South Tees Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS (PUBLIC)

Date – 2 November 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 2 NOVEMBER 2021 AT 13:00 IN THE BOARD ROOM AND MICROSOFT TEAMS

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT
PATIENT STORY				
Access to public and press to the Board of Directors meeting will be available via the following link at 13:20 _____ Microsoft Teams meeting **Join on your computer or mobile app** Click here to join the meeting If you are planning to use Teams for clinical purposes, it is important to review usage with your local Information Governance and Clinical Safety teams to determine and adhere to best practice around patient data management.				
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 5 October 2021	Approval	Chair	ENC 2
5.	Matters Arising / action log	Review	Chair	ENC 3

	ITEM	PURPOSE	LEAD	FORMAT
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
11.	Patient Experience and involvement report	Information	Chief Nurse	ENC 8
WELL LED				
12.	Finance Report Month 6	Information	Chief Finance Officer	ENC 9
13.	Integrated Performance Report	Discussion	Chief Operating Officer	ENC 10
14.	CQC update	Information	Chief Nurse	ENC 11
15.	Standing Financial Instructions, Standing Orders and Scheme of Delegation	Approval	Chief Finance Officer / Company Secretary	ENC 12
16.	2020/21 EPRR annual report and 2021/22 NHS EPRR core standards assessment	Approval	Director of Estates, Facilities & Capital Planning	ENC 13
17.	Committee Reports	Information	Chairs	ENC 14
	DATE OF NEXT MEETING The next meeting of Board of Directors will take place on Tuesday 7 December 2021			
	Exclusion to the Public – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960)			

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 2 November 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.		
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. Board member, and Chair of Audit & Risk Committee of Bernicia House Group, a North East Social Housing Company – a remunerated 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 5 OCTOBER 2021 AT 13:00 IN THE BOARD ROOM, MURRAY BUILDING JAMES COOK AND VIA MICROSOFT TEAMS

Present

Professor D Bell	Joint Chairman
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
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

STAFF STORY

Dr Lloyd introduced Sam Davison to the Board to share his story of being awarded the Prestigious CNO Silver Award in September by Chief Nurse of England Ruth May.

Sam is the Trust's clinical lead for procurement and during the pandemic he provided guidance to NHSE/I to work with and support the national team to develop fit testing, PPE supplies etc. The national team then nominated Sam for the award.

The Chairman thanked Sam for attending and sharing his story with the Board and congratulated him on his award.

BoD/20/314 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/20/315 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms M Harris, Non-Executive Director and Ms A Burns, Vice Chair.

BoD/20/316 **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/20/317 **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/20/318 **MINUTES OF THE LAST MEETING**

The minutes of the meeting held on Tuesday 7 September 2021 were reviewed and agreed as an accurate record. Mrs White

BoD/20/319 **MATTERS ARISING**

The matters arising were reviewed and the action log updated.

BoD/20/320 **CHAIRMAN'S REPORT**

The Chairman referred to his previously circulated report and highlighted a number of areas for consideration.

The Chairman gave his thanks to all the staff at South Tees Hospitals NHS Trust on their continued hard work and for welcoming into the Trust. He commented that the Board were very aware of moving into winter period and to continue to support staff going forward as well as we can.

With regard to the Joint Strategic Board, the Chairman commented that the membership of the group had been expanded to include a number of executive directors across both Trusts and that membership would be continuously reviewed going forward. He added he was pleased to report that the Trusts were successful in appointing an Interim Director of Strategy & Partnerships, Mr Alan Hunter, who will be starting soon.

The Chairman updated that work to progress the ICS continues and that the priority remains that the Trusts in the Tees Valley should continue to work together to get the levelling up for the patients and the Trusts required.

The Chairman highlighted that he had attended an Elective Recovery Task Group meeting last week in York and Mr Harrison, Managing Director had also attended. He advised that the focus is elective recovery and the NHS goal to seek to reduce health inequalities as it moves through elective recovery.

Resolution

The Board of Directors NOTED the Chairman's report.

BoD/20/321 **CHIEF EXECUTIVE'S REPORT**

The Chief Executive referred to her previously circulated report and highlighted a number of areas for consideration.

The Chief Executive discussed with members that there are still high levels of COVID 19 in the community and the Trust continues to have a number of wards of COVID 19 patients along with a number of patients in ITU. She reminded patients of the need to get vaccinated and protect themselves and their families. She added that there continues to be pressure in A&E attendances on a daily basis, and that the Trust has opened the new Paediatrics ED which has already had a big impact.

The Chief Executive was pleased to report that the Trust has permanently recruited and welcomed an extra 218 new nursing and midwifery colleagues over the last 2 years.

Finally the Chief Executive reminded members that the Trust has submitted an expression of interest under the Health infrastructure plan (8 hospital bill programme) to re-provide fit for purpose buildings to accommodate existing services including major trauma, critical care and radiology, women and children's unit (incorporating a cochlear implant centre).

Resolution

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

BoD/20/322 **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 highlighted that 16 reports of assurance had been received by the Board Sub Committees over the last month including one independent assurance report. In addition 8 reports were being received today providing assurance to Board.

Resolution

The Trust Board of Directors NOTED the BAF

BoD/20/323 **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 96.51%, and there is a slight decrease the availability of RNs at 86.5%. This continues to demonstrate good compliance with safer staffing.

Due to COVID-related absence staffing has been challenged across the Trust with short-notice unavailability and COVID isolation, starting in mid-July.

A task and finish group to look at staff redeployment has been established.

There has been one reported episode for lack of supernumerary co-ordinators during August 2021 in GHDU. Nursing Turnover for August is currently 8.02 % with ongoing recruitment in place.

Dr Lloyd highlighted that a full nursing establishment review is underway and a report will come to the Board in due course.

The Chairman commented on the task and finish group established to review staff redeployment and asked if there was anything the Board could do to support. Dr Lloyd highlighted that staff are amazing and are willing and want to work in collaboration on redeployment.

Mr Cater Ferris asked if some of the pressures in the system are as a result of staff now taking holidays. The Chief Executive advised that there is a full establishment of nursing colleagues which will start to make a difference but staff are still being moved around due to COVID-related absence. Mrs Metcalf advised that the Trust continue to support staff with two health and wellbeing hubs on site permanently.

Ms Reape commented that it was good to hear the discussion but recognise we are in a good position.

Ms Reape referred to the increased midwifery recruitment. Dr Lloyd advised that the Trust does not have a shortage of midwifes and is Birth Rate Plus compliant but we have had a lot of short-term COVID-related absence, however the increase in midwives will help with that.

Resolution

The Trust Board of Directors NOTED the safer staffing report

BoD/20/324 **GUARDIAN OF SAFE WORKING**

Dr Stewart presented the report on behalf of the Guardian of Safe Working. He reminded members that 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 includes a summary of exception reporting activity and vacancies in the Doctors and Dentists in Training Workforce.

Dr Stewart reported that the People Committee had considered the report and highlighted the following points:

- Junior doctor vacancy rates
- Current review of the Flexi Shift regional collaborative bank in enrolling LED onto the TempRE system in replace of the current paper claim form process.
- Exception reports raised total of 22 in Quarter 1 – April, May, June 2021.
- Additional HR support/engagement.

The Chairman asked what is the current process for locums in the Trust. Dr Stewart advised that the Medical Rota Team contact the Trust junior staff to cover the gaps, and 5% goes out to agency to cover. The Chairman further asked what the cost was and Dr Stewart confirmed that there is a regional agreement on locum costs and a system of escalation if required for short notice cover. However as previously highlighted most of the gaps are covered in house.

Resolution

The Trust Board of Directors NOTED the report.

BoD/20/325 **FREEDOM TO SPEAK UP**

The Freedom to speak up Guardians attended the meeting and presented the report to members. They highlighted that staff continue to speak up within the organisation. The number of issues reported to the FTSU Guardians has decreased slightly from 19 in Q1 to 13 in Q2 (up to 5th September 2021).

Freedom to Speak up training is now part of Trust Induction and also covered as part of the management essentials training.

A GAP analysis based on the recommendations set out in the 8 National Guardian Office (NGO) case reviews has been undertaken. To date 94 actions are green and completed and 8 are amber and on track to be completed.

Finally the Trust has been shortlisted in the HSJ Awards 2021

in the 'Freedom to Speak Up Organisation of the Year' category.

Dr Stewart congratulated the Guardians and asked what they were doing differently to other Trusts. Abbie Silivistris Freedom to Speak Up Guardian commented that its visibility. The team have been out and about doing walk arounds and working with the communications team increasing awareness. In addition the time allocated to being a guardian is ring fenced which is important.

In response to a question from the Chairman Abbie Silivistris said it is important that we celebrate staff reporting.

Mr Harrison thanked the Guardians for their report and commented on that it is a really important part of a learning organisation and the work they have done has really contributed to it. He asked if there is anything the Board can help with. The Guardians responded to say that they have a good relationship with Dr Lloyd, Executive Lead and Ms Burns, Non-Executive lead.

The Chairman thanked the Guardians for their report and attending and the good work they were doing through the Trust.

Resolution

The Trust Board of Directors NOTED the report

BoD/20/326 **CONSULTANT APPOINTMENT**

Mr Harrison updated members on the new consultant appointments and the following staff were welcomed to the Trust:

Mike Chapman – Cardiology
Karin Duckett – A&E
Lekshmy Prasad – Paediatrics
Michelle Lim – Nephrology
Ben Strong – Plastic Surgery

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

Adrian Bergin – Stroke
Tilak Jayasuriya – Medicine Friarage
Iain Moore – Nephrology
Saladin Sawan – Obstetrics & Gynaecology

BoD/20/327 **WORKFORCE DISABILITY EQUALITY SCHEME (WDES) UPDATE REPORT AND WORKFORCE RACE EQUALITY SCHEME (WRES) UPDATE REPORT**

Mrs Metcalf shared with members the Trust WDES data for 2020/21, reported across 10 key metrics. The WDES is integrated as part of the South Tees Hospitals NHS Foundation Trust People Plan 2021-23 and embedding Equality Diversity and Inclusion (EDI) is a national priority and this forms one of our five key strategic enablers. Data from 6 metrics is taken from the NHS national Staff Survey.

Mrs Metcalf added that the metrics data has been reviewed and findings have been discussed in the People Committee. A number of areas of improvement were identified including improvement in ESR recording; increasing the percentage of staff survey returns; long term conditions network; inclusive recruitment; appraisal system focus on health and wellbeing; recruitment panel training, better health at work award, just culture training.

The purpose of the reports is to provide an update regarding the Trust WRES data reporting for 2020/21, reported across 9 key metrics.

Mrs Metcalf went on to highlight the Workforce Race Equality Scheme (WRES) report and again identified that data from 4 metrics is taken from the NHS national Staff Survey.

A number of improvement areas were also highlighted including values based recruitment, colleagues from BAME background on recruitment panels, reciprocal mentorship, BAME network.

Mr Jennings commented on question three in the WDES report which asked “Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure” with regard to the Trust response and asked for clarity regarding this. Mrs Metcalf clarified that there were fewer capability cases in 2021 compared to 2020 but that in 2020 the majority of cases were disabled. However the numbers are very small.

The Chairman suggested that the numbers of staff involved are included in the report.

The Chairman asked what were the common themes across the two returns and Mrs Metcalf advised this was career opportunities, as there are fewer BAME or staff with a disabled background in senior appointments.

Resolution

The Trust Board of Directors APPROVED the WDES and WRES

BoD/20/328 **LEARNING FROM DEATHS REPORT**

Dr Stewart referred to the Learning from deaths report which had been previously circulated. He highlighted that this report provides assurance on the overall quality of care, as measured by hospital mortality and other clinical effectiveness indicators, delivered by the organisation.

Dr Stewart highlighted that following the peak in mortality figures over the initial COVID-19 pandemic, and subsequent reduction during the summer, rates are beginning to normalise. The Medical Examiner team coverage of mortality continues to be in excess of 95% of all deaths. Mortality Surveillance is continuing though has been affected by the pandemic.

Ms Reape thanked Dr Stewart for the report and the work on Mortality reviews which was excellent. She further asked when the work to roll out the reviews to the community will take place and if there had been any guidance received on what is expected.

Dr Stewart advised that the request is that we try and gradually take on an increasing role of deaths in the community certified by GPs, these should have a separate independent medical review. A GP has been appointed to assist the team on piloting this.

The Chairman asked if there was a second phase investigation of deaths as part of the assurance process. Dr Stewart highlighted the full mortality review process. Dr Monkhouse chairs a Mortality committee on this second check and assurance process.

Resolution

The Trust Board of Directors NOTED the report

BoD/20/329 **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 5 the Trust reported a deficit of £2.8m at a system control total level. This is in line with the required budget

deficit for M5 as agreed within the ICP/ICS.

The underlying structural deficit remains recurrently outwith the revised funding arrangements for the start of the current financial year. Detailed planning guidance for the second half of 2021/22 is awaited and the recurrent impact of COVID is currently unknown.

Mr Hand reported that 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 £4.9m and this mainly includes variances on the Same Day Emergency Care (SDEC) scheme £0.9m, Interventional Radiology £0.3m, Pathology CAT3 £0.3m, PFI Enhancements and Change in Law £0.4m, FHN development and maintenance schemes £1.2m and the Alcidion project £0.7m. 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 will largely be delivered in full by 31 March and the Trust will continue to closely monitor the position over the coming months.

Mr Ducker raised the capital spend delays and what assurances can be given to the Board that this will be on plan by the end of the year. Mr Oxley reported that we have done a deep dive into the capital programme, are tracking monthly and confident on current projections.

Mr Oxley added that the Trust has a list of priority equipment we will purchase next year.

The Chairman commented on the financial envelope profile and welcomed the Board discussion.

Resolution

The Trust Board of Directors NOTED the report

BoD/20/333 **INTEGRATED PERFORMANCE REPORT**

Mr Peate referred members to the Integrated Performance Report and highlighted that the escalated COVID19 response continued through August. Clinical teams treated patients with COVID19 in two dedicated wards, a dedicated critical care unit and specialist beds as required across JCUH. Patients without COVID whose needs are equally urgent were prioritised while we continued to address the backlog of patients whose care has been disrupted by the pandemic.

The surge of COVID19 patients and infection rates in our community impacted in many areas:

- Elective inpatient activity, due to continued COVID-19

inpatients and DNAs due to COVID-19 in the wider population.
- As seen across the NHS, the 4-hour standard performance declined as our A&E services dealt with COVID-19 pathway patients and sustained high demand in ED and our two UTCs.
- Appraisals and mandatory training rates as we continue to see high levels of absence from work.
- In addition, ongoing challenges in recruitment to specific specialties.

Despite these challenges safety and quality remained the number one priority.

- Safe: Falls rate remains below benchmark, despite staffing challenges; Serious Incidents remain below the mean; most sepsis bundle indicators continued to improve;
- Caring: Patient satisfaction for Inpatients and Outpatients remain above target
- Responsive: Outpatient activity back to plan; Cancer 14-day standard above mean for 7 months.

Benchmarking sets our performance in context, reflecting that of comparable Trusts.

The Chairman thanked Mr Peate for providing a summary of the key issue and reminded members that the IPR is a work in progress.

The Chief Executive advised that the Trust has just been through a recruitment process and appointed two really good spinal surgeons and they will be arriving into post over the next couple of months. The quality of service we offer is as important as important as numbers and we could have appointed more surgeons and consolidated the regional service in a different way.

Dr Stewart advised that the Trust has taken on sponsorships of the Regional spinal services network across the ICS.

The Chairman referred to page 9 inpatient ptl data and that patients in the most deprived quintile continue to be over-represented in the cohort of long waiters. Mr Harrison commented that this is something the Trust started to track as part of our response to COVID-19. Our role as an anchor tertiary provider is also crucial in ensuring that specialist care is available to patients across our region and that health inequalities are not exacerbated in our local patient populations.

The Chairman also highlighted appraisals and staff health

and wellbeing. Mrs Metcalf advised that HR are working with service managers and have trajectories in place for completion by January 2022. Health and wellbeing is in the appraisal process but we understand that conversations are being held outside the process as well.

Dr Stewart reminded members that the medical appraisal last year was formally paused by NHSE/I and restarted in April this year, and this has had an impact on the numbers.

Resolution

The Board of Directors NOTED the update

BoD/20/334 **CQC UPDATE**

Dr Lloyd referred members to the previously circulated report on the Trusts preparedness for CQC and the significant progress which the Trust has made since its previous inspection. She highlighted that a number of actions were underway including updating the Provider Information dataset and triangulating evidence as part of the CQC self-assessment reviews. In addition a well led self-assessment has been carried out by the Board and the Trust has ongoing monthly deep dives with the CQC which include surgery, maternity and ED over the coming months.

The Chairman asked if we were anticipating any more deep dives after that and Dr Lloyd advised that this was unlikely.

The Chief Executive commented that going through this phase is a big ask coming out of 'requires improvement', a global pandemic and the current financial regime, and we need total focus on this. We have a good team and good set of hospitals and community services.

The Chairman concurred that it was an important part of our direction of travel.

Resolution

The Trust Board of Directors NOTED the update

BoD/20/335 **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 (QAC) – Ms Reape confirmed that the Committee had reviewed the BAF and identified that threats 1.5 and 1.6 needed to be updated to reflect current risks in critical care services.

Audit & Risk Committee – Mr Jennings highlighted that as well as Chairs report from Audit and Risk Committee we have included an assurance matrix to take each element of the audit and risk committee and populate each box of summary of assurance we have received at our meeting in relation to each of the areas and will give us a running total on are we getting assurance against each element of our remit and we are happy at the end of the year to sign off on this.

Resources Committee – Mr Ducker highlighted that the Committee had met on 30 September and had a long and productive meeting.

BoD/20/336 **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/20/337 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Board of Directors will take place on Tuesday 2 November 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	BAF is considered by SLT and Committees and is fully populated.	J White	Dec-21		Open
7.9.21	BoD/20/302	BOARD ASSURANCE FRAMEWORK	Three levels of assurance identified in BAF to be separated into internal and external assurances	J White	Dec-21	To be considered and included in the BAF next quarter report	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	Open

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 2 November 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

Induction

I have continued my induction programme with the Trust and have visited a number of areas including Critical Care Services, Medical Assessment Unit, Trinity Holistic Centre and Maternity. I have also had the opportunity to meet with a number of colleagues including the Head of Our Hospitals Charity Ben Murphy, Karl Hubbard Ops Director for Pathology, Tony Roberts Deputy Director of Clinical Effectiveness, Manni Imiavan Digital Director and Dave Gallagher Chief Operating Officer for the CCG. I would like to thank everyone for the welcome I have received as part of my induction and hope to meet more of our wonderful staff and services over the next couple of months.

This month I continue the induction programme both internally and externally now with a focus on our partners across the Tees Valley and beyond.

Health and Social Care Bill update

The Health and Care Bill has been going through its to Public Bill Committee stage and, at the time of this report's writing, is expected to report to the House of Commons by Tuesday 2 November 2021.

The purpose of the Health and Care Bill is to give effect to the policies that were set out as part of the NHS's recommendations for legislative reform following the Long Term Plan and in the White Paper 'Integration and Innovation: Working together to improve Health and Social Care for all' published in February 2021.

The Bill's integration proposals set out how Integrated Care systems (ICSs) will be given statutory ICSs will be led by two key bodies – an integrated care board (ICB) and integrated care partnership (ICP). ICBs will take on the NHS planning role currently held by NHS clinical commissioning groups (CCGs) and some functions from NHS England. ICPs will be responsible for developing an integrated care strategy, which sets out how the needs of the local population will be met (informed by local authorities' joint strategic needs assessments).

Subject to approval, the Bill is due to receive Royal Accent by April 2022 and the NHS has been asked to plan for the implementation of its provision on this basis.

Joint Strategic Board

Last month I was pleased to report we had appointed an Interim Joint Director of Strategy & Partnership Alan Hunter. Alan has now started with the Trust and attended the Joint Strategy Board last week. We considered the name of the group and agreed to rename it Joint Partnership Board as this reflected the current role of the group. We had some great presentations on the joint partnership work we are undertaking across the two Trusts including digital optimisation, estates utilisation and Pathology.

NHS Providers CQC's State of Care report 2020/21

The Care Quality Commission (CQC) last week published its new State of Care report, the state of health care and adult social care in England 2020/21, setting out its annual assessment of the quality of health and social care in England over the past year. It summarises key points for Trusts covering people's experiences of care, trusts' flexibility in responding to the COVID-19 pandemic, ongoing quality concerns and challenges for systems which recognised the ongoing pressures trusts are facing and the work they are doing to recover services and provide quality care in a difficult time.

2. RECOMMENDATIONS

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

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS - 2 November 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.		
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 update

During October, COVID-19 community infection rates rose across the Tees Valley and North East.

Sixty-one patients with COVID-19 on average have required hospital care per day, of which five to nine patients have required critical care each day.

The number of patients requiring COVID-care has meant that clinical colleagues have continued to devote two wards and one critical care unit to the care of patients with COVID-19.

It should be noted that rates of community infection are now higher than late January 2020 when the number of patients requiring hospital COVID-care reached 238.

The smaller number of patients requiring hospital care at this time is testament to the success of the COVID-19 vaccine. The vaccine saves lives. And it helps to prevent people from becoming seriously ill.

This winter, clinical colleagues are also strongly urging those who are eligible to book an appointment for the free flu vaccine and COVID-19 booster jab.

Both are important to provide vital protection not only to individuals, but also their loved ones while also helping to ease pressure on the NHS.

As well as providing care for patients with COVID-19 (including those who are critically ill), colleagues continue to provide care for patients without COVID whose needs are equally urgent, and patients whose care has been disrupted during the pandemic.

In the five weeks to 13 October, for example, surgical colleagues and teams delivered more than 4,000 operations, of which over 3,000 were planned surgical procedures. At the same time, over 85,000 outpatient appointments took place.

In addition, urgent and emergency care services have been extremely busy. In the five weeks to 13 October, clinical colleagues saw 21,514 urgent and emergency care attendances: a rise of more than 3,000 adult attendances compared to the same period last year.

NHS Planning Guidance (H2)

The national NHS planning guidance for the remaining six months of 2021/22 was published in October. The guidance asks NHS organisations to focus on over the next six months on:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay.
- Working collaboratively across systems to deliver on these priorities.

As part of the NHS planning guidance, there is a tapering off of national COVID-19 funding to NHS organisations (following the rollout of the national COVID vaccination programme) and the reintroduction of national efficiency targets.

To support elective recovery from COVID-19, NHS England is making a national £700m targeted investment fund available to Integrated Care Systems which will allocate funding to trusts.

James Cook renal unit appeal

Thanks to the extraordinary generosity of our local communities, The James Cook University Hospital Kidney Unit Appeal has reached it £500,000 target.

Starlight Protector of Play award

A national charity dedicated to the protection of play for seriously ill children named our nursery nurse colleague Dawn McCabe as the winner of its Protector of Play award.

Dawn has been working with children for over 41 years and won the Starlight Protector of Play Award for her role as a hospital-based nursery nurse, providing play and distraction services to the children on ward 22, a paediatric, surgical and trauma ward at The James Cook University Hospital.

2. RECOMMENDATIONS

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

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 2 November 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 approved the Trust's two-year strategic plan and the improvement and recovery plan and identified the principal risks to achieving the strategic objectives. The Board sub committees undertake on behalf of the Trust Board scrutiny and assurance of the principal risk, controls and gaps each month. A BAF Standard Operating Procedure has been developed and agreed by the Audit & Risk Committee which sets out the Committee roles in order to ensure a standard approach to this work.		
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 –Quality Assurance and Resources have reviewed their BAF risks since the last report to Board. 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. 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 • Patient Experience and involvement report Non-compliance with the 4-hour standard due to high-volumes of attendance at this time in the pandemic is reflected in patient satisfaction metrics. 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 The impact of COVID-related staff absence and its impact is reflected in the IPR and Safe Staffing report. 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 Principal risk 7 - Failure to deliver the Trust's financial recovery plan • Finance Report Month 6 • Integrated Performance Report	
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 ☒
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	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 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.

The Board of Directors annual cycle of business has been reviewed to ensure that this is aligned to the BAF and future agenda setting. The Company Secretary has also reviewed all sub Committee cycles of business to ensure there is consistency and aligned to the relevant principal risks for the Committee.

3.1 Assurance reports

Quality Assurance Committee received 7 reports of assurance

Resources Committee received 6 reports of assurance.

3.2 **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
- Patient Experience and involvement report

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

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

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

- Finance Report Month 6
- Integrated Performance Report

3.3 **Next quarter report (December)**

New KPIs will be included in the report which set out the following:

- Overall balance between positive and negative assurances
- Balance of internal and external assurances
- % of actions due

New Board front sheets will identify the level of assurance being provided within the report.

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.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 2 November 2021			
Safe Staffing Report for September 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 September 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 96.59% 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 %		
Recommendation	The Board of Directors are asked to note the content of this report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 5.1: Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit.		
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 ☒	
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	England, North Yorkshire and beyond ☐	

Nursing and Midwifery Workforce Exception Report
September 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, using professional judgement 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 3469.69 hours logged via SafeCare during September which was a significant positive decrease on August 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 September 2021

There is a slight increase the availability of RNs at 86.7%

Table 1 – Trust wide Monthly Fill Rates

		July 2021	August 2021	September 2021
Overall Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	89.0%	86.5%	86.7%
	HCA (%) Average fill rate - DAYS	93.9%	91.1%	91.1%
	NA (%) Average fill rate - DAYS	100.0%	100%	100%
	TNA (%) Average fill rate - DAYS	100.0%	100%	100%
	RN/RMs (%) Average fill rate - NIGHTS	92.1%	90.1%	89.6%
	HCA (%) Average fill rate - NIGHTS	103.8%	104.4%	105.3%
	NA (%) Average fill rate - NIGHTS	100.0%	100%	100%
	TNA (%) Average fill rate - NIGHTS	100.0%	100%	100%
	Total % of Overall planned hours	**97.35%**	**96.51%**	**96.59%**

Table 2 provides details by ward and these are overlaid with bed occupancy and nurse sensitive indicators to triangulate data in table 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/ Midwives (%)	Average fill rate - Days HCA (%)	Average fill rate – Days Reg Nursing Associates (%)	Average fill rate – Day Trainee Nursing Associates (%)	Average fill rate - Night RN/ Midwives (%)	Average fill rate - Night HCA (%)	Average fill rate – Night Reg Nursing Associates (%)	Average fill rate - Night Trainee Nursing Associates (%)	Reason for exception (when less than 80%) for RN's
Ward 1 (C OVID Assessment)	28	28	17	12.36	114.6%	88.6%	-	-	121.6%	118.2%	-	-	
Ward 2 AAU (Short Stay Staff)	28	28	22	7.24	89.8%	113.7%	100.0%	-	71.7%	92.5%	100.0%	-	Planned 5 RN on nights and working 3 (1:10 ratio) Safe staffing maintained
Ward 3 (COVID)	28	28	12	10.68	81.2%	86.7%	-	100.0%	87.0%	111.1%	-	100.0%	
Ward 4	23	23	19	7.01	92.0%	103.0%	-	-	71.1%	107.5%	-	-	Planned 3 RN on nights working 2 (1:10 ratio). Safe staffing maintained
Ward 5	28	22	19	6.94	77.7%	87.0%	-	100.0%	73.3%	136.0%	-	100.0%	Planned 5 RN on days and working 4 (1:7 ratio). Planned 3 RN on nights but working 2 (1:8)
Ward 6 (Gastro)	30	30	25	7.16	85.2%	125.4%	-	-	85.2%	122.5%	-	-	
Ward 7 (Colo)	30	30	24	7.07	84.3%	98.1%	100.0%	100.0%	95.8%	98.6%	100.0%	-	
Ward 8	30	30	22	7.62	85.3%	103.4%	-	100.0%	90.2%	103.5%	-	-	
Ward 9	28	28	18	9.91	102.8%	98.7%	-	-	107.5%	129.7%	-	-	
Ward 10 (Short Stay RAFAU Staff)	27	27	23	7.65	89.1%	110.6%	-	-	92.8%	109.7%	-	-	
Ward 11 (OPM)	28	28	24	8.30	89.3%	106.0%	-	100.0%	96.7%	134.8%	-	-	
Ward 12	26	16	28	7.62	129.0%	103.8%	-	-	104.2%	137.5%	-	-	
Ward 14 Oncology	23	21	15	7.64	117.8%	72.5%	-	100.0%	72.8%	102.6%	-	100.0%	Planned 3 RN on nights working 2 (1:7 ratio) safe staffing maintained
Ward 17 JCUH	-	-	25	6.99	85.0%	77.0%	-	100.0%	90.2%	74.0%	-	100.0%	
Ward 19 Ante Natal	-	-	6	8.16	55.6%	77.8%	-	-	64.2%	-	-	-	Average of 6 patients at midnight during September.
Ward 21 (Paeds)	25	25	10	13.38	67.0%	95.3%	-	100.0%	70.6%	70.0%	-	100.0%	Planned 6 RN day and night working 4 (1:2 ratio) low occupancy in Sept
Ward 22 (Paeds)	17	17	6	15.56	88.5%	75.3%	-	-	79.3%	45.9%	-	-	Planned 3 RN nights working 2 (1:8 ratio) low occupancy in Sept
Ward 24	23	23	17	10.68	100.8%	163.6%	100.0%	100.0%	92.8%	214.4%	100.0%	-	
Ward 25	21	16	11	8.17	65.6%	65.7%	-	100.0%	94.5%	81.9%	-	100.0%	Planned 4 RN on days working 2 (1:6 ratio) this is safe for reduced occupancy

Ward 26	18	18	17	7.34	99.0%	97.9%	-	-	100.2%	113.0%	-	-	
Ward 27	15	15	13	11.51	140.8%	185.2%	-	-	98.6%	129.9%	-	-	
Ward 28	30	30	19	8.62	96.0%	102.8%	-	-	94.9%	101.1%	-	-	
Ward 29	27	27	21	6.65	97.1%	89.9%	100.0%	-	93.3%	105.0%	-	-	
Ward 31	35	19	16	7.95	114.9%	109.0%	100.0%	-	98.3%	96.4%	-	-	
Ward 32	22	21	17	7.84	107.8%	94.4%	-	-	100.0%	113.6%	-	-	
Ward 33	19	19	15	8.56	87.5%	94.1%	-	-	105.1%	103.1%	-	-	
Ward 34	34	34	26	7.23	76.1%	101.9%	-	-	96.7%	100.3%	-	-	Planned 5 RN on days working 4 (1:7 ratio)
Ward 35	26	26	17	9.13	99.3%	100.0%	-	-	85.5%	91.1%	-	-	
Ward 36	34	34	27	6.67	86.0%	106.1%	-	100.0%	100.2%	114.1%	-	100.0%	
CCU	14	14	8	17.62	77.0%	66.7%	-	-	95.0%	-	-	-	Planned for 7 RN days working 6 (1:2 ratio)
GICU (1,2,3)	33	33	27	33.73	98.8%	108.8%	-	-	100.4%	98.4%	-	-	
CICU	12	10	7	35.86	79.8%	101.9%	-	-	80.0%	180.0%	-	-	Planned 11 RN days and nights worked 9 (1:1 ratio). Elective programme activity prioritised.
Cardio HDU	10	10	5	22.00	73.6%	93.1%	-	-	67.3%	100.0%	-	-	Planned 6 RN Days working 4 (1:1 Ratio). Planned 5 RN nights working 3 (1:1 Ratio)
Neuro HDU	8	8	6	19.35	100.9%	103.3%	-	-	95.2%	95.9%	-	-	
Spinal HDU													
Spinal Injuries	24	24	18	11.01	80.7%	80.2%	-	-	96.7%	101.1%	-	-	
Neonatal Unit (NNU)	35	35	21	14.73	80.1%	83.3%	-	-	82.9%	-	-	-	
Paediatric Intensive Care Unit (PCCU)	6	6	2	44.75	74.9%	41.6%	-	-	70.9%	-	-	-	Planned 4 RN Day and night working 3 (1:1 ratio) low occupancy in Sept
JCDS (Central Delivery Suite)	-	-	13	23.35	92.2%	61.7%	-	-	97.3%	97.3%	-	-	
Maternity Centre FHN	-	-	0	-	41.5%	36.0%	-	-	11.7%	-	-	-	Unit closed as required to ensure safe staffing on JCUH site
Victoria Ward Friary Community Hospital	18	18	11	9.06	111.7%	77.4%	-	-	101.0%	92.7%	-	-	
Zetland Ward - Redcar	31	29	23	8.40	60.0%	91.0%	-	100.0%	71.1%	143.3%	-	100.0%	Planned for 4 RN days and nights working 3 (1:7) and 2 (1:10)

Tocketts Ward – Redcar CH	30	26	17	8.14	63.9%	78.6%	-	-	67.8%	110.1%	-	-	Planned 4 RN on days working 3 (1:7) Planned 3 RN nights working 2 (1:8)
Rutson FHN	17	17	14	7.93	80.2%	86.0%	-	-	100.1%	98.3%	-	-	
Ainderby FHN	27	22	17	6.19	68.6%	89.5%	-	-	95.0%	91.7%	-	-	Planned 4 RN days working 3 (1:6).
Romanby FHN	26	26	27	6.68	86.1%	66.9%	-	-	100.0%	88.4%	-	-	
Gara Orthopaedic FHN	21	16	7	12.81	78.8%	74.9%	-	-	93.8%	60.0%	-	-	Planned 3 RN days working 2 (1:3 ratio) safe staffing for occupancy

Short notice unavailability due to staff sickness and COVID isolation across the whole trust has continued to have an impact during September.

Nurse sensitive quality indicators recorded during September are displayed in Table 3. There were 4 incidents reported during September. No staffing factors were identified as part of the incident review process. The incidents comprised of two falls whilst patient mobilising and two Grade 3 pressure ulcers (PU). The Trust is not an outlier for falls or PUs nationally; however the Trust has an aiming for excellence approach has a falls improvement plan led by the Chief AHP, and a pressure ulcer collaborative improvement plan led by the Deputy Chief Nurse.

Table 3 – Nurse sensitive indicators and 1000 voices scores

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 September
Ward 1 (Covid assessment)	1	-	1	5	-	-	Patient Fall whilst Mobilising
Ward 2 AAU (Short stay)	3	-	1	7	1	8.34	
Ward 3	-	-	-	2	-	8.98	
Ward 4	5	-	-	4	-	8.65	
Ward 5	-	-	1	6	-	8.89	
Ward 6 (Gastro)	2	-	5	8	-	8.32	
Ward 7	-		4	3	1	8.61	
Ward 8	-	-	1	2	-	8.82	
Ward 9	2	-	-	3	1	8.96	
Ward 10	3	-	2	8	-	8.66	
Ward 11	2	-	3	7	-	8.44	
Ward 12	4	1	1	4	-	-	Pressure Ulcer Category 3
Ward 14	1	-	2	1	-	9.17	
Ward 17 (post natal)	-	-	1	1	1	9.35	
Ward 19 (pre natal)	-	-	-	-	-	-	
Ward 21(paeds)	-	-	2	-	-	9.18	
Ward 22(paeds)	-	-	2	-	-	9.66	
Ward 24	-	-	-	3	-	9.09	
Ward 25	1	-	1	1	-	9.23	Patient Fall whilst Mobilising
Ward 26	-	-	-	2	-	9.06	
Ward 27	-	-	-	3	-	9.02	
Ward 28	3	-	2	11	-	8.99	
Ward 29	-	-	-	1	-	9.36	
Ward 31	2	-	-	2	-	8.78	
Ward 32	-	1	-	4	-	8.93	Pressure Ulcer Category 3
Ward 33	-	-	2	1	1	9.26	
Ward 34	1	-	-	5	-	8.95	
Ward 35	-	-	1	-	-	9.10	
Ward 36	3	-	5	4	-	8.65	
Coronary Care Unit	-	-	-	3	-	9.63	
General ICU 1	12	1	7	-	-	-	
General ICU 2	12	2	1	-	-	-	
General ICU 3	4	1	1	-	-	-	
Cardiothoracic ICU	5	-	1	-	-	-	
Cardio HDU	-	-	1	-	-	9.25	
Neuro HDU	-	-	1	-	-	9.31	
Spinal Injury HDU	-	-	-	-	-	-	
Spinal Injury Unit	-	-	1	2	-	-	
Special Care Baby Unit	-	-	2	-	-	9.71	
Paediatric Critical Care Unit	-	-	2	-	-	9.53	
Central Delivery Suite	-	-	-	-	-	-	
Friary - Victoria Ward	1	-	-	2	-	8.98	
Zetland Ward	-	-	1	6	-	-	
Tocketts Ward	1	-	1	4	-	9.05	
Rutson FHN	1	-	-	1	-	8.77	
Ainderby Ward FHN	5	-	-	4	-	6.69	
Gara Ward FHN	-	-	-	-	-	9.46	
Romanby Ward FHN	1	-		3	1	9.18	

In line with NICE guidance, a total of 118 red flags were reported during September in table four below, with shortfall of RN being the most common (79) due to COVID-19 factors including isolation requirements.

Row Labels	Day	Night	Grand Total
AMBER Beds Open	1		1
Less than 2 RNs on shift	10	17	27
Missed 'intentional rounding'	5	3	8
RED Beds Open	2		2
Shortfall in RN time	60	19	79
Vital signs not assessed or recorded	1		1
Grand Total	**79**	**39**	**118**

Table 4 Red flag reporting September 2021

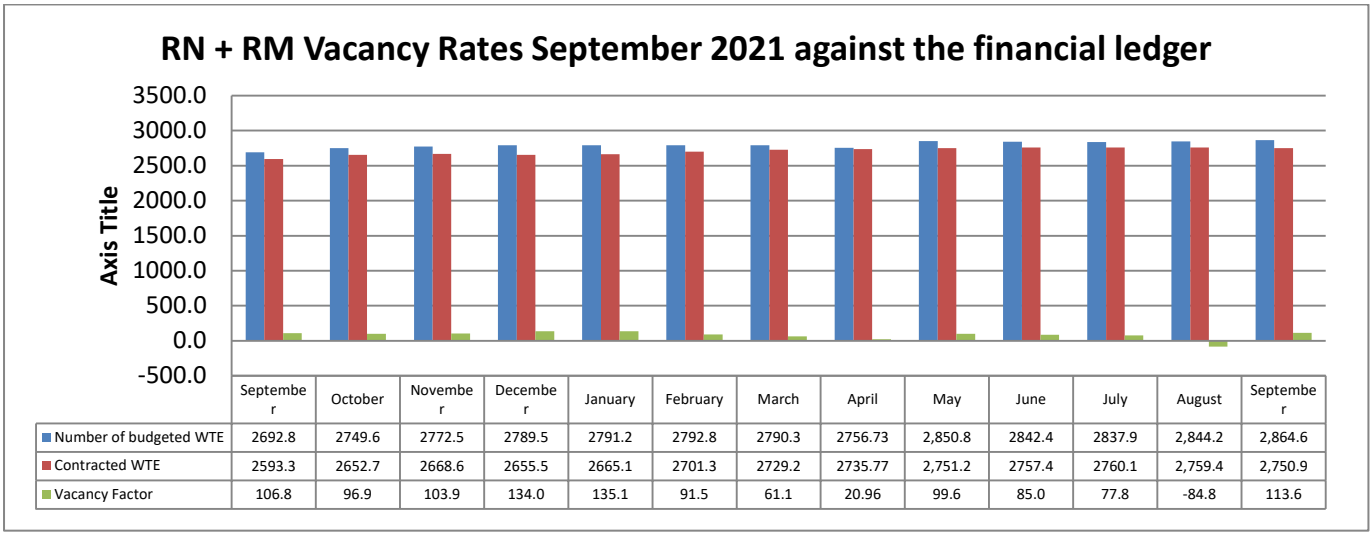
Again due to COVID-19 factors including isolation requirements, there were 90 DATIX reported relating to staffing during September, 20 of which related to Critical Care. There have been 13 reported episodes for a reduction of supernumerary co-ordinators (usually plan is for 4 coordinators) in Critical Care Services due to increased acuity of patients and in line with UKCCNA COVID surge guidance. There were 9 DATIX reporting for cardiology nursing for telemetry monitoring at Friarage (this has been added to the risk register by matron). The remaining themes included ED, Friary, Redcar, FHN and Paediatrics below planned numbers as well as general areas. Redeployment decisions were made following safe staffing discussions with Matrons and staff redeployed from other areas to support following risk assessments.

Vacancy and Turnover

From October 2019 to October 2021, the Trust has permanently recruited and welcomed addititional 218 nursing and midwifery colleagues. Recruitment continues with vacancies being filled quickly, with student nurses due to qualify in January eager to work in the trust.

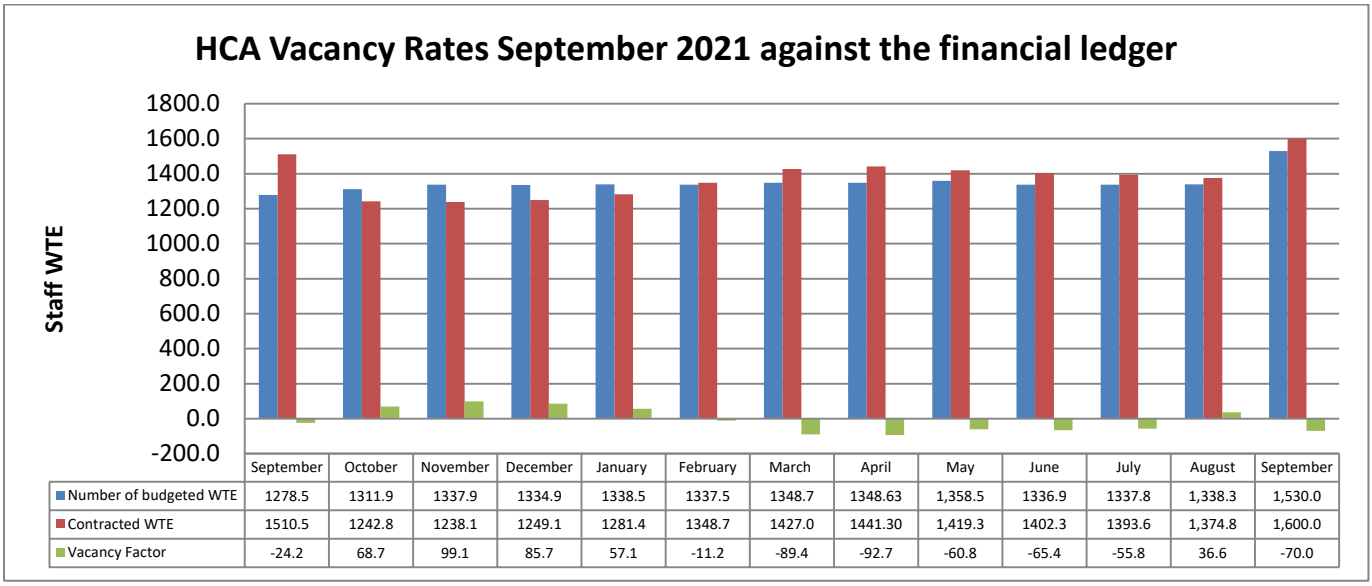
Nursing Turnover for September is currently 8.13 %

Figure 1 Registered Nursing Vacancy Rate September 2021



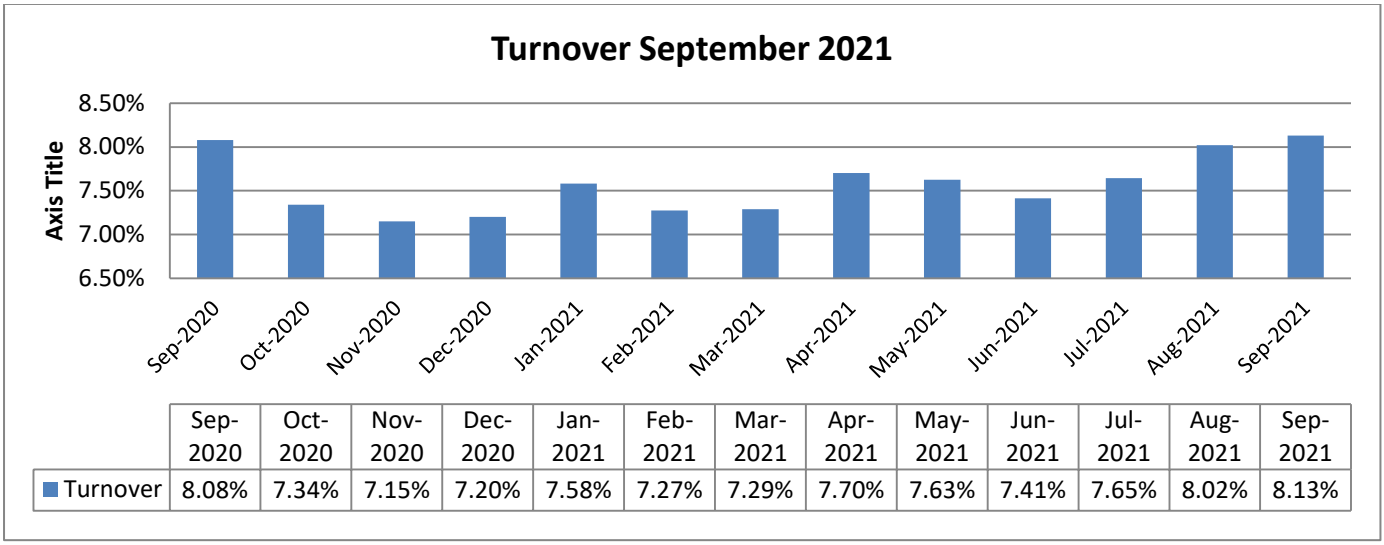
	September	October	November	December	January	February	March	April	May	June	July	August	September
Number of budgeted WTE	2692.8	2749.6	2772.5	2789.5	2791.2	2792.8	2790.3	2756.73	2,850.8	2842.4	2837.9	2,844.2	2,864.6
Contracted WTE	2593.3	2652.7	2668.6	2655.5	2665.1	2701.3	2729.2	2735.77	2,751.2	2757.4	2760.1	2,759.4	2,750.9
Vacancy Factor	106.8	96.9	103.9	134.0	135.1	91.5	61.1	20.96	99.6	85.0	77.8	-84.8	113.6

Figure 2 Health Care Assistant Vacancy Rate September 2021



	September	October	November	December	January	February	March	April	May	June	July	August	September
Number of budgeted WTE	1278.5	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
Contracted WTE	1510.5	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
Vacancy Factor	-24.2	68.7	99.1	85.7	57.1	-11.2	-89.4	-92.7	-60.8	-65.4	-55.8	36.6	-70.0

Figure 3 Nursing Turnover September 2021



	Sep-2020	Oct-2020	Nov-2020	Dec-2020	Jan-2021	Feb-2021	Mar-2021	Apr-2021	May-2021	Jun-2021	Jul-2021	Aug-2021	Sep-2021
Turnover	8.08%	7.34%	7.15%	7.20%	7.58%	7.27%	7.29%	7.70%	7.63%	7.41%	7.65%	8.02%	8.13%

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 - 2 November 2021			
Patient Experience Update (6 month) Report 2021/22			**AGENDA ITEM: 11** **ENC 8**
Report Author and Job Title:	Jen Olver, Patient Experience and Involvement Lead	**Responsible Director:**	Dr Hilary Lloyd, Chief Nurse
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	An overview of the complaints, Patient Advice and Liaison Service (PALS) and Compliments received by the Trust in Q1 & Q2 2021/22. The production of this report is a statutory requirement. (NHS Act 2009, No. 309)		
Background	The National Health Service Regulations sets out clearly how the complaints process must be managed in an NHS Trust; this report provides a detailed analysis of the management of complaints received by the Trust in 2021/22.		
Assessment	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.		
Recommendation	Members of the Board are asked to Receive the report and acknowledge the progress which has been made		
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		
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 ☒	

Patient Experience Update (6 month) Report Q1 & Q2 2021/22

1. PURPOSE OF REPORT

The purpose of this report is to provide a detailed analysis of patient feedback, including, complaints, concerns and compliments received during Q1 & Q2 2021/22.

The Board is asked to support the conclusion that the Trust has delivered the complaints process in line with The National Health Service Complaints Regulations 2004 (Updated 2009) in 2021/22.This requires NHS Trusts to ensure the complaints process has been carried out fairly and proportionately for patients and staff. This paper has been presented to the Quality Governance Committee and discussed in detail.

2. BACKGROUND

The Complaints Annual Report is a statutory requirement and provides an analysis of the management of complaints regarding patient care and treatment received by an NHS Trust as per the National Health Service Regulations 2009.

This report provides a detailed analysis of complaints received by the Trust in Q1 & Q2 2021/22. The report reviews timeframes for acknowledgments within the legislated 3 working days and complaint responses. It recognises the themes identified through complaint investigation, which informs learning and improvement to improve the patient experience of our services.

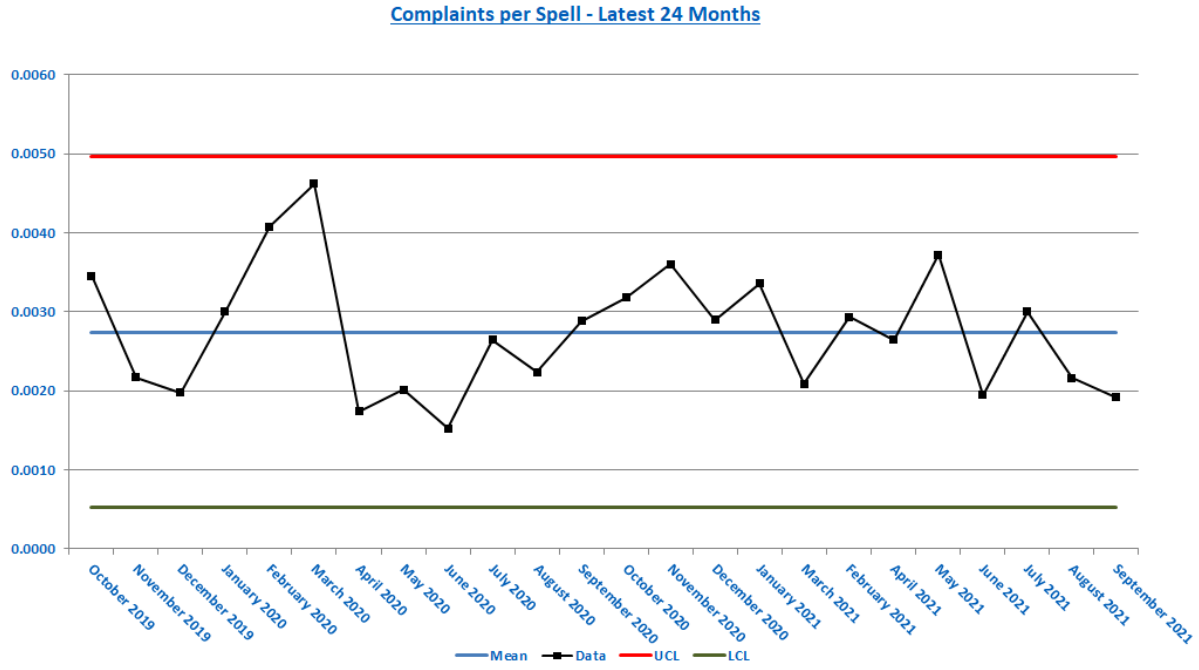
The report also includes an analysis of the informal advice, enquiries and concerns received through the Patient Advice and Liaison Service (PALS), reports final reports received from the Parliamentary and Health Service Ombudsman (PHSO) and compliments.

3. COMPLAINTS

3.1 In Q1 & Q2 2021/22 there were 175 formal complaints received by South Tees Hospital NHS Foundation Trust (STHFT) a slight decrease of 2% on the previous two quarters.

3.2 Due to the COVID-19 pandemic, national complaints data has only been released up to Q4 of 2020/21 and the trust has a rate of 13.2 in Q1 and 20.7 in Q2 complaints per 10,000 finished consultant episode, which compares favourably to the acute trust average of 38.3 per 10,000 finished consultant episodes. This is a decrease from 21.2 complaints per 10,000 finished consultant episode in 2019/20.

Figure 1 – Rate of formal complaints received into the Trust by month



3.3 Figure 1 shows that complaints have fluctuated since April 2021 and a downward trend is noted from July, an average of 29 complaints per month. However, comparison of the same time period in 2020/21 is not possible due to the effect of the COVID-19 pandemic on complaints received by the trust.

Table 1 – Formal complaints received by Collaborative

Collaborative	Q1	Q2	2021/22 YTD
Cardiovascular Care Services	2	3	5
Clinical Support Services	2	3	5
Corporate	3	2	5
Digestive Diseases, Urology and General Surgery Services	19	11	30
Growing the Friarage and Community Services	4	8	12
Head & Neck, Orthopaedic and Reconstructive Services	15	12	27
James Cook Cancer Institute and Specialty Medicine Services	6	5	11
Medicine and Emergency Care Services	29	22	51
Neurosciences and Spinal Care Services	4	5	9
Perioperative and Critical Care Medicine Services	0	1	1
Women and Children	8	11	19
TOTAL	**92**	**83**	**175**

3.4 The majority of the complaints are received by the Medicine and Emergency Care Collaborative which sees a high volume of patient throughput. A comparison from the previous quarters cannot be drawn due to the restructure of services.

3.5 The STHFT has a clear process for dealing with complaints, whereby patients, carers and relatives feel able to raise their concerns and this would not adversely affect the care.

The process is detailed on ward and departmental boards, the patient experience leaflet and can be found on the trust website.

3.6 Formal complaint acknowledgement

All formal complaints received by the trust must be acknowledged with 3 working days. This has been maintained at 100%, with the exception of May and August 2021. However contact with the complainants was maintained by email and telephone.

Table 2 – Complaints acknowledged within 3 working days 2021/22

	Complaints Acknowledged Within 3 Days					
	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021
Collaborative	%	%	%	%	%	%
Cardiovascular Care Services	-	100.0%	100.0%	100.0%	-	100.0%
Clinical Support Services	100.0%	100.0%	-	-	-	100.0%
Corporate	-	100.0%	100.0%	100.0%	100.0%	-
Digestive Diseases, Urology and General Surgery Services	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Growing the Friarage and Community Services	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Head & Neck, Orthopaedic and Reconstructive Services	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
James Cook Cancer Institute and Specialty Medicine Services	100.0%	100.0%	100.0%	100.0%	-	100.0%
Medicine and Emergency Care Services	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%
Neurosciences and Spinal Care Services	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Perioperative and Critical Care Medicine Services	100.0%	-	-	-	-	100.0%
Women and Children	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Grand Total	**100.0%**	**97.6%**	**100.0%**	**100.0%**	**95.8%**	**100.0%**

3.7 Themes from formal complaints

All written complaints are triaged on receipt and the subjects of the complaint are identified, as shown in table 3.

Table 3 – Top 5 subjects from formal complaints YTD Q1 & Q2

Subjects	21/22	20/21	19/20	18/19
Aspects of clinical care	82	169	250	239
Communication	19	42	50	31
Admission, Discharge, Transfer Arrangements	4	19	29	13
Attitude of staff	6	17	49	36
Appointments: delays and cancellations (outpatient)	5	13	44	12

Aspects of clinical care remains the most complained about subject. However, in the first two quarters there is a reduction in complaints regarding admission, discharge, transfer arrangements, the attitude of staff and appointments: delays and cancellations (outpatient) has been noted.

- Admission, Discharge, Transfer Arrangements, the trust is continuously improving its discharge pathways and processes. There has been an increased focus on the importance of discharge planning and the positive impact this has on patient safety and the patient's experience. The national discharge policy sets out the expectations of what needs to be implemented across the Tees Valley health and social care system. The internal discharge policy has been updated and will be published shortly. South Tees is committed to the development of a Home First ethos and discharge to assess approach within its 'Home First' vision. Recognising that patients who are waiting in an acute or community hospital bed once they no longer require that level of care can be potentially harmful through the risk of deconditioning and hospital acquired infection. It is known that the majority of patients do not require services or support on discharge, but for those that do, we recognise that their assessment should take place away from the acute setting, preferably within their own home.
- Attitude of staff – as part of Task & Finish Group commissioned by the PESG for communication, concerns regarding staff attitude in the administrative staff group was increasing. Therefore, customer services training rolled out for all administrative staff and complaints were shared at team meetings for reflection by staff.
- Appointments: delays and cancellations (outpatient), contributing factors to reduction in concerns received via the formal route are more are being dealt with through the informal process and the trust has communicated to patients who are awaiting a procedure to inform of timeframes and what to do should they be experiencing specific symptoms based on their condition.

3.8 Complaint closure timeframe

The Trust has a target of 80% and endeavours to close all complaints with in the agreed timeframes. The statutory requirements for closure times are 12 months from date of receipt of the complaint. The Trust aims to provide a response to a complainant within:

- Up to 25 working days (non-complex, a small number of issues)
- Up to 40 working days (complex, multi-issue, multi-centre complaints, including complaints that require external comments to be obtained).
- Up to 60 days working days if the complaint meets Serious Incident (SI) criteria.

Table 4 – Complaints closure timeframes by Collaborative 2021/22

Collaborative	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021
Cardiovascular Care Services	0.0%	60.0%	50.0%	50.0%	100.0%	100.0%
Clinical Support services	100.0%	100.0%	67.0%	100.0%	-	100.0%
Corporate	-	100.0%	-	100.0%	100.0%	100.0%
Digestive Diseases, Urology and General Surgery services	80.0%	50.0%	57.0%	67.0%	50.0%	100.0%
Growing the Friarage and Community Services	100.0%	100.0%	-	100.0%	-	100.0%
Head & Neck, Orthopaedic and Reconstructive Services	100.0%	40.0%	0.0%	80.0%	100.0%	80.0%
James Cook Cancer Institute and Speciality Medicine services	100.0%	100.0%	50.0%	50.0%	100.0%	0.0%
Medicine and Emergency Care Services	50.0%	67.0%	50.0%	75.0%	86.0%	60.0%
Neurosciences and Spinal Care Services	50.0%	50.0%	33.0%	100.0%	50.0%	50.0%
Perioperative and Critical Care Medicine Services	0.0%	0.0%	-	-	0.0%	
Women and Children	100.0%	100.0%	100.0%	0.0%	-	0.0%
Total	**68.2%**	**61.1%**	**52.4%**	**71.9%**	**76.5%**	**72.7%**

As detailed in Table 4, the response timeframe has remained challenging during 2021/22, due to the COVID-19 pandemic and staff availability..

The Patient and Carer Feedback policy also includes an escalation process for the early identification of a complaint becoming 'off target'. A weekly meeting is held to discuss the status of all complaints. All off target complaints reviewed by the Patient Experience and Quality Business Partner Team and are monitored on a monthly basis through PESG.

3.9 Closed complaints

There were 158 complaints closed in Q1 & Q 2 2021/22, a decrease in the total closed in the previous 2 quarters of which there were 162. Table 5 shows the outcomes of all closed complaints – unsubstantiated, partly substantiated or substantiated.

Table 5 - Outcome code of complaints closed by quarter - YTD

Qtr	Unsubstantiated 2020/21	Partially Substantiated 2020/21	Substantiated 2020/21	Unsubstantiated 2021/22	Partially Substantiated 2021/22	Substantiated 2021/22
1	44	41	15	29	32	10
2	24	33	5	30	47	10
3	22	50	20	-	-	-
4	25	42	17	-	-	-
Total	**115**	**166**	**57**	**59**	**79**	**20**

In 2020/21 40% were unsubstantiated, 45% partially substantiated and 14% were substantiated. Data from NHS Digital for the North East and Yorkshire region for Q4 shows 40 % were unsubstantiated, 37% partially substantiated and 24% were substantiated.

3.10 Re-opened complaints (further contact)

The STHFT encourages complainants to return if they have outstanding concerns following receipt of the written response. This is good practice to ensure that all concerns are responded to the complainant's satisfaction. Table 8 provides a breakdown by Collaborative for reopened complaints in Q1 & Q2 2021/22. The average reopened complaint is 7 per month.

Table 6 – Further contact following receipt of complaint response (re-opened)

Collaborative	Q1	Q2	Total
Cardiovascular Care Services	2	0	**2**
Clinical Support services	0	0	**0**
Corporate	1	0	**1**
Digestive Diseases, Urology and General Surgery services	5	3	**8**
Growing the Friarage and Community Services	2	3	**5**
Head & Neck, Orthopaedic and Reconstructive Services	5	3	**8**
James Cook Cancer Institute and Speciality Medicine services	2	0	**2**
Medicine and Emergency Care Services	5	4	**9**
Neurosciences and Spinal Care Services	0	2	**2**
Perioperative and Critical Care Medicine Services	0	2	**2**
Women and Children	3	2	**5**
Total	**25**	**19**	**44**

The reason for complaints to be re-opened are often multifactorial and include the original questions not answered satisfactorily, new unrelated questions, new related questions, the complainant disagrees with the response, inaccuracies in the response, meeting requested after receiving the response and the complaints process.

In future patients who have used the trust's complaints process will be sent a survey to complete. The survey will be sent at four weeks following closure of the complaint and findings from the surveys will feature in future reports.

3.11 Parliamentary and Health Service Ombudsman (PHSO)

Table 7 there has been a decrease in the number of requests for information received from the PHSO. It is important that the Trust ensure their duties as per the NHS complaints process have has been applied appropriately to ensure that all has been done to resolve the complaint locally prior to signposting to the PHSO.

Table 7 – Requests for information received from the PHSO 2018/19 – 2021/22 YTD

2018/19					2019/20					2020/21					2021/22				
Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
10	5	3	2	20	2	3	4	3	12	1	4	3	2	10	3	3			6

During Q1 & Q2 2021/22 the Trust received one final report concluding the investigations. The first complaint was originally received in the Trust in November 2019 by the Specialist and Planned Care Centre, the complaint was not upheld

4. Patient Advice and Liaison Service (PALS)

4.1 Advice/ Enquired and Concerns

There was 1709 PALS (advice/enquiry/concerns) received by the Trust in 2020/21 which is a significant decrease from 2019/20 with 2512 received. The majority of the PALS were

logged as a concern, which is then forwarded to the appropriate clinician to respond to the complainant within the agreed 10 working day timeframe, per the trust policy.

Figure 2 – Informal concerns (PALS) received in last 24 months

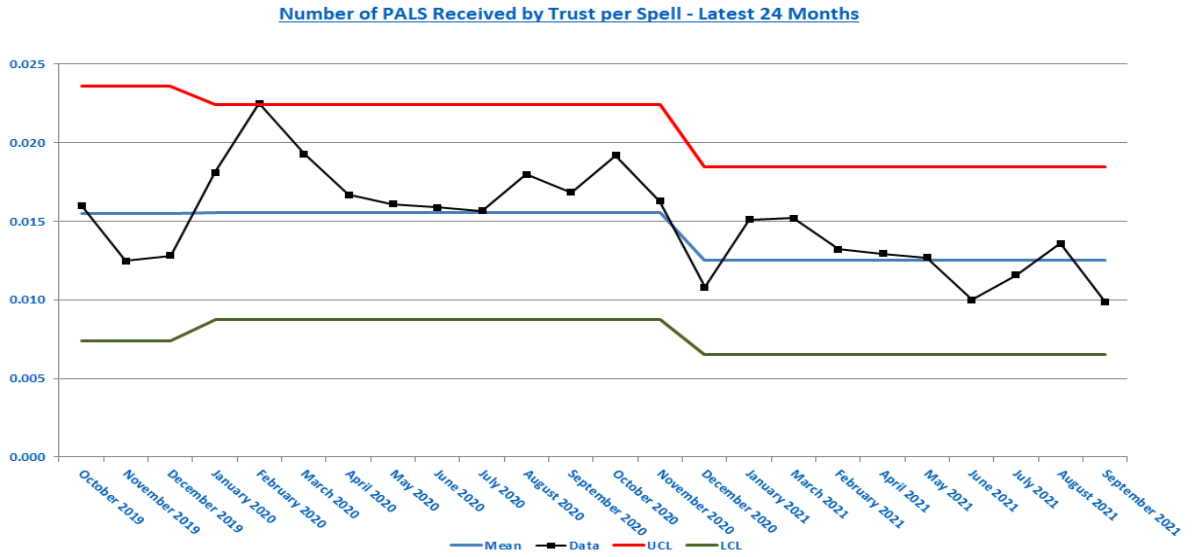


Table 8 – Total number of PALS received Q1 & Q2 2021/22

	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	2021/22 YTD
PALS (Advice)	19	24	15	20	12	27	11	13	11	4	12	8	59
PALS (Enquiry)	59	32	28	40	28	21	34	38	16	32	23	20	163
PALS (Concern)	133	112	66	76	95	83	92	93	91	107	134	98	615
South Tees Hospital NHS Foundation Trust	211	168	109	136	135	131	137	144	118	143	169	126	837

Table 9 – PALS Concerns and Enquiries received by Collaborative by Quarter

Collaborative	Q1	Q2	2021/22 YTD
Cardiovascular Care Services	12	12	24
Clinical Support Services	17	15	32
Corporate	16	35	51
Digestive Diseases, Urology and General Surgery Services	51	58	109
Growing the Friarage and Community Services	13	20	33
Head & Neck, Orthopaedic and Reconstructive Services	81	95	176
James Cook Cancer Institute and Specialty Medicine Services	14	20	34
Medicine and Emergency Care Services	48	68	116
Neurosciences and Spinal Care Services	75	60	135
Perioperative and Critical Care Medicine Services	4	7	11
Women and Children	33	24	57
TOTAL	**364**	**414**	**778**

A PALS enquiry is for patient's relatives and carers who do not want to raise a concern, however, would like a response to a question, for example, outpatient appointments.

Table 10 - PALS themes (Enquiries & Concerns) YTD Q1 & Q2 2021/22

Subjects	21/22	20/21	19/20	18/19
Communication	146	433	496	387
Aspects of clinical treatment	105	266	300	313
Appointments: delays and cancellations (outpatient)	94	246	396	232
Appointments: delays and cancellations (inpatient)	34	114	204	102
Attitude of staff	39	112	130	186

The Patient Experience Sub Group commissioned a Task & Finish Group to undertake a 'deep dive' into administrative communications in April 2020. The work of this T&F group has concluded as per the report detailed below.

Table 11 – Communication by sub-subject YTD Q1 & Q2 2021/22

Sub-subject	21/22	20/21	19/20	18/19
Information and comms (telephones not answered)	25	90	169	83
Management of future care and treatment	34	60	48	40
Advice line	13	56	37	49
Delay in providing information to external/internal source	11	45	67	55
Information given out about patient	17	40	25	25

4.2 Task & Finish Group

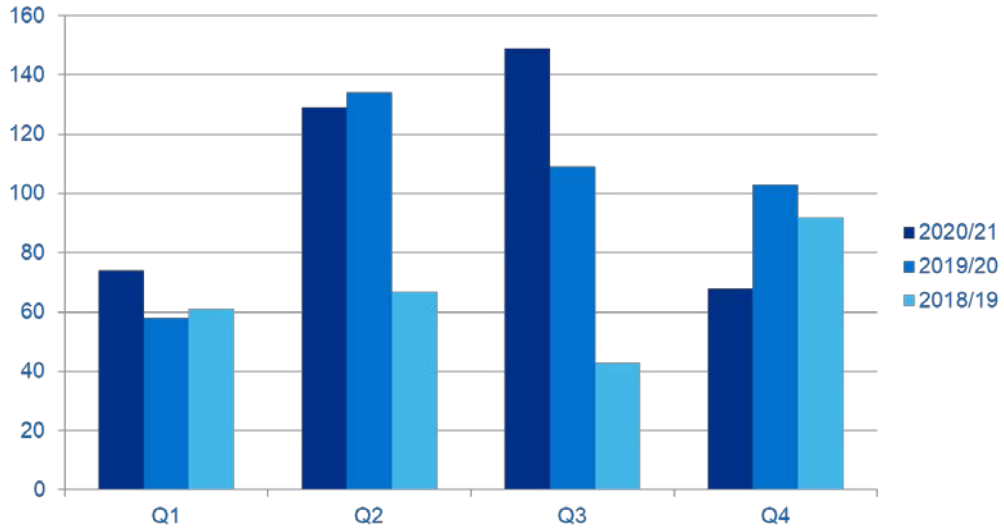
The Patient Experience Sub Group commissioned a Task & Finish Group to review the sub-subjects relating to administrative communications. The T&F group formed in February 2020 a review of the data was undertaken to ensure the work streams identified were effective. The T&F Group concluded the work in June 2021 and the closing action plan presented at PESG. Conclusion of the Communication T&F Group included:

- Feedback has improved administration services as seen in the reduction of concerns and complaints received by the trust
- Ongoing piece of work to improve written communication to be completed by September 2021
- The trust is involved in the Great North Care Record – promoting the use of the NHS app / patient engagement / appointment / correspondence via app
- Continue to monitor patient feedback in these areas

5. Compliments

All compliments received by the Trust are uploaded to Datix and shared with the Ward and Departments. It should be noted that not all compliments received by the trust are logged on Datix. Further work is required in analysis of compliments to review the themes.

Figure 3 - Compliments received by Quarter by year logged on Datix



6. Patient Surveys

There are currently twenty six patient surveys utilised in the trust, these include the inpatient, outpatient, A&E, Maternity and Community surveys. Sentiment analysis of patient feedback from surveys - patients have the opportunity to provide their comments on the all the surveys. The Patient Experience Team reviews all of the comments and adds the sentiment analysis to each comment. Some comments may receive multiple sentiments.

Figure 4 - Patient feedback sentiment analysis by month

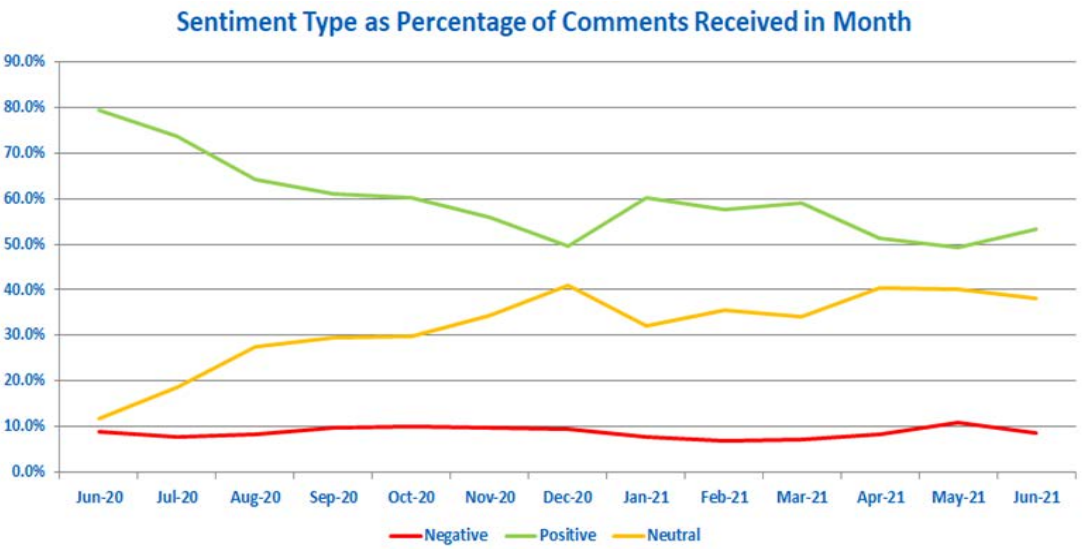


Table 12 - Sentiment analysis by number of comments and percentage, positive, neutral and negative.

Sentiment Type	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Total (Last 12 Months)
Number of Comments by Sentiment														
Negative	122	280	299	378	452	374	238	223	163	306	350	492	389	3254
Positive	1092	2641	2325	2386	2704	2184	1255	1770	1377	2552	2129	2253	2431	23064
Neutral	162	669	1002	1151	1334	1345	1038	944	848	1473	1678	1837	1744	11715
Total	1376	3590	3626	3915	4490	3903	2531	2937	2388	4331	4157	4582	4564	38033
Sentiment Type as Percentage of Total Comments														
Negative	8.9%	7.8%	8.2%	9.7%	10.1%	9.6%	9.4%	7.6%	6.8%	7.1%	8.4%	10.7%	8.5%	8.6%
Positive	79.4%	73.6%	64.1%	60.9%	60.2%	56.0%	49.6%	60.3%	57.7%	58.9%	51.2%	49.2%	53.3%	60.6%
Neutral	11.8%	18.6%	27.6%	29.4%	29.7%	34.5%	41.0%	32.1%	35.5%	34.0%	40.4%	40.1%	38.2%	30.8%

The majority of comments received from the patient surveys are positive, the wards and departments have access to their data to discuss and share at ward/departmental meetings. Any comments that are negative are expected to be actioned in the department and create a 'you said, we did', to share at ward/department level.

From 1 September 2021 the surveys were updated in line with the CQC National patent experience surveys. The number of response options has been reduced and there are fewer free text boxes, allowing for meaningful feedback.

7. National Surveys

Table 13 – National Survey Timetable 2020/21/22

2020/21	Sample month	Start Fieldwork	End Fieldwork	CQC Report Publication
Urgent and Emergency care	September 2020	01/10/2020	01/05/2021	September 2021
Adult Inpatient	November 2020	01/01/2021	01/05/2021	October 2021
Children and Young People	November/December 2020 & January 2021	01/02/2021	09/07/2021	November 2021
Maternity	February 2021	01/04/2021	10/08/2021	January 2022

The Urgent and Emergency Care Patient Experience survey was published by the Care Quality Commission (CQC) in September 2021. The survey looks at the experiences of adults that have used the Emergency Department or Urgent Treatment Centre in NHS hospital during September 2020.

The survey is Type 1 and Type 3 services. Type 1 services include A&E departments, and may also be known as casualty or emergency departments. Type 3 services include urgent care centres, urgent centres and minor injury units. The survey only includes services that are directly managed by an acute NHS trust.

For the Type 1 survey - the STHFT had 950 participants with a response rate of 30%. The trust was in the top 20% of Trusts for 12 questions (figure 10) and the middle 60% of Trusts for 17 questions.

For the Type 3 survey – the STHFT had 411 participants with a response rate of 40%. The trust was in the top 20% of Trusts for 11 questions (figure 12) and the middle 60% of Trusts for 14 questions.

An action plan has been developed and is being monitored on a monthly basis by the PESG. Further analysis of the trusts patient experience feedback will be undertaken to identify if the actions implemented have shown an improvement.

8. External Partners Updates

Healthwatch South Tees and Redcar & Cleveland

The survey ran from 1 June 2020 to 31 August 2020. The results of the survey were published in October 2020 and shared with the Patient Experience Sub Group. Following on from the Healthwatch South Tees and Redcar & Cleveland report regarding people's experience of lockdown during the COVID-19 pandemic a further survey was carried out.

The GPs, Ongoing Treatments and Wellbeing survey was launched in October 2020 to further explore GP access, the impact of ongoing treatments and cancelled or postponed appointments and mental health and access to support services. Responses to the surveys were received from 395 people and also a series of focus groups with the deaf community

Recommendations in relation to STHFT

- Uphold the key principles of the Accessible Information Standard and make reasonable adjustments to ensure improved accessibility for all of our local communities;
- Ensure continuous and effective communication between services and patients throughout their care journey – check up on their condition, provide updates on expected timelines of service delivery;
- Increase awareness of alternative, low-level support among professionals and the public; for those to access when on the waiting list for professional help, but also for those who previously accessed community activities for general wellbeing.

9. Summary

The trust's formal complaints have significantly decreased in 2020/21 this is due to the COVID-19 pandemic as the evidence in the data identifies that contact was reduced during the first, second and third waves of the pandemic.

The 3 day acknowledgement of formal complaints continue to aim meet the 100% target.

- There have been challenges in meeting the agreed response timeframes for complaints. The monthly complaint meetings to discuss complaints status will continue to ensure the trust meets the 80% target.
- The themes seen in formal complaints remain the same of 2020/21 about the aspects of clinical care received and a Task & Finish Group will be commenced to

carry out a ‘deep dive’ into this subject to identify work that needs to be undertaken to identify improvements.

- The activity in PALS has decreased on the previous year but the demand for the service has not reduced. The majority of the concerns relate to poor communication and waiting times for appointments. However many of the concerns are being resolved by the Patient Experience Team at the point of contact.
- Work continues with external partners, such as, Healthwatch, Age Concern, Carers Together and North East NHS Independent Complaints Advocacy (ICA) to ensure feedback received by them is heard by the trust and acted upon.

10. Key priorities for Q3 & Q4 2021/22

- Introduce the Parliamentary and Health Service Ombudsman (PHSO) new Complaints Standards Framework as an early adopter.
- Encourage local resolution of concerns in wards and departments.
- Continue to monitor and escalate ‘off target’ complaint responses.
- Quality checking process for closed complaints.
- Continue to monitor themes from complaints to inform learning and improvement.
- Analysis of the trust’s patient experience feedback in line with National patient experience surveys.
- Analysis of compliments and reviewing the themes.
- Analysis of Meridian feedback and monitoring of the action driver.
- Continue to promote the use of patient surveys to negate the requirement to raise a concern and display feedback from surveys, ‘You said, we did’.
- Develop and provide a training package on Patient Experience, including complaint handling, surveys and using patient feedback to inform improvements.
- Recruitment to the vacancies within the Patient Experience Team.
- The ability to offer face to face contact for patients, carers and relatives Monday to Friday – 09:00-16:00 hours once the restrictions for the COVID-19 pandemic allow.

11. RECOMMENDATIONS

The Board is asked to;

- Receive the report and acknowledge the progress which has been made.
- Note the work achieved in Q1 & Q2 2021/22
- Approve the approach for future developments in Q3 & Q4 2021/22.

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 2 November 2021			
Month 6 2021/22 Financial Performance			**Agenda Item 12, ENC 9**
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 6.		
Background	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.		
Assessment	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.		
Recommendation	Members of the Trust Board are asked to note the financial position for Month 6.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal Risk 6 - Inability to agree financial plan with the regulator Principal Risk 7 - Failure to deliver the Trust's financial 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 6 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 6.

2. BACKGROUND

Following the suspension of the NHS Planning Process for the first half of 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 6 month period.

The Trust is required to deliver an overall deficit position of £3.0m for the 6 month period, 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, and the resulting variance has been normalised by adjusting budgets for both the additional income received and expenditure incurred.

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

The Month 6 YTD actual performance is a £3.0m 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 6 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	Adjustments £'000	Revised YTD Variance £'000
Nhs Clinical Income	343,045	352,264	**9,219**	(8,943)	**276**
Other Income	24,752	25,612	**860**	(497)	**363**
Pay	(212,980)	(222,153)	**(9,173)**	7,995	**(1,178)**
Non Pay	(138,395)	(140,152)	**(1,757)**	913	**(844)**
Depreciation & Amt	(9,477)	(9,330)	**147**	498	**645**
Finance Income	40	0	**(40)**	0	**(40)**
Finance Expense	(7,395)	(7,384)	**11**	(0)	**11**
Profit / (Loss) on sale	0	111	**111**	35	**146**
Public Dividend Capital	(2,611)	(1,850)	**761**	0	**761**
Corporation Tax	(02)	(01)	**01**	(01)	**01**
Donated Asset Inc / Depr	(350)	(1,288)	**(938)**	(01)	**(938)**
Impairments	0	0	**0**	0	**0**
Surplus / (Deficit) for period	**(3,373)**	**(4,171)**	**(798)**	**(0)**	**(798)**
Reconciliation to system Control Total					
Less: Profit on Sale		(111)	**(111)**		**(111)**
Donated Asset Inc/Depreciation	350	1,288	**938**		**938**
Impairments		0	**0**		**0**
System Control Total	**(3,023)**	**(2,994)**	**29**	**(0)**	**29**

Overall the Trust is on plan for Month 6 of 2021/22.

- Adjustments are shown to normalise the NHSE/I submitted plan to the Trust's working budget. Adjustments relate to high cost drugs and devices, net neutral budget realignments along with additional income and costs in relation to the Elective Recovery Fund.
- Within the year to date position the Trust has recognised income and cost in relation to the Elective Recovery Fund of £7.1m.
- The Other Income over achievement of £0.4m is being driven by increased maternity pathway income, along with increased RTA and Private Patients income.
- The £1.2m overspend on pay has been driven by the recognition of the year to date element of the Flowers legal case and increased spend on substantive staffing.
- Non pay is overspent by £0.8m for Month 6 with this overspend driven by additional drugs and ICT systems spend, offset by lower depreciation charges.

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	189,693
84H	NHS County Durham CCG	7,119
00P	NHS Sunderland CCG	306
01H	NHS North Cumbria CCG	327
13X	NHS England - North East and Yorkshire Commissioning Hub	101,114
13Q	NHS England - Central (CDF, HepC & C&V Variance)	3,870
Y63	NHS England - North East and Yorkshire Commissioning Region	3,651
Y58	South West Regional Office (MoD)	868
42D	NHS North Yorkshire CCG	44,449
03Q	NHS Vale of York CCG	734
CBF	Cross Boarder Flows	61
	Prior Year Adjustments	71
	Total Income Month 6	**352,264**

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	298,984	298,984	**0**
Top Up	14,928	14,928	**0**
Covid-19	13,506	13,506	**0**
Lost non NHS Income	1,260	1,260	**0**
CDF	3,342	2,711	**(631)**
HEPC	384	285	**(99)**
High Cost Devices	6,799	6,799	**0**
Cost and volume drugs	0	873	**873**
ERF	7,057	7,057	**0**
Pay award fudning	5,728	5,728	**0**
Prior year & cross boarder	0	133	**133**
YTD 6	**351,988**	**352,264**	**276**

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

At Month 6 the Trust has recognised income in relation to the Elective Recovery Fund of £7.1m, with a corresponding expenditure value within pay and non-pay.

Other Income

Other income is £0.4m ahead of plan at Month 6.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Education & Training Income	10,079	10,086	**07**
Estates Income	1,102	1,144	**42**
Misc. Other Income	6,766	6,725	**(41)**
Non Patient Care Income	1,317	1,631	**314**
Other Clinical Income	1,487	1,583	**95**
Psf, Mret & Top Up	2,047	2,071	**24**
Research & Development Income	2,451	2,373	**(78)**
Total	**25,249**	**25,612**	**363**

- Estates income is slightly ahead of plan being driven by higher car parking income.
- 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 £1.2m, as outlined in the below table.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Ahp'S, Sci., Ther. & Tech.	(31,982)	(32,193)	**(211)**
Hca'S & Support Staff	(23,071)	(24,517)	**(1,446)**
Medical And Dental	(65,831)	(66,511)	**(680)**
Nhs Infrastructure Support	(30,925)	(31,043)	**(117)**
Nursing & Midwife Staff	(68,381)	(67,074)	**1,307**
Other Pay Costs	(784)	(816)	**(32)**
Total	**(220,975)**	**(222,153)**	**(1,178)**

- Within month 6 the 3% pay award to AfC and senior medical staff has been paid, backdated to April 2021, this has amounted to a total cost of £5.5m. In line with national guidance this cost has been neutralised for month 6 reporting, with a corresponding value accrued within clinical income.

- Within the YTD pay position a budget for additional COVID costs of £5.9m 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 £0.1m 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 £0.7m. Additional costs relate to increases in premium pay for IPA claims and internal locum shifts, along with increases in headcount for junior doctors.
- Cost has been recognised in relation to the year to date element of the Flowers legal case of £0.4m, split to the relevant pay category. In month the Trust in line with others nationally paid backdated payments in relation to this case to employees covering the financial years 2019/20 and 2020/21. The cost of this payment was accounted for in 2020/21.

Total year to date agency spend is £4.1m. 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 £0.8m at Month 6. 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
Clinical Negligence Cost	(9,120)	(9,120)	**(0)**
Clinical Supplies And Services	(49,836)	(47,028)	**2,816**
Drugs	(35,874)	(38,186)	**(2,312)**
Establishment	(3,429)	(4,475)	**(1,046)**
Ext. Staffing & Consultancy	(166)	(180)	**(14)**
General Supplies & Service	(1,525)	(1,374)	**151**
Healthcare Service Purchase	(6,428)	(6,528)	**(100)**
Miscellaneous Services	(1,289)	(1,311)	**(23)**
Pfi Unitary Payment	(15,242)	(15,187)	**54**
Premises & Fixed Plant	(12,445)	(12,996)	**(552)**
Research, Education & Training	(1,849)	(1,724)	**124**
Transport	(2,099)	(2,041)	**57**
Total	**(139,300)**	**(140,152)**	**(844)**

- Clinical supplies and services are showing a year to date underspend of £2.8m with this being driven by reduced activity levels within clinical directorates.
- Drugs have a YTD overspend of £2.3m. 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.
- Along with the additional cost recognised within pay expenditure, additional cost has been accrued within PFI spend to cover the 3% award for Serco staff in line with the national pay award, a budget has been provided for this as has been the case with pay spend.
- The £0.6m overspend on premises has been driven by increased minor new works and estates costs linked in part to covid building alterations.

Non-Operating Costs

Non-operating costs are underspent year to date, largely relating to PDC dividends and reflecting the Trusts current strong liquidity position during the H1 COVID funding arrangements.

CIP

For the first 6 months of the year the Trust has a £5.0m 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	2,470	3,669	**1,200**
Procurement	740	324	**(416)**
Pharmacy	485	0	**(485)**
Clinical Services	275	0	**(275)**
Estates	450	559	**109**
ICT	81	0	**(81)**
Workforce	500	526	**26**
Total	**5,000**	**5,078**	**78**

Further CIP in relation to Pharmacy and Procurement are being verified and will be defunded from budgets and a saving recognised as part of month 7 reporting.

Capital

The Trust's capital expenditure at the end of September amounted to £9.2m as detailed below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PFI Lifecycle	4,690	4,693	03	9,380	9,380	0
Site Reconfiguration	7,400	3,068	(4,332)	20,129	20,129	0
Replacement of Medical Equipment	1,184	608	(576)	3,767	3,767	0
Network and IT Replacement	2,550	801	(1,749)	3,750	3,750	0
Total	**15,824**	**9,170**	**(6,654)**	**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	15,824	9,170	(6,654)	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	**15,824**	**9,170**	**(6,654)**	**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 £6.7m 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 £3.3m, 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 30 September amounted to £49.4m.

It is anticipated The Trust's cash position will be maintained in October, 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%; and
- September 95.5%.

To 30 September the Trust has paid 46,847 invoices (total value £230.4m) with 44,757 invoices (total value £214.7m) paid within the 30 day target.

Statement of Financial Position (SOFP)

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

	31 August £000	30 September £000	Movement between months £000
Property, Plant and Equipment	244,122	242,593	(1,529)
Long Term Receivables	1,666	1,666	0
Total Non-Current Assets	245,788	244,259	(1,529)
Currents Assets			
Inventories	13,948	13,626	(322)
Trade and other receivables (invoices outstanding)	4,944	5,487	543
Trade and other receivables (accruals)	18,588	23,037	4,449
Prepayments including PFI	13,050	20,393	7,343
Cash	64,457	49,394	(15,063)
Total Current Assets	114,987	111,937	(3,050)
Current and Non-Current Liabilities			
Borrowings	(91,481)	(91,168)	313
Trade and other payables	(93,690)	(89,715)	3,975
Provisions	(2,386)	(2,386)	0
Total Current and Non-Current Liabilities	(187,557)	(183,269)	4,288
Net Assets	**173,218**	**172,927**	**(291)**
Equity:			
Income and Expenditure Reserve	(234,523)	(234,814)	(291)
Revaluation Reserve	33,643	33,643	0
Public Dividend Capital	347,622	347,622	0
Other Reserves	26,476	26,476	0
Total Equity	**173,218**	**172,927**	**(291)**

The major points of note on changes between August and September are:

- Property, Plant and Equipment – movement in month of £1.5m arising from depreciation, offset by spend on PFI lifecycle and emergency replacements.
- Trade and other receivables – £4.4m increase mainly relates to an increase in VAT Control following the second quarterly PFI payment in September.
- Prepayments – increase relating to advanced monthly charges following the quarterly contractual PFI payment in September.
- Trade and other payables - £4.0m reduction due to utilisation of funding provided for ERF and the Flowers case.
- Income and Expenditure Reserve – movement relates to the deficit on the revenue position delivered in September.

At 30 September total debt amounted to £5.6m consisting of aged debt up to 30 days overdue £0.5m, 31 to 60 days overdue £0.6m, 61 to 90 days overdue £0.6m and debt 91 days plus amounting to £2.6m. Aged debt is monitored by East Lancashire Financial Services in conjunction with the Trust's finance team.

South Tees Hospitals
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MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 2 November 2021			
Integrated Performance Report			**AGENDA ITEM:13, ENC 10**
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 September's IPR: • Senior Leadership Team have reviewed content and format. A new format is to be implemented combining key metrics, best practice in data presentation with concise narrative to give insight and assurance, with Non-Executive Director engagement. • E-Discharge removed due to poor data quality and metric not contractually monitored at this time. **Our key messages for September are:** 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%.	
Recommendation	The Board of Directors are asked to receive the Integrated Performance Report for September 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

September 2021

Changes to IPR

South Tees Hospitals
NHS Foundation Trust

The following changes have been implemented in September 2021 IPR:

- Senior Leadership Team have reviewed content and format. A new format is to be implemented combining key metrics, best practice in data presentation with concise narrative to give insight and assurance, with Non Executive Director engagement.
- E-Discharge removed due to poor data quality and metric not contractually monitored at this time.

Key Messages

South Tees Hospitals
NHS Foundation Trust

The impact of COVID-19 continued but stabilised through 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. There have been pressures on theatre and critical care capacity (from COVID-related workforce absence and high demand) resulting in 58 rescheduled **non-urgent procedures**.

Sickness absence rates were 5.66% in September. COVID related absence and mental wellbeing is a theme, particularly in staff groups who have been at the forefront of the COVID-19 response; support and interventions remain in place and continue to be reviewed. Positively **appraisal rates** improved to 72.42%..

Summary

South Tees Hospitals NHS Foundation Trust

	Indicator	Latest Month	Target/ Benchmark	Month Reported	Trend	Assurance
SAFE	All Falls Rate	4.93	6.6	09/2021		?
	Falls With Harm Rate	0.07	TBD	09/2021		?
	Infection Control - C-Difficile (YTD)	54	73	09/2021	N/A	N/A
	Infection Control - MRSA (YTD)	1	0	09/2021	N/A	N/A
	All DATIX Incidents	2115	2070	09/2021	H	?
	Serious Incidents	12	0	09/2021		?
	Never Events (YTD)	0	0	09/2021	N/A	N/A
	Category 2 Pressure Ulcers	5.56	TBD	09/2021	H	?
	Category 3 & 4 Pressure Ulcers	0.76	TBD	09/2021		?
	SHMI	111.81	100	05/2021		?
	Hospital Standard Mortality Rate (HSMR)	86.42	100	06/2021		?
	Palliative Care Coding	0.00	0	06/2021		?
	Comorbidity Coding	3.63	0	06/2021		?
	VTE Assessment	80.30%	TBD	09/2021	L	F
	Maternity - Caesarean Section Rate (%)	33.67%	TBD	09/2021	H	?
	Maternity - Induction of Labour Rate (%)	46.88%	TBD	09/2021	H	?
	Maternity - Still Births (YTD)	16	TBD	09/2021	N/A	N/A
	Maternity - PPH 1500ml Rate (%)	4.0%	TBD	09/2021		?

	Indicator	Latest Month	Target/ Benchmark	Month Reported	Trend	Assurance
EFFECTIVE	Sepsis - Targeted oxygen delivered within 1 hour	94.40%	95%	08/2021		?
	Sepsis - Blood cultures taken within 1 hour	75.00%	95%	08/2021		?
	Sepsis - Empiric IV antibiotics administered	87.50%	95%	08/2021	H	?
	Sepsis - Serum lactate taken within 1 hour	76.40%	95%	08/2021		F
	Sepsis - IV fluid resuscitation initiated	87.50%	95%	08/2021	H	F
	Sepsis - Urine measurement started	75.00%	95%	08/2021		F
CARING	F&F A&E Overall Experience Rate (%)	79.68%	85%	09/2021	L	?
	F&F Inpatient Overall Experience Rate (%)	96.64%	96%	09/2021		?
	F&F Outpatient Overall Experience Rate (%)	97.18%	95%	09/2021		?
	F&F Maternity Overall Experience Rate (%)	90.70%	97%	09/2021	L	?
	Complaints Closed Within Target (%)	76.50%	80%	08/2021		?
	All New Complaints	23	TBD	09/2021		?

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	A&E 4 Hour Wait Standard (%)	75.94%	95%	09/2021		
	Ambulance Handovers - over 30 mins	149	TBD	09/2021		
	Ambulance Handovers - over 60 mins	144	TBD	09/2021		
	RTT Incomplete Pathways (%)	64.39%	92%	08/2021		
	Diagnostic 6 Weeks Standard (%)	76.26%	99%	08/2021		
	Cancer Treatment - 14 Day Standard (%)	89.21%	93%	08/2021		
	Cancer Treatment - 31 Day Standard (%)	94.36%	96%	08/2021		
	Cancer Treatment - 62 Day Standard (%)	80.60%	85%	08/2021		
	Cancer Treatment - 62 Day Screening (%)	90.00%	90%	08/2021		
	Non-Urgent Ops 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	Year-To-Date Budget Variance (£'millions)	-2.994m	-3.023m	09/2021	N/A	N/A
	Annual Appraisal (%)	72.42%	80%	09/2021		
	Mandatory Training (%)	84.17%	90%	09/2021		
	Sickness Absence (%)	5.66%	4%	09/2021		
	Staff Turnover (%)	12.06%	10%	09/2021		

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	15,268	15,806	15,315	16,547	14,328	15,799	16,679	15,511	13,614	15,901	14,845	12,644	93,063
	2021	15,405	15,792	17,697	16,141	15,039	16,690	0	0	0	0	0	0	96,764
	Var	137	-14	2,382	-406	711	891	0	0	0	0	0	0	3,701
	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*	*106,726*
Outpatient Follow-up	Plan	41,017	42,743	40,250	44,050	39,046	41,180	44,839	41,926	36,893	44,513	39,462	34,651	248,286
	2021	44,288	43,100	47,757	44,054	42,240	46,336	0	0	0	0	0	0	267,775
	Var	3,271	357	7,507	4	3,194	5,156	0	0	0	0	0	0	19,489
	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*	*292,347*
Outpatient Total	**Plan**	**56,286**	**58,550**	**55,566**	**60,597**	**53,375**	**56,980**	**61,518**	**57,438**	**50,507**	**60,415**	**54,308**	**47,295**	**341,354**
	2021	**59,693**	**58,892**	**65,454**	**60,195**	**57,279**	**63,026**	**0**	**0**	**0**	**0**	**0**	**0**	**364,539**
	Var	**3,407**	**342**	**9,888**	**-402**	**3,904**	**6,046**	**0**	**0**	**0**	**0**	**0**	**0**	**23,185**
	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***	***399,073***
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	99,975
	2021	17,754	16,519	17,718	15,851	14,804	15,776	0	0	0	0	0	0	98,422
	Var	1,006	-642	1,610	-1,717	-915	-895	0	0	0	0	0	0	-1,553
	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*	*9,202*
Outpatient FtF	Plan	39,537	41,389	39,458	43,028	37,655	40,308	43,713	40,794	36,055	42,831	38,547	33,373	241,375
	2021	41,939	42,373	47,736	44,344	42,475	47,250	0	0	0	0	0	0	266,117
	Var	2,402	984	8,278	1,316	4,820	6,942	0	0	0	0	0	0	24,742
	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*	*389,871*

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	4,733	5,208	5,067	5,736	5,298	5,288	5,931	5,533	5,116	5,934	5,169	4,440	31,330
	2021	4,793	4,964	5,542	5,329	5,331	5,706	0	0	0	0	0	0	31,665
	Var	60	-244	475	-407	33	418	0	0	0	0	0	0	335
	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*	*34,963*
IP Elective Overnight	Plan	678	852	989	1,026	1,071	1,035	1,120	1,159	918	944	995	833	5,651
	2021	636	867	906	904	910	960	0	0	0	0	0	0	5,183
	Var	-42	15	-83	-122	-161	-75	0	0	0	0	0	0	-468
	2019	*1,037*	*1,076*	*1,147*	*1,143*	*1,120*	*1,077*	*1,167*	*1,193*	*945*	*970*	*1,020*	*852*	*6,600*
IP Elective Total	**Plan**	**5,411**	**6,060**	**6,056**	**6,762**	**6,369**	**6,323**	**7,051**	**6,692**	**6,034**	**6,878**	**6,164**	**5,273**	**36,981**
	2021	**5,429**	**5,831**	**6,448**	**6,233**	**6,241**	**6,666**	**0**	**0**	**0**	**0**	**0**	**0**	**36,848**
	Var	**18**	**-229**	**392**	**-529**	**-128**	**343**	**0**	**0**	**0**	**0**	**0**	**0**	**-133**
	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***	***41,563***

Summary

- Outpatient activity was above plan in September and remains ahead of plan overall.
- Inpatient elective activity was above plan, though the year to date position remains below plan

Cause of Variation

- Covid-19 pressure further reduced during September but was still significant with 2 general wards and 1 critical care ward still dedicated
- Continuing deployment of Anaesthetic resource to Critical Care – impacting on the number of GA theatre sessions.
- Theatres 5 & 6 re-opened but staff shortages meant they could not be fully utilised.

Planned Actions

- Expectation that Covid-19 activity will remain at current levels for some time.
- Continuing improvement in pre-assessment provision to ensure patients be assessed in a timely manner
- Implementation of the 6-4-2 theatre booking process .
- Strategic Recovery Group meetings continuing with rolling review of all services and more frequent review of challenged services

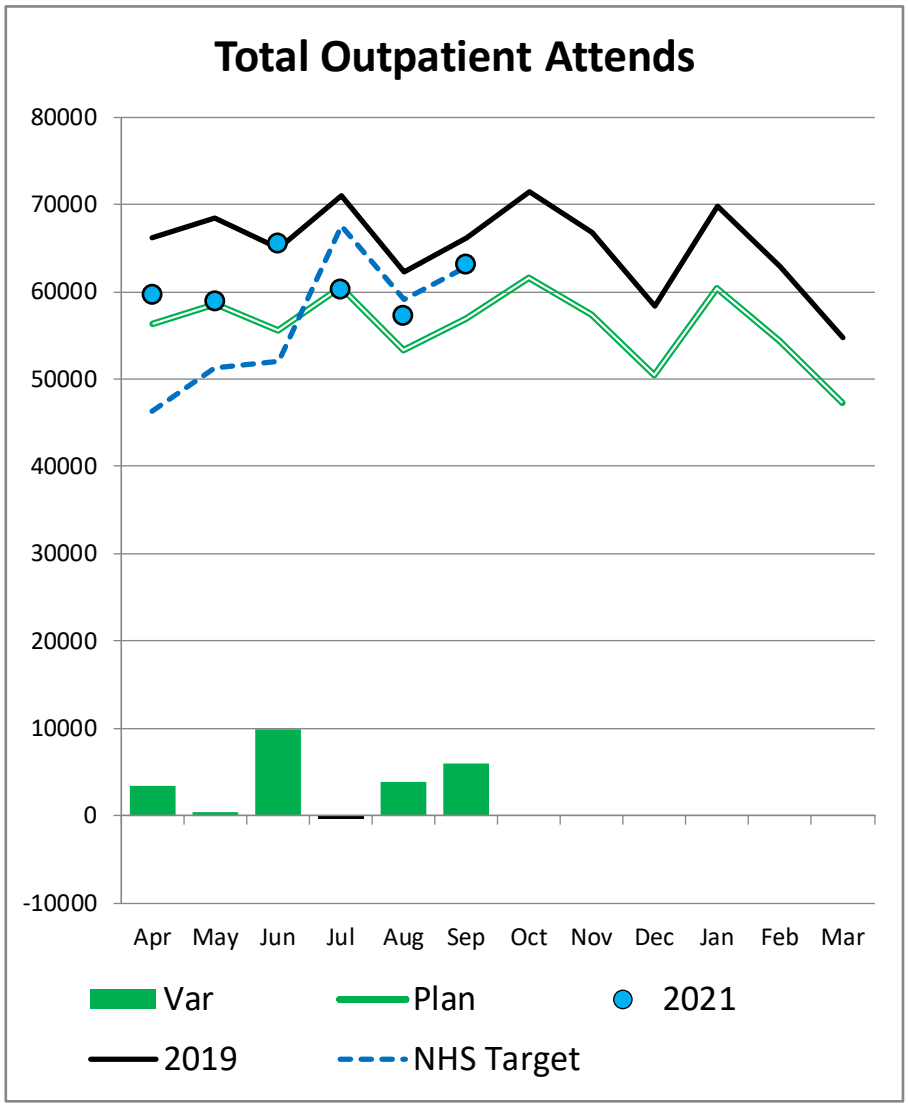
Timescale

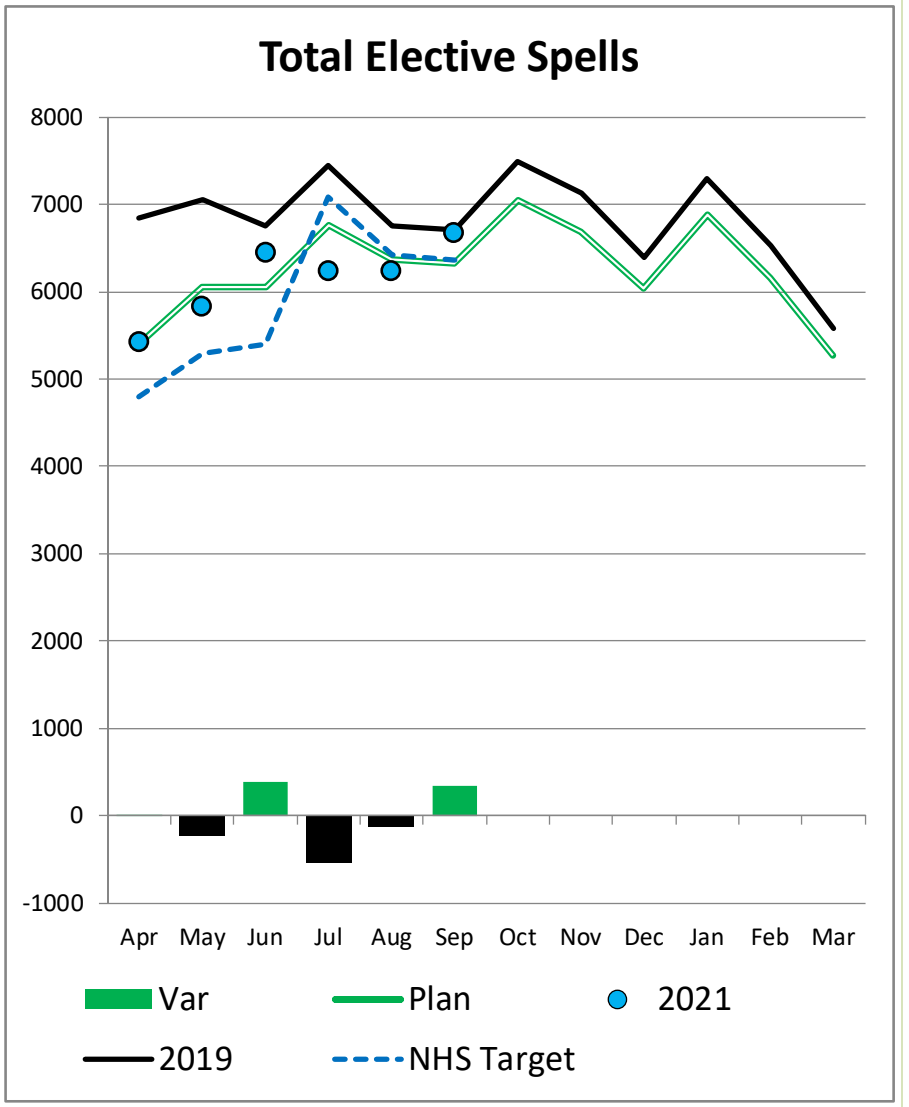
- Ongoing weekly review and challenge at Strategic Recovery Group.

Responsive

South Tees Hospitals NHS Foundation Trust

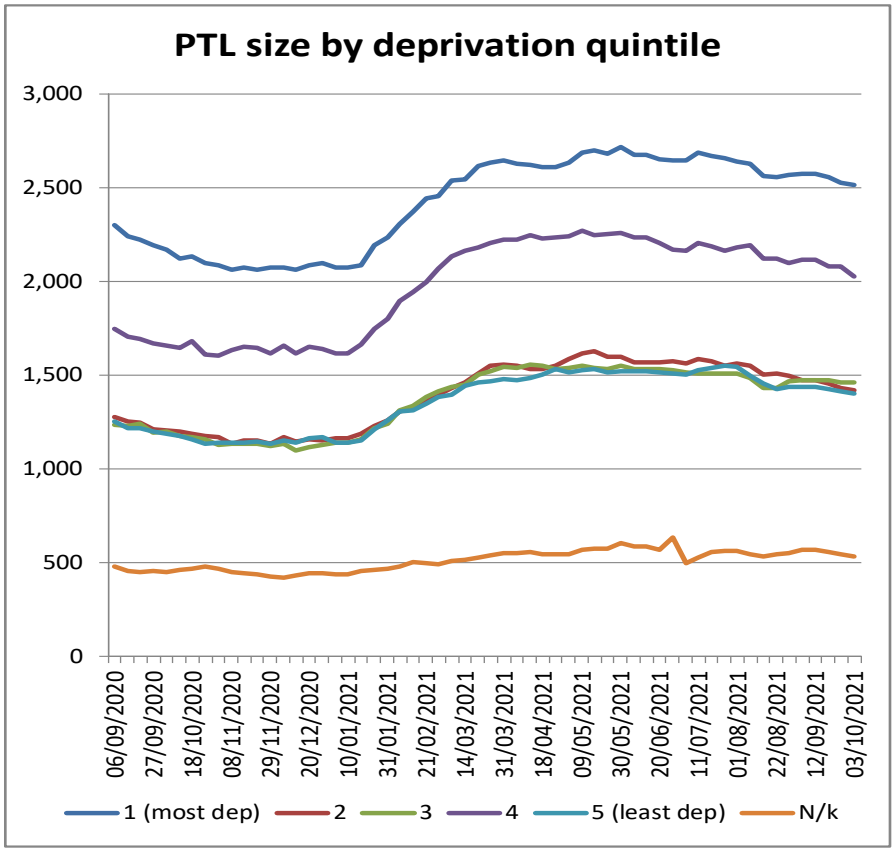
SUMMARY MONTHLY ACTIVITY AGAINST PLAN



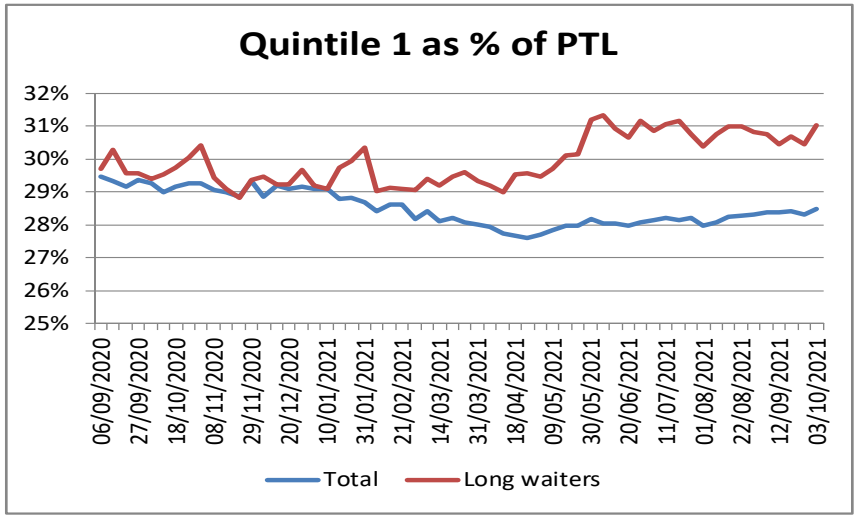


South Tees Hospitals
NHS Foundation Trust

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



03/10/2021	Total		Long waiters		Ratio
1 (most dep)	2,512	28%	840	31%	1.09
2	1,421	16%	452	17%	1.04
3	1,459	17%	430	16%	0.96
4	2,027	23%	571	21%	0.92
5 (least dep)	1,402	16%	415	15%	0.96
N/k	533		160		

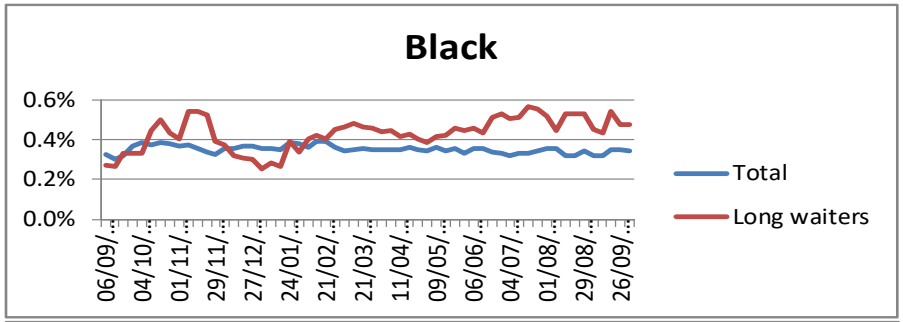


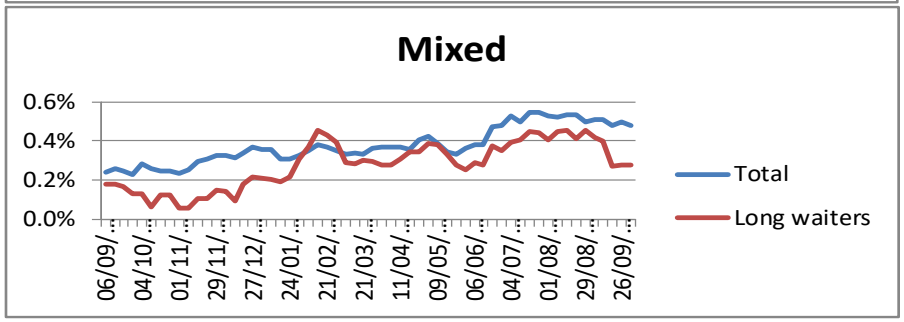
The separation of the overall position and the long waiter position for the most deprived quintile has continued. This is being analysed in more detail to understand what may be driving this differential, in order to inform what actions could be taken to address it. This is in the context of lower uptake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

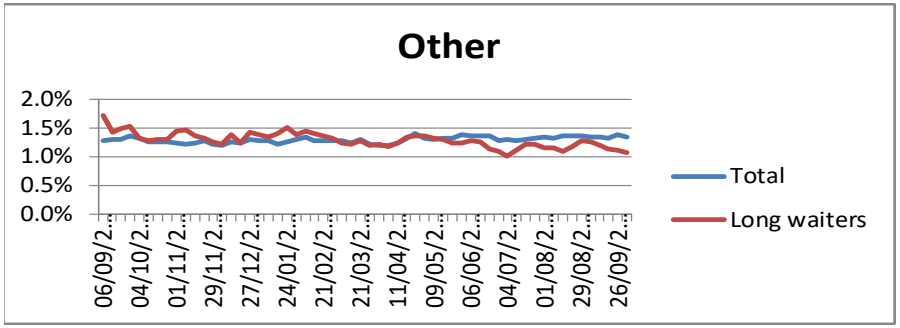
IMD – Index of multiple deprivation

South Tees Hospitals
NHS Foundation Trust

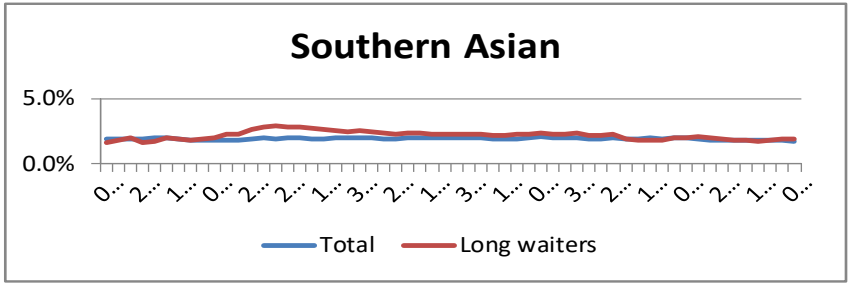
INPATIENT PTL: INEQUALITIES - ETHNICITY

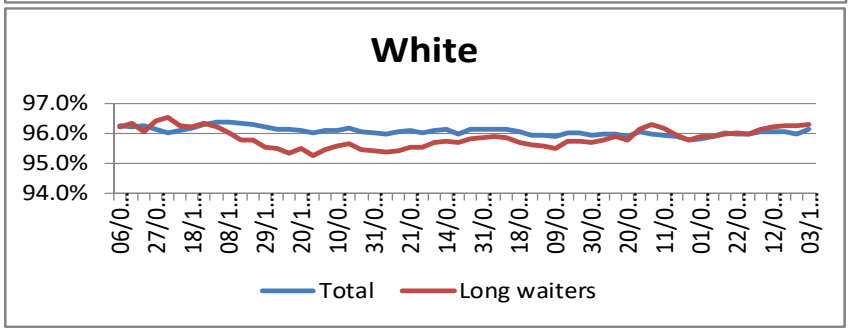






03/10/2021	Total		Long waiters		Ratio
Black	28	0.3%	12	0.5%	1.39
Mixed	39	0.5%	7	0.3%	0.58
Southern Asian	140	1.7%	47	1.9%	1.09
White	7,821	96.1%	2,421	96.3%	1.00
Other	109	1.3%	27	1.1%	0.80
N/k	1,217		354		



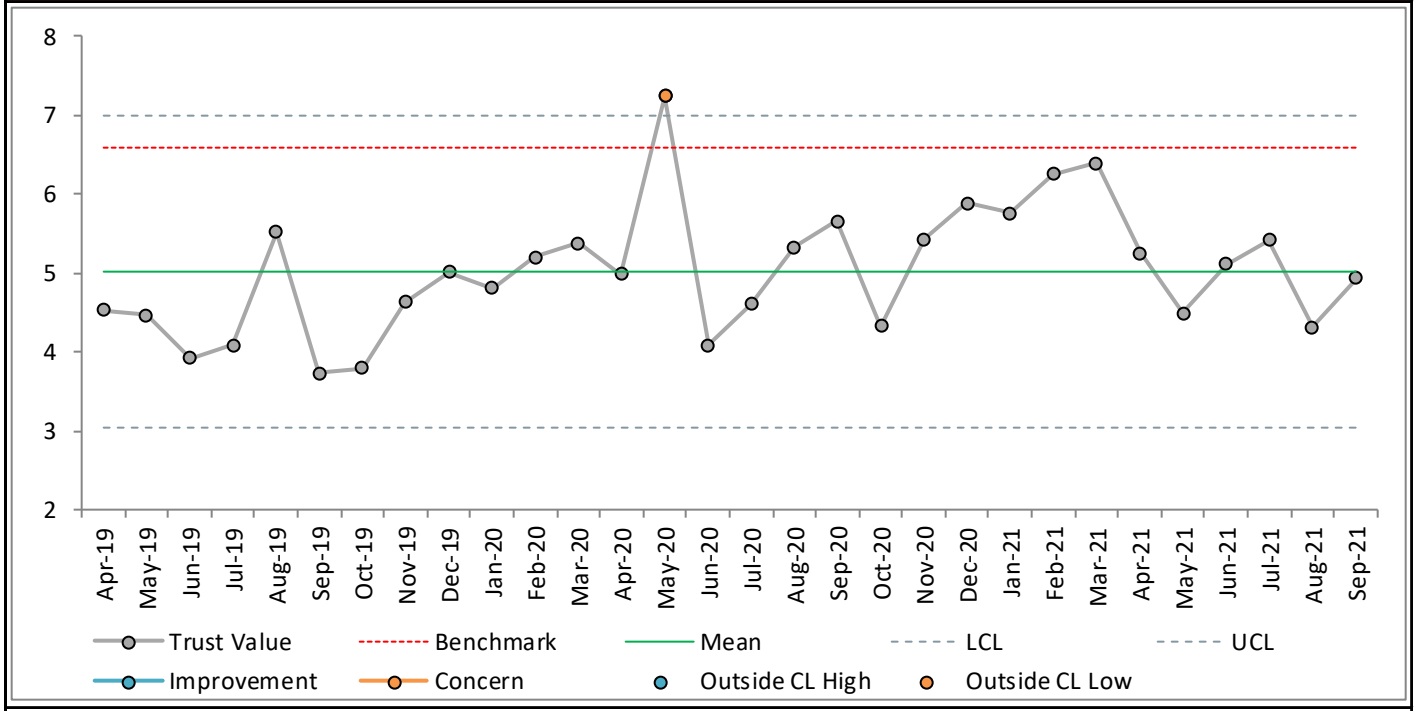


The proportion of the long waiters on the PTL that are non-white is greater than for the waiting list as a whole. Whilst numbers are small, this will be investigated at specialty level.

Safe

South Tees Hospitals NHS Foundation Trust

All Falls Rate



The Trust falls rate per 1000 bed days

Benchmark	6.6
Mean	5.02
Last Month	4.93

Executive Lead

Hilary Lloyd

Lead

Ruth Mhlanga

Commentary

The Trust had a rate of 5 falls per 1000 bed days per month. This metric is below the set internal benchmark which means we have less falls than our set internal standard. This rate is lower than most of our peers but need to monitor in areas with high rates of falls.

Cause of Variation

- This metric is within normal variation although this increased slightly in the month of September..

Planned Actions

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

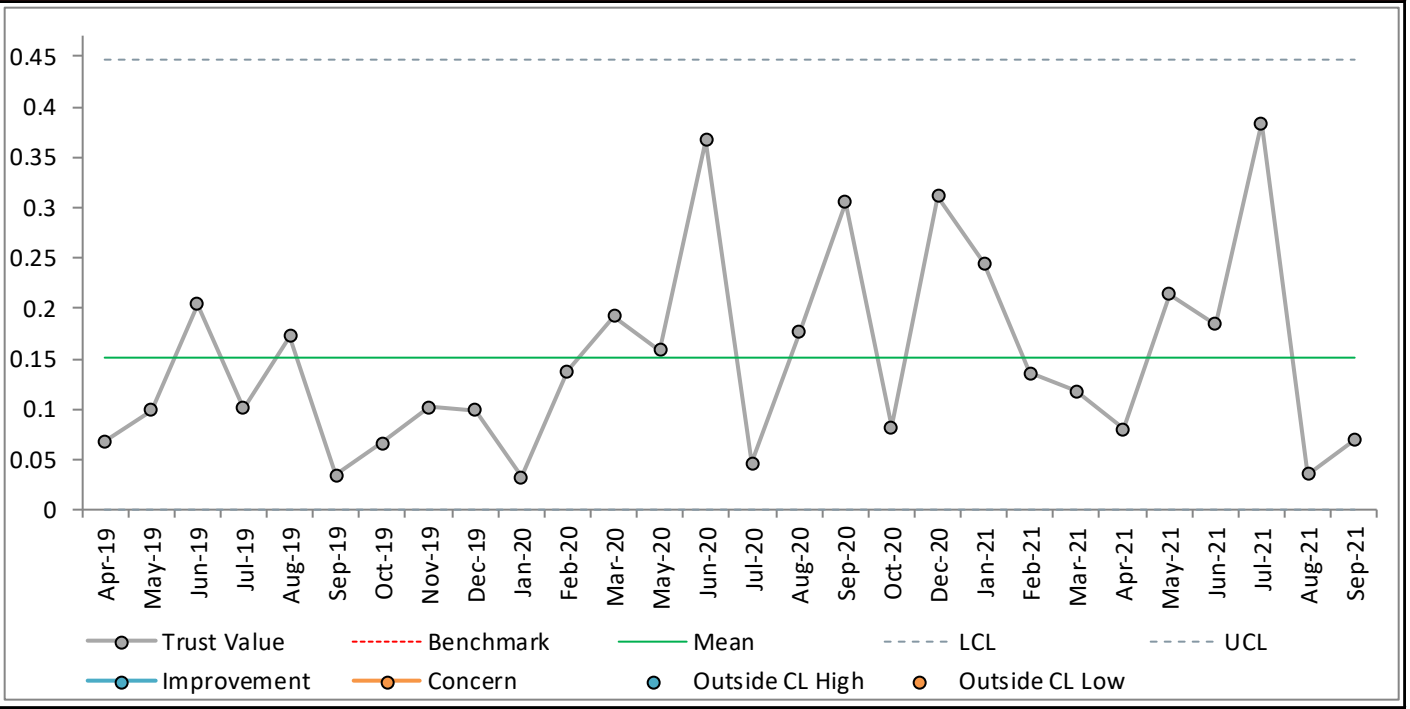
Timescale

- December 2021.

Safe

South Tees Hospitals NHS Foundation Trust

Falls With Harm Rate



Rate of falls with harm per 1000 bed days

Benchmark	TBD
Mean	0.15
Last Month	0.07

Executive Lead

Hilary Lloyd

Lead

Ruth Mhlanga

Commentary

The rate of harm is 0.1 per 1000 bed days and the rate remains within the expected range.

Cause of Variation

- The rate of harm is within the expected range although has risen in the last month.
- The trust is not an outlier for falls with harm

Planned actions

- Ongoing communication around themes that have been identified as contributing to falls.
- Shared learning from within wards, collaboratives and organisation.
- Refreshing Falls leaflet.
- Joint regular reviews of falls with harm with safeguarding team to facilitate shared learning.
- Overseen by Patient Safety Steering Group reporting in to QAC.

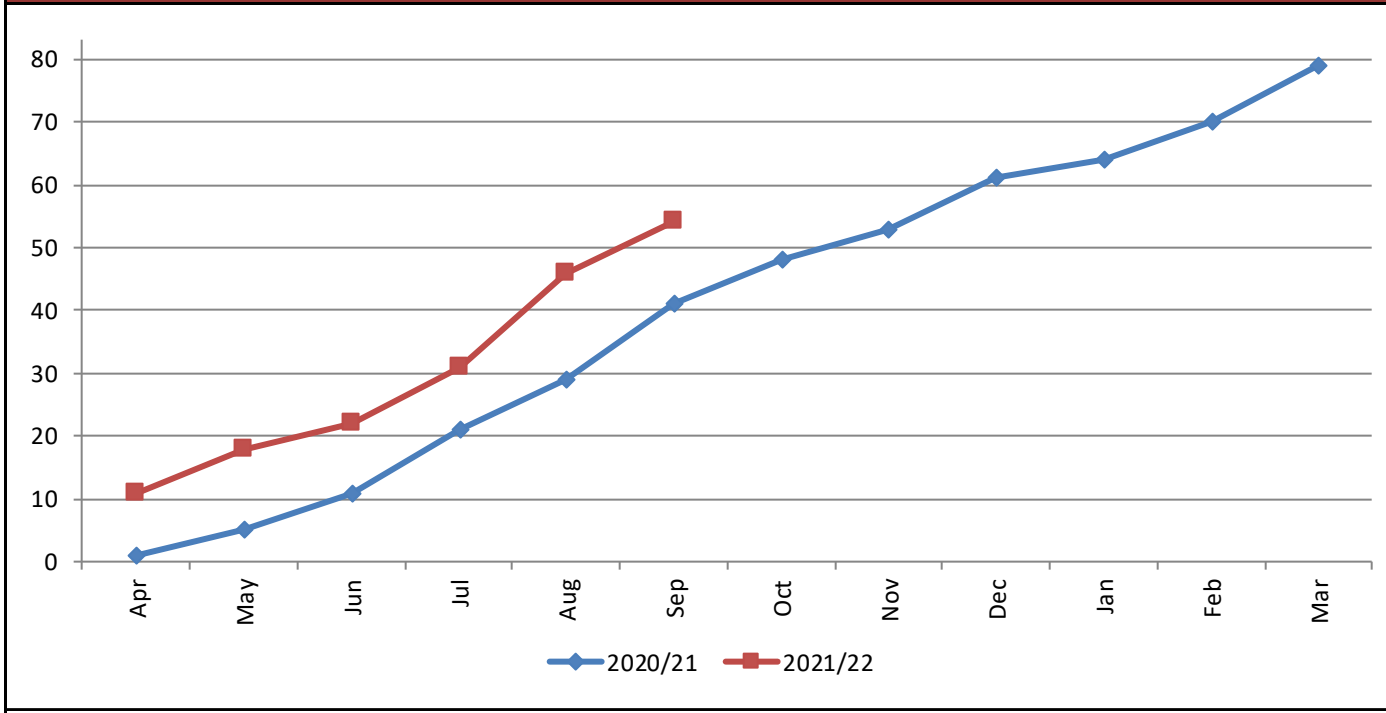
Timescale

- November 2021

Safe

South Tees Hospitals NHS Foundation Trust

Infection Control - C-Difficile (YTD)



Cases of hospital acquired C. Difficile bacteraemia (excluding Community)

Outturn	82
Mean	N/A
YTD	68

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 15 cases of CDI in September 2021, 2 of which were classed as COHA and 11 HOHA, totalling 13 cases as Trust Apportioned – total TA up to end of September = 68.

Plan

- All areas with increased prevalence of CDI or cluster of cases would result in ribotyping
- New CDI Process continues with attendance at a panel, full support of CCG involved.
- CDI recovery plan developed, and monitoring/reporting continues
- Implemented weekly CDI escalation group meeting (mandatory attendance) – includes heatmap, areas of focus and intensive support programme for areas of concern.
- 6-week intense programme, has become a rolling programme of implementation for clinical areas
- New CDI 'Post Infection Review' underway to strengthen ownership and collaboration of CDI across the Organisation

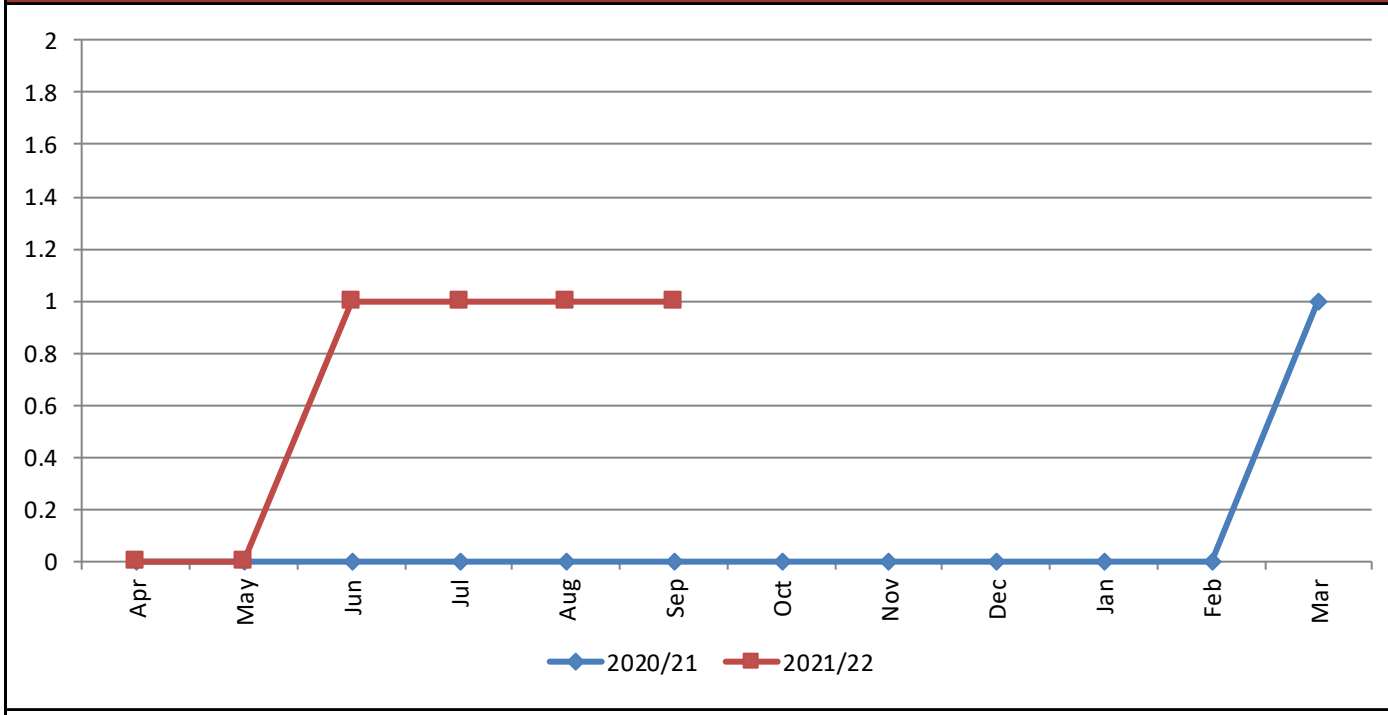
Timescale

- March 2022

Safe

South Tees Hospitals NHS Foundation Trust

Infection Control - 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 September 2021. In the first 6 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

- Aseptic non touch technique training and audit programs continue
- Line care group developed with IPC, Procurement and OPAT.
- Line care and infection prevention included in annual plan 2021/22.
- Review of current MRSA/MSSA RCA/Lessons learned process
- Development of patient pathway for line care in early discussions, discussion at IPC Strategy group in November 2021.
- Request to join a Nurse Antimicrobial Stewardship group working across NE & Cumbria, dates to shared November.

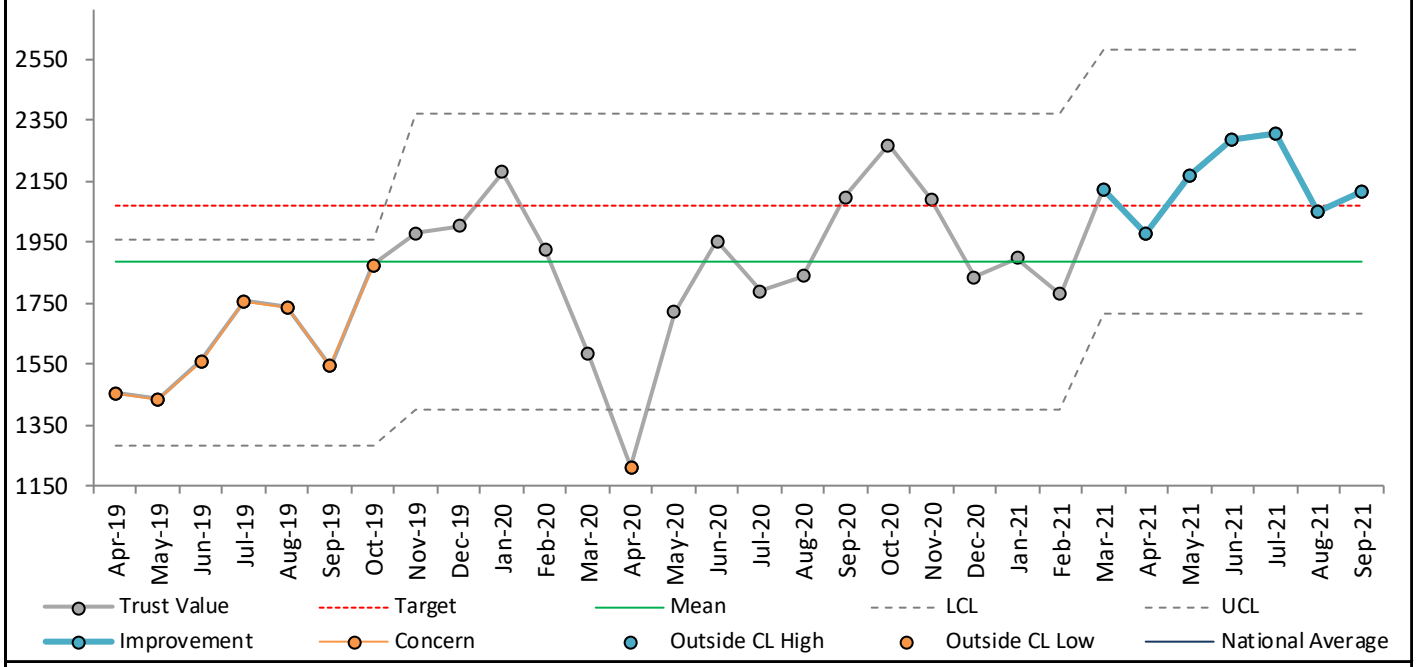
Timescale

- Ongoing.

Safe

South Tees Hospitals NHS Foundation Trust

All DATIX Incidents



All incidents recorded on DATIX

Target	2070
Mean	1883.67
Last Month	2115.00

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 remains within normal variation and has shown a sustained improvement over the last 7 months. Following a slight fall below target in August, this has risen above it again in September 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.
- Implementing Patient Safety Work Plan.
- Trust wide work on Just culture.

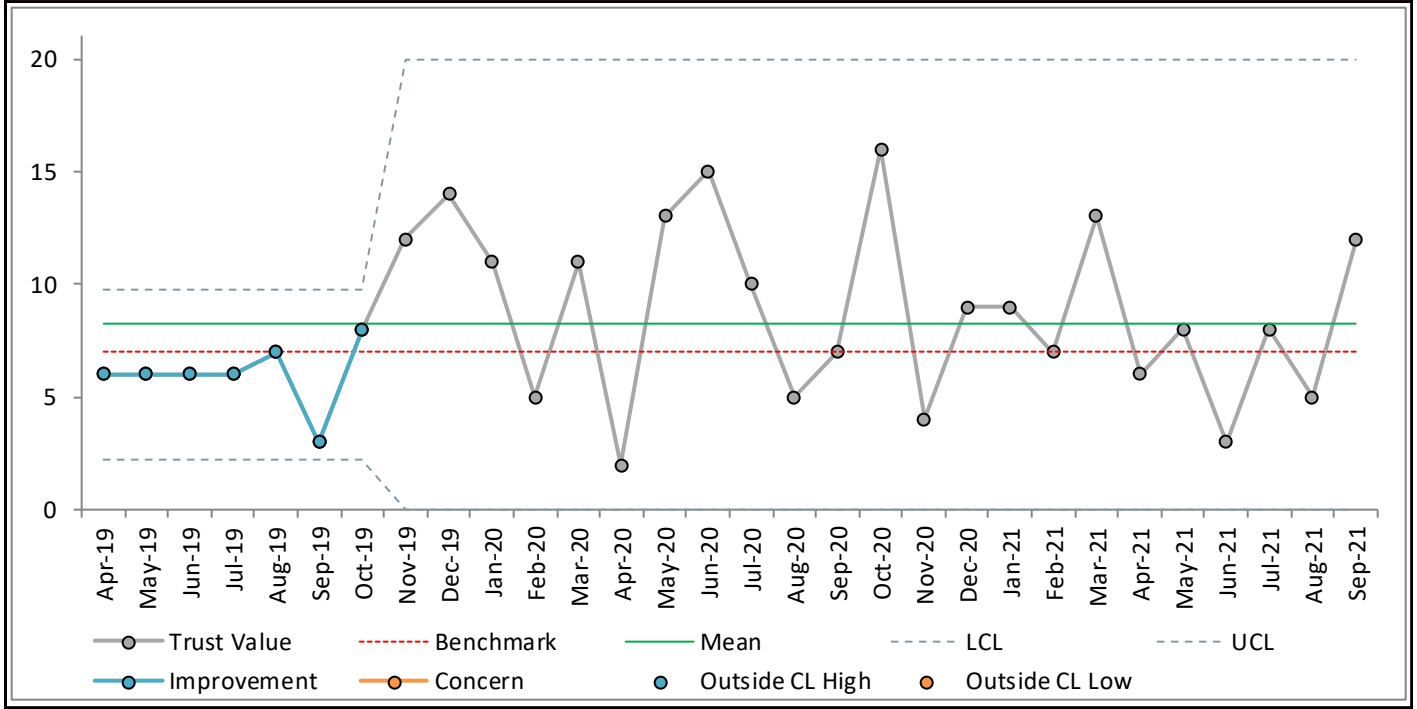
Timescale

- This is a three-year plan which commenced in April 2019 and will run to March 2022.

Safe

South Tees Hospitals NHS Foundation Trust

Serious Incidents



The number of Serious Incidents

Benchmark	7
Mean	8.23
Last Month	12.00

Executive Lead

Hilary Lloyd

Lead

Kay Davies

Commentary

In September 2021, 75% of SIs were reported in the month that they occurred.

Cause of Variation

- This metric is within normal variation from November 2019.

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 Assistant Director of Patient Safety to meet with senior collaborative colleagues and escalate historic overdue actions accordingly.
- Await the revision and publication of the new Patient Safety Incident Response Framework.
- Training needs analysis to be carried out.
- Establish a learning culture with support from the Leadership and Safety Academy.

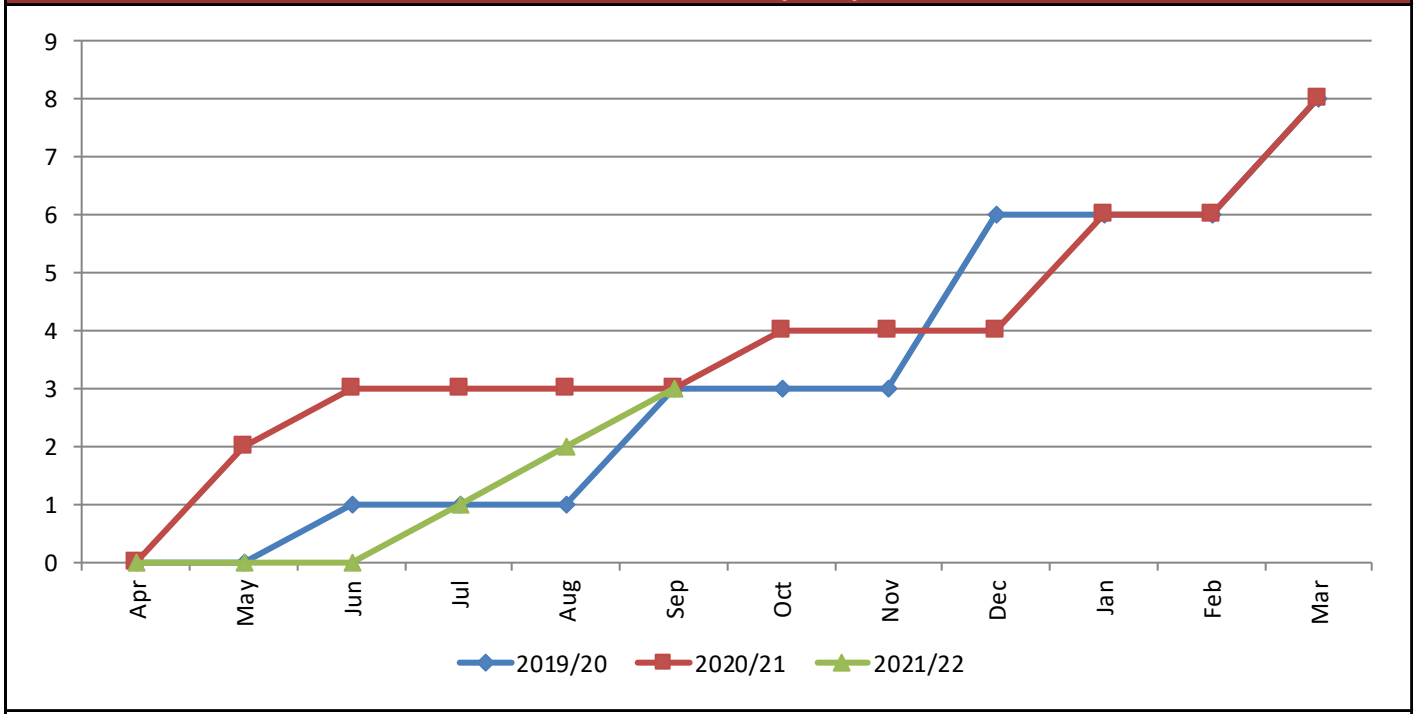
Timescale

- Ongoing

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.

Cause of Variation

- This indicator is not in control chart format because 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.
- Audit carried out to review the design and operating effectiveness of key controls in place.
- Establish a learning culture supported by the Leadership and Safety Academy.
- Critical friend review by NHSE/I is been completed and a gap analysis completed.
- Trust wide safety day planned and held in October 2021
- Share learning via newly established adverse events review group, collaborative , directorate and team meetings, huddles and quality and safety briefings,

Timescale

- Eliminating Never Events remains a quality priority for 2021/22.

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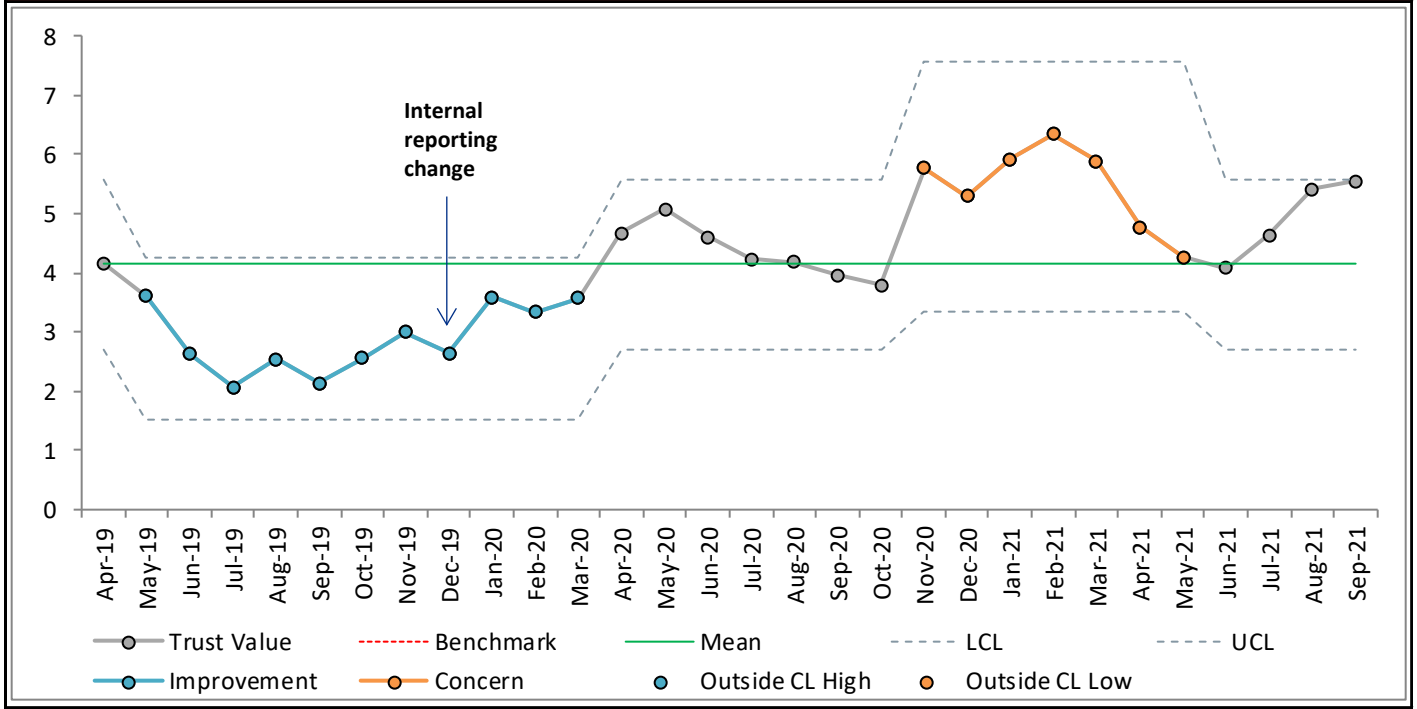
Category 2 Pressure Ulcers



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

Benchmark	TBD
Mean	4.15
Last Month	5.56

Executive Lead

Hilary Lloyd

Lead

Louise Fleming

Commentary

There were a total of 160 category 2 pressure ulcers reported, 70 in the community setting and 90 in the acute setting.

Cause of Variation

- The majority of the increase in Q4 20/21 was observed in the critical care areas and was Covid related.
- Slight increase in September 2021 on wards 4,6,9 and 10

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.

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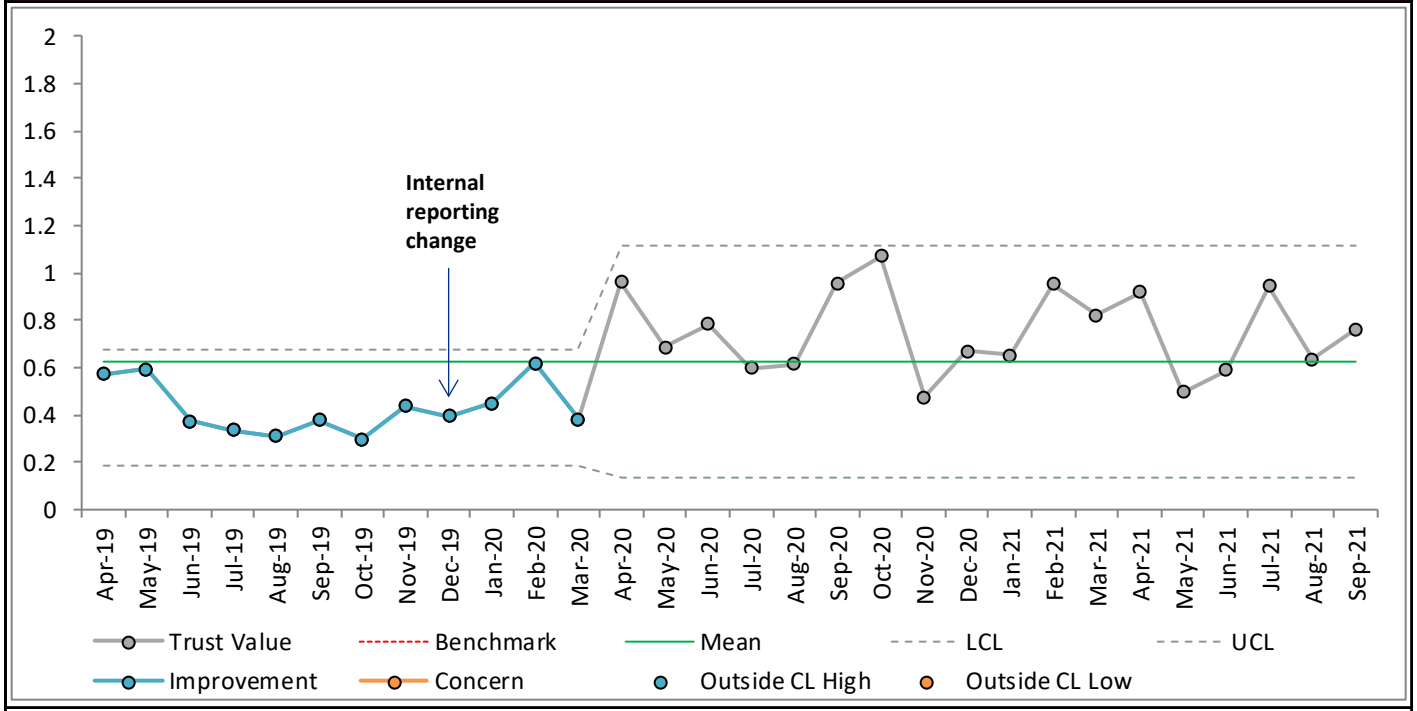
Category 3 & 4 Pressure Ulcers



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

Benchmark	TBD
Mean	0.63
Last Month	0.76

Executive Lead

Hilary Lloyd

Lead

Louise Fleming

Commentary

6 category 3 & 4s were observed in the acute setting, 16 category 3&4s within community.

Cause of Variation

- The rate is within normal variation from February 2020, with the exception of October 2020.

Planned Actions

- Ongoing Intensive support for critical care with Action Plan.
- 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.

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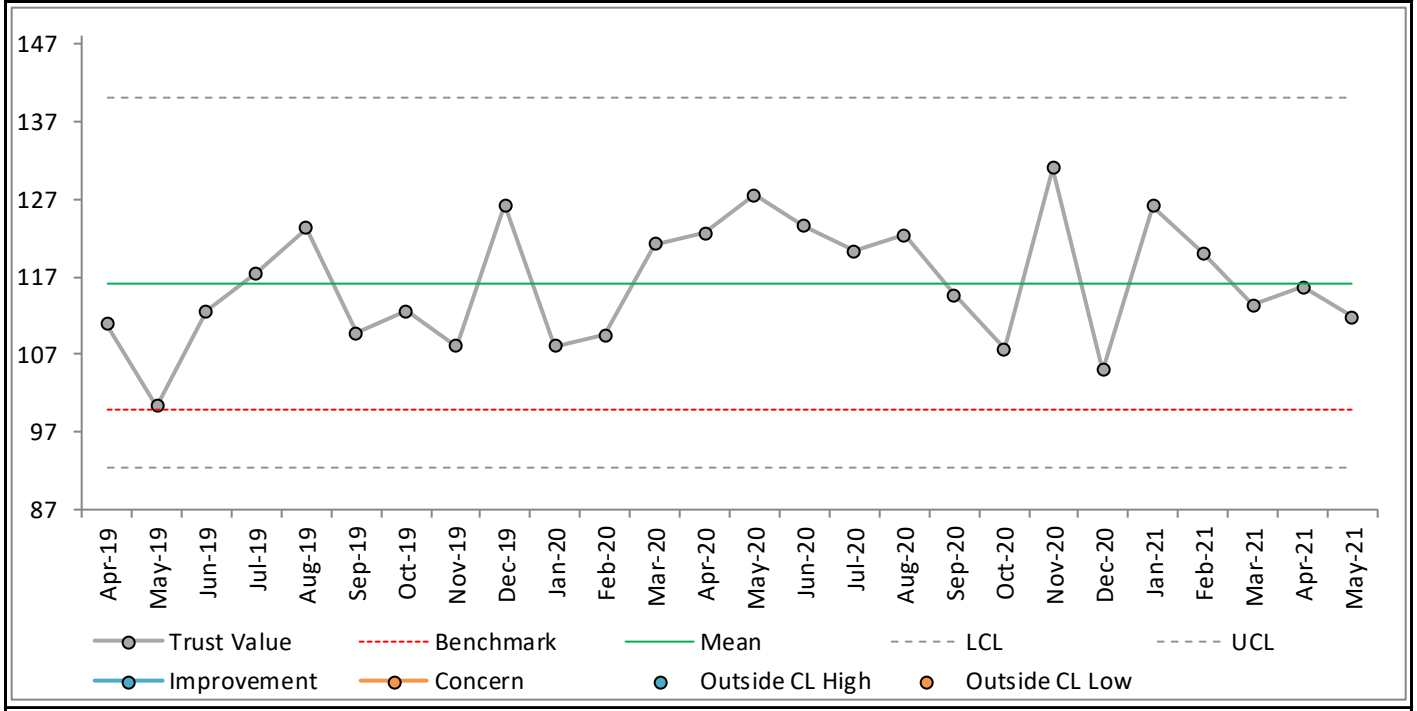
SHMI



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 Apr 2020 to Mar 2021 is outlying (officially 118, 3 points higher than the previous period). Pneumonia and septicemia 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 and preventable deaths have not been identified, although the backlog of mortality reviews requested by MEs is still being reduced by new reviewers.

Timescale

- Coding work on-going. Quarterly review of the impact of COVID-19 on SHMI needed throughout 2021/2022.
- NEQOS Quarterly report in September 2021 included further analysis.

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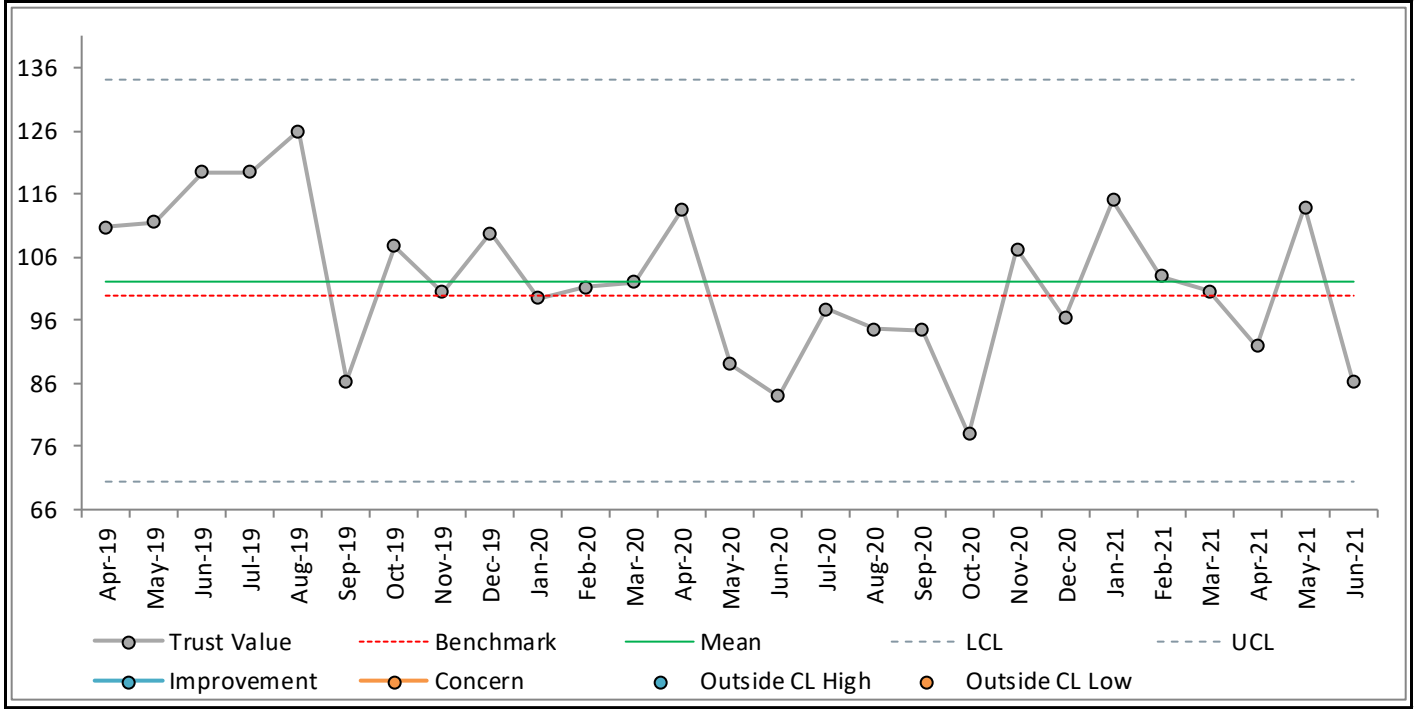
Hospital Standard Mortality Rate (HSMR)



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

Benchmark	100
Mean	102.24
Last Month	86.42

Executive Lead

Mike Stewart

Lead

Tony Roberts

Commentary

HSMR is ''as expected'. It 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 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

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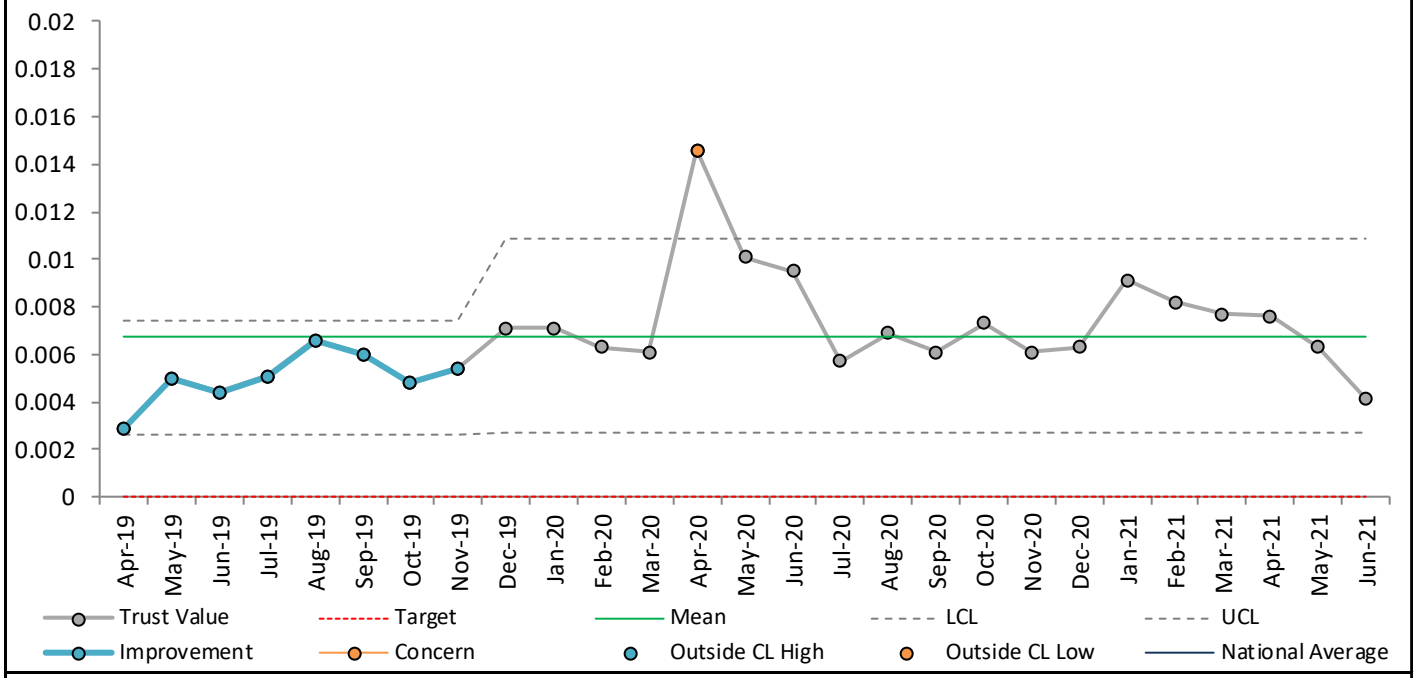
Palliative Care Coding



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.

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

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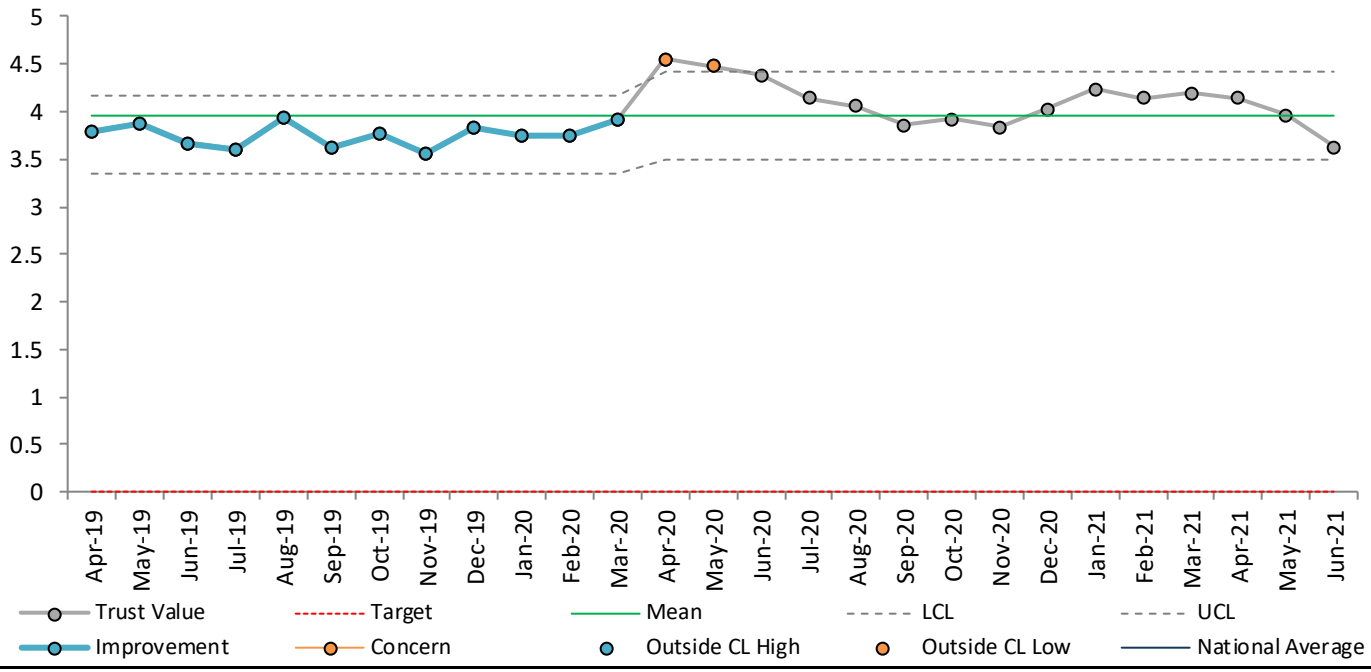
Comorbidity Coding



Average Comorbidity score on First Finished Consultant Episode (FFCE)

Target	TBC
Mean	3.95
Last Month	3.63

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 been stable with normal variation since June 2020. The special cause in April and May 2020 was due to the first wave of the covid pandemic. The final point for June 2021 probably 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.

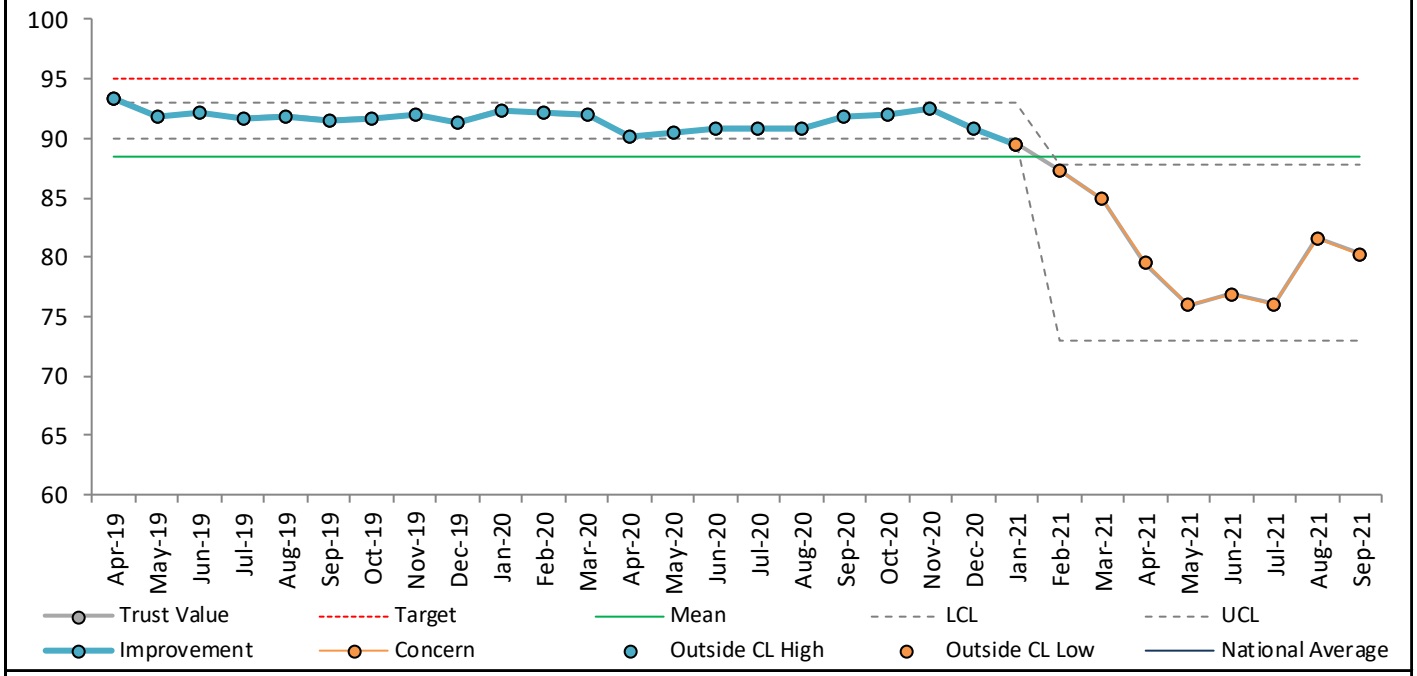
Timescale

- Further pilots conducted in July and August, although impact not apparent yet as data to June.
- Miya implementation for this purpose is at least 18 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	88.55
Last Month	80.30

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

- Data points since January 2021 display the impact of changing the recording method and incomplete data.
- There are delays with recording and completing investigations.

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.
- Anticoagulant specialist nurses to receive monthly ward level data to support wards – this data is still awaited.
- 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 to agree trajectory.

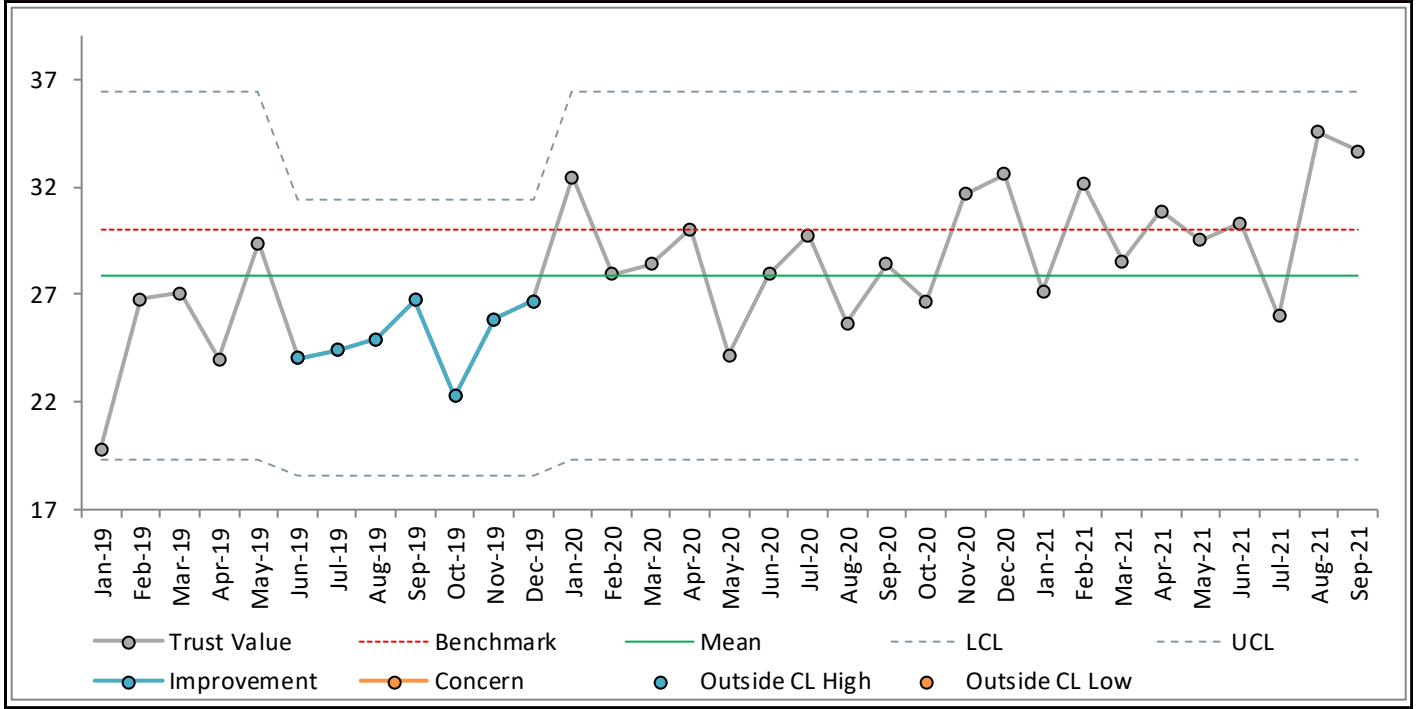
Q3 – Improved compliance

- Meeting took place on the 14th May 2021.

Safe

South Tees Hospitals NHS Foundation Trust

Maternity - Caesarean Section Rate (%)



The % of Patients Delivering via Caesarean Section

Benchmark	30
Mean	27.90
Last Month	33.67

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.

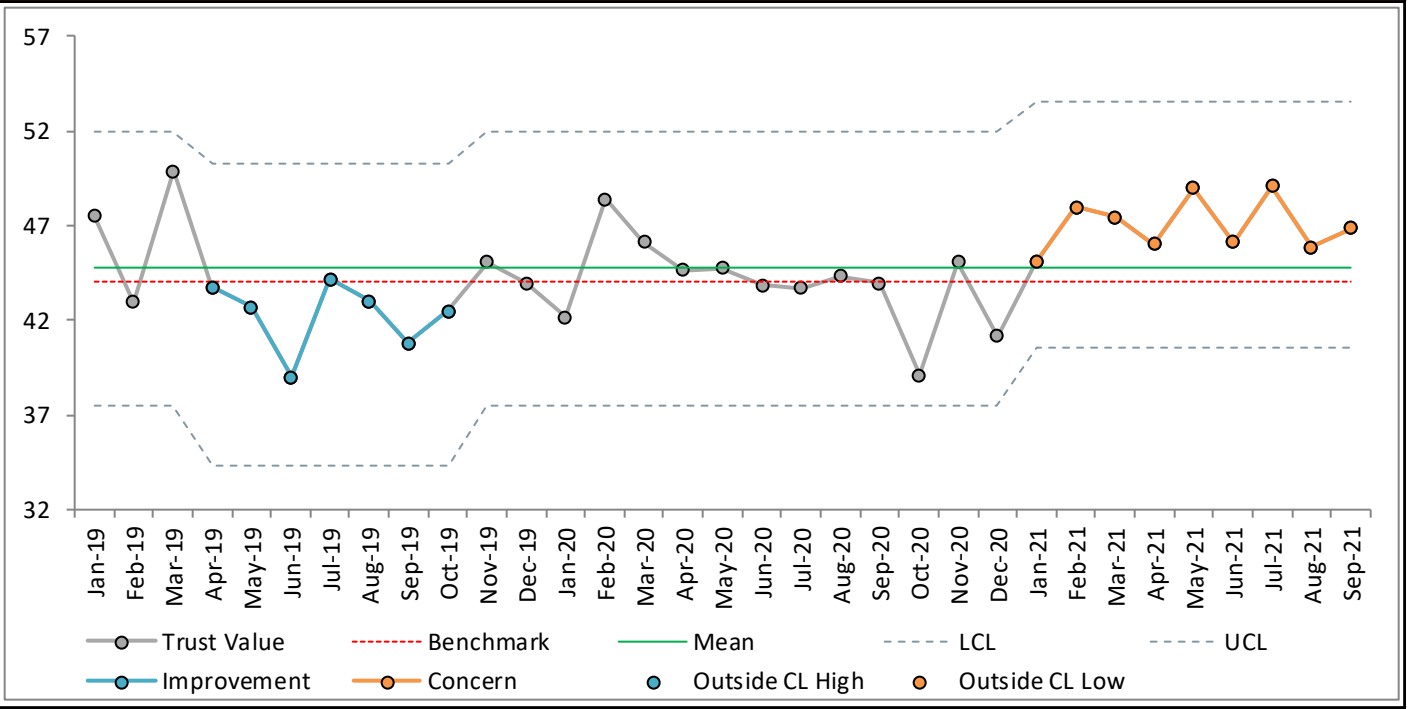
Timescale

- On-going review

Safe

South Tees Hospitals NHS Foundation Trust

Maternity - Induction of Labour Rate (%)



The % of Patients Delivering via Caesarean Section

Benchmark	44
Mean	44.73
Last Month	46.88

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.

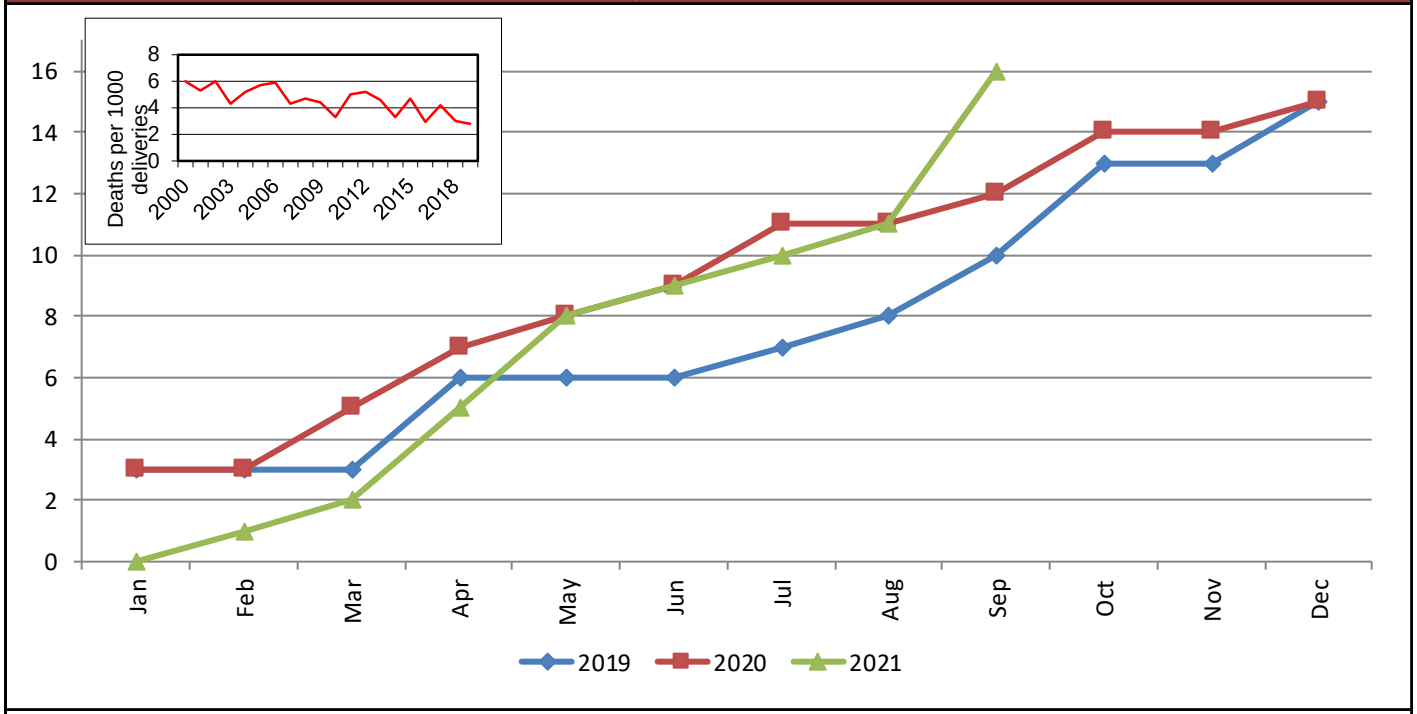
Timescale

- Not applicable

Safe

South Tees Hospitals NHS Foundation Trust

Maternity - 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 month

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

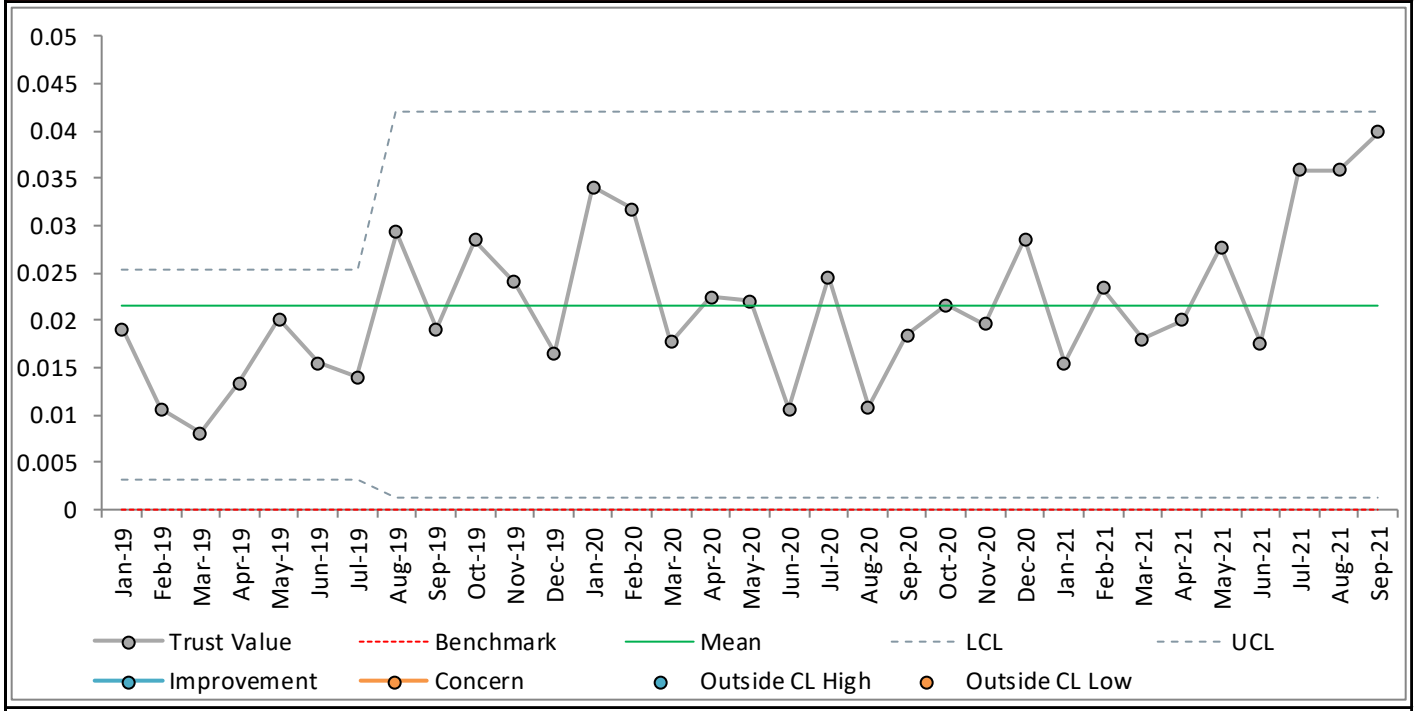
Timescale

- Ongoing

Safe

South Tees Hospitals NHS Foundation Trust

Maternity - PPH 1500ml Rate (%)



Postpartum Haemorrhage Rate over 1500ml

Benchmark	
Mean	0.02
Last Month	0.04

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

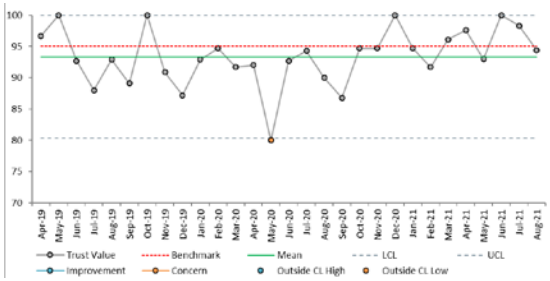
- Ongoing

Effective

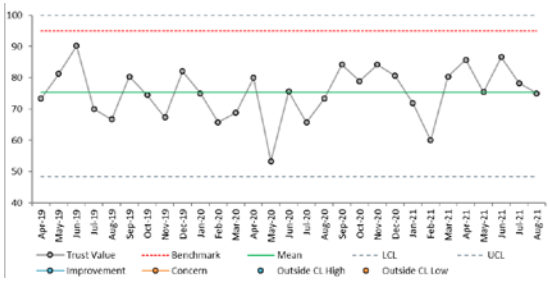
South Tees Hospitals NHS Foundation Trust

Sepsis			
Executive Lead	Mike Stewart	Lead	Lindsay Garcia

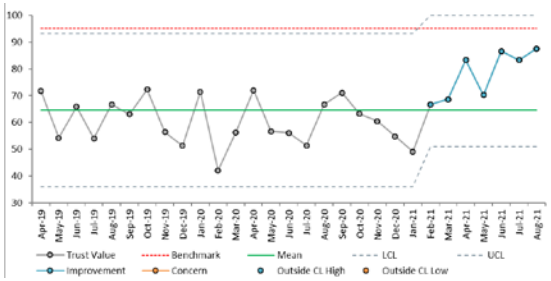
Targeted oxygen delivered within 1 hour



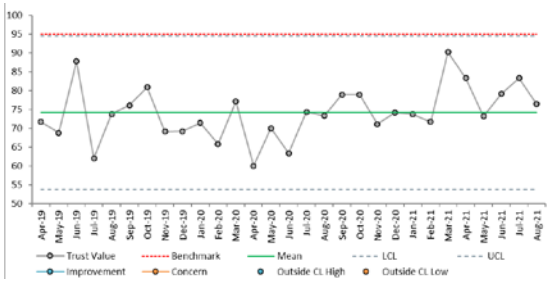
Blood cultures taken within 1 Hour



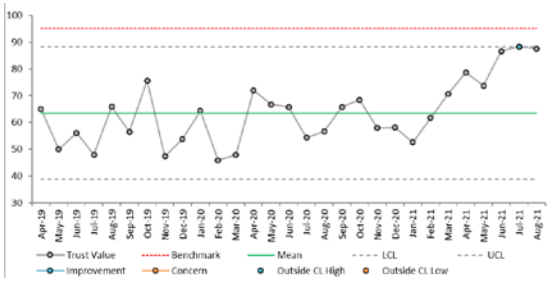
IV antibiotics administered within 1hr



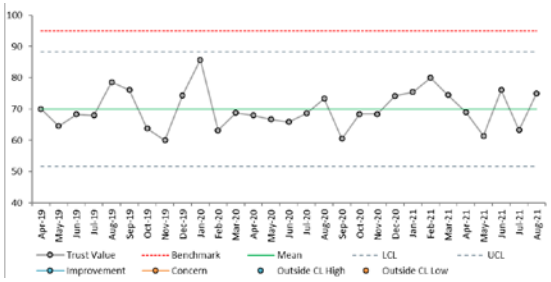
Serum lactate taken within 1 hour



IV fluid resuscitation initiated within 1 hour



Urine output measurement started within 1hr



Cause of Variation

- Normal variation with improvement seen in all 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 with completion of fluid balance chart
- Capacity reached in ED, leading to delays in treatment
- Record of trigger not being used in ward environments
- 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 3 months
- Daily record of trigger audit in ward based locations
- Sepsis competency update & relaunch
- ED to participate in clinical audit, allowing ownership of data and analysis

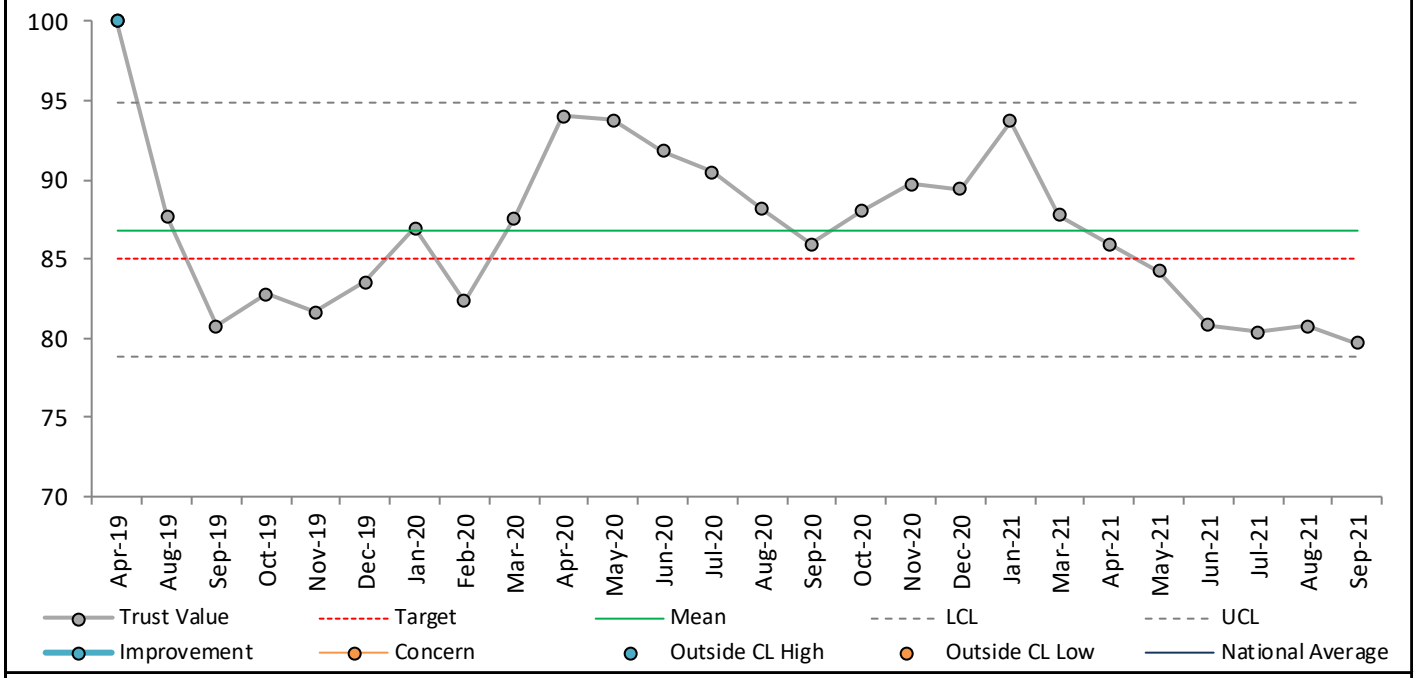
Timescale

- July - October 2021 - educational rollout and promotional campaign
- September 2021 - Patientrack 'Go-live' implementation - including sepsis
- August 2021 3 month audit with coding - reporting November 2021
- Final clinical educator commencing post 18/10/21
- Daily education on wards JCUH/FHN
- Daily education in ED
- Weekly engagement with the ED Clinical Matron
- Competencies to be uploaded to intranet following approval at AIP meeting 16/09/21

Caring

South Tees Hospitals NHS Foundation Trust

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



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

Target	85
Mean	86.85
Last Month	79.68

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

A downward trend has been noted since January 2021 and remains within normal variation.

Cause of Variation

- This metric is within normal variation.
- The metric has seen a downward trend since January 21.
- The metric has fallen below the target this month, for the fifth time since February 2020.

Planned Actions

- Continue to monitor.
- Following a review of feedback, Urgent and Emergency Care National Survey results and a triangulation of other A&E data sources has been undertaken.
- T & F group established with an action plan is in place monitored by the PESG.

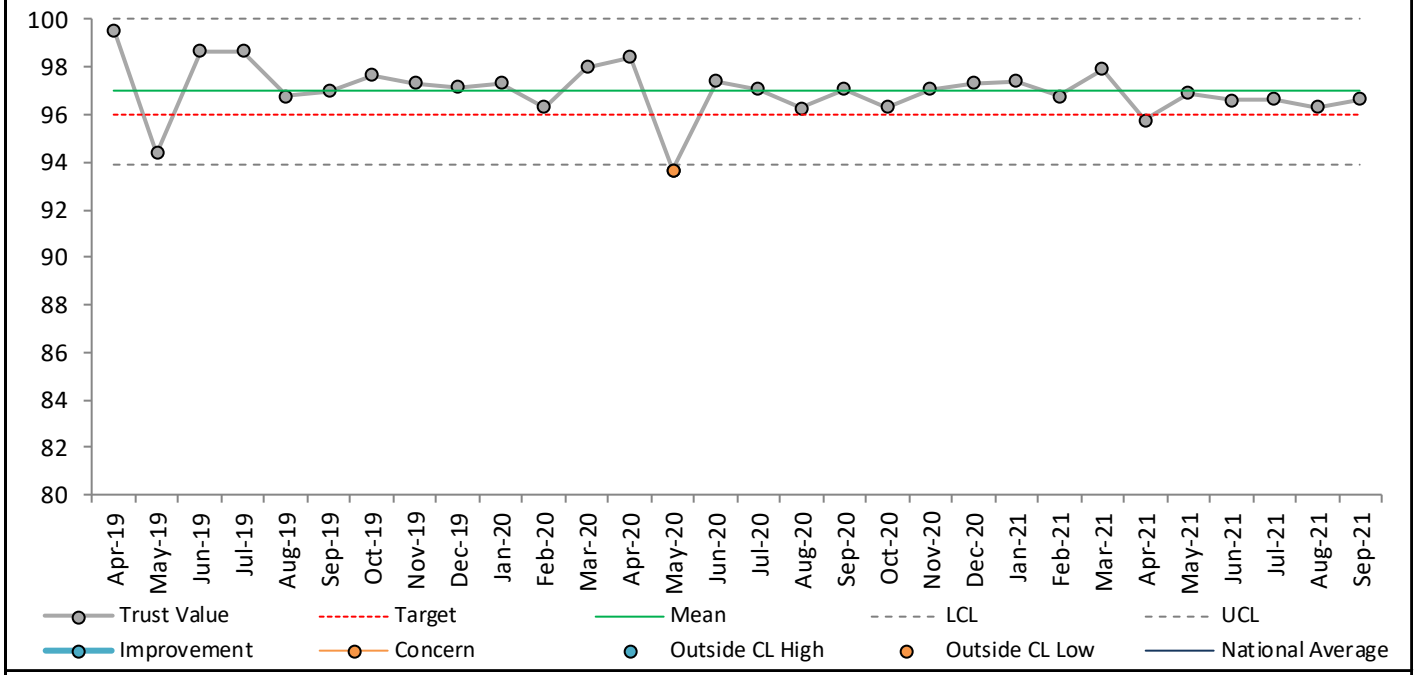
Timescale

- November 2021.

Caring

South Tees Hospitals NHS Foundation Trust

F&F Inpatient Overall Experience Rate (%)



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

Target	96
Mean	97.01
Last Month	96.64

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.

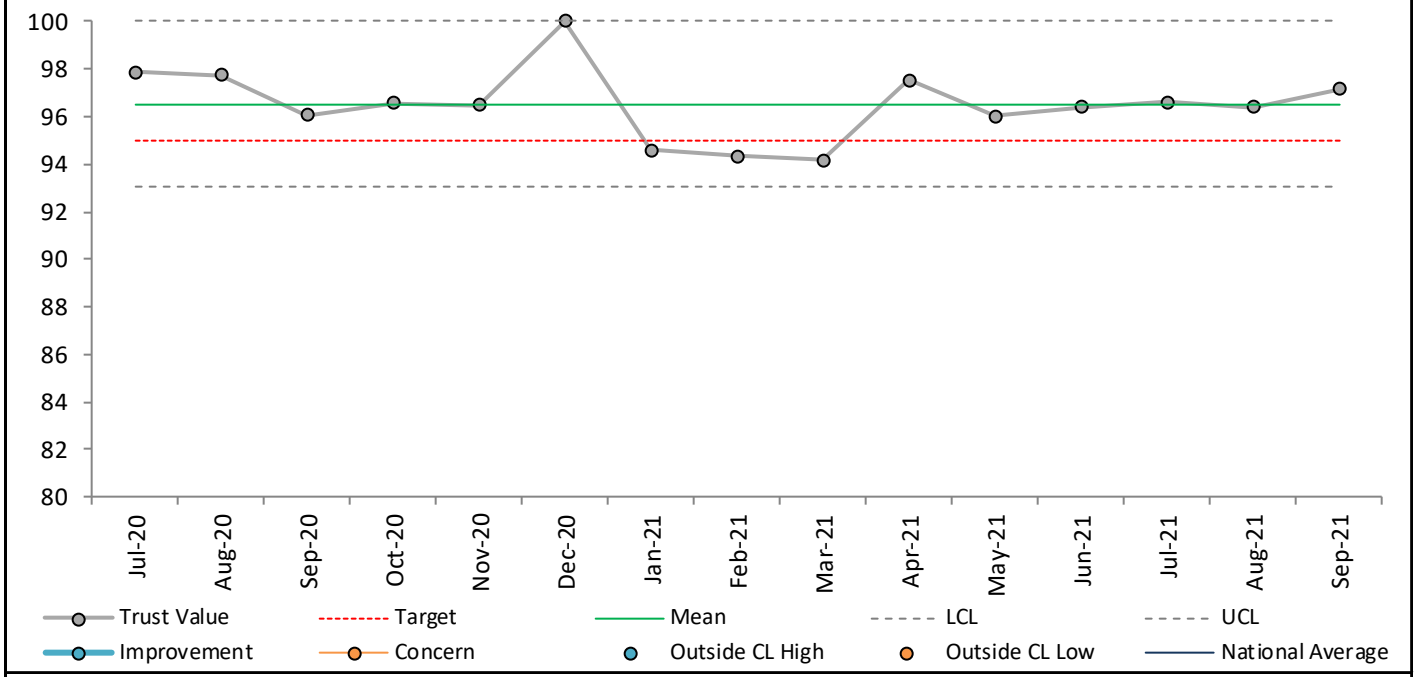
Timescale

- Ongoing.

Caring

South Tees Hospitals NHS Foundation Trust

F&F Outpatient Overall Experience Rate (%)



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

Target	95
Mean	96.53
Last Month	97.18

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

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

Patient 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.

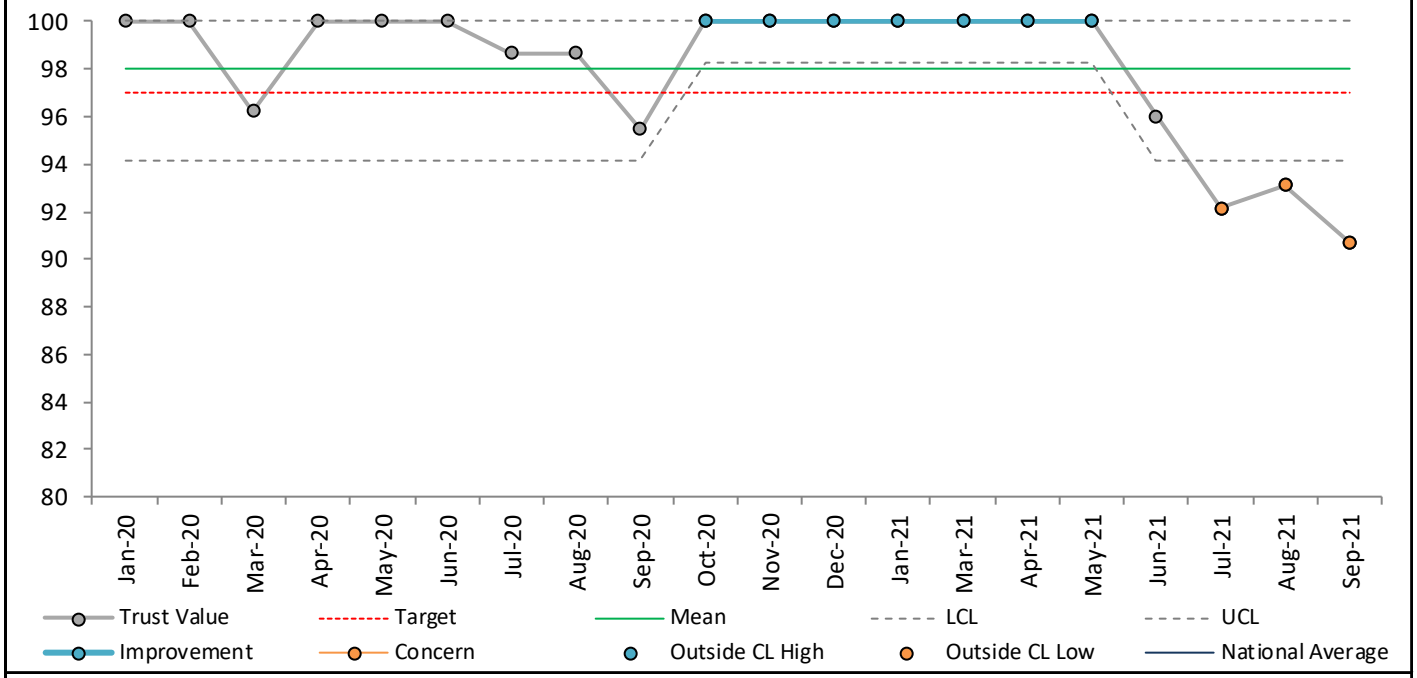
Timescale

- Ongoing

Caring

South Tees Hospitals NHS Foundation Trust

F&F Maternity Overall Experience Rate (%)



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

Target	97
Mean	98.05
Last Month	90.70

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 outside of the control limits.

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.
- 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 November 2021.

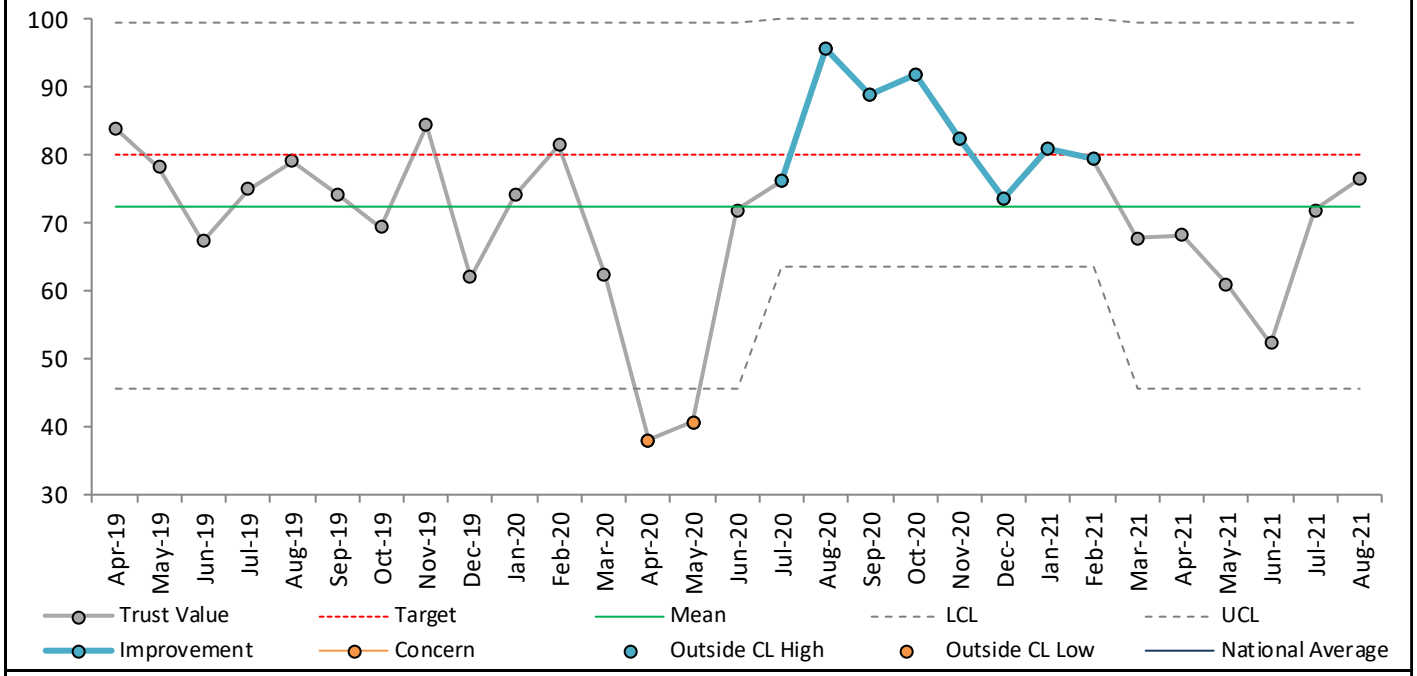
Timescale

- December 2021

Caring

South Tees Hospitals NHS Foundation Trust

Complaints Closed Within Target (%)



The percentage of complaints closed within the target

Target	80
Mean	72.55
Last Month	76.50

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

The target has been met for the first time since April 2021.

There were 29 complaints closed in August , of which 24 were within 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.

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.

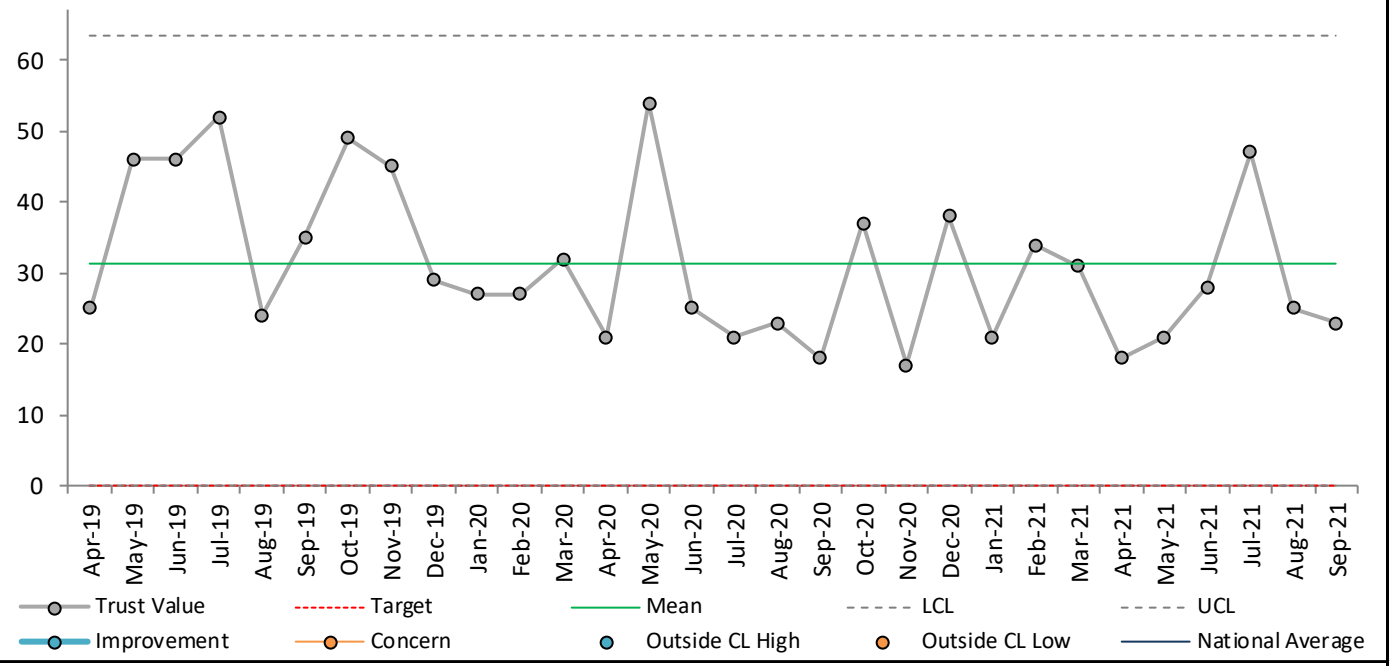
Timescale

- Ongoing

Caring

South Tees Hospitals NHS Foundation Trust

All New Complaints



All new complaints recorded on DATIX

Target	
Mean	31.30
Last Month	23.00

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

There was 20 formal complaints received in August, a significant decrease on the previous month.

Cause of Variation

- Variation of common cause within confidence limits.

Planned Actions

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

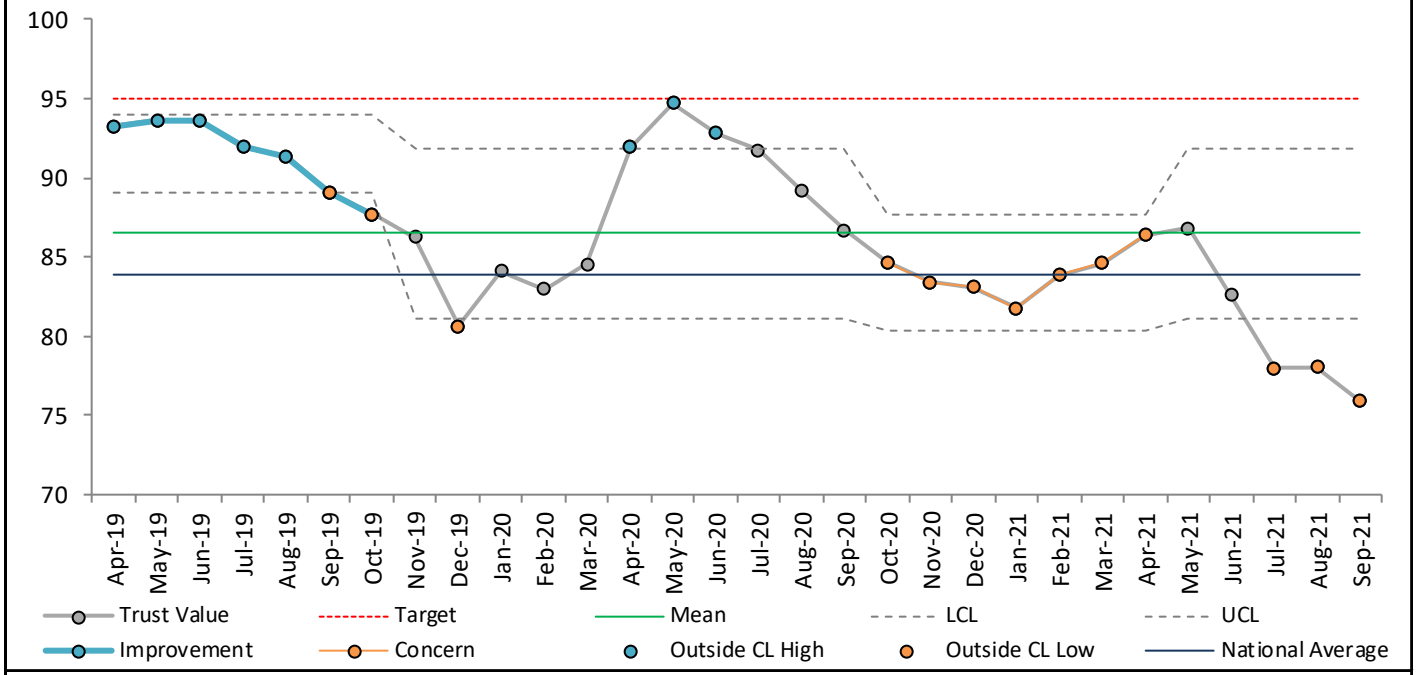
Timescale

- Ongoing

Responsive

South Tees Hospitals NHS Foundation Trust

A&E 4 Hour Wait Standard (%)



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

Target	95
Mean	86.52
Last Month	75.94

Executive Lead

Sam Peate

Lead

Cheryl Burton

Commentary

Activity in excess of pre pandemic levels.
Impact on performance in September 21.
COVID staff isolation and sickness impact.

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.
- ED recovery plan developed in line with ECIST recommendations.
- Review of clinically ready to proceed metrics to improve flow.
- Estate's strategy to optimise use of ED footprint.
- Regional 111 online, GP and pharmacy first message amplification.
- Strategic discussions with the CCG around UTC offer at Redcar and JCUH

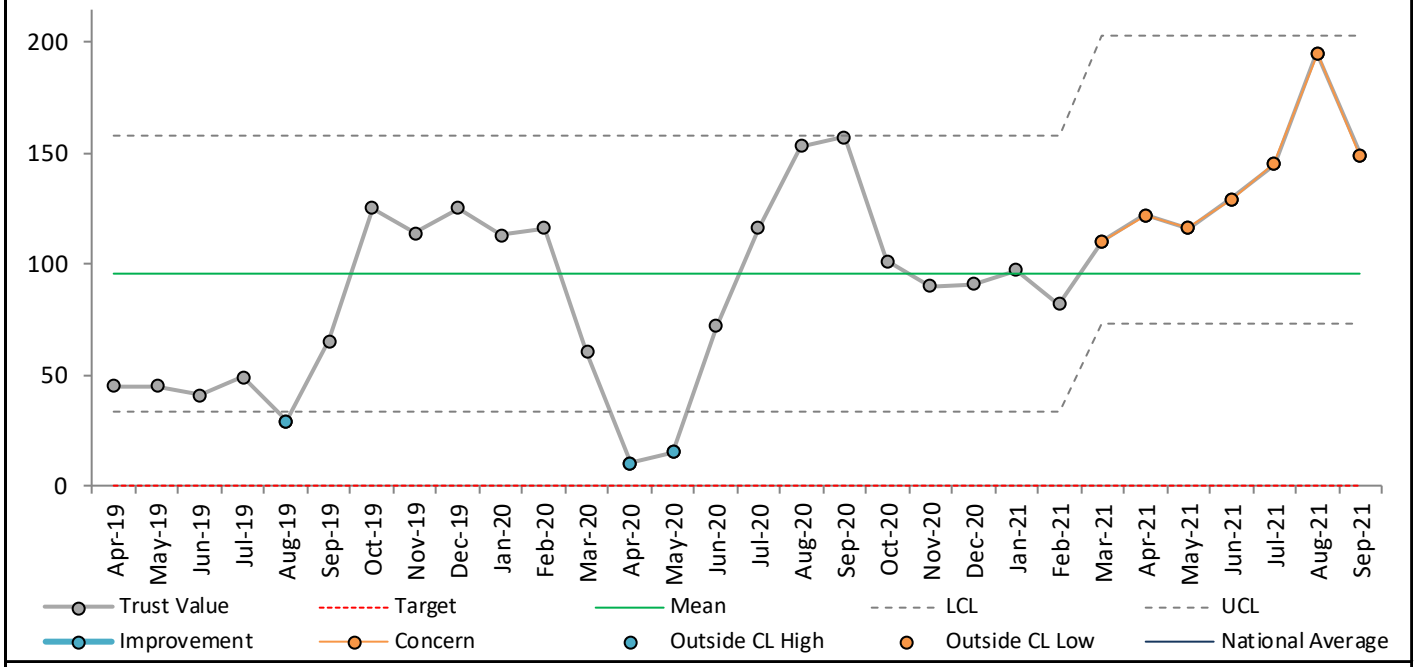
Timescale

- Ongoing
- Ongoing
- 31/10/2021
- Ongoing
- 13/12/2021
- Ongoing
- Ongoing

Responsive

South Tees Hospitals NHS Foundation Trust

Ambulance Handovers - over 30 mins



Ambulance A&E handover delays greater than 30 minutes

Target	0
Mean	95.90
Last Month	149.00

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 validate data and utilise business intelligence to streamline pathways/process.
- Access to IT for ambulance PIN – completion of episode
- Collaborative communications between NEAS and ED in relation to roles and responsibilities regarding ambulance handover and process.
- Exploring Paramedic Transformation role with NEAS and CCG to identify areas for improvement.

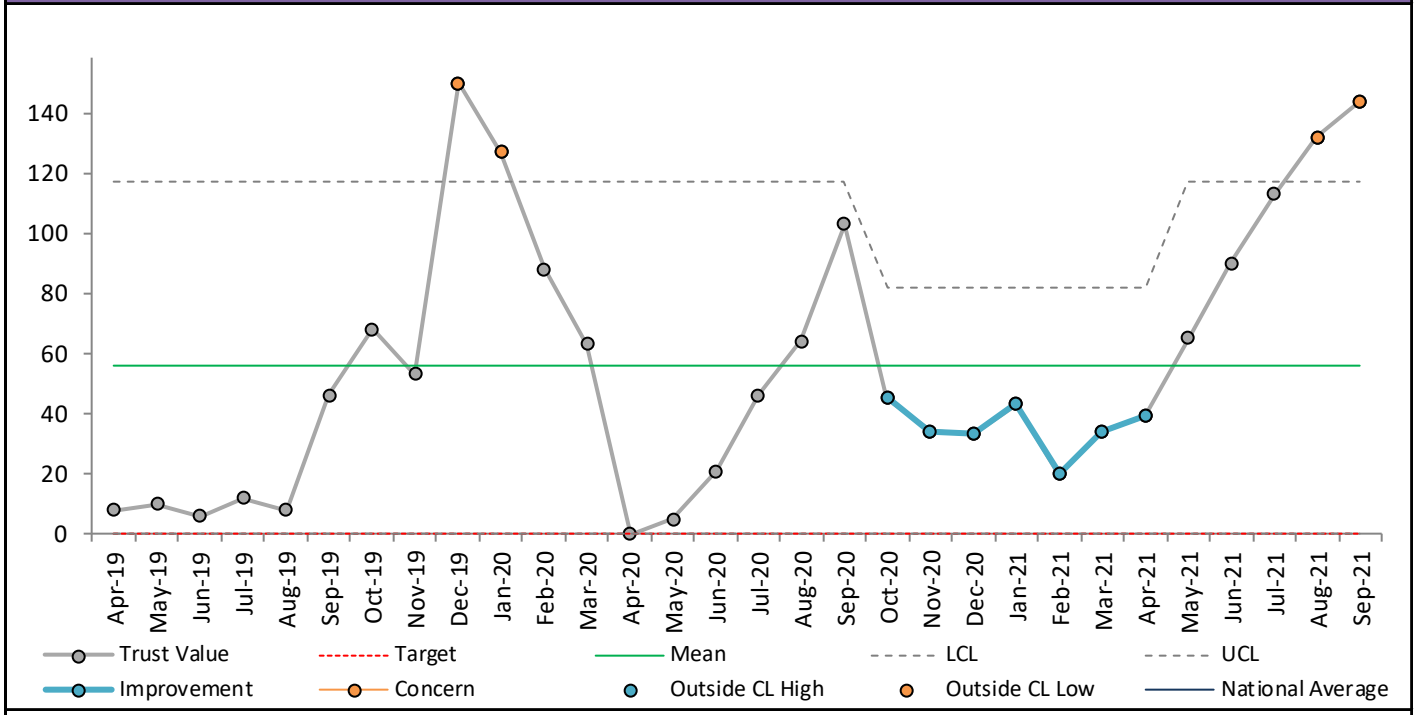
Timescale

- Completed
- Ongoing
- November 2021
- Ongoing
- November 2021

Responsive

South Tees Hospitals NHS Foundation Trust

Ambulance Handovers - over 60 mins



Ambulance A&E handover delays greater than 60 minutes

Target	0
Mean	55.67
Last Month	144.00

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.
- Weekly meetings with NEAS to validate data and utilise business intelligence to streamline pathways/process.
- Access to IT for ambulance PIN – completion of episode
- Collaborative communications between NEAS and ED in relation to roles and responsibilities regarding ambulance handover and process.
- Exploring Paramedic Transformation role with NEAS to identify areas for improvement.

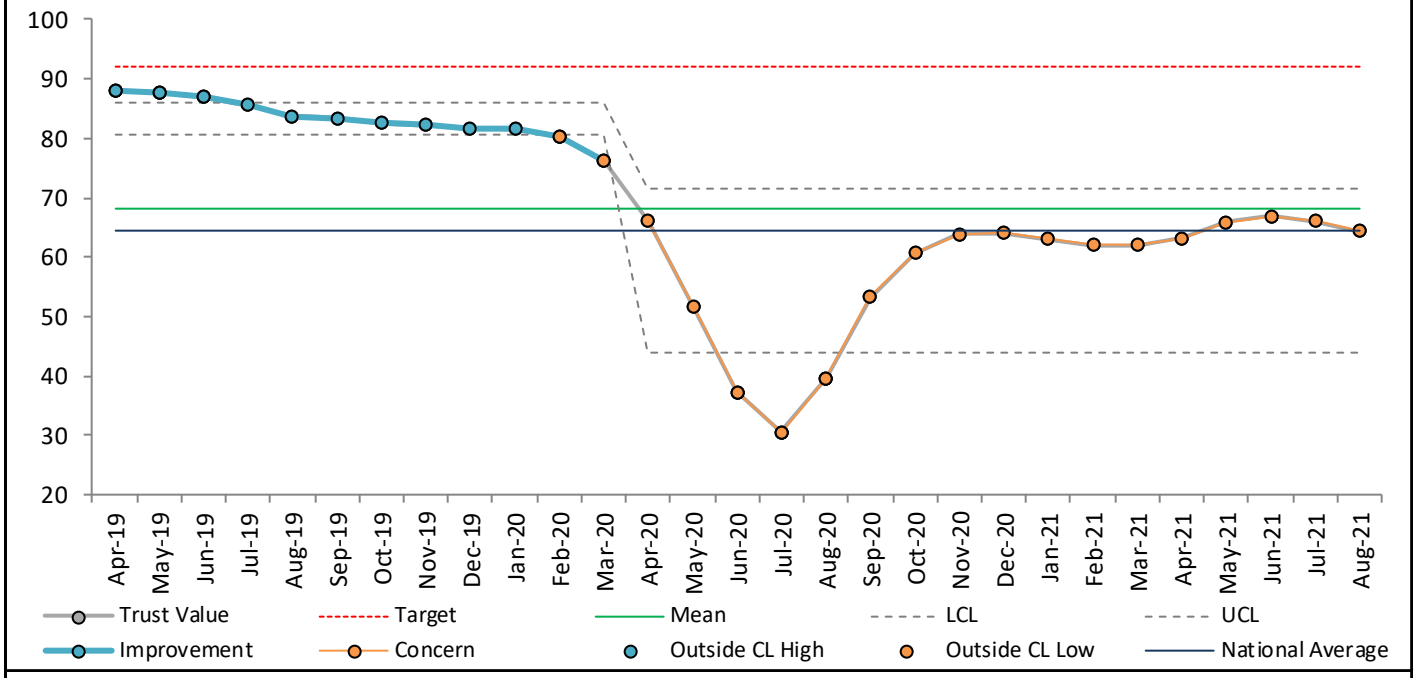
Timescale

- Completed
- Ongoing
- October 2021
- Ongoing
- September 2021

Responsive

South Tees Hospitals NHS Foundation Trust

RTT Incomplete Pathways (%)



The % of incomplete pathways for patients within 18 weeks

Target	92
Mean	68.31
Last Month	64.39

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

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

Over 52 week waits improvement trajectory 2,817 for July 21 reducing to 1,470 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.

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 still not being achieved.
- Over 52-week waiters for Aug 21: 2,240 (July 21 2,360)
- Significant impact on theatre and anaesthetic provision through July and August due to staff isolation.

Planned Actions

- Orthopaedic weekend working commenced.
- Distribution of activity to IS.
- Focus on clinical need first, then longest waiters.
- Further increase in access planned in May ensuring all available theatre estate being utilised.
- Plan being established for opening additional sessional activity in August on completion of lifecycle works to Theatres 5 & 6.
- Theatre Recovery plan being developed.

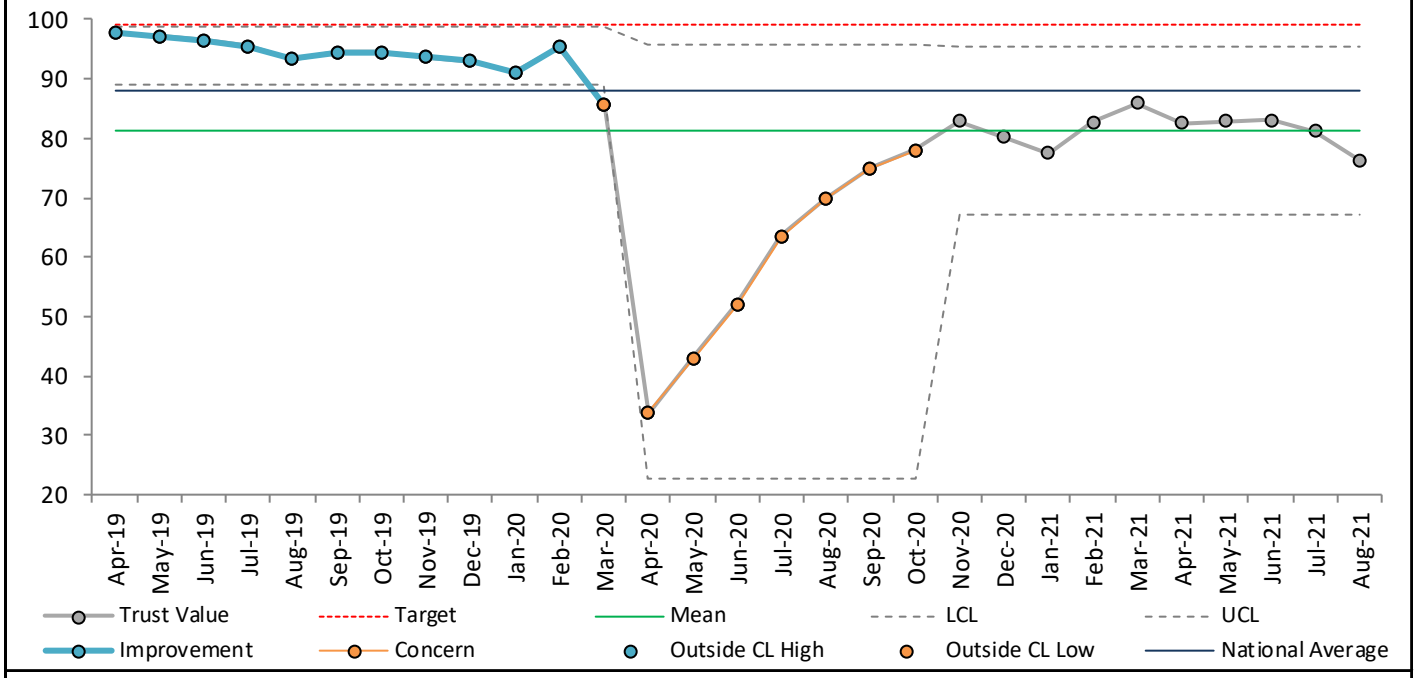
Timescale

- 18 months to deliver standard.
- Individual plans have specific target dates.
- Improvement trajectory will be determined with clinical teams.
- October 2021

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	81.34
Last Month	76.26

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 being installed
- Administrative and clinical prioritisation and validation of waiting lists, including surveillance patients.
- 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

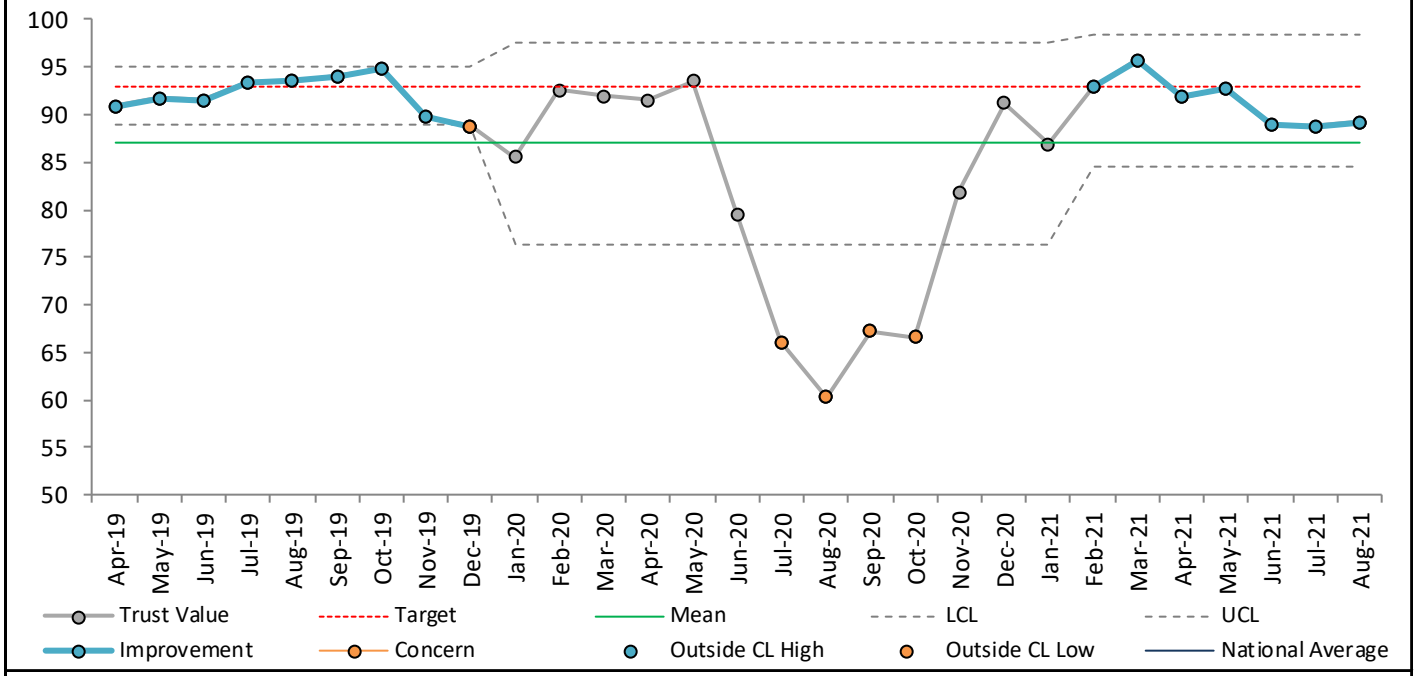
- Weekly
- September / October 21
- 31st July 2021

- Weekly
- Q1/Q2
- As required by Strategic Recovery Group.

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 14 Day Standard (%)



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

Target	93
Mean	87.01
Last Month	89.21

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.

Last achieved in March 21.

28 day faster diagnostic target achieved in Aug 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.

Planned Actions

- Continuation 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.

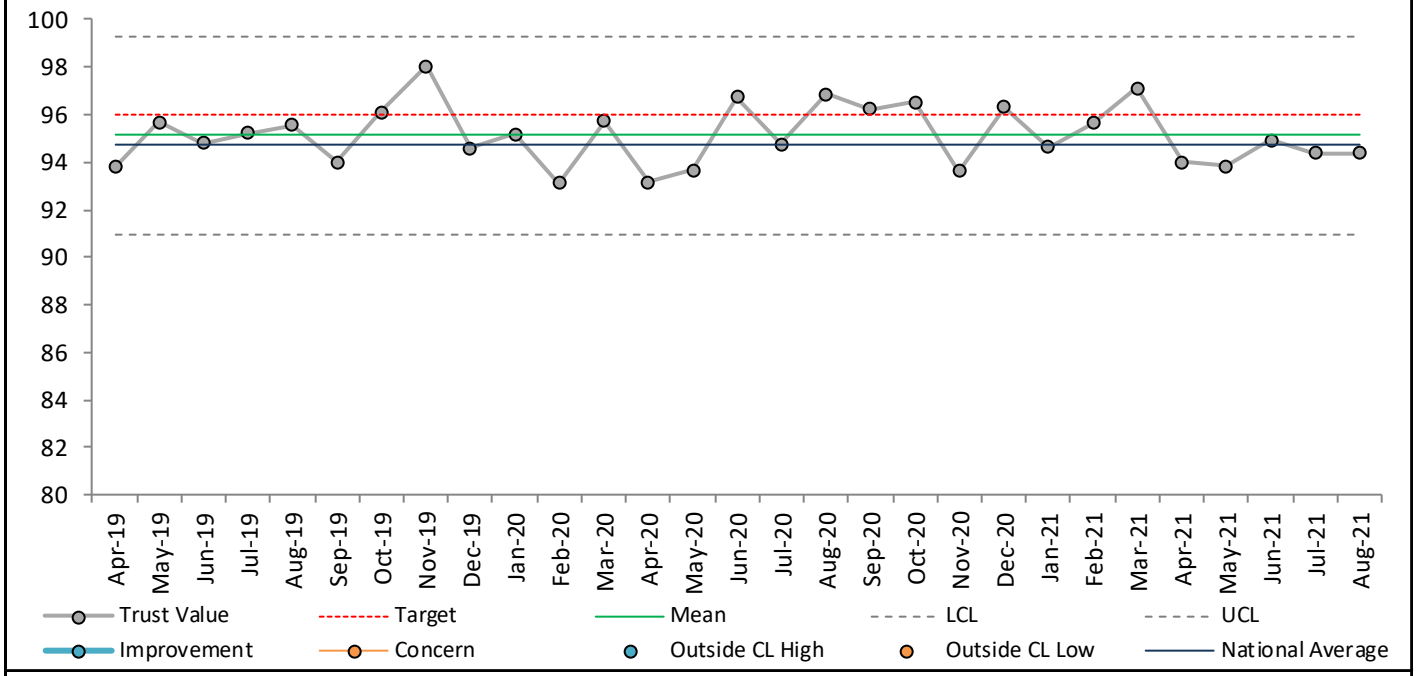
Timescale

- Ongoing

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 31 Day Standard (%)



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

Target	96
Mean	95.12
Last Month	94.36

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.

63 day plus backlog reducing.

Cause of Variation

- Process within normal variation, although within control limits this target is not being met consistently.
- 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.

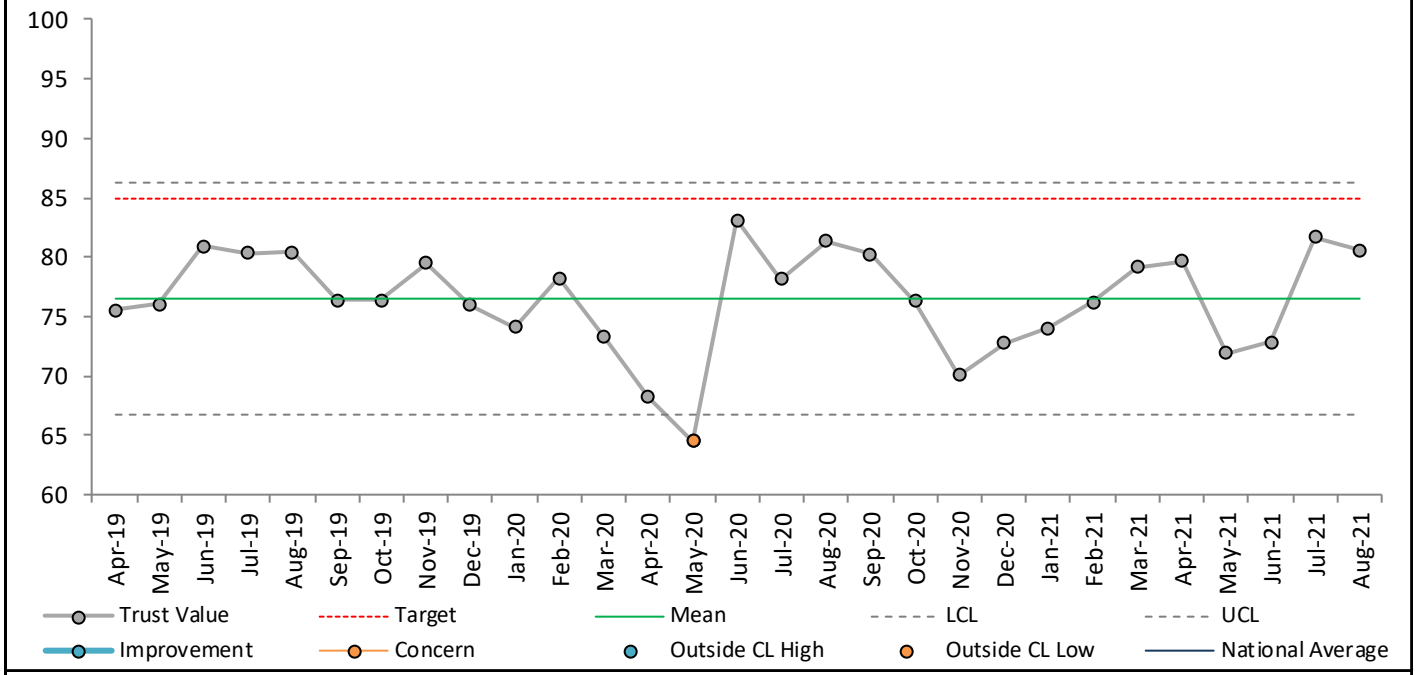
Timescale

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

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 62 Day Standard (%)



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

Target	85
Mean	76.49
Last Month	80.60

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 76.23% 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 PTL meetings in place to aid patients through their pathway and mitigate breaches where possible.
- Weekly Cancer Wall forum – provides an opportunity to discuss current performance and updates from specialties on current state of play.
- Improvement trajectories to be developed at tumour group level
- Work in ongoing with the cancer network to seek to resolve delays in transfer of patients.

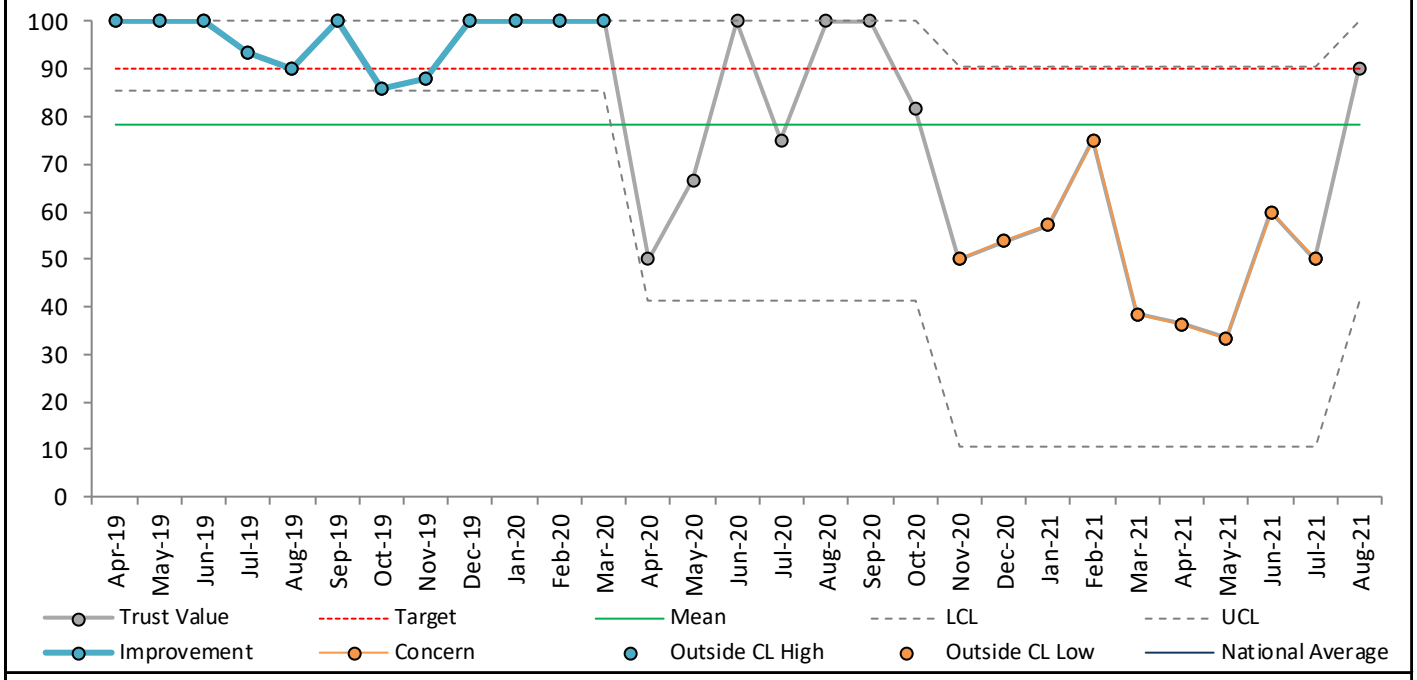
Timescale

- 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 Treatment - 62 Day Screening (%)



Target	90
Mean	78.44
Last Month	90.00

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 78.44% 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

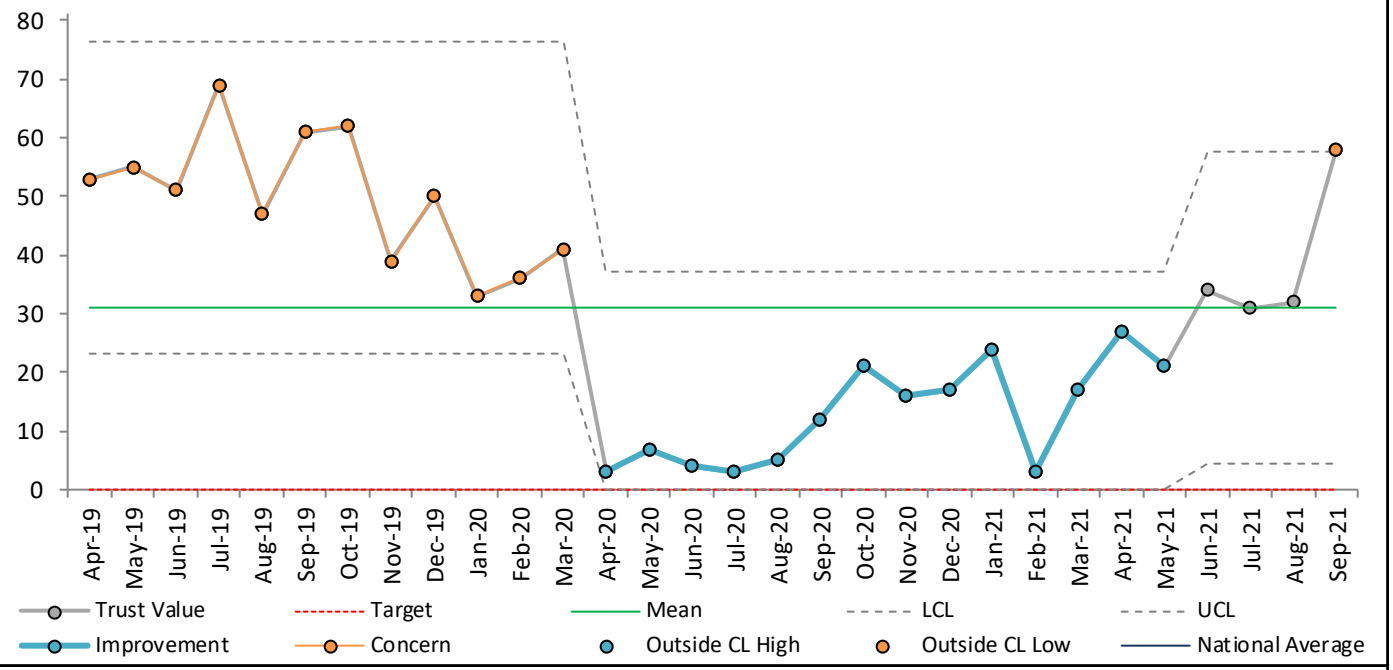
- Actions as per 62 day first standard (previous slide)

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, not 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.

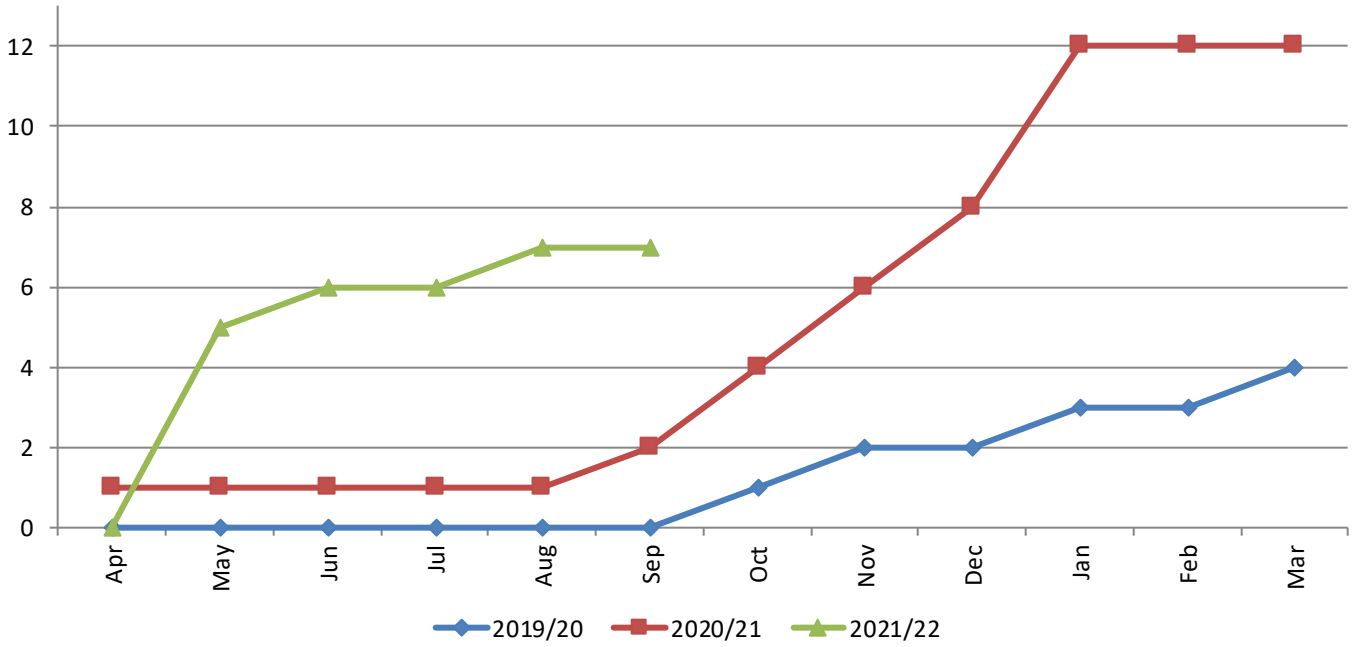
Timescale

- Ongoing.

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.

Planned Actions

- Cancellation reasons to be reviewed in weekly clinical recovery meeting.

Timescale

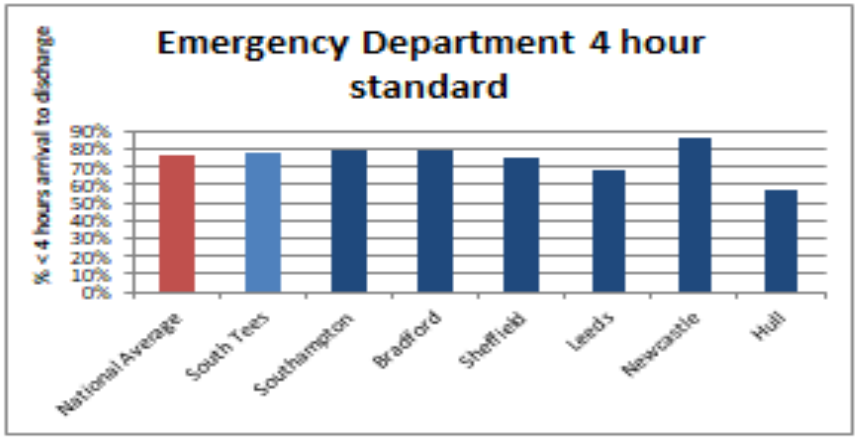
- Ongoing monitoring.

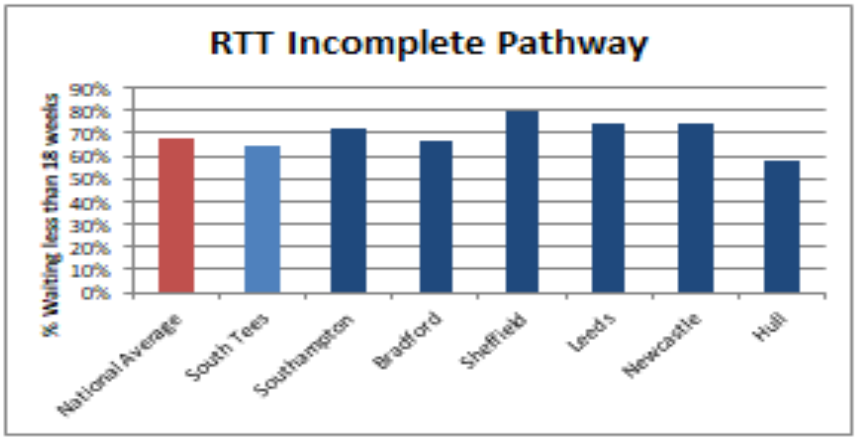
Responsive

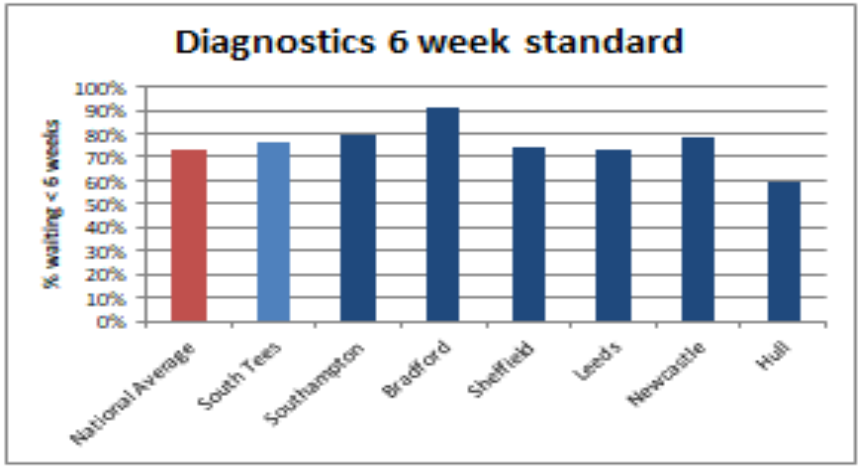
South Tees Hospitals NHS Foundation Trust

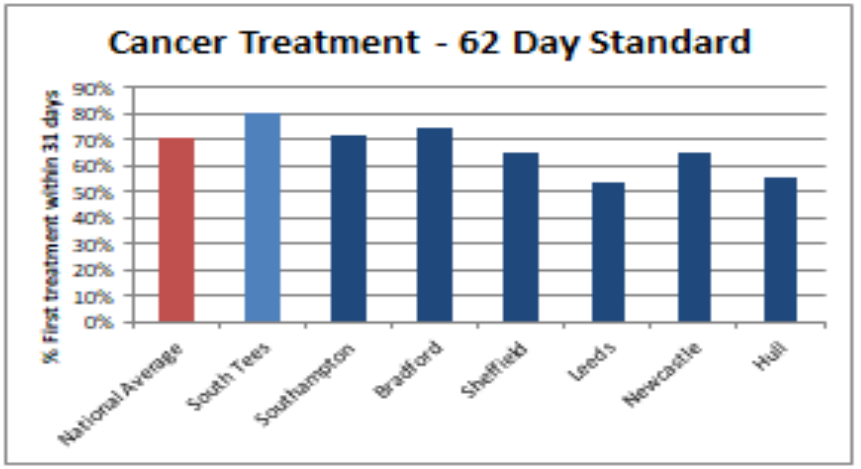
Benchmarking against National Average and Other Providers

August 2021



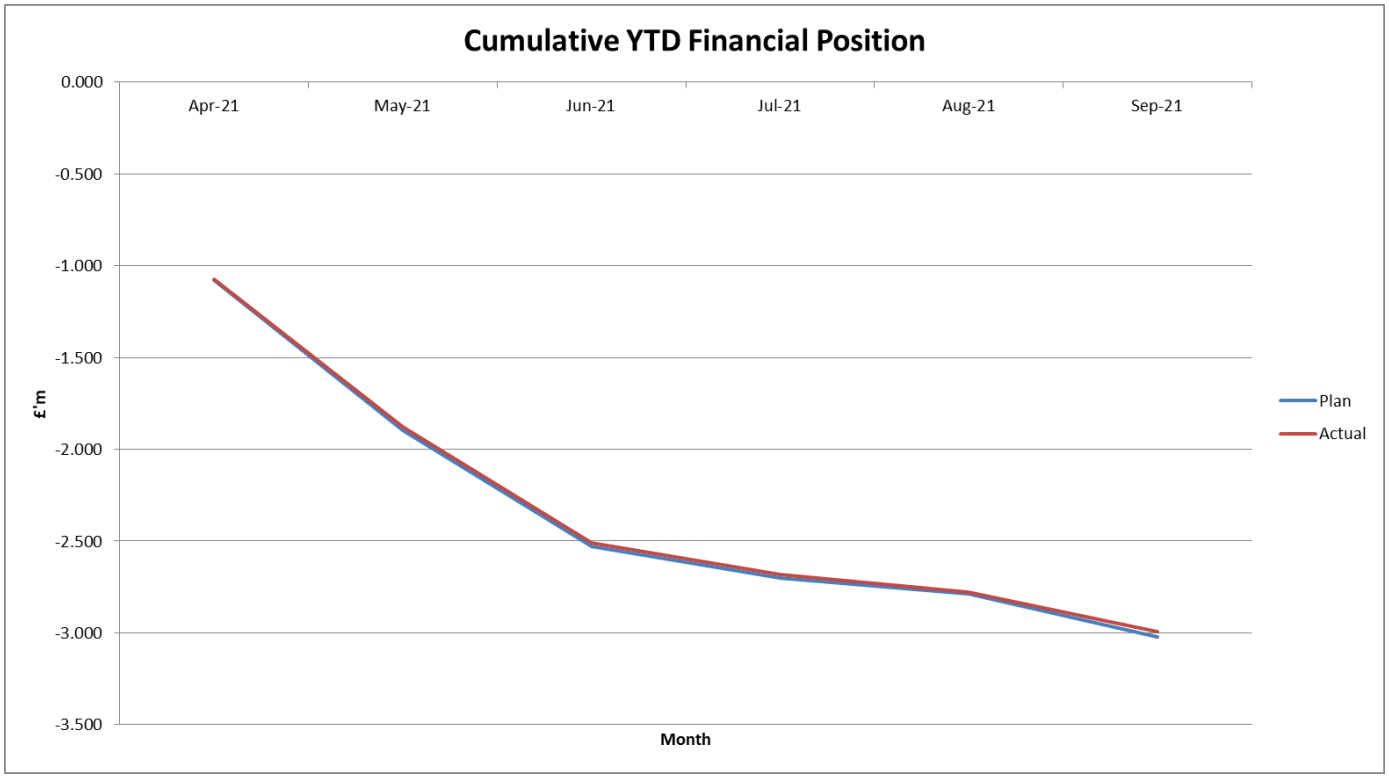






Well Led

South Tees Hospitals NHS Foundation Trust



Target	-3.023m
Mean	N/A
Last Month	-2.994m

Executive Lead

Chris Hand

Lead

Luke Armstrong

Commentary

The deficit at month 6 was £3.0m, 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

- Understanding of revised financial arrangements for H2 of 2021/22.
- Review of ongoing Covid-19 costs.
- H2 Planning Submission

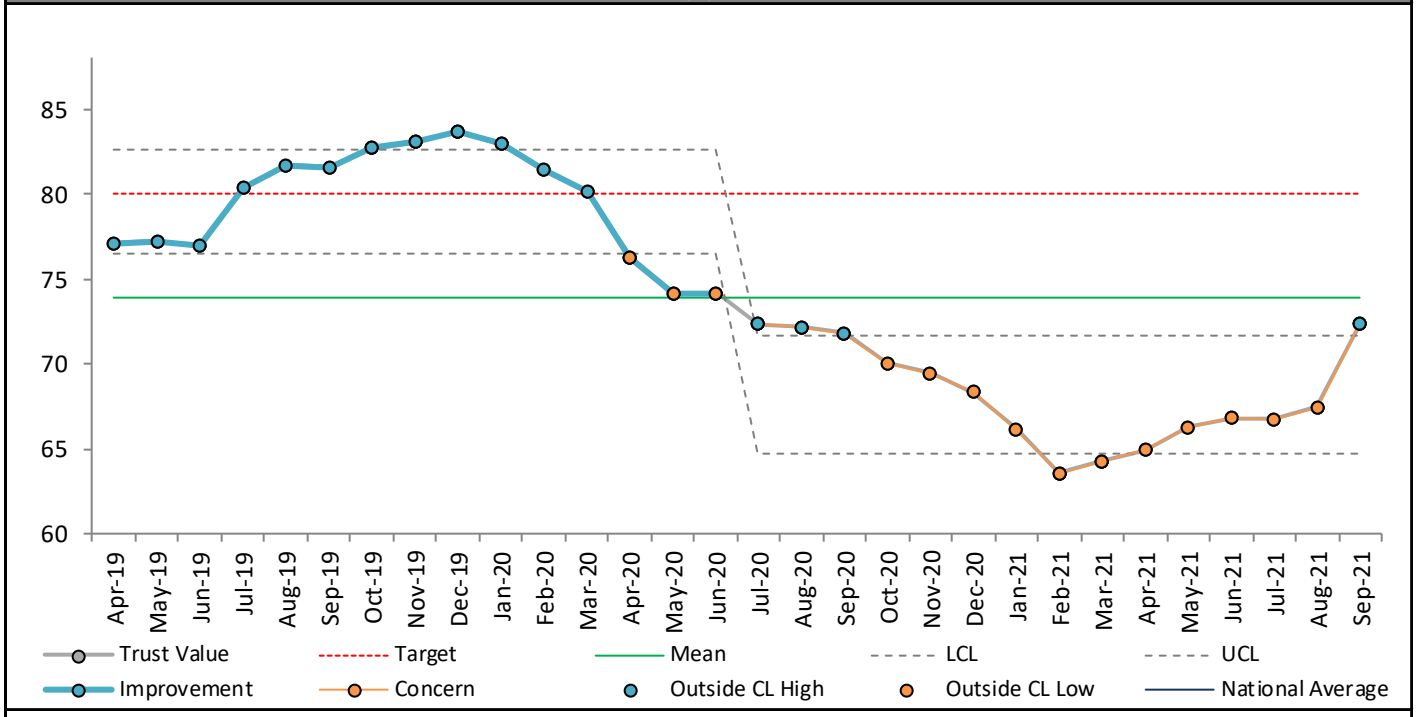
Timescale

- 31 October 2021
- Ongoing
- November 2021

Well Led

South Tees Hospitals NHS Foundation Trust

Annual Appraisal (%)



Annual Appraisal Rate

Target	80
Mean	73.89
Last Month	72.42

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

This metric has had an increase of 4.97% in the month of September, It has increased from 67.46% to 72.42%. Every Collaborative has increased their Appraisal compliance.
HR clinics with managers throughout September have been greatly received. Further work has been completed on medical appraisals and how this is reported so that the data is more accurate.

Cause of Variation

- Work has been completed to accurately reflect medical appraisals. Continued staffing pressures have been reported across the trust.
- Lowest areas of compliance are Perioperative and Critical Care services 65.03%, however their position has increased on the previous month.
- Cardiovascular Care services and James Cook Cancer Institute and Speciality Medicine Services exceed target 82.48% and 81.23% respectively. Women and Children's Services is most improved by 13.03%, (71.81%)

Planned Actions

- HR Operations Team are continuing to work in partnership with the medical recruitment team to ensure the medical appraisals are recorded accurately, work undertaken to date is supporting increased compliance.
- A total of 93 HR clinics have been held with managers uo to the month of September. The HR clinics will continue on a monthly basis.
- A trial of a projection calculator will commence from October, this will inform 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.

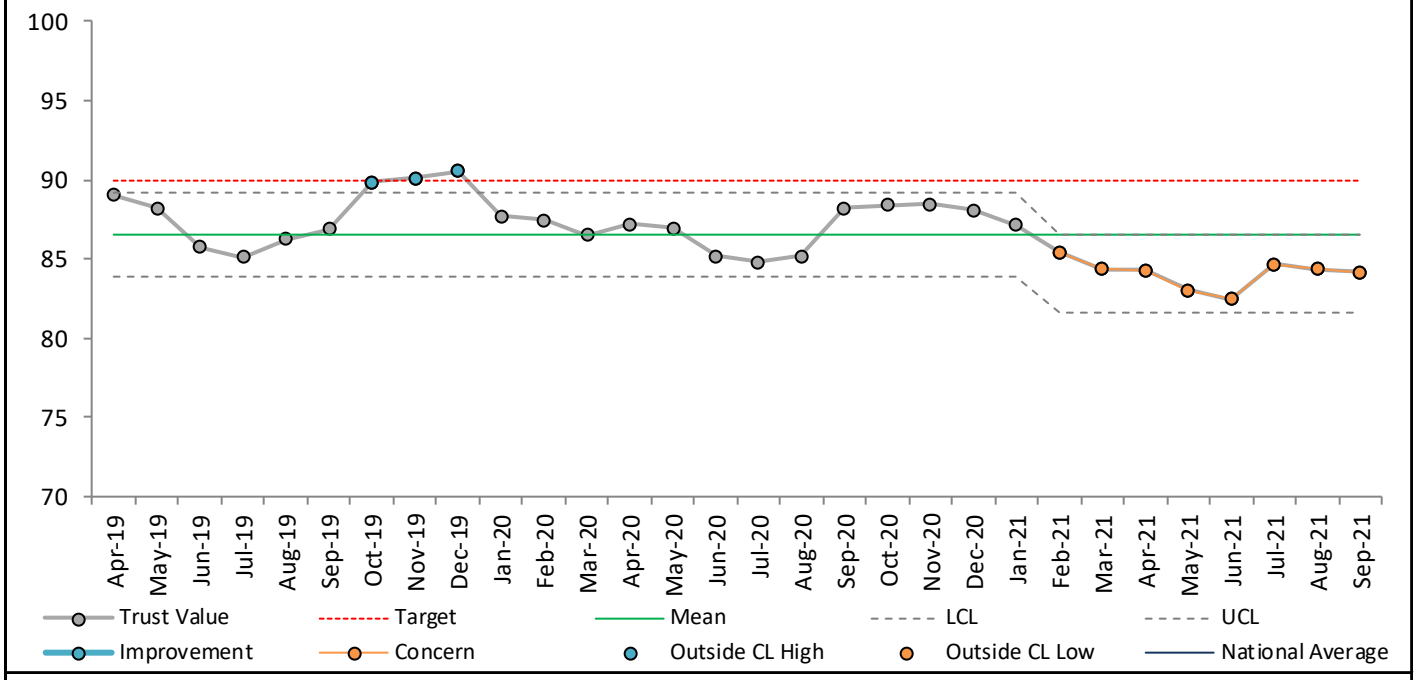
Timescale

- October/November 2021
- Ongoing
- October/November 2021

Well Led

South Tees Hospitals NHS Foundation Trust

Mandatory Training (%)



The % of Mandatory Training Compliance

Target	90
Mean	86.54
Last Month	84.17

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Mandatory Training has decreased slightly from 84.35 to 84.17%
HR clinics have continued to take place during September 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 Medicine and Emergency Care services at 80.90%, Women and Children's services at 81.38% & Corporate services at 81.57%. Remaining areas in 82– 89%.

Planned Actions

- 93 HR clinics have been held across the organisation up to September 2021 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 will commence from October. 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.
- HR working with collaboratives to introduce a weekly data cycle that will encourage collaborative ownership of HR data and accountability for providing up to date and timely information

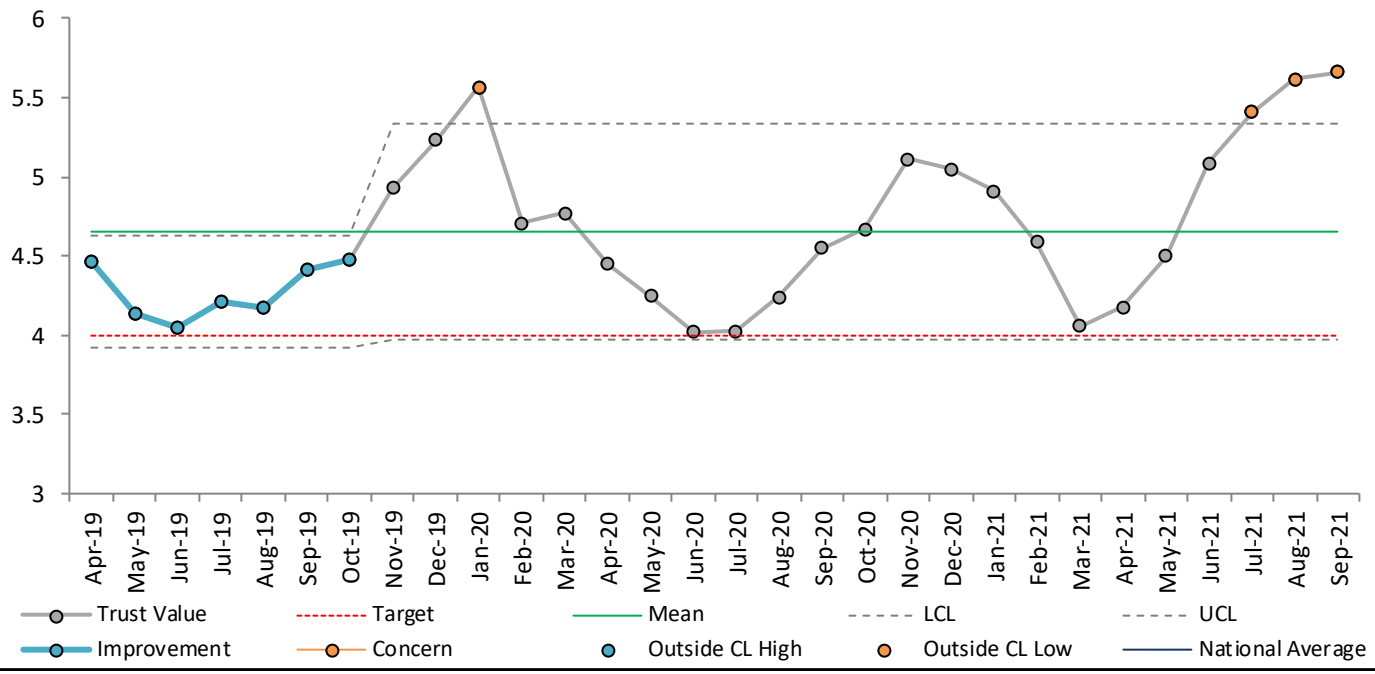
Timescale

- Ongoing
- October/ November 2021
- October / November 2021

Well Led

South Tees Hospitals NHS Foundation Trust

Sickness Absence (%)



The % of monthly sickness absence

Target	4
Mean	4.65
Last Month	5.66

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

General sickness absence has continued to increase.
Staff absence figures have increased from 5.61% in August to 5.66% in September.
93 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 5.61% in August to 5.66% in September, due to increased short term sickness.
- Perioperative & Critical Care had the highest sickness at 7.29%, increasing by 0.62% from 6.66% in August. The most improved collaborative is Medicine and Emergency Care, a reduction of 1.17% to 6% September.
- The key reasons for absence are COVIDF-19 related stress, anxiety and depression, and musculoskeletal.

Planned Actions

- HR Clinics are continuing, with 93 completed up to September 2021 across the Trust. In addition to HR clinics, monthly case conferences between HR, OH and managers have been introduced to focus on areas with highest absence and will continue to be a focus.
- HR Operations to hold weekly sickness clinics - focus groups to review complex cases and share best practice for managing absence.
- Further manager training and coaching is planned across all areas to ensure managers are confident in managing sickness absence.

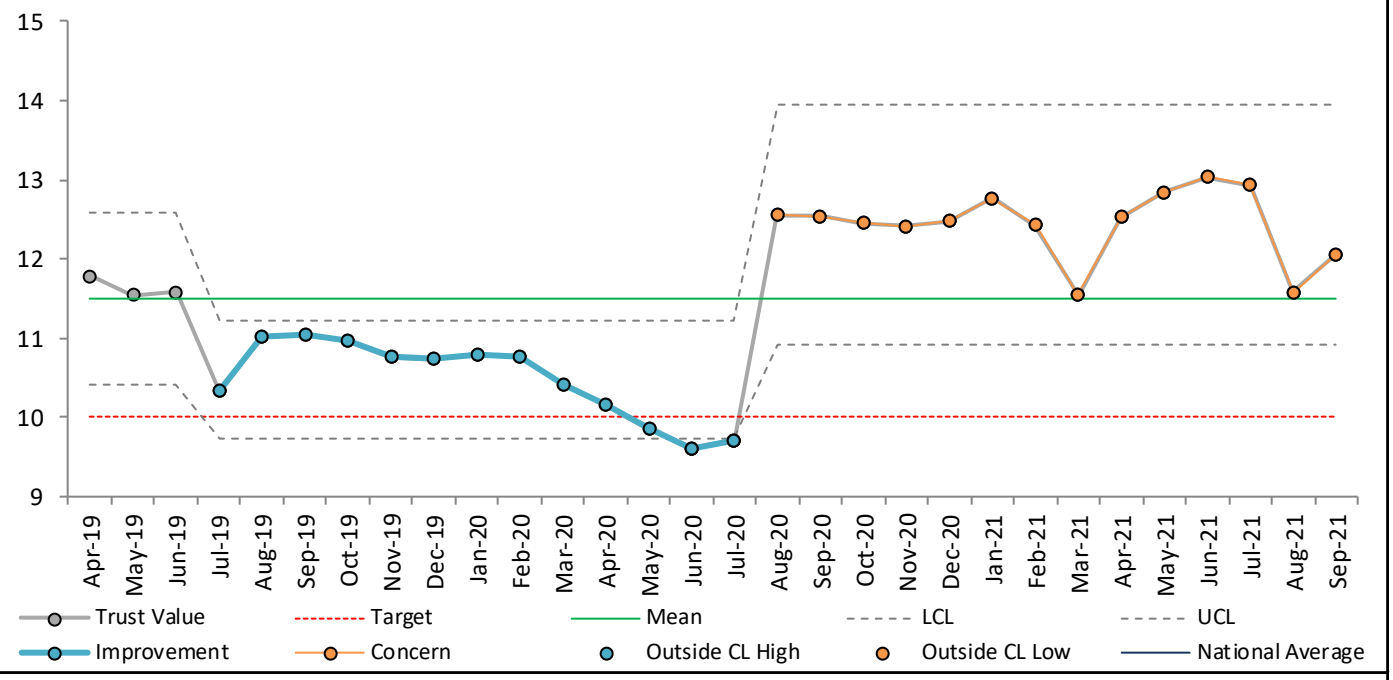
Timescale

- Ongoing
- October/November 2021
- October/November 2021

Well Led

South Tees Hospitals NHS Foundation Trust

Staff Turnover (%)



Staff turnover rate

Target	10
Mean	11.51
Last Month	12.06

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 and also reflects the trust's values of being Caring, Supportive and Respectful. This has been communicated via Trust Briefing and Collaborative Boards and meetings.

Cause of Variation

- Turnover has increased by 0.47% to 12.06%
- Highest rate of turnover is in the following areas: Medicine & emergency Care Services - 15.12% but has decrease by 0.41%, Digestive Diseases – 14.30% and Corporate Services– 13.87%
- James Cook Cancer institute & Specialist Medicine Services are at 7.69%, Clinical Support Services are at 7.77%, Neurosciences & Spinal Care Services at 9.04% and Cardiovascular services at 9.90% - all below target of 10%

Planned Actions

- As part of the HR Clinics the operations team will be 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 develop action plan by November 2021.

Timescale

- October/ November 2021
- October/ 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.

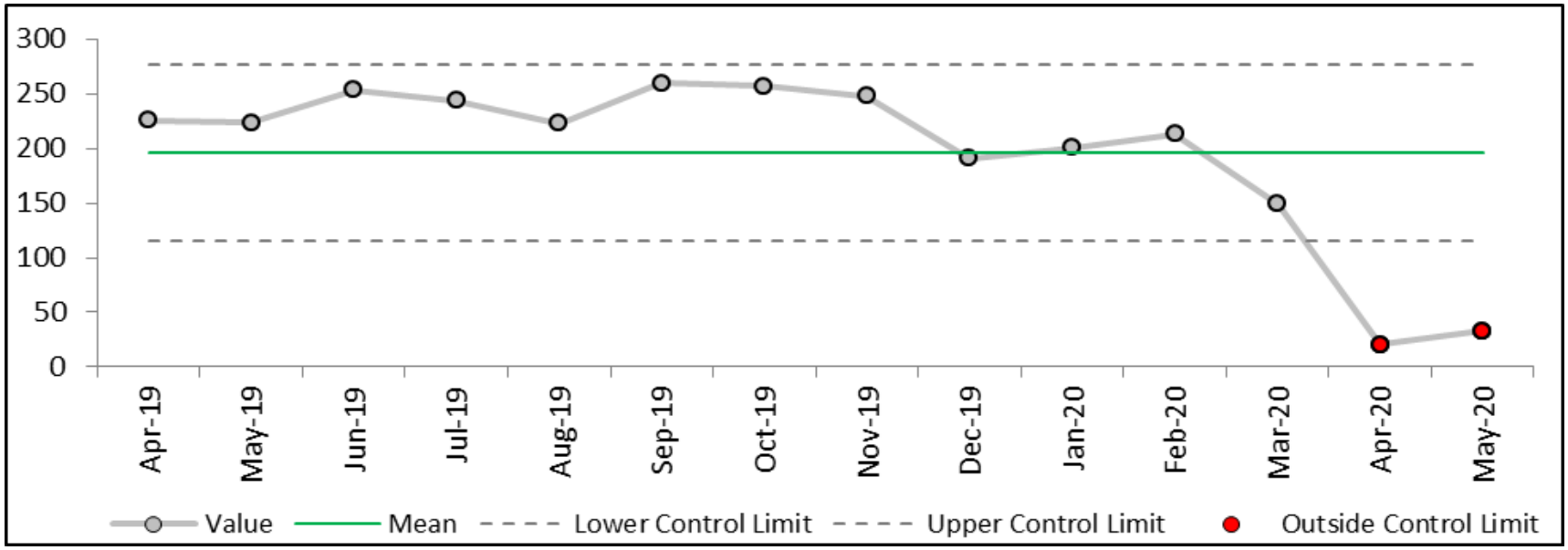
Introduction to Statistical Process Control

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.



South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 2 November 2021			
Care Quality Commission (CQC) Update Report			**AGENDA ITEM: 14, ENC 11**
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.		
Background	The Trust has an overall rating of Requires Improvement. Following 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 progress the Trust has made as well as ongoing work and plans to prepare for the next CQC inspection. **Achievements** • Creation of the CQC Compliance Group. • All Directorates have completed their initial CQC self-assessment and have attended a check and challenge meeting with the CQC project team. • Further meetings to review Directorate progress with self-assessments. • PIR (Provider Information Request) data, narrative and documents have been requested and a process is in place to validate, and identify gaps and work to be done. • Recent review of progress with the CQC action plan. • CQC Engagement Meetings to review core services are progressing. • Communications for staff and CQC inspection team in place. • Latest full CQC Insight dashboard shared as well as summary position from NEQOS, and initial analysis undertaken. **Ongoing work** • Continuing follow up of progress re: Directorate self-assessments. • Continuing work to complete the CQC action plan and to ensure actions are effectively implemented. • Preparation of presentations for CQC Engagement Meetings.		

	• Roadshows to engage with staff and share key messages. **Planned work** • Supported work with Directorates • Review and validation of PIR information, identification of gaps and actions, and work to address these. • Briefing packs for Board members. • CQC Insight dashboard analysis to be embedded in governance processes and used to inform ongoing CQC preparation	
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? 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 ☒	

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 its next CQC inspection. The Trust Board of Directors is asked to note progress, ongoing and planned work.

2. BACKGROUND

Following 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.

The action plan is 'owned' by the Clinical Collaboratives.

The Trust is now in the preparation phase for the next inspection whilst continuing to embed actions from the 2019 report.

3. ACHIEVEMENTS

a. Creation of the CQC Compliance Group.

The group has met on 25 August and 6 October and terms of reference have been approved. The purpose is defined as:

- Ensuring that actions identified from the self-assessments are incorporated into robust action plans that address all issues and risks are mitigated and escalated to the appropriate Group/Committee.
- Continuing to ensure that risks are recorded on the Trust's risk register (where appropriate).
- Continuing to ensure that plans are aligned to Trust Strategy and provide check and challenge to the Collaboratives on their response to the self-assessments.
- Share CQC related intelligence in relation to future planned or unplanned contact with the CQC.
- Responsible for confirming the quality and safety of healthcare and other services delivered by the Trust, applying the principles and standards of clinical governance.

b. Directorate CQC self-assessments.

Meetings have been held with each directorate. The CQC Project Team has arranged additional meetings to follow-up areas that required more work or more evidence. Attendance by the CQC Project Team at Directorate meetings is planned to improve engagement with key staff in some areas.

c. PIR (Provider Information Request)

Previously the CQC has required each provider to complete the PIR prior to an inspection. The purpose of the PIR is 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 for future inspections. However a review of the evidence that the CQC might expect to access or request at an inspection is an important part of the preparation for inspection. Leads have been identified for each of the PIR requirements and they have been asked to provide the relevant data, narrative and documents by 20 October.

d. Recent review of progress with the CQC action plan.

The CQC action plan was reviewed on 1 October 2021 and a number of updates recorded and actions for follow up.

This work is to be continued to ensure actions are completed and effectively implemented, and areas of concern escalated.

e. CQC Engagement Meetings to review core services are progressing.

- Medicine - held
- Surgery - November
- Maternity - December
- ED - January

f. Communications for staff and CQC inspection team in place.

Shine – CQC Inspection Toolkit – South Tees Hospitals NHS Foundation Trust (xstees.nhs.uk)

Roadshows have started. These are designed to engage with staff and share key messages and will now be supplemented with attendance at team meetings and other existing forums.

g. CQC Insight dashboard.

NEQOS has prepared and shared a CQC Insights Overview trends report based on the CQC data published in July and September. The latest full CQC Insight dashboard has been shared with the CQC Compliance Group and the Quality and Assurance Committee. Work is progressing within the CQC Compliance Team and across the Nursing Directorate and Business Intelligence Unit on analysing the information.

4. PLANNED WORK

a. Supported work with Directorates.
b. Review and validation of PIR information, identification of gaps and actions, and work to address these.
c. Briefing packs for Board members.
d. CQC Insight dashboard analysis to be embedded in governance processes and used to inform ongoing CQC preparation.

5. RECOMMENDATIONS

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

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 2 NOVEMBER 2021			
SFI Update			**AGENDA ITEM: 15, ENC 12**
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary Chris Hand Chief Finance Officer	**Responsible Director:**	Chris Hand Chief Finance Officer
Action Required	Approve ☒ Discuss ☒ Inform ☐		
Situation	This report outlines the updates following the review of the Trust's Corporate Governance Polices. The Audit & Risk Committee have considered the updates and are recommending approval by the Trust Board of Directors		
Background	The paper details the outcome of the review of the Trusts SFIs.		
Assessment	The review of the Trusts SFIs has proposed only minor amendments as outlined within this report.		
Recommendation	The Trust Board of Directors are asked to approve the updated corporate governance policies.		
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 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 ☒		

1. PURPOSE OF REPORT

The purpose of the report is to share with the Board of Directors the updated suite of corporate governance policy documents, following review and consideration by the Audit & Risk Committee.

2. BACKGROUND

The Trusts three key corporate governance documents have been reviewed in in line with the review schedule of each document.

The three documents are

- Standing Orders of the Board of Directors
- Standing Financial Instructions
- Decisions Reserved for the Board of Directors and Scheme of Delegation

3. DETAIL

Upon review of all key documents the following changes have been made as summarised. 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.

Amendments and changes are:

- Updates to committee names to align to the current trust committee structure
- Update to job titles throughout
- Changes to references to the Trusts current operational structure and the movement from Centres to Collaborative
- Amendments to the authorisation limits for non-pay purchases
    - Up to £10k – General Manager
    - Up to £30k – Service Manager
    - Up to £250k - COO or Executive Director
    - Over £250k - Chief Finance Officer
- Consistency checking between the three documents for cross references
- Amendments to the use of the company seal
- Inclusion of references to joint committees

4. RECOMMENDATIONS

The Trust Board of Directors are asked to approve the updated corporate governance policies.

South Tees Hospitals NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 2 November 2021			
2020/21 EPRR annual report and 2021/22 NHS EPRR core standards assessment			**AGENDA ITEM:16, ENC 13**
Report Author and Job Title:	Diane Hurley, Head of EPRR	**Responsible Director:**	Kevin Oxley, Director of Estates, Facilities and Capital Planning
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	The purpose of this paper is to present the Board with the 2020/21 annual update regarding emergency preparedness, resilience and response (EPRR) activities together with a statement of compliance with the 2021/22 NHS EPRR core standards		
Background	Under the NHS Constitution the NHS is there to help the public when they need it most. This is especially true during an incident or disruptive event and therefore the Trust must ensure that they have robust, flexible arrangements in place to respond to and recover from these situations. Emergency preparedness, resilience and response (EPRR) ensures that contingency arrangements are developed and tested for a wide range of threats, hazards and disruptions and that staff are provided with support and guidance to implement them. The importance of this work has continued to be highlighted with the ongoing response to the COVID-19 pandemic which has been the main focus for EPRR over the past 12 months. As part of this process, all NHS Trusts are required to present the public Board with an annual update regarding emergency preparedness, resilience and response (EPRR) activities together with a statement of compliance with the NHS EPRR core standards.		
Assessment	The attached annual report covers the period from 1st October 2020 to 30th September 2021 and 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.		

Recommendation	Members of the Trust Board are asked to receive this report as assurance that the Trust complies with the statutory requirements for EPRR and note the statement of substantial compliance to be made to NHS England and Improvement in respect of the 2021/22 EPRR core standards	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	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	
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 ☐	

2020/21 emergency preparedness, resilience and response (EPRR) annual report and 2021/22 EPRR core standards

Introduction

NHS Trusts are required to present the public Board with an annual update regarding emergency preparedness, resilience and response (EPRR) activities together with a statement of compliance with the NHS EPRR core standards.

This report covers the period from 1 October 2020 to 30 September 2021 and 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.

Context

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect services or patient care. These could be anything from loss of power or extreme weather conditions to an infectious disease outbreak, major transport accident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act (CCA) 2004 and the NHS Act 2006 (as amended), which requires NHS organisations to demonstrate that they can effectively respond to such incidents while maintaining services to patients.

Under the CCA the Trust is designated as a category 1 responder which means that it must be able to provide an effective response to emergencies whilst maintaining services. It is subject to the full range of civil protection duties as follows:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place business continuity management arrangements
- Put in place and maintain arrangements to warn, inform and advise the public
- Share information and co-operate with other local responders

The Trust is also required to comply with the requirements set out in the following:

- NHS Act 2006 (as amended)
- NHS standard contract (service condition 30)
- NHS England EPRR Framework (2015)
- NHS England Business Continuity Framework (2016)
- NHS England EPRR core standards

This work is referred to as ‘emergency preparedness, resilience and response’ (EPRR) and requires NHS organisations to develop plans, policies and procedures, provide training for staff on their role in an incident, exercise these plans to ensure they are fit for purpose and support any response and recovery efforts when an incident occurs.

Accountability

Responsibility for compliance with these requirements ultimately rests with the Chief Executive. However, in order to discharge these duties, day to day operational management and delivery is provided through the Head of EPRR, who is responsible for ensuring that an effective, robust EPRR system is in place.

Strategic level oversight of the EPRR remit has been delegated to the Director of Estates, Facilities and Capital Planning who has been appointed as lead director for EPRR, working with the Head of EPRR to ensure that the relevant EPRR arrangements are put in place and regularly reviewed / tested.

They are supported by Michael Stewart, Chief Medical Officer who has been appointed as the Accountable Emergency Officer (AEO) responsible for ensuring that the Trust complies with legal and policy requirements in respect of EPRR and ensuring that the Board is regularly updated regarding EPRR issues. In addition, David Jennings has been appointed as the non-executive director (NED) with oversight of EPRR responsible for supporting the AEO at the Board in respect of any EPRR issues and for endorsing assurance to the Board that the Trust is meeting its relevant statutory duties in respect of EPRR.

EPRR resources
An EPRR Co-ordinator was appointed in June 2021 to support the Head of EPRR to develop, review, train, test and implement the EPRR arrangements across the Trust.

The Trust has also appointed Uwe Franke as clinical lead for EPRR and Andrew Maund as deputy clinical lead for EPRR, responsible for providing clinical input in respect of EPRR and supporting the Head of EPRR in developing, testing, reviewing and updating incident response arrangements.

EPRR strategy
The Trust EPRR strategy sets out the strategic framework for management of EPRR (including business continuity) to ensure that the Trust can provide an effective, robust and co-ordinated response to any incident. This was updated in September 2021 and is available to all staff via the intranet.

EPRR Governance and partnership working
The Trust Resilience Forum (TRF) meets on a bi-monthly basis to determine Trust emergency preparedness, resilience and response (EPRR) strategy and ensure compliance with the Trust's EPRR strategy. The group is chaired by the lead director for EPRR and membership includes senior level representation from relevant collaboratives and corporate departments.

The TRF is accountable to the Board and the terms of reference for the group are available on request. It met a total of four times between October 2020 and September 2021. Two meetings were cancelled due to COVID pressures.

The EPRR Operational Group (EPRROG) has recently been established to support the development and maintenance of Trust EPRR arrangements to ensure compliance with statutory requirements and ensure lessons identified from exercises / incidents are monitored and embedded within relevant response arrangements. The group meets on a bi-monthly basis and is chaired by the Head of EPRR.

Membership includes management representation from all collaboratives and corporate departments.

The EPRROG is accountable to the Trust Resilience Forum and the terms of reference for the group are available on request.

The Trust also recognises the importance of partnership working and liaises closely with the north east health economy and non NHS partners to address EPRR issues. The Head of EPRR is an active participant in a variety of EPRR related groups including the Local Health Resilience Partnership (LHRP), Health and Social Care Resilience Group (H&SCRG) and the Cleveland Local Resilience Forum (LRF). In addition, as the Friarage Hospital is located within the North Yorkshire area, the Head of EPRR maintains liaison with the North Yorkshire LHRP, LRF and relevant sub groups attending meetings as appropriate.

Assurance

The NHS England Core Standards for EPRR are the minimum standards which NHS organisations must meet for emergency preparedness and response. The Trust is required to undertake an annual self-assessment against the core standards to provide assurance to NHS England that robust and resilience EPRR arrangements are maintained within the Trust. In the event that the Trust is not compliant with any of the standards, an action plan is developed and monitored through the EPRR governance arrangements.

2021/22 core standards self-assessment

This year there are 46 standards that the Trust is required to report against, split into 9 domains. This is significantly fewer than in previous years (64 standards within 10 domains) due to NHS England / Improvement recognising the impact of the COVID-19 pandemic on areas such as multi-agency planning, training and exercising.

In addition, there is a separate ‘deep dive’ into oxygen supply arrangements although this is not taken into account within the overall statement of compliance.

The self-assessment was undertaken in August 2021 by the Head of EPRR in liaison with a number of stakeholders across the Trust. Following this, 43 of the standards have been assessed as green (fully compliant) with the remaining 3 standards assessed as amber (partially compliant).

Overall, this means that the Trust is reporting **substantial compliance** for 2021/22. This is an honest assessment and reflection of the significant amount of work which has been undertaken throughout the last 12 months by the Head of EPRR, Head of Facilities, Estates team and Collaboratives / Services in respect of developing and improving EPRR and underpinning business continuity arrangements.

The Trust is required to submit their completed submission and statement of compliance to NHS England and Improvement (North East and Yorkshire) by 29 October 2021.

An overview of the responses given can be found in annex A; an action plan has been developed to address those areas identified as partially compliant.

Review of EPRR activities 2020/21

2020/21 has been another challenging year for EPRR, not just in terms of the continued response to the COVID pandemic and the additional demands on NHS services but also for a variety of disruptive incidents which required the implementation of contingency arrangements to keep patients safe and maintain essential services.

The Head of EPRR has continued to work closely with Trust management and clinical colleagues, the wider NHS and other stakeholders to develop and update the South Tees EPRR arrangements in line with local risks, national policy and lessons identified from recent events. This included attendance at the multi-agency Tactical Co-ordination Group (TCG) and Strategic Co-ordination Group (SCG) meetings during the height of the COVID response.

Emergency preparedness

In the event of a critical or major incident, the Trust is required to respond at all levels to manage the incident whilst continuing to provide / maintain core services at an appropriate level. In order to do this, the Trust is responsible for developing and maintaining contingency arrangements, taking account of local risks and national policy / guidance to ensure resilience during a prolonged incident.

The Trust incident response plan (IRP) outlines the response to be taken by STHFT in the event of a critical or major incident. It is supported by a series of standard operating procedures (SOPs) and tactical briefs including initial notification arrangements, establishment of the incident co-ordination centre and decision logging handbook.

The IRP was refreshed in December 2019 to reflect current Trust response processes as well as incorporating the learning from recent incidents. A full review and update is now underway, which will also see a change to the current format. This will be completed by March 2022 and the plan will then be validated through a tabletop exercise later in the year.

To support the activation of the IRP it is vital that there is a robust and timely mechanism in place to notify key personnel / services of any critical or major incidents. To facilitate this, the Confirmer automated messaging service is in place which allows for multiple calls to be made at the same time, reducing the burden on switchboard staff at a time when they will be under significant pressure due to increased volume of calls. This has been used a number of times during 2020/21 to issue full capacity protocol alerts and test the major incident communications cascade.

Other emergency preparedness activities carried out over the past 12 months include:

- Ongoing response to the COVID-19 pandemic including management of the incident co-ordination administration team
- Continued oversight of potential impacts on the Trust following the full withdrawal of the UK from the EU on 31st December 2020

- Further development / update of the Trust EPRR strategy
- Providing support and advice to individual services to assist with the development and testing of local response plans and business continuity arrangements

Business continuity
Business continuity management is a key component of the CCA and the Trust is required to have plans to ensure that they can continue to maintain services to patients in the event of a disruptive incident. The COVID pandemic has seen a number of business continuity plans implemented and increased engagement by all services in the business continuity planning process.

The EPRR team will continue to work closely with all services to review, update and test arrangements over the next six months to ensure lessons identified from COVID are included.

Incidents / events
The primary focus of 2020/21 has been the continued response to the COVID-19 pandemic which is currently being co-ordinated on a regional basis as a level 3 incident. This requires the Trust to have appropriate command and co-ordination arrangements in place to ensure that there is a clear line of sight across the Trust. These include a defined command structure supported by regular strategic and tactical meetings together with a virtual incident co-ordination function to monitor and disseminate information as required.

Whilst there were no events that resulted in a critical or major incident being declared by the Trust between October 2020 and September 2021, there were a number of disruptive incidents which impacted on the Trust during this time. These included:

- Loss of ISDN line at James Cook University Hospital on 29 July 2021
- Power dip affecting vacuum plant on 22 July 2021
- Significant power depression on 28 September 2021

There have also continued to be a number of national supply chain disruptions throughout the year (including blood tubes, cannulas and sterile infusion sets) which the Trust have had to dynamically manage. These continue to be monitored through the EPRR structure and a regular touchpoint meeting is currently being held to consider potential future supply chain disruption.

Training
Training is an essential element of EPRR and an internal training plan has been developed in order to ensure that staff are as prepared as they can be and are competent to undertake their designated roles. This is included within the EPRR strategy.

All training delivered is in line with the national occupational standards (NOS) for civil contingencies and a continuous personal development portfolio has been developed to be maintained by all on call personnel and submitted annually to the Head of EPRR for assurance and audit purposes.

All staff joining the on call rota are required to undergo training before going on call. Three training sessions have been delivered to a total of 12 staff since October 2020.

The planned two day Hospital Major Incident Medical Management and Support (HMIMMS) course in October 2021 had to be rescheduled due to COVID and surge pressures. This will now be held in March 2022.

Exercises

In order to ensure that the Trust's EPRR arrangements are robust and effective they should be regularly validated and tested through tabletop or live play exercises which allow staff the opportunity to practice their skills in a safe environment, whilst increasing their confidence and knowledge in preparation for responding to a real incident.

These are carried out either internally, involving a single function or a number of services, or externally in liaison with multi-agency partners.

The NHS EPRR Framework requires that the Trust carries out the following:

- A communications test every six months
- A tabletop exercise every year
- A live play exercise every three years
- A command post exercise every three years

Note: if the Trust activates its plan in response to a live incident this replaces the need to run an exercise, providing a debrief is held and any lessons identified are addressed

Tests of the communications cascade were held using the Confirmer automated messaging system in October 2020 and August 2021. In addition, the system was used to activate the full capacity protocol on 12 occasions in the past year.

As with most Trusts across the north east, no tabletop exercise was held in the last 12 months due to the ongoing COVID-19 response. This was agreed with NHS England and Improvement in recognition of the impact that the pandemic has had on all services. However, a major incident tabletop exercise is planned for December 2021 and a further exercise will be held in summer 2022.

Similarly, few multi-agency exercises or training events were held during 2020/21. These are likely to resume from 2022.

A full list of the 2020/21 incidents, events, training and exercises is given in annex B.

Forward look

EPRR continues to be an important function for the Trust in order that we can continue to respond safely and effectively to a wide range of threats, hazards and disruptive events. It will be particularly relevant as we continue to move into recovery

from COVID-19 and further embed the learning identified throughout the pandemic response. The role of / and engagement with the Integrated Care System (ICS) and Integrated Care Board (ICB) will also need to be considered as they take on their anticipated role as a category 1 responder under the Civil Contingencies Act (2001).

2021/22 priorities and workplan

An EPRR workplan has been developed for 2021/22 (appendix B) which includes the action plan from the core standards submission as well as identifying other areas to be addressed over the next 12 months. Progress will be monitored through the EPRROG and TRF.

The main priorities for 2021/22 include:

- EPRR business as usual recovery planning to address delays / gaps due to COVID response
- Continued co-ordination and delivery of EPRR arrangements across the Trust
- Further development of the Trust's capacity and capability to respond in the event of a business continuity, critical or major incident
- Facilitating and supporting the development of local response arrangements at a service / ward level in conjunction with nominated leads / EPRR champions to enhance the current level of preparedness within services / wards
- Review and update of arrangements for pandemic influenza and high consequence diseases
- Delivery of a further HMIMMS course within Trust
- Development and delivery of a tabletop exercise to test the updated incident response plan
- Maintaining information sharing and co-operation with other local responders including continued attendance at the LHRP, LRF and sub groups

Conclusion

EPRR continues to be an important function for the Trust in order that we can respond safely and effectively to a wide range of threats, hazards and disruptive events and continue to provide care to the patients and communities we serve.

Michael Stewart, Chief Medical Officer / EPRR Accountable Emergency Officer (AEO)
Kevin Oxley, Director of Estates, Facilities and Capital Planning / lead director for EPRR
Diane Hurley, Head of EPRR

2021/22 EPRR core standards
Trust self-assessment

Domain	No of standards	Fully compliant	Partially compliant	Additional information
Governance	5	5	0	
Duty to assess risk	2	2	0	
Duty to maintain plans	9	8	**1**	CS20 – shelter and evacuation *Ward plans in place; local area plans / Trust policy currently being developed*
Command and control	1	1	0	
Response	5	5	0	
Warning and informing	3	3	0	
Co-operation	2	1	**1**	CS42 – mutual aid arrangements *Awaiting regional policy including role of ICS / ICP*
Business continuity	7	6	**1**	CS50 – data protection and security toolkit *Declared by IG; working to achieve full compliance within the next 12 months*
CBRN	12	12	0	
Total	**46**	**43**	**3**	
Deep Dive – oxygen supply	7	7	0	

Incidents, events, training and exercises
October 2020 to September 2021

Date	Event	Additional information
Oct 2020 – Feb 2021	Weekly multi-agency COVID tactical co-ordination group (TCG) meetings	Attended by Head of EPRR
Oct 2020 – Feb 2021	Weekly multi-agency COVID strategic co-ordination group (SCG) meetings	Attended by Head of EPRR
6th October 2020	Communications test	Test of Confirmer automated messaging system
12th October 2020	Met Officer responder session	Briefing re adverse weather forecasts and extreme heat alert due to be implemented in 2021
16th October 2020	Communications cascade (full capacity protocol)	Activation of Confirmer automated messaging system
27th October 2020	On call training session	Initial training for personnel joining the on call rota
27th October 2020	Communications cascade (full capacity protocol)	Activation of Confirmer automated messaging system
27th October 2020	Communications cascade (full capacity protocol)	Activation of Confirmer automated messaging system
4th November 2020 10th November 2020	Communications cascade (full capacity protocol)	Activation of Confirmer automated messaging system
11th November 2020	On call training session	Initial training for personnel joining the on call rota
12th November 2020 17th November 2020	Communications cascade (full capacity protocol)	Activation of Confirmer automated messaging system
3rd December 2020	NEAS CBRN audit	Annual audit of CBRN equipment
9th December 2020	Exercise Multis	Multi-agency exercise for LRFs to test the pandemic excess deaths arrangements
10th December 2020	Communications cascade (full capacity protocol)	Activation of Confirmer automated messaging system
3rd January 2021 4th January 2021 5th January 2021 6th January 2021	Communications cascade (full capacity protocol)	Activation of Confirmer automated messaging system
19th January 2021	Powered respirator protection suits (PRPS) train the trainer session	Training session run by NEAS including donning and doffing, decontamination and disposal of used suits
23rd February 2021	CBRN training session and decontamination tent exercise	Test of decontamination tent and decontamination of ‘casualties’

11th May 2021 25th May 2021	PHE climate change workshop	National workshop to consider climate change preparedness options for the NHS

Date	Event	Additional information
3rd July 2021	Drive in movie event	Drive in movie event for Trust staff
20th July 2021	Communications cascade (full capacity protocol)	Activation of Confirmer automated messaging system
22nd July 2021	Power dip	Dip in power resulting in vacuum plant alarm being tripped
29th July 2021	Telephony failure, JCUH	Loss of one of the incoming lines which resulted in 33% reduction in capacity
4th August 2021	Communications test	Test of Confirmer automated messaging system
12th August 2021	On call training session	Initial training for personnel joining the on call rota
25th September 2021	Light aircraft incident	Incident at Teesside Airport resulting in 3 casualties being taken to JCUH
28th September 2021	Power depression	Significant power depression followed by 3 further power dips: generators activated
30th September 2021	Security incident	Overnight incident involving a man on the roof of a JCUH building

Quality Assurance Committee
Chair's Log

Meeting: Quality Assurance Committee (Virtual Meeting)	**Date of Meeting** 26 October 2021
Key topics discussed in the meeting	
• Board Assurance Framework • CQC Update • Monthly Integrated & Performance Report (Quality Aspect) • Digital Update • Monthly SI/NE report • Clinical audit report • Mortality/learning from deaths report • Integrated Patient Experience & Involvement report	
Actions agreed in the meeting	Responsibility / timescale
• Perinatal quality surveillance report signed off. • Update to the Board on clinical coding milestones and timescales • Further explore the measures for demonstrating improvements in learning and culture • Ongoing preparations for the CQC • Further enhance the commentary in the IPR with regard to safety and quality indicators • Safety and quality benefits of roll out of Alcidion Miya Clinical System to return to QAC as roll out progresses.	Heather Gallagher Manni Imiavan Vince Connolly, Ian Bennett Hilary Lloyd Hilary Lloyd Manni Imiavan
Issues for Board escalation/action	Responsibility / timescale
Good discussion on BAF risks and identified a number of additional source of evidence	

Resources Committee
Chair's Log

Meeting: Resources Committee (Virtual Meeting)	**Date of Meeting** 30th Sept 2021
Key topics discussed in the meeting	
• LINAC Funding Proposal • Board Assurance Framework • Integrated Performance Report • M5 Finance Reports • Planning and Recovery • 2021 National Cost Collection • Financial Recovery Plan Update • Digital Investment Update • Expression of Interest Capital Planning • Use of Resources Inspection • Community Diagnostic Hub proposal	
Actions agreed in the meeting	Responsibility / timescale
• The proposal to access central funding to replace one of the ageing LINAC machines at the Trust was approved and a 'turnkey' implementation was noted to provide the lowest risk. • No changes were reported on the BAF risks under review by the committee. Further work will be done on the 'Assurance Ratings' for the next meeting. • The IPR was noted as showing considerable challenges in both the 'Responsive' and 'Well Led' categories. This is largely due to COVID impacts and many of the KPI's were noted not to align well with the current national emphasis on elective recovery. A more focused set of KPI's will be developed to ensure we are sighted on what really matters. • The Committee noted that the M5 financial performance was in line with expectations but that the full extent of the financial challenge for the year will not be established until the H2 planning guidance is published. • H2 planning guidance has now been issued and will be reviewed for impact. A medium-term financial recovery plan is under development to respond to system challenges to accelerate improvement delivery. The committee noted that it was imperative that safety and quality are not compromised, and that	Head of Governance Chief Operating Officer Chief Financial Officer Director of Planning & Recovery

a Tees Valley system opportunity must form a significant element of the system deficit recovery. • National Cost Collection data preparation is complete and was submitted on schedule. The committee registered our thanks for all the hard work completed and confidence that national benchmarking will provide a firm basis for future recovery initiatives. • Manni Imiavan, the new Digital Director updated the committee on current investment plans. It was noted that a decision to delay ePMA go-live by 5 months has been taken to enable Miya Precision elements to be completed. • The Expression of Interest submission for New Hospitals Development was welcomed. Feedback on the long-list is expected Spring 2022. • Preparations for the expected CQC Use of Resources assessment were noted to be going well with work now focused on completing the self-assessment documentation. This will continue to be reviewed on a monthly basis at Committee. • A proposal the establishment of a Community Diagnostic Hub was welcomed, but concern was expressed by the committee at the governance process which had led to a last-minute addition of financial risk to the adopting Trusts. The Committee agreed to recommend Board support for the provided Letter of Agreement with the proviso that an accompanying letter was sent to the ICS noting that the Trust is not in a financial position to accept the significant future risks.	Chief Financial Officer Director of Estates Chief Financial Officer Managing Director
Issues for Board escalation/action	**Responsibility / timescale**
• The committee supported the access of Public Dividend Financing to replace one of the ageing LINAC machines. • A MTFA is under development and will need Board support • The IPR continues to show poor progress against many of the 'Responsive' and 'Well Led' KPI's. A more focused approach should be considered to ensure the Board is sighted on the critical priorities. • The proposal to establish a Community Diagnostic Hub was welcomed but reservations were expressed at the financial risk that the Trust was expected to underpin.	Director of Finance October Board Director of Finance October Board Managing Director Managing Director

Resources Committee
Chair's Log

Meeting: Resources Committee (Virtual Meeting)	**Date of Meeting** 21st Oct 2021
Key topics discussed in the meeting	
• Board Assurance Framework • M6 Finance Reports • Planning and Recovery • Investment Management Policy • Digital Strategy Update • PFI Update • Procurement Strategy and Q2 Update • Green Plan Review	
Actions agreed in the meeting	Responsibility / timescale
• No changes were reported on the BAF risks under review by the committee. Further work is still to be carried out on the assurance rating process. • The IPR was not available for review at committee but it was noted that work to restructure is ongoing with a workshop planned for 9 November. • The Committee noted that the M6 financial performance was in line with expectations. • H2 planning guidance impact is still under review but is expected to provide significant operational delivery challenges. Much will depend on the impact of COVID over the winter months. Trust H2 plan submission due date 25 Nov. • The updated Investment Management Policy was approved with minor comments. • Digital investment plan updates were reviewed and the programme summary noted as giving a good overview. A further review of digital governance will take place after the PWC report is received and an independent review of digital maturity is planned for 12-18 months time when the current investments are complete. • Good progress was noted under the PFI lifecycle programme although industrial action over pay by Serco employees was noted as a possible risk which is being monitored. Contingency plans are in place. • Procurement savings were noted to be on track as a significant element of the CIP but global supply chain issues were recognised to be starting to impact	Head of Governance Chief Financial Officer Chief Financial Officer Director of Estates, IT & Health Records

certain products. While this is a national rather than a local issue, re-use options are being evaluated to reduce demand in some areas. • The 2021-25 Procurement Strategy was approved while noting that this was essentially a 'bridge' to the proposed ICS Procurement System. • The Trust Green Plan was reviewed and the ICS deadlines for a 3-year plan noted. The committee did not feel it was appropriate to declare a 'Climate Emergency' as proposed by the ICS but rather to focus on continuing doing the right things.	Head of Procurement
Issues for Board escalation/action	**Responsibility / timescale**
• The committee supported the proposed governance process for the submission of the H2 Trust Plan, including the calling of an extraordinary Board meeting if required. Delivery of both financial and operational targets will be very challenging. • The IPR was not available for this meeting. Establishing an IPR process which gives insight into the key priority areas and the proposed improvement timescales remains a priority. A workshop is planned for 9 Nov.	Director of Finance November 2021 Managing Director December Board