

# *Board of Directors*

1 December 2020

14:00

Microsoft teams



**MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST  
BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON TUESDAY 1 DECEMBER  
2020 AT 14:00 MICROSOFT TEAMS**

**AGENDA**

ITEM	PURPOSE	LEAD	FORMAT	
<b>STAFF STORY</b>				
<b>CHAIR'S BUSINESS</b>				
1	Welcome and Introductions	Information	Chair	Verbal
2	Apologies for Absence	Information	Chair	Verbal
3	Quorum and Declarations of Interest	Information	Chair	ENC 1
4	Minutes of the last meetings held on 6 October 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	Verbal
<b>QUALITY AND SAFETY</b>				
8	CQC update	Information	Interim Director of Clinical Development	Verbal
9	Safe Staffing Report	Information	Director of Nursing & Midwifery	ENC 4
10	Research & Development update	Information	Director of Research	ENC 5
<b>WORKFORCE</b>				
11	Freedom to Speak Up Guardians Report	Information	Guardian	ENC 6
<b>FINANCE AND PERFORMANCE</b>				

ITEM		PURPOSE	LEAD	FORMAT
12	Month 7 Finance Report	Discussion	Director of Finance	ENC 7
13	Capital update	Information	Director of Finance	ENC 8
14	Integrated Performance Report	Discussion	Chief Operating Officer	ENC 9
<b>GOVERNANCE AND ASSURANCE</b>				
15	Winter preparedness update	Information	Chief Operating Officer	Verbal
16	EU Exit update	Information	Director of Estates, Facilities and Capital Planning	ENC 10
17	Committee Chair Reports	Information	Chair	ENC 11
<b>DATE OF NEXT MEETING</b>				
The next meeting of Board of Directors will take place on Tuesday 2 February 2021				
<b>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)</b>				

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 DECEMBER 2020			
Register of members interests			<b>AGENDA ITEM: 3, ENC 1</b>
<b>Report Author and Job Title:</b>	Jackie White Head of Governance & Company Secretary	<b>Responsible Director:</b>	Alan Downey Chairman
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
<b>Situation</b>	The Board of Directors are asked to note interests declared by members of the Committee		
<b>Background</b>	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.		
<b>Assessment</b>	There are no specific conflicts identified with the agenda. Members will be reminded at the meeting to raise any if they arise.		
<b>Recommendation</b>	The Board of Directors are asked to note the Register of Interest.		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	There are no risk implications associated with this report.		
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.		
<b>Strategic Objectives</b> (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
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
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 Senior Independent 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.
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			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)
Johanna Reilly	Chief Operating Officer	2 October 2019	Ongoing	JRR Consultants Limited – Company number 11600734.
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
Robert Harrison	Managing Director			No interests declared

**UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 3 NOVEMBER 2020 AT 14:00 IN THE ROOM 10 STIVE AND VIA MICROSOFT TEAMS**

**Present**

Mr A Downey	Chairman
Ms A Burns	Non-Executive Director / Deputy Chair
Ms D Reape	Non-Executive Director
Mr D Heslop	Non-Executive Director
Mr R Carter-Ferris	Non-Executive Director
Mr M Ducker	Non-Executive Director
Ms S Page	Chief Executive
Mrs D Fowler	Interim Director of Nursing & Midwifery
Dr S Nag	Medical Director
Mr S Mason	Director of Finance
Mr R Harrison	Managing Director

**In Attendance**

Mrs J White	Head of Governance & Company Secretary
Mr M Graham	Director of Communications
Mr K Oxley	Director of Estates, Facilities and Capital Planning
Ms J Reilly	Interim Chief Operating Officer

**PATIENT STORY**

The Chairman welcomed Sam Watson and his fiancée, Sarah. They gave a moving and informative presentation about Sam's involvement in a collision with a bus, while riding his motorbike, resulting in multiple spinal injuries.

Sam thanked and paid tribute to the staff who looked after him during his stay at James Cook University Hospital, and Sarah agreed that his care had been exemplary.

Ms Burns asked Mr Watson if there were any areas in which he felt the Trust could improve. Sam replied that sometimes staff become so used to a long-term patient that they may regard the patient more as a job than as a person: that is something that all staff should bear in mind and seek to avoid.

Mr Oxley asked Mr Watson if he had any feedback on his experience, as a wheelchair user, of the facilities at James Cook Hospital. Sam said that the hospital is generally very good in terms of wheelchair access. However, he had noticed that all the waste bins in the hospital are pedal operated: this creates a real challenge for wheelchair users.

Mr Watson said that he wanted to pay particular tribute to the Trust's team of therapeutic volunteers: they help to differentiate South Tees from other trusts and to make South Tees the special place that it is.

The Chairman thanked Sam and Sarah for sharing their story and for the helpful feedback they had provided.

**Action**

**BoD/20/130 WELCOME AND INTRODUCTIONS**

The Chairman welcomed members to the meeting which was being held both virtually and socially distanced in Room 10, STRIVE.

**BoD/20/131 APOLOGIES FOR ABSENCE**

There were no apologies for absence.

**BoD/20/132 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/20/133 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/20/134 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on were reviewed and agreed as an accurate record.

Mrs White

**BoD/20/135 MATTERS ARISING**

The matters arising were reviewed and the action log updated.

**BoD/20/136 CHAIR'S REPORT**

The Chair gave a brief update on meetings and events since the last Board meeting.

**Resolution**

**The Board of Directors noted the Chair's report.**

**BoD/20/137 CHIEF EXECUTIVE'S REPORT**

Ms Page updated on the Board on the Trust's clinically-led response to COVID-19 and, in particular, the work clinicians are doing to help more patients receive the care they need while at home. Members noted that clinicians have taken the knowledge and learning that they built up through the initial COVID surge to create a virtual ward for patients to be safely cared for at home. Through the use of a pulse oximeter more than 60 patients can currently monitor and report their oxygen levels to the respiratory team during regular telephone calls.



The creation of the virtual ward means more patients are allowed to be at home with the confidence that they are being monitored remotely and supported by the respiratory nursing team.

Ms Page added that, in addition to the virtual ward, last week doctors, nurses and allied health professionals were providing hospital care to more than 60 patients with COVID at James Cook. The difference from the initial COVID surge, which we saw earlier this year, and this time is that we are still running almost all of our other services. This is why we are so grateful to our communities for continuing to do their bit to help us keep everyone safe.

Ms Page reported that visiting remains restricted on hospital wards; many administrative colleagues are working from home and the Trust is asking patients to attend appointments on their own wherever possible to help us reduce numbers at our hospital and healthcare sites.

Ms Burns referred to the reports of “long covid” and the longer term affects which people are suffering and asked if the virtual ward would be useful for this type of patient. Dr Nag advised that at this stage the full effects of long covid and its ongoing treatment are unknown. However, we are doing research on long covid and this will inform how we organise our services in the future. Ms Page added that there is some national funding available to support patients once we understand the ongoing treatment requirements.

### **Resolution**

**The Trust Board of Directors noted the Chief Executive’s update**

#### **BoD/20/138 SAFE STAFFING MONTHLY REPORT**

Mrs Fowler reported that nurse staffing throughout August had been maintained within RSU, Stroke, Oncology and Midwifery. There have been no reported episodes of lack of supervisory co-ordinator shifts across ITU/GHDU or CICU.

A dedicated action plan is in place and redeployment of staff is undertaken on a daily basis across the Trust to maintain safety.

Nursing and Midwifery Turnover is currently 8.0% with a vacancy against financial ledger at 6% / 106wte. Nurse Staffing throughout September has matched the acuity, dependency and numbers of patients.

Ward managers remaining supervisory remains a challenge but has been improving. International Nurse cohorts have restarted and monthly arrivals are expected, dependant on travel restrictions.

Ms Reape commented that it was positive to note the number of student numbers starting and nurses coming from overseas and asked if there was an update on the arrivals. Mrs Fowler advised that the Trust was to receive a second cohort of international nurses yesterday and would advise the Board of their successful arrival.

### **Resolution**

**The Trust Board of Directors noted the update on staffing**

## **BoD/20/139 BOARD REPORT AND STATEMENT OF COMPLIANCE 2019/20 REVALIDATION AND APPRAISAL**

Dr Nag presented the Statement of Compliance and Revalidation and Appraisal report which set out the key requirements for compliance with regulations and key national guidance relating to revalidation and appraisal.

Members noted that the Revalidation team continues to work from a position of strength, and assurance was provided that appraisals are undertaken appropriately and in accordance with national and local policies; all appraisals and supporting information undergoing robust quality checks; doctors are continually supported by the Revalidation team with their appraisals and revalidation; outstanding appraisals are routinely addressed and appraisers have access to dedicated support and training to aid their roles as appraisers.

### **Resolution**

**The Trust Board of Directors APPROVED the Statement of Compliance and Revalidation and Appraisal report**

## **BoD/20/140 INTEGRATED PERFORMANCE REPORT**

Ms Reilly introduced the integrated performance report and highlighted the key messages relating to performance this month:

- Increased demand and reduced capacity has led to A&E 4 hour wait continuing to be below target
- Diagnostics, 18 week and cancer compliance continue to be impacted by COVID-19 although each have shown an improvement this month
- Annual appraisal compliance has continued to decrease as a result of the COVID 19 pandemic.
- Financially the trust has recorded a break even position and is ahead of internal budget

Ms Reilly commented that it was the 4<sup>th</sup> month that the Trust had failed to meet the A&E 4 hour target. This was due to a number of issues including demand and staffing challenges due to COVID-19. Ms Reilly added that RTT compliance has

improved as has Diagnostic services for the 5<sup>th</sup> month. Compliance against the 62 day Cancer target is both below the mean and the target for September.

Ms Reape asked how the Trust was managing staffing in ED and Ms Reilly reported that the Trust are allocating staff from other areas within the Trust.. In addition there is an ongoing recruitment process in place. Staffing is reviewed at 5 pm each day and this is working well. Staff are feeling supported.

Mrs Fowler reported that scores in the friends and family test has started to decline and the Trust recognises the need to support patient experience in ED. The Trust has a continued focus on C-dif along with pressure ulcers which are being monitored through the Quality Assurance Committee.

Mrs Fowler added that she was pleased with the continued improvement in the length of time to close complaints.

Mrs Fowler commented that SHMI is 'higher than expected' and work is being progressed..

Mrs Metcalf reported that annual appraisal compliance continues to remain outside of the lower control limits for the fourth consecutive month and work is underway to address this. Ms Burns commented that compliance with appraisal targets was discussed at the Workforce Committee last week and the Committee were encouraged to learn of the focus and quality of discussions at appraisal meetings and looked forward to being updated on the roll out of the values and behaviours work, especially how it linked to the new appraisal process. Mr Carter-Ferris advised that pressures on the staff at this time mean that appraisals and mandatory training get missed, but it is important that we deliver the training and have conversations with staff.

### **Resolution**

### **The Trust Board of Directors NOTED the Integrated Performance Report**

#### **BoD/20/141 FINANCE REPORT**

Mr Mason commented on the Finance report which set out that the Trust is required to break-even during the Covid-19 period. The Trust is underspent by £7.3m year to date against our own internal budget as amended to reflect the Covid-19 interim financial arrangements.

The Trust has assumed it will receive additional Covid-19 revenue support of £2.1m in month 6 and £16.6m year to date for specific costs as outlined within the report.

The Trust has achieved the Month 6 position as required by

NHSE/I to break even. The underlying structural deficit has remained unchanged throughout 2019/20 and has been carried forward into 2020/21. The Trust remains in an extremely challenging position once the current Covid-19 interim funding arrangements come to an end.

### **Resolution**

**The Trust Board of Directors NOTED the Finance Report**

#### **BoD/20/142 WINTER PREPAREDNESS REPORT**

Ms Reilly updated members on the winter preparedness plan, advising that work will start in December on the SDEC and establishing a separate ED waiting area, which should be complete in March 2021. Ms Reilly advised that the Trust had launched “Talk before you walk” and should start to see some impact within ED. Additional ambulances have come on stream to support with discharge. Weekend work for elective surgery continues along with the use of the independent sector.

Finally Ms Reilly added that colleagues are working extremely hard, particularly around changing the wards to manage COVID and non-Covid activity.

Ms Burns asked for an update on the flu programme and Mrs Metcalf confirmed that 50% of staff had taken up the flu vaccination.

Ms Reape asked what support primary care was giving to the Trust to support winter pressures. Ms Reilly commented that primary care is challenged too, but the Trust is working with primary care on providing flu vaccinations in care homes and on Covid step-down at Redcar.

### **Resolution**

**The Trust Board of Directors NOTED the update on winter pressures**

#### **BoD/20/143 IG ANNUAL DECLARATION AND TOOLKIT**

Mr Mason drew members attention to the report on the Information Governance annual declaration and toolkit. Members noted that, due to the impact of Covid-19 in early 2020, NHS Digital extended the deadline for submission of the DSPT from 31st March 2020 to 30th September 2020.

Mr Mason added that the Trust achieved compliance with 112 out of 114 of the areas required.

There are two themes of non-compliance:

- 95% of staff completion of mandatory data security

awareness (DSA) training - additional efforts are currently underway to ensure completion of training as required.

- Patching of servers to prevent common cyber-attacks - migration of remaining servers – this is to be achieved as a key component of the N365 update process.

### **Resolution**

**The Trust Board of Directors NOTED the IG Annual Declaration and areas of non compliance which were being addressed**

#### **BoD/20/144 COMMITTEE CHAIR REPORTS**

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

Finance & Investment Committee – Mr Ducker reported that the Committee had reviewed the digital strategy.. The Committee wished to highlight capital provision for the Trust.

Workforce Committee – Ms Burns highlighted the support to staff during the first phase of covid and the contribution made by Psychology services.

Quality & Assurance Committee – Ms Reape reported that the Committee had reviewed Gastroenterology services and noted an improvement in waiting time performance. The Committee has also discussed ED and patient flow and front of house. Finally the Committee noted the Learning Disability diamond standard care and further work to take forward.

#### **BoD/20/145 USE OF THE SEAL**

Mrs White presented the report on the Use of the Seal and members noted that in line with the Trust's Constitution the report provides information on the documents affixed under seal between 1 October 2019 and 31 October 2020

### **Resolution**

**The Trust Board NOTED the use of the seal report**

#### **BoD/20/146 QUESTIONS FROM THE PUBLIC**

The Chairman offered the opportunity for questions from the public:

Mr Holmes, Governor, asked what publicity had been undertaken on the “talk before you walk” project. Mr Graham confirmed that it had been publicised through print, broadcast and digital media with rolling promotion through digital channels as part of #doyoubit.

Ms Auty, Lead Governor, asked if the Trust had shared with others the Virtual Ward model. Dr Nag confirmed that the

model had been shared, and there was an expectation that it would be rolled out nationally. Ms Auty asked whether the patients who were seen in the virtual clinic remained under the care of the Trust and Dr Nag confirmed they did and advised that there is a daily call from a respiratory nurse.

**BoD/20/147 DATE AND TIME OF NEXT MEETING**

The date of the next Public Trust Board meeting is Tuesday 1 December 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)
4.2.20	BoD/19/147	IMPROVEMENT PLAN	Improvement plan needed to be costed and robustly monitored	R Fallon	31.3.21	on hold due to Covid however it should be picked up as we go	open
2.6.20	BoD/20/053	PERFORMANCE REPORT	Mrs Fallon to support the Board to agree which KPIs it wishes to see and which will be monitored by a Board Committee.	R Fallon	31.12.20	All Committees with the exception of Workforce Committee have received their KPIs. Further work continues	open

<b>MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 DECEMBER 2020</b>			
Safe Staffing Report for October 2020 – Nursing, Midwifery and Allied Health Professionals (AHP)			<b>AGENDA ITEM: 9 ENC 4</b>
<b>Report Author and Job Title:</b>	Eileen Aylott, Assistant Director of Nursing Education and Workforce	<b>Responsible Director:</b>	Deirdre, Director of Nursing and Midwifery
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	This report details nursing, midwifery and AHP staffing levels for the month of October 2020.		
<b>Background</b>	The requirement to publish nursing, midwifery and AHP staffing levels on a monthly basis is explicit and is one of the ten expectations specified by the National Quality Board (2013 and 2016).		
<b>Assessment</b>	<p>Nursing and Midwifery Turnover is currently 7.34%</p> <p>Vacancy against financial ledger is 6% /96wte</p> <p>Mandated levels of safe staffing have been maintained where possible within the RSU, Stroke, Oncology and Midwifery. COVID outbreaks and short notice unavailability have on occasions led to stretch staffing ratios.</p> <p>There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GH DU or CICU. COVID cases in Critical Care have increased requiring surge plans to be enacted and ex critical care staff return to support. This has been difficult due to continued activity across all pathways.</p> <p>Emergency Department staffing requirements have increased significantly due to a red ED pathway being opened. Overtime for all staff groups was supported by Strategic and additional hours worked through NHSP to support this activity but numbers have remained challenging.</p> <p>Nurse Staffing throughout October has generally matched the acuity, dependency and numbers of patients as new RN's took up post.</p> <p>Ward managers supervisory time remains a challenge and Clinical Matrons have begun to work a shift per week to support clinical areas.</p> <p>The risk to safe staffing due to the requirements for self-isolation have again increased this month and is impacting on short notice unavailability particularly within the HCA numbers and have resulted in temporary bed closures.</p> <p>Rapid recruitment of HCA's was undertaken at the end of October and a Care Support Worker Programme to bolster NHSP temporary</p>		



	workforce is planned for November.	
	NHSE/I bids have been successful for Strand A and B funding with Strand C still to be finalised. 41 international nurses will arrive between September and January 2021.	
<b>Recommendation</b>	The Board of Directors are asked to note the content of this report	
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	BAF risk 5.1 Demographic changes, shifting cultural attitudes to careers, capacity and capability of staff combined with employment market factors resulting in critical workforce gaps in some clinical and non clinical services	
<b>Legal and Equality and Diversity implications</b>	<ul style="list-style-type: none"> <li>• Care Quality Commission</li> <li>• NHS Improvement</li> <li>• NHS England</li> </ul>	
<b>Strategic Objectives</b>	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input checked="" type="checkbox"/>
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>
	Develop clinical and commercial strategies <input type="checkbox"/>	

# Nursing, Midwifery and AHP Workforce Report

## November 2020 based on October 2020 Data

### Safe Staffing Governance

Clinical Matron Huddles and Ward Manager Briefings have been utilised to ensure full communication of plans and to gain feedback from teams to inform decision making.

Staff redeployment has taken place to ensure patient safety with twice daily SafeCare meetings to address any immediate issues and robust plans for overnight and weekend staffing shared with patient flow. Safe staffing is reviewed twice weekly and is reactive to changes in patient pathways.

The risks to safe staffing due to track and trace and the requirements for self-isolation have increased and we are beginning to see an impact on short notice unavailability particularly within the HCA numbers. The probability of a second surge in COVID19 cases requiring ITU is becoming a reality and an increase in workforce to support this activity a clear priority for the organisation.

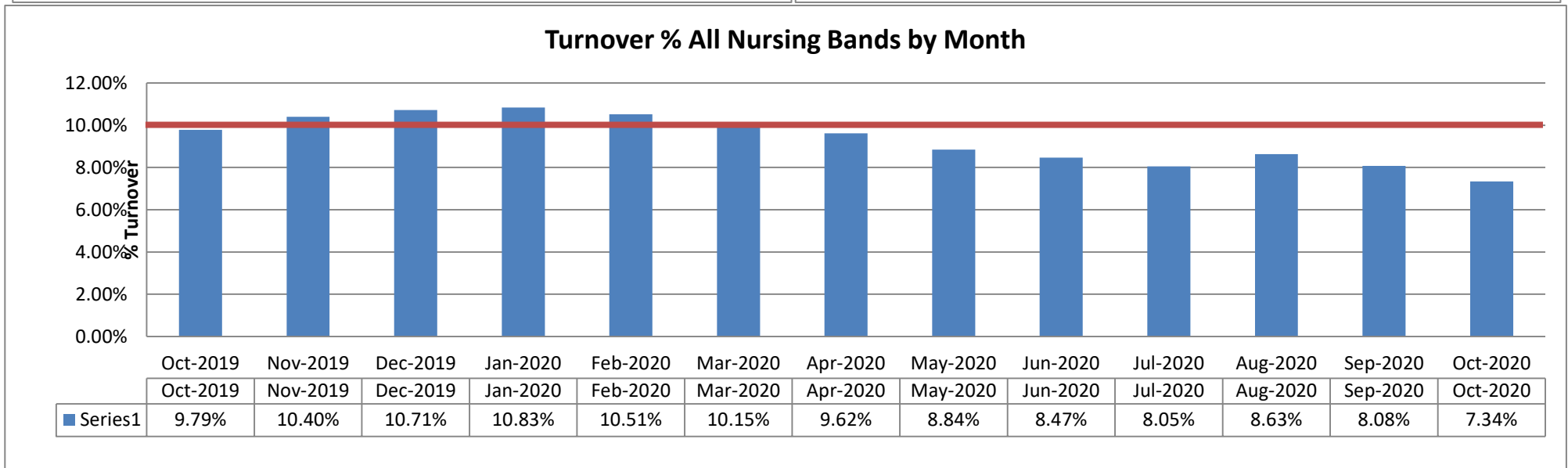
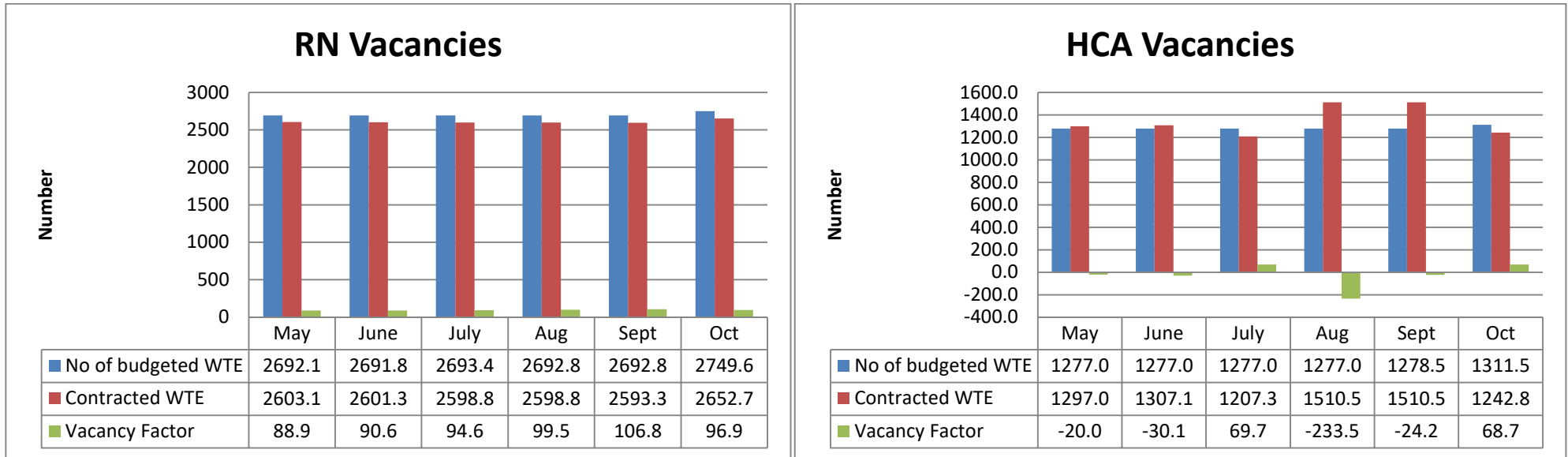
**Table 1 – Overall UNIFY fill Rate based on planned vs worked hours for October 2020**

Overall Ward Fill Rate		September 2020	October 2020	HCA % includes Registered Nursing Associates (Band 4), Assistant Practitioners (Band 4), Trainee Nursing Associates (Band 3) and HCA's Bands 2 and 3.  Therapeutic Care Support Workers (TCSW Band 2) support wards on the JCUH site with enhanced observation for level 3 patients presenting with challenging behaviour.
	RN/RMs (%) Average fill rate - DAYS	89.6%	93.8%	
	HCA (%) Average fill rate - DAYS	95.4%	94.9%	
	NA (%) Average fill rate - DAYS	100%	100%	
	TNA (%) Average fill rate - DAYS	100%	100%	
	RN/RMs (%) Average fill rate - NIGHTS	97.6%	98.1%	
	HCA (%) Average fill rate - NIGHTS	107.7%	106.3%	
	NA (%) Average fill rate - NIGHTS	100%	100%	
	TNA (%) Average fill rate - NIGHTS	100%	100%	
	<b>Total % of Overall planned hours</b>	<b>99.79%</b>	<b>99.1%</b>	

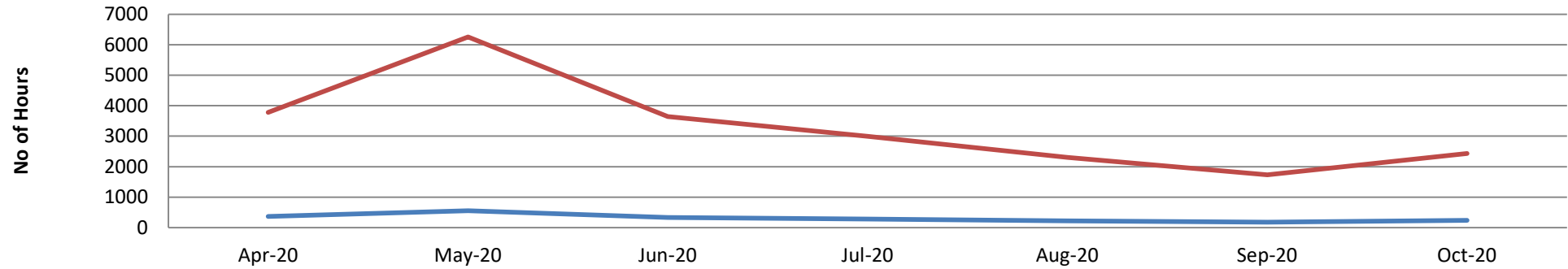
### Vacancy and Turnover

The total current nursing and midwifery vacancy rate against the financial ledger for all nursing and midwifery staff remains at 6% for October 2020 which equates to approximately 96 WTE although budgeted WTE has increased. HCA vacancy rates have risen due student leaving the workforce at the end of the emergency standards and an increase in budgeted WTE. Nursing and Midwifery Turnover for October has reduced

to 7.34%. The latest publicised CHPPD for Nursing, Midwifery and AHP was August 2020 and was 12.2 against a Peer of 10.1 and a National of 9.7



### Redeployment of RN and HCA through SafeCare



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Shift Count	368	550	332	279	221	182	234
No of Hours	3779.53	6252.55	3646.53	2999.67	2300.69	1732.88	2432.4

### Urgent and Emergency Care Centre actual worked hours against planned and professional judgement template numbers for September 2020

May 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Formal Complaints	1000 voices	Quality Impact
Critical Care	28 + 6	29 + 6	28 + 4	29 + 4	27	6	0	6	0	0	10	
RAFAU (On Ward 10)	4 + 3	4 + 4	3 + 3	3 + 3	23	0	0	2	2	1	9.5	
Short Stay (On Ward 2)	5 + 3	5 + 4	3 + 3	2 + 3	11	0	0	2	6	1	8.3	
AMU JCUH	5 + 3	6 + 4	4 + 3	5 + 3	15	1	0	2	4	1		
AAU JCUH (Ward 1)	5 + 3	7 + 4	4 + 3	4 + 3	11	0	0	0	3	0		
CDU FHN	5 + 3	4 + 2	3 + 2	2 + 2	8	1	0	9	2	0	9.2	
Ainderby FHN	4 + 3	3 + 3	2 + 2	2 + 2	17	0	0	2	4	0	8.8	
Romanby FHN	4 + 3	3 + 3	2 + 2	2 + 2	18	2	0	0	2	0	8.7	
Ac&Em -J	17 + 7	17 + 5	16 + 7	16 + 5	-	0	0	3	4	3		

## Emergency Department Staffing

Current ED staffing model is aligned to the BEST tool supported by the RCN and RCEM in the absence of a Shelford Safer Nursing Care Tool which is imminently awaited.

The ratios used by BEST are broken down into 4 levels

- Total dependency – 2 nurses for each patient (e.g. Cardiac Arrest)
- High dependency – 1 nurse to 1 patient (e.g. Patient undergoing procedural sedation for joint manipulation)
- Moderate dependency – 1 nurse to 2 patients (e.g. Patient with high level of care needs due to incontinence and dementia, combined with acute illness) This ratio reflects the nursing workload for initial assessment and ongoing patient monitoring and care
- Low dependency – 1 nurse to 3.5 patients (e.g. isolated limb fracture patient)

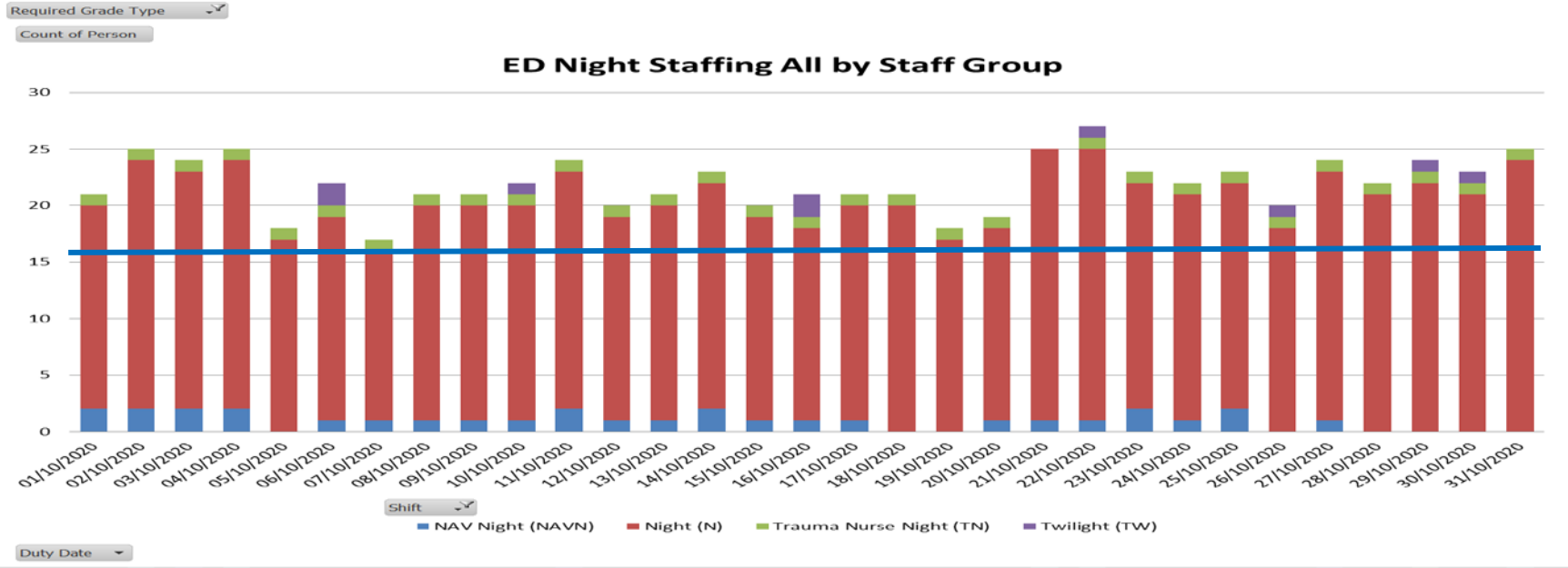
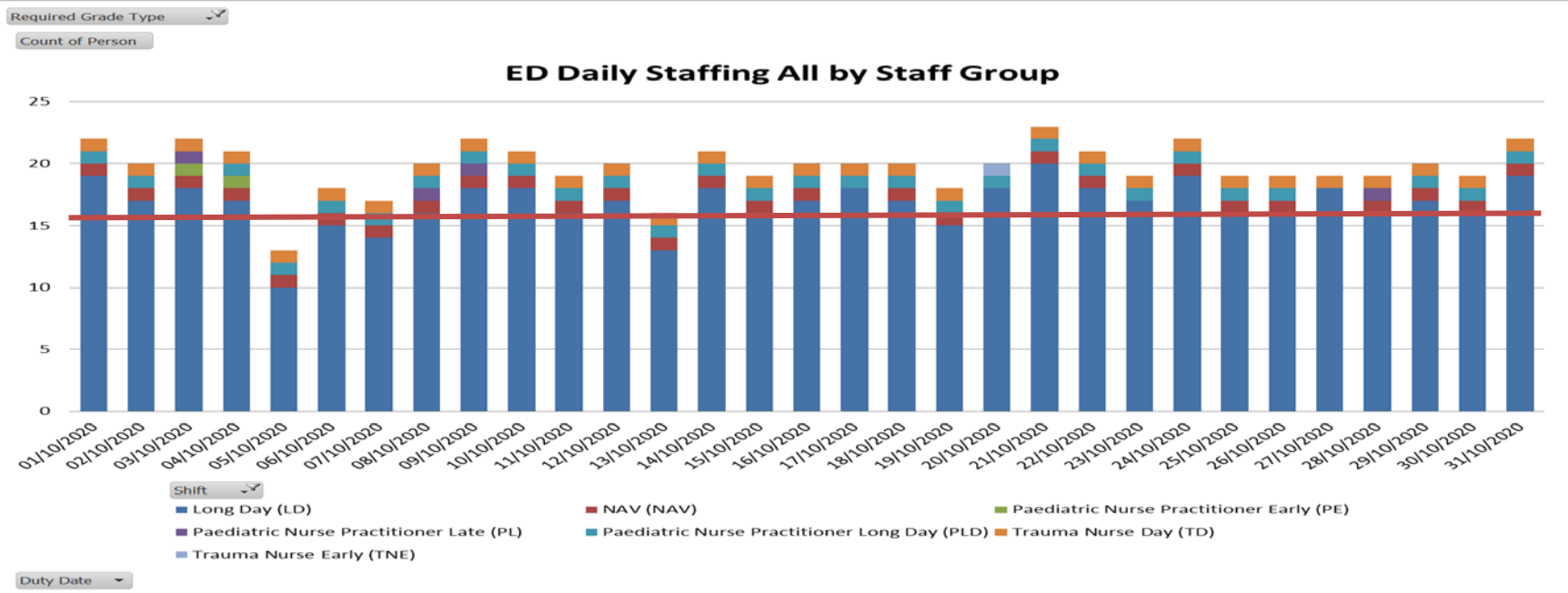
The hourly data sets used by BEST are:

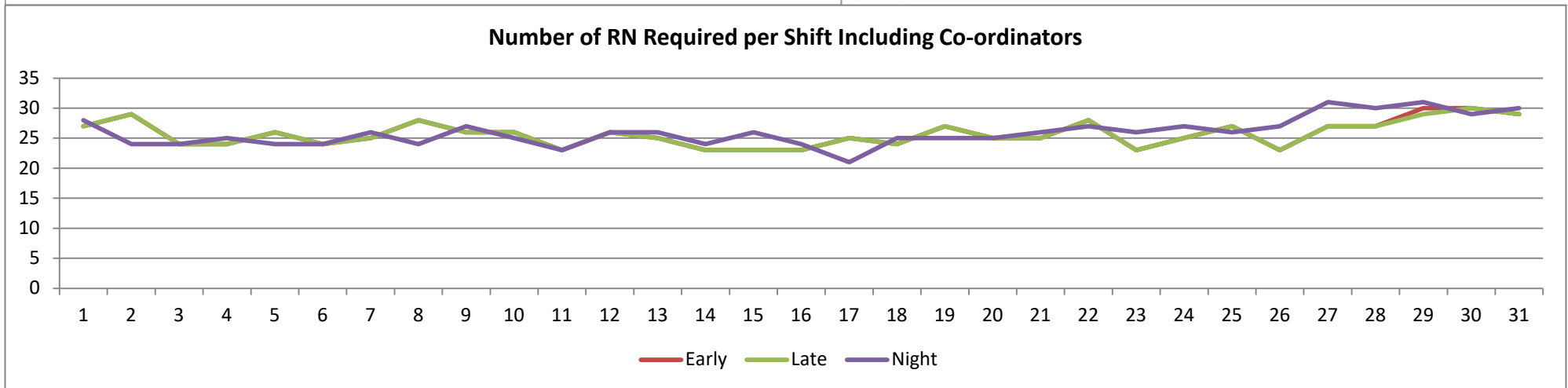
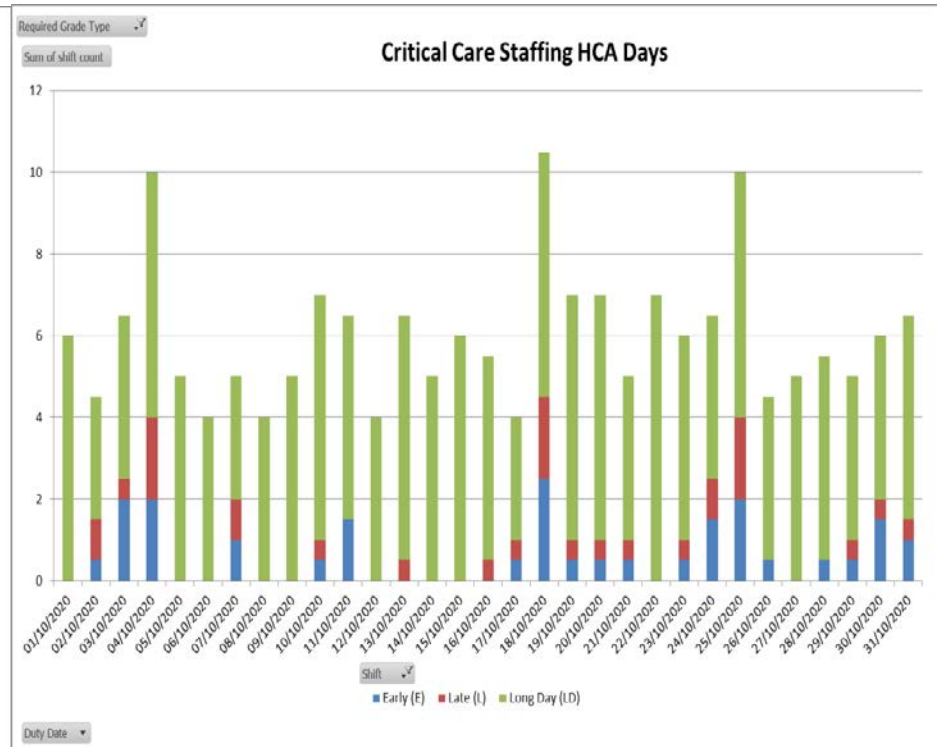
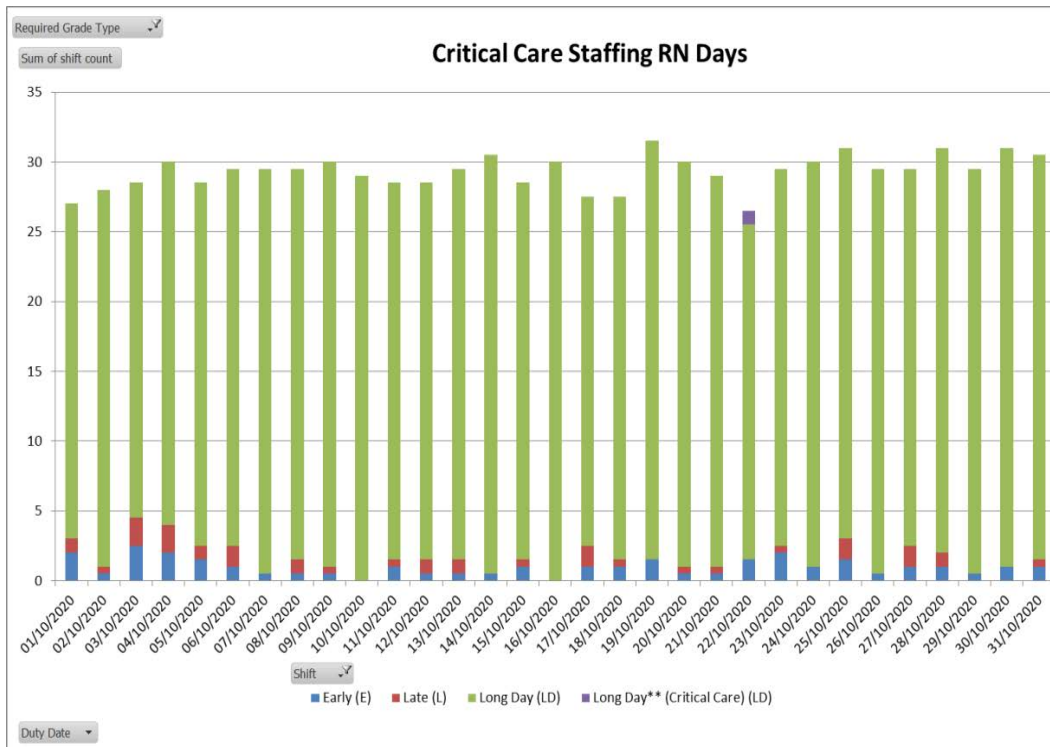
- Patient dependency volume in the department using the validated Jones Dependency tool (JDT)
- The total number of staff rostered to be clinical on shift in the department

An indication of the skill mix breakdown required of the whole time equivalent (WTE) workforce in the ED is then provided based on the RCN National Curriculum and Competency Framework.

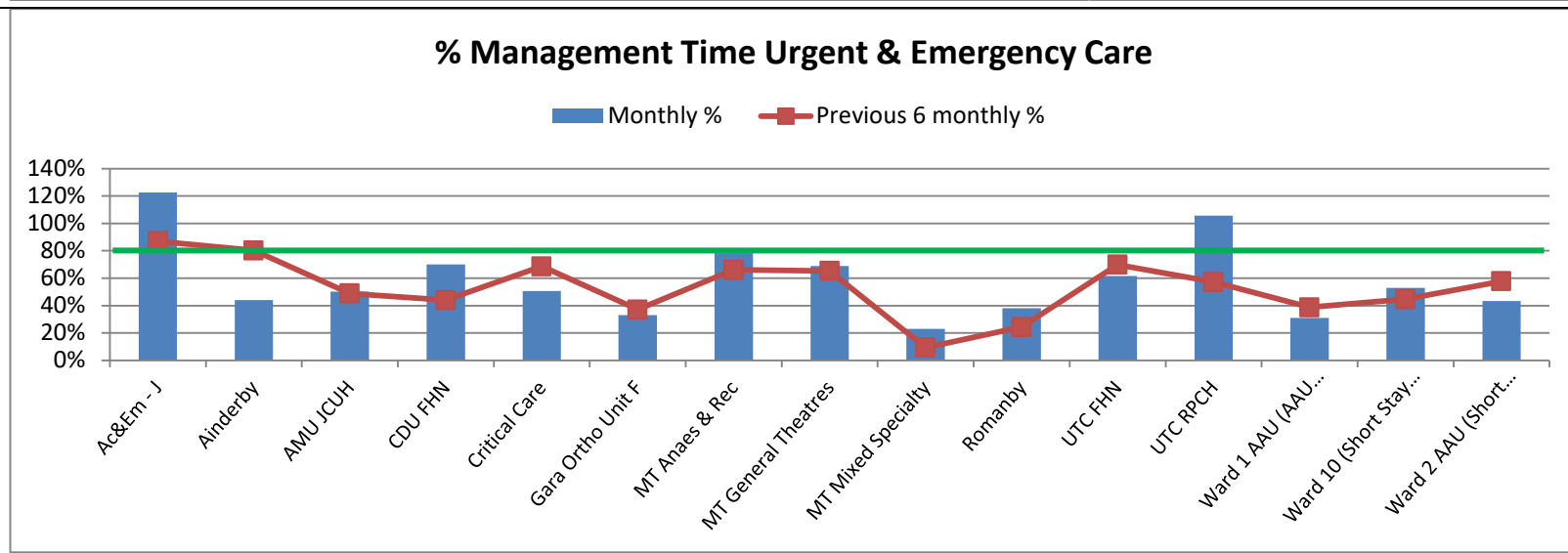
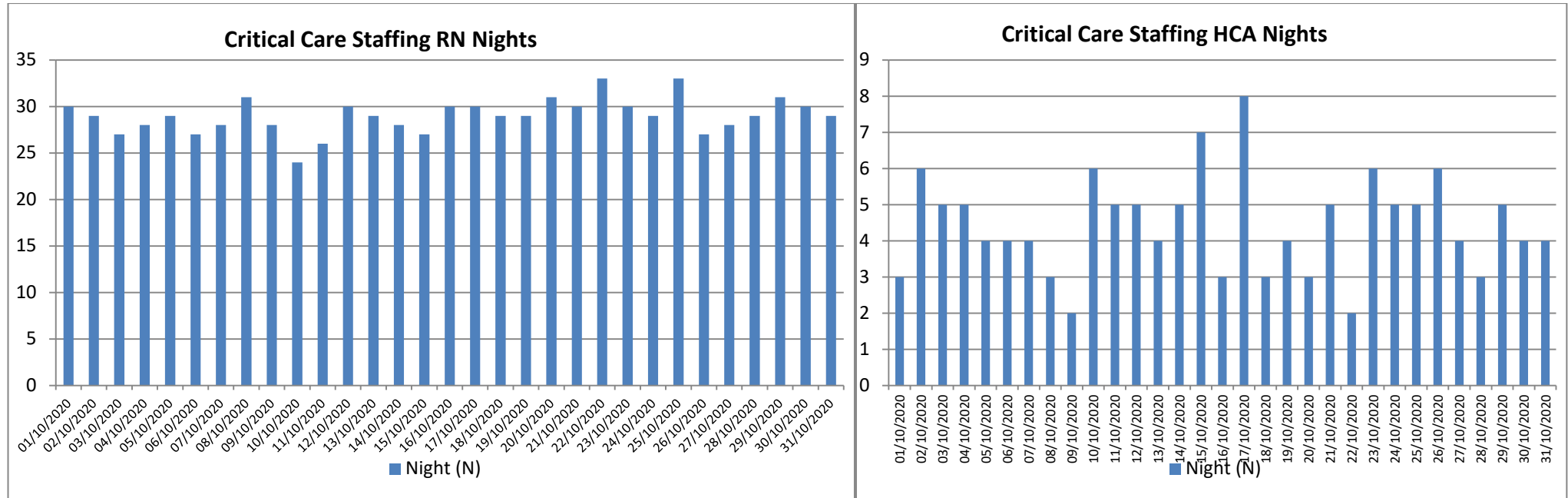
A new shift pattern was introduced during October to mirror activity. Numbers build during the day to support the increased activity levels experienced around 7pm and into the evening. This will be monitored by overlaying staffing with activity trend data and reviewed regularly against professional judgement templates and nurse sensitive indicators.

Nursing Associates and Assistant Practitioners compliment the A+E team and sit in the HCA numbers. Activity has increased across the centre on the JCUH site during September.





There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GH DU or CICU. NH DU have reported shifts with no co-ordinator through Datix. HCA requirement has increased due to staff working in full PPE and this requirement has not been achieved.



Ward Managers are budgeted 80% supervisory time on the roster but have this has been difficult to maintain due to working clinically to support short notice unavailability and self isolation.

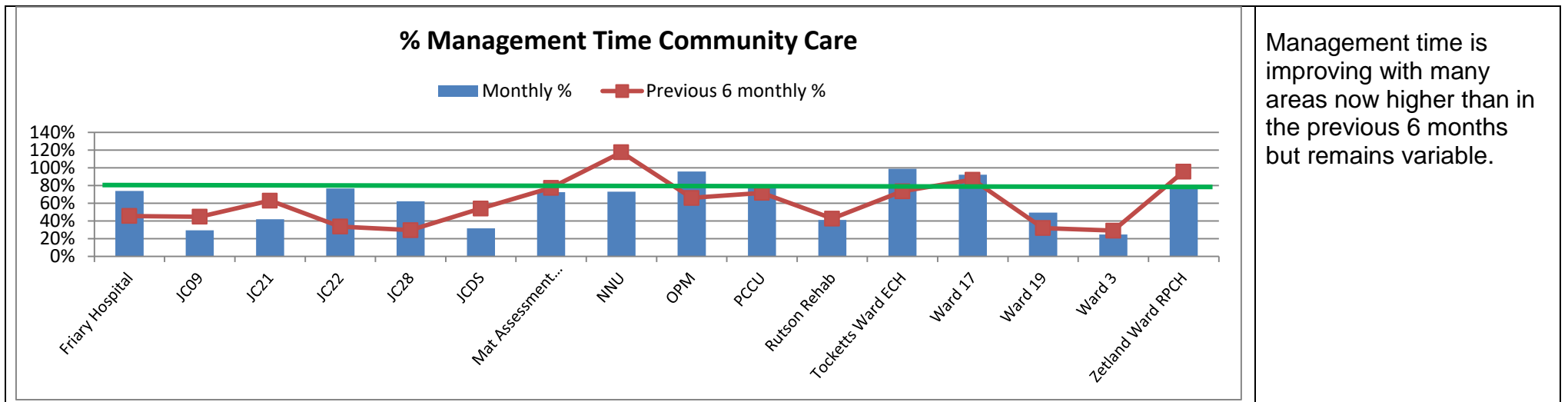


## Community Care Centre actual worked hours against planned and professional judgement template numbers for September 2020

May 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Complaints	1000 voices	Quality Impacts
Ward 3	4 + 1 + 4	4 + 5	3 + 3	3 + 3	20	1	0	0	7	1	9.1	COVID Pathway
JC09 (Ward 9)	5 + 5	5 + 4	3 + 3	3 + 3	22	3	1	3	4	1	8.7	Increased RSU activity
Ward 11 (Older Persons Medicine OPM)	5 + 5	4 + 5	3 + 3	3 + 4	20	3	0	0	2	1	9.0	
Rutson FHN	3 + 4	2 + 4	2 + 2	2 + 2	13	0	0	1	1	0	8.6	
Tocketts Ward	4 + 5	3 + 4	3 + 4	2 + 4	17	1	0	1	6	1	8.7	
Zetland Ward	4 + 6	4 + 8	3 + 3	3 + 4	23	0	0	1	6	1	9.2	
Friary Community Hospital	3 + 4	2 + 3	2 + 1	2 + 2	9	0	0	2	0	0	9.7	
Ward 21 – Paeds	5 + 2	5 + 2	5 + 2	5 + 2	8	0	0	2	0	0	9.5	
Ward 22 – Paeds	5 + 2	3 + 1	3 + 1	3 + 1	5	0	0	0	0	0	9.5	
Central Delivery Suite	10 + 2 M- F	9 + 2	11 + 2	10 + 2	4	0	0	0	0	0		
Neonatal Unit	15 + 1	13 + 1	15 + 1	13 + 1	24	0	0	6	0	0		
Paediatric Intensive Care Unit (PICU)	4 + 0	3 + 0	4 + 0	3 + 0	1							
Ward 17 JCUH	6 + 2	6 + 3	4 + 2	4 + 2	20	0	0	0	0	0	9.3	
Ward 19 Ante Natal	3 + 1	3 + 1	2 + 0	2 + 0	7	0	0	0	0	0	9.0	
Maternity FHN	2 + 0	3 + 0	2 + 0	2 + 0	1							
Mat Assessment Unit	4 + 1	4 + 2	1 + 0	2 + 0	1							

There has been increased activity through the Respiratory Support Unit (RSU) with some staffing issues identified due to staff self -isolation. No same sex accommodation breaches reported during October.

The swabbing POD's are now fully staffed following recruitment. Experienced retire and return and return to the NHS staff have joined this team and a Matron allocated.



Management time is improving with many areas now higher than in the previous 6 months but remains variable.

**Maternity services staffing report for JCUH site**

**Situation**

Maternity services are facing both a short term and long term staffing issue. This is due to the following:

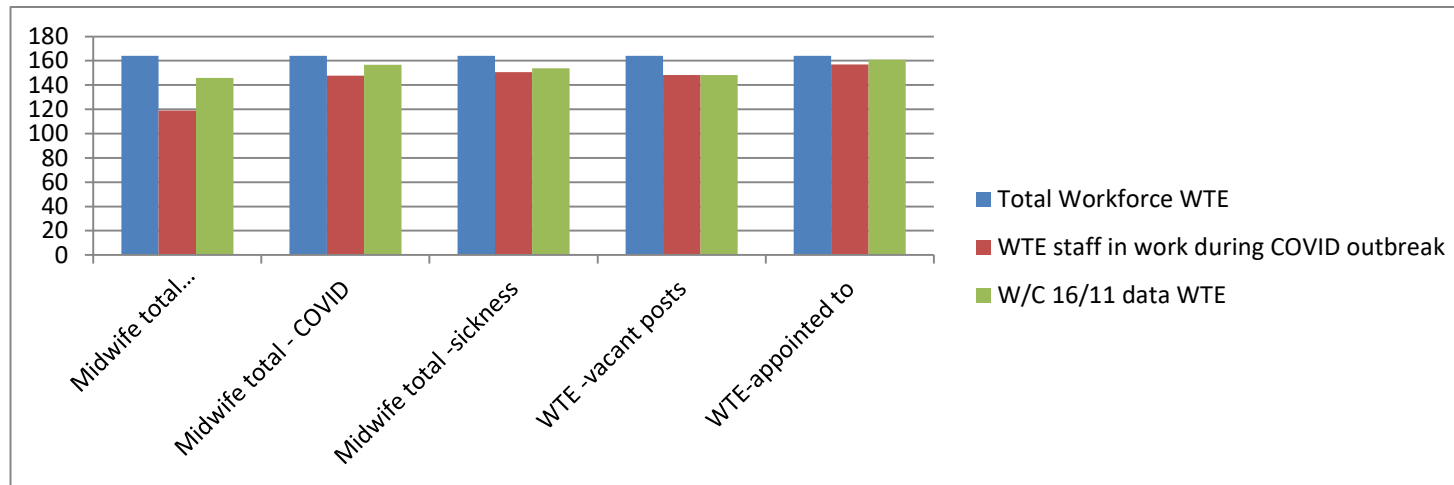
- staff vacancies
- Increased general sickness/maternity leave
- Wave 2 COVID 19 sickness

**Total clinical midwives at JCUH =163.95 WTE**

**Table 1b Todays levels in detail**

	Total workforce WTE	Current WTE in work	Current WTE in work as %
Midwife total deficit	163.95	145.83	11%
Midwife COVID absence	163.95	156.76	4.39%
Midwife general sickness	163.95	153.67	6.27%
WTE vacant posts	163.95	148.3	9.54%
Appointed to	163.95	160.95	98.17%

**Table 1a beginning of October at period of outbreak v todays staffing**



**Background**

Maternity has faced a number of issues with recruitment and frequently has a recruitment gap, this is due to the national shortage of midwives from insufficient numbers of midwives training/qualifying and our high levels of staff reaching retirement age. Newly qualified midwives take a post and then cancel due to being employed in their local home area

This, with the inclusion of COVID sickness, higher than usual levels of general sickness, maternity leave and a COVID outbreak in maternity has exacerbated the issue .

We have a significant number of staff of with stress and anxiety that is resulting in longer term absences, short term sickness is within normal levels.

**Assessment**

Midwifery service operates a safer staffing policy based on OPEL levels which includes escalation procedures and in addition we have a COVID staffing contingency plan (see embedded document)

**Short term measures:**

- In order to maintain safety in the unit we require staff to return to work as soon as possible from their period of sickness
- Ensure clear PPE messages are in place and spot checks are in place across the unit for social distancing, uniform and PPE to prevent further outbreaks
- To work closely with HR and Occupational health to ensure staff are all on correct pathway and have the correct support in place

<b>Recovery action plan for reduced staffing levels in maternity services (COVID 19 outbreak)</b>	
Due to the fluctuation of activity and acuity this would be evaluated on a daily basis, any unsafe staffing would invoke escalation policy and potentially closure of the unit	
<b>Option order</b>	<b>Action</b>
1	Replete staff to safe staffing numbers through NHSP/Overtime/ voluntary cancellation of holiday/project midwives, where possible
2	Reduce qualified midwives on post- natal floor through utilisation of Band 4 students awaiting PINS and redeploy to area of need (maintain safe skill mix)
3	Utilise staff from Project/specialist posts and redeploy to area of need (to replete safe staffing numbers and on an ad hoc basis as required)
4	Utilisation of community midwives/specialist posts where workload allows (e.g. clinical educator/PH team/risk etc.)
5	Utilise sonographer to undertake EPAU scan list to free up midwife, if service allows
6	Utilisation of band 7 team leaders onto clinical floor
7	Utilise staff from/cancel OETC training as required
8	Utilisation of neonatal staff to support transitional care (agreed), and redeploy midwife to area of need, if service allows
9	Request release of research/safeguarding staff to support the service
10	Consider closure of the Friarage and utilise Midwives at JCUH
11	Band 8's to work clinically
12	Consider re-direction of elective low dependency IOL to another Tees Valley service

**We are current at point 3 on the above attached recovery action plan**

**Long term measures:**

- to train more student midwives
- review skill mix within the unit across the maternity floor to replace midwife vacancies with Band 4 Associate nurses
- work with North Tees to facilitate sharing of elective programme

## **Recommendations**

- To work closely with HR and Occupational health in line with updated pathways
- To discuss capacity for additional training places with Teesside university (completed)
- Advertise Band 4 associate nurse roles to support gap in service (in progress)

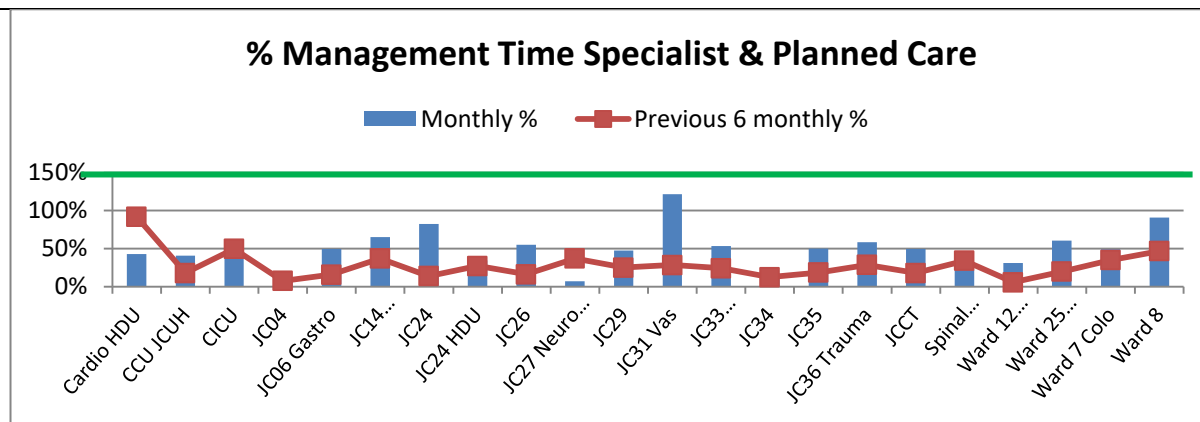
## **Outpatient Departments**

Outpatient staffing has been reviewed and staff are supporting inpatient areas, swabbing teams and ED as well as working differently to support patient activity. Due to social distancing some areas have been split across two footprints. Very few RN's work within these departments with a majority HCA work force.

## Specialist and Planned Care Centre actual worked hours against planned and professional judgement template numbers for September 2020

August 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed occ	PU 2's	PU 3's	Medication Incidents	Falls	Complaints	1000 voices	Quality Impacts
JC04 (Ward 4)	5 + 3	4 + 3	3 + 2	3 + 2	17	1	1	0	7	1	8.6	
Ward 5 Surgery (on Ward 25)	4 + 3	4 + 4	3 + 3	2 + 2	-							
JC06 Gastro	3 + 4	3 + 4	3 + 2	2 + 3	22	1	1	3	3	0	8.4	
Ward 7 Colo	5 + 4	5 + 5	3 + 3	3 + 3	26	0	0	4	4	0	9.1	
Ward 8	5 + 4	5 + 4	3 + 3	3 + 3	24	0	0	2	2	0		
Ward 12 (Ward 25 Staff)	5 + 4	4 + 3	3 + 3	3 + 3	15	0	0	0	1	0	9.3	
Ward 14	4 + 3	3 + 3	2 + 2	2 + 2	11	2	0	0	3	0	8.9	
JC24 (Ward 24)	4 + 3	4 + 4	3 + 2	3 + 3	18	2	0	2	4	1	9.9	
Neuro HDU	4 + 1	4 + 1	4 + 1	4 + 1	6	0	0	1	0	0		
JC26 (Ward 26)	3 + 2	3 + 3	2 + 2	2 + 2	17	0	0	0	2	0	9.2	
JC27 Neuro Staff	3 + 2	4 + 4 inc day unit	2 + 2	2 + 4	13	1	0	1	1	0	8.2	
JC28 (Ward 28)	5 + 3	5 + 3	4 + 2	4 + 2	16	2	0	2	7	1	7.7	
JC29 (Ward 29)	4 + 3	4 + 3	3 + 2	3 + 2	20	1	0	4	2	2	9.1	
Cardio MB	2 + 1	2 + 1	2 + 0	2 + 0	8							
JC31 Vas	3 + 4	4 + 3	3 + 2	2 + 2	17	5	0	1	2	1	9.2	
JCCT (Ward 32)	4 + 3	4 + 3	3 + 2	2 + 2	18	1	0	0	2	0	9.1	
JC33 Specialty	4 + 4	4 + 3	3 + 3	3 + 2	16	0	0	5	2	0	9.0	
JC34 (Ward 34)	5 + 5	4 + 5	4 + 3	3 + 4	26	1	1	3	2	0	8.9	
JC35 (Ward 35)	4 + 4	4 + 3	3 + 3	3 + 3	16	1	0	0	0	0	9.2	
JC36 Trauma	5 + 5	5 + 4	3 + 3	3 + 4	26	0	0	5	5	0	9.1	
Spinal Injuries	8 + 5	6 + 4	7 + 5	4 + 3	17	0	0	2	0	0		
CCU JCUH	8 + 2	6 + 1	6 + 0	5 + 0	8	0	0	0	0	0	9.7	

CICU JCUH	11 + 2	8 + 2	11 + 1	8 + 1	6	0	0	0	0	0		
Cardio HDU	6 + 1	5 + 1	5 + 1	4 + 1	5	1	0	0	1	0	9.4	
Gara Orthopaedic FHN	2 + 2	2 + 2	2 + 2	2 + 1	10	0	0	0	3	0	9.6	



Management time across the centre is improving and is now higher than the previous 6 months in many areas.

The manager for MB is also the manager for ward 29.

#### Red flags

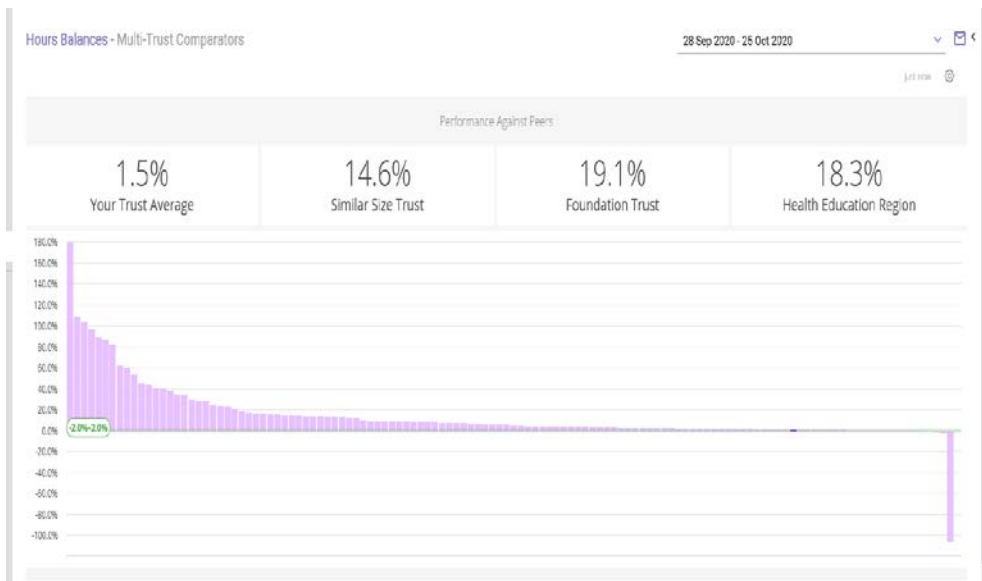
Row Labels	Day	Night
AMBER Beds Open	1	
Delay in providing pain relief		1
Less than 2 RNs on shift	8	5
Missed 'intentional rounding'	11	2
RED Beds Open		1
Shortfall in RN time	26	11
Vital signs not assessed or recorded	1	
<b>Grand Total</b>	<b>47</b>	<b>20</b>

There were 67 red flags logged on SafeCare during October

Matrons reviewed all red flags and solutions sought through in centre redeployment or professional discussion considering patient acuity and dependency and bed occupancy. Any unresolved issues were taken to SafeCare meetings for escalation to ADoN and group support for cross centre redeployment.

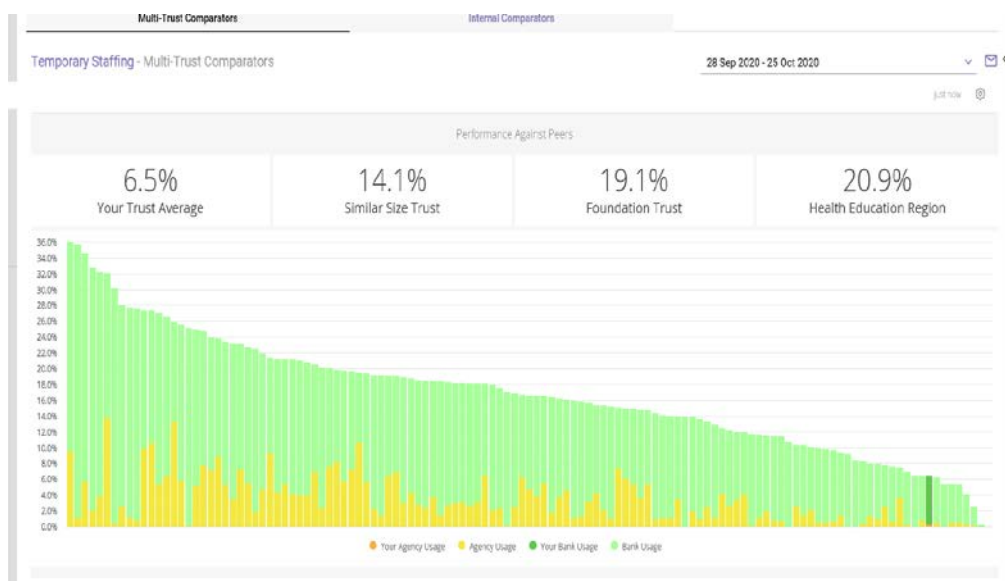
Missed international rounding's, pain relief and vital signs have been logged retrospectively and cannot therefor be resolved.

### 4 Weekly Hours Balance Against Peers



Best practice is to maintain the 4 weekly hours balance between + and – 2%. This demonstrates good management of staff hours

### Temporary Staffing usage against other Allocate Peers



Although higher than normal our temporary staffing remains well managed

Overall unavailability of staff was 30.7% against standard Trust 21% headroom. Parenting leave is not included in the headroom.

Sickness and other leave % remains slightly higher than the National trend at 7.4%. Annual leave remains well managed although slightly lower at 11.4% against a 14% -16% KPI target. Total unavailability includes COVID self isolation .



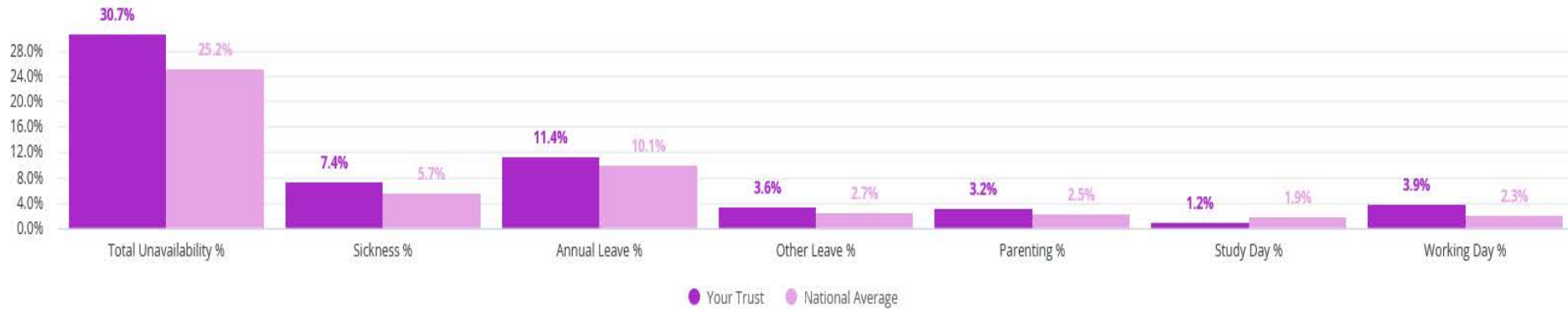
# Unavailability Compared to Allocate National Average

Unavailability - Multi-Trust Comparators

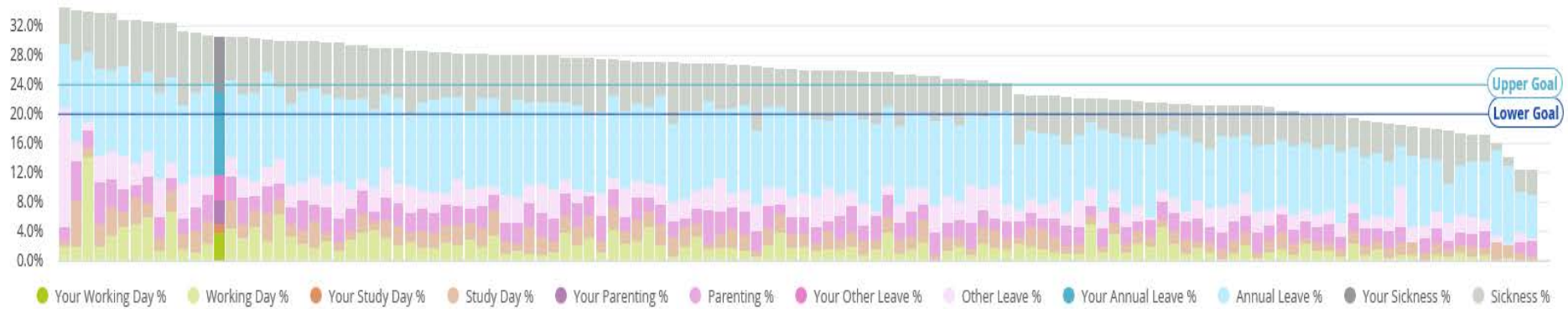
28 Sep 2020 - 25 Oct 2020

JUST NOW 

### Trust Unavailability Against National Averages by Type



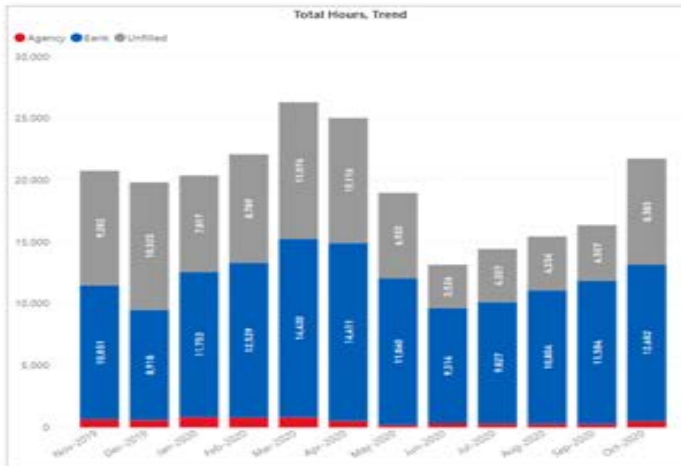
### Unavailability by Leave Type



## N&M - Registered Hours Performance

**YOY Comparison for Oct-2020**

WTE	133.9 <sup>+</sup> 135.3
% Total Fill	60.6% <sup>~</sup> 54.6%
% Bank Fill	58.3% <sup>~</sup> 52.2%
% Agency Fill	2.3% <sup>~</sup> 2.4%
% Unfilled	39.4% <sup>~</sup> 45.4%



**Demand:** in Oct-2020 totalled 21,761 hours (2,397 shifts), a change of 32.9% on Sep-2020

**Bank:** in Oct-2020 totalled 12,682 hours (1,352 shifts), a change of 9.5% on Sep-2020

**Unfilled:** in Oct-2020 totalled 8,583 hours (993 shifts), a change of 90.4% on Sep-2020

**Agency:** in Oct-2020 totalled 495 hours (52 shifts), a change of 77.2% on Sep-2020



**NHS Professionals**

12,682 (133.9 WTE) RN hours were worked through NHSP and agency (60.6%) against an increase demand of 21,761 hrs.

This is an increase of 32% in demand from last month and is directly related to COVID19

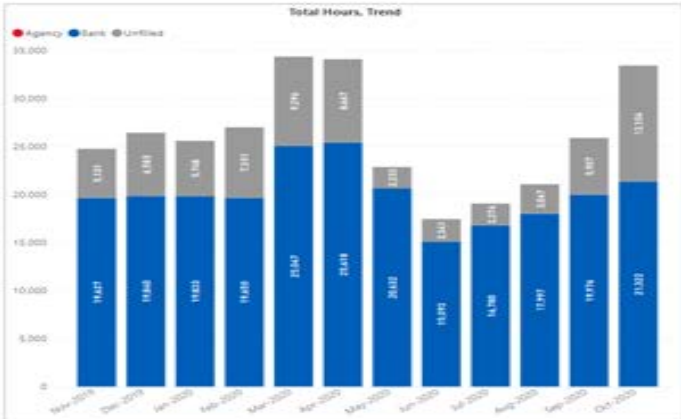
495 hrs Agency (52 shifts) have been utilised to support anaesthetics and ITU

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## N&M - Unregistered Hours Performance

**YOY Comparison for Oct-2020**

WTE	205.7 <sup>~</sup> 155.3
% Total Fill	63.8% <sup>+</sup> 79.0%
% Bank Fill	63.8% <sup>+</sup> 79.0%
% Agency Fill	(Blank)
% Unfilled	36.2% <sup>+</sup> 21.0%



**Demand:** in Oct-2020 totalled 33,425 hours (3,790 shifts), a change of 29.9% on Sep-2020

**Bank:** in Oct-2020 totalled 21,322 hours (2,263 shifts), a change of 6.7% on Sep-2020

**Unfilled:** in Oct-2020 totalled 12,104 hours (1,487 shifts), a change of 104.9% on Sep-2020

**Agency:** in Oct-2020 totalled 0 hours (0 shifts), a change of -100.0% on Sep-2020



**NHS Professionals**

21,302 (205.7 WTE) HCA hours were worked through NHSP (63.8%) against a 21% increase in demand (33,425 hours).

This increase is directly related to COVID 19 activity such as the swabbing pods and self-isolation

There was no agency usage for HCA.

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## Therapists Unify Report

The following is an extract of the monthly Therapies Unify report. Whilst some work is ongoing with regards standardisation of the rotas with, the staffing levels in the critical care areas are worse this month than previously. Prior to restarting activities in September critical care areas were supported by other areas and this support is no longer available. This data does not include the Neuro HDU or spinal HDU. Of all the critical care areas, the Neuro HDU has the lowest staffing levels despite housing the most complex rehabilitation patients. None of the critical care areas are GPICs compliant from a therapy point of view with dietetic services having the lowest level of input. Neuro HDU staffing does not meet the British Society of Rehabilitation Medicine guidance either.

<u>AHPS</u>		Day Hours				Day (%)	
		Registered AHPs		Non-Registered AHPs		Average fill rate - Reg AHP (%)	Average fill rate - Non-AHP (%)
		Total monthly planned staff hrs	Total monthly actual staff hrs	Total monthly planned staff hrs	Total monthly actual staff hrs		
UEC	<b>UECC Therapists Critical Care - ICU</b>	1,357.50	1,113.75	163.50	126.00	82.0%	77.1%
UEC	<b>UECC Therapists Critical Care - Cardio</b>	682.50	565.00	165.00	120.00	82.8%	72.7%
UEC	UECC Therapists Front of House	2,399.50	1,959.17	774.50	512.00	81.6%	66.1%
UEC	UECC Therapists JCUH Inpatients	2,055.00	1,830.75	1,529.50	1,037.08	89.1%	67.8%
SP&PL	<b>SPCT Acute Stroke</b>	1,222.50	821.25	660.00	507.50	67.2%	76.9%
SP&PL	SPCT Community Outpatients	2,119.12	1,357.00	645.50	266.50	64.0%	41.3%
SP&PL	SPCT Neuro	2,558.25	1,769.25	1,388.75	843.50	69.2%	60.7%
SP&PL	SPCT Oncology	940.00	638.75	260.50	181.50	68.0%	69.7%
SP&PL	<b>SPCT Spinal Injuries</b>	1,350.00	1,145.00	267.25	159.25	84.8%	59.6%
SP&PL	SPCT Tees MSK	776.25	527.50	0.00	0.00	68.0%	-
SP&PL	SPCT Trauma & Orthopaedics	3,413.00	1,921.67	2,404.75	998.92	56.3%	41.5%
COMM	Community Therapists FHN Inpatients	907.50	690.75	840.00	403.50	76.1%	48.0%
COMM	<b>Community Therapists Stroke &amp; RPCH</b>	3,030.00	1,754.00	1,680.00	1,512.50	57.9%	90.0%
COMM	<b>Community Therapists Friary</b>	390.00	90.00	97.50	36.00	23.1%	36.9%
COMM	<b>Community Therapists Rutson</b>	727.50	520.33	292.50	188.25	71.5%	64.4%
COMM	Community Therapists South Tees	6,654.75	4,684.25	3,984.00	1,980.00	70.4%	49.7%
COMM	<b>Community Therapists ECPCH</b>	1,320.00	930.50	660.00	494.25	70.5%	74.9%
SP&PL	Speech & Language Therapy	2,361.50	1,587.83	330.00	135.00	67.2%	40.9%
SP&PL	Dietitians FHN	971.00	692.25	0.00	0.00	71.3%	-
SP&PL	Dietitians JCUH	3,524.50	2,487.08	0.00	0.00	70.6%	-
SP&PL	Dietitians Langbaugh	1,905.00	680.25	0.00	0.00	35.7%	-
						68.0%	61.1%

Staff reviews are conducted weekly by the service and Professional leads to ensure that inpatients with the highest acuity levels and patient flow are prioritised and staff are also supported accordingly. All acute post-surgical patients have also needed to be prioritised with the restarting of activity within the different specialities. September and October have been used by the teams to bring patients who are not responding to or cannot be managed remotely for face to face contacts. Patient safety procedures have reduced the capacity of the clinics.

Although staffing levels appear significantly low in some services including the Friary (23%), this is a very small team and any staff absences contribute to a large percentage of staff not being able to provide a service.

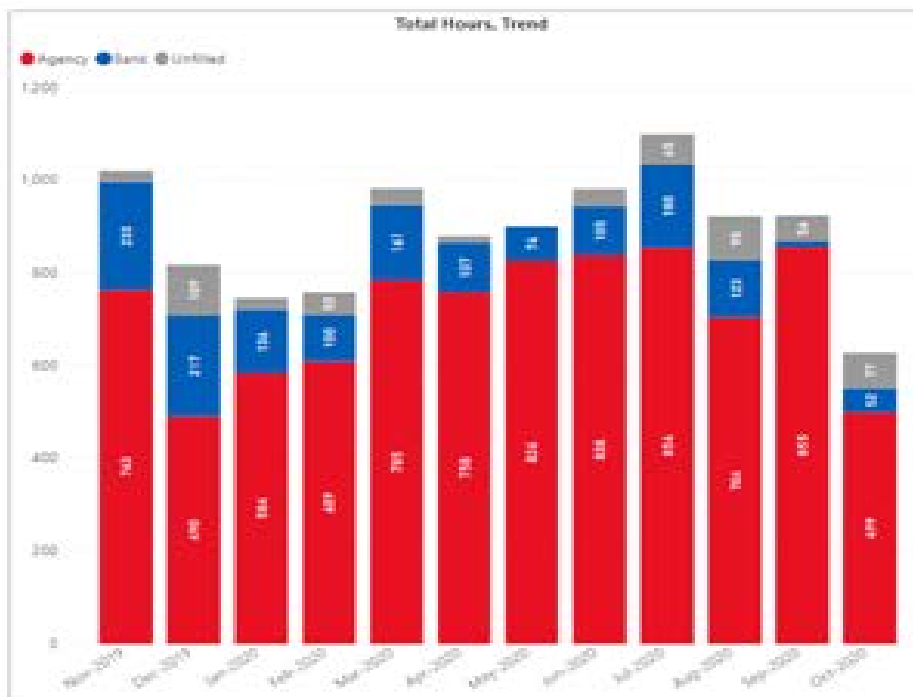
The report does not highlight the specialist skills that are required within certain services including Speech and language therapy voice and dysphagia management for which the services have difficulty recruiting into and managing demand. This service is currently being provided through the employment of a member of staff on a fixed term contract to cover maternity leave.

## AHP and HCS Hours Performance



**YOY Comparison for Oct-2020**

WTE	3.9 6.4
% Total Fill	87.7% 99.3%
% Bank Fill	8.2% 8.3%
% Agency Fill	79.5% 91.0%
% Unfilled	12.3% 0.7%



**Demand:** in Oct-2020 totalled 627 hours (69 shifts), a change of -32.0% on Sep-2020

**Bank:** in Oct-2020 totalled 52 hours (06 shifts), a change of 329.2% on Sep-2020

**Unfilled:** in Oct-2020 totalled 77 hours (09 shifts), a change of 37.8% on Sep-2020

**Agency:** in Oct-2020 totalled 499 hours (34 shifts), a change of -41.7% on Sep-2020



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## Summary

Nurse Staffing throughout October has generally matched the acuity, dependency and numbers of patients. There does not appear to be any direct correlation between patient harms and safe staffing levels this month.

Mandated levels of safe staffing have been maintained where possible within the RSU, Stroke, Oncology and Midwifery. COVID outbreaks and short notice unavailability have on occasions led to stretch staffing ratios.

There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GHCU or CICU. COVID cases in Critical Care have increased requiring surge plans to be enacted and ex critical care staff return to support. This has been difficult due to continued activity across all pathways.

Emergency Department staffing requirements have increased significantly due to a red ED pathway being opened. Overtime for all staff groups was supported by Strategic and additional hours worked through NHSP to support this activity but numbers have remained challenging.

Nurse Staffing throughout October has generally matched the acuity, dependency and numbers of patients as new RN's took up post. NHSP demand has increased and more hours have been filled even though % has reduced. Rapid recruitment of HCA's was undertaken at the end of October and a Care Support Worker Programme to bolster NHSP temporary workforce is planned for November.

Ward managers supervisory time remains a challenge and Clinical Matrons have begun to work a shift per week to support clinical areas.

The risk to safe staffing due to the requirements for self-isolation have again increased this month and is impacting on short notice unavailability particularly within the HCA numbers and have resulted in temporary bed closures in some areas.

Three time's weekly Safe staffing meetings are being held to review workforce demands and agree stretch ratio's for areas going into November. This is a working document and will be utilised to produce the Biannual Safe Staffing Board Paper following SNCT data collection during November as per the North East and Cumbria Nursing and Midwifery workforce Group recommendations agreed by the Regional Directors of Nursing Group in October. (Appendix 1)

## References

Department of Health (2016) Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. An independent report for the Department of Health by Lord Carter of Coles

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/499229/Operational\\_productivity\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf)

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NQB (2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing. <https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf>

Safe, sustainable and productive staffing in maternity

services [https://nhscorporatesite.blob.core.windows.net/green/uploads/documents/Safe\\_Staffing\\_Maternity\\_final\\_2.pdf](https://nhscorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_Maternity_final_2.pdf)

Safe, sustainable and productive staffing for neonatal care and children and young people's

services [https://nhscorporatesite.blob.core.windows.net/green/uploads/documents/Safe\\_Staffing\\_Neonatal\\_mYLJCHm.pdf](https://nhscorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_Neonatal_mYLJCHm.pdf)

Safe, sustainable and productive staffing in urgent and emergency

care [https://nhscorporatesite.blob.core.windows.net/green/uploads/documents/Safe\\_Staffing\\_urgent\\_and\\_emergency\\_care.pdf](https://nhscorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_urgent_and_emergency_care.pdf)

## **PROCESS FOR RAPIDLY AGREEING NEW WARD AND DEPARTMENT ESTABLISHMENTS**

### **Background**

The arrival of Covid-19 has meant many wards and departments in Trusts across North East and North Cumbria have been required to change configuration and patient demographic at short notice. This in some cases has been temporary but in others has led to medium or long term service redesign. To ensure compliance with national guidance in relation to safe and sustainable staffing and more importantly to safeguard patients and staff, a robust process needs to be in place to agree staffing establishments when out-with the normal annual review process. The following process is recommended to be adopted in such cases.

### **Process**

- The Workforce Lead should meet with the Matron and Ward Manager to agree based on professional judgement what staff are required to be on shift. From this a rostering demand template should be created, skill mix agreed and establishment uplift added. This should create a registered and non-registered whole time equivalent figure. This can be costed as required
- Alongside this, the Workforce Lead and most appropriate clinical lead (Matron/Ward Manager) should agree what the total number of beds will be, expected bed occupancy and based on previous workforce reviews, what the predicted patient acuity and dependency will be. This data should then be inputted into the relevant acuity and dependency tool (SNCT/MHOST/Dinning). Based on expected acuity and dependency this will also create a whole time equivalent figure
- The two figures should be compared. If there is less than a 10% variance the professional judgment demand template can be assumed as being broadly fit for purpose in the short term and can be agreed. Any greater variance, specifically where the demand template is under resourced should be reviewed and altered. This process and its outcomes should be documented for audit purposes
- The ward or department clinical outcomes/workforce metrics should be closely monitored for the first three months and any concerning metrics should trigger a responsive review
- At three months (or sooner if a normal workforce review is planned) a formal acuity and dependency data capture exercise should be undertaken to validate the new establishment. This provides additional assurance and any variance can be evaluated in line with normal processes
- The process should be acknowledged and reported to Board via the normal safe staffing board report in line with national guidance

### **Review**

It is recommended that where possible this process is followed. This process will be reviewed by the Regional Nursing and Midwifery Workforce Group on an annual basis to ensure it is fit for purpose

**Ian Joy**

**Associate Director of Nursing NUTH (Chair of Regional N&M Workforce Group)**

**September 2020**

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 DECEMBER 2020			
Research and Development annual report			<b>AGENDA ITEM:10, ENC 5</b>
<b>Report Author and Job Title:</b>	Paul Baker – Research and Development Director Jane Greenaway - Associate Director DTVRA	<b>Responsible Director:</b>	Paul Baker – Research and Development Director
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	To inform and update the Trust board about R&D performance and strategy		
<b>Background</b>	<p>The paper presents updates on the:</p> <ul style="list-style-type: none"> <li>• Development of the Durham Tees Valley Research Alliance (DVTRA)</li> <li>• DTVRA strategy</li> <li>• R&amp;D Governance</li> <li>• R&amp;D Performance</li> <li>• R&amp;D COVID Response</li> <li>• R&amp;D Finance</li> </ul>		
<b>Assessment</b>	<p>Over the last 12 months the R&amp;D department has made significant progress relating to its infrastructure, strategy, governance and finance. These changes will support a more robust and comprehensive research offering across the organization and wider Tees Valley. High levels of performance have been maintained both in respect to research delivery and research development. The R&amp;D department has adapted well to the challenges of COVID delivering a portfolio of COVID research as requested by the CMO / secretary of state for health.</p>		
<b>Recommendation</b>	Members of the Trust Board are asked to note this report.		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	There are no risk implications associated with this report.		
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.”		
<b>Strategic Objectives</b>	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 checked="" type="checkbox"/>	
	Develop clinical and commercial strategies <input type="checkbox"/>		



## Research and Development annual report

### 1. PURPOSE OF REPORT

The purpose of the reports is to provide an annual update about research activity within the Trust. It aims to reassure the Trust Board in relation to research performance, governance, finance. In addition, it outlines the R&D departments response to COVID and its active role in the delivery of COVID related research.

### 2. BACKGROUND

The Trusts R&D department consists of 106 staff who develop, administer, and deliver research activity within the Trust. South Tees NHS Trust has a reputation for research excellence, consistently ranking in the top 3 Trusts in North East and North Cumbria region for National Institute for Health Research (NIHR) Clinical Research portfolio recruitment. More recently the Trust have supported the development of our own local researchers (chief investigators) who, over the last decade, have secured millions of pounds of research funding from NIHR, charitable and commercial research funds to further enhance the Trusts research reputations. More recently the Trust has formed a collaborative alliance with the other R&D departments in the Tees Valley to enhance our research offering and make us more attractive to external funders looking to partner with NHS organisations.

### 3. DETAILS

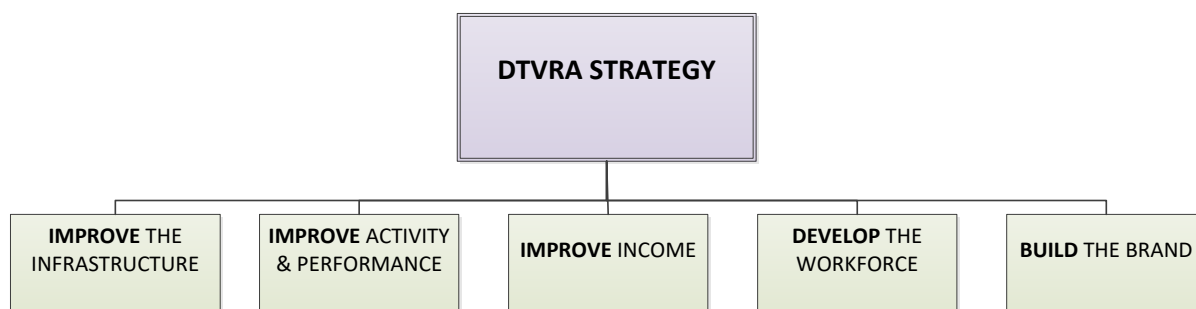
#### 3.1 Development of the Durham Tees Valley Research Alliance (DVTRA)

The Durham Tees Valley Research Alliance (DTVRA) is a novel strategic collaboration between South Tees Hospitals NHS FT (STHFT), North Tees & Hartlepool NHS FT (NTHFT) and County Durham & Darlington NHS FT (CDDFT). The alliance went 'live' in September 2019. By joining forces, the DTVRA will allow us all to develop and grow research activity across the entire geography. South Tees Hospitals NHS Foundation Trust is the host organisation for the alliance with responsibility for the employment of the senior management team who oversee the strategic and operational delivery of the alliance. The key advantages of the DTVRA are:

- More strategic, operational and budgetary management across all three organisations
- Single point of contact - reducing administrative costs to Trusts and duplication of tasks for study sponsors.
- Consistent oversight and workforce management to maximise patient recruitment opportunities and allow for more flexible use of staff
- Ability to extend existing commercial partnerships for wider patient benefit across the Durham Tees Valley

#### 3.2 DVTRA Strategy

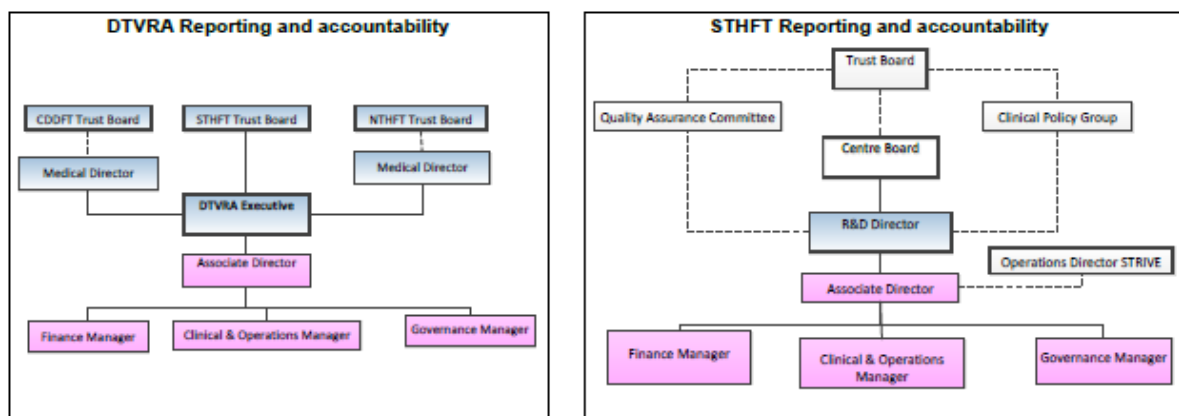
The strategic aims of the R&D department now align with the strategy developed by the DTVRA executive. This covers 5 pillars of activity to support and develop research across the Tees Valley.



Each pillar of the strategy is underpinned by a number of interrelated workstreams that are overseen by the DTVRA executive (R&D Directors from STHFT, NTHFT, CDDFT and the Associate Director of the DTVRA (Jane Greenaway)). These are reviewed as part of the monthly DTVRA executive meetings and operationalised via the DTVRA senior leadership team (Further details is available in the Appendices)

### 3.3 Governance

Over the last 12 months the R&D team have reviewed their governance structure and risk reporting for research. Following the departure of the MD with responsibility for R&D the department was left with no clear reporting structure. We have now identified a number of reporting mechanisms including the QAC (for quality assurance), the CPG (for clinical oversight and engagement), the STRIVE centre board (for operational oversight) and the new CMO (for overall reporting) and a Non-exec Board member (for Board oversight). The reporting and accountability structure for the DTVRA and local R&D department are shown below.

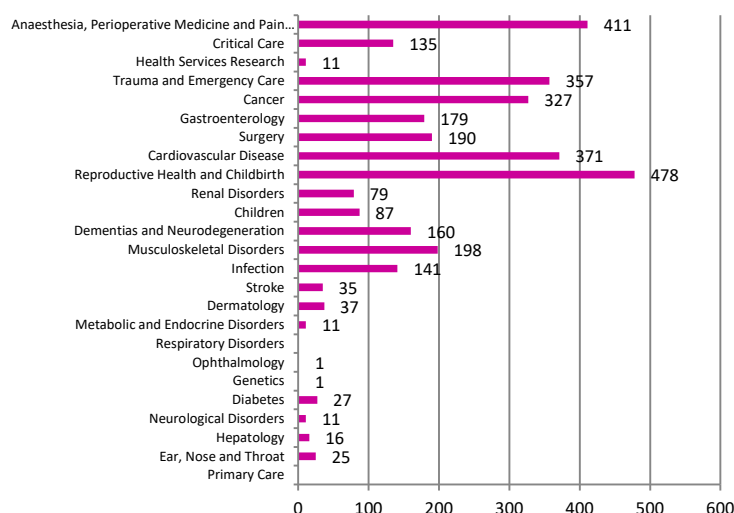


We currently hold monthly R&D Directorate Meetings, R&D Finance Meetings and DTVRA Executive meetings with fixed agendas to ensure performance, finance, risk and impact on supporting clinical services are reviewed. The Senior Management Team meet weekly to review performance and discuss issues for resolution and escalation as appropriate.

During COVID this activity was supplemented by huddles with our Team Leaders to plan our research activity and staffing cover to ensure key activities were delivered. We attend the monthly STRIVE Operations Team Meetings where we report on the R&D KPIs for submission to Centre Board and are part of the STRIVE Leadership Team meetings.

### 3.4 Performance

In 2019/20, **3288** patients were recruited into studies with National Institute for Research (NIHR) portfolio status across a range of specialities shown below. This recruitment was the **second largest** figure across the North East. Recruitment was lower than in previous years (3800) but this reflected the national drop in NIHR portfolio study recruitment.



We also benchmark our Trust performance against trusts of similar population, throughput and geography as shown in the figures below. Some Trusts (Portsmouth) had higher performance due to a single high recruiting study. Using this data we are able to review comparable Trust performance and studies to identify opportunities for STHFT involvement.



**Green = non-commercial studies, Orange = commercial studies**

### 3.5 Performance during COVID

The R&D department had a comprehensive response to the COVID pandemic. In March 2020 we quickly established a DTVRA mechanism for prioritisation of studies to identify which studies could continue to be supported. This was largely driven by the availability of the associated clinical pathway, impact on patient safety if the study were to be suspended and recommended CMO prioritisation of COVID research studies as “Urgent Public Health” which had to receive the highest priority for research delivery.

Since March we have:

- Contributed to **6 CMO Urgent Public Health COVID-19 studies** and another **4 non-UPH COVID studies**.
- We have recruited **395 patients into COVID interventional treatment trials** (RECOVERY and REMAPCAP) with our contribution to REMAPCAP being the **4<sup>th</sup> highest in the country**.
- A further **4255 patients or staff** have had either data or samples collected to contribute to COVID research.
- Since October, we have assisted with the successful delivery of the Phase 3 **NOVAVAX COVID vaccine trial** from the DTVRA vaccine hub at Hartlepool Hospital. **532** participants were randomised to either placebo or the vaccine with preliminary results due in early January.

### 3.6 Finance

Over the last 12 months we have transformed the R&D approach to finance to set a formal R&D budget that maps our income to our cost base. We have four main sources of income which funds the entirety of the R&D department's activity and staff along with research clinical PA activity for a number of Consultants across the trust

NIHR Clinical Research Network (CRN:NENC)	~£2,082,000
Commercial income	~£ 220,000
Grants	~£ 317,000
Income generated from research activity*	~£1,389,000
<b>Total</b>	<b>~£4,008,000</b>

\*This income is generated through the year and any income in excess of this figure is 'R&D profit' whereas failure to generate this income would be seen as 'R&D loss'

The transformation of R&D finances has the benefit of greater transparency and allows for more accurate projection of income against expenditure. Our income in 2020/21 has been impacted by COVID restrictions meaning some of our income generating (commercial) studies had to be suspended. We are pleased to learn that we are able to report a breakeven position for M1-6 which helps enormously with our financial position for this year and next. We have been informed that our CRN NENC budget will be stable and relatively unchanged for 2021/22 and unaffected by any fluctuations in recruitment due to COVID.

## 4. RECOMMENDATIONS

This report is provided for information. It is intended to reassure the Trust Board in relation to research performance, governance, finance. Further detail can be found in the appendix and additional reports on any aspect of this overview document can be provided upon request.

## APPENDICES

Research and Innovation Strategy 2020-2022: Provided for additional information and for reference.

# RESEARCH AND INNOVATION STRATEGY 2020 - 2022

## Introduction

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This document presents the Research and Innovation strategy for the 2-year period from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2022. It supersedes the previous research and innovation strategy document presented by Professor Caroline Wroe in January 2019.

### Summary

Pages 2 and 3: Overview of the Trust's research performance over the last 5 years.

Pages 4 and 5: Describes the reporting, accountability and leadership structures for the Durham Tees Valley Research Alliance (DVTRA) and within South Tees Trust.

Page 6: Overview of the combined DVTRA Strategy. This builds on the core principles that were in the previous South Tees research and innovation strategy and has been expanded to cover the entire research alliance.

Page 7 to 11: Detailed information about the 5 strategic aims and progress made to date. Over the last 12 months we have been working on a number of complimentary work streams and have made progress in a number of areas. Plans for further progress across all arms of the strategy in the next 12-24 months are presented.

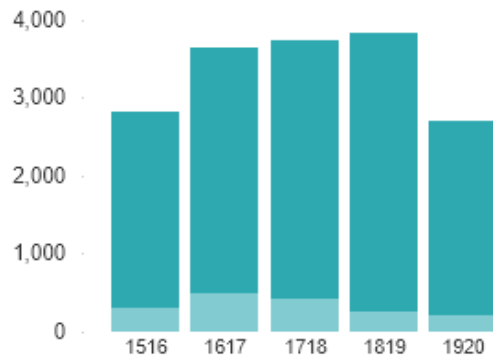
Page 12: Research grants completed in 2019/20 and ongoing/new research grants for 2020/21.

Page 13 and 14: Overview of the Trust's innovation strategy and progress made within 2019/20. Our aims for 2020-2022 are to provide a more focused innovation offering that aligns with our innovation partners including Teesside University, TWI and the AHSN.



# Performance highlights

RECRUITMENT by financial year

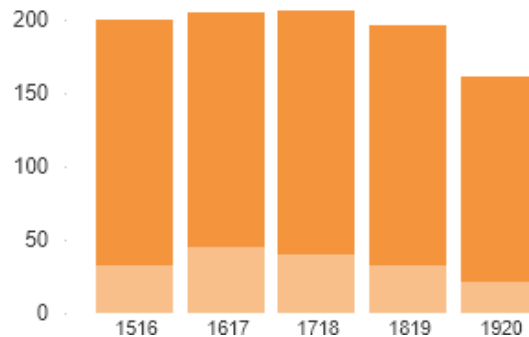


**17,716 patients** recruited over the last **5 years**, from **504 studies**, across **29 specialties**

Recruitment for 2019/20 is lower than that seen in the previous 3 years. However, we still ranked 2<sup>nd</sup> in North East and North Cumbria for overall recruitment. The decrease in recruitment is a national trend that has been observed not only within our own Clinical Research Network (CRN) but across the NHS more widely. The reasons for this are multifactorial but are in part due to a shift in the National Institute of Health Research (NIHR) research portfolio that has seen a reduction in the numbers of high-volume observational studies and an increase in lower volume complex intervention studies.

We have engaged with the local CRN, as have a number of other Trusts, to outline our plans to mitigate this reduction in recruitment and had were confident of an upturn in recruitment in 2020/21. However, we expect that this may be an ongoing issue as we progress into 2020/21 as recruitment to a significant portion of our research portfolio has been paused during the COVID pandemic.

STUDIES THAT RECRUITED by FY



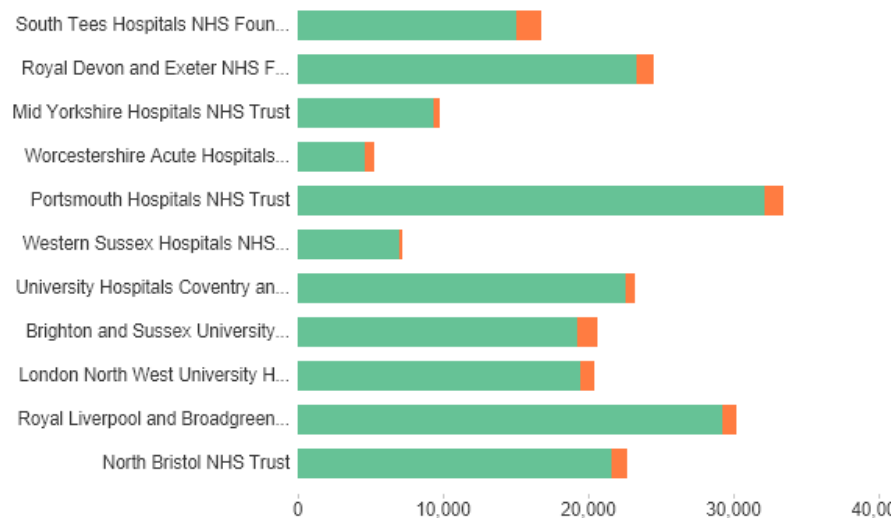
Though the COVID pandemic we contributed to **6 CMO Urgent Public Health COVID studies** and another **4 non-UPH COVID studies**. We recruited **395 patients into COVID interventional treatment trials** (RECOVERY and REMAPCAP) with our contribution to REMAPCAP being the **4<sup>th</sup> highest in the country**. A further **4255 patients or staff** have had either data or samples collected to contribute to COVID research. Since October, we have assisted with the successful delivery of the Phase 3 **NOVAVAX COVID vaccine trial** from the DTVRA vaccine hub at Hartlepool Hospital. **532** participants were randomised with preliminary results due in early January.



# Performance highlights

Benchmarked against Trusts of similar geograpy, demographics and throughput

Recruitment in 2015/16, 2016/17, 2017/18, 2018/19, 2019/20



Green: non-commercial recruitment, Orange: commercial recruitment

Our benchmarked performance is on par with other similar Trusts. In many cases (e.g. Portsmouth) these Trusts have delivered one or more large observational single site study that has elevated their numbers during this period. Figures for 2019/20 are more promising and suggest we are catching up in terms of research activity.

The main specialities delivering research continue to be our Orthopaedic (via Surgery/T&EC/MSK speciality groups), Cardiovascular, Anaesthetic and Cancer teams.

Speciality	Raw recruitment	Complexity adjusted recruitment
Cardiovascular disease	408	3273
Surgery	189	2079
Anaesthesia / peri-op medicine / pain	409	1877
Cancer	333	1631
Trauma and Emergency care	314	1422
Reproductive health	473	1161
Critical Care	110	850
Renal Disorders	79	684
Children	87	657
Dementia and Neurodegeneration	155	603
Stroke	35	385
Diabetes	26	256
Gastroenterology	171	251
ENT	14	154
Dermatology	37	122
Metabolic / Endocrine	11	121
Infection	21	106
Others	35	193

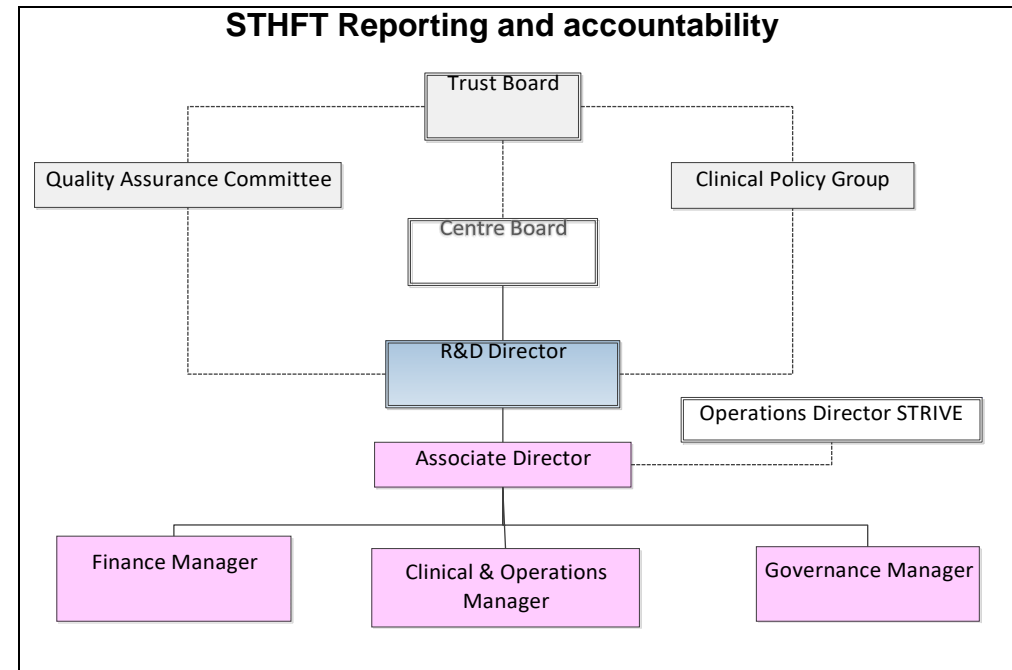
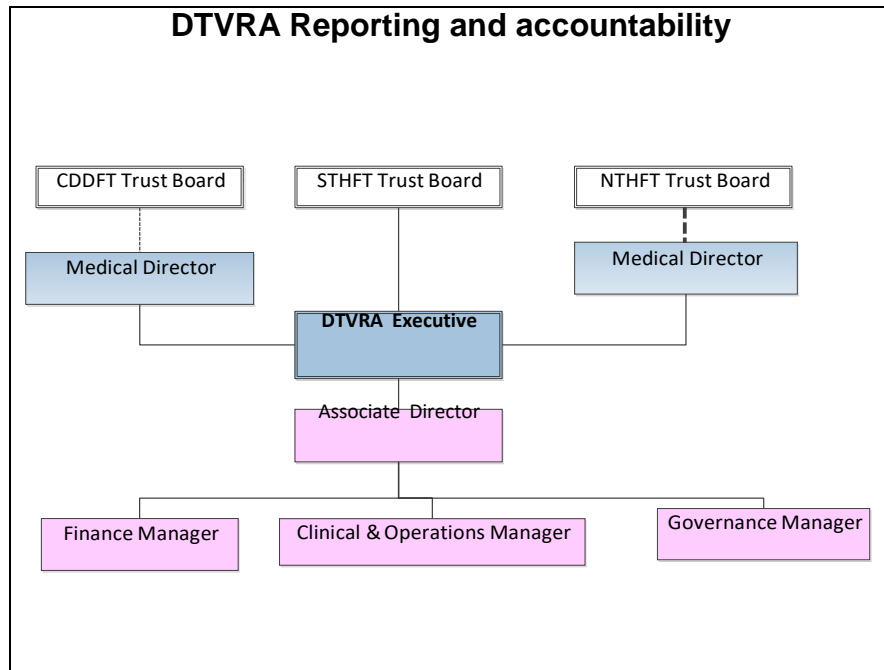
Table: Recruitment by speciality 2019/20



# The Durham Tees Valley Research Alliance (DTVRA)

The Durham Tees Valley Research Alliance is a novel strategic collaboration between South Tees Hospitals NHS FT (STHFT), North Tees & Hartlepool NHS FT (NTHFT) and County Durham & Darlington NHS FT (CDDFT). The alliance went 'live' in September 2019.

By joining forces, the DTVRA will allow us all to develop and grow research activity across the entire geography. South Tees Hospitals NHS Foundation Trust is the host organisation for the alliance with responsibility for the employment of the senior management team who oversee the strategic and operational delivery of the alliance.





Over the last year the research directors from North Tees (Justin Carter), CDDFT (James Limb) and myself have worked with the Senior Leadership Teams and Medical Directors in all 3 organisations to align our reporting structures and accountability processes. Following the departure of the MD with responsibility for R&D the department was left with no clear reporting structure. We have now identified a number of reporting mechanisms including the QAC (for quality assurance), the CPG (for clinical oversight and engagement), the STRIVE centre board (for operational oversight) and the new CMO (for overall reporting) and a Non-exec Board member (for Board oversight). This structure is highlighted in the figures on page 4.

**The DTVRA Executive** comprises the R&D directors from the alliance Trusts as well as the alliance's Associate Director (Jane Greenaway). The executive is responsible for setting the strategic objectives for the alliance, having oversight of performance in relation to these objectives and reporting back to their respective Trusts.

The Executive meets monthly. Each quarter, representatives from Primary Care research and Public Health research attend. Bi- annually the executive meetings are attended by the Medical Directors and representatives from the HR and Finance departments of the constituent Trusts.

**The DTVRA Senior Management Team** is responsible for the day to day delivery of the DTVRA strategic objectives and oversight of the local R&D teams within each Trust. The senior management team is comprised of:

- Jane Greenaway (Associate Director)
- Tarn Nozedar (Clinical & Operations Manager)
- Joe Millar (Governance Manager)
- Finance manager – VACANT POSITION

All members of the DVTRA senior management team are employed through STHFT but they have a remit to manage activity and staff across all three Trusts

**The R&D Directors** are responsible for research leadership in their respective Trusts and feed in to the wider alliance strategy through the DTVRA executive.



# The DTVRA Strategy

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The DTVRA has developed a set of 5 core Strategic Aims for the three constituent Trusts relating to research. As one of the collaborating DTVRA partners South Tees have adopted these strategic aims as our Trust R&D strategy.



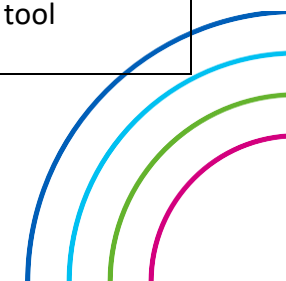
## Detailed Strategic Aims and progress

### STRATEGIC AIM 1: IMPROVE THE INFRASTRUCTURE

Workstream	Completed	In progress / planned
Improved support to Chief Investigators	<ul style="list-style-type: none"> <li>Chief Investigator (CI) SOP developed for clarity of roles and responsibilities when setting up studies</li> <li>Appointment of MedConnect North / DTVRA Project Manager role funded by AHSN and MedConnect North to support the development of Investigator Initiated Trials (IITs)</li> <li>Appointment of MedConnect North / Teesside University Methodologist to support prospective CI's with study design</li> <li>Routine reporting of CI studies to DTVRA Exec</li> <li>Regular formal meetings established with Newcastle Clinical Trials Unit (CTU) for sponsor oversight of CI studies</li> <li>DTVRA Senior Management Team appointed</li> </ul>	<ul style="list-style-type: none"> <li>DTVRA SOPs to be developed</li> <li>To set up formal meeting structure with other collaborating CTUs (e.g. York University)</li> </ul>
Improved environment	<ul style="list-style-type: none"> <li>Integration of R&amp;D management team into STRIVE Operations meetings</li> <li>Red Shed roof fixed for cardiology research staff</li> <li>Dedicated beverage area for R&amp;D staff in STRIVE</li> </ul>	<ul style="list-style-type: none"> <li>Phase 2 STRIVE re-development plans</li> <li>Relocation of Newcastle RDS / CTU staff into STRIVE</li> <li>Support to cardiology team to develop Cardiology Research Facility</li> <li>Relocation of Diabetes research clinics from within STRIVE to main Out Patients</li> </ul>
Single Feasibility & set up process	<ul style="list-style-type: none"> <li>Single Feasibility &amp; set up process piloted and now fully operational across the Alliance</li> <li>Joint Research Team Lead meetings / huddles held weekly</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing review of processes with local R&amp;D directorate meetings and DTVRA exec.</li> </ul>
Improved Finance support	<ul style="list-style-type: none"> <li>B6 Grants &amp; Costings support officer appointed</li> </ul>	<ul style="list-style-type: none"> <li>B7 Research Finance Manager (failed to appoint x3 times).</li> </ul>

## STRATEGIC AIM 2: IMPROVE ACTIVITY & PERFORMANCE

Workstream	Completed	In progress
Collaboration with external partners	<ul style="list-style-type: none"> <li>Monthly meetings with “Single Point of Contact” at CRN:NENC to review activity and performance</li> <li>Teesside University – Strategic Partnership. Bi-annual meetings</li> <li>Collaboration with the Synexus Clinical Research Facility at North Tees to provide diagnostic services for commercial trials.</li> <li>MedConnect collaboration for CI support</li> <li>Consolidation of links with regional CTUs</li> </ul>	<ul style="list-style-type: none"> <li>Teesside University National Horizons Centre Collaboration – development of research ideas and buddying up of NHC researchers with clinical staff</li> <li>Formalised meetings with collaborating CTUs to develop closer working relationships</li> </ul>
Increased numbers of Principal Investigators (PIs), Chief Investigators (CIs) and grant applications	<ul style="list-style-type: none"> <li>Nominated CI mentors from the DTVRA for region wide pilot of mentorship scheme</li> <li>B6 costings support officer appointed to support grant submissions</li> </ul>	<ul style="list-style-type: none"> <li>CI training programme to be developed</li> <li>PI training – in discussions with CRN NENC re: development of programme of support</li> <li>Administration and ‘job planning’ of RDAs / Greenshoots awards for 2020/21</li> </ul>
Improved Horizon scanning for income generating studies	<ul style="list-style-type: none"> <li>Governance Manager has established routine scanning of regional and national databases</li> <li>Established Alliance process for receipt and timely, comprehensive response to Expressions of Interest (EOIs) for potential studies</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Improved reporting of activity and performance	<ul style="list-style-type: none"> <li>Reporting processes within each trust established to ensure governance and oversight</li> <li>Standardised meeting agendas and minutes for all three trusts</li> <li>Regular meetings with CRN NENC to review performance metrics for commercially sponsored trials</li> </ul>	<ul style="list-style-type: none"> <li>Standardised reports for reporting of activity to directorates, Medical Directors, DTVRA Exec and PIs</li> <li>Collaboration with CRN NENC on development of Research performance tracking tool</li> </ul>



### STRATEGIC AIM 3: IMPROVE INCOME

Workstream	Completed	In progress
Consistency in management of income	<ul style="list-style-type: none"> <li>Agreed commercial income distribution model used across the Alliance</li> <li>SLAs established for research finance transactions between trusts</li> </ul>	<ul style="list-style-type: none"> <li>B7 Finance Manager – failed to appoint</li> </ul>
Improved forecasting and management of income	<ul style="list-style-type: none"> <li>Significant work undertaken to understand and re-align R&amp;D finances within R&amp;D control for transparency of income and expenditure</li> <li>Single cost centres for individual studies established</li> <li>Improved and standardised reporting of income and expenditure for PIs and CIs</li> <li>Regular R&amp;D finance meetings</li> <li>Centralised approval process for RCF expenditure</li> </ul>	
Targeting of income from studies or bodies	<ul style="list-style-type: none"> <li>Increase in successful applications to CRN NENC strategic funding calls</li> </ul>	<ul style="list-style-type: none"> <li>Processes for targeting income generating studies to be established</li> </ul>
External visibility of R&D department	<ul style="list-style-type: none"> <li>Collaboration with Synexus to provide diagnostic tests for their commercial research studies</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of TriNetX software to make Trust visible to external commercial sponsors</li> </ul>
Increased grant income	<ul style="list-style-type: none"> <li>Sponsor for a number of NIHR studies (see page 12)</li> <li>Additional successful grants applications 2019/20</li> </ul>	<ul style="list-style-type: none"> <li>Support CIs with research applications, focussing on NIHR funding streams due to associated RCF income</li> </ul>

Throughout 2019/20 we have undertaken a considerable amount of work to address a number of historical issues with the R&D finances. This has been done to make R&D finances more transparent and manageable. The R&D budget and responsibility for its management has now been devolved to the R&D department supported by the central finance team. All research delivery staff have been brought within this budget (previously the majority were paid though the respective clinical centres impacting on the flows of money and falsely inflating model hospital costs). 2020/21 will therefore mark the first year that R&D has control of its budget. We continue to work on a resolution to the historic deferred research incomes which many clinical research teams accrued over the last decade. **We will present a separate R&D finance document outlining the restructuring and progress with R&D finance within Q2 of 2020/21.**



#### STRATEGIC AIM 4: DEVELOP THE WORKFORCE

Workstream	Completed	In progress
PI / CI development	<ul style="list-style-type: none"> <li>Covered above in “Increased numbers of PIs/CIs” workstream</li> </ul>	<ul style="list-style-type: none"> <li>Testing new process for RDAs / Greenshoots for 2020/21 to ensure time is job planned to support research</li> </ul>
Team Leader (TL) Development	<ul style="list-style-type: none"> <li>Monthly DTVRA TL meetings</li> <li>2 TLs registered for “Team Leader” apprentice level 5 training in STRIVE</li> <li>Clinical supervision for TLs established</li> </ul>	<ul style="list-style-type: none"> <li>Expand use of apprenticeship schemes to support training within the research teams</li> </ul>
NMAHP researcher development	<ul style="list-style-type: none"> <li>National 70@70 award received for N Cunningham to develop nursing research opportunities and training</li> <li>T Nozedar responsible for wider NMAHP engagement and development of programmes with T Uni and CRN NENC to support this</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen links with Teesside University for NMAHP programmes</li> </ul>
Centralised workforce review	<ul style="list-style-type: none"> <li>Review of skill mix across the Alliance prior to re-appointment in any DTVRA role</li> </ul>	<ul style="list-style-type: none"> <li>Performance review of DTVRA delivery staff</li> </ul>
General	<ul style="list-style-type: none"> <li>All internal vacancies offered across the Alliance – enhances opportunities for progression and development</li> <li>Letters of Access issued to allow staff to work across trust sites</li> </ul>	<ul style="list-style-type: none"> <li>Standardisation of competencies and performance review across the alliance</li> </ul>



### STRATEGIC AIM 5: BUILD THE BRAND

Workstream	Completed	In progress
Internal and external comms	<ul style="list-style-type: none"> <li>Increased Twitter and trust comms profile for research (COVID Research Intranet site and comms to Tactical command), increase in Talking Point articles</li> <li>DTVRA presentation at regional MedConnect North Event and planned for national RD Forum Conference.</li> <li>DTVRA stand at regional events and planned for National RD Forum conference</li> <li>Inclusion of R&amp;D presentation in Consultant Induction</li> </ul>	<ul style="list-style-type: none"> <li>Revised STRIVE R&amp;D Intranet – no date yet for implementation</li> <li>Regular piece in Talking point</li> <li>'Research day' annual meeting (potentially rolling rota across the alliance)</li> </ul>
External liaison	<ul style="list-style-type: none"> <li>Increased liaison with local Public Health colleagues to understand how we can delivery research across sectors</li> <li>Regular meeting with Newcastle CTU and Teesside University</li> <li>Introductory meetings with National Horizons centre in Darlington</li> </ul>	<ul style="list-style-type: none"> <li>Primary Care liaison stalled due to workload of the nominated Primary Care liaison link</li> <li>Expand links with the National Horizons centre</li> <li>Set up meeting schedule for other university partners</li> </ul>



## Research Grants

Complete/Active	Name of Grant Study	Funder	Total £ of Grant	Chief Investigator	Clinical Speciality
Active	RoboQol	Commercial	£90,282	Jeremy Twigg	Cancer
Active	Mini Mitral	NIHR HTA	£1,515,414	Enoch Akowuah	Cardiovascular Disease
Active	TACTIC	Commercial	£178,373	David Austin	Cardiovascular Disease
Active	PROACT	NIHR RfPB	£410,728	David Austin	Cardiovascular Disease
Active	Preps	Heart Research UK	£147,572	Enoch Akowuah	Cardiovascular Disease
Date to be Confirmed	FRACTAL STEM	NIHR HTA	£14,798	David Austin, co applicant only	Cardiovascular Disease
Active	AMLO	NIHR i4i	£76,632	Rob Ellis, co applicant only	Dermatology
Active	AJCC	NIHR HTA	£241,731	Rob Ellis, co applicant only	Dermatology
Active	Prepwell	Redcar & Cleveland Council	£160,000	Gerry Danjoux	Health services
Date to be Confirmed	Ancorm	NIHR HTA	£14,431.00	Hazel Alexander, co applicant only	Maternity
Date to be Confirmed	RCT to study Biofilm	AVANOS Sales LLC	£19,735	Shalabh Garg	Neonatal
Date to be Confirmed	Defining the Aneurysm	N/A	TBC	Nitin Mukherji	Neurosurgery
Active	TOPSY	NIHR HTA	£10,166	Athele Khunda, co applicant only	Obstetrics and Gynaecology
Active	Profher 2	NIHR HTA	£2,287,580	Amar Rangan	Orthopaedics
Active	IBEX	EU Horizon 2020	£128,517	Amar Rangan	Orthopaedics
Active	Science	NIHR HTA	£22,418	David Ferguson, co applicant only	Orthopaedics
Active	PRESTO	NIHR HTA	£452,636	Arun Ranganathan (external)	Orthopaedics
Complete in 2019/20	UK Frost	NIHR HTA	£1,706,599	Amar Rangan	Orthopaedics
Complete in 2019/20	OPAL	NIHR HTA	£611,979	Paul Baker	Orthopaedics
Complete in 2019/20	PARCS	NIHR HTA	£6,462	Amar Rangan, co applicant only	Orthopaedics
Active	FAME	NIHR HTA	£13,046	Will Eardley	Orthopaedics
Date to be confirmed	MAPPS feasibility study	NIHR RfPB	£250,000	Vicky Ewan	Orthopaedics / COE
Active	Trial Stim	NIHR RfPB	£264,117	Sam Eldabe	Pain
Complete in 2019/20	i-Wotch	NIHR HTA	£158,383	Sam Eldabe	Pain
Date to be Confirmed	Spirit	NIHR HTA	TBC	Sam Eldabe, co applicant only	Pain
Date to be Confirmed	Flo-Ela	NIHR HTA	£6,064	Dave Murray, co applicant only	Pain
Active	Paget's study	Pagets Association	£25,995	Stephen Tuck	Rheumatology
Active	Robotic Proms	Commercial (Intuitive Sarl)	£35,700	Anil Reddy	Surgery
Total			<b>£8,849,358.60</b>		





# Innovation

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## Summary of Innovation Activity 2019/20:

- Regular attendance at external events to promote Innovation at South Tees; these include BIHA, AHSN led events, Medconnect and other regional Trusts Innovation events.
- Innovation events held at South Tees Hospitals Academic Centre include
  - Innovation roadshow - October 2019
  - Intellectual Property Awareness - November 2019.
- During 2019/20 we have continued to collaborate with SME's and industry. Ongoing collaborations include: Focus Games, SockMonkey, Abbott and Amazing Interactives Ltd, IGEA, Graftworx, Sport England, June Medical and Niche Medical.
- We have continued to develop collaborations with academic institutions and national bodies including: Teesside University, NHS England's Innovation Technology Tariff (ITT) and Innovation Technology Payment (ITP), and the AHSN NENC.
- Development of promotional material for Innovation in South Tees including publication of a brochure and the innovation pages of the STRIVE Academic Centre website.
- Since its launch in 2017, South Tees, through the Teesside Health Innovation Partnership (THIP), have been partners in three grants awards (overall value £3.5million) from EU H2020 Horizon, Innovate UK and AHSN funding streams. Funded projects relate to prosthesis development, sepsis diagnostics and point of care testing with an overall funding allocation to South Tees of £213,000. South Tees have applied for 23 grants since April 2017 and have been successful in 8; this is a 35% success rate against a usual success rate of 20%.
- The innovation team have received on average 9 projects/ideas per quarter since January 2017.
- Income generated through royalty payments of three commercialised products from innovation projects has generated income since April 2017 of £4,083, with a fourth commercialised project launched in October 2019. The Trust continues to work with industry and SME's to further commercialise products.
- South Tees currently have two agreements with the AHSN NENC. These agreements generate approximately £50,000 income into the Trust per year and are negotiated on a two-yearly basis (currently being renegotiated).
- Further income is derived from a variety of AHSN led initiatives of which South Tees has been successful, winning the Digital Catalyst award of £5,000 in 2019 and smaller prizes in previous years.



## Innovation plans for 2020/22:

- Continue to work with AHSN NENC and NHS England to provide Innovation Pathway Partners support, promote NHS England initiatives and develop partnerships with industry and SME's.
- Work with TWI and Teesside University with emphasis on four broad based themes of innovation as pre-clinical research:
  - Physical Intervention – Prosthetics, other physical aids, etc;
  - Smart Devices – Hardware with point of care intelligence;
  - Hardware – Automation of biological processes – personalised therapies;
  - Digital Health – Integrating AI in healthcare – MRI scans – using AI to diagnose, computational intelligence
- Further develop an Innovation Culture within South Tees. Build a greater range of involvement and engagement from all staff.
- Conduct a staff survey to understand knowledge about the innovation pathway and innovation team to assist with future service design
- Building on the event held in 2019, holding a further smaller innovation event in April 2020 with a larger event to be held in October on an annual basis.
- Continue to support all staff with ideas for improving patient care and improvements in service.
- Promote of the South Tees brand through external and public engagement (conference presentations and development of partnerships with SME's).
- Generate income through products which are commercially successful and ensure any Intellectual Property (IP) the Trust develops is protected.
- Renegotiate agreements with the Academic Health Science Network North East and North Cumbria (AHSN NENC) to enable ongoing support for the innovation team.
- Submission of grant applications generating income through the innovation team's partnership with Teesside University and TWI as part of the Tees Healthcare Innovation Partnership (THIP).
- Continued involvement with the regional Bright Ideas in Health Awards (BIHA). In the last 3 years South Tees have achieved award nominations in at least one category every year.



<b>MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 DECEMBER 2020</b>			
<b>FREEDOM TO SPEAK UP – New Model and Quarterly Update</b>			<b>AGENDA ITEM: 11 ENC 6</b>
<b>Report Author and Job Title:</b>	Abbie Silivistris Freedom to Speak up Guardian Rachael Carter Freedom to Speak Up Guardian Ian Bennett Head of Patient Safety & Quality	<b>Responsible Director:</b>	Deirdre Fowler Interim Director of Nursing and Midwifery
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	This report provides an update of the work undertaken following the newly appointed Freedom to Speak Up Guardians commencing in post. The report outlines the future priorities of the team and the work carried out by the Freedom to speak updates since the last report.		
<b>Background</b>	The Freedom to Speak Up (FTSU) Guardian role was created in response to Sir Robert Francis' report on the Freedom to Speak Up review. FTSU was first introduced at South Tees Hospital Foundation Trust in 2018. Due to changes in personnel a revised model was developed in June 2020 which culminated in the appointment of four new FTSU Guardians with a different reporting structure in place.		
<b>Assessment</b>	<p>Following the last update the Trust has employed four Freedom to Speak Up Guardians (equivalent to 2 whole time equivalents) with the model now falling under Ian Bennett's (Head of Patient Safety and Quality) portfolio.</p> <p>The majority of work carried out so far has centred around promoting the new model (Appendix 1). October was the 'National Freedom to Speak Up Month' and was used as an opportunity to promote the raise the profile further.</p> <p>Since commencing in post, 10 new FTSU contacts have been made, of which 3 have been closed down.</p> <p>This shows that the profile of Freedom to Speak Up has already being increased and it is hoped these contacts will continue to increase over the coming months as the new model is further embedded.</p>		
<b>Recommendation</b>	Members of the Board of Directors are asked to note the report.		

<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	BAF risk 2.2 - Risk that failure to comply with the CQC Health and Social Care Act could lead to restrictions on service provision leading to reputational damage and/or financial penalties	
<b>Legal and Equality and Diversity implications</b>	<p>Staff from BAME and LGBTQ+ communities and those with a disability find it more challenging to speak up.</p> <p>For this reason the Freedom to Speak Up Guardian team will aim to target support to these staff groups with the aim of tackling barriers to speaking up.</p>	
<b>Strategic Objectives</b>	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input checked="" type="checkbox"/>
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>
	Develop clinical and commercial strategies <input type="checkbox"/>	

## FREEDOM TO SPEAK UP – New Model and Quarterly Update

### 1. Introduction

- 1.1 This paper provides an update of the work undertaken by the recently appointed Freedom to Speak Up (FTSU) Guardians and sets out the work planned for the coming months.

### 2. Background

- 2.1 One of the recommendations by Sir Robert Francis in the Freedom to Speak Up review was the implementation of Freedom to Speak Up Guardians across NHS Trusts. FTSU Guardians have an important role in supporting staff to raise concerns and in helping to break down barriers to speaking up within organisations. Workers voices' form the pillar of the 'We are the NHS: People Plan' and FTSU Guardians are ideally placed to ensure the voices of our staff are heard.
- 2.2 Effective Freedom to Speak Up processes are an integral part of an organisation's ability to demonstrate an open and transparent culture, with the Trust implementing a FTSU model in 2018 (Appendix 1). The results of the staff survey, which took place in 2019, suggested that there was significant work to be done to improve transparency within the Trust with a number of departments scoring low on responses related to raising concerns.
- 2.3 Since October 2019, the Trust has undergone a number of significant changes and is now empowering clinicians to take the decisions about how resources are allocated and care is delivered across the organisation's hospitals and services.
- 2.3 Pulse surveys carried out at the Trust during July 2020 demonstrate the value staff place in the Freedom to Speak Up process.
- 2.4 Initially the main focus of the recently appointment FTSU Guardians has been to raise the profile of the role across Trust. This paper provides an update on the work undertaken by the FTSU Guardians since commencing in post and provides a summary of the issues which have been raised with them.

### 3. Current Freedom to Speak Up Activity

- 3.1 Between 1<sup>st</sup> April 2020 and 10<sup>th</sup> October 2020 a total of 19 contacts were made via Freedom to Speak Up channels (Table 1).

3

Month 2020	Number of concerns	Raised openly	Raised confidentially	Raised anonymously	Patient Care	Staff Behaviour
------------	--------------------	---------------	-----------------------	--------------------	--------------	-----------------

	raised					
April	1	0	0	1	1	0
May	2	1	1	0	1	0
June	3	0	2	1	1	2
July	0	0	0	0	0	0
August	5	1	1	3	1	3
September	6	4	1	1	3	1
October	2	2	0	0	1	1
Total	19	8	5	6	8	7

3.3

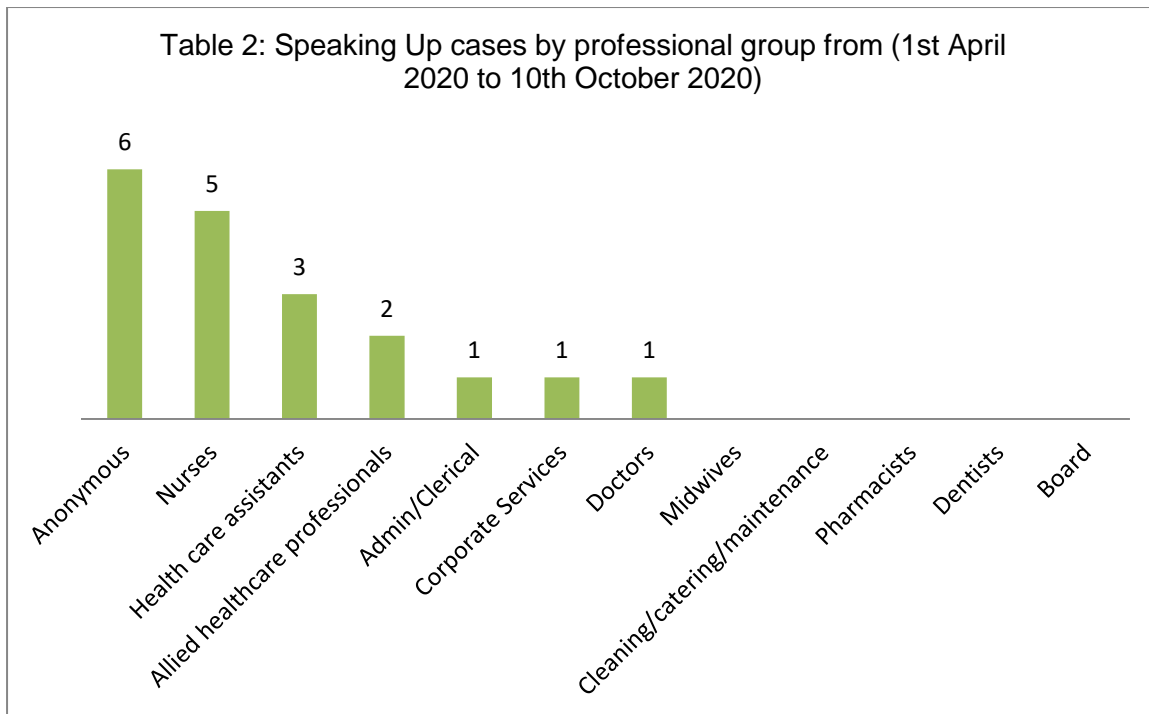
3.

3.7 At the present time 12 cases have been concluded and there are 7 ongoing cases. The current ongoing Positive feedback was received from a recently closed down FTSU contacts.



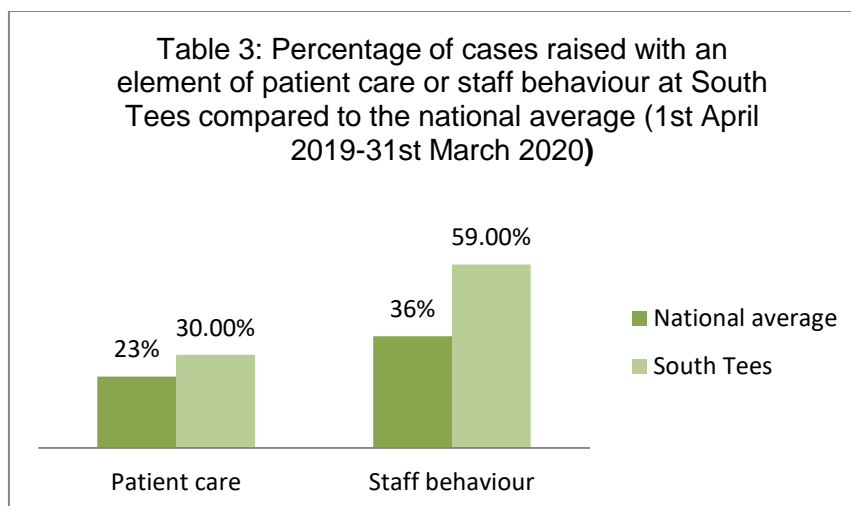
3.8

3.9 As shown in Table 2, a number of staff groups have not raised any concerns including midwives, pharmacists and dentists. This suggests that there is a need to promote FTSU within these staff groups. It is important to note that there is a Freedom to Speak Up system in place for Serco staff and so this may account for why no concerns have been raised to the Guardians from the cleaning and catering staff group.

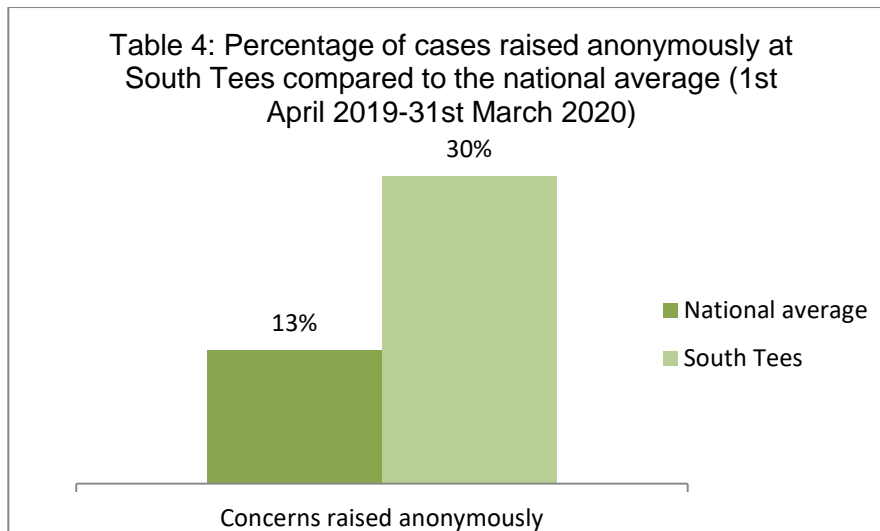


#### 4. National Benchmarking

4.1 Following the recent publication of the annual National Guardian Office (NGO) latest data report (Appendix 2) comparisons can be made to show where the Trust equates..



4.2 The National Guardian's Office reported that 13% of cases raised with FTSU Guardians were raised anonymously.



4.3

## 5. Freedom to Speak up Networks

- 5.1 To effectively improve the culture of speaking up within an organisation the FTSU Guardians must have a strong network of colleagues both inside and outside the organisation who are engaged and committed to effecting change.
- 5.2 Progress has already been made to strengthen these relationships. The FTSU Guardians have made contact with other organisations with strong FTSU models. It is hoped that by developing these relationships best practice can be shared.
- 5.3 Contact has also been made between the FTSU Guardians and the NGO Regional Liaison Lead and the Regional Chair. FTSU Guardians at other Trusts have reported that engaging with the local NGO network has proved invaluable in feeling supported in the role.

## 6. Targeted ward visits

- 6.1 Department visits were commenced within the first week in post to raise awareness of the FTSU Guardian role. To date, a total of 25 departments have been visited, this has consisted of 18 departments at James Cook University Hospital, four at Friarage Hospital, two at Redcar Primary Care Hospital and one at East Cleveland Hospital (Appendix 3). The FTSU Guardians have prioritised the areas..
- 6.2 The visits were well received with many staff providing positive feedback about the FTSU Guardian role.



- 6.3 The FTSU Guardians aim to visit all departments and Trust sites over the coming months. To facilitate this work, the FTSU Guardians have begun to attend team meetings as it is felt that this is the most effective way to capture the largest volume of staff within the service.

## **7. Awareness raising across the organisation**

- 7.1 The first priority was to raise the profile of FTSU and increase the visibility of the FTSU Guardians
- 7.2 The intranet is a valuable resource for staff to gain access to vital information and support services. The intranet page was updated to ensure staff are able to gain access to the contact details for the new FTSU Guardians and to provide information on the service offered.
- 7.3 The weekly Trust bulletin is distributed to all staff within the organisation; therefore an entry was made to introduce the new FTSU Guardians and signpost staff to the updated intranet page.
- 7.4 Following review of the FTSU reporting tool, a number of amendments have been made to ensure the tool is more user-friendly for staff reporting concerns and is also more practical for the FTSU Guardians to update cases.
- 7.5 It is recognised nationally that there are barriers to raising concerns, particularly when an individual is from a BAME background, is a member of the LGBTQ+ community or has a disability. The FTSU Guardians recognise that support for these staff is a priority, and will be attend the Equality, Diversity and Inclusion Steering Group meeting in October to promote the FTSU service.
- 7.6 Staff and students from all professional groups who are new to the organisation can often provide a vital fresh perspective and may identify working practices or cultures which are detrimental to providing high quality care. As such, it is important for new staff to be aware of FTSU and from October FTSU Guardians will promote the service during Preceptorship days and during local and Trust inductions.

## **8. Future priorities**

- 8.1 The newly appointed FTSU Guardians intend to continue raising the profile of FTSU by continuing walkarounds, attending team meetings and induction and preceptorship days.
- 8.2 October is the national FTSU month; therefore the FTSU Guardians are utilising this opportunity to devise a programme of awareness raising activities which it is hoped will reach the vast majority of staff within the Trust. These include; display stands across the Trust, a banner and screensaver on the staff intranet site and the distribution of flyers.

- 8.3 Following the FTSU month, the guardians plan to continue with quarterly areas of focus, to prioritise various barriers to speaking up. In quarter four, the focus will be on equality and overcoming barriers to speaking up. The team will work closely with other services to reach out to all staff but particularly those with protected characteristics.
- 8.4 The FTSU Guardians have been supported within the Trust by a team of champions from a variety of departments and backgrounds. During October the FTSU Guardians will make contact with existing champions to explore how the role can be developed to help optimise speaking up in the organisation.
- 8.5 It is recognised that close liaison with services such as patient safety, HR, Staffside, leaders and managers are an integral part of the FTSUG role. These working relationships will continue to be established to support the triangulation of information and target the support of the FTSU process.
- 8.6 The newly appointed FTSU Guardians will focus on the introduction of timeframes and expectations to ensure the process is efficient and ensures timely resolutions.
- 8.7 The FTSU policy will be updated to ensure this meets current Trust and national guidance, and includes contemporaneous information for staff. By ensuring that the policy is clear and guides staff through the FTSU process it is hoped this will encourage staff to report concerns and promote a culture of speaking up openly.

## **9. Conclusion**

- 9.1 Significant progress has been made in the initial promotion of the new FTSU model within the Trust and the FTSU service and this work will continue..

9

## **10. Recommendations**

- 10.1 The Quality Assurance Committee are asked to note the content of this report and support the efforts of the new Guardians in embedding the new Freedom to Speak up Model and making speaking up business as usual across the organisation.

Abbie Silivistris - Freedom to Speak Up Guardian

Rachael Carter – Freedom to Speak Up Guardian

Ian Bennett - Head of Patient Safety and Quality

October 2020.

## **Appendices**

Appendix 1: Freedom to Speak Up Model

Appendix 2: A summary of speaking up to Freedom to Speak Up Guardians. A report by the National Guardian's Office

Appendix 3: Table to show wards and departments visited across the organisation by the new FTSU Guardians



# Do you need to raise a concern? It is time to speak up!



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

- Speaking up is important to help improve patient safety and staff wellbeing.
- Concerns can be raised about anything
- There are many ways to raise your concerns as identified in the Speak Up Wheel. All methods of speaking up are encouraged.
- The Freedom to Speak Up Guardian Team can provide advice and support in exploring any concerns raised.
- We ensure your voice is heard and that you are treated fairly when speaking up.
- The Guardians aim to provide timely feedback where possible and ensure any lessons learnt are embedded into practice.



**Freedom to Speak Up Guardians:**

Abbie Silivistris Tel: 07970 199294  
 Rachael Carter Tel: 07970 199277  
 Kat Lawrence Tel: 07970 199481  
 Rick Betts Tel: 07929 840478

Email: [Stees.freedomtospeakup@nhs.net](mailto:Stees.freedomtospeakup@nhs.net)  
 Online reporting tool:  
<http://speakup.xstees.nhs.uk/>



# National Guardian

Freedom to Speak Up

## A summary of speaking up to Freedom to Speak Up Guardians

1 April 2019 – 31 March 2020

A report by the National Guardian's Office

## Foreword



Thank you for reading the third data report looking at cases brought to Freedom to Speak Up Guardians in 2019/20.

I want to say a personal thank you to guardians for their amazing work, especially during this extraordinary time. We know it is not an easy role and we are here for you.

Four years since the introduction of Freedom to Speak Up, guardians are playing an increasingly vital role in supporting workers to speak up and tackling barriers to speaking up in their organisations.

Workers voices' form the pillar of the [People Plan](#). Guardians are key in ensuring workers are heard, particularly those groups of workers facing barriers to speaking up.

Guardians received over sixteen thousand speaking up cases in 2019/20 - an increase of 32 per cent compared to the previous year. This is nearly half of the thirty-five thousand cases raised with guardians since we started collecting data in 2017/18.

We received data from almost every trust, which is remarkable considering these unprecedented times.

Many of those who spoke up provided feedback to say they felt listened to, heard, valued and taken seriously by their guardian. They found the guardian to be responsive, and felt reassured, including about the matters they had raised and their ability to speak up safely and in confidence.

"Without this service I did not feel I had anyone who was really listening and willing to address the issues I was experiencing."

"Thank you for your time and for listening. I found my voice through you"

"I feel it was dealt with appropriately and in a supporting way. I felt supported and felt that my concerns were being taken seriously. My need for confidentiality and anonymity was completely respected."

Many of the speaking up matters brought to guardians included an element of patient safety. Over a third included an element of bullying and harassment. We are interested to learn more about the cases that include neither an element of patient safety nor bullying and harassment.

The COVID-19 pandemic arrived in England in the fourth quarter of the period covered by this report. In this period, guardians reported receiving COVID-19-related worker safety concerns, including personal protective equipment (PPE), social distancing and the impact of COVID-19 on black, Asian and minority ethnic workers. This echoes the findings from our [pulse surveys](#). We will look to updating guidance next year to take account of feedback from guardians and modify the categories of information we capture.

Guardians also report on cases where detriment is indicated, which can be described as any treatment which is disadvantageous or demeaning. Any case of detriment is one too many and will add to the perception of workers that speaking up leads to repercussions, even though the reality may be far from that.

"Found the experience very intimidating as throughout the process there was the fear of repercussions for speaking up. Fortunately, this did not happen."

Detriment was identified in three per cent of cases brought to guardians in 2019/20. This has gone down from five per cent in both previous years of data collection.

In last year's [report](#), we commented that colleagues in the Care Quality Commission (CQC) were working towards giving more prominence to speaking up when they carry out their well-led assessments. I asked them to use this as an opportunity to gain assurance that action is taken when detriment for speaking up happens, wherever this occurs in an organisation.

This year, we have been supporting colleagues at the CQC to update guidance to support inspectors to inspect speaking up well. The CQC is building this assessment into its transitional approach to regulation during the pandemic and into its long-term regulatory plans.

It is vital that organisations do not face repercussions for reporting on detriment cases. Honesty and openness are crucial to learning and improvement.

We are using our annual survey of guardians, which will take place over autumn 2020, to find out more about detriment, including the forms detriment takes. We will use the findings to inform a better understanding of detriment across the system.

Detriment is also a topic we are exploring with colleagues in our Pan Sector Network, which brings together representatives from different sectors to facilitate cross-sector learning.<sup>1</sup>

Where there is a perception of detriment, individuals may be more likely to speak up anonymously. When someone speaks up anonymously, no one knows their identity. This can negatively impact on giving feedback or offering protection. There was a percentage point increase in the number of cases raised anonymously to guardians in 2019/20, up to 13 per cent. Leaders in organisations where people are speaking up anonymously need to consider whether the organisation's speaking up arrangements and culture meets the needs of its workers and act to remedy this.

We now have nearly 600 Freedom to Speak Guardians in our network, of which nearly 30 per cent are outside NHS trusts. This includes independent sector providers, national bodies and primary care organisations. For the first time, this report includes data returns from guardians from organisations other than NHS trusts. We would welcome all these organisations to submit their speaking up data so that they can learn and share from each other.

Guardians and organisations can use this data, along with other indicators, to understand their speaking up culture, and to learn and improve. This will go alongside other information, like staff survey results and qualitative information such as is found in our [100 Voices](#) publication, which highlights the personal stories behind the data.

For the NHS and other organisations to be the best places to work, the data from this report, alongside the themes from feedback to guardians, which indicate issues such as poor communication and management, can be used to identify the barriers and support workers to speak up, managers to listen up and organisations to follow up.

The logo for Hemicycle, featuring the word 'Hemicycle' in a stylized, handwritten-style font.

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<sup>1</sup> Please see here for an article from one of the participants in the network: Trust and transparency: the SSE approach, [nationalguardian.org.uk/news/trust-transparency-the-sse-approach/](https://www.theguardian.org.uk/news/trust-transparency-the-sse-approach/), 2 September, 2020



## National Guardian's Office

The [National Guardian's Office](#) (NGO) leads, trains and supports an expanding network of Freedom to Speak Up Guardians.

The NGO challenges and supports the health system in England on all matters related to speaking up.

## Freedom to Speak Up Guardians

Freedom to Speak Up Guardians support workers to speak up and work within their organisation to tackle barriers to speaking up.

The Freedom to Speak Up Guardian role was created in response to recommendations made in Sir Robert Francis' [report](#) on the Freedom to Speak Up review, which found that the culture in NHS organisations did not always encourage or support workers to speak up, and that patients and workers suffered as a result.

All NHS trusts and providers of NHS care subject to the [NHS standard contract](#) are required to appoint a Freedom to Speak Up Guardian and follow the NGO's guidance on speaking up. An increasing number of non-patient facing organisations are also introducing the Freedom to Speak Up Guardian role.

There are nearly 600 Freedom to Speak Up Guardians in a range of organisations, including NHS trusts, independent health care providers, professional and systems regulators, and clinical commissioning groups.

The implementation of the Freedom to Speak Up Guardian role varies among organisations. Some organisations have one and others have multiple Freedom to Speak Up Guardians. Some organisations also have a network of Freedom to Speak Up Champions or Ambassadors who work alongside Freedom to Speak Up Guardians to complement the work they do.

The NGO maintains a [directory](#) of Freedom to Speak Up Guardians. It includes contact details for Freedom to Speak Up Guardians that have attended Foundation Training delivered by the NGO.

## Recording Cases and Reporting Data

Freedom to Speak Up Guardians are expected to record all cases of speaking up that are raised to them. This serves many purposes, including helping Freedom to Speak Up Guardians keep track of individual cases and promoting consistency in the handling of cases. It provides a measure of the speaking up culture in their organisation and the use of the Freedom to Speak Up Guardian route.

The NGO's Foundation Training and [Guidance](#) on Recording Cases and Reporting Data state Freedom to Speak Up Guardians should always respect confidentiality. The

details of individual cases should not be shared outside the bounds of the agreement between Freedom to Speak Up Guardians and the individual they support.<sup>2</sup>

Freedom to Speak Up Guardians submit **non-identifiable** information to the NGO about the speaking up cases raised with them. The items of information requested are set out below in Annex 2. The findings in this report are based on this information.

Freedom to Speak Up Guardians may collect more information if they consider it to be useful and appropriate. This may include demographic information regarding those who speak up. Such additional information is not collected by the NGO.

The NGO's Guidance on Recording Cases and Reporting Data can be found on the NGO [website](#).

### Other Speak Up Channels

Line managers will often be the first point of call for workers who want to speak up. If a worker does not feel they can speak up to their line manager or use other routes, they can approach their Freedom to Speak Up Guardian, who will be able to offer guidance and support.

Freedom to Speak Up Guardians are one of many routes through which workers may speak up. Information about the speaking up cases raised with Freedom to Speak Up forms part of a bigger picture of an organisation's speaking up culture and arrangements.

### Content of This Report

This report summarises speaking up cases raised with Freedom to Speak Up Guardians between 1 April 2019 and 31 March 2020.

An increasing number of Freedom to Speak Up Guardians operate in non-patient-facing organisations. As a result, this report is based on speaking up cases raised with all Freedom to Speak Up Guardians on the [NGO's directory](#). The [predecessors](#) to this report were based on data returns from Freedom to Speak Up Guardians in NHS trusts.

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<sup>2</sup> In some circumstances, confidentiality may need to be broken – for instance, if there is an immediate risk of harm to an individual. In such cases, decisions on the extent of information that needs to be disclosed need to be taken on a case-by-case basis. The [Data Protection Act 2018](#) and the General Data Protection Regulation form part of the data protection regime in the UK, and Freedom to Speak Up Guardians should seek advice from the experts in their organisation regarding the data they are collecting, how it is processed, stored and retained/destroyed.

Freedom to Speak Up Guardians are asked to provide brief details of the main themes to the feedback they received from those they supported, as well as the learning points that arise out of each case. Illustrative quotes from these responses have been included throughout this report.

Annex 1 sets out the data tables referenced in this report.

Annex 2 sets out the items of information requested from Freedom to Speak Up Guardians about the speaking up cases raised with them.

### **Acknowledgment**

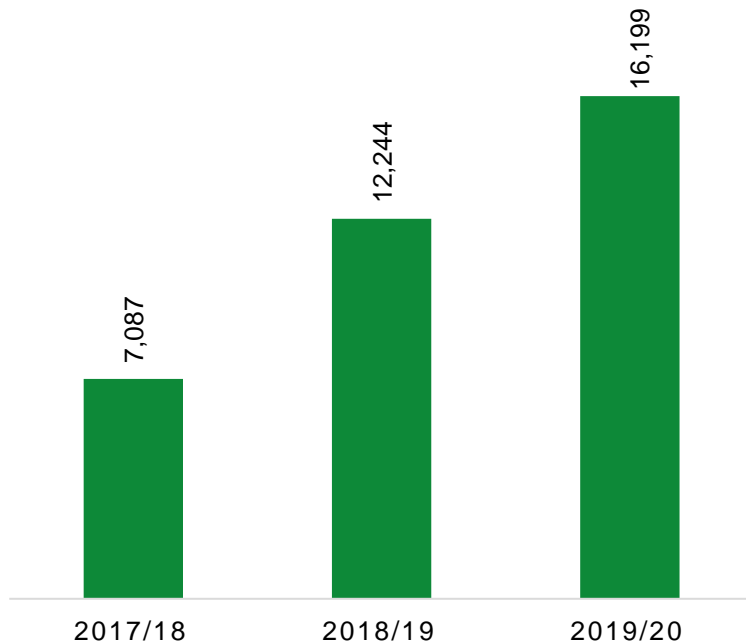
We want to thank all Freedom to Speak Up Guardians for providing and verifying the information that has made this report possible.

## Headlines

- Between 1 April 2019 to 31 March 2020, **16,199 speaking up cases** were raised with Freedom to Speak Up Guardians. This was a 32 per cent increase compared with the previous year in which 12,244 speaking up cases were raised with Freedom to Speak Up Guardians.
- **Freedom to Speak Up Guardians supported speaking up in a range of organisations**, including NHS trusts, primary care organisations, independent healthcare providers, clinical commissioning groups and non-departmental public bodies.
- Among NHS trusts, **Freedom to Speak Up Guardians in mental health, learning disability and community trusts and ambulance trusts**, on average, dealt with more speaking up cases.
- Freedom to Speak Up Guardians continued to support workers from all professional groups to speak up. **Nurses continued to account for the biggest portion (28 per cent) of cases** raised with Freedom to Speak Up Guardians.
- **Administrative and clerical workers accounted for the next biggest portion of cases raised with Freedom to Speak Up Guardians (19 per cent)**, up three percentage points on the previous year.
- **Twenty-three per cent (23%)** of cases raised with Freedom to Speak Up Guardians included an element of patient safety/quality. Thirty-six per cent (36%) included an element of bullying and harassment.
- **Thirteen per cent (13%)** of cases raised with Freedom to Speak Up Guardians were raised anonymously.
- Detriment for speaking up was indicated in **three per cent** of cases raised with Freedom to Speak Up Guardians. This is lower compared to the previous year where detriment was indicated in five per cent of cases.
- **Eighty-five per cent (85%)** of workers who gave feedback said they would speak up again. Workers said they would not speak up again in three per cent of cases where feedback was received.

## A. Total speaking up cases

Between 1 April 2019 and 31 March 2020, **16,199** speaking up cases were raised with Freedom to Speak Up Guardians. This was a 32 per cent increase compared to the previous year (12,244).



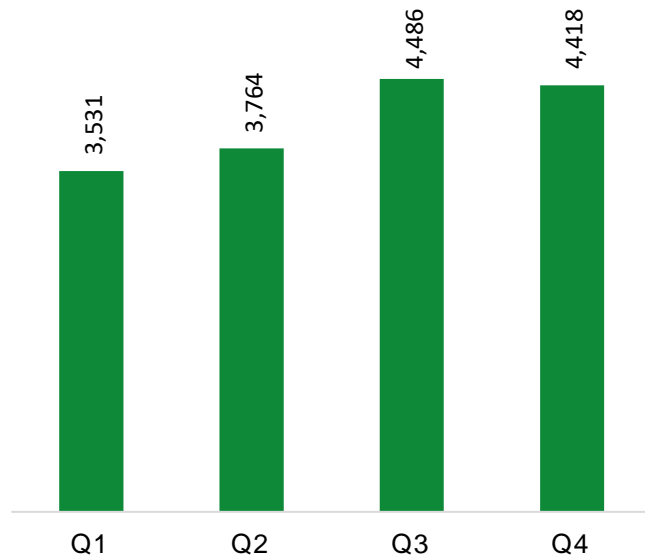
**Figure 1.** *Speaking up cases raised with Freedom to Speak Up Guardians, Champions or equivalent*

"This service is vital, it really makes a difference. Colleagues telling others about the Freedom to Speak Up Guardian seems to be coming through as to why people ring the guardian. All three employees commented on how the support of the guardian has enabled them to cope with raising concerns and remaining at work while issues are resolved."

"A number of people, having experienced speaking up have gone on to enquire about volunteering to become a Freedom to Speak Up partner. This is a positive reflection on their experience and confidence in the speaking up messages."

"Very supportive, a neutral person to talk to, I should have come to you sooner."

The number of cases raised with Freedom to Speak Up Guardians increased during the first three quarters of the year, though there was a decrease in the last quarter (see figure 2, right). A similar trend took place the previous year (see table 1, Annex 1).



**Figure 2.** Speaking up cases raised with Freedom to Speak Up Guardians, Champions or equivalent by quarter in 2019/20

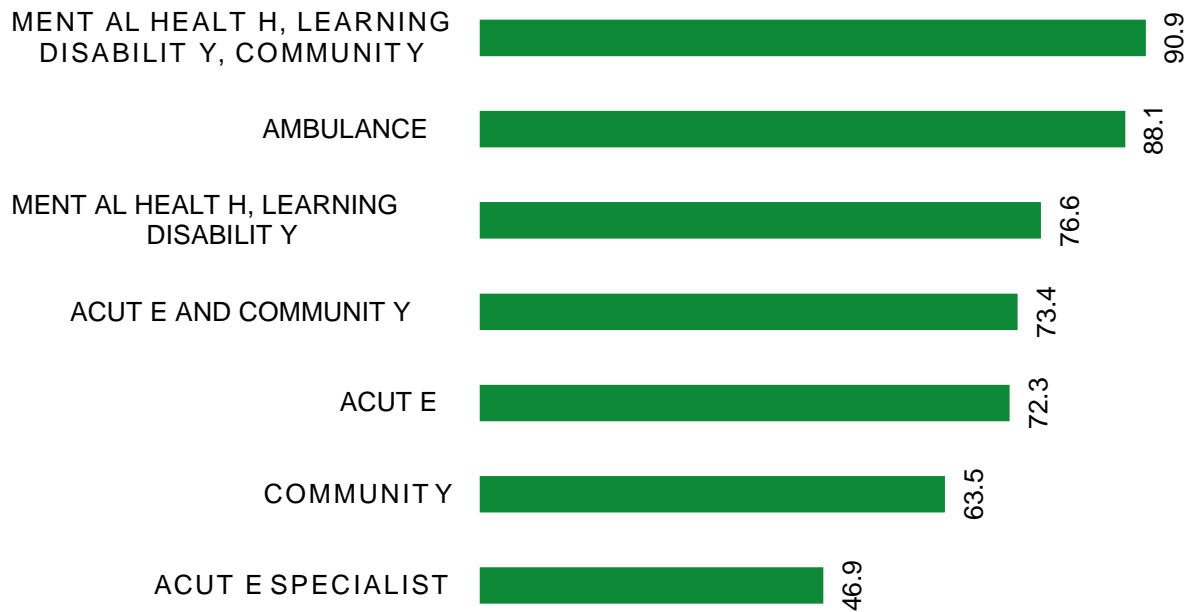
## B. Cases by organisation type and size

An increasing number of non-patient-facing organisations are introducing the Freedom to Speak Up Guardian role. However, the vast majority of speaking up cases reported to the NGO continue to be from Freedom to Speak Up Guardians in NHS trusts.

In 2019/20, 16,032 speaking up cases were raised with Freedom to Speak Up Guardians in NHS trusts. The remaining cases (167) were raised with Freedom to Speak Up Guardians in organisations such as independent providers of healthcare, clinical commission groups and non-departmental public bodies.

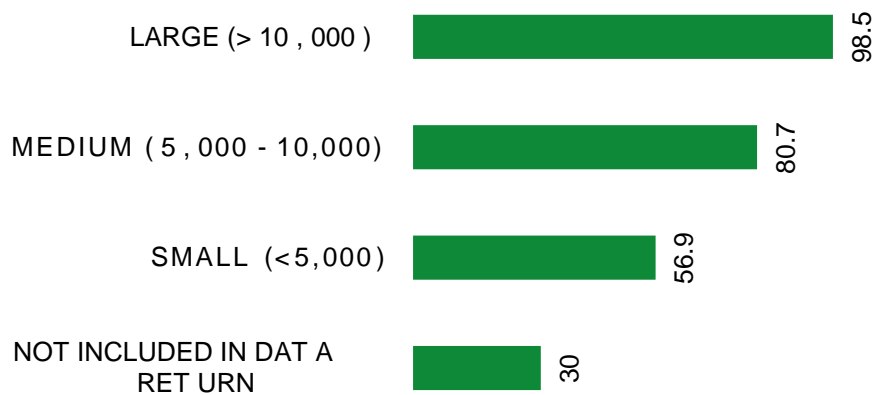
### a. NHS trusts

Freedom to Speak Up Guardians in mental health, learning disability and community trusts and ambulance trusts, on average, dealt with more speaking up cases. Those in acute specialist trusts and community trusts, on average, handled fewer concerns than Freedom to Speak Up Guardians in other trusts (see figure 3, below).



**Figure 3.** Average number of speaking up cases raised with Freedom to Speak Up Guardians, Champions or equivalent by trust type in 2019/20

On average, Freedom to Speak Up Guardians in larger organisations received a greater number of cases (see figure 4, below). This is in line with data from previous years (see table 2, Annex 1).



**Figure 4.** Average number of cases raised with Freedom to Speak Up Guardians, Champions or equivalent by organisation size in 2019/20

### C. Other indicators of performance

The [Care Quality Commission](#) (CQC) regulates and inspects many of the organisations where Freedom to Speak Up Guardians support workers to speak up and challenge barriers to speaking up.

There are four ratings the CQC give health and social care services they regulate and inspects: outstanding, good, requires improvement and inadequate.

We looked at the relationship between the number of cases raised with Freedom to Speak Up Guardians and ratings these organisations received by the CQC.

On average, Freedom to Speak Up Guardians in organisations less well performing organisations as rated by the CQC received more speaking up cases (figure 9, below).



**Figure 5.** Average number of speaking up cases raised with Freedom to Speak Up Guardians, Champions or equivalent per organisation by CQC ratings in 2019/20



### D. Cases by professional group

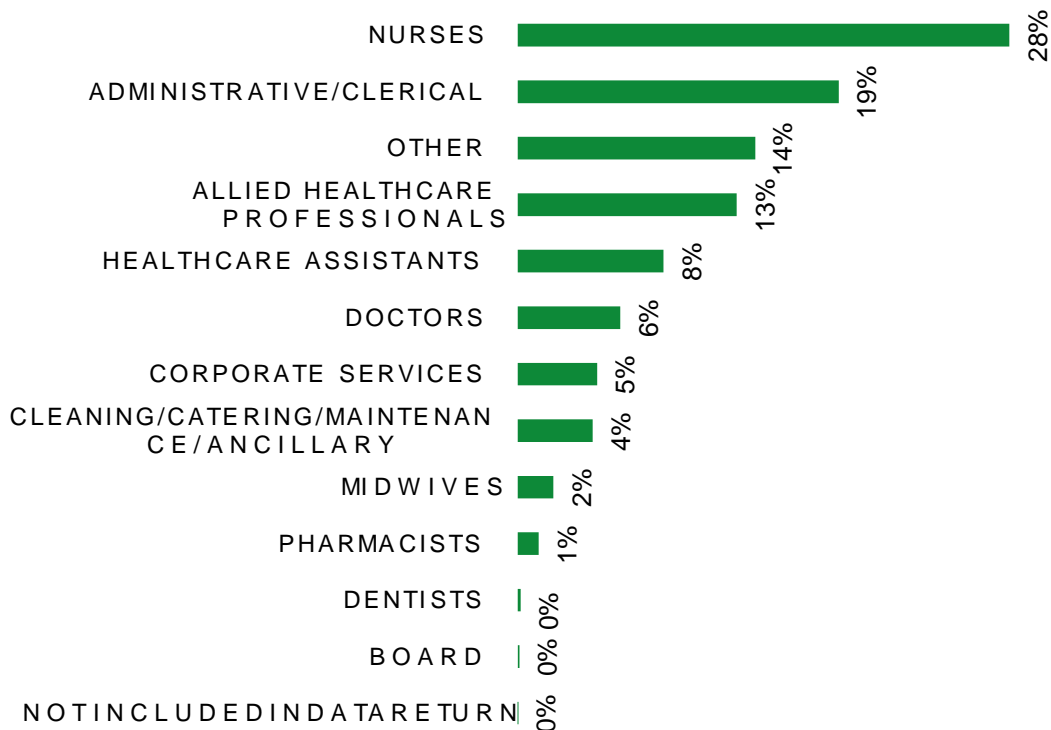
Freedom to Speak Up Guardians continued to support workers from various professional groups to speak up.

Nurses accounted for the biggest portion (28 per cent) of speaking up cases raised with Freedom to Speak Up Guardians (see figure 5, below). This was lower than the previous year when nurses accounted for 30 per cent of the speaking up cases raised with Freedom to Speak Up Guardians.

Administrative and clerical staff accounted for the next largest portion of speaking up cases raised with Freedom to Speak Up Guardians (19 per cent), up three percentage points on the last year.

Freedom to Speak Up Guardians received cases from dentists and board members, though this amounted to less than a percent of total cases for each of these categories of professional groups.

Where the professional group of the worker speaking up is not known (e.g. because they are speaking up anonymously), these cases are included in the 'Other' category.



**Figure 6.** Speaking up cases raised with Freedom to Speak Up Guardians, Champions or equivalent by professional group in 2019/20

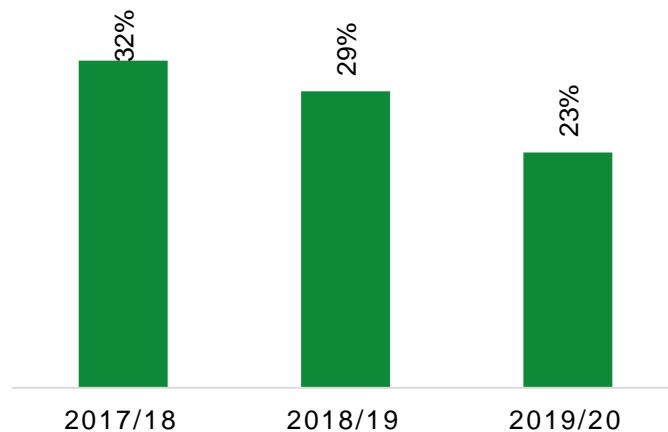
“I need to look at the areas that aren't reporting such as doctors, pharmacists, midwives and the board and raise awareness within these.”

### E. What types of issues did workers speak up about to Freedom to Speak Up Guardians?

Workers can and do speak up to Freedom to Speak Up Guardians about anything that gets in the way of providing good care. This may include patient and worker experience, bullying and harassment, ideas for improvement and other matters.

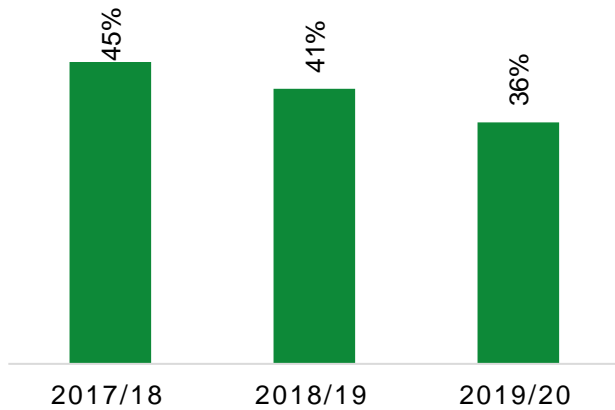
Freedom to Speak Up Guardians collect and report on data on the number of cases raised with them that contain an element of patient safety/quality, and the number of cases that contain an element of bullying and harassment.<sup>3</sup>

Twenty-three per cent (23%) of cases raised with Freedom to Speak Up Guardians included an element of patient safety/quality (see figure 6, right). The percentage of cases including an element of patient safety/quality has been falling each year. A similar trend can be seen in cases which include an element of bullying and harassment.



**Figure 7.** Percentage of cases raised with Freedom to Speak Up Guardians, Champions or equivalent which included an element of patient safety/quality

<sup>3</sup> Freedom to Speak Up Guardians may collect other data about the cases raised with them as they consider appropriate and useful.

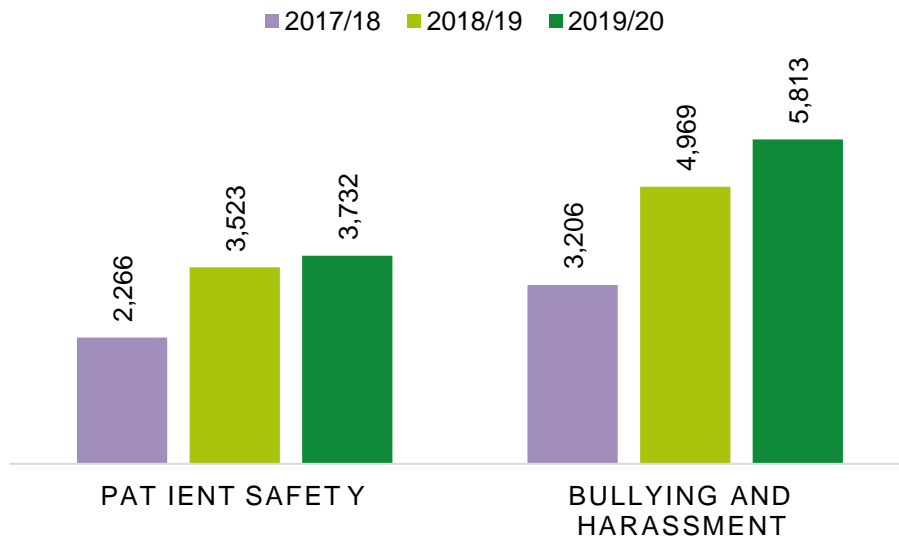


Thirty-six per cent (36%) of cases raised with Freedom to Speak Up Guardians included an element of bullying and harassment.<sup>4</sup>

**Figure 8.** Percentage of cases raised with Freedom to Speak Up Guardians, Champions or equivalent which included an element of bullying and harassment.

As can be seen in figure 8 (below), the number of cases which included an element of patient safety and those which included an element of bullying and harassment were higher in 2019/20 than in previous years.

The greater increase in the overall number of cases raised with Freedom of Speak Up Guardians (figure 1, above) has meant cases which included an element of patient safety and those which included an element of bullying and harassment fell as a percentage of total cases.



**Figure 9.** Number of cases raised with Freedom to Speak up Guardians, Champions or equivalent which included an element of patient safety or bullying and harassment.

<sup>4</sup> A case may include an element of patient safety/quality as well as an element of bullying and harassment.

As the number of Freedom to Speak Up Guardians in non-patient-facing organisations continues to increase, the percentage of cases raised with Freedom to Speak Up Guardians which include an element of patient safety may fall. However, the vast majority of speaking up cases reported to the NGO in 2019/20 were from Freedom to Speak Up Guardians in NHS trusts. Therefore, the inclusion of data from Freedom to Speak Up Guardians in other organisations does not account for the fall in the percentage of cases which include an element of patient safety.

The fourth quarter of the period covered by this report coincided with the emergence of the COVID-19 pandemic in England. In this period, Freedom to Speak Up Guardians reported receiving COVID-19-related worker safety concerns, including personal protective equipment (PPE) and the impact of COVID-19 on black, Asian and minority ethnic workers.

Similarly, [pulse surveys](#) we carried out during the first wave of the pandemic showed workers were speaking up to Freedom to Speak Up Guardians about other issues, including worker safety and wellbeing. As we set out later in this report ('Next steps'), we will look to broaden the categories of information we ask Freedom to Speak up Guardians to record and report beyond patient safety and bullying and harassment in future data recording guidance.

## F. How did workers speak up to Freedom to Speak Up Guardians?

A worker may speak up openly, confidentially or anonymously.

Where a worker speaks up openly, the person they are speaking up to (e.g. a Freedom to Speak Up Guardian) knows their identity, and the person speaking up is happy for anyone else involved to know their identity.

Speaking up confidentially is when the worker speaking up reveals their identity to someone on the condition that it will not be disclosed further without their consent (unless legally required to do so).

When someone speaks up anonymously, no one knows their identity.

Workers may choose to speak up anonymously because they are concerned about suffering detriment for speaking up. Workers speaking up anonymously may be an indicator that speaking up arrangements or culture need improvement.

Thirteen per cent (13%) of those who spoke up to Freedom to Speak Up Guardians in 2019/20 were recorded as doing so anonymously. In comparison, 12 per cent of those who spoke to Freedom to Speak Up Guardians the previous year (2018/19) did so anonymously.

"We are a very small organisation. We worry that people might not feel able to speak up without being easily identified. [We] therefore conduct regular anonymous 'pulse' staff surveys on differing topics, such as 'Stress' and 'How have we done during COVID?' to try and gauge opinion."

"Unhappy with response that management have given, and their issue has not been resolved satisfactorily. Treated with lack of importance due to them raising issues anonymously therefore not treated seriously."

"Had two anonymous letters received around a service which prompted a leadership review and substantial changes to the service. Staff remained anonymous throughout the whole process, yet significant changes occurred. Demonstrated that major changes can still occur without ever having direct contact or knowledge of the persons reporting the concerns."

## G. Detriment

Freedom to Speak Up Guardians collect data on the number of cases raised with them where a worker indicates they have experienced detriment for speaking up. In addition, should details of a case reveal elements of detriment, these are also recorded as detriment even if the individual bringing the case has not identified detriment.

Detriment can be described as any treatment which is disadvantageous and/or demeaning and may include being ostracised, given unfavourable shifts, being overlooked for promotion or moved from a team.

Detriment was indicated in three per cent of cases (544 cases) raised with Freedom to Speak Up Guardians in 2019/20. This is lower than the previous year where detriment was indicated in five per cent of cases (564 cases).

Workers should be able to speak up about concerns or to make improvement suggestions without experiencing negative consequences.

Workers who experience detriment, or witnesses or hears about it happen elsewhere, may hesitate to speak up in the future. As workers are the eyes and ears of an organisation - and often the first to identify potential issues - the effect of detriment is a public safety issue.

The NGO will undertake its annual survey of Freedom to Speak Up Guardians in autumn 2020. We will use the survey to find out more about detriment, including the forms detriment takes. We will use the findings to inform a better understanding of detriment across the system.

In last year's [report](#), we commented that colleagues in the Care Quality Commission (CQC) were working towards giving more prominence to speaking up when they carry out their well-led assessments. I asked them to use this as an opportunity to gain assurance that action is taken when detriment for speaking up happens, wherever this occurs in an organisation.

This year, we have been supporting colleagues at the CQC to update guidance to support inspectors to inspect speaking up well. The CQC is building this assessment into its transitional approach to regulation during the pandemic and into its long-term regulatory plans.

"Staff are still fearing repercussions from speaking up but when they have support to do so from the guardian, the outcome has been really positive. There were three responses which stated that 'I have been worrying that the repercussions would be awful but actually they weren't. I will tell my friends not to worry next time.'"

"Some staff feel they have suffered detriment when raising things in their own name."

"There is fear before speaking up, but most people are happier once they have done so."

## H. Feedback

Feedback is an important part of the speaking up process. Workers who speak up should receive feedback on the outcome of the matters they have raised. Similarly, feedback should be sought from workers about their speaking up experience.

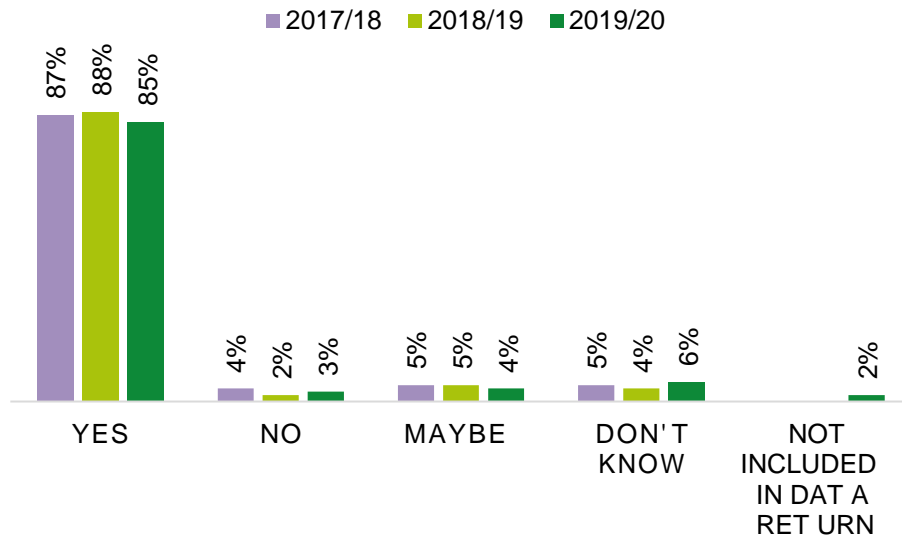
In our guidance to Freedom to Speak Up Guardians, we make clear feedback should be obtained when a case is closed, even when the person speaking up may be unhappy with the outcome of their case.

The NGO asks all Freedom to Speak Up Guardians to ask those who speak up to them the following questions:

- *Given your experience, would you speak up again?*
- *Please explain your response.*

Freedom to Speak Up Guardians are asked to submit the results of these questions to the NGO.<sup>5</sup>

Feedback from workers on their experience was provided in 4,770 cases in 2019/20.<sup>6</sup> In 85 per cent of these cases, individuals who spoke up to Freedom to Speak Up Guardians said they would speak up again. In three per cent of these cases, workers said they would not speak up again.



**Figure 10.** ‘Given your experience, would you speak up again?’

“Felt listened to by the guardian without interruption and advised accordingly. I had constant updates on how things were proceeding with advice on next steps. I felt supported and would speak up again to the guardian.”

<sup>5</sup> These questions are in addition to any questions Freedom to Speak Up Guardians may also ask workers about their experience of speaking up.

<sup>6</sup> Please note that feedback does not correlate to the quarter it was received.

## I. Common from feedback

Freedom to Speak Up Guardians are asked to provide brief details of the main themes to the feedback they received. They are asked to record up to three themes.

There were 136 answers to this question in quarter one, 119 answers in quarter two, 146 answers in quarter three and 130 answers in quarter four of 2019/20.

Illustrative feedback quotes have been included throughout this report.

Regarding their experience of speaking up to Freedom to Speak Up Guardians, common themes from individuals who provided feedback included the following:

- They appreciated the time and opportunity to discuss their speaking up matters and to explore options.
- They felt listened to, heard, valued and taken seriously.
- They felt understood, and that the Freedom to Speak Up Guardian helped clarify issues for them.
- They thought that the Freedom to Speak Up Guardian cared, that they were kind and empathetic, and they felt less alone as a result of speaking with a Freedom to Speak Up Guardian.
- They appreciated being kept up to date and receiving feedback from the Freedom to Speak Up Guardian.
- They found the Freedom to Speak Up Guardian approachable; they felt comfortable and at ease when speaking with the Freedom to Speak Up Guardian.
- They felt reassured, including about the matters they raised and the ability to speak up safely and in confidence.
- They found the Freedom to Speak Up Guardian to be responsive, and that the Freedom to Speak Up Guardian was able to expedite matters in a more effective way than other routes allowed.
- They valued the ability to speak to someone independent and outside their reporting structures.
- They found the Freedom to Speak Up Guardian's advice helpful and felt empowered following their discussions with Freedom to Speak Up Guardians.



"I was given support with my concerns. The Freedom to Speak Up Guardian listened and tried to action on my behalf. The guardian made it a very safe process and provided support and feedback throughout the entire process. She was very clear and honest and kept her word regarding agreed actions and did not promise anything that was not deliverable. She was incredibly human throughout the whole process."

"Appreciated having someone I could contact. The outcome didn't feel entirely satisfactory, but I don't think she could have done more to help with that."

"Able to access the guardian very quickly after first contact (which was important). I felt he actively listened to my account and coached me to find a way forward which was within my means to carry out. I felt more empowered to speak up for myself with my line manager. If I hadn't been able to speak to the guardian, I think the stress and upset caused by the incident in question might have been enough to make me ill."

"Thank you for meeting with me. I appreciate that some of the concern is not about our organisation, but I really feel like you have helped me to feel stronger about dealing with things."

"Staff felt like responses were timely and they were completely supported throughout the whole process and gained an understanding and perspective on the issue. Staff felt that by speaking out, that their health & wellbeing improved by being able to air their concerns."

"I really appreciated the fact that you listened and took the concern seriously. Thank you for all your support."

"Staff valued the quick response to concerns and expressed a wish for that approach to be consistent throughout the organisation."

"The overwhelming response in the surveys were positive. Here are some extracts from those: 'The Team were wonderful'; 'I felt listened to'; 'It's the first time in 20 years that I have been listened to and saw constructive evidence that my concerns had been investigated'; 'Very quick response and meeting'; 'Even though the outcome was less than optimal I felt heard, and that every action that could have been taken was'."

Some of the feedback indicated there was sometimes a mismatch between the expectations of some individuals and the remit of the Freedom to Speak Up Guardian role.

"Overall staff were satisfied with the handling of their concern by the guardian. Areas of concerns usually fall outside of the guardian's remit, i.e. the investigation itself. The guardian can challenge, request regular updates etc., however the guardian has no control over the actual investigation and timeliness."

"There are gaps between expectations of staff and what the role allows."

"Lacks power and able to take action."

Regarding speaking up more generally, common themes from individuals who provided feedback included the ineffective handling of speaking up by managers and delays in investigations.

"Length of time taken to come to a resolution was uncomfortable having raised a concern."

"The trust to look at appointing investigators who have allocated time to carry them out in a timely manner."

"Where issues involve dignity at work and perceived bullying from colleagues or managers, the individual raising the concern may not always be aware of any HR action that has resulted. This means sometimes they are not satisfied with an outcome."

"Believe everyone has a right to speak up against injustice. Approach taken to address the problem means the staff causing the problem feel they have got away with it. The person who spoke up feels vulnerable and unable to trust others."

"A common theme is staff coming to Freedom to Speak Up as they cannot speak to line managers or have spoken to them but not received actions on the concerns raised."

"I did not feel very well supported by the manager, it felt that I had done something wrong, if I have personal issues again, I don't think I would speak up, but if I saw patient safety affected, I would raise that."

Some Freedom to Speak Up Guardians commented on the challenges of obtaining feedback from those they supported. This was particularly the case during quarter four when the COVID-19 pandemic was emerging in England.

"Quite often those who have raised concerns have no desire at all to have further dealings with the matter and want to put the matter behind them."

"I feel that the Covid situation has impacted the number of feedback responses received."

### **J. Learning points**

Speaking up is an opportunity to learn and improve.

Freedom to Speak Up Guardians are asked to record the learning points that arise out of each case to enable them to make suggestions for improvement. The learning points also allow the NGO to spot broader trends and themes.

There were 130 answers to this question in quarter one, 124 answers in quarter two, 143 answers in quarter three and 129 answers in quarter four of 2019/20.

Freedom to Speak Up Guardians shared examples of learning and improvements that had taken place as a result of speaking up.

Some of the main themes identified were around poor communication and behaviours, management issues, detriment for speaking up and the importance of feedback.

The next two pages contain some illustrative quotes from the answers provided.

"Communication between managers and their employees and the ability to support people appropriately is very important and should be considered a necessary skill to be developed when in a management position. Trust-wide communication does not reach everyone and would be helpful for this to improve."

"Some managers are not really understanding the Freedom to Speak Up process and feeling 'threatened in some way by it'."

"Communication to include giving feedback is the key and critical to promoting staff wellbeing. We need to invest in improving interaction and communication at all levels to achieve positive outcomes in relation to behaviour issues with the potential impact on patient safety."

"Listen, act and feedback continue to be the important elements of the process. The guardian 'guards' the process - important to reflect on the risk of becoming an advocate for the issue, rather than the process. Promoting the 'listening up' culture in leadership teams is as important as promoting the 'speaking up' culture."

"Consider how we better support those who work mainly nights only."

"This quarter taught me about perceptions, that people perceive behaviour differently which is a source of a lot of conflict. With this the organisation introduced conflict resolution measures, mediation and informal meetings to be used before formal procedures."

"Teams need to find the time to communicate effectively. This includes listening to staff and their concerns. If changes cannot happen how staff want, at least having the chance to voice their opinions counts for a lot."

"A lot of concerns were around line manager behaviours and on the back of this, the guardian is going to have an input in developing leadership training and the current team leader training is going to be changed and include difficult conversations training."

"The best results for Freedom to Speak Up are when the line managers welcome the concerns."

"As ever, if we could get staff to work in adherence with our behavioural framework and values many issues could be avoided."

"Communication between team members is essential to create misunderstandings / manage expectations. Pressure felt by managers should be shared with staff – 'we're in this together' approach. Some managers do not know how to speak with staff - taking frustrations out on them. Change involves speaking with staff - asking for suggestions, listening, being receptive to ideas."

"Many of the concerns raised to the Freedom to Speak Up team relate to HR issues e.g. the transparency and objectivity of recruitment and the organisation of Grievance and Disciplinary processes, particularly the lack of timeliness of investigations and outcomes. This is being looked at by the Executive team."

"The trust has radically increased the resourcing and support available for the Freedom to Speak Up team. This has led to a huge increase in the number of cases being brought forward. There is a correlation between available Freedom to Speak Up resources and the number of concerns that are raised."

"Take time to listen to staff. Pressures are mounting within NHS, we need to identify where and when managers can help team members by taking a step back from day-to-day issues. Asking "are you OK?" is a start."

"General Freedom to Speak Up learning point for the trust is that a dedicated resource is required to strengthen the trust's Freedom to Speak Up agenda."

"I have learnt that flexibility in times/meeting places is essential to ensure that all staff have access to the service."

"To continue to follow up on cases and don't assume that silence means things are OK now. This is tricky to factor into capacity when case numbers are rising."

"Many concerns raised at department level first, however, they are not followed through with staff. Important to reinforce to all managers the importance of responding to concerns raised by staff."

"I have learnt to ask staff at the beginning what their expectations are about frequency of contact and by what method to ensure those that want regular contact get it, and those that don't are not disturbed unnecessarily. Therefore, we established as a learning point to check with each concern raised what suits them as an individual and that guardians should keep in contact throughout investigations where required."

## Next steps

We will continue collecting and reporting on data from Freedom to Speak Up Guardians on the speaking up cases raised with them.

Following on from the pulse surveys we carried out during the first COVID-19 peak, we have found out more about other types of cases that Freedom to Speak Up Guardians have been handling. We will look to broaden the categories of information we ask Freedom to Speak up Guardians to record and report beyond patient safety and bullying and harassment in future data recording guidance.

We are working with colleagues at NHS England and Improvement, with input from Freedom to Speak Up Guardians, on the development of the culture and engagement compartment on the [Model Hospital](#). The Model Hospital is an NHS digital information service designed to help the NHS improve productivity and efficiency. This compartment will contain a range of speaking up indicators, including data from Freedom to Speak Up Guardians in NHS trusts on the speaking up cases raised with them. NHS trusts, including Freedom to Speak Up Guardians in those organisations, as well as others in the health system, will be able to use the culture and engagement compartment on the Model Hospital to compare metrics and identify areas of opportunity and improvement.

The Model Hospital's culture and engagement compartment will become available later this calendar year. We will work with colleagues at NHS England and Improvement to raise awareness of the compartment among Freedom to Speak Up Guardians.

The data collection process continues to provide an insight into speaking up and the use of the Freedom to Speak Up Guardian route. Information about the speaking up cases raised with Freedom to Speak Up Guardians forms part of a bigger picture of an organisation's speaking up culture and arrangements. Therefore, working with colleagues in NHS England and Improvement, we will develop a common data set that reflects Freedom to Speak Up in NHS trusts in the round. This common data set will be made available on the Model Hospital.

## Annex 1

Overall figures (table 1)

Quarter	Number of cases
Q1 (Apr – Jun 2017)	1,447
Q2 (Jul – Sep 2017)	1,515
Q3 (Oct – Dec 2017)	1,939
Q4 (Jan – Mar 2018)	2,186
<b>Total 2017/18</b>	<b>7,087</b>
Q1 (Apr – Jun 2018)	2,500
Q2 (Jul – Sep 2018)	2,651
Q3 (Oct – Dec 2018)	3,634
Q4 (Jan – Mar 2019)	3,459
<b>Total 2018/19</b>	<b>12,244</b>
Q1 (Apr – Jun 2019)	3,531
Q2 (Jul – Sep 2019)	3,764
Q3 (Oct – Dec 2019)	4,486
Q4 (Jan – Mar 2020)	4,418

<b>Total 2019/20</b>	<b>16,199</b>
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**Comparison by size of organisation (table 2)**

	<b>2017/18</b>		<b>2018/19</b>		<b>2019/20</b>	
<b>Size</b>	<b>No. of cases</b>	<b>Average per org.</b>	<b>No. cases</b>	<b>Average per org.</b>	<b>No. of cases</b>	<b>Average per org.</b>
<b>Small</b> (less than 5,000 staff)	3,088	25	5,450	44	7,003	56.9
<b>Medium</b> (5,000 to 10,000 staff)	2,960	35	5,100	63	7,004	80.7
<b>Large</b> (more than 10,000 staff)	1,039	38	1,648	78	2,117	98.5
<b>Unknown</b>	-	-	46	8	75	30
<b>Total</b>	<b>7,087</b>	<b>30</b>	<b>12,244</b>	<b>52.5</b>	<b>16,199</b>	<b>69.3</b>



### Comparison by type of organisation (table 3)

	2019/20	
Size	No. of cases	Average per org.
NHS trusts	16,032	73.9
Other organisations	167	10
<b>Total</b>	<b>16,199</b>	<b>69.3</b>

### Comparison between type of NHS trust (table 4)

	2017/18		2018/19		2019/20	
Type	Total	Average per org.	Total	Average per org.	Total	Average per org.
Acute	2,941	30	4,245	44	6,033	72.3
Acute Specialist	259	15	604	38	622	46.9
Ambulance	181	18	427	43	837	88.1
Combined Acute and Community	1,662	43	2,766	75	3,395	73.4
Combined Mental Health /	1,015	34	2,375	68	2,500	90.9

<b>Learning Disability / Community</b>						
<b>Community</b>	480	28	737	46	921	63.5
<b>Mental Health</b>	281	22	662	55	NA	
<b>Mental Health / Learning Disability</b>	268	27	352	39	1,724	76.6
<b>Integrated Acute / Community / Social Care Organisation</b>	-	-	76	38	NA	
<b>Total</b>	<b>7,087</b>	<b>30</b>	<b>12,244</b>	<b>52.5</b>	<b>16,032</b>	<b>73.9</b>

#### Comparison by CQC ratings (table 5)

	2017/18		2018/19		2019/20	
Rating	No. of cases	Average per org.	No. of cases	Average per org.	No. of cases	Average per org.
<b>Outstanding</b>	626	39	1,331	53	1,511	50
<b>Good</b>	3,057	28	5,199	47	9,078	72.9
<b>Requires Improvement</b>	3,103	32	5,414	58	5,271	77.2

<b>Inadequate</b>	297	37	300	75	264	88
<b>No published rating</b>	4	4	-	-	44	10.4
<b>Not applicable (i.e. not rated)</b>	NA				31	8.9
<b>Total</b>	<b>7,087</b>	<b>30</b>	<b>12,244</b>	<b>52.5</b>	<b>16,199</b>	<b>69.3</b>

**Cases by professional group (table 6)**

	<b>2017/18</b>		<b>2018/19</b>		<b>2019/20</b>	
<b>Prof. group*</b>	<b>Cases</b>	<b>%</b>	<b>Cases</b>	<b>%</b>	<b>Cases</b>	<b>%</b>
<b>Nurses</b>	2,223	31%	3,728	30%	4,597	28%
<b>Administrative / Clerical Staff</b>	1,152	16%	1,969	16%	3,000	19%
<b>Allied Healthcare*</b>	896	13%	1,696	14%	NA	
<b>Allied Healthcare (other than pharmacist) *</b>	NA				2,048	13%
<b>Other Professional Group</b>	774	11%	1,294	11%	2,221	14%

<b>Healthcare Assistants</b>	502	7%	1,052	9%	1,363	8%
<b>Doctors</b>	459	6%	837	7%	957	6%
<b>Cleaning*</b>	340	5%	517	4%	NA	
<b>Cleaning / Catering / Maintenance / Ancillary staff*</b>	NA				699	4%
<b>Corporate</b>	360	5%	667	5%	742	5%
<b>Midwives</b>	190	3%	204	2%	333	2%
<b>Pharmacist***</b>	NA				195	1%
<b>Unknown</b>	137	2%	66	1%	NA	
<b>Dentists</b>	29	<0.5%	26	<0.5%	27	<0.5%
<b>Board</b>	25	<0.5%	22	<0.5%	14	<0.5%
<b>Not included in data return</b>	NA				3	<0.5%
<b>Total</b>	<b>7,087</b>		<b>12,244</b>		<b>16,199</b>	

### Anonymous cases (table 7)

Quarter	Numbers recorded	% of cases reported
Q1 (Apr – Jun 2017)	266	18%
Q2 (Jul – Sep 2017)	292	19%
Q3 (Oct – Dec 2017)	308	16%
Q4 (Jan – Mar 2018)	388	18%
<b>Total 2017/18</b>	<b>1,254</b>	<b>18%</b>
Q1 (Apr – Jun 2018)	285	11%
Q2 (Jul – Sep 2018)	254	10%
Q3 (Oct – Dec 2018)	436	12%
Q4 (Jan – Mar 2019)	516	15%
<b>Total 2018/19</b>	<b>1,491</b>	<b>12%</b>
Q1 (Apr – Jun 2019)	449	13%
Q2 (Jul – Sep 2019)	510	14%
Q3 (Oct – Dec 2019)	516	12%
Q4 (Jan – Mar 2020)	562	13%

<b>Total 2019/20</b>	<b>2,037</b>	<b>13%</b>
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**Patient safety cases (table 8)**

<b>Quarter</b>	<b>Numbers recorded</b>	<b>% of cases reported</b>
<b>Q1 (Apr – Jun 2017)</b>	464	32%
<b>Q2 (Jul – Sept 2017)</b>	529	35%
<b>Q3 (Oct – Dec 2017)</b>	614	32%
<b>Q4 (Jan – Mar 2018)</b>	659	30%
<b>Total 2017/18</b>	<b>2,266</b>	<b>32%</b>
<b>Q1 (Apr – Jun 2018)</b>	772	31%
<b>Q2 (Jul – Sep 2018)</b>	811	31%
<b>Q3 (Oct – Dec 2018)</b>	992	27%
<b>Q4 (Jan – Mar 2019)</b>	948	27%
<b>Total 2018/19</b>	<b>3,523</b>	<b>29%</b>
<b>Q1 (Apr – Jun 2019)</b>	860	24%
<b>Q2 (Jul – Sep 2019)</b>	985	26%
<b>Q3 (Oct – Dec 2019)</b>	996	22%

<b>Q4 (Jan – Mar 2020)</b>	<b>891</b>	<b>20%</b>
<b>Total 2019/20</b>	<b>3,732</b>	<b>23%</b>

**Bullying and harassment cases (table 9)**

<b>Quarter</b>	<b>Numbers recorded</b>	<b>% of cases reported</b>
<b>Q1 (Apr – Jun 2017)</b>	<b>566</b>	<b>39%</b>
<b>Q2 (Jul – Sep 2017)</b>	<b>630</b>	<b>42%</b>
<b>Q3 (Oct – Dec 2017)</b>	<b>929</b>	<b>48%</b>
<b>Q4 (Jan – Mar 2018)</b>	<b>1,081</b>	<b>49%</b>
<b>Total 2017/18</b>	<b>3,206</b>	<b>45%</b>
<b>Q1 (Apr – Jun 2018)</b>	<b>1,046</b>	<b>42%</b>
<b>Q2 (Jul – Sep 2018)</b>	<b>1,104</b>	<b>42%</b>
<b>Q3 (Oct – Dec 2018)</b>	<b>1,489</b>	<b>41%</b>
<b>Q4 (Jan – Mar 2019)</b>	<b>1,330</b>	<b>38%</b>
<b>Total 2018/19</b>	<b>4,969</b>	<b>41%</b>
<b>Q1 (Apr – Jun 2019)</b>	<b>1,373</b>	<b>39%</b>
<b>Q2 (Jul – Sep 2019)</b>	<b>1,364</b>	<b>36%</b>

<b>Q3 (Oct – Dec 2019)</b>	1,631	36%
<b>Q4 (Jan – Mar 2020)</b>	1,445	33%
<b>Total 2019/20</b>	<b>5,813</b>	<b>36%</b>

**Cases involving perceived detriment (table 10)**

<b>Quarter</b>	<b>Numbers recorded</b>	<b>% of cases reported</b>
<b>Q1 (Apr – Jun 2017)</b>	97	7%
<b>Q2 (Jul – Sep 2017)</b>	72	5%
<b>Q3 (Oct – Dec 2017)</b>	100	5%
<b>Q4 (Jan – Mar 2018)</b>	92	4%
<b>Total 2017/18</b>	<b>361</b>	<b>5%</b>
<b>Q1 (Apr – Jun 2018)</b>	117	5%
<b>Q2 (Jul – Sep 2018)</b>	133	5%
<b>Q3 (Oct – Dec 2018)</b>	177	5%
<b>Q4 (Jan – Mar 2019)</b>	137	4%
<b>Total 2018/19</b>	<b>564</b>	<b>5%</b>
<b>Q1 (Apr – Jun 2019)</b>	133	4%



<b>Q2 (Jul – Sep 2019)</b>	122	3%
<b>Q3 (Oct – Dec 2019)</b>	161	4%
<b>Q4 (Jan – Mar 2020)</b>	128	3%
<b>Total 2019/20</b>	<b>544</b>	<b>3%</b>

**Feedback received (table 11)**

<b>Quarter</b>	<b>Feedback received</b>	<b>Yes</b>	<b>No</b>	<b>Maybe</b>	<b>Don't Know</b>	<b>Not included in data return</b>
<b>Q1 (Apr – Jun 2017)</b>	404	343	8	18	27	<b>NA</b>
<b>Q2 (Jul – Sep 2017)</b>	511	446	21	33	15	
<b>Q3 (Oct – Dec 2017)</b>	729	634	31	26	34	
<b>Q4 (Jan – Mar 2018)</b>	763	654	24	31	38	
<b>Total 2017/18</b>	<b>2,407</b>	<b>2,077</b>	<b>84</b>	<b>108</b>	<b>114</b>	
<b>% of total</b>		<b>87%</b>	<b>4%</b>	<b>5%</b>	<b>5%</b>	
<b>Q1 (Apr – Jun 2018)</b>	800	703	20	36	41	

<b>Q2 (Jul – Sep 2018)</b>	802	698	12	49	43	<b>NA</b>
<b>Q3 (Oct – Dec 2018)</b>	1,089	982	19	43	45	
<b>Q4 (Jan – Mar 2019)</b>	1,124	983	32	68	41	
<b>Total 2017/18</b>	<b>3,815</b>	<b>3,366</b>	<b>83</b>	<b>196</b>	<b>170</b>	
<b>% of total</b>		<b>88%</b>	<b>2%</b>	<b>5%</b>	<b>4%</b>	
<b>Q1 (Apr – Jun 2019)</b>	1,151	928	28	52	92	51
<b>Q2 (Jul – Sep 2019)</b>	1,044	883	24	54	57	26
<b>Q3 (Oct – Dec 2019)</b>	1,343	1,164	38	60	81	-
<b>Q4 (Jan – Mar 2020)</b>	1,232	1,090	30	48	64	-
<b>Total 2019/20</b>	<b>4,770</b>	<b>4,065</b>	<b>120</b>	<b>214</b>	<b>294</b>	<b>77</b>
<b>% of total</b>		<b>85%</b>	<b>3%</b>	<b>4%</b>	<b>6%</b>	<b>2%</b>

## Annex 2

### Quarterly Organisation Data

Data for Quarter

Organisation

Size of organisation

Region

Name of person submitting the data

Person submitting the data: Email address

Name of person authorising the data

Job title of person authorising the data

Person authorising the data: Email address

### Numbers of cases brought by professional group

Number of cases brought to FTSUGs / Champions per quarter

Number of cases raised anonymously

Number of cases with an element of patient safety/quality

Number of cases with an element of bullying or harassment

Number of cases where people indicate that they are suffering detriment as a result of speaking up

### Numbers of cases brought by professional group

- Administrative/clerical staff
- Allied Healthcare Professionals (other than pharmacists)
- Board members
- Cleaning/Catering/Maintenance/Ancillary staff
- Corporate services
- Dentists

- Doctors
- Healthcare assistants
- Midwives
- Nurses
- Other
- Pharmacists

Total number of cases that have received feedback

**Response to the feedback question, 'Given your experience, would you speak up again?'**

- The number of these that responded 'Yes'
- The number of these that responded 'No'
- The number of these that responded 'Maybe'
- The number of these

that responded 'I don't know'

Common themes from feedback

Summary of learning points

Appendix 3

Wards and Departments visited by the new FTSU Guardians			
James Cook University Hospital	Friarage Hospital	Redcar Primary Care Hospital	East Cleveland Hospital
<ul style="list-style-type: none"> <li>• Ward 5</li> <li>• Ward 6</li> <li>• Ward 7</li> <li>• Ward 8 (Urology / Gynae)</li> <li>• Ward 24 (Neurosurgery)</li> <li>• Ward 25 (Orthopaedic /Max Fax)</li> <li>• Ward 29 (Cardiology monitoring bay)</li> <li>• Ward 31 (Vascular)</li> <li>• Ward 32</li> <li>• Ward 35 (Burns, Plastics &amp; ENT)</li> <li>• Oral surgery &amp; Orthodontics</li> <li>• ENT</li> <li>• Audiology</li> <li>• Cardiothoracic Outpatients</li> <li>• Rheumatology outpatients</li> <li>• Cardiology admissions unit</li> <li>• Coronary care unit</li> <li>• Gynaecology outpatients</li> <li>• Spinal injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Surgical assessment unit</li> <li>• Post operative Surgical day unit</li> <li>• Gara ward</li> <li>• Theatres</li> </ul>	<ul style="list-style-type: none"> <li>• Zetland ward</li> <li>• Minor injuries unit</li> </ul>	<ul style="list-style-type: none"> <li>• Tocketts Ward</li> </ul>

<b>MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 DECEMBER 2020</b>			
Month 7 2020/21 Financial Performance			<b>AGENDA ITEM: 12, ENC 7</b>
<b>Report Author and Job Title:</b>	Luke Armstrong Head of Financial Management	<b>Responsible Director:</b>	Steven Mason Director of Finance
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	This report outlines the Trusts financial performance as at Month 7.		
<b>Background</b>	From Month 7 of 2020/21 revised financial arrangements have been put in place, replacing the previous arrangements of a break even requirement with retrospective expenditure claims. The Trust now has a fixed income level..		
<b>Assessment</b>	At month 7 the Trust is £0.5m underspend against its revised financial plan. The key drivers for this underspend being improved other income and COVID funding, as outlined further in the report. It is however anticipated that expenditure will increase during the winter months.		
<b>Recommendation</b>	Members of the Trust Board are asked to note this report.		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	BAF risk 4.1 - Lack of robust financial information and grip and control may result in poor financial governance and decision making lead to the inability to deliver the annual control total impacting on cash flow and long term sustainability as a going concern		
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.		
<b>Strategic Objectives</b>	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input 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"/>		

## Month 7 2020/21 Financial Performance

### 1. PURPOSE OF REPORT

The purpose of the report is to update the Board on the financial position of the Trust as at Month 7.

### 2. BACKGROUND

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

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

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

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

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

The Month 7 YTD actual performance is a £0.4m surplus. This has resulted in the Trust being ahead of its financial plan by £0.5m. The Trust expects this underspend to reduce as the year progresses to cover increased COVID-19 costs and winter pressures.

### 3. DETAILS

#### **Trust position**

The Month 7 position is outlined below; the following sections outline key variances and risks for divisional income, pay, non-pay and technical items.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
<b>Nhs Clinical Income</b>	349,466	349,505	39	624,096
<b>Education And Training Income</b>	10,145	10,111	(34)	17,402
<b>Estates Income</b>	989	1,032	43	1,908
<b>Misc Other Income</b>	4,757	4,612	(145)	9,422
<b>Non Patient Care Income</b>	1,522	1,560	39	2,483
<b>Other Clinical Income</b>	484	600	116	885
<b>Psf, Mret, Top Up</b>	38,266	38,269	03	38,266
<b>Research &amp; Development Income</b>	2,822	3,039	217	4,529
<b>Total Income</b>	<b>408,451</b>	<b>408,729</b>	<b>277</b>	<b>698,990</b>
<b>Ahp'S, Sci, Ther &amp; Tech</b>	(34,269)	(34,228)	41	(60,003)
<b>Apprentice Levy</b>	(888)	(888)	(01)	(1,521)
<b>Hca'S And Support Staff</b>	(26,923)	(26,983)	(60)	(45,409)
<b>Medical And Dental</b>	(72,289)	(72,861)	(572)	(123,770)
<b>Nhs Infrastructure Support</b>	(33,814)	(33,701)	113	(58,734)
<b>Nursing &amp; Midwife Staff</b>	(71,936)	(71,766)	171	(126,305)
<b>Total Pay</b>	<b>(240,118)</b>	<b>(240,426)</b>	<b>(308)</b>	<b>(415,741)</b>
<b>Clinical Negligence Cost</b>	(10,150)	(10,150)	0	(17,400)
<b>Clinical Supplies And Services</b>	(36,881)	(35,806)	1,074	(69,632)
<b>Drugs</b>	(38,549)	(38,405)	143	(67,582)
<b>Establishment</b>	(5,648)	(5,659)	(12)	(8,818)
<b>Ext Staffing And Consultancy</b>	(421)	(463)	(42)	(567)
<b>General Supplies And Service</b>	(6,711)	(6,775)	(64)	(8,543)
<b>Healthcare Service Purchase</b>	(7,026)	(7,231)	(205)	(11,451)
<b>Miscellaneous Services</b>	(910)	(1,062)	(153)	(1,256)
<b>Pfi Unitary Payment</b>	(23,787)	(23,787)	(0)	(37,926)
<b>Premises &amp; Fixed Plant</b>	(14,676)	(14,820)	(144)	(25,196)
<b>Research, Education &amp; Training</b>	(2,804)	(2,872)	(68)	(4,217)
<b>Transport</b>	(2,603)	(2,620)	(17)	(4,362)
<b>Total Non Pay</b>	<b>(150,165)</b>	<b>(149,652)</b>	<b>513</b>	<b>(256,949)</b>
<b>Depreciation</b>	(7,672)	(7,666)	07	(13,157)
<b>Interest Payable</b>	(6,727)	(6,701)	27	(11,663)
<b>Interest Receivable</b>	16	07	(08)	57
<b>Other Non Operating</b>	(3,902)	(3,882)	19	(6,683)
<b>Corporation Tax</b>	(0)	0	0	(02)
<b>Control Total</b>	<b>(118)</b>	<b>409</b>	<b>527</b>	<b>(5,148)</b>

## Clinical Income

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



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

- HEPC and CDF Drugs
- Covid Swabbing

The Trust's block payments are shown below split by Commissioner. The prior year adjustment of £0.5m relates to differences between accruals made for NCAs in M11 and M12 of 2019/20 and actual billing within 2020/21.

Commissioner Code	Commissioner Name	Block Payment
16C	NHS Tees Valley CCG	(172,723)
84H	NHS County Durham CCG	(8,193)
85J	NHS England - North East and Yorkshire Commissioning Hub	(110,822)
	NHS England - North East and Yorkshire Commissioning Region	(4,546)
Y63		
42D	NHS North Yorkshire CCG	(51,416)
15F	NHS Leeds CCG	(127)
13T	NHS Newcastle Gateshead CCG	(155)
01H	NHS North Cumbria CCG	(380)
03J	NHS North Kirklees CCG	(105)
00L	NHS Northumberland CCG	(109)
00P	NHS Sunderland CCG	(426)
03Q	NHS Vale of York CCG	(852)
Y58	South West Regional Office ( MoD)	(144)
	Prior Year Adjustments	494
<b>Total Income Month 7</b>		<b>(349,505)</b>

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

	Budget £'000	Actual £'000	Variance £'000
<b>YTD M6</b>	294,554	294,554	0
<b>M7 Onwards</b>			
<b>Blocks</b>	49,536	49,536	0
<b>Top Up</b>	2,490	2,490	0
<b>Covid-19</b>	2,232	2,232	0
<b>CDF</b>	333	417	84
<b>HEPC</b>	64	17	(47)
<b>Swabbing</b>	257	259	02
<b>YTD M7</b>	<b>349,466</b>	<b>349,505</b>	<b>39</b>

## Other Income

Other income is £0.2m ahead of plan, with key drivers of this variance being improved RTA income and R and D income. As part of the re setting of the Trust budget from month 7 a number of adjustments have been made to the other income budget to take account of lower income due to Covid-19, particularly in relation to Estates income, Private Patients and Overseas visitors income.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
<b>Nhs Clinical Income</b>	349,466	349,505	<b>39</b>	<b>624,096</b>
<b>Education And Training Income</b>	10,145	10,111	<b>(34)</b>	<b>17,402</b>
<b>Estates Income</b>	989	1,032	<b>43</b>	<b>1,908</b>
<b>Misc Other Income</b>	4,757	4,612	<b>(145)</b>	<b>9,422</b>
<b>Non Patient Care Income</b>	1,522	1,560	<b>39</b>	<b>2,483</b>
<b>Other Clinical Income</b>	484	600	<b>116</b>	<b>885</b>
<b>Psf, Mret, Top Up</b>	38,266	38,269	<b>03</b>	<b>38,266</b>
<b>Research &amp; Development Income</b>	2,822	3,039	<b>217</b>	<b>4,529</b>
<b>Total Other Income</b>	<b>58,985</b>	<b>59,223</b>	<b>238</b>	<b>74,894</b>

- Other clinical income is ahead of plan by £0.1m , this variance is being driven by increases in RTA income. The budget for RTA income was reduced due to lower income being received in the first half of the year. The current in month increase will be monitored closely to see if the upward trend continues.
- R and D income is showing an increase against plan by £0.2m, this increase is covering additional costs within non pay and pay.

## Pay

In the year to date position pay is overspent by £0.3m, being driven by an overspend on Medical and Dental employees.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Ahp'S, Sci, Ther & Tech	(34,269)	(34,228)	41	(60,003)
Apprentice Levy	(888)	(888)	(01)	(1,521)
Hca'S And Support Staff	(26,923)	(26,983)	(60)	(45,409)
Medical And Dental	(72,289)	(72,861)	(572)	(123,770)
Nhs Infrastructure Support	(33,814)	(33,701)	113	(58,734)
Nursing & Midwife Staff	(71,936)	(71,766)	171	(126,305)
<b>Total Pay</b>	<b>(240,118)</b>	<b>(240,426)</b>	<b>(308)</b>	<b>(415,741)</b>

- HCAs are overspent by £0.1m with nursing staff £0.2m underspent giving a combined underspend of £0.1m, bank spend for both staff groups has in the current month increased over 2019/20 run rates, however overall cost remains within budget.
- Medical and Dental staff show a year to date overspend of £0.6m. £0.4m of this overspend is being driven by junior doctors and £0.2m by consultants. The overspend on consultants is being driven by increased premium costs for agency staffing within a number of directorates, particularly older person medicine, respiratory and Rad /Onc.
- Additional work is required within the medical workforce team to complete the review of junior doctors rotas and align these to budgets held within Finance. The Trust needs to ensure appropriate controls are in place for the deployment of staff across the Trust. Work is being arranged to add rotas to the allocate rostering system and review the individual specialty detail.

## Non-Pay

Non-pay is underspent by £0.5m at month 7.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Clinical Negligence Cost	(10,150)	(10,150)	0	(17,400)
Clinical Supplies And Services	(36,881)	(35,806)	1,074	(69,632)
Drugs	(38,549)	(38,405)	143	(67,582)
Establishment	(5,648)	(5,659)	(12)	(8,818)
Ext Staffing And Consultancy	(421)	(463)	(42)	(567)
General Supplies And Service	(6,711)	(6,775)	(64)	(8,543)
Healthcare Service Purchase	(7,026)	(7,231)	(205)	(11,451)
Miscellaneous Services	(910)	(1,062)	(153)	(1,256)
Pfi Unitary Payment	(23,787)	(23,787)	(0)	(37,926)
Premises & Fixed Plant	(14,676)	(14,820)	(144)	(25,196)
Research, Education & Training	(2,804)	(2,872)	(68)	(4,217)
Transport	(2,603)	(2,620)	(17)	(4,362)
<b>Total Non Pay</b>	<b>(150,165)</b>	<b>(149,652)</b>	<b>513</b>	<b>(256,949)</b>

- Clinical supplies and services are showing a year to date underspend of £1.0m. £0.3m of this relates to the phasing of the COVID-19 budget and the resulting £0.7m from underspends in a number of clinical directorates arising from reductions in activity levels.
- Drugs are also showing a smaller YTD underspend of £0.1m as activity has resumed across the Trust.
- Healthcare Service purchase is overspending by £0.2m year to date with £0.1m of this within Ophthalmology from outsourcing work to New Medica and £0.1m within T and O for outsourcing to the T and O LLP.
- Premised and Fixed Plant is overspending by £0.1m being driven by a slight overspend on utilities changes.

### Non-Operating Costs

Technical items are broadly in line with budgeted amounts, following the rephrasing of the Trusts annual budget and delays to the Trust capital programme. The revised full year depreciation charge is currently being forecast based on the Trust revised capital programme for the year.

### COVID-19 Costs

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

Following discussions with operational colleagues and CPG the below envelopes of funding have been provided. Although underspent currently at month 7 the Trust expects to fully utilise the full budget allocation by year end.

Actual month 7 spend is outlined below within these categories, this will be updated month on month.

	Budget	Actual	Variance
Sickness	383	383	
Facilities	167	167	
Ward			
Critical Care	77	77	
IPC & Winter			
Redcar			
Emergency Department			
PPE		74	-74
Other		11	-11
Contingency	364		364
<b>Total</b>	<b>991</b>	<b>712</b>	<b>279</b>

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

this category is not expected to incur extra cost as the year progresses as all required PPE should be centrally provided.

The Trust has also incurred cost in relation to COVID-19 swabbing in month of £0.3m, covering increased staffing and consumables along with the hire of swabbing facilities. This cost has been fully reclaimed from NHSE/I.

## Capital

The Trust's capital expenditure at the end of October amounted to £12.8m 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	3,229	3,229	0	7,931	7,931	0
Site Reconfiguration	337	371	46	10,247	10,337	90
Replacement of Medical Equipment	836	847	11	8,953	8,732	(221)
Network Replacement and Clinical Noting	582	348	(234)	9,963	10,094	131
PDC						
COVID Phase 1	8,482	8,033	(449)	8,482	8,482	0
<b>Total</b>	<b>13,466</b>	<b>12,828</b>	<b>(626)</b>	<b>45,576</b>	<b>45,576</b>	<b>0</b>

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	4,918	4,792	(126)	10,011	10,011	0
Charitable Funding	66	03	(63)	1,181	1,181	0
PDC - COVID 19 & HSLI	8,482	8,033	(449)	34,384	34,384	0
<b>Total Financing</b>	<b>13,466</b>	<b>12,828</b>	<b>(638)</b>	<b>45,576</b>	<b>45,576</b>	<b>0</b>

The expenditure at the end of October includes contractual PFI lifecycle payments to Endeavour SCH plc (£3.2m), £8.8m on medical equipment relating to COVID-19 and £0.8m on schemes that have carried over from 2019/20. As it stands for 2020/21, the only funding sources available to the Trust, excluding PDC and assuming emergency support is not available, includes depreciation (£10.8m) and potential charitable contributions amounting to £1.2m. Contractual commitments for the year include PFI Lifecycle (£7.9m) with £2.5m charged to revenue in line with the agreed recharge profile from the Lifecycle Fund. In addition, further contractual commitments concern the principal repayments on loans, PFI and finance leases of £5.4m. On that basis and without support, the existing funding sources are not sufficient to cover these contractual commitments.

The Trust submitted a revised capital plan to NHSE/I at the end of July for 2020/21 amounting to £29.1m that incorporated a reduction of near 20% compared to the draft March submission. The Trust drafted an emergency request to support this plan amounting to £14.6m and NHSE/I have again requested further evidence which has now been provided. NHSE/I outlined that they will look to submit the Trust's request to DHSC by 13 November 2020 and anticipate a 2 week turnaround on approval.

In relation to the Trust's position on committed COVID-19 expenditure, a number of requests have now been supported by the Regional Panel. To date the Trust has expended £8.0m and it is anticipated that any unfunded COVID related expenditure,

, will have to be found from within the revised emergency capital plan. A detailed update on the capital plan, expenditure to date, forecasts and financing is included in an additional report on this agenda.



**South Tees Hospitals**  
NHS Foundation Trust

<b>MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 DECEMBER 2020</b>			
Capital Update			<b>AGENDA ITEM: 13, ENC 8</b>
<b>Report Author and Job Title:</b>	Brian Simpson Head of Financial Governance and Control	<b>Responsible Director:</b>	Steven Mason Director of Finance
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	This report outlines the Trusts position on Capital in 2020/21.		
<b>Background</b>	The Trust is generally limited to the level of investment by the Trust's funding sources due to the excess costs on the The James Cook University Hospital's historic PFI scheme. As a consequence, the Trust relies on external Department of Health and Social Care (DHSC) support to fund capital investment. The Capital Plan for 2020/21 amounts to £45.6 million.		
<b>Assessment</b>	<p>The Report outlines the approved Capital Programme including all requests for funding, the level of funding where approval is awaited and highlights where funding decisions are still required. The Trust has:</p> <ul style="list-style-type: none"> <li>• A Capital Programme which stands at £45.6 million;</li> <li>• £25.4 million to spend in the remaining 5 months of the financial year;</li> <li>• The Programme will be mainly financed through external support in the form of PDC amounting to £34.4 million;</li> <li>• PDC awaiting approval amounting to £19.4 million.</li> </ul>		
<b>Recommendation</b>	Members of the Committee are asked to note this report.		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	BAF risk 4.6 - Current estate, lack of capital investment in equipment, IT and infrastructure compromises the ability to consistently deliver safe, caring, responsive and efficient patient care. Potential impact on delivery of service, backlog maintenance, unplanned equipment failure leading to a patient safety risk.		
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.		
<b>Strategic Objectives</b>	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input 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"/>		



## Capital Update

### 1. PURPOSE OF REPORT

The purpose of the report is to outline to the Committee the position on the Capital Programme in 2020/21.

### 2. BACKGROUND

The Trust is generally limited to the level of investment by the Trust's funding sources due to its PFI and therefore relies on external DHSC support to fund capital investment. The Capital Plan for 2020/21 amounts to £45.6 million.

### 3. DETAILS

The Capital Programme amounts to £45.6 million in 2020/21, summarised as follows:

<b>Scheme</b>	<b>Capital Plan £000's</b>	<b>Forecast £000's</b>	<b>Variance £000's</b>
PFI Lifecycle	7,931	7,931	0
Estates	10,247	10,328	81
Medical Equipment	8,953	8,743	(210)
Information Technology	9,963	10,092	129
COVID (first phase)	8,482	8,482	0
<b>Total Spend</b>	<b>45,576</b>	<b>45,576</b>	<b>0</b>
<b>Financed by:</b>			
Depreciation	9,539	9,539	0
PDC	34,384	34,384	0
Internal Reserves	472	472	0
<u>Charitable contributions:</u>			
South Tees Charity	400	400	0
Friends of the Friarage	781	781	0
<b>Total Financing</b>	<b>45,576</b>	<b>45,576</b>	<b>0</b>

The schemes include the following:

- PFI Lifecycle - £7.9 million contractual commitment to Endeavour SCH Plc. Payment to Endeavour based on the Financial Model amounts to £10.5 million with the difference charged direct to revenue in line with the agreed profiling of the Providers Lifecycle investment gap.

- Estates – PFI Enhancements and change in law for lifecycle (£0.8 million), Pathology development, relocation across sites including blood sciences hub (£0.4 million), Paediatric Emergency Department (£3.2 million), critical infrastructure investment at FHN (£1.2 million), Critical Care Isolation and Surge Capacity (£2.9 million) and FHN Rationalisation (£1.0 million);
- IT – Data Centre Upgrade and N365 connection including investment in the server estate and operating software (£1.0 million), Cyber resilience on the network (£1.1 million), Alcidion and Digital Aspiration investment for e-prescribing and licencing (£5.2 million), emergency IT equipment replacement (£1.3 million) and HSLI investment (£1.0 million);
- Medical equipment – Replacement and expansion of robotic surgery (£2.6 million), Endoscopy Adopt and Adapt (£0.6 million) with an allocation for emergency replacement and additional COVID related investment (£5.8 million);
- COVID – first phase investment fully committed.

The following table outlines the expenditure incurred to date and the level of investment required to deliver the forecast outturn position.

<b>Scheme</b>	<b>Spend to date £000's</b>	<b>Uncommitted spend £000's</b>	<b>Total £000's</b>
PFI Lifecycle	7,931		7,931
Estates Rationalisation	1,120	9,208	10,328
Medical Equipment replacement	1,775	6,968	8,743
IT	875	9,217	10,092
COVID Phase 1	8,482		8,482
<b>Total</b>	<b>20,183</b>	<b>25,393</b>	<b>45,576</b>

The programme is financed significantly through the use of PDC and depreciation. Depreciation is also used to fund the Trust's principal repayments on the PFI (£2.4 million), loans taken out in previous years (£2.4 million) and finance leases (£0.6 million).

### **Public Dividend Capital**

The value of PDC due to be utilised by the Trust will amount to £34.4 million of which £15.0 million has now been approved and £19.4 million remains in the process of being approved by NHSE/I, NHS Digital and the DHSC.

<b>MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 DECEMBER 2020</b>			
Integrated Performance Report			<b>AGENDA ITEM: 14, ENC 9</b>
<b>Report Author and Job Title:</b>	Ros Fallon Interim Director of Planning & Recovery	<b>Responsible Director:</b>	Various
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
<b>Situation</b>	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.		
<b>Background</b>	<p>The Integrated Performance Report (IPR) will be produced by the Trust on a monthly basis to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR provides assurance to the Board that all areas of performance are monitored, allowing the Board to gain assurance regarding actual performance, Trust priorities and remedial actions.</p> <p>Key elements of the report will be discussed by the Board's Quality Assurance Committee, Finance and Investment Committee and Workforce and OD Committee. A summary of discussions will be included in Chair Reports to the Board of Directors.</p>		
<b>Assessment</b>	<p>Key messages relating to performance this month include:</p> <ul style="list-style-type: none"> <li>• Last month grade 3 and 4 pressure ulcers were high and outside expected range.</li> <li>• Increased demand, higher acuity and reduced capacity have led to A and E compliance to continue to be below target.</li> <li>• Implementation of recovery plans have seen RTT and diagnostic compliance continue to improve although both are still below target.</li> <li>• Cancer compliance against the 14 day standard: although referrals are still below pre-COVID levels, reduced capacity has limited throughput. The weekly cancer performance wall continues to identify pressures and themes.</li> <li>• There has been significant deterioration in annual appraisal compliance due to COVID-19.</li> <li>• The target of 4% for sickness and absence is currently not achievable.</li> <li>• The Trust is £0.5m ahead of revised plans.</li> </ul>		

<b>Recommendation</b>	<p>The Board of Directors are asked to:</p> <p>a) Receive the Integrated Performance Report for September 2020.</p> <p>b) Note the performance standards that are being achieved.</p> <p>c) Be assured that where performance standards are not currently met, a detailed analysis is being undertaken and actions are in place to ensure an improvement is made.</p>	
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	<p>BAF risk 1.5 - Risk to Trusts ability to delivery strategic objectives due to diversion of resources of all types required to manage the Covid 19 pandemic.</p> <p>BAF risk 3.1 - A sustained, exceptional level of demand for services that overwhelms capacity resulting in a prolonged, widespread reduction in the quality of patient care and repeated failure to achieve constitutional standards, with possible harm to patients</p> <p>BAF risk 3.2 - Risk of ability to deliver the national access target of 92% for 18 weeks RTT and achievement of the March 19 WTL by March 2020</p> <p>BAF risk 3.3 - Risk of ability to deliver the national access target of 85% for 62 Day Cancer Standard</p>	
<b>Legal and Equality and Diversity implications</b>	<p>There are no legal or equality &amp; diversity implications associated with this paper.</p>	
<b>Strategic Objectives</b> (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"/>	



**South Tees Hospitals**  
NHS Foundation Trust

# Integrated Performance Report

October 2020

# Key Messages



South Tees Hospitals  
NHS Foundation Trust

## Our key messages are:

- Last month grade 3 and 4 pressure ulcers were high and outside expected range.
- Increased demand, higher acuity and reduced capacity have led to A and E compliance to continue to be below target on a downward trajectory for the fifth consecutive month.
- Implementation of recovery plans have seen RTT and diagnostic compliance continue to improve although both are still below target.
- Cancer compliance against the 14 day standard: although referrals are still below pre-COVID levels, reduced capacity has limited throughput. The weekly cancer performance wall continues to identify pressures and themes.
- There has been a deterioration in annual appraisal compliance during covid-19.
- The target of 4% for sickness and absence is currently not achievable.
- The Trust is £0.5m ahead of revised plans.

# Quality Summary



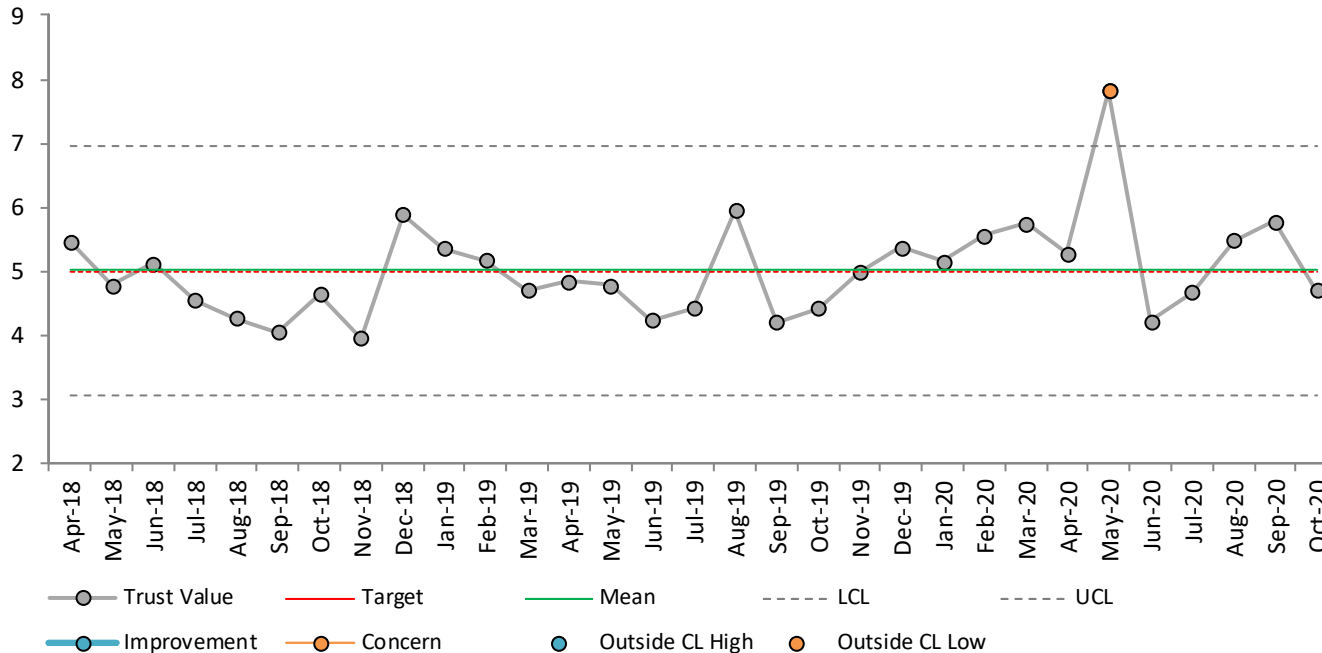
South Tees Hospitals  
NHS Foundation Trust

	Indicator	Latest Month	Target	Trend	Assurance
SAFE	All Falls Rate	4.70	5		
	Falls With Harm Rate	0.09	0		
	Infection Control - C-Difficile	7	6.75		
	Infection Control - MRSA	0	0		
	Serious Incidents	16	0		
	Never Events	1	0		
	Category 2 Pressure Ulcers	96	TBD		
	Category 3 & 4 Pressure Ulcers	26	TBD		
	SHMI	115.60	N/A		
	Hospital Standard Mortality Rate (HSMR)	100.71	N/A		
	VTE Assessment	Data Validation Required - metric isn't currently being reported nationally			
EFFECTIVE	SEPSIS - Screening	Data Validation Required			

	Indicator	Latest Month	Target	Trend	Assurance
CARING	F&F A&E Overall Experience Rate (%)	88.02%	85.0%		
	F&F A&E Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	F&F Inpatient Overall Experience Rate (%)	96.32%	96.0%		
	F&F Inpatient Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	F&F Outpatient Overall Experience Rate (%)	96.57%	95.0%		
	F&F Maternity Overall Experience Rate (%)	100.00%	97.0%		
	F&F Maternity Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	Complaints Closed Within Target (%)	90.63%	80.0%		
	Mixed Sex Accommodation (MSA) Breaches	0	0		

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

## All Falls Rate



<b>Target</b>	<b>5</b>
<b>Mean</b>	<b>5.02</b>
<b>Last Month</b>	<b>4.70</b>
<b>Executive Lead</b>	
Deirdre Fowler	
<b>Lead</b>	
Beth Swanson	

**Commentary**

Overall compliance against this metric has not changed in the last 2 ½ years, therefore we do not have confidence we will consistently achieve the target.

The Trust falls rate per 1000 bed days

### Cause of Variation

- The falls rate per 1000 bed days remains susceptible to changes in patient dependency, work force and location.
- In October there were 110 falls. 24 falls were recorded on DATIX from bed and 62 while mobilising.
- The most common cause of falls remain poor balance (49), Deconditioning (9) Slips (40) Memory loss (17).

### Planned Actions

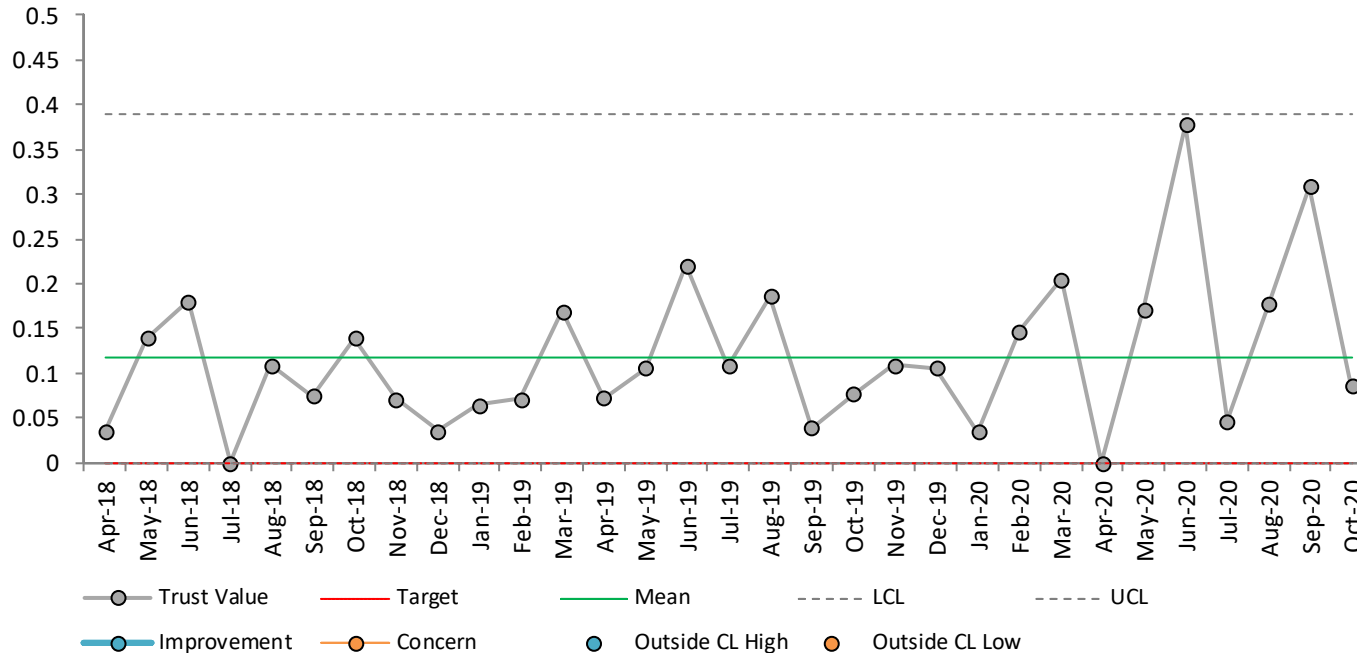
- Dedicated project facilitator within STAQC team to lead on deconditioning commenced in post mid October.
- Review of high low bed provision and use of bed rails
- Tool box training on lying and standing blood pressure circulated and made available on intranet.
- Ongoing work to improve delirium management continues. Ward 24 have developed an aid memoire based on best practice in response to a fall with harm and this is being shared with colleagues.

### Timescale

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



## Falls With Harm Rate



Rate of falls with harm per 1000 bed days

Target	0
Mean	0.12
Last Month	0.09

<b>Executive Lead</b>
Deirdre Fowler
<b>Lead</b>
Beth Swanson

**Commentary**

This metric has not significantly changed over time.

There is evidence during COVID that there was an increase in falls (likely due to bed moves.)

As the target is 0 there is no evidence we can consistently achieve it.

### Cause of Variation

- In October there were 2 falls with harm.  
Ward 10 NOF  
Ward 28 NOF
- Investigations remain ongoing although preliminary review has identified that both patients were assessed appropriately. However, access to a working buzzer was a contributory factor in the ward 10 fall. This incident has been reported under RIDDOR.

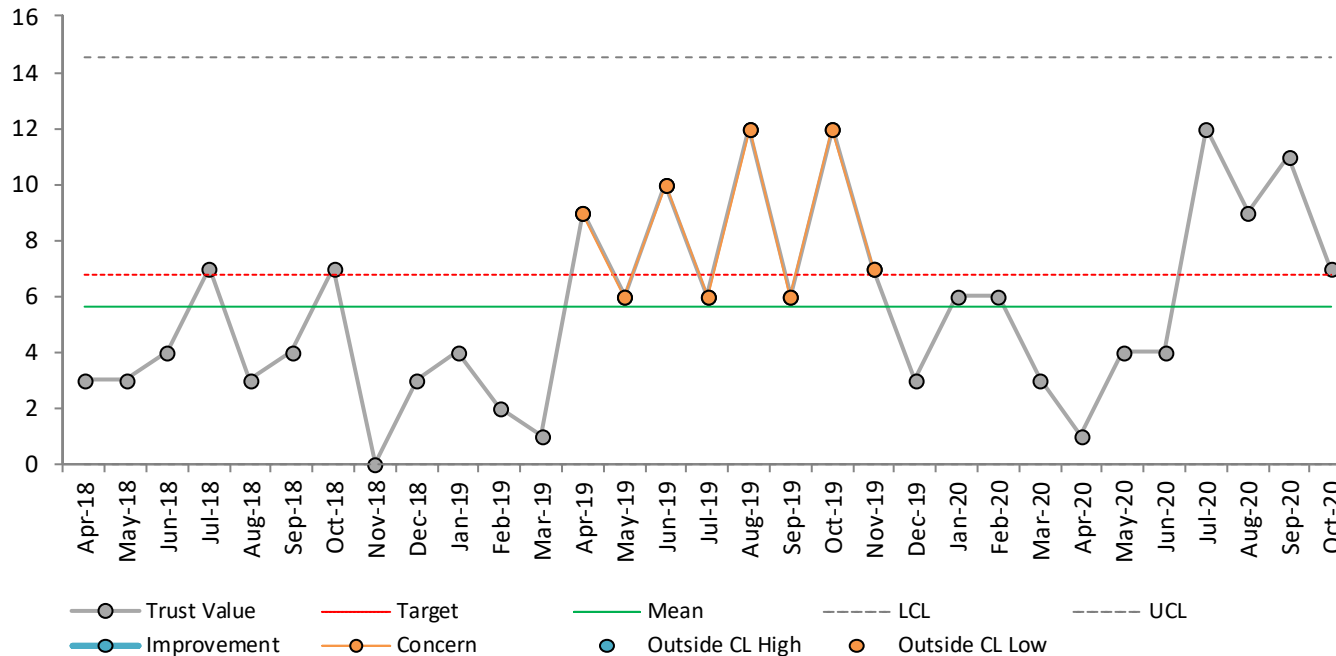
### Planned Actions

- Dedicated project facilitator within STAQC team to lead on deconditioning commenced in post mid October.
- Review of high low bed provision and use of bed rails
- Tool box training on lying and standing blood pressure circulated and made available on intranet.
- Ongoing work to improve delirium management continues. Ward 24 have developed an aid memoire based on best practice in response to a fall with harm and this is being shared with colleagues.

### Timescale

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

## Infection Control - C-Difficile



Cases of hospital acquired C. Difficile bacteraemia

<b>Target</b>	<b>6.75</b>
<b>Mean</b>	<b>5.65</b>
<b>Last Month</b>	<b>7.00</b>

<b>Executive Lead</b>
Deirdre Fowler
<b>Lead</b>
Sharon Lance

**Commentary**

Except for April – Nov 19 there is no significant change over time. A monthly target of 6.75 has been added to support monitoring against last years upper threshold of 81. Currently the process is not capable of consistently meeting target.

### Cause of Variation

- No obvious cause but closer analysis of the root cause investigations may reveal potential learning opportunities.
- There were 7 areas with a CDI case identified in October (6 HOHA & 1 COHA); JC04, JC07, JC12, JC14, JC33, JC34, JCSI
- Therefore in the first 7 months of 2020/2021 there have been 48 trust-apportioned cases. We are currently above trajectory, and we note the higher number of cases during July, August and September.

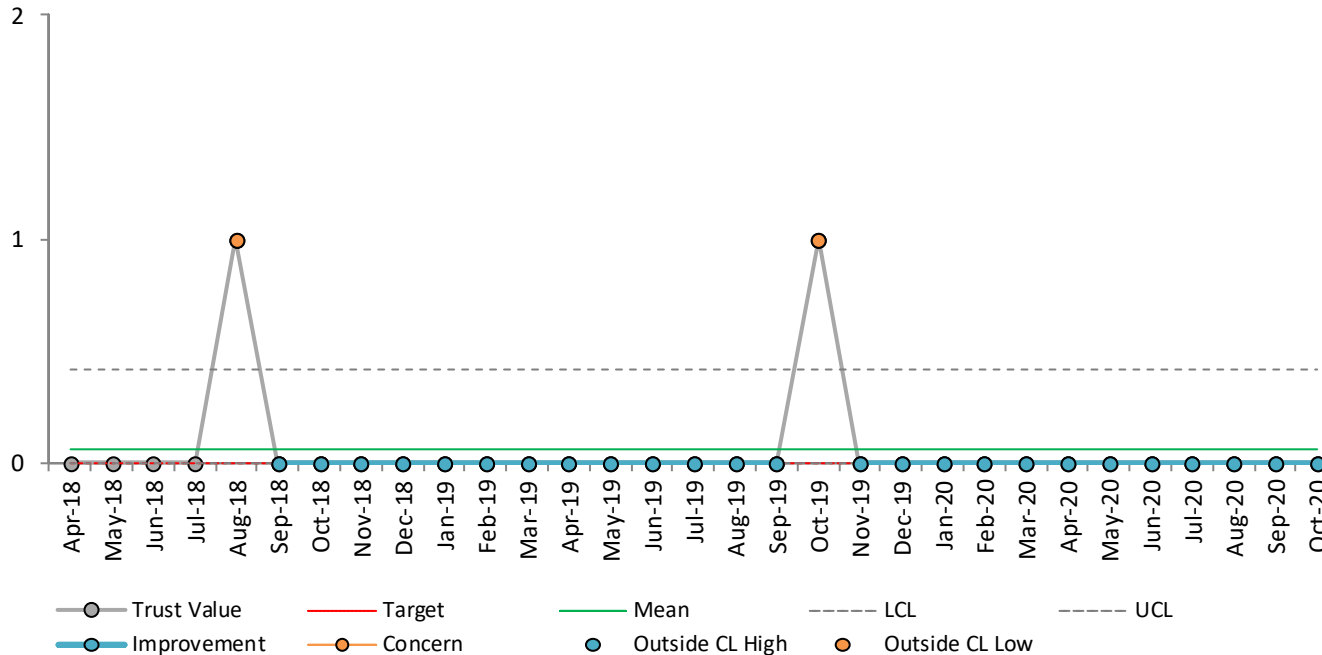
### Planned Actions

- Continue reintroduction of RCA'S and panel reviews
- Reporting to be strengthened into IPAG.
- Continue with monthly report updates to IPAG, QAC etc.
- Development of electronic system for side rooms to aid prompt isolation.

### Timescale

- Ongoing

## Infection Control - MRSA



Cases of hospital acquired MRSA bacteraemia

<b>Target</b>	<b>0</b>
<b>Mean</b>	<b>0.06</b>
<b>Last Month</b>	<b>0.00</b>

<b>Executive Lead</b>
Deirdre Fowler
<b>Lead</b>
Sharon Lance

**Commentary**

12 months of consecutive compliance shows the current process is a capable process.

### Cause of Variation

- Not applicable.

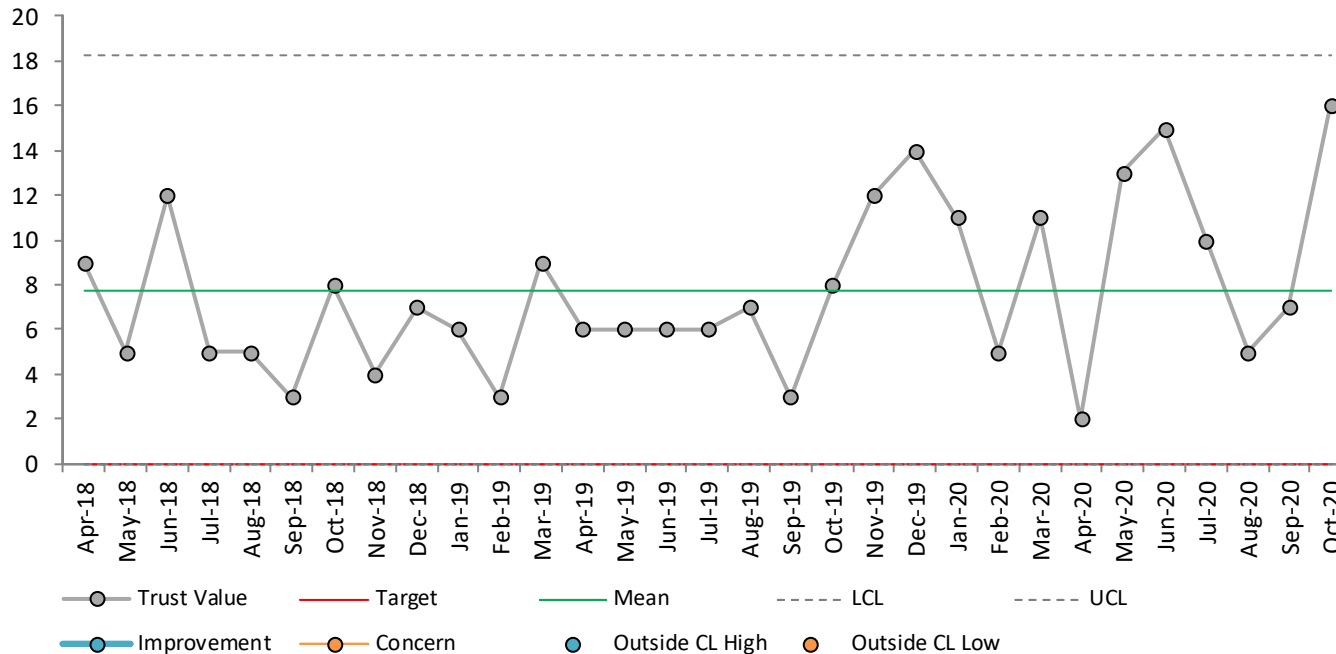
### Planned Actions

- Aseptic non touch technique training and audit programs for indwelling device insertion and care remain in place.
- Further implementation of annual plan regarding line care across the organisation.

### Timescale

- Not applicable

## Serious Incidents



Target	0
Mean	7.71
Last Month	16.00

<b>Executive Lead</b>
Deirdre Fowler

<b>Lead</b>
Kay Davies

**Commentary**

There is some evidence that the variation has increased although this is not statistically significant.

This variation could be linked to improved DATIX reporting.

The number of Serious Incidents

### Cause of Variation

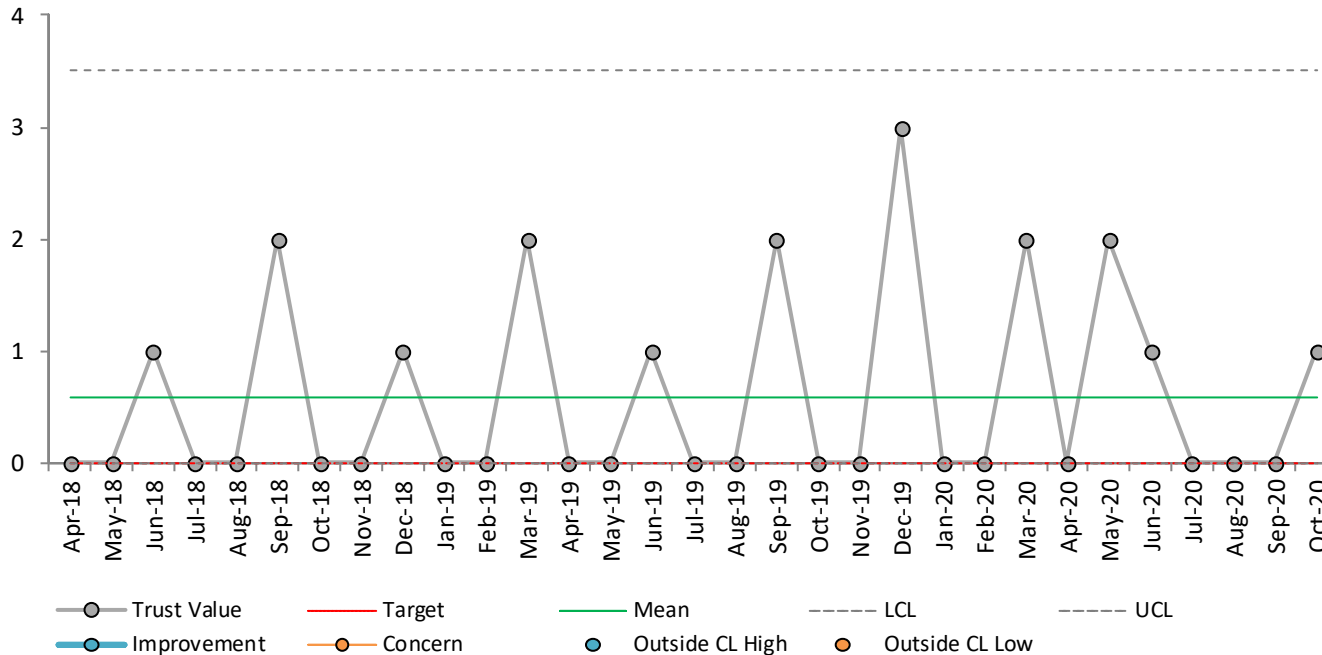
- Serious Incidents are not always reported in the same month that they occur.
- In October, 50% were reported within 48 hours of knowledge of the incident. The 8 that were no reported within 48 hours all relate to Pressure damage.

### Planned Actions

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

### Timescale

## Never Events



Target	0
Mean	0.58
Last Month	1.00

<b>Executive Lead</b>
Deirdre Fowler
<b>Lead</b>
Kay Davies

**Commentary**

1 Never Event was reported in October.

Eliminating never events is a priority for 2020/21.

Number of reported Never Events

### Cause of Variation

- Nationally there is a variation in the number of never events reported of between 28 and 48 per month.

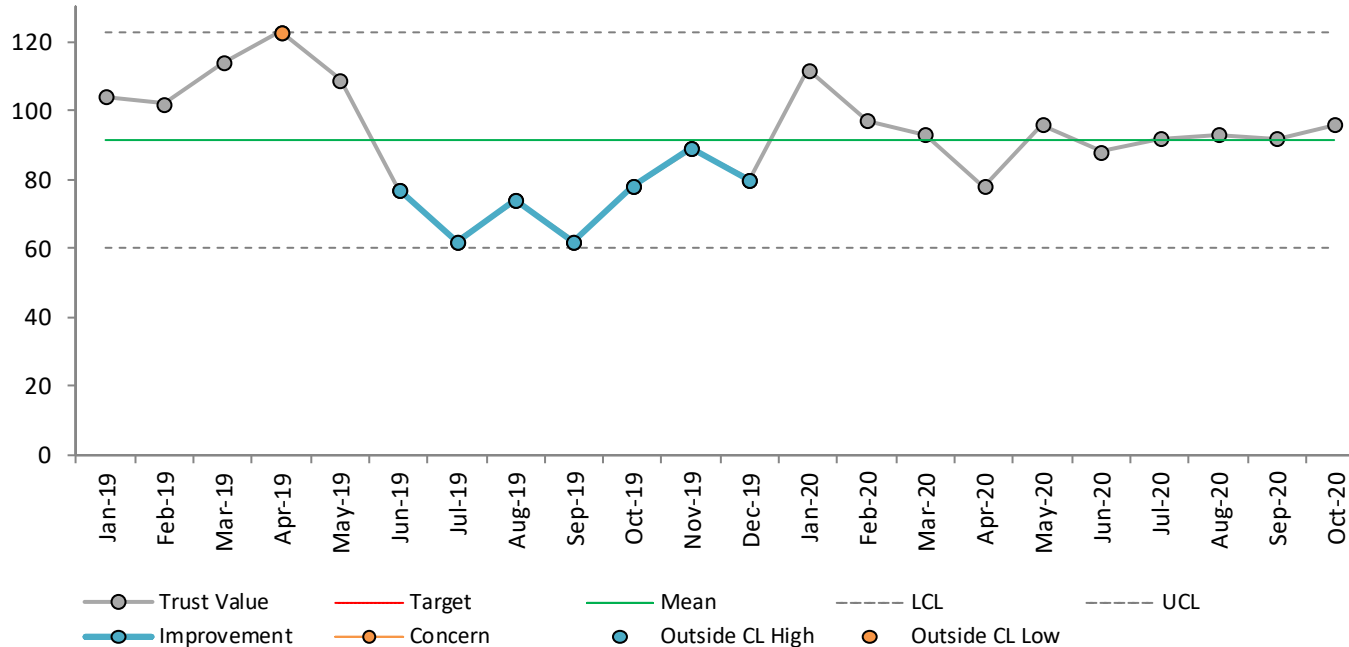
### Planned Actions

- A safer surgery oversight group has been established
- A three month project to fully coordinate and establish the LocSSIP process has commenced in November 2020.
- Regional data has been released and a local actions plan has been developed and is being presented to the Quality Assurance Committee in November 2020.
- 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.

### Timescale

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

## Category 2 Pressure Ulcers



Number of Category 2 Pressure Ulcers - Trust Acquired

<b>Target</b>	<b>TBD</b>
<b>Mean</b>	<b>91.41</b>
<b>Last Month</b>	<b>96.00</b>

<b>Executive Lead</b>
Deirdre Fowler

<b>Lead</b>
Beth Swanson

**Commentary**

Although there was a reduction between June-Dec 19, we are now observing a system of around 90 a month.

There is no current target so data can only be measured against the mean.

### Cause of Variation

- In October there were 96 category 2 pressure ulcers.  
44 within the Acute  
52 within the Community
- There continues to be a small rise in the category 2 pressure ulcer rate which is most likely due to the reporting issues related to datix.

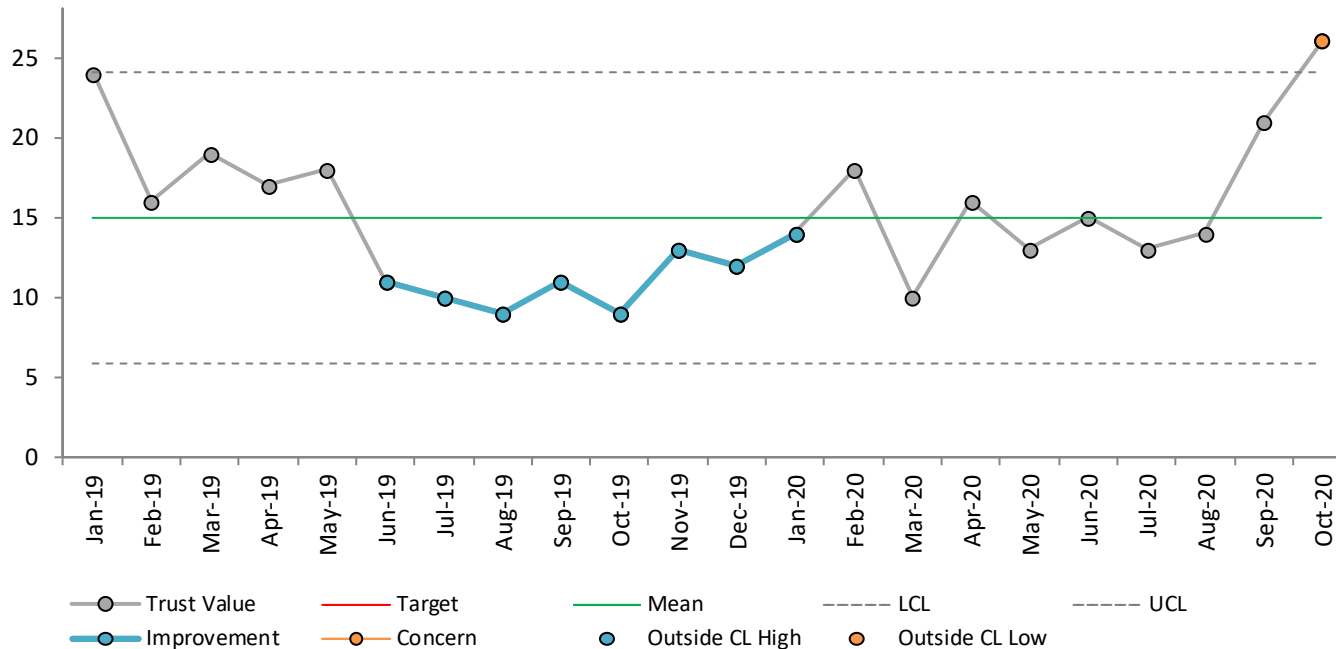
### Planned Actions

- Project plan is being developed for the move to a new risk assessment tool within community Nursing (PURPOSE T)
- Targeted training continues in areas with heightened incidence.
- Tissue viability policy reviewed and awaiting ratification. This includes the mandating of the PUSH (pressure ulcer safety huddle) tool.
- Community nursing collaborative is being established using shared decision making principles to create guidance for EOL pressure area care and management.
- Compliance with the ASSING bundle remains good across all wards (measured via PPA audit)

### Timescale

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

## Category 3 & 4 Pressure Ulcers



Target	TBD
Mean	14.95
Last Month	26.00

<b>Executive Lead</b>
Deirdre Fowler
<b>Lead</b>
Beth Swanson

**Commentary**

In October we observed a significantly higher number of pressure ulcers.

We would normally expect between 6 and 24 as variance within range.

Number of Category 3 & 4 Pressure Ulcers - Trust Acquired

### Cause of Variation

- In October there were 25 category 3 pressure ulcers and 1 category 4.
- Acute – x4 category 3 pressure ulcers (wards 4,6,9 &34)
- Community x21 category 3 pressure ulcers and x1 category 4.
- Heel care remains a concern and is the focus of TVN training.

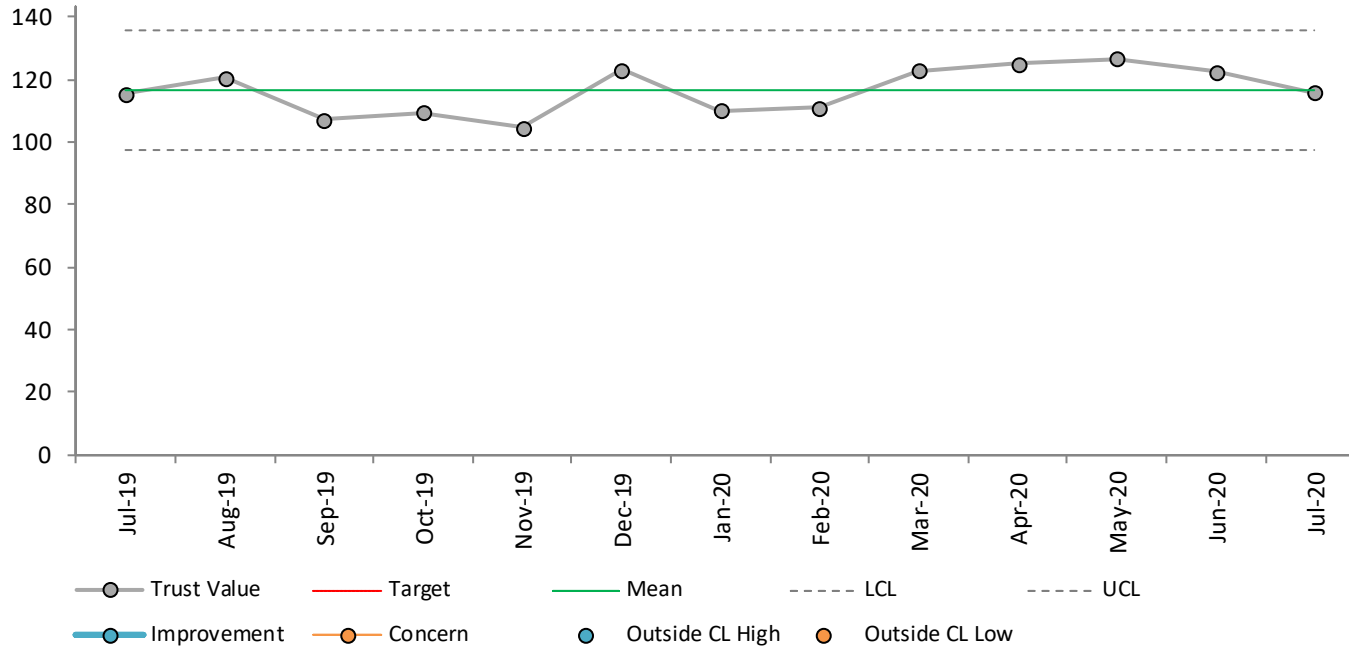
### Planned Actions

- Project plan is being developed for the move to a new risk assessment tool within community Nursing (PURPOSE T)
- Targeted training and support continues in areas with heightened incidence (community nursing, ward 34 and 9).
- Tissue viability policy reviewed and awaiting ratification. This includes the mandating of the PUSH (pressure ulcer safety huddle) tool.
- Community nursing collaborative is being established using shared decision making principles to create guidance for EOL pressure area care and management.
- Compliance with the ASSING bundle remains good (measured via PPA audit).

### Timescale

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

## SHMI



<b>Target</b>	<b>N/A</b>
<b>Mean</b>	<b>116.44</b>
<b>Last Month</b>	<b>115.60</b>

<b>Executive Lead</b>
Sath Nag
<b>Lead</b>
Tony Roberts

**Commentary**

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

Summary Hospital-Level Mortality Indicator

### Cause of Variation

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

### Planned Actions

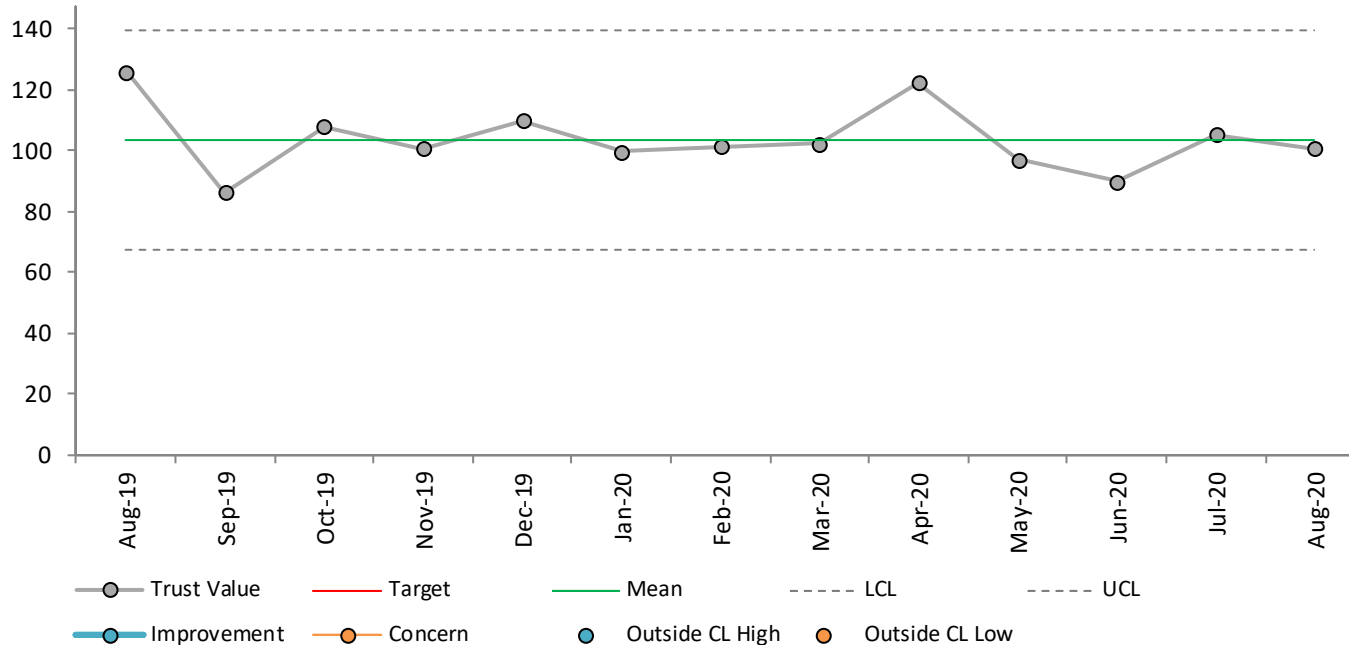
- The trust is gradually falling behind national averages for coding. Work to change documentation of comorbidities at admission to enable better coding is progressing. An independent review of SHMI data has been commissioned from University Hospitals Birmingham NHS FT's HED service.

### Timescale

- Coding work on-going, although a quarterly review of the impact of COVID-19 on SHMI will be needed throughout 2020/2021.
- HED report early December 2020.



## Hospital Standard Mortality Rate (HSMR)



<b>Target</b>	<b>N/A</b>
<b>Mean</b>	<b>103.71</b>
<b>Last Month</b>	<b>100.71</b>
<b>Executive Lead</b>	
Sath Nag	
<b>Lead</b>	
Tony Roberts	

**Commentary**

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

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

### Cause of Variation

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

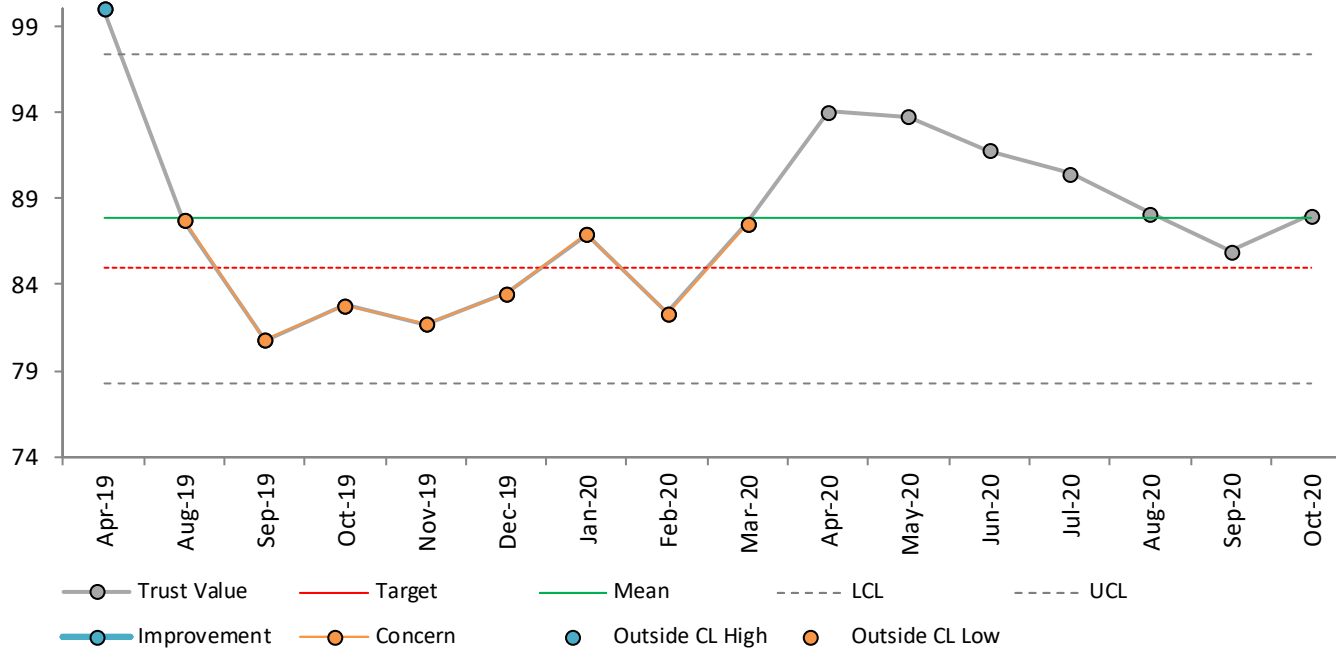
### Planned Actions

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

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



Target	85
Mean	87.85
Last Month	88.02

<b>Executive Lead</b>
Deirdre Fowler

<b>Lead</b>
Jen Olver

**Commentary**

There has been an overall improvement since March 2020 but the change is not yet statistically significant.

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

### Cause of Variation

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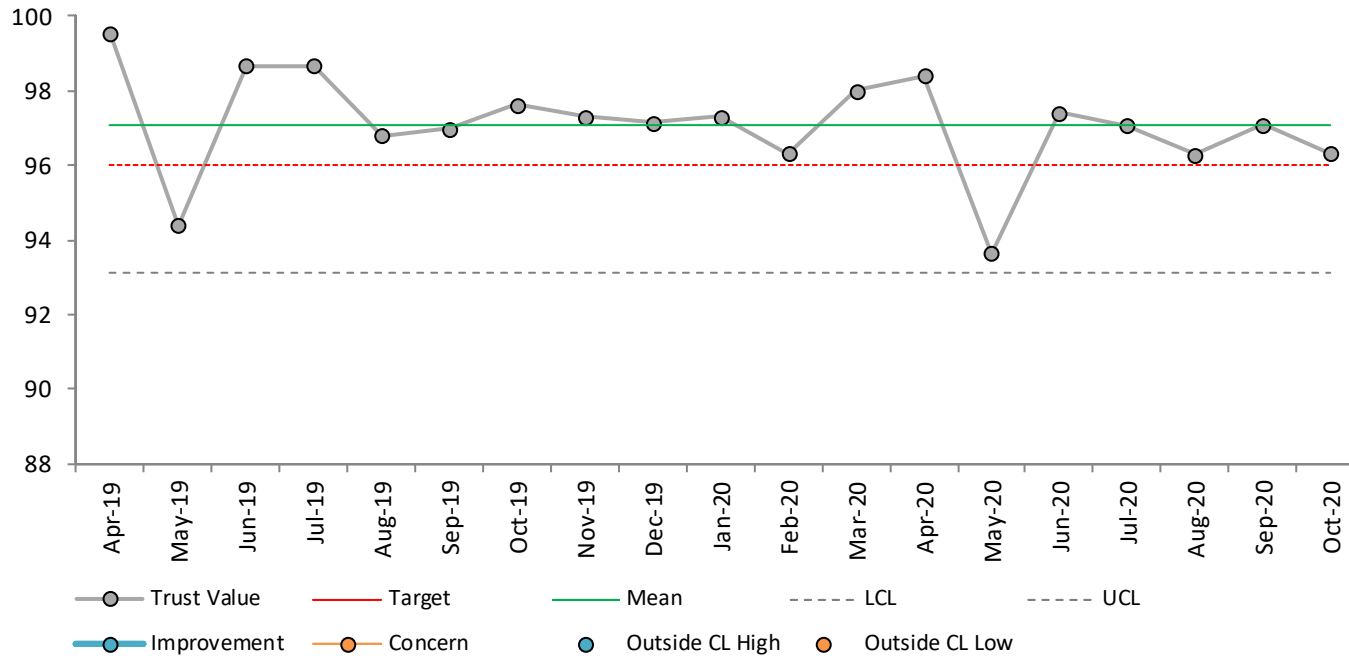
### Planned Actions

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### Timescale

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## F&F Inpatient Overall Experience Rate (%)



Target	96
Mean	97.11
Last Month	96.32

<b>Executive Lead</b>
Deirdre Fowler

<b>Lead</b>
Jen Olver

<b>Commentary</b>
Compliance is good although we may not consistently meet the target.

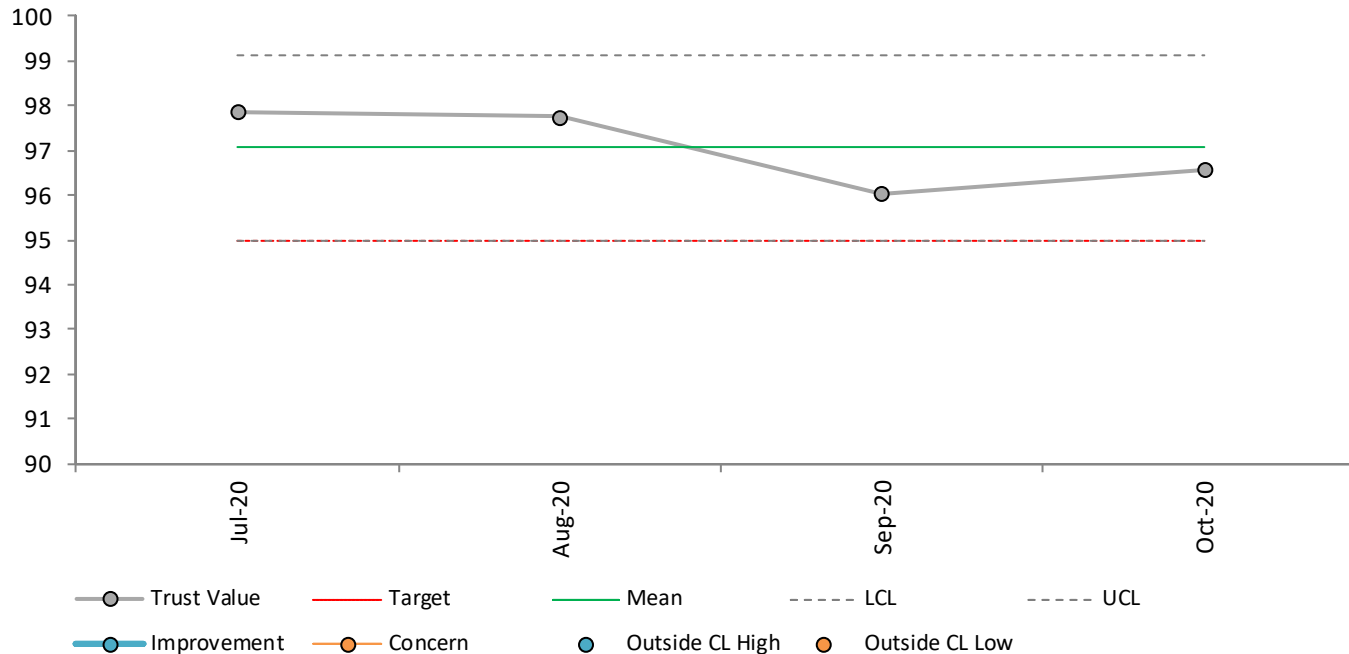
The friends and family survey/text overall experience rate for Inpatient wards

Cause of Variation

Planned Actions

Timescale

## F&F Outpatient Overall Experience Rate (%)



Target	95
Mean	97.06
Last Month	96.57

<b>Executive Lead</b>
Deirdre Fowler
<b>Lead</b>
Jen Olver

**Commentary**

Compliance is good, although more data needed to allow comment that it is a capable process.

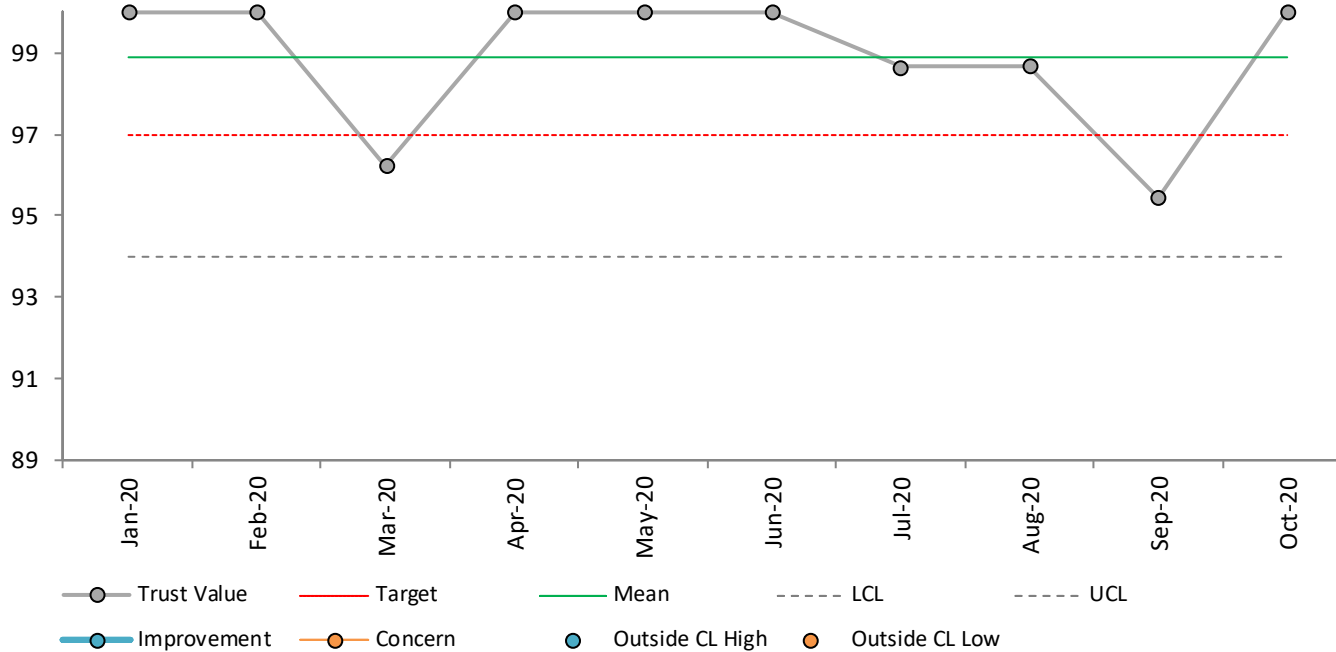
The friends and family survey/text overall experience rate for Outpatients

Cause of Variation

Planned Actions

Timescale

## F&F Maternity Overall Experience Rate (%)



Target	97
Mean	98.90
Last Month	100.00
<b>Executive Lead</b>	
Deirdre Fowler	
<b>Lead</b>	
Jen Olver	

**Commentary**

Compliance is good but it is unlikely that we will hit the target consistently.

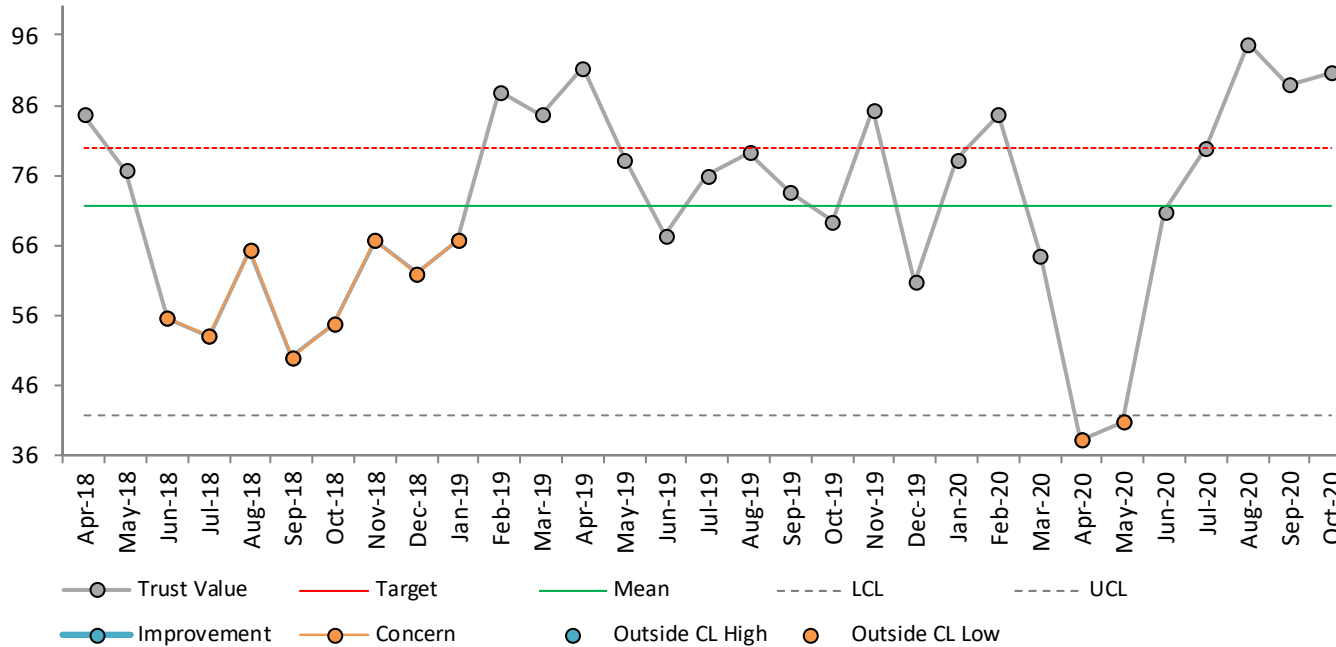
The friends and family survey/text overall experience rate for Maternity services

Cause of Variation

Planned Actions

Timescale

## Complaints Closed Within Target (%)



The percentage of complaints closed within the target

Target	80
Mean	71.61
Last Month	90.63

<b>Executive Lead</b>
Deirdre Fowler

<b>Lead</b>
Jen Olver

**Commentary**

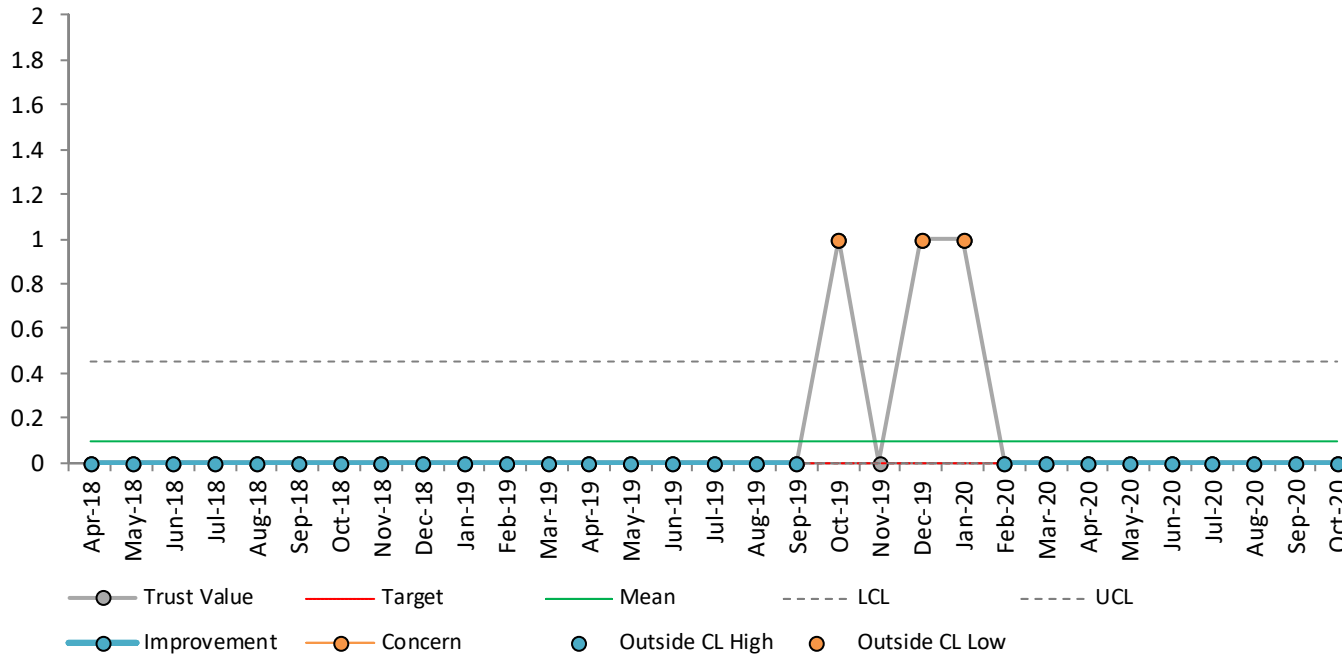
Apart from April and May when COVID significantly impacted response rates, there is some evidence that this metric may be improving, but this is not yet significant.

### Cause of Variation

### Planned Actions

### Timescale

## Mixed Sex Accommodation (MSA) Breaches



Target	0
Mean	0.10
Last Month	0.00

**Executive Lead**  
Deirdre Fowler

**Lead**  
Jen Olver

**Commentary**  
9 Months of consecutive compliance shows the process is capable.

The number of non-clinically justified breaches of the single sex accommodation standard

### Cause of Variation

### Planned Actions

### Timescale

# Responsive Summary

	Indicator	Latest Month	Target	Trend	Assurance
RESPONSIVE	A&E 4 Hour Wait Standard (%)	84.71%	95.0%		
	RTT Incomplete Pathways (%)	60.71%	92.0%		
	Diagnostic 6 Weeks Standard (%)	78.05%	99.0%		
	Cancer Treatment - 14 Day Standard (%)	66.39%	93.0%		
	Cancer Treatment - 31 Day Standard (%)	94.95%	96.0%		
	Cancer Treatment - 62 Day Standard (%)	72.13%	85.0%		
	Non-Urgent Ops Cancelled on Day	21	0		
	Cancer Operations Cancelled On Day	0	0		
	Cancelled Ops Not Rebooked Within 28 days	4	0		
	E-Discharge (%)	95.96%	90.0%		

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

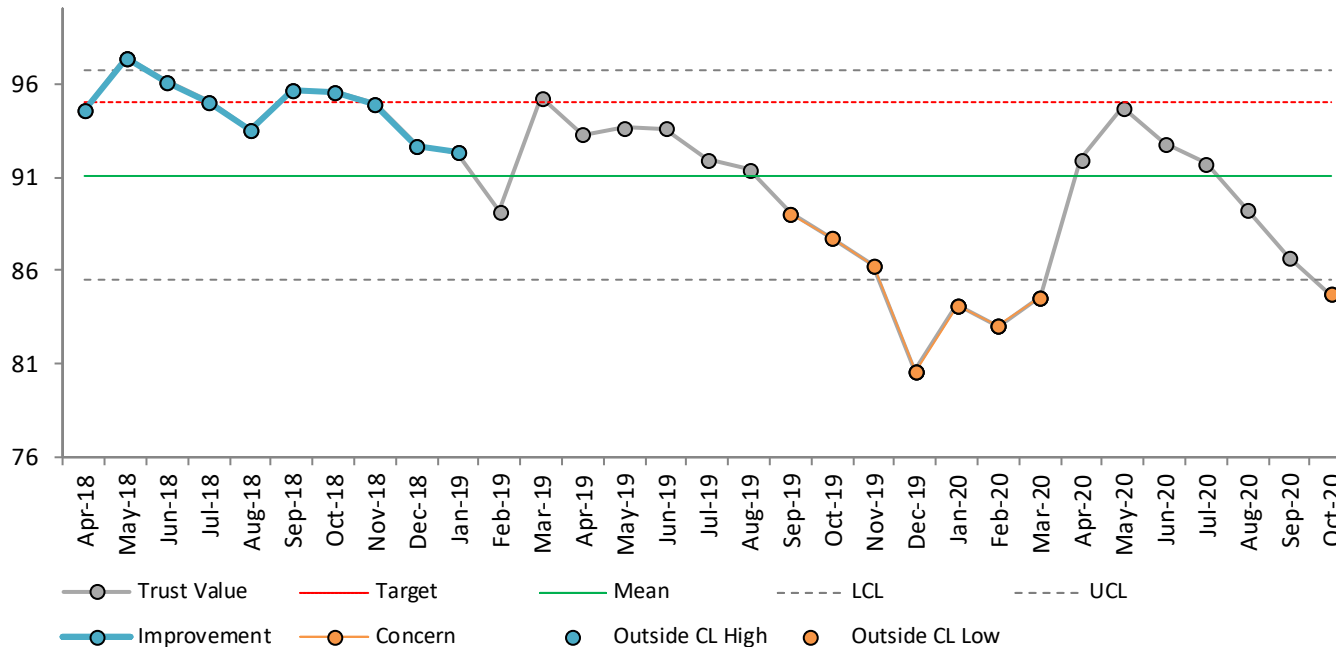


# Responsive



South Tees Hospitals  
NHS Foundation Trust

## A&E 4 Hour Wait Standard (%)



Target	95
Mean	91.08
Last Month	84.71

<b>Executive Lead</b>
Johanna Reilly

<b>Lead</b>
Penny Bateman

### Commentary

Significant deterioration can be seen from April 18 – March 20.

COVID period showed improvement, however as attendance numbers increase again compliance continues to drop.

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

### Cause of Variation

- Continued rise in acuity and demand on red pathway
- Pressure on segregation capacity due to lack of flow.
- Waiting time for swab results
- Limited number of rapid swabs
- Social distancing measures continually impacting upon efficiency of service delivery
- Exit block – limited isolation capacity

### Planned Actions

- Talk before you walk
- Segregated and effective ED pathways
- Development of SDEC – scheduled for 18 December
- Development of separate Paediatric ED
- Extension of hours at Redcar UTC agreed and operationalised 16 November 2020
- Expansion of back of house segregation pathways to improve capacity

### Timescale

- Operational
- Operational
- 18<sup>th</sup> December
- March 2021
- November 2020
- October 2020

Quality

Finance & Investment

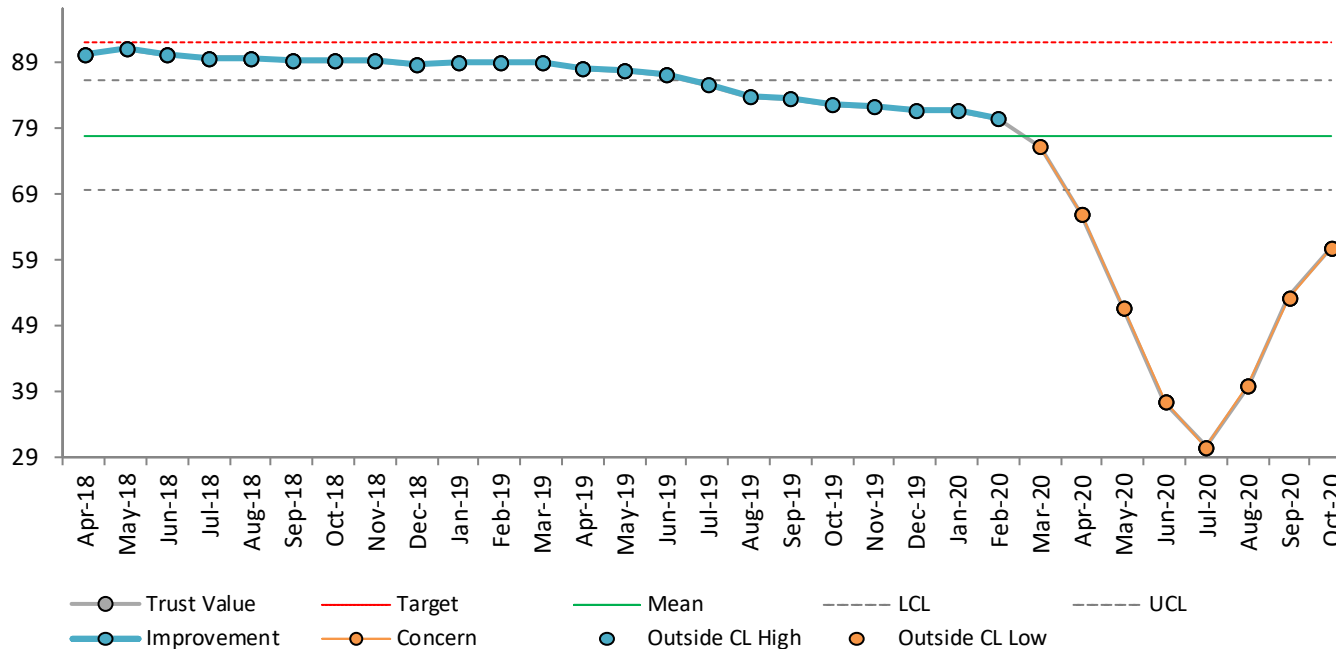
Workforce

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## RTT Incomplete Pathways (%)



Target	92
Mean	77.85
Last Month	60.71

<b>Executive Lead</b>
Johanna Reilly
<b>Lead</b>
Sue Geldart

**Commentary**

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

Compliance is improving but is still not capable of meeting the target.

The % of incomplete pathways for patients within 18 weeks

### Cause of Variation

- RTT compliance has significantly increased to 60.71% (from 53.32% in September). The number of patients waiting over 52 weeks at the end of October has increased to 1,925 from 1,526 at the end of September. The number of patients waiting in excess of 78 weeks has increased from 7 at the end of September to 50 at the end of October.

### Planned Actions

- During recent months elective activity has increased as additional theatre capacity was realised, however, due to critical care surge plans and need to staff additional critical care beds theatre capacity has had to be reduced to release theatre staff to support critical care. Focus remains on patients of greatest clinical need and therefore the longest waiters are increasing and will continue to do so.

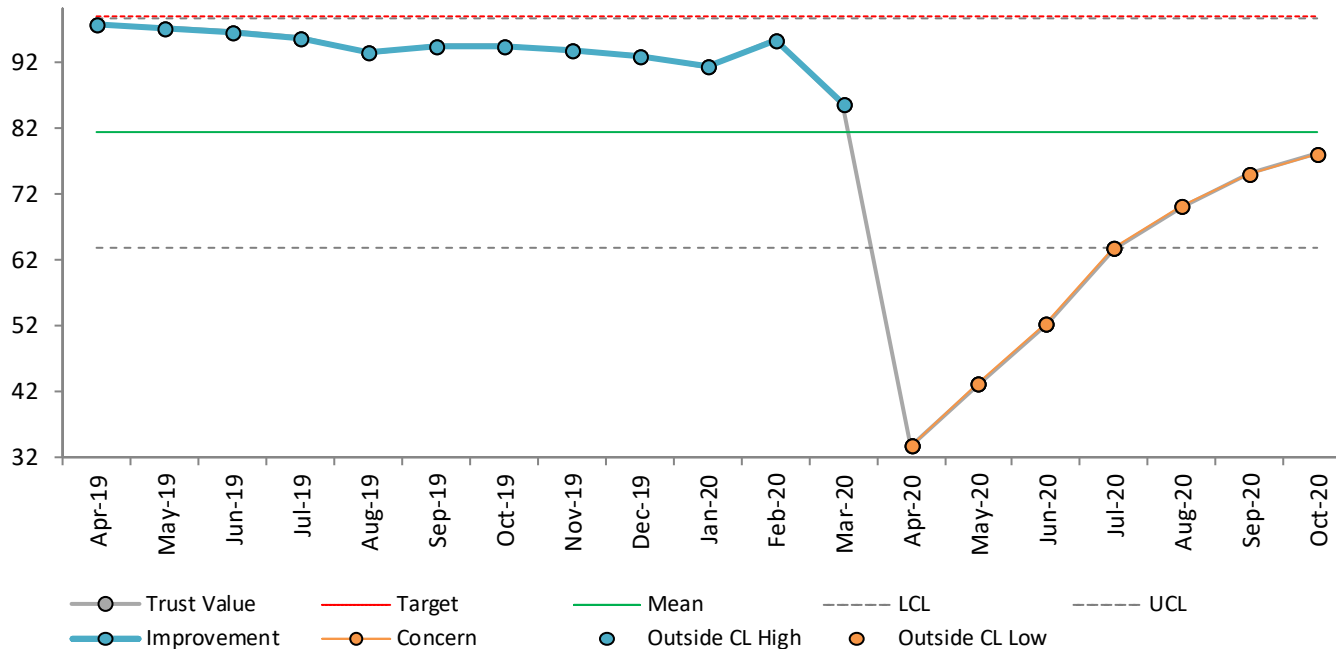
### Timescale

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Diagnostic 6 Weeks Standard (%)



Target	99
Mean	81.24
Last Month	78.05

<b>Executive Lead</b>
Johanna Reilly

<b>Lead</b>
Ann Wright

**Commentary**

Compliance across all diagnostics has been below target since April 19 and decreased significantly due to COVID. Radiology procedures are now back above target. Compliance for all other diagnostics except Cardio Echo, although increasing month on month are areas of focus.

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

### Cause of Variation

- Capacity within some services is still limited due to social distancing and COVID related staffing issues.
- AGP procedures and are taking longer in full PPE plus cleaning between procedures.

### Planned Actions

- Reinstate additional clinic sessions.
- Book in chronological order.
- Fully utilise clinic lists.
- Continue to monitor performance and adjust booking templates if necessary.

### Timescale

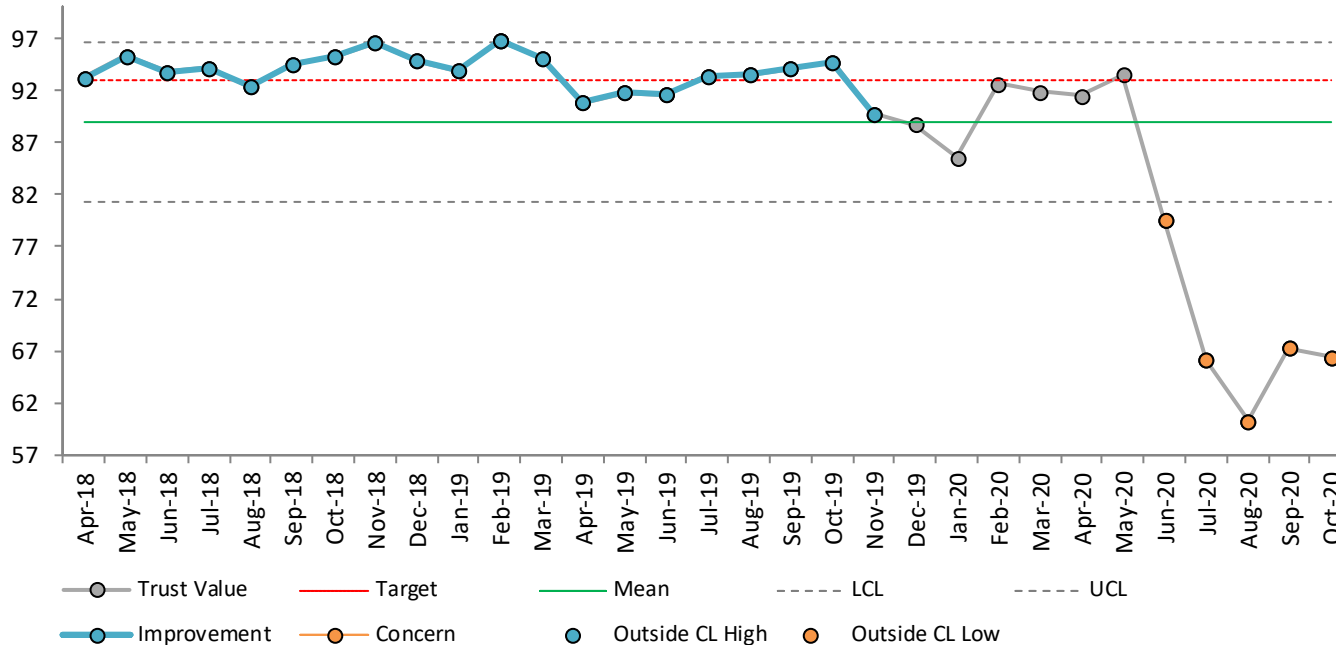
- On-going

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Cancer Treatment - 14 Day Standard (%)



Target	93
Mean	89.01
Last Month	66.39

<b>Executive Lead</b>
Adrian Clements

<b>Lead</b>
Nicki Hurn

**Commentary**

Prior to COVID the system was consistent although not always meeting the target.

The system is currently not meeting the target.

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

### Cause of Variation

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

### Planned Actions

- 2 week rule clinics re-instated including endoscopy capacity although this remains limited.
- Continuation of triage of 2ww referrals on receipt
- Weekly cancer performance wall continues virtually to identify pressures and theme.

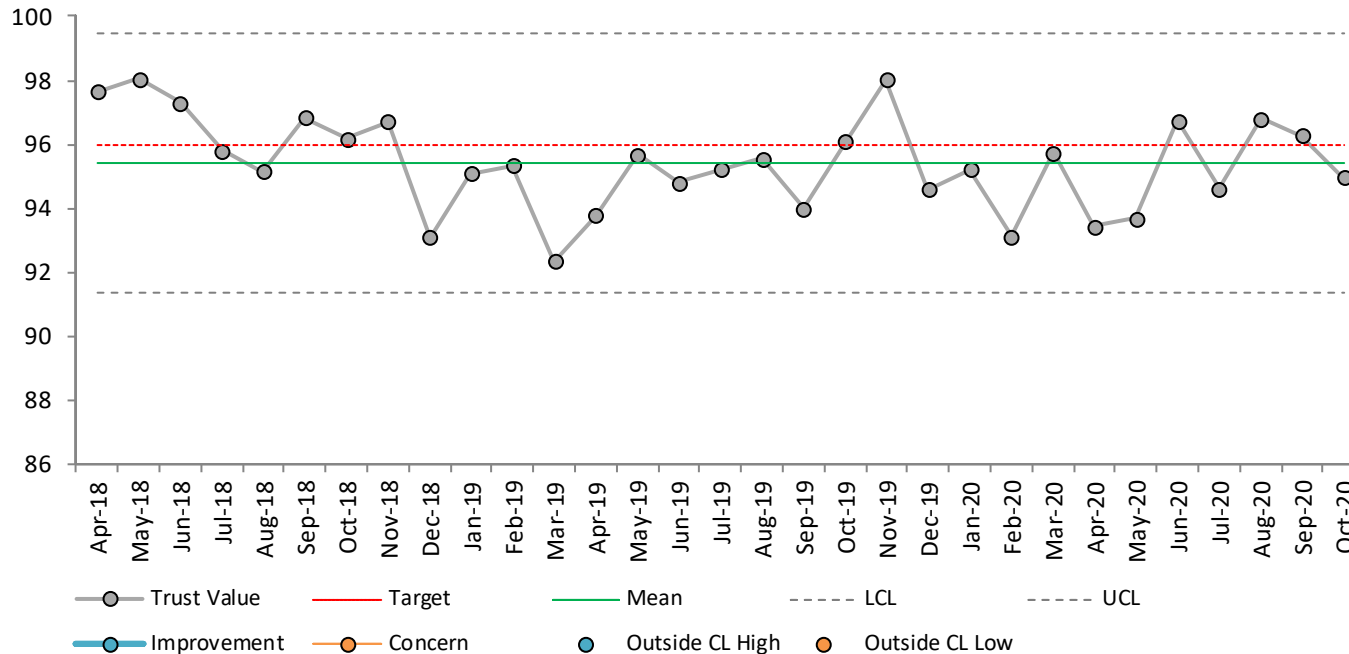
### Timescale

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Cancer Treatment - 31 Day Standard (%)



Target	96
Mean	95.41
Last Month	94.95

Executive Lead	Adrian Clements
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Lead	Nicki Hurn
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**Commentary**

This metric has not significantly changed over time.

The current process is unlikely to consistently meet the target.

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

### Cause of Variation

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

### Planned Actions

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

### Timescale

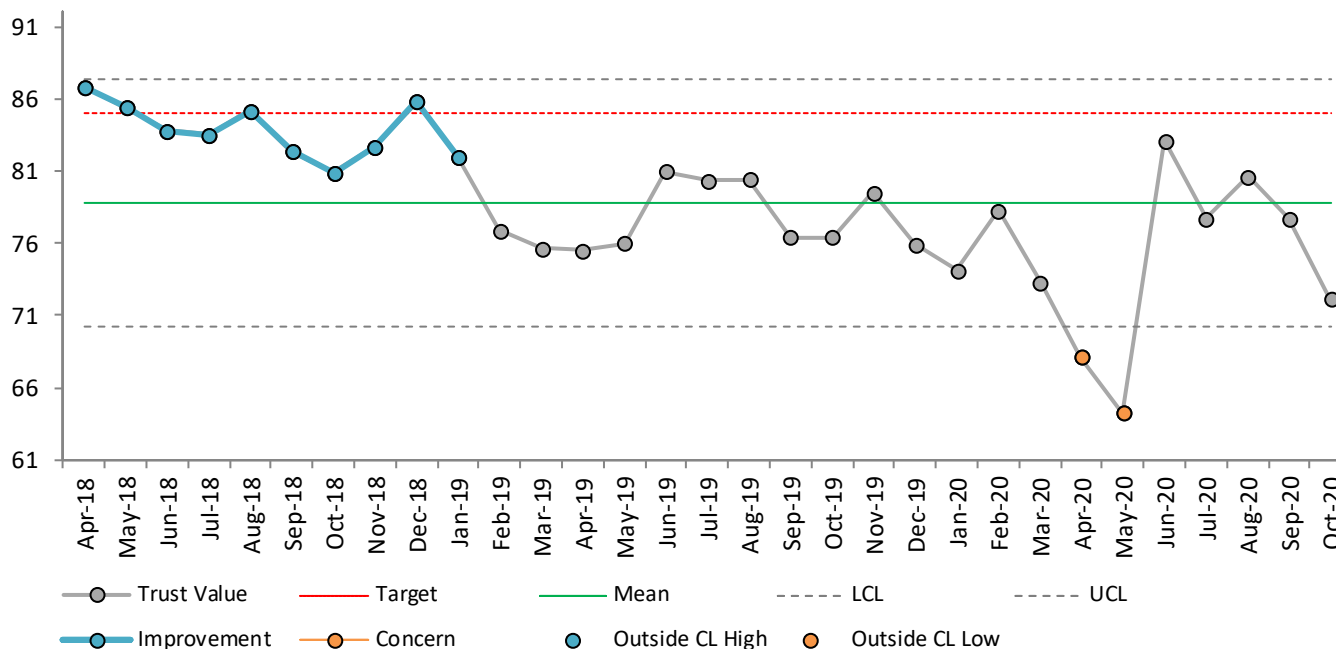
- Weekly.
- Weekly.
- Progress reviewed monthly with escalation to Board through performance report.

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Cancer Treatment - 62 Day Standard (%)



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

### Cause of Variation

- Overall treatments in September were down in comparison to the same period last year by 11.2% (157.5 v 177.5 treatments).
- Tees wide cancer cell developed ensuring all priority 2 patients are operated on within a four week period – Trust is managing to consume priority 2 cancer demand .

### Planned Actions

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

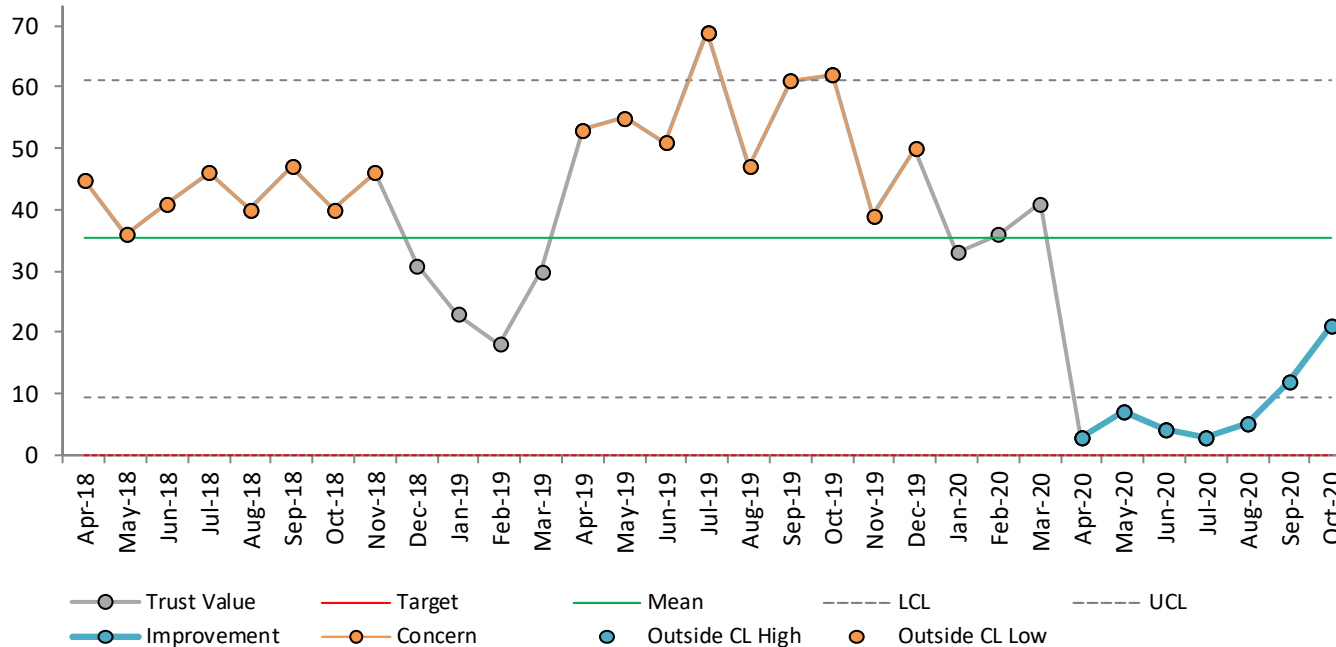
### Timescale

# 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	35.32
Last Month	21.00

<b>Executive Lead</b>
Johanna Reilly

<b>Lead</b>
Sue Geldart

**Commentary**

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

Cancellations are increasing as activity resumes towards pre-COVID levels.

### Cause of Variation

- 21 patients cancelled during October (7 Cardiothoracic Surgery, 4 Gen Surgery, 6 Gynaecology, 2 Neurosurgery, 1 ENT and 1 Urology). Predominate reasons for the cancellations were lack of theatre time and no ITU/HDU bed.

### Planned Actions

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

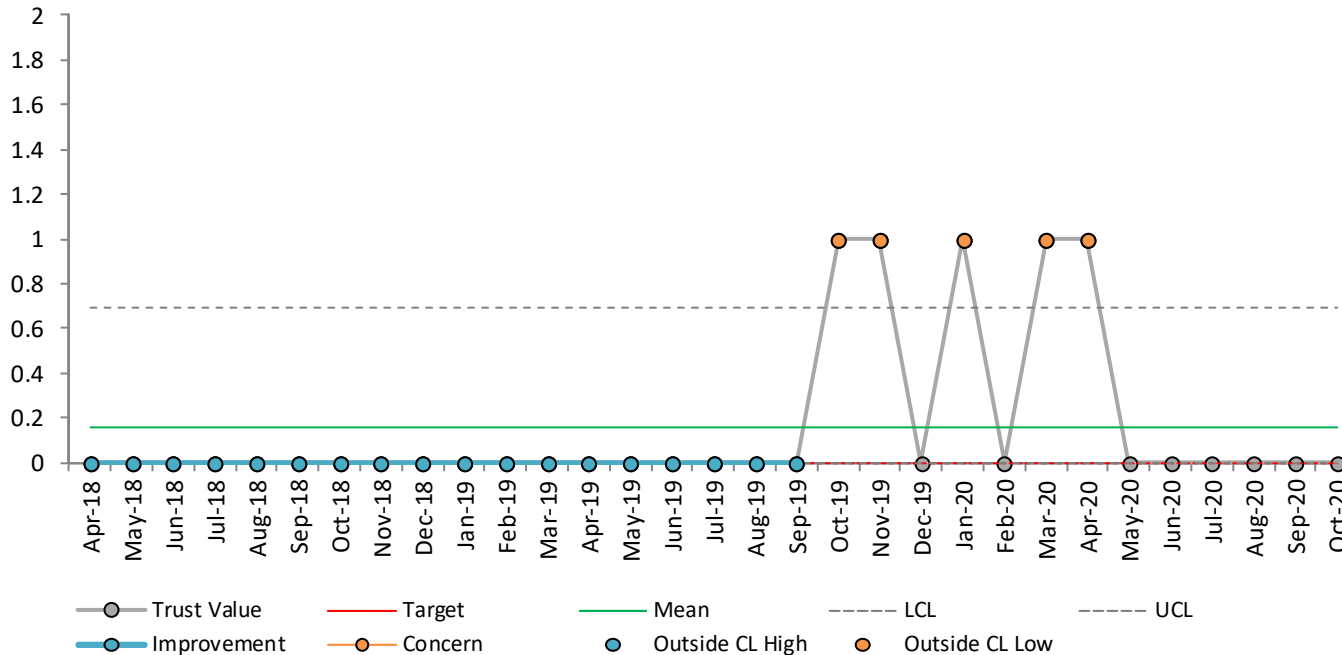
### Timescale

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Cancer Operations Cancelled On Day



Target	0
Mean	0.16
Last Month	0.00

<b>Executive Lead</b>
Johanna Reilly
<b>Lead</b>
Sue Geldart

**Commentary**

The process is showing some evidence of being capable although this is not yet statistically significant.

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

### Cause of Variation

### Planned Actions

### Timescale

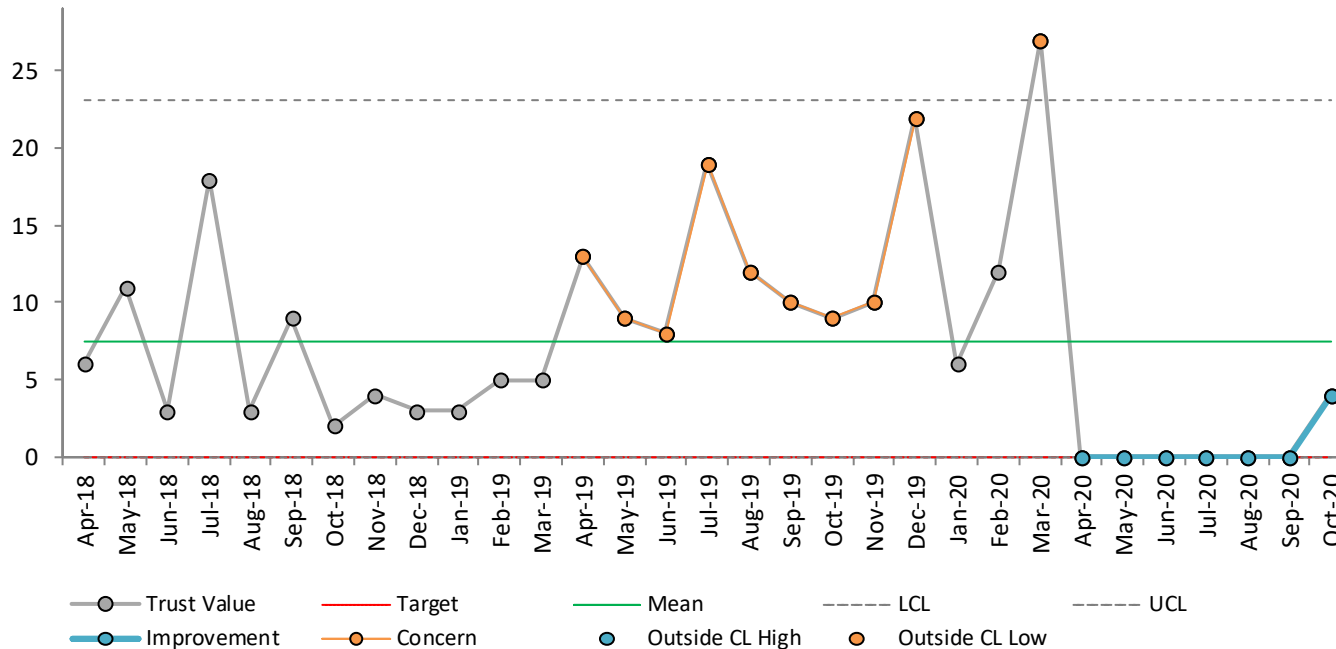


# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Cancelled Ops Not Rebooked Within 28 days



Target	0
Mean	7.52
Last Month	4.00

<b>Executive Lead</b>
Johanna Reilly
<b>Lead</b>
Sue Geldart

**Commentary**

As the target is zero there is no significant evidence that the target can be consistently met.

Compliance was met during COVID due to a reduced elective programme.

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

### Cause of Variation

- 21 patients had their operation cancelled on the day mainly due to lack of HDU/ITU bed or lack of theatre time. 17 patients were given dates within the 28 day standard. 3 patients have been given dates in November and 1 remains undated.

### Planned Actions

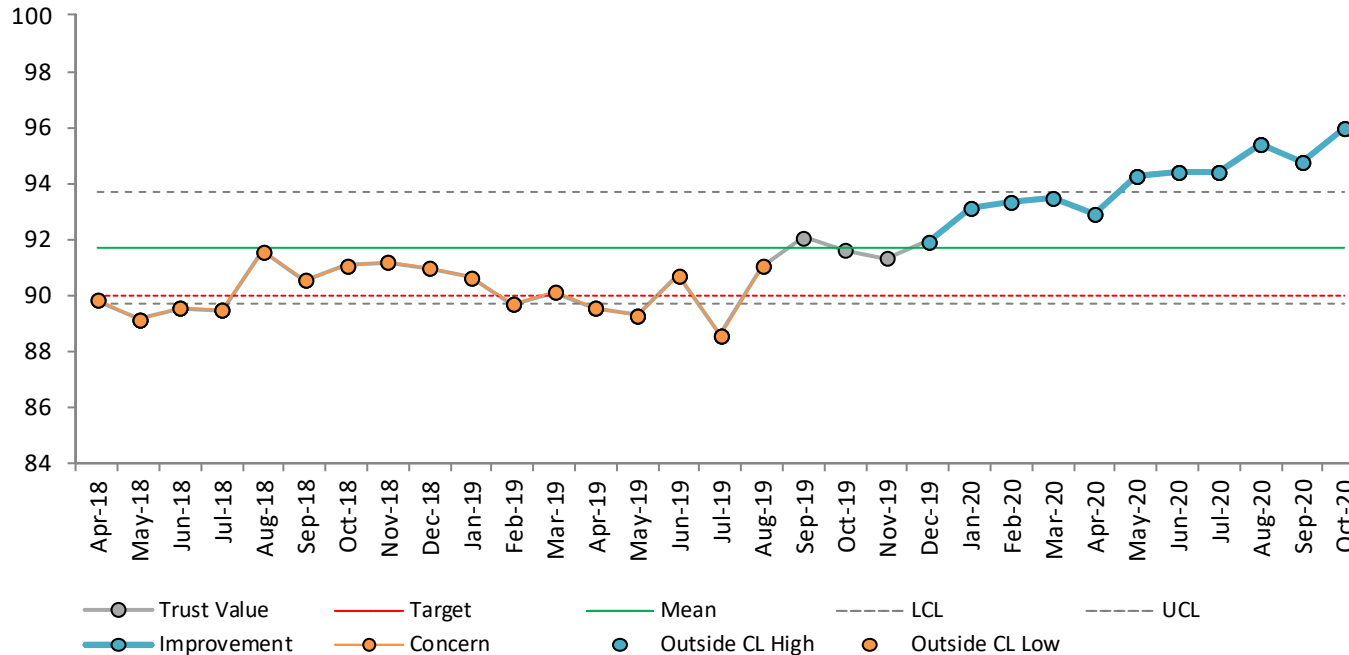
### Timescale

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## E-Discharge (%)



Target	90
Mean	91.67
Last Month	95.96

**Executive Lead**  
Johanna Reilly

**Lead**  
Moirra Angel

**Commentary**

The process has shown significant improvement.

Are we confident in the quality of the information recorded?

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

### Cause of Variation

### Planned Actions

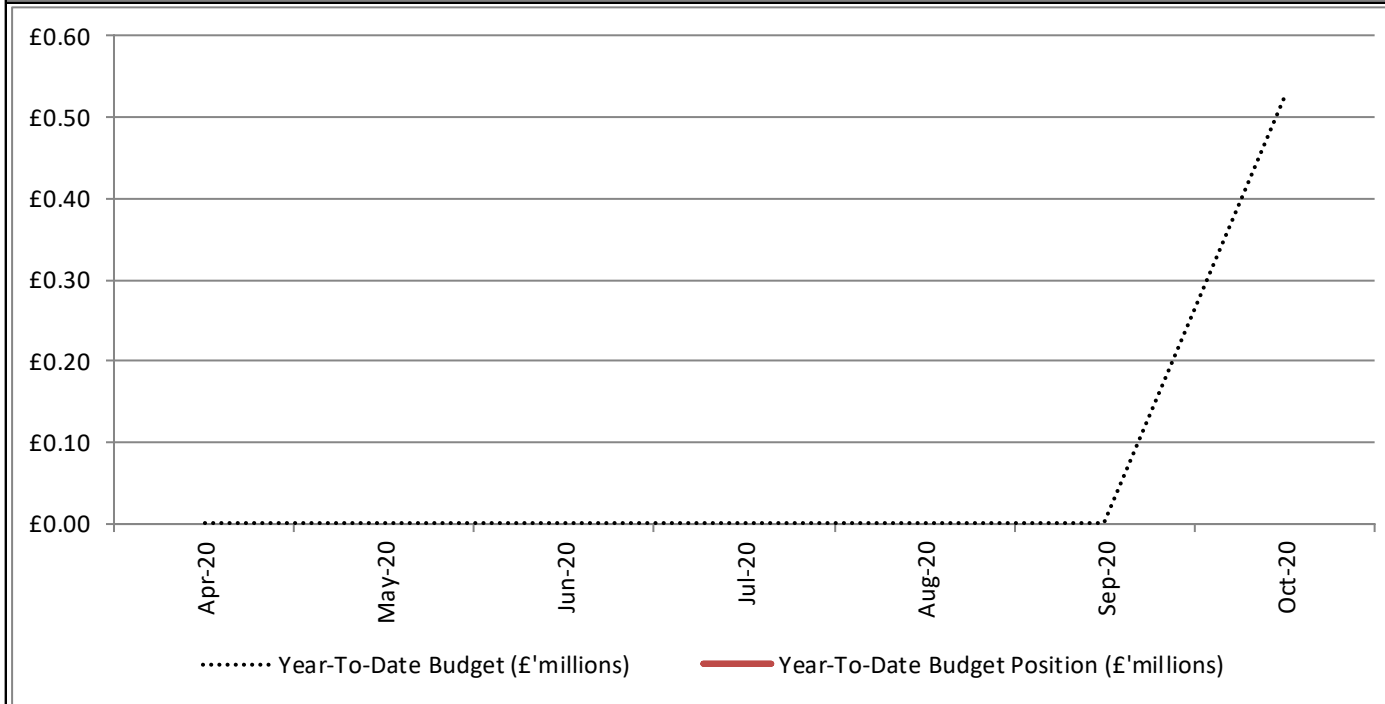
### Timescale

# Well-Led Summary

	Indicator	Latest Month	Target	Trend	Assurance
WELL LED	Year-To-Date Budget (£'millions)	£0.53	Within Budget		
	Annual Appraisal (%)	70.04%	80.0%		
	Mandatory Training (%)	88.43%	90.0%		
	Sickness Absence (%)	4.67%	4.0%		
	Staff Turnover (%)	12.46%	10.0%		

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

## Year-To-Date Budget Position (£'millions)



Year-To-Date Budget Position

**Target** 0.00

**Mean** N/A

**Last Month** 0.53

**Executive Lead**

Steven Mason

**Lead**

Luke Armstrong

**Commentary**

For October the Trust is £0.5m ahead of its revised annual plan.

### Cause of Variation

- The key cause of the £0.5m positive variation to plan is a £0.2m improvement on other income along with a £0.3m underspend on non pay.
- The non pay underspend of £0.3m is linked to under utilisation of the Trust Covid-19 budget , with this under spend expected to be utilised by the year end.

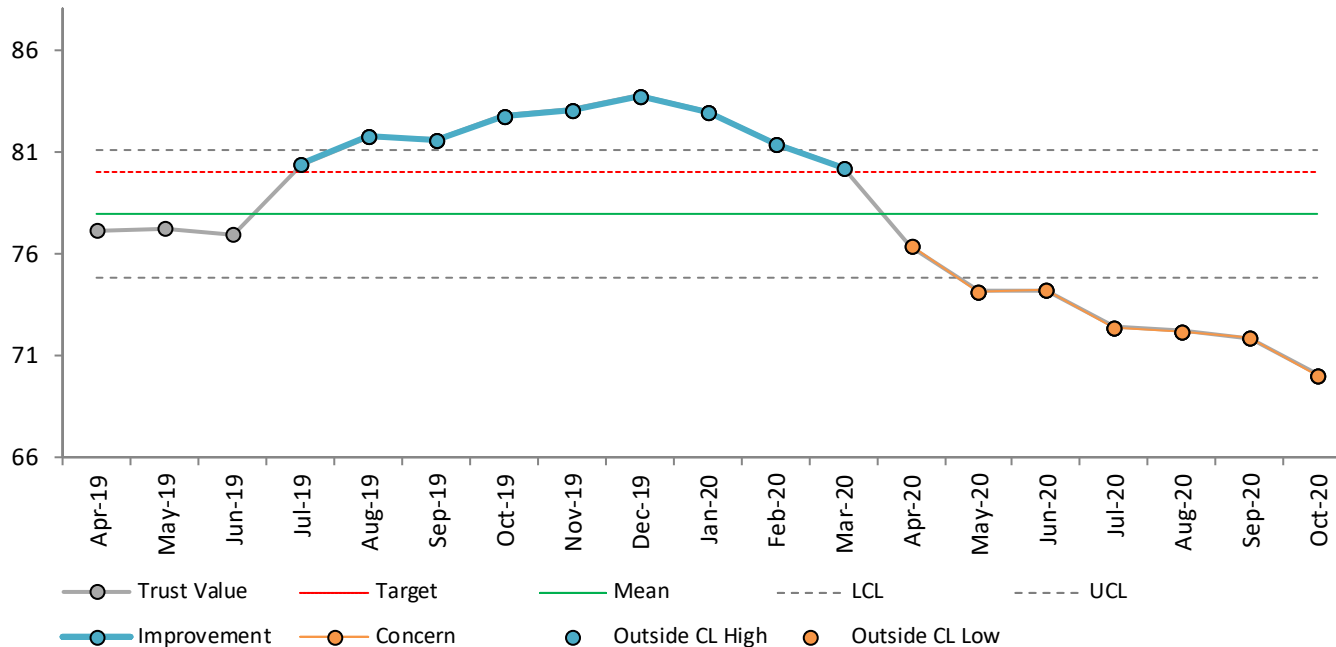
### Planned Actions

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

### Timescale

- Ongoing
- Ongoing

## Annual Appraisal (%)



Target	80
Mean	77.91
Last Month	70.04

<b>Executive Lead</b>
Rachael Metcalf
<b>Lead</b>
Jane Herdman

<b>Commentary</b>
Significant deterioration in the system can be seen.
This can be attributed to the COVID pandemic.

## Annual Appraisal Rate

### Cause of Variation

- Increased volume of staff absence due to COVID-19
- Requirement for managers to be redeployed to clinical/operational duties with a reduction in management time for completion of tasks such as SDR.
- Medical staff not required to complete annual appraisal during COVID-19 pandemic

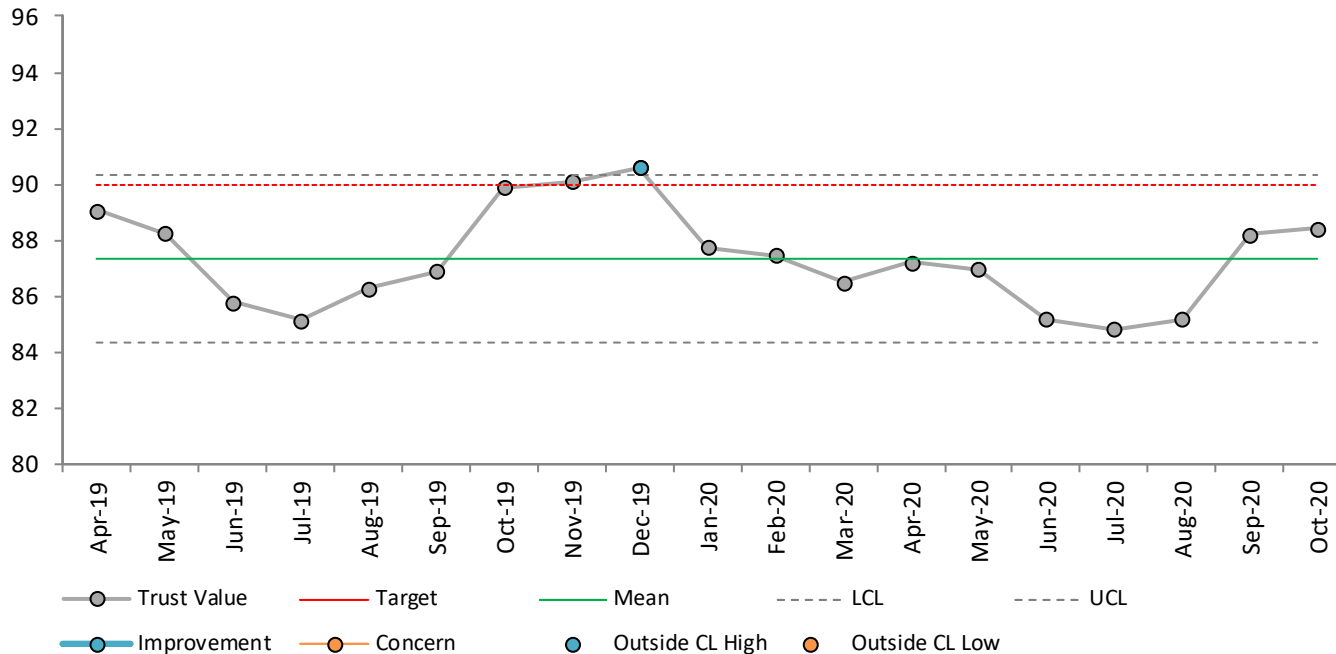
### Planned Actions

- Centre's focusing on top 100 overdue SDRs via HR Business Partners and Service/Departmental managers and data presented at Centre Boards/Performance Review Meetings
- Development of dashboard identifying number of absent staff due to COVID-19 will assist in correlating KPI against staff availability
- Discussions underway for ongoing data cleanse upon receipt of amended information which will assist with data accuracy.

### Timescale

- Ongoing
- Ongoing
- Ongoing

## Mandatory Training (%)



The % of Mandatory Training Compliance

Target	90
Mean	87.35
Last Month	88.43

<b>Executive Lead</b>
Rachael Metcalf
<b>Lead</b>
Jane Herdman

**Commentary**

There is no evidence of significant change in compliance of mandatory training.

Without a new initiative the process is incapable of achieving the target.

### Cause of Variation

- Operational focus on mandatory training compliance has been limited due to workforce pressures.
- Ongoing challenge regarding accuracy of mandatory training data.

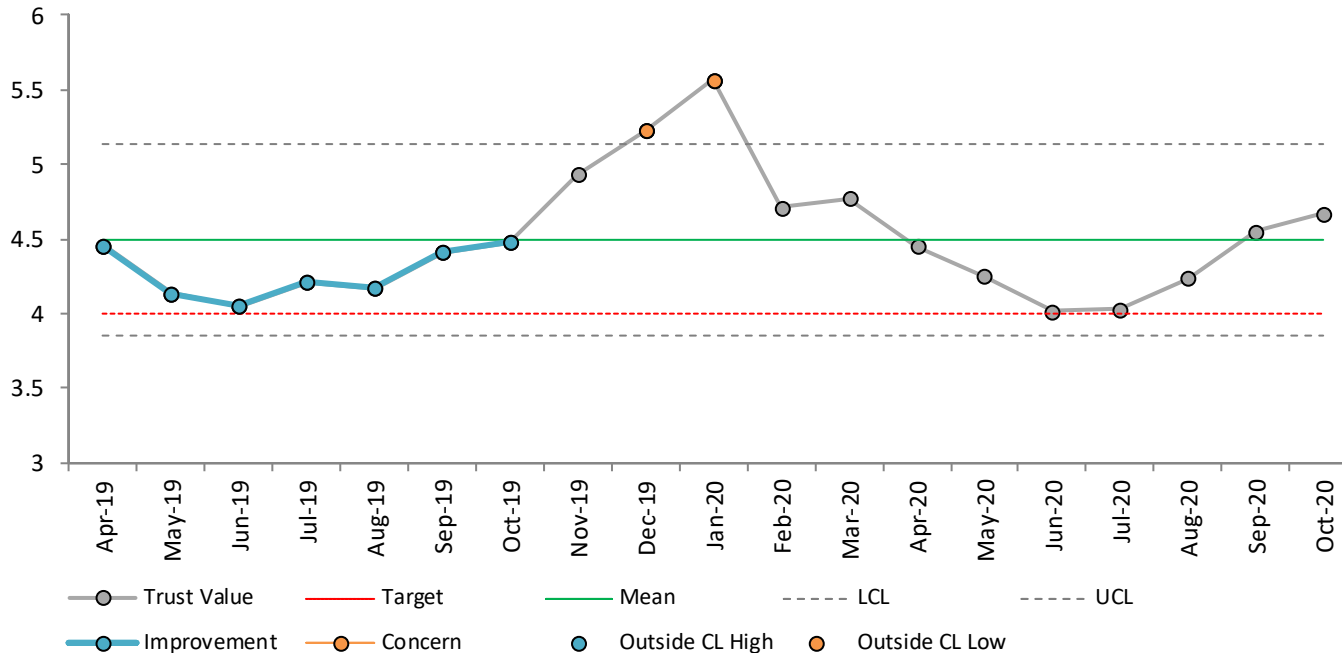
### Planned Actions

- Development of an unavailability dashboard developed which provides information on all COVID-19 related absence (including Clinically Extremely Vulnerable and isolating staff) will enable focus on 'hot spots' and available staffing to improve KPI performance
- Project to transfer mandatory training on to ESR underway and on track. Target date March 2021

### Timescale

- Provided November 2020
- March 2021

## Sickness Absence (%)



The % of monthly sickness absence

Target	4
Mean	4.49
Last Month	4.67

<b>Executive Lead</b>
Rachael Metcalf

<b>Lead</b>
Jane Herdman

<b>Commentary</b>
This process cannot meet the target of 4%

### Cause of Variation

- Increase in long term sickness

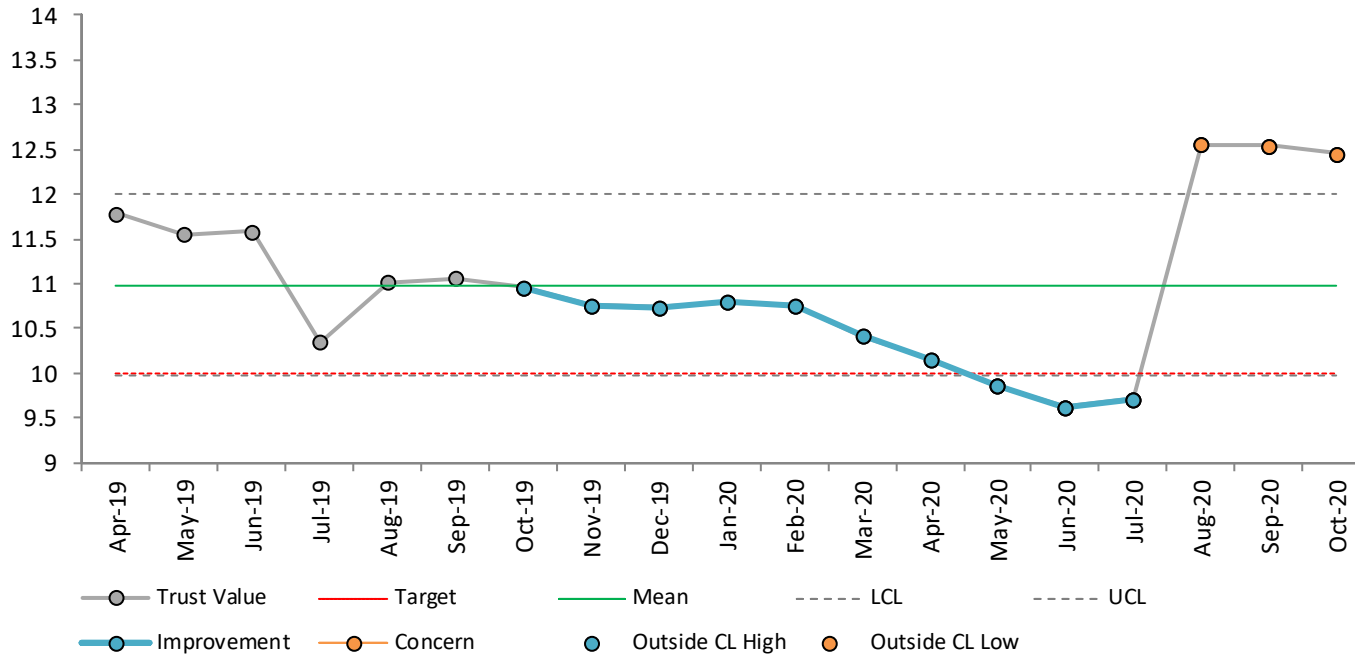
### Planned Actions

- Case conferences with manager to discuss all long term absence cases that are non-COVID related
- HR team to review all medium term absence with a view to identifying appropriate interventions for return to work wherever possible
- Introduction of a non-availability report by ward/department which includes information on related and non-COVID related absence will enable renewed focus on hot spot areas

### Timescale

- Ongoing
- December 2020
- November 2020

## Staff Turnover (%)



Staff turnover rate

Target	10
Mean	10.99
Last Month	12.46

Executive Lead	Rachael Metcalf
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Lead	Jane Herdman
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**Commentary**

From October 19 to July 20 there was a significant improvement in turnover reduction.

In August 20 there was a significant increase - was this as a result of student nurses leaving the organisation.

Cause of Variation
<ul style="list-style-type: none"> <li>Turnover has stabilised in September and October</li> </ul>

Planned Actions
<ul style="list-style-type: none"> <li>Discussions underway with Strive team to consider feasibility of Culture Champions working in partnership with HR team, to undertake Exit Interviews as part of the ongoing Values and Behaviours and Staff Engagement workstreams. This will enable implementation of 'itchy feet' and stay discussions with staff who are considering alternative employment outside the Trust.</li> </ul>

Timescale
<ul style="list-style-type: none"> <li>December 2020</li> </ul>



# Appendix

# Diagnostics Summary



South Tees Hospitals  
NHS Foundation Trust

Indicator	Latest Month	Target	Trend	Assurance	Narrative
Diagnostic 6 Weeks Standard (%) - Audiology	52.2%	99.0%			Diagnostic services have resumed with longer waiters being prioritised. Maximum capacity, due to social distancing, will be reached in November 2020. The recovery of this service to target level is still an area of concern.
Diagnostic 6 Weeks Standard (%) - Bone Densitometry	43.1%	99.0%			The service is showing significantly low compliance and is still an area of concern. It is currently incapable of returning above target without intervention.
Diagnostic 6 Weeks Standard (%) - Cardiology Echo	80.8%	99.0%			Compliance continues to improve and move towards the target levels following the drop due to Covid. No significant areas of concern.
<b>Endoscopy</b>					
Diagnostic 6 Weeks Standard (%) - Colonoscopy	47.1%	99.0%			Compliance although increasing month on month is still consistently low and an area of concern without further plans for intervention.
Diagnostic 6 Weeks Standard (%) - Flexible Sigmoidoscopy	41.3%	99.0%			
Diagnostic 6 Weeks Standard (%) - Gastroscopy	48.0%	99.0%			
<b>Neurophysiology &amp; Sleep</b>					
Diagnostic 6 Weeks Standard (%) - Neurophysiology	72.1%	99.0%			Compliance has continued to improve following the significant drop due to Covid in April 2020. Compliance exceeded the mean in October 2020 although still below target.
Diagnostic 6 Weeks Standard (%) - Sleep	19.5%	99.0%			Compliance has increased since April 2020 but is still an area of concern and does not show any signs of being able to achieve the target under present circumstances. Diagnostic beds are being compromised if Neurology Inpatient has higher priority. Service also experiencing higher DNA rates and patients reluctant TCI.
<b>Radiology</b>					
Diagnostic 6 Weeks Standard (%) - CT	99.7%	99.0%			All services have returned to compliance levels above target following the dip due to Covid but are still experiencing high covid related staff absences which could impact on appointment booking. No significant areas of concern but requires monitoring to ensure that improvement is sustainable.
Diagnostic 6 Weeks Standard (%) - MRI	99.5%	99.0%			
Diagnostic 6 Weeks Standard (%) - Ultrasound	99.9%	99.0%			
<b>Urology</b>					
Diagnostic 6 Weeks Standard (%) - Cystoscopy	48.1%	99.0%			Improvement following Covid dip has been sustained in October with available capacity increased. Clinical sessions now outside of theatre areas and swabbing not required so can try and fill cancelled appointments. Showing signs of gradual recovery but compliance still below the mean. Changes introduced have the potential for sustained improvement but needs to be monitored.
Diagnostic 6 Weeks Standard (%) - Urodynamics	24.4%	99.0%			Recovery since May 2020 has been variable month on month, and still well below target due to Clinic staffing with sessions dependent on MDT and staff availability.

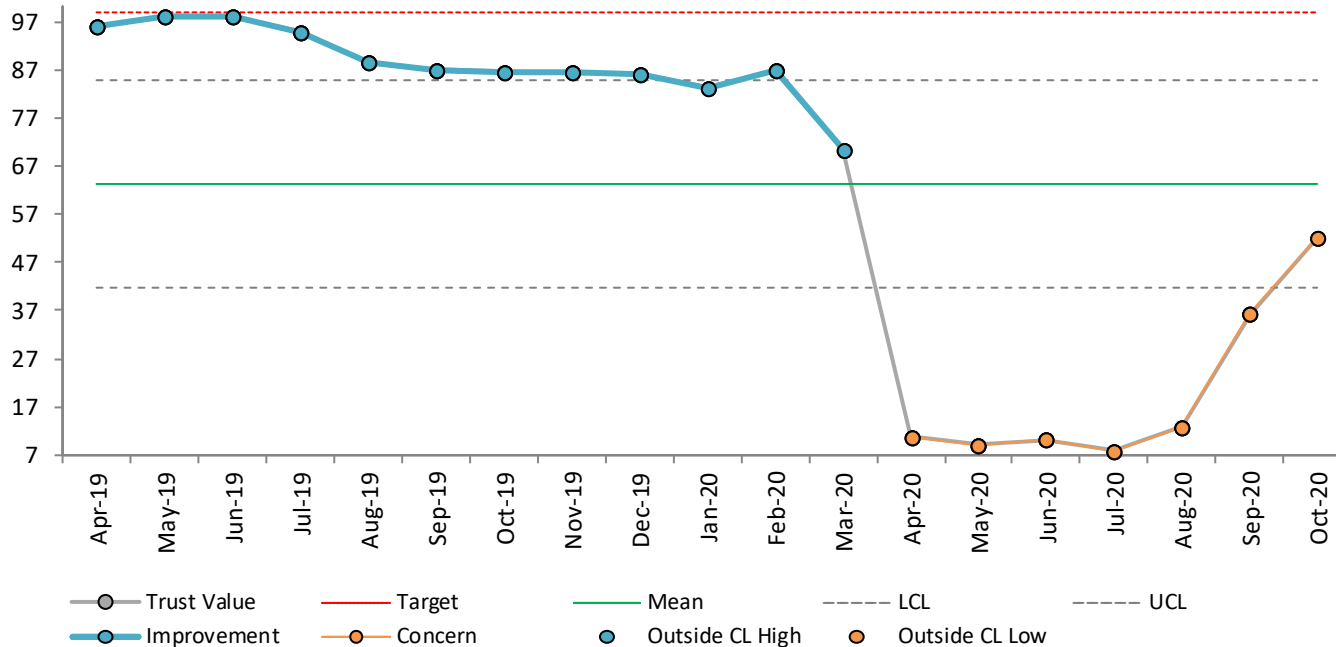
DIAGNOSTICS

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Diagnostic 6 Weeks Standard (%) - Audiology



Target	99
Mean	63.25
Last Month	52.23

<b>Executive Lead</b>
Johanna Reilly

<b>Lead</b>
Sue Geldart

**Commentary**

The system has been under the target from July '19 and decreased significantly in April '20 due to COVID.

Compliance has increased since then but is still an area of concern.

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

### Cause of Variation

- Diagnostic services are now turned back on and clinics are running to see longest waiters first. We will see an improvement for November, but then it will plateau due to maximum capacity being reached in booths and rooms with social distancing.

### Planned Actions

- To keep clinics running, and to triage waiting list to see if any patients can be removed due to resolving symptoms etc.

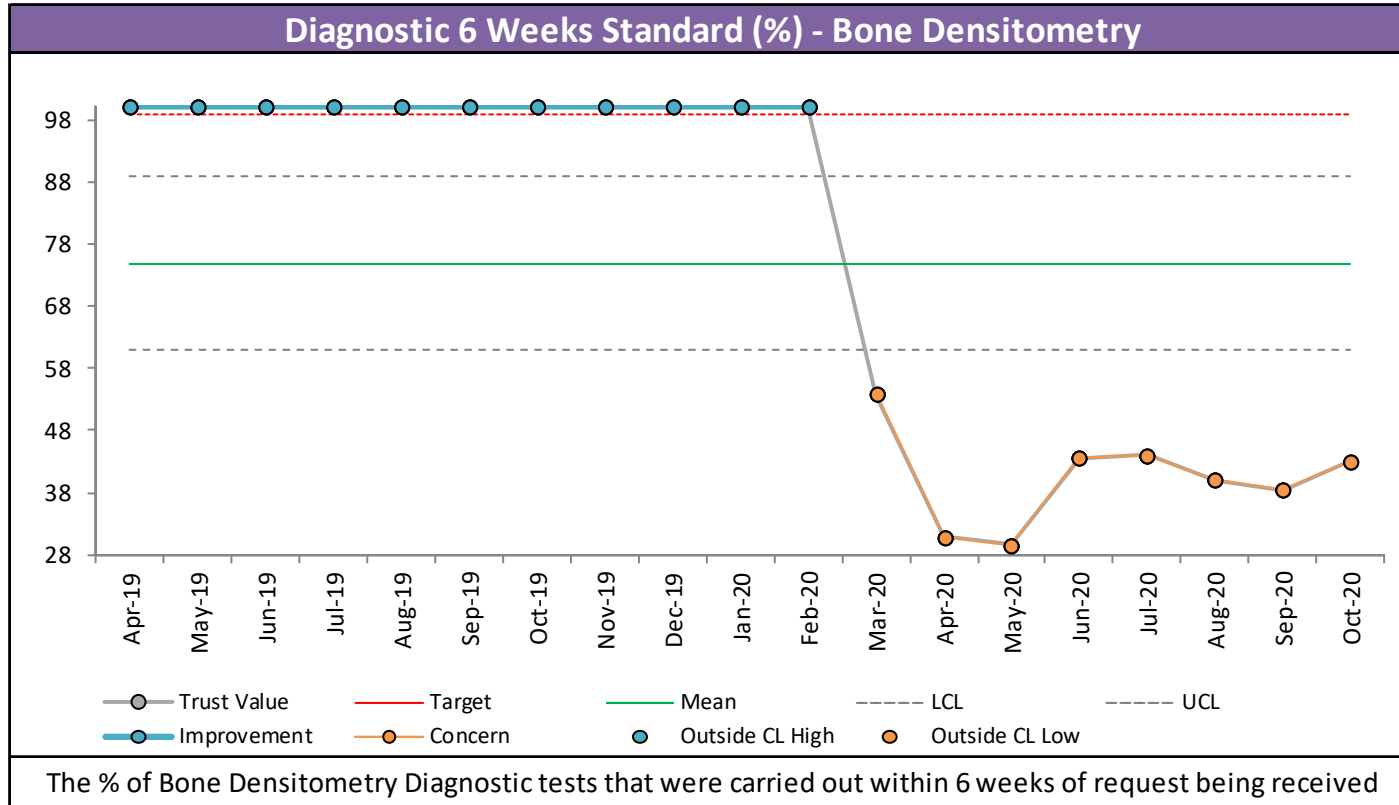
### Timescale

- This is an ongoing piece of work now that services are open.

# Responsive



South Tees Hospitals  
NHS Foundation Trust



<b>Target</b>	<b>99</b>
<b>Mean</b>	<b>74.93</b>
<b>Last Month</b>	<b>43.07</b>
<b>Executive Lead</b>	
Johanna Reilly	
<b>Lead</b>	
Fran Toller	

**Commentary**

The system was running consistently at 100% compliance but significantly dropped in March '20 due to COVID. The system is currently not projected to return above target.

Cause of Variation
<ul style="list-style-type: none"> <li>Diagnostic service paused at the outset of Covid-19 first wave.</li> <li>Staff redeployed to Radiology to support clinically prioritised Covid-19 response.</li> <li>Referral system not closed.</li> </ul>

Planned Actions
Review of service provision including: <ul style="list-style-type: none"> <li>Training of staff for cross cover.</li> <li>Explore ability to deliver additional sessions.</li> <li>Administration support for bookings / managing of patients.</li> <li>Review of templates for new : review balance.</li> </ul>

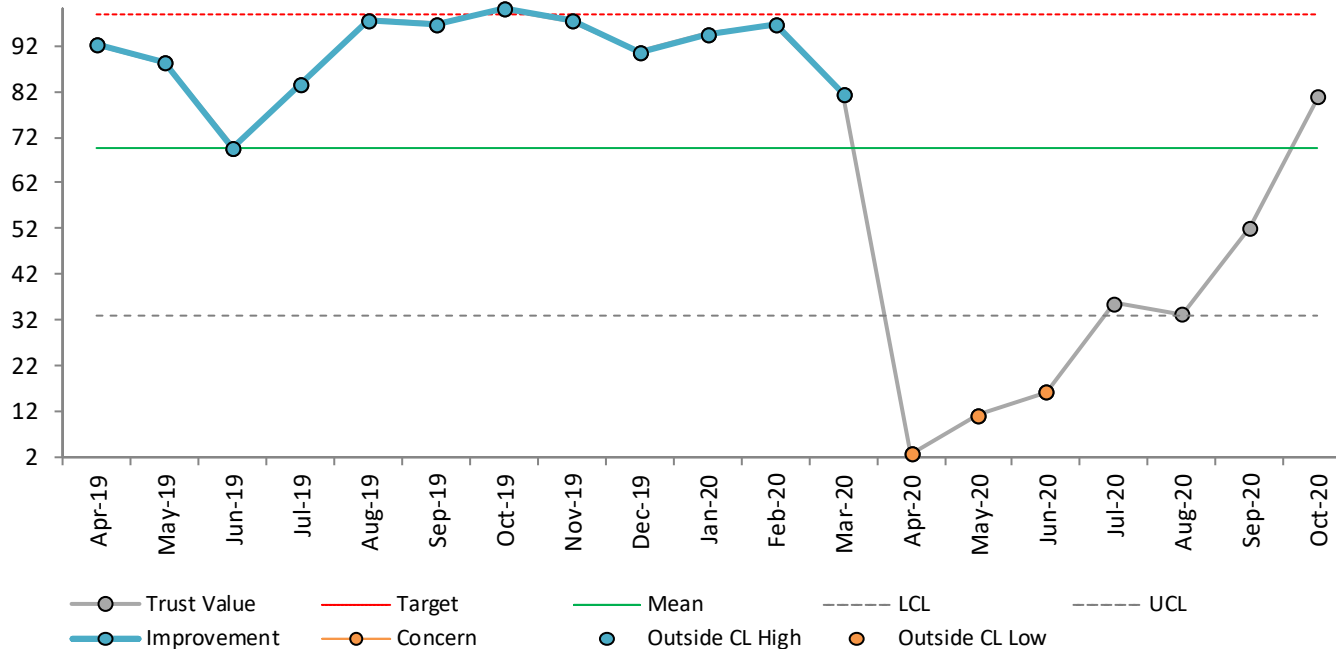
Timescale
<ul style="list-style-type: none"> <li>Ongoing, regular updates to be provided.</li> </ul>

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Diagnostic 6 Weeks Standard (%) - Cardiology Echo



Target	99
Mean	69.54
Last Month	80.77

Executive Lead
Johanna Reilly
Lead
Sue Geldart

**Commentary**

Compliance has continued to improve following the significant drop due to COVID in April '20.

October '20 exceeded the mean although compliance is still below target.

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

### Cause of Variation

- Apart from inpatients (based on risk) these diagnostic procedures stopped during COVID first wave – TOEs are an AGP procedure.

### Planned Actions

- Reinstated 4 sessions per week but throughput slower as some are AGP procedures and are taking longer in full PPE plus cleaning between procedures.
- Rate limiting factors of consultant and echocardiographers' time – some locum assistance in place and being reviewed .

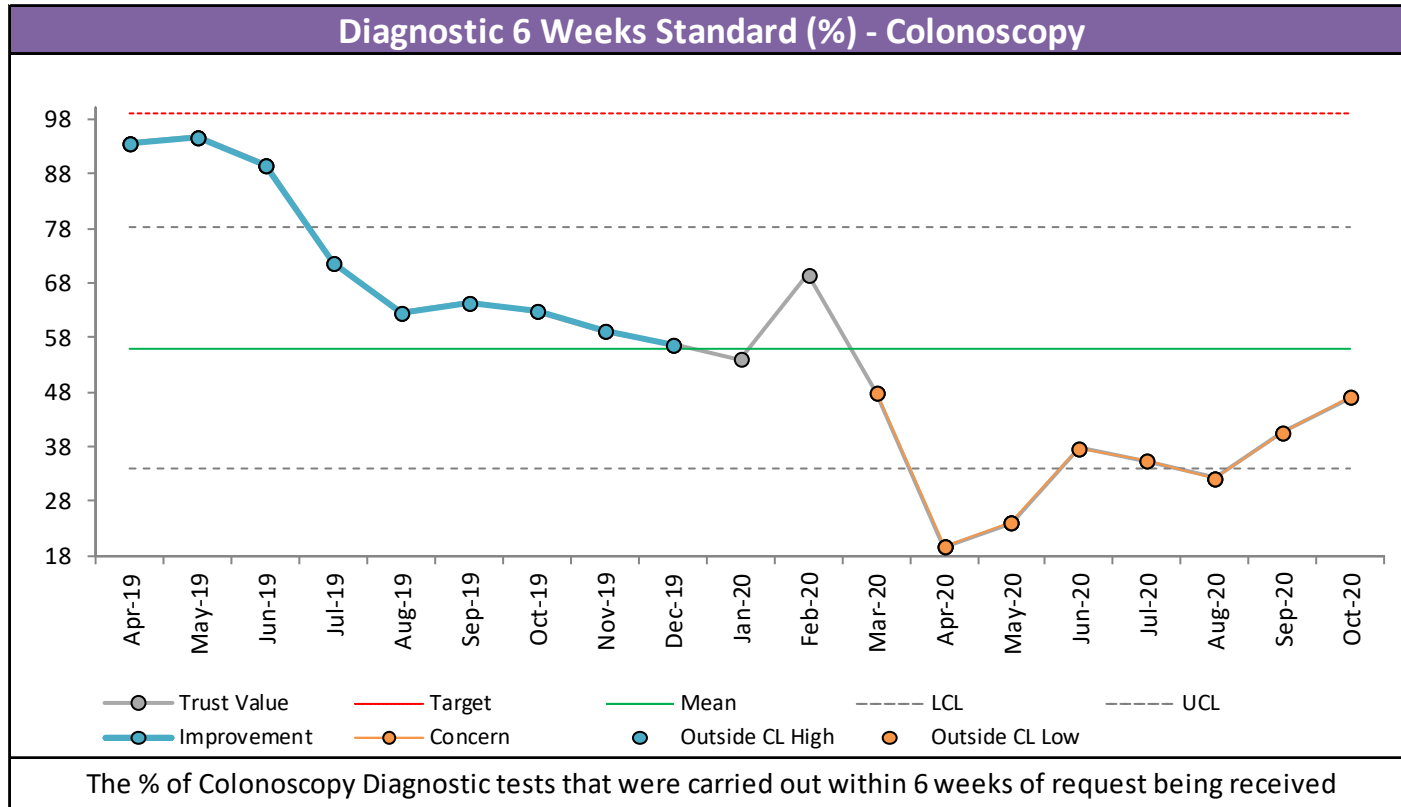
### Timescale

- From June 20 for DSEs and from Aug 20 for TOEs
- December 2020

# Responsive



South Tees Hospitals  
NHS Foundation Trust



<b>Target</b>	<b>99</b>
<b>Mean</b>	<b>56.01</b>
<b>Last Month</b>	<b>47.10</b>
<b>Executive Lead</b>	
Johanna Reilly	
<b>Lead</b>	
Sue Geldart	

**Commentary**

Compliance has been below target since April '19 and then decreased significantly in March '20 due to COVID.

Compliance although increasing month on month is an area of escalation.

**Cause of Variation**

- STFT had an accumulation of Endoscopy patients before COVID-19 pandemic. The 6 week pause of Endoscopy services increased this further.
- Patients are being triaged and booked in order of clinical priority not chronological order.

**Planned Actions**

- Service is continuing across 7 days across both sites until Dec 2020.
- Targeted approach to reduce longest waiters as many are waiting for specialist procedures.
- Some of the longest waiters want to defer their procedure due to COVID – all are being clinically reviewed
- Plan to look at a sustainable solution to match our capacity to the demand levels and achieve access targets.

**Timescale**

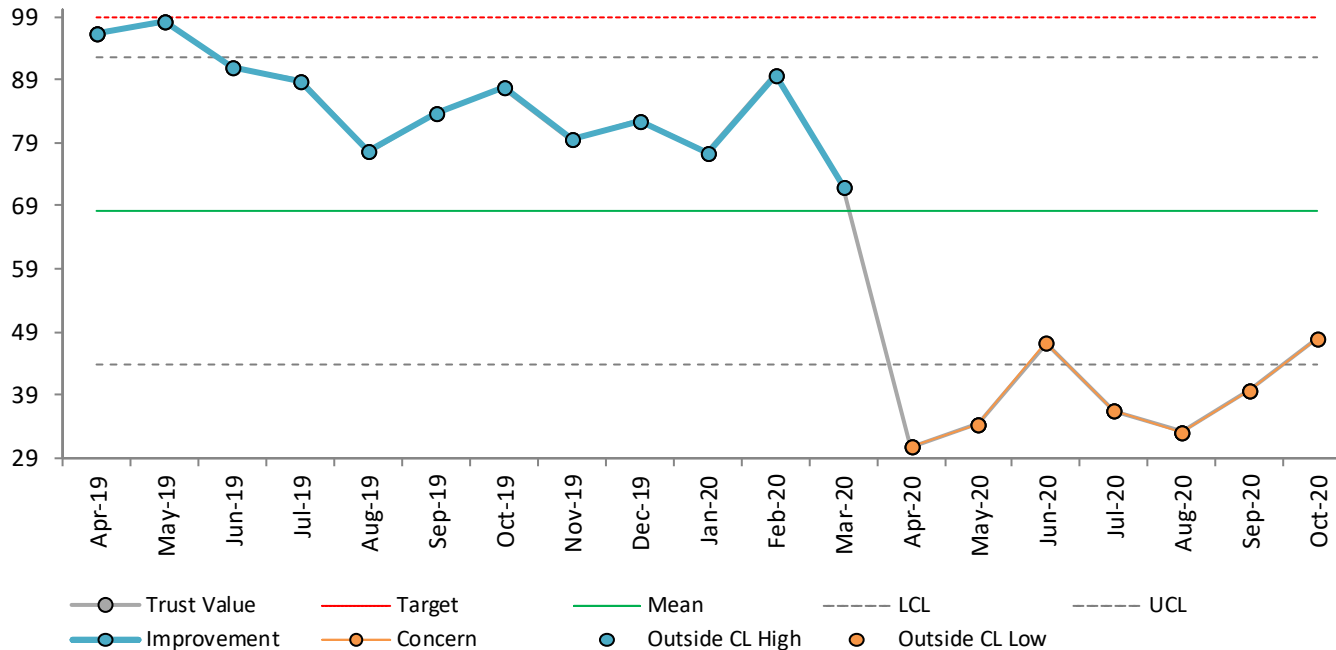
- The backlog is on track to be caught up by the end of December 2020 although If the weekend working doesn't continue, the waiting times will grow again.

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Diagnostic 6 Weeks Standard (%) - Gastroscopy



Target	99
Mean	68.12
Last Month	47.95

<b>Executive Lead</b>
Johanna Reilly

<b>Lead</b>
Sue Geldart

**Commentary**

Compliance has been below target since April '19 and then decreased significantly in April '20 due to COVID.

Compliance although increasing month on month is an area of esclation.

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

### Cause of Variation

- STFT had an accumulation of Endoscopy patients before COVID-19 pandemic. The 6 week pause of Endoscopy services increased this further.
- Patients are being triaged and booked in order of clinical priority not chronological order .

### Planned Actions

- Service is continuing across 7 days across both sites until Dec 2020.
- Targeted approach to reduce longest waiters as many are waiting for specialist procedures.
- Some of the longest waiters want to defer their procedure due to COVID – all are being clinically reviewed
- Plan to look at a sustainable solution to match our capacity to the demand levels and achieve access targets.

### Timescale

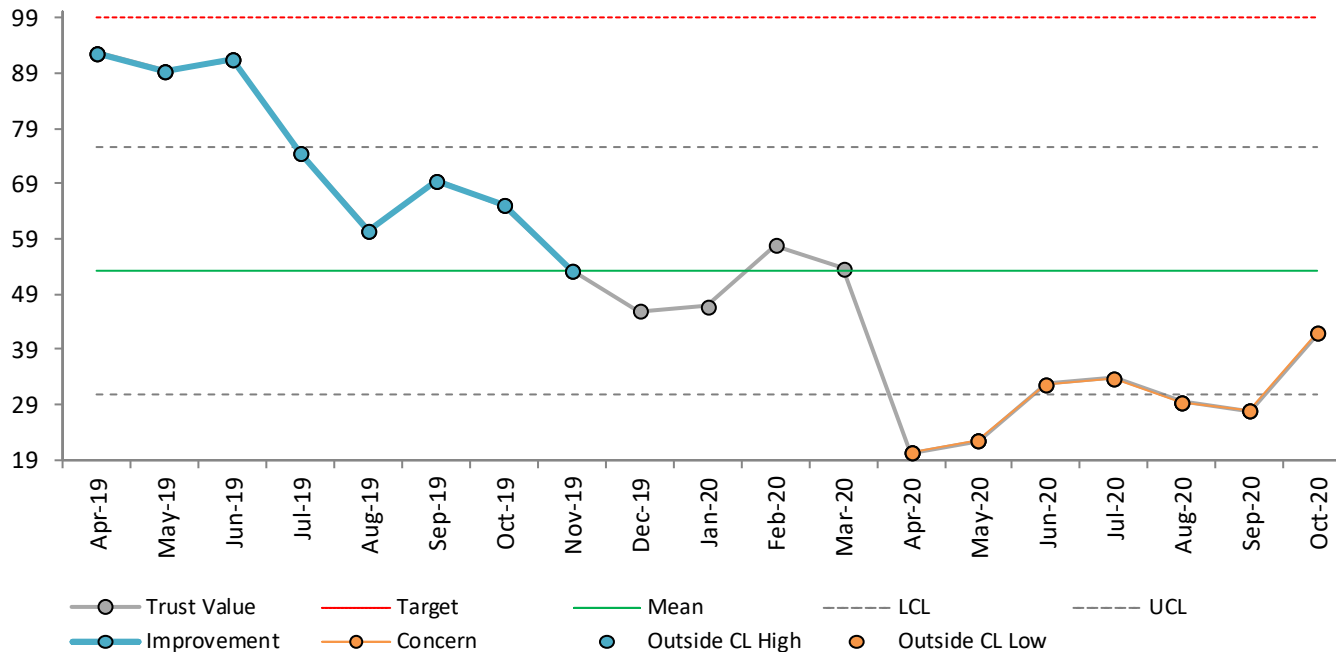
- The backlog is on track to be caught up by the end of December 2020 although If the weekend working doesn't continue, the waiting times will grow again.

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Diagnostic 6 Weeks Standard (%) - Flexible Sigmoidoscopy



Target	99
Mean	53.13
Last Month	41.88

**Executive Lead**  
Johanna Reilly

**Lead**  
Sue Geldart

**Commentary**

Compliance has been below target since April '19 and continued to fall before a significant decrease in March '20 due to COVID.

Compliance although increasing month on month is an area of escalation.

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

### Cause of Variation

- STFT had an accumulation of Endoscopy patients before COVID-19 pandemic. The 6 week pause of Endoscopy services increased this further.
- Patients are being triaged and booked in order of clinical priority not chronological order .

### Planned Actions

- Service is continuing across 7 days across both sites until Dec 2020.
- Targeted approach to reduce longest waiters as many are waiting for specialist procedures.
- Some of the longest waiters ant to defer their procedure due to COVID – all are being clinically reviewed
- Plan to look at a sustainable solution to match our capacity to the demand levels and achieve access targets.

### Timescale

- The backlog is on track to be caught up by the end of December 2020 although If the weekend working doesn't continue, the waiting times will grow again

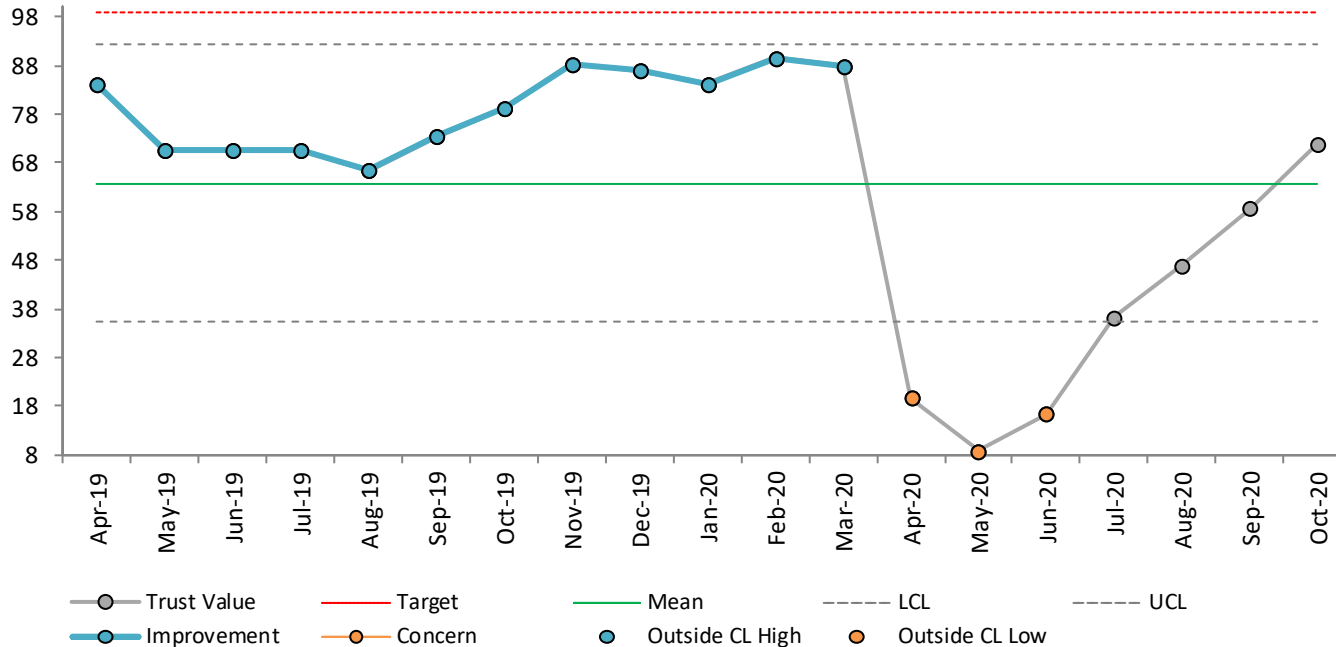


# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Diagnostic 6 Weeks Standard (%) - Neurophysiology



Target	99
Mean	63.75
Last Month	72.06

<b>Executive Lead</b>
Johanna Reilly

<b>Lead</b>
Sue Geldart

**Commentary**

Compliance has continued to improve following the significant drop due to COVID in April '20.

October '20 exceeded the mean although compliance is still below target.

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

### Cause of Variation

- COVID-19 accumulation

### Planned Actions

- Clinics re-opened June 2020
- Continue to book in chronological order
- Fully utilise lists

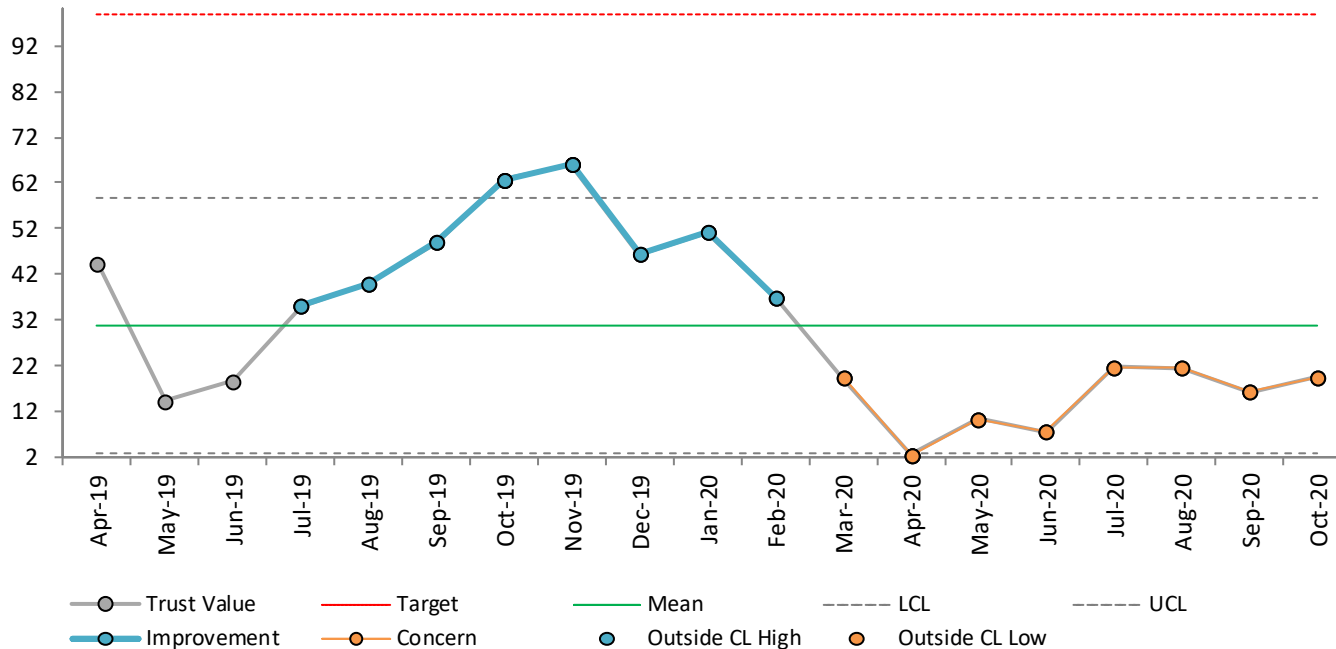
### Timescale

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Diagnostic 6 Weeks Standard (%) - Sleep



**Target** 99

**Mean** 30.66

**Last Month** 19.53

**Executive Lead**

Johanna Reilly

**Lead**

Sue Geldart

**Commentary**

Compliance has been below target since April '19 and decreased significantly in April '20 due to COVID.

Compliance has increased since April '20 but is still not reaching the target.

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

### Cause of Variation

- COVID-19 accumulation
- Access to 2 x diagnostic beds (adult) on W27 can be compromised if side room needs allocating to Neurology IP with higher clinical need.
- Currently experiencing higher DNA rate / patients reluctant TCI

### Planned Actions

- Recommended IP diagnostics May 2020
- Continue to book in chronological order
- Ensure that all available capacity is fully utilised

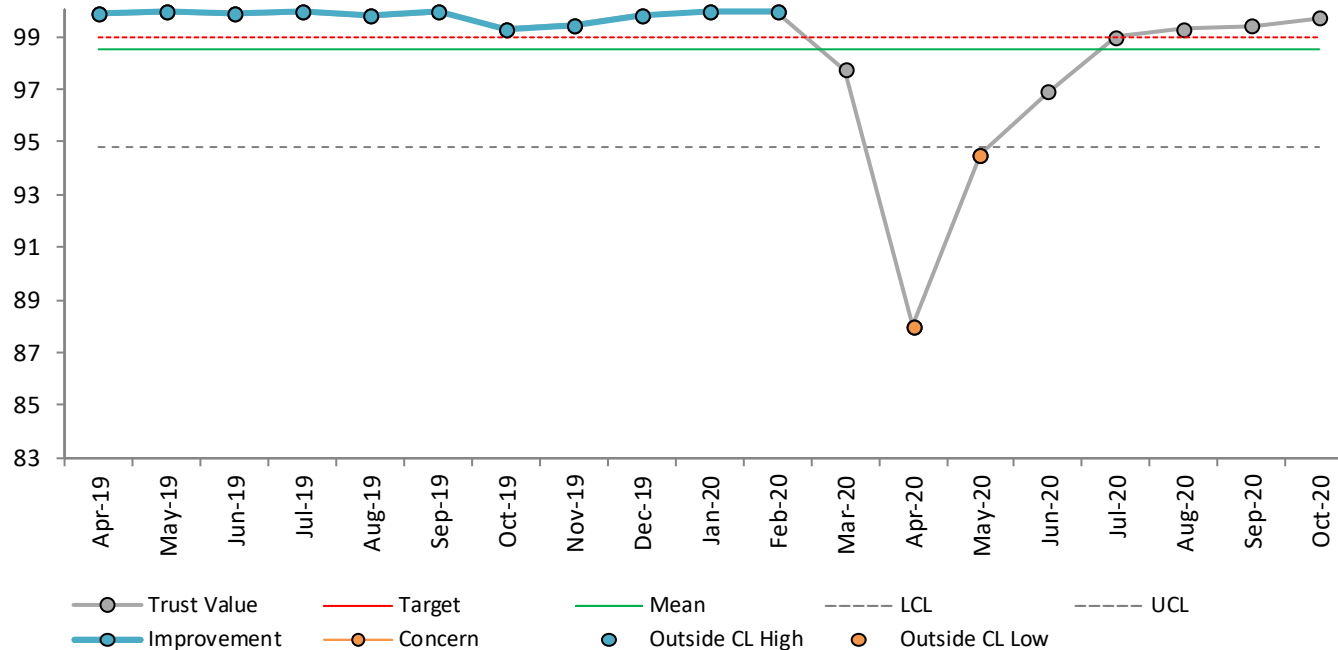
### Timescale

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Diagnostic 6 Weeks Standard (%) - CT



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

Target	99
Mean	98.55
Last Month	99.70

<b>Executive Lead</b>
Johanna Reilly

<b>Lead</b>
Joanne Dobson

**Commentary**

There was a drop in compliance during March – June '20 due to COVID.

Compliance returned to above target in July '20 but requires monitoring to ensure compliance is sustainable.

### Cause of Variation

- Fully compliant
- Staffing escalation policy in place due to high COVID related absences (contacts in isolation)

### Planned Actions

- Continue to monitor performance for compliance

### Timescale

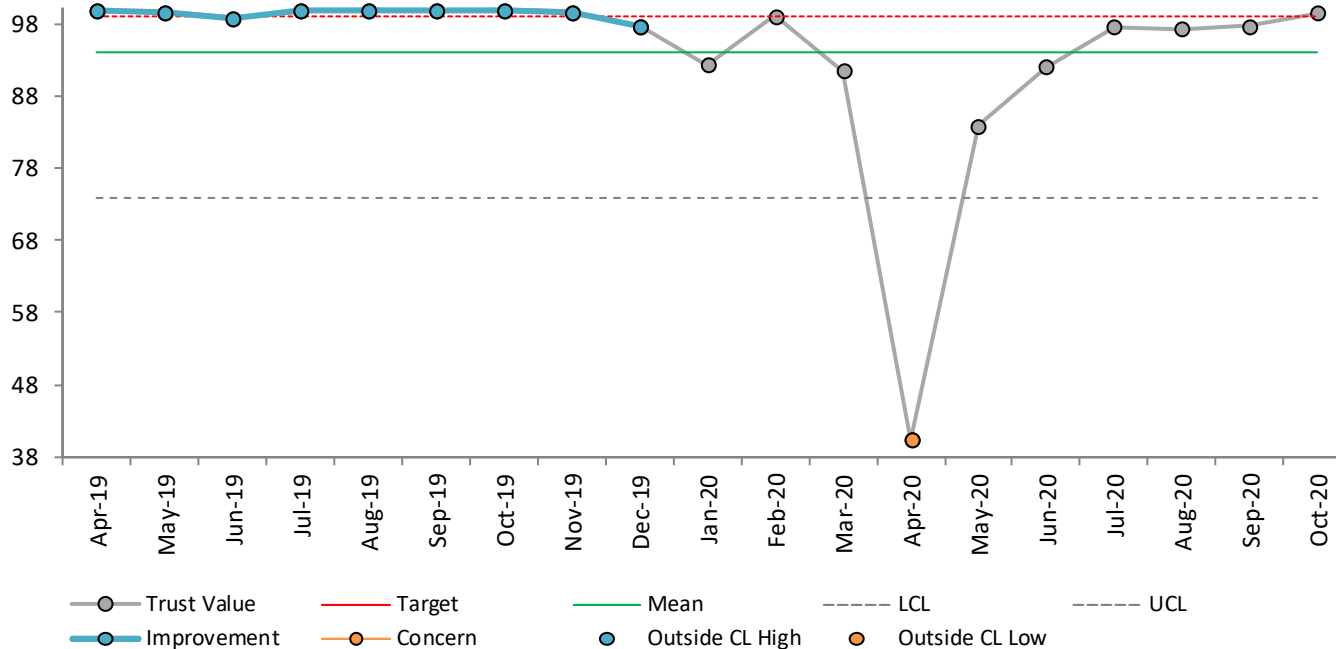
- Ongoing

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Diagnostic 6 Weeks Standard (%) - MRI



Target	99
Mean	94.01
Last Month	99.53

<b>Executive Lead</b>
Johanna Reilly

<b>Lead</b>
Joanne Dobson

**Commentary**

Compliance dropped below target in Dec '19 and has mainly remained below with a significant drop in April '20 due to COVID. It returned to above target in October '20 but needs to be monitored further to confirm this is sustainable.

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

### Cause of Variation

- Additional sessions allocated when demand outstrips capacity
- Significant staffing issues in booking team

### Planned Actions

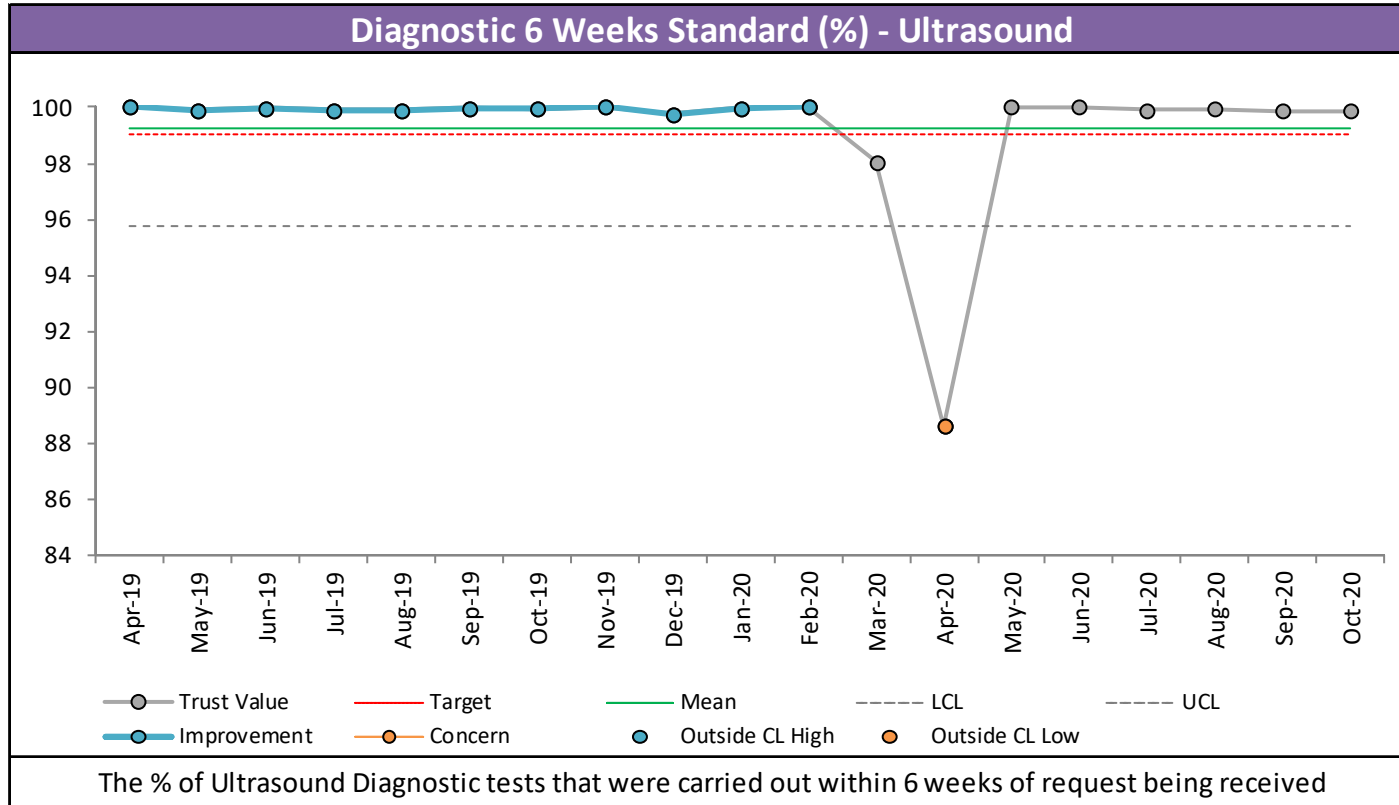
- Monitor and adjust booking template as required.
- Continue to utilise maximum capacity available at Ramsey Health (54 slots p/w).

### Timescale

# Responsive



South Tees Hospitals  
NHS Foundation Trust



<b>Target</b>	<b>99</b>
<b>Mean</b>	<b>99.24</b>
<b>Last Month</b>	<b>99.88</b>

**Executive Lead**  
Johanna Reilly

**Lead**  
Joanne Dobson

**Commentary**

Prior to March '20, compliance was consistently above target.

Compliance has returned to above target, following the impact of COVID, and does not show any significant areas of concern.

**Cause of Variation**

- Regular monitoring of waiting lists, appointment and staffing models changed to meet demand.
- High DNA rates
- Limited staffing resource in patient connect

**Planned Actions**

- Continue to monitor daily
- Re-allocate booking of Ramsey Health lists internally to ensure allocated capacity is utilised (fluctuates depending on staff availability).

**Timescale**

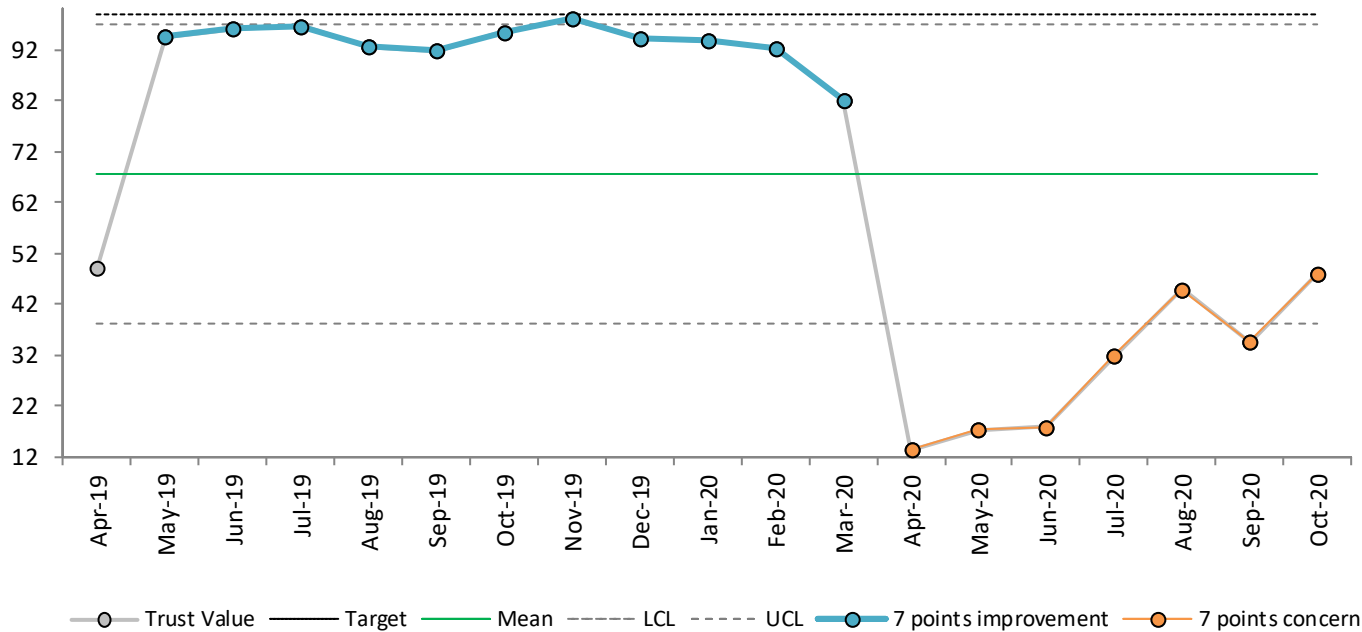
- Ongoing

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Diagnostic 6 Weeks Standard (%) - Cystoscopy



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

Target	99
Mean	67.68
Last Month	48.12

<b>Executive Lead</b>
Johanna Reilly
<b>Lead</b>
Sue Geldart

**Commentary**

Compliance dropped significantly in April '20 due to COVID.

Compliance, although increasing month on month, is below the mean and an area of escalation.

### Cause of Variation

- Improvement sustained in Oct with available capacity increased.
- Clinical sessions now outside of theatre areas and swabbing not required.
- Gradual recovery.
- Available capacity not fully utilised.
- Potential for sustained improvement.

### Planned Actions

- Capacity not fully utilised and booking process being reviewed and improved.
- Availability of washers at Redcar from late Nov will further improve capacity.
- To obtain loan scopes to ensure capacity maintained.

### Timescale

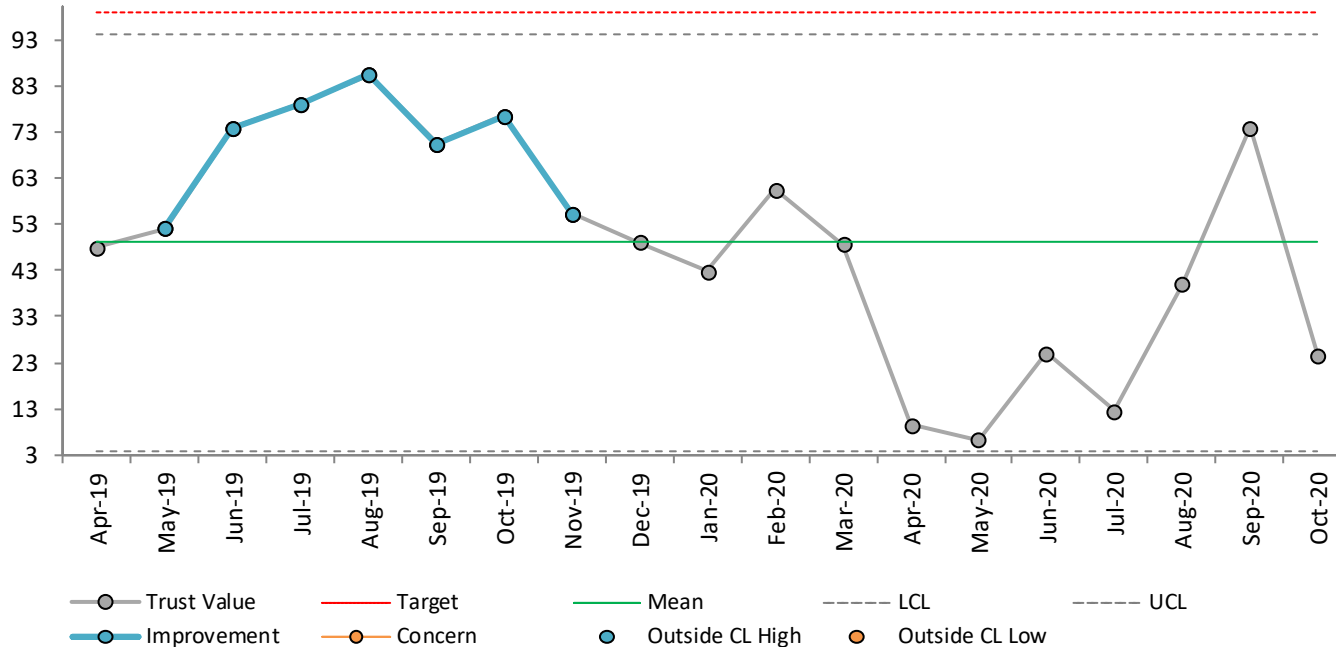
- Process review to be complete by end Nov.
- Washers operational by end Nov.

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Diagnostic 6 Weeks Standard (%) - Urodynamics



Target	99
Mean	49.12
Last Month	24.44

Executive Lead	Johanna Reilly
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Lead	Sue Geldart
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**Commentary**

Compliance has been inconsistent and falling since November '19, accentuated by the impact of COVID in April '20.

Recovery since May '20 has been variable month on month .

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

### Cause of Variation

- Clinic staffing leads to variation.
- Sessions dependent on MDT availability.
- Variable position due to staff availability.

### Planned Actions

- Review of availability to ensure consistent recovery.

### Timescale

- Nov 2020

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 DECEMBER 2020			
EU Exit Transition update			<b>AGENDA ITEM: 16, ENC 10</b>
<b>Report Author and Job Title:</b>	Diane Hurley, Head of EPRR	<b>Responsible Director:</b>	Steven Mason, Director of Finance / SRO for EU Exit Kevin Oxley, Director of Estates / lead Director for EPRR
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	Update in respect of the ongoing preparedness by the Trust for the end of the EU Exit transition period		
<b>Background</b>	<p>Following the implementation of the European Union (Withdrawal Agreement) Act 2020 on 23<sup>rd</sup> January 2020 there was an 11 month implementation (transition) period during which time work is being undertaken to put arrangements in place for a full withdrawal.</p> <p>This transition period is due to end at 11pm on 31<sup>st</sup> December 2020 and currently no formal deal has been agreed on future trade or other arrangements including freedom of movement</p>		
<b>Assessment</b>	The Trust has assessed its preparedness for EoTP against the seven key risks identified by the Department of Health and Social Care plus local risks identified internally. No major issues of concern have been noted at this time but this will be monitored via the Tactical Oversight Group in the period before and after EoTP		
<b>Recommendation</b>	Members of the Trust Board are asked to note this report		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	BAF ref 1.4 - A major incident (cyber-attack, critical infrastructure failure, supply chain failure etc) resulting in temporary hospital closure or a prolonged disruption to the continuity of care services across the Trust, which also impacts significantly on the local health service community		
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper		
<b>Strategic Objectives</b>	Excellence in patient outcomes and experience <input checked="" 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"/>		



## EU Exit update – November 2020

### 1. PURPOSE OF REPORT

The purpose of this report is to provide an update on the Trust preparedness for the end of EU Exit transition period (EoTP) on 31<sup>st</sup> December 2020. It gives assurance that risks and areas of concern have been identified and are being addressed; response arrangements are in place and that key directorates are engaged with this agenda.

### 2. BACKGROUND

On 23<sup>rd</sup> June 2016 the UK voted to leave the European Union (EU). This resulted in Article 50 of the Lisbon Treaty being invoked on 29<sup>th</sup> March 2017, giving the UK two years to agree to terms for withdrawal. This was subsequently extended with the final withdrawal date being agreed as 31<sup>st</sup> January 2020.

The European Union (Withdrawal Agreement) Act 2020 passed into UK law on 23<sup>rd</sup> January 2020 and was subsequently ratified by the European Parliament on 29<sup>th</sup> January 2020 resulting in the UK leaving the EU with effect from 2300 on Friday 31<sup>st</sup> January 2020.

Following this, the UK no longer has any involvement in EU meetings or processes but is still subject to working to EU regulations and legislation until the end of the year.

There is an 11 month implementation (transition) period from 1<sup>st</sup> February 2020 to 31<sup>st</sup> December 2020 during which time work will be undertaken to agree comprehensive trade deals, implement additional legislation as required and put arrangements in place for a full withdrawal.

On 15<sup>th</sup> June 2020 the UK formally notified the EU that there would be no extension to the transition period beyond 31<sup>st</sup> December 2020.

#### **Preparedness and response arrangements**

Steven Mason, Director of Finance has been appointed as the Senior Responsible Officer (SRO) for EU Exit EoTP supported by Kevin Oxley, lead director for EPRR, Diane Hurley, Head of EPRR and Laura Mills, Head of Facilities.

The EU Exit Preparedness group (which also has representation from PFI partners) has been reconvened to review preparedness and ensure arrangements are in place to quickly respond to any issues arising from EU Exit EoTP. There is also full engagement with local and regional health and social care partners and external organisations including the Local Resilience Forum (LRF).



The Trust ICC will continue to link into the wider health system co-ordination of EoTP through the North East and Yorkshire NHS England and Improvement Joint Regional Operations Centre (JROC).

It is expected that the Trust will be required to complete an assurance return regarding preparedness arrangements in early December as well as completion of regular situation reports (sitreps) prior to and immediately following the end of transition period. These will be co-ordinated through the Trust ICC with the support of the Business Intelligence Unit where appropriate.

### Assurance

The table below provides an overview of current preparedness across the key areas identified within the Operational Readiness Guidance issued by the Department of Health and Social Care in December 2018.

Area	Assurance level	Comments / issues of concern
<b>Preparedness</b>	<i>Arrangements in place</i>	Steven Mason appointed as SRO; supported by Kevin Oxley, Diane Hurley and Laura Mills; contingency arrangements in place (and tested during the COVID response)
<b>Escalation and response</b>	<i>Arrangements in place</i>	Response arrangements in place; incident co-ordination centre (ICC) established; daily monitoring through Tactical Oversight Group
<b>Communications</b>	<i>Arrangements in place</i>	Arrangements in place
<b>Finance</b>	<i>Arrangements in place</i>	Continuing to monitor situation to identify any additional financial impact
<b>Supply of medicines and vaccines</b>	<i>Arrangements in place</i>	Already manage stock; national contingency arrangements in place and tested during COVID response
<b>Supply of medical devices and clinical consumables</b>	<i>Arrangements in place</i>	Procurement and Medical Engineering are reviewing stock levels regularly; national contingency arrangements in place and tested during the COVID response

Area	Assurance level	Comments / issues of concern
<b>Supply of non-clinical consumables, goods and services</b>	<i>Arrangements in place</i>	Procurement are reviewing stock levels regularly; national contingency arrangements in place and tested during the COVID response
	<i>Arrangements in place</i>	Serco - currently reviewing all BCPs; national workstream in place and engaged with DHSC
<b>Workforce</b>	<i>Currently being developed</i>	Minimal numbers affected by EU Exit; promoting settled status and providing staff reassurance via Business Partner model
<b>Reciprocal healthcare</b>	<i>Currently being developed</i>	Arrangements being reviewed and assessment of potential impact currently being carried out; awaiting further national guidance to be issued
<b>Research and clinical trials</b>	<i>Arrangements in place</i>	No issues of note identified; engaged with regional and national arrangements
<b>Data sharing, processing and access</b>	<i>Currently being developed</i>	Work underway; currently updating information held

### 3. RECOMMENDATIONS

Members of the Trust Board are asked to receive this report and note the continuing work being undertaken to ensure that the Trust is as prepared as possible for the end of the EU Exit transition period.



Escalated items	Responsibility / timescale
<p>Board to note:</p> <ul style="list-style-type: none"> <li>• QAC membership has been reduced and clinical teams have been stepped down from attending QAC during the escalation to Opel 4 in response to C-19.</li> <li>• Approval of the slightly amended H&amp;S Workplan 2020/1.</li> <li>• QAC received assurances that the Trust Maternity Services had responded to both the MBRRACE- (UK) report 2017 (Mothers and Babies Reducing Risk through Audits and Confidential Enquiries across the UK) and recommendations from an external review reported in 2018.</li> <li>• QAC is in a transitional period for new reporting measures to the committee this has been reflected in the cycle of business which requires some amendments prior to approval.</li> <li>• QAC received areview update on the trust's central focus on safety and imporvement. QAC was assured that the themes of the never events are being addressed.</li> </ul>	
Risks (Include ID if currently on risk register)	Responsibility / timescale
None identified	

# Name of meeting: Chair's Log

<b>Meeting:</b> Board of Directors	<b>Date of Meeting:</b> 1 December 2020
<b>Highlights for:</b> Workforce Committee	<b>Date of Meeting:</b> 19 November 2020
Overview of key areas of work and matters for Board.	
<ul style="list-style-type: none"> <li>- Roll out of values and behaviours</li> <li>- Mandatory training review</li> <li>- Clinical Excellence Awards update</li> <li>- Covid update</li> <li>- Workforce KPI's</li> </ul>	
Actions to be taken	Responsibility / timescale
Accelerate the completion of the SDR review to align with launch of the values framework	Director of HR
Explore branding and communications for values to ensure early and widespread familiarity with the agreed words and meanings	Director of HR / Head of Governance
Noted that from April 2021 pay progression will be linked to completion of mandatory training	
Noted that the move of mandated training onto ESR will enable the Trust to benefit from standard, best in class packages of training.	
Supported the need to ensure that management of mandated training records and compliance needs to be adequately resourced.	
Noted that work is in hand to improve the fine grain of data on staff absence related to Covid, enabling on a ward basis, Managers to project forward the impact on staffing depending on why staff are absent (self isolation, symptomatic, shielding etc).	
Supported decisions made by SLT to recognise the exceptional efforts of staff during this current wave of Covid 19.	
Board action	Responsibility / timescale

None	
Risks (Include ID if currently on risk register)	Responsibility / timescale





# Audit Committee Chair's Log

<b>Meeting:</b> Audit Committee	<b>Date of Meeting:</b> November 17th, 2020
<b>Summary for Board</b>	
<b><u>Quorum</u></b>	
<p>The meeting was held virtually and NEDs Richard Carter-Ferris and Debbie Reape were present giving quorum to the AC.</p> <p>In attendance were Steven Mason, Jackie White and Brian Simpson from the Trust and representatives from Mazars (External Audit), PWC (Internal Audit) and Audit One (Counter Fraud Audit). KPMG also attended for the initial session.</p> <p><b>1. <u>Annual Accounts for Group Companies</u></b></p> <p>Rashpal Khangura from KPMG was present for this item only presented the audit reports and findings for the 3 group companies : South Tees Charity; South Tees Learning Research and Innovation LLP and South Tees Healthcare Management Ltd.</p> <p>Audit work is virtually complete with a few outstanding items that KPMG and Brian Simpson will complete.. Whilst there were a few items found in the audits there is nothing substantial in either the unadjusted errors or the management letter reporting control improvements.</p> <p><b><u>Charity</u></b></p> <p>KPMG did note the gaps in administration team in the year but have completed additional work to satisfy themselves that no material errors occurred. The Audit Committee having reviewed all relevant documents and discussed the Audit findings with KPMG recommends that Board as the representatives of the corporate Trustee to the Charity approves the signing of relevant letters of representation and authorises the Accounts to be Approved.</p> <p><b><u>South Tees Learning Research and Innovation LLP</u></b></p> <p>The Audit Committee having previously been granted delegated authority by the LLP to review the Accounts and the Audit findings with KPMG recommends that the board of the LLP approve the signing of the Accounts and relevant letter of representation.</p> <p><b><u>South Tees Healthcare Management Ltd. "STHML"</u></b></p> <p>The Audit Committee having previously been granted delegated authority by the company to review the Accounts and the Audit findings with KPMG recommends that the board of STHML approve the signing of the Accounts and relevant letter of representation.</p> <p>As this was the final item to be completed before KPMG leave their role as External Auditors to the Trust and its associated companies the Chair thanked KPMG for their support and</p>	

work over the past few years. Rash Khangura left the meeting.

### **Counter Fraud**

Rachel Metcalfe (HR Director) attended for this item. Audit one presented the findings of 3 historical HR reports covering a) False or forged qualifications, b) Variation of staff contracts and c) Working whilst sick. Many of the issues identified were due to historical inadequacies in process which have been updated and where changes have not been made Ms Metcalfe confirmed that changes to processes and controls would be implemented.

### **Internal Audit**

PWC provided an update of their work which due to C-19 has been curtailed. The Committee did note that there was a heavy Internal Audit workload planned for January - March which is necessary to enable PWC to sign off the annual controls statement.

Mr Mason was asked to brief SLT as to which areas will receive audits that will occur in the new year.

### **External Audit**

New external auditors Mazars provided a summary of their planning document which will be reviewed with the Finance team as the Audit nears its start in 2021.

### **Committee Effectiveness**

The Committee reviewed its self-assessment and agreed that the 2 areas that needed improvement were a higher focus on non-financial areas and more integration with other sub-committees to ensure all areas of assurance are covered by the Board and its committees.

The Committee reviewed the statement of losses and tender waivers

There are no matters to be added to the BAF

Key	Actions
<ul style="list-style-type: none"><li>• Charity; LLP and STHML to convene “board meetings” to sign off annual accounts</li><li>• External Audit plan to be presented once complete</li></ul>	Mazar

