

**Council of Governors – Public Meeting**

**Tuesday 20 September 2022, 1.00pm – 3.00pm**  
**Board Room, 2<sup>nd</sup> Flr Murray Building / Microsoft Teams**

**Agenda**

ITEM	PURPOSE	LEAD	FORMAT	TIMING	
<b>CHAIRS BUSINESS</b>					
1.	Welcome and Introductions	Information	Chair	Verbal	<b>1.00pm</b>
2.	Apologies for Absence	Information	Chair	Verbal	
3.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC1	
4.	Minutes of Previous Meeting held on: - 19 July 2022	Approval	Chair	ENC2	<b>1.05pm</b>
5.	Matters Arising and Action Sheet	Review	Chair	ENC3	
6.	Chairman' Report - Update	Information	Chair	ENC4	<b>1.10pm</b>
7.	Lead Governor Report	Information	Lead Governor	Verbal	<b>1.20pm</b>
8.	Managing Director Report Update	Information	Managing Director	ENC5	<b>1.25pm</b>
9.	Chief Operating Officer, Sam Peate - Performance Report	Information Only	COO	ENC6	<b>1.30pm</b>
10.	Finance Report	Information Only	Head of Financial Governance & Control	ENC7	<b>1.40pm</b>
<b>STRATEGY &amp; PLANNING</b>					
11.	Strategic Plan / Improvement Plan	Information	Lucy Tulloch	Verbal	<b>1.45pm</b>
12.	Outpatient Transformation Programme	Information	Tallulah Armit	Presentation	<b>1.55pm</b>
13.	NED Service Visits	Information	Non-Executive Directors	Verbal	<b>2.05pm</b>
<b>GOVERNANCE</b>					
14.	CQC Update	Information	Chief Nurse	Verbal	<b>2.15pm</b>

15.	Introductions – new Non-Executive Directors: <ul style="list-style-type: none"> <li>- Rudy Bilous</li> <li>- Mark Dias</li> <li>- Ali Wilson</li> <li>- Alyson Gerner</li> <li>- Ken Readshaw - <i>*APOLOGIES</i></li> <li>- Miriam Davidson</li> </ul>	Information		Verbal	<b>2.20pm</b>
16.	Committee Effectiveness report and updated annual cycle of business	Approve	Head of Governance	ENC8	<b>2.40pm</b>
17.	Report on the output of the small group work	Information	Head of Governance	ENC9	
18.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	<b>2.50pm</b>
19.	Reflections on Meeting	Discussion	Chair	Verbal	
20.	Any Other Business <ul style="list-style-type: none"> <li>- Future meeting dates</li> </ul>	Information	Chair / All	ENC10	<b>2.55pm</b>
21.	Date of Next Meeting: Tuesday 15 November 2022	Information	Chair		

**ENC 1**

Council of Governors Register of Interests

Board Member	Position	Declaration Details
Ann Arundale	Governor	NIL
Prof Derek Bell	Joint Chair	Trustee Royal Medical Benevolent Fund – no remuneration Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration Centre for Quality in Governance – Dormant Ltd Company
Steve Bell	Governor	NIL
Lisa Bosomworth	Governor	NIL
Yvonne Teresa Bytheway	Governor	Therapeutic Care Volunteer – James Cook University Hospital Member of UK Royal Voluntary Service – Home (telephone message service) Manager – Providing voluntary weekly craft sessions for local elderly community Member of Prostate Cancer Support Group – Providing support to members – Middlesbrough Teaching Support – Providing teaching support for NHS medical students – James Cook University Hospital
Cllr David Coupe	Governor	TBC
Janet Crampton	Governor	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Chair of Dementia Friendly Hambleton
Paul Crawshaw	Governor	Chair of Healthwatch Middlesbrough Board
Dr Sarah Essex	Governor	Cancer Research Team Lead
Graham Fawcett	Governor	NIL

Paul Fogarty	Governor	Member of Patient Participation Group at Linthorpe Surgery, Middlesbrough Member of James Cook Hospital P.L.A.C.E team Therapeutic care volunteer Age uk Digital Champion volunteer
Dr John Fordham	Governor	NIL
Barbara Hewitt	Governor	NIL
Rebecca Hodgson	Governor	NIL
Mike Holmes	Governor	Member of Patient Group at GP practice – Dr Duggleby & Partners, Stokesley
Allan Jackson	Governor	NIL
Carlie Johnston-Blyth	Governor	NIL
Prof Steve Jones	Governor	Head of School of Medical Education at Newcastle University Responsible for medical students teaching and the physicians associate programmes run by Newcastle University. Both are placed in South Tees for training and the Trust receives payment for these placements.
Graham Lane	Governor	NIL
Elaine Lewis	Governor	Patient participation group Danby Surgery
Zahida Mian	Governor	Son employed by Kingsgate as an Associate Healthcare Consultant to the NHS
Jean Milburn	Governor	Senior lecturer in the School of Health and Life Sciences Teesside University
Lee O'Brien	Governor	CEO Carers Together Foundation. Carers Together is not commissioned by the Trust but it has received funding from NHSI/E
Dr Isaac Oluwatowoju	Governor	Associated Pastor at Living Water Parish of the Redeemed Christian Church of God. Non-profitable organization and no remuneration.
Nigel Puttick	Governor	NIL
Patrick Rice	Governor	Redcar and Cleveland Borough Council are part of the Health and Care Partnership. Joint working occurs in relation to Hospital discharges.

Angela Seward	Governor	Chair of Patient Participation Group (PPG) for Barnard Castle Surgery, County Durham Member of Countywide Patient Reference Group (PRG) (County Durham) - meets monthly with NENC ICB (CD) Member of the County Durham Health and Care Engagement Forum - meets monthly with NENC ICB (CD) Member of local PCN (Primary Care Network) PRG, which meets quarterly
Jon Winn	Governor	NIL
Sue Young	Governor	Member of Patient Participation Group at Quakers Lane Surgery, Richmond

**Unconfirmed minutes of the Council of Governors Meeting held in PUBLIC  
on 19 July 2022 at 1.00pm  
Board Room, 2<sup>nd</sup> Floor Murray Building, JCUH & via Microsoft Teams**

**Present:**

Prof Derek Bell	Joint Chairman of the Trust and Chair of the meeting
Mr Steve Bell	Elected governor, Staff
Mrs Yvonne Bytheway	Elected governor, Middlesbrough
Cllr David Coupe	Appointed governor, Middlesbrough Council
Cllr Caroline Dickinson	Appointed governor, North Yorkshire County Council
Dr Sarah Essex	Elected governor, Staff
Mr Paul Fogarty	Elected governor, Middlesbrough
Dr John Fordham	Elected governor, Patient and/or Carer
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Elaine Lewis	Elected governor, Patient and/or Carer
Ms Zahida Mian	Elected governor, Redcar & Cleveland
Ms Jean Milburn	Elected governor, Middlesbrough
Dr Isaac Oluwatowoju	Elected governor, Staff
Mr Nigel Puttick	Elected governor, Hambleton & Richmondshire
Mrs Angela Seward	Elected governor, Rest of England
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Sue Young	Elected governor, Hambleton & Richmondshire

**In attendance:**

Mrs Ada Burns	Non-executive Director ( <i>item 11 &amp; 16</i> )
Mr David Jennings	Non-executive Director / Vice Chair ( <i>item 11, 14 &amp; 16</i> )
Mrs Anita Keogh	Corporate Affairs Officer/PA to Joint Chairman
Dr Hilary Lloyd	Chief Nurse ( <i>item 12</i> )
Mr Sam Peate	Chief Operating Officer ( <i>item 9</i> )
Mr Brian Simpson	Head of Financial Governance & Control ( <i>item 10</i> )

## **CHAIR'S BUSINESS**

### **CoG/22/020 Welcome and Introductions**

Prof Bell welcomed all Governors to the public meeting which unfortunately had to be predominantly reverted back to Teams due to the adverse weather and extreme heat.

He continued by welcoming newly elected Governors :

- Dr Sarah Essex – Staff Governor
- Dr Isaac Oluwatowoju – Staff Governor
- Dr John Fordham – Patient/Carer

Prof Bell also congratulated both Mr Steve Bell - Staff Governor and Mr Jon Winn – Redcar & Cleveland on being re-elected.

Prof Bell asked Governors for any feedback following the earlier Development Session from Medical Engineering.

Mrs Seward, Lead Governor replied that all Governors had been fascinated during the presentation and agreed that medical engineering was the lifeblood of the Hospital.

### **CoG/22/021 Apologies for Absence**

Apologies for absence were received from:

Ms Ann Arundale	Elected governor, Middlesbrough
Ms Lisa Bosomworth	Representative of appointed governor, Healthwatch
Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Prof Paul Crawshaw	Appointed governor, Healthwatch
Mr Graham Fawcett	Elected governor, Redcar & Cleveland
Ms Barbara Hewitt	Elected governor, Redcar & Cleveland
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Ms Carlie Johnston-Blyth	Appointed governor, Teesside University
Prof Steve Jones	Appointed governor, Newcastle University
Mr Lee O'Brien	Appointed governor, Carer Organisation
Mr Patrick Rice	Appointed governor, Redcar & Cleveland Borough Council

Prof Bell also confirmed apologies from Mrs Jackie White as it was her daughter's graduation. Unfortunately Mr Rob Harrison, Managing Director, was also unable to join as he had confirmed COVID.

The following Non-executive Directors submitted their apologies:

Mr Richard Carter-Ferris	Non-executive Director
Ms Debbie Reape	Non-executive Director
Mr David Redpath	Non-executive Director

**CoG/22/022 Declarations of Interest**

Mrs Keogh confirmed that the meeting was quorate. There were no other new interests declared and no interests declared in relation to the agenda.

Prof Bell reminded Governors that if they had any changes to declarations of interest going forward to inform to either Mrs White or Mrs Keogh.

**CoG/22/023 Minutes of Previous Meeting**

The minutes of the previous meeting held on 17 May 2022 were approved.

**Resolved:** i) the minutes of the previous meeting held on 17 May 2022 were accepted as an accurate record.

**CoG/22/024 Matters Arising and Action Sheet**

The Action Sheet was reviewed and updated.

**CoG/22/025 Chairman's Report**

Prof Bell began by discussing the extreme hot weather recently and reassured Governors that all staff areas were receiving water and ice lollies with uniform restrictions being relaxed where possible.

Patients were also being offered lollies as and when they needed one. Prof Bell asked Staff Governors present at the meeting for confirmation that this was taking place and all confirmed that they had seen this in action.

Prof Bell ran through his update which was included in the papers with key issues including:

- Non-Executive Recruitment  
Prof Bell confirmed that the recruitment process had now been completed and thanked all those that had been involved. He continued that the applications received by candidates had been very strong and that 8 had been interviewed. Mrs Seward agreed that the whole process had been very well run over 2 days of interviews and that a good set of candidates had come through. Mrs Burns added that it had been encouraging to see that the Trust had so much interest.
- Departmental visits  
Areas visited during May and June included wards and departments at the Friarage and Critical Care at James Cook Prof Bell added that it was great to be able to meet staff who were all enthusiastic and proud of the services that they were delivering.
- Joint Partnership Board  
Prof Bell updated Governors that the membership of the Joint Partnership Board had been further expanded to include all voting members of the Board.

The Chairman reported that two joint South Tees NHS Foundation Trust and North Tees & Hartlepool NHS Trust Board events had taken place in May and June which had been productive with a number of key actions agreed which included approval of the Business Case to improve

diagnostic functions at Friarage, Redcar & Stockton with both Boards agreeing to go to the next stage.

Prof Bell concluded that the joint venture for pathology and laboratory services with both Trusts was also moving forward too. Mr Jennings expanded that he had been involved in the work and acknowledged that it would be better for both Trusts working together and was hopeful that the service would go live over the next couple of months as currently waiting for NHSE/I approval.

Prof Bell concluded that the next Joint Partnership Board meeting would take place on the 20 July 2022.

- Foundation Trust Chairs meeting with Sam Allen – CEO NENC ICS  
Prof Bell confirmed that the Chairs of the Foundation Trusts in the North East and North Cumbria met with Sam Allen on the 6 June 2022. During the meeting discussions took place regarding the ICS Operating model which had been agreed but was likely to be reviewed as early as September 2022. Nomination to the ICB was discussed including 4 seats for Local Authorities and 2 seats for Foundation Trust representatives. Clarity regarding PLACE was still ongoing.
- NHS Confederation Chairs Session  
Prof Bell attended the NHS Confederation Chairs session on the 23 May 2022 which focussed on the cost of living and what it meant for staff and patients and what Boards needed to consider. Prof Bell assured Governors that this along with other aspects of health and wellbeing is a topic of conversation at the People sub-committee on a routine basis.

Prof Bell added that an Eco Shop had recently been opened within James Cook to enable staff to purchase food at the end of shelf life which has proven to be very popular. Within the Eco Shop staff are able to purchase ten items for £2.00. Mr Steve Bell added that it had been that popular that the food had sold out on the first day. The shop is to run twice a week.

The Chairman concluded his update by confirming to Governors that all acute Trusts had now agreed to re-introduce car parking fees on sites which had been paused during COVID adding that this was a Government mandate.

No questions were raised.

**Resolved:** i) Governors thanked Prof Bell for his update.

#### **CoG/22/026 Lead Governor Report**

Mrs Angela Seward, Lead Governor, began by welcoming all new Governors to the meeting.

Mrs Seward gave a verbal update on the work she had carried out since the last Governor meeting held in July 2022 which included:

- Regular telephone calls with Prof Bell.
- Regular telephone calls with Mrs White on key topics.
- Regular telephone calls with Mrs Burns
- Joining Board of Directors' meeting for South Tees
- Joining Board of Directors and Council of Governor meetings for North Tees.

- NED recruitment
- Joint Partnership Board
- Annual Governor meetings with both elected and appointed Governors involving both Mrs White and Mrs Burns which were very informative and beneficial. Mrs Seward commented that she was looking forward to receiving the report from Mrs White when all meetings had been carried out.

Mrs Seward concluded her update with her delight at receiving positive press releases which had included:

- Charity Team raising money with Cleveland Heart Fund
- South Tees paediatric pre-assessment service being one of the first in the UK to offer a comprehensive service for all children and young people attending for planned surgery – one of the only ones to have its own dedicated area.
- Home for 12pm campaign to encourage people to work together around discharging patients.

Prof Bell thanked Mrs Seward for her update to Governors

No questions were raised.

#### **CoG/22/027 Managing Director Report**

In the absence of Mr Harrison, Managing Director, Prof Bell ran through his update which was included in the papers and highlighted the following:

- COVID-19 update
- Estate
- Surgical pre-assessment for children
- Robotic spinal surgery
- James Cook Cancer Institute
- Cardiothoracic robotic surgery
- ePMA (Electronic prescribing and Medicine Administration)
- North East and North Cumbria Provider Collaborative Development Session (PvCv)

Prof Bell confirmed that the Board was working with the PFI provider to upgrade facilities with work on Ward 8 already started and work on Ward 7 hopefully starting soon.

Turning to electronic prescribing Prof Bell expressed the importance of this work.

**Resolved:** i) Governors thanked the Chairman for the update in the absence of Mr Rob Harrison.

#### **CoG/22/028 Chief Operating Officer, Sam Peate**

##### Performance Report

Mr Sam Peate, Chief Operating Officer, ran through the report with the following key messages:

- The Trust was non-compliant with the mandated Single Oversight Framework metrics in March/April, and across the themes of the SOF

(quality of care, finance and use of resources, operational performance, strategic change, leadership and improvement capability) the Trust is placed in segment 3, mandated support for significant concerns. The Trust continues to benefit from external support on emergency care pathways and cost improvement and transformation.

- Emergency care performance was generally in line with the regional and national position, reflecting the challenges faced by many Trusts in recovering patient access given the impacts of the COVID pandemic.
- Longest waits had reduced very significantly with 104 week waits eliminated by April 2022. The main 62 day cancer pathway, from GP referral performed better than regional and national average. Each diagnostic access modality has a recovery trajectory and data validation focus.

Mr Peate added that COVID continues and pathways continue to be reviewed to cope with cases.

High level occupancy still occurring with a 53% demand in urgent treatment care in Redcar and 43% in paediatric attendance.

Mr Peate continued that there was some improvement with ambulance handover but that there was an increase in average length of stay.

Finally Mr Peate provided update on workforce metrics adding that there was a slight dip on both appraisals and mandatory training but assured Governors that they were working closely with all teams.

The following questions were asked:

- Cllr Coupe asked about COVID figures as he had been informed that there was approximately 120-130 people in hospital and wanted to know if this was correct. Mr Peate replied that the numbers were similar and that there were two dedicated COVID wards but that this was causing some discharge delays.

Prof Bell thanked Mr Peate for his update and reassured Governors that Board were always kept up to date adding that like most Trusts the emergency department was still in high demand.

**Resolved:** i) Governors thanked Mr Sam Peate, Chief Operating Officer.

### **INVITED MEMBERS**

#### **CoG/22/029 Finance Report**

Mr Simpson, Head of Financial Governance and Control, confirmed that a copy of the finance report had been provided in the papers for Governors which outlined the Trust's financial position as at Month 2 which reported a deficit of £7.0m at a system control total level. This was £0.1m ahead of the financial plan submitted to the NHSE/I Regional Team in April 2022.

As detailed in the report for 2022/23 the system-based approach for planning and delivery continues with all systems required to breakeven. The Trust's plan submitted in April 2022 to the NHSE/I regional team for the 2022/23 financial year is a deficit of £29.6m.

The national planning round was subsequently extended, following allocation of additional funding to ICBs for inflationary pressures, NHS organisations were asked to make a further plan resubmission in June 2022.

Following this submission, the Trust's revised plan to deliver deficit of £20.7m, which will form the basis of financial reporting from Month 3 onwards.

The costs associated with the historical PFI on the James Cook University Hospital remain the largest contributor to the Trust's deficit position.

Mr Simpson confirmed to Governors that the Annual Planning accounts for 2022/23 had been submitted and that discussions with NHSE/I – ICB would be ongoing. For year end this was taken through Audit & Risk Committee and received a clear audit.

Mrs Burns gave tribute to both Mr Chris Hand, Chief Finance Officer, and his team for completing the accounts adding that within Resources they were looking further with the 10 collaboratives for the cost improvement plan.

She concluded that the Trust were making good progress with a strong finance team.

Mr Jennings echoed Mrs Burns' comments and the hard work carried out by the finance team who have a good handle on the finances and acknowledged that although there is still a deficit the Trust were doing all they could to control that.

Following questions were raised:

- Mrs Seward commented that it was extremely helpful to hear the comments from both Mrs Burns and Mr Jennings.
- Cllr Coupe confirmed that he had had a discussion with one of the local MPs regarding the PFI contract and was hopeful that he would offer some help and that developments would be made in relation to the PFI contract.

**Resolved:** i) Governors and Prof Bell thanked Mr Simpson for his update.

## **GOVERNANCE**

### **CoG/22/030 NED Service Visits**

Prof Bell invited all Non-Executive Directors present at the meeting to provide details of any service visits to Governors.

Mrs Ada Burns confirmed to Governors that she had undergone a significant follow up visit to Ward 10. During COVID it had been a very tough time for staff with some issues with environment. On her follow up visit this had provided a good opportunity to see the improvements that had been made and the recruitment which had been secured too. Work was also underway for a family room which would be very beneficial.

In addition Mrs Burns also mentioned the reciprocal mentoring scheme where she is mentored by black/ethnic minority groups which she confirmed was good to listen and learn from.

Lastly Mrs Burns confirmed that she had been involved in delivering Star Awards which are awards for staff that are nominated by fellow colleagues adding that she very much enjoyed being involved.

Mr Dave Jennings gave a brief update on three visits he had been involved in at both James Cook and the Friarage.

- The first visit was at Friarage with Dr James Dunbar, Clinical Director, who provided an insight to his work.
- The second visit was with Ms Amy Oxley, Deputy Chief Nurse, to Ward 7 which had recently suffered a power cut and necessitated an urgent task with Serco. During the power cut somebody had also suffered a cardiac arrest and the teamwork involved with all those that helped to solve the problem had been amazing. As a result all staff had been thanked with a cream tea.
- The third and final visit had been with Mr Kevin Oxley, Director of Estates, Facilities and Capital Planning. Mr Oxley provided a tour of the whole of James Cook including Prissick car park which has had numerous issues with flooding. In addition they also visited Occupational Health during which they discussed their role.

Mr Jennings added that all visits were extremely interesting with a sense that the patient always comes first and colleagues going above and beyond.

Mrs Seward commented that she was happy to hear that the visits had gone well for both Mrs Burns and Mr Jennings but added that she was eager for Governors to start their Walkabouts when safe to do so as they always round this extremely beneficial. Prof Bell replied that he was aware that both Mrs White and Mrs Seward were discussing walkabouts and when it would be safe for the same to start again and asked that this was added as an action.

Prof Bell provided a brief overview of his visits which included a visit to the intensive care unit who were going through a STAQC accreditation. Prof Bell made this visit with Ms Sue Page, Chief Executive. Staff were very happy to receive this accreditation to acknowledge the reasons why they were awarded it.

The Chairman also confirmed that he had meeting with some external groups and had been looking at the programme of work and pointed out that the theatre work had been exemplary and that it was important that this success was acknowledged.

**Resolved:** i) Governors thanked the Non-Executive Directors and Joint Chairman for their updates on site visits.

**Action:** i) Mrs Jackie White and Mrs Angela Seward to discuss reintroducing walkabouts for Governors.

#### **CoG/22/031 CQC Update**

Dr Hilary Lloyd, Chief Nurse, provided an update to Council of Governors following the focused CQC inspection in February where they identified areas of concern.

Dr Lloyd confirmed that the Trust were on track with addressing the actions which were agreed with the CQC with regular engagement meetings taking place, the next one scheduled for Monday 25 July 2022.

Dr Lloyd continued by confirming to Governors that almost 50 areas had now received Diamond or Gold STAQC accreditations which was an amazing achievement.

She concluded that due to the hot weather staff were working hard in tough conditions and that cooling points had been placed throughout the hospital with water and lollies being made available.

Following questions were raised:

- Mrs Seward stated that she was pleased to hear how positive Dr Lloyd was and hoped everything would be achieved as hoped by September.
- Cllr Coupe acknowledged how hard it must be for all staff working in the extremely hot heat. Cllr Coupe also mentioned digital working as this would be helpful for appointments etc. Prof Bell replied that the Board looking at the digital strategy adding that it would be significantly better for both staff and patients if the Trust was more digital. Prof Bell asked that Governors be provided with an update on the digital strategy with staff coming to speak to them with their experiences. Mrs Burns added that digital sits under Resource Committee and that they were looking at approaches with technology and that it might be best to discuss with Governors in the autumn. Dr Lloyd agreed that the digital journey would have a huge patient safety benefit and is excited to see any progress made. Mr Jennings agreed stating that communication would be streamlined and would help with problems currently faced.
- Dr Oluwatowoju also highlighted problems currently faced in laboratories where at the moment the current system does not have the ability to look at procedures/results carried out at different Trusts. If there was an improvement digitally it would help greatly if the Trust had the ability to extract information and help with healthcare.

**Resolved:** i) Governors thanked Dr Hilary Lloyd, Chief Nurse

**Action:** i) Governors to be provided with update at future meeting in autumn on digital strategy with staff coming to speak to them with their experiences.

#### **CoG/22/032 AGM Update**

Prof Bell confirmed that the report prepared by Mrs White and included in the papers provided an update on the Annual General meeting which is scheduled to take place on the 20 September 2022 at 10.30am.

The Annual General and Members meeting takes place yearly to present the annual report and accounts. Due to COVID the last two years have gone ahead with a pre-recorded video loading onto the website. This year the meeting will go ahead face to face.

An invitation to attend the meeting will be published on the website and a personal invitation will be sent to the Trust membership.

Prof Bell confirmed that both Mrs White and Mr Mark Graham, Director of Communications, would be leading on this.

**Resolved:** i) Governors noted the content of this report.

### **CoG/22/033 Audit Committee annual report**

Mr Jennings, Chair of Audit Committee, ran through the report confirming to Governors that the Audit Committee produces an annual report to the Council of Governors which forms part of the Trusts annual filings of its financial statements.

The Audit Committee annual report is based on the Committee's consideration of the internal auditor's annual report, the external auditor's Management Letter, other work commissioned by the Committee during the year, and on discussions from its meetings.

Mr Jennings was pleased to confirm that the Committee met its responsibilities during 2021/22 by:

- Reviewing the Board Assurance Framework
- Reviewing risk and internal control-related disclosures, such as the annual Governance Statement
- Reviewing the work and findings of Internal Audit, including the Internal Audit annual plan
- Reviewing the work and findings of External Audit
- Reviewing the work and findings of the Local Counter Fraud Officer
- Reviewing the process by which clinical audit is undertaken in the organisation.
- Reviewing the process by which staff are able to speak up in the organisation.
- Monitoring the extent to which our external auditors undertake non-audit work having reference to the Auditors Guidance Note 1 (AGN01) 'General Guidance Supporting Local Audit'
- Receiving assurance that the organisation is compliant with the NHS England EPRR core standards and has an effective business continuity process in place
- Reviewing the 2021/22 Financial Statements and Annual Report, prior to submission to the Board and NHS Improvement
- Seeking assurance that the financial statements have been appropriately compiled on a going concern basis
- Reviewing and approving the Trust's Standing Financial Instructions and Scheme of Delegation
- Receiving assurance regarding PFI lifecycle
- Reviewing Trust policies such as standing financial instructions, accounting policies and BAF standard operating procedure
- Approving the Register of Interests for the Trust Board of Directors
- Seeking assurance in relation to the Trust's compliance with regulatory changes
- Reviewed the schedule of losses and compensations, the annual fraud report and provided assurance to the Board following each of its meetings
- Undertook a deep dive into the work of the sub committees and management of risk including People Committee, Resources Committee and Quality Assurance Committee.

Mrs Seward offered thanks to Mr Jennings and stated that the report was very well set out for Governors to read and understand.

#### **CoG/22/034 Attendance Log – Governors**

Mrs Seward on behalf of Mrs White referred members to the previously circulated report which set out information in relation to attendance at meetings. Mrs Seward reminded members of the constitution which set out:

*Within the Constitution if Governors fail to attend three meetings in any financial year unless the members of the Council of Governors are satisfied that the absences were due to reasonable causes, and they will be able to start attending meetings of the Council of Governors again within such a period as the Council of Governors consider reasonable.*

In line with good governance attendance is therefore monitored and a copy of the attendance log for meetings held in 2021/22 is attached to the report.

Mrs Seward confirmed that discussions had taken place with those Governors that had low attendance and the discussions were very helpful.

Mrs Burns added that following the small group meetings with the different elected Governors this had highlighted that Governors would love to see better attendance of appointed Governors at meetings. Prof Bell asked that once all meetings had taken place with the different groups of Governors (both elected and appointed) he would ask that the report be provided to Governors as soon as possible once it is completed by Mrs White as Head of Governance.

**Action:** i) Governors to be provided with a copy of the report prepared by Mrs White, Head of Governance, once all meetings with elected and appointed Governors.

#### **CoG/22/035 Committee Chairs' Logs**

Copies of all available Committee Chairs' logs were included in the set of papers for Council of Governors.

Professor Bell offered Chairs of Committees the opportunity to highlight any areas of interest for Governors.

##### Prof Derek Bell – Charitable Funds Committee

Prof Bell confirmed to Governors that work had been undertaken to look at the different pots of charitable funds which made up the charitable funds for Our Hospitals Charity. Further work was required which was ongoing.

Prof Bell also mentioned that a joint charity fund raising with Cleveland Heart Fund and Our Hospitals Charity on the Hearts and Mind Campaign.

Prof Bell asked if Mr Murphy could attend a future Development Session for Governors to introduce himself to all new Governors and provide update on what charities were doing at that time.

No questions were raised.

##### Mrs Ada Burns – Resources Committee

Mrs Burns began with the work of Kingsgate and the Cost Improvement Plan and explained to Governors that this was very important and significant. She highlighted the importance of Kingsgate with their work programmes to improve productivity and explore opportunities.

No questions were raised.

Mr David Jennings – Audit & Risk Committee

Mr Jennings confirmed he had nothing further to add following the earlier report brought to the meeting.

No questions were raised.

**Action:** i) Mr Ben Murphy to attend a future Development Session for Governors to introduce himself to all new Governors and provide update on what charities were doing at that time.

**CoG/22/036 Matters to bring to the attention of the Board**

Nothing raised.

**CoG/22/037 Reflections on Meeting**

Prof Bell found the meeting very helpful especially being able to show Governors how things link together.

**CoG/22/038 Any other business**

Governor Sub Groups

Prof Bell commented that Mrs Keogh had previously circulated to Governors a list of the sub-groups available for Governors to join.

These included:

- Quality Indicators Working Group
- Constitution Group
- Nomination Committee
- Governor Drop ins
- Membership & Engagement Committee
- Patient Experience Steering Group

Prof Bell asked if all Governors could reply to Mrs Keogh to confirm if they would like to join any of the above or if already involved if there was any Governors that no longer wanted to be involved in any of the groups.

Mrs Seward confirmed that she was looking forward to receiving a copy of the confirmed list of Governors involved in the different groups once it was fully updated. Mrs Young added that she had been part of the Patient Experience Group and found it very beneficial and feels that she is really helping the Trust.

In addition under AOB Mrs Seward confirmed that she had received a query through from a Governor and would speak further to make sure it is forwarded to the correct place to be answered.

**CoG/22/039 Date of Next Meeting**

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 20 September 2022.

**Council of Governors Action Log (meeting held in Public)**

<b>Date of Meeting</b>	<b>Minute no</b>	<b>Item</b>	<b>Action</b>	<b>Lead</b>	<b>Due Date</b>	<b>Comments</b>	<b>Status (Open or Completed)</b>
19.07.2022	CoG/22/030	<b>NED Service Visits</b>	Jackie White and Angela Seward to discuss the recommencement of Governor walkabouts	Jackie White / Angela Seward	20.09.2022		Open
19.07.2022	CoG/22/031	<b>CQC Update</b>	Governors to be provided with update at future meeting on digital strategy with staff coming to speak to them with their experiences. <b>To look at November or January Council of Governor meeting</b>	Anita Keogh	20.09.2022		Open
19.07.2022	CoG/22/034	<b>Attendance Log - Governors</b>	Jackie White to provide copy of the report to Governors following completion of the annual meetings involving Ada Burns, Jackie White, Angela Seward and each group of Elected and Appointed Governors for different constituencies	Jackie White	20.09.2022	Report provided in papers for 20.09.2022 Council of Governor meeting	Closed
19.07.2022	CoG/22/035	<b>Committee Chair Logs</b>	Ben Murphy, Head of Charities, to attend future development session to introduce himself to new Governors and provide update on what Charities are doing at that time	Anita Keogh	20.09.2022	Ben Murphy invited to attend Development Session on 17 January 2023 - meeting request sent	Closed

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 20 SEPTEMBER 2022			
Joint Chairman's update			AGENDA ITEM: ENC4
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Professor Derek Bell Joint Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
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 Council of Governors 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 <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	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 <input checked="" type="checkbox"/>		

## **Joint Chairman's Update**

### **1. Introduction**

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

### **2. Key Issues and Planned Actions**

#### **2.1 Non-Executive Director recruitment**

I am pleased to report that a successful recruitment campaign for non-executive directors took place during July and would like to welcome four new non-executive directors – Mr Ken Readshaw, Ms Miriam Davidson, Mr Mark Dais and Ms Ali Wilson and two associate non-executive directors – Ms Alyson Gerner and Dr Rudy Bilous.

#### **2.2 Departmental visits**

A programme of visits across the Trust continue and during August the areas visited included the Emergency Department and maternity services at James Cook. It was great to be able to meet staff who were all enthusiastic and proud of the services they are delivering.

#### **2.3 Joint Partnership Board**

A meeting of the non-executive directors from North Tees & Hartlepool NHS Trust and South Tees Hospitals NHS Trust took place on 4 August 2022 at Hartlepool General to reaffirm the actions agreed at previous meetings. This was followed by the first joint tour of wards and departments at Hartlepool General. A subsequent meeting of the non-executive directors and tour is being organised for 7 September at the Friarage.

#### **2.4 Partnership working**

I was pleased to visit Newcastle University with Professor Steve Jones, Head of the School of Medical Education and appointed governor to meet with colleagues regarding the fantastic medical school and to discuss how the relationship between the Trust and Newcastle University can be further developed.

#### **2.5 Messenger Report**

The findings of the review into leadership in health and social care led by General Sir Gordon Messenger and Dame Linda Pollard was published on 8 June. Encompassing seven recommendations, the report highlights the requirement to better support chief executives and delivering a consistent approach to leadership development.

In addition, the report describes the need to create a more diverse leadership in the NHS through better support mechanisms for staff from all ethnic minority backgrounds, and a greater commitment to improve diversity in senior leadership and board appointments. This is mirrored in the revised Code of Governance by

setting out a new focus on equality, diversity and inclusion, among board members as well as training in EDI for those undertaking director level recruitment and the development of plans for boards and senior management of the organisation to reflect the diversity of the local community or workforce. An example of such a focus can be found in the report *The Way Forward: the experience of Black, Asian and Other Ethnic (BAE) Non-Executive Directors in the NHS* developed with the Seacole Group, a network for BAE NEDs and Hunter Healthcare.

## 2.6 Fundraising

*Hearts + Minds* is a joint appeal by Our Hospitals Charity and South Cleveland Heart Fund which launched in March to bring first class cardiovascular research facilities to Teesside.

The charities are working together to help create a Cardiothoracic Research Facility at The James Cook University Hospital in Middlesbrough.

The money raised will enable existing space to be transformed into a leading edge facility and will include the creation of a dedicated clinical setting for patients in research trials as well as a reception, patient waiting area, new office space and a meeting room.

The Cardiothoracic Research Facility would be a focal point for heart research and could help countless people around the world.

The facility will be used by the trust's Academic Cardiovascular Unit, which will focus on research that improves treatment of heart attacks, develops exercise programmes in patients with heart problems, improves cardiac surgery and makes better use of data and digital technology in research.

It will enable the trust to become an internationally recognised centre of excellence in heart research as well as leading the way across the north east region.

## 3. Recommendation

The Council of Governors are asked to note the content of this report.

**Professor Derek Bell Joint Chair**

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 20 September 2022			
<b>Managing Director update</b>			<b>AGENDA ITEM: ENC5</b>
<b>Report Author and Job Title:</b>	Mark Graham, Director of Communications	<b>Responsible Director:</b>	Managing Director
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	Managing Director update		
<b>Background</b>	The following report provides an update from the Managing Director.		
<b>Assessment</b>	The report provides an overview of the health and wider related issues.		
<b>Level of Assurance</b>	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
<b>Recommendation</b>	Members of the Council of Governors are asked to note the contents of the report		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	There are no risk implications associated with this report.		
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.		
<b>Strategic Objectives</b> (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	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 <input checked="" type="checkbox"/>		

## **Managing Director Update**

### **COVID-19 update**

The decline in community infection rates over the summer has continued to translate into fewer patients with COVID-19 requiring hospital care.

In line with this reduction and national guidance patient visiting returned to a new normal in July. Patients at The James Cook University Hospital, Friarage Hospital and Redcar, East Cleveland and The Friary community hospitals have been welcome from 12 July to have up to two visitors at a time with open visiting seven days a week from 2pm to 4.30pm and from 6pm to 8pm.

Visitors are also longer need to book appointments to see friends and relatives on the wards unless they are in critical care.

To ensure the safety of patients and visitors, infection prevention measures remain in place and visitors are asked to sanitise their hands as they enter and leave hospitals and the wards, and some visitors are asked to wear face masks in high-risk areas.

Separately, the NHS is due to commence the next phase of the COVID-19 vaccination programme in the autumn. As with previous campaigns, the oldest and most vulnerable will be called forward first.

Health and social care staff will also be eligible to receive the autumn booster in line with JCVI guidance.

### **Urgent Care**

The NHS North East and North Cumbria Integrated Care Board (ICB) has Under proposals drawn up by the newly established NHS Integrated Care Board (ICB), is currently engaging on proposals to create a new Integrated Urgent Treatment Centre (UTC) at James Cook, and an expansion to opening times at Redcar UTC.

The Integrated Urgent Care Service would commence in the summer of 2023, offering GP out of hours services and minor injury services 365 days a year, including home visits where appropriate.

Patients in Middlesbrough and Redcar & Cleveland have been invited to have their say on the proposals during a 10-week period of engagement that began in August.

### **National Cancer Patient Experience Survey**

The latest annual National Cancer Patient Experience Survey was published in July. The Survey was commissioned by NHS England and carried out by patient experience insight survey experts Picker.

It focused on care received by patients treated at The James Cook University Hospital in Middlesbrough and the Friarage Hospital in Northallerton which provide treatment and care for more than 1.5 million people across Teesside, North Yorkshire and beyond.

The results of the national survey showed that the trust had no scores below expected range and scored above the expected range for:

- Referral for diagnosis was explained in a way the patient could completely understand
- Patient found it very or quite easy to contact their main contact person
- Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options
- The right amount of information and support was offered to the patient between final treatment and the follow up appointment
- Patient was given enough information about the possibility and signs of cancer coming back or spreading

## **Nursing**

Eight new specialist cancer care posts have been created at the trust in partnership with Macmillan Cancer Support. More than £824,000 is being invested to ensure patients receive the most advanced cancer care with access to specialist nurses every step of the way.

Six new permanent posts and two pilot roles are now being created to work across James Cook and the Friarage. These include:

- Two lung cancer specialist nurses
- Cancer care coordinator – upper gastrointestinal
- Cancer care coordinator – urology
- Urology specialist nurse
- Secondary breast cancer specialist nurse
- Cancer care coordinator – malignancy of unknown origin (pilot for two years)
- Specialist nurse – malignancy of unknown origin (pilot for two years)

Separately, more than 70 newly qualified nursing colleagues will be joining the trust during September.

## **Health Education England (HEE) North East 2022 feedback**

The trust has received its annual feedback from HEE which summarises the levels at which HEE are working with us to be assured of the quality of training across all clinical placements:

*‘South Tees Hospitals NHS Foundation Trust provides a platform for education and training that is truly multi-professional in its structure and ethos and without which many of our training programmes would struggle to deliver their full curriculum.*

*This was clear to see once again at the recent ADQM. The majority of our training programmes give the trust excellent feedback year on year, and we were impressed at the ADQM to be able to see both the commitment and the tangible support given to the health and wellbeing of all staff.*

*'We appreciate the vast amount of hard work, enthusiasm, and expertise your clinical and education teams provide to ensure trainees and students by and large get an excellent experience both educationally and professionally. They are all to be congratulated for the trust to have no escalated issues of concern at organisational level with us at this point in time.'*

### **Friarage Hospital's theatre update**

The Department of Health and Social Care has given approval for £35.5million of NHS investment to be earmarked for the creation of new modern operating theatres at the Friarage Hospital. The Friarage development is one of more than 50 new surgical hubs that are being created across the country.

Subject to final approval of the scheme, the plans for the Friarage will see the hospital's six existing operating theatres replaced with a modern surgical hub that will include six main operating theatres, two minor operating theatres and a surgical admission and day hub. The creation of the state-of-the-art surgical hub at the Friarage will enable the hospital to almost double the number of planned operations it carries out each year from just over 5,000 to almost 10,000.

The surgical hub plans are just the latest in a series of clinically-led developments at the Friarage which have seen the creation of new services and the on-going removal of Second World War-era buildings on the site.

In the last two years, a new dialysis unit and ophthalmology unit have opened at the hospital and, in the coming weeks, a new £5million endoscopy and urology diagnostic hub is set to open.

The surgical hub is planned to be built on the site of the existing Mowbray building which is more than 60 years old and is due to be demolished when the hospital's new diagnostic hub opens.

### **Veteran Aware organisation**

The trust has been formally recredited as a Veteran Aware (VCHA) organisation and has also achieved a Silver Award in the Defence Employer Recognition Scheme. VCHA is a group of NHS healthcare providers in England committed to providing the best standards of care for the armed forces community, based on the principles of the Armed Forces Covenant.

The Armed Forces Covenant – which recently passed into law – is a promise by the nation ensuring that those who serve, or who have served, in the armed forces, and their families, are treated fairly.

South Tees is one of around 40 trusts across the North of England that have gained Veteran Aware accreditation.

## **New perioperative medicine clinic**

The trust's new perioperative medicine department has now replaced adult surgical pre assessment at both James Cook and the Friarage.

The perioperative medicine team assess patients prior to surgery to ensure they are fit for their procedure and well prepared for their treatment journey.

Perioperative assessment can be delivered either over the phone or face-to-face and a new digital hub allows patients to complete an electronic health questionnaire prior to their appointment, ensuring they are triaged into the most appropriate clinic.

## **2. RECOMMENDATIONS**

Council of Governors is asked to note the contents of this report.

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 20 SEPTEMBER 2022			
Integrated Performance Report			<b>AGENDA ITEM: ENC6</b>
<b>Report Author and Job Title:</b>	Emma Moss Management Information Lead Business Intelligence Unit	<b>Responsible Director:</b>	Sam Peate Chief Operating Officer
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	To provide Council of Governors with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
<b>Background</b>	<p>The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee.</p>		
<b>Assessment</b>	<p>Changes to metrics for July 2022 IPR, are as follows:  <b>SOF</b> – New format received from NHSE.</p> <p><b>SAFE</b> domain: No change.</p> <p><b>EFFECTIVE</b> domain: Minor changes to format of SHMI data presentation.</p> <p><b>CARING</b> domain: No change.</p> <p><b>EQUITABLE</b> domain: Changes to format of data presentation for clarity.</p> <p><b>RESPONSIVE</b> domain: No change.</p> <p><b>WELL LED</b> domain: No changes.</p> <p><b>Our key messages for July are:</b></p>		

	<ul style="list-style-type: none"> <li>• The Trust was non-compliant with the mandated Single Oversight Framework metrics in <b>May/June</b>, and remains in segment 3. The Trust receives external support on emergency care pathways, cost improvement and transformation.</li> <li>• Emergency care performance was below the regional and national position, reflecting ongoing challenges across the wider health and social care system. Patients waiting over 12 hours from decision to admit remained above target in June, and has since increased,, a trend seen nationally. Elective access by RTT 18 week standard remained stable, whilst the England trend was a month-on-month deterioration in performance since July 2021. The total waiting list increased but the number of patients waiting more than 52 weeks has remained stable, 78-week waits were fewer than plan, and at May month-end no patients waited over 104 weeks.. Activity was below plan in May and is recovering in day case, i. Diagnostic compliance remains below average but is improving as accumulations and waiting list validation are addressed. Cancer 62-day standard performance is better than average, and more treatments were delivered than planned.</li> </ul>	
<b>Level of Assurance</b>	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>	
<b>Recommendation</b>	Members of the Public Council of Governors are asked to receive the Integrated Performance Report for July 2022.	
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	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	
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality and diversity implications associated with this paper.	
<b>Strategic Objectives</b>	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>
	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 <input checked="" type="checkbox"/>	



**South Tees Hospitals**  
NHS Foundation Trust



**South Tees Hospitals**  
NHS Foundation Trust

# INTEGRATED PERFORMANCE REPORT

July 2022

# OVERSIGHT

## RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

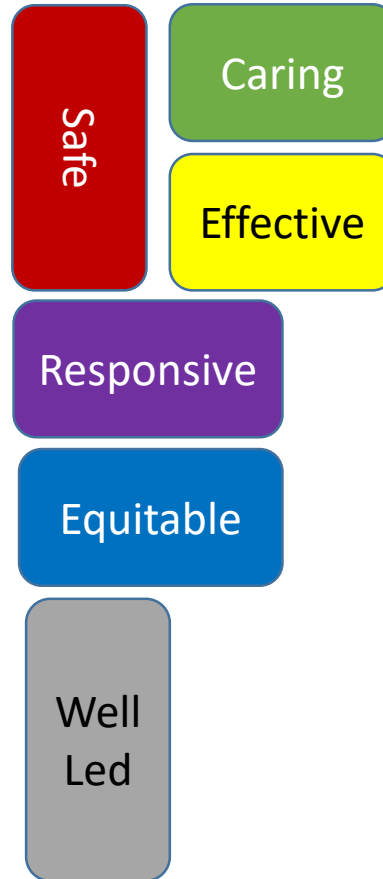
Dr Michael Stewart, Chief Medical Officer

Samuel Peate, Chief Operating Officer

Robert Harrison, Managing Director

Chris Hand, Finance Director

Rachael Metcalf, Human Resources Director



## BOARD SUB COMMITTEE

Quality Assurance Committee

Quality Assurance Committee

Resources Committee

Resources Committee

Resources Committee

People Committee

Audit and Risk Committee

# CHANGES THIS MONTH

**SOF** – New format received from NHSE.

**SAFE** domain:

No change.

**EFFECTIVE** domain:

Minor changes to format of SHMI data presentation.

**CARING** domain:

No change.

**EQUITABLE** domain:

Changes to format of data presentation for clarity.

**RESPONSIVE** domain:

No change.

**WELL LED** domain:

No changes.

# NATIONAL CONTEXT

The 10 planning priorities for 22/23 aim to *Restore services, meet new care demands and reduce the backlogs that are a direct consequence of the pandemic*

- A) Invest in our workforce
- B) Respond to Covid-19 ever more effectively
- C) Significantly more elective care - deliver 2019/20 activity plus 10%; eliminate 104 week waits; reduce 52 week waits; deliver cancer pathways to national standards; reduce outpatient follow-ups by 25%; 5% 'patient initiated follow up' pathways in all major specialties; advice and guidance; deliver 120% of diagnostic activity using Community Diagnostic Centres
- D) Improve UEC responsiveness and build community capacity – eliminate 12-hour ED waits; minimise ambulance handover delays; use of UTC, virtual wards, community, anticipatory care.
- E) Improve access to Primary Care
- F) Improve Mental Health, LD and Autism Services
- G) Develop approach to Population Health Management
- H) Exploit Digital Technologies to transform delivery of care and outcomes – network digital roadmap and investment plans
- I) Effective use of resources, delivering better than pre-pandemic productivity levels
- J) Establish ICBs and collaborative system working (5 year strategic plan) - ICB level planning, delivery and service configuration

The Trust's performance in June/July reflects the national context of a resurgence of COVID-19 during June; A&E attendances and emergency admissions returned to pre-covid levels; waiting lists increasing whilst the numbers of very longest waiters decreased. Two-week referral access for cancer patients improved nationally, whilst waiting times for cancer treatment are an area of focus.

# SINGLE OVERSIGHT FRAMEWORK SUMMARY

NHS Oversight Framework Summary					Urgent & Emergency Care				Elective care						Cancer			
Provider	A&E 4 hour standard	12 hour delay from DTA	Ambulance handovers 30-60 mins	Ambulance handovers 60+ mins	RTT - 18 week standard	52+ week waits	78+ week waits	104+ week waits	RTT total Waiting List	All OP - YTD growth 22/23 v 19/20	1st OP - YTD growth 22/23 v 19/20	Total elective - YTD growth 22/23 v 19/20	Diagnostic activity 22/23 v 19/20	Diagnostic 6 week waits	Cancer 62 day - GP referral	Cancer 62 day backlog	Cancer treatments	Cancer 28 day FD
Data period	Jun-22	Jun-22	Jun-22	Jun-22	May-22	May-22	May-22	May-22	May-22	May-22	May-22	May-22	May-22	May-22	May-22	Jun-22	May-22	May-22
Target	95%	Zero			92%	22/23 Plan	22/23 Plan	Zero by Jun 22	22/23 Plan	104%	104%	104%	120%	=<1%	85%	22/23 Plan	22/23 Plan	75%
South Tees Hospitals NHSFT	66.6%	38	231	278	66.2%	1,364	134	0	45,133	94%	98%	97%	83%	28.4%	66.8%	238	145	57.0%
NENC ICS Provider level (including IS providers)	77.0%	327	1,911	925	74.9%	7,619	1,007	63	357,283	96%	96%	92%	105%	17.4%	61.6%	1,522	1,713	74.7%
North East & Yorkshire	73.1%				71.3%									23.1%	62.0%			73.1%
National	72.1%				63.5%									26.0%	61.5%			70.8%

The Trust was non-compliant with the mandated Single Oversight Framework metrics in **May/June**, and remains in segment 3, mandated support for significant concerns. The Trust receives external support on emergency care pathways, cost improvement and transformation.

Emergency care performance was below than the regional and national position, reflecting ongoing challenges across the wider health and social care system. Patients waiting over 12 hours from decision to admit remained above target in June, and has since increased a trend seen nationally. Elective access by RTT 18 week standard remained stable, whilst the England trend was a month-on-month deterioration in performance since July 2021. The total waiting list increased but the number of patients waiting more than 52 weeks has remained stable, 78-week waits were fewer than plan, and at May month end no patients waited over 104 weeks. Individual patients have waited beyond 104 weeks since May, including due to patient choice. Activity was below plan in May and is recovering in day case only, impacted by staff absence. Diagnostic compliance remains below average but is improving slowly as backlogs and waiting list validation are tackled. Cancer 62-day standard performance is better than average, and more treatments were delivered than planned.

# SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2536	2070	Jul 2022		
Serious Incidents	7	8	Jul 2022		
Never Events (YTD)	4	0	Jul 2022	N/A	N/A
Falls	206		Jul 2022		N/A
Falls Rate %	6.2	6.6	Jul 2022		
Falls With Harm	2		Jul 2022		N/A
Falls With Harm Rate %	0.1		Jul 2022		N/A

## Incidents

There have been consistently high levels of incident reporting within the Trust for a sustained period, setting a new norm of around 2,536 incident reports per month. This has increased by 9.4% in the previous 12 months. High levels of reporting are typically a feature of a positive safety culture.

The number of SIs remains within expected variation and learning continues are shared at a local level with front line staff, as well as across the wider organisation and with our system partners. There have been 4 NE during 2022/23.

## Falls

The total number and rate of slips trips and falls have increased. The rate per 1000 bed days remains within our control limits. The rate of falls with harm remains low and better than the last two months. Focused work is continuing on wards with the highest number of falls. Structured reviews are being utilised as opportunities for learning from the whole MDT.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.6		Jul 2022		N/A
Category 2 Pressure Ulcers (Community)	57		Jul 2022		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.4		Jul 2022		N/A
Category 3&4 Pressure Ulcers (Community)	17		Jul 2022		N/A
Medication Incidents	117		Jul 2022		N/A
Medications Reconciled Rate %	52.4%	80%	Jul 2022		
Omitted Critical Doses	73		Jul 2022		N/A
C-Difficile (YTD)	48	36	Jul 2022	N/A	N/A
MRSA (YTD)	0	0	Jul 2022	N/A	N/A
E-Coli (YTD)	32	44	Jul 2022	N/A	N/A
Klebsiella (YTD)	14	16	Jul 2022	N/A	N/A
Pseudomonas (YTD)	3	4	Jul 2022	N/A	N/A

### Pressure Ulcers

The last Category 4 Pressure Ulcer reported in the community occurred in November 2021. In the acute setting we have had 1 Cat 4 for 22/23 in July 2022. Category 3 & 4 pressure ulcers remains higher than in the acute setting however there is a reduction in reported SIs related to preventable pressure damage. In the community setting a decrease in Category 2 & 3 pressure ulcers has occurred.

The PURPOSE T tool is in the digital testing environment and testing has been operationalised. Education and training is taking place in the clinical areas. E-learning video created by the Tissue Viability team. Pressures Ulcer management to be a mandatory training requirement.

3X weekly PU meetings continue, chaired by the Deputy Chief Nurse or Deputy Director of Quality.

### Medications




Medication incidents remain consistent. Medicines reconciliation reflects impact of staffing absences. Work to ensure in-patients on critical medication are prioritised for reconciliation is underway. Omitted critical doses is an additional metric in the IPR. July rate is 2.51% of all doses prescribed, down from 2.97% in June, against a target of 2%. The pharmacy team is highlighting these on prescription charts on wards; and the dispensary is prioritising ward supply of these. EPMA will help drive improvement work against this measure over coming months.

### Healthcare acquired infections

There were no new MRSA reported this month.

C-difficile infection is an ongoing risk with clear tracking, reporting and governance in place. Actions identified, monitored and a clear plan to address, key priority being an enhanced cleaning programme with the availability of a 'decant' ward to achieve this.

HCAI for E. coli are below expected trajectory, year to date, and infections for Klebsiella and Pseudomonas are within expected parameters.

Metric	Latest Month	Target	Month	Trend	Assurance
Induction of Labour (%)	46.9%	44%	Jul 2022		
Still Births (YTD)	9	17	Jul 2022	N/A	N/A
PPH 1500ml (%)	0		Jul 2022		N/A

### Maternity services

There were less than 0.05% of cases with post-partum haemorrhage in July, and Induction of labour rates within normal variation.

Still births reflect the complexity of case mix as a tertiary centre, where pregnancies with foetal anomalies are managed, as opposed to other local maternity units. However, there were no still births in May or June, and one in July, leaving the year-to-date position below that seen in the past two years.

The Maternity Improvement Board oversees quality, safety and performance against the suite of national maternity indicators and Ockenden Review Part 1 essentials. A summary suite of metrics for the IPR is being developed.

# EFFECTIVE

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6%		May 2022		N/A
Sepsis - Oxygen delivered within 1hr	91.5%	95%	Jun 2022		
Sepsis - Blood cultures within 1hr	68.1%	95%	Jun 2022		
Sepsis - Empiric IV antibiotics within 1hr	76.6%	95%	Jun 2022		
Sepsis - Serum lactate within 1hr	83%	95%	Jun 2022		
Sepsis - IV fluid resuscitation within 1hr	78.3%	95%	Jun 2022		
Sepsis - Urine measurement within 1hr	100%	95%	Jun 2022		
Summary Hospital-Level Mortality Indicator	111	100	Mar 2022		
Comorbidity Coding	4.2		Mar 2022		N/A

## Readmission rates

The emergency readmission rate is within normal variation and lower than pre-pandemic.

## Sepsis

Improvement in compliance has been observed for 3 of the 6 elements (urine output measurement within 1 hour remains at 100%).

Further actions include:

- Reviewing potential data extraction via Patienttrack
- Acutely Ill Patient (AIP) champion study days have been planned for 2022 - 9 delivered
- Roll out commenced of Enhanced Care competencies – Enhanced Care Educator
- Paediatric Patienttrack NPEWs / sepsis workflow progressed to User Acceptance Testing - changes to aggregated weighted score nationally causing delays
- AIM / Sepsis study days planned for 2022/23 - x 5 delivered
- Targeted education to ward-based areas – driven by Patienttrack
- Blood culture audit undertaken to understand reduction in compliance – occurs when patients are normothermic or hypothermic
- Blood culture measurement compliance escalated to IPC Operational group
- Discussions with Elaine Watson (Lead BMS Microbiology) regarding improvements to WebICE to drive increased compliance to lactate and blood culture monitoring in sepsis
- Reporting of antibiotic compliance within 4-hour timescale to commence August 2022.

## Mortality

For the latest official reporting period, Apr 2021 to Mar 2022, SHMI is 'as expected' at 111 (it has fallen 9 points in 9 months). SHMI rose before the pandemic, peaked and is falling. Observed and expected deaths (in hospital or within 30 days of discharge) fell during the pandemic, due to reduced hospital activity and are returning to normal volumes (91% currently with 3.2% of spells excluded as coded to covid). Mortality metrics are impacted by the recording of comorbidities which is the lowest in the region and substantially below the national average despite the population we service. NHS Digital began releasing SHMI specific historical coding depth and the proportion of spells with palliative care codes in this August 2022 release. The pilot work we have supported with the national NHS England Making Data Count and Better Tomorrow Teams continues and the format has changed to some extent this month. Reporting to the Trusts' governance committees shows that Medical Examiner scrutiny remains at >95%, with around 10% referred for further review. Learning from ME and mortality reviews relate to End of Life care, documentation of care, coordination of care for complex patients and transfers from other hospitals. Learning is cascaded through the Trust governance structures.

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	75.1%	78%	Jul 2022		
Inpatient Experience (%)	94.7%	94%	Jul 2022		
Maternity Experience (%)	96.3%	92%	Jul 2022		
Outpatient Experience (%)	97.8%	93%	Jul 2022		
New Complaints	24		Jul 2022		N/A
Closed Within Target (%)	31.3%	80%	Jul 2022		

## Patient experience

The Maternity surveys at the four touchpoints (antenatal, birth, postnatal and community postnatal) FFT response positive has improved the response rates in all four surveys. The overall percentage positive score has increased significantly to above the target.

FFT overall percentage for Emergency Care Services remains below expected variation. The patient journey in ED is continually reviewed, to stream patients, minimise delays, clinically prioritise patients and make best use of staffing resource.

The inpatient remains above the target, although has reduced, this is being monitored, lower scoring domains are monitored by the Patient Experience Steering Group. Outpatient surveys remain above target, consistently so for outpatients.

## Learning from complaints

Learning from complaints is being shared with front line colleagues at various groups and meetings. Target timelines for closing complaints are not being met and so changes have been made to improve communication, delivery of care, clinical practice, policy/procedures and training provision for staff.

## Elective inpatient PTL Inequalities: Deprivation

### Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	1,786	613	26%	2,399
02	1,042	332	24%	1,374
03	1,078	291	21%	1,369
04	1,594	405	20%	1,999
05_least_dep	1,137	284	20%	1,421
N/k	396	115	23%	511
<b>Total</b>	<b>7,033</b>	<b>2,040</b>	<b>22%</b>	<b>9,073</b>

IMD is taken from patient's postcode of residence

Long Waiters:

P2 > 3 weeks

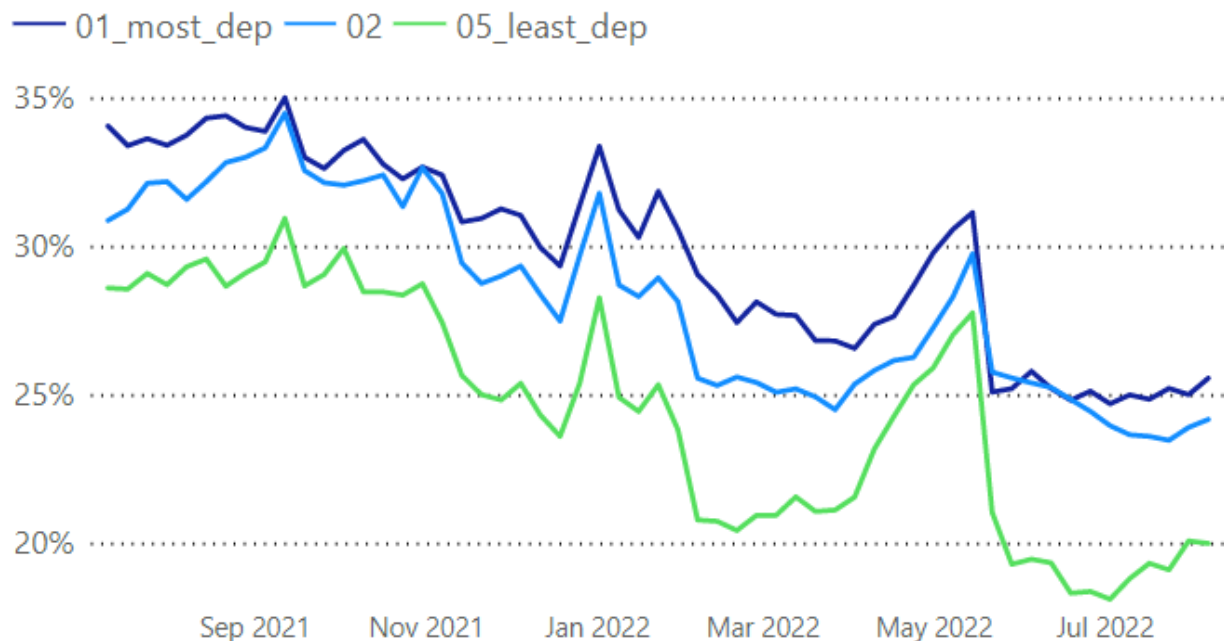
P3 > 3 months

any > 52 weeks

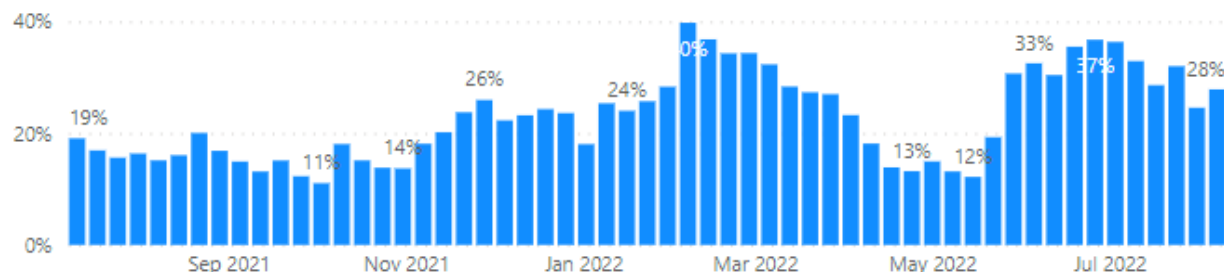
In Standard: All others

This graph compares the proportion of long waiters for quintile 1 with the proportion for quintile 5. So if quintile 1 is 25% and quintile 5 is 20% then quintile 1 is 25% higher than quintile 5. If the values are positive quintile 1 patients are more likely to be long waiters than quintile 5 patients

### Long waits as % of total PTL for Quintiles 1, 2 & 5



### Variance of Quintile 1 % long waiters to Quintile 5 % long waiters



The Trust serves some of England's most deprived wards. The waiting list is monitored to ensure equitable access. Deprivation may be correlated with patient's ability to attend appointments, and with poorer health, leading to longer and more complex care pathways.

## Elective inpatient PTL Inequalities: Ethnicity

### Latest PTL by IMD quintile

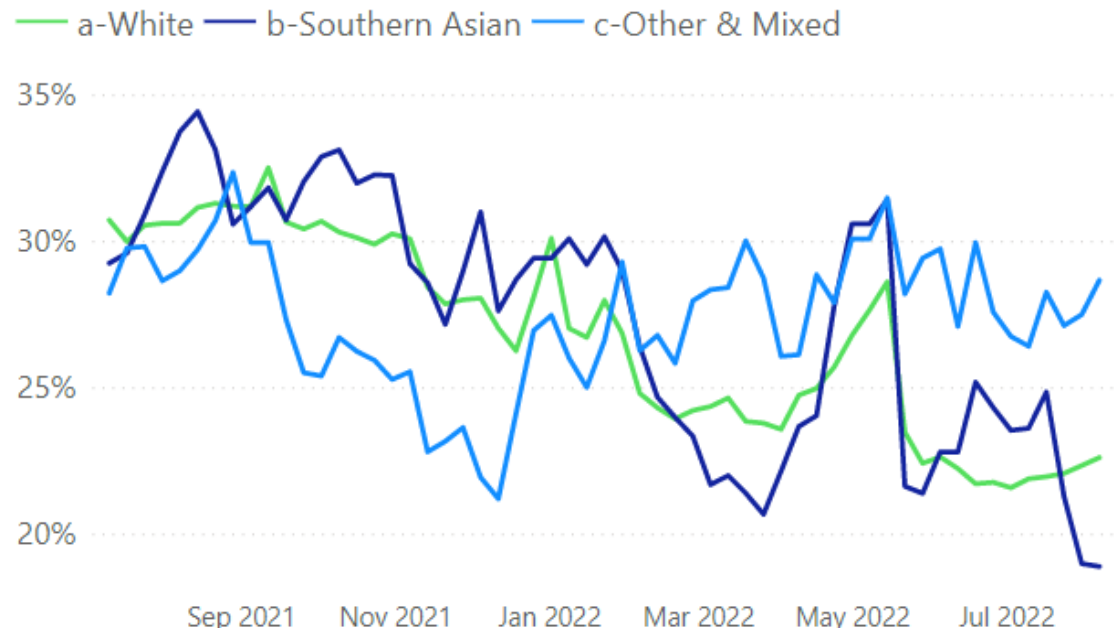
Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
<b>a-White</b>	<b>5,873</b>	<b>1,715</b>	<b>23%</b>	<b>7,588</b>
<b>b-Southern Asian</b>	<b>116</b>	<b>27</b>	<b>19%</b>	<b>143</b>
<b>c-Other &amp; Mixed</b>	<b>117</b>	<b>47</b>	<b>29%</b>	<b>164</b>
Black	20	9	31%	29
Mixed	21	18	46%	39
Other	76	20	21%	96
<b>N/k</b>	<b>927</b>	<b>251</b>	<b>21%</b>	<b>1,178</b>
<b>Total</b>	<b>7,033</b>	<b>2,040</b>	<b>22%</b>	<b>9,073</b>

Long Waiters:  
 P2 > 3 weeks  
 P3 > 3 months  
 any > 78 weeks

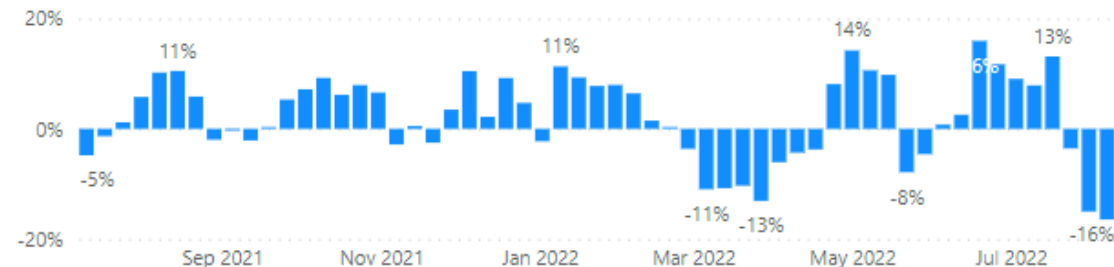
In Standard: All others

This graph compares the proportion of long waiters for people with Southern Asian ethnicity with the proportion for White ethnicity. So if the Southern Asian group 25% and White is 20% then Southern Asian is 25% higher than White. If the values are positive Southern Asian patients are more likely to be long waiters than White patients

### Long waits as % of total PTL by Ethnic groups



### Variance of Southern Asian % long waiters to White



The Trust also monitors its waiting list distribution by ethnicity. The numbers recorded in some groups are very low and so they are aggregated to reveal trends, however statistical fluctuations can be exaggerated, even when the data is grouped. It is nonetheless an area which the Trust continues to monitor.

# RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
4-Hour A&E Standard	68.3%	95%	Jul 2022		
12-Hour Waits from Decision to Admit	79	0	Jul 2022		
Handovers - Within 15 Mins (%)	55.6%	65%	Jul 2022		
Handovers - Within 30 Mins (%)	70.2%	95%	Jul 2022		
RTT Incomplete Pathways (%)	65.8%	92%	Jun 2022		
RTT 52 week waiters	1289	1174	Jun 2022	N/A	N/A
RTT 78 week waiters	88	153	Jun 2022	N/A	N/A
RTT Waiting List Size	45357	41677	Jun 2022		
Diagnostic 6 Weeks Standard (%)	69.4%	99%	Jun 2022		
Cancer 14 Day Standard (%)	53.1%	93%	Jun 2022		
Cancer 31 Day Standard (%)	95.5%	96%	Jun 2022		
Cancer 62 Day Standard (%)	48.3%	85%	Jun 2022		
Cancer 62 Day Screening (%)	86.7%	90%	Jun 2022		
Cancelled Ops - Non-Urgent Cancelled on Day	50	0	Jul 2022		
Cancelled Ops - Not Rebooked Within 28 days	6	0	Jul 2022		
Cancer Operations Cancelled On Day (YTD)	0	0	Jul 2022	N/A	N/A

## Urgent and emergency care

The impact of COVID-19 and patient flow (segregation of pathways) continues to be observed. Increased levels of urgent and emergency care activity continued into July along with increases in discharge related delays due to continued pressures in social care. This impacted on the 4-hour and 12-hour standards.

Ambulance handovers continued to be impacted by the volume of activity in July, and handovers within 15 minutes dropped below compliance. Specific actions are being monitored through the Emergency Care Improvement Group and the Trust continues to be supported by ECIST, NHS-E and the Trust are now working alongside the ICB executive team to identify further opportunities to reduce system pressures in particularly around discharge and Integrated Urgent Care Models of care.

## Elective waiting times

Referral to treatment within 18 weeks performance was stable, at 65.8% Operational plans for outpatient and inpatient activity for 22/23 include an increase in activity to reach 104% of pre-pandemic levels, which will impact positively on this metric. The focus remains on the longest waiters – maintaining a zero position with 104 week waits, eliminating 78-week waits and reducing 52-week waits. Services are working on activity plans and validation.

Diagnostic access continues to improve, rising to 71% compliance with the 6-week standard at end May. All modalities have demand and capacity plans in place with actions and trajectories to work towards compliance, including the use of future Community Diagnostic Hub capacity.

Non-urgent operations cancelled on day of surgery is more than in 2020/21 due to the increase in cases booked alongside ongoing COVID-19 incidence.

## Cancer waiting times

62-day standard remains non-compliant, due to continued reduction of long waiters awaiting first definitive treatment and 14-days remains an area of focus.

# RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	15989	18029	Jul 2022		
Outpatient Follow Up Attendances	40781	43552	Jul 2022		
Day Case admissions	5789	5922	Jul 2022		
Ordinary Elective admissions	812	1072	Jul 2022		
NEL admissions with 0 LOS	1552	2053	Jul 2022		
NEL admissions with 1+ LOS	3527	3972	Jul 2022		
Length of Stay - Elective	4.4		Jul 2022		N/A
Length of Stay - Non-Elective	4.7		Jul 2022		N/A
Not Met Not Discharged	109	90	Jul 2022		
21 Day Stranded Patients (%)	14.1%	12%	Jul 2022		

## Activity

July outpatient data reported is not yet fully coded. At Trust level to end June, outpatient first and follow-up attendances were both at 97% of plan YTD. Elective Day Cases are at 99% of plan YTD to July month end. However Ordinary Elective (overnight) admissions are at 85% of plan YTD. Data reconciliation for July month end will be incomplete at this point. Collaboratives are working through their plans to return to plan for Ordinary Elective.

Non-elective admissions remain high (although lower than predicted), reflecting the trend seen nationally, and the pressures seen in urgent and emergency care and social care.

## Length of Stay

Elective length of stay remains lower than the longer-term average, whilst non-elective length of stay remains higher but has returned to the post-COVID mean this month. There are ongoing pressures across the social care sector which impact on timely discharge of patients who have ongoing care and support needs. Bed modelling work continues to understand likely demand and possible provision for general and acute medical beds ahead of winter 2022/23, alongside develop of out-of-hospital alternatives such as Virtual Wards.

Patients who no longer meet criteria to reside in an acute bed remains above target. The Trust partnership with local authorities to create a Transfer of Care Hub, and the Home First scheme, are now well-established. The Trust has made progress in reducing delays within its span of control, and there is a broadly a downward trend.

The number of patients staying in hospital longer than 21 days has increased as activity has returned to pre-COVID levels and remains within the expected variation of this metric post-COVID. The percentage of patients with long stay is driven by our specialist critical care, spinal cord injuries and rehabilitation pathways.

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£10.953m	-£10.979m	Jul 2022	N/A	N/A
Annual Appraisal (%)	74.7%	80%	Jul 2022		
Mandatory Training (%)	88.5%	90%	Jul 2022		
Sickness Absence (%)	5.2%	4%	Jul 2022		
Staff Turnover (%)	14.3%	10%	Jul 2022		

## Finance and use of resources

For month 4 of the 2022/23 financial year the Trust is slightly ahead of plan. The current position is reported against the Trust plan submitted to the ICS on the 20th June. This plan is expected to deliver a £20.7m deficit for the full year. The Trust plan forms part of the ICS financial plan and the ICD is expected to deliver a financial balance at system level for 2022/23.

## People

Sickness absence across the Trust is currently 5.15% which is a small increase in the month of July.

Appraisal compliance across the Trust has improved and is now 74.7% (an increase of 1%). Mandatory Training compliance has reduced slightly to 88.5%. HR representatives are discussing KPI data with managers on a regular basis at Collaborative Board Meetings, Directorate Meetings and HR Clinics. Pay Progression is due to go live 1 October 2022 for all Agenda for Change staff, and will support and recognise mandatory training and appraisal compliance.

National NHS Staff Survey Collaborative and Corporate Area plans were shared recently at People Committee and actions will be monitored monthly at Collaborative Board meetings. A quarterly update will be provided to People Committee. The Trust is currently working on plans for the roll-out of the 2022 survey. Other actions include a review of flexible working and the 'Love Admin' week to be held in September.

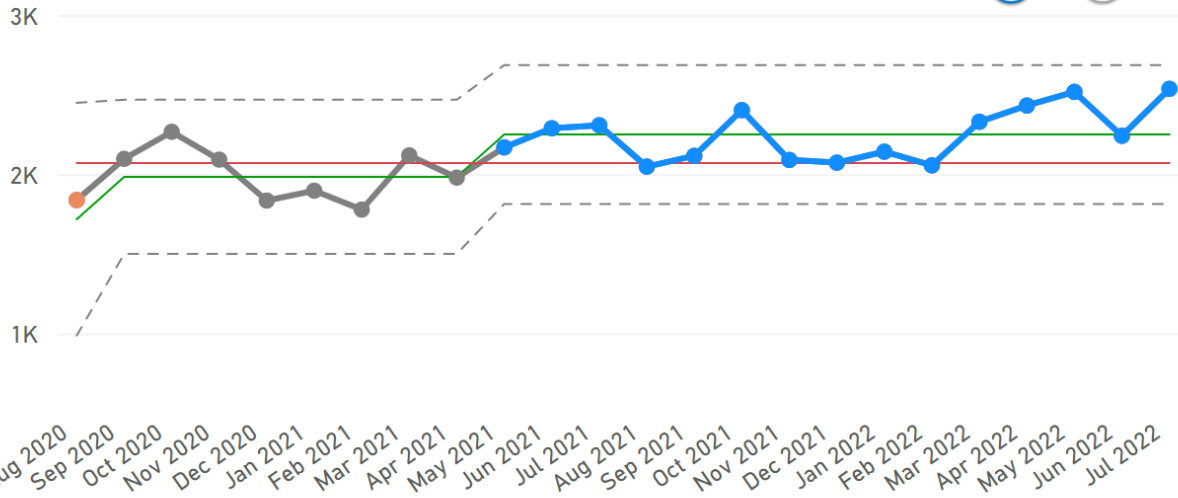
# APPENDICES

SPC charts for the metrics summarised above, by domain.

# SAFE

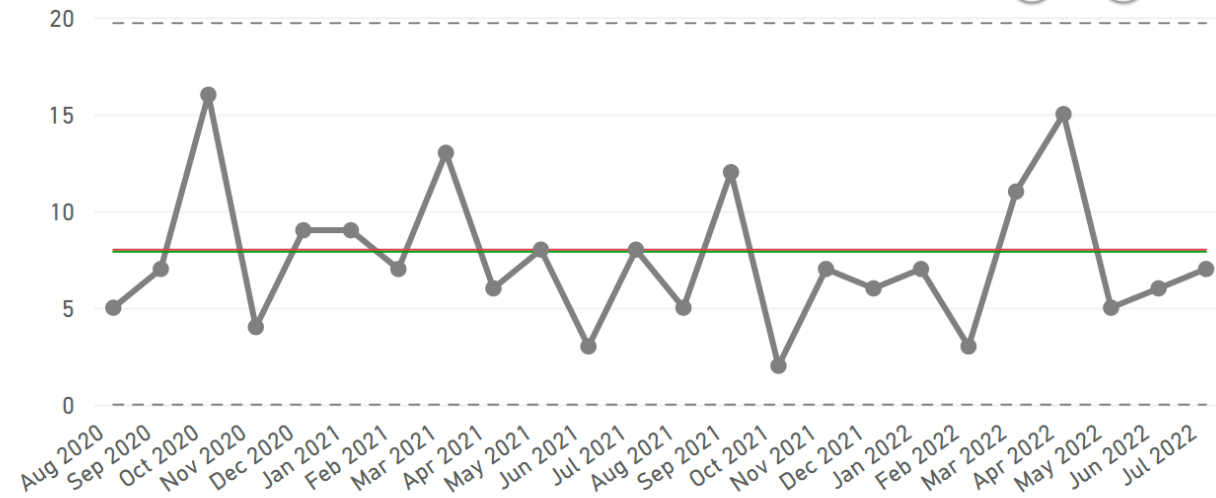
## DATIX Incidents

Month	Performance	Target	Trend	Assurance
Jul 2022	2536	2070		



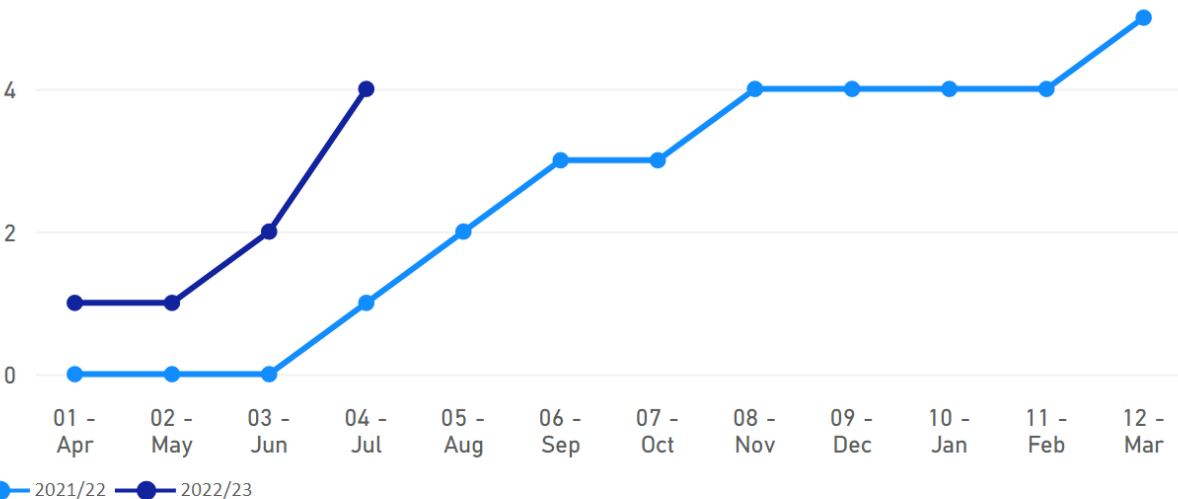
## Serious Incidents

Month	Performance	Target	Trend	Assurance
Jul 2022	7	8		



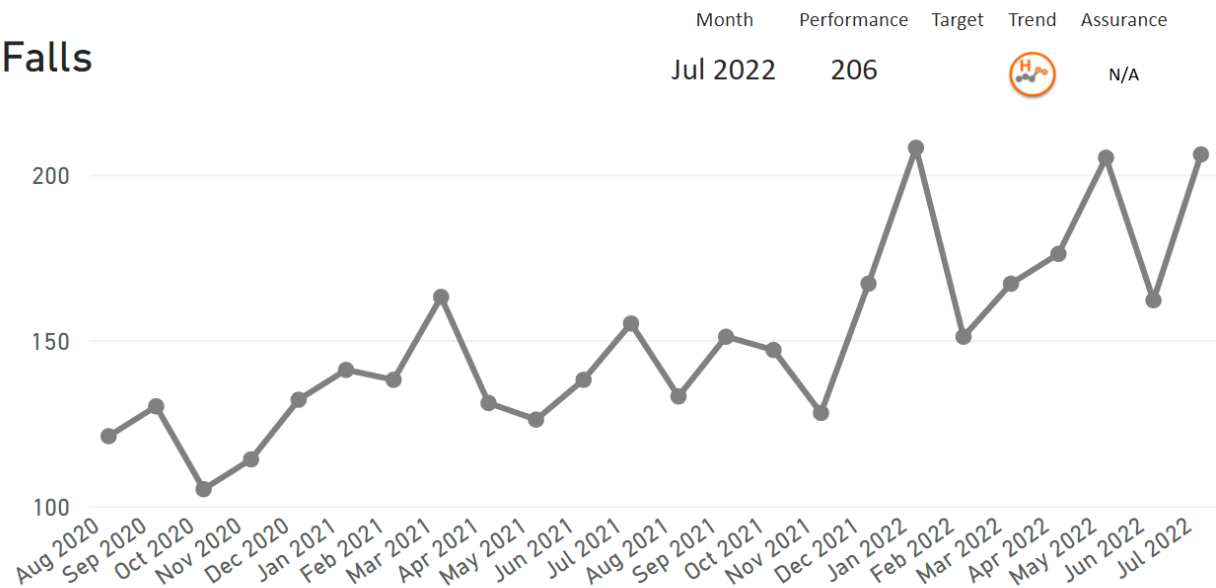
## Never Events (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2022	4	0	N/A	N/A

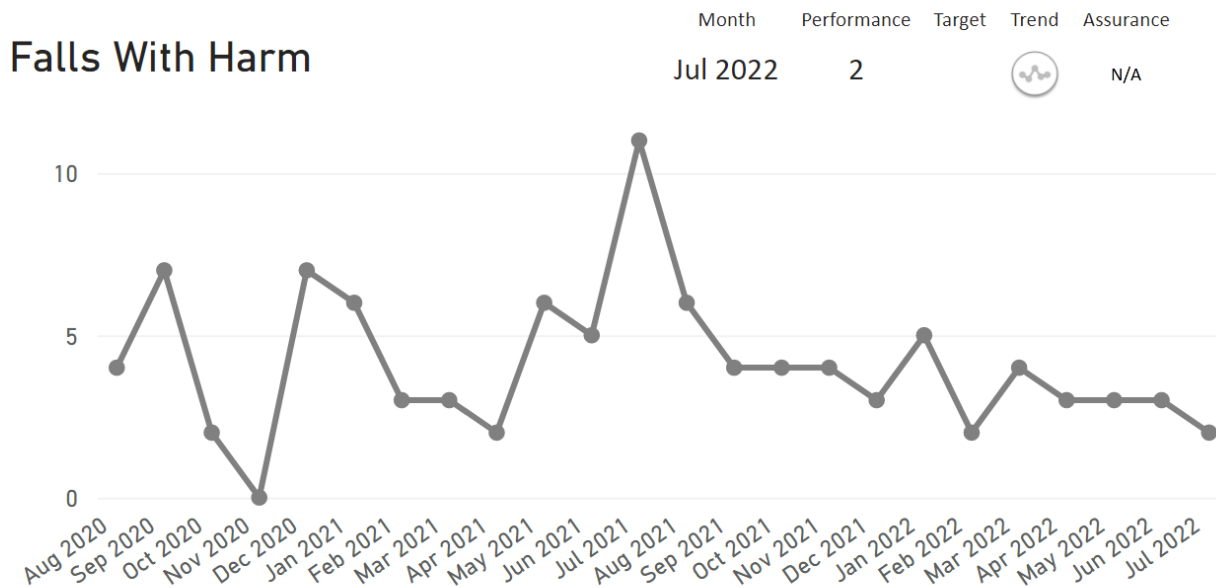


# SAFE

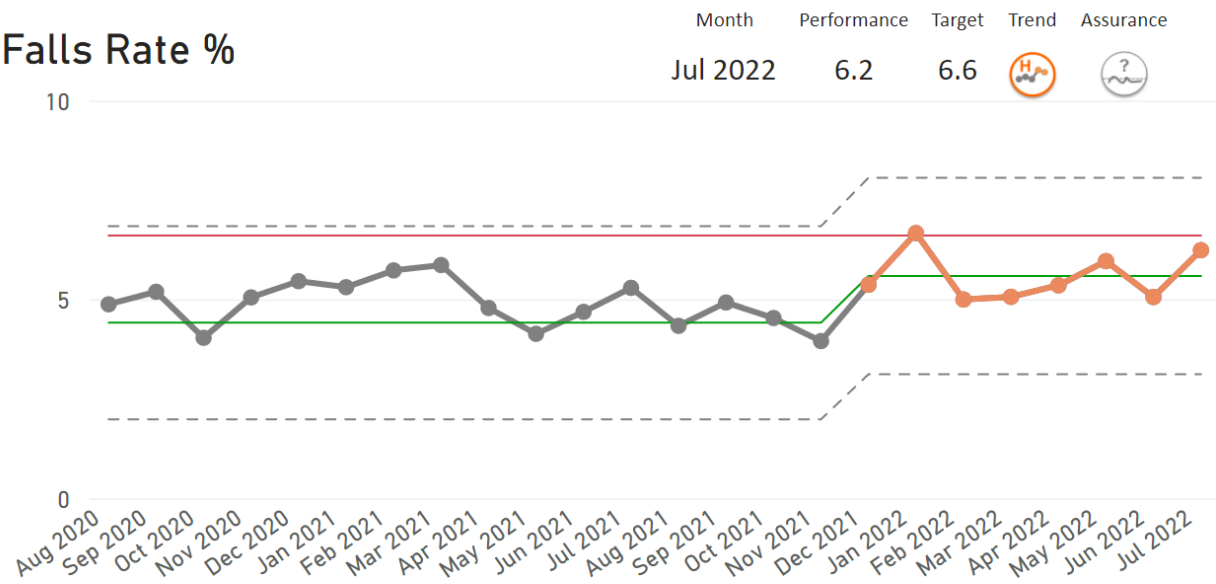
## Falls



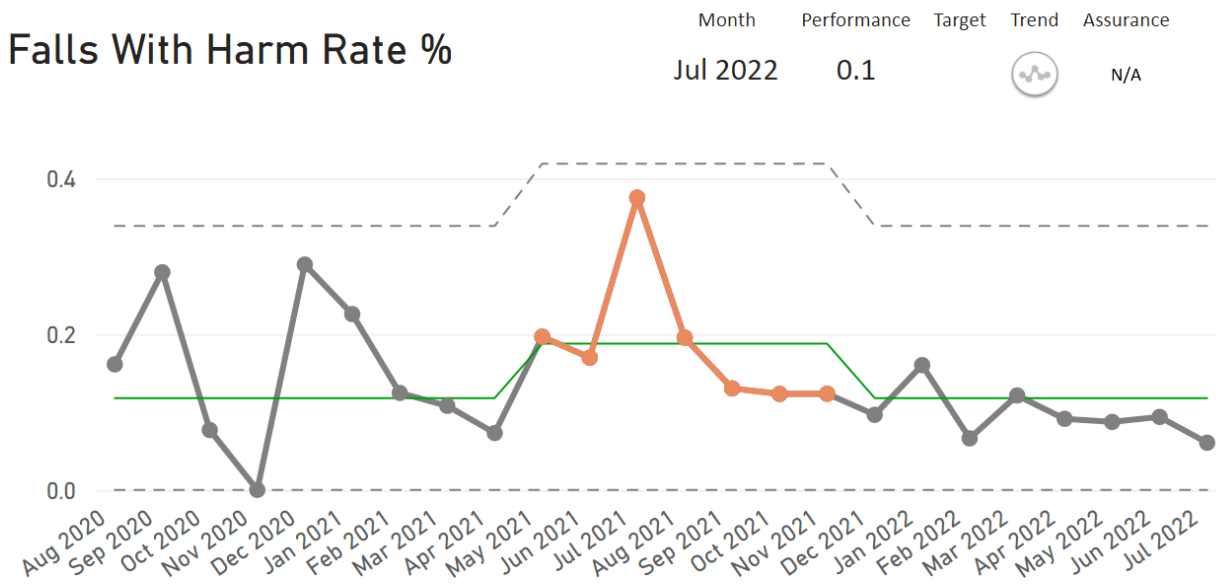
## Falls With Harm



## Falls Rate %



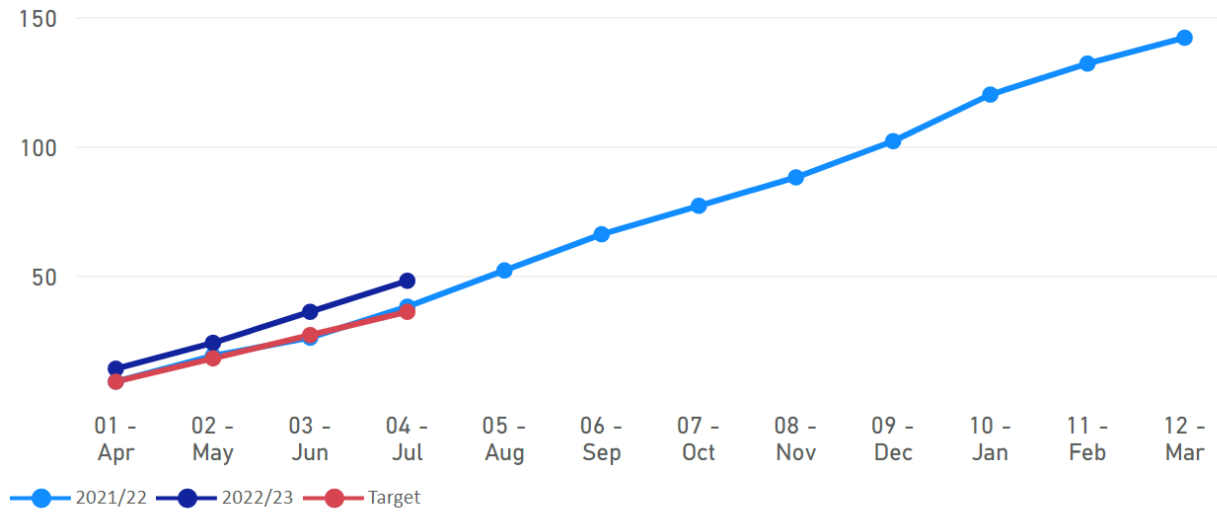
## Falls With Harm Rate %



# SAFE

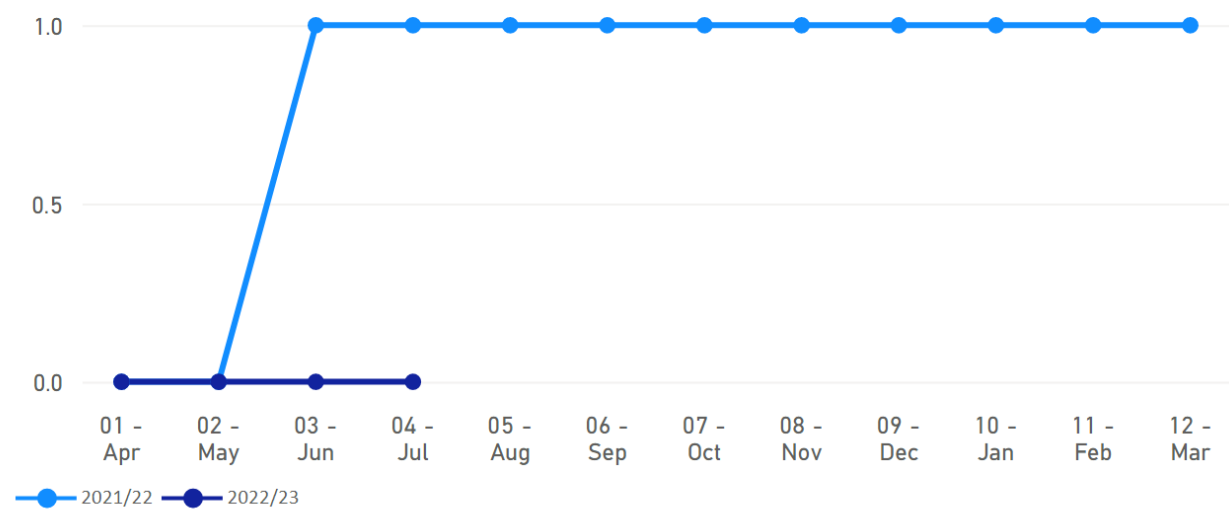
## C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2022	48	36	N/A	N/A



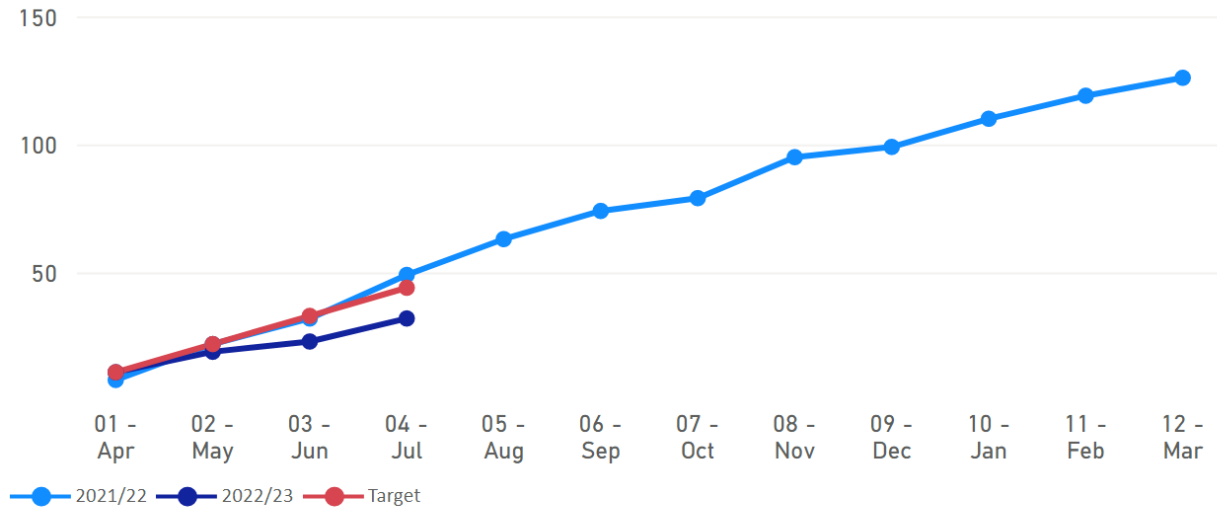
## MRSA (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2022	0	0	N/A	N/A



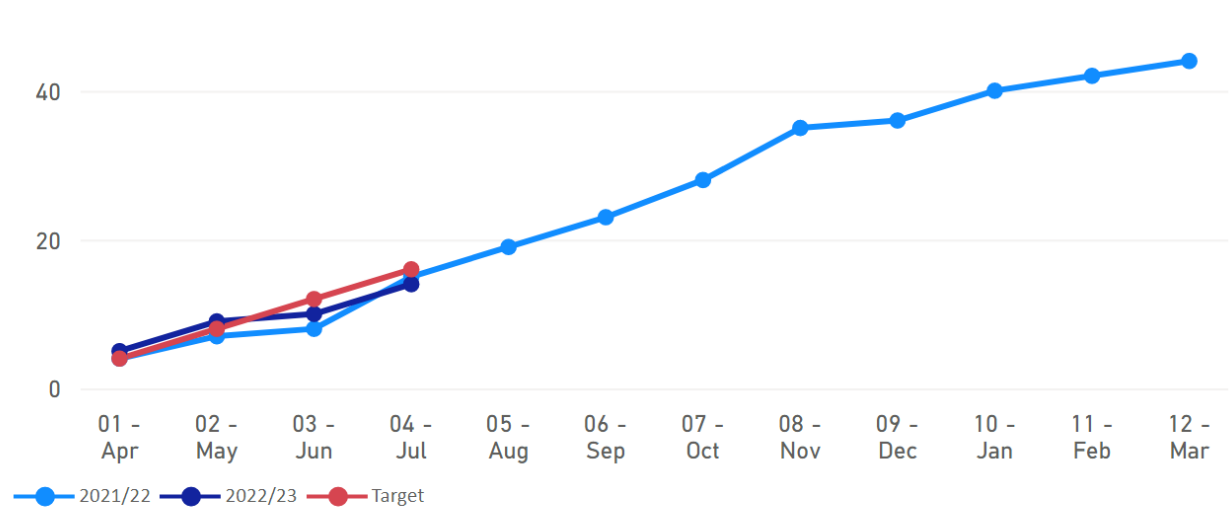
## E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2022	32	44	N/A	N/A



## Klebsiella (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2022	14	16	N/A	N/A



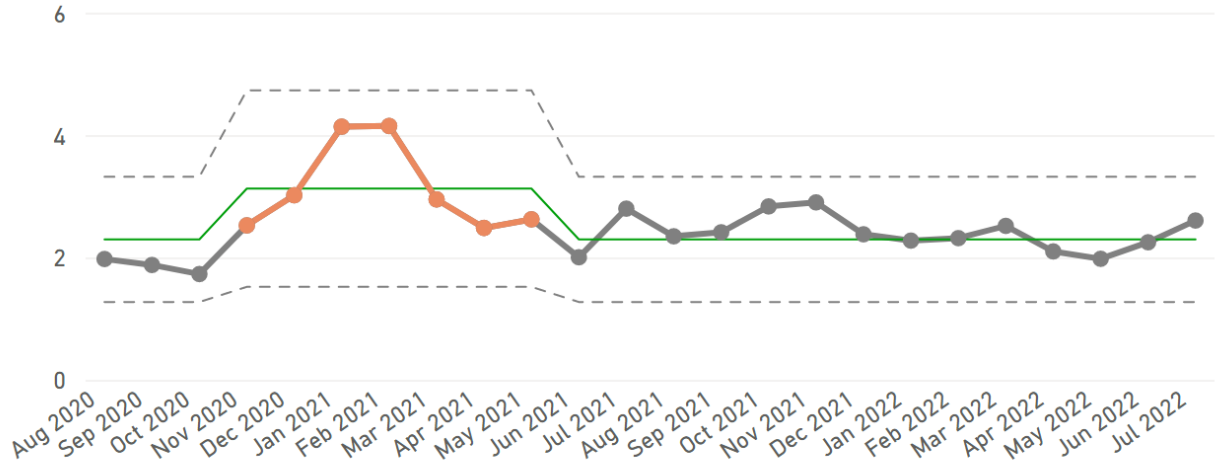
## Pseudomonas (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2022	3	4	N/A	N/A



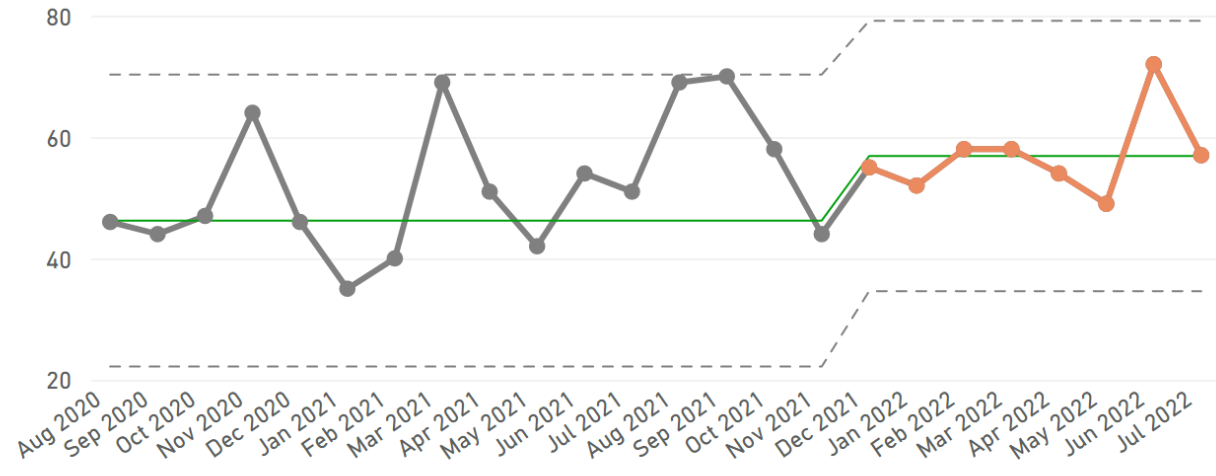
### Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Jul 2022	2.6			N/A



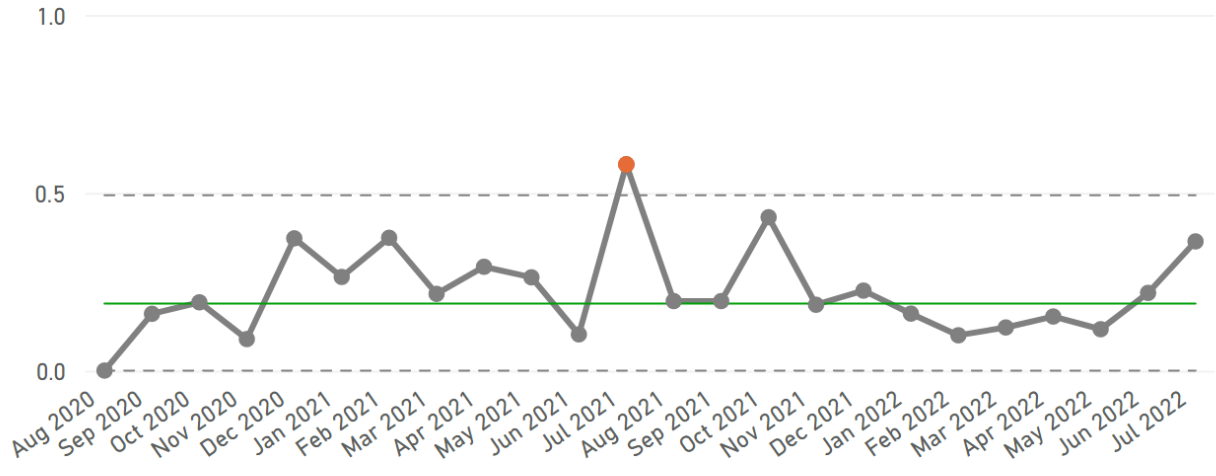
### Category 2 Pressure Ulcers (Community)

Month	Performance	Target	Trend	Assurance
Jul 2022	57			N/A



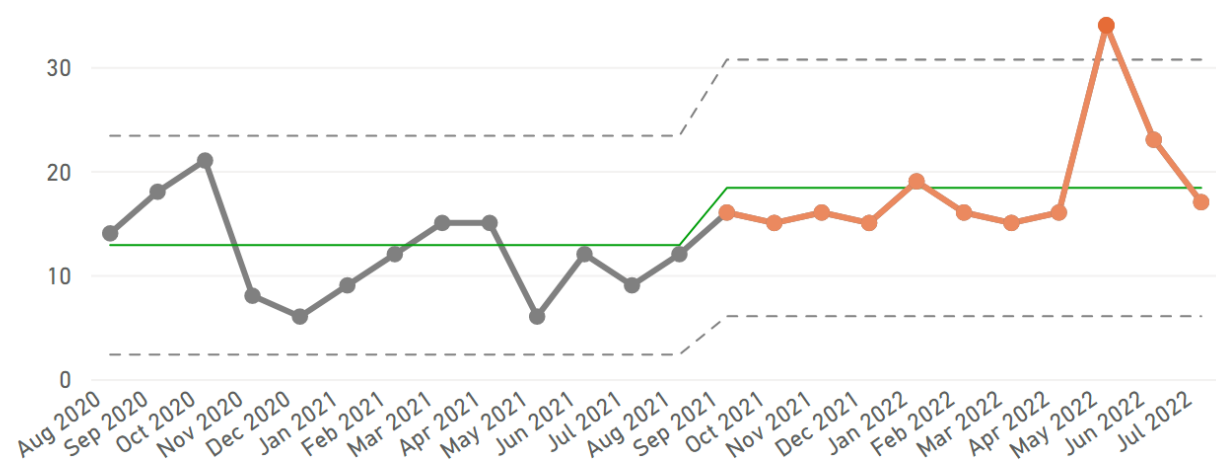
### Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Jul 2022	0.4			N/A



### Category 3&4 Pressure Ulcers (Community)

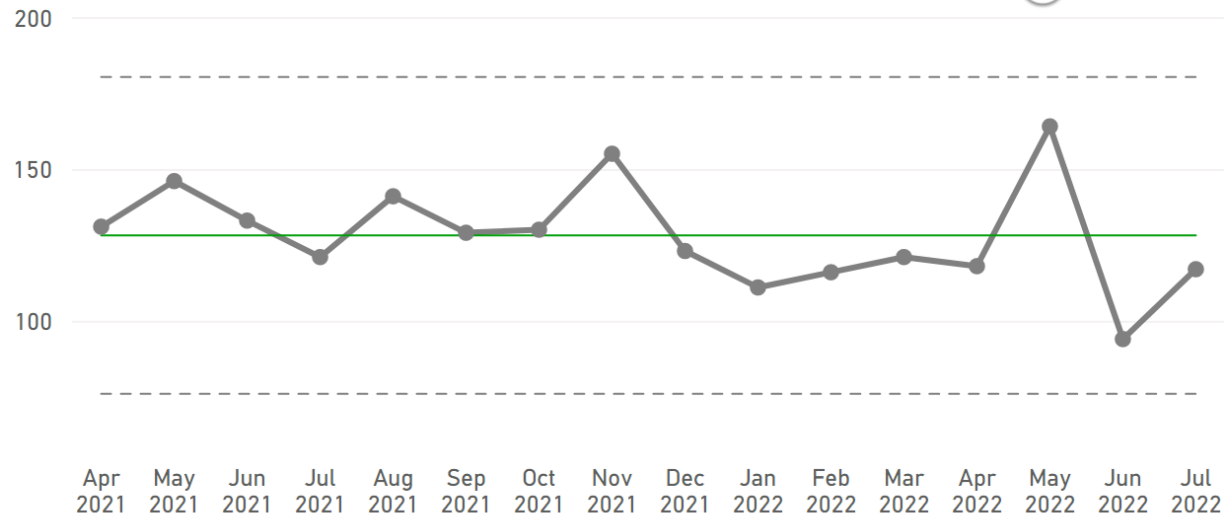
Month	Performance	Target	Trend	Assurance
Jul 2022	17			N/A



# SAFE

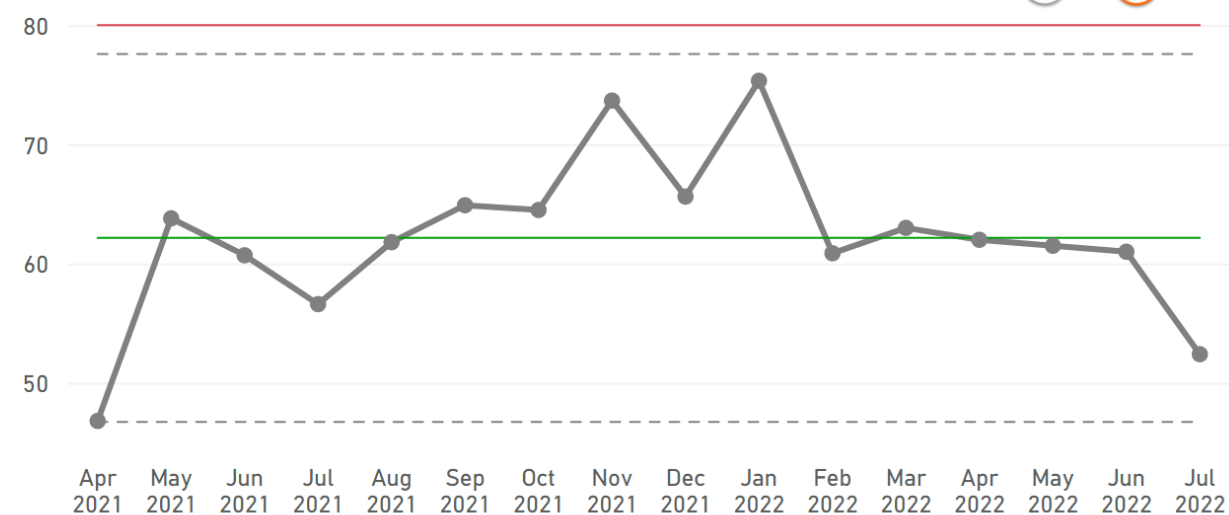
## Medication Incidents

Month	Performance	Target	Trend	Assurance
Jul 2022	117			N/A



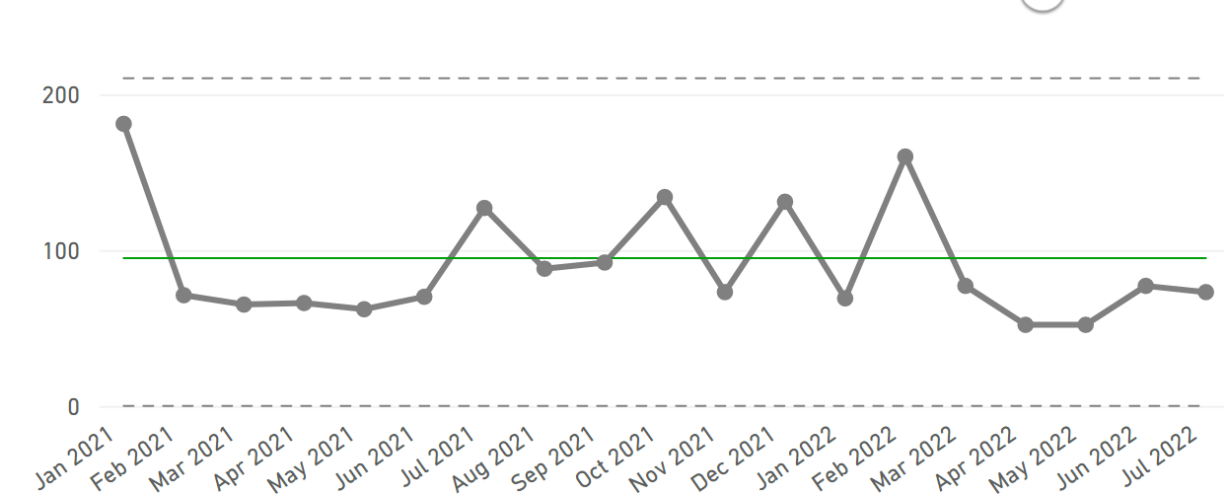
## Medications Reconciled Rate %

Month	Performance	Target	Trend	Assurance
Jul 2022	52.4%	80%		



## Omitted Critical Doses

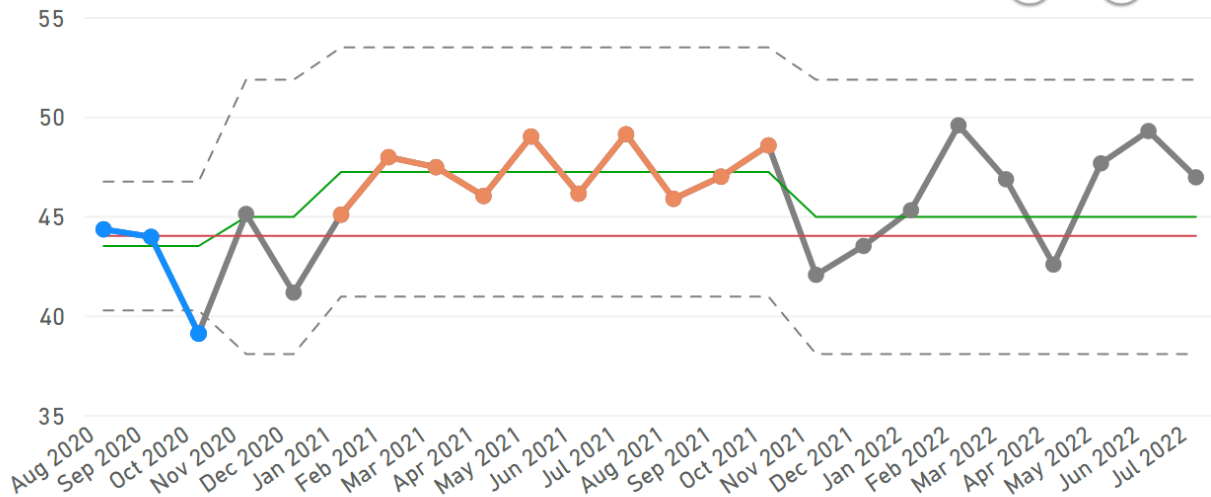
Month	Performance	Target	Trend	Assurance
Jul 2022	73			N/A



# SAFE

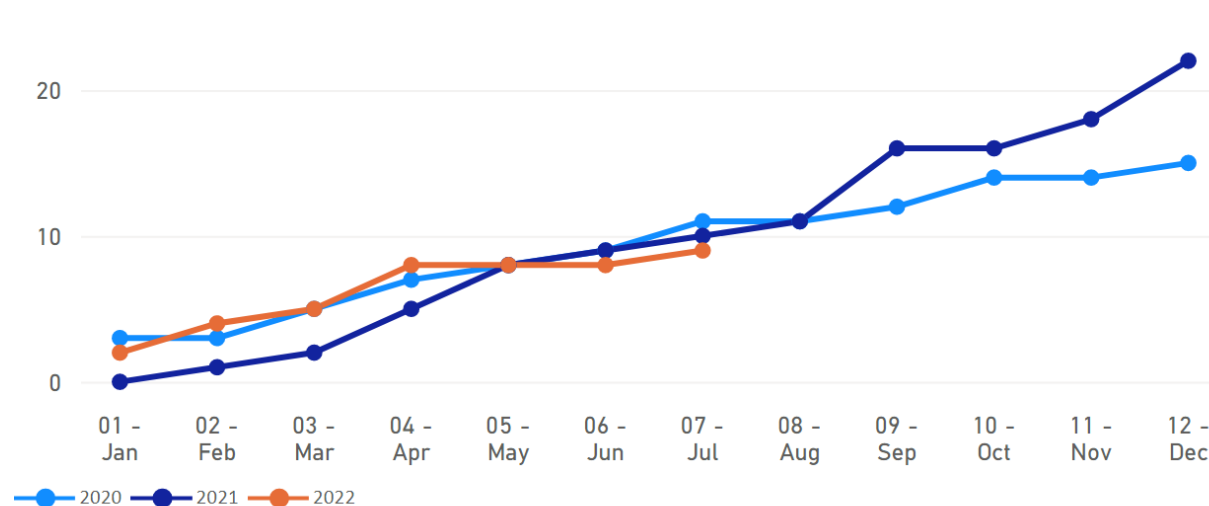
## Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	46.9%	44%		



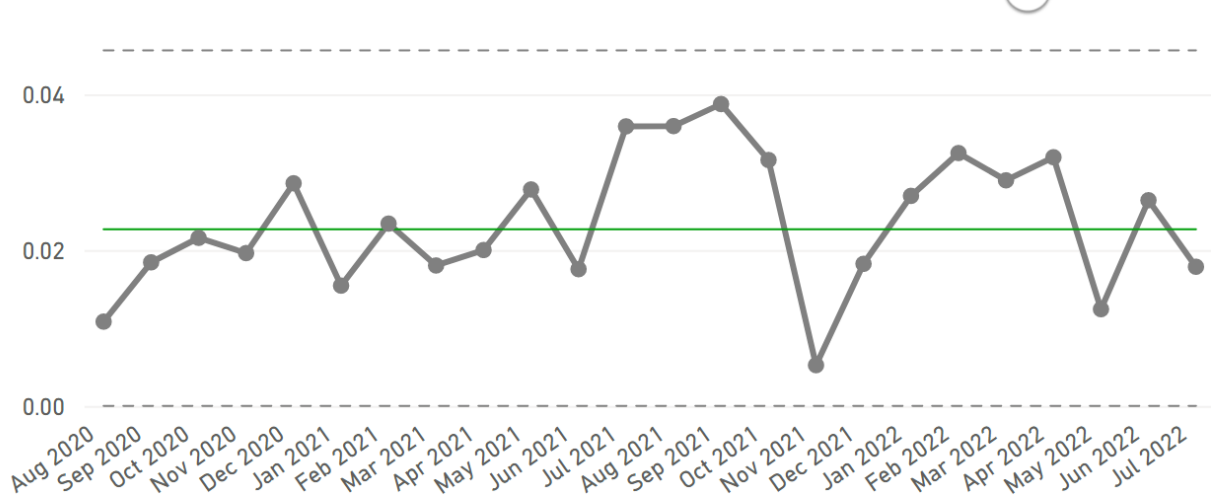
## Still Births (YTD)

Month	Performance	Target	Trend	Assurance
Jul 2022	9	17	N/A	N/A





## PPH 1500ml (%)

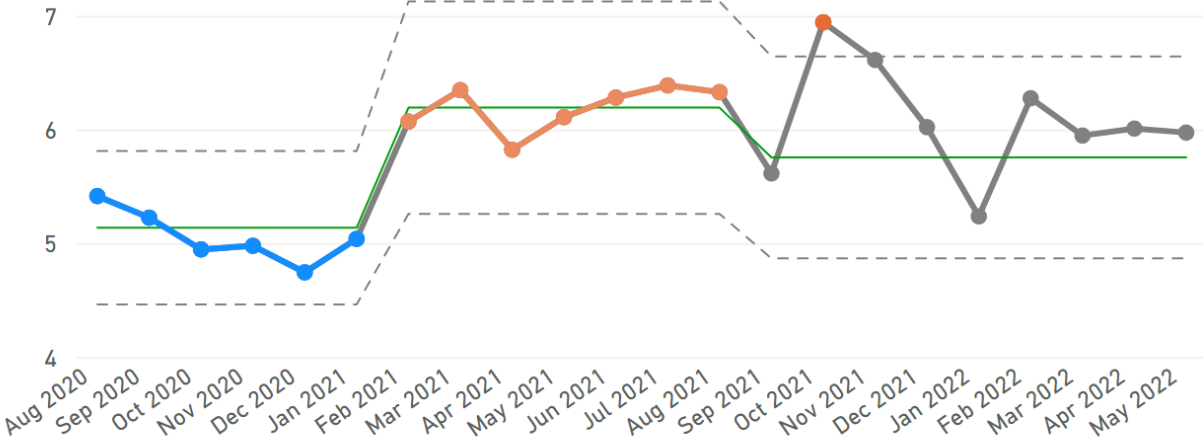
Month	Performance	Target	Trend	Assurance
Jul 2022	0	-		N/A



# EFFECTIVE



## Readmission Rate %

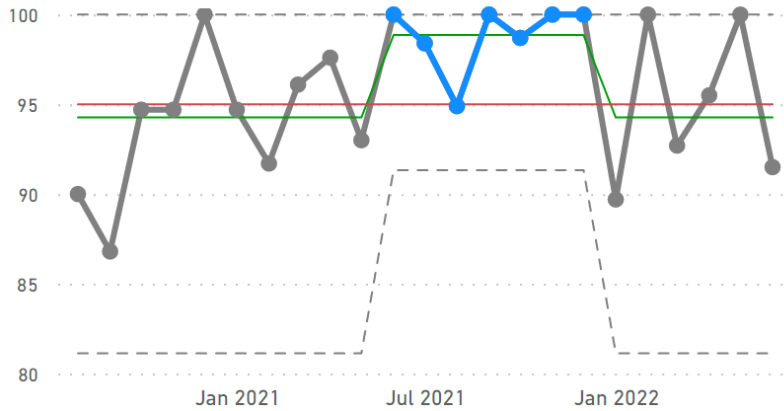
Month: May 2022  
Performance: 6%  
Target:   
Trend:   
Assurance: N/A





# EFFECTIVE

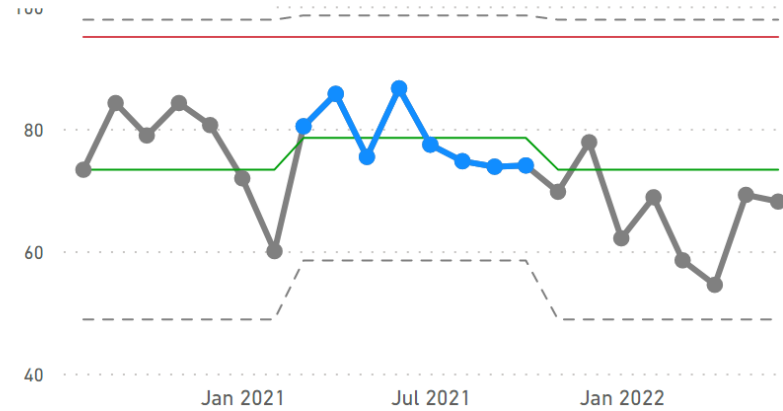
Sepsis - Oxygen within 1hr

Month: Jun 2022  
 Performance: 91.5%  
 Target: 95%  
 Trend:   
 Assurance: 





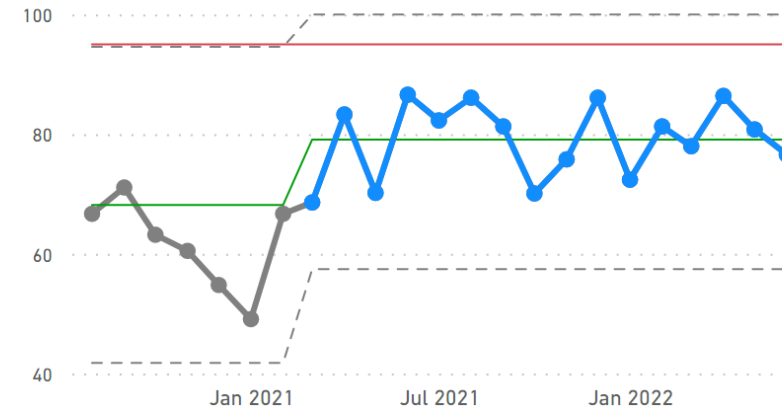
Sepsis - Blood cultures within 1hr

Month: Jun 2022  
 Performance: 68.1%  
 Target: 95%  
 Trend:   
 Assurance: 





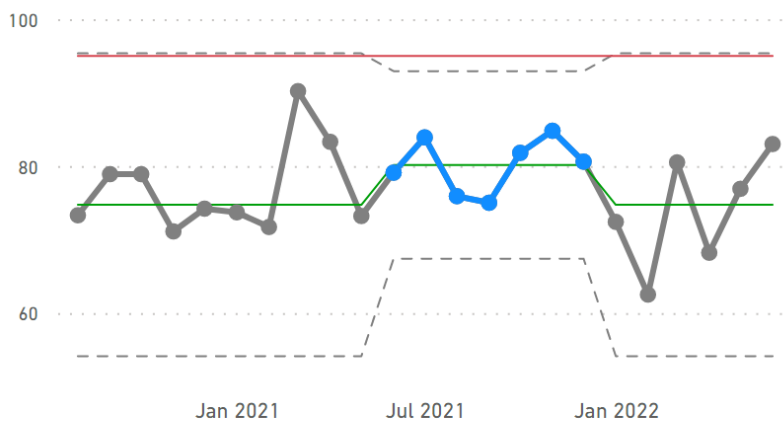
Sepsis - IV antibiotics within 1hr

Month: Jun 2022  
 Performance: 76.6%  
 Target: 95%  
 Trend:   
 Assurance: 





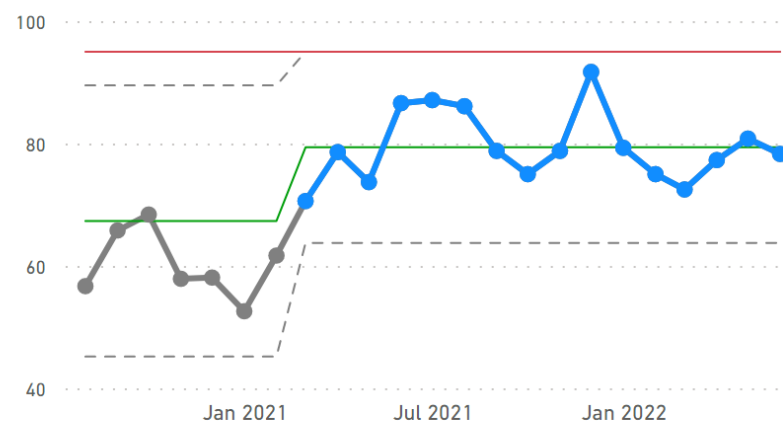
Sepsis - Serum lactate within 1hr

Month: Jun 2022  
 Performance: 83%  
 Target: 95%  
 Trend:   
 Assurance: 





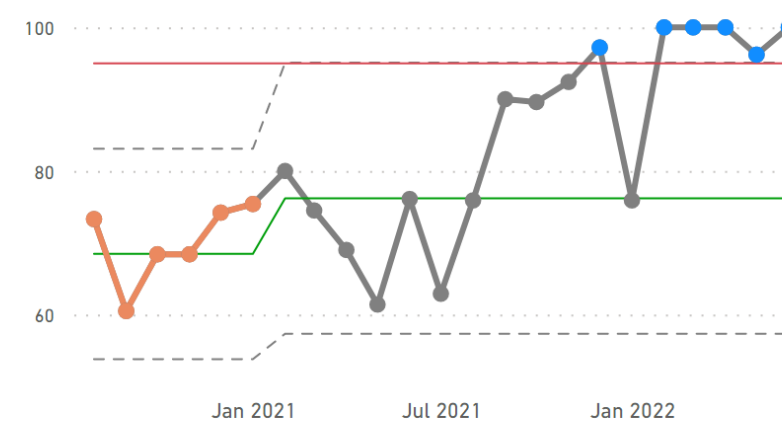
IV fluid resuscitation within 1hr

Month: Jun 2022  
 Performance: 78.3%  
 Target: 95%  
 Trend:   
 Assurance: 



Sepsis - Urine measurement within 1hr

Month: Jun 2022  
 Performance: 100%  
 Target: 95%  
 Trend:   
 Assurance: 

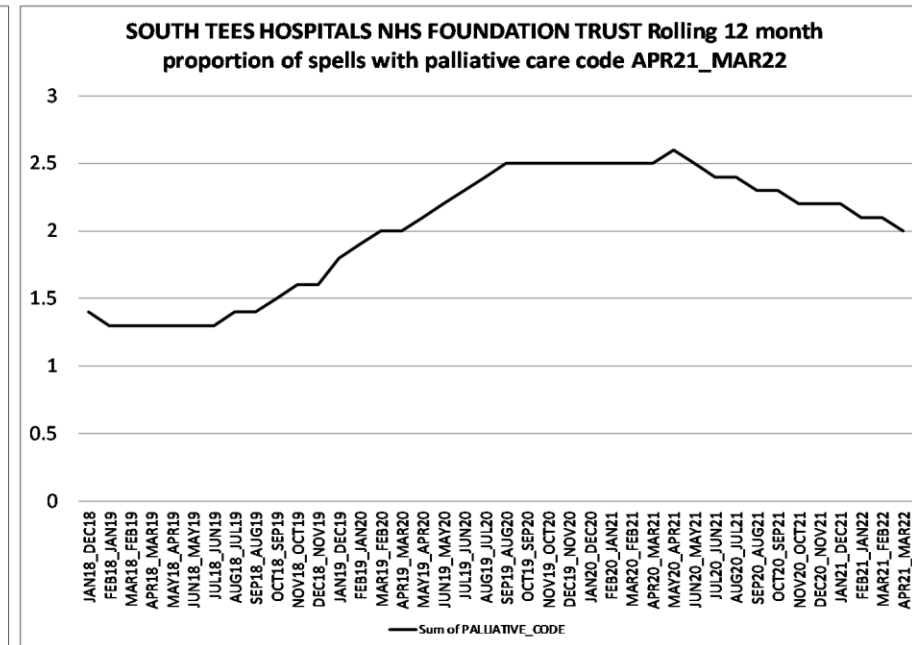
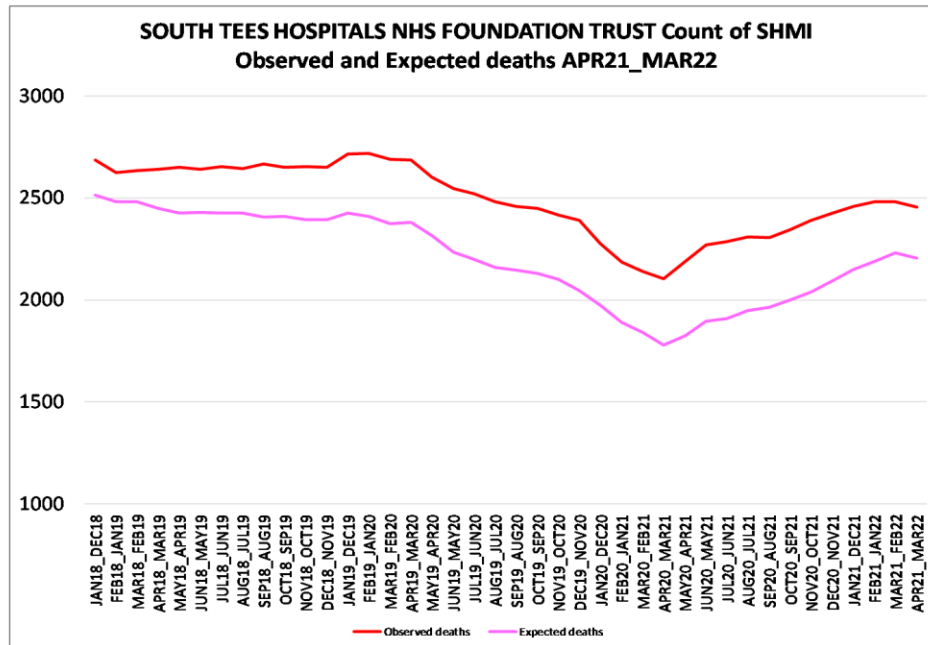
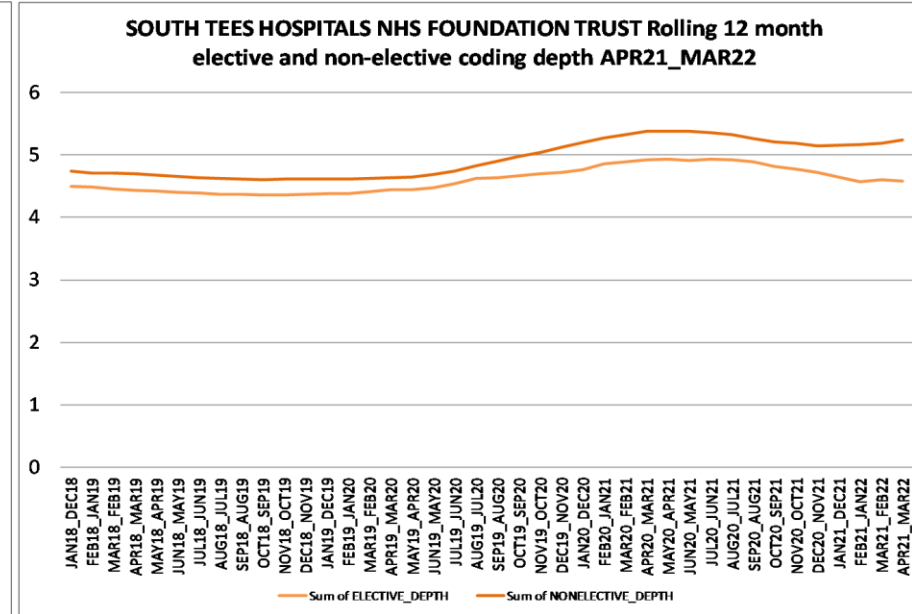
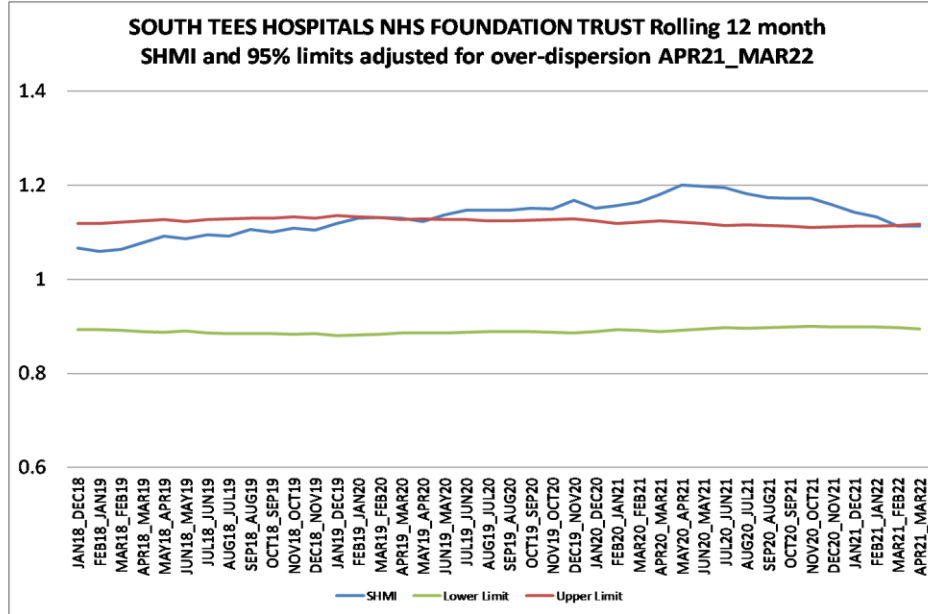


# EFFECTIVE


## Summary Hospital-level Mortality Indicator (SHMI)

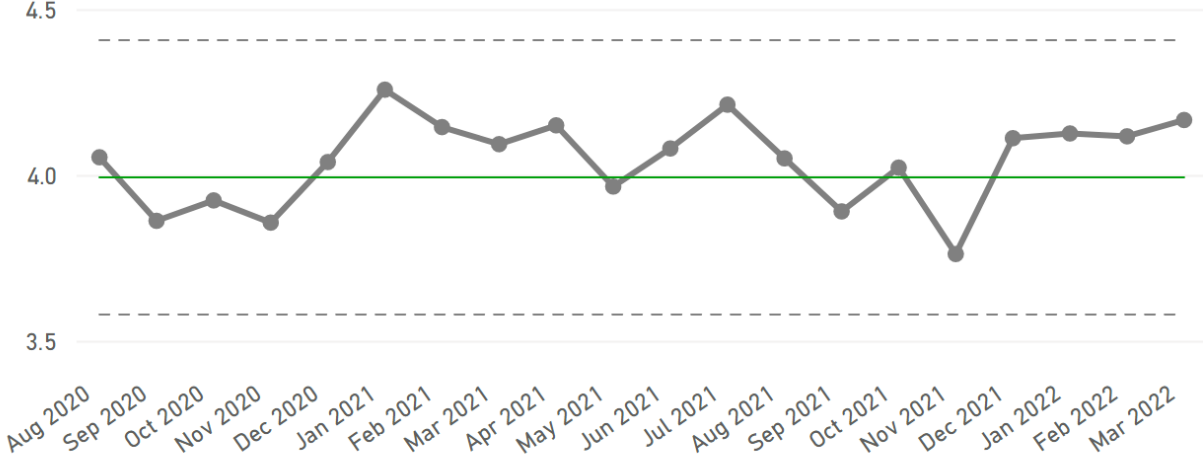
Latest publication month	AUG_22
SHMI period	APR21_MAR22
SHMI in period	111
Observed deaths	2455
Expected Deaths	2205
Elective coding (average codes per spell)	4.6
Non-elective coding (average codes per spell)	5.2
Percentage of spells with palliative care code	2.0

SHMI is currently "as expected" ie the SHMI value falls within the nationally calculated statistical limits



### Comorbidity Coding

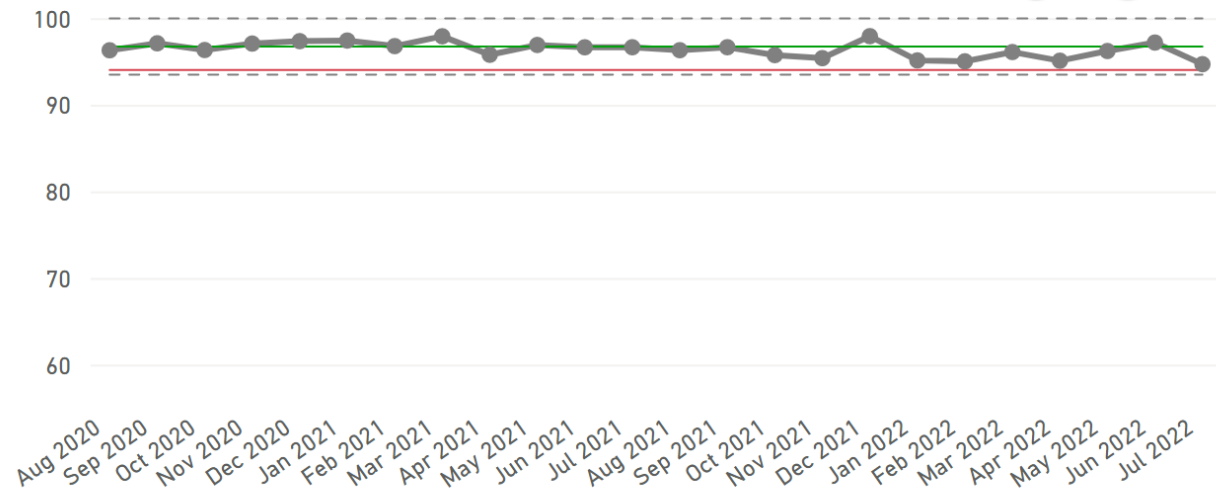
Month	Performance	Target	Trend	Assurance
Mar 2022	4.2			N/A



# CARING

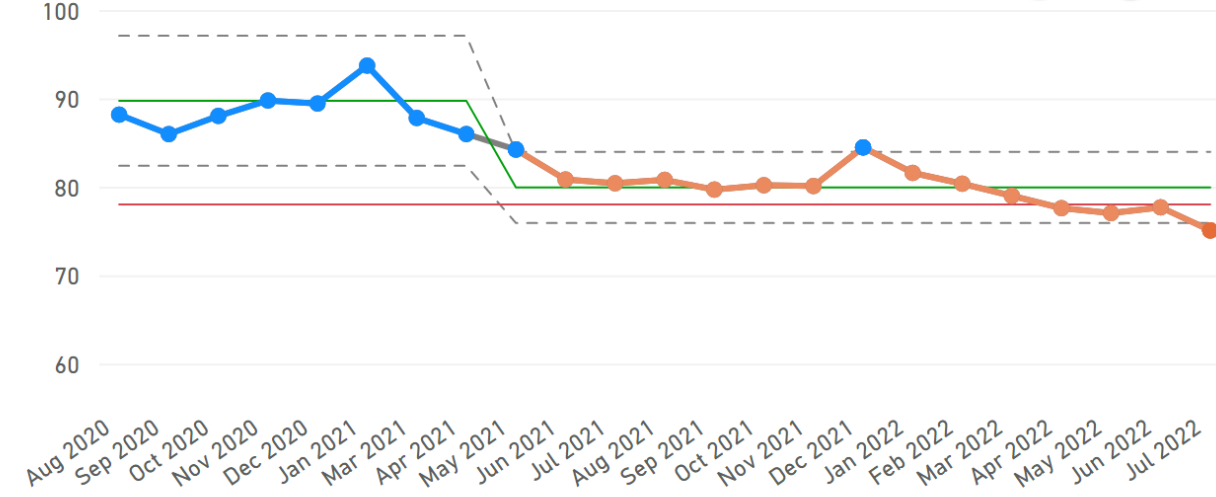
## Inpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	94.7%	94%		



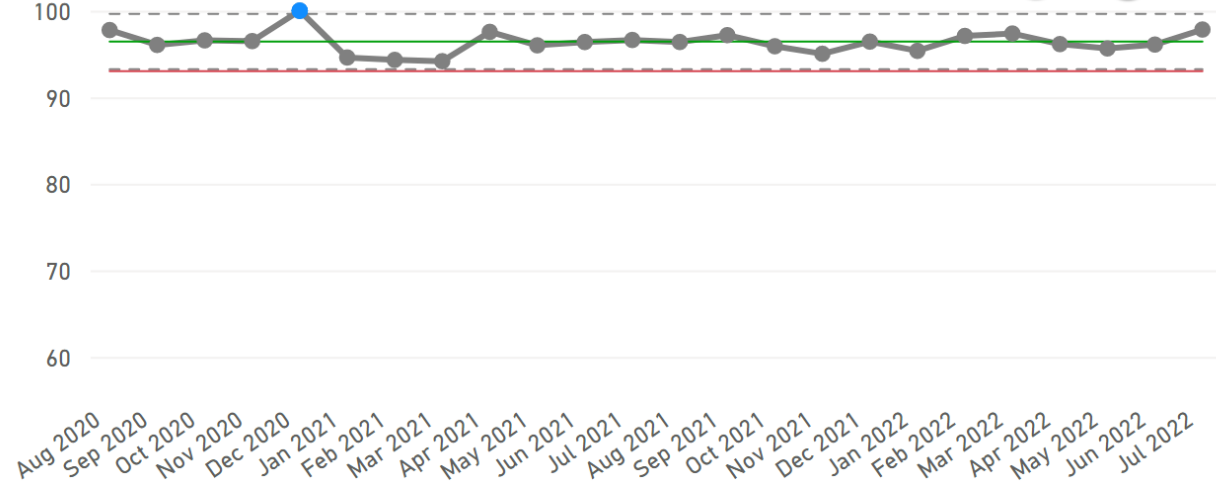
## A&E Experience (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	75.1%	78%		



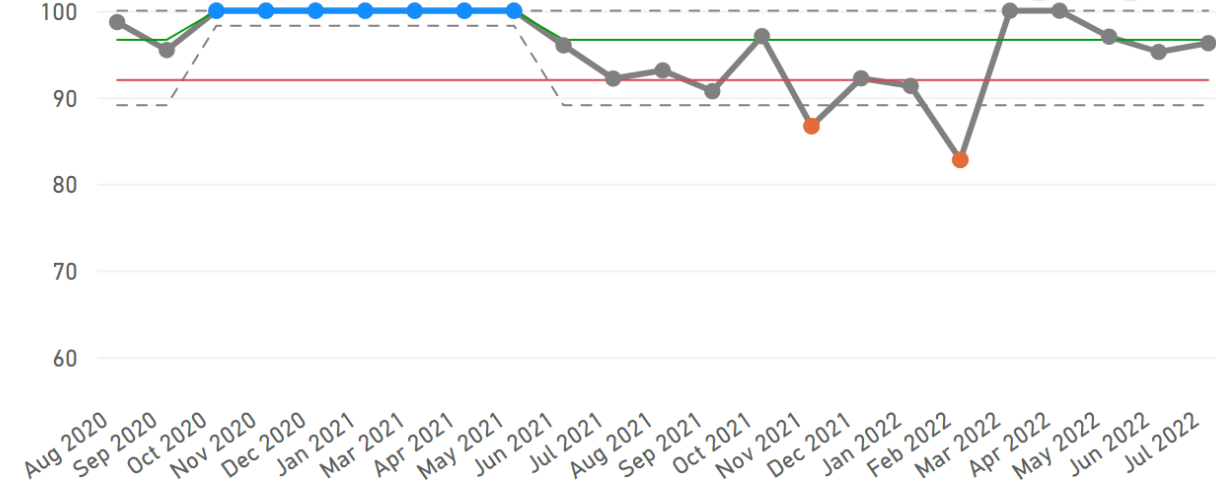
## Outpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	97.8%	93%		



## Maternity Experience (%)

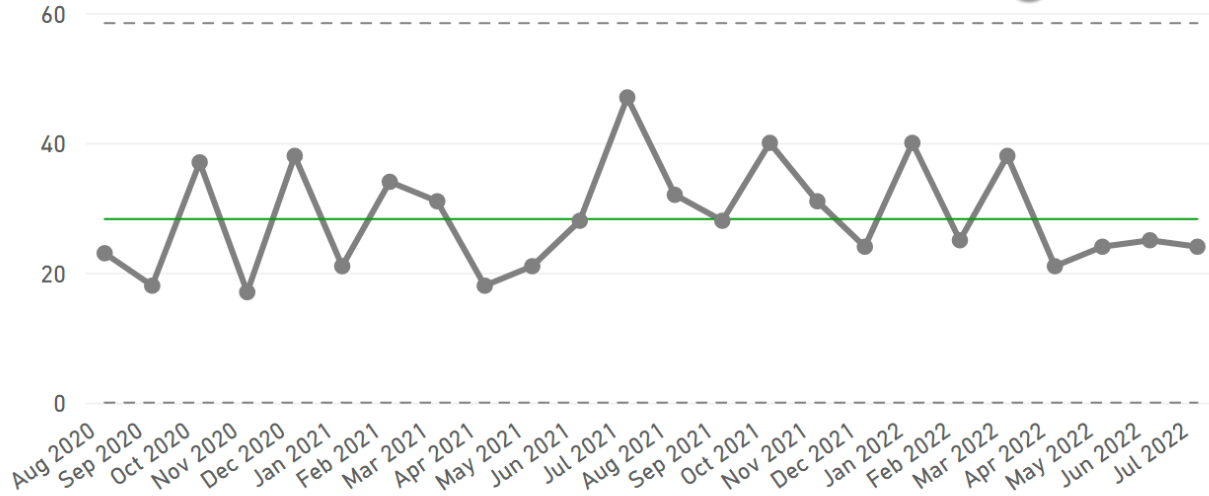
Month	Performance	Target	Trend	Assurance
Jul 2022	96.3%	92%		



# CARING

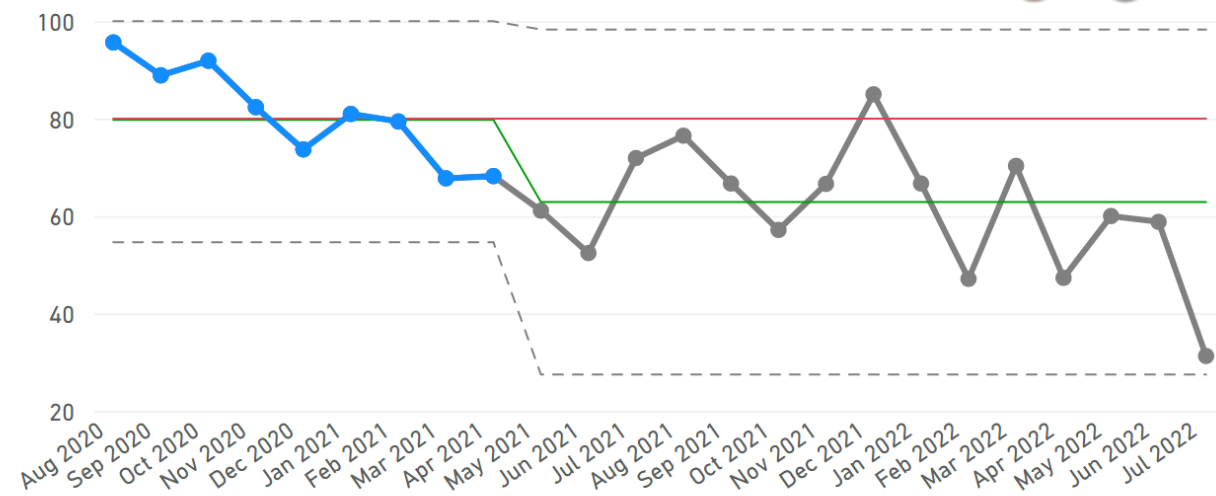
## New Complaints

Month	Performance	Target	Trend	Assurance
Jul 2022	24			N/A





## Closed Within Target (%)

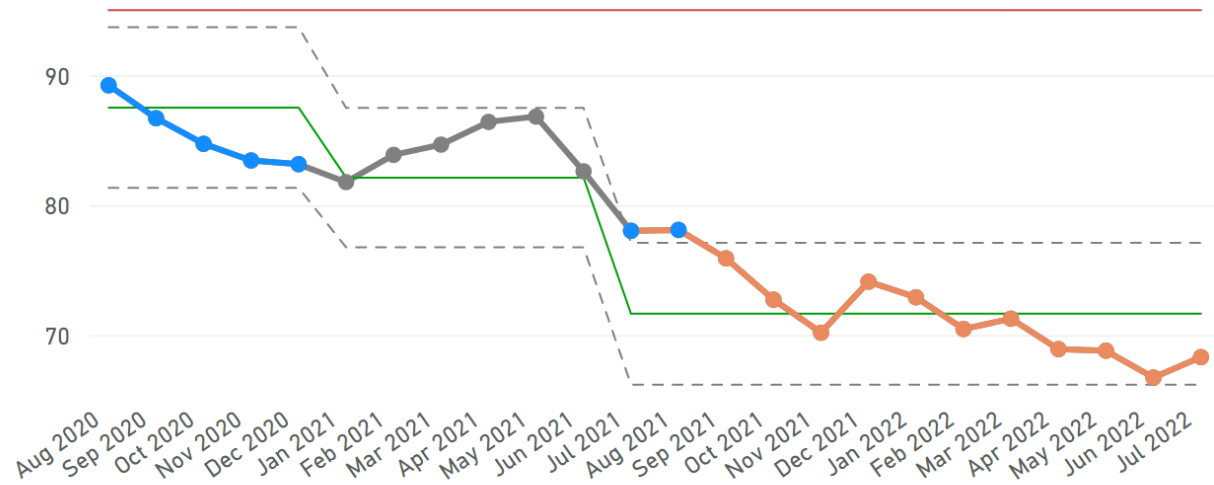
Month	Performance	Target	Trend	Assurance
Jul 2022	31.3%	80%		



# RESPONSIVE

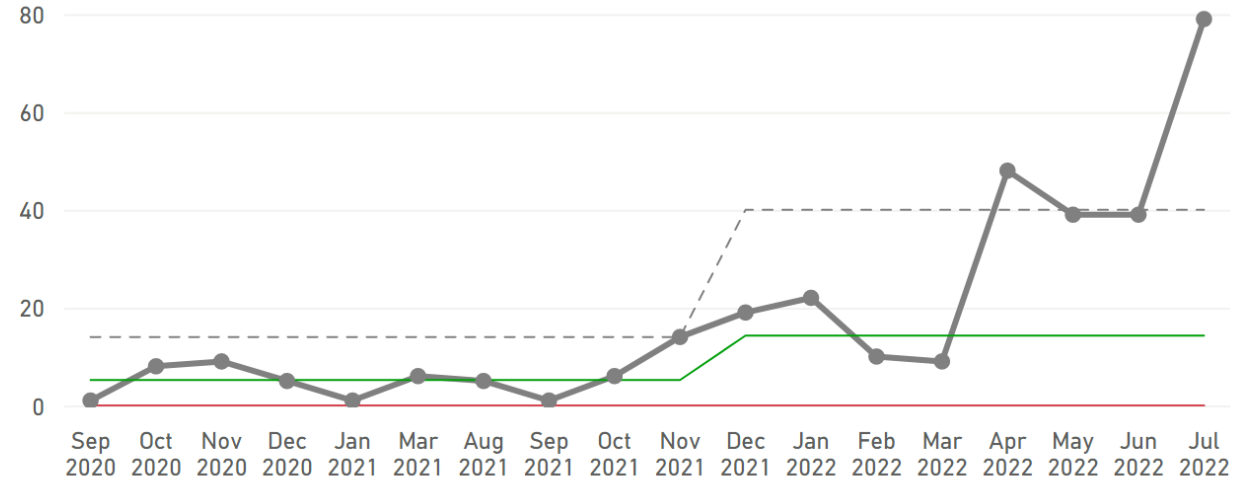
## 4-Hour A&E Standard

Month	Performance	Target	Trend	Assurance
Jul 2022	68.3%	95%		





## 12-Hour Waits from Decision to Admit

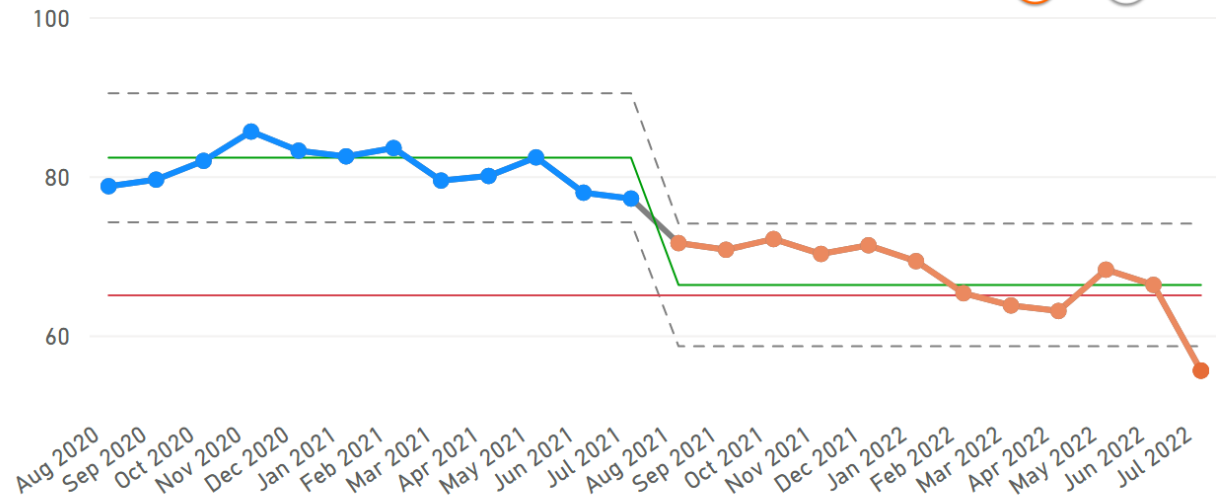
Month	Performance	Target	Trend	Assurance
Jul 2022	79	0		





# RESPONSIVE

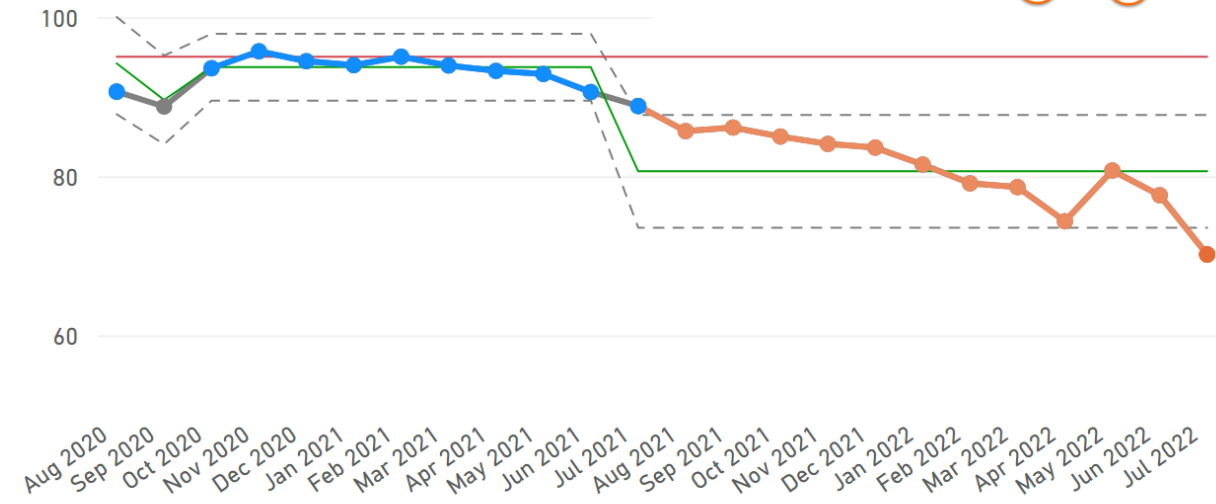
## Handovers - Within 15 Mins (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	55.6%	65%		





## Handovers - Within 30 Mins (%)

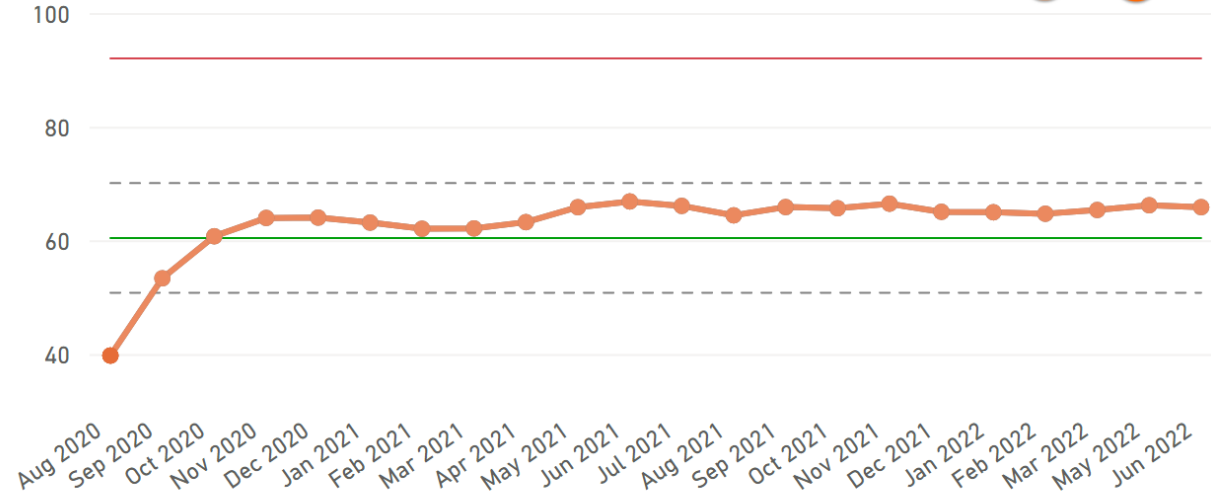
Month	Performance	Target	Trend	Assurance
Jul 2022	70.2%	95%		





# RESPONSIVE

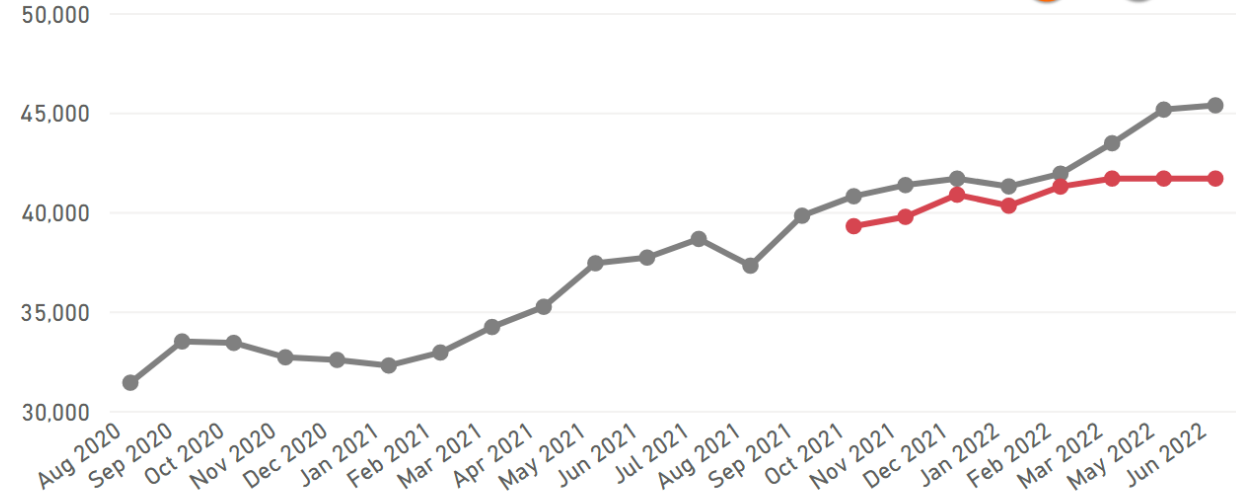
## RTT Incomplete Pathways (%)

Month	Performance	Plan	Trend	Assurance
Jun 2022	65.8%	92%		



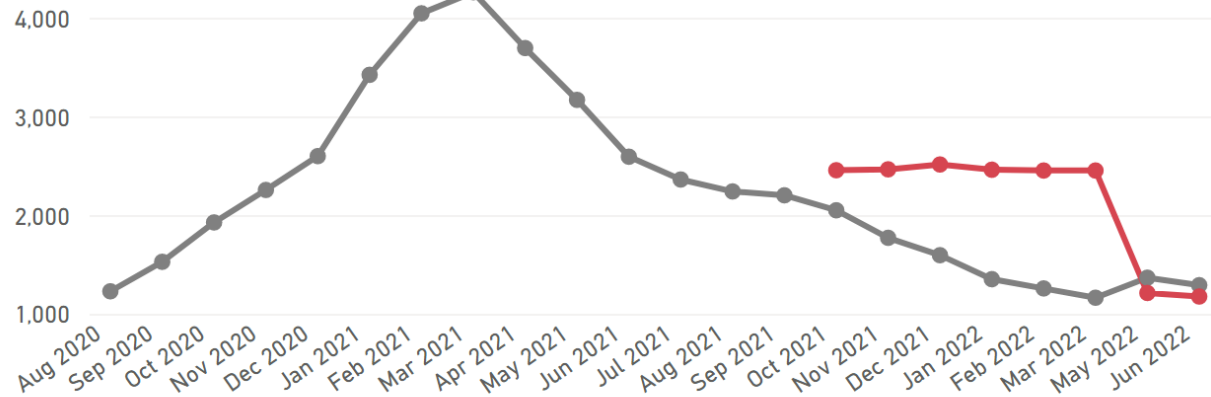
## RTT Waiting List Size

Month	Performance	Plan	Trend	Assurance
Jun 2022	45357	41677		



## RTT 52 week waiters

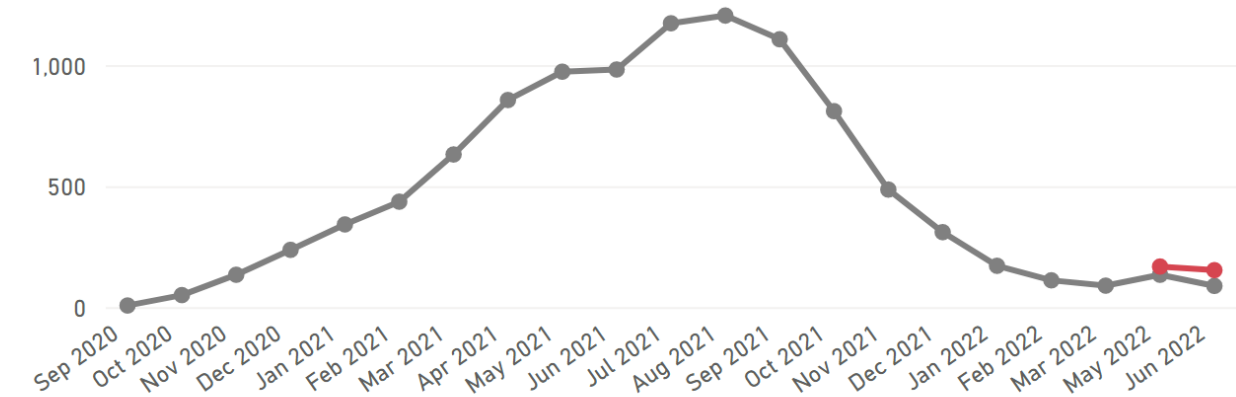
Month	Performance	Plan	Trend	Assurance
Jun 2022	1289	1174	N/A	N/A



Actual Plan

## RTT 78 week waiters



Month	Performance	Plan	Trend	Assurance
Jun 2022	88	153	N/A	N/A

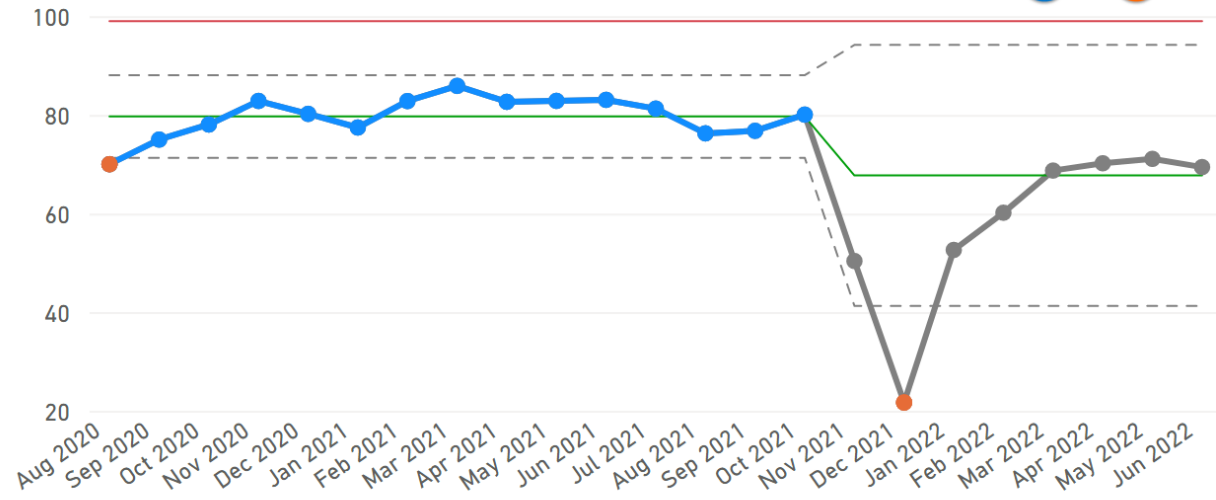


Actual Plan

# RESPONSIVE

## Diagnostic 6 Weeks Standard (%)

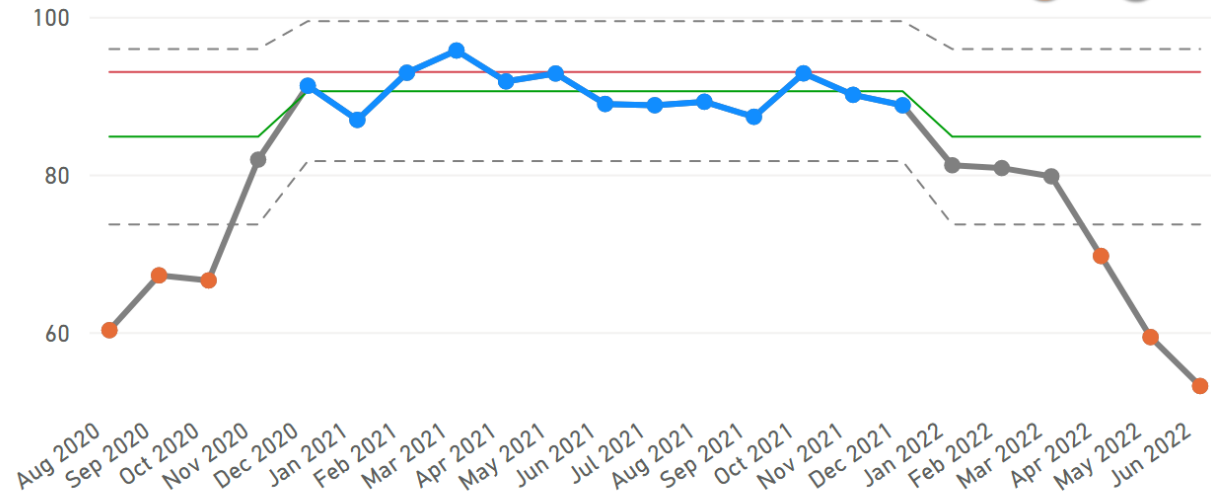
Month: Jun 2022  
Performance: 69.4%  
Target: 99%  
Trend:   
Assurance: 



# RESPONSIVE

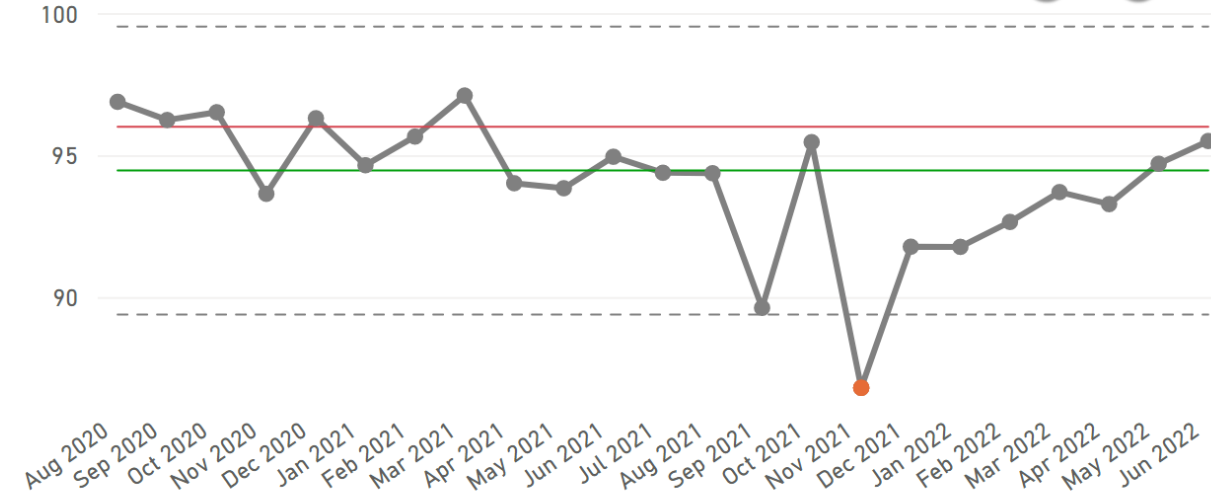
## Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jun 2022	53.1%	93%		



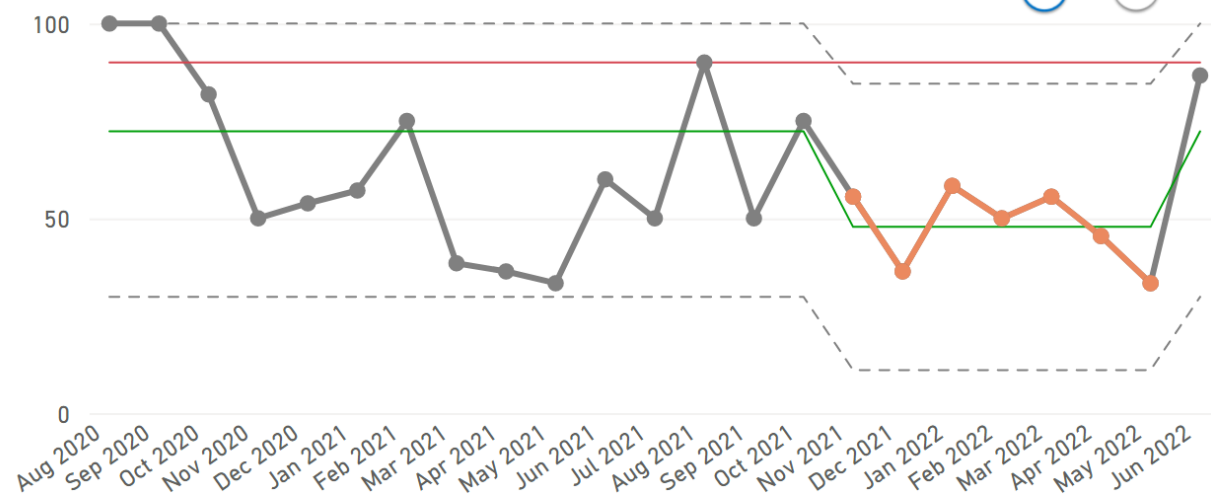
## Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jun 2022	95.5%	96%		



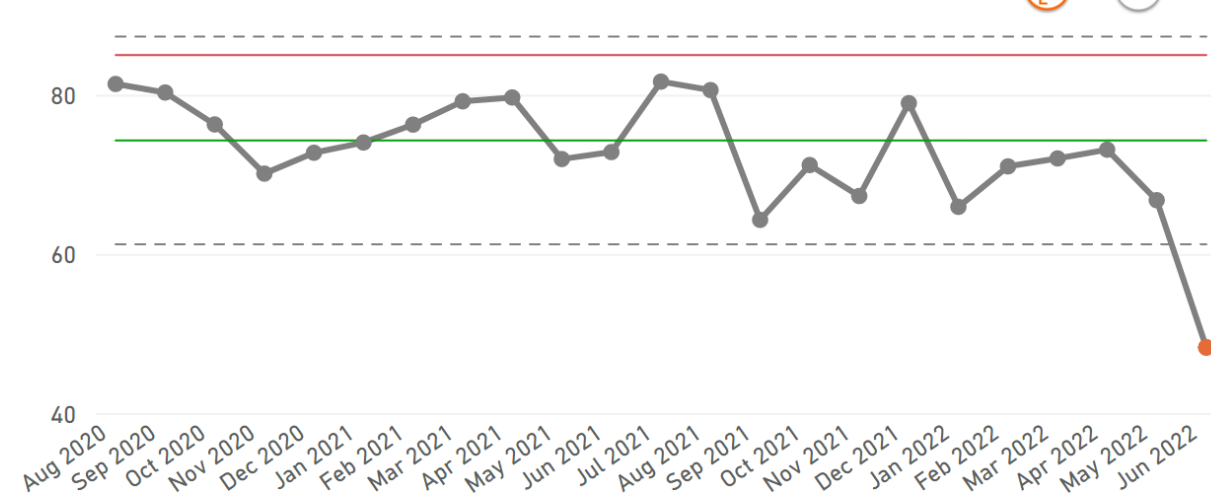
## Cancer 62 Day Screening (%)

Month	Performance	Target	Trend	Assurance
Jun 2022	86.7%	90%		



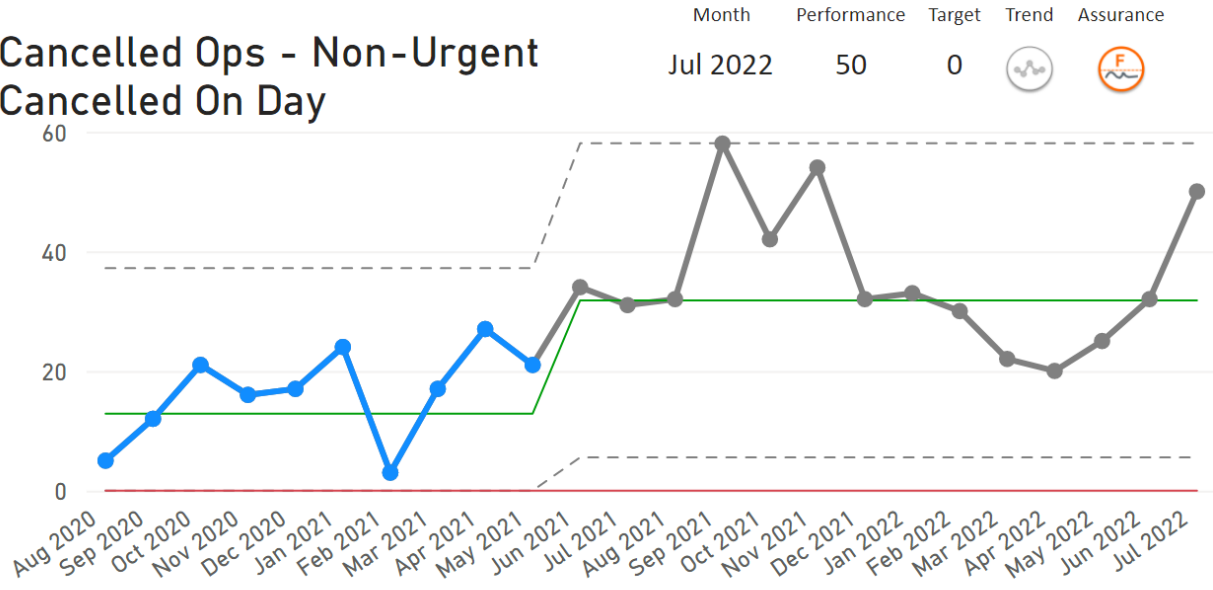
## Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jun 2022	48.3%	85%		

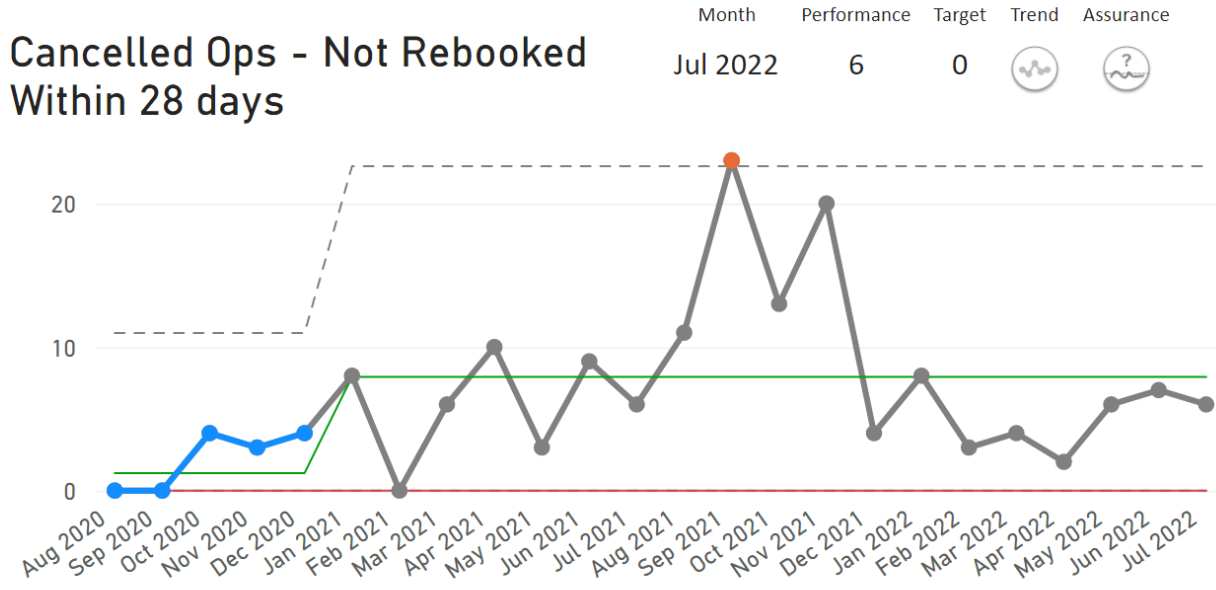


# RESPONSIVE

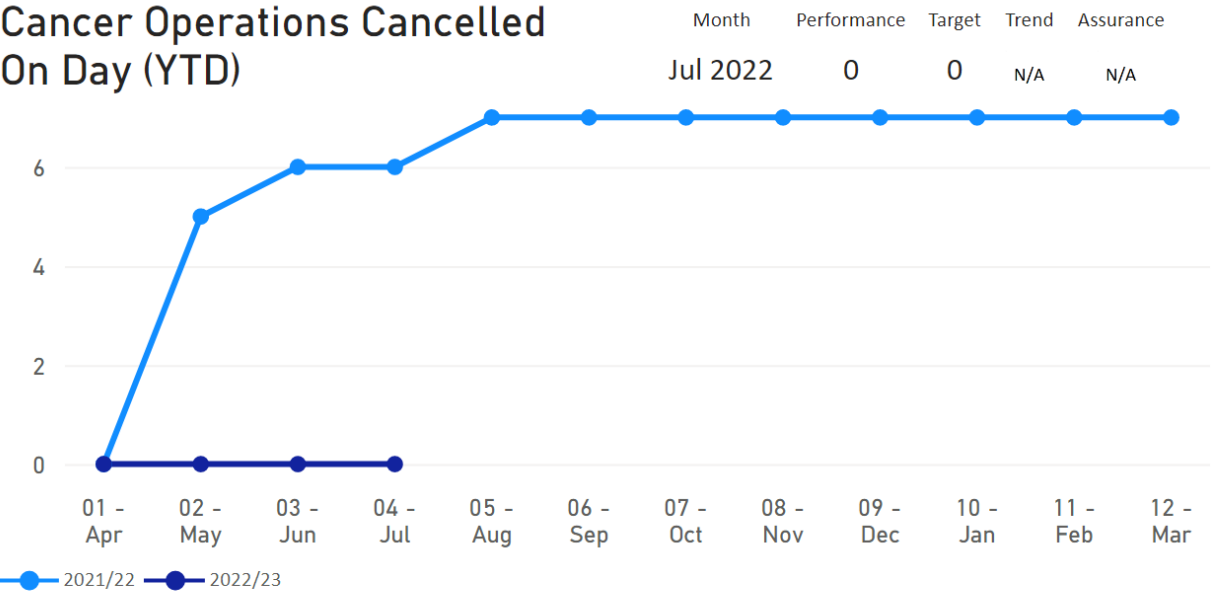
## Cancelled Ops - Non-Urgent Cancelled On Day



## Cancelled Ops - Not Rebooked Within 28 days

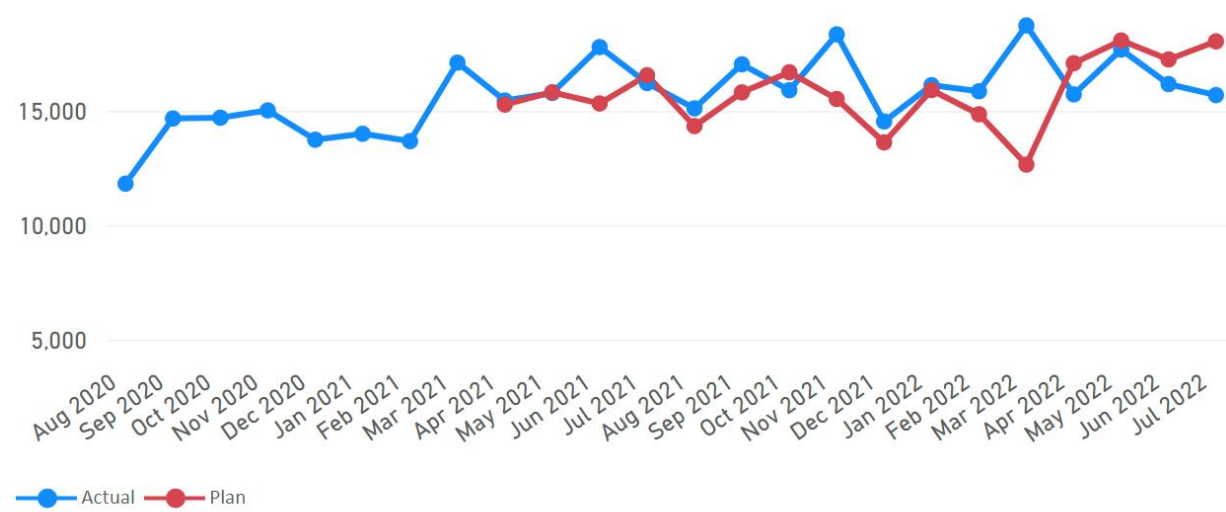


## Cancer Operations Cancelled On Day (YTD)

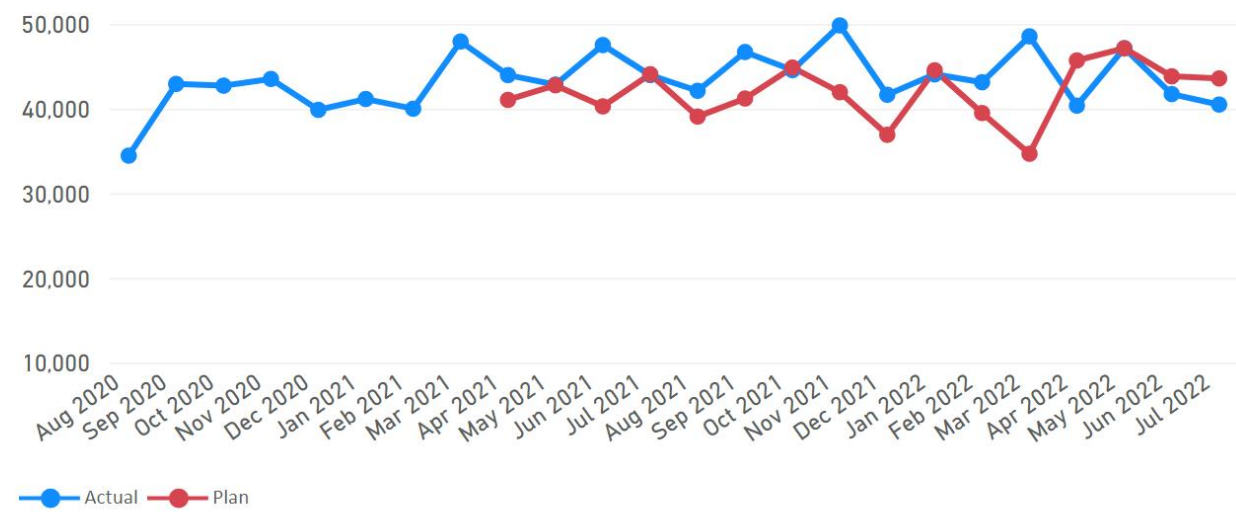


# RESPONSIVE

## Outpatient New Attendances

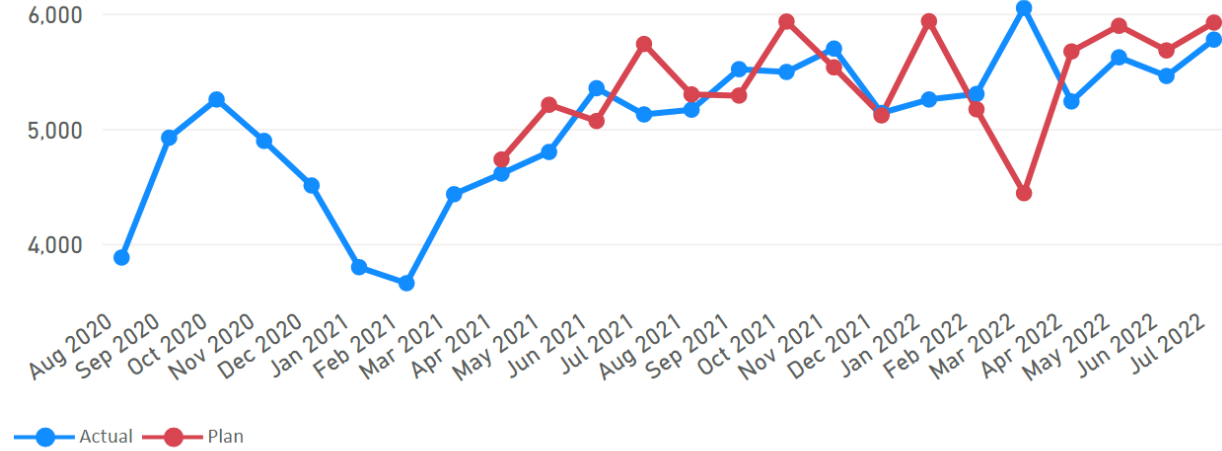


## Outpatient Follow-Up Attendances

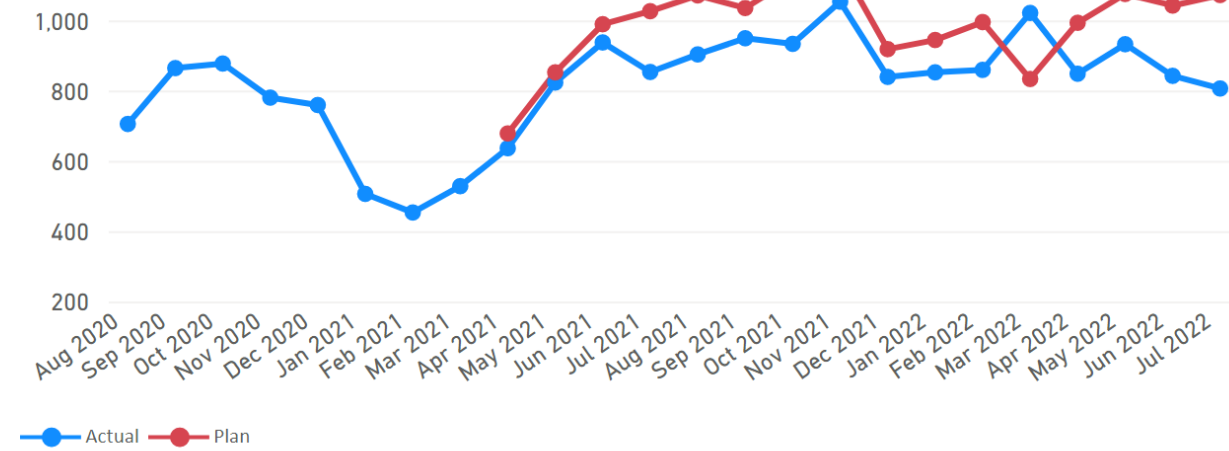


# RESPONSIVE

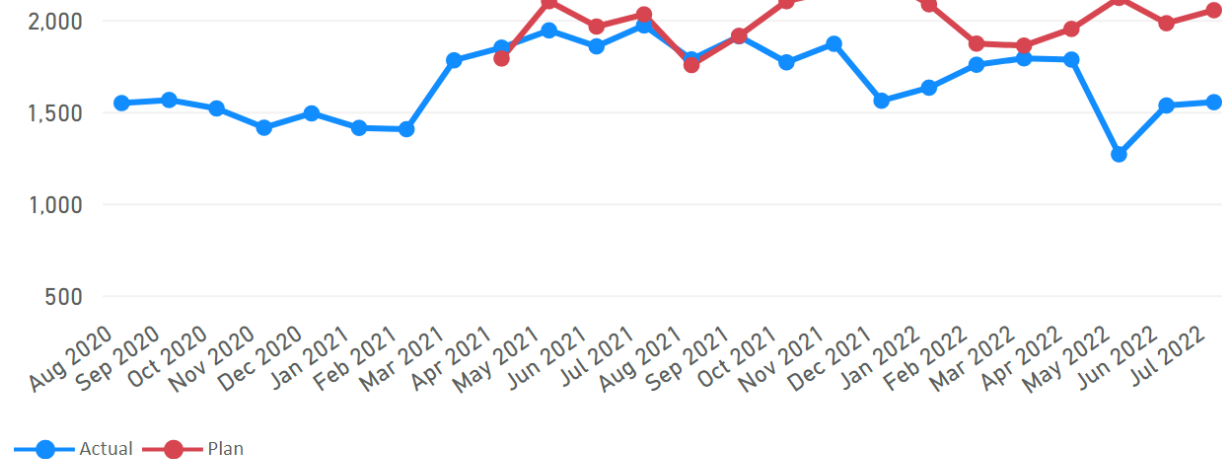
## Day Case admissions



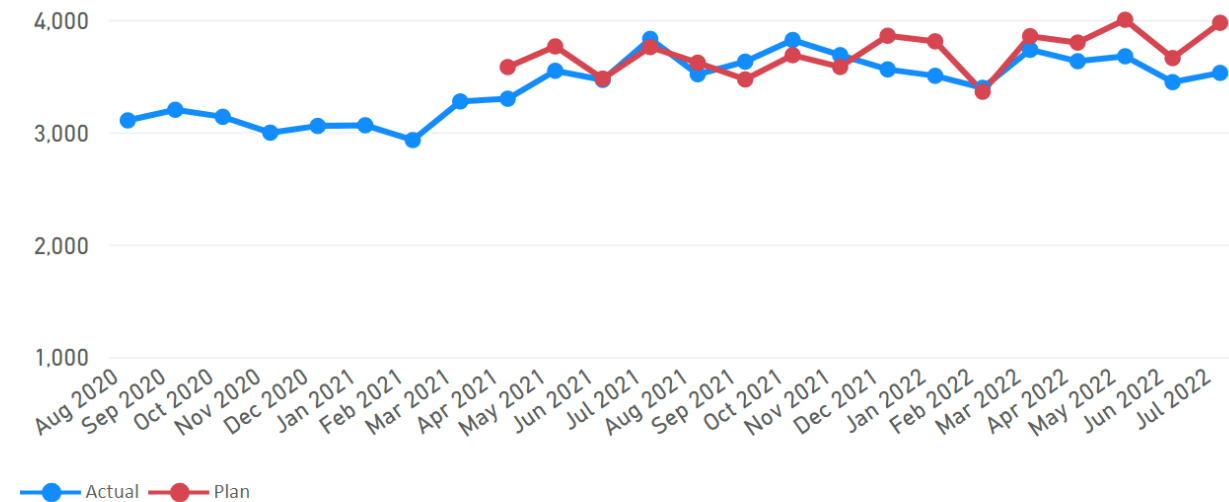
## Ordinary Elective admissions



## NEL admissions with 0 LOS

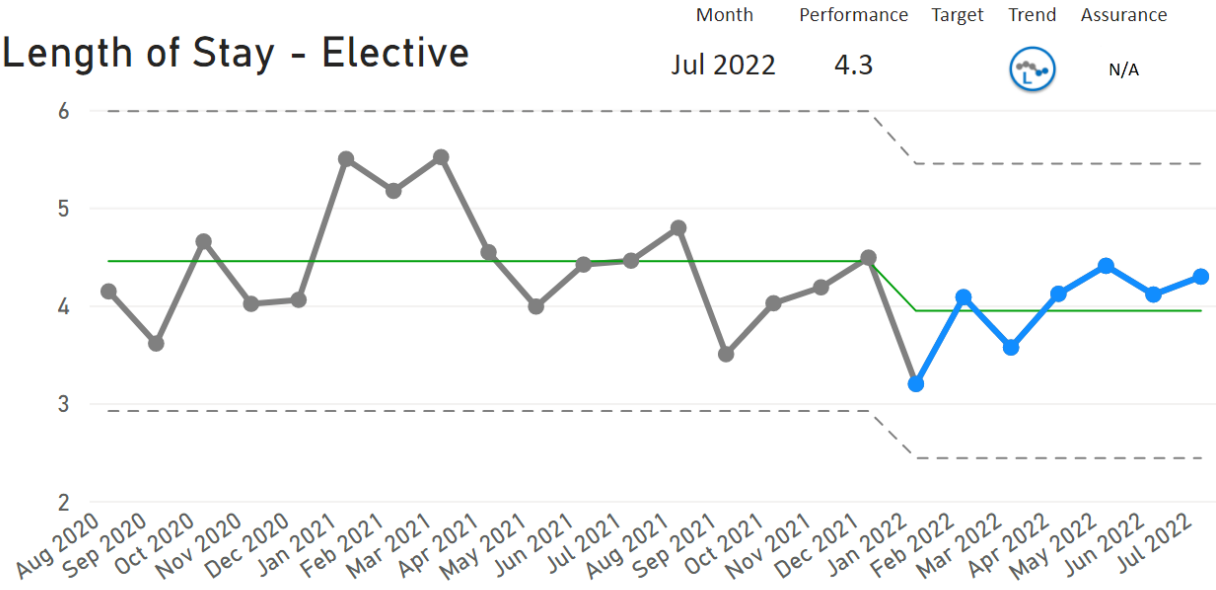


## NEL admissions with 1+ LOS

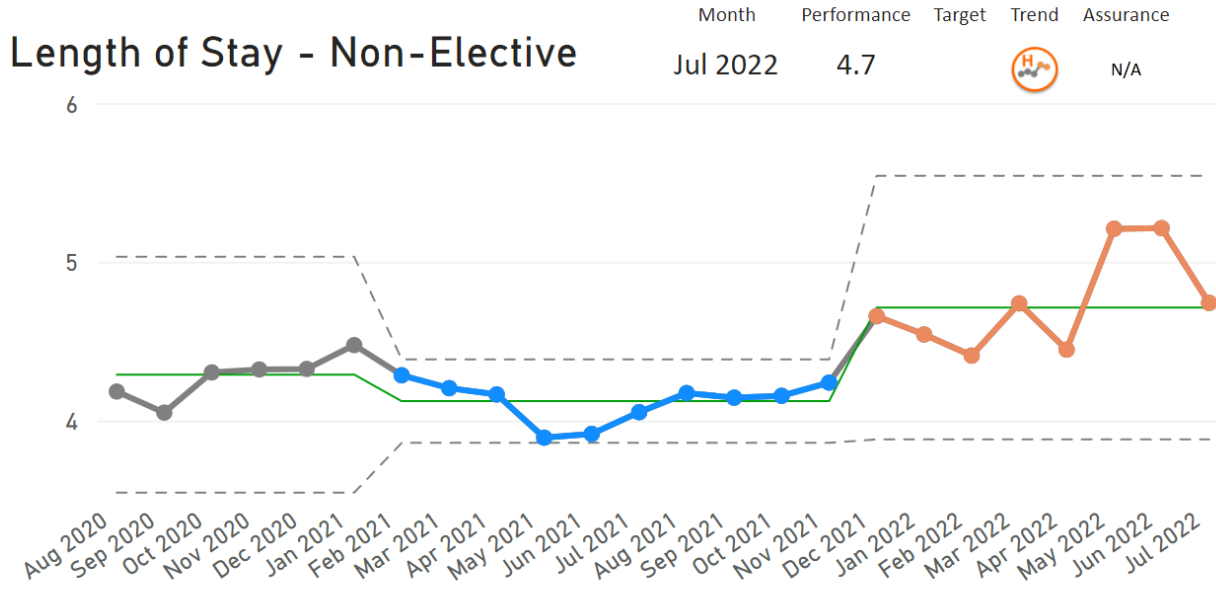


# RESPONSIVE

## Length of Stay - Elective





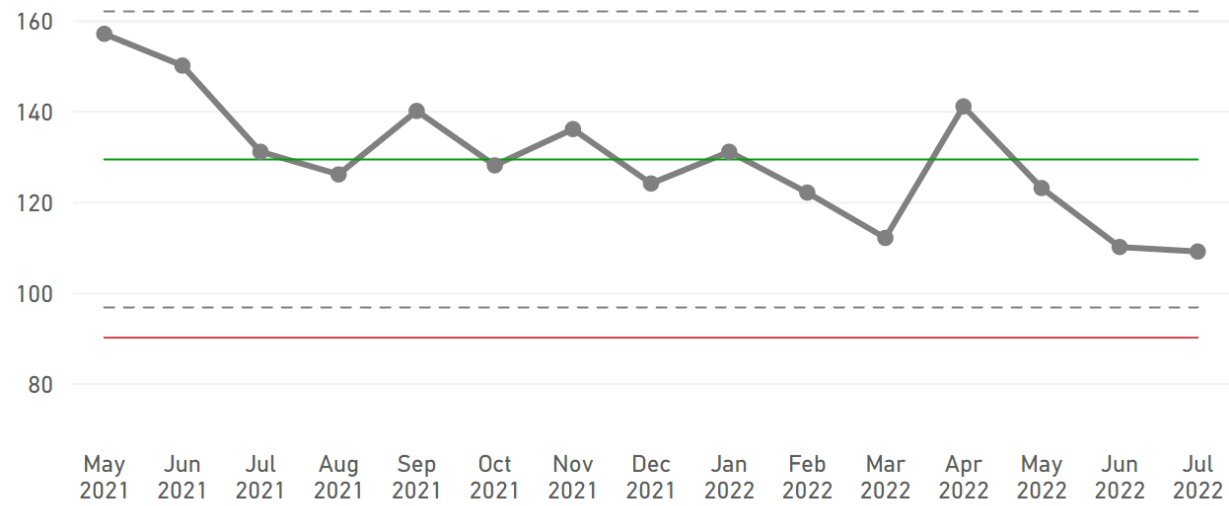
## Length of Stay - Non-Elective





# RESPONSIVE

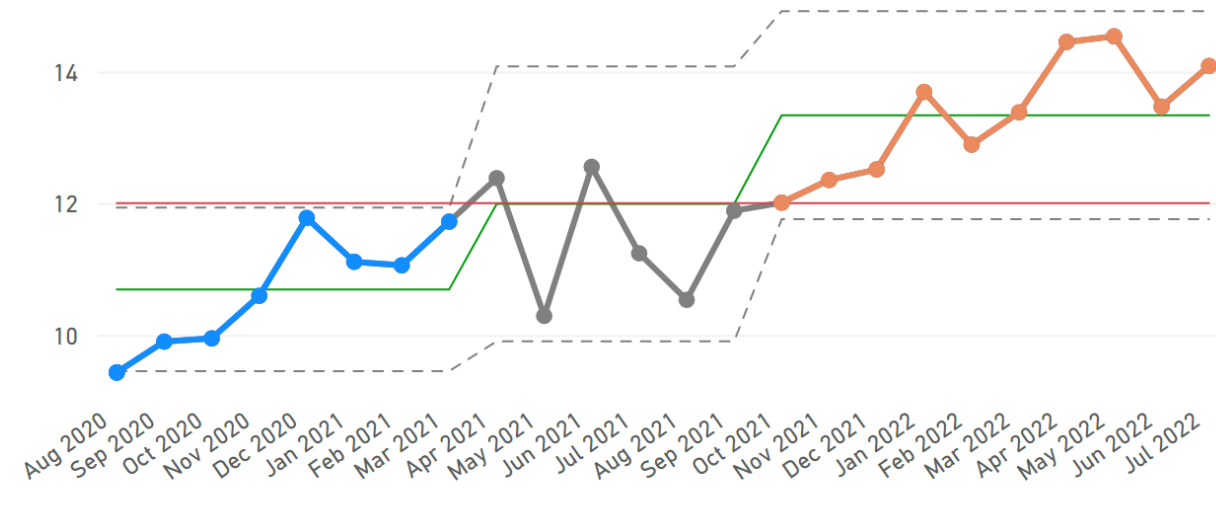
## Not Met Not Discharged

Month	Performance	Target	Trend	Assurance
Jul 2022	109	90		



## 21 Day Stranded Patients (%)

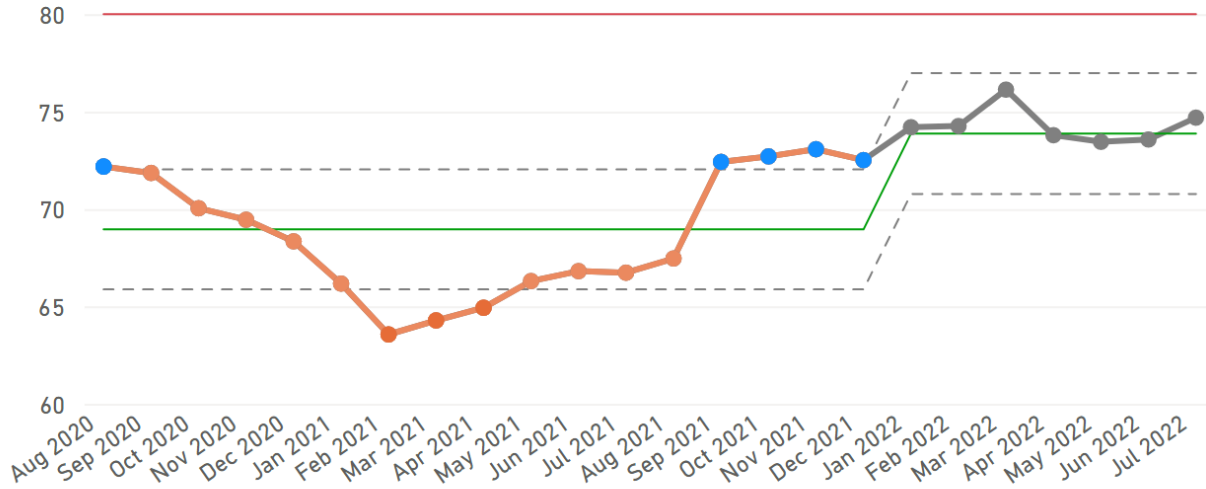
Month	Performance	Target	Trend	Assurance
Jul 2022	14.1%	12%		



# WELL-LED

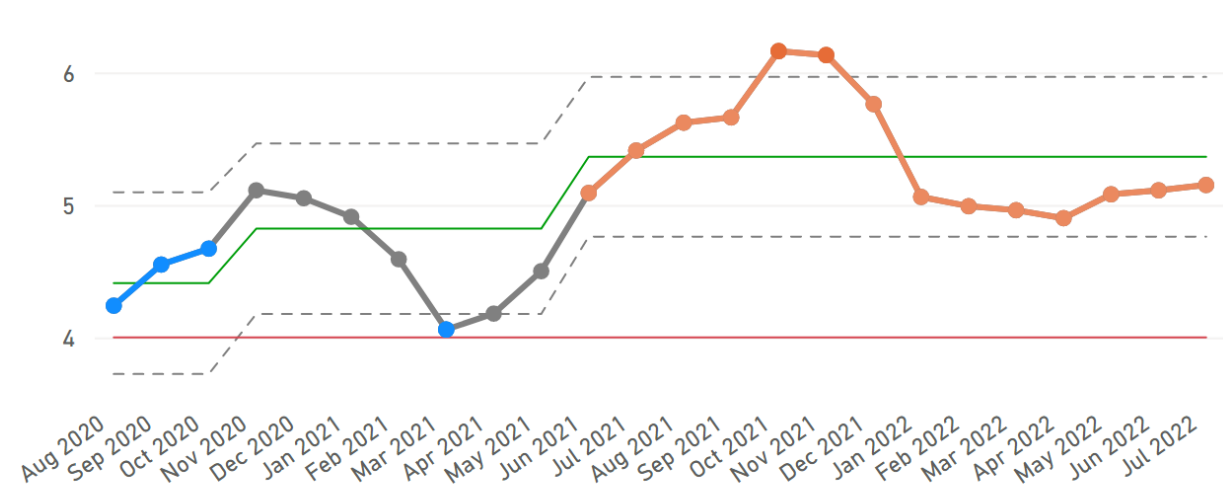
## Annual Appraisal (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	74.7%	80%		



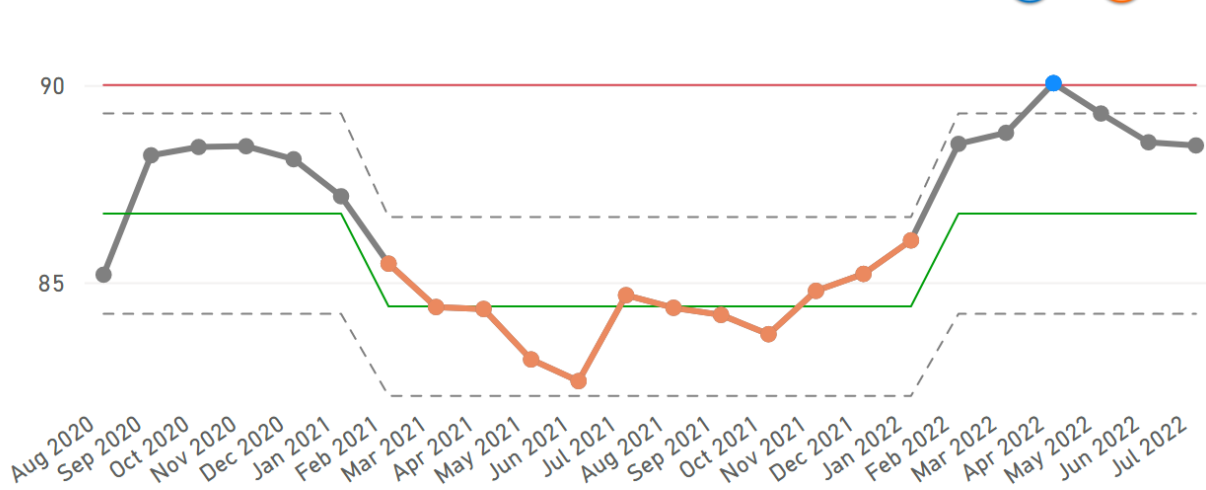
## Sickness Absence (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	5.2%	4%		



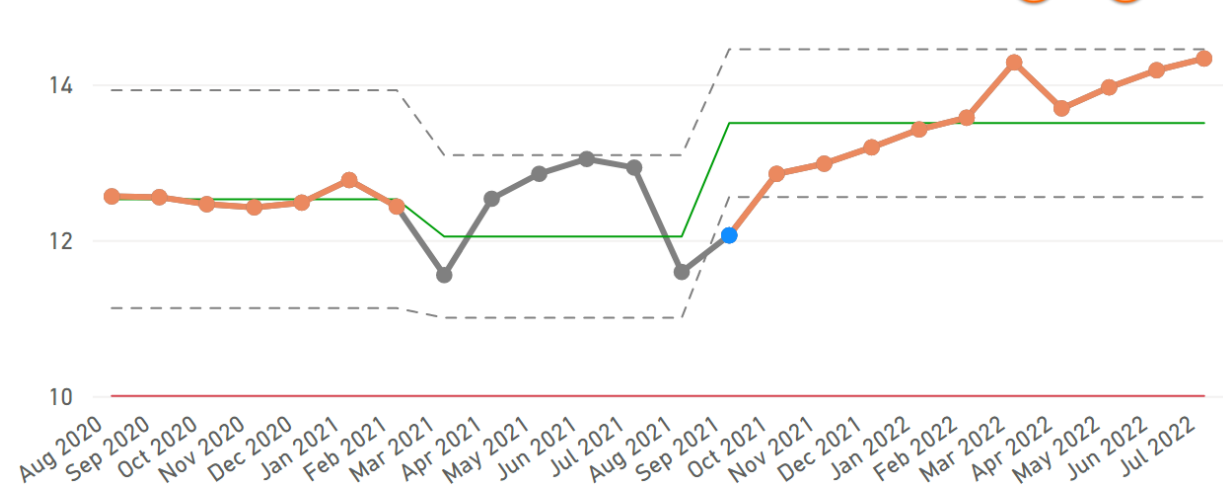
## Mandatory Training (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	88.5%	90%		



## Staff Turnover (%)

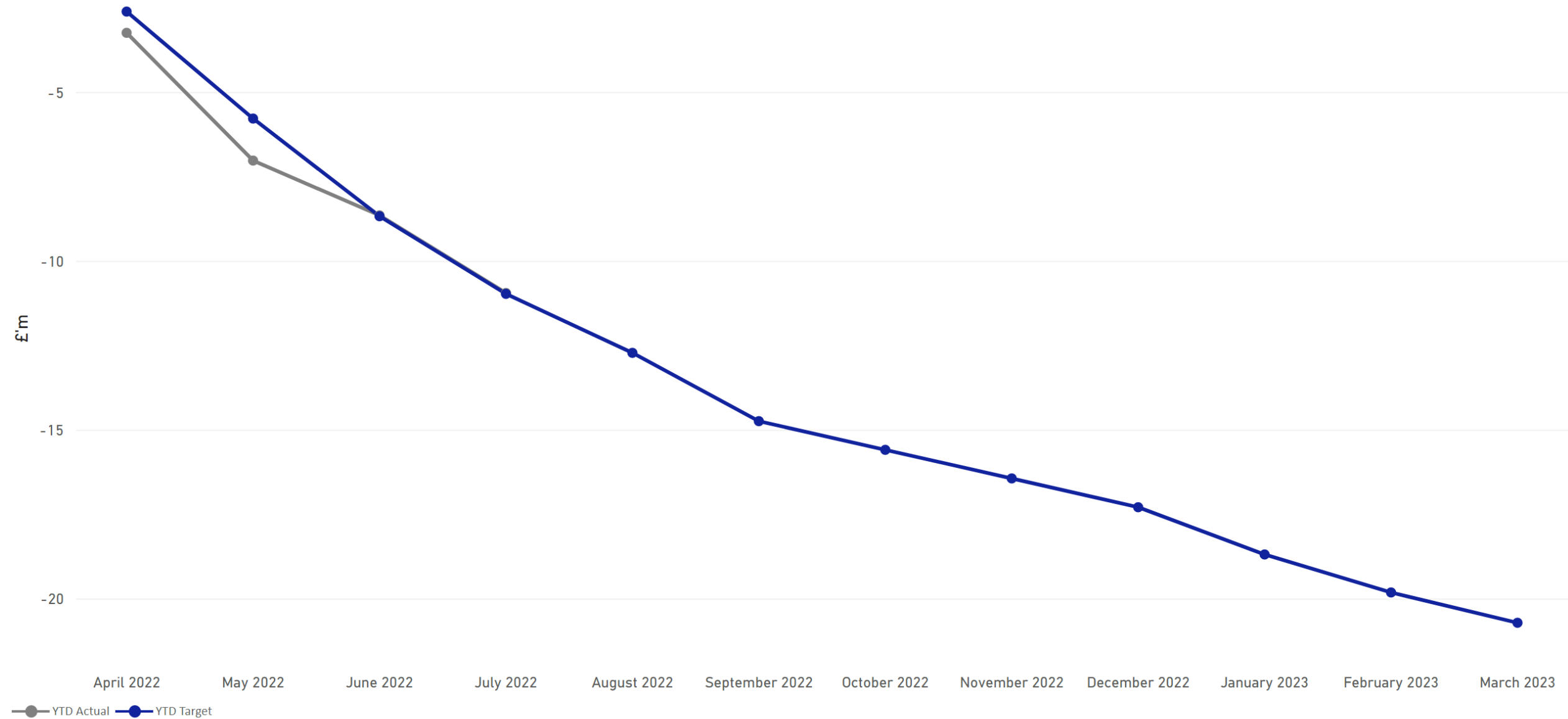
Month	Performance	Target	Trend	Assurance
Jul 2022	14.3%	10%		



# WELL-LED

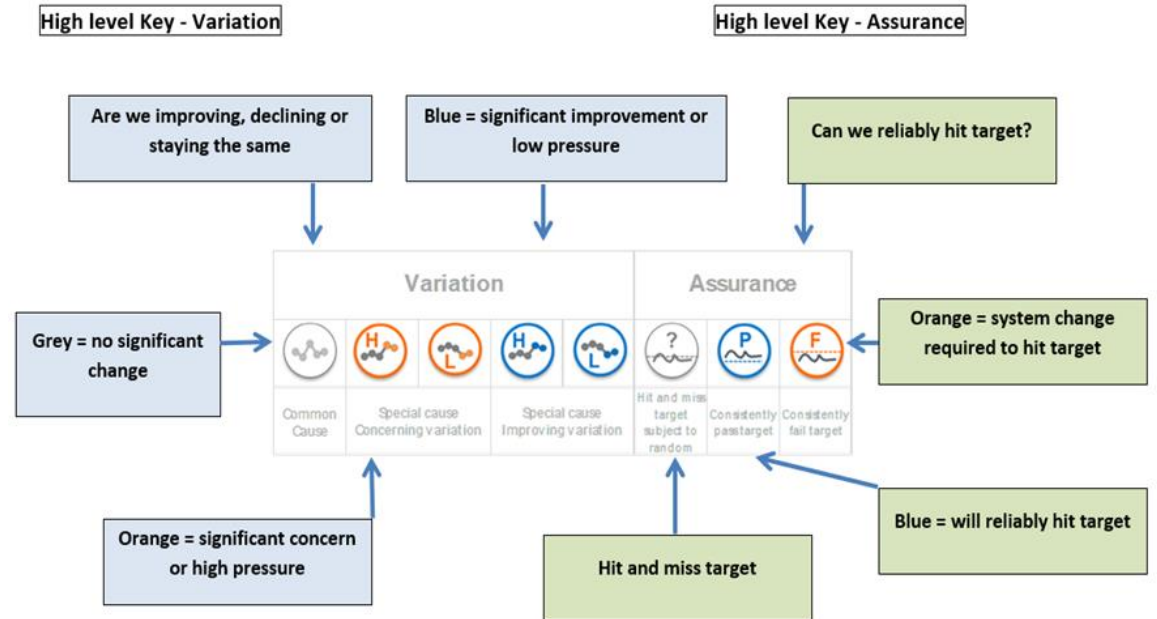
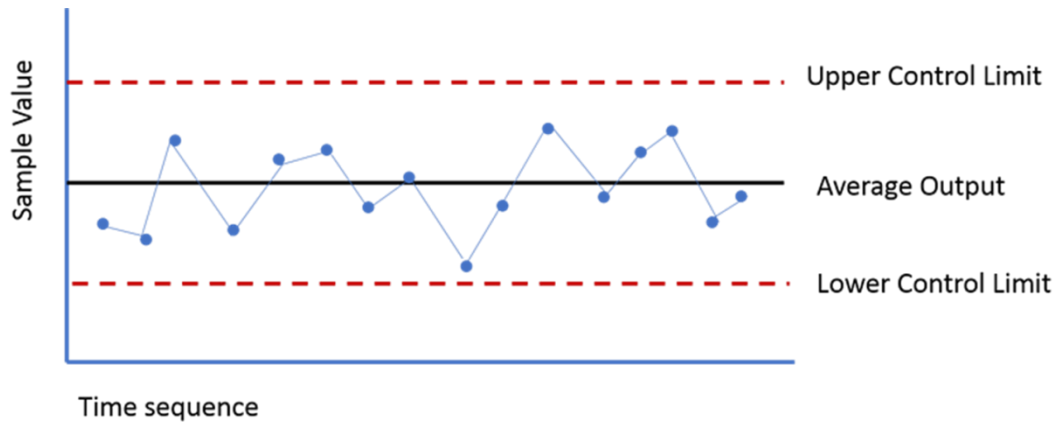
Month	Performance	Target
Jul 2022	-£10.953m	-£10.979m

## Cumulative YTD Financial Position (£'millions)



# SPC CHARTS

Statistical Process Control (SPC) charts with indicators of variation and assurance, are utilised where applicable, in line with the best practice standards of *Making Data Count*.



<b>MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 20 SEPTEMBER 2022</b>			
Finance Report			<b>Agenda Item – ENC7</b>
<b>Report Author and Job Title:</b>	Chris Dargue Deputy Chief Finance Officer	<b>Responsible Director:</b>	Chris Hand Chief Finance Officer
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	This report outlines the Trust’s financial performance as at Month 4 of 2022/23.		
<b>Background</b>	<p>For 2022/23, the system-based approach to planning and delivery continues with all systems required to deliver breakeven. The Trust’s plan submitted to the NHSE/I regional team for the 2022/23 financial year is a deficit of £20.7m.</p> <p>With the agreement of NHSE, the Trust submitted an uncertified financial return in Month 4 to NHSE, due to the national eFinancials system down-time.</p>		
<b>Assessment</b>	At Month 4 the Trust reported a deficit of £11.0m at a system control total level. This is in line with the plan submitted to the NHSE/I		
<b>Level of Assurance</b>	Level of Assurance: Significant <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input checked="" type="checkbox"/> None <input type="checkbox"/>		
<b>Recommendation</b>	Members of the Council of Governors are asked to note the financial position for Month 4 2022/23.		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	Principal risk 7 - Failure to deliver the Trust’s financial recovery plan		
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.		
<b>Strategic Objectives</b>	Best for safe, clinically effective care and experience <input type="checkbox"/>	A great place to work <input type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	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 <input type="checkbox"/>		

## **Month 4 2022/23 Financial Performance**

### **1. PURPOSE OF REPORT**

The purpose of the report is to update Council of Governors on the Trust's financial performance as at Month 4 of 2022/23.

### **2. BACKGROUND**

For 2022/23, the system-based approach to planning and delivery continues, with each provider trust fully mapped to a single ICS system, and all systems have a breakeven requirement. Trusts are still required to submit organisational plans and these plans must be consistent with their system plan submission.

The Trust's plan for the 2022/23 financial year is a deficit of £20.7m, measured on a system financial performance basis.

This Month 4 report reflects the plan submitted in June 2022 and includes the additional income agreed with NHSE. The Trust's plan was developed in conjunction with the NENC ICB, with internal review and oversight provided through the Resources Committee and meetings of the Trust Board.

The Trust is required to report on a group basis each month to NHSE/I. 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 Ltd).

At Month 4 the Trust reported a deficit of £11.0m at a system control total level. The year-to-date position is in line with the financial plan.

### 3. DETAILS

#### Trust Position Month 4 2022/23

The Month 4 position is outlined in the table below.

STATEMENT OF COMPREHENSIVE INCOME	Plan £000	Actual £000	Variance £000
Operating income from patient care activities	242,674	243,981	1,307
Other operating income	16,991	15,826	(1,165)
Employee expenses	(159,246)	(158,284)	962
Operating expenses excluding employee expenses	(104,862)	(106,045)	(1,183)
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>(4,443)</b>	<b>(4,522)</b>	<b>(79)</b>
<b>FINANCE COSTS</b>			
Finance income	0	196	196
Finance expense	(5,768)	(5,624)	144
PDC dividends payable/refundable	(1,304)	(1,396)	(92)
<b>NET FINANCE COSTS</b>	<b>(7,072)</b>	<b>(6,824)</b>	<b>248</b>
Other gains/(losses) including disposal of assets	0	14	14
Corporation tax expense	0	0	0
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(11,515)</b>	<b>(11,332)</b>	<b>183</b>
Add back all I&E impairments/(reversals)			0
Remove capital donations/grants/peppercorn lease I&E impact	536	379	(157)
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(10,979)</b>	<b>(10,953)</b>	<b>26</b>

The Trust's operating deficit for Month 4 was £4.5m and the overall deficit for month was £11.3m. The adjusted financial position for the purpose of system performance was a deficit of £11.0m.

The Trust is currently forecasting an outturn position in line with plan for the 2022/23 financial year ending the 31<sup>st</sup> March 2023.

The Trust has been unable to access finance and procurement systems since 3 August, due to nationally required downtime for the third-party software provider of the eFinancials system. This downtime impacted upon a number of NHS organisations.

During this period, local business continuity plans have been in operation to maintain provision of core financial functions.

The impact of the system downtime on financial reporting was acknowledged by NHSE, which agreed that the Trust should report an uncertified Month 4 position in line with the information available to the Trust.

## Operating Income from Patient Care Activities

Under the revised financial arrangements for 2022/23, the Trust was paid under a block arrangement with the exception of the following items:

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

The Trust's operating income from patient activities is shown in the table below.

<b>INCOME FOR PATIENT CARE ACTIVITIES</b>	<b>Plan £000</b>	<b>Actual £000</b>	<b>Variance £000</b>
NHS England	79,108	79,770	662
ICB/Clinical commissioning groups	162,572	163,080	508
Non-NHS: private patients	332	214	(118)
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)	2	4	2
Injury cost recovery scheme	644	898	254
Non-NHS: other	16	16	0
<b>TOTAL INCOME FOR PATIENT CARE ACTIVITIES</b>	<b>242,674</b>	<b>243,981</b>	<b>1,307</b>

Operating income from Patient Care Activities was £244.0m for Month 4 and was £1.3m ahead of plan.

The NHS England position is ahead of plan due to additional funding relating to high-cost drugs, this is offset by an equivalent overspend on drugs. The favourable variance for ICB/CCG income relates to additional contract variations above the block contract.

The Month 4 position assumes full receipt of agreed ERF funding relating to the first four months of 2022/23; however, there is a risk of potential clawback of this funding later in the financial year, if actual activity delivery is below ICB planned levels.

The ICB/CCG income position also assumes £1.2m year-to-date ERF funding from North Yorkshire CCG, in line with national planning guidance. However, this funding still needs to be formally confirmed by the HNY ICB and reflected in revised block contract payments. The Trust has escalated the contractual issue with NENC ICB.

The injury cost recovery scheme is ahead of plan, relating to prior year income. Private patient income remains behind plan year-to-date, but has improved in month and the position is expected to recover back to plan by year-end

## Other Operating Income

Other income received up to month 4 totalled £15.8m and includes all non-direct patient care income.

<b>OTHER OPERATING INCOME</b>	<b>Plan £000</b>	<b>Actual £000</b>	<b>Variance £000</b>
Research & Development	1,544	1,719	175
Education and Training	7,472	7,229	(243)
Non Patient Care Income	939	607	(332)
Reimbursement & Top-Up funding	912	717	(195)
Donations - (Assets, Equipment & COVID consumables)	0	3	3
Other	6,124	5,551	(573)
<b>TOTAL OTHER OPERATING INCOME</b>	<b>16,991</b>	<b>15,826</b>	<b>(1,165)</b>

Other operating income is behind plan by £0.6m. Reimbursement funding relates to Covid-19 pass through costs (for vaccination and testing). This is below plan by £0.2m but is offset by an equivalent underspend in expenditure.

## Employee Expenses (Pay)

The Trust's total expenditure on pay for Month 4 of 2022/23 was £158.3m and a breakdown is included in the table below.

<b>PAY</b>	<b>Plan £000</b>	<b>Actual £000</b>	<b>Variance £000</b>
Ahp'S, Sci., Ther. & Tech.	(23,035)	(22,884)	151
Hca'S & Support Staff	(17,807)	(16,893)	914
Medical And Dental	(47,004)	(47,157)	(153)
Nhs Infrastructure Support	(21,654)	(22,080)	(426)
Nursing & Midwife Staff	(49,070)	(48,692)	378
Other Pay Costs	(676)	(577)	99
<b>TOTAL PAY</b>	<b>(159,246)</b>	<b>(158,284)</b>	<b>962</b>

Pay is underspent by £1.0m overall, mainly relating to HCA & Support Staff and slippage on developments.

An estimate of the 2022/23 NHS pay award has been included in the year-to-date position. The pay award assumptions are consistent with the original NHSE national planning guidance.

The Government recently announced that it has accepted the recommendations of the independent NHS pay review bodies. ICBs have been provided with additional funding

for the cost of the pay award (above the original national planning assumptions), for onward allocation to provider trusts.

### Operating Expenses excluding Employee Expenses (Non-Pay)

The Trust's total expenditure on operating non-pay for Month 4 of 2022/23 was £106.0m and a breakdown is included in the table below.

NON PAY	Plan £000	Actual £000	Variance £000
Purchase of Healthcare	(5,496)	(4,480)	1,016
Clinical Supplies & Services	(32,646)	(33,547)	(901)
Drugs	(27,295)	(28,177)	(882)
External Staff & Consultancy	(108)	(313)	(205)
Establishment	(3,178)	(3,409)	(231)
Premises & Fixed Plant	(7,241)	(7,676)	(435)
Transport	(1,351)	(1,395)	(44)
Depreciation & Amortisation	(8,844)	(8,689)	155
Research Training & Education	(1,069)	(1,031)	38
PFI Unitary Payment	(10,632)	(10,780)	(148)
Other	(1,260)	(844)	416
Clinical Negligence	(5,742)	(5,704)	38
<b>TOTAL NON PAY</b>	<b>(104,862)</b>	<b>(106,045)</b>	<b>(1,183)</b>

Expenditure includes all costs relating to clinical delivery and the Trust's response to the COVID pandemic. Non pay is overspent by £1.2m, mainly relating to drugs. This includes high-cost drugs expenditure, which is offset by additional income. Purchase of healthcare is £1.0m underspent, which is offset by the overspend on clinical supplies and services.

### Cost Improvement Programme (CIP)

For the 2022/23 financial year the Trust has an efficiency saving programme totalling £24.9m. Total delivery against the year-to-date plan stands at £3.6m (85%) at Month 4, as show in the table below:

NHSE category	Annual Plan	YTD Plan	YTD Actual	YTD Variance
Agency	939	183	148	-36
Corporate Services	4,146	54	15	-39
E-Rostering	6,411	707	79	-628
Estates and Premises	1,513	307	128	-179
Income Non-Patient Care	2,178	712	899	187
Income Other	1,037	52	254	202
Income Private Patient	0	0	25	25
Medicines optimisation	1,636	472	306	-166
Non-pay Other	1,440	272	424	152
Pathology & imaging	1,014	267	174	-93
Pay Other	504	81	73	-9

Procurement	2,307	469	503	34
Skill mix reviews	2,728	629	545	-84
<b>Grand Total</b>	<b>25,853</b>	<b>4,205</b>	<b>3,572</b>	<b>-633</b>

The Trust monitors efficiency planning and delivery through the meetings of the Collaborative Improvement Planning Group, with oversight from the CIP Steering Group, which includes non-executive director membership. Support for the identification and delivery of efficiency schemes is provided to the Collaboratives from the Trust's Service Improvement Office.

## Capital

The Trust's capital expenditure at the end of July amounted to £6.5m as detailed below, which is £1.2m ahead of plan:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PFI Lifecycle	4,252	4,253	01	12,760	12,760	0
Site Reconfiguration	350	885	535	13,556	13,556	0
Replacement of Medical Equipment	350	486	136	4,000	4,000	0
Network Replacement and Clinical Noting	425	924	499	2,775	2,775	0
<b>Total</b>	<b>5,377</b>	<b>6,548</b>	<b>1,171</b>	<b>33,091</b>	<b>33,091</b>	<b>0</b>

The capital programme is based on a regionally approved programme of £33.1m that will require external support, in the form of Public Dividend Capital (PDC) of £5.4m. Internal funding will be utilised to fund the remainder of the programme. The Trust's ICS Capital Departmental Expenditure Limit (CDEL), included in the above, amounts to £15.0m

The programme includes

- PFI - £12.8m contractual commitment to Endeavour SCH LLP with the payment based on the Financial Model;
- Estates – Friarage Rationalisation and Redevelopment (£5.0m), PFI enhancement and Change in Law (£2.0m), Pathology (£1.2m), Critical Care (£1.8m) and Friarage Critical Backlog maintenance (£1.0m);
- IT – Alcidion investment for e-prescribing and licencing (£0.8m), Digital Programmes started in 2021/22 (£0.8m), National initiatives (£0.4m) and planned/emergency replacements (£0.8m); and
- Medical equipment – Emergency and planned replacement of medical equipment (£3.0m) and Group C equipment replacement (£1.0m).

## Statement of Financial Position (SOFP)

The following table details the SOFP as at 31 July, and movement from the previous month:

	30 June £000	31 July £000	Movement between months £000
Property, Plant and Equipment	366,149	365,174	(975)
Long Term Receivables	3,153	3,153	0
<b>Total Non-Current Assets</b>	<b>369,302</b>	<b>368,327</b>	<b>(975)</b>
<b>Currents Assets</b>			
Inventories	14,423	14,758	335
Trade and other receivables (invoices outstanding)	5,264	10,545	5,281
Trade and other receivables (accruals)	19,065	13,784	(5,281)
Prepayments including PFI	18,909	14,809	(4,100)
Cash	50,510	50,908	398
<b>Total Current Assets</b>	<b>108,171</b>	<b>104,804</b>	<b>(3,367)</b>
<b>Current and Non-Current Liabilities</b>			
Borrowings	(191,599)	(191,015)	584
Trade and other payables	(125,918)	(124,554)	1,364
Provisions	(3,113)	(3,113)	0
<b>Total Current and Non-Current Liabilities</b>	<b>(320,630)</b>	<b>(318,682)</b>	<b>1,948</b>
<b>Net Assets</b>	<b>156,843</b>	<b>154,449</b>	<b>(2,394)</b>
<b>Equity:</b>			
Income and Expenditure Reserve	(276,507)	(278,901)	(2,394)
Revaluation Reserve	39,775	39,775	0
Public Dividend Capital	367,099	367,099	0
Other Reserves	26,476	26,476	0
<b>Total Equity</b>	<b>156,843</b>	<b>154,449</b>	<b>(2,394)</b>

## Liquidity

The cash balance at 31 July amounted to £50.9m.

In the financial year to the end of July the Trust has paid 33,254 invoices (total value £196.438m) with 31,998 invoices (total value £182.771m) paid within the 30-day target. The Trust's performance against the Better Payment Practice Code (BPPC) target (95%) on invoices paid so far this year is outlined in the table below:

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
98.6%	98.2%	96.1%	96.2%								

MEETING OF THE COUNCIL OF GOVERNORS – 20 SEPTEMBER 2022			
Review of Committee effectiveness and Annual Cycle of Business			<b>AGENDA ITEM: ENC8</b>
<b>Report Author and Job Title:</b>	Jackie White Head of Governance & Company Secretary	<b>Responsible Director:</b>	Derek Bell Chairman  Angela Seward Lead Governor
<b>Action Required</b>	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/> (select the relevant action required)		
<b>Situation</b>	A review of the effectiveness of the Council of Governors has been carried out and as a result of the cycle of business for the Council has been updated		
<b>Background</b>	In line with the well led framework and the code of governance for the NHS an effectiveness review was undertaken of the Council of Governors which is being presented to the Council of Governors for consideration.		
<b>Assessment</b>	A review of the effectiveness of the Council of Governors has been undertaken. The assessment has concluded that the business of the Council has been fulfilled during 2021/22.  As a result of this review the cycle of business was reviewed and updated and is being presented for approval.		
<b>Level of Assurance</b>	Level of Assurance: Significant <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input checked="" type="checkbox"/> None <input type="checkbox"/> (select the relevant assurance level)		
<b>Recommendation</b>	Members of the Council of Governors are asked to discuss and approve the review of effectiveness and annual cycle of business.		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	There are no risk implications associated with this report.		
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.		
<b>Strategic Objectives</b> (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input type="checkbox"/>	A great place to work <input type="checkbox"/>	
	Deliver care without boundaries in collaboration	Make best use of our resources <input type="checkbox"/>	

	with our health and social care partners <input type="checkbox"/>	
	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 <input type="checkbox"/>	

## **COUNCIL OF GOVERNORS EFFECTIVENESS REPORT 2021/22**

### **1. Introduction**

The FT Code of Governance states that 'The council of governors should assess its own collective performance and its impact on the NHS foundation trust.'

The purpose of this report is to formally report on the work of the Council of Governors during 2021/22 and to indicate the expected 2022/23 work plan.

The Council has met on 11 occasions which included six meetings held in public and five meetings held in private throughout the year during which most meetings were held on Microsoft teams due to the pandemic. Meetings of the Council of Governors shall be held at least four times each year, inclusive of an Annual General Meeting, at times and places that the Council of Governors may determine.

The Chair of the Board of Directors, as Chair of the Council of Governors and the Company Secretary have routine planning meetings to agree the agenda and papers before the meeting. The Chair also has a pre meeting to discuss the papers being presented shortly before the meeting takes place with the Lead Governor.

### **2. Membership of the Council**

The Council of Governors is made up non elected (appointed members from partner organisations) and elected members (made up of staff and locality constituents), this can be broken down as follows: five represent Middlesbrough; five Redcar and Cleveland; five Hambleton and Richmondshire; one Rest of England; two Patient and/or Carers; three staff; and 12 represent our partner organisations.. All meetings were quorate for the year and attendance was met. A full record of attendance for the Council can be found in Appendix 1.



To represent the interests of the members of the Trust as a whole and the interests of the public.	Improvement Plan Strategic objectives Integrated Performance Report Finance Report Feedback from Lead Governor	Information and Assurance Information Assurance Assurance Information
Appointment and removal of the Chairman and other Non-executive Directors	<p>Approval of the appointed of and reappointments of Non executive Directors following recommendation from Nomination Committee</p> <p>Considered the succession plan for the Board of Directors through the Nomination Committee</p> <p>Agreed a short-term sabbatical for a Non Executive director through the Nomination Committee</p> <p>Agreed the approach for the Non-Executive Director appraisals and received a report on the Non-executive Director appraisals from the Vice Chair through the Nomination Committee</p> <p>Agreed the joint approach for the interim Joint Chair's appraisal and received a report on the appraisal from the SID</p>	<p>Approval</p> <p>Assurance</p> <p>Approval</p> <p>Assurance</p> <p>Assurance</p>
Approving the appointment of the Chief Executive	Not applicable during 2021/22	
Deciding the remuneration of the Chairman and Non-executive Directors	Recommend the remuneration of the Vice Chair	Approval

Appointment and removal of STHFT's External Auditors	Not applicable during 2021/22	
Receiving STHFT's Annual Report and Annual Accounts	Virtual AGM during pandemic	Assurance
As necessary make recommendations and/or approving revisions to STHFT's Constitution	No update undertaken during 2021/22	
Approval of significant transactions	Update on joint working / collaboration in the Tees Valley received via Chairs update	Assurance
Approval of any application by the Foundation Trust to enter into a merger, acquisition, separation or dissolution	Not applicable during 2021/22	
Review of STHFT's membership and engagement arrangements	Through Membership and Engagement Sub Committee updates to Council	Assurance

## 5. Sub groups established

The Council of Governors established other groups including the Annual Operating Plan Group, the Constitution Working Group, Quality Account Group, Smoke Free Working Group. Due to the restrictions during COVID Governors were unable to participate in Governor Drop-in sessions across outpatient departments.

## 6. Review of the Constitution

The Constitution of the Council of Governors was reviewed in 2021/22 but amendments were not made.

## **7. Review of Effectiveness**

A review of the effectiveness of the Council of Governors was carried out by the Company Secretary in September 2022 and included input from the Lead Governor. This review considered the 2021/22 work of the Council. The review concluded that the Council had discharged its duties as outlined above.

It was pleasing to note the decision to continue to hold meetings virtually during the pandemic to allow members to carry out their business. However it is noted that there was not an opportunity to receive the annual report and accounts during this process.

## **8. Work programme for 2022/23**

The Council of Governors should continue to meet every 8 weeks as scheduled and return to face to face meetings. The Council should continue to keep under review their duties of holding the Board to account and explore ways of doing this with the Board of Directors.

A review of the cycle of business was undertaken by the Corporate Affairs officer which highlighted the need for a small update and this is being presented to the Council of Governors for approval.

A review of the format of the Council of Governor meetings was held early in 2022 and it was agreed that a report be presented to the Council of Governors outlining the thoughts of those who attended. As a result of this a recommendation from the small group meeting was that it would be more beneficial to the Council for thematic meetings to allow a range of issues covering performance, finance and quality to be shared and discussed rather than the formal approach of presenting papers.

A more formal seminar programme should be established for members.

Jackie White, Company Secretary, 14 September 2022

Appendix 1

<b>Governor</b>	<b>Constituency</b>	<b>Term of Office</b>	<b>Number of Terms</b>	<b>Term due to end/ended</b>	<b>Council of Governor Meeting Attendance</b>
<b>Public Elected Governors</b>					
Ann Arundale	Middlesbrough	3 years	2	November 2022	5/11
Rebecca Hodgson	Middlesbrough	3 years	2	November 2022	11/11
Jean Milburn	Middlesbrough	3 years	2	March 2024	7/11
Yvonne Bytheway	Middlesbrough	3 years	1	November 2022	11/11
Paul Fogarty	Middlesbrough	3 years	1	March 2021	7/11
Barbara Hewitt	Redcar and Cleveland	3 years	2	March 2024	1/11
Allan Jackson	Redcar and Cleveland	3 years	3	March 2024	8/11
Graham Fawcett	Redcar and Cleveland	3 years	1	March 2024	9/11
Jon Winn	Redcar and Cleveland	3 years	1	May 2022	4/11
Jennifer Rutland	Redcar and Cleveland	3 years	1	May 2022	4/11

Janet Crampton	Hambleton and Richmondshire	3 years	2	November 2022	11/11
Graham Lane	Hambleton and Richmondshire	3 years	1	March 2024	8/11
Sue Young	Hambleton and Richmondshire	3 years	1	March 2023	10/11
Mike Holmes	Hambleton and Richmondshire	3 years	2	November 2022	10/11
Nigel Puttick	Hambleton and Richmondshire	3 years	1	March 2024	6/11
Angela Seward	Rest of England	3 years	3	November 2022	11/11
Elaine Lewis	Patient/Carer	3 years	1	March 2024	7/11
David Bennett	Patient/Carer	3 years	1	May 2022	9/11
<b>Staff Elected Governors</b>					
Jonathan Broughton		3 years	3	May 2022	10/11
Steve Bell		3 years	1	May 2022	7/11
Martin Fletcher		3 years	1	May 2022 – <b>resigned July 2021</b>	4/5

## Appointed/Partnership Governors

Governor	Partner Organisation	Date appointed	Council of Governor meeting attendance
Erik Scollay	Middlesbrough Council	January 2017  <b>Stood down January 2022</b>	0/8
CLlr David Coupe	Middlesbrough Council	January 2022	2/2
CLlr Caroline Dickinson	North Yorkshire Council	July 2017	10/11
Patrick Rice	Redcar and Cleveland Council	August 2019	0/11
Dr Philip Warwick	Durham University	June 2020	8/11
Prof Stephen Jones	Newcastle University	January 2016	5/11
Prof Stephen Cummings	Teesside University	October 2020  <b>Stood down May 2021</b>	
Carlie Johnston-Blyth	Teesside University	May 2021	6/11
Lee O'Brien	Carer Organisation	February 2020	3/11
Paul Crawshaw	Healthwatch Organisation	February 2015	0/11
Lisa Bosomworth	Appointed substitute for Healthwatch Organisation	May 2019	8/11

Council of Governors											
				January	March	May	July	AMM / AMG September	November	Lead	Action required
<b>Chairs business</b>											
Welcome and apologies											
Quorum and declarations of interest				X	X	X	X	X	X	Chair	Approve
Minutes of the last meeting				X	X	X	X	X	X	Chair	Review
Matters arising / action log				X	X	X	X	X	X	Chair	Review/ Approve
Chairs report				X	X	X	X	X	X	Chair	Review
Chief Executive report				X	X	X	X	X	X	Chief Executive	Review
<b>Accountability and Assurance</b>											
Performance report				X	X	X	X	X	X	Sam Peate	Review
Finance report				X	X	X	X	X	X	Chris Hand	Review
Reports from Board Sub Committees				X	X	X	X	X	X	Chairman/NEDS	Review
Agree quality priorities					X					Ian Bennett	Approve
Receive the Quality Accounts									X	Ian Bennett	Review
Receive the Auditors report on the Quality Account							X			Brian Simpson	Review
Receive the Audit Committee annual report							X			Brian Simpson	Review
Agree arrangements for the annual members meeting							X			Jackie White / Mark Graham	Approve
Presentation of the annual report and accounts								X		CEO/Chair	Review
<b>Strategy and Engagement</b>											
Lead Governor report				X	X	X	X	X	X	Angela Seward	Review
Report from the sub groups				X	X	X	X	X	X	All leads	Review
Receive the Strategic Plan priorities				X						Lucy Tulloch	Review
Staff survey results						X				Rachael Metcalf	Review
CQC update				X	X	X	X		X	Hilary Lloyd	Review
Update on Winter Plan									X	Sam Peate	Review
NED and Governor service visits				X	X	X	X	X	X	NED/Governors	Review
Membership report and Strategy						X				Anita Keogh	Review
<b>Appointments and performance</b>											
Remuneration of the Chair of the Trust and other non-executive Directors						X				Jackie White	Approve
Appointment of the Chair			As required							Chair	Approve
Receive a high level report on the outcome of the NED and Chair appraisal						X				Chair / SID	Review
Appointment / removal of other non-executive Directors			As required							Chair	Approve
Approve the appointment of the Chief Executive			As required							Chair	Approve
Appointment of the external auditor			As required							Brian Simpson	Approve
Agree the process for the performance evaluation of the Chair of the Trust and other NEDS					X					SID/Jackie White	Approve
Agree who should be appointed as the lead governor			When appointment due							Chair	Approve
<b>Other Governor business</b>											
Ratify changes to the Terms of Reference of the Nominations Committee and Membership and Engagement Committee			As required							Jackie White	Approve
Approve the establishment / disbanding of the Council of Governors sub committees			As required							Jackie White	Approve
<b>Council of Governors Administrative Business</b>											
Approve the Council of Governors Annual cycle of business					X					Jackie White	Approve
Receive future meeting dates							X			Anita Keogh	Approve
Review the Council of Governors Terms of Reference							X			Jackie White	Approve
Effectiveness review						X				Jackie White	Receive
Review the declarations of interest and register of interest for the governors						X				Anita Keogh	Receive
Governors non attendance				X	X	X	X		X	Anita Keogh	Receive
Report on governor elections										Anita Keogh	Receive
<b>Review of Policies and procedures and governance documents relating to the Council of Governors (as and when)</b>											
Procedure for the reimbursement of expenses for governors		As refreshed								Jackie White	Review
Code of conduct and standards of behaviour for governors		As refreshed								Jackie White	Review
local working instructions for Council of Governors meeting etiquette		As refreshed								Jackie White	Review
Role description for the Council of Governors and a Governor		As refreshed								Jackie White	Review
Role description for the Lead Governor		As refreshed								Jackie White	Review
<b>Other statutory duties</b>											
Approval of any significant transactions			As required							Chair	Approve
Approval of an application for a merger or acquisition of another FT or NHS Trust			As required							Chair	Approve
Approval of an application for the dissolution of the FT			As required							Chair	Approve
Approval of a proposal to increase non NHS income by 5% or more			As required							Chris Hand	Approve
NED annual decision of interest and fit and proper person declarations						X				NED/ Jackie White	Review
Amendments to the constitution			As required							Jackie White	Approve

MEETING OF THE COUNCIL OF GOVERNORS – 20 SEPTEMBER 2022			
Report on the output of the small group work			<b>AGENDA ITEM: ENC9</b>
<b>Report Author and Job Title:</b>	Jackie White Head of Governance & Company Secretary	<b>Responsible Director:</b>	Derek Bell Chairman  Angela Seward Lead Governor
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input type="checkbox"/> (select the relevant action required)		
<b>Situation</b>	Following the relaxation of social distancing the Chairman invited Council of Governor members to meet with him in small groups to receive a brief update on key areas in the Trust and to have a discussion on key issues relevant to their area.		
<b>Background</b>	<p>Small group meetings involving the five public constituent areas were set up between March and July 2022 to meet with the Chairman / Vice Chair, Company Secretary and Lead Governor. The reason for the smaller group meetings were to welcome members back onto site in a socially distanced way following the pandemic and to have discussions regarding constituent specific issues.</p> <p>In addition, a meeting of the partner and patient / Carer organisation members was also set up to discuss patient/carer and partner specific issues.</p>		
<b>Assessment</b>	A report is attached on the issues discussed and some recommendations in terms of next steps.		
<b>Level of Assurance</b>	Level of Assurance: Significant <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input checked="" type="checkbox"/> None <input type="checkbox"/> (select the relevant assurance level)		
<b>Recommendation</b>	Members of the Council of Governors are asked to discuss and agree the recommendations.		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	There are no risk implications associated with this report.		

<p><b>Legal and Equality and Diversity implications</b></p>	<p>There are no legal or equality &amp; diversity implications associated with this paper.</p>	
<p><b>Strategic Objectives</b> (highlight which Trust Strategic objective this report aims to support)</p>	<p>Best for safe, clinically effective care and experience <input type="checkbox"/></p>	<p>A great place to work <input type="checkbox"/></p>
	<p>Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/></p>	<p>Make best use of our resources <input type="checkbox"/></p>
	<p>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 <input type="checkbox"/></p>	

**Report following the small group meetings with Council of Governor members****1. PURPOSE OF REPORT**

The purpose of the report is to share with the full Council of Governors the outputs from the small constituent group meetings held during March – July, highlighting common themes and areas for further consideration.

**2. BACKGROUND**

Small group meetings involving the five public constituent areas were set up during March – July 2022 to meet with the Chairman / Vice Chair, Company Secretary and Lead Governor.

The reason for the smaller group meetings were to welcome members back onto site in a socially distanced way following the pandemic and to have discussions regarding constituent specific issues. Updates regarding COVID, staff support, PFI, CQC, Finance and joint working were also provided to each of the groups.

In addition, a meeting of the partner organisation non-elected members was also set up to discuss partner specific issues.

**3. DETAILS**

The Chairman and/or Vice Chair along with the Lead Governor and the Company Secretary met four groups of governors during March and July 2022. A briefing on key issues was provided to members followed by an opportunity for an open conversation and discussion on issues relevant to the local consistency or Trust.

A summary of the meeting is as follows:

8/3/22 – Hambleton & Richmondshire constituency

The Council of governors is made up of five representatives from Hambleton and Richmondshire, all members attended the meeting.

The group welcomed being back on site and in particularly meeting at the Friarage, with this being the first small group meeting. The discussion focussed on the format of the Council of Governors meeting and there was a suggestion to present a patient or staff story at the meeting and also that there should be more time for discussion, perhaps fewer formal reports and presentations.

There was also a discussion regarding the website and accessibility and perhaps an opportunity to include more information for governors in their section of the website.

Patient communications was discussed in particularly the very long-standing issue of letters, templates and communication with patients.

#### 5/5/22 – Redcar & Cleveland constituency

The Council of governors is made up of five representatives from Redcar and Cleveland. Two members attended the meeting.

The meeting also focussed on the format of the Council of Governors meeting in particularly the lack of time available to have a discussion on the items being presented and the amount of information being presented.

In addition, there was a discussion regarding the lack of positive publicity about the good work the Trust is doing in the local media or in local newsletters. There was also a discussion on the opportunity to attend local Church or Council / Ward meetings and discuss the work of the Trust.

#### 10/5/22 Middlesbrough constituency

The Council of governors is made up of five representatives from Middlesbrough. Four members attended the meeting.

Like the Redcar & Cleveland and Hambleton and Richmondshire meeting the discussion focussed on the format of the Council of Governors meeting in particularly the lack of time available to have a discussion on the items being presented and the amount of information being presented.

In addition, there was a discussion regarding the roles, skills and experience of governors such as one member of the Middlesbrough constituency who is a volunteer working in the Trust.

#### 11/7/22 partner organisation and patient / carer

The Council of governors is made up of 12 representatives from partner organisations and two patient carer representatives. 2 representatives attended the meeting with apologies sent from a further 3 organisations.

Discharge was the main item discussed in particular the need to work together on this important area as partners and further opportunities to improve the patient experience.

The Carers Association also expressed an interest in supporting the Trust to gain the Carer Confident benchmarking scheme which supports employers to build a positive and inclusive workplace for staff who are, or will become, carers and to make the most of the talents that carers can bring to the workforce.

#### **4. RECOMMENDATIONS**

- 1) Format of the Council of Governors meeting – it is recommended that the meeting format allows for more discussion and comment. This could include a patient or staff story and a thematic agenda focussing on key aspects of strategy such as transformation.
- 2) There was a recommendation in each of the meetings but not recorded above that small group meetings would be welcomed and that these should be quarterly or six monthly in addition to the full Council of Governor meetings.
- 3) It was recommended that a database is developed to record the skills and experience of current council of governor members in order to make best use of these skills
- 4) Website development – a specific section of the website for governors to be established to contain specific information to be agreed for governors only
- 5) Further explore the opportunity to work jointly with partner non elected members on the work of the Trust
- 6) Consider the sharing of positive news stories with governors direct along with the membership database and consider some localised information for public constituencies

**COUNCIL OF GOVERNORS**  
**SCHEDULE OF FORTHCOMING FORMAL MEETINGS AND TRAINING EVENTS**  
**UP TO MARCH 2024**

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm)	VENUE
Tuesday 20 September 2022 10.00 – 4.00pm	<u>Annual Members Meeting</u> <b>Timing – 10.30 – 11.15am</b>  <b>LUNCH – 1.00 – 1.30pm</b>  <u>Council of Governors meeting</u> 1.30 – 4.00pm	Ian Haslock Lecture Theatre STRIVE, JCUH   Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH
Tuesday 15 November 2022 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm  <b>LUNCH – 1.00 – 1.30pm</b>  <u>Council of Governors meeting</u> 1.30 – 4.00pm	Rooms 2 & 4, <b>Friarage Hospital</b> Northallerton
Tuesday 17 January 2023 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm  <b>LUNCH – 1.00 – 1.30pm</b>  <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm)	VENUE
Tuesday 21 March 2023 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm  <b>LUNCH</b> – 1.00 – 1.30pm  <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH
Tuesday 16 May 2023 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm  <b>LUNCH</b> – 1.00 – 1.30pm  <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH
Tuesday 18 July 2023 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm  <b>LUNCH</b> – 1.00 – 1.30pm  <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm)	VENUE
Tuesday 19 September 2023 12.00 – 4.00pm	<u>Annual Members Meeting</u> Timing – 11.30 – 12.15am  <b>LUNCH</b> – 1.00 – 1.30pm  <u>Council of Governors meeting</u> 1.30 – 4.00pm	Ian Haslock Lecture Theatre STRIVE, JCUH   Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH
Tuesday 21 November 2023 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm  <b>LUNCH</b> – 1.00 – 1.30pm  <u>Council of Governors meeting</u> 1.30 – 4.00pm	Room 3 & 4 Friarage Hospital Northallerton
Tuesday 16 January 2024 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm  <b>LUNCH</b> – 1.00 – 1.30pm  <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH

DATE/TIME	<b>FORMAL COUNCIL MEETING</b> (Governors are asked to mark out 10.00am to 4.00pm)	VENUE
Tuesday 19 March 2024 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm  <b>LUNCH</b> – 1.00 – 1.30pm  <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH