

Board of Directors

2 March 2021

14:00

Microsoft teams & Board Room, Murray Building



**MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST
BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON 2 MARCH 2021 AT 2PM
MICROSOFT TEAMS**

AGENDA

ITEM	PURPOSE	LEAD	FORMAT
STAFF STORY			
CHAIR'S BUSINESS			
1. Welcome and Introductions	Information	Chair	Verbal
2. Apologies for Absence	Information	Chair	Verbal
3. Quorum and Declarations of Interest	Information	Chair	ENC 1
4. Minutes of the last meetings held on 2 February 2021	Approval	Chair	ENC 2
5. Matters Arising / action log	Review	Chair	ENC 3
6. Chairman's report	Information	Chair	Verbal
7. Chief Executive's Report	Information	Chief Executive	ENC 4
QUALITY AND SAFETY			
8. Safe Staffing Report	Information	Chief Nurse	ENC 5
9. Ockenden Review	Information	Chief Nurse	Verbal
FINANCE AND PERFORMANCE			
10. Finance Report Month 10	Information	Director of Finance	ENC 6
11. Integrated Performance Report	Discussion	Interim Chief Operating Officer	ENC 7
WORKFORCE			

	ITEM	PURPOSE	LEAD	FORMAT
12.	Freedom to Speak Up report	Information	Guardians	ENC 8
13.	Appraisal and revalidation	Discussion	Chief Medical Officer	ENC 9

GOVERNANCE AND ASSURANCE

14.	Committee Reports	Information	Chairs	ENC 10
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15. DATE OF NEXT MEETING

The next meeting of Board of Directors will take place on Tuesday 6 April 2021

- 16. 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 – 2 March 2021			
Register of members interests			AGENDA ITEM: 3, ENC 1
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Neil Mundy Chairman
Action Required	Approve <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
Ada Burns	Non-Executive Director	2017	Ongoing	Role - Governor – Chair of Resources Committee, member of Board of Teesside University.
	Deputy Chair	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.
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 - Company number 11514657
		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 Registered with IMAS (NHS interim management & support)
Sue Page	Chief Executive	May 2018	Ongoing	President of British Red Cross – Cumbria.
Kevin Oxley	Director of Estates, Facilities and Capital Planning			No interests declared
Rachael Metcalf	Director of Human			No interests declared.

	Resources				
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	Interim Chief Operating Officer	2 October 2019	Ongoing		JRR Consultants Limited – Company number 11600734.
Ros Fallon	Interim Director of Planning & Recovery				Non-Executive Director for Countess of Chester NHS Foundation Trust Trustee – Tarporley War Memorial Hospital
Moira Angel	Interim Director of Clinical Development	18 January 2021			Director of Moira Angel consulting Ltd - Company number 09529658 Director of Arista Associates Ltd. - Company number 09986504 Vice president of the red cross in Cumbria.
Robert Harrison	Managing Director				No interests declared
Maria Harris	Non-executive Director	1 January 2021	Ongoing		Director of Digital Cat Consultancy Ltd – provider of digital transformation and mortgage expertise in financial services - Company number 11967428 Non-executive Director of United Trust Bank – a regulated specialist bank
David Jennings	Non-executive Director	1 January 2021	Ongoing		Trustee Newcastle University Development Trust. Unremunerated, voluntary role. Chair AuditOne Board NHS internal Audit Consortium. Unremunerated, voluntary role. Board member, and Chair of Audit & Risk Committee of Bernicia House Group, a North East Social Housing Company – a remunerated role
David Redpath	Associate Non-Executive Director	1 January 2021	Ongoing		Director of DGR Consultancy - Company number 10340661
Neil Mundy	Interim joint Chair	2 February 2021			Director and Trustee Northumberland Theatre Company Director of N Mundy Ltd (Charitable Trusteeships) - Company number 11136507 Member of the North East Working Group for Medilink North Ltd Board Member of Medilink North of England Ltd - Healthcare and Life sciences technology membership organisation For completeness - Chair of the Joint Independent Audit Committee for the Police and Crime Commissioner and Chief Constable of Northumbria Police. Son Philip Mundy and Daughter in Law Dr. Lydia Mundy are Founders and major shareholder in Pando Ltd a Clinical Communications Platform company conducting business with the NHS .
Michael Stewart	Chief Medical Officer	1 February 2021	Ongoing		No interests declared
Hilary Lloyd	Chief Nurse				

**UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN
PUBLIC ON TUESDAY 2 FEBRUARY AT 14:00 IN THE BOARD ROOM, MURRAY
BUILDING JAMES COOK AND VIA MICROSOFT TEAMS**

Present

Mr A Downey
Ms D Reape
Mr D Heslop
Mr R Carter-Ferris
Mr M Ducker
Mr D Redpath
Ms M Harris
Mr D Jennings
Ms S Page
Mrs M Angel
Dr S Nag
Mr S Mason
Mr R Harrison

Chairman
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Associate Non-Executive Director
Non-Executive Director
Non-Executive Director
Chief Executive
Interim Director of Nursing
Medical Director
Director of Finance
Managing Director

In Attendance

Mrs J White
Mr M Graham
Mr K Oxley
Mrs R Metcalf
Ms J Reilly
Mrs R Fallon
Mr N Mundy
Mr S Hall

Head of Governance & Company Secretary
Director of Communications
Director of Estates, Facilities and Capital Planning
Director of HR
Interim Chief Operating Officer
Interim Director of Planning & Recovery
Joint Chairman
Vice Chair North Tees & Hartlepool NHS Trust

PATIENT STORY

The Chairman welcomed and introduced Ms Newbury who attended on behalf of her father, Mr Holliday, who was unfortunately unwell. Ms Newbury explained that her father had been an inpatient at a neighbouring Trust following a stroke for a period of time. Mr Holliday was awaiting a procedure at South Tees Hospitals NHS Trust James Cook site and the family were keen to find out when this would take place. Ms Newbury advised that her father would transfer to Ward 4 at James Cook.

Ms Newbury reported that, from the moment that her father arrived at Ward 4, he and his family felt listened to and understood. His case was reviewed and everything looked into. Mr Holliday and his family felt the medical and nursing staff listened to what they said and acted upon the information, which they believe saved his life.

Ms Newbury mentioned that the family were unable to visit their father due to the COVID-19 Pandemic. However, they did not feel worried due to the excellent communication from the nursing and medical teams and they felt he was in safe

hands. She advised that the staff always made themselves available to speak to the family. The family felt that their dad was cared for as a person and not a number.

Ms Newbury once again thanked the Trust and the nursing and medical staff involved with the care of her father for the care and treatment he received.

Mr Harrison thanked Ms Newbury for joining the Board meeting and telling members about her father's care. He said that it is important to recognise staff during this time and to acknowledge the excellent patient care we provide.

Ms Newbury also thanked Dr Kardasz, Renal Consultant, and Carl Walker, Charge Nurse.

BoD/20/169 **WELCOME AND INTRODUCTIONS**

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

The Chairman mentioned two very sad pieces of news. A member of staff had passed away on 5 January after testing positive for COVID-19. On Saturday 23 January, staff lined the perimeter road at James Cook to say their final farewell to a much-loved colleague.

He asked that the media please respect the continued wishes of the family for privacy as they cope with the loss of their loved one.

The Chair added that he also was very sad to report that Plym Auty, lead governor, had passed away a few days ago. In speaking about Plym the Chairman described Pym's very long association with the Trust, as a member of staff and more recently as a respected and dedicated governor. Members noted that Plym was coming to the end of her third three year term of office as a Governor.

The Chairman commented that he got to know Plym well and that she was just the loveliest person, a real champion for patients, families and carers in the Tees Valley and North Yorkshire. He commented that she would always have an issue to raise or a point to make on behalf of the people she was there to serve. She did a great job in keeping us honest and making sure that we really mean it when we say that the patient comes first.

Plym hadn't been well recently, but her death nevertheless came as a real shock. Even when she was poorly she was always cheerful and full of energy, and there was no indication that she might not be with us for much longer. It was not going too far to say that Plym was loved by everyone

Action

she came across.

He concluded by saying that Plym will be sorely missed and that our deepest sympathies are with her close friends and families including Jill Linton, Plym's niece, who is a nurse at the Trust.

The Chairman went on to ask members to hold minute's silence to remember both colleagues.

The Chairman welcomed the new Non-Executive Directors Dave Jennings, David Redpath and Maria Harris to the Board meeting who joined the Trust in January.

Also welcomed to the meeting was Steve Hall, Vice Chairman from North Tees & Hartlepool NHS Trust, and Neil Mundy, incoming interim Joint Chair for South Tees Hospitals NHS Foundation Trust and North Tees & Hartlepool NHS Trust. And finally he welcomed those who are observing the Board today.

BoD/20/170 APOLOGIES FOR ABSENCE

There were no apologies for absence.

BoD/20/171 QUORUM

The meeting was quorate in line with the Constitution paragraph 4.39 "Quorum - No business shall be transacted at a meeting of the Board of Directors unless at least one-third of the whole number of the Directors appointed, (including at least one non-executive director and one executive director) are present".

BoD/20/172 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/20/173 MINUTES OF THE LAST MEETING

The minutes of the meeting held on Tuesday 2 December 2020 were reviewed and agreed as an accurate record.

BoD/20/174 MATTERS ARISING

The matters arising were reviewed and the action log updated.

BoD/20/174 CHAIR'S REPORT

The Chairman reported that today will be his last day at South Tees and last day as Chair of the Board. This was a sad day for him personally, because he had loved every minute of his three years as Chair, but he felt this was a moment to celebrate, because we have just taken a much needed step to bring about closer collaboration between the two acute

Mrs White

Trusts on Teesside. The appointment of a joint chair and the creation of a strategic board means that we will now be able to make much more rapid progress in tackling the population health and other challenges affecting the Tees Valley.

The Chairman took the opportunity to offer his thanks to his colleagues at South Tees: the CEO, Sue Page, and members of the senior leadership team; his fellow non-executive directors; and members of the Council of Governors. He also gave special thanks to Anita Keogh and Jackie White who have done a great job in keeping him organised and on the straight and narrow.

Finally the Chair added that he would like to take the opportunity to speak about the 9,300 staff working for South Tees who have demonstrated, particularly throughout the Covid pandemic, their dedication, professionalism and kindness.

Ms Burns thanked the Chairman for his kind words and thanked him on behalf of the Board for his contribution to the Trust and for steering the Trust towards the collaboration with North Tees. Ms Burns spoke about the legacy the Chairman leaves behind, having created an honest, transparent, caring climate and culture to take us forward which will ensure the collaboration is a successful one for our communities.

Resolution

The Board of Directors noted the Chair's report.

BoD/20/175 CHIEF EXECUTIVE'S REPORT

Mr Harrison, Managing Director on behalf of Ms Page, CEO updated the Board on the latest COVID position. Members noted that this winter has been one of the toughest in the history of the NHS. All our doctors, nurses, allied health professionals, midwives, scientific teams, administrative staff, support staff and volunteers are working so hard and the unfailing dedication, ingenuity and professionalism which they are showing every hour of every day. Many of our surgeons have provided support to our vaccination hub while continuing to deliver urgent care for their patients. Lots of colleagues have said our vaccination hub should be re-named our hope hub. Led by our matron Paula Taggart and consultant anaesthetist Andy Maund, the team began by providing jabs to patients aged 80 and over, nursing and care home staff, and colleagues at higher risk from COVID-19. Following the introduction of GP-led vaccination sites last month, the team has been concentrating on vaccinating wider groups of health and social care staff in the Tees Valley and North Yorkshire, alongside our own colleagues. This is being supported by the introduction last month of our second vaccination site at the

Friarage for health and social care workers in South Tees and the Dales. This weekend, the team crossed the 30,000 threshold for jabs delivered. This includes 95 per cent of trust staff who have now had their first jab.

Mr Harrison added that in August 2020 the NHS in England introduced a discharge to assess model to support people who are medically fit to leave hospital. He advised that the government has provided funding to help cover the cost of post-discharge recovery and support services, rehabilitation and reablement care for up to 6 weeks following discharge from hospital. As well as supporting people in their post-hospital recovery, the discharge to assess model is also important in enabling hospitals to keep looking after people that need hospital care. In most cases people leave hospital to go home. However, some people need some extra support to help their recovery or practical help, such as with shopping. If someone requires more complex care, this could be in another bed in the community.

Finally Mr Harrison added that words cannot express how proud I am of every one of our colleagues for the massive efforts they are making, every minute of every hour of every day, to look after each other, our patients and service users. And working behind the scenes, colleagues in our support services have worked tirelessly to help to keep patients and colleagues. Our procurement team has so far secured and delivered more than 20 million items of personal protective equipment, including 6 million aprons, 4 million facemasks and 7 million pairs of gloves. The psychological impact of COVID-19 is going to be with us in the NHS for some time to come and supporting colleagues through the recovery is going to require every bit as much focus and attention as that shown during the pandemic itself. To achieve this, the clinically-led approach that has guided our response throughout the pandemic will continue to be at the heart of our recovery and I know Ms Fallon is going to speak to this later in the agenda.

Resolution

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

BoD/20/176 CQC UPDATE

Mrs Angel, Interim Director of Nursing provided an update on the delivery of the CQC action plan. Members were reminded that the CQC visited the Trust in January 2019 and the Trust developed an action plan to deal with the requirements. Mrs Angel advised that good progress has been made on all areas for improvement within the action plan especially given that this is a particularly challenging year.

Members noted that there were 26 requirements which were assessed as 'must do' and 23 'should do' requirements were assessed.

Ms Angel commented that during the pandemic the Trust has continued to monitor the actions and in particular the leadership and quality concerns have continued to have oversight. Members noted that leadership changes continue to take effect with the new Chief Medical Officer, Chief Finance Officer and Chief Nurse all joining the Trust shortly, the Clinical policy group continues to meet and will shortly be reviewing its constitution to allow clinical decisions to be made at the heart of the organisation. Supporting the Trust will be the Safety & Leadership Academic continuing to develop and work with staff and teams on raising standards to get us back to good and hopefully outstanding. The Ward Accreditation programme continues and one area is ready for accreditation.

In terms of outstanding actions, there is no change since the last Board meeting with 1 must do and 1 should do action off-track. The must do action relates to mandatory training which is still below 90%, December figures do show 90% for safeguarding. A plan for mitigation is in place which will see the ESR function being brought up to standard with a team taking this forward. The outstanding should do is the consent policy, which is an important piece of work. A task and finish group has been established and the group has met and will be reviewing in detail the consent policy. A number of senior clinicians have taken an interest in this.

The CQC work sits within the improvement plan and shifts the emphasis of a separate action plan to one which is embedded in business as usual. Members noted that the Trust continues to have confirm and challenge meetings with action owners and this has been extended into deep dives in certain areas of the organisation.

Ms Burns added that the issue of mandatory training has been a focus in the Workforce Committee who have given attention and advised that it is frustrating that it is taking time to get to where we need to be with it. She added that the Committee are assured that moving to ESR will help. Ms Burns asked Mrs Angel what her thoughts were on ownership of mandatory training in the new collaboratives. Mrs Angel commented that ESR will help with the collection of data, but that the quality of training is equally important and the emphasis of training in covid is also important to consider. Going forward Mrs Angel felt that it would be the emphasis of the collaboratives. She added that the training will become more dynamic and staff will understand why it is important to do and enabling managers and leaders to take responsibility

for their own areas supported by the new clinical chairs. Culture and leadership encompasses mandatory training and ensuring we are fully compliant.

Resolution

The Trust Board of Directors NOTED the CQC update

BoD/20/177 SAFE STAFFING MONTHLY REPORT

Mrs Angel reported that the mandated levels of safe staffing have been monitored within the RSU, Stroke, Oncology and Midwifery. During November and December the number of patients requiring BIPAP/CPAP has increased significantly and staffing levels have been stretched.

Ward 31 has seen increased nurse sensitive indicators around inpatient falls and regular monitoring and review of staffing levels to maintain patient safety is taking place.

Nursing and Midwifery Turnover is currently 7.15% with the vacancy against the financial ledger at 4% /106wte against an increased budgeted WTE.

There have been two reported episodes for lack of a second co-ordinator on GHDU One on 16th November and a 4 hour period on 8th December.

The risk to safe staffing remains from COVID self-isolation and sickness for all staff groups and increased COVID activity. Close monitoring and agile actions will be required to mitigate risks.

Ms Reape commented that it was good to see in the report the positive recruitment plans including overseas recruitment, student and nurses starting training and that staff turnover had slightly reduced.

Ms Reape questioned the support being given to Ward 31 with regard to the issues highlighted. Mrs Angel commented that the Corporate nursing team have walked the floor the falls coordinator has visited this area, falls have increased due to extra PPE and getting to people quickly and if patients are vulnerable. Extra volunteers have been put in that area..

Mr Jennings commented that he recognised the need to satisfy regulators with regard to the format of the report and the data presented. However, he was unclear whether the Trust was safely staffed or not. He reported that he thought that we were but would welcome a statement to that effect. Mr Jennings added that he would like clarity on this, referring to the issues in the report raised with regard to maternity staff and HCA. In addition, Mr Jennings asked about the governance of the decision making with regard to

professional judgement and to understand how the Trust used this approach.

Mrs Angel thanked Mr Jennings for his comments and questions. She advised that the report is a standard report and required as part of the national requirements for safer nurse staffing which were introduced in 2016 and updated in 2017 in line with the NQB expectations for nursing and midwifery staffing to help boards make local decisions that will deliver high quality care for patients within the available staffing resource.

Professional judgement is applied as the nurse in charge assesses and inputs whether the ward or department is safely staffed. Staff are asked whether they feel staffing levels are safe and are prompted to log a Red Flag if not. Any staffing changes during the shift are updated to maintain a live accurate position. The twice daily safer staffing meetings use the professional judgement along with other tools. A member of staff is being training on a national programme so we can apply this rigorously across the Trust. Mrs Angel suggested that as part of the new non-executive Director induction she provides a more detailed update to them.

Mrs Angel added that regarding maternity the Trust is facing a number of issues with recruitment which is in part due to the national shortage of midwives from insufficient numbers of midwives in training/qualifying and high levels of staff reaching retirement age. Newly qualified midwives have not been retained on qualification due to a number returning to their home localities out of area to work.

Work has been ongoing with Teesside University to ensure that a fair distribution of out of area home trust students is allocated and practice placements have been increased.

There has been COVID sickness/unavailability, maternity leave and short term sickness which have caused some staffing pressures. An action plan is in place to mitigate the risks to service provision and minimise any risk to patients and are managed through clear escalation processes which include unit closures.

Further assurance is provided through the Birth Rate Plus assurance report and if the Trust were not safe it would divert deliveries to another unit and in the last year this has only happened once.

Mr Jennings thanked Mrs Angel for the update and asked if future reports could give a sense of these mitigations.

Resolution

The Trust Board of Directors noted the update on staffing

BoD/20/178 ORGAN DONATION REPORT

Janine Langthorne, Specialist Nurse in Organ Donation, attended the meeting and presented the six months report for Organ Donation highlighting that from 12 consented donors the Trust facilitated 12 actual solid organ donors resulting in 35 patients receiving a life-saving or life-changing transplant.

Ms Langthorne reported that this was a tremendous achievement given the global pandemic and the pressures the units have continued to experience. She added that she has found nationally that with the increased workload a lot of units have found it difficult to receive donors.

Ms Langthorne reported that the Trust consent rates are excellent and clinicians and staff across the Trust are supporting organ donors.

Finally Ms Langthorne thanked families who had supported organ donation.

The Chairman thanked Ms Langthorne for her report and noted the Board's appreciation of the team's achievements.

Mr Carter-Ferris added his thanks to Ms Langthorne and the team, complimenting them on the fantastic work they do and have done through all the other pressures to keep focussed on this and on behalf of all the patients who have had a second life given through this. Mr Carter-Ferris asked Ms Langthorne how this information is shared more widely. She replied that it is really difficult and they are looking at ways of doing this including the memorial which was created for families. She added that she has thanked the units through Steve Bonnar and Steve Williams.

Resolution

The Trust Board of Directors NOTED the Organ Donation update

BoD/20/179 OCKENDEN REVIEW

Mrs Angel reminded members that, following the publication of the Ockenden review at the beginning of December 2020, NHSE/I wrote to all Trusts on 14 December 2020 asking for assurance on the quality and safety of maternity services.

The Trust undertook a gap analysis against the 7 Immediate and Essential Actions (IEAs) of the Ockenden review and specifically the 12 urgent clinical priorities within these.

This analysis has been undertaken as a multidisciplinary team led by the Clinical Director for Obstetrics, in conjunction with the Quality & Safety lead for maternity services and the Head of Midwifery. This was reviewed by the Interim Director of Nursing and Midwifery (Executive Lead and Maternity Safety Champion) and Associate Medical Director for Quality and Safety through a confirm and challenge process.

The analysis had also been considered and approved by the LMS, prior to being submitted to NHSE/I on the 21st December 2020. In which, the Chief Executive confirmed that the Trust is meeting these standards and have the relevant action plans in place for further improvement and mitigation.

Ms Branch, Head of Midwifery, reported that the gap analysis did identify a number of areas for improvement for the Trust and actions had been agreed to address these.

Mr Jennings asked Ms Branch whether, based on the submission and analysis, there were any risks to the Trust or patients. Ms Branch confirmed that the Trust is fully compliant with the recommendation. However, the analysis identifies that the Trust could do more to improve. Therefore patients and staff are safe, but we could do better.

Ms Page reminded members that when she arrived in the Trust Maternity Services were identified as a service requiring additional support and added to the phase 1 improvement plan. She added that the changes in the workforce, both medical and leadership, have been significant as part of this journey and the cultural change is tremendous. She thanked Ms Branch for her support.

Ms Burns commented that the Ockenden report was a distressing read and it was really encouraging to hear where the services are and that the Trust is determined to improve its services further. She asked Ms Branch how the Trust is involving mothers and parents in informing the plan. Ms Branch commented that there is a proactive maternity voice partnership group who are very engaging and there is lots of co-production including supporting with the COVID pathways and patient experience.

Mrs Fallon updated that she had met with Ms Branch last night and agreed a number of KPIs to be added to a maternity dashboard for the Board around safety and cultural aspects which the team have been through as well.

Ms Deepika Meneni, Clinical Director, commented that the maternity services have been on a journey and we are doing everything we can.

Resolution

The Trust Board of Directors NOTED the update on the Ockenden report

BoD/20/180 CONTINUITY OF CARE

Project Lead Lucy Findlay attended the meeting to present the Board with an update on the current position of the Continuity of Carer implementation in Maternity Services at South Tees Hospitals NHS Foundation Trust at the end of November 2020.

Members noted that the Board received the last update in March 2020, ahead of the last years CNS submission.

Ms Finlay presented an update on the plan to implement the continuity of carer pathway by March 2021. She advised the Board that currently the Trust is falling short of the target at this stage, offering this to 11% of women against a target of 35%. She added that a comprehensive action plan has been developed and is in place, which is tracked and monitored through the Maternity Services Governance Group and Quality Assurance Committee.

Mr Harrison asked if the Trust is working with similar size units to learn from them in terms of implementing the continuity of carer programme. Ms Finlay confirmed that the Trust does work with other units and these were generally in the early pilot sites.

Mrs Angel commented that she had briefly discussed continuity of carer with Dr Lloyd, new Chief Nurse, and the intention is to be ambitious with the programme and that it would be useful to have conversations with the LMS and commissioners to see if we can speed up the process on this.

Ms Reape commented that when the Board last heard about the programme, the Trust was looking for volunteers and teams of staff, and Ms Reape asked what the feedback had been from the teams who have joined. Ms Findlay confirmed that the Trust had managed to roll out the programme to two teams, one on each site. The team at James Cook were working in a vulnerable area within Middlesbrough with teenage pregnancy and high levels of deprivation and initial feedback has been outstanding from service users and midwives.

Ms Burns congratulated Ms Findlay on the feedback and the approach taken. She added that the impact the approach can have on young mothers gives them better chances of good attachment and better health outcomes for the families. Ms Burns commented that she hoped that the Local Authority can support the Trust on this.

The Chairman thanked Ms Findlay for attending and providing the update and suggested that she return in 3-6 months.

Resolution

The Trust Board of Directors noted the update

BoD/20/181 GUARDIAN OF SAFE WORKING

Dr Nag Medical Director referred members to the report which provides an update of the Trusts participation in the 2016 Junior Doctor Contract. It encompasses the 3 month period between 1st October 2020 and 31st December 2020. It is a requirement of the 2016 Doctors and Dentists in Training Terms and Conditions that a quarterly report is submitted to Trust Board.

Dr Nag added that the main issues are centred on the implementation of the changes to the contract from December 2019 and the challenges of ensuring rotas remain compliant with the contractual rules. The main issue is around weekend working but all rotas are now 2016 compliant but there are issues around vacancies.

Resolution

The Trust Board of Directors NOTED the report

BoD/20/182 MONTH 9 FINANCE REPORT

Mr Mason updated members on the month 9 finance report. He updated that from Month 7 of 2020/21 revised financial arrangements have been put in place, replacing the previous arrangements of a break even requirement with retrospective expenditure claims. The Trust now has a fixed income level as agreed within the ICP, and is expected to manage resources within this funding envelope.

At month 9 the Trust is £0.4m underspend against its revised financial plan.

Ms Reape commented on the nursing and midwifery budget underspend with the current pressures on services. Mr Mason responded that the nursing budget has been well managed within the Trust, but often it is the availability of staff which has enabled the budget to be underspent.

Mr Harrison added that the budget reflects where we have had additional pressures and have received extra funding for additional staffing and high levels of sickness.

Resolution

The Trust Board of Directors NOTED the month 9 finance

position**BoD/20/183 OPERATIONAL PRIORITIES FOR WINTER AND 2021/22**

Mrs Fallon gave a verbal update to members on the operational priorities for winter and 2021/22. She updated that at this time of year the Trust would normally be going through an annual planning cycle but this year this has not happened due to COVID19 and the Trust will not need to submit plans until the end of quarter one. She added that this will give the Trust time to do some refreshing on the improvement plan and think about the recovery from COVID19 in terms of what is required now and the next few months and moving into what we could do during 2021/22 and what do we need to do in terms of the critical services over the next few years. Mrs Fallon reminded members that prior to COVID19 the Trust was working with the clinical teams developing plans for recovery using a bottom up approach and suggested that this would be the approach this year. Mrs Fallon confirmed that the Trust were making some assumptions about getting back to 2019 levels, recognising that we need to be mindful of the teams and the impact of COVID19 and we need to work through a plan to get back to where we should be. She added that the new 10 collaborative and the clinical chairs will be key to this work.

Mrs Fallon advised that the Trust is working with NHSE/I who are providing some intensive support in key areas within the Trust and we will also start to work up a Well Led review at some point in the future. Finally Mrs Fallon confirmed that there is a huge amount of work to do to get to a plan to have all services clear on what they will be deliver and the Board understand what we are focussing on.

Mr Ducker congratulated Mrs Fallon on the approach which he felt was very thorough and had had the opportunity to discuss it in the Finance and Investment Committee last week. He added that the Trust need to keep an eye on the bottom up process with a top down umbrella of regional and Trust constraints and its not clear yet how these will mesh together and indeed how it joins up with North Tees & Hartlepool NHS Trust.

Mrs Fallon commented that the Trust needs to start to build the plans up based on what is deliverable. We also introduced a peer review to help challenge this last year which worked well. She added that last year there was a group working across the Tees Valley led by the CCG which worked together on planning and she hoped that this would be re-established again, although confirmed that she did have routine dialogue with the CCG.

Mrs Fallon commented that the plan is about putting the hospital back together working with CPG and strategic command to agree the best way to do this which is very complex.

Mr Harrison commented that Dr Reaich, Associate Medical Director, is involved in this process as well in conjunction with the development of the clinical strategy across the Tees Valley.

Mr Jennings commented that, wherever possible, we need to build on the opportunities for co-production and to involve patients and carers in the planning and prioritisation. And Non Executive Directors if possible should get involved

Resolution

The Trust Board of Directors NOTED the update

BoD/20/184 INTEGRATED PERFORMANCE REPORT

Mrs Fallon reminded members that the report had been introduced six months ago and there have been improvements made month on month but that there is further work to do. She added that future reports will include some trajectories in terms of where we expect to be and we need to do some further work on the narrative and we are working with the Leadership and Safety Academy on this. Further metrics including maternity and single sex accommodation will be included in a future report.

Mrs Fallon suggested that as the Trust works through the planning round that she sets up a working group involving members of the Board to help form the metrics and report going forward.

Mr Harrison added that there is a series of metrics which relate to our core business (constitutional targets) and others which relate to how we manage COVID which are running alongside. The COVID metrics are considered every day in the daily SITREP to ensure that the Trust is making good decisions on COVID, but this is having an impact on the other metrics.

Ms Reilly, Chief Operating Officer, introduced the Integrated Performance Report and updated the key messages relating to performance this month which included:

- There have been no reports of MRSA for the past 14 months, demonstrating a capable process.
- Data quality issues are being investigated for Mixed Sex Accommodation and E-Discharge metrics.
- Higher acuity, reduced capacity and swabbing delays have led to A and E compliance being below target and continuing to be an area of concern.

- RTT and diagnostic compliance continue to improve through the implementation of recovery plans, although both are still below target.
- 62 day target Cancer compliance was below the lower control limit for December, although ratification is still on going.
- There has been significant deterioration in annual appraisal compliance due to staff absence as a result of COVID and the need to focus on operational duties.
- Although staff turnover has stabilised statistically it is an area for concern.
- The Trust is £0.4m ahead of revised plans.

Ms Reape asked whether the Trust is still using the independent sector and Ms Reilly confirmed that we were using as much of this capacity as we are able to. In addition we have offered some mutual aid in terms of independent sector capacity.

Mrs Angel referred members to the quality & safety indicators and commented that the Trust has done extremely well regarding infection control introducing PPE, PPE marshals, FIT testing and MRSA rates continue to be zero. Nosocomial rates for COVID are pleasing and compare well with the peer group. We need to continue to monitor Category 2 pressure ulcers with the pressures on staff. We are seeing some damage relating to equipment used for oxygen which can cause some harm on areas of the face and we are monitoring this. Mrs Angel added that the Trust has introduced extra discussions in safety huddles, redirected the STAQS team to do extra walkabouts on wards where we have some pressure areas. With regard to the caring metrics, we are doing well, but just below where we want to be on complaints being responded to in a timely fashion.

Ms Reape commented that the Quality Assurance Committee reviews these metrics in detail and has had a number of deep dives into harms. It is pleasing to know that a number of areas are doing really well, while others need further focus.

Ms Burns commented in relation to complaints and closing in a timely fashion and added that it is important to see themes so we can learn from them. Mrs Angel concurred and advised that the themes are discussed in the Quality Assurance Committee and its sub committees.

Mrs Metcalf referred members to the well led metrics and in particular the appraisal and mandatory training rates advising that COVID has impacted on achievement of this target but that we continue to meet 90% for safeguarding children and adults, with regard to appraisals in line with the national requirements the Trust cancelled all appraisal for doctors which would have increased the outcome slightly. Dr Nag

added that the Trust had a soft reset in October for relaunching doctor appraisal.

Ms Burns reported that the Workforce Committee looks at these targets each meeting and asked what the position was with regard to staff who have been redeployed and shielding. Mrs Metcalf advised that 208 staff remain at home 400 redeployed, line manager remain as line manager and this may have impacted on the delivery of appraisals. Mr Harrison reported that risk assessments are being undertaken, including keeping in touch calls. In terms of staff who continue to be at work the Trust has re-introduced wobble rooms and offered a wide ranging health and wellbeing offer for staff. Mrs Metcalf confirmed that the Trust has employed three additional psychologists, one of whom has been funded through charitable funds, and an occupational mental health nurse (also supported through charitable funds) to support staff in a variety of ways.

Resolution

The Trust Board of Directors NOTED the integrated performance report

BoD/20/185 WINTER PREPAREDNESS UPDATE

Ms Reilly provided a verbal update for the Board with regard to winter preparedness. Members noted that the new SDEC opened 18 December 2020 along with the see and treat area and thanks were given to the Estates teams for delivering this.

Ms Reilly added that support to ED continues including enhanced triage on all other sites, extended UTC, pathway segregation and surge plans. There has been an increase in discharge to community hospitals. Enhanced patient flow and increased staffing have been put into ED and we should see an improvement going forward. The Trust has also implemented a transfer team to take amber assessment patients to wards from ED and are piloting a red transfer teams from next week.

Ms Reilly also reported that the Trust had received a CQC patient first inspection and an action plan had been developed.

Resolution

The Trust Board of Directors NOTED the update

BoD/20/186 BOARD ASSURANCE REPORT AND RISK REGISTER

Mrs White referred members to her previously circulated report and advised that the BAF comprises of 19 strategic risks, and since the last report, there have been no BAF risk

score changes.

Since the last Trust Board, the BAF (or elements of it) have been presented once to the Quality Assurance Committee (January 2021), once to the Finance and Investment Committee (October) and Workforce Committee (September).

Mrs White also reported that PwC (internal audit) have reviewed the Trust's Governance Framework (including the BAF) and categorised the outcome as low risk.

Ms Reape commented that it was good to receive positive feedback from internal audit.

BoD/20/187 COMMITTEE CHAIRS REPORT

The Chairman offered Committee Chairs the opportunity to update on issues from the Board Sub Committees not already discussed.

Charitable Funds Committee – The Chair updated that good progress was being made, the Charity was in good financial health.

Workforce – Ms Burns updated that there had been positive feedback for the Trust on continuing face to face on site medical education.

QAC – Ms Reape advised that the Committee had reviewed pressure ulcers and discussed at length Serious Incidents and did have assurance around the immediate learning taking place. She added that the Committee also reviewed some equality and quality impact assessments and acknowledged that this was very comprehensive.

FIC – Mr Ducker updated that the Committee had met last week and received an update on the finances which are in good health. The Committee had also approved funding for the IT infrastructure and received the independent report into IT.

BoD/20/188 QUESTIONS FROM THE PUBLIC

There were no questions from the public.

Ms Page concluded the meeting by commenting that Mr Downey was her 15th chairman in 33 years of being a CEO. She remarked on his kindness and on the strong support he had provided to her during the last 15 months. She added that the Trust has been on a difficult journey, devolving decisions, restructuring and developing a leadership development programme. Mr Downey has overseen all of these changes in his role as chair in a very supportive way. She gave a personal thank you and added that Mr Downey

can step down knowing that he has made a real difference in changing the culture at the Trust.

BoD/20/189 DATE AND TIME OF NEXT MEETING

The Trust Board of Directors will meet on Tuesday 2 March 2021.

Signed:

Date:

Board of Direction Action Log (meeting held in Public)

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

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 2 March 2021			
Chief Executive update			AGENDA ITEM: 7 ENC 4
Report Author and Job Title:	Mark Graham, Director of Communications	Responsible Director:	Sue Page Chief Executive
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Chief Executive update		
Background	The following report provides an update from the Chief Executive.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Trust Board are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input checked="" type="checkbox"/>	
	Drive operational performance <input checked="" type="checkbox"/>	Long term financial sustainability <input checked="" type="checkbox"/>	
	Develop clinical and commercial strategies <input checked="" type="checkbox"/>		

Chief Executive Update

Since the autumn of 2019, we have been on a journey to get back to our best through empowering our doctors and nurses to take the decisions about how we manage our resources and deliver care across our hospitals and services.

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

Our CPG has created ten clinically-led improvement collaboratives - natural care communities of surgeons, physicians, nurses, midwives, scientists, allied health professionals and administrative and support colleagues, which have come together to make their services even better for our patients.

By enabling clinicians to come together to shape and deliver the care they want for their patients, we've come a long way in a short time. Alongside colleagues' amazing response to COVID-19, they have:

- Invested in state-of-the-art equipment to put the trust at the forefront of UK robotic surgery.
- Created a new ophthalmology unit, joint-replacement service, and rapid cancer diagnostic centre at the Friarage; and a new dialysis unit will open at the hospital next week.
- Invested £19 million in new medical equipment to give our clinicians more of the tools they need to provide safe, quality care now and in the years ahead.
- Commenced building work on a new £5 million emergency department for children and young people at James Cook in Middlesbrough.
- Enabled the trust to become a Top 100 Apprenticeship Employer and one of the country's highest ranked medical training organisations.

Our ten clinical collaboratives will replace our existing centres in April 2021 and, in preparation, a process to appoint clinical chairs for each collaborative has taken place.

This recruitment process has now concluded and the following colleagues have been appointed as our clinical chairs:

Collaborative	Clinical Chair
Women & Children services	Neil Hebblethwaite
Growing the Friarage & Community services	James Dunbar
Digestive Diseases, Urology & General Surgery services	Matt Clarke
Medicine & Emergency Care services	Ramamurthy Sathyamurthy
Clinical Support services	Julie Swaddle
Perioperative & Critical Care services	Matt Cheesman
Head & Neck, Orthopaedic & Reconstructive services	Andy Port
James Cook Cancer Institute & Speciality Medicine services	Dianne Plews
Cardiovascular Care services	Andrew Sutton
Neurosciences & Spinal Care services	Manju Prasad

In addition, Simon Taggart, who has been supporting our strategic response to COVID-19, will be working alongside our Chief Operating Officer as the clinical lead for operations

Recovery

The bravery and hard work of our colleagues and the efforts and sacrifices of our communities demand that patient and family services emerge stronger from COVID-19.

As a clinically-led organisation, the safety and wellbeing of our patients, service users and colleagues, underpinned by the quality of the care we provide, will continue to guide our clinically-led recovery from COVID-19.

The pandemic has shown again that our clinicians are amongst the best in the country. But their efforts are often let down by ageing and cramped facilities – the bricks and mortar.

We also know that the unprecedented toll which the pandemic has taken from colleagues is immense and the psychological impact will be felt long after the pandemic ends.

This was something we had the opportunity to discuss with the Secretary of State for Defence during his recent visit to James Cook to thank military colleagues for their invaluable contribution to our COVID response.

As we continue to concentrate on our plan to get back to our best we will be:

- **Restoring**
Working with trades union colleagues and drawing on our strong ties with the armed forces to learn from combat recovery to support colleagues to take control of their recovery and restore good mental health and wellbeing.
- **Recovering**
Carefully, safely and sustainably recovering non-urgent care which has been disrupted by COVID.
- **Rebuilding**
Working to unlock investment to rebuild and upgrade existing hospital facilities.

Board Assurance Framework and Risk Register

The Board Assurance Framework (BAF) aims to record risks that threaten the achievement of the Trust's long term (strategic objectives) together with the controls and actions in place to mitigate these risks. The BAF is supported by the Corporate Risk Register, which records the most serious operational risks, which are scored 16 and above.

Since the last Board meeting the Finance & Investment Committee have reviewed all three of their BAF risks which have all been updated including controls, assurances and actions to address the gaps, this has not however reduced the level of risk overall.

2. RECOMMENDATIONS

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

MEETING OF THE TRUST BOARD OF DIRECTORS – 2 March 2021			
Safe Staffing Report for January 2021 – Nursing and Midwifery			AGENDA ITEM: 8 ENC 5
Report Author and Job Title:	Eileen Aylott, Assistant Director of Nursing Education and Workforce	Responsible Director:	Dr Hilary Lloyd, Chief Nurse
Action Required	Approve <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 January 2021.		
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 monitored within the RSU, Stroke, Oncology and Midwifery. During January the number of patients requiring BIPAP/CPAP remained high and staffing levels have been stretched at times.</p> <p>Critical Care remains under pressure with the numbers of COVID and non COVID patients requiring beds. 51 RN's have been required daily to staff the extended footprint. No reported co-ordinator breaches reported. Theatre staff continue to support and ex critical care nurses have been redeployed.</p> <p>Nursing and Midwifery Turnover is currently 7.5%</p> <p>Vacancy against the financial ledger is 4.8% /135wte against an increased budgeted WTE.</p> <p>Student nurses will be returning to paid placements from 8th February for 11 weeks to support the workforce.</p> <p>Rapid HCA recruitment is planned for February to bring the vacancy rate to 0 by 31st March 2021.</p> <p>The risk to safe staffing remains from COVID self-isolation and sickness for all staff groups and increased COVID activity resulting in stretch staffing ratios.</p> <p>Close monitoring and agile actions will be required to mitigate risks.</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	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		

Registers? please outline	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

February 2021 based on January 2021 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 staffing oversight introduced to look forward to the week ahead on Monday's and the weekends on Friday with Associate Directors of Nursing and Clinical Matrons. All elements of safe staffing are discussed at the Workforce Assurance Group which meets three times weekly and are escalated to the Strategic Group as required.

Professional judgement planned staffing templates are reviewed monthly or if patient pathways change and are included in this report as planned versus actual. These are depicted as numbers of staff and are overlaid with occupied bed numbers and nurse sensitive indicators.

Critical Care and Emergency Department Staffing has been reviewed using a one week look back and a two week forward view to ensure patient safety. Redeployment of staff has taken place on a regular basis logged via SafeCare with other staff members transferring to ITU roster to support the COVID response.

An SNCT data collection was undertaken in November and will be repeated in February to triangulate the Professional Judgement Templates in line with the rapid staffing review through COVID regional document agreed by the Directors of Nursing.

Staff COVID unavailability is reported daily via Allocate broken down by area and staff group. COVID vaccination programme continues with most staff having received their first vaccination in line with current guidelines. Second doses are due to commence in late February.

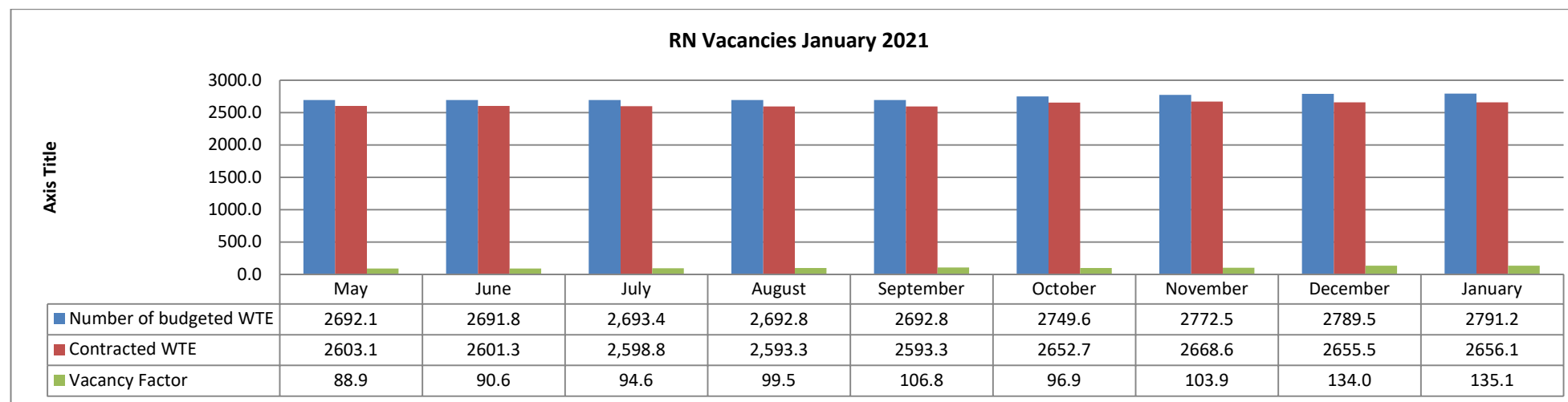
This report demonstrates that staffing meets the acuity and dependency of patients during January 2021. Staffing is continuously monitored and response to demand is agile and robust.

Table 1 – Overall UNIFY fill Rate based on planned vs worked hours for January 2021

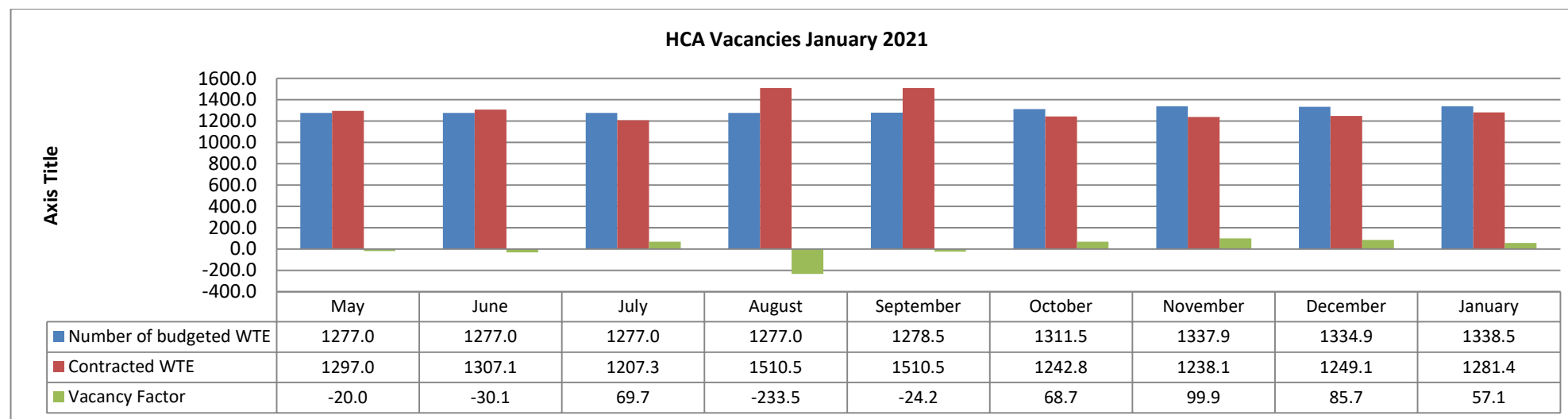
Overall Ward Fill Rate		November 2020	December 2020	January 2021
	RN/RMs (%) Average fill rate - DAYS	91.2%	91.1%	95.1%
	HCA (%) Average fill rate - DAYS	93.1%	96.2%	96.4%
	NA (%) Average fill rate - DAYS	100.0%	100.0%	100%
	TNA (%) Average fill rate - DAYS	100.0%	100.0%	100%
	RN/RMs (%) Average fill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

Vacancy and Turnover

The total current nursing and midwifery vacancy rate against the financial ledger for all nursing and midwifery is currently at 4.8% at the end of January 2021 this equates to 1035.1 WTE across all bands (104 WTE Band 5 = 3.7%). The latest publicised Care Hours per Patient Day (CHPPD) for Nursing, Midwifery and AHP on the Model Hospital was in November 2020 and was 11.6 against a Peer of 8.9 and a National of 9.5.



HCA vacancy rates have risen due to an increase in budgeted number, partially due to the increased demand from Critical Care and the red and amber pathways in ED.

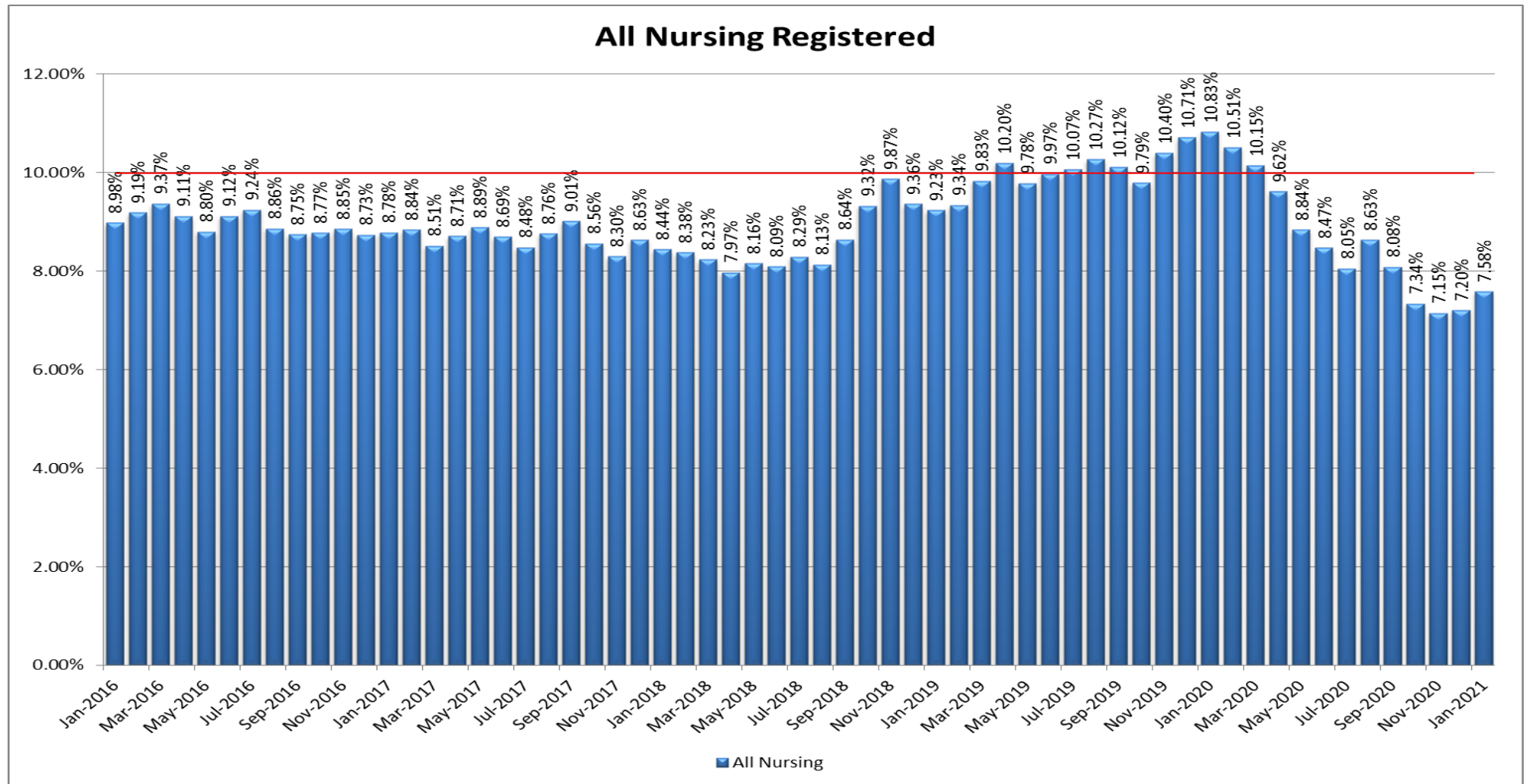


International recruitment continues with the successful Strand B funding approved to recruit 60 nurses by October 2021. Twelve nurses arrived in January and are preparing for OSCE in March. All are able to join the NMC Temporary COVID19 register whilst awaiting OSCE outcome. A further 7 are due to arrive at the end of February and will be subject to the new Government self isolation and are required to take a PCR test on day 2 and 8 following arrival.

HCA rapid recruitment is underway with 4 assessment centres planned during February. Application numbers are high and of good quality for these posts and will be appointed to apprenticeship and Band 2 vacancies. There is high confidence in achieving our zero vacancy goals by the end of March 2021.

Student nurses have again opted into paid placements and will be joining the workforce from 8th February. We are expecting 81 Adult and 6 Child branch students.

Nursing and Midwifery Turnover January 2021



Nursing turnover remains low at 7.5% at the end of January 2021 which is well below the 10% national figure.

Urgent and Emergency Care Centre actual worked hours against planned and professional judgement template numbers for January 2021

	Planned Day Dec	Worked Day	Planned N Dec	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Formal Complaints	1000 voices
Critical Care	35 + 12	31 + 6	35 + 8	31 + 5	24	31	0	4	1	0	
Critical Care Surge		2 + 1		1 + 1	4						
RAFAU (On Ward 10)	3 + 2	3 + 3	2 + 2	3 + 3	22	0	0	0	2	0	
Short Stay (On Ward 2)	4 + 4	3 + 4	3 + 3	3 + 3	15	1	0	1	7	1	
AMU JCUH	5 + 4	5 + 4	5 + 4	5 + 4	20	0	0	1	3	0	
AAU JCUH (On Ward 1)	5 + 3	5 + 3	4 + 3	5 + 3	16	3	0	2	1	0	
CDU FHN	5 + 3	4 + 2	3 + 2	2 + 2	10	1	0	6	4	1	
Ainderby FHN	4 + 3	3 + 4	2 + 2	2 + 2	18	3	0	4	7	0	9.33
Romanby FHN	4 + 3	4 + 3	2 + 2	2 + 2	19	1	0	0	3	0	8.96
Ac&Em -J	17 + 7	16 + 7	15 + 7	16 + 7	/	0	0	4	2	3	

Pressure ulcers on Critical care are predominantly from proning of COVID patients

Critical Care

Skill mix stretch has been undertaken to optimise Critical Care admitting capacity with all RNs counted within overall Critical Care nursing numbers with supernumerary nurses commencing WC 25th January 2021 with Military provision - 4.8 WTE within existing roster.

Review of service provision is being undertaken to determine ability to release ex critical care staff in order to support skill mix across 6 (increasing to 7) areas. Additional response approach to last minute shortfall in staffing as 51 nurses per shift required

Cardio ICU contributed to senior cover CCS area 3 from Monday 25th January 2021 – backfill of Cat B staff – skill mix stretch to be monitored and issues escalated in the same manner as GCC

Skill mix stretch presents greater challenge with the opening of 3rd critical care surge area which was initially 4 level 2 beds but then increased to 8. De-escalation will be planned and managed in line with reduction of surge areas & level of acuity.

Clinical Psychology is supporting staff and the health and wellbeing of staff is paramount.

Emergency Department

Staffing continues to be difficult at times with both red and amber pathways in use. Agency usage and A+E transfer team in place to support activity throughout January.

The new ambulatory care area has opened and the department is fully staffed to establishment.

Community Care Centre actual worked hours against planned and professional judgement template numbers for January 2021

	Planned Day	Worked Day	Planned N	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Complaints	1000 voices
Ward 3	4 + 5	4 + 4	3 + 3	3 + 3	23	6	0	0	7	1	9.78
JC09 (Ward 9)	5 + 4	5 + 4	4 + 3	4 + 3	19	2	0	3	4	1	8.46
Ward 11 (Older Persons Medicine OPM)	4 + 4	4 + 5	3 + 3	3 + 4	20	1	0	3	0	1	9.75
Rutson FHN	3 + 4	2 + 3	2 + 2	2 + 1	12	2	0	0	5	0	8.95
Tocketts Ward	4 + 5	2 + 2	3 + 4	2 + 2	12	1	0	1	3	0	9.91
Zetland Ward	4 + 8	4 + 7	4 + 3	4 + 4	25	0	0	1	4	0	
Friary Community Hospital	3 + 4	3 + 3	2 + 1	2 + 2	14	0	0	0	0	0	8.72
Ward 21 – Paeds	5 + 2	5 + 3	5 + 2	4 + 2	9	0	0	0	0	0	9.32
Ward 22 – Paeds	5 + 2	3 + 1	3 + 1	2 + 1	5	0	0	0	0	0	9.66
Central Delivery Suite	10 + 2 M- F	10 + 2	11 + 2	11 + 2	5	0	0	0	0	1	
Neonatal Unit	15 + 1	12 + 1	15 + 1	11 + 0	15	0	0	4	0	0	
Paediatric Intensive Care Unit (PICU)	4 + 0	2 + 1	4 + 0	2 + 0	1	0	0	0	0	0	
Ward 17 JCUH	6 + 2	5 + 3	4 + 2	4 + 3	21	0	0	1	0	1	9.37
Ward 19 Ante Natal	3 + 1	2 + 1	2 + 0	2 + 0	4	0	0	0	0	0	8.53
Maternity FHN	2 + 0	2 + 1	2 + 0	2 + 0	0	0	0	0	0	0	
Mat Assessment Unit	4 + 1	4 + 2	1 + 0	2 + 0	1	1	0	0	0	0	

Staffing has matched acuity and dependency of patients throughout January with the new RSU nearing completion on ward 9. RSU has reported one breach in staffing during January.

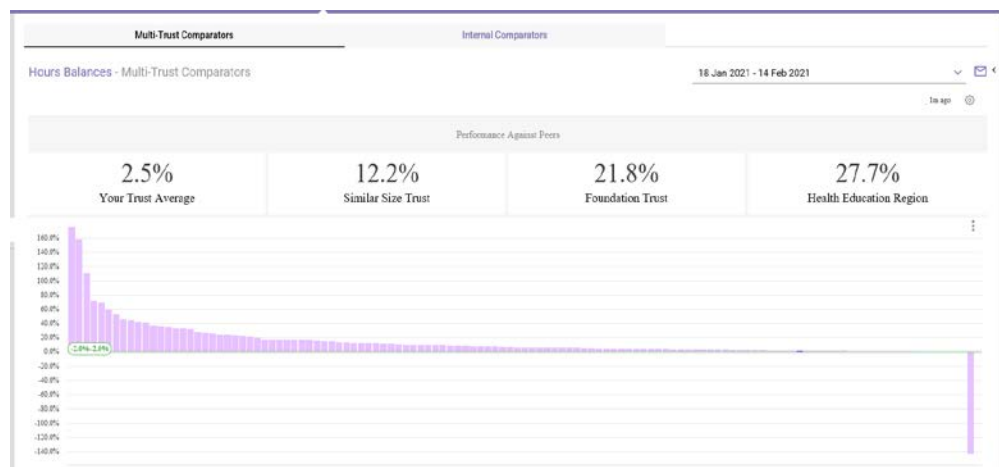
Midwifery staffing levels have been maintained with no breaches in 1:1 care in labour during the month.

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

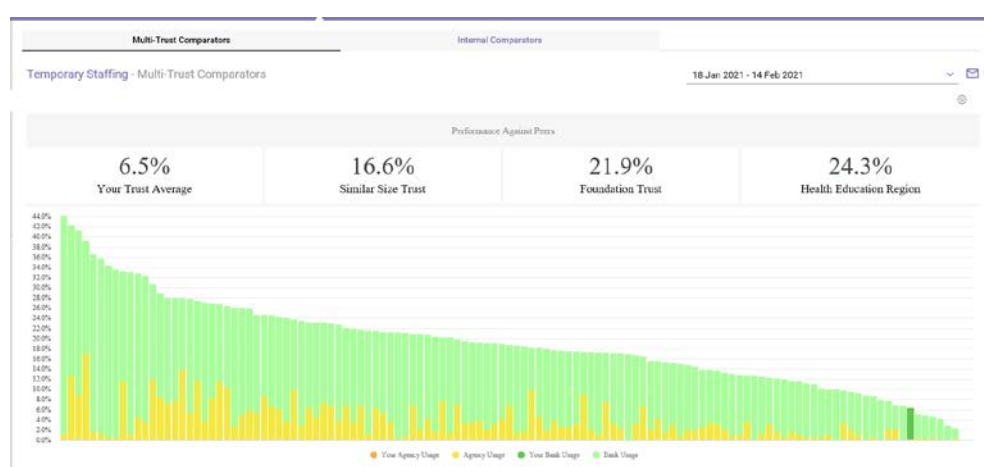
Wards	Planned Day Jan 21	Worked Day Jan 21	Planned N Jan 21	Worked N Jan 21	Bed occ	PU 2's	PU 3's	Medication Incidents	Falls	Complaints	1000 voices
JC04 (Ward 4)	4 + 3	4 + 3	3 + 2	2 + 2	17	4	0	1	4	1	8.46
Ward 5 Surgery (on Ward 25)	3 + 4	2 + 1	3 + 3	2 + 1	9	0	0	0	0	0	
JC06 Gastro	4 + 3	4 + 4	3 + 2	2 + 3	21	0	0	0	2	0	8.38
Ward 7 Colo	5 + 4	3 + 3	3 + 3	2 + 2	15	3	0	1	5	0	
Ward 8	3 + 3	4 + 4	2 + 3	2 + 3	17	1	0	0	6	0	
Ward 12 (Ward 25 Staff)	4 + 3	4 + 4	4 + 3	3 + 3	17	2	0	2	5	0	
Ward 14	3 + 3	3 + 2	2 + 2	2 + 2	13	0	0	1	3	0	
JC24 (Ward 24)	4 + 3	4 + 4	3 + 2	3 + 3	18	1	0	2	9	0	9.29
Neuro HDU	4 + 1	4 + 1	4 + 1	4 + 1	7	0	0	0	0	1	9.35
JC26 (Ward 26)	3 + 3	3 + 2	2 + 2	2 + 1	9	0	0	0	5	0	9.75
JC27 Neuro Staff	3 + 2	4 + 4	2 + 2	2 + 3	12	3	0	0	2	0	
JC28 (Ward 28)	5 + 3	5 + 2	4 + 2	4 + 2	19	1	1	1	8	0	
JC29 (Ward 29)	4 + 3	4 + 3	3 + 2	3 + 3	21	3	0	0	7	1	
Cardio MB	2 + 1	2 + 1	2 + 0	2 + 0	6	0	0	0	0	0	
JC31 Vas	3 + 3	4 + 4	2 + 2	3 + 3	23	0	0	1	7	0	
JCCT (Ward 32)	4 + 3	4 + 3	3 + 2	2 + 2	17	1	0	1	0	0	
JC33 Specialty	4 + 3	3 + 3	3 + 3	2 + 2	17	1	0	3	2	0	9.15
JC34 (Ward 34)	4 + 5	5 + 4	3 + 2	3 + 3	28	7	1	2	5	1	9.19
JC35 (Ward 35)	4 + 4	4 + 3	3 + 3	2 + 3	20	1	0	0	0	0	9.14
JC36 Trauma	5 + 4	5 + 4	3 + 3	3 + 4	30	1	0	3	4	0	
Spinal Injuries	8 + 5	5 + 3	7 + 5	5 + 3	15	0	0	0	0	0	9.36
CCU JCUH	8 + 2	6 + 1	6 + 0	5 + 0	9	1	0	0	1	0	
CICU JCUH	11 + 2	8 + 1	11 + 1	8 + 2	8	4	0	0	0	0	9.46

Cardio HDU	6 + 1	4 + 1	5 + 1	3 + 1	5	1	0	0	0	0	10.0
Gara Orthopaedic FHN	2 + 2	x	2 + 1	x	x	-	-	-	-	-	

4 Weekly Hours Balance Against Peers January 18th – 14th February 2021



Temporary Staffing usage against other Allocate Peers January 18th – 14th February 2021



Unavailability Compared to Allocate National Average January 18th – 14th February 2021

Overall unavailability of staff was 34.3% against standard Trust 21% headroom. Parenting leave is not included in the headroom.

Sickness % remains high at 8.3%. Annual leave remains well managed at 12.9% against a 14% -16% KPI target.

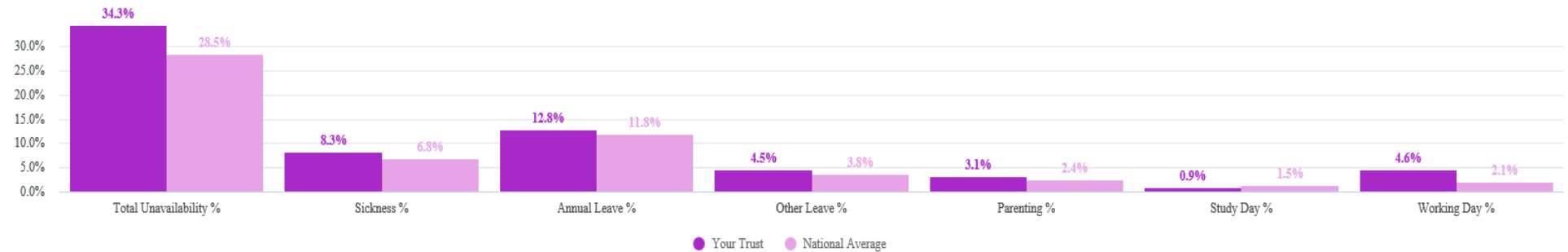
Working day remains high at 4.6% and includes those in household isolation or COVID self isolation. 12 International nurses have isolated for travel on arrival for 10 days.

Unavailability - Multi-Trust Comparators

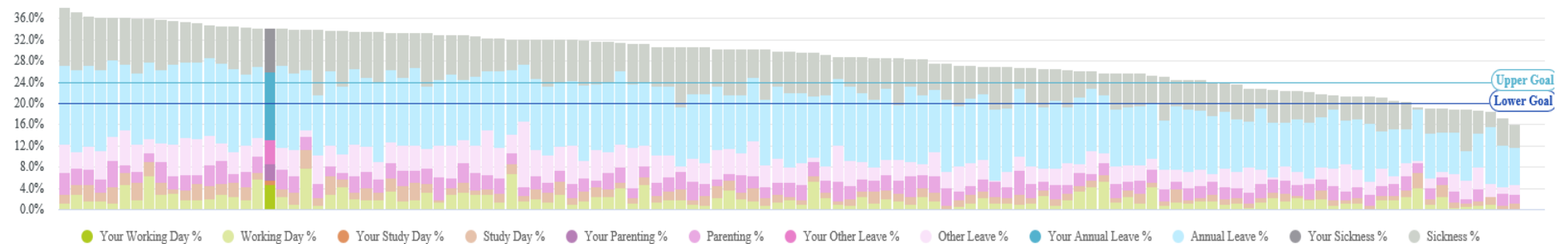
18 Jan 2021 - 14 Feb 2021

just now

Trust Unavailability Against National Averages by Type



Unavailability by Leave Type

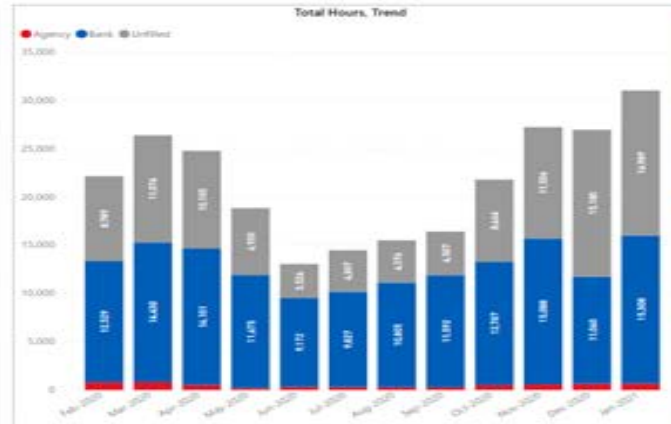


N&M - Registered Hours Performance

YOY Comparison for Jan-2021

WTE	190.6✓ 125.7
% Total Fill	51.6%! 41.4%
% Bank Fill	49.4%! 57.6%
% Agency Fill	2.2%✓ 4.0%
% Unfilled	48.4%! 38.4%

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Demand: in Jan-2021 totalled 30,968 hours (3,460 shifts), a change of 15.3% on Dec-2020

Bank: in Jan-2021 totalled 15,308 hours (1,733 shifts), a change of 38.4% on Dec-2020

Unfilled: in Jan-2021 totalled 14,589 hours (1,656 shifts), a change of -1.3% on Dec-2020

Agency: in Jan-2021 totalled 670 hours (71 shifts), a change of 2.2% on Dec-2020



4

RN NHSP Activity January 2021

The number of RN hrs worked in January was 15,308. Demand was 30,968 hrs making the fill rate 49%.

It should be noted that the actual hours worked has increased month on month with January being the highest in the past 12 months.

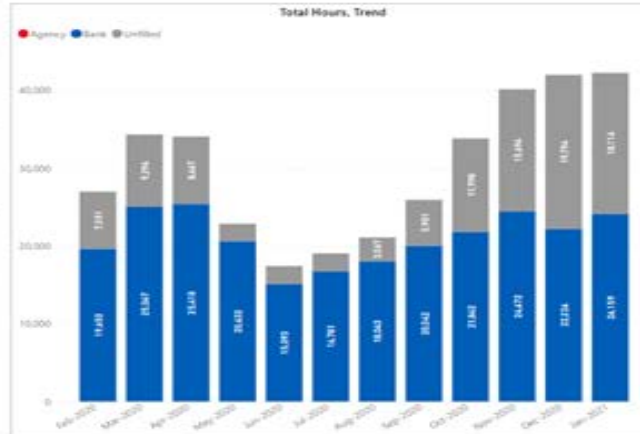
670 hrs of Agency was worked predominately in Critical Care (ITU and ED)

N&M - Unregistered Hours Performance

YOY Comparison for Jan-2021

WTE	260.2✓ 157.5
% Total Fill	57.1%! 77.5%
% Bank Fill	57.1%! 77.5%
% Agency Fill	(Blank)
% Unfilled	42.9%! 22.5%

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Demand: in Jan-2021 totalled 42,275 hours (4,694 shifts), a change of 0.6% on Dec-2020

Bank: in Jan-2021 totalled 24,159 hours (2,582 shifts), a change of 8.7% on Dec-2020

Unfilled: in Jan-2021 totalled 18,116 hours (2,112 shifts), a change of -8.5% on Dec-2020

Agency: in Jan-2021 totalled hours (shifts), a change of -100.0% on Dec-2020



5

HCA NHSP Activity January 2021

HCA worked hours increased in November to 24,159 with a demand of 42,275hrs resulting in a 57.1% fill rate

There was no agency usage for HCA.

27 new Care Support Workers will be ready at the end of January to work a minimum of 30hrs per week for 12 weeks to support Winter Pressures. Wards have been allocated.

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 – 2 March 2021			
Month 10 2020/21 Financial Performance			Agenda Item 10, ENC 6
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 10.		
Background	From Month 7 of 2020/21 revised financial arrangements have been put in place, replacing the previous arrangements of a break even requirement with retrospective expenditure claims. The Trust now has a fixed income level as agreed within the ICP, and is expected to manage resources within this funding envelope.		
Assessment	At month 10 the Trust is £0.5m underspend against its revised financial plan.		
Recommendation	Members of the Trust Board of Directors are asked to note the Trust position for Month 10.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 4.1 - Lack of robust financial information and grip and control may result in poor financial governance and decision making lead to the inability to deliver the annual control total impacting on cash flow and long term sustainability as a going concern		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Excellence in patient outcomes and experience <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 10 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 10.

2. BACKGROUND

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

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

The Trust and the ICP, like others nationally, have a requirement to achieve an overall system break even position at the year end. Two items have been identified both regional and nationally as potentially allowable deviations from the breakeven requirement. This being lost non NHS income and an allowance for a year end annual leave provision. The amounts involved being £1.3m and £3.8m for the Trust.

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

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

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

The Month 10 YTD actual performance is a £0.5m deficit. This has resulted in the Trust being ahead of its financial plan by £0.5m. The Trust expects this variance to reduce as the year progresses to cover increased Covid-19 costs and winter pressures.

3. DETAILS

Trust position

The Month 10 position is outlined below; the following sections outline key variances and risks for divisional income, pay, non-pay and technical items.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Nhs Clinical Income	514,767	515,024	258	625,985
Education & Training Income	14,499	15,612	1,113	17,402
Estates Income	1,540	1,598	57	1,908
Misc. Other Income	7,616	7,874	258	9,506
Non Patient Care Income	2,098	2,350	251	2,483
Other Clinical Income	724	1,187	462	885
Psf, Mret & Top Up	38,729	39,169	440	39,245
Research & Development Income	3,846	4,318	472	4,529
Total Income	583,821	587,132	3,312	701,942
Ahp'S, Sci., Ther. & Tech.	(49,476)	(49,407)	69	(60,259)
Apprentice Levy	(1,268)	(1,270)	(02)	(1,521)
Hca'S & Support Staff	(37,783)	(38,161)	(379)	(45,422)
Medical And Dental	(103,640)	(105,690)	(2,049)	(125,067)
Nhs Infrastructure Support	(48,552)	(48,834)	(283)	(58,987)
Nursing & Midwife Staff	(104,095)	(103,425)	671	(126,793)
Total Pay	(344,814)	(346,787)	(1,973)	(418,049)
Clinical Negligence Cost	(14,500)	(14,500)	0	(17,400)
Clinical Supplies And Services	(54,947)	(52,806)	2,141	(68,986)
Drugs	(55,518)	(56,792)	(1,274)	(66,906)
Establishment	(7,550)	(7,966)	(417)	(8,818)
Ext. Staffing & Consultancy	(509)	(463)	46	(567)
General Supplies & Service	(7,675)	(7,757)	(83)	(8,340)
Healthcare Service Purchase	(9,681)	(10,018)	(337)	(11,451)
Miscellaneous Services	(1,939)	(2,297)	(358)	(1,638)
Pfi Unitary Payment	(32,335)	(32,314)	21	(37,926)
Premises & Fixed Plant	(21,021)	(21,591)	(570)	(25,489)
Research, Education & Training	(3,652)	(4,123)	(471)	(4,217)
Transport	(3,554)	(3,478)	75	(4,032)
Total Non Pay	(212,881)	(214,106)	(1,225)	(255,771)
Depreciation	(11,906)	(11,661)	245	(14,994)
Interest Payable	(9,689)	(9,693)	(04)	(11,663)
Interest Receivable	41	07	(33)	57
Other Non Operating	(5,560)	(5,354)	206	(6,668)
Corporation Tax	(01)	0	01	(02)
Control Total	(990)	(461)	529	(5,148)

Clinical Income

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

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

- HEPC and CDF Drugs

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

Commissioner Name	Block Payment
NHS Tees Valley CCG	261,701
NHS County Durham CCG	11,704
NHS England - North East and Yorkshire Commissioning Hub	157,415
NHS England - CDF & HepC (months 7-12)	1,418
NHS England - North East and Yorkshire Commissioning Region	6,363
NHS North Yorkshire CCG	73,449
NHS Leeds CCG	127
NHS Newcastle Gateshead CCG	181
NHS North Cumbria CCG	543
NHS North Kirklees CCG	105
NHS Northumberland CCG	109
NHS Sunderland CCG	609
NHS Vale of York CCG	1,218
South West Regional Office (MoD)	576
Prior Year Adjustments	(494)
Total Income Month 10	515,024

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

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
YTD M6	294,554	294,554	0
M7 Onwards			
Blocks	199,737	199,583	(154)
Top Up	9,960	9,960	0
Covid-19	8,928	8,928	0
CDF	1,332	1,738	406
HEPC	256	261	05
YTD M10	514,767	515,024	258

In line with national guidance the Trust has assumed no income loss from the elective incentive scheme. A calculation has been done at a national level that shows the Trust has achieved the required activity level for September and October and as such will not be penalised.

Other Income

Other income is £3.1m ahead of plan, with key drivers of this variance being improved Education and Training income, RTA income and a VAT rebate from NHS Fleet Solutions. The Trust is also receiving additional income to cover cost of vaccinations and swabbing as shown within the Top up category. As part of the re setting of the Trust budget from month 7 a number of adjustments have been made to the other income budget to take account of lower income due to Covid-19, particularly in relation to Estates income, Private Patients and Overseas visitors income.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Education & Training Income	14,499	15,612	1,113	17,402
Estates Income	1,540	1,598	57	1,908
Misc. Other Income	7,616	7,874	258	9,506
Non Patient Care Income	2,098	2,350	251	2,483
Other Clinical Income	724	1,187	462	885
Psf, Mret & Top Up	38,729	39,169	440	39,245
Research & Development Income	3,846	4,318	472	4,529
Total Other Income	69,054	72,108	3,054	75,956

- Education and Training income is overachieving by £1.1m, this is a continuation from month 9 and is being driven by the revised education income received from Health Education North East for quarter 3. This income is linked to the increase in the number of educational placements across the Trust for Trainee Doctors. The finance team are working with the operational lead for Education to understand the recurrent nature of this income.

- Other clinical income is ahead of plan by £0.5m, this variance is largely RTA income along with a small element of private patients income that had not been budgeted for.
- Misc. other income is showing a favourable variance to plan of £0.3m driven by the £0.6m received from NHS Fleet Solutions as part of a historic VAT settlement with HMRC, offsetting against credits being issued for rental income from the Royal Volunteers Service along with reductions in salary recharge income.
- R and D income is over achieving by £0.5m linked to increased costs within non pay.

Pay

In the year to date position pay is overspent by £2.0m, due to an overspend on Medical and Dental employees, with non-medical staff groups showing a year to date underspend.

Graphs showing year to date premium pay costs and trends are included in Appendix 1.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Ahp'S, Sci., Ther. & Tech.	(49,476)	(49,407)	69	(60,259)
Apprentice Levy	(1,268)	(1,270)	(02)	(1,521)
Hca'S & Support Staff	(37,783)	(38,161)	(379)	(45,422)
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Nursing & Midwife Staff	(104,095)	(103,425)	671	(126,793)
Total Pay	(344,814)	(346,787)	(1,973)	(418,049)

- HCAs are overspent by £0.4m with nursing staff £0.7m underspent giving a combined underspent budget position. Within the budget is a YTD allowance of Covid sick pay of £0.4m and additional winter funding of £0.3m from the CCG.
- Medical and Dental staff show a year to date overspend of £2.0m. £1.6m of this overspend relates to junior doctors and £0.4m consultants. The overspend on consultants relates to increased premium costs for agency staffing within a number of directorates, particularly older person medicine, oral surgery, respiratory and Radiotherapy /Oncology.
- Additional work is required within the medical workforce team to complete the review of junior doctor rotas and align these to budgets held within Finance. The Trust needs to ensure appropriate controls are in place for the deployment of staff across the Trust. Work is being arranged to add rotas to the allocate rostering system and review the individual specialty detail.

Non-Pay

Non-pay is overspent by £1.2m at month 10.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Clinical Negligence Cost	(14,500)	(14,500)	0	(17,400)
Clinical Supplies And Services	(54,947)	(52,806)	2,141	(68,986)
Drugs	(55,518)	(56,792)	(1,274)	(66,906)
Establishment	(7,550)	(7,966)	(417)	(8,818)
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Transport	(3,554)	(3,478)	75	(4,032)
Total Non Pay	(212,881)	(214,106)	(1,225)	(255,771)

- Clinical supplies and services are showing a year to date underspend of £2.1m. £0.5m of this relates to the phasing of the Covid-19 budget, £0.5m from underspends within Medical Engineering on maintenance contracts and the residual £1.1m from underspends in a number of clinical directorates arising from reductions in activity levels.
- Drugs has seen an increase in cost in month leading to a YTD overspend of £1.3m. This increase in cost is from increased activity in a number of directorates including Paediatrics, Gastro, Rad/Onc and Neurology.
- Healthcare Service purchase is overspending by £0.3m year to date with £0.2m within Trauma and Orthopaedics for outsourcing to the T and O LLP and an overspend within renal of £0.1m from the satellite renal clinics.
- Premised and Fixed Plant is overspending by £0.6m due to the purchases of furniture and fittings, minor new works and estates work for Covid-19. Where relevant for vaccinations and swabbing this cost is being recovered from NHSE/I.
- Research, Education and Training is overspending by £0.5m due to clinical trials, with this cost covered by additional income.

Non-Operating Costs

Technical items are broadly in line with budgeted amounts, following the rephrasing of the Trusts annual budget and delays to the Trust capital programme. The revised full year depreciation charge for the Trust has now been calculated and is shown within the YTD position. The level of PDC dividend is being reviewed with NHSE/I to ensure an accurate full year forecast.

Covid-19 Costs

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

Following discussions with operational colleagues and CPG the below envelopes of funding have been provided. Although underspent currently at month 10 the Trust expects to fully utilise the full budget allocation by year end.

Actual month 10 spend is outlined below within these categories.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Sickness	(1,533)	(1,533)	0
Facilities	(667)	(621)	46
Ward	(333)	(333)	0
Critical Care	(481)	(481)	0
IPC & Winter	(53)	(53)	0
Redcar	(102)	(102)	0
Emergency Department	(348)	(348)	0
PPE		(135)	(135)
Staff catering		(88)	(88)
Other		(146)	(146)
Contingency	(544)		544
Total	(4,061)	(3,840)	221

The full allocation for sickness costs has been shown as utilised due to the Trust over spending in month on pay expenditure. Provisions have been made within Facilities for anticipated spend with Serco. PPE spend has been noticed in month, this category is not expected to incur extra cost as the year progresses as all required PPE should be centrally provided.

The Trust has also incurred cost in relation to Covid-19 swabbing YTD of £0.8m, covering increased staffing and consumables along with the hire of swabbing facilities. This cost has been fully reclaimed from NHSE/I and the Trust is awaiting confirmation that these costs will be covered and fully reimbursed.

In December the Trust has also started its vaccination programme. Like swabbing the Trust is able to claim the incremental cost increase associated with the vaccination programme from NHS England. Year to date this has been £0.5m for pay costs and £0.1m for non-pay costs.

Forecast outturn

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

its forecast deficit to £2.5m showing an improvement of £2.6m, being driven by increased funding from the CCG.

Further work is being conducted in February to understand the extend of the required year end annual leave provision including the specific cost of Covid-19 and the additional days holiday awarded to all employees.

Capital

The Trust's capital expenditure at the end of January amounted to £27.2m 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	8,833	8,592	(242)	10,310	10,310	0
Site Reconfiguration	807	1,441	634	8,247	8,455	208
Replacement of Medical Equipment	4,512	4,927	415	17,694	17,285	(409)
Network Replacement and Clinical Noting	2,544	3,990	1,446	15,223	15,424	201
COVID Phase 1	8,482	8,279	(203)	8,482	8,482	0
Total	25,179	27,229	2,050	59,956	59,956	0

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	6,359	6,359	0	9,539	9,539	0
Internal Reserves	0	0	0	14,852	14,852	0
Charitable Funding	338	11	(327)	1,181	1,181	0
PDC	18,481	20,858	2,377	34,384	34,384	0
Total Financing	25,179	27,229	2,050	59,956	59,956	0

The expenditure at the end of December includes:

- PFI Lifecycle - contractual payments to Endeavour SCH plc (£8.6m),
- COVID-19 - £8.3m on medical equipment to support delivery of services;
- Information Technology - £4.0m on essential IT equipment replacement and the delivery of the Alcidion project;
- Medical equipment - £4.9m on emergency replacements including £2.8m on the expansion of robotic surgery; and
- Estate Rationalisation - £1.4m on the investment in the estate infrastructure including Community premises and PFI lifecycle enhancements.

For 2020/21 the funding sources available to the Trust, excluding PDC, include depreciation and internal reserves (£24.4m) and potential charitable contributions amounting to £1.2m. Contractual commitments for the year include PFI Lifecycle (£10.3m) with £3.5m charged to revenue in line with the agreed recharge profile from the Lifecycle Fund. In addition, further contractual commitments concern the principal repayments on loans, PFI and finance leases of £5.4m.

All PDC allocations have now been approved by NHSE/I and DHSC apart from £0.8m relating to COVID-19 Phase 1, where we still await formal approval. The approved allocations include Urgent and Emergency Care (£3.2m), Digital Aspiration (£3.0m) and FHN (£1.0m). The latter bid relating to FHN was a 2 year request including £4.1m in 2021/22.. The Trust will start to draw funding on all approved PDC funded schemes in February.

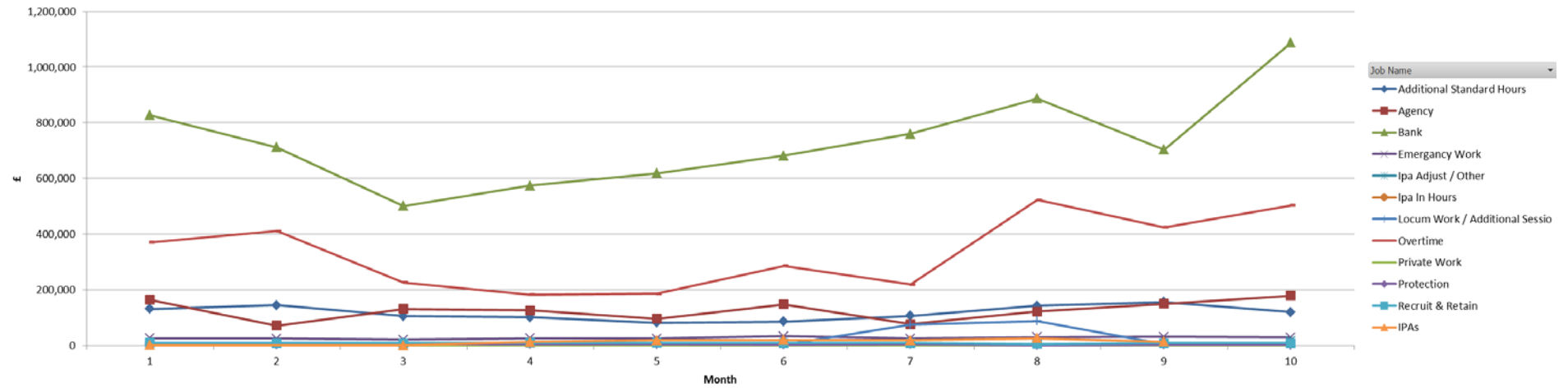
In January the Trust was approached by NHSE/I who outlined that, following a review of the regional position, additional spending capability was available. It was specified that any additional spending would be delivered by 31 March 2021. In January, £8.7m was made available with a further £6.0m made available in early February and the Trust has accepted this extra capacity. The £14.7m will be invested in the replacement of medical equipment (£4.8m), IT equipment (£3.5m), Data Centre Upgrade (£1.8m), Group C equipment (£1.0m), Access Control hardware and software (£0.9m), Vascular Intervention in Radiology (£1.2m), Laparoscopic Theatre Upgrade (£0.7m) and £0.8m on a Stealth Navigation Station. This information is included in the table above and the Trust is now working to ensure that this equipment can be delivered within the required timescales.

Cash

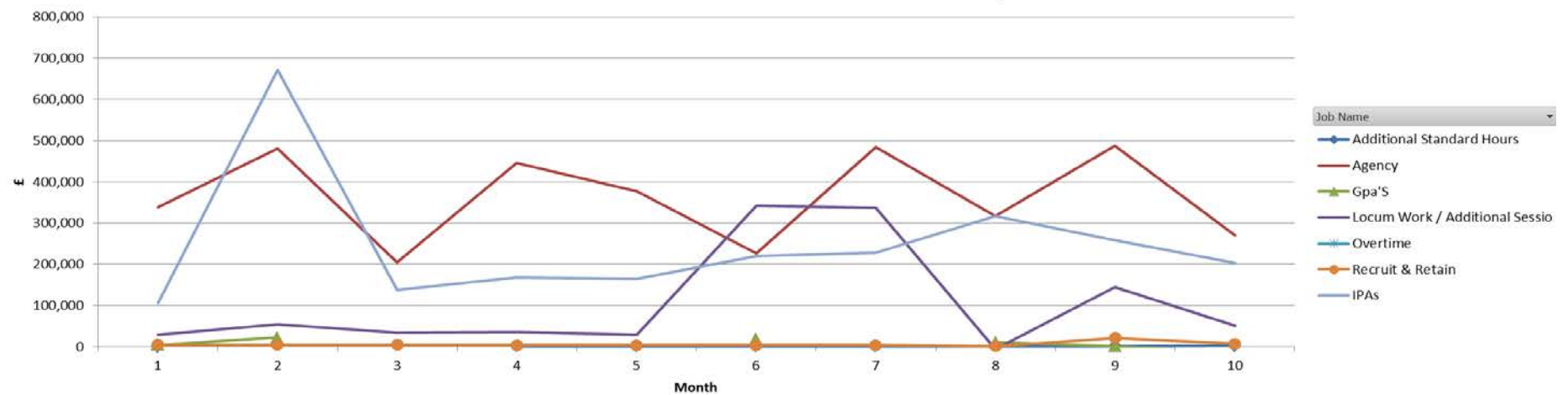
As at month 10 the Trusts cash balance was £92.6m with the current high balance being caused by in advance commissioner payments. As the Trust moves towards the financial year the Trust's cash balance will reduce following payment of outstanding payables and loan repayments. Additionally the Trust will not receive any block commissioner payment in March. The Trust expects its year end cash balance to be c£10.0m.

Appendix 1

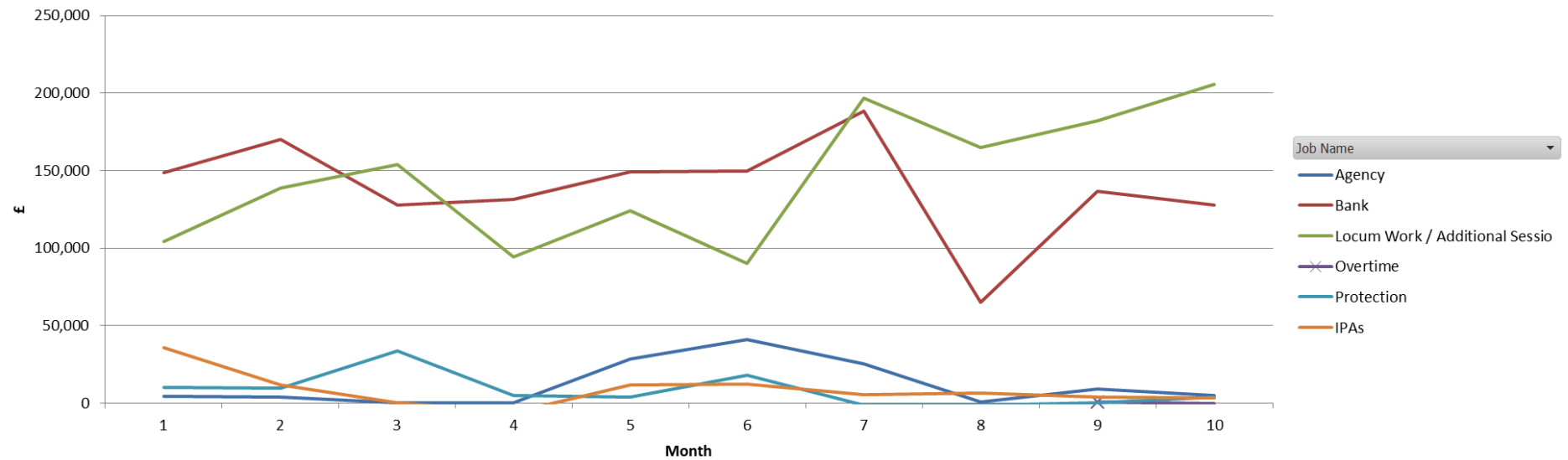
AfC Premium Pay Costs



Medical and Dental Consultants Premium Pay Costs



Medical and Dental Trainee Grades Premium Pay Costs



MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 2 March 2021			
Integrated Performance Report			AGENDA ITEM: 11, ENC 7
Report Author and Job Title:	Emma Moss Business Intelligence Unit	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) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Finance and Investment Committee and Workforce and OD Committee. A summary of discussions are included in Chair Reports to the Board of Directors.</p>		
Assessment	<p>A new format for the IPR was introduced in September 2020 and since the last report further work has been undertaken with regard to clarifying targets and benchmarks and narratives and further work on targets will be added in the following months.</p> <p>New metrics have been included this month for Venous Thrombosis Assessment (VTE) and maternity outcomes. Due to the low numbers, the presentation for Never Events and Methicillin-resistant staphylococcus aureus (MRSA) have changed from Statistical Process Control (SPC) to a cumulative number.</p> <p>Some adjustments have been made to timescales for remedial actions however this requires further work aligned to the development of operational plans.</p> <p>It was anticipated that Mixed Sex Accommodation and Sepsis would be included in the IPR for this month however the data sources have taken longer than originally anticipated and will be included with the next iteration of the report.</p> <p>Building on regional and national work following the Ockenden</p>		

	<p>Review the maternity metrics will be strengthened over time.</p> <p>Consideration will also be given to the addition of metrics for Community services.</p> <p>Key messages relating to performance this month include:</p> <ul style="list-style-type: none"> • The Trust has continued its Covid response alongside the Maintenance of urgent non Covid and other services. • There have been no reports of MRSA for the past 16 months. • There has been an increase in the incidence of Category 2 Pressure Ulcers in January, linked to increased critical care and COVID admissions. • A Trust wide VTE focus will be re established and an improvement trajectory to be agreed. • Higher acuity, reduced capacity and swabbing delays have led to A&E compliance being below target and continuing to be an area of concern. • RTT and diagnostic are not achieving the constitutional standard however the planned activity has been delivered. • Whilst there has been deterioration in annual appraisal compliance during the pandemic, there has been a greater focus on staff wellbeing and risk assessment through individual discussions with staff. • Although staff turnover has stabilised it remains an area for monitoring. • The Trust is £0.5m ahead of revised financial plans.
Recommendation	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> • Receive the Integrated Performance Report for January 2021. • Note the performance standards that are being achieved and the remedial actions being taken where metrics are outside expected parameters.
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>BAF risk 1.5 - Risk to Trusts ability to delivery strategic objectives due to diversion of resources of all types required to manage the Covid 19 pandemic.</p> <p>BAF risk 3.1 - A sustained, exceptional level of demand for services that overwhelms capacity resulting in a prolonged, widespread reduction in the quality of patient care and repeated failure to achieve constitutional standards, with possible harm to patients</p> <p>BAF risk 3.2 - Risk of ability to deliver the national access target of 92% for 18 weeks RTT</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

January 2021



Key Messages

Our key messages are:

- The impact of the COVID-19 pandemic continues to affect the totality of the Trust's activities and remains at 25 on the Board Assurance Framework.
- The Trust has continued its Covid response alongside the maintaining urgent and other non Covid services.
- The Trust has continued its Covid response alongside the maintaining critical non Covid services.
- There have been no reports of MRSA for the past 16 months.
- There has been an increase in the incidence of Category 2 Pressure Ulcers in January, linked to increased critical care and COVID + admissions.
- A Trust wide VTE focus is to be re established and an improvement trajectory to be agreed.
- Higher acuity, reduced capacity and swabbing delays have led to A and E compliance being below target and continuing to be an area of concern.
- RTT and diagnostic are not achieving the constitutional standard however the planned activity has been delivered.
- Whilst there has been deterioration in annual appraisal compliance during the pandemic there has been a greater focus on staff wellbeing and risk assessment through individual discussions with staff.
- Although staff turnover has stabilised it remains an area for concern.
- The Trust is £0.5m ahead of revised financial plans.

Summary

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
SAFE	All Falls Rate	5.91	5	01/2021		
	Falls With Harm Rate	0.21	0	01/2021		
	Infection Control - C-Difficile	3	81	01/2021		
	Infection Control - MRSA	0	0	01/2021		
	Serious Incidents	9	0	01/2021		
	Never Events	2	0	01/2021		
	Category 2 Pressure Ulcers	6	0	01/2021		
	Category 3 & 4 Pressure Ulcers	1	0	01/2021		
	SHMI	104.87	100	10/2020		
	Hospital Standard Mortality Rate (HSMR)	117.23	100	11/2020		
	VTE Assessment	89.0%	95.0%	01/2021		
	Maternity - Caesarean Section Rate (%)	27.4%	30.0%	01/2021		
	Maternity - Still Births	0	0.0	01/2021		
	Maternity - Induction of Labour Rate (%)	46.6%	44.0%	01/2021		
	Maternity - PPH 1000ml Rate (%)	7.6%	8.6%	01/2021		

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
EFFECTIVE CARING	SEPSIS - Screening	Data Validation Required				
	F&F A&E Overall Experience Rate (%)	93.71%	85.0%	01/2021		
	F&F A&E Response Rate (%)	Unavailable - NHS Digital currently not publishing this data				
	F&F Inpatient Overall Experience Rate (%)	97.41%	96.0%	01/2021		
	F&F Inpatient Response Rate (%)	Unavailable - NHS Digital currently not publishing this data				
	F&F Outpatient Overall Experience Rate (%)	94.59%	95.0%	01/2021		
	F&F Maternity Overall Experience Rate (%)	100.00%	97.0%	01/2021		
	F&F Maternity Response Rate (%)	Unavailable - NHS Digital currently not publishing this data				
	Complaints Closed Within Target (%)	80.95%	80.0%	01/2021		
	Mixed Sex Accommodation (MSA) Breaches	Data Validation Required				

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

Summary

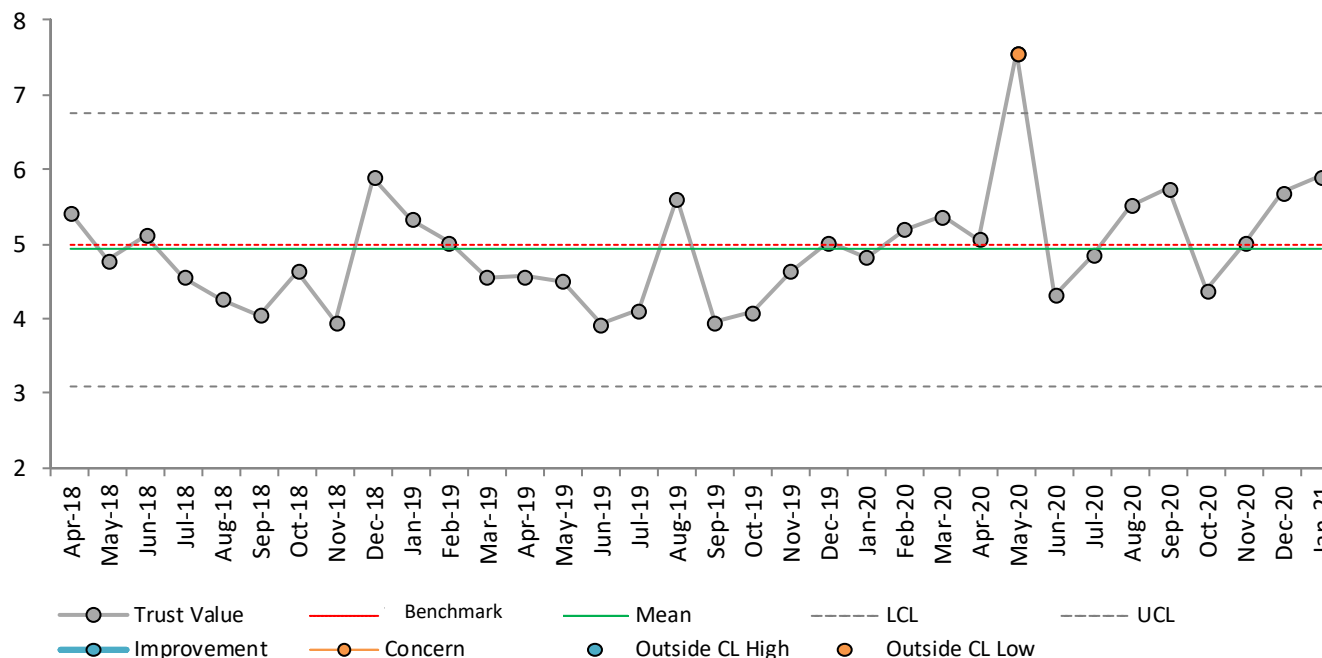
	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
RESPONSIVE	A&E 4 Hour Wait Standard (%)	81.76%	95.0%	01/2021		
	RTT Incomplete Pathways (%)	63.11%	92.0%	01/2021		
	Diagnostic 6 Weeks Standard (%)	77.44%	99.0%	01/2021		
	Cancer Treatment - 14 Day Standard (%)	87.04%	93.0%	01/2021		
	Cancer Treatment - 31 Day Standard (%)	93.40%	96.0%	01/2021		
	Cancer Treatment - 62 Day Standard (%)	71.70%	85.0%	01/2021		
	Non-Urgent Ops Cancelled on Day	24	0	01/2021		
	Cancer Operations Cancelled On Day	0	0	01/2021		
	Cancelled Ops Not Rebooked Within 28 days	8	0	01/2021		
	E-Discharge (%)	93.65%	90.0%	01/2021		

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
WELL LED	Year-To-Date Budget Variance (£'millions)	£0.53	Within Budget	01/2021		
	Annual Appraisal (%)	66.17%	80.0%	01/2021		
	Mandatory Training (%)	87.18%	90.0%	01/2021		
	Sickness Absence (%)	4.91%	4.0%	01/2021		
	Staff Turnover (%)	12.77%	10.0%	01/2021		

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

Benchmark 5

Mean 4.92

Last Month 5.91

Executive Lead

Hilary Lloyd

Lead

Beth Swanson

Commentary

This metric is consistent with the national benchmark although there is normal monthly variation.

Cause of Variation

- The falls rate per 1000 bed days is within normal variation
- A recent peer review of Board reports of comparable organisations reveal a range of 4-7.5/1000 bed days
- Potential correlation between changes in ward functionality and increase in falls during Covid
- The most common cause of falls remain poor balance, slips, deconditioning and memory loss and a combination of all 4.

Planned Actions

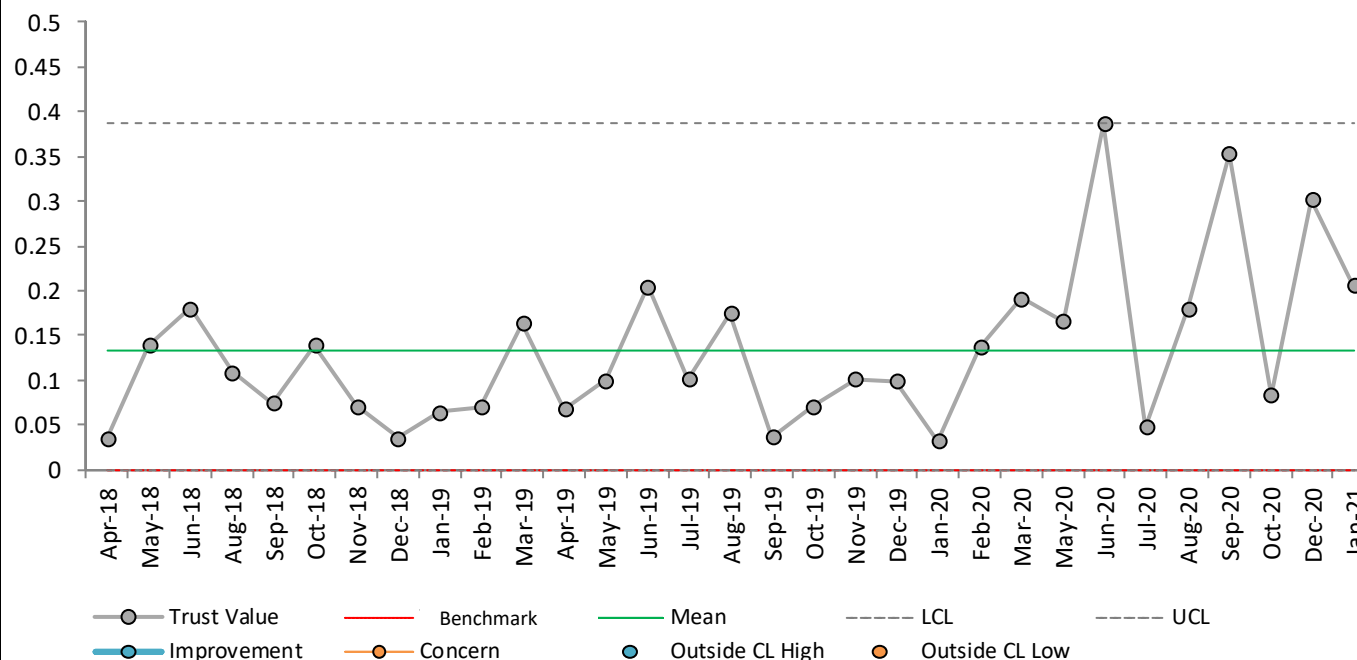
- Update and launch the Falls Strategy for 2021/22 in April 2021 align with the Trust Patient Safety Strategy. Specific work includes;
 - Re-establish the falls improvement work by the STAQC team.
 - Focus on human factors and leadership
 - Focus on frailty and deconditioning
- Examples of a ward based initiative- Ward 3, 9 and 11 are implementing a new training package which includes fall's assessment completion and "what now" and fall's specific exercise prescription. Ward 11 had no falls in the month of January. Learning will be shared.

Timescale

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



Falls With Harm Rate



Rate of falls with harm per 1000 bed days

Benchmark 0

Mean 0.13

Last Month 0.21

Executive Lead

Hilary Lloyd

Lead

Beth Swanson

Commentary

This metric has not significantly changed over time. A planned improvement trajectory will be agreed with the Chief Nurse.

Cause of Variation

- Slight increase in falls with harm associated with increase in overall falls rate
- Covid related factors cited as contributory factors eg changing ward functionality and staff allocations

Planned actions

- All falls with major harm occurred overnight. Further analysis of care delivery models and 'ways of working' required
- Update and launch the Falls Strategy for 2021/22 in April 2021 ad align with the Trust Patient Safety Strategy. Specific work includes;
 - Re-establish the falls improvement work by the STAQC team.
 - Focus on human factors and leadership
 - Focus on frailty and deconditioning
- STAQC team continue to foster the sharing of good practice and quality improvement work.

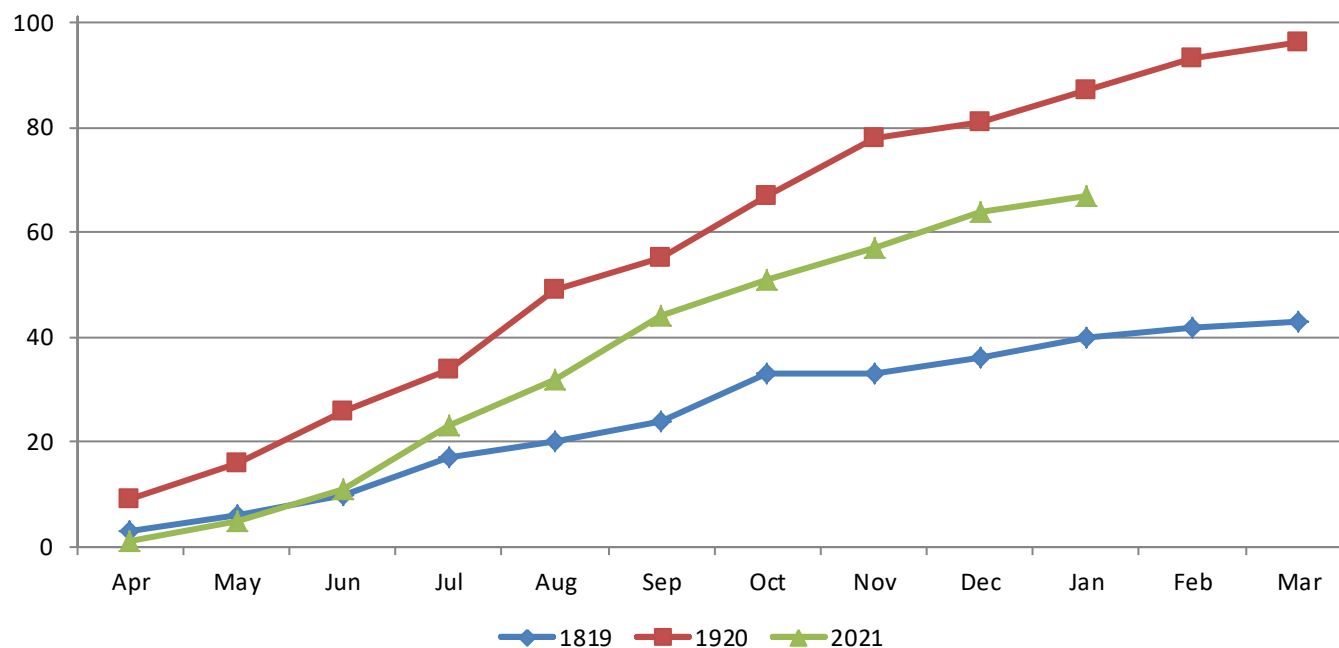
Timescale

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

Improvement timescales to be built into refreshed Improvement Plan



Infection Control - C-Difficile



Cases of hospital acquired C. Difficile bacteraemia

Benchmark 81

Mean 6.06

Last Month 3.00

Executive Lead

Hilary Lloyd

Lead

Sharon Lance

Commentary

This metric is benchmarked against the number of C Difficile cases at the Trust during 2019/20. It is likely that the total cases for 2020/21 will be less than for 2019/20.

Cause of Variation

- No significant variation

Plan

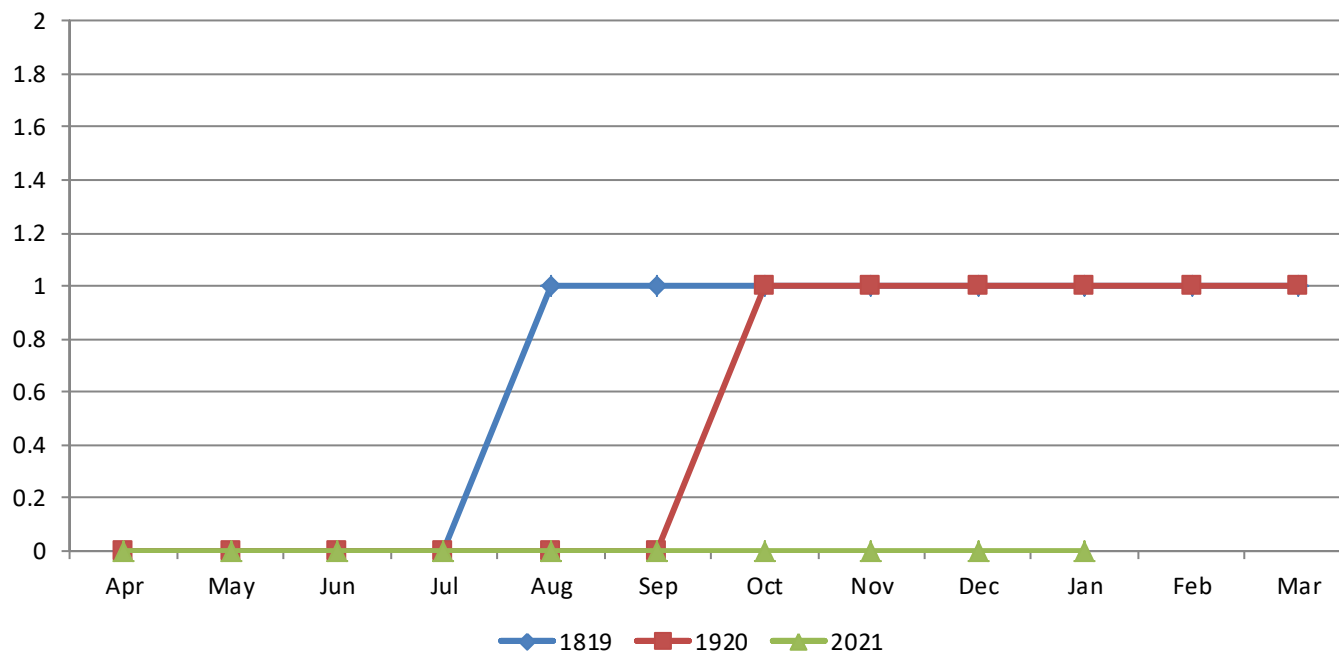
- Reintroduce RCA'S and panel reviews with refreshed methodology to enable effective learning
- Reporting and learning to be enhanced in IPAG with new meeting structure in 2021.
- Development of electronic system for side room allocation to facilitate prompt isolation - March 2021
- Reinstate IPC Matron Huddle (paused during Covid) from April 2021

Timescale

- Ongoing



Infection Control - MRSA



Cases of hospital acquired MRSA bacteraemia

Target 0

Mean 0.41

Last Month 0.00

Executive Lead

Hilary Lloyd

Lead

Sharon Lance

Commentary

There have been no cases of MRSA bacteraemia at the Trust for 16 months.

Cause of Variation

- Not applicable

Planned Actions

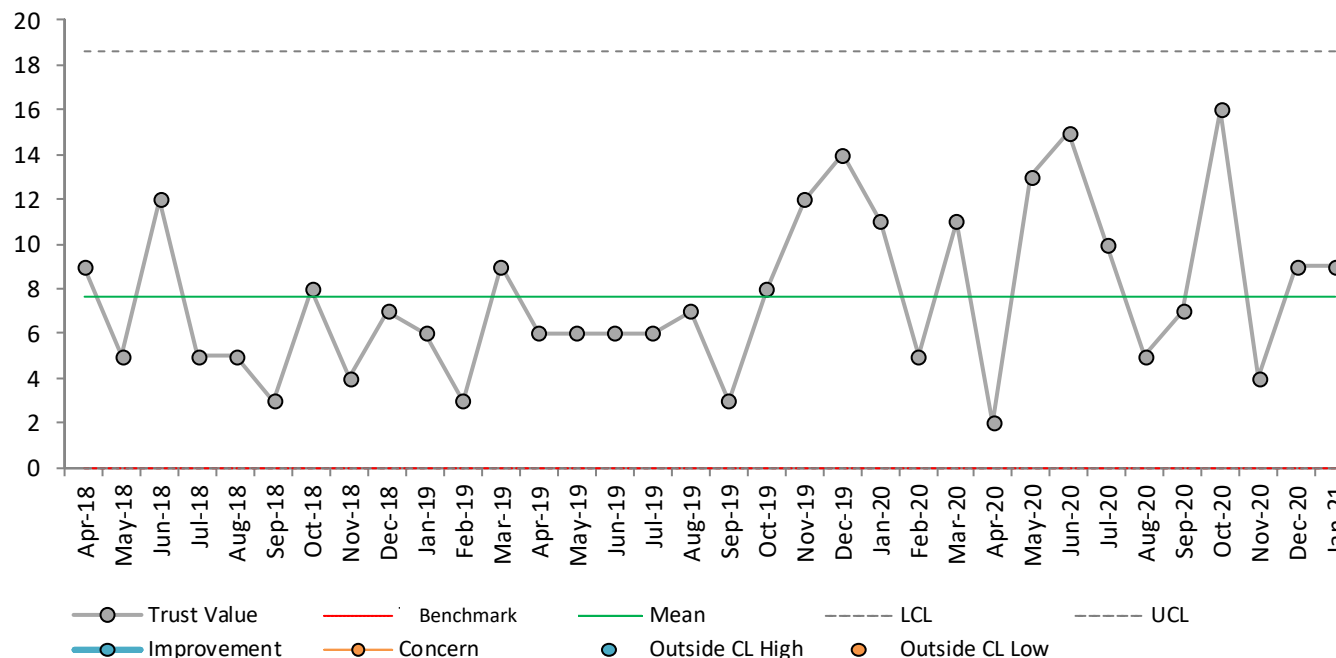
- Aseptic non touch technique training and audit programs for indwelling device insertion and care remain in place and continue
- Dedicated IPCN input for OPAT and line care support to commence from April 2021 working closely with Dr John Williams in OPAT service

Timescale

- Ongoing



Serious Incidents



The number of Serious Incidents

Benchmark 0

Mean 7.68

Last Month 9.00

Executive Lead

Hilary Lloyd

Lead

Kay Davies

Commentary

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

This variation could be linked to improved DATIX reporting.

Cause of Variation

- Historically Serious Incidents are not always reported in the same month that they occur. In January 2021, 100% were reported in the month that they occur.
- In January, 78% were reported within 48 hours of knowledge of the incident.

Planned Actions

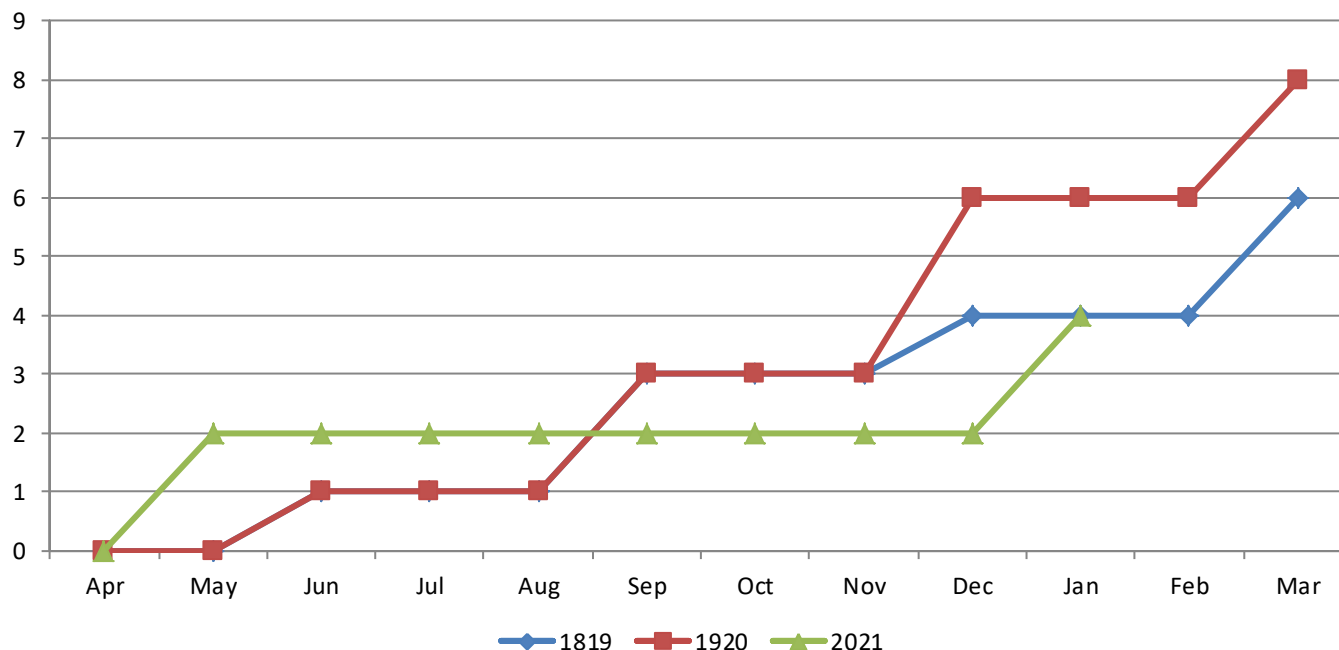
- Continue to report and investigate SIs within agreed timescales and ensure lessons learnt are shared across the Organisation.
- Focus on outstanding actions from previous SIs to ensure evidence is provided and learning is being embedded
- Await the publication of the new Patient Safety Incident Response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

Timescale

- Ongoing



Never Events



Number of reported Never Events

Target 0

Mean 0.53

Last Month 2.00

Executive Lead

Hilary Lloyd

Lead

Kay Davies

Commentary

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

Cause of Variation

- Nationally there is a variation in the number of never events reported of between 28 and 48 per month.
2 Never Events reported in January
- Learning bulletins have been distributed for both events. Investigations on-going.

Planned Actions

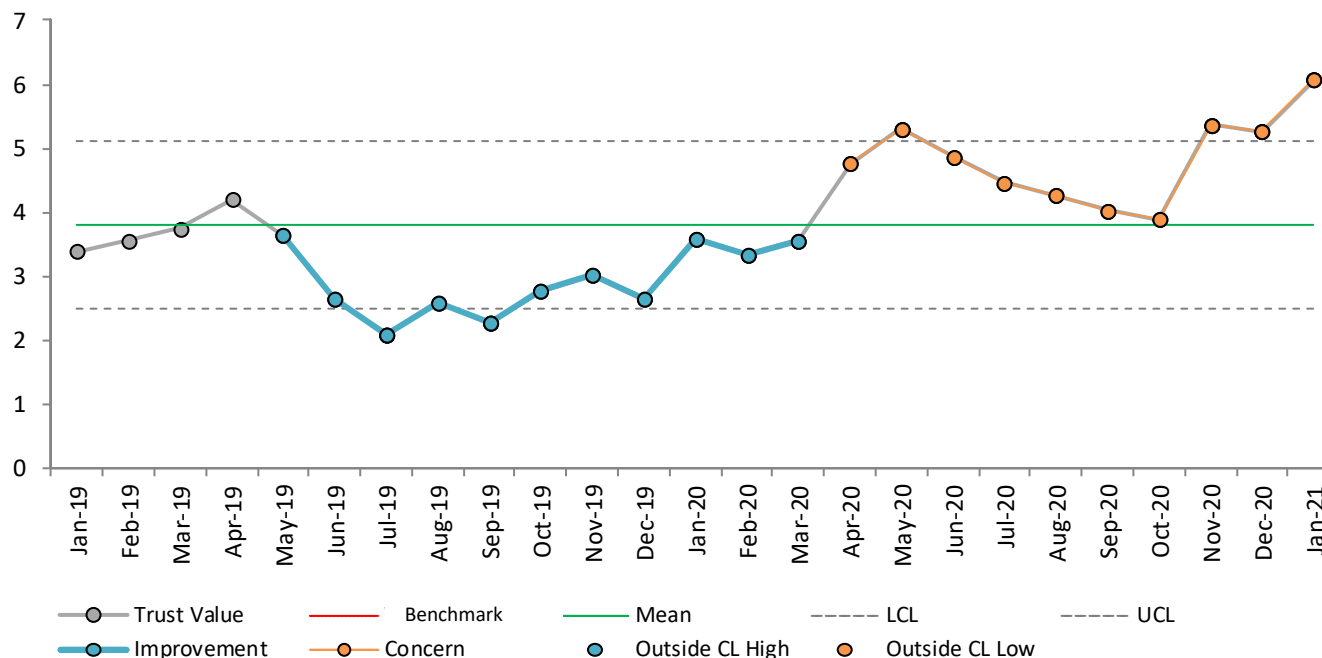
- A safer surgery oversight group has been established.
- A three month project to fully coordinate and establish the LocSSIP process has commenced in November 2020.
- Regional data released and local action plan developed and presented to the Quality Assurance Committee in November 2020 and updated in January 2021 shared with our CCG.
- Internal Audit carried out a site visit in September to review the design and operating effectiveness of key controls in place relating to patient safety. Draft report received, action plan being developed.
- Establish a learning culture through the Leadership and Safety Academy
- Critical friend review by NHSe/i.

Timescale

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



Category 2 Pressure Ulcers



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

Benchmark TBD

Mean 3.81

Last Month 6.08

Executive Lead

Hilary Lloyd

Lead

Beth Swanson

Commentary

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

Am improvement trajectory to be agreed by the Chief Nurse

Cause of Variation

- The number of reported category 2 pressure ulcers has increased in January (144) with increased incidence in reporting of category 2 pressure ulcer in critical care (40). Critical Care have an increase of approx. 50% compared to the same time last year. This is linked directly to Covid admissions and the challenges of the prone position required.
- Improved surveillance and reporting in the community may be contributing to a slight rise in new G2s however there has been a decrease in grade 3s.

Planned Actions

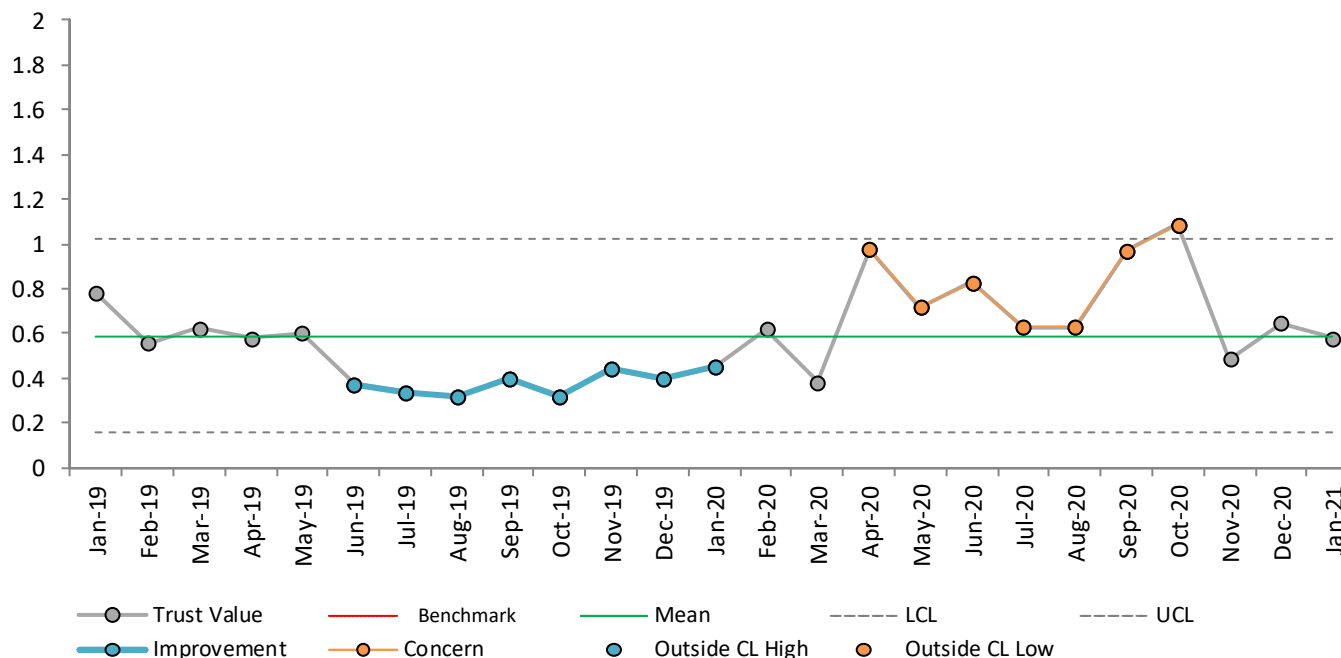
- Targeted training and support continues in areas with heightened incidence.
- Community nursing collaborative met in December and are creating guidance for end of life pressure area care and management.
- STAQC team continue to foster the sharing of good practice and quality improvement work.

Timescale

- All actions are ongoing and linked to the pressure ulcer reduction strategy



Category 3 & 4 Pressure Ulcers



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

Benchmark TBD

Mean 0.59

Last Month 0.58

Executive Lead

Hilary Lloyd

Lead

Beth Swanson

Commentary

This metric is measured by the number of grade 3 and 4 pressure ulcers per 1000 bed days and is within the control limits.

Cause of Variation

- In January, there were x14 category 3 pressure ulcer and 0 category 4.
- 12 of the 14 pressure ulcers occurred in the community and 2 in the acute setting
- Of the 14 reported pressure ulcers an internal review determined that x 0 met SI reporting criteria.

Planned Actions

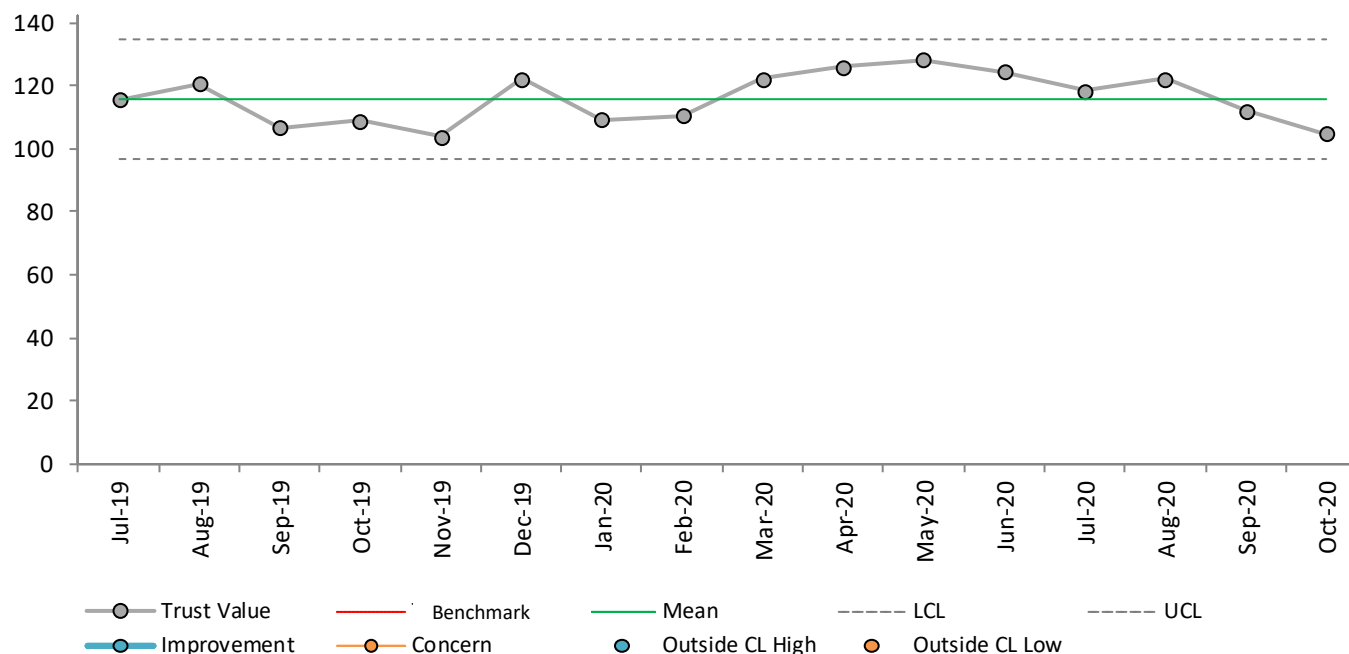
- Targeted training and support continues in areas with heightened incidence.
- Community nursing collaborative met in December and are creating guidance for EOL pressure area care and management.
- STAQC team continue to foster the sharing of good practice and quality improvement work.

Timescale

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



SHMI



Summary Hospital-Level Mortality Indicator

Benchmark 100

Mean 115.95

Last Month 104.87

Executive Lead

Mike Stewart

Lead

Tony Roberts

Commentary

SHMI is 'higher than expected'. It is the official NHS hospital mortality indicator and relies on correct primary diagnosis and comorbidity 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.
- SHMI is reported quarterly and for June 2019 to July 2020 is outlying (officially 115). Pneumonia and septicemia mortality is high.
- SHMI is impacted by COVID-19 as spells are removed and the fall in discharges of other patients is substantial.

Planned Actions

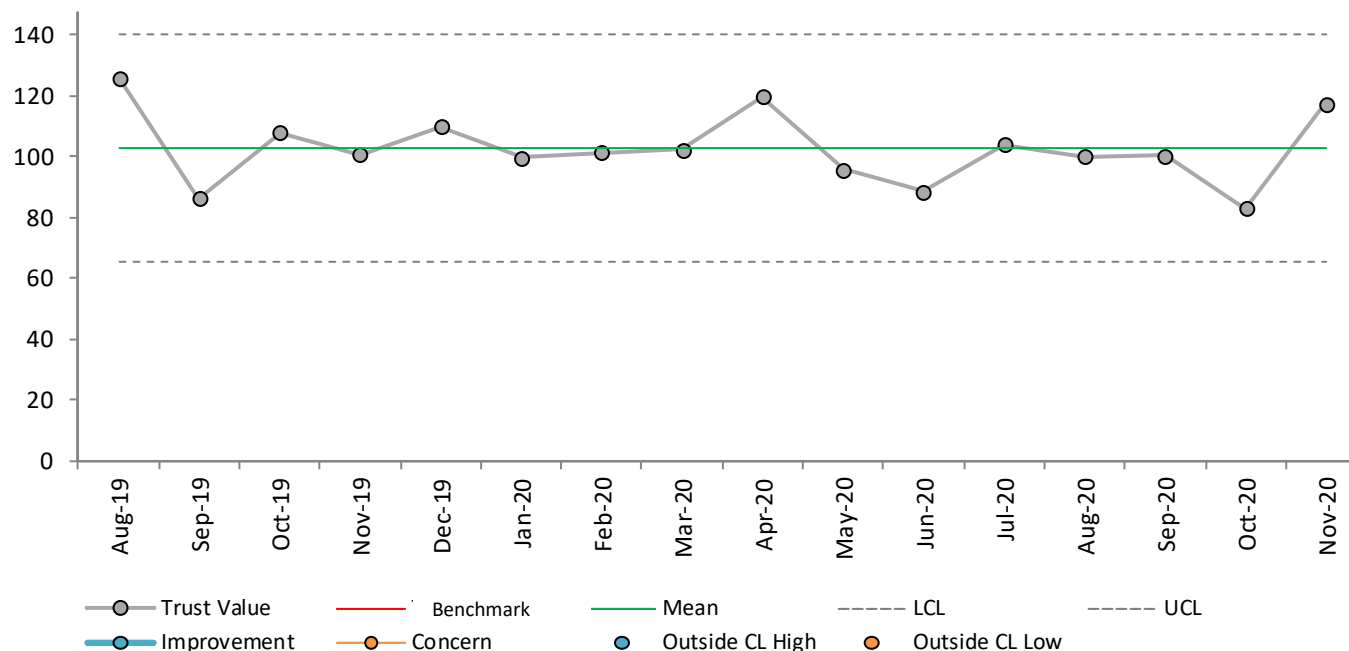
- The trust is gradually falling behind national averages for coding. Work to change documentation of comorbidities at admission to enable better coding is progressing. An independent review of SHMI data has been delivered by University Hospitals Birmingham NHS FT's HED service and will be reported through QAC. It is informing plans to change coding practices in the trust.

Timescale

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



Hospital Standard Mortality Rate (HSMR)



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

Benchmark 100

Mean 102.60

Last Month 117.23

Executive Lead

Mike Stewart

Lead

Tony Roberts

Commentary

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

Cause of Variation

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

Planned Actions

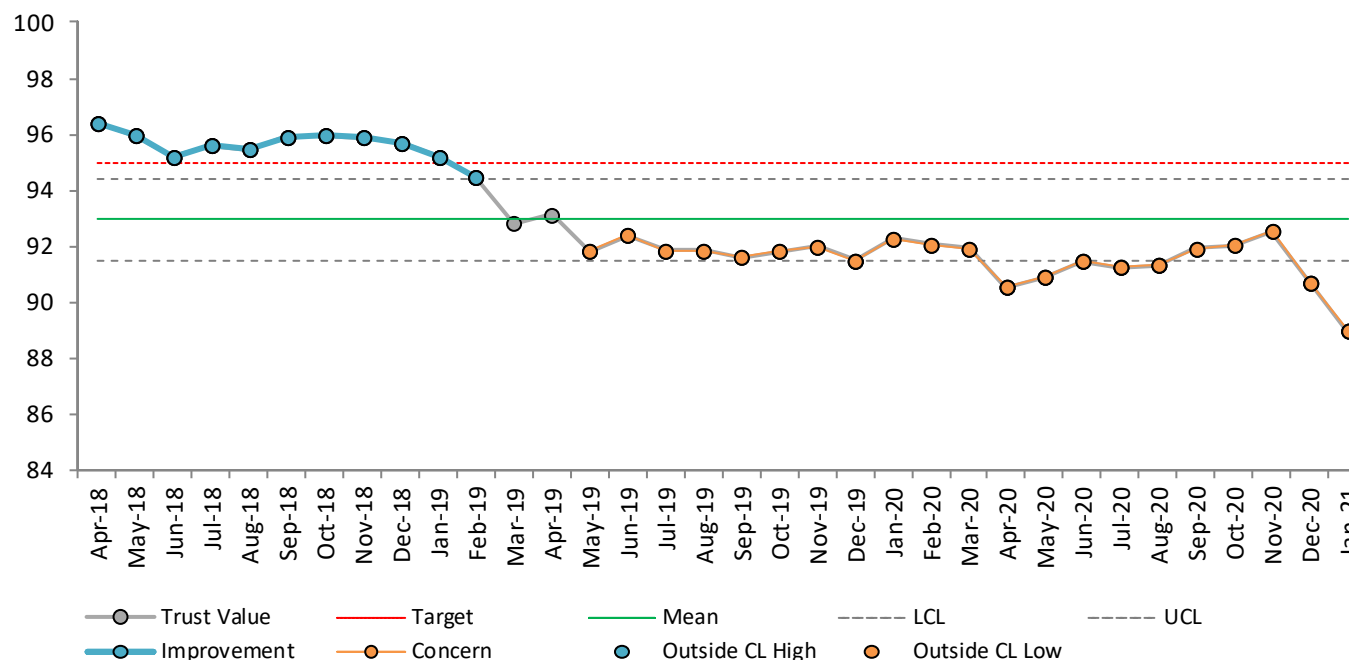
- Continued monitoring of counts of deaths, unadjusted mortality, SHMI, HSMR, Medical Examiner and Trust Mortality Reviews and any deaths reported as a Serious Incident, via nationally mandated Learning from Deaths dashboard.
- Improvements to coding (outlined on SHMI slide) will impact on HSMR.

Timescale

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



VTE Assessment



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

Target	95
Mean	92.95
Last Month	88.98

Executive Lead

Mike Stewart

Lead

Commentary

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

Cause of Variation

- The impact of Covid has resulted in reduced compliance .

Planned Actions

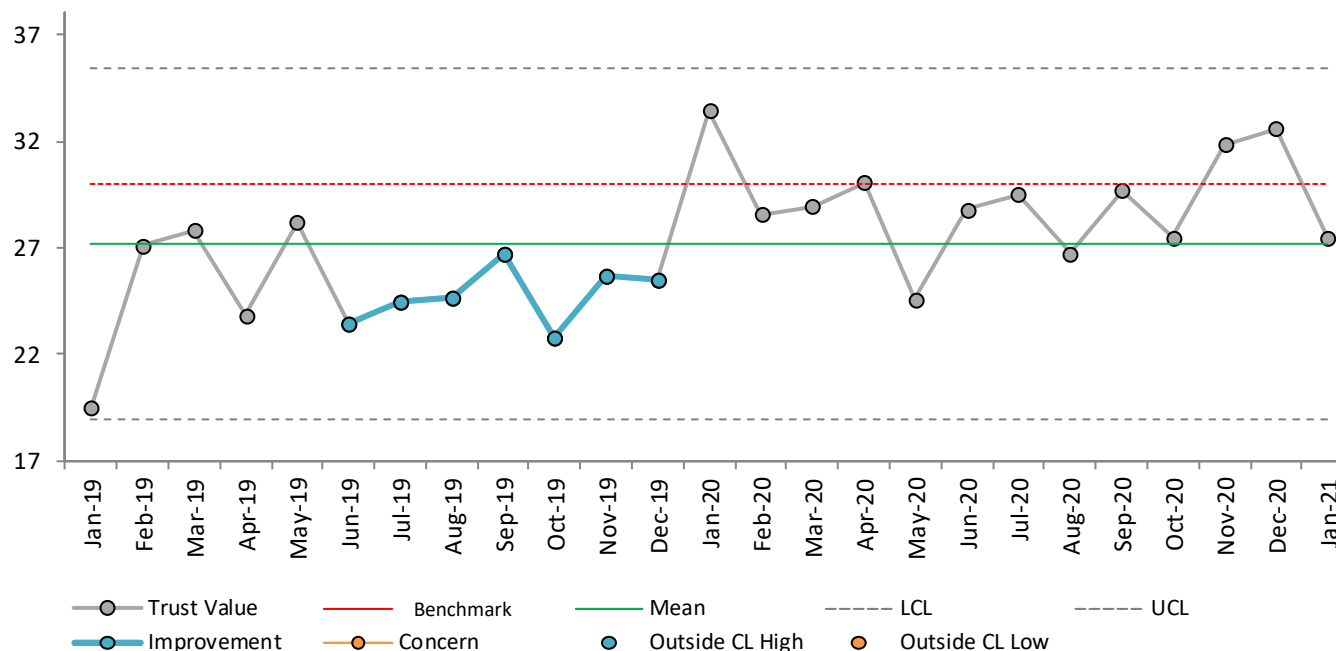
- General medical and critical care colleagues have reviewed national COVID guidance in this area to ensure that appropriate management policies are in place across the Trust.
- Re establish a Strategy Group to focus on VTE Assessment.

Timescale

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



Maternity - Caesarean Section Rate (%)



Benchmark 30

Mean 27.18

Last Month 27.44

Executive Lead

Hilary Lloyd

Lead

Fran Toller

Commentary

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

The % of Patients Delivering via Caesarean Section

Cause of Variation

- There is no target for a caesarean section rate nationally – both elective and emergency. The caesarean section rate has risen consistently since 2017 due to multiple factors including: maternal request (excluding x1 previous caesarean) which now accounts for 10% of all elective caesareans.

Planned Actions

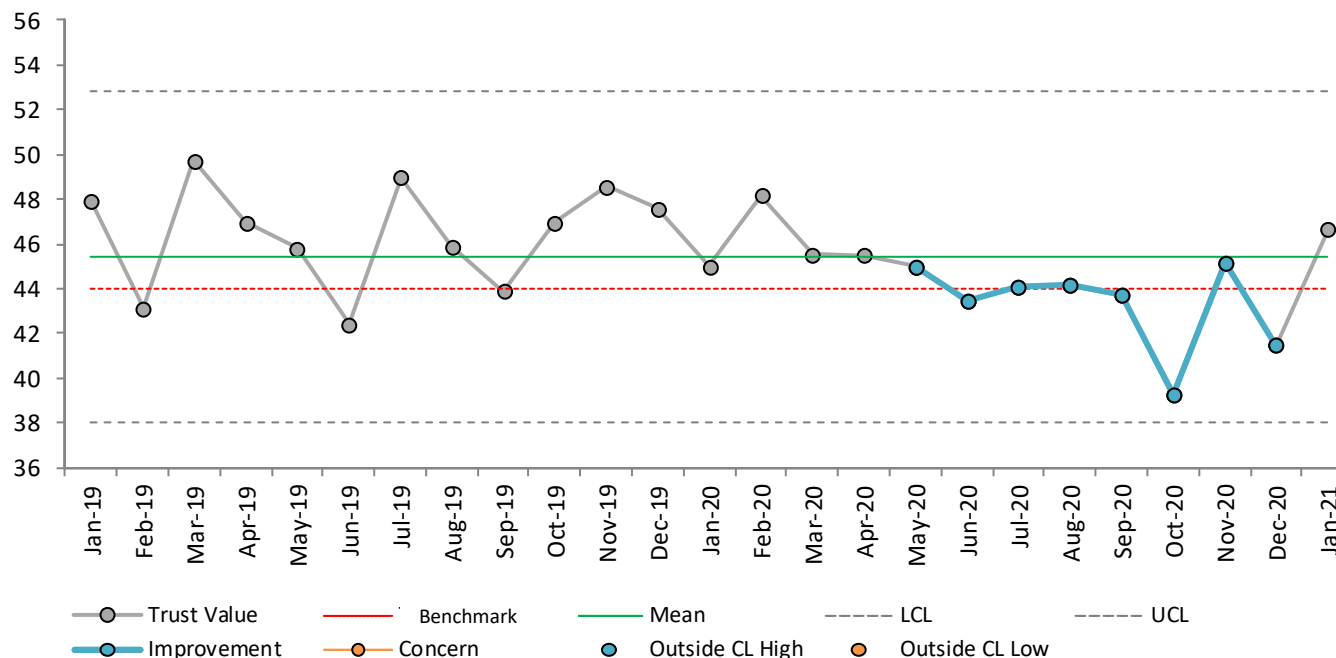
- An annual labour ward report has been produced since 2004 which tracks changes and identifies areas of practice change, such as the current work being undertaken on traumatic delivery.

Timescale

- On going review – no specific time scale.



Maternity - Induction of Labour Rate (%)



Benchmark 44

Mean 45.41

Last Month 46.65

Executive Lead

Hilary Lloyd

Lead

Fran Toller

Commentary

This metric has a mean of 45% against a national benchmark of 44%. The metric is within control limits and is not an area of concern.

The % of Patients Delivering via Caesarean Section

Cause of Variation

- No variation

Planned Actions

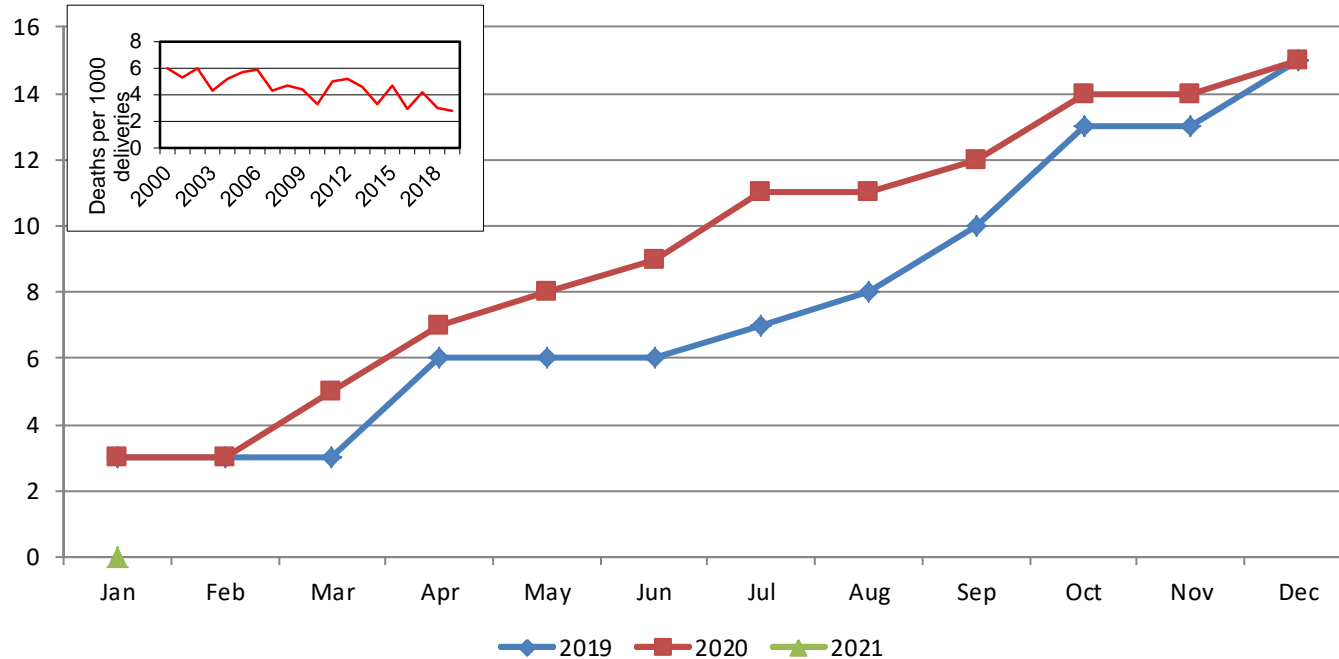
- No specific actions are required.
- Continue current processes

Timescale

Not applicable



Maternity - Still Births



Still births

Benchmark 17

Mean 2.16

Last Month 0.00

Executive Lead

Hilary Lloyd

Lead

Fran Toller

Commentary

The Trust is currently meeting the national benchmark of 4 stillbirths per 1000 deliveries.

Cause of Variation

- There were no stillbirths during January 2021.
- The Trust is on track to deliver the national benchmark

Planned Actions

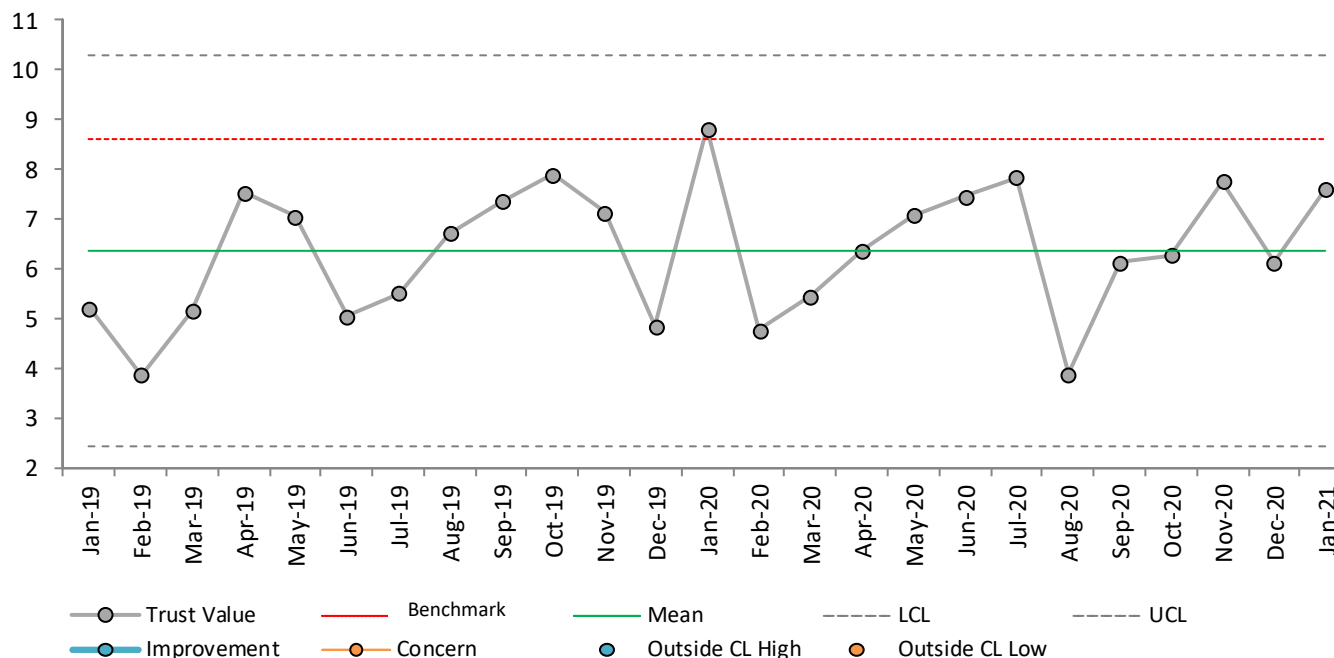
- Continued analysis through the labour ward report and risk management case review.
- Deliver all aspects of the Saving Babies Lives Care Bundle and new standards as and when they are bought in .

Timescale

2010: 5.1 per 1000 births
2020: 4.1 per 1000 births
2025: 2.5 per 1000 births



Maternity - PPH 1000ml Rate (%)



Benchmark 8.6

Mean 6.36

Last Month 7.62

Executive Lead

Hilary Lloyd

Lead

Fran Toller

Commentary

National benchmark data for Post Partum Haemorrhage is not consistent.

Whilst there is monthly variation the rates at the Trust remain constant and within control limits.

Postpartum Haemorrhage Rate over 1000ml

Cause of Variation

- No variation

Planned Actions

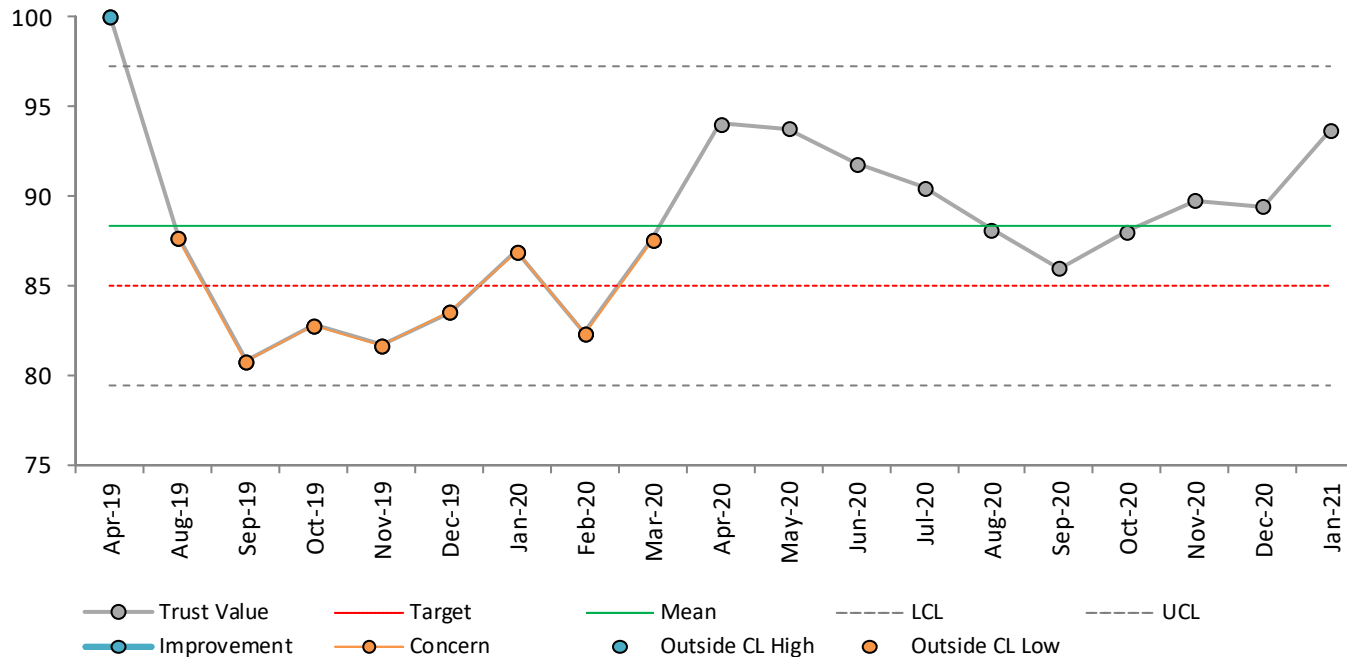
- Continue current processes
- Introduction of measured blood loss at Elective Caesarean Section is being trialled with a view to rolling out to Emergency Caesarean Sections.

Timescale

Timescale to be determined



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



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

Target 85

Mean 88.34

Last Month 93.71

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

- This target has been met consistently since April 2020.

Cause of Variation

- No variation

Planned Actions

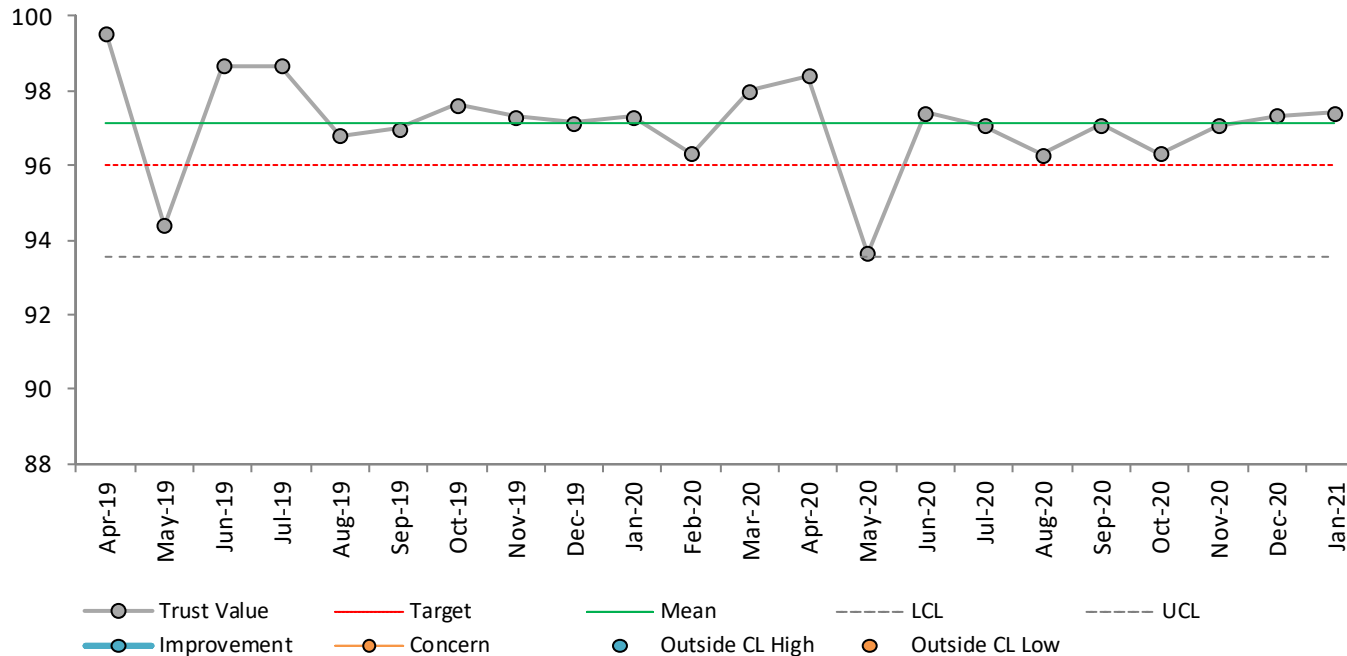
- Continue current processes

Timescale

- Ongoing



F&F Inpatient Overall Experience Rate (%)



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

Target 96

Mean 97.13

Last Month 97.41

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

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

Cause of Variation

- No variation.

Planned Actions

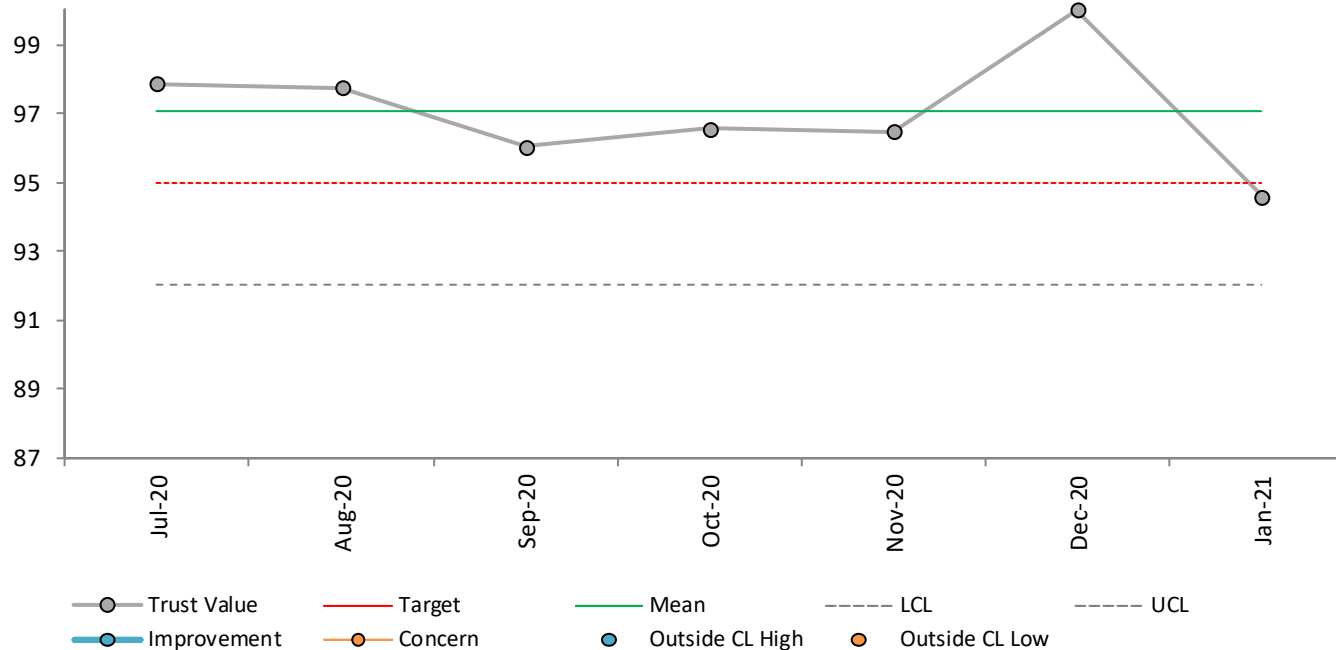
- Continue with current process.

Timescale

- Ongoing.



F&F Outpatient Overall Experience Rate (%)



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

Target 95

Mean 97.05

Last Month 94.59

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

Compliance has dipped below target this month.

Cause of Variation

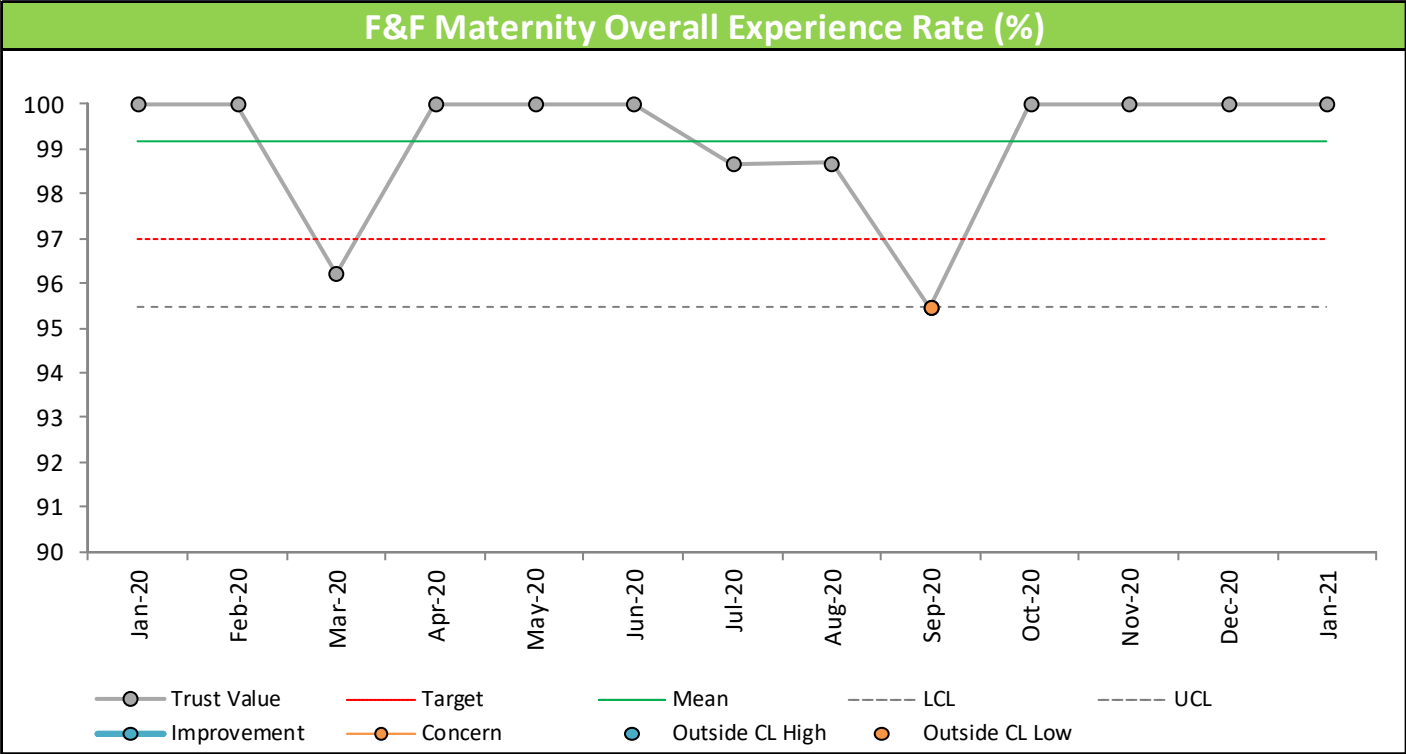
- Compliance has reduced likely due to a 150% increase in the response rate seen in January.
- An increased return provides a more robust reflection of the services.

Planned Actions

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

Timescale

Timescale to be determined



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

Target	97
Mean	99.16
Last Month	100.00
Executive Lead	
Hilary Lloyd	
Lead	
Jen Olver	

Commentary

100% compliance has been achieved for four months.

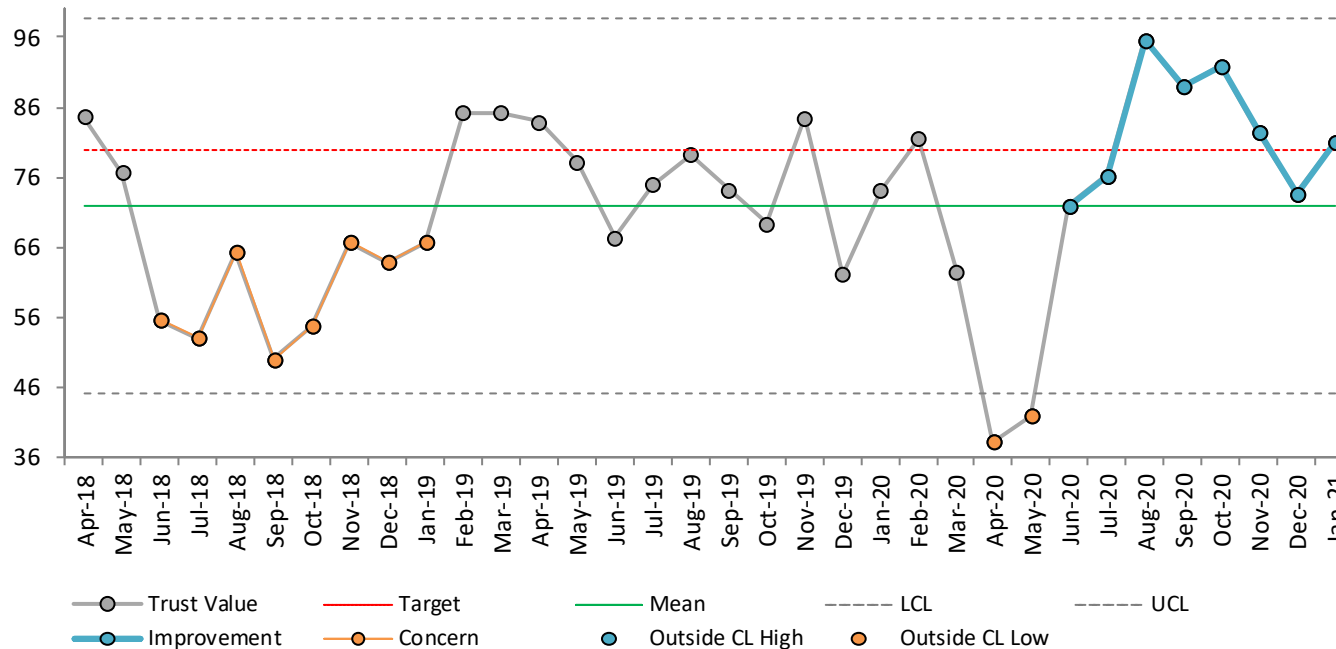
Cause of Variation
<ul style="list-style-type: none">No variation.

Planned Actions
<ul style="list-style-type: none">Continue with current process.

Timescale
<ul style="list-style-type: none">Ongoing



Complaints Closed Within Target (%)



The percentage of complaints closed within the target

Target 80

Mean 71.79

Last Month 80.95

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

The target of 80% compliance is not being met consistently.

Cause of Variation

- There was an improvement in the metric in August, September and October. However the response rate has been significantly impacted by COVID-19 and availability of clinical staff to respond timely.

Planned Actions

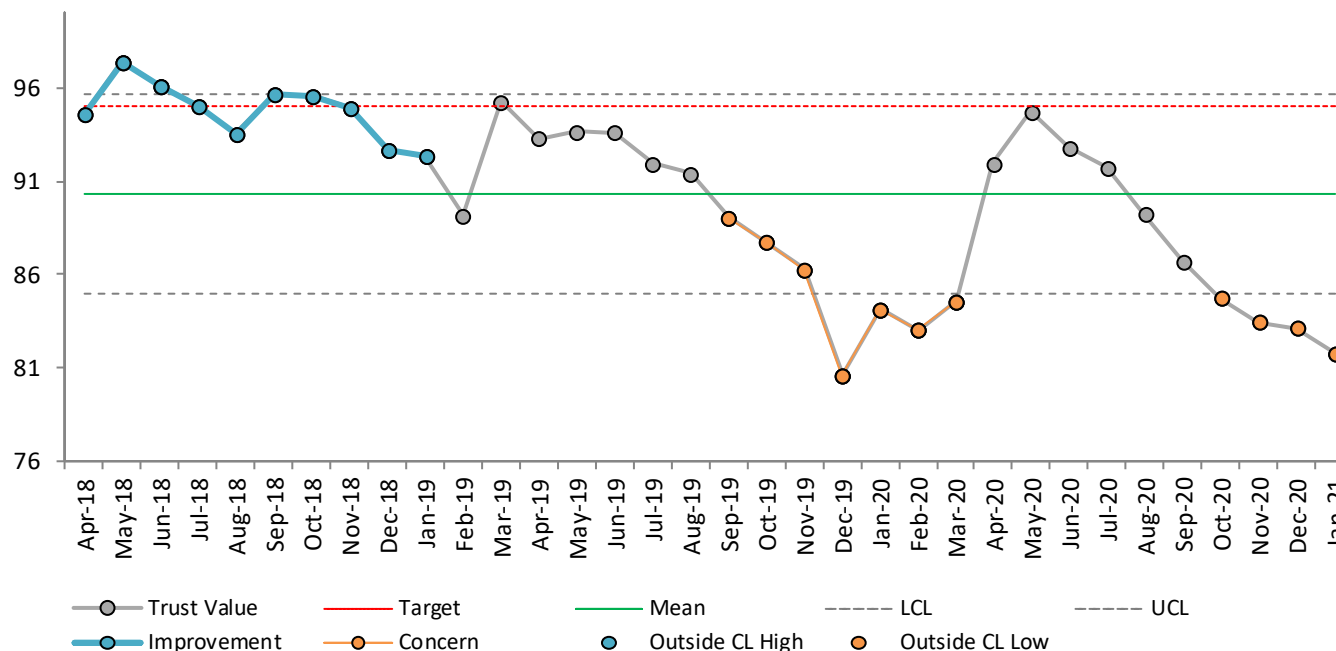
- Weekly reviews of complaints that are outstanding and off target.
- Timely escalation to Service Managers, Clinical Directors and Ops Directors.

Timescale

- Ongoing



A&E 4 Hour Wait Standard (%)



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

Target 95

Mean 90.34

Last Month 81.76

Executive Lead

Johanna Reilly

Lead

Penny Bateman

Commentary

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

Cause of Variation

- High acuity and segregation on pathway for Covid creates capacity problems.
- Delays in transfers awaiting swab results.
- Limited number of rapid swabs.
- Social distancing measures continually impacting upon efficiency of service delivery.
- Exit block – limited isolation capacity.

Planned Actions

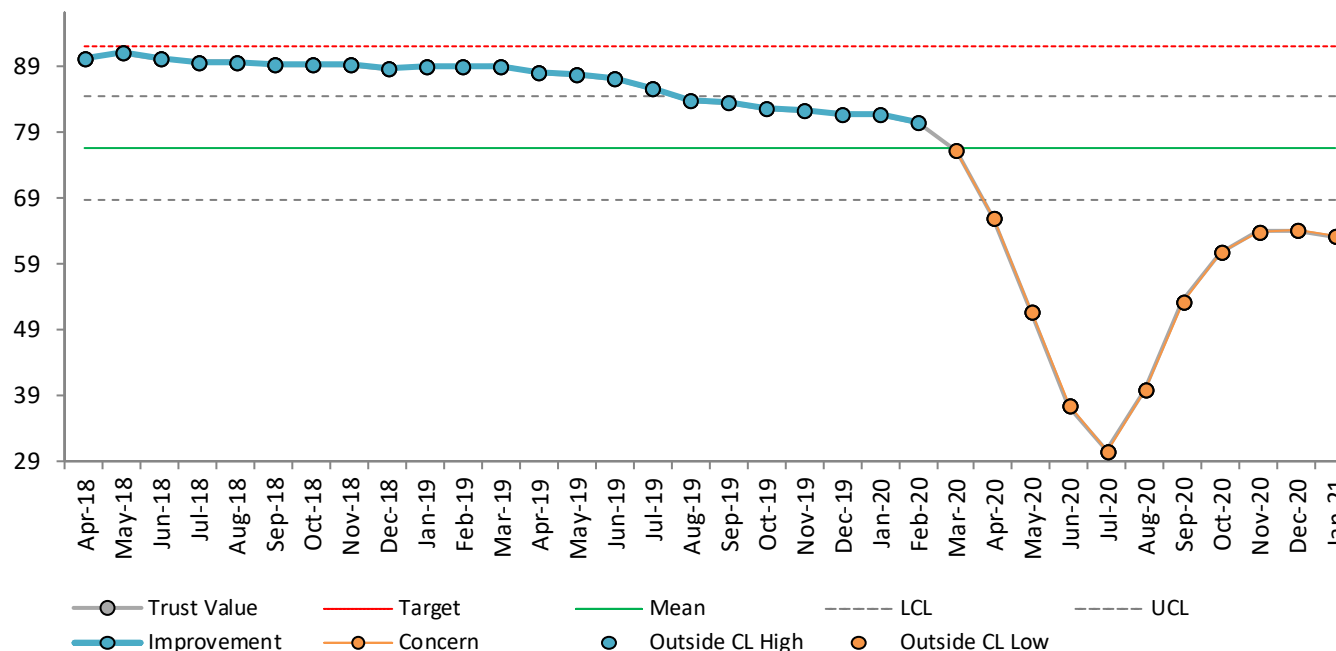
- ED segregation surge plan.
- Increased number of rapid swabs available to reduce the risk of COVID contact on inpatient areas.
- Extended hours at RUTC continues for flow and navigation away from the JCUH site.
- Flexibility of inpatient segregation pathways to meet demand
- Direct access to red pathway.
- HILT support from March 2021 focussing on high intensity users.

Timescale

- Improvement trajectory to be determined



RTT Incomplete Pathways (%)



The % of incomplete pathways for patients within 18 weeks

Target	92
Mean	76.60
Last Month	63.11

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

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

RTT target is still not being met.

Cause of Variation

- RTT compliance has marginally reduced to 63.11% (from 63.99% in December). The number of patients waiting over 52 weeks at the end of January has increased to 3,421 from 2,597 at the end of December. The number of patients waiting in excess of 78 weeks has increased from 237 at the end of December to 342 at the end of January.

Planned Actions

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

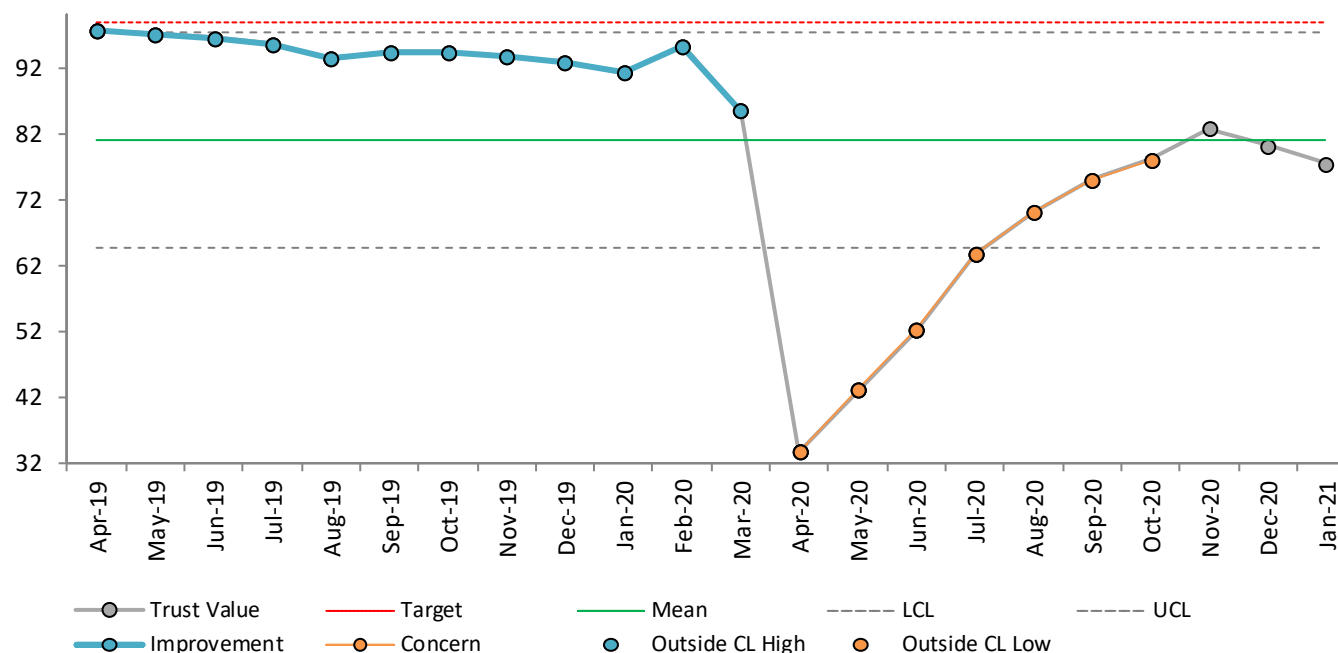
Timescale

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

Improvement trajectory will be determined with clinical teams.



Diagnostic 6 Weeks Standard (%)



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

Target 99

Mean 81.09

Last Month 77.44

Executive Lead

Johanna Reilly

Lead

Ann Wright

Commentary

Compliance for diagnostics has been below target since April 19. The metric decreased further following the onset of Covid however there was a rapid improvement during the recovery period. The metric has remained constant during the current wave of Covid..

Cause of Variation

- Only 2 modalities are compliant against the standard: Cardio Echo and CT.
- 5 modalities are statistically a cause for concern: Audiology, Bone Densitometry, Cystoscopy, Gastrosocopy, Sleep.

Planned Actions

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

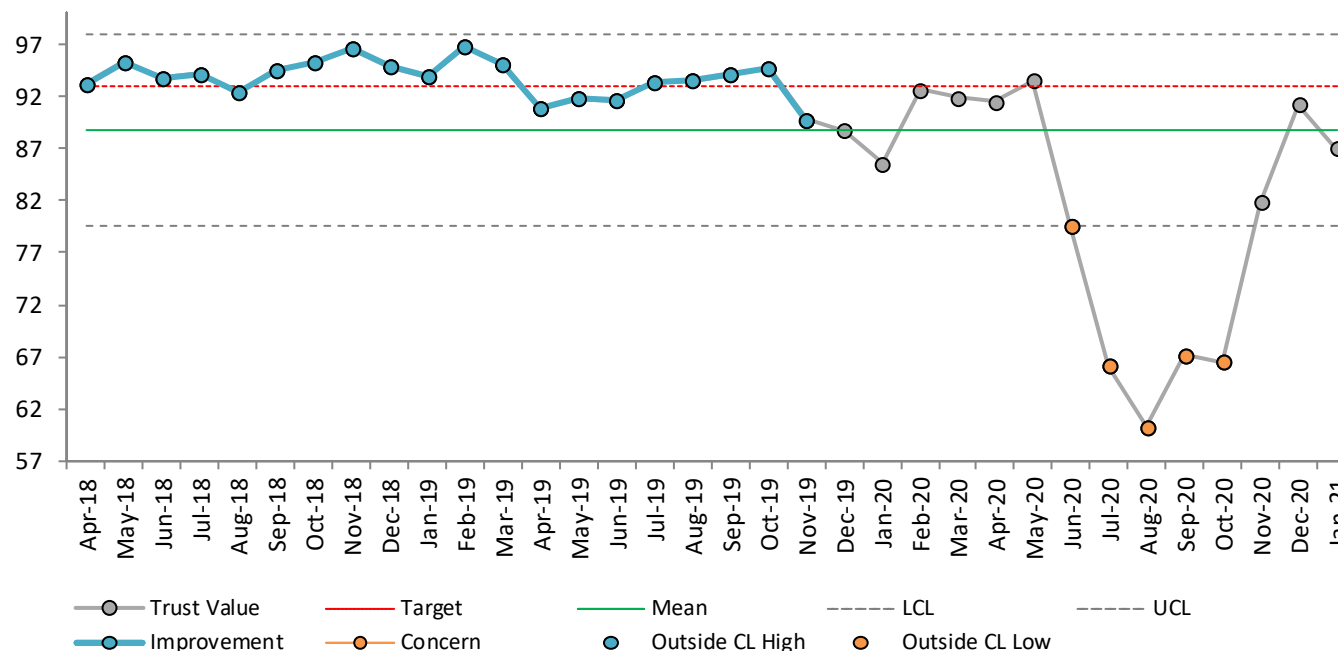
Timescale

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

Improvement trajectory will be determined with clinical teams.



Cancer Treatment - 14 Day Standard (%)



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

Target	93
Mean	88.81
Last Month	87.04

Executive Lead

Johanna Reilly

Lead

Nicki Hurn

Commentary

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

Cause of Variation

- 2ww referrals continue to rise towards pre – COVID levels, with the exception of the Christmas period (inline with seasonal trend). Currently referral levels are currently down by 18%.
- Reduction in Outpatient capacity due to requiring social distancing for some specialties.

Planned Actions

- Continuation of triage of 2ww referrals on receipt.
- Weekly cancer performance wall continues virtually to identify pressures and themes.

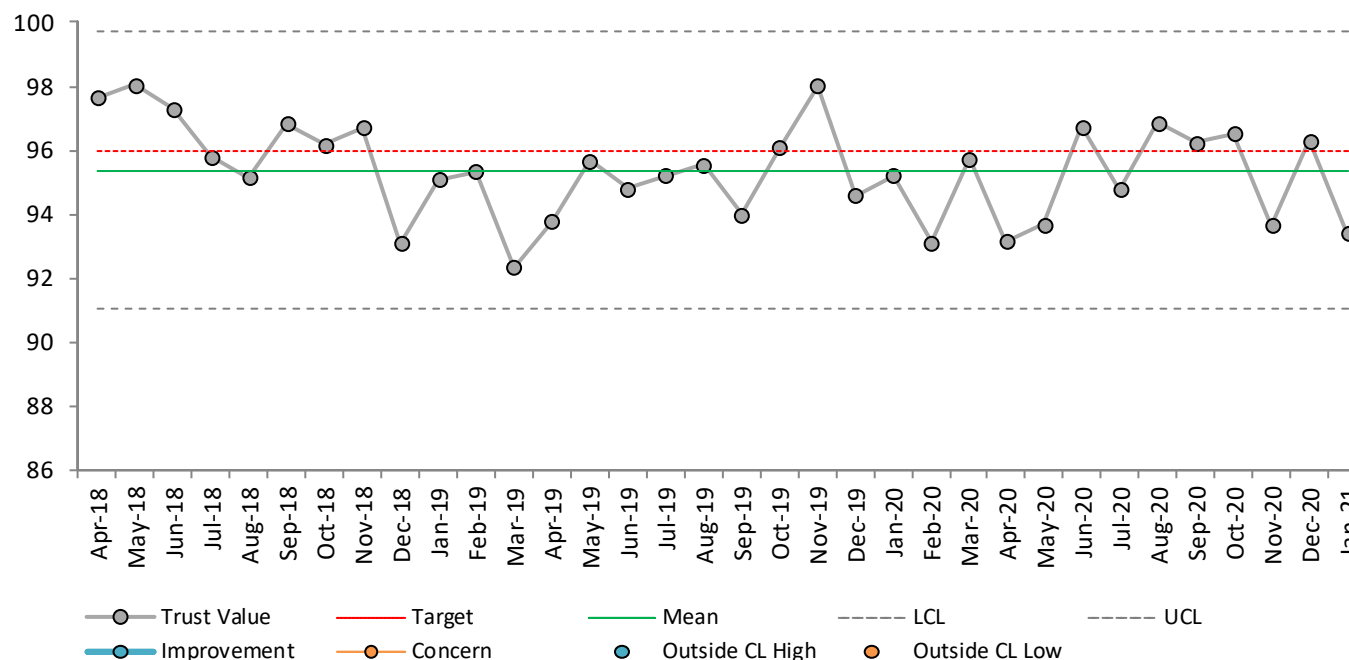
Timescale

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

Improvement trajectory will be determined with clinical teams.



Cancer Treatment - 31 Day Standard (%)



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

Target 96

Mean 95.37

Last Month 93.40

Executive Lead

Johanna Reilly

Lead

Nicki Hurn

Commentary

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

Cause of Variation

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

Planned Actions

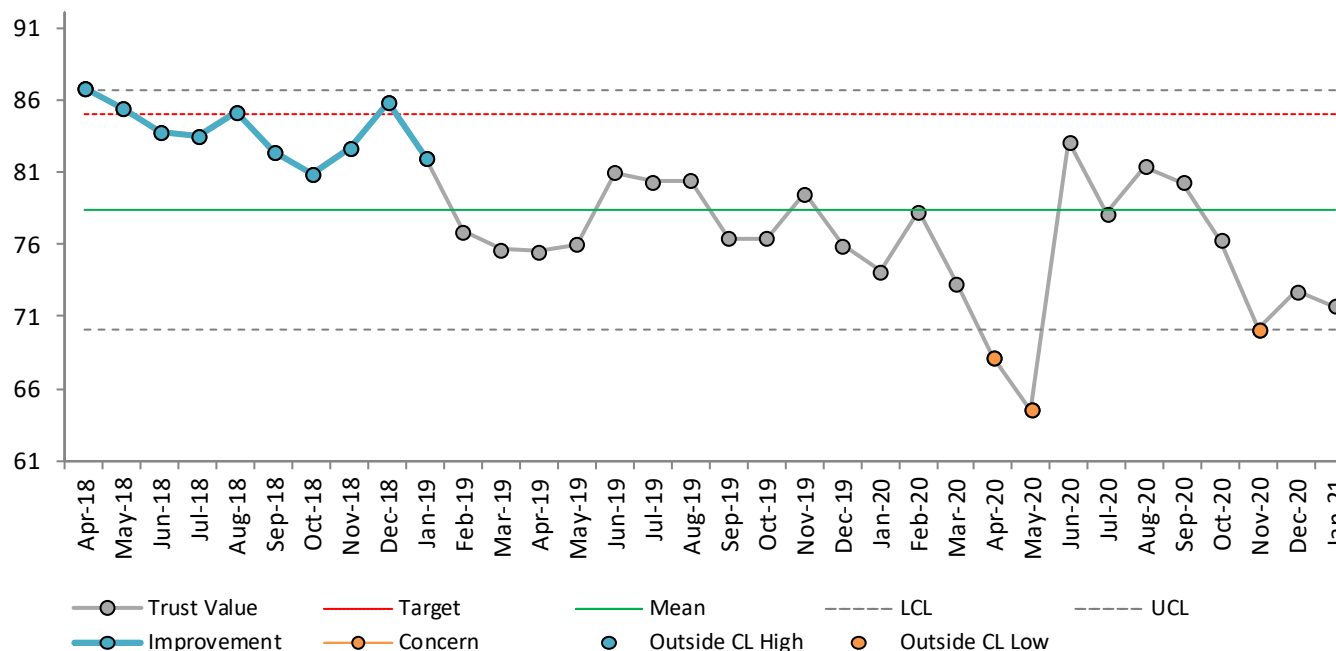
- Ensure all patients are tracked and expedited where appropriate.
- Weekly cancer performance wall continues virtually.
- Operations Directors/Service Managers to implement recommendations from recovery plans.

Timescale

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



Cancer Treatment - 62 Day Standard (%)



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

Target	85
Mean	78.38
Last Month	71.70

Executive Lead

Johanna Reilly

Lead

Nicki Hurn

Commentary

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

Cause of Variation

- December treatments were 165.0 compared to 201.0 in Dec 20 (-18%)
- Surgical demand for P2 patients is still being met in the capacity available.

Planned Actions

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

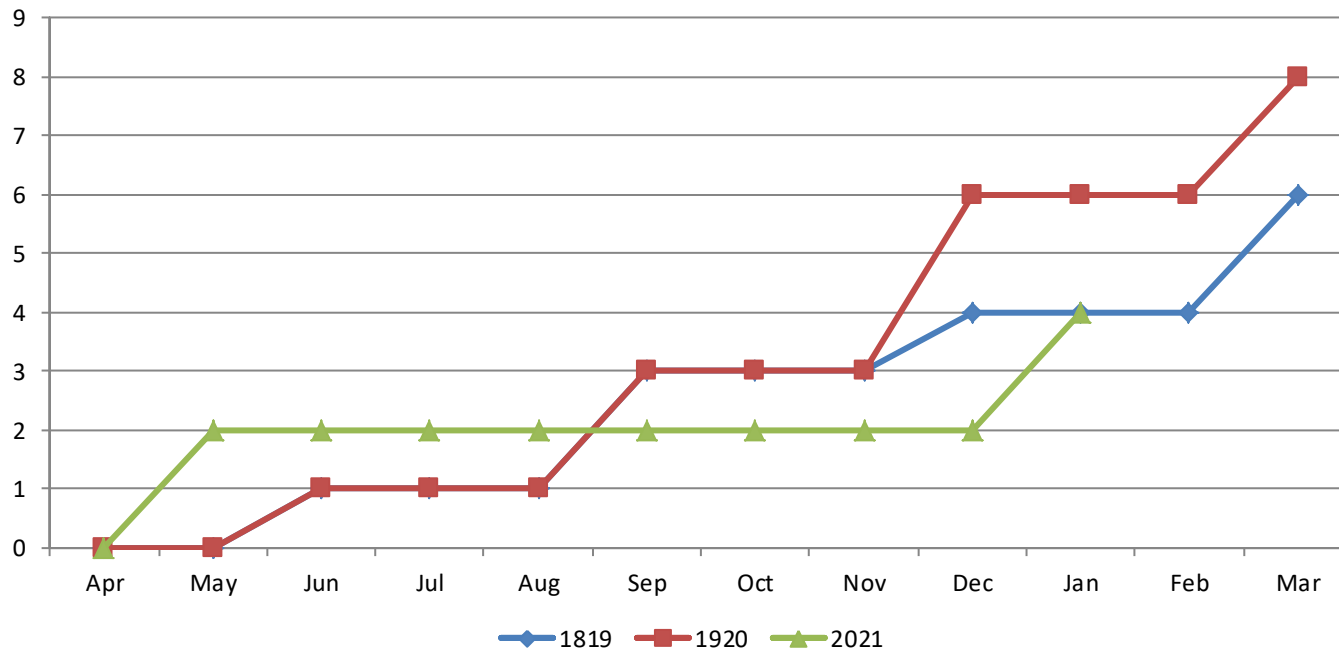
Timescale

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

Improvement trajectory will be determined with clinical teams.



Cancer Operations Cancelled On Day



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

Target	0
Mean	0.74
Last Month	1.00

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

This target has been met for 9 consecutive months and has processes in place to continue

Cause of Variation

- Compliant

Planned Actions

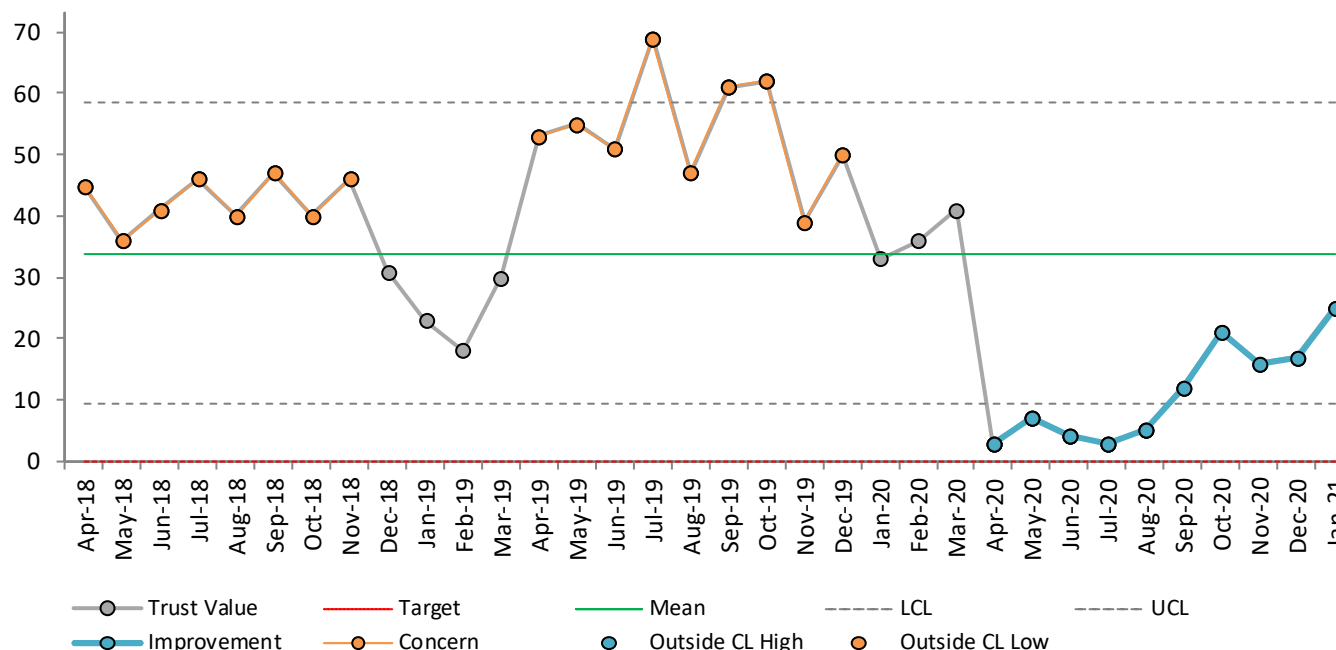
- Continue current processes

Timescale

- Not applicable



Non-Urgent Ops Cancelled on Day



The number of non-urgent operations that were cancelled on the day of the procedure

Target 0

Mean 33.91

Last Month 25.00

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

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

Cause of Variation

- 25 patients cancelled (8 Cardiothoracic, 5 General Surgery, 2 Orthopaedic, 2 ENT, 2 Neurosurgery, 2 Urology, 1 Oral, 1 Cardiology, 1 Spinal, 1 Vascular).
- Predominate reasons for the cancellations are lack of theatre time, ITU/HDU bed or ward bed.
- The likelihood of short notice cancellations may increase as we have escalated into Covid surge plans in critical care impacting on delivery of elective patients requiring critical care.

Planned Actions

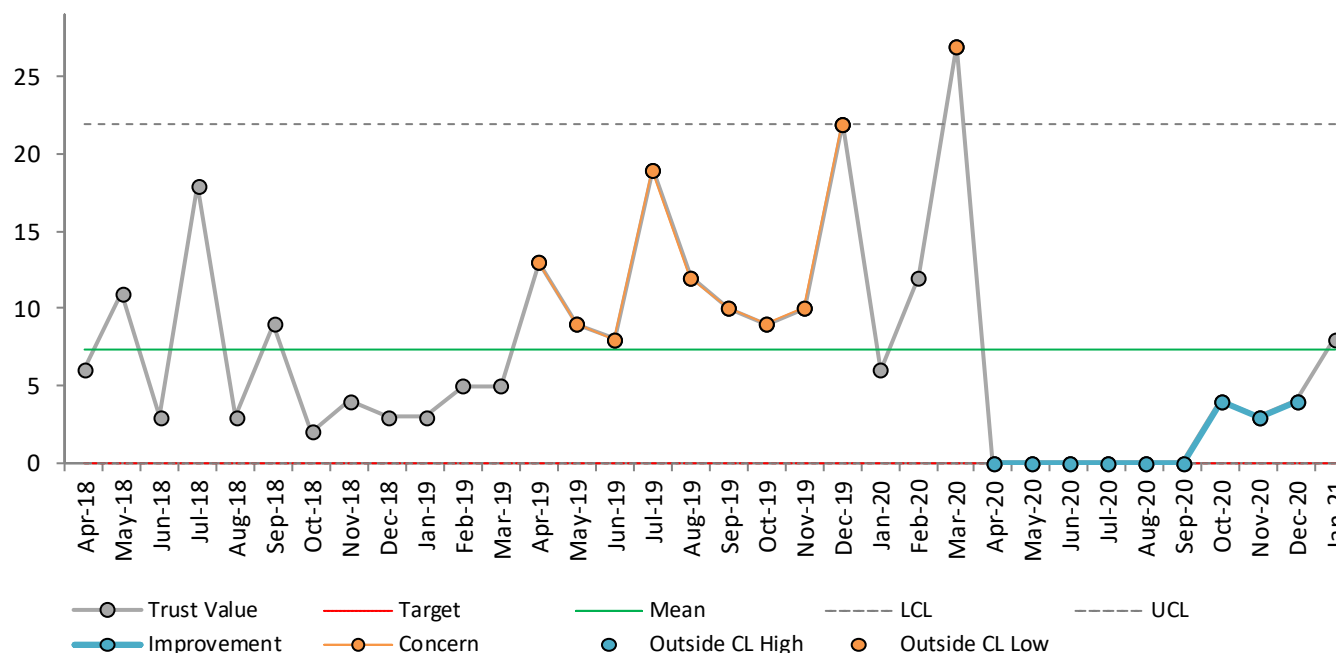
- Continue to book non-urgent patients as set out in the Trust's Standard Operating Procedure for prioritisation of elective patients during current COVID-19 pandemic. Continue to ensure that patients are appropriately consented and pre-assessed prior to admission (including swabbed 48 hours prior to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

Timescale

- Ongoing



Cancelled Ops Not Rebooked Within 28 days



Target	0
Mean	7.29
Last Month	8.00

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

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

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

Cause of Variation

- The improvement from April 2020 has been a result of the reduced elective activity.
- 24 patients had their operation cancelled on the day of admission or procedure mainly due to lack of theatre time (8), lack of HDU/ITU bed (6) or lack of ward bed (7).
- 16 patients were given dates within the 28 day standard, 5 dated outside the 28 day standard, 3 patients still require a TCI date.

Planned Actions

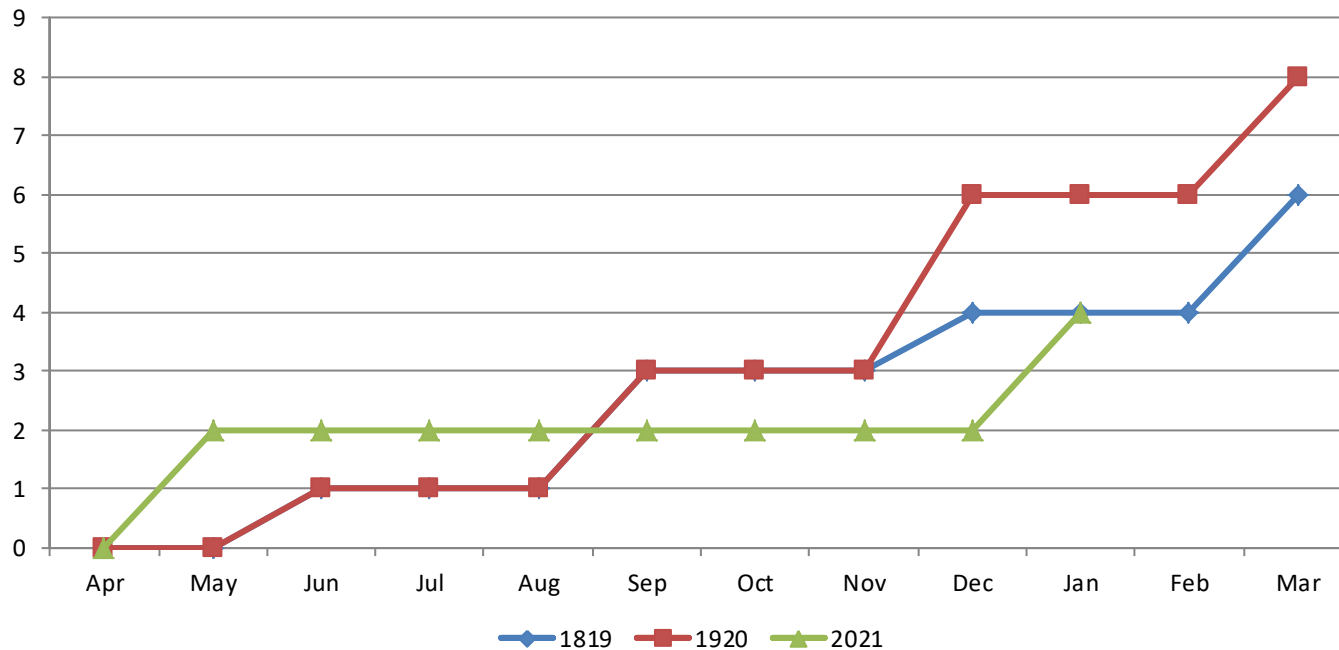
- Continue to escalate for dates to be re-booked within 28 day standard if dates not yet booked or booked outside of the 28 day standard.

Timescale

- Ongoing



E-Discharge (%)



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

Target 90

Mean 91.88

Last Month 93.65

Executive Lead

Johanna Reilly

Lead

Hilary Lloyd

Commentary

This target has been met consistently since August 2019.

Cause of Variation

- No significant variation.

Planned Actions

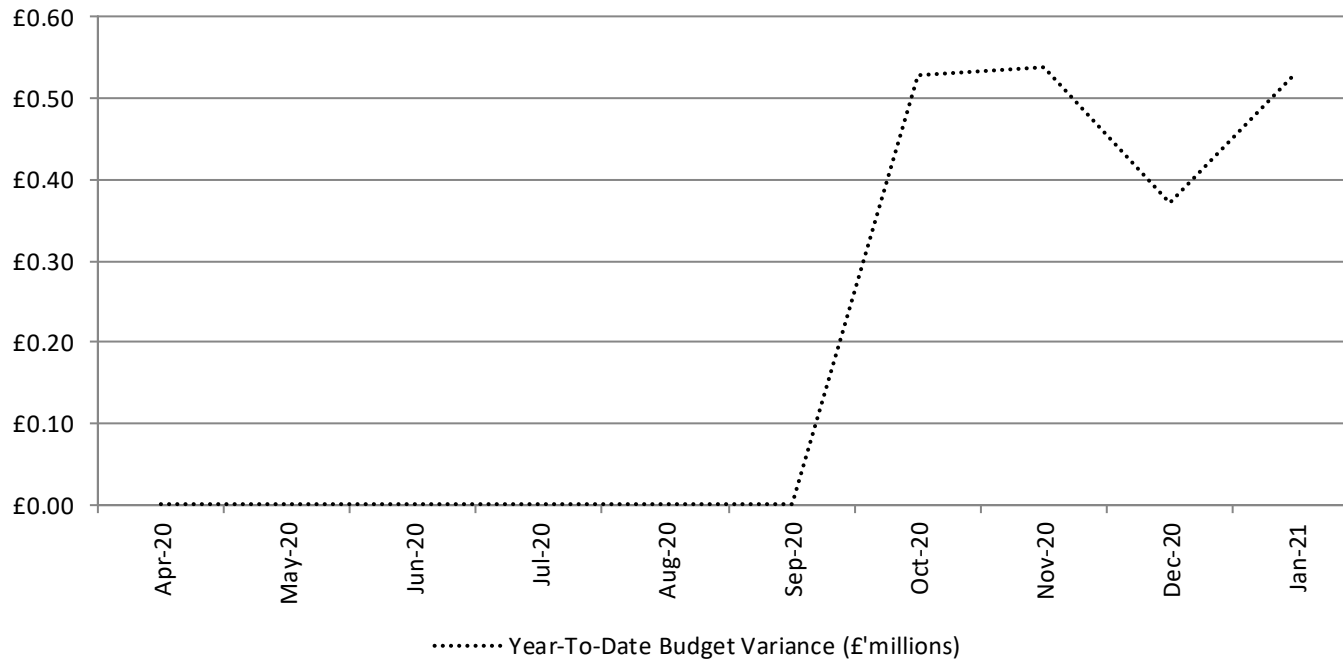
- There are some data quality issues that are being explored to check for accuracy.

Timescale

- 19th March 2021



Year-To-Date Budget Variance (£'millions)



Target **0.00**

Mean **N/A**

Last Month **0.53**

Executive Lead

Steven Mason

Lead

Luke Armstrong

Commentary

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

Year-To-Date Budget Variance

Cause of Variation

- £3.3m positive variation to plan on income, linked to RTA, Education and Training Income and a VAT rebate.
- £2.0m overspend on pay driven by Medical and Dental Pay
- £0.8m overspend on non pay caused by increased drugs costs.

Planned Actions

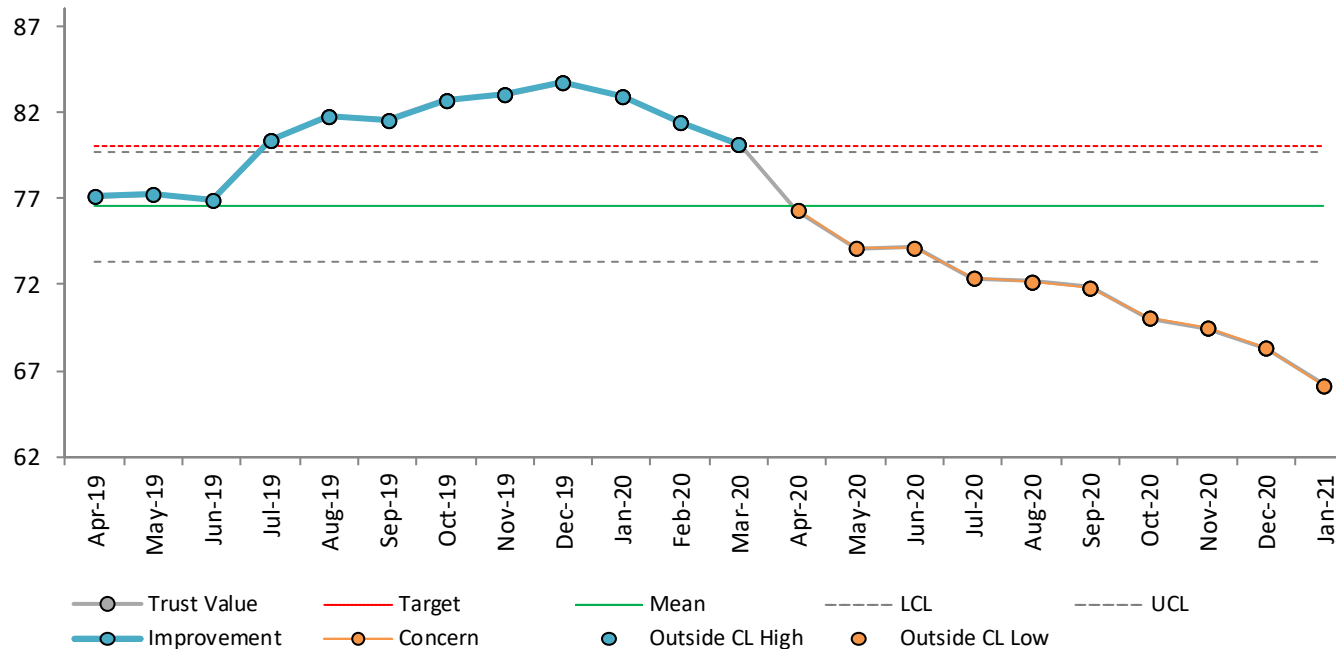
- Ongoing review of Covid-19 non pay costs via operational, tactical and strategic group meetings.
- Challenge over workforce costs via workforce meetings

Timescale

- Ongoing
- Ongoing



Annual Appraisal (%)



Target 80

Mean 76.55

Last Month 66.17

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

This metric has decreased significantly since April 2020 and the onset of Covid.

Annual Appraisal Rate

Cause of Variation

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

Planned Actions

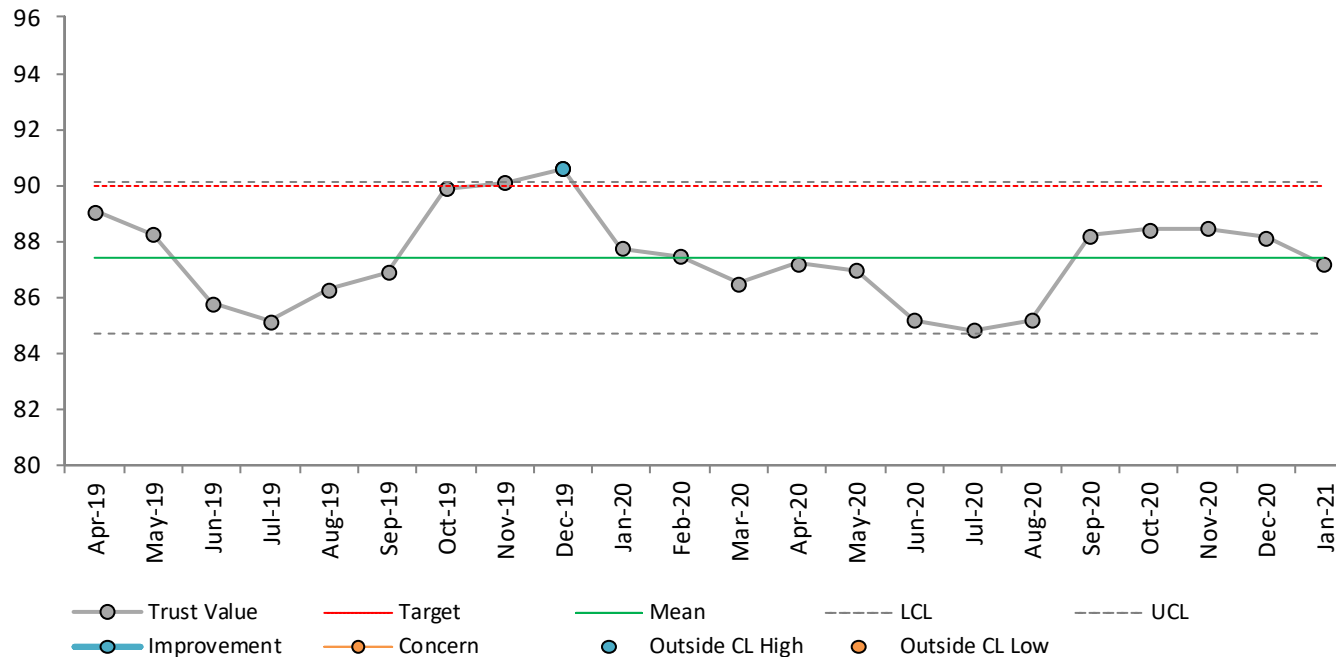
- Initial agreement of new Career Conversation document and process to replace existing SDR documentation.
- Focus on top 100 overdue SDR's via HR Business Partners and Centre/Departmental Managers.
- Over 700 risk assessments have been undertaken for those staff who are identified as CEV and CV, and therefore working at home or in alternative duties.
- A number of Health and Wellbeing initiatives have been introduced including psychological, physical, financial wellbeing and health and advice services.

Timescale

- April 2021
- Ongoing



Mandatory Training (%)



The % of Mandatory Training Compliance

Target	90
Mean	87.43
Last Month	87.18

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Whilst within control limits the target is not being met.

Cause of Variation

- Operational focus on mandatory training compliance limited due to workforce pressures.
- Data cleanse of mandatory training data now complete and accuracy of data has vastly improved. Mandatory Training date to be transferred onto ESR from 1 April 2021, to be reported in real time.

Planned Actions

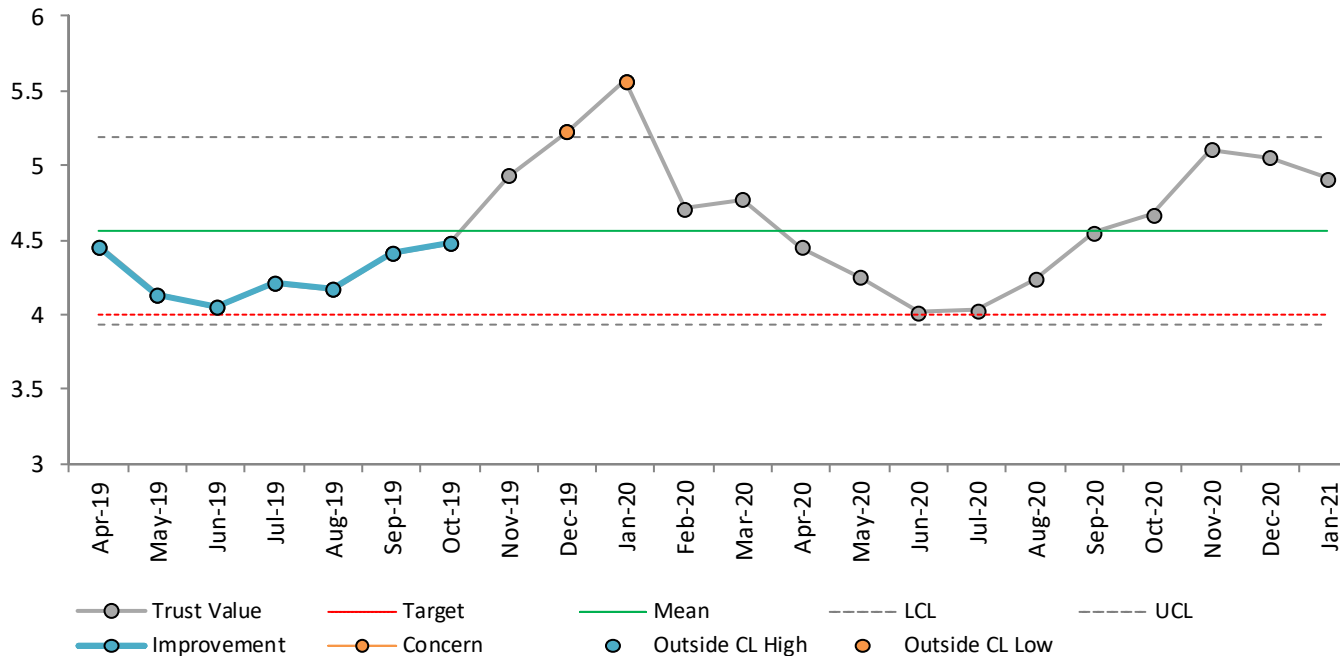
- Project to transfer mandatory training elements onto ESR underway and on track. Target date March 2021. This will ensure more accurate data monitoring and assist in provision of up to date data for managers.
- Continued focus on non-compliant areas and elements of mandatory training via HRBPs and Centre/Department managers.

Timescale

- April 21
- Ongoing



Sickness Absence (%)



The % of monthly sickness absence

Target	4
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Mean	4.56
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Last Month	4.91
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Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

This process cannot meet the target of 4%.

Cause of Variation

- Up to date staff absence figures demonstrate decline against last month, performance of 4.91 general absence, 1.21 covid absence against an overall target of 4. Increase in number of staff absence/isolating due to covid-related matters and potential long covid-issues have impacted negatively on overall absence.

Planned Actions

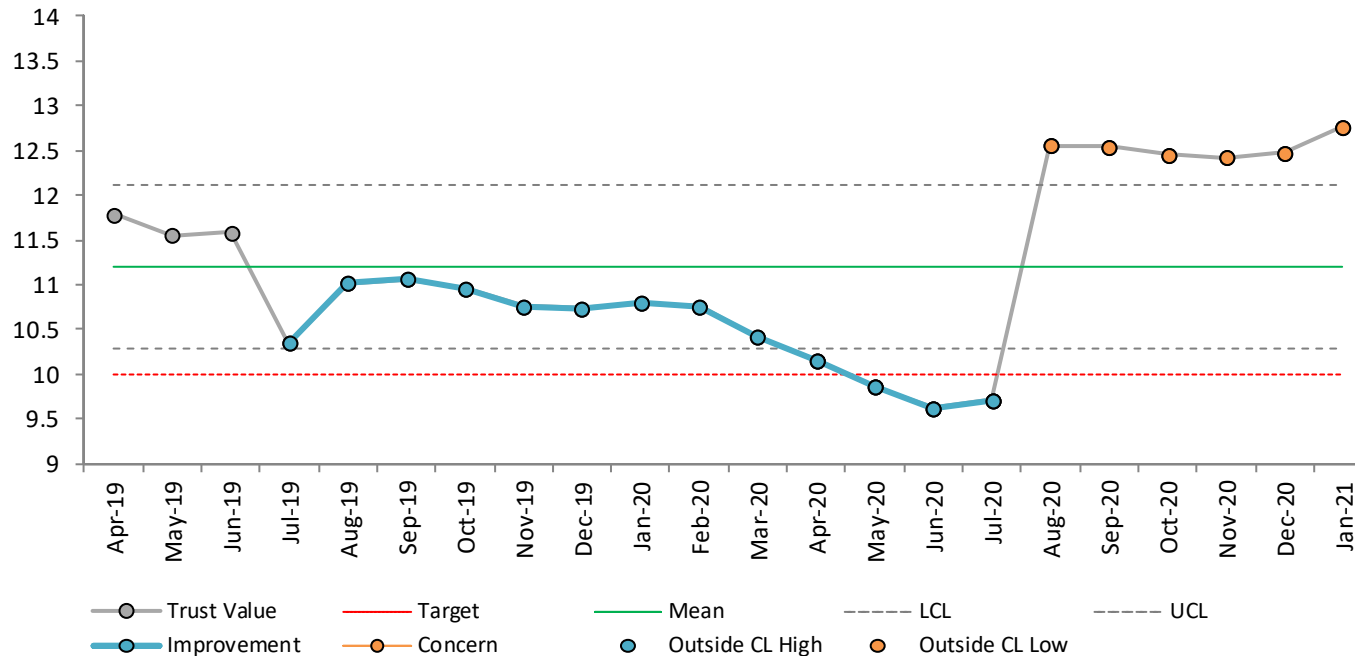
- Review of covid-19 vaccine related absence, including discussions regarding introduction of long-covid occupational health clinics in an attempt to determine impact on future staffing levels and absence rates

Timescale

- April 2021



Staff Turnover (%)



Staff turnover rate

Target	10
Mean	11.20
Last Month	12.77

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

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

Cause of Variation

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

Planned Actions

- Ongoing review of exit interview process – which has been delayed due to limited resources and impact of covid-19.
- Continue to support staff wellbeing through welfare calls, wellbeing workshops, OH interventions and psychological support.

Timescale

- March 2021

Glossary of Terms

Term	Description
ED	Emergency Department
EPRR	Emergency Preparedness, Resilience and Response
HDU	High Dependency Unit
HILT	Hospital Intervention Liaison Team
HRBP	HR Business Partner
IPAC	Infection Prevention and Control
IPAG	Infection Prevention Assurance Group
IPCN	Infection Prevention Control Nurse
ITU	Intensive Therapy Unit
LocSSIP	Local Safety Standards for Invasive Procedures
OPAT	Outpatient Parenteral Antibiotic Therapy
PTL	Patient Tracking List
RTA	Ready To Assemble
SI	Serious Incident
STACQ	South Tees Accreditation for Quality of Care
TCI Date	To Come In Date

Future Changes

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

- New metrics:
 - VTE
 - Maternity outcomes – details to be discussed with the service
- Metric changes from SPC chart to a cumulative graph:
 - Never Events
 - MRSA metrics

Future metrics

- MSA – Mixed Sex Accommodation.
- Sepsis – NEWS score taken within one hour of arrival.
- Sepsis – Antibiotics administered within one hour of sepsis diagnosis.
- Clinical prioritisation and clinical harms as a result of covid 19.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 2 March 2021			
Freedom to speak up update report		AGENDA ITEM: 12, ENC 8	
Report Author and Job Title:	<p>Abbie Silivistris & Rick Betts Freedom to Speak Up Guardians</p> <p>Ian Bennett Freedom to Speak Up Guardian and Head of Patient Safety and Quality</p>	Responsible Director:	Dr Hilary Lloyd Chief Nurse
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	<p>Since the introduction of the new the new Freedom to Speak up (FTSU) model in August 2020, there has been a significant increase in the amount of concerns being raised.</p> <p>In the six months prior to the new model being put in place between March and August 2020 a total of 12 concerns were raised.</p> <p>In contrast, within the first three months of introducing the new model, between September 2020 to January 2021, there were 26 concerns raised, which is an increase of 116.7% and testament to the success of the new model.</p> <p>The role of the FTSU Guardian includes identifying and reporting on emerging themes from the concerns raised and also to use data, along with hard and soft intelligence, to identify wider issues and improve learning within the organisation.</p> <p>This paper provides an update on FTSU concerns raised between 1st October 2020 and the 17th February 2021, including high level thematic analysis.</p>		
Background	<p>The FTSU Guardian role was created in response to Sir Robert Francis' report on the Freedom to Speak Up review and the events at Mid Staffordshire NHS Trust. FTSU was first introduced at South Tees Hospital Foundation Trust in 2018.</p> <p>Due to changes in personnel, a revised model was developed across the trust in June 2020 which culminated in the appointment of four new FTSU Guardians with a different reporting structure in place.</p> <p>Since September 2020 the Guardians have been embedding the new model with the aim of improving the speaking up culture within the organisation.</p>		

Assessment	<p>Since the introduction of the new FTSU model more staff are choosing to speak up and raise concerns within the organisation and this continues to rise as the new model is embedded.</p> <p>In addition, more staff are speaking up openly and confidentially in comparison to previous quarters where more concerns were raised anonymously. This is valuable in helping the organisation to learn and get back to its best and improve the experiences of both staff and patients.</p> <p>The top eight emerging themes are leadership and management, patient safety, bullying and harassment, systems and processes, staff safety, incivility/culture, staffing/workload and HR systems and processes.</p> <p>The information gathered needs further triangulation with other sources of data, locally, regionally and nationally, including discussion with SLT and other sub board committees in order to further understand the issues and impact.</p>	
Recommendation	Members of the Board of Directors are asked to note the content of the report .	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 1.3b - Prolonged adverse publicity or regulatory attention resulting in a fundamental loss of confidence in the Trust amongst regulators, partner organisations, patients, staff and the general public	
Legal and Equality and Diversity implications	There are no legal or equality and diversity implications associated with this report	
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"/>	

Update on Freedom to Speak up

Introduction

Since the introduction of the new the new Freedom to Speak up (FTSU) model in August 2020, there has been a significant increase in the amount of concerns raised.

In the **six** months prior to the new model being put in place between March and August 2020 a total of 12 concerns were raised.

In contrast, within the first **three** months of introducing the new model, between September 2020 to January 2021, there were 26 concerns raised, which is an increase of 116.7%.

The role of the FTSU Guardian includes identifying and reporting on emerging themes from the concerns raised and also to use data, along with hard and soft intelligence, to identify wider issues and improve learning within the organisation.

This paper provides an update on FTSU concerns raised between 1st October 2020 and the 17th February 2021, including high level thematic analysis.

Background and Context

The FTSU Guardian role was created in response to Sir Robert Francis' report on the Freedom to Speak Up review and the events at Mid Staffordshire NHS Trust. FTSU was first introduced at South Tees Hospital Foundation Trust in 2018.

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

Progress since last update

The FTSU Guardians continue to increase their visibility as the new model is being embedded, with FTSU training now available to all staff, with plan for this to become mandatory. The FTSU/Whistleblowing policy has been reviewed and updated and will be signed off and published in the coming weeks.

The FTSU guardians have commenced the National Guardian Office Case Review/Gap Analysis based on recommendations made from 7 investigation reports from different NHS Trust's between 2017 and 2019. An update on the GAP analysis will be included in future reports.

FTSU Data analysis

Figure 1 below shows the Number of FTSU concerns raised by month, since April 2020 and demonstrated an increase in the number of people speaking up since the new model was introduced in August 2020.

Figure 1

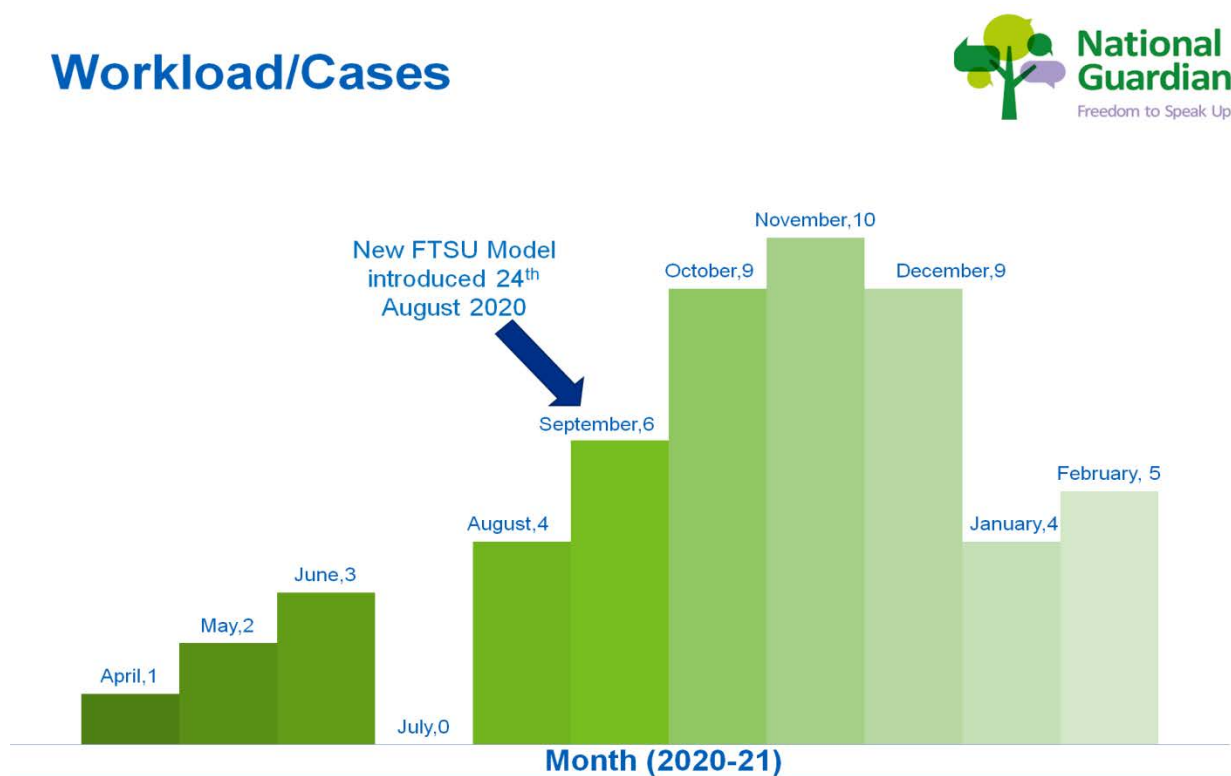


Figure 2 below shows the themes from the concerns raised by staff who speak up within the organisation. More staff are speaking up openly and confidentially in comparison to previous quarters where more concerns were raised anonymously.

Figure 2.

Workload/cases					
Q3 (October – December 2020) and Q4 (January- 19 th February 2021)					
Total number of concerns raised during the period = 47 *					
Themes			How raised		
Leadership and management	19		Openly	19	
Patient safety	17		Confidentially	13	
Bullying and harassment	15		Anonymously	15	
Systems and processes	13				
Staff safety	10				
Incivility/culture	9				
Staffing/workload	7				
HR systems and processes	6				
Staff training/supervision	5				
Favouritism/nepotism	4				
Equipment/facilities	3				
Confidentiality/IG	2				
* Note some concerns raised included more than one theme in them					

Emerging Themes

The top eight emerging themes are leadership and management, patient safety, bullying and harassment, systems and processes, staff safety, incivility/culture, staffing/workload and HR systems and processes.

Leadership and management issues relate to perceived inappropriate behaviours from managers at various levels.. A number of initiatives are already in place across the organisation and support is provided by STRIVE on leadership and management development, both individually and within teams.

Patient safety issues raised during this period related to Covid-19 include staffing, and IPC measures.. Non-covid related issues include availability of staff training and competencies and missing or outdated policies or procedures. These are all areas which the Patient Safety Subgroup and Quality Assurance Committee are sighted on and have received assurance the mitigation and appropriate actions are in place.

Bullying and harassment issues were perceived at varying levels.. There is a process to ensure that these issues are appropriately managed through trust policies. Continuing to change the culture to impact on the issues raised will continue to be instrumental as the revised values and behaviours of the organisation are embedded.

Systems and processes issues were related to adherence to and the absence of policies. These were varied.. A focused piece of work has been implemented across the Trust to ensure all policies are up to date and easily accessible for staff on the new Trusts Internet. During COVID, all new policies and procedures have been reviewed and approved through the Trusts command and control structure.

Staff safety issues were related to equipment and facilities. These were addressed quickly through the Trust Tactical and Strategic command and control structure.

Staffing/workload issues were related to excessive workload, staff sickness and staff covering other wards/departments. . Regular staffing meetings are held throughout the week to review staffing plans across varying staff groups. In line with national guidance stretched staffing ratios have been implemented within some specialities. Occupational Health and Psychological support has continued to be available to staff throughout.

Incivility/culture issues were related to the behaviour of individuals within teams and negative cultures. The Trust continues to offer civility training, embed the Trust's culture and behaviours and through STRIVE, work with individuals and teams.

Human Resources issues included a perceived lack of adherence to HR policies, inappropriate and unprofessional behaviour, contradictory advice and impartiality. These concerns are being looked at objectively and individually, prior to agreeing any next steps.

Summary

With the introduction of the new FTSU model staff are supported to speak up and raise issues within the organisation. This is valuable in helping the organisation to learn and get back to its best and improve the experiences of both its staff and its patients.

Whilst the number of FTSU concerns being raised is increasing in the Trust, the overall specific numbers remain very low. The information gathered needs further triangulation with other sources of data, locally, regionally and nationally, including further discussion and other sub board committees in order to understand the impact.

Next Steps

- Reconfirm and re-establish the FTSU team
- Finalise and publish FTSU/Whistleblowing policy
- Complete NGO Self-assessment Tool and share findings
- Develop FTSU Strategy
- PWC external audit and assurance of FTSU/Whistleblowing process
- Develop FTSU Champions model and implement
- Continue to triangulate data in order to identify emerging themes, agree improvements and share learning
- Discuss further with SLT and relevant sub board committees in order to triangulate with other data sources

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 2 March 2021			
Doctor Revalidation & Appraisal Update Report			AGENDA ITEM: 13, ENC 9
Report Author and Job Title:	James Auty Revalidation & Job Planning Manager	Responsible Director:	Mike Stewart Chief Medical Officer
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Bi-annual update to Trust Board on Doctor's revalidation and appraisals presented by the Trust's Responsible Officer		
Background	The report details appraisal compliance figures for the 2019-2020 appraisal year, the impact of COVID-19 on appraisal and revalidation in 2020-2021, the national guidance for which the Trust has followed and the plan for a return to business as usual, appraisal and revalidation wise, from 1 st April 2021		
Assessment	In regards to appraisal and revalidation, our response to COVID-19 has been in keeping with our regional counterparts. Engagement from Doctors remains positive with a soft re-launch of appraisals having taken place in October 2020, as suggested by our Regional Responsible Officer		
Recommendation	Members of the Trust Board of Directors are asked to note the report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	<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"/>	Long term financial sustainability <input type="checkbox"/>	
	Develop clinical and commercial strategies <input checked="" type="checkbox"/>		

1. PURPOSE OF REPORT

The purpose of the report is to provide the Board of Directors with assurance that annual appraisals are being undertaken by Doctors to allow for revalidation recommendations to be made, in accordance with GMC guidance, for Doctors holding a prescribed connection to South Tees Hospitals NHS Foundation Trust and Teesside Hospice Care Foundation. The report details appraisal compliance figures for the 2019-2020 appraisal year, the impact of COVID-19 on appraisal and revalidation in 2020-2021, the national guidance for which the Trust has followed and the plan for a return to business as usual, appraisal and revalidation wise, from 1st April 2021.

2. BACKGROUND

Medical revalidation was launched in 2012 to strengthen the way that Doctors are regulated with the aim of improving the quality of care provided to patients, improving patient safety and increasing the public trust and confidence in the medical system. Provider organisations have a statutory duty to support their Responsible Officers (RO) in discharging their duties under the Responsible Officer Regulations and it is expected that the Board of Directors will oversee compliance by:-

- Monitoring the frequency and quality of medical appraisals in their organisations
- Checking there are effective systems in place for monitoring the conduct and performance of their Doctors
- Confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process for their Doctors

Dr Mike Stewart - Chief Medical Officer - was appointed as the Trust's RO on 1st February 2021, taking over from Dr Sath Nag who had been in the role since January 2019. The RO has a statutory and professional responsibility for all Doctors in the organisation holding a prescribed connection to South Tees Hospitals NHS Foundation Trust as well as Teesside Hospice Care Foundation for which the Trust holds a service level agreement for the South Tees RO to take on the role of its RO. The RO's statutory responsibility is to ensure Doctors are fit to practice and maintain their licence to practice. For revalidation purposes, the RO is supported by:-

- Dr Mithilesh Lal – Medical Lead for Appraisal & Revalidation
- Mr James Auty – Revalidation & Job Planning Manager
- Miss Katie Honeywell – Revalidation & Job Planning Advisor
- Dr Mike Ingram – Lead Appraiser
- Mr Sanjay Rao – Lead Appraiser
- Mr Anil Reddy – Lead Appraiser
- Dr Nicola Barham – Lead for Locally Employed Doctors (Trust Doctors)

Members of the team also represent the Trust at the Revalidation North quarterly meetings where Trusts across the region share best practice and developments.

3. DETAILS

3.1 Annual Organisational Audit (AOA) / Statement of Compliance 19-20

The designated body annual report was presented to Board in October 2020, confirming the intended submission of our Annual Organisational Audit (AOA) to NHS England at the end of November 2020 - detailing our appraisal compliance for the 2019-20 appraisal year - with the subsequent sign off by the Board of our Annual Statement of Compliance - providing assurances to NHS England that our policies and processes within the Trust underpinning the revalidation and appraisal process continue to be reliable and effective.

3.2 Appraisal Compliance Figures 19-20

The Trust are required to submit appraisal figures to NHS England each quarter, culminating in the end of year report – AOA. This was submitted in November 2020 with the figures detailed below; the Trust's overall appraisal percentage compliance rate for 2019-2020 was 89%:-

- Number of Drs holding a connection to South Tees on 31st March 2020 = **653**
- Number of Drs who had an appraisal in 2019-2020 = **580 (89%)**
- Number of Drs who did not have an appraisal in 2019-2020 = **73 (11%)**

- Consultant compliance = 454 / 480 = **95%**
- SAS Doctor compliance = 38 / 41 = **93%**
- Trust Doctor compliance = 88 / 132 = **66%**

The Trust can take a great deal of encouragement from these figures, especially when considering appraisal activity was significantly impacted by COVID-19 in the final quarter of 2019-2020.

The Trust's policy is for Consultants and SAS Doctors to have their appraisal in their birthday month whereas Trust Doctor appraisals are grouped together in both July and January, dependant on when the individual started their employment with the organisation. The appraisal compliance for Trust Doctors was therefore hampered considerably by COVID-19 as a large proportion of this group would've normally had their appraisal in the final quarter of 2019-2020. Engagement with the appraisal process by Trust Doctors has also historically not been at the same levels as our Consultants and SAS Doctors; many of this group are only with the Trust for a short period of time and in many instances, their post with South Tees might well be their first ever NHS appointment meaning they aren't as familiar with the appraisal and revalidation process as our Consultants and SAS Doctors.

Lower levels of Trust Doctor appraisal compliance is not a unique problem for South Tees with our regional counterparts also encountering similar levels of engagement; we will continue to make efforts to improve the appraisal compliance of Trust Doctors as we return to business as usual from 1st April 2021.

3.3 Revalidation Recommendations

Revalidation recommendation dates are set by the GMC with Doctors coming 'under notice' four months prior to their revalidation date. The number of revalidation recommendations made in the 2019-20 appraisal year were as follows:-

- 167 Positive Recommendations
- 18 Deferrals

Doctors can be deferred for a number of reasons but it is usually because they have provided insufficient evidence to allow the RO to make a positive recommendation for revalidation. This is not to be seen to be detrimental to the Doctor or their practice however, when a Doctor is deferred twice - the GMC automatically contacts the RO for further information as to the reasons why a second deferral has been made - these cases are always discussed with the Trust's appointed GMC Employer Liaison Adviser.

In response to the COVID-19 pandemic, the GMC took the decision to defer revalidation dates for one year for all Doctors due to revalidate between 17th March 2020 and 16th March 2021. This decision was made to give Doctors more time to reschedule and complete appraisals, and to avoid the need for ROs to make revalidation recommendations during this time. These measures were aimed at helping clinicians to focus on the best possible care for patients for the duration of the COVID-19 pandemic.

Although revalidation recommendations have been deferred until March 2021 for a large group of Doctors, ROs still have the option of submitting positive revalidation recommendations for these individuals if they have already presented the required supporting information in order to successfully revalidate without having to wait until their deferred date. As we will effectively have two years' worth of revalidation recommendations to submit between 2021-2022 i.e. all those originally due to revalidate during this time and those that have been deferred until then, the Lead Appraiser team are actively reviewing the appraisal portfolios of all Doctors currently 'under notice' in order to advise the RO of positive recommendations that can be submitted where appropriate to do so. Subsequently, so far 42 positive recommendations have been submitted between September 2020 and January 2021.

3.4 COVID-19

On 19th March 2020, Professor Stephen Powis - National Medical Director - wrote to all Responsible Officers and Medical Directors in England strongly recommending that appraisals were suspended until further notice, unless there

were exceptional circumstances agreed by both the appraiser and appraisee. This was in direct response to the COVID-19 pandemic believing that the suspension of appraisals would immediately increase capacity in the workforce by allowing appraisers to return to clinical practice. Prof. Powis' letter also advised that ROs should classify appraisals which are affected as 'approved missed' and regarded as cancelled, not postponed i.e. there won't be a requirement for individuals to 'catch-up' where appraisals haven't gone ahead.

The revalidation team communicated the messages from Prof Powis' letter to all of our Doctors with a prescribed connection on 20th March 2020, effectively pausing the appraisal and revalidation process until further notice. A further communication was sent out to Doctors on 12th June 2020 to update on the extension of revalidation deferrals.

In terms of the approach to appraisals for this appraisal year (1st April 2020 – 31st March 2021), the Trust's electronic appraisal system has remained open and active allowing individuals to go ahead with their appraisal where they have wished to do so. However, we advised Doctors that we would not be enforcing this as a mandatory requirement the way we normally would do - appreciating that the on-going COVID crisis and recovery plan would make finding the time for appraisal challenging. We advised Doctors that if they were able to find the time to have their appraisal, we would certainly encourage them to do so.

Members of the team attended a conference call on 27th July 2020 with our Regional Responsible Officer where it was suggested that Trusts should look to re-start their appraisal processes from 1st October 2020. However, this was only put forward as a suggestion with ROs still having a degree of discretion as to their preferred approach and to only restart appraisals in a manner they felt able to.

Further national guidance on the suggested restart was published with a heavy emphasis placed on Doctors upcoming appraisals focussing on their health and wellbeing in almost a 'COVID de-brief' manner; discussing their challenges and achievements experienced during this time with appraisers expected to encourage significant reflection on events of the past few months. The suggested approach also recommended for Doctors to 'bring what they can' to their appraisal meeting in order to make the process as least administratively burdensome as possible; Doctors should not have to spend a disproportionate amount of time preparing for their appraisal in light of the challenging times we are still faced with.

The revalidation team were supportive of this suggested approach and an appraiser update session was conducted via Microsoft Teams on 24th September to communicate this message more widely with all Doctors updated via email thereafter. However, the message communicated earlier in the appraisal year was re-iterated with the revalidation team of the view that the mandated requirement for appraisal should still not come back into force until the beginning of the next appraisal year – 1st April 2021.

3.5 Return to Business as Usual

Appraisal activity has been somewhat sporadic since the soft re-launch in October with only a handful of appraisals taking place each week. It will therefore be necessary for the Revalidation and Appraisal team to increase efforts to re-engage our Doctors with the appraisal process as the majority have not undertaken any form of appraisal activity within the last 12 months. Our normal process of notifying individuals about their appraisal due date will recommence with reminders and escalation where necessary should appraisals not be completed within the desired timeframes. However, the team will still approach this with a degree of sensitivity, aware of the on-going challenges relating to COVID-19 we are still faced with. An appraiser update session will be taking place on 9th March via Microsoft Teams to brief our appraisers on expectations for the forthcoming appraisal year.

3.6 Quality Assurance Process

From 1st April 2021, the Revalidation and Appraisal team will be delivering an enhanced role in appraiser quality assurance in line with NHS England Quality Assurance of Appraisal guidance. As such, all active appraisers will receive annual feedback in line with the published PROGRESS audit tool. Appraiser feedback will be from a Trust appointed lead appraiser, designed to support appraisers in delivering excellence through a constructive and supportive model. As well as supporting individuals in their appraiser role, this will provide personalised evidence for individuals to include in their own appraisal as part of whole scope of practice. This is also in keeping with the direction of travel within our North East Medical Appraisal Leads Network - we are currently an outlier in this regard as our attention has previously focussed on quality assuring appraisal forms from an appraisee perspective rather than appraiser.

3.7 Medical Lead for Appraisal & Revalidation

Dr Mithilesh Lal, having recently been appointed to the role of Associate Medical Director, will be handing over his current role of Medical Lead for Appraisal & Revalidation. Expressions of interest have been requested with interviews due to take place on 25th and 26th February; the successful applicant will be expected to take over the role immediately on appointment.

4. RECOMMENDATIONS

Members of the Trust Board are asked to note this report.

Charitable Funds

Chair's Log

Meeting: Charitable Funds Committee	Date of Meeting 16/02/2021
Connecting to: Board of Directors / Corporate Trustee	Date of Meeting: 02/03/2021
Key topics discussed in the meeting	
<p>Quarterly review of income and expenditure</p> <p>Performance of investments</p> <p>Charity Strategy</p> <p>Risks</p>	
Actions agreed in the meeting	Responsibility / timescale
<p>Support ongoing legacy work to enable the Charity to have running cost budgets to better manage spend</p> <p>Investigate and explore options to address the reliance on Charity Funds to support a small number of substantive posts in the Trust</p> <p>Work with the new Collaboratives to explore the scope to rationalise the number of smaller and dormant funds to support more extensive and innovative spend</p> <p>Noted the ongoing work to review the business model for the Trinity Holistic Centre</p> <p>Noted the excellent progress the Charity has made in adapting and modernising its approach to fundraising and communication with donors and fund holders</p>	
Escalation of issues for action by connecting group	Responsibility / timescale
<p>Board / Corporate Trustee to note that funding has been agreed for the mental health nurse post; also to consider whether a Board discussion is needed on the provision of greater support to staff who deal with patients suffering from mental ill health.</p> <p>Board to note that the Trinity Holistic Centre is facing a funding crisis and is likely to be in deficit from Period 10 onwards.</p>	

Board to note the successful work carried out by the charity team to improve understanding management and communication in relation to the multiplicity of funds.

Board to note that work continues on the charity accounts.

Committee endorsed the Charity Strategy to the Corporate Trustees for approval

Risks (Include ID if currently on risk register)

Responsibility / timescale



Audit Committee

Chair's Log

Meeting: Audit Committee	Date of Meeting: February 16 th , 2021
Summary for Board : March 2nd 2021	
<u>Quorum</u>	
<p>The meeting was held by teams. Chair Richard Carter-Ferris and NEDs Debbie Reape (DR) and David Jennings (DJ) were present giving quorum to the Committee</p> <p>In attendance were Steven Mason(SM), Jackie White (JW) and Luke Armstrong (LA) from the Trust and representatives from Mazars (External Audit), PWC (Internal Audit) and Audit One (Counter Fraud Audit).</p>	
<u>TOR /Cycle of Business</u>	
<p>The updated ToR and cycle of business were reviewed and with minor changes accepted by the Committee.</p>	
<u>Counter Fraud</u>	
<p>Paul Bevan (PB) from Audit one presented an update. He highlighted that Covid scams are rife within the region and Audit 1 have provided guidance for Trusts and identified scams in the region. PB informed the committee that the regular meetings have been held between the NHS Counter Fraud Authority and Counter Fraud to review and update Trusts on Covid Counter Fraud issues.</p> <p>PB reviewed reviews in process and open items from investigations which are all in progress with external authorities.</p>	
<u>Internal Audit</u>	
<p>Susan McNair (SMc) and Paul Charnock (PC) from PWC provided an update of their work which due to C-19 has been delayed. PC reviewed the work plan for the remainder of the year and SMc stated that she was reasonably comfortable that sufficient reviews could be completed by year end to enable PWC to complete and sign off the annual controls statement. SMc did identify that support from key SLT sponsors was a requirement to enable this process and SM was actioned with ensuring that SLT were fully aware of this key requirement.</p>	
<u>External Audit</u>	
<p>Cameron Waddell (CW) Mazars briefed the Committee that there had been a change in the Audit team and introduced Cath Andrew (CA) as the new senior manager for the Assignment. Cath has extensive NHS experience. CW stated that year end planning was in</p>	

progress and identified that there were some new procedures relating to VFM review this year. All had been shared with Finance team. New guidelines around financial sustainability will be introduced this year Dates for final sign off are still flexible due to Covid but we are working to current provided deadlines.

Governance – Board Effectiveness

The AC has a delegated authority from the Board to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports achievement of the organisation's objectives.

For the Quality Assurance Committee, Finance and Investment Committee, Workforce Committee, Risk Committee and Charitable Funds Committee a standardised self-assessment was utilised. The Audit Committee self-assessed against a specific Audit Committee self-assessment tool based on the Audit committee handbook published by HM Treasury. The Committee reviewed updates from various sub committees and gained assurance that the processes were in line with best practice.

Governance – Other

The Committee reviewed the register of gifts and hospitality, schedule of losses and tender waivers and identified no abnormal items. The committee reviewed the BAF and identified that there are no matters to be added to the BAF

Key	Actions
<ul style="list-style-type: none">SLT to ensure adequate support to PWC to ensure completion of internal Audit reviews so that the year end report can be issued on time.	Steven Mason / SLT
<ul style="list-style-type: none">External Audit plan and fee proposal to be presented once complete	Mazars / SM



Finance and Investment Committee Chair's Log

[illegible]

Issues for Board escalation/action	Responsibility / timescale
<ul style="list-style-type: none"> • The urgent investment of £4.0M into ageing IT infrastructure was approved following a NED challenge session. It should be recognised that this will only bring the infrastructure to a 'foundation level'. • The Integrated Performance Report must be considered in the context of the COVID-19 pandemic, but improvement trajectories are still required for several key responsiveness measures. 	<p>J Reilly March FIC Meeting</p>



Quality Assurance Committee Chair's Log

Date of Meeting: Quality Assurance Committee held on 23 February 2021

Key topics discussed in the meeting

Maternity Services Report including Ockenden Gap Analysis and Saving Babies Lives quarterly progress report
ED Deep dive report
E-discharge risks update (quality & safety issues)
Medical Examiner Peer Review report
Medication Incidents Action Plan Update & E-prescribing update
Clinical Prioritisation / Harm Review Process for Patients on Waiting Lists report
Falls update
Monthly Integrated Performance Report
Quality Report (Account) & Priorities update
Quarterly SI/NE report

Actions agreed in the meeting

Responsibility / timescale

- It was agreed that the Feb 2021 QAC would follow the format of the January meeting to have a reduced agenda and attendance due to COVID pressures in an effort to reduce the length of the meeting.
- Dr Hilary Lloyd, DON and Dr Mike Stewart, MD were welcomed to their first QAC
- QAC received the maternity monthly dashboard, the quarterly services monthly report including the Ockenden gap analysis and saving babies lives quarterly progress report.
- The risks include; workforce pressures, non-compliance with the monitoring elements of Saving Babies Lives V2 and delivery against the CNST standards. The latter two risks are due to issues with the Maternity Information System provider. An additional risk is the inability to meet the Continuity of Carer standards.
- Manual systems for monitoring are in place which show compliance to the SBL's and CNST standards, and the Euroking IT problems are planned to be resolved at a meeting on 28th February.
- There is an internal issue to resolve around the availability of on line training that needs to be resolved as a matter of urgency

Johanna Reilly / Moira Angel

<ul style="list-style-type: none"> • Compliance to the Continuity of Carer standards has increased to 16% from 11% last month however will not reach the 35% compliance target by 31st March 2021. • The Ockenden gap analysis was completed and submitted to NHSEI on 15th Feb demonstrating compliance to minimum standards. • A discussion took place around the changing guidelines for Maternity Led Units and also capacity and demand at JCUH. • There is a regional dashboard which is under development, which will provide benchmarking data and a trend analysis. • There was a request to align maternity reporting to QAC with the Board Integrated Performance Report. • A verbal update for the E Discharge process gave assurance that compliance was at 93% against a target standard of 95%, this is a vast improvement in recent months. • Medication incidents remain one of the trusts highest reported incidents. • The report outlined many actions that will improve safety, plus the appointment of 12 additional pharmacists who will take up employment in the next few months to mitigate the pressures that vaccination programme has made on clinical pharmacists. Indicators on medicines reconciliation are improving. • The focus remains on raising awareness of medication incidents, learning and education of staff. • The discussion on medication incidents took the committee to consider e-prescribing and the roll out of Alcidion. QAC has previously heard the safety and quality benefits of having an e-prescribing system asked that the committee are regularly kept up to date with the improvements and any clinical risks incurred throughout the project. • The internal process for clinical prioritisation and clinical harm reviews was shared with the Quality Committee, which is in line with national guidance from NHSEI, National Quality Board Guidance, Royal Collage Guidance and from local experiences from the review of ophthalmology and gastroenterology services. The process has been considered and agreed with senior clinicians through CPG and reporting will be through the IPR to Trust Board. • This process builds upon the excellent approach to review and prioritisation the trust has seen in ophthalmology and gastroenterology. • QAC asked that a monthly summery comes to the committee given the significance to quality and safety. 	<p>Deepika, Kay Branch</p> <p>Ros Fallon, Kay Branch</p> <p>Kevin Oxley</p>
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<ul style="list-style-type: none"> • The Quality Committee received the regular quality assurance review into patient falls, which included data on trust falls rates, comparators with peers, impact of ward changes and staff movement, ongoing interventions and actions, and monitoring processes. The benchmarking data shows a comparable level of falls however concerns continue around reducing falls in frail elderly. 	<p>Ian Bennett, Mike Stewart, Hilary Lloyd</p>
<ul style="list-style-type: none"> • QAC was advised that all Priority 2 cancer patients were operated on during 2020 and this month priority 3 patients are also having surgery as part of the cancer services recover programme. QAC will receive a detailed report in March. 	<p>Johanna Reilly</p>
<ul style="list-style-type: none"> • The monthly IPR was discussed and many of the areas had already been referred to in the meeting. The committee is aware that a board level working group is being established to consider current and future metrics, drawing together reporting from external agencies (for example included in the NEQOS report circulated for the meeting), and specialty reports. • The Committee asked that data is aligned between service reports and the IPR. 	
<ul style="list-style-type: none"> • In addition the timeliness of data and narrative coming to QAC and going to Board needs to be reconsidered. • The process for completing and sign off of the quality report for 2020/1 and identifying quality priorities for 2021/22 was shared. It is currently unclear if a quality report will be a requirement for 2020/21, current timescales are 30th June 2021. 	<p>Ros Fallon</p>
<ul style="list-style-type: none"> • The monthly serious incident report was discussed. QAC asked for an overview of the process linking the safety improvement work, the safety faculty, the learning and development academy, STAQC and the many other initiatives, to the strategy for reducing harm and therefore reducing incidents. • There were no items to add to the BAF • QAC were advised that there is a current review of the sub groups reporting in to QAC. • Prior to the meeting it was agreed to defer the following items from the February agenda, due to COVID pressures on the clinical teams at this time: Emergency Department Team attending - planned to return March / April External Medical Examiner Process - this is dependent on external review capacity Patient Safety Incident Response Framework update - return March STAQC update report - return March 	

Issues for Board escalation/action	Responsibility/timescale
<p>The QAC agenda and attendance for the meeting, similarly to the January meeting, was reduced owing to the current unprecedented demands in the trust. Note the deferred items above.</p> <p>Dr Hilary Lloyd and Dr Mike Stewart were welcomed.</p> <p>QAC received the regular maternity reports and risks remain the same. The Ockenden gap analysis was submitted showing compliance against minimum standards.</p> <p>The EPMA project is in its early stages. The QAC will remain sighted on how the roll out improves medicines safety, plus the risks incurred in transition to an electronic system.</p> <p>A patient prioritisation system and clinical harm review process is in place in line with national guidance. This builds upon the trusts processes in place through COVID. QAC will receive regular reports as will the board through the IPR.</p> <p>Surgery on cancer priority 3 patients has started this month. Board are reminded that no P2 cancer patients were cancelled through COVID.</p>	