South Tees Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS (PUBLIC)

Date –7 December 2021
Time – 13:00 – 13:20 for public access via Microsoft teams
Venue – Board Room, Murray Building and virtually on Microsoft teams

Safety and Quality First

South Tees Hospitals NHS Foundation Trust

MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON TUESDAY 7 DECEMBER 2021 AT 13:00 IN THE BOARD ROOM MURRAY BUILDING JAMES COOK UNIVERSITY HOSPTIAL FOR BOARD MEMBERS ONLY

Members of the public to observe via 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 November 2021	Approval	Chair	ENC 2
5.	Matters Arising / action log	Review	Chair	ENC 3
6.	Chairman's report	Information	Chair	ENC 4
7.	Chief Executive's Report	Information	Chief Executive	ENC 5
8.	Board Assurance Framework	Discussion	Head of Governance & Company Secretary	ENC 6
SAFE				
9.	Safe Staffing Report	Information	Chief Nurse	ENC 7
EFFECTIVE				
10.	Consultant appointments	Information	Chief Executive	Verbal

	ITEM	PURPOSE	LEAD	FORMAT
11.	Research & Development 6 monthly and Annual Report	Information	Director of R&D	ENC 8
RESPONSIVE				
12.	Guardian of safe working	Information	Chief Medical Officer	ENC 9
13.	Freedom to speak up report	Information	Guardian	ENC 10
CARING				
14.	Organ Donation report	Information	Specialist Nurse Organ Donation NHS Blood and Transplant	ENC 11
WELL LED				
15.	Finance Report Month 7	Information	Chief Finance Officer	ENC 12
16.	Integrated Performance Report	Discussion	Chief Operating Officer	ENC 13
17.	CQC update	Information	Chief Nurse	ENC 14
18.	Committee Reports	Information	Chairs	ENC 15
	DATE OF NEXT MEETING The next meeting of Board of Directors will take place on Tuesday 1 February 2022			

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 December 2021			
Register of members interests			**AGENDA ITEM: 3** **ENC 1**
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	**Responsible Director:**	Derek Bell Chairman
Action Required	Approve ☐ Discuss ☐ Inform ☒ (select the relevant action required)		
Situation	The Board of Directors are asked to note interests declared by members of the Committee		
Background	The report sets out membership of the Board of Directors and interests registered by members. Conflicts should be managed in accordance to the Constitution para 32 - If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to other Directors.		
Assessment	There are no specific conflicts identified with the agenda. Members will be reminded at the meeting to raise any if they arise.		
Level of Assurance	Level of Assurance: Significant ☒ Moderate ☐ Limited ☐ None ☐		
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)	Best for safe, clinically effective care and experience ☒	A great place to work ☒	
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒		

South Tees Hospitals NHS
NHS Foundation Trust

Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
Ada Burns	Non-Executive Director Deputy Chair	2017 2019	Ongoing Ongoing	Role - Governor – Chair of Resources Committee, member of Board of Teesside University. Role – Associate Consultant – Cratus Consultancy, public sector management consultancy
Richard Carter-Ferris	Non-executive Director	1 August 2015	ongoing	Director of Yorkshire Area P2P Club – company generates donations for Yorkshire Air Ambulance. Director/No exec Director – Malton & Norton Golf club ltd.
Mike Ducker	Non-executive Director	1 December 2017 1 December 2005 1 October 2019	ongoing ongoing ongoing	Advisor to UK Government on Chemicals Industry Trustee of Greenstones Christian Trust Charity – a Charity working with prisons in Ethiopia South Tees Healthcare Management Limited - Company number 10166808
Debbie Reape	Non-executive Director Senior Independent Director	August 2019 1 October 2019 October 2019	Ongoing Ongoing Ongoing	Associate Director with Northumbria International Alliance (Northumbria NHS Trust and Northumberland County Council) South Tees Healthcare Management Limited - Company number 10166808. School Governor, Ashington Academy.
Jackie White	Head of Governance	March 2013	Ongoing	Registered with IMAS (NHS interim management & support)
Sue Page	Chief Executive	May 2018	Ongoing	President of British Red Cross – Cumbria.
Kevin Oxley	Director of Estates, Facilities and Capital Planning			No interests declared
Rachael Metcalf	Director of Human Resources			No interests declared.
Mark Graham	Director of Communications			Ad hoc communications support to North Cumbria integrated care NHS Foundation Trust. Registered with IMAS (NHS interim management & support)
Moira Angel	Interim Director of Clinical Development	18 January 2021		Director of Moira Angel consulting Ltd - Company number 09529658 Director of Arista Associates Ltd. - Company number 09986504 Vice president of the red cross in Cumbria.
Robert Harrison	Managing Director			No interests declared

Maria Harris	Non-executive Director	1 January 2021	Ongoing	Director of Digital Cat Consultancy Ltd – provider of digital transformation and mortgage expertise in financial services - Company number 11967428 Non-executive Director of United Trust Bank – a regulated specialist bank
David Jennings	Non-executive Director	1 January 2021	Ongoing	Trustee Newcastle University Development Trust and Honorary Treasurer. Unremunerated, voluntary role. Chair AuditOne Board NHS internal Audit Consortium. Unremunerated, voluntary role.
David Redpath	Non-executive Director	1 January 2021	Ongoing	Director of DGR Consultancy - Company number 10340661
Michael Stewart	Chief Medical Officer	1 February 2021	Ongoing	No interests declared
Hilary Lloyd	Chief Nurse	15 February 2021	Ongoing	No interests declared
Chris Hand	Chief Finance Officer	2 July 2021	Ongoing	South Tees Healthcare Management Limited - Company number 10166808
Samuel Peate	Chief Operating Officer	1 April 2021	Ongoing	No interests declared
Prof Derek Bell	Joint Chair	April 2020 April 2018 April 2021	Ongoing Ongoing Ongoing	Trustee Royal Medical Benevolent Fund – no remuneration Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration Centre for Quality in Governance – Dormant Ltd Company

South Tees Hospitals NHS
NHS Foundation Trust

UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 2 NOVEMBER 2021 AT 13:00 IN THE BOARD ROOM, MURRAY BUILDING JAMES COOK AND VIA MICROSOFT TEAMS

Present

Professor D Bell	Joint Chairman
Ms A Burns	Vice Chair / Non-Executive Director
Ms D Reape	Non-Executive Director
Mr R Carter-Ferris	Non-Executive Director
Mr D Redpath	Non-Executive Director
Mr D Jennings	Non-Executive Director
Mr M Ducker	Non-Executive Director
Ms M Harris	Non-Executive Director
Dr M Stewart	Chief Medical Officer
Dr H Lloyd	Chief Nurse
Mr C Hand	Chief Finance Officer
Mr R Harrison	Managing Director
Ms S Page	Chief Executive

In Attendance

Mrs J White	Head of Governance & Company Secretary
Mr K Oxley	Director of Estates, Facilities and Capital Planning
Mrs R Metcalf	Director of Human Resources
Mr M Graham	Director of Communications
Mr M Imiavan	Digital Director

Action

PATIENT STORY

Dr Lloyd introduced Mr Collinson who joined by Microsoft teams and spoken about his experience of the exceptional service he has received during his cancer journey from diagnosis through the surgery to his continued treatment by the chemotherapy unit.

The Chairman thanked Mr Collinson for sharing his story and acknowledged the ideas for improvement which Mr Collinson had raised. The Chairman confirmed he will feed back to staff the positive messages and hoped that his treatment continues well.

BoD/20/338 WELCOME AND INTRODUCTIONS

The Chairman welcomed members to the meeting and thanked members of public who had joined the meeting by Microsoft teams and reminded them to put their volume on mute during the meeting. He advised that there would be an opportunity at the end of the meeting for any questions.

BoD/20/339 APOLOGIES FOR ABSENCE

There were no apologies for absence recorded.

BoD/20/340 **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/20/341 **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/20/342 **MINUTES OF THE LAST MEETING**

The minutes of the meeting held on Tuesday 5 October 2021 were reviewed and agreed as an accurate record. Mrs White

BoD/20/343 **MATTERS ARISING**

The matters arising were reviewed and the action log updated.

BoD/20/345 **CHAIRMAN'S REPORT**

The Chairman referred to his previously circulated report and highlighted a number of areas for consideration including his ongoing induction programme, giving assurance that he continues to meet as many as people as possible internally and externally, and gave thanks to all staff in making his induction as fruitful and as easy as possible.

The Chairman commented that the ICS is still moving forward, and that the recruitment of the CEO had commenced but there was no news yet on who had been appointment which was part of national programme of appointments. He added that his is hoping that the Trust Board can influence the ICS where it is appropriate and work is still ongoing in relation to the IC Board constitution and function.

The Chairman updated on the joint working between the Trust and North Tees & Hartlepool NHS Trust and gave thanks again to Mr Neil Mundy who had established the Joint Strategy Board between the two Trusts and advised that the Board had agreed to change the name to Joint Partnership Board to reflect the work currently being undertaken and he was pleased to announce that Mr Alan Hunter had been appointed as Joint Director of Strategy & Partnerships. The Chairman went on to discuss the work being undertaken across the two Trusts and across the Tees Valley and wider Region and reflected on the considerable amount of work taking place with plans in place for further partnership working

for the benefit of the patients, including Pathology and some work around digital operability as examples.

The Chairman referred members to a report issued by the CQC "State of care" report which reviews the impact of COVID-19 over the last 18 months and recognises the impact on social care services. He added that as an acute provider we are reliant on community and social care services to ensure that patients can be optimally managed in the right place in the right time. Following COVID 19 there will be unmet need we don't yet recognise and this will contribute to the challenges we are seeing nationally and locally in relation to urgent and emergency care and these are the immediate challenges the Senior Leadership team and operational teams are dealing with on a day to day basis.

The Chairman reported that winter will be challenging for the whole of the NHS, social care and community care colleagues. He reminded all staff and members of the public to have their vaccines and to wear masks.

The Chairman offered Ms Burns, Vice Chair, the opportunity to comment and she discussed that there were great opportunities working with North Tees & Hartlepool NHS Trust through the Joint Partnership Board in terms of bringing greater awareness to the levels of collaboration which are already taking place and have done for many years.

Ms Burns added that the Board have been out on Board walkrounds today and recognise the scale of pressures across the Trust and the extraordinary achievements and loyalty of the staff in the Trust and asked for this to be minuted to show the Boards appreciation to the Senior Leadership Team and to all staff across the Trust. She added that the Board are mindful of the continued pressures and going into Winter.

Resolution

The Board of Directors NOTED the Chairman's report.

BoD/20/346 **CHIEF EXECUTIVE'S REPORT**

The Chief Executive referred to her previously circulated report and highlighted a number of areas for consideration including Dawn McCabe from the Children's ward, who has worked for the Trust for 41 years and has received an award from Starlight a national charity. She added that this is an amazing achievement to give 41 years of your life looking after children in the Trust. This reflects the work that staff do on the children's wards.

The Chief Executive also highlighted that the Specialist

Thoracic community team, who have been looking after patients who have been operated on at James Cook in their home had also won an amazing national award - Nursing Times. She added that ordinarily patients would have stayed in hospital during this time but we have cared for them at home – incredible.

The Chief Executive was pleased to report that the Renal Unit at James Cook Hospital has just been upgraded and the CMO visited on its opening, the Renal team worked with Our Hospitals Charity and raised over £500k. Dr Reaich and the staff are so proud; two patients who have been cared for opened it officially and it was a really nice celebration.

Finally the Chief Executive reported that COVID 19 cases were on the rise in Tees Valley, numbers of patients in the Trust is 81 which are the highest we have seen for several months, this causes additional operational stress on a very busy hospital. 8 patients are in Critical Care. She added that it is really important that members of the public get boosters and vaccinations to protected yourselves and staff.

Resolution

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

BoD/20/347 **BOARD ASSURANCE FRAMEWORK**

Mrs White referred members to the report on the Board Assurance Framework. She reminded members that the BAF has 7 principal risks associated with delivery of the 5 strategic objectives. These 7 principal risks are made up of 35 threats.

The risk rating for the 7 principal risks is made up of 6 extremely high and 1 high risk rating. There has been no change to the risk ratings since the last report.

Mrs White reported that 5 reports of assurance were being received by the Board today with additional assurance received at Board Sub Committees reported through Chairs logs to Board.

Mrs White commented that work was progressing on the integrated performance report which provides assurance across a number of principal risks.

Resolution

The Trust Board of Directors NOTED the BAF

BoD/20/348 **SAFE STAFFING REPORT**

Dr Lloyd referred members to the safe staffing report and highlighted that the percentage of total shifts filled against the

planned nurse and midwifery staffing across the Trust is 96.59% demonstrating good compliance with safer staffing.

Staffing continued to be affected by short notice unavailability associated with COVID isolation and COVID related absence.

There have been 13 reported episodes for a reduction of supernumerary co-ordinators (usually 4) during September 2021 in Critical Care Services due to COVID-19 surge and increased acuity of patients (in-line with UKCCNA guidance). Nursing Turnover for September is currently 8.13 %

Ms Burns asked regarding staff availability and the impact of the revised track and trace guidance, Dr Lloyd advised that the Trust has considered the new guidance and is optimistic however the increasing COVID19 numbers will still have an impact.

The Chairman asked regarding the slightly higher staff turnover figures, Dr Lloyd advised that the Trust is a good recruiter and retainer of staff and that in comparison with other Trusts this is not high. Mrs Metcalf concurred.

Resolution

The Trust Board of Directors NOTED the safer staffing report

BoD/20/349 **CONSULTANT APPOINTMENT**

The Chief Executive updated members on the new consultant appointments and the following staff were welcomed to the Trust:

Oliver Bassett – Plastic Surgery
Antonia Isaacson – Spinal Surgery
Jonathan Lane – Paediatrics
Azer Majeed – Neurology

And thanked the following members of staff who have left the Trust:

Mavin Macauley – Diabetes
Kim Simpson – Paediatrics
Siddique Ahmed – Radiology
Venkata Kusuma – Urology
Caroline Wroe – Nephrology

Ms Reape asked what kind of feedback the Trust are getting in relation to wanting to work at the Trust.

Dr Stewart advised that from feedback it is clear that staff want to come to work in tertiary centre, and some like a single site provision. Also we are seeing trainees return to the Trust to work with the teams they worked with as part of their training. h.

The Chairman thanked Dr Stewart for the update and was pleased to note the positive recruitment programme being developed to support this and trying to proactively target people to work with us.

Resolution

The Trust Board of Directors NOTED the update

BoD/20/350 **PATIENT EXPERIENCE AND INVOLVEMENT REPORT**

Dr Lloyd referred members to her previously circulated report and highlighted that there has been a significant decrease in the number of complaints received compared to the previous year. This decrease is most likely due to the COVID-19 pandemic.

The timeframe to respond to complaints has remained a challenge during Q1 & Q2 2021/22 due to the continued demands placed on clinical colleagues resulting from COVID-19 pandemic

There is an escalation process for complaints to support compliance with response targets and there has been an improvement in the quantity of complaints meeting the agreed timeframe.

Contact to PALS has increased as services begin to return to normal, however many of the issues raised have been resolved at the point of contact by the patient experience team/PALS. All telephone calls, voicemails and correspondence are actioned within one working day of receipt.

Ms Burns commented on the reopened complaints and asked how the Trust compares on this and how does the Trust use the learning to support teams to reduce the number of reopened complaints in areas. Dr Lloyd advised that the Trust encourage complainants to come back to us if we haven't fully answered their questions or they have additional questions but would prefer it was dealt with in one episode. Dr Lloyd agreed to break this down for the next report. She added that she will look into the issue regarding comparison with other Trusts as she is not sure that this is reported.

Ms Reape commented that it is really pleasing in the report to see that although we are not hitting the target 100% we are maintaining contact with the patients which is really good. Mrs White

She added it was good to see the task and finish group response and the numbers look really good and recommended this be shared with the governors who will be interested in this area.

Resolution

The Trust Board NOTED this report

BoD/20/351 **FINANCE REPORT**

Mr Hand referred members to the previously circulated report and highlighted that due to the ongoing COVID-19 pandemic formal annual financial planning has been suspended for the first half of 2021/22.

ICS system level planning is in place, with each ICP expected to deliver break-even within a fixed funding envelope. The Trust's requirement for H1 2021/22 is to deliver a £3.0m deficit. At Month 6 the Trust reported a deficit of £3.0m at a system control total level. This is in line with the required budget deficit for M6 as agreed within the ICP/ICS.

Mr Jennings reported that the financial position was discussed at the Resources Committee and Mr Hand highlighted some issues around capital and there was a detailed discussion regarding this and being on track and the funding was secured even if the schemes slipped.

The Chairman advised that he had met with the procurement team today as part of the Board walkrounds and discussed high cost devices and they are actively working on this and we are doing the upmost to recover from the central sources.

Resolution

The Trust Board of Directors NOTED the report

BoD/20/352 **INTEGRATED PERFORMANCE REPORT**

Mr Peate referred members to the Integrated Performance Report and highlighted that the impact of COVID-19 continued but stabilised during September 2021. COVID-19 'Red' pathways were maintained due to the number of inpatients requiring COVID-care with two COVID wards and one COVID critical care unit in operation; at the same time elective activity returned to higher levels, with outpatient activity at 94% and admitted activity at 96% of September 2019 levels.

Key metrics for the safe and effective domains show the level of incident reporting continues to demonstrate an improved reporting culture. The Falls rate remains below benchmark,

with no increase in falls with harm or change in the rate of category 3 and 4 pressure ulcers. This is in the context of higher activity levels, bed occupancy and a further increase in COVID-related staff absence rates in the month. The response to COVID-19 has driven changes to clinical pathways, reflected in increases in Caesarean Section and induction of labour rates.

As attendances to Urgent and Emergency services continue to rise, performance against the 4-hour standard and ambulance handover times continue to be challenging and is reflected across health systems nationally. Cancer 14-day access standard has been above the mean for 7 months. The position against the other cancer metrics has been maintained. COVID-related pressures on theatre and critical care capacity resulted in 58 rescheduled non-urgent procedures.

Sickness absence rates were 5.66% in September due to COVID-related absence and mental wellbeing; support and interventions remain in place and continue to be reviewed. Positively, appraisal rates improved to 72.42% against the target of 80%.

Ms Reape advised that the Quality Assurance Committee reviewed the safety and quality indicators in detail in particularly focussed on friends and family and 4 hours targets in ED. She asked Mr Peate if the new Paediatric ED was making a difference. Mr Peate advised that we see a higher level of attendances due to seasonality which coincided with the unit opening, there was a peak in September - October and we are now seeing a normal level of activity. He added that the volume of patients attending the James Cook site is affecting the friends and family feedback at the current time and the Trust is exploring how we can increase the level of feedback.

Mr Harrison added that despite the increase in attendances and challenges importantly in Paediatric ED those families who have experienced the previous environment see this as a significant step forward. The new unit is very different to the previous environment. Much better and staff are working hard.

Ms Burns reported that the People Committee have focussed on the well led indicators and would commend steady and consistent improvement on SDR completion rates and the Committee was keeping a close eye on mandatory training levels.

Ms Burns commented regarding cancelled operations on day and noted that a significant proportion was patient determined and asked Mr Peate what the reasons were for this and any

ways to resolve it. Mr Peate advised that on a weekly basis the operational teams review the data on cancelations and reasons for it. He advised that he was pleased to see that some historical issues such as DNAs have seen a significant improvement in volumes; because we have had a significant jump in activity we have seen the increase in proportion with cancellations over the last month. There continues to be a focus on areas the Trust can improve including pre assessment.

Mr Ducker asked whether there was a connection between COVID-19 and the changes in maternity pathways and increase in cessation and induction rates. Dr Lloyd commented that the Trust is aware that COVID-19 is having an effect on pregnant mums but they are unlikely to be unwell and need inducing. Mr Ducker asked if a mum comes in who is COVID-19 positive if we are likely to induce the mum and Dr Lloyd advised that this would be a clinical decision.

Mr Jennings reported that the Quality Assurance Committee talked about a number of maternity indicators and could Dr Lloyd advise the Board on what we are doing to take the maternity service forward. Dr Lloyd commented that the Trust has a new Director of Midwifery and a new Head of Midwifery. They have established Maternity Assurance Board which meets on a weekly basis to monitor and review all the work occurring in maternity including Ockenden and Saving Babies Lives as we want to be sure we have good governance in place to monitor what we do and improve what we are doing.

Ms Burns commented on the importance of supporting mums to make the right decision on vaccination and was encouraged by the messages given by the communications team and asked Dr Lloyd if she thought that there was still more to be done. Dr Lloyd replied that the Trust would always want to encourage pregnant mums and people planning pregnancy to have their vaccine. She added that the Clinical Director in maternity recently did some interviews to encourage mums and had a young mum involved who told her story to help others.

Dr Stewart commented that it was really powerful story by the young mum on our midwives in terms of the message they were giving to patients and made a big difference to what they were telling their patients.

Mr Graham thanked Ms Burns for her comments and advised that mums can get in touch through Facebook to get assurances regarding the vaccine.

The Chairman thanked Dr Lloyd, Mr Graham, Dr Stewart and Mr Peate for the update and noted that it is important messages for the population we serve and we support this as

much as possible.

The Chairman added that the integrated performance report had good cross tabulating information and linked the issues across the inter relationships.

Resolution

The Board of Directors NOTED the update

BoD/20/353 **CQC UPDATE**

Dr Lloyd referred members to the previously circulated report and updated that since the last report the Trust has continued to support Directors on their CQC self-assessment. Data continues to be collected and reviewed to identify gaps and work to be done. A further deep dive has been held with the CQC on the Medicine Core Service and work continues to analyse the CQC insights dashboard.

Dr Stewart added that Dr Lloyd had recently attended CPG and presented the road show slides which included a section on "SHINE" which is encouraging staff to share their experiences with others which had been very well received and was good to share with the Board.

Mrs Angel commented that staff want to SHINE and they have embraced this really well.

Resolution

The Trust Board of Directors NOTED the update

BoD/20/354 **STANDING FINANCIAL INSTRUCTIONS, STANDING ORDERS AND SCHEME OF DELEGATION**

Mrs White referred members to her previously circulated report and highlighted that a review had been undertaken of all key corporate governance documents and a number of changes made. The changes made are minor in nature and relate to updating the documents to take account of the recent organisational restructure, job role changes and revised operational practices. Mrs White advised that the detail of the changes had been reviewed and recommended by the Audit & Risk Committee.

Mr Jennings, Chair of the Audit & Risk Committee confirmed the Committee had reviewed the changes which were title rather than substance and Audit & Risk Committee were content with this and recommended approval.

Dr Stewart asked if the delegated limits had been changed and Mrs White confirmed that they had not.

Resolution

The Board of Directors APPROVED the SFI, SO and Scheme of Delegation changes

BoD/20/355 **2020/21 EPRR ANNUAL REPORT AND 2021/22 NHS EPRR CORE STANDARDS ASSESSMENT**

Mr Oxley presented the 2020/21 EPRR Annual Report and 2021/22 EPRR core standards assessment to the Board and advised that the Annual report provides an overview of the EPRR activities undertaken by the Trust during this time plus a summary of the direction of EPRR work for the next 12 months.

The EPRR core standards assessment provides assurance that the Trust is fully compliant with 43 out of 46 standards, allowing us to declare substantial compliance for 2021/22. In addition, all 7 of the oxygen supplies deep-dives were rated as fully compliant although this is not taken into account within the statement of compliance.

Mr Jennings asked if there was anything more we can do to aid the process of consistency of approach in terms of two areas. Mr Oxley advised he will give it some thought and will come back to Mr Jennings on this.

The Chairman commented on the major table top exercise planned in December and asked if Mr Oxley was able to give an idea of what this is. Mr Oxley confirmed that the details were still being worked up but it was likely to be in relation to an incident at Teesside airport.

The Chairman noted the amount of work which had occurred over the last year as identified in the Annual Report. Mr Oxley commented that the Trust supported a number of Trusts who had problems across the country. He added that our arrangements were robust and resilient and we are sharing our good practice. The Chief Executive commented that as we learnt through COVID19 having the Medical Director take the Accountable Officer role for emergency planning has worked well and we should look to see how we did that and how better it was around clinical decision making. Mr Oxley agreed. Dr Stewart advised that he would also like to say thanks to Dr Franke and Dr Maund who worked tirelessly throughout the pandemic supporting the Trust and was pleased to report that Dr Franke will continue to work

Resolution

The Trust Board of Directors NOTED the update

BoD/20/356 **COMMITTEE REPORTS**

The Chairman offered the Chairs of Committees an opportunity to highlight any other business not already covered by the agenda.

Quality Assurance Committee – Ms Reape highlighted that an update on clinical coding was provided and the Committee asked for milestones and timescales on delivery of this improvement work, the preparation for CQC was discussed and the Committee received a report on quality and safety issues in relation to the new patient electronic record roll out.

Resources Committee – Mr Ducker highlighted that the Committee did not review the IPR this month due to timescales but acknowledged that there was more work needed to be done in developing a process which gives insight into key priority areas and improvement actions and timescales and that a workshop was planned on 9 November for Executive and Non-Executive members. H2 planning process was reviewed regarding some of the operational targets.

Mr Hand advised that the deadline for system submission and some interim submissions was due later this week, with the Trust making their submission on 25 November. This will be achievable but challenging around RTT and activity delivery.

Mr Harrison commented that the Senior Leadership Team have been through this in detail with the operational team.

The Chief Executive reminded members that the Board to Board with NHSE/I was coming up soon and there will be discussions on winter, recovery and financial plan. She advised that this will be a tough regulatory month.

People Committee – Ms Burns updated that the Committee had discussed appraisals and it was good to see work on workforce planning and shortages and how we may mitigate the risks around this including new roles and approaches to workforce. The Committee gave thanks to the workforce and discussed the Boards desire to reach out to staff who are working on red covid wards.

Mr Cater Ferris added that the People Committee had also had an extraordinary meeting to consider the staff survey action plans which was very positive around engagement and work which is happening.

BoD/20/357 **CLOSE OF THE MEETING**

The Chairman offered members of the public the opportunity to raise questions with the Board. There were no questions raised.

BoD/20/358 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Board of Directors will take place on Tuesday 7 December 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)
7.9.21	BoD/20/302	BOARD ASSURANCE FRAMEWORK	Consideration of a new threat to Principal risk 5 in terms of how effectively we in the Tees Valley system and local authority system come together in respect of the new governance arrangements of the ICS and local representatives and suggested this be explored.	J White & R Harrison & S Page	Dec-21	To be considered and if appropriate included in quarterly BAF report to Board	Open
7.9.21	BoD/20/302	BOARD ASSURANCE FRAMEWORK	Risk Appetite to be undertaken and included on the BAF	J White	Nov-21	Board development session in November to consider - action to be taken forward by Board Sub Committees - March 2022	Open
7.11.21	BoD/20/350	patient experience and involvement report	Patient Experience report to include the reasons for re-opened cases.	H Lloyd	Feb-22		Open
7.11.21	BoD/20/350	patient experience and involvement report	Benchmarking report of re-opened complaints	H Lloyd	Feb-22		Open
7.11.21	BoD/20/350	patient experience and involvement report	Circulate report to Governors	J White	Dec-21		Open

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 DECEMBER 2021			
Joint Chairman's update			**AGENDA ITEM: 6, ENC 4**
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	**Responsible Director:**	Professor Derek Bell Joint Chairman
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Joint Chairman's update		
Background	The following report provides an update from the Joint Chairman.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Trust Board are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☒	
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒		

Joint Chairman's Update

1. Introduction

This report provides information to the Board of Directors on key local, regional and national issues.

2. Partnership update

The Joint Partnership Board (formerly the Joint Strategic Board) continues to progress areas of commonality between the Trust and North Tees & Hartlepool NHS Foundation Trust for the optimisation of patient care and wider benefits to the population of the Tees Valley and North Yorkshire.

3. Visits and induction

A programme of visits have continued across the Trust. These have included the visits to spinal injuries, perioperative and critical care and women's and children Collaboratives. I was also invited to attend the Senior Medical Staff Committee which I was thrilled to attend and meet with clinical colleagues, providing an update on South Tees and the joint working with North Tees & Hartlepool NHS Trust.

4 North East and North Cumbria Elective Recovery Event

A further regional elective recovery event for the North East and North Cumbria Integrated Care System is scheduled for 3 December 2021 to review progress against the agreed short term and long term objectives that were set at the meeting on 30 September 2021 to reduce the number of long length waits and to transform service provision across the region.

5 Integrated Care System Chief Executive Recruitment

The recruitment process has concluded for a new Chief Executive of the North East and North Cumbria Integrated Care System with the appointment of Sam Allen, who will commence in January 2022 in preparation for the new Integrated Care Board arrangements beginning on 1 April 2022. Sam is replacing Alan Foster who has been in post since the inception of the ICS structure.

Sam was previously the Chief Executive of Sussex Partnership NHS Foundation Trust where she had been in post since 2017 and had been a board member since 2013 in a number of other roles. Sam has exclusively worked in mental health both in provider and commissioning organisations throughout her NHS career.

6 Council of Governors Meeting Update

The Council of Governors meeting took place on 9 November. A development seminar was held prior to the meeting and two key strategies were presented – Estates Strategy and Medium Term Financial Plan. The meeting was a positive

meeting with a presentation by Mr Murphy, Head of Our Hospital Charity and key updates provided on preparation for CQC, finance and performance.

7 Recommendation

The Board of Directors is asked to note the content of this report.

Professor Derek Bell Joint Chair

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 December 2021			
Chief Executive update			**AGENDA ITEM: 7** **ENC 5**
Report Author and Job Title:	Mark Graham, Director of Communications	**Responsible Director:**	Chief Executive
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Chief Executive update		
Background	The following report provides an update from the Chief Executive.		
Assessment	The report provides an overview of the health and wider related issues.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
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 (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☒	
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒		

Chief Executive Update

COVID-19 and winter update

Over the course of November, community infection rates have declined. The time-lag seen during the pandemic between changes in infection rates and hospitalisations has meant that the impact of the pandemic has, however, continued to be felt across the trust with between 60 and 85 patients requiring hospital-based COVID-care, of which between five and ten patients have required critical care.

In addition, during November hospital admissions for COVID-19 were seen amongst older age groups who have been double-jabbed, but are yet to receive their booster.

Vaccines give high levels of protection but immunity reduces over time, particularly for older adults and at-risk groups, so it is crucial that vulnerable people come forward to get their COVID-19 booster vaccine to top up their defences and protect themselves this winter.

In addition, a new national report from the Intensive Care National Audit and Research Centre was published in November showing that three in every four patients who required critical care in England, Wales and Northern Ireland over the summer had received no vaccine.

At the end of November, the Omicron variant was detected in the UK. While geneticists and virologists continue to examine the new variant, the rollout of the booster programme and our existing IPC procedures - face masks, relevant social distancing and appropriate use of PPE – remain as important as ever.

Separately, urgent and emergency care services have remained extremely busy with 20,501 attendances in the five weeks to 17 November – an increase of 6,028 attendances (40 per cent) on the same period last year.

This winter, colleagues are working collaboratively with ambulance services and social care partners to further enhance handover processes, and transfer of care and discharge arrangements for patients who no longer require acute hospital care.

In addition to providing COVID-care and urgent and emergency care, colleagues delivered 4,131 surgical procedures in the five weeks to 17 November, of which 3,117 were planned operations. During the same period, more than 86,000 outpatient appointments were held.

As it comes to that point again in our calendar when winter upon us and seasonal illnesses, such as flu and other conditions linked to colder weather, put additional pressures on services, it is more important ever for everyone eligible to get their COVID and flu vaccinations.

Junior doctors

In addition to existing undergraduate training partnerships with Newcastle and the Hull York Medical School, a medical student-selected component (SSC) offer to Sunderland students this academic year takes the total number of doctors trained by the trust to more than 200.

Undergraduate successes this year include the opening of the new STRIVE facility at the Friarage, the maintenance of safe, face-to-face teaching on wards and at STRIVE during the pandemic, and positive feedback from students.

Specialist clinic for severely obese children

As announced in November by NHS England, the trust is to provide one of 15 new specialist clinics in England for severely obese children and young people to receive intensive support.

Children who are aged between two and 18 and experiencing health complications related to severe obesity will be supported to lose weight through the new service.

Children will also receive specialist treatment and tailored care packages developed with their family, which could include diet plans, mental health treatment and coaching.

Early action can prevent long term health problems such as Type 2 diabetes, heart attacks, strokes and even cancer, which is better for patients and the NHS.

As well as providing expert treatment, the service will identify the factors causing obesity in children, considering their mental and physical health.

Obesity affects one in five children in the UK and can increase the likelihood of a child developing serious health issues such as Type 2 diabetes, liver conditions and early heart disease.

Nursing Times Award

In November our fantastic lung cancer nurses won a Nursing Times Award for their ground-breaking service which minimise the amount of time patients have to spend in hospital during the COVID-19 pandemic.

The specialist Macmillan thoracic nurses, who care for patients following lung cancer surgery, travel to patients' homes after their operations to provide medical care and social, emotional and psychological support. Throughout the pandemic, the service has helped to

- Reduced the number of patients who need to be readmitted to hospital.
- Reduced the risk of patients getting a potentially life threatening case of coronavirus.
- Allowed patients to maintain social isolation for 12 weeks after surgery.
- Enabled lung surgery to continue in the safest possible environment.

HSJ Awards

The trust received special recognition at this year's HSJ Annual Awards for its shared vision of Freedom to Speak Up in the Freedom to Speak up Organisation of the Year category.

Nursing Support Worker Day

On 23 November, we celebrated Nursing Support Workers' Day by putting a spotlight on the vital contribution nursing support workers make to patient care.

UK threat level

On 15 November the national terrorist threat level was raised to SEVERE, which means it is highly likely that a terrorist attack could happen in the UK. This was raised as a precautionary measure due to the incident in Liverpool on 14 November. The trust, like all NHS organisations, is monitoring the situation and taken the necessary measures to review our arrangements.

Digital Safety & Quality First - Patientrack go-live

The Patientrack workstream of the trust's Digital Safety & Quality First programme continues to progress exceptionally with go-live dates taking place in November:

- **Tuesday 16 November** – Friarage
- **Wednesday 17 November** – James Cook

Patientrack is a new e-Obs solution that will replace VitalPAC. It offers the same functionality as VitalPAC, calculating NEWS, but has been extended to include paediatric and maternity early warning scores

2. RECOMMENDATIONS

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

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 7 DECEMBER 2021			
Board Assurance Framework			**AGENDA ITEM: 8, ENC 6**
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Jackie White Head of Governance & Co Secretary
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	The Board have previously approved the development and composition of the Trust's two-year strategic plan and the improvement and recovery plan which sets out the strategic objectives of the Trust. Following this the Board identified the principal risks to achieving the strategic objectives. The Board of Directors tasked the Board sub committees to undertake the scrutiny and assurance of the principal risk, controls and gaps.		
Background	The Board Assurance Framework is a strategic but comprehensive method for the effective and focused management of the principal risks to meeting an organisation's objectives. A structure for the evidence to support the Annual Governance Statement. A method of aggregated board reporting and the prioritisation of action plans which, in turn, allows for more effective performance management. A document to help inform decision making and prioritisation of work relating to the delivery of strategic objectives.		
Assessment	The Board Sub Committees – People, Quality and Resources continue to review their BAF each meeting. Through the Chair's logs the Board can be assured that the Committees have tested the controls in place; received assurances (some positive and some negative); reviewed the gaps in controls or assurance and received assurances to mitigate some of these gaps. The Audit & Risk Committee have undertaken a deep dive into the risk management processes in the People Committee and are assured that robust testing and assurances take place. A new Board and Committee front sheet has been established which includes a level of assurance sections in which authors and then the Committee or Board agree on the level of assurance being provided in the report. Initial feedback on this has been positive. A number of assurance reports are being received today at Board.		

	Staffing continues to be highlighted in a number of reports due to COVID-19 impacting (isolation and sickness) on well led and cqc must do actions including mandatory training. However there is no impact on delivery of care to patients as identified in the IPR and safer staffing report. The safer staffing report also highlights that there has been a reduction of supernumerary co-ordinators in Critical Care Services due to increased acuity of patients but is in-line with UKCCNA COVID surge guidance which supersedes the national GPICS standards highlighted as a must do in the CQC action plan. Spend on locum and agency costs has increased as described in the Finance report however this is being managed internally (90%) through internal locum cover as opposed to agency as reported in the Guardian of Safe Working report. Patient experience and delivery of key performance targets in ED is still impacted (IPR) and as referenced to in the CEO report this is due to an increase of 6,028 attendances (40 per cent) on the same period last year. Assurance levels for each of the threats and principal risks have been reviewed. These have been agreed only with the Executive lead and Chair of the Committee. These will be further validated at the next Committee review.	
Recommendation	Members of the Board of Directors are asked to note the update on the BAF.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The risk implications associated with this report are included in the report.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☒
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒	

Board Assurance Framework (BAF)

1. PURPOSE OF REPORT

The purpose of the report is to provide an update on the work of the Board sub Committees on providing assurance to the Board on the principal risks to achieving the strategic objectives.

2. BACKGROUND

The role of the BAF is to provide evidence and structure to support effective management of Risk within the organisation. The BAF provides evidence to support the Annual Governance Statement.

The BAF provides this totality of assurance and identifies which of the strategic objectives are at risk of not being delivered. At the same time, it provides positive assurance where risks are being managed effectively and objectives are being delivered. This allows the Board to determine where to make most efficient use of their resources or otherwise take mitigation action and address the issues identified in order to deliver the Trust's strategic objectives.

The process for gaining assurance is fundamentally about taking all of the relevant evidence together and arriving at informed conclusions. In order to do this the Board tasks its Board Sub Committee with undertaking scrutiny and assurance of the following:

- Controls in place
- Assurances in place and whether they give positive or negative assurance
- Gaps in controls or assurance
- Actions to close gaps and mitigate risk

Ensuring effective systems are in place to identify, monitor and mitigate risks and providing assurance to Board.

3. DETAILS

The BAF continues to have ***7 principal risks*** associated with delivery of the 5 strategic objectives. These 7 principal risks are made up of ***35 threats.***

The risk rating for the 7 principal risks is made up of ***6 extremely high*** and ***1 high risk*** rating. There has been no change to the risk ratings since the last report.

All Committees have undertaken an exercise to horizon scan for new threats or risks during November and a number of additional threats have been identified which are being worked up for inclusion on the BAF during December. These include:

- Supply chain impact on delivery of the capital programme due to labour and supplies
- ICS/ICB governance and landscape and impact on Trust of system working
- Redeployment of staff
- Mandatory vaccination

- National strike action

The Audit & Risk Committee have undertaken a deep dive into the risk management processes in the People Committee and are assured that robust testing and assurances take place.

New Board and Committee front sheet has been established which includes a level of assurance sections in which authors and then the Committee or Board agree on the level of assurance being provided in the report. Initial feedback on this has been positive.

A number of assurance reports are being received today at Board.

Assurance levels for each of the threats and principal risks have been reviewed. These have been agreed only with the Executive lead and Chair of the Committee. These will be further validated at the next Committee review

3.1 **Assurance reports received during the last quarter**

People Committee received 21 reports of assurance and 2 reports which provided independent assurance.

Quality Assurance Committee received 18 reports of assurance.

Resources Committee received 20 reports of assurance.

3.2 **Assurance reports Trust Board of Directors**

A number of assurance reports are being received today at Board and include:

Principal risk 1 - Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes

- CQC update
- Integrated Performance Report
- Freedom to speak up

Principal risk 3 - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain

- Safe Staffing Report
- Integrated Performance Report
- Guardian of Safe Working
- Freedom to speak up
- CQC update

Principal risk 4 - Failure to deliver as a centre of excellence, resulting in a lack of priority and recognition from commissioners and other stakeholders

- Integrated Performance Report
- Research & Development report

Principal risk 7 - Failure to deliver the Trust's financial recovery plan

- Finance Report
- Integrated Performance Report

3.3 **Assurance levels**

During **November 2021** assurance levels were reported for each report being submitted to a Board Committee. The breakdown is as follows:

None	Limited	Moderate	Significant
1	5	15	4

The balance between internal and external assurances was as follows:

Internal	External
2	23

3.4 **Next quarter**

There are currently 89 gaps in assurance or control recorded as of November 2021. Over the next quarter this position will be monitored and next quarters report will include information of the movement of gaps including any new gaps, how many gaps have been mitigated and how many gaps are overdue.

The approach to lead committee assurance ratings will be tested out at SLT and a standardised approach will be provided to Committees.

4. RECOMMENDATIONS

Members of the Board of Directors are asked to note the report.

APPENDICES
BAF

South Tees Hospitals
NHS Foundation Trust

Board Assurance Framework (BAF): November 2021

This BAF includes the following Principal Risks (PRs) to the Trust's strategic priorities:

- inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes
- A critical infrastructure failure caused by an interruption to the supply of one or more utilities (electricity, gas, water, IT), an uncontrolled fire or security incident or failure of the built environment that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period and compromises ability to deliver high quality care
- Failure to recruit to full establishment, retain and engage our workforce
- Failure to deliver as a centre of excellence, resulting in a lack of priority and recognition from commissioners and other stakeholders
- Working more closely with local health and care partners does not fully deliver the required benefits
- Failure to agree with the system and achieve the Trust's financial strategy resulting in regulatory action and inability to delivery strategic objectives

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)
- Risk ratings – initial, current and target levels
- Clear identification of primary strategic threats and opportunities that are considered likely to increase or reduce the Principal Risk, within which they are expected to materialise
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (**Averse** = aim to avoid the risk entirely; **Minimal** = insistence on low risk options; **Cautious** = preference for low risk options; **Open** = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment strategy identified for each threat and opportunity, each assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate the three lines of defence: (1) **Management** (those responsible for the area reported on); (2) **Risk and compliance functions** (internal but independent of the area reported on); and (3) **Independent assurance** (Internal audit and other external assurance providers)
- Clearly identified gaps in the primary control framework, with details of planned responses each assigned to a member of the Senior Leadership Team (SLT) with agreed timescales risk

Key to lead committee assurance ratings:

Green (significant) = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity
- no gaps in assurance or control AND current exposure risk rating = target
OR
- gaps in control and assurance are being addressed

Amber (moderate) = Inconclusive assurance: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy

Red (limited) = Negative assurance: the Committee is satisfied that there is sufficient reliable evidence that the current risk treatment strategy is not appropriate to the nature and/or scale of the threat or opportunity

This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.

South Tees Hospitals
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Principal risk - 1 (what could prevent us achieving this strategic priority)	**Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes**	**Strategic Objective**	**Best for safe, clinically effective care and experience**

Lead Committee	Quality Assurance Committee	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**	**Risk type**	
Executive Lead	Chief Nurse/Chief Medical officer	**Likelihood**	4. Likely	4. Likely	3. Possible	**Risk appetite**	
Initial date of assessment	21.5.21	**Consequence**	4. Major	4. Major	3. Moderate	**Risk treatment strategy**	
Last reviewed	18.10.21	**Risk Rating**	16. Extreme	16. Extreme	9. High		
Last changed							

Threat (what might cause this to happen)	**Controls** (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Sources of Assurance** (Evidence that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / action to address gaps inc timescales and lead** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
1.1 Significant reduction in patient satisfaction due to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality	Corporate, Collaborative and Directorate structures, accountability & quality governance arrangements at Trust including: • Tier 1 Board Sub Committee and sub structure review undertaken and implemented July 2021. • New governance structure for Risk Management identified and implemented October 2021 • Nursing and Midwifery and AHP meeting • Clinical policies, procedures, guidelines, pathways • Clinical audit programme & monitoring arrangements considered at QAC and Audit Committee • Clinical staff recruitment, induction, mandatory training, registration & re-validation • Defined safe nurse staffing levels for all wards & departments (Nursing safeguards monitored by Chief Nurse) • Ward accreditation programme - STACQ • Nursing & Midwifery Strategy • Sign-off process for incidents and Sis and Never Events • Established and robust QEIA process • Freedom to speak up process in place • Patient Experience sub group in place • Shared learning on quality and safety via weekly, monthly briefings Trust wide and at CPG/SLT	**Management:** Learning from deaths Report to QAC and Board quarterly SI/NE report to QAC and Board monthly EoLC Strategy and Annual Report to QAC Senior leadership walk arounds weekly Deep Dives of critical services at QAC (ED, Ophalmology, Gastroenterology, Critical Care) Guardian of Safe Working report to People Committee and Board quarterly Safeguarding Annual Report to QAC Medical Education update report to People Committee quarterly Freedom to Speak up report to People Committee and Board quarterly Medicines Optimisation Report to QAC quarterly Revised structure for mortality / learning from deaths report to QAC July 2021 CQC preparation plan for future inspection report to QAC and Board monthly AHP Strategy drafted and action plan in place – received by People Committee CQC insights report reviewed by QAC October 2021 **Risk & compliance:** IPR - Quality Dashboard Monthly QAC and Board Quality Priorities Report Qtrly to QAC Health & Safety meeting escalation report to QAC Urgent items for escalation at QAC monthly	Develop AHP Strategy – Ms Mhalanga – November 2021 (People Committee) Working group of CPG to be established to look at the thematic review of never events – assurance to be sought from Safe and Effective Care Group Dr Lloyd – 31 December 2021 In order to improve the depth and quality of our clinical coding in general, and mortality KPIs (e.g. SHMI, HSMR, RAMI etc.) in particular, our Trust has embarked on a clinical coding improvement plan – Mr Imiavan – date to be confirmed	**Moderate**

	• Medical Examiner's office in place	**Independent assurance:** CQC Rating and oversight (monthly relationship) ICNARC Quarterly Report to Clinical Effectiveness Group Audit Inpatient Survey 2019 GMC Feedback to People Committee Care Quality Commission / External Regulation Care Quality Commission / External Regulation Report to QAC CCG Directors of Nursing in attendance at QAC Internal Audit reports PWC (in line with the Internal Audit Plan -; SIs, Prescribing) NHSE/I Never Events critical friend report considered by Safe & Effective Care Group August 2021 CQC monthly deep dives (Clinical support services; Medicine) verbal feedback CQC insights report		
1.2 An increase in the incidences of infectious disease (such as CDIF, influenza; Coronavirus; norovirus; infections resistant to antibiotics) that forces closure of one or more areas of the hospital	Infection prevention & control programme, policies, procedures, staff training and audits PFI arrangements and cleaning standards Review panels of all trust apportioned of all infection disease incidents Clinical Audit programme and monitoring arrangements. Ward accreditation programme - STAQ Weekly IPC huddles Antibiotic stewardship programme in line with revised QAC reporting structure Daily outbreak report aligned to COVID Weekly regional outbreak meeting 14 HCA/PPE marshals / Fit testers and in place Matron for IPC appointed and team capacity increased Cohorting and isolation of patients in line with best practice Increased Critical Care single rooms by 2 in recent months as part of Covid monies	**Management** IPC reporting in line with revised QAC governance structure Reports to IPC Group IPC Annual report to QAC IPC breaches report – IPC Group Bid for the elective recovery fund for a modular decant ward with 24 single rooms submitted – Board report EOI in the New Hospitals Programme submitted COVID19 nosocomial rate reporting **Risk and Compliance** IPC Committee escalation report to QAC IPR quality metrics report to QAC and Board monthly Cleaning standards report to IPC group **Independent Assurance** IBAF CQC review PLACE assessment and scores	Compliance with SOP and Policies - further work required to ensure compliance being explored – ongoing monitoring	**Moderate**
1.3 Lack of IT and administrative systems and processes for organisational learning from events such as incidents, complaints and claims, resulting in patient harms and poorer outcomes	Serious Incident Report (monthly) Serious Incident Investigations (root cause) Safety Bulletins – weekly and monthly Quarterly Patient Experience Report Real time patient experience reporting Clinical Audit programme and monitoring Collaborative Board meetings Review panels (Serious Incident, Pressure Ulcers, Falls, Deteriorating Patients, C. Difficile) Mortality Reviews Medical Examiner reviews Safety@stees collaborative	**Management** Monthly SI and Never event report to Quality Assurance Committee Implementation of the revised quality governance structure and sub groups Integrated Quality Report to QAC Patient Experience Quarterly report Digital update to QAC on quality & safety issues November 2021 **Risk and compliance** IPR quality report to QAC and Board monthly	Train key staff on incident investigation techniques to support increase in reporting culture – commenced – Mr Bennett – January 2022 Embed a sustained learning culture in line with trust vision, values and behaviours , civility and a just culture – Dr Connolly/ Mr Bennett – January 2022	**Moderate**

	Induction and education sessions for staff Patient Safety Faculty Clinical support unit development Regional Getting to good programme Weekly quality and safety wall Regular EQIA panels considering service changes and impact on safety Incident reporting upgrade - DATIX cloud	Quarterly Health & Safety group review of incidents DATIX incident reporting levels monitored against NRLS Freedom to speak up Guardians quarterly report to People Committee Patient safety promises campaign **Independent Assurance** NRLS Benchmarking National Staff Survey to People Committee External Audit Independent assessment of Quality Report Internal audit report on Sis (PWC) CQC engagement meeting Internal and External Risk Summits on critical services NHSE/I Quality Board (stood down) NHSE/I Peer review on never events Quality Report (Account) July 2021 to QAC Patient Experience Audit Report	Identify and agree which existing metrics would provide evidence for measuring the impact of learning and culture change (eg staff survey; FTSU; SI report on incident reporting; moderate and above incident reporting) – Mr Bennett / Dr Connolly – *date changed to 2 months after publication of staff survey – tbc (shared report to QAC and People)* Development of patient safety faculty – commenced – Dr Connolly – *date changed* December 2021 Develop a patient safety and quality Strategy – Mr Bennett – *date changed* December 2021 Increase number of staff who are training in human factors (linked to 21/22 Quality Priority) – Mrs Winnard / Mr Bridle – January 2022 (People Committee) Prepare organisation for the implementation of the patient safety incident report framework – Mr Bennett/Dr Connolly – January 2022 Implement recommendations from Patient Experience audit report February 2022	
1.4 Arising from a lack of engagement with staff at all levels around cultures and behaviours required to embed best practice, continuously learn and deliver high quality patient care.	Trust vales and behaviours agreed and shared with staff Just culture training – roll out Civility and Human factors training – roll out Ward accreditation programme Reciprocal mentorship programme – roll out Freedom to speak up guardians Patient Safety Faculty Patient Safety Champions / Ambassadors Weekly / monthly safety and quality briefings Revised QAC governance sub group structure Appointment of Clinical Collaborative Chairs CPG Constitution Falls and Pressure Ulcers Structure Judgement Reviews - weekly Senior Leadership Visibility programme Incident investigation and complaints training – roll out Patient Safety Ambassadors recruitment and appointment process	**Management** Report and feedback on training for just culture, civility and human factors to People Committee Implementation of new Freedom to speak up model Roll out plan for ward accreditation programme agreed with QAC and CPG CPG constitution agreed and roll out Quarterly report to People Committee culture and leadership QAC sub structure implemented **Risk and Compliance** Reciprocal mentorship programme agreed and roll out for training commencing October 2021 – reported through People Committee	Prepare organisation for the implementation of the patient safety incident report framework – Mr Bennett/Dr Connolly – January 2022	**Moderate**

		Independent National Staff survey results Freedom to speak up national survey Feedback from NHSE/I on review of never events		
1.5 Lack of responsive and accessible services due to inability to deliver national performance standards	Patient Flow process in place Standard operating procedures and policies in place Trust and System escalation process Trust leadership of and attendance at A&E Board Deep dive into high risk areas, risk assessment and recovery plans monitored on a weekly basis as part of an incident control methodology Working with primary care and other stakeholders to manage demand through diversion and re-provision Single QSG review of constitutional standards and escalation of high risk areas SI process Clinical Harm review process Intensive support package agreed with NHSE/I and lead Director and network for support in place Emergency capital funding received and SDEC implemented, Paediatric ED being established Weekly touchpoint meeting with Commissioners Daily touchpoint meeting on patient flow	**Management** Reports to Board on Winter preparedness (x to x) Monthly reports on COVID strategic decision to Board Improvement Plan Phase 1 and reports to Board Recovery plans for high risk services and updates to Board and Committees and CPG Response to NHSE/I letter of 31 July 2020 (updated 7 August 2021) about the third phase of the NHS response to COVID-19 through CPG/SLT Response to NHSE/I letter of 20 August on Elective through CPG/SLT Assurance Framework for managing the implementation of the recovery plan with Collaboratives agreed by SLT **Risk and compliance** QAC review and deep dive into critical areas Clinical Policy group addressing key issues and deterring the allocation of resources based on clinical priorities Improvement recovery plan Phase 2 - capacity and demand updates to CPG IPR report to Board monthly and sub committees Strategic Command structure and recovery structures in place Recovery and Improvement Plan phase 2 presented to the Board **Independent Assurance** ECIS improvement work on patient flow Internal audit of patient flow (to be received)	Implement recommendations from the Internal audit on flow and waiting times – Mr Peate –April 2022 (Resources Committee) Implement the recommendations from the improvement work identified by ECIS – Mr Peate – review initial work January 2022 (Resources Committee)	**Limited**
1.6 Current estate, lack of capital investment and infrastructure compromises the ability to consistently delivery safe, caring, responsive and efficient patient care, world class services	Improved access now in place for lifecycle investment (not available due to COVID restrictions currently Feb 21) Capital planning group in place Planned maintenance processes in place Premises assurance model (PAM) undertaken Regular risk assessments and environmental audits Low levels of back log maintenance Available wards for decanting (not available due to COVID restrictions currently Feb 21) Emergency capital bid 2020/21 Prioritised 5 year Capital plan developed and submitted to ICS for consideration	**Management** 5 year prioritised Capital Plan received by Resources Committee and Board and submitted Regionally January 2021 Expression of Interest (EOI) – New Build Hospital Programme Elective Recovery Programme – Targeted Investment Fund (TIF) Friarage Hospital Estates Update Capital Programme for this financial year 21/22 Quarterly updates on Capital to Resources Committee **Risk and Compliance** Report on lifecycle to Resources Committee	Agree plan to release estate for lifecycle impacted due to COVID restrictions - additional planned maintenance works and condition assessments being undertaken routinely – Mr Oxley – December 2021	**Limited**

		Report on capital to Resources Committee quarterly **Independent Assurance** PLACE assessments ISO accreditation for medical engineering CQC report from July 2019 Visit by David Black and Alan Foster re Critical Care investment Elective Recovery Programme – Targeted Investment Fund (TIF)		

South Tees Hospitals NHS Foundation Trust

Principal risk - 2	**A critical infrastructure failure caused by an interruption to the supply of one or more utilities (electricity, gas, water), an uncontrolled fire or security incident or failure of the built environment that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period and compromises ability to deliver high quality care**	**Strategic Objective**	**Best for safe, clinically effective care and experience**

Lead Committee	Quality Assurance	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**	**Risk type**	
Executive Lead	Director of Estates	**Likelihood**	4. Likely	3. Possible	2. Unlikely	**Risk appetite**	
Initial date of assessment	21.5.21	**Consequence**	5. Catastrophic	5. Catastrophic	5. Catastrophic	**Risk treatment strategy**	
Last reviewed	18.10.21	**Risk Rating**	20. Extremely High	15. Extremely High	10. High		
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
2.1 A large-scale cyber-attack that shuts down the IT network and severely limits the availability of essential information for a prolonged period	Information Governance Assurance Framework Cyber security programme Major incident plan in place Spam and malware email notification ns circulated	**Management** Data Protection and Security Toolkit submission 19/20 **Risk and compliance** **Independent assurance** Cyber internal audit report – weaknesses identified	Internal Audit report recommendations on cyber to be implemented – S Orley – October 2021 (Resources Committee) Date protection and security toolkit for 2020/21 to be completed – S Orley – October 2021 (Resources Committee)	**Moderate**
2.2 A critical supply chain failure that severely restricts the availability of essential goods, medicines or services for a prolonged period (EU exit)	EU Exit task and finish group review of operational response plan for monitoring issues following Brexit SRO for EU Exit appointed Premises Assurance Model (PAM) Estates Governance arrangements with PFI partner Emergency preparedness, resilience and response (EPRR) arrangements at regional, Trust, Centre and service level Operational strategies and plans for specific types of major incident, business continuity and critical incidents Strategic, tactical and operational command for major incidents Trust Resilience Forum and EPRR operational group EPRR Strategy in line with National EPRR framework Training and testing exercises undertaken annually Annual assessment against EPRR core standards On call arrangements in place	**Management** Health & Safety Annual report Condition survey report Procurement Strategy reviewed at Resources Committee Procurement report quarterly to Resources Committee **Risk and compliance** **Independent assurance** Premises Assurance Model report to xxx EPRR report EPRR Core Standards compliance report Water safety report	Commission independent report into supply chain issues which are being identified nationally regarding demand and impact on delivery of capital programmes (Resources Committee)	**Significant**

South Tees Hospitals NHS Foundation Trust

Principal risk - 3	**Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain**	**Strategic Objective**	**A great place to work**

Lead Committee	People Committee	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**	**Risk type**	
Executive Lead	Director of HR	**Likelihood**	5. Almost Certain	4. Likely	3. Possible	**Risk appetite**	
Initial date of assessment	21.5.21	**Consequence**	4. Major	3. Moderate	3. Moderate	**Risk treatment strategy**	
Last reviewed	20.10.21	**Risk Rating**	20. Extreme	12. High	9. High		
Last changed							

Threat (what might cause this to happen)	**Controls** (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Sources of Assurance** (Evidence that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / action to address gaps inc timescales and lead** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
3.1 Ability to attract and retain good staff resulting in critical workforce gaps in some clinical services and impact on use of resources. Failure to have effective workforce plans that anticipate and prevent shortages arising from retirements, shortfalls in all recruitment and retention plans	Vacancy management and recruitment systems and processes Safe nurse staffing levels for all wards and departments managed through daily huddles and escalation through to tactical and strategic Temporary staffing approval and recruitment process in place Specialist recruitment campaigns Work / link with university medical school and Memorandum of Understanding Nurse recruitment days AHP recruitment days International nurse recruitment programme Return to practice programme for nursing vacancies Flexible retirement and return process Increased apprenticeship workforce People Plan work stream on addressing workforce shortages HR Policies and procedures Engagement strategy (including rewards and recognition; engagement tools) Staff Engagement Group Visibility of leadership Board walk rounds Health and Wellbeing Strategy Exit interviews Workforce metrics contained in IPR STAR awards Partnership working compact with medical and staff side Pulse survey and staff survey (national) Freedom to speak up process Staff networks in place for some protected characteristics Contracting arrangements in place for SERCO and sub	**Management** Quarterly reports to People Committee on the 5 key workstreams in the People Strategy – ED&I, Health & Wellbeing, Leadership and Culture, Workforce Shortages, Sense of Belonging Safe Nursing Staffing levels report to Board monthly Use of resources in relation to staff reported to Resource Committee Disciplinary Report quarterly Finance report to Resources Committee on collaborative agency spend Report on Registrant Educational Partnerships and Apprenticeships Report on pilot Collaborative workforce plan Staff engagement report quarterly to People Committee **Risk and compliance** Guardian of Safe Working report to Board May 2020 Freedom to speak up report quarterly People Committee review of risks on a monthly basis IPR workforce metrics reviewed by People Committee and Board monthly EDI Annual report **Independent Assurance** NHSI use of resources report 2018 CQC inspection report July 2018 NHS staff survey 2020 results showing improvement in a number of areas HEE Annual report MOU with Teesside University	Medical and APH safe staffing levels report to People Committee – December 2021 _____ Collaborative Chairs to share workforce plans with People Committee – December 2021 – J Herdman _____ Independent assurance required on e roster & allocate system to establish best use of resources – Resources Committee – Director of HR, Dr Lal, Dr Lloyd - Independent audit review to be commissioned- February 2022 _____ Develop a talent pipeline and also enable our colleagues to develop into new roles. – Director of HR / Dr Lloyd Mrs R Metcalf and Hilary Lloyd *Updated assurance – March 2022*	**Moderate**

	contractor workforce at the Trust Year on year increase in volunteer workforce Nursing & Midwifery Strategy Workforce plan and accountability framework			
3.2 Poor health and absence within our workforce creating service pressures impacting their ability to deliver a high quality service	Welfare calls to staff who are absent Health & wellbeing support programme Staff weekly briefing Psychology support and mental health support Occupational Health and counselling and physio service Wobble rooms established across sites for staff to recover and recoup Project Wingman (staff rest and support programme) Long covid clinics for staff Menopause programme insomnia intervention programme and fatigue support Flu and covid vaccination programme Hardship fund for staff	**Management** Quarterly reports to People Committee on the Health & Wellbeing Staff survey action plans at Collaborative level presented to the People Committee **Risk and compliance** Occupational Health accreditation award in 2021 **Independent Assurance** NHS staff survey 2020 results showing improvement in a number of areas	Embed wellbeing into leadership and management programmes – Ms J Winnard – October 2021 _____ Embed conversations about flexible and agile working as standard practice – through embedding the culture Mrs R Metcalf November 2021 _____ Ensure health and wellbeing conversations occur as part of the annual appraisal system and as part of the return to work process following a period of absence Mrs R Metcalf December 2021 _____ Work towards the Better Health at Work Award which will assist in embedding health and wellbeing into the workplace. Mrs R Metcalf April 2022 Support financial wellbeing by implementing a programme of workshops for colleagues who are considering retirement and require support with pension planning. Mr Emerson February 2022 _____ Implement policies relating to absence management and report on outcomes Ms Herdman	**Limited**

			January 2022	
3.3 Lack of an embedded agile workforce does not allow culture change and utilise technology to change work practices and to work differently which should increase the effectiveness of the service and deliver benefits to staff and patients.	Agile working policy with 'flexible choice' for working hours and ensuring our staff had adequate rest, recuperation and support. Staff Side colleagues to embed wellbeing into our HR Covid-19 Policy Pulse surveys Trust vales and behaviours agreed and shared with staff Freedom to speak up guardians	**Management** Freedom to speak up report quarterly Quarterly reports to People Committee on Health & Wellbeing **Risk and compliance** **Independent Assurance**	Establish evidence that policy and flexible choice has been embedded in the organisation Ms Herdman December 2021 _____ Establish home working group to support staff who remain at home or choose to work from home long term – Mrs Metcalf October 2021 _____ Ensure appropriate training programmes in effectiveness of technology and investment are implemented Mrs Metcalf and Mr Imiavan February 2021	**Limited**
3.4 Our culture and organisational development programme is not progressed leading to poor staff morale, less empowered teams, lack of progress of the equality and diversity agenda and less positive engagement.	BAME risk assessments ED&I strategy Workshop and roll out of values and behaviours Learning and development programme for staff development Weekly staff communications Schwartz rounds Collaborative staff survey action plans STAR awards and local GEM awards Freedom to speak up champions Improvement Plan with OD interventions linked to critical services Affina programme Human factors training Leadership and development programme Just culture and civility saves lives programme Culture workshops and values agreed and launched across the Trust Staff networks in place for some protected characteristics	**Management** ED&I Annual report WRES and WDES report to People Committee Quarterly report to People Committee on ED&I Reciprocal mentorship programme in development Staff engagement report to People Committee quarterly Staff retention report to People Committee including update on on-boarding programme and feedback from initial implementation **Risk and compliance** Freedom to speak up self-review Board 2019 Freedom to Speak Up Guardian report quarterly to Board Guardian of Safe Working report to Board; Gender Pay Gap report to People Committee **Independent Assurance** NHS staff survey 2020 results showing improvement in a number of areas Critical Care junior doctor survey discussed at People Committee 2021	Embed values based recruitment process Mr Emerson November 2021 _____ Undertake an evaluation of the recruitment and on-board programme 6 months from implementation Mr Emerson 31.4.22	**Moderate**

South Tees Hospitals NHS Foundation Trust

Principal risk - 4	**Failure to deliver as a centre of excellence, resulting in a lack of priority and recognition from commissioners and other stakeholders**	**Strategic Objective**	**A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond**

Lead Committee	Trust Provider Committee	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**	**Risk type**	
Executive Lead	Chief Medical Officer	**Likelihood**	4. Likely	4. Likely	2. Unlikely	**Risk appetite**	
Initial date of assessment	21.5.21	**Consequence**	4. Major	4. Major	4. Major	**Risk treatment strategy**	
Last reviewed	30.11.21	**Risk Rating**	16. Extreme	16. Extreme	8. High		
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
4.1 Lack of a clear vision for the improvement journey which engages staff and development the improvement capability leading to a failure to deliver sustainable change and the improvements required.	2 Year Strategic plan and objectives agreed and nine enabling strategies and plans identified Improvement plan Phase 1& 2 People Plan Nursing & Midwifery Strategy Communications & Engagement Strategy Estates Plan R&D Plan Leadership development plan and programmes including quality improvement, team and service support, coaching and human factors CPG constitution Collaborative Chairs in place Mission, Vision and Values agreed and rolled out Leadership and Safety Academy Integrated performance report CQC project group STACQ accreditation	**Management** Clinical Strategy & improvement Group Recovery groups meeting 3 times per week Maternity Assurance Group Emergency Care Group Outpatient Improvement group Surgical improvement group 2 year strategic plan signed off by Board in May 2021 Board development sessions on 2 year strategic plan CPG constitution signed off Improvement & recovery plan signed off by Board Reports to People Committee on Reports to Quality Assurance Committee Report to Resources Committee CQC deep dives – CQC self-assessment of Directorates **Risk and Compliance** B2B feedback CQC insights and NQS data GIRFT reports and external visits including HSE reviewed at Directorate and Committee level **Independent Assurance** One of the highest ranked medical training organisations HEE Annual Report Wellbeing national award - Bronze Top 100 Apprenticeship Employer Other external regulator such as UCAS for Urology; Anaesthetic ACSA	Refresh Digital Strategy to be approved by the Resources Committee – Mr Imiavan Establish Improvement Councils to deliver quality improvement opportunities as part of the contribution to the MTFA – Mr Peate 31.3.22 To ensure all appropriate areas have undertaken a STACQ by 31.3.22 - Dr Lloyd Establish Performance Meetings with Collaboratives and identify trajectories for improvement aligned to the revised IPR – Mr Peate – 28.2.22	**Moderate**
4.2 Failure to deliver a	Improvement Plan phase 1 and 2	**Management**	ICS review of vulnerable service – M	**Limited**

programme of change in support of fragile or vulnerable services leading to a loss of quality, efficiency, outcomes and workforce shortages	Recovery plan including trajectories for improvement Winter Plan Strategic & Winter weekly meeting Elective recovery programme Bespoke programmes of support to critical / fragile services Collaborative structure in place from April 2021 Clinical Strategy and Improvement Group Quality Improvement programme Medical and Nursing leadership changes implemented Medical Management Structure implemented ICS/ICP workstreams on vulnerable services SROs & SLT leads for all Collaborative and critical services (CCU, ED and Maternity) Surgery Tees Valley workstream with SRO in place	Recovery plan reported monthly to Resources Committee, Winter & Strategic Group IPR monthly to Committees and Board CPG oversight and sign of of recovery trajectories Monthly reports to QAC on critical services, eg ophthalmology Deep dives by QAC on critical services Maternity Assurance Group Emergency Care Group Outpatient Improvement group Surgical improvement group **Risk and Compliance** Output of Surgery Tees Valley workstream report into Tees Clinical Strategy Group and then Joint Partnership Board ECIS improvement package of support and assurance **Independent Assurance**	Stewart – date Implement a recruitment campaign and support package for hard to recruit areas – M Stewart with R Metcalf - 30.11.21 ECIS improvement package of support implement recommendations (Resources Committee) Mr Peate – 31.3.22	
4.3 Failure to be a leading centre for research and innovation centre	STRIVE centre for innovation Research Network across Tees Valley R&D Director and team in post R&D Strategy Medical Management Model Research programme Leadership development programmes including MBA, apprenticeship, and other programmes	**Management** Reports to QAC on R&D and Board quarterly EOI for capital development **Risk and compliance** MOU with Teesside University for strategic links Collaborations with HEIs **Independent Assurance** Elective Recovery Programme – Targeted Investment Fund (TIF)	Develop Individual research units in conjunction with R&D Director across specialities, eg Cardiology – R&D Director / M Stewart - ongoing	**Limited**
4.4 Inability to recruit clinicians in specialist and sub speciality fields	Consultant recruitment panels with NED Chair Recruitment process now managed by CMO office Clear systems and processes on recruitment gaps and risks Alternative workforce development plan discussed at CPG	**Management** Report on new consultants and leavers to People Committee, SMSC and Board monthly Weekly report on consultants to CEO/CMO Report to people committee on alternative roles for hard to recruit to roles **Risk and compliance** **Independent Assurance** Actions completed from internal audit report on recruitment	Explore CESR program to establish in house training of consultant staff – Dr Lal – date Implement a recruitment campaign and support package for hard to recruit areas – M Stewart with R Metcalf - 30.11.21	**Moderate**

4.5 Failure to adopt best practice or develop innovative practice due to inadequate systems and process	Clinical Strategy and Improvement Group Improvement and Recovery plan Phase 2 Clinical effectiveness group Getting to Good NHSE/I support group	**Management** Clinical Effectiveness quarterly report to QAC GIRFT report by speciality and quarterly report to QAC on quality CQC insights report being reviewed CQC deep dives into Medicine and Surgery **Risk and compliance** **Independent Assurance**	Routine use of benchmark and / or information used by regulators such as CQC insight report consider by Governance Structures in Trust – Who – I Bennett 31.12.21 (QAC) Establish Improvement Councils to deliver quality improvement opportunities as part of the contribution to the MTFA – Mr Peate 31.3.22	**Limited**

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Principal risk - 5	**Working more closely with local health and care partners does not fully deliver the required benefits**	**Strategic Objective**	**Deliver care without boundaries in collaboration with our health and social care partners**

Lead Committee	Trust Provider Committee	**Risk Rating**	**Initial Rating**	**Current Rating**	**Target**	**Risk type**	
Executive Lead	Chief Executive / Managing Director	**Likelihood**	5. Almost Certain	4. Likely	2. Unlikely	**Risk appetite**	
Initial date of assessment	21.5.21	**Consequence**	4. Major	4. Major	4. Major	**Risk treatment strategy**	
Last reviewed	30.11.21	**Risk Rating**	20. Extreme	16. Extreme	8. High		
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
5.1 Conflicting priorities, financial pressures (system financial plan misalignment) and/or ineffective governance resulting in a breakdown of relationships amongst ICS and ICP partners and an inability to influence further integration of services across acute, mental, primary and social care	ICS CEO meeting ICS Management Meeting Joint development of plans at ICS level Provider Collaborative meetings and workstreams Representation on ICP/ICS and Provider Collaborative work streams Tees Valley ICP Executive Group Tees Valley ICP Compact Exec to Exec meetings with CCG and Trust Finance Directors Group Capital Plan Joint Partnership Board	**Management** Partnership reports including Chairs log & Chairs update from JPB to Board Resources Committee Chairs log to Board Planning update to Resource Committee & Board Finance update to Resource Committee & Board **Risk and Compliance** **Independent Assurance** Provider licence modifications lifted in relation to governance	Work with the ICP to further the expectations to strengthen ICP working - Managing Director – 31.3.22 Consider further opportunities for joint appointments – Managing Director – ongoing Consider the impact of the ICS/ICB in terms of system decision and risks – Managing Director & Head of Governance – 31.3.22	**Moderate**
5.2 Clinical service strategies and/or commissioning intentions that do not sufficiently anticipate evolving healthcare needs of the local population and/or reduce health inequalities	Improvement Recovery Plan Continued engagement with commissioners and ICS/ICP developments in clinical service strategies Partnership working with NTHT TV Clinical Services Strategy TV & ICS Population Health workstreams	**Management** Partnerships including Chairs log from JSB to Board Resources Chairs log to Board Planning update to Board **Risk and Compliance** **Independent Assurance**	Development of a co-produced clinical services strategy for the ICP – Chief Medical Officer – 31.3.22 Consider the impact of the ICS in terms of system decision and risks – Managing Director & Head of Governance – 31.3.22 Consider the impact of Spec Com in light of ICS structure and governance – Mr Hand – 31.3.22	**Limited**
5.3 Failure to modernise the workforce profile to deliver integrated working and efficient use of resources for care across boundaries	ICS/ICP Workforce work stream JPB MOU Agreement of joint posts as they arise in JPB Digital operability mobilisation across Trusts	**Management** Partnerships including Chairs log from JPB to Board Pathology integration updates to JPB **Risk and Compliance**	Fully implement the passport to work across Trusts – Mrs Metcalf – 31.3.22 Implementation of digital connectivity across Trust sites – Mr Imiavan – 31.3.22	**Limited**

		Independent Assurance		
5.4 The Trust will not maximise its potential to contribute to the public health agenda if it does not coordinate its focus on prevention and healthy living with the wider health and social care system	Joint Partnership Board Objective of the JPB included in the MOU Representation on Live Well (South Tees) Board Population Health workstreams at ICP/ICS IPR monitoring impact of deprivation levels and access	**Management** IPR report to sub committee and board monthly **Risk and Compliance** **Independent Assurance**	Further explore the opportunity to combine the resources of NTHT Public Health post – Managing Director – 31.1.22 Identify at speciality level the impact of health inequalities – Mr Hand 31.3.22	**Limited**
5.5 Joint working with North Tees & Hartlepool NHS Trust through Joint Strategic Board does not work effectively to deliver the benefits to the local population including the effectiveness of the Joint Strategic Board and Joint Chair	Joint Chair appointed Memorandum of Understanding, vision and values Joint Partnership Board (Committees in Common) including TOR Joint Board to Board, Council of Governors to Council of Governor development sessions Joint Nomination Committee (Committees in Common) Vice Chair job role supporting joint chair role Stakeholder Engagement with Local Authorities , MPs and local population, CCGs Clinical Policy Group Improvement Recovery Plan Capital Plan Tees Valley ICP Executive Group Tees Valley ICP Compact Exec to Exec meetings with CCG and Trust Finance Directors Group Representation on ICP work streams	**Management** Joint Partnership Board and governance framework in place and approved by Trust Board Chairs log & chairs update from JPB to Trust Board Interim Joint Chair update Expression of Interest (EOI) – New Build Hospital Programme joint with NTHT **Risk and Compliance** B2B feedback on joint working positive **Independent Assurance** Elective Recovery Programme – Targeted Investment Fund (TIF)	Development of a co-produced clinical services strategy for the ICP – Chief Medical Officer – 31.3.22 Development of a communications strategy – Mr Graham 31.12.22	**Moderate**

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Principal risk - 6	Inability to agree financial recovery plan with the regulator	Strategic Objective	Make best use of our resources

Lead Committee	Resources	Risk Rating	Initial Rating	Current Rating	Target	Risk type	
Executive Lead	Chief Finance Officer	Likelihood	5. Almost Certain	5. Almost Certain	3. Possible	Risk appetite	
Initial date of assessment	21.5.21	Consequence	4. Major	4. Major	4. Major	Risk treatment strategy	
Last reviewed	12.10.21	Risk Rating	20. Extreme	20. Extreme	12. High		
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
6.1 Inability to demonstrate to the regulator the causes of the deficit and a credible recovery plan to address those elements within the Trust's control	Medium Term Financial Assessment Plan Resources Committee Trust Board Joint Strategy Board ICP Finance Directors ICS Finance Directors Tees Valley CEO meeting ICS Management Executive Reference Costs and PLICS Clinical Strategy and Improvement Group	**Management** Ongoing updates to SLT, CPG and CSIG Annual report and accounts Annual Governance Statement Medium Term Financial Assessment plan agreed by Resources Committee & Board and submitted to NHSE/I Final Medium Term Financial Assessment plan agreed by Resources Committee & Board and submitted to NHSE/I **Risk and compliance** Updates to Board and Resources Committee monthly Updates to ICP DoFs Financial recovery meeting with NHSE/I held July 2021 B2B meeting outcome letter from R Barker re MTFA August 2021 **Independent assurance** Review of PFI costs – Deloitte External audit of annual account NHSE/I monthly finance monitoring Provider licence restrictions – Letter from Tim Savage	PLICs development plan – Mr Hand – 31 March 2022	**Moderate**
6.2 Insufficient time afforded by the regulator to develop and implement a recovery plan	Medium Term Financial Plan Resources Committee Trust Board Joint Strategy Board ICP Finance Directors ICS Finance Directors Tees Valley CEO meeting ICS Management Executive Clinical Strategy and Improvement Group	**Management** Ongoing updates to SLT, CPG and CSIG Annual report and accounts Annual Governance Statement Final Medium Term Financial Assessment plan agreed by Resources Committee & Board and submitted to NHSE/I **Risk and compliance** Updates to Board and Resources Committee monthly Updates to ICP DoFs	Agree within the system a credible and appropriately challenging CIP programme – Mr Hand – ongoing discussions through JSB and ICP – November 2021	**Limited**

		Independent assurance Review of PFI costs – Deloitte External audit of annual account NHSE/I monthly finance monitoring Provider licence restrictions – Letter from Tim Savage Financial recovery meeting with NHSE/I held July 2021 B2B meeting outcome letter from R Barker re MTFA August 2021		
6.3 Insufficient revenue resources available across the ICS to support the phasing of the Trust's proposed recovery plan	Resources Committee Trust Board Joint Strategy Board ICP Finance Directors ICS Finance Directors Tees Valley CEO meeting ICS Management Executive	**Management** ICS/ICP updates through Finance report and CEO report to Committees and Board JSB MOU Final Medium Term Financial Assessment plan agreed by Resources Committee & Board and submitted to NHSE/I **Risk and compliance** Regional Directors (2019) review of system savings report **Independent** ICP/ICS Plan submission approval by NHSE/I Financial recovery meeting with NHSE/I held July 2021 B2B meeting outcome letter from R Barker re MTFA August 2021	Lack of recognition of PFI costs on revenue and the provision within ICS to meet the structural costs – Mr Hand – ongoing discussion – resolve December 2021 Establish and receive external support to address the structural deficit - Mr Hand – October 2021 Establish joint contracting group with NTHT – Mr Hand – September 2021 Agree with the Commissioner the additional investment to address the cost of the safety issues – Mr Hand – ongoing discussions – need to agree as part of the ICS handover March 2022	**Limited**
6.4 Insufficient capital resources available across the ICS to support the phasing of the Trust's capital investment requirements	PFI Contract management Capital planning group Planned maintenance programme Premises assurance model (PAM) undertaken Regular risk assessments and environmental audits Emergency capital bid 2021/22 1 year Capital Plan agreed Prioritised 5 year Capital plan developed and submitted to ICS for consideration Medical Devices Group Fixed Asset register Risk register	**Management** Chairs log from H&S Group to QAC regarding Medical Expression of Interest (EOI) – New Build Hospital Programme Elective Recovery Programme – Targeted Investment Fund (TIF) Friarage Hospital Estates Update Capital Programme for this financial year 21/22 Quarterly updates on Capital to Resources Committee **Risk and compliance** PFI contract management Lifecycle report to Resources Committee Capital update report to Resources Committee Expression of Interest Capital Planning agreed by Resources Committee LINAC report to Resources Committee Community Diagnostic Hub report recommended by Resources Committee and approved by Board **Independent assurance** Internal audit reports	Agree plan to release estate for lifecycle impacted due to COVID restrictions - additional planned maintenance works and condition assessments being undertaken routinely – Mr Oxley – December 2021 Agree with ICS sufficient capital resource to address the Trust investment requirements over the short and medium term - Mr Hand – March 2022 subject to planning guidance	**Limited**

		Elective Recovery Programme – Targeted Investment Fund (TIF) - received		
6.5 Lack of cooperation from ICS partners to support allocation of ICS resources to the Trust	ICS/ICP Director of Finance meeting ICS Capital Planning / Estates Managers meeting Joint working with NTHT TV Clinical Services Strategy and Board TV CEO meeting ICS Executive Management Meeting Joint Strategy Board ICS/ICP plan	**Management** ICS/ICP updates through Finance report and CEO report to Committees and Board JSB MOU **Risk and compliance** Regional Directors (2019) review of system savings report Expression of Interest Capital Planning agreed by Resources Committee LINAC report to Resources Committee Community Diagnostic Hub report recommended by Resources Committee and approved by Board **Independent** ICP/ICS Plan submission approval by NHSE/I	Agree risk share agreement across ICS – Mr Hand – March 2022 Delivery of the regional directors (2019) system savings to be reviewed by ICP – Mr Hand – as part of ICS handover March 2022	**Limited**

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Principal risk - 7	Failure to deliver the Trust's financial recovery plan	Strategic Objective	Make best use of our resources

Lead Committee	Resources	Risk Rating	Initial Rating	Current Rating	Target	Risk type	
Executive Lead	Chief Finance Officer	Likelihood	5. Almost Certain	5. Almost Certain	3. Possible	Risk appetite	
Initial date of assessment	21.5.21	Consequence	4. Major	4. Major	4. Major	Risk treatment strategy	
Last reviewed	12.10.21	Risk Rating	20. Extreme	20. Extreme	12. High		
Last changed							

Threat	Controls	Sources of Assurance	Gaps in assurance / action to address gaps inc timescales and lead	Assurance rating
7.1 Insufficient capacity to identify and deliver the required level of savings opportunities	Resources Committee Budget setting principles and budgets in place CIP planning CIP monitoring programme and infrastructure Clinical Collaborative framework CPG Clinical Strategy and Improvement Group PLICS pilot in General Surgery GIRFT	**Management** Directorate level finance reports Annual report and accounts Annual Governance Statement National Cost Collection report to Resources Committee September 2021 **Risk and compliance** Finance to Board and Resources Committee monthly including CIP progress IPR report to Board and Committees Provider licence self-assessment **Independent assurance** Internal audit External audit NHSE/I monthly finance monitoring	Delivery of the regional directors (2019) system savings to be reviewed by ICP – Mr Hand – as part of ICS handover March 2022 Review of finance structure to ensure fit for purpose to support directorates and Collaboratives financial management – Mr Hand – interim posts September 2021, full review by December 2021 Develop PLICS, Model hospital reporting and interpretation of data – Mr Hand - initial reporting started to Resources Committee August 2021, pilot for collaboratives established with General Surgery August 2021 – full roll out to be agreed	**Moderate**
7.2 Potential loss of grip and control during transition to new clinically led structure	Day to day budget management processes in place Finance business partners - qualified Policies and procedures for managing financial control Cash flow forecast Finance Investment Board in place quality assuring business cases for revenue Capital Planning Group in place quality assuring business cases for capital Business case process in place Corporate Governance Framework (SFI/SO, Scheme of delegation in place) Vacancy control plan in place CPG Constitution Collaborative Chairs meeting Agency and locum sign off process Purchasing via procurement frameworks and NHS supply chain	**Management** Directorate level and department level finance reporting Cost centre level finance reports Business cases reviewed by FIB / Capital Planning CPG decision making on budgets and capital planning Budget sign off Annual accounts Update SFI/SOs in line with Collaborative Structure agreed by Audit Committee **Risk and compliance** Finance report to Board, Resources Committee Procurement report to Resources Committee **Independent** Going concern and financial controls audit as part of	Review of finance structure to ensure fit for purpose to support directorates and Collaboratives financial management – Mr Hand – interim posts September 2021, full review by December 2021 Develop PLICS, Model hospital reporting and interpretation of data – Mr Hand - initial reporting started to Resources Committee August 2021, pilot for collaboratives established with General Surgery August 2021 – full roll out to be agreed Contract uncertainty – agree with Commissioners – Mr Hand – ICS handover March 2022	**Limited**

		External and Internal audit programme Regional finance returns monthly (H1/H2)		
7.3 Unexpected cost pressures leading to unplanned overspends	Day to day budget management processes in place Finance business partners - qualified Policies and procedures for managing financial control Cash flow forecast Corporate Governance Framework (SFI/SO, Scheme of delegation in place) Vacancy control plan in place CPG Constitution Collaborative Chairs meeting Agency and locum sign off process Purchasing via procurement frameworks and NHS supply chain ICS/ICP Director of Finance meeting Joint working with NTHT CIP group in place with agreed governance and reporting structure	**Management** Directorate level and department level finance reporting Budget sign off ICS/ICP updates through Finance report and CEO report to Committees and Board **Risk and compliance** Finance report to Board, Resources Committee Procurement report to Resources Committee **Independent** Going concern and financial controls audit as part of External and Internal audit programme Regional finance returns monthly (H1/H2)	Review of finance structure to ensure fit for purpose to support directorates and Collaboratives financial management – Mr Hand – interim posts September 2021, full review by December 2021 Agree risk share agreement across ICS – Mr Hand – March 2022	**Limited**
7.4 Inability to agree contracts with commissioners to provide the planned levels of clinical income	Resources Committee Contracting team BIU team NHS Standard Contract and guidance Costing information Joint NTHT Contract Contract meetings	**Management** Finance report Contracting guidance **Risk and compliance** Finance report to Board, Resources Committee **Independent** NHSE/I independent costing assurance audits	Contract uncertainty – agree with Commissioners – Mr Hand – ICS handover March 2022 Establish joint contracting group with NTHT – Mr Hand – September 2021	**Limited**
7.5 Insufficient capital resources available to support innovation and transformation	Capital planning group in place Planned maintenance processes in place Premises assurance model (PAM) undertaken Regular risk assessments and environmental audits Emergency capital bid 2021/22 1 year Capital Plan agreed Prioritised 5 year Capital plan developed and submitted to ICS for consideration Medical Devices Group Fixed Asset register	**Management** Chairs log from H&S Group to QAC regarding Medical Expression of Interest (EOI) – New Build Hospital Programme Elective Recovery Programme – Targeted Investment Fund (TIF) Friarage Hospital Estates Update Capital Programme for this financial year 21/22 Quarterly updates on Capital to Resources Committee **Risk and compliance** PFI contract management Lifecycle report to Resources Committee Capital update report to Resources Committee Expression of Interest Capital Planning agreed by Resources Committee LINAC report to Resources Committee Community Diagnostic Hub report recommended by Resources Committee and approved by Board **Independent assurance**	Agree plan to release estate for lifecycle impacted due to COVID restrictions - additional planned maintenance works and condition assessments being undertaken routinely – Mr Oxley – December 2021 Agree with ICS sufficient capital resource to address the Trust investment requirements over the short and medium term - Mr Hand – March 2022 subject to planning guidance	**Limited**

		Internal audit reports		
7.6 Inability of system partners to support or implement system wide opportunities	ICS/ICP Director of Finance meeting ICS Capital Planning / Estates Managers meeting Joint working with NTHT TV Clinical Services Strategy and Board TV CEO meeting ICS Executive Management Meeting Joint Strategy Board ICS/ICP plan	**Management** ICS/ICP updates through Finance report and CEO report to Committees and Board JSB MOU Finance report to JSB on opportunities across the TV **Risk and compliance** Regional Directors (2019) review of system savings report **Independent** ICP/ICS Plan submission approval by NHSE/I	Agree risk share agreement across ICS – Mr Hand – March 2022 Delivery of the regional directors (2019) system savings to be reviewed by ICP – Mr Hand – as part of ICS handover March 2022	**Limited**
7.7 Failure of key infrastructure (equipment, IT and Estates) impacting on operational delivery	Capital planning group in place Planned maintenance processes in place Premises assurance model (PAM) undertaken Regular risk assessments and environmental audits Emergency capital bid 2021/22 1 year Capital Plan agreed Prioritised 5 year Capital plan developed and submitted to ICS for consideration Medical Devices Group Fixed Asset register Digital Director appointment made and commenced in post August 2021	**Management** Chairs log from H&S Group to QAC regarding Medical supplies Expression of Interest (EOI) – New Build Hospital Programme Elective Recovery Programme – Targeted Investment Fund (TIF) Friarage Hospital Estates Update Capital Programme for this financial year 21/22 Quarterly updates on Capital to Resources Committee **Risk and compliance** PFI contract management Lifecycle report to Resources Committee Capital update report to Resources Committee Expression of Interest Capital Planning agreed by Resources Committee LINAC report to Resources Committee Community Diagnostic Hub report recommended by Resources Committee and approved by Board **Independent assurance** Internal audit reports	Agree with ICS sufficient capital resource to address the Trust investment requirements over the short and medium term - Mr Hand – March 2022 subject to planning guidance Agree plan to release estate for lifecycle impacted due to COVID restrictions - additional planned maintenance works and condition assessments being undertaken routinely – Mr Oxley – December 2021 Update to digital strategy – Mr Imiavan – December 2021	**Limited**
7.8 Failure to advance digital maturity will impact on efficiency, care quality and safety	Business case for MIYA IT Business Continuity and Incident Management plans Programme for upgrade to Network infrastructure Capital Investment approved and programme of delivery for identified capital plan including infrastructure and desk top hardware Digital Strategy group MIYA programme board Engagement on GNCR SIRO	**Management** Business Case for MIYA approved by Board Elective Recovery Programme – Targeted Investment Fund (TIF) **Risk and compliance** Digital updates to Resource Committee monthly Digital roadmap produced and included in Improvement Recovery Plan for Board	Update to digital strategy – Mr Imiavan – December 2021 Complete implementation of recommendations from NHS digital review – Mr Imiavan – October 2021 Complete the delivery of MIYA roll out – Mr Imiavan – September 2022	**Limited**

	Digital leadership meeting in place fortnightly NED and Associate NED appointed with digital skills background Digital Director appointment made and commenced in post August 2021	**Independent assurance** NHS digital review of Tees Valley PWC have completed audits of Cyber Security and the Data Security & Protection toolkit. Elective Recovery Programme – Targeted Investment Fund (TIF)	Internal audit review of digital governance – Mr Imiavan – end of October 2021	

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 DECEMBER 2021			
Safe Staffing Report for October 2021 – Nursing and Midwifery			**AGENDA ITEM: 9, ENC 7**
Report Author and Job Title:	Debi McKeown NMAHP Workforce Lead	**Responsible Director:**	Dr Hilary Lloyd Chief Nurse
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report details nursing and midwifery staffing levels for October 2021		
Background	The requirement to publish nursing & midwifery staffing levels on a monthly basis is one of the ten expectations specified by the National Quality Board (2013 and 2016).		
Assessment	The percentage of shifts filled against the planned nurse and midwifery staffing across the trust is 96.3% as per table 1 demonstrating good compliance with safer staffing. Staffing has continued to be a challenge across the trust with short notice unavailability associated with Covid isolation and Covid related absence. Nursing Turnover for October is currently 8.40 %		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☐ Limited ☐ None ☐		
Recommendation	The Board of Directors are asked to note the content of this report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal risk 3 - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain		
Legal and Equality and Diversity implications	• Care Quality Commission • NHS Improvement • NHS England		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience ☒	A great place to work ☒	
	Deliver care without boundaries in collaboration with our health and social care partners ☐	Make best use of our resources ☐	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and		

	innovation in the North East of England, North Yorkshire and beyond ☐	

Nursing and Midwifery Workforce Exception Report
October 2021

Safe Staffing Governance

Safer staffing is maintained through twice daily SafeCare (staffing review) meetings to address any immediate issues and put robust plans in place. All elements of safer staffing are discussed at the Workforce Group which meets weekly on a Wednesday and are escalated to the Tactical/Strategic Group as required. A look forward to the week ahead on Mondays and the weekends on Fridays takes place with Associate Directors of Nursing and Clinical Matrons.

Staff movement takes place to ensure patient safety with Clinical Matron Huddles and Ward Manager Briefings utilised to ensure full communication of plans and to gain feedback from teams to inform decision making.

Planned staffing templates are reviewed monthly and when patient pathways change and are included in this report as planned versus actual (Table 1 & 2)

Redeployment of staff has taken place on a regular basis to ensure wards are safely staffed with 393 (3980.38) hours logged via SafeCare during October which was an increase on September hours.

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

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

The breakdown by ward is in Table 2

Table 1 – Trust wide Monthly Fill Rates

		August 2021	September 2021	October 2021
Overall Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	86.5%	86.7%	87.4%
	HCA (%) Average fill rate - DAYS	91.1%	91.1%	88.9%
	NA (%) Average fill rate - DAYS	100%	100%	100%
	TNA (%) Average fill rate - DAYS	100%	100%	100%
	RN/RMs (%) Average fill rate - NIGHTS	90.1%	89.6%	89.8%
	HCA (%) Average fill rate - NIGHTS	104.4%	105.3%	104.2%
	NA (%) Average fill rate - NIGHTS	100%	100%	100%
	TNA (%) Average fill rate - NIGHTS	100%	100%	100%
	Total % of Overall planned hours	**96.51%**	**96.59%**	**96.3%**

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

Wards	Physical Bed Capacity	Open Bed Capacity	Occupied Bed No - (at midnight)	Total CHPPD	Average fill rate - Days RN/ RM (%)	Average fill rate - Days HCA (%)	Average fill rate – Days NA (%)	Average fill rate – Days TNA (%)	Av (%)fill rate - Nights RN/RM	Average fill rate - Nights HCA (%)	Average fill rate – Nights NA (%)	Average fill rate - Nights TNA (%)	Reason for exception (when less than 80%) for RNs
Ward 1	28	28	22	9.46	110%	94.4%	-	100%	121%	111.7%	-	100%	
Ward 2	28	28	25	6.91	91.9%	129.9%	100%	-	71.8%	98.5%	100%	-	3 RN Nights (1:10 ratio) safe staffing maintained
Ward 3	28	28	12	9.45	71.8%	77%	-	100%	78.1%	97.9%	-	100%	Reduced beds
Ward 4	23	23	21	6.32	98.5%	87%	-	-	76.5%	109.2%	-	-	2 RN on nights 2 (1:11 ratio) safe staffing maintained
Ward 5	28	22	22	5.99	77.1%	85.7%	-	100%	68.1%	133.6%	-	100%	Planned 5 RNs working with 4 (1:7 ratio) Planned 3 RN on nights & working with 2 (1:8 ratio) safe staffing maintained
Ward 6	30	30	28	6.19	86.4%	115.4%	-	-	81.9%	117%	-	-	
Ward 7	30	30	27	6.13	80.1%	100.2%	100%	100%	86.1%	109.8%	100%	-	
Ward 8	30	30	26	6.48	79.3%	110.6%	-	100%	90.4%	97.8%	-	100%	Planned for 5 RN days & working with 4 (1:8 ratio) safe staffing maintained
Ward 9	28	28	20	8.78	94.5%	101.1%	-	-	113.6%	112.7%	-	-	
Ward 10	27	27	25	6.63	79.6%	99.3%	-	-	83.4%	110.8%	-	-	Planned for 5 RN days & working with 4 (1:7 ratio) safe staffing maintained
Ward 11	28	28	27	7.55	90.3%	110.3%	-	-	92.5%	140.4%	-	-	
Ward 12	26	16	22	6.36	127.1%	124.2%	-	-	98.1%	133.8%	-	-	
Ward 14	23	21	17	7.87	127.0%	95.4%	-	100%	70.7%	110.9%	-	100%	Planned 3 RN nights & working with 2 (1:7 ratio) safe staffing maintained
Ward 24	23	23	19	8.85	93.6	148.1%	100%	100%	76.6%	205.9%	100%	-	Planned 3 RN nights & working with 2 (1:11 ratio) safe staffing maintained
Ward 25	21	16	10	8.19	66.3%	61.6%	-	100%	96.3%	58.8%	-	-	Planned 4 RN days & working with 2 (1:8 ratio) Planned 3 RN & working with 2 (1:8 ratio) safe staffing maintained
Ward 26	18	18	18	6.62	101.2%	84.6%	-	-	100.2%	127.8%	-	-	
Ward 27	15	15	14	10.20	131.9%	163.6%	-	-	102.2%	115.1%	-	-	
Ward 28	30	30	21	7.64	95.3%	96.9%	-	-	93.6%	100.0%	-	-	
Ward 29	27	27	23	6.12	90.2%	109.6%	100%	-	74.4%	135.6%	-	-	Planned 3 RN on nights & working with 2 (1:11 ratio) safe staffing maintained
Cardio Monitoring	9	9	8	8.76	100.0%	100.0%	-	-	98.4%	-	100%	-	

Ward 31 Vascular	35	19	19	6.53	113.3%	104.8%	100%	-	96.8%	98.2%	-	-	
Ward 32	22	21	20	6.91	101.0%	96.0%	-	-	100.0%	116.1%	-	-	
Ward 33	19	19	17	7.44	97.1%	91.2%	-	-	106.5%	88.9%	-	-	
Ward 34	34	34	30	6.13	82.7%	89.9%	-	-	96.4%	95.0%	-	-	
Ward 35	26	26	19	8.57	99.4%	104.7%	-	-	88.2%	95.8%	-	-	
Ward 36 Trauma	34	34	30	6.42	83.2%	128.8%	-	100%	98.1%	131.9%	100%	100%	
Critical Care	33	33	28	31.55	97.6%	103.2%	-	-	94.7%	105.2%	-	-	
Cardio ICU	12	10	8	32.05	77,4%	101.7%	-	-	78%	158.1%	100%	-	Planned 11 RN days & nights working with 9 (1:1 ratio) elective program activity prioritised.
Cardio HDU	10	10	6	19.69	69%	88.7%	-	-	62.6%	100%	-	-	Planned 6 RN days & working with 4 (1:2 ratio) Planned 5 RN nights working with 3 (1:3 ratio)
Neuro HDU	8	8	7	16.01	98.9%	97.9%	-	-	97%	100%	-	-	
Ainderby FHN	27	22	20	5.21	71.3%	82.3%	-	-	93.7%	96.0%	-	-	Planned 4 RN days & working with 3 (1:6 ratio)
Romanby FHN	26	26	20	5.64	90.4%	59.9%	-	-	98.4%	95.1%	-	-	
Gara Orthopaedic FHN	21	16	10	9.52	86.0%	73.2%	-	-	100.4%	69.6%	-	-	
Rutson FHN	17	17	15	7.26	80.3%	74.8%	-	-	98.6%	90.3%	-	-	
Friary Community Hospital	18	18	13	7.50	106.4%	72.0%	-	-	95.3%	85.7%	-	-	
Zetland Ward	31	29	24	7.67	68.8%	84.6%	-	100%	84.1%	120.5%	-	-	Planned 4 RN & working with 3 (1:7 ratio)
Tocketts Ward	30	26	24	6.14	68.6%	81.0%	-	-	71.0%	117.0%	-	-	Planned 4 RN days & working with 3 (1:7 ratio) Planned for 3 RN nights & working with 2 (1:8 ratio)
Ward 21	25	25	16	9.57	76.1%	95.2%	-	100%	79.6%	74.2%	-	100%	Planned 6 RN days & nights, working with 4 (1:4 ratio)
Ward 22	17	17	7	12.44	87.9%	69.6%	-	-	83.4%	46.8%	-	-	
Central Delivery Suite	-	-	11	27.34	94.0%	52.1%	-	100%	93.2%	93.5%	-	-	
Neonatal Unit (NNU)	35	35	24	13.42	88.4%	71.0%	-	-	87.3%	-	-	-	
Paediatric Intensive Care Unit (PCCU)	6	6	4	23.64	89.0%	56.3%	-	-	84.9%	-	-		
Ward 17	-	-	24	7.53	88.6%	76.6%	-	100%	91.9%	79.7%	-	100%	

Ward 19 Ante Natal	-	-	9	7.94	75.5%	91.1%	-	-	96.8%	-	-		Planned 4 RM days & working with 3, safe staffing maintained.
Maternity Centre FHN	-	-	-	251.8	36.7%	1.4%	-	-	32.3%	-	-		Unit closed to ensure safe staffing on JCUH site, until 25th October. Planned ratio for ongoing activity, 2 RM day & night.
Spinal Injuries	24	24	20	10.03	84.3%	76.6%	-	-	100.0%	98.9%	-		
CCU	14	14	10	15.21	83.7%	58.8%	-	-	100.0%	-	-		

Increased staff sickness and COVID isolation continued during October. Nursing turnover increased slightly from 8.13% to 8.40.%

Table 3 below shows recorded nurse sensitive indicators during October with 2 Serious Incident (SI) reported. No staffing factors were identified as part of the SI review process.

There have been 22 reported episodes for a reduction of supernumerary co-ordinators in Critical Care Services due to increased acuity of patients and in-line with UKCCNA COVID surge guidance.

Ward/Area Name	New or Deteriorating PU 2's (Inpatient)	New or Deteriorating PU 3's (Inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey	SI's Reported in October
Ward 1	1	2		3			Pressure Ulcer - Category 3
Ward 2	2			6		8.44	
Ward 3	5			1		9.27	
Ward 4	5			5		8.72	
Ward 5				5	1	8.37	
Ward 6				8		8.95	
Ward 7				3		8.06	
Ward 8	3			5		8.67	
Ward 9	4			3		8.84	
Ward 10	1			14	1		
Ward 11	1	2		5		8.71	
Ward 12	1			4		8.28	
Ward 14	2			5		8.44	
Ward 24	1			7	1	8.71	
Ward 25				1	1	9.28	
Ward 26				3	1	8.38	
Ward 27	1			1		8.92	
Ward 28	2			13	1	9.08	
Ward 29				4		9.34	
Ward 31	5	1		5		9.13	
Ward 32				1		8.45	
Ward 33	2			1		9.56	
Ward 34	5			8	1	9.37	
Ward 35	2			1		9.22	
Trauma Ward 36	5			5	1	8.54	
General High Dependency	12	2		1			
General ICU 2	11						
General ICU 3	5	2					Pressure Ulcer - Category 3
Cardiothoracic ITU	5						
Cardio HDU						9.43	
Neuro HDU						9.37	
Ainderby Ward	1			5		8.48	
Romanby Ward	2			1		9.23	
Gara Ward						9.47	
Rutson Fhn				1		9.05	
Friary Victoria Ward	2			2		9.49	
Zetland Ward	5			3	1	9.57	
Tocketts Ward	2			7		8.70	
Ward 21						9.32	
Ward 22						9.23	
Central Delivery Suite							
Special Care Baby Unit (NNU)	1					8.09	
Paediatric Critical Care Unit						9.47	
Ward 17						8.94	
Spinal Injury HDU							
Spinal Injury Rehab Unit						9.07	
Coronary Care Unit	1					9.70	

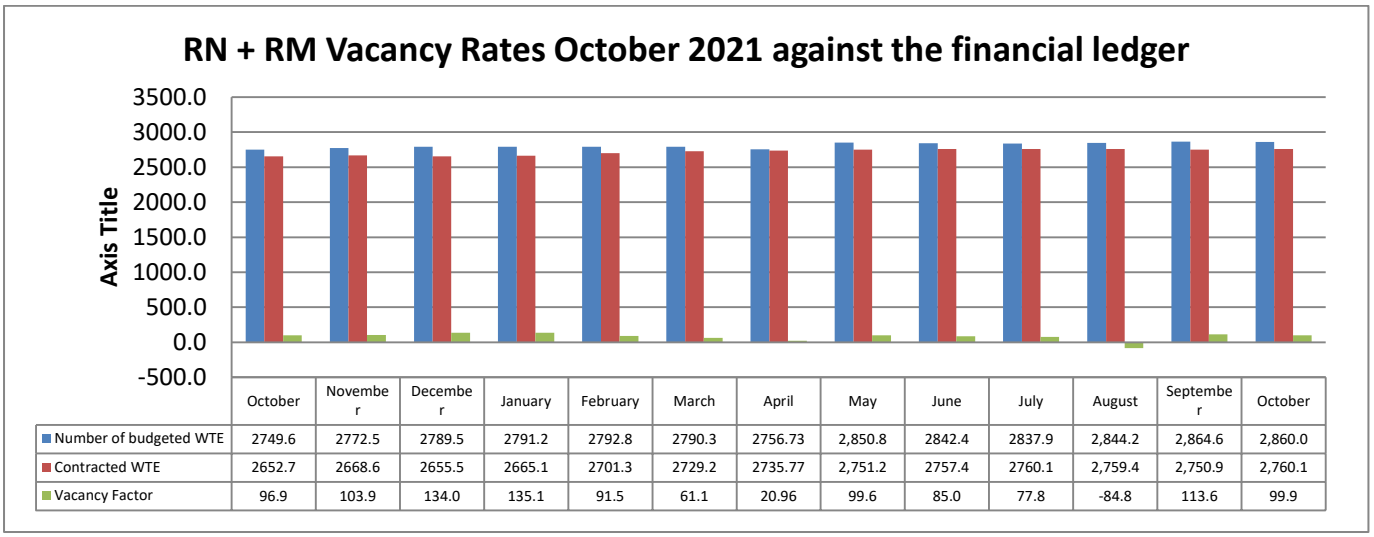
Table 3 – Nurse sensitive indicators and 1000 voices scores

New published new guidance on ‘Winter 2021 preparedness: Nursing and Midwifery Safer staffing’ was published in November 2021. The nursing teams are currently reviewing the guidance and reporting in line with NICE Guidance and our DATIX reporting system to best capture Red flags and safe staffing incidents. Progress will be reported in next month’s staffing paper.

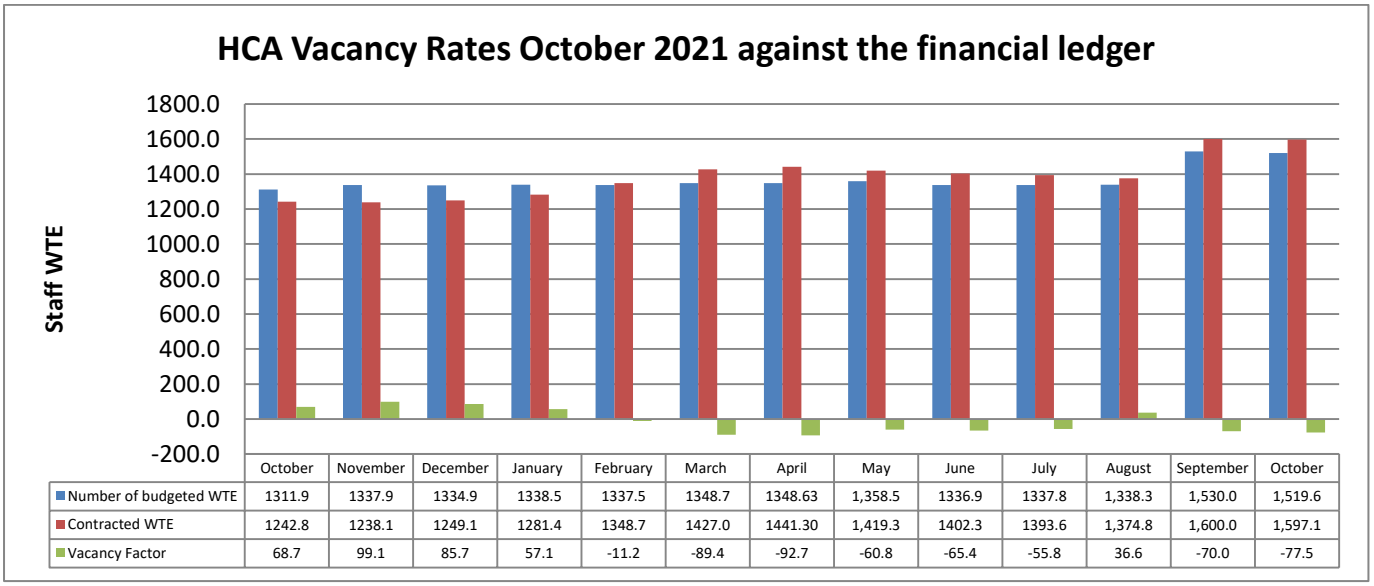
Vacancy and Turnover

Recruitment of nursing staff continues with vacancies being filled quickly. In October 62 student nurses applied for staff nurse posts with interviews taking place in November and a welcome event planned.

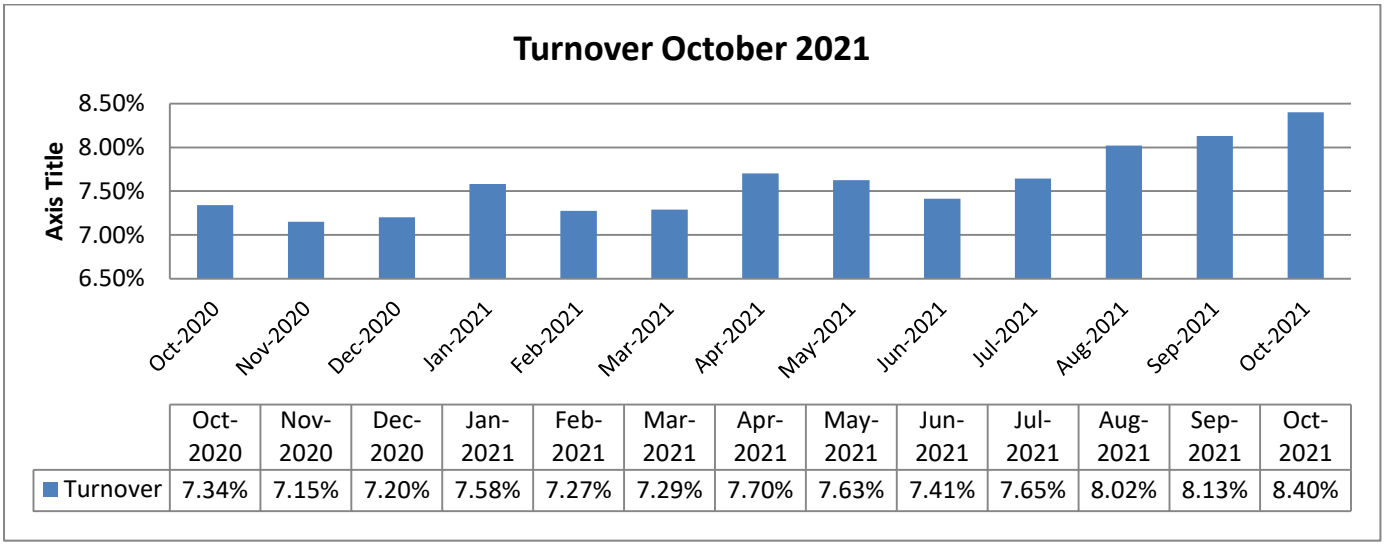
Overall turnover for October is 8.4%



	October	November	December	January	February	March	April	May	June	July	August	September	October
Number of budgeted WTE	2749.6	2772.5	2789.5	2791.2	2792.8	2790.3	2756.73	2,850.8	2842.4	2837.9	2,844.2	2,864.6	2,860.0
Contracted WTE	2652.7	2668.6	2655.5	2665.1	2701.3	2729.2	2735.77	2,751.2	2757.4	2760.1	2,759.4	2,750.9	2,760.1
Vacancy Factor	96.9	103.9	134.0	135.1	91.5	61.1	20.96	99.6	85.0	77.8	-84.8	113.6	99.9



	October	November	December	January	February	March	April	May	June	July	August	September	October
Number of budgeted WTE	1311.9	1337.9	1334.9	1338.5	1337.5	1348.7	1348.63	1,358.5	1336.9	1337.8	1,338.3	1,530.0	1,519.6
Contracted WTE	1242.8	1238.1	1249.1	1281.4	1348.7	1427.0	1441.30	1,419.3	1402.3	1393.6	1,374.8	1,600.0	1,597.1
Vacancy Factor	68.7	99.1	85.7	57.1	-11.2	-89.4	-92.7	-60.8	-65.4	-55.8	36.6	-70.0	-77.5



	Oct-2020	Nov-2020	Dec-2020	Jan-2021	Feb-2021	Mar-2021	Apr-2021	May-2021	Jun-2021	Jul-2021	Aug-2021	Sep-2021	Oct-2021
Turnover	7.34%	7.15%	7.20%	7.58%	7.27%	7.29%	7.70%	7.63%	7.41%	7.65%	8.02%	8.13%	8.40%

Recommendations

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

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 DECEMBER 2021			
Bi-annual update Research & Innovation			**AGENDA ITEM: 11, ENC 8**
Report Author and Job Title:	Mr Paul Baker R&I Director Mrs Jane Greenaway DTVRA Associate Director	**Responsible Director:**	Mr Paul Baker R&I Director
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	This report details the activity of the Trusts R&D department		
Background	This report details the following aspects of R&D activity: • Strategic aims • Research performance • CQC readiness • Patient safety and risks • Research grant activity • Finance performance • Academic growth (Academic research units) • Innovation activity		
Assessment	The R&D department have transitioned well after the COVID pandemic moving from a Urgent Public Health research portfolio mandated by the DoH and CMO back to 'business as usual'. Recruitment performance has been strong, particularly in the context of other NENC trusts. We have also started a program of 'research expansion' which includes closer working with Teesside University and development of proposals for 2 academic research units with regional academic partners (Cardiovascular with Newcastle University and Surgical with York University). Other than the ongoing financial sustainability of R&D there are no other significant risks that the board needs to be aware of at this time.		
Level of Assurance	Level of Assurance: Significant ☒ Moderate ☐ Limited ☐ None ☐		
Recommendation	Members of the Trust Board of Directors are asked to note this report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal risk 4 - Failure to deliver as a centre of excellence, resulting in a lack of priority and recognition from commissioners and other stakeholders		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		

Strategic Objectives	Best for safe, clinically effective care and experience ☐	A great place to work ☐
	Deliver care without boundaries in collaboration with our health and social care partners ☐	Make best use of our resources ☐
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒	

Bi-annual update to the Quality Assurance Committee

Research & Innovation

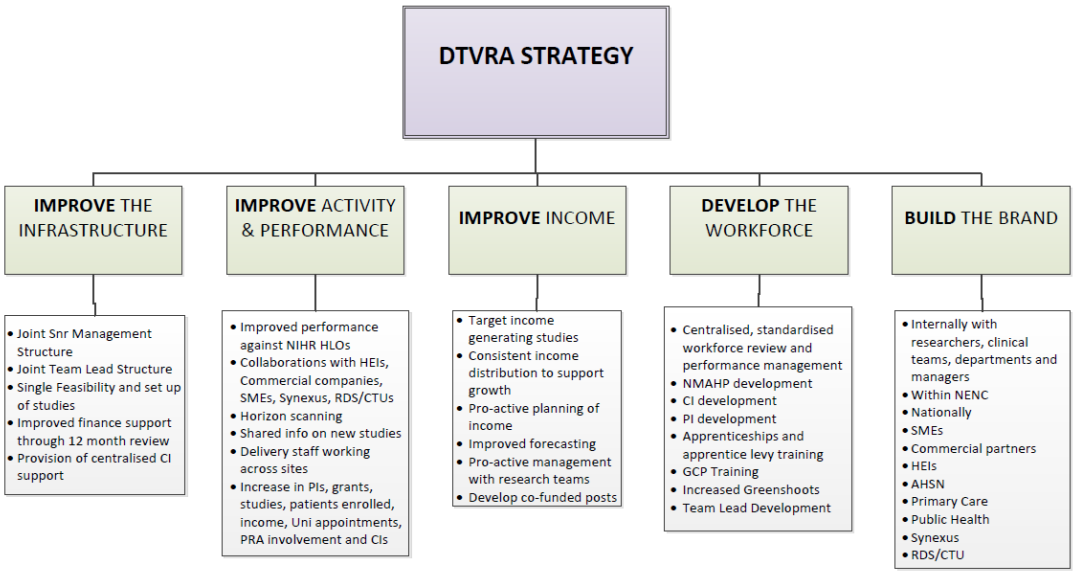
November 2021

This report is provided for information and details the following aspects of R&D activity:

1. Strategic aims
2. Research performance
3. CQC readiness
4. Patient safety and risks
5. Research grant activity
6. Finance performance
7. Academic growth (Academic research units)
8. Innovation activity

1. Strategic Aims

The Trust is part of the Durham Tees Valley Research Alliance (DTVRA) alongside North Tees Trust and County Durham and Darlington Trust. The DTVRA supports combined set up and delivery of research across the Tees Valley as well as providing centralised research development support for our chief investigators. The strategic aims for the DTVRA are shown below:



In addition to the overarching aims of the DTVRA we have identified a number of local short term strategic aims for South Tees that have been presented and discussed at the Trust's Clinical Strategy and Improvement group (CSIG). The local strategic aims and their alignment with the broader DTVRA aims are shown below:

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

2. Research performance

The R&D department have transitioned well after the COVID pandemic moving from a Urgent Public Health research portfolio mandated by the DoH and CMO back to 'business as usual'. Recruitment performance has been strong, particularly in the context of other NENC trusts.

Number of patients recruited	2328
Median time to approval for studies	84% setup in <40 days
Number of commercial trials open	18
Total number of all trials open	169
Number of non-medical Principal Investigators (PI's)	8

Table 1: High level summary of R&D performance 21/22 Year to date.

Further details on the research performance as part of the DVTRA and as an individual Trust are provided over the next pages. The 2328 patients recruited in to NIHR portfolio research studies have been recruited from 19 different specialities within the Trust.

There are 90 different Principal Investigators across 169 recruiting studies in 2021-22.

Of the studies that are open in 2021-22 for which 'recruitment to time and target' data is available, 65 studies are achieving a 'positive' green, hatched green or blue rating while 45 have received a 'negative' (in terms of not currently achieving local recruitment target) red or amber rating. Currently 59 open studies are yet to recruit a patient.

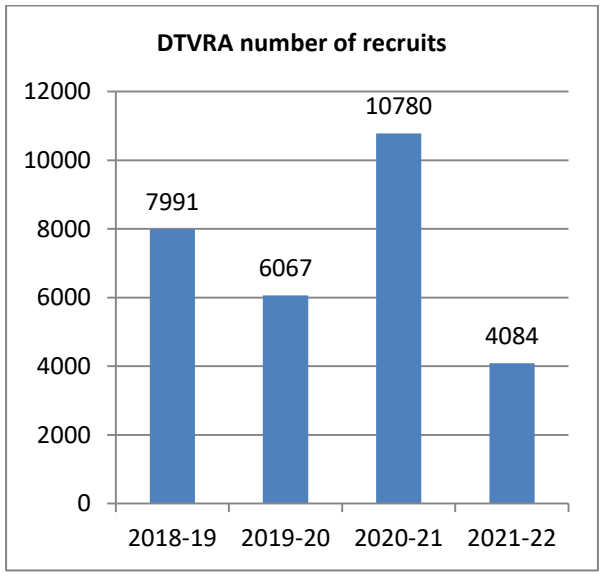
Durham Tees Valley Research Alliance (DTVRA)

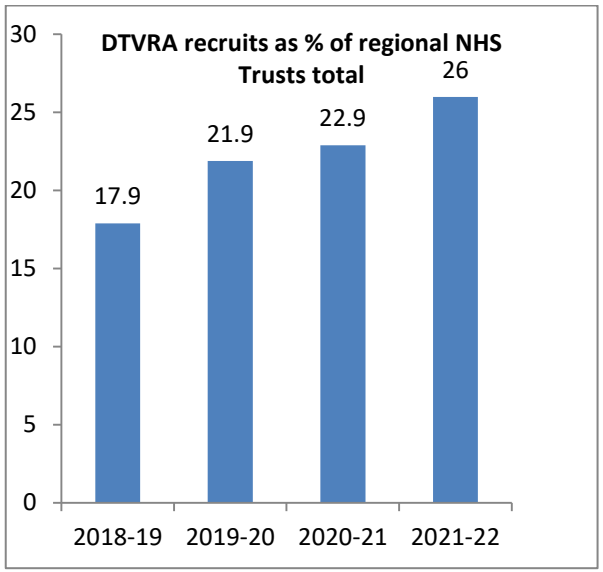
South Tees Hospitals NHS
NHS Foundation Trust

Performance Overview (April 21 –end Oct)

Research activity as part of Durham Tees Valley Research Alliance (DTVRA):

Year-on-year comparison:



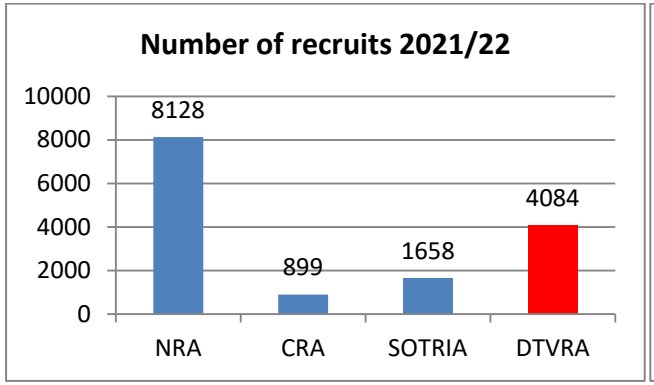


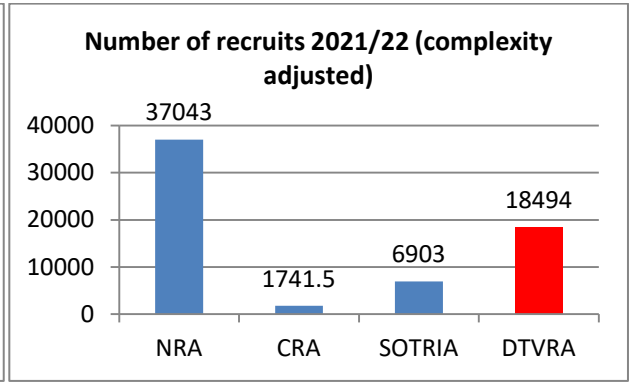
Combined recruitment for the three DTVRA NHS Trusts* is higher in 2020-21 than the previous two years and demonstrate yearly growth since the advent of the DTVRA.

Changes in research activity in response to COVID-19 (e.g. focus on supporting 'urgent public health' studies) have not negatively affected our standing.

*STHFT / NTFT / CDDFT
(Data downloaded from NIHR ODP on 11th Nov 2021)

Comparison with other research alliances:





DTVRA is the second highest recruiting research alliance in the region

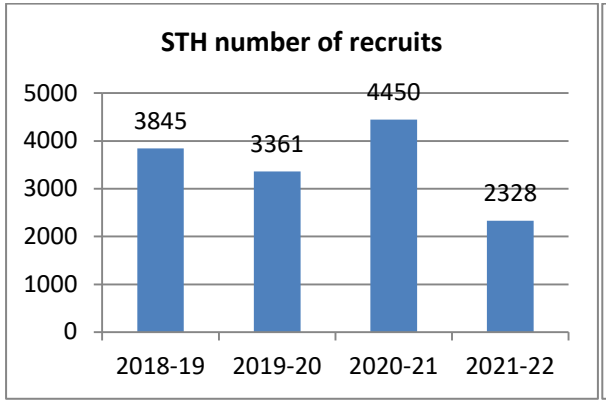
Key:
NRA: Newcastle, Gateshead, Northumbria
CRA: Cumbria
SOTRIA: South Tyneside, Sunderland
(Data downloaded from NIHR ODP on 11th Nov 2021)

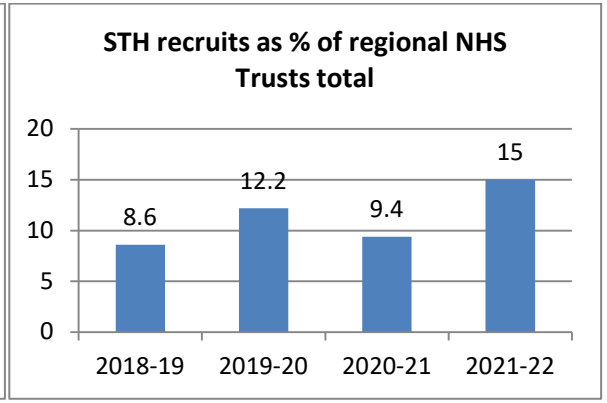
Durham Tees Valley Research Alliance (DTVRA)

South Tees Hospitals NHS
NHS Foundation Trust

Focus on South Tees Hospitals NHS FT performance

Year-on-year comparison:



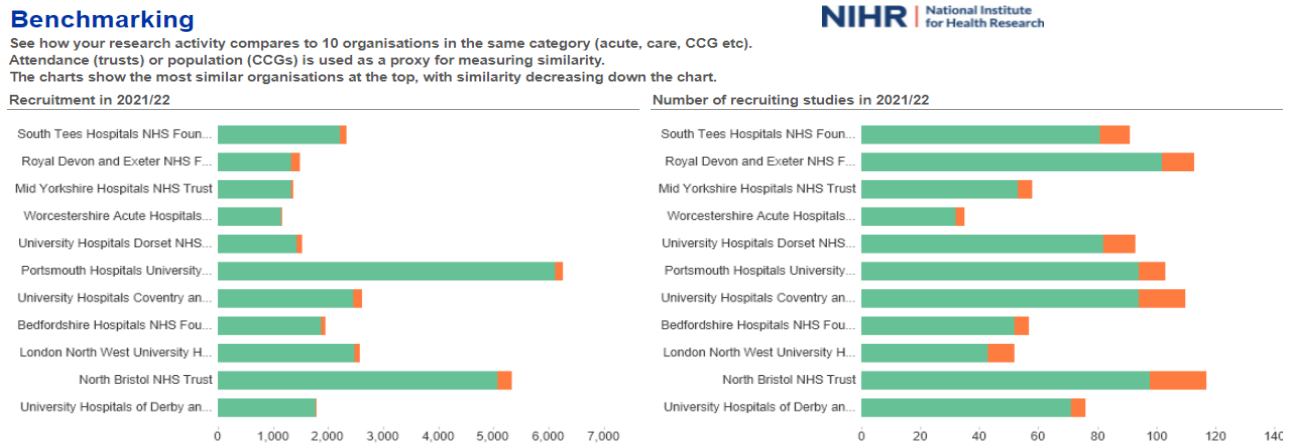


Recruitment is higher in 2020-21 than the same point in the previous two years.

The % regional share is also higher than the previous three years due to a combination of COVID-related and other large-scale trials yielding high recruitment figures, along with the reactivation of suspended studies.

(Data downloaded from NIHR ODP on 11th Nov 2021)

<u>Activity comparison with similar Trusts nationwide</u>



When compared to similar Trusts nationwide, STH compares particularly favourably in terms of both overall recruitment and the number of recruiting research studies.

(Data downloaded from NIHR ODP on 11th Nov 2021)

Durham Tees Valley Research Alliance (DTVRA)

South Tees Hospitals NHS
NHS Foundation Trust

STH research performance by clinical specialty 2021/22 year to date

Raw recruitment

Managing Specialty	STH	Total
Anaesthesia, Perioperativ...	252	252
Cancer	45	45
Cardiovascular Disease	236	236
Children	5	5
Critical Care	181	181
Dementias and Neurodeg...	20	20
Dermatology	6	6
Diabetes	9	9
Ear, Nose and Throat	2	2
Gastroenterology	51	51
Health Services Research	382	382
Infection	617	617
Musculoskeletal Disorders	24	24
Neurological Disorders	3	3
Renal Disorders	30	30
Reproductive Health and ...	143	143
Stroke	11	11
Surgery	115	115
Trauma and Emergency ...	196	196
Total	**2,328**	**2,328**

Complexity Adjusted Recruitment (CAR). A weighting is applied to account for some studies being more complex in their trial design and delivery.

Managing Specialty	STH	Total
Anaesthesia, P...	2,082	2,082
Cancer	335	335
Cardiovascular ...	1,451	1,451
Children	47.5	47.5
Critical Care	918.5	918.5
Dementias and ...	85	85
Dermatology	16	16
Diabetes	54	54
Ear, Nose and ...	22	22
Gastroenterology	88.5	88.5
Health Services...	3,782	3,782
Infection	677	677
Musculoskeletal...	264	264
Neurological Di...	10.5	10.5
Renal Disorders	215	215
Reproductive H...	465.5	465.5
Stroke	113.5	113.5
Surgery	957.5	957.5
Trauma and Em...	881	881
Total	**12,465.5**	**12,465.5**

3. CQC readiness

R&D activity now features within CQC assessments. The CQC domains for research in the context of the wider Trust are presented for information below:

W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?
Measures Are divisional staff aware of research undertaken in and through the Trust, how it contributes to improvement and the service level needed across departments to support it?
How do senior leaders support internal investigators initiating and managing clinical studies?
Does the vision and strategy incorporate plans for supporting clinical research activity as a key contributor to best patient care?
Does the Trust have clear internal reporting systems for its research range, volume, activity, safety and performance?
How are patients and carers given the opportunity to participate in or become actively involved in clinical research studies in the trust?

We undertake regular reviews of our CQC readiness using the Trust's Self-assessment rating matrix. We are targeting areas highlighted for improvement within our DTVRA and local Trust research strategies e.g. NMAHP engagement, availability of information, activity reporting and comms (see section 1). R&D internal performance against CQC domains (Oct 2021) is provided for information below:

Current CQC Self Rating January 2021				
Domain	**Outstanding**	**Good**	**Requires Improvement**	**Inadequate**
Safe		DATIX reporting, review and lessons learned	Monitoring of Trust Sponsored Studies	
Caring		Leadership development and training opportunities	Appreciation reporting	
Effective	Research study response time	R&D Finances DTVRA Research study set up processes	NMAHP engagement Standardised workforce review and performance management Consultant induction	Primary care and Public Health engagement
Well Led	COVID Study communication / bulletins COVID reports to Tactical Command Team Lead huddles and COVID study assessment/planning COVID Vaccine Trial delivery Governance oversight and Operational Meeting Structure	DTVRA Strategy Team Lead huddles Team Leader training and development Partnership with Teesside University	Availability of key information to staff TriNetX partnership Reporting of activity to clinical directorates	
Responsive to people's need	Research study set up and response times	CI Support Service and SOP	Social Media / comms Websites CI / Grant study finances	Primary care and Public Health engagement

4. Patient Safety & Risks

Patient and safety risks and DATIX reporting are part of the core R&D Directorate agenda and discussed monthly. In addition these events are discussed monthly in the Team Leader meetings for wider dissemination and sharing within each team.

7 DATIX incidents have been reported relating to R&D between 1st April 2021 and 31st October 2021

5. Research Grant activity

We have a number of active research grant holders across a range of specialities within South Tees. Our areas of strength are Cardiovascular, Orthopaedics, Pain, Peri-operative Medicine and Infectious diseases. These grants include a number of clinician that hold prestigious NIHR awards

Grant Holder	**Grant Type** (NIHR, Commercial, NHS)	**Specialty**
David Austin	NIHR and Other	Cardiology
Enoch Akowuah	NIHR and Other	Cardiothoracic surgery
Amar Rangan	NIHR and Other	Orthopaedics
Paul Baker	NIHR and Other	Orthopaedics
Will Eardley	Other	Orthopaedics
David Chadwick	Other	Infectious Diseases
Sam Eldabe	NIHR and Commercial	Pain
Barney Green	Other	Health Services
Vicky Ewan	NIHR	Community Geriatric Medicine
James Durrand	Other	Peri-operative Medicine
Gerry Danjoux	Other	Peri Operative Medicine
Mr Manjunath Prasad	Commercial	Neurosurgery
Mr Anil Reddy	Commercial	Surgery
Vrinda Nair	Commercial	Neonates
Prakash Loganathan	Commercial	Neonates
Shalabh Garg	Commercial	Neonates
Chandrasekharen Badrakumar	Commercial	Urology
Colette Hawkins	NIHR	Palliative Care
Jon Murray	Other	Renal

Our CI and grants support staff have supported a number of South Tees clinicians submitting grants in the last six months. We currently have 2 NIHR HTA grants that have been provisionally agreed for funding pending sign off by the HTA funding panel. Listed below are the grants that have been successfully awarded in the last 6 months:

Grant funder	**Speciality**	**Trust**	**CI / Trust lead**
National Institute for Health Research: Partnership	Palliative Care	STHFT	Colette Hawkin
External commercial research funding	Infectious Diseases	STHFT	David Chadwick
External commercial	Neonates	STHFT	Shalbh Garg

research funding			
External commercial research funding	Urology	STHFT	Chandrasekharen Badrakumar
Health Foundation	Renal	STHFT	Jon Murray
NIHR HTA	Infection control / MRSA decolonisation	STHFT	Paul Baker

6. Finance performance

The nature of R&D finance means that each year we start the year with staff employed 'at risk' due to a financial income gap. This occurs as while certain aspects of the R&D income are known e.g. payments from the NIHR CRN, research capability funding, grant income etc, others are not e.g. invoices raised due to research activity delivered throughout the year. During the year research delivery allows us to seek payment from research funders that, over the course of the year, should cover the financial income gap and mitigate any risk.

The information provided on the next page outlines our plan to reach a 'break even position' (0 figure in bottom right corner) by year end based on a forecast linked to the income generated in Month 1-6 and the use of other income streams held within the R&D budget.

This plan does not include >£1.1 million of income due to STH R&D for the delivery of the NOVAVAX vaccine trial which will be used across subsequent years to help support academic growth and the development of the academic research units (See section 7).

	Month 1-6	Forecast 21-22
	£	£
Income		
Trial Income to Off set salary	(267,623)	(535,246)
Externally Funded Staff		(81,393)
Pharmacy – Estimate		(50,000)
RCF		(152,919)
Legacy Funds		(227,765)
20/21 Deferred Income		(212,063)
Pay		
8043SA R&D Salary cost – Original	600,393	1,200,786
ACU Costs – Qtr 4 only		48,136
Non Pay		
8043SA non pay costs	5,232	10,464
Total Shortfall	**338,002**	**0**

7. Academic Research Units (ARUs)

We are currently supporting clinical research colleagues from the cardiovascular collaborative and Orthopaedic / surgical directorates to progress ambitious plans for the development of two Academic Research Units with University affiliations (Newcastle and York University respectively). These ARUs will build upon our existing research expertise but also enhance our capacity to develop Chief Investigators, grant funded trials and attract inward investment for further growth. They will also attract high quality academic clinicians to the Trust as Professors and Clinical Lecturers and raise the profile of the Trust as an leader in clinical research.

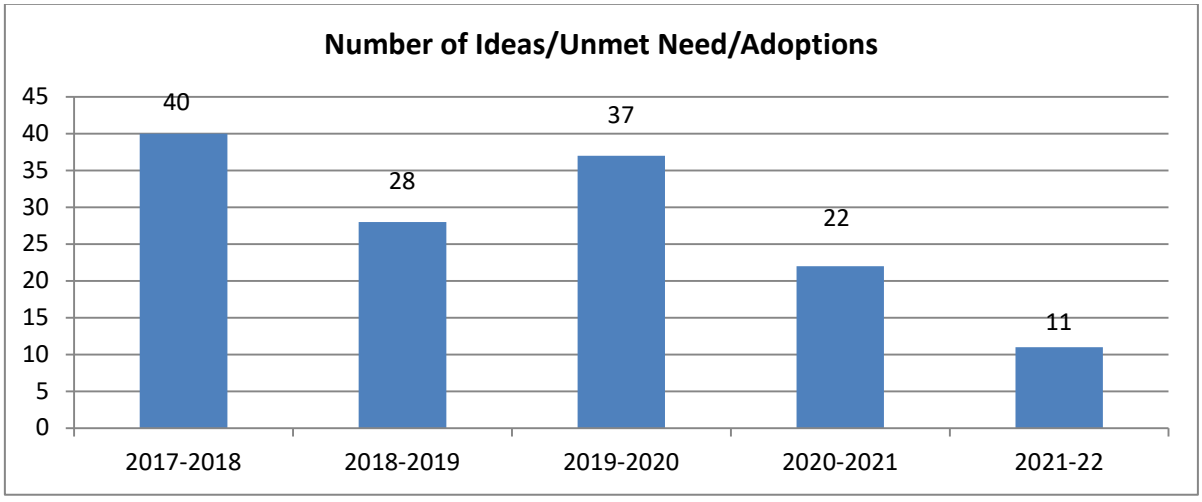
The R&D department is has worked with Mr Enoch Akowuah and Dr David Austin (Cardiovascular) and Prof Amar Rangan (Orthopaedics / Surgery) to formalise ARU plans and to understand the financial commitment the R&D department is able to make to pump prime the initial posts required. This has been done in the context of the overall R&D financial position and the 'financial income gap' that is already logged on eth Trust risk register. It is anticipated that over a 3-5 year period both units will become financially self-sufficient. In the interim period income generated from the NOVAVAX study delivery will help to support the development of these projects along with other streams of income within R&D. We are working closely with the CMO and Director of Finance to mitigate any risk associated with these projects.

We have developed a plan for the oversight and governance of the ARUs within the broader R&D structure which will be ratified at the November R&D Directorate meeting (Appendix 3)

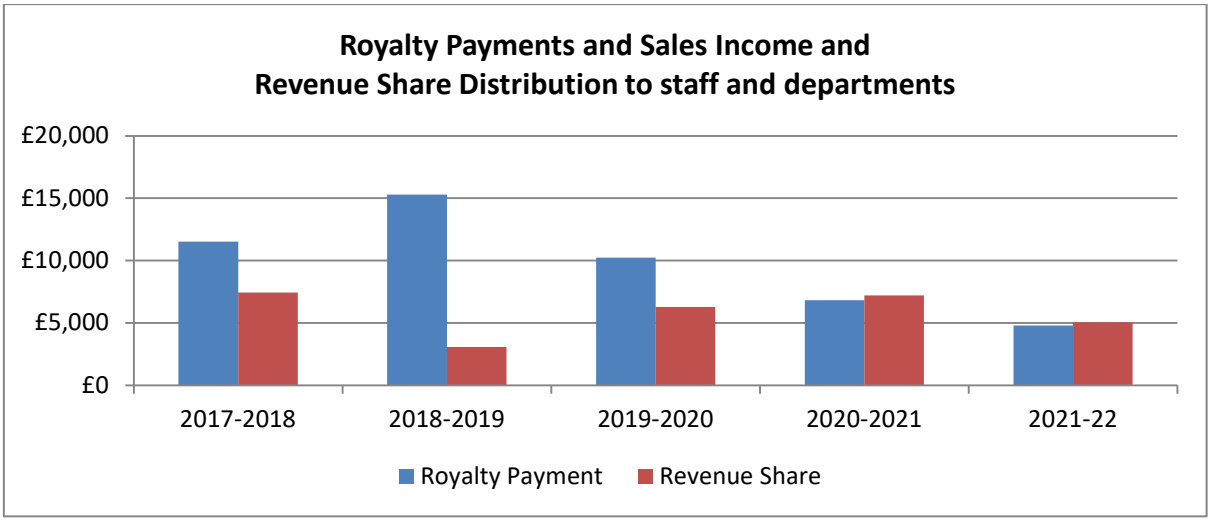
8. Innovation

South Tees staff are encouraged to develop ideas relating to unmet needs and adoptive innovations that the innovation team are made aware of via industry, NHS England and the AHSN. Over the last 12 months the number of new ideas has decreased, possibly due to the COVID pandemic and a focus on clinical delivery and patient care during this period. The graph below shows the number of new ideas, identified unmet needs and innovation adoptions logged by the innovations teams over the last 5 years.

**2021-2022 Figures include Apr- Oct 2021 only.*



The second graph shows the royalty payments received from licenced products developed by South Tees and the revenue share distribution to staff and departments who were involved in the licensed product development as per the Trust Intellectual Property policy.



Intellectual Property - As of October 2021, the Trust currently holds two trademarks and has three registered designs. It also has copyright on a product sold direct and has licensed a registered design to industry for marketing and distribution.

Durham Tees Valley Research Alliance (DTVRA)

South Tees Hospitals NHS
NHS Foundation Trust

Appendix 1

Monthly Directorate Meeting agenda items

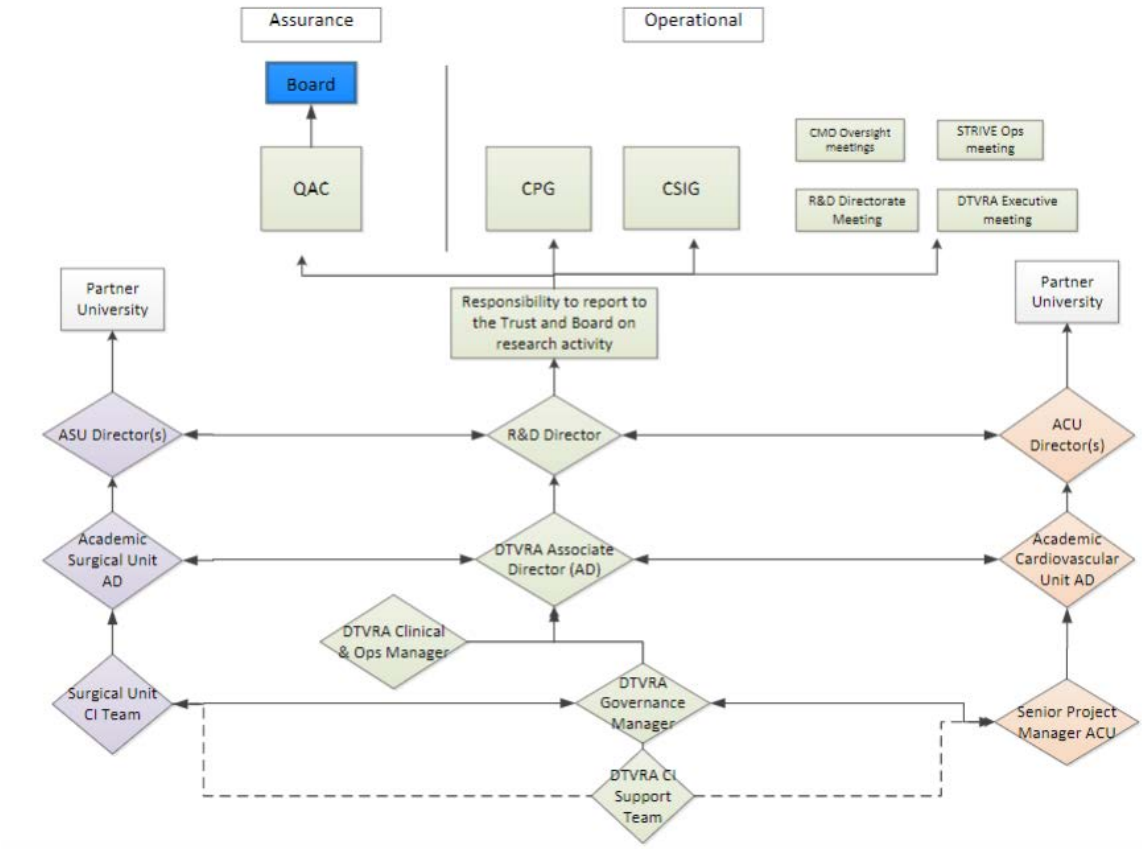
R&D Directorate Monthly meetings			Frequency of Agenda items											
	Person responsible for Agenda item reports/info	Freq.	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Finance update	MH, DM	Monthly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minutes of Previous Meeting and Matters arising	PB	Monthly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Performance update	CM	Monthly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Governance update	JM	Monthly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Risk/Incidents	JM/TN	Monthly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Support services update	Pathology, Pharm, Radiology	Monthly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Team leads updates	TLs	Monthly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Academic Research Unit 1 routine update		Bi-monthly	✓		✓		✓		✓		✓		✓	
Academic Research Unit 2 routine update		Bi-monthly		✓		✓		✓		✓		✓		✓
FDA report/MHRA update	JM	Quarterly		✓			✓			✓				✓
Lessons learned from DATIX/ audits/ inspections	JM TN	Quarterly		✓			✓			✓				✓
HR Update	TN, HL	Quarterly	✓			✓			✓			✓		
Communications / PR	TBC	Quarterly			✓			✓			✓			✓
Feedback from TSCs/TMGs for sponsored studies	JM	Quarterly	✓			✓			✓			✓		
PRES data	CM	Quarterly	✓			✓			✓			✓		
Update from 70@70 Lead (Nicky Cunningham)	NC	Bi-annually			✓						✓			
CQC Action plan review & update	JG	Bi-annually		✓						✓				
Update on CI sponsored studies (planned, open)	JM	Bi-annually	✓						✓					
Whole team attendance (include update on "Care and Safety" in R&D as agenda item for TN to update		Bi-annually			✓						✓			
Overview of strategy and vision		Bi-annually			✓						✓			
Grant finances update	HC	Bi-annually				✓						✓		
Academic Research Unit 1 - bi-annual report	ARU AD	Bi-annually					✓						✓	
Academic Research Unit 2 - bi-annual report	ARU AD	Bi-annually					✓						✓	

Appendix 2

STRIVE KPI items for R&D

HEALTH AND SAFETY	
Number of PALS complaints received	0
Number of formal complaints received	0
Number of DATIX's received	1
Number of departmental STARS received	16
RESEARCH AND DEVELOPMENT	
Number of patients recruited per month	122
% share of patients recruited per month in region	7
% of studies approved within NIHR target period	84
Number of recruiting commercial trials each month	1
Number of recruiting trials each month	28
Number of new studies with PI's from NMAHPs	4

Appendix 3



South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 DECEMBER 2021			
Guardian of safe working report – Quarter 2			**AGENDA ITEM: 12, ENC 9**
Report Author and Job Title:	Stacey Dixon – Medical workforce team manager	**Responsible Director:**	Dr Thomas Skeath (GOSW)
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	This report provides an update of South Tees Hospitals NHS Foundation Trust's participation in the 2016 Junior Doctor Contract. It encompasses the 3 month period between 1st July 2021 and 30th September 2021.		
Background	It is a requirement of the 2016 Doctors and Dentists in Training Terms and Conditions that a quarterly report is submitted to Trust Board. The report should include a summary of exception reporting activity and vacancies in the Doctors and Dentists in Training Workforce.		
Assessment	Please see body of report for statistics in relation to the quarter ending 30th September 2021. The people committee considered this on the 28th October 2021 and discussed the following points: • Junior doctor vacancy rates • Current review of the FlexiShift regional collaborative bank in enrolling LED onto the TempRE system in replace of the current paper claim form process. • Implementation of medical specialties junior doctor rotas onto health roster – Allocate. • Exception reports raised total of 66 in Quarter 2 – April, May, June 2021.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
Recommendation	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	Principal Risk 3 Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain		

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)	Best for safe, clinically effective care and experience ☒	A great place to work ☒
	Deliver care without boundaries in collaboration with our health and social care partners ☐	Make best use of our resources ☐
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☐	

Guardian of safe working Trust board report – 1st July 2021 to 30th September 2021

1. PURPOSE OF REPORT

This report provides an update of South Tees Hospitals NHS Foundation Trust's participation in the 2016 Junior Doctor Contract. It encompasses the 3 month period between 1st July 2021 and 30th September 2021.

The report also provides information in relation to rota gaps, recruitment activity and exception reporting activity.

2. BACKGROUND

It is a requirement of the 2016 Doctors and Dentists in Training Terms and Conditions that a quarterly report is submitted to Trust Board. The report should include a summary of exception reporting activity and vacancies in the Doctors and Dentists in Training Workforce.

3. DETAILS

Key updates

3.1 The overall vacancy rate has reduced 2.3% as at the end of September 2021. Gaps on rotas tend to be short term due to sickness, COVID-19 isolation or emergency leave. The medical rota team track junior doctor sickness/leave and any doctors hitting trigger points are picked up by the relevant team (e.g. postgraduate team for foundation doctors, Lead Employer Trust for LET employed doctors). Locum shift requirements have started to reduce down since the month of September 2021, by 23% due to the commencement of delayed starters appointed to backfill August 2021 vacancies through medical recruitment/LET.

3.2 Advanced Nurse Practitioners are successfully being utilised to cover gaps in some areas and to support medical wards, at hospital at night.

3.3 The medical rota team continue to fill approximately 96% of all locum shifts each month with the majority (approximately 90%) being filled by internal locum cover as opposed to agency.

3.4 The regional collaborative locum bank (FlexiShift) hosted by the LET was well established. Therefore a decision was made to enrol the Trust (LED) doctors onto the system from the 5th August 2020. Unfortunately due to COVID-19 pressures, this impacted, causing delays to doctors receiving payment for additional shifts which they had covered in such unprecedented times. The medical workforce team manager (Stacey Dixon) is currently seeking/reviewing feedback from the junior doctors with support from the BMA junior doctor representative following on from the last Junior Doctor contract forum meeting (JDCF) which took place on

the 13th July 2021 in order to establish if any issues remain outstanding and to receive confirmation as to whether or not the doctors are in favour of the electronic system (Temp RE) which we use to assure all pay is made to doctors covering additional hours, Stacey will provide feedback to the relevant senior managers in order for a Trust decision to be made to enrol/not enrol the locally employed doctors onto the system to move away from the current paper claim form process to an established electronic system – further discussions will also take place in October 2021 JDCF meeting.

3.5 Foundation Year 1 & 2 level doctors will be employed by the Lead Employer Trust from August 2021.

3.6 There has been some delay in MTI appointments due to visa/embassy access in home countries.

3.7 The BMA have raised an enquiry with all regional Trusts in relation to prospective study leave allowance for doctors in training, to ensure that doctors have been in receipt of pay for prospective study leave allowance calculation, within their salary, in line with the updated change to the 2016 junior doctor contract TCS from February 2020. I can confirm that some doctors working within the Trust during this time may have been affected by this change and that we have been instructed by the Lead Employer Trust, Northumbria Health care to withhold, along with other regional Trusts from taking any further action to resolve this matter at present. NHS Employers are currently in discussion with the BMA to agree what cause of action Trusts will need to take, in order to resolve. The Lead Employer Trust informed that discussions are still undergoing following there meeting with NHS employers on the 17th May 2021, and they will update Trusts accordingly.

3.8 The Junior Doctors Forum has continued to be well attended since the April 2021 rotation.

3.9 Exception reporting submissions continue to be consistently lower than expected.

4 Data summary and commentary

Numbers of doctors in training

Table 1.1

Number of doctors / dentists in training (total):	**506**
Number of doctors / dentists in training on 2016 TCS to date(total):	**506**

4.1 In addition to the above, the Trust is also allocated up to 37 military doctors in training who are employed on military terms and conditions and who are technically not under the protection of the Guardian of Safe working. Following previous agreement, military colleagues have access to the exception reporting system. This allows military colleagues to highlight any issues with rotas and will

provide departments and the guardian with additional information in relation to the safe working of rotas.

5 **Amount of time available in job plan for guardian to carry out duties of the role**

4 Hours per week – GOSW
2 Hours per week – Deputy GOSW

4 Exception reports

Table 2.1

The tables below provides the total number (**66)** Exception Reports (ER) raised in the last quarter between 1st July 2021 and 30th September 2021, and provides the exception reporting category the ER was raised.

Exception Reports (ER) over past quarter	
Reference period of report	01/07/21 - 30/09/21
Total number of exception reports received	88
Number relating to immediate patient safety issues	3
Number relating to hours of working	74
Number relating to pattern of work	1
Number relating to educational opportunities	3
Number relating to service support available to the doctor	10

Note: Within the system, an exception relating to hours of work, pattern of work, educational opportunities and service support has the option of specifying if it is an Immediate Safety Concern (ISC). ISC is not an exception type by itself.

Table 2.2

Provides an over view of ER outcomes and resolutions and also consists of ER numbers carried over from the previous quarter – 1st July 2021 to the 30th September 2021.

ER outcomes: resolutions	
Total number of exceptions where TOIL was granted	0
Total number of overtime payments	0
Total number of work schedule reviews	0
Total number of reports resulting in no action	0
Total number of organisation changes	0
Compensation	0
Unresolved	117
Total number of resolutions	**0**
Total resolved exceptions	**1**

Note:
* Compensation covers obsolete outcomes such as 'Compensation or time off in lieu' and 'Compensation & work schedule review'.

* Some exceptions may have more than 1 resolution i.e. TOIL and Work schedule review.

* Unresolved is the total number of exception where either no outcome has been recorded or where the outcome has been recorded but the doctor has not responded.

Table 2.3

Provides an overview of reason for ER raised over the last quarter broken down per speciality and grade, this table also relates to ER's carried over from the previous quarter.

Reasons for ER over last quarter by specialty & grade						
ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
Immediate patient safety issues	Plastic surgery	FY2	0	1	0	1
	Trauma & Orthopaedic Surgery	Foundation house officer 1	0	2	0	2
Total			**0**	**3**	**0**	**3**
No. relating to hours/pattern	Acute Medicine	FY1	1	2	0	1
	Acute Medicine	FY2	0	1	0	1
	Anaesthetics	ST5	0	1	0	1
	Diabetes & endocrinology	FY2	2	0	0	2
	Gastroenterology	FY1	1	0	0	1
	General medicine	FY1	0	0	0	2
	General medicine	FY2 *	1	0	0	1
	General medicine	ST1	0	1	0	0
	General surgery	FY1	13	0	0	13
	General surgery	FY1 *	2	0	0	2
	Geriatric medicine	FY1	0	1	0	1
	Neurology	Specialty registrar 3	0	1	0	1
	Oral & maxillo-facial surgery	ST1	0	1	0	1
	Oral & maxillo-facial surgery	ST2	0	1	0	1

	Plastic surgery	ST3	0	1	0	1
	Plastic surgery	ST4 *	0	1	0	1
	Trauma & Orthopaedic Surgery	Foundation house officer 1	0	27	0	27
	Trauma & Orthopaedic Surgery	FY1	3	0	0	4
	Trauma & Orthopaedic Surgery	FY2	0	23	0	22
	Trauma & Orthopaedic Surgery	FY2 *	1	11	0	13
	Trauma & Orthopaedic Surgery	ST2	0	3	0	3
Total			**24**	**75**	**0**	**99**
No. relating to educational opportunities	Cardio-thoracic surgery	ST5	1	0	0	1
	General medicine	ST2	0	1	0	1
	General surgery	FY1	1	0	0	1
	Trauma & Orthopaedic Surgery	Foundation house officer 1	0	2	0	2
Total			**2**	**3**	**0**	**5**
No. relating to service support available	General medicine	Foundation house officer 1	1	0	1	0
	General medicine	FY1	1	0	0	1
	General surgery	FY1	1	0	0	1
	Plastic surgery	FY2	0	1	0	1
	Trauma & Orthopaedic Surgery	FY2 *	1	9	0	10
Total			**4**	**10**	**1**	**13**

Exception reports continue to be predominantly for the reason of additional hours being worked which is being compensated with payment or time in lieu.

Three exception reports have been raised in relation to ISC and are in relation to trauma & orthopaedic junior doctor rota interlinking with the plastic surgery rota when covering night shift. The trauma & orthopaedic surgery speciality are working on resolving these issues.

The recent increase of exception reports within Trauma and Orthopaedic Surgery is due to overtime, which is currently being resolved within the speciality, clinical leads and junior doctors, in order to close down the unresolved exception reports. A meeting took place on the 30th September 2021 which the GOSW was in attendance and an outcome was agreed that over time hours will be paid as per the exception reporting claim process, by the end of October 2021.The guardian of safe working as received no obligations from the junior doctors regarding the outcome. There are still x17 exception reports pending due to service support issues which the speciality are working to resolve, and a follow up meeting has been scheduled in four weeks to review.

The x17 general surgery (FY1) ER's is due to natural breaks/over time and there are a total of x10 exception reports raised by x1 doctor, the clinical lead will liaise with the junior doctor in order to resolve and agree the appropriate outcome and close down the pending ER's within the system.

The ER's raised within Medicine are in relation to a work schedule review which has confirmed that the below junior doctor grade/level salary is to be increased and back pay paid from the date they commenced on the 4th August 2021 which is based upon the actual generic working rota pattern and not the original best case scenario pattern, which was provided in the first instance due to the delay in the finalisation of the newly designed medicine junior doctor rota.

Junior doctor grade/level:

- Foundation year one
- Foundation year two
- Locally employed trust doctors
- ACCS and IMT1 level doctors in training

Guardian of safe working fines

There were no Guardian of Safe working fines issued during the quarter.

4 Vacancy information

Table 3

Outstanding vacancies as of September 2021

Specialty	Grade	Vacancies	Comments
Diabetes/Endocrine	MTI	1	Appointed – Estimated start date 01.12.2021.
Diabetes/Endocrine	Trust Doctor	1	Dr Zeitoon appointed, Estimated start date 01.11.2021.
Care of the Elderly	IMT3	1	IMT3 x1 - vacancy - department do not wish to backfill (super nummery

			position).
Rheumatology	GP Trainee	1	LET vacancy due to long term sickness absence - department do not wish to backfill, 9:00 - 17:00 position.
Breast	FY1	1	Out to advert - Closing date 01.10.2021
Colorectal	FY1	1	X1 deferred starter until Dec 2021 – Contingency is the rota has been reduced, no backfill required for this gap.
Upper GI	FY1	1	X1 deferred starter until Dec 2021 – Contingency is the rota has been reduced, no backfill required for this gap.
Orthopaedics	FY2	1	27th July 2021 - Dr Phil Holland appointed Dr Maschal Farooq - has right to work in the UK. The FY2 doctor rotating in from the LET is delayed (Dr Alvin Tan) the department are aware and have agreed to backfill with locum in the interim.
Gastroenterology	FY1	1	Interviews are taking place week commencing 28th September 2021.
Acute medicine	Trust Doctor	1	Appointed Dr Elhaj - awaiting occupational health clearance, Caroline Dixon (medical recruitment) to update.
Acute medicine	ST3+	2	Caroline Dixon (Medical recruitment) Awaiting short listing results from Dr Thant OO - 28.09.2021 to arrange interview.
	TOTAL	**12**	

5 ASSESSMENT

Summary of risks/issues and next steps

There are a number of risks and issues to bring to the attention of the Trust board.

a. Health Roster – The Allocate contract has been extended until November 2023, discussions are currently taking place and the implementation of inputting the trust junior doctor medical rotas has recommenced. The below speciality junior doctor rotas are on health roster to date and are currently running with a parallel process in the coordination of the rotas in updating the excel spreadsheet forms and health roster.

1) Paediatrics
2) Trauma & Orthopaedic Surgery
3) Anaesthetics

8.2 LET Recruitment and rotation timeline August 2021 Update – All regional Trust DME's have been informed that Health Education England (HEE) have amended the recruitment timelines for Specialty and GP recruitment this year resulting in delays to employers receiving information for new starters. Given this - discussion had been had nationally with HEE, BMA and NHS Employers as the Code of Practice deadlines will be difficult to achieve. The LET have reviewed timelines for recruitment locally with HEENE and have agreed the below timeline:-

Timeline

b. The LET will issue Management Report for **Foundation year 1 on 3rd May** – please note this should follow COP therefore it is expected Trusts will upload Work Schedules for FY1's by 17th May and LET will issue to trainees by 28th May.

c. The LET will issue the first Management report **25th May** (10 weeks before changeover) – please note this will **not** include Standalone Foundation Year 2 or IMT Year 3. Difficulties in producing rotations for this timescale have also been raised by ACCS/Anesthetics and Psychiatry but work is ongoing with these specialties. As ever the LET will communicate in full when the first Management Report is available and which specialties are not included on it.

d. Further management report will follow on 2nd June with trainees appointed at Round 2 and **possibly** IM3 trainees included.

e. The Trusts will provide the LET the Generic Work Schedules by the **8th June** (8 weeks before changeover)

f. The LET will issue all Generic Work Schedules received by the **23rd June** (6 weeks before changeover)

g. The Trusts will issue all rotas by the **7th July** (4 weeks before changeover)

h. The medical rota team will be working on producing work schedules for LET DIT, to meet the deadlines outlined, in the above LET Recruitment and rotation timeline - August 2021, upon receipt of management reports, and will be liaising with speciality clinical leads within the Trust to ensure they are updated with establishment numbers/vacancies in readiness for August 2021.

i. The challenge will be in recruiting to backfill vacancies, in a timely manner due to delays in receiving the management report information. The medical workforce team manager (Stacey Dixon) will be liaising with the medical education team lead (Louise Campbell) within the next week to discuss and agree next steps.

j. Self-development time – Foundation Doctors, Health Education England's (HEE) foundation programme review recommended that foundation doctors should have dedicated time for self-development. All Trusts with foundation doctors need to ensure that from August 2021, they are provided with two hours per week (self-development time) within the work schedules for both year one and year two foundation doctors.

k. The Guardian of Safe working in submitting this report to the Trust board acknowledges the work which has been undertaken by the medial workforce and postgraduate teams and clinicians within departments to manage the additional work involved in the implementation of the 2016 contract.

l. The contract remains work in progress. Currently our 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 and recruitment in readiness for August 2021 junior doctor changeover.

6 RECOMMENDATIONS

That the peoples committee acknowledges and accepts the Quarterly Guardian of Safe working Report

APPENDICES

(List any appendices)

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 7 December 2021			
Freedom to Speak Up Update			**AGENDA ITEM: 13** **ENC 10**
Report Author and Job Title:	Rick Betts and Afshan Ali Freedom to Speak Up Guardians Ian Bennett Freedom to Speak Up Guardian & Deputy Director of Quality & Safety	**Responsible Director:**	Dr Hilary Lloyd Chief Nurse
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	This report provides an update on the work of the Freedom to Speak Up (FTSU) Guardians during the last month of Q2 (September) and Q3 to 1 December		
Background	The Freedom to Speak Up Guardian role was created as a result of recommendations from Sir Robert Francis following his review of the Mid Staffordshire Hospital. A new FTSU model has now been in operation for a full 12 months and continues to be well received by staff and managers. South Tees FTSU Guardians encourage colleagues to speak up about concerns in the workplace with the aim of improving patient safety and staff experience. The themes arising from concerns raised are shared and used for learning and improvement within the organisation.		
Assessment	Staff continue to positively speak up within the organisation, with the number of issues reported to the FTSU Guardians having increased from 13 in Q2 (up to September 5th) to 30 in Q3 (up to November 30th). As a result of our staff continuing to positively speaking up a number of organisational learning points have been identified, with recommendations made on how the Trust should continue to improve. The FTSU Guardians triangulate this data further with the staff survey results, once these have been analysed and published over the coming months. The Guardians are also taking action to further improve FTSU culture throughout the organisation and beyond, with stronger links being forged with Guardians from the Military and North Tees & Hartlepool NHS Trust. We have successfully recruited a new FTSU guardian in the trust following the departure of Abbie Silivistris. We would like to take this opportunity to recognise the hard work undertaken by Abbie, a lot of which is attributed to the team being shortlisted for the HSJ awards. Our New FTSU Guardian, Jim Woods will be joining the team early in the new year and .mean that the Guardians are once again fully established. South Tees Hospitals NHS Foundation Trust was shortlisted in the HSJ		

	Awards 2021 in the 'Freedom to Speak Up Organisation of the Year' category. The team did not win on this occasion but the shortlisting does show the enormous strides made by the members of the team and the Trust over the last 12 months.	
Level of Assurance	Level of Assurance: Significant ☒ Moderate ☐ Limited ☐ None ☐	
Recommendation	Members of the Board of Directors are asked to Note the content of the paper, including themes and improvements	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal Risk 1 - Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes Principal Risk 3 - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Best for safe, clinically effective care and experience ☒	A great place to work ☒
	Deliver care without boundaries in collaboration with our health and social care partners ☐	Make best use of our resources ☐
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☐	

Freedom to Speak Up Update

1. PURPOSE OF REPORT

The purpose of the report is to update the Board of Directors on the progress made by the Freedom to Speak up (FTSU) Guardian team since the submission of the previous report.

The report provides an overview of the themes and issues raised, between 6th September 2021 to 30th November 2021 (Q3).

2. BACKGROUND

The Freedom to Speak Up Guardians roles were created as a result of recommendations from Sir Robert Francis following his review of the Mid-Staffordshire Hospital.

FTSU Guardians help to protect patient safety and quality of care, improve the experience of workers and promote learning and improvement. This is achieved by supporting workers to speak up about concerns, breaking down barriers to speaking up and ensuring that issues raised are used by the trust as opportunities for learning and improvement.

The current Freedom to Speak Up (FTSU) model has now been in place for a full 12 months, since September 2020 with 2 WTE guardians covering the Trust.

3. DETAILS

3.1 Assessment of cases

Number of issues raised

At the time of writing, 30 new issues have been raised which is an increase compared to the previous report in Q2.

With a head count of just under 10,000 colleagues, South Tees Hospitals NHS Foundation Trust falls under the classification of a medium sized organisation as defined by the NGO (between 5,000 and 10,000 employees).

According to the 2020/2021 Annual Speaking Up Data Report from the NGO which reflects on key trends and themes around speaking up across organisations, the average number of cases that were raised with FTSU Guardians per quarter in medium sized organisations in the 2020/2021 calendar year was 26.

As shown in the table below (table 1) the number of staff speaking up confidentially remained the same over Q1 and Q2; however we have seen a positive shift in less staff speaking up anonymously than in Q2 and a significant rise in the percentage of staff choosing to speak up openly.

Themes

The themes from the issues raised are detailed in Table 1 below.

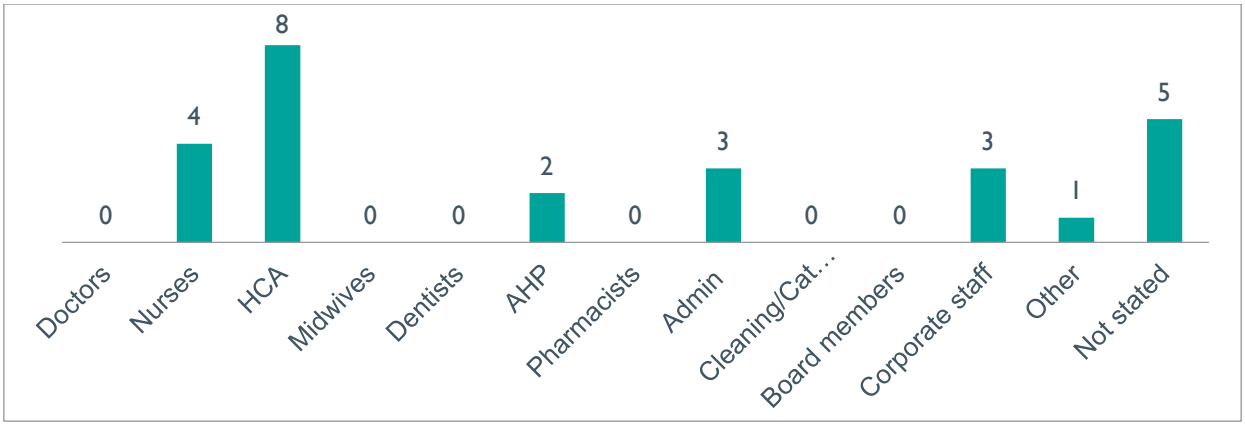
Table 1

Themes	Q3	Raised			
			Q1	Q2	Q3
		Openly	6 (31.6%)	2 (15.4%)	8 (26.6 %)
Leadership and management	19	Confidentially	6 (31.6%)	5 (38.5%)	11 (36.6 %)
Staff health and safety	19	Anonymously	7 (36.8%)	6 (46.2%)	11 (36.6 %)
Bullying and harassment	16				
Incivility/Culture	13				
Patient Safety	13				
Staffing/Workload	12				
Communication issues	12				
Staff training/supervision	5				
HR systems and processes	4				
Systems and processes	4				
Equality, Diversity and Inclusion	3				

Staff Groups

Chart 1 below shows the staff groups who have raised concerns in Q3.

Chart 1.



Professional Level

Detailed below in table 2 are the professional levels of those staff who have spoken up in Q3.

Table 2.

Professional level	Q2
Worker	25 (83.3%)
Manager	2 (6.6%)
Unknown	3 (10%)

Collaboratives

The issues raised during Q3 are from the following collaboratives.

As identified in table 3 below. It should be noted that there are concerns being raised from a wider range of colleagues from across the Trust which means that recognition and usage of Freedom to Speak model continues to grow.

Table 3.

Collaborative	Q3
Perioperative & Critical Care Services	4
Women and Children's Services	4
Medicine and Emergency Care Services	2
Head Neck and Reconstructive Services	2
Corporate	2
Growing the Friarage	2
Neurosciences	1
Finance	1
Digestive	1
Clinical Support Services	1
STRIVE	1

3.2 Learning and Improvement

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

- Investigations being objective and carried out to a high standard and in a timely manner.
- Compassionate leadership and inclusive management styles.
- The importance of escalating cases of most concern in a timely manner.
- Reiteration of the independence and impartiality of the FTSU team.

Due to staff speaking up the following improvements have been made:

- Completing documentation contemporaneously.
- Regular meetings are being arranged to improve shared support and learning across the Allied Health Care Professional network.
- The Guardians team have a number of dates in their diaries to attend inductions at Teesside University over the next 12 months. The sessions are well received by both staff and students.
- Managers are being encouraged to attend the Management Essentials Programme.
- Managers who will be attending the January 2022, Investigating Well programme will be added to the database of FTSU investigators to enable a more consistent approach.

3.3 Action taken to improve FTSU culture

The FTSU Guardians bimonthly meeting with the Human Resources Business Partners to discuss emerging themes will be overhauled to provide a more reciprocal approach to sharing of themes to allow Guardians to identify areas that may need increased visibility of FTSU and further awareness raising of the model.

Our FTSU champions network has so far been a success, we have received 4 concerns via the champions and they continue to advocate freedom to speak up. To support our champions in their roles the FTSU guardians will facilitate some sessions in various clinical areas alongside the champions to increase visibility and help to raise the profile of the champion network.

3.4 National Guardians Office Developments

- 'Speak Up' (for workers) and 'Listen Up' online training (for managers) is currently available. Unfortunately due to changes in personnel at national level 'Follow Up' training (for Senior Leaders) has still not been published.
  .
- The team have discussed investigations and how investigators can be supported with some principles of a good investigation, including training and a support network for investigators. The FTSU are working with the Organisational Development colleagues in STRIVE to deliver this.

- As mentioned in our previous report South Tees Hospitals Foundation Trust had been shortlisted for the HSJ Awards which took place in London on the 18 of November. The team did not win on this occasion, but the journey the organisation has taken over the last two years and the vast improvement we have made in such a short space of time is testament to the positive changes that have taken place.

- Clinical leader and registered nurse, Dr Jayne Chidgey-Clark, has been appointed as the new National Guardian for Freedom to Speak Up in the NHS in England.

- Dr Chidgey-Clark has more than 30 years' experience in the NHS, higher education, voluntary and private sectors. Her most recent roles include as non-executive director at NHS Somerset Clinical Commissioning Group (CCG) where she was a Freedom to Speak Up Guardian. Dr Chidgey-Clark will take up her post on December 1st

Recommendations

Members of the Board of Directors are asked to:

- Note the content of the paper, immerging themes and improvements
- Receive assurance that the FTSU model is effective and supportive of the Trusts aims and objectives to improve culture and safety

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 DECEMBER 2021			
NHS Blood and Transplant Actual and Potential Deceased Organ Donation Report 01/04/2020-31/03/2021			**AGENDA ITEM: 14** **ENC 11**
Report Author and Job Title:	Janine Langthorne & Lisa Tombling Specialist Nurse Organ Donation NHS Blood and Transplant	**Responsible Director:**	Dave Reaich Medical Director & Chair Trust Donation Committee Clinical Leads for Organ Donation Professor Stephen Bonner and Dr Steven Williams
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Actual and Potential Deceased Organ Donation		
Background	Annual report into Actual and Potential deceased donation activity 2020-2021		
Assessment	The Trust participates in NHS Blood and Transplant's potential donor audit which identifies two main targets for performance around deceased organ donation to maximise donation potential: • Every patient meeting referral criteria should be referred to Specialist Nurse Organ Donation (SNOD)- ensures no missed opportunities • SNOD present for family approaches for organ donation- shown to significantly improve consent rate		
Level of Assurance	Level of Assurance: Significant ☒ Moderate ☐ Limited ☐ None ☐		
Recommendation	Members of the Trust Board are asked to note this report for information.		
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	Best for safe, clinically effective care and experience ☒	A great place to work ☐	
	Deliver care without boundaries in collaboration with our health and social care	Make best use of our resources ☐	

	partners ☐	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☐	

Actual and Potential Deceased Organ Donation 1 April 2020 - 31 March 2021

NHS Blood and Transplant

South Tees Hospitals NHS Foundation Trust

Taking Organ Transplantation to 2020

In 2020/21, from 22 consented donors the Trust facilitated 19 actual solid organ donors resulting in 53 patients receiving a life-saving or life-changing transplant. Data obtained from the UK Transplant Registry.

In addition to the 19 proceeding donors there were 3 consented donors that did not proceed.

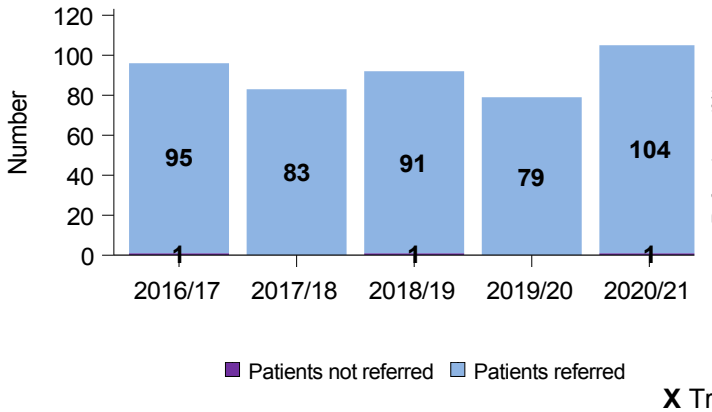
Best quality of care in organ donation

We acknowledge that the data presented in this section includes the period most significantly impacted by COVID-19 and appreciate that the COVID-19 pandemic affected Trusts/Boards differently across the UK.

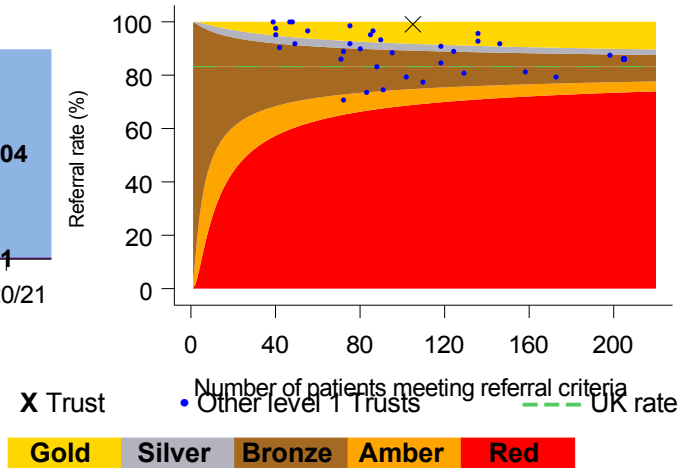
Referral of potential deceased organ donors

Goal: Every patient who meets the referral criteria should be identified and referred to NHS Blood and Transplant's Organ Donation Service

Aim: There should be no purple on the chart



Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold

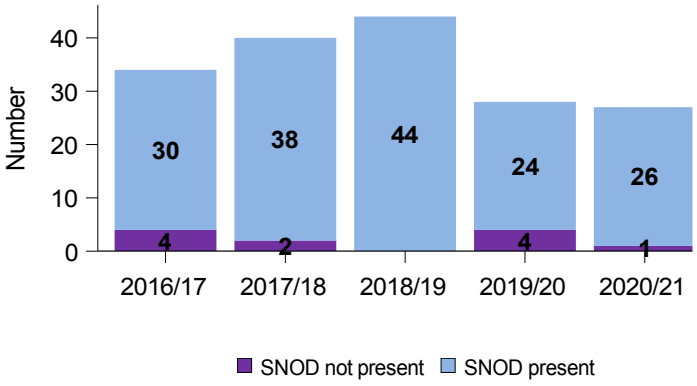


The Trust referred 104 potential organ donors during 2020/21. There was 1 occasion where a potential organ donor was not referred.

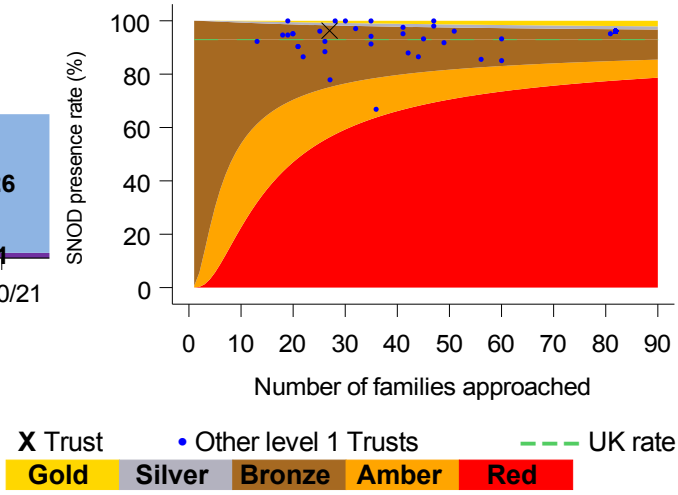
Presence of Specialist Nurse for Organ Donation

Goal: A Specialist Nurse for Organ Donation (SNOD) should be present during every organ donation discussion with families

Aim: There should be no purple on the chart



Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold



A SNOD was present for 26 organ donation discussions with families during 2020/21. There was 1 occasion where a SNOD was not present.

Why it matters

- If suitable patients are not referred, the patient's decision to be an organ donor is not honoured or the family does not get the chance to support organ donation.
- The consent rate in the UK is much higher when a SNOD is present.
- The number of patients receiving a life-saving or life-changing solid organ transplant in the UK is increasing but patients are still dying while waiting.

Regional donors, transplants, waiting list, and NHS Organ Donor Register (ODR) data

	North East*	UK
1 April 2020 - 31 March 2021		
Deceased donors	67	1,180
Transplants from deceased donors	148	2,943
Deaths on the transplant list	27	497
As at 31 March 2021		
Active transplant list	209	4,256
Number of NHS ODR opt-in registrations (% registered)**	1,047,167 (40%)	26,746,406 (41%)

*Regions have been defined as per former Strategic Health Authorities
** % registered based on population of 2.62 million, based on ONS 2011 census data

Further information

Further information on potential donors after brain death (DBD) and potential donors after circulatory death (DCD) at the Trust are shown below, including a UK comparison. Data obtained from the Potential Donor Audit (PDA).

Key numbers, rates and comparison with UK data, 1 April 2020 - 31 March 2021

	DBD		DCD		Deceased donors	
	Trust	UK	Trust	UK	Trust	UK
Patients meeting organ donation referral criteria[1]	25	1810	82	6027	105	7551
Referred to Organ Donation Service	25	1777	81	4770	104	6282
Referral rate %	G *100%*	*98%*	G *99%*	*79%*	G *99%*	*83%*
Neurological death tested	24	1490				
Testing rate %	G *96%*	*82%*				
Eligible donors[2]	22	1353	26	2860	48	4207
Family approached	19	1210	8	1042	27	2248
Family approached and SNOD present	18	1168	8	925	26	2089
% of approaches where SNOD present	B *95%*	*97%*	G *100%*	*89%*	B *96%*	*93%*
Consent ascertained	16	891	6	665	22	1553
Consent rate %	B *84%*	*74%*	B *75%*	*64%*	B *81%*	*69%*
Actual donors (PDA data)	14	777	5	404	19	1180
% of consented donors that became actual donors	*88%*	*87%*	*83%*	*61%*	*86%*	*76%*

[1] DBD - A patient with suspected neurological death
DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours

[2] DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation
DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

Gold | Silver | Bronze | Amber | Red

For further information, including definitions, see the latest Potential Donor Audit report at www.odt.nhs.uk/statistics-and-reports/potential-donor-audit/

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC BOARD OF DIRECTORS – 7 DECEMBER 2021			
Month 7 2021/22 Financial Performance			**Agenda Item 15, ENC 12**
Report Author and Job Title:	Luke Armstrong Deputy Chief Finance Officer	**Responsible Director:**	Chris Hand Chief Finance Officer
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report outlines the Trust's financial performance as at Month 7.		
Background	Due to the ongoing Covid-19 pandemic formal annual financial planning has been suspended for 2021/22. ICS system level planning is in place, with each ICP expected to deliver break-even within a fixed funding envelope. The Trust has recently agreed its H2 plan. The Trust's requirement for 2021/22 is to deliver a £5.0m deficit.		
Assessment	At Month 7 the Trust reported a deficit of £3.3m at a system control total level. This is in line with the required budget deficit for M7 as agreed within the ICP/ICS.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
Recommendation	Members of the Trust Board are asked to note the financial position for Month 7.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal risk 7 - Failure to deliver the Trust's financial recovery plan		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience ☐	A great place to work ☐	
	Deliver care without boundaries in collaboration with our health and social care partners ☐	Make best use of our resources ☒	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☐		

Month 7 2021/22 Financial Performance

1. PURPOSE OF REPORT

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

2. BACKGROUND

Following the suspension of the NHS Planning Process for 2021/22 the Trust and wider ICP / ICS has a fixed level of income to cover its total costs. The ICP and ICS have an overall requirement to break even at the end of the 12 month period.

The Trust is required to deliver an overall deficit position of £5.0m for the full year, in order to support the wider ICP / ICS system financial balance.

As with the final 6 months of 2020/21, a number of items of specific reasonable Covid-19 expenditure are reclaimable from NHS England centrally, including the costs of swabbing and vaccinations. The income in relation to these costs is shown in the PSF, MRET and Top up line.

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

The Month 7 YTD actual performance is a £3.3m deficit at a control total level. This has resulted in the Trust being in line with its financial plan.

3. DETAILS

Trust position

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

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Adjustment £'000	Revised YTD Variance £'000	Full Year Budget £'000
Nhs Clinical Income	410,722	410,732	**10**	**131**	**141**	**704,354**
Other Income	29,393	30,036	**644**		**644**	**49,857**
Pay	(258,393)	(259,828)	**(1,435)**		**(1,435)**	**(445,035)**
Non Pay	(161,970)	(162,591)	**(620)**	**(131)**	**(751)**	**(275,549)**
Depreciation & Amt	(11,530)	(10,677)	**853**		**853**	**(19,305)**
Finance Income	40	0	**(40)**		**(40)**	**40**
Finance Expense	(8,612)	(8,742)	**(130)**		**(130)**	**(14,694)**
Profit / (Loss) on sale	(47)	116	**162**		**162**	**(105)**
Public Dividend Capital	(2,944)	(2,246)	**698**		**698**	**(4,611)**
Corporation Tax	(02)	(01)	**0**		**0**	**(03)**
Donated Asset Inc / Depr	(383)	(1,374)	**(992)**		**(992)**	**(546)**
Impairments	0	0	**0**		**0**	**(3,950)**
Control Total	**(3,725)**	**(4,574)**	**(850)**	**0**	**(850)**	**(9,546)**
Reconciliation to system Control Total						
Less: Profit on Sale		(116)	**(116)**		**(116)**	**0**
Donated Asset Inc/Depreciation	383	1,374	**992**		**992**	**546**
Impairments		0	**0**		**0**	**3,950**
System Control Total	**(3,342)**	**(3,316)**	**26**	**0**	**26**	**(5,050)**

Overall the Trust is on plan for Month 7 of 2021/22.

- The system and Trust has submitted its H2 plan to NHSE/I with the Trusts formal detailed plan being submitted on the 25 November 2021. This report shows performance against this new plan.
- Within the year to date position the Trust has recognised income and cost in relation to the H1 Elective Recovery Fund of £7.1m, no income has been recognised in relation to the H2 Elective Recovery Fund.
- The Other Income over achievement of £0.6m is being driven by increased maternity pathway income, along with increased RTA and Private Patients income.
- The £1.4m overspend on pay has been driven by the recognition of the year to date element of the Flowers legal case and increased spend on premium pay and substantive staffing.
- Non pay is overspent by £0.6m for Month 7 with this overspend driven by additional drugs and ICT systems spend, offset by lower clinical supplies spend.

Clinical Income

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

- HEPC and CDF Drugs
- High cost devices from NHS England
- Elective Recovery Fund income

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

Commissioner Code	Commissioner Name	Block Payment
16C	NHS Tees Valley CCG	218,476
84H	NHS County Durham CCG	8,432
00P	NHS Sunderland CCG	272
01H	NHS North Cumbria CCG	388
13X	NHS England - North East and Yorkshire Commissioning Hub	119,430
13Q	NHS England - Central (CDF, HepC & C&V Variance)	4,619
Y63	NHS England - North East and Yorkshire Commissioning Region	4,330
Y58	South West Regional Office (MoD)	1,030
42D	NHS North Yorkshire CCG	52,722
03Q	NHS Vale of York CCG	871
CBF	Cross Boarder Flows	90
	Prior Year Adjustments	71
	Total Income Month 7	**410,732**

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

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Blocks	350,291	350,291	**0**
Top Up	17,161	17,161	**0**
Covid-19	18,259	18,259	**0**
CDF	3,899	3,148	**(751)**
HEPC	448	306	**(142)**
High Cost Devices	7,457	7,457	**0**
Cost and volume drugs	263	1,156	**893**
ERF	7,057	7,057	**0**
Pay award fudning	5,736	5,736	**0**
Prior year & cross boarder	20	161	**141**
YTD 7	**410,591**	**410,732**	**141**

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

At Month 7 the Trust has recognised income in relation to the H1 Elective Recovery Fund of £7.1m, with a corresponding expenditure value within pay and non-pay.

Other Income

Other income is £0.6m ahead of plan at Month 7.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Education & Training Income	11,760	11,587	**(173)**	**20,165**
Estates Income	1,293	1,369	**76**	**2,247**
Misc. Other Income	7,856	8,115	**260**	**13,304**
Non Patient Care Income	1,550	1,962	**412**	**2,715**
Other Clinical Income	1,731	1,797	**66**	**2,950**
Psf, Mret & Top Up	2,356	2,402	**46**	**3,652**
Research & Development Income	2,847	2,804	**(42)**	**4,824**
Total	**29,393**	**30,036**	**644**	**49,857**

- Education and Training income is behind plan YTD due to the phasing of the revised Health Education England schedule received for Q3, this income will be recovered as the year progresses.
- Non patient care income is overachieving by £0.4m from higher receipts year to date of maternity pathway income.
- Other clinical income is overachieving by £0.1m, this is being driven by higher income receipts for both RTA income and Private Patient income, as both income streams recover following the pandemic.

Pay

In the year to date position, pay is overspent by £1.4m, as outlined in the below table.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Ahp'S, Sci., Ther. & Tech.	(37,390)	(37,652)	**(262)**	**(64,401)**
Hca'S & Support Staff	(27,195)	(28,480)	**(1,285)**	**(47,507)**
Medical And Dental	(76,919)	(77,858)	**(939)**	**(132,356)**
Nhs Infrastructure Support	(36,149)	(36,329)	**(179)**	**(62,224)**
Nursing & Midwife Staff	(79,819)	(78,226)	**1,593**	**(136,946)**
Other Pay Costs	(920)	(1,282)	**(362)**	**(1,600)**
Total	**(258,393)**	**(259,828)**	**(1,435)**	**(445,035)**

- Within the YTD pay position a budget for additional Covid costs of £6.7m is included, assigned to the specific staff group and directorate where costs are being incurred.

- Spending on HCAs, Support Staff and Nursing has seen a combined net £0.3m underspend position. Within both pay categories £2.2m of year to date funding for COVID sickness is included, reducing the overall overspend.
- Medical and Dental staff show a year to date overspend of £0.9m. Additional costs relate to increases in premium pay for IPA claims and internal locum shifts, along with increases in headcount for junior doctors.
- Costs have been recognised in relation to the year to date element of the flowers legal case of £0.5m, split to the relevant pay category. The Trust is working with regional colleagues to agree a standardised approach for this payment to employees later in the Financial year.

Total year to date agency spend is £4.7m. Work is ongoing within each collaborative to recruit to hard-to-fill posts where possible and reduce overall cost. Agency spend will continue to be monitored monthly moving forward.

Non-Pay

Non-pay is overspent by £0.6m at Month 7. This overspend is predominantly driven by increases in drugs costs from high cost drugs and increases in ICT systems costs.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Clinical Negligence Cost	(10,640)	(10,641)	**(0)**	**(18,240)**
Clinical Supplies And Services	(56,699)	(53,460)	**3,239**	**(91,996)**
Drugs	(42,282)	(44,864)	**(2,582)**	**(74,321)**
Establishment	(4,239)	(5,288)	**(1,049)**	**(8,288)**
Ext. Staffing & Consultancy	(179)	(239)	**(60)**	**(242)**
General Supplies & Service	(1,793)	(1,320)	**473**	**(3,125)**
Healthcare Service Purchase	(7,440)	(7,608)	**(168)**	**(12,497)**
Miscellaneous Services	(1,528)	(1,514)	**14**	**(2,721)**
Pfi Unitary Payment	(17,801)	(17,872)	**(71)**	**(30,574)**
Premises & Fixed Plant	(14,662)	(15,390)	**(728)**	**(25,740)**
Research, Education & Training	(2,138)	(2,023)	**115**	**(3,581)**
Transport	(2,440)	(2,371)	**68**	**(4,095)**
Total	**(161,839)**	**(162,591)**	**(751)**	**(275,418)**

- Clinical supplies and services are showing a year to date underspend of £3.2m with this being driven by reduced activity levels within clinical directorates.
- Drugs have a YTD overspend of £2.6m. This overspend is due to increased drugs costs within Gastroenterology, Neurology, Haematology and Ophthalmology, with costs being linked to increased activity levels.

- Establishment costs have a year to date overspend of £1.0m with this driven by increases in ICT systems costs of £0.8m, increased phone charges of £0.1m and increased postage and printing costs of £0.1m.
- The £0.7m overspend on premises has been driven by increased minor new works and estates costs linked in part to covid building alterations. Along with an increases in month from utilities charges.

Non-Operating Costs

Non-operating costs are underspent year to date, largely relating to PDC dividends that reflects the Trusts current strong liquidity position from the current covid funding arrangements.

CIP

For the first 7 months of the year the Trust has a £6.1m CIP target. The programme is shown in the below table. Work is ongoing to embed efficiency planning and delivery arrangements through the Clinical Collaboratives, as part of the Trust's financial recovery planning, with the recent introduction of the Collaborative Improvement Planning Group weekly meetings to further monitor and support delivery.

	YTD Target £'000	YTD Actual £'000	YTD Variance £'000
Corporate	3,342	4,065	723
Procurement	979	805	(174)
Pharmacy	309	74	(236)
Clinical Services	648	705	58
Estates	123	224	101
Workforce	735	641	(95)
Total	**6,137**	**6,514**	**377**

Capital

The Trust's capital expenditure at the end of October amounted to £11.1m as detailed below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PFI Lifecycle	5,472	5,476	04	9,380	9,380	0
Site Reconfiguration	8,728	3,810	(4,918)	20,129	20,129	0
Replacement of Medical Equipment	1,289	710	(579)	3,767	3,767	0
Network Replacement and Clinical Noting	2,850	1,148	(1,702)	3,750	3,750	0
Total	**18,339**	**11,144**	**(7,195)**	**37,026**	**37,026**	**0**

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	18,339	11,144	(7,195)	13,203	13,203	0
Internal Reserves	0	0	0	9,547	9,547	0
Charitable Funding	0	0	0	400	400	0
PDC	0	0	0	13,876	13,876	0
Total Financing	**18,339**	**11,144**	**(7,195)**	**37,026**	**37,026**	**0**

The programme includes the following identified schemes:

- PFI - £10.4m contractual commitment (£9.4m) to Endeavour SCH LLP with the payment based on the Financial Model and PFI Enhancements and Change in Law (£1.0m);
- Estates – Friarage Rationalisation and Redevelopment (£12.1m), SDEC (£1.5m), Pathology Development (£1.2m), Elective Recovery (£1.4m) and Friarage Critical Backlog maintenance (£1.0m);
- IT – Alcidion and Digital Aspiration investment for e-prescribing and licencing (£1.2m), Data Centre Upgrade (£0.8m) and Cyber Investment (£0.5m); and
- Medical equipment – Emergency replacement of medical equipment including committed items from 2020/21.

Capital investment to date largely relates to contractual PFI Lifecycle payments and investment in emergency Business As Usual (BAU) replacements. The capital programme is currently underspent by £7.2m and this mainly includes variances on the Same Day Emergency Care (SDEC) scheme £0.9m, PFI Enhancements and Change in Law £0.5m, FHN Theatre development and critical backlog maintenance schemes £3.0m, Medical Equipment replacement £0.8m and the Alcidion project £0.8m. These are timing delays at this stage based on the forecast profile at the time of submitting the plan. It is anticipated that the plan apart from one scheme will largely be delivered in full by 31 March and the Trust will continue to closely monitor the position over the coming months.

Liquidity

The cash balance at 31 October amounted to £51.3m.

It is anticipated The Trust's cash position will be maintained in November, with the next significant commitment on liquidity in December following the third quarterly PFI payment to Endeavour SCH Plc. The Better Payment Practice Code (BPPC) performance for the Trust (target 95%) on cumulative invoices paid to date is detailed as follows:

- April 95.8%;
- May 96.4%;
- June 95.7%;
- July 95.3%;
- August 95.3%;
- September 95.5%; and
- October 96.4%.

To 31 October the Trust had paid 53,232 invoices (total value £258.0m) with 51,299 invoices (total value £239.5m) paid within the 30 day target.

Statement of Financial Position (SOFP)

The following table compares the SOFP position between 30 September and 31 October 2021.

	30 September £000	31 October £000	Movement between months £000
Property, Plant and Equipment	242,593	243,042	449
Long Term Receivables	1,666	1,666	0
Total Non-Current Assets	244,259	244,708	449
Currents Assets			
Inventories	13,626	13,636	10
Trade and other receivables (invoices outstanding)	5,487	6,211	724
Trade and other receivables (accruals)	23,037	19,221	(3,816)
Prepayments including PFI	20,393	16,899	(3,494)
Cash	49,394	51,274	1,880
Total Current Assets	111,937	107,241	(4,696)
Current and Non-Current Liabilities			
Borrowings	(91,168)	(90,854)	314
Trade and other payables	(89,715)	(86,210)	3,505
Provisions	(2,386)	(2,361)	25
Total Current and Non-Current Liabilities	(183,269)	(179,425)	3,844
Net Assets	**172,927**	**172,524**	**(403)**
Equity:			
Income and Expenditure Reserve	(234,814)	(235,217)	(403)
Revaluation Reserve	33,643	33,643	0
Public Dividend Capital	347,622	347,622	0
Other Reserves	26,476	26,476	0
Total Equity	**172,927**	**172,524**	**(403)**

The major points of note on changes between September and October:

- Property, Plant and Equipment – movement in month of £0.4m arising from spend on PFI lifecycle and emergency replacements, offset by depreciation.
- Trade and other receivables – £3.8m decrease due to the receipt of funding for backdated pay that was accrued at the end of September.
- Prepayments – decrease for 1 month following the advanced quarterly contractual PFI payment in September.
- Trade and other payables - £3.5m reduction mainly arising through the agreement to clear aged outstanding payables for County Durham and Darlington NHS Foundation Trust.

At 31 October total debt amounted to £6.2m consisting of aged debt up to 30 days overdue £1.1m, 31 to 60 days overdue £0.3m, 61 to 90 days overdue £0.5m and debt 91 days plus amounting to £2.9m. The value of aged debt has increased by £0.3m between September and October. Aged debt is monitored by East Lancashire Financial Services in conjunction with the Trust's finance team.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 7 DECEMBER 2021			
Integrated Performance Report			**AGENDA ITEM: 16, ENC 13**
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	**Responsible Director:**	Various
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	To provide the Board with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance. The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions. Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.		
Assessment	The following changes have been implemented in October's IPR: • An alternative format is being prepared, combining key metrics, best practice in data presentation with concise narrative to give insight and assurance, with Non Executive Director engagement. **Our key messages for October are:** <u>Well Led and Overview</u> Due to the ongoing nature of the COVID-19 pandemic, **sickness absences** (6.16%, contributed to by long term absence and mental wellbeing) and **turnover** increased, reflected in reduced **training** compliance. **Appraisal compliance** at 72.7% sustained the improved position seen in September. Indicators of safety and effectiveness suggest that the staffing and demand pressures have not translated into poorer patient care. In line with the whole of the NHS, **Access targets** including **4-hour** and **ambulance handover delays** have been challenging due to the significantly higher volumes of		

	attendance seen across the system and continued pressures caused by COVID-19, and this is reflected in **A&E patient experience**; **complaints** indicators also deteriorated slightly. Validated elective activity returned closer to pre-Covid levels, with **outpatient activity** at 95% and **admitted activity** at 99% of September 2019. The **financial position** remains on plan and the team is focusing on preparing for the plan for the next financial year. Safe, Effective and Caring **Incident reporting** has continued to show consistently increased levels. This provides assurance relating to the improvement in our approach to learning and improved safety culture. In October **Serious Incidents** reduced to 2 and there were no **Never Events**. The **falls** rate remained within normal variation limits, with rates of **falls with harm** remaining very low. There was an increase in category 3 and 4 **pressure ulcers,** however this was within normal variation limits; the higher rate of category 2 pressure ulcers seen last month has stabilised. In the 8 cases of **C. difficile** there were no lapses of care identified, although overall case numbers are higher than the previous year and therefore action plans are being monitored to identify further opportunities for improvement. In line with the Trust Improvement Plan, a Maternity Improvement Board has been established, it can be seen in the latest data that the rise in **induction of labour** rates continued, **Caesarean Section rate** reduced to benchmark and there were no **still births** in October. Recording of **VTE assessment** continues to require improvement, the working group to address this meets in November. There is a sustained improvement in prescribing antibiotics, and improvement in rapid fluid resuscitation, in the **sepsis care bundle**, although other metrics remain unchanged. Whilst reported **patient experience** in A&E reduced in line with the substantial increase in attendances seen locally and across the region, inpatient and outpatient experience remained above target, and maternity returned to compliance. Responsive A&E 4-hour standard continued to decline (as also seen in benchmark peers) in line with significantly higher volumes of attendance, and continued COVID-19 pressures. There was a small improvement in RTT performance (66% against 92% standard) this month, this is in line with a reduction in the total patients waiting over 52 weeks for treatment, with decline in diagnostic 6-week access standard. September validated **Cancer 14-day access** has maintained the shift to pre-Covid levels. 31-day and 62-day performance declined, but benchmarks in line with comparator Trusts. There have been significant pressures on theatre capacity (staffing) due to COVID-19 resulting in 58 rescheduled **non-urgent procedures,** but no patients scheduled for **Cancer surgery** were cancelled.

Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐	
Recommendation	Members of the Public Trust Board of Directors are asked to note the Integrated Performance Report for October 2021.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	All principal risks identified in the BAF.	
Legal and Equality and Diversity implications	There are no legal or equality and diversity implications associated with this paper.	
Strategic Objectives	Best for safe, clinically effective care and experience ☒	A great place to work ☒
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒	

South Tees Hospitals
NHS Foundation Trust

Integrated Performance Report

October 2021

Changes to IPR

South Tees Hospitals
NHS Foundation Trust

The following changes have been implemented in October 2021 IPR:

- An alternative format is being prepared, combining key metrics, best practice in data presentation with concise narrative to give insight and assurance, with Non Executive Director engagement.

Key Messages

South Tees Hospitals NHS Foundation Trust

Well Led and Overview

Due to the ongoing nature of the Covid-19 pandemic, **sickness absences** (6.16%, contributed to by long term absence and mental wellbeing) and **turnover** were high and increasing, reflected in reduced **training** compliance. **Appraisal compliance** at 72.7% sustained the improved position seen in September. Indicators of safety and effectiveness suggest that the staffing and demand pressures have not translated into poorer patient care. In line with the whole of the NHS, **Access targets** including **4-hour** and **ambulance handover delays** have been challenging due to the significantly higher volumes of attendance seen across the system and continued pressures caused by COVID-19, and this is reflected in **A&E patient experience**; **complaints** indicators also worsened slightly. Validated elective activity returned closer to pre-Covid levels, with **outpatient activity** at 95% and **admitted activity** at 99% of September 2019. The **financial position** remains on plan and the team is focussing on preparing for the plan for the next financial year.

Safe, Effective and Caring

Incident reporting has shifted to consistently increased levels this provides assurance relating to the improvement in our approach to learning and improved safety culture. In October **Serious Incidents** reduced to 2 and there were no **Never Events**. The **falls** rate remained within normal variation limits, with rates of **falls with harm** remaining very low. There was an increase in category 3 and 4 **pressure ulcers,** however this was within normal variation limits; the higher rate of category 2 pressure ulcers seen last month has stabilised. In the 8 cases of **C. difficile** there were no lapses of care identified, although overall case numbers are higher than the previous year and therefore the action plans are being monitored to identify further opportunities for improvement. In line with the Trust Improvement Plan a Maternity Improvement Board has been established, it can be seen in the latest data that the rise in **induction of labour** rates continued, **Caesarean Section rate** reduced to benchmark and there were no **still births** in October. Recording of **VTE assessment** continues to require improvement, the working group to address this meets in November. There is a sustained improvement in prescribing antibiotics, and improvement in rapid fluid resuscitation, in the **sepsis care bundle**, although other metrics remain unchanged. Whilst reported **patient experience** in A&E deteriorated, inpatient and outpatient experience remained above target, and maternity returned to compliance.

Responsive

A&E 4-hour standard continued to decline (as also seen in benchmark peers) in line with significantly higher volumes of attendance, and continued COVID-19 pressures. There was a slight improvement in RTT performance (66% against 92% standard) this month, this is in line with a reduction in the total patients waiting over 52 weeks for treatment, with a decline in diagnostic 6-week access standard. September validated **Cancer 14-day access** has maintained the shift to pre-Covid levels. 31-day and 62-day performance declined, but benchmarks in line with comparator Trusts. There have been significant pressures on theatre capacity (staffing) due to COVID-19 resulting in 58 rescheduled **non-urgent procedures,** but no patients scheduled for **Cancer surgery** were cancelled.

Summary

South Tees Hospitals NHS Foundation Trust

	Indicator	Latest Month	Target/ Benchmark	Month Reported	Trend	Assurance
SAFE	Falls Rate	5.19	6.6	10/2021		
	Falls With Harm Rate	0.03	TBC	10/2021		
	C-Difficile (YTD)	62	73	10/2021	N/A	N/A
	MRSA (YTD)	1	0	10/2021	N/A	N/A
	DATIX Incidents	2402	2070	10/2021	H	
	Serious Incidents	2	0	10/2021		
	Never Events (YTD)	3	0	10/2021	N/A	N/A
	Category 2 Pressure Ulcers	5.49	TBC	10/2021	H	
	Category 3 & 4 Pressure Ulcers	0.86	TBC	10/2021		
	SHMI	111.81	100	05/2021		
	HSMR	99.01	100	07/2021		
	Palliative Care Coding	0.00	0	08/2021		
	Comorbidity Coding	3.56	0	08/2021		
	VTE Assessment	79.29%	95%	10/2021	L	F
	Caesarean Section (%)	29.01%	30%	10/2021	H	
	Induction of Labour (%)	48.35%	44%	10/2021	H	
	Still Births (YTD)	16	17	10/2021	N/A	N/A
	PPH 1500ml (%)	2.8%	0.00%	10/2021		

	Indicator	Latest Month	Target/ Benchmark	Month Reported	Trend	Assurance
EFFECTIVE	Sepsis - Oxygen delivered within 1hr	93.80%	95%	09/2021		
	Sepsis - Blood cultures within 1hr	66.70%	95%	09/2021		
	Sepsis - Empiric IV antibiotics within 1hr	79.20%	95%	09/2021	H	
	Sepsis - Serum lactate within 1hr	85.40%	95%	09/2021		F
	Sepsis - IV fluid resuscitation within 1hr	77.10%	95%	09/2021	H	
	Sepsis - Urine measurement within 1hr	79.20%	95%	09/2021		F
CARING	A&E Experience (%)	80.18%	85%	10/2021	L	
	Inpatient Experience (%)	95.73%	96%	10/2021	L	
	Outpatient Experience (%)	95.89%	95%	10/2021		
	Maternity Experience (%)	97.06%	97%	10/2021	L	
	Complaints Closed Within Target (%)	57.14	80	10/2021		
	New Complaints	23	TBD	10/2021		

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

Summary

South Tees Hospitals NHS Foundation Trust

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
RESPONSIVE	4 Hour Wait Standard (%)	72.71%	95%	10/2021		
	Ambulance Handovers - over 30 mins	175	TBD	10/2021		
	Ambulance Handovers - over 60 mins	162	TBD	10/2021		
	RTT Incomplete Pathways (%)	65.85%	92%	09/2021		
	Diagnostic 6 Weeks Standard (%)	76.77%	99%	09/2021		
	Cancer 14 Day Standard (%)	87.19%	93%	09/2021		
	Cancer 31 Day Standard (%)	88.89%	96%	09/2021		
	Cancer 62 Day Standard (%)	63.67%	85%	09/2021		
	Cancer 62 Day Screening (%)	42.86%	90%	09/2021		
	Cancelled Ops Non-Urgent Cancelled on Day	58	0	09/2021		
	Cancer Operations Cancelled On Day (YTD)	7	0	09/2021	N/A	N/A
	Cancelled Ops Not Rebooked Within 28 days	0	0	09/2021		

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
WELL LED	Cumulative YTD Financial Position (£'millions)	-3.316m	-3.343m	10/2021	N/A	N/A
	Annual Appraisal (%)	72.70%	80%	10/2021		
	Mandatory Training (%)	83.68%	90%	10/2021		
	Sickness Absence (%)	6.16%	4%	10/2021		
	Staff Turnover (%)	12.85%	10%	10/2021		

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

Elective Recovery Summary

South Tees Hospitals NHS Foundation Trust

Context: Performance in 2021 against service plans

Recovery: Elective & Theatres

SUMMARY MONTHLY ACTIVITY AGAINST PLAN

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YtD
Outpatient First	Plan	15,152	15,664	15,141	16,350	14,213	15,683	15,730	17,071	15,170	15,457	15,906	18,643	107,932
	2021	15,405	15,792	17,697	16,141	15,039	17,026	15,487	0	0	0	0	0	112,587
	Var	253	128	2,556	-209	826	1,343	-243	0	0	0	0	0	4,655
	2019	*17,697*	*18,080*	*17,611*	*19,045*	*16,375*	*17,918*	*18,886*	*17,570*	*15,401*	*17,929*	*16,818*	*14,357*	*125,612*
Outpatient Follow-up	Plan	40,997	42,718	40,233	44,009	39,026	41,152	45,550	49,320	43,415	45,619	44,480	51,790	293,685
	2021	44,288	43,100	47,757	44,054	42,240	46,847	43,926	0	0	0	0	0	312,212
	Var	3,291	382	7,524	45	3,214	5,695	-1,624	0	0	0	0	0	18,527
	2019	*48,556*	*50,322*	*47,362*	*51,972*	*45,819*	*48,316*	*52,500*	*49,158*	*42,991*	*51,908*	*46,101*	*40,435*	*344,847*
Outpatient Total	**Plan**	**56,150**	**58,382**	**55,375**	**60,359**	**53,238**	**56,834**	**61,280**	**66,391**	**58,585**	**61,077**	**60,386**	**70,433**	**401,618**
	2021	**59,693**	**58,892**	**65,454**	**60,195**	**57,279**	**63,873**	**59,413**	**0**	**0**	**0**	**0**	**0**	**424,799**
	Var	**3,543**	**510**	**10,079**	**-164**	**4,041**	**7,039**	**-1,867**	**0**	**0**	**0**	**0**	**0**	**23,181**
	2019	***66,253***	***68,402***	***64,973***	***71,017***	***62,194***	***66,234***	***71,386***	***66,728***	***58,392***	***69,837***	***62,919***	***54,792***	***470,459***
Outpatient virtual	Plan	16,748	17,161	16,108	17,568	15,719	16,671	17,804	16,644	14,451	17,583	15,760	13,922	117,779
	2021	17,754	16,519	17,718	15,851	14,804	16,067	14,383	0	0	0	0	0	113,096
	Var	1,006	-642	1,610	-1,717	-915	-604	-3,421	0	0	0	0	0	-4,683
	2019	*1,517*	*1,653*	*1,542*	*1,600*	*1,405*	*1,485*	*1,594*	*1,497*	*1,428*	*1,787*	*1,564*	*7,147*	*10,796*
Outpatient FtF	Plan	39,402	41,221	39,267	42,791	37,519	40,163	43,476	49,747	44,134	43,494	44,626	56,511	283,839
	2021	41,939	42,373	47,736	44,344	42,475	47,806	45,030	0	0	0	0	0	311,703
	Var	2,537	1,152	8,469	1,553	4,956	7,643	1,554	0	0	0	0	0	27,864
	2019	*64,736*	*66,749*	*63,431*	*69,417*	*60,789*	*64,749*	*69,792*	*65,231*	*56,964*	*68,050*	*61,355*	*47,645*	*459,663*

Elective Recovery Summary

South Tees Hospitals NHS Foundation Trust

Context: Performance in 2021 against service plans

Recovery: Elective & Theatres

SUMMARY MONTHLY ACTIVITY AGAINST PLAN

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YtD
IP Elective SD	Plan	4,826	5,269	5,095	5,777	5,345	5,333	5,515	5,946	5,578	5,616	5,390	6,349	37,160
	2021	4,793	4,964	5,542	5,329	5,331	5,709	5,662	0	0	0	0	0	37,330
	Var	-33	-305	447	-448	-14	376	147	0	0	0	0	0	170
	2019	*5,809*	*5,977*	*5,608*	*6,309*	*5,633*	*5,627*	*6,327*	*5,931*	*5,443*	*6,320*	*5,512*	*4,728*	*41,290*
IP Elective Overnight	Plan	666	841	982	1,017	1,063	1,029	953	1,152	927	828	959	1,270	6,552
	2021	636	867	906	904	910	960	988	0	0	0	0	0	6,171
	Var	-30	26	-76	-113	-153	-69	35	0	0	0	0	0	-381
	2019	*1,037*	*1,076*	*1,147*	*1,143*	*1,120*	*1,077*	*1,167*	*1,193*	*945*	*970*	*1,020*	*852*	*7,767*
IP Elective Total	**Plan**	**5,493**	**6,110**	**6,077**	**6,793**	**6,408**	**6,363**	**6,469**	**7,098**	**6,506**	**6,444**	**6,349**	**7,619**	**43,712**
	2021	**5,429**	**5,831**	**6,448**	**6,233**	**6,241**	**6,669**	**6,650**	**0**	**0**	**0**	**0**	**0**	**43,501**
	Var	**-64**	**-279**	**371**	**-560**	**-167**	**306**	**181**	**0**	**0**	**0**	**0**	**0**	**-211**
	2019	***6,846***	***7,053***	***6,755***	***7,452***	***6,753***	***6,704***	***7,494***	***7,124***	***6,388***	***7,290***	***6,532***	***5,580***	***49,057***

Summary

- Outpatient activity is showing as slightly below plan for October but will probably be on plan once satellite clinic data is loaded.
- Inpatient elective activity was above plan again in October

Cause of Variation

- Covid-19 pressure rose during October although mostly contained within the footprint of 2 general wards and 1 critical care.
- Theatre cases done remained at the same level with continuing staff shortages due to sickness and isolation meaning that the full schedule could not be run.
- Emergency theatre cases levels are at historical highs.

Planned Actions

- Expectation that Covid-19 activity will remain at current levels for some time.
- Continuing improvement in pre-assessment provision.
- Implementation of the 6-4-2 theatre booking process.
- Implement a dedicated 72-hour short stay surgical ward on the JCUH site to improve flow and activity.
- Speciality review of all Outpatient templates to ensure delivery at 2019 levels.

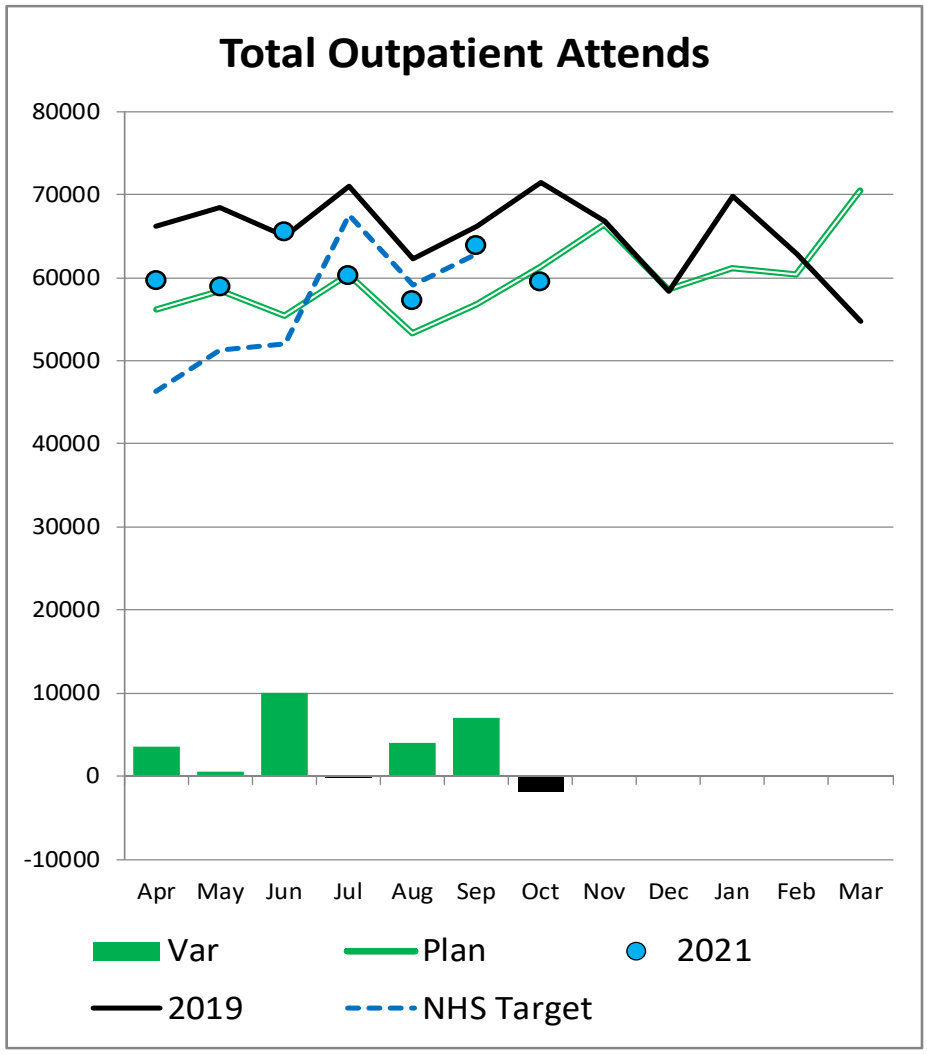
Timescale

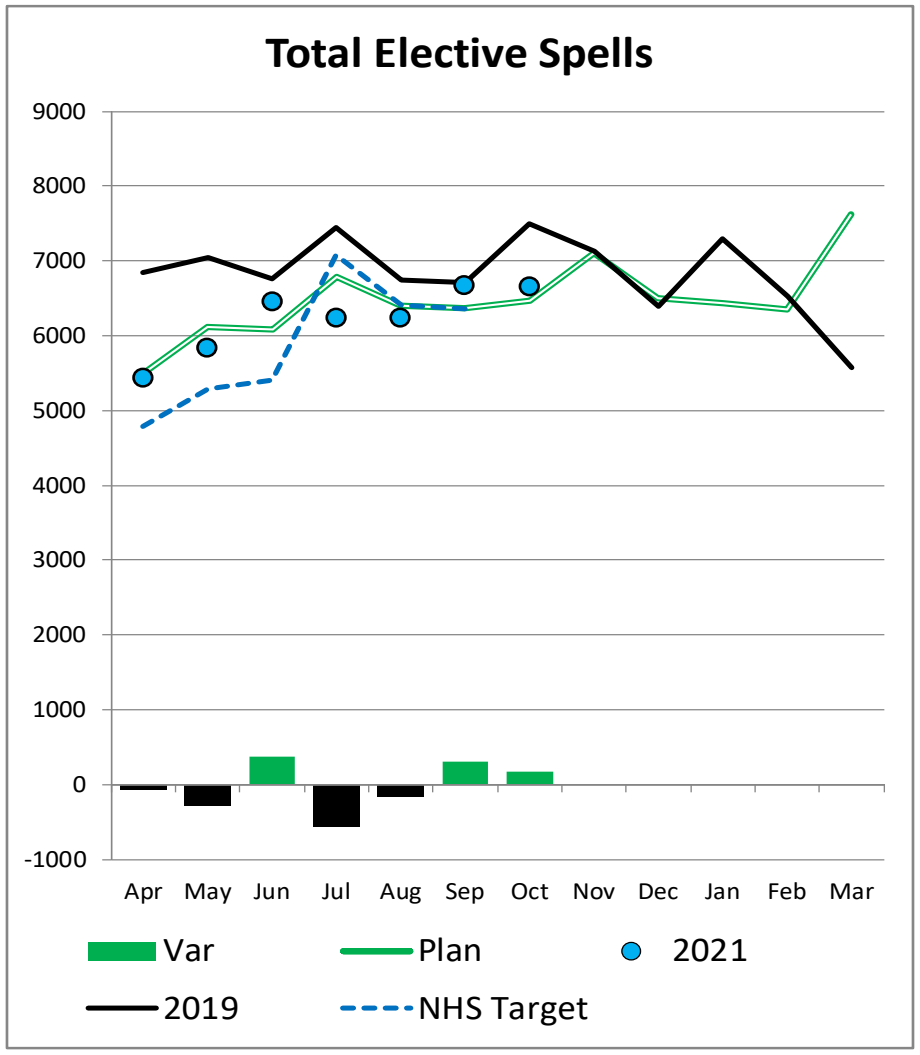
- Ongoing weekly review and challenge at Strategic Recovery Group.

Responsive

South Tees Hospitals NHS Foundation Trust

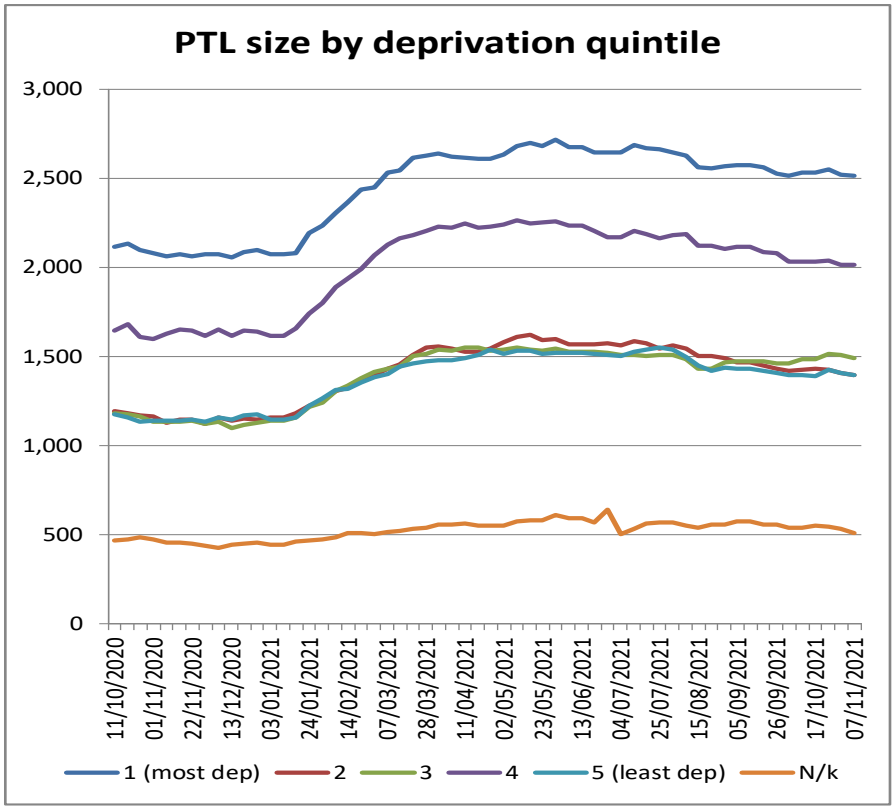
SUMMARY MONTHLY ACTIVITY AGAINST PLAN



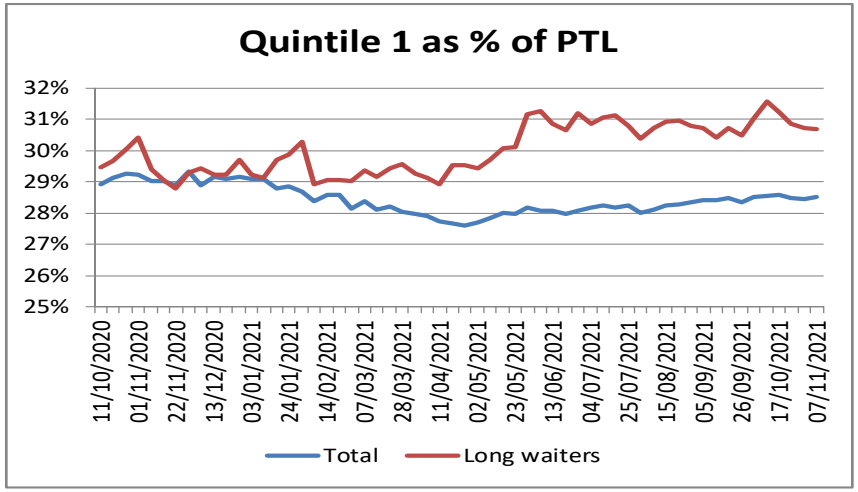


South Tees Hospitals
NHS Foundation Trust

INPATIENT PTL: INEQUALITIES - DEPRIVATION (IMD from postcode of residence)



07/11/2021	Total		Long waiters		Ratio
1 (most dep)	2,512	29%	811	31%	1.08
2	1,395	16%	444	17%	1.06
3	1,492	17%	434	16%	0.97
4	2,014	23%	575	22%	0.95
5 (least dep)	1,398	16%	379	14%	0.90
N/k	512		157		

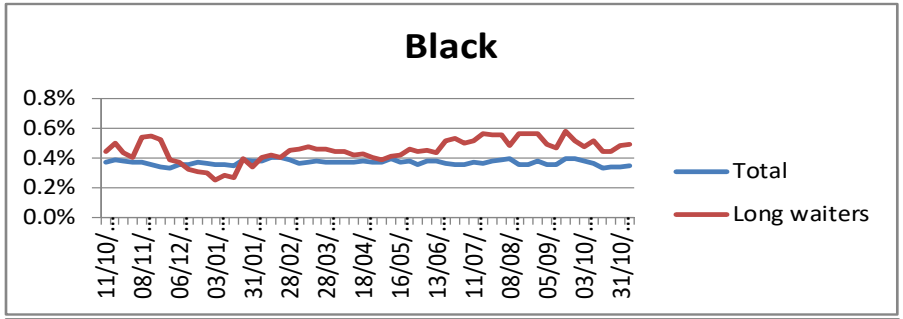


The separation of the overall position and the long waiter position for the most deprived quintile has continued. This is being analysed in more detail to understand what may be driving this differential, in order to inform what actions could be taken to address it. This is in the context of lower uptake of COVID vaccination (discussed with Trust's clinical leaders) and multiple indicators of poorer health in more deprived populations.

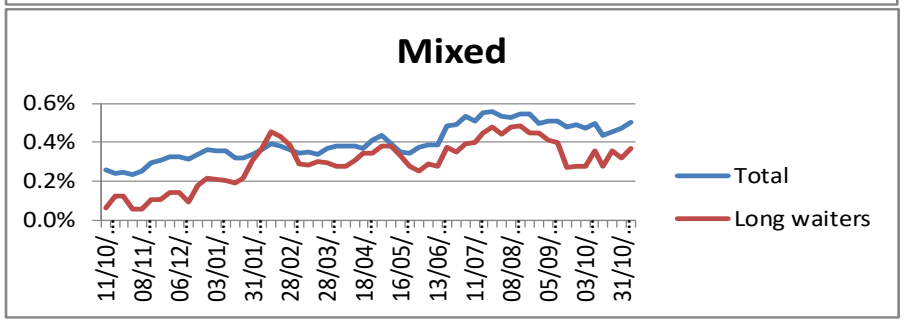
IMD – Index of multiple deprivation

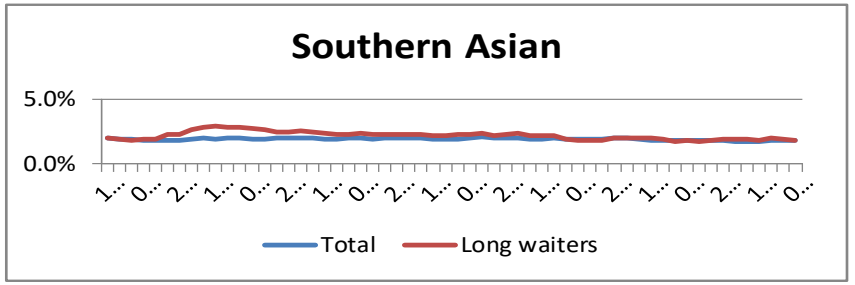
South Tees Hospitals
NHS Foundation Trust

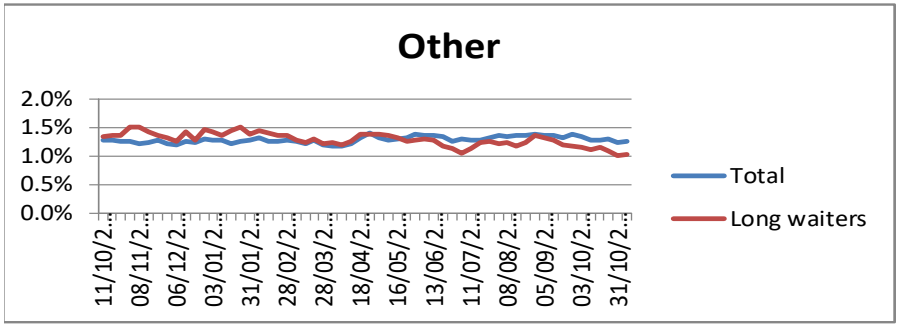
INPATIENT PTL: INEQUALITIES - ETHNICITY

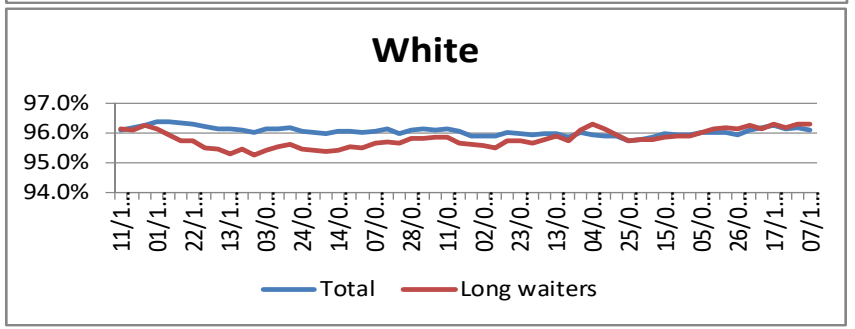


07/11/2021	Total		Long waiters		Ratio
Black	28	0.3%	12	0.5%	1.42
Mixed	41	0.5%	9	0.4%	0.73
Southern Asian	148	1.8%	45	1.8%	1.01
White	7,823	96.1%	2,366	96.3%	1.00
Other	102	1.3%	25	1.0%	0.81
N/k	1,181		343		







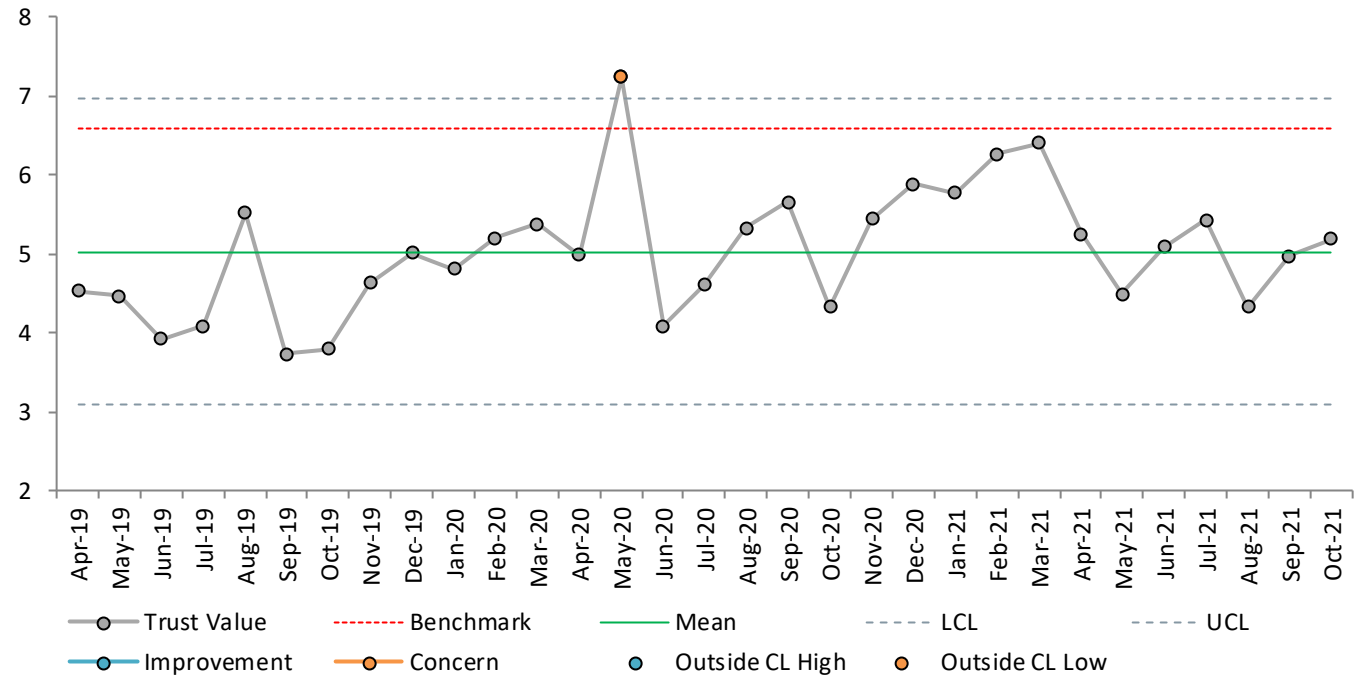


The proportion of the long waiters on the PTL that are non-white is greater than for the waiting list as a whole. Whilst numbers are small, this will be investigated at specialty level.

Safe

South Tees Hospitals NHS Foundation Trust

Falls Rate



The Trust falls rate per 1000 bed days

Benchmark	6.6
Mean	5.03
Last Month	5.19

Executive Lead

Hilary Lloyd

Lead

Ruth Mhlanga

Commentary

The Trust had a rate of 5.19 falls per 1000 bed days in October. This is around 140 falls in the month. This is remains within the observed range. The rate has been below the benchmark for 16 months. This rate is lower than most of our peers, but we will need to monitor and target interventions in clinical areas with higher numbers of falls.

Cause of Variation

- Falls rate in October is within normal variation although increased slightly from September.
- There were some staffing challenges (sickness absence rates and staff redeployed to areas of greatest need) in October .
- Outlier April 2020 excluded due to low denominator of patients in hospital.

Planned Actions

- Communication around themes of contributors to falls at Senior Professions Council.
- Joint regular reviews of falls with harm with Safeguarding team to identify hotspots and develop action plans.
- Bespoke ward interventions where higher levels of falls have been identified.
- Recruit into vacant Inpatient Falls lead post.
- Refreshing patient falls leaflet.

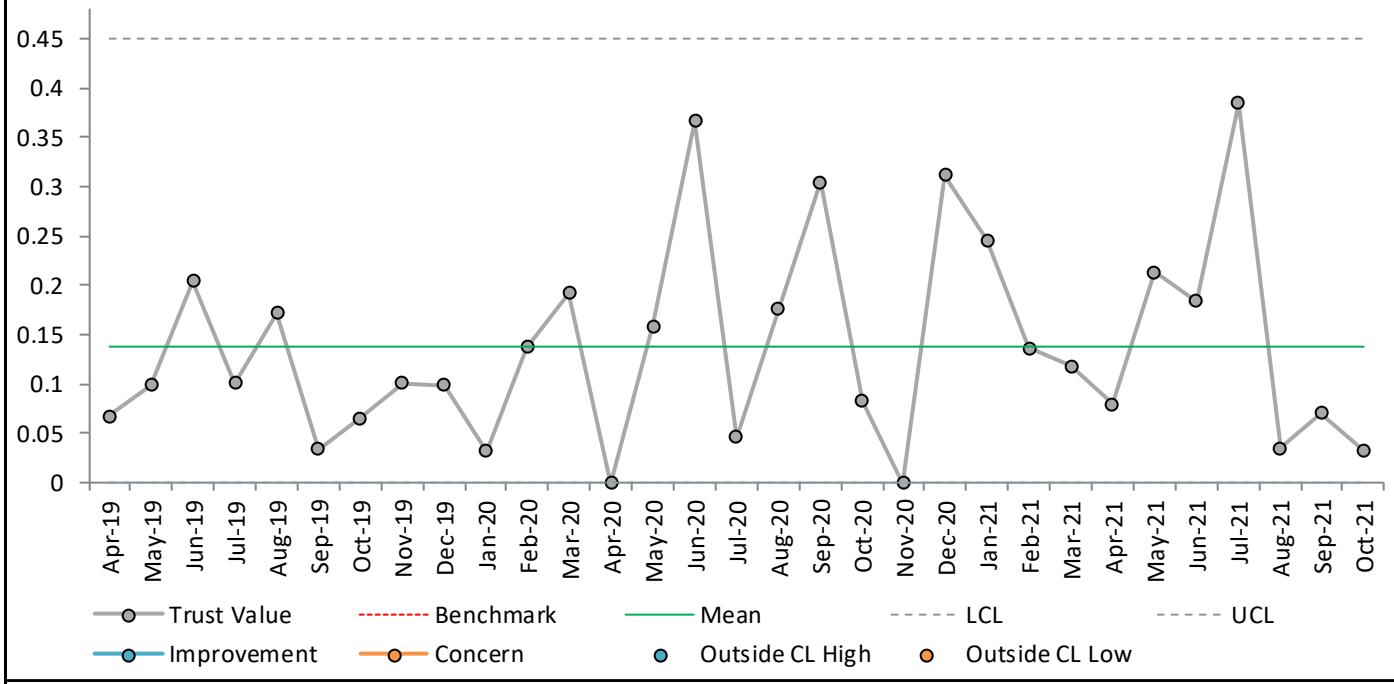
Timescale

- November 2021
- Ongoing
- December 2021
- November 2021

Safe

South Tees Hospitals NHS Foundation Trust

Falls With Harm Rate



Rate of falls with harm per 1000 bed days

Benchmark	TBC
Mean	0.14
Last Month	0.03

Executive Lead

Hilary Lloyd

Lead

Ruth Mhlanga

Commentary

The rate of harm is 0.03 per 1000 bed days and the rate remains within the expected range and has reduced in the last month. Only 1 fall with harm was recorded during the month. The Trust is not an outlier for falls with harm.

Cause of Variation

- The rate of harm is within the expected range and has reduced in October.
- Numbers are low so the data appears variable.

Planned actions

- As previous slide
- Ongoing communication around themes that have been identified as contributing to falls.
- Shared learning from structured reviews in wards, directorates, collaboratives and organisation.
- Overseen by Patient Safety Steering Group reporting in to QAC.

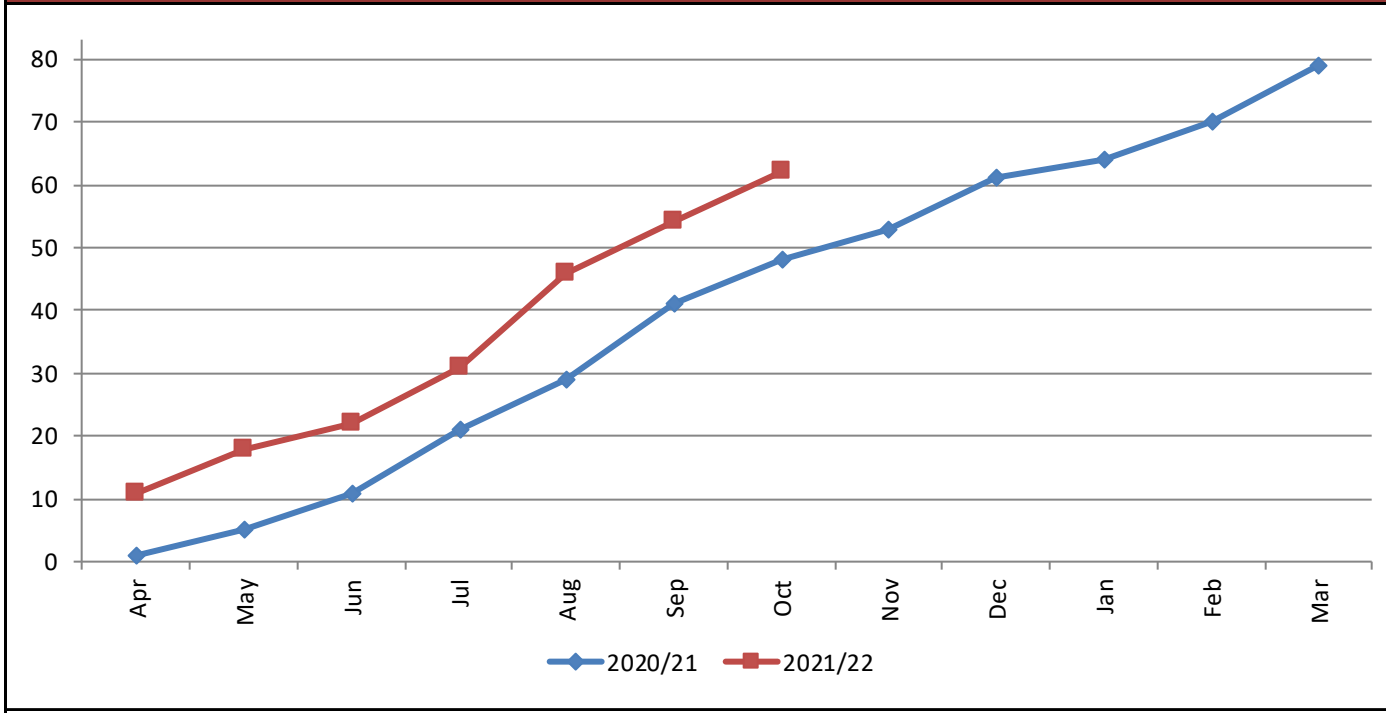
Timescale

- November 2021

Safe

South Tees Hospitals NHS Foundation Trust

C-Difficile (YTD)



Cases of hospital acquired C. Difficile bacteraemia

Outturn	73
Mean	N/A
YTD	62

Executive Lead

Hilary Lloyd

Lead

Sharon Lance

Commentary

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

Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation is not being assessed.
- This is a national reporting requirement, and the Trust were to have no more than a combined total of 82 community onset healthcare associated (COHA) and healthcare onset healthcare associated (HOHA) cases amongst patients aged over 2 year.
- There were 10 cases of CDI in October 2021, 2 of which were classed as COHA and 8 HOHA, totalling 10 cases as Trust Apportioned – total TA up to end of October = 78

Plan

- Ribotyping continues in areas with 2 or more cases, no linked cases identified
- CDI panels continue with CCG, agreed 3 of the cases to panel in October were appealable due to no lapses in care which is due to robust process change.
- Intense support given to areas with IPC team working clinical alongside teams for training and support
- 6-week intense programme, continues as a rolling programme of implementation for clinical areas
- New CDI 'Post Infection Review' to be implemented in November to strengthen ownership and collaboration of CDI across the Organisation
- Close alliance with Antimicrobial teams in relation to prescribing, plan for world antibiotic awareness week 18-42 November
- Robust reporting through to Infection Prevention & Control Group regarding antimicrobials with assurance around practice.

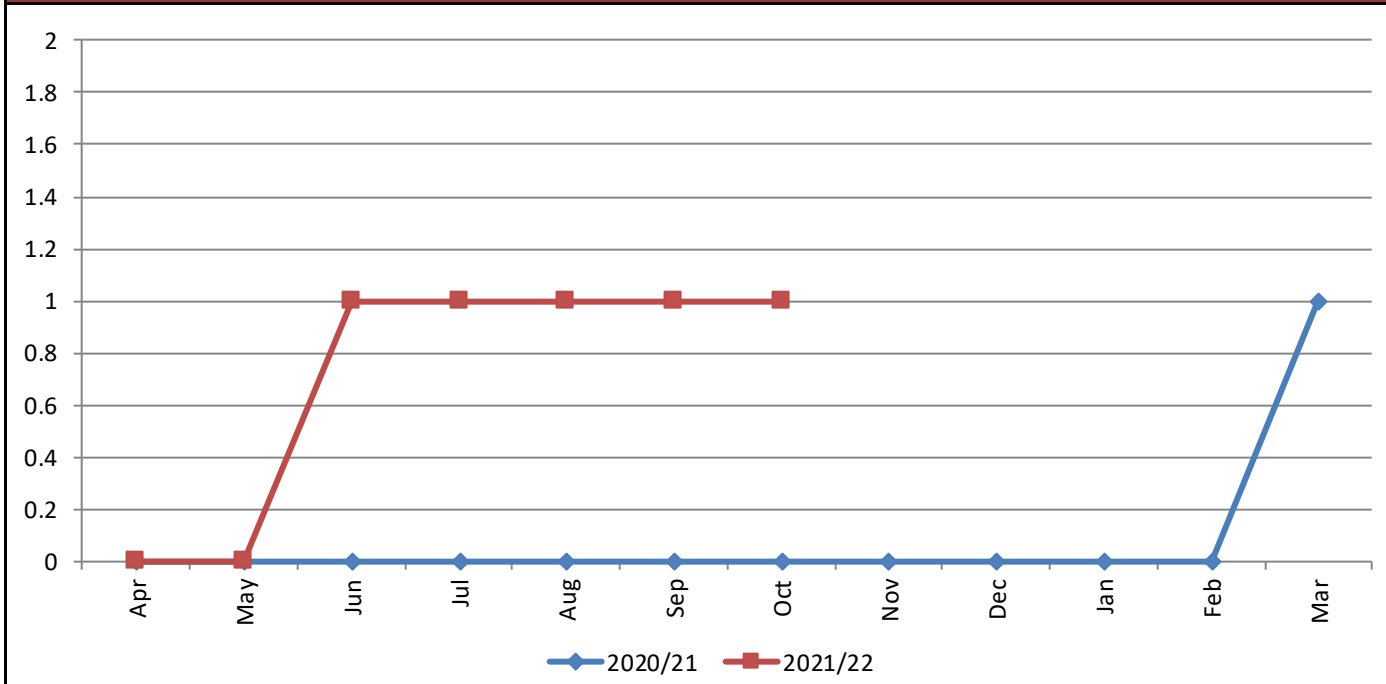
Timescale

- March 2022

Safe

South Tees Hospitals NHS Foundation Trust

MRSA (YTD)



Cases of hospital acquired MRSA bacteraemia

Target	0
Mean	N/A
YTD	1

Executive Lead

Hilary Lloyd

Lead

Sharon Lance

Commentary

There has been one case identified in June 2021.

Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation is not being assessed.
- There was 0 Trust Assigned cases in October 2021. In the first 7 months of 2021/2022 there has been 1 trust-assigned case.
- A case panel has been held for TA MRSA from June 2021, with an agreement from the CCG that this case does meet the national definition of 'non-trust assigned'

Planned Actions

- Further support from BBRaun around Aseptic non touch technique (ANTT) to allow for more train the trainers
- Additional support from military colleague to do a project around ANTT across the organisation including audit.
- Continue to plan implementation of MSSA post incident review process similar to MRSA, including panels
- Patient pathway for line care to be presented at Infection Prevention & Control Group and Senior Nurse forum in November for agreed implementation.
- IPC team members of Nurse Antimicrobial Stewardship group working across NE & Cumbria

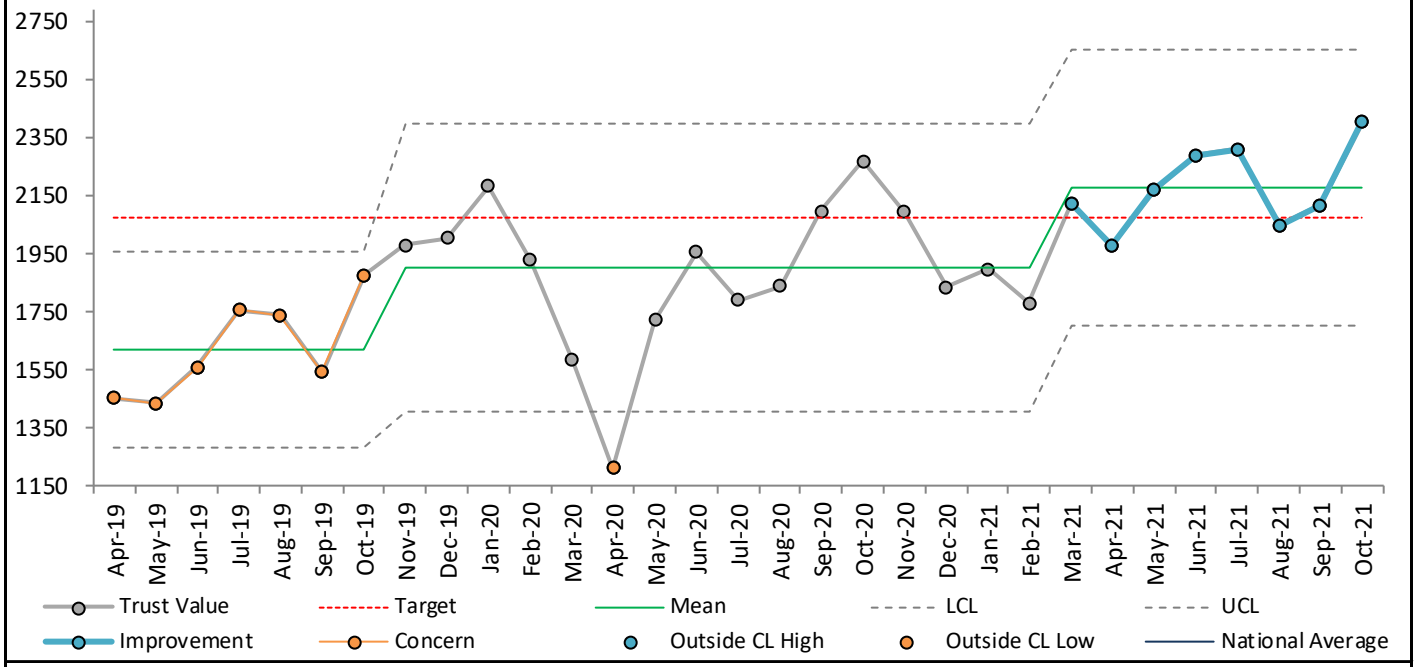
Timescale

- Ongoing, over seen by Infection Prevention & Control Group.

Safe

South Tees Hospitals NHS Foundation Trust

DATIX Incidents



All incidents recorded on DATIX

Target	2070
Mean	2177.88
Last Month	2402.00

Executive Lead

Hilary Lloyd

Lead

Kay Davies

Commentary

The Trust has a Quality Priority for 2021/22 to Increase Incident Reporting by 10% per year. This will also mean an increase in incidents reported to NRLS

The Trust has been above the 10% target since April 2020

Cause of Variation

- The reporting of incidents remains within normal variation and has shown a sustained improvement over the last 7 months. Following a slight fall below target in August, following the implementation of Datix Cloud IQ, the reporting rate has increased in September and October 2021.

Planned Actions

- The implementation of Datix Cloud IQ commenced in August 2021 and the associated Datix Anywhere App will be developed over coming months.
- Request for Datix Champions to be identified and trained to improve Datix experience for all users.
- Implementation of the Patient Safety Work Plan, with key priorities identified.
- Trust-wide work on embedding a Just & Restorative Culture approach.

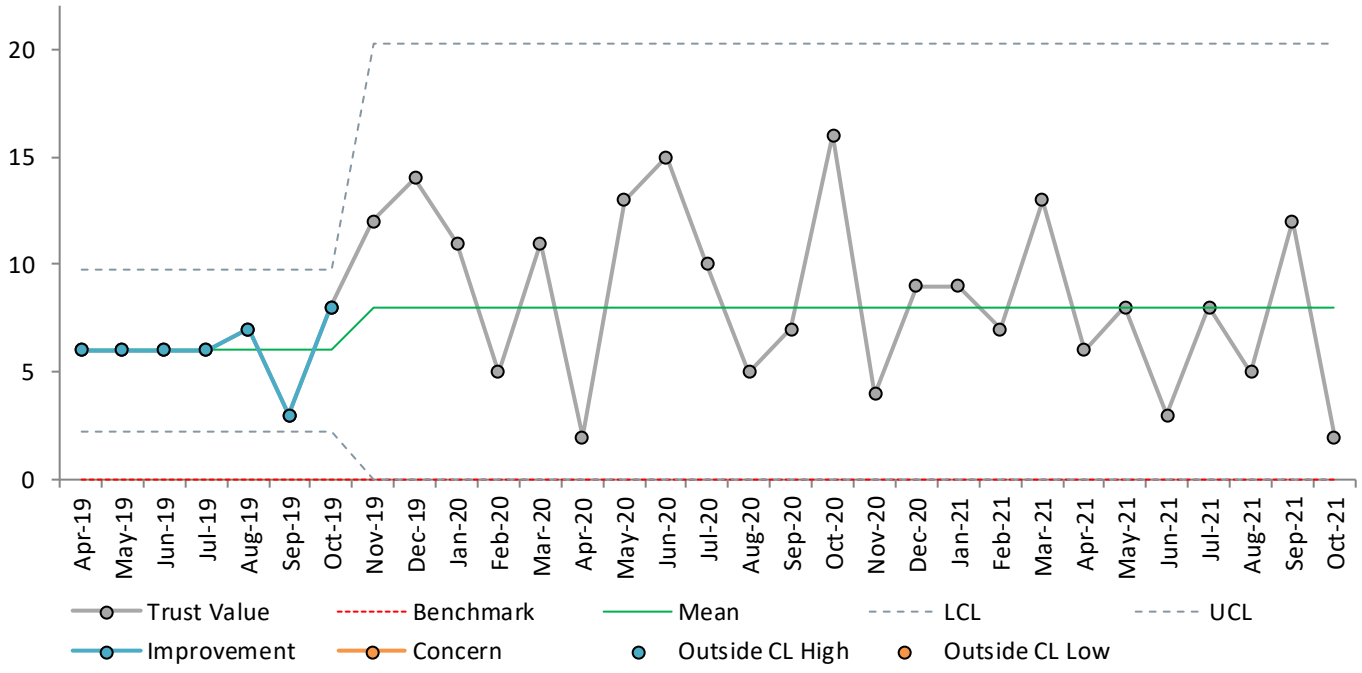
Timescale

- This is a three-year plan which commenced in April 2019 and will run to March 2022. Overseen by Safe and Effective Care Strategic Group.

Safe

South Tees Hospitals NHS Foundation Trust

Serious Incidents



The number of Serious Incidents

Benchmark	0
Mean	8.03
Last Month	2.00

Executive Lead

Hilary Lloyd

Lead

Kay Davies

Commentary

In October 2021, there were 2 episodes, both related to pressure damage.

Cause of Variation

- This metric is within common cause variation.

Planned Actions

- Continue to report and investigate SIs within agreed timescales and ensure lessons learnt are shared across the organisation.
- Focus on outstanding actions from previous SIs to ensure evidence is provided and learning is being embedded. Data has been added to monthly SI report and the Patient Safety team to work closely with clinical colleagues and escalate historic overdue actions accordingly.
- Await the revision and publication of the new Patient Safety Incident Response Framework by NHSE/I, which is anticipated during 2022.
- Facilitate a just and learning culture in all areas of the Trust, with support from the Leadership and Safety Academy.

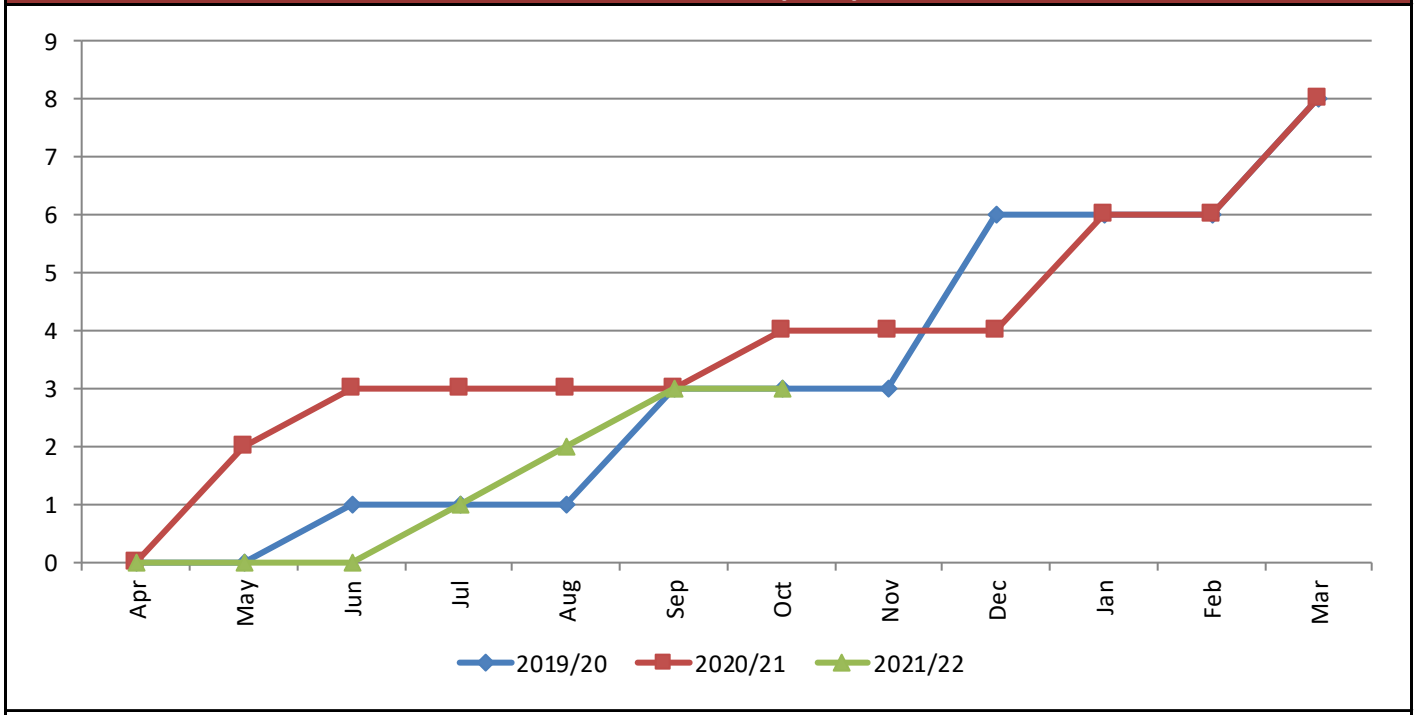
Timescale

- Ongoing, overseen by Safe and Effective Care Strategic Group.

Safe

South Tees Hospitals NHS Foundation Trust

Never Events (YTD)



Number of reported Never Events

Target	0
Mean	N/A
YTD	3

Executive Lead

Hilary Lloyd

Lead

Kay Davies

Commentary

Eliminating Never Events remains a priority for the Trust. There were no Never Events in October.

Cause of Variation

- This indicator is not in control chart format because the numbers reported are small and therefore variation is not being assessed.
- Nationally there is a variation in the number of Never Events reported of between 28 and 48 per month.

Planned Actions

- LocSSIP audit programme commenced in May 2021 to review the design and operating effectiveness of key controls in place.
- Establish a learning culture supported by the Leadership and Safety Academy.
- The Trust's Patient Safety Ambassadors are undertaking a review of the previous Never Events, methodology and associated actions to ensure all potential learning has been identified and shared to the appropriate staff.
- Trust-wide Patient Safety day held in October 2021.
- Share learning via newly established Adverse Events Review Group, CPG, collaborative , directorate and team meetings, huddles and quality and safety briefings.

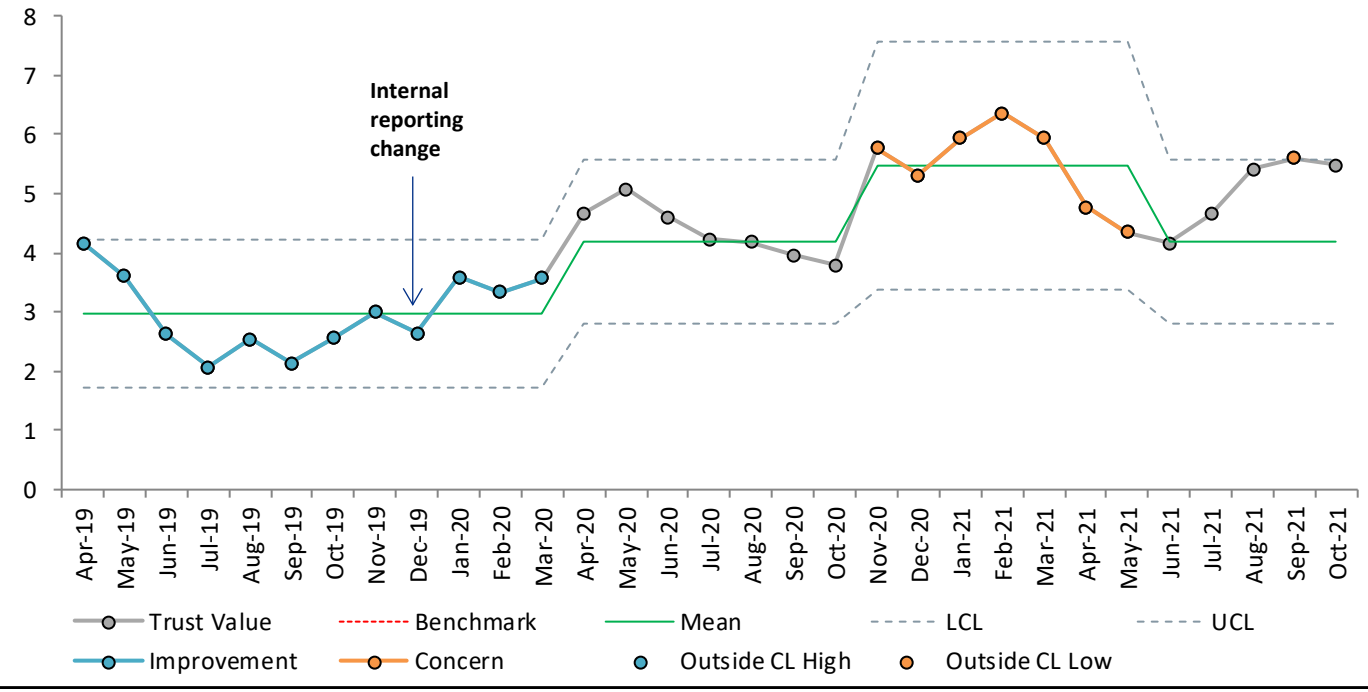
Timescale

- Eliminating Never Events remains a quality priority for 2021/22.
- Oversight by Patient Safety Steering Group reporting to Safe and Effective Care Strategic Group.

Safe

South Tees Hospitals NHS Foundation Trust

Category 2 Pressure Ulcers



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

Benchmark	TBC
Mean	4.20
Last Month	5.49

Executive Lead

Hilary Lloyd

Lead

Louise Fleming

Commentary

Slight reduction in the number of grade 2 PU's in October 2021.

There were 165 PU's in October:
104 Acute
61 Community

Cause of Variation

- The majority of the increase in Q4 20/21 was observed in the critical care areas and was Covid related.
- Slight reduction in October 2021 observed, returning performance within the limits of common cause variation.

Planned Actions

- Update and launch the Tissue Viability action plan 2021/22. Examples of specific work includes;
- PU Improvement Plan.
- Share good practice of wards with decreased PU's with those identified in PU Collaborative.
- Roll out of Purpose T in MRC.
- Peer conversations with subject matter experts across Tees Valley.
- Data collection in progress to commence research into patient compliance in the community setting ongoing.

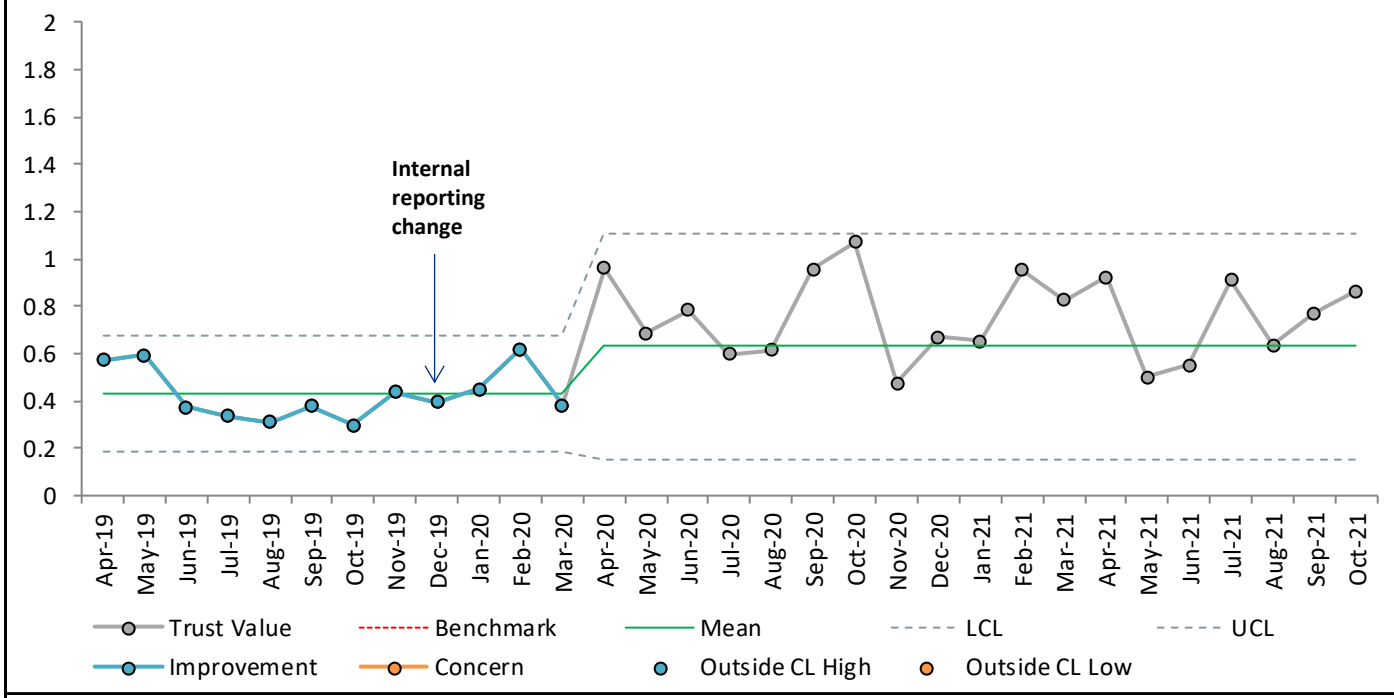
Timescale

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

Safe

South Tees Hospitals NHS Foundation Trust

Category 3 & 4 Pressure Ulcers



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

Benchmark	TBC
Mean	0.63
Last Month	0.86

Executive Lead

Hilary Lloyd

Lead

Louise Fleming

Commentary

6 category 3 PU's were observed in the acute setting,

15 category 3 PU's and 1 category 4 PU were observed within community.

Cause of Variation

- The rate is within expected, common cause variation from February 2020.

Planned Actions

- Ongoing Intensive support for critical care with Action Plan – educational outreach.
- Protect TV link nurse time in critical care.
- 12 month planned programme of teaching and PU improvement programme for Community Services, with PU lead identified.
- Work underway to incorporate Pressure Ulcer Safety Huddle (PUSH) tool into Datix system.
- Commenced 'structured review' learning conversation replacing RCA and panel process.

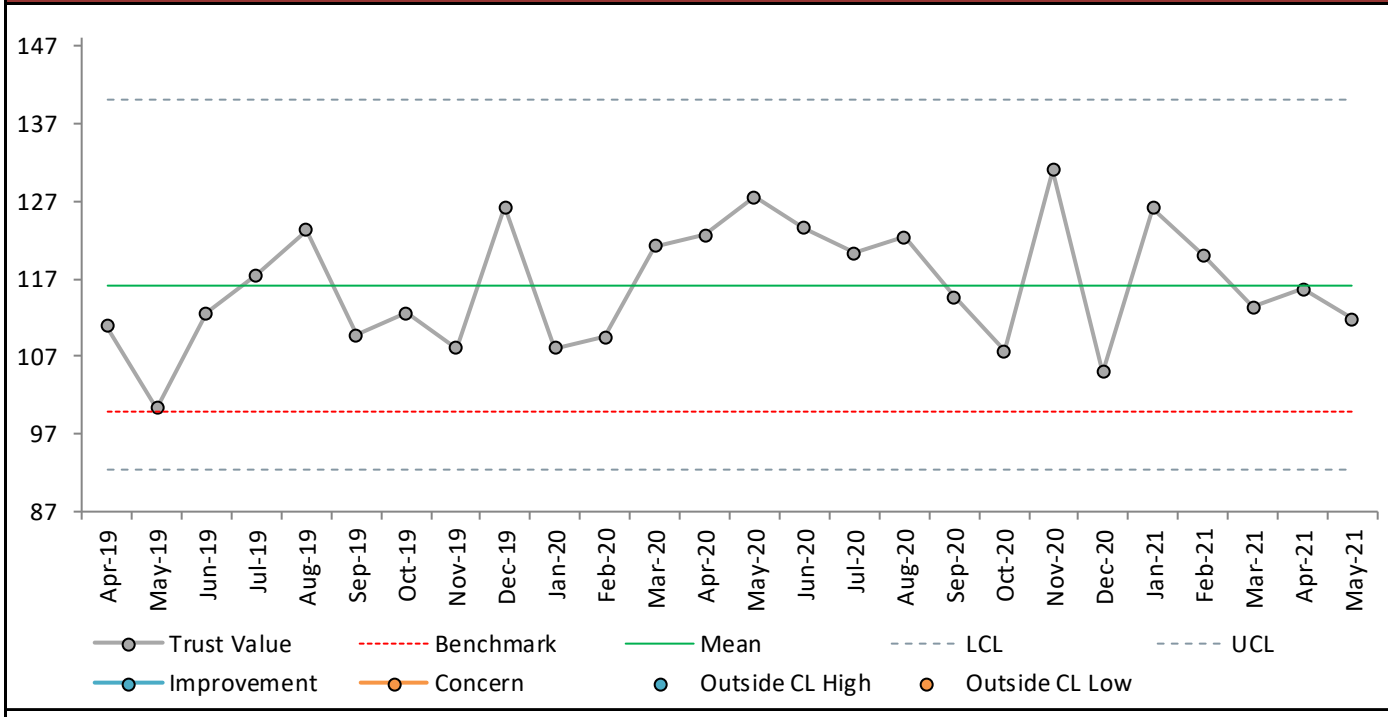
Timescale

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

Safe

South Tees Hospitals NHS Foundation Trust

SHMI



Summary Hospital-Level Mortality Indicator

Benchmark	100
Mean	116.23
Last Month	111.81

Executive Lead

Mike Stewart

Lead

Tony Roberts

Commentary

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

Cause of Variation

- Mean SHMI is stable with normal variation but high (national average is set to 100). This reflects the relatively low level of comorbidity capture.
- SHMI for Jul 2020 to Jun 2021 is outlying (officially 120, 2 points higher than the previous period). Pneumonia and septicaemia remain high.
- SHMI is impacted by the pandemic as COVID-19 spells are removed (5%) and the fall in discharges of other patients is substantial (30%).

Planned Actions

- The trust has fallen behind national average for capture of comorbidities and this is the main driver of the high SHMI.
- Analysis from NEQOS suggests SHMI has been adversely impacted in trusts with higher numbers of covid cases.
- Medical Examiner scrutiny sustained at >95% of deaths. Where concerns are raised (or for some categories of patients) mortality reviews are performed, and a small number of deaths judged to be potentially preventable have been identified and learning shared.

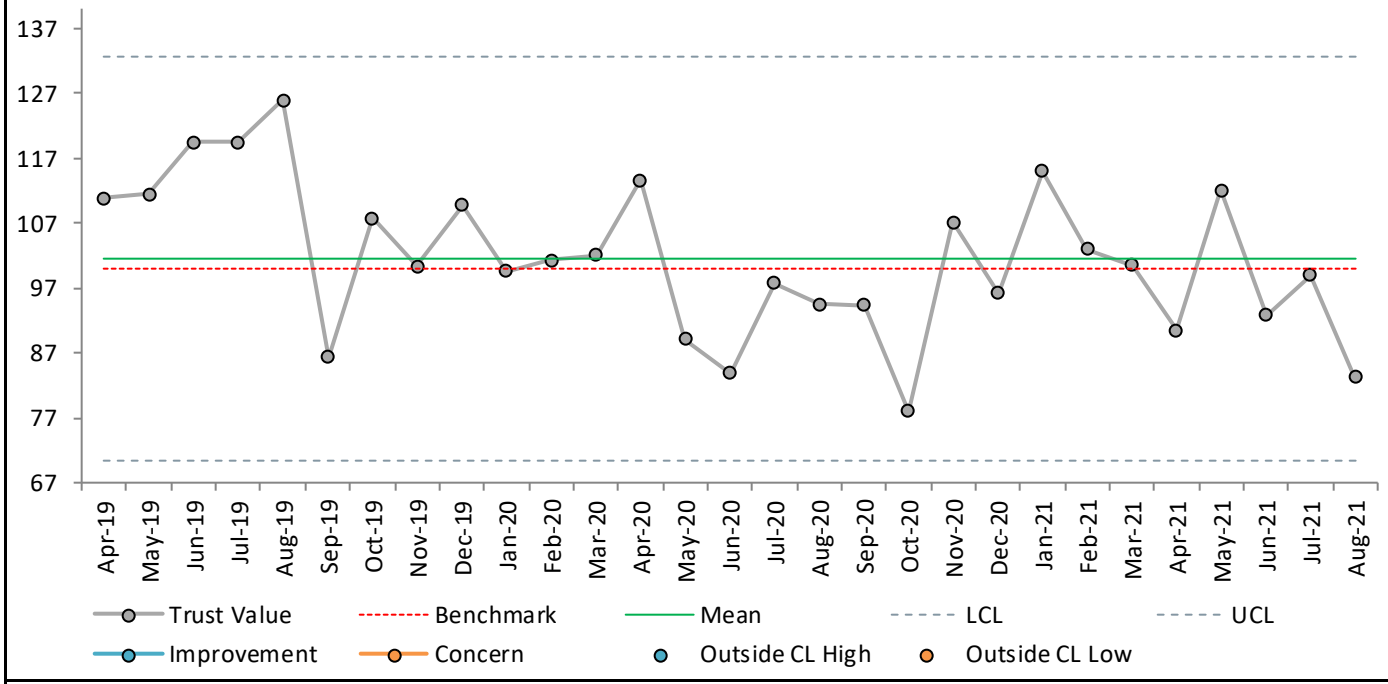
Timescale

- Coding work on-going.
- Quarterly review of the impact of COVID-19 on SHMI needed throughout 2021/2022.
- NHS Digital are performing further analysis, although a publication date has not been confirmed.

Safe

South Tees Hospitals NHS Foundation Trust

HSMR



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

Benchmark	100
Mean	102.24
Last Month	99.01

Executive Lead

Mike Stewart

Lead

Tony Roberts

Commentary

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

Cause of Variation

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

Planned Actions

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

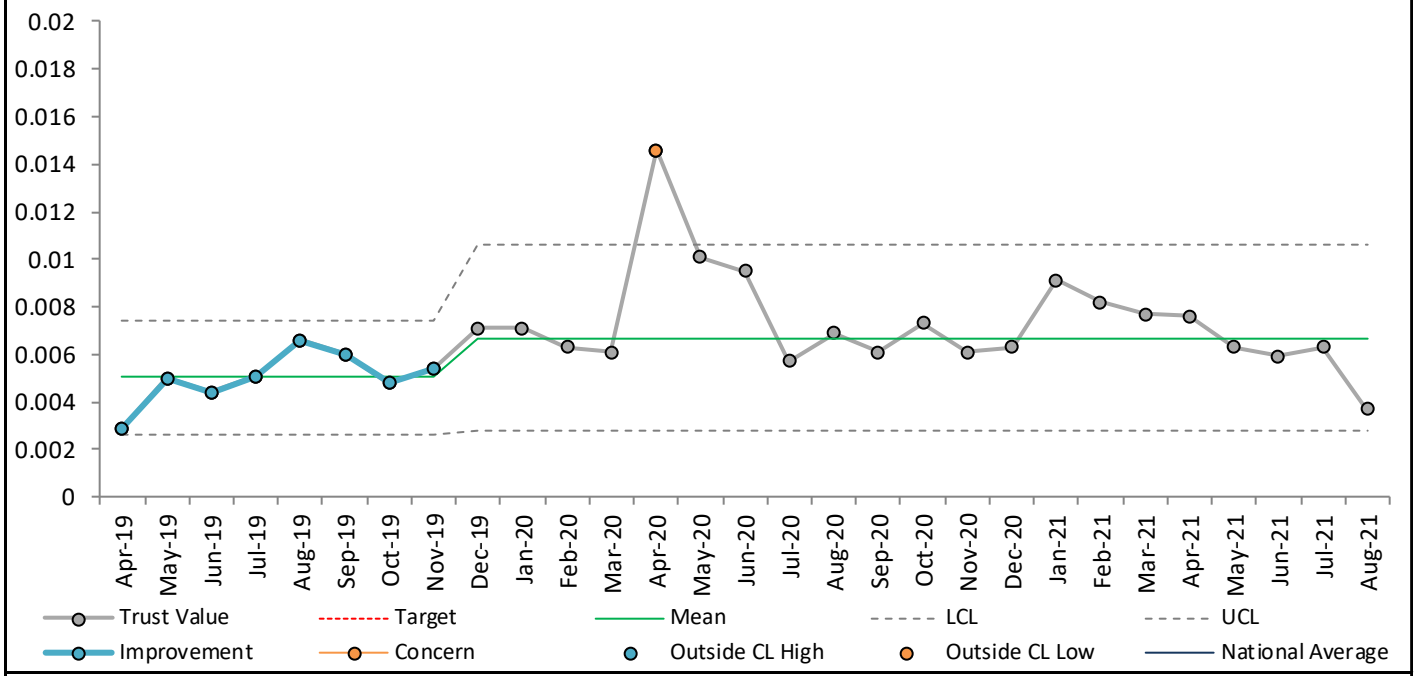
Timescale

- On-going mortality assurance discussed at QAC. Comparison of SHMI and HSMR remains important, given the difference between them.

Safe

South Tees Hospitals NHS Foundation Trust

Palliative Care Coding



Average no. of First Finished Consultant Episodes (FFCEs) recorded with Palliative Care diagnosis (Z515)

Target	TBC
Mean	0.01
Last Month	0.00

Executive Lead

Mike Stewart

Lead

Allison Davis

Commentary

Coding of Specialist Palliative Care is reported as a contextual indicator alongside SHMI and is used as a risk adjustment factor in HSMR. The Trust is recording at a higher level than the national average and thus HSMR is lowered.

Cause of Variation

- The indicator has been stable with normal variation since May 2020. The special cause in April 2020 was due to the first wave of the covid pandemic.
- The final point in August is likely to reflect incomplete coding at the time the data was extracted.

Planned Actions

- The current process of cross-checking recording of contacts with patients by the specialist palliative care team in SystmOne by the clinical coding team will continue.

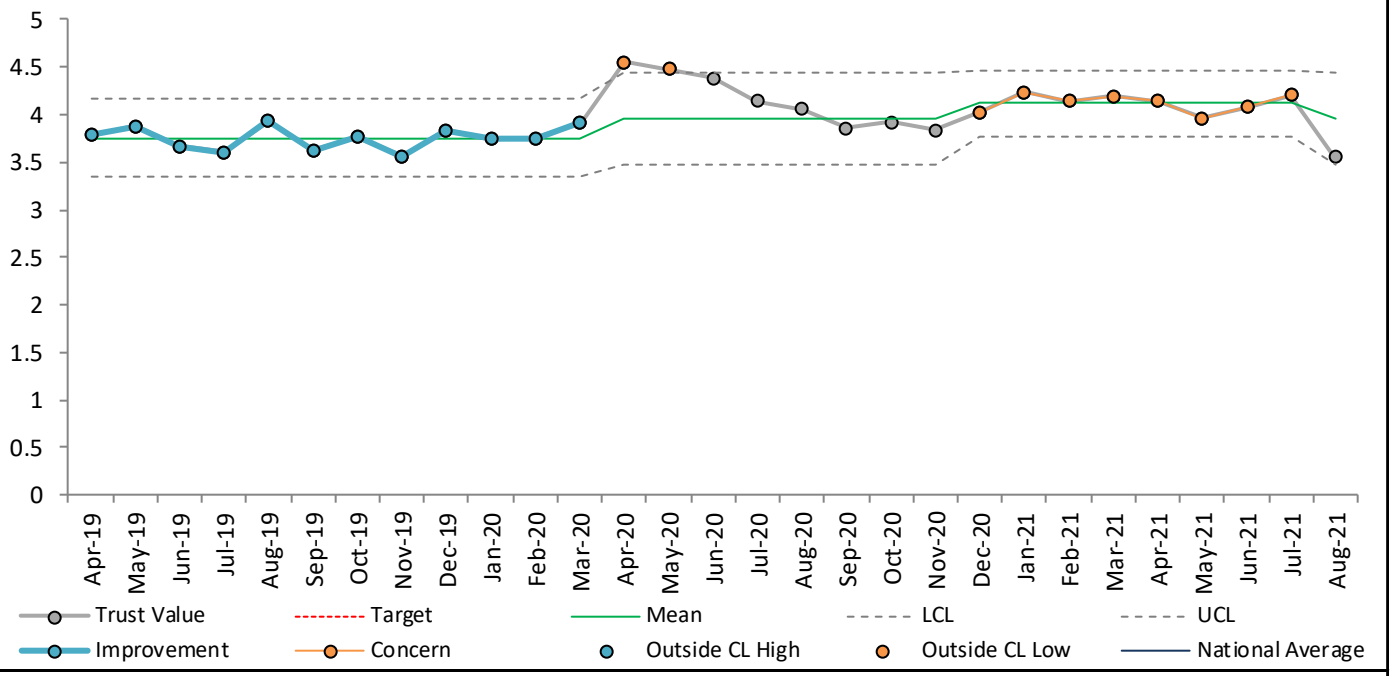
Timescale

- Ongoing.

Safe

South Tees Hospitals NHS Foundation Trust

Comorbidity Coding



Average Comorbidity score on First Finished Consultant Episode (FFCE)

Target	TBC
Mean	3.96
Last Month	3.56

Executive Lead

Mike Stewart

Lead

Allison Davis

Commentary

Charlson Comorbidity Index (which includes 15 major comorbidities) is used to risk-adjust both SHMI and HSMR. The trust is well below national average (which adversely raises both indictors) and has the lowest rate in the North East.

Cause of Variation

- The indicator has shown a small improvement since December 2020. The special cause in April and May 2020 was due to the first wave of the covid pandemic. The final point for August 2021 reflects incomplete coding at the time this indicator was generated and is likely to be higher once refreshed.

Planned Actions

- The Clinical Coding Strategy presented to CPG includes implementation of a new comorbidity coding sheet.
- A Renal ward pilot showed the form increases capture of comorbidities. Several wards have offered to pilot. The key is the admission areas where pilot occurring. In due course, Miya will allow digital recording.
- The Full Action Plan is being reviewed and new timescales agreed for further improvement work.

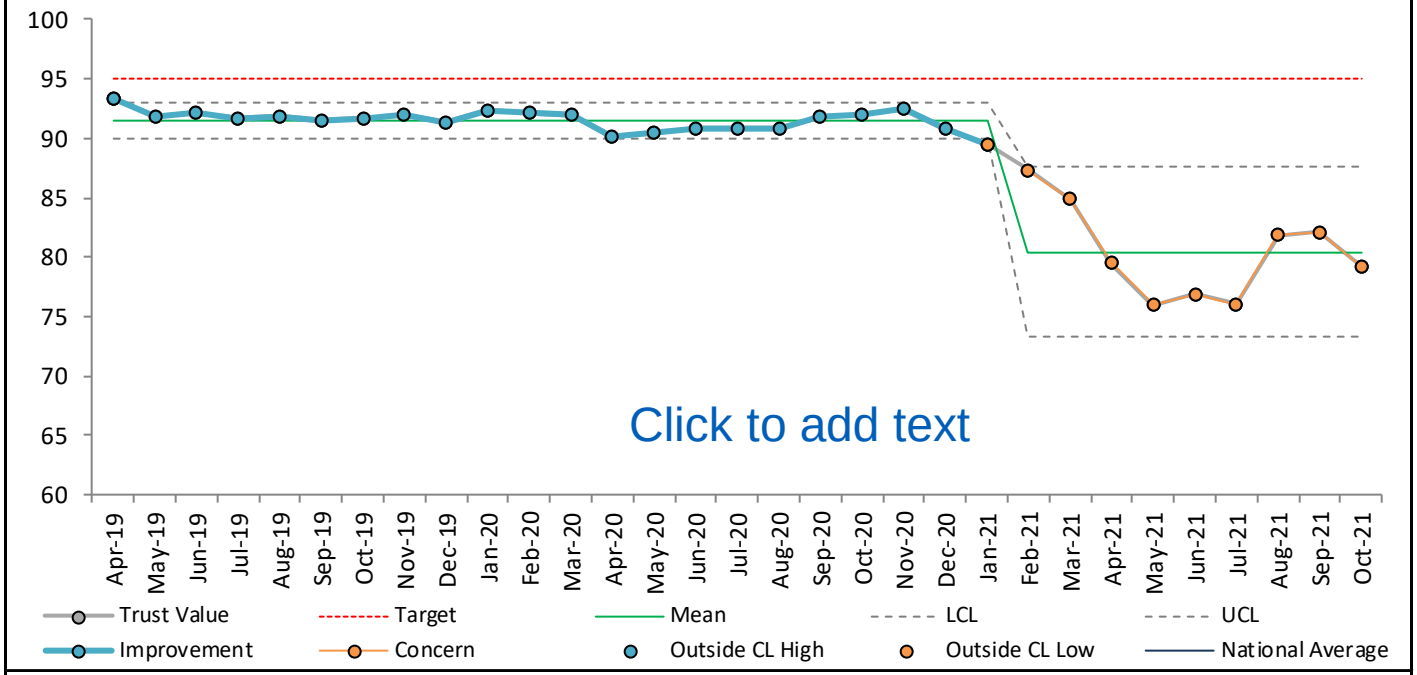
Timescale

- Further pilots conducted in July and August, although impact not apparent yet as data to June.
- Miya implementation for this purpose is some months away.

Safe

South Tees Hospitals NHS Foundation Trust

VTE Assessment



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

Target	95
Mean	80.44
Last Month	79.29

Executive Lead

Mike Stewart

Lead

Jamie Maddox

Commentary

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

Cause of Variation

- Uncertain whether low rates are due to poor recording of compliance or low rates of risk assessment.
- Recent spot check audit on a JCUH ward revealed 95% compliance, but only 75% recorded on eCAMIS.

Planned Actions

- Re-established VTE Working Group - next meeting November 2021.
- Revised CAMIS VTE data entry to ensure easier and accurate data recording. Addition of visual indicator to prompt outstanding assessments.
- We now have access to ward level data so can start identifying the reasons for low VTE risk assessment rates and targeting interventions.
- Feedback from GIRFT VTE survey received. Action plan has been made. Will be discussed at next VTE Working Group Meeting
- Long term goal would be to have VTE risk assessment as in essential requirement within the electronic medical record.

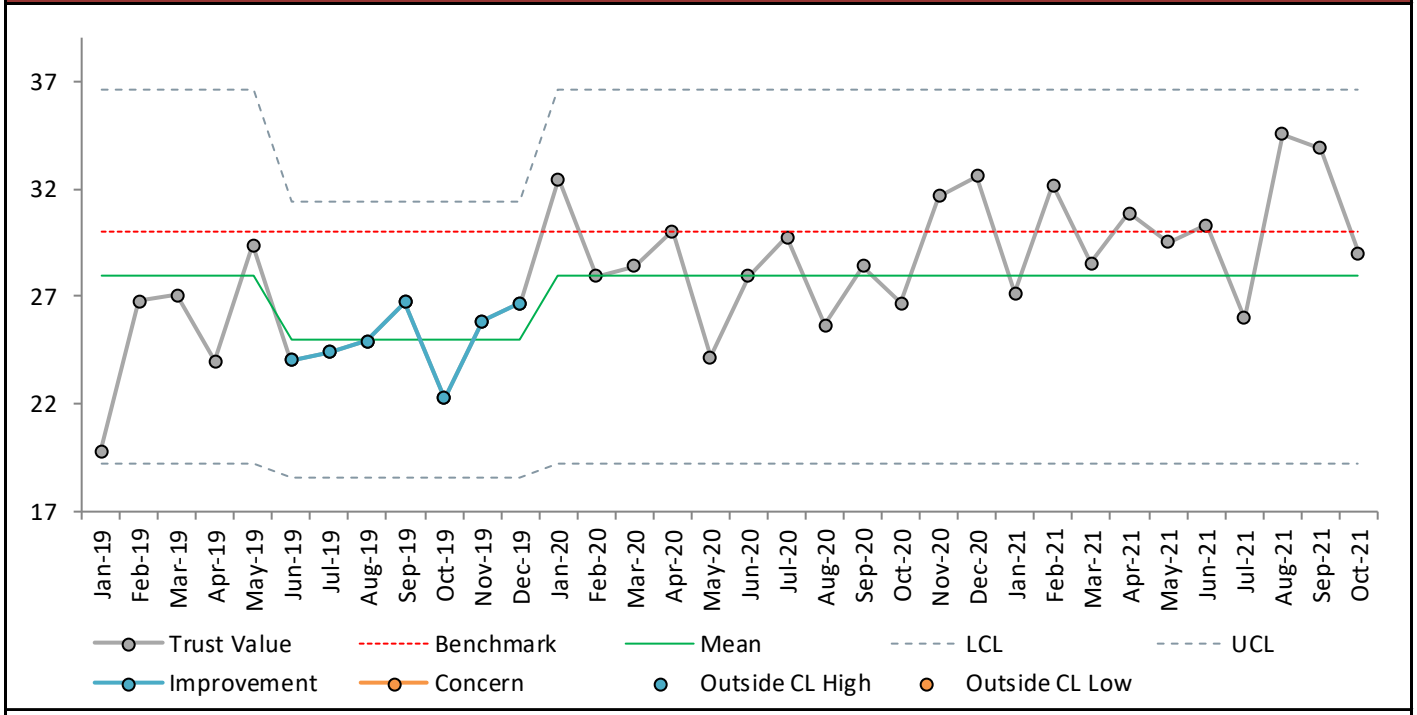
Timescale

- Q1 – VTE Working Group reporting to Clinical Effectiveness Steering Group, to agree trajectory.
- December 2021, following November VTE working group meeting.

Safe

South Tees Hospitals NHS Foundation Trust

Caesarean Section (%)



The % of Patients Delivering via Caesarean Section

Benchmark	30
Mean	27.94
Last Month	29.01

Executive Lead

Hilary Lloyd

Lead

Heather Gallagher

Commentary

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

Cause of Variation

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

Planned Actions

- CS rates should not be used as a quality metric as NICE advocates maternal choice.
- COVID-19 is resulting in an increase in CS rates nationally.

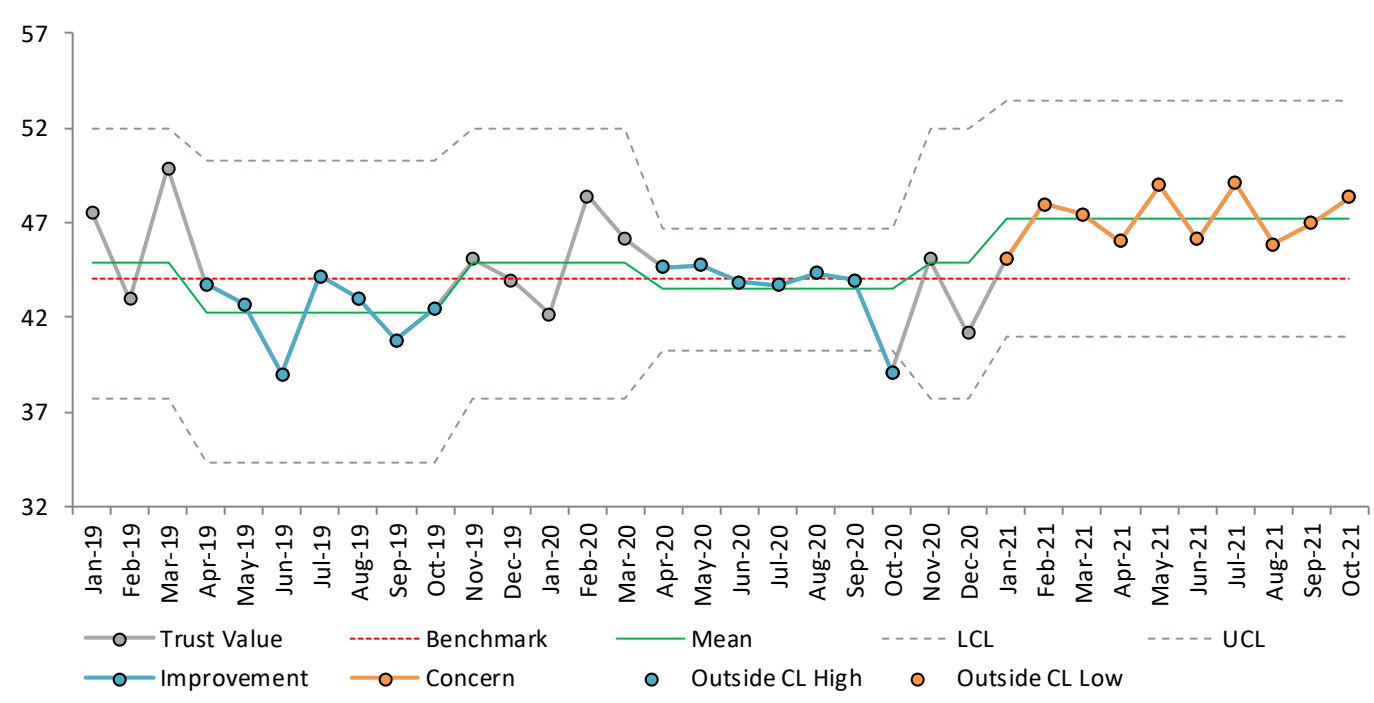
Timescale

- Ongoing review
- Maternity Standards Board being established.

Safe

South Tees Hospitals NHS Foundation Trust

Induction of Labour (%)



The % of Patients Delivering via Caesarean Section

Benchmark	44
Mean	47.18
Last Month	48.35

Executive Lead

Hilary Lloyd

Lead

Heather Gallagher

Commentary

National benchmarking shows a national increase in induction of labour, based on changes to clinical pathways

Cause of Variation

- This metric is a stable process with normal variation since November 2019.
- There has been a sustained period of rates above the mean and target for 9 months, linked to clinical pathway changes in response to COVID-19.

Planned Actions

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

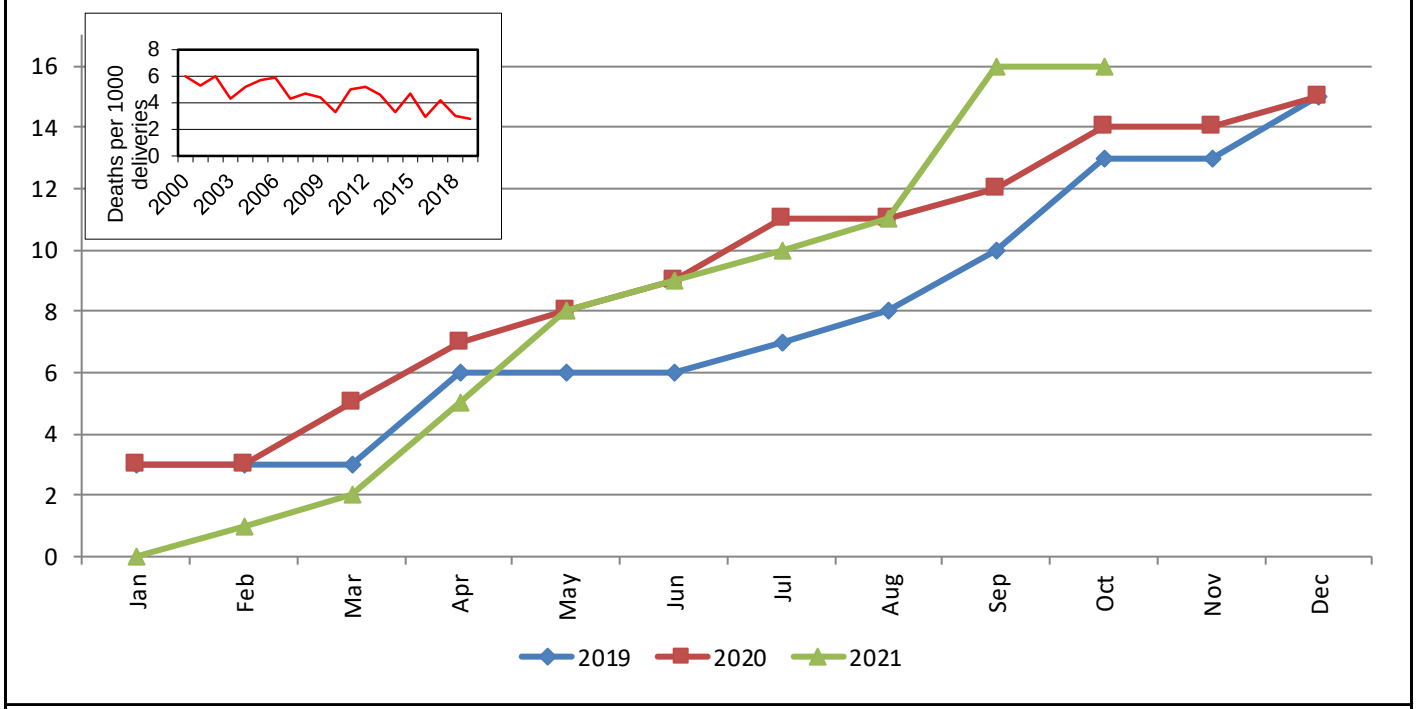
Timescale

- Not applicable

Safe

South Tees Hospitals NHS Foundation Trust

Still Births (YTD)



Still births

Outturn	17
Mean	N/A
YTD	16

Executive Lead

Hilary Lloyd

Lead

Heather Gallagher

Commentary

National target 4 per 1000 births
Target of 50% reduction in stillbirths by 2025
Note: UKOSS data showing an outcome 1 in 100 stillbirth for pregnant women admitted with COVID-19

Cause of Variation

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

Planned Actions

- Deliver all aspects of the Saving Babies Lives Care Bundle V2
- Implementation of Ockenden report recommendations due to operational pressures.
- Continued review and analysis through patient safety processes ie PMRT .

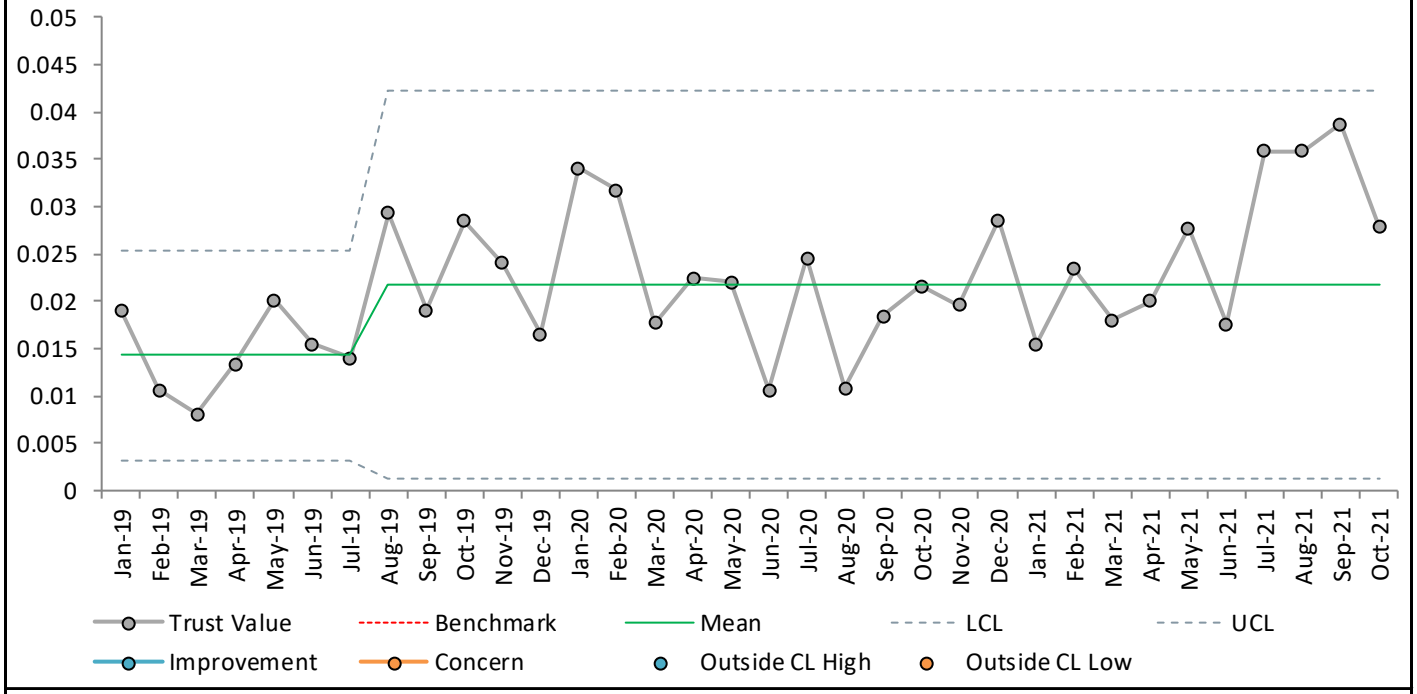
Timescale

- Monitored quarterly through maternity safety champions and LMS regional board.

Safe

South Tees Hospitals NHS Foundation Trust

PPH 1500ml (%)



Postpartum Haemorrhage Rate over 1500ml

Benchmark	TBC
Mean	0.02
Last Month	0.03

Executive Lead

Hilary Lloyd

Lead

Heather Gallagher

Commentary

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

Cause of Variation

- This metric is a stable process with normal variation.

Planned Actions

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

Timescale

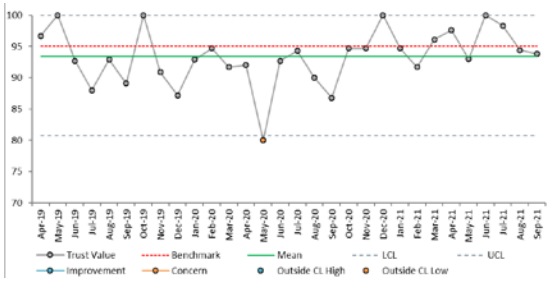
- Ongoing

Effective

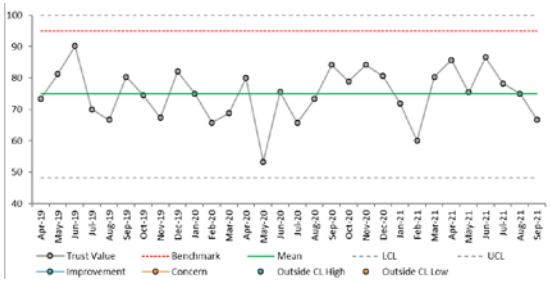
South Tees Hospitals NHS Foundation Trust

Sepsis			
Executive Lead	Mike Stewart	Lead	Lindsay Garcia

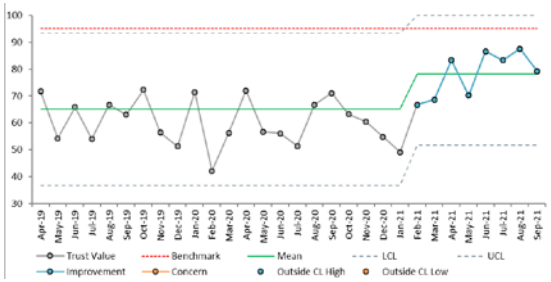
Targeted oxygen delivered within 1 hour



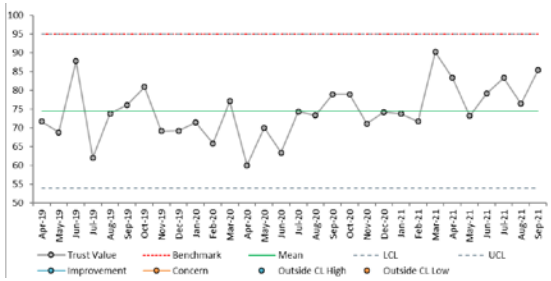
Blood cultures taken within 1 Hour



IV antibiotics administered within 1hr

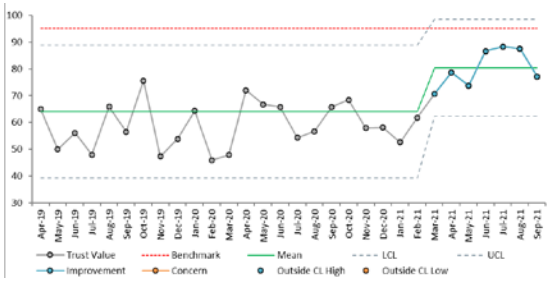


Serum lactate taken within 1 hour

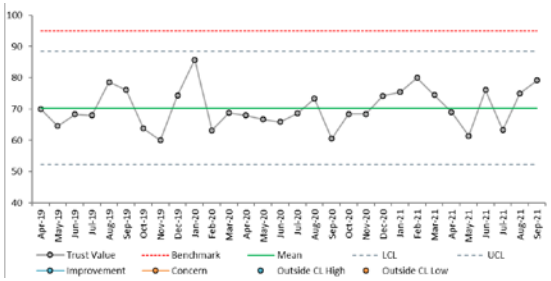


IV fluid resuscitation initiated within 1 hour

Click to add text



Urine output measurement started within 1hr



Cause of Variation

- Normal variation with improvement seen in 4 elements
- On occasions the Sepsis Assessment tool is not getting launched appropriately in ED - immediate action undertaken
- On occasions the sepsis assessment is not completed in ward based areas when the criteria is met
- Theme identified blood cultures not taken in normothermic patients
- Lack of electronic decision support and management tools
- Poor compliance of record of trigger documentation in a number of wards
- Difficulty to release staff for training

Planned Actions

- Electronic workflow to be introduced throughout the organisation with 'close the loop' configuration. This will;
  -open the sepsis six pathway and produce a visual timer
  -reduce the time required locating and reviewing HCRs for audit
  -allow further clinical support from the educators
  -identify areas for improvement and exemplary practice
- The introduction of electronic fluid balance will also increase compliance to the urine output element of the sepsis six - second phase of implementation
- Clinical audit trial underway with coding allowing timely access to HCRs for audit – extended to 6 months
- Daily record of trigger audit in ward based locations
- Sepsis competency update & relaunch
- Detailed ED audit to report to Matron
- Comprehensive sepsis teaching plan targeting ED and front of house
- Develop online resources

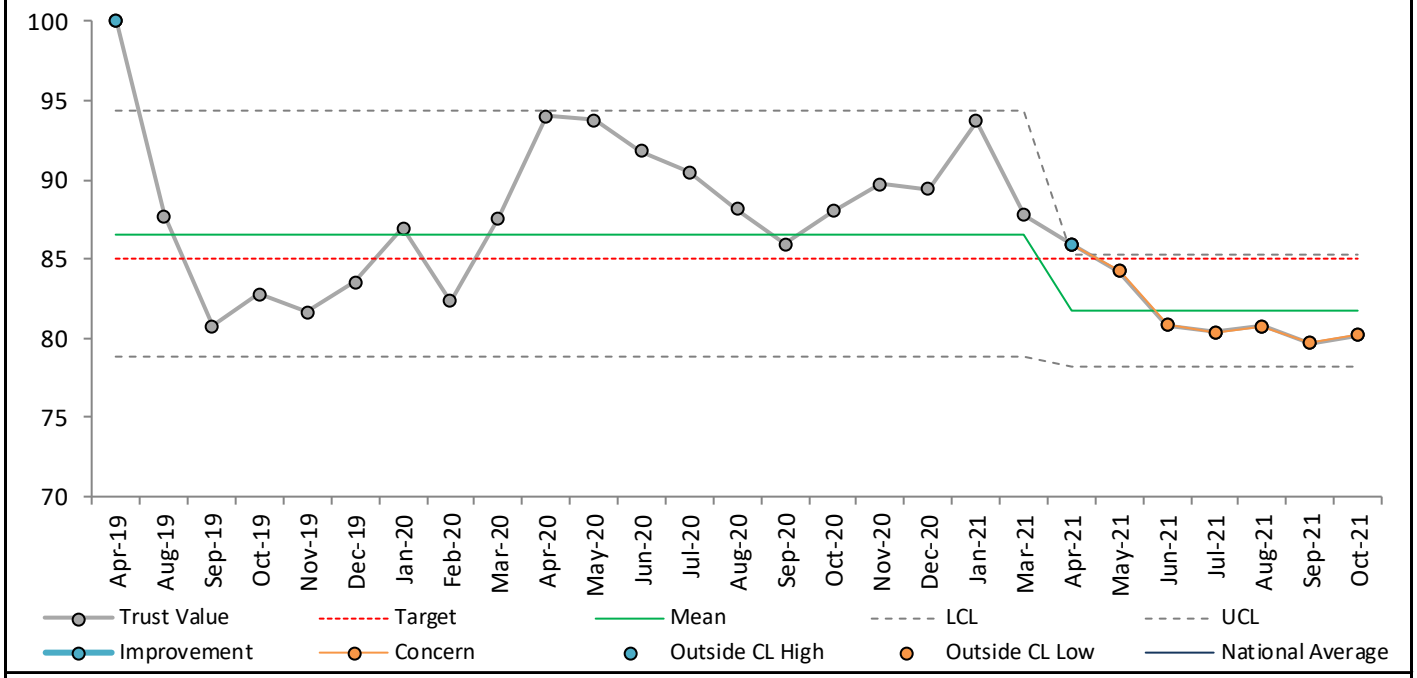
Timescale

- November 2021 - Patientrack 'Go-live' implementation
- August – November 2021 month audit with coding - reporting November 2021
- Daily feedback and education to staff on all patients with NEWs trigger JCUH/FHN
- Daily education in ED
- Weekly engagement with the ED Clinical Matron
- Sepsis audit to present to ED matron end November 2021.
- Website development in progress
- Acute Sepsis competencies uploaded and available on intranet

Caring

South Tees Hospitals NHS Foundation Trust

A&E Experience (%)



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

Target	85
Mean	81.72
Last Month	80.18

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

A downward trend has been noted since January 2021 however, an increase has been noted this month and remains within normal variation.

The metric remains above the national average of 77% for overall experience.

Cause of Variation

- This metric is within normal variation.

Planned Actions

- Continue to monitor.
- Update to Patient Experience Steering Group on action plan in January 2022 .

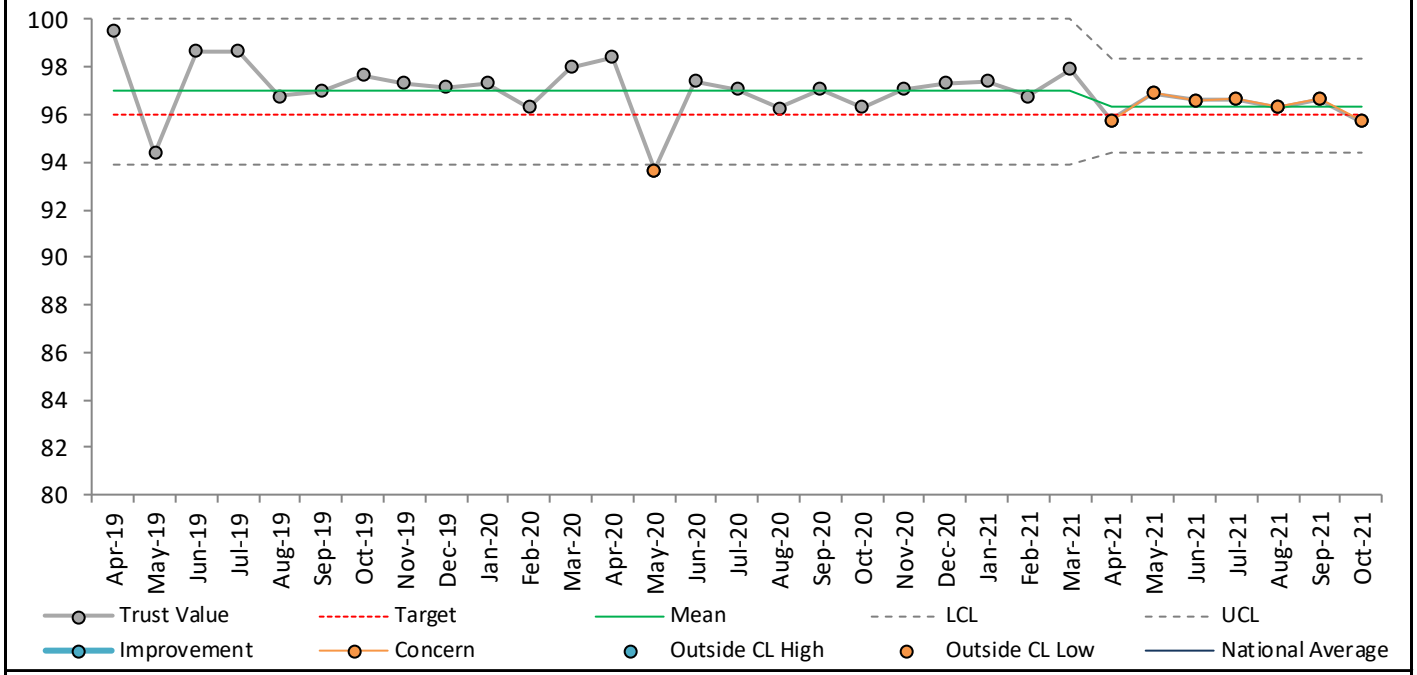
Timescale

- January 2022.

Caring

South Tees Hospitals NHS Foundation Trust

Inpatient Experience (%)



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

Target	96
Mean	96.37
Last Month	95.73

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

This metric is within normal variation and the mean is above the target

Inpatient feedback remains consistently high

Cause of Variation

- The mean remains above the target.

Planned Actions

- Continue with current process.

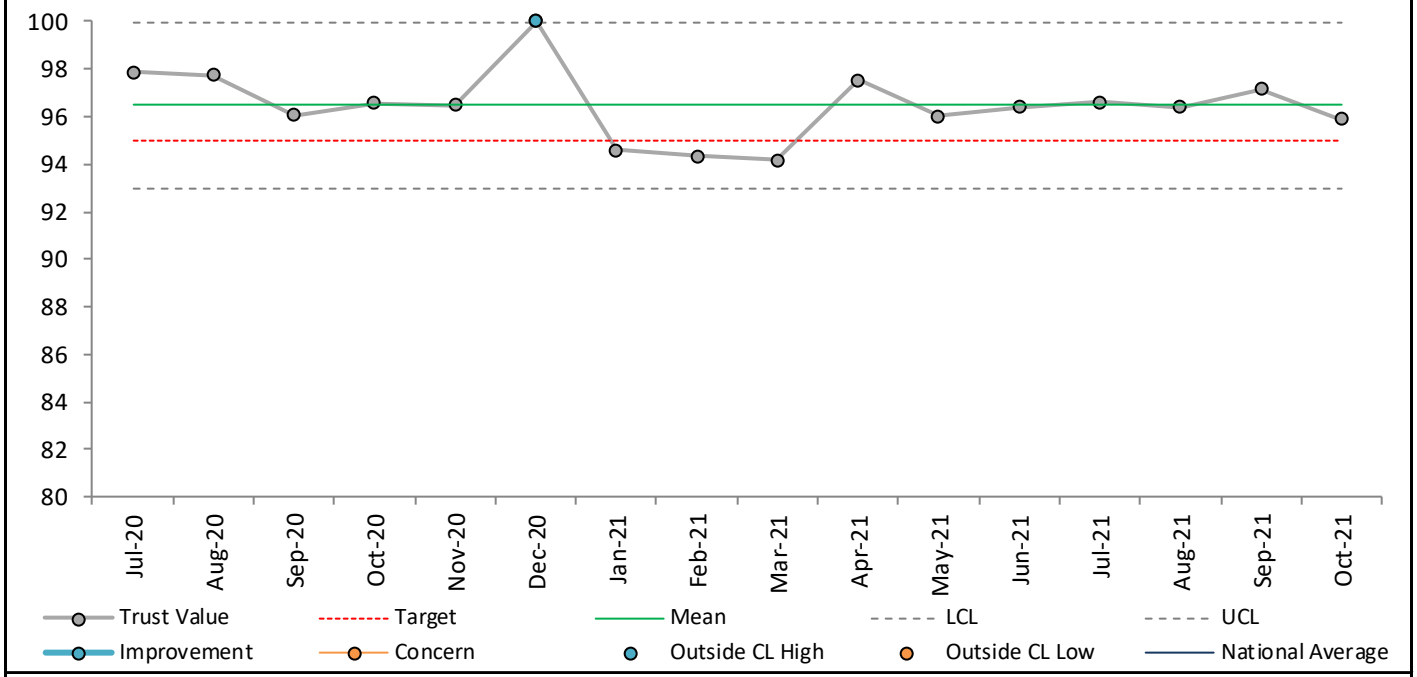
Timescale

- Ongoing.

Caring

South Tees Hospitals NHS Foundation Trust

Outpatient Experience (%)



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

Target	95
Mean	96.49
Last Month	95.89

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

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

The overall experience in outpatients remains high

Cause of Variation

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

Planned Actions

- Continue to monitor the overall experience.
- To increase patient feedback in outpatient areas.

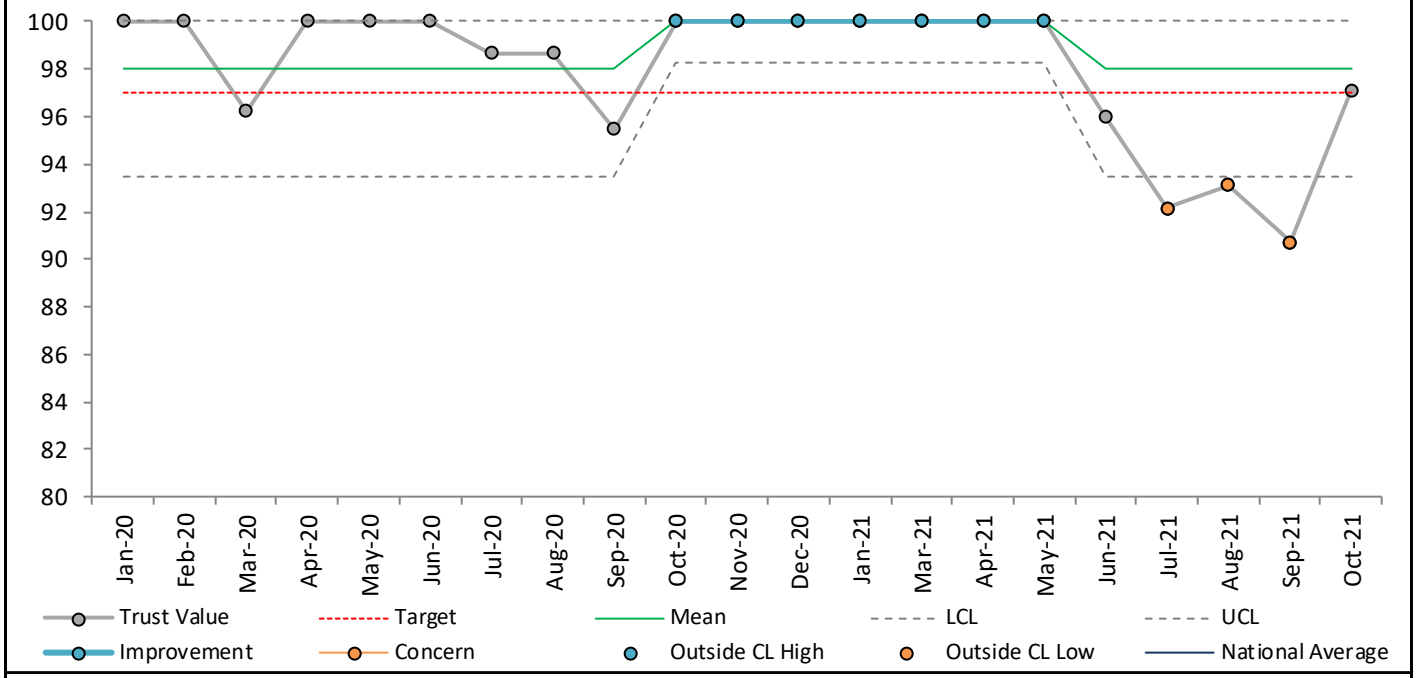
Timescale

- Ongoing

Caring

South Tees Hospitals NHS Foundation Trust

Maternity Experience (%)



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

Target	97
Mean	98.00
Last Month	97.06

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

The mean is above the target; however, performance has deteriorated in past 4 months. The target is within the current control limits so achieving assurance of meeting it will be challenging.

Cause of Variation

- The mean is above the target, so the Trust is generally compliant. However, in Q3 the overall experience rating deteriorated and has fallen outside the control limits expected for common cause variation.
- In October performance returned to the expected range and exceeded target.
- It is noted that low numbers are returned, with the number of surveys completed at birth, post-natal ward and community being very low.

Planned Actions

- Unprecedented operational challenges in maternity services nationally.
- Review undertaken of the surveys completed at the four touch points in the maternity pathway.
- The new surveys will go live on 1 December 2021.

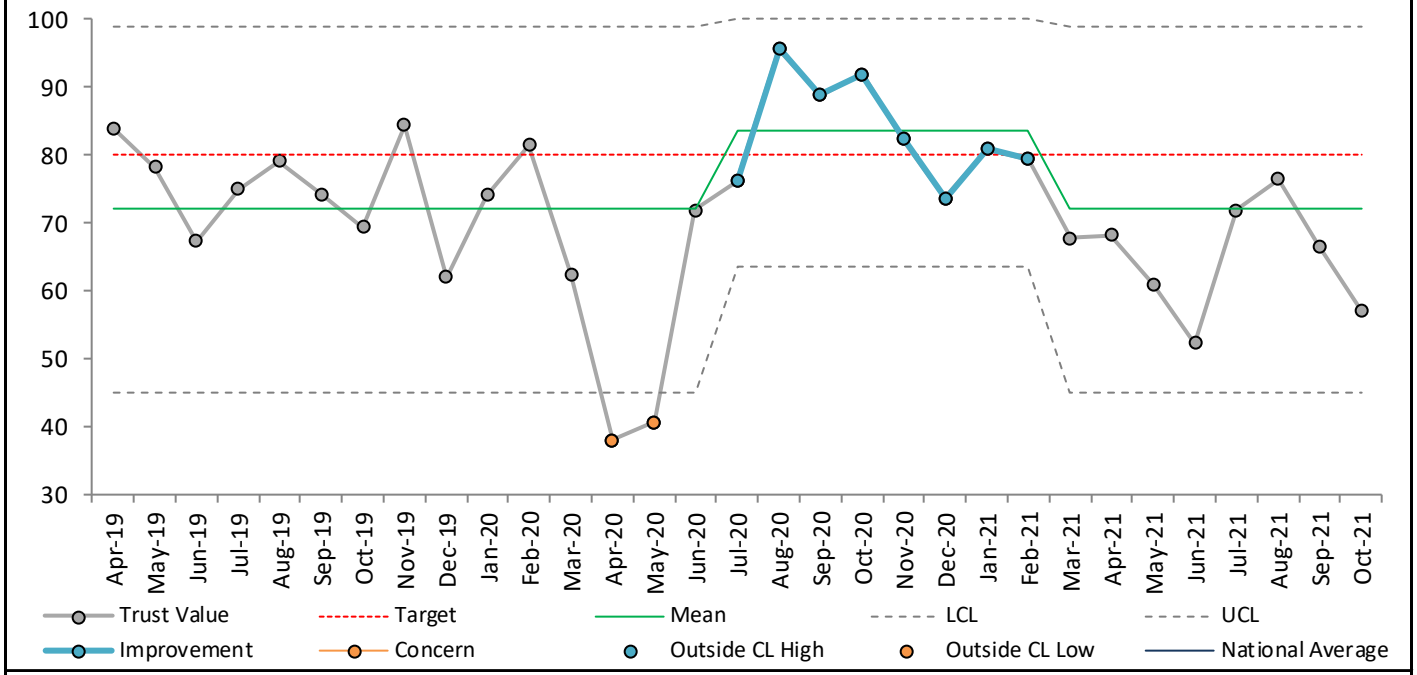
Timescale

- January 2022

Caring

South Tees Hospitals NHS Foundation Trust

Complaints Closed Within Target (%)



The percentage of complaints closed within the target

Target	80
Mean	72.05
Last Month	57.14

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

The metric has fallen below the target.

There were 16 complaints due for closure in September, of which 10 were closed in the agreed timeframe.

Cause of Variation

- Compliance for this metric is below the target and above the mean in August 2021.
- The target is within the control limits, due to variation in performance, and so consistently exceeding the target cannot be assured at this time.
- The delivery of direct patient care by clinical staff is the main reason for the variation.

Planned Actions

- Monitor current process and quality assurance processes.
- Continue to meet weekly to discuss actions for off target complaints.
- Escalation process in place for complaints off target.
- Implementation of the Parliamentary and Health Service Ombudsman's new complaint process.

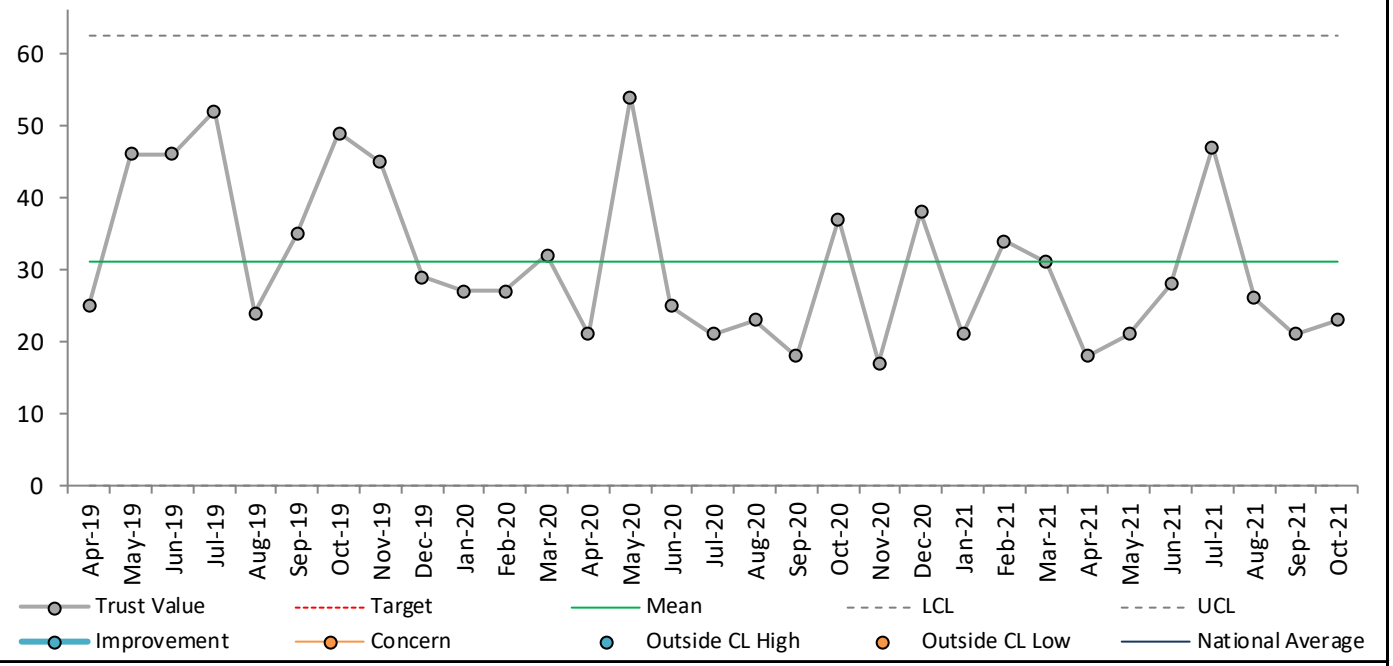
Timescale

- Ongoing, overseen by Patient Experience Steering Group, reporting to Safe and Effective Care Strategic Group.

Caring

South Tees Hospitals NHS Foundation Trust

New Complaints



All new complaints recorded on DATIX

Target	TBC
Mean	31.00
Last Month	23.00

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

There was 35 formal complaints received in October, a slight increase on the previous month.

Cause of Variation

- Variation of common cause within control limits.

Planned Actions

- Themes from complaints are fed back to the collaboratives.
- Actions from complaints are monitored monthly.

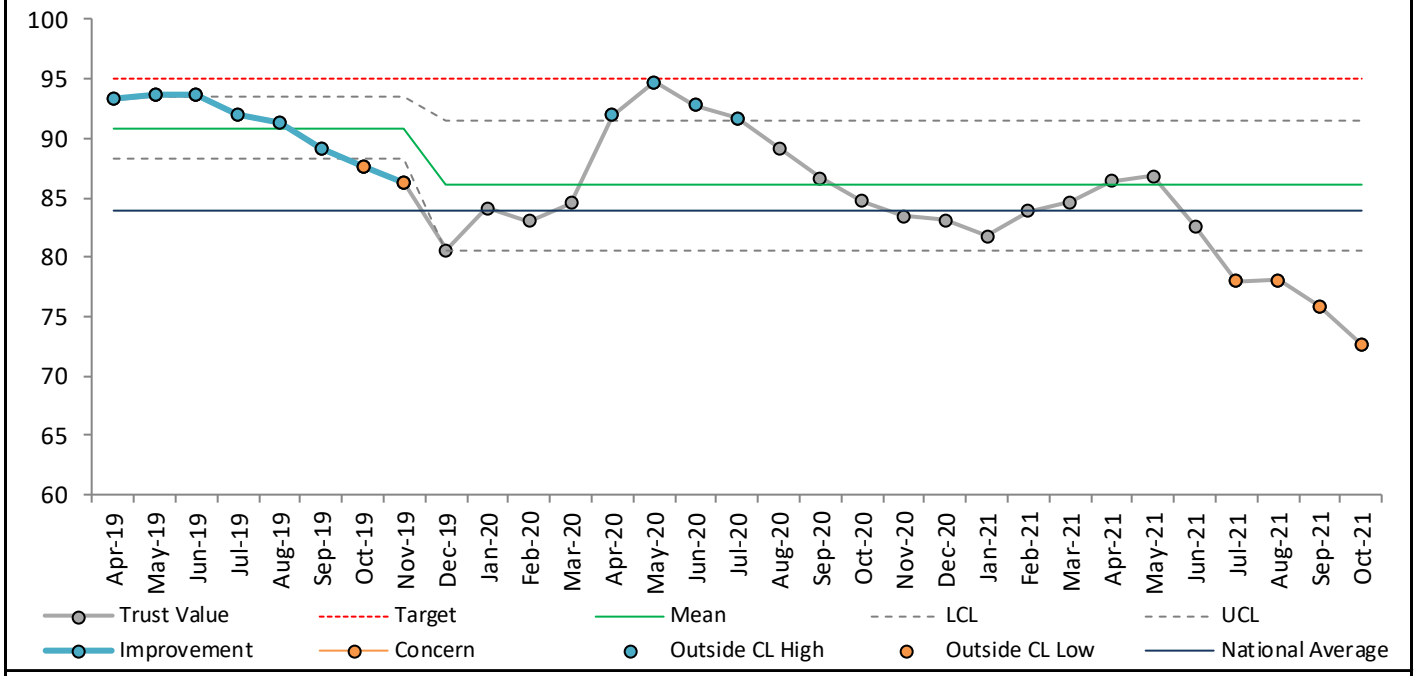
Timescale

- Ongoing, overseen by Patient Experience Steering Group, reporting to Safe and Effective Care Strategic Group

Responsive

South Tees Hospitals NHS Foundation Trust

4 Hour Wait Standard (%)



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

Target	95
Mean	86.08
Last Month	72.71

Executive Lead

Sam Peate

Lead

Cheryl Burton

Commentary

Activity in excess of pre pandemic levels.
Impact on performance in October 21.
Increased COVID admissions has compromised available Amber bed base, reducing flow

Cause of Variation

- Sustained increased demand across all emergency and urgent care settings.
- Throughput challenged at times of high attendances.
- Significant levels of staff isolation and absence due to Covid-19 impacting medical and nursing rosters
- Cubicle space.
- Sustained increase in Resus and Paediatric activity
- F2F GP appointments.

Planned Actions

- Organisational approach to SDEC pathways to remove crowding and delays for non-elective patients.
- Review of ED operational model to improve dwell times and processing – meetings in progress.
- Review of medical rota to enable better provision throughout week
- Review of clinically ready to proceed metrics to improve flow.
- Minor estate work to enable new Triage pathway in the department
- Regional 111 online, GP and pharmacy first message amplification.
- Enhanced Navigation offer at Redcar UTC to mitigate 30% increase in activity
- Oversight by Non-Elective Improvement Group.

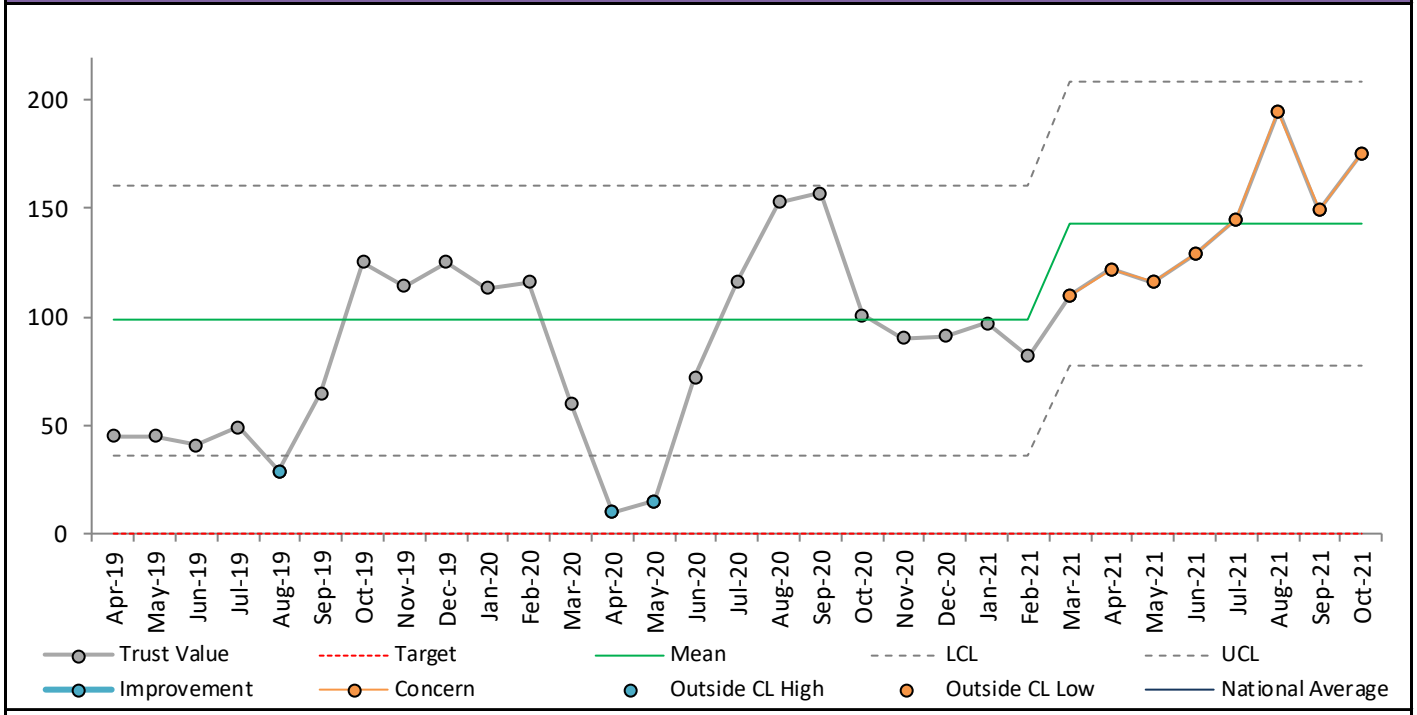
Timescale

- Ongoing
- Ongoing
- December 21
- Ongoing
- 13/12/2021
- Ongoing
- December 21
- Ongoing

Responsive

South Tees Hospitals NHS Foundation Trust

Ambulance Handovers - over 30 mins



Ambulance A&E handover delays over 30 minutes

Target	0
Mean	142.63
Last Month	175.00

Executive Lead

Sam Peate

Lead

Cheryl Burton

Commentary

Increasing levels of activity impacting on ability to receive ambulance handover in line with measure. It has been identified that in some cases access to IT for the provider to complete episode (PIN) delays the turnaround KPI.

Cause of Variation

- High volume of self-presentations to ED .
- Reduced ability to meet demand due to increased levels of presentation.
- Handovers.
- PIN completion at point of contact.
- Staffing resource due to COVID-19 absence.

Planned Actions

- Activity follow with NEAS and YAS to identify delays in total turnaround times.
- Fortnightly meetings with NEAS to review performance and utilise business intelligence to streamline pathways/process.
- Access to IT for ambulance PIN – completion of episode
- Implementation of new Ambulance Handover process in the department focussed on rapid handover and release of Ambulances
- Exploring Paramedic Transformation role with NEAS and CCG to identify areas for improvement.
- Weekly monitoring through Emergency Care Improvement Group

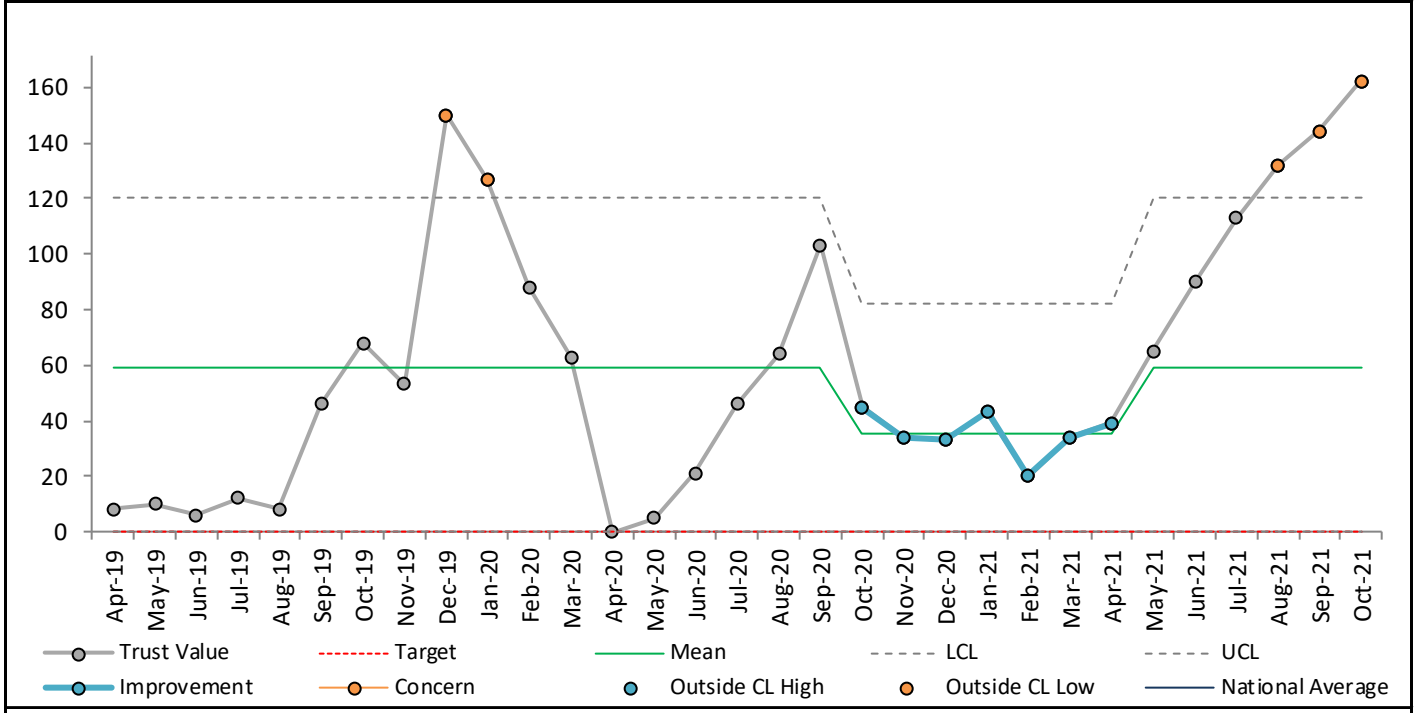
Timescale

- Completed
- Ongoing
- Completed (October 21)
- 22nd November 21
- Commenced Nov 15th
- Weekly

Responsive

South Tees Hospitals NHS Foundation Trust

Ambulance Handovers - over 60 mins



Ambulance A&E handover delays over 60 minutes

Target	0
Mean	59.10
Last Month	162.00

Executive Lead

Sam Peate

Lead

Cheryl Burton

Commentary

Increasing levels of activity impacting on ability to receive ambulance handover in line with measure. It has been identified that in some cases access to IT for the provider to complete episode (PIN) delays the turnaround KPI.

Cause of Variation

- High volume of self presentations to ED .
- Reduced ability to meet demand due to increased levels of presentation.
- Handovers.
- PIN completion at point of contact.
- Handover delays.
- Staffing resource dure to COVID-19 absence.

Planned Actions

- Activity follow with NEAS and YAS to identify delays in total turnaround times.
- Fortnightly meetings with NEAS to review performance and utilise business intelligence to streamline pathways/process.
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- Implementation of new Ambulance Handover process in the department focussed on rapid handover and release of Ambulances
- Paramedic Transformation role with NEAS and CCG to identify areas for improvement.
- Weekly monitoring through Emergency Care Improvement Group

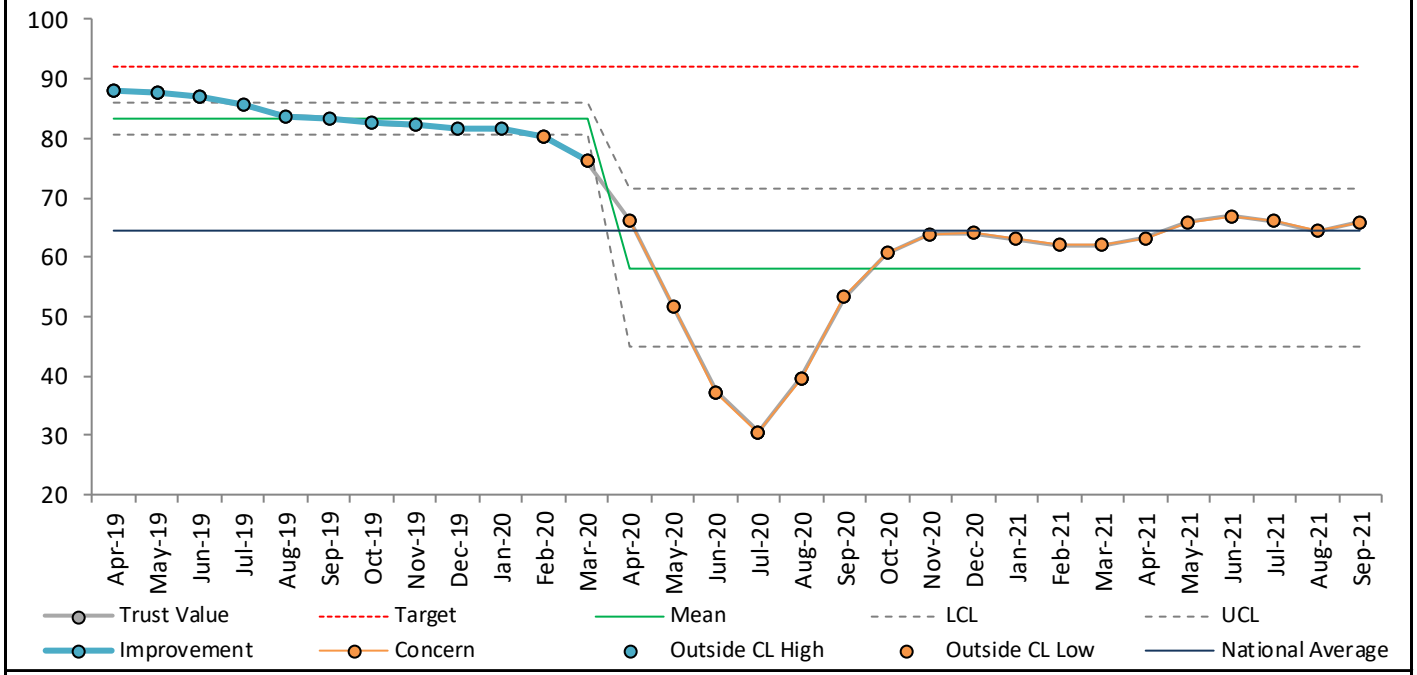
Timescale

- Completed
- Ongoing
- Completed (October 21)
- 22nd November 21
- Commenced Nov 15th
- Weekly

Responsive

South Tees Hospitals NHS Foundation Trust

RTT Incomplete Pathways (%)



The % of incomplete pathways for patients within 18 weeks

Target	92
Mean	58.15
Last Month	65.85

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

Existing RTT improvement Trajectory expecting improvement to 74% by March 22.

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

Performance has returned to exceeding national average.

Cause of Variation

- Special cause variation within the system from July 2020 to December 2020 as a result of COVID. Improvements within the system can be seen, however the target is not achievable at this time.

Planned Actions

- Orthopaedic weekend working continues
- Distribution of activity to IS where appropriate Oral Surgery and Urology
- Focus on most urgent clinical need first, then longest waiters.
- Re-distribution of GA capacity to specialties with greatest need to treat long waiting patients, reviewed quarterly via Surgical Improvement Group
- Continuing training and support to areas with RTT validation and managing the waiting list
- Request for all patients over 80 weeks to have a TCI date booked so support services can ensure capacity to achieve. (40% current position)

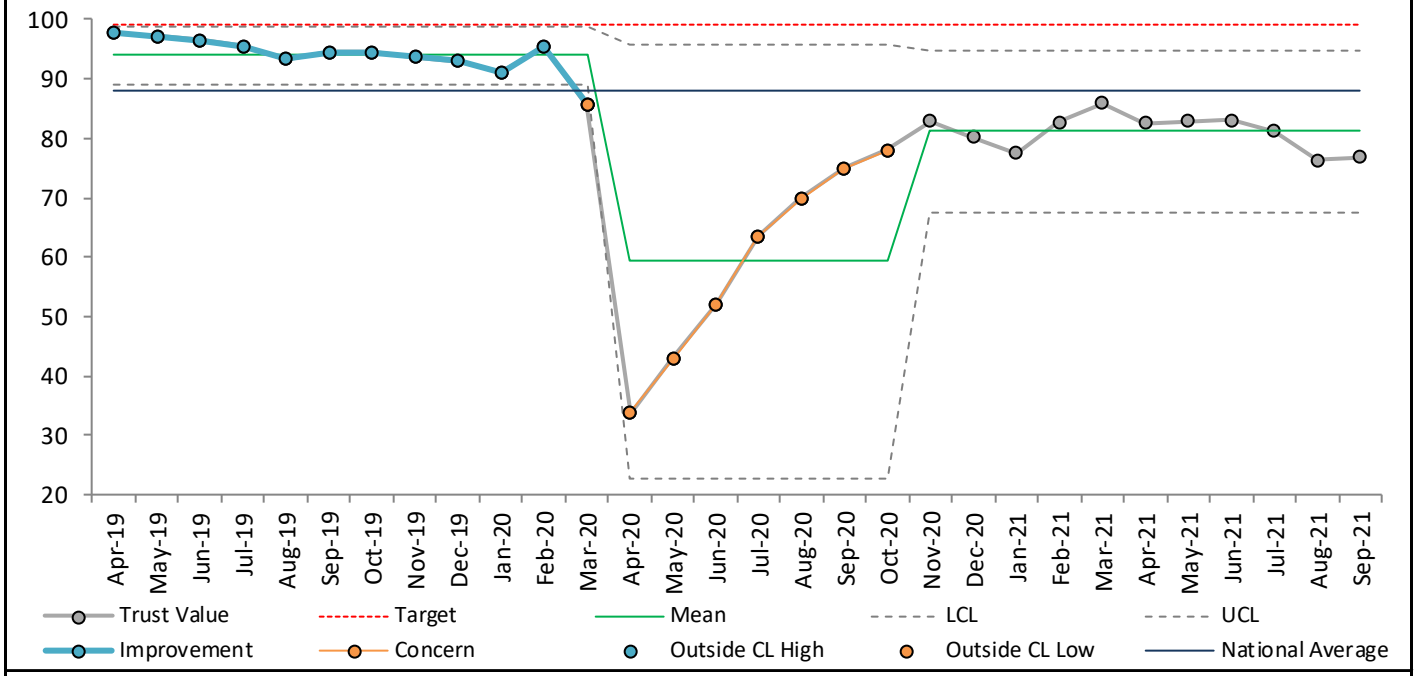
Timescale

- 18 months to deliver standard.
- Individual plans have specific target dates.
- Improvement trajectory will be determined with clinical teams.

Responsive

South Tees Hospitals NHS Foundation Trust

Diagnostic 6 Weeks Standard (%)



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

Target	99
Mean	81.19
Last Month	76.77

Executive Lead

Sam Peate

Lead

Sam Peate

Commentary

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

Cause of Variation

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

Planned Actions

- Continue to review and maximise utilisation of capacity.
- Replacement Dexa scanner installed and in operation
- Administrative and clinical prioritisation and validation of waiting lists, including surveillance patients.
- Implementation of Early Adopters Community Diagnostic Hub lists.
- Recruitment into hard to recruit to Audiology posts.
- Book according to priority and chronological order.
- Work with ICP and ICS partners on demand and capacity, including business cases for community diagnostic hubs.
- Service review and improvement trajectories.

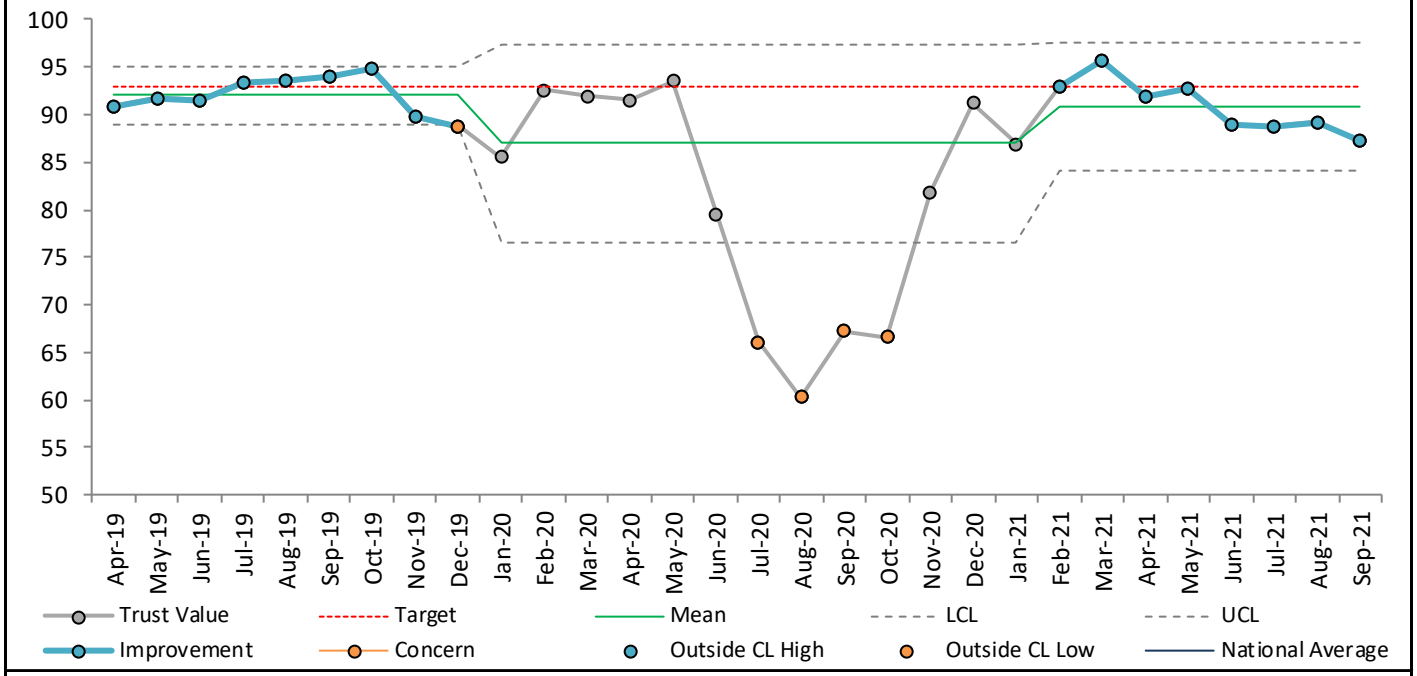
Timescale

- Weekly, overseen by Electives Recovery Group.
- DEXA operational in November 2021

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer 14 Day Standard (%)



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

Target	93
Mean	90.91
Last Month	87.19

Executive Lead

Sam Peate

Lead

Carol Taylor

Commentary

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

28 day faster diagnostic target achieved in Sep 21 – compliance 80.54% (National Target 75%)

Cause of Variation

- Special cause variation within the system from Jun 2020 to November 2020, as a result of COVID and a marked reduction in referrals across all cancer sites. Improvements within the system can be seen, however the target is still not being achieved consecutively.
- Breast (63%), Skin (23%) and Gynae (18%) 2ww referrals higher than 2019 levels.

Planned Actions

- Continuation/ Review of triage of 2ww referrals on receipt.
- Daily Escalation of unutilised slots to ensure these are filled.
- Weekly cancer performance wall continues virtually to identify themes.

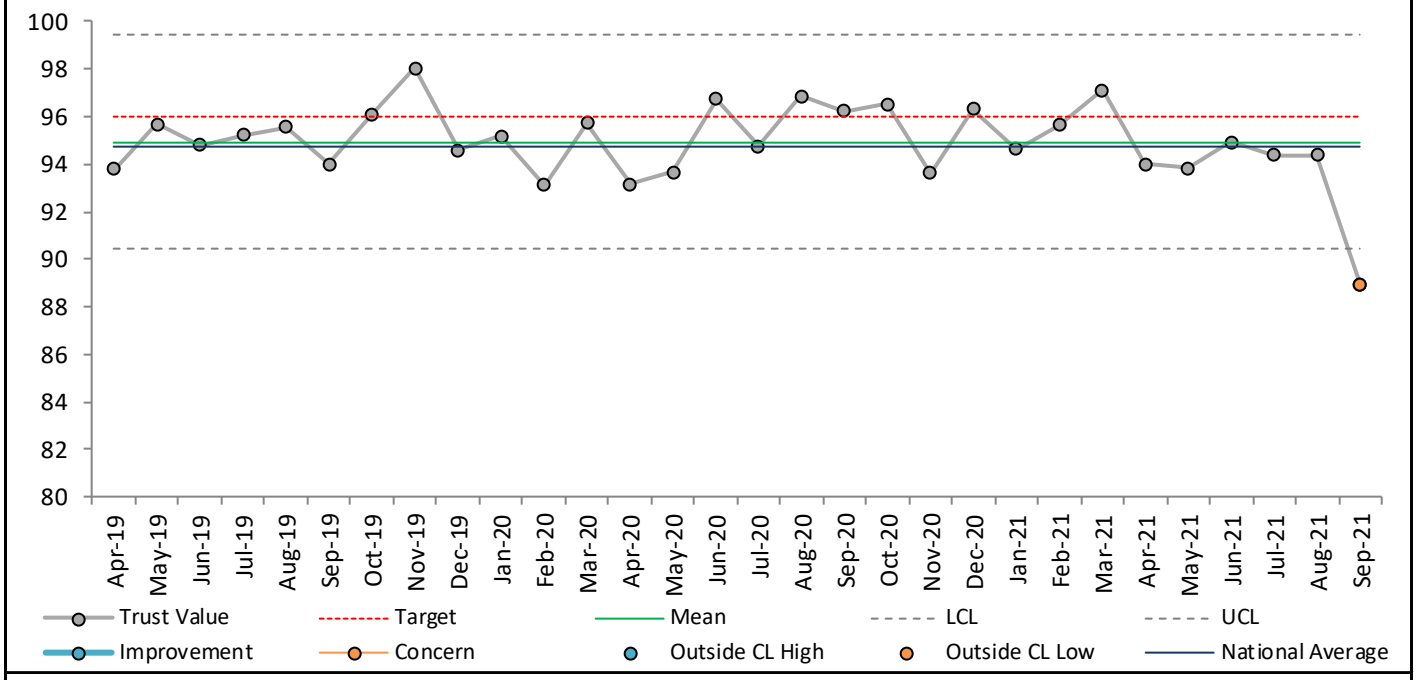
Timescale

- Ongoing, overseen by Cancer Delivery Group.

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer 31 Day Standard (%)



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

Target	96
Mean	94.91
Last Month	88.89

Executive Lead

Sam Peate

Lead

Carol Taylor

Commentary

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

Those patients on a 31 day target can also carry a 62 day. Whilst reducing the number of patients 63 days plus this will affect overall performance.

Cause of Variation

- Process has previously been within normal variation, but not able to provide assurance of consistently meeting target.
- Significantly low performance in September due to reduction of the 63 day + waiters.
- Significant reduction in referrals received in Lung and Urological tumour groups in comparison to Pre COVID.

Planned Actions

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

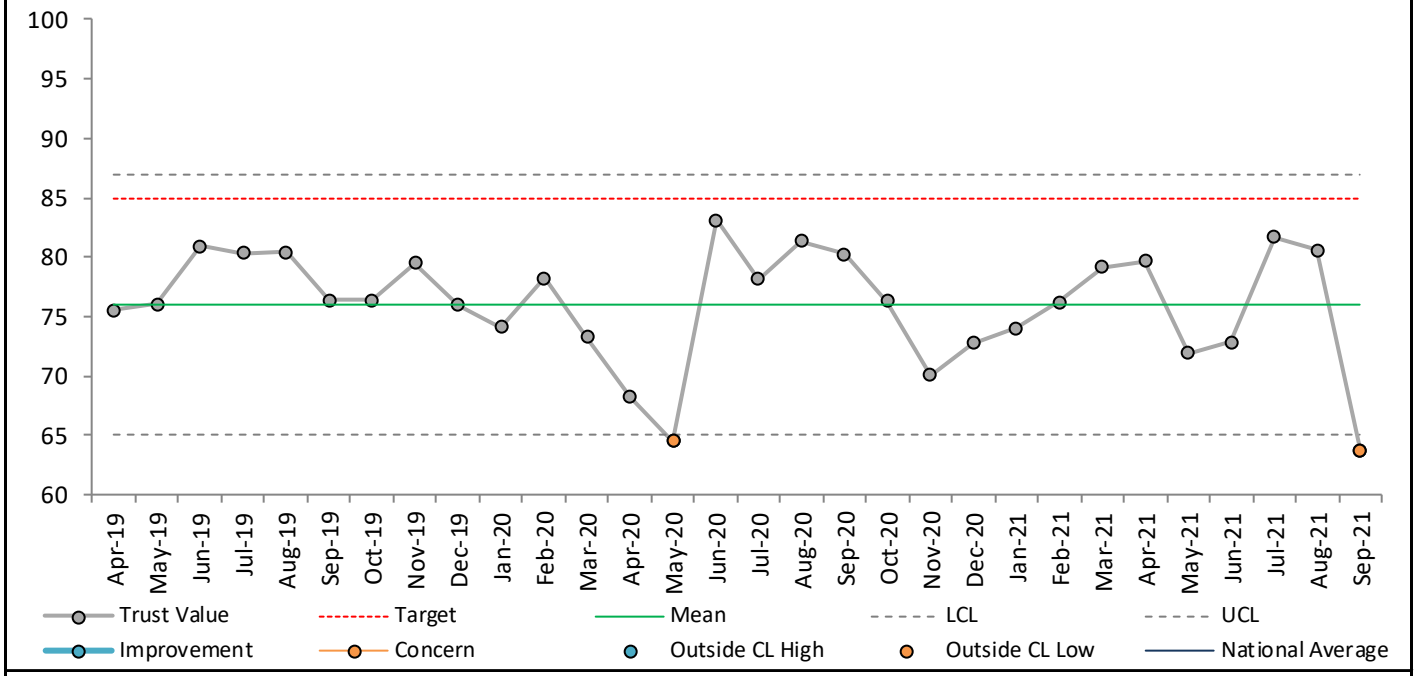
Timescale

- Weekly.
- Weekly.
- Progress reviewed monthly through collaborative performance reports.

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer 62 Day Standard (%)



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

Target	85
Mean	76.06
Last Month	63.67

Executive Lead

Sam Peate

Lead

Carol Taylor

Commentary

National Target - maximum two month (62-day) wait from urgent referral for suspected cancer to the first definitive treatment for all cancers. Whilst within the control limit the mean is at 76.06% therefore the target is unlikely to be met.

62 day plus backlog reducing which will lead to overall improvement in performance

Cause of Variation

- Late transfers from other organisations continues to impact on the trust's ability to achieve the 62 days cancer standard. In order to achieve the standard transfers, need to take place by day 38 of the patient pathway. In line with the Inter Provider transfer rules those transferred after day 38
- Increased level of demand – returning to pre pandemic levels.

Planned Actions

- South Tees Surgical Cell in place to support the delivery of Cancer Surgeries across the patch.
- Weekly Assurance PTL meetings are 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.
- Escalation of Molecular Testing delays to NCA awaiting response
- Root Cause Analysis/Clinical Harm Reviews underway of the delays in 104 days
- Work in ongoing with the cancer network to seek to resolve delays in transfer of patients.
- A trajectory for reducing the backlog number of patients waiting 62 days has been agreed as part of the Half-2 planning round.

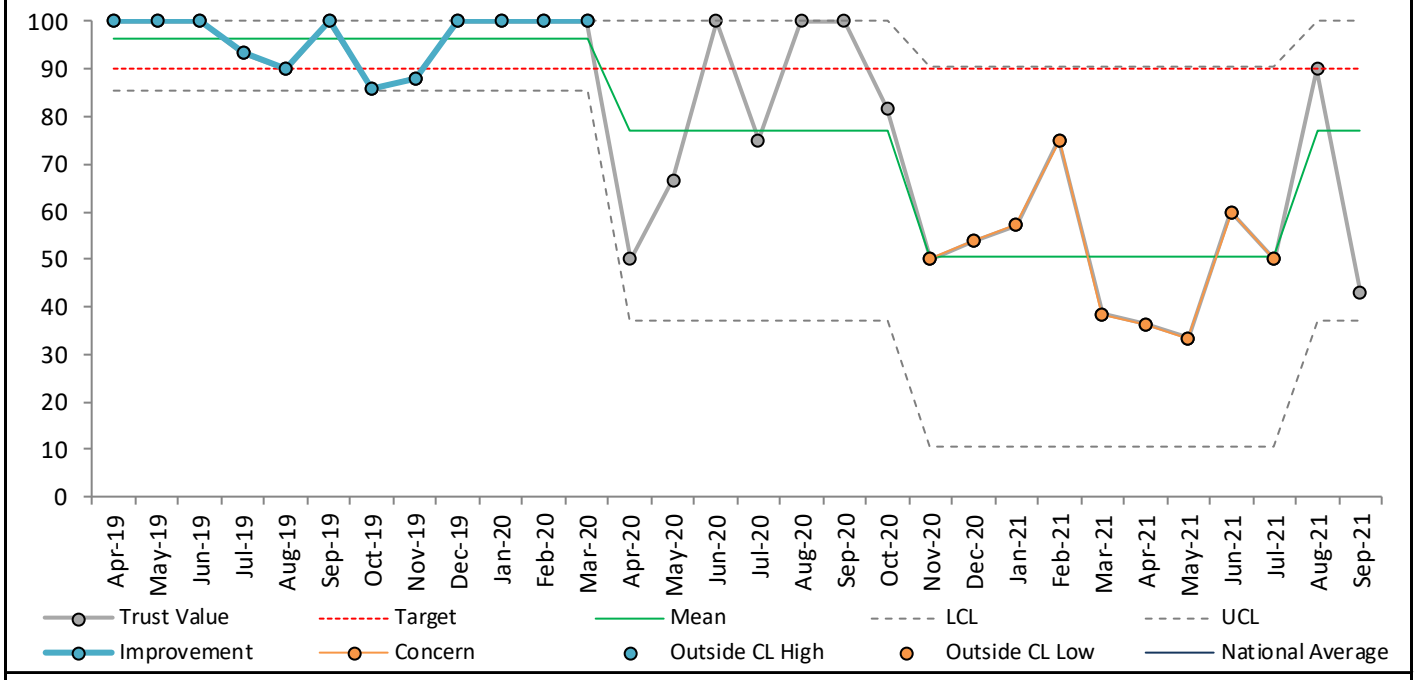
Timescale

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

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer 62 Day Screening (%)



Target	90
Mean	77.25
Last Month	42.86

Executive Lead

Sam Peate

Lead

Carol Taylor

Commentary

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

Whilst just within the control limit the means is at 77.25% therefore the target is unlikely to be met.

Cause of Variation

- Process within normal variation, note due to the low volumes of screening referrals this does impact on the overall compliance significantly. Majority screening patients commence their pathway at a tertiary provider and are transferred in for further investigations and treatment. It should be noted that the transfer rules within 62 day first also stand for screening patients.

Planned Actions

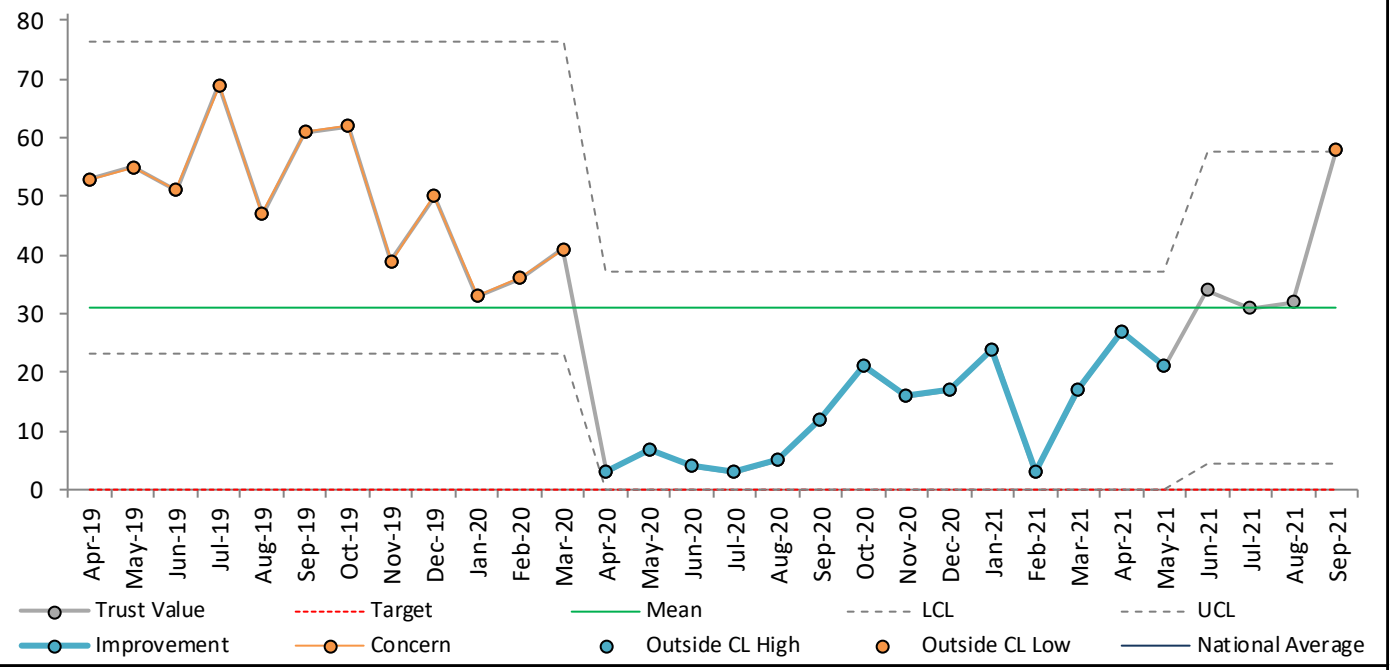
- Actions as per 62 day first standard (previous slide)

Timescale

Responsive

South Tees Hospitals NHS Foundation Trust

Non-Urgent Ops Cancelled on Day



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

Target	0
Mean	31.07
Last Month	58.00

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

Improvement in the system due to COVID and reduced elective programme.

Theatre improvement plan being developed to address late cancellation of patients due to hospital factors.

Cause of Variation

- Process within normal variation.
- Note the reduced volumes of cancellations between April 2020 and August 2020 due to the reduction in elective activity being undertaken.

Planned Actions

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

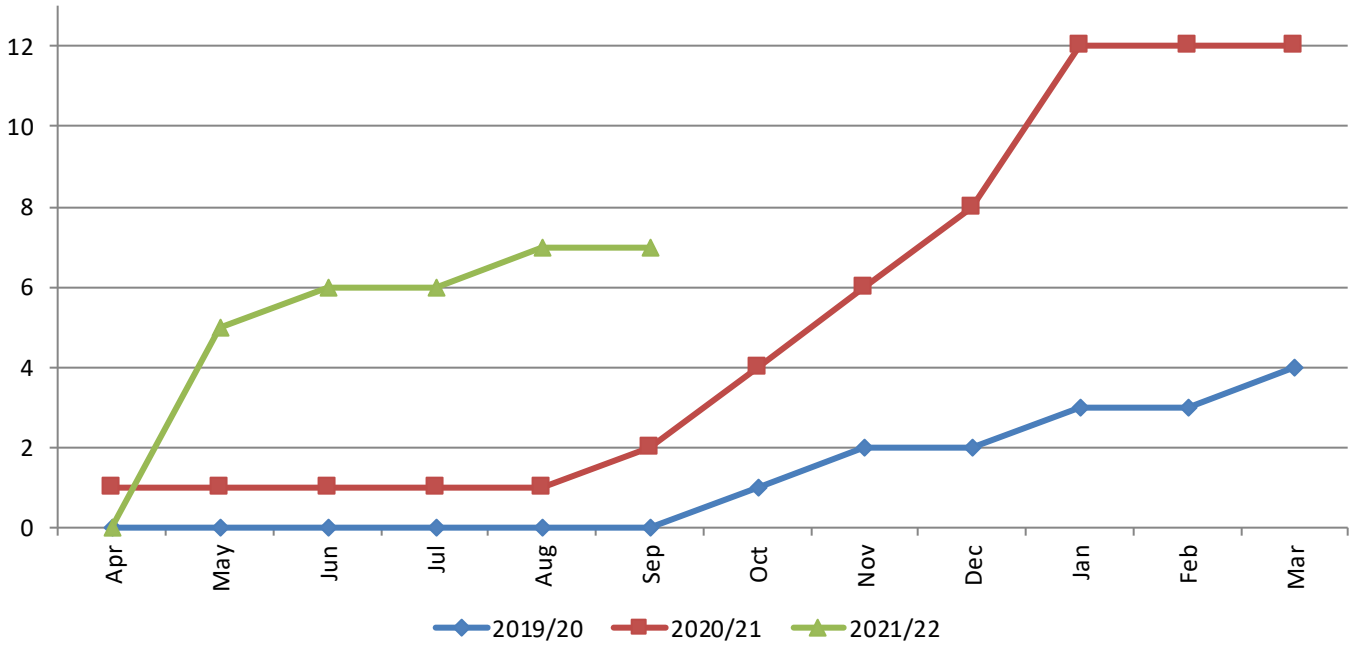
Timescale

- Ongoing, overseen by Electives Recovery Group.

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Operations Cancelled On Day (YTD)



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

Target	0
Mean	N/A
YTD	7

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

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

Cause of Variation

- Limited access to critical care throughout pandemic.
- No cancer operations cancelled in September.

Planned Actions

- Cancellation reasons to be reviewed in weekly clinical recovery meeting.
- Embed the process for tactical and site team to escalate as required to ensure all options are considered if critical care capacity on the day is an issue.
- Further work to be undertaken in recovery group to ascertain whether further streamlining of cancer patients can be achieved throughout the week.

Timescale

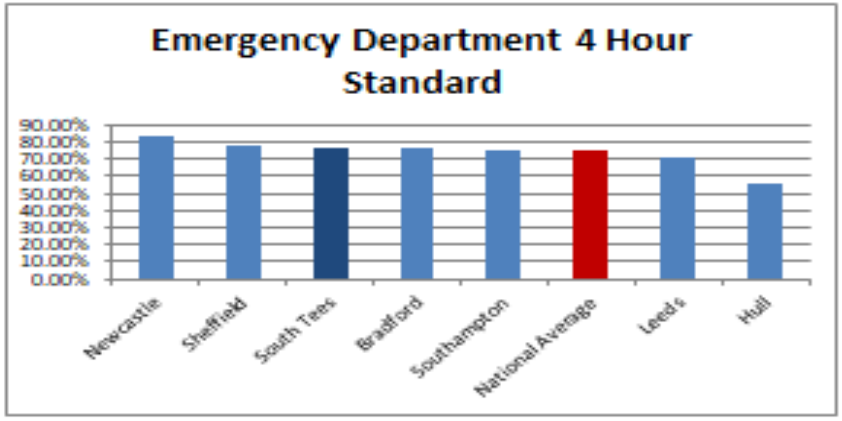
- Ongoing monitoring, Electives Recovery Group.

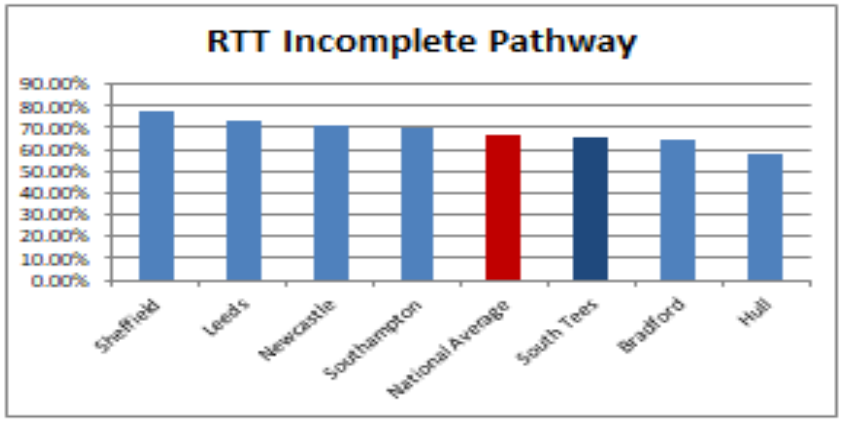
Responsive

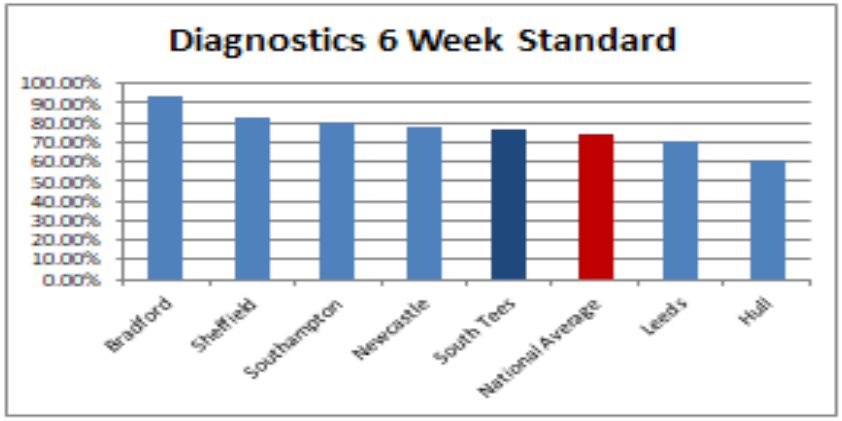
South Tees Hospitals NHS Foundation Trust

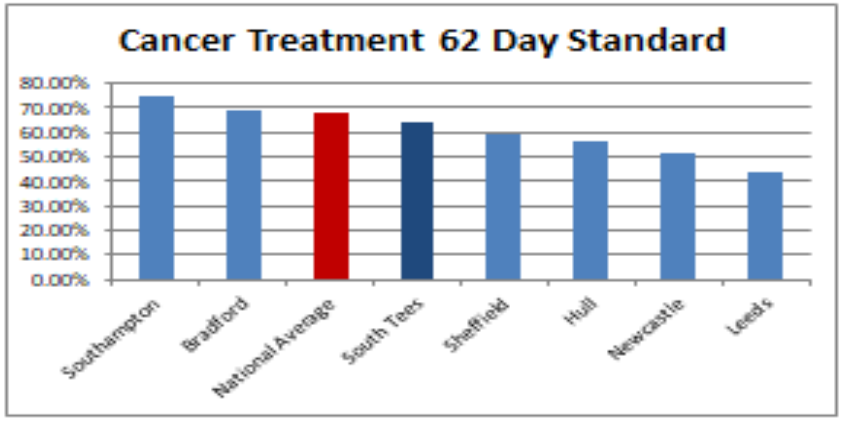
Benchmarking against National Average and Other Providers

September 2021



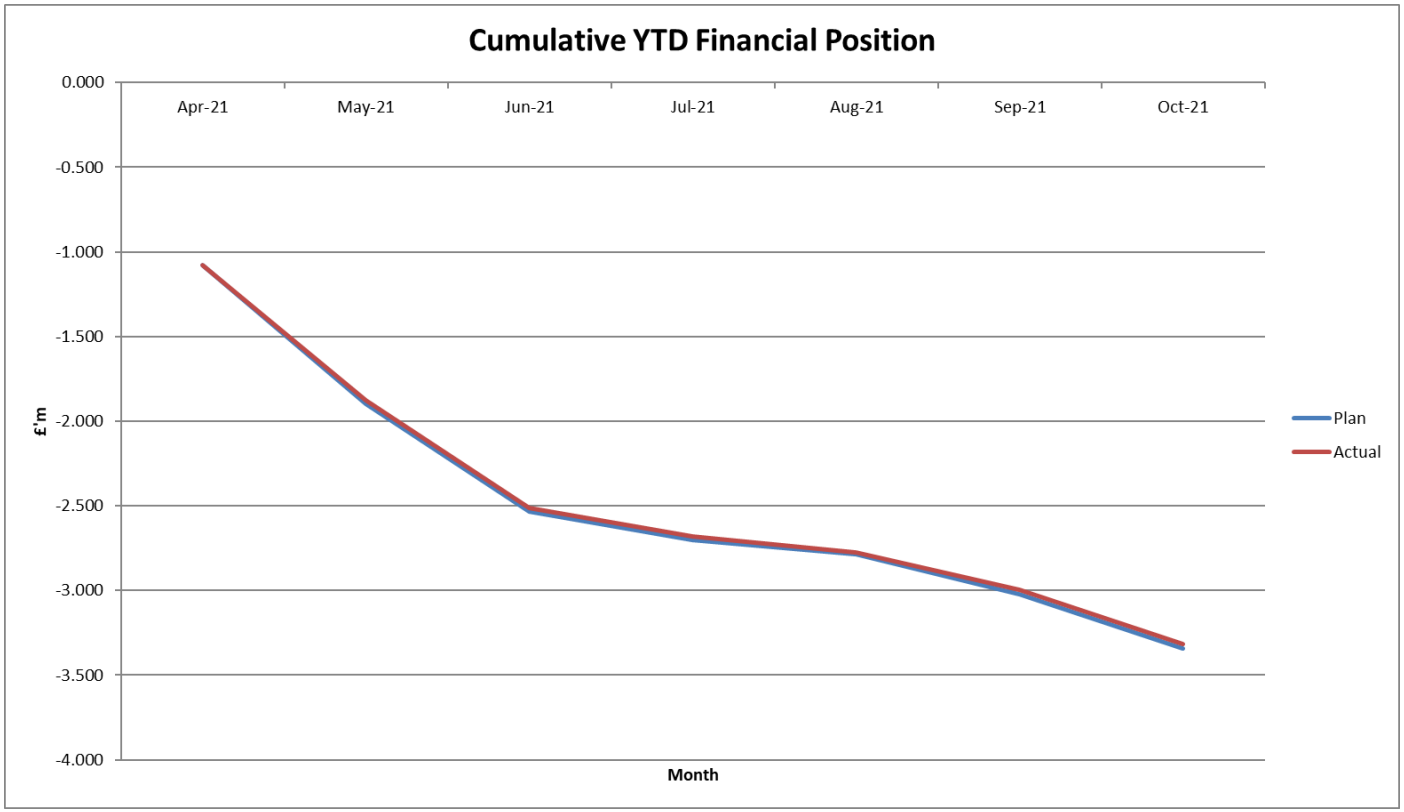






Well Led

South Tees Hospitals NHS Foundation Trust



Target	-3.343m
Actual	-3.316m
Last Month	-2.994m

Executive Lead

Chris Hand

Lead

Luke Armstrong

Commentary

The deficit at month 7 was £3.3m, in line with plan. Budget statements are provided to managers each month, and each Collaborative Board reviews its financial position. Resources Committee and Trust Board receive a financial report at each meeting.

Cause of Variation

- No cause of variation.

Planned Actions

- Finalisation and submission of H2 plan.
- Review of ongoing Covid-19 costs.
- Forward view of 2022/23 planning

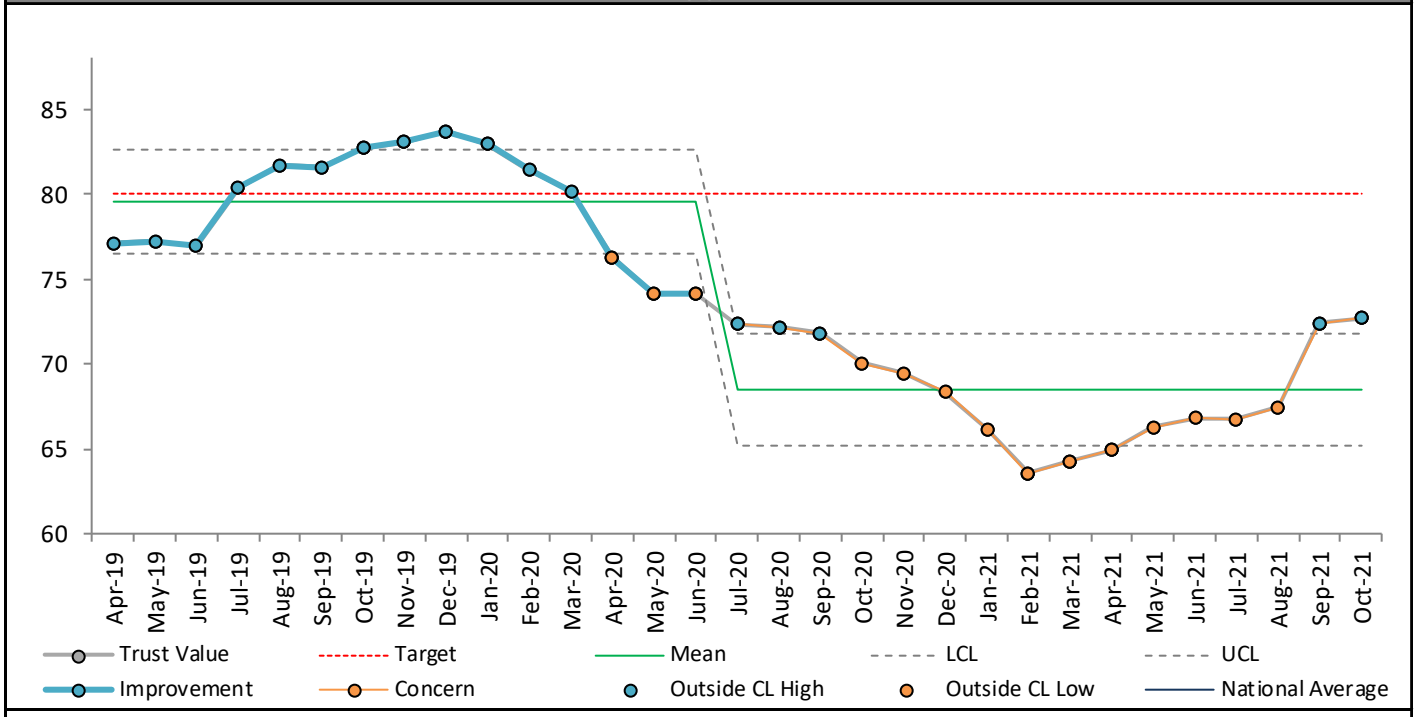
Timescale

- 25 November 2021
- Ongoing
- Ongoing

Well Led

South Tees Hospitals NHS Foundation Trust

Annual Appraisal (%)



Annual Appraisal Rate

Target	80
Mean	68.47
Last Month	72.70

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

This metric has had an increase of 0.28% in the month of October, It has increased from 72.42% to 72.70%. Six Collaboratives have increased their Appraisal compliance.
HR clinics with managers have increased in October, a total of 25 more clinics were completed than in September. Further work has been completed on medical appraisals and how this is reported so that the data is more accurate.

Cause of Variation

- Performance has improved and continues to be better than that seen in the pandemic.
- Work has been completed to accurately reflect medical appraisals. Continued staffing pressures have been reported across the trust.
- Lowest areas of compliance are Growing the Friarage & Community services 61.36%, however they are the most improved collaborative with an increase of 2.64%.
- Cardiovascular Care services exceed target at 81.71%.

Planned Actions

- A total of 118 HR clinics have been held with managers during the month of October. HR clinics will continue on a monthly basis.
- A trial of a projection calculator was completed during October, this informs managers of the number of appraisals outstanding and those due within a specified timescale. The calculator will advise of the frequency required to enable completion. The calculator was received well by managers and will now be rolled out further.

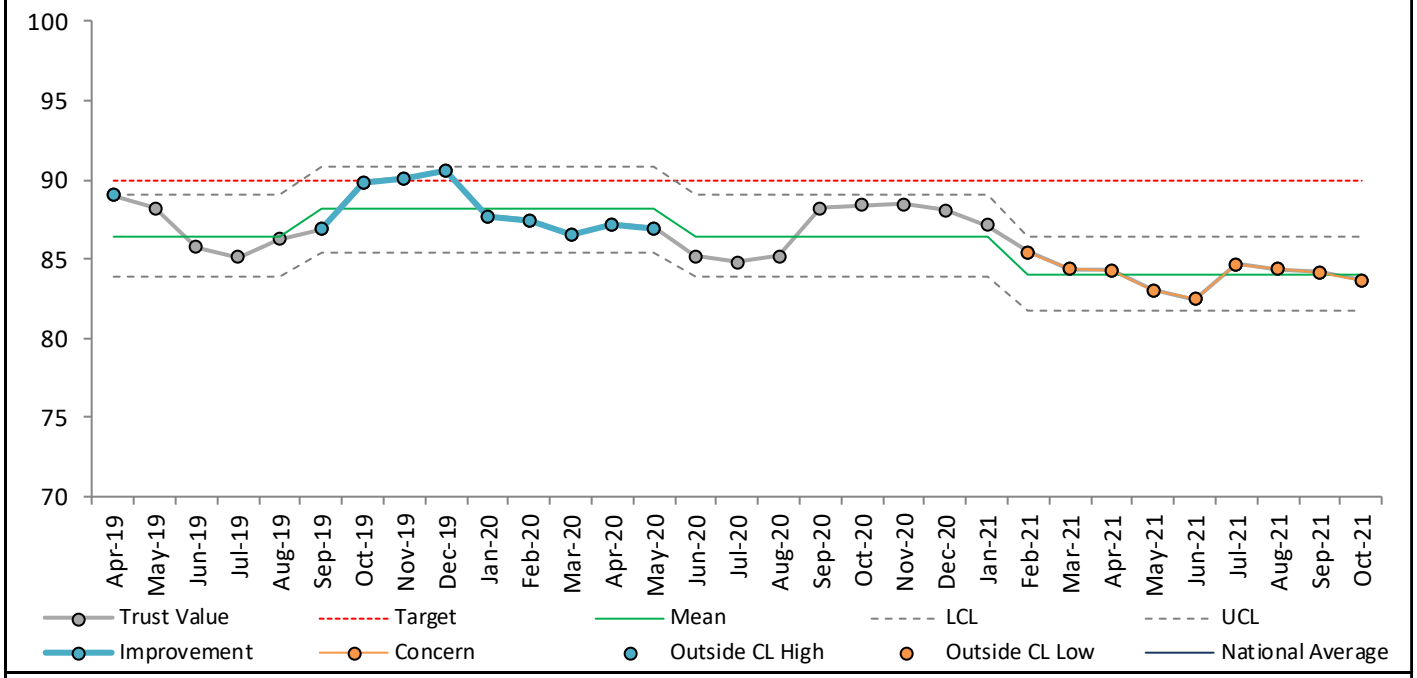
Timescale

- Ongoing
- November 2021

Well Led

South Tees Hospitals NHS Foundation Trust

Mandatory Training (%)



The % of Mandatory Training Compliance

Target	90
Mean	84.06
Last Month	83.68

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Mandatory Training has decreased slightly from 84.17% to 83.68%
HR clinics have continued to take place during October to discuss compliance against KPI.

Cause of Variation

- Capacity and operational pressures across the trust continue to be an issue due to COVID-19.
- Lowest areas of compliance are Women and Children's services at 80.18% & Corporate services at 80.62%.
- Growing the Friarage and Community Services has the highest compliance at 89.45%.

Planned Actions

- 118 HR clinics have been held across the organisation during October to focus on compliance with our managers.
- Drop- in clinics have been arranged with access to PC's which will provide a facility for staff to complete their training.
- A trial of a projection calculator is currently being developed. The calculator will advise of the modules outstanding and those due for completion within a specified timeframe and projected frequency for completion to enable compliance.

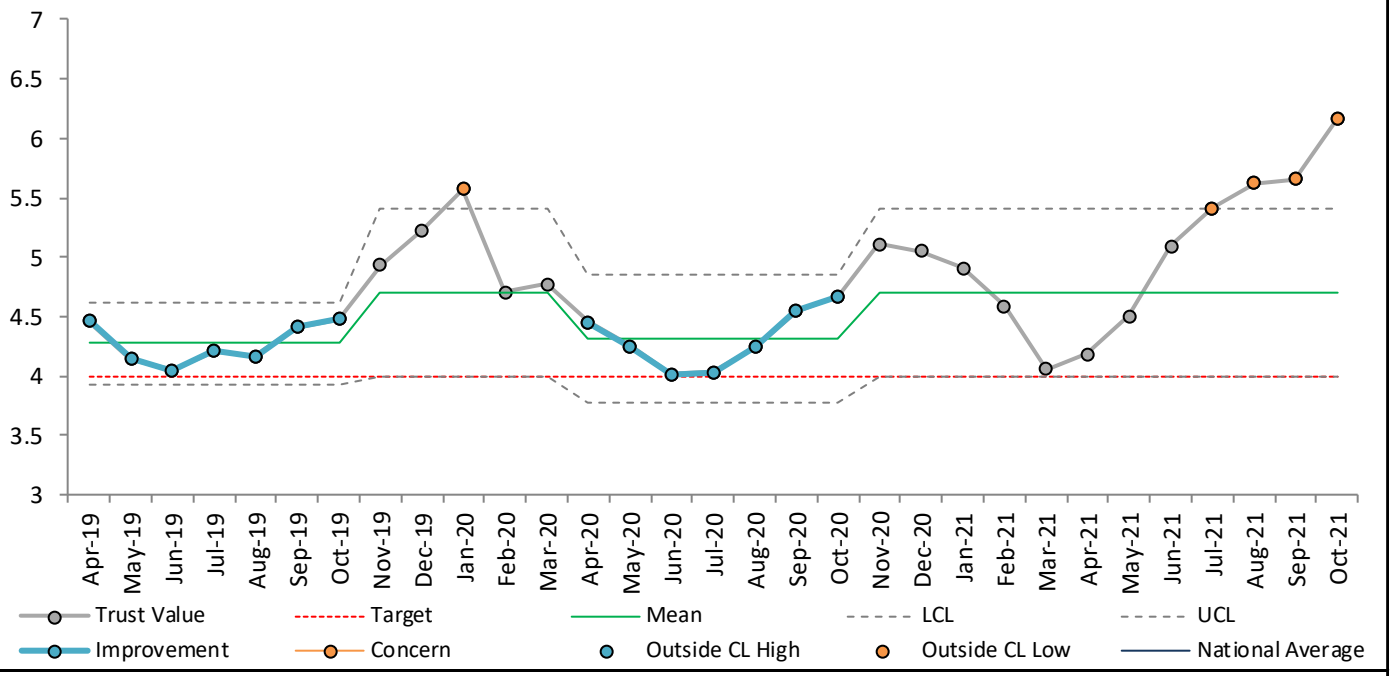
Timescale

- Ongoing
- November 2021
- November 2021

Well Led

South Tees Hospitals NHS Foundation Trust

Sickness Absence (%)



The % of monthly sickness absence

Target	4
Mean	4.70
Last Month	6.16

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

General sickness absence has continued to increase.
Staff absence figures have increased from 5.66% in September to 6.16% in October.
118 HR clinics have taken place across the organisation, including highlighting absence management refresher training and case conferences

Cause of Variation

- Staff absence figures have increased from 5.66% in September to 6.16% in October due to increased long term sickness.
- Medicine and Emergency care Services has the highest sickness at 7.42%, increasing by 1.41% from 6.0% in September. There has been an increase in sickness absence across every collaborative in October, stress, anxiety and depression, and musculoskeletal.

Planned Actions

- HR Clinics are continuing, with 118 completed during October 2021 across the Trust. In addition to HR clinics, monthly case conferences between HR, OH and managers have been completed to focus on areas with highest absence and will continue to be a focus.
- A task and finish group are developing an initiative to support employees with stress related conditions, to provide early support and intervention.
- Further manager training and coaching is planned across all areas to ensure managers are confident in managing sickness absence.

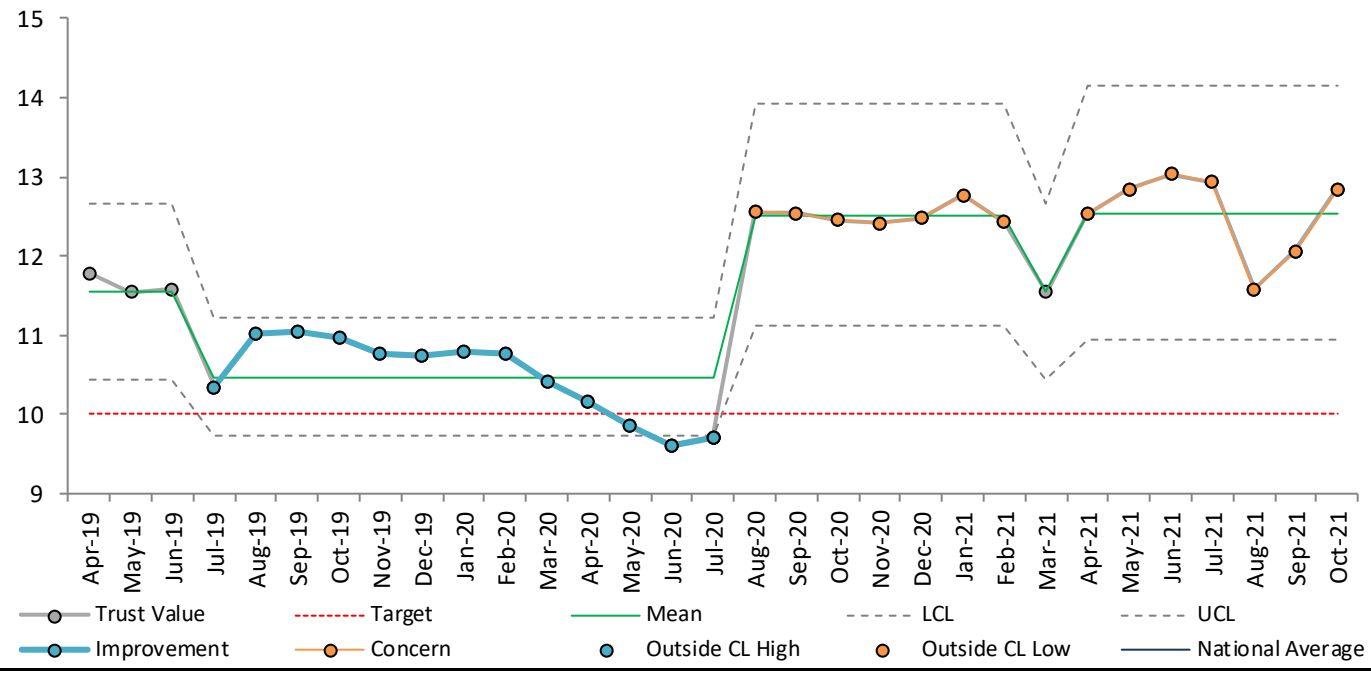
Timescale

- Ongoing
- November 2021
- November 2021

Well Led

South Tees Hospitals NHS Foundation Trust

Staff Turnover (%)



Staff turnover rate

Target	10
Mean	12.55
Last Month	12.85

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

HR have introduced an overarching Retention Strategy which recognises the importance of retaining and developing our highly skilled and dedicated workforce. In addition to this a workforce planning tool is being developed to support each collaborative in identifying areas on which to focus retention activity.

Cause of Variation

- Turnover as calculated over the last 12 month rolling average has increased by 0.8% to 12.85%
- In month turnover as calculated for October 2021 is 0.99%
- Highest rate of 12 month rolling turnover is in the following areas: Medicine & emergency Care Services - 16.02%, Digestive Diseases – 16.05% and Corporate Services– 14.76%
- James Cook Cancer institute & Specialist Medicine Services are at 8.20%, Clinical Support Services are at 8.93%, Neurosciences & Spinal Care Services at 9.80% and all below target of 10%

Planned Actions

- As part of the HR Clinics the operations team are supporting each Collaborative to implement the retention strategy including “itchy feet” conversations and “stay/exit” conversations.
- Detailed action plan to underpin the People Plan is being implemented, which includes focus on staff engagement and retention.
- There is ongoing work on the workforce plan to be developed for each Clinical Collaborative, which provides a detailed forecast of staff requirements form a 5 year period, Clinical Collaboratives to begin developing action plan by November 2021.

Timescale

- Ongoing
- November 2021
- November/ December 2021

Glossary of Terms

South Tees Hospitals NHS Foundation Trust

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

Future Changes

South Tees Hospitals
NHS Foundation Trust

- Continue review of IPR, including relevant targets in line with Improvement Plan, trajectories for improvement and page layout.

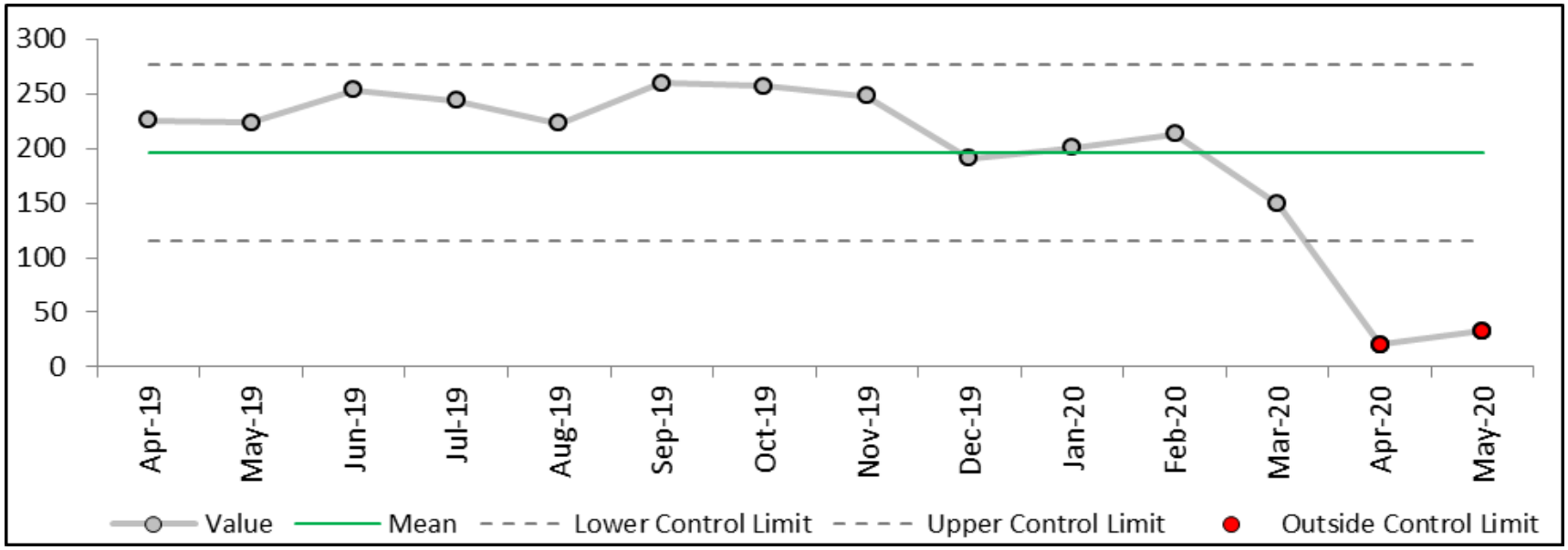
Introduction to Statistical Process Control

South Tees Hospitals
NHS Foundation Trust

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

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

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



MEETING OF THE PUBLIC BOARD OF DIRECTORS - 7 DECEMBER 2021			
Care Quality Commission (CQC) Update Report			**AGENDA ITEM: 17** **ENC 14**
Report Author and Job Title:	Dr. Sylvia Wood Interim CQC Compliance Professional David Bell Quality, Governance & Mortality Reporting Manager (CQC Project Lead)	**Responsible Director:**	Dr. Hilary Lloyd Chief Nurse Moira Angel Interim Director of Clinical Development
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	This paper provides an update on the progress the Trust is making in preparation for its next CQC inspection. The ambition is to achieve an overall rating of "Good".		
Background	The Trust has an overall rating of "Requires Improvement" given at the last CQC inspection of the Trust in 2019. A detailed action plan was developed to address the regulatory breaches, 26 'must do' actions and 23 'should do' actions.		

Assessment	This paper outlines the completed and ongoing work to prepare for the next CQC inspection.
	
	• The CQC Insight dashboard and summary trend report from NEQOS has been reviewed and shared. Work is ongoing to review all metrics and indicators and to clarify oversight and accountability for these within the Trust governance arrangements.
	• Specific CQC Engagement Meetings to review some acute core services in detail with the CQC relationship manager have been held. There has been a routine engagement meeting regarding community services.
	• There are updates regarding:
	  ○ The management of CQC enquiries
	  ○ The CQC action plan from 2019 following a review of the evidence for completion and implementation of actions.
	  ○ Progress with directorate self-assessments against the CQC key lines of enquiry, and the support being provided for a number of directorates.
	  ○ The work to review and validate the internal Provider Information Request (PIR) data, narratives and documents.
	• Roadshows are continuing to engage with staff and share key messages and communications for staff and CQC		

	inspection team are in place.	
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐	
Recommendation	Members of the Trust Board of Directors are asked to note the progress that has been made, ongoing and planned work.	
Does this report mitigate risk included in the BAF or Trust Risk Registers?	Principal Risk 1 - Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes Principal Risk 3 - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit and retain	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Best for safe, clinically effective care and experience ☒	A great place to work ☒
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒	

Care Quality Commission (CQC) Update Report

1. PURPOSE OF REPORT

This paper provides an update on the progress the Trust is making in preparation for any future CQC inspection. The committee is asked to note progress and ongoing work.

2. BACKGROUND

The CQC monitors, inspects and regulates NHS trusts. They monitor potential changes to the quality of care provided using CQC Insight. CQC Insight brings together in one place the information CQC holds about services, and analyses it to monitor services at provider, location, or core service level. Together with the ongoing relationship management between key members of the Trust and the CQC relationship holder, this enables CQC to decide what, where and when to inspect.

The Trust is preparing for any future inspection whilst continuing to embed actions developed from the 2019 report to address the 'must do' actions and 'should do' actions. The CQC Compliance Group oversees and monitors the action plan and the preparation work.

DETAILS

a. CQC Insight

The last full CQC Insight dashboard was published in September 2021. This has been shared with the CQC Compliance Group, together with the CQC Insights overview trends report from NEQOS based on the CQC data published in July and September. The NEQOS quality and safety dashboard was published in 11 November 2021.

All metrics and indicators are reviewed to clarify:

- Where each metric and indicator is reported to and which group has oversight and accountability for it.
- The current status of each metric and whether a positive or negative outlier.

b. CQC Relationship / Engagement Meetings

The Trust has monthly Engagement Meetings with the CQC Relationship manager. Key presentations from core services have been delivered over the last 3 months.

- Clinical support services -15th September 2021
- Medicine – completed on 13 October 2021
- Surgery – completed on 17 November 2021

With further core services planned:

Maternity – planned for 19 January 2022
The focus will be on the key lines of enquiry (KLOE) in the single assessment framework for Maternity and on the role we play in the wider system for Maternity.

Emergency Department – planned for 2 March 2022
The focus will be on Emergency Department, Urgent Treatment Centres, front of house /assessment units, flow and hospital avoidance, against the KLOE.

A separate routine Engagement Meeting was held on 4 November 2021 with our CQC relationship manager for community services.

c. CQC Action Plan

Following significant progress, an additional level of scrutiny and review is underway to update the evidence for completion and implementation of actions.

	Must Do	Should Do	Total
Focused work	8	3	11
On Track	5	8	13
Complete	55	32	87
Embedded	27	15	42
Total	95	58	153

Table 1: CQC Action Plan summary position November 2021

There are a number of actions associated with recommendations, with key areas of work as follows:

Must Do	Should Do
Focused work	**Focused work**
• Report all serious incidents within 48 hours. • Review risk registers, and ensure robust risk escalation and risk management. • Meet all aspects of the Duty of Candour regulation. • Ensure mandatory training compliance meets Trust target of 90%.	• Ensure suitable and sufficient anaesthetic cover. • Ensure Resuscitation Trolleys are secure – with standardised content and compliance with daily checks.
• Ensure up to date appraisal – Trust compliance 80%. • Ensure supervisory co-ordinators are available in line with GPICS standards. • Ensure sufficient numbers of suitable	• Ensure performance in National Audits improves and action plans address all concerns. • Ensure robust reconciliation of patients' medicines on admission. • Ensure nutritional risk assessments are

qualified staff, especially Radiologists.	updated and food and fluid charts are fully completed.

Table 2: CQC Action Plan areas of work November 2021

This is being reported through the weekly CQC huddles and CQC compliance group.

d. CQC Enquiries

The Trust receives regular enquiries from the CQC and has agreed a response timescale of 28 working days for routine enquiries and 10 working days for urgent queries. The timescales for managing SIs is different and agreed, in line with national reporting timescales by patient safety.

An update on CQC enquiries is presented to the weekly CQC huddle and also the monthly CQC Compliance Group where any issues of concern are highlighted and escalated as appropriate.

Robust processes are in place in relation to CQC enquiries in order to ensure where possible these are closed within the required timescale. Where there are delays out with the control of the trust the CQC is made aware of the reasons for the delay.

CQC enquiries are a standing agenda item on the weekly CQC huddle and areas of concern discussed and escalated as appropriate.

Learning from enquiries includes record keeping which requires improvement including completion of pain score post analgesia and record keeping in relation to nutritional needs.

e. Directorate CQC self-assessments

Meetings have been held with each directorate to review their self-assessments against the key lines of enquiry (KLOE) for each of the CQC key questions. The CQC Project Team continue to arrange additional meetings to follow up those that require more work or more evidence for the self-assessments.

More support is being provided for Critical Care, Maternity and ED. This is being tailored to the needs of each directorate.

In Critical Care there is further work planned to highlight and share positive achievements within the team. Maternity have established a weekly Assurance Board which includes specific action plans to review and respond to national focus and expectations. They are also gathering the data and evidence in preparation for any future CQC inspection.

All the above areas are being supported with work on risk registers to provide evidence of an embedded system of governance for managing risks across the organisation.

f. Internal Provider Information Request (PIR)

Previously the CQC has required each provider to complete the PIR prior to an inspection. The purpose of the PIR was to provide a general overview of the provider, detailed performance and quality data, narrative about key aspects of service provision and structure, as well as key documents.

The CQC has clarified that a formal PIR will not be requested by them for future inspections.

As a trust we have agreed to internally the review the PIR information. Leads have been identified for each of the PIR requirements and asked to provide relevant data, narrative and documents. There is a process in place to validate this information as it is received, and to fully review the information collected.

This work is well underway and is an ongoing process.

g. Communications for staff and CQC inspection team in place

Roadshows continue to engage with staff and share key messages. Key messages, tools, techniques and communications for staff are available on the intranet.

Members of the CQC Project team are also invited to various directorate and collaborative meetings to provide key updates.

3. RECOMMENDATIONS

Members of the Trust Board of Directors are asked to note the progress that has been made, ongoing and planned work.

People Committee
Chair's Log

Meeting: People Committee	**Date of Meeting**: 24 Nov 2021
Highlights for: Board of Directors	**Date of Meeting**: 7 Dec 2021

Overview of key areas of work and matters for Board.

- Board Assurance Framework
- Workforce retention update
- Staff engagement update
- Health Education England, North-East & North Cumbria annual quality report
- Trends in Employment Relations cases and outcomes
- Equality, Diversity, and Inclusion annual report
- Magnet4Europe research study
- Assurance on Educational Partnerships and Apprenticeships
- Review Workforce performance data
- Guardian of Safe Working report
- Updates from staff engagement group and chairs logs

Actions to be taken	Responsibility / timescale
We reviewed the BAF risks and acknowledged the change to the cover sheet for committee papers which now include an assurance rating. Assurance was received from 8 internal reports and 1 external report. No changes to any of our risk ratings but we did reduce a number of gaps in the outstanding actions with just 2 now overdue. One new gap was identified around managing staff redeployment and two new risks were raised around mandatory vaccination approach and potential strike action. Committee agreed for these to be added to the BAF.	Head of Governance to update BAF by 20 Dec 21 Chair to raise potential strike action risk with QAC by 24 Nov 21
Review of Workforce retention showed that our in month and rolling 12-month average continue to track around 12.85% which is above the target level of 10%. Actions underway following the new electronic process for leaver and termination notifications and the impact of retention conversations. Positive impacts from the new recruitment and induction programmes were evidenced and feedback from the new appraisal format and working from home group are being actioned. Committee accepted a moderate level of assurance.	Head of HR to add targets and projections for impact from Retention for next report in Feb 22
Discussions on the Staff engagement review focused on the individual Clinical Collaborative action plans. The final written report on our Medical and Multi Professional Education provided excellent feedback	Head of HR to add Impacts of activity on reported metrics and feedback from Pulse surveys for next report in Feb 22

on our financial transparency, training provision and support but was acknowledged as being particularly medical focused in the write up. Recommendations will be incorporated into next year's training plans. Committee accepted a moderate level of assurance.	
Employee relations cases continue to decrease with no identifiable trends in case type or employee demographics. Given the small numbers, committee agreed to report any demographic trends by exception on the quarterly update and to continue with the overall analysis on the annual report. Committee accepted a moderate level of assurance.	No action
The annual EDI report was well presented with strong evidence of activity and engagement in network groups. Plans for next year now include development of all 6 areas from the regional trial. Committee accepted a significant level of assurance.	No action
An overview of the Magnet4Europe research study was presented and our continued participation supported by the committee. The survey results included further reinforcement of engagement and culture indicators. The outputs of the collaboration project with San Diego will be included in next year's report and committee will be asked to input to our decision on applying for Magnet accreditation in 2023.	Head of HR to add Smart objectives and projected targets to the plan by Jan 22 and results included in next report in Nov 22
Our Education Partnerships update included the number of educational programmes delivered in relation to workforce requirements and training needs analysis, and the number of international nurses trained with 99% retention rate. The committee accepted a significant level of assurance.	No action
The committee received an update on the Apprenticeship programme and levy spend which we use to support our regional partners such as GPs. The committee noted that programmes are now provided by an external partner with our support during the transition phase and that we are part of the Learning Provider Network steering group for the Tees Valley. The committee agreed a moderate level of assurance pending the apprenticeship transition.	Director of Education to add impacts of activity on workforce gaps and reported metrics for next report in Nov 22 No action
The People metrics from the IPR were reviewed particularly in relation to absence, attrition, mandatory training, and appraisals. The committee agreed a limited level of assurance.	No action
The Guardian of Safe Working report confirmed that reporting has increased which is a positive trend following training on accountability. An issue was identified with payments to junior doctors which is being worked through. The committee accepted a moderate level of assurance.	Guardian of Safe Working to include feedback on issue resolution for next report in Feb 22

O Board action	Responsibility / timescale
There were no matters for escalation to the board.	
Risks (Include ID if currently on risk register)	Responsibility / timescale
Two new risks identified – *Proposed mandatory vaccine approach *Potential industrial action being planned for February	

South Tees Hospitals NHS Foundation Trust

Resources Committee
Chair's Log

Meeting: Resources Committee	**Date of Meeting**: 25 November 2021
Connecting to: Board of Directors	

Key topics discussed in the meeting	
• BAF and actions outstanding to mitigate risk, noting the need to amend timescales while we await national guidance • Integrated Performance Report noting the interventions underway to alleviate demand pressures affecting the responsive domain, the positive progress on long waits, and the evolving approach to presenting the report to Board • Month 7 Finance Report and update on the CIP; noting the positive feedback from Kingsgate on the infrastructure being established to drive delivery, the focus on productivity and the opportunities to support clinical ownership as budgets are re-based and data packs issued. • MTFA, noting the ongoing dialogue with regulators on the pace and extent of the programme into future years • H2 Planning Submission, noted that the submission has been made • Digital Strategy, noting the positive outcome of funding bids and positive feedback from the roll out of Patient Track. • Capital Planning Update, noting the effective management of the £36m programme and the pressures of delivering a complex schemes with a 31st March spend deadline	
Actions	**Responsibility / timescale**
• N/A	
Escalated items	
• The importance of continued and collective focus on delivery of the CIP and engagement with regulators	
Risks (Include ID if currently on risk register)	**Responsibility / timescale**
• No new areas of risk to add to the BAF	

South Tees Hospitals NHS Foundation Trust

QUALITY ASSURANCE COMMITTEE

Meeting: Quality Assurance Committee	**Date of Meeting** 30 November 2021
Connecting to: Board of Directors	
Key topics discussed in the meeting	
Board Assurance Framework Health and Safety Executive Inspection Report Integrated Maternity Services Report Monthly SI/NE Report External Visits Report Research and Development Six Monthly Report CQC Update Monthly Integrated Performance Report (Quality Aspect) Quality Priorities Merged Cycle of Business for Quality Assurance	
Actions	Responsibility / timescale
Board Assurance Framework Action - Continued development of the BAF to include to levels of assurance - Jackie White **Integrated Maternity Services Report** Regular report received covering the Ockenden assessment, MBRACE (Confidential Enquiry into Maternal Deaths in the UK) report, NMPA (National Maternity and Perinatal Audit) report, digital maturity in maternity services, the development of a Maternity Digital Transformation Group, a revised COC (Continuity of Carer) ask from NHSEI, update on CNST level 4 assessment 2022 (Clinical Negligence Scheme for Trusts) and the July - Sept 2021 Perinatal Quality Surveillance Model Report. Risks include the immaturity of digital systems in maternity and delivering on CNST level 4 standards associated with capacity for audit and digital immaturity. Level of assurance received - Moderate	Action Heather Gallagher

Monthly SI/NE Report SI's and NE's discussed. Level of assurance received - moderate **External Visits Report** A review of adherence to the policy for the management of compliance and regulatory visits, inspections and accreditation's showed limited adherence to the policy - Action Mike Stewart Level of assurance received - moderate **Research and Development Six Monthly Report** Very positive report received detailing the successes within the research and innovation department. Level of assurance received - moderate **CQC Update** Progress against the fundamental standards continued to be made with particular focus on eight areas including timely reporting of serious incidents, risk escalation, duty of candour, mandatory training, appraisal rates, meeting GPIC standards and staffing. Level of assurance received - moderate **Monthly Integrated Performance Report (Quality Aspect)** The report format remains under development. The committee commented on the improved narrative drawing together of information in the report with the aim of triangulating the information and determining a level of assurance. Level of assurance - moderate **Quality Priorities** Quarter 2 report received showing a RAG rating against delivery and performance. 4 green, 4 amber and 3 red. Ratings to be reconsidered following discussion on incident reporting, workforce and end of life care, discharge metrics and adherence to NICE standards.	Action Moira Angel Action Ian Bennett

Level of assurance - limited **Merged Cycle of Business for Quality Assurance** The committee received a combined cycle of business for all groups in the governance structure for safety and quality Level of assurance - moderate	

Escalated items
Good discussion of the BAF risks. Levels of risks agreed in the meeting and reflected in the Chairs Log.

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