

Board of Directors

3 November 2020

14:00

Microsoft teams & Room 10, STRIVE



**MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST
BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON 3 NOVEMBER AT 2PM IN
ROOM 10, STRIVE AND MICROSOFT TEAMS**

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT
Patient Story				
CHAIR'S BUSINESS				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1
4.	Minutes of the last meetings held on 6 October	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
QUALITY AND SAFETY				
8.	Safe Staffing Report	Information	Director of Nursing & Midwifery	ENC 4
9.	Board Report and Statement of Compliance 2019/20 Revalidation and Appraisal (Medics)	Approval	Medical Director	ENC 5
FINANCE AND PERFORMANCE				
10.	Integrated performance report	Discussion	Chief Operating Officer	ENC 6
11.	Finance Report	Information	Director of Finance	ENC 7

	ITEM	PURPOSE	LEAD	FORMAT
12.	Winter preparedness update	Information	Chief Operating Officer	Verbal
GOVERNANCE AND ASSURANCE				
13.	IG Annual Declaration and Toolkit	Information	Director of Finance	ENC 8
14.	Committee Chair Reports	Information	Chairs	ENC 9
15.	Use of the Seal	Information	Head of Governance	ENC 10
16.	DATE OF NEXT MEETING The next meeting of Board of Directors will take place on 1 December 2020			
17.	Exclusion to the Public – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960)			

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 3 NOVEMBER 2020			
Register of members interests			AGENDA ITEM: 3, ENC 1
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Alan Downey Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
Situation	The Board of Directors are asked to note interests declared by members of the Committee		
Background	The report sets out membership of the Board of Directors and interests registered by members. Conflicts should be managed in accordance to the Constitution para 32 - If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to other Directors.		
Assessment	There are no specific conflicts identified with the agenda. Members will be reminded at the meeting to raise any if they arise.		
Recommendation	The Board of Directors are asked to note the Register of Interest.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience <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.
Adrian Clements	Medical Director	23 January 2012	Ongoing	Director of Clements Medico Legal Consulting Limited.
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,			No interests declared

	Facilities and Capital Planning			
Rachael Metcalf	Director of Human Resources			No interests declared.
Joanne Dobson	Director of Transformation			No interests declared
Mark Graham	Director of Communications			Ad hoc communications support to North Cumbria integrated care NHS Foundation Trust. Registered with IMAS (NHS interim management & support)
Johanna Reilly	Chief Operating Officer	2 October 2019	Ongoing	JRR Consultants Limited – Company number 11600734.
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 6 OCTOBER 2020 AT 14:00 IN THE DAVID KENWOOD
LECTURE THEATRE, STRIVE 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
Mrs D Fowler	Interim Director of Nursing & Midwifery
Mr A Clements	Medical Director
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
Mrs R Metcalf	Director of HR
Mr K Oxley	Director of Estates, Facilities and Capital Planning
Ms R Fallon	Interim Director of Planning & Recovery
Ms J Reilly	Interim Chief Operating Officer

STAFF STORY

The Chairman welcomed Lindsay Garcia, Lesley Taylor, Jane Watson and Helen Mitchinson from Critical Care who presented their journey and personal reflections from the COVID19 pandemic.

The Chairman thanked the team very much for coming along to present and said that the Board members were tremendously proud of them all and the work they had done and continue to do.

Ms Burns asked the team whether there was anything else the Trust could do to help them moving on from wave one and preparing for the next wave of the pandemic. Ms Garcia commented that the team have felt very well supported by the Trust and specifically mentioned the Medical Engineering and Estates teams. Ms Garcia added that as they continue their planning for the next wave they are working in a collaborative way building on the relationships they have developed.

Mr Graham asked the team what would be their message to the local community. Ms Garcia commented that if anyone from the community doubted the damage that spreading COVID19 can do they should come and work with the team for just one hour to experience it first hand, including the challenges of working within the PPE guidelines. She added

that people are making decisions which affect everyone and the vulnerable are the ones who are the most affected.

Dr Nag thanked the team and commented that there is a danger that this will become normal and it is right to draw strength from one another.

Mr Clements added his thanks, commenting that the Critical Care Team were the first team who went into PPE and the last to come out and have just gone back into it, having only had about 2-3 weeks' respite. They are an incredibly resilient team, delivering excellent care, and the whole Trust is immensely grateful for that.

Mr Carter-Ferris added his thanks but also to the Critical Care Team's families who support them every day in doing the jobs they do.

The Chairman once again thanked the team for their presentation.

BoD/20/107 WELCOME AND INTRODUCTIONS

The Chairman welcomed members to the meeting which was being held both virtually and socially distanced in the David Kenwood Lecture Theatre, STRIVE.

The Chairman took the opportunity to remind members that this was the last Board meeting for Dr Nag who has served as a medical director since 2016 and is returning to full time clinical practice as an acute physician and endocrinologist.

The Chair added that Dr Nag has been a passionate advocate for the trust in that time, offering clear, calm and professional advice at all times. He thanked Dr Nag, both personally and on behalf of the Board.

Dr Nag thanked the Chair for his words of thanks and thanked the NEDs and Executive Team for their good wishes and indicated that he was grateful for all the support he has received and wished the Board good luck for the future.

BoD/20/108 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms S Page, Chief Executive, and Mrs Dobson, Transformation Director.

BoD/20/109 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".

Action

BoD/20/110 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/20/111 MINUTES OF THE LAST MEETING

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

Mrs White

BoD/20/112 MATTERS ARISING

The matters arising were reviewed and the action log updated.

BoD/20/113 CHAIR'S REPORT

The Chairman reported that since the last Board meeting, a month ago, he has managed to fit in a two-week holiday.

The Chairman advised that he has been involved in a number of very productive meetings including a very encouraging Board-to-Board meeting with NHSE/I in which the Trust subsequently received very positive feedback from the NHSE/I Regional Director to the effect that they were impressed with the progress the Trust has made over recent months in implementing the Trust's plan to 'get back to our best'. He also attended a 'Live Well South Tees' meeting which is the joint health and wellbeing board for Middlesbrough, Redcar & Cleveland. It's a board which brings together colleagues from both health and local government and focuses particularly on preventing ill health and tackling the causes of health inequality.

Members noted that the Chairman had chaired the autumn meeting of the Council of Governors and had presented three very deserving members of staff with STAR awards in recognition of their achievements over recent months – Esmie Johnstone, a student midwife; Colin Wood, one of our porters; and Rachel Foden, who is a key member of our Therapeutic Support team.

Members noted that at the end of September the Trust kicked off the campaign to recruit two new non-executive directors to this Board and this was progressing well.

The Chair advised that he and Sue Page, Chief Executive, had had a very interesting and useful meeting with the senior paediatricians in the Trust, to listen to their views on the current and future state of children's and young people's services which are, of course, hugely important to the Trust and to the people of the Tees Valley and North Yorkshire.

And finally, along with a number of colleagues, the Chairman met with some of the senior people at Teesside University.

Teesside supplies us with a great many trainee nurses, midwives, healthcare assistants and trainees in allied professions. And the other side of the coin is that we provide places for very many of their students. So the working relationship between the two organisations is a very important one, and we discussed our shared desire to get even more out of what is already a very positive and mutually beneficial relationship.

Resolution

The Board of Directors noted the Chair's report.

BoD/20/114 CHIEF EXECUTIVE'S REPORT

Mr Harrison, Managing Director, provided an update for the Board. Mr Harrison reported that Board members will be aware that all Trust staff have moved mountains to help meet the unprecedented challenges presented by COVID-19. Mr Harrison reminded members that in just 12 short weeks during the initial surge, as our clinicians separated the hospital into COVID and non-COVID units and began the gradual process of re-establishing services, they delivered 3,400 theatre operations and provided a tenfold increase in virtual outpatient appointments.

At the height of the pandemic, our critical care team was providing care to 26 patients with COVID, as well as critically ill patients with other conditions. Throughout this period the critical care and theatre teams worked together to ensure urgent non-COVID-related surgery could continue.

This work helped to ensure that more than 130 patients were able to be admitted electively from theatres to critical care between 2 March and 4 May alone.

Our cancer physicians worked with cardiothoracic surgeons and other clinical colleagues to deliver more stereotactic radiotherapy to treat early stage lung cancer as an alternative to cancer surgery due to the risks associated with COVID.

Community nurses continued to visit their most vulnerable patients to deliver vital care in their own homes, including those who had tested positive for coronavirus. This meant changing the way care was delivered.

At the Friarage, colleagues who came together on the Ainderby and Mowbray wards enabled non-critical COVID-19 patients from across the Dales and elsewhere to receive inpatient care, closer to home.

And our procurement team sourced and delivered a staggering 5.3 million items of personal protective equipment

– including 600,000 items to neighbouring hospitals and local care providers.

Despite the complexities which social distancing, the wearing of PPE and other precautions continues to present, colleagues have worked flat out over the summer to ensure that trust's non-urgent services, which were paused during the height of the pandemic, have re-started either fully or partially.

As cases rise again, the amazing things that colleagues have achieved and the changes they have put in place mean that we are more prepared than ever. We have new and better equipment; we know more about the virus; and our clinicians have more treatment options.

The bravery and hard work of colleagues across the trust has been matched only by the efforts and sacrifices of our communities. We need to our communities to dig deep again: to protect themselves and one-another. Every time you follow the rules, you are making a difference.

Resolution

The Trust Board of Directors noted the Managing Directors update

BoD/20/115 SAFE STAFFING MONTHLY REPORT

Mrs Fowler reported that nurse staffing throughout July mandated levels of safe staffing have been maintained within the RSU, Stroke, Oncology and Midwifery.

Nursing and Midwifery turnover is currently 8.6% while the vacancy against financial ledger is 6% /99wte. Nurse Staffing throughout July has matched the acuity, dependency and numbers of patients. There does not appear to be any direct correlation between patient harms and safe staffing levels.

NHSE/I have announced funding opportunities to support Band 2/3 HCA's to undertake 4 year RN apprenticeships and for Nursing Associates and Assistant Practitioners to undertake 2 year RN apprenticeships. The Trust has submitted expressions of interest for both routes and will be informed in October if successful. This is a very exciting opportunity to develop our own staff and to 'grow our own' nursing workforce.

There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GHDU or CICU.

Ward managers remaining supervisory remains a challenge.

The risk to safe staffing remains from COVID self-isolation

and sickness for all staff groups which is as yet unknown. Close monitoring and agile actions will be required to mitigate risks. This action may include the requirement to over recruit for a short period of time which will have obvious financial implications.

Ms Reape commented that the funding from NHSE/I was welcomed and asked if there was a limit on the number of trainees the Trust can take on. Mrs Fowler advised that the Trust currently does not have high levels of nursing associate roles and therefore there is room for improvement with regard to trainee roles.

In addition Ms Reape asked whether the therapeutic support service currently provided at the James Cook site would be rolled out across all Trust sites. Mrs Fowler advised that it is the intention of the Trust to have volunteers and therapeutic volunteers across all sites, but due to COVID restrictions this has not yet been possible.

Ms Shafer, Staff Side representative, asked Mrs Fowler for further clarity on the programme of induction and placement for the International Nurses. Mrs Fowler agreed to follow this up and report back to Ms Shafer.

Mr Ducker asked Mrs Fowler what mitigation and pre planning has been put in place for the second Covid wave with regard to the nurse workforce numbers. Mrs Fowler commented that the Trust is continuing to progress recruitment opportunities including further international recruitment. She added that there are conversations being undertaken with those nurses who returned to help the Trust during wave one to see if they are interested in coming back again.

Mr Ducker then asked if the Trust was able to access the student nursing workforce as in wave one, and Mrs Fowler advised that there has been no directive nationally on this option.

Mr Harrison commented that the Trust is developing a clear set of plans which will be agreed in Strategic Command which will set out where the Trust may need to divert resources from and stand services up and down to respond to the situation as we go through this next wave.

Mr Kane asked whether the 24 additional internal recruited nurses contributed to reduce the 99WTE vacancies in nursing. Mrs Fowler confirmed that they did, but that the Trust still needed to retain staff to keep it at that level.

Resolution

The Trust Board of Directors noted the update on staffing

BoD/20/116 PATIENT SAFETY PLAN

Mrs Fowler referred members to the Patient Safety Plan and explained that this is a key part of the NHS Patient Safety Strategy published in July 2019. It supports the strategy's aim to help the NHS to improve its understanding of safety by drawing insight from patient safety incidents.

The Patient Safety Plan responds to calls for a new approach to incident management, one which facilitates inquisitive examination of a wider range of patient safety incidents "in the spirit of reflection and learning" rather than as part of a "framework of accountability" informed by feedback and drawing on good practice from healthcare and other sectors. This supports a robust response to patient safety; anchored in the principles of openness, fair accountability, learning and continuous improvement.

A major focus of the Patient Safety Incident Response Plan will be the continuation of the cultural change needed in the development of a 'just' culture. This will focus on the work currently being undertaken to improve the incident reporting culture and also build on some of the work that is taking place in HR to refresh of the Trust's vision and values.

The actions on the plan will be monitored monthly via the Patient Safety Sub Group (PSSG) and any risks escalated to Quality Assurance Committee (QAC) as appropriate. Actions will also be discussed internally at centre clinical standards groups and externally with regulators including the CQC and CCG.

The key to success in the delivery and implementation of this action plan will be engagement and ownership of the changes required by staff at all levels in the organisation and that we can evidence this learning by demonstrating that this has been embedded across the organisation.

The Trust is planning an audit of the safer surgery action plan, which includes actions relating to LocSSIPs, since these are currently risks to the organisation.

Ms Reape reported that the Quality Assurance Committee has seen a number of iterations of the plan and has had lots of discussions on the actions. She added that it is a welcome plan in terms of changing culture and looked forward to seeing the team implement it.

Resolution

The Trust Board of Directors NOTED the Patient Safety Improvement plan

BoD/20/117 PEOPLE PLAN

Mrs Metcalf shared with members the Trust's response to the People Plan which was published on Thursday 30 July 2020 alongside the People Promise.

This included 4 specific commitments:

- Looking after our people – with quality health and wellbeing support for everyone
- Belonging in the NHS – with a focus on tackling the discrimination that some staff face
- New ways of working – effective use of the full range of our people's skills and experience
- Growing for the future – how we recruit, train and keep our people, and welcome back colleagues who want to return

Mrs Metcalf commented that the report provided assurance to the Board of Directors that the Trust has reviewed the 44 actions pertaining to NHS Trusts in the People Plan and has plans in place to ensure delivery.

Mrs Metcalf added that the Trust will monitor the actions through groups already established, and the Workforce Committee will oversee this delivery. Actions have already been implemented in relation to EDI, Health and Wellbeing, Engagement and our cultural ambassadors.

Finally Mrs Metcalf advised that, whilst the People Plan identifies a number of key actions, as a Trust we have already considerable work underway to meet the requirements.

Ms Burns commented that it is reassuring that so much of what is in the People Plan is already being worked on or developed in the Trust: Rachael and team are to be commended for this. She added that the Workforce Committee on behalf of the Trust Board needs to scrutinise progress in some of these areas. There is a desire to embrace and incorporate the People Plan into a South Tees People Plan. Ms Burns welcomed the work on supporting our BAME staff, commenting that the staff networks are in infancy so some Regional learning from this is to be welcomed. Finally Ms Burns expressed her pleasure that we are growing our apprenticeships and our contribution to the Tees Valley.

The Chairman noted progress and that we are on a journey.

Resolution

The Trust Board of Directors NOTED the People Plan update

BoD/20/118 PHASE 3 RECOVERY REPORT

Mrs Fallon reported that on 31 July 2020 the NHS Chief Executive and Chief Operating Officer set out the NHS priorities from August 2020. In March 2020, following national guidance, the Trust paused routine elective services as the initial phase of the NHS Response to Covid19. At the end of April 2020 the Trust received further guidance on the second phase of the NHS Response to Covid19 and has since been working on a Recovery Plan alongside an established Improvement Plan. On 31 July 2020 the Trust received guidance on the third phase of the NHS Response to Covid 19 and has developed clinically led plans to continue its improvement journey and to, where possible, recover elective activity.

Mrs Fallon advised that the Trust has made considerable progress in the clinically led recovery of services following the Covid19 pandemic. It has built upon the engagement and service changes undertaken at the height of the pandemic and clinical teams have developed realistic activity plans for their services. Staff have been supported to come together to improve hospital and community services, ensuring patients receive care in the most clinically appropriate setting and making best use of all available capacity. Current elective activity plans will need to be adjusted in response to the scale and length of a second Covid19 surge.

The Chairman gave his thanks to staff across the Trust for their hard work in restoring non-Covid services.

Resolution

The Trust Board of Directors NOTED the phase 3 recovery report update

BoD/20/119 INTEGRATED PERFORMANCE REPORT

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

- Increased demand and reduced capacity due to COVID19 social distancing requirements has led to A&E 4 hour wait to continue to be below target.
- Diagnostics, 18 week and cancer compliance continue to be impacted by COVID-19.
- Annual appraisal compliance has continued to be impacted as a result of the COVID 19 pandemic.
- Financially the trust has recorded a break even

position

Ms Burns asked Ms Reilly how much extra activity is the Trust seeing in A&E and Ms Reilly advised that the Trust is seeing pre-Covid levels of activity. The Trust is working on a directory of services to share with individuals and organisations.

Mrs Fowler reported that there is mistaken perception, on the part of some members of the public, that GP services are closed or not accepting patients who therefore turn up to ED.

Mr Helsop asked Ms Reilly what impact she thought the “Talk before you walk” campaign would have. Ms Reilly advised that the Trust has a number of inappropriate referrals to A&E so it should have an impact; we will be doing a soft launch across the patch in October.

Mr Harrison reported that the Trust A&E model uses most of the best practice on how to manage the demand through the front door. The emphasis on flow in the winter plan to ensure that acute, community and social care providers are working together as efficiently and effectively as possible.

Mrs Fowler highlighted two areas with regard to the Safety domain – Complaints: the Trust still has work to do on the complaints processes. However, the Trust has seen a significant improvement in times to close and respond to complainants: we have seen around 89% closed in the time agreed with the complainant. Pressure ulcers: category 2 pressure ulcers have remained steady; in hospital performance on category 3 and 4 pressure ulcers has improved, but we are still seeing a challenge in the community on category 3 and 4 pressure ulcers and we will be discussing this in QAC following a review in the community.

Mrs Metcalf highlighted that annual appraisal compliance has continued to be impacted by the COVID 19 pandemic. Doctor appraisals for this year have been cancelled, this relates to 336 Trust doctors who are included in the figures – if removed the figure will increase by 2%. There will be an increased focus on appraisal at the new Assurance and Improvement Committee meetings (Centre performance). Mandatory training has increased and was considered in Workforce Committee. Sickness absence has risen slightly due to COVID. We have recently appointed two psychologists to support staff in relation to their mental health and wellbeing. There has been an increase in staff turnover due to the student nurses who supported on Covid returning to study.

Ms Burns commented that the Workforce Committee has discussed these issues. The Trust needs to be show support

and care for its workforce, but we also need to see an improvement in completion of appraisals and mandatory training. Key to this will be the relaunch of appraisal processes on the back of the values launch. We have discussed looking at the content and audience for mandatory training to ensure we have this right.

Mr Ducker commented that there are a number of assurance icons in the report which do not seem to be consistent with the data, Mrs Fallon agreed to review these. The Chairman added that the Board agreed that only two colours – red and orange – should be used in the data charts, whereas some of the charts also used red. Mrs Fallon agreed to ensure the correct use of colour in future .

Mr Carter Ferris commented that, whilst he understood the national position on doctor appraisals, he felt that the Trust should reconsider this position. Dr Nag advised that there will be a soft reset in October for doctor appraisals and the focus will be on their COVID experience, with less focus on statutory mandatory training.

Resolution

The Trust Board of Directors NOTED the integrated performance report

BoD/20/120 FINANCE REPORT

Mr Mason reported that the Trust has underspent by £6.2m year to date against our own internal budget as amended to reflect the Covid-19 interim financial arrangements.

The Trust has assumed additional Covid-19 revenue support of £4.1m in month 5 and £18.9m year to date for specific costs.

The Trust has achieved the Month 5 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. Excess costs from the Trust's historic PFI scheme remain the largest single contributory factor to the organisation's structural deficit position.

Mr Carter-Ferris asked Mr Mason if the Trust is getting a good supply of necessary goods and equipment. Mr Mason advised that the Trust is in constant dialogue with NHSE/I and items which are in short supply they are providing substitutes. Mr Mason added the Trust have been advised that there are additional supplies in place for Winter.

Mr Oxley commented that the Trust has been very successful in getting vital equipment for the Covid response and have

been recently given some equipment from the national loan supply library, adding that the Trust are in a much stronger position than we were a number of months ago.

Mr Ducker asked if there are any risks to supply as a result of EU exit. Mr Mason reported that the NHS has put in place arrangements to manage the EU exit and he had been nominated SRO for the Trust and will be working on this.

Mr Harrison commented that there is a strong network nationally, pre-dating EU exit and COVID, for the redistribution of medicines and this has been managed very well historically.

Resolution

The Trust Board of Directors NOTED the Finance report

BoD/20/121 WINTER PREPAREDNESS UPDATE

Ms Reilly reported that the Trust had received £3.2m capital and had started building on site in preparation for the winter. Ms Reilly advised that the Trust took part in a regional workshop regarding testing of winter plans and information sharing which went particularly well. She added that “Talk before you walk” was due to launch in the Trust in October.

Ms Reilly added that the Trust are working with the community and medicine collaboratives around the use of the frailty teams and community hospitals during winter. Members noted that the Trust has secured some additional winter funding, and we are looking at what the priorities are for use of this funding.

Ms Reape commented that primary care has seen a lot of changes over the last 6 months and asked about engagement between the Trust and primary care. Ms Reilly advised that the Trust is working with the CCG regarding support with front of house and we are working with primary care on primary care networks.

Resolution

The Trust Board of Directors NOTED the winter preparedness update

BoD/20/122 CORPORATE RISK REGISTER

Mrs White referred members to the previously circulated Corporate Risk register and highlighted that the Trust has a number of risk registers which provide a comprehensive picture of all risks that affect the Trust. The mechanism for escalating risks to the Board of Directors is through the Risk Validation Group, Senior Leadership Team, a Board

Committee or the Risk Committee.

Mrs White reported that on 28 September 2020 there were 55 risks on the corporate risk register graded 16 and above. There has been an increase in the number of incidents graded 16 and above in two areas: corporate due to the planned work on developing risk registers highlighted to Board at the last meeting; and specialist and planned as an impact of COVID-19. All risks have an action plan. However, 11 risks are overdue a review, one of which relates to a review overdue since 2019.

Resolution

The Trust Board of Directors NOTED the update on the corporate risk register

BoD/20/123 BOARD ASSURANCE FRAMEWORK

Mrs White reported that the BAF currently contains 19 risks. There is 1 very high risk, 11 high risks and 7 moderate risks. The very high risk relates to Covid 19 and is graded as 25. All risks on the BAF have been reviewed and updated since the last report and no new risks have been added. Three risks have been closed following review by the appropriate Board sub committee.

Mrs White recommended that the Board of Directors consider closing the BAF risk 1.2 – Future for the Friarage hospital - the consultation has now finished and the CCG have approved the new model which has been operating since March 2019. Mr Clements concurred.

The Chairman thanked Mr Clements for his leadership on the Friarage hospital new model.

Resolution

The Trust Board of Directors APPROVED the recommendation to close BAF risk 1.2 and NOTED the BAF update

BoD/20/124 COMMITTEE CHAIRS REPORT

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

Audit Committee – nothing to escalate.
FIC – activity targets under recovery plan and may not meet national targets. Recommended to the Board that work on a Tees Valley financial model is undertaken; Mrs White to

organise a Board development session on Model Hospital benchmarking data
Workforce – nothing to escalate
Risk – nothing to escalate
QAC –signed off Quality Account and thank you to those who took part in developing this.

BoD/20/125 ANY OTHER BUSINESS

There were no further items of business.

BoD/20/126 RISKS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK

No new risks were identified for inclusion on the Board Assurance Framework.

BoD/20/127 QUESTIONS FROM THE PUBLIC

There were no questions from members of the public.

BoD/20/128 REFLECTIONS ON THE MEETING

There were no reflections on the meeting.

BoD/20/129 DATE AND TIME OF NEXT MEETING

The next meeting of the Trust Board of Directors will be held on Tuesday 3 November 2020.

Signed:

Date:

Board of Direction Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
4.2.20	BoD/19/147	IMPROVEMENT PLAN	Improvement plan needed to be costed and robustly monitored	R Fallon	31.12.20		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	Further iteration of the Board report being received at the July meeting and during August the KPIs will be finalised and agreed with the Committees and Board for September	open
1.9.20	BoD/20/094 & BoD/20/095	NATIONAL PATIENT SURVEY REPORT & INTEGRATED PERFORMANCE REPORT	All reports presented to the Board are presented in a consistent approach in line with "making data count" training. Director of Planning & Recovery to ensure this is rolled out across the Trust	R Fallon	31.3.21		open
1.9.20	BoD/20/097	WINTER PREPARDENSS PLAN	All gaps identified in the report to be updated and monthly update provided to Board	J Dobson	6.10.20		open
6.10.20	BoD/20/119	INTEGRATED PERFORMANCE REPORT	Mr Ducker commented that there are a number of assurance icons in the report which do not seem to be consistent with the data, Mrs Fallon agreed to review these.	R Fallon	3.11.20		open
6.10.20	BoD/20/119	INTEGRATED PERFORMANCE REPORT	The Chairman added that the Board agreed that only two colours – red and orange – should be used in the data charts, whereas some of the charts also used red. Mrs Fallon agreed to ensure the correct use of colour in future .	R Fallon	3.11.20		open

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 3 NOVEMBER 2020			
Safe Staffing Report for September 2020 – Nursing, Midwifery and Allied Health Professionals (AHP)			AGENDA ITEM:8, ENC 4
Report Author and Job Title:	Eileen Aylott, Assistant Director of Nursing Education and Workforce	Responsible Director:	Deirdre, Director of Nursing and Quality
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report details nursing, midwifery and AHP staffing levels for the month of September 2020.		
Background	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).		
Assessment	<p>Mandated levels of safe staffing have been maintained within the RSU, Stroke, Oncology and Midwifery.</p> <p>There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GHCU or CICU.</p> <p>A dedicated action plan is in place and redeployment of staff is undertaken on a daily basis across the centre to maintain safety.</p> <p>Nursing and Midwifery Turnover is currently 8.0%</p> <p>Vacancy against financial ledger is 6% /106wte</p> <p>Nurse Staffing throughout September has matched the acuity, dependency and numbers of patients.</p> <p>Ward managers remaining supervisory remains a challenge but has been improving</p> <p>International Nurse cohorts have restarted and monthly arrivals are expected, dependant on travel restrictions.</p>		
Recommendation	The Board of Directors are asked to note the content of this report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 5.1 Demographic changes, shifting cultural attitudes to careers, capacity and capability of staff combined with employment market factors resulting in critical workforce gaps in some clinical and non clinical services		
Legal and Equality and Diversity implications	<ul style="list-style-type: none"> • Care Quality Commission • NHS Improvement • NHS England 		

Strategic Objectives	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

October 2020 based on September 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.

Due to track and trace and the requirements for self-isolation have increased and we are beginning to see an impact on short notice availability particularly within the HCA numbers. The probability of a second surge in COVID19 cases requiring ITU is 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 September 2020

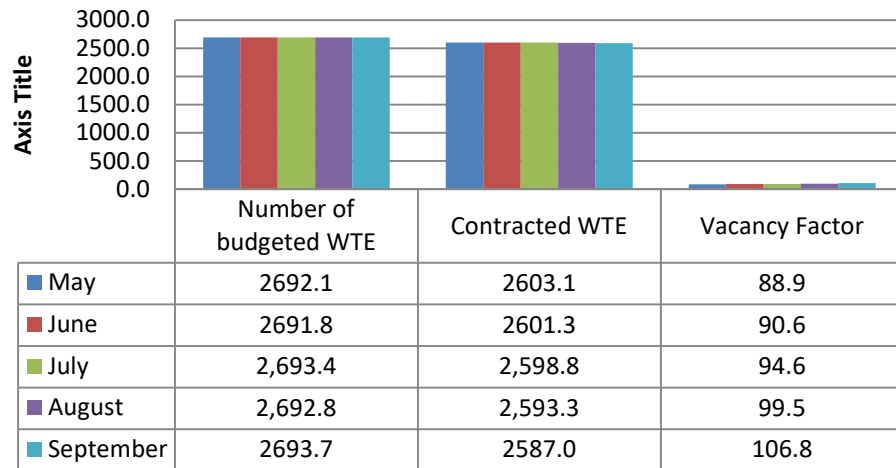
Overall Ward Fill Rate		August 2020	September 2020	HCA % includes Registered Nursing Associates (Band 4), Assistant Practitioners (Band 4), Trainee Nursing Associates (Band 3) and HCA's Bands 2 and 3. Therapeutic Care Support Workers (TCSW Band 2) support wards on the JCUH site with enhanced observation for level 3 patients presenting with challenging behaviour. HCA % has decreased as students return to supernumerary placements.
	RN/RMs (%) Average fill rate - DAYS	87.8%	89.6%	
	HCA (%) Average fill rate - DAYS	117.6%	95.4%	
	NA (%) Average fill rate - DAYS	100.0%	100%	
	TNA (%) Average fill rate - DAYS	100.0%	100%	
	RN/RMs (%) Average fill rate - NIGHTS	98.6%	97.6%	
	HCA (%) Average fill rate - NIGHTS	114.2%	107.7%	
	NA (%) Average fill rate - NIGHTS	100.0%	100%	
	TNA (%) Average fill rate - NIGHTS	100.0%	100%	
Total % of Overall planned hours	102.28%	99.79%		

Vacancy and Turnover

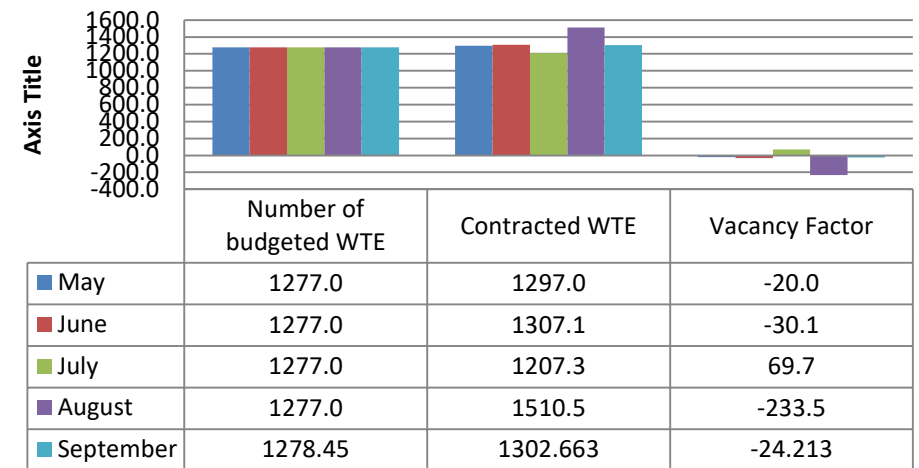
The total current nursing and midwifery vacancy rate against the financial ledger for all nursing and midwifery staff remains at 6% for September 2020 which equates to approximately 106 WTE. HCA vacancy rates remain skewed by some student nurses and midwives on paid placement.

Nursing and Midwifery Turnover for September was 8.0% which has exceeded the NHSI 1% reduction agreed as part of the Trust retention strategy.

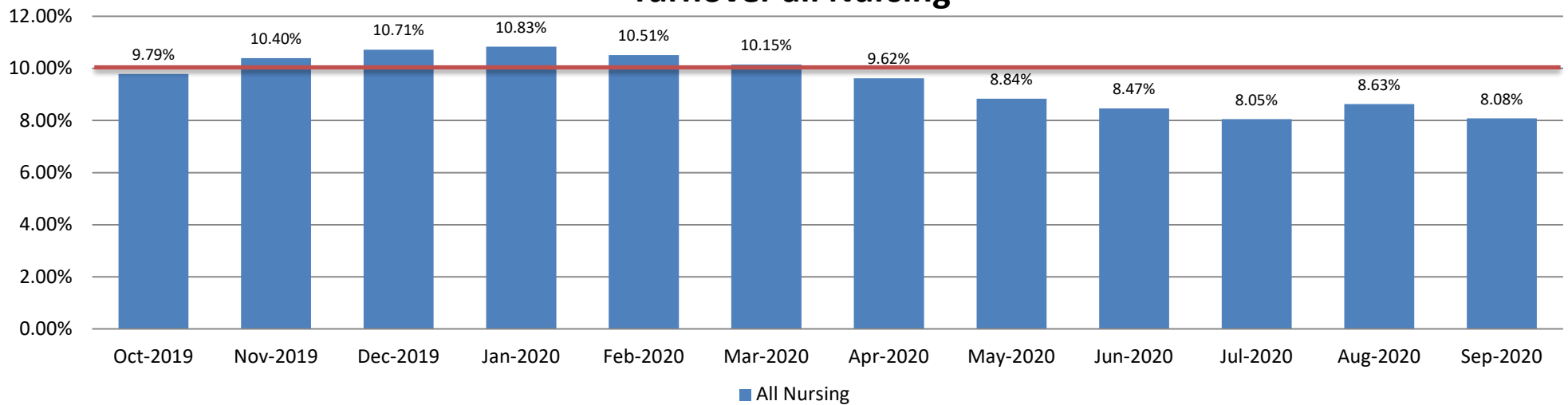
RN Vacancies



HCA Vacancies



Turnover all Nursing



The international nurses delayed through COVID have arrived in September (*n*10) with and end of October (*n*7) and end of November (*n*14) group now arranged to travel. NHSE/I bids for funding to support international recruitment have been submitted and await outcome.

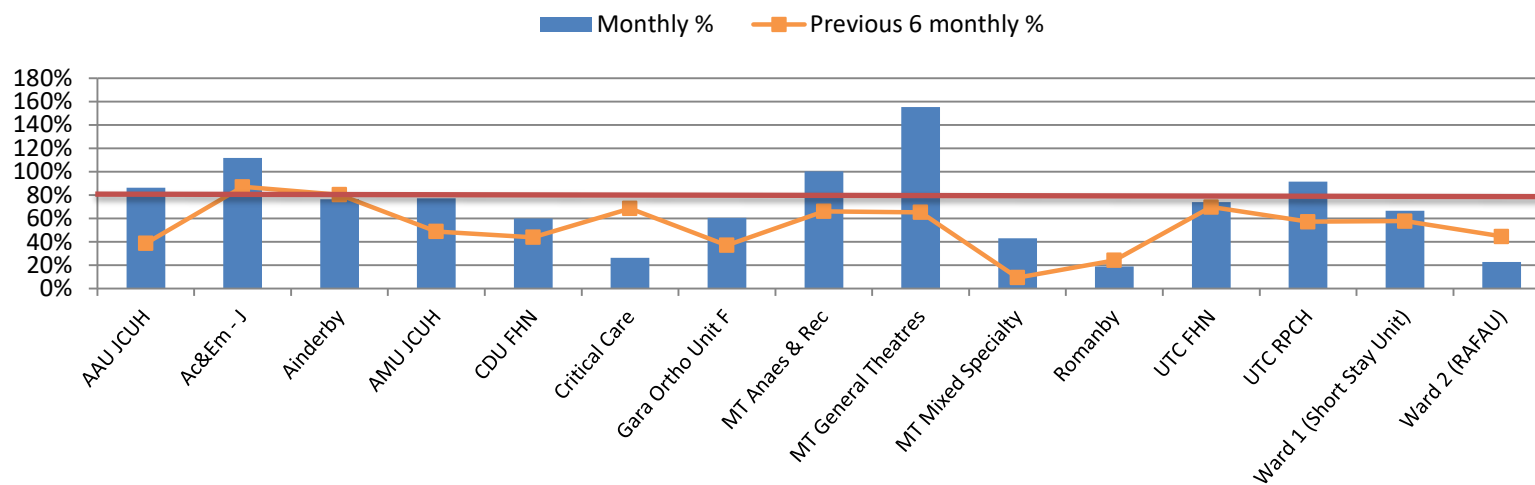
All student nurses who qualified in September and October have started to take up substantive posts and those qualifying in January 2021 (*n* 65) and have been appointed to posts across the Trust for January/March starts. Most students have been working as Aspirant Nurses or Band 3 HCA's through COVID and were welcomed by teams as a huge benefit and will make excellent additions to our nursing family.

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	28 + 6	28 + 4	28 + 3	26	9	0	9	0	2	9.5	
RAFAU (On Ward 2)	4 + 3	4 + 4	3 + 3	3 + 3	26	1	0	3	7	0	9.6	
Short Stay (On Ward 1)	5 + 3	5 + 4	3 + 3	3 + 3	20	1	0	0	3	0	-	
AMU JCUH	5 + 3	6 + 4	4 + 3	6 + 5	14	0	0	5	3	0	8.0	
AAU JCUH	5 + 3	8 + 4	4 + 3	6 + 4	15	0	0	5	4	0	9.8	
CDU FHN	5 + 3	3 + 3	3 + 2	3 + 2	7	2	0	2	6	0	9.4	
Ainderby FHN	4 + 3	3 + 3	2 + 2	2 + 2	16	2	0	0	6	0	7.8	
Romanby FHN	4 + 3	4 + 3	2 + 2	2 + 2	16	0	0	2	3	0	-	
Ac&Em -J	17 + 7	16 + 7	16 + 7	18 + 7	/	0	0	2	3	2	-	

There have been no reported episodes for lack of supervisory co-ordinator shifts across ITU/GH DU or CICU. NHDU have reported shifts with no co-ordinator. 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.

% Management Time Urgent & Emergency Care



Ward Managers are budgeted 80% supervisory time on the roster. Most areas have returned or improved on pre COVID levels.

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

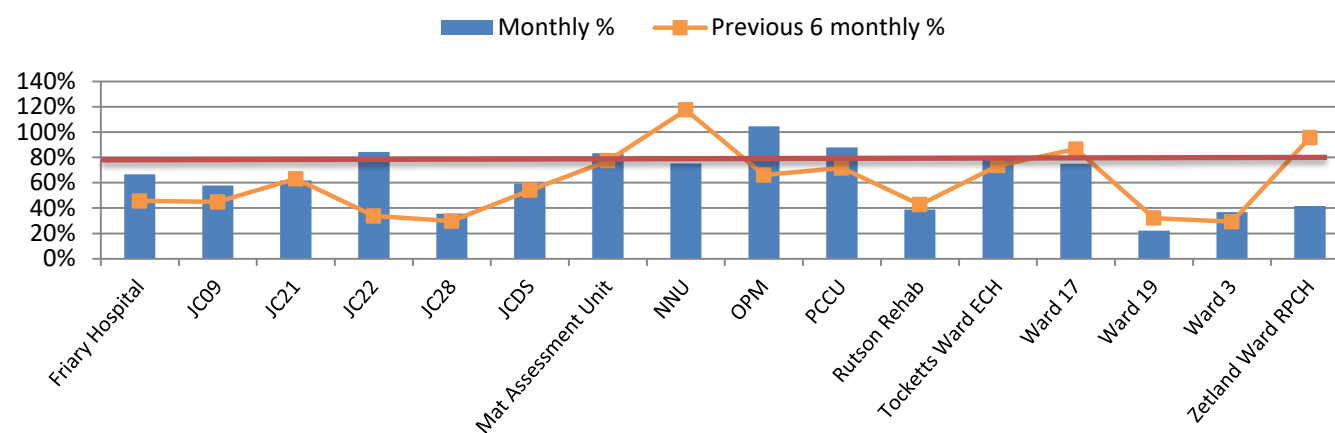
May 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Complaints	1000 voices	Quality Impacts
Ward 3	4 + 1 + 4	4 + 5	3 + 3	3 + 3	17	0	0	1	6	1	9.6	COVID Pathway
JC09 (Ward 9)	5 + 5	5 + 4	3 + 3	3 + 3	24	4	0	6	7	1	8.8	Staffing impacting on harm
Ward 11 (Older Persons Medicine OPM)	5 + 5	4 + 7	3 + 3	3 + 5	27	5	0	6	5	1	9.3	
Rutson FHN	3 + 4	2 + 3	2 + 2	2 + 2	11	0	0	0	0	0	-	
Tocketts Ward	4 + 5	3 + 5	3 + 4	2 + 4	23	0	0	0	7	0	9.3	
Zetland Ward	4 + 6	4 + 7	3 + 3	3 + 3	25	0	0	1	3	0	-	
Friary Community Hospital	3 + 4	2 + 3	2 + 1	2 + 2	7	0	0	1	0	0	9.2	
Ward 21 – Paeds	5 + 2	5 + 2	5 + 2	5 + 2	11	0	0	0	0	0	8.9	
Ward 22 – Paeds	5 + 2	3 + 2	3 + 1	3 + 1	7	0	0	0	1	0	9.1	
Central Delivery Suite	10 + 2 M- F	10 + 2	11 + 2	10 + 2	9	0	0	0	0	0	-	
Neonatal Unit	15 + 1	13 + 1	15 + 1	13 + 0		0	0	1	0	0	-	

Paediatric Intensive Care Unit (PICU)	4 + 0	3 + 0	4 + 0	3 + 0	2	0	0	0	0	0	-
Ward 17 JCUH	6 + 2	6 + 3	4 + 2	4 + 3	23	0	0	0	0	0	9.7
Ward 19 Ante Natal	3 + 1	3 + 1	2 + 0	2 + 0	6	0	0	1	0	0	9.2
Maternity FHN	2 + 0	3 + 1	2 + 0	2 + 0	0	0	0	0	0	0	-
Mat Assessment Unit	4 + 1	4 + 2	1 + 0	2 + 0	1	0	0	0	0	0	-

There have been no reported Respiratory Support Unit (RSU) staffing or same sex accommodation breaches during September.

A dedicated swabbing POD team have been recruited to undertake this activity with help from wards and departments to fill any roster gaps. Staff should be in post by the end of September/October.

% Management Time Community Care



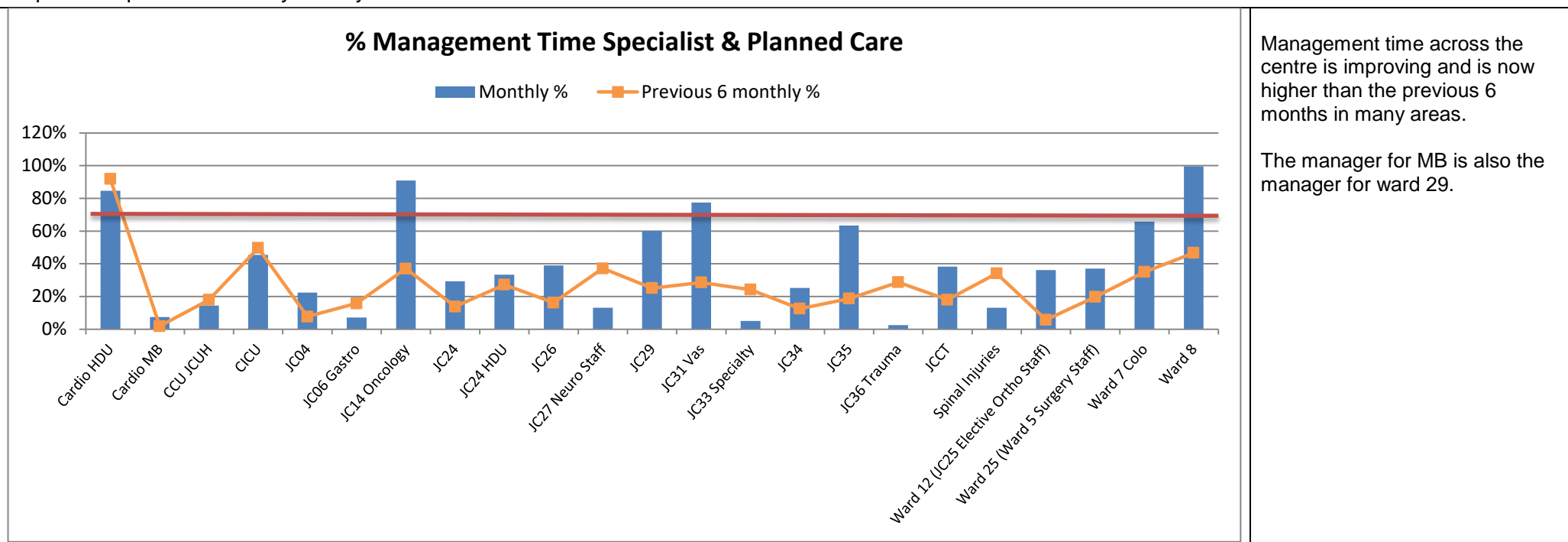
Management time is improving with many areas now higher than in the previous 6 months but remains variable.

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 + 2	3 + 2	2 + 2	12	1	0	1	4	0	-	Ward closed for part of month due to outbreak
Ward 5 Surgery (on Ward 25)	4 + 3	3 + 3	3 + 3	2 + 2	10	0	0	0	0	0		

JC06 Gastro	3 + 4	3 + 4	3 + 2	2 + 4	24	2	1	2	10	0	9.2	Increase in falls
Ward 7 Colo	5 + 4	4 + 4	3 + 3	3 + 3	25	4	0	4	3	1	9.0	
Ward 8	5 + 4	4 + 4	3 + 3	3 + 3	23	0	0	2	2	3	9.0	
Ward 12 (Ward 25 Staff)	5 + 4	3 + 3	3 + 3	2 + 3	12	0	0	2	4	0	9.5	
Ward 14	4 + 3	3 + 3	2 + 2	2 + 2	12	0	1	0	3	0	9.3	
JC24 (Ward 24)	4 + 3	4 + 4	3 + 2	3 + 3	19	2	0	3	3	0	9.1	
Neuro HDU	4 + 1	4 + 1	4 + 1	4 + 1	7	0	0	1	0	0	-	
JC26 (Ward 26)	3 + 2	3 + 3	2 + 2	2 + 2	17	0	0	1	0	1	8.7	
JC27 Neuro Staff	3 + 2	4 + 4 inc day unit	2 + 2	2 + 3	12	0	0	2	9	0	-	
JC28 (Ward 28)	5 + 3	4 + 3	4 + 2	4 + 3	14	2	0	0	3	0	8.6	
JC29 (Ward 29)	4 + 3	4 + 3	3 + 2	3 + 2	22	0	0	2	2	0	9.3	
Cardio MB	2 + 1	2 + 1	2 + 0	2 + 0	6							
JC31 Vas	3 + 4	3 + 3	3 + 2	2 + 2	16	2	0	3	4	0	9.1	
JCCT (Ward 32)	4 + 3	4 + 3	3 + 2	2 + 2	18	0	0	1	1	0	9.1	
JC33 Specialty	4 + 4	4 + 4	3 + 3	3 + 2	18	0	0	2	5	0	9.3	
JC34 (Ward 34)	5 + 5	4 + 5	4 + 3	3 + 4	25	3	0	4	7	1	9.1	Staffing concerns raised
JC35 (Ward 35)	4 + 4	3 + 4	3 + 3	2 + 3	16	0	0	2	3	0	-	
JC36 Trauma	5 + 5	5 + 5	3 + 3	3 + 4	29	0	0	0	0	0	-	
Spinal Injuries	8 + 5	6 + 4	7 + 5	3 + 3	17	0	0	2	0	1	9.0	
CCU JCUH	8 + 2	6 + 1	6 + 0	5 + 0	8	1	0	0	1	0	9.4	
CICU JCUH	11 + 2	8 + 1	11 + 1	8 + 1	6	0	0	1	0	0	-	
Cardio HDU	6 + 1	4 + 1	5 + 1	4 + 1	5	0	0	0	0	0	9.4	
Gara Orthopaedic FHN	2 + 2	2 + 2	2 + 2	2 + 1	9	0	0	1	0	0	9.6	

Inpatient surgical activity has increased during September with bed occupancy returning to pre COVID figures. Ward Managers do support staffing where required as part of their daily activity.



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 Raised during September	Early	Late	Long Day	Night	Night Duty	Ward Clerk	Grand Total
AMBER Beds Open	1	2		1			4
Less than 2 RNs on shift	4	2		1	1		8
Missed 'intentional rounding'	4						4
RED Beds Open	1	1	1			2	5
Shortfall in RN time	26	16	2	13		1	58
Grand Total	36	21	3	15	1	3	79

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.

Amber beds are opened within staffing limits and red beds are unstaffed. All shifts with less than 2 RN on duty have been mitigated. Shortfall in RN time has been due in part to COVID self isolation and short term sickness.

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

4 Weekly Hours Balance Against Peers

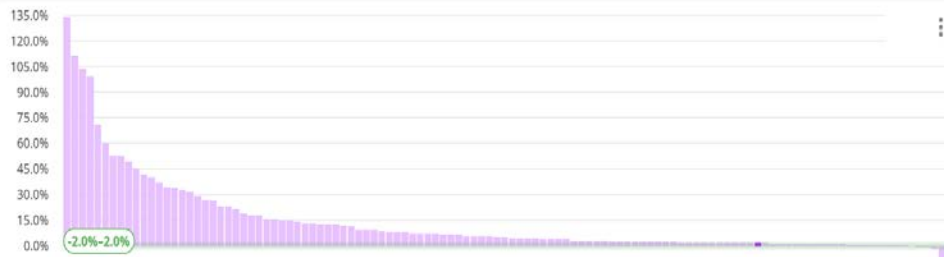
Hours Balances - Multi-Trust Comparators

31 Aug 2020 - 27 Sep 2020

just now

Performance Against Peers

1.7%	13.5%	16.3%	23.7%
Your Trust Average	Similar Size Trust	Foundation Trust	Health Education Region

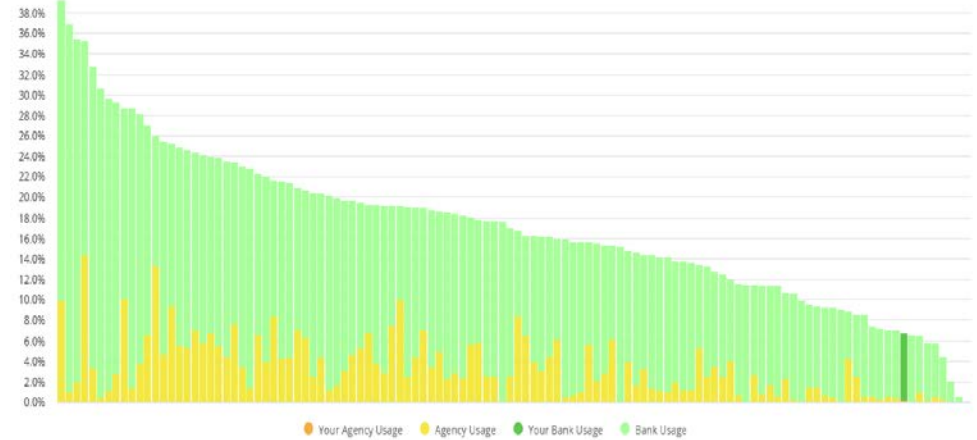


Best practice is to maintain the 4 weekly hours balance between + and – 2%. This demonstrates good management of staff hours

Temporary Staffing usage against other Allocate Peers

Performance Against Peers

6.8%	13.9%	19.3%	21.9%
Your Trust Average	Similar Size Trust	Foundation Trust	Health Education Region



Although higher than normal al our temporary staffing remains well managed

Overall unavailability of staff was 32% (same as last report) against standard Trust 21% headroom. Parenting leave is not included in the headroom.

Sickness and other leave % remains slightly higher but are now in line with the National trend. Annual leave remains well managed at 15.3% against a 14% - 16% KPI target. Total unavailability includes COVID self isolation

Unavailability Compared to Allocate National Average 31st August – 27th September 2020

Multi-Trust Comparators

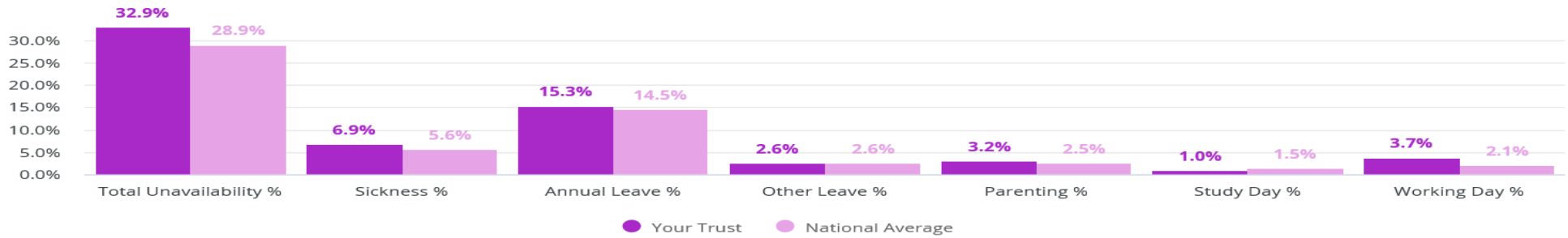
Internal Comparators

Unavailability - Multi-Trust Comparators

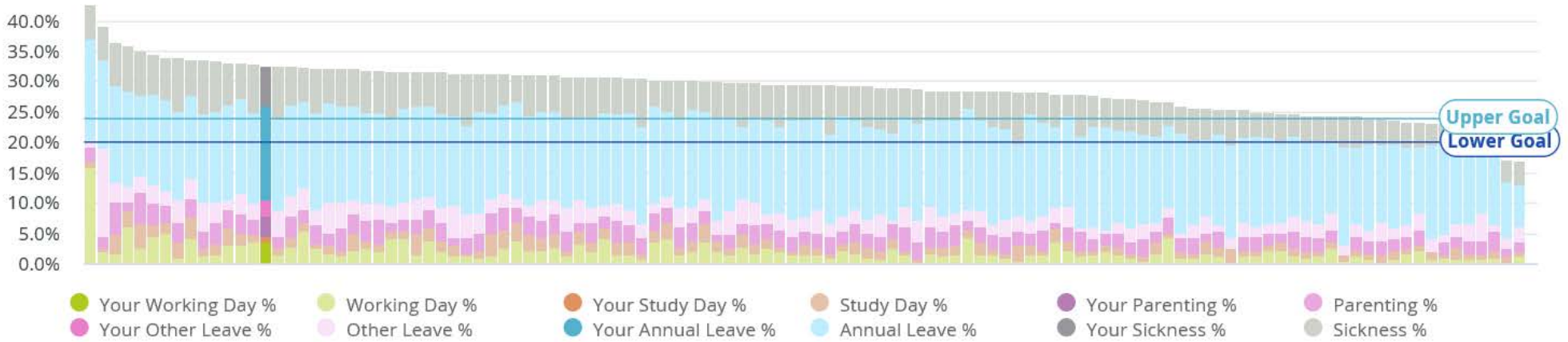
31 Aug 2020 - 27 Sep 2020

just now

Trust Unavailability Against National Averages by Type



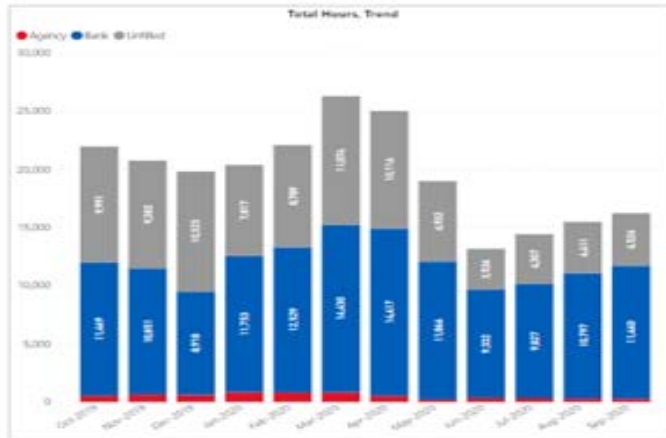
Unavailability by Leave Type



N&M - Registered Hours Performance

YOY Comparison for Sep-2020

WTE	100.0 ⁺ 141.0
% Total Fill	72.1% ⁻ 52.1%
% Bank Fill	70.4% ⁻ 50.9%
% Agency Fill	1.7% ⁺ 1.2%
% Unfilled	27.9% ⁻ 47.9%



Demand: In Sep-2020 totalled 16,246 hours (1,819 shifts), a change of 4.8% on Aug-2020

Bank: In Sep-2020 totalled 11,440 hours (1,257 shifts), a change of 6.0% on Aug-2020

Unfilled: In Sep-2020 totalled 4,806 hours (532 shifts), a change of 2.6% on Aug-2020

Agency: In Sep-2020 totalled 280 hours (30 shifts), a change of -5.1% on Aug-2020



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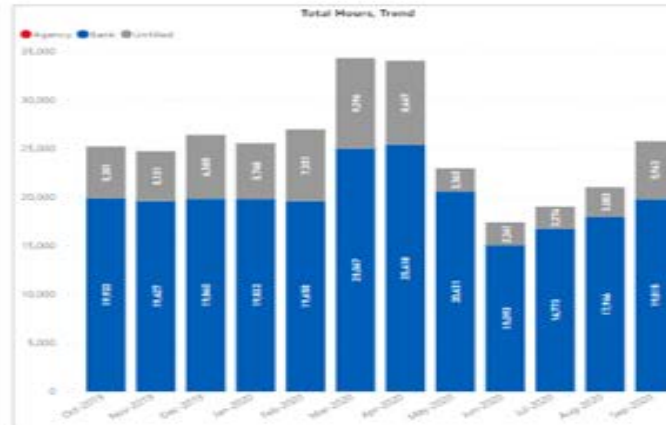
RN hours worked through NHSP and agency was 72.1% against a demand of 16,246 hours which equates to 100 WTE. This is an increase of 1000 hours in demand from last month and is directly related to COVID19 self-isolation

Agency (30 shifts) have been utilised to support anaesthetics

N&M - Unregistered Hours Performance

YOY Comparison for Sep-2020

WTE	158.6 ⁺ 164.5
% Total Fill	76.9% ⁺ 79.8%
% Bank Fill	76.9% ⁺ 79.8%
% Agency Fill	0%
% Unfilled	23.1% ⁺ 20.2%



Demand: In Sep-2020 totalled 25,778 hours (2,881 shifts), a change of 22.5% on Aug-2020

Bank: In Sep-2020 totalled 19,615 hours (2,155 shifts), a change of 10.3% on Aug-2020

Unfilled: In Sep-2020 totalled 5,963 hours (726 shifts), a change of 93.4% on Aug-2020

Agency: In Sep-2020 totalled 0 hours (0 shifts), a change of -100.0% on Aug-2020



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HCA hours worked through NHSP was 76.9% against a demand of 25,778 hours. This is a 4,000 hour increase in demand from the previous month and is directly related to COVID 19 activity such as the swabbing pods and self-isolation

There was no agency usage for HCA.

Student nurses have now returned to supernumerary placements and are no longer employed by the Trust as they were from June.

AHP Staffing report.

The Unify report shows that staffing levels ranged from 28.1% at the Friary and 97.4% in critical care. Critical care teams have been better staffed than other areas but they all remain GPCs compliant. The Neuro HDU areas are the least compliant with GPCs standards. The critical care areas remain a high priority within therapies and resources are often redirected to cover gaps on the rota.

<u>AHPS</u>	Total monthly planned staff hrs	Total monthly actual staff hrs	Total monthly planned staff hrs	Total monthly actual staff hrs	fill rate - Reg AHP (%)	fill rate - Non-AHP (%)
UECC Therapists Critical Care - ICU	1,334.00	1,103.00	165.00	90.00	82.7%	54.5%
UECC Therapists Critical Care - Cardio	652.50	635.75	165.00	117.00	97.4%	70.9%
UECC Therapists Front of House	2,317.25	1,727.00	763.00	621.00	74.5%	81.4%
UECC Therapists JCUH Inpatients	1,991.00	1,760.08	1,515.00	781.67	88.4%	51.6%
SPCT Acute Outpatients	4,259.25	2,925.08	367.50	217.25	68.7%	59.1%
SPCT Acute Stroke	1,215.00	863.25	652.50	412.50	71.0%	63.2%
SPCT Oncology	1,097.00	571.25	253.00	228.50	52.1%	90.3%
SPCT Spinal Injuries	1,357.50	1,040.50	270.00	165.25	76.6%	61.2%
SPCT Tees MSK	780.00	478.00	0.00	0.00	61.3%	-
SPCT Trauma & Orthopaedics	3,390.00	1,935.75	2,326.00	886.50	57.1%	38.1%
SPCT Vascular/Walking Training/DSC	880.25	500.00	614.00	337.75	56.8%	55.0%
Community Therapists Stroke & RPCH	2,985.00	1,683.50	1,601.50	1,357.50	56.4%	84.8%
Community Therapists Falls & Osteo	779.50	694.50	637.50	402.50	89.1%	63.1%
Community Therapists Falls H&R	270.00	213.00	330.00	97.50	78.9%	29.5%
Community Therapists Friary	397.50	111.50	105.00	0.00	28.1%	0.0%
Community Therapists Rutson	727.50	570.60	300.00	161.25	78.4%	53.8%
Community Therapists School & OT	1,102.30	1,046.00	727.50	409.00	94.9%	56.2%
Community Therapists Social Services	1,935.00	1,346.00	292.50	82.50	69.6%	28.2%
Community Therapists South Tees	6,496.50	4,587.50	3,971.25	2,018.25	70.6%	50.8%
Community Therapists ECPCH	1,320.00	802.50	510.00	387.75	60.8%	76.0%
Speech & Language Therapy	2,363.00	1,527.75	330.00	225.00	64.7%	68.2%
Dietitians FHN	952.50	541.50	0.00	0.00	56.9%	-
Dietitians JCUH	3,525.00	2,566.92	0.00	0.00	72.8%	-
Dietitians Langbaugh	1,911.50	864.67	0.00	0.00	45.2%	-
					68.9%	56.8%

There also needs to be consistency around annual leave within some therapy teams, especially those providing five day services, which appear to have an uneven distribution of annual leave throughout the month. Referrals into outpatient services have increased as the number of elective procedures has also increased. The more specialist services within therapies are also now offering some face to face contacts for those who cannot be managed remotely. The default for all outpatient services remains "remote first"

Within Dietetics, the average fill rate was 58.3%. This service is spread throughout all sites and all specialties. The service has been having difficulties recruiting into specialist posts with vacancies in specialist areas including diabetes and Specialist weight management. Although services are being provided throughout most specialties, the level of the service is mostly criteria led, in order to safely meet demand.

Referrals to community services remain higher than last year although the complexity of these patients is yet to be established. Anecdotal evidence suggests that the complexity of patients has increased with a number of referrals also being linked to the indirect effects of COVID.

Summary

Nurse Staffing throughout September has 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 although further analysis will be undertaken relating to ward 34 regarding pressure ulcers. A dedicated action plan is in place and redeployment of staff is undertaken on a daily basis across the centre to maintain safety.

Mandated staffing for Critical Care, RSU and Stroke have been maintained although Neuro HDU has not had a shift co-ordinator on every day. Redeployment has been undertaken to support safe staffing across all centres and student nurses are returning to supernumerary placements from the 1st September. The deployment of students has been a successful activity and very much appreciated by ward/dept staff during COVID.

Students qualifying in January 2021 have all been appointed to posts and 10 international Nurses arrived in mid-September and have been self isolating as per Government guidance in Trust accommodation with increased pastoral support. Staff have been deployed into Critical Care (4), Surgery (2), Medicine (2) Ward 12 (1) and Cardiac Cath Lab (1). Monthly groups are now expected to arrive dependent on travel restrictions.

Review of beds closed due to COVID social distancing have been undertaken as part of our Staffing through COVID process and agreed through Workforce Assurance and the Strategic Group.

Issues regarding 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. A Care Support Programme has been activated through NHSP with 30 HCSW joining the bank in January on 30 -37.5 hrs per week for 12 weeks

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

NHS Improvement (2018). Developing Workforce Safeguards: Supporting providers to deliver high quality care through safe and effective staffing. NHS Improvement London

NQB (2013) How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, midwifery and care staffing capacity and capability. <https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf>

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://nhsicorporatesite.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://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_Neonatal_mYLJCHm.pdf

Safe, sustainable and productive staffing in urgent and emergency

care https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_urgent_and_emergency_care.pdf

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 3 NOVEMBER 2020			
Board Report and Statement of Compliance 2019/20 Revalidation and Appraisal (Medics)			AGENDA ITEM:9 ENC 5
Report Author and Job Title:	James Auty – Revalidation Manager	Responsible Director:	Sath Nag – Responsible Officer
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/>		
Situation	Annual report, as required by NHS England, covering revalidation and appraisal - presented by the Trust's Responsible Officer (RO)		
Background	<p>The report sets out the key requirements for compliance with regulations and key national guidance relating to revalidation and appraisal. Reviewing these requirements assures that the Trust can demonstrate not only basic compliance but continued improvement over time. Completion of the NHS England template:-</p> <p>a) helps the designated body in its pursuit of quality improvement b) provides the necessary assurance to the higher-level RO c) acts as evidence for CQC inspections</p>		
Assessment	<p>Based on the embedded systems and processes in place within the Trust, the Revalidation Team continues to work from a position of strength and can provide assurance that:-</p> <p>a) Appraisals are undertaken appropriately and in accordance with national and local policies, procedures and guidelines in order for the RO to make revalidation recommendations to the GMC b) All appraisals and supporting information are undergoing robust quality checks c) Doctors are continually supported by the Revalidation Team with their appraisals and revalidation d) Outstanding appraisals are routinely addressed e) Appraisers have access to dedicated support and training to aid their roles as appraisers</p>		
Recommendation	Members of the Trust Board are asked to approve the report and its contents. The Chief Executive is asked to sign the Statement of Compliance on behalf of the Trust Board		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report		
Legal and Equality and Diversity implications	<ul style="list-style-type: none"> - NHS England - General Medical Council 		
Strategic Objectives	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input checked="" type="checkbox"/>	
	Drive operational performance <input checked="" type="checkbox"/>	Develop clinical and commercial strategies <input checked="" type="checkbox"/>	



South Tees Hospitals
NHS Foundation Trust



A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

NHS England and NHS Improvement



A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

Publishing approval number: **000515**

Version number: 3.0

First published: 4 April 2014

Updated: February 2019

Prepared by: Lynda Norton, Claire Brown, Maurice Conlon

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact Lynda Norton on England.revalidation-pmo@nhs.net.

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Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and annexes A – G. Included in the seven annexes is the Annual Organisational Audit (annex C), Board Report (annex D) and Statement of Compliance (annex E), which although are listed separately, are linked together through the annual audit process. To ensure the FQA continues to support future progress in organisations and provides the required level of assurance both within designated bodies and to the higher-level responsible officer, a review of the main document and its underpinning annexes has been undertaken with the priority redesign of the three annexes below:

- **Annual Organisational Audit (AOA):**

The AOA has been simplified, with the removal of most non-numerical items. The intention is for the AOA to be the exercise that captures relevant numerical data necessary for regional and national assurance. The numerical data on appraisal rates is included as before, with minor simplification in response to feedback from designated bodies.

- **Board Report template:**

The Board Report template now includes the qualitative questions previously contained in the AOA. There were set out as simple Yes/No responses in the AOA but in the revised Board Report template they are presented to support the designated body in reviewing their progress in these areas over time.

Whereas the previous version of the Board Report template addressed the designated body's compliance with the responsible officer regulations, the revised version now contains items to help designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance¹. This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). Some of these points are already addressed by the existing questions in the Board Report template but with the aim of ensuring the checklist is fully covered, additional questions have been included. The intention is to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. In this way the two regulatory processes become complementary, with the practical benefit of avoiding duplication of recording.

¹ Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer, and
- c) act as evidence for CQC inspections.

- **Statement of Compliance:**

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board of South Tees Hospitals NHS Foundation Trust can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

Date of AOA submission: **AOA due to be submitted 30/11/2020 – this will detail appraisal compliance figures for the year 2019-20. Expectation is that compliance will have been impacted slightly due to COVID-19 towards the end of the appraisal year (February-March 2020)**

Action from last year: **Seek clarification on the following from the Revalidation North Responsible Officer Forum: “The designated body has commissioned or undertaken an independent review of its processes relating to appraisal and revalidation”**

Comments: **Revalidation North Responsible Officer Forum advised that this action was no longer required**

Action for next year: **Maintain compliance**

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: **Maintain compliance**

Comments: **Dr Sath Nag - GMC 4695976 (Medical Director – Community Care Centre) appointed Responsible Officer 01/01/2019 with Responsible Officer training completed December 2018**

Action for next year: **Dr Sath Nag is due to step down as Medical Director and Responsible Officer towards the end of 2020-21, it will therefore be necessary to appoint a new Responsible Officer in the new Medical Leadership structure in order to maintain compliance**

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

Action from last year: **Maintain skills and resources within the team**

Comments: **Responsible Officer leads a fully resourced Revalidation Team consisting of:-**

- **Medical Lead for Appraisal & Revalidation**
- **Lead Appraisers x 3**
- **SAS Doctor / Non-Training Grade Doctor Lead**
- **Revalidation Manager**
- **Revalidation Advisor**

Revalidation Advisor was re-deployed Feb/Mar 2020 for three months when appraisals and revalidation were put on hold. This has since turned into a longer term arrangement meaning there is currently a gap within the team – with a soft relaunch of appraisals planned to

commence in October, it will be necessary to back-fill the Revalidation Advisor position.

Action for next year: **Recruit a replacement Revalidation Advisor**

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: **Maintain compliance**

Comments: **Allocate Software's e-Appraisal system is utilised to maintain a database of all Doctors holding a prescribed connection to South Tees Hospitals NHS Foundation Trust. The system is continually maintained and cross-checked with GMC Connect by a dedicated Revalidation Manager.**

Action for next year: **Maintain compliance**

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: **Trust policy for Maintaining High Professional Standards (MHPS) to be revised and updated in the forthcoming appraisal year; keep abreast of national guidance linking to local policy changes where required**

Comments: **Trust policy for Medical Appraisal & Revalidation fully revised and updated in September 2018; Trust policy for Remediation revised and updated November 2018. Both policies are due to be reviewed in three years' time but interim reviews will take place should changes to national policy become apparent. MHPS process has been improved with clearer timelines, engagement and training of 20 new case investigators within the Trust however, MHPS policy still to be revised and updated.**

Action for next year: **Revise and update MHPS policy**

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Action from last year: **As detailed in question 1**

Comments: **As detailed in question 1**

Action for next year: **As detailed in question 1**

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: **Maintain compliance and engagement**

Comments: **Yes, all Locum Doctors directly employed by the Trust are expected to participate fully in the appraisal process and agree a PDP within their first three months of joining; Locum Doctors employed for three or more months should undertake a full appraisal. Locum Doctors with a prescribed connection to another organisation e.g. Locum Agency, are afforded the opportunity to have their appraisal with the Trust which can be requested via their Clinical Director. Short term placement Doctors i.e. Locally Employed Non-Training Grade Doctors, receive the same level of support from the Revalidation Team as our Consultants and SAS Doctors and are added to our e-Appraisal software**

Action for next year: **Maintain compliance and engagement**

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year: **Maintain compliance**

Comments: **Yes, the Trust ensures its Doctors undertake annual appraisal in accordance with local policies and procedures and GMC requirements. The Trust utilises the DATIX Risk Management System for the logging of complaints and significant events; reports are extracted from the system by the Revalidation Team which are forwarded to the Doctor for upload to their e-Appraisal. Doctors are also requested to include any details on complaints or significant events which haven't been captured on the DATIX Risk Management system but which they are aware of. Where a Doctor works for any organisation outside of the Trust, they are asked to complete a separate Whole Scope of Practice Form, declaring the additional duties they undertake, the nature and frequency of these duties and whether or not they have been named in any complaints or significant events within the appraisal period; the form must be completed and signed by the external organisation and uploaded to the Doctor's e-Appraisal.**

In line with national guidance, appraisal activity was paused in March 2020; a planned soft re-launch is scheduled for October 2020

Action for next year: **Soft re-launch of appraisal in October 2020 with return to business as usual from April 2021**

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: **Continue to enforce Trust's escalation policy where appropriate**

Comments: **A record of missed or incomplete appraisals is kept with the Revalidation Manager working closely with the Medical Lead for**

Appraisal & Revalidation to establish the reasons why and enforcing the Trust's escalation policy for non-participation in appraisal where necessary.

Given the cancellation of appraisal in March 2020 in response to the pandemic, the Trust is not currently mandating completion of appraisal as we would normally do therefore, enforcement of the escalation policy is not currently relevant until we return to full business as usual.

Action for next year: Enforce Trust's escalation policy only where appropriate to do so in light of current circumstances

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Update where necessary should national policy change

Comments: Yes, Trust policy on Medical Appraisal & Revalidation revised in line with latest national policy and published with full sign off by the Trust's Board of Directors in September 2018; due for review in three years' time

Action for next year: Update where necessary should national policy change

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: Facilitate training for additional appraisers

Comments: Yes, there are currently 156 appraisers in the Trust to undertake appraisals for over 600 Doctors – this includes an additional 19 appraisers recruited last year. All 156 appraisers have undergone full revalidation and appraisal training.

Action for next year: Ensure appraiser numbers remain at a realistic ratio when compared with number of prescribed connections

5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

Action from last year: Continue to hold meetings for all appraisers throughout the year and attend regional network meetings

Comments: Yes, there is on-going training and support from the Revalidation Team. Several workshops led by the Medical Lead for Appraisal & Revalidation and Lead Appraisers have taken place in the last 12 months to allow all appraisers to meet, discuss any issues and

² <http://www.england.nhs.uk/revalidation/ro/app-syst/>

² Doctors with a prescribed connection to the designated body on the date of reporting.

share best practice. Our Medical Lead for Appraisal & Revalidation and Lead Appraisers also regularly attend the Northern Regional Medical Appraisal Lead Network meetings.

We are now utilising Microsoft Teams to facilitate such meetings with regular update sessions to be scheduled for the year ahead. Attendance at the regional network meetings via Teams will also take place.

Action for next year: **Continue to hold meetings for all appraisers throughout the year and attend regional network meetings**

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: **Continue with quality assurance process and twice yearly reports for Board**

Comments: **100% of appraisals are quality assured by our Lead Appraiser Team with any appraisals not meeting GMC or Trust requirements re-opened in order for appraisees and/or appraisers to address the identified shortfalls. Reports for Board are produced on a bi-annual basis covering all aspects of appraisal and revalidation.**

Action for next year: **Switch focus of quality assurance from appraisee to appraiser utilising locally modified version of PROGRESS audit tool**

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: **Maintain compliance**

Comments: **Recommendations are always timely with the Revalidation Manager ensuring Doctor's portfolios are reviewed by the Medical Lead for Appraisal & Revalidation and Lead Appraiser Team in advance of their revalidation date to ensure that all necessary supporting information required to facilitate a positive revalidation recommendation has been captured.**

Action for next year: **Review all Doctors currently under notice who were deferred as a result of COVID and recommend revalidation for those who already have presented the required supporting information**

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: **Maintain compliance**

Comments: **All Doctors receive a confirmation email from the Revalidation Manager informing them of their revalidation**

recommendation as soon as this has been processed on GMC Connect. Where the recommendation is one of deferment, the Revalidation Manager ensures appropriate liaison with the individual concerned, clearly communicates the reason for deferral and establishes a plan with the Doctor to ensure a positive revalidation recommendation can be submitted in line with their revised revalidation date. The Trust hasn't submitted any non-engagement recommendations in the last year but would follow the same process described for deferrals should the situation arise.

Action for next year: **Maintain compliance**

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: **Ensure continued effectiveness**

Comments: **Revalidation and appraisal forms part of the broader clinical governance framework present in the Trust. Each clinical area has their own systems and processes relating to clinical governance with risk management meetings, directorate meetings, centre board meetings, patient safety groups and quality assurance forums all contributing to the wider clinical governance agenda. Robust systems and processes in place ensure relevant information is communicated to the right individuals and escalated to our partners and regulators where appropriate. The Trust encourages individuals to highlight any areas of concern through our DATIX Risk Management System as well as our Raising Concerns (Freedom to Speak Up) policy.**

Action for next year: **Ensure continued effectiveness**

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: **Trust seeking to invest in an updated DATIX Risk Management System**

Comments: **The Trust utilises the DATIX Risk Management System for the logging of complaints and significant events; reports are extracted from the system by the Revalidation Team which are forwarded to the Doctor for upload to their e-Appraisal.**

Action for next year: **Trust seeking to invest in an updated DATIX Risk Management System**

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: **Revise and update local MHPS policy**

Comments: **The Trust follows the Department of Health Maintaining High Professional Standards in the Modern NHS framework with a local adaptation of the framework adopted as Trust policy.**

Action for next year: **Revise and update local MHPS policy**

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors³.

Action from last year: **Revise and update local MHPS policy / facilitate Case Investigator Training**

Comments: **The above forms part of our local case investigation process following our local MHPS policy. Case Investigator Training took place in September 2019 for 20 individuals, expanding our pool of trained case investigators, broadening our knowledge and boosting resilience**

Action for next year: **Revise and update local MHPS policy**

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation⁴.

Action from last year: **Continue timely completion of forms where required**

Comments: **The Trust completes the NHS England Medical Practice Information Transfer (MPIT) form where information or concerns need to be shared between respective Responsible Officers**

Action for next year: **Continue timely completion of forms where required**

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: **Maintain safeguards**

Comments: **The Trust and senior management uphold good practices relating to handling of concerns about clinical practice based on the GMC governance handbook. Our Responsible Officer deputises for all**

³This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

⁴ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

matters relating to the GMC with quarterly meetings held locally with our GMC Employer Liaison Advisor.

Action for next year: **Maintain safeguards**

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: **Maintain compliance**

Comments: **Yes, appropriate pre-employment background checks are carried out by the Trust's recruitment team. Healthcare Locums (HCL) are used as the master vendor for providing Medical Locums across all specialties for all medical roles.**

Action for next year: **Maintain compliance**

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- General review of last year's actions

Trust policy for Maintaining High Professional Standards to be revised and updated in the forthcoming appraisal year – still requires completion

Facilitate training for additional 24 appraisers – 19 new appraisers trained

Facilitate Case Investigator Training for additional 24 case investigators – 20 new case investigators trained

Seek to invest in an updated DATIX Risk Management System – action still outstanding

- Actions still outstanding

Update MHPS policy

Investment in updated DATIX system

- Current Issues

In line with national guidance, appraisal activity was put on hold from March 2020 in order to free up capacity of clinicians to help respond to the pandemic. We plan to have a 'soft relaunch' of appraisal in October 2020 (as has been suggested nationally) with a return to business as usual from April 2021. Re-gaining the full engagement of all concerned with the appraisal process may prove to be challenging but with the revised appraisal form – making the process much less admin burdensome for individuals when preparing for their appraisal – it is hoped that this won't become a major issue. Help and support from senior colleagues in re-iterating the importance of appraisal and the value this can bring to individuals will prove to be important over the coming months.

- New Actions:

- Appoint new Responsible Officer and ensure smooth handover
- Recruit new Revalidation Advisor
- Soft relaunch of appraisal in October 2020 with return to business as usual from April 2021
- Switch focus of quality assurance process from appraisee to appraiser
- Facilitate positive revalidation recommendations where appropriate for individuals with deferred dates

Overall conclusion:

The Trust continues to ensure all Doctors engage in appraisal with the Revalidation Team aiming to fully optimise the e-Appraisal Allocate Software for the management of appraisals and revalidation recommendations. Based on the embedded systems and processes in place within the Trust, the Revalidation Team continues to work from a position of strength and can provide assurance that:-

- Appraisals are undertaken appropriately and in accordance with national and local policies, procedures and guidelines in order for the RO to make revalidation recommendations to the GMC
- All appraisals and supporting information are undergoing robust quality checks (a revision to our quality assurance process, in line with national guidance, as mentioned within the report will take place at an appropriate point in time once appraisal activity has returned to normal levels)
- Doctors are continually supported by the Revalidation Team with their appraisals and revalidation
- Outstanding appraisals are routinely addressed
- Appraisers have access to dedicated support and training to aid their roles as appraisers

Section 7 – Statement of Compliance:

The Board of South Tees Hospitals NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

(Chief executive or chairman (or executive if no board exists))

Official name of designated body: **South Tees Hospitals NHS Foundation Trust**

Name: **Sue Page** Signed:

Role: **Chief Executive**

Date:

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 3 NOVEMBER 2020			
Integrated Performance Report			AGENDA ITEM: 10, ENC 6
Report Author and Job Title:	Ros Fallon Interim Director of Planning & Recovery	Responsible Director:	Various
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
Situation	To provide the Board with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	<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>		
Assessment	<p>Key messages relating to performance this month include:</p> <ul style="list-style-type: none"> • Increased demand and reduced capacity has led to A&E 4 hour wait to continue 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 		
Recommendation	The Board of Directors are asked to note the Integrated Performance Report for September 2020.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please	<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</p>		

outline	<p>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, increasing demand, transfer of activity, reduction in weekend working and premium pay .</p> <p>BAF risk 3.3 - Risk of ability to deliver the national access target of 85% for 62 Day Cancer Standard</p>	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>
	Develop clinical and commercial strategies <input type="checkbox"/>	



South Tees Hospitals
NHS Foundation Trust

Integrated Performance Report

September 2020

Key Messages



South Tees Hospitals
NHS Foundation Trust

- Our key messages are:
- Increased demand and reduced capacity have led to A and E compliance to continue to be below target for the fourth consecutive month.
- RTT compliance has continued to improve and compliance has increased by 13.6% on August's position (now 53.32%).
- Diagnostic compliance continues to improve for the fifth consecutive month (now 75%). Modality compliance is now included.
- SHMI is 'higher than expected'.
- Annual appraisal compliance continues to remain outside of the lower control limits for fourth consecutive month. Detailed actions to address this are underway.
- The Trust has achieved a break even position and is £7.3m ahead of internal budget.

Measures

	Indicator	Latest Month	Target	Trend	Assurance	
SAFE	All Falls Rate	5.82	5			
	Falls With Harm Rate	0.31	0			
	Infection Control - C-Difficile	11	0			
	Infection Control - MRSA	0	0			
	Serious Incidents	7	0			
	Never Events	0	0			
	Grade 2 Pressure Ulcers	98	TBD			
	Grade 3 & 4 Pressure Ulcers	20	TBD			
	SHMI	121.89	N/A			
	Hospital Standard Mortality Rate (HSMR)	106.80	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 (%)	85.96%	85.0%		
	F&F A&E Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	F&F Inpatient Overall Experience Rate (%)	97.09%	96.0%		
	F&F Inpatient Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	F&F Maternity Overall Experience Rate (%)	95.45%	97.0%		
	F&F Maternity Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	Complaints Closed Within Target (%)	89.47%	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)alling short of the target

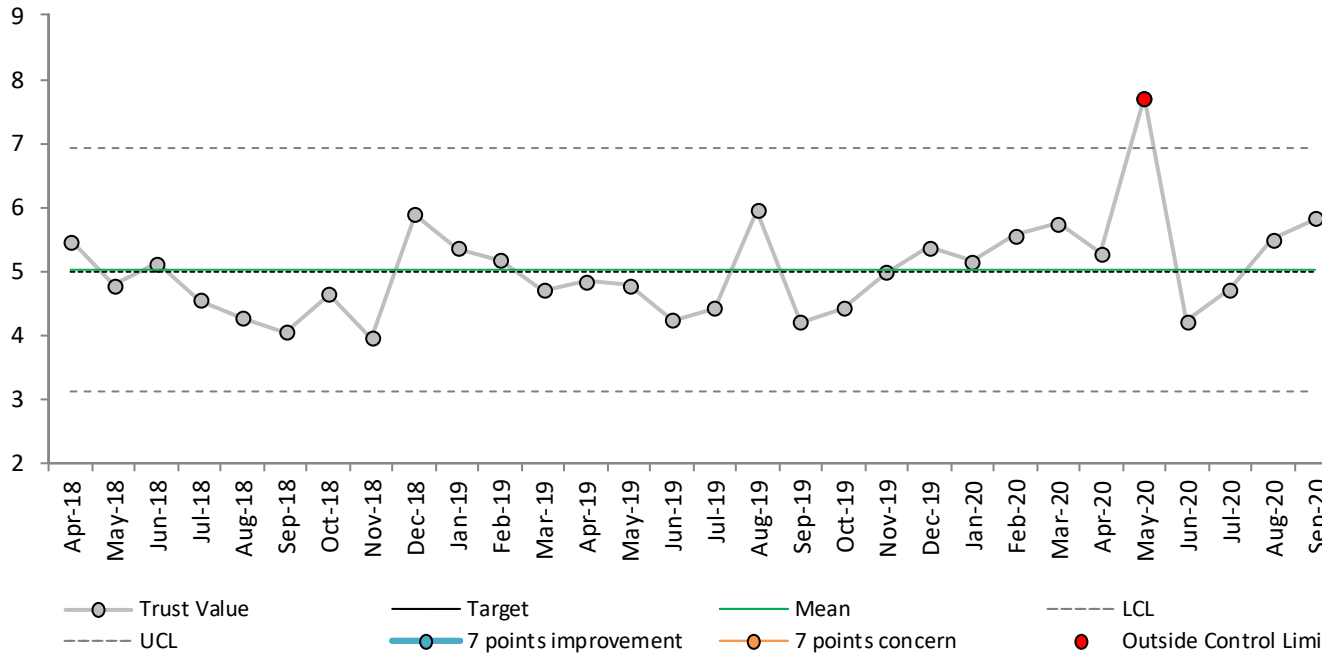
Measures

	Indicator	Latest Month	Target	Trend	Assurance
RESPONSIVE	A&E 4 Hour Wait Standard (%)	86.69%	95.0%		
	RTT Incomplete Pathways (%)	53.32%	92.0%		
	Diagnostic 6 Weeks Standard (%)	75.00%	99.0%		
	Cancer Treatment - 14 Day Standard (%)	67.25%	93.0%		
	Cancer Treatment - 31 Day Standard (%)	96.26%	96.0%		
	Cancer Treatment - 62 Day Standard (%)	77.74%	85.0%		
	Non-Urgent Ops Cancelled on Day	12	0		
	Cancer Operations Cancelled On Day	0	0		
	Cancelled Ops Not Rebooked Within 28 days	0	0		
	E-Discharge (%)	95.44%	90.0%		

	Indicator	Latest Month	Target	Trend	Assurance
WELL LED	Annual Appraisal (%)	71.85%	80.0%		
	Mandatory Training (%)	88.22%	90.0%		
	Sickness Absence (%)	4.55%	4.0%		
	Staff Turnover (%)	12.55%	10.0%		
	Year-To-Date Budget (£'millions)	-£7.30	Within Budget		

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		

All Falls Rate



The Trust falls rate per 1000 bed days

Target	5
Mean	5.03
Last Month	5.82

Executive Lead
Deirdre Fowler
Lead
Beth Swanson

Commentary
<ul style="list-style-type: none"> In September, the falls rate remains just above target. Falls rate is 5.82% falls per 1000 bed days (132 falls.)

Cause of Variation

- Areas with heightened incidence of falls include wards 27,6,34, 33, CDU, Ainderby and Tocketts. ward 1, ward 9 and ward 11.

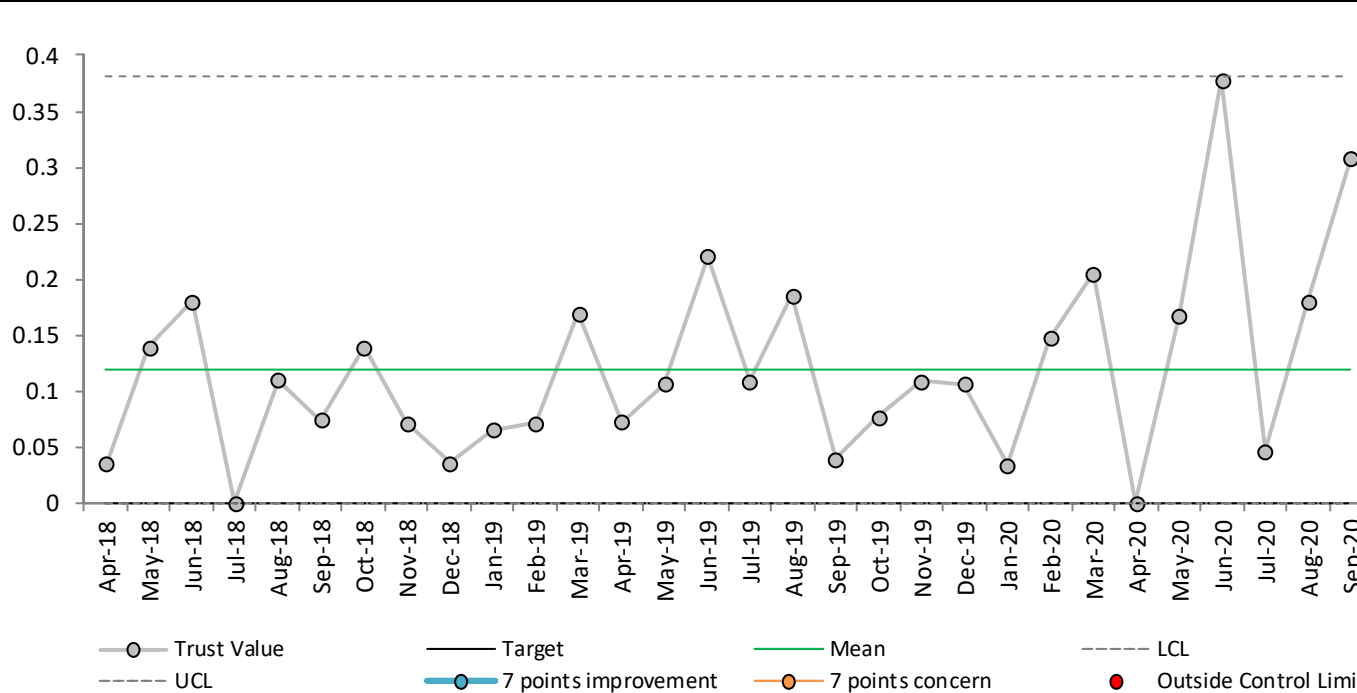
Planned Actions

- Dedicated project facilitator within STAQC team to lead on deconditioning starts in October 2020
- Centres matrons tasked with improving compliance with lying and standing blood pressure compliance via clinical standards
- Launch of tool box training on lying and standing blood pressure

Timescale

- All actions are ongoing and linked to the falls reduction strategy

Falls With Harm Rate



Rate of falls with harm per 1000 bed days

Target	0
Mean	0.12
Last Month	0.31

Executive Lead
Deirdre Fowler

Lead
Beth Swanson

Commentary
<ul style="list-style-type: none"> There were 7 falls with harm in September.

Cause of Variation

- 7 patients sustained harm which occurred on wards 4, 6, 24, 25, CDU, Tocketts and Romanby. This included x2 fracture neck of femur and x5 other fractures.
- Investigations into these incidents are ongoing.

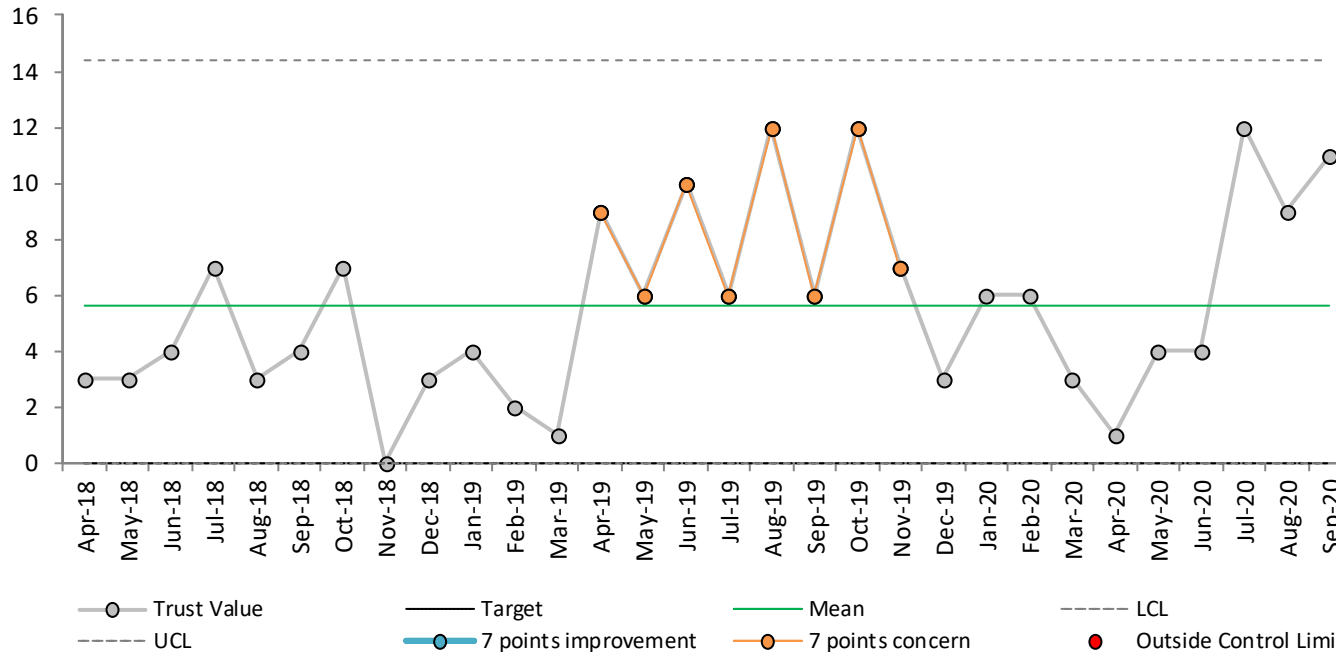
Planned Actions

- Dedicated project facilitator within STAQC team to lead on deconditioning starts in October 2020
- Centres matrons tasked with improving compliance with lying and standing blood pressure compliance via clinical standards
- Launch of tool box training on lying and standing blood pressure

Timescale

- All actions are ongoing and linked to the falls reduction strategy

Infection Control - C-Difficile



Cases of hospital acquired C. Difficile bacteraemia

Target	0
Mean	5.60
Last Month	11.00

Executive Lead
Deirdre Fowler
Lead
Sharron Lance

Commentary

There is a increase in cases in September. There is no upper threshold target for 2020/21 . Based on last years upper threshold of 81 case by year end we remain aligned with trajectory. There are no linked cases

Cause of Variation

- No obvious cause but closer analysis of the root cause investigations may reveal potential learning opportunities.

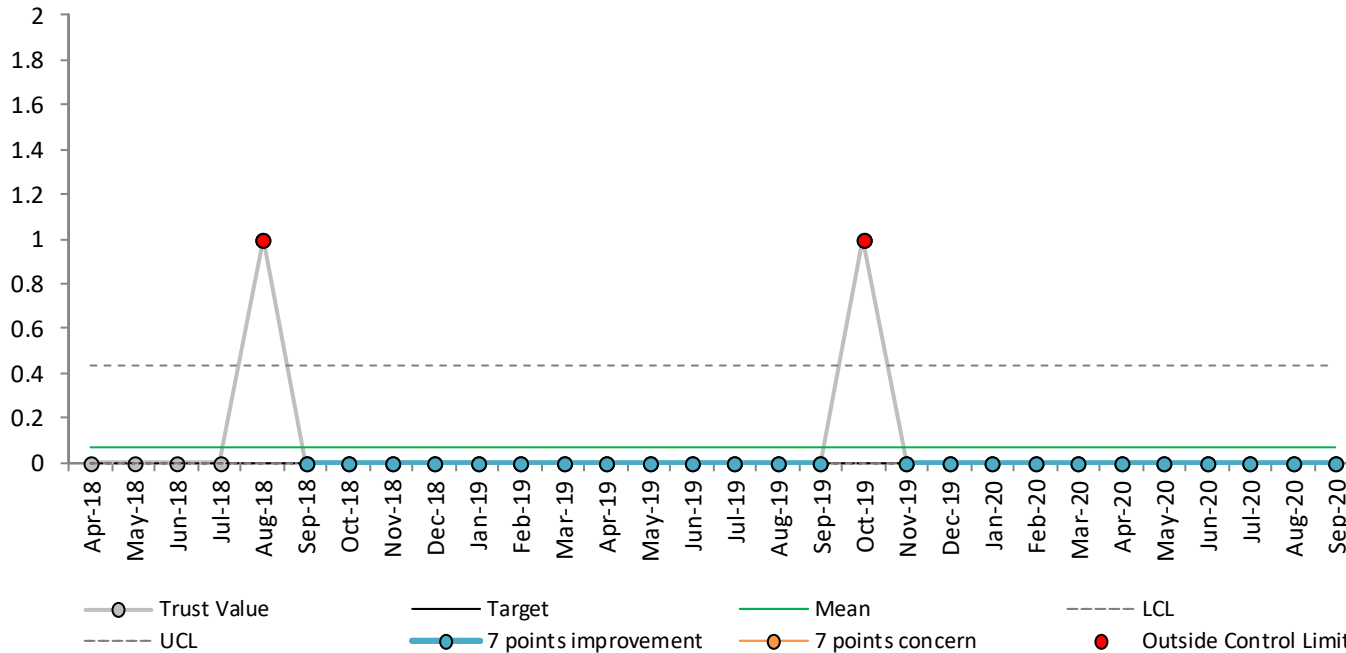
Planned Actions

- Re-commence root cause analysis and panel reviews after a pause in these processes during the first wave of Covid19.

Timescale

- Ongoing

Infection Control - MRSA



Cases of hospital acquired MRSA bacteraemia

Target	0
Mean	0.07
Last Month	0.00

Executive Lead
Deirdre Fowler

Lead
Sharron Lance

Commentary

There were 0 MRSA cases to report for September meaning we have not reported any cases for 11 consecutive months.

Cause of Variation

- Not applicable.

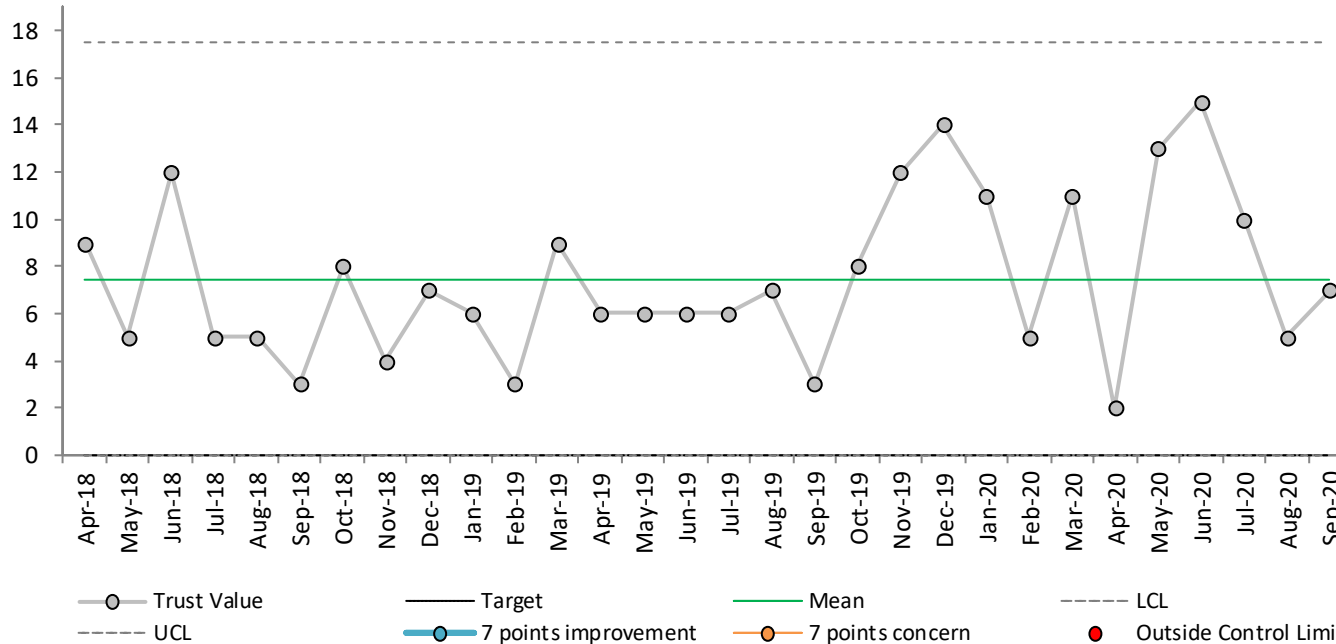
Planned Actions

- Aseptic non touch technique training and audit programs for indwelling device insertion and care remain in place.

Timescale

- Not applicable

Serious Incidents



The number of Serious Incidents

Target	0
Mean	7.43
Last Month	7.00

Executive Lead
Deirdre Fowler
Lead
Kay Davies

Commentary
There were 7 serious incidents in September.

Cause of Variation

- Serious Incidents are not always reported in the same month that they occur.
- In September, 71% were reported within 48 hours of knowledge of the incident.

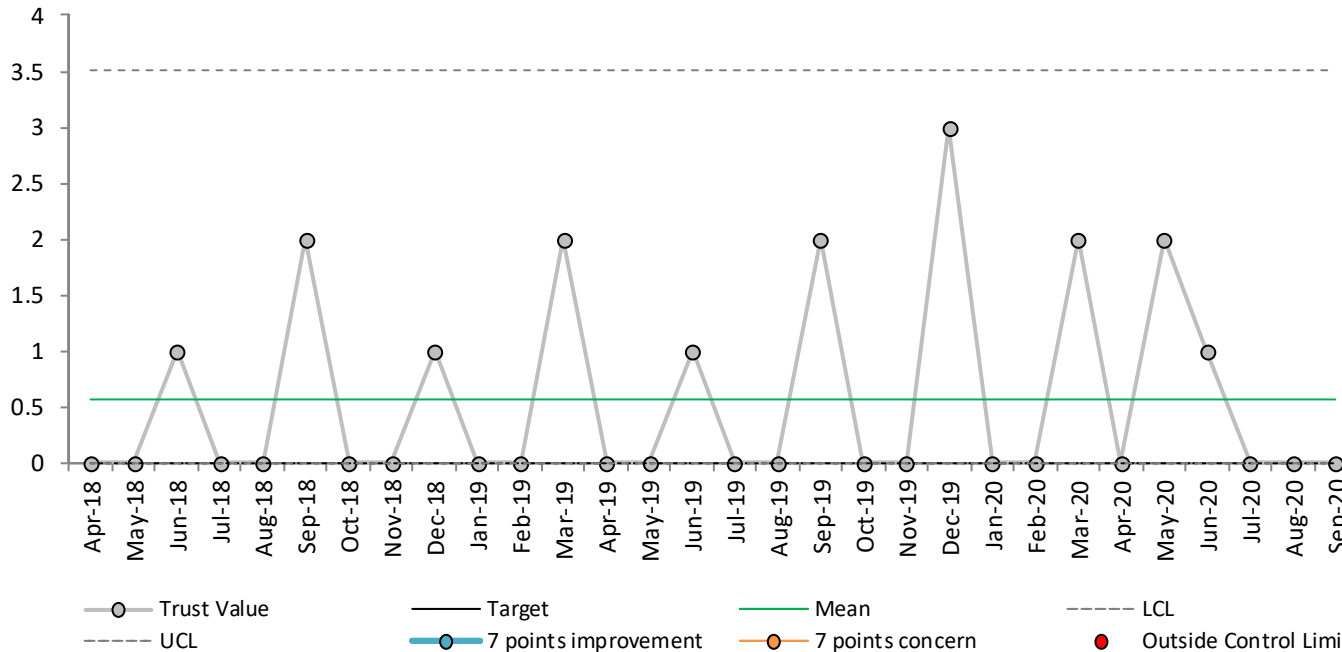
Planned Actions

- 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.
- Commission and deliver training for key staff.

Timescale

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Never Events



Target	0
Mean	0.57
Last Month	0.00

Executive Lead
Deirdre Fowler
Lead
Kay Davies

Commentary

There were 0 never events reported for the 3rd consecutive month.

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.

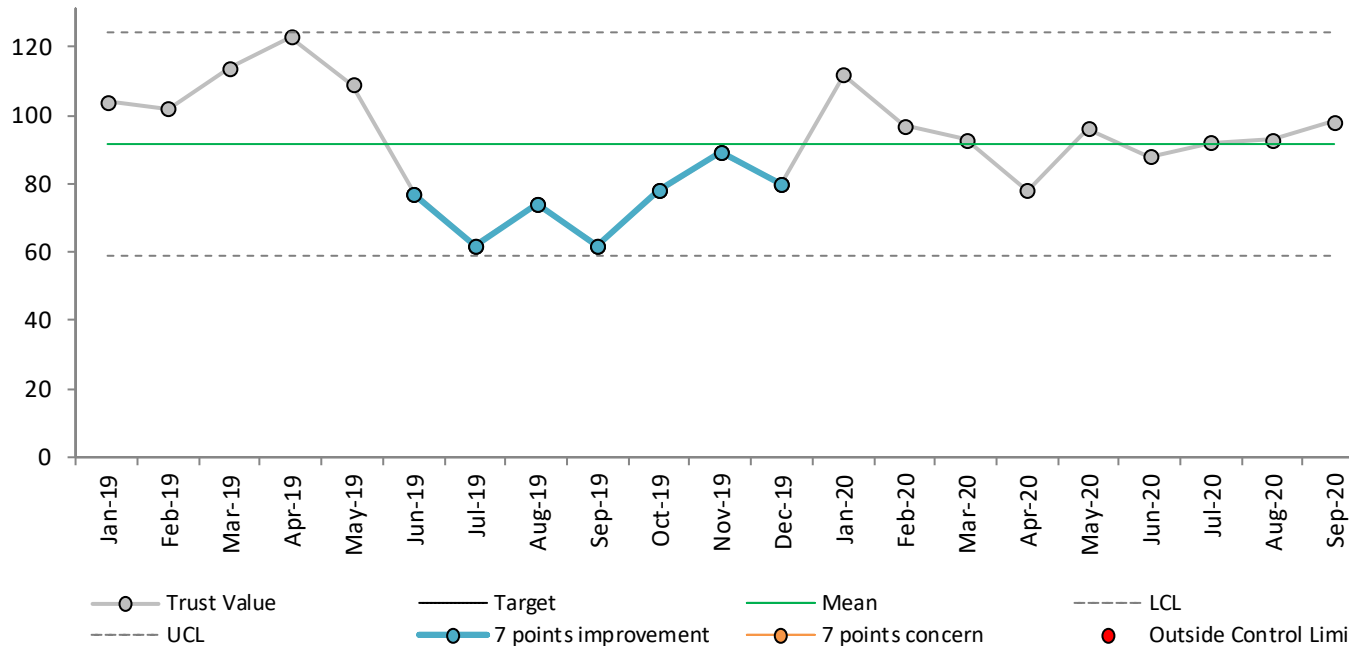
Planned Actions

- A safer surgery oversight group has been established, incorporating the feedback from the external review of our never events, recent go and see visits to theatres, human factors training and the recommendations from these investigations which have been concluded.
- 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. Results awaited.

Timescale

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

Grade 2 Pressure Ulcers



Number of Grade 2 Pressure Ulcers - Trust Acquired

Target	TBD
Mean	91.48
Last Month	98.00

Executive Lead
Deirdre Fowler

Lead
Beth Swanson

Commentary
We reported 98 grade 2 pressure ulcers for September.
Community 48 Acute 50

Cause of Variation

- There is a small rise in the category 2 pressure ulcer rate which is most likely due to the reporting issues related to datix.

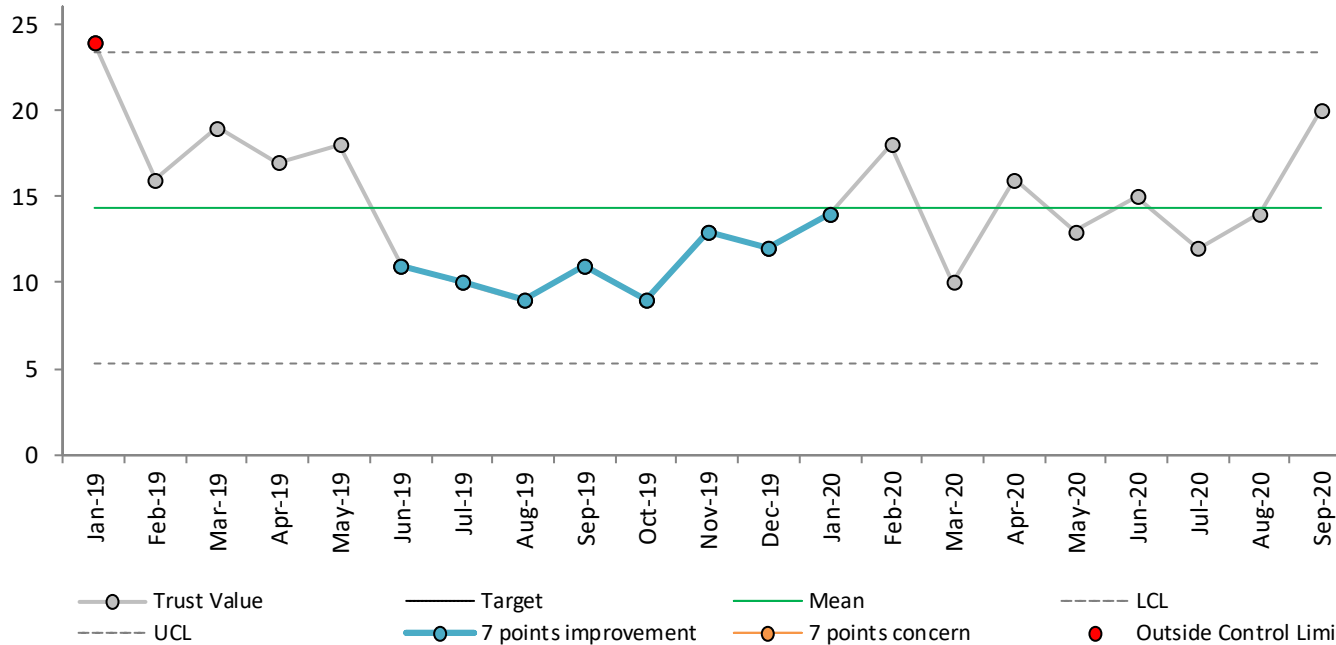
Planned Actions

- A range of training resources have been developed to support staff training
<https://staffintranet.xstees.nhs.uk/services/nursing-and-midwifery/inpatient-falls-and-dementia-assessment-tools/>
- Community nurses are developing an information pack for patients approaching the end of life with the aim of improving information and advice relating to skin care.
- System one care plans are being reviewed and updated.
- Tissue viability Policy is awaiting ratification.

Timescale

- All actions are ongoing and linked to the tissue viability strategy.

Grade 3 & 4 Pressure Ulcers



Target	TBD
Mean	14.33
Last Month	20.00

Executive Lead
Deirdre Fowler
Lead
Beth Swanson

Commentary

We reported 19 grade 3 and 1 grade 4 pressure ulcers in September.

Community 17 (1 cat. 4)

Acute 3

Number of Grade 3 & 4 Pressure Ulcers - Trust Acquired

Cause of Variation

- Compliance with the ASSKING bundle measured via the PPA is improving.
- Common themes remain in relation to documentation of advice in the community and evidence of intervention in the acute.

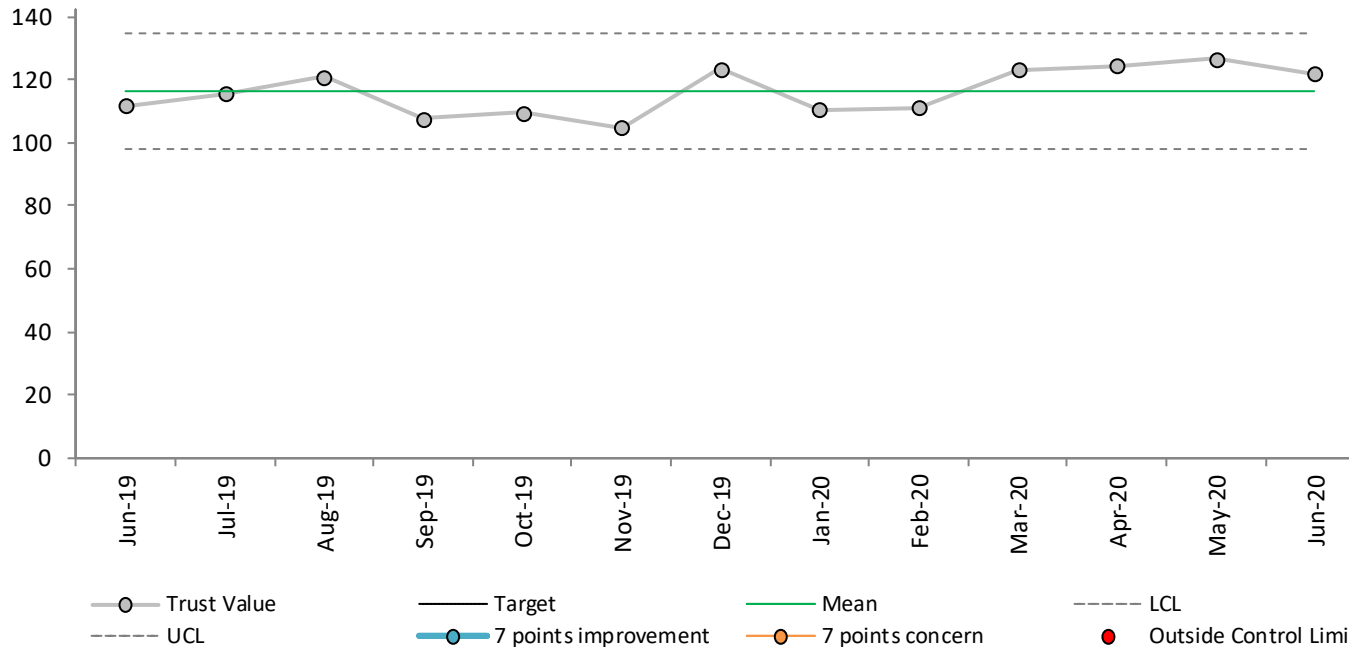
Planned Actions

- The TVN team continue to provide support to wards category 3 pressure damage (wards 6, 9, 14 and ward 2).
- Ongoing support to community nursing H&R and ward 34 with local action plans
- Developing an information pack for patients approaching the end of life with the aim of improving information and advice relating to skin care.
- System one care plans being reviewed and updated.
- Pressure ulcer action plan being reviewed and will accompany update to SLT.

Timescale

- All actions are ongoing and linked to the tissue viability strategy.

SHMI



Summary Hospital-Level Mortality Indicator

Target	N/A
Mean	116.28
Last Month	121.89

Executive Lead
Sath Nag
Lead
Tony Roberts

Commentary

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

Cause of Variation

- SHMI has remained stable but high (national average is set to 100). This reflects the Trust's relatively low level of comorbidity coding (the trust has lower than national levels of comorbidity in admitted patients).
- SHMI is officially reported quarterly and for April 2019 to March 2020 is outlying. Pneumonia and septicemia mortality is high.

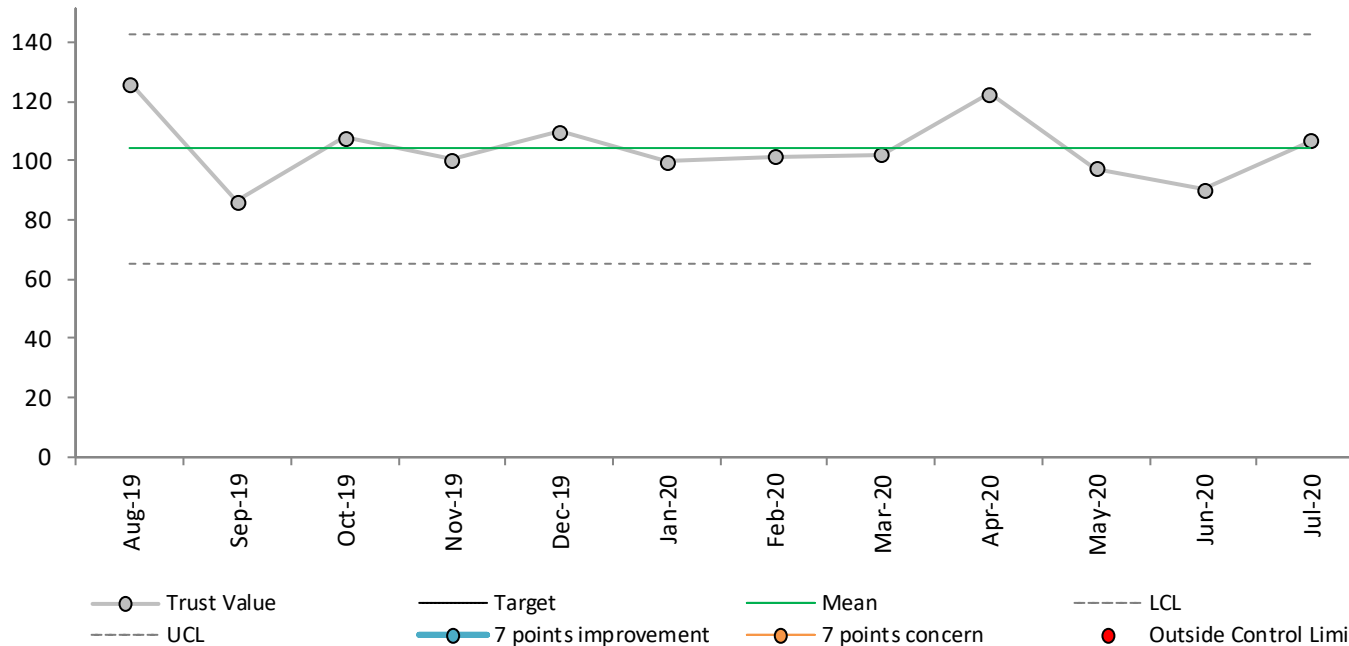
Planned Actions

- The trust is gradually falling behind national averages for coding. Work to change documentation of comorbidities at admission to enable better coding is progressing
- SHMI is likely to be impacted by COVID-19 as cases appear in the data from February 2020 and deaths rise steeply in March and particularly April 2020.

Timescale

- On-going, although a quarterly review of the impact of COVID-19 on SHMI will be needed throughout 2020/2021. COVID particularly influences pneumonia and septicemia.

Hospital Standard Mortality Rate (HSMR)



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

Target	N/A
---------------	------------

Mean	104.15
-------------	---------------

Last Month	106.80
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Executive Lead

Sath Nag

Lead

Tony Roberts

Commentary

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

Cause of Variation

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

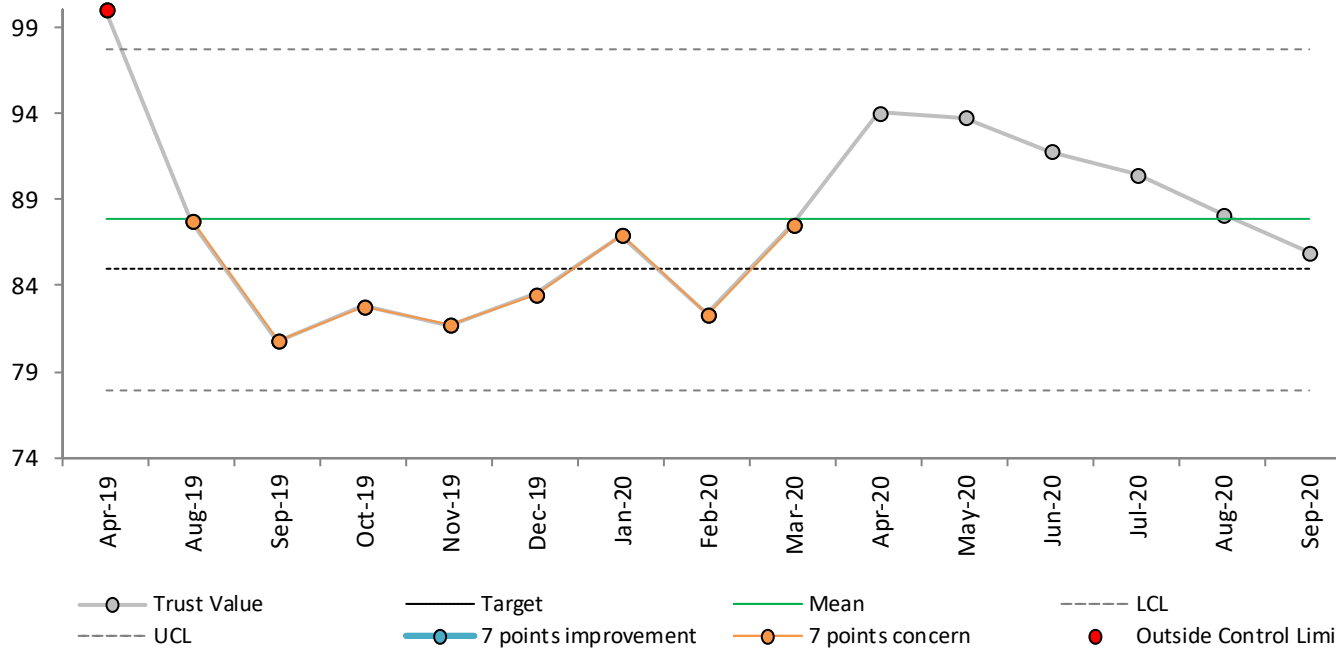
Planned Actions

- 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 for patient-level data for SHMI and HSMR will be important, particularly in pneumonia and septicemia given the discrepancy between them.

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



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

Target	85
Mean	87.84
Last Month	85.96

Executive Lead
Deirdre Fowler

Lead
Jen Olver

Commentary

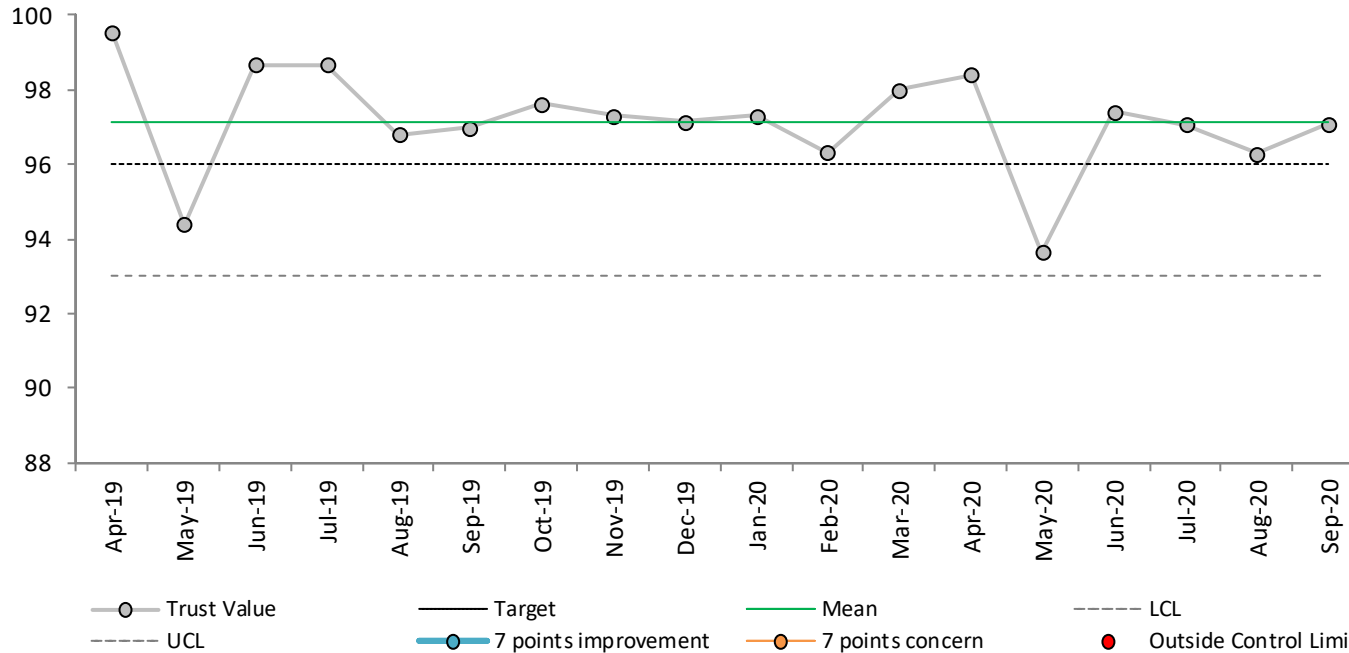
Although the A&E recommendation rate remains above target for the 6th consecutive month it has been decreasing over this time.

Cause of Variation

Planned Actions

Timescale

F&F Inpatient Overall Experience Rate (%)



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

Target	96
Mean	97.15
Last Month	97.09

Executive Lead
Deirdre Fowler
Lead
Jen Olver

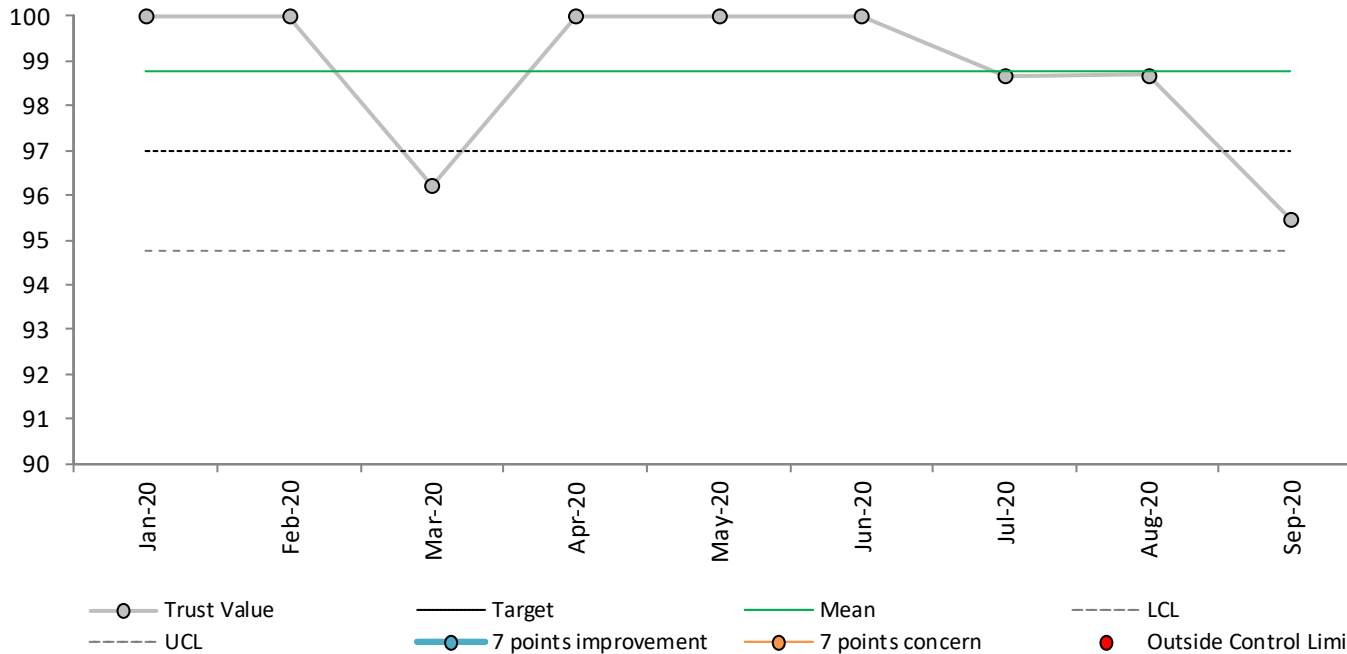
Commentary
Inpatient recommendation continues to be just above target for September.

Cause of Variation

Planned Actions

Timescale

F&F Maternity Overall Experience Rate (%)



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

Target	97
Mean	98.78
Last Month	95.45

Executive Lead
Deirdre Fowler

Lead
Jen Olver

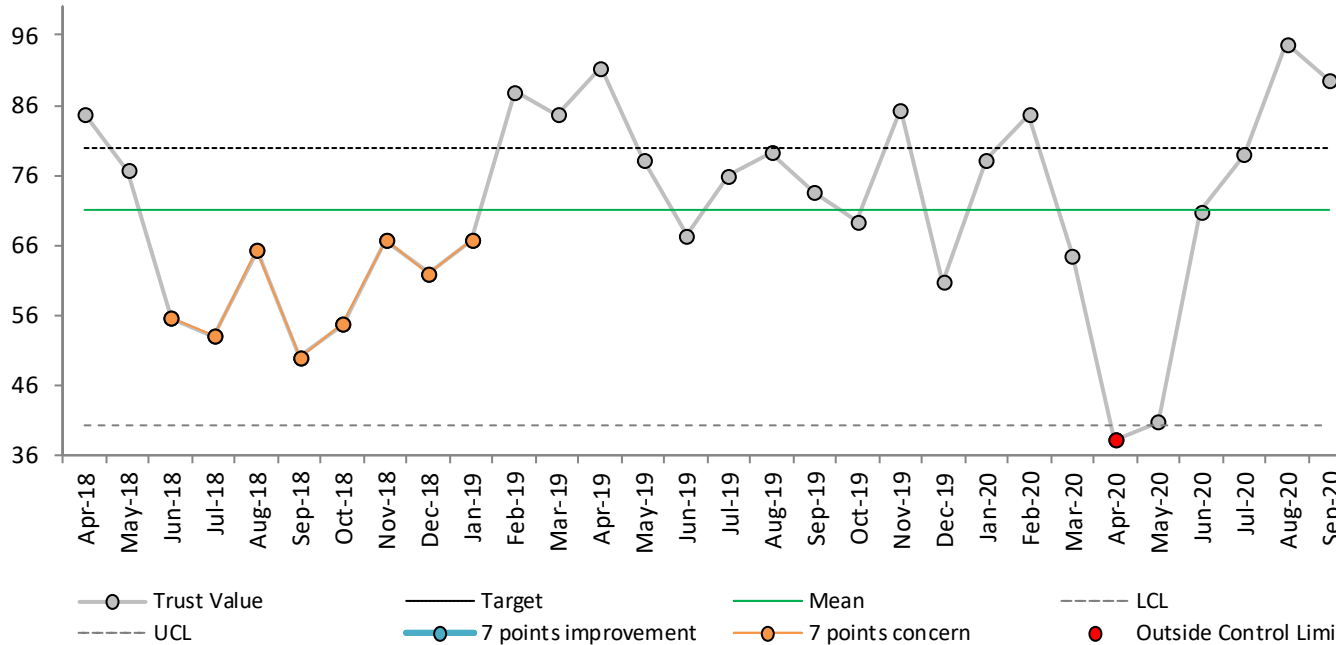
Commentary
Recommendation rate has dropped below target for September and is close to the lower control limit.

Cause of Variation

Planned Actions

Timescale

Complaints Closed Within Target (%)



The percentage of complaints closed within the target

Target	80
Mean	70.96
Last Month	89.47

Executive Lead
Deirdre Fowler
Lead
Jen Olver

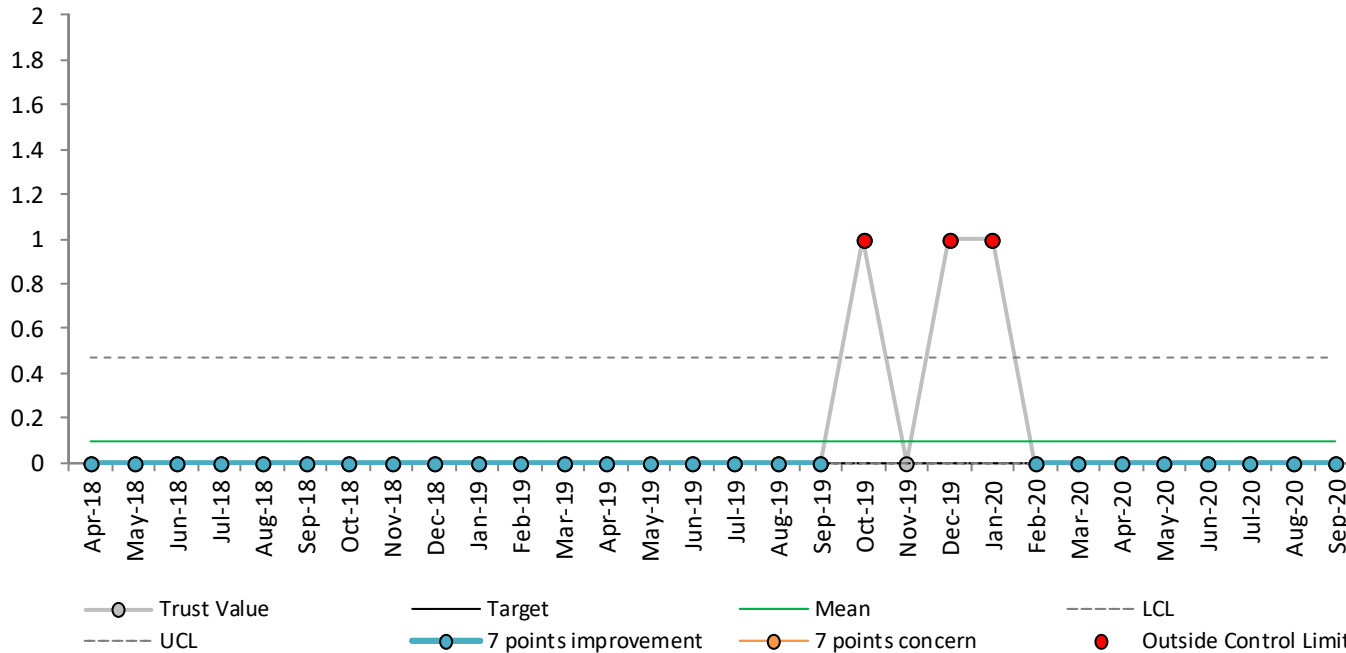
Commentary
Complaints closed has exceeded its target for the 2 nd consecutive month.

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

Compliance against the target has been achieved for the 8th consecutive month.

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

Cause of Variation

Planned Actions

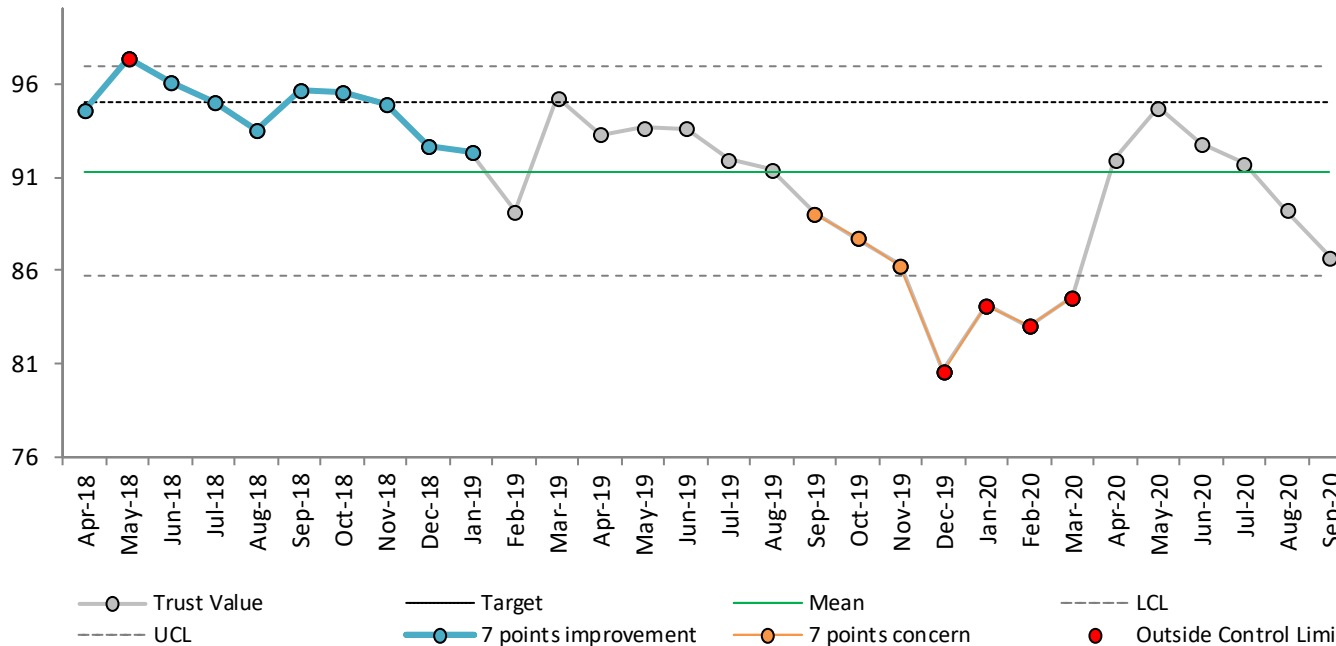
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

A&E 4 Hour Wait Standard (%)



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

Target	95
Mean	91.29
Last Month	86.69

Executive Lead
Johanna Reilly

Lead
Penny Bateman

Commentary
A&E 4 hour compliance has decreased for the fourth consecutive month and continues to remain below target .

Cause of Variation

- Continuous rise in demand and acuity results in significant challenge due to limited segregation capacity.
- Social distancing measures continually impacting upon efficiency of service delivery
- Demand management challenges ongoing
- Exit block – limited isolation capacity

Planned Actions

- Talk before you walk launched 1
- Operationalised Red ED pathway on Ward 15
- Development of SDEC – scheduled for 18 December
- Development of separate Paediatric ED
- Review UTC model – options to flex model
- Improve Patient Flow –SLT meetings daily

Timescale

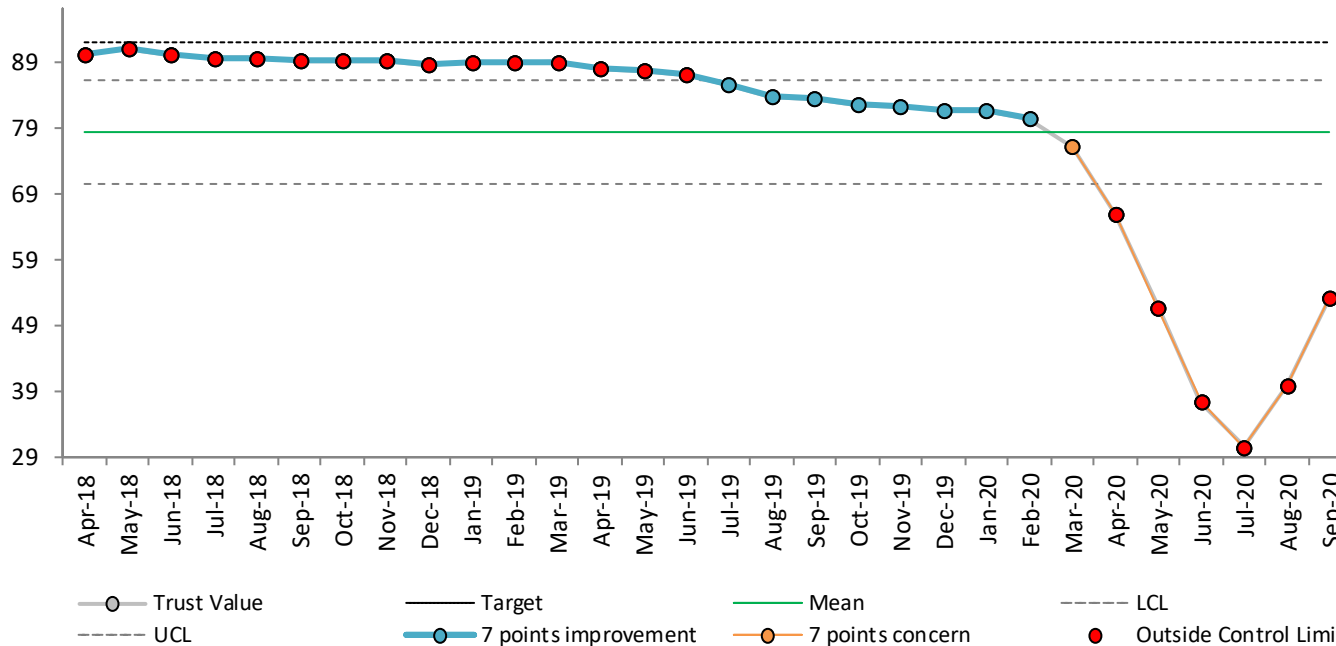
- Operationalised
- Operationalised
- December 2020
- March 2021
- Ongoing
- Ongoing

Responsive



South Tees Hospitals
NHS Foundation Trust

RTT Incomplete Pathways (%)



The % of incomplete pathways for patients within 18 weeks

Target	92
Mean	78.42
Last Month	53.32

Executive Lead
Johanna Reilly
Lead
Sue Geldart

Commentary

Compliance has started to improve and is 53.32% for September compared to 39.72% for August.

Special cause variation as a result of COVID 19.

Cause of Variation

- RTT compliance has significantly increased to 53.32% (from 39.72% in August). The number of patients waiting over 52 weeks at the end of September has increased to 1,526 from 1,227 at the end of July.

Planned Actions

- As part of phase 3 recovery all Directorates have submitted recovery plans with assessment of achieving the expected % activity levels. More recently elective activity is increasing in line with increasing theatre capacity. Further increase is expected from the Schedule to be implemented early September. Focus remains on patients (a) of greatest clinical need and (b) those waiting in excess of 52 weeks.

Timescale

Responsive

Diagnostic 6 Weeks Standard (%) – Overview by diagnostic test type



South Tees Hospitals
NHS Foundation Trust

Indicator	Latest Month	Target	Trend	Assurance	Narrative
Diagnostic 6 Weeks Standard (%) - Audiology	36.3%	99.0%			Slow to commence appointments due to delay in switching services back on and staff shielding. Staffing back to capacity and using staggered appointments to maximise use of equipment. Validation of waiting list due for completion by 30/10/2020
Diagnostic 6 Weeks Standard (%) - Bone Densitometry	38.5%	99.0%			Backlog due to referrals still being received whilst service paused and staff where redeployed. Review training to allow cross-cover of staff & explore ability to deliver additional sessions. Admin support for booking & managing patients required
Diagnostic 6 Weeks Standard (%) - Cardiology Echo	52.3%	99.0%			All but risk assessed inpatient procedures stopped during Covid 1st wave. Reinstated 4 sessions a week. AGP procedure taking longer due to full PPE and cleaning procedures. Month on month improvement.
Endoscopy					
Diagnostic 6 Weeks Standard (%) - Colonoscopy	40.6%	99.0%			Backlog prior to pandemic followed by six week pause for Covid-19 increased backlog further. Patients are being triaged & booked in order of clinical priority not chronological order. All 2WW referrals now seen within 2-3 weeks. All three services increasing number of patients seen within 6 weeks but requires on-going monitoring.
Diagnostic 6 Weeks Standard (%) - Flexible Sigmoidoscopy	27.9%	99.0%			
Diagnostic 6 Weeks Standard (%) - Gastroscopy	39.8%	99.0%			
Neurophysiology & Sleep					
Diagnostic 6 Weeks Standard (%) - Neurophysiology	58.8%	99.0%			Clinics re-opened in June 2020. Activity increasing month on month. Continue to book in chronological order and fully utilise lists
Diagnostic 6 Weeks Standard (%) - Sleep	16.1%	99.0%			Recommended IP diagnostics in May 2020. Currently experiencing higher DNA rate & patients reluctant TCI. Continue to book in chronological order and ensure all available capacity is utilised
Radiology					
Diagnostic 6 Weeks Standard (%) - CT	99.4%	99.0%			CT & Ultrasound have returned to compliance post-covid, Ultrasound through new scanner at OneLife Centre but CT is reliant upon overtime to maintain performance. MRI slightly short of compliance, again, through use of incentive lists. Still have issues with underutilised slots and booking less appointments than pre-covid. Plan to meet 99% by October.
Diagnostic 6 Weeks Standard (%) - MRI	97.7%	99.0%			
Diagnostic 6 Weeks Standard (%) - Ultrasound	99.9%	99.0%			
Urology					
Diagnostic 6 Weeks Standard (%) - Cystoscopy	34.6%	99.0%			Procedures require a negative COVID swab -limits ability to replace lost appointments. Lack of consistent venue and ad hoc lists making clinical cover challenging. Use RPCH for procedures to be performed in OPD removes need for swab.
Diagnostic 6 Weeks Standard (%) - Urodynamics	73.9%	99.0%			Clinics re-established during August. September activity up to 2019 levels. Continue with planned activity.

DIAGNOSTICS

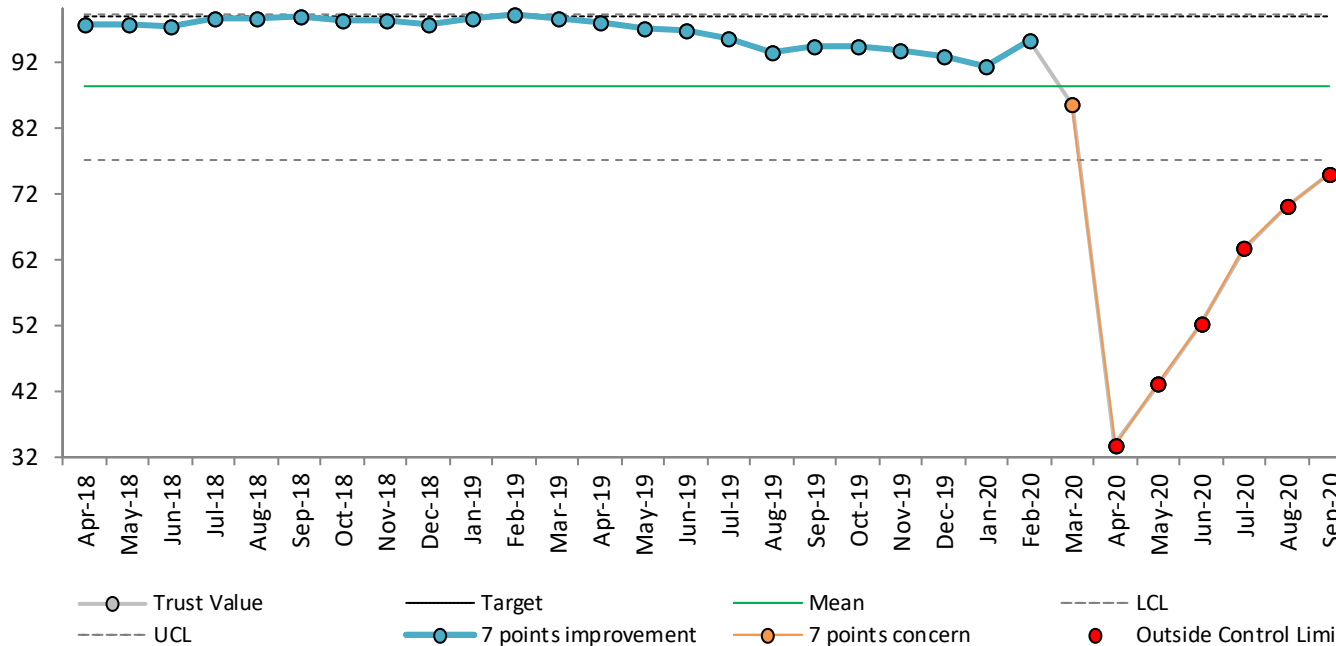
Please Note: The combined diagnostic position is reported on the following slide. Please see the Appendix for the corresponding graphs for each of the diagnostic tests above.

Responsive



South Tees Hospitals
NHS Foundation Trust

Diagnostic 6 Weeks Standard (%)



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

Target	99
Mean	88.18
Last Month	75.00

Executive Lead
Johanna Reilly

Lead
Joanne Dobson

Commentary

CT and Ultrasound now back above target with MRI planned to meet 99% in October 2020. 2ww in Endoscopy now seen in 2-3 weeks. All other procedures improving but still below target.

Cause of Variation

Some services slow to recommence following Covid with capacity limited due to social distancing or procedures taking longer due to use of full PPE and cleaning procedures. 6 week pause for Covid added to pre-existing backlog in Endoscopy.

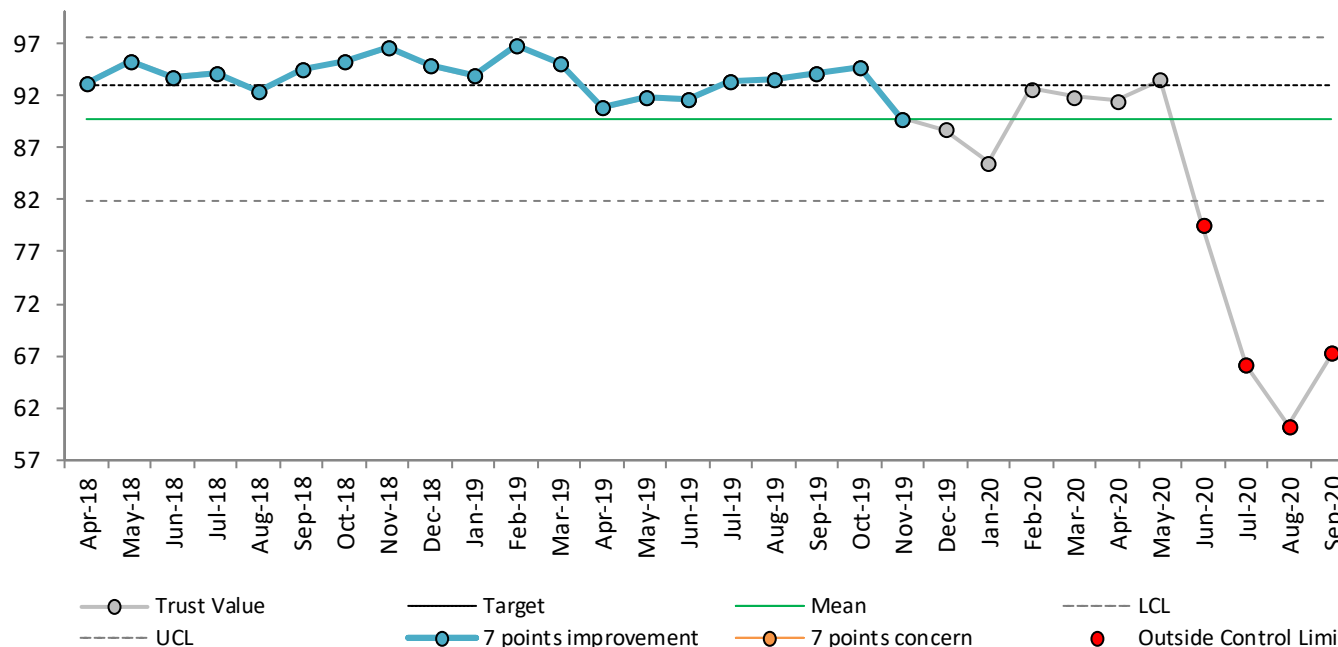
Planned Actions

All services have restarted but with restrictions. Additional capacity being sourced where possible through alternative venues, incentive lists and cross-over training for staff. Continued monitoring recommended for Audiology, Bone Densitometry, Endoscopy and Cystoscopy to ensure measures taken provide sustainable improvements.

Timescale

On-going

Cancer Treatment - 14 Day Standard (%)



Target 93

Mean 89.76

Last Month 67.25

Executive Lead

Adrian Clements

Lead

Nicki Hurn

Commentary

Compliance for September continues to be significantly below the lower control limit.

Compliance has increased to 67.25% for September compared to 65.64% for August

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 25%.
- Direct to Test backlog due to the reduction of the service for a 3 month period during the pandemic.

Planned Actions

- 2 week rule clinics re-instated including endoscopy capacity although this remains limited.
- Weekly cancer performance wall continues virtually to identify pressures and theme.
- Exploring options to continue triage of all 2ww referrals. Looking at processes available through eRS.

Timescale

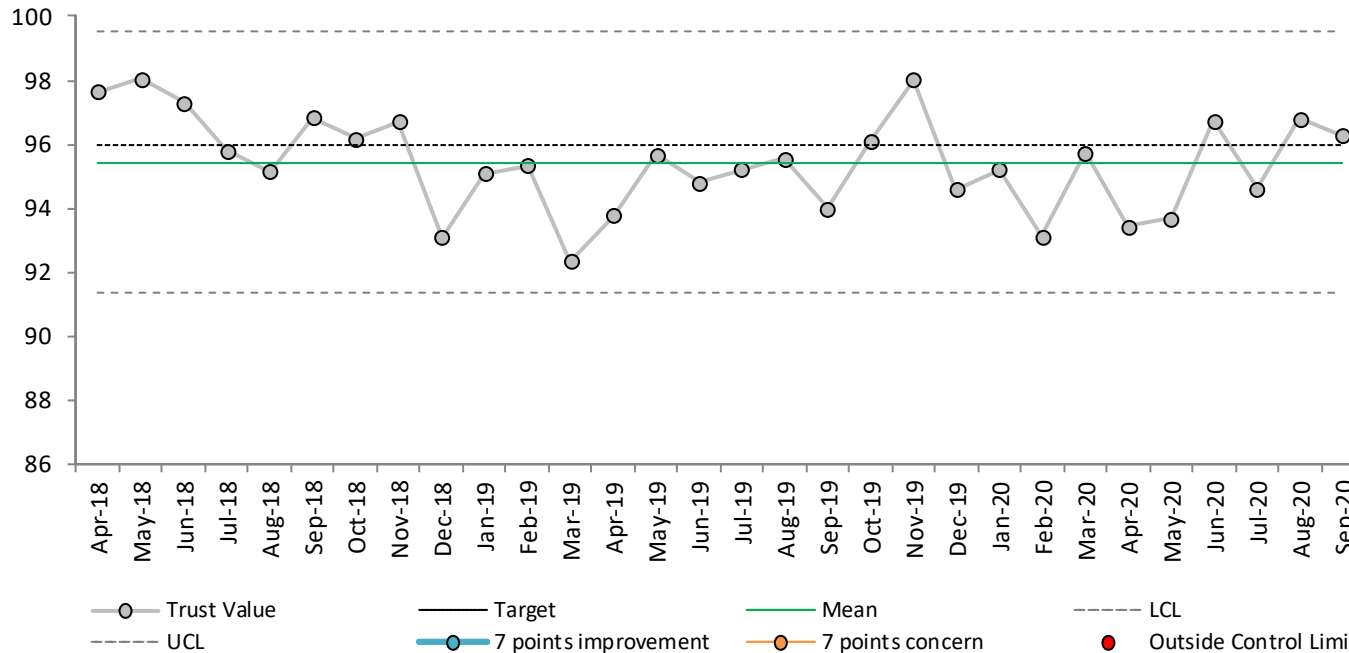
- Weekly review – additional capacity approved by Recovery Group.

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancer Treatment - 31 Day Standard (%)



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

Target	96
Mean	95.43
Last Month	96.26

Executive Lead
Adrian Clements

Lead
Nicki Hurn

Commentary
Compliance against the 31 day standard continues to be just above target for the 2 nd consecutive month.

Cause of Variation

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

Planned Actions

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

Timescale

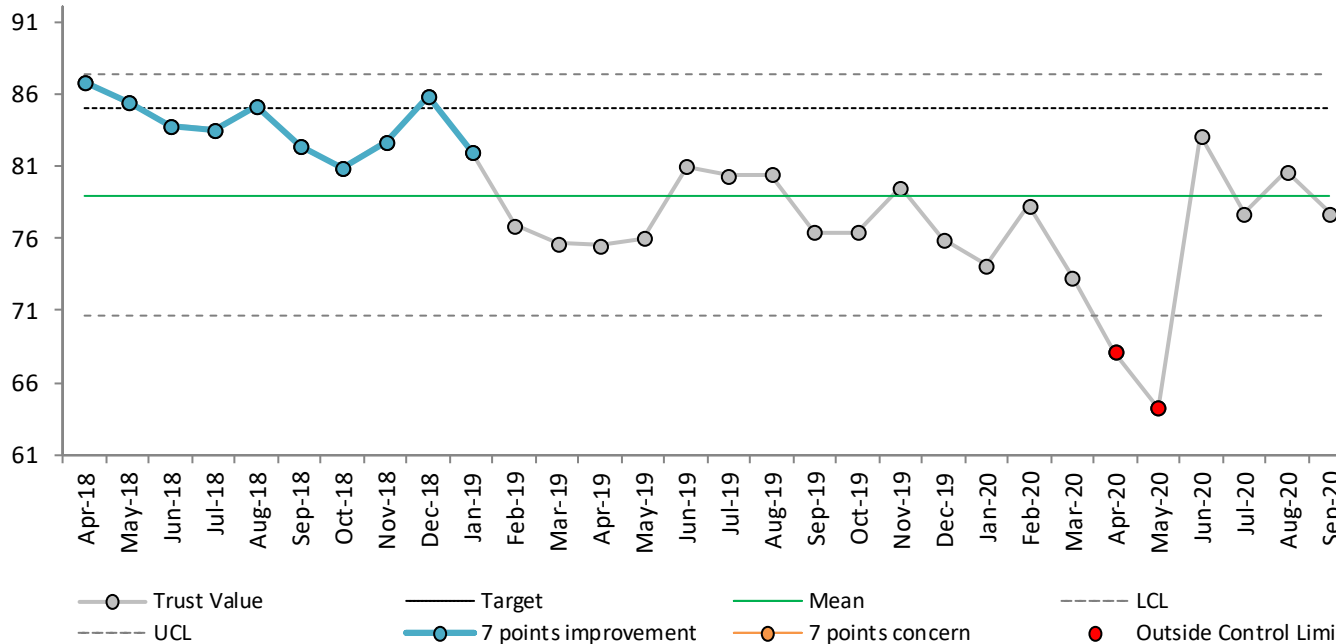
- Weekly.
- Weekly.
- Progress reviewed monthly with escalation to Board through performance report.

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancer Treatment - 62 Day Standard (%)



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

Target	85
Mean	79.00
Last Month	77.74

Executive Lead
Adrian Clements
Lead
Nicki Hurn

Commentary

Compliance against the 62 day target is both below the mean and the target for September.

Confirmed August 20 compliance was 80.63%, 24.5 breaches in total.

Cause of Variation

- Overall treatments in August were down in comparison to the same period last year by 36% (126.5 v 196.5 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

- Deep dive reviews carried out with tumour site MDTs – expedite implementation of recommendations where possible.
- 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

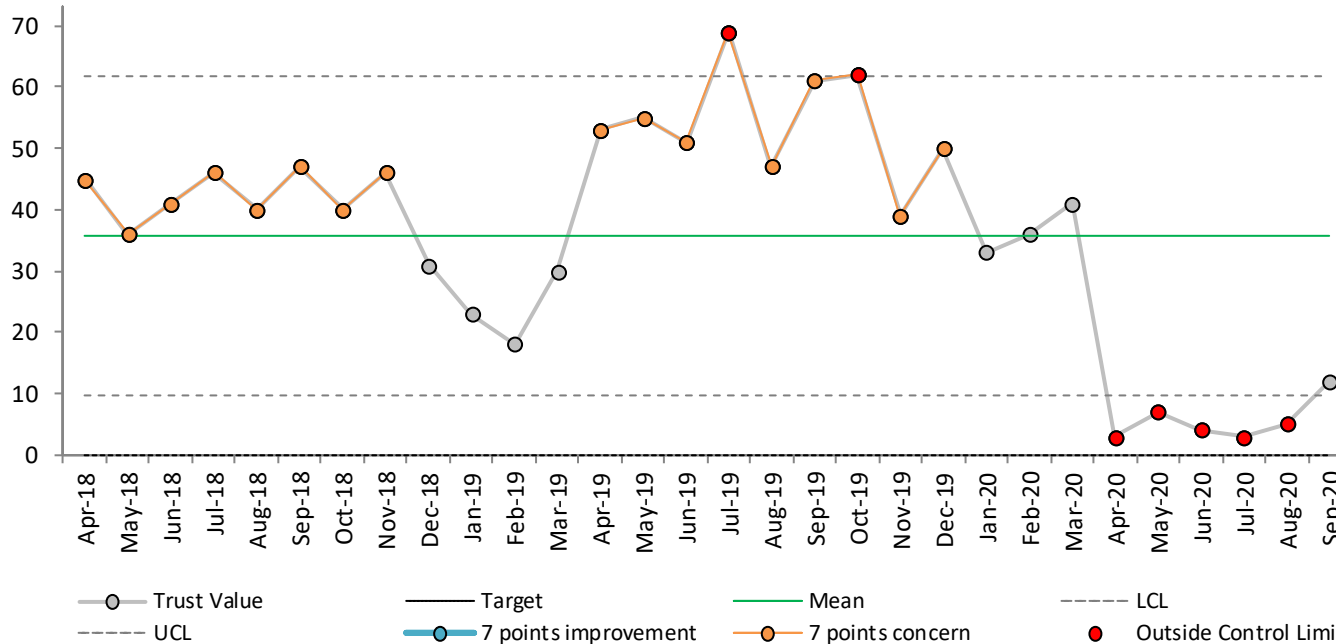
- October 2020.
- Weekly on-going.

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	35.80
Last Month	12.00

Executive Lead
Johanna Reilly

Lead
Sue Geldart

Commentary
Variation has moved back within the lower control limit as the elective program begins to increase.

Cause of Variation

- Significant reduction in the number of non-urgent operations cancelled on the day due to limited number of elective / non urgent procedures going ahead during the COVID-19 pandemic. 12 patients cancelled during September (3 Cardiothoracics, 4 Gen Surgery, 1 Gynaecology, 2 Neurosurgery, 1 ENT and 1 Plastic Surgery) All patients were given new TCI dates within 28 day standard.

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

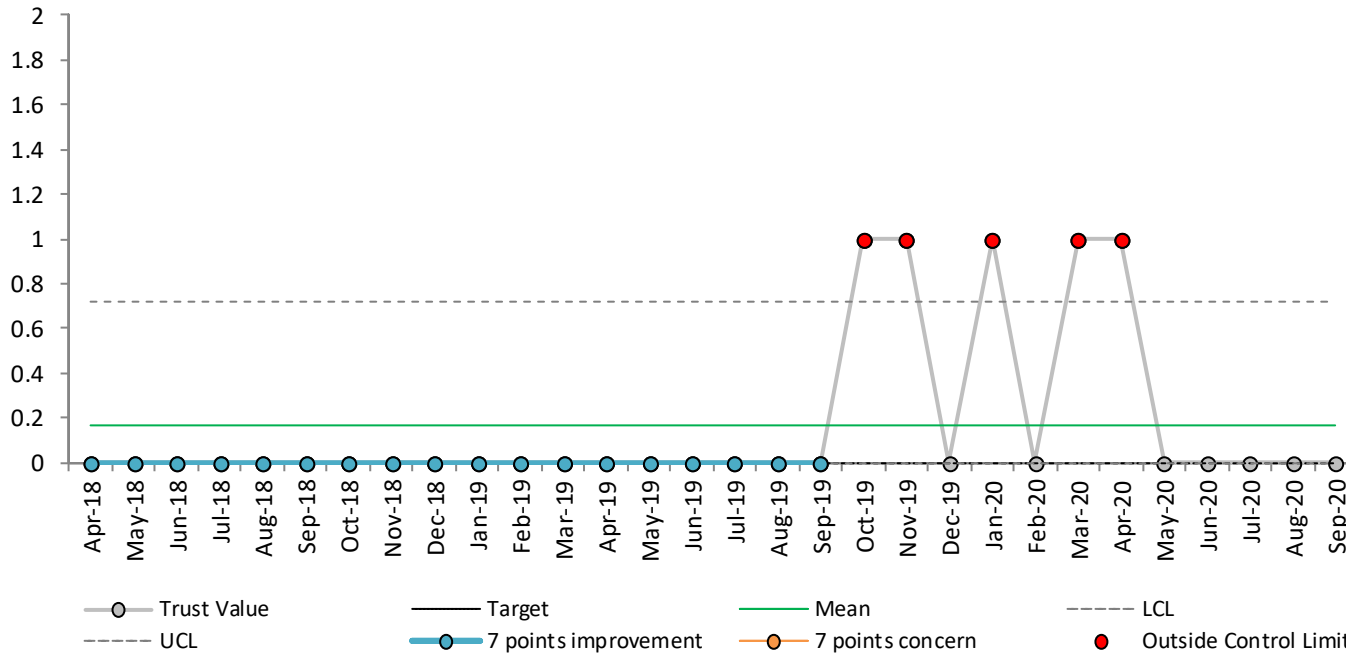
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Responsive



South Tees Hospitals
NHS Foundation Trust

Cancer Operations Cancelled On Day



Target	0
Mean	0.17
Last Month	0.00

Executive Lead
Johanna Reilly

Lead
Sue Geldart

Commentary
There were no cancelled cancer operations in September.

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

Cause of Variation

Planned Actions

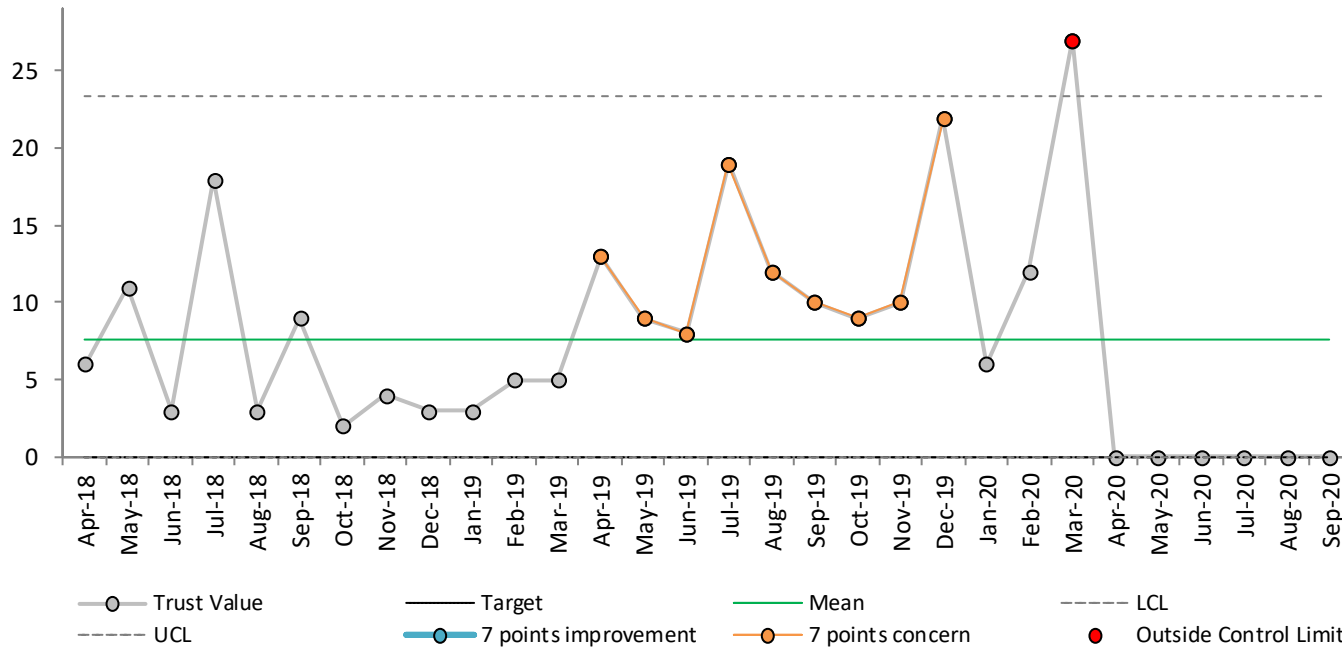
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancelled Ops Not Rebooked Within 28 days



Target	0
Mean	7.63
Last Month	0.00

Executive Lead
Johanna Reilly
Lead
Sue Geldart

Commentary

There was no cancelled operations not booked within target in September.

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

Cause of Variation

Planned Actions

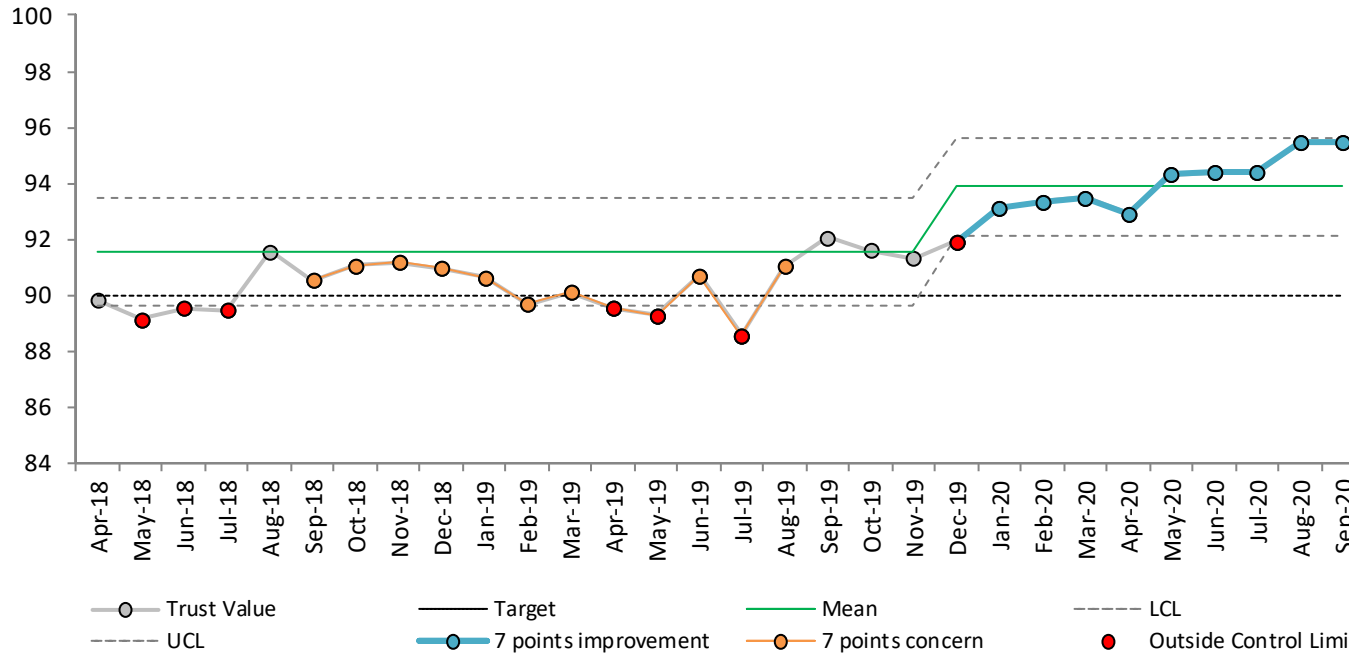
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

E-Discharge (%)



Target	90
Mean	93.88
Last Month	95.44

Executive Lead
Johanna Reilly

Lead
Joanne Dobson

Commentary
Compliance continues to improve.

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

Cause of Variation

Positive improvement continues.

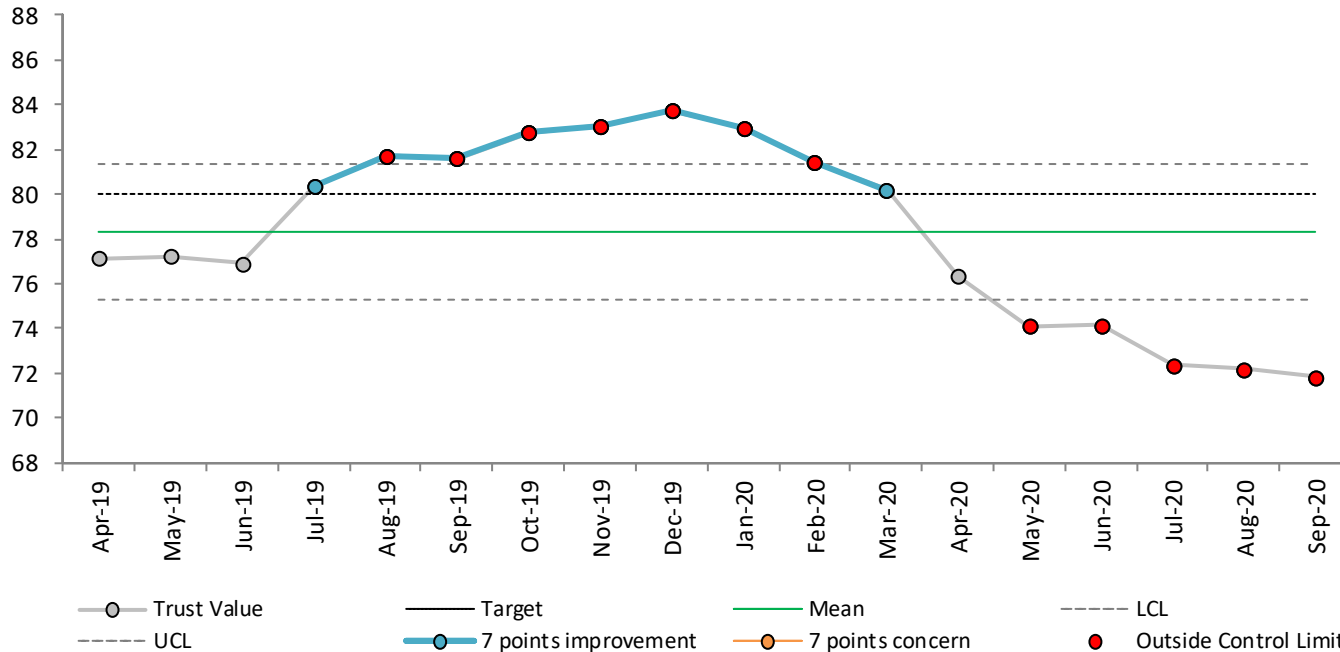
Planned Actions

Need to ensure all discharge summaries include COVID results as per the new national policy for discharges.

Timescale

November 2020.

Annual Appraisal (%)



Target	80
Mean	78.34
Last Month	71.85

Executive Lead
Rachael Metcalf
Lead
Jane Herdman

Commentary
Appraisal compliance remains outside of the lower control limit for the fifth consecutive month.

Annual Appraisal Rate

Cause of Variation

- Limited focus on compliance due to workforce pressure during Covid-19 and operational management time invested in front line delivery.

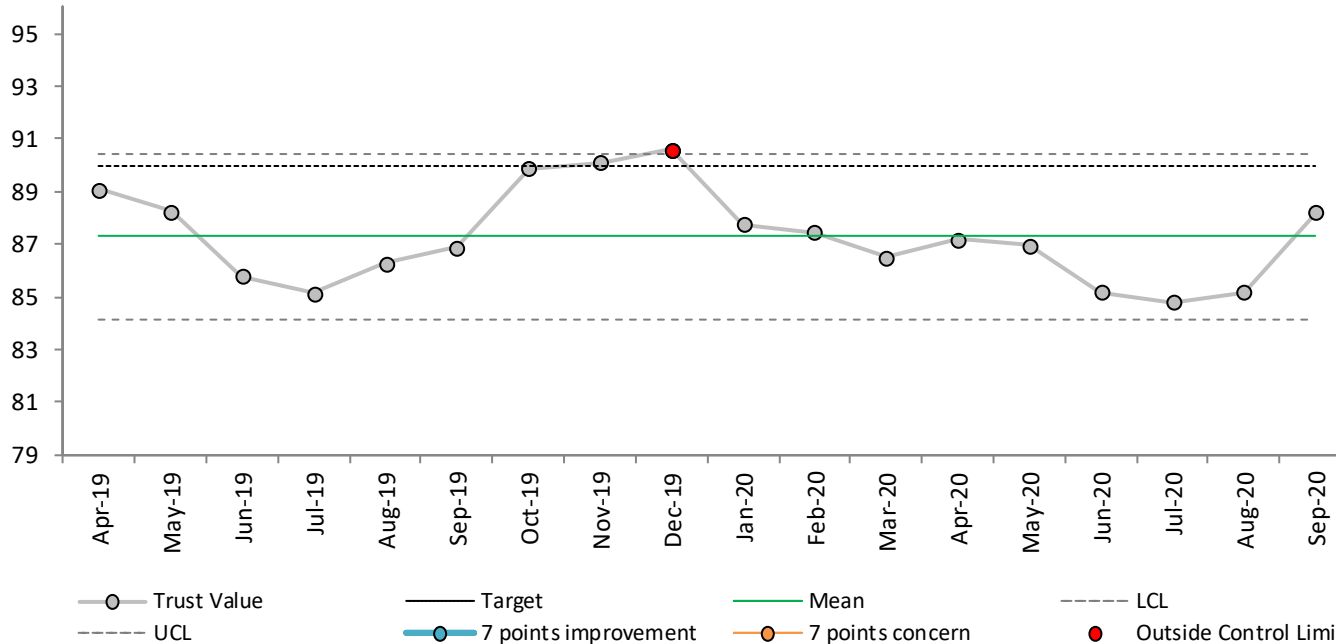
Planned Actions

- Refreshed monthly data provided to managers to identify areas of high non-compliance
- Confirm and challenge meetings ongoing to ensure agreed actions are met
- Presentation of monthly KPIs at Centre Boards and Performance Review Meetings

Timescale

- Ongoing
- Ongoing
- Ongoing

Mandatory Training (%)



The % of Mandatory Training Compliance

Target	90
Mean	87.29
Last Month	88.22

Executive Lead
Rachael Metcalf

Lead
Jane Herdman

Commentary
Mandatory training compliance continues to remain below target, but is back above the mean for September.

Cause of Variation

- Operational focus on mandatory training compliance has been limited due to workforce pressures.
- Concern with accuracy of data provided.

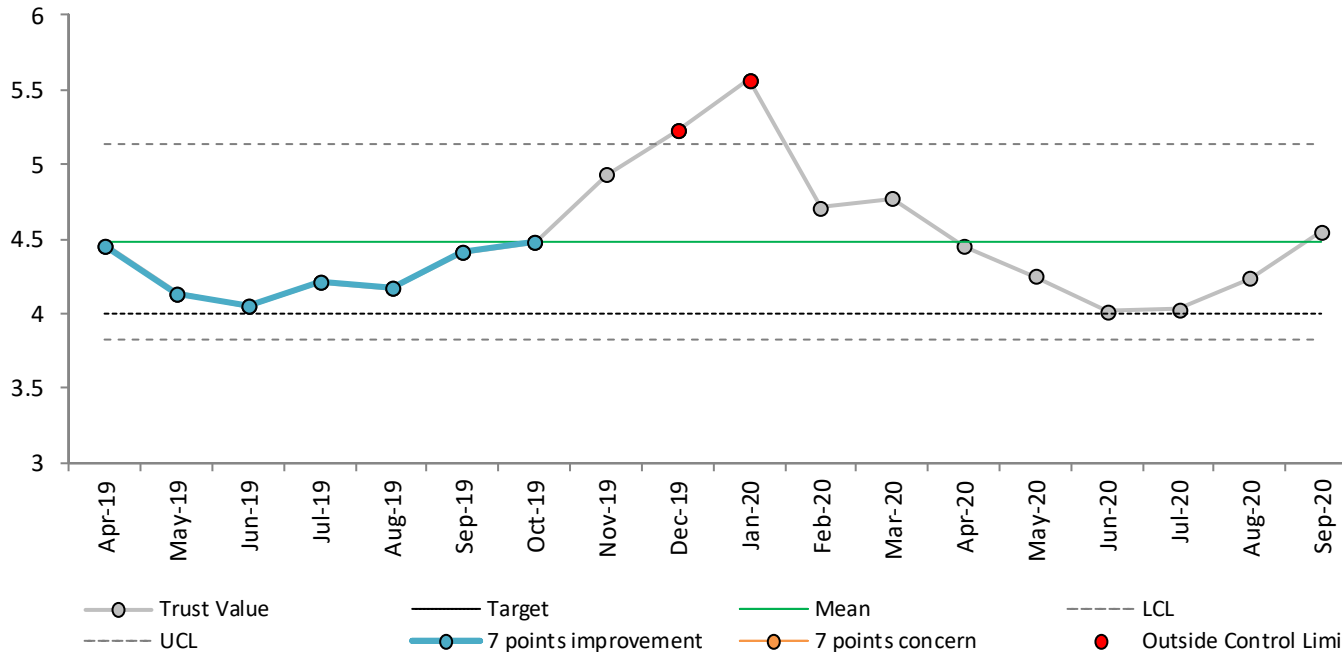
Planned Actions

- HRBP circulate data to managers on monthly basis and provide support to areas of high non-compliance
- Utilisation of trajectories to monitor progress
- One to one discussions with the relevant Service Manager / Director to improve compliance.
- Escalation of poor compliance through Centre Board Meetings and Directorate Meetings.
- Focus on Information Governance during October 2020 to ensure Trust wide compliance.

Timescale

- On-going
- Provided Sep 2020
- Ongoing
- Ongoing

Sickness Absence (%)



The % of monthly sickness absence

Target	4
Mean	4.48
Last Month	4.55

Executive Lead
Rachael Metcalf

Lead
Jane Herdman

Commentary
Sickness compliance continues to move away from the target for the 2 nd consecutive month.

Cause of Variation

- Increase in long term sickness

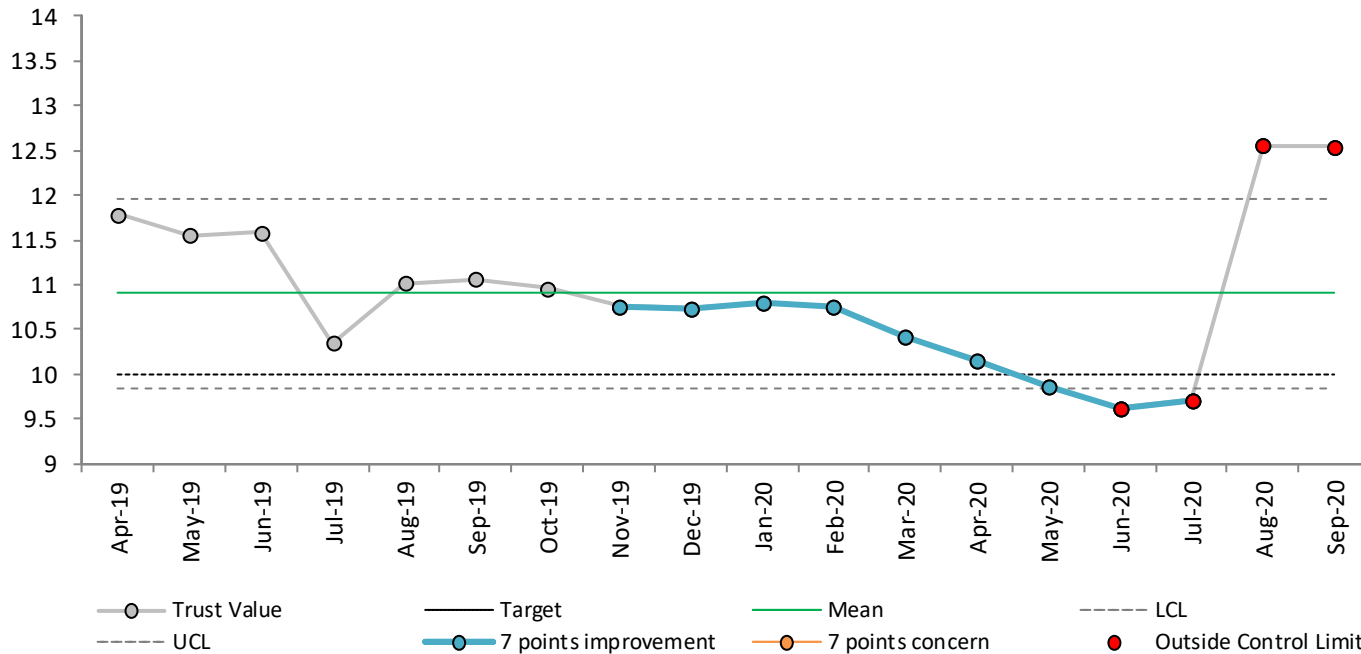
Planned Actions

- Renewed focus on absence process and implementation of absence management procedure via formal stage monitoring, working closely with managers to support with absence procedures
- Monthly dissemination of HR sickness information.
- Sickness management training as requested or identified by HR team.
- Utilisation of immediate referral to Occupational Health for mental health related concerns.

Timescale

- Ongoing
- Ongoing
- As requested
- Ongoing

Staff Turnover (%)



Staff turnover rate

Target	10
Mean	10.90
Last Month	12.55

Executive Lead
Rachael Metcalf

Lead
Jane Herdman

Commentary
Staff turnover continues to be outside the upper control limit for the 2 nd consecutive month.

Cause of Variation

- Turnover rate increased following exit of large number of student nurses in August 2020 and Junior Doctor changeover period.

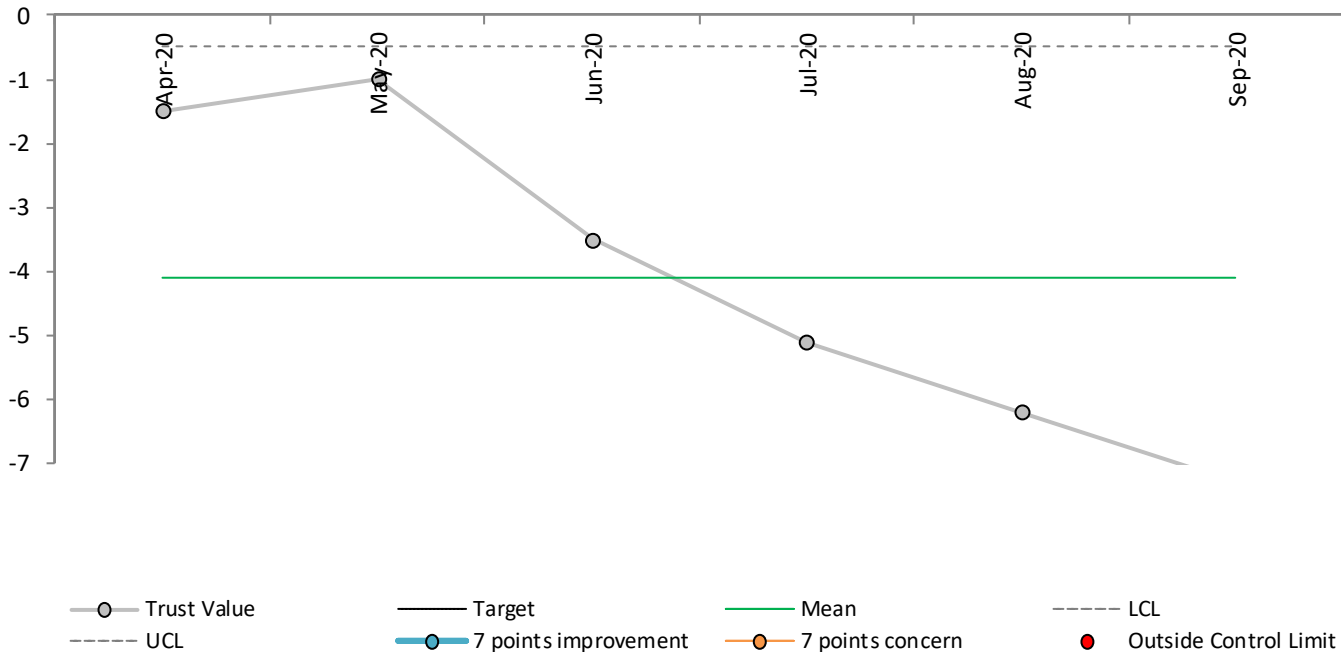
Planned Actions

- Reinvigoration of exit interview process
- Implementation of 'Itchy feet' conversations
- Work ongoing in terms of values and behaviours and staff engagement which will assist in the improvement of retention
- Discussions with staff side regarding the feasibility of introducing an internal staff transfer process

Timescale

- November 2020
- November 2020
- December 2020
- December 2020

Year-To-Date Budget (£'millions)



Year-To-Date Budget

Target	0.00
Mean	-4.10
Last Month	-7.30

Executive Lead
Steven Mason

Lead
Luke Armstrong

Commentary
The Trust has recorded a break even position for month 6, as required by the financial arrangements from NSHE/I. Leading to the Trust being £7.3m ahead of its internal budget.

Cause of Variation

- Year to date Covid-19 specific costs of £8.1m on pay and £8.5m on non pay, with costs for M1 to M5 reimbursed by NHSE/I.
- YTD underspends noticed on clinical supplies £6.2m and drugs £1.3m due to reductions in activity, this is reducing as activity resumes.

Planned Actions

- Revised financial arrangements in place from M7, with the Trust having a fixed envelope of funding to work within to cover both routine non Covid-19 costs and Covid costs.

Timescale

- Revised Trust budget in place from M7.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 3 NOVEMBER 2020			
Month 6 2020/21 Financial Performance			AGENDA ITEM: 11, ENC 7
Report Author and Job Title:	Luke Armstrong Head of Financial Management	Responsible Director:	Steven Mason Director of Finance
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report outlines the Trusts financial performance as at Month 6.		
Background	<p>The Trust is required to break-even during the Covid-19 period which will be determined by NHSE/I. 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.</p> <p>The Trust has assumed 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.</p>		
Assessment	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.		
Recommendation	Members of the Trust Board are asked to note the Trust position for Month 6.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 2.1 - Lack of robust financial information and grip and control may result in poor financial governance and decision making lead to the inability to deliver the annual control total impacting on cash flow and long term sustainability as a going concern		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Excellence in patient outcomes and experience <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 6 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 6.

2. BACKGROUND

Due to the suspension of the national NHS planning process for 2020/21, the NHS is operating under a different financial regime. This includes the payment to Trusts of both block and top up income to fund expenditure. Each Trust has a requirement to break-even with funding provided by NHSE/I to reach this required outcome. These new arrangements are in place until September 2020.

For the purpose of this report and internal reporting, the Trust is monitoring financial performance against an internal budget that was developed as part of the budget setting process for 2020/21. As a result of the national suspension this budget was not submitted to NHSE/I and the Trust will not be monitored externally against this during 2020/21.

This budget shows a full year bottom line deficit of £14.2m at a control total level. The Trust remains in dialogue with NHSE/I over how this deficit will be bridged in order that the Trust operates at a break-even position. Further guidance on the NHS financial arrangements post month 6 has now been shared by NHSE/I. This results in the Trust having a fixed amount of income to cover all its costs for the remainder of the year. This includes its ongoing Covid-19 costs.

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 6 YTD actual performance is a break-even position. This has resulted in the Trust being ahead of its internal plan by £7.3m. In order to achieve a break-even position, the Trust has assumed an additional top up payment of £26.8m year to date.

3. DETAILS

Trust position

The Month 6 full year position is outlined below; the following section outline key variances and risks for divisional income, pay, non-pay and technical items.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Nhs Clinical Income	295,050	294,554	(496)	590,100
Education And Training Income	8,709	8,693	(16)	17,418
Estates Income	2,650	806	(1,844)	5,300
Misc Other Income	6,047	3,774	(2,273)	13,798
Non Patient Care Income	1,379	1,329	(50)	2,663
Other Clinical Income	1,853	404	(1,449)	3,705
Psf, Mret, Top Up	11,450	38,266	26,816	22,901
Research & Development Income	2,432	2,481	49	4,864
Total Other Income	34,520	55,753	21,233	70,649
Ahp'S, Sci, Ther & Tech	(29,220)	(29,275)	(55)	(59,172)
Apprentice Levy	(685)	(761)	(76)	(1,370)
Hca'S And Support Staff	(20,143)	(23,370)	(3,227)	(40,414)
Medical And Dental	(56,170)	(62,291)	(6,122)	(112,397)
Nhs Infrastructure Support	(28,902)	(28,937)	(35)	(57,459)
Nursing & Midwife Staff	(61,289)	(61,452)	(162)	(123,163)
Total Pay	(196,409)	(206,086)	(9,677)	(393,975)
Clinical Negligence Cost	(8,700)	(8,700)	0	(17,401)
Clinical Supplies And Services	(36,268)	(30,068)	6,201	(72,452)
Drugs	(34,044)	(32,742)	1,302	(67,992)
Establishment	(3,849)	(5,013)	(1,165)	(7,653)
Ext Staffing And Consultancy	(329)	(392)	(63)	(504)
General Supplies And Service	(2,070)	(6,345)	(4,275)	(4,139)
Healthcare Service Purchase	(5,377)	(6,141)	(764)	(10,754)
Miscellaneous Services	(655)	(841)	(185)	(1,310)
Pfi Unitary Payment	(15,906)	(20,911)	(5,004)	(31,813)
Premises & Fixed Plant	(12,463)	(12,639)	(176)	(25,170)
Research, Education & Training	(1,667)	(2,526)	(859)	(3,338)
Transport	(2,110)	(2,252)	(142)	(4,390)
Total Non Pay	(123,438)	(128,568)	(5,130)	(246,916)
Depreciation	(7,550)	(6,576)	974	(15,100)
Interest Payable	(6,024)	(5,740)	284	(12,048)
Interest Receivable	50	07	(43)	100
Other Non Operating	(3,494)	(3,345)	148	(6,987)
Corporation Tax	(02)	0	02	(03)
Control Total	(7,295)	(0)	7,295	-14,179

Position movement

Within the month 6 position a movement in cost has been noticed between the actual reported position for month 5 and that of month 6, pre top up to break even. The below analysis outlines the key movements to this position and the one off costs recorded in month 6.

	£'m
M5 Actual position before additional top up	4.1
M6 Actual position before additional top up	7.9
Movement	3.8
Consultant pay award back pay	0.9
Consultant pay award in mth	0.2
Additional weekend working	0.6
Expenses back pay	0.3
System Development Funding	0.4
Drugs (HPEC and CDF)	0.3
Clinical Supplies and Services - Increase to 19/20 run rate	1.3
Covid-19 non pay costs	0.4
Covid-19 pay costs	-0.1
RTA Income improvement	-0.2
Education income improvement per LDA	-0.3
Total	3.8

Given this increase in cost in month the below table takes the in month position and looks forward to the new funding arrangements from month 7 onwards.

This starts with the above reported position for month 6 and removes non recurrent items that would not be expected to be repeated in future months, additionally it updates the clinical income assumptions to reflect the revised financial model from Month 7-12.

	£'m
M6 position	7.9
Additional Clinical Income	-2.7
NHSE Billing	-0.4
PFI lifecycle removal	-0.8
Expenses back pay	-0.3
System Development Funding	-0.4
Consultant pay award back pay	-0.9
Additional weekend working	-0.6
Covid non pay NR	-1.2
Covid pay NR	-0.4
Balance	0.2

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, which is intended to cover the Trust's usual cost base. Any shortfall in the block arrangement is covered by top up payments claimed by the Trust on a monthly basis. This additional top up payment is recorded within other income as per NHSE/I guidance.

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

Commissioner Code	Commissioner Name	Block Payment
16C	NHS Tees Valley CCG	(143,168)
84H	NHS County Durham CCG	(7,022)
85J	NHS England - North East and Yorkshire Commissioning Hub	(94,932)
	NHS England - North East and Yorkshire Commissioning	
Y63	Region	(3,941)
42D	NHS North Yorkshire CCG	(44,071)
15F	NHS Leeds CCG	(127)
13T	NHS Newcastle Gateshead CCG	(155)
01H	NHS North Cumbria CCG	(326)
03J	NHS North Kirklees CCG	(105)
00L	NHS Northumberland CCG	(109)
00P	NHS Sunderland CCG	(365)
03Q	NHS Vale of York CCG	(731)
	Prior Year Adjustments	498
Total Income Month 6		(294,554)

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.

Other Income

Other income is £21.2m ahead of plan, to deliver a break-even position for the Trust, additional top up payments of £26.8m have been assumed, £7.9m within M6. The Trust has needed to claim an additional top up over and above its Covid-19 costs in order to break even of £5.8m. This is due to the underspend on clinical supplies and drugs decreasing in month and costs returning to the usual run rate as activity returns to the Trust, with a corresponding increase in cost.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Education And Training Income	8,709	8,693	(16)	17,418
Estates Income	2,650	806	(1,844)	5,300
Misc Other Income	6,047	3,774	(2,273)	13,798
Non Patient Care Income	1,379	1,329	(50)	2,663
Other Clinical Income	1,853	404	(1,449)	3,705
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Research & Development Income	2,432	2,481	49	4,864
Total Other Income	34,520	55,753	21,233	70,649

- Estates income is behind plan by £1.8m due to the loss of car parking and catering income due to the Covid-19 response. Car parking income is now being received from visitors at both Trust sites, this being c£40k a month. The overall monthly loss of car parking income to the Trust is however £250k with this predominantly due to the loss of staff car parking charges and lower visitor parking charges due to lower foot fall on site.
- Misc other income is behind plan by £2.3m. £1.1m of this under recovery against budget relates to income previously billed to NHS England for national CEA awards and salary recharges. These payments are now covered by the block arrangements in place for funding and cannot be billed separately. The remaining underperformance relates to lower rental income receipts, occupational health SLAs and lower income generation within pathology from testing services provided to other bodies, this is offset by lower costs.
- Other clinical income is behind plan by £1.4m. £0.8m is due to reductions in private patient's procedures, due to Covid-19 restrictions. RTA income is also behind budget by £0.7m, although an increase in income received has been noticed in M6.
- Additional top up income of £26.8m has been assumed to cover the Trust's Covid-19 specific costs and to enable the Trust to break even.

Pay

In the year to date position pay is overspent by £9.7m, an increase of £2.2m on month 5, which is being driven by increased pay costs for Covid-19 and the backdated medical and dental pay award.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Ahp'S, Sci, Ther & Tech	(29,220)	(29,275)	(55)	(59,172)
Apprentice Levy	(685)	(761)	(76)	(1,370)
Hca'S And Support Staff	(20,143)	(23,370)	(3,227)	(40,414)
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Nhs Infrastructure Support	(28,902)	(28,937)	(35)	(57,459)
Nursing & Midwife Staff	(61,289)	(61,452)	(162)	(123,163)
Total Pay	(196,409)	(206,086)	(9,677)	(393,975)

- HCAs are overspent by £3.2m with nursing staff £0.2m underspent giving a combined overspend of £3.0m. £1.9m of this additional cost is due to student nurses who have entered employment with the Trust early due to Covid-19. This additional cost is reclaimable as a Covid-19 response cost.
- Bank spend for both HCAs and Nursing staff has continued to fall, spend on bank is now in line with pre Covid-19 run rates of £0.5m per month. Further reductions in bank spend are expected in September for qualified staff as Student nurses move in to substantive posts.
- Medical and Dental staff show a year to date overspend of £6.1m, with £1.1m of this being the backdated pay ward for senior staff and the month 6 cost of this.
- Overspends are also noticed in in costs for both consultants and trainees that are linked to increased staffing costs from Covid-19, with additional bank and substantive spend for junior staff and increased additional payment claims and agency costs for senior staff.
- Additional work is required within the medical workforce team to complete the review of junior doctors rotas and align to budgets held within Finance.

Non-Pay

Non-pay is overspent by £5.1m at month 6. Reductions previously noticed on spend for both drugs and clinical supplies have now in month reduced with spend back to 2019/20 run rate values as activity has returned.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Clinical Negligence Cost	(8,700)	(8,700)	0	(17,401)
Clinical Supplies And Services	(36,268)	(30,068)	6,201	(72,452)
Drugs	(34,044)	(32,742)	1,302	(67,992)
Establishment	(3,849)	(5,013)	(1,165)	(7,653)
Ext Staffing And Consultancy	(329)	(392)	(63)	(504)
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Miscellaneous Services	(655)	(841)	(185)	(1,310)
Pfi Unitary Payment	(15,906)	(20,911)	(5,004)	(31,813)
Premises & Fixed Plant	(12,463)	(12,639)	(176)	(25,170)
Research, Education & Training	(1,667)	(2,526)	(859)	(3,338)
Transport	(2,110)	(2,252)	(142)	(4,390)
Total Non Pay	(123,438)	(128,568)	(5,130)	(246,916)

- Clinical supplies and services are showing a year to date underspend of £6.2m. This has been driven by reductions in activity in the first part of the year in key surgical specialities with lower patient numbers reducing the need to purchase clinical consumables across the Trust. With increases in costs on run rate noticed in Gastro, Ophthalmology, Cardio and Neuro.
- Drug costs are underspent by £1.3m, being driven by reductions in clinical activity across the Trust.
- General supplies and services show a large overspend of £4.3m. This is due to the purchase of Personal Protective Equipment; this cost has been recorded on the Trusts Covid-19 cost return to be fully reimbursed by NHSE/I.
- PFI costs are overspent by £5.0m. This additional cost is from the additional write-off of lifecycle payments for 2020/21. Additional write-offs of lifecycle are being posted to the Trust's income and expenditure account, as the lifecycle work cannot currently be completed due to Covid-19 restrictions.

Non-Operating Costs

Depreciation is showing a underspend of £1.0m due to delays in capital spending during 2020/21. Interest charges are also underspent due to the write-off of a number of capital loans. The Trust's interest and PDC budgets will be re-based by NHSE/I during this financial year, removing the underspend.

Other technical items are broadly in line with budgeted amounts.

Covid-19 Costs

In line with the new financial regime for 2020/21 the Trust is able to claim additional income to cover costs incurred specific to Covid-19. In line with the national guidance these costs are the incremental cost to the Trust of delivering Covid-19,

and not the overall total cost. These are summarised below in line with the national requirements.

£'000	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Catering	35	0	0	0	0	0
Decontamination	415	283	216	103	210	5
IT Equipment	10	1	1	0	0	0
PPE	1,654	824	926	397	361	746
Printing / Stationary	9	12	4	13	2	2
Security Costs	7	0	0	0	0	99
Testing / Swabbing	133	108	252	91	159	21
Transport	13	5	1	33	4	139
Ward equipment	172	153	82	69	25	9
Rental costs	0	62	56	9	31	48
Ophthalmology	0	0	89	0	193	201
Income Claim	0	0	0	0	0	50
Incremental additional pay cost	448	1,869	1,482	790	710	822
Student Nurses	0	215	531	604	588	0
Total	2,895	3,532	3,640	2,109	2,283	2,142

Additional pay costs have been calculated based on the increase in bank, agency and additional overtime payments compared to the run rate of 2019/20, with this increase being due to increased shift requests due to sickness or increased staffing for Covid-19 patient areas.

Catering costs have not been claimed as a Covid-19 cost within month 2 or 3 given the tighter national guidance around what is and is not an allowable claim, total catering costs for the provision of free meals to employees was £0.1m

On the current reclaim model from NHSE/I it is only possible to recover additional spend by the Trust, not lost income. Within the year to date position, the Trust has seen reductions in other income of £3.2m from lost estates income and reductions in private patients. The Trust has covered this loss of income by under spending in other areas and as part of the general top up payment.

Capital

The Trust's capital expenditure at the end of September amounted to £14.2m 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	5,224	5,224	0	10,448	10,448	0
Site Reconfiguration	0	247	247	0	247	247
Replacement of Medical Equipment	133	470	337	400	870	470
Network Replacement and Clinical Noting	0	289	289	0	289	289
PDC						
- COVID 19 Medical gases & Equipment	352	352	0	352	352	0
- HSLI Radiology and Digital Haematology	0	0	0	966	966	0
COVID-19		7,606	7,606	0	7,606	7,606
Total	5,709	14,188	8,479	12,166	20,778	8,612

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	5,224	13,836	8,612	10,448	19,060	8,612
Charitable Funding	133	0	(133)	400	400	0
PDC - COVID 19 & HSLI	352	352	0	1,318	1,318	0
Total Financing	5,709	14,188	8,479	12,166	20,778	8,612

The expenditure at the end of September includes contractual PFI lifecycle payments to Endeavour SCH plc (£5.2m), £8.0m on medical equipment relating to COVID-19 and £1.0m 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 (£14.8m) and potential charitable contributions amounting to £0.4m. Contractual commitments for the year incorporate PFI Lifecycle (£10.5m) and 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.

In relation to the Trust's position on committed COVID-19 expenditure, a number of requests have now been supported by the Regional Panel and have been passed to the national team. To date the Trust has expended £8.0m and it is anticipated that the unfunded COVID related expenditure, which the Trust assumes will amount to circa £2.5m, 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.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 3 NOVEMBER 2020			
Information Governance Annual Data Security and Protection Toolkit Declaration			AGENDA ITEM:13 ENC 8
Report Author and Job Title:	Steven Orley – Head of IG & DPO	Responsible Director:	Steven Mason – Director of Finance
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Information Governance annual Data Security and Protection Toolkit (DSPT) declaration.		
Background	Due to the impact of Covid-19 in early 2020, NHS Digital extended the deadline for submission of the DSPT from 31 st March 2020 to 30 th September 2020. The trust achieved compliance with 112/114 of the areas required. There are 4 areas of non-compliance which are covered in more detail with the action plan attached in appendix A.		
Assessment	Compliance with 2 key themes is required to be achieved within the attached action plan by 31 st December 2020.		
Recommendation	<p>The two themes of non-compliance are:</p> <ul style="list-style-type: none"> • 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. <p>Members of the Trust Board are asked to: note the ongoing action plan and work is underway to achieve these requirements.</p>		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report links directly to Risk 2517 on the Trust Risk Register – Governance and assurance around Data Security and Protection.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Excellence in patient outcomes and experience <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"/>		

1. Data Security and Protection Toolkit (DSPT) status

2. DSPT 2019/2020

2.1. The Trust submitted a 'Standards Not Fully Met (Plan Agreed)' DSPT on 30th September 2020. This required that an action plan to be produced which contains 4 key areas. This has been submitted and accepted by NHS Digital, which requires compliance by 31st December 2020, this is covered in more detail in Appendix A.

2.2. The two main themes of non-compliance are:

- 95% of staff completion of mandatory data security awareness (DSA) training - additional efforts are currently underway to ensure the approx. 1000 staff complete the 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.

3. DSPT 2020/2021

3.1. The new DSPT has yet to be published by NHS Digital, but this is expected to happen November 2020, at which point the Trust can begin to review the new assertions in detail. We do have an indication from NHS Digital that this new version will incorporate many more mandatory areas, aligned to Cyber Essentials + (the CE+ framework is a tool utilised across all business sectors and the government has mandated that compliance is required by all NHS Orgs by 31/07/2021.)

3.2. In addition to these new requirements, the various internal audits and third party reviews have also provided the trust with a number of actions which need to be addressed. These have been reviewed and developed into an action plan and 6 specific risks that have been identified and progressed onto the risk register (all of which have been discussed at various meetings within all levels of the organisation.)

3.3. DSA Training 2020/2021 - Assuming that the above action plan is achieved and a minimum Training figure for the Trust of 95% is met between April and 30th December 2020 we will also be able to count this figure for the assertion in both 19/20 and 20/21 DSPT submissions^[1].

4. Recommendation

4.1. The Trust Board are requested to note the status of the DSPT compliance and the attached action plan – which will be monitored and reviewed via the Information Governance Steering Group / Digital Strategy Group and Financial Investment Committee.

^[1] <https://www.dsptoolkit.nhs.uk/News/Attachment/466>

Appendix A – DSPT 2019/20 Action plan
Submitted and approved by NHS D on 30th September 2020

19/20 DSP Toolkit Evidence item reference	19/20 DSP Toolkit Evidence item text	Current status of the evidence item	Has the organisations COVID 19 response prevented completion of this evidence item?	Outstanding actions	Action owner	Completion date for evidence items	Additional Notes
3.2.1	Have at least 95% of all staff, completed their annual Data Security awareness training in the period 1 April to 31 March?	Work on-going	Potentially, yes staff not had capacity in some areas until the Trust returns to BAU.	All to resume after return to BAU Regular emails to staff who have not completed training. 1 month after BAU return.	Steven Orley Head of IG & DPO	31/12/2020	The organisation has not achieved the 95% mandatory training compliance target. (It is noted that we have significantly increased from 50% to 83% within this extension period.) Work is in progress to obtain compliance by ensuring remaining 1 staff complete training
8.4.1 -	Is all your infrastructure protected from common cyber-attacks through secure configuration and patching?	Work on-going	Not specifically	Some systems still require migration (2000 - 2008 R2) Incorporated within the N365 migration plan. (Target date = 31st Dec 2020) Some obsolete operating systems in use are in the process of being migrated. working with suppliers to update this and working on systems in house to support new versions of ASP and IIS.	Allison Davis Head of ICT & Health Records	31/12/2020	The trust has progressed in this area over the past 18 months and it is expected that this will be remediated by the requirements of the N365 project by 31/12/2020
8.4.2 -	All infrastructure is running operating systems and software packages which are patched regularly, and as a minimum in vendor support..	Work on-going	Not specifically	1 x Win 2000 Server 3 x Win XP 12 x Win 2003 108 x Win 2008 183 x Win 7			
9.5.1	What is the status of your data security improvement plan?	Work on-going	Not specifically	A combination of completing this plan and the DSP report / plan has been recently presented at SLT, Risks highlighted at DSG & IGSG. Risk Committee and Risk validation group to follow in early Oct. 6 new risks identified.	Steven Orley Head of IG & DPO	31/12/2020	Risks relating to Data Security and Protection / Cyber / IG and utilising the Cyber Essentials Plus domains these risks (along with a general risk around cyber assurance and governance) are being progressed and discussed within the Trust and included onto the trust risk register to be appropriately managed and monitored.

Finance and Investment Committee

Chair's Log

Meeting: Finance and Investment Committee (Virtual Meeting)	Date of Meeting 21st Oct 2020
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • M6 Financial Report • Annual Plan/Financial Settlement update • Integrated Performance Report • Digital Strategy • Capital Planning • PFI Strategy 	
Actions agreed in the meeting	Responsibility / timescale
<ul style="list-style-type: none"> • The Committee noted that the M6 YTD performance remains at break-even based on an additional top up payment for Covid-19 expenditure of £26.8m YTD. It was noted that this is the last month of the special Covid-19 arrangements, but forecasts suggest performance should be on target for M7-M12 under the revised financial model agreed. • Finalisation of FIC specific metrics on the Integrated Performance Report is still outstanding and it was noted that more work is required on the narrative supporting the metrics. Staff training is underway. • The regional review of digital strategy had been useful in clarifying the next steps for the Trust to improve its digital maturity with particular emphasis on medicines management. • The lack of clarity around capital funding remains and an update will be provided to the November Board. 	<p>R Fallon/M Ducker November FIC Meeting</p> <p>Director of Finance November Board Meeting</p> <p>Director of Finance November Board Meeting</p>
Issues for Board escalation/action	Responsibility / timescale
<ul style="list-style-type: none"> • The Committee supported the infrastructure investment required to support digital maturity programmes implement this solution in a timely manner. • The Committee reviewed the BAF risk rating on capital availability. 	<p>Director of Finance November Board Meeting</p>

Workforce Committee Chair's Log

Meeting: Workforce Committee	Date of Meeting: 22.10.20
Overview of key areas of work and matters for Board.	
<p>Main agenda items of discussion:</p> <ul style="list-style-type: none"> • Update on the work of Occupational Health • Support to staff during Covid 19 & presentation from Psychology on the Pulse survey • Roll out of the agreed Trust values • Update on leadership & quality improvement training • Update on education strategy delivery • Update from Freedom to Speak up Guardians • People service KPI's • Update on employee relations issues 	
Actions to be taken	Responsibility / timescale
<ul style="list-style-type: none"> • Review scope to enhance provision of psychology support given evidence of need from staff in key roles during wave one and evidence of the financial saving to the Trust from keeping sickness absence down • Ensure Board is notified of Schwarz rounds • Work to a January launch of the new values alongside roll out of toolkit threading these through recruitment, education, 	<p>Donald Brechin, Rachael Metcalf</p> <p>Louise Campbell</p> <p>Jennie Winnard, Rachael Metcalf</p>
Board action	Responsibility / timescale
Review Executive attendance at Committee	
Risks (Include ID if currently on risk register)	Responsibility / timescale

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Quality Assurance Committee Chair's Log

Meeting: Quality Assurance Committee	Date of Meeting: 27/10/2020
Connecting to: Board of Directors	Date of Meeting: 3/11/2020
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Urgent escalations <ul style="list-style-type: none"> • Covid-19 • Monthly Quality & Safety report • Maternity Services Quarterly report <ul style="list-style-type: none"> • MBRRACE UK – learning from SARS-CoV2-related and associated maternal deaths in the UK • Mortality / learning from deaths quarterly report • Oxygen therapy update • Learning Disabilities Diamond Standards update <ul style="list-style-type: none"> • Learning Disabilities (LeDeR) Mortality Review 4th Annual report • Monthly Patient Experience report • Clinical Audit quarterly progress report • NICE compliance quarterly update report • NEQOS <ul style="list-style-type: none"> • NEQOS hospital mortality monitoring quarterly report • NEQOS update report • QEIA update • Quality Surveillance / Internal Risk Summit update <ul style="list-style-type: none"> • Gastroenterology • CQC / STAQC update and implementation plan • Review of Risks and matters for the Board Assurance Framework 	
Actions	Responsibility / timescale
<p>Update from gastroenterology services</p> <ul style="list-style-type: none"> • Progress was reported in reductions in waiting time and performance. <p>COVID 19</p> <ul style="list-style-type: none"> • Workforce, The increasing number of patients requiring COVID care, implementing patient pathways, infection prevention control and ED were discussed. <p>CQC Patients' First Assessment</p> <ul style="list-style-type: none"> • The second assessment took place last week focusing on patient flow and infection prevention and control. <p>Monthly Quality Report Infection prevention and control</p> <ul style="list-style-type: none"> • There has been a small increase in-month of C-Diff and E Coli bacteraemia. • Increases in falls and pressure ulcers were noted and discussed. Reporting for QAC in line with the Trust's Integrated Performance Report will support variance assessment. The new style of reporting will take place November. 	<ul style="list-style-type: none"> • QAC acknowledged the huge amount of work ongoing and will to receive regular updates

Maternity Services Update

- QAC received an update against CNST standards. Key issues preventing compliance are C-19 recovering and responding to the 2nd Phase and attendance at training.
- Saving Lives, Improving Mothers Care - Learning from SARS-CoV-19
- Maternity services have completed a gap analysis against the recommendations in this national report and reported compliance to the changes in standards. The trust has had no maternal deaths in this period.

Patient Safety and Legal Services Report

- The committee received the monthly update. Assurance was given that the Safer Surgery Project is continuing as planned through current operational pressures.

Mortality

- The SHMI continues to be slightly above the borderline at higher than expected (April 2019 to March 2020). The mortality review process provides assurance that care and treatment is appropriate, however concern about the quality of clinical coding in the absence of an electronic patient record is thought to be a factor.

Learning disability standards

- The trust has mapped itself against the Learning Disability Mortality Review (LeDer) 4th Annual Report of Learning Disability Standards. Raising awareness amongst all staff and training for key staff is a main focus. Work on all areas of the action plan is progressing.
- Learning Disability Diamond Standard Care Pathways are being re-introduced and overseen by the Learning Disability Partnership Board (LDPB). A key focus is the need for training and the introduction of post discharge feedback from patients or their carers.

Patient Experience Report

- A new and more detailed report was received. Complaint responsiveness has improved and there are positive indicators above the national average for FFT in ED, in-patient and out-patient areas. Task and finish groups are focused on communication with patients across all areas and will report to QAC in the next few months.

NICE guidance

- Report demonstrated progress in delivering a system to provide assurance in both clinical audit and NICE. 44/189 quality standards and 163/1120 pieces of NICE Guidance have been assessed, with plans in place to complete these assessments.
- NICE guidance remains on the corporate risk register.

South Tees Accreditation for Quality of Care (STAQC)

- QAC heard how the plans for STAQC are swiftly progressing using a truly multidisciplinary and QI

- Mr Bennett / November 2020

- Mrs Fowler / November 2020

<p>approach using Meridian. The assessment will be a review of the previous six months data plus observations and review on the day.</p> <ul style="list-style-type: none"> • It is hoped that a small number of areas will have their accreditation in 2020. <p>Board Assurance Framework</p> <ul style="list-style-type: none"> • Standard 2.1(1) has been amended to include COVID 19 (as well as this being on the BAF as a separate risk), however the trust IPC group has been asked to advise on the detail. • Amendments were made to assurance, gaps and controls for standards 2.1(1) and 2.1 (2) 	
Escalated items	Responsibility / timescale
<p>Board to note:</p> <ul style="list-style-type: none"> • Improvements in both the numbers of patients waiting and waiting times have been made in Gastroenterology Services. • Measures to support ED with regard to COVID 19. • The SHMI is higher than expected. • The focus on care of patients with learning disabilities. 	
Risks (Include ID if currently on risk register)	Responsibility / timescale
As above	

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 3 NOVEMBER 2020			
Use of Seal			AGENDA ITEM: 15, ENC 10
Report Author and Job Title:	Jackie White Head of Governance	Responsible Director:	Sue Page Chief Executive
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
Situation	In line with the Trust's Constitution this report provides information on the documents affixed under seal between 1 October 2019 and 31 October 2020		
Background	In line with the Constitution para 14.5 Register of Sealing - An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and attested the seal. A report of all sealing shall be made to the next Board of Directors meeting. (The report shall contain details of the seal number, the description of the document and date of sealing).		
Assessment	There are no underlying issues for discussion regarding this report.		
Recommendation	Members of the Trust Board are asked to note the sealed documents report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	Legal requirement of 2006 Act incorporated in Trust board standing orders		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience <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"/>		

1.0 Introduction

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

In line with the Trust's Standing Orders this report provides information on the documents affixed under seal between 1 October 2019 and 31 October 2020:

Table 1. Sealed Documents

Date of Sealing	Seal No	Document	Signed and Sealed by
23 January 2020	2020/01	South Tees Hospitals NHS Trust and NHS Property Services for the disposal of Unity House, North Ormesby	Alan Downey, Chairman Steven Mason, Director of Finance
25 March 2020	2020/02	South Tees Hospitals NHS Trust and NHS Property Services for Licence for alterations low Graham Health Centre, Normanby	Sue Page, Chief Executive Steven Mason, Director of finance
6 April 2020	2020/03	South Tees Hospitals NHS Trust and NHS Property Services Licence for alternations 1 st Floor, Low Grange Health Centre, Normanby	Sue Page, Chief Executive Alan Downey, Chairman
3 June 2020	2020/04	South Tees Hospitals NHS Trust and NHS Property Services for lease relating to part of the 2 nd floor, Low Grange Health Centre, Normanby (4 Low Grange)	Sue Page, Chief Executive Alan Downey, Chairman
3 June 2020	2020/05	South Tees Hospitals NHS Trust and NHS Property Services for lease relating to part of the 2 nd floor, Low Grange Health Centre, Normanby (3 Low Grange)	Sue Page, Chief Executive Alan Downey, Chairman
16 July 2020	2020/06	South Tees Hospitals NHS Trust and NHS Property Services for conditional agreement for an operated healthcare facilities agreement	Sue Page, Chief Executive Alan Downey, Chairman
11 August 2020	2020/07	South Tees Hospitals NHS Trust and NHS Property Services for deed of surrender, 4 Low Grange, Low Grange Health Village, Normanby	Sue Page, Chief Executive Alan Downey, Chairman
11 August 2020	2020/08	South Tees Hospitals NHS Trust and NHS Property Services for lease relating to	Sue Page, Chief Executive Alan Downey, Chairman

		part of the 2 nd floor, Low Grange Health Centre, Normanby	
11 August 2020	2020/09	South Tees Hospitals NHS Trust and NHS Property Services for lease relating to 4 Low Grange, Low Grange Health Village, Normanby	Sue Page, Chief Executive Alan Downey, Chairman
25 August 2020	2020/10	South Tees Hospitals NHS Trust and Veolia Energy & Utility Services PLC deed of amendment and restatement	Sue Page, Chief Executive Alan Downey, Chairman

2.0 Recommendation

The Board is asked to note the documents included within the report that were affixed under seal during 1 October 2019 and 31 October 2020.