

Council of Governors – Public Meeting

Tuesday 19 July 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: - 17 May 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.	Lead Governor Report	Information	Lead Governor	Verbal	1.25pm
8.	Managing Director Report Update	Information	Managing Director	ENC5	1.35pm
9.	Chief Operating Officer, Sam Peate - Performance Report	Information Only	COO	ENC6	1.45pm
INVITED MEMBERS					
10.	Finance Report	Information Only	Head of Financial Governance & Control	ENC7	2.00pm
STRATEGY & PLANNING					
GOVERNANCE					
11.	NED Service Visits	Information	Non-Executive Directors	Verbal	2.10pm
12.	CQC Update	Information	Head of Nursing	Verbal	2.20pm
13.	AGM Update	Information	Head of Governance	ENC8	

14.	Audit Committee Annual Report	Information	Vice Chair	ENC9	2.30pm
15.	Attendance Log – Governors	Information	Head of Governance	ENC10	
16.	Committee Chair Logs 16.1 – Charitable Funds - 23.06.22 16.2 - QAC – 29.06.22 16.3 - Audit & Risk – 14.06.22 16.4 - People Committee – 28.06.22 16.5 - Resource Committee – 30.06.22	Information	Derek Bell Debbie Reape David Jennings Richard Carter-Ferris Ada Burns	Verbal ENC11a ENC11b Verbal ENC11c	2.40pm
17.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	2.50pm
18.	Reflections on Meeting	Discussion	Chair	Verbal	
19.	Any Other Business - Governor Sub Groups - Future meeting dates	Discussion Information	Head of Governance Chair / All	Verbal ENC12	2.55pm
20.	Date of Next Meeting: Tuesday 20 September 2022	Information	Chair		

ENC 1

Council of Governors Register of Interests

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

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

Patrick Rice	Governor	Redcar and Cleveland Borough Council are part of the Health and Care Partnership. Joint working occurs in relation to Hospital discharges.
Angela Seward	Governor	Chair of Patient Participation Group (PPG) for Barnard Castle Surgery Chair of the Durham Dales Patient Representative Group (PRG) meets monthly under new NENC ICS Member of County Durham Engagement Forum – meets monthly under new NENC ICS
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 17 May 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
Ms Ann Arundale	Elected governor, Middlesbrough
Mr Steve Bell	Elected governor, Staff
Mr David Bennett	Elected governor, Patient and/or Carer
Mrs Yvonne Bytheway	Elected governor, Middlesbrough
Mr Graham Fawcett	Elected governor, Redcar & Cleveland
Mr Paul Fogarty	Elected governor, Middlesbrough
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Ms Carlie Johnston-Blyth	Appointed governor, Teesside University
Prof Steve Jones	Appointed governor, Newcastle University
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Elaine Lewis	Elected governor, Patient and/or Carer
Ms Jean Milburn	Elected governor, Middlesbrough
Mr Patrick Rice	Appointed governor, Redcar & Cleveland Borough Council
Mrs Angela Seward	Elected governor, Rest of England
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Sue Young	Elected governor, Hambleton & Richmondshire

In attendance:

Mr Ian Bennett	Deputy Director of Quality & Safety (<i>item CoG/22/013</i>)
Ms Lisa Bosomworth	Representative of appointed governor, Healthwatch
Mrs Ada Burns	Non-executive Director / Vice Chair (<i>item CoG/22/011&015</i>)
Mr Rob Harrison	Managing Director (<i>item CoG/22/007</i>)
Mr David Jennings	Non-executive Director (<i>item CoG/22/011&015</i>)
Mrs Anita Keogh	Corporate Affairs Officer/PA to Joint Chairman
Dr Hilary Lloyd	Chief Nurse (<i>item CoG/22/012</i>)
Mr Sam Peate	Chief Operating Officer (<i>item CoG/22/009</i>)
Mr David Redpath	Non-executive Director (<i>item CoG/22/011&015</i>)
Ms Debbie Reape	Non-executive Director (<i>item CoG/22/014</i>)
Mr Brian Simpson	Head of Financial Governance & Control (<i>item CoG/22/010</i>)
Mrs Jackie White	Head of Governance/Company Secretary

CHAIR'S BUSINESS

CoG/22/001 Welcome and Introductions

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

Prof Bell began by asking everyone to do a quick introduction round the table including those joining by Teams.

He then continued by acknowledging that there were a number of Governors whereby this was their last meeting due to the forthcoming election results at the end of the month. Prof Bell offered thanks to Jon Broughton, David Bennett and Jennifer Rutland for their contributions. He also wished both Steve Bell and Jon Winn luck in their applications to be re-elected and hoped to see both at the next Governor meeting in July.

Prof Bell also notified Governors that Dr Philip Warwick had very recently stood down as Appointed Governor for Durham University and that the Trust was awaiting confirmation from the University of who would represent the University in his place.

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

- Update on Strategy Plan – Lucy Tulloch, Deputy Director of Strategy & Planning
- Trust Website – Mark Graham, Head of Communications

Mrs Seward on behalf of the Governors stated that she felt that the presentation by Lucy Tulloch had been a little dense. Turning to the second part carried out by Mark Graham and Marie Levy from Public Relations she found this very interesting and congratulated public relations for all their hard work creating the new website on very little money. Mrs Seward pointed out that the last time the website had been updated was in 2012. Mr Holmes added that it was essential that any new starters to the Trust were made aware that the sites need to be kept updated for their relevant areas.

Prof Bell recapped that the feedback from the development sessions had been that in relation to the update on the Strategy Plan carried out by Lucy Tulloch this had been considered a little dense and Governors would have benefited from receiving additional information prior to the session taking place.

Mrs White confirmed that there was a lot of information contained in the slides and there was a lot to take in.

CoG/22/002 Apologies for Absence

Apologies for absence were received from:

Mr Jon Broughton	Elected governor, Staff
Cllr David Coupe	Appointed governor, Middlesbrough Council
Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Prof Paul Crawshaw	Appointed governor, Healthwatch
Cllr Caroline Dickinson	Appointed governor, North Yorkshire County Council

Ms Barbara Hewitt	Elected governor, Redcar & Cleveland
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Mr Lee O'Brien	Appointed governor, Carer Organisation
Mr Nigel Puttick	Elected governor, Hambleton & Richmondshire
Ms Jennifer Rutland	Elected governor, Redcar & Cleveland
Dr Philip Warwick	Appointed governor, Durham University

The following Non-executive Directors submitted their apologies:

Mr Richard Carter-Ferris Non-executive Director

CoG/22/003 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.

CoG/22/004 Minutes of Previous Meeting

The minutes of the previous meeting held on 15 March 2022 were approved.

Resolved: i) the minutes of the previous meeting held on 15 March 2022 were accepted as an accurate record.

CoG/22/005 Matters Arising and Action Sheet

The Action Sheet was reviewed and updated.

CoG/22/006 Chairman's Report

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

- North East Chairs Meeting
Prof Bell confirmed that a meeting of the North East Chairs took place on the 7 April where a significant discussion took place on what Trusts are doing regarding the wellbeing of staff. The ongoing effects of COVID-19 was also discussed with Trusts learning from other Trusts.
- Joint Partnership Board
The Chairman reported that the Joint Partnership Board between South Tees and North Tees Hospitals continued to meet regularly to progress collaborative and joint working relationships. He continued that two facilitated sessions were due to take place in May and June 2022 which would be attended by the Boards from both Trusts.
- Non-Executive Director recruitment
Prof Bell confirmed to Council of Governors that the process for the recruitment of additional Non-Executive Directors and Associate Non-Executive Directors had now commenced and was pleased to report that there had been positive contact from potential candidates. Gatenby Sanderson were supporting the Trust in this process following agreement

with the Nomination Committee who met in February to agree the recruitment process with interviews scheduled for the 4 July 2022.

- Department Visits
Lastly Prof Bell confirmed that his programme of visits continued. During March and April he had visited different areas including wards and departments at the Friarage and Critical Care at James Cook.

Mrs Burns added that both her and Mrs White had been carrying out small informal group meetings with each of the Elected Governors in the different constituencies. Mrs Seward as Lead Governor had also been involved where some good discussions and ideas had been put forward. There had also been a few themes and development sessions ideas put forward.

So far three meetings had taken place with the Elected Governors for Middlesbrough, Redcar & Cleveland and Hambleton & Richmondshire. Mrs Burns was hopeful that the meetings to involve the Appointed Governors would be organised in the near future.

Mrs White confirmed that once all meetings had been concluded a paper for Governors to consider would hopefully be brought to the July Council of Governor meeting.

Mrs White thanked Governors for their time at the meetings.

Mrs Burns reminded Governors that part of their role as Governor was to hold Non-Executive Directors to account. She confirmed that the Trust were looking at the Non-Executive Directors presenting reports at Council of Governors going forward with the support of the Executive Directors.

No questions were raised.

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

CoG/22/007 Managing Director Report

Mr Harrison, Managing Director, ran through his update which was included in the papers and highlighted the following:

- COVID-19 update
- When am I going home?
- Environmentally friendly wound care initiative
- Menopause friendly employer
- Simulation training

Mr Harrison confirmed that he had briefly popped into the Development Session with Governors in the morning when Lucy Tulloch was providing the update on the Strategy Plan.

He continued that over the summer there was a need to get back on track with patient pathways following the impact of COVID. As a result of COVID this necessitated a number of moves for patients which had to happen to ensure patient care. There was also a lot of staff movement due to COVID which going forward the Trust hoped to reduce.

He continued that Ward 8 was to begin the life cycle work next week and it was hoped that this will be completed by November ready for the ward to be back up and running ready for winter.

Mr Harrison was also happy to report that electronic prescribing would be rolled out over the summer with some electronic patient records too, adding that this was a key piece of work relating to safety.

In addition, the Trust are to introduce a workflow system to help with outpatient letters going out in a timely manner which will give clinicians more time for care to patients.

Lastly, STRIVE are to help with different activities to help staff with development and also to provide staff with some time out, with the Trust building off experiences and delivering new ways.

The following questions were raised:

- Mr David Bennett asked if all the problems with appointment letters had now been fixed. Mr Harrison replied that all problems had not been fixed and work was being undertaken and the number of template letters had been dramatically reduced.

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

CoG/22/008 Lead Governor Report

Mrs Angela Seward, Lead Governor, began by expressing how delighted she was to attend the meeting in person and to see so many other Governors in the room and on Teams.

She continued by expressing thanks on behalf of all Governors where this would be their last meeting namely, Jon Broughton, David Bennett and Jennifer Rutland. In relation to Jon Broughton Mrs Seward added that she had been honoured to watch him grow in his career and thanked him for his contribution as Staff Governor.

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

- Regular telephone calls with Prof Bell.
- Regular telephone calls with Jackie White on key topics.
- Informal meetings with Elected Governors with both Mrs Ada Burns and Mrs White. Mrs Seward looking forward to the meeting involving the Appointed Governors as these more informal meetings were very 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 Paediatric Critical Care Unit being acknowledged for all their hard work, Friarage Hospital receiving excellent feedback in orthopaedics, hip and knee together with the 103 year old who had undergone

a cochlear implant and lastly that the South Cleveland Heart Fund had joined forces with our Hospitals Charity.

Prof Bell thanked Mrs Seward for her update to Governors

No questions were raised.

CoG/22/009 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 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 had again been a significant increase in the number of people testing positive for COVID-19. Mr Peate confirmed that in March this had necessitated the need to have 4 wards isolated but was pleased to report that this was now down to 1 ward on the James Cook site.
- 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 pandemic. 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.
- The increase in C. difficile cases in 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 has been 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). Mr Peate added that although some stabilisation had been seen there had been times where the Trust was running at 98% occupancy. He continued by giving an example that pre-COVID there was usually approximately 270 patients attending the emergency department and that on the 16 May there had been 418 patients through the door which is a significant difference.
- 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 patient activity exceeded our plan and 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.

Mr Peate added that there had been a surge in demand in endoscopy which the Trust was continually trying to improve on.

Finally Mr Peate provided an update on referral to treat in which he was pleased to report that there are no patients now waiting for an operation over 2 years. Work was also ongoing with clinical teams to try to get patients down to 78 weeks. Finally those patients waiting a year has also reduced which was good news.

Prof Bell acknowledged to Governors that the performance report was very lengthy.

The following questions were asked:

- Mr Holmes asked what the one never event related to. Dr Lloyd replied that a guide wire had been left in a neonate patient as the Senior Doctor had been called away and left a Junior Doctor to complete.
- Mr Holmes also asked what single oversight framework related to. Mr Peate confirmed that this was a set of standards given nationally.
- Mrs Young thanked Mr Peate for his update and was happy to hear that no patients were now waiting over 2 years for an operation but felt that even 1 year was still too long and queried which departments these related to. Mr Peate confirmed that there was a split as some delays related to patient choice. There was also a significant pressure in ENT and also those patients that required access to JCUH. Mr Peate concluded that the Trust had seen a reduction seen in some routine surgeries such as knee and that the Trust was looking at eradicating these long waits and working through plans.
- Prof Steve Jones commented in his capacity as a Consultant in Diabetes and Endocrinology at the Trust that he had been happy to walk onto his ward recently and for the first time it had not been a COVID ward. He added a further comment relating to discharges stating that his job was made much more difficult when they take too long, giving an example of patients waiting for a bed in Whitby. Mr Peate replied that unfortunately some patients were complex if for example there was in residential care with the Trust working across three main local authorities.

Prof Bell and Mrs White suggested that it may be more beneficial that Mr Peate focuses on different parts of the report with it being so lengthy.

Ms Reape added that each committee considers the performance report with the Quality Assurance Committee (QAC) receiving a report on all incidents which have occurred. Ms Reape confirmed that Mr Jonathan Ferguson had joined QAC to present the difficulties experienced in the cancer targets.

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

INVITED MEMBERS

CoG/22/010

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

Following questions were raised:

- Mr Mike Holmes asked what public dividend capital was. Mr Simpson confirmed that this was the grant given by the Department of Health.
- Mrs Burns reported that at Resources Committee the support from the region to go above deficit was recognition of work being done by the Trust. An example of this gratitude was the recent £250 bonus offered to all staff at South Tees.

Mr Harrison informed Governors that the ICS had accepted the Trust's initial plan and had not come back asking for any further savings and offered thanks to Finance for all their hard work in completing the plan.

Prof Bell offered assurance to Council of Governors that although this next year would be difficult the Board had a good grip on everything.

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

GOVERNANCE

CoG/22/011 NED Service Visits

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

Mr Dave Jennings confirmed to Governors that he had recently visited Pathology with Rob Harrison, Managing Director. He reported that he found the visit very interesting with a real sense of their fundamental process of treatment for patients. He felt that the only negative was that the estate was not the best and that pathology were quite cramped.

Ms Reape reported that her recent visit took her to pharmacy with Sam Peate, Chief Operating Officer where they spoke with staff doing clinical trials who explained the impact that trials make. They also talked with dispensary staff who were extremely busy but happily welcomed them both. She added that they had nothing negative to say and said that the new pharmacy prescribing system was running well. Pharmacy currently waiting for some software system to help with discharge prescriptions which they were sure would be a great help.

Ms Reape also commented that she had recently visited maternity and neonates. She confirmed that space was also an issue here but that Kevin Oxley as Director of Estates was looking into what could be done. She added that the Ockenden meeting was due to take place on the 18 May 2022 and that she was pleased to reassure Governors that all immediate actions that the first report had produced had been met.

Ms Reape concluded that she noted that at both pharmacy and maternity there was a very good team spirit.

Mr David Bennett stated that delays in discharge are often associated with medicine dispensing. Ms Reape replied that this would be helped if there were more pharmacists employed but added that the Trust had recruited additional

but were also waiting for a number of pharmacists to finish their training. Ms Reape also added that the pharmacy team would quite often change their roles when needed especially if there's pressure to dispense drugs. It was hoped that when the new software system is in place that this will help them to see what patients were waiting for medication etc. Prof Bell added that improvement in IT would benefit a lot of systems coming together.

Mrs Burns provided an update to Governors on her recent visit to spinal injuries where long term care is the nature of care given to patients. She highlighted the problems this department faced during COVID and restrictions on visiting where family and volunteers could not help which was a challenge for them and for staff. Spinal injuries are delighted to welcome back all visitors with social care and discharge a big challenge.

Mrs Burns continued with details of another visit she took to maternity via her Health and Wellbeing role to see how staff were feeling and look at the support that the Trust were giving.

Mr David Redpath updated on his visit to the medical engineering department where all the medical devices are logged and serviced. He updated that some staff had worked in the department over 20 years and others being new Apprentices. He highlighted a problem with space as with other visits from Non-Executive Directors. There was also a lack of space to house a lot of the equipment but he was pleased to report that when asked the department confirmed that they were all up to date on both mandatory training and their appraisals. The only negative that they had pointed out was that they felt that staff did not realise the importance of their role. Mr Steve Bell confirmed to Council of Governors that the team had recently been awarded a ISO9001 – Quality Management System to show that they work at a high level of efficiency. Mrs Young asked if the team could perhaps join one of the Development Sessions for Council of Governors to provide a detailed explanation of their role.

Prof Bell added that the visits made by Non-Executive Directors were very beneficial as they provided a better understanding on the different services.

He provided an update to Governors following his recent visit to the mortuary. He was most impressed that the staff work so well under such a large amount of pressure especially throughout COVID and carrying out all post mortems. He concluded that the mortuary was a cramped space and this was an area that the Board were looking at as more strategy was required around mortuary. Mr Bennett asked if they received any money from the Coroner's office. Prof Bell replied that he was unsure but would find out the answer and relay this back through to Governors.

Mrs Reape added that it was hoped that the Board of Directors would be able to visit the Community after COVID to include Friarage and all community surrounding. She added that it would be ideal if Governors could be included in walkabouts too.

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

Action: i) Anita Keogh to add Medical Engineering to a morning Development Session for Council of Governors.

Action: ii) Prof Bell to confirm if the mortuary receive any money from the Coroner's office and relay answer back through to Council of Governors.

CoG/22/012 CQC Update

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

Dr Lloyd confirmed that the report from the CQC had still not been received.

She continued by reassuring Governors that the project team were having daily meetings to make sure that the Trust were fully prepared. In addition a CQC action plan was being developed with the Trust looking at the previous visit in 2019 to ensure that everything had been carried out.

Dr Lloyd informed Governors that the CQC also send enquiries through which are logged and actioned quickly.

Dr Lloyd concluded that on the 25 April 2022 an engagement meeting with the CQC went ahead where the CQC gave the Trust specific questions and was happy to report that the meeting went well.

Lastly the Trust had been allocated two new CQC leads and relationships were continuing to develop.

No questions were raised.

Resolved: i) Governors thanked Dr Lloyd for her update.

CoG/22/013 Draft Quality Report – Confirm Indicators

Mr Ian Bennett, Deputy Director of Quality & Safety ran through a presentation to Governors to confirm the Quality Priorities for 2022/23.

Mr Bennett confirmed that a set of new priorities were issued every year.

The 8 Quality Priorities for 2022/23 are:

Safety

- We will ensure there is a positive safety culture within the organisation in which openness, fairness, accountability and learning from high levels of incident reporting is embedded.
- We will ensure the care that we provide to our patients is safe, and of the highest possible standard by reducing pressure damage.
- We will reduce the risk of Clostridium Difficile infection for inpatients.

Clinical Effectiveness

- We will review and revise our processes for Clinical Audit in order to facilitate effective and evidence based clinical care for our patients
- We will review and revise our processes for NICE in order to facilitate effective and evidence based clinical care for our patients

Patient Experience

- We will ensure that patients, their relatives and carers will have the best experience possible in relation to a planned, safe and effective discharge from our hospitals.
- We will ensure all patients have their nutrition and hydration needs met.
- We will ensure that we have effective ways of receiving feedback from our patients, their relatives and carers which will lead on to demonstrate improvements in practice.

The following questions were raised:

- Mr David Bennett asked Mr Bennett if he thought the priorities were achievable given the resources available. Mr Ian Bennett replied that he did believe they were achievable although some would be a challenge he felt that this was not a bad thing and reassured Governors that governance was in place.
- Ms Reape pointed out that she had seen a copy of the draft priority in Quality Assurance Committee who had signed the same off.
- Ms Bosomworth asked if there was anyway in the patient experience section where Healthwatch could formalise a relationship. Mr Bennett would welcome a discussion. Mrs Keogh to provide contact details to both Ms Bosomworth and Mr Bennett to make contact.
- Mrs Burns concluded that there were quite a few indicators that link with patient experience and queried what they are looking at. Dr Lloyd replied that they were looking deeper into those that had nutritional complaints and therefore more in depth work would be required.

Action: i) Mrs Keogh to provide contact details to both Ms Bosomworth and Mr Bennett to make contact.

Resolved: i) Governors thanked Mr Ian Bennett for his presentation.

CoG/22/014 Update to Governors re: Chair's objective

Ms Debbie Reape as Non-Executive Director and Senior Independent Director (SID) provided update to Council of Governors in relation to the Chair's objective.

Ms Reape provided a brief background on the process so far with the process to set objectives beginning in December 2021 by both SIDs for South Tees and North Tees Hospital.

Guidance on the process was taken from:

- The role of the NHS provider Chair – a framework for development (2019) NHSE/I
- Framework for conducting annual appraisals for NHS Provider Chairs (2021) NSHE/I
- In addition reference is also made to the Chair job description and the individual priorities of each Trust.

Although it was hoped that this process would be complete by the end of the calendar year due to delays occurring because of the position at North Tees and the changes in North Tees NEDs and their SID the process was put on hold by Richard Barker who was kept informed of all developments.

Ms Reape liaised with Angela Seward as Lead Governor through the process and has been provided with a draft list of objectives.

At the end of March 2022 Chris Macklin was appointed as Interim NED and SID for North Tees and contact was then made. Mr Macklin was brought up to date with the process and the draft objectives and initial meeting was held with the Joint Chair with a second meeting planned for the 17 May (today).

It is hoped that the objectives and measures of success in achieving these will be agreed before the end of May and these in turn will be shared with the NEDs and Governors.

The deadline for the return of the Chair's appraisal to NHSE/I this year is the end of June 2022.

No questions were raised.

Mrs Burns asked if any Governors have anything that they would like to be addressed in relation to the Chair's objectives could they contact either herself or Angela Seward as Lead Governor.

Resolved: i) Governors thanked Ms Debbie Reape for her update on the Joint Chairman's objectives.

CoG/22/015 Committee Chairs' Logs

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

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

Prof Derek Bell – Charitable Funds Committee

Prof Bell confirmed to Governors that a huge amount of work around Governance had taken place and thanked Mrs White, Mrs Burns and Mr Ben Murphy for their help. He also encouraged Governors to support Charities.

No questions were raised.

Ms Debbie Reape – Quality Assurance Committee

Ms Reape apologised to Governors that there had been no report included in the papers.

She updated that the Quality Assurance Committee had received assurance regarding "lost to follow up" work.

No questions were raised.

Mr David Jennings – Audit & Risk Committee

Mr Jennings was happy to report that counter fraud and auditors had both confirmed that the Trust was doing all it needed to do and that no incidents of fraud had been found.

He reassured Governors that the Risk Register was always updated with a deep dive carried out with the Resources Committee where it was confirmed that the Trust was on top of all risks.

Mrs Jackie White – People Committee

Mrs White reported that in relation to grievances employee relations had improved with time needed for grievances reducing and was happy to confirm that this had had the same success with less grievances going to formal stage.

An outcome questionnaire would be carried out to obtain feedback.

She also confirmed that 50 staff had signed up for Just Culture training.

Mrs White continued with an update on pathology with the Trust working closely with North Tees. A full dialogue with staff was required but was pleased to confirm that there was good engagement.

Turning to freedom to speak up report there was very positive figures for Q4 with less being raised anonymously.

To conclude Mrs White confirmed that People Committee had looked at the support to staff around eco shop which opens this month to enable staff to get shopping plus offer emergency funding to staff if needed.

No questions were raised.

Mrs Ada Burns – Resources Committee

Mrs Burns confirmed that she was acting as Chair for Resources Committee.

She turned to the Cost Improvement Plan and was pleased to report that all collaboratives had identified their plans.

Mrs Burns also confirmed that procurement had presented re: Cost Improvement Plan with contracting working with all wards. In addition the committee had been informed about the impact on local supply problems and cost of equipment.

Mr Kevin Oxley, Director of Estates, Facilities and Capital Planning, had also provided a report on how the Trust were managing the PFI contract and making sure that investments are carried out.

To conclude Mrs Burns confirmed that the Digital Strategy is underway and it was therefore essential that the Trust website was kept up to date.

The following question was raised:

- Prof Jones asked about utilities going up in cost and queried if this would impact on the Trust's budget. Mrs Burns replied that it would impact and would make sure that all details were provided to Governors. Mr Jennings added that as inflation was higher than thought he wondered if the ICS would provide additional money.

Action: i) Mrs Burns to provide details to Governors on the impact on Trust budget following increase in cost of utilities.

Mr David Jennings – Audit & Risk 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.

CoG/22/016 Matters to bring to the attention of the Board

Nothing raised.

CoG/22/017 Reflections on Meeting

Prof Bell expressed the need to streamline papers better.

The Chairman concluded with an additional acknowledgement of thanks for those Governors leaving today.

CoG/22/018 Any other business

Nothing raised.

CoG/22/019 Date of Next Meeting

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 19 July 2022.

DRAFT

Council of Governors Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
17.05.2022	CoG/22/011	NED Service Visits	Anita Keogh to include Medical Engineering into a Development Session for Governors	Anita Keogh	19.07.2022	Medical Engineering to carry out Development Session for Governors on 19.07.2022	Closed
17.05.22	CoG/22/011	NED Service Visits	Prof Bell to confirm if the mortuary receive any money from the Coroners office and relay answer back to Council of Governors	Prof Bell	19.07.2022	12.07.2022 - Email sent through to all Governors with response from Karl Hubbert, Pathology Director, re: money received by Trust from Coroners office	Closed
17.05.2022	CoG/22/013	Draft Quality Report - Confirm Indicators	Anita Keogh to provide contact details for both Lisa Bosomworth - Healthwatch and Mr Ian Bennett so they can make contact with eachother	Anita Keogh	19.07.2022	Contact details provided to both via email on 25.05.2022	Closed
17.05.2022	CoG/22/015	Committee Chair Logs	Mrs Burns to provide details to Governors on the impact on Trust budget following increase in cost of utilities	Ada Burns	19.07.2022	27.06.2022 - Email sent through to all Governors with response from Chris Hand re: impact on Trust budget following increase in cost of utilities	Closed

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 19 JULY 2022			
Joint Chairman's update			AGENDA ITEM: ENC4
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Professor Derek Bell Joint Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Joint Chairman's update		
Background	The following report provides an update from the Joint Chairman.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Council of Governors are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

Joint Chairman's Update

1. Introduction

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

2. Key Issues and Planned Actions

2.1 Non-Executive Director recruitment

The recruitment process has now closed and interviews are scheduled for four non-executive director roles (public health / health inequalities; clinical; people and finance) on Monday 4 July and Thursday 7 July.

2.2 Departmental visits

A programme of visits across the Trust continue and during May and June 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.

2.3 Joint Partnership Board

Two joint South Tees Hospitals NHS Foundation Trust and North Tees & Hartlepool NHS Trust Board events took place in May and June. The events were productive, and a number of key actions have been agreed.

2.4 Foundation Trust Chairs meeting with Sam Allen, CEO NENC ICS

The Chairs of the Foundation Trusts in the North East and North Cumbria met with Sam Allen on 6th June 2022. There was a discussion regarding the ICS Operating model which had been agreed but was likely to be reviewed as early as September 2022. Nomination to the ICB was discussed including 4 seats for Local Authorities and 2 seats for Foundation Trust representatives. Cultural transformation will be key as we move towards single system and greater collaboration. Clarity regarding PLACE was still ongoing.

2.5 NHS Confederation Chairs session

I attended the NHS Confederation Chairs session on 23 May 2022 which focused on the cost of living and what it means for staff and patients and what Boards need to consider. This along with other aspects of health and wellbeing is a topic of conversation at the People Sub Committee on a routine basis.

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 – 19 July 2022			
Managing Director update			AGENDA ITEM: ENC5
Report Author and Job Title:	Mark Graham, Director of Communications	Responsible Director:	Rob Harrison 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

Following the decline in COVID-19 infection rates which began in April, recent weeks have seen an increase in community infections.

At the time of this report's writing, patients with COVID-19 continue to be cared for on one ward at the James Cook University Hospital.

Throughout the pandemic, our clinicians have continued to provide life-saving surgery and treatments while providing hospital care for more than 7,000 patients with the virus.

In the last two years for example, clinical colleagues have provided overnight hospital care for more 130,000 patients and delivered 1.3 million outpatient appointments.

At the same time, surgical teams have delivered more than 62,000 operations (of which almost 48,000 have been planned procedures) and community teams have provided care closer to home for patients 2.3 million times.

Over the last two years, obstetric and midwifery colleagues have also helped to deliver almost 10,000 babies into the world.

In line with national guidance, visitors to our hospitals and healthcare sites have no longer been required to wear a face covering unless they are visiting a high-risk area or visiting a patient who is immunocompromised or has suspected or confirmed COVID-19.

High risk areas where face masks will still be required include:

- Emergency department
- Admissions units
- Urgent treatment centres
- Critical care
- COVID wards
- Wards 4, 14 and 33 at James Cook (and associated day areas)
- Chemotherapy day unit
- The Endeavour Unit
- Friarage dialysis unit
- Sir Robert Ogden Macmillan Centre

If any visitors prefer to continue wearing a mask, they are course supported to do so.

Estate

Upgrade work has begun on Ward 8 at James Cook and, when this has completed later this year, the next ward planned for upgrade is Ward 7. Work on ward 7 and CICU is currently expected to start before next April. A schedule for upgrades to remaining wards in the tower block (that have not already been upgraded) will be agreed by our Clinical Policy Group before April.

Other improvements underway include an expanded PACU facility and the expansion of theatre 27 to allow greater theatre capacity and flexibility going forward.

At the Friarage Hospital a new endoscopy unit opens in September and enabling works for a new theatre block continues throughout 2022.

Surgical pre-assessment for children

A new pre-assessment service has been launched for all children and young people undergoing planned surgery at The James Cook University Hospital in Middlesbrough and the Friarage Hospital in Northallerton.

The South Tees Hospitals NHS Foundation Trust paediatric pre-assessment service is one of the first in the UK to offer a comprehensive service for all children and young people attending for planned surgery – and one of the only ones to have its own dedicated area.

Pre-assessment ensures children, young people and their families are prepared for their theatre journey. It also ensures patients are fit for surgery and scheduled to be treated in the right place and at the right time for their needs.

Robotic spinal surgery

Neurosurgeons at James Cook have become the first in the country to use a state-of-the-art imaging robot.

The first of its kind Brainlab Loop-X navigating robot has an independently moving imaging source, allowing surgeons to quickly plan and perform spinal surgery, and detector panels enabling flexible patient positioning.

Thanks to the new wireless machine patients requiring spinal surgery at the Middlesbrough hospital are benefiting from shorter operating times and reduced radiation exposure.

James Cook Cancer Institute

A radiotherapy team from Cork University Hospital recently visited The James Cook University Hospital to learn about its stereotactic ablative radiotherapy (SABR) programme.

The group, made up of a doctor, physicist, radiotherapists and dosimetrists, visited the team at James Cook Cancer Institute to gain first-hand experience of the leading-edge radiotherapy treatment before implementing it at their hospital.

SABR involves delivering multiple, high-dose, beams of radiation therapy to a very precise area within the body such as to the lungs, adrenal, lymph nodes and spine.

The degree of accuracy leads to minimising dose to the surrounding healthy tissue, reducing side effects and hopefully obliterating the tumour.

Cardiothoracic robotic surgery

James Cook is at the forefront of NHS robotic surgery, which uses tiny instruments that are controlled remotely by the surgeon sitting at a console to perform minimally invasive operations. This enhanced precision helps reduce side effects and the length of time patients need to stay in hospital.

The hospital's pioneering use of robotic surgery for heart and lung conditions has recently helped achieve a first for Africa. Cardiothoracic surgeon and lung cancer specialist Joel Dunning has helped to oversee the first cardiothoracic robotic procedure on the continent at the Christiaan Barnard Memorial Hospital in Cape Town, South Africa.

Separately, three months ago a UK heart team led by consultants from James Cook visited Ghana to perform life-saving operations in for a third time. The team gave up their holidays to take the trip to hospitals in Accra and Kumasi on this year's mission, which saw them helping several patients who required cardiac surgery and upskilling the Ghanaian team to perform more advanced procedures.

And the James Cook team is also working with two local charities to raise £650,000 to create a new home for heart research on Teesside.

ePMA (Electronic prescribing and Medicine Administration)

As Council of Governors are aware, more than £8 million is being invested in new digital systems which will eliminate clinical teams' historical reliance on burdensome paper-based recordkeeping and ageing IT systems – removing more than 5 million pieces of paper which colleagues currently have to use each year and freeing up more doctors and nurses' time.

As part of the rollout of these new digital clinical systems, the Better Meds electronic prescribing system is now being implemented. Better Meds is a closed-loop medication management system developed to replace paper-based processes for reconciliation, prescribing, pharmacist review and medication administration.

**North East and North Cumbria Provider Collaborative Development Session
(PvCv)**

The NENC Provider Collaborative (PvCv) continues to focus on governance the proposed formal work structure and governance. An outline of the PvCv's Operating Model and 'ambitions' document have been agreed by the 11 members and in due course will be considered by the Board.

2. RECOMMENDATIONS

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

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 19 JULY 2022			
Integrated Performance Report			AGENDA ITEM: ENC6
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	Responsible Director:	Sam Peate Chief Operating Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	To provide the 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 the Board regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Council of Governors.</p>		
Assessment	<p>Changes to metrics for May 2022 IPR, are as follows:</p> <p>SAFE domain: Caesarean section indicator removed.</p> <p>EFFECTIVE domain: New format for presentation of Standardised Hospital Mortality Index (SHMI): The Trust is piloting a new format for the Making Data Count and NHS Digital SHMI teams. The charts show the rolling 12-month SHMI, the number of Observed and Expected deaths (SHMI=Observed divided by Expected) and the contextual indicator "proportion of deaths receiving specialist palliative care". Old format SHMI and HSMR removed.</p> <p>CARING domain: Targets for Friends and Family Test agreed for 2022/23, target to exceed 2021/22 national average.</p> <p>EQUITABLE domain: Inpatient waiting list by deprivation not available this month.</p> <p>RESPONSIVE domain:</p>		

	<p>New metric: Patients waiting more than 78 weeks on a Referral to Treatment (RTT) pathway. Removed metric: Patients waiting more than 104 weeks on a Referral to Treatment (RTT) pathway; as waiting times have been reduced through our elective recovery programme.</p> <p>WELL LED domain: No changes.</p> <p>Our key messages for May are:</p> <ul style="list-style-type: none"> • The Trust was non-compliant with the mandated Single Oversight Framework metrics in March/April, and across the themes of the SOF (quality of care, finance and use of resources, operational performance, strategic change, leadership and improvement capability) the Trust is placed in segment 3, mandated support for significant concerns. The Trust continues to benefit from external support on emergency care pathways and cost improvement and transformation. • Emergency care performance was generally in line with the regional and national position, reflecting the challenges faced by many Trusts in recovering patient access given the impacts of the Covid pandemic. • Longest waits have reduced very significantly with 104-week waits eliminated by April 2022. The main 62-day cancer pathway, from GP referral performed better than regional and national average. Each diagnostic access modality has a recovery trajectory and data validation focus. 	
<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 May 2022.</p>	
<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>All BAF 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>	
<p>Strategic Objectives (highlight which Trust Strategic objective this report aims to support)</p>	<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"/>	



South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

May 2022

OVERSIGHT

RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

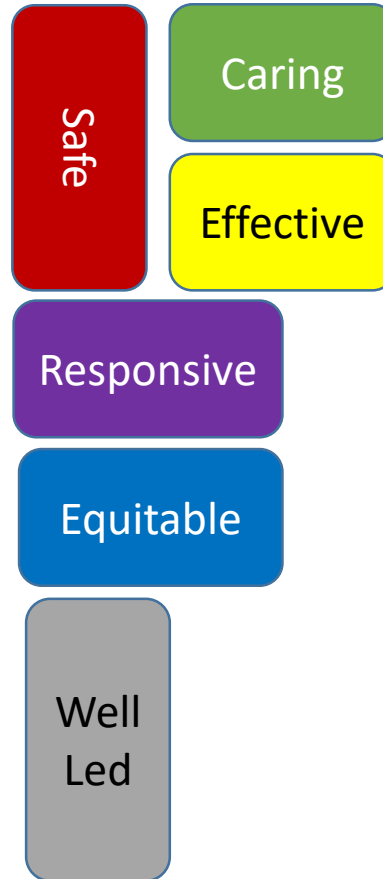
Dr Michael Stewart, Chief Medical Officer

Samuel Peate, Chief Operating Officer

Robert Harrison, Managing Director

Chris Hand, Finance Director

Rachael Metcalf, Human Resources Director



BOARD SUB COMMITTEE

Quality Assurance Committee

Quality Assurance Committee

Resources Committee

Resources Committee

Resources Committee

People Committee

Audit and Risk Committee

CHANGES THIS MONTH

SAFE domain:

Caesarean section indicator removed.

EFFECTIVE domain:

New format for presentation of Standardised Hospital Mortality Index (SHMI): The Trust is piloting a new format for the Making Data Count and NHS Digital SHMI teams. The charts show the rolling 12-month SHMI, the number of Observed and Expected deaths (SHMI=Observed divided by Expected) and the contextual indicator "proportion of deaths receiving specialist palliative care". Old format SHMI and HSMR removed.

CARING domain:

Targets for Friends and Family Test agreed for 2022/23, target to exceed 2021/22 national average.

EQUITABLE domain:

Inpatient waiting list by deprivation not available this month.

RESPONSIVE domain:

New metric: Patients waiting more than 78 weeks on a Referral to Treatment (RTT) pathway.

Removed metric: Patients waiting more than 104 weeks on a Referral to Treatment (RTT) pathway; as waiting times have been reduced through our elective recovery programme.

WELL LED domain:

No changes.

NATIONAL CONTEXT

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

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

SINGLE OVERSIGHT FRAMEWORK SUMMARY

Provider	A&E 4 hour standard Apr-22	RTT - 18 week standard Mar-22	Cancer 62 day - GP referral Mar-22	Cancer 62 day - screening services Mar-22	Diagnostic 6 week waits Mar-22	Single Oversight Framework triggers			12 hour delay from DTA Apr-22	Ambulance handovers 30-60 mins Apr-22	Ambulance handovers 60+ mins Apr-22	52 week waits Mar-22	104 week waits Mar-22	Total Waiting List Mar-22
	95%	92%	85%	90%	=<1%	This month	Last month	This month triggers	Zero			Zero	Zero	
South Tees Hospitals NHS Foundation Trust	68.8%	65.3%	72.0%	55.6%	31.3%	5	5	A&E; RTT; Cancer 62 (GP); Cancer 62 (Screening); Diagnostics	48	200	183	1,161	1	43,443
Cumbria and North East STP (including IS providers)	76.7%	73.7%	70.0%	84.6%	18.5%	35	36	Total for providers in CNE	439	1805	820	7,040	161	341,304
North East & Yorkshire	73.0%	70.4%	68.7%	78.7%	22.6%									
National	72.3%	62.4%	67.4%	74.6%	24.8%									

The Trust was non-compliant with the mandated Single Oversight Framework metrics in March/April, and across the themes of the SOF (quality of care, finance and use of resources, operational performance, strategic change, leadership and improvement capability) the Trust is placed in segment 3, mandated support for significant concerns. The Trust continues to benefit from external support on emergency care pathways and cost improvement and transformation.

Emergency care performance was generally in line with the regional and national position, reflecting the challenges faced by many Trusts in recovering patient access given the impacts of the Covid pandemic.

Longest waits have reduced very significantly with 104-week waits eliminated by April 2022. The main 62-day cancer pathway, from GP referral performed better than regional and national average. Each diagnostic access modality has a recovery trajectory and data validation focus.

SAFE








Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2517	2070	May 2022		
Serious Incidents	5	8	May 2022		
Never Events (YTD)	1	0	May 2022	N/A	N/A
Falls	204		May 2022		N/A
Falls Rate	6.2	6.6	May 2022		
Falls With Harm	5		May 2022		N/A
Falls With Harm Rate	0.2		May 2022		N/A

Incidents

Reporting of incidents remains high since March 2021, setting a new positive norm of around 2,232 incident reports per month. This has increased by 12.6% in the previous 12 months against a target of 10%. High levels of reporting are typically a feature of a positive safety culture. There was 0 NEs reported in May, and 1 previously reported in April. There was a decrease in the number of SIs.

Falls

Where bespoke interventions have been implemented, the number of falls has reduced. The rate of falls with harm per thousand bed days is less and better than the target.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.2		May 2022		N/A
Category 2 Pressure Ulcers Community Rate (Per 1000 Bed Days)	1.7		May 2022		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.1		May 2022		N/A
Category 3&4 Pressure Ulcers Community Rate (Per 1000 Bed Days)	1		May 2022		N/A
Medication Incidents	156		May 2022		N/A
Medications Reconciled Rate %	63%	80%	Mar 2022		
C-Difficile (YTD)	25	18	May 2022	N/A	N/A
MRSA (YTD)	0	0	May 2022	N/A	N/A

Healthcare acquired infections

There were no new MRSA reported this month. C-difficile infection is recorded on the Trust risk register with clear tracking, reporting and governance in place.




Pressure Ulcers

There were no category 4 pressure ulcers reported in month. The last Category 4 Pressure Ulcer reported in the community occurred in November 2021 and in the acute setting in January 2022. A reduction in category 3 pressure ulcers is observed in acute setting. The PURPOSE T tool pilot has concluded and been evaluated. Following some minor amendments, a full phased roll out will commence in June 2022. The digital specification is signed off and the technical build is underway. Digital roll is out planned for July 2022.

3 times weekly PU meetings continue, chaired by the Deputy Chief Nurse or Deputy Director of Quality. A business case has been drafted following a capacity and demand modelling exercise. Current resource is based on a historic commissioning agreement.

Medications

Medication incidents remain consistent. Medicines reconciliation reflects impact of staffing absences at that time due to COVID-19. A business case for seven-day working is in process.

Metric	Latest Month	Target	Month	Trend	Assurance
Induction of Labour (%)	47.6%	44%	May 2022		
Still Births (YTD)	8	17	May 2022	N/A	N/A
PPH 1500ml (%)	0		May 2022		N/A

Maternity services

Caesarean Section rates no longer reported in IPR in line with national recommendations. Post-partum haemorrhage rates remain in line with the longer-term average. Induction of labour rates are within normal variation. This is in the context that 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, which are risk factors.

Still births reflects the complexity of case mix as a tertiary centre, where pregnancies with foetal anomalies are managed, as opposed to other local maternity units. There were no still births in May.

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 %	5.9%		Mar 2022		N/A
Sepsis - Oxygen delivered within 1hr	95.5%	95%	Apr 2022		
Sepsis - Blood cultures within 1hr	54.5%	95%	Apr 2022		
Sepsis - Empiric IV antibiotics within 1hr	86.4%	95%	Apr 2022		
Sepsis - Serum lactate within 1hr	68.2%	95%	Apr 2022		
Sepsis - IV fluid resuscitation within 1hr	77.3%	95%	Apr 2022		
Sepsis - Urine measurement within 1hr	100%	95%	Apr 2022		
Summary Hospital-Level Mortality Indicator	113	100	Jan 2022		
Comorbidity Coding	4.1		Jan 2022		N/A
Palliative Care Coding	0		Jan 2022		N/A

Readmission rates

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

Sepsis

Improvement in compliance has been observed for 4 of the 6 elements, with a reduction in blood cultures and lactate. A time lag of approximately 6 – 8 weeks occurs to receive the patient level data to facilitate audit, therefore sample sourced differs but yielded appropriate patients.

Further actions include:

- Review of audit process to reduce the burden
- Acutely Ill Patient (AIP) champion study days have been planned for 2022 - 3 delivered
- Roll out commenced of Enhanced Care competencies – Train the trainer
- Paediatric Patienttrack NPEWs / sepsis workflow progressed to User Acceptance Testing
- AIM / Sepsis study days planned for 2022/23 - x 2 delivered May 2022
- 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. Initial meeting with Patienttrack team to support progression.

Mortality

SHMI and HSMR are both stable but divergent. For the latest official reporting period, Feb 2021 to Jan 2022, SHMI is 'higher than expected' at 113 (it has fallen 7 points in 7 months). SHMI rose before the pandemic, peaked and is falling. Observed and expected deaths (in hospital or within 30 days of discharge) fell during the pandemic, due to reduced hospital activity and are returning to normal volumes. Mortality metrics are impacted by the recording of comorbidities which is the lowest in the region and substantially below the national average despite the population we service.

Reporting to the Trusts' governance committees shows that Medical Examiner scrutiny remains at >95%, with around 10% referred for further review. Positive learning from ME and mortality review relate to good communication with family and good documentation of those discussions. Learning is cascaded through the Trust governance structures.

Palliative care coding is present on <0.01% of spells coded, which is lower than 2020-21 due to the impact of Covid-19 at that time. However palliative care coding is present in 40-45% of cases where the patient died, which is a positive increasing trend.

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	77%	78%	May 2022		
Inpatient Experience (%)	96.2%	94%	May 2022		
Maternity Experience (%)	100%	92%	Apr 2022		
Outpatient Experience (%)	95.6%	93%	May 2022		
New Complaints	24		May 2022		N/A
Closed Within Target (%)	61.9%	80%	May 2022		

Patient experience

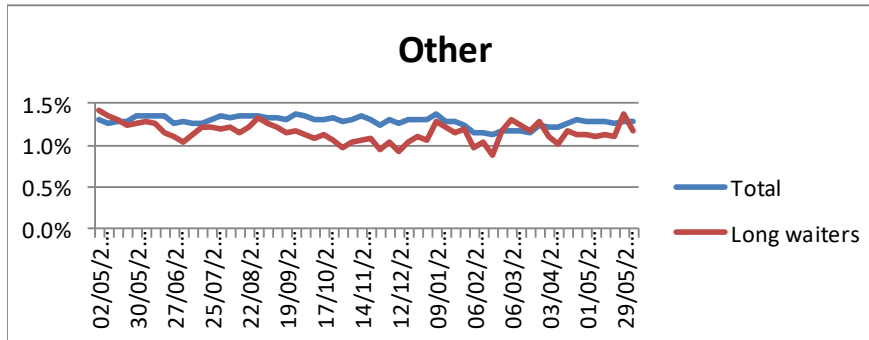
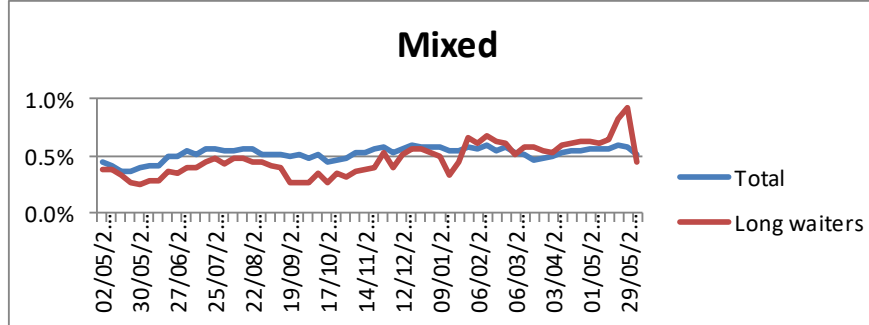
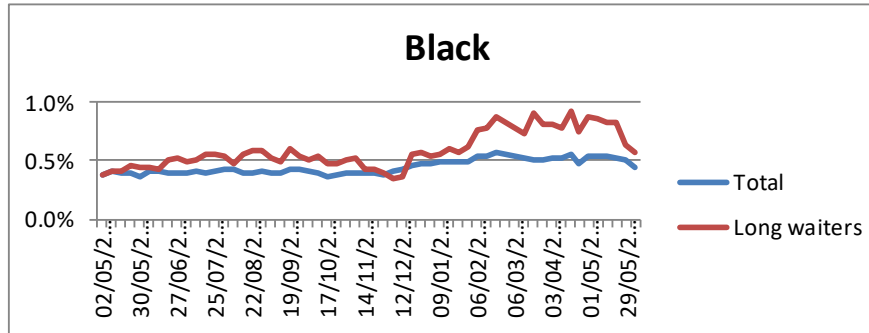
Maternity surveys at the four touchpoints (antenatal, birth, postnatal and community postnatal) are now live on the iPads and have achieved 100% for the second consecutive month.

A review was undertaken of the previous targets set for FFT overall percentage positive response rate. The new targets have been gained from the previous financial year's accumulative score for overall percentage positive for each of the areas, thereby ensuring that the targets are in-line with the reporting of FFT scoring from other NHS Trusts in England and based on the data reported to NHSE/I.

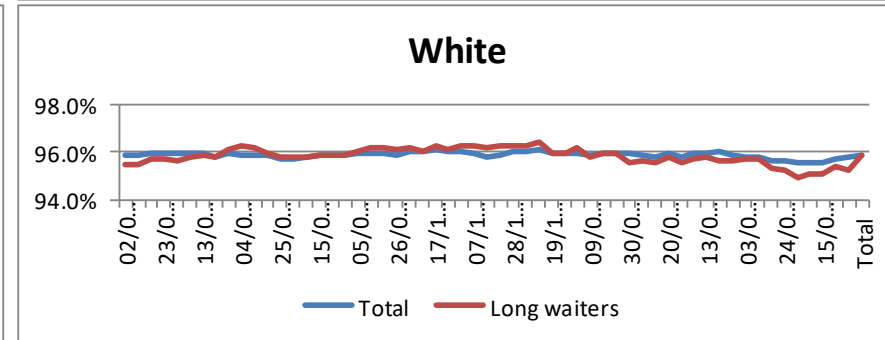
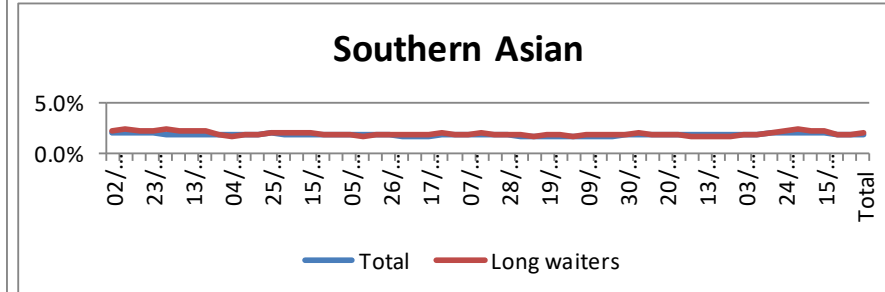
Learning from complaints

The change to 60 working days for complex, multi collaborative and other NHS organisations is expected to improve the timeframe for closure and improve patient satisfaction with the process.

INPATIENT PTL: INEQUALITIES - ETHNICITY



	Total	Total	Long waiters	Long waiters	Ratio
Black	39	0.5%	11	0.6%	1.26
Mixed	45	0.6%	16	0.9%	1.58
Southern Asian	146	1.9%	32	1.8%	0.98
White	7,449	95.8%	1,663	95.2%	0.99
Other	99	1.3%	24	1.4%	1.08
N/k	1,151		236		



The trust monitors its waiting list to help ensure that all groups have equitable access and are not disadvantaged due to factors including deprivation or ethnicity. Factors may include people who struggle to take time off work to attend appointments, health inequalities or a correlation between poorer health and multiple long-term conditions. The numbers shown are very small and therefore statistical fluctuations can be exaggerated. It is nonetheless an area which the trust continues to regularly monitor.

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
4-Hour A&E Standard	68.8%	95%	May 2022		
12-Hour Waits from Decision to Admit	39	0	May 2022		
Handovers - Within 15 Mins (%)	68.1%	65%	May 2022		
Handovers - Within 30 Mins (%)	80.6%	95%	May 2022		
RTT Incomplete Pathways (%)	65.3%	92%	Mar 2022		
RTT 52 week waiters	1162	2451	Mar 2022	N/A	N/A
RTT 78 week waiters	89		Mar 2022	N/A	N/A
RTT 104 week waiters	1	0	Mar 2022	N/A	N/A
RTT Waiting List Size	43453	41677	Mar 2022		
Diagnostic 6 Weeks Standard (%)	70.2%	99%	Apr 2022		
Cancer 14 Day Standard (%)	69.6%	93%	Apr 2022		
Cancer 31 Day Standard (%)	93.3%	96%	Apr 2022		
Cancer 62 Day Standard (%)	73.1%	85%	Apr 2022		
Cancer 62 Day Screening (%)	45.5%	90%	Apr 2022		
Cancelled Ops - Non-Urgent Cancelled on Day	25	0	May 2022		
Cancelled Ops - Not Rebooked Within 28 days	6	0	May 2022		
Cancer Operations Cancelled On Day (YTD)	0	0	May 2022	N/A	N/A

Urgent and emergency care

The impact of COVID-19 on staffing levels in this staff group and patient flow (segregation of pathways) continues to be observed. Increased levels of urgent and emergency care activity continued throughout May. This impacted on 4-hour standard.

Ambulance handovers continued to be impacted by the volume of activity in May, however handovers within 15 minutes returned to a compliant position. Specific actions are being monitored through the Emergency Care Improvement Group and the Trust continues to be supported by ECIST.

Elective waiting times

Referral to treatment within 18 weeks performance remain at 65%. Operational plans for outpatient and inpatient activity for 22/23 include an increase in activity to reach 104% of pre-pandemic levels, which will impact positively on this metric. The focus remains on the longest waiters – maintaining a zero position with 104 week waits, eliminating 78-week waits and reducing 52-week waits, which are positively reducing ahead of plan. Diagnostic access continues to improve, rising to 70% at end April. All modalities have demand and capacity plans in place with actions and trajectories to work towards compliance, including the use of future Community Diagnostic Hub capacity.

Cancer waiting times

Cancer waiting times performance remains in line with previous months.

Cancelled operations

The number of non-urgent operations cancelled on the day of surgery continues to reduce each month.

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
New Attendances	17053	18068	May 2022		
Review Attendances	45326	47114	May 2022		
Day Case admissions	5625	5894	May 2022		
Ordinary Elective admissions	921	1075	May 2022		
NEL admissions with 0 LOS	1782	1951	Apr 2022		
NEL admissions with 1+ LOS	3671	3999	May 2022		
Length of Stay - Elective	4.4		May 2022		N/A
Length of Stay - Non-Elective	5.2		May 2022		N/A

Activity

At Trust level, outpatient first attendances were at over 94%, outpatient follow up at over 96%, elective day cases at over 95%, and elective overnight cases at 86%, although noting that data reconciliation for May month end will be incomplete at this point.

Non-elective admissions remain high, reflecting the trend seen nationally, and the pressures seen in urgent and emergency care and social care.

Length of Stay

Elective length of stay remains lower than the longer-term average, whilst non-elective length of stay remains higher and has increased in May. This reflects ongoing pressures across the social care sector which impact on timely discharge of patients who have ongoing care and support needs. The Trust has worked in partnership with local authorities, to streamline processes, integrate a Transfer of Care Hub, and provide short term care to patients in their own homes to facilitate safe discharge from hospital - the Home First scheme. This work is overseen by our Discharge Board. The Trust has made good progress in reducing delays within its span of control, however pressures in the social care sector continue to have an impact. This results in patients staying in hospital longer than is clinically necessary.

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£7.031m	-£7.092m	May 2022	N/A	N/A
Annual Appraisal (%)	73.5%	80%	May 2022		
Mandatory Training (%)	89.3%	90%	May 2022		
Sickness Absence (%)	5.1%	4%	May 2022		
Staff Turnover (%)	14%	10%	May 2022		

Finance and use of resources

For month 2 of the 2022/23 financial year the Trust is ahead of plan despite the continued challenge presented by the historic PFI on The James Cook University Hospital which has been externally assessed as adding £20 million in excess costs to the Trust each year. The Trust plan forms part of the ICS financial plan and the ICS is expected to deliver a financial balance at system level for 2022/23. A final ICS plan is still to be finalised and will be submitted to NHSE/I on the 20th June.

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

Sickness absence was at 5.08% with long term sickness absence at 3.24%. Short term absence was at 1.84%.

Appraisal compliance across the Trust was at 73.45%. The Appraisal document has been updated following feedback received in the staff survey and is now live on the intranet. The HR teams will continue to support managers in improving Appraisal compliance.

The Trust Mandatory Training compliance was 89.28%.



The latest annual rolling staff turnover rate is lower than the national average. The turnover rate for nursing staff is the third lowest in the country compared to similar trusts.

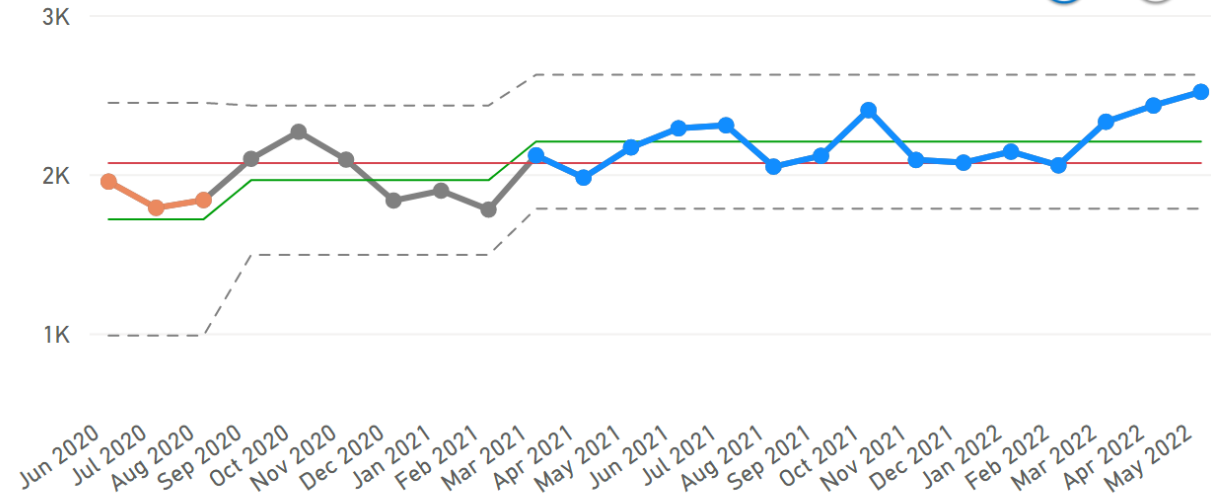
APPENDICES

SPC charts for the metrics summarised above, by domain.



SAFE

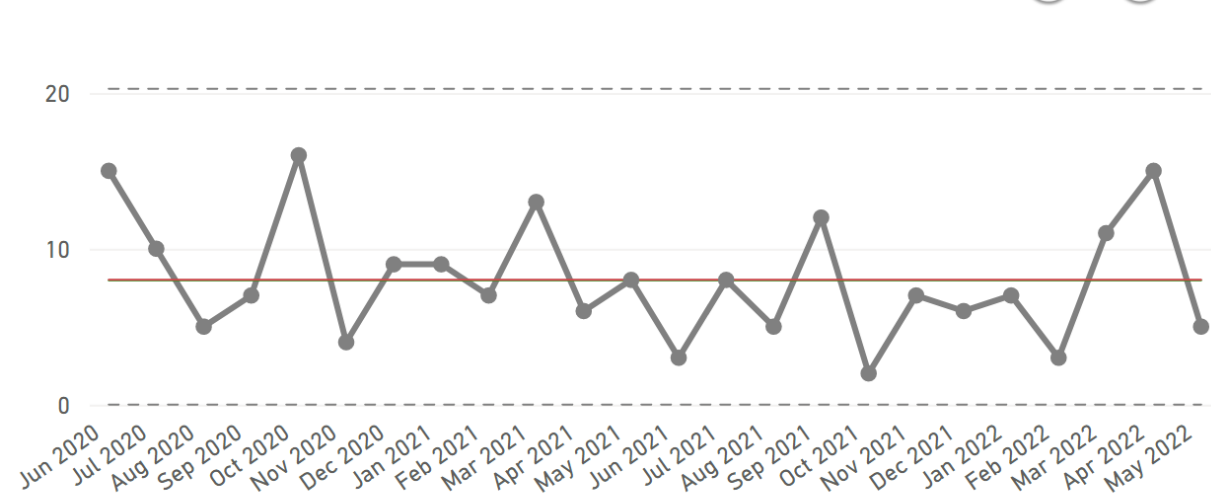
DATIX Incidents

Month: May 2022
 Performance: 2517
 Target: 2070
 Trend: 
 Assurance: 



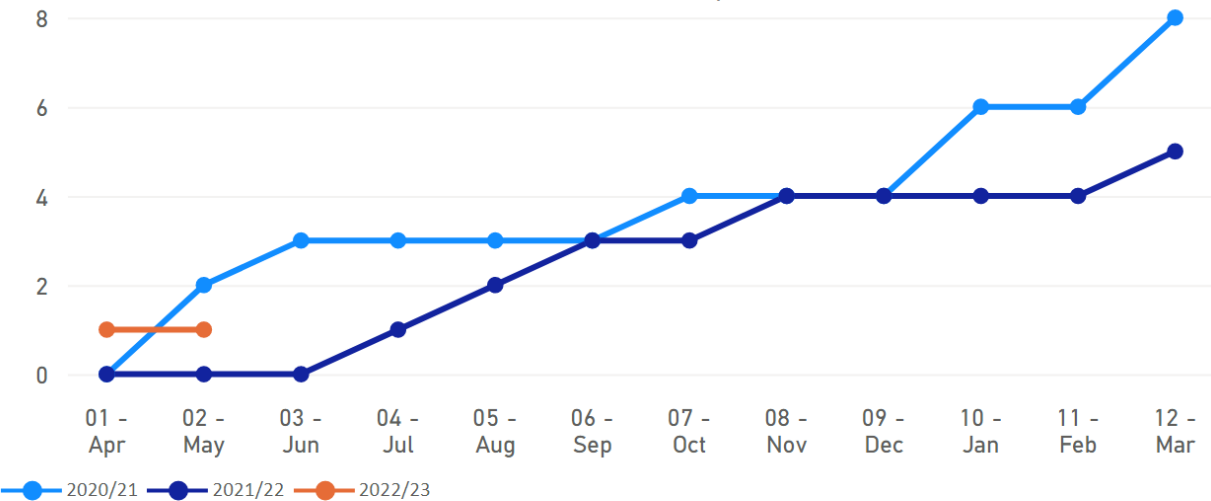
Serious Incidents

Month: May 2022
 Performance: 5
 Target: 8
 Trend: 
 Assurance: 



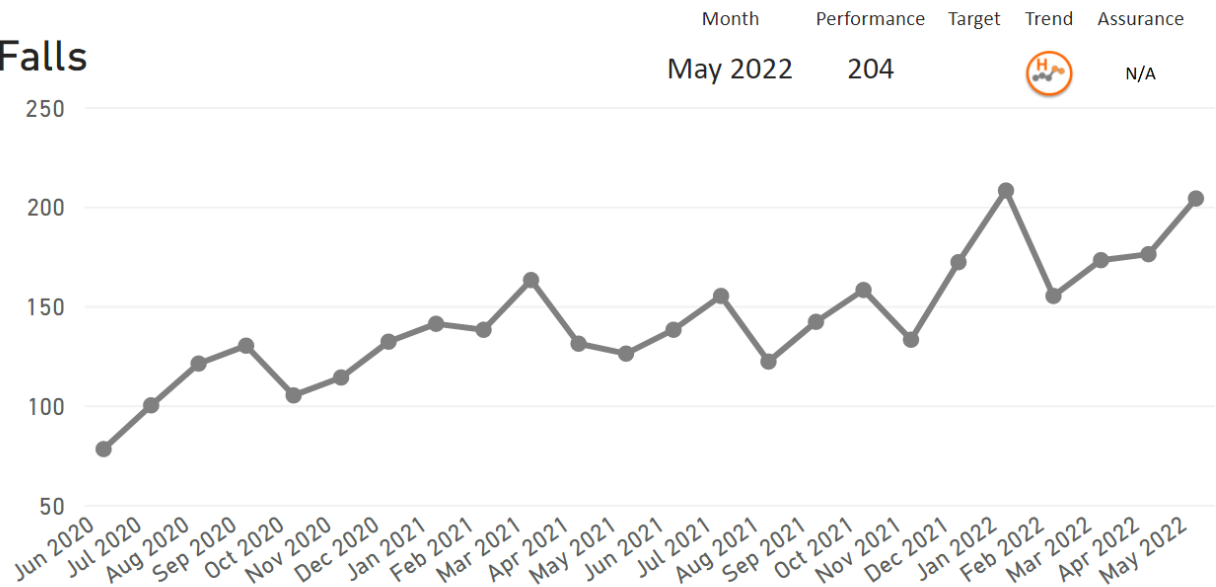
Never Events (YTD)

Month: May 2022
 Performance: 1
 Target: 0
 Trend: N/A
 Assurance: N/A

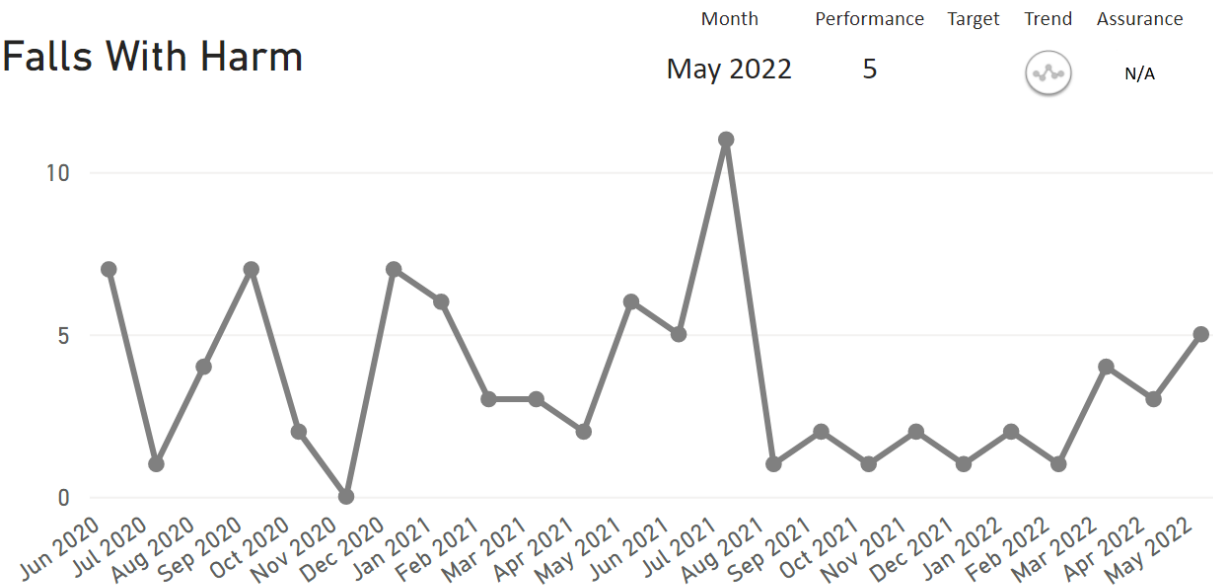


SAFE

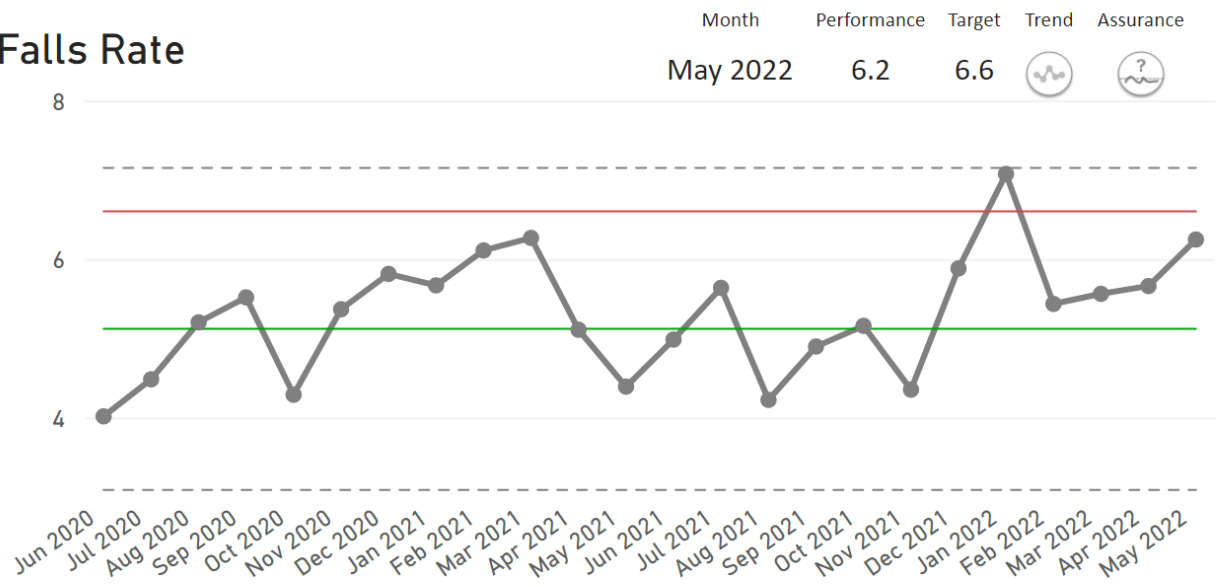
Falls



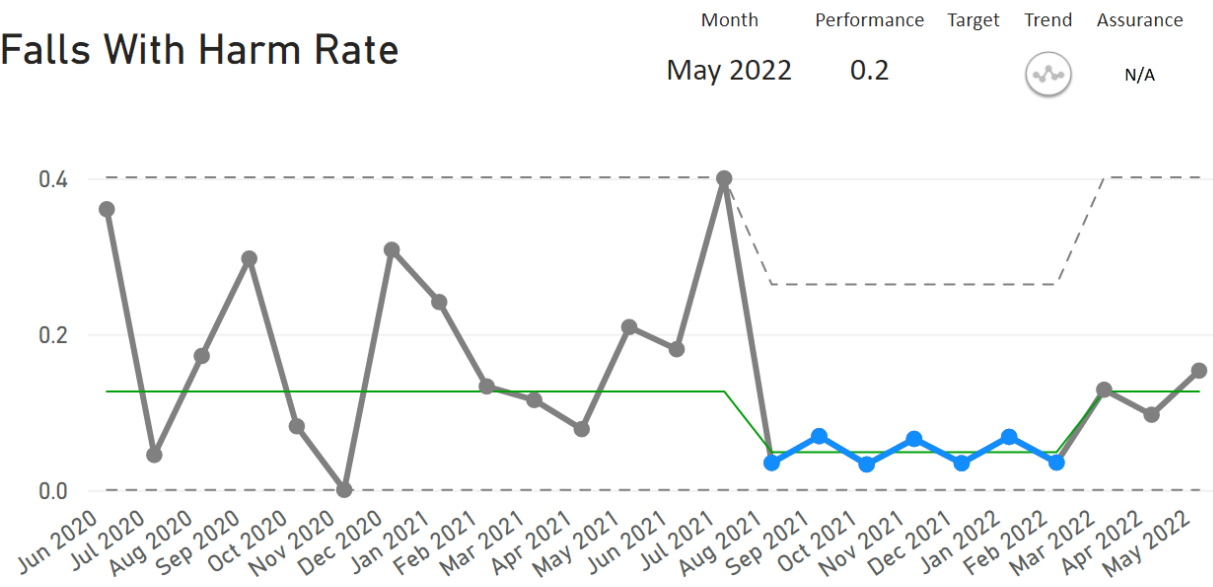
Falls With Harm



Falls Rate



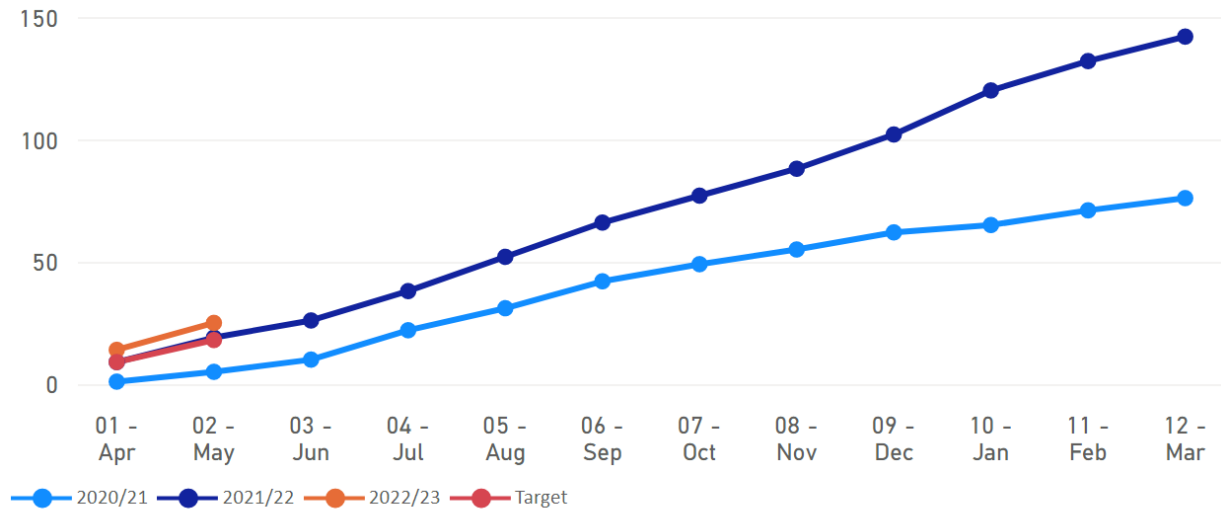
Falls With Harm Rate



SAFE

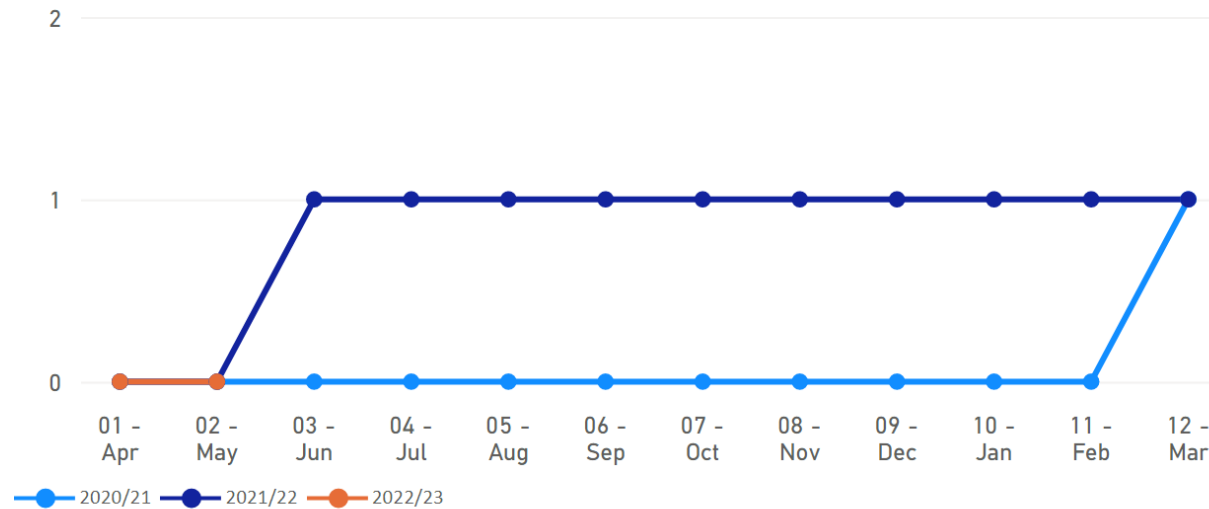
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
May 2022	25	18	N/A	N/A



MRSA (YTD)

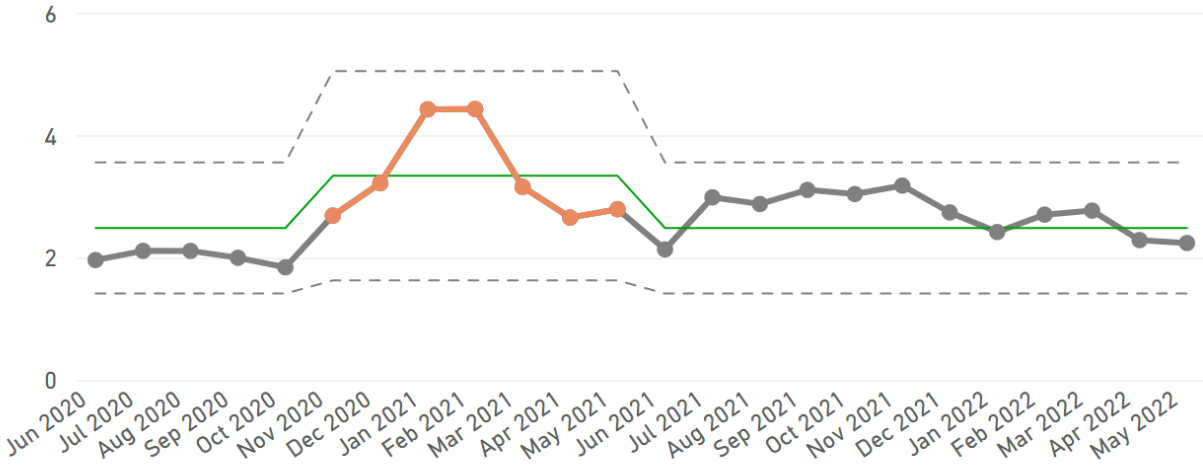
Month	Performance	Target	Trend	Assurance
May 2022	0	0	N/A	N/A



SAFE

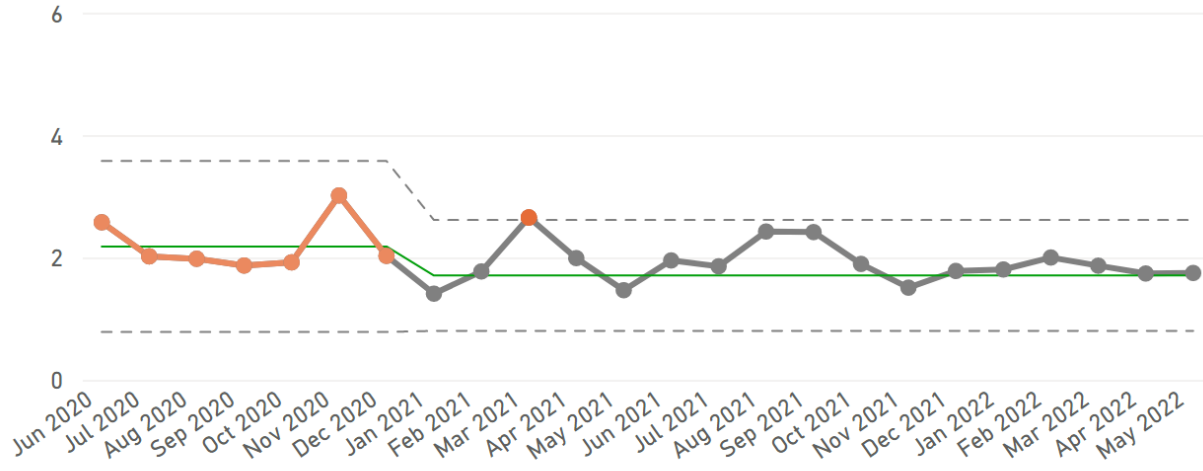
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
May 2022	2.2			N/A



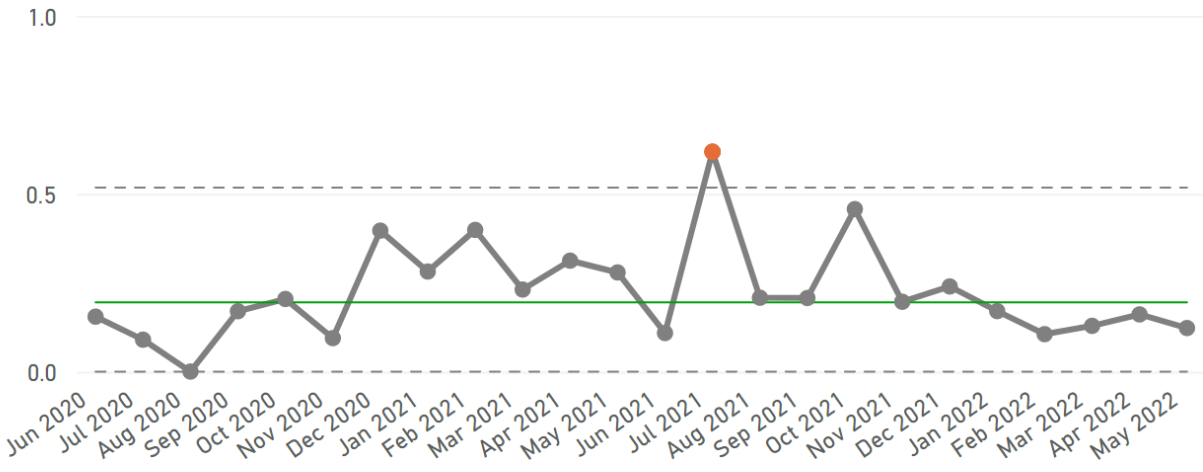
Category 2 Pressure Ulcers Community Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
May 2022	1.7			N/A



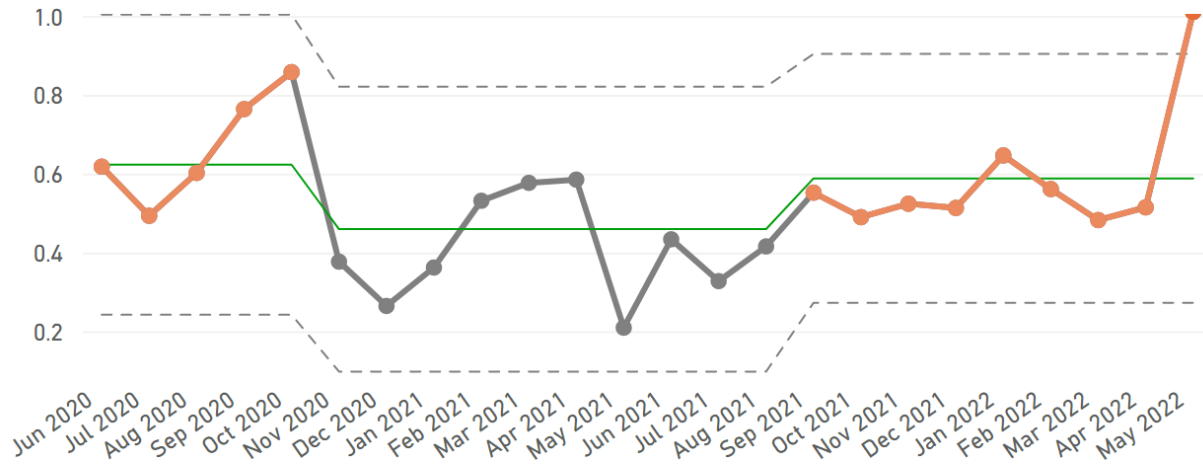
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
May 2022	0.1			N/A




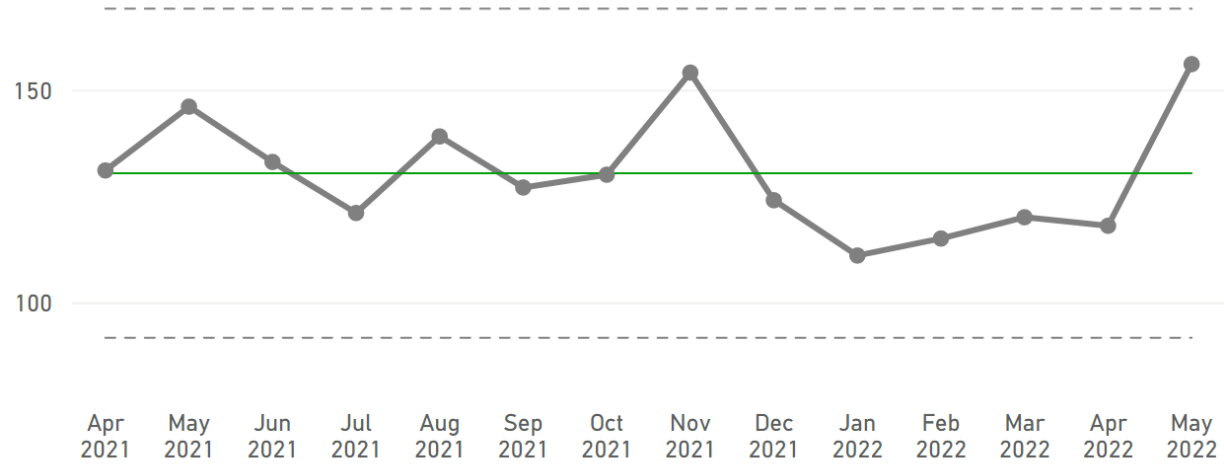
Category 3&4 Pressure Ulcers Community Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
May 2022	1			N/A





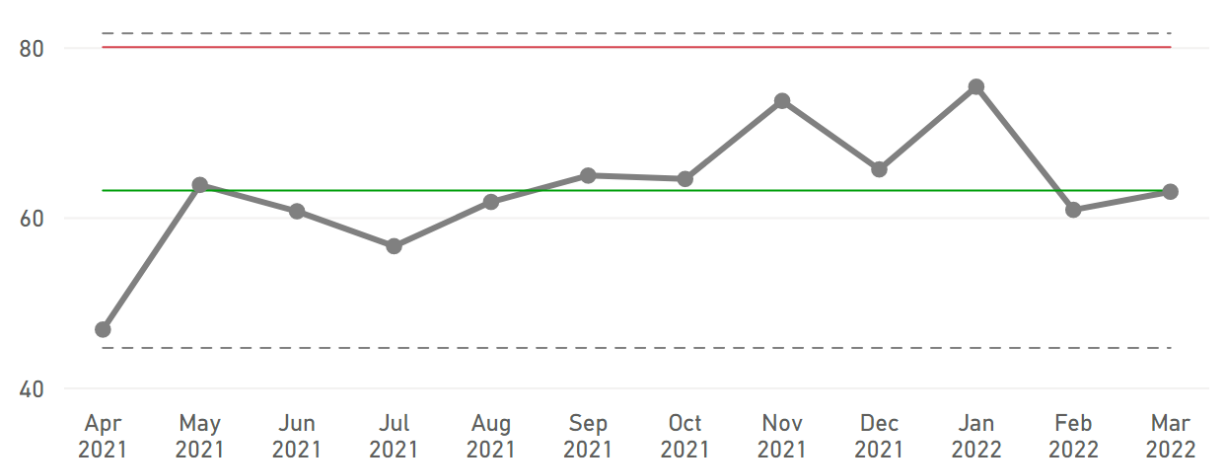
Medication Incidents

Month Performance Target Trend Assurance
May 2022 156  N/A



Medications Reconciled Rate %

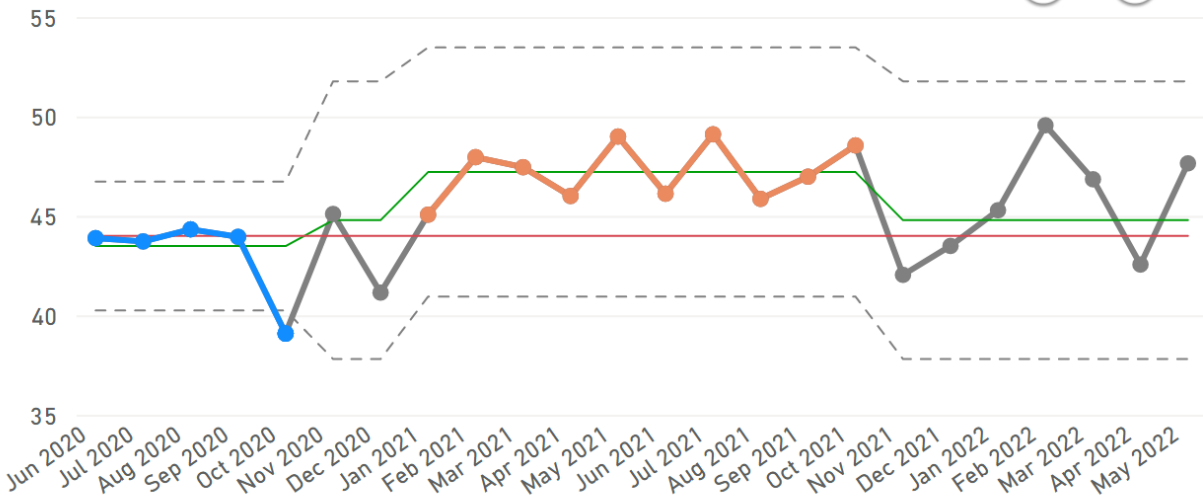
Month Performance Target Trend Assurance
Mar 2022 63% 80%  



SAFE

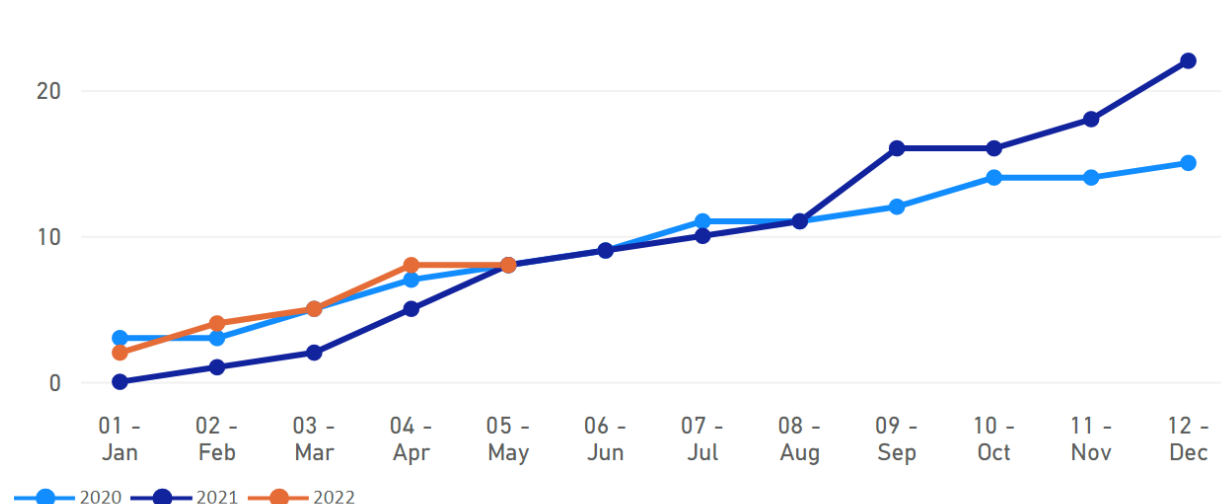
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
May 2022	47.6%	44%		



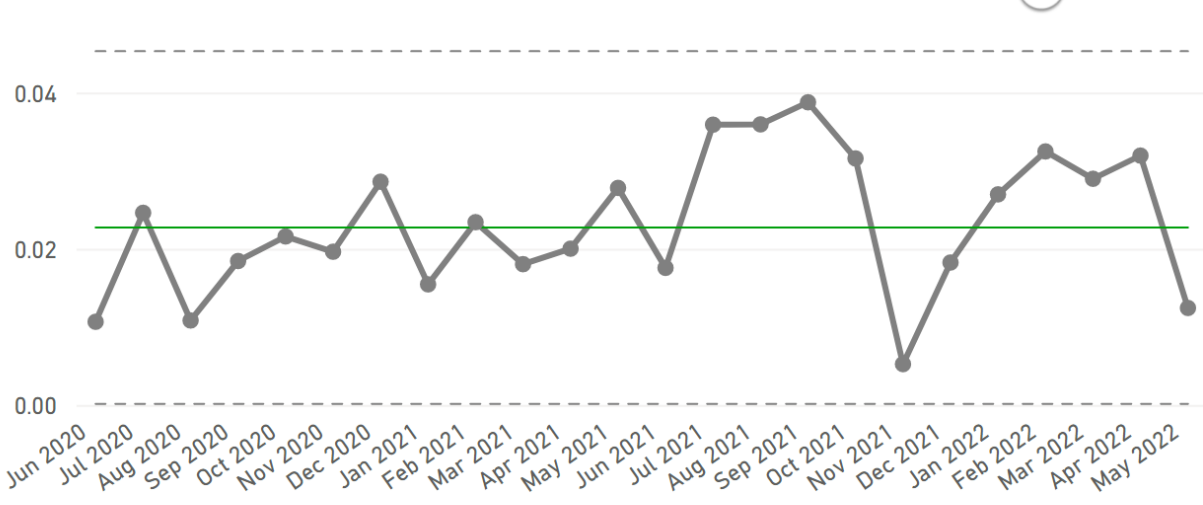
Still Births (YTD)

Month	Performance	Target	Trend	Assurance
May 2022	8	17	N/A	N/A



PPH 1500ml (%)

Month	Performance	Target	Trend	Assurance
May 2022	0			N/A

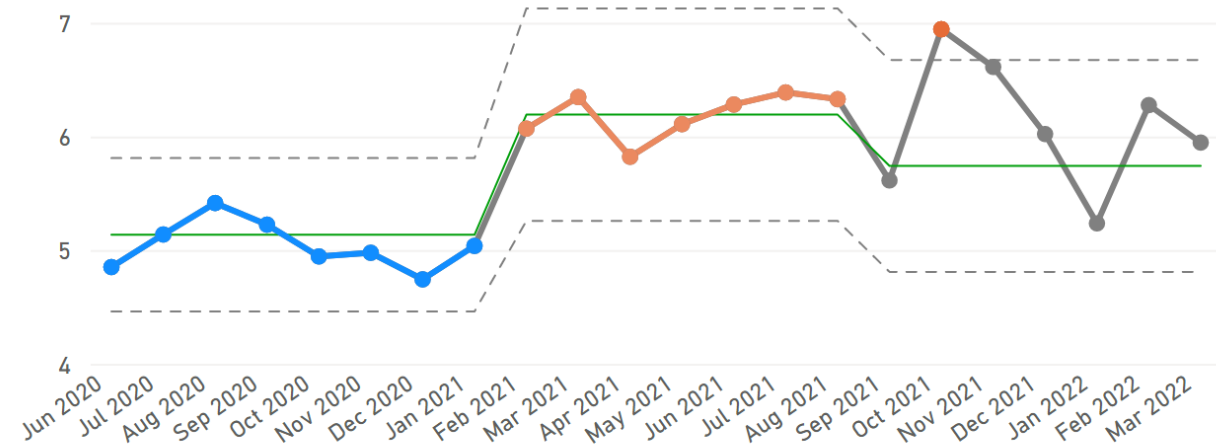


EFFECTIVE

Readmission Rate %



Month Performance Target Trend Assurance

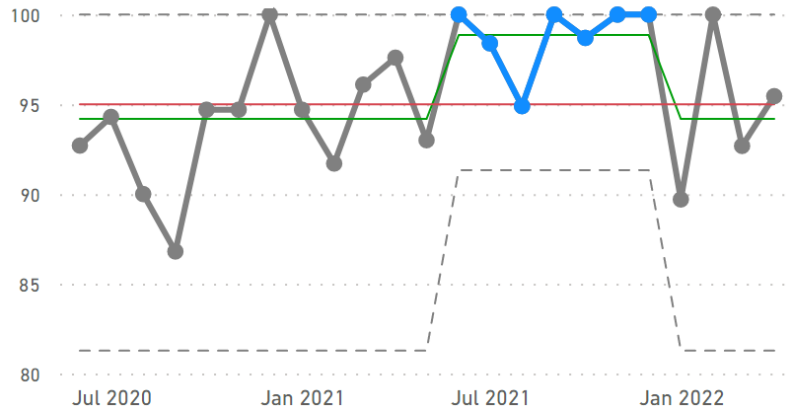
Mar 2022 5.9%  N/A





EFFECTIVE

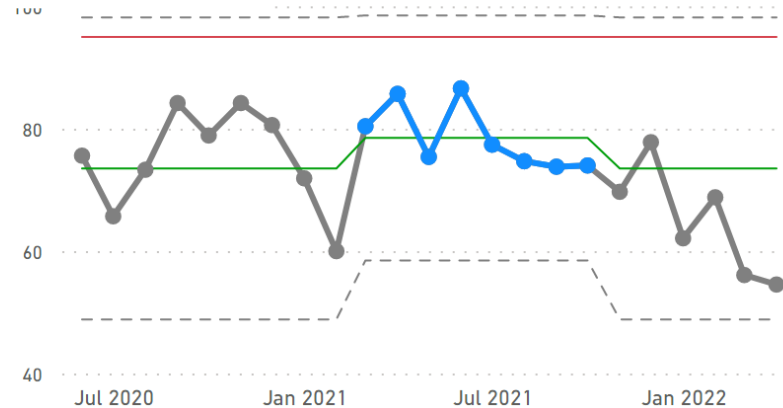
Sepsis - Oxygen within 1hr

Month: Apr 2022
 Performance: 95.5%
 Target: 95%
 Trend: 
 Assurance: 





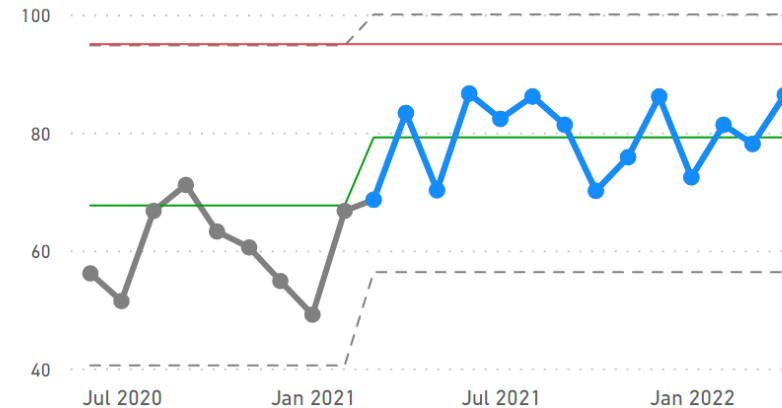
Sepsis - Blood cultures within 1hr

Month: Apr 2022
 Performance: 54.5%
 Target: 95%
 Trend: 
 Assurance: 





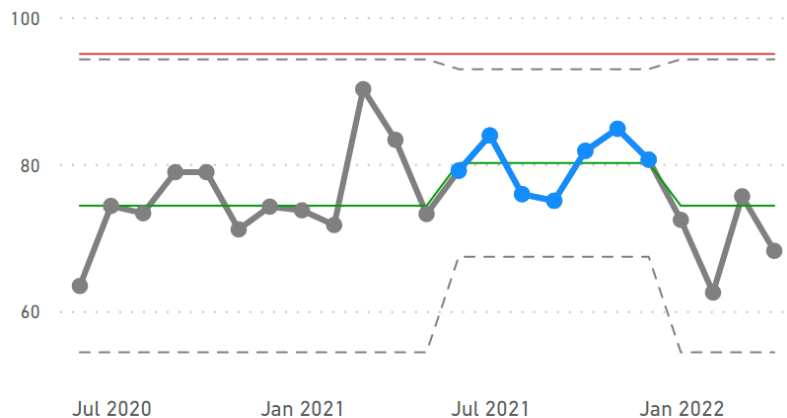
Sepsis - IV antibiotics within 1hr

Month: Apr 2022
 Performance: 86.4%
 Target: 95%
 Trend: 
 Assurance: 





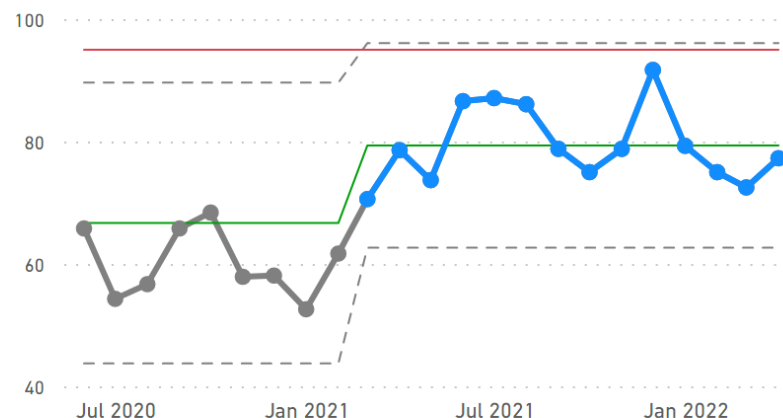
Sepsis - Serum lactate within 1hr

Month: Apr 2022
 Performance: 68.2%
 Target: 95%
 Trend: 
 Assurance: 





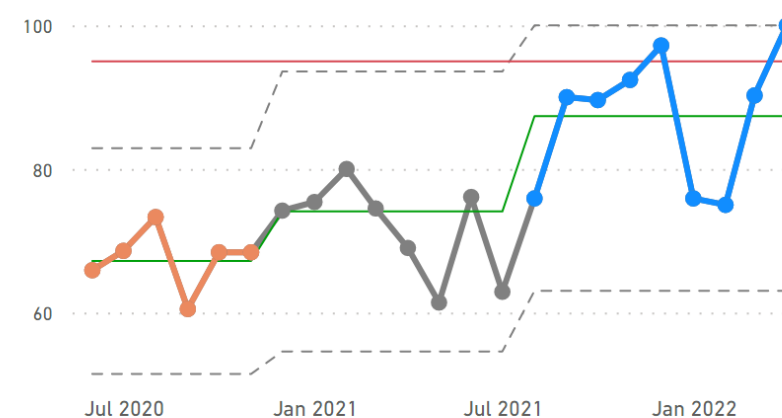
IV fluid resuscitation within 1hr

Month: Apr 2022
 Performance: 77.3%
 Target: 95%
 Trend: 
 Assurance: 



Sepsis - Urine measurement within 1hr

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



SHMI

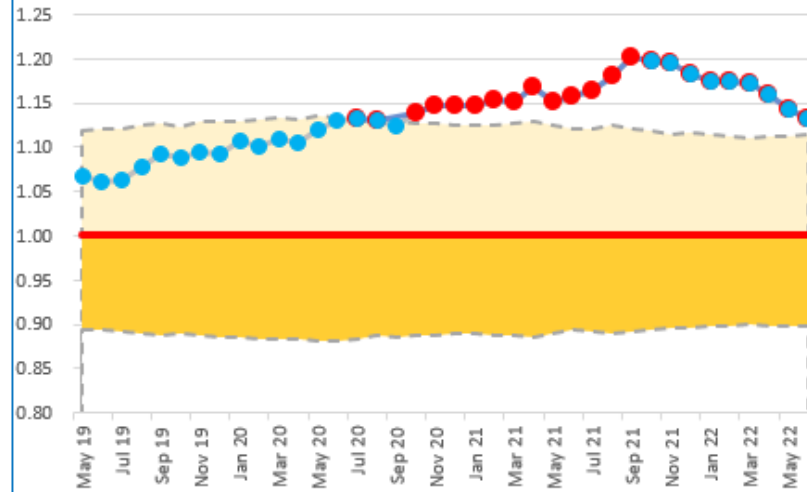
Latest publication month Jun 22

SHMI (Feb 2021 - Jan 2022) 1.13

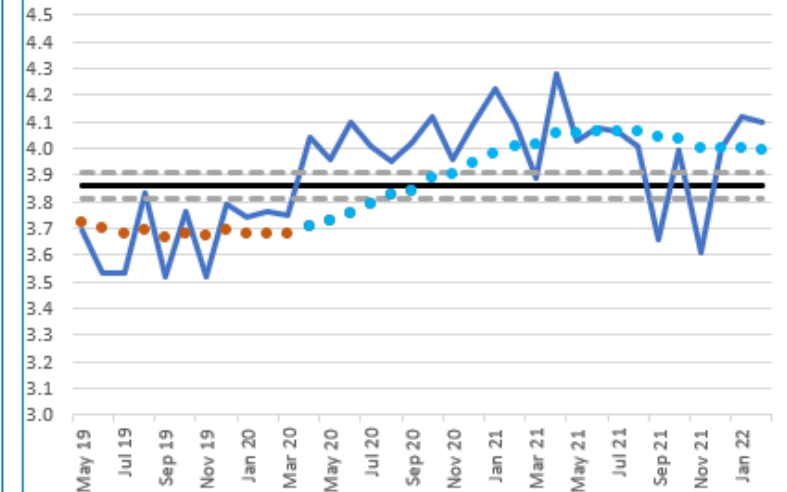
Observed deaths 2480

Expected deaths 2190

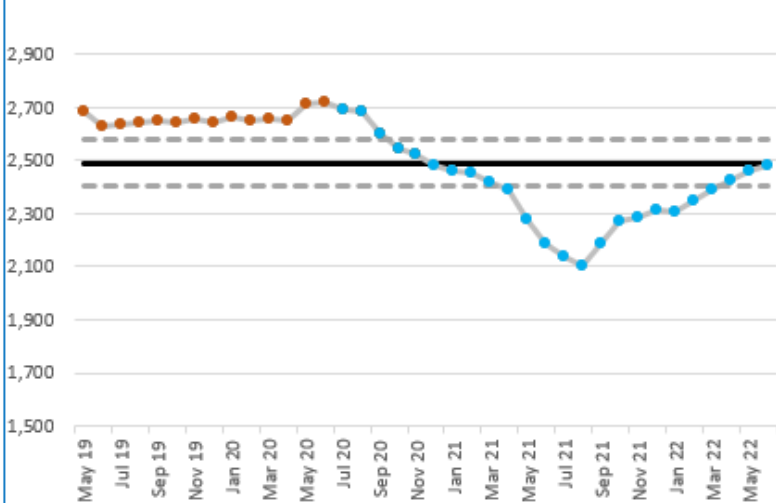
Trust SHMI - 12 month rolling average



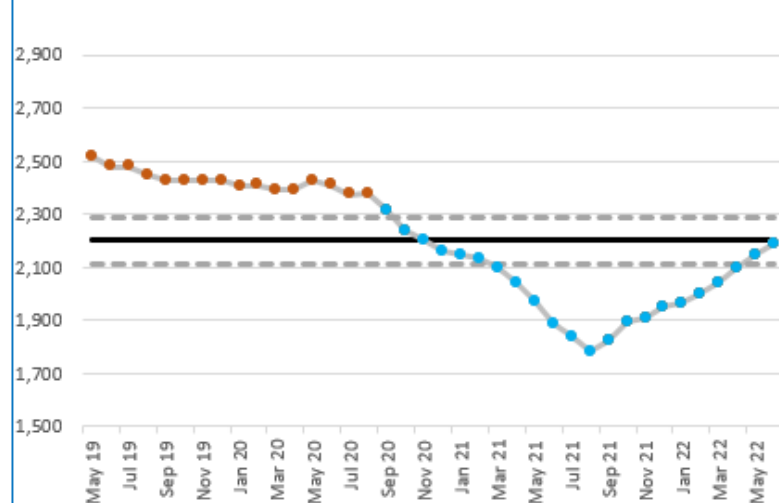
Comorbidity Score - monthly & rolling 12 month average



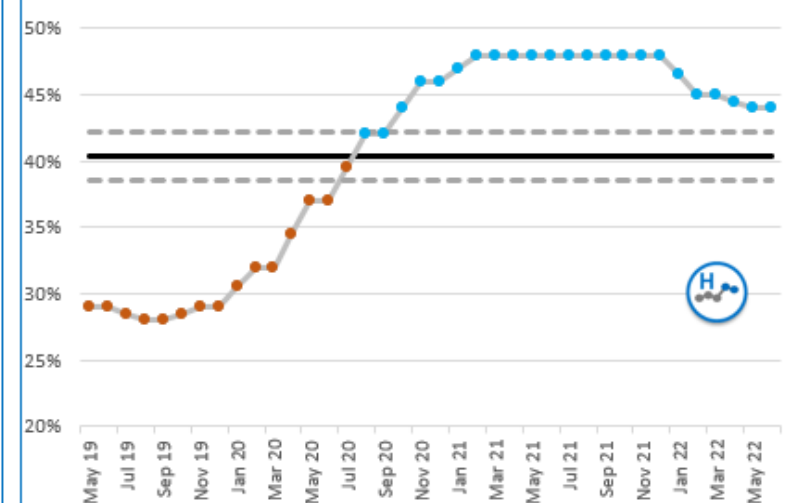
Trust SHMI - Observed Deaths - 12 month rolling average



Trust SHMI - Expected Deaths - 12 month rolling average




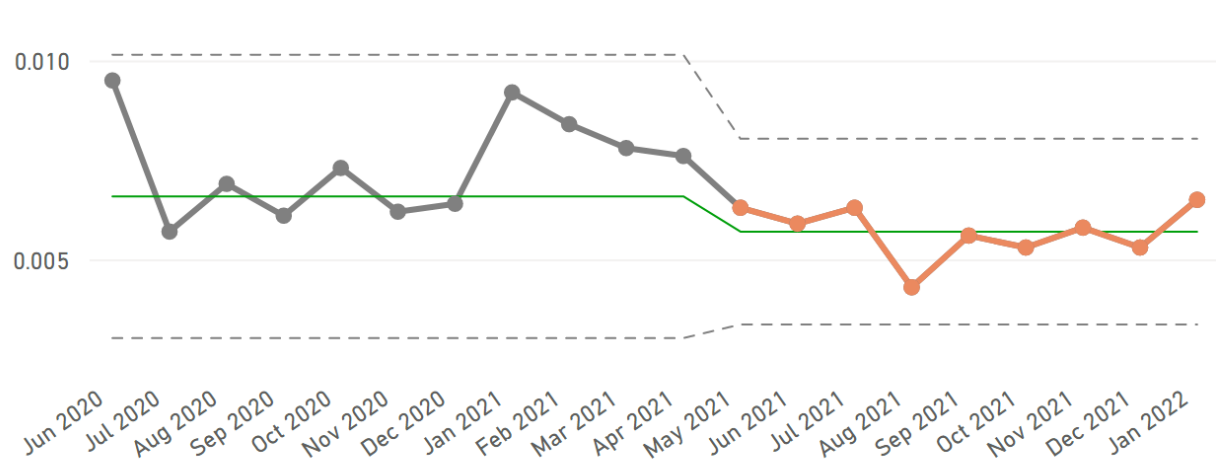
Percentage of deaths with Palliative Care Coding




EFFECTIVE

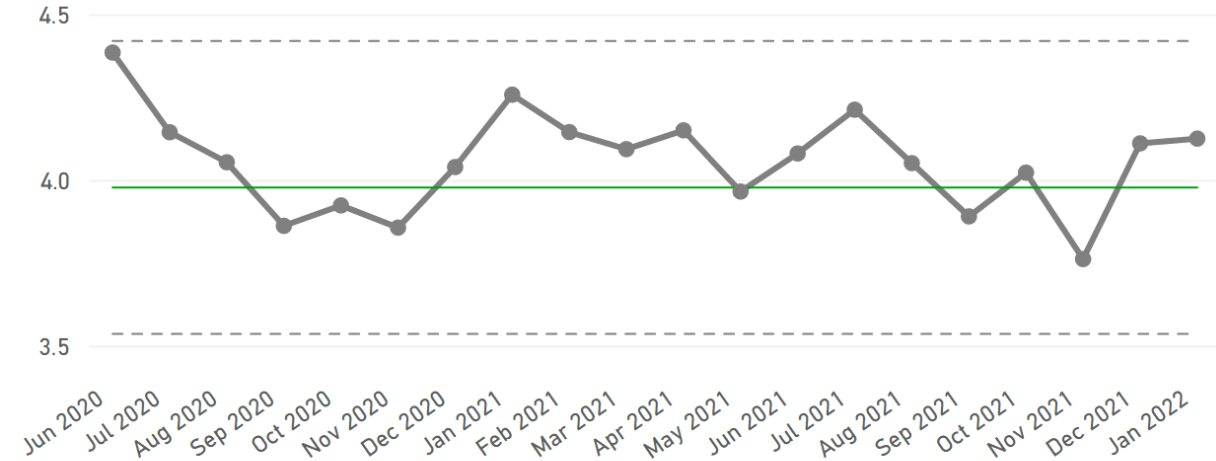
Palliative Care Coding

Month	Performance	Target	Trend	Assurance
Jan 2022	0			N/A



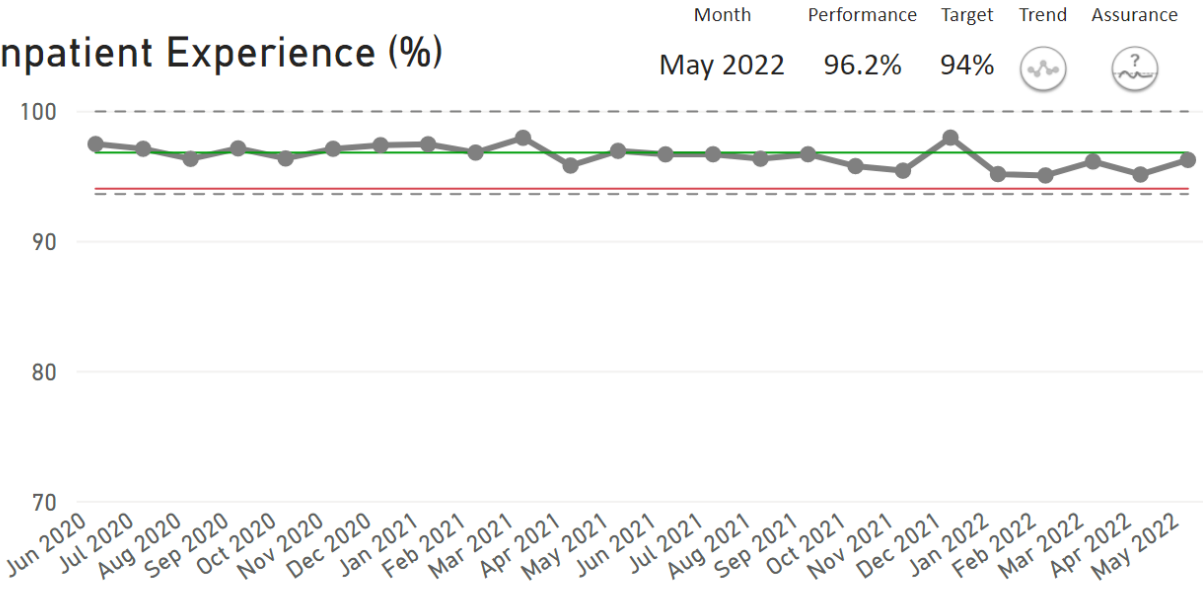
Comorbidity Coding

Month	Performance	Target	Trend	Assurance
Jan 2022	4.1			N/A

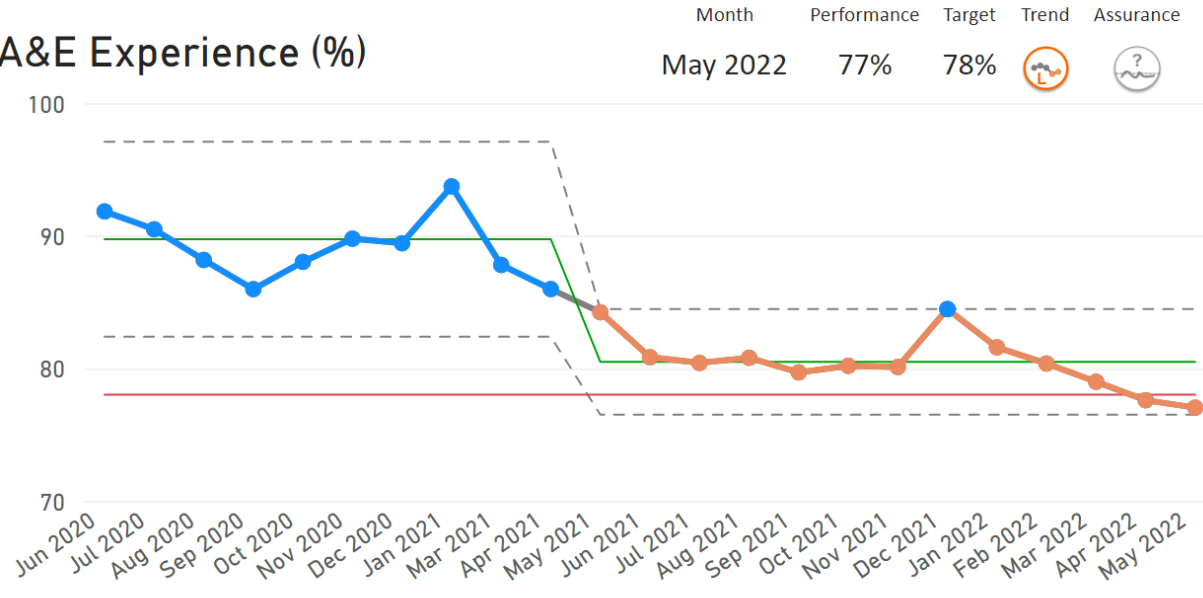


CARING

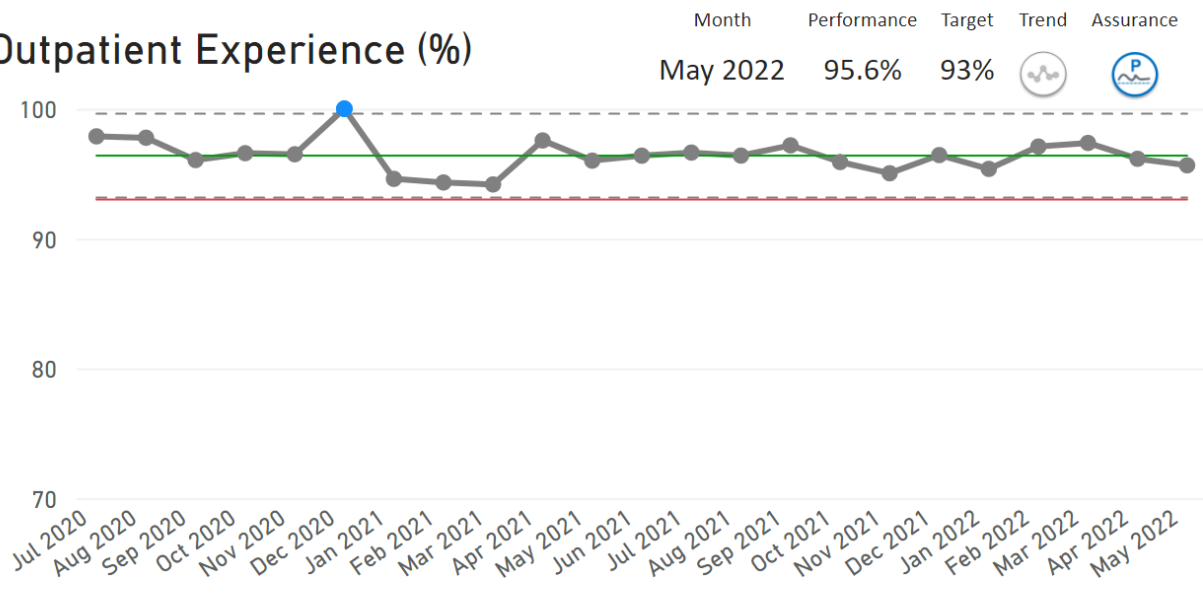
Inpatient Experience (%)



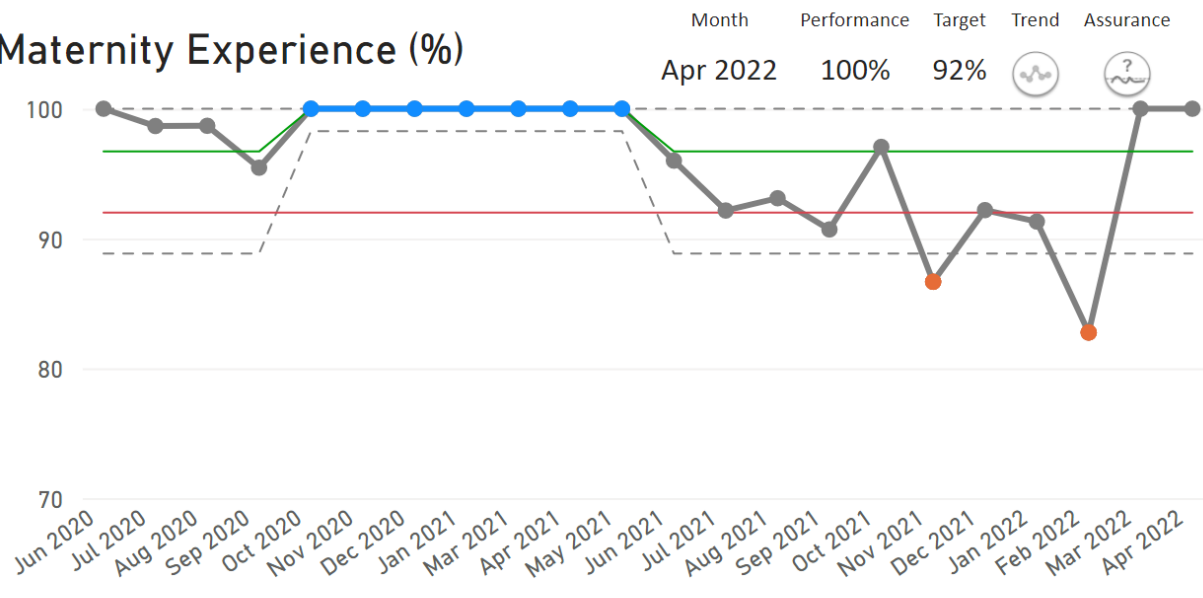
A&E Experience (%)



Outpatient Experience (%)




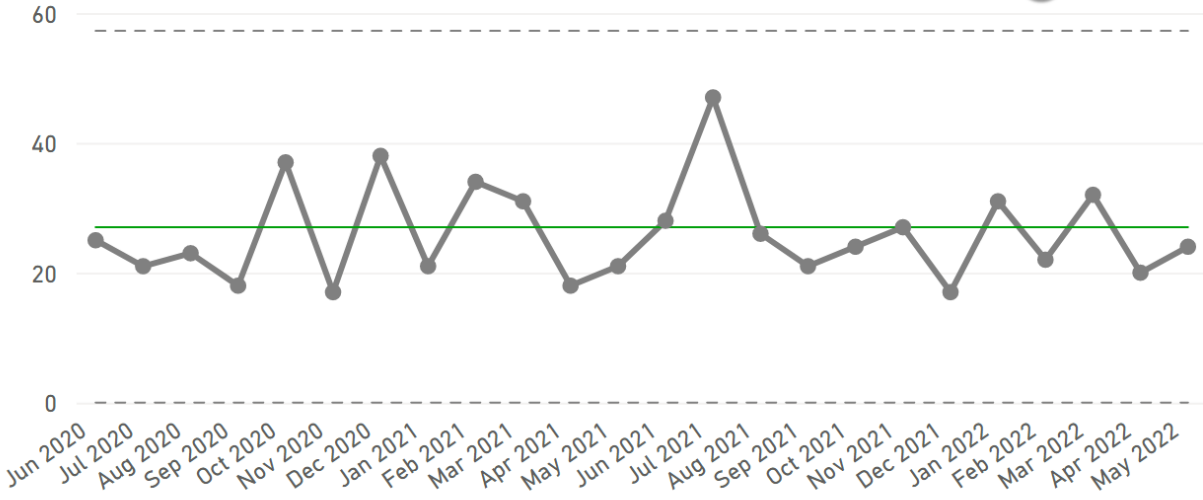
Maternity Experience (%)





CARING

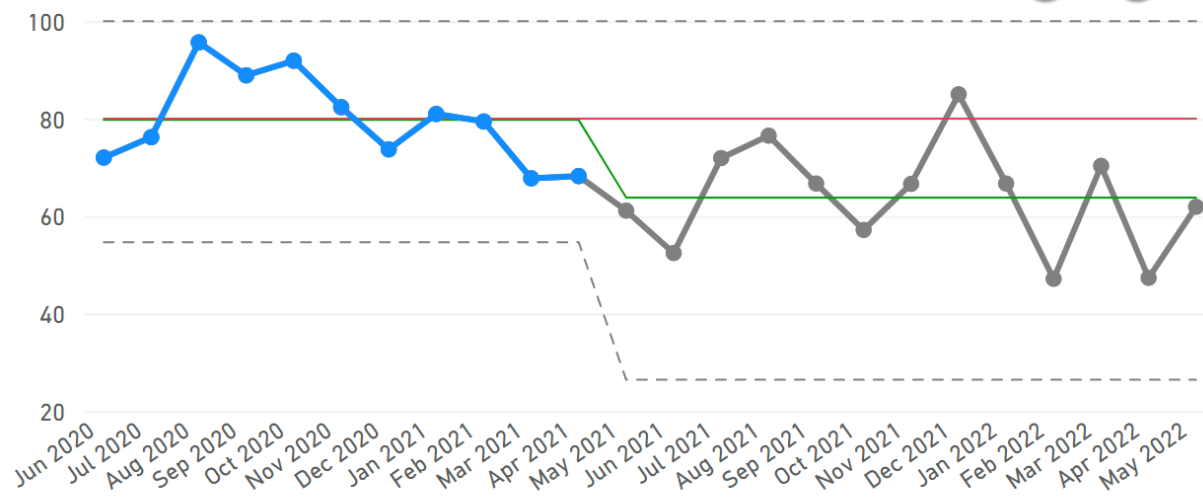
New Complaints

Month: May 2022
Performance: 24
Target: 27
Trend: 
Assurance: N/A





Closed Within Target (%)

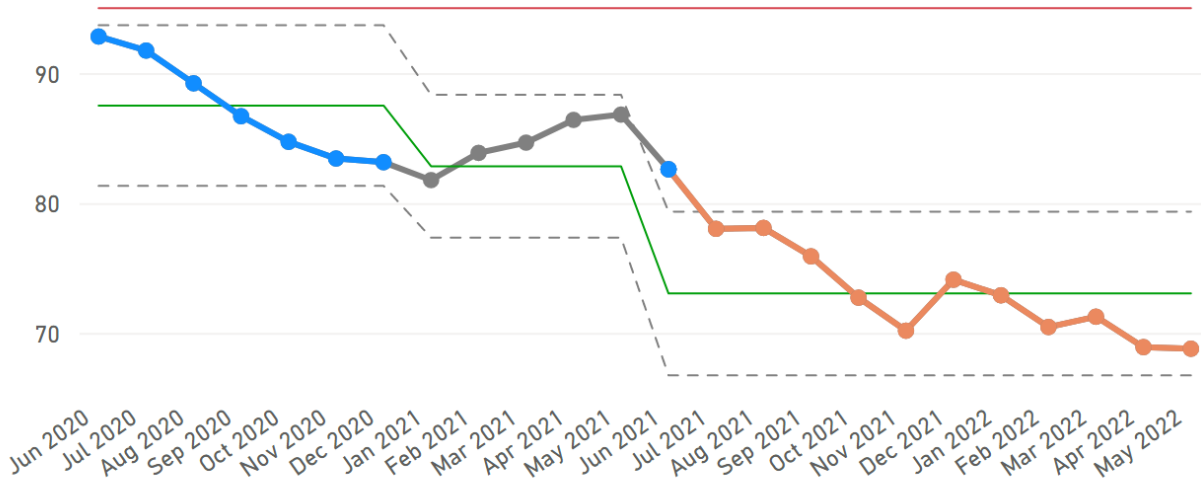
Month: May 2022
Performance: 61.9%
Target: 80%
Trend: 
Assurance: 



RESPONSIVE

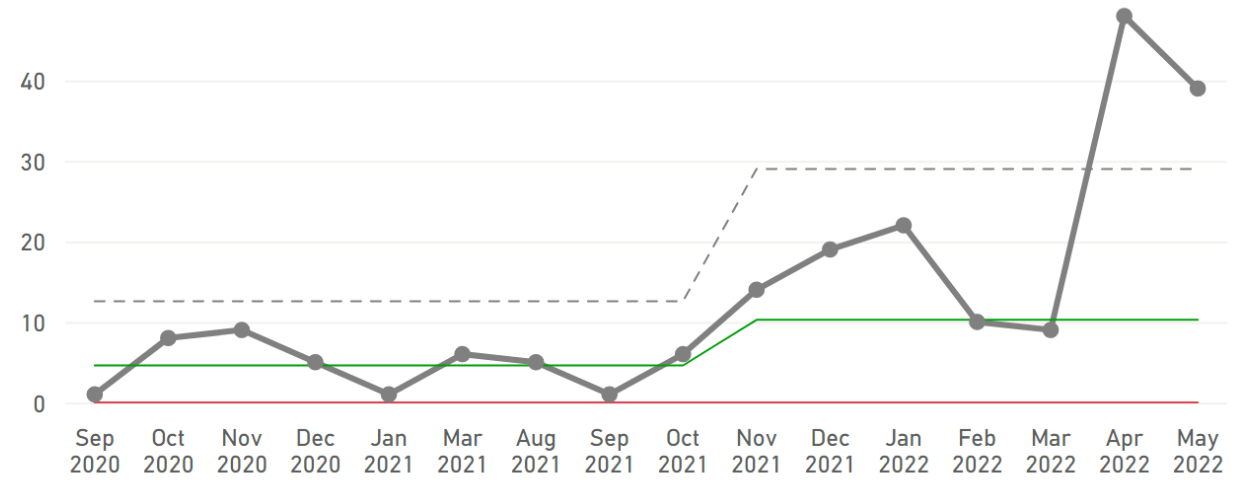
4-Hour A&E Standard

Month: May 2022
 Performance: 68.8%
 Target: 95%
 Trend: 
 Assurance: 



12-Hour Waits from Decision to Admit

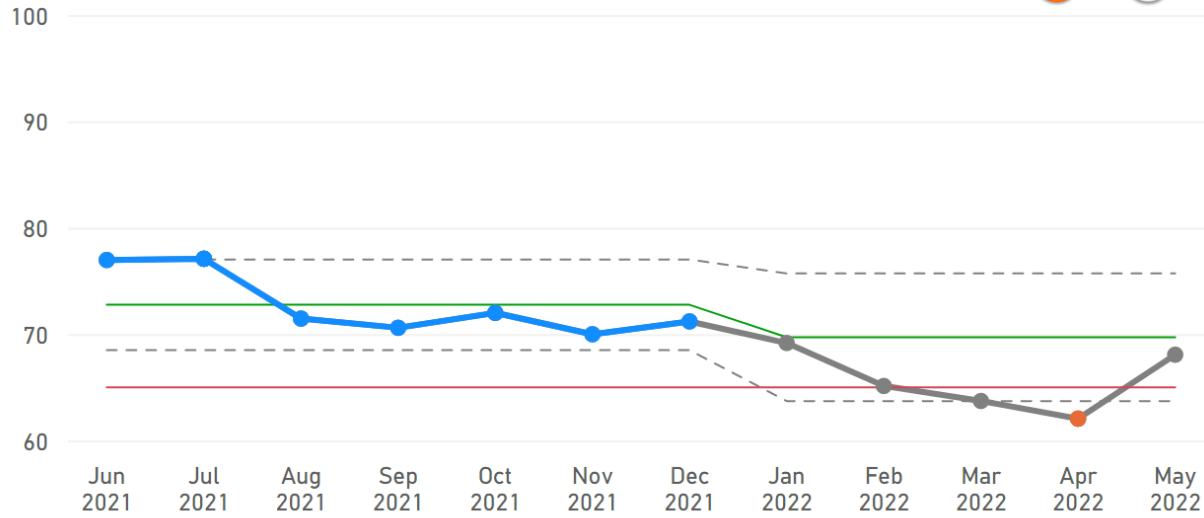
Month: May 2022
 Performance: 39
 Target: 0
 Trend: 
 Assurance: 



RESPONSIVE

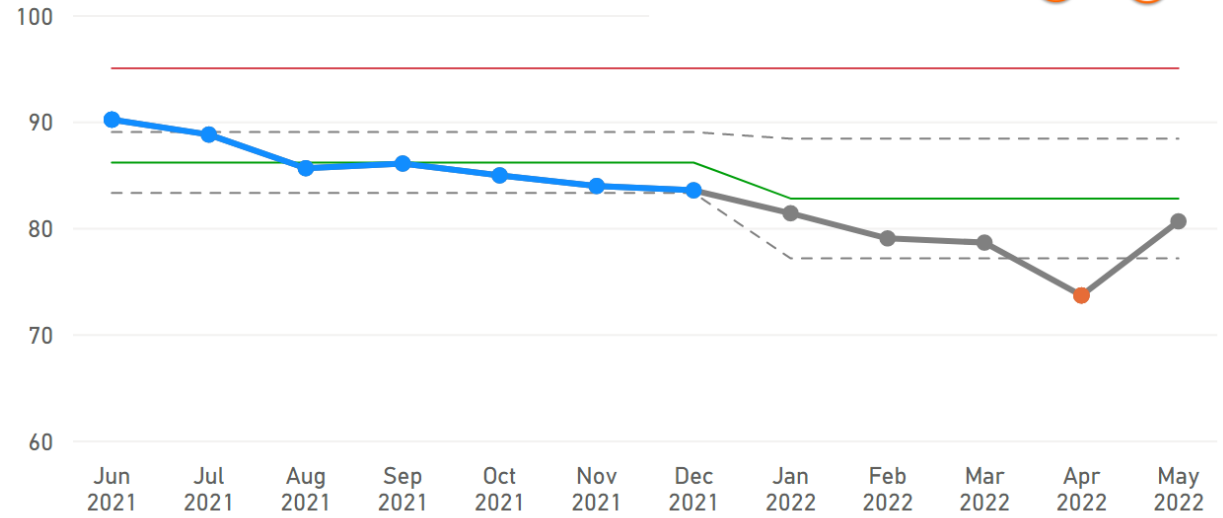
Handovers - Within 15 Mins (%)

Month: May 2022
Performance: 68.1%
Target: 65%
Trend:





Handovers - Within 30 Mins (%)

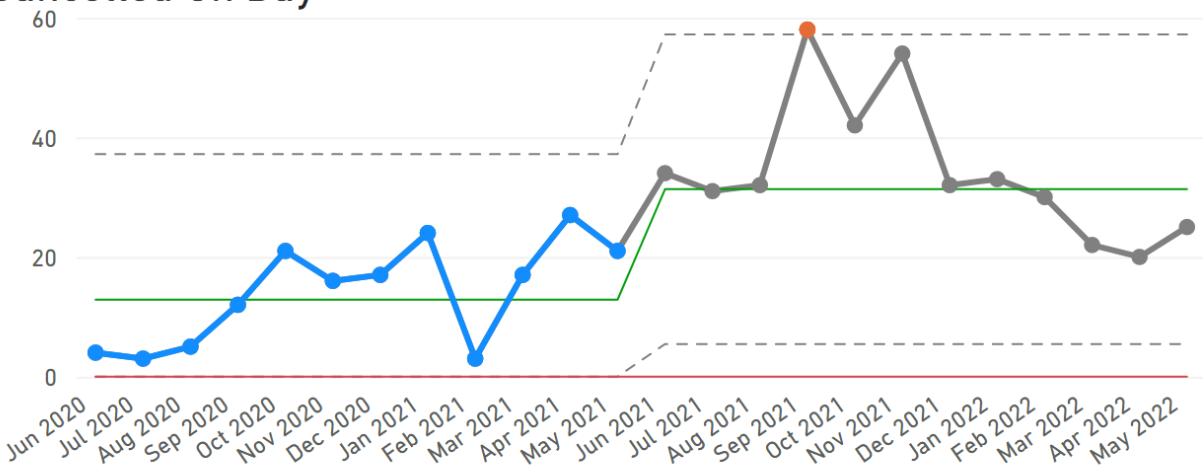
Month: May 2022
Performance: 80.6%
Target: 95%
Trend:




RESPONSIVE

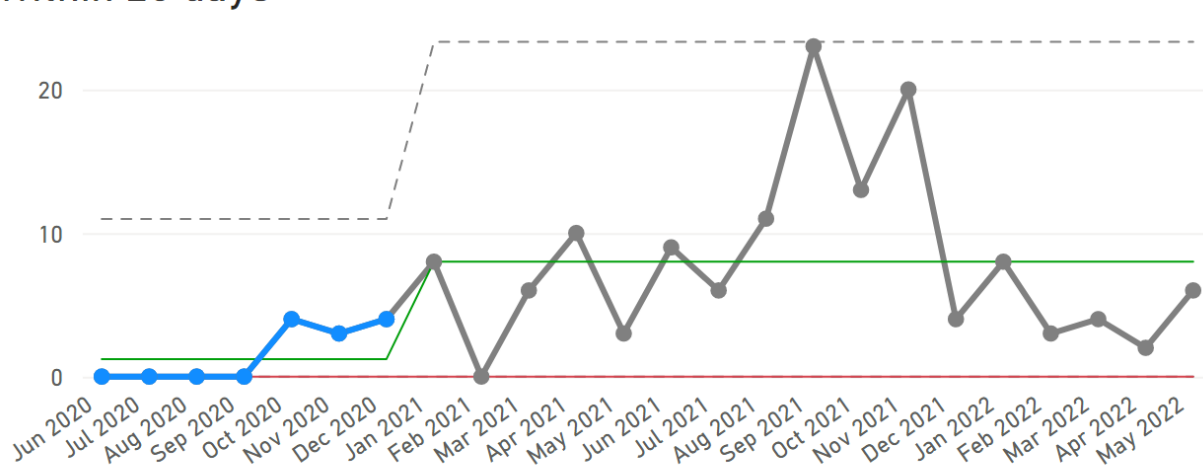
Cancelled Ops - Non-Urgent Cancelled On Day

Month: May 2022
 Performance: 25
 Target: 0
 Trend: 
 Assurance: 



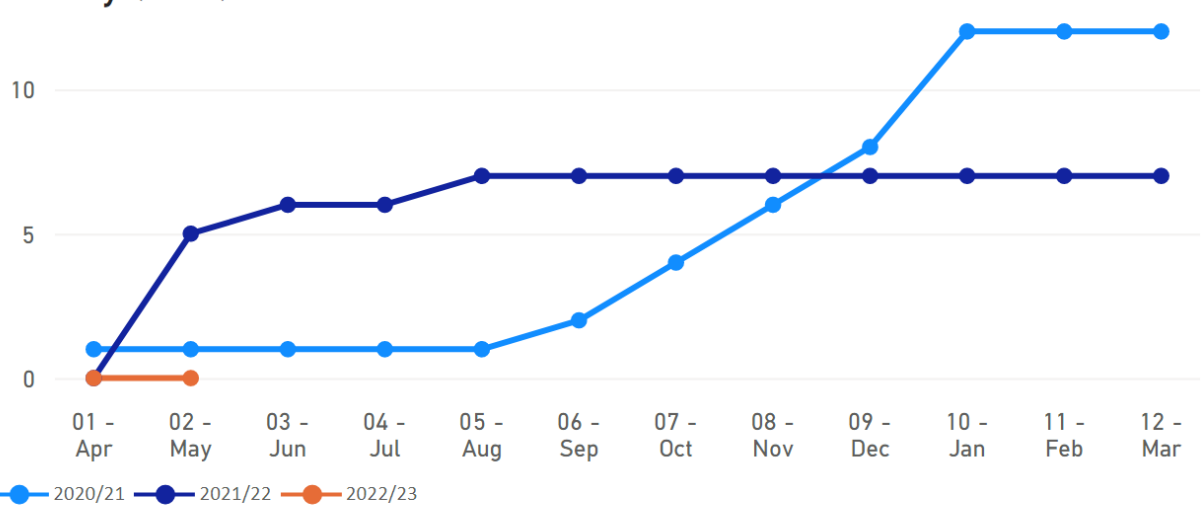
Cancelled Ops - Not Rebooked Within 28 days

Month: May 2022
 Performance: 6
 Target: 0
 Trend: 
 Assurance: 





Cancer Operations Cancelled On Day (YTD)

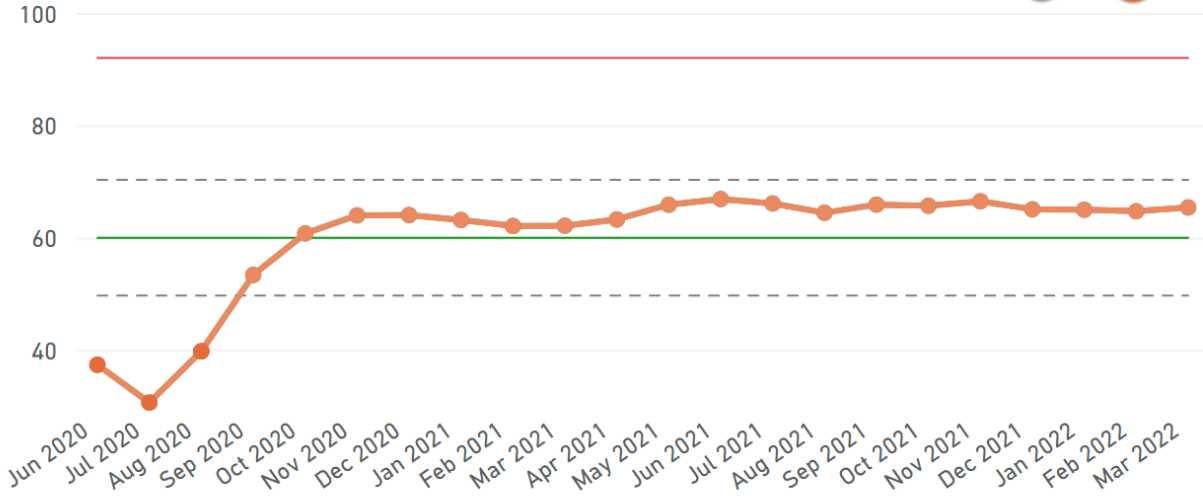
Month: May 2022
 Performance: 0
 Target: 0
 Trend: N/A
 Assurance: N/A





RESPONSIVE

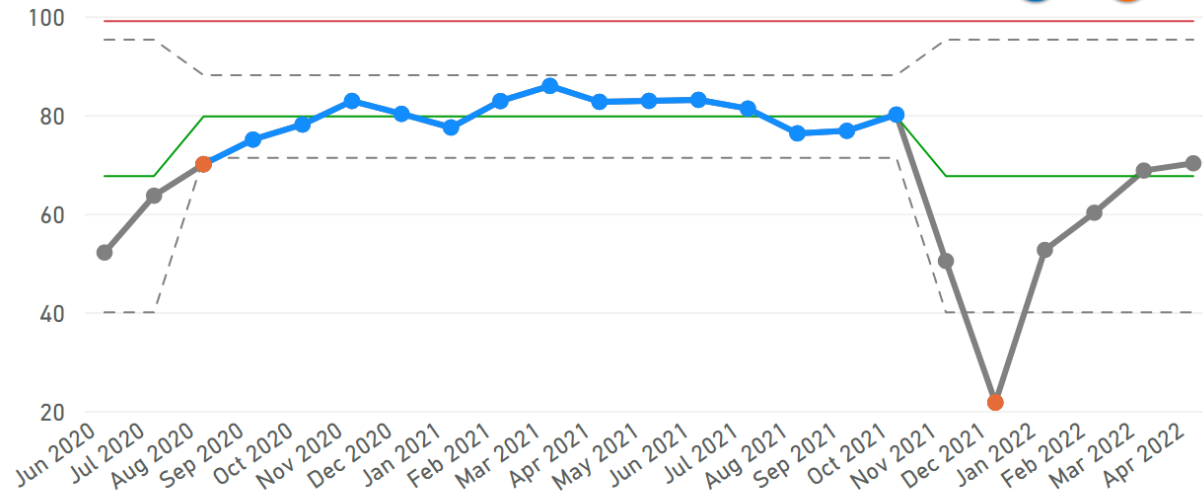
RTT Incomplete Pathways (%)

Month: Mar 2022
Performance: 65.3%
Target: 92%
Trend: 
Assurance: 





Diagnostic 6 Weeks Standard (%)

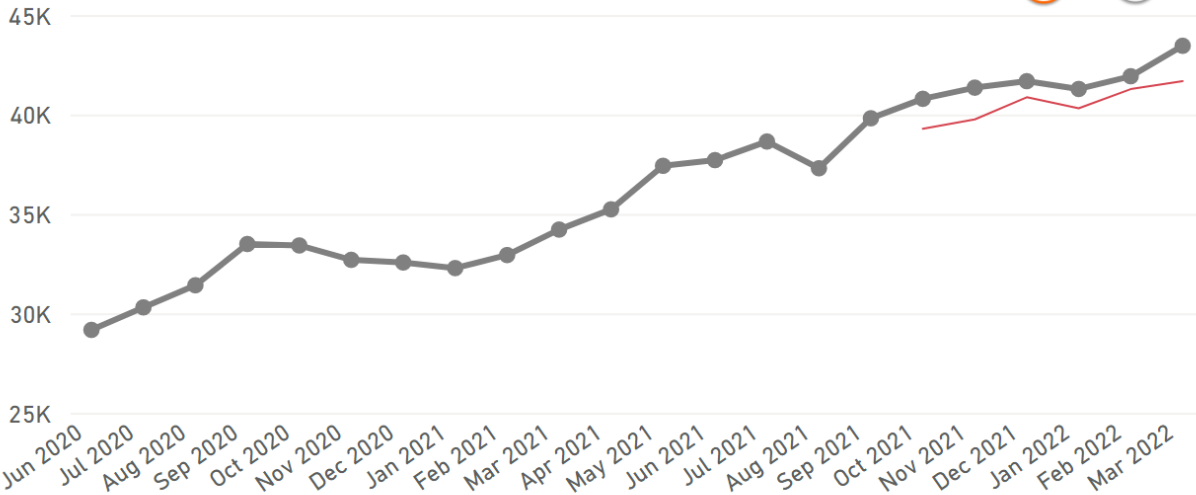
Month: Apr 2022
Performance: 70.2%
Target: 99%
Trend: 
Assurance: 



RESPONSIVE

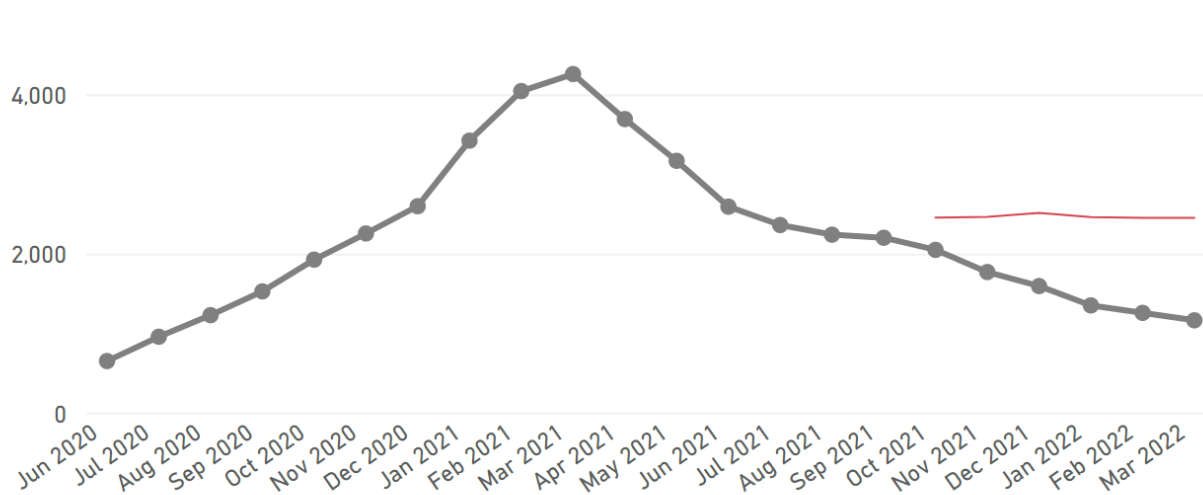
RTT Waiting List Size

Month	Performance	Target	Trend	Assurance
Mar 2022	43453	41677		



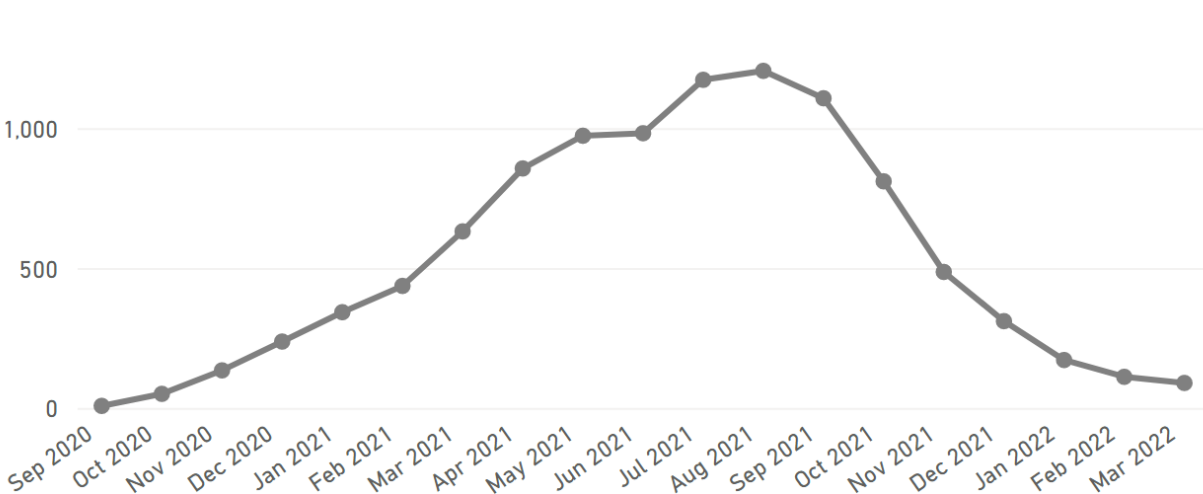
RTT 52 week waiters

Month	Performance	Target	Trend	Assurance
Mar 2022	1162	2451	N/A	N/A



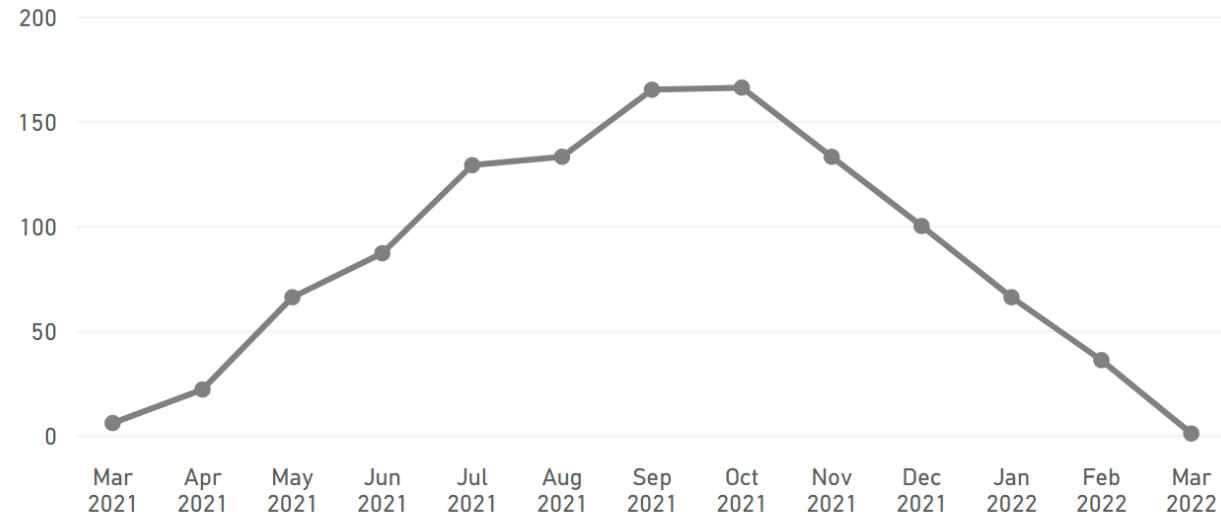
RTT 78 week waiters

Month	Performance	Target	Trend	Assurance
Mar 2022	89		N/A	N/A



RTT 104 week waiters

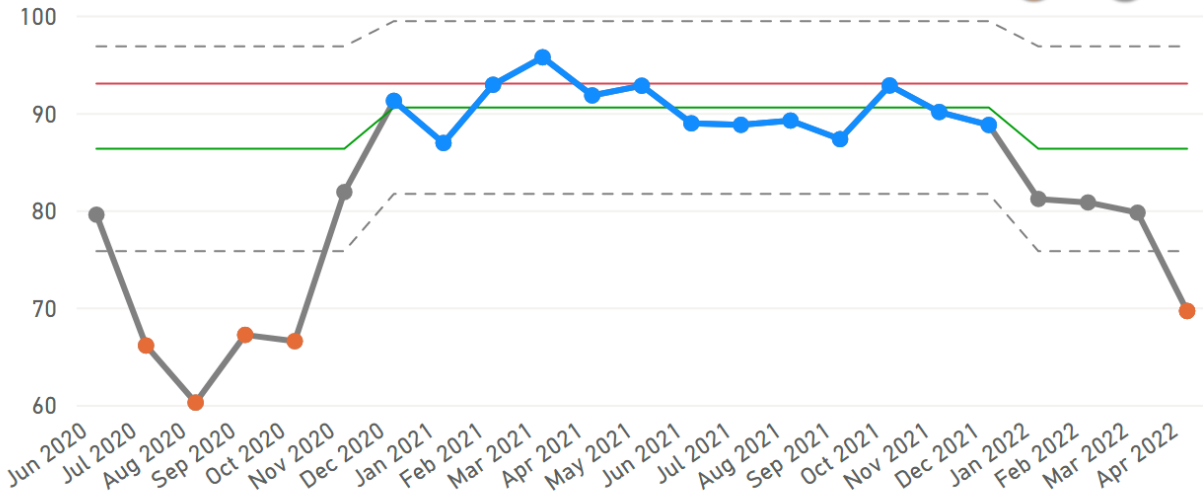
Month	Performance	Target	Trend	Assurance
Mar 2022	1	0	N/A	N/A



RESPONSIVE

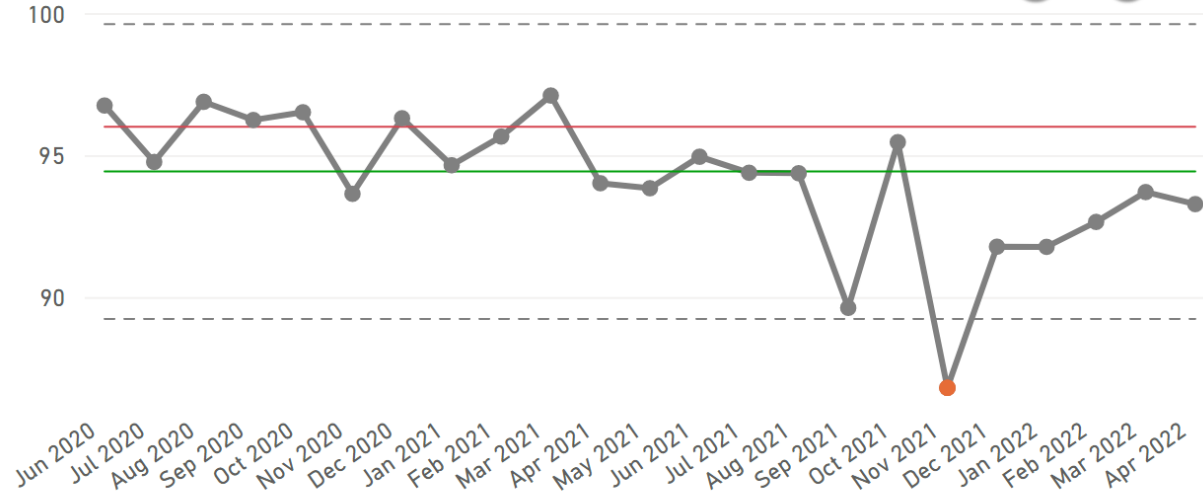
Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Apr 2022	69.6%	93%		



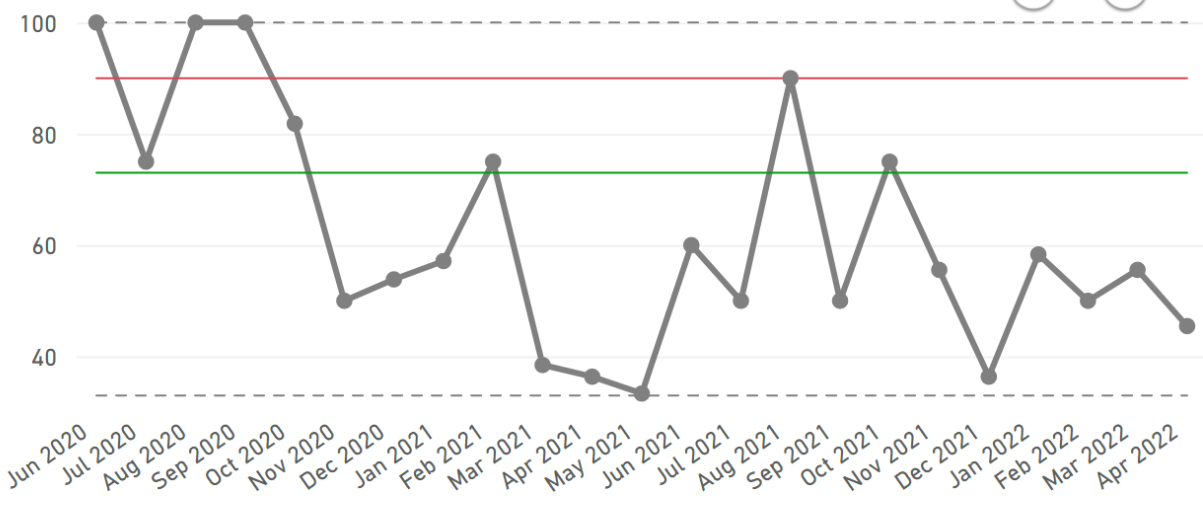
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Apr 2022	93.3%	96%		



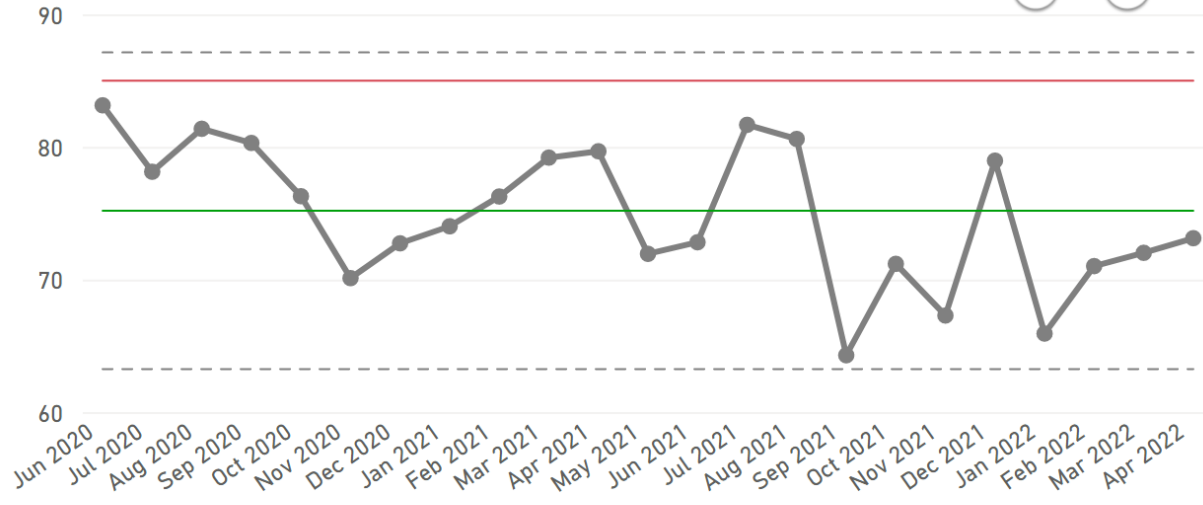
Cancer 62 Day Screening (%)

Month	Performance	Target	Trend	Assurance
Apr 2022	45.5%	90%		



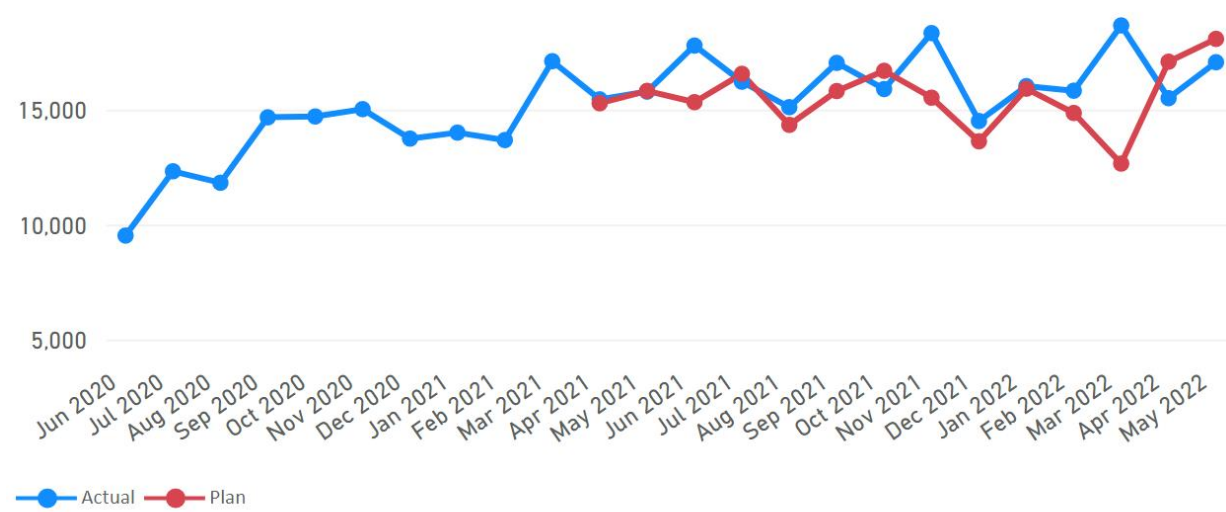
Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Apr 2022	73.1%	85%		

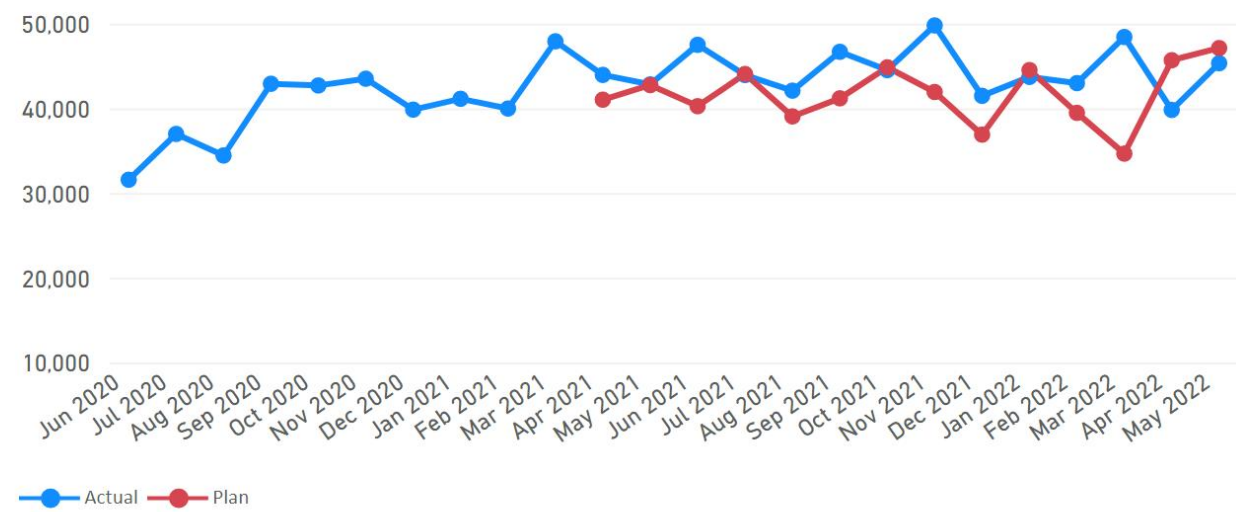


RESPONSIVE

Outpatient New Attendances

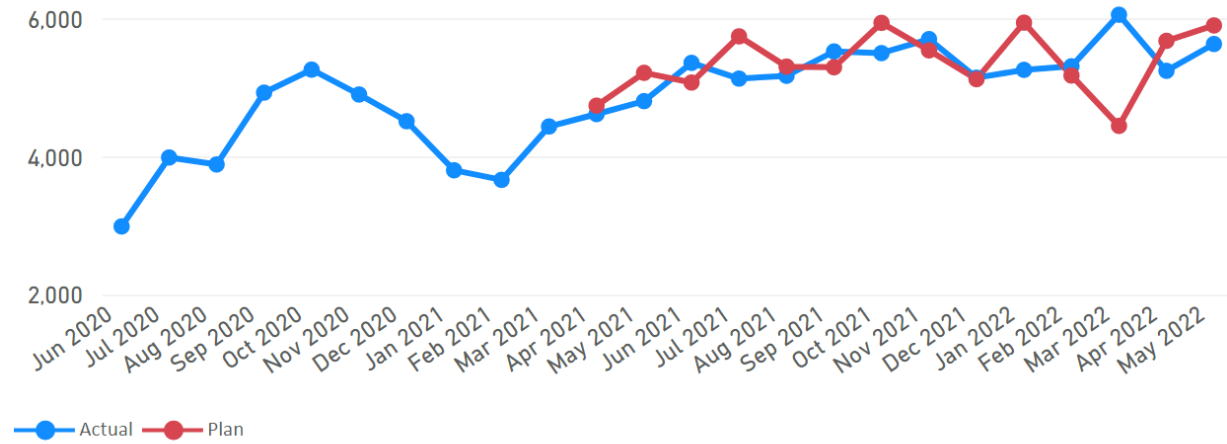


Outpatient Follow-Up Attendances

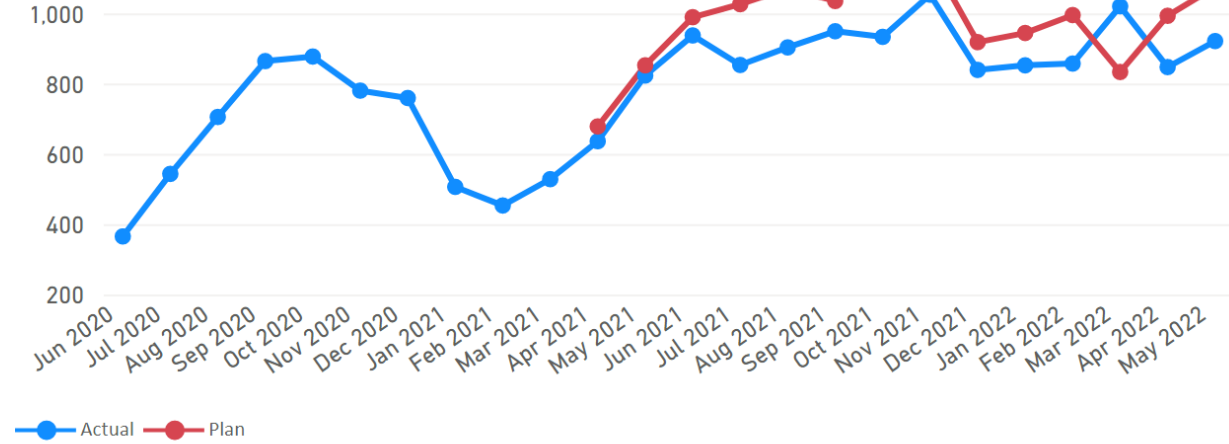


RESPONSIVE

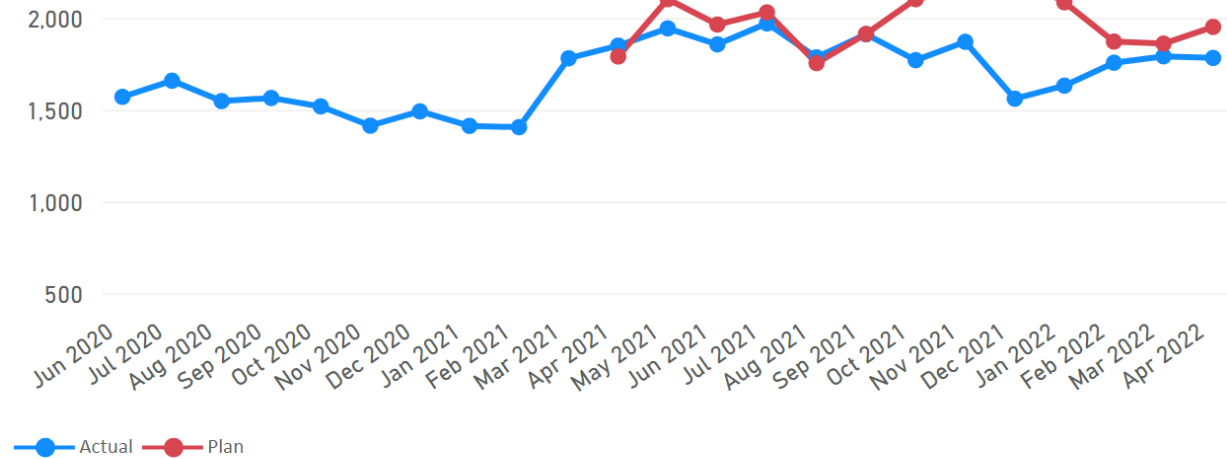
Day Case admissions



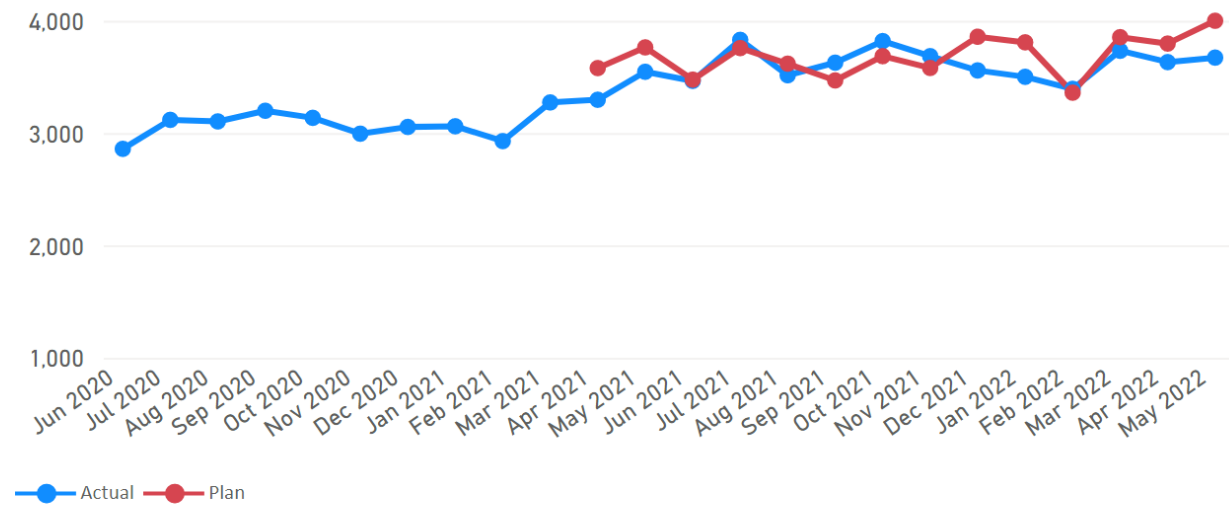
Ordinary Elective admissions



NEL admissions with 0 LOS




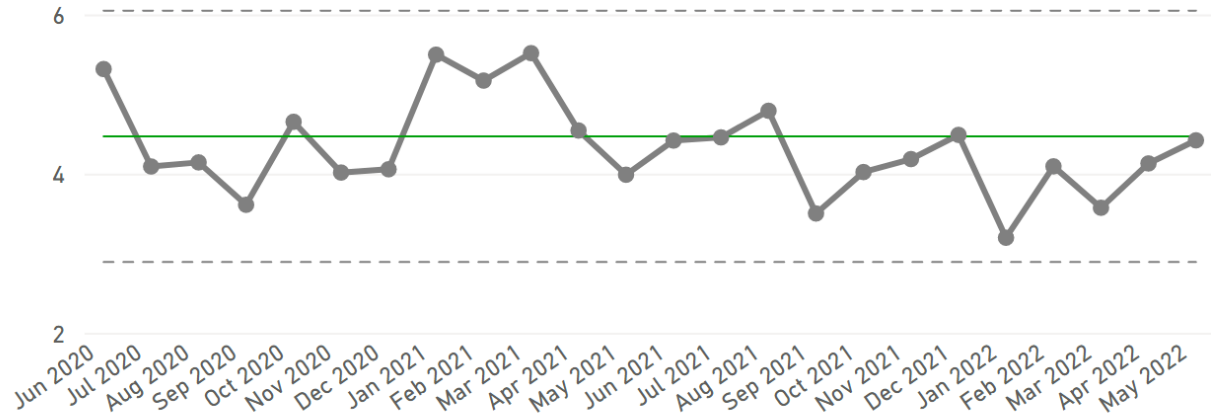
NEL admissions with 1+ LOS



RESPONSIVE

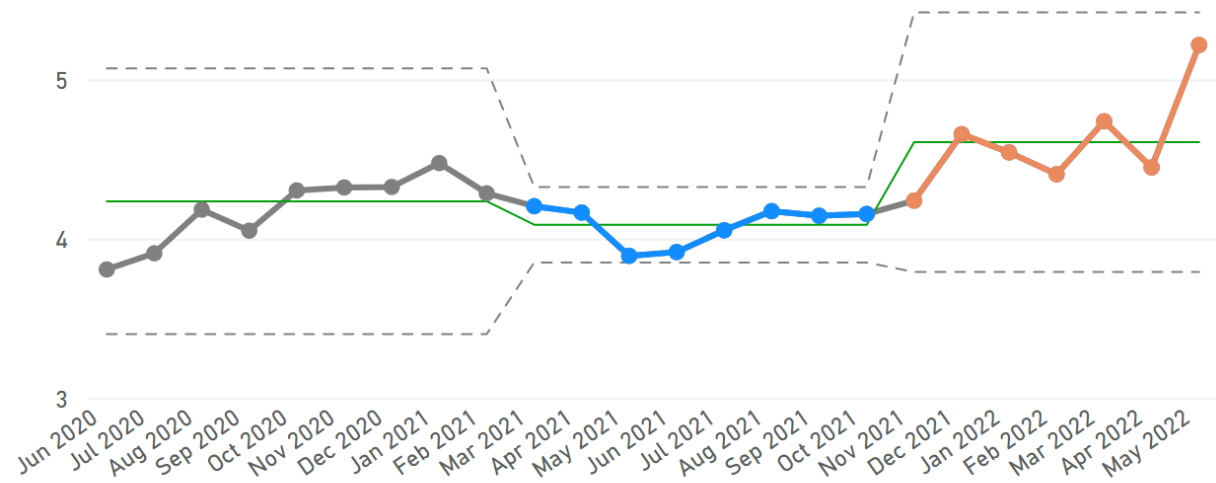
Length of Stay - Elective

Month: May 2022
Performance: 4.4
Target: 
Assurance: N/A





Length of Stay - Non-Elective

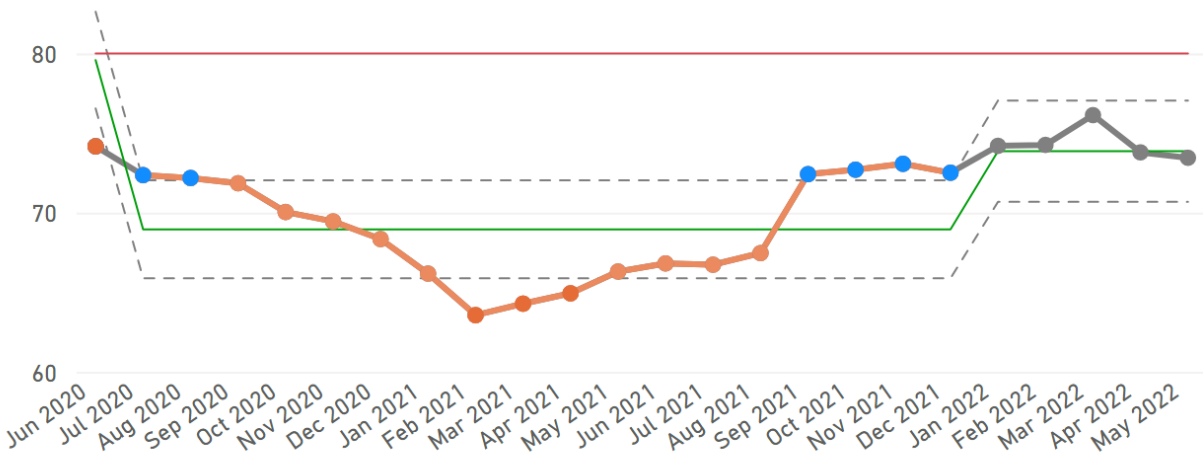
Month: May 2022
Performance: 5.2
Target: 
Assurance: N/A





WELL-LED

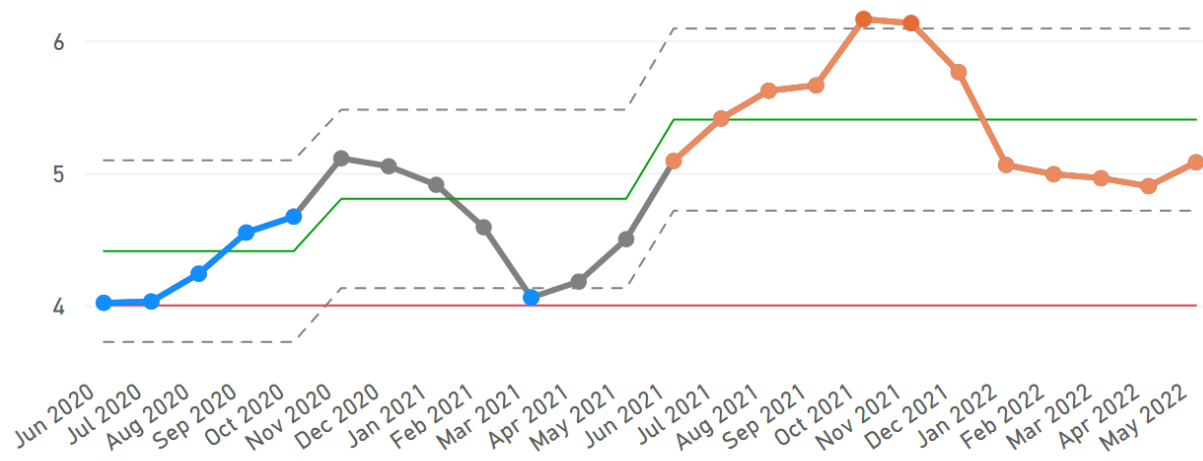
Annual Appraisal (%)

Month: May 2022
 Performance: 73.5%
 Target: 80%
 Trend: 
 Assurance: 





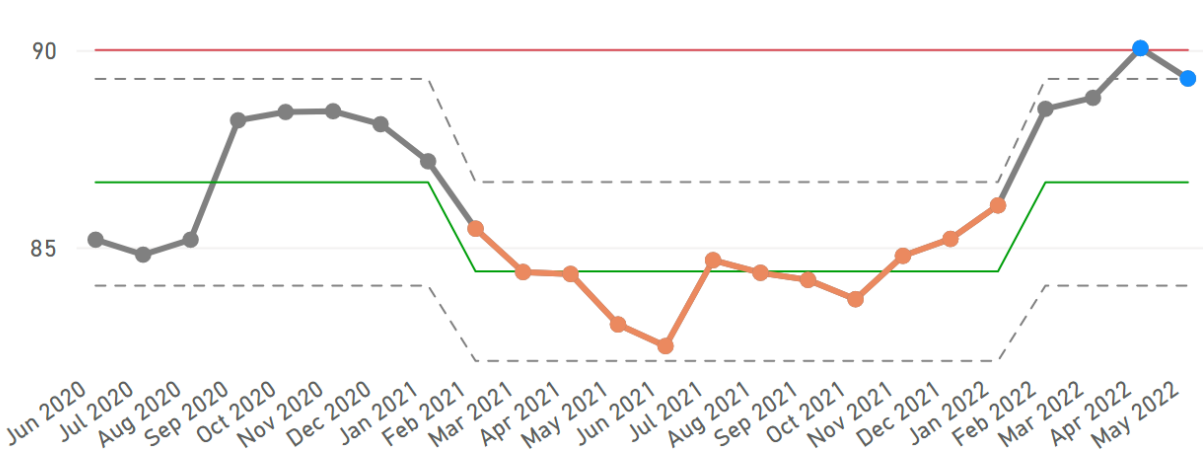
Sickness Absence (%)

Month: May 2022
 Performance: 5.1%
 Target: 4%
 Trend: 
 Assurance: 





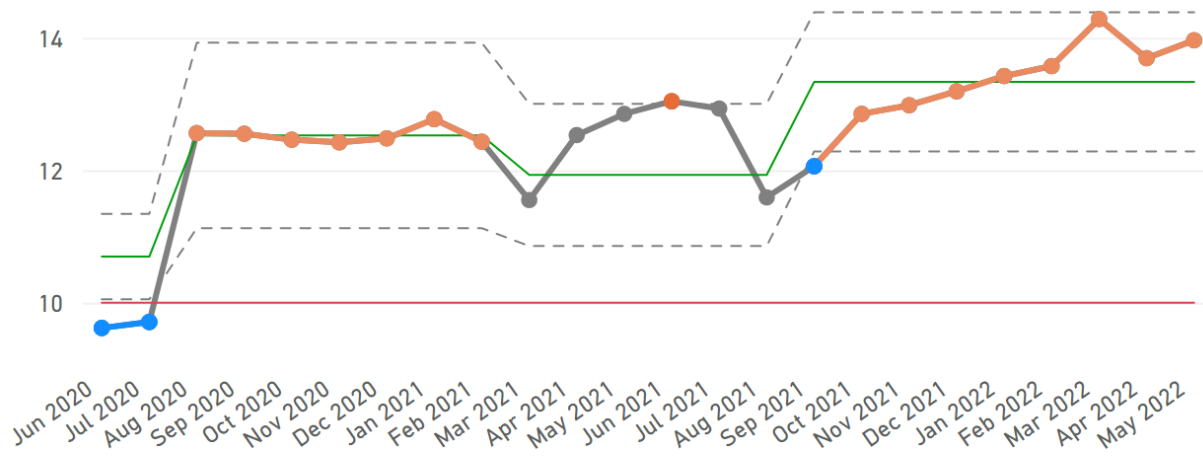
Mandatory Training (%)

Month: May 2022
 Performance: 89.3%
 Target: 90%
 Trend: 
 Assurance: 



Staff Turnover (%)

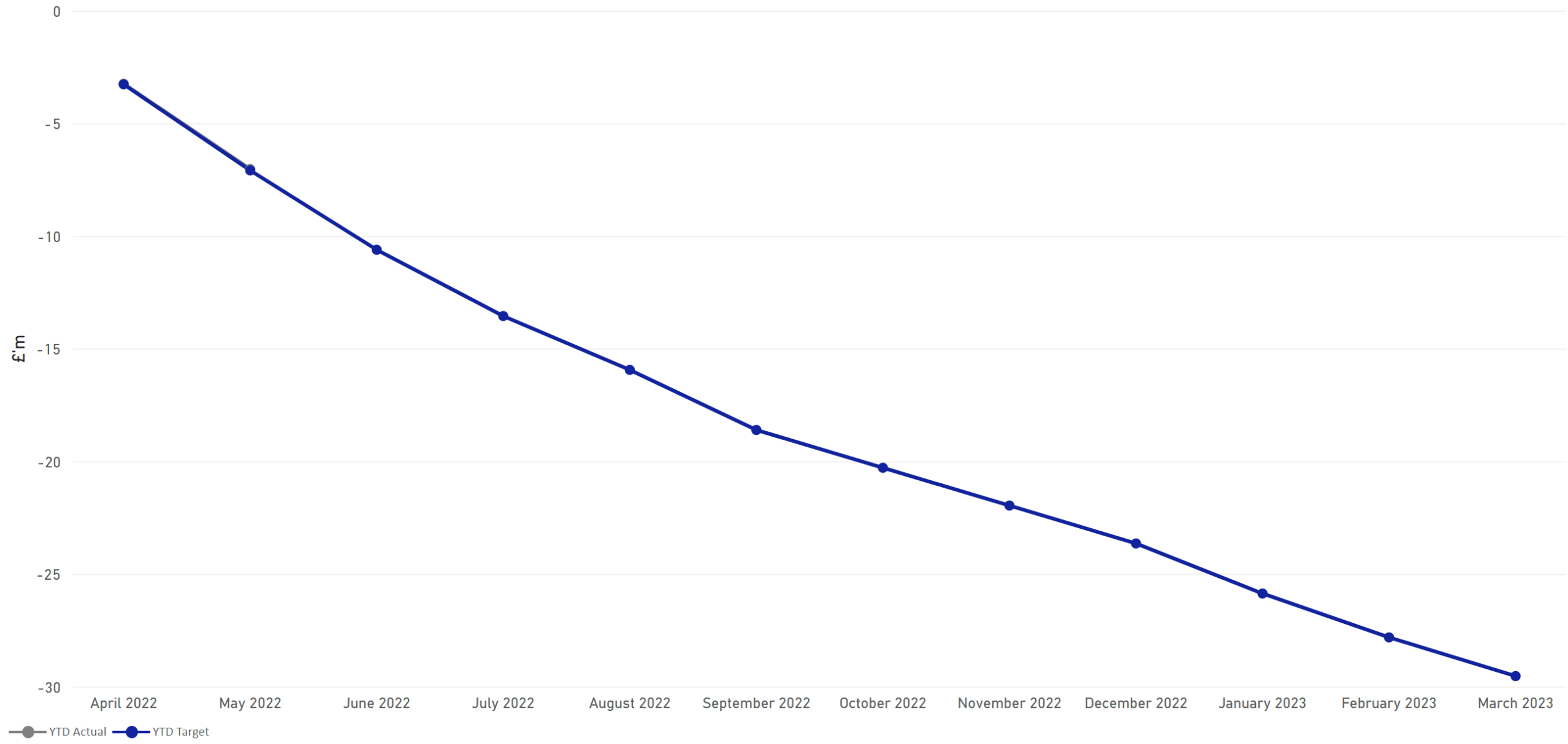
Month: May 2022
 Performance: 14%
 Target: 10%
 Trend: 
 Assurance: 



WELL-LED

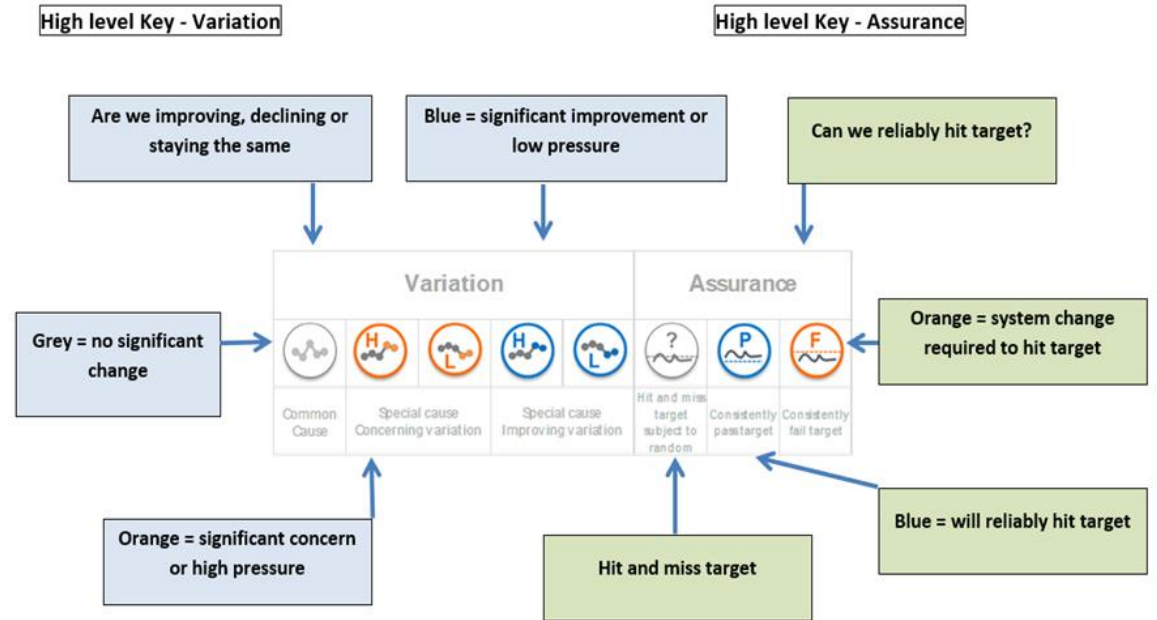
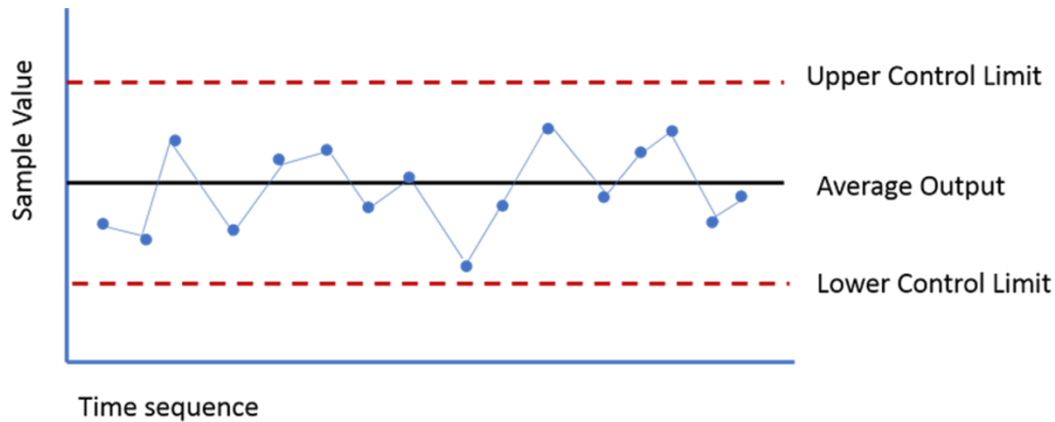
Month	Performance	Target
May 2022	-£7.031m	-£7.092m

Cumulative YTD Financial Position (£'millions)



SPC CHARTS

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



MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 19 JULY 2022			
Finance Report			Agenda Item – ENC7
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 2 of 2022/23.		
Background	<p>For 2022/23, the system-based approach to planning and delivery continues with all systems required to breakeven. The Trust’s plan submitted in April 2022 to the NHSE/I regional team for the 2022/23 financial year is a deficit of £29.6m.</p> <p>The national planning round was subsequently extended, following allocation of additional funding to ICBs for inflationary pressures, NHS organisations were asked to make a further plan resubmission in June 2022.</p> <p>Following this submission, the Trust’s revised plan is to deliver deficit of £20.7m, which will form the basis of financial reporting from Month 3 onwards.</p> <p>The costs associated with the historical PFI on the James Cook University Hospital remain the largest contributor to the Trust’s deficit position.</p>		
Assessment	At Month 2 the Trust reported a deficit of £7.0m at a system control total level. This is £0.1M ahead of the financial plan submitted to the NHSE/I Regional Team in April 2022.		
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 financial position for Month 2 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"/>	
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Month 2 2022/23 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 2 of 2022/23.

2. BACKGROUND

For 2022/23, the system-based approach to planning and delivery continues, with each provider trust fully mapped to a single ICB 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.

At the time of reporting the month 2 position, 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 meetings of the Trust Board.

The ICB financial plan has not been finalised and further funding has been made available to the ICB to the for inflationary pressures, NHS organisations were asked to make a further plan resubmission in June 2022. An updated plan was submitted on the 20 June and the Trust is now required to deliver a £20.7m deficit in 2022/23. This month 2 report does not reflect the plan submitted on the 20 June or the additional income associated with the plan. It is expected that the month 3 report will report against the newly submitted plan.

At Month 2 the Trust reported a deficit of £7.0m at a system control total level. This is £0.1M ahead of the financial plan submitted to NHSE/I in April 2022.

3. DETAILS

Trust Position Month 2 2022/23

The Month 2 position is outlined in the table below.

STATEMENT OF COMPREHENSIVE INCOME	Plan £000	Actual £000	Variance £000
Operating income from patient care activities	119,835	120,433	598
Other operating income	8,662	7,141	(1,521)
Employee expenses	(79,805)	(79,376)	429
Operating expenses excluding employee expenses	(52,470)	(52,160)	310
OPERATING SURPLUS/(DEFICIT)	(3,778)	(3,962)	(184)
FINANCE COSTS			
Finance income	0	86	86
Finance expense	(2,884)	(2,650)	234
PDC dividends payable/refundable	(698)	(698)	0
NET FINANCE COSTS	(3,582)	(3,262)	320
Other gains/(losses) including disposal of assets	0	4	4
Corporation tax expense	0	0	0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(7,360)	(7,220)	140
Add back all I&E impairments/(reversals)	0	0	0
Remove capital donations/grants/peppercorn lease I&E impact	268	194	(74)
Adjusted financial performance surplus/(deficit)	(7,092)	(7,026)	66

The Trust's operating deficit for month 2 was £4.0m and the overall deficit for month was £7.2m. The adjusted financial position for the purpose of system performance was a deficit of £7.0m.

Operating Income from Patient Care Activities

Under the revised financial arrangements for 2022/23, the Trust was paid under a block arrangement with the exception of the 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 PATIENT CARE ACTIVITIES	Plan £000	Actual £000	Variance £000
NHS England	39,368	39,673	305
Clinical commissioning groups	79,972	80,083	111
Non-NHS: private patients	164	78	(86)
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)	1	0	(1)
Injury cost recovery scheme	322	588	266
Non-NHS: other	8	11	3
TOTAL INCOME FOR PATIENT CARE ACTIVITIES	119,835	120,433	598

Operating income from Patient Care Activities was £120.4m for month 2 and was £0.6m ahead of plan.

100% of ERF funding is currently assumed in the year-to-date position. The CCG income position also assumes £0.6m of year-to-date ERF funding from North Yorkshire CCG, in line with national planning guidance, which is awaiting CCG confirmation and reflection in revised block contract payments.

NHS England income is ahead of plan and relates to high-cost drugs and devices and can be offset by a overspend in non-pay. CCG income is ahead of plan due to additional contract variations received above plan.

Operating Income from Patient Care Activities received from commissioners will be updated in month 3 to reflect the 20th June submitted NHSE plan and revised block contract values.

Other Operating Income

Other income received during month 2 totalled £7.1m and includes all non-direct patient care income.

OTHER OPERATING INCOME	Plan £000	Actual £000	Variance £000
Research & Development	772	621	(151)
Education and Training	3,736	3,674	(62)
Non Patient Care Income	469	283	(186)
Reimbursement & Top-Up funding	456	379	(77)
Donations - (Assets, Equipment & COVID consumables)	0	2	2
Other	3,229	2,182	(1,047)
TOTAL OTHER OPERATING INCOME	8,662	7,141	(1,521)

Other operating income is behind plan by £1.5m, including an under recovery on R&D income, car parking, maternity pathway income and deferred income. Maternity pathway income is expected to increase as funding moves into commissioner block contracts, following changes in the financial framework for 2022/23.

Employee Expenses (Pay)

The Trust's total expenditure on pay for month 2 of 2022/23 was £79.4m and a breakdown is included in the table below. An estimate of the 2022/23 Agenda for Change pay award has been included in the plan and actuals. The pay award assumptions are consistent with the NHSE/I planning guidance.

PAY	Plan £000	Actual £000	Variance £000
Ahp'S, Sci., Ther. & Tech.	(11,542)	(11,416)	126
Hca'S & Support Staff	(9,001)	(8,421)	580
Medical And Dental	(23,550)	(23,634)	(84)
Nhs Infrastructure Support	(10,836)	(11,024)	(188)
Nursing & Midwife Staff	(24,538)	(24,603)	(65)
Other Pay Costs	(338)	(278)	60
TOTAL PAY	(79,805)	(79,376)	429

Pay is underspent by £0.4M and predominantly relates to HCA and support staff.

Operating Expenses excluding Employee Expenses (Non-Pay)

The Trust's total expenditure on operating non-pay for month 2 of 2022/23 was £52.2m and a breakdown is included in the table below. Expenditure includes all costs relating to clinical delivery and the Trust's response to the COVID pandemic.

NON PAY	Plan £000	Actual £000	Variance £000
Purchase of Healthcare	(2,748)	(2,339)	409
Clinical Supplies & Services	(16,324)	(15,868)	456
Drugs	(13,664)	(13,940)	(276)
External Staff & Consultancy	(56)	(166)	(110)
Establishment	(1,592)	(1,787)	(195)
Premises & Fixed Plant	(3,636)	(4,160)	(524)
Transport	(678)	(744)	(66)
Depreciation & Amortisation	(4,422)	(4,444)	(22)
Research Training & Education	(534)	(338)	196
PFI Unitary Payment	(5,316)	(5,272)	44
Other	(630)	(256)	374
Clinical Negligence	(2,870)	(2,846)	24
TOTAL NON PAY	(52,470)	(52,160)	310

Non-pay is underspent by £0.3M and mainly relates to clinical supplies.

Cost Improvement Programme (CIP)

Total collaborative schemes identified to date exceed the target set for 2022/2023, and focus continues on delivery of these schemes to ensure the cost improvement programme is achieved, and to ensure removal of COVID costs, in line with national funding arrangements and changes in NHS COVID guidance.

Capital

The Trust's capital expenditure at the end of May amounted to £3.4m as detailed below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PI Lifecycle	2,126	2,127	01	12,760	12,760	0
Site Reconfiguration	0	600	2,711	13,556	13,556	0
Replacement of Medical Equipment	100	247	229	4,000	4,000	0
Network Replacement and Clinical Noting	100	438	338	2,775	2,775	0
Total	2,326	3,412	1,086	33,091	33,091	0

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	2,326	2,326	0	19,535	19,535	0
Internal Reserves	0	1,086	1,086	8,206	8,206	0
Charitable Funding	0	0	0	0	0	0
PDC	0	0	0	5,350	5,350	0
Total Financing	2,326	3,412	1,086	33,091	33,091	0

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

Statement of Financial Position (SOFP)

The following table compares the SOFP position between 30 April and 31 May.

	30 April	31 May	Movement between months
	£000	£000	£000
Property, Plant and Equipment	269,299	269,843	544
Long Term Receivables	3,662	3,662	0
Total Non-Current Assets	272,961	273,505	544
Currents Assets			
Inventories	14,285	14,587	302
Trade and other receivables (invoices outstanding)	12,514	5,509	(7,005)
Trade and other receivables (accruals)	16,526	14,186	(2,340)
Prepayments including PFI	13,790	10,097	(3,693)
Cash	63,043	64,446	1,403
Total Current Assets	120,158	108,825	(11,333)
Current and Non-Current Liabilities			
Borrowings	(89,293)	(89,087)	206
Trade and other payables	(129,251)	(122,586)	6,665
Provisions	(3,147)	(3,145)	2
Total Current and Non-Current Liabilities	(221,691)	(214,818)	6,873
Net Assets	171,428	167,512	(3,916)
Equity:			
Income and Expenditure Reserve	(261,922)	(265,838)	(3,916)
Revaluation Reserve	39,775	39,775	0
Public Dividend Capital	367,099	367,099	0
Other Reserves	26,476	26,476	0
Total Equity	171,428	167,512	(3,916)

The significant movements between months relate to the receipt of advanced funding from Health Education England on invoices raised in April (£6.9m) and the treatment of one months advanced prepayment on the unitary charge to the PFI Provider (£4.1m). The next quarterly PFI prepayment was due in June 2022. Trade and other payables have fallen between April and May with the payment of aged prior year invoices.

Liquidity

The cash balance at 31 May amounted to £64.4m. In April the Trust paid 16,896 invoices (total value £86.130m) with 16,583 invoices (total value £80.424m) paid within the 30 day target. The Trust's performance against the Better Payment Practice Code (BPPC) target (95%) on invoices paid so far this year equated to:

- April 98.6%; and
- May 98.2%.

MEETING OF THE COUNCIL OF GOVERNORS			
Annual General Meeting / Annual Members meeting			AGENDA ITEM: ENC8
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	This is a brief report which sets out the arrangements for the Annual General Meeting and Annual Members meeting which is due to be held on 20 September 10:30 am. This meeting will be held face to face for the first time in 2 years.		
Background	Every year we hold an Annual General and Members Meeting to present our annual report and accounts. Over the last 2 years the meeting has been pre recorded and loaded onto the Trust website for members to review in line with the COVID restrictions.		
Assessment	<p>The Annual Report and Accounts 2021/22 (including the report of the auditor) will be made available to view on the Trust website ahead of the meeting.</p> <p>Presentations from the AGM will also be published alongside details of alternative ways to view the meeting and how to submit questions in advance</p> <p>An invitation to attend the meeting will be published on the website and a personal invitation will be sent to the Trust membership.</p>		
Recommendation	Members of the Council of Governors are asked to note this update.		
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"/>	

	<p>A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond ☒</p>	
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MEETING OF THE COUNCIL OF GOVERNORS			
Audit Committee annual report			AGENDA ITEM: ENC9
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Dave Jennings Chair of Audit Committee
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	The Audit Committee produces an annual report to the Council of Governors which forms a part of the Trusts annual filings of its financial statements.		
Background	The Audit Committee annual report is based on the Committee's consideration of the internal auditor's annual report, the external auditor's Management Letter, other work commissioned by the Committee during the year, and on discussions from its meetings.		
Assessment	The Audit Committee are pleased to share the report with the Council of Governors.		
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 report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risks associated with this report		
Legal and Equality and Diversity implications	There are no legal and equality and diversity implications within this report.		
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"/>		

The Audit Committee

The Audit & Risk Committee has been chaired by Richard Carter-Ferris since September 2015 and during 2021/22 Mr Carter Ferris handed over responsibility to Mr David Jennings as Chair of the Committee as part of planned and managed transition as Mr Carter Ferris comes towards the end of his non executive Director tenure. In compliance with the Code, we have ensured that the committee is chaired by a Non-Executive Director with recent and relevant financial experience.

The Audit & Risk Committee met six times during the year. Standing attendees to the Committee include: Chief Finance Officer; Deputy Director of Finance; representatives of internal and external audit; and others where required.

During 2021/22 the Audit Committee terms of reference was expanded to have a stronger focus on Risk Management and become the Audit & Risk Committee. The agenda is split into two sections in order to separate out the duties.

Meeting attendance for 2021/22 is shown in the table below:

Non-executive Directors	Total number attended	% attendance
Mr R Carter-Ferris	6 / 6	100%
Mr D Heslop	1 / 3	33%
Mr M Ducker	0 / 6	0%
Mr D Jennings	6 / 6	100%

The Committee remains responsible for providing the Board with advice and recommendations on matters which include the effectiveness of the framework of controls in the Trust, the adequacy of the arrangements for managing risk and how they are implemented, the adequacy of the plans of our auditors and how they perform against them, the impact of changes in accounting policy and the Committee's review of the Annual Accounts.

The Committee ensured a focus on the effectiveness of arrangements in place for counter fraud, anti-bribery and corruption to ensure that these met the NHS Counter Fraud Authority's requirements standards.

The Committee met its responsibilities during 2021/22 by:

- Reviewing the Board Assurance Framework
- Reviewing risk and internal control-related disclosures, such as the Annual Governance Statement
- Reviewing the work and findings of Internal Audit, including the Internal Audit annual plan
- Reviewing the work and findings of External Audit
- Reviewing the work and findings of the Local Counter Fraud Officer

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

The Committee is content that the objectivity and independence of the auditor was not compromised by any of these additional assignments and that these services are allowed services under AGN01.

A review of the Committee effectiveness was undertaken in April 2022, based on a survey of members and attendees. Members were satisfied with the way the Committee was operating and a small number of considerations are identified in the report.

In the review of internal audit and management assurance reports, Audit & Risk Committee identified a number of high-risk areas including Patient Experience, Key Financials systems and controls, GDPR, Estates Management and Maintenance/ Major Capital Projects, Maternity, Digital Governance, Health & Safety and Consent.

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 19 July 2022			
Attendance Log - Governors			AGENDA ITEM:ENC10
Report Author and Job Title:	Jackie White – Head of Governance	Responsible Director:	Jackie White – Head of Governance
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	<p>To share with Council of Governors in line with the Constitution attendance of meetings:</p> <p><i>If Governors fail to attend three meetings in any financial year, unless the members of the Council of Governors are satisfied that:</i></p> <p style="text-align: center;"><i>a) the absences were due to reasonable causes; and they will be able to start attending meetings of the Council of Governors again within such a period as the Council of Governors consider reasonable</i></p>		
Background	<p>If Governors fail to attend three meetings in any financial year, unless the members of the Council of Governors are satisfied that:</p> <p style="text-align: center;">a) the absences were due to reasonable causes; and they will be able to start attending meetings of the Council of Governors again within such a period as the Council of Governors consider reasonable</p> <p>In line with good governance we monitor the attendance and attach the attendance log for consideration for meetings held in 2021/22.</p>		
Assessment	Following identification of a number of low attendances contact has been made and next steps agreed.		
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 content of the attendance log		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		

<p>Legal and Equality and Diversity implications</p>	<p>There are no legal or equality & diversity implications associated with this paper.</p>	
<p>Strategic Objectives</p>	<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 with our health and social care partners <input checked="" type="checkbox"/></p>	<p>Make best use of our resources <input checked="" type="checkbox"/></p>
	<p>A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/></p>	

Meeting Attendance - 2021 to 2022

Forename	Surname	11.05.2021 - Private Meeting	11.05.2021 - Public Meeting	01.07.2021 - Extra Ordinary Meeting	13.07.2021 - Private Meeting	13.07.2021 - Public Meeting	14.09.2021 - Private Meeting	14.09.2021 - Public Meeting	09.11.2021 - Private - NO PRIVATE MEETING	09.11.2021 - Public Meeting	18.01.2022 - Private Meeting	18.01.2022 - NO PUBLIC MEETING	15.03.2022 - Private Meeting	15.03.2022 - Public Meeting	TOTAL
Ann	Arundale	1	1	0	0	0	1	1		1	0		0	0	5
Steve	Bell	0	0	1	0	0	1	1		1	1		1	1	7
David	Bennett	1	1	1	1	1	1	1		1	1		0	0	9
Lisa	Bosomworth	1	1	1	1	1									
Jon	Broughton	1	1	1	1	1									
Yvonne	Bytheway	1	1	1	1	1									
							0	0			1	0		1	1
							1	1			1	0		1	1
							1	1			1	1		1	1
													1	1	2
Janet	Crampton	1	1	1	1	1									
							1	1			1	1		1	1
Paul	Crawshaw	0	0	0	0	0									
							0	0			0	0		0	0
Caroline	Dickinson	1	1	1	1	1									
							1	1			1	0		1	1
Graham	Fawcett	1	1	1	1	1	1	1			1	0		0	1
Martin	Fletcher	1	1	0	1	1									
Paul	Fogarty	1	1	1	0	0	1	1			0	0		1	1
Barbara	Hewitt	0	0	0	0	0	0	0			0	0		0	1
Rebecca	Hodgson	1	1	1	1	1	1	1			1	1		1	1
Mike	Holmes	1	1	0	1	1	1	1			1	1		1	1
Allan	Jackson	1	1	0	1	1	1	1			1	1		0	0
Carlie	Johnston-Blyth	1	1	0	1	1									
							0	0			1	1		0	0
Stephen	Jones	1	1	1	0	0	0	0			0	0		1	1
Graham	Lane	1	1	0	1	1	0	0			1	1		1	1
Elaine	Lewis	1	1	1	0	0	1	1			1	0		0	1
Jean	Milburn	1	1	1	1	1	0	0			1	1		0	0
Lee	O'Brien	0	0	0	1	1	0	0			0	1		0	0
Nigel	Puttick	1	1	0	0	0	1	1			1	0		0	1
Patrick	Rice	0	0	0	0	0	0	0			0	0		0	0
Jennifer	Rutland	0	0	1	0	0	0	0			0	1		1	1
Erik	Scollay	0	0	0	0	0	0	0			0				
Angela	Seward	1	1	1	1	1	1	1			1	1		1	1
Philip	Warwick	1	1	0	1	1	1	1			1	0		1	0
Jon	Winn	0	0	0	0	0	0	0			1	1		1	1
Sue	Young	1	1	0	1	1	1	1			1	1		1	1

Meeting: Quality Assurance Committee	Date of Meeting: 29 June 2022
Connecting to: Board of Directors	
Key topics discussed in the meeting	
<p>Urgent escalations (items for discussion) QAC terms of reference and cycle of business Safe and effective care group terms of reference and cycle of business Board Assurance Framework (BAF) Statement of Purpose (CQC) Monthly Integrated Performance Report Annual Quality Report CQC Update Report Monthly Patient Safety Incident Report Local Security Management Specialist Annual Report Health and Safety and Fire Report Mortality Report and Learning from Deaths Maternity Training Plan and Training Needs Analysis Quality Surveillance Report - deferred to July as insufficient time. Digital Update - deferred to July as insufficient time and as committee members were unable to the papers full consideration as they arrived late. Annual Clinical Audit Report Chairs logs from QAC sub committees</p>	
Actions	Responsibility / timescale
<p>QAC terms of reference and cycle of business Moderate level of assurance provided. The terms of reference and cycle of business came to the committee for approval. Changes had been made in line with recent guidance on board champion role and quorate reducing this to one executive director. Changes were APPROVED by the committee.</p> <p>Safe and effective care group terms of reference and cycle of business Moderate level of assurance provided, the contents of the paper were noted and QAC requested there is clarity on effectiveness.</p>	<p>Ian Bennett - not at the meeting when this item was being discussed. Deferred to July meeting.</p>

<p>Board Assurance Framework (BAF) Moderate level of assurance provided. There was no change to the risk rating. Risk appetite minimal. Eight threats and two gaps in assurance:</p> <p>Train staff on key incident investigation techniques to support the increase in reporting culture due Jan 2022. Report to QAC in July detailing the impact on outcomes of the ongoing work of the Safety Faculty.</p> <p>Ian Bennett - updated the meeting that the Quality Account on the agenda today provided assurance on both the increase in incident reporting and the training of key staff in incident investigation techniques, as these were both quality priorities for last year. The group agreed this provided assurance for the BAF.</p> <p>Statement of Purpose (CQC) Moderate level of assurance provided. All trusts in NE&C have been asked to renew their statement of purpose. Other than the question of if the Out Patient Pharmacy service should be included the Statement of purpose was agreed.</p> <p>Monthly Integrated Performance Report Moderate level of assurance provided. The report was discussed. It was requested that the where the SPSS charts show a deterioration this is picked up in the narrative.</p> <p>There was a suggestion that the Resources and Quality Committee are both seeking information on performance and assurance on a number of topics and there was a suggestion for a joint meeting to review these specifics.</p> <p>Annual Quality Report The committee thanked those involved for the work involved in putting this detailed and informative document together and those present approved the report which is published at the end of June 2022. Item was APPROVED by the committee.</p> <p>CQC Update Report Moderate level of assurance provided All actions developed to address the concerns in the Section 29A notice are on track for delivery by their target dates. Ward based</p>	<p>Development of the safety faculty due December 2021</p> <p>Ian Bennett</p> <p>Jackie White</p>
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documentation - June, Discharge - June, Nutrition and hydration - August, MCA and DoLS.

Work is ongoing from the CQC 2019 action plan around risk registers, duty of candour training, consent processes, actions to address findings from national audits, resuscitation trolley checks.

Other CQC preparation centres on accuracy of CQC Registered locations, mapping of services to CQC core services, reporting and audits against the 7 day standards, patient and public involvement strategy, evidence of progress with local audit and the work around patients with dementia and dementia services.

The Trust CQC compliance group is focusing on:

Staff levels and moving staff between wards
Patient movement between wards including bed utilisation
Estate Using technology
Releasing time to care and time to think.

Monthly Patient Safety Incident Report
Moderate assurance provided.

A recent serious incident / never event and immediate learning was discussed.

Progress is being made on timely reporting, completing of reports and delivery of action plans.

Benchmarking incident data will soon be available to allow the increased in reported incidents to provide an accurate comparison. The current focus is on embedding the structure for learning and change of practice.

All pre 2020 actions plans will be completed in July.

Concern continues to be expressed about the rates of category 3 & 4 pressure ulcers. The focus is on understanding why reductions are not happening, to make sure there is not a disconnect between policy and practice.

Increasing numbers of moderate incidents in maternity are thought to be a categorisation issue, now basing the categorisations on levels of harm from a patient's point of view.

Discussion about the benefit of having a joint discussion with Resources Committee and QAC on the benefits of roll out of digital systems

Jackie White

including Alcidion and Miya and how this will improve safety.

Local Security Management Specialist Annual Report Moderate assurance provided. Report provided with evidence to show the Trusts compliance and the Trusts self-assessment against the violence prevention reduction standards. Although not fully achieved there is a plan in place to deliver compliance.

Health and Safety and Fire Report Moderate assurance provided Report shared to provide evidence of compliance with statutory duties under Health and Safety legislation and the action plan for 2022/23.

Mortality Report and Learning from Deaths Moderate level of assurance Mortality numbers are beginning to normalise however the SHMI at 114 continues to be higher than expected and is felt to not accurately allow for comparison to the Trusts SHMI in recent years due to COVID activity and the effect on the data. The main focus is learning from deaths. 95% of deaths have been subject to a medical examiner review. There remains a backlog for the Trust mortality reviews and there is currently no timescale on when this might be achieved.

Learning from the medical examiner process centred around administrative processes, poor documentation, inter trust specialties and the transfer of patients will be aided by the roll out of the Alcidion and Miya Solution. To be part of the discussion with the Resources Committee.

Maternity Training Plan and Training Needs Analysis Moderate level of assurance provided The national Maternity Incentive Scheme standards are to be reintroduced in full. QAC received a paper detailing how the standards will be met with a mix of face to face and on line training which has been recommended by the Maternity Assurance Board. Other than the group of anaesthetic Operating Department Assistants who will not achieve the standards due to the number of vacancies, QAC were

<p>assured that the programme as outlined would be met.</p> <p>Digital Update - deferred to July as insufficient time and as committee members were unable to the papers full consideration as they arrived late.</p> <p>The focus of the July presentation to QAC is asked to centre around benefits realisation and improving safety and quality for our patients and benefits to staff and stakeholders.</p> <p>To be monitored through the Maternity Assurance Board and QAC to be sighted on this through the Chairs Log</p> <p>Quality Surveillance Report - deferred to July as insufficient time.</p> <p>Annual Clinical Audit Report - deferred for the 2nd time as insufficient time on the agenda</p> <p>Chairs logs from QAC sub committees shared.</p> <p>The meeting ran over time and all present thought that the committee needed more than 2 hours to get through the agreed cycle of business and have the opportunity to ask questions about the papers presented to provide assurance.</p> <p>To be considered further.</p>	<p>Jackie White, Hilary Lloyd, Debbie Reape</p>
<p>Escalated items</p>	
<p>Discussion on risks and gaps in the BAF</p> <p>QAC terms of reference and change in quoracy Statement of Purpose (CQC) to be approved via email due to not being quorate Annual Quality Report to be approved via email due to not being quorate Local Security Management Specialist Annual Report noted Health and Safety and Fire Report noted.</p>	
<p>Risks (Include ID if currently on risk register)</p>	<p>Responsibility / timescale</p>

Meeting: Audit & Risk Committee	Date of Meeting: May and June
Connecting to: Board of Directors	
Key topics discussed in the meeting	
<p>Counter Fraud 2022/23 Work Plan Internal Audit progress report Draft Annual Report including Opinion Final Draft Internal Audit 2021-22 Plan External Audit Progress Report Annual Governance Statement Review of Financial Statements Trust Annual Report PFI/Lifecycle Update Clinical Audit Annual Plan Committee Chair Update – Quality Horizon Scanning External Audit Draft Completion Report & VFM Update Trust Annual Report Committee Terms of Reference</p>	
Actions	Responsibility / timescale
<p>The terms of reference for the committee were reviewed and updates agreed, the cycle of business was reviewed and amendments made particularly in relation to partnership working</p> <p>Counter Fraud work plan was approved</p> <p>Internal Audit progress report was received and the Committee accepted the revised dates. It was agreed that this should be escalated to SLT regarding expectations.</p> <p>Draft Annual report and opinion from Internal audit was discussed and agreed</p> <p>The Internal Audit Plan for 2022/23 was approved subject to final sign off from SLT.</p> <p>External Audit progress report was considered.</p>	<p>JW</p> <p>JW/CH</p> <p>JW</p>

<p>Annual filings – draft financial statements, draft annual report, draft annual governance statement were considered, changes to the guidance noted and progress in terms of completion in line with expectations.</p> <p>PFI lifecycle report and clinical audit plan noted.</p> <p>Deep Dive – Quality Assurance Committee – assurance received regarding risk management processes and escalation for managing risk within QAC</p> <p>External audit draft audit report and VF update discussed and agreed.</p> <p>Annual filings –Final financial statements, Final annual report, Final annual governance statement were considered and approved</p>	
<p>Escalated items</p>	
<p>Following delegated authority by the Trust Board, the Audit & Risk Committee have overseen the process for completion of the annual filings on behalf of the Board and can provide assurance on a robust process and completion of the filings.</p>	
<p>Risks (Include ID if currently on risk register)</p>	<p>Responsibility / timescale</p>

Resources Committee Chair's Log

Meeting: Resources Committee	Date of Meeting 30 June 2022
Key topics discussed in the meeting	
<p>Board Assurance Framework</p> <p>Improving services and efficiency – Integrated Performance Report, Update on productivity improvement work supported by Kingsgate noting the process for determining approach to release cash/increase activity</p> <p>Resource Management – Month 2 report, MTFA update, National Cost Collection</p> <p>Digital Strategy – programme implementation, update on information governance</p>	
Actions agreed in the meeting	Responsibility / timescale
IPR: 2022/23 Target setting to be completed for priority improvement areas	S Peate
IPR: QAC to be asked to review assurance on the programme of interventions to support improvement in ED	J White
Digital investment programme: joint meeting of QAC and Resources to review assurance on implementation and benefit realisation of current programme with support from D Redpath as lead NED	J White
Digital strategy: A report to come to Resources outlining the approach and programme to	M Imiavan

<p>produce a new Digital Strategy, with focus on engagement, analysis of current state, and the latest developments to support future plans</p>	
Issues for Board escalation/action	Responsibility / timescale
<p>National Cost Collection; with final guidance still awaited Resources Committee approved delegation to the CFO or his deputy of the final submission. Board are asked to endorse</p> <p>Information Governance ; Board are asked to re-enforce the importance of full compliance with the mandatory training programme with a target date of three months or the end of September</p> <p>Risks</p> <p>Cyber security will be a particular focus in the forthcoming Board review of the BAF</p>	



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

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm)	VENUE
Tuesday 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 10.00 – 4.00pm	<u>Annual Members Meeting</u> Timing – 10.30 – 11.15am LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Ilan Haslock Lecture Theatre STRIVE, JCUH Board Room, 2 nd Floor Murray Building, JCUH
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	Rooms 2 & 4, Friarage Hospital Northallerton

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm)	VENUE
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
Tuesday 16 May 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

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm)	VENUE
Tuesday 18 July 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 19 September 2023 12.00 – 4.00pm	<u>Annual Members Meeting</u> Timing – 11.30 – 12.15am 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
Tuesday 21 November 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	Room 3 & 4 Friarage Hospital Northallerton

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm)	VENUE
Tuesday 16 January 2024 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 March 2024 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