 stages (appraisal, stay conversations, itchy feet and exit interviews) by September 2021
- People Plan has a focused emphasis on making South Tees the best place to work with a strategic aim to create a sense of belonging for our colleagues.
- Associate Medical Director – People, to undertake exit interviews for all consultant colleague

Timescale

- September 2021
- July 2021
- June 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

- **Continue review of IPR, including relevant targets, trajectories for improvement and page layout.**

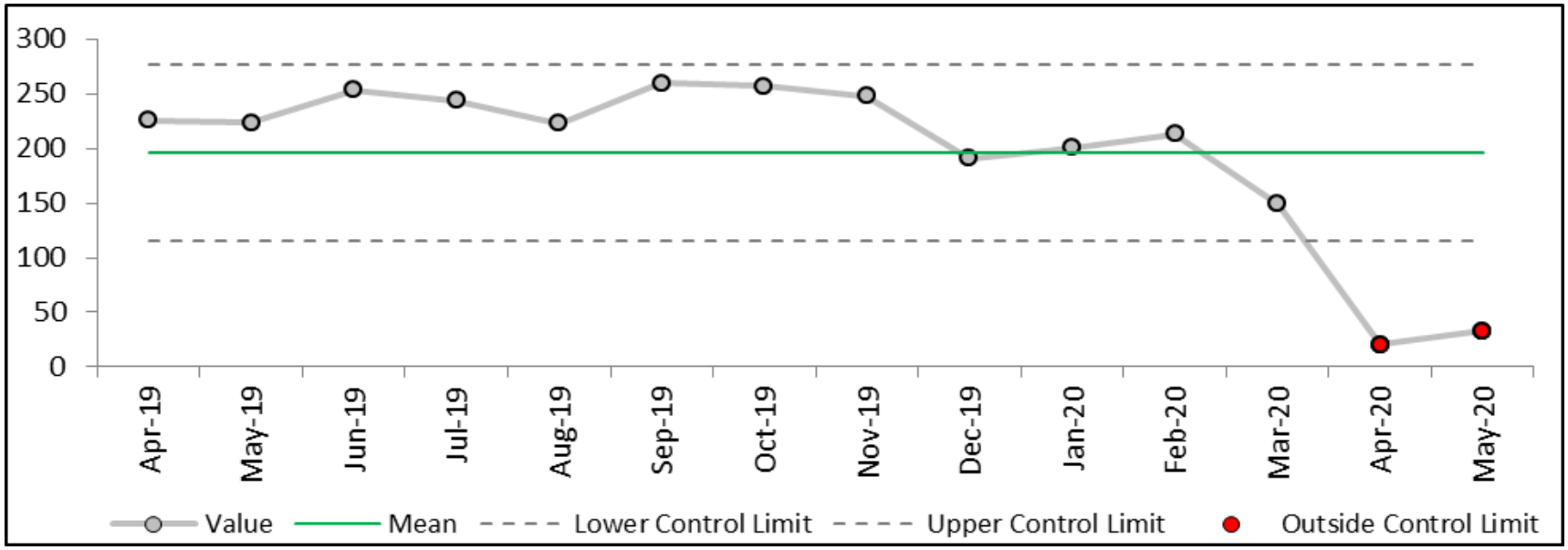
Introduction to Statistical Process Control

South Tees Hospitals
NHS Foundation Trust

Statistical process control (SPC) charts can help to understand the scale of a problem, gather information and identify possible causes.

An SPC chart has an average line (mean) and two control lines above and below the average line.
The control lines are a function of the data, and provide an indication as to whether the process exhibits common cause (predictable) variation or whether there are special causes.

In the example below, activity falls outside of the control limits in April, indicating a potential issue that requires further analysis.



MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 6 July 2021			
Improvement Plan			**AGENDA ITEM: 15; ENC 12**
Report Author and Job Title:	Lucy Tulloch Deputy Director Strategy & Planning	**Responsible Director:**	Ros Fallon Director Planning & Recovery
Action Required	Approve ☒ Discuss ☐ Inform ☐		
Situation	The Improvement Plan sets out a two year Trust strategy and operational plan to drive our recovery and getting back to our best.		
Background	In February 2020 following the CQC inspection and subsequent changes in leadership an Improvement Plan was approved by the Clinical Policy Group and Trust Board. Following the clinically led response to the Covid 19 pandemic the Improvement Plan has been refreshed..		
Assessment	The Improvement Plan sets out our vision for a clinically driven organisation that puts safety and quality first. The trust strategy was developed with wide clinical engagement and will be delivered through nine enabling strategies.		
Recommendation	Members of the Trust Board are asked to approve the Improvement Plan.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The enabling Strategies mitigate risks across all domains of the BAF. The refreshed Improvement Plan specifically mitigates the threat *Lack of a clear vision for the improvement journey…leading to a failure to deliver sustainable change and the improvements required.*		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper. Note that tackling health inequalities with evidence-based measures and interventions to empower and improve population health, is one of four patient centred outcomes of the clinical strategy.		
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 ☐		

6 July 2021

South Tees Hospitals
NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust Improvement Plan

Safety and Quality First

Contents

Summary

Safety and Quality First

Introduction

The purpose of this document is to set out the Improvement Plan for South Tees Hospitals NHS Foundation Trust. This Plan will be delivered between now and 2023 and builds upon the original Improvement Plan set out in February 2020.

The Trust's Strategy is delivered through the ten clinically-led collaboratives, under-pinned by nine enabling strategies and plans, which span the clinical and corporate functions.

The objectives for 2021-2023 are set out in the Improvement Plan. This refreshed plan builds upon the previous plan approved by the Clinical Policy Group (CPG) and the Trust Board in February 2020.

The Improvement Plan integrates the Trust Strategy with operational and transformational plans. It sets out delivery over the next two years alongside how improvements will be measured.

The plan has been updated to include a de-escalation and recovery focus in the first phase.

The second phase focus is around growing elective care at the Friarage Hospital, enabling specialty services to thrive and grow at James Cook Hospital, and working with our community services to deliver more care closer to home.

While the majority of the Trust's specialities already deliver care to patients and service users across our region, the final phase of the plan will continue to focus on the delivery of more joined-up care locally across the Tees Valley and North Yorkshire which ensures:

- **Quality:** good access to sustainable specialty care
- **Workforce:** stronger and more resilient teams
- **Sustainability:** a firm footing for the long term
- **Health inequalities:** evidence based measures and interventions to empower and improve population health

Underpinning the Improvement Plan is a programme of leadership development and continuous improvement that will support teams to continue to put safety and quality first.

A summary plan on a page is set out on page 7 of this document and detailed delivery plans are contained within the rest of the document.

Context

Excellent NHS services are important to the more than 1.5 million patients, service users, carers and families in the Tees Valley, North Yorkshire and beyond who depend and rely on the services we provide and to everyone who works at South Tees NHS Hospitals Foundation Trust.

The Trust is an anchor tertiary provider and our major trauma centre sees half of all trauma cases in the North East and Cumbria.

In July 2019 the Trust was inspected by the Care Quality Commission (CQC) and its rating was reduced from 'Good' to 'Requires Improvement'.

Since October 2019, the Trust has been empowering clinicians to make the decisions around how we allocate our resources and deliver care.

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

The CPG has created ten clinically-led improvement collaboratives (service groups) which are our natural care communities of surgeons, physicians, nurses, midwives, scientists, allied health professionals and administrative and support colleagues, which have come together to make their services even better for our patients. At the heart of our clinical collaboratives is our Leadership and Safety Academy which encompasses our patient safety faculty and provides a range of support, including leadership and management training, quality improvement skills, team and service support, coaching and human factors training.

The Trust Board also worked with staff in the trust to develop a mission, vison and values that staff wish to see embedded in the Trust culture.

Over the course of the spring of 2021, and in line with the publication of the national planning guidance, the clinical collaboratives have been developing their plans for recovery and this includes realigning how resources and estate are managed across all the hospital sites.

An assurance structure of connecting groups has been set up to deliver our recovery plans and the long term clinical strategy. Operational groups drive and deliver clinically-led change, reporting back to the Strategic Recovery Group. This group reports to the Clinical Strategy & Improvement Group and is accountable to the CPG which oversees delivery of our Improvement Plan.

Our Strategy

The Trust will serve its patients, colleagues and population by putting safety and quality at the heart of what we do. Our strategy was developed in collaboration with our staff to reflect their values.

Improvement Plan on a Page for 2021 – 2023

5 year planning

Safety and quality movement

Fit for purpose estate

Stabilise

Phase one of our original improvement plan

Implement CQC recommendations
- 26 'Must Do' actions

Prioritise and resolve key service issues:
- Ophthalmology
- Gastroenterology
- Orthopaedics
- Radiology
- Theatres
- Critical Care
- Maternity

Prioritise and resolve key trust wide operational issues:
- Patient safety
- HCAI
- Bed management and patient flow
- Timely discharge
- Trajectories to meet constitutional targets
- Administration

Extra Covid-19 de-escalation support

Service areas:
- ED, SDEC and medicine
- Outpatient transformation
- ENT outpatients (AGP)
- Anaesthetics
- Critical care recovery
- Therapies
- Oncology

Trust-wide areas:
- Patient discharge
- Patient flow
- Staff wellbeing
- Digital plan

Extra elective care recovery support

Planned activity levels:
- Plastics
- Orthopaedics
- ENT
- Cardiothoracic
- Gynaecology
- General surgery
- Dermatology

52-weeks focus:
- Orthopaedics
- General Surgery
- Urology
- Vascular Surgery
- Neurosurgery
- Spinal surgery
- Pain management
- ENT
- Ophthalmology
- OMFS
- Plastic surgery
- Gynaecology

Leadership development, Continuous Improvement training, CQC compliance

Sustain

Specialist services

Programme of service reviews to enable specialist services to thrive and grow at James Cook Hospital.

Growing the Friarage

Maximise and expand the range of elective services provided at the Friarage.

Care closer to home

Integrate community services with Primary Care Networks to reduce admissions and promote hospital in-reach to support timely discharge

Connect

Collaborative working across the ICS/ICP to achieve the following outcomes:

- Quality: good access to sustainable specialty care
- Workforce: stronger and more resilient teams
- Sustainable: a firm footing for the long term
- Health inequalities: evidence based measures and interventions to empower and improve population health

Best use of resources

Clinical Collaboratives

In order to strengthen our clinical leadership we have organised our services into 10 Clinical Collaboratives supported by a Clinical Policy Group (CPG)

Neurosciences and Spinal Care Services

- Neurosurgery
- Neurology
- Spinal
- Neuro-rehab
- Pain
- Sleep
- Stroke
- Neuroradiology
- SCI
- Back pain services
- Disablement Services
- Neurophysiology
- Neuro HDU

Cardiovascular care services

- Cardiothoracic Surgery
- Cardiothoracic Anaesthesia
- Cardiothoracic Critical Care
- Cardiothoracic Theatres
- Cardiology
- Cardiac Catheterisation Laboratory's
- Vascular Surgery

James Cook Cancer Institute and Speciality Medicine Services

- Radiotherapy and Clinical Oncology
- Oncology Day Unit
- Medical Oncology Day Unit JCUH
- SROMC Friarage
- Specialist Palliative care
- Haematology
- Haematology Day Unit JCUH
- Renal
- Renal Day Units
- Rheumatology

Head & Neck, Orthopaedic and Reconstructive Services

- ENT and Audiology
- Cochlear Implant Service
- OMFS and Orthodontics
- Plastic Surgery
- Trauma and Orthopaedics
- Dermatology
- Ophthalmology and Orthoptics

Women and Childrens

- Obstetrics
- Midwifery Led Unit JCUH
- Gynaecology
- Paediatrics
- Neonatology
- Midwifery Led Unit FHN
- Paediatric Outpatients FHN
- Specialist Community Children's Service
- Community Midwives

Growing the Friarage and Community Services

- Friarage Medical services
- Friarage Site Management
- Friarage Outpatients
- Friarage UTC
- Oversight of Friarage Strategic Developments
- H&R Community
- Friary Hospital
- Rutson Ward
- Middlesbrough Community Services
- Redcar and Cleveland Community Services
- Redcar and Cleveland Primary Care Hospitals

Digestive Diseases, Urology and General Surgery Services

- Urology
- Gastroenterology
- General Surgery
- Upper GI
- Lower GI
- Endocrine
- Breast Surgery
- Emergency General Surgery

Medicine and Emergency Care Services

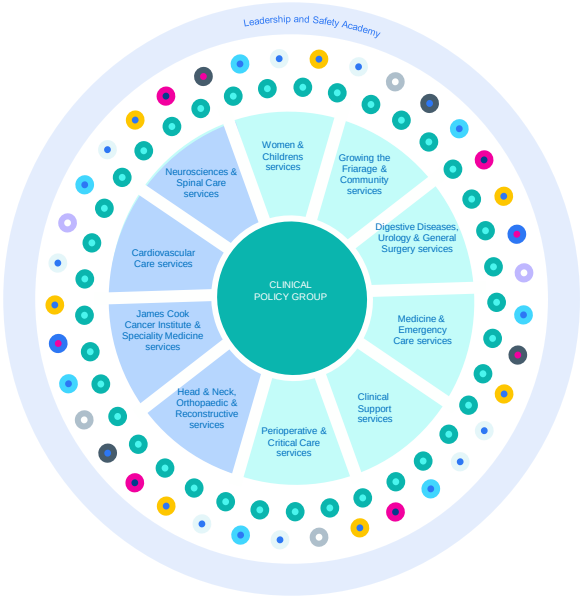
- Acute Medicine
- Diabetes and Endocrinology
- Respiratory Medicine
- Older Peoples Medicine
- Infectious Diseases Medicine
- Emergency Medicine
- JCUH Adult Emergency Department
- JCUH Paediatric ED
- Redcar UTC
- Professional Oversight of Friarage UTC

Perioperative and Critical Care Medicine Services

- Critical Care Medicine
- Anaesthetics
- Theatres JCUH
- Theatres FHN
- Pre-assessment
- Pre-habilitation
- PACU

Clinical Support Services

- Radiology
- Pharmacy
- Pathology Services
- Medical Physics
- Therapy Professional Leadership
- Patient Flow
- Patient Transport
- Phlebotomy
- SPOR
- Complex Discharges
- Bed Bureau
- Discharge Lounge



Enabling Strategies Overview

The Trust Strategy and its Improvement Plan will be delivered through nine enabling strategies and plans.

Developing our Enabling Strategies

Our enabling strategies are being developed, or refreshed, by our Executive and clinical leadership teams to reflect our Trust strategy. They support the delivery of our objectives and clinical priorities as we recover from the Covid-19 pandemic.

Enabling Strategy	Approval	Work plan
Clinical Strategy	Trust Board	Initial Clinical Strategy is incorporated within the Improvement Plan to be approved by Trust Board in July 2021. A further iteration of the Clinical Strategy across the Tees Valley to be developed during Q3/Q4 2021/22.
Safety and Quality Strategy	Quality Assurance Committee	To be finalised Q2/Q3 2021/22
Digital Plan	Resource Committee	Digital roadmap developed June 2021 Digital Strategy to be developed Q3 2021/22 in line with clinical strategy
Estates Plan	Resource Committee	Operational plan in place. To be refreshed in line with emerging clinical strategy
People Plan	People Committee	Approved by People Committee. To be recommended to Trust Board in Q2 2021/22
Financial Strategy	Resource Committee	To be developed Q2 2021/22
Research Strategy	Quality Assurance Committee	Approved by Trust Board May 2021
Nursing & Midwifery Strategy	People Committee Quality Assurance Committee	Approved by Quality Assurance Committee June 2021, pending approval at People Committee and Trust Board
Communication and Engagement Strategy	Senior Leadership Team Trust Board	Approved by Senior Leadership Team May 2021, for Trust Board July 2021

Clinical Strategy

Safety and Quality First

Clinical Strategy – Overview

The Improvement Plan is set out in three concurrent phases which collectively sets out the direction of travel for a Clinical Strategy for South Tees.

The first phase seeks to sustain services, sets out operational priorities, ensure staff wellbeing, achieve CQC compliance and to embed a programme of leadership development and continuous improvement in quality and safety.

The second phase seeks to enable specialist services to thrive and grow on the James Cook Hospital site, transform how core services are delivered at both the James Cook and the Friarage hospital sites and includes the integration of community services to create stronger hospital relationships and support timely discharge and admission avoidance.

The third phase seeks to sustainably place services in the Tees Valley and North Yorkshire on a firm footing for the long term by ensuring good access to specialty care through stronger and more resilient teams that attract the workforce of today and the future.

While the majority of our specialties already deliver care to patients and service users across our region, the third phase of our plan will continue to focus on will how we can deliver more joined-up care locally across the Tees Valley and North Yorkshire.

In doing so we have set four patient-centred outcomes against which closer working can be measured:

Quality: good access to sustainable specialty care

Workforce: stronger and more resilient teams

Sustainability: a firm footing for the long term

Health inequalities: evidence based measures and interventions to empower and improve population health

Underpinning each phase of our plan is our movement to continue putting safety and quality first.

Each new Clinical Collaborative will develop their 2-3 year business plan to set out how they will contribute to the delivery of the four outcomes. Collaborative leadership teams will agree and work to an annual operating plan, to provide assurance of performance, governance and progress towards their milestones.

Stabilise: Phase 1 Original Service Issues

Our original Improvement Plan identified 7 services that required focused support to address their service issues. The plans for these services have recently been reviewed by CPG. A review will be undertaken to determine their current level of vulnerability and identify ongoing support.

Service	Current position	Oversight Group
Ophthalmology	Patient care pathways review continues. Ensure all patients have date allocated.	Strategic Recovery Group (Elective)
Gastroenterology	Capacity and recovery plan in place. Weekend working embedded.	Strategic Recovery Group (Elective)
Orthopaedics	Improving theatre utilisation, reducing length of stay, additional capacity including weekend lists embedded	Strategic Recovery Group (Elective)
Theatres	Theatre Improvement Plan being developed with NHSE/I support. Investment in nurse leadership.	Strategic Recovery Group (Elective)
Critical care	Staff:patient ratios monitored, supernumerary coordinators, business case for fully staffed additional capacity	Trust-Wide Critical Care Steering Group
Radiology	Capacity and recovery plan in place, returning major modalities to 6ww compliance.	Strategic Recovery Group (Outpatient & Diagnostics)
Maternity	Responded to Ockenden Review Part 1. Continuity of carer being rolled out. BirthRate Plus compliant.	Clinical Strategy and Improvement Group

Stabilise: Recovery and Transformation

The stabilise phase of the Improvement Plan, is managed through the Strategic Recovery Group, reporting into the Clinical Strategy & Improvement Group and accountable to the CPG. The Strategic Recovery Group receives reports from the cross-cutting transformation programmes, as well as escalation of operational pressures, and provides a broad, clinically led forum for support and challenge.

Strategic Recovery Group Outpatients & Diagnostics

Standing agenda items:

- Outpatient recovery
- Diagnostic recovery
- Covid-19 response

Connecting groups and transformation programmes:

- Outpatient Services Transformation
- Administration Services Recovery and Transformation
- Inpatient Booking Model
- Task & Finish Groups as required

Strategic Recovery Group Elective Services

Standing agenda items:

- Elective recovery
- Anaesthetics and theatres
- Critical care recovery
- Covid-19 response

Connecting groups:

- Surgical Improvement Group
- Friarage Theatres Build (for Growing the Friarage)
- Task & Finish Groups as required

Strategic Recovery Group Non-Elective Services

Standing agenda items:

- Non-elective recovery
- Covid-19 response

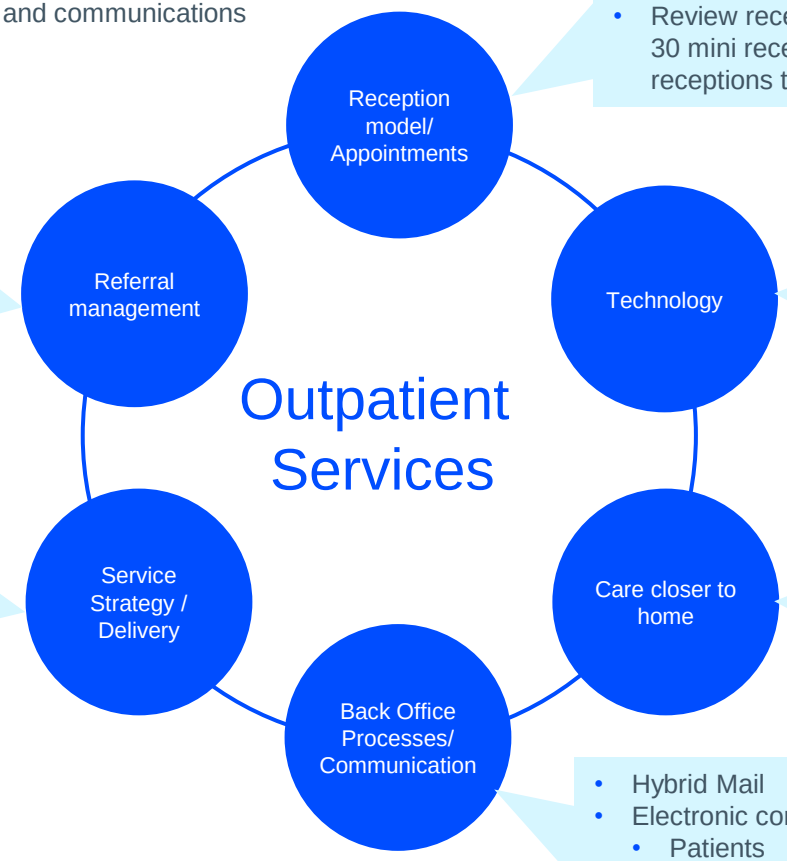
Connecting groups and transformation programmes:

- Frailty
- Complex Discharge
- Emergency Department (ED) , Same Day Emergency Care (SDEC), Medicine and Children & Young People's ED
- Clinical Site Management and Patient Flow
- Task & Finish Groups as required

Outpatient Services Transformation Plan

Key Drivers:

- Improve patient experience from referral to discharge
- Reduce footfall on site
- Increase use of technology
- Deliver outpatient activities closer to the patients home
- Improve back office processes and communications with primary care
- Stakeholder engagement



- Management model - centralised vs decentralised
- OP Waiting List Management
- Review reception model, move from 30 mini receptions to fewer super receptions to be considered

- Kiosks
- Health Apps to report and manage long term conditions
- Video & Telephone Consultations
- Outpatients Management Portal
- Electronic Document Management/ EPR

- Primary care clinic locations
- Community care clinic locations

- Hybrid Mail
- Electronic correspondence
  - Patients
  - GPs
  - Reduce and standardise OP clinic letter templates
- Voice Recognition
- Text reminders

- Agree plans at collaborative /specialty level for delivery of outpatient services
- Workforce modelling to support the above
- Monitoring delivery

- Expansion of Electronic Referral Service functionality
- Same day services / appts
- Telephone appt services
- Advice & Guidance services

Stabilise: Elective Care Recovery and Transformation

Elective demand has not yet returned to pre-Covid-19 levels in all areas. Capacity remains reduced in some specialties and there are significant backlogs of patient waiting lists to clear. Our vision is to work through the backlogs of demand that built up in 2020/21 and deliver sustainable levels of activity to meet ongoing demand and waiting time standards.

Plans and key deliverables:

- Deliver core activity to trajectories as submitted to NHSE
- Deliver additional activity to address waiting list backlogs
- Analysis of the impact of activity trajectories and demand scenarios on patient waiting times and sustainable list size
- Waiting list validation and clinical prioritisation – inpatients and diagnostics including patients waiting for surveillance
- Theatre utilisation and efficiency
- Bed modelling and allocation of resources, access to critical care capacity for the elective programme

Key milestones:

- Directorate activity models using IMAS tool, July 2021

Outcome measures:

- Constitutional standards and waiting times: 18ww RTT, Cancer 14 day, 31 day and 62 day standards, cancer patients cancelled, diagnostics 6ww
- Theatre efficiency metrics, cancelled operations

Connecting programmes:

- Theatres improvement plan
- Critical care

Digital enablers:

- Pathway Plus (for waiting list management)
- Synopsis IQ (for pre-assessment)
- Upgrade existing theatre systems

Stabilise: Non Elective Recovery and Transformation

Our vision is to safely respond to non-elective demand, with patients treated in the right place, right time. Non-elective demand has returned to pre-Covid-19 levels, with added challenges of social distancing and testing. Clinicians are anticipating a significant winter surge of respiratory illness and possible impact of Covid-19 variants. Planning for winter resilience is key.

Plans and key deliverables:

- Bed model based on demand scenarios
- Monitoring of Covid-19 trends, promoting vaccination and testing (day 0, 3, 5, and weekly)
- Winter Plan, Trust and System resilience planning and contingencies, allocation of resources (minimising outliers)
- Review Emergency Medicine service model
- Standardisation of processes in ED
- SDEC acute pathways to be developed for all specialties
- SDEC in the community

Key milestones:

- Open Children & Young Peoples ED, Summer 2021
- Implement the Clinical Review of Standards, March 2022

Outcome measures:

- 4-hour standard and Clinical Review of Standards metrics (e.g. average total time in ED, time to first assessment, to decision to admit)
- Long Length of stay (LOS) metrics (patients > 14 days, 21 days, delayed step down from critical care)
- Clinical metrics (acuity, frailty, patients in hospital who do not meet criteria to reside, outliers)
- Community metrics (2-hour crisis response)

Connecting programmes:

- Critical care capacity
- Clinical site management
- Complex discharge and Frailty
- Care closer to home

Digital enablers:

- Medworxx
- Alcidion patient flow module
- PatientTrac

Stabilise: Frailty

The Frailty vision is preventing avoidable admissions of the frail and elderly population; optimising the quality of care for people admitted to hospital; and ensuring patients are discharged home or as close to home as possible when they are medically optimised.

Plans and key deliverables:

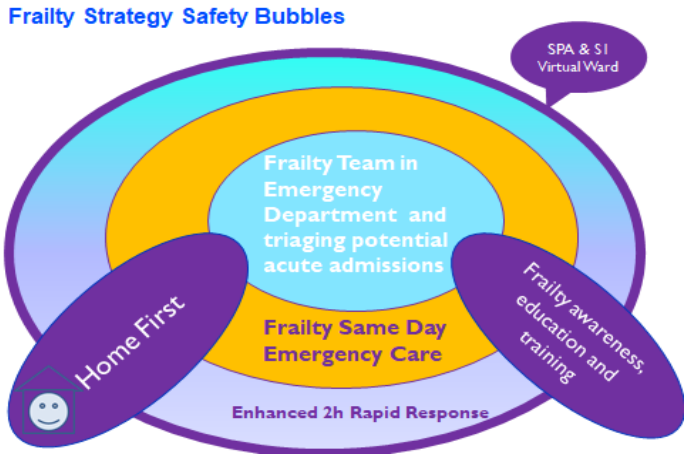
- Refresh the frailty strategy
- Embed the delirium care bundle
- Establish an ED frailty team
- Design and embed frailty team operational ways of working
- Increase use of Comprehensive Geriatric Assessment (CGA)
- Develop the frailty dashboard, and use of frailty scores to inform patient care and measure improvement
- Realign current frailty provision across the Trust

Key milestones:

- Frailty strategy, July 2021

Outcome measures:

- Reduction in the number of frail people attending A&E services, emergency admissions, and length of stay
- Reduction in the number of falls and pressure ulcers (as a proportion of elderly admissions)
- Increase in the number of patient receiving CGA (as a proportion of all elderly admissions)



Connecting programmes:

- Complex discharge
- Care closer to home
- ICP system plans: Enhanced Health in Care Homes

Digital enablers:

- SystmOne

Stabilise: Complex Discharge

The vision for complex discharge is to work in partnership across acute, community and health and social care so that when patients no longer require acute hospital care they are safely transferred to the right setting at the right time to meet their needs. Home First is a mind-set that everyone involved in the system needs to understand and implement. The focus is on admission avoidance and providing wrap around services in the community so that people are supported to return home to recover, regain their confidence and maintain their independence

Plans, key deliverables and milestones:

- Initiate reviews of Long LOS, July 2021
- Multi-disciplinary review (MDT) Review of patients with long length of stay, July 2021
- Develop an integrated Single Point of Access (SPA) (merging Single point of referral (SPOR) and Social Care admin team, single referral process), July 2021
- Modernise ward rounds Collaborative and ward processes (SAFER, huddles, board round checklist), July 2021
- Improved patient/family/carer communication (including leaflets and advice on discharge), July 2021
- Form an integrated Discharge Team (including Case Management & Trusted Assessment), Summer 2021
- Develop PSAG (Patient Status at a Glance) boards to include criteria to reside assessment, estimated date of discharge (EDD) and predicted date of discharge (PDD) dates, September 2021
- Review supporting processes e.g. pharmacy, transport, September 2021
- Staff engagement and training (Home First culture, discharge intranet link), September 2021
- Pathway 1 Home First Service, September 2021
- Develop use of Community hospitals and hubs, develop Community Hospital pathway, October 2021

Outcome measures:

- Use of Home First pathways
- Patients being discharged home with the health and social care support they need – target 95%
- Reduction in average and Long LOSs, weekly MDT reviews, expected versus actual length of stay
- Reduction in patients in hospital who no longer meet criteria to reside

Connecting programmes:

- Frailty
- Clinical site management
- Integrated care partnership (ICP) system plans: Enhanced Health in Care Homes

Digital enablers:

- SystmOne
- Use of PSAG Boards
- Medworxx v6 rollout
- Dashboard (FT, collaborative & ward data)
- Safer Handover Tool

Stabilise: Clinical Site Management

The vision for clinical site management is to ensure that every patient is in the right place at the right time, maintaining patient flow through the organisation. The team play a key role in our escalation and management of capacity pressures.

Plans and key deliverables:

- Review of current team composition and purpose
- Review of current data flows to inform areas of focus
- Review senior site management arrangements and escalation processes in and out of hours
- Flow process review
- Side room management

Key milestones:

- Two site sisters on 24/7 with defined roles
- Standard agenda and revised information in the command centre
- Review of Long LOS on assessment units daily
- Review of outliers, PSAG daily
- Work with IPC to improve utilisation ad availability of side room across the sites
- Improve understanding of ED pressures through regular attendances by site sisters
- Understand flow of patients from JCUH to FHN daily
- Standardised escalation processes for site and ED pressures
- Understand all entry points into the beds
- Update of operational policy

Outcome measures:

- Define data streams needed to comprehensively present an overview of the

Connecting programmes:

- Care closer to home
- Frailty
- Elective recovery
- Non-elective recovery

Digital enablers:

- SystmOne
- Use of PSAG (Patient Status at a Glance) Boards
- Medworxx v6 rollout
- Discharge Dashboard (FT, collaborative & ward data)
- Safer Handover Tool

Sustain: Specialist Services

We currently deliver Specialist Services to a population of 1.2m extending across the Tees Valley, North Yorkshire and across parts of Cumbria. Our specialist services include: Neurosurgery, Spinal Cord Injuries and Stroke; Cardiovascular Services; James Cook Cancer Institute; Critical Care; Major Trauma Centre, Head, Neck and Reconstructive Surgery; Cochlear Implant Service; Renal Services; Upper Gastro-intestinal Services and Neonatology. Our vision is to sustain the level of specialist services currently commissioned whilst also growing the range of procedures we offer so that we are able to deliver the most up to date care possible using the least invasive interventions.

Plans and key deliverables:

- Demand and capacity reviews
- Assessments of sustainability and potential for growth

Key milestones:

- Approval of business case for critical care expansion, submitted May 2021
- Business case for cochlear implant surgery expansion, Autumn 2021

Outcome measures:

- Compliance with national service specifications
- Managed clinical networks
- Regional collaboration
- Recruitment to specialties
- Ensuring our Trust contributions to Innovation, Research & Development and Education are recognised nationally.

Connecting programmes:

- Research Strategy
- Academic Programmes
- Estates Strategy

Digital enablers:

- Pathway Plus
- Infoflex

Sustain: Growing the Friarage

The Friarage Hospital is a key point of delivery for patients from North Yorkshire and the South of Tees. The Growing the Friarage work programme focuses on maximising elective services, diagnostics whilst also maintaining local acute care.

Plans and key deliverables:

- Maximise elective activity at the Friarage Hospital
- New Endoscopy and Urology investigations unit to increase capacity and improve care pathways, business cases and plans developed
- Increase use of the new Friarage Dialysis Centre and outpatient Allerton Eye Unit
- Complete business case for a replacement theatres block, to meet current and future demand
- Embed the existing Nurse Practitioner model in the Urgent Treatment Centre (UTC) and continue the journey of integrating urgent care 24/7
- Develop the Frailty SDEC model for Hambleton and Richmondshire

Key milestones:

- Outline Business Case for Theatres submitted to Trust Board July 2021

Outcome measures:

- Theatre utilisation and efficiency
- Surgical and diagnostic activity
- Covid-19 recovery and reduction in waiting lists

Connecting programmes:

- Elective recovery
- Non-elective recovery
- Frailty and Home First

Digital enablers:

- Upgrade to theatre systems
- Scan for Safety

Sustain: Care Closer to Home

Our vision for Care Closer to Home is developing integrated Community Services locally and across the system. This includes alignment with Primary Care Networks and enhancing our 2 hour urgent response to reduce admissions and promote hospital in-reach to support timely discharge.

Plans and key deliverables:

- Implement a Community Frailty SDEC model
- Enhance existing SPA
- Develop Frailty model to include intensive overnight service and Home First model
- Urgent community response within 2 hours
- Maximise use of Community estate including review of bed base and diagnostics
- Review of Specialist Palliative Care

Key milestones:

- Frailty SDEC by October 2021.
- Establish SPA in Hambleton and Richmondshire (H&R) by September 2021.
- Development of SystmOne September 2021.
- Development of dashboard June 2021.
- Health Population Needs Assessment Autumn 2021.

Outcome measures:

- Supporting people longer in their own homes.
- Increase in patient experience.
- Reduce hospital admissions / readmissions and length of stay.
- Reduce long term social care placements.
- Increased discharge to assess.

Connecting programmes:

- Frailty
- Complex discharge
- Non-elective recovery

Digital enablers:

- SystmOne

Connect – Across the Tees Valley and North Yorkshire

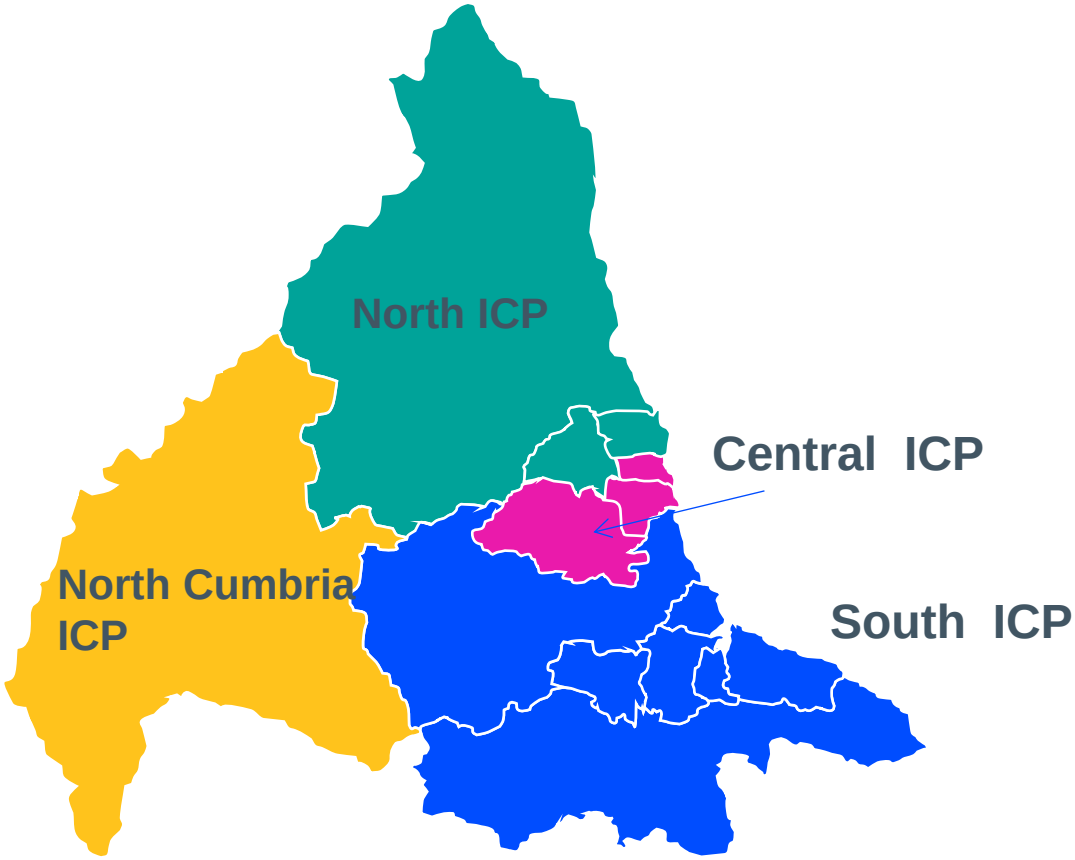
Our clinicians will take a lead role in collaborative working that will drive joined-up and sustainable care that ensures quality by providing good access to sustainable specialty care through stronger and more resilient teams, a firm footing for the long-term and supports evidence based measures and interventions to empower and improve population health.

We will work closely with our colleagues and partner organisations to bring about the patient benefits in:

- North East & North Cumbria Integrated Care System
- Tees Valley Integrated Care Partnership
- Humber Coast and Vale Integrated Care System

This encompasses the system's response to the Health & Social Care White Paper reforms.

The NHS 2021/22 Operational Planning guidance places great emphasis on whole-systems working to respond to the challenges of Covid-19 recovery, supporting our staff, workforce pressures, and tackling health inequalities.



Other Enabling Strategies/Plans

Safety and Quality First

Nursing and Midwifery Strategy: Driving Excellence in Care

Driving Excellence in Care is our model of Professional practice and has been developed in consultation with staff. The model comprises everything that staff feel is important in terms of how we deliver care, how we contribute to the organisation as healthcare professionals and how we look after, value and develop our people. 2021 – 2023 and beyond will see a shift in culture to collective leadership and shared ownership of decision making and a real commitment to developing staff towards what they want to achieve and become.

Our plans

Included within the strategy are key plans including:

- Achieving professional excellence in 8 key areas including decreasing falls and pressure ulcers, improving care of patients with dementia and enabling timely rehabilitation
- Developing and embedding the concept of collective leadership including a network of shared governance councils. Collective Leadership will be driven and enabled as part of our Magnet4Europe journey and our local accreditation proforma - South Tees Accreditation for Quality of Care (STAQC)
- Investing in our people; ensuring a highly motivated and valued workforce with detailed objectives under the key headings of education, research, innovation, wellbeing and safe staffing

Outcome measures

Each of the 3 main components of the model of professional practice have their own objectives, some will have attached metrics such as reduction in pressure ulcers. The detail is available in a separate document and will be aggregated into the Integrated Performance Report

Safety and Quality Strategy

Our Quality and Safety Strategy will be published in Q2/Q3 of 2021 and will aim to provide direction to the organisation on the Trust's approach to quality and safety and learning from incidents.

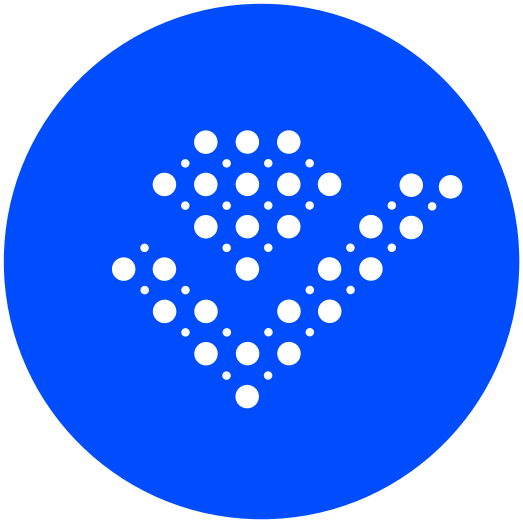
Our plans

The emerging Quality and Safety Strategy will will prepare the organisation for the implementation of the Patient Safety Incident Response Framework (PSIRF).

Included within the strategy will be key plans including:

- Never events improvement plan
- Patient safety action plan
- Organisational quality priorities

The strategy will use feedback from staff safety promises and is due for publication in October 2021. Key metrics will be aligned with the quality priorities alongside delivery of the PSIRF.



Outcome measures

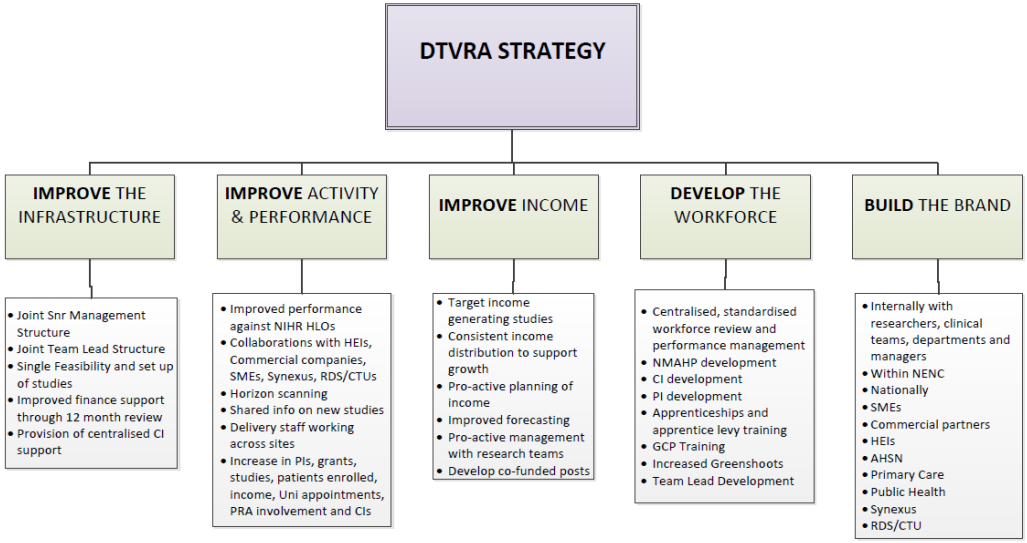
The intended outcome is that staff at all levels of the organisation will be able to talk about the strategy for quality and safety and understand what it means for their practice and the safety of patients.

Research Strategy

Our research strategy is aligned with strategy of the wider Durham Tees Valley Research Alliance.

The strategy was initially developed in 2019 to coincide with the launch of the alliance. Work was completed in 2019/20 to improve the infrastructure. Work on the other four strands is ongoing.

Five key strategic themes for South Tees have been identified for delivery in 2021/22 alongside the wider strategy



Key Themes (STRATEGIC DOMAINS)	Outcome measures	Due date
Improve visibility of research and reporting of our performance data to staff and patients (BRAND, CQC)	Monthly reports to clinical directorates established Increased comms and social media presence (internal & external) Positive Patient Research Experience Survey (PRES) feedback Staff research awareness survey September 2021	June 2021 September 2021 (new post) March 2022 September 2021
Increase participation in research projects across a broad range of clinical specialisms (ACTIVITY& PERFORMANCE & INCOME)	Increase in data on NIHR portfolio (both raw and complexity adjusted recruitment) data across specialisms	March 2022
Establish dedicated out-patient space for research participants (INFRASTRUCTURE, ACTIVITY & PERFORMANCE)	Establishment of Cardiology Research Unit and additional dedicated out patient clinical areas for research participants from other specialisms	March 2022
Increased engagement from NMAHPs (WORKFORCE, ACTIVITY & PERFORMANCE)	NMAHP PIs, Achievement of targeted NMAHP research strategic objectives, active involvement in NMAHP Best Practice Council	March 2022
Improved oversight and forecasting of Trust sponsored grant income (INCOME, PERFORMANCE, BRAND)	Regular reports to CIs on grant income and expenditure Accurate, timely financial returns to grant funders Regular meetings with CTUs for oversight and planning	March 2022

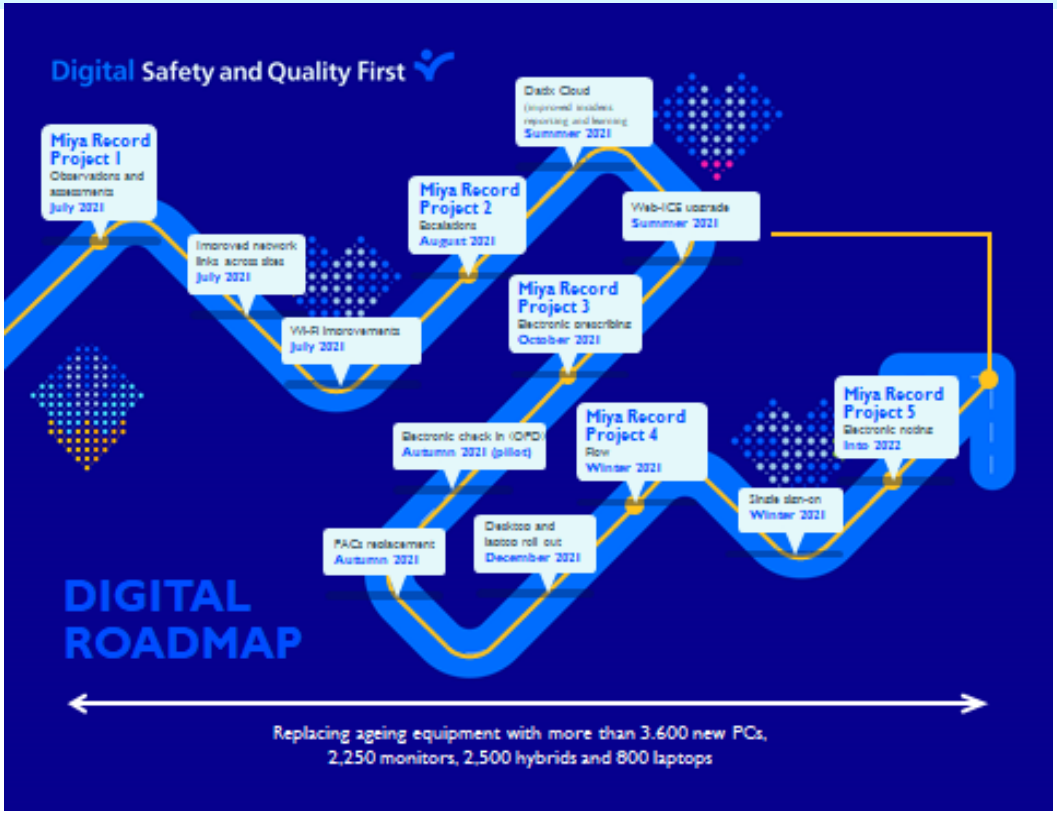
Digital Plan

The Digital Roadmap will be delivered between now and 2022. The Alcidion Miya project is the Trust's overarching digital transformation project which encompasses a suite of technologies which will integrate information into a single patient record view. This system also uses artificial intelligence to provide clinicians with insights that directly impact patient care. Miya is fundamental to our clinical strategy. To support our digital plan ageing equipment will be replaced including 3,600 new PCs, 2,250 monitors and 800 laptops. A Digital Director has been appointed, and the digital plan will be developed into an enabling strategy which supports our other enabling strategies and plans.

Planned Outcome
Reduction in hospital acquired complications, risk detection and management
Real time clinician notification of critical results/outcomes Automation of team workflows/tasks
Reduction in prescribing errors
Improved clinical handover Streamlined patient journey
Improved clinical documentation and reduction in paper]Coding optimisation

Delivery of the roadmap will produce the transformational improvements such as:

- Reduction in clinical variation
- Clinical productivity gains through mobility and releasing time to care
- Improved out of hospital transition of care



Digital Enablers to our Clinical Strategy

Our strategies and plans will only be fully achieved through the development of our IT and digitalisation processes. Over the years stand alone digital solutions have been purchased to solve operational problems without being part of an overall strategy or transformation programme. We have started a programme of review for all our key IT projects so that we can gain assurance that they are delivering the best value and that they support our transformation programme.

Enabling Strategy / Plan	**Clinical Strategy**	**Clinical Strategy**	**People Plan**	**Clinical Strategy**	**Clinical Strategy**	**Digital Plan**	**Clinical Strategy**	**Clinical Strategy**
Linked to these Sub groups	Outpatient Transformation	Communication and Clinical site management	Workforce Management	Clinical Strategy and Improvement	Clinical Administration systems	IT Systems	Theatre Transformation	Community
Exec Lead	COO	MD	Director of HR / CMO	CMO	COO	Digital Director	CEO	(MA)
IT system	• Notify • Synertec • My Great North Care Record • Healthcall • Kiosks • Attend anywhere • M*Modal Voice recognition & workflow (Currently have front end VR without workflow)	• Vocera • Smart Page • Pagers/ Bleeps • VOIP – Wifi enabled	• Allocate • ESR self-service • Payroll/changes E forms	• Alcidion - Miya: E-Obs E-Prescribing Miya Precision Smartpage	• Pathway Plus • Infoflex • CAMIS • CBIS • Data warehouse	• N365	• Safe Scan • Synopsis • Theatre productivity	• System one

Estates Plan

Our estates plan will evolve in line with the emerging Clinical Strategy and subsequent clinical priorities. Our current plans are aligned to the phases of the Improvement Plan including redevelopment at the James Cook site, growing services at the Friarage Hospital alongside longer term capital planning and PFI value for money. We are also working collaboratively across the ICP and ICS to share best practice, provide mutual aid and develop cost and efficiency opportunities.

Our plans

JCUH Redevelopment

- Commission new Paediatric ED facility
- Refresh the James Cook Site Development Control Plan
- Complete lifecycle refurbishment
- Undertake development of 8No additional critical care beds (subject to approval)

Growing the Friarage

- Complete site clearance and demolition works
- Complete new endoscopy unit
- Complete and submit outline business case for replacement theatres
- Refresh the site development plans to continue ‘growing the Friarage’ beyond the new theatres redevelopment.

PFI Value for Money

- Release clinical estate for lifecycle investment
- Increase estate condition surveys and reporting defects
- Implement additional management support recruited to monitor KPIs

Capital Planning

- Maintain up to date 5 year capital plan
- In collaboration with CPG identify key strategic schemes for seed funding bids
- Support and inform the clinical strategy developments of estate constraints and opportunities

Outcomes

- Completed Estates Plan – December 2021
- OBC Approval of Theatres Business Case – March 2022
- 5 year Capital Plan submitted to ICS – December 2021
- Completion of the annual lifecycle programme – March 2022
- Delivery of efficiency programme – March 2022
- Production of site development plan for FHN complementary to, and looking beyond, the new theatres redevelopment Mach 2022

People Plan

Our people plan will be published in the summer of 2021 and aims to make South Tees the best place to work. The NHS People Plan (2020) highlights 4 national priority areas deemed as crucial to supporting transformation across the NHS. Our People Plan for 2020/23 articulates how we will deliver on these national priorities by improving the working experience of our people through five key programmes of work.

We want our people to feel valued, equipped and empowered to provide the best possible experience and outcomes for patients.

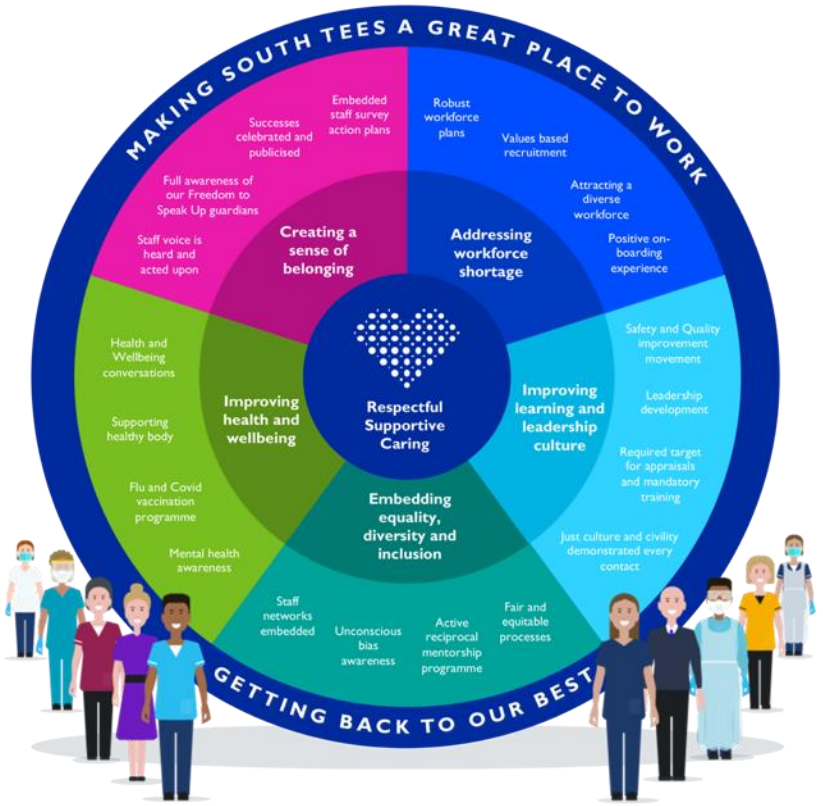
Our People Plan is critical in developing our culture and underpinning our values in all that we do to attract, recruit, develop, retain and support our people and teams to meet the needs of our patients across the Tees Valley and beyond.

The changing landscape of health and social care and the development of the Integrated Care Systems, will require our people to work in different ways, working more collaboratively and develop more effective partnerships with other system partners.

Involving colleagues in change and seeking their ideas and feedback is crucial to service improvement and developing new ways of working. Our people need to feel valued and supported.

Underpinning our People Plan are five key programmes of work:

- Addressing workforce shortages
- Improving learning and leadership culture
- Embedding equality, diversity and inclusion
- Belonging
- Improve health and wellbeing



Digital enablers: Allocate, ESR

Financial Strategy

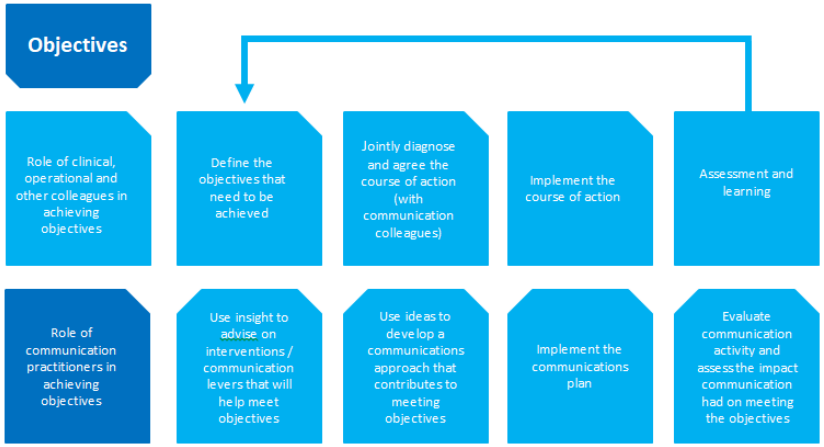
We have developed a set of principles that will guide the development of the Trust's financial strategy to deliver best use of resources and support overall system sustainability.

- Complementary to the organisation's overarching strategy
- Developed with strong clinical engagement
- Whole-system working
- A sustainable solution to the historic James Cook University Hospital PFI contract
- Sustainable capital programme
- Establishing equity of funding
- Improving efficiency and productivity
- Safe and effective patient care
- Delivery of efficiency savings recurrently and safely

Communications & Engagement Strategy

This strategy describes how the Trust's communications and engagement functions will continue play an integral role in driving the journey of clinically-led change at South Tees Hospitals NHS Foundation Trust. The Trust's clinically-led journey underpins the delivery of the communication and engagement strategy's objectives and will be refreshed and updated at regular intervals over its two year lifespan (2021-23).

South Tees strategic communication and engagement framework



Evaluation

Theme	Inputs	Outputs	Outtakes	Outcomes
Safety and quality first	Behavioral insights (EAST framework)	The South Tees way, safety movement and just culture components (eg: South Tees safety promise)	Increase percentage of staff reporting care of patients / service users is STHFT top priority by 5 per cent (evidenced through the NHS Staff Survey)	Generative safety culture: active participation at all levels.
Centre of excellence for specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond	Unprompted message awareness e.g. spontaneous recall metric	Website re-design insights, collaboratives and research & innovation horizon-scanning Website re-launch, patient information automation, patient stories development and placement, research & innovation fact-files	Achieve 10 per cent increase in the proportion of target audience that agree with the message (positive sentiment)	Consistent and coordinated care with high levels of patient confidence & trust and opportunities to take part in a research study (where relevant)
Great place to work	Staff Survey insights and analysis	Staff Facebook content plan (supplement to Talking Point and Weekly News) and LinkedIn marketing	Increase percentage of staff recommending trust as a place to work by 5 per cent (evidenced through the NHS Staff Survey)	Supportive, caring and compassionate work environment
Care without boundaries	Tertiary, acute, community and primary care pathway development insights	Effective communication and engagement to support pathway developments and operation	Increase CQC patient satisfaction survey metrics (eg: adult inpatient, maternity, children and young people, urgent and emergency care, outpatients)	Connected health and care pathways that place the patient and service user at the centre

Strategic objectives

	Objective	Quarter 4 (2022/23)
Internal comms measures	Continue to deliver increased levels of employee engagement in order to ensure staff are able to influence and play a full role in the delivery of the organisation's next-phase journey.	Increase the percentage of staff who would recommend STHFT as a place to work by 5 per cent (evidenced through the NHS Staff Survey)
		Increase percentage of staff reporting care of patients / service users is STHFT top priority by 5 per cent (evidenced through the NHS Staff Survey)
External comms measure	Increase key message outtakes and stakeholder satisfaction in order to ensure a consistent and responsive approach through the delivery of the organisation's next-phase journey.	Achieve a 10 per cent increase in key messages reported and broadcast through digital and media channels (evidenced through media monitoring)
		Achieve a 10 per cent increase stakeholder satisfaction survey metrics (evidenced through stakeholder temperature-check survey)

Audiences

Staff				
Audience	**Think**	**Feel**	**Do**	**How**
Doctors, nurses, allied health professionals, midwives, scientific teams, administrative staff, support staff and volunteers	STHFT is continuing to empower clinicians to put safety and quality first	STHFT is continuing to prioritise my safety and the safety and quality of care which patients and service users receive	Increase percentage of staff reporting care of patients / service users is STHFT top priority	• Timely, relevant and informative staff communication
Patients and service users				
Audience	**Think**	**Feel**	**Do**	**How**
Patients and service users	STHFT is putting my safety and care first	STHFT understands my needs and its clinicians are prioritising my safety and care	Achieve organisational F&F outcome targets (ED, inpatient, outpatient, maternity)	• Direct patient information • Website • Digital channels • Patient stories
Stakeholders				
Audience	**Think**	**Feel**	**Do**	**How**
Stakeholders	STHFT is continuing to empower clinicians to put safety and quality first	STHFT is listening to its clinicians, patients and service users and following the best evidence	Increase stakeholder satisfaction metrics	• Regular briefings to key stakeholders • Timely and responsive and feedback mechanisms

Leadership and Safety Culture

Safety and Quality First

Leadership and Safety Academy

Underpinning all our strategies and plans is a Leadership Development Programme delivered through our Leadership and Safety Academy. We want to deliver a culture of safety, collaboration and continuous improvement where we all behave with respect, support and care. We will continually develop a sustainable programme of education and practical support to create effective leaders at all levels using leadership development, Quality Improvement and Organisational Development methodologies.

Input	Output	Outtake	Outcome	Organisational impact
Cohort leadership development	Provide monthly bespoke support to collaborative chairs	Clinical chairs receive regular leadership support	Clinical chairs and their trams benefit from a sustained leadership approach	Developing the organisation for safety
Leadership and Improvement training	Provide sustainable education and training to South Tees NHS Foundation Trust	Whole Trust access to leadership, improvement training	Whole Trust benefits from strategic education around leadership and improvement	Consistent co-ordinated leadership development
Organisational Development support for teams	Dedicated team input for South Tees Teams	Areas receive intense bespoke support	Increased ability to speak up and seek support	Safer, open discursive culture
Understanding the effect of your behaviour on others (colleagues and patients)	Provide sustainable simulation, human factors and civility education to South Tees NHS Foundation Trust	Access to training on real time safety issues as well as evidence based culture training	Awareness of the negative effect on patient care of our behaviour towards our colleagues	Development of a Generative Safety Culture

Research, Innovation and Education at South Tees (STRIVE) Academic Programmes

Alongside our Leadership Programme are a series of academic and training programmes demonstrating our commitment to our staff for their education and training. Delivery of these programmes will ensure that we are a centre point for training for the community.

Input	Output	Outtake	Outcome	Organisational Impact
Careers, social mobility, prospect, step into health and kick-start programme	Clear routes into NHS careers at South Tees	Support to our partners in education and combined authority for job pathway	Fill of posts via a range of workstreams at a range of grades	Employer of choice for healthcare careers
Medical School Partnerships	Provision of medical education at South Tees	South Tees is an NHS Teaching Trust	Fill of posts from foundation level onwards by our students	Talent pipeline, employment of local population
Apprenticeships	Bespoke sourcing of apprenticeships across all STFT careers	Learning organisation, areas receive training fir for their purpose	Improved knowledge and skills and so improved outcomes in work undertaken	Fit and proper workforce
Work based learning	Provision of on the job education, bespoke to the needs of our departments and systems	Correct training provided in real time appropriate to Trust strategy and direction	Approved level of training required for posts leading to core skill set in key roles	Safer work based culture
Medical Courses and Conferences	Trust provides leading education for the country	Our employees can access locally, highly accredited training	Attraction of speakers and staff to the Trust	Reputation for high quality medical education
Library services	First class library services across 2 sites	Access to support for learners of all levels	More Trust staff are successful with higher level education and research	Employer of choice due to research and education reputation
Human Factors and Civility training	Dedicated, bespoke team training	Awareness of our impact on our colleagues and patients	Improved team working	Safety and quality culture

CQC Fundamental Standards

Following the Trust's last CQC inspection in July 2019, where it received an overall rating of 'requires improvement' a monthly update is provided to the Quality Assurance Committee and Trust Board on the progress and sustainability made against the 26 'must do' recommendations and 23 'should do recommendations.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019	Good →← Jul 2019	Good →← Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019
Community	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
Overall trust	Requires improvement Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019

During 2020/21 a series of confirm and challenge sessions have been held with operational and director leads, which have facilitated discussions relating to evidence, action plans, assurance and risk.

Outstanding care is:

All our strategies and plans are focussed on delivering outstanding care to our patients alongside ensuring that we meet the CQC Fundamental Standards.

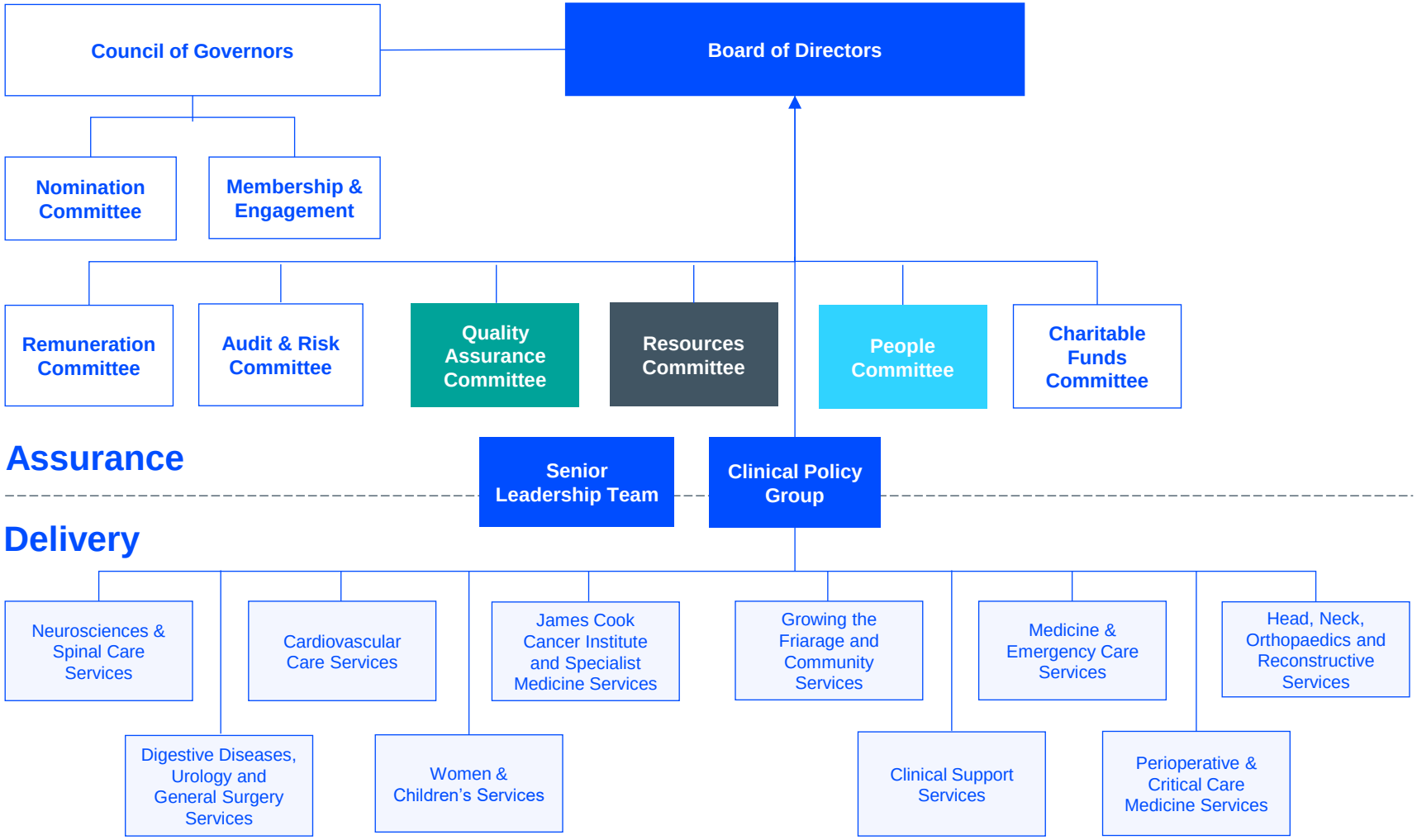
Work has commenced on preparing for our next CQC inspections, which we anticipate will be at some point during the current financial year.

Assurance Framework

Safety and Quality First

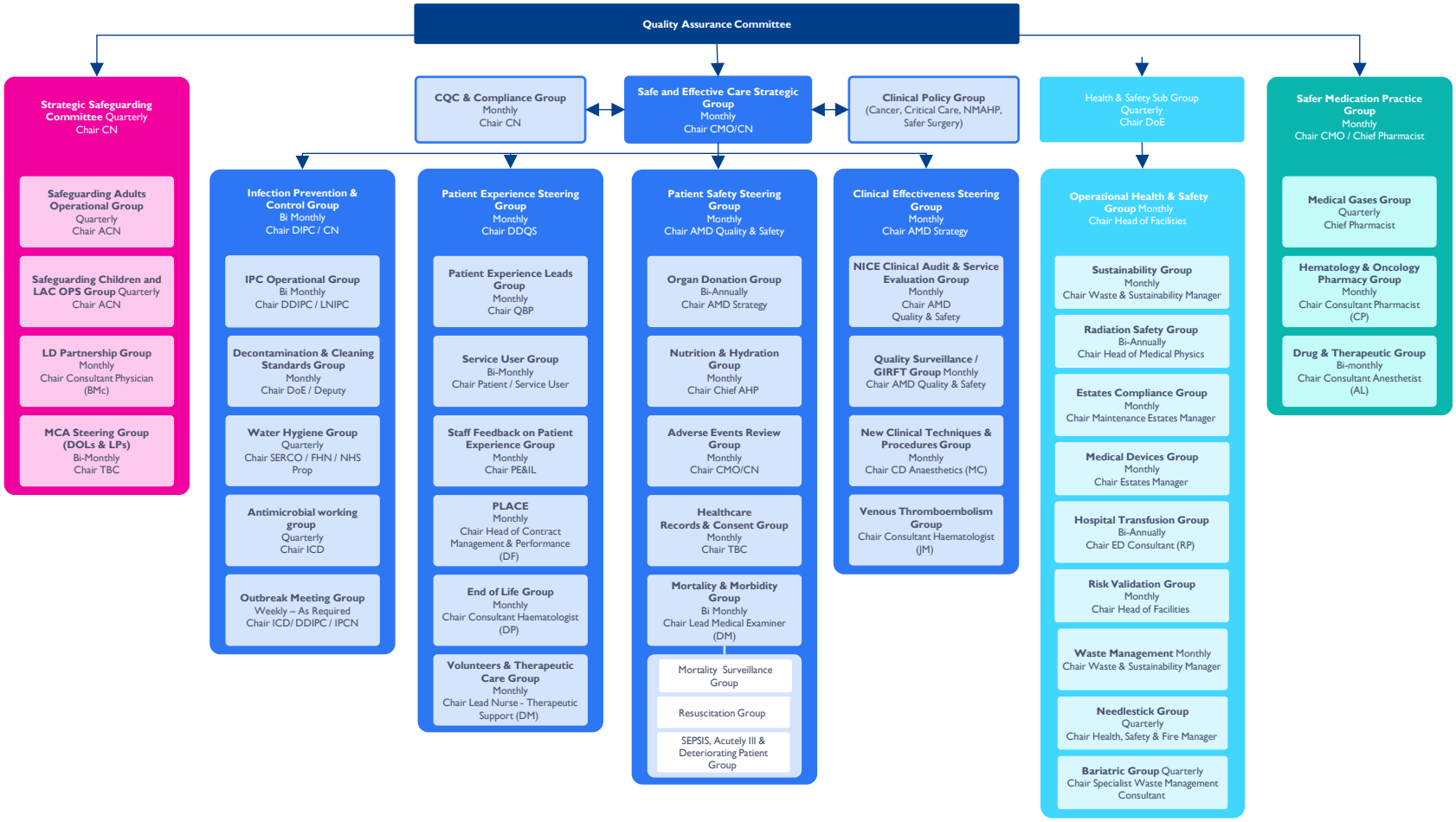
Board Assurance and Governance

Board assurance is an approach for ensuring that **boards** get the right information, which is accurate and relevant, at the right time and with a level of **assurance**. This is delivered through the Board Sub **Committees** which have authority, power, and responsibilities, and each **committee** operates under its own terms of reference. The **board** retains ultimate responsibility for any actions made by the **committee**.



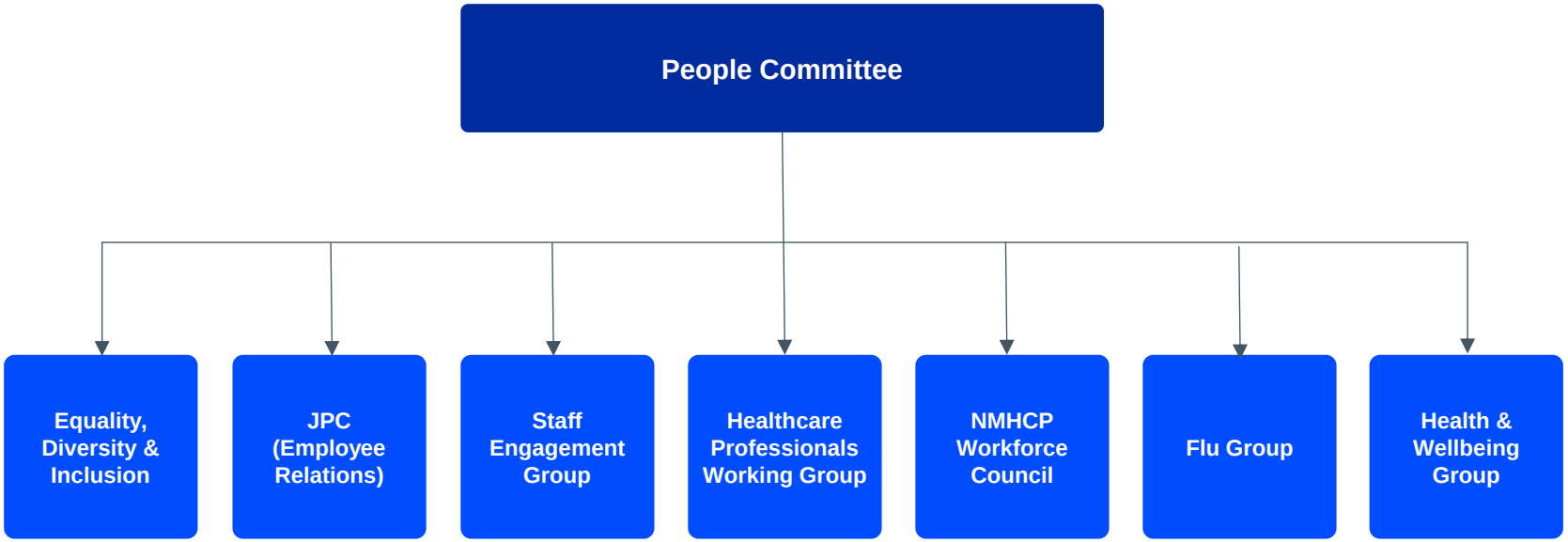
Quality Assurance Committee

The Quality Assurance Committee (QAC) is a sub group of the Trust Board and provides assurance to the Board on all matters relating to Quality and Safety. Outlined below are a series of groups that report QAC. These have recently been reviewed and aligned with the new collaborative structure. QAC will gain assurance on delivery of the Clinical Strategy, Safety and Quality Strategy, Nursing and Midwifery Strategy and Research and Innovation Strategy.



People Committee

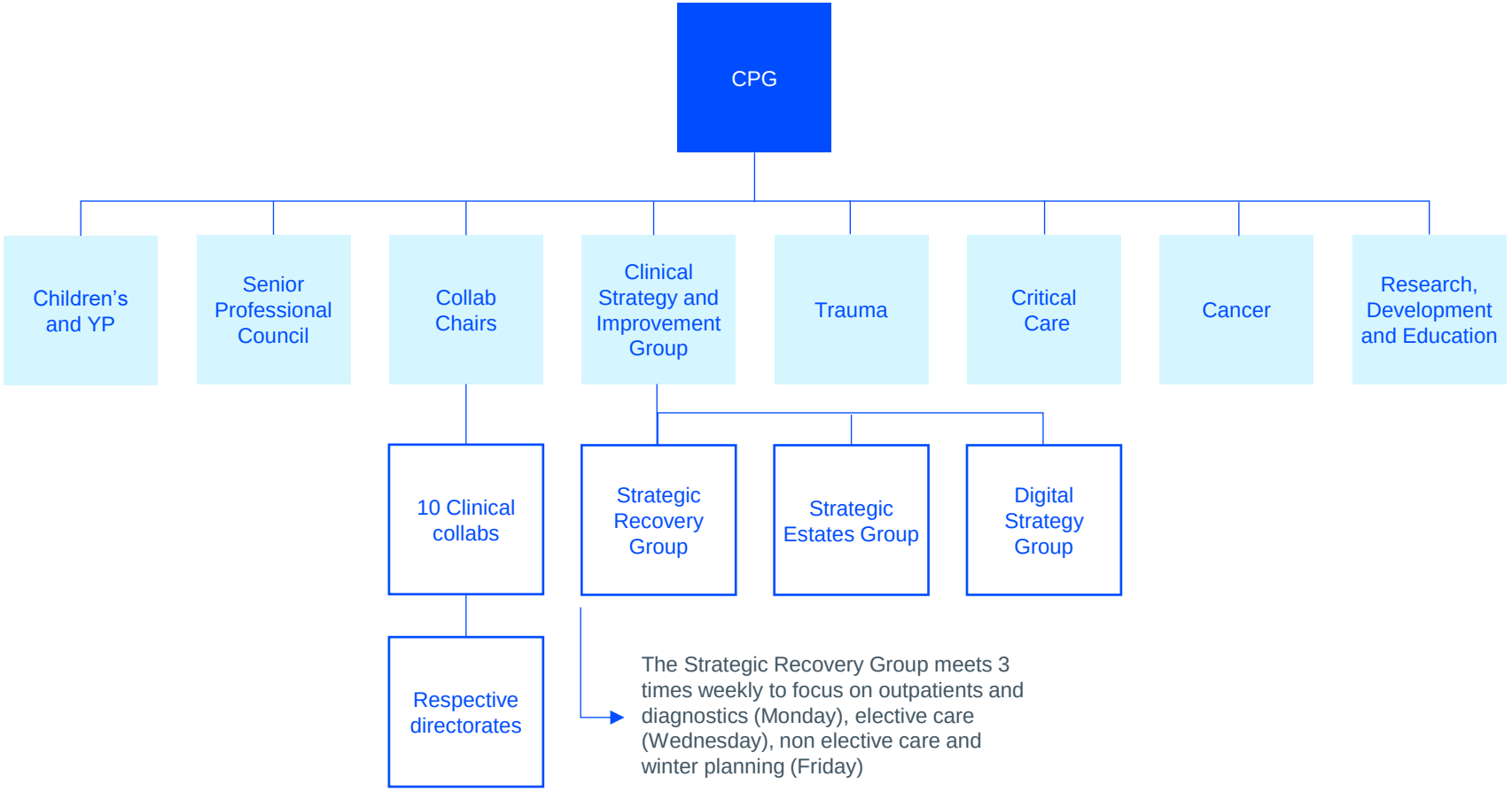
The People Committee is a sub group of the Trust Board and provides assurance to the Board on all matter relating to our staff. The reporting groups are aligned to the new clinical collaboratives and the People Committee will provide assurance to the Board on delivery of the People Plan.



Resource to follow

CPG Connecting Groups

This Clinical Strategy Group has been established by the Board of Directors as the senior delivery and management group of South Tees Hospitals NHS Foundation Trust. The Role of CPG is to oversee the delivery of the Trust Strategy by providing independent, robust and credible strategic clinical advice and leadership to support delivery of the best outcomes for the population we serve. Reporting to CPG are a series of clinical reference groups.



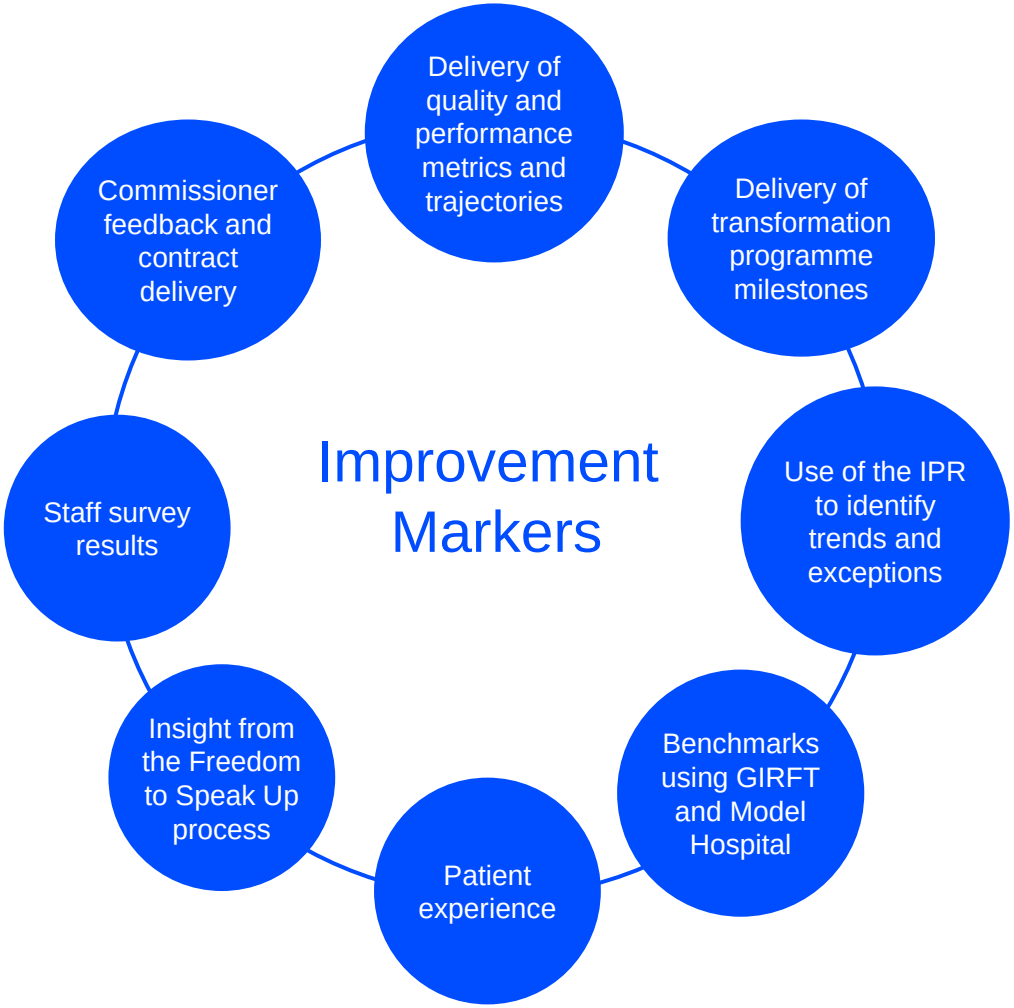
How We Work: Assurance Framework

The Assurance Framework provides clarity around what Directorates and Clinical Collaboratives are responsible for and provides support to manage business and improvement plans and to escalate when support is required to mitigate risk. The framework joins up the governance of quality, performance, finance, workforce and enables the delivery of CQC Fundamental Standards and achievement of CQC compliance. Underpinning the Assurance Framework are a series of strategic and operational groups that bring together key individuals to plan and problem solve through the sharing of information and performance monitoring.

Key meeting	Purpose
Directorate meetings	The forum that brings together service managers and clinicians to plan and deliver safe, effective, caring, responsive and well-led services. Directorates also the manage risk across all their services and where necessary escalate to the Clinical Collaborative Board. Directorates report to Collaborative Boards via a monthly Chairs Log.
Collaborative Boards	The Collaborative Board creates a single line of accountability for delivery of a Clinical Strategy and operational delivery including safety, quality, activity performance, financial and the workforce relating to the clinical services within the Collaborative. Collaborative Boards receive a monthly Chairs Log from each Directorate. The Collaborative Board produces a monthly Chairs Log for Collaborative Chair meeting.
Collaborative Chairs Meeting	Weekly meeting chaired by the Chief Medical Officer where all clinical collaborative chairs come together to discuss issues from their collaborative with their peers. In addition to this the meeting serves as a precursor to the Clinical Policy Group (CPG) meaning that the collaborative chairs are sighted and involved with the workstreams which then go to CPG for sign off.
Clinical Policy Group (CPG)	CPG is the main decision-making body of South Tees Hospitals NHS Foundation Trust. In this role the CPG is responsible for taking the decisions around how we allocate our resources and deliver care to ensure safety and quality. CPG attendance includes the Senior Leadership Team, Clinical Chairs, Clinical Directors, Chief and Lead Nurses, Lead Allied Health Professionals.
Governance sub committees	Collaborative Boards are to forward specific information and/or escalate through the formal sub groups of the Trust Board. This joins governance of clinical services with Trust-wide groups and oversight
SLT Support and Assurance	SLT to meet with Collaborative leadership team for support, assurance and problem-solving. Frequency of meetings to be determined. Agenda owned by the Collaborative.

Improvement Markers

We will use a range of markers and methods to know that we are improving. Quantitative (activity, waiting lists and key metrics) and qualitative information (staff survey, patient feedback, clinical intelligence) will be used. Benchmarking with comparator Trusts will help identify where we can improve and we will seek, adapt and adopt good practice from elsewhere.



Appendix 1: Glossary of Terms

Acronym	Meaning
c.difficile	Clostridium difficile
CGA	Comprehensive Geriatric Assessment
CMO	Chief Medical Officer
COO	Chief Operating Officer
CPG	Clinical Policy Group
CQC	Care Quality Commission
ECIST	Emergency Care Improvement Support Team
ED	Emergency Department
EDD	Estimated date of discharge
ENT	Ear Nose and Throat
HCAI	Hospital acquired infection
HR	Human Resources
ICP	Integrated care partnership
ICS	Integrated care system
JPC (employee relations)	Joint Partnership Committee
LOS	Length of stay
MD	Managing Director
MDT	Multi-disciplinary Team

Acronym	Meaning
MRSA	methicillin-resistant Staphylococcus aureus
NMHCP	Nursing, Midwifery and Healthcare Professionals
OMFS	Oral and Maxillofacial Surgery
PDD	Planned date of discharge
PSAG (Patient Status at a Glance), EDD and PDD	Patient Status at a Glance
PSIRF	patient safety incident response framework
RTT	Referral to treatment
SDEC	Same Day Emergency Care
SHMI	Summary Hospital-level Mortality Indicator
SOPs	Standard Operating Procedures
SPA	Single Point of Access
SPOR	Single Point of Referral
STAQC	South Tees Accreditation for Quality of Care
UTC	Urgent Treatment Centre
VTE	Venous thromboembolism

THANK YOU

NHS
South Tees Hospitals
NHS Foundation Trust

Our People Plan

2021 - 2023

Safety and Quality First

Contents

South Tees NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust is the largest hospital trust in the Tees Valley serving the people of Middlesbrough, Redcar and Cleveland, Hambleton and Richmondshire and beyond.

Our Trust is responsible for services at The James Cook University Hospital in Middlesbrough and the Friarage Hospital in Northallerton as well as community services in Hambleton and Richmondshire, Middlesbrough and Redcar and Cleveland.

We have a workforce of over 9,000 providing a range of specialist regional services to 1.5million people in the Tees Valley and parts of Durham, North Yorkshire and Cumbria, with a particular expertise in heart disease, trauma, neurosciences, neonatology, renal services, cancer services and spinal injuries.

OUR MISSION, VISION, VALUES AND BEHAVIOURS

NHS
South Tees Hospitals
NHS Foundation Trust

OUR MISSION

Safety and quality first

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

OUR VISION

Empowering our Clinicians

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

OUR VALUES AND BEHAVIOURS

THE SOUTH TEES WAY

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

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

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

Welcome

Welcome to our People Plan, which sets out our approach to developing, strengthening and retaining our workforce over the next two years.

Now, more than ever, we want our people to feel valued, equipped and empowered to provide the best possible experience and outcomes for patients.

Our people are at the heart of everything that we do and are key to providing great care for patients and making South Tees a great place to work. We know that when we come together, such as during the COVID-19 pandemic, we see people from every part of the Trust and in every role step up and achieve extraordinary results – together there is a commitment to get South Tees back to our best and beyond.

Our People Plan is critical in developing our culture and underpinning our values in all that we do to attract, recruit, develop, retain and support our people and teams to meet the needs of our patients across the Tees Valley and beyond.

The changing landscape of health and social care and the development of the Integrated Care Systems will require our people to work in different ways working more collaboratively and developing more effective partnerships with other system partners. Involving colleagues in change and seeking their ideas and feedback is crucial to service improvement and developing new ways of working. Our people need to feel valued and supported.

To successfully deliver our People Plan, there needs to be extensive ongoing engagement and involvement of our colleagues. Our approach to a clinically led organisation, through our clinical policy group, will strengthen, with our leaders pivotal in creating this environment and culture within our teams.

This Two-Year People Plan is intended to be an enabler for our new clinical collaborative to embed our people values into the heart of our Trust.

Photo and signature:

Ada Burns

Sue Page

Rachael Metcalf

The aim of the People plan is

“To make South Tees the best place to work"

The NHS People Plan (2020) highlights four national priority areas deemed as crucial to supporting transformation across the NHS. These priorities focus on how we support each other and foster a culture of inclusion and belonging as well as growing our workforce differently to deliver patient care.

Our People Plan for 2020/23 articulates how we will deliver on these national priorities by improving the working experience of our people through our five key strategic enablers.

We want to be the employer of choice for both existing colleagues and potential new colleagues in all areas of the Trust.

This will be achieved through five key strategic enablers.

The Reasons for Change

The CQC rated us as requires improvement in 2019. Our clinicians have a shared ambition to return South Tees to its best.

To do this we need to fully embed our values to be respectful, caring and supportive to all our colleagues and patients all the time. We have already seen an improvement in our recent staff survey with 59.1% of our people recommending South Tees NHS Foundation Trust as a place to work, in comparison to 44.4% in 2019. We know that when we treat our colleagues well, this translates to better outcomes for our patients.

We will achieve our people journey through the delivery of our five strategic aims, each of which will be assigned actions and measurable outcomes and lead to our goal of making South Tees the best place to work

We have a number of people shortages in some key areas and an ageing workforce. In addition our overall our turnover is around 11% each year. Our ambition is to make ourselves a more attractive employer to retain our colleagues and provide a flexible approach to working lives.

Sickness rates are challenging for us and remain a key focus. We have a dedicated workforce; however high sickness absence does impact on our patients. The main reasons for absence are mental health and musculoskeletal conditions. We will expand our health and wellbeing support to our people and ensure well-being conversations are a part of our offer to all colleagues.

At the heart of our People Plan is our commitment to make South Tees a better and fairer place for all people and really celebrating talents, whatever their background or needs. We now have almost 10% of our workforce who identify as BAME and over the next 2 years we will be embracing a reciprocal mentorship programme to enable us to become more compassionate and inclusive whilst ensuring that you too have a voice that counts.

Our People

In terms of length of service, the workforce is generally well-balanced with a sizeable number of individuals with a length of service in excess of 10 years (35.1%), with medium service of five to 10 years (16.66%) and newer employees of less than five years (48.23%).

We are extremely proud of our volunteer workforce, currently 200 strong with plans to bring back a number of volunteers who supported us through COVID-19. Students are a vital part of our South Tees family and it is great to see many convert to directly employed roles on qualification.

81.36% of our colleagues identify as female which is largely consistent with the national workforce profile.

In contrast to the national profile, our workforce profile shows an even distribution of ages, with a generally younger median than the national. However, age distribution in specialties and specific staff groups are, in places, less well distributed.

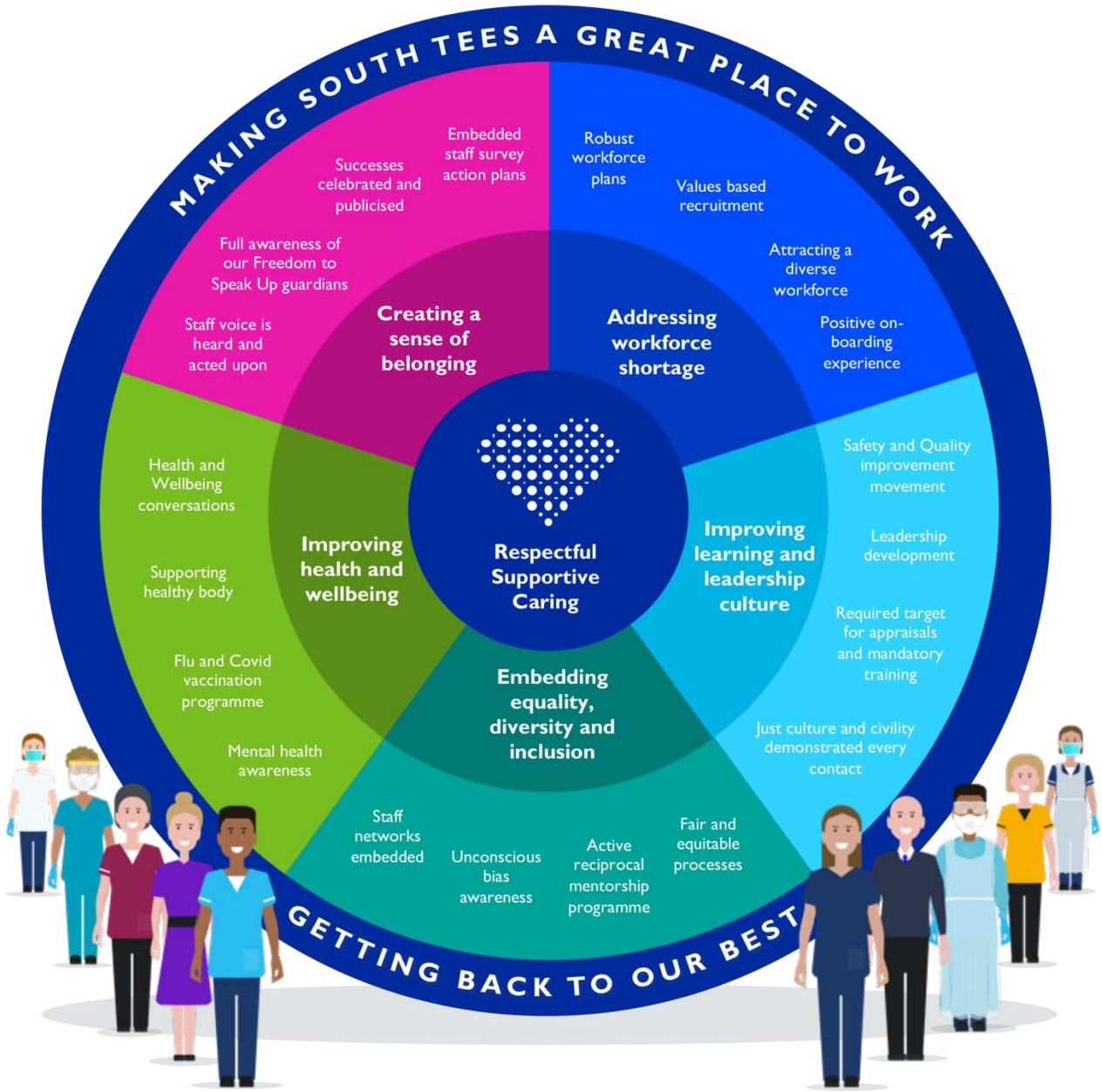
9.77% of our workforce come from Black, Asian or Minority Ethnic (BAME) backgrounds, which is more diverse than our local community, but in line with patterns of national and international recruitment to clinical posts.

2.59% of our workforce identify as disabled; we recognise we need to continue to create a more diverse workforce and our People Plan supports this ambition.

South Tees NHS People Plan on a Page

Our aim is to make South Tees NHS Foundation Trust a great place to work. We want to be an employer of choice for our existing people and potential new colleagues.

To achieve our aim we will together continue on our improvement journey and deliver our People Plan through five strategic enablers with measurable actives. Developing an inclusive and compassionate culture is key as we continue on our road to get us back to our best.



Addressing Workforce Shortages

We have some difficulties recruiting people, particularly where there are national shortages such as medical staff, specialist nursing, midwives and some allied health professions. In addition, our workforce retirement projections over the next 5 years are a concern in some areas. Working for South Tees isn't just about a job, it is about being part of something that is special and valued. We will support our people to be able to recognise and celebrate the difference that they make to our patients and our communities and to each other.

In order to attract and retain the right people in the most effective ways we will develop joined up approaches and innovative solutions to recruitment and career development. We will be creative in our approach to employment to meet the needs of our diverse workforce throughout their career. We will develop and implement a workforce planning model for clinical and non-clinical roles to support the delivery of national, regional and local healthcare objectives.

Building our relationships with higher education and further education sectors will provide an opportunity for us develop a talent pipeline and also enable our colleagues to develop into new roles.

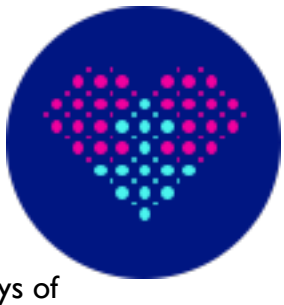
Objectives

- Develop a long term sustainable workforce planning process to identity workforce needs now and in the future with recruitment plans in place to support them, alongside efficient resourcing plans to ensure that we utilise our people when and where they are needed
- Establish real time reportable establishments and vacancy rates for our clinical collaboratives to support recruitment.
- Develop creative and flexible values based approaches to recruitment, attracting and retaining colleagues who are looking for flexibility throughout their employment
- Overall reduction in agency spend and overtime
- Work with our colleagues and local communities to develop South Tees as the employer of choice

Success will look like:

- Each collaborative has a robust workforce plan
- We attract, recruit and retain an efficient, effective and diverse workforce
- Values based recruitment is embedded and evidenced
- Continued improvement in colleagues recommending South Tees as a place to work as evidence in the national staff survey.
- Welcome day is relaunched leading to a positive on boarding experience

Create a Sense of Belonging



We want to make the Trust a great place to work and encourage people to develop their career here. It is important for our people to know that we listen and take action on suggestions for improvement.

Working together we will develop an engagement plan which will enable the Trust to communicate and listen to our colleagues, introducing innovative ways of communicating ensuring colleagues know how to share ideas and are engaged and involved in the improvement process. There will be open, transparent and positive ways for people to raise concerns and identify learning opportunities in adopting just culture approach. We seek to reward, praise and celebrate colleagues for their contribution to their service and the people we serve.

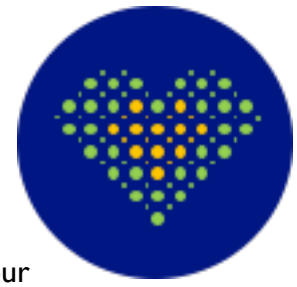
Objectives

- Actively engage, listen and feedback to colleagues so they feel valued and respond positively to annual staff survey and regular check in surveys to improve job satisfaction
- Ensure that we have open, honest, transparent and positive channels in which colleagues can raise concerns
- Reward, praise and celebrate colleagues for the contribution they make to the Trust, patients and other colleagues
- Continue to promote the role of the Freedom to Speak Up Guardians ensuring all colleagues are aware of the role and how to access them
- To provide colleagues with the respect, support and care they deserve

Success looks like

- Staff survey engagement scores increase year on year and colleagues feel valued, engaged and happy at work
- Robust staff survey action plans owned in each clinical collaborative
- Colleagues are willing to and regularly offer feedback which is acted upon
- Colleagues know how to access information and how to contribute to Trust issues
- The Trust truly adopt a just and restorative approach, with an open and transparent culture of raising concerns
- The Trust celebrates and rewards our colleagues for the work they do
- Increase in staff survey response rate overall and within each collaborative
- Colleagues paid correctly every month every time

Improving Health and Wellbeing



COVID-19 has heightened our awareness that it is crucial for us to care more about our own and each other's health and wellbeing. Good health and wellbeing of our people is a key focus and we want to ensure that we provide support for mental, physical, personal and financial wellbeing.

We want a positive and wellbeing culture with initiatives that are relevant to our colleagues both now and in the future. We will promote our health and wellbeing and engagement initiatives to ensure all colleagues are aware of what is available and that it is embedded across the whole Trust. We want to support colleagues to enable them to achieve good attendance and we will focus specifically on mental health awareness and address identified issues of concern.

Objectives

- Develop a positive workplace environment that supports health and wellbeing
- Ensure our policies and practices support health and wellbeing
- Support healthy body for all and ensuring healthy eating options are available
- Encourage a healthy mind and reduce stigma relating to mental health
- Promote and support financial wellbeing

Success looks like

- The Trust is recognised for its efforts on improving health and wellbeing – securing better health at work award
- Health and wellbeing initiatives are well known across the Trust by all colleagues and promoted by Trust leaders
- Colleagues believe that the Trust is committed to their health and wellbeing as demonstrated in the staff survey
- Sickness absence is effectively managed with the aim for each clinical collaborative to achieve the Trust target of 3.9%
- Each clinical collaborative to facilitate health and wellbeing conversations with all colleagues via routine 1:1's and annual appraisal conversations

Improving Learning and Leadership Culture

Everyone has a role to play to improve patient care and therefore we need to ensure that we are supporting our people effectively. We will provide excellent learning and development opportunities for people at all levels and make sure they have the knowledge, skills and confidence to do their job well.

As part of our journey to get back to our best we will improve how we lead and manage people at all levels in the Trust - managers and leaders will be supported to create and inspire great teams, look after their people and create environments in which people from all backgrounds and abilities are able to flourish.

We have developed a Leadership and Safety Academy for South Tees NHS Foundation Trust. The objective of the academy is to put safety and quality first. Our strategy is to provide Leadership and Safety Development to support our clinical leaders of today and tomorrow to shape the safe care - and the teams delivering safe care – for now and the future.

We will provide a range of evidence-based development opportunities to enable leaders to have the core skills and leadership training to support the delivery of safe, quality care.

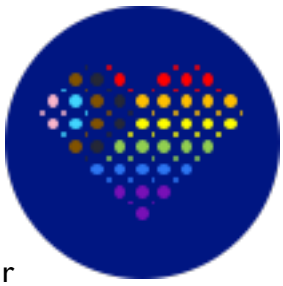
Objectives

- To deliver in house suite of Quality Improvement training and support offers To deliver in house leadership development program
- To develop leadership apprenticeship partnerships
- To develop organisational development partnerships and embed a culture and capacity for OD through development of internal network of OD practioners
- To deliver an annual strategic programme of events
- To develop and deliver patient safety and quality training

Success looks like

- A culture of transformation, collaboration and continuous quality improvement
- Human Factors training embedded into practice
- Civility and Just Culture are a part of South Tees DNA
- Every colleague fulfilling a management or leadership role has access to development and training
- Ownership and accountability at all levels where people recognise that they can help to create the culture they are a part of.

Embedding Equality, Diversity and Inclusion



Through our equality, diversity and inclusion initiatives we will look to promote our values at every opportunity and specifically to engender a sense of belonging for all by creating an environment where we value unique differences.

We will embrace diversity and promote inclusion. We will strive to ensure our workforce is representative of the communities that we serve, and recognises the contribution of all colleagues and is supportive, fair and free from discrimination and ensure there is psychological safety for all.

Objectives

- Ensure open and transparent opportunities for all
- Review people policies and procedures
- Create diverse and inclusive culture
- To keep our colleagues safe and well at work

Success looks like

- We have a diverse workforce representative of the communities we serve
- Staff networks are embedded, meet regularly and have membership from across the Trust
- We can demonstrate equitable and fair processes so that all colleagues feel valued and able to challenge discrimination.
- An embedded reciprocal mentorship programme

Together we can succeed

We recognise that we are on an improvement journey and need to continue to embed our values and behaviours. To get back to our best we have developed our three phase improvement plan which was contributed to and now owned by colleagues across the Trust. Our People Plan underpins our improvement plan and is the key to our success.

To achieve our vision, it is vital that we engage all of our colleagues and volunteers and ensure that everyone understands the huge difference they make to each patient's journey.

Patient safety and quality is at the heart of our improvement journey and our Leadership and Safety Academy (LSA) will embed leadership development, improvement training and organisational support throughout the Trust.

The (LSA) will have organisational impact as follows:

Input	Output	Outtake	Outcome	Organisational impact
Cohorted leadership development	Provide monthly bespoke support to collaborative chairs	Clinical chairs receive regular leadership support	Clinical chairs and their trams benefit from a sustained leadership approach	Developing the organisation for safety
Leadership and Improvement training	Provide sustainable education and training to South Tees NHS Foundation Trust	Whole Trust access to leadership, improvement training	Whole Trust benefits from strategic education around leadership and improvement	Consistent co-ordinated leadership development
Organisational Development support for teams	Dedicated team input for South Tees Teams	Areas receive intense bespoke support	Increased ability to speak up and seek support	Safer, open discursive culture
Understanding the effect of your behaviour on others (Colleagues and patients)	Provide sustainable simulation, human factors and civility education to South Tees NHS Foundation Trust	Access to training on real time safety issues as well as evidence based culture training	Awareness of the negative effect on patient care of our behaviour towards our colleagues	Development of a Generative Safety Culture

Annex 1

Targets and Measures - Addressing workforce shortages

Target	Measure	Benchmark	Timescales
Workforce Planning	Each collaborative to hold a robust workforce plan	Regional staff data of similar size Trust	2021/22 Q4
	Each collaborative hold a heat map of anticipated retirements	National & Regional trainees by specialism over next five years v staff leaving specialism over next five years	2021/22 Q4
	All potential staff shortages in specialism identified – to include job redesign; workforce remodelling, succession planning	ICS workforce planning data	2021/22 Q4
		Work with neighbouring Trusts to review new roles and partnership working.	
Real time vacancy data	Utilise the TRAC system for all recruitment activities, linking to ESR	Regional data	2021/22 Q3
	100% of applications from vacancy approval to hire are processed through TRAC		2022/23 Q4
	100% of establishment is recorded in ESR		
Recruitment	Recruitment questionnaire is issued to 100% of successful candidates and experience is rated as good by 75% or more of all candidates	Local average turnover across the region is	2021/23 Q4
		National average NHS turnover rates are	
	All interview panels will ask values based interview questions		2021/22 Q3
	Aim for 100% of recruitment panels to include BAME colleagues for band 7 +		2021/22 Q4
	Undertake analysis of voluntary and in voluntary turnover.		2021/22 Q4
	Develop an exit strategy to		2021/22 Q3

	include stay an itchy feet conversations Local induction embedded into each collaborative		2021/22 Q4
Reduce Agency Spend	100% of long term agency filled positions are advertised Clinical Collaboratives to hold action plan to reduce agency spend and overtime	Regional time to hire rates National time to hire rates	2021/22 Q2 2021/22 Q3
Employer of choice within local communities	Attendance at a minimum of 2 job fairs and University events per year Link with job fair organiser to ensure that local community, eg: BAME groups are aware of events. Increase current NHS annual staff survey 2020 of 59% of colleagues would recommend South Tees as a place to work	 Nationally best score 84%	2022/23 Q4 2022/23 Q4 2022/23 Q4

Targets and Measures to Create a Sense of Belonging

Target	Measure	Benchmark	Timescale
Engagement and Staff Survey	Increase response rate against 2020 response rate of 28%	45% median response rate nationally	2022/23 Q4
	Upper quartile in NHS annual staff survey for how colleagues feel valued	Increased overall NHS annual staff survey position year on year against best in sector scores	2022/23 Q4
	Increase current 2020 staff survey engagement score of 6.9 year on year	Nationally best score 2020 7.6	2022/23 Q4
Raising concerns and issues	These are dealt with in a timely manner in line with Trust Policy (Grievance, Dignity at Work and FTSU)	Regional data	2021/22 Q2
	Implement outcome questionnaires with 80% of colleagues rating they are satisfied with their response and have been treated in a fair manner.		2021/22 Q3
	Year on year reduction of appeals received		2022/23 Q4
Reward	Continue with STAR awards encouraging more colleagues to participate	Regional data	2022/23 Q4
	Reinvigorate the Long Service awards process to ensure all colleagues who retire and/or achieve 25 years long service are recognised		2021/23 Q3
	Specific campaign and communication around Total Rewards Statements, encouraging colleagues to review how much their overall NHS package is worth		2021/22 Q3
To provide colleagues with the respect, support and care they	To work with collaborative to ensure robust processes are in place to pay colleagues	Payroll KPI report	2021/22 Q2

deserve	correctly each month To implement an electronic vacancy control process and provide managers with autonomy to manage their workforce	Monthly reports produced via trac.	2021/22 Q2

Targets and Measures Improving Health and Wellbeing

Target	Measure	Benchmark	Timescales
Workplace Environment	Reduce absence to 3.9%	Regional Trust Targets	2021/22 Q1
	Develop an Individual absence management plan for each collaborative		2021/22 Q4
	Normalise conversations about flexible working and agile working		2021/22 Q4
	Develop home working policy to support staff groups		2022/23 Q2
	To ensure all staff rooms are adequate and of a suitable standard		2022/23 Q4
	To create a safe space for colleagues to relax away from their work area		2021/22 Q4
Policies and Practice	Embed wellbeing into 100% of HR policies and people practices across the Trust	Regional Data	2021/22 Q4
	Embed wellbeing into leadership and management programmes		2022/23 Q3
	80% attendance at wellbeing related learning and development events eg., people management events		2022/23 Q3
Healthy Body for All	95% flu vaccine update	National /Regional flu vaccination data	2021/22 Q3
	95% of covid vaccination /booster update	National Regional Covid vaccination data	2021/22 Q3
	80% update of OH prevention and rehabilitation services against proposed sessions available		2022/23 Q2
	Increase 2020 NHS Staff Survey Health and Wellbeing score of 5.6	Highest National Score in 2020 6.9 Lowest National Score 5.5	2022/23 Q4
	Increase 2020 staff survey	Highest National Score	2022/23 Q4

	score – Does your organisation take positive action on health and wellbeing 22.8%? A health and wellbeing conversation occurs during annual appraisal with 80% of colleagues	51.1% Lowest National Score 20.3%	 2022/23 Q1
Reduce Mental Health Sigma	To achieve mindful employer status To achieve Better Health and Work Award	Comparable with status of regional Trusts	2021/22 Q4 2022/23 Q1
Financial Wellbeing	Implementation of hardship fund Implementation of partnership working with debt consolidation company 80% uptake of proposed places at financial wellbeing events and workshops	Comparable with activities of regional Trusts	2021/22 Q1 2021/22 Q2 2021/22 Q4

Targets and Measures Improving Learning and Leadership Culture

Target	Measure	Benchmark	Timescales
Quality Improvement Program	Develop and evolve improvement skills provision Provide structures and systems to help manage improvement in a consistent way Improvement as core business Deliver fundamental, Novice, Intermediate and Expert level training Deliver medic specific programme to all junior doctors Ownership at local level of improvement projects	350	21/22 Q4
Leadership	Delivery and coordination of leadership and management development programmes, empowering staff at all levels to demonstrate compassionate leadership	350	21/22 Q4
Continuous and quality improvement processes	To align improvement processes to the Trust strategy and commence an annual improvement cycle	All collaboratives to have engaged with the cycle	21/22 Q4
To embed a culture of organisational development	To create a coordinated approach to organisational development which is both responsive and proactive to Trust needs. Deliver and embed the Affina OD Team journey programme to support OD coaching capability across the Trust. Build on the 19/20 foundations and make OD business as usual	20 teams engaged (up to end March 21)	21/22 Q4
Annual strategic programme of events	To work with leadership academy and external providers to generate an annual plan of strategic training that will enrich the EQIP system and enrich group dynamic	3 events	21/22 Q4
Develop patient safety and quality journey	To embed responding to incidents stage 1 and 2 training ensuring an integrated delivery with the patient safety team	Safety education to be business as usual	21/22 Q4

	Ensure annual training plan and metrics are in place via education dashboard		
Statutory and Mandatory Training	Achieving Target of 90%	Regional and National Trust training targets	2021/22 Q3
Appraisals	Achieving Target of 80%	Regional and National Trust training targets	2021/22 Q3
Quality of Appraisals	Quarterly dip sample /audit where at least 90% of those sampled are of a good quality, when scored against a model appraisal criteria	n/a	2022/23 Q2

Targets and Measures - Embedding Equality, Diversity and Inclusion

Target	Measure	Benchmark	Timescale
Open and transparent opportunities	Review 100% of people policies to ensure no unconscious bias Ensure 100% of people policies have an equality impact assessment Ensure each recruitment panel has at least one member trained in unconscious bias. To increase representation of protected characteristics on each recruitment panel.	Regional data	2021/22 Q2 2021/22 Q2 2021/22 Q3 2021/22 Q4
People policies and procedures	To support colleagues considering promotion through dedicated support programmes To introduce values based appraisals Weekly vacancy bulletin visible	Regional data	2021/22 Q4 2021/22 Q3 2021/22 Q1
Diverse and inclusive culture	To undertake an audit to identify colleagues who have remained in role and not progressed To support colleagues considering promotion through dedicated support programmes Increase promotion opportunities for colleagues from protected characteristic backgrounds	Regional data Staff Survey increase in WRES specific questions by 3-5%	2021/22 Q4 2022/23 Q1 2022/23 Q1
	To have a fully embedded reciprocal mentorship programme in place, with regular feedback and representation to clinical collaboratives	National/regional benchmark data	2022/23

SOUTH TEES HOSPITALS NHS FOUNDATION TRUST COMMUNICATION & ENGAGEMENT STRATEGY 2021-23

1. EXECUTIVE SUMMARY

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

The strategy is coterminous with the trust's two-year strategic plan and sets out how the organisation will continue to effectively communicate and engage patients, stakeholders, the public and colleagues at each juncture in its journey.

In doing so, it will build on the measurable outcomes achieved in its earlier iteration (2019-21) to deliver a positive shift in awareness, attitudes and behaviours. To achieve this shift, the approach described below is grounded in a situational analysis and messaging designed to address key assumptions by the trust's audiences.

The trust's clinically-led journey will underpin the delivery of the communication and engagement strategy's objectives and will be refreshed and updated at regular intervals over its two year lifespan (2021-23).

2. ANALYSIS

Strengths	**Weaknesses**
- Patient feedback on STHFT services is positive. - STHFT has an established vision of clinically-led services which is supported by commissioners and stakeholders. - STHFT medical, nurse and AHP skills and professionalism are high and recognised regionally and nationally. - The NHS brand remains one of the strongest in the UK on levels of recognition and trust. - Significantly improved staff engagement levels and outcomes. - Relationships with stakeholders and partners are much-improved.	- The unprecedented toll which the pandemic has taken from colleagues is immense and the psychological impact will be felt long after the pandemic has ended. - The pandemic has shown again that our clinicians are amongst the best in the country. But their efforts are often let down by ageing and cramped facilities – the bricks and mortar. - Significant PFI costs.
Opportunities	**Threats**
- There is good identification of the high levels of specialism and skills of STHFT medical, nursing and AHP staff by stakeholders and other external audiences. - The 2020 NHS Staff Survey demonstrates significant improvements in staff engagement. - National recognition of the PFI challenges faced by STHFT. - Joint chair and strategic board provide greater opportunities for population health, capital investment and other improvements.	- Inability to resolve structural PFI debt. - Maintaining pace of change required. - Recruitment challenges. - Inconsistent messaging leading to a lack of clarity on the organisation's direction of travel.

3. STAKEHOLDER ANALYSIS

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

Enabling stakeholders (who permit STHFT to operate)

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

Functional input stakeholders (who contribute to resourcing STHFT services)

- NHS Tees Valley CCG
- NHS North Yorkshire CCG
- NHS Hartlepool and Stockton-on-Tees CCG
- NHS Darlington CCG
- NHS Durham Dales Easington and Sedgefield CCG
- NHS North Durham CCG
- NHS South Tyneside CCG
- NHS Sunderland CCG
- NHS North Cumbria CCG
- NHS Vale of York CCG
- NHS Newcastle Gateshead CCG

- NHSE England (specialist commissioning)
- STHFT staff
- Ministry of Defence (Defence Medical Services)

Functional output stakeholders (who receive STHFT services)

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

Normative stakeholders (who have interconnected interests)

- North Tees and Hartlepool NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- North East Ambulance Service
- Gateshead Health NHS Foundation Trust
- South Tyneside & Sunderland NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Middlesbrough and Redcar & Cleveland HWBB
- North Yorkshire HWBB
- Public Health England
- Trades Unions / Royal Colleges
- Teesside University

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

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

Interest

• Teesside University • Gateshead Health NHS Foundation Trust • South Tyneside & Sunderland NHS Foundation Trust • Leeds Teaching Hospitals NHS Trust	• Department of Health and Social Care • NHSE/I • ICS/ICP • Care Quality Commission (CQC) • Middlesbrough OSC • Stockton OSC • South Tees Joint OSC • North Yorkshire OSC • Members of Parliament (direct) • Media (local, regional and national) • Healthwatch South Tees • Healthwatch North Yorkshire • STHFT Governors • Middlesbrough patients • North Yorkshire patients (Hambleton & Richmondshire) • Tees Valley patients (Redcar & Cleveland, Middlesbrough) • North East and Cumbria patients • North of England patients • STHFT Governors • STHFT members • STHFT staff • Trades Unions, BMA and and Royal Colleges
• North Yorkshire Police • Cleveland Police • Other UK government departments • Members of Parliament (indirect)	• North Tees and Hartlepool NHS Foundation Trust • County Durham and Darlington NHS Foundation Trust • Newcastle upon Tyne Hospitals NHS Foundation Trust • Northumbria Healthcare NHS Foundation Trust • Tees, Esk and Wear Valleys NHS Foundation Trust • North East Ambulance Service • Middlesbrough and Redcar & Cleveland HWBB • North Yorkshire HWBB • Public Health England • North Yorkshire and Cleveland LMCs

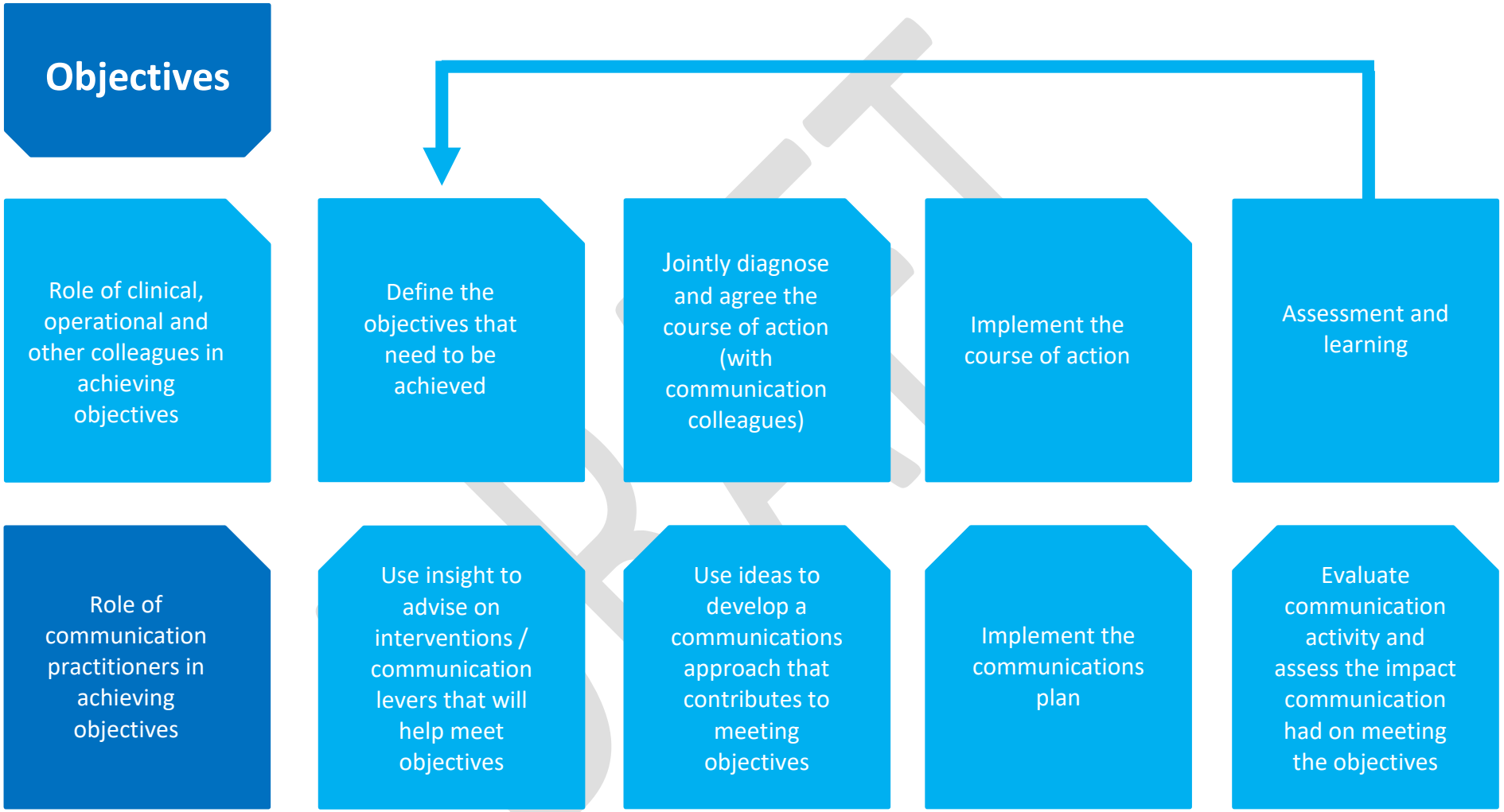
Influence

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

4. HIGH INTEREST/INFLUENCE STAKEHOLDER ENGAGEMENT METHODS

Stakeholders		How to reach	STHFT lead
North Yorkshire patients (Hambleton & Richmondshire)		Direct patient contact – primarily through FGH and community services	STHFT staff/Patient Experience
Tees Valley patients (Redcar & Cleveland, Middlesbrough)		Direct patient contact – primarily through JCUH acute services	STHFT staff/Patient Experience
North East and Cumbria patients		Direct patient contact – primarily through JCUH tertiary services	STHFT staff/Patient Experience
North of England patients		Direct patient contact – primarily through JCUH tertiary services	STHFT clinical staff/Patient Experience
Department of Health and Social Care		Through NHSE/I	Executive team
NHSE/I		Regular performance management process	Chief Executive
Members of Parliament (direct)		Face2face and MP correspondence	Director of Comms
Media (local, regional and national)		Briefings, media enquiries, news releases, digital output and engagement	Director of Comms
STHFT staff	Clinical	Face2face, staff weekly briefing, Talking Point, intranet, NHS staff survey, staff Facebook, staff side mtgs	Trust Board members (exec and non-exec)
	Non-clinical	Face2face, staff weekly briefing, Talking Point, intranet, NHS staff survey, staff Facebook, staff side mtgs	Trust Board members (exec and non-exec)
STHFT governors		Governors mtgs, Chair's updates	Chair/Company Secretary
STHFT members		Talking Point	Company Secretary
NHS Tees Valley CCG		Face2face, improvement plan	Executive team
NHS North Yorkshire CCG		Face2face, improvement plan	Executive team
North East Ambulance Service		Face2face	Chief Operating Officer
Yorkshire Ambulance Service		Face2face	Chief Operating Officer
ICS		Regular partnership working process	Chief Executive
ICP		Regular partnership working process	Managing Director
Care Quality Commission (CQC)		Face2face, regulatory process	Chief Nurse
Cleveland LMC		Face2face	Chief Medical Officer
North Yorkshire LMC		Face2face	Chief Medical Officer
North Tees and Hartlepool NHS Foundation Trust		Strategic Board	Managing Director
County Durham and Darlington NHS Foundation Trust		Regular partnership working process	Managing Director
OSCs		Regular committee attendance	Director of comms
Healthwatch (South Tees/ North Yorkshire)		Face2face and relevant committees attendance	Chief Nurse/ Director of Comms
Trades Unions		Face2face	Director of HR
Royal Colleges and BMA			Chief Medical Officer/Chief Nurse

5. STRATEGIC COMMUNICATIONS AND ENGAGEMENT FRAMEWORK



5. STRATEGIC OBJECTIVES

Objectives and performance measures will continue to be reviewed and refreshed over the two year life-span of the strategy. Initial strategic objectives are outcome focused, aligned to the trust's two-year strategy and will continue to be adapted at each step of the organisation's journey.

	Objective	Quarter 4 (2022/23)
Internal comms measures	Continue to deliver increased levels of employee engagement in order to ensure staff are able to influence and play a full role in the delivery of the organisation's next-phase journey.	Increase the percentage of staff who would recommend STHFT as a place to work by 5 per cent (evidenced through the NHS Staff Survey)
		Increase percentage of staff reporting care of patients / service users is STHFT top priority by 5 per cent (evidenced through the NHS Staff Survey)
External comms measure	Increase key message outtakes and stakeholder satisfaction in order to ensure a consistent and responsive approach through the delivery of the organisation's next-phase journey.	Achieve a 10 per cent increase in key messages reported and broadcast through digital and media channels (evidenced through media monitoring)
		Achieve a 10 per cent increase stakeholder satisfaction survey metrics (evidenced through stakeholder temperature-check survey)

6. CORE NARRATIVE

- Getting good NHS services is the most important thing to more than 1.5 million patients, carers and families in the Tees Valley, North Yorkshire and beyond who depend and rely on them. It is the most overriding thing to everyone who works at South Tees NHS Hospitals Foundation Trust too.
- Since the autumn of 2019, we've been empowering our clinicians to take the decisions about how we manage our resources and deliver care across our hospitals and services – supported by our amazing scientific teams, administrative, support staff and volunteers.
- This is absolutely vital – 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 and regional trauma centre.
- We are an anchor tertiary provider – delivering world-class cardiothoracic, spinal, cochlear implant, neurosciences, gynaecology and urology care for patients across the region – and one of only three hospital trusts in the UK operating three robotic surgical systems. Our major trauma centre sees half of all trauma cases in the North East and Cumbria.
- By enabling clinicians to come together to shape and deliver the care they want for their patients, we were rated by our colleagues in the 2020 NHS Staff Survey as the most improved Trust in the country.
- This clinically-led approach has been at the heart of our response to COVID-19 and the overriding goal set by our experienced clinicians to help keep colleagues, patients and service users safe.
- During the pandemic, our clinicians treated more than 4,000 patients with COVID-19 and it is testament to the hard work and dedication of our fantastic colleagues that, at the same time, they delivered more 25,000 operations, including over 15,000 planned surgeries.
- Our laboratory colleagues were amongst the first in the country to develop round the clock on-site testing for COVID-19 and James Cook was one of the world's first COVID vaccination centres.

- Our significant contribution to the COVID-19 research effort is a mark of our determination to remain at the forefront of clinical research as a driver of safe, quality care. Alongside our commitment to research, our position as one of the country's highest ranked medical training organisations, and as a Top 100 Apprenticeship Employer, characterises our commitment to our people and communities.
- The bravery and hard work of our colleagues and the efforts and sacrifices of our communities demand that patient and family services emerge stronger from COVID-19.
- The pandemic has shown again that our clinicians are amongst the best in the country. But their efforts are often let down by ageing and cramped facilities – the bricks and mortar. We also know that the toll the pandemic has taken on our colleagues is immense and that the psychological impact will be felt long after COVID-19 is defeated.
- Our role as an anchor tertiary provider is also crucial in ensuring that specialist care is available to patients across our region and that health inequalities are not exacerbated in our local patient populations.
- As we continue our journey of clinically-led recovery from COVID-19 we are:
    - **Restoring** Working with trades union colleagues and drawing on our strong ties with the armed forces to learn from combat recovery to support colleagues to take control of their recovery and restore good mental health and wellbeing.
    - **Remaking** Carefully recovering and remaking non-urgent care which has been disrupted by the pandemic.
    - **Rebuilding** Continuing to make the case for the significant investment to rebuild and upgrade existing hospital facilities and tackle the historic PFI debt on the James Cook University Hospital which now costs the Trust more than £1m a week.

7. AUDIENCES

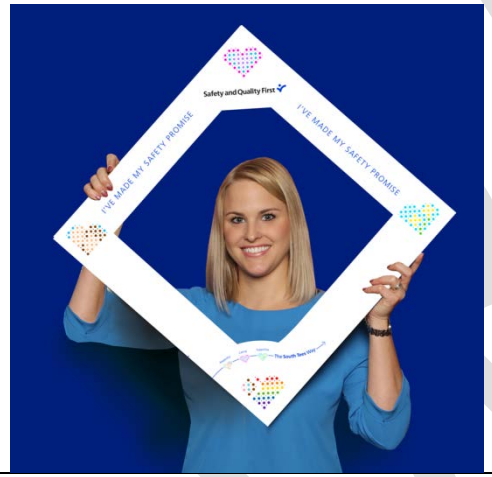
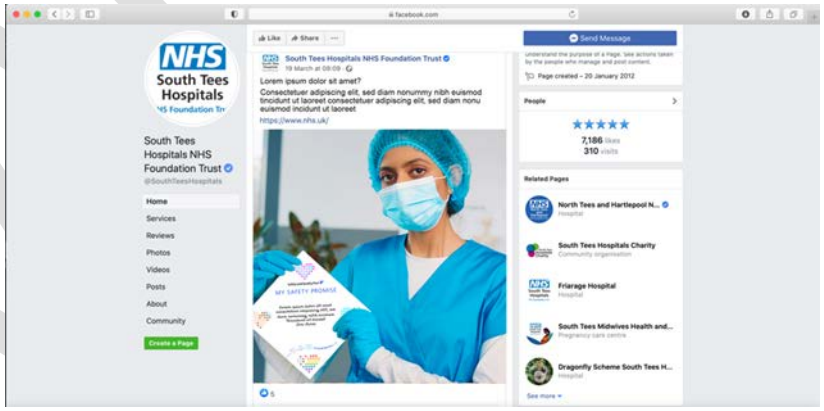
Staff				
Audience	**Think**	**Feel**	**Do**	**How**
Doctors, nurses, allied health professionals, midwives, scientific teams, administrative staff, support staff and volunteers	STHFT is continuing to empower clinicians to put safety and quality first	STHFT is continuing to prioritise my safety and the safety and quality of care which patients and service users receive	Increase percentage of staff reporting care of patients / service users is STHFT top priority	• Timely, relevant and informative staff communication
Patients and service users				
Audience	**Think**	**Feel**	**Do**	**How**
Patients and service users	STHFT is putting my safety and care first	STHFT understands my needs and its clinicians are prioritising my safety and care	Achieve organisational F&F outcome targets (ED, inpatient, outpatient, maternity)	• Direct patient information • Website • Digital channels • Patient stories
Stakeholders				
Audience	**Think**	**Feel**	**Do**	**How**
Stakeholders	STHFT is continuing to empower clinicians to put safety and quality first	STHFT is listening to its clinicians, patients and service users and following the best evidence	Increase stakeholder satisfaction metrics	• Regular briefings to key stakeholders • Timely and responsive and feedback mechanisms

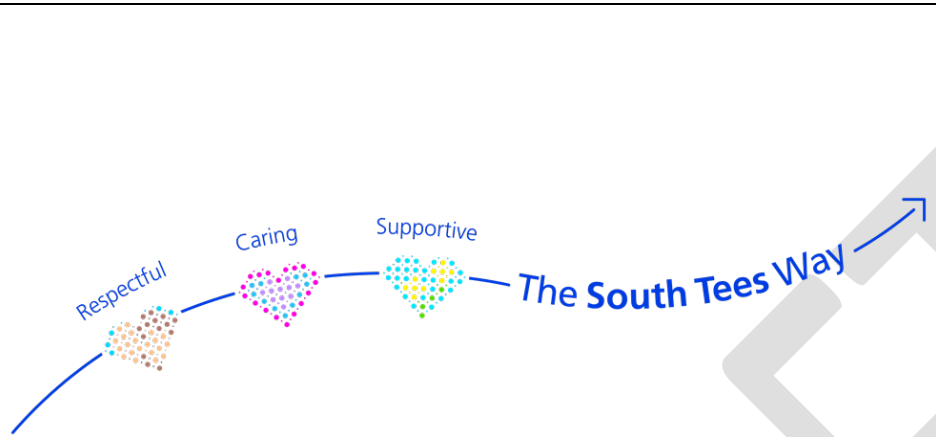
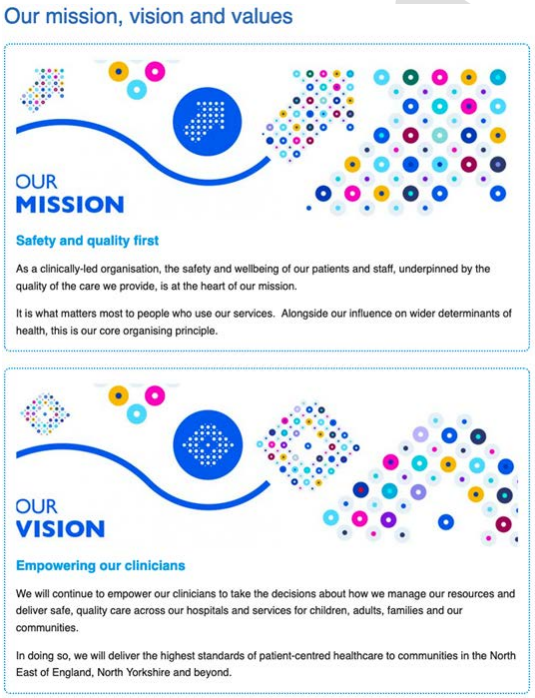
8. EVALUATION

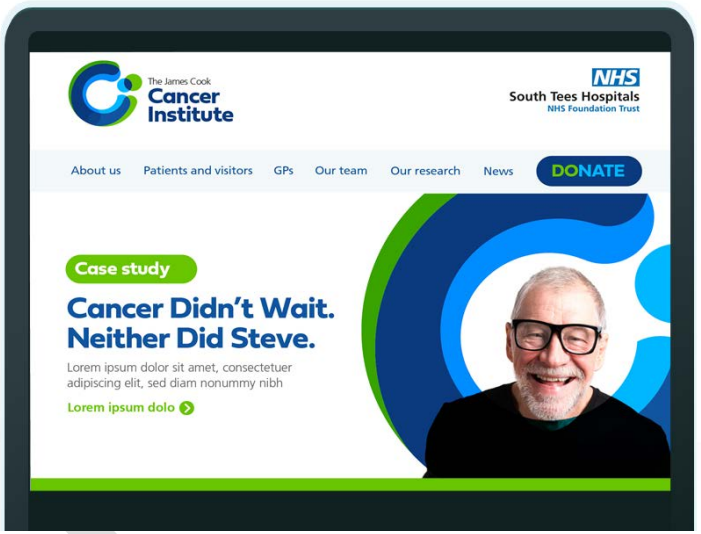
Theme	Inputs	Outputs	Outtakes	Outcomes
Safety and quality first	Behavioral insights (EAST framework)	The South Tees way, safety movement and just culture components (eg: South Tees safety promise)	Increase percentage of staff reporting care of patients / service users is STHFT top priority by 5 per cent (evidenced through the NHS Staff Survey)	Generative safety culture: active participation at all levels.
Centre of excellence for specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond	Unprompted message awareness e.g. spontaneous recall metric	Website re-design insights, collaboratives and research & innovation horizon-scanning Website re-launch, patient information automation, patient stories development and placement, research & innovation fact-files	Achieve 10 per cent increase in the proportion of target audience that agree with the message (positive sentiment)	Consistent and coordinated care with high levels of patient confidence & trust and opportunities to take part in a research study (where relevant)
Great place to work	Staff Survey insights and analysis	Staff Facebook content plan (supplement to Talking Point and Weekly News) and LinkedIn marketing	Increase percentage of staff recommending trust as a place to work by 5 per cent (evidenced through the NHS Staff Survey)	Supportive, caring and compassionate work environment
Care without boundaries	Tertiary, acute, community and primary care pathway development insights	Effective communication and engagement to support pathway developments and operation	Increase CQC patient satisfaction survey metrics (eg: adult inpatient, maternity, children and young people, urgent and emergency care, outpatients)	Connected health and care pathways that place the patient and service user at the centre

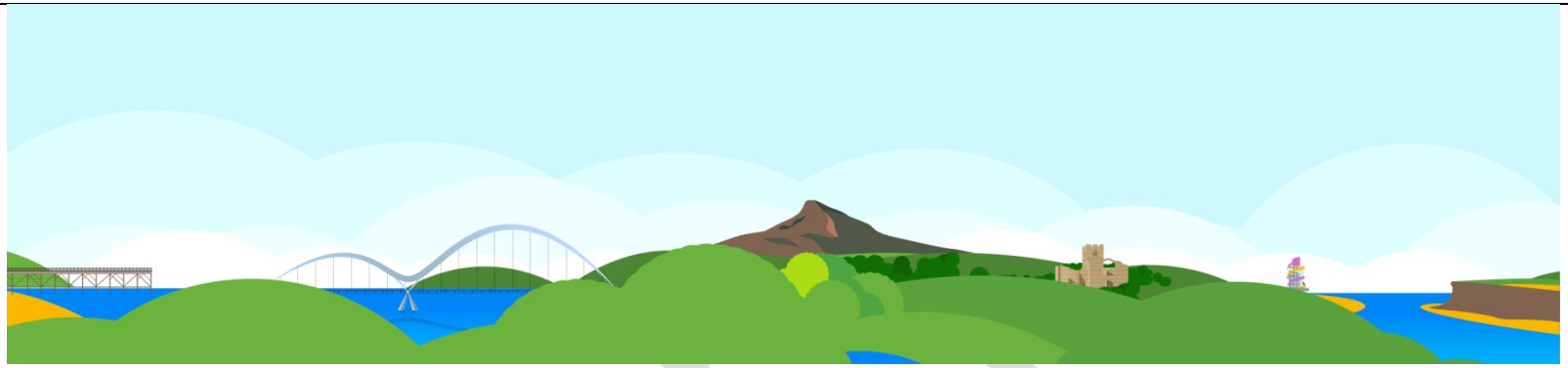
8. VISUAL IDENTITY DEVELOPMENT

The Trust's visual identity will continue to be developed in-line with NHS visual identify guidelines and reflect patient, service user and staff insights.

Area	Creative
Safety and Quality First	Safety and Quality First  

The South Tees Way	 
Great place to work	 

James Cook Cancer Institute	The James Cook Cancer Institute 
Children and young people	SOUTH TEES CHILDREN & YOUNG PEOPLE'S UNIT CHILDREN & YOUNG PEOPLE'S EMERGENCY DEPARTMENT NEONATAL INTENSIVE CARE UNIT

Connecting care	

South Tees Hospitals NHS
NHS Foundation Trust

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 6 JULY 2021			
Board Assurance Framework			**AGENDA ITEM: 16, ENC 13**
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Jackie White Head of Governance & Co Secretary
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	The Board received at its last meeting a first draft of the revised Board Assurance Framework identifying the process which has been undertaken to identify the principal risks and next steps in the process. Since the last meeting all Board Sub Committees have reviewed the BAF again in its new format and agreed the principal risk and threats. Gaps have been identified including clarity on actions, responsibilities and implementation dates.		
Background	This paper provides an update on developing the Board Assurance Framework (BAF) for the Board. Members are reminded that the role of the BAF is to provide evidence and structure to support effective management of risk within the organisation. The BAF provides evidence to support the Annual Governance Statement. The process for gaining assurance is fundamentally about taking all of the relevant evidence together and arriving at informed conclusions. In order to do this the Board tasks its Board Sub Committee with undertaking scrutiny and assurance of the following: • Controls in place • Assurances in place and what level of assurance they give • Gaps in controls or assurance, and • Actions to close gaps and mitigate risk Ensuring effective systems are in place to identify, monitor and mitigate risks and providing assurance to Board.		
Assessment	The Board have received a number of updates setting out progress to date on identifying the principal risks and threats to delivery of the strategic objectives. Discussions have continued with the Executive Leads and Board Sub Committees to review and refine the principal risks, threats, gaps and actions. Chairs of Board Sub Committees have agreed to sign off their element of the BAF.		

	The standard operating procedure for the BAF has been drafted and over the next couple of weeks this will be tested out with the Chairs of Committees and Executive Leads for their BAF risks by the incoming Audit & Risk Committee Chair and Company Secretary to further refine and agree the level of assurances.	
Recommendation	Members of the Board of Directors are asked to receive the BAF.	
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 ☐	

South Tees Hospitals
NHS Foundation Trust

Board Assurance Framework (BAF): June 2021

This BAF includes the following Principal Risks (PRs) to the Trust's strategic priorities:

- inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes
- A critical infrastructure failure caused by an interruption to the supply of one or more utilities (electricity, gas, water, IT), an uncontrolled fire or security incident or failure of the built environment that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period and compromises ability to deliver high quality care
- Failure to recruit to full establishment, retain and engage our workforce
- Failure to deliver as a centre of excellence, resulting in a lack of priority and recognition from commissioners and other stakeholders
- Working more closely with local health and care partners does not fully deliver the required benefits
- Failure to agree with the system and achieve the Trust's financial strategy resulting in regulatory action and inability to delivery strategic objectives

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)
- Risk ratings – initial, current and target levels
- Clear identification of primary strategic threats and opportunities that are considered likely to increase or reduce the Principal Risk, within which they are expected to materialise
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (**Averse** = aim to avoid the risk entirely; **Minimal** = insistence on low risk options; **Cautious** = preference for low risk options; **Open** = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment strategy identified for each threat and opportunity, each assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate the three lines of defence: (1) **Management** (those responsible for the area reported on); (2) **Risk and compliance functions** (internal but independent of the area reported on); and (3) **Independent assurance** (Internal audit and other external assurance providers)
- Clearly identified gaps in the primary control framework, with details of planned responses each assigned to a member of the Senior Leadership Team (SLT) with agreed timescales risk

Key to lead committee assurance ratings:

Green = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity
- no gaps in assurance or control AND current exposure risk rating = target
OR
- gaps in control and assurance are being addressed

Amber = Inconclusive assurance: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy

Red = Negative assurance: the Committee is satisfied that there is sufficient reliable evidence that the current risk treatment strategy is not appropriate to the nature and/or scale of the threat or opportunity

This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.

South Tees Hospitals
NHS Foundation Trust

Principal risk (what could prevent us achieving this strategic priority)	**Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes**	**Strategic Objective**	**Best for safe, clinically effective care and experience**

Lead Committee	Quality Assurance Committee	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**	**Risk type**	
Executive Lead	Chief Nurse/Chief Medical officer	**Likelihood**	4. Likely	4. Likely	3. Possible	**Risk appetite**	
Initial date of assessment	21.5.21	**Consequence**	4. Major	4. Major	3. Moderate	**Risk treatment strategy**	
Last reviewed		**Risk Rating**	16. Extreme	16. Extreme	9. High		
Last changed							

Threat (what might cause this to happen)	**Controls** (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Sources of Assurance** (Evidence that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / action to address gaps inc timescales and lead** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Significant reduction in patient satisfaction due to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality	Corporate, Collaborative and Directorate structures, accountability & quality governance arrangements at Trust including: • Tier 1 Board Sub Committee – Quality Assurance Committee with sub groups – just reviewed • Nursing and Midwifery and AHP meeting • Clinical policies, procedures, guidelines, pathways • Clinical audit programme & monitoring arrangements considered at QAC and Audit Committee • Clinical staff recruitment, induction, mandatory training, registration & re-validation • Defined safe nurse staffing levels for all wards & departments (Nursing safeguards monitored by Chief Nurse) • Ward accreditation programme - STACQ • Nursing & Midwifery Strategy • Sign-off process for incidents and Sis and Never Events • Established and robust QEIA process • Freedom to speak up process in place • Patient Experience sub group in place • Shared learning on quality and safety via weekly, monthly briefings Trust wide and at CPG/SLT • Medical Examiner's office in place	**Management:** Learning from deaths Report to QAC and Board quarterly EoLC Strategy and Annual Report to QAC Senior leadership walk arounds weekly Deep Dives of critical services at QAC (ED, Ophalmology, Gastroenterology, Critical Care) Guardian of Safe Working report to Board quarterly Safeguarding Annual Report to QAC Medical Education update report to QAC quarterly Freedom to Speak up report to QAC and People Committee quarterly Medicines Optimisation Report to QAC quarterly **Risk & compliance:** IPR - Quality Dashboard Monthly QAC and Board Quality Priorities Report Qtrly to QAC Incidents and SI report to QAC monthly CQC report to QAC monthly Health & Safety report quarterly to QAC Urgent items for escalation at QAC monthly **Independent assurance:** CQC Rating and oversight (monthly relationship) ICNARC Quarterly Report to QAC Audit Inpatient Survey 2019 Maternity Inpatient Survey 2019 GMC Feedback to People Committee Care Quality Commission / External Regulation Care Quality Commission / External Regulation Report	Following review of QAC sub groups implement Monthly meeting of Safe and Effective Care Strategic Group – Mr Bennett – June 2021 Develop AHP Strategy – Ms Mhalanga – November 2021 (People Committee) Following review of QAC sub groups realign mortality and morbidity groups within the sub structure of QAC – Dr Monkhouse – June 2021 Identify requirements for Children & Young People Annual report for QAC – Ms Brammer – July 2021 Review portfolio arrangements for clinical and non-clinical risk – Dr Lloyd/Dr Stewart/Mr Oxley / Mr Bennett – July 2021 Implement the CQC action plan following 2019 inspection – Dr Lloyd/Mrs Angel – July 2021 Implement the CQC preparation plan for future inspection – Dr Lloyd/Mr Bennett – September 2021	

		to QAC CCG Directors of Nursing in attendance at QAC Internal Audit reports PWC (in line with the Internal Audit Plan - Freedom to speak up; SIs, Prescribing)	Review recommendations and develop a plan for implementation of NHSE/I never events critical friend – Dr Lloyd – September 2021 Review the CQC insights tool to establish the key safety concerns as highlighted by the report and develop a plan to address these issues and provide assurance through QAC – Mr Bennett – July 2021	
An increase in the incidences of infectious disease (such as CDIF, influenza; Coronavirus; norovirus; infections resistant to antibiotics) that forces closure of one or more areas of the hospital	Infection prevention & control programme, policies, procedures, staff training and audits PFI arrangements and cleaning standards Review panels of all trust apportioned of all infection disease incidents Clinical Audit programme and monitoring arrangements. Ward accreditation programme - STAQ Weekly IPC huddles Antibiotic stewardship programme in line with revised QAC reporting structure Daily outbreak report aligned to COVID Weekly regional outbreak meeting 14 HCA/PPE marshals / Fit testers and in place Matron for IPC appointed and team capacity increased Cohorting and isolation of patients in line with best practice	**Management** IPC reporting in line with revised QAC governance structure Reports to IPC Group IPC Annual report to QAC IPC breaches report – IPC Group **Risk and Compliance** IPC Committee report to QAC IPR quality metrics report to QAC and Board monthly Cleaning standards report to IPC group **Independent Assurance** IBAF CQC review PLACE assessment and scores	Capital funding to support IPC initiatives and equipment replacement – Mrs Lance June 2021 (Resources Committee) Review of estate in order to consider the ability to increase side room facilities – Mr Oxley – August 2021 (Resources Committee) Compliance with SOP and Policies - further work required to ensure compliance being explored – ongoing monitoring Implement recommendations from Table top exercise with HR and OH on resilience within the team – Mrs Lance September 2021	
Lack of IT and administrative systems and processes for organisational learning from events such as incidents, complaints and claims, resulting in patient harms and poorer outcomes	Serious Incident Report (monthly) Serious Incident Investigations (root cause) Safety Bulletins – weekly and monthly Quarterly Patient Experience Report Real time patient experience reporting Clinical Audit programme and monitoring Collaborative Board meetings Review panels (Serious Incident, Pressure Ulcers, Falls, Deteriorating Patients, C. Difficile) Mortality Reviews Medical Examiner reviews Safety@stees collaborative Induction and education sessions for staff Patient Safety Faculty Clinical support unit development Regional Getting to good programme Weekly quality and safety wall Regular EQIA panels considering service changes and impact on safety	**Management** Monthly SI and Never event report to Quality Assurance Committee Implementation of the revised quality governance structure and sub groups Quarterly & Annual Claims and Litigation report to QAC **Risk and compliance** IPR quality report to QAC and Board monthly Monthly Risk Validation Group review of 16+ new risks Quarterly Health & Safety group review of incidents DATIX incident reporting levels monitored against NRLS Freedom to speak up Guardians quarterly report to QAC Patient safety promises campaign **Independent Assurance** NRLS Benchmarking National Staff Survey External Audit Independent assessment of Quality	Train key staff on incident investigation techniques to support increase in reporting culture – commenced – Mr Bennett – January 2022 Embed a sustained learning culture in line with trust vision, values and behaviours , civility and a just culture – Dr Connolly/ Mr Bennett – January 2022 Develop metrics for measuring the impact of learning and culture change – Mr Bennett / Dr Connolly – September 2021 Incident reporting upgrade - DATIX cloud – Mr Bennett – July 2021 Development of patient safety faculty	

		Report Internal audit report on Sis (PWC) CQC engagement meeting Internal and External Risk Summits on critical services NHSE/I Quality Board (stood down) NHSE/I Peer review on never events	– commenced – Dr Connolly – June 2021 Develop a patient safety and quality Strategy – Mr Bennett – October 2021 Increase number of staff who are training in human factors (linked to 21/22 Quality Priority) – Mrs Winnard / Mr Bridle – January 2022 (People Committee) Prepare organisation for the implementation of the patient safety incident report framework – Mr Bennett/Dr Connolly – January 2022	
Arising from a lack of engagement with staff at all levels around cultures and behaviours required to embed best practice, continuously learn and deliver high quality patient care.	Trust vales and behaviours agreed and shared with staff Just culture training – roll out Civility and Human factors training – roll out Ward accreditation programme Reciprocal mentorship programme – roll out Freedom to speak up guardians Patient Safety Faculty Patient Safety Champions / Ambassadors Weekly / monthly safety and quality briefings Revised QAC governance sub group structure Appointment of Clinical Collaborative Chairs CPG Constitution Falls and Pressure Ulcers Structure Judgement Reviews - weekly Senior Leadership Visibility programme Incident investigation and complaints training – roll out	**Management** Report and feedback on training for just culture, civility and human factors to People Committee Implementation of new Freedom to speak up model Roll out plan for ward accreditation programme agreed with QAC and CPG CPG constitution agreed and roll out Quarterly report to People Committee culture and leadership **Risk and Compliance** **Independent** National Staff survey results Freedom to speak up national survey Feedback from NHSE/I on review of never events	Implementation of revised QAC sub group reporting structure in relation to learning and embeddness from events – Mr Bennett – September 2021 Implement reciprocal mentorship programme fully across the Trust – August 2021 – Mrs Metcalf (People Committee) Develop roll profile for patient safety ambassadors/champions – Dr Connolly – August 2021 Prepare organisation for the implementation of the patient safety incident report framework – Mr Bennett/Dr Connolly – January 2022	
Lack of responsive and accessible services due to inability to deliver national performance standards	Patient Flow process in place Standard operating procedures and policies in place Trust and System escalation process Trust leadership of and attendance at A&E Board 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 Single QSG review of constitutional standards and escalation of high risk 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	**Management** Reports to Board on Winter preparedness (x to x) Monthly reports on COVID strategic decision to Board (x to x) Improvement Plan Phase 1 and reports to Board Recovery plans for high risk services and updates to Board and Committees and CPG Response to NHSE/I letter of 31 July 2020 (updated 7 August 2021) about the third phase of the NHS response to COVID-19 through CPG/SLT Response to NHSE/I letter of 20 August on Elective through CPG/SLT **Risk and compliance** QAC review and deep dive into critical areas Clinical Policy group addressing key issues and	Implement recommendations from the Internal audit on flow and waiting times – Mr Peate – September 2021 (Resources Committee) Implement the recommendations from the improvement work identified by ECIS – Mr Peate – September 2021 (Resources Committee) Recovery and Improvement Plan phase 2 to be completed and presented to the Board – Mrs Fallon – July 2021 (Resources Committee) Agree the revised process for	

	implemented, Paediatric ED being established Weekly touchpoint meeting with Commissioners Daily touchpoint meeting on patient flow	deterring the allocation of resources based on clinical priorities Improvement recovery plan Phase 2 - capacity and demand updates to CPG IPR report to Board monthly and sub committees Strategic Command structure and recovery structures in place **Independent Assurance** ECIS improvement work on patient flow Internal audit of patient flow (to be received)	managing and monitoring implementation of the recovery plan through the revised Assurance Framework model- Ms Tullock – July 2021 (Resources Committee)	
Current estate, lack of capital investment and infrastructure compromises the ability to consistently delivery safe, caring, responsive and efficient patient care, world class services	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	**Management** 5 year prioritised Capital Plan received by Resources Committee and Board and submitted Regionally January 2021 **Risk and Compliance** Report on lifecycle to Resources Committee Report on capital to Resources Committee quarterly **Independent Assurance** PLACE assessments ISO accreditation for medical engineering CQC report from July 2019 Visit by David Black and Alan Foster re Critical Care investment	Inability to release wards and theatres for lifecycle investment due to operational pressures. Issue being reviewed at Strategic and Tactical estates groups and being considered by the Clinical Strategy and Improvement Group. (Resources Committee)	

Principal risk	**A critical infrastructure failure caused by an interruption to the supply of one or more utilities (electricity, gas, water), an uncontrolled fire or security incident or failure of the built environment that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period and compromises ability to deliver high quality care**	**Strategic Objective**	**Best for safe, clinically effective care and experience**

Lead Committee	Quality Assurance	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**	**Risk type**	
Executive Lead	Director of Estates	**Likelihood**	4. Likely	3. Possible	2. Unlikely	**Risk appetite**	
Initial date of assessment	21.5.21	**Consequence**	5. Catastrophic	5. Catastrophic	5. Catastrophic	**Risk treatment strategy**	
Last reviewed		**Risk Rating**	20. Extremely High	15. Extremely High	10. High		
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
A large-scale cyber-attack that shuts down the IT network and severely limits the availability of essential information for a prolonged period	Information Governance Assurance Framework Cyber security programme Major incident plan in place Spam and malware email notifications circulated	**Management** Data Protection and Security Toolkit submission 19/20 **Risk and compliance** **Independent assurance** Cyber internal audit report – weaknesses identified	Internal Audit report recommendations on cyber to be implemented – S Orley – date (Resources Committee) Date protection and security toolkit for 2020/21 to be completed – S Orley – date (Resources Committee)	
A critical supply chain failure that severely restricts the availability of essential goods, medicines or services for a prolonged period (EU exit)	EU Exit task and finish group review of operational response plan for monitoring issues following Brexit SRO for EU Exit appointed Premises Assurance Model (PAM) Estates Governance arrangements with PFI partner 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 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	**Management** Health & Safety Annual report Condition survey report **Risk and compliance** **Independent assurance** Premises Assurance Model report to xxx EPRR report EPRR Core Standards compliance report Water safety report		

South Tees Hospitals NHS Foundation Trust

Principal risk	**Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit**	**Strategic Objective**	**A great place to work**

Lead Committee	People Committee	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**	**Risk type**	
Executive Lead	Director of HR	**Likelihood**	5. Almost Certain	4. Likely	3. Possible	**Risk appetite**	
Initial date of assessment	21.5.21	**Consequence**	4. Major	3. Moderate	3. Moderate	**Risk treatment strategy**	
Last reviewed		**Risk Rating**	20. Extreme	12. High	9. High		
Last changed							

Threat (what might cause this to happen)	**Controls** (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Sources of Assurance** (Evidence that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / action to address gaps inc timescales and lead** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Ability to attract and retain good staff resulting in critical workforce gaps in some clinical services and impact on use of resources. Failure to have effective workforce plans that anticipate and prevent shortages arising from retirements, shortfalls in all recruitment and retention plans	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 and Memorandum of Understanding Nurse recruitment days AHP recruitment days International nurse recruitment programme Return to practice programme for nursing vacancies Flexible retirement and return process Increased apprenticeship workforce People Plan work stream on addressing workforce shortages HR Policies and procedures Engagement strategy (including rewards and recognition; engagement tools) Staff Engagement Group Visibility of leadership Board walk rounds Health and Wellbeing Strategy Exit interviews Workforce metrics contained in IPR STAR awards Partnership working compact with medical and staff side Pulse survey and staff survey (national) Freedom to speak up process Staff networks in place for some protected characteristics Contracting arrangements in place for SERCO and sub	**Management** Quarterly reports to People Committee on the 5 key workstreams in the People Strategy – ED&I, Health & Wellbeing, Leadership and Culture, Workforce Shortages, Sense of Belonging Safe Nursing Staffing levels report to Board monthly Use of resources in relation to staff reported to Resource Committee **Risk and compliance** Guardian of Safe Working report to Board May 2020 People Committee review of risks on a monthly basis IPR workforce metrics reviewed by People Committee and Board monthly **Independent Assurance** NHSI use of resources report 2018 CQC inspection report July 2018 NHS staff survey 2020 results showing improvement in a number of areas	Medical and APH safe staffing levels report to People Committee – Dr Lal and Ruth Mhlanga - date Directorate and Collaborative ownership and accountability and understanding of their workforce issues – output – workforce plan and accountability framework - Collaboratives Chairs – date Establish clear report and visibility of collaborative agency spend and overtime – to be reported to Resource Committee – Dr Lal, Dr Lloyd – date Independent assurance required on e roster & allocate system to establish best use of resources – Resources Committee – Director of HR, Dr Lal, Dr Lloyd - date Further develop relationships with higher education and further education sectors to develop a talent pipeline and also enable our colleagues to develop into new roles. – Director of HR / Dr Lloyd	

	contractor workforce at the Trust Year on year increase in volunteer workforce			
Poor health and absence within our workforce creating service pressures impacting their ability to deliver a high quality service	Welfare calls to staff who are absent Health & wellbeing support programme Staff weekly briefing Psychology support and mental health support Occupational Health and counselling and physio service Wobble rooms established across sites for staff to recover and recoup Project Wingman (staff rest and support programme) Long covid clinics for staff Menopause programme insomnia intervention programme and fatigue support Flu and covid vaccination programme Hardship fund for staff	**Management** Quarterly reports to People Committee on the Health & Wellbeing Staff survey action plans at Collaborative level presented to the People Committee **Risk and compliance** Occupational Health accreditation award in 2021 **Independent Assurance** NHS staff survey 2020 results showing improvement in a number of areas	Embed wellbeing into leadership and management programmes – Ms J Winnard - date Embed conversations about flexible and agile working as standard practice – through embedding the culture – Ms J Winnard - date Ensure health and wellbeing conversations occur as part of the annual appraisal system and as part of the return to work process following a period of absence – Mrs R Metcalf - date Work towards the Better Health at Work Award which will assist in embedding health and wellbeing into the workplace. Mrs R Metcalf - date Support financial wellbeing by implementing a programme of workshops for colleagues who are considering retirement and require support with pension planning. – Mrs R Metcalf date Implement policies relating to absence management and report on outcomes – Mrs Metcalf – date to be agreed	
Lack of an embedded agile workforce does not allow culture change and utilise technology to change work practices and to work differently which should increase the effectiveness of the service and deliver benefits to staff and patients.	Agile working policy with ‘flexible choice’ for working hours and ensuring our staff had adequate rest, recuperation and support. Staff Side colleagues to embed wellbeing into our HR Covid-19 Policy Pulse surveys Trust vales and behaviours agreed and shared with staff Freedom to speak up guardians	**Management** **Risk and compliance** **Independent Assurance**	Establish evidence that policy and flexible choice has been embedded in the organisation – Mrs Metcalf – date Establish home working group to support staff who remain at home or choose to work from home long term – Mrs Metcalf – date Ensure appropriate training programmes in effectiveness of technology and investment are implemented – Mrs Metcalf - date	
Our culture and organisational development programme	BAME risk assessments ED&I strategy Workshop and roll out of values and behaviours	**Management** ED&I Annual report WRES and WDES report to People Committee	Embed values based recruitment process – Mrs Metcalf – date	

is not progressed leading to poor staff morale, less empowered teams, lack of progress of the equality and diversity agenda and less positive engagement.	Learning and development programme for staff development Weekly staff communications Schwartz rounds Collaborative staff survey action plans STAR awards and local GEM awards Freedom to speak up champions Improvement Plan with OD interventions linked to critical services Affina programme Human factors training Leadership and development programme Just culture and civility saves lives programme Culture workshops and values agreed and launched across the Trust Staff networks in place for some protected characteristics	Quarterly report to People Committee on ED&I Reciprocal mentorship programme in development **Risk and compliance** Freedom to speak up self-review Board 2019 Freedom to Speak Up Guardian report quarterly to Board Guardian of Safe Working report to Board; Gender Pay Gap report to People Committee **Independent Assurance** NHS staff survey 2020 results showing improvement in a number of areas Critical Care junior doctor survey discussed at People Committee 2021	Develop on-board programme to continuously engage and retain staff during their recruitment and early stages of employment – Mrs Metcalf – date	

Principal risk	**Failure to deliver as a centre of excellence, resulting in a lack of priority and recognition from commissioners and other stakeholders**	**Strategic Objective**	**A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond**

Lead Committee	Quality Assurance	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**	**Risk type**	
Executive Lead	Chief Medical Officer	**Likelihood**	4. Likely	4. Likely	2. Unlikely	**Risk appetite**	
Initial date of assessment	21.5.21	**Consequence**	4. Major	4. Major	4. Major	**Risk treatment strategy**	
Last reviewed		**Risk Rating**	16. Extreme	16. Extreme	8. High		
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
Lack of a clear vision for the improvement journey which engages staff and development the improvement capability leading to a failure to deliver sustainable change and the improvements required.	2 Year Strategic plan and objectives agreed and nine enabling strategies and plans identified Improvement plan Phase 1 People Plan Nursing & Midwifery Strategy Communications & Engagement Strategy Leadership development plan and programmes including quality improvement, team and service support, coaching and human factors CPG constitution Collaborative Chairs in place Mission, Vision and Values agreed and rolled out Leadership and Safety Academy developing Integrated performance report	**Management** Clinical Strategy & improvement Group Recovery groups meeting 3 times per week 2 year strategic plan signed off by Board in May 2021 Board development sessions on 2 year strategic plan CPG constitution signed off **Risk and Compliance** **Independent Assurance** One of the highest ranked medical training organisations Top 100 Apprenticeship Employer	Development of Improvement plan - phase 2 – Ms Fallon – July 2021 Enabling Plans to be finalised – lead Directors - date	
Failure to deliver a programme of change in support of fragile or vulnerable services leading to a loss of quality, efficiency, outcomes and workforce shortages	Improvement Plan phase 1 Recovery plan including trajectories for improvement Thrombectomy service development OD programme Collaborative structure in place from April 2021 Clinical Strategy and Improvement Group Quality Improvement programme Medical and Nursing leadership changes implemented Medical Management Structure implemented ICS/ICP workstreams on vulnerable services	**Management** Recovery plan reported monthly to Resources Committee, Recovery Group and Board IPR monthly to Committees and Board CPG oversight and sign of of recovery trajectories Monthly reports to QAC on critical services, eg ophthalmology Deep dives by QAC on critical services **Risk and Compliance** **Independent Assurance**	ICS review of vulnerable service – M Stewart – date Stroke workforce resilience gaps in assurance – M Stewart - date	
Failure to be a leading centre for research and innovation centre	STRIVE centre for innovation Research Network across Tees Valley R&D Director and team in post Medical Management Model	**Management** Reports to QAC on R&D and Board quarterly **Risk and compliance**	R&D plan to be reviewed and updated – Director of R&D – date Estate available for regional centre (eg	

	Research programme People Committee Leadership development programmes	MOU with Teesside University for strategic links Collaborations with HEIs **Independent Assurance**	Cochlear implants, Cardiac Critical Care) inadequate for long term service sustainability – plan to be developed – Mr Oxley – date No fit for purpose estate for R&D – Mr Oxley - date	
Inability to recruit clinicians in specialist and sub speciality fields	Consultant recruitment panels with NED Chair Recruitment process now managed by CMO office Clear systems and processes on recruitment gaps and risks Alternative workforce development plan discussed at CPG	**Management** Report on new consultants and leavers to People Committee, SMSC and Board monthly Weekly report on consultants to CEO/CMO **Risk and compliance** **Independent Assurance** Actions completed from internal audit report on recruitment	Explore CESR program to establish in house training of consultant staff – Dr Lal - date	
Failure to adopt best practice or develop innovative practice due to inadequate systems and process	Clinical Strategy and Improvement Group Improvement and Recovery plan Phase 2 Clinical effectiveness group Getting to Good NHSE/I support group	**Management** Clinical Effectiveness quarterly report to QAC **Risk and compliance** **Independent Assurance**	Routine use of benchmark and / or information used by regulators such as CQC insight report consider by Governance Structures in Trust – Who – Date (QAC) Implement outstanding actions as identified in the clinical effectiveness / audit action plan – Mr Bennett (September 2021)	

Principal risk	**Working more closely with local health and care partners does not fully deliver the required benefits**	**Strategic Objective**	**Deliver care without boundaries in collaboration with our health and social care partners**

Lead Committee	Board	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**	**Risk type**	
Executive Lead	Chief Executive / Managing Director	**Likelihood**	5. Almost Certain	4. Likely	2. Unlikely	**Risk appetite**	
Initial date of assessment	21.5.21	**Consequence**	4. Major	4. Major	4. Major	**Risk treatment strategy**	
Last reviewed		**Risk Rating**	20. Extreme	16. Extreme	8. High		
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
Conflicting priorities, financial pressures (system financial plan misalignment) and/or ineffective governance resulting in a breakdown of relationships amongst ICS and ICP partners and an inability to influence further integration of services across acute, mental, primary and social care	ICS CEO meeting ICS Management Meeting Joint development of plans at ICS level Provider Collaborative meetings and workstreams Representation on ICP/ICS and Provider Collaborative work streams Tees Valley ICP Executive Group Tees Valley ICP Compact Exec to Exec meetings with CCG and Trust Finance Directors Group Capital Plan amended June 2020	**Management** Partnership reports including Chairs log from JSB to Board Resources Committee Chairs log to Board Planning update to Board **Risk and Compliance** **Independent Assurance** Provider licence modifications lifted in relation to governance	Work with the ICP to further the expectations to strengthen ICP working - Managing Director – date June 2021 Consider further opportunities for joint appointments – Managing Director – June 2021	
Clinical service strategies and/or commissioning intentions that do not sufficiently anticipate evolving healthcare needs of the local population and/or reduce health inequalities	Improvement Recovery Plan Continued engagement with commissioners and ICS/ICP developments in clinical service strategies Partnership working with NTHT TV Clinical Services Strategy	**Management** Partnerships including Chairs log from JSB to Board Resources Chairs log to Board Planning update to Board **Risk and Compliance** **Independent Assurance**	Development of a co-produced clinical services strategy for the ICP – Chief Medical Officer – August 2021	
Failure to modernise the workforce profile to deliver integrated working and efficient use of resources for care across boundaries	ICS/ICP Workforce work stream JSB MOU	**Management** Partnerships including Chairs log from JSB to Board **Risk and Compliance** **Independent Assurance**		
The Trust will not maximise its potential to contribute to the public	Joint Strategic Board Objective of the JSB included in the MOU	**Management** Partnerships including Chairs log from JSB to Board	Further explore the opportunity to combine the resources of NTHT Public Health post – Managing Director – July 2021	

health agenda if it does not coordinate its focus on prevention and healthy living with the wider health and social care system		**Risk and Compliance** **Independent Assurance**		
Joint working with North Tees & Hartlepool NHS Trust through Joint Strategic Board does not work effectively to deliver the benefits to the local population including the effectiveness of the Joint Strategic Board and Joint Chair	Interim Joint Chair and appointment process for Joint Chair Memorandum of Understanding, vision and values Joint Strategic Board (Committees in Common) including TOR Joint Board to Board, Council of Governors to Council of Governor development sessions Joint Nomination Committee (Committees in Common) Vice Chair job role supporting joint chair role Stakeholder Engagement with Local Authorities , MPs and local population, CCGs Clinical Policy Group Improvement Recovery Plan Capital Plan amended June 2020 Tees Valley ICP Executive Group Tees Valley ICP Compact Exec to Exec meetings with CCG and Trust Finance Directors Group Representation on ICP work streams	**Management** Joint Strategic Board and governance framework in place and approved by Trust Board Chairs log from JSB to Trust Board Interim Joint Chair update **Risk and Compliance** **Independent Assurance**		

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Principal risk	Inability to agree financial recovery plan with the regulator	Strategic Objective	Make best use of our resources

Lead Committee	Resources	Risk Rating	Initial Rating	Current Rating	Target	Risk type	
Executive Lead	Chief Finance Officer	Likelihood	5. Almost Certain	5. Almost Certain	3. Possible	Risk appetite	
Initial date of assessment	21.5.21	Consequence	4. Major	4. Major	4. Major	Risk treatment strategy	
Last reviewed		Risk Rating	20. Extreme	20. Extreme	12. High		
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
Inability to demonstrate to the regulator the causes of the deficit and a credible recovery plan to address those elements within the Trust's control	Medium Term Financial Plan Resources Committee Trust Board Joint Strategy Board ICP Finance Directors ICS Finance Directors Tees Valley CEO meeting ICS Management Executive Reference Costs and PLICS Clinical Strategy and Improvement Group	**Management** Ongoing updates to SLT, CPG and CSIG Annual report and accounts Annual Governance Statement **Risk and compliance** Updates to Board and Resources Committee monthly Updates to ICP DoFs **Independent assurance** Review of PFI costs – Deloitte External audit of annual account NHSE/I monthly finance monitoring Provider licence restrictions – Letter from Tim Savage	A robust assessment of the underlying financial position and the medium-term forward trajectory, along with an initial assessment of how the organisation will seek to address its financial challenge individually and with the support of the wider system. – Mr Hand - 18 June 2021 A fully developed recovery plan underpinned by detailed analysis and detailed recovery proposals with clear timelines, and a governance and programme framework for implementation and delivery. – Mr Hand - 31 August 2021 Financial recovery meeting with NHSE/I – Mr Hand – 30 June 21 Board to Board meeting – Mr Hand – 23 July 21 PLICs development plan – Mr Hand – date	
Insufficient time afforded by the regulator to develop and implement a recovery plan	Medium Term Financial Plan Resources Committee Trust Board Joint Strategy Board ICP Finance Directors ICS Finance Directors Tees Valley CEO meeting ICS Management Executive Clinical Strategy and Improvement Group	**Management** Ongoing updates to SLT, CPG and CSIG Annual report and accounts Annual Governance Statement **Risk and compliance** Updates to Board and Resources Committee monthly Updates to ICP DoFs **Independent assurance** Review of PFI costs – Deloitte External audit of annual account NHSE/I monthly finance monitoring	Inability to agree within the system a credible and appropriately challenging CIP programme – Mr Hand – date Implement recommendations from Provider licence letter – Tim Savage – 18 June 2021 and 31 August 2021 Financial recovery meeting with NHSE/I – Mr Hand – 30 June 21 Board to Board meeting – Mr Hand – 23 July 21	

		Provider licence restrictions – Letter from Tim Savage	Ongoing discussions with reginal NHSE/I colleagues – Mr Hand – date	
Insufficient revenue resources available across the ICS to support the phasing of the Trust's proposed recovery plan	Resources Committee Trust Board Joint Strategy Board ICP Finance Directors ICS Finance Directors Tees Valley CEO meeting ICS Management Executive	**Management** ICS/ICP updates through Finance report and CEO report to Committees and Board JSB MOU **Risk and compliance** Regional Directors (2019) review of system savings report **Independent** ICP/ICS Plan submission approval by NHSE/I	Lack of recognition of PFI costs on revenue and the provision within ICS to meet the structural costs – Mr Hand - date Establish and receive external support to address the structural deficit - Mr Hand – date Establish joint contracting group with NTHT – Mr Hand – date Agree with the Commissioner the additional investment to address the cost of the safety issues – Mr Hand - date	
Insufficient capital resources available across the ICS to support the phasing of the Trust's capital investment requirements	PFI Contract management Capital planning group Planned maintenance programme Premises assurance model (PAM) undertaken Regular risk assessments and environmental audits Emergency capital bid 2021/22 1 year Capital Plan agreed Prioritised 5 year Capital plan developed and submitted to ICS for consideration Medical Devices Group Fixed Asset register Risk register	**Management** Chairs log from H&S Group to QAC regarding Medical **Risk and compliance** PFI contract management Lifecycle report to Resources Committee Capital update report to Resources Committee **Independent assurance** Internal audit reports	Inability to release estate for lifecycle due to COVID restrictions - additional planned maintenance works and condition assessments being undertaken routinely – Mr Oxley – date Agree with ICS sufficient capital resource to address the Trust investment requirements over the short and medium term - Mr Hand - date	
Lack of cooperation from ICS partners to support allocation of ICS resources to the Trust	ICS/ICP Director of Finance meeting ICS Capital Planning / Estates Managers meeting Joint working with NTHT TV Clinical Services Strategy and Board TV CEO meeting ICS Executive Management Meeting Joint Strategy Board ICS/ICP plan	**Management** ICS/ICP updates through Finance report and CEO report to Committees and Board JSB MOU **Risk and compliance** Regional Directors (2019) review of system savings report **Independent** ICP/ICS Plan submission approval by NHSE/I	Agree risk share agreement across ICS – Mr Hand - date Delivery of the regional directors (2019) system savings to be reviewed by ICP – Mr Hand – date	

South Tees Hospitals
NHS Foundation Trust

Principal risk	Failure to deliver the Trust's financial recovery plan	Strategic Objective	Make best use of our resources

Lead Committee	Resources	Risk Rating	Initial Rating	Current Rating	Target	Risk type	
Executive Lead	Chief Finance Officer	Likelihood	5. Almost Certain	5. Almost Certain	3. Possible	Risk appetite	
Initial date of assessment	21.5.21	Consequence	4. Major	4. Major	4. Major	Risk treatment strategy	
Last reviewed		Risk Rating	20. Extreme	20. Extreme	12. High		
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
Insufficient capacity to identify and deliver the required level of savings opportunities	Resources Committee Budget setting principles and budgets in place CIP planning CIP monitoring programme and infrastructure Clinical Collaborative framework CPG Clinical Strategy and Improvement Group PLICS GIRFT	**Management** Directorate level finance reports Annual report and accounts Annual Governance Statement **Risk and compliance** Finance to Board and Resources Committee monthly including CIP progress IPR report to Board and Committees Provider licence self-assessment **Independent assurance** Internal audit External audit NHSE/I monthly finance monitoring	Delivery of the regional directors (2019) system savings to be reviewed by ICP – Mr Hand – date Review of finance structure to ensure fit for purpose to support directorates and Collaboratives financial management – Mr Hand – date Develop PLICS, Model hospital reporting and interpretation of data – Mr Hand - date	
Potential loss of grip and control during transition to new clinically led structure	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 Corporate Governance Framework (SFI/SO, Scheme of delegation in place) Vacancy control plan in place CPG Constitution Collaborative Chairs meeting Agency and locum sign off process Purchasing via procurement frameworks and NHS supply chain	**Management** Directorate level and department level finance reporting Cost centre level finance reports Business cases reviewed by FIB / Capital Planning CPG decision making on budgets and capital planning Budget sign off Annual accounts **Risk and compliance** Finance report to Board, Resources Committee Procurement report to Resources Committee **Independent** Going concern and financial controls audit as part of External and Internal audit programme Regional finance returns monthly (H1/H2)	Review of finance structure to ensure fit for purpose to support directorates and Collaboratives financial management – Mr Hand – date Develop PLICS, Model hospital reporting and interpretation of data – Mr Hand - date Update SFI/SOs in line with Collaborative Structure – Mr Hand / Mrs White – date Contract uncertainty – agree with Commissioners – Mr Hand – date	
Unexpected cost pressures leading to unplanned overspends	Day to day budget management processes in place Finance business partners - qualified Policies and procedures for managing financial control	**Management** Directorate level and department level finance reporting Budget sign off	Review of finance structure to ensure fit for purpose to support directorates and Collaboratives financial management – Mr	

	Cash flow forecast Corporate Governance Framework (SFI/SO, Scheme of delegation in place) Vacancy control plan in place CPG Constitution Collaborative Chairs meeting Agency and locum sign off process Purchasing via procurement frameworks and NHS supply chain ICS/ICP Director of Finance meeting Joint working with NTHT	ICS/ICP updates through Finance report and CEO report to Committees and Board **Risk and compliance** Finance report to Board, Resources Committee Procurement report to Resources Committee **Independent** Going concern and financial controls audit as part of External and Internal audit programme Regional finance returns monthly (H1/H2)	Hand – date Enhancement of CIP and delivery programme – Mr Hand – date Agree risk share agreement across ICS – Mr Hand - date	
Inability to agree contracts with commissioners to provide the planned levels of clinical income	Resources Committee Contracting team BIU team NHS Standard Contract and guidance Costing information Joint NTHT Contract Contract meetings	**Management** Finance report Contracting guidance **Risk and compliance** Finance report to Board, Resources Committee **Independent** NHSE/I independent costing assurance audits	Contract uncertainty – agree with Commissioners – Mr Hand – date Establish joint contracting group with NTHT – Mr Hand – date	
Insufficient capital resources available to support innovation and transformation	Capital planning group in place Planned maintenance processes in place Premises assurance model (PAM) undertaken Regular risk assessments and environmental audits Emergency capital bid 2021/22 1 year Capital Plan agreed Prioritised 5 year Capital plan developed and submitted to ICS for consideration Medical Devices Group Fixed Asset register	**Management** Chairs log from H&S Group to QAC regarding Medical **Risk and compliance** PFI contract management Lifecycle report to Resources Committee Capital update report to Resources Committee **Independent assurance** Internal audit reports	Inability to release estate for lifecycle due to COVID restrictions - additional planned maintenance works and condition assessments being undertaken routinely – Mr Oxley – date Agree with ICS sufficient capital resource to address the Trust investment requirements over the short and medium term - Mr Hand - date	
Inability of system partners to support or implement system wide opportunities	ICS/ICP Director of Finance meeting ICS Capital Planning / Estates Managers meeting Joint working with NTHT TV Clinical Services Strategy and Board TV CEO meeting ICS Executive Management Meeting Joint Strategy Board ICS/ICP plan	**Management** ICS/ICP updates through Finance report and CEO report to Committees and Board JSB MOU **Risk and compliance** Regional Directors (2019) review of system savings report **Independent** ICP/ICS Plan submission approval by NHSE/I	Agree risk share agreement across ICS – Mr Hand - date Delivery of the regional directors (2019) system savings to be reviewed by ICP – Mr Hand – date	
Failure of key infrastructure (equipment, IT and Estates) impacting on operational delivery	Capital planning group in place Planned maintenance processes in place Premises assurance model (PAM) undertaken Regular risk assessments and environmental audits Emergency capital bid 2021/22 1 year Capital Plan agreed Prioritised 5 year Capital plan developed and submitted to ICS for consideration Medical Devices Group	**Management** Chairs log from H&S Group to QAC regarding Medical **Risk and compliance** PFI contract management Lifecycle report to Resources Committee Capital update report to Resources Committee **Independent assurance**	Agree with ICS sufficient capital resource to address the Trust investment requirements over the short and medium term - Mr Hand - date Inability to release estate for lifecycle due to COVID restrictions - additional planned maintenance works and condition assessments being undertaken routinely –	

	Fixed Asset register	Internal audit reports	Mr Oxley – date Digital Director appointment process – Mr Harrison – 2.7.21 Update to digital strategy – Mr Harrison – date	
Failure to advance digital maturity will impact on efficiency, care quality and safety	Business case for MIYA IT Business Continuity and Incident Management plans Programme for upgrade to Network infrastructure Capital Investment approved and programme of delivery for identified capital plan including infrastructure and desk top hardware Digital Strategy group MIYA programme board Engagement on GNCR SIRO Digital leadership meeting in place fortnightly NED and Associate NED appointed with digital skills background	**Management** Business Case for MIYA approved by Board **Risk and compliance** Digital updates to Resource Committee quarterly **Independent assurance** NHS digital review of Tees Valley PWC have completed audits of Cyber Security and the Data Security & Protection toolkit.	Digital Director appointment process – Mr Harrison – 2.7.21 Update to digital strategy – Mr Harrison – date Complete implementation of recommendations from NHS digital review – Mr Harrison - date Complete the delivery of MIYA roll out – Mr Harrison – date Internal audit review of digital governance – Mr Harrison – autumn	

Resources Committee
Chair's Log

Meeting: Resources Committee (Virtual Meeting)	**Date of Meeting** 24th June 2021
Key topics discussed in the meeting	
• Board Assurance Framework • Integrated Performance Report • Annual Plan • National Cost Collection • M2 Finance Reports • Financial Recovery Plan Update • Digital Investment Update • FHN Capital Project • Use of Resources Inspection	
Actions agreed in the meeting	Responsibility / timescale
• Two principal risks have now been agreed under the 'Make best use of our resources' strategic objective. Final details on current controls and mitigation actions to be developed before review at July Board meeting. • The June IPR key messages were reviewed, and a number of detail questions will be raised outside the meeting. It will be important to define realistic stretch recovery targets for the Trust where national targets are not achievable within the current planning year. • It was pleasing to note that both Trust and system level recovery plans were exceeding national threshold levels but recognised that recovery will not be a quick process. A number of capital bids have been submitted by the ICS Provider Collaborative to the ERF Accelerator Scheme which include Adult Pre-Assessment service and Endoscopy expansion proposals for STFHT. • National Cost Collection data preparation is underway and is currently on plan for October submission. • The Committee noted that the M2 financial performance was in line with expectations but that the full extent of the financial challenge for the year will not be established until the H2 planning guidance is published. • The Committee noted the submission of the interim Financial Recovery Plan as requested by NHSE/I on 18th June and congratulated the Director of Finance and his team on a professional and comprehensive report. A Board-to-Board meeting with NHSE/I is planned for 23rd July and a T/V Clinical Strategy Review on 20th July. Both	Head of Governance July Board Chief Operating Officer Director of Planning & Recovery Chief Financial Officer Chief Financial Officer Chief Financial Officer

will be critical to the development of the final recovery plan which is due for submission on 31st August. • A review of the sizeable Digital capital investment plans for the year was conducted and several delivery risks noted. In future reports, mitigation actions will be linked to risks and digital enabler projects will be identified which form a key step to the delivery of subsequent projects. • The substantial capital investment proposal to upgrade the Theatres at FHN was reviewed and the Committee supported the proposal for an 'enhanced' scheme at a capital cost of £29.5M to be taken forward for Board approval. • A report on the preparations for the expected CQC Use of Resources assessment later this summer was received will be reviewed on a monthly basis at Committee.	Regular updates to Committee Director of Estates July Resources Committee Director of Estates July Board Chief Financial Officer July Resources Committee
Issues for Board escalation/action	**Responsibility / timescale**
• The Digital investment plans continue to present significant delivery risk, mainly due to resource constraints. Ensuring enabler projects are suitably prioritized will also be important. • The submission of an 'enhanced' plan OBC to the July Board was supported. This will continue to require CCG support and ultimately Regional approval. • An initial Trust Financial Recovery Plan was submitted to NHSE/I on 18th June as planned. The development of an actionable improvement plan by end-August will rely on agreement on both system and local improvement targets and a Clinical Strategy for the T/V.	Managing Director July 2021 Director of Estates July 2021 Director of Finance July 2021

People Committee
Chair's Log

Meeting: People Committee	**Date of Meeting**: 17 June 2021
Highlights for: Board of Directors	**Date of Meeting**: 6 July 2021

Overview of key areas of work and matters for Board.

- Reviewed the BAF and recommended some minor amendments, the inclusion of target dates for completion of further controls and assurance levels;
- Had an update on the Staff Engagement Plan and proposed further opportunities to strengthen the role of Engagement Champions in supporting the Staff Survey Action plans
- National On-boarding recruitment
- Endorsed the midwifery establishment and staffing report and noted that a national team review on the 6th May had indicated satisfaction with the progress being made on Continuity of Care
- Noted the Freedom to Speak Up report
- Noted the approach to Clinical Excellence Awards for this year
- Noted and received assurance on the Obstetric medical, Anaesthetic and Neonatal workforce report
- Discussed the People Committee performance metrics and report
- Endorsed the Education Steering Group ToR
- Noted the updates and chairs logs from staff networks and groups, and in particular supported the re-emergence of an LGBTQ+ network and the plans to establish a Womens Network

Actions to be taken	Responsibility / timescale
• While progressing the national pilot for on-boarding recruitment and EDI objectives, absorb this work into a longer timeframe to review and refresh values-based recruitment and ensure that approaches to ensure fairness and equity are consistently applied • Noted that the Committee dates need to be reviewed to ensure that workforce performance data is available in time. • Supported a more holistic and comprehensive performance report based around the ten collaboratives and including a broad suite of information to inform assurance, including for example, vacancy data, short/long term sickness differential, FTSU reports • Agreement to ask for a more inclusive and expansive STAR award process with engagement from all Board members	
Board action	**Responsibility / timescale**

• To consider the Committees proposals in respect of BAF workforce risk assurance	
Risks (Include ID if currently on risk register)	Responsibility / timescale

Quality Assurance Committee
Chair's Log

Meeting: Quality Assurance Committee	**Date of Meeting**: 28/06/2021
Connecting to: Board of Directors	**Date of Meeting**: 06/07/2021

Key topics discussed in the meeting

The Quality Committee date was changed at short notice and time was reduced resulting in insufficient time to fully discuss items on the reduced agenda and cycle of business.

- Safeguarding Children and Adults update report
- CQC update
- Closure reports:
  - Ophthalmology
  - Gastroenterology
- Board Assurance Framework
- QAC reviewed Terms of Reference (deferred to July)
- Monthly IPR – Quality
- Draft Quality Report (account) (limited time for discussion)
- Monthly Serious Incident / Never Event Report (limited time for discussion)
- Infection Prevention & Control update report including IBAF update (deferred to July due to limited time)
- Chairs log of any sub group reporting to the committee

Actions	Responsibility / timescale
• The Annual Safeguarding Report was received providing an overview of the challenges and achievements of the safeguarding board, looked after children and learning disability services and including priorities for 2021/2. Work is underway to refine risks and mitigation posed by risks including support for patients with learning disabilities and compliance with the Mental Capacity Act for patients aged 16 plus.	• Action Hilary Lloyd
• QAC received and update on Ophthalmology Services, numbers of patients waiting to be seen, patients waiting to be appointed, and planned reviews. The quality committee plan to further explore the partial assurances for effective systems and failsafe processes in place. The risk rating remains at 20.	• Action Sam Peate / July 2021
• A summative review of gastroenterology endoscopy was received describing the immense programme of work in the last 18 months and consequent reduction in the risk rating, reduction in waiting time for diagnostic tests, out-patient appointments and improved compliance with the 18 week pathway. QAC agreed with the recommendation to step down the endoscopy and gastroenterology service from the internal risk summit process, took full assurance that systems	

and processes are in place to track and monitor the service and partial assurance with regard to patient safety and experience until an external reviewer is found to complete the clinical harm review process. High risks remain with regard to capacity and demand, endoscopy training and cover for on call endoscopy. • An updated BAF was presented. Comments had already been received and a meeting is being planned for all Chairs of board sub committees and all executive leads to agree the final version. The Integrated Performance Report continues to be work in progress and was not discussed in full due to limited time. Specifically data for sepsis is not up to date. More work is needed to provide assurance that the plans for improvement in practice and reporting are in place. • A draft Quality Account was provided. Comments are to be sent after the meeting. Stakeholders will be asked for input in July as will STees Governors. Final sign off will be QAC at the end of July.	• Action Jackie White • Action Hilary Lloyd / July 2021 • Action Ian Bennett / July 2021

Escalated items
Board to note: • Position in Ophthalmology • Progress made in gastroenterology endoscopy services Agreement of the BAF risks, controls and mitigation for risks monitored by QAC Quality Account will be signed off by QAC at the July meeting

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