

Council of Governors – Public Meeting

Tuesday 17 May 2022, 1.00pm – 3.00pm
Board Room, 2nd Flr Murray Building / Microsoft Teams

Agenda

ITEM		PURPOSE	LEAD	FORMAT	TIMING
CHAIRS BUSINESS					
1.	Welcome and Introductions	Information	Chair	Verbal	1.00pm
2.	Apologies for Absence	Information	Chair	Verbal	
3.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC1	
4.	Minutes of Previous Meeting held on: - 15 March 2022	Approval	Chair	ENC2	1.05pm
5.	Matters Arising and Action Sheet	Review	Chair	ENC3	
6.	Chairman' Report - Update	Information	Chair	ENC4	1.10pm
7.	Managing Director Report - Update	Information	Managing Director	ENC5	1.25pm
8.	Lead Governor Report	Information	Lead Governor	Verbal	1.35pm
9.	Chief Operating Officer, Sam Peate - Performance Report	Discussion/ Information	COO	ENC6	1.45pm
INVITED MEMBERS					
10.	Finance Report	Discussion/ Information	Head of Financial Governance & Control	ENC7	1.55pm
STRATEGY & PLANNING					
GOVERNANCE					
11.	NED Service Visits	Information	Non-Executive Directors	Verbal	2.05pm
12.	CQC Update	Information	Head of Nursing	Verbal	2.10pm
13.	Draft Quality Report - Confirm indicators	Discussion / Information	Ian Bennett	Presentation	2.20pm

14.	Update to Governors re: Chair's objective	Information	Debbie Reape / Senior Independent Director	ENC8	2.30pm
15.	Committee Chair Logs 15.1 – Joint Partnership Board 15.2 – Charitable Funds Committee 15.3 - QAC – 27.04.22 15.4 - Audit & Risk – 08.04.22 15.5 - People Committee – 26.04.22 15.6 - Resource Committee – 10.05.22	Information	Derek Bell Derek Bell Debbie Reape David Jennings Richard Carter-Ferris Ada Burns	ENC9a ENC9b Verbal Verbal Verbal Verbal	2.40pm
16.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	2.50pm
17.	Reflections on Meeting	Discussion	Chair	Verbal	
18.	Any Other Business - Future meeting dates	Information	Chair / All	ENC10	2.55pm
19.	Date of Next Meeting: Tuesday 19 July 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
David Bennett	Governor	NIL
Lisa Bosomworth	Governor	NIL
Jon Broughton	Governor	NIL
Yvonne Teresa Bytheway	Governor	Therapeutic Care Volunteer – James Cook University Hospital NHS Responder during COVID pandemic – providing support to vulnerable people as a check in and chat volunteer Volunteer for Ageing Better, Middlesbrough Teaching Support for NHS Medical Students
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
Cllr Caroline Dickinson	Governor	Older Persons Champion for Public Health NYCC Trustee Hambleton Foodshare Trustee Mencap Northallerton

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
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
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
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.
Jennifer Rutland	Governor	Councillor – Ingleby Barwick Town Council – representing residents Vice Chair – Stockton on Tees Over 50s Forum – representing residents
Angela Seward	Governor	Chair of Patient Participation Group (PPG) for Barnard Castle Surgery, part of NHS County Durham CCG Chair of the Durham Dales Patient Representative Group (PRG) which meets bi monthly with NHS County Durham CCG Non-voting member of NHS County Durham CCG Governing Body – previously Durham Dales, Easington and Sedgfield CCG

Philip Warwick	Governor	NIL
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 15 March 2022 at 1.00pm
Board Room, 2nd 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
Mr Jon Broughton	Elected governor, Staff
Mrs Yvonne Bytheway	Elected governor, Middlesbrough
Cllr David Coupe	Appointed governor, Middlesbrough Council
Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Cllr Caroline Dickinson	Appointed governor, North Yorkshire County Council
Mr Graham Fawcett	Elected governor, Redcar & Cleveland
Mr Paul Fogarty	Elected governor, Middlesbrough
Ms Barbara Hewitt	Elected governor, Redcar & Cleveland
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Prof Steve Jones	Appointed governor, Newcastle University
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Elaine Lewis	Elected governor, Patient and/or Carer
Mr Nigel Puttick	Elected governor, Hambleton & Richmondshire
Ms Jennifer Rutland	Elected governor, Redcar & Cleveland
Mrs Angela Seward	Elected governor, Rest of England
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Sue Young	Elected governor, Hambleton & Richmondshire

In attendance:

Ms Lisa Bosomworth	Representative of appointed governor, Healthwatch
Mrs Ada Burns	Non-executive Director / Vice Chair (<i>item 2022/003/12</i>)
Mr Rob Harrison	Managing Director (<i>item 2022/003/7</i>)
Mr Alan Hunter	Interim Joint Director of Strategy & Partnerships (<i>item 2022/003/11</i>)
Mr David Jennings	Non-executive Director (<i>item 2022/003/12 & 14</i>)
Mrs Anita Keogh	Corporate Affairs Officer/PA to Joint Chairman
Mr Sam Peate	Chief Operating Officer (<i>item 2022/003/9</i>)
Mr Brian Simpson	Head of Financial Governance & Control (<i>item 2022/003/10</i>)
Mrs Jackie White	Head of Governance/Company Secretary (<i>item 2022/003/13</i>)

2022/003

1. **CHAIR'S BUSINESS**

Welcome and Introductions

Prof Bell welcomed all Governors to the public meeting adding how delighted he was that we were able to have some Governors attend in person.

Prof Bell began by welcoming Cllr David Coupe to his first Governor meeting as Appointed Governor for Middlesbrough Council who had recently taken over from Mr Erik Scollay. Prof Bell asked that thanks be recorded to Mr Erik Scollay for his time as Governor.

The Chairman continued with thanks to Non-Executive Director Maria Harris who was stepping down at the end of March 2022 to move abroad and thanked Ms Harris for her amazing contribution during her time at the Trust especially in relation to People Committee.

Prof Bell asked Governors for any feedback following the earlier Development Sessions which had included:

- People Plan – Rachael Metcalf, Director of Human Resources
- Check in Kiosks – Jay Garratt, Project Manager, Transformation Team
- Update on Patient Experience – Ian Bennett, Deputy Director of Quality & Safety

Mrs Seward confirmed to the Chairman that all development sessions were very enjoyable adding only one problem which was that those carrying out the presentations could not see when a Governor was asking a question on Teams.

Mrs Seward continued that the session in relation to the check in kiosks was very useful adding that both Mrs Sue Young and Mrs Yvonne Bytheway, Governors, were involved in the patient experience sub group.

Prof Bell added that if any Governors had anything specific that they would like to see included in the Development Sessions they could contact Mrs White to enable her to organise this.

The Chairman then proceeded to the formal part of the meeting, and apologies for absence were noted.

2. **Apologies for Absence**

Apologies for absence were received from:

Ms Ann Arundale	Elected governor, Middlesbrough
Mr David Bennett	Elected governor, Patient and/or Carer
Prof Paul Crawshaw	Appointed governor, Healthwatch
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Ms Carlie Johnston-Blyth	Appointed governor, Teesside University

Ms Jean Milburn	Elected governor, Middlesbrough
Mr Lee O'Brien	Appointed governor, Carer Organisation
Mr Patrick Rice	Appointed governor, Redcar & Cleveland Borough Council
Dr Philip Warwick	Appointed governor, Durham University

The following Non-executive Directors submitted their apologies:

Mr Richard Carter-Ferris	Non-executive Director
Mr Mike Ducker	Non-executive Director
Ms Maria Harris	Non-executive Director
Ms Debbie Reape	Non-executive Director
Mr David Redpath	Non-executive Director

3. **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 asked Governors to inform either Mrs White or Mrs Keogh of any changes to declarations of interest going forward.

4. **Minutes of Previous Meeting**

The minutes of the previous meeting held on 9 November 2021 were approved.

Resolved: i) the minutes of the previous meeting held on 9 November 2021 were accepted as an accurate record.

5. **Matters Arising and Action Sheet**

The Action Sheet was reviewed and updated.

6. **Chairman's Report**

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

- NHS COVID-19 pressures
Prof Bell confirmed an increase in COVID cases in the community with areas of the North East still high with this being a significant ongoing challenge. The Chairman confirmed that people were encouraged to accept the 4th job if made available.
- Department and site visits
The Chairman was delighted to hand over to Mrs Ada Burns who reported that she and Mrs Jackie White had been able to conduct the first of the informal governor meetings that are being planned. This took place at the Friarage with the Elected Hambelton & Richmondshire Governors on the 8 March 2022. Mrs Burns commented that she found the meeting very valuable with Mr James Dunbar also providing an update on the Friarage. Mrs Burns said that we still need to get better at publicising good news stories. Mrs Burns also put forward the suggestion for Non-Executive Directors to join the development sessions prior to the main meetings for Governors.

Further informal meetings are in the process of being organised to involve each of the public constituencies with separate meetings involving appointed Governors.

Prof Bell also briefly mentioned a recent event he had attended with teams in Middlesbrough joining together to play football with each of those attending also participating in a workshop on knife crime. Prof Bell explained that he had been introduced to this event by Barney Green one of the Trust's Vascular Surgeons and commented that he felt that this was an ideal opportunity for the Trust to engage with the local community.

- Meeting with MPs

The Chairman confirmed that meetings involving MPs as part of his induction were ongoing together with introductions with local authorities to see where we can work together.

- ICB development

Prof Bell confirmed that he had received a recent letter dated 11 March 2022 from Sam Allen Chief Executive Designate which detailed recent appointments made. Mrs Keogh to provide a copy of the letter received from Sam Allen to all Governors for their information.

Action: i) Anita Keogh to provide a copy of the letter received from Sam Allen dated 11 March 2022 to all Governors for consideration.

Mrs Burns concluded by confirming to Governors that the reciprocal mentoring scheme had now started with both her and Mr David Jennings, Non-Executive Director, being matched with a mentor and both were hopeful to come along to a development session to explain the scheme to Governors fully.

No questions were raised.

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

7.

Managing Director Report

Mr Harrison, Managing Director, ran through his update which was included in the papers to provide a full update to Governors on the following:

- COVID-19 and winter update
- COVID Medicines Delivery Unit
- COVID-19 vaccination as a condition of deployment
- Novavax vaccine approval
- Ambulance service pressures – sharing risk across the system
- CQC update

Mr Harrison began by stating how nice it was to see Governors face to face.

He informed Governors that the sharp increase in community infections saw a peak of patients receiving hospital care with the virus in January.

Surgical teams continue to deliver operations with more than 3,300 being carried out in the last five weeks of which almost 2,500 were planned procedures.

Turning to vaccination rates for colleagues these remain extremely high and remain the best defence against COVID-19.

Mr Harrison also added a thank you to staff and their partners. Due to the increase rates of sickness due to COVID-19 this has put extra pressure on those members of staff still working. He added that staff were really responding to things but important that we offer thanks for all they do.

Moving forward focus will be on sustaining services long term. Mr Harrison was happy to confirm that visitors were able to return from 10am – 8pm with visitors managed for each bay. This decision to re-introduce visitors was very much welcomed by both staff and patients.

He also confirmed that the policy on wearing masks had recently changed with non-clinical staff being able to pull their masks down when not moving around.

Turning to the elective recovery and those patients waiting longer than 2 years Mr Harrison was pleased to report that all except two patients who had fallen ill with COVID would be seen before the end of the financial year.

Mr Harrison was hopeful that over the next few weeks the Trust would have a plan on what would be received through the ICS as this was a difficult year to work through because of 2 years of COVID funding.

Turning to some positive news he confirmed the Trust had been able to secure new digital money for new maternity digital system. Trust had also had two visits in the last month. The first was from Sam Allen the new Chief Executive of ICS who met lots of teams and was very pleased to see and speak to staff. The second visit was from the President of Royal College of Surgeons who shared lots of innovations with a focus on safety work and improvements in never events. The College Chief Executive and President spoke to students who all commented that it was a good visit with lots of positive feedback.

Lastly Mr Harrison spoke about the pathology joint venture with South Tees and North Tees and confirmed that a Pathology Director had now been appointed.

Mrs White asked Mr Harrison a question often raised by Governors relating to Humber Coast and Vale. Mr Harrison confirmed that they were changing their structures with Amanda Bloor moving to be Chief Operating Officer for ICS which is a positive relationship. Mr Harrison also informed Governors that he had had a recent conversation with Steve Eames to stress the importance of the Trust.

In addition both Mr Harrison and Prof Bell had recently met with Richard Flinton & Richard Webb from North Yorkshire County Council.

The following questions were raised:

- Prof Jones raised a question on COVID admissions and Ward 12 which felt very different now. He commented how difficult it was running services while segregating pathways with patients coming in with COVID versus those patients coming in because they have COVID.
- Prof Jones added that the jewel in the crown was education and wanted to record his thanks to the Trust for keeping post graduate training going through COVID and delivering a large number of medical graduates.
- Mr Holmes asked why there had been an increase of 5,000 patients coming into Accident & Emergency. Mr Harrison confirmed there was an overall increase in activity together with some that are not receiving their treatment with some patients wondering if in doubt of being able to see their GP, they just went straight to Accident & Emergency instead.

- Mr Holmes asked an additional question in relation to staff vaccinations asking how many had the first and second vaccinations. Mr Harrison confirmed that over 97% of staff had received their first and second vaccinations with over 70% of staff receiving their third jab.
- Cllr Coupe commented that he had noticed that the figures for COVID cases in Middlesbrough were climbing back up and asked how the Trust see the figures going later on in the year as we try to get back to how we should be with a query on if it will affect services. Mr Harrison replied that as COVID was a virus there is the unknown as to what the different variants will create. The Trust were planning and seeking to deliver recovery activity for those that have been delayed in receiving their treatment.
- Cllr Coupe asking a further question relating to flu. With people wearing masks flu cases have been much lower than usual but with masks now being worn less is it likely that there will be an increase. Mr Harrison confirmed that national teams were looking at this but the issue was how many people would continue to wear masks to keep flu at bay.
- Mr Holmes asked about staff being vaccinated and what the Trust were doing to encourage staff to have the vaccinations. Mr Harrison replied that teams were going through to discuss any concerns with those staff but with Government stepping back on enforcing the need we can only encourage. Mr Harrison did add that within the Trust staff who had not been vaccinated were low numbers.
- Cllr Coupe asked about the problems in recruiting to cancer roles and how the Trust have addressed the problems with staff being recruited to these roles. Mr Sam Peate, Chief Operating Officer, replied that breast services were always a problem to recruit to which is why it was moved to the North Tees site. He continued that it was unfortunately there was a national shortfall of breast radiologists. Mr Harrison also added that unfortunately we were unable to offer all services on all sites. Prof Bell confirmed that breast services were a priority.

Resolved: i) Governors thanked Mr Rob Harrison for his update.

8.

Lead Governor Report

Mrs Angela Seward, Lead Governor, apologised that she could only join the meeting via Teams as she was classed as clinically vulnerable.

Mrs Seward also welcomed Ms Barbara Hewitt, Elected Governor for Redcar & Cleveland, who had been able to join in person as unfortunately she had been unable to join during COVID via Teams.

Mrs Seward also welcomed Cllr David Coupe to his first Council of Governors meeting.

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

- Regular telephone calls with Prof Bell.
- Regular telephone calls with Jackie White on key topics.
- Recent informal meeting (8 March) with Elected Governors of Hambleton & Richmondshire with both Mrs Ada Burns and Mrs Jackie White which she found very enjoyable and beneficial
- Regular telephone calls with Mrs Ada Burns
- Joining both Public and Private Board of Directors' meeting for South Tees

- Joining Board of Directors and Council of Governor meetings for North Tees.

Mrs Seward concluded her update with her delight at receiving positive press releases which had included the hospital Charities doing a fashion show with Barkers at Northallerton in aid of the Friarage Hospital, 3rd Ghana Training Mission to carry out heart surgery together with colleagues from North Tees, Patients again being allowed visitors.

Prof Bell thanked Mrs Seward for her update to Governors

No questions were raised.

9. **Chief Operating Officer, Sam Peate**

Performance Report

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

- Trust performance in December 2021-January 2022 reflected a significant increase in COVID-19 infections in communities due to the COVID-19 Omicron variant. This placed additional demands on primary, emergency and acute care and social care, with COVID-19 related staff absences adding pressures to service delivery across the system.
- Due to the ongoing nature of the COVID-19 pandemic sickness absences remained high which was reflected in training and appraisal compliance. Staff well-being has been at the forefront of the trust's clinically led response to the pandemic and changes to national guidance on COVID 19 isolation guidance have been adopted to minimise the impact of staff isolation on absence levels.
- The falls rate in January increased, however, the rate of falls with harm, remained low.
- As seen across the NHS region Access targets including 4 hour and ambulance handover delays have been challenging due to the higher volumes of attendance seen across the system and continued pressures caused by COVID-19 and this is reflected in patient experience.
- Despite challenges of COVID-19 elective inpatient activity exceeded our plan.
- The financial position remains on plan and the team is focussing on preparing for the next financial year and deliver of the Coding Action Plan. Collaborative leadership teams have been asked to focus on confirming normal cost improvement plan delivery for 2021/22, plans for 2022/23 in line with milestone expectations and longer term and transformational changes to achieve operational excellence and sustainability. HR, Finance, Business Intelligence and Service Improvement support is aligned to this through the Collaborative Improvement Councils.

Mr Peate confirmed that the whole emergency pathways were very pressured with a peak in February of 99% bed occupancy.

He continued that emergency performance was not where the Trust wanted it but working with NEAS.

He was pleased to report that the number of patients waiting over a year was continuing to reduce. There is a continued effort with trying to get the waiting lists down with the DEXA scanner helping with performance.

The following questions were asked:

- Mr Steve Bell asked if the Trust were on target for training obligations. Mr Peate replied that we will be close to the 90% target.
- Cllr David Coupe asked about the 1 and 2 year waiting lists and if the Trust had any plans to reduce further the contingency plans if COVID increases. Mr Peate confirmed that the Trust had no cancellations in January. Turning to the elective Orthopaedic ward this ran for the second week in January with the Trust being able to switch services to Friarage quickly. He also added that the Trust were working towards reducing the 2 year waits to 78 week max by end June 2022.
- Mr David Jennings commented that he felt that the Performance Report works much better with the developments made on the same with the Executive Directors.

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

INVITED MEMBERS

10.

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 10 which reported a deficit of £4.4 at a control total level. This has resulted in the Trust being in line with its financial plan

Mr Simpson continued that the Trust had been on target for a full year.

Both Annual Plan and Recovery Plan were due to be submitted later this week.

He reassured Governors that the balance sheet was monitored every month and taken to Resource Committee for consideration.

The following questions were raised:

- Cllr David Coupe asked about the PFI which was a considerable amount of money and was hoping to speak with his local MP regarding this. Mr Simpson agreed with Cllr Coupe's comments adding that there was potential for funding to be made available.
- Prof Bell confirmed that there was a huge amount of work being carried out in finance due to year end.

Resolved: i) Governors thanked Mr Simpson for his update.

11.

Alan Hunter – Interim Joint Director of Strategy & Partnership

Mr Hunter provided a brief introduction to Governors following his appointment as Interim Joint Director of Strategy & Partnership in October 2021.

He provided a background of his previous roles in health and care services.

Mr Hunter explained his current role as Interim Joint Director was to work with the two Trusts to bring together services across Teesside. He continued that there was a real opportunity to improve and retain key staff in doing that and considers patient involvement as key priority.

Prof Bell added that Mr Hunter was heavily involved in the Joint Partnership Board.

The following questions were raised.

- Mr Holmes asked how patient involvement would happen. Mr Hunter confirmed that he felt this would be through local systems together with the involvement of Governors.
- Cllr Coupe queried how Mr Hunter compared the difference of the Scottish Health Service to ours. Mr Hunter replied that there was no right system as there is always the ability to make a system work. He continued that the different in Scotland was removing Trusts and replacing with Health Boards. He concluded that integrated care and ICB is more to where Scotland is which is a managerial structure.

Prof Bell confirmed that he will keep Governors updated.

GOVERNANCE

12.

NED Service Visits

Prof Bell invited all Non-Executive Directors present at the meeting to provide details of any service visits to Governors. Unfortunately it was noted that there were a number of apologies.

Mrs Ada Burns confirmed to Governors that there had been a number of visits by Non-Executive Directors prior to the last Board of Director meeting in clinical areas such as sterile services. Mrs Burns also confirmed that she was working with Dr Hilary Lloyd, Chief Nurse, regarding ward accreditations and STAQC awards.

Mr David Jennings commented that he valued the ability of being able to come on site and was wowed by what he had seen.

Prof Bell echoed that enthusiasm from staff.

13.

Governor Elections – May 2022

Mrs Jackie White, Head of Governance & Company Secretary, provided a brief update on the forthcoming Governor elections which would include the following vacancies:

- Redcar & Cleveland Constituency – 2 vacancies
- Patient and/or Carers – 1 vacancy
- Staff Governors – 3 vacancies

Mrs White provided a brief overview of the timetable for the elections with the nominations deadline of the 6 April 2022 being highlighted for those Governors that would like to re-apply.

Mrs Keogh has already been in touch with those Governors that are affected by the elections.

Mrs White confirmed that unfortunately Mr Jon Broughton, Staff Governor, would be unable to re-apply as he had already carried out three terms in office and thanked Mr Broughton for his time as Governor as his last meeting would be the 17 May.

The results for the elections will be published on the 26 May 2022.

Mr Broughton thanked everyone for their kind words and confirmed that he had thoroughly enjoyed his time as Staff Governor. He also asked for thanks to be recorded to Mrs Anita Keogh for her help and support through his term in office.

Mrs Seward also echoed thanks on behalf of all Governors for Mr Broughton's contribution throughout his time as Governor.

Prof Bell thanked Mrs White for the update on the Governor elections and asked any Governors who have any questions to contact either Mrs White or Mrs Keogh

14. **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.

Mrs Ada Burns – People Committee

Mrs Burns was aware that Governors had a development session earlier on the People Plan by Rachael Metcalf, Director of Human Resources.

Mrs Burns also spoke about the BAF which included details on workforce planning / Allied Health with shortages on vacancies and workforce shortages.

No questions were raised.

Mr David Jennings – Audit & Risk

Mr Jennings detailed two meetings which took place. The first meeting was an extraordinary meeting which took place on the 17 January 2022 to consider year end accounts for Charities. Trust given a clean audit with one recommendation. The second meeting took place on the 15 February 2022 which was more in normal line of business with consideration of South Tees Healthcare year end accounts. Auditors happy with things. Both Mazars as external auditor and PWC as internal auditors provided an update with counterfraud also providing update too.

No questions were raised

Mr David Jennings – Resources Committee

In the absence of Richard Carter-Ferris Mr David Jennings provided brief update on matters discussed at meeting on 24 February 2022. He confirmed that the PFI regularly comes up for discussion.

No questions were raised.

15. **Matters to bring to the attention of the Board**

Mr Mike Holmes asked about the new website as he had experienced some problems. Mrs White asked if Mr Holmes could send her an e-mail providing details of those problems so she can consider and resolve any issues.

Mr Holmes also asked that the new website be included as a development session.

Cllr Coupe added that Teesside Live would also like to know about the website and any good news that could be shared.

Action: i) Mrs Anita Keogh to add development session on new website to programme for future meeting date.

16. **Reflections on Meeting**

Prof Bell felt that the meeting had been very useful especially when discussions took place. He added that the meeting had also highlighted things that were going well especially Prof Jones' earlier comment about education.

17. **Any other business**

Nothing raised.

18. **Date of Next Meeting**

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 17 May 2022.

Council of Governors Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
10.07.2018	18/013	AOB - nhs.net emails	Governors to contact Anita Keogh once nhs.net emails activated	Anita Keogh / Governors	11.12.2018	As part of Governor induction an ongoing discussion re: nhs.net e-mails being activated will be encouraged	Complete
09.11.2021	21/011/06	Chairman's report	Governors to provide their comments on Non-Executive Directors presentating committee papers at Council of Governor meetings going forward	Council of Governors	18.01.2022	Jackie White has discussed with Non-Executive Directors and this will be introduced once NED recruitment is complete	Complete
09.11.2021	21/011/11	Head of Charities - Ben Murphy	Ben Murphy and Jackie White, Head of Governance, to have discussion on membership & engagement	Ben Murphy / Jackie White	18.01.2022	Discussion has taken place with alignment between both databases for membership and charity to ensure if someone signs for one membership they are invited to be a member on for the other	Complete
15.03.2022	22/03/06	Chairman's report	Anita Keogh to provide to Governors a copy of the letter received from Sam Allen - Chief Executive Designate for NENC ICB with details of executive leadership positions and who had been recruited to the same	Anita Keogh	17.05.2022	Email sent to Governors 01.04.2022 with copy of letter from Sam Allen dated 11 March 2022	Complete
15.03.2022	22/03/15	Matters to bring to the attention of the Board	Anita Keogh to add development session re: new website to programme for a future meeting date	Anita Keogh	17.05.2022	Mark Graham - Director of Communication attending Development Session on 17.05.2022 re: new website	Complete

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 17 MAY 2022			
Joint Chairman's update			AGENDA ITEM: 6, ENC 4
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Professor Derek Bell Joint Chairman
Action Required	Approve <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 North East Chairs Meeting

A meeting of the North East Chairs took place on 7 April, which was a positive well attended meeting. There was a broad discussion and the issue was raised about the importance of recognising and addressing the health and wellbeing requirements for staff following the impact of winter pressures and the ongoing effects of the COVID-19 pandemic.

2.2 Joint Partnership Board

The Joint Partnership Board between this Trust and South Tees Hospitals NHS Foundation Trust continues to meet regularly to progress collaborative and joint working relationships with partners across the Tees Valley for the benefit of the local population. To further develop this work, two facilitated sessions have been scheduled for May and June 2022, which will be attended by the Boards from both trusts

2.3 Non Executive Director recruitment

We have now commenced the process for recruiting an additional Trust Non-Executive Directors (NED) and Associate Non-Executive Directors (ANED). I am pleased to report that GatenbySanderson is support us with this following agreement with the Nominations Committee who met in February to agree the recruitment process to be undertaken and the skills to be sought in the new NED.

2.4 Departmental visits

A programme of visits across the Trust continue and during March and April the areas visited included wards and departments at the Friarage and Critical Care at James Cook. It was great to be able to meet staff who were all enthusiastic and proud of the services they are delivering.

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 – 17 May 2022		
Chief Executive update		AGENDA ITEM: 7 ENC 5
Report Author and Job Title:	Mark Graham, Director of Communications	Responsible Director: Managing Director
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>	
Situation	Managing Director update	
Background	The following report provides an update from the Managing Director.	
Assessment	The report provides an overview of the health and wider related issues.	
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>	
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"/>	

Managing Director Update

COVID-19 update

The rise in COVID-19 community infection rates during April saw an increase in the number of patients requiring care with the virus.

Around two fifths of COVID-19 patients are receiving care in hospital because the virus has made them poorly enough to need treatment.

However, the remaining three fifths of patients with the virus still need to be isolated and cared for by our clinicians wearing protective equipment, to avoid spreading the virus to other vulnerable patients.

As a result, during April our clinical colleagues were caring for patients with the virus on three wards at the James Cook Hospital.

Despite the rise in the number of patients with COVID-19, over the five weeks to 14 April, our surgical teams delivered almost 3,400 operations, of which more than 2,500 were planned procedures.

At the same time, more than 70,000 outpatient appointments took place and more than 17,700 people attended our urgent and emergency care services - an increase of almost 5,000 on the same period last year.

Separately, our experienced clinicians been very careful around our patient visiting arrangements since the beginning of the pandemic in order to help protect our patients and service users.

Due the success of the vaccination programme our experienced clinicians have eased restrictions and up to two people are now able to visit a non-COVID patient at the same time for up to one hour a day on an appointment basis which can be booked directly through the relevant hospital ward.

Although this is another step in the right direction, our clinicians are asking people to help keep their loved ones and other visitors safe by not visiting if they have COVID-19 symptoms, have tested positive for COVID-19, have identified as a close contact or have symptoms of another infectious disease.

When am I going home?

The trust is supporting a national NHS campaign to help patients prepare for leaving hospital as soon as they are medically ready to do so.

The 'when am I going home?' campaign encourages patients and their families to ask questions about their care and recovery beyond the hospital setting, either at home or a care location suitable for their needs.

It is focused on patients and their families / carers and is centred around these four questions that patients can ask so they understand everything they need to know about their care and recovery plan:

- What is wrong with me?
- What is going to happen next?
- What can I do to help myself get better?
- When am I likely to go home?

Asking questions helps us all, staff, patients and family alike and answering those questions is crucial for a smooth transition and getting the right level of care in place away from hospitals, so we can reduce the number of prolonged stays.

Environmentally friendly wound care initiative

During April the trust launched a new wound care initiative which is good for both patients and the environment.

Eligible patients at The James Cook University Hospital are being given bags to help support them, hospital colleagues and community teams with managing their dressings when they are discharged home.

The trial, funded by Our Hospitals Charity, makes it easier for patients and teams to keep their dressings and wound care together in one place while promoting continuity of care and communication between the patient, ward staff and the community teams or care homes staff.

The bags are made of potato starch meaning patients are able to put them in their compost bin or in their green waste bin when they have reached the end of their usable life span.

Unlike normal plastic or biodegradable plastic bags, that still allow for micro plastics to leach into the environment, these 100% compostable bags will fully decompose within a few months when exposed to soil.

Menopause friendly employer

The trust is now officially a menopause friendly employer.

Being a menopause friendly employer means the trust been recognised by an independent panel as having in place a culture of support for our colleagues, sufficient and reliable training and evidence of ongoing sustainable help for those colleagues who need it.

It also shows the trust has created an environment where menopause can be spoken about easily.

As part of this the trust has introduced awareness training for staff; including sessions for our male colleagues and a Women-o-Pause support group, which is a safe space

for female colleagues to share experiences with expert guest speakers who discuss different subjects each month relating to menopause.

Simulation training

The Trust's trainee nurses are gaining vital practical placement experience through simulation as part of a ground-breaking training pilot.

Rather than using traditional methods of learning, the trust's future nurses are using state-of-the-art immersive simulation suites and virtual reality headsets to gain virtual practical working experience in real life hospital ward environments and scenarios.

The 12-week programme has been partly funded through the Northern Enabling Effective Learning Environments team and Health Education England to provide placements for up to 20 student nurses at a time, delivered over six two-week blocks.

The trust's trainers are using a combination of innovative teaching and assessment methods and strategies to inspire student nurses to apply evidence-based practice to clinical settings.

Through this they are encouraged to problem-solve to develop decision making skills and demonstrate effective leadership.

2. RECOMMENDATIONS

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

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 17 MAY 2022			
Integrated Performance Report			AGENDA ITEM: 9, ENC 6
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	Responsible Director:	Various
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	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.		
Background	<p>The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance to Council of Governors 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. A summary of discussions are included in Chair Reports to the Council of Governors.</p>		
Assessment	<p>There are no changes to metrics for March 2022 IPR.</p> <p>Review of metrics for IPR for 2022/23 is being finalised, including identifying the appropriate targets or standards, where applicable.</p> <p>Our key messages for March are:</p> <ul style="list-style-type: none"> Trust performance in February to March 2022 reflected changing levels of COVID-19 infections in our communities. This placed significant additional demands on primary, emergency and acute care and social care, with COVID-19 related staff absences adding considerable pressures to service delivery across the system. In April, there has again been a significant increase in the number of people testing positive for COVID-19. Sickness absences remained high in some staff groups despite an overall improvement. Changes to national guidance on COVID-19 isolation guidance were adopted to safely minimise the impact of staff isolation on absence levels. Mandatory training and appraisal rates continued to improve but did not meet target due to the impact of the 		

	<p>pandemic; continued improvement is expected to meet targets Quarter 1 22/23.</p> <ul style="list-style-type: none"> • Rate of falls and falls with harm remains low. Pressure ulcers rates are within normal variation and targeted and systematic support is in place. There has been 1 Never Event reported in month. • The increase in C. difficile cases at the Trust compared to last year is reflective of the national and regional picture. A structured review process has been implemented to identify any themes and learning, and scrutinise attributable cases, and an improvement group is established. Established IPC precautions for C. difficile have remained in place throughout the pandemic. • Emergency care access as reported by the 4-hour standard and ambulance handover continued to be challenging due to the higher volumes of attendance seen across the system and continued pressures caused by COVID-19, and this is reflected in A&E patient experience. 4-hour standard performance was in the top 50% of Trusts nationally (February position). • Maternity services patient experience has improved in March, with 100% overall satisfaction this month, outpatient and inpatient experience also remains very positive. • Outpatient activity and elective inpatient activity exceeded our plan and the reduction in numbers of patients waiting the longest was sustained. Referral-to-treatment and diagnostic waits are expected to improve as agreed activity plans are implemented in 2022/23. Cancer access standards were not met, but 62-day standard is within upper 50% of Trusts, and the number of long waiters reduced. • The financial position remains on plan.
<p>Level of Assurance</p>	<p>Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/></p>
<p>Recommendation</p>	<p>Members of the Public Council of Governors are asked to receive the Integrated Performance Report for March 2022.</p>
<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>All principal risks</p>
<p>Legal and Equality and Diversity implications</p>	<p>There are no legal or equality and diversity implications associated with this paper.</p>

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



South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

March 2022

OVERSIGHT

RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

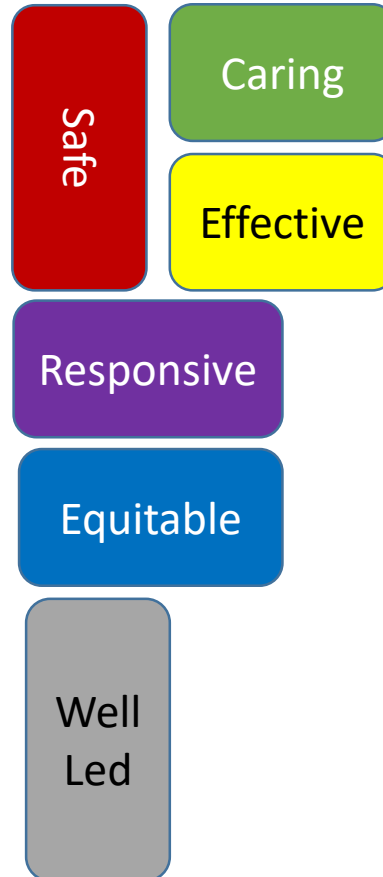
Dr Michael Stewart, Chief Medical Officer

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

INTRODUCTION

OVERSIGHT

The Integrated Performance Report has been reviewed by the Senior Leadership Team to ensure that it clearly represents the Trust's performance against key indicators of Single Oversight Framework, Compliance, Quality, People and Resources. The IPR domains are owned by the responsible Director and accountable to the relevant Committee of the Board. In addition, significant risks are reviewed by Audit and Risk Committee.

The IPR is reviewed and signed off by the Senior Leadership Team prior to publication, to ensure connectivity and triangulation between the domains.

Performance metrics follow through from ward or specialty, to Directorate, Collaborative and Trust level. They are owned, reviewed and challenged at relevant meetings which may include Directorate meetings, Collaborative Boards and their Groups in operational services; and the Trust-wide Groups that report into the Committees of the Board providing corporate assurance through the Trust governance structure.

INTRODUCTION

ASSURANCE

The IPR is a key element of the Board Assurance Framework, as it evidences our performance and management of risks to safety, quality, patient access and experience, and resource utilisation.

The IPR includes a summary of metrics monitored by NHSE&I in the NHS Single Oversight Framework matrix; this informs the System Oversight Framework which reflects and reinforces system-led delivery of care. The Framework seeks to identify NHS providers' potential support needs from NHSI across five themes: quality of care, finance and use of resources, operational performance, strategic change, and leadership and improvement capability. NHSE&I use the outcome from the themes to 'segment' individual trusts according to the level of support each trust requires. It then signposts, offers or mandates tailored support as appropriate.

Metrics are mapped to the five CQC domains of Safe Effective Caring, Responsive and Well Led. Together these demonstrate the Trust achieves its Licence to Operate. A sixth domain, Equitable, reflects the NHS focus on reducing inequalities in access and outcomes, as set out in the Operational Priorities and Planning Guidance for 2021/22.

CHANGES NEXT MONTH

Review of metrics for IPR for 2022/23 is being finalised, including identifying the appropriate targets or standards, where applicable.

NATIONAL CONTEXT

The policy context for the second half of financial year 2021/22 as set out in the *Operational Planning Guidance* continues to focus on

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

Planning guidance for 2022/23 reiterates and expands upon these priorities, going further with outpatient transformation , and emphasises the system delivery overseen by Integrated Care Boards (from July 2022).

The NHS Chief Medical Officer declared a Level 4 National Incident on 12 December 2021 in response to the threat from Omicron, in recognition of the impact on the NHS of both supporting the vital increase in the vaccination programme and the significant increase in COVID-19 cases. This continues and the Trust operates a Command & Control structure, to manage our clinically-led response to the changing phases of the pandemic.

REGIONAL AND LOCAL CONTEXT

Across the North East and North Cumbria Integrated Care System (NENC ICS) the focus for acute Trusts is on achieving elective recovery, whilst addressing clinical priorities such as cancer and emergency care. The Trust is engaged in the NENC ICS Provider Collaborative to ensure elective access targets are met and is a leader in Tees Valley Managed Clinical Networks to drive quality and sustainability of key services. We also work closely with Yorkshire and North East Ambulance Services, and Local Authorities. The Trust also provides services within Humber Coast and Vale ICS, and is engaged in local partnership working to develop services in North Yorkshire.

In response to the 22/23 planning guidance and national submission timetable, final draft finance, workforce, performance and activity projections for 22/23 have now been submitted. This included our intent to develop virtual wards, urgent community response and reduce lengths of stay, in partnership with local authorities and commissioners in Tees Valley and North Yorkshire.

During March-April 2022, the Trust Improvement Plan has been refreshed to reflect the achievements and progress over the last 12 months and the service improvement and transformational change priorities required for 22/23. Improvement Councils are being embedded to provide a support mechanism and methodology to prioritise and deliver Collaborative Improvement Plans.

The Trust remains focused on CQC fundamental standards, and learning lessons and spreading good practice, in response to a focused CQC visit in February 2022 (in advance of formal feedback).

EXECUTIVE SUMMARY

















- Trust performance in **February to March 2022** reflected changing levels of COVID-19 infections in our communities. This placed additional demands on primary, emergency and acute care and social care, with COVID-19 related staff absences adding pressures to service delivery across the system. In April, there has again been a significant increase in the number of patients testing positive for COVID-19.
- **Sickness absences** remained high in some staff groups despite an overall improvement. Changes to national guidance on COVID-19 isolation guidance were adopted to safely minimise the impact of staff isolation on absence levels. **Mandatory training** and **appraisal rates** continued to improve but did not meet target; continued improvement is expected to meet targets Quarter 1 22/23.
- **Rate of falls** and **falls with harm** remains low. **Pressure ulcers rates** are within normal variation and targeted and systematic support is in place. There has been 1 **Never Event** reported in month.
- The increase in **C. difficile** cases at the Trust compared to last year is reflective of the national and regional picture. A structured review process has been implemented to identify any themes and learning, and scrutinise attributable cases, and an improvement group is established. Established IPC precautions for C. difficile have remained in place throughout the pandemic.
- Emergency care access as reported by the **4-hour standard** and **ambulance handover** continued to be challenging due to the higher volumes of attendance seen across the system and continued pressures caused by COVID-19, and this is reflected in **A&E patient experience**. 4-hour standard performance was in the top 50% of Trusts nationally (February position).
- **Maternity services patient experience** has improved in March, with 100% overall satisfaction this month, **outpatient and inpatient experience** also remains very positive.
- **Outpatient activity** and **elective inpatient activity** exceeded our plan and the reduction in numbers of patients waiting the longest was sustained. Referral-to-treatment and diagnostic waits are expected to improve as agreed activity plans are implemented in 2022/23. Cancer access standards were not met, but 62-day standard is within upper 50% of Trusts, and the number of long waiters reduced.
- The **financial position** remains on plan.

SINGLE OVERSIGHT FRAMEWORK

Provider	A&E 4 hour standard Feb-22	RTT - 18 week standard Jan-22	Cancer 62 day - GP referral Jan-22	Cancer 62 day - screening services Jan-22	Diagnostic 6 week waits Jan-22	Single Oversight Framework triggers			12 hour delay from DTA Feb-22	Ambulance handovers 30-60 mins Feb-22	Ambulance handovers 60+ mins Feb-22	52 week waits Jan-22	104 week waits Jan-22	Total Waiting List Jan-22
	95%	92%	85%	90%	=<1%	This month	Last month	This month triggers	Zero			Zero	Zero	
South ICP														
South Tees Hospitals NHS Foundation Trust	70.6%	64.9%	65.9%	58.3%	47.4%	5	5	A&E; RTT; Cancer 62 (GP); Cancer 62 (Screening); Diagnostics	10	170	172	1,350	66	41,267
North East & Yorkshire	74.4%	70.6%	63.5%	69.7%	28.8%									
National	73.3%	62.8%	61.8%	65.4%	30.0%									

The Trust was non-compliant with the mandated Single Oversight Framework metrics and access standards in **January/February**. March month end position not yet published. 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**, under the NHSI Regulatory Approach (Support Regime). The Trust is currently gaining external support on emergency care pathways and cost improvement and transformation.

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. The Trust had a poorer position for elective referral to treatment standard than the region, although the longest waits are reducing. Note that cancer 62-day screening standard is typically a low-volume pathway (<10 per month) so percentage performance fluctuates. Diagnostic access standard breaches remains above the regional position, however data quality has been impacted in this period, associated with implementation of new imaging information system, being resolved with the supplier. 12-hour breaches from decision to admit reduced in February.

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2329	2070	Mar 2022		
Serious Incidents	11	13	Mar 2022		
Never Events (YTD)	5	0	Mar 2022	N/A	N/A
Falls	168	N/A	Mar 2022		N/A
Falls Rate	5.31	6.6	Mar 2022		
Falls With Harm	4	N/A	Mar 2022		N/A
Falls With Harm Rate	0.13	TBC	Mar 2022		N/A
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.94	TBC	Mar 2022		N/A
Category 2 Pressure Ulcers Community Rate (Per 1000 Bed Days)	1.96	TBC	Mar 2022		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.13	TBC	Mar 2022		N/A
Category 3&4 Pressure Ulcers Community Rate (Per 1000 Bed Days)	0.38	TBC	Mar 2022		N/A
Medication Incidents	115	TBC	Mar 2022		N/A
Medications Reconciled Rate %	63%	80%	Mar 2022		
C-Difficile (YTD)	138		Mar 2022	N/A	N/A
MRSA (YTD)	1	0	Mar 2022	N/A	N/A

Incidents

Reporting of incidents remains high since March 2021, setting a new positive norm of around 2100 incident reports per month. This has increased by 12.3% against a target of 10% since April 2021. High levels of reporting are typically a feature of a positive safety culture. There was 1 Never Event reported in March.

The rate of inpatient falls in March is comparable to our running average. There were more falls resulting in patient harm although this remains within normal parameters. Targeted support continues to be provided to areas as needed.

The number of category 4 pressure ulcers remains low across both the acute and community setting. The last Category 4 Pressure Ulcer reported in the community occurred in November 2021 and in the acute setting in January 2022. March month end has seen a further reduction in Category 3 pressure ulcers in both community and acute settings but a slight increase in Category 2s.

The PURPOSE T tool is currently being piloted on wards 28, 31, 37 and CDU with the intent to roll out further upon digitalising onto Patientrack. The PUSH tool has now been incorporated into DATIX to allow prompt assessment and intervention to avoid any gaps in care.

Medication incidents remain within normal variation. Medications reconciliation has been impacted by staffing. A business case for seven-day working, which is required to meet the 80% standard, is in preparation.

Healthcare acquired infections

There were no new MRSA reported this month. C. difficile cases reported remain higher than last year with the year total 61% above trajectory. IPC precautions for isolating patients with C. difficile have been maintained. Although the increase is reflective against some of the national and regional picture an improvement group has been established. The structured review process was implemented in March 2022 and we had successfully appealed 28 cases in the last few months of 2021/22 due to this robust process. A detailed plan has also been implemented. This is also recorded on the Trust risk register to capture the organisational risk and the patient safety risk with clear tracking and reporting with regular updates and reporting.

Metric	Latest Month	Target	Month	Trend	Assurance
Caesarean Section (%)	32.63%		Mar 2022		N/A
Induction of Labour (%)	46.84%	44%	Mar 2022		
Still Births (YTD)	5	17	Mar 2022	N/A	N/A
PPH 1500ml (%)	0.03		Mar 2022		N/A

Maternity services

Caesarean Section and post-partum haemorrhage rates remain in line with the longer-term average.

Induction of labour rates are above the target, although have reduced slightly from last month. This indicator was impacted by changing clinical practice and adhering to NICE guidance through the Covid-19 pandemic where an increase in some indicators reflected the impact of COVID on pregnancy and births. In addition, the Trust is a tertiary centre, taking some of the most complex patients in the region. This is in addition to a greater number of women with a high BMI or from a deprived background, both of which are risk factors to having a Caesarean Section or Induction of Labour.

Still births reflects the complexity of case mix as a tertiary centre, where pregnancies with foetal anomalies are managed, as appose to other local maternity units.

The Maternity Improvement Board continues to oversee quality, safety and performance against the suite of national maternity indicators and Ockenden Review Part 1 essentials.

EFFECTIVE

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	5.24%	TBC	Jan 2022		N/A
Sepsis - Oxygen delivered within 1hr	89.3%	95%	Jan 2022		
Sepsis - Blood cultures within 1hr	60.7%	95%	Jan 2022		
Sepsis - Empiric IV antibiotics within 1hr	71.4%	95%	Jan 2022		
Sepsis - Serum lactate within 1hr	71.4%	95%	Jan 2022		
Sepsis - IV fluid resuscitation within 1hr	78.6%	95%	Jan 2022		
Sepsis - Urine measurement within 1hr	75%	95%	Jan 2022		
Hospital Standard Mortality Rate	91.77	100	Dec 2021		
Summary Hospital-Level Mortality Indicator	94.61	100	Dec 2021		
Comorbidity Coding	4.11	TBC	Dec 2021		N/A
Palliative Care Coding	0.01	TBC	Dec 2021		N/A

Readmission rates

There has been variability in emergency readmission rates as the impact of the Covid 19 pandemic varies across time. The rate remains below that seen pre-pandemic and an apparent downward trend continues in January 2022. Contributory factors include community services rapid response, and data quality improvements.












Sepsis

A reduction in compliance has been observed for 5 of the 6 elements. This has been impacted by the data period up to the end of January, when the organisation was experiencing significant operational and staffing challenges related to winter pressures and covid. A time lag of approximately 6 – 8 weeks occurs to receive the patient level data to facilitate audit. Further actions include:

- Acutely Ill Patient (AIP) champion study days have been planned for 2022
- Adult and paediatric sepsis competencies available on staff intranet
- Sepsis study days planned for 2022/23
- Targeted education to ward-based areas – driven by Patienttrack
- Audit compliance to sepsis bundle via digital solution
- Progress work with BIU to develop effective ward level reporting strategies to improve performance.

Mortality

SHMI and HSMR are both stable but divergent. For latest official reporting period, Oct 2020 to Sep 2021, SHMI is 'higher than expected' at 117 (3 points better than the previous period), whilst HSMR is 'as expected' at 100 (please note the IPR graphs contain longer periods to show trends). Both metrics are impacted by COVID-19 which has reduced their reliability because of the reduction in the spells (by a fifth in this period), and they are improving as this factor reduces in the data. In addition, the 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 serve. The pattern is currently stable, following the unusual pattern caused by the first wave of the pandemic. Specialist palliative care coding is higher than the national average and stable (apart from the first month of the pandemic). It is not used to adjust SHMI but is used to adjust HSMR.

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	78.98%	85%	Mar 2022		
Inpatient Experience (%)	96.08%	96%	Mar 2022		
Maternity Experience (%)	100%	97%	Mar 2022		
Outpatient Experience (%)	97.36%	95%	Mar 2022		
New Complaints	32		Mar 2022		N/A
Closed Within Target (%)	70.3%	80%	Mar 2022		

Patient experience

Patient experience in A&E remains below target which is likely to reflect longer wait times within JCUH ED due to the impact of COVID-19. Review work is underway with the support of the NHS Emergency Care Intensive Support Team to improve patient flow in the JCUH ED and into the wider hospital. This includes remodelling of the ambulatory care pathway and developing pathways for the Same Day Emergency Care (SDEC).

The recent changes to visiting guidance allowing the patient's carer or family member to stay with them whilst they are in ED, may improve the patient experience. Staff levels were reduced in all disciplines in ED due COVID 19 related absence.

The return rate for the Maternity survey at the four touch points (ante-natal, birth, post -natal and community) has improved. The trust is waiting for the external company to add the Maternity surveys to the Meridian system by April 2022.

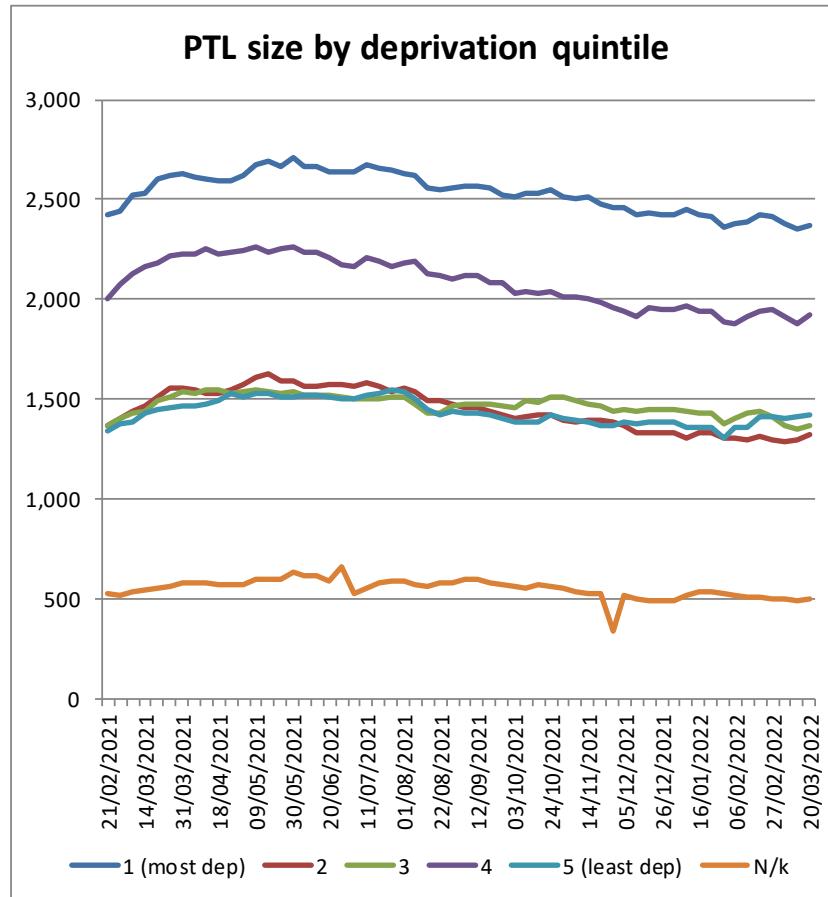
Trends continue to be monitored and action taken locally on review of the surveys. National benchmarking data is published monthly up to February 2022 and the Trust remains above the national average in all surveys.

Learning from complaints

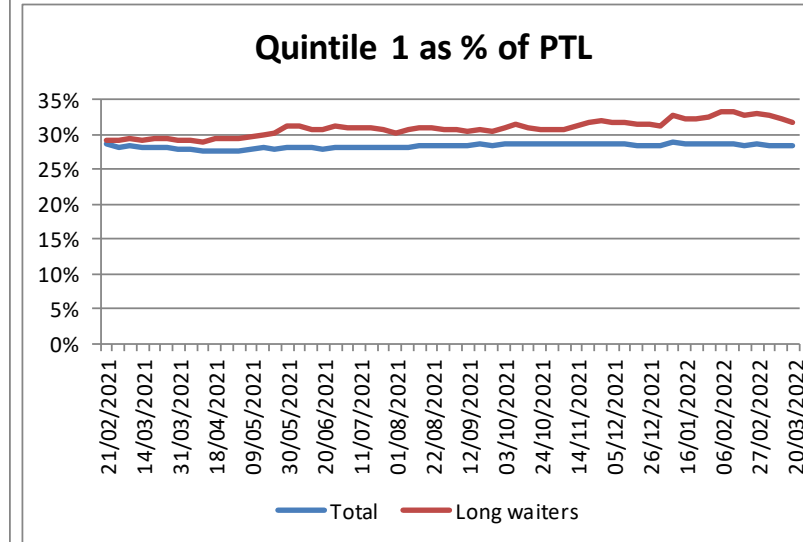
The number of formal complaints received has remained stable. Target timeframe for closure has not been met for 4 months, this is due to availability of healthcare records, multiple speciality involvement, the coordination of the records across the specialities and COVID-related staff absence. Monitoring and an escalation plan to achieve the target continues through the Patient Experience Steering Group, and an improved position is noted for March 2022.

Themes and learning from closed complaints for March 2022, include training relating to communication and clinical practice. Further work will be carried out in this areas to strengthen the narrative.

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

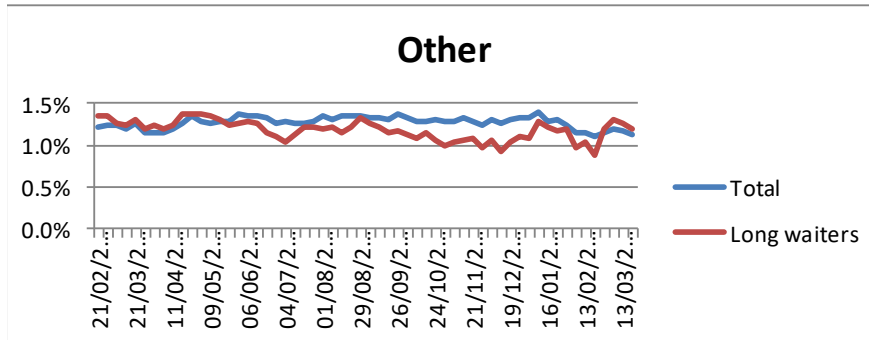
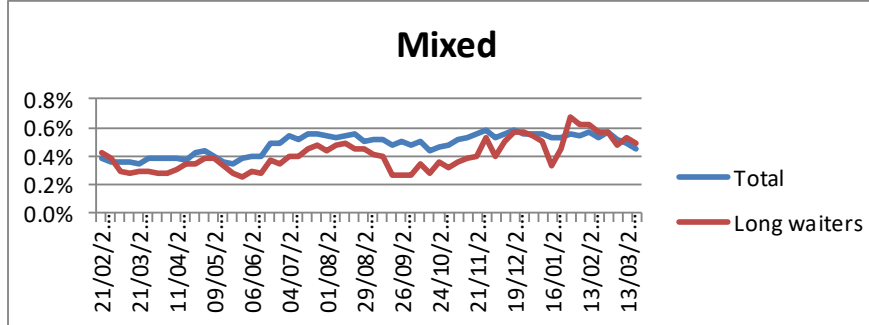
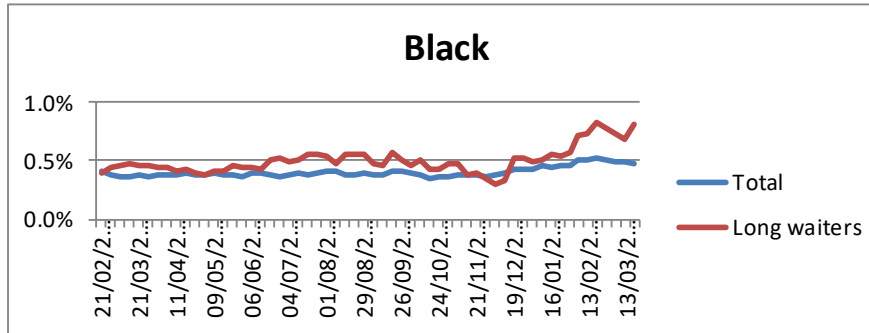


20/03/2022	Total	Long waiters	Ratio		
1 (most dep)	2,372	28%	633	32%	1.12
2	1,320	16%	330	17%	1.05
3	1,368	16%	333	17%	1.02
4	1,919	23%	407	20%	0.89
5 (least dep)	1,422	17%	297	15%	0.88
N/k	499		117		

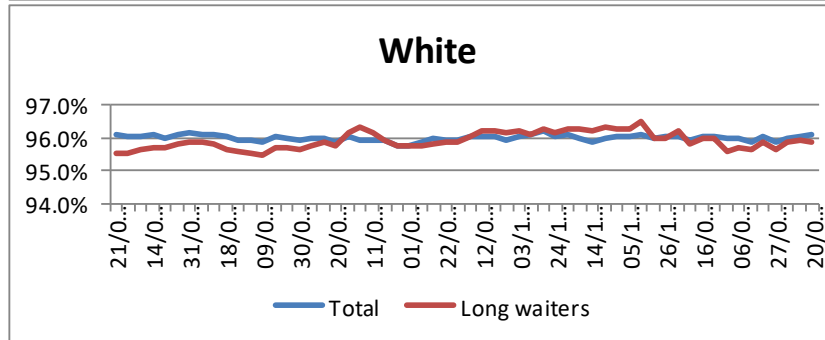
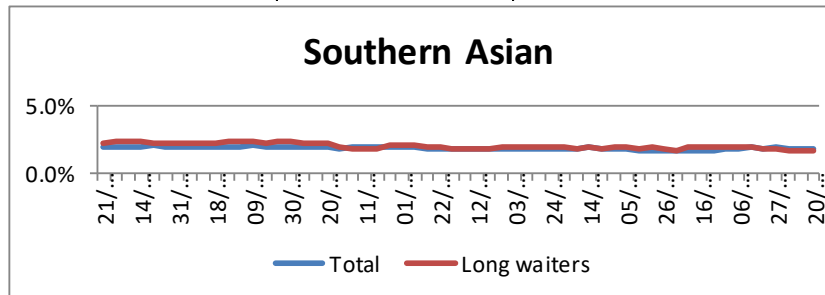


Whilst the inpatient waiting list size has reduced, the separation of the overall position and the long waiter position for the most deprived quintile has been resistant. This is in the context of lower uptake of COVID vaccination, which may lead to cancellation/DNAs of appointments/treatments and multiple indicators of poorer health in more deprived populations which can lead to more complex care pathways. The Trust is working with the Local Authority on a joint Public Health role to inform, lead and guide our response. The Trust Health Inequalities Group convened in March 2022 to identify priorities, next steps and interventions such as targeted 'Waiting Well' and pre-habilitation, with advice and input offered from Public Health colleagues.

INPATIENT PTL: INEQUALITIES - ETHNICITY
















20/03/2022	Total	Long waiters	Ratio
Black	37 0.5%	15 0.8%	1.69
Mixed	35 0.5%	9 0.5%	1.07
Southern Asian	145 1.9%	31 1.7%	0.89
White	7,459 96.1%	1,781 95.9%	1.00
Other	88 1.1%	22 1.2%	1.04
N/k	1,136	259	



We have seen a widening in the proportion of long waiting patients in black ethnic groups, this had started to reduce, but has increased again recently, will be closely monitored and actions taken to bring this back into line with all patient groups on the waiting list through individual patient tracking. Note that small numbers lead to fluctuations in the position. There is also a high proportion of patients for whom ethnicity is not known, this is being addressed through initiatives such as prompting at self-check-in kiosks, for which there is now good evidence of the data quality improvement.

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
4 Hour Wait Standard (%)	71.25%	95%	Mar 2022		
Handovers - Over 30 Mins	210	0	Mar 2022		
Handovers - Over 60 Mins	270	0	Mar 2022		
RTT Incomplete Pathways (%)	64.67%	92%	Feb 2022		
RTT 52 week waiters	1256	2451	Feb 2022	N/A	N/A
RTT 104 week waiters	36	19	Feb 2022	N/A	N/A
Diagnostic 6 Weeks Standard (%)	60.16%	99%	Feb 2022		
Cancer 14 Day Standard (%)	80.8%	93%	Feb 2022		
Cancer 31 Day Standard (%)	92.65%	96%	Feb 2022		
Cancer 62 Day Standard (%)	71.01%	85%	Feb 2022		
Cancer 62 Day Screening (%)	50%	90%	Feb 2022		
Cancelled Ops - Non-Urgent Cancelled on Day	22	0	Mar 2022		
Cancelled Ops - Not Rebooked Within 28 days	4	0	Mar 2022		
Cancer Operations Cancelled On Day (YTD)	7	0	Mar 2022	N/A	N/A

Urgent and emergency care

4-hour standard performance remains below previous average as seen across the region. The impact of COVID-19 on staffing levels in this staff group and patient flow (segregation of pathways) continues to be challenging. Increased levels of urgent and emergency care activity continued throughout March impacting on 4 hour standard and ambulance handover – both areas remain an area of focus in partnership with North East Ambulance Service. Specific actions are being monitored through the Emergency Care Improvement Group and the Trust continues to be supported by ECIST.

Elective waiting times

Elective waiting times overall RTT remained at 65%. This is expected to improve as we move into 22/23 with renewed focus on outpatient and elective activity and completing patient pathways. The diagnostics 6-week wait performance increased to 60% and is expected to increase further following further data validation in the extracts from the new imaging information system. The number of patients waiting more than 52 weeks continues to decrease steadily and is significantly better than plan. Patients waiting 104 weeks returned to trajectory in March, ending the year with one reportable breach, however, this was due to the patient being unable to be treated due to COVID-19. The focus has now shifted to eliminating waits of more than 78 weeks.

Cancer waiting times

14-day standard was below target in February 2022. 31-day and 62-day treatment performance remains within normal variation, and whilst below target it is within the upper 50% of Trusts. The actual number of patients waiting more than 62-days decreased during March and is now in line with plan. Weekly PTL Assurance meeting and Cancer Wall remain in place to support delivery of targets.

Cancelled operations

Zero tolerance of cancer operation cancellations on the day of surgery has been sustained (7 year to date, but zero in month for most recent 7 months), and non-urgent cancellations and re-booking are within normal variation.

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
New Attendances	17617	12644	Mar 2022		
Review Attendances	46114	34651	Mar 2022		
Day Case admissions	5337	4440	Mar 2022		
Ordinary Elective admissions	1669	833	Mar 2022		N/A
NEL admissions with 0 LOS	1763	1860	Mar 2022		
NEL admissions with 1+ LOS	3732	3853	Mar 2022		
Length of Stay - Elective	2.17	N/A	Mar 2022		N/A
Length of Stay - Emergency	5.44	N/A	Mar 2022		N/A
Length of Stay - Non-Elective	4.76	N/A	Mar 2022		N/A

Activity

Outpatient New and Review activity continued to exceed Trust plan in March 2022.

Elective inpatient admissions exceeded plan, with ongoing focus on reducing the longest inpatient waiters. Day case activity also exceeded plan in March 2022.

Non-elective admissions are in line with expected levels, after a winter peak. However, we have also experienced a resurgence of COVID-19 and increased acuity of emergency presentations which impacted on patient flow (as seen in the UEC metrics).

Length of Stay

The reduction in elective length of stay since April 2021 is positive, and has been sustained. Non-elective length of stay is within normal variation, despite the challenges of covid (long lengths of stay for clinical treatment of covid, capacity constraints in social care leading to delays in hospital discharge).

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£23.368m	-£23.368m	Mar 2022	N/A	N/A
Annual Appraisal (%)	76.13%	80%	Mar 2022		
Mandatory Training (%)	88.79%	90%	Mar 2022		
Sickness Absence (%)	4.96%	4%	Mar 2022		
Staff Turnover (%)	14.28%	10%	Mar 2022		

Finance and use of resources

The deficit at Month 12 is in line with the year-end forecast position agreed with the NHSE/I Regional Team, supporting the wider ICP / ICS to deliver overall financial balance at system level.

Assurance is obtained through the budgetary framework, with budget statements provided to managers each month and each Collaborative Board reviewing its financial position. Resources Committee and Trust Board receive a financial report at each meeting.

People

The Trust sickness absence has reduced by 0.03% to 4.96%. Long term absence has reduced by 0.02% to 2.99%. Short term absence has seen a decrease of 0.01% to 1.97%. Covid-19 absence for March was 1.33%, and therefore the total absence was 6.92%. The HR team continue to work with each Collaborative to embed sickness absence improvement plans. The recently implemented stress and anxiety absence process providing early intervention and support is receiving a positive reception from manager and employees and will be analysed for efficacy in the coming months as the impact works through into attendance trends and metrics.

Mandatory training throughout the Trust has had a positive increase of 0.29% to 88.79% and Appraisals have increased by 1.87% and are now 76.13%, this is the highest level for both of these key indicators in the last 2 years. Both KPI's continue to be a focus at monthly HR Clinics and Collaborative Boards.



Turnover has seen an increase of 0.72% to 14.28% across the Trust. The HR team continues to promote the Trust's Retention Strategy. The Strategy provides a range of tools for managers to engage with employees to have conversations tailored to the situation relevant to the individual and develop appropriate plans to encourage retention.

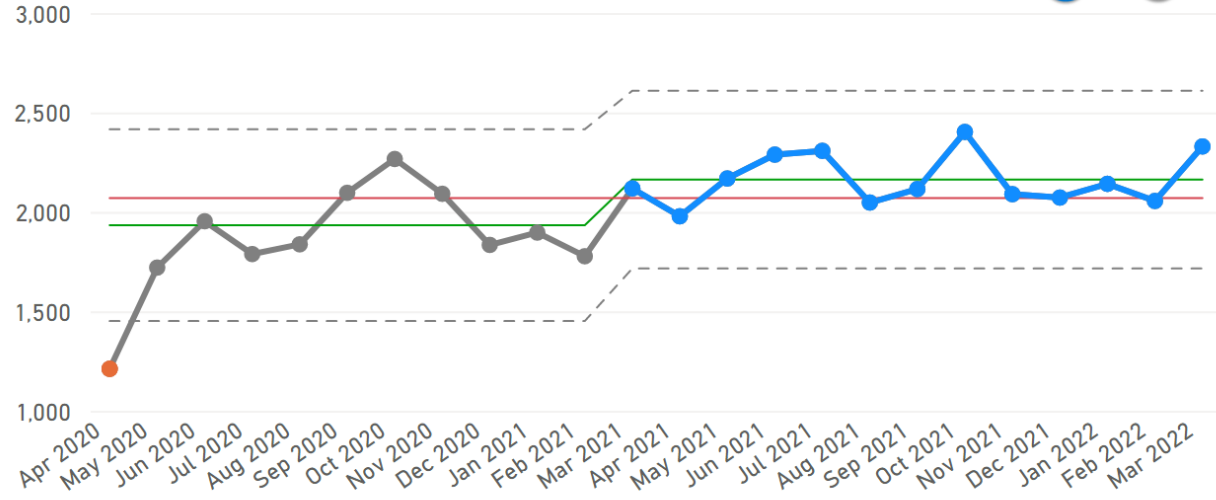
APPENDICES

SPC charts for the metrics summarised above, by domain.

SAFE

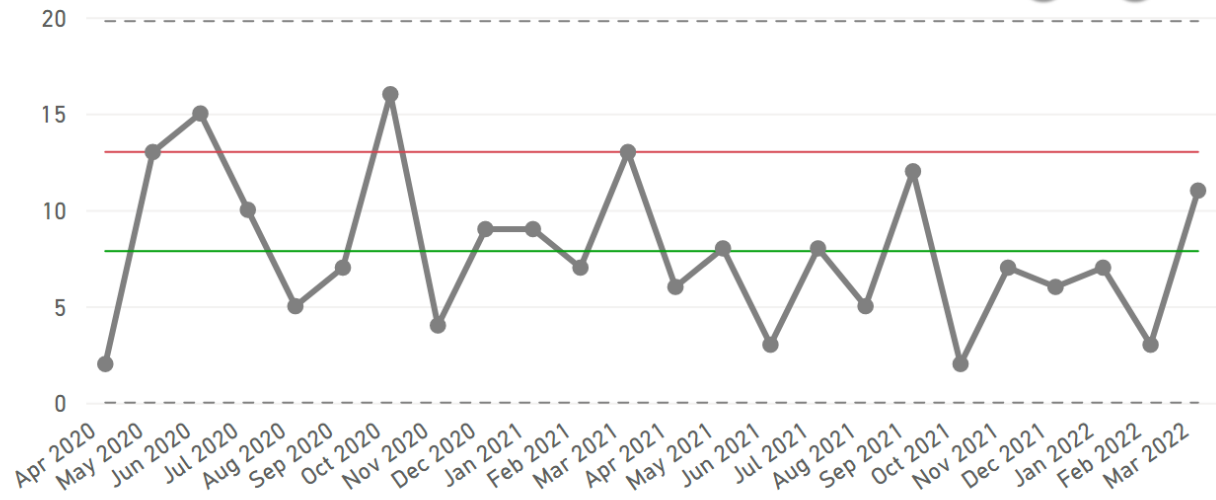
DATIX Incidents

Month: Mar 2022
 Performance: 2329
 Target: 2070
 Trend: 
 Assurance: 



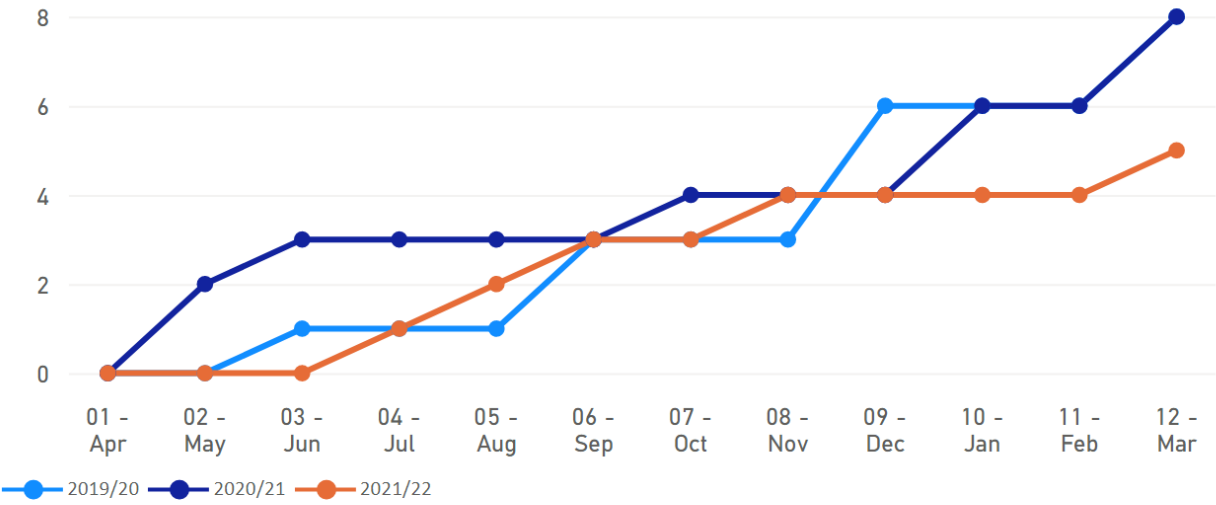
Serious Incidents

Month: Mar 2022
 Performance: 11
 Target: 13
 Trend: 
 Assurance: 



Never Events (YTD)

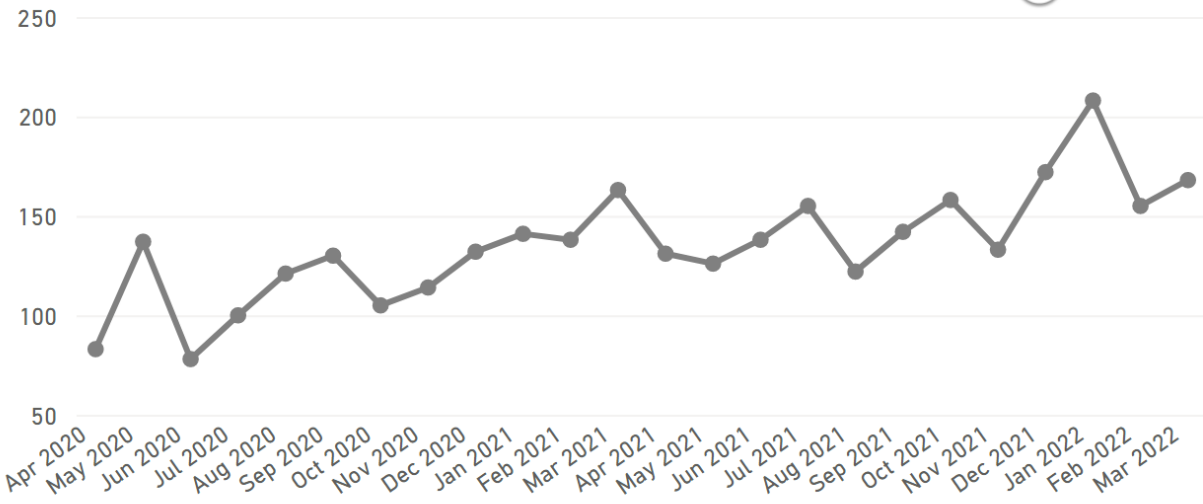
Month: Mar 2022
 Performance: 5
 Target: 0
 Trend: N/A
 Assurance: N/A



SAFE

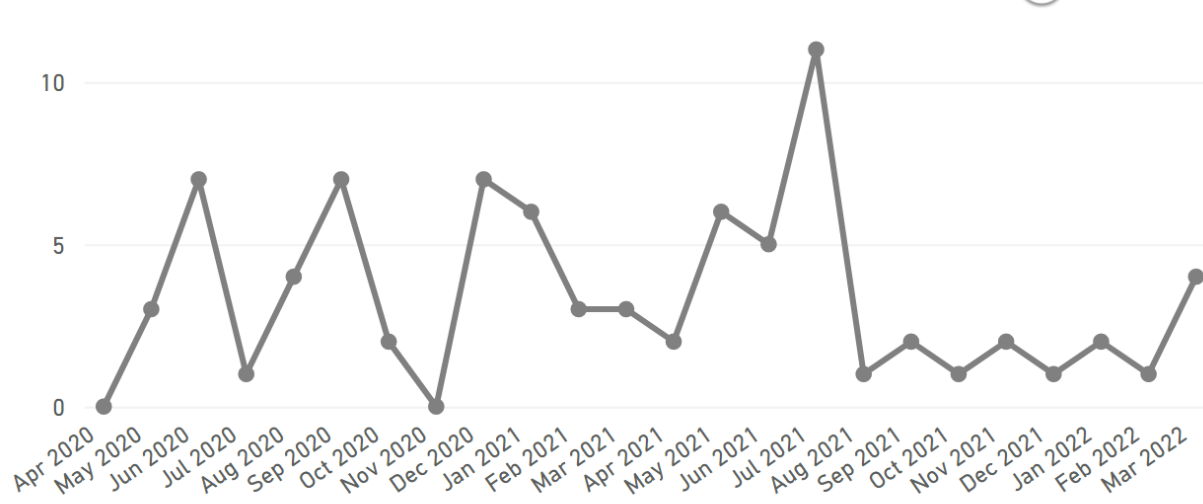
Falls

Month	Performance	Target	Trend	Assurance
Mar 2022	168	N/A		N/A



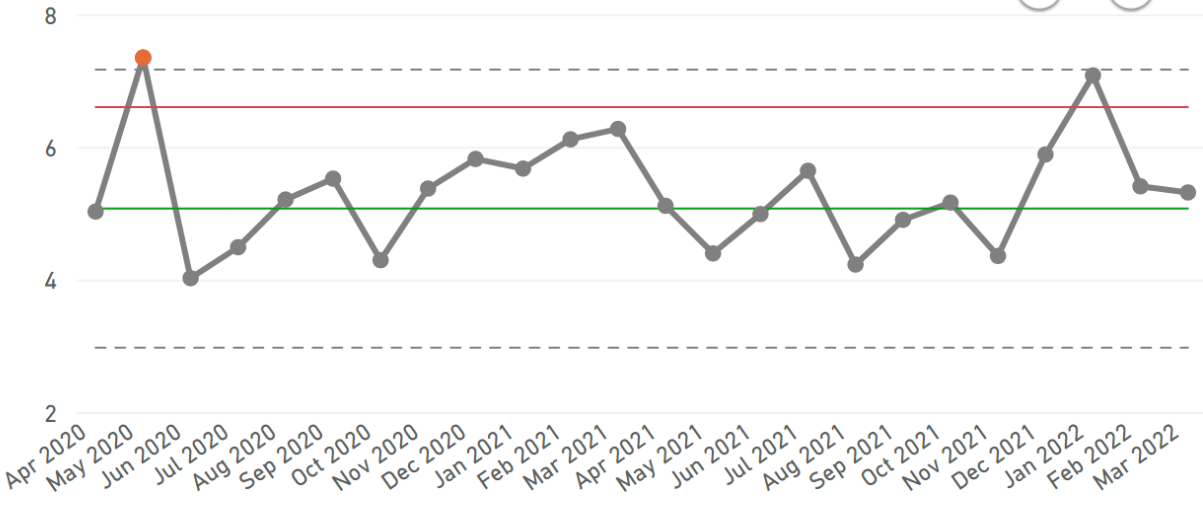
Falls With Harm

Month	Performance	Target	Trend	Assurance
Mar 2022	4	N/A		N/A



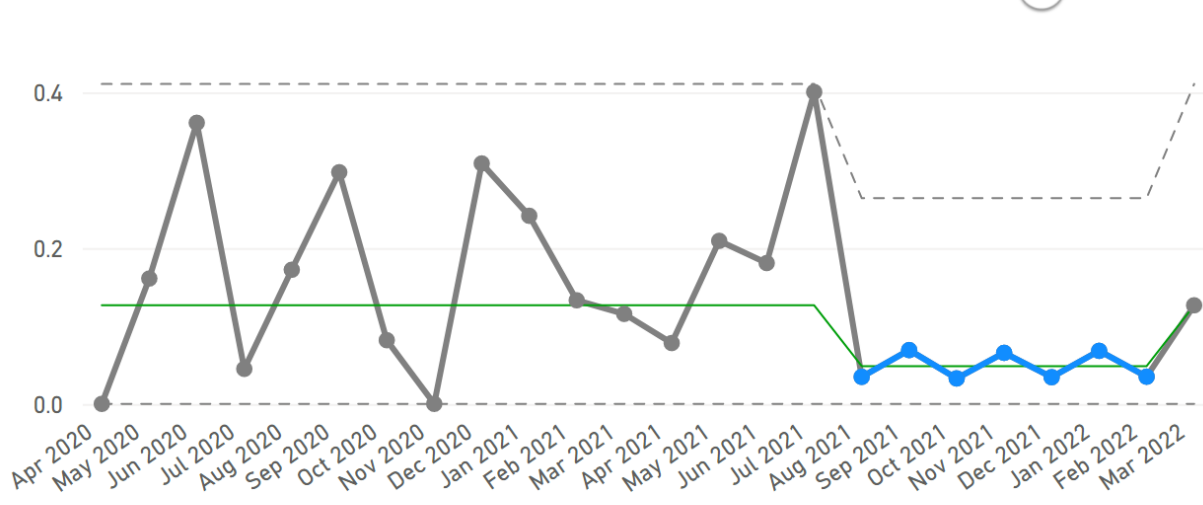
Falls Rate

Month	Performance	Target	Trend	Assurance
Mar 2022	5.31	6.6		



Falls With Harm Rate

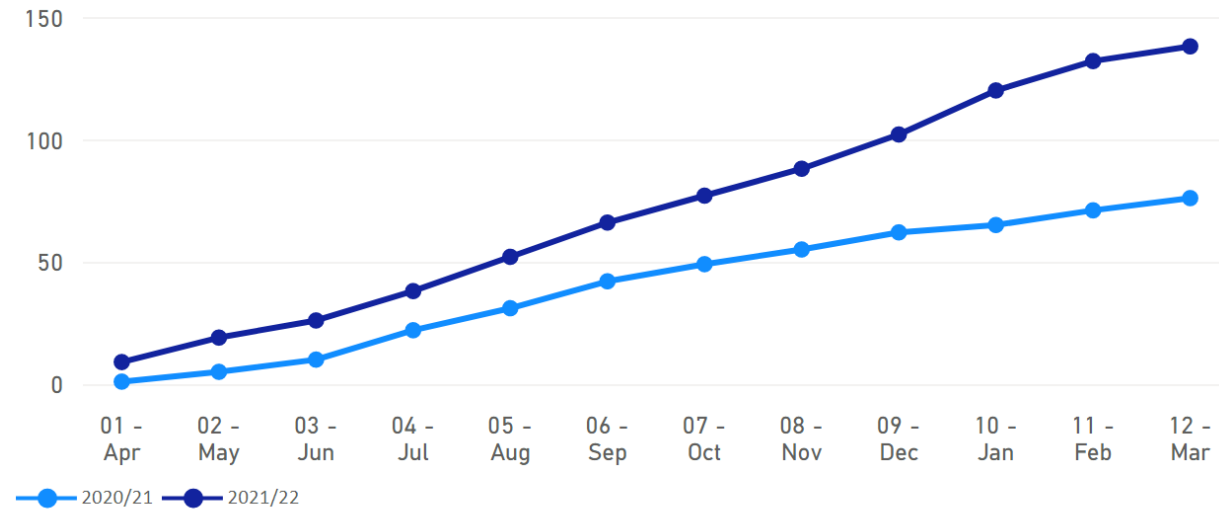
Month	Performance	Target	Trend	Assurance
Mar 2022	0.13	TBC		N/A



SAFE

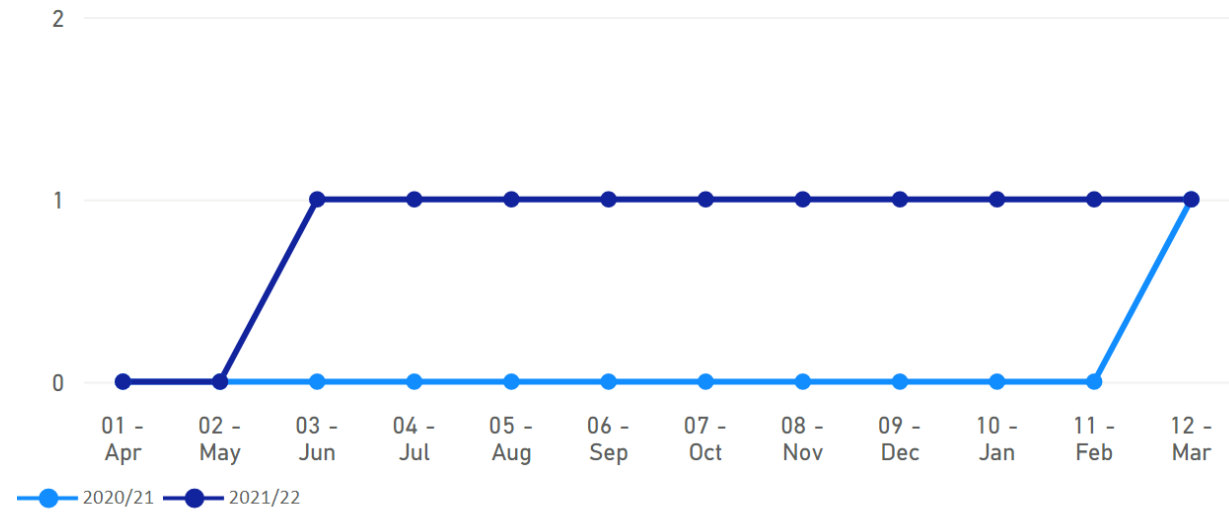
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Mar 2022	138		N/A	N/A



MRSA (YTD)

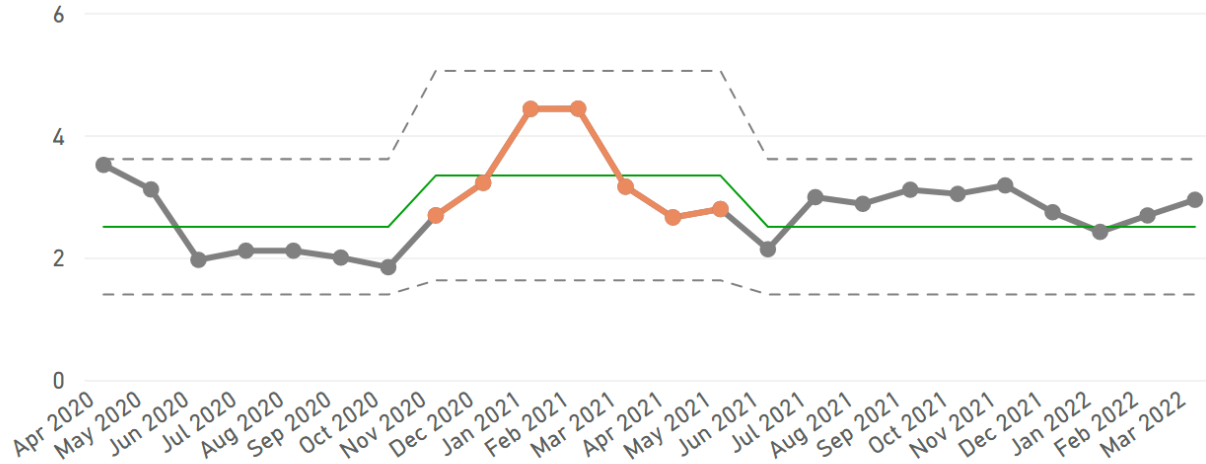
Month	Performance	Target	Trend	Assurance
Mar 2022	1	0	N/A	N/A



SAFE

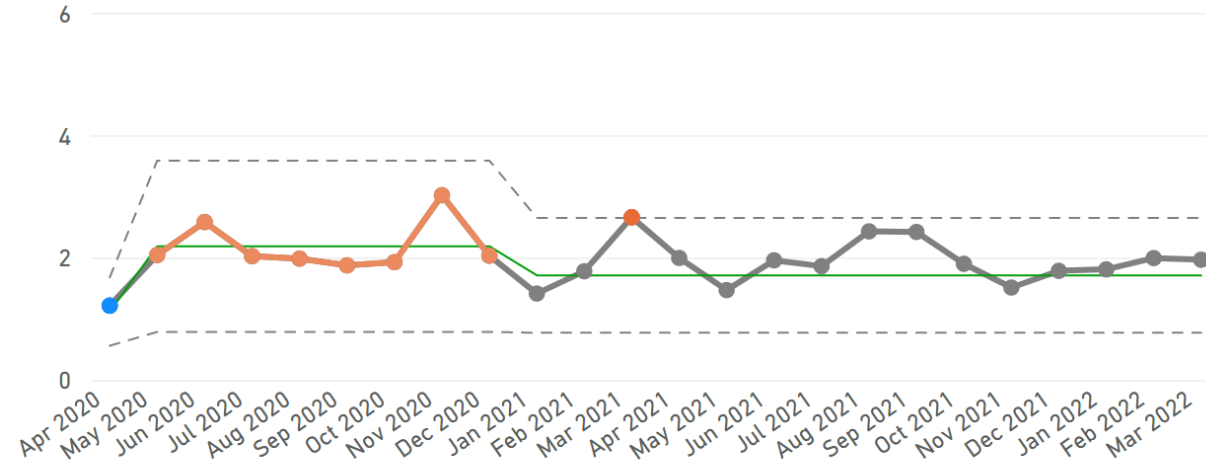
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Mar 2022	2.94	TBC		N/A



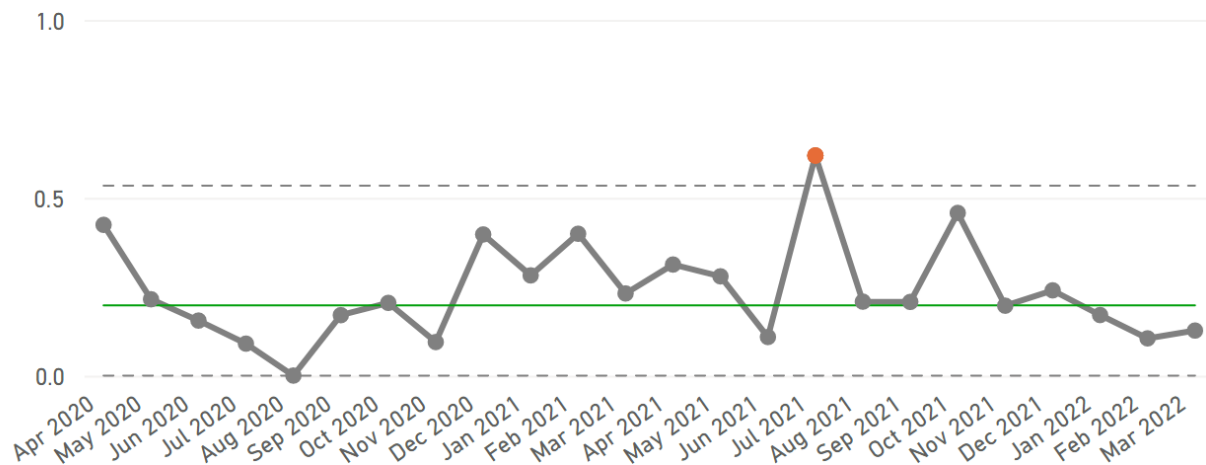
Category 2 Pressure Ulcers Community Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Mar 2022	1.96	TBC		N/A



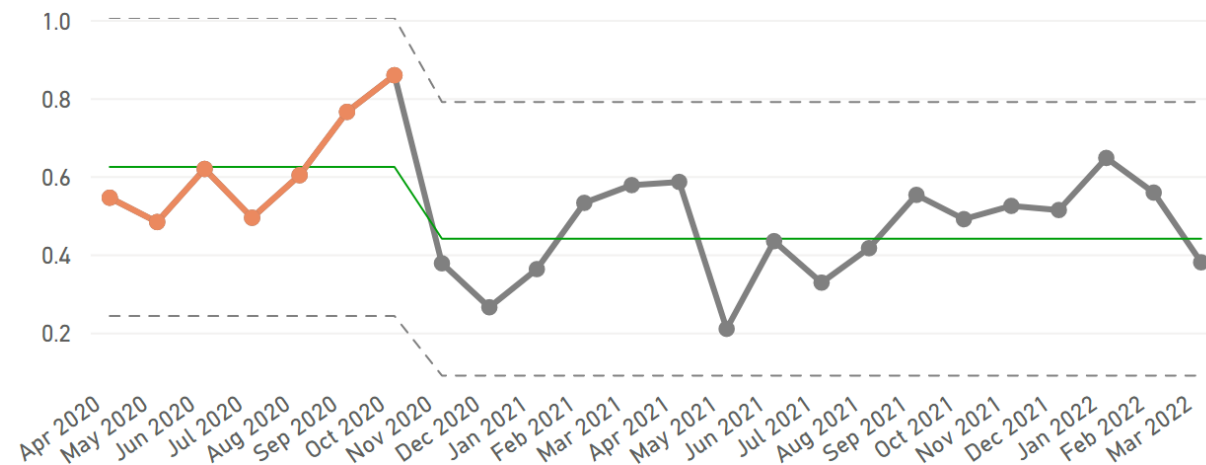
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Mar 2022	0.13	TBC		N/A



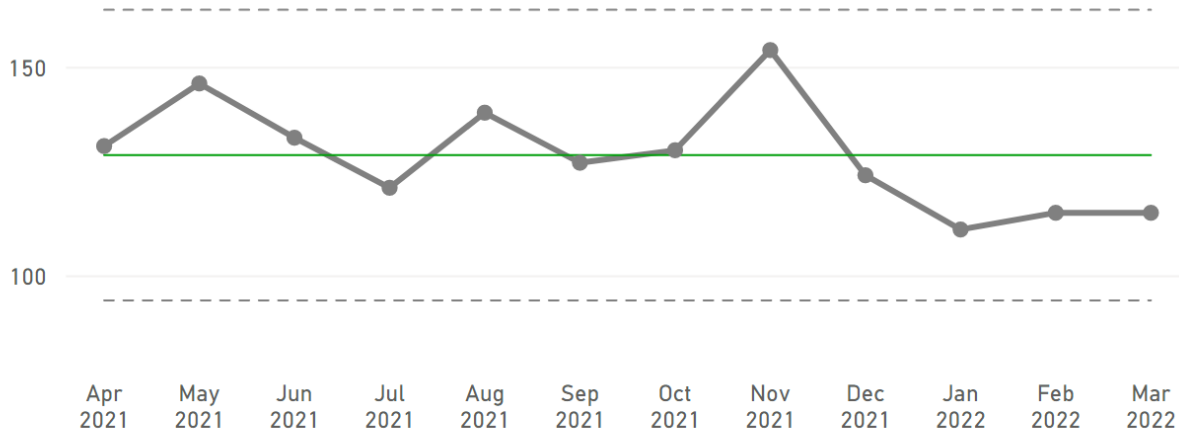
Category 3&4 Pressure Ulcers Community Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Mar 2022	0.38	TBC		N/A



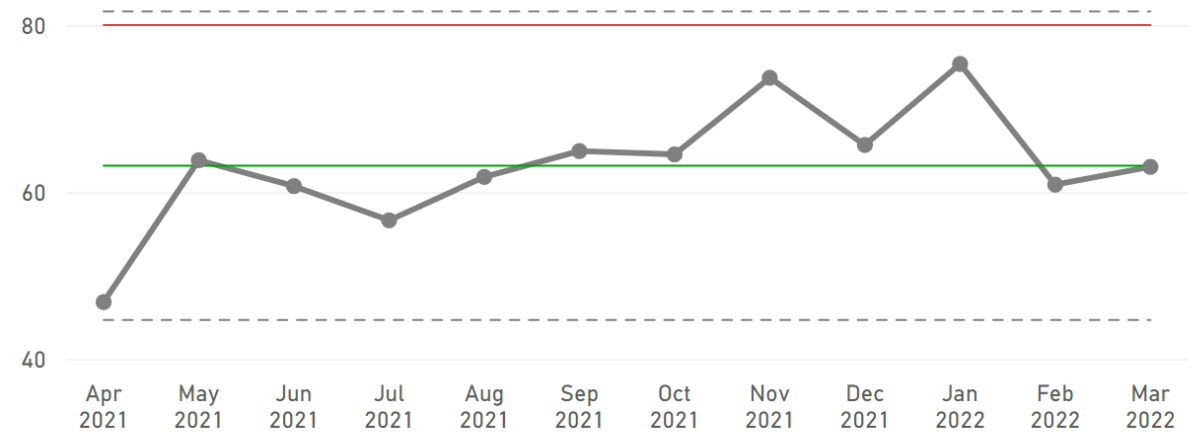
Medication Incidents

Month	Performance	Target	Trend	Assurance
Mar 2022	115	TBC		N/A



Medications Reconciled Rate %

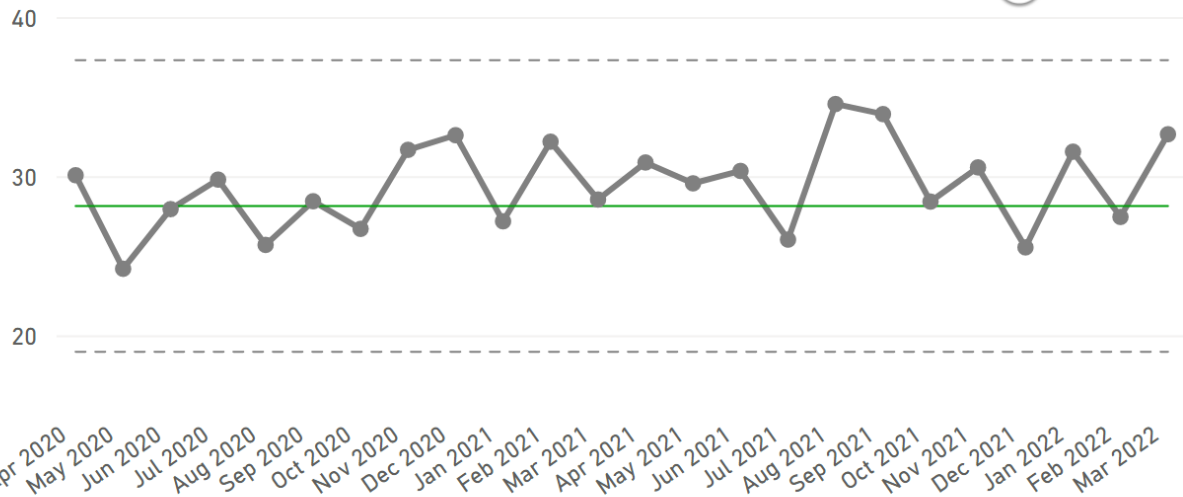
Month	Performance	Target	Trend	Assurance
Mar 2022	63%	80%		



SAFE

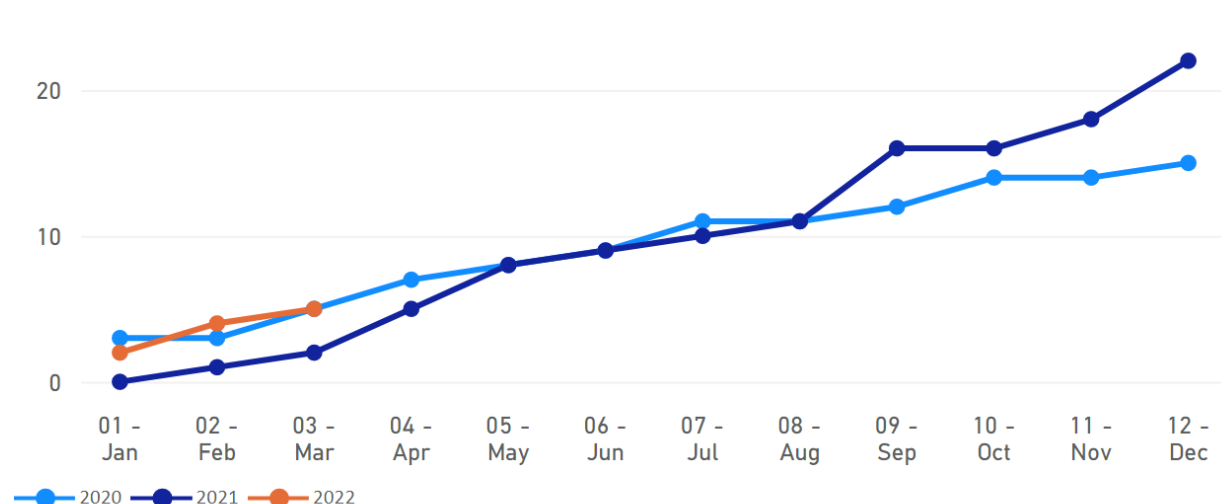
Caesarean Section (%)

Month	Performance	Target	Trend	Assurance
Mar 2022	32.63%			N/A



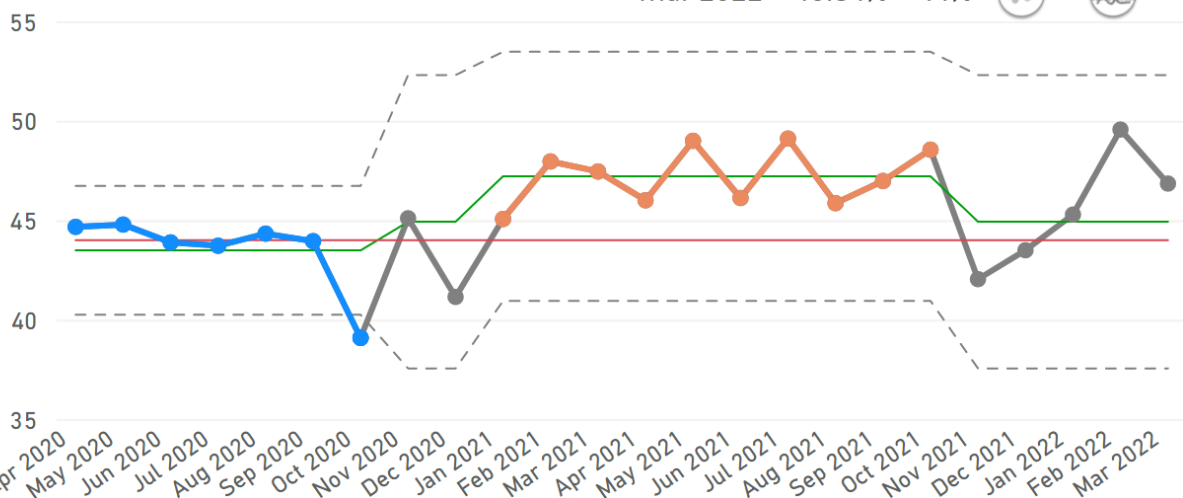
Still Births (YTD)

Month	Performance	Target	Trend	Assurance
Mar 2022	5	17	N/A	N/A



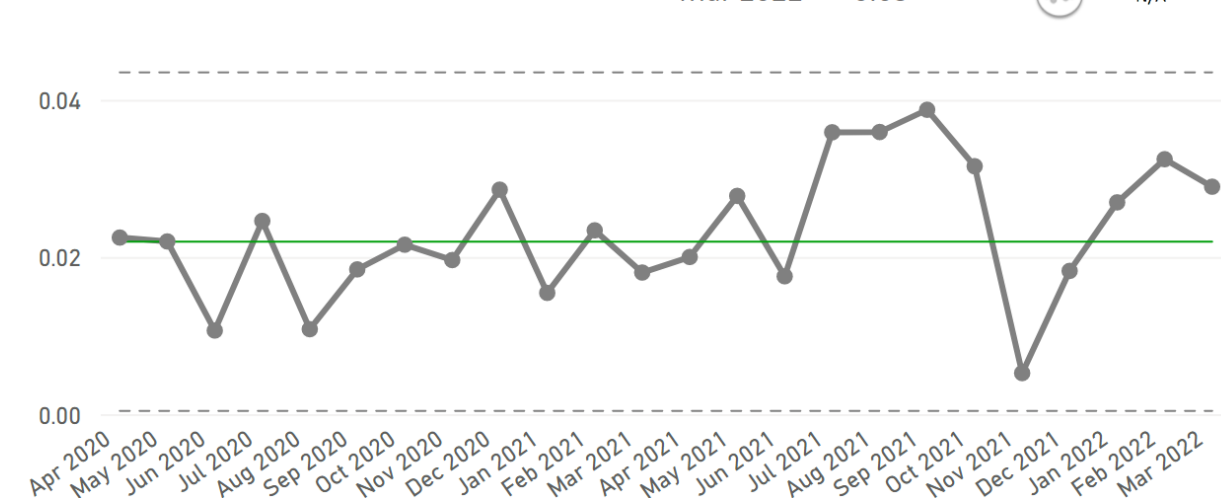
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Mar 2022	46.84%	44%		



PPH 1500ml (%)

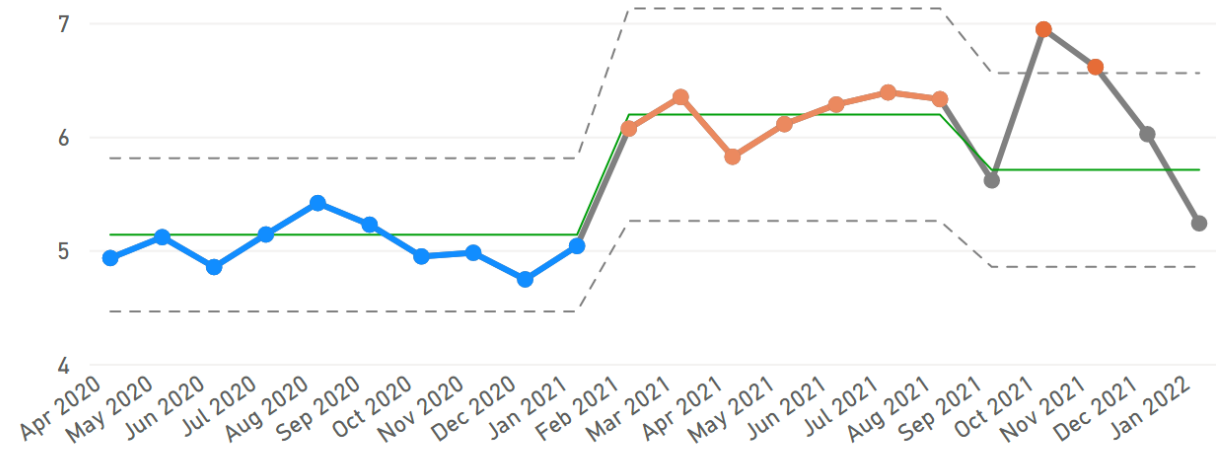
Month	Performance	Target	Trend	Assurance
Mar 2022	0.03			N/A



EFFECTIVE

Readmission Rate %

Month	Performance	Target	Trend	Assurance
Jan 2022	5.24%	TBC		N/A

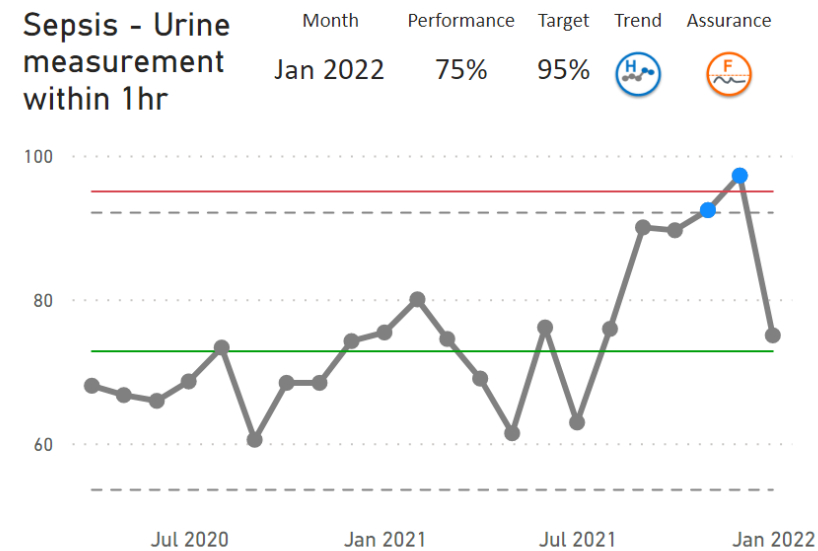
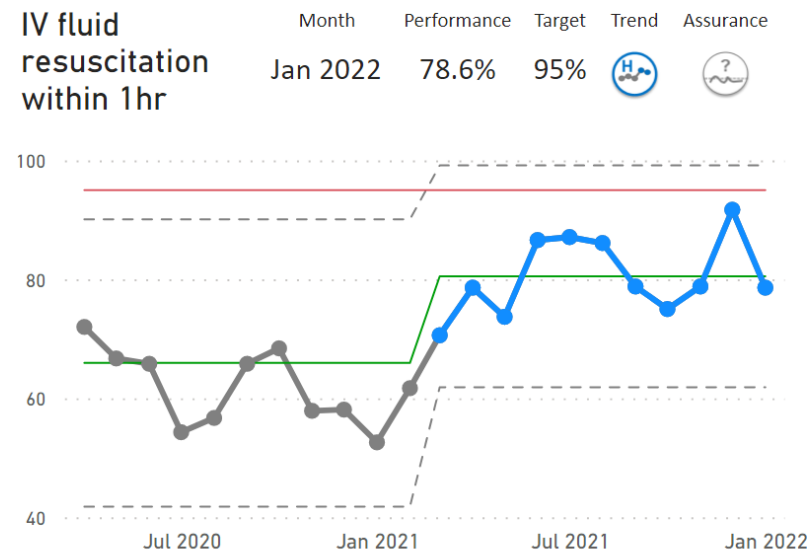
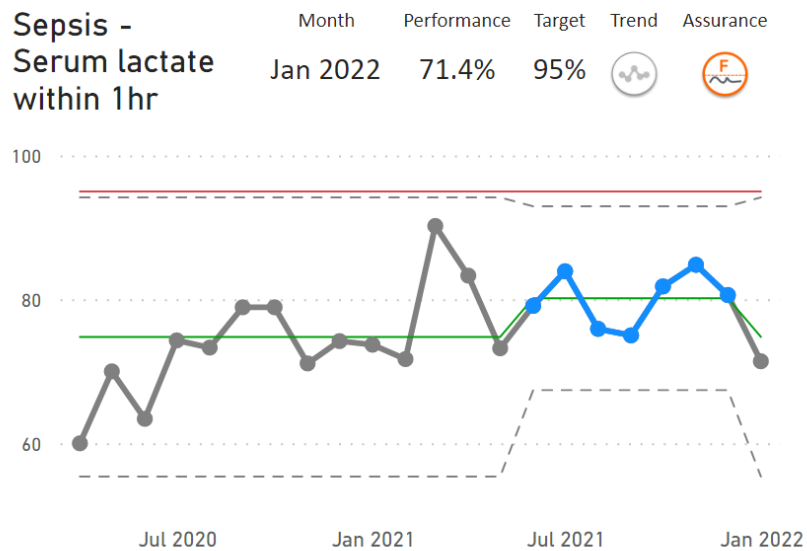
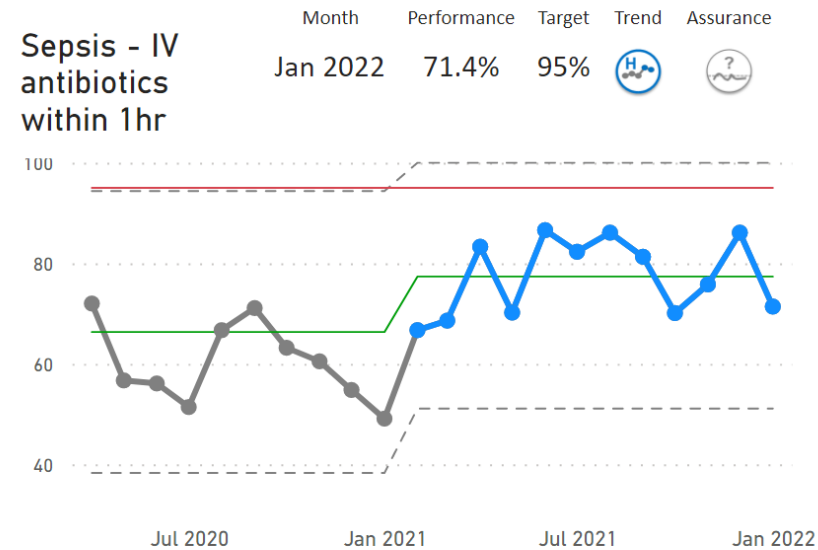
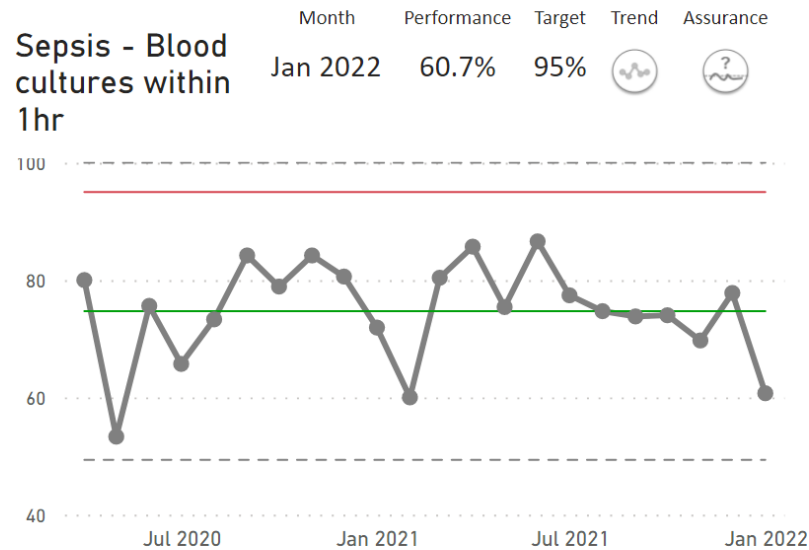
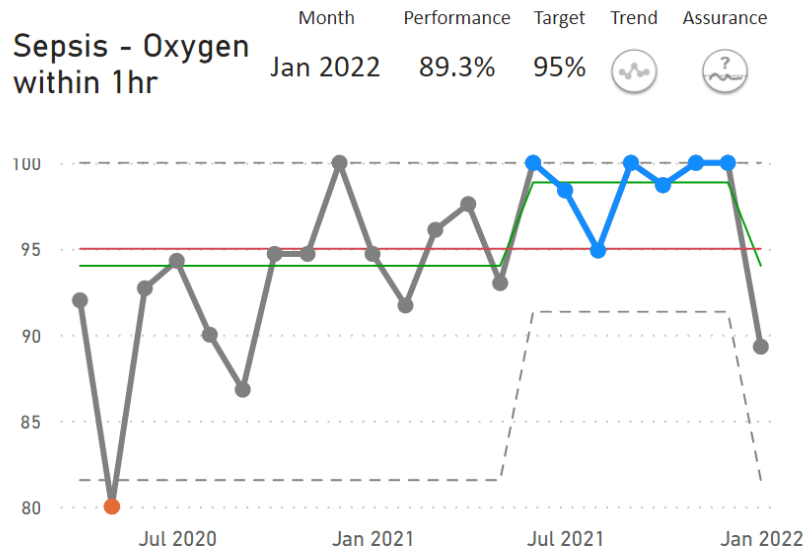


Readmission logic

All emergency readmissions within 30 days of discharge, where the admission doesn't meet the national exclusion criteria:



- Unclassified HRG (Readmission)
- Cancer Diagnosis
- Cancer Unbundled HRG
- Child Under 4yrs
- Non-Mandatory HRG
- Obstetric HRG
- Renal Dialysis Patient
- Self Discharge
- Transplant Patient

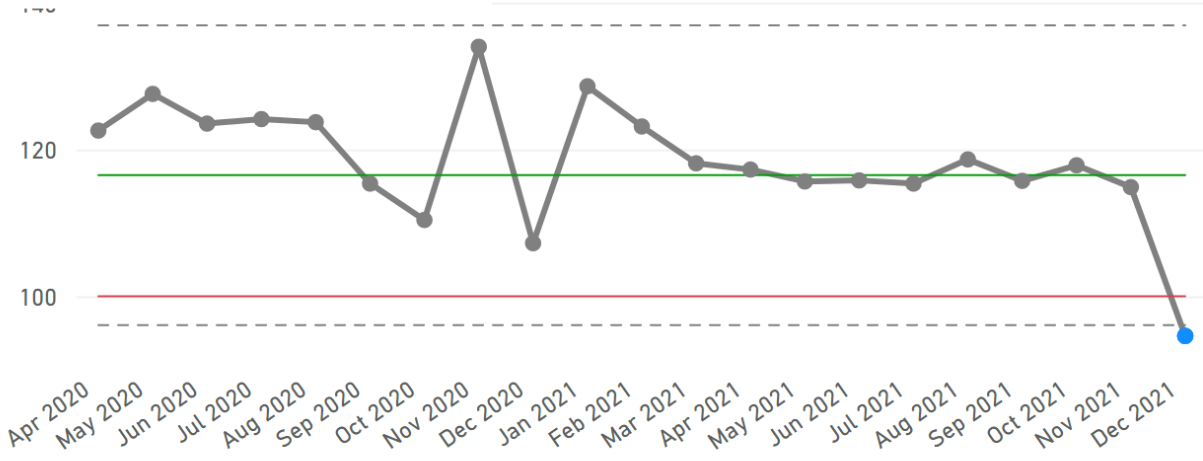
EFFECTIVE




EFFECTIVE

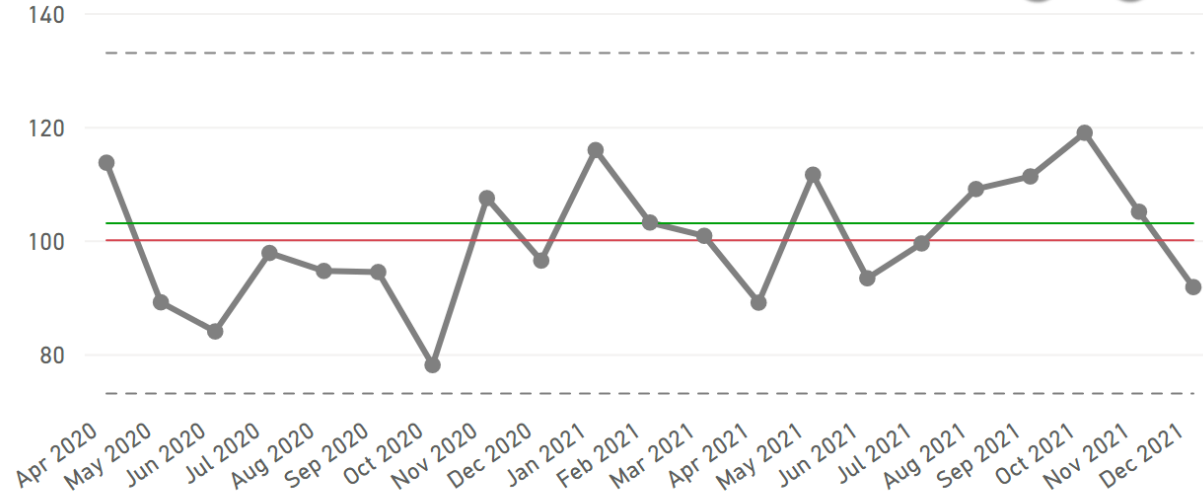
Summary Hospital-Level Mortality Indicator

Month	Performance	Target	Trend	Assurance
Dec 2021	94.61	100		




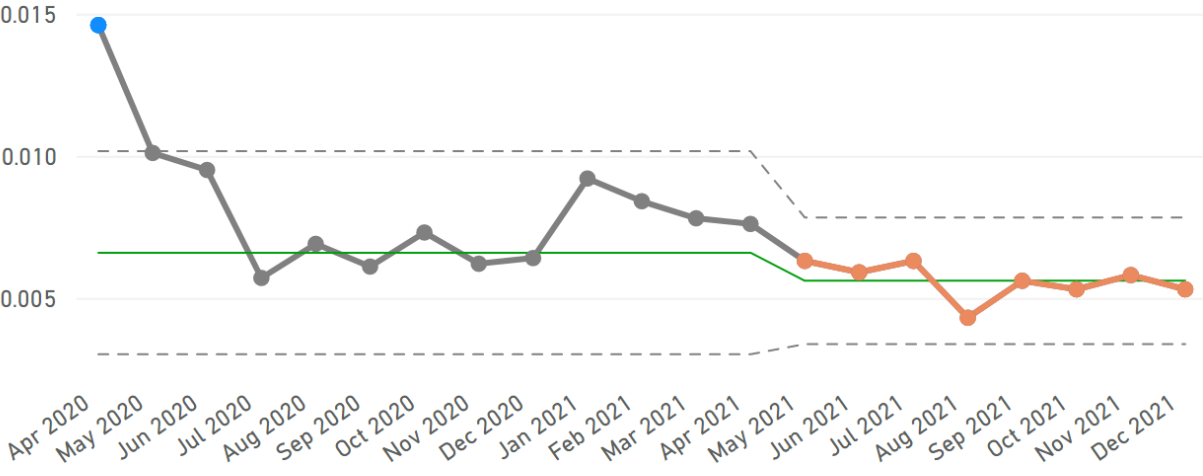
Hospital Standard Mortality Rate

Month	Performance	Target	Trend	Assurance
Dec 2021	91.77	100		




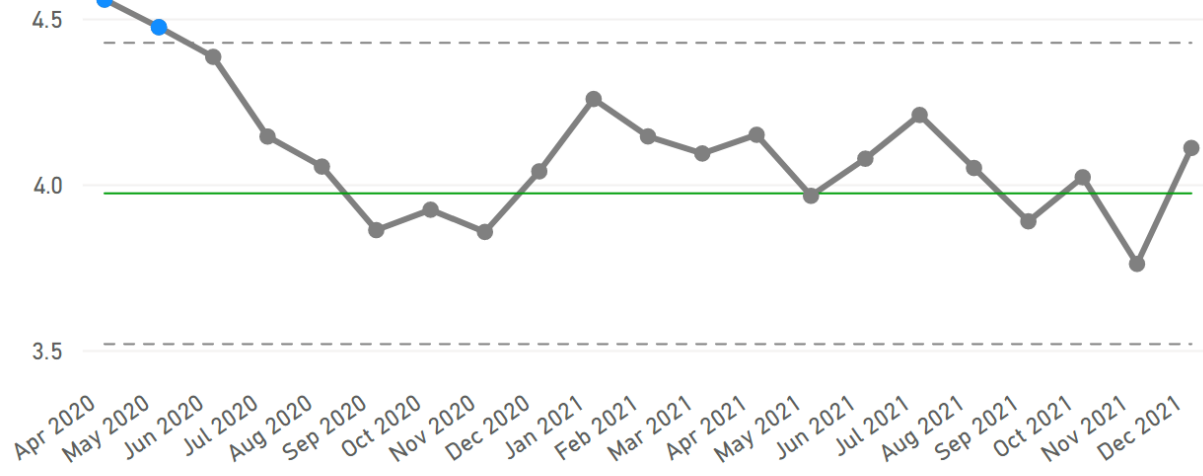
Palliative Care Coding

Month	Performance	Target	Trend	Assurance
Dec 2021	0.01	TBC		N/A



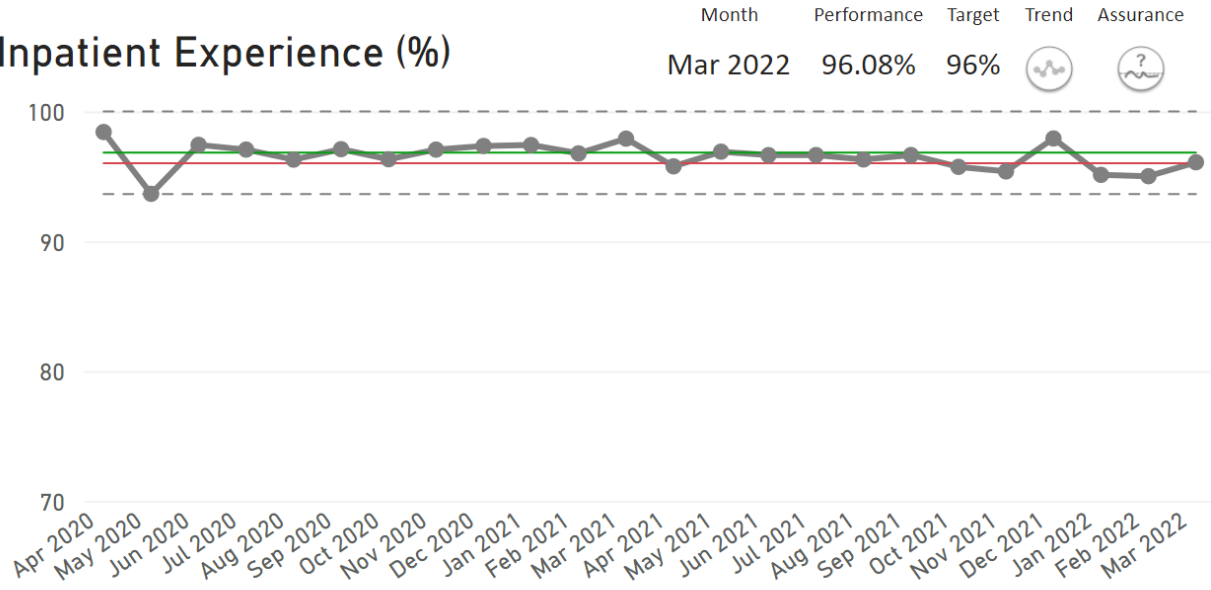
Comorbidity Coding

Month	Performance	Target	Trend	Assurance
Dec 2021	4.11	TBC		N/A

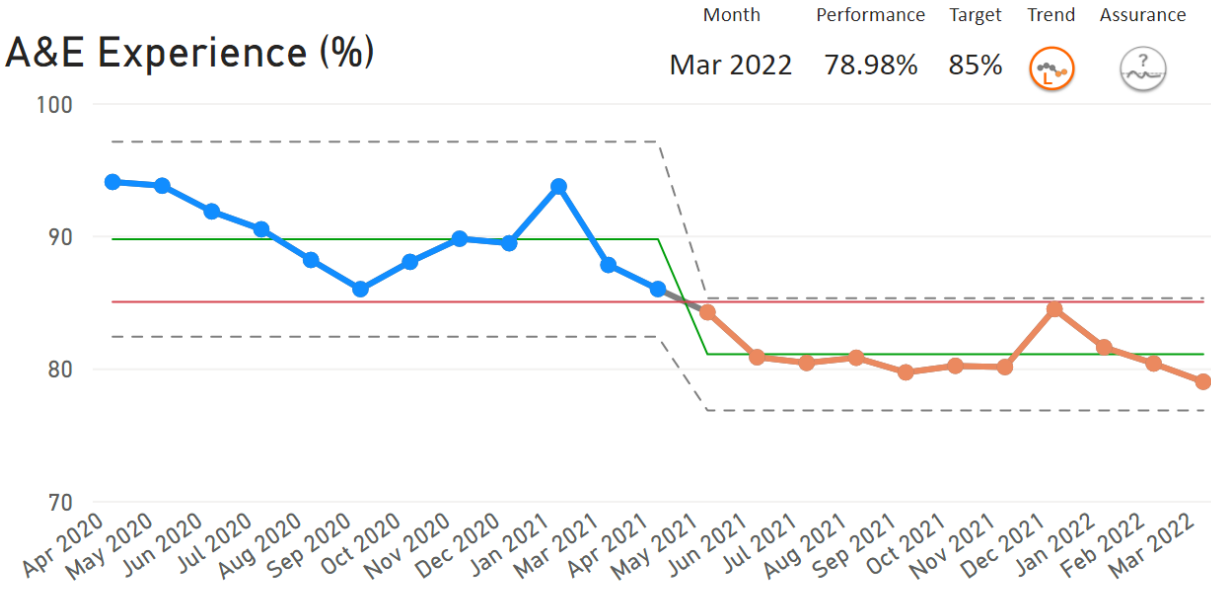


CARING

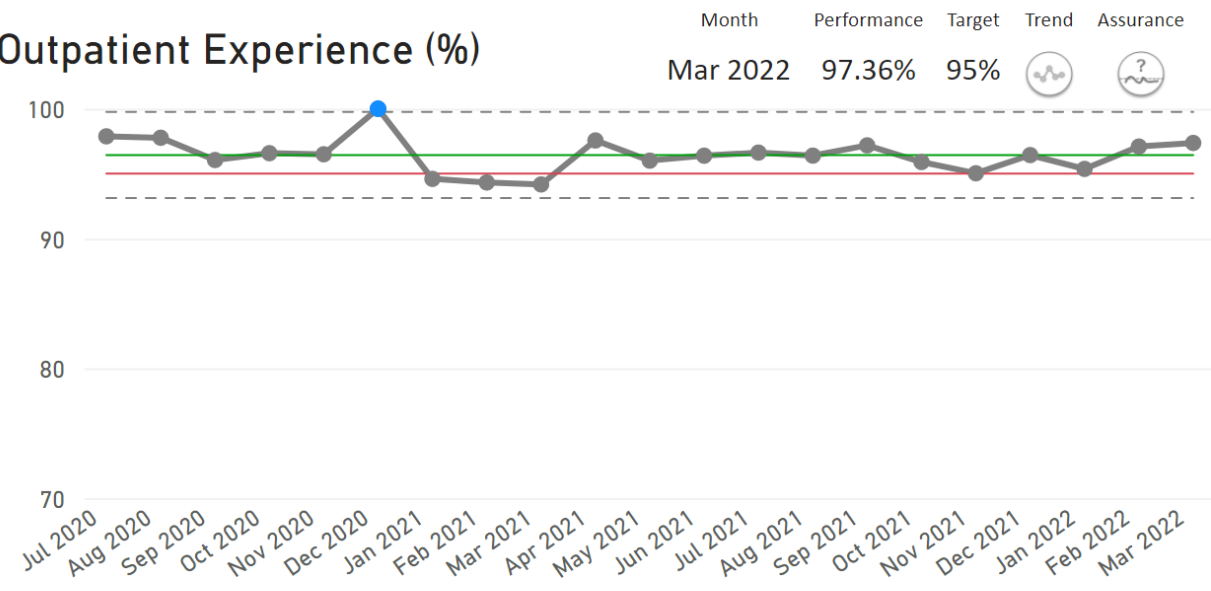
Inpatient Experience (%)



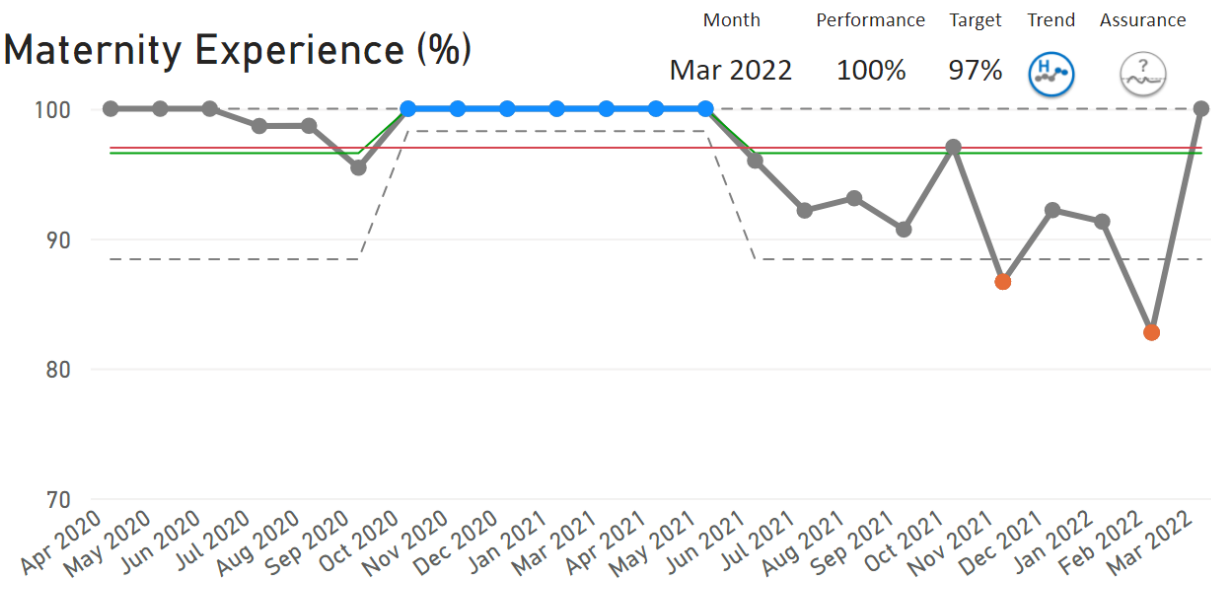
A&E Experience (%)



Outpatient Experience (%)




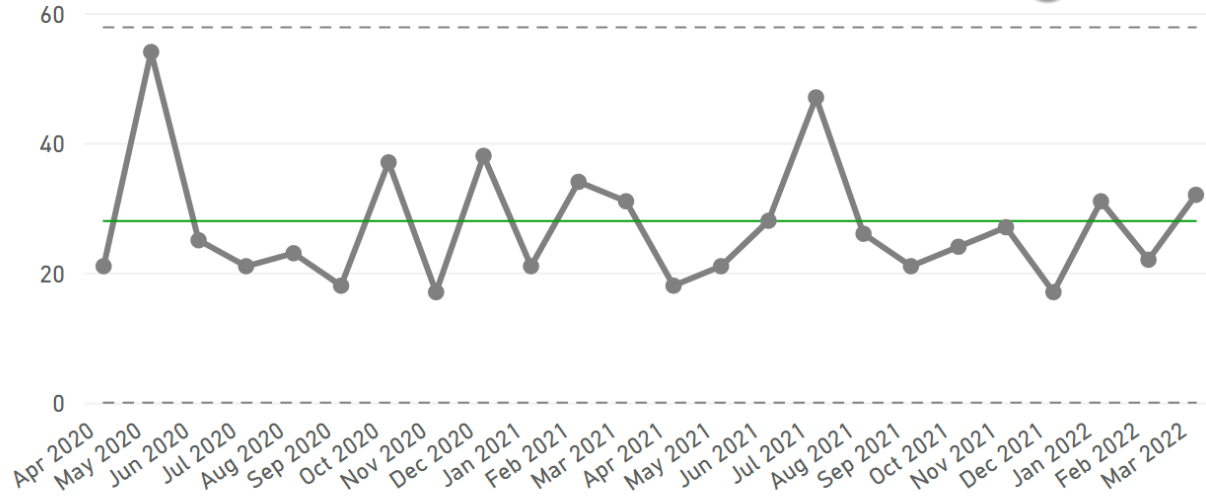
Maternity Experience (%)





CARING

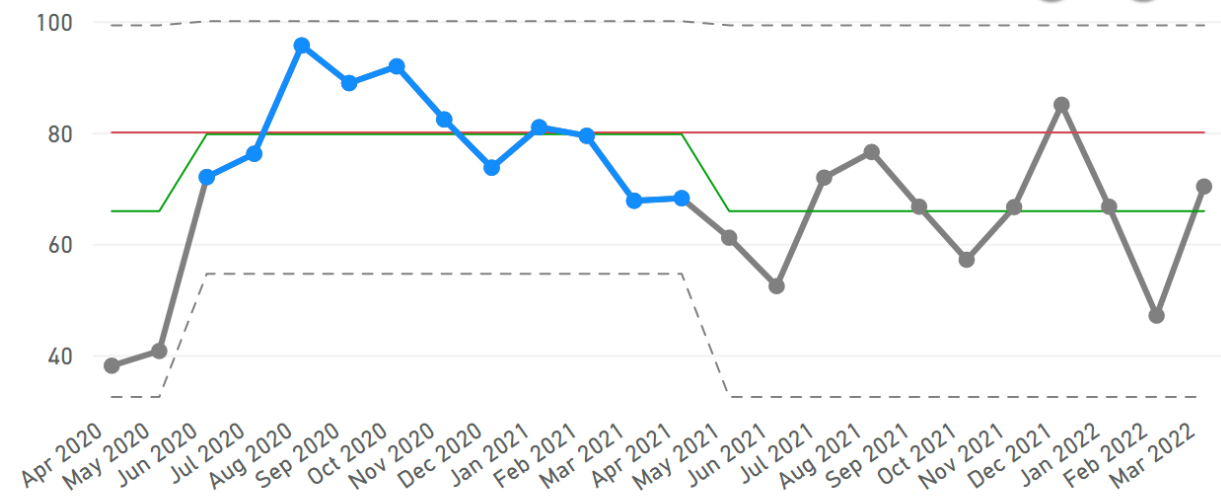
New Complaints

Month: Mar 2022
Performance: 32
Target: 
Assurance: N/A





Closed Within Target (%)

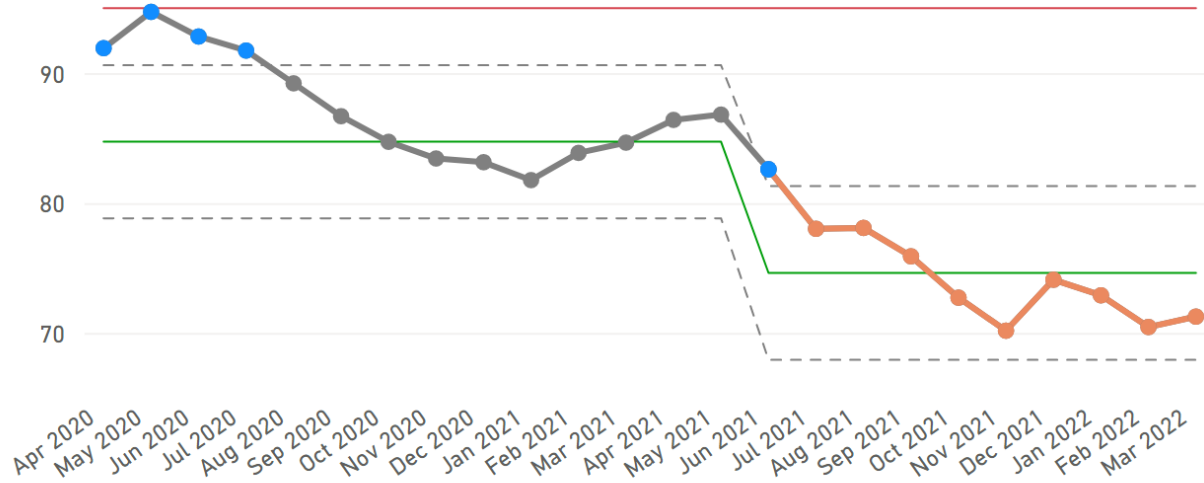
Month: Mar 2022
Performance: 70.3%
Target: 80%
Trend: 
Assurance: 





RESPONSIVE

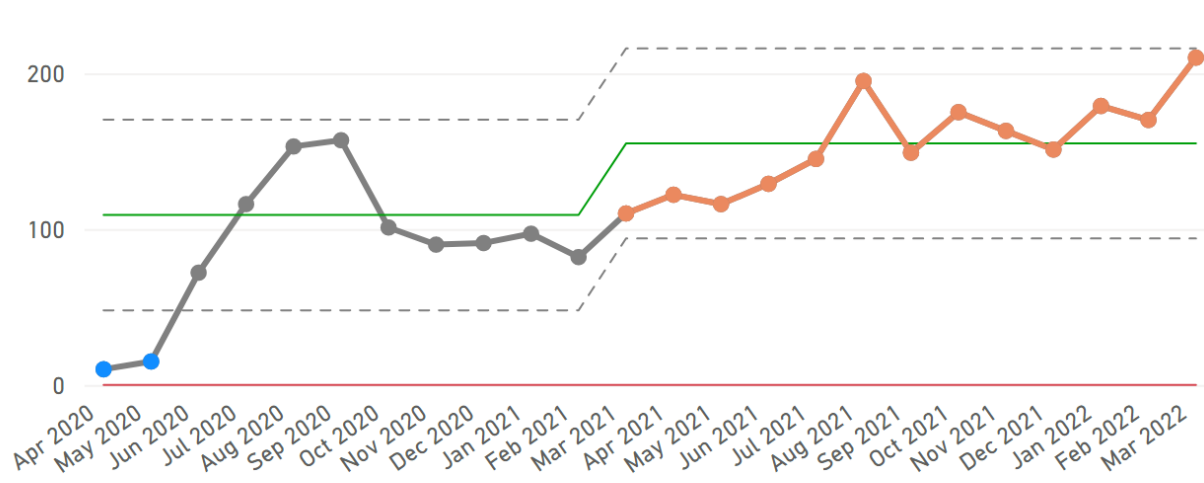
4 Hour Wait Standard (%)

Month: Mar 2022
 Performance: 71.25%
 Target: 95%
 Trend: 
 Assurance: 





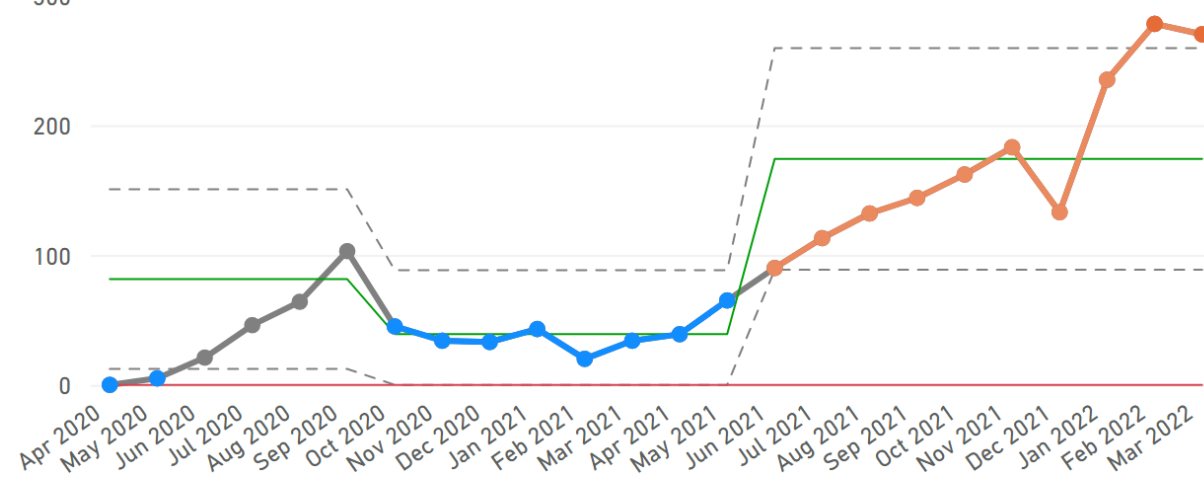
Handovers - Over 30 Mins

Month: Mar 2022
 Performance: 210
 Target: 0
 Trend: 
 Assurance: 





Handovers - Over 60 Mins

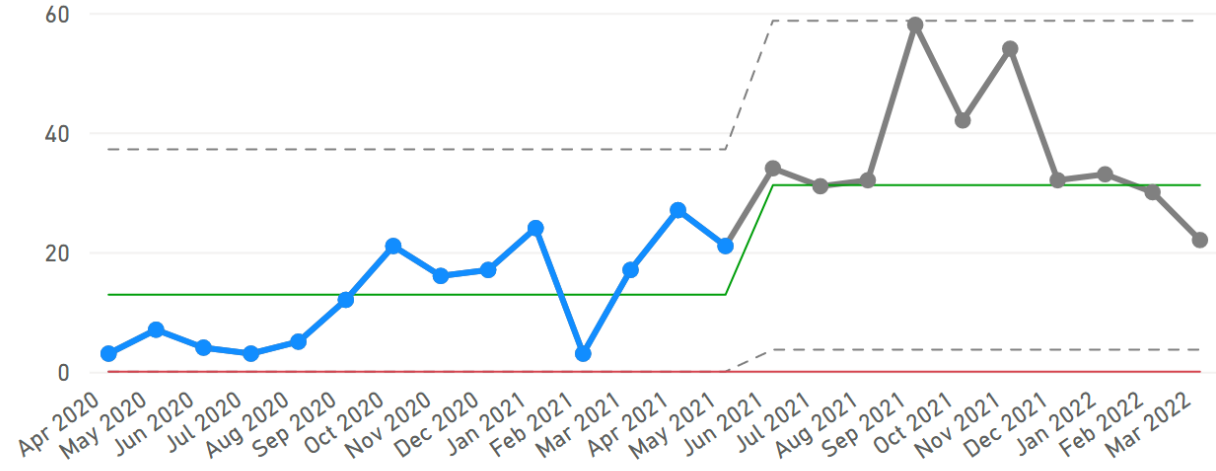
Month: Mar 2022
 Performance: 270
 Target: 0
 Trend: 
 Assurance: 





RESPONSIVE

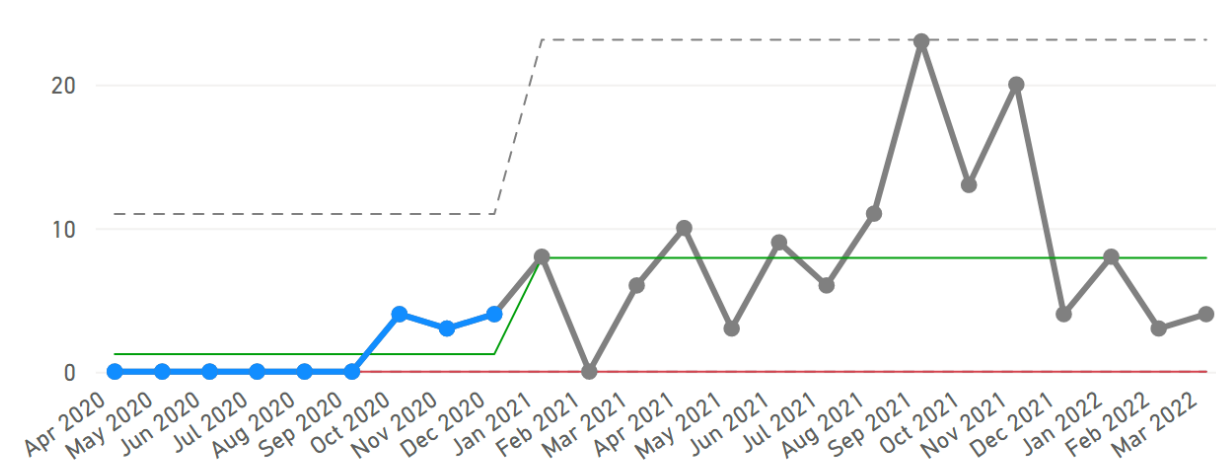
Cancelled Ops - Non-Urgent Cancelled On Day

Month: Mar 2022
 Performance: 22
 Target: 0
 Trend: 
 Assurance: 



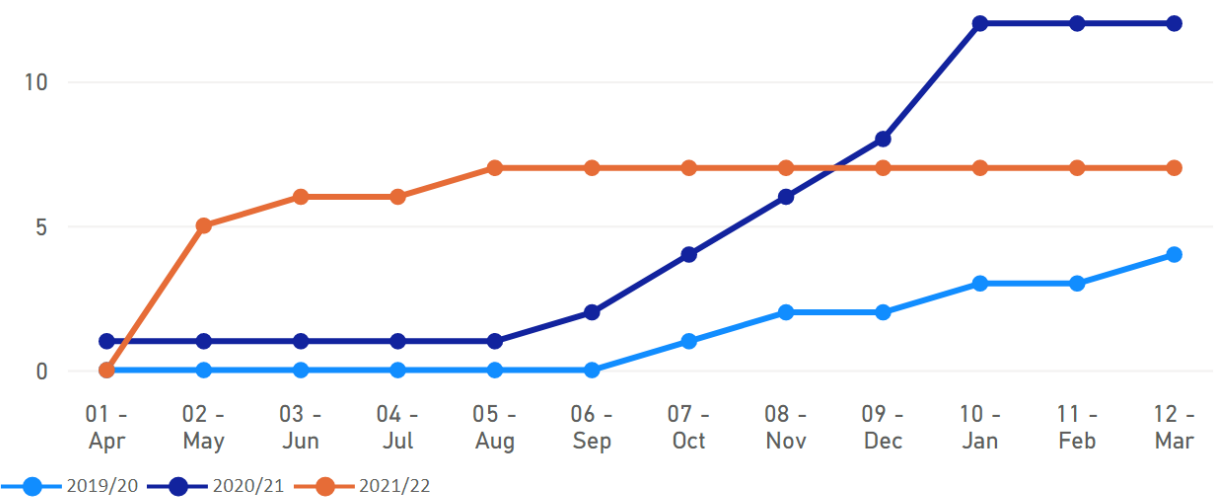
Cancelled Ops - Not Rebooked Within 28 days

Month: Mar 2022
 Performance: 4
 Target: 0
 Trend: 
 Assurance: 





Cancer Operations Cancelled On Day (YTD)

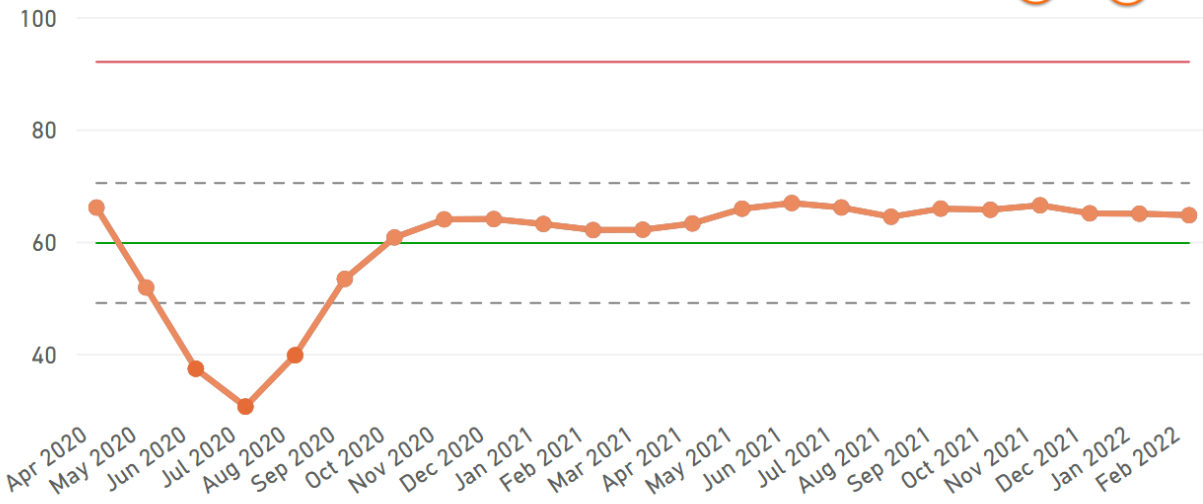
Month: Mar 2022
 Performance: 7
 Target: 0
 Trend: N/A
 Assurance: N/A





RESPONSIVE

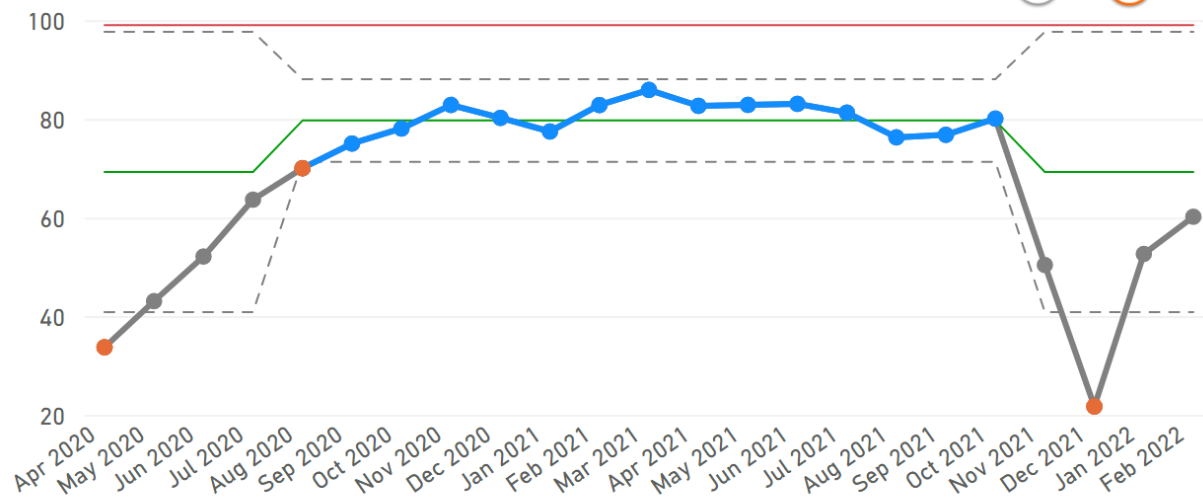
RTT Incomplete Pathways (%)

Month	Performance	Target	Trend	Assurance
Feb 2022	64.67%	92%		



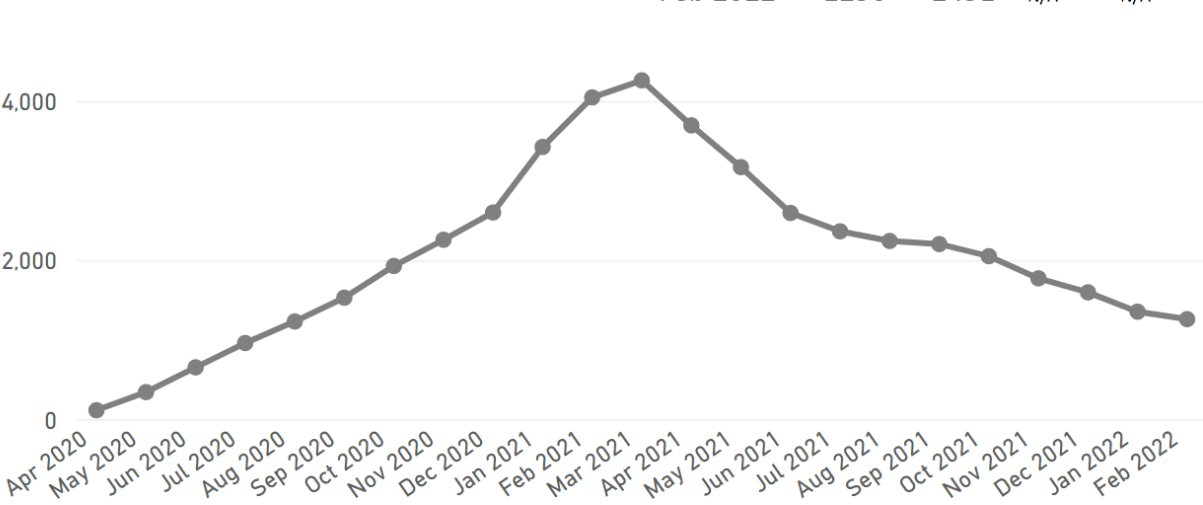
Diagnostic 6 Weeks Standard (%)

Month	Performance	Target	Trend	Assurance
Feb 2022	60.16%	99%		



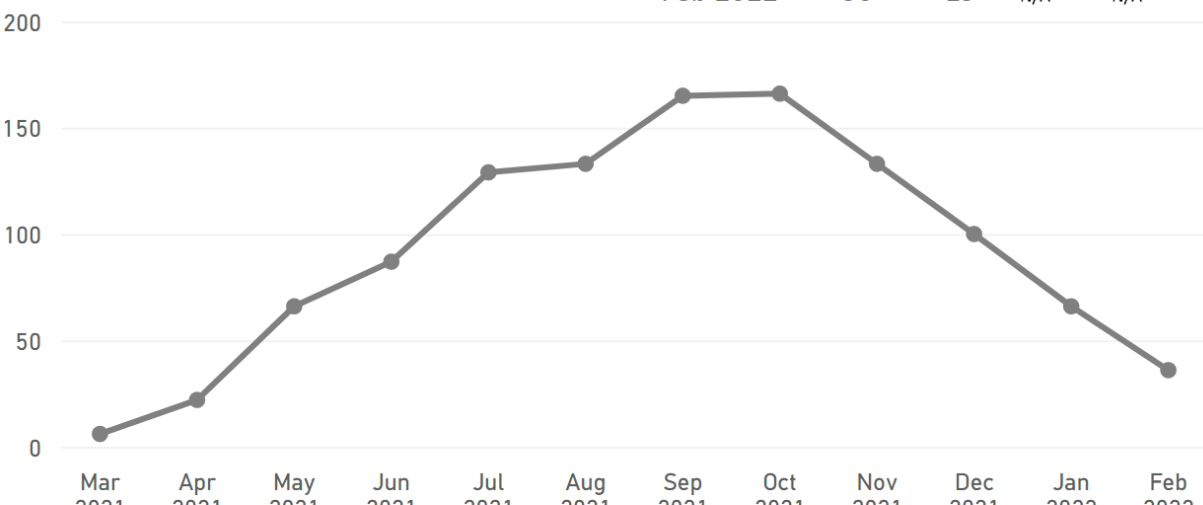
RTT 52 week waiters

Month	Performance	Target	Trend	Assurance
Feb 2022	1256	2451	N/A	N/A



RTT 104 week waiters

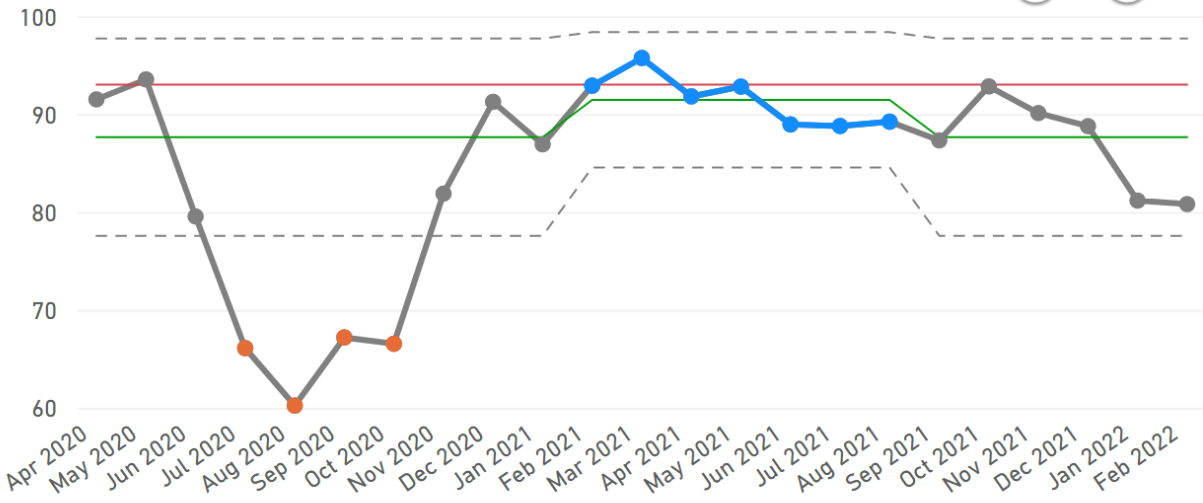
Month	Performance	Target	Trend	Assurance
Feb 2022	36	19	N/A	N/A



RESPONSIVE

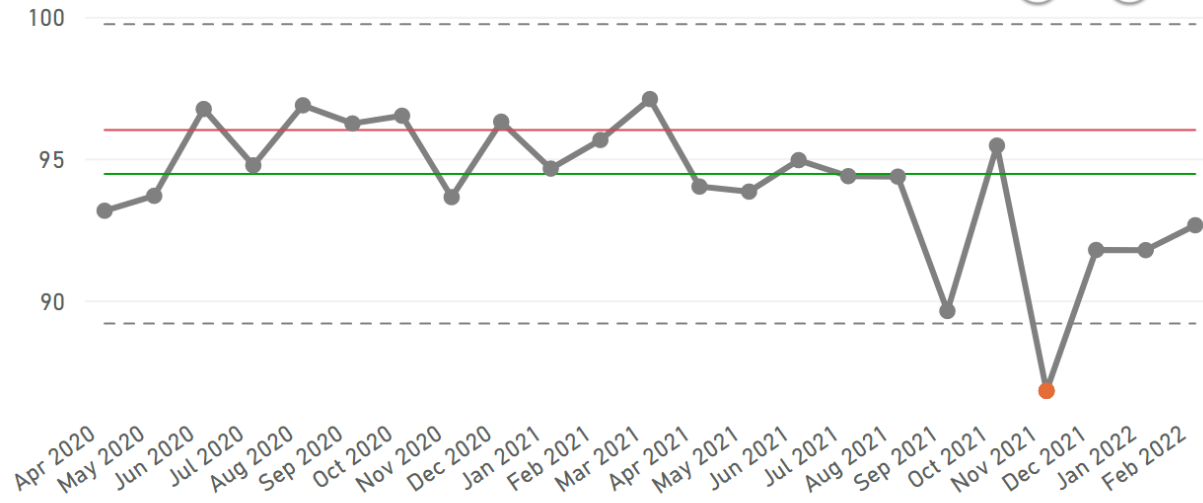
Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Feb 2022	80.8%	93%		



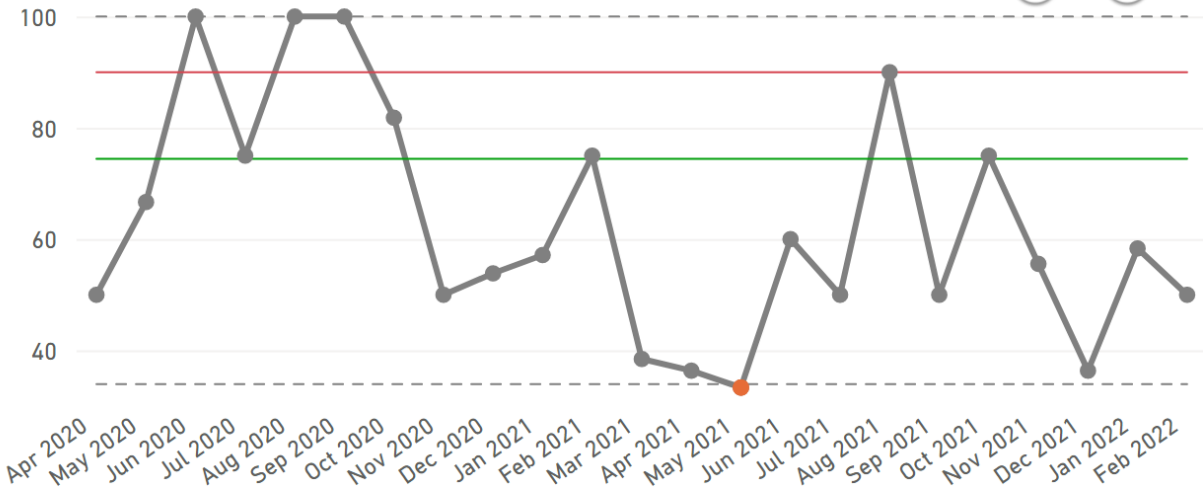
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Feb 2022	92.65%	96%		



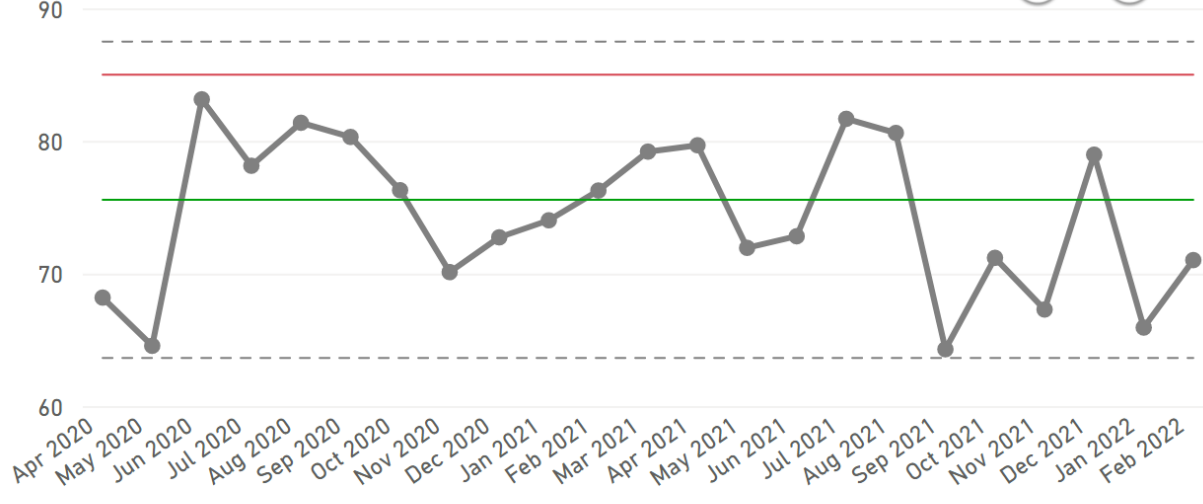
Cancer 62 Day Screening (%)

Month	Performance	Target	Trend	Assurance
Feb 2022	50%	90%		



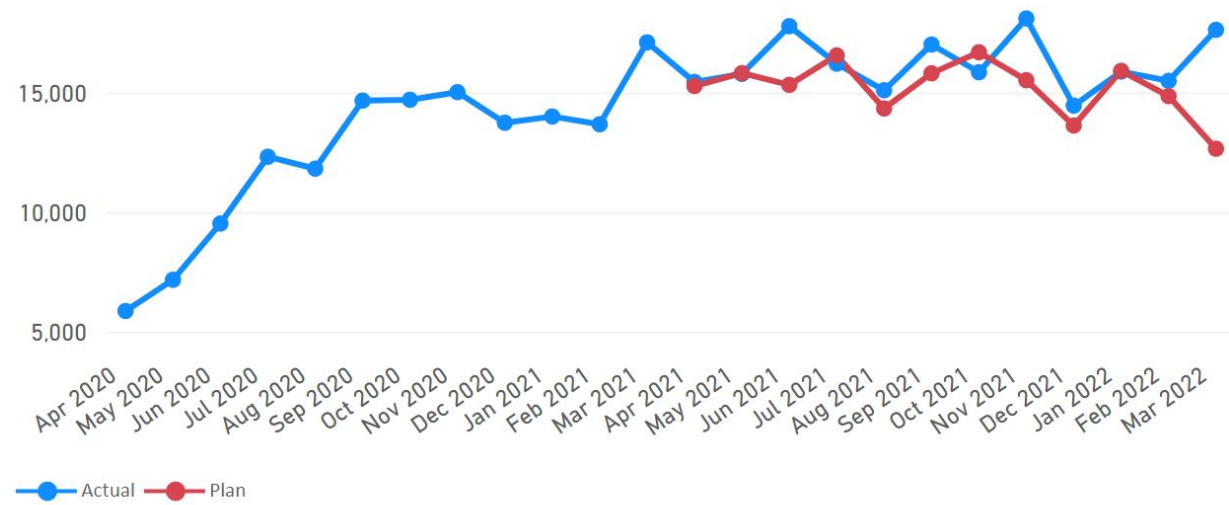
Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Feb 2022	71.01%	85%		

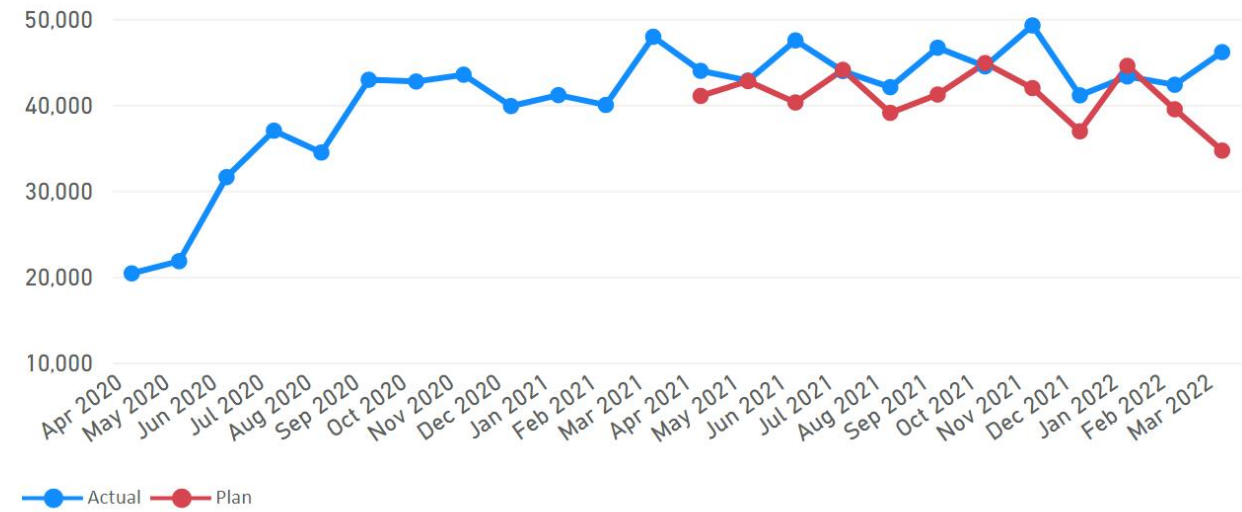


RESPONSIVE

Outpatient New Attendances

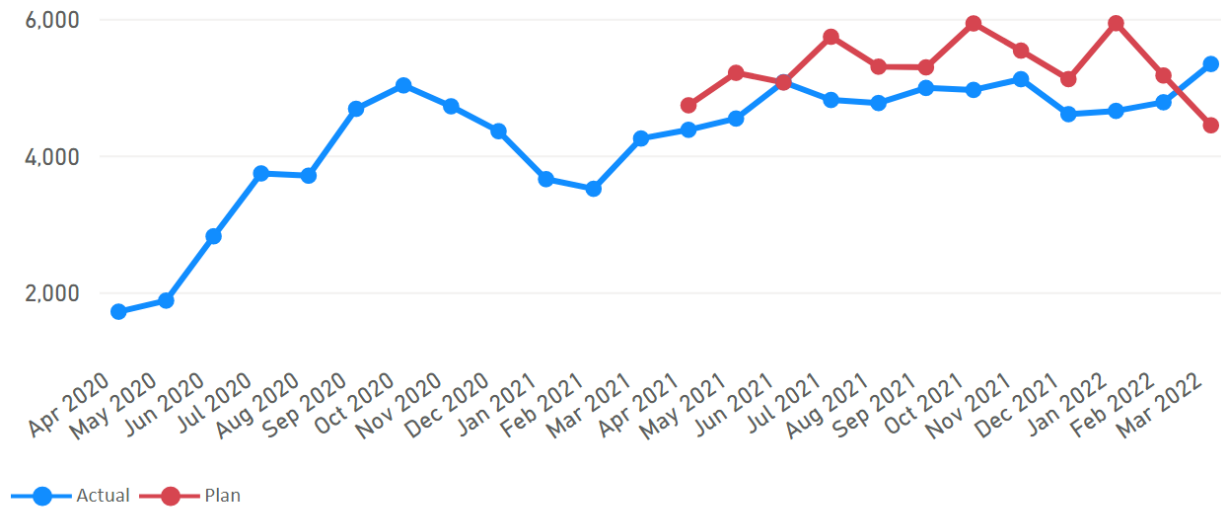


Outpatient Follow-Up Attendances

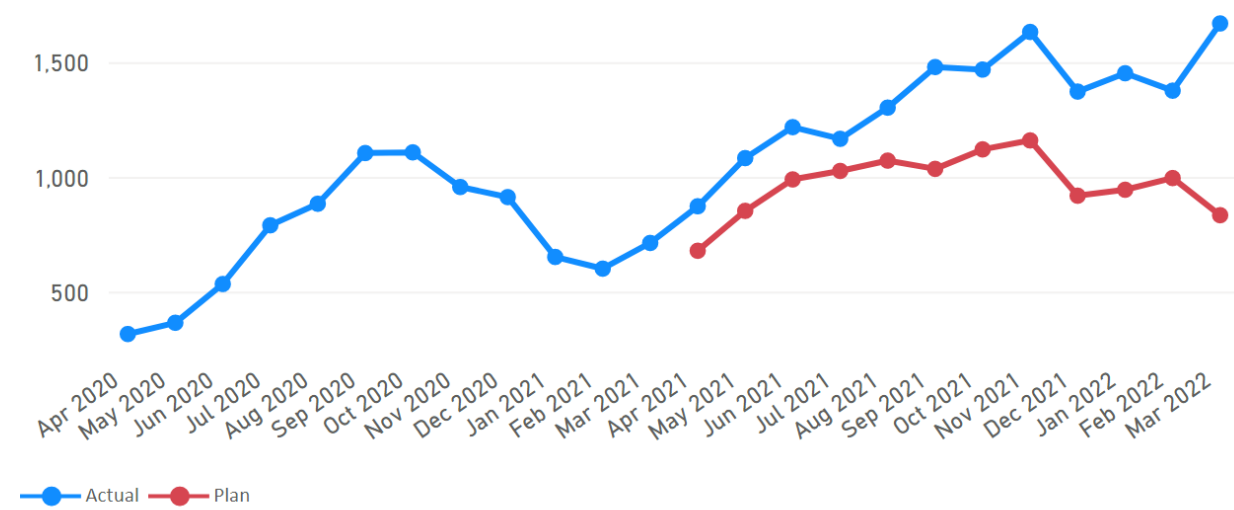


RESPONSIVE

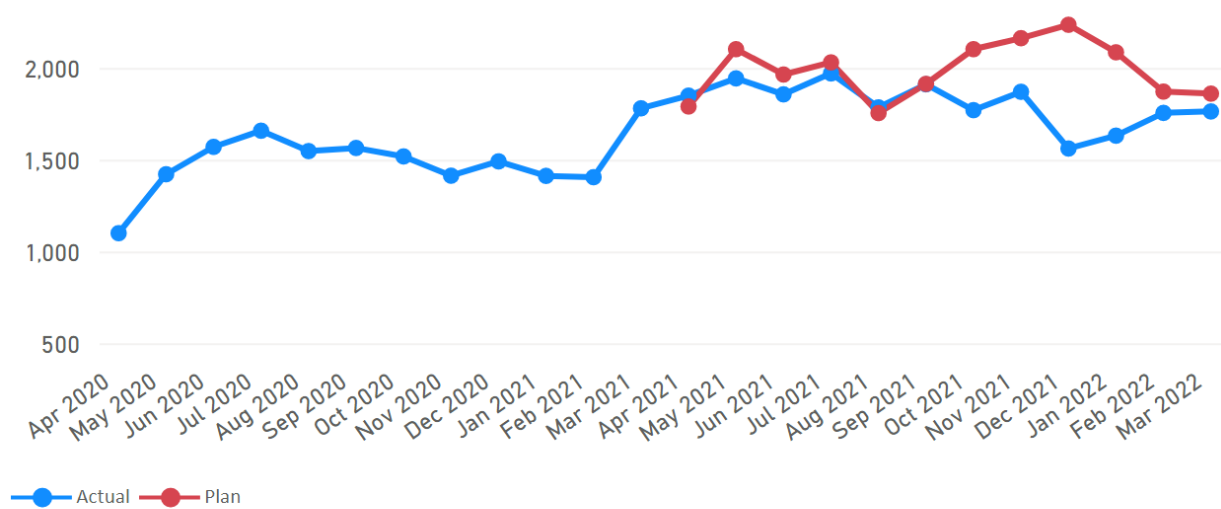
Day Case admissions



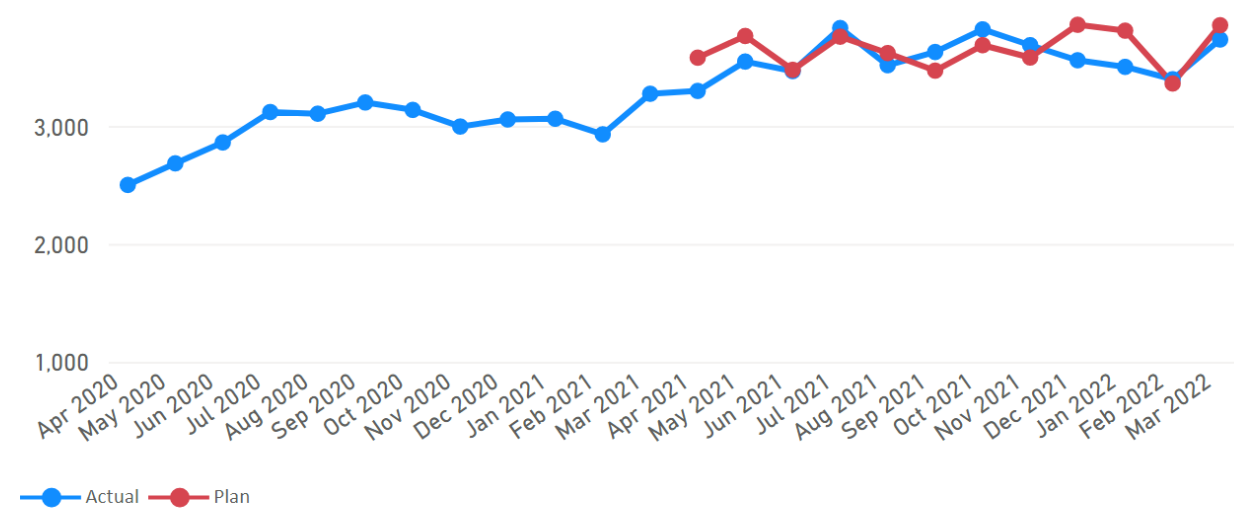
Ordinary Elective admissions



NEL admissions with 0 LOS



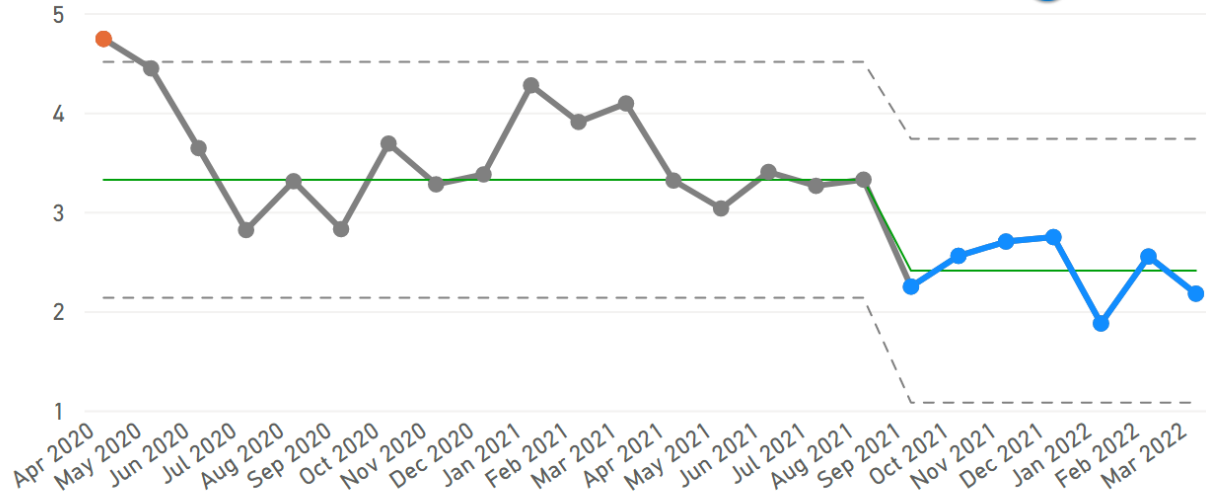
NEL admissions with 1+ LOS



RESPONSIVE

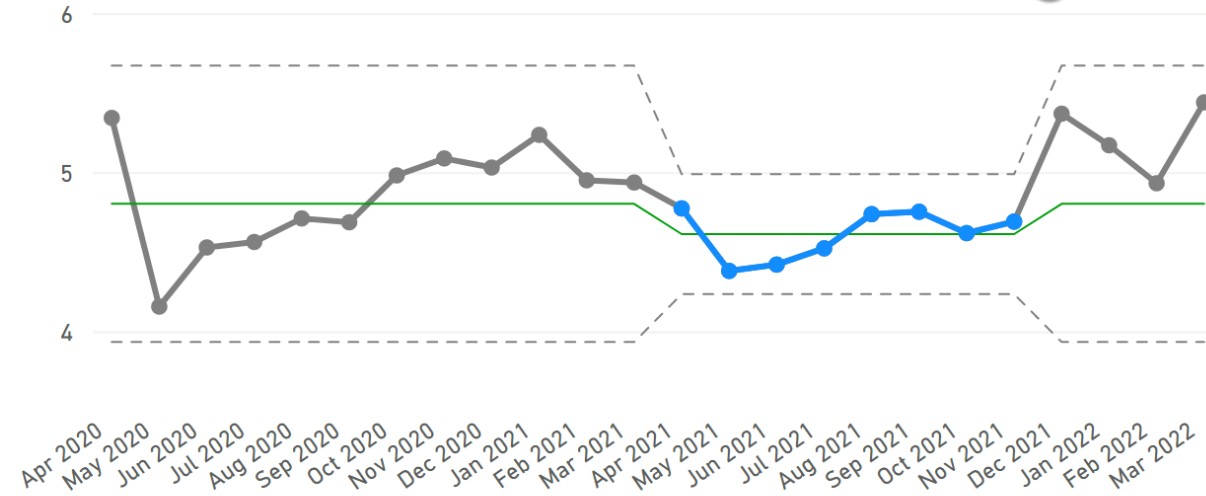
Length of Stay - Elective

Month	Performance	Target	Trend	Assurance
Mar 2022	2.17	N/A		N/A




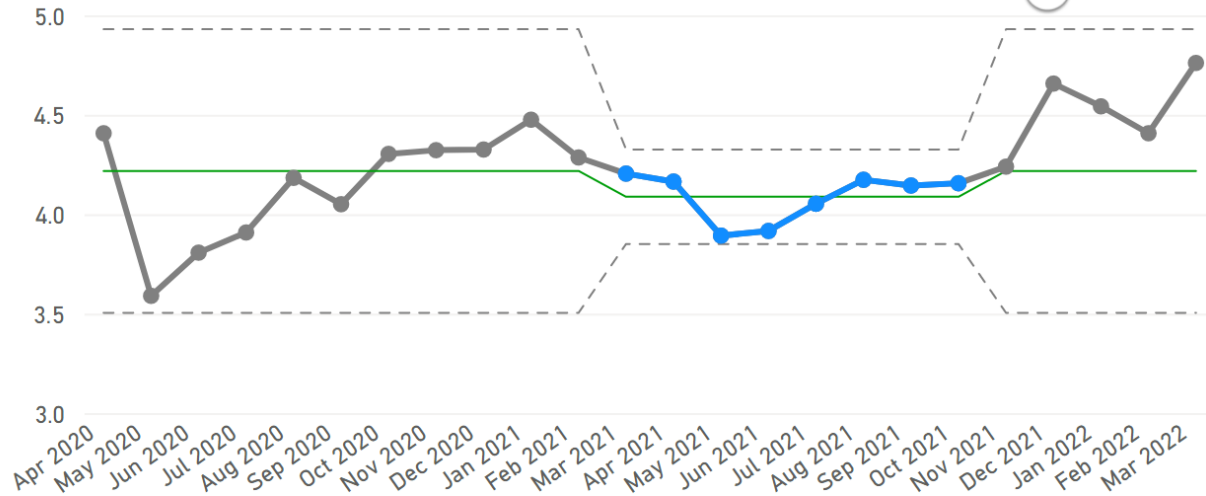
Length of Stay - Emergency

Month	Performance	Target	Trend	Assurance
Mar 2022	5.44	N/A		N/A





Length of Stay - Non-Elective

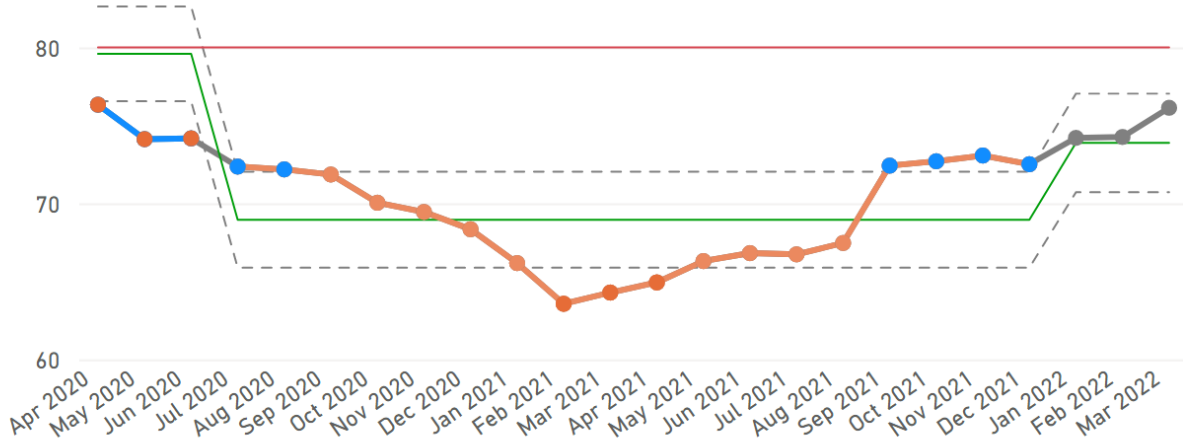
Month	Performance	Target	Trend	Assurance
Mar 2022	4.76	N/A		N/A





WELL-LED

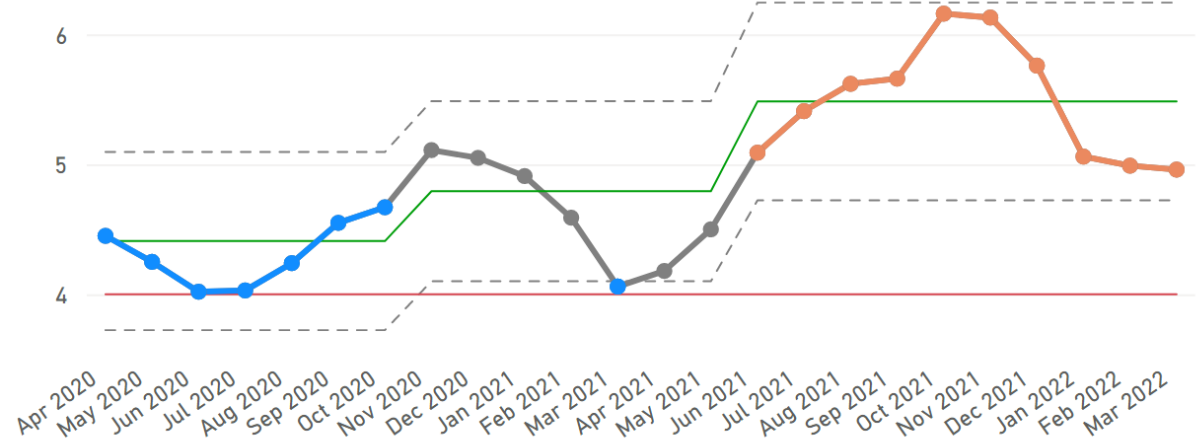
Annual Appraisal (%)

Month: Mar 2022
 Performance: 76.13%
 Target: 80%
 Trend: 
 Assurance: 





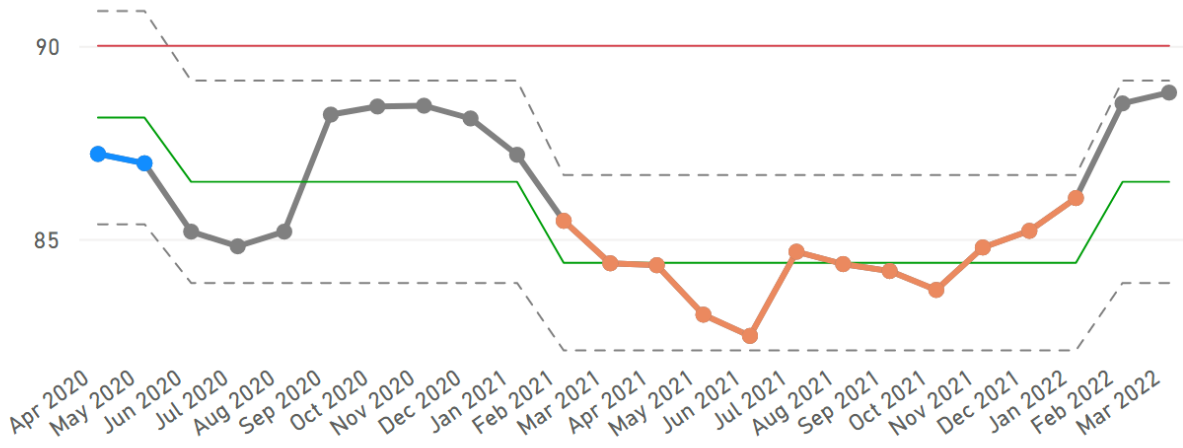
Sickness Absence (%)

Month: Mar 2022
 Performance: 4.96%
 Target: 4%
 Trend: 
 Assurance: 





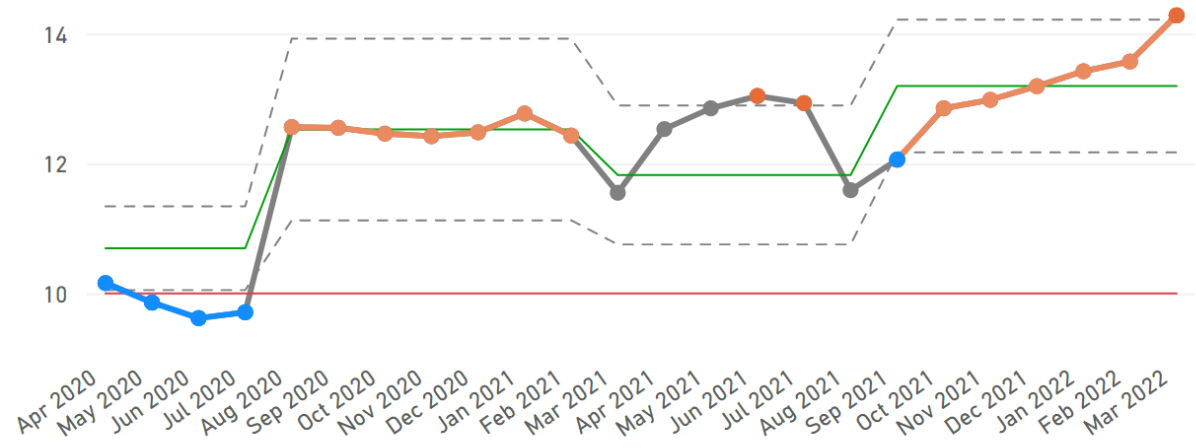
Mandatory Training (%)

Month: Mar 2022
 Performance: 88.79%
 Target: 90%
 Trend: 
 Assurance: 



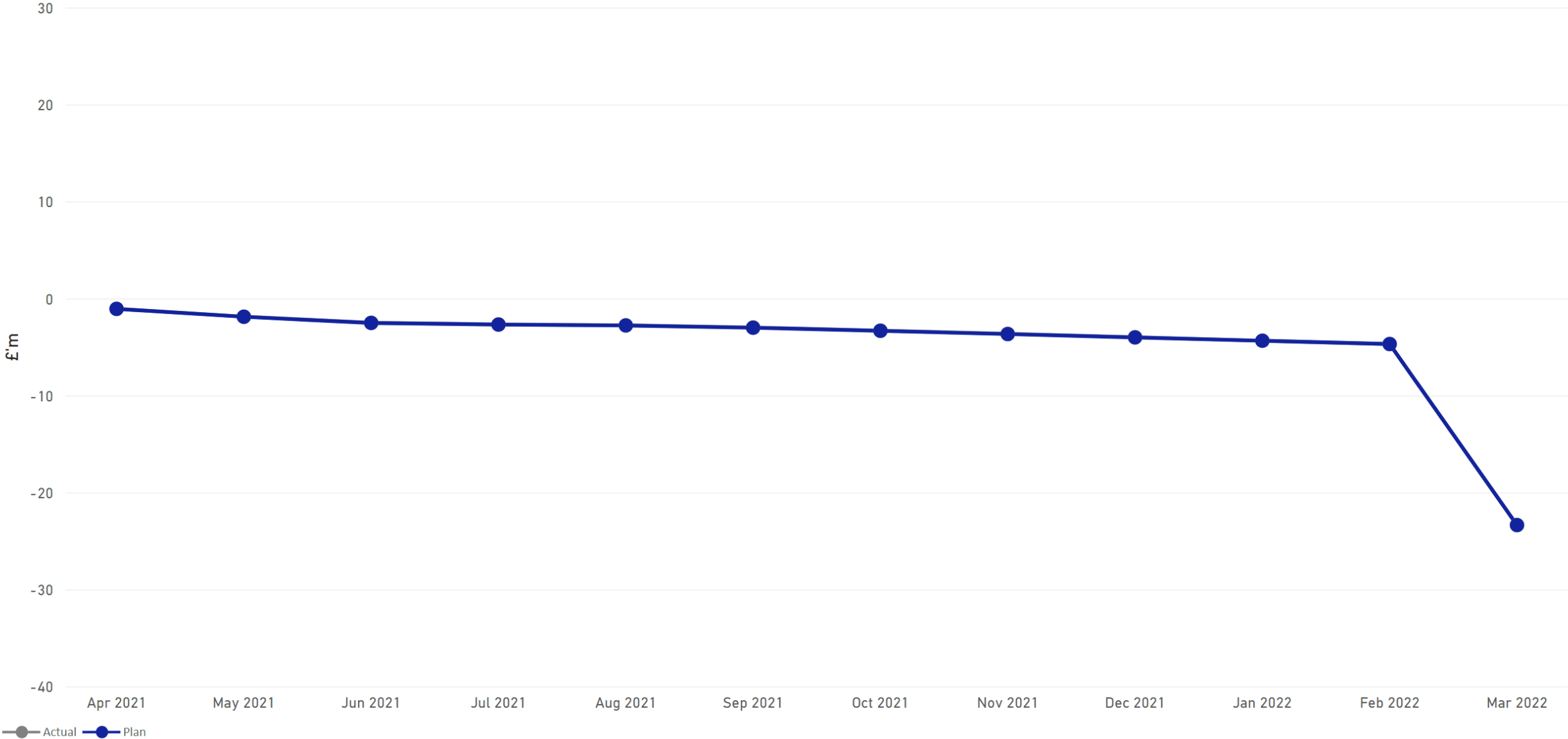
Staff Turnover (%)

Month: Mar 2022
 Performance: 14.28%
 Target: 10%
 Trend: 
 Assurance: 



WELL-LED

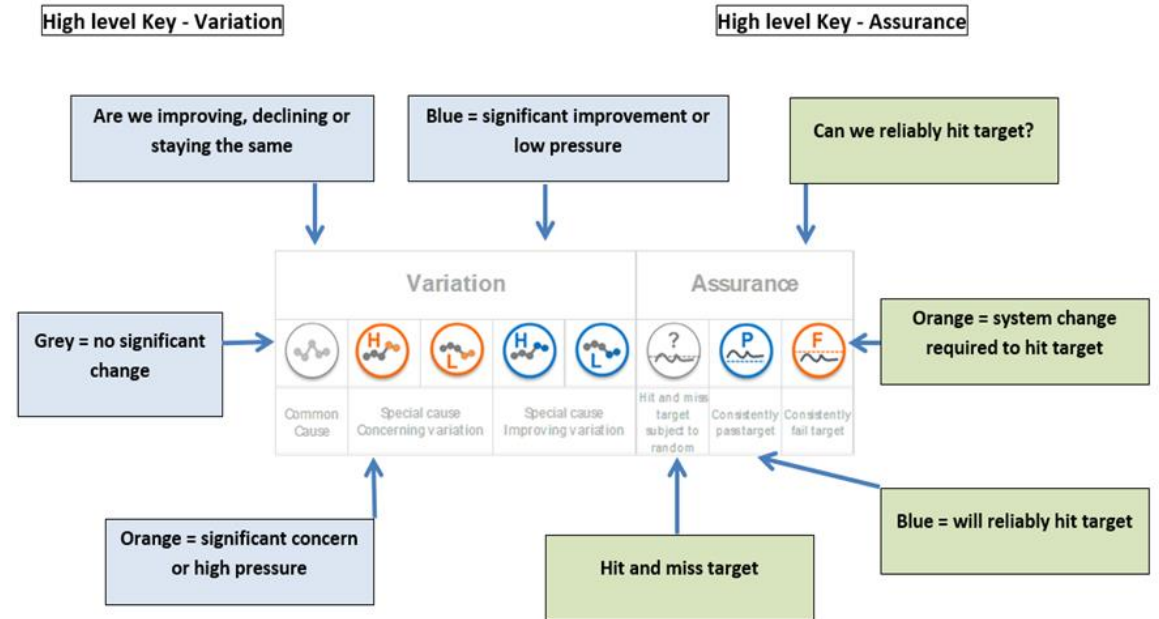
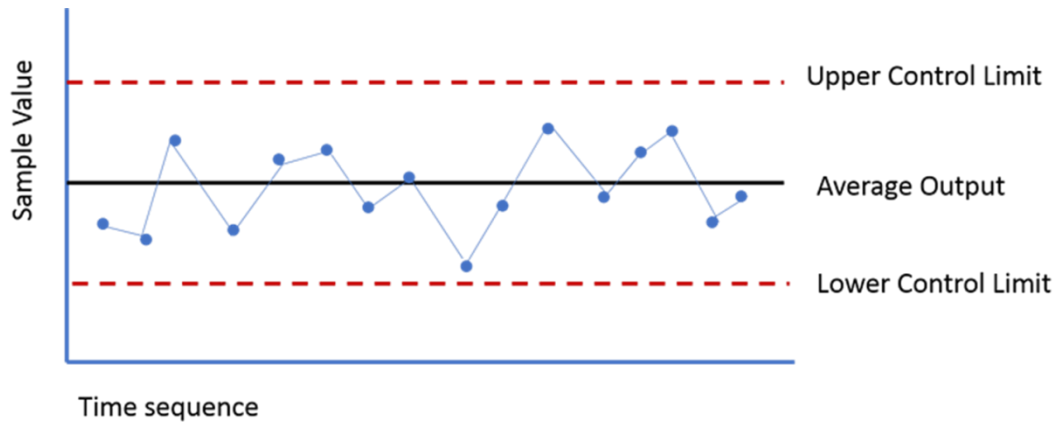
Cumulative YTD Financial Position (£'millions)



Month	Performance	Target
Mar 2022	-£23.368m	-£23.368m

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*.



MEETING OF PUBLIC COUNCIL OF GOVERNORS – 17 May 2022			
Finance Report			Agenda Item 10, ENC 7
Report Author and Job Title:	Chris Dargue Deputy Chief Finance Officer	Responsible Director:	Chris Hand Chief Finance Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report outlines the Trust's financial performance as at Month 12 of 2021/22 and the plan for the 2022/23 financial year.		
Background	Due to the ongoing Covid-19 pandemic formal annual financial planning was suspended for 2021/22. ICS system level planning is in place, with each ICP expected to deliver a break-even position within a fixed funding envelope.		
Assessment	At Month 12 the Trust reported a deficit of £23.4m, which was in line with the year-end forecast position agreed with the NHSE/I Regional Team, supporting the wider ICS to deliver overall financial balance at a system level		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Trust Council of Governors are asked to note the financial position for Month 12 2021/22 and the financial plan for 2022/23.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal Risk 7 - Failure to deliver the Trust's financial recovery plan		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience <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 12 2021/22 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Council of Governors on the Trust's financial performance as at Month 12 of 2021/22 and the plan for the 2022/23 financial year.

2. BACKGROUND

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

A number of items of specific reasonable Covid-19 expenditure are reclaimable from NHS England centrally, including the costs of swabbing and vaccinations.

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

At Month 12 the Trust reported a deficit of £23.4m, which was in line with the year-end forecast position agreed with the NHSE/I Regional Team, supporting the wider ICS to deliver overall financial balance at a system level

3. DETAILS

Trust Position Month 12 2021/22

The Month 12 position is outlined in the table below.

STATEMENT OF COMPREHENSIVE INCOME	Actual £000
Operating income from patient care activities	740,285
Other operating income	59,308
Employee expenses	-475,440
Operating expenses excluding employee expenses	-327,200
OPERATING SURPLUS/(DEFICIT)	-3,047
FINANCE COSTS	
Finance income	36
Finance expense	-24,912
PDC dividends payable/refundable	-3,123
NET FINANCE COSTS	-27,999
Other gains/(losses) including disposal of assets	107
Corporation tax expense	-3
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	-30,942
Add back all I&E impairments/(reversals)	12,756
Remove capital donations/grants/peppercom lease I&E impact	-5,183
Adjusted financial performance surplus/(deficit)	-23,369

The Trust's operating deficit for the financial year was £3.0m and the overall deficit for the financial year 2021/22 was £30.9m. The adjusted financial position for the purpose of system performance was a deficit of £23.4m.

Operating Income from Patient Care Activities

Under the revised financial arrangements for 2021/22, the Trust's previous aligned incentive contractual arrangement with its commissioners was suspended as in 2020/21. Instead, the Trust was paid under a block arrangement with the exception of the below 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.

INCOME FOR PATIENTS CARE ACTIVITIES	Actual £000
NHS England	243,497
Clinical commissioning groups	493,671
Non-NHS: private patients	931
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)	2
Injury cost recovery scheme	2,102
Non-NHS: other	82
TOTAL INCOME FOR PATIENTS CARE ACTIVITIES	740,285

Other Operating Income

Other income received during 2021/22 totalled £59.3m and includes all non-direct patient care income.

OTHER OPERATING INCOME	Actual £000
Research & Development	5,262
Education and Training	20,698
Non Patient Care Income	3,404
Reimbursement & Top-Up funding	3,853
Donations - (Assets, Equipment & COVID consumables)	9,675
Other	16,416
TOTAL OTHER OPERATING INCOME	59,308

Employee Expenses (Pay)

The Trusts total expenditure on pay for 2012/23 was £475.4m and a breakdown is included in the table below. Other pay costs include the increased employer pension contribution which is paid centrally by NHSE but reported at an organisation level.

PAY	Actual £000
Ahp'S, Sci., Ther. & Tech.	-66,425
Hca'S & Support Staff	-49,624
Medical And Dental	-137,561
Nhs Infrastructure Support	-63,056
Nursing & Midwife Staff	-137,014
Other Pay Costs	-21,760
TOTAL PAY	-475,440

Operating Expenses excluding Employee Expenses (Non-Pay)

The Trusts total expenditure on operating non-pay for 2012/23 was £327.2m and a breakdown is included in the table below. Expenditure includes all cost relating to clinical delivery and the Trust's response to the COVID pandemic. This includes the costs of swabbing and vaccinations which was reclaimable from NHS England centrally.

NON PAY	Actual £000
Purchase of Healthcare	-12,987
Clinical Supplies & Services	-95,250
Drugs	-78,672
External Staff & Consultancy	-888
Establishment	-12,728
Premises & Fixed Plant	-30,567
Transport	-4,485
Depreciation & Amortisation	-33,042
Research Training & Education	-4,176
PFI Unitary Payment	-31,113
Other	-5,846
Clinical Negligence	-17,446
TOTAL NON PAY	-327,200

Finance Costs

The Trust finance costs totalled £28.0m, including PDC dividends payable of £3.1m, finance costs relating to the PFI contract and a further lifecycle prepayment write off.

Efficiency Savings

For the 2022/23 financial year the Trust has delivered an efficiency saving of £13.1m which was £1.3m higher than plan. The performance against the efficiency programme is shown in the below table.

CIP	YTD Target £'000	YTD Actual £'000	YTD Variance £'000
Coporate	6,074	7,583	1,509
Procurement	1,582	1,568	-14
Pharmacy	502	214	-288
Clinical Supplies	528	550	22
Estates	1,360	1,898	537
Workforce	1,773	1,288	-485
TOTAL CIP	11,818	13,099	1,281

Capital

The Trust's capital expenditure at the end of March amounted to £47.1m as detailed below:

Scheme	Capital Plan £000's	Outturn £000's	Variance £000's
PFI Lifecycle	3,040	3,040	0
Estates	18,256	18,251	(5)
Medical Equipment	10,554	11,673	1,119
Information Technology	15,200	14,086	(1,114)
Total Spend	47,050	47,050	0
Financed by:			
Depreciation	11,699	10,570	(1,129)
PDC	34,951	19,478	(15,473)
Internal Reserves	0	9,547	9,547
<u>Charitable contributions:</u>			
South Tees Charity	400	400	0
DHSC COVID donations	0	633	633
Other contributions	0	6,422	6,422
Total Financing	47,050	47,050	0

The capital programme reflects the Trust's awards of additional national PDC funding amounting to £19.5m in relation to diagnostics, IT and elective recovery. The Trust delivered its capital programme to plan and in line with the ICS capital allocation which amounted to £17.0 million.

Statement of Financial Position (SOFP)

The following table details the SOFP at the 31 March 2022.

	31 March 2022
	£000
Property, Plant and Equipment	267,975
Long Term Receivables	3,662
Total Non-Current Assets	271,637
Currents Assets	
Inventories	14,426
Trade and other receivables (invoices outstanding)	13,060
Trade and other receivables (accruals)	14,460
Prepayments including PFI	21,220
Cash	70,554
Total Current Assets	133,720
Current and Non-Current Liabilities	
Borrowings	(89,501)
Trade and other payables	(137,975)
Provisions	(3,147)
Total Current and Non-Current Liabilities	(230,623)
Net Assets	174,734
Equity:	
Income and Expenditure Reserve	(258,617)
Revaluation Reserve	39,775
Public Dividend Capital	367,100
Other Reserves	26,476
Total Equity	174,734

Liquidity

The cash balance at 31 March amounted to £70.6m.

To 31 March the Trust had paid 92,919 invoices (total value £475.3m) with 87,866 invoices (total value £437.6m) paid within the 30 day target. The Trust's performance against the Better Payment Practice Code (BPPC) target (95%) on cumulative invoices paid to date is detailed as follows:

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
95.8%	96.4%	95.7%	95.3%	95.3%	95.5%	95.4%	95.1%	95.0%	95.0%	94.6%	94.6%

2022/23 Annual Plan

Each year the Trust is required to submit an annual financial plan. The NHS national planning guidance for 2022/23 was published on the 24 December 2021, outlining the priorities and financial arrangements for the NHS for the new financial year, with detailed planning and financial guidance issued from the 14th January. The objectives set out in the planning guidance are based on a scenario where Covid-19 returns to a low level.

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.

Under the national planning timetable, provider and system draft plan submissions were required on the 17 March 2022, followed by submission of final plans on 28 April 2022.

The Trust's plan for the 2022/23 financial year is a deficit of £29.6m, measured on a system financial performance basis. The plan has been developed in conjunction with the NHS North East and North Cumbria ICB, with internal review and oversight of provided through the Resources Committee and private meetings of the Trust Board.

STATEMENT OF COMPREHENSIVE INCOME	Plan £000
Operating income from patient care activities	719,031
Other operating income	52,032
Employee expenses	(471,457)
Operating expenses excluding employee expenses	(313,231)
OPERATING SURPLUS/(DEFICIT)	(13,625)
FINANCE COSTS	
Finance income	0
Finance expense	(17,330)
PDC dividends payable/refundable	(4,189)
NET FINANCE COSTS	(21,519)
Other gains/(losses) including disposal of assets	0
Corporation tax expense	(5)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(35,149)
Add back all I&E impairments/(reversals)	3,974
Remove capital donations/grants/peppercorn lease I&E impact	1,618
Adjusted financial performance surplus/(deficit)	(29,557)

The financial plan has been prepared incrementally from the 2021/22 forecast outturn baseline, and assumes receipt of clinical income in line with the indicative contract envelopes provided by the Trust's commissioners. All contract envelopes include uplifts for National Tariff inflation and for demographic and non-demographic activity growth. The NENC ICB and NHSE envelopes also include additional Elective Recovery Funding, to support post-Covid elective recovery and the delivery of elective and outpatient first attendance activity at 104% of 2019/20 levels (on a tariff value basis). The plan assumes a further £3.8m of ERF funding from NHS Humber and

North Yorkshire ICB, which is expected to be included in the final contract offer from the ICB, in line with national planning guidance.

The National Tariff uplift for 2022/23 includes 1.1% efficiency requirement. In addition, the funding available to the ICS for 2022/23 has been reduced by a convergence factor, as the NHS moves away from the temporary Covid-19 financial framework towards a fair share target allocation for each ICS. The additional block funding to support the Covid-19 pandemic response has also been significantly reduced nationally from 2021/22 levels, with an expectation that non-clinical income receipts are restored to pre-pandemic levels. These efficiency requirements are reflected in the Trust's contract envelopes for clinical income and have been reflected in the plan. The Trust's 2022/23 plan assumes delivery of efficiency savings of £23.8m (3% of operating expenses), including expected reductions in non-recurrent Covid-19 operational costs.

The plan includes expenditure inflation assumptions in line with National Tariff inflation rates, adjusted to reflect known local inflation rates for PFI, energy and CNST. The marginal cost of delivering the additional planned activity for 2022/23, including elective recovery, has been included in the plan.

The plan assumes a gross capital programme of £33.1m for 2022/23, as outlined below:

- PFI Lifecycle £12.8m
- Friarage Development (Year 1) £5.0m
- Estates schemes £9.5m
- Medical equipment £3.0m
- Digital £2.8m

Planning and delivery of the Trust's capital programme will be overseen by the Clinical Policy Group and the Capital Planning Oversight Group.

The Trust's allocation from the ICS capital envelope is £15.0m, with the Friarage Development schemed assumed to be funded with capital PDC support. Capital charges have been calculated to reflect the full year effect of 2021/22 capital expenditure, the part-year effect of the 2022/23 capital programme and the impact of implementing accounting standard IFR16 during the year.

The Trust's opening cash position for 2022/23 is £70.6m, reflecting the Covid-19 financial framework that was in place throughout 2021/22. However, due to the Trust's underlying deficit position and PFI contract obligations, the plan assumes receipt of PDC cash support totalling £27.2m over the course of the financial year. The reduced average cash balances during 2022/23 will have an adverse impact on PDC Dividend payable, which has been reflected in the plan.

Internal operational budgets for 2022/23 have been prepared following the budget-setting principles agreed through the Board and Resources Committee, in line with the Trust's financial plan submission. The Covid-19 pandemic has had a significant impact on the Trust's activity, cost base and configuration of services. In order to realign budgets to current operational delivery and expenditure levels, a budgetary 'control total' has been calculated for each Clinical Collaborative and Corporate Directorate,

based on current recurrent expenditure run rates, inflation, activity growth and efficiency requirements. Detailed operational budgets are calculated for each service area, within the affordability envelope of the overall relevant Collaborative budget control total.

The Trusts 2022/23 plan is outlined in the table below.

		Budget £000
	NHS England	236,206
INCOME FOR PATIENTS CARE ACTIVITIES	Clinical commissioning groups	479,835
	Non-NHS	1,051
	Injury cost recovery scheme	1,939
Sub Total		719,031
OTHER OPERATING INCOME	Research & Development	4,635
	Education and Training	22,421
	Non Patient Care Income	2,824
	Other	22,152
Sub Total		52,032
PAY	Ahp'S, Sci., Ther. & Tech.	-67,613
	Hca'S & Support Staff	-52,857
	Medical And Dental	-140,442
	Nhs Infrastructure Support	-64,355
	Nursing & Midwife Staff	-144,162
	Other Pay Costs	-2,028
Sub Total		-471,457
NON PAY	Clinical Supplies & Services	-109,495
	Drugs	-81,691
	Establishment	-11,283
	Premises & Fixed Plant	-21,552
	Transport	-4,023
	Depreciation & Amortisation	-30,516
	PFI Operating Expenditure	-31,902
	Clinical Negligence Scheme	-17,230
	Other	-5,539
Sub Total		-313,231
FINANCING	Finance Income	0
	Finance Expenses	-17,330
	PDC Dividend	-4,189
	Corporation Tax	-5
Sub Total		-21,524
FINANCIAL PERFORMANCE ADJUSTMENTS	Add back all I&E impairments/(reversals)	3,974
	Remove capital donations I&E impact	1,618
	Less gains on disposal of assets	0
Sub Total		5,592
Adjusted financial performance surplus/(deficit)		-29,557

MEETING OF THE COUNCIL OF GOVERNORS – 17 May 2022			
Chairman's appraisal			AGENDA ITEM: 14 ENC 8
Report Author and Job Title:	Debbie Reape Non Executive Director / Senior Independent Director (SID)	Responsible Director:	
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input type="checkbox"/> (select the relevant action required)		
Situation	<p>Trust Chair appraisals are led by the Senior Independent Director (SID) and are annual processes with oversight by NHSE. The Joint Chair for North and South Tees NHS Trusts took up post on 1 September 2021 and the process to set objectives was started between the SID for North Tees and SID for South Tees in December 2021.</p> <p>Guidance on the process is taken from the following documents:</p> <ul style="list-style-type: none"> • The role of the NHS provider chair: a framework for development (2019) NHSE&I • Framework for conducting annual appraisals of NHJS provider chairs (2021) NHSE&I <p>Reference is also made to the Chair job description and the individual priorities of each trust.</p>		
Background	<p>In December the SID's wrote out to Governors and a small number of key stakeholders (NEDs, Lead Governors, Richard Barker and David Gallagher) asking for comments around proposed key headings which were in line with correspondence advising SID's what would be expected to see in Chairs' objectives from Richard Barker Regional Director of NHSE. These headings were: performance, financial control, integration / partnership working between trusts, integration and the wider health and social care agenda, population health and inclusion and engagement.</p> <p>In April 2022 correspondence from NHSEI to SIDs went into a little more detail about some generic points they would expect to be taken into account; diversity of the board, board development, workforce, safety and quality, system working, engagement, and performance and delivery.</p> <p>In December 2021 small number of comments were received and draft objectives were initially discussed between the Chair and the SIDs. It was hoped to have the process of objective setting completed by the end of the calendar year.</p>		

	<p>However from December 2021 until early April 2022 delays occurred due to the position at North Tees and changes in North Tees NEDs including the SID.</p> <p>Richard Barker was kept informed and agreed with putting the process on hold at that time.</p> <p>The SID at South Tees liaised with Angela Seward Lead Governor South Tees through the process and Angela has seen the draft objectives.</p> <p>At the end of March 2022 Chris Macklin was appointed Interim NED and SID for North Tees and contact was made. Mr Macklin was brought up to date with the process and draft objectives, and an initial meeting was held with the joint Chair. The second meeting planned for 17th May.</p> <p>It is hoped that the objectives and measures of success in achieving these will be agreed before the end of May. These will be share with NEDs and Governors.</p>	
Assessment	<p>The Chair and SIDs have had some discussion about the appraisal process and feedback on the Chairs performance. Options are being considered on how to complete this process in a focused manner in 2022 given the delay and time constraint and plan for the 2023 feedback to be 360 degree appraisal and wider in scope and possibly starting early in 2023.</p> <p>The deadline for the return of the Chairs appraisal to NHSE this year is the end of June 2022.</p>	
Level of Assurance	<p>Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/> (select the relevant assurance level)</p>	
Recommendation	<p>Members of the Council of Governors are asked to note this update.</p>	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>There are no risk implications associated with this report.</p>	
Legal and Equality and Diversity implications	<p>There are no legal or equality & diversity implications associated with this paper.</p>	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	<p>Best for safe, clinically effective care and experience <input checked="" type="checkbox"/></p>	<p>A great place to work <input checked="" type="checkbox"/></p>
	<p>Deliver care without boundaries in collaboration</p>	<p>Make best use of our resources <input checked="" type="checkbox"/></p>

	with our health and social care partners <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 Partnership Board Chair's Log

Meeting: Joint Partnership Board	Date of Meeting 16 March 2022
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Virtual Frailty Ward Collaborative • Clinical Services Strategy – Next Steps • Plans for facilitated meeting (May) 	
Actions agreed in the meeting	Responsibility / timescale
<ul style="list-style-type: none"> • A discussion regarding financial planning for 2023/24 was held and CH and NA reported that complex technical guidance and support information was being reviewed in advance of the next JPB. • In recognition of workload for group members, it was agreed to create a small working group to minimise focus on specific areas which can then be brought back to future meetings and, in particular the facilitated sessions. • Facilitated meetings in April with Non-executive colleagues and Executive Colleagues, and North Tees and South Tees Board Members invited to the facilitated session in May • Roadmap to be produced, with clear timeline, principles and vision 	<p>CH/NA</p> <p>AB/SH/DB/AH</p> <p>AH</p> <p>AH</p>
Issues for Board escalation/action	Responsibility / timescale
<ul style="list-style-type: none"> • It has been subsequently agreed that the April Meeting will revert back to a normal scheduled meeting and two full day full Board to Board facilitated meeting will take place on May 18th and June 15th. 	

Charitable Funds Committee Chair's Log

Meeting: Charitable Funds Committee	Date of Meeting 17 March 2022
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Quarterly Review of Charitable Income & Expenditure • Pressure Belt Charity Funding Business Case • Rheumatology Clinic prep room Business Case • Restorative support for Patients and/or relatives business case • Cardiothoracic Research Appeal • Renal appeal • Review the performance of investments • Update from the Head of Charity • Updated Charitable Funding Application Forms • Trinity Holistic Centre Options Appraisal 	
Actions agreed in the meeting	
<ul style="list-style-type: none"> • The pressure belt business case was APPROVED by the Committee with consideration being given to purchasing further belts. • The proposal to split the Rheumatology clinical preparation room was APPROVED by the Committee with funds being drawn from the Rheumatology Charity. • The proposal to fund restorative support to patients and/or their relatives following involvement in a harmful patient safety incident was APPROVED with assurance being provided back to the committee in terms of protocol, process and governance. • The proposal to utilise the renal charitable funds to convert existing estate into a new and improved Renal Ambulatory Care area was APPROVED. • Update in respect to the proposed business model for the Trinity Holistic Centre to be provided to Prof Bell in six weeks' time and for an update to be brought back to the Committee in June. 	<p>Ms Jones would liaise with Mrs White with regards to procurement and financial governance.</p> <p>Mr Ferguson / Mr Murphy</p>

Issues for Board escalation/action	Responsibility / timescale



COUNCIL OF GOVERNORS
SCHEDULE OF FORTHCOMING FORMAL MEETINGS AND TRAINING EVENTS
UP TO MARCH 2023

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm from 2022)	VENUE
Tuesday 17 May 2022 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 19 July 2022 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 20 September 2022 12.00 – 4.00pm	<u>Annual Members Meeting</u> Timing – 12.00 – 12.45am LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Ian Haslock Lecture Theatre STRIVE, JCUH Board Room, 2 nd Floor Murray Building, JCUH

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm from 2022)	VENUE
Tuesday 15 November 2022 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, Friarage Hospital Northallerton
Tuesday 17 January 2023 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 21 March 2023 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH