

Board of Directors

5 May 2020

2.00 pm

Microsoft teams



**MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST
BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON TUESDAY 5 MAY 2020 AT
2.00 PM MICROSOFT TEAMS**

AGENDA

ITEM	PURPOSE	LEAD	FORMAT	
CHAIR'S BUSINESS				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1
4.	Minutes of the last meetings held on 7 April 2020	Approval	Chair	ENC 2
5.	Matters Arising	Review	Chair	ENC 3
6.	Chairman's report	Information	Chair	Verbal
7.	Chief Executive's report	Information	Chief Executive	ENC 4
QUALITY AND SAFETY				
8.	Safe Staffing Report	Information	Director of Nursing & Midwifery	Verbal
FINANCE AND PERFORMANCE				
9.	Performance Report	Discussion	Chief Operating Officer	ENC 5
GOVERNANCE AND ASSURANCE				
10.	Annual filings update	Information	Head of Governance	ENC 6
11.	Board Assurance Framework – COVID risk (new)	Approval	Head of Governance	ENC 7
12.	Chair's Logs from Board Committee Meetings	Discussion	Chairs	ENC 8
13.	Any Other Business	Discussion	Chair	Verbal
14.	Risks to be added to the Board Assurance Framework	Discussion	Chair	Verbal
15.	Reflections on Meeting	Discussion	Chair / All	Verbal

ITEM	PURPOSE	LEAD	FORMAT
16.	DATE OF NEXT MEETING The next meeting of Board of Directors will take place on Tuesday 2 June 2020		
	Exclusion to the Public – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960)		

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 5 May 2020			
Register of members interests			AGENDA ITEM: 4, ENC 1
Report Author and Job Title:	Jackie White Head of Governance	Responsible Director:	Alan Downey Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
Situation	The Board of Directors are asked to note interests declared by members of the Committee		
Background	The report sets out membership of the Board of Directors and interests registered by members. Conflicts should be managed in accordance to the Constitution para 32 - If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to other Directors.		
Assessment	There are no specific conflicts identified with the agenda. Members will be reminded at the meeting to raise any if they arise.		
Recommendation	Members of the Board of Directors are asked to note the Register of Interest in relation to the Committee.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>	
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>	
	Develop clinical and commercial strategies <input type="checkbox"/>		

Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
Alan Downey	Chairman	1 March 2018	ongoing	Wife is Director of PricewaterhouseCoopers working mainly with local government clients in the North of England
		15 April 2014	2 April 2019	Neddown Limited (dissolved company) from 2 April 2019 and (dormant) prior to joining the Trust.
Ada Burns	Non-Executive Director (Deputy Chair)	2017	Ongoing	Role - Governor – Chair of Resources Committee, member of Board of Teesside University.
		2017	Ongoing	Trustee & Vice Chair – New Local Government Network (NLGN) – Public policy think tank
		2019	Ongoing	Role – Associate Consultant – Cratus Consultancy, public sector management consultancy
Maureen Rutter	Non-executive Director (Senior Independent Director)	1996	ongoing	Member of Macmillan Cancer Support
Richard Carter-Ferris	Non-executive Director	1 August 2015	ongoing	Director of Yorkshire Area P2P Club – company generates donations for Yorkshire Air Ambulance. 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	ongoing	Advisor to UK Government on Chemicals Industry
		1 December 2005	ongoing	Trustee of Greenstones Christian Trust Charity – a Charity working with prisons in Ethiopia
		1 October 2019	ongoing	South Tees Healthcare Management Limited - Company number 10166808
Debbie Reape	Non-executive Director	August 2019	Ongoing	Associate Director with Northumbria International Alliance (Northumbria NHS Trust and Northumberland County Council)
		1 October 2019	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		October 2019	Ongoing	School Governor, Ashington Academy.
Adrian Clements	Medical Director	23 January 2012	Ongoing	Director of Clements Medico Legal Consulting Limited.
David Chadwick	Medical Director			No interests declared.
Sath Nag	Medical Director			No interests declared.
Steven Mason	Director of Finance	1 October 2017	ongoing	Children employed at Ernst & Young and Deloitte
		13 August 2018	ongoing	HM Property Services Ltd (Shareholder) not seeking work in NHS
		March 2019	ongoing	Client representative ELFS Management Board.
		1 October 2019	ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		1 April 2020	ongoing	Non-Executive Director – Together for Children

Jackie White	Head of Governance	March 2013	Ongoing	Director – Applied Interim Management Solutions – Company Number 08473345
Sue Page	Chief Executive	May 2018	Ongoing	President of British Red Cross – Cumbria.
Kevin Oxley	Director of Estates, Facilities and Capital Planning	21.02.2020	Ongoing	Trustee with Carbon and Energy Fund Limited (CEF), a private company.
Rachael Metcalf	Director of Human Resource Operations			No interests declared.
Joanne Dobson	Director of Transformation			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)
Johanna Reilly	Chief Operating Officer	2 October 2019	Ongoing	JRR Consultants Limited – Company number 11600734.
Julie Alderson	Associate Non-Executive Director			Formerly Director of Julie Alderson Interim Management Limited. Company dissolved 14.05.2019. Never did any work for NHS Trusts, just local Government
Ann Wright	Director of Operations - Friarage			No interests declared.
Ros Fallon	Director of Planning & Recovery			Non-Executive Director for Countess of Chester NHS Foundation Trust Trustee – Tarporley War Memorial Hospital
Moira Angel	Director of Clinical Development			Director of Moira Angel consulting Ltd. Director of Arista Associates Ltd. Vice president of the red cross in Cumbria.
Deirdre Fowler	Director of Nursing & Midwifery			No interests declared

UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 7 APRIL 2020 AT 2.00 PM USING MICROSOFT TEAMS

Present

Mr A Downey	Chairman
Mr M Ducker	Non-Executive Director
Mrs M Rutter	Non-Executive Director
Ms A Burns	Non-Executive Director
Ms D Reape	Non-Executive Director
Mr D Heslop	Non-Executive Director
Mr R Carter-Ferris	Non-Executive Director
Mrs G Hunt	Director of Nursing & Quality
Mrs D Fowler	Interim Director of Nursing & Midwifery
Mr A Clements	Medical Director
Dr S Nag	Medical Director
Mr D Chadwick	Medical Director
Mr S Mason	Director of Finance
Ms S Page	Chief Executive

In Attendance

Mrs J White	Interim Head of Governance
Ms J Reilly	Interim Chief Operating Officer
Ms J Alderson	Non-Executive Director – Insights Programme

Action

BoD/20/001 WELCOME AND INTRODUCTIONS

The Chairman welcomed members to the meeting which was being held virtually for the first time using Microsoft teams. The Chair reminded members that this was an unprecedented time and the Board had put in place a revised cycle of business to suit the new arrangements.

The Chairman commented that the focus of the Board remains but striking the right balance will be key during this time.

The Chairman reminded members that this was Mrs Hunt's last Board meeting for a while as she was due to go on secondment to NHSE/I. The Chair wished Mrs Hunt well and thanked her for her contribution to the trust.

The Chairman welcomed Mrs Fowler who had joined the Trust as interim Director of Nursing & Midwifery.

Finally the Chairman welcomed Ms Smithies, Freedom to Speak up Guardian, who was observing today's meeting.

BoD/20/002 APOLOGIES FOR ABSENCE

There were no apologies for absence. The Chairman noted that while the current arrangements were in place for the Board, non-voting Board members would not necessarily be asked to attend.

BoD/20/003 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/20/004 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/20/005 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 3 March 2020 were reviewed and agreed as an accurate record subject to the following amendment:

Head of
Governance

Ms D Reape – present

BoD/20/006 MATTERS ARISING

The matters arising were reviewed and the action log updated.

BoD/20/007 CHAIR’S REPORT

The Chair reported that since the last meeting staff at the Trust have been preparing for Covid 19. The Chairman thanked Ms Page, the senior leadership team and all the staff at the Trust for the amazing work they had done to prepare. The Chair reported that he had attended a Strategic Command meeting and was very impressed at the professionalism and detail of discussion.

The Chair reported that he had agreed that the Non-Executive Directors and Governors would not be attending the Trust, and virtual arrangements were in place for committee and other meetings. A weekly video call had been instituted to provide Non-Executive Directors with updates. The Head of Governance and Chief Executive would participate in the calls.

The Chair commented that the Council of Governors had approved the appointment of Ms Ada Burns as Deputy Chair at their last meeting.

Resolution

The Board of Directors noted the Chair’s report.

BoD/20/008 CHIEF EXECUTIVE'S REPORT

Ms Page updated that all NHS trusts have been asked to postpone all non-urgent elective operations from 15 April at the latest, for a period of at least three months. As a trust we have an experienced group of clinicians who will determine which activities will be stepped down in the coming days and weeks.

Visitor restrictions are in place across trust sites and we have asked the public to limit visiting patients at our hospitals to essential visits only.

The health, safety and wellbeing of our staff is an absolute priority. Staff will continue to have access to the occupational health and counselling services during the COVID-19 period. A dedicated phone line for staff coronavirus queries is now available.

In addition, the trust has developed a COVID-19 HR policy in partnership with staff-side to support and provide guidance to colleagues.

Ms Page updated that the trust is suspending parking charges for staff until further notice and meals will be provided free of charge.

For those staff who are unable to come into the trust, facilities will be available for them to work from home using their home computer and / or smartphone using a password.

Ms Page advised that the changes being instigated by the trust in preparation for the pandemic are enabling the clinical directors to work on the recovery phase of the improvement plan. This will involve increasing the activity and number of procedures carried out at the Friarage Hospital and developing tertiary services at James Cook Hospital.

Resolution

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

BoD/20/009 SAFE STAFFING MONTHLY REPORT

Mrs Hunt updated that the unify submission had been suspended for the current period. Mrs Hunt commented that the key focus for nursing and allied health professionals was to increase critical care capacity to staff additional beds and wards. This was a huge amount of work both internally and externally.

Members noted that the critical care ratios have been relaxed for various scenarios which would increase the current bed

Action

base in line with national requirements. Nationally there had been guidance released on GPIC standards for managing during the pandemic. In order to staff the critical care beds, staff with previous critical care experience were being redeployed back into these roles.

The trust is engaged in the 'back to the NHS' national scheme, and 40 registered nurses are being trained to return to the front line. In addition the trust expects to receive around 60 student nurses.

Staffing levels will be continuously monitored as part of the surge and super surge levels.

With regard to allied health professionals, physiotherapy has increased by around 40%.

Dr Nag updated that he has been leading on the medical workforce and is pleased to report that all physicians and surgeons are pulling together to cover the rota for the Covid and non-Covid units.

Mr Ducker asked whether the trust has enough manpower for the plans which have been described. Mrs Hunt commented that the plans are based on the number of staff currently employed in the trust, numbers trained, etc and the outstanding piece is the number of nurses from university which should be known next week.

Ms Reape asked Mrs Hunt how much reliance there is on the staff from the military, Mrs Hunt advised that there were staff identified within the plan. The military are aware of the impact on the trust of any withdrawal of staff and will continue to monitor the situation.

Dr Nag commented that the trust to date had seen changes around 3 juniors, 11 anaesthetists and 4 intensivists.

Mrs Rutter commented that NHSE/I had recently released guidance on palliative care and was keen to know whether this had been distributed to staff. Mrs Hunt said that the trust are seeing people in difficult circumstances and a package of care has been provided to staff to support them during this time. Dr Nag reported that the palliative care team have produced a bespoke package for staff.

Resolution

The Trust Board of Directors noted the update on staffing

BoD/20/010 PERFORMANCE REPORT

Ms Reilly briefed that NHSE/I had released guidance on 28 March 2020 - Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic. This guidance acknowledged that, although existing performance standards remain in place, the way these are managed will need to change for the duration of the COVID-19 response.

Members noted that for, A&E performance, monitoring and management against the 4-hour standard will continue nationally and locally, to support system resilience. With regard to RTT monitoring and management will also continue.

Ms Reilly briefed that cancer treatment is continuing, and that close attention should continue to be paid to referral and treatment volumes to make sure that cancer cases continue to be identified, diagnosed and treated in a timely manner.

With regard to the trust performance, Ms Reilly advised that A&E performance had been below the 95% standard which was being examined as the number of attendances was low. Work was being undertaken to understand the reasons and ensure that performance improved.

With regard to RTT, Ms Reilly reported that again performance was below target at 80.3% and this also required a more in-depth piece of work.

Mr Clements reported that there was some concern that people have not been accessing services due to Covid-19 which explains the drop in A&E attendances. The trust is encouraging people to attend and has put out some key messages to the community.

Mr Heslop commented that it is inevitable cancer treatment has been impacted by Covid-19. Mr Chadwick confirmed that each case is being discussed with the patient and doctor.

Mrs Hunt referred members to the quality and safety section of the report and reported that the trust is likely to see an increase in falls as staff don and doff their PPE. Incidents will be reported through the command structure. With regard to patient experience, the Ombudsman has confirmed that the complaints process has been suspended. The trust is still receiving new complains, and the PALs service continues. The Friends and Family test has been paused nationally.

Mrs White on behalf of Mrs Metcalf, advised that with regard to people, the trust has established a staff welfare scheme, and welfare kits are being provided to staff across the trust. Psychology support is in place as previously described.

Finally Mr Mason updated that at month 11 the trust is £30.1m behind plan. This is due to the loss of PSF funding of £7.1m, and £19.4m of undelivered system savings. Full year plan is a surplus of £3.2m

With regard to productivity and Efficiency savings, year to date savings of £8.6m have been delivered.

Resolution

The Trust Board of Directors noted the performance report.

BoD/20/021 CHAIRS LOGS FROM BOARD COMMITTEES

Finance & Investment Committee – Mr Ducker reported that FIC had been asked by the Board to undertake a deep dive into the recovery plans for the performance of the Trust. Mr Ducker commented that due to the focus on Covid 19 this piece of work had been paused. The Committee had considered the improvement plan and requested that this be updated with costs.

Quality Assurance Committee – Ms Reape updated that the Committee was due to meet tomorrow and a report will be forwarded to members at the next Board meeting.

BoD/20/022 ANY OTHER BUSINESS

There was no other business.

BoD/20/023 RISKS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK

The Board requested that Mrs White update the BAF with a risk on Covid 19.

BoD/20/024 REFLECTIONS ON MEETING

The Chair offered members the opportunity for reflection on the meeting. Members felt that the technology had worked well.

BoD/20/025 DATE AND TIME OF NEXT MEETING

The next meeting of the public Board of Directors will be held on Tuesday 5 May 2020.

Signed:

Date:

DRAFT

Board of Direction Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
5.11.19	BoD/19/82	HEALTHCARE ASSOCIATED INFECTION MONTHLY REPORT	Mr Heslop advised that the online training for infection control hasn't changed, and perhaps the focus needs to be on behavioural changes going forward. Mrs Hunt agreed to look into the training.	G Hunt	31.7.20	IPC team have been focussing on COVID, will review when focus returns to mandatory training modules. Date amended	open
4.2.20	BoD/19/147	IMPROVEMENT PLAN	Improvement plan needed to be costed and robustly monitored	R Fallon	31.5.20	Date amended	open
3.3.20	BoD/19/173	CHAIRS LOGS FROM BOARD COMMITTEES	Ms Reilly agreed to relook at the options for FTSU and using existing resources	J Reilly	31.4.20		open

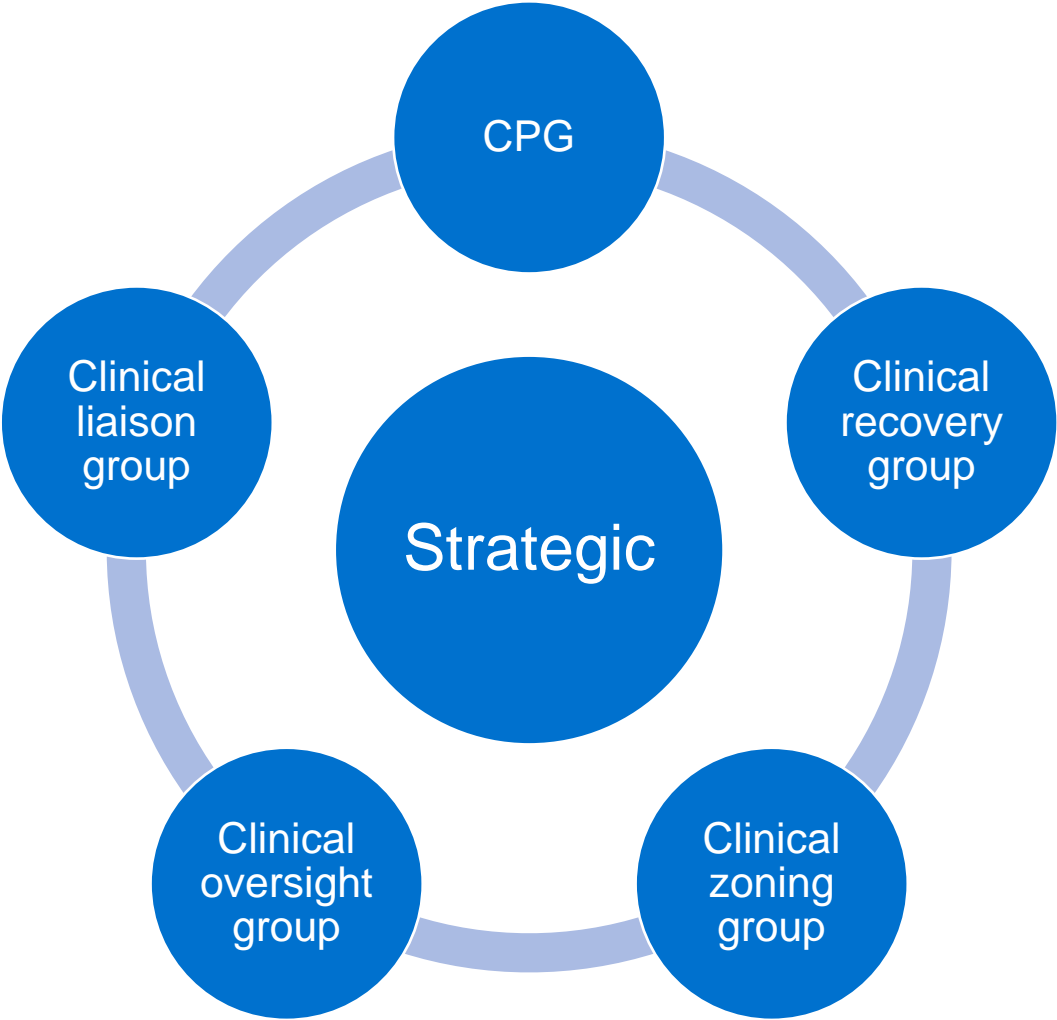


South Tees Hospitals
NHS Foundation Trust

CHIEF EXECUTIVE REPORT

COVID 19 – update

COVID-19 response



PPE

PPE - low-risk settings

Recommended PPE to be used by healthcare workers within one metre of any patient

Eye protection

(goggle or face visor) if there is a risk of splashing or exposure to respiratory droplets

Fluid repellent surgical facemask

Apron

Non-sterile gloves

For staff working in hospitals, primary care, ambulance trusts, community care settings, care homes

Whilst gloves and aprons are single patient use the fluid-repellent surgical facemask can be used for up to one hour but should be replaced sooner if it becomes obviously contaminated by patient secretions, or if it becomes damp or misshapen.

Eye protection can be worn for as long as comfort allows. When removed it should be replaced and should also be replaced if it becomes obviously contaminated by patient secretions.

PPE - high-risk procedures

Recommended PPE to be used by healthcare workers delivering or assisting with an aerosol generating procedure

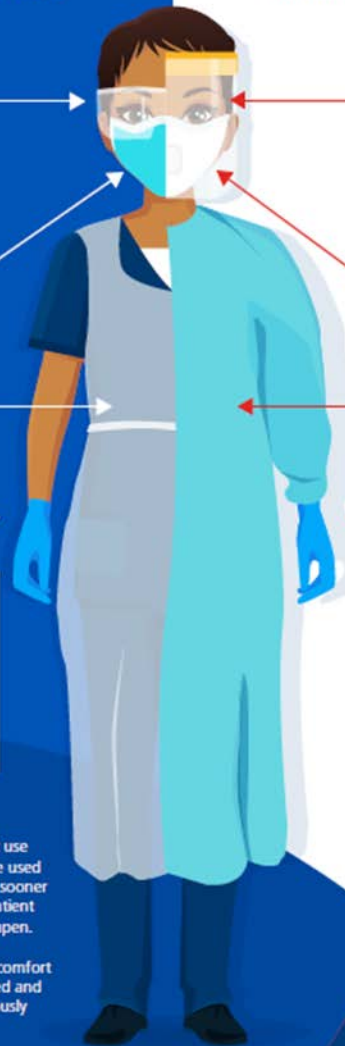
Eye protection (disposable goggles or full-face visor)

FFP3 respirator

Long sleeved disposable gown

Gloves

For staff working in Intensive Care Units or the hot zone of an Emergency Department



Staff deployment

- Medical, nursing and AHP workforce plans established.
- Staff training has occurred to allow effective redeployment so staff can support the respective clinical areas.
- Out-patient staff groups are trained to support COVID and non-COVID units.
- Daily operational meetings to review staff plans are held at 08.00 and 15.45.
- Input and guidance from strategic and Clinical Policy Group.



Wellbeing

- Free meals, drinks and car parking for all staff.
- Additional rest and changing rooms established for COVID-unit.
- Welfare packs distributed across the hospital and community sites.
- Psychological support on all areas in the COVID-unit.
- Occupational health and well being calls in place.



Assurance

- NHS Level 4 incident response remains in place.
- EPPR support and reporting arrangements.
- Daily SITREPs.
- Updates with stakeholders and partners.
- SFI/SO emergency powers in place.
- Strong clinical input throughout incident response.



Recovery

- Recovery group established.
- Clinically-led decision making.
- Focus on restoring services.
- Estate capacity and capability.
- Medical, nursing and AHP workforce plans being reviewed.

Thank you





South Tees Hospitals
NHS Foundation Trust

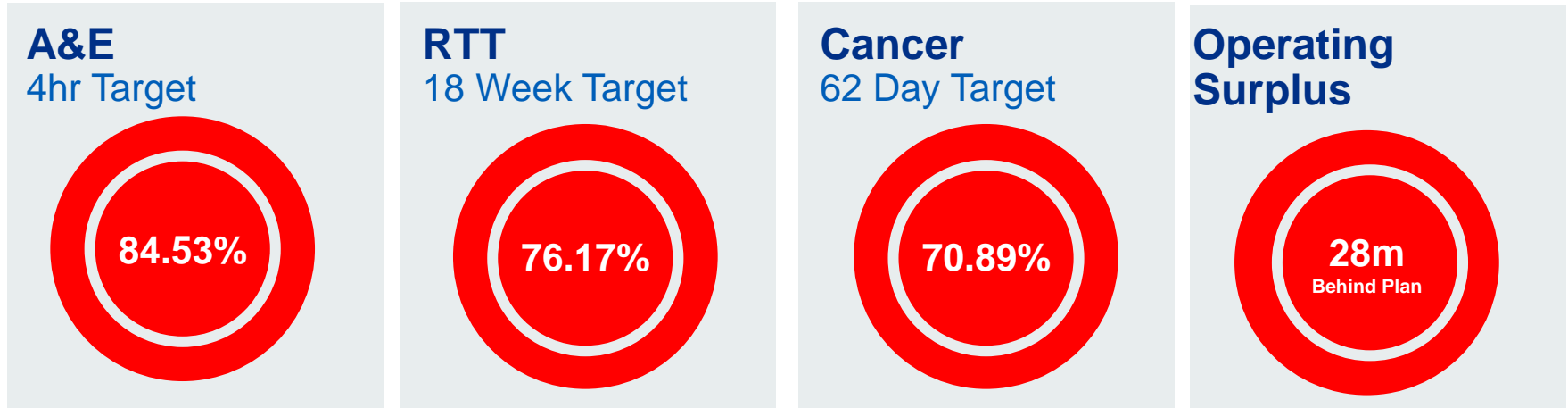
Quality, Operational & Finance Performance Report

28th April 2020

Must Do's

Must Do's 2019/20 – March 2020

Deliver Excellence in Patient Outcome and Experience....

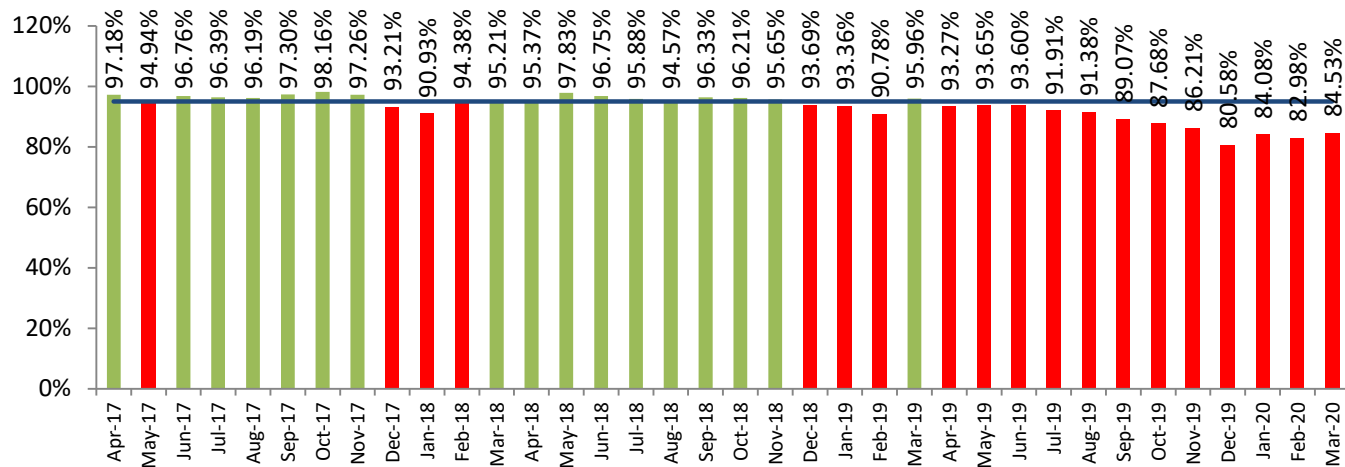


* Indicative

...and ensure our long term financial sustainability

Performance - A&E

95%
TARGET



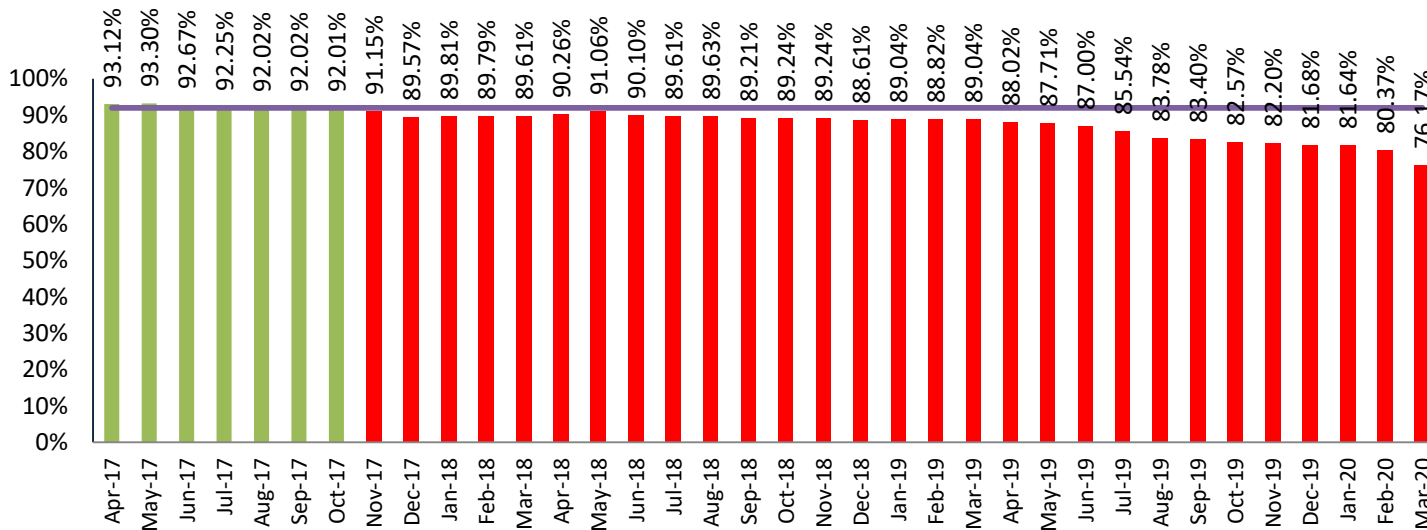
Mar 20
84.53%

Apr 20 position at
21/04/2020 – 90.92%

Regional Rank	Trust	Mar-20
1	Northumbria Healthcare NHS Foundation Trust	97.03%
2	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	95.65%
3	Gateshead Health NHS Foundation Trust	87.86%
4	Harrogate and District NHS Foundation Trust	86.84%
5	South Tees Hospitals NHS Foundation Trust	84.53%
6	South Tyneside And Sunderland NHS Foundation Trust	84.45%
7	York Teaching Hospitals NHS Foundation Trust	83.65%
8	North Cumbria University Hospitals NHS Trust	83.61%
9	County Durham and Darlington NHS Foundation Trust	83.11%
-	North Tees and Hartlepool NHS Foundation Trust	
	ENGLAND	84.21%

March 2020
Ranked
5th in the region

Referral to Treatment



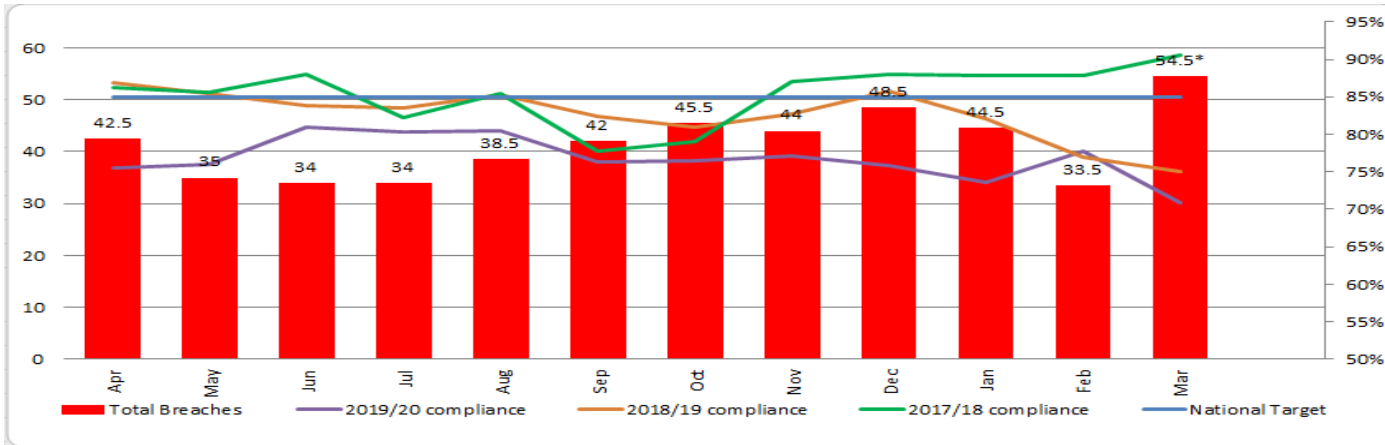
92%
TARGET

Mar 20
76.17%

Regional Rank	Trust	Feb-20
1	North Tees and Hartlepool NHS Foundation Trust	94.19%
2	Northumbria Healthcare NHS Foundation Trust	92.56%
3	South Tyneside And Sunderland NHS Foundation Trust	90.97%
4	Gateshead Health NHS Foundation Trust	90.11%
5	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	87.03%
6	County Durham and Darlington NHS Foundation Trust	86.06%
7	South Tees Hospitals NHS Foundation Trust	80.37%
8	York Teaching Hospital	73.60%
9	North Cumbria University Hospitals NHS Trust	72.35%
10	Harrogate and District NHS Foundation Trust	-
	ENGLAND	88.46%

**Feb 20
Ranked 7th in the
region**

Performance – 62 Day Cancer Standard



◀ % compliance and number of breaches

* Indicative

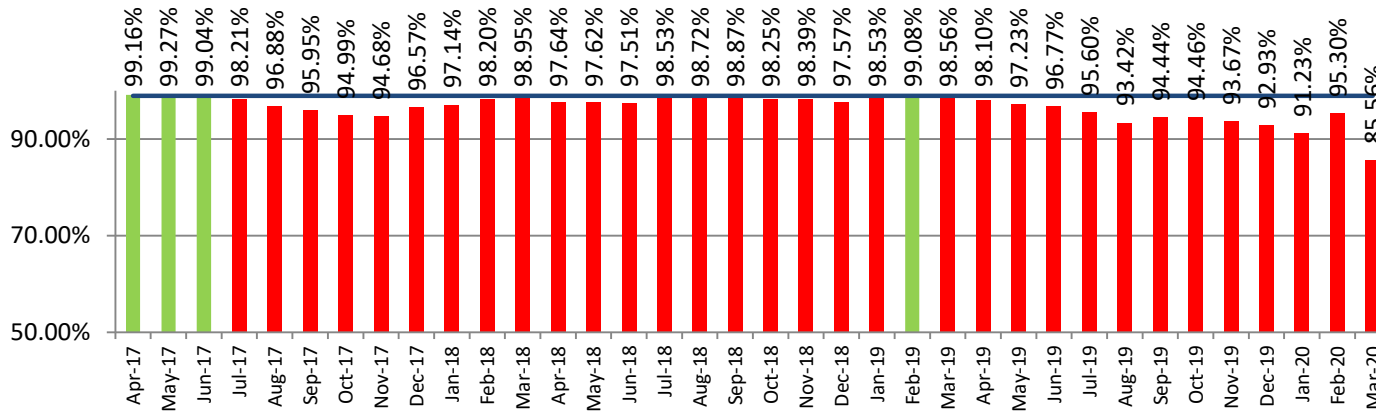
Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20*

76.34% | 76.42% | 79.43% | 75.87% | 73.67% | 77.81% | 70.89%*

Regional Rank	Trust	Feb-20
1	Harrogate and District NHS Foundation Trust	88.29%
2	Northumbria Healthcare NHS Foundation Trust	85.88%
3	County Durham and Darlington NHS Foundation Trust	83.42%
4	South Tees Hospitals NHS Foundation Trust	77.81%
5	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	77.55%
6	Gateshead Health NHS Foundation Trust	77.53%
7	North Tees and Hartlepool NHS Foundation Trust	73.94%
8	York Teaching Hospitals NHS Foundation Trust	73.25%
9	South Tyneside and Sunderland NHS Foundation Trust	69.12%
11	North Cumbria University Hospitals NHS Trust	64.43%
	ENGLAND	73.78%

Feb 20
Ranked 4th in the
region

6 Week Diagnostic



99% TARGET

Mar 20
85.56%

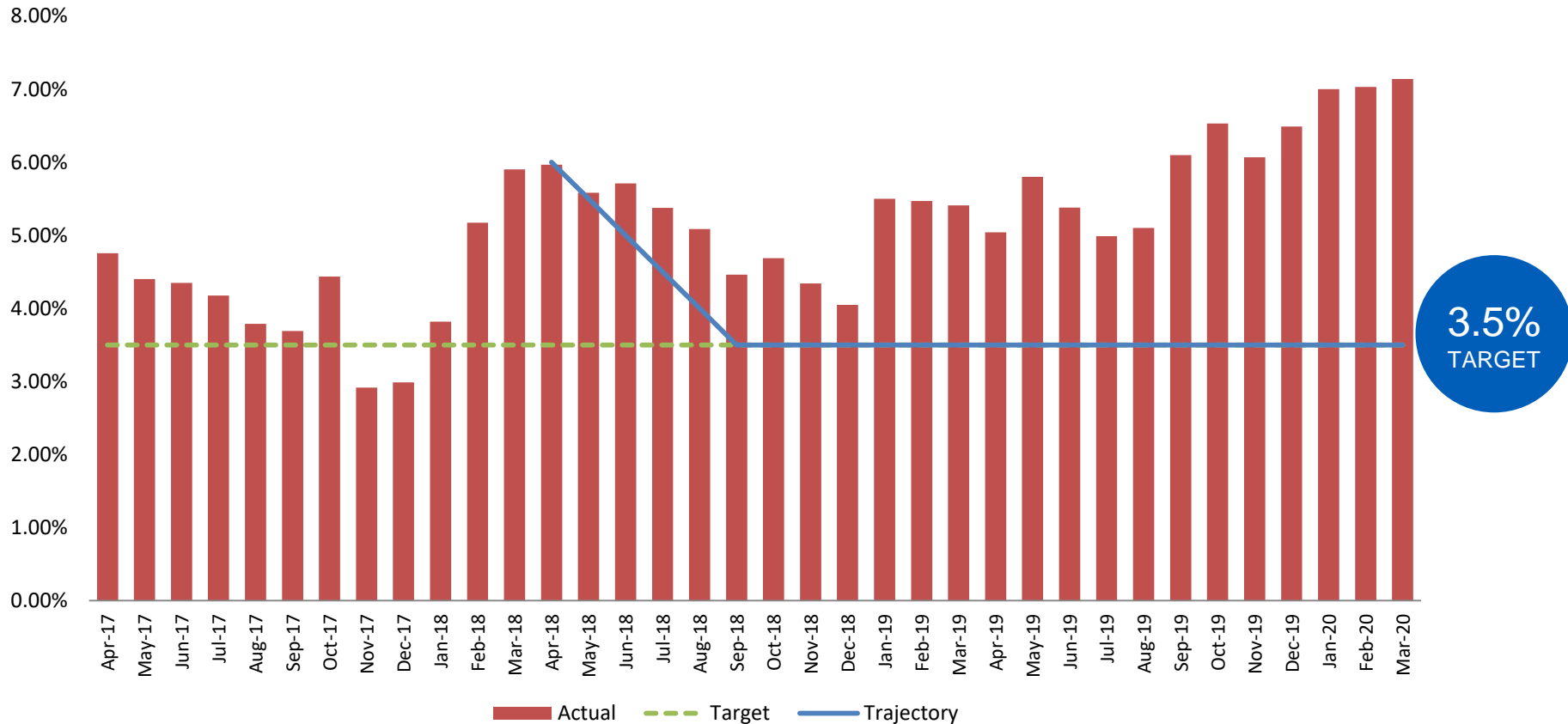
6 Week Diagnostic Performance (Target 99%)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Magnetic Resonance Imaging	99.83%	99.64%	98.81%	99.78%	99.96%	99.73%	99.89%	99.60%	97.75%	92.26%	99.08%	91.51%
Computed Tomography	99.85%	99.94%	99.93%	99.93%	99.80%	99.93%	99.30%	99.46%	99.84%	99.93%	99.93%	97.76%
Non-obstetric ultrasound	100.00%	99.90%	99.97%	99.90%	99.92%	99.97%	99.93%	100.00%	99.76%	99.97%	100.00%	98.05%
DEXA Scan	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	53.91%
Audiology Assessments	96.22%	98.11%	97.99%	94.86%	88.51%	87.10%	86.57%	86.49%	86.28%	83.33%	86.74%	70.38%
Cardiology - echocardiography	92.31%	88.24%	69.70%	83.78%	97.62%	96.88%	100.00%	97.44%	90.63%	94.59%	96.67%	81.58%
Neurophysiology	84.09%	70.74%	72.06%	70.64%	66.53%	73.38%	79.23%	88.38%	86.89%	84.34%	89.70%	87.90%
Sleep studies	44.44%	14.29%	22.64%	34.92%	40.00%	49.06%	62.75%	65.96%	46.30%	51.06%	36.89%	19.23%
Urodynamics - pressures & flows	48.00%	52.08%	73.91%	79.07%	85.29%	70.45%	76.47%	55.26%	49.09%	42.86%	60.53%	48.72%
Gastro - Colonoscopy	93.75%	94.86%	89.72%	71.53%	62.66%	64.38%	62.86%	59.13%	56.85%	54.08%	69.58%	48.06%
Gastro - Flexi sigmoidoscopy	92.75%	89.47%	91.49%	74.38%	60.63%	69.51%	65.00%	53.26%	45.98%	46.82%	57.89%	53.70%
Urology - Cystoscopy	100.00%	94.62%	96.07%	96.83%	92.68%	91.84%	95.60%	98.14%	94.44%	93.84%	92.41%	82.22%
Gastroscopy	96.48%	98.11%	90.87%	88.85%	77.52%	83.81%	87.66%	79.51%	82.47%	77.39%	89.80%	72.12%
Trust Total	98.10%	97.23%	96.77%	95.60%	93.42%	94.44%	94.46%	93.67%	92.93%	91.23%	95.30%	85.56%

Operational Management

2

Delayed Transfer of Care (DToC)

Percentage DToC against Midnight Bed Occ

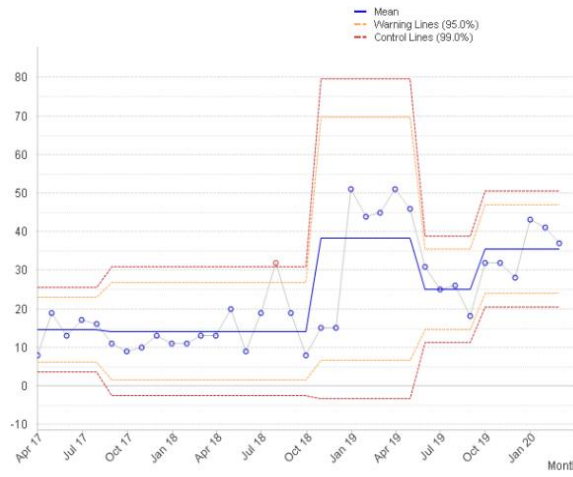
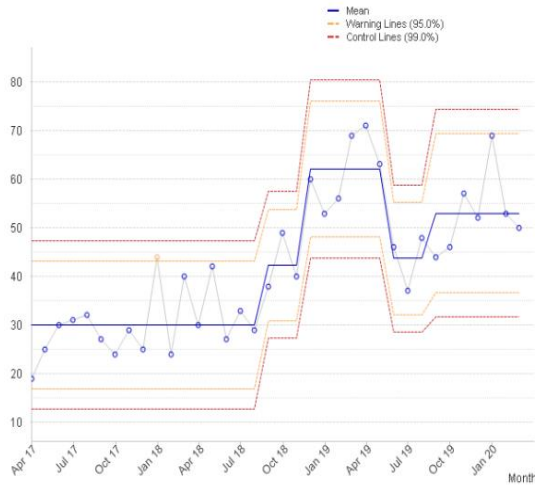


Patient Safety, Outcome and Experience

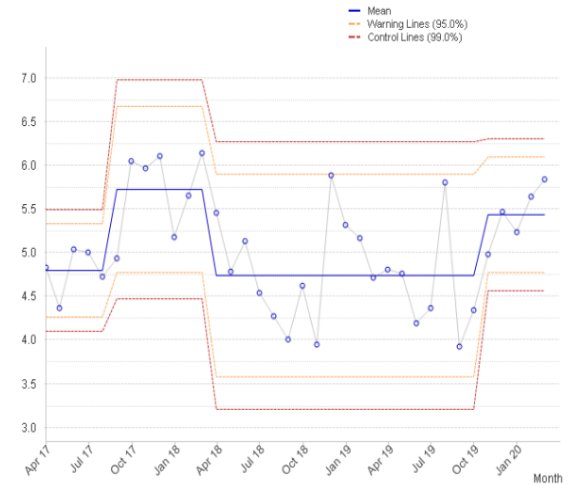
3

Delivering Safe Care 19/20

New or deteriorating category 2 pressure ulcers March 2020



Falls March 2020



Inpatient rate is 2.1 per 1000 bed days.

37 community category 2 pressure ulcers

Rate 5.9 per 1000 bed days.

Patient Experience Trust

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



South Tees Hospitals
NHS Foundation Trust

Consistency & coordination of care

Treatment with respect and dignity

Involvement

Good Doctors

Good Nurses

Noise at night

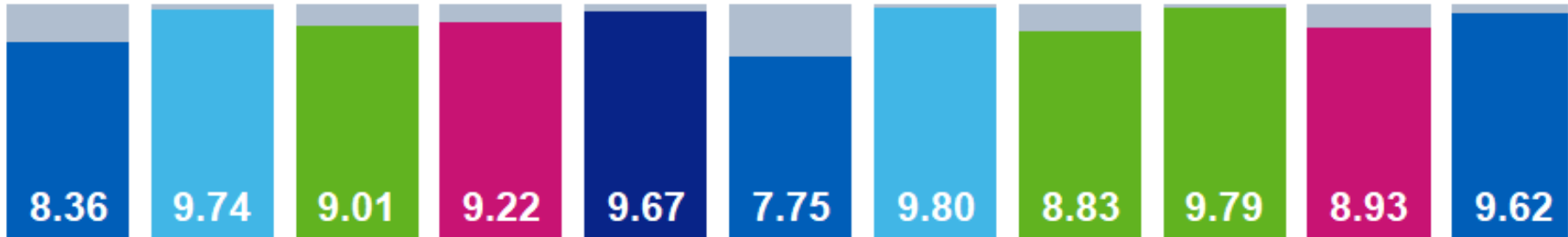
Kindness and compassion

Cleanliness

Hand Hygiene

Medicines

Pain control



In March 2020 patients gave us an overall rating of...

9.09 out of 10

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

99%

No of patients on new medication

323

No of respondents

637

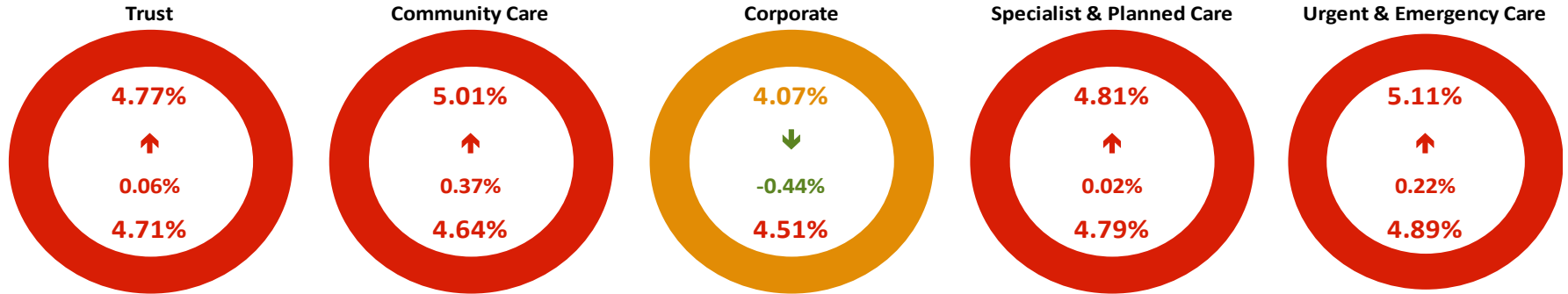
People

4

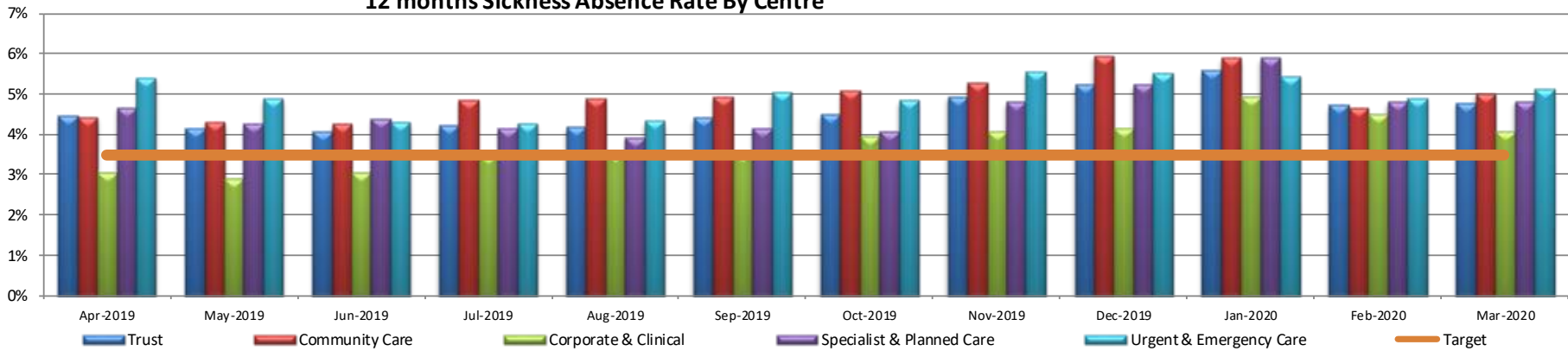
Sickness	Training	Appraisals
<p>0.06% increase on February. Short Term was 1.83% up 0.32%, Long Term 2.94%, down by -0.26%. Sickness rate at 4.77% is 0.01% higher than March 2019. Long Term is at its lowest rate since Nov 2019 and the first decrease in 4 months and is 0.11% lower than March 2019. Stress/Anxiety accounts for the most FTE days lost, 3,763.02 and accounts for 1/3 of sickness. In March, 248 staff were absent with Stress/Anxiety with an average of 15.17 days per employee. Other musculoskeletal is next highest with 1305.84 FTE days. Neonatal Unit is the worst performing ward/department by followed DN Redcar.</p>	<p>0.96% decrease on February. Lowest compliance since August 2019 and 3rd month running that the target was not met. Worst performing Portfolio is by Balance Sheet at 64.06% followed by Emergency Care at 79.98%. Paediatrics & Neonatology is the best performing Portfolio at 92.29% followed by SPCC Centre Management at 92.21% Of the Core 7, Information Governance has the lowest compliance at 63.77% followed by Infection Control at 84.00%.</p>	<p>Met target for 9th month running. Compliance has decreased slightly in March to 80.21%. Balance Sheet is the worst performing Portfolio with 65.63% followed by Finance with 69.94%. CS Centre Management is the best performing Portfolio at 100% and Gastroenterology is next at 92.52% Of the 1715 overdue, 1190 are from 2019, 361 from 2018 and 164 from previous years.</p>
Turnover	Employee Relations	
<p>Increase in FTE of 308.05 in last 12 months. Biggest increase within Specialist and Planned Care at 176.86 FTE. Community Care shows a reduction of 109.82 FTE. 71.24% of all leavers are due to Voluntary Resignation with the next highest being Retirement at 25.95%, although of these 34.91% are Flexi Retirements. Turnover at 10.42% is -0.34% lower than February and -1.37% lower than 12 months ago.</p>	<p>67 cases received in the last 12 months of these 47 being Disciplinary. 15 of these were due to Inappropriate Behaviour followed by 7 due to Misconduct. Of the 47 Disciplinary cases 15 were within Nursing and Midwifery Registered, Additional Clinical Services had the next highest cases with 9. Allied Health Professionals had the lowest number with 3 cases. Nursing and Midwifery has the largest group of staff followed by Additional Clinical Services which accounts for the higher number of cases. Allied Health Professionals though are 5th largest out of 8</p>	

Sickness

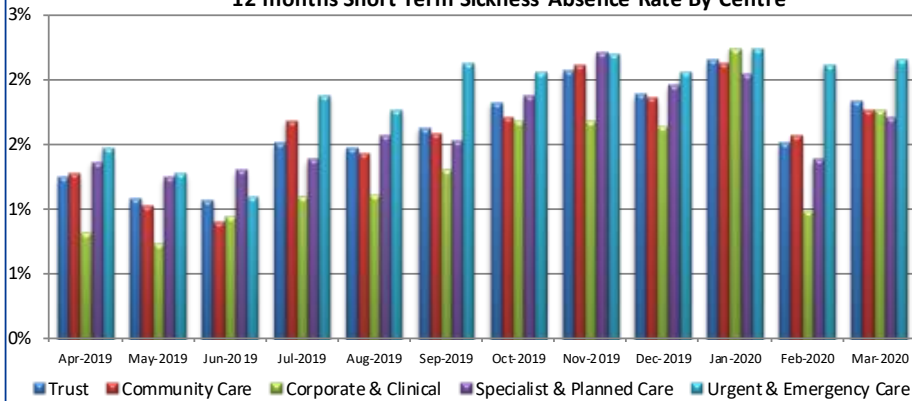
Mar-2020



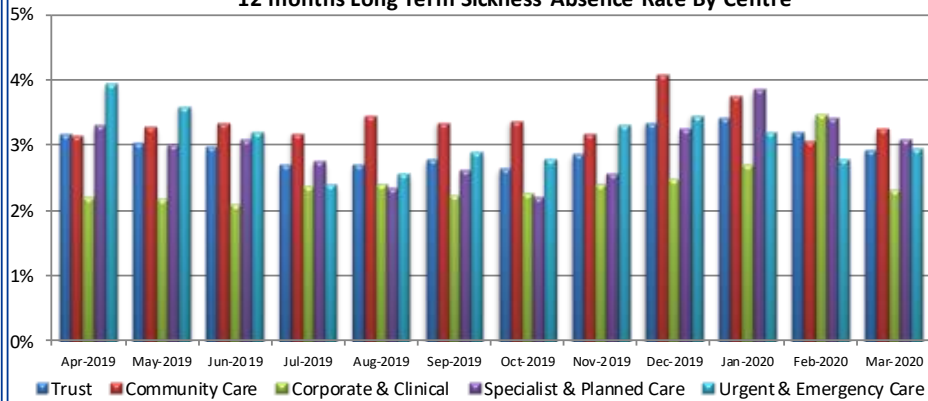
12 months Sickness Absence Rate By Centre



12 months Short Term Sickness Absence Rate By Centre



12 months Long Term Sickness Absence Rate By Centre



All Sickness

Short Term

Long Term

Rank	Ward/Department	FTE	% Rate
1	7106AE Neonatal Unit	97.83	9.24%
2	2127OA District Nursing Redcar & Cleveland	84.25	10.50%
3	2204AD ICU JCUH	139.72	5.92%
4	6400DA A & E Department JCUH	174.16	4.44%
5	6356FG Anaesthetics And Recovery JCUH	90.85	7.62%
6	3462AA Ward 14 Rad, Onc, & Haem	35.68	18.87%
7	2001AA Ward 15 AAU & Ambulatory Care	85.16	6.93%
8	1051IF Pharmacy Department	128.11	4.38%
9	8157QI Medical Records JCUH	77.34	6.38%
10	2101AA Ward 28 Stroke	48.88	8.65%

Rank	Ward/Department	FTE	% Rate
1	6400DA A & E Department JCUH	174.16	4.44%
2	7106AE Neonatal Unit	97.83	9.24%
3	2204AD ICU JCUH	139.72	5.92%
4	2019OA District Nursing Middlesbrough	86.74	4.41%
5	1237QH Sterile Services	45.70	5.67%
6	3450CA Radiotherapy Outpatients Department	80.43	5.38%
7	3462AA Ward 14 Rad, Onc, & Haem	35.68	18.87%
8	2027AA Ward 2 Acute Medicine	44.55	9.34%
9	6356FG Anaesthetics And Recovery JCUH	90.85	7.62%
10	2218AA Clinical Decisions Unit FHN	52.83	4.68%

Rank	Ward/Department	FTE	% Rate
1	2127OA District Nursing Redcar & Cleveland	84.25	10.50%
2	7106AE Neonatal Unit	97.83	9.24%
3	2204AD ICU JCUH	139.72	5.92%
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8	1051IF Pharmacy Department	128.11	4.38%
9	2101AA Ward 28 Stroke	48.88	8.65%
10	8157QI Medical Records JCUH	77.34	6.38%

Includes only Wards/Departments with greater than 5.0 WTE

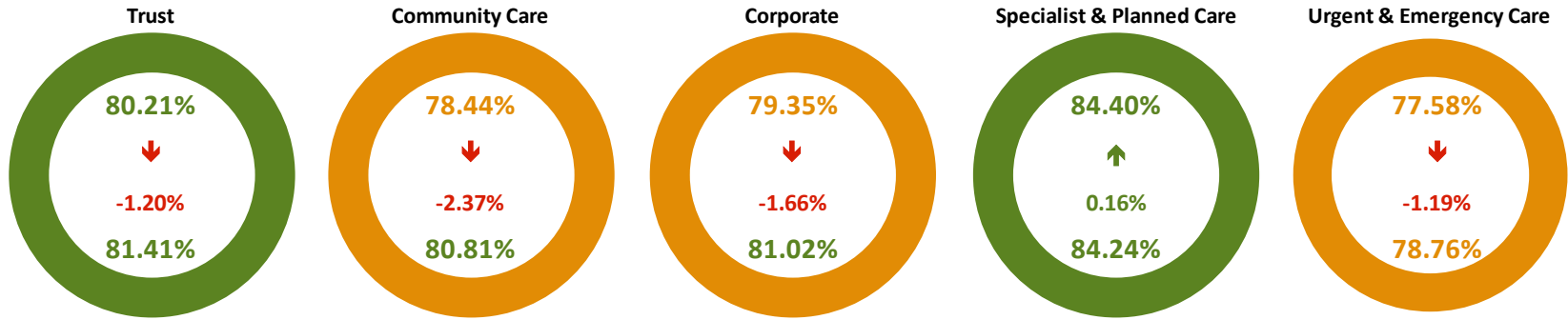
Scoring is calculated by taking the FTE and multiplying by the % Absence Rate

Top 10 Sickness Reasons By FTE Days Lost

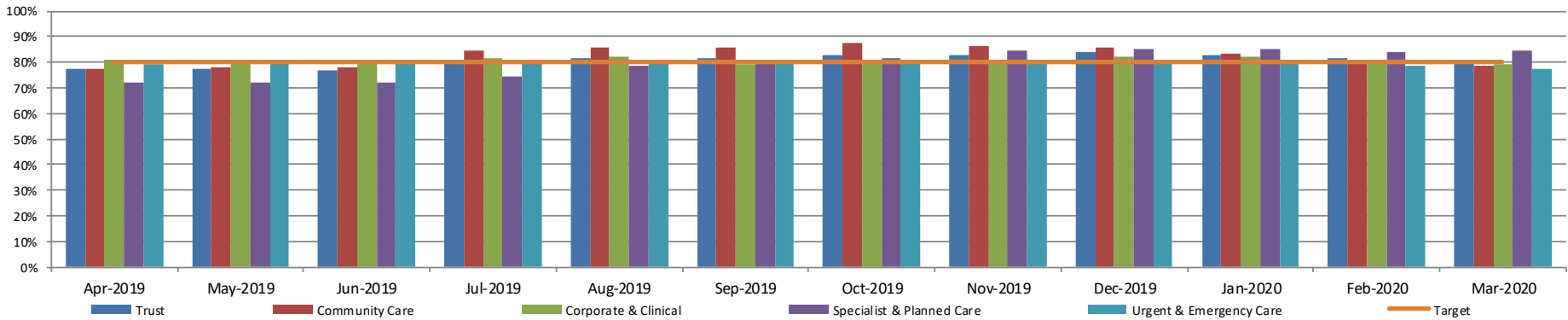
Absence Reason	Headcount	FTE Days Lost	Abs Estimated Cost	% of All Sickness
Stress/Anxiety	248	3,763.02	£327,843.92	33.3
Other musculoskeletal problems	89	1,305.84	£113,854.41	11.6
Gastrointestinal problems	212	809.94	£61,849.19	7.2
Injury, fracture	54	736.18	£61,556.82	6.5
Cold, Cough, Flu - Influenza	175	683.67	£73,446.75	6.0
Back Problems	64	632.84	£54,377.49	5.6
Pregnancy related disorders	39	497.05	£40,457.79	4.4
Genitourinary & gynaecological disorders	39	447.22	£38,770.70	4.0
Chest & respiratory problems	45	404.98	£33,391.87	3.6
Benign and malignant tumours, cancers	13	296.77	£29,376.94	2.6

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

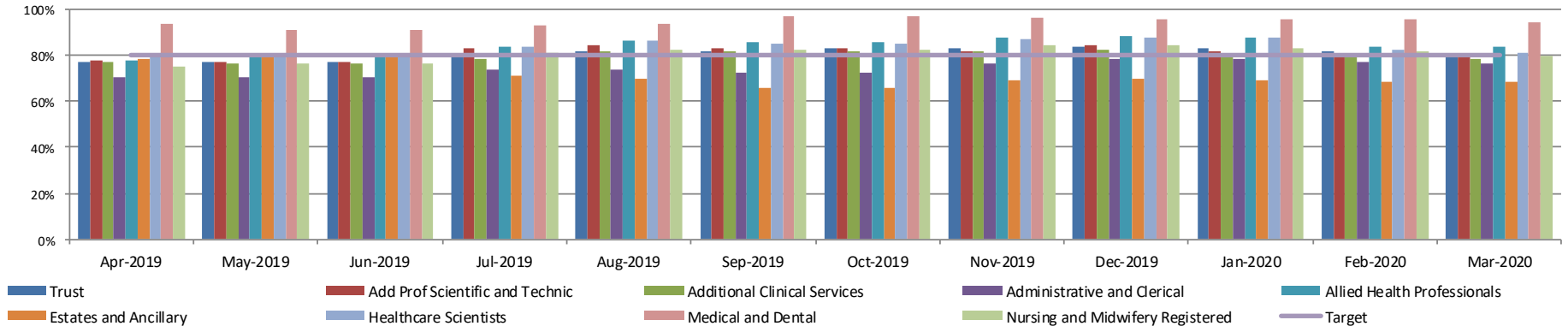
Please note, because ESR does not record shift patterns, this is only an estimate using the assignment FTE and calendar days.



12 months SDR % Rate By Centre

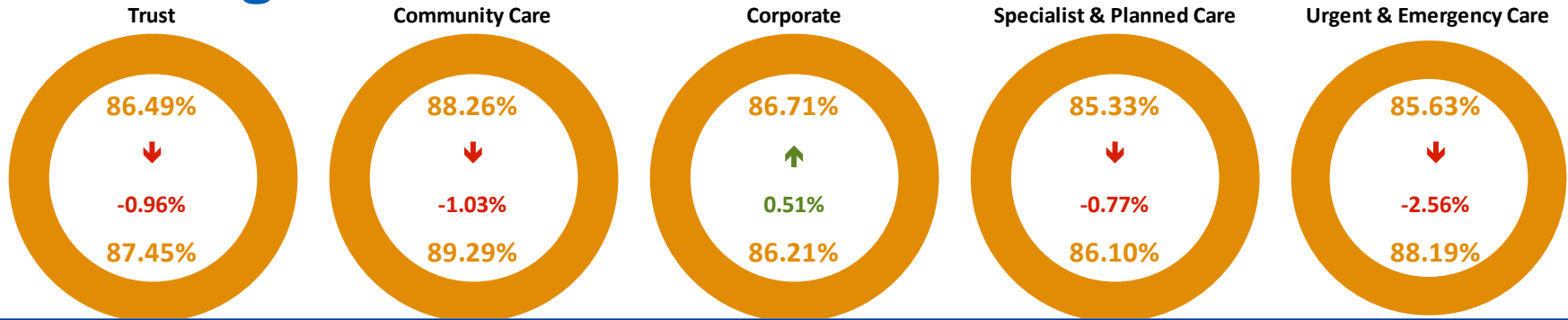


12 months SDR % Rate By Staff Group

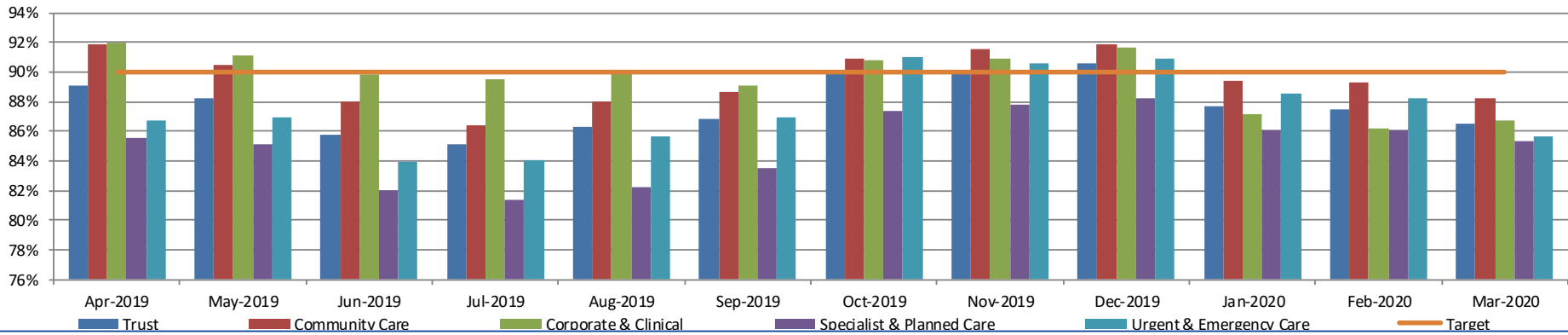


Training

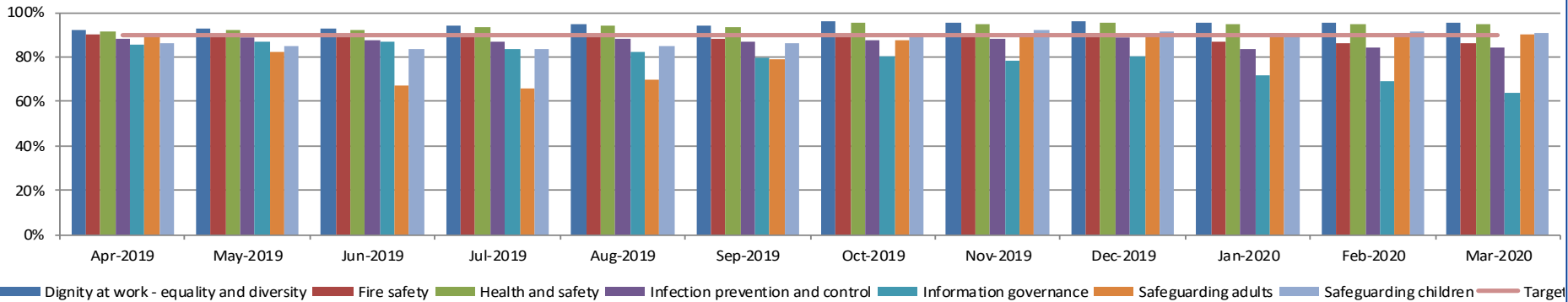
Mar-2020



12 months Training % Rate By Centre



12 months Training % Rate By Element - Core 7



Employee Relations Cases received

Month	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020
Grievance	1	2	1	0	0	2	2	1	0	1	0	0
Disciplinary	4	4	4	6	4	5	5	2	1	5	4	3
Capability	1	0	0	2	0	1	0	0	0	0	0	0
Dignity at Work	0	1	2	1	1	0	1	0	0	0	0	0
Total	6	7	7	9	5	8	8	3	1	6	4	3

Reasons for Disciplinary Cases

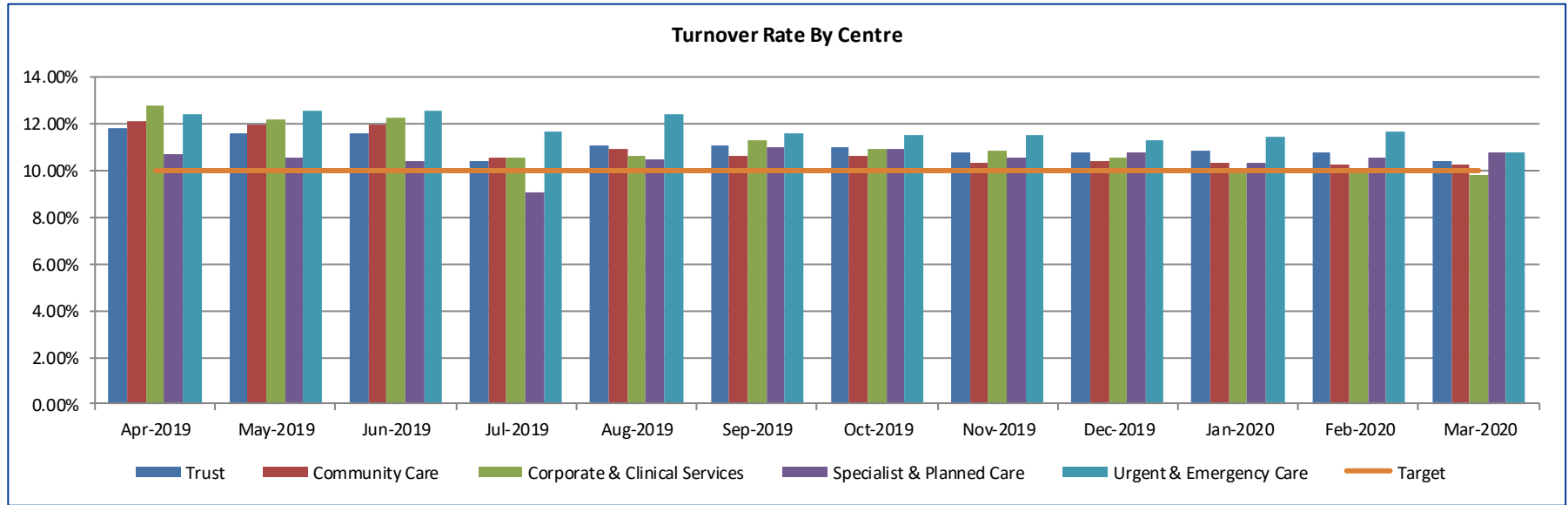
Nature of Allegation	Community Care	Corporate & Clinical Services	Specialist & Planned Care	Urgent & Emergency Care	Grand Total
Breach of confidentiality	2	1		1	4
Breach of Health and Safety Requirements		2			2
Disregard of instructions	1			2	3
Failure to Renew Prof Reg		1	1	1	3
Falsification of records	1				1
Fraud	1				1
Inappropriate Behaviour	4	4	4	3	15
Maltreatment of Patient / Client	4				4
Misconduct	5	1		1	7
Negligence	3				3
Other Allegation			2		2
Theft of Money or materials		2			2
Total	21	11	7	8	47

Staff in Post & Turnover

Mar-2020

Staff in Post by FTE

Centre	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020
Community Care	2091.718	2000.513	1919.106	1929.45	1896.123	1915.062	1931.976	1928.669	1924.852	1927.502	1953.728	1981.895
Corporate & Clinical Services	1590.189	1595.536	1611.906	1634.873	1645.453	1650.902	1676.77	1685.463	1689.717	1699.022	1674.895	1684.395
Specialist & Planned Care	2081.957	2133.907	2163.39	2175.83	2187.016	2200.399	2226.834	2225.011	2216.271	2230.958	2244.014	2258.817
Urgent & Emergency Care	1616.664	1645.874	1667.481	1671.026	1664.8	1717.848	1722.771	1726.108	1728.521	1733.556	1746.109	1763.475
Trust	7380.528	7375.83	7361.883	7411.178	7393.392	7484.212	7558.35	7565.251	7559.36	7591.038	7618.746	7688.58



Reasons	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Dismissal	2	4	1	2	2	4	2	1		1		1	20
End of Fixed Term	1	4	1	5	50	8	4	1	1	1	4	3	83
Flexi Retirement	4	8	9	4	2	10	4	8	11	3	5	6	74
Redundancy	1	1				1						0	3
Retirement	19	15	11	12	9	10	13	9	11	10	2	17	138
Voluntary Resignation	42	37	51	48	65	69	31	47	35	61	40	56	582
Grand Total	69	69	73	71	128	102	54	66	58	76	51	83	900

Finance

5

Summary Financials - YTD March 2020

Community Care	YTD Budget £	YTD Actual £	YTD Variance £
Other Income	4,387	5,228	841
Pay	(93,463)	(94,528)	(1,065)
Non Pay	(39,104)	(40,398)	(1,294)
Total	(128,180)	(129,698)	(1,518)

Corporate Clinical Services	YTD Budget £	YTD Actual £	YTD Variance £
Other Income	22,933	24,594	1,661
Pay	(37,780)	(38,322)	(542)
Non Pay	(17,541)	(19,646)	(2,106)
Total	(32,387)	(33,374)	(986)

Specialist & Planned Care	YTD Budget £	YTD Actual £	YTD Variance £
Nhs Clinical Income	0	29	29
Other Income	3,547	3,721	174
Pay	(118,897)	(120,331)	(1,434)
Non Pay	(85,202)	(85,998)	(796)
Total	(200,553)	(202,580)	(2,027)

Urgent & Emergency Care	YTD Budget £	YTD Actual £	YTD Variance £
Other Income	1,065	1,062	(03)
Pay	(87,410)	(89,191)	(1,781)
Non Pay	(13,057)	(13,397)	(340)
Total	(99,401)	(101,525)	(2,124)

Corporate	YTD Budget £	YTD Actual £	YTD Variance £
Nhs Clinical Income	576,969	585,215	8,246
Other Income	19,260	11,703	(7,557)
Pay	(36,426)	(33,218)	3,208
Non Pay	(65,254)	(91,069)	(25,816)
Depreciation And Interest	(23,876)	(23,898)	(22)
Other Non Operating	(6,229)	(6,017)	212
Restructuring Costs	(500)	(365)	135
Total	463,944	442,351	(21,593)

Shm Pharmacy	YTD Budget £	YTD Actual £	YTD Variance £
Other Income	43	79	37
Pay	(231)	(203)	28
Non Pay	(29)	(80)	(52)
Corporation Tax	0	(02)	(02)
Total	(217)	(206)	12

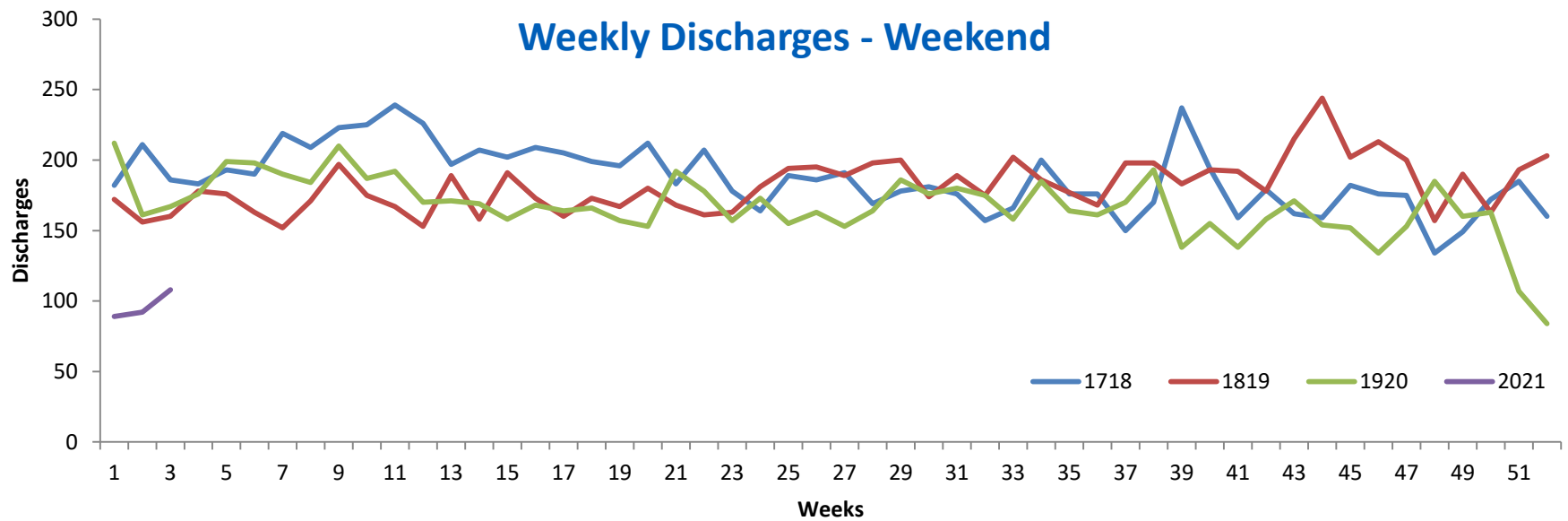
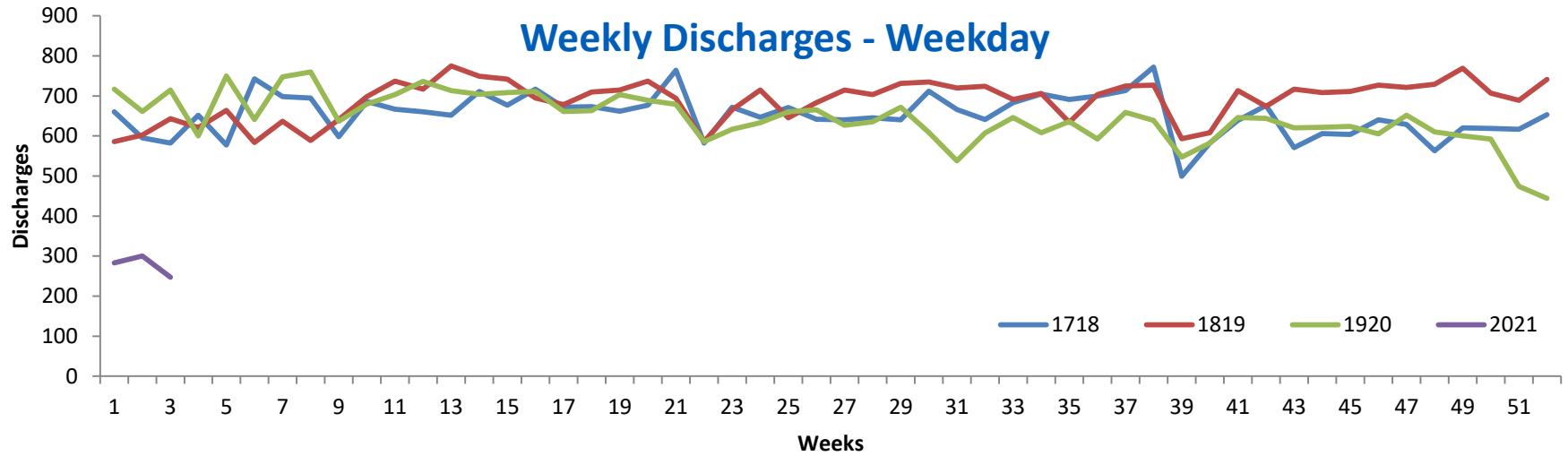
Trust Total	3,206	(25,031)	(28,237)
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- Trust headlines full year M12
- Control total
- Behind plan by £28.2m
- Loss of PSF funding £8.3m, £22.0m being undelivered system savings.
- Productivity and Efficiency savings
- Full year savings of £9.9m

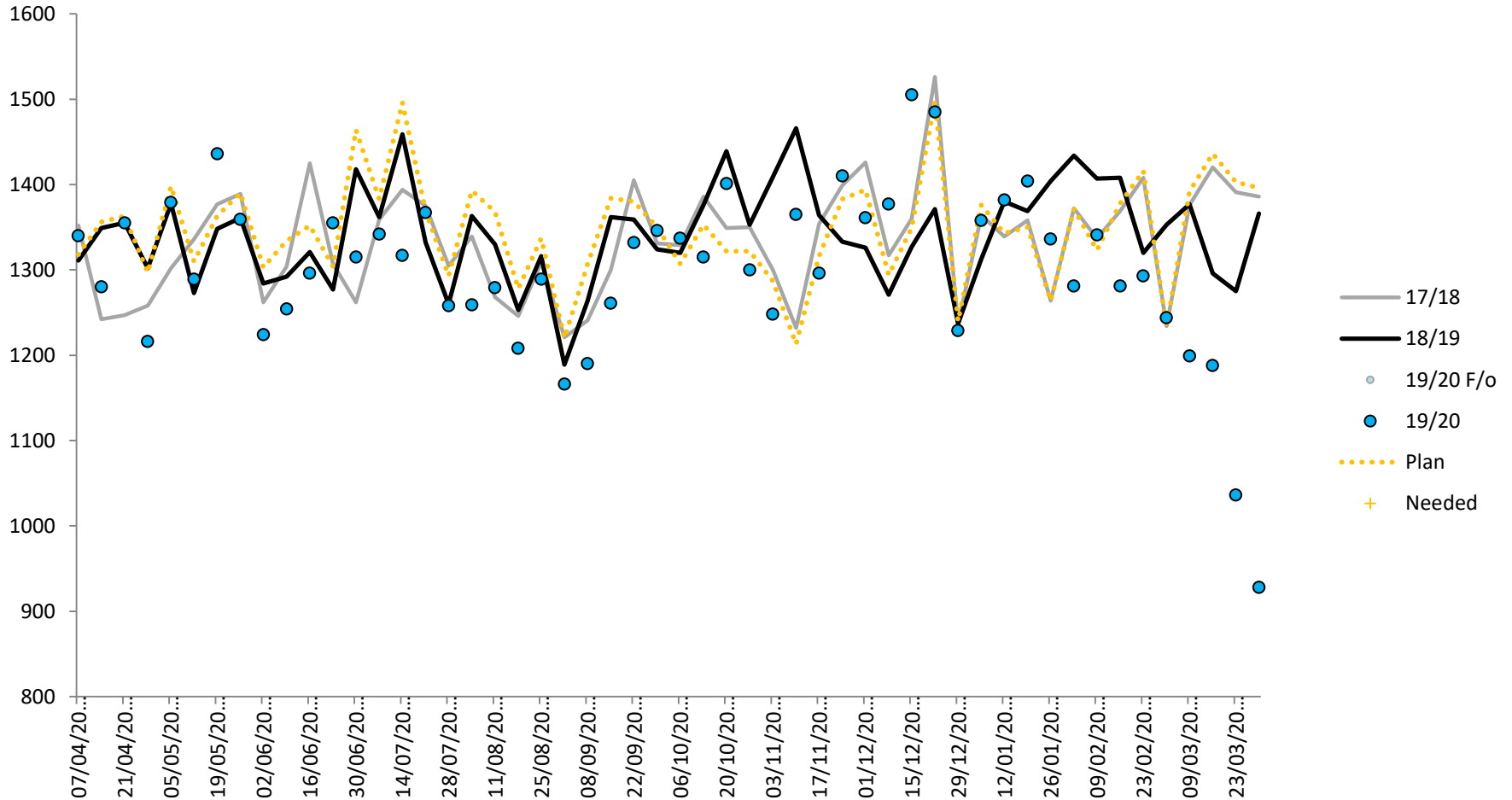
Appendices

6

JCUH Adult Ward Discharge Rates

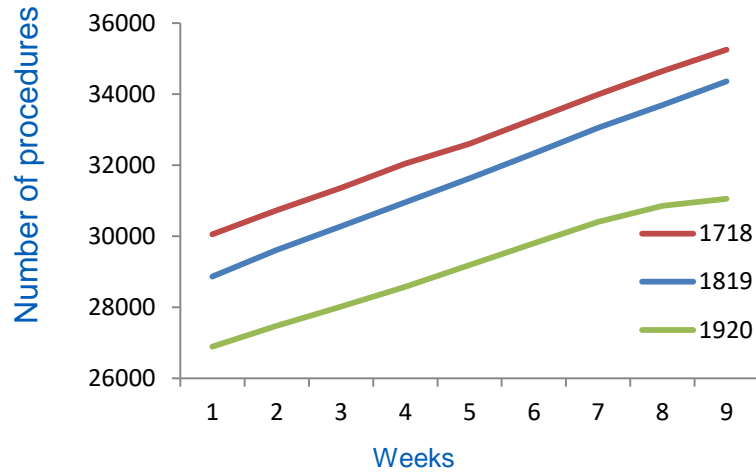


Non-Elective Delivery - All



Elective – Theatre Throughput

Elective overnight and day case - Delivery period from 02/02/2020 – 31/03/2020 FY19/20 compared with FY17/18 & FY18/19

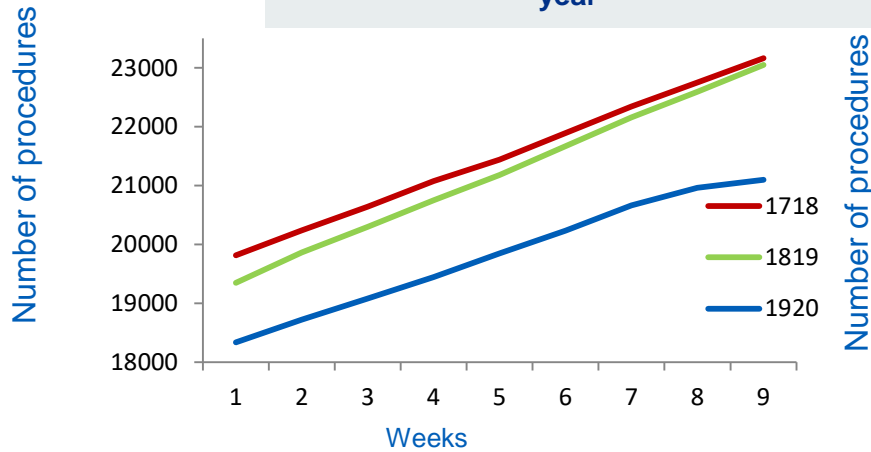


22% less cases undertaken in 9 week prior to 31/03/2020 when compared to last.

YTD 9.6% less than last year

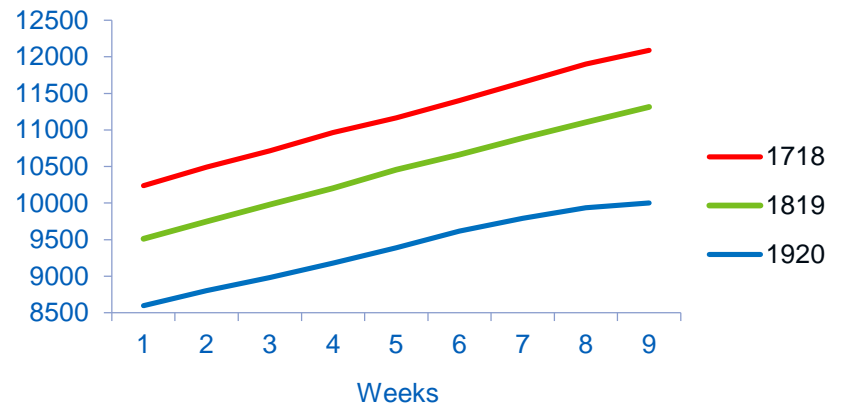
Elective day case

YTD 8.5% less when compared with last year



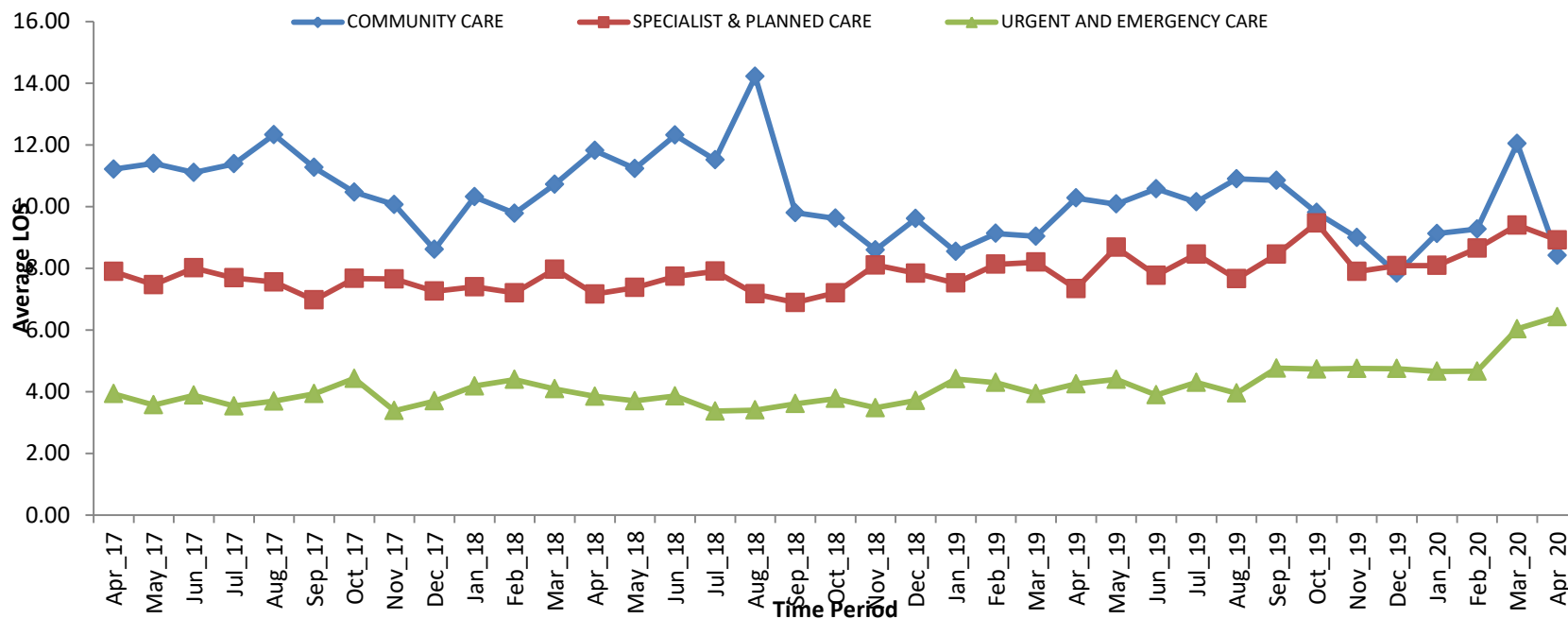
Elective overnight

YTD 11.6% less when compared with last year



Emergency Length of Stay by Centre

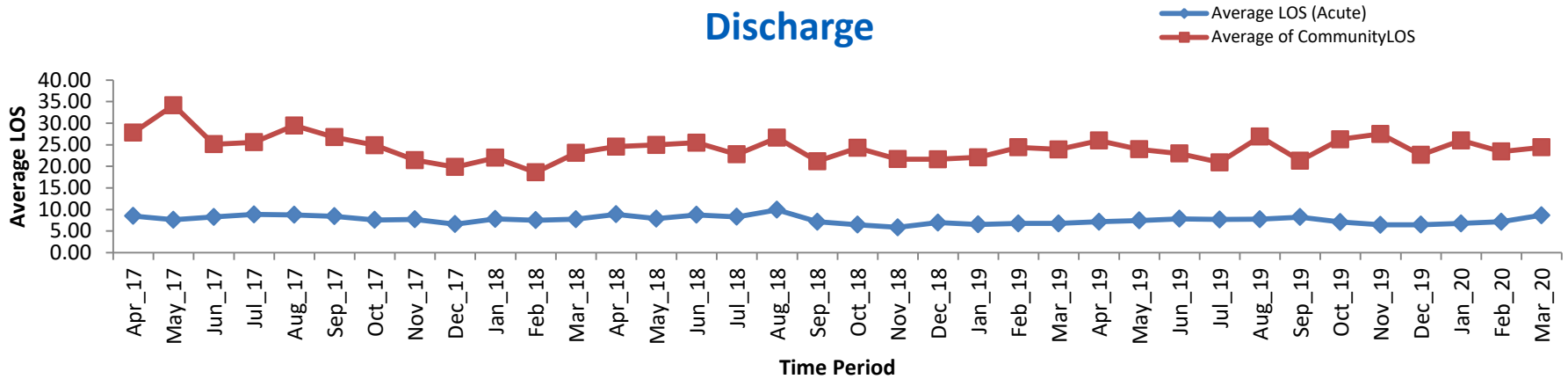
Emergency LOS by Centre at Discharge - 1st April 17 - 20th April 2020



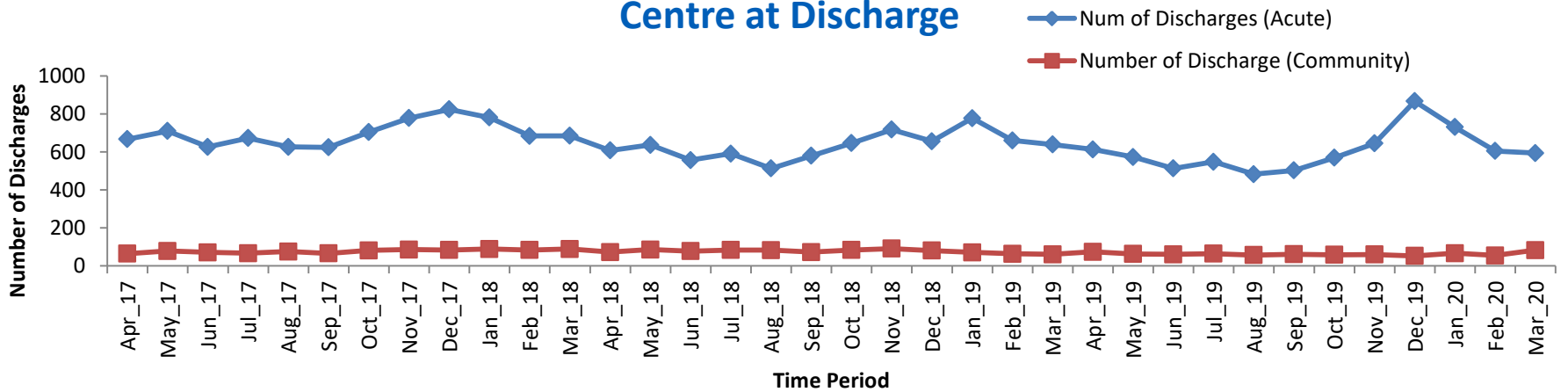
AVG LOS				
Centre	Community Care	Specialist & Planned Care	Urgent & Emergency Care	Grand Total
1718	10.7	7.6	3.9	7.2
1819	10.4	7.6	3.8	6.9
1920	9.9	8.3	4.5	7.5

Emergency LOS for Community Centre by Site Type

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



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



MEETING OF THE PUBLIC BOARD OF DIRECTORS – 5 May 2020			
Annual Filings 2019/20			AGENDA ITEM: 10, ENC 6
Report Author and Job Title:	Jackie White Head of Governance	Responsible Director:	Steven Mason Director of Finance
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
Situation	The Trust has a statutory requirement to produce a number of key documents as part of its annual filings following the end of the financial year. These include the Annual Report, Annual Accounts, Annual Governance Statement and Quality Report (Account).		
Background	<p>Guidance has been received on production of these documents and a programme management approach has been established to oversee this work which has been monitored by the Audit Committee.</p> <p>In April 2020, in light of pressures caused by the public sector response to COVID-19, annual filings requirements were changed for 2019/20.</p> <p>As a result there is no longer a requirement to publish a Quality Report (Account) and the timetable for submission of the accounts and annual report has also been amended.</p>		
Assessment	<p>There continues to be no issues or risks highlighted with the production of the annual filings, taking into account the revised timetable for submission.</p> <p>The Board of Directors are reminded that they have delegated monitoring and approval of the Annual filings to the Audit Committee with support from the Quality Assurance Committee and Remuneration Committee.</p>		
Recommendation	Members of the Trust Board of Directors are asked to note the change in requirements for the annual filings, the revised timetable and ongoing oversight and approval by the Audit Committee.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		

Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input checked="" type="checkbox"/>
	Drive operational performance <input checked="" type="checkbox"/>	Long term financial sustainability <input checked="" type="checkbox"/>
	Develop clinical and commercial strategies <input checked="" type="checkbox"/>	

Annual Filings 2019/20

1. PURPOSE OF REPORT

- The purpose of the report is to update the Board of Directors on the preparation of the annual filings for 2019/20:
 - Quality Report (Account)
 - Annual Accounts
 - Annual Report
 - Annual Governance Statement
- and to remind members of the oversight and delegated authority given by the Board of Directors to the Audit Committee.

2. BACKGROUND

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

- an annual report and accounts (ARA) as set out in the Group Accounting Manual 2019/20 and National Health Service Act 2006 c. 41 Schedule 15: Preparation of annual accounts .
- an annual governance statement, which will be incorporated into the ARA as set out in the Group Accounting Manual 2019/20.
- a quality report (account) each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended ('the quality accounts regulations'). The Department of Health and Social Care published the NHS (Quality Accounts) Amendment Regulations 2017 in July 2017.

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

3. DETAILS

3.1 Revisions in April 2020

In light of pressures caused by the public sector response to COVID-19, some annual report requirements have been changed for 2019/20.

In summary the changes are:

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

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

3.2 Revised accounts deadlines 2019/20

The revised submission date for the Trust is now 20 April.

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

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

The extended deadline for audited accounts is 25 June.

3.3 Annual report and accounts

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

The key accounts data return was submitted to NHSI on 20 April and the full draft set of accounts was submitted on 27 April. Key documentation is now being collated for the Trust's external auditor, KPMG LLP to support the audit that is due to commence in May.

3.4 Quality Report (Account)

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

A summary of the progress made against the 2019/20 quality priorities will be presented in due course to the Quality Assurance Committee, via the monthly quality report.

The agreed Quality Priorities for 2020/21 will be shared widely across the organisation, including with key stakeholders and partners, with regular updates on progress being provided to the Quality Assurance Committee via the monthly quality report.

3.5 Annual Governance Statement

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

4. RECOMMENDATIONS

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

5. APPENDIX

None.



South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 5 May 2020		
Board Assurance Framework		AGENDA ITEM: 11, ENC 7
Report Author and Job Title:	Jackie White Head of Governance	Responsible Director:
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>	
Situation	New BAF risk has been identified in relation to COVID 19 not currently documented in the current BAF.	
Background	It was agreed that a new BAF risk relating to COVID -19 should be written. In addition a risk register for COVID 19 has been developed and is being considered at the tactical and strategic groups.	
Assessment	The Executive Lead, Head of Governance and Quality Assurance Committee have reviewed the BAF risk regarding COVID 19. This is attached for consideration by the Board.	
Recommendation	Members of the Public Board of Directors are asked to approve the BAF risks	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The risk implications associated with this report are included in the report.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>
	Drive operational performance <input checked="" type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>
	Develop clinical and commercial strategies <input type="checkbox"/>	

2. STRATEGIC OBJECTIVE: Delivering excellence in patient outcomes and experience

	Principle Objective	Principle risks to delivery of objective	Grade (including change in risk rating)			Target	Existing Key Controls	Possible Sources of Assurance (that controls are effective)	Assurances Received		Gaps in control/assurance and description of mitigating actions	Target date for completion of Action	Target date score will be met/closed	Responsible Director	Responsible Committee	Associated Risk	Changes to Ratings since last Review	Date Reviewed by Committee
			LH	Conseq	Rating				Internal	External								
2.6	Delivery of safe care	<p>Risk to Trusts ability to delivery strategic objectives due to diversion of resources of all types required to manage the Covid 19 pandemic, leading to:</p> <p>Failure to deliver constitutional standards Associated reduced / compromised outcomes Patient Harm Reduced patient experience Increased costs Failure to meet financial trajectories Workforce issues such as stress, recruitment and retention</p>	5	5	Very High Risk 25	Low Risk 1 x 5 = 5	<p>EPPR incident management processes in place with tactical and strategic command meeting daily Communication briefings and meetings with staff HR systems and processes to enable tracking of staff Implementation of national guidance Implementation of business continuity plans Stopping elective activity Redeployment of staff Training for staff in relation to PPE and redeployment duties IT facilities to enable patient contact/appointments/reviews to be undertaken IT facilities in place to enable staff to work from other places Liaison with partners and stakeholders LRF coordination in place Government financial support to manage COVID 19 Reducing the burden guidance on managing performance and governance processes Clinical Oversight group (ethinical review) DTOC and stranded patient lists</p>	<p>Board reporting Real time reporting to tactical and strategic command through daily SITREP Task and finish groups</p>	<p>Daily reporting to strategic command through SITREP</p>	<p>LRF coordination process in place ICS/ICP coordination processes in place</p>	<p>Availability of staffing for the continuation of front line services Availability of appropriately trained staff Availability of equipment from NHS supply chain Loss of staff through self isolation / ill health</p>			Chief Executive	Board			
New risk added																		

Finance and Investment Committee

Chair's Log

Meeting: Finance and Investment Committee (Virtual Meeting)	Date of Meeting 23 rd April 2020
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • 2019/20 financial close • Budget Plan 2020/21 & Coronavirus Emergency Measures • Performance Reporting • Trust Improvement Strategy • Digital Strategy update 	
Actions agreed in the meeting	Responsibility / timescale
<ul style="list-style-type: none"> • The Committee noted that the Trust had achieved its revised forecast financial performance target with a £28.3m overspend against plan. This has been received positively by NHSI/E. <i>NB. It was confirmed following the meeting that this performance had resulted in payment of the outstanding PSF for 2019/20 of £8.3m.</i> • There is nevertheless an underlying deficit within the Trust of circa £25m which will carry forward into 2020/21. • The Committee noted the importance of a fully costed and integrated Improvement Strategy/CIP going forward and felt that more work was urgently required in this area. • The revised Operational Performance Report with Improvement Trajectories is currently on-hold, but the committee noted how important this will be to manage re-start performance and requested a view on how this could be achieved. An update is planned for June Board. 	<p>Senior Leadership Team May 2020</p> <p>Performance Director June Board</p>
Issues for Board escalation/action	Responsibility / timescale
<ul style="list-style-type: none"> • The revised Performance Report should be reviewed at the June Board Meeting to drive re-start performance. • The 2020/21 CIP needs to be integrated into the Trust 'Back to our Best' strategy to give a fully costed and integrated plan with financial reporting/tracking. 	<p>Performance Director June Board</p> <p>Senior Leadership Team April 2020</p>

Quality Assurance Committee

Chair's Log

Meeting: Quality Assurance Committee	Date of Meeting: 28 th April 2020
Connecting to: Board of Directors	Date of Meeting: 5 th May 2020
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Good Governance Institute Good Governance Guidelines • Covid-19 quality assurance slide deck covering workforce, patient safety, patient experience, clinical effectiveness • Monthly Quality Report • Monthly Patient Safety & Legal Services Report March 2020 <ul style="list-style-type: none"> • Serious Incidents Report • Claims • Inquests • Q3 Mortality report • Learning from Deaths dashboard • Internal audit (PwC) report Quality Assurance & Clinical Governance • Research & Innovation Strategy 2020/21 • QEIA update – Covid-19 staffing • Review of Risks and Matters for the • Board Assurance Framework 	
Actions agreed in the meeting	Responsibility / timescale
<ul style="list-style-type: none"> • Ophthalmology: Feedback progress to QAC after the internal summit on 12th May. • Follow the Good Governance Guidelines for reporting into QAC with the addition of a focus on vulnerable patients and community services • Incident reporting overall has reduced in March however those incidents classed as 'moderate' are increasing. To be reviewed. • Redcar Primary Care Hospital unadjusted mortality rate reported as 16.1%. Requires further explanation • In response to the internal audit on the serious incident processes, QAC to receive confirmation that the actions have been completed • Those involved in the Research and Innovation Strategy progress are to be commended on their successes. • BAF risks monitored by QAC, Potential gaps in controls due to COVID-19. 	<p>Mr I Bennett - May 2020</p> <p>Mr I Bennett & Mrs M Angel - May 2020</p> <p>Mr I Bennett - May 2020</p> <p>Mr I Bennett & Mr T Roberts - May 2020</p> <p>Mr I Bennett</p> <p>Mr I Bennett & Mrs M Angel</p> <p>Mrs D Fowler & Mrs J White</p>
Escalation of issues for action by connecting group	Responsibility / timescale

<ul style="list-style-type: none"> Review the BAF risks for gaps in controls Board to note the actions above agreed by QAC 	Mrs D Fowler & Mrs J White
Risks (Include ID if currently on risk register)	Responsibility / timescale
<ul style="list-style-type: none"> COVID-19 risk added to the BAF 	