South Tees Hospitals
NHS Foundation Trust

Board of Directors

1 September 2020
13:00
Microsoft teams & Board Room

South Tees Hospitals NHS Foundation Trust

MEETING OF THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON 1 SEPTEMBER AT 1PM MICROSOFT TEAMS AND BOARD ROOM, MURRAY BUILDING, JAMES COOK UNIVERSITY HOSPTIAL

AGENDA

	ITEM	PURPOSE	LEAD	FORMAT
Patient Story				
CHAIR'S BUSINESS				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence – Johanna Reilly	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1
4.	Minutes of the last meetings held on 7 July	Approval	Chair	ENC 2
5.	Matters Arising	Review	Chair	ENC 3
6.	Chairman's report	Information	Chair	Verbal
7.	Chief Executive's Report	Information	Chief Executive	Verbal
QUALITY AND SAFETY				
8.	Safe Staffing Report for July 2020 – Nursing, Midwifery and Allied Health Professionals (AHP)	Information	Director of Nursing & Midwifery	ENC 4
9.	Infection Control Annual Report	Approval	Director of Nursing & Midwifery	ENC 5
10.	Learning from deaths (mortality report)	Information	Medical Director	ENC 6
11.	National patient survey report	Discussion	Director of Nursing & Midwifery	ENC 7
FINANCE AND PERFORMANCE				
12.	Integrated Performance Report	Discussion	Director of Planning & Recovery	ENC 8
13.	Month 4 2020/21 Financial Performance	Discussion	Director of Finance	ENC 9

	ITEM	PURPOSE	LEAD	FORMAT
STRATEGY AND PLANNING				
14.	Winter Preparedness Plan	Information	Director of Transformation	ENC 10
WORKFORCE				
15.	Guardian of Safe Working Annual Report 2019/20 and quarterly 1 report	Information	Guardian of Safe Working	ENC 11a and b
GOVERNANCE AND ASSURANCE				
16.	Responsible Officer Revalidation and Appraisal Report	Information	Medical Director	ENC 12
17.	Committee Chair Reports	Information	Chair	ENC 13
18.	Annual Constitution Review	Information	Head of Governance	ENC 14
19.	**DATE OF NEXT MEETING** The next meeting of Board of Directors will take place on 6 October 2020			
20.	**Exclusion to the Public – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960)**			

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 SEPTEMBER 2020			
Register of members interests			**AGENDA ITEM: 3, ENC 1**
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	**Responsible Director:**	Alan Downey Chairman
Action Required	Approve ☐ Discuss ☐ Inform ☒ (select the relevant action required)		
Situation	The Board of Directors are asked to note interests declared by members of the Committee		
Background	The report sets out membership of the Board of Directors and interests registered by members. Conflicts should be managed in accordance to the Constitution para 32 - If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to other Directors.		
Assessment	There are no specific conflicts identified with the agenda. Members will be reminded at the meeting to raise any if they arise.		
Recommendation	The Board of Directors are asked to note the Register of Interest.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☐	Excellence in employee experience ☐	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
Alan Downey	Chairman	1 March 2018 15 April 2014	ongoing 2 April 2019	Wife is Director of PricewaterhouseCoopers working mainly with local government clients in the North of England Neddown Limited (dissolved company) from 2 April 2019 and (dormant) prior to joining the Trust.
Ada Burns	Non-Executive Director Deputy Chair	2017 2017 2019	Ongoing Ongoing Ongoing	Role - Governor – Chair of Resources Committee, member of Board of Teesside University. Trustee & Vice Chair – New Local Government Network (NLGN) – Public policy think tank Role – Associate Consultant – Cratus Consultancy, public sector management consultancy
Richard Carter-Ferris	Non-executive Director	1 August 2015	ongoing	Director of Yorkshire Area P2P Club – company generates donations for Yorkshire Air Ambulance. Director/No exec Director – Malton & Norton Golf club ltd.
David Heslop	Non-executive Director			No interests declared
Mike Ducker	Non-executive Director	1 December 2017 1 December 2005 1 October 2019	ongoing ongoing ongoing	Advisor to UK Government on Chemicals Industry Trustee of Greenstones Christian Trust Charity – a Charity working with prisons in Ethiopia South Tees Healthcare Management Limited - Company number 10166808
Debbie Reape	Non-executive Director Senior Independent Director	August 2019 1 October 2019 October 2019	Ongoing Ongoing Ongoing	Associate Director with Northumbria International Alliance (Northumbria NHS Trust and Northumberland County Council) South Tees Healthcare Management Limited - Company number 10166808. School Governor, Ashington Academy.
Adrian Clements	Medical Director	23 January 2012	Ongoing	Director of Clements Medico Legal Consulting Limited.
Sath Nag	Medical Director			No interests declared.
Steven Mason	Director of Finance	1 October 2017 13 August 2018 March 2019 1 October 2019 1 April 2020	ongoing ongoing ongoing ongoing ongoing	Children employed at Ernst & Young and Deloitte HM Property Services Ltd (Shareholder) not seeking work in NHS Client representative ELFS Management Board. South Tees Healthcare Management Limited - Company number 10166808. Non-Executive Director – Together for Children
Jackie White	Head of Governance	March 2013	Ongoing	Director – Applied Interim Management Solutions – Company Number 08473345
Sue Page	Chief Executive	May 2018	Ongoing	President of British Red Cross – Cumbria.

Kevin Oxley	Director of Estates, Facilities and Capital Planning	21.02.2020	Ongoing	Trustee with Carbon and Energy Fund Limited (CEF), a private company.
Rachael Metcalf	Director of Human Resources			No interests declared.
Joanne Dobson	Director of Transformation			No interests declared
Mark Graham	Director of Communications			Ad hoc communications support to North Cumbria integrated care NHS Foundation Trust. Registered with IMAS (NHS interim management & support)
Johanna Reilly	Chief Operating Officer	2 October 2019	Ongoing	JRR Consultants Limited – Company number 11600734.
Ros Fallon	Director of Planning & Recovery			Non-Executive Director for Countess of Chester NHS Foundation Trust Trustee – Tarporley War Memorial Hospital
Moira Angel	Director of Clinical Development			Director of Moira Angel consulting Ltd. Director of Arista Associates Ltd. Vice president of the red cross in Cumbria.
Deirdre Fowler	Director of Nursing & Midwifery			No interests declared
Robert Harrison	Managing Director			No interests declared

South Tees Hospitals NHS
NHS Foundation Trust

UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD IN PUBLIC ON TUESDAY 7 JULY 2020 AT 10:30 IN THE BOARD ROOM, JAMES COOK UNIVERSITY HOSPITAL AND MICROSOFT TEAMS

Present

Mr A Downey	Chairman
Mrs M Rutter	Non-Executive Director
Ms A Burns	Non-Executive Director / Deputy Chair
Ms D Reape	Non-Executive Director
Mr D Heslop	Non-Executive Director
Mr R Carter-Ferris	Non-Executive Director
Mrs D Fowler	Interim Director of Nursing & Midwifery
Mr A Clements	Medical Director
Mr D Chadwick	Medical Director
Dr S Nag	Medical Director
Mr S Mason	Director of Finance
Ms S Page	Chief Executive

In Attendance

Mrs J White	Interim Head of Governance
Ms J Reilly	Interim Chief Operating Officer
Ms J Alderson	Non-Executive Director – Insights Programme
Mr M Graham	Interim Director of Communications
Ms R Metcalf	Director of HR
Mr K Oxley	Director of Estates, Facilities and Capital Planning

STAFF STORY

Mrs Metcalf introduced Ms Alison Lonsdale, RN, who gave an interesting and moving presentation on her return to work at the Trust, post retirement, as part of the national programme to encourage nurses who had left the NHS to return to work during the COVID19 pandemic. As well as highlighting her own positive experience in recent weeks, she also commented that the Trust needs to make it easier and less bureaucratic for staff to return to work and to improve the support it provides to returning staff. She paid tribute to the work of volunteers in the Trust and mentioned that a number of her family members have joined the team of volunteers led by Debbi McKeown.

Mrs Fowler asked what Ms Lonsdale was planning to do next and said she would welcome a conversation to see what opportunities the Trust might be able to offer her.

Ms Burns thanked Ms Lonsdale for her presentation: as Chair of the Workforce Committee she was keen to understand how the Trust could make best use of the skills and experience of returning staff members. Ms Lonsdale suggested that returnees had much to offer and could, for example, act as mentors to other members of staff. Ms Burns added she would welcome a conversation with Ms Lonsdale.

Ms Alderson asked Ms Lonsdale about her perception of staff morale. Ms felt that morale had been generally good during the surge in Covid cases. She also commented positively on what she perceived to be a shift within the Trust, from a focus on cost cutting to a greater focus on quality.

The Chairman thanked Ms Lonsdale for her presentation and expressed the Board's appreciation to Ms Lonsdale and her family for the support they had provided, and were continuing to provide, to the Trust.

Action

BoD/20/060 **WELCOME AND INTRODUCTIONS**

The Chairman welcomed members to the meeting which was being held both virtually and socially distanced in the Board Room.

BoD/20/061 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr M Ducker.

BoD/20/062 **QUORUM**

The meeting was quorate in line with the Constitution paragraph 4.39 "Quorum - No business shall be transacted at a meeting of the Board of Directors unless at least one-third of the whole number of the Directors appointed, (including at least one non-executive director and one executive director) are present".

BoD/20/063 **DECLARATION OF INTEREST**

The Chairman referred members to the register of interests and asked members if there were any further declarations to be made not already included. There were no further declarations made.

BoD/20/064 **MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 2 June 2020 were reviewed and agreed as an accurate record. Mrs White

BoD/20/065 **MATTERS ARISING**

The matters arising were reviewed and the action log updated.

BoD/20/070 **CHAIR'S REPORT**

The Chairman reported that over the four weeks since the last Board meeting he had attended a meeting of the Joint Health and Wellbeing Board in Middlesbrough, had held meetings with representatives of the Tees Valley CCG, and had met with Rishi Sunak when he visited the Friarage. In addition the Chairman commented that he had continued to hold weekly meetings with the NEDs, providing updates as necessary. He had also continued to attend meetings of the Clinical Policy Group which was progressing well.

Resolution

The Board of Directors noted the Chair's report.

BoD/20/071 **CHIEF EXECUTIVE'S REPORT**

Mr Graham, on behalf of the Chief Executive, reminded the Board of the steps that had been taken to prepare for COVID. Hospital sites had been divided into COVID and non-COVID areas. This clinically-led change was made at the beginning of April to offer enhanced protection to patients and staff, and enable our clinicians to prioritise clinically urgent care. In line with the reduction in patients requiring COVID-care, most parts of the estate were gradually returned to the care of non-COVID patients.

The wearing of personal protective equipment, social distancing and other measures mean that the way our clinicians deliver care is going to be different for some time to come. For example, patients will continue to be encouraged to attend face-to-face services only when it is really necessary. More than 50 specialities are now offering video appointments, and feedback from patients has been excellent. Patients are allocated an appointment as usual. They then receive a letter or an email containing a link to enable them to access the secure online platform via their home computer or mobile device.

At the Friarage, there are currently no patients requiring COVID-care. Despite these hugely challenging times we are committed to enabling the Friarage to thrive and grow. Ophthalmology and endoscopy services have already re-started at the Friarage, and orthopaedic surgery has now also recommenced.

From this week, alongside ophthalmology and orthopaedics, our theatres at the Friarage we will be carrying out general medical, ear nose and throat, maxillofacial, dental, spinal and gynaecological elective operations. A new eye outpatients department will open this month.

Resolution

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

BoD/20/072 **SAFE STAFFING MONTHLY REPORT**

Mrs Fowler drew member's attention to the new version of the report and reported that staffing has matched patient acuity and dependency throughout May. Patient harms have increased in terms of falls and pressure ulcers. This may be related to changes in the patient pathway, redeployment of staff to unfamiliar areas and locations, use of PPE and

proning of patients within critical care.

Mr Heslop commented that it was a much better report and thanked Mrs Fowler. He drew Mrs Fowler's attention to the numbers in the critical care table (planned 70, worked 33) and the issues raised by the CQC regarding critical care staffing. Mrs Fowler advised members that page 4 of the report details the planned establishment for critical care in May which was based on the expectation that there would be a super surge which had not materialised. The figure of 70 was thereore never required. Mr Heslop thanked Mrs Fowler and suggested that it would be useful to include a commentary in the report to explain points such as this one.

Ms Reape commented that it is assuring to note that that patient acuity is matched. She asked for further information on turnover which is 9%. Mrs Fowler advised that turnover nationally is around 13% but we need to look into this. We will develop recruitment and retention strategy because, although we are doing better than national average, we could still do more.

Dr Nag asked Mrs Fowler what evidence there is of a correlation between incidents and staffing levels. Mrs Fowler advised that when the ratio of nurses to patients exceeds 1:8 there is evidence that increased harm will result.

Resolution

The Trust Board of Directors noted the update on staffing

BoD/20/072 **NHSE/I COVID19 INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK**

Mrs Fowler referred members to the IPC BAF report which has been introduced by NHSE/I in May 2010 with updates added in June 2020 to support healthcare providers to effectively self-assess their compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks.

It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards and regulatory bodies.

Mrs Fowler advised that the report outlines the current compliance with the BAF and the mitigations in place. Members noted that the BAF assessment demonstrates satisfactory assurance is in place for 52 out of 59 items. There are no items with no assurance and no mitigations, and mitigation for gaps in assurance are in place for 7 out of 59 iteams from 5 BAF sections.

A full review of this assessment has been undertaken by the Quality Assurance Committee.

Mrs Fowler confirmed that the IPC Regional lead undertook a confirm and challenge review in June, and SLT have reviewed the BAF on two occasions.

Members noted that it is a dynamic document which will be updated prior to submission. The gaps identified are around ventilation in clinical areas and in A&E, in particular the waiting areas. We have opened up additional waiting space to mitigate some of the issues.

Ms Reape asked if there is guidance on space between beds in order to prevent outbreaks. Mr Oxley advised that the guidance relates to ventilation and air changes rather than bed space. He added that our current bed spacing is the same as it was when the hospital was built. The work on ventilation will come to a head in the next couple of weeks.

Mrs Fowler stressed the importance of correct use of PPE by staff, wearing of masks by patients, testing before admission and only cohorting once we know patients' Covid status.

Resolution

The Trust Board of Directors noted the IPC BAF

BoD/20/073 **SAFEGUARDING ANNUAL REPORT**

Mrs Fowler presented the Safeguarding Annual Report which presents information about adults at risk for whom safeguarding referrals were opened during the reporting period, and case details for safeguarding referrals which concluded during the reporting period.

Members noted that the Quality Assurance Committee has recommended approval of the Annual Report.

Mrs Fowler pointed to the increase of work in the safeguarding children agenda and those on the looked after children register.

Mrs Burns said that she loved the format of the report and that the case studies bring it to life. She asked Mrs Fowler what her feelings were regarding Middlesbrough children's services being rated inadequate this year and have struggled in terms of volume and quality and wondered if the Trust have seen an impact on our work. Mrs Fowler commented that we need to ensure partnership working is as effective as possible.

Mr Heslop raised training compliance and commented that we seem to be struggling to get up to the required level. He asked Mrs Fowler what are we doing to get this into the place. Mrs Metcalf commented that for adults and children we are over 90% which is a significant improvement from last year. Urgent and emergency care centre need some further work, but we have arranged additional sessions for staff.

Resolution

The Trust Board of Director APPROVED the Safeguarding Annual report

BoD/20/074 **PERFORMANCE REPORT**

Miss Reilly referred members to the performance report and highlighted the following:

- Falls rate has increased in May (from 5.34 to 7.84). This is due to a decrease in bed days against which falls are measured. Actual number of falls is consistent with previous months.
- Two 'never events' have occurred.
- A number of complaints were not completed to target, due to backlog.
- A&E 4 hour wait is continuing to improve, although is still just below target
- Diagnostics,18 week and cancer compliance continue to be impacted by COVID-19. (Entering into Recovery stage and implementing recovery plans)
- Annual appraisal compliance has decreased as a result of the COVID 19 pandemic
- Financially the trust has recorded a break-even position

Mrs Fowler highlighted the increase in pressure ulcers and falls in May but added that we have seen this return to a more normal level in June.

Mrs Fowler also advised that the first draft of an improvement plan for patient safety has been developed with the emphasis on behavioural change and culture. The plan also includes addressing human factors and behaviours and a programme is in place to train professional groups and teams to support the implementation of SOPs and LoCSIPS .

Ms Reape commented that the Board need to see how we get assurance around the steps we are introducing. Mrs Fowler added that the Trust are using the Manchester safety culture tool to measure what our staff feel around the safety culture and we are networking with trusts who are on a similar journey and will bring the learning back.

Mrs Metcalf updated on the people KPIs and advised that

appraisals have not been undertaken during COVID19 following national guidance to stop / pause them. There has been discussion in the Workforce Committee on exploring undertaking appraisals in the same month each year, tying into pay progression and performance.

Dr Nag added that guidance from GMC indicates that appraisals are to be treated as cancelled rather than postponed. However, we have encouraged staff to undertake appraisals, and this will affect our numbers.

Mr Oxley commented that he thinks there is a danger that we look at appraisals as a number and target. The quality of appraisal is something that staff are concerned about and we need to add value.

Mr Clements commented on the support staff have received during the pandemic from the psychology team who have been embedded in areas. This has been really successful and provided support to staff before they get into a negative spiral resulting in a lengthy time off work. He added that the Trust need to think about this and it is an invest to save scheme we would like to support. Mrs Rutter commented that the Clinical Oversight Group had very strong feelings on this.

Resolution

The Trust Board of Directors NOTED the performance report

BoD/20/075 **MONTH 2 2020/21 FINANCE PERFORMANCE**

Mr Mason reported that the Trust has achieved the Month 2 position as required by NHSE/I to break even. The underlying structural deficit has remained unchanged throughout 2019/20 and has been carried forward into 2020/21. The Trust remains in an extremely challenging position once the current Covid-19 interim funding arrangements come to an end.

The month 2 position was discussed in detail at the Finance & Investment Committee.

Mr Mason added that subject to the Covid reclaim being approved by NHSE/I the Trust will remain at break-even for month 2 which is slightly ahead of where we would have anticipated.

He added that the outlook is uncertain as there will be changes to the national arrangements at some point in August.

Mr Mason referred members to the email circulated

separately regarding the uncertainty around these messages and we will need to reassess when we get notified of the changes. The ICS/ICP are likely to be allocated resources on a system basis and we will need to work with the CCG and other trusts on how allocations are split between the trusts.

Resolution

The Trust Board of Directors NOTED the financial position at month 2.

BoD/20/076 **BOARD ASSURANCE FRAMEWORK**

Mrs White reported on the changes to the Board Assurance Framework following review by Executive Leads and Committees of the Board. Members noted that the BAF currently contains 24 risks. There is 1 very high risk, 15 high risks and 8 moderate risks. The very high risk (25) relates to the risk to the Trust's ability to deliver strategic objectives due to diversion of resources of all types required to manage the Covid 19 pandemic. Risk scores have been updated on 7 risks with 3 risks increasing; all but eight risks have been updated since the last meeting. One BAF risk closed (Quality 2.1) following review at the Quality Assurance Committee.

Resolution

The Trust Board of Directors NOTED the update to the BAF

BoD/20/077 **CORPORATE RISK REGISTER**

Mrs White presented the corporate risk register which was pulled together from the risks graded 16 and above across the Trust. Members noted that as of the 9 June 2020 (report extracted from DATIX) there are 36 risks on the corporate risk register graded 16 and above. There has been a reduction in the number of incidents graded 16 and above and the general themes remain the same as the previous quarter. All risks have an action plan. However, 18 risks are overdue a review, 3 of these risks relate to an overdue review in 2019 with one of these risks due a review in 2018.

Mr Heslop added that when the Risk Committee undertook a deep dive into the corporate directorate risks it was clear that they needed some help in identifying risks and mitigations which Mr Greener is supporting Mrs White on.

Mr Heslop added that the Committee pushed back on three risks: two relating to IT and or risks around IT are not reducing in the way we wish to expect and linked into the digital review. Mr Ducker also suggested that the Finance & Investment Committee undertake a further review on the risk regarding the debt restructuring.

Resolution

The Trust Board of Directors NOTED the corporate risk register update

BoD/20/078 **CHAIRS LOGS FROM BOARD COMMITTEE MEETINGS**

The Chairman offered the Chairs of the Board Sub Committees the opportunity to highlight any further issues which had not already been covered by the agenda:

FIC – the Chairman on behalf of Mr Ducker added that there had been a detailed discussion regarding the plan for orthopaedics which was progressing well and the PFI contract and impact.
Risk Committee – Mr Heslop reported that the Committee did look at horizon scanning and asked SLT to consider three possible risks
Workforce –Ms Burns added that the timescale for FTSU is September; she thanked Mrs Metcalf for setting up the staff networks which are developing in particular the EDI which is making some very useful contributions into the people plan; Ms Burns gave her appreciation to staff side during the COVID experience who have worked extremely hard with HR to support the workforce and the Trust Board in doing the right thing.
QAC – Ms Reape added that the Committee have been undertaking deep dives into the phase 1 critical services and had reviewed Ophthalmology and Gastro.

BoD/20/079 **ANY OTHER BUSINESS**

There was no further business raised.

BoD/20/080 **RISKS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK**

There was no further risks identified to add to the Board Assurance Framework.

QUESTIONS FROM THE PUBLIC

There were noo questions from the public

BoD/20/081 **REFLECTIONS ON THE MEETING**

The Chairman offered members the opportunity for reflections on the meeting. He added that the hybrid Microsoft teams and face to face meeting seems to work well although he is looking forward to welcoming members back in person for September. Mr Heslop raised that there was a significant echo on the Microsoft teams link.

BoD/20/082 **DATE AND TIME OF NEXT MEETING**

The next meeting of the public Trust Board of Directors meeting will take place on 1 September 2020.

Signed: ……

Date: ……

Board of Direction Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
5.11.19	BoD/19/82	HEALTHCARE ASSOCIATED INFECTION MONTHLY REPORT	Mr Heslop advised that the online training for infection control hasn't changed, and perhaps the focus needs to be on behavioural changes going forward. Mrs Hunt agreed to look into the training.	D Fowler	31.12.20	Training slides revewied with the IPC lead and these have been updated in terms of priorities and technical knowledge. They need loading onto the system but that is delayed due to current situation. The next piece of work is to help the team develop more skills around 'nudge theory' and human factors to enhance both formal and informal training methods and we will be planning to do that when the new Band 8 starts (hopefully in approx. 3-4 month) and aligned with the new QI and Leadership Practitioners being more readily available as we lift some restrictions.	open
4.2.20	BoD/19/147	IMPROVEMENT PLAN	Improvement plan needed to be costed and robustly monitored	R Fallon	31.12.20		open
2.6.20	BoD/20/053	PERFORMANCE REPORT	Mrs Fallon to support the Board to agree which KPIs it wishes to see and which will be monitored by a Board Committee.	R Fallon	31.12.20	Further interation of the Board report being received at the July meeting and during August the KPIs will be finalised and agreed with the Committees and Board for September	open

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 SEPTEMBER 2020			
Safe Staffing Report for July 2020 – Nursing, Midwifery and Allied Health Professionals (AHP)			**AGENDA ITEM: 8 ENC 4**
Report Author and Job Title:	Eileen Aylott, Assistant Director of Nursing Education and Workforce	**Responsible Director:**	Deirdre, Director of Nursing and Midwifery
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report details nursing, midwifery and AHP staffing levels for the month of July 2020.		
Background	The requirement to publish nursing, midwifery and AHP staffing levels on a monthly basis is explicit and is one of the ten expectations specified by the National Quality Board (2013 and 2016).		
Assessment	Mandated levels of safe staffing have been maintained within the RSU, Stroke, Oncology and Midwifery. winter pressure beds remain open on wards 34 and ward 35 and have been staffed through a combination of NHSP and overtime. Work is being undertaken to review the bed base across the organisation in preparation for Winter post COVID.		
Recommendation	The Trust Board of Directors are asked to note the content of this report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 5.1 Demographic changes, shifting cultural attitudes to careers, capacity and capability of staff combined with employment market factors resulting in critical workforce gaps in some clinical and non clinical services		
Legal and Equality and Diversity implications	• Care Quality Commission • NHS Improvement • NHS England		
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

Executive Summary

From April 2019 all staffing reports presented to the Board must comply with NHSI Workforce Safeguards and require a signed declaration by the Director of Nursing or appropriate Director for the staff group (s).

Monitoring of AHP workforce levels is included within this report and is based on planned v actual fill rates to align with the nursing report. More meaningful KPI's need to be developed for future months so that the report provides the detail required for this staff group.

Nurse Staffing throughout July has matched the acuity, dependency and numbers of patients. There does not appear to be any direct correlation between patient harms and safe staffing levels although medication incidents have increased. Work is on-going to review training and education around safe medication administration and will form part of the medication safety week in September.

Ward Manager Supervisory time has improved during July

The pipeline from India and the Philippines has also reopened and we are planning to welcome the first group from the remaining 35 to travel in early September.

Nursing, Midwifery and AHP Workforce Report

August 2020 based on July 2020 Data

Safe Staffing Governance

Clinical Matron Huddles and Ward Manager Briefings have been utilised to ensure full communication of plans and to gain feedback from teams to inform decision making.

Staff redeployment has taken place to ensure patient safety with twice daily SafeCare meetings to address any immediate issues and robust plans for overnight and weekend staffing shared with patient flow.

Table 1 – Overall UNIFY fill Rate based on planned vs worked hours for July 2020

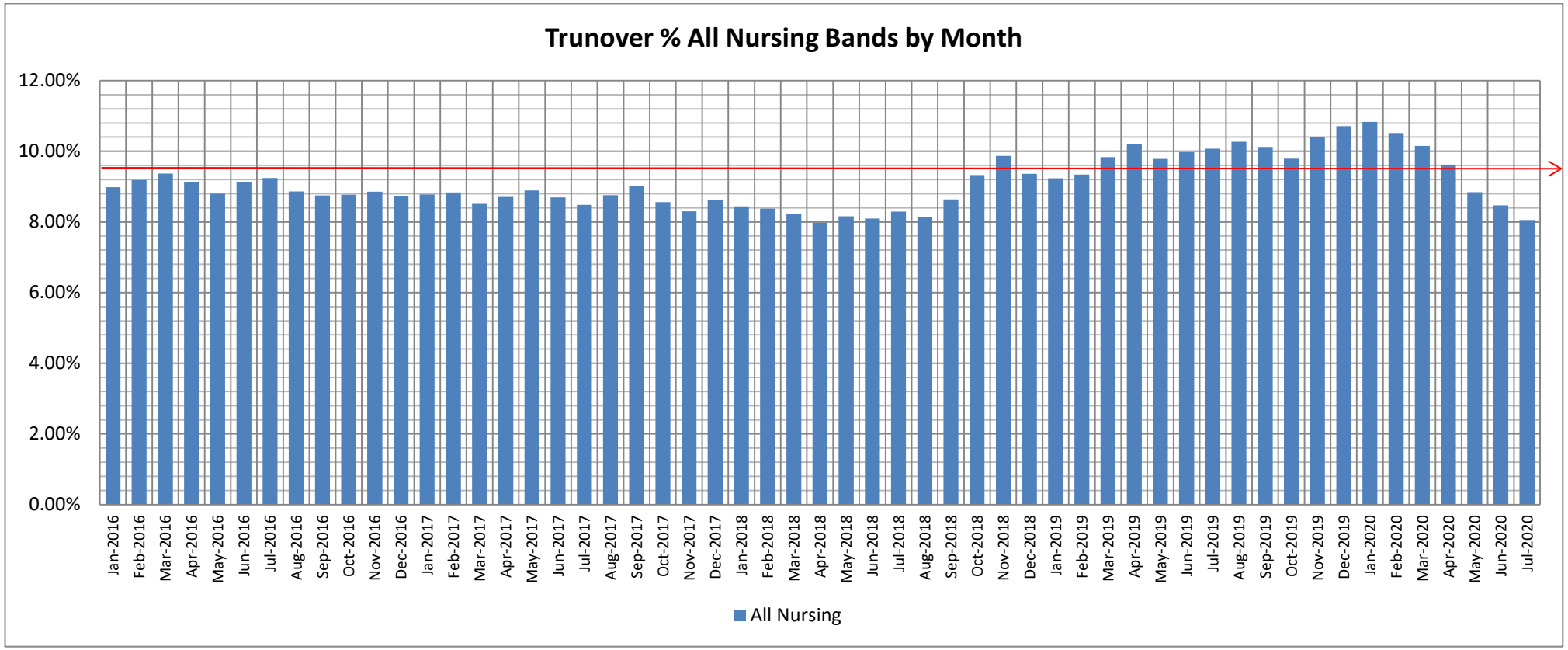
		June 2020	July 2020	
Overall Ward Fill Rate	RN/RMs (%) Average fill rate - DAYS	90.4%	88.7%	Activity is beginning to increase across the patient pathways. Student nurses remained in paid placements with some leaving at the end of July, end of August and September for the Aspirant nurses who will transition to band 5 at this point. The effects of the student contribution can be seen in the HCA fill rates attached for July.
	HCA (%) Average fill rate - DAYS	103.3%	120.4%	
	NA (%) Average fill rate - DAYS	100.0%	100%	
	TNA (%) Average fill rate - DAYS	100.0%	100%	
	RN/RMs (%) Average fill rate - NIGHTS	92.2%	99.7%	
	HCA (%) Average fill rate - NIGHTS	100.0%	119.4%	
	NA (%) Average fill rate - NIGHTS	100.0%	100%	
	TNA (%) Average fill rate - NIGHTS	100.0%	100%	
	Total % of Overall planned hours	**98.2%**	**103.5%**	

Vacancy and Turnover

Turnover for the month of July for all Nursing and Midwifery has improved and is at 8.05% (Previously 9.62%) this will be refreshed within the report quarterly.

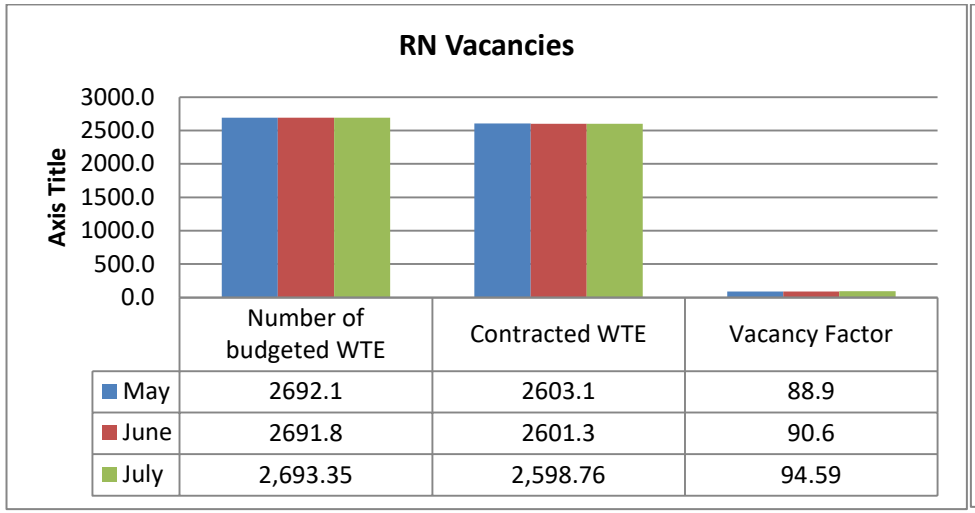
The total current nursing and midwifery vacancy rate against the financial ledger for all nursing and midwifery staff is sitting at 6% for July 2020 which equates to approximately 161 WTE. Extra vacancies have been approved to staff ward 12 who had a smaller establishment on ward 25 than required to staff all of the beds on ward 12 and for orthopaedics at FHN to enable Gara ward to fully reopen. Student appointments are being processed for September which should lower the %.

HCA rates have increased due to student nurses returning to supernumerary placements.

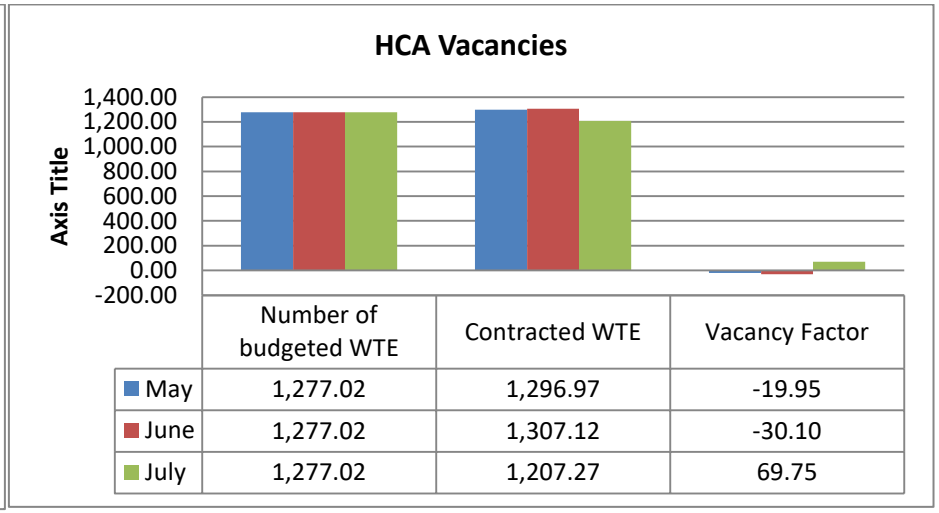


International nurses who have been delayed through COVID will begin to arrive again from mid-September with the current group of 27 taking their OSCE exams the week of 17th August 2020.

A new recruitment process of ‘Assessment Centre’ interviews will be piloted in late August. The process includes discussion around ‘Hot Topics’, ‘The Deteriorating Patient’, Recognition and Treatment of Sepsis’ and may incorporate the Medication Calculation Test’. If successful this will be developed for all nursing recruitment from September 2020 and will create a pool of staff waiting to start as and when vacancies arise within their area of interest– this should significantly speed up the recruitment process.



	Number of budgeted WTE	Contracted WTE	Vacancy Factor
May	2692.1	2603.1	88.9
June	2691.8	2601.3	90.6
July	2,693.35	2,598.76	94.59



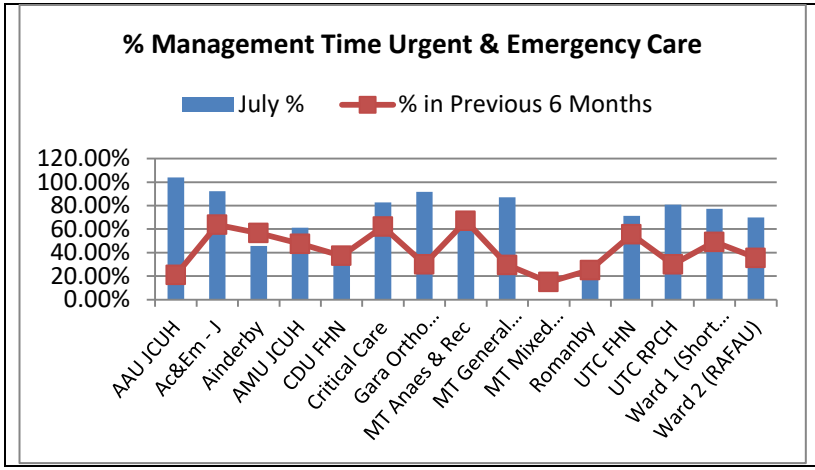
	Number of budgeted WTE	Contracted WTE	Vacancy Factor
May	1,277.02	1,296.97	-19.95
June	1,277.02	1,307.12	-30.10
July	1,277.02	1,207.27	69.75

Urgent and Emergency Care Centre actual worked hours against planned and professional judgement template numbers for June 2020

May 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Formal Complaints	1000 voices	Quality Impact
Critical Care	28 + 6	28 +12	28 + 4	28 + 8	24	6	0	4	1	0		Student nurses on paid placements have increased worked hours
RAFAU	4 + 3	4 + 5	3 + 3	3 + 4	22	0	0	0	6	0		
Short Stay (JC02)	5 + 3	4 + 4	3 + 3	3 + 3	14	1	0	5	3	0		
AMU JCUH	5 + 3	6 + 4	4 + 3	5 + 4	13	0	0	3	3	0		
AAU JCUH	5 + 3	7 + 5	4 + 3	4 + 3	11	0	0	1	7	1		
CDU FHN	5 + 3	4 + 4	3 + 2	3 + 2	8	0	0	0	2	0		
Ainderby FHN	4 + 3	3 + 4	2 + 2	2 + 3	14	3	0	1	3	0		
Romanby FHN	4 + 3	3 + 3	2 + 2	2 + 2	15	0	0	0	3	0		
Ac&Em -J	17 + 7	16 + 9	16 + 7	15 + 8	NA	1	0	21	1	0		SI instigated for medication incidents

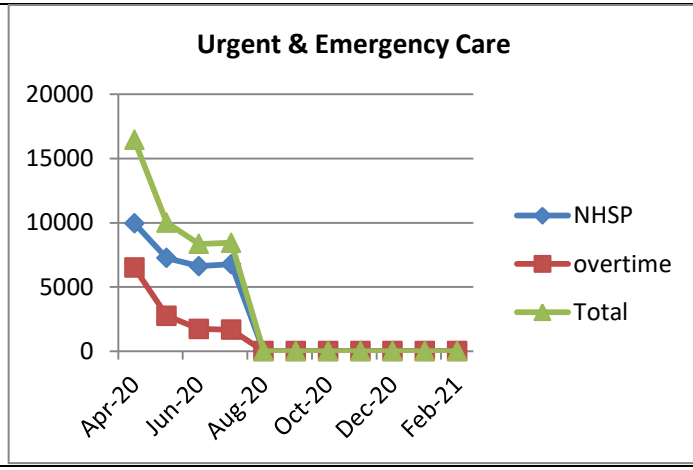
Medication incidents have increased again this month within the centre and in A+E in particular resulting in a Serious Incident review. Focused plans have been instigated to address these errors with retraining and education for all staff. A Medication Safety Week in planned for WC 14th September with staff booking places on the World Café Learning events planned throughout the week the impact of this process will be evaluated through the Safer Medication Practice Group .

Extra HCA's in the rosters are predominately student nurses on paid placements who will return to supernumery status in September.Some areas with lower occupancy have run with reduced staffing to match the acuity and dependency of their case load or redeployed staff to support elsewhere across the centre.



Ward Managers are budgeted 80% supervisory time on the roster. An increase across most areas is evident during July. Ward managers are being supported and coached to work in a different way which means they will enhance the opportunity to be supervisory and oversee their clinical areas.

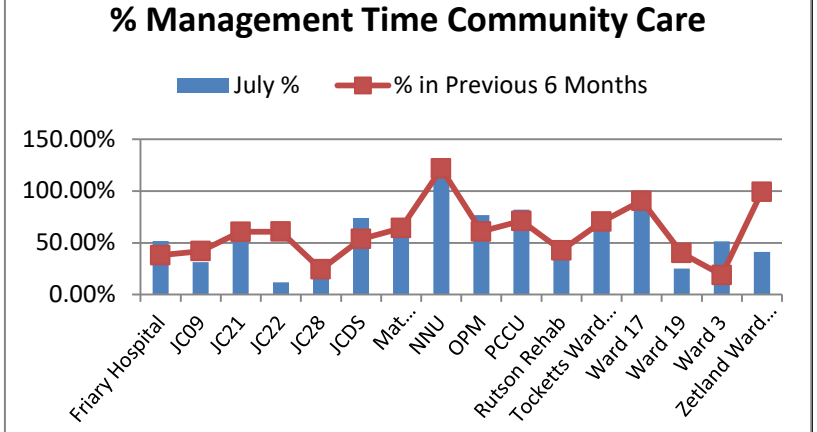
NHSP and overtime usage is static



Community Care Centre actual worked hours against planned and professional judgement template numbers for May 2020 can we account for the variance in shifts worked against planned as above

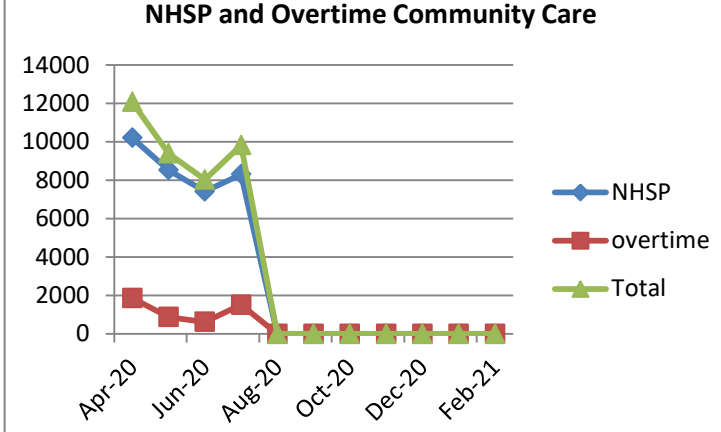
May 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed Occ	PU 2's	PU 3's	Medication Incidents	Patient Falls	Complaints	1000 voices	Quality Impacts
Ward 3	4 + 1 + 4	3 + 5	3 + 3	3 + 2	8	0	0	6	2	1		
JC09 (Ward 9)	5 + 5	5 + 4	3 + 3	3 + 4	22	4	0	6	1	0		
OPM (Older Persons Medicine)	4 + 4	4 + 6	3 + 3	3 + 4	25	4	0	3	4	0		
Rutson FHN	3 + 4	2 + 4	2 + 2	2 + 2	10	1	0	1	0	0		
Tocketts Ward	4 + 5	3 + 5	3 + 4	2 + 4	17	2	0	0	6	0		
Zetland	4 + 6	4 + 7	3 + 3	3 + 3	10	0	0	0	1	0		
Friary Community Hospital	3 + 4	2 + 3	2 + 1	2 + 2	11	0	0	0	0	0		
JC21 (Ward 21)	5 + 2	5 + 3	5 + 2	5 + 2	6	0	0	2	0	0		
JC22 (Ward 22)	5 + 2	3 + 2	3 + 1	3 + 1	7	0	0	0	0	0		
JCDS (Central Delivery Suite)	10 + 2 M- F	10 + 2	11 + 2	11 + 2	10	0	0	0	0	0		
Neonatal Unit	15 + 1	13 + 2	15 + 1	12 + 1	18	0	0	4	0	0		

Paediatric Intensive Care Unit (PICU)	4 + 0	4 + 1	4 + 0	3 + 0	1	0	0	0	0	0		
Ward 17 JCUH	6 + 2	6 + 3	4 + 2	4 + 2	21	0	0	5	0	0		
Ward 19 Ante Natal	3 + 1	2 + 1	2 + 0	2 + 0	8	0	0	1	0	0		
Maternity FHN	2 + 0	2 + 1	2 + 0	2 + 0	0	0	0	0	0	0		
Mat Assessment Unit	4 +1	5 + 2	1 + 0	2 + 0	1	0	0	0	0	0		



Management time is improving but remains variable. ADoN's and Matrons are working with managers to understand any potential barriers. Annual leave is not counted and may lower % Supervisory model changing as above

NHSP and overtime usage has seen an upward trend during July.

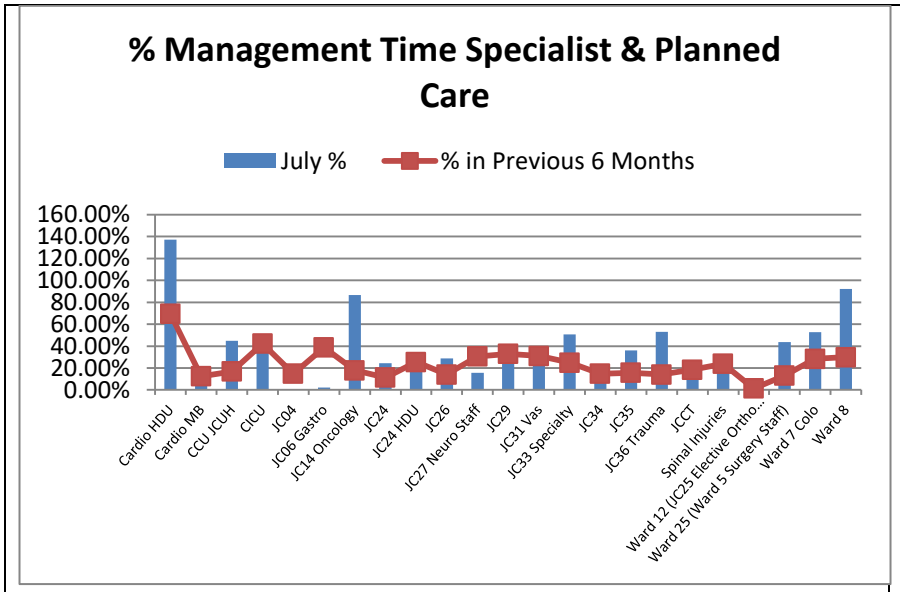


Specialist and Planned Care Centre actual worked hours against planned and professional judgement template numbers for June 2020 – as above

May 2020 Data	Planned Day	Worked Day	Planned N	Worked N	Bed occ	PU 2's	PU 3's	Medication Incidents	Falls	Complaints	1000 voices	Quality Impacts
JC04 (Ward 4)	5 + 3	4 + 4	3 + 2	3 + 3	18	0	0	2	5	0		
Ward 5 Surgery (on Ward 25)	4 + 3	4 + 4	3 + 3	2 + 3	10	0	0	0	2	0		
JC06 Gastro	3 + 4	3 + 5	3 + 2	2 + 4	23	1	0	0	5	0		
Ward 7 Colo	5 + 4	4 + 5	3 + 3	4 + 4	23	0	0	0	1	0		
Ward 8	5 + 4	4 + 5	3 + 3	3 + 3	23	0	0	3	2	1		
Ward 12 (Ward 25 Staff)	5 + 4	4 + 5	3 + 3	3 + 4	18	2	1	1	4	0		
Ward 14	4 + 3	3 + 3	2 + 2	2 + 2	10	1	0	2	2	0		

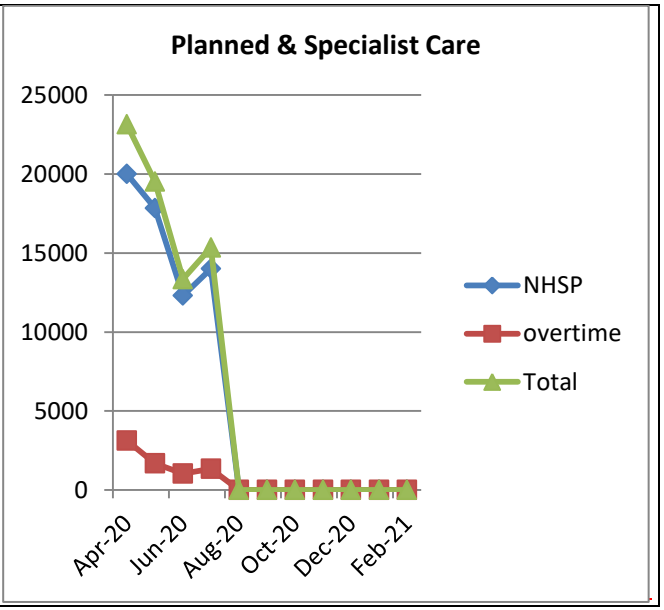
JC24 (Ward 24)	4 + 3	4 + 4	3 + 2	3 + 3	17	0	0	1	6	0		
Neuro HDU	4 + 1	4 + 2	4 + 1	4 + 1	4	0	0	1	0	0		
JC25 Elective Ortho												
JC26 (Ward 26)	3 + 2	3 + 3	2 + 2	2 + 2	16	0	0	0	4	0		
JC27 Neuro Staff	3 + 2	4 + 4	2 + 2	2 + 3	12	0	0	0	3	0		
JC28 (Ward 28)	5 + 3	4 + 4	4 + 2	4 + 2	18	0	0	0	3	0		
JC29 (Ward 29)	4 + 3	4 + 4	3 + 2	3 + 2	20	0	0	1	2	1		
Cardio MB	2 + 1	2 + 1	2 + 0	2 + 0	9	0	0	0	0	0		
JC31 Vas	3 + 4	3 + 4	3 + 2	2 + 2	10	3	0	2	1	2		
JCCT (Ward 32)	4 + 3	4 + 4	3 + 2	2 + 2	16	0	0	1	2	0		
JC33 Specialty	4 + 4	4 + 4	3 + 3	3 + 2	15	0	0	1	1	0		
JC34 (Ward 34)	5 + 5	4 + 6	4 + 3	3 + 4	25	1	0	0	4	0		
JC35 (Ward 35)	4 + 4	4 + 5	3 + 3	3 + 3	17	0	0	0	1	0		
JC36 Trauma	5 + 5	5 + 6	3 + 3	3 + 4	30	1	0	9	2	0		
Spinal Injuries	8 + 5	6 + 5	7 + 5	4 + 3	18	1	0	1	2	0		
CCU JCUH	8 + 2	6 + 2	6 + 0	5 + 0	7	0	0	0	1	0		
CICU JCUH	11 + 2	9 + 2	11+ 1	9 + 2	6	0	0	3	0	0		
Cardio HDU	6 + 1	5 + 1	5 + 1	4 + 1	5	0	0	0	0	0		
Gara Orthopaedic FHN	2 + 2	2 + 1	2 + 2	1 + 0	1	0	0	0	0	0		

Movement of wards and staff continues across the centre and may account for some increased incidents. Bed occupancy remains variable and staff have been redeployed to meet the acuity and dependency of the patients. Black beds remain open on wards 34 and 36 which are not budgeted.



Management time across the centre is improving. The manager for MB is also the manager for ward 29. The Manager for ward 7 has retired and the new manager has not started. As above

NHSP and overtime has seen a slight increase during July



Red Flags raised during July 2020

Red flags	Open	Resolved	Grand Total
AMBER Beds Open		1	1
Delay in providing pain relief	1	1	2
Less than 2 RNs on shift	3	2	5
Missed 'intentional rounding'	7	1	8
Shortfall in RN time	15	11	26
Vital signs not assessed or recorded	2		2
Grand Total	**28**	**16**	**44**

Matrons reviewed all red flags and solutions sought through in centre redeployment or professional discussion considering patient acuity and dependency and bed occupancy. Any unresolved issues were taken to SafeCare meetings for escalation to ADoN and group support for cross centre redeployment.

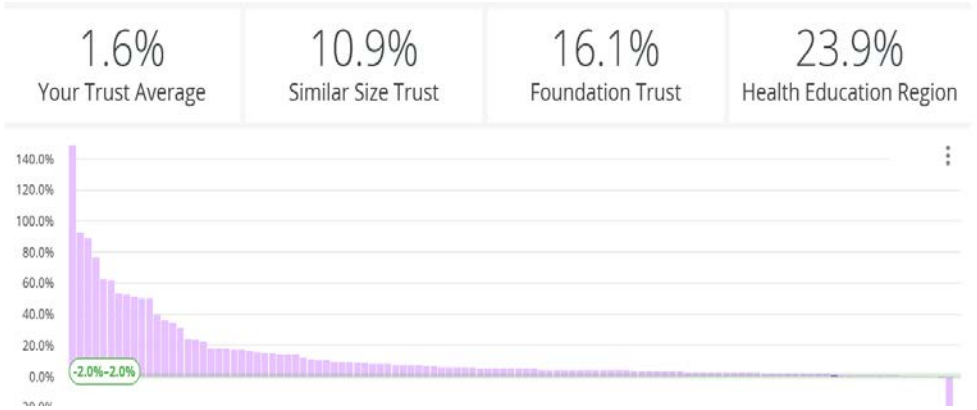
Missed international rounding's, pain relief and vital signs have been logged retrospectively and cannot therefor be resolved.

Ward 12 staffing is being regularly reviewed by the ADoN as there are a combination of wards contributing to the skill mix

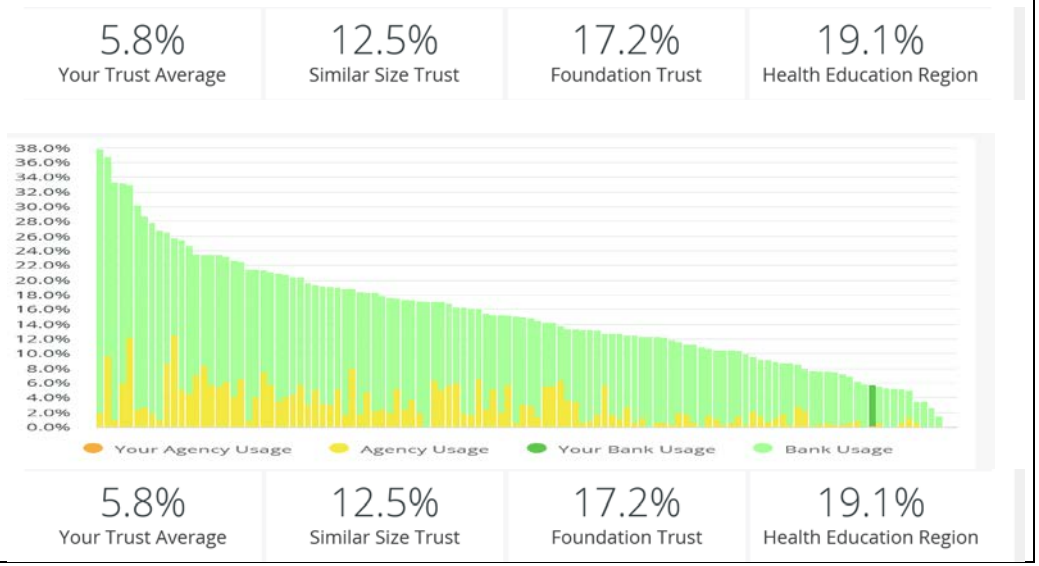
A total of hours 324 hours were redeployed through SafeCare during June to maintain safe staffing where red flags have been raised around staffing.

4 Weekly Hours Balance Against Peers

Best practice is to maintain the 4 weekly hours balance between + and – 2%. Last report was at 3.4% so a great effort from everyone has reduced our % back to a pre COVID state.



Temporary Staffing usage against other Allocate Peers

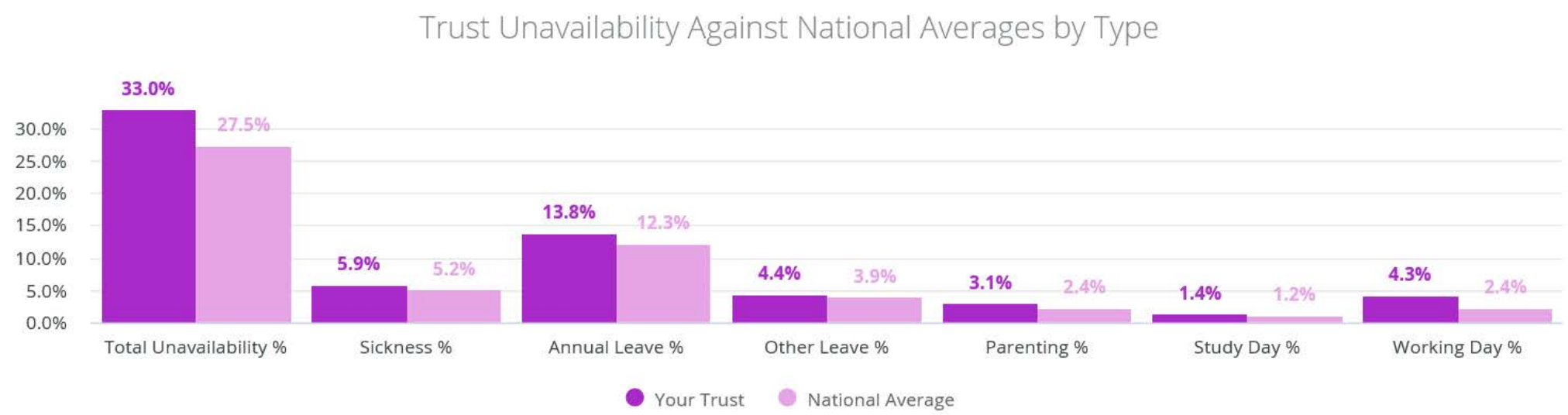


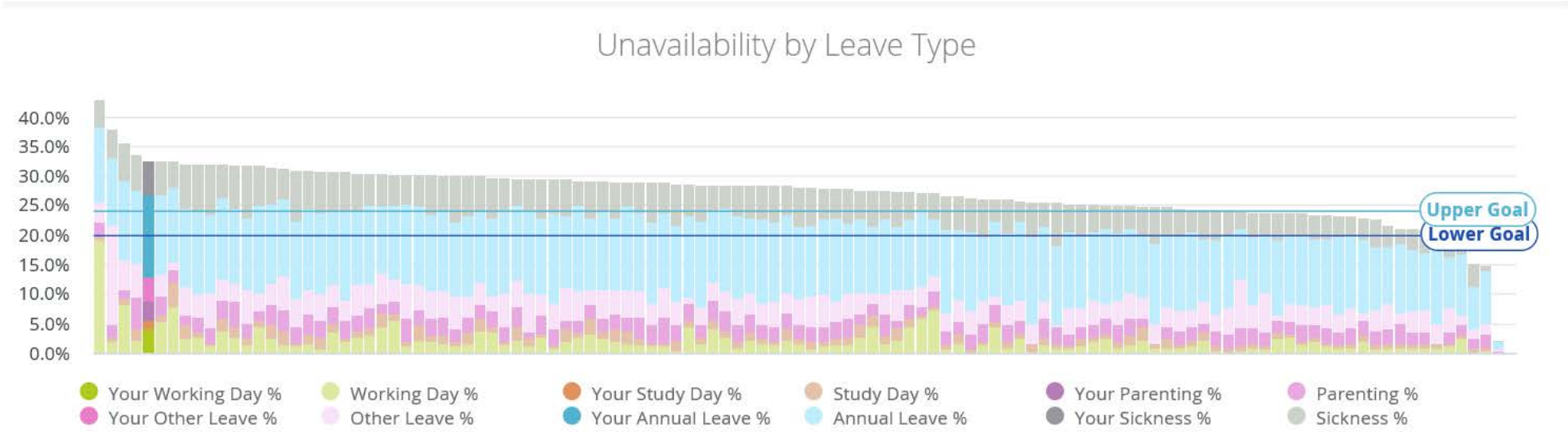
Overall unavailability of staff was 32% (28% last report) against standard Trust 21% headroom. A targeted piece of work will be undertaken later in the year to understand the position and opportunities.

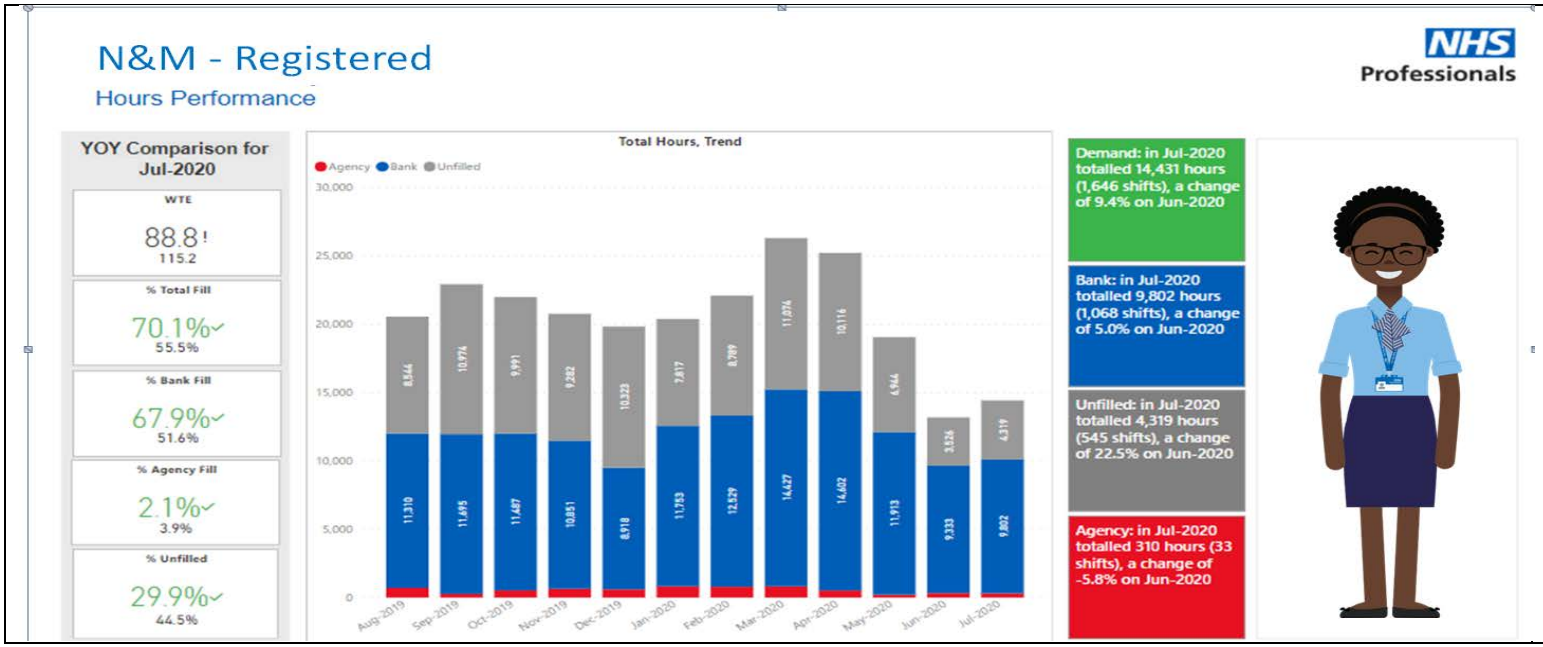
Sickness and other leave % remains slightly higher but are now in line with the National trend. Annual leave remains constantly well managed at 13.8% against a 14% KPI target. Parenting leave is not included in the 21 % headroom but is held centrally instead. Staff working from home or shielding are encouraged to take leave as planned during this period.

Working Day for July remains higher than the National average. Roster KPI meetings have restarted and discussions with roster managers has begun to address individual ward metrics.

Unavailability Compared to Allocate National Average 6th July – 2nd August 2020

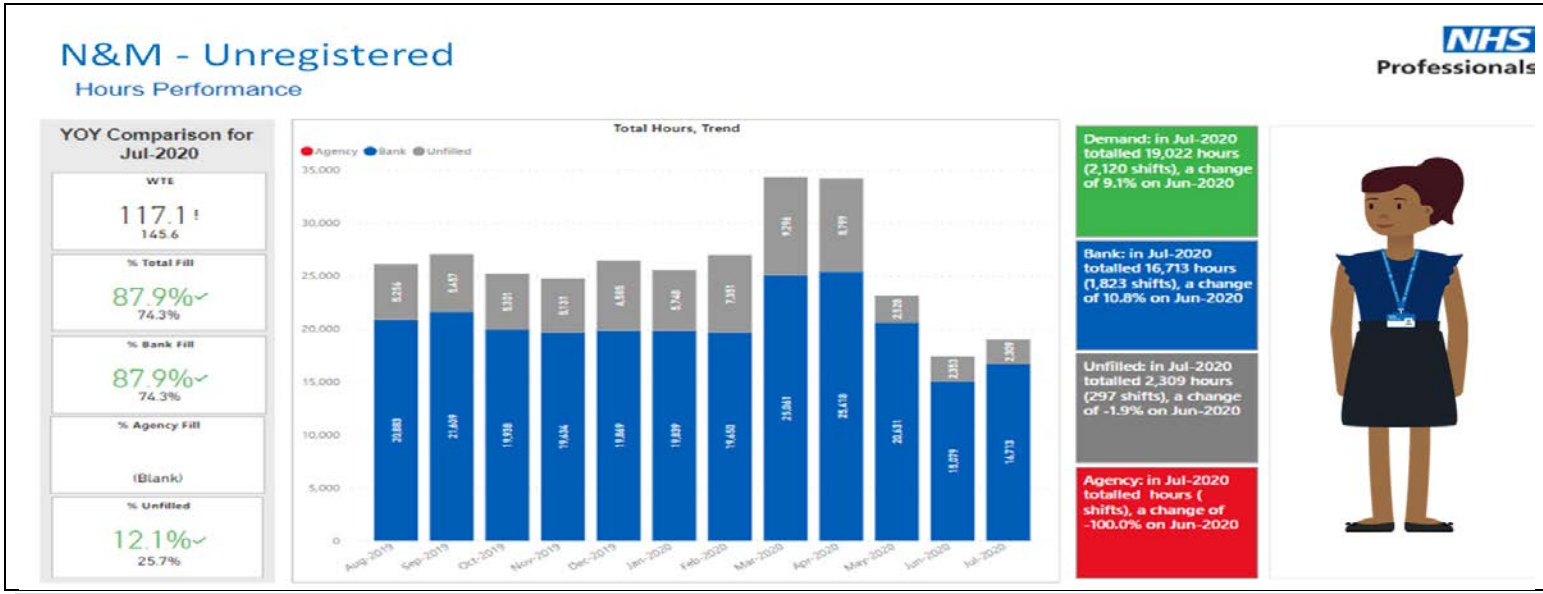






RN hours worked through NHSP and agency was 70.1% against a reduced demand of 14,431 hours which equates to 88 WTE

Agency (33 shifts) have been utilised to support anaesthetics



HCA hours worked through NHSP was 87.9% against a demand of 19,022 hours

There was no agency usage for HCA.

Second and 3rd year student nurses continue on paid extended placements and have contributed to reduced demand.

AHP Staffing

AHP staffing throughout July has mostly matched the demands placed on the various services. All outpatient services have now been switched on since the beginning of the month (July). The capacity in AHP services is likely going to be impacted by space due to need for social distance, the use of PPE and other COVID related IPC procedures. There has been an additional demand on non-qualified staff due to the need to assist with COVID screening at entrance points in outpatient departments. Some services are currently strained due to the number of staff who are shielding in these teams.

Most services have now returned to their base wards apart from ward 25 which continues to operate as a surgical ward. The skill mix on this ward has been aligned to the patient group on the ward to ensure patient safety and that patients are managed by the right person. Where some services are not back to baseline, staff have been moved to support other acute services who are under increased demand. Appropriate training was provided and continues to be provided, to support staff working within different areas of normal practice.

To ensure suitable staff allocation, senior leads still meet weekly for staffing reviews. Staff are allocated depending on skill set, expertise and availability which at times is significantly affected by COVID related absence. The Professional leads lead the operational meetings with service leads so any staffing issues can be escalated promptly for review and this provides assurance that the staffing establishment is maintained.

UNIFY reports for July show the following against baseline staffing;

- Critical care has had enhanced provision to meet demand
- Compared to last month, the demand for stroke services has increased. The fill rate remains low due to some long term sickness absences and is supported as needed by services which haven't fully reopened.
- Community teams have also adapted to demand and have been enhanced with support from other teams. There was a 19% increase in referrals in July and the service is actively recruiting into vacant posts.
- Speech and language therapy services continue to have difficulty filling the rota despite the use of agency staff in order to meet demand. The service is actively recruiting into vacant posts.
- The overall Dietetic service has met demand for July; however, some of the smaller teams within the service including Head and Neck and Oncology have had a very high staff turnover in a very short period of time. There will be a reduction in service for the next three months whilst the service actively recruits into vacant posts.

AHPS		Day Hours				Day (%)	
		Registered AHPs		Non-Registered AHPs			
		Total monthly planned staff hrs	Total monthly actual staff hrs	Total monthly planned staff hrs	Total monthly actual staff hrs	Average fill rate - Reg AHP (%)	Average fill rate - Non-AHP (%)
UEC	**UECC Therapists Critical Care - ICU**	1,384.00	1,334.75	172.50	105.00	96.4%	60.9%
UEC	**UECC Therapists Critical Care - Cardio**	689.25	715.00	172.50	131.50	103.7%	76.2%
SP&PL	**SPCT Acute Stroke**	1,267.50	772.00	675.00	577.50	60.9%	85.6%
SP&PL	**SPCT Spinal Injuries**	1,417.50	957.00	277.50	222.50	67.5%	80.2%
COMM	**Community Therapists Stroke & RPCH**	3,442.50	2,141.50	1,597.50	1,208.50	62.2%	75.6%
COMM	**Community Therapists Rutson**	765.00	511.17	307.50	218.00	66.8%	70.9%
SP&PL	Speech & Language Therapy	2,475.00	1,300.92	172.50	141.50	52.6%	82.0%
SP&PL	Dietitians JCUH	3,648.50	2,723.50	0.00	0.00	74.6%	-
						76.5%	73.6%

Summary

Nurse Staffing throughout July has matched the acuity, dependency and numbers of patients. There does not appear to be any direct correlation between patient harms and safe staffing levels although medication incidents have increased. Work is on-going to review training and education around safe medication administration and will form part of the medication safety week in September.

Ward Manager Supervisory time has improved during July although variable possibly due to sickness, holiday and ward closures.

Student nurses continue to support wards on paid placements which will end on 31st August as part from the Aspirant Nurses who will remain as employed band 4 until they register with the NNC in September/October. All appointments have been made with 118 posts offered and accepted across adult, paediatrics and midwifery.

International nurses who have currently stepped onto the NMC temporary COVID19 register have now all been rebooked to sit their OSCE exams in August and the OSCE training programme restarted via mixed medium due to social distancing. The pipeline from India and the Philippines has also reopened and we are planning to welcome the first group from the remaining 35 to travel in early September. Accommodation issues may delay arrivals as quarantine rules have been enforced.

Twice weekly staffing meetings have continued throughout July with professional staffing templates agreed and monitored in line with ward movements as part of ongoing recovery. The agreed July nursing planned templates (Option 3) have been agreed to reflect the risk assessments undertaken for social distancing. Sickness and self isolation of staff is reducing and support remains ongoing for staff health and wellbeing through psychology input and ‘Project Wingman’.

A ‘Staffing Through COVID’ paper will be submitted through SLT followed by a six monthly safe staffing paper once wards have settled into their final pathways. The Shelford Group have publicised a new ‘Professional Judgement Tool’ which calculated additional WTE required staff for PPE. These calculations will be added to the SNCT data to formulate new ward establishment requirements.

A+E still await the SNCT tool which has been delayed due to COVID PPE requirement calculations which will be added to the calculation capability of the final version. This will now not be released until the end of September/October 2020. Community Nursing, Paediatrics, Theatres and Midwifery Safe Staffing Reviews from January data are all due to be submitted in August FOR September Board.

References

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

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Safe, sustainable and productive staffing in maternity services https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_Maternity_final_2.pdf

Safe, sustainable and productive staffing for neonatal care and children and young people's services https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_Neonatal_mYLJCHm.pdf

Safe, sustainable and productive staffing in urgent and emergency care https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Safe_Staffing_urgent_and_emergency_care.pdf

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 SEPTEMBER 2020			
HCAI Annual Report			**AGENDA ITEM: 9, ENC 5**
Report Author and Job Title:	Dr Richard Bellamy, Infection Control Doctor, JCUH Mrs Astrida Ndhlovu, Lead Nurse, Infection Prevention and Control Mrs Helen Day, Deputy Director of Nursing / Deputy DIPC	**Responsible Director:**	Deirdre Fowler Director of Nursing & Midwifery
Action Required	Approve ☒ Discuss ☐ Inform ☐		
Situation	This annual report summarises information on healthcare-associated infections for the period 1st April 2019 to 31st March 2020 including a summary of alert organisms and conditions. It includes information on Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia, Methicillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia and *Clostridium difficile*-associated diarrhoea. The report also includes a brief summary of other key infection control issues and a summary of HCAI delivery plan for 2019/20		
Background	To provide a summary of information on healthcare-associated infections.		
Assessment	Successes; 1. Hand hygiene is the cornerstone of IPC best practice, the overall average of compliance with the 5 moments of hand hygiene as reported is 94% with peer audit scores being 89%, maintaining 2018/19 effective compliance of 94% and 91% respectively. 2. 12.3% decrease in total cases of gram negative blood stream infections compared to 2018/19 and a 27.5% decrease in hospital-apportioned cases 3. Increased integrated training and cleaning inspections with Serco Cleaning standards have been maintained on all of the trust hospital sites over 2019/20 with all high risk areas cleaning scores above the required threshold 4. Proactive and positive response to Covid19 international pandemic Areas of continued focus 1. There have been 89 COHA + HOHA cases of *Clostridium difficile* in 2019/20 against an upper threshold of 81 2. Ensuring 2020/21 IPC annual work plan maintains focus on key IPC indicators and actions in addition to Covid19 pandemic: GNBSI, MRSA/MSSA and *Clostridium difficile* 3. An outbreak of *Serratia marcescens* within the cardiothoracic surgical service was associated with a robust action plan and organisational learning. The incidence of this infection will continue to be monitored		
Recommendation	The Trust Board of Directors are asked to Approve the content of this report .		

Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 2.1(1) An infection outbreak (such a influenza; norovirus; infections resistant to antibiotics and CDiff) may result in avoidable patient harm and could adversely impact on delivery of key performance indicator	
Legal and Equality and Diversity implications	Implementing the Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance (Health and Social Care Act 2008) is a legal requirement for acute trusts and other health care providers. This Act was updated in July 2015 to reflect the structural changes that took effect in the NHS from April 2013 and the role of infection prevention (including cleanliness) in optimising antimicrobial use and reducing antimicrobial resistance. The law states that the Code must be taken into account by the CQC when it makes decisions about registration against the infection prevention requirements. The regulations also say that providers must have regard to the Code when deciding how they will comply with registration requirements. So, by following the Code, registered providers will be able to show that they meet the requirement set out in the regulations	
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☐
	Drive operational performance ☐	Long term financial sustainability ☐
	Develop clinical and commercial strategies ☐	

HCAI ANNUAL REPORT - APRIL 2019 TO MARCH 2020

Executive Summary

This report summarises surveillance information on *Clostridium difficile*-associated diarrhoea, Methicillin-resistant *Staphylococcus aureus* (MRSA) and Methicillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia, bacteraemia due to Glycopeptide-Resistant Enterococci (GRE), Extended Spectrum Beta Lactamase (ESBL)-producing coliform infections and other important healthcare-associated infections for 1st April 2019 to 31st March 2020. The report also refers to the summary of IPC delivery plan (appendix 3) for actions taken in 2019/20.

1. All infection prevention and control activities are monitored by The Infection Prevention Action Group (IPAG) which reports to the Quality Assurance Committee (QAC). This report is presented to IPAG and QAC prior to the Board of Directors.

2. The *Clostridium difficile*-associated diarrhoea objective for 2019/20 is to have no more than a combined total of 81 community-onset healthcare-associated (COHA) and/or healthcare-onset healthcare-associated (HOHA) cases among patients aged over 2 years. There have been 89 COHA + HOHA cases in the current financial year.

3. MRSA bacteraemia target is that of zero tolerance. There has been 1 Trust-assigned case for the 2019/20 financial year.

4. There was no official MSSA bacteraemia target for 2019/20. There were 41 Trust-apportioned MSSA bacteraemia cases in the current financial year.

5. Reducing gram negative blood stream infections (GNBSI) is a national priority with the stated aim of a 50% reduction in avoidable bacteraemia by 2022/2023. There were 632 cases of the three GNBSI organisms which are part of national surveillance, 129 of which were classed as trust-apportioned. This is a 12.3% decrease in total cases compared to 2018/19 and a 27.5% decrease in hospital-apportioned cases.

6. The Trust had 6 cases of bacteraemia due to Glycopeptide-resistant *Enterococci* in 2019/20. There were 10 cases in 2018/19.

7. ESBL-producing coliforms cause a large number of infections and they are the commonest multi-drug resistant Gram negative organisms affecting patients in the Trust and in the local community. In 2019/20 the Trust had 24 cases of bacteraemia due to ESBL-producing coliforms, compared to 28 in 2018/19.

8. One further case of multi-drug-resistant GES-carbapenemase-producing *Pseudomonas aeruginosa* which was identified in 2014/15 has continued in 2019/20 although there is no evidence of ongoing spread in the renal unit or in critical care. In total 25 patients have been affected by the GES carbapenemase-producing strain. This continues to be monitored.

9. Further cases of oxa-48 carbapenemase-producing *Klebsiella pneumoniae* carriage were detected in 2019/20. We have not detected any cases of transmission within our trust during 2019/20, despite extensive contact-tracing and screening.

10. During the winter months, outbreaks of Norovirus infection have previously caused severe disruption both nationally and to our Trust. During 2019/20 there were 5 clusters which met our definition of an outbreak and they affected a total of 82 patients and 54 staff members.

11. During the winter months of 2019/20 there was a total of 11 patients with influenza who required critical care.

12. An international pandemic of a novel coronavirus began in December 2019. COVID-19 started to affect our trust during February and March 2020 and will cause significant challenges during 2020.

13. A number of antimicrobial stewardship initiatives are in place in the trust. Due to changes in our antibiotic guidelines we have seen an increase in total antibiotic use and carbapenem use.

14. There have been significant improvements in endoscope decontamination practices and traceability, over the last 4-5 years.

15. An international issue was identified in 2016 with regard to patients who have had cardiac surgery who have subsequently developed endocarditis due to *Mycobacterium chimerae*. To date no patients who have had cardiac surgery in our Trust have been found to be affected.

16. The overall average of compliance with the 5 moments of hand hygiene as reported is 94% with peer audit scores being 89%.

17. Cleaning standards have been maintained on all of the trust hospital sites over 2019/20 with the majority of cleaning scores above the required threshold. Joint monitoring with the trusts Environmental Monitoring Team continues and cleaning scores are monitored through IPAG.

18. The IPC team have continued to develop and use ‘tool box teaching’ packages. This approach has enabled a more flexible approach to training and education.

1. INTRODUCTION

This annual report summarises information on healthcare-associated infections for the period 1st April 2019 to 31st March 2020 including a summary of alert organisms and conditions. It includes information on Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia, Methicillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia and *Clostridium difficile*-associated diarrhoea. The report also includes a brief summary of other key infection control issues and a summary of HCAI delivery plan for 2019/20 (appendix 3).

2. SURVEILLANCE DATA

2.1 C. difficile-associated diarrhoea

The 2019/20 *C. difficile* definitions are as follows:

a) Hospital onset healthcare associated (HOHA): cases detected in the hospital ≥2 days after admission.

b) Community onset healthcare associated (COHA): cases that occur in the community (or within <2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks.

c) Community onset indeterminate association (COIA): cases that occur in the community (or within <2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent 4 weeks.

d) Community onset community associated (COCA): cases that occur in the community (or within <2 days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

Table 1. 2019/20 *C. difficile* definitions

The total figure for *C. difficile* cases from April 2019 to March 2020 was 152. In 2018/2019 there were 120 cases so there has been a 26.7% increase compared to last year.

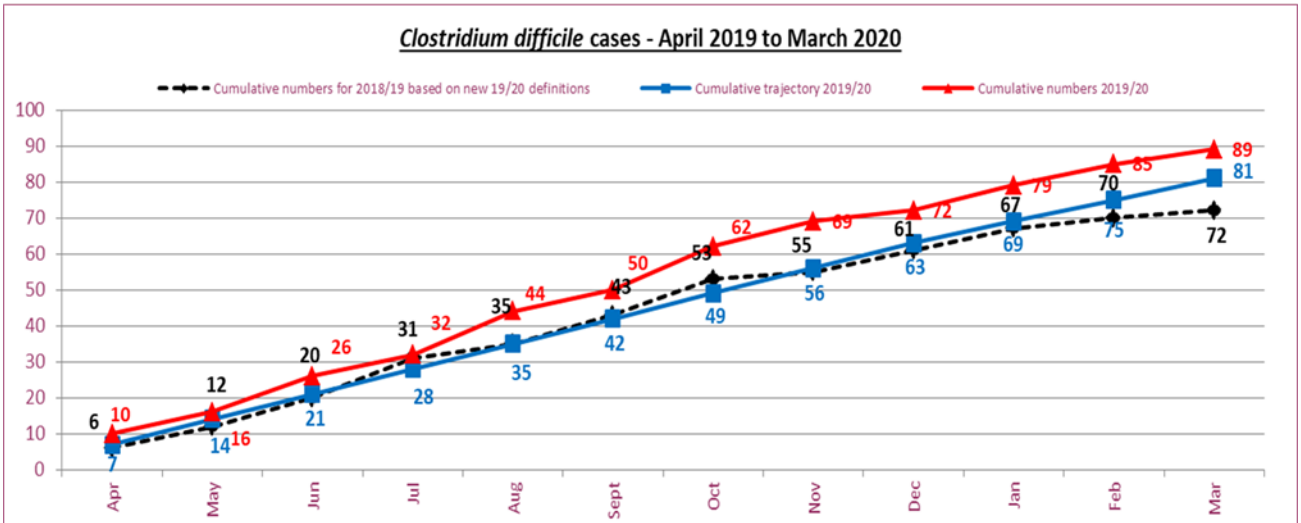
C diff	Total 2018/19	Apr 19	May 19	June 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total 2019/20 to date	Target for 2019/20
Total cases	120	18	7	14	14	19	10	23	12	8	11	10	6	152	NA
Not trust apportioned	79	8	1	4	8	7	4	11	5	5	4	4	2	63	NA
Trust-apportioned	41	10(4)	6(3)	10(10)	6(3)	12(8)	6(5)	12(8)	7(5)	3(3)	7(5)	6(6)	4(2)	89(62)	**81**
- JCUH	33	10	4	8	4	10	5	11	6	3	6	5	4	76	
-FHN	3	0	1	1	2	1	0	1	1	0	0	1	0	8	
-Redcar	2	0	1	0	0	0	0	0	0	0	0	0	0	1	
-East Cl	1	0	0	0	0	0	0	0	0	0	1	0	0	1	
-Guis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
-Rutson	0	0	0	0	0	1	0	0	0	0	0	0	0	1	
-Friary	2	0	0	1	0	0	1	0	0	0	0	0	0	2	

Table 2. Total number of C.difficile figures for 2019/2020 (numbers in brackets are HOHA cases)

The 2019/20 annual objective is to have no more than 81 COHA + HOHA cases. In the first 12 months of 2019/20 there have been 89 trust-apportioned cases (COHA = 27; HOHA = 62) so the target has been exceeded. In comparison, between April 2018 and March 2019 the Trust had 41 cases of Trust-apportioned C. difficile infection but the definitions have changed.

As required by national *C. difficile* guidance, the Trust monitors how many of the patients who develop *C. difficile*, subsequently die within the following 30 days, regardless of cause. Since April 2009, 318/1782 patients (18%) have died during the 30 day follow-up period.

A cluster of *C. difficile* is described as two or more cases which may be linked. During 2019/2020 the Trust had 2 confirmed clusters, affecting wards 7 and 27.



Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
JC34 (HOHA)	JC02 (COHA)	ITU3 (HOHA)	Ward 7 (COHA)	Ward 6 (COHA)	JITU2 (HOHA)	Ward 34 (HOHA)	Ward 37 (COHA)	Ward 27 (HOHA)	GHDU (HOHA)	JCCT (HOHA)	JC29 (HOHA)
JCSSU (HOHA)	Gara (HOHA	GHDU (HOHA)	Ward 5 (COHA)	Gara (COHA)	Friary (HOHA)	Ward 37 (COHA)	Ward 5 (HOHA)	Ward 4 (HOHA)	Ward 27 (HOHA)	JC06 (HOHA)	GHDU (HOHA)
JC33 (COHA)	JC10 (COHA)	Victoria (HOHA)	Ward 37 (HOHA)	Ward 34 (HOHA)	Ward 6 (HOHA)	Ward 21 (COHA)	Ward 36 (HOHA)	SIRU (HOHA)	Ward 3 (COHA)	JC08 (HOHA)	JC33 (COHA)
FHCDU (COHA)	ZET (HOHA)	Ward 10 (HOHA)	Romanby (COHA)	Ward 5 (HOHA)	Ward 7 (HOHA)	Ward 3 (HOHA)	Ward 11 (HOHA)		Tockets (HOHA)	JCAAU1 (HOHA)	JCSAU5 (COHA
RAFAU (COHA)	JCITU2 (HOHA)	Ward 7 (HOHA)	Ward 7 (HOHA)	Ward 27 (HOHA)	Ward 14 (HOHA)	ITU 2 (HOHA)	Rom (COHA)		Ward 35 (COHA)	JCNHDU (HOHA)	
JC37 (COHA)	JC03 (COHA)	Ward 36 (HOHA)	Ward 7 (HOHA)	Ward 29 (COHA)	Ward 14 (COHA)	ITU 3 (HOHA)	Ward 5 (HOHA)		Ward 11 (HOHA)	FHCDU (HOHA)	
RAFAU (HOHA)		Romanby (HOHA)		Rutson (HOHA)		Ward 14 (COHA)	Ward 27 (HOHA)		SSU (HOHA)		
JC09 (HOHA)		Ward 7 (HOHA)		RAFAU (HOHA)		Ward 11 (HOHA)					
JCCT (COHA)		Ward 27 (HOHA)		RAFAU (HOHA)		SIRU (HOHA)					
RAFAU (COHA)		Ward 25 (HOHA)		Ward 37 (HOHA)		Ward 4 (HOHA)					
				Ward 37 (COHA)		Ward 9 (HOHA)					
				Ward 6 (HOHA)		RAFAU (COHA)					

Graph 1: Cumulative Trust-apportioned *C. difficile* cases 2019/20 compared to trajectory

Appeal successful	

Root Cause Analysis (RCA) and panel reviews are undertaken for all trust-apportioned *C. difficile* cases. Panel reviews are chaired by the DIPC or her Deputy and are attended by CCG colleagues. If the panel agrees that there were no deficiencies in care then the case may be discounted from the total for performance measurement purposes.

Associated factors are captured in table 3. Practices relating to hand hygiene, PPE and ward cleanliness must be optimum to prevent cross infection. The documentation of 'normal bowel habit on admission' is often associated with a delay in sampling. The key action to address this has been the introduction of new Trust nursing documentation in August 2019 which specifically prompts the admitting nurse to ask about 'usual' stool type and frequency on admission, which can then inform on-going monitoring and need for sampling. The documentation and the diarrhoea algorithm chart will be audited together in March 2020.

Were the following assessment and management elements completed?	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10	Case 11	Case 12	Case 13	Case 14	Case 15	Case 16	Case 17	Case 18	Case 19	Case 20	Case 21	Case 22
	Apr-19										May-19						Jun-19					
The patient has received Antibiotics in previous 12 weeks to this episode of care	Y	Y	Y	N	Y	Y	Y	Y		Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y
Normal Bowel habit assessment on admission	N	Y	Y	Y	N	Y	N	N		Y	N	N	N	Y	N	Y	N	Y	Y	N	Y	N
Was the sample obtained timely	N	Y	Y	Y	Y	Y	Y	N		N	N	N	Y	Y	N	Y	N	Y	N	N	N	Y
Bristol Stool score recorded	N	Y	Y	Y	Y	Y	Y	Y		Y	N	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y
Was the patient Isolated within 2 hours of suspicion of infected diarrhoea?	Y	Y	Y	Y	Y	Y	Y	Y		Y	N	NA	Y	Y	Y	Y	Y	Y	N	N	Y	Y
Patient commenced appropriate pathway and bundle for isolation eg PPE (full length fluid repellent gowns), chlorine based products for cleaning, signage, single use equipment etc.	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	NA	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Was the patient given the appropriate information leaflet and given advice about hand hygiene?	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Reviewed by medic and severity assessment completed	Y	Y	N	Y	Y	Y	Y	N		Y	Y	NA	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Appropriate antibiotics based on severity assessment prescribed and administered in line with trust guidelines?	Y	Y	Y	Y	Y	Y	Y	N		Y	Y	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	Y
Previous hospital admission in the last 12 weeks	Y	Y	Y	Y	Y	N	Y	Y		Y	Y	N	Y	Y	N	Y	N	Y	Y	Y	N	Y
Does the patient have the following risk factors?	Apr-19										May-19						Jun-19					
>65 years old	Y	Y	Y	N	Y	Y	Y	Y		Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	N	Y
Taking protein pump inhibitors (PPI)	N	Y	Y	Y	Y	N	Y	Y		Y	Y	y	N	N	Y	Y	Y	Y	Y	N	N	N
Known history of Clostridium Difficile infection (CDI)	N	Y	N	Y	Y	Y	N	N		Y	N	N	N	N	Y	N	N	N	Y	N	N	N
Link to CDI case	N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N
Immune supressed	N	Y	Y	N	N	N	Y	Y		N	N	N	N	N	N	Y	N	N	N	N	N	N
Underlying oncology	N	Y	Y	N	Y	N	Y	N		Y	N	N	N	N	N	Y	N	N	N	N	N	N
Care Home resident	N	N	N	N	Y	Y	N	N		Y	N	N	N	N	N	N	N	N	N	N	N	N
History of abdominal surgery	N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N	N	N	N	Y	N
Admission to critical care	N	N	N	N	N	N	N	N		N	N	N	N	N	Y	N	Y	Y	N	N	Y	Y
PEG tube and feed	N	N	N	N	N	N	N	N		N	N	N	N	N	Y	N	Y	N	Y	N	N	N

Were the following assessment and management elements completed?	Case 23	Case 24	Case 25	Case 26	Case 27	Case 28	Case 29	Case 30	Case 31	Case 32	Case 33	Case 34	Case 35	Case 36	Case 37	Case 38	Case 39	Case 40	Case 41	Case 42	Case 43	Case 44
					Jul-19							Aug-19										
The patient has received Antibiotics in previous 12 weeks to this episode of care	Y	Y	Y	Y	Y	N	Y		Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y
Normal Bowel habit assessment on admission	N	Y	Y	N	N	Y	Y		Y	Y	Y	Y	Y	Y	N	Y	N	Y	N	Y	Y	N
Was the sample obtained timely	Y	Y	Y	Y	Y	N	Y		Y	Y	Y	Y	NA	Y	Y	Y	N	N	Y	Y	Y	N
Bristol Stool score recorded	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	NA	Y	Y	Y	Y	Y	Y	Y	Y	Y
Was the patient Isolated within 2 hours of suspicion of infected diarrhoea?	Y	Y	Y	Y	Y	Y	Y		Y	Y	N	Y	NA	Y	Y	Y	Y	Y	Y	Y	Y	N
Patient commenced appropriate pathway and bundle for isolation eg PPE (full length fluid repellent gowns), chlorine based products for cleaning, signage, single use equipment etc.	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	NA	Y	Y	Y	Y	Y	Y	NA	Y	Y
Was the patient given the appropriate information leaflet and given advice about hand hygiene?	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA
Reviewed by medic and severity assessment completed	Y	Y	Y	N	Y	N	Y		Y	Y	Y	Y	NA	Y	Y	Y	Y	Y	Y	Y	Y	N
Appropriate antibiotics based on severity assessment prescribed and administered in line with trust guidelines?	Y	Y	Y	Y	Y	Y	N		Y	Y	Y	Y	NA	Y	Y	Y	Y	Y	Y	Y	Y	Y
Previous hospital admission in the last 12 weeks	N	N	Y	Y	Y	Y	Y		Y	Y	N	Y	N	N	Y	Y	Y	Y	Y	N	Y	N
Does the patient have the following risk factors?					Jul-19							Aug-19										
>65 years old	Y	N	Y	Y	Y	N	Y		Y	N	Y	N	Y	Y	N	Y	Y	Y	Y	N	Y	N
Taking protein pump inhibitors (PPI)	N	N	Y	Y	Y	Y	Y		N	Y	N	Y	Y	N	Y	N	Y	N	N	Y	N	Y
Known history of Clostridium Difficile infection (CDI)	N	N	N	N	N	Y	N		Y	N	N	N	N	N	N	N	N	N	N	Y	N	N
Link to CDI case	N	N	N	N	Y	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N
Immune supressed	N	N	N	N	N	N	Y		Y	Y	N	N	N	N	N	N	N	Y	N	N	N	N
Underlying oncology	N	N	N	N	N	N	Y		N	Y	N	N	N	N	N	N	N	N	N	N	N	N
Care Home resident	Y	N	Y	N	N	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N
History of abdominal surgery	N	Y	N	N	N	N	Y		N	Y	Y	N	N	N	Y	N	N	N	N	N	N	N
Admission to critical care	N	N	N	N	N	N	N		N	Y	N	N	N	Y	N	N	Y	N	N	N	N	Y
PEG tube and feed	N	N	Y	N	N	N	N		N	N	Y	N	N	N	Y	N	N	N	N	N	N	Y

Were the following assessment and management elements completed?	Case 45	Case 46	Case 47	Case 48	Case 49	Case 50	Case 51	Case 52	Case 53	Case 54	Case 55	Case 56	Case 57	Case 58	Case 59	Case 60	Case 61	Case 62	Case 63	Case 64	Case 65
		Sep-19					Oct-19												Nov-19		
The patient has received Antibiotics in previous 12 weeks to this episode of care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y
Normal Bowel habit assessment on admission	N	N	N	N	N	N	N	N	N	Y	N	N	Y	N	N	Y	N	Y		Y	N
Was the sample obtained timely	N	N	N	Y	N	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	N	N		N	Y
Bristol Stool score recorded	NA	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y
Was the patient Isolated within 2 hours of suspicion of infected diarrhoea?	NA	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y		Y	N
Patient commenced appropriate pathway and bundle for isolation eg PPE (full length fluid repellent gowns), chlorine based products for cleaning, signage, single use equipment etc.	NA	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y
Was the patient given the appropriate information leaflet and given advice about hand hygiene?	Y	Y	N	Y	Y	N	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y		Y	Y
Reviewed by medic and severity assessment completed	NA	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y		Y	Y
Appropriate antibiotics based on severity assessment prescribed and administered in line with trust guidelines?	NA	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y
Previous hospital admission in the last 12 weeks	N	N	N	Y	Y	Y	N	Y	Y	N	N	N	Y	N	N	Y	Y	Y		Y	Y
Does the patient have the following risk factors?																					
>65 years old	N	Y	N	Y	N	Y	Y	Y	N	Y	N	N	N	Y	N	Y	Y	Y		Y	Y
Taking protein pump inhibitors (PPI)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y		N	N
Known history of Clostridium Difficile infection (CDI)	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	Y	N	N		N	Y
Link to CDI case	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		N	N
Immune supressed	N	Y	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	Y	N	N		Y	N
Underlying oncology	Y	N	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	Y	N	N		Y	N
Care Home resident	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N		N	N
History of abdominal surgery	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N		Y	N
Admission to critical care	N	N	Y	N	N	N	N	N	Y	N	Y	Y	N	N	Y	N	N	N		N	N
PEG tube and feed	Y	N	Y	N	Y	N	N	N	Y	N	Y	Y	N	N	N	N	N	N		N	N

Table 3. *Clostridium difficile* cases 19/20 (HOHA / COHA) summary of risk factors and compliance with best practice

C. difficile death certificate audit

During 2007 the Healthcare Commission published a report on an investigation into deaths which had occurred at Maidstone and Tunbridge Wells NHS Trust and caused by *C. difficile*. In response to this, in 2007/8 we audited all deaths, from April 2005 to March 2008, at South Tees Hospitals where *C. difficile* was recorded on the death certificate. This was a similar method to that used by the Healthcare Commission. This audit has been repeated annually. Separate audits are now produced for JCUH and FHN.

In 2019/20, there were 6 cases included in the audit of JCUH cases and 0 cases at FHN. The death certificate counterfoils indicated that for 1 of these patients *C. difficile* or toxic megacolon was recorded as the primary cause of death (under Ia). For 4 patients, *C. difficile* was recorded as a contributing/ predisposing factor in the patient's death (see table below). In the infection control doctor's assessment, *C. difficile* was the main cause of death for 1 patient and was a contributing/ predisposing factor for 3 patients. No deficiencies in care were identified, which were deemed to have contributed to the patients' deaths.

Section of death certificate	Number of death certificates	How this audit would have classified the death certificate
Ia (ie main cause)	1	1
Ib (predisposing factor)	1	0
Ic (predisposing factor)	0	0
II (contributory cause)	3	3
Was not or would not have been included on death certificate	1	1
Unable to complete death certificate (ie post-mortem was needed but not performed)	NA	1

Table 4. Classification of cases where C. difficile was entered on the death certificate, 2018-2019

This audit is attached as appendix 1 to this infection control report.

2.2 MRSA bacteraemia

MRSA	Total 2018/19	Apr 19	May 19	June 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total 2019/20 to date	Target for 2019/20
Total cases	9	0	0	0	0	0	0	2	2	0	0	0	1	5	NA
Not trust assigned	8	0	0	0	0	0	0	1	2	0	0	0	1	4	NA
Trust assigned	1	0	0	0	0	0	0	1	0	0	0	0	0	1	**NA**

Table 5. MRSA bacteraemia cumulative totals for 2019/20 compared to 2018/19

The MRSA bacteraemia target is that of zero tolerance. There were 5 cases of MRSA bacteraemia in 2019/20, 1 of which was classed as trust-assigned. In comparison, there were 9 cases in 2018/2019, 1 of which was classed as Trust-assigned.

Since June 2006 every episode of MRSA bacteraemia has been investigated as a clinical incident to help identify lessons to be learnt and to guide improvements in practice. Since February 2008 the Director of Nursing/DIPC or deputy DIPC has chaired a case review meeting with the appropriate clinical staff. This has enabled a number of lessons to be learnt and has helped the Trust to focus attention on avoidable causes of MRSA bacteraemia.

In 2019/20, 5 episodes of bacteraemia were investigated. None of these patients died during the current admission. An avoidable causal factor, related to our trust, was identified for 3 patients. The causes of MRSA bacteraemia are summarised in table 4 below.

Cause	Number of episodes (Trust-assigned cases)	Number where an avoidable factor was identified in our Trust	Number of patients who died due to MRSA or who died during the current episode of illness
Peripheral cannula	1(1)	1	0
Endocarditis	1(0)	0	0
Sacral pressure sore	1(0)	0	0
Surgical site infection	1(0)	1	0
Haemodialysis line infection	1(0)	1	0
Total	5(1)	3	0

Table 6. Summary of causes of MRSA bacteraemia for 2018/2019

This audit is attached as appendix 2 to this infection control report.

2.3 MSSA bacteraemia

Between April 2019 and March 2020 there were 160 episodes of MSSA bacteraemia. 43 of these cases were classified as Trust-apportioned (defined as all cases occurring in inpatients other than those where the blood culture was taken on admission or on the day after admission). Compared to 2018/2019 this is a 19.4% increase in total cases and a 2.3% increase in trust-apportioned cases.

There is no external target for MSSA bacteraemia. However, the trust set an internal target for a 15% reduction from the 2016/17 baseline of 41 trust-assigned MRSA and trust-apportioned MSSA cases combined. This gives an upper threshold of 35. We have exceeded this upper threshold as we had a combined total of 44 trust-apportioned cases during 2019/20.

Since February 2008 a case review meeting should be held within the relevant clinical centre/directorate for every Trust-apportioned MSSA bacteraemia.

MSSA	Total 2018/19	Apr 19	May 19	June 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total 2019/20 to date	Target for 2019/20
Total cases	134	12	12	17	18	17	15	13	13	15	12	11	5	160	NA
Not trust apportioned	92	9	11	12	14	11	11	11	6	12	9	8	3	117	NA
Trust apportioned	42	3	1	5	4	6	4	2	7	3	3	3	2	43	NA

Table 7. MSSA bacteraemia cumulative totals for 2019/20 and compared to 2018/19

The commonest causes of MSSA bacteraemia in 2019/20 were:

- Pneumonia: 31 cases.
- Skin and soft tissue infection: 31 cases.
- Septic arthritis: 13 cases.
- Tunnelled central venous lines including haemodialysis: 18 cases.
- Peripheral venous cannulae: 10 cases.
- Catheter-associated urinary tract infection: 9 cases.
- Surgical site infection: 8 cases.
- Non-tunnelled central venous lines: 7 cases.

In total 52 MSSA bacteraemias were related to invasive procedures. Enhanced training for Aseptic Non-Touch Technique (ANTT) continues to be implemented across the trust for all relevant staff groups to address avoidable causes related to invasive procedures.

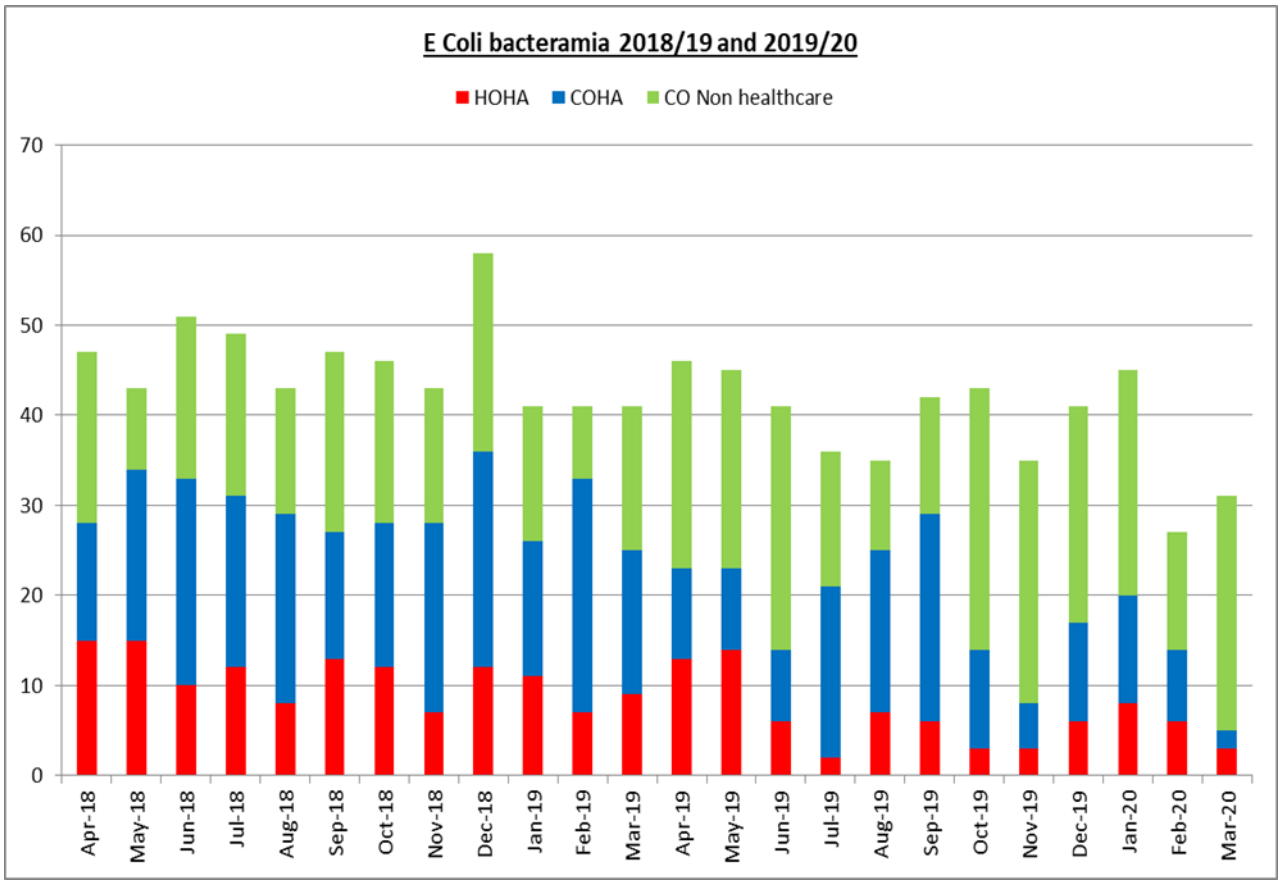
2.4 Surveillance for other alert organisms

Other alert organisms detected in 2018/19 compared to 2017/18	**Total for 19/20**	**Total 18/19**
Bacteraemia due to glycopeptide-resistant enterococci	6	10
Bacteraemia due to E. coli • Trust-apportioned • Not trust-apportioned	468 81 387	550 129 421
ESBL producing coliform infections • sample taken in community • sample taken in our trust • bacteraemias	810 520 290 24	953 599 354 28
Bacteraemia due to Klebsiella species • Trust-apportioned • Not trust-apportioned	117 34 83	134 37 97

Bacteraemia due to Pseudomonas aeruginosa • Trust-apportioned • Not trust-apportioned	47 15 32	37 12 25
Other alert organisms • invasive group A streptococcus	1	1

Table 8. Surveillance of GNBSI and other alert organisms

Reducing gram negative blood stream infections (GNBSI) is a national priority with the stated aim of a 50% reduction in avoidable bacteraemia by 2022/2023. During 2019/2020, the trust reported a total of 632 cases of the three GNBSI organisms which are part of national surveillance (*E.coli* 468; *Klebsiella* species 117; *Pseudomonas aeruginosa* 47). Of these, 129 cases were classed as trust-apportioned (20.4%) as defined by the Department of Health definition. This is a 12.3% decrease in total cases compared to 2018/19 and a 27.5% decrease in hospital-apportioned cases. The trust is working in collaboration with the wider community on a large number of initiatives around hydration and urinary catheter care. This collaborative work is being led by the IPC post currently hosted by the trust and funded through the 'Better Care Fund'.



Graph 2. Trust attributed E.coli bacteraemia for 2018/19 and 2019/20

ESBL-producing coliforms are highly antibiotic-resistant Gram-negative bacteria. The majority of isolates of these organisms are from the urinary tract, but they also cause wound infections, biliary and gastrointestinal tract infections, pneumonia and bacteraemia. The majority of infections are community-acquired. ESBL producing coliforms are not included in mandatory national surveillance, however, prevalence data regarding bacteraemias enables the most effective comparison year on year. In 2019/20 there were 24 bacteraemias due to ESBL-producing coliforms, compared to 28 in 2018/19.

Glycopeptide-resistant Enterococci are highly antibiotic-resistant Gram-positive bacteria. The majority of infections are healthcare-associated. They are included in mandatory national surveillance. In 2019/20 there were 6 bacteraemias caused by glycopeptide-resistant Enterococci, compared to 10 in 2018/19. In July 2019 we identified 3 patients on ward 33 (haematology) who

had developed bacteraemia due to Glycopeptide-resistant Enterococci. The most likely cause of the bacteraemias was infection of tunnelled central lines. Strain typing found that the cases were not directly linked.

In 2012/13 we introduced monitoring for *Pseudomonas aeruginosa* in the water supply in critical care areas supported by active monthly surveillance. *Pseudomonas aeruginosa* has been detected periodically in several areas and action plans developed.

We have had an outbreak of GES-carbapenemase-producing, multi-drug-resistant *Pseudomonas aeruginosa* over the last 6 years, originally linked to critical care and the renal dialysis unit and urology ward. In total 25 patients have been affected by the GES carbapenemase-producing strain. The 1 case that was identified during 2019/20, probably acquired the organism several years previously. A large number of actions have been taken. We believe that cases have occurred due to patient-to-patient transmission rather than due to water-borne infection or another environmental source.

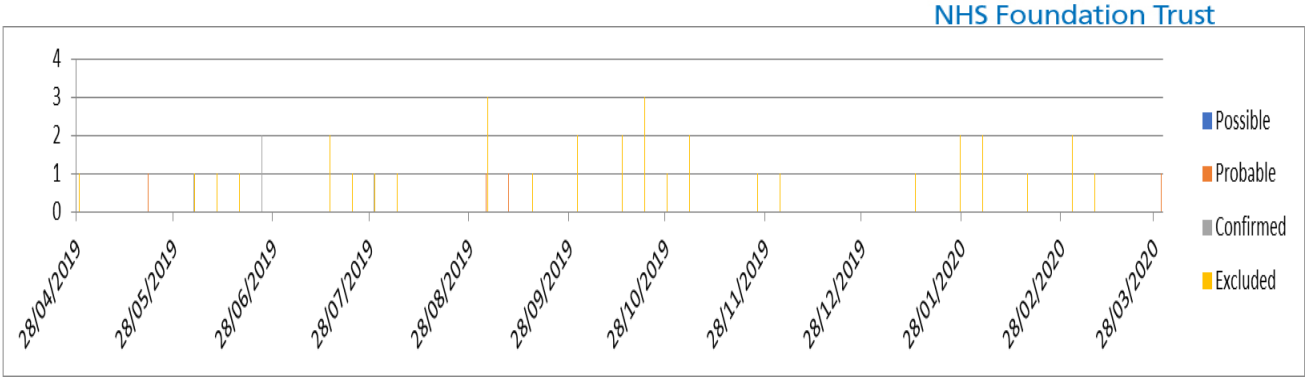
Acute trusts in the North and South locality across Teesside have seen an increase in patients affected by a single strain of oxa-48 carbapenemase-producing *Klebsiella pneumoniae* over the last 2-3 years. The major risk factors have been inpatient admissions to other trusts or residences in particular care homes. We do not believe transmission has occurred unknowingly in our trust. An extensive contact screening programme has only identified one case of transmission. We have devised a brief protocol for a pilot project to screen patients for carbapenemase-producing enterobacteria, if they have been an inpatient in a North East hospital during the preceding 12 months. We have postponed this due to the pressures created on the microbiology laboratory by SARS-CoV-2 testing.

An international issue was identified in 2016 with regard to patients who have had cardiac surgery who have subsequently developed endocarditis due to *Mycobacterium chimerae*. To date no patients who have had cardiac surgery in our Trust have been found to be affected. The procedures to minimise the risk of heater-cooler contamination during cardiac surgery remain in place.

2.5 Outbreak of *Serratia marcescens* within the cardiothoracic surgical service

In July 2019 we found that our surveillance system for potential clusters of gram negative bacteria had identified that 4 patients who had been treated in Cardiothoracic ICU and/or HDU had been colonised or infected with the same strain of *Serratia marcescens*. Further investigations have determined (as of 8th April 2020) we have had a total of 5 patients who are confirmed as affected by the outbreak strain, 4 cases classed as ‘probable’ and 34 cases which have subsequently been found to be unlinked to each other (but may have had an environmental source). The timeline of outbreak cases is shown in graph 3. Environmental sampling has identified *Serratia marcescens* from a sink area where there was damage to the wall behind the sink. On subsequent environmental sampling the environmental strain was isolated from another clinical area. This isolate had the same strain type as one of the patients supporting our hypothesis that at least some of the patients have been infected from an environmental source.

The Cardiothoracic ICU, HDU and ward 32 underwent a deep clean and hydrogen peroxide fogging and replacement of the contaminated sink in August 2019. Outbreak meetings are ongoing and a detailed action plan is in place addressing potential influencing variables relating to clinical practice and the environment. The ‘Dangers in Damp’ awareness campaign commenced in September 2019. The outbreak status remains ‘open’ until assurance is provided that we have returned to a background rate of *Serratia* colonisation.



Graph 3: Timeline of *Serratia marcescens* cases

2.6 *Enterobacter cloacae* on neonatal unit

In July and August 2019 we identified 5 patients on the neonatal unit who were colonised or infected with Enterobacter cloacae. Strain typing has found that 3 patients (two of whom were twins) had the same strain and this same strain was also isolated from environmental samples. This suggests environmental transmission occurred.

2.7 Surveillance for other alert conditions

There was a single case of healthcare-associated invasive group A streptococcus infection in a maternity patient in October 2019. Previously there were 2 non-maternity cases in 2010 and in February 2019 and 2 maternity cases in 2013 and 2017.

No cases of any of the other alert conditions included in the surveillance policy (HIC 29) have been identified since April 2006.

Legionella has been detected in the water supply in several areas during the last 9 years. Recently we have had persistent positive results in maternity and a number of measures have been taken to improve this. There have been no cases of Legionnaires' disease acquired in our Trust. Currently we believe that our control measures are proving effective.

2.8 Orthopaedic surgical site infection surveillance

The trauma and orthopaedic directorate conduct mandatory surgical site infection surveillance following elective hip and knee replacement surgery at both the JCUH and FHN sites. This data was last presented at IPAG in March 2019 and highlighted no concerns. An update will need to be presented after COVID-19 is over and IPAG re-commences. Other surgical site surveillance across the Trust is highly variable.

2.9 Outbreaks of diarrhoea and vomiting

During the winter months each year there have been outbreaks of Norovirus infection, which have caused significant disruption to the Trust.

Year	Patients affected	Staff affected
2006/7	606	151
2007/8	221	82
2008/9	187	54
2009/10	215	102
2010/11	40	30
2011/12	250	114
2012/13	383	166
2013/14	43	8
2014/15	22	18
2015/16	73	16
2016/17	17	14

2017/18	42	15
2018/19	1	12
2019/20	82	54

Table 9. Comparison of patients and staff affected by winter vomiting disease during outbreaks at South Tees Hospitals between 2006/7 and 2019/20

2.10 Influenza

Influenza had a much smaller impact on our trust in 2018/19 and 2019/20 compared to the winter of 2017/18. This was probably due to the much greater vaccine efficacy and lower community burden in the last 2 years. National reporting of influenza cases in critical care started on 30th September 2019. In total 11 patients with influenza were reported from our critical care areas this winter.

The trust achieved an 82.5% vaccination rate for clinical staff this year. This is a major factor in protecting patients, staff members and their families.

2.11 Other critical care surveillance

We identified 6 patients who had been treated in Cardiothoracic ICU and/or HDU, between August 2019 and November 2019, who have been infected or colonised with the same strain of *Stenotrophomonas maltophilia.* The organism was not isolated from multiple environmental samples and probably represents patient-to-patient transmission which is a consequence of inadequate isolation facilities. No further linked cases were identified in March 2020.

Isolation capacity for patients with infection continues to pose a challenge particularly on ICU2, ICU3 and Cardiothoracic ICU. Processes to mitigate risk of transmission of infection continue to be put in place including increased presence of the IPC team to support staff.

When isolation becomes challenging critical care staff work with IPC staff to ensure all risk reduction strategies are put in place. This includes appropriate use of aprons, gloves, gowns and other personal protective equipment, with the visual prompt of the PPE trolley displaying a ‘STOP’ sign alerting staff, who need to enter the bed space. Strict hand hygiene, equipment decontamination and any condition-specific devices (e.g. faecal collector) are put in place. For patients with infections in sputum, these measures may not be sufficient as demonstrated by the cluster of Stenotrophomonas maltophilia cases in cardiothoracic services.

Between April 2019 and March 2020 we identified:

- 3 cases of MRSA acquisition of colonisation or infection while on Critical Care.
- 7 cases of HOHA *C. difficile* infection on Critical Care.
- 14 healthcare-onset GNBSI bacteraemia (due to the 3 organisms which are part of national surveillance) have been identified 2 or more days after admission to Critical Care.

2.12 COVID-19 pandemic

Novel coronavirus (SARS-CoV-2) is a new strain of coronavirus first identified in Wuhan City, China. This virus has only just been identified so there is limited information about the precise routes of transmission. However based on previous experience with other coronaviruses such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV), it is likely that SARS-CoV-2 is transmitted by respiratory droplets and direct (ie. via hands) or indirect contact (ie. via environment) with infected secretions and potentially by aerosols.

A brief summary of the response to COVID-19 by South Tees FT is listed below:

- Daily planning meetings have occurred since Monday 3rd February. There are now operational, tactical and strategic groups meeting daily.

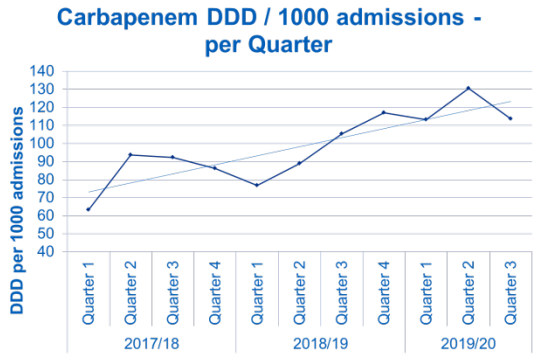
- All inpatients being admitted with symptoms of COVID-19 infection are screened.
- Patients admitted for other reasons are now being screened for COVID-19 infection.
- Staff with symptoms of COVID-19 infection are screened by occupational health.
- Staff members' relatives who have symptoms of COVID-19 infection can also be screened by occupational health.
- JCUH has been divided into COVID-19 and non-COVID-19 areas.
- Regular staff bulletins are produced to inform staff about the Trust's response to COVID-19.
- A regular and detailed Trust briefing is produced to inform staff of the management of all potential patient pathways and admission routes and associated education and cleaning requirements.
- An Incident Command Centre has been set up and staffed to take any queries and manage on-going requirements.
- Outpatient visits have been paused where feasible.
- Elective surgery and endoscopy procedures have been paused.

3. ANTIMICROBIAL STEWARDSHIP

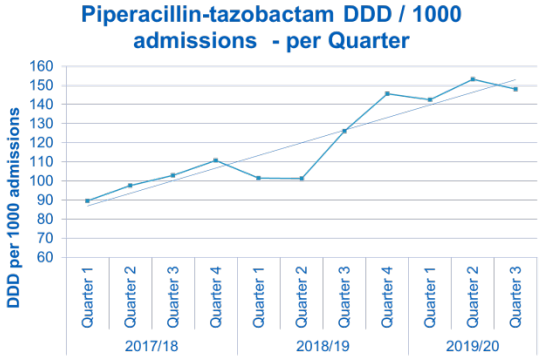
The trust is continuing with a number of antimicrobial stewardship initiatives including the ARK project.

The antibiotic guidelines app was launched at the end of September 2019. This complements the "Antibiotic Sepsis/ Infection (not sepsis)" poster which was released in January 2019. The change in guidance carries a potential risk of increased cases of *C. difficile* as it could lead to an increase in appropriate prescribing of broad-spectrum antibiotics.

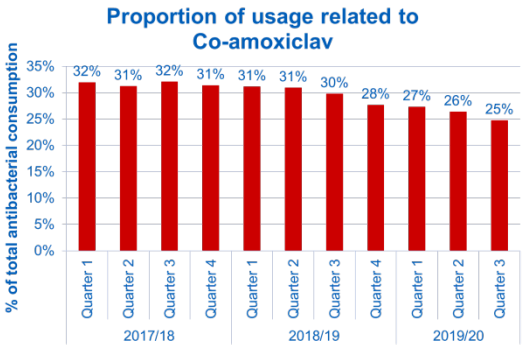
Graphs 3-6 below show that we have seen an increase in carbapenem and piperacillin-tazobactam use and a decrease in co-amoxiclav use. This could have the effect of increasing risk of *C. difficile* infection. We have also seen an increase in the proportion of "Access" antibiotics which should reduce selection for *C. difficile* and multi-resistant organisms.



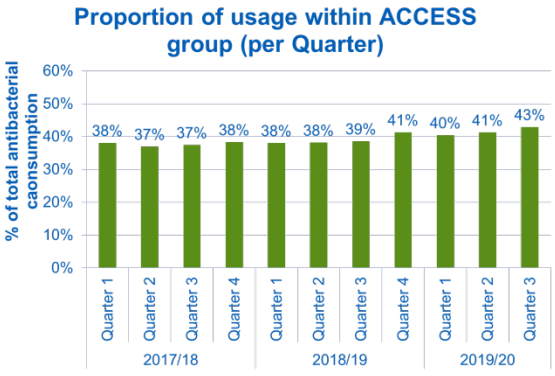
Graph 4



Graph 5



Graph 6



Graph 7

The antimicrobial CQUIN for 2019/20 focused on 3 areas:

1. Diagnosis and antibiotic prescribing for lower urinary tract infections. This was not achieved.

2. Antibiotic prophylaxis for colorectal surgery. This was achieved in the final quarter.

3. Diagnosis and antifungal prescribing for systemic fungal infections. This was achieved.

The antimicrobial CQUIN for 2020/21 will focus on 2 areas (but is currently paused due to COVID-19):

1. Diagnosis and antibiotic prescribing for urinary tract infections.

2. Diagnosis and antifungal prescribing for systemic fungal infections.

The antimicrobial pharmacy team perform audits for these CQUINs. There has been considerable improvement with performance for the colorectal surgery prophylaxis audit but achievement of the lower urinary tract infection CQUIN remains challenging.

The Medical Director lead for antimicrobial prescribing is undertaking a review of the antimicrobial stewardship programme with the antibiotic pharmacist, in view of the increase in *Clostridium difficile* infections.

4. DECONTAMINATION

The majority of the key decontamination issues identified over recent years have been resolved or significantly improved. Governance is provided through the Decontamination Committee which reports to the Infection Prevention Action Group. There have been significant improvements in endoscope decontamination practices and traceability, over the last 4-5 years.

The key unresolved decontamination issue is that building work for the decontamination room in theatres has not yet been commenced. This remains an important infection control priority.

5. HAND HYGIENE

The average hand hygiene self-assessment score between April 2019 and March 2020 was 94% and peer review average was 89%. Peer reviews are conducted by IPCNs and Clinical Matrons during monthly Clinical Assurance rounds and independent reviews carried out by Therapeutic Care Volunteers.

6. CLEANING

The trust continues to monitor monthly cleaning scores through IPAG.

The James Cook Site:

Risk Category	NSC Target	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
High Risk	**95%**	99%	99%	99%	98%	98%	99%	99%	99%	99%	99%	99%	**
Significant Risk	**85%**	97%	97%	98%	97%	97%	98%	98%	98%	98%	98%	97%	**
Low Risk	**75%**	96%	95%	96%	96%	95%	97%	96%	97%	97%	98%	96%	**

****Cleaning scores on hold due to COVID19 incident.**
Table 10. Cleaning scores for James Cook site for 2019/2020

Cleaning scores have been maintained on the JCUH site. Maintaining cleaning standards remains an area of continued focus in conjunction with our service provider SERCO. The monthly cleaning standards review meetings continue to be led by the Director of Estates and cleaning scores continue to be monitored via IPAG.

The Friarage, Friary, East Cleveland and Redcar Primary Care Hospital:

Risk Category	NSC Target	FHN Site	Friary	East Cleveland	Redcar PCH
Very High Risk	**98%**	99.31%	99.77%		98.7%
High Risk	**95%**			95%	98.7%
Significant Risk	**85%**			96%	96.4%
Low Risk	**75%**	95.83%		94%	100%

Table 11. Cleaning scores for community sites for 2019/2020

The scores on The James Cook site are an aggregated monthly score. Some clinical areas have been through a period of weekly monitoring until the cleaning score reached the required target as agreed with the service provider.

The IPC team commenced screening all requests for terminal cleans in October 2017. This has continued throughout 2019/2020.

7. TRAINING AND EDUCATION

Infection prevention and control teaching includes formal teaching, e-learning, opportunistic ward-based education and toolbox teaching.

The toolbox teaching includes:

- Antibiotic Guardian toolbox teaching
- Clostridium difficile toolbox teaching
- ANTT toolbox teaching
- MRSA toolbox teaching
- Multi Drug resistant toolbox teaching
- Peripheral intravenous cannula toolbox teaching
- Urinary Catheter toolbox teaching

In total 1418 members of staff have received training from the IPC team in 2019/20.

Richard Bellamy
Astrida Ndhlovu
Helen Day

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 SEPTEMBER 2020			
Learning from Deaths			**AGENDA ITEM: 10, ENC 6**
Report Author and Job Title:	Tony Roberts Deputy Director (Clinical Effectiveness) & Joanne Raine Data Analyst: Mortality Surveillance.	**Responsible Director:**	Dr Sath Nag Medical Director
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Latest available hospital mortality information		
Background	Learning from Deaths Dashboard (as required by the National Quality Board) and other hospital mortality monitoring information. A detailed quarterly report is presented to Patient Safety Sub Group and to the Quality Assurance Committee who report, by exception, to Board.		
Assessment	The Summary Hospital-level Mortality Indicator (SHMI) is 'higher than expected'. The Hospital Standardised Mortality Ratio (HSMR) is 'as expected'. 1 death has been judged, through case note review to be potentially avoidable. COVID-19 has hard a large impact on counts and unadjusted mortality rates. 97.7% of deaths received a review (medical examiner, specialty or mortality surveillance).		
Recommendation	The Trust Board of Directors are asked to discuss the content of this report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 2.4 - Ensure an open and transparent safety culture that supports organisational learning and quality improvement		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☐	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

South Tees Hospitals NHS Foundation Trust

Learning From Deaths Monthly Dashboard July 2020

1 Responding to Deaths

1.1 In March 2017 the National Quality Board published *Guidance on Learning from Deaths* (LFD)[1] and a national work programme has been established for LFD. NHS Improvement hosted a conference on 14 December 2017 LFD: One Year On and have published case studies[2].

1.2 The Trust published its *Responding to Deaths* Policy (in line with the national LFD requirements) in September 2018. It sets out the Trust's approach to learning from deaths in care: https://www.southtees.nhs.uk/about/trust/responding-deaths-policy/ There are broadly three opportunities to learn:

- at the time of certification of death. The Trust has established a Medical Examiner Service which commenced work in May 2018. Most deaths receive A *Medical Examiner Review* (a small number of 'unnatural' deaths may go directly to Coroners without discussion with an ME) and this includes review of the case records, discussion with the attending team and a discussion with the bereaved family

- a *Trust Mortality Review,* is conducted, usually within weeks of a death, if any potential concerns are identified during the Medical Examiner Review and also for all deaths of patients with learning disabilities, serious mental illness, where an incident or complaint has been reported, within 30 days of a surgical procedure or where a 'mortality alert' from a range of sources has occurred.

- at the time of investigation when a death has occurred where an incident has been reported through the Trust's incident reporting system (Datix).

1.3 57 reviews were completed in July 2020. 89.5% were Expected deaths, care was judged to be Good-Excellent in 91.2% of cases. No cases were judged to have received Poor care. Death was definitely not preventable in 96.5% of cases with 1 case showing slight evidence for preventability and one case having no judgement made. 93.0% of cases showed Good Practice. However, one case was judged to show room for improvement in clinical care, two were judged to show room for improvement in organisational care. Six cases were reviewed because of links to ongoing CQC SHMI alerts relating to Chronic Renal Failure or Intracranial Injuries. Two cases were reviewed following referrals from the Patient Safety team, ten were reviewed after being referred by the Medical Examiner Service. One case was reviewed as the patient had learning difficulties, 12 because of ongoing mental health issues (deaths may have had multiple reasons for review).

1.4 Three cases generated lessons learned from good care relating to good documentation of discussions with family members, good forward planning and recognition of patient's wishes regarding their care.

1.5 Twelve cases generated lessons learned from problems in care relating to possibly inappropriate discharge in earlier admission, possibly inappropriate transfer from another Trust, delay in completing a DNACPR form or DNACPR missing from HCR or not appropriately countersigned or not discussed with patient/family prior to placement, lack of senior input in care, timings and GMC details missing from entries in notes, delayed

[1] https://www.england.nhs.uk/wp-content/uploads/2017/03/ngb-national-guidance-learning-from-deaths.pdf
[2] https://improvement.nhs.uk/uploads/documents/Learning_from_deaths_case_studies_Web_version.pdf

decision making regarding surgical intervention, inappropriate admission from nursing home against family wishes, possible error in anticoagulation therapy, poor documentation of the last hours of a deteriorating patient, lack of end of life planning.

1.6 The Learning From Deaths dashboard reports the number of deaths, the number of Medical Examiner Reviews, the number of deaths with a Trust Level Mortality Review or investigation and the number of those deaths judged to show evidence of preventability. Numbers are reported separately for patients with learning disabilities and known serious mental health illnesses. For the year to end of July 2020, there were 1,947 deaths, of which 1,907 received a review or investigation and 1 death were considered to be potentially avoidable. In the same period there were 29 deaths in patients with learning disabilities, all of which received a review or investigation and 0 deaths were considered to be potentially avoidable. For patients with a mental health issue, 172 were identified of which 167 have been reviewed, with 0 deaths considered potentially avoidable. Potential learning from both good care and from problems in care are outlined. Changes that are being implemented relate to better coordination and documentation of care and these will be easier to address as enhancement to the use of electronic patient records occur and the impact of these changes will also become easier to assess from digital records.

1.7 The Medical Examiner Service has been operational since May 2018, and 97.3% of deaths have received a medical examiner review (Apr-July 2020). In that time, 64 have been recommended for Trust Mortality Review, four reviews have so far been undertaken (all graded definitely not preventable) with the rest scheduled over the coming months.

1.8 Overall, 97.9% of deaths in the year to July 2020 have received a review (medical examiner, specialty or mortality surveillance)

2 Mortality indicators

2.1 The dashboard includes the count of deaths from April 2009 to July 2020. There were 125 deaths recorded in July 2020, 2 of those deaths were COVID-related. This is the lowest monthly total of deaths recorded for a July since current records began in 2006, and 34 fewer deaths than the same period in 2019 (159 deaths).

2.2 The Summary Hospital-level Mortality Indicator (SHMI) includes all in-hospital deaths plus deaths within 30 days of discharge. It is published on a quarterly basis (including 12 months of data in each release) by NHS Digital and is an official government statistic. Current reporting is April 2019 – Mar 2020. The SHMI is the ratio of observed mortality rate/expected mortality rate (based on a statistical estimate of expected mortality). The SHMI is 113 and is 'higher than expected' (i.e. outside the variation expected statistically).

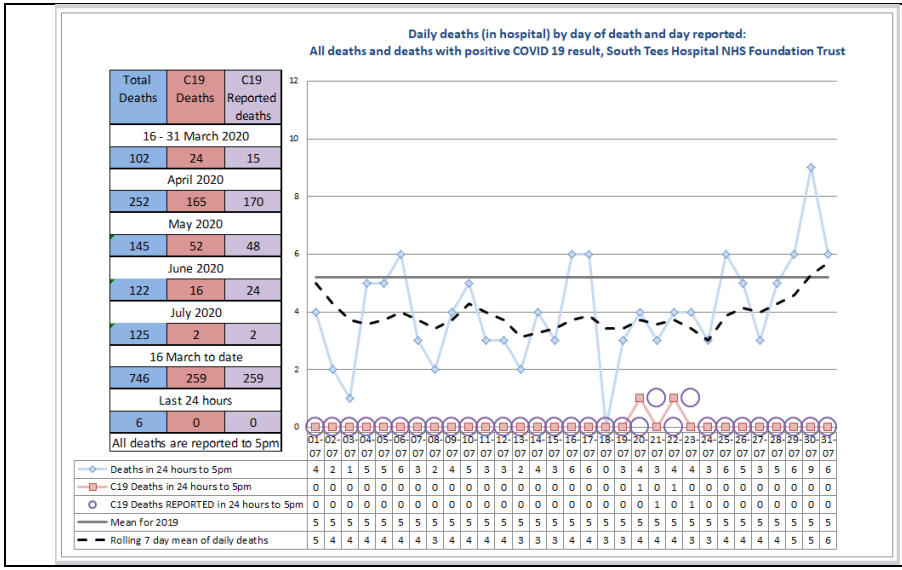
2.3 The chart for Palliative Care Coding for October 2017 to July 2020 shows that, following the improvements to reporting earlier in the year, the number of cases with the relevant codes rose and this improvement had been maintained until COVID-19 intervened. July data is not yet complete.

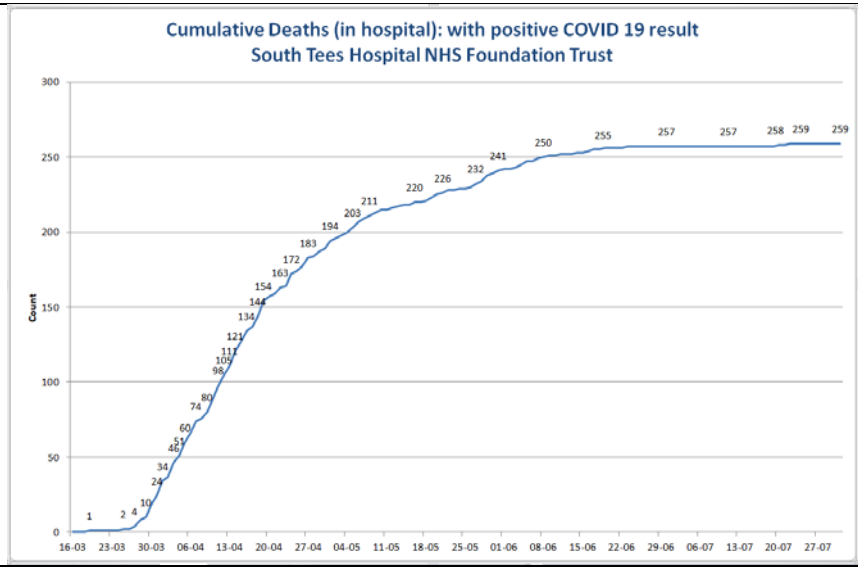
2.4 A breakdown of deaths per site for the Trust shows that the vast majority occur at James Cook University Hospital (88% of all deaths in July 2020). At the Friarage Hospital, after operational changes at the beginning of the year, numbers of deaths fell from an average of 24 per month to an average

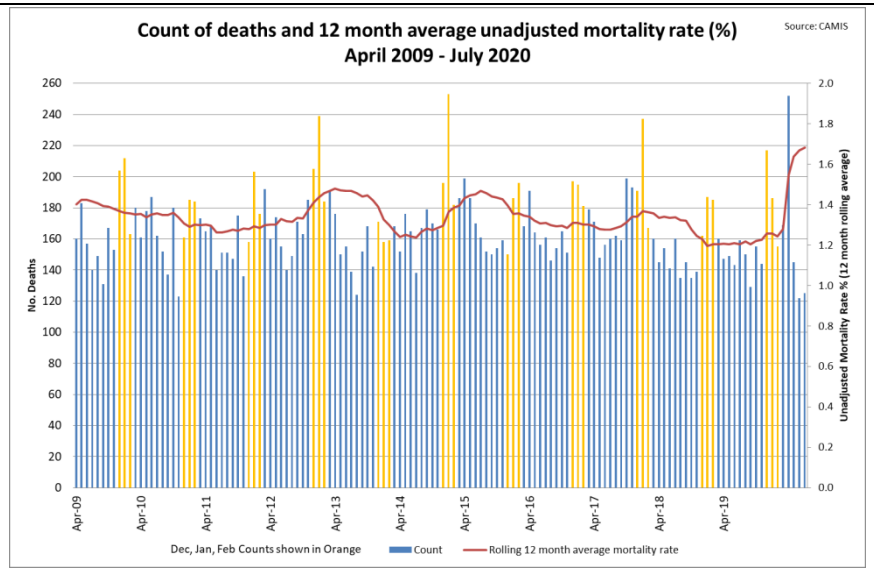
of 15. Due to further operational changes in view of the COVID-19 pandemic (and the overall increase in numbers), numbers of deaths at the Friarage have risen. Numbers of deaths in community hospitals remain fairly static at an average of 10 deaths per month.

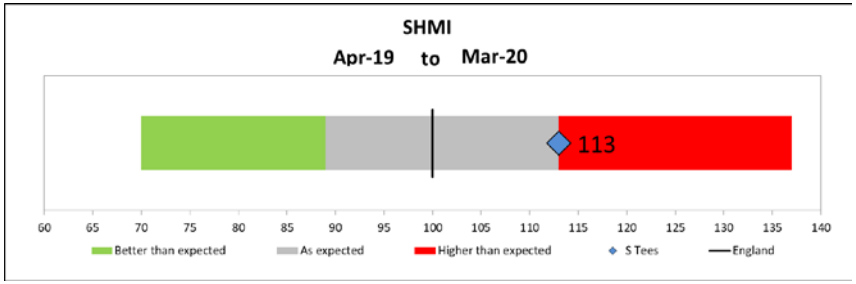
3 COVID-19

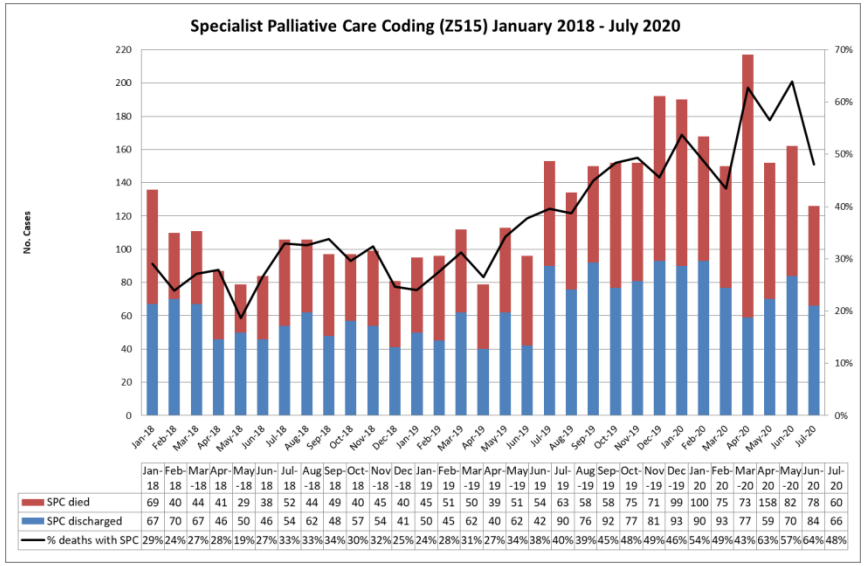
3.1 The first in-hospital death in a patient with Covid-19 occurred on the 19th March 2020. The trust established reporting mechanisms to the Covid-19 Patient Notification System (CPNS) and the Covid-19 Hospitalisations in England Surveillance System (CHESS) in line with national guidance. Daily reporting of total deaths, deaths in patients who have a positive swab test (or who had a negative swab but the Medical Examiner felt had clinical features of COVID and COVID is listed on the death certificate) and the number reported to CPNS are included in the information provided to the Strategic group and are included in this report, along with the cumulative total of cases. By the end of March the Trust had 24 COVID related deaths, by the end of April this had risen to 188 deaths (65% (165) of all deaths occurring in April were COVID related). By the end of the month the worst of the first phase of the pandemic appeared to be over. During May there were a further 52 COVID related deaths and 16 COVID related deaths in June taking the total up to 257. Two further deaths occurred that were COVID related in July taking the total to 259. In addition 1 death occurred in a patient who was previously hospitalised with COVID but died 28 days beyond their last positive test and where COVID was not featured on the death certificate.



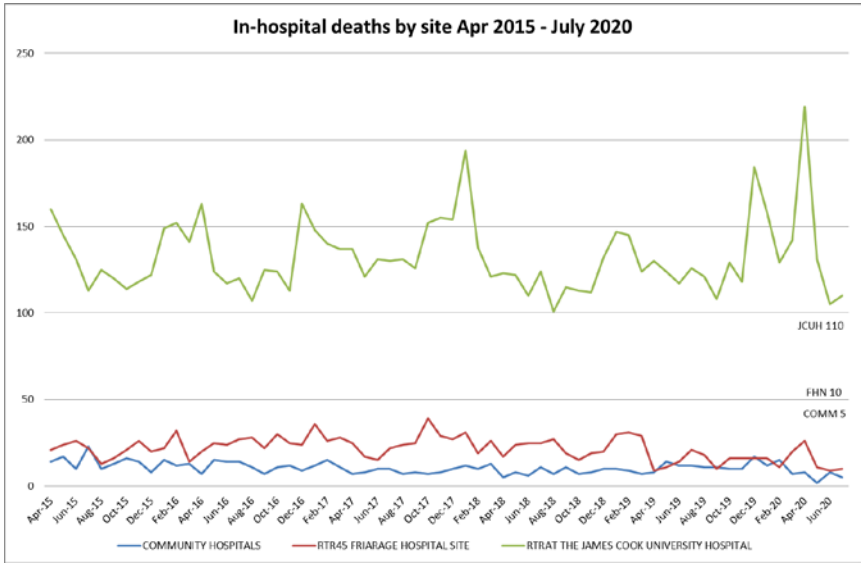


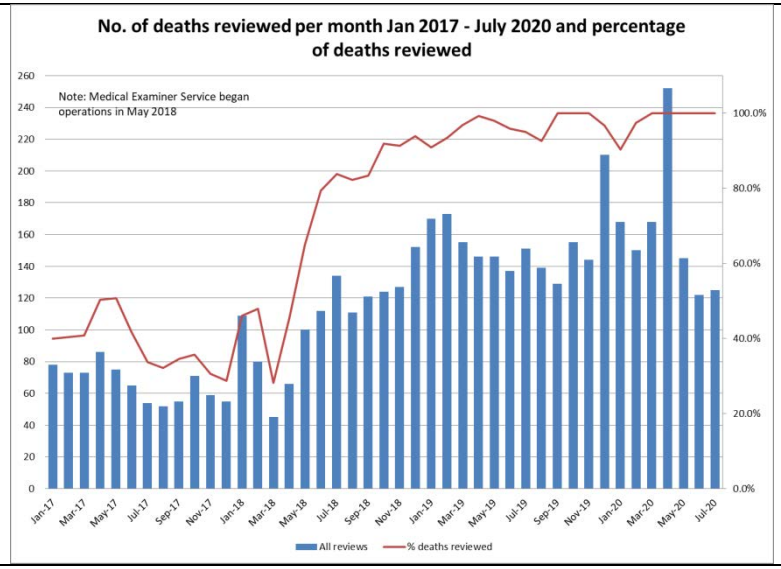


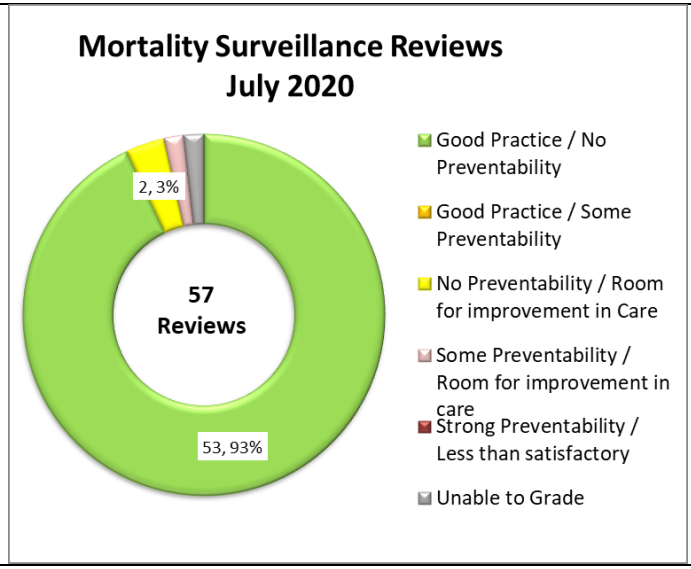




	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
SPC died	69	40	44	41	29	38	52	44	49	40	45	40	45	51	50	39	51	54	63	58	58	75	71	99	100	75	73	158	82	78	60
SPC discharged	67	70	67	46	50	46	54	62	48	57	54	41	50	45	62	40	62	42	90	76	92	77	81	93	90	93	77	59	70	84	66
% deaths with SPC	29%	24%	27%	28%	19%	27%	33%	33%	34%	30%	32%	25%	24%	28%	31%	27%	34%	38%	40%	39%	45%	48%	49%	46%	54%	49%	43%	63%	57%	64%	48%







Medical Examiner Service Statistics: Month of Death	No. In-Hospital Deaths	Other Deaths (A&E/OOHosp)	ME Review	% Review	Recommended Trust Mort Rev	Received TMR	Specialty Review	Discussed with Coroner	Noted as Coroner Case
May 2018 - Mar 2019	1698	44	1432	82.2%	230	220	265	275	137
Apr 2019 - Mar 2020	1902	138	1822	89.3%	192	91	348	381	296

Medical Examiner Service Statistics: Month of Death Apr 2020 -Mar 2021	No. In-Hospital Deaths	Other Deaths (A&E/OOHosp)	ME Review	In hospital % Review	Recommended Trust Mort Rev	Received TMR	Specialty Review	Discussed with Coroner	Noted as Coroner Case
Apr-20	252	6	255	98.8%	8	2	22	42	14
May-20	145	8	150	98.0%	15	1	21	22	27
Jun-20	122	6	123	96.1%	13	1	13	24	24
Jul-20	125	9	127	94.8%	14		19	20	19
	644	29	655	97.3%	50	4	75	108	84

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Learning from Deaths Monthly Dashboard - July 2020

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Total number of deaths reviewed and deaths judged preventable from the case notes

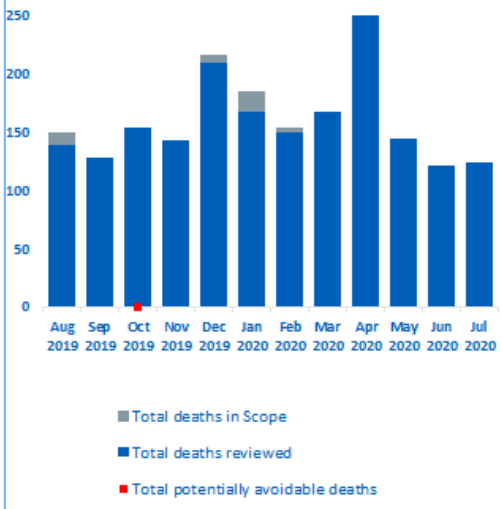
(includes patients with identified learning disabilities or serious mental illness) Note: This dashboard shows deaths that have received a review. In practice, some deaths may have received more than one review but they are only counted once for this dashboard

	Total deaths in scope	Total deaths Reviewed	Ungraded Medical Examiner Review	Definitely not Preventable	Slight evidence of preventability	Possibly preventable (<50:50 but close call)	Probably preventable (>50:50 but close call)	Strong evidence for preventability	Definitely Preventable	Total potentiallly avoidable deaths
Previous 12 months	1947	1907	252	1598	14	42	1	0	0	1

Trust Mortality Review

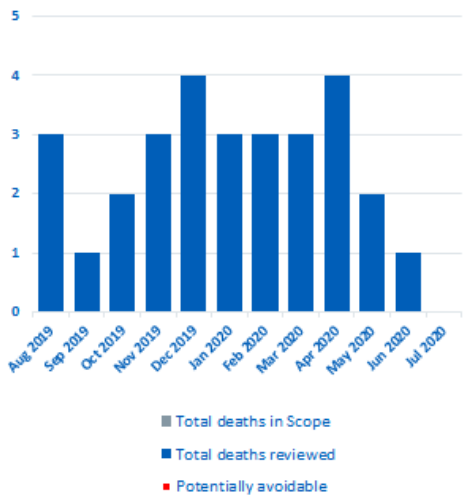
All patients:

Mortality over time, total deaths and deaths considered potentially preventable



Patients with learning disabilities:

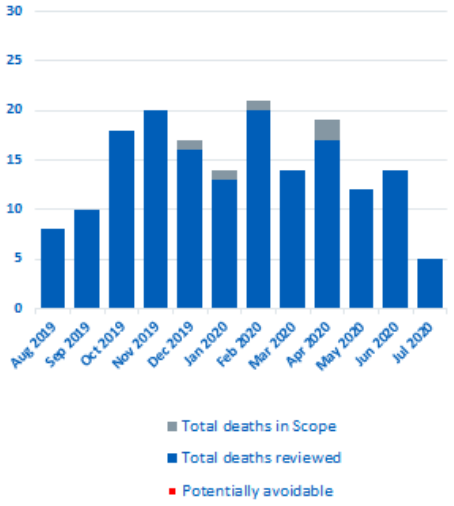
Mortality over time, total deaths and deaths considered potentially avoidable



YEAR TO DATE	
Total Deaths in scope	29
Deaths reviewed	29
Potentially avoidable (learning disabilities)	0

Patients with a serious mental illness:

Mortality over time, total deaths and deaths considered potentially avoidable



YEAR TO DATE	
Total Deaths in scope	172
Deaths reviewed	167
Potentially avoidable (learning disabilities)	0

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 SEPTEMBER 2020			
National Adult Inpatient Survey Results 2019			**AGENDA ITEM: 11, ENC 7**
Report Author and Job Title:	Jen Olver, Patient Experience and Involvement Lead	**Responsible Director:**	Deirdre Fowler, Interim Director of Nursing and Midwifery
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	National Adult Inpatient Survey Results 2019		
Background	The enclosed report shows the findings of the National Adult Inpatient survey Results for 2019		
Assessment	The purpose of the report is to inform the Trust Board of Directors of the National Adult Inpatient Survey Results for 2019 and to note the recommendations and actions identified following the publication of the results.		
Recommendation	Members of the Trust Board of Directors are asked to support the recommendations below which will be monitored via the Patient Experience Sub Group: • Waiting lists to be monitored by the COVID-19 recovery plan. • Review complaints/PALS in relation to waiting time for beds to identify any areas of concern • Review of PLACE assessments by SERCO • Review of menu choices by SERCO • Review complaints/PALS regarding discharge in relation to family and home situation not being accounted for to identify any areas. • Monitor all actions by the National Surveys action plan at the PESG		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 2.4 - Ensure an open and transparent safety culture that supports organisational learning and quality improvement		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☐	
	Drive operational performance ☒	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

National Adult Inpatient Survey Results 2019

1. PURPOSE OF REPORT

1.1 The purpose of the reports is to inform the Trust Board of Directors of the National Adult Inpatient Survey Results 2019.

2.2 The Trust Board of Directors are asked to review the headline news from the survey results and agree the recommendations.

2. BACKGROUND

2.1 The National Adult Inpatient survey looks at the experiences of adults that have been an inpatient at an NHS hospital. The survey has been running since 2002 and is published annually; it is in its seventeenth iteration. In total 143 NHS trusts took part in the survey, with 76,915 questionnaires being successfully completed by patients; an adjusted response rate of 45%.

2.2 Following analysis of the 2018 survey results and consultation with key stakeholders at CQC and NHS England and Improvement, one new question was added (Q77), five question items were modified (Q4, Q12, Q51, Q66, Q80), with no questions removed.

3. DETAILS

3.1 Eligibility, the sample for the survey included all inpatients aged 16 years or over who spent at least one night in a NHS hospital in England, (and were not admitted to maternity or psychiatric units) and were discharged during July 2019. Each NHS trust selects a sample of 1,250 patients, by including every consecutive discharge counting back from the 31 July 2019.

3.3 The Adult Inpatient survey method uses a postal survey mode whereby questionnaires are sent to patients' home addresses, with aim to reduce the effects of social desirability bias. The field work for the survey was undertaken between August 2019 and January 2020.

3.4 The STHFT had 609 participants with a response rate of 51%. Figure 1 show the female to male respondents was practically a 50:50 split, the average age of the respondent was 51-65 and the ethnic group was mainly white.

Figure 1 – Female to male ratio

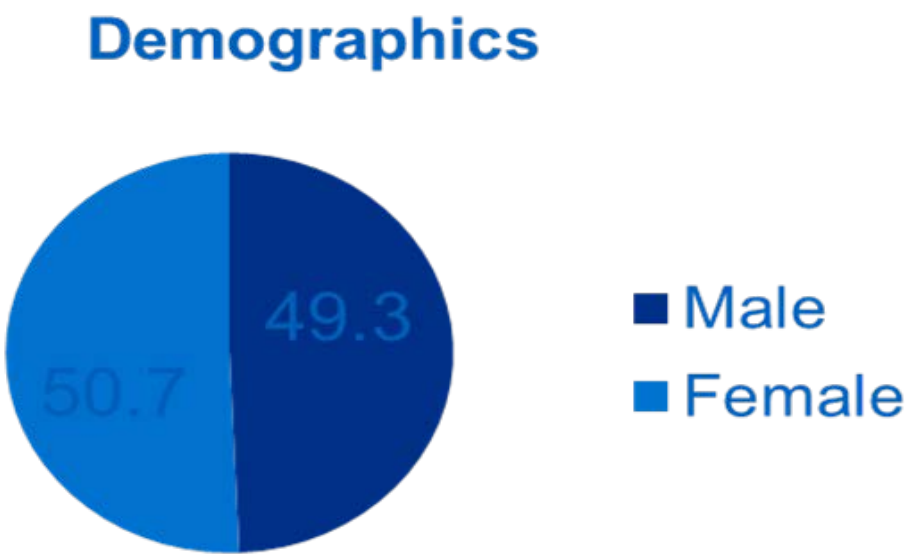


Figure 2 - age group

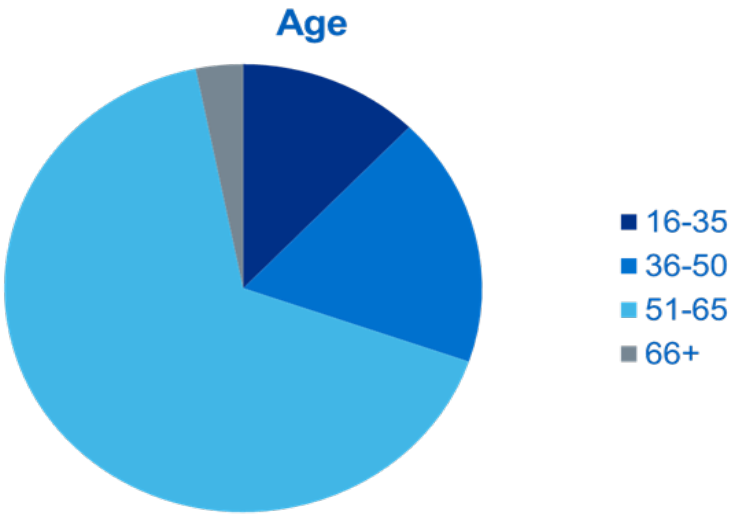
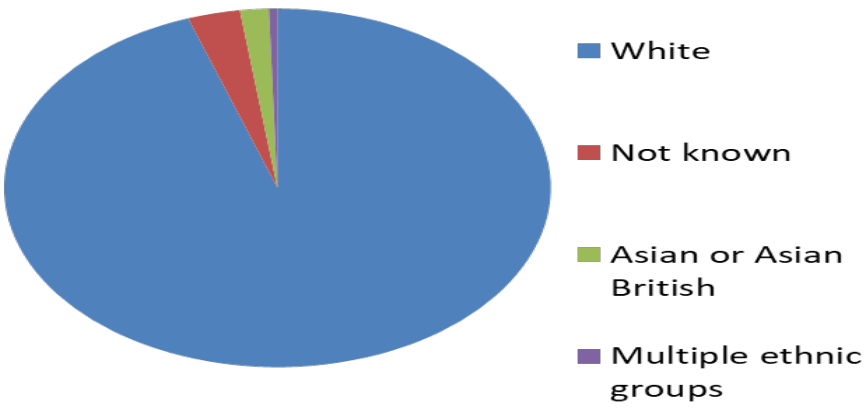


Figure 3 - Ethnicity



3.5 In comparison with last year's survey the trust scored significantly higher this year for 1 question, detailed in Table 1.

Table 1 – Question the trust scored significantly higher than 2018

Question	2019	Lowest response rate	Highest response rate	2018
69. During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?	2.3	0.5	3.8	1.3

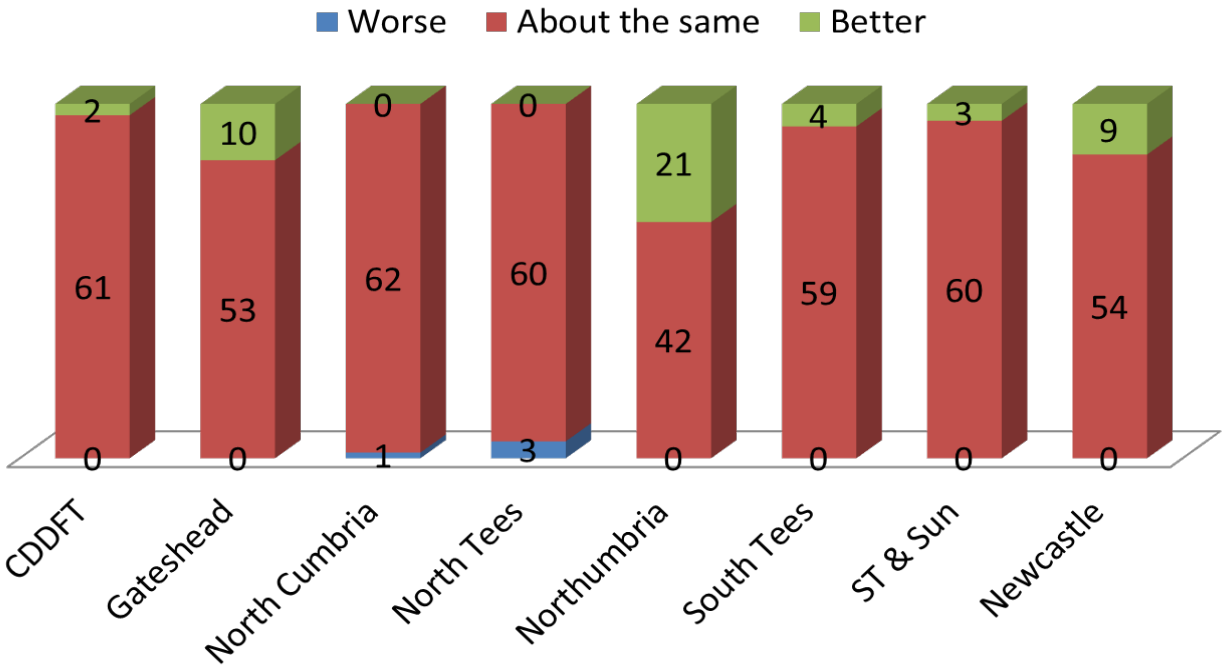
3.6 The results were significantly lower this year for 5 questions as detailed in Table 2 and there were no statistically significant differences between last year's results for 55 questions.

Table 2 – Questions the trust scored worse than 2018.

Question	2019	Lowest response rate	Highest response rate	2018
6. How do you feel about the length of time you were on the waiting list?	7.7	6.3	9.0	8.8
9. From the time you arrived at the hospital, did you feel you had a long time to wait for a bed on a ward?	8.0	5.8	9.3	8.4
16. In your opinion, how clean was the hospital room or ward you were in?	8.8	8.2	9.8	9.1
20. Where you offered a choice of food?	8.8	7.8	9.6	9.2
61. Did hospital staff take your family or home situation into account when planning your discharge?	7.2	5.4	8.8	7.8

3.8 Figure 4 shows the comparisons with other NHS trusts in the region. The trust's results were better than most trusts in 4 questions, worse than most in 0 questions and about the same as other trusts for 59 questions.

Figure 4 – Regional comparison



4. RECOMMENDATIONS

Members of the Trust Board of Directors are asked to support the recommendations below which will be monitored through the overarching PESG action plan, as set out in appendix 1:

- Waiting times to be monitored by the COVID-19 recovery plan.
- Review complaints/PALS in relation to waiting time for beds to identify any areas of concern
- Plans are to undertake lifecycle work on the T junctions of the tower block which will include offices with the installation of a kitchen on each level and review of the location of the waste cupboards
- During the period August – October 2019 Serco changed their food provider and also implemented a new ordering system whereby the patient will order their lunch at breakfast and their evening meal just after lunch. There has been an improvement in the quality of the food being served and there is a more extensive choice of menus for all patients. The menu is currently being revised to understand what the popular choices have been and to look at winter options.
- Review complaints/PALS regarding discharge in relation to family and home situation not being accounted for to identify any areas.

- Monitor all actions on the National Surveys action plan quarterly at the PESG

Appendix 1 Action Plan

Survey	Action	Lead	2nd Lead	Review / Due	Progress	Status
National Adult Inpatient Survey	Length of time on the waiting list	Sam Peate	Sue Geldart	October 2020	Waiting times to be monitored by the COVID-19 recovery plan and through clinical harm review process	In progress
	Waiting time for a bed following arrival to hospital	Clinical matron	ADoNs	October 2020	Review complaints/PALS in relation to waiting time for beds to identify any areas of concern	In progress
	How clean was the hospital	Denise Foster	Kevin Oxley	October 2020	Plans to undertake lifecycle work on the T junctions of the tower block which will include offices with the installation of a kitchen on each level and review of the location of the waste cupboards	In progress
	Being offered a choice of food	Denise Foster	Kevin Oxley	October 2020	During the period August – October 2019 Serco changed their food provider and also implemented a new ordering system whereby the patient will order their lunch at breakfast and their evening meal just after lunch. There has been an improvement in the quality of the food being served and there is a more extensive choice of menus for all patients. The menu is currently being revised to understand what the popular choices have been and to look at winter options	Complete
	Discharge planning taking into consideration family and home situation	Clinical Matron	ADoNs	October 2020	The Safe Discharge Task and Finish Group which will carry out a thematic analysis using data from this survey, incidents, claims, complaints and PALS and report back to the PESG.	In progress

South Tees Hospitals NHS
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MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 September 2020			
Integrated Performance Report			**AGENDA ITEM: 12, ENC 8**
Report Author and Job Title:	Ros Fallon Director of Planning & Recovery	**Responsible Director:**	Various
Action Required	Approve ☐ Discuss ☐ Inform ☒ (select the relevant action required)		
Situation	To provide the Board with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	The Integrated Performance Report (IPR) is produced by the Trust on a monthly basis to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance. The IPR provides assurance to the Board that all areas of performance are monitored, allowing the Board to gain assurance regarding actual performance, Trust priorities and remedial actions. Key elements of the report will be discussed by the Board's Quality Assurance Committee, Finance and Investment Committee and Workforce and OD Committee. A summary of discussions will be included in Chair Reports to the Board of Directors.		
Assessment	Key messages relating to performance this month include: • Increased demand and reduced capacity has led the A&E 4 hour wait to continue below target • Diagnostics continue to be impacted by COVID-19. (Entering into recovery stage and implementing recovery plans) • Recording quality and completeness for DToC, e-discharge, and primary diagnosis on admission have been identified for further investigation. • Annual appraisal compliance has continued to decrease as a result of the COVID 19 pandemic. • Financially the trust has recorded a break even position		
Recommendation	The Board of Directors are asked to: a) Receive the Integrated Performance Report for May 2020. b) Note the performance standards that are being achieved. c) Be assured that where performance standards are not currently met, a detailed analysis is being undertaken and actions are in		

	place to ensure an improvement is made.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF risk 1.5 - Risk to Trusts ability to delivery strategic objectives due to diversion of resources of all types required to manage the Covid 19 pandemic. BAF risk 3.1 - A sustained, exceptional level of demand for services that overwhelms capacity resulting in a prolonged, widespread reduction in the quality of patient care and repeated failure to achieve constitutional standards, with possible harm to patients BAF risk 3.2 - Risk of ability to deliver the national access target of 92% for 18 weeks RTT and achievement of the March 19 WTL by March 2020 due to gaps in workforce (T&O, Spinal, General Surgery, Plastics and Urology), increasing demand (ophthalmology, Gastroenterology), transfer of activity from CCDFT, reduction in weekend working and premium pay . BAF risk 3.3 - Risk of ability to deliver the national access target of 85% for 62 Day Cancer Standard	
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)	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒
	Drive operational performance ☒	Long term financial sustainability ☒
	Develop clinical and commercial strategies ☒	

South Tees Hospitals NHS
NHS Foundation Trust

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Assessment	Key messages relating to performance this month include: • Increased demand and reduced capacity has led to A&E 4 hour wait to continue to be below target • Diagnostics,18 week and cancer compliance continue to be impacted by COVID-19. (Entering into Recovery stage and implementing recovery plans) • Recording quality and completeness for DToC, e-discharge, and primary diagnosis on admission have been identified for further investigation. • Annual appraisal compliance has continued to decrease as a result of the COVID 19 pandemic. • Financially the trust has recorded a break even position		
Recommendation	The Board of Directors are asked to: a) Receive the Integrated Performance Report for May 2020. b) Note the performance standards that are being achieved. c) Be assured that where performance standards are not currently		

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	Drive operational performance ☒	Long term financial sustainability ☒
	Develop clinical and commercial strategies ☒	

South Tees Hospitals
NHS Foundation Trust

Integrated Performance Report

July 2020

Key Messages

South Tees Hospitals
NHS Foundation Trust

- Increased demand and reduced capacity have led to A and E compliance to continue to remain below target.
- RTT compliance continues to fall for the fourth consecutive month. There has also been a big increase in the number of over 52 week waiters, from 650 to 956.
- Diagnostic compliance continues to improve for the third consecutive month. Problem areas have been identified and recovery plans are in discussion.
- Cancer 14 Day standard has fallen again in July to 65.64% as referrals continue to rise towards pre-COVID levels.
- Both Delayed Transfers of Care and e-Discharge continue to show improved positions. A review of completeness and quality would provide confidence in the data.
- SHMI is 'higher than expected'.
- Annual appraisal compliance continues to remain outside of the lower control limits. Detailed actions to address this are underway.
- The Trust has achieved a break even position and is 5.1m ahead of internal budget.

Measures

South Tees Hospitals NHS Foundation Trust

	Indicator	Latest Month	Control Limit	Trend	Assurance
SAFE	All Falls Rate	4.82	5		
	Falls With Harm Rate	0.05	0	L	
	Infection Control - C-Difficile	11	0		
	Infection Control - MRSA	0	0	L	
	Serious Incidents	10	0		
	Never Events	0	0		
	Grade 2 Pressure Ulcers	91	TBD		
	Grade 3 & 4 Pressure Ulcers	12	TBD		
	SHMI	132.32	N/A		
	Hospital Standard Mortality Rate (HSMR)	103.02	N/A		
	VTE Assessment	Data Validation Required - metric isn't currently being reported nationally			
EFFECTIVE	SEPSIS - Screening	Data Validation Required			

	Indicator	Latest Month	Control Limit	Trend	Assurance
CARING	F&F A&E Recommendation Rate	90.5%	85.0%		
	F&F A&E Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	F&F Inpatient Recommendation Rate	96.9%	96.0%		
	F&F Inpatient Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	F&F Maternity Recommendation Rate	98.7%	97.0%		
	F&F Maternity Response Rate (%)	Unavailable - NHS Digital currently not publishing this data			
	Complaints Closed Within Target (%)	73.7%	80.0%		
	Mixed Sex Accommodation (MSA) Breaches	0	0		

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

Measures

South Tees Hospitals NHS Foundation Trust

	Indicator	Latest Month	Control Limit	Trend	Assurance
RESPONSIVE	A&E 4 Hour Wait Standard (%)	91.7%	95.0%		
	RTT Incomplete Pathways (%)	30.6%	92.0%	L	F
	Diagnostic 6 Weeks Standard (%)	63.6%	99.0%	L	
	Cancer Treatment - 14 Day Standard (%)	65.6%	93.0%	L	
	Cancer Treatment - 31 Day Standard (%)	93.4%	96.0%		
	Cancer Treatment - 62 Day Standard (%)	74.3%	85.0%		
	Non-Urgent Ops Cancelled on Day	3	0	L	F
	Cancer Operations Cancelled On Day	0	0		
	Cancelled Ops Not Rebooked Within 28 days	0	0		
	Delayed Transfers Of Care (%)	2.97%	3.50%	L	F
	E-Discharge (%)	94.7%	90.0%	H	

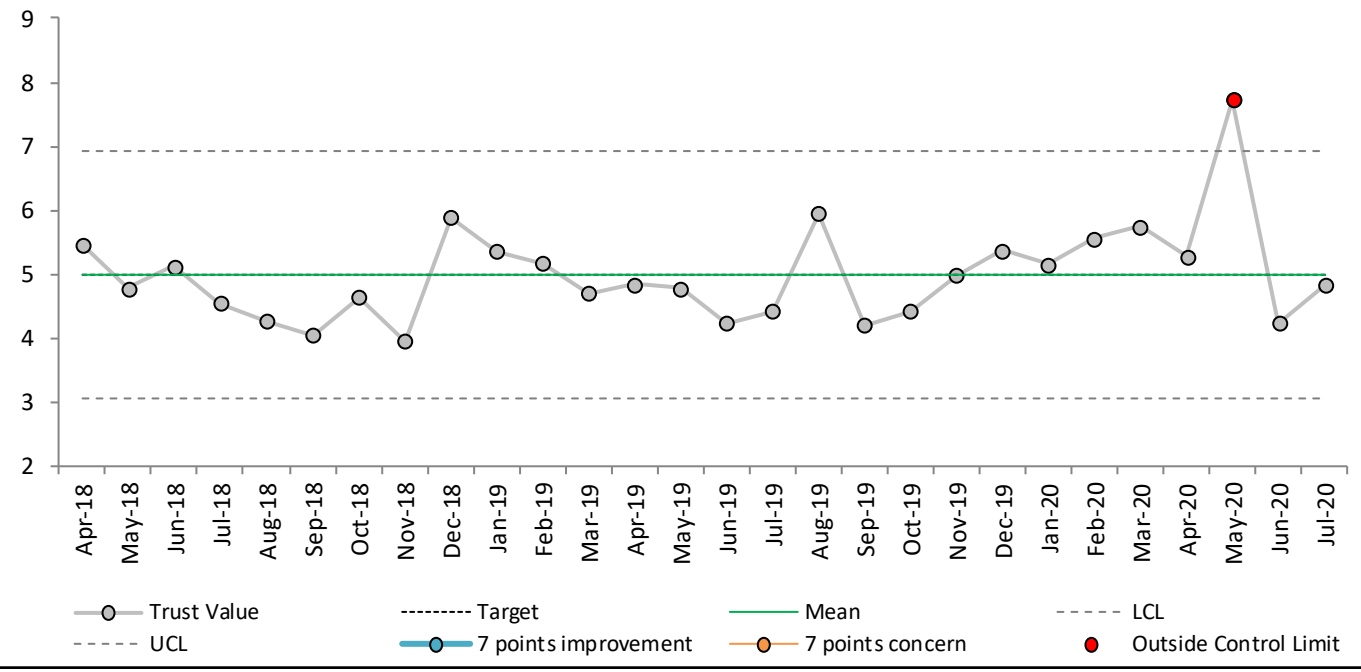
	Indicator	Latest Month	Control Limit	Trend	Assurance
WELL LED	Annual Appraisal (%)	72.4%	80.0%	L	
	Mandatory Training (%)	84.8%	90.0%	L	
	Sickness Absence (%)	4.0%	4.0%	L	
	Staff Turnover (%)	9.7%	10.0%	L	F
	Year-To-Date Budget Position (£'millions)	£0.00	Within Budget		

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

Safe

South Tees Hospitals NHS Foundation Trust

All Falls Rate



The Trust falls rate per 1000 bed days

Target	5
Mean	4.99
Last Month	4.82

Executive Lead

Deirdre Fowler

Lead

Beth Swanson

Commentary

In July, the falls rate continues to be normalised at 4.99 falls per 1000 bed days (108 falls) and remains within target.

Cause of Variation

- The mainstay of our improvement strategy remains on-going and it appears that the falls rate is returning to the mean.

Planned Actions

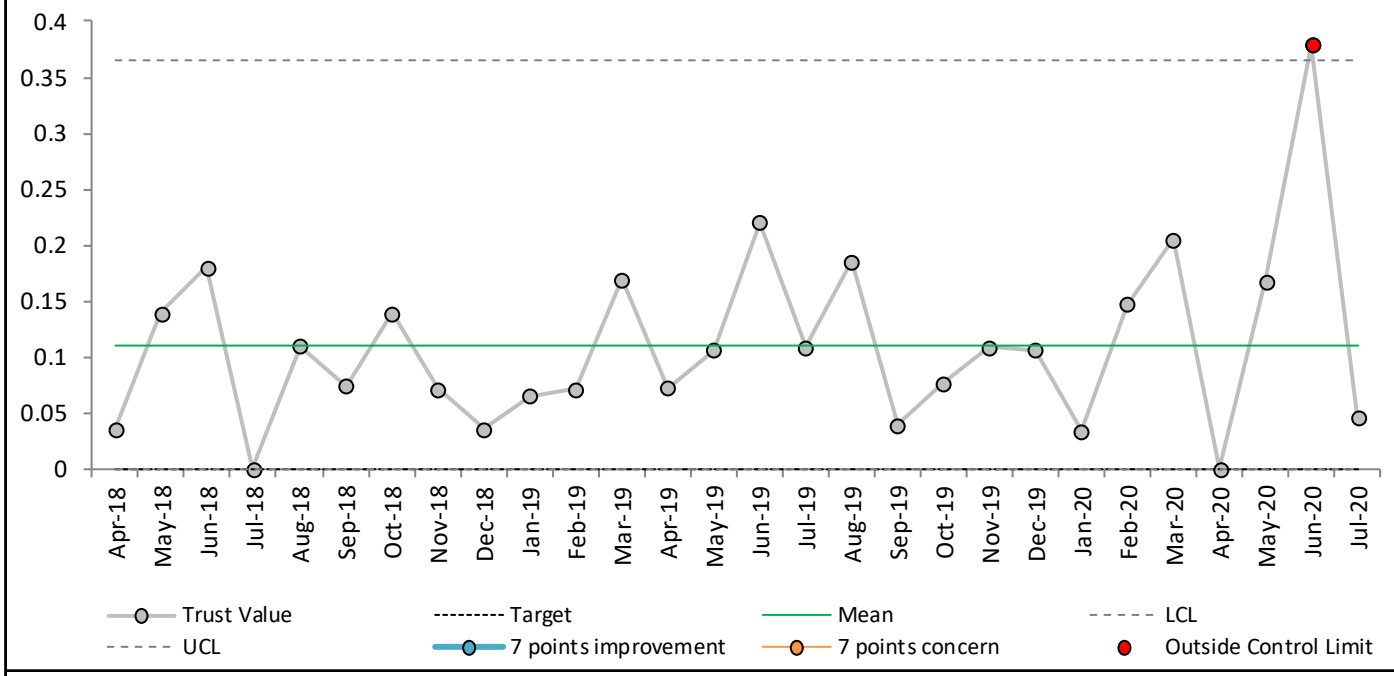
- Actions associated with the falls prevention strategy continue.

Timescale

Safe

South Tees Hospitals NHS Foundation Trust

Falls With Harm Rate



Rate of falls with harm per 1000 bed days

Target	0
Mean	0.11
Last Month	0.05

Executive Lead

Deirdre Fowler

Lead

Beth Swanson

Commentary

There was one fall with harm for July.

This is much improved position on the % rate against bed days reported in June.

Cause of Variation

- In July there was x1 fall with serious harm (fractured neck of femur) on ward 3.
- The patient was found sitting on the floor next to his bed.

Planned Actions

Immediate actions:

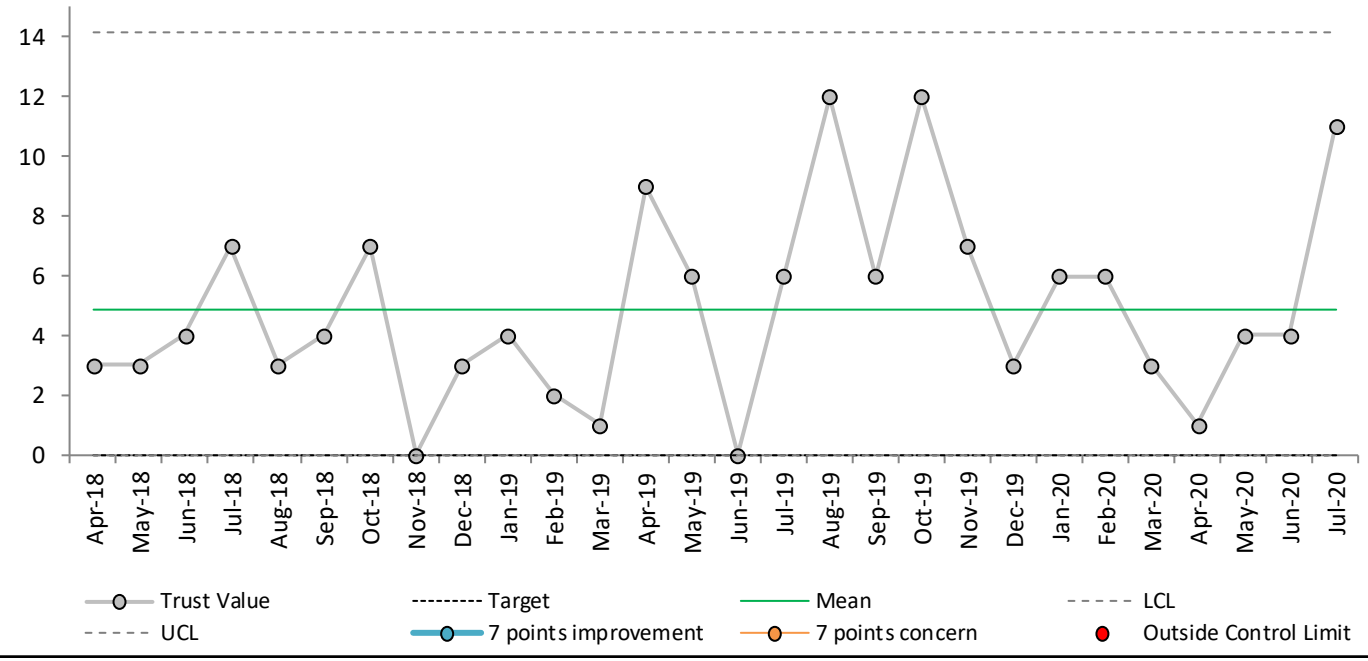
- The patients daughter advised that she had been asked not to visit her father .
- Visitor restrictions were reviewed immediately with ward staff.
- The patient's level of observation were also increased .
- The RCA will be report in October.

Timescale

Safe

South Tees Hospitals NHS Foundation Trust

Infection Control - C-Difficile



Cases of hospital acquired C. Difficile bacteraemia

Target	0
Mean	4.89
Last Month	11.00

Executive Lead

Deirdre Fowler

Lead

Astrida Ndhlovu

Commentary

There was an increase in C-Diff cases in July up to 11.

There is still no agreed target for 20/21 for this to be measured against.

Cause of Variation

- A slight increase in July 2020 not associated with any key themes and probably reflects a general increase in activity. We remain under our upper threshold year to date.

Planned Actions

- Continued focus on the environment - weekly Matron huddles are being refreshed.
- IPC team reviewing effectiveness and validity of the IPC environmental audit.
- Ensure IPC is a specific focus for the new STAQC project improvement team.

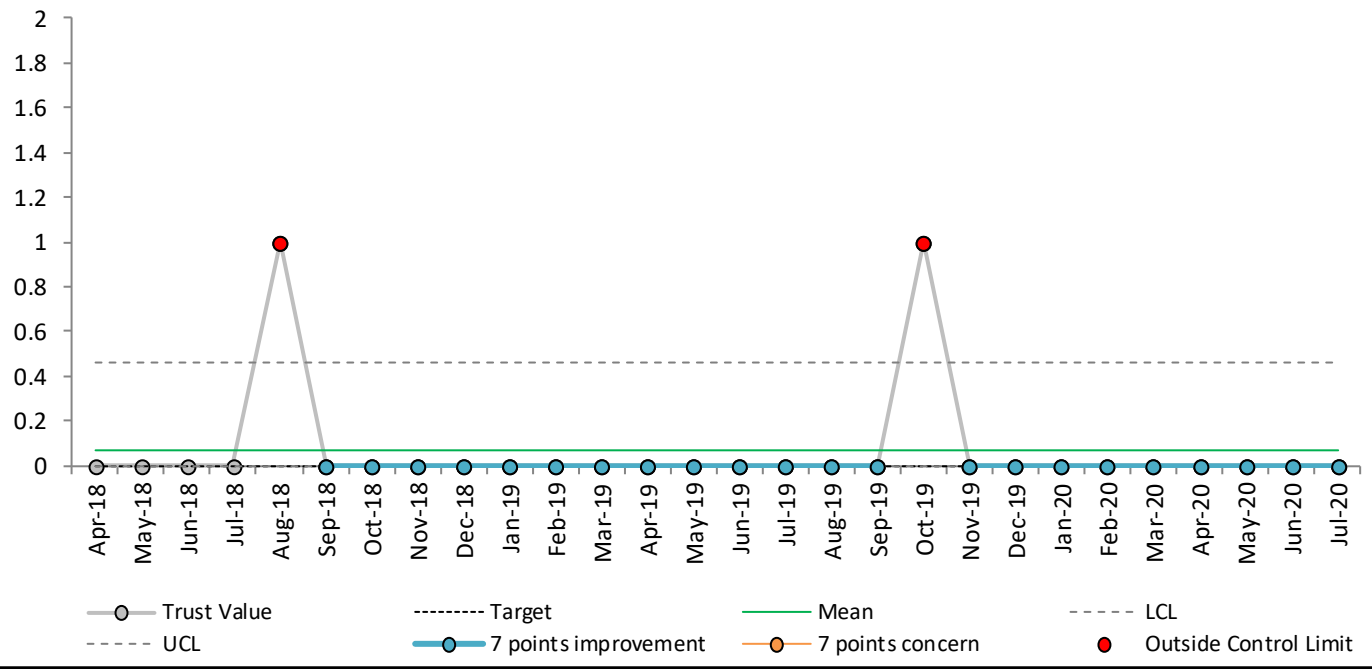
Timescale

- Ongoing.
- End Sept 2020.
- End Sept 2020.

Safe

South Tees Hospitals NHS Foundation Trust

Infection Control - MRSA



Cases of hospital acquired MRSA bacteraemia

Target	0
Mean	0.07
Last Month	0.00

Executive Lead

Deirdre Fowler

Lead

Astrida Ndhlovu

Commentary

There were 0 MRSA cases to report for July, meaning we have not reported any cases for 9 consecutive months.

Cause of Variation

- Nil variation, no cases.

Planned Actions

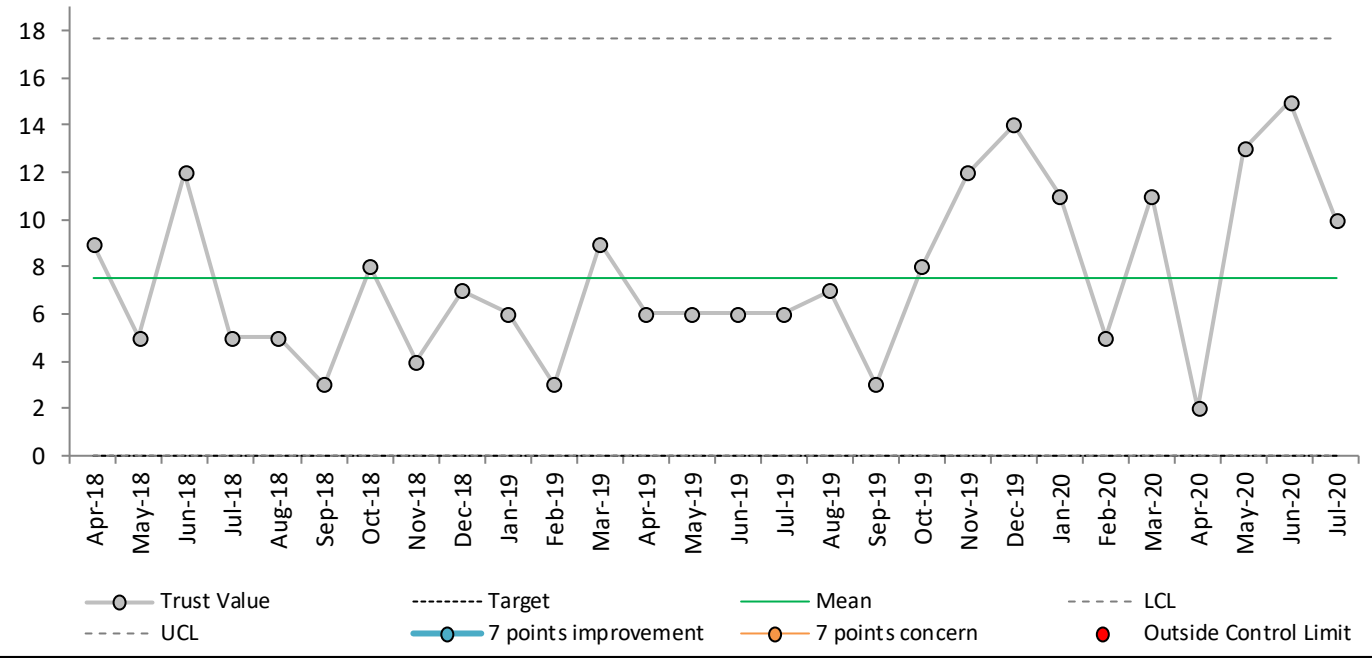
- Ongoing focus on aseptic non touch technique training and audit as per IPC annual plan.

Timescale

Safe

South Tees Hospitals NHS Foundation Trust

Serious Incidents



The number of Serious Incidents

Target	0
Mean	7.54
Last Month	10.00

Executive Lead

Deirdre Fowler

Lead

Kay Davies

Commentary

Serious Incidents continue to be high for July (10) but much improved on the number reported in June (15)

The Trust continues its focus on Serious Incidents. One of the Trust's quality priorities is to improve the quality of Serious Incident Investigations.

Cause of Variation

- Serious Incidents are not always reported in the same month that they occur. In July, 80% were reported within 48 hours of knowledge of the incident.

Planned Actions

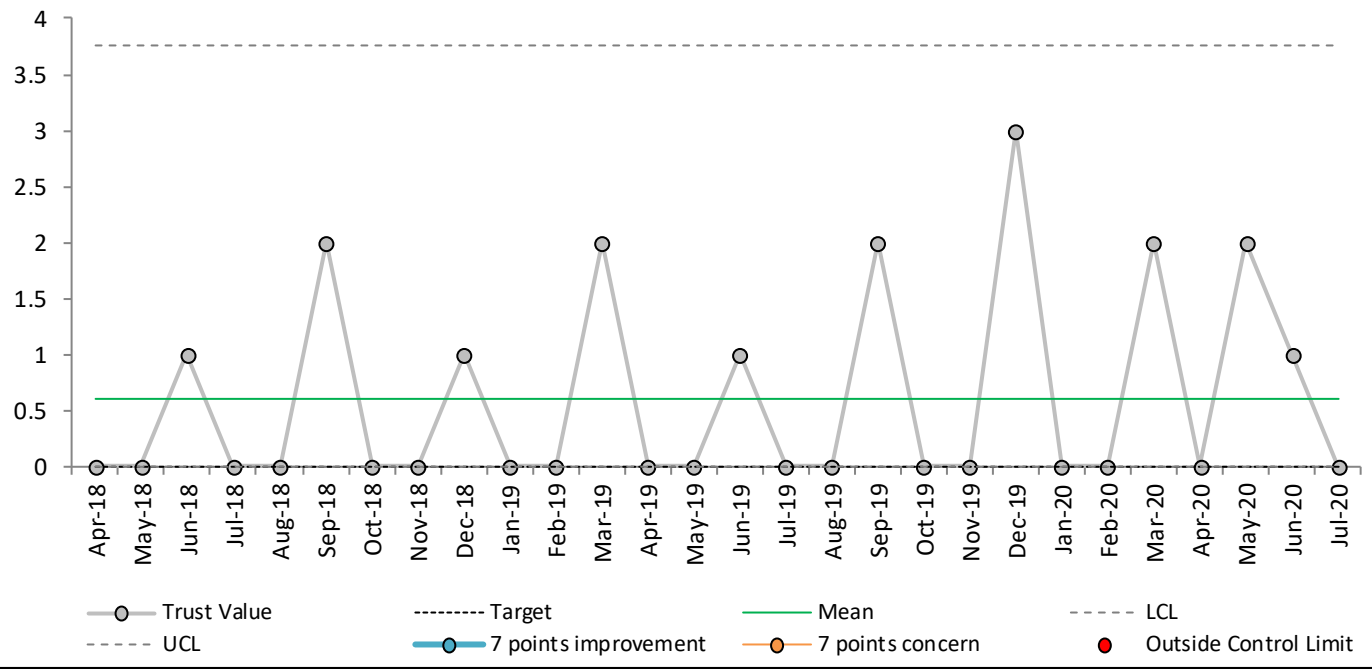
- Continue to report and investigate SIs within agreed timescales and ensure lessons learnt are shared across the Organisation.
- Focus on outstanding actions from previous SIs to ensure evidence is provided and learning is being embedded
- Await the publication of the new Patient Safety Incident Response Framework .
- Commission and deliver training for key staff .

Timescale

Safe

South Tees Hospitals NHS Foundation Trust

Never Events



Number of reported Never Events

Target	0
Mean	0.61
Last Month	0.00

Executive Lead

Deirdre Fowler

Lead

Kay Davies

Commentary

There were 0 never events reported in July.

Cause of Variation

- Nationally there is a variation in the number of never events reported of between 28 and 48 per month.

Planned Actions

- A working group for this has been established and a Consultant Vascular Surgeon has been identified to lead this important work.
- A safer surgery oversight group has been established, incorporating the feedback from the external review of our never events, recent go and see visits to theatres, human factors training and the recommendations from these investigations which have been concluded.

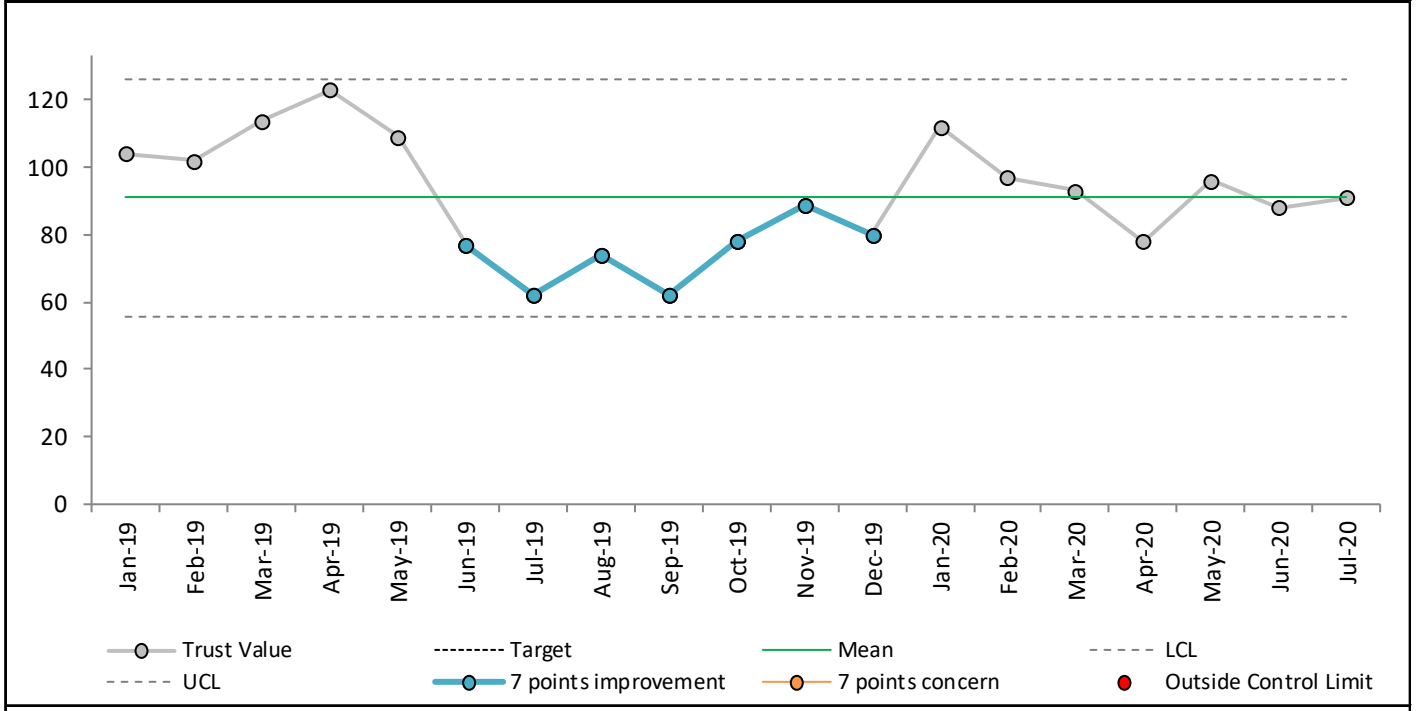
Timescale

- Eliminating Never Events remains a quality priority for 2020/21.

Safe

South Tees Hospitals NHS Foundation Trust

Grade 2 Pressure Ulcers



Number of Grade 2 Pressure Ulcers - Trust Acquired

Target	TBD
Mean	91.00
Last Month	91.00

Executive Lead

Deirdre Fowler

Lead

Beth Swanson

Commentary

We reported 91 grade 2 pressure ulcers for July. The per 1000 bed day rate fell from 4.8 to 4.3.

Community 58
Acute 33

Cause of Variation

- Grade 2 pressure ulcers have remained at the mean during July.

Planned Actions

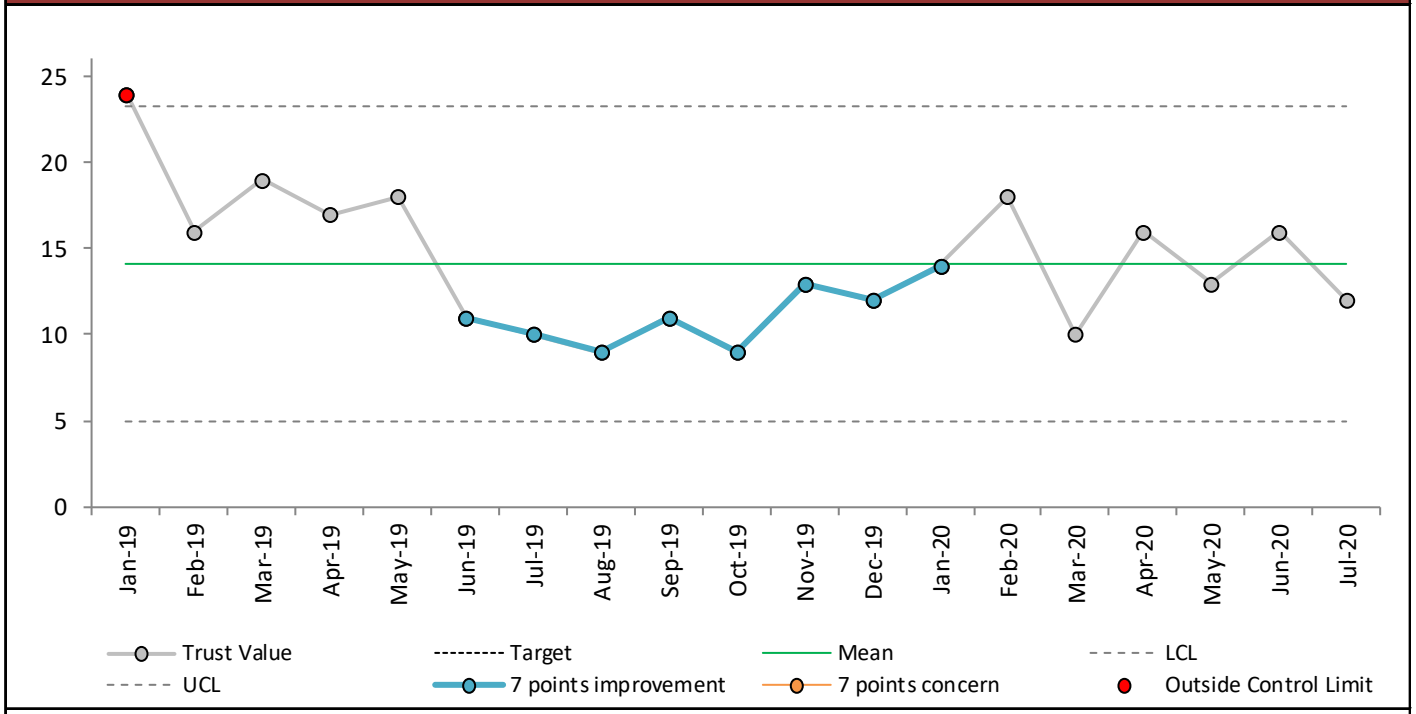
- All planned actions are explained in detail within a deep dive paper - reporting to QAC July 2020.
- All actions align with the tissue viability strategy .

Timescale

Safe

South Tees Hospitals NHS Foundation Trust

Grade 3 & 4 Pressure Ulcers



Number of Grade 3 & 4 Pressure Ulcers - Trust Acquired

Target	TBD
Mean	14.11
Last Month	12.00

Executive Lead

Deirdre Fowler

Lead

Beth Swanson

Commentary

We reported 12 grade 3 & 4 pressure ulcers in July.

X2 category 4 – both in community

X10 category 3 – x9 community

X1 Acute – ward 25

Cause of Variation

- Notable change in approach by clinical leads and TVN team in response to heightened incidence of pressure damage in community nursing.
- Regular teams call with clinical leads and TVN team launched.

Planned Actions

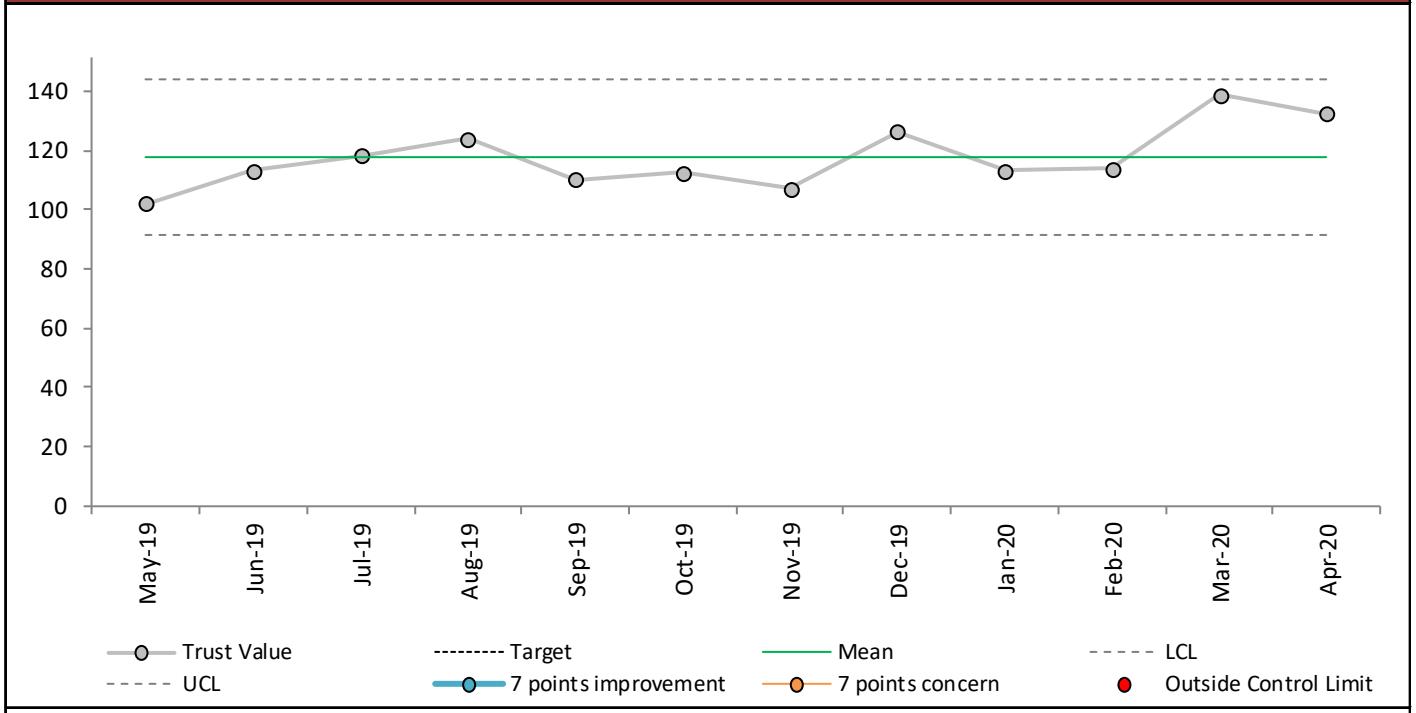
- All planned actions are explained in detail within a deep dive paper - reporting to QAC July 2020.
- Localised action plans developed in response to thematic analysis (ward 34 and H&R community nursing.)
- Peer review continues and reports September 2020
- All actions align with the tissue viability strategy .

Timescale

Safe

South Tees Hospitals NHS Foundation Trust

SHMI



Summary Hospital-Level Mortality Indicator

Target	N/A
Mean	117.56
Last Month	132.32

Executive Lead

Sath Nag

Lead

Tony Roberts

Commentary

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

Cause of Variation

- SHMI has remained stable but high (national average is set to 100). This reflects the Trust's relatively low level of comorbidity coding (the trust has lower than national levels of comorbidity in admitted patients).
- SHMI is officially reported quarterly and for April 2019 to March 2020 is outlying. Pneumonia and septicemia mortality is high.

Planned Actions

- The trust is gradually falling behind national averages for comorbidity coding as other trusts move to EPRs and direct coding at point of care. There may be some problems with accurate recording (and therefore coding) of primary diagnosis at admission.
- SHMI is likely to be impacted by COVID-19 as cases appear in the data from February 2020 and deaths rise steeply in March and particularly April 2020.

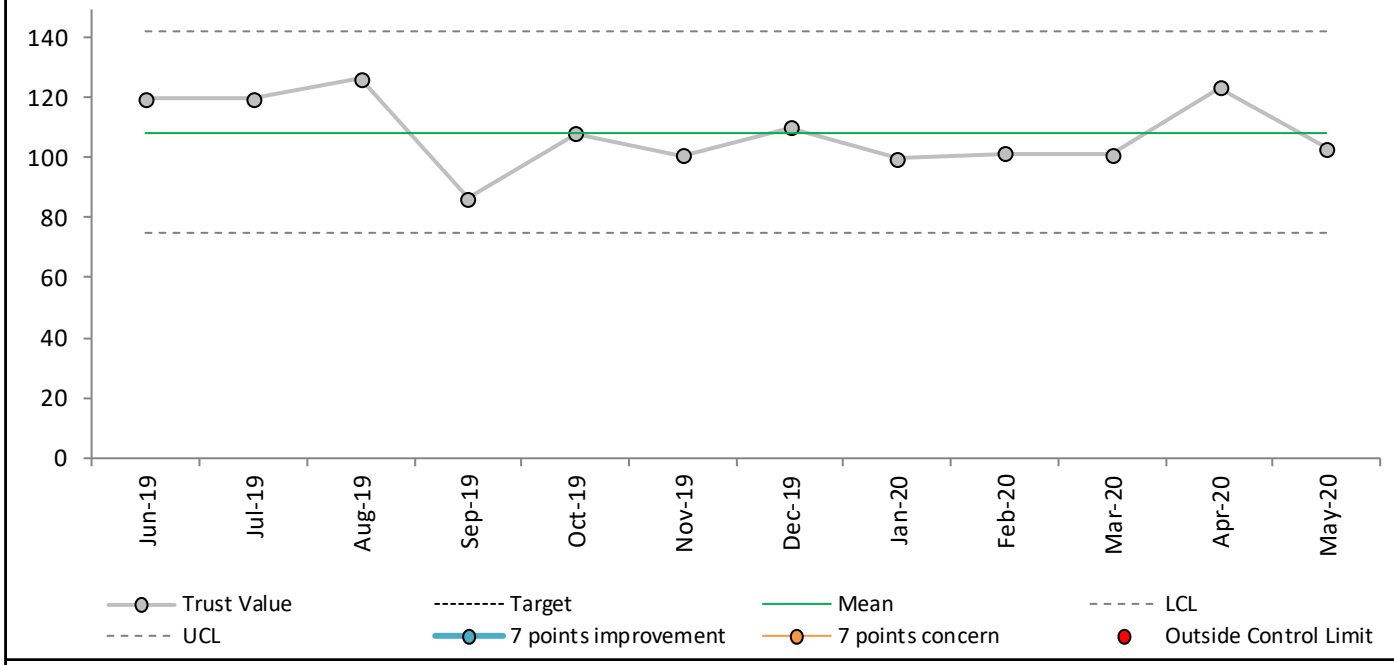
Timescale

- On-going, although a quarterly review of the impact of COVID-19 on SHMI will be needed throughout 2020/2021. COVID particularly influences pneumonia and septicemia.

Safe

South Tees Hospitals NHS Foundation Trust

Hospital Standard Mortality Rate (HSMR)



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

Target	N/A
Mean	108.23
Last Month	103.02

Executive Lead

Sath Nag

Lead

Tony Roberts

Commentary

HSMR is ''as expected' It is a commercially produced indicator, but used by the CQC. It is sensitive to specialist palliative care coding levels, and since the Trust has increased the rate of this coding HSMR has remained close to 100.

Cause of Variation

- HSMR is stable and reflects the improvement in accuracy of specialist palliative care coding, following implementation of a new process checking SystmOne recording from May 2019.

Planned Actions

- Continued monitoring of counts of deaths, unadjusted mortality, SHMI, HSMR, Medical Examiner and Trust Mortality Reviews and any deaths reported as a Serious Incident I, via nationally mandated Learning from Deaths dashboard.

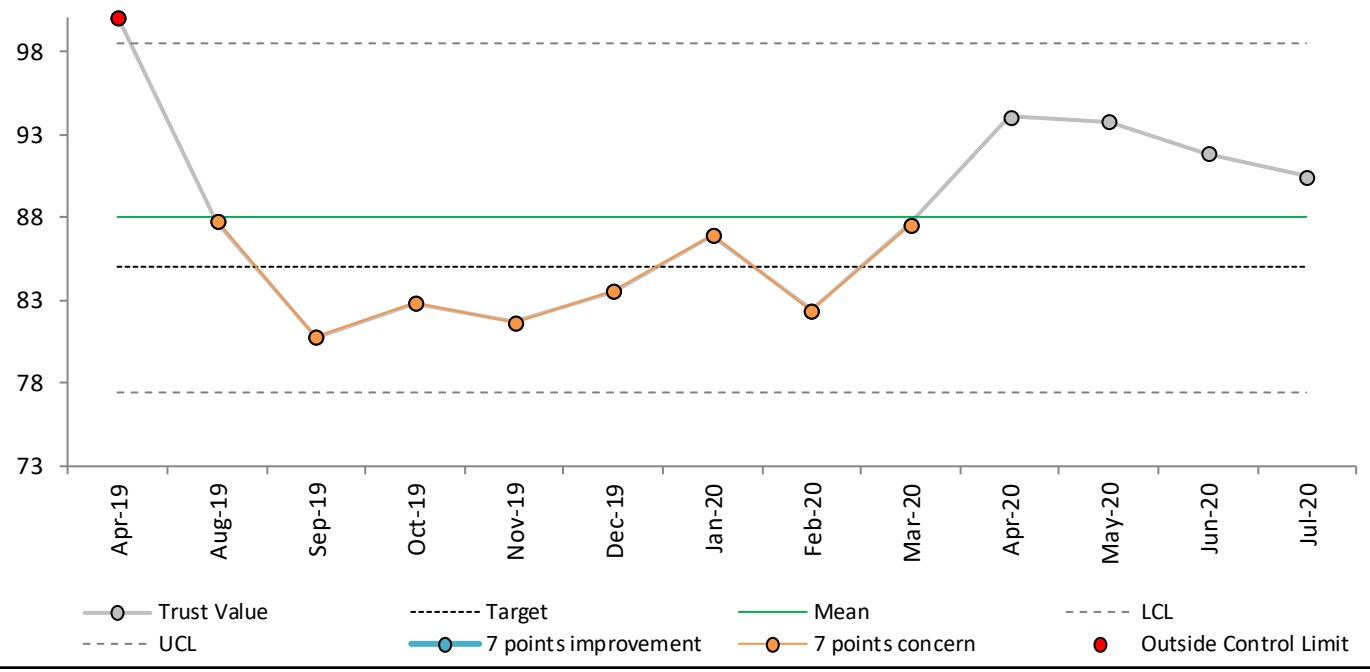
Timescale

- On-going. Comparison for patient-level data for SHMI and HSMR will be important, particularly in pneumonia and septicemia given the discrepancy between them.

Caring

South Tees Hospitals NHS Foundation Trust

F&F A&E Recommendation Rate (%)



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

Target	85
Mean	87.96
Last Month	90.48

Executive Lead

Deirdre Fowler

Lead

Jen Olver

Commentary

A&E Recommendation rate remains above target for the 4th consecutive month.

Cause of Variation

- 646/714 patients rated their patient experience as Very Good or Good, resulting in compliance of 90.48%.

Planned Actions

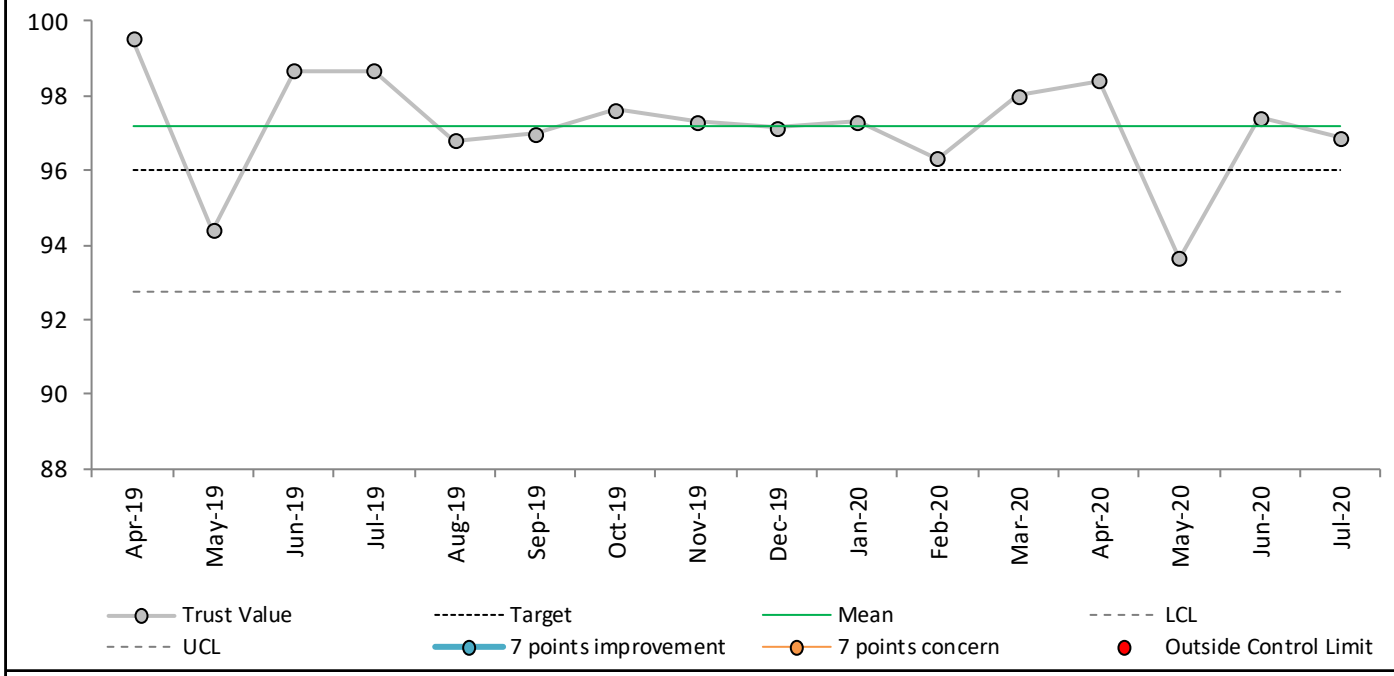
- Continue to monitor activity and feedback at directorate and centre level and through the patient experience sub group.

Timescale

Caring

South Tees Hospitals NHS Foundation Trust

F&F Inpatient Recommendation Rate (%)



The friends and family survey/text recommendation rate for Inpatient wards

Target	96
Mean	97.20
Last Month	96.87

Executive Lead

Deirdre Fowler

Lead

Jen Olver

Commentary

Inpatient recommendation continues to be above target for July.

Cause of Variation

- 495/511 patients rated their patient experience as Very Good or Good, resulting in compliance of 96.87%.

Planned Actions

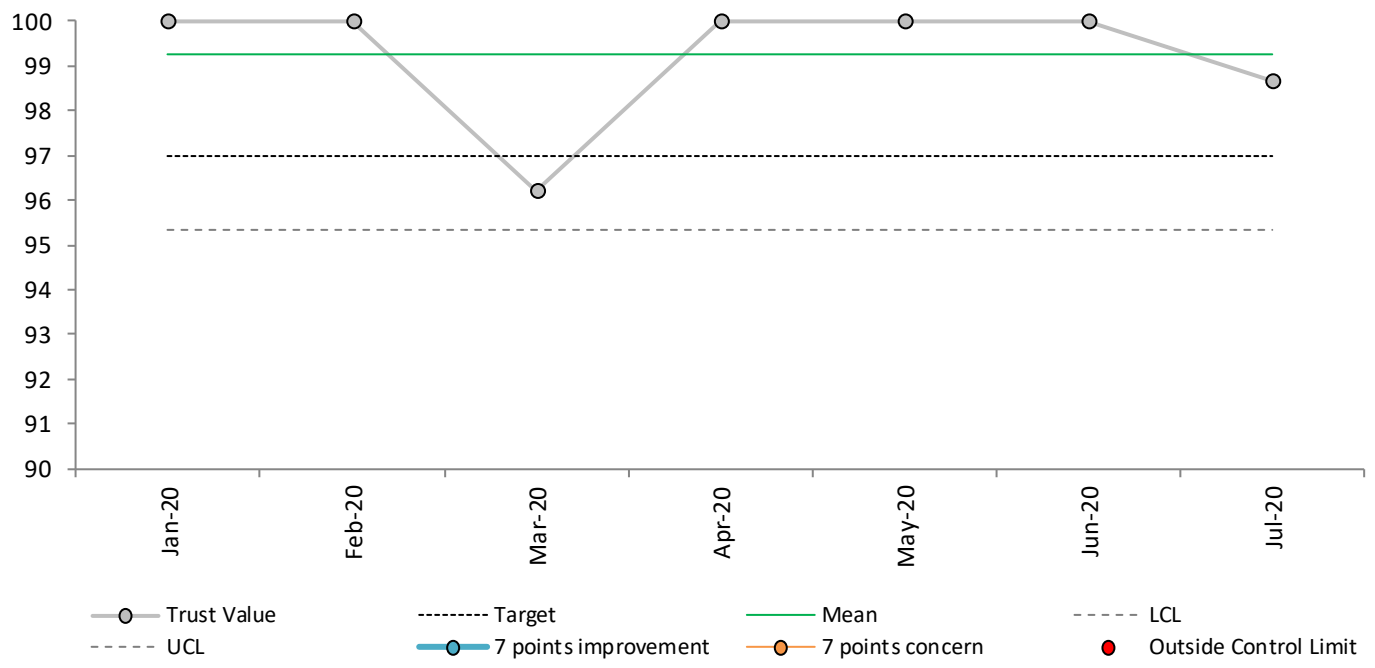
- Continue to monitor activity and feedback at directorate and centre level and through the patient experience sub group.

Timescale

Caring

South Tees Hospitals NHS Foundation Trust

F&F Maternity Recommendation Rate (%)



The friends and family survey/text recommendation rate for Maternity services

Target	97
Mean	99.27
Last Month	98.67

Executive Lead

Deirdre Fowler

Lead

Jen Olver

Commentary

There has been a slight dip in recommendation rate for July after 3 months of 100% recommendation.

Recommendation is still well above target.

Cause of Variation

- 74/75 patients rated their patient experience as Very Good or Good, resulting in compliance of 98.67%.

Planned Actions

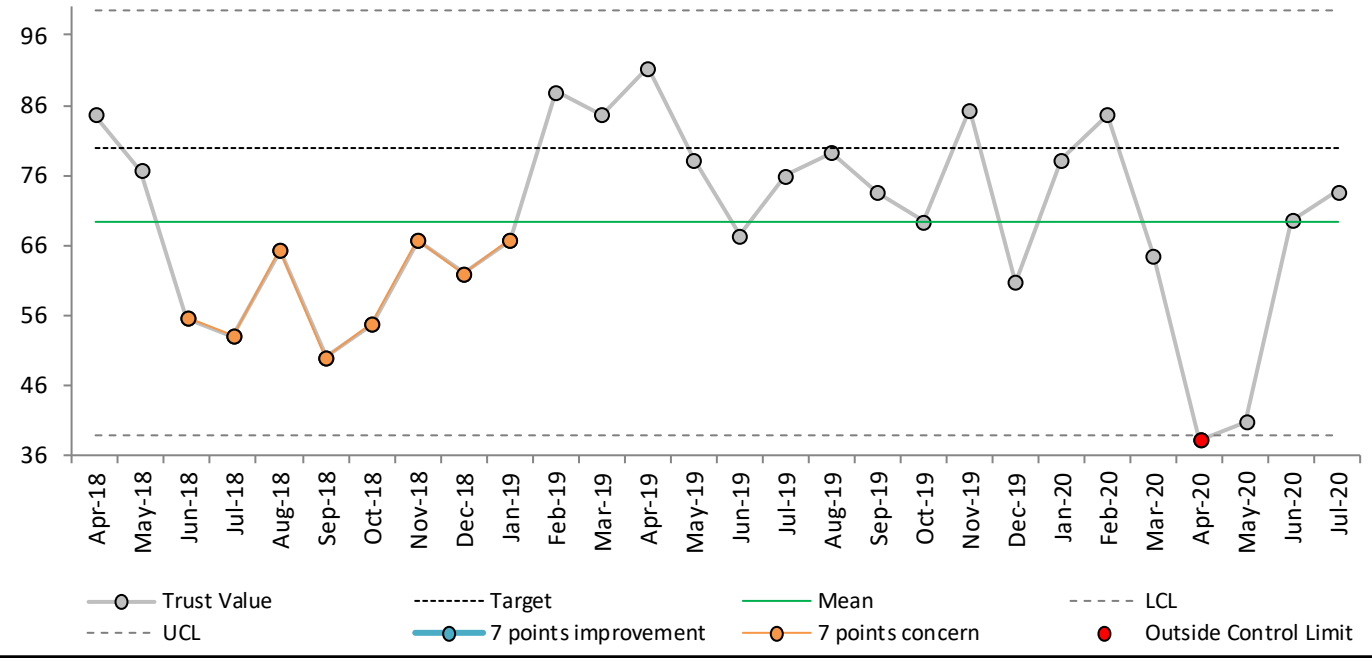
- Continue to monitor activity and feedback at directorate and centre level and through the patient experience sub group.

Timescale

Caring

South Tees Hospitals NHS Foundation Trust

Complaints Closed Within Target (%)



The percentage of complaints closed within the target

Target	80
Mean	69.22
Last Month	73.68

Executive Lead

Deirdre Fowler

Lead

Jen Olver

Commentary

Complaints closed within target is above the mean for July although hasn't met the target for the fifth consecutive month.

Cause of Variation

14/19 complaints were closed within the target in July, resulting in compliance of 73.68%.

Planned Actions

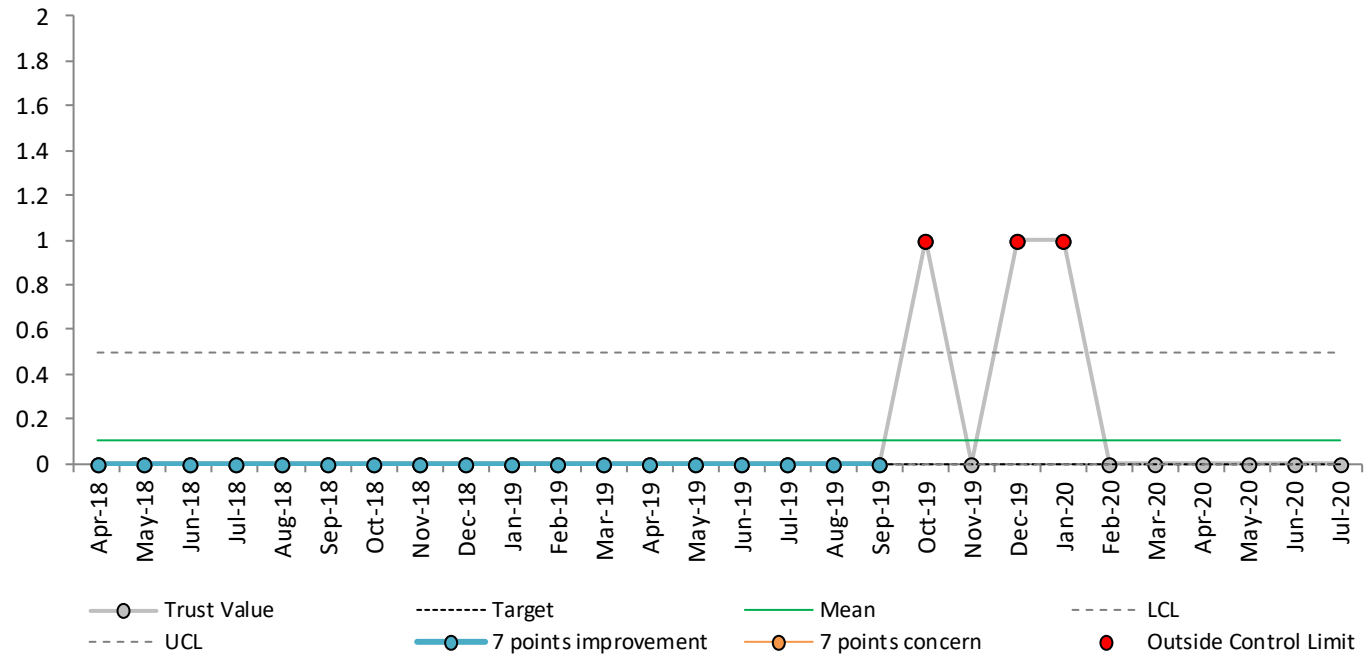
- Continue to monitor activity and feedback at directorate and centre level and through the patient experience sub group.
- Early escalation where response may not be achieved within timescale.

Timescale

Caring

South Tees Hospitals NHS Foundation Trust

Mixed Sex Accommodation (MSA) Breaches



The number of non-clinically justified breaches of the single sex accomodation standard

Target	0
Mean	0.11
Last Month	0.00

Executive Lead

Deirdre Fowler

Lead

Jen Olver

Commentary

Compliance against the target has been achieved for the 6th consecutive month.

Cause of Variation

- None reported since January 2020

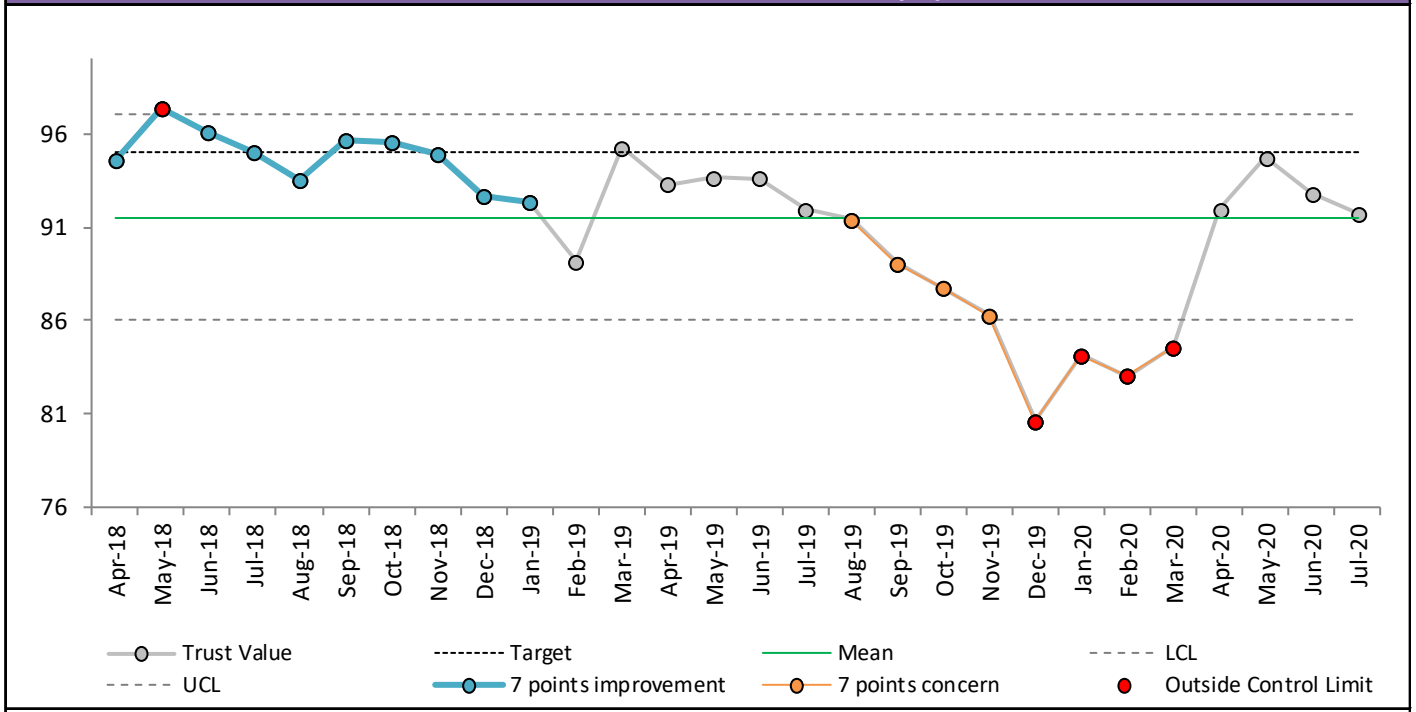
Planned Actions

Timescale

Responsive

South Tees Hospitals NHS Foundation Trust

A&E 4 Hour Wait Standard (%)



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

Target	95
Mean	91.53
Last Month	91.74

Executive Lead

Johanna Reilly

Lead

Penny Bateman

Commentary

A&E 4 hour compliance has decreased for the second consecutive month and continues to remain below target .

Cause of Variation

- Rising demand with a significant reduction in capacity.
- Social distancing measures impacting upon efficiency of service delivery
- Demand management challenges due to limited access to alternative services both externally and internally
- Exit block – limited isolation capacity, variable access to rapid diagnostics and bed capacity issues

Planned Actions

- Deliver TB4YW (Talk before you walk)
- Development of separate Paediatric A&E department
- Review UTC model
- Improve Patient Flow

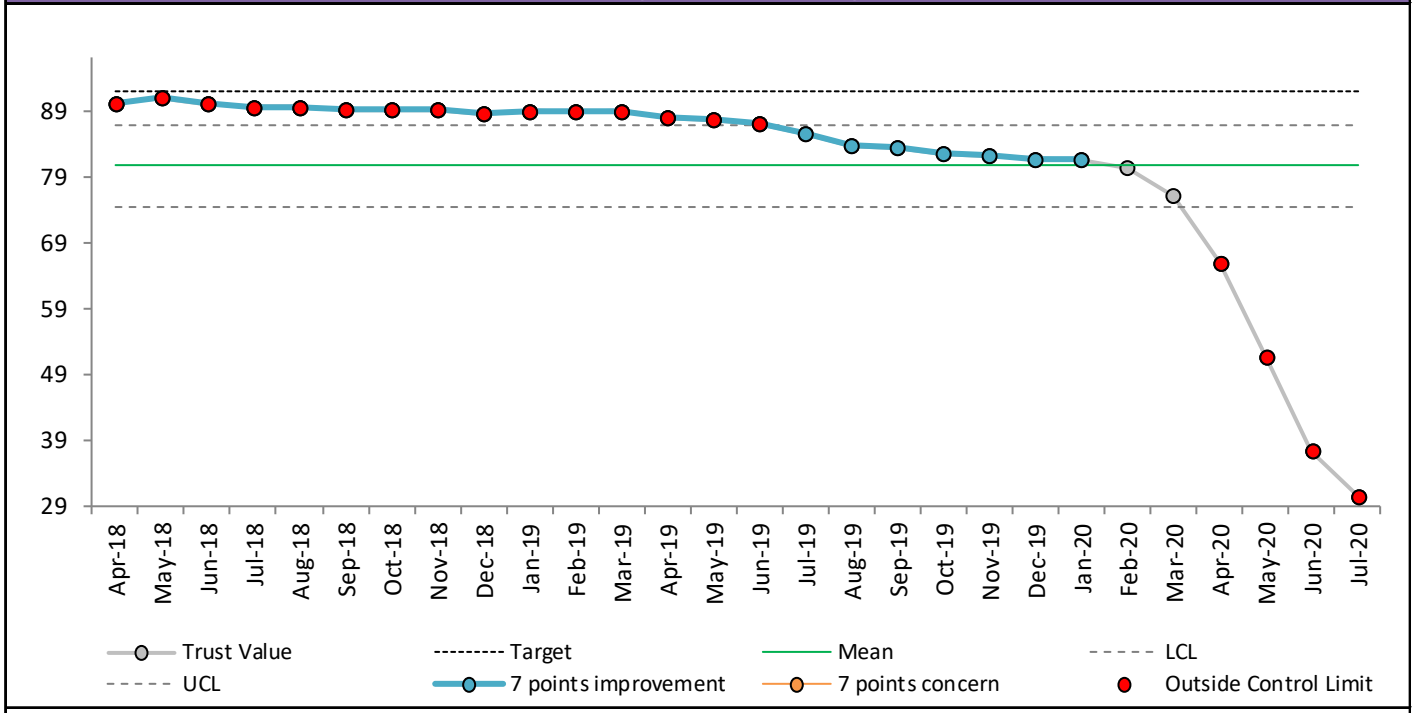
Timescale

- September 2020
- March 2021
- November 2020
- Ongoing

Responsive

South Tees Hospitals NHS Foundation Trust

RTT Incomplete Pathways (%)



The % of incomplete pathways for patients within 18 weeks

Target	92
Mean	80.70
Last Month	30.56

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

Compliance continues to move further below the lower control limit for the 4th consecutive month.

Special cause variation as a result of COVID 19.

Cause of Variation

- In March 2020 the Trust was required to cancel all non-urgent elective activity (by NHSE/I) for a minimum of three months. RTT compliance has significantly reduced to 30.56%. The number of patients waiting over 52 weeks at the end of July was 956 compared to 650 at the end of June.

Planned Actions

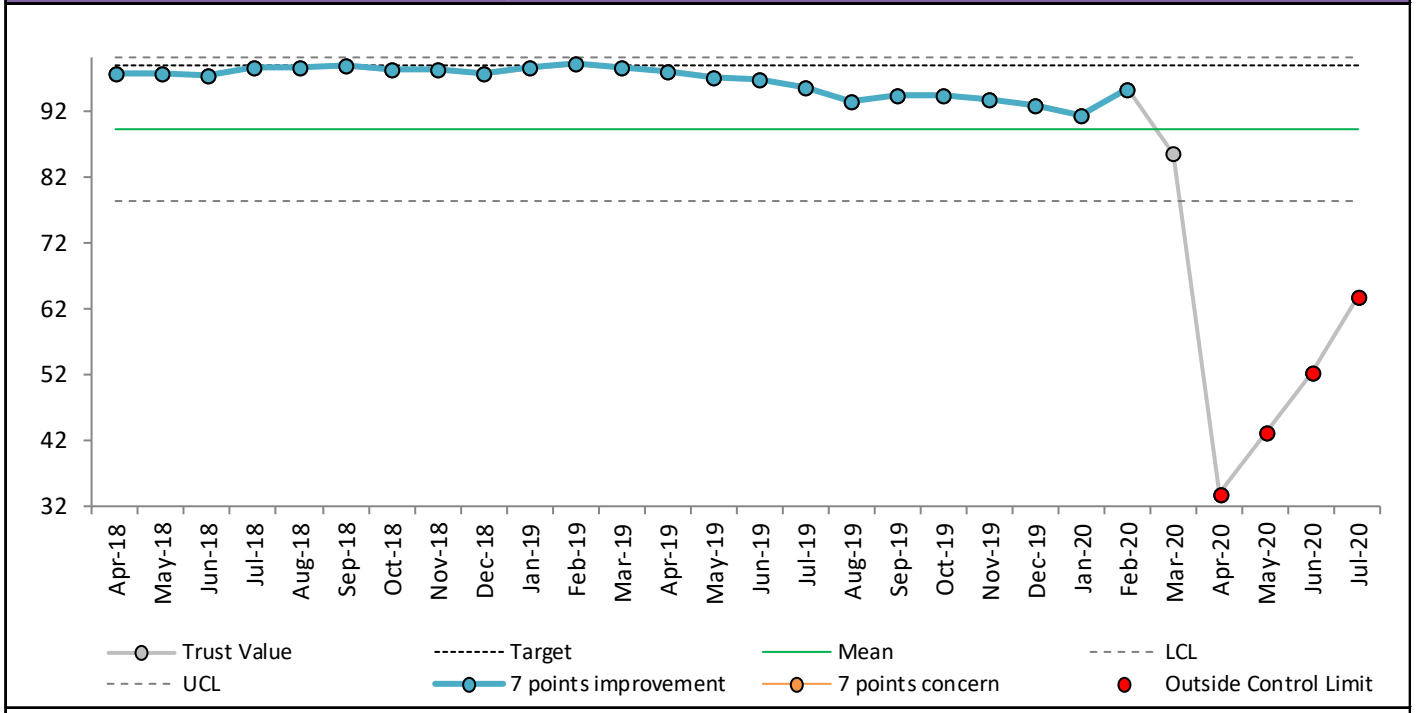
- As the Trust moves into its recovery phase all Directorates have been asked to submit recovery plans. Consideration of what can be re-started safely is being co-ordinated via the Recovery Group to ensure sufficient capacity for agreed activity with focus on the patients of (a) greatest clinical need and (b) those waiting in excess of 52 weeks. Elective theatre capacity will increase again further early September and a supporting theatre scheduler has been shared with surgical Directorates.

Timescale

Responsive

South Tees Hospitals NHS Foundation Trust

Diagnostic 6 Weeks Standard (%)



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

Target	99
Mean	89.30
Last Month	63.62

Executive Lead

Johanna Reilly

Lead

Kelly Smith

Commentary

Diagnostic waiting times still remain outside of the control limits, however compliance is continuing to improve for the 3rd consecutive month.

Cause of Variation

- All referrals are being triaged on receipt for Endoscopic procedures so patients are seen in order of clinical priority.

Planned Actions

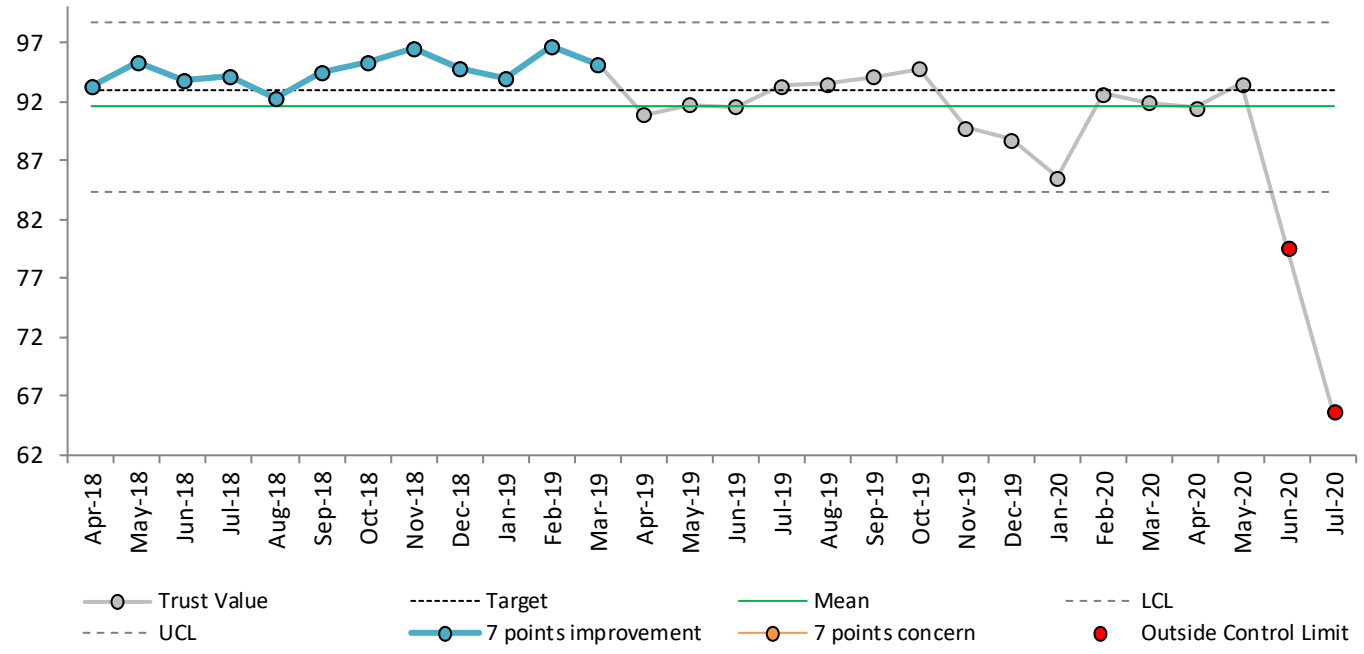
- Weekly review of capacity and highlighted at weekly risk summit.
- Focus on improving the run rates and % capacity as the admin burden to book lists has significantly increased and there is less flexibility to fill lists by bring patients forward as swab capacity is limited.

Timescale

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 14 Day Standard (%)



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

Target	93
Mean	91.60
Last Month	65.64

Executive Lead

David Chadwick

Lead

Nicki Hurn

Commentary

Compliance for July continues to be outside the control limit.

Compliance has decreased significantly from 79.54% for June to 65.64%

Cause of Variation

- 2ww referrals continue to rise towards pre – COVID levels. Currently referral levels are currently down by 25%.
- Direct to Test backlog due to the reduction of the service for a 3 month period during the pandemic.

Planned Actions

- 2 week rule clinics re-instated including endoscopy capacity although this remains limited.
- Weekly cancer performance wall continues virtually to identify pressures and theme.
- Exploring options to continue triage of all 2ww referrals. Looking at processes available through eRS.

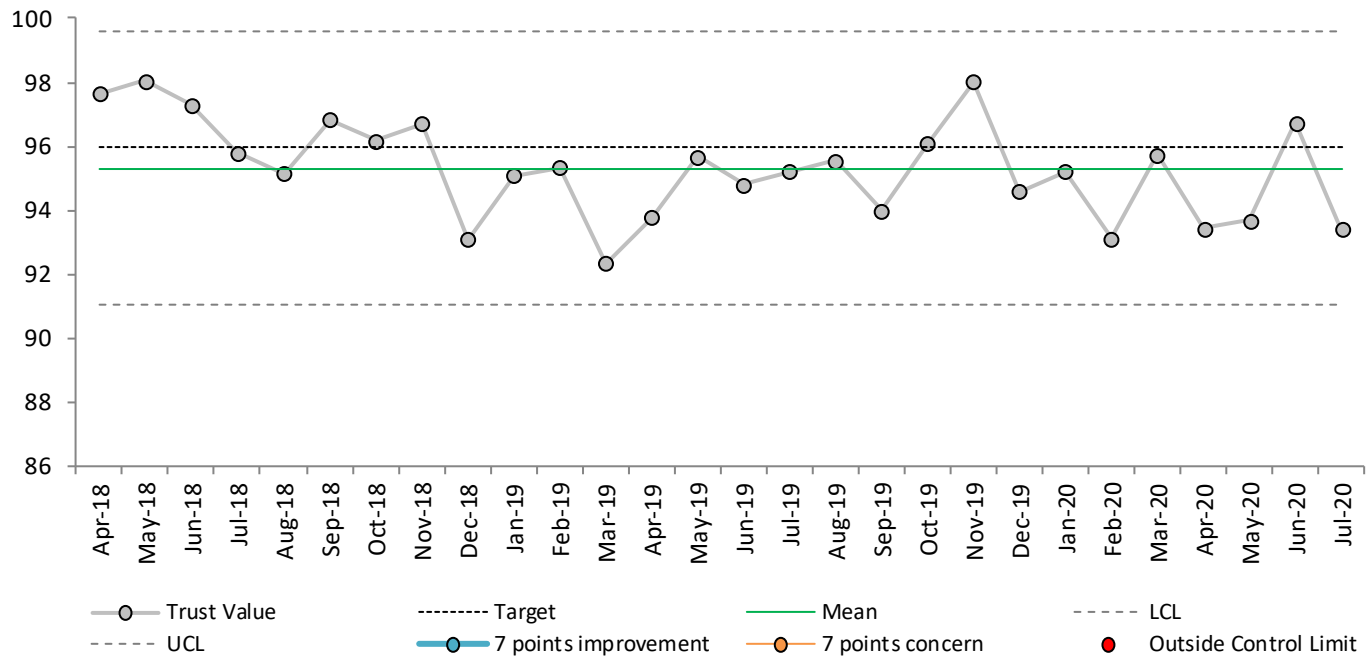
Timescale

- Weekly review – additional capacity approved by Recovery Group.

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 31 Day Standard (%)



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

Target	96
Mean	95.30
Last Month	93.41

Executive Lead

David Chadwick

Lead

Nicki Hurn

Commentary

Compliance against the 31 day standard has decreased in June it is below target but within the LCL.

Cause of Variation

- It should be noted that those who have breached the 62 day standard often carry a 31 day standard as well.
- Diagnostic capacity increasing as COVID 19 demand reduces.

Planned Actions

- Ensure all patients are tracked and expedited where appropriate.
- Weekly cancer performance wall continues virtually.
- Operations Directors/Service Managers to implement recommendations from recovery plans.

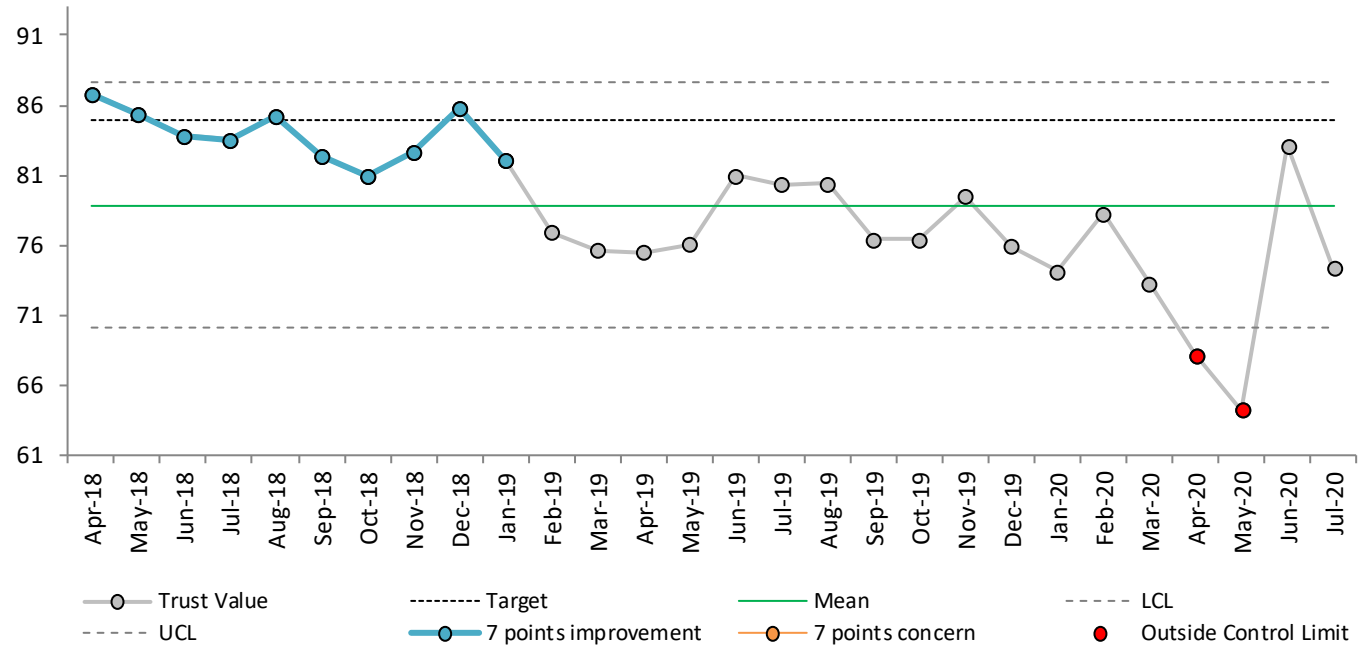
Timescale

- Weekly.
- Weekly.
- Progress reviewed monthly with escalation to Board through performance report.

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Treatment - 62 Day Standard (%)



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

Target	85
Mean	78.86
Last Month	74.32

Executive Lead

David Chadwick

Lead

Nicki Hurn

Commentary

Compliance against the 62 day target has decreased in July and was below the mean but within the LCL.

Confirmed Jun 20 compliance was 82.68%, 22 breaches in total

Cause of Variation

- Overall treatments in June were down in comparison to the same period last year by 30% (126 v 180.5 treatments).
- Tees wide cancer cell developed ensuring all priority 2 patients are operated on within a four week period – Trust is managing to consume priority 2 cancer demand .

Planned Actions

- Deep dive reviews carried out with tumour site MDTs – expedite implementation of recommendations where possible.
- Weekly PTL meetings in place to aid patients through their pathway and mitigate breaches where possible.
- Weekly Cancer Wall forum – provides an opportunity to discuss current performance and updates from specialties on current state of play .

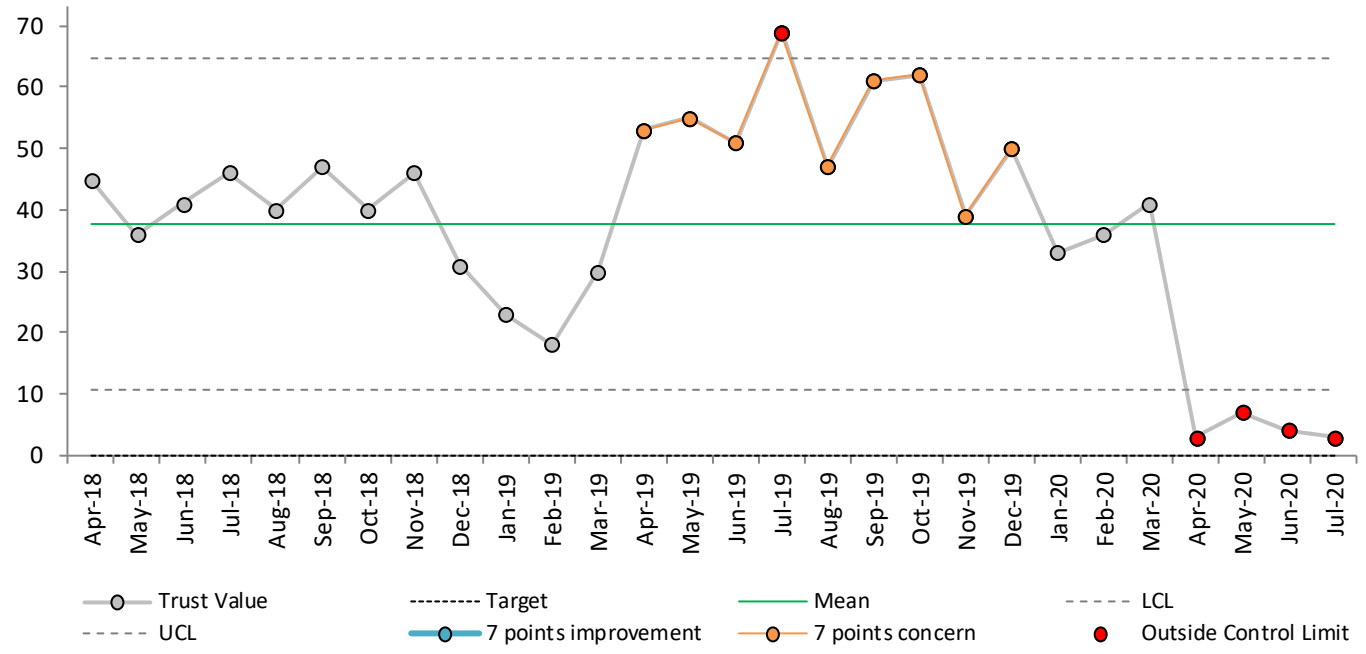
Timescale

- October 2020.
- Weekly on-going.

Responsive

South Tees Hospitals NHS Foundation Trust

Non-Urgent Ops Cancelled on Day



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

Target	0
Mean	37.75
Last Month	3.00

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

Variation outside control limits due to a continued reduced elective program.

Cause of Variation

- Significant reduction in the number of non-urgent operations cancelled on the day (day of admission / day of procedure) due to limited number of elective / non urgent procedures going ahead during the COVID-19 pandemic. 2 patients cancelled during June (1 Cardiothoracic Surgery and 1 Urology). All patients were given new TCI dates within 28 day standard.

Planned Actions

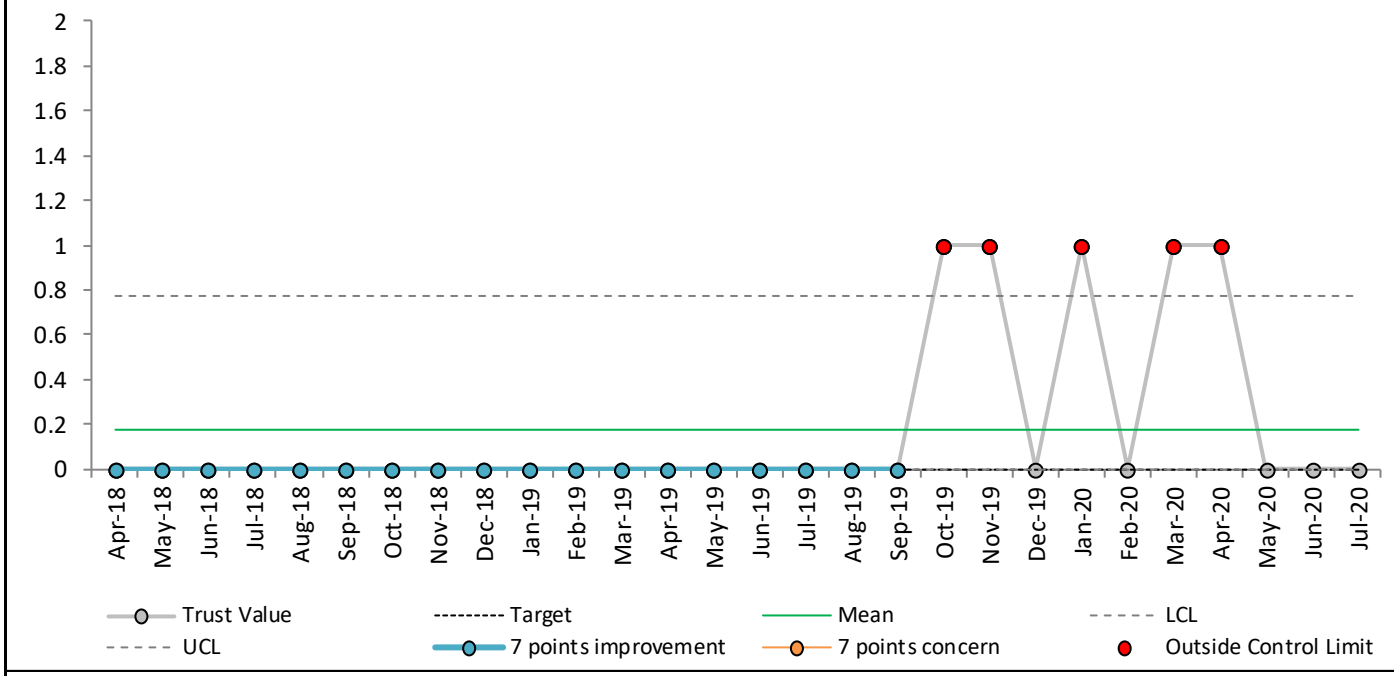
- Continue to book non-urgent patients as set out in the Trust's Standard Operating Procedure for prioritisation of elective patients during current COVID-19 pandemic. Continue to ensure that patients are appropriately consented and pre-assessed prior to admission (including swabbed 48 hours prior to admission) to minimise the likelihood of 'hospital initiated' cancellation. Increased theatre capacity available from w/c 6th July 2020 with further increases planned from 7th September 2020.

Timescale

Responsive

South Tees Hospitals NHS Foundation Trust

Cancer Operations Cancelled On Day



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

Target	0
Mean	0.18
Last Month	0.00

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

There were no cancelled cancer operations in July.

Cause of Variation

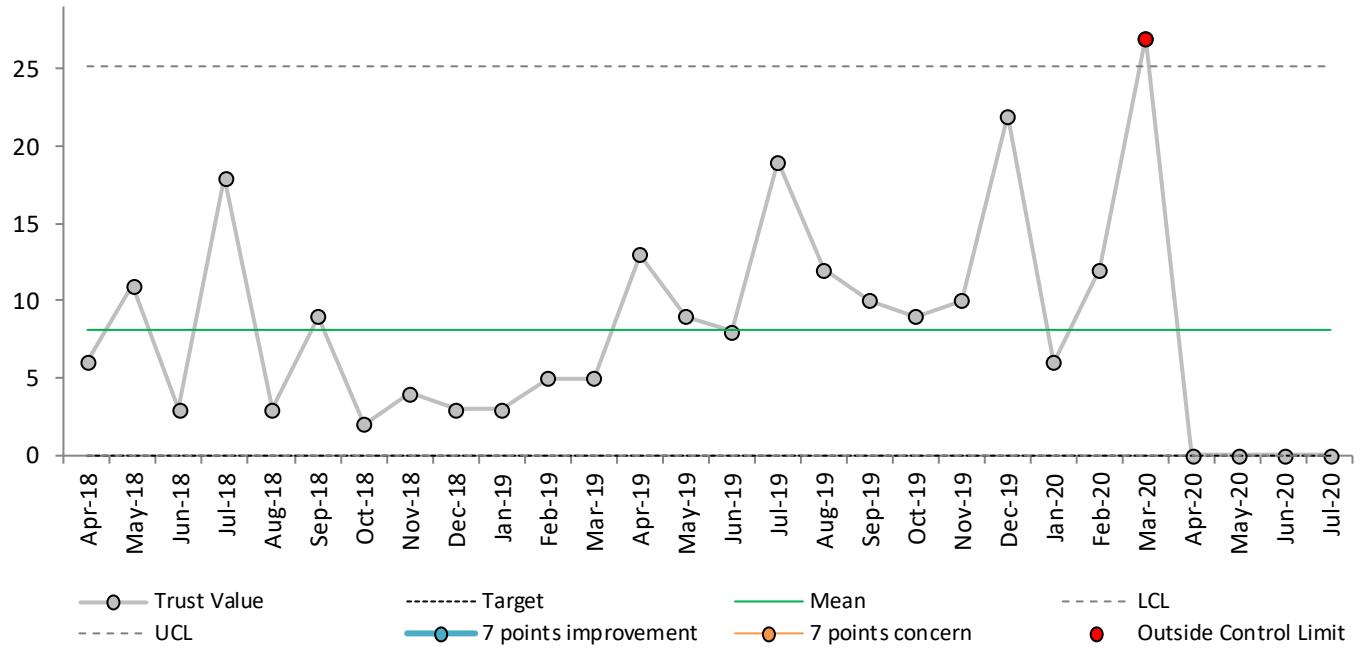
Planned Actions

Timescale

Responsive

South Tees Hospitals NHS Foundation Trust

Cancelled Ops Not Rebooked Within 28 days



Cancelled operations for non-clinical reasons not rebooked within 28 days

Target	0
Mean	8.18
Last Month	0.00

Executive Lead

Johanna Reilly

Lead

Sue Geldart

Commentary

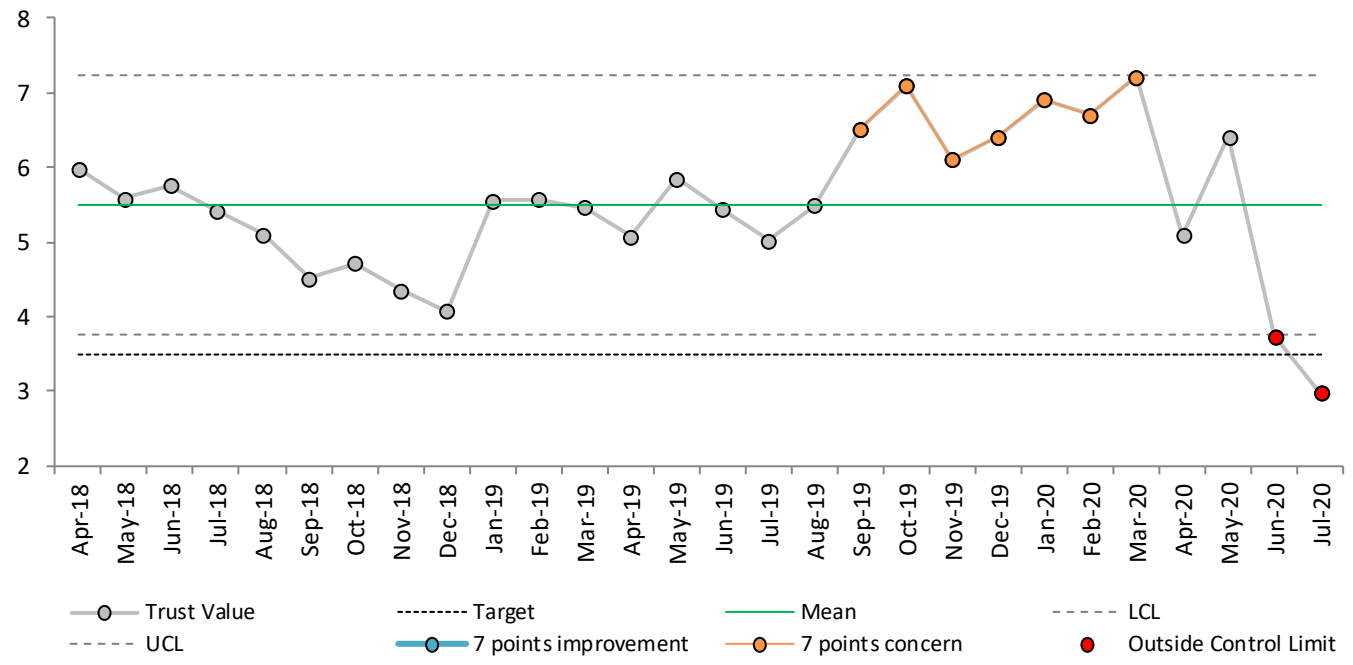
Cancelled ops not rebooked within 28 days remains compliant against target for the 4th consecutive month.

Cause of Variation	Planned Actions	Timescale

Responsive

South Tees Hospitals NHS Foundation Trust

Delayed Transfers Of Care (%)



Delayed transfers of care compliance

Target	3.5
Mean	5.51
Last Month	2.97

Executive Lead

Johanna Reilly

Lead

Joanne Dobson

Commentary

The number of delay days in July remains outside the control limits for the second consecutive month.

Query on quality of recording following move to Medworxx.

Cause of Variation

- Revised guidance published 21st August – suggests providers should no longer record or report DTOC data – more detailed data analysis to be carried out.
- System must implement Discharge to Assess Model.

Planned Actions

- System wide best practice / lessons learned event provisionally planned for 16th September 2020 – date to be re-arranged due to social distancing.
- Implications of revised hospital discharge guidance to be reviewed and actions implemented across the system.

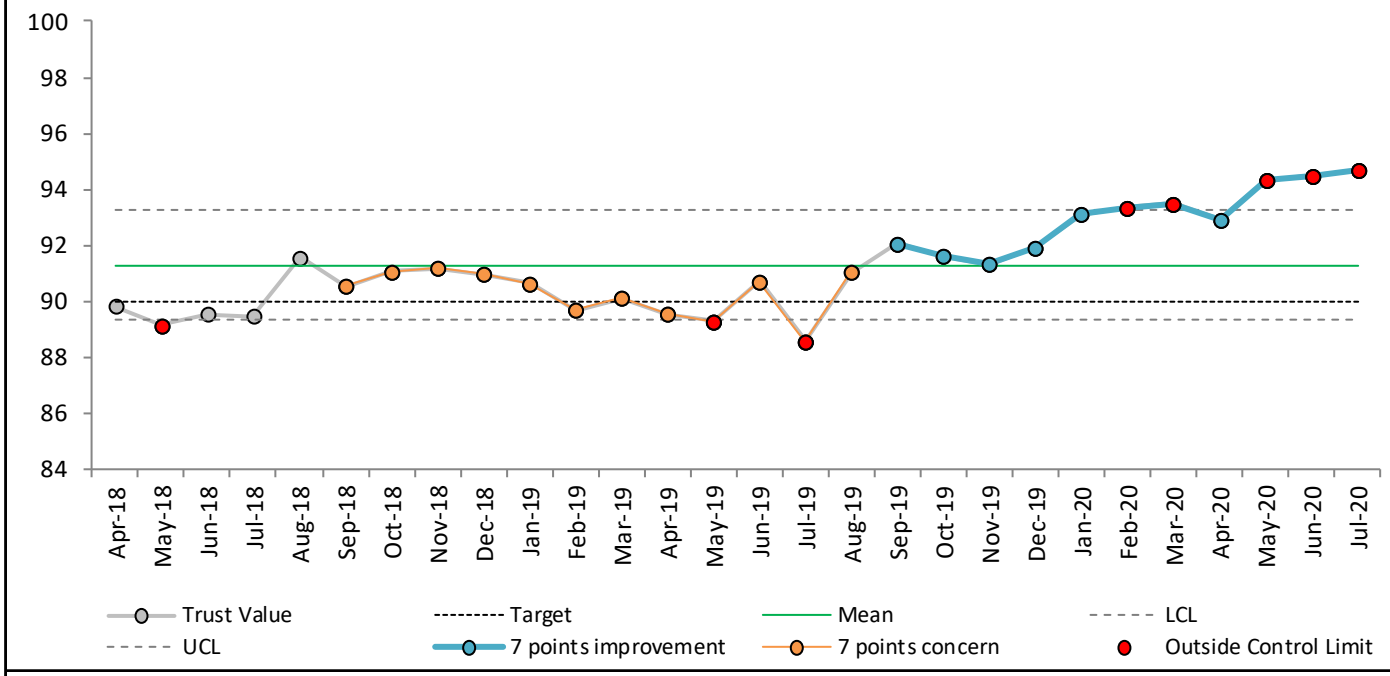
Timescale

- One month.

Responsive

South Tees Hospitals NHS Foundation Trust

E-Discharge (%)



The % of clinical discharge letters which were sent within 24 hours

Target	90
Mean	91.29
Last Month	94.66

Executive Lead

Johanna Reilly

Lead

Joanne Dobson

Commentary

Compliance continues to be outside upper control limits for the 3rd consecutive month.

Cause of Variation

- Whilst performance continues to improve. The target does not monitor the quality of information included in the summary.

Planned Actions

- Explore the potential to audit the data quality of electronic discharges for completeness and detail.

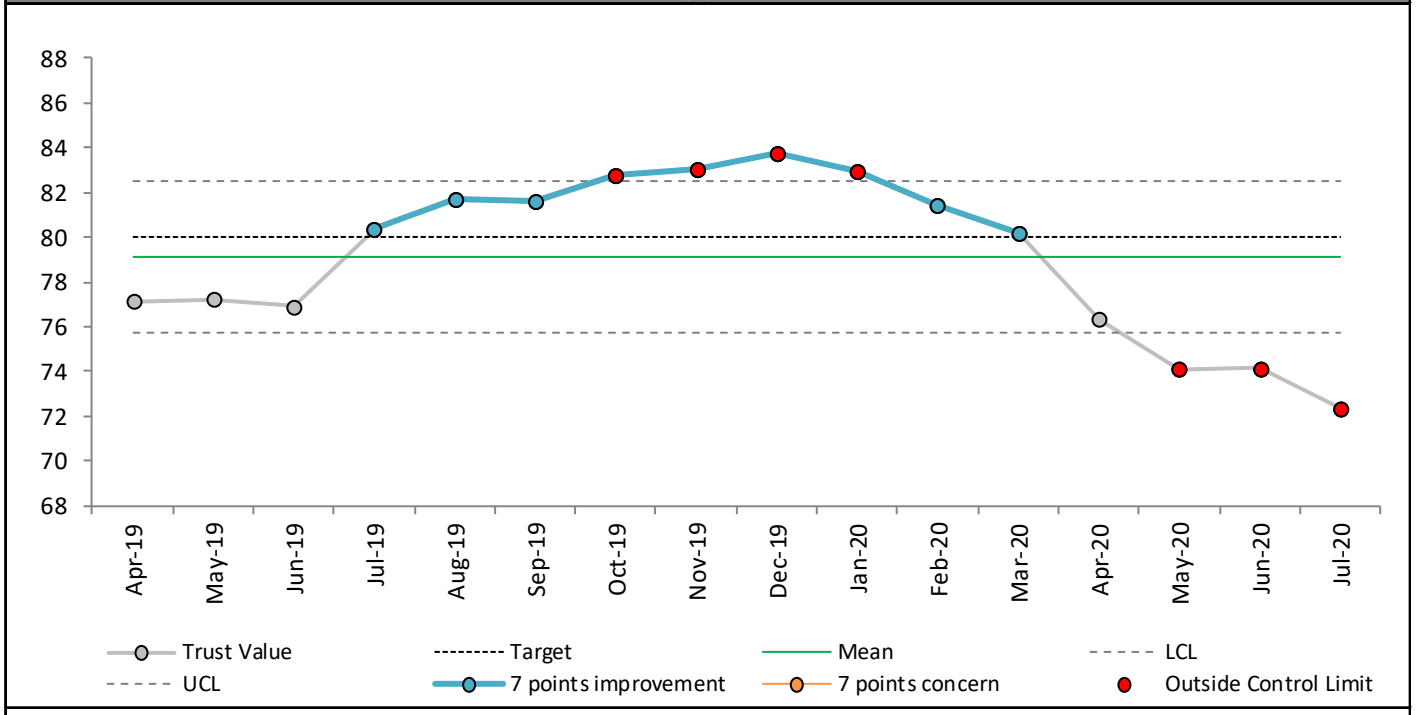
Timescale

- 2 months to explore the potential to audit data completeness and quality.

Well Led

South Tees Hospitals NHS Foundation Trust

Annual Appraisal (%)



Annual Appraisal Rate

Target	80
Mean	79.13
Last Month	72.36

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Appraisal compliance remains outside of the lower control limit for the third consecutive month.

Cause of Variation

- Operational focus on COVID-19 has reduced the compliance rate of appraisal's within in the Trust. In addition staff have been redeployed to alternative services during COVID-19 therefore they have not worked in substantive roles whereby appraisals could be undertaken.

Planned Actions

- Review of compliance rates by department and a targeted focus on those below 80% compliance rate.
- Monthly meetings with OD / Service Manager's to highlight areas of compliance below 80% and an agreed action plan to ensure compliance.
- Discussions to continue in relation to the feasibility of all appraisals being completed in Q1 of each financial year.

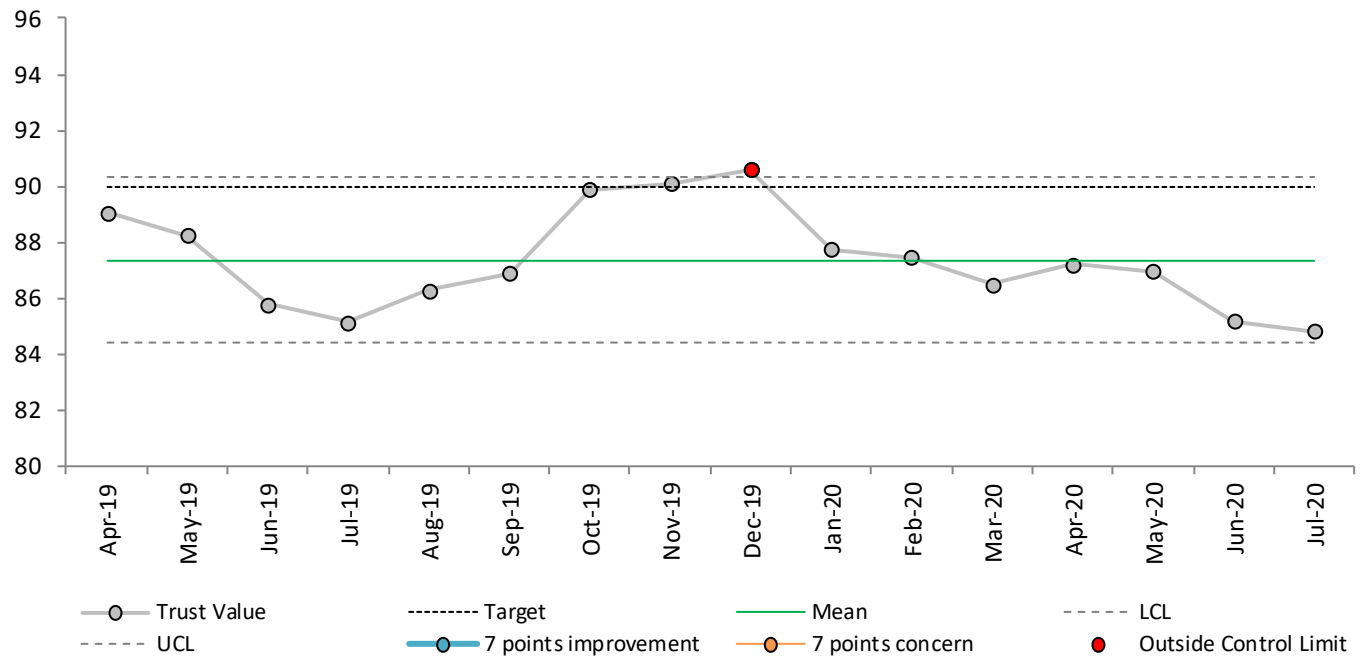
Timescale

- August 2020
- August 2020
- September 2020

Well Led

South Tees Hospitals NHS Foundation Trust

Mandatory Training (%)



The % of Mandatory Training Compliance

Target	90
Mean	87.36
Last Month	84.81

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Mandatory training compliance continues to remain below target and is getting close to the lower control limit.

Cause of Variation

- Operational focus on COVID-19 has reduced the overall compliance rate of mandatory training. There has been a national agreement to extend mandatory training timescale.
- Local induction has been on hold since March 2020 as a result of COVID-19 which has impacted on the mandatory training compliance.

Planned Actions

- Focus on compliance of Information Governance to meet new timescales – deadline date 30 September 2020
- Proposal to for local induction to commence again before end of 2020 (social distance will apply).
- Analysis of current mandatory training data to be undertaken to identify departments and subjects of none compliance and agree action plan to improve.
- Outline project plan to transfer mandatory training records to ESR developed , and a dedicated Project Manager and support identified to commence September 2020.

Timescale

- September 2020.
- September 2020.
- August 2020 .
- March 2021.

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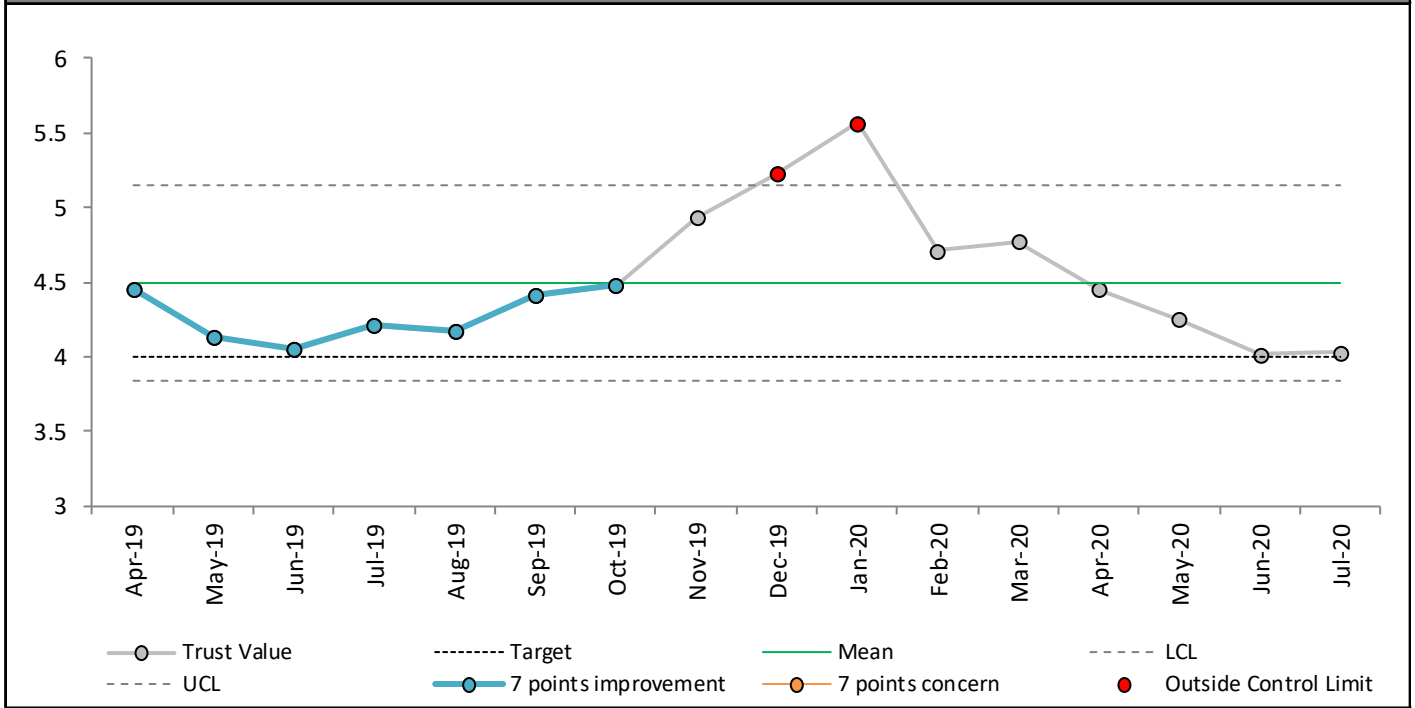
South Tees Hospitals NHS Foundation Trust

Sickness Absence (%)



The % of monthly sickness absence

Target	4
Mean	4.49
Last Month	4.03

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Sickness compliance continues to improve for the 6th consecutive month and is almost meeting the target.

Cause of Variation

- Accurate recording of absence for COVID and Non-COVID absence.
- Current sickness absence percentage is similar to last years percentage.

Planned Actions

- Review sickness absence data following COVID-19 for those staff members who are on long term sick to ensure review meetings are held and escalated. Discussions underway with Staff Side colleagues regarding absence relating to formal disciplinary proceedings/
- Re-introduce regular monthly meetings with managers for departments that have percentage of sickness absence. Initially focusing on top 10 departments within each Centre.
- Support manager's in discussions with staff who have been shielding and looking to return to work following Government guidelines.

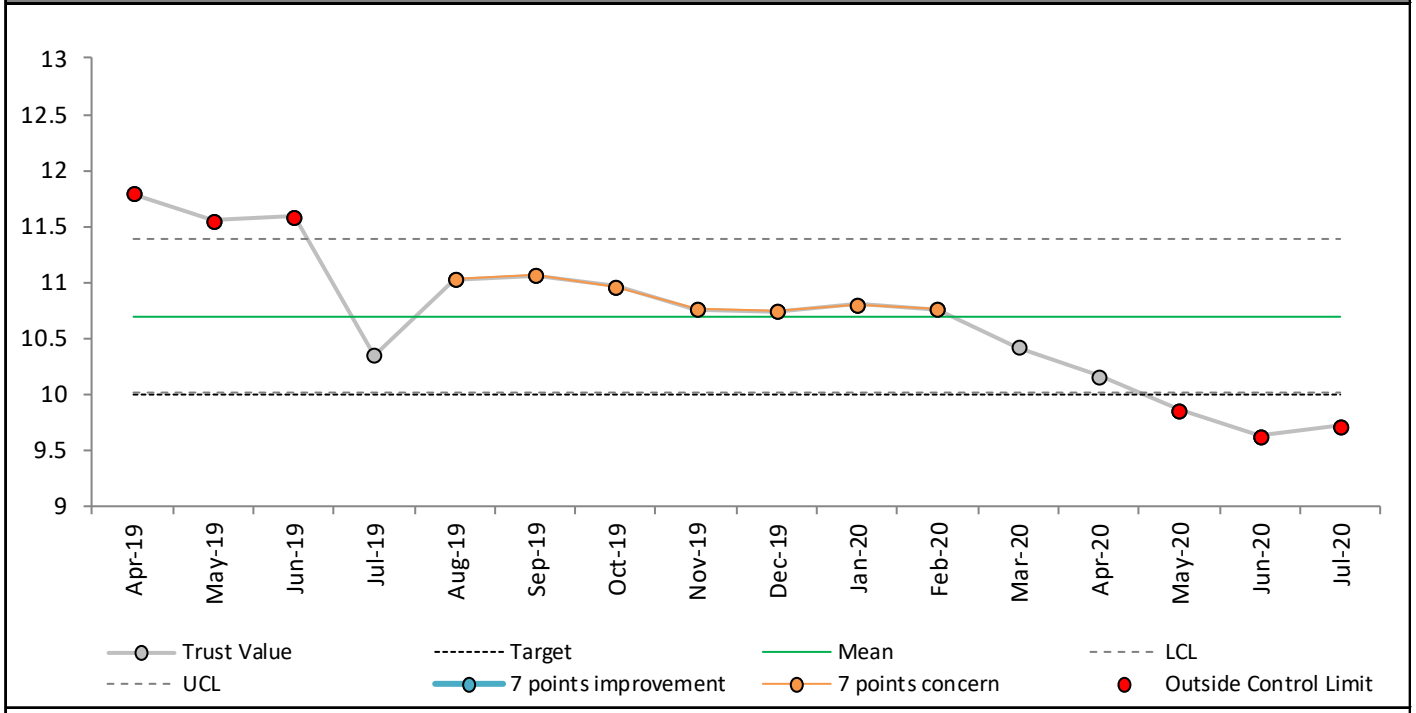
Timescale

- August 2020 / On-going
- August 2020 / On-going
- July 2020

Well Led

South Tees Hospitals NHS Foundation Trust

Staff Turnover (%)



Staff turnover rate

Target	10
Mean	10.70
Last Month	9.71

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Staff turnover remains outside the lower control limit for the 3rd consecutive month.

Cause of Variation

- Continuation of well being support to staff following the COVID-19 peak / pandemic.
- Review and focus on the work being undertaken in relation to the Trust's values and behaviours.

Planned Actions

- Exit interview data to be presented to Workforce Committee in August 2020, action plan to be agreed.
- Continue to highlight possible retention solutions to services such as itchy feet and stay conversations for those staff who express a desire for alternative employment within the Trust .
- Discussions commenced with Staff Side/senior nursing colleagues regarding the feasibility of streamlining internal transfer process to improve retention rates.

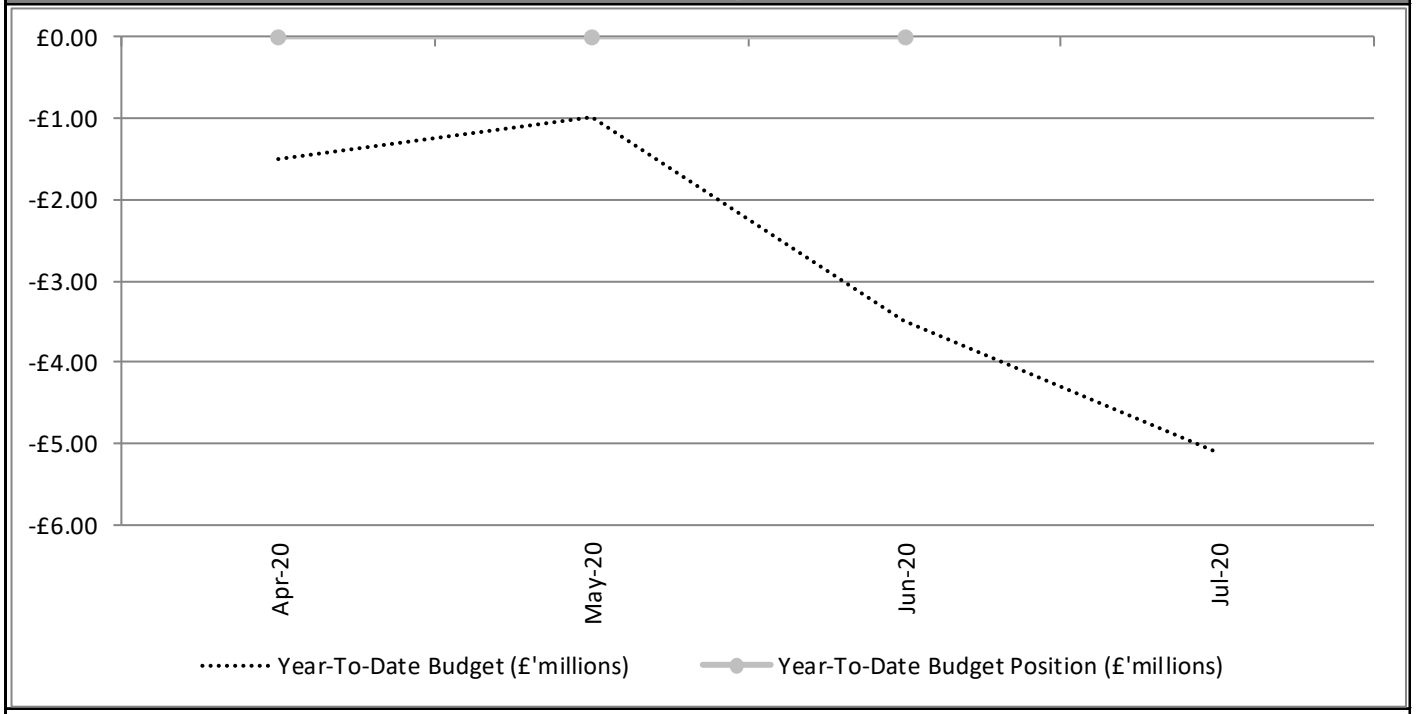
Timescale

- August 2020
- August 2020 / On-going

Well Led

South Tees Hospitals NHS Foundation Trust

Year-To-Date Budget (£'millions)



Year-To-Date Budget

Target	-5.11
Mean	N/A
Last Month	0.00

Executive Lead

Steven Mason

Lead

Luke Armstrong

Commentary

The Trust has recorded a break even position for month 4, as required by the financial arrangements from NSHE/I. Leading to the Trust being £5.1m ahead of its internal budget.

Cause of Variation

- Year to date Covid-19 specific costs of £5.9m on pay and £6.2m on non pay, with costs for M1 to M3 reimbursed by NHSE/I.
- YTD underspends noticed on clinical supplies £5.1m and drugs £2.3m due to reductions in activity, this is reducing as activity resumes.

Planned Actions

- Continuation of detailed monitoring of pay costs to challenge and ensure appropriateness of any additional spend.
- Review of future funding guidance for months 7 to month 12 when issued by NHS England / Improvement

Timescale

- Review and implementation of new NHSE/I guidance.
- On-going review and challenge of pay costs.

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 SEPTEMBER 2020			
Month 4 2020/21 Financial Performance			**AGENDA ITEM: 13, ENC 9**
Report Author and Job Title:	Luke Armstrong Head of Financial Management	**Responsible Director:**	Steven Mason Director of Finance
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report outlines the Trusts financial performance as at Month 4.		
Background	The Trust is required to break-even during the Covid-19 period which will be determined by NHSE/I. The Trust is underspent by £5.1m year to date against our own internal budget as amended to reflect the Covid-19 interim financial arrangements. The Trust has assumed additional Covid-19 revenue support of £3.9m in month 4 and £14.8m year to date for specific costs as outlined within the report.		
Assessment	The Trust has achieved the Month 4 position as required by NHSE/I to break even. The Trust's historic PFI scheme on the James Cook site remains the largest contributor to the organisation's underlying structural deficit which has remained unchanged throughout 2019/20 and has been carried forward into 2020/21. The Trust remains in a challenging position once the current Covid-19 interim funding arrangements come to an end.		
Recommendation	Members of the Trust Board of Directors are asked to note the report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 2.1 - Lack of robust financial information and grip and control may result in poor financial governance and decision making lead to the inability to deliver the annual control total impacting on cash flow and long term sustainability as a going concern		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Excellence in patient outcomes and experience ☐	Excellence in employee experience ☐	
	Drive operational performance ☒	Long term financial sustainability ☒	
	Develop clinical and commercial strategies ☒		

Month 4 2020/21 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Board on the financial position of the Trust as at Month 4.

2. BACKGROUND

Due to the suspension of the national NHS planning process for 2020/21, the NHS is operating under a different financial regime. This includes the payment to Trusts of both block and top up income to fund expenditure. Each Trust has a requirement to break-even with funding provided by NHSE/I to reach this required outcome. These new arrangements are in place until September 2020.

For the purpose of this report and internal reporting, the Trust is monitoring financial performance against an internal budget that was developed as part of the budget setting process for 2020/21. As a result of the national suspension this budget was not submitted to NHSE/I and the Trust will not be monitored externally against this during 2020/21.

Further guidance on the NHS financial arrangements post month 6 are expected during August.

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

The Month 4 YTD actual performance is a break-even position. This has resulted in the Trust being ahead of its internal plan by £5.1m.

3. DETAILS

Trust position

The Month 4 full year position is outlined below; the following section outline key variances and risks for divisional income, pay, non-pay and technical items.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Nhs Clinical Income	196,700	196,225	(475)	590,100
Education And Training Income	5,386	5,754	368	16,157
Estates Income	1,767	514	(1,253)	5,300
Misc Other Income	4,130	2,534	(1,596)	13,798
Non Patient Care Income	852	757	(95)	2,556
Other Clinical Income	1,235	404	(831)	3,705
Psf, Mret, Top Up	7,634	22,439	14,805	22,901
Research & Development Income	1,621	1,126	(495)	4,864
Total Other Income	219,324	229,753	10,429	659,381
Ahp'S, Sci, Ther & Tech	(19,388)	(19,329)	59	(58,960)
Apprentice Levy	(457)	(507)	(51)	(1,370)
Hca'S And Support Staff	(13,384)	(15,605)	(2,220)	(40,337)
Medical And Dental	(37,642)	(41,107)	(3,465)	(112,179)
Nhs Infrastructure Support	(19,342)	(19,437)	(95)	(57,074)
Nursing & Midwife Staff	(40,759)	(41,282)	(523)	(123,026)
Total Pay	(130,972)	(137,266)	(6,294)	(392,946)
Clinical Negligence Cost	(5,800)	(5,801)	0	(17,401)
Clinical Supplies And Services	(24,204)	(19,122)	5,082	(72,919)
Drugs	(22,653)	(20,375)	2,278	(67,960)
Establishment	(2,577)	(3,213)	(636)	(7,642)
Ext Staffing And Consultancy	(271)	(359)	(88)	(504)
General Supplies And Service	(1,380)	(4,812)	(3,432)	(4,139)
Healthcare Service Purchase	(3,585)	(3,620)	(36)	(10,754)
Miscellaneous Services	(437)	(361)	76	(1,311)
Pfi Unitary Payment	(10,604)	(14,130)	(3,526)	(31,813)
Premises & Fixed Plant	(8,340)	(8,264)	75	(25,170)
Research, Education & Training	(861)	(804)	57	(2,573)
Transport	(1,407)	(1,224)	183	(4,390)
Total Non Pay	(82,120)	(82,086)	35	(246,576)
Depreciation	(5,033)	(4,401)	632	(15,100)
Interest Payable	(4,016)	(3,815)	201	(12,048)
Interest Receivable	33	07	(26)	100
Other Non Operating	(2,329)	(2,192)	137	(6,987)
Corporation Tax	(01)	0	01	(03)
Control Total	(5,114)	0	5,115	(14,179)

Clinical Income

Under the revised financial arrangements for 2020/21, the Trust's previous contractual arrangements under an aligned incentive scheme with its commissioners no longer stands. Instead, the Trust is paid under a block arrangement as agreed by NHSE/I, which is intended to cover the Trust's usual cost base. Any shortfall in the block arrangement is covered by top up payments claimed by the Trust on a monthly

basis. This additional top up payment is recorded within other income as per NHSE/I guidance.

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

Commissioner Code	Commissioner Name	Block Payment
16C	NHS Tees Valley CCG	(95,445)
84H	NHS County Durham CCG	(4,682)
85J	NHS England - North East and Yorkshire Commissioning Hub	(63,288)
Y63	NHS England - North East and Yorkshire Commissioning Region	(2,627)
42D	NHS North Yorkshire CCG	(29,381)
15F	NHS Leeds CCG	(85)
13T	NHS Newcastle Gateshead CCG	(103)
01H	NHS North Cumbria CCG	(217)
03J	NHS North Kirklees CCG	(70)
00L	NHS Northumberland CCG	(73)
00P	NHS Sunderland CCG	(244)
03Q	NHS Vale of York CCG	(487)
	Prior Year Adjustments	476
	Total Income Month 4	**(196,225)**

The prior year adjustment of £0.5m relates to differences between accruals made for NCAs in M11 and M12 of 2019/20 and actual billing within 2020/21.

Other Income

Other income is £10.9m ahead of plan, to deliver a break-even position for the Trust, additional top up payments of £14.8m have been assumed, £3.9m within M4. The Trust has needed to claim an additional top up over and above its Covid-19 costs in order to break even of £1.9m. This is due to the underspend on clinical supplies and drugs decreasing in month as activity returns to the Trust, with a corresponding increase in cost.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Education And Training Income	5,386	5,754	**368**	**16,157**
Estates Income	1,767	514	**(1,253)**	**5,300**
Misc Other Income	4,130	2,534	**(1,596)**	**13,798**
Non Patient Care Income	852	757	**(95)**	**2,556**
Other Clinical Income	1,235	404	**(831)**	**3,705**
Psf, Mret, Top Up	7,634	22,439	**14,805**	**22,901**
Research & Development Income	1,621	1,126	**(495)**	**4,864**
Total Other Income	**22,624**	**33,528**	**10,904**	**69,281**

- Education and Training income is over achieving by £0.4m due to revised payment arrangements from Health Education for training support during

Covid-19. The Trust's budget is set on payments received in 2019/20. The Trust has now within month 4 obtained confirmation of HEE funding arrangements for the rest of the 2020/21 financial year. Work is on-going to assess the impact of this on the Trusts budget position.

- Estates income is behind plan by £1.3m due to the loss of car parking income, catering income and staff accommodation income due to the Covid-19 response. The Trust is awaiting both national and regional guidance on the future of car parking income.
- Misc other income is behind plan by £1.6m. £0.8m of this under recovery against budget relates to income previously billed to NHS England for national CEA awards and salary recharges. These payments are now covered by the block arrangements in place for funding and cannot be billed separately. The remaining underperformance relates to lower rental income receipts and lower income generation within pathology from testing services provided to other bodies, this is offset by lower costs.
- Other clinical income is behind plan by £0.8m. £0.5m is due to reductions in private patient's procedures taking place within Q1, due to Covid-19 restrictions. Within month 4 £0.1m has been lost due to a drop in RTA income linked to the number of claims received by the Trust. This drop being attributed to lower accidents occurring during April and May from lower traffic levels. The level of the loss has reduced from the figure for month 3.
- R and D income is behind plan by £0.4m. Within month 2 the full R and D budget was realigned with the income and expenditure budget now recorded fully within R and D and not within individual directorates. This allows the overall costs of R and D to be more appropriately understood and monitored.
- Additional top up income of £14.8m has been assumed to cover the Trust's Covid-19 specific costs and to enable the Trust to break even.

Pay

In the year to date position pay is overspent by £6.3m, an increase of £1.2m on month 3, which is being driven by increased pay costs for Covid-19.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Ahp'S, Sci, Ther & Tech	(19,388)	(19,329)	**59**	**(58,960)**
Apprentice Levy	(457)	(507)	**(51)**	**(1,370)**
Hca'S And Support Staff	(13,384)	(15,605)	**(2,220)**	**(40,337)**
Medical And Dental	(37,642)	(41,107)	**(3,465)**	**(112,179)**
Nhs Infrastructure Support	(19,342)	(19,437)	**(95)**	**(57,074)**
Nursing & Midwife Staff	(40,759)	(41,282)	**(523)**	**(123,026)**
Total Pay	**(130,972)**	**(137,266)**	**(6,294)**	**(392,946)**

- HCAs are overspent by £2.2m with nursing staff £0.5m overspent giving a combined overspend of £2.7m. £1.3m of this additional cost is due to student nurses who have entered employment with the Trust early due to Covid-19 this additional cost is reclaimable as a Covid-19 response cost.
- Reductions have been noticed within month 4 on enhancements for HCAs and Nursing staff reducing by £0.5m compared to month 3. This being due to lower numbers of nurses working additional shifts in ward areas and June having no bank holidays unlike April and May.
- Bank spend for both HCAs and Nursing staff has continued to fall in month 4, continuing the drop noticed in month 3. Spend on bank is now in line with pre Covid-19 run rates of £0.5m per month. Further reductions in bank spend are expected in August due to the recruitment of Student nurses.
- Medical and Dental staff show a year to date overspend of £3.5m due to increases in costs for both junior staffing of £1.6m and senior medical staff £1.8m. Increases in both costs are linked to increased staffing costs from Covid-19, with additional bank and substantive spend for junior staff and increased additional payment claims and agency costs for senior staff. Additional controls have been introduced to ensure appropriate challenge on additional spend with all senior medical staffing claims for Covid-19 requiring Medical Director sign off. In month spend on Medical and Dental staffing has reduced from a high of £10.8m in month 2 to £10.0m in month 4.

Non-Pay

Non-pay is overall on budget. Reductions in spend on both clinical supplies and drugs noticed in quarter 1 have continued into month 4 but to a lesser extent reflecting slight increases in activity in a number of specialities. These are offset by increased costs for personal protective equipment and estates charges

Given the revised funding model and the Trust being funded on a month to month basis, key underspends within non pay must be protected and not spent in future months.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Clinical Negligence Cost	(5,800)	(5,801)	**0**	**(17,401)**
Clinical Supplies And Services	(24,204)	(19,122)	**5,082**	**(72,919)**
Drugs	(22,653)	(20,375)	**2,278**	**(67,960)**
Establishment	(2,577)	(3,213)	**(636)**	**(7,642)**
Ext Staffing And Consultancy	(271)	(359)	**(88)**	**(504)**
General Supplies And Service	(1,380)	(4,812)	**(3,432)**	**(4,139)**
Healthcare Service Purchase	(3,585)	(3,620)	**(36)**	**(10,754)**
Miscellaneous Services	(437)	(361)	**76**	**(1,311)**
Pfi Unitary Payment	(10,604)	(14,130)	**(3,526)**	**(31,813)**
Premises & Fixed Plant	(8,340)	(8,264)	**75**	**(25,170)**
Research, Education & Training	(861)	(804)	**57**	**(2,573)**
Transport	(1,407)	(1,224)	**183**	**(4,390)**
Total Non Pay	**(82,120)**	**(82,086)**	**35**	**(246,576)**

- Clinical supplies and services are showing a year to date underspend of £5.1m. This has been driven by reductions in activity in key surgical specialities with lower patient numbers reducing the need to purchase clinical consumables across the Trust. The underspend noticed in April and May has continued into June and July but to a lesser extent as activity begins to return to some specialities. With increases in costs on run rate noticed in Gastro, Ophthalmology, Cardio and Neuro.
- Drug costs are underspent by £2.3m, being driven by reductions in clinical activity across the Trust.
- General supplies and services show a large overspend of £3.4m. This is due to the purchase of Personal Protective Equipment; this cost has been recorded on the Trusts Covid-19 cost return to be fully reimbursed by NHSE/I.
- PFI costs are overspent by £3.5m. This additional cost is from the additional write-off of lifecycle payments for 2020/21. Additional write-offs of lifecycle are being posted to the Trust's income and expenditure account, as the lifecycle work cannot currently be completed due to Covid-19 restrictions.

Non-Operating Costs

Depreciation is showing an underspend of £0.6m due to delays in capital spending during 2020/21. Interest charges are also underspent due to the write-off of a number of capital loans. The Trust's interest and PDC budgets will be re-based by NHSI/E during this financial year, removing the underspend.

Other technical items are broadly in line with budgeted amounts.

Covid-19 Costs

In line with the new financial regime for 2020/21 the Trust is able to claim additional income to cover costs incurred specific to Covid-19. In line with the national

guidance these costs are the incremental cost to the Trust of delivering Covid-19, and not the overall total cost. These are summarised below in line with the national requirements.

£'000	Month 1	Month 2	Month 3	Month 4
Catering	35	0	0	0
Decontamination	415	283	216	103
IT Equipment	10	1	1	0
PPE	1,654	824	926	397
Printing / Stationary	9	12	4	13
Security Costs	7	0	0	0
Testing / Swabbing	133	108	252	91
Transport	13	5	1	33
Ward equipment	172	153	82	69
Rental costs	0	62	56	9
Ophthalmology	0	0	89	0
Incremental additional pay cost	448	1,869	1,482	790
Student Nurses	0	215	531	604
Total	**2,895**	**3,532**	**3,640**	**2,109**

Additional pay costs have been calculated based on the increase in bank, agency and additional overtime payments compared to the run rate of 2019/20, with this increase being due to increased shift requests due to sickness or increased staffing for Covid-19 patient areas.

Catering costs have not been claimed as a Covid-19 cost within month 2 or 3 given the tighter national guidance around what is and is not an allowable claim, total catering costs for the provision of free meals to employees was £0.1m

Within the year to date position, the Trust has seen reductions in other income of £2.1m from lost estates income and reductions in private patients. The Trust has covered this loss of income by under spending in other areas and as part of the general top up payment.

Capital

The Trust's capital expenditure at the end of July amounted to £9.6m as detailed below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PFI Lifecycle	3,483	3,483	0	10,448	10,448	0
Site Reconfiguration	0	322	322	0	322	322
Replacement of Medical Equipment	133	136	03	400	536	136
Network Replacement and Clinical Noting	0	540	540	0	540	540
PDC						
- COVID 19 Medical gases & Equipment	352	352	0	352	352	0
- HSLI Radiology and Digital Haematology	0	0	0	966	966	0
COVID-19	0	4,762	4,762	0	4,762	4,762
Total	**3,968**	**9,595**	**5,627**	**12,166**	**17,926**	**5,760**

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	3,483	9,243	5,760	10,448	16,208	5,760
Charitable Funding	133	0	(133)	400	400	0
PDC - COVID 19 & HSLI	352	352	0	1,318	1,318	0
Total Financing	**3,968**	**9,595**	**5,627**	**12,166**	**17,926**	**5,760**

The expenditure at the end of July includes contractual PFI lifecycle payments to Endeavour SCH plc (£3.5m), £5.1m on medical equipment relating to COVID-19 and £0.9m on schemes that have carried over from 2019/20. As it stands for 2020/21, the only funding sources available to the Trust, excluding PDC and assuming emergency support is not available, includes depreciation (£14.8m) and potential charitable contributions amounting to £0.4m. Contractual commitments for the year incorporate PFI Lifecycle (£10.5m) and principal repayments on loans, PFI and finance leases of £5.4m. On that basis and without support, the existing funding sources are not sufficient to cover these contractual commitments.

The Trust submitted a revised capital plan at the end of May for 2020/21 amounting to £29.1m. The Trust has now drafted a further request to support this plan amounting to £14.6m and this is with NHSE/I for consideration.

One risk associated with this revised plan concerns the Trust's position on committed COVID-19 expenditure. At present the Trust has capital expenditure, based on delivered equipment, commitments and orders, amounting to £8.9m associated with COVID-19. To date and included in the table above, the Trust has expended £4.8m and it is anticipated that any unfunded COVID related expenditure will have to be found from within the revised emergency capital plan.

The Trust also submitted a Phase 3 bid in July amounting to £64.3m and has now been notified that £11.2m of this bid will be passed to the regional COVID-19 Capital Panel for consideration. If supported, these will submitted to the national team for their consideration.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 September 2020			
Winter Planning 2020/21			**AGENDA ITEM: 14, ENC 10**
Report Author and Job Title:	Penny Bateman Operations Director U&ECC	**Responsible Director:**	Joanne Dobson Director of Transformation
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	To advise the Board on actions required to prepare the Trust for winter. The plan is to progress actions via collaboratives.		
Background	The presentation explains the challenges from the previous Winter and actions required to deliver key initiatives this year. It relies upon each collaborative taking responsibility for prioritising actions and ensuring they are delivered in order to manage anticipated demands across the organisation.		
Assessment	At times in previous winters the organisation has not had sufficient capacity to manage demand, which has resulted in cancelled elective operations. This may be exacerbated by a second COVID 19 spike. It is therefore imperative that all collaboratives/specialties/services work together to ensure the organisation is prepared for Winter.		
Recommendation	Members of the Trust Board are asked to note the report and support the proposed actions.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There is a risk if the initiatives identified are not delivered the Trust will not have sufficient capacity to effectively manage surges in activity during the Winter period. This will have a negative impact on elective demand and overall patient quality.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☐	
	Drive operational performance ☒	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

South Tees Hospitals NHS
NHS Foundation Trust

Winter Planning 2020/21

Draft v2.0 August 2020

Excellence in Patient Outcome and Experience

Reflections on our Challenges from Winter 2019

- **Operationalising escalation capacity problematic with regards to staffing – subsequent issues with staff movement, medical cover (outliers) and continuity of care**
- **Safety challenges – Emergency Care and General medical wards experiencing high demand and occupancy – Full capacity protocol enactment not clear, consistent or effective**
- **Overcrowding in emergency departments**
- **High delayed transfers of care**
- **Increased outliers, wrong patient in wrong area**
- **Impact of impeded flow on care quality**
- **Elective care capacity significantly challenged**
- **Systems & process issues – Model ward, inaccurate data, lack of real time information for decision making**

What do we need to do better?

- **Prepare sooner**

- **Wider engagement and ownership via collaboratives**

- **Have the basics sorted before the peaks**
  - Pathway improvements implemented
  - Capacity and demand modelling and bed reconfiguration enacted
  - Full capacity protocol tested
  - Outlier plans completed
  - Daily drum beat embedded

- **Intelligence led decision making**
  - Modelling and regular forecasting

What our plan must address

What our plan must address

- Sustain our workforce and grow where we need to NOW
- Ability to treat all emergency patients in a timely fashion
- Alternatives to A&E and overcrowding in Emergency Department
- Unmanageable and unsafe bed occupancy – adequate bed capacity
- Additional capacity to step medically fit patients down whilst alternative care arrangements are agreed
- Reduce DToCs
- Increased community unplanned care provision
- Opportunity to change pathways of care to improve LoS
- Ability to maintain elective profile with confidence
- Maintain cancer services
- Safe management of COVID and other infections

Emergency Department & Assessment Pathways

Expand SDEC pathways	• Reduction in overnight admissions • Improved timeliness of senior review and access to emergency assessment • Shorter pathways of care	In progress
Establish separate paediatric ED	• Increased ED capacity adult and paeds • Increased waiting area capacity • Reduced ambulance delays	In development
Talk before you walk scheme	• Reduced ED attendances. • Patient care delivered by most appropriate services	Launch 1st Sept
Frailty Pathway & assessment model established	• Reduction in overnight admissions • Reduction in Length of Stay • Improved outcome for patients	In progress
Improve internal transfers	• Improved communication between teams • More timely and effective transfers	In development
Review and improve patient transport provision	• Timely discharge and transfers out of hours and at weekends • Reduce number of breaches of the 4 hour	In progress

Inpatient management & Flow

Action	Expected Impact	Status
Fully establish SAFER across all wards via STAQC	• Standardised ward rounds and process to support flow and reduce delays	On track
Camis and Medworxx focus	• Accurate live patient information to advise decision making	In progress
Re establish Long length of stay process	• Reduction in Delayed Transfers of Care • Improved Patient experience	
Discharge planning and frailty management	• DTOCs reduced • LoS reduced • Reduction in number of escalation beds required	In progress
Frailty team established	• Reduction of long length of stay • Improved patient experience	Completed

Community Services

Action	Expected Impact	Status
Implementation of Primary Care Networks	• PCN MDTs to manage vulnerable patients in the community • Senior triage via ISPA • Direct referral to specialist services via Webice	In progress
Increased community unplanned care provision	• 24/7 unplanned care provision • Enhanced health in care homes	In progress
Review improve community pathways to increase self care prevent escalation of care requirements	• Increased use of OPAT, home NIV • COPD home management • Enhanced support to care homes	
Community Hospital capacity, demand and utilisation review	• Streamlined processes • Increased community hospital utilisation	In progress

Maintaining emergency surgery & elective profile

Maintain elective isolation capacity	• Increased ring fenced elective beds – meeting national guidance for elective activity	In progress
Review theatre establishment to ensure continued delivery of theatre capacity	• Sufficient staff to maintain current elective, urgent, emergency and trauma theatre capacity throughout winter	In progress
Increase theatre capacity utilising insourcing and weekend working	• Reduce 52wws • Maintain elective activity over winter	In progress
Utilise Independent Sector capacity for elective activity	• Provide additional elective capacity	Complete
Review critical care surge policy	• Reduce reliance on theatre space and staff for surge	Complete
Maximise delivery of electives at FHN site	• Increased utilisation of FHN theatres	In progress

COVID SURGE

Action	Expected Impact	Status

• Deliver capital monies investment for improvements to ED:
  o Surgery/Medicine SDEC 7 days
  o ED developments to improve flow
  o Increase ICU escalation capacity
  o Increase cubicle capacity in AMU and medical wards
	• Improved response to potential COVID second wave and/or surge
	  o More cubicles/isolation areas identified for reducing infection spread
	  o Increased CPAP and ICU capacity
	  o Ring-fenced ‘green’ elective areas
	  o Improved speciality footprints on wards
	• Ability to assess / treat patients within Ambulatory Care
	• Ability to assess / treat COVID + and Non-COVID patients timely
	• Separate COVID+ and Non-COVID patients
	• Ability to offload ambulances without delays
	• Reduction in overnight admissions
		In progress

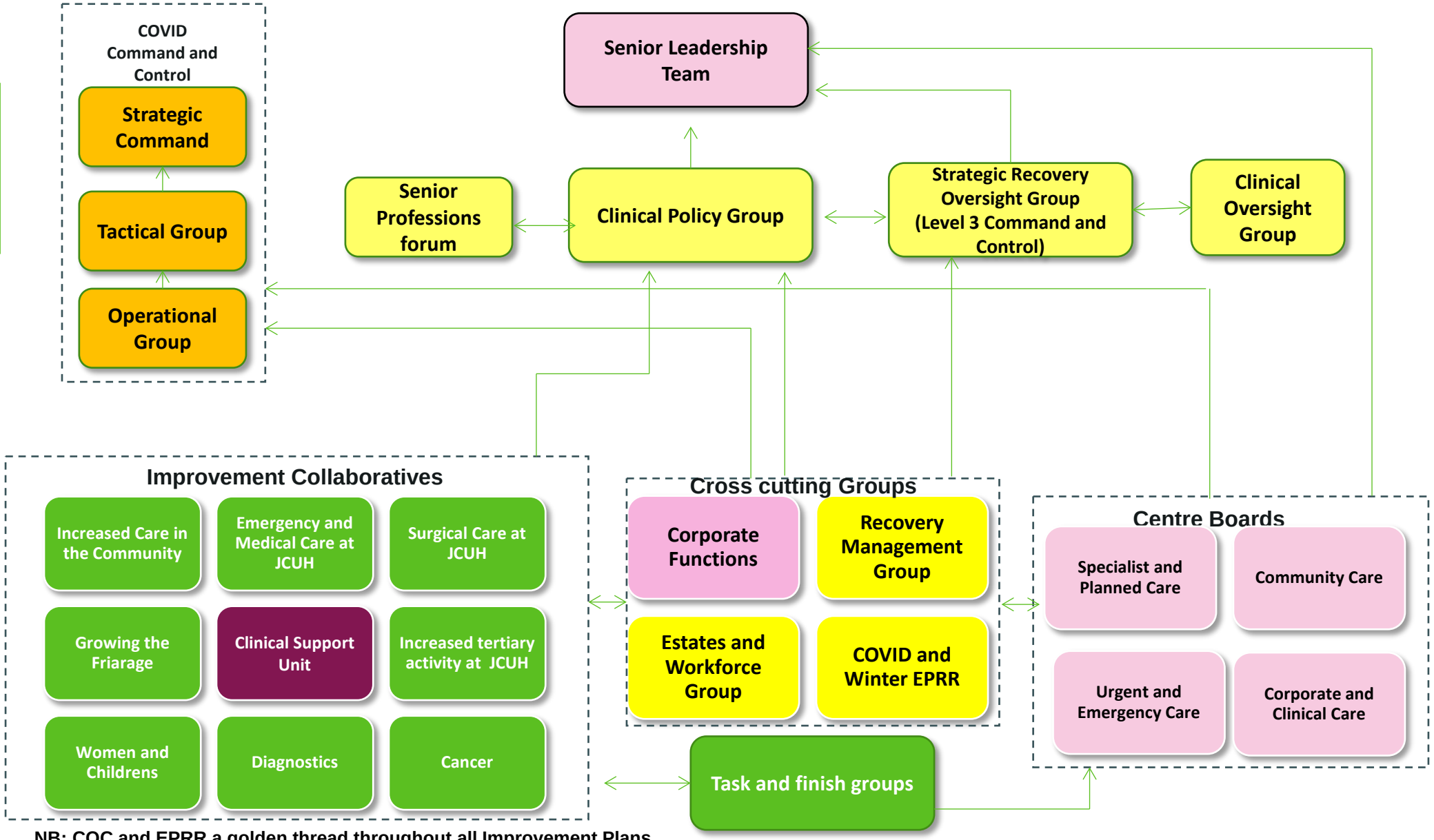
• Updated plans for SURGE Zones • COVID Escalation plan and triggers	• Readiness of SURGE and hospital capacity for COVID • Clarity for teams to manage COVID effectively • Ensure we have learned the lessons from the previous peak	In progress

Workforce

Action	Expected Impact	Status
Support our medical staff with effective and appropriate job planning	• Improved clarity of roles • Better job satisfaction and better retention rates • The right people in the right jobs, doing the right thing	In progress
Medical model review	• Ensure our the medical review is fit for purpose and meets our needs • Improves flow and patient care	In progress
Retain current agency and locum staff and support preceptorship staffing	• Ensure that we have the workforce are trained and prepared to manage our increased period of pressure • Improved sustainability of patient care	
Healthcare Assistant training scheme	• Ensure our hetalthcare are supported appropriately by ensuring they meet training needs prior to winter	
Establish/identify team/resource ready for opening additional	• Improves responsiveness to surge • Co-ordinated and seamless transition to escalated patient care	

Governance of our delivery

Governance Structure



NB: CQC and EPRR a golden thread throughout all Improvement Plans

Junior Doctor Vacancy Summary April 2019 to March 2020

Specialty	Grade	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total gaps (average WTE)
Diabetes	ST3+	1	1	1	0	0.75
Diabetes (FHN)	ST3+	0	0	1	0	0.25
Dermatology	Innovative GpR	0	1	0	0	0.25
Obs and Gynae	ST1/2/3	2	1	0	0	0.75
Obs and Gynae	ST3+	1	1.8	3	3	2.2
Neonatology	ST3+	0.8	1.8	3	1	1.65
Neonatology	Trust Registrar	0	0	0	1	0.25
Colorectal	FY1	1	1	1	1	1
Plastics	ST3+	1	0	0	0	0.25
Urology	Research Fellow	1	1	1	1	1
Urology	FY1	0	1	0	0	0.25
Ophthalmology	ST3+	1	1	1	1	1
Orthopaedics	FY2	0	1	0	0	0.25
Orthopaedics	CT1/2	0	1	0	0	0.25
Orthopaedics	Trust Doctors	1	1	0	0	0.5
Spinal Surgery	ST3+	0	1	0	0	0.25
Neurology	Trust Doctors	1	0	0	0	0.25
Neurology	GP Trainee	0	0.4	0.4	0.4	0.3
Neurosurgery	ST3+	1	0	0	0	0.25
Anaesthetics (FHN)	Trust Doctor	0	0	1	1	0.5
Anaesthetics (JCUH)	Trust Registrar	0	0	2	1	0.75
A&E	FY2	3	3	3	3	3
A&E	CT1/2	2	1	1	1	1.25
A&E FHN	Trust Doctors	2	2	1	0	1.25
Totals		18.8	21	19.4	14.4	18.4

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 SEPTEMBER 2020			
Guardian of Safeworking and Director of Medical Education combined Annual Report 1st April 2019 to 31st March 2020			**AGENDA ITEM: 15 ENC 11a**
Report Author and Job Title:	Suzie Peatman, Guardian of Safeworking, Alison Wilson, HR Business Partner and Mark Burns, Deputy Director of Medical Education (Postgrad)	**Responsible Director:**	Sath Nag, Medical Director
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	In line with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 this report provides an annual summary of numbers of doctors in training employed on the new contract along with vacancy information and actions taken to address rota gaps.		
Background	It is a requirement of the 2016 Doctors and Dentists in Training Terms and Conditions that an annual report is submitted to Trust Board. The report should include a summary of exception reporting activity and vacancies in the Doctors and Dentists in Training Workforce as well as an annual summary from the Director of Medical Education.		
Assessment	Please see body of report for statistics in relation to the financial year 1st April 2019 to 31st March 2020		
Recommendation	The Trust Board of Directors are asked to note the content of this report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	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	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

South Tees Hospitals
NHS Foundation Trust

ANNUAL GUARDIAN OF SAFEWORKING REPORT ON ROTA GAPS AND VACANCIES: DOCTORS AND DENTISTS IN TRAINING

ALSO INCLUDING DIRECTOR OF MEDICAL EDUCATION UPDATE

April 2019 to March 2020

Prepared by Suzie Peatman, Guardian of Safeworking, Alison Wilson, HR Business Partner and Mark Burns, Deputy Director of Medical Education (Postgrad)

1. Introduction

In line with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 this report provides an annual summary of numbers of doctors in training employed on the new contract along with vacancy information and actions taken to address rota gaps.

2. Numbers of doctors and vacancy rate

Number of doctors / dentists in training (total including military):	437
Number of doctors / dentists in training on 2016 TCS (total):	407
Annual vacancy rate among this staff group:	3.9%

3. Annual data summary

This section gives an annual aggregated summary of the relevant data from the previous four quarterly board reports for the financial year April 2019 to March 2020.

Please find annual summary in the attached spreadsheet- Appendix 1

A detailed breakdown previously reported via the quarterly reports is repeated in Appendix A.

4. Key Updates

4.1 Vacancies

The vacancy rate was greatly improved in 2019/2020 compared to the previous year. The annual vacancy rate dropped to 3.9%.

Vacancies have been covered in the main via re-adjusting rotas to accommodate the reduced number of doctors.

There has also been an increased use of recruitment of doctors via the Medical Training Initiative to fill ST3+ level vacancies in a number of specialties.

Gaps on rotas tend to be short term due to sickness or emergency leave. The Medical Rota Team track junior doctor sickness and any doctors hitting trigger points are picked up by the relevant team (e.g. postgraduate team for foundation doctors, Lead Employer Trust for LET employed doctors).

Advanced Nurse Practitioners are successfully being utilised to cover gaps in some areas.

The medical rota team continue to fill approximately 95% of all locum shifts each month with the majority (approximately 91%) being filled by internal locum cover as opposed to agency.

The regional locum bank (Flexishift) hosted by the LET is now well established. Trust employed doctors are to be added to the bank from May 2020.

4.2 Foundation Doctors

Foundation Year one doctors will be employed by the LET from August 2020 and Foundation Year two from August 2021

Following the August 2019 changeover, attendance at the Junior Doctor Forum has greatly improved with several junior doctors also becoming accredited BMA representatives.

4.3 Rota Compliancy

Changes made to the 2016 Terms and Conditions following the end of the dispute between the BMA and NHS Employers in December 2019 led to some challenges in ensuring compliancy of rotas and the need for business cases to recruit additional doctors. The majority of these issues have now been brought to a resolution with compliant rotas being implemented in August 2020.

A monitoring exercise requested by the School of Surgery in T&O and Neurosurgery highlighted contractual compliance issues on the Registrar, non-resident on call rotas in both of these areas. This has resulted in actual and potential further financial penalties for both areas. Both areas are currently urgently progressing business cases to recruit extra doctors to be able to implement full shift patterns from August 2020 to address the issue.

4.4 Other Issues

Trust doctors will be appointed to a service version of the 2016 Terms and Conditions from August 2020.

The Guardian of Safeworking will reach the end of her extended tenure at the end of July 2020. Expressions of interest will be sought for the role going forward. A Deputy Guardian role has also been agreed for a period of 12 months and will be advertised at the same time.

5. Exception Report Summary

A summary of exception reports lodged between April 2019 and March 2020 is shown in tables 5.1 and 5.2 below.

Exception reporting continues to be at a low level in comparison with other Trusts. The Guardian of Safeworking regularly attends induction and encourages junior doctors to exception report.

Table 5.1 – Exception report summary 1 April 2019 to 31 March 2020

	Resolved					Pending					
Specialty	**Hours**	**Service Support**	**Education**	**Pattern**	**Total**	**Hours**	**Work Pattern**	**Service Support**	**Pattern**	**Total**	**Grand Total**
Cardiology						6	9			15	15
Gastroenterology	2	2			4						4
General Medicine						3		1		4	4
General Surgery	64	6	1	1	72	4				4	76
Haematology	4				4						4
Neurology								1	1	2	2
Neurosurgery				2	2						2
O&G	3				3						3
OMFS	27				27	1				1	28
T&O	3			2	5	18			1	19	24
Respiratory	2				2	4				4	6
Grand Total	105	8	1	5	119	36	9	2	2	49	168

Table 5.2 – Exception report outcomes summary 1 April 2019 to 31 March 2020

Speciality	**Overtime payment & work schedule review**	**Overtime payment or time off in lieu**	**Overtime payment**	**Time off in lieu**	**No further action**	**Work Schedule review**	**Pending**	**Grand Total**
Gastroenterology	2		2					**4**
General Surgery			65	7			4	**76**
Haematology			4					**4**
Neurosurgery					2			**2**
Cardiology							15	**15**
General Medicine							4	**4**
Neurology							2	**2**
O&G				3				**3**
OMFS			26			1	1	**28**
Respiratory			2				4	**6**
T&O					5		19	**24**
Grand Total	2	0	99	10	7	1	48	**168**

6. Guardian of Safeworking Fines

There were no Guardian of Safeworking fines issued in 2019/2020

7. Update From Director Of Medical Education

All trainees receive an update during induction highlighting the importance of exception reporting, the process and how it can improve working conditions and rotas for junior doctors in addition to remuneration for work performed.

This remains an important area of discussion in junior doctor forums to increase awareness and improve access to the system which still requires improvement.

The postgraduate education department remains conscious of the low levels of reporting despite the efforts made. Software still remains challenging to use and effective use of an app on mobile devices remains a target to improve trainee engagement.

The postgraduate team has been heavily involved in supporting departments where rota compliance has been raised. Working with the rota team to perform monitoring where appropriate and supporting trainees has been a particular focus this year. Much progress has been made but there is still work to do to ensure rotas are compliant for all trainees switching to the new contract in August and beyond.

Foundation Interim Year 1 doctors starting earlier this year have made an invaluable contribution to teams across the organisation managing through this most challenging of times. They have been well supported and feedback from trainers and trainees has been extremely positive.

8. Summary from Guardian of Safeworking

The year has been again quiet on the exception report front across the trust despite encouragement from Guardian of Safeworking/Junior Doctor Forum to file exception reports.

The non-residential on call rotas in a number of specialties have been an issue and have been the object of business case submissions from the affected areas to recruit and move to a full shift system. In part due to the outcome of monitoring exercises and the new road will optimise and improve training within those specialties.

The challenge of meeting the new requirements of the 2019 update to the contract has been an issue for a number of departments especially with regard to the weekend frequency change. I am pleased to report that the affected areas have worked very hard to address this issue and have made their rotas compliant for the new doctors from August 2020. There remain some areas that are under staffed and their rotas are tight with regard to hours for the trainees which continues to be a concern.

My GOSW tenure was extended until August 2020 by mutual agreement. The deputy GOSW post was approved in part to cover my planned sick leave (ultimately cancelled due to Covid) and also as the numbers trainees are increasing and other trusts of this size have a 2PA payment for the GOSW. More trainees are now under the auspices of the GOSW having taken on the GP trainees in Northallerton for their GP & hospital placements.

This report does not include the effect of the Covid pandemic on the hospital and working patterns of the junior doctors which was just starting to develop at the end of the reporting year.

I will be stepping down as GOSW in August and a new GOSW and deputy will be recruited from within the consultant body. The HR business partner will also change in August as Alison Wilson moves to another position within the Trust and I thank her for her support and input to these reports.

9. Questions for consideration

The areas of concern going forward for next year are the remaining non-residential rotas which ideally should go for business case approval to expand the number of doctors on the rota and move to a full shift system especially as more and more trainees on these rotas are on 2016 T&C.

The GOSW work load will increase further when the Trust employed staff go onto contract with 2016 T&C and come under the protection of the GOSW, this will level the playing field across many of the rotas and moves us further towards all trainees being on the new contract.

Appendix A

Vacancy data taken from quarterly reports

April to June 2019

Outstanding vacancies by month April 19 to June 19					
Specialty	**Grade**	**April 19**	**May 19**	**June 19**	**Comments**
Diabetes	ST3+	0	0	1	Rota adjusted to accommodate
Obs and Gynae	ST1/2/3	2	2	2	Rota adjusted to accommodate
Obs and Gynae	ST3+	1	1	1	Appointed, due to commence Aug 19
Neonatology	ST3+	0.8	0.8	0.8	Rota adjusted to accommodate
Colorectal	FY1	1	1	1	Rota adjusted to accommodate
Plastics	ST3+	1	1	1	Rota adjusted to accommodate until September 2019
Urology	Research Fellow	1	1		Department do not wish to fill currently
Ophthalmology	ST3+	1	1		Rota adjusted to accommodate, out of hours covered by locum
Orthopaedics	Trust Doctors	1	0	0	
Neurology	Trust Doctors	1	0	0	
Neurosurgery	ST3+	1	1	1	Out to advert
A&E	FY2	3	3	3	Rota adjusted /covered by supernumery MOD doctors
A&E	CT1/2	2	2	1	Rota adjusted to accommodate
A&E FHN	Trust Doctors	2	2	2	Covered by locums
Totals		**17.8**	**15.8**	**13.8**	

July to September 2019

Outstanding vacancies by month July 19 to September 19					
Specialty	**Grade**	**July 19**	**Aug 19**	**Sept 19**	**Comments**
Diabetes	ST3+	1	1	1	Rota adjusted to accommodate
Dermatology	Innovative Gpr	0	1		Appointed – date of commencement tbc
Obs and Gynae	ST1/2/3	1	0	0	
Obs and Gynae	ST3+	1	1.8	0.8	Department do not wish to fill currently
Neonatology	ST3+	0.8	1.8	1.8	1 x WTE Appointed – pending visa
Colorectal	FY1	1	1	1	Rota adjusted to accommodate
Plastics	ST3+	1	0	0	
Urology	Research Fellow	1	1	1	Department did not wish to recruit previously, awaiting update from department
Urology	FY1	0	0	1	Out to advert
Orthopaedics	FY2	0	0	1	Appointed to position - ESD end of Sep 19
Orthopaedics	CT1/2	0	1	1	Department agreed to leave the position vacant until the end of the rotation (Dec 2019)
Orthopaedics	Trust Doctor	0	1	1	Appointed – expected start date Nov 19
Ophthalmology	ST3+	1	1	1	Rota adjusted to accommodate, out of hours covered by locum
Spinal Surgery	ST3+	0	1	0	
Neurosurgery	ST3+	1	0	0	
Neurology	GP Trainee	0	0.4	0.4	Department do not wish to fill currently
A&E	FY2	3	3	3	Rota adjusted /covered by supernumery MOD doctors
A&E	CT1/2	2	1	1	Rota adjusted to accommodate
A&E FHN	Trust Doctors	2	2	2	Covered by locums
Totals		**15.8**	**15**	**16**	

December 2019

Outstanding vacancies as at 31.12.2019			
Specialty	**Grade**	**31.12.2019**	**Comments**
Diabetes (JCUH)	ST3+	1	Rota adjusted to accommodate
Diabetes (FHN)	ST3+	1	Interviews being arranged for beginning of Feb 20 to appoint a MTI doctor
Rheumatology	GP Trainee	0.1	New position - interviews taking place on the 31st Jan 2020 to appoint a Trust GP Doctor to work 1 session a week
Obs and Gynae	ST3+	3	Currently out to advert/pending shortlisting
Neonatology	ST3+	2	Recruited x2 MTI doctors to backfill - ESD is April 2020 and Sep 2020
Neonatology	MTI	1	Recruited x1 MTI Doctor - ESD September 20
Colorectal	FY1	1	Rota adjusted to accommodate
Urology	Research Fellow	1	Department did not wish to recruit previously, awaiting update from department
Ophthalmology	ST3+	1	Rota adjusted to accommodate, out of hours covered by locum
Neurology	GP Trainee	0.6	Department do not wish to fill currently
Anaesthetics (FHN)	Trust Doctor	1	Doctor appointed - ESD 5th Feb 2020, awaiting OH clearance
Anaesthetics (JCUH)	Trust Registrar	2	x2 MTI doctors appointed, to start mid Feb & mid April 2020
A&E	FY2	3	Rota adjusted /covered by supernumery MOD doctors
A&E	CT1/2	1	Rota adjusted to accommodate
A&E FHN	Trust Doctors	1	Covered by locums
Totals		**19.7**	

March 2020

Outstanding vacancies as at 31.03.2020			
Specialty	**Grade**	**31.03.2020**	**Comments**
Neonatology	ST3+	1	Recruited x2 MTI doctors to backfill - ESD is April 2020 and Sep 2020
Neonatology	Trust Registrar	1	Recruited x1 MTI Doctor - ESD September 20
Colorectal	FY1	1	Rota adjusted to accommodate
Urology	Research Fellow	1	Department did not wish to recruit previously, awaiting update from department
Ophthalmology	ST3+	1	Rota adjusted to accommodate, out of hours covered by locum
Neurology	GP Trainee	0.4	Department do not wish to fill currently
Anaesthetics (FHN)	Trust Doctor	1	
Anaesthetics (JCUH)	Trust Registrar	1	x2 MTI doctors appointed, to start mid Feb & mid April 2020
A&E	FY2	3	Rota adjusted /covered by supernumery MOD doctors
A&E	CT1/2	1	Rota adjusted to accommodate

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 SEPTEMBER 2020			
Guardian of Safeworking and Director of Medical Education Quarter 1 report April – June 2020			**AGENDA ITEM: 16 ENC 13b**
Report Author and Job Title:	Suzie Peatman, Guardian of Safeworking and Alison Wilson, HR Business Partner	**Responsible Director:**	Sath Nag, Medical Director
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report provides an update of South Tees Hospitals NHS Foundation Trust's participation in the 2016 Junior Doctor Contract. It encompasses the 3 month period between 1st April 2020 and 30th June 2020. This report also covers the COVID-19 pandemic changes to junior doctor rotas		
Background	It is a requirement of the 2016 Doctors and Dentists in Training Terms and Conditions that a quarterly report is submitted to Trust Board. The report should include a summary of exception reporting activity and vacancies in the Doctors and Dentists in Training Workforce.		
Assessment	Please see body of report for statistics in relation to the quarter ending 30th June 2020.		
Recommendation	That the Board acknowledges and accepts the Quarterly Guardian of Safeworking 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	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

Guardian of Safeworking report 1st April 2020 to 30th June 2020

South Tees Hospitals NHS Foundation Trust

Report to Trust Board

Prepared by Suzie Peatman, Guardian of Safeworking and Alison Wilson, HR Business Partner

1. Purpose

This report provides an update of South Tees Hospitals NHS Foundation Trust's participation in the 2016 Junior Doctor Contract. It encompasses the 3 month period between 1st April 2020 and 30th June 2020

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

2. Key updates

- The overall vacancy rate has dropped to 3.9% as at the end of June 2020. A number of MTIs (medical training initiative) doctors have been appointed to commence later in the year. Gaps on rotas tend to be short term due to sickness or emergency leave. The Medical Rota Team track junior doctor sickness and any doctors hitting trigger points are picked up by the relevant team (e.g. postgraduate team for foundation doctors, Lead Employer Trust for LET employed doctors).
    - Advanced Nurse Practitioners are successfully being utilised to cover gaps in some areas
    - The medical rota team continue to fill approximately 95% of all locum shifts each month with the majority (approximately 91%) being filled by internal locum cover as opposed to agency
    - The regional locum bank (Flexishift) hosted by the LET is now well established. Trust employed doctors have been added to the bank from 1st May 2020.
    - Foundation Year one doctors will be employed by the LET from August 2020 and Foundation Year two from August 2021
- The Junior Doctors Forum has continued to be well attended since the August 2019 changeover.
- Following changes to the 2016 Terms and Conditions, the maximum weekend frequency for rotas has been amended from 1 in 2 to 1 in 3. The Trust has rotas with a greater weekend frequency than 1 in 3 in ED and ITU. As per the provisions in the contract, it was agreed by the Junior Doctor Forum and the Guardian of Safeworking to extend implementation of 1:3 rotas to August 2020 in order to allow ED and ITU to revise rotas for 2020 compliance. ED and ITU have now confirmed they will have compliant rotas by August 2020. An update from Neonatology is awaited.
- A monitoring exercise requested by the School of Surgery in T&O and Neurosurgery highlighted contractual compliance issues on the Registrar, non-resident on call rotas in both of these areas. This has resulted in actual and potential further financial penalties for both areas. Both areas are currently urgently progressing business cases to recruit extra doctors to be able to implement full shift patterns to address the issue from August 2020.
- Exception reporting submissions continue to be consistently lower than expected.
- Trust doctors will be appointed to a service version of the 2016 Terms and Conditions from August 2020 and come under the protection of the GOSW.
- The current Guardian of Safeworking will be stepping down from the August 2020 changeover. Recruitment is currently underway for a replacement and also a fixed term Deputy Guardian for a period of one year. This will require reviewing as the number of trainees on the contract increases both with regard to the PA allocation to the GOSW and the permanency of the DGOSW post.

- **COVD-19**

- The COVID -19 pandemic has necessitated a swift and major change in the way the staffing of the hospital has been planned over the last three months. We have had to split the hospital into COVID & non COVID areas (including rest facilities and food provision). Senior and junior medical staff have been reallocated to different areas and shift patterns at short notice to accommodate the rapidly evolving situation

- This has been achieved with a huge effort on behalf of the rota teams and Covid planning teams.

- Foundation doctors have not rotated into their final 4 month allocation of the training year and have remained in the previous placement to give continuity of care and staffing in those areas as the pandemic hit.

- ARCP requirements for trainees at all levels of training have been adapted and reassessed for COVID and across the country training has stalled for many of them in favour of emergency cover, often outside their specialty of choice. That they have taken this change with immense good will and little complaint in the main is great testament to them and their work ethic.

- The 2016 contractual rules to some extent have been relaxed with agreement of the BMA during the pandemic, but the main rules remain in place regarding hours and weekends and junior doctors have been paid any additional hours the COVID/Non COVID rota cover has added.

- Doctors have been encouraged to file exception reports as before and the Junior Doctor Forum continued utilising Teams/social distancing with reasonable attendance.

3. Data summary and commentary

3.1 Numbers of doctors in training

Table 3.1.1

Number of doctors / dentists in training (total):	437
Number of doctors / dentists in training on 2016 TCS to date(total):	407

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

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

1 PA / 4 hours per week.

4. Exception reports

The tables below give a breakdown and analysis of the 67 exception reports raised between 1st April 2020 and 30th June 2020

Table 4.1

Exception reports raised April to June 2020			
Specialty	**No. Exceptions Raised**	**No. Exceptions Closed**	**No. Exceptions Outstanding**
Anaesthetics	1	1	0
General Medicine	13	0	13
OMFS	1	1	0
Respiratory	2	0	2
T&O	50	0	50*
Total	**67**	**2**	**65**

Table 4.2

Exception report category				
Specialty	**Education**	**Hours & Rest**	**Service Support**	**Pattern**
Anaesthetics	0	1	0	0
General Medicine	0	13	0	0
OMFS	0	1	0	0
Respiratory	0	2	0	0
T&O	1	46	0	3
Total	**1**	**63**	**0**	**3**

Table 4.3

Exception report type							
Specialty	**Early Start**	**Early Start & Late Finish**	**Late Finish**	**Unable To Achieve Breaks**	**Working pattern does not match work schedule**	**Unable To Attend Scheduled Teaching / Training**	**Other**
Anaesthetics	0	0	0	0	0	0	1
General Medicine	0	0	13	0	0	0	0
OMFS	0	0	1	0	0	0	0
Respiratory	0	0	0	2	0	0	0
T&O	0	0	0	2	44	1	3
Total	**0**	**0**	**14**	**4**	**44**	**1**	**3**

Table 4.4

Exception report action taken					
Specialty	**No Action Required**	**Payment For Additional Hours**	**Time Off In Lieu**	**Work Schedule Review and payment**	**Other**
Anaesthetics	1	0	0	0	0
OMFS	0	1	0	0	0
Total	**1**	**1**	**0**	**0**	**0**

*T&O are experiencing some technical difficulties in responding to these Exception Reports which is being worked through.

5. Vacancy data

Outstanding vacancies as at 30.06.2020			
Specialty	**Grade**	**30.06.2020**	**Comments**
Neonatology	ST3+	1	Recruited MTI doctor to back fill, ESD September 2020
Neonatology	Trust Registrar	1	Recruited x1 MTI Doctor - ESD September 20
Colorectal	FY1	1	Rota adjusted to accommodate
Urology	Research Fellow	1	Department did not wish to recruit previously, awaiting update from department
Ophthalmology	ST3+	1	Rota adjusted to accommodate, out of hours covered by locum
Neurology	GP Trainee	0.4	Department do not wish to fill currently
A&E	FY2	3	Rota adjusted /covered by supernumery MOD doctors
A&E	CT1/2	1	Rota adjusted to accommodate
Total		**9.4**	

6. Guardian of safeworking fines

There were no Guardian of Safeworking fines issued during the quarter.

7. Summary of risks/issues and next steps

There are a number of points to bring to the attention of the Board.

Following the changes to the 2016 Terms and Conditions, the maximum weekend frequency for rotas has been amended from 1 in 2 to 1 in 3. The Trust has rotas with a greater weekend frequency than 1 in 3 in ED , ITU and Neonatology. As per the provisions in the contract, it was agreed by the Junior Doctor Forum and the Guardian of Safeworking to extend implementation of 1:3 rotas to August 2020 in order to allow ED,ITU and Neonatology to revise rotas for 2020 compliance. All have confirmed they will have compliant rotas by August 2020.

A monitoring exercise requested by the School of Surgery in T&O and Neurosurgery highlighted contractual compliance issues on the Registrar, non-resident on call rotas in both of these areas. This has resulted in actual and potential further financial penalties for both areas. The business case to recruit the additional doctors for T&O has been agreed, however Neurosurgery was still pending due to the COVID situation as at June 2020. There remain some NROC rota and these remain an area of concern but they comply with the contract but effort should be made to consider business cases for moving to a full shift system.

The Guardian of Safeworking will be taking planned sick leave from mid July 2020. As the Guardian will also be stepping down from the August changeover, recruitment is currently underway for a replacement.

Alison Wilson HR Business Partner in the medical workforce team will also be moving in August 2020 and I thank her for her support and help in the compilation of these reports over the last 4 years and wish her well in her new post within the Trust.

I wish to have it placed on record and raised in front of the Trust Board the debt of gratitude due to the junior doctors at South Tees for their hard work and professionalism throughout the COVID period.

They have worked very hard often in areas outside their specialties with senior staff they are not accustomed to working with. They have accepted frequent late rota changes due to shielding /sickness, on the whole, with good grace. A number of them have been ill with COVID contracted though their work despite all efforts to reduce infection rates. I wish them all well as they move on to their new positions

8. Conclusion

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

The contract remains work in progress. Currently our issues are centred on the implementation of the changes to the contract from December 2019 and the challenges of ensuring rotas remain compliant with the contractual rules.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 SEPTEMBER 2020			
Doctor Revalidation & Appraisal Update Report			**AGENDA ITEM: 16, ENC 12**
Report Author and Job Title:	James Auty Revalidation & Job Planning Manager	**Responsible Director:**	Sath Nag Medical Director
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Bi-annual update to Trust Board on Doctor's revalidation and appraisals presented by the Trust's Responsible Officer.		
Background	The report details quarterly appraisal compliance figures, revalidation recommendations submitted in 2019-20, the impact of COVID-19 on appraisal and revalidation, the national guidance for which the Trust has followed and the suggested plan for the remainder of this appraisal year.		
Assessment	Our response to COVID-19, appraisal and revalidation wise, is in keeping with our regional counterparts. Engagement from Doctors remains positive with plans to re-launch appraisals in October, as suggested by our Regional Responsible Officer, being put into place and communicated accordingly.		
Recommendation	Members of the Trust Board are asked to accept this report and its contents.		
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	- NHS England - General Medical Council		
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☒	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☒		

1. PURPOSE OF REPORT

The purpose of the report is to provide the Board of Directors with assurance that annual appraisals are being undertaken by Doctors to allow for revalidation recommendations to be made, in accordance with GMC guidance, for Doctors holding a prescribed connection to South Tees Hospitals NHS Foundation Trust and Teesside Hospice Care Foundation. The report details quarterly appraisal compliance figures, revalidation recommendations submitted in 2019-20, the impact of COVID-19 on appraisal and revalidation, the national guidance for which the Trust has followed and the suggested plan for the remainder of this appraisal year.

2. BACKGROUND

Medical revalidation was launched in 2012 to strengthen the way that Doctors are regulated with the aim of improving the quality of care provided to patients, improving patient safety and increasing the public trust and confidence in the medical system. Provider organisations have a statutory duty to support their Responsible Officers (RO) in discharging their duties under the Responsible Officer Regulations and it is expected that the Board of Directors will oversee compliance by:-

- Monitoring the frequency and quality of medical appraisals in their organisations
- Checking there are effective systems in place for monitoring the conduct and performance of their Doctors
- Confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process for their Doctors

Dr Sath Nag was appointed as the Trust's RO on 1st January 2019. The RO has a statutory and professional responsibility for all Doctors in the organisation holding a prescribed connection to South Tees Hospitals NHS Foundation Trust as well as Teesside Hospice Care Foundation for which the Trust holds a service level agreement for the South Tees RO to take on the role of its RO. The RO's statutory responsibility it to ensure Doctors are fit to practice and maintain their licence to practice. For revalidation purposes, the RO is supported by:-

- Dr Mithilesh Lal – Medical Lead for Appraisal & Revalidation
- Mr James Auty – Revalidation & Job Planning Manager
- Miss Lisa Silk – Revalidation & Job Planning Advisor
- Dr Mike Ingram – Lead Appraiser
- Mr Sanjay Rao – Lead Appraiser
- Mr Anil Reddy – Lead Appraiser
- Dr Nicola Barham – Lead for Locally Employed Doctors

Members of the team also represent the Trust at the Revalidation North quarterly meetings where Trusts across the region share best practice and developments.

3. DETAILS

3.1 Previous Board Report

The designated body annual report was presented to Board in September 2019, confirming the submission of our Annual Organisational Audit (AOA) to NHS England - detailing our appraisal compliance for the 2018-19 appraisal year - with the subsequent sign off by the Board of our Annual Statement of Compliance - providing assurances to NHS England that our policies and processes within the Trust underpinning the revalidation and appraisal process continue to be reliable and effective. Due to pressures associated with COVID-19, there was no report to Board submitted in March 2020; this is therefore the first report since September 2019.

3.2 Q3 2019-20 Appraisal Figures / Annual Organisational Audit (AOA)

The Trust are required to submit appraisal figures to NHS England each quarter, culminating in the end of year report – AOA. The last quarterly report was submitted in February 2020; with reasonable postponements taken into account, the Trust's appraisal percentage compliance rate for Q3 was 94%

- Number of Drs holding a prescribed connection to South Tees = **632**
- Number of Drs due to have an appraisal within the reporting period = **180**
- Number of Drs who had an appraisal within the reporting period = **142**
- Number of Drs who did not have an appraisal meeting = **38**
- Number of Drs RO accepts that the postponement was reasonable = **27**
- Number of Drs RO doesn't accept postponement was reasonable = **11**

In response to the COVID-19 pandemic, NHS England decided to cancel the end of year 2019-20 Annual Organisational Audit, which was due to be launched on 6th April 2020, therefore negating the requirement for our overall year appraisal compliance to be reported. During a recent conference call with our regional RO – Dr Paul Twomey – it was suggested that a revised 2019-20 AOA would be sent out to Trusts in the coming months however, this would not be taken or viewed in the same 'performance management' type manner as would usually be the case, more an assessment of the impact COVID-19 has had on appraisal compliance.

3.3 Revalidation Recommendations

Revalidation recommendation dates are set by the GMC with Doctors coming 'under notice' four months prior to their revalidation date. The number of revalidation recommendations made in the 2019-20 appraisal year were as follows:-

- 167 Positive Recommendations

- 18 Deferrals

Doctors can be deferred for a number of reasons but it is usually because they have provided insufficient evidence to allow the RO to make a positive recommendation for revalidation. This is not to be seen to be detrimental to the Doctor or their practice however, when a Doctor is deferred twice the GMC automatically contacts the RO for further information as to the reasons why a second deferral has been made - these cases are always discussed with the Trust's appointed GMC Employer Liaison Adviser - Helen Sinclair.

3.4 COVID-19

On 19th March 2020, Professor Stephen Powis - National Medical Director - wrote to all Responsible Officers and Medical Directors in England strongly recommending that appraisals were suspended until further notice, unless there were exceptional circumstances agreed by both the appraisee and appraiser. This was in direct response to the COVID-19 pandemic believing that the suspension of appraisals would immediately increase capacity in the workforce by allowing appraisers to return to clinical practice. Prof. Powis' letter also advised that ROs should classify appraisals which are affected as 'approved missed' and regarded as cancelled, not postponed i.e. there won't be a requirement for individuals to 'catch-up' where appraisals haven't gone ahead.

Prof. Powis also communicated that the GMC had issued guidance that Doctors who were due to revalidate between 17th March 2020 and 30th September 2020 were to have their revalidation dates deferred for one year. This timeline was later further extended for anyone due to revalidate up to 16th March 2021. This decision was made to give Doctors more time to reschedule and complete appraisals, and to avoid the need for ROs to make revalidation recommendations during this time.

These measures were aimed at helping clinicians to focus on the best possible care for patients for the duration of the COVID-19 pandemic.

3.5 Trust Response to Prof. Powis' Letter

The revalidation team communicated the messages from Prof Powis' letter to all of our Doctors with a prescribed connection on 20th March 2020, effectively pausing the appraisal and revalidation process until further notice. A further communication was sent out to Doctors on 12th June 2020 to update on the extension of revalidation deferrals.

In terms of the approach to appraisals for this appraisal year (1st April 2020 – 31st March 2021), the Trust's electronic appraisal system will remain open and active should individuals still wish to go ahead with their appraisal. However, we advised Doctors that we will not be enforcing this as a mandatory requirement the way we normally would do - appreciating that the on-going COVID crisis and recovery plan will make finding the time for appraisal challenging. All being well, the intention would be to restart the full appraisal process for all from the next appraisal year, commencing 1st April 2021.

We advised Doctors that if they are able to find the time to have their appraisal, we would certainly encourage them to do so. The events of the past few months have been tremendously challenging for all concerned and will continue to be going forward; we think that all could benefit by taking the time to sit down, discuss and reflect on events with a trusted colleague in a supportive environment.

Although all revalidation recommendations have been deferred until March 2021, ROs still have the option of submitting positive revalidation recommendations for individuals who have already presented the required supporting information in order to successfully revalidate without having to wait until their deferred date. As we will effectively have two years' worth of revalidation recommendations to submit between 2021-2022 i.e. all those originally due to revalidate during this time and those that have been deferred until then, the intention is for the Lead Appraisers to utilise their dedicated time to review the appraisal portfolios of all Doctors currently 'under notice' in order to advise the RO of positive recommendations that can be submitted where appropriate to do so.

3.6 Appraisal 'Soft Re-Launch' October 2020

Members of the team attended a conference call on 27th July 2020 with our Regional Responsible Officer where it was suggested that Trusts should look to re-start their appraisal processes from 1st October 2020. However, this was only put forward as a suggestion with ROs still having a degree of discretion as to their preferred approach and to only restart appraisals in a manner they feel able to.

Further guidance on the suggested restart is due to be published in the coming weeks with a heavy emphasis on Doctors upcoming appraisals focussing on their health and wellbeing in almost a 'COVID de-brief' manner; discussing their challenges and achievements experienced during this time with appraisers expected to encourage significant reflection on events of the past few months. The suggested approach also recommends for Doctors to 'bring what they can' to their appraisal meeting in order to make the process as least administratively burdensome as possible; Doctors should not have to spend a disproportionate amount of time preparing for their appraisal in light of the challenging times we are still faced with.

The revalidation team are supportive of this suggested approach and will communicate out to our Doctors and appraisers in due course; an appraiser update session via Microsoft Teams is scheduled for 24th September. However, the message communicated in June still stands with the revalidation team of the view that the mandated requirement for appraisal should still not come back into force until the beginning of the next appraisal year – 1st April 2021.

4. RECOMMENDATIONS

Members of the Trust Board are asked to accept this report and its contents.

Dr Sath Nag is due to relinquish the role of Responsible Officer towards the end of 2020 with a new appointment to the role to be made as part of the Medical Director restructure – the Trust Board are asked to take note of this.

Finance and Investment Committee
Chair's Log

Meeting: Finance and Investment Committee (Virtual Meeting)	**Date of Meeting** 30th Jul 2020
Key topics discussed in the meeting	
• M3 Financial Report • Integrated Performance Report • Annual Plan update • Underlying Financial Position & Budget Funding Gap • Digital Strategy update	
Actions agreed in the meeting	Responsibility / timescale
• The Committee noted that the M3 YTD performance is break-even. • Progress on the Integrated Performance Report progress was reviewed and greater clarity on delivery timescales was requested. • The Annual Plan process is still unclear but current temporary arrangements are expected to continue until end-Sept. Capital continues to be the biggest issue for the Trust with capital spend for Covid-19 committed at risk. Further work is on-going to gain clarity. • An update on the IT Infrastructure review was also requested.	R Fallon September FIC Meeting Director of Finance September 2020
Issues for Board escalation/action	Responsibility / timescale

Quality Assurance Committee
Chair's Log

Meeting: Quality Assurance Committee	**Date of Meeting**: 28th July 2020
Connecting to: Board of Directors	**Date of Meeting**: 1st September 2020

Key topics discussed in the meeting	

- Quality Assurance Review
  - Pressure Ulcers
  - Reducing inpatient falls
- Volunteer Annual Report & Video
- Urgent Escalations
- Monthly Quality Report
- Ophthalmology update
- Gastroenterology update
- Draft Patient Safety Incident Response plan
- CQC Emergency Framework feedback
- Mortality Quarterly report
- Monthly Patient Safety Report
  - Serious Incidents
  - Claims
  - Inquests
- CQC update slide deck
- Clinical Audit
  - Annual Programme 2020/21
  - Annual report 2019/20
- Annual HCAI report
- NICE Compliance Annual report
- Annual Complaints report
- Annual review of ToR reports of reporting groups
- Escalations from reporting groups via Chairs logs

Actions agreed in the meeting	Responsibility / timescale
Gastroenterology Update: QAC heard that there will continue to be pressures on capacity in endoscopy for a considerable time. The independent sector is being utilised for capacity until the end of September plus and facilities at Redcar are being explored. Seven day week working has been agreed. There are discussion regionally about establishing a Tees Valley diagnostics hub to support the trusts. **Ophthalmology Update**: It was shared that by September there will be a full complement of Opthalmologists and all equipment necessary. A service is being launched at the Friarage. QAC will continue to receive update reports. **Falls and pressure ulcers**:	

The committee received a report following a quality assurance review of both patient falls and pressure ulcers. QAC received detailed action plans to reduce the number of falls and to prevent harms due to the development of pressure ulcers and will stay sighted on the progress on a monthly basis.	
The therapeutic support annual report was received and approved. This was a video presentation which was commended by the committee for presentation, detail and most importantly the achievements of volunteers throughout the year.	
The Trust Draft Patient Safety Incident Response Plan was received. A major focus of the plan will be the cultural change needed to develop a 'just' culture. The plan will return to QAC in August then be presented to Trust Board.	Mrs D Fowler & Miss J Reilly
The CQC Emergency Support Framework assessment with regard to the first area for review (Infection Prevention &Control) has been completed with only initial verbal feedback received to date. QAC will receive the final report with any necessary actions.	
Mortality: QAC received Quarter One report. It was noted that the SHMI (Jan to Dec 2019) at 112 remains 'as expected' however has risen. 97.6% of deaths occurring in the year have been reviewed by the Medical Examiner Team, the Trust Mortality Surveillance Team or the relevant specialty. The Medical Examiner Service is now fully operational at JCUH and the Friarage and is developing in the Primary Care Hospitals. This continued throughout the first wave of C-19. The Mortality Surveillance Review was halted due to C-19. QAC recommended that Trust Board receive a presentation on Mortality.	Mrs D Fowler
Monthly Patient Safety Report: The number of incidents graded moderate or above is increasing however below the national average.	
QAC asked that there is some triangulation of evidence around incidents, complaints and patient experience plus other quality indicators. The Clinical Intelligence Unit are supporting this.	Mrs D Fowler / Mr I Bennett
CQC Update: Of the 27 requirements assessed as 'must do', 5 remain off track, 7 are expected to deliver actions, 13 are completed and 1 is embedded in practice.	
Of the 22 requirements assessed as 'should do', 4 are off track, 3 expected to deliver actions, 14 are	Mrs D Fowler

completed with 0 embedded in practice. STAQC is focusing on Ophthalmology, Radiology and Gastroenterology along with ward and departments. CQC standards and actions are embedded in the Recovery Plan are being delivered at all levels across the trust from June 2020. Confirm and challenge meetings have been recommenced with actions escalated to SLT or CPG. The delivery of the well led action plan is in progress majoring on a patient safety campaigns, the new patient safety framework and a patient safety faculty to focus on learning across the trust.	
Clinical Audit Annual Programme was received and approved: In June 2020 the NICE, Service Improvement and Clinical Audit Group was re-established. It was noted that this group was established in January to address areas of concern and strengthen the process of clinical audit however subsequent meetings were cancelled due to Covid-19. 76% of specialty clinical audit plans for 20/21 are in place. QAC requested an update on the progress and outcomes of clinical audit each quarter.	Ms D Reape
The Clinical Audit Annual Report was received and approved. QAC noted the need to strengthen the process to ensure that Priority 1 & 2 audits are completed, that the escalation process for audits that are off track is to the NICE, Service Improvement and Clinical Audit Group and that there is to be a review of the Priority 4 audits to ensure the appropriate quality of audits QAC requested an update on the plans to improve the clinical audit process each quarter.	Mrs D Fowler
The Annual HCAI Report was received and approved.	Mr I Bennett
The Annual NICE Guidance Compliance Report was received and Approved. It was noted that there was a delay in assessing compliance against some pieces of NICE guidance as a result of C-19. A plan is in place to address the delays in the coming six months. QAC requested an update on the progress and outcomes of NICE compliance within the Trust.	Mr I Bennett
Complaints Annual Report was received and approved. This report included an overview of complaints, the Patient Advice and Liaison Service and Compliments.	Mr I Bennett
The following sub groups reported on the annual review of ToR: Patient Safety Sub Group	

Patient Experience Sub Group Safeguarding Adults and Childrens Strategic Group Clinical Standards Sub Group Infection Prevention Action Group Safer Medication Practice Group Health and Safety Sub Group CQUIN Leads Group	
Escalation of issues for action by connecting group	Responsibility / timescale
• Board to note the continuing issues in Ophthalmology and Gastroenterology Services • Board to note that the CQC Emergency Framework Assessment focusing on IP&C has taken place. The written report has not yet been received. • A number of annual reports listed above were received and approved.	
Risks (Include ID if currently on risk register)	**Responsibility / timescale**
None identified	

Extra-ordinary Workforce Committee Chair's Log

Meeting: Workforce Committee (Telephone call between Ada Burns and Rachael Metcalf)	**Date of Meeting**: 25.6.20
Highlights for: Board of Directors	

Overview of key areas of work and matters for Board.
Further Pulse survey is being issued with broader scope around the mood of the organisation and with space for comments. Alongside this and with Staff Side a survey is going out to explore the challenges around childcare (with summer clubs etc. cancelled) over the summer months and how this may impact on staffing availability. Discussions are ongoing on options to address. Good development of the Staff Networks and the Equality and Diversity network in particular is really starting to motor. There are discussions around engaging representatives in recruitment panels as an example of the practical ideas being explored to enhance the representation of staff with protected characteristics across the Trust. Improving the data on the composition and spread of the workforce is important to ensure initiatives are evidence-led and this will be an objective within the People Plan. Wherever possible the Staff Survey action priorities will be embraced within the People Plan whilst retaining a separate plan. Centres are being asked to develop localised plans. Continued strengthening relationships with Staff Side with support from their reps to undertake the welfare calls HR are doing. Workforce Committee will be looking at plans to improve the number and quality of exit interviews received, potentially aligned with broader engagement events to ensure that we identify staff before they start looking to leave.

Actions to be taken	Responsibility / timescale
Board action	**Responsibility / timescale**

Risks (Include ID if currently on risk register)	Responsibility / timescale

Extra-ordinary Workforce Committee Chair's Log

Meeting: Workforce Committee	**Date of Meeting**: 23 July 2020
Highlights for: Board of Directors	

Overview of key areas of work and matters for Board.
Staff Survey Action Plans for each Centre (including STRIVE)

Actions to be taken	Responsibility / timescale
Freedom to Speak Up to feature in all Action Plans Action Plans to include Behaviours, not just processes Training to be prominent – including Appraisals New Appraisal process trialed in STRIVE may be useful in wider Organisation	

Board action	Responsibility / timescale
Board to note and support this work Board to Continue to receive updates from Workforce Committee	

Risks (Include ID if currently on risk register)	Responsibility / timescale
Nil New	

Extra-ordinary Workforce Committee Chair's Log

Meeting: Extra-ordinary Workforce Committee meeting	**Date of Meeting**: 4.8.20
Highlights for: Board of Directors	

Overview of key areas of work and matters for Board.
NB – Meeting not quorate, therefore decision making was limited. Gender Pay Gap - encouraging women Consultants to apply for Excellence Awards and increasing the number of women in management roles. Strategic Priorities in EDI Annual report – Report was agreed EDI Strategy on a Page – Was agreed WRES/WDES – will return to the meeting in August Reciprocal Mentorship – Supported, more work to be done.

Actions to be taken	Responsibility / timescale
Reciprocal Mentorship will require support of individual Board members and collective Board ownership Equality Diversion Inclusion Annual report Strategic Priorities agreed.	Ruth Mhlanga / Jennie Winnard

Board action	Responsibility / timescale

Risks (Include ID if currently on risk register)	Responsibility / timescale

Workforce Committee
Chair's Log

Meeting: Charitable Funds Committee	**Date of Meeting**: 25/08/2020
Connecting to: Board of Directors / Corporate Trustee	**Date of Meeting**: 01/09/2020

Key topics discussed in the meeting	
Funding of post for mental health nurse (Band 6) to provide specialist clinical support to wards in caring for patients with mental health issues. The postholder will join the Therapeutic Support team. Review of expenditure below £25k authorised by fund managers. Review of the charity's income and expenditure. Review of the finances of the Trinity Holistic Centre.	
Actions agreed in the meeting	**Responsibility / timescale**
The committee agreed that charitable funds should be made available to fund the post for a mental health nurse for 12 months, with a review to be conducted after 9 months.	Jackie White / immediate
Alan Downey to meet with Kevin Oxley, Sath Nag and Ramamurthy Sathyamurthy to discuss next steps on charity funding to support smoking cessation initiatives.	Alan Downey / asap
Escalation of issues for action by connecting group	**Responsibility / timescale**
Board / Corporate Trustee to note that funding has been agreed for the mental health nurse post; also to consider whether a Board discussion is needed on the provision of greater support to staff who deal with patients suffering from mental ill health.	Alan Downey and Jackie White / timescale to be determined
Board to note that the Trinity Holistic Centre is facing a funding crisis and is likely to be in deficit from Period 10 onwards.	Jackie White to continue discussions with centre management / ongoing
Board to note the successful work carried out by the charity team to improve understanding management and communication in relation to the multiplicity of funds.	

Board to note that work continues on the charity accounts.	David Billings / ongoing
Risks (Include ID if currently on risk register)	**Responsibility / timescale**
None	

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South Tees Hospitals NHS
NHS Foundation Trust

FOUNDATION TRUST CONSTITUTION

ISSUE DATE	February 2013
DATE REVIEWED	August 2020
APPROVAL PROCESS	Subject to Board of Director and Council of Governor Agreement
LEAD OFFICER(S)	Chief Executive and Chairman

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Revised during 2018 to meet the requirements of the NHS 2012 Health Act amendments
Amendments to the Constitution approved by:
the Council of Governors on 8 May 2018;
the Board of Directors on 5 June 2018; and
the Annual Members meeting on 2 October 2018.

Revised in June 2019 to ensure document is gender neutral

Revised in March 2020 to allow for meetings to be held using video / telephone / digital technologies.

Revised August 2020 to amend the Clinical Commissioning Group names

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1. Interpretation and definitions

Unless otherwise stated, words or expressions contained in this Constitution reflect the relevant provisions of the National Health Service Act 2006 as amended by the 2012 Act.

Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice-versa.

The 2006 Act is the National Health Service Act 2006.

The 2012 Act is the Health and Social Care Act 2012.

Accounting Officer is the Chief Executive, who from time to time discharges the functions as Accounting Officer of the Trust for the purposes of Government accounting as specified in paragraph 25(5) of Schedule 7 to the 2006 Act.

Board of Directors or Board is the Board of Directors of the Trust as constituted pursuant to this Constitution and the 2006 Act.

Chairman or Chair is the individual appointed as Group Chair of the Board of Directors (and Chair of the Council of Governors)

Constitution means this constitution and all annexes to it.

Council of Governors is the Council of Governors of the Trust as constituted pursuant to this Constitution.

Executive Director is a Group Executive Director of the Trust appointed in accordance with the requirements of this Constitution.

Licence is the Trust's provider licence issued by Monitor.

Member is an individual registered as a member of one of the constituencies described at Annex 1 and Annex 2 of this Constitution.

Monitor or Trust Regulator is the body corporate known as Monitor, referred to in Section 61 of the 2012 Act which operates with National Health Service Trust Development Authority as NHSE/I.

Non-executive Director is a Non-executive Director of the Trust appointed in accordance with this Constitution.

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Non Principle Purpose Activities are activities other than for the provision of goods and services for the purposes of the National Health Service in England.

Officer is an employee of the Trust or any person holding a paid appointment of office with the Trust.

Register of Members is a register of members which the Trust is required to have and maintain under Paragraph 20 of Schedule 7 of the 2006 Act.

Working Day is a day of the week which is not a Saturday, Sunday or public holiday in England.

2. Name

2.1 The name of the Foundation Trust is South Tees Hospitals NHS Foundation Trust (the Trust).

3. Principal purpose

3.1 The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

3.2 The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

3.3 The Trust may provide goods and services for any purposes related to–

3.3.1 The provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

3.3.2 The promotion and protection of public health.

3.4 The Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

4. Powers

4.1 The powers of the Trust are set out in the 2006 Act, subject to any restrictions in the terms of Authorisation.

4.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

4.3 Any of these powers may be delegated to a Committee of Directors or to an Executive Director.

5. Membership and constituencies

5.1 The Trust shall have members, each of whom shall be a member of one of the following constituencies:

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5.1.1 a public constituency

5.1.2 a staff constituency or

5.1.3 a patient and/or carers constituency

6. Application for membership

6.1 An individual who is eligible to become a member of the trust may do soon application to the Trust.

7. Public constituency

7.1 An individual who lives in an area specified in Annex 1 as an area for a public constituency may become or continue as a member of the Trust.

7.2 Those individuals who live in an area specified as an area for any public constituency are referred to collectively as the Public Constituency.

7.3 The Public Constituency shall be divided into five descriptions who are eligible for membership:

7.3.1 Middlesbrough
7.3.2 Redcar and Cleveland
7.3.3 Hambleton and Richmondshire
7.3.4 Rest of England
7.3.5 Patient/Carers'

7.4 A Patient/Carer constituency eligibility is an individual who has, within the last 10 years, attended any of the Trust's hospitals as either a patient or as the carer of a patient. He/she may become a member of the Trust, provided that he/she lives within the Trust's Public Constituency areas in 7.3.1, 7.3.2, 7.3.3 or 7.3.4 above.

7.5 An individual providing care in pursuance of a contract (including a contract of employment) with a voluntary organisation, or as a volunteer for a voluntary organisation, does not come within the category of those who qualify for membership of the Patient/Carers' Constituency.

7.6 The minimum number of members in each area for the Public Constituency is specified in Annex 1.

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8 Staff constituency

8.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a member of the Trust provided:

8.1.1 he/she is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months, or

8.1.2 he/she has been continuously employed by the Trust under a contract of employment for at least 12 months.

8.3 Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Staff Constituency.

8.4 The minimum number of members in the Staff Constituency is specified in Annex 2.

9 Automatic membership by default (Staff)

9.1 An individual who is:

9.1.1 eligible to become a member of the Staff Constituency, and

9.1.2 invited by the Trust to become a member of the Staff Constituency

9.1.3 shall become a member of the Trust as a member of the Staff Constituency without an application being made, unless he/she informs the trust that he/she does not wish to do so.

10. Restriction on membership

10.1 An individual who is a member of a constituency, or of a class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class.

10.2 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.

10.3 An individual must be at least 16 years old to become a member of the Trust.

10.4 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Trust are set out in Annex 8 – Further provisions.

11. Annual Members Meeting

11.1 The Trust shall hold an Annual Members Meeting of its members ('Annual members' Meeting'). The Annual Members Meeting shall be open to members of the public (described further in Annex 8 Further Provisions).

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12. Council of Governors - Composition

12.1 The Trust is to have a Council of Governors, which shall comprise both elected and appointed governors.

12.2 The composition of the Council of Governors is specified in Annex3.

12.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency. The number of governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex3.

13. Council of Governors – Election of Governors

13.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules.

13.2 The Model Election Rules, as published from time to time by the Department of Health form part of this constitution. The Model Election Rules current at the date of the Trust's Authorisation are attached at Annex4.

13.3 A subsequent variation of the Model Election Rules by the Department of Health shall not constitute a variation of the terms of the Constitution.

13.4 An election, if contested, shall be by secret ballot.

14. Council of Governors - tenure

14.1 An elected governor may hold office for a period of up to 3 years.

14.2 An elected governor shall cease to hold office if he/she ceases to be a member of the constituency or class by which he/she was elected.

14.3 An elected governor shall be eligible for re-election at the end of his/her term and shall serve no more than three consecutive terms of office, resulting in a maximum of 9 years' tenure.

14.4 An appointed governor shall cease to hold office if the appointing organisation withdraws its sponsorship of him (terminates the appointment).

14.5 An appointed governor shall be eligible for re-appointment at the end of his/her term and shall serve no more than three consecutive terms of office, resulting in a maximum of 9 years' tenure.

15. Council of Governors – disqualification and removal

15.1 The following may not become or continue as a member of the Council of Governors:

15.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

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15.1.2 a person who has made a composition or arrangement with, or granted a Trust deed for, his/her creditors and has not been discharged in respect of it;

15.1.3 a person who within the preceding five years has been convicted of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him.

15.2 Governors must be at least 16 years of age at the date they are nominated for election or appointment.

15.3 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors are set out in Annex 5.

15.4 Where a governor becomes ineligible to continue holding the office of governor, and thus disqualified, he/she must notify the Company Secretary in writing. Upon receipt of this notification the governor's tenure of office will be terminated.

15.5 If it comes to the notice of the Company Secretary that a governor is disqualified, the governor will be immediately declared disqualified and notified to this effect.

16. Council of Governors – Duties of Governors

16.1 The general duties of the Council of Governors are:

16.1.1 to hold the Non-executive Directors individually and collectively to account for the performance of the Board of Directors; and

16.1.2 to represent the interests of the members of the Trust as a whole and the interests of the public.

16.2 The Trust must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.

17. Council of Governors – Meetings of Governors

17.1 The Chairman of the Trust or, in his/her absence, one of the Non-executive Directors, shall preside at meetings of the Council of Governors. If the person presiding at any such meeting has a conflict of interest in relation to the business being discussed, the Lead Governor of the Council of Governors will chair the meeting.

17.2 Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting (whether for the whole or part of such meeting) for special reasons as determined by the Chairman in conjunction with the Council of Governors which may include, but are not limited to, the following reasons:

17.2.1 Publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted; or

17.2.2 There are special reasons stated in the resolution and arising from the nature of the business of the proceedings;

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17.2.3 The Chairman may exclude any members of the public from a meeting of the Council of Governors if they are interfering with or preventing proper conduct of the meeting.

17.2.4 The Council may invite the Chief Executive of the Trust, and other appropriate Directors, to attend any meeting of the Council of Governors and enable members of the Council of Governors to raise questions about the Trust affairs.

18. Council of Governors – Standing Orders

18.1 The Standing Orders for the practice and procedure of the Council of Governors are attached at Annex 6.

19. Council of Governors – Referral to the Panel

19.1 In this paragraph, the Panel means a panel of persons appointed by Monitor (NHSE/I) to which a Governor of an NHS Foundation Trust may refer a question as to whether the Trust has failed or isfailing;

19.1.1 to act in accordance with its Constitution, or

19.1.2 to act in accordance with provisions made by or under Chapter 5 of the 2006 Act.

19.2 A governor may refer a question to the Panel only if more than half of the members of the Council of Governors vote to approve the referral.

20. Council of Governors – Conflicts of Interest ofGovernors

20.1 If a governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the members of the Council of Governors as soon as he becomes aware of it. The Standing Orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

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21. Council of Governors – Travel Expenses

21.1 The Trust may pay travel and other expenses to members of the Council of Governors at rates determined by the Trust.

22. Council of Governors – Further Provisions

22.1 Further provisions with respect to the Council of Governors are set out in Annex 5.

23. Board of Directors – Composition

23.1 The Trust is to have a Board of Directors, which shall comprise both executive and non-executive Directors.

23.2 The Board of Directors is to comprise:

23.2.1 a non-executive Chairman
23.2.2 between 5 - 8 other non-executive Directors; and
23.2.3 between 5 - 8 executive Directors.

23.3 The number of Directors may be increased within the range of 23.2.2 and 23.2.3 above, with the approval of the Board, provided always at least half the Board, excluding the Chairman, comprises Non-executive Directors determined by the Board to be independent.

23.4 One of the executive Directors shall be the Chief Executive.

23.5 The Chief Executive shall be the Accounting Officer.

23.6 One of the executive Directors shall be the Finance Director.

23.7 One of the executive Directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).

23.8 One of the executive Directors is to be a registered nurse or a registered midwife.

24. Board of Directors – General Duty

24.1 The general duty of the Board of Directors and of each Director individually is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

25. Board of Directors – Qualification for Appointment as a Non-executive Director

25.1 A person may be appointed as a non-executive director only if:

25.1.1 he/she is a member of a Public Constituency, or

25.1.2 where any of the Trust's hospitals include a medical or dental school provided by a university, he/she exercises functions for the purposes of that university, and

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25.2 he/she is not disqualified by virtue of paragraph 28 below.

26. Board of Directors – Appointment and Removal of Chairman and other Non-executive Directors

26.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the chairman of the Trust and the other non-executive Directors.

26.2 Removal of the Chairman or another Non-executive Director shall require the approval of three-quarters of the members of the Council of Governors and follow any guidance issued by the Trust's Regulator.

27. Board of Directors – Appointment of Deputy Chairman and Senior Independent Director

27.1 The Council of Governors at a general meeting of the Council of Governors shall appoint one of the non-executive Directors as a deputy chairman.

27.2 The Board of Directors shall, following consultation with the Council of Governors, appoint one of the Non-executive Directors as a Senior Independent Director to act in accordance with Monitor's Foundation Trust Code of Governance (as may be amended and replaced from time to time); and the Trust's Standing Orders.

28. Board of Directors – Appointment and Removal of the Chief Executive and other Executive Directors

28.1 The non-executive Directors shall appoint or remove the Chief Executive.

28.2 The appointment of the Chief Executive shall require the approval of the Council of Governors.

28.3 A committee consisting of the Chairman, the Chief Executive and the other non-executive Directors shall appoint or remove the other executive Directors.

29. Board of Directors – Disqualification

The following may not become or continue as a member of the Board of Directors:

29.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged.

29.2 a person who has made a composition or arrangement with, or granted a Trust deed for, his/her creditors and has not been discharged in respect of it.

29.3 a person who within the preceding five years has been convicted of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him.

29.4 a person where disclosures revealed by a Disclosure and Barring Service

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check against such a person are such that it would be inappropriate for him to become or continue as a Director or would adversely affect public confidence in the Trust or otherwise bring the Trust into disrepute.

29.5 A person who is a member of the Council of Governors.

29.6 A person who is the spouse, partner, parent or child of an existing member of the Board of Directors of the Trust.

29.7 A person who is not a fit and proper person for the purposes of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and/or Condition G4 of the Trust's Licence.

29.8 A person who is subject of a disqualification order made under the Company Directors Disqualification Act 1986.

29.9 A person whose tenure of office as Chair or a member or Director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service for reasons including non-attendance at meetings, or for non-disclosure of a pecuniary interest.

29.10 A person who has within the preceding two years been dismissed, otherwise than by reason of redundancy or for ill health, from any paid employment with a health service body or a local authority.

29.11 A person who is the subject of an order under the Sexual Offenders Act 2003.

29.12 A person who is included in any barred list established under the Safeguarding Vulnerable Adults Act 2006 or any equivalent list.

29.13 A person who is a Director or Governor or Governing Body member or equivalent of another NHS body except with the approval of the Board of Directors for Executive Directors or the Council of Governors for Non-executive Directors.

29.14 In the case of Non-executive Directors, a person who is no longer a member of one of the public constituencies.

29.15 In the case of the Non-executive Directors, a person who has refusedwithout any reasonable cause to fulfill any training requirement established by the Board of Directors any training requirement established by the Board of Directors.

29.16 A person who is a member of a Local Authority's Overview and Scrutiny Committee or Health and Wellbeing Board covering health matters.

30. Board of Directors – Meetings

30.1 Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.

30.2 Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors will send a copy of the minutes of the meeting to the Council of Governors.

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30.3 "Meeting" includes a meeting at which the members attending are present in more than one room, provided that by the use of video-conferencing or telephone-conferencing facilities it is possible for every person present at the meeting to communicate with each other.

31. Board of Directors – Standing Orders

31.1 The standing orders for the practice and procedure of the Board of Directors are attached at Annex 7.

32. Board of Directors – Conflicts of Interest of Directors

32.1 The duties that a Director of the Trust has by virtue of being a Director include in particular:

32.1.1 A duty to avoid a situation in which the Director has (or can have) a Director or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.

32.1.2 A duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.

32.2 The duty referred to in sub-paragraph 34.1.1 is not infringed if:

32.2.1 The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or

32.2.2 The matter has been authorised in accordance with the Constitution.

32.3 The duty referred to in sub-paragraph 34.1.2 "third party" means a person other than:

32.3.1 The Trust, or

32.3.2 A person acting on its behalf.

32.4 If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to other Directors.

32.5 If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made.

32.6 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.

32.7 This paragraph does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.

32.8 A Director need not declare an interest:

32.8.1 If it cannot reasonably be regarded as likely to give rise to a conflict of interest;

32.8.2 If, or to the extent that, the Directors are already aware of it;

32.8.3 If, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered:

34.8.3.1 By a meeting of the Board of Directors, or

34.8.3.2 By a committee of the Directors appointed for the purpose under the Constitution.

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32.9 The Standing Orders for the Practice and Procedure of the Board of Directors (Annex 7) make further provisions for the disclosure of interests.

33. Board of Directors – Remuneration and Terms of Office

33.1 The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chairman and the other non- executive Directors.

33.2 The Trust shall establish a committee of non-executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive Directors.

34. Registers

34.1 The Trust shall have:

34.1 a register of members showing, in respect of each member, the constituency to which he belongs and, where there are classes within it, the class to which he/she belongs;

34.2 a register of members of the Council of Governors;

34.3 a register of interests of governors;

34.4 a register of Directors; and

34.5 a register of interests of the Directors.

34.6 The information to be included in the above registers shall be such as will comply with the requirements of the 2006 Act, and any subordinate legislation made under it and the provisions of this Constitution.

35. Admission to and Removal from the Registers

35.1 The Trust's Company Secretary will be responsible for the maintenance of, admission to and removal from the registers under the provisions of this Constitution.

35.2 Each Director and governor shall advise the Company Secretary as soon as practicable of anything which comes to his/her attention or which he/she is aware of which might affect the accuracy of the matters recorded in any of the registers referred to in paragraph 34.

35.3 Members will be removed from the Register of Members if:

35.3.1 the Member is no longer eligible or is disqualified; or

35.3.2 the Member dies.

36. Registers – Inspection and Copies

36.1 The Trust shall make the registers specified in paragraph 34 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by the regulations.

36.2 The Trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the Trust, if he/she

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so requests.

36.3 So far as the registers are required to be made available:

36.3.1 they are to be available for inspection free of charge at all reasonable times; and

36.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract.

37. Documents available for Public Inspection

37.1 The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:

37.1.1 a copy of the current constitution;

37.1.2 a copy of the current authorisation;

37.1.3 a copy of the latest annual accounts and of any report of the auditor on them;

37.1.4 a copy of the latest annual report;

37.2 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:

37.2.1 a copy of any order under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (Trusts coming out of administration) or 65L (Trusts to be dissolved) of the 2006 Act.

37.2.2 a copy of any report laid under section 65D (appointment of Trust administrator) of the 2006 Act.

37.2.3 a copy of any information published under section 65D (appointment of Trust administrator) of the 2006 Act.

37.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.

37.2.5 a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act.

37.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (Monitor (NHSE/I's) decision), 65KB (Secretary of State's response to Monitor (NHSE/I's) decision), 65KC (action following Secretary of State's rejection of final report|) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act.

37.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.

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37.2.8 a copy of any final report published under section 65I (administrator's final report).

37.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act.

37.2.10 a copy of any information published under section 65M (replacement of Trust special administrator) of the 2006 Act.

37.2.11 A person who requests a copy of or an extract from any of the above documents is to be provided with a copy.

37.2.12 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

38. Auditor

38.1 The Trust shall have an auditor.

38.2 A person may only be appointed Auditor if he/she (or in the case of a firm each of its members) is a member of one or more of the bodies referred to in Paragraph 23(4) of Schedule 7 to the 2006 Act.

38.3 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

38.4 The Auditor shall carry out its duties in accordance with Schedule 10 to the 2006 Act and in accordance with any directions given by Monitor (NHSE/I) on standards, procedures and techniques to be adopted.

39. Audit Committee

39.1 The Trust shall establish a committee of non-executive Directors (at least one of whom that has competence in accounting and/or auditing and recent and relevant financial experience) as an Audit Committee to perform such monitoring, reviewing and other functions as are appropriate.

40. Accounts

40.1 The Trust must keep proper accounts and proper records in relation to the accounts.

40.2 Monitor (NHSE/I) may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.

40.3 The accounts are to be audited by the Trust's auditor.

40.4 The Trust shall prepare in respect of each financial year annual accounts in such form as Monitor (NHSE/I) may with the approval of the Secretary of State direct.

40.5 The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

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41. Annual Report, Forward Plans and Non-NHS work

41.1 The Trust shall prepare an Annual Report and send it to Monitor (NHSE/I).

41.2 The Trust shall give information as to its forward planning in respect of each financial year to the Trust Regulator.

41.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the Directors.

41.4 In preparing the document, the Directors shall have regard to the views of the Council of Governors.

41.5 Each forward plan must include information about:

41.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and

41.5.2 the income it expects to receive from doing so.

41.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 41.5.1 the Council of Governors must:

41.6.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfillment by the Trust of its principal purpose or the performance of its other functions, and

41.6.2 notify the Directors of the Trust of its determination.

41.7 A Trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

42. Presentation of the Annual Accounts and Reports to the Governors and Members

42.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:

42.1.1 the annual accounts

42.1.2 any report of the auditor on them

42.1.3 the annual report.

42.2 The documents shall also be presented to the members of the Trust at the Annual Members Meeting by at least one member of the Board of Directors in attendance.

42.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of an Annual Members meeting.

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43. Instruments

43.1 The Trust shall have a seal.

43.2 The seal shall not be affixed except under the authority of the Board of Directors.

44. Amendment of the Constitution

44.1 The Trust may make amendments of its Constitution only if:

44.1.1 More than half of the members of the Council of Governors of the Trust voting approve the amendments, and

44.1.2 More than half of the members of the Board of Directors of the Trust voting approve the amendments.

44.2 Amendments made under 44.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of the amendment, not accord with Schedule 7 of the 2006 Act.

44.3 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):

44.3.1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and

44.3.2 The Trust must give the members an opportunity to vote on whether they approve the amendment.

44.3.2.1 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

44.4 Amendments by the Trust of its Constitution are to be notified to Monitor (NHSE/I). For avoidance of doubt, Monitor (NHSE/I's) functions do not include a power or duty to determine whether or not the Constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

45. Mergers etc. and Significant Transactions

45.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.

45.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction.

45.3 'Significant Transaction' is defined as:

45.3.1 The acquisition of, or an agreement to acquire, whether contingent or not, assets the value of which is more than 25% of the value of the Trust's gross assets before the acquisition; or

45.3.2 The disposition of, or an agreement to dispose of, whether contingent or not, assets of the Trust the value of which is more than 25% of the value of the Trust's gross assets before the disposition; or

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45.3.3 A transaction that has or is likely to have the effect of the Trust acquiring rights or interests or incurring obligations or liabilities, including contingent liabilities, the value of which is more than 25% of the value of the Trust's gross assets before the transaction.

45.4 For the purpose of this paragraph:

45.4.1 gross assets' means the total of fixed assets and current assets;

45.4.2 in assessing the value of any contingent liability for the purposes of 45.3.3, the Directors:

45.4.2.1 must have regard to all circumstances that the Directors know, or ought toknow, affect, or may affect, the value of the contingent liability; and

45.4.2.2 may rely on estimates of the contingent liability that are reasonable inthe circumstances; and

45.4.2.3 may take account of the likelihood of the contingency occurring.

45.5 The views of the Council of Governors will be taken into account before the Trust enters into any proposed transaction which would exceed a threshold of 10% for any of the criteria set out in 47.3 above.

46. Indemnity

46.1 Governors and Directors who act honestly and in good faith and not recklessly will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Council of Governors or Board of Directors functions. Any such liabilities will be liabilities of the Trust.

46.2 The Trust may make such arrangements it considers appropriatefor the provision of indemnity insurance or similar arrangement for the benefit of the Trust, the Council of Governors, the Board of Directors, and the Company Secretary.

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ANNEX 1 – THE PUBLIC CONSTITUENCY

The Public Constituency is comprised of the following areas:

Area A	-	Middlesbrough (defined by Local Authority boundaries)
Area B	-	Redcar and Cleveland (defined by Local Authority boundaries)
Area C	-	Hambleton and Richmondshire (defined by the boundaries of Hambleton District Council and Richmondshire District Council)
Area D	-	Rest of England (defined as any area of England other than those in areas A, B and C)
Area E	-	Patient and/or Carers (defined as any of the public constituencies/Rest of England in areas A, B, C and D a patient and/or Carer of the Trust)

There will be a minimum in the Public Constituency of:

50 members in each of the three areas A, B and C
10 members for Area D, and
10 members in Area E.

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ANNEX 2 – THE STAFF CONSTITUENCY

The Staff Constituency will not be divided into classes.

There will be a minimum of 30 members in the Staff Constituency.

Individuals, who exercise functions for the purpose for the Trust, otherwise than under a contract of employment with the Trust, may become or continue as members of the staff constituency provided such individuals have a contract of employment for a period of at least 12 months.

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ANNEX 3 – COMPOSITION OF COUNCIL OF GOVERNORS

Elected Governors

The elected governors will be as follows

CONSTITUENCY	GOVERNORS
Public Constituency:	
A – Middlesbrough	5
B – Redcar and Cleveland	5
C- Hambleton and Richmondshire	5
D – Rest of England	1
E – Patient/Carers' Constituency	2
F - Staff Constituency	3

Appointed governors

GOVERNORS REQUIRED BY STATUTE	GOVERNORS
Primary Care Trusts - Tees Valley CCG - North Yorkshire CCG	 0 0
Local Authorities - Middlesbrough - Redcar and Cleveland - North Yorkshire	 1 1 1
Universities - University of Teesside - University of Durham - University of Newcastle	 1 0 1
PARTNERSHIP GOVERNORS	
–Healthwatch	1
- Carers Organisation	1
- Strategic Organisation	
- Voluntary Organisation	0

Governors representing CCGs, Local Authorities and Universities will be appointed pursuant to a process agreed by those organisations and the Trust.

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ANNEX 4 – THE MODEL ELECTION RULES

Part 1 - Interpretation

Part 2 – Timetable for election

Part 3 – Returning officer

Part 4 - Stages Common to Contested and Uncontested Elections

Part 5 – Contested elections

Action to be taken before the poll

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The poll

Procedure for receipt of envelopes

Part 6 - Counting the votes

Part 7 – Final proceedings in contested and uncontested elections

Part 8 – Disposal of documents

Part 9 – Death of a candidate during a contested election

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Part 10 – Election expenses and publicity

Expenses

Publicity

Part 11 – Questioning elections and irregularities

Part 12 – Miscellaneous

Part 1 - Interpretation

1. Interpretation – (1) In these rules, unless the context otherwise requires -

“corporation” means the public benefit corporation subject to this constitution;

“election” means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the Council of Governors;

“the regulator” means the Independent Regulator for NHS foundation Trusts; and

“the 2003 Act” means the Health and Social Care (Community Health and Standards) Act 2003.

(2) Other expressions used in these rules and in Schedule 1 to the Health and Social Care (Community Health and Standards) Act 2003 have the same meaning in these rules as in that Schedule.

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Part 2 – Timetable for election

2. Timetable - The proceedings at an election shall be conducted in accordance with the following timetable.

Proceeding	**Time**
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination papers to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election.

3. Computation of time - (1) In computing any period of time for the purposes of the timetable -

(a) a Saturday or Sunday;

(b) Christmas day, Good Friday, or a bank holiday, or

(c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

(2) In this rule, "bank holiday" means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

Part 3 – Returning officer

4. Returning officer – (1) Subject to rule 64, the returning officer for an election is to be appointed by the corporation.

(2) Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff – Subject to rule 64, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

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6. Expenditure - The corporation is to pay the returning officer –

(a) any expenses incurred by that officer in the exercise of his or her functions under these rules,

(b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation – The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

Part 4 - Stages Common to Contested and Uncontested Elections

8. Notice of election – The returning officer is to publish a notice of the election stating

(a) the constituency, or class within a constituency, for which the election is being held,

(b) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency,

(c) the details of any nomination committee that has been established by the corporation,

(d) the address and times at which nomination papers may be obtained;

(e) the address for return of nomination papers and the date and time by which they must be received by the returning officer,

(f) the date and time by which any notice of withdrawal must be received by the returning officer

(g) the contact details of the returning officer, and

(h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates – (1) Each candidate must nominate themselves on a single nomination paper.

(2) The returning officer-

(a) is to supply any member of the corporation with a nomination paper, and

(b) is to prepare a nomination paper for signature at the request of any member of the corporation,

but it is not necessary for a nomination to be on a form supplied by the returning officer.

10. Candidate's particulars – (1) The nomination paper must state the candidate's -

(a) full name,

(b) contact address in full, and

(c) constituency, or class within a constituency, of which the candidate is a member.

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11. Declaration of interests – The nomination paper must state–

(a) any financial interest that the candidate has in the corporation, and

(b) whether the candidate is a member of a political party, and if so, which party,

and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility – The nomination paper must include a declaration made by the candidate–

(a) that he or she is not prevented from being a member of the Council of Governors by paragraph 8 of Schedule 1 of the 2003 Act or by any provision of the constitution; and,

(b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate – The nomination paper must be signed and dated by the candidate, indicating that –

(a) they wish to stand as a candidate,

(b) their declaration of interests as required under rule 11, is true and correct, and

(c) their declaration of eligibility, as required under rule 12, is true and correct.

14. Decisions as to the validity of nomination – (1) Where a nomination paper is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer-

(a) decides that the candidate is not eligible to stand,

(b) decides that the nomination paper is invalid,

(c) receives satisfactory proof that the candidate has died, or

(d) receives a written request by the candidate of their withdrawal from candidacy.

(2) The returning officer is entitled to decide that a nomination paper is invalid only on one of the following grounds -

(a) that the paper is not received on or before the final time and date for return of nomination papers, as specified in the notice of the election,

(b) that the paper does not contain the candidate's particulars, as required by rule 10;

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(c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,

(d) that the paper does not include a declaration of eligibility as required by rule 12, or

(e) that the paper is not signed and dated by the candidate, as required by rule 13.

(3) The returning officer is to examine each nomination paper as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

(4) Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination paper, stating the reasons for their decision.

(5) The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination paper.

15. Publication of statement of candidates – (1) The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

(2) The statement must show –

(a) the name, contact address, and constituency or class within a constituency of each candidate standing, and

(b) the declared interests of each candidate standing,

as given in their nomination paper.

(3) The statement must list the candidates standing for election in alphabetical order by surname.

(4) The returning officer must send a copy of the statement of candidates and copies of the nomination papers to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination papers – (1) The corporation is to make the statements of the candidates and the nomination papers supplied by the returning officer under rule 15(4) available for inspection by members of the public free of charge at all reasonable times.

(2) If a person requests a copy or extract of the statements of candidates or their nomination papers, the corporation is to provide that person with the copy or extract free of charge.

17. Withdrawal of candidates - A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

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18. Method of election – (1) If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the Council of Governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

(2) If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the Council of Governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

(3) If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be Council of Governors, then –

(a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and

(b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

Part 5 – Contested elections

19. Poll to be taken by ballot – (1) The votes at the poll must be given by secret ballot.

(2) The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

20. The ballot paper – (1) The ballot of each voter is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

(2) Every ballot paper must specify –

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency,

(d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) instructions on how to vote,

(f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and

(g) the contact details of the returning officer.

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(3) Each ballot paper must have a uniqueidentifier.

(4) Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (public and patient constituencies) – (1) In respect of an election for a public or patient constituency a declaration of identity must be issued with each ballot paper.

(2) The declaration of identity is to include a declaration–

(a) that the voter is the person to whom the ballot paper wasaddressed,

(b) that the voter has not marked or returned any other voting paper in the election, and

(c) for a member of the public or patient constituency, of the particulars of that member's qualification to vote as a member of the constituency or class within a constituency for which the election is beingheld.

(3) The declaration of identity is to include space for–

(a) the name of the voter,

(b) the address of the voter,

(c) the voter's signature, and

(d) the date that the declaration was made by thevoter.

(4) The voter must be required to return the declaration of identity together with the ballot paper.

(5) The declaration of identity must caution the voter that, if it is not returned with the ballot paper, or if it is returned without being correctly completed, the voter's ballot paper may be declared invalid.

Action to be taken before the poll

22. List of eligible voters – (1) The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 26 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

(2) The list is to include, for each member, a mailing address where his or her ballot paper is to be sent.

23. Notice of poll - The returning officer is to publish a notice of the pollstating–

(a) the name of the corporation,

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(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the Council of Governors to be elected from that constituency, or class with that constituency,

(d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,

(f) the address for return of the ballot papers, and the date and time of the close of the poll,

(g) the address and final dates for applications for replacement ballot papers, and

(h) the contact details of the returning officer.

24. Issue of voting documents by returning officer – (1) As soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following documents to each member of the corporation named in the list of eligible voters–

(a) a ballot paper and ballot paper envelope,

(b) a declaration of identity (if required),

(c) information about each candidate standing for election, pursuant to rule 59 of these rules, and

(d) a covering envelope.

(2) The documents are to be sent to the mailing address for each member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope – (1) The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

(2) The covering envelope is to have –

(a) the address for return of the ballot paper printed on it, and

(b) pre-paid postage for return to that address.

(3) There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –

(a) the completed declaration of identity if required, and

(b) the ballot paper envelope, with the ballot paper sealed inside it.

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The poll

26. Eligibility to vote – An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

27. Voting by persons who require assistance – (1) The returning officer is to put in place arrangements to enable requests for assistance to vote to bemade.

(2) Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter tovote.

28. Spoilt ballot papers (1) – If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.

(2) On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtainit.

(3) The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she –

(a) is satisfied as to the voter's identity, and

(b) has ensured that the declaration of identity, if required, has not been returned.

(4) After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers") –

(a) the name of the voter, and

(b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and

(c) the details of the unique identifier of the replacement ballot paper.

29. Lost ballot papers – (1) Where a voter has not received his or her ballot paper by the fourth day before the close of the poll, that voter may apply to the returning officer for a replacement ballot paper.

(2) The returning officer may not issue a replacement ballot paper for a lost ballot paper unless he or she –

(a) is satisfied as to the voter's identity,

(b) has no reason to doubt that the voter did not receive the original ballot paper, and

(c) has ensured that the declaration of identity if required has not been returned.

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(3) After issuing a replacement ballot paper for a lost ballot paper, the returning officer shall enter in a list ("the list of lost ballot papers")–

(a) the name of the voter, and

(b) the details of the unique identifier of the replacement ballotpaper.

30. Issue of replacement ballot paper– (1) If a person applies for a replacement ballot paper under rule 28 or 29 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue a replacement ballot paper unless, in addition to the requirements imposed rule 28(3) or 29(2), he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of thatvoter.

(2) After issuing a replacement ballot paper under this rule, the returning officer shall enter in a list ("the list of tendered ballot papers")–

(a) the name of the voter, and

(b) the details of the unique identifier of the replacement ballot paperissued under this rule.

31. Declaration of identity for replacement ballot papers (public and patient constituencies) –

(1) In respect of an election for a public or patient constituency a declaration of identity must be issued with each replacement ballot paper.

(2) The declaration of identity is to include a declaration–

(a) that the voter has not voted in the election with any ballot paper other than the ballot paper being returned with the declaration, and

(b) of the particulars of that member's qualification to vote as a member of the public or patient constituency, or class within a constituency, for which the election is being held.

(3) The declaration of identity is to include space for–

(a) the name of the voter,

(b) the address of the voter,

(c) the voter's signature, and

(d) the date that the declaration was made by thevoter.

(4) The voter must be required to return the declaration of identity together with the ballot paper.

(5) The declaration of identity must caution the voter that if it is not returned with the ballot paper, or if it is returned without being correctly completed, the replacement ballot paper may be declared invalid.

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Procedure for receipt of envelopes

32. Receipt of voting documents – (1) Where the returning officer receives a–

(a) covering envelope, or

(b) any other envelope containing a declaration of identity if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 33 and 34 are to apply.

(2) The returning officer may open any ballot paper envelope for the purposes of rules 33 and 34, but must make arrangements to ensure that no person obtains or communicates information as to –

(a) the candidate for whom a voter has voted, or

(b) the unique identifier on a ballot paper.

(3) The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

33. Validity of ballot paper – (1) A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly completed, signed, and dated.

(2) Where the returning officer is satisfied that paragraph (1) has been fulfilled, he or she is to –

(a) put the declaration of identity if required in a separate packet, and

(b) put the ballot paper aside for counting after the close of the poll.

(3) Where the returning officer is not satisfied that paragraph (1) has been fulfilled, he or she is to –

(a) mark the ballot paper "disqualified",

(b) if there is a declaration of identity accompanying the ballot paper, mark it as "disqualified" and attach it the ballot paper,

(c) record the unique identifier on the ballot paper in a list (the "list of disqualified documents"); and

(d) place the document or documents in a separate packet.

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34. Declaration of identity but no ballot paper (public and patient constituency) – Where the returning officer receives a declaration of identity if required but no ballot paper, the returning officer is to –

(a) mark the declaration of identity"disqualified",

(b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper; and

(c) place the declaration of identity in a separate packet.

35. Sealing of packets – As soon as is possible after the close of the poll and after the completion of the procedure under rules 33 and 34, the returning officer is to seal the packets containing–

(a) the disqualified documents, together with the list of disqualified documents inside it,

(b) the declarations of identity if required,

(c) the list of spoilt ballot papers,

(d) the list of lost ballot papers,

(e) the list of eligible voters, and

(f) the list of tendered ballot papers.

Part 6 - Counting the votes

36. Interpretation of Part 6 – In Part 6 of these rules –

"continuing candidate" means any candidate not deemed to be elected, and not excluded,

"count" means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

"deemed to be elected" means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

"mark" means a figure, an identifiable written word, or a mark such as "X",

"non-transferable vote" means a ballot paper –

(a) on which no second or subsequent preference is recorded for a continuing candidate, or

(b) which is excluded by the returning officer under rule stv44(4) below,

"preference" as used in the following contexts has the meaning assigned below–

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(a) "first preference" means the figure "1" or any mark or word which clearly indicates a first (or only) preference,

(b) "next available preference" means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a "second preference" is shown by the figure "2" or any mark or word which clearly indicates a second preference, and a third preference by the figure "3" or any mark or word which clearly indicates a third preference, and so on,

"quota" means the number calculated in accordance with rule stv41 below,

"surplus" means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable papers from the candidate who has the surplus,

"stage of the count" means –

(a) the determination of the first preference vote of eachcandidate,

(b) the transfer of a surplus of a candidate deemed to be elected, or

(c) the exclusion of one or more candidates at any giventime,

"transferable paper" means a ballot paper on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

"transferred vote" means a vote derived from a ballot paper on which a second or subsequent preference is recorded for the candidate to whom that paper has been transferred, and

"transfer value" means the value of a transferred vote calculated in accordance with paragraph (4) or (7) of rule stv42 below.

37. Arrangements for counting of the votes – The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

38. The count – (1) The returning officer is to –

(a) count and record the number of ballot papers that have been returned, and

(b) count the votes according to the provisions in this Part of therules.

(2) The returning officer, while counting and recording the number of ballot papers and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballotpaper.

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(3) The returning officer is to proceed continuously with counting the votes as far as is practicable.

39. Rejected ballot papers – (1) Any ballot paper –

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

(2) The returning officer is to endorse the word "rejected" on any ballot paper which under this rule is not to be counted.

(3) The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of paragraph (1).

40. Rejected ballot papers – (1) Any ballot paper –

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which votes are given for more candidates than the voter is entitled to vote,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall, subject to paragraphs (2) and (3) below, be rejected and not counted.

(2) Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

(3) A ballot paper on which a vote is marked –

(a) elsewhere than in the proper place,

(b) otherwise than by means of a clear mark,

(c) by more than one mark,

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is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

(4) The returning officer is to –

(a) endorse the word "rejected" on any ballot paper which under this rule is not to be counted, and

(b) in the case of a ballot paper on which any vote is counted under paragraph (2) or (3) above, endorse the words "rejected in part" on the ballot paper and indicate which vote or votes have been counted.

(5) The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings –

(a) does not bear proper features that have been incorporated into the ballot paper,

(b) voting for more candidates than the voter is entitledto,

(c) writing or mark by which voter could be identified, and

(d) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of ballot papers rejected in part.

41. First stage – (1) The returning officer is to sort the ballot papers into parcels according to the candidates for whom the first preference votes are given.

(2) The returning officer is to then count the number of first preference votes given on ballot papers for each candidate, and is to record those numbers.

(3) The returning officer is to also ascertain and record the number of valid ballot papers.

42. The quota – (1) The returning officer is to divide the number of valid ballot papers by a number exceeding by one the number of members to be elected.

(2) The result, increased by one, of the division under paragraph (1) above (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as "the quota").

(3) At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in paragraphs (1) to (3) of rule stv44 has been complied with.

43. Transfer of votes – (1) Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot papers on which first preference votes are given for that candidate into sub-parcels so that they are grouped –

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(a) according to next available preference given on those papers for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

(2) The returning officer is to count the number of ballot papers in each parcel referred to in paragraph (1) above.

(3) The returning officer is, in accordance with this rule and rule stv43 below, to transfer each sub-parcel of ballot papers referred to in paragraph (1)(a) to the candidate for whom the next available preference is given on those papers.

(4) The vote on each ballot paper transferred under paragraph (3) above shall be at a value ("the transfer value") which –

(a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and

(b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot papers on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

(5) Where at the end of any stage of the count involving the transfer of ballot papers, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot papers in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped –

(a) according to the next available preference given on those papers for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

(6) The returning officer is, in accordance with this rule and rule stv43 below, to transfer each sub-parcel of ballot papers referred to in paragraph (5)(a) to the candidate for whom the next available preference is given on those papers.

(7) The vote on each ballot paper transferred under paragraph (6) shall be at –

(a) a transfer value calculated as set out in paragraph (4)(b) above, or

(b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

(8) Each transfer of a surplus constitutes a stage in the count.

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(9) Subject to paragraph (10), the returning officer shall proceed to transfer transferable papers until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

(10) Transferable papers shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are –

(a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or

(b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

(11) This rule does not apply at an election where there is only one vacancy.

44. Supplementary provisions on transfer – (1) If, at any stage of the count, two or more candidates have surpluses, the transferable papers of the candidate with the highest surplus shall be transferred first, and if –

(a) The surpluses determined in respect of two or more candidates are equal, the transferable papers of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and

(b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable papers of the candidate on whom the lot falls shall be transferred first.

(2) The returning officer shall, on each transfer of transferable papers under rule stv42 above –

(a) record the total value of the votes transferred to each candidate,

(b) add that value to the previous total of votes recorded for each candidate and record the new total,

(c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and

(d) compare—

(i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

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(3) All ballot papers transferred under rule stv42 or stv44 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that paper or, as the case may be, all the papers in that sub-parcel.

(4) Where a ballot paper is so marked that it is unclear to the returning officer at any stage of the count under rule stv42 or stv44 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot paper as a non-transferable vote; and votes on a ballot paper shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

45. Exclusion of candidates – (1) If—

(a) all transferable papers which under the provisions of rule stv42 above (including that rule as applied by paragraph (11) below) and this rule are required to be transferred, have been transferred, and

(b) subject to rule stv45 below, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where paragraph (12) below applies, the candidates with the then lowest votes).

(2) The returning officer shall sort all the ballot papers on which first preference votes are given for the candidate or candidates excluded under paragraph (1) above into two sub-parcels so that they are grouped as—

(a) ballot papers on which a next available preference is given, and

(b) ballot papers on which no such preference is given (thereby including ballot papers on which preferences are given only for candidates who are deemed to be elected or are excluded).

(3) The returning officer shall, in accordance with this rule and rule stv43 above, transfer each sub-parcel of ballot papers referred to in paragraph (2)(a) above to the candidate for whom the next available preference is given on those papers.

(4) The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

(5) If, subject to rule stv45 below, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable papers, if any, which had been transferred to any candidate excluded under paragraph (1) above into sub-parcels according to their transfer value.

(6) The returning officer shall transfer those papers in the sub-parcel of transferable papers with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those papers (thereby passing over candidates who are deemed to be elected or are excluded).

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(7) The vote on each transferable paper transferred under paragraph (6) above shall be at the value at which that vote was received by the candidate excluded under paragraph (1) above.

(8) Any papers on which no next available preferences have been expressed shall be set aside as non-transferable votes.

(9) After the returning officer has completed the transfer of the ballot papers in the sub-parcel of ballot papers with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot papers with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under paragraph (1) above.

(10) The returning officer shall after each stage of the count completed under this rule—

(a) record –

(i) the total value of votes, or

(ii) the total transfer value of votes transferred to each candidate,

(b) add that total to the previous total of votes recorded for each candidate and record the new total,

(c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and

(d) compare—

(i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

(11) If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with paragraphs (5) to (10) of rule stv42 and rule stv43.

(12) Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

(13) If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest—

(a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and

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(b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall beexcluded.

46. Filling of last vacancies – (1) Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

(2) Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

(3) Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

47. Order of election of candidates – (1) The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule stv42(10) above.

(2) A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained thequota.

(3) Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

(4) Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been electedfirst.

48. Equality of votes – Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

Part 7 – Final proceedings in contested and uncontested elections

49. Declaration of result for contested elections – (1) In a contested election, when the result of the poll has been ascertained, the returning officer is to–

(a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the Council of Governors from the constituency, or class within a constituency, for which the election is being held to be elected,

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(b) give notice of the name of each candidate who he or she has declared elected–

(i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 4(4) of the 2003 Act, to the chairman of the NHS Trust, or

(ii) in any other case, to the chairman of the corporation; and

(c) give public notice of the name of each candidate whom he or she has declared elected.

(2) The returning officer is to make –

(a) the total number of votes given for each candidate (whether elected or not), and

(b) the number of rejected ballot papers under each of the headings in rule fpp39(5),

available on request.

50. Declaration of result for contested elections – (1) In a contested election, when the result of the poll has been ascertained, the returning officer is to—

(a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,

(b) give notice of the name of each candidate who he or she has declared elected –

(i) where the election is held under a proposed constitution pursuant to powers conferred on the South Tees Hospitals NHS Foundation Trust by section 4(4) of the 2003 Act, to the chairman of the NHS Trust, or

(ii) in any other case, to the chairman of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

(2) The returning officer is to make –

(a) the number of first preference votes for each candidate whether elected or not,

(b) any transfer of votes,

(c) the total number of votes for each candidate at each stage of the count at which such transfer took place,

(d) the order in which the successful candidates were elected, and

(e) the number of rejected ballot papers under each of the headings in rule stv39(1),

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available on request.

51. Declaration of result for uncontested elections – In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election–

(a) declare the candidate or candidates remaining validly nominated to be elected,

(b) give notice of the name of each candidate who he or she has declared elected to the chairman of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

Part 8 – Disposal of documents

52. Sealing up of documents relating to the poll – (1) On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets –

a. the counted ballot papers,

b. the ballot papers endorsed with "rejected inpart",

c. the rejected ballot papers, and

d. the statement of rejected ballot papers.

(2) The returning officer must not open the sealed packets of–

(a) the disqualified documents, with the list of disqualified documents inside it,

(b) the declarations ofidentity,

(c) the list of spoilt ballot papers,

(d) the list of lost ballot papers,

(e) the list of eligible voters, and

(f) the list of tendered ballot papers.

(3) The returning officer must endorse on each packet a description of–

(a) its contents,

(b) the date of the publication of notice of theelection,

(c) the name of the corporation to which the election relates, and

(d) the constituency, or class within a constituency, to which the election relates.

53. Delivery of documents – Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 49, the returning officer is to forward them to the chair of the corporation.

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54. Forwarding of documents received after close of the poll – Where –

a. any voting documents are received by the returning officer after the close of the poll, or

b. any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or

c. any applications for replacement ballot papers are made too late to enable new ballot papers to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the chairman of the corporation.

55. Retention and public inspection of documents – (1) The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the regulator, cause them to be destroyed.

(2) With the exception of the documents listed in rule 53(1), the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

(3) A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

56. Application for inspection of certain documents relating to an election – (1) The corporation may not allow the inspection of, or the opening of any sealed packet containing –

a. any rejected ballot papers, including ballot papers rejected in part,

b. any disqualified documents, or the list of disqualified documents,

c. any counted ballot papers,

d. any declarations of identity, or

e. the list of eligible voters,

by any person without the consent of the Regulator.

(2) A person may apply to the Regulator to inspect any of the documents listed in (1), and the Regulator may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

(3) The Regulator's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

(a) persons,

(b) time,

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(c) place and mode of inspection,

(d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

(4) On an application to inspect any of the documents listed in paragraph (1),–

(a) in giving its consent, the regulator, and

(b) and making the documents available for inspection, thecorporation,

must ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

(i) that his or her vote was given, and

(ii) that the regulator has declared that the vote was invalid.

Part 9 – Death of a candidate during a contested election

57. Countermand or abandonment of poll on death of candidate – (1) If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to

(a) countermand notice of the poll, or, if ballot papers have been issued, direct that the poll be abandoned within that constituency or class, and

(b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

(2) Where a new election is ordered under paragraph (1), no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.

(3) Where a poll is abandoned under paragraph (1)(a), paragraphs (4) to (7) are to apply.

(4) The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 33 and 34, and is to make up separate sealed packets in accordance with rule 35.

(5) The returning officer is to –

(a) count and record the number of ballot papers that have been received, and

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(b) seal up the ballot papers into packets, along with the records of the number of ballot papers.

(6) The returning officer is to endorse on each packet a description of –

(a) its contents,

(b) the date of the publication of notice of the election,

(c) the name of the corporation to which the election relates, and

(d) the constituency, or class within a constituency, to which the election relates.

(7) Once the documents relating to the poll have been sealed up and endorsed pursuant to paragraphs (4) to (6), the returning officer is to deliver them to the chairman of the corporation, and rules 52 and 53 are to apply.

58. Countermand or abandonment of poll on death of candidate – (1) If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to –

(a) publish a notice stating that the candidate has died, and

(b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –

(i) ballot papers which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and

(ii) ballot papers which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

(2) The ballot papers which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot papers pursuant to rule 49(1)(a).

Part 10 – Election expenses and publicity

Election expenses

59. Election expenses – Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application to the regulator under Part 11 of these rules.

60. Expenses and payments by candidates - A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to –

(a) personal expenses,

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(b) travelling expenses, and expenses incurred while living away from home, and

(c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of[£100].

61. Election expenses incurred by other persons – (1) No person may-

(a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or

(b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

(2) Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 58 and 59.

Publicity

62. Publicity about election by the corporation – (1) The corporation may–

a. compile and distribute such information about the candidates, and

b. organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

(2) Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 59, must be–

(a) objective, balanced and fair,

(b) equivalent in size and content for all candidates,

(c) compiled and distributed in consultation with all of the candidates standing for election, and

(d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

(3) Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

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63. Information about candidates for inclusion with voting documents - (1) The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of theserules.

(2) The information must consist of –

(a) a statement submitted by the candidate of no more than [250] words, [and]

[(b) a photograph of the candidate.]

64. Meaning of "for the purposes of an election" - (1) In this Part, the phrase "for the purposes of an election" means with a view to, or otherwise in connection with, promoting or procuring a candidate's election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.

(2) The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

Part 11 – Questioning elections and the consequence of irregularities

65. Application to question an election – (1) An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to the regulator.

(2) An application may only be made once the outcome of the election has been declared by the returning officer.

(3) An application may only be made to the Regulator by-

(a) a person who voted at the election or who claimed to have had the right to vote, or

(b) a candidate, or a person claiming to have had a right to be elected at the election.

(4) The application must –

(a) describe the alleged breach of the rules or electoral irregularity, and

(b) be in such a form as the Regulator may require.

(5) The application must be presented in writing within 21 days of the declaration of the result of the election.

(6) If the Regulator requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.

a. The Regulator shall delegate the determination of an application to a person or persons to be nominated for the purpose of the Regulator.

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b. The determination by the person or persons nominated in accordance with Rule 61(7) shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.

c. The Regulator may prescribe rules of procedure for the determination of an application including costs.

Part 12 – Miscellaneous

66. Secrecy – (1) The following persons –

a. the returning officer,

b. the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to –

(i) the name of any member of the corporation who has or has not been given a ballot paper or who has or has not voted,

(ii) the unique identifier on any ballot paper,

(iii) the candidate(s) for whom any member has voted.

(2) No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter.

(3) The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

67. Prohibition of disclosure of vote – No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

68. Disqualification – A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is–

a. a member of the corporation,

b. an employee of the corporation,

c. a Director of the corporation, or

d. employed by or on behalf of a person who has been nominated for election.

69. Delay in postal service through industrial action or unforeseen event – If industrial action, or some other unforeseen event, results in a delay in –

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a. the delivery of the documents in rule 24, or

b. the return of the ballot papers and declarations ofidentity,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll, with the agreement of the Regulator.

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ANNEX 5 – ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS

1. ELIGABILITY TO BECOME A MEMBER OF THE COUNCIL OFGOVERNORS

A person may not become a member of the Council of Governors, and if already holding such office will immediately cease to do so, if:

1.1 They are a Director of the Trust, or a Governor or Director of another NHS Foundation Trust or any other NHS body (unless they are appointed as a member of the Council of Governors by an appointing organisation).

1.2 They have previously been an Executive or Non-Executive Director of the Trust.

1.3 They are the spouse, partner, parent or child of a member of the Board of Directors of the Foundation Trust.

1.4 They are under the age of 16.

1.5 They are a member of a Local Authority's Overview and Scrutiny Committee covering health matters.

1.6 They are a member of the executive/management committee of a Healthwatch organisation (unless they are appointed as a member of the Council of Governors by that organisation).

1.7 Being a member of the Public Constituency they refuse or fail to sign a declaration, in the form specified by the Council of Governors, giving particulars of their qualification to vote as a member of the Trust, and that they are not prevented from being a member of the Council of Governors.

1.8 They are a vexatious complainant of the Trust, as defined by Trustpolicy.

1.9 They have been involved within the last 10 years as a perpetrator in a serious incident of assault or violence, or in one or more incidents of harassment, against any of the Trust's employees or other persons who exercise functions for the purposes of the Trust, or against registered volunteers.

1.10 They have been excluded from any of the Trust premises within the last 10 years.

1.11 Their name has been placed on a register of individuals who have committed an offence covered by Schedule 1 of the Children and Young Persons Act 1933 and / or they are required to register under the Sexual Offences Act 2003, or an individual who is subject to a Sex Offender Order or who has committed a sexual offence prior to the requirement to register under currentlegislation.

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1.12 On the basis of disclosures obtained through an application to the Criminal Records Bureau, they are not considered suitable in accordance with the Trust's Policy.

1.13 They have within the preceding two years been lawfully dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body.

1.14 They are a person whose tenure of office as the Chairman or as a member or Director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest.

1.15 They have been removed from membership of a professional body or from a list of registered medical, dental, nursing or other health care practitioners as a result of disciplinary action or any conclusion that the continued inclusion of that person's name on any such list or membership of any such professional body would be prejudicial to the efficiency of the services to which the professional body or list relates and have not subsequently been re-instated to membership or such a list.

2. TERMINATION OF OFFICE AND REMOVAL OF MEMBERS OF THE COUNCIL OF GOVERNORS

A person holding office as a member of the Council of Governors shall immediately cease to do so if:

2.1 They resign by notice in writing to the Company Secretary.

2.2 The governor is appointed as a Non-Executive Director of South Tees Hospitals NHS Foundation Trust.

2.3 Their circumstances change so that they are ineligible under the general terms of eligibility of Governors as set out in the main body of this constitution in section 11.3, and 14.

2.4 It otherwise comes to the notice of the Company Secretary at the time the member of the Council of Governors takes office or later that the member of the Council of Governors is disqualified in accordance with paragraph 14 of the Constitution.

2.5 They fail to attend three meetings in any financial year, unless the members of the Council of Governors are satisfied that:

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

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2.6 In the case of an elected member of the Council of Governors, they cease to be a member of the Trust. Where a Governor moves from one area of the Public Constituency to another, the Governor would continue to be eligible to be a member of the Trust but would need to cease holding office because they would no longer be eligible to represent the area that had elected them.

2.7 In the case of an appointed member of the Council of Governors, the appointing organisation terminates the appointment.

2.8 They have failed to undertake any training which the Council of Governors requires all members of the Council of Governors to undertake, unless the members of the Council of Governors are satisfied that:

a) The failure to undertake training was due to reasonable causes; and
b) They will be able to undertake the required training within such a period as the Council of Governors consider reasonable.

2.9 They have failed to sign and deliver to the Company Secretary a statement in the form required by the Council of Governors confirming acceptance of the Trust's and/or the Council of Governors Code of Conduct.

2.10 He/she is removed from the Council of Governors by a resolution approved by a majority of the remaining members of the Council of Governors present and voting at a General Meeting on the grounds that:

a) They have committed a serious breach of the Trust's and/or Council of Governors Code of Conduct, which may include chairman's action for removal of a Governor if serious breaches of the Code have occurred, as set out in section 5 and 6 of the Code of Conduct for Governors; or
b) They have acted in a manner detrimental to the interests of the Trust, or
c) They have failed to discharge their responsibilities as a member of the Council of Governors.

2.11 He/she fails to disclose any interest required to be disclosed in meetings and decisions of the Council of Governors, and a majority of the Council of Governors approves his/her removal from office.

3. REQUIREMENT OF MEMBER OF THE COUNCIL OF GOVERNORS TO NOTIFY TRUST

Where a person has been elected or appointed to be a member of the Council of Governors and they become disqualified from holding office as described in Annex 6 of this constitution, they shall notify the Company Secretary in holding writing of such disqualifications.

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4. TENURE OF OFFICE FOR THE COUNCIL OFGOVERNORS

All Governors will have three year tenures.

An elected Governor shall be eligible for re-election at the end of his/her term and shall serve no more than three consecutive terms of office (or a maximum of 9 years in total).

An appointed Governor shall cease to hold office if the appointing organisation withdraws its sponsorship of him.

An appointed Governor shall be eligible for re-appointment at the end of his/her term and shall serve no more than three consecutive terms of office (or a maximum of 9 years in total).

5. VACANCIES ON THE COUNCIL OFGOVERNORS

Where a vacancy arises on the Council of Governors for any reason other than expiry of term of office, the following provisions will apply:

5.1 Where the vacancy arises amongst the appointed members of the Council of Governors, the Company Secretary shall request that the appointing organisation appoints a replacement to hold office for the remainder of the term of office.

5.2 Where the vacancy arises amongst the elected members within 12 months following an election to that seat, the Trust shall approach the person who polled the next highest number of votes in the original election and offer the vacant seat to them for the remainder of that term of office, with the proviso that the candidate will need to be a member of the same constituency and class as that in relation to where the vacancy has arisen. Should that person decline, the Trust shall make a similar approach to the next highest polling candidate. The Trust shall continue to make such approaches to the candidates for such seat in descending order of their polled number of votes until the seat isfilled.

Where there is no next in line candidate or none of the other candidates for the seat want to, or are able to, fill the vacancy an election will be called by the Council of Governors.

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6. EXPENSES

6.1 The Trust may pay travel and other expenses to members of the Council of Governors at rates determined by the Trust.

6.2 Expenses incurred shall be reimbursed in line with the appropriate Trust policies.

6.3 Appointed Governors will not be entitled to recover their expenses where their employer would normally provide reimbursement.

7. STAFF CONSTITUENCY

7.1 The Trust will grant reasonable time off, with pay, to recognise staff Governors to carry out Governor duties.

7.2 Where time off is requested, this will be done in accordance with the Trust's human resources policies and procedures.

8. ROLES AND RESPONSIBILITIES

The roles and responsibilities of members of the Council of Governors are:

a) **Advisory** – Communicating to the Board wishes of members and the wider community.

b) **Guardianship** – Ensuring that the Trust is operating in accordance with its Terms of Authorisation. In this regard it acts as a Trustee for the welfare of the organisation.

c) **Strategic** – Advising on the longer term direction to help the Board effectively determine its policies.

In particular the members of the Council of Governors are to:

8.1 Develop the membership of the Trust and represent interests of members.

8.2 Give the views of the Council of Governors to the Board of Directors for the purposes of the preparation (by the Directors) of the document containing information on the Trust's forward planning in respect of each financial year to be given to the Independent Regulator of NHS Foundation Trusts.

8.3 Respond to any matter as appropriate when consulted by the Directors.

8.4 Appoint and remove the Chairman and the other Non-executive Directors in accordance with this Constitution.

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8.5 Decide the remuneration and allowances, and the other terms and conditions of office, of the Chairman and other Non-executive Directors in accordance with this Constitution.

8.6 Approve the appointment of the Chief Executive in accordance with this Constitution.

8.7 Consider the annual accounts, any reports of the auditor on them, and the annual report.

8.8 Appoint and remove the Trust's external auditor.

9. APPOINTMENT OF NON-EXECUTIVE DIRECTORS (including Chairman and Deputy Chairman)

9.1 In accordance with the NHS Foundation Trust Code of Governance the Council of Governors shall establish a Committee of the Council of Governors and the Board. The committee will evaluate the balance of skills, knowledge and experience of the Board and, in light of this evaluation, prepare a description of the roles and capabilities required for a particular appointment of both Executive and Non-Executive Directors (including the Chairman). The Committee shall comprise three members of the Council of Governors and two Directors (at least one of whom will be a Non-executive Director). The Committee may have an independent assessor in attendance if appropriate.

9.2 The Council of Governors will take into account the views of the Board of Directors on the balance of individual skills and experience it requires at the time a vacancy arises.

9.3 Suitable candidates will be identified by the Board of Directors which may, if it considers it appropriate in particular circumstances, engage an external organisation, recognised as expert in this field, to assist it in the whole process (including the work involved in 9.1 above).

10. REMUNERATION OF THE CHAIRMAN AND OTHER NON-EXECUTIVE DIRECTORS

In order to determine the proper level of remuneration and allowances that should be paid to the Chairman and other Non-executive Directors the Council of Governors may, from time to time, and at least every three years, consult, at the Trust's expense, with external professional advisers.

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ANNEX 6 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

FOREWORD

South Tees Hospitals NHS Foundation Trust (the "Trust") is a public benefit corporation that was established in accordance with the provisions of National Health Service Act 2006.

These Standing Orders (SOs) are for the regulation of the Trust's Council of Governors proceedings and business.

The Council of Governors will conduct its business in an open a way as possible and will:

1. Observe the Nolan principles of Public Life of selflessness, integrity, objectivity, accountability, openness, honesty and leadership;
2 At all times seek to comply with the NHS Foundation Trust Code of Governance; and
3 At all times seek to comply with the Combined Code on Corporate Governance 2003.

Everything done by the Council of Governors should be able to stand the test of scrutiny, public judgment on propriety, and professional codes of conduct.

The Council of Governors will in its business be as transparent as it can be about its activities to promote confidence between the Council of Governors, the membership, the Board of Directors, staff, services users and the public.

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COUNCIL OF GOVERNORS – STANDING ORDERS

CONTENTS

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1. INTERPRETATION

1.1 Save as permitted by law, the Chairman of the Trust shall be the final authority on the interpretation of Standing Orders (on which he/she shall be advised by the Company Secretary, Chief Executive and Director of Finance).

1.2 Any expression to which a meaning is given in the National Health Service Act 2006 has the same meaning in this interpretation and in addition:

a) **ACCOUNTABLE OFFICER** shall be the officer responsible and accountable for funds entrusted to the Trust. He/she shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

b) **BOARD** means the Board of Directors, formally constituted in accordance with this Constitution and consisting of a Chairman, and Non-executive Directors, appointed by the Council of Governors and the Executive Directors, appointed by the Non-executive Directors and (except for his/her own appointment) by the Chief Executive.

c) **BUDGET** shall mean a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.

d) **CHAIRMAN** is the person appointed by the Council of Governors as a Non-Executive Chairman to lead the Board of Directors and Council of Governors to ensure it successfully discharges its overall responsibility for the Trust as a whole.

e) **CHIEF EXECUTIVE** shall mean the accountable officer of the Trust.

f) **COMMITTEE OF THE COUNCIL** means a committee formed by the Council of Governors with specific Terms of Reference, chair and membership.

g) **COMMITTEE OF THE BOARD** means a committee formed by the Board with specific Terms of Reference, Chair and Membership.

h) **COUNCIL** means the Council of Governors, formally constituted in accordance with this Constitution meeting in public and presided over by the Chairman.

i) **COUNCIL MEMBER** means a person elected or appointed to the Council of Governors.

j) **DIRECTOR** means a person appointed to the Board of Directors

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k) **DEPUTY CHAIRMAN** means the Non-Executive Director appointed by the Council of Governors to take on the Chairman's duties if the Chairman is absent for any reason.

l) **DIRECTOR OF FINANCE** shall mean the Chief Finance Officer of the Trust who will ensure compliance with Standing Financial Instructions.

m) **FUNDS HELD ON TRUST** shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under Schedule 3 and 4 para 14.1c National Health Service Act 2006. Such funds may or may not be charitable.

n) **MEMBER** means a person registered as a member of one of the constituencies of the Trust as outlined in this Constitution.

MONITOR or TRUST REGULATOR is the body corporate known as Monitor, referred to in Section 61 of the 2012 Act which operates with the National Health Service Trust Development Authority as NHSE/I.

o) **MOTION"** means a formal proposition to be discussed and voted on during the course of a meeting.

p) **NOMINATED OFFICER** means an officer charged with the responsibility for discharging specific tasks within Standing Orders in line with the 2006 Act.

q) **NON-EXECUTIVE DIRECTOR** is a person appointed by the Council of Governors to be a member of the Board of Directors. Initially Non executives of the applicant NHS Trust will become Non-executives of the Foundation Trust, unless they choose not do so. This includes the chairman of the Trust.

r) **OFFICER** means an employee of the Trust

s) **SOs** means Standing Orders

t) **SFIs** means Standing Financial Instructions

u) **TRUST** means South Tees Hospitals NHS Foundation Trust.

v) **COMPANY SECRETARY** this role will act as independent advice to the Board and monitor the Trust's compliance with its terms of authorisation and constitution.

2. GENERAL INFORMATION

2.1 The purpose of the Council of Governors' Standing Orders is to ensure that the highest standards of Corporate Governance and conduct are applied to all Council meetings and associated deliberations. The Council shall at all times seek to comply with the NHS Foundation Trust Code of Governance which is founded on "The Combined Code".

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2.2 All business shall be conducted in the name of the Trust.

2.3 A member of the Council of Governors who has acted honestly and in good faith will not have to meet out of his or her own personal resources any personal civil liability which is incurred in the execution or purported execution of his or her functions as a member of the Council of Governors save where the member of the Council of Governors has acted recklessly. On behalf of the Council of Governors and as part of the Trust's overall insurance arrangements the Board shall put in place appropriate insurance provision to cover such indemnity at the discretion of the Trust.

3. COMPOSITION OF THE COUNCIL OF GOVERNORS

3.1 The composition of the Council of Governors shall be in accordance with the Trust's Constitution.

3.2 **Appointment of the Chairman and Deputy Chairman of the Council of Governors -** The Chairman or in the absence or incapacity of the Chairman the Deputy Chairman of the Trust will preside over meetings of the Council of Governors.

3.3 **Duties of the Deputy Chairman –** Where the Chairman has died or has otherwise ceased to hold office or where he/she has been unable to perform his/her duties as a Chairman owing to illness, absence from England and Wales or any other cause, references to the Chairman shall, so long as there is no Chairman able to perform his/her duties, be taken to include to the Deputy Chairman.

3.4 **Removal of the Chairman or Deputy Chairman of the Council of Governors** – it shall be for the Council of Governors to determine the period of office for the Chairman and Deputy Chairman, excluding the initial Chairman and Deputy Chairman, of the Council of Governors, which shall normally be for a period of up to three years after which the Council of Governors shall review the appointment. Should there be the requirement to remove the Chairman or Deputy Chairman of the Council of Governors this shall be carried out in accordance with SO4.6.6.

4. MEETINGS OF THE COUNCIL OF GOVERNORS

4.1 Meetings held in Public

4.1.1 Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting (whether for the whole or part of such meeting) for special reasons as determined by the Chairman in conjunction with the Council of Governors which may include, but are not limited to, the following reasons

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i. Publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted; or
ii. There are special reasons stated in the resolution and arising from the nature of the business of the proceedings;

4.1.2 The Chairman may exclude any member of public from the meeting of the Council if they are interfering with or preventing the reasonable conduct of the meeting.

4.1.3 Meetings of the Council of Governors shall be held at least four times each year, inclusive of an Annual General Meeting, at times and places that the Council of Governors may determine.

4.1.4 The Council may invite the Chief Executive of the Trust, and other appropriate Directors, to attend any meeting of the Council of Governors and enable members of the Council of Governors to raise questions about the Trust affairs.

4.2 Calling Meetings

Notwithstanding, 4.1.4 above, the Chairman may, in exceptional circumstances, call a meeting of the Council of Governors at any time. If the Chairman refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of the members of the Council of Governors, or if without so refusing the Chairman does not call a meeting within fourteen days after a requisition to do so, then the members of the Council of Governors may forthwith call a meeting provided they have been requisitioned to do so by more than 50% of the members of the Council of Governors.

4.3 Notice of Meetings

4.3.1 Before each meeting of the Council of Governors, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chairman, or by an officer of the Trust authorised by the Chairman to sign on their behalf, shall be delivered to every member of the Council of Governors, or sent by post to the usual place of residence of such member of the Council of Governors, at least 5 clear working days before the meeting.

4.3.2 The Company Secretary should ensure that a notice of a meeting of the Council of Governors is publicised to the public.

4.4 Setting the Agenda

The agenda for the meeting of the council of governors will be circulated with the notice of the meeting and any supporting papers.

4.4.1 The Council of Governors may determine that certain matters shall appear on every agenda for a meeting of the Council of Governors

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and shall be addressed prior to any other business being conducted.

4.4.2 The Council of Governors will agree an annual programme of work proposed by the Board of Directors to ensure they discharge their responsibilities as governors.

4.4.3 A member of the Council of Governors desiring a matter to be included on an agenda shall make his/her request in writing to the Chairman at least ten clear working days before the meeting. Requests made less than ten days before a meeting may be included on the agenda at the discretion of the Chairman.

4.5 Chairman of the Meeting

At any meeting of the Council of Governors, the Chairman, if present, shall preside, initially this shall be the Chairman of the Trust in accordance with SO 3.2. If the Chairman is absent from the meeting the Deputy Chairman shall preside, initially this shall be the Deputy Chairman of the Trust in accordance with SO 3.2.

4.6 Notices and Motions

4.6.1 A member of the Council of Governors desiring to move or amend a motion shall send a written notice thereof at least 10 clear working days before the meeting to the Chairman, who shall insert in the agenda for the meeting, all notices so received subject to the notice given being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice, on any business mentioned on the agenda subject to section 4.3 of these Standing Orders.

4.6.2 A motion or amendment, once moved and seconded, may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chairman.

4.6.3 Notice of motion to amend or rescind any resolution (or the general substance of any resolution), which has been passed within the preceding six calendar months, shall bear the signature of the members of the Council of Governors who give it and also the signature of four other members of the Council of Governors. When any such motion has been disposed of by the Council of Governors it shall not be competent for any member of the Council of Governors, other than the Chairman, to propose a motion to the same effect within six months; however the Chairman may do so if he/she considers it appropriate.

4.6.4 The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

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4.6.5 When a motion is under discussion or immediately prior to discussion it shall be open to a member of the Council of Governors to move:

a) An amendment to the motion.
b) The adjournment of the discussion or the meeting.
c) That the meeting proceeds to the next business.
d) That the motion shall be now put.

Such a motion, if seconded, shall be disposed of before the motion which was originally under discussion or about to be discussed.

No amendment to the motion shall be admitted if, in the opinion of the Chairman of the meeting, the amendment negates the substance of the motion.

In the case of motions under c) and d), to ensure objectivity motions may only be put by a member of the Council of Governors who has not previously taken part in the debate.

4.6.6 A motion to remove the Chairman or a Non-executive Director must be seconded by 10 members of the Council of Governors.

4.7 Chairman's Ruling

4.7.1 Statements of members of Governors made at the meetings of the Council of Governors shall be relevant to the matter under discussion at the material time and the decision of the Chairman of the meeting on questions of order, relevancy, regularity and any other matters shall be observed at the meeting.

4.8 Voting

4.8.1 Decisions at meetings shall be determined by a majority of the votes of the members of the Council of Governors present and voting, with the exception of the appointment and removal of the Chair or a Non-executive Director, which should require approval by three quarters of the Council of Governors.

4.8.2 In the case of any equality in votes, the Trust Chairman shall have a second or casting vote (out with the provisions of 22.2 of the constitution).

4.8.3 All decisions put to the vote shall, at the discretion of the Chairman of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the members of the Council of Governors present so request.

4.8.4 If at least one-third of the members of the Council of Governors present so request, the voting (other than by paper ballot) on any

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question may be recorded to show how each member of the Council of Governors voted or abstained.

4.8.5 If a member of the Council of Governors so requests, his/her vote shall be recorded by name upon any vote (other than a paper ballot).

4.8.6 In no circumstances may an absent member of the Council of Governors vote by proxy. Absence is defined as being absent at the time of the vote.

4.9 Suspension of Standing Orders (SOs)

Except where this would contravene any provision of the constitution or any direction made by the Independent Regulator of NHS Foundation Trusts, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Council of Governors are present, including the Chair or Deputy Chair, and that a majority of those present vote in favour of suspension.

4.9.1 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

4.9.2 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Directors.

4.9.3 No formal business may be transacted while Standing Orders are suspended.

4.9.4 The Audit Committee shall review every decision to suspend Standing Orders.

4.10 Record of Attendance

4.10.1 The names of the members of the Council of Governors present at the meeting shall be recorded in the minutes.

4.11 Minutes

4.11.1 The minutes of the proceedings of the meeting shall be drawn up and maintained as a public record. They will be submitted for agreement at the next meeting where they will be signed by the person chairing it.

4.11.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

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4.11.3 Minutes shall be circulated in accordance with the members of the Council of Governors' wishes. The minutes of the meeting shall be made available to the public except for minutes relating to business conducted when members of the public are excluded under the terms of section 4.1 of these Standing Orders.

4.12 Quorum

4.12.1 No business shall be transacted at a meeting of the Council of Governors unless; at least one third of Governors are present (which must include at least one elected and one appointed Governor).

4.12.2 If a member of the Council of Governors has been disqualified from participating in the discussion of any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest he/she shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

5. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION

5.1 **Emergency Powers –** The powers which the Council of Governors has retained to itself within these Standing Orders may in emergency be exercised by the Chairman after having consulted at least five elected members of the Council of Governors. The exercise of such powers by the Chairman shall be reported to the next formal meeting of the Council for ratification.

5.2 **Delegation to Committees –** The Council of Governors will establish a Nominations Committee to fulfill the duty of advising the Council of Governors on the appointment of Non-Executive Directors and Chairman.

6. SUBCOMMITTEES – FURTHER PROVISIONS

6.1 The Council of Governors will review and agree with the Chairman an annual programme of work which will include and refer to the establishment of any sub committees of the Council of Governors to assist where appropriate in fulfilling its work programme. This will be reviewed on an annual basis in accordance with best practice.

6.2 These Standing Orders, as far as they are applicable, shall apply also, with the appropriate alteration, to meetings of any committees or sub-committees established by the Council.

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7. CONFIDENTIALITY

7.1 A member of the Council of Governors or an attendee on a committee of the Council shall not disclose a matter dealt with by, or brought before, the committee without its permission or until the committee shall have reported to the Council or shall otherwise have concluded on thatmatter.

7.2 A member of the Council of Governors or a non-member of the Council of Governors in attendance at a committee shall not disclose any matter dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Council of Governors or committee resolves that it isconfidential.

8. DECLARATION OF INTERESTS AND REGISTER OF INTERESTS

8.1 Declaration of Interests

If a governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the members of the Council of Governors as soon as he/she becomes aware of it.

8.1.1 Interests regarded in 8.1 above may include but are not exclusive to:

a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).
b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
c) Employment with any private company, business or consultancy.
d) Shareholdings in organisations likely or possibly seeking to do business with the NHS.
e) A position of authority in a charity or voluntary organisation in the field of health and social care.
f) Any connection with a voluntary or other organisation contracting for NHS Services.

8.1.2 If a member of the Council of Governors has any doubt about the relevance of an interest, they should discuss it with the Chairman or Company Secretary who shall advise them whether or not to disclose the interest.

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8.1.3 At the time members of the Council of Governors' interests are declared, they should be recorded in the Council of Governors' minutes and entered in a Register of Interests of members of the Council of Governors to be maintained by the Company Secretary. Any changes in interests should be declared at the next Council meeting following the change occurring.

8.1.4 Members of the Council of Governors' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Trust's annual report.

8.1.5 During the course of a Council meeting, if a conflict of interest is established, the member of the Council of Governors concerned shall, unless two-thirds of those Members of the Council of Governors present agree otherwise withdraw from the meeting and play no part in the relevant discussion or decision.

8.1.6 The interests of the members of the Council of Governors' spouses or partners shall be declared in accordance with section 17 of the Trusts constitution.

8.2 Register of Interests

8.2.1 The Company Secretary will ensure that a Register of Interests is established to record formally declarations of interests of members of the Council of Governors.

8.2.2 Details of the Register will be kept up to date and reviewed annually.

8.2.3 The Register will be available for inspection by members of the public.

9. COMPLIANCE – OTHER MATTERS

9.1 Members of the Council of Governors of the Trust shall comply with Standing Financial Instructions prepared by the Director of Finance and approved by the Board of Directors for the guidance of all staff employed by the Trust.

9.2 Members of the Council of Governors must behave in accordance with the seven Nolan principles of behaviour in Public Life, and both the Trust's and Council of Governors Code of Conduct as amended from time to time:

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- **Selflessness**

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends

- **Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties

- **Objectivity**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit

- **Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office

- **Openness**

Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands

- **Honesty**

Holders of public office have a duty to declare any private interest relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest

- **Leadership**

Holders of public office should promote and support these principles by leadership and example

10. RESOLUTION OF DISPUTES WITH BOARD OF DIRECTORS

10.1 The Council of Governors has three main roles:

- **Advisory** Communicating to the Board the wishes of members and the wider community.

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- **Guardianship** Ensuring that the Trust is operating in accordance with its Terms of Authorisation. In this regard it acts as a Trustee for the welfare of the organisation.
- **Strategic** Advising on the longer term direction to help the Board effectively determine its policies.

10.2 The Board of Directors has overall responsibility for running the affairs of the Trust. Its role is to:

- Note advice from, and consider the views of the Council of Governors;
- Set the strategic direction and leadership of the Trust;
- Ensure the Terms of Authorisation are complied with;
- Set organisational and operational targets;
- Assess, manage and minimise risk;
- Assess achievement against the above objectives;
- Ensure that action is taken to eliminate or minimise, as appropriate, adverse deviations from objectives;
- Ensure that the highest standards of Corporate Governance are applied throughout the organisation.

10.3 Should a dispute arise between the Council and the Board of Directors then the disputes resolution procedure set out below recognises the different roles of the Council and the Board as described above.

10.3.1 The Chairman, or Deputy Chairman (if the dispute involves the Chairman) of the Board and the Council of Governors, shall first endeavour through discussion with members of the Council of Governors and Directors or appropriate representatives of them, to achieve the earliest possible conclusion and to resolve the matter to the reasonable satisfaction of both parties.

10.3.2 Failing resolution under 10.3.1 above then the Board or the Council, as appropriate, shall at its next formal meeting approve the precise wording of a Disputes Statement setting out clearly and concisely the issue or issues giving rise to the dispute.

10.3.3 The Chairman, or Deputy Chairman (if the dispute involves the Chairman) of the Board and the Council of Governors, shall ensure that the Disputes Statement, without amendment or abbreviation in any way, shall be an agenda item and agenda paper at the next formal meeting of the Board or Council as appropriate. That meeting shall agree the precise wording of a Response to Disputes Statement.

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10.3.4 The Chairman, or Deputy Chairman (if the dispute involves the Chairman) of the Board and the Council of Governors, shall immediately, or as soon as is practicable communicate the outcome to the other party and deliver the written Response to Disputes Statement. If the matter remains unresolved or only partially resolved then the procedure outlined in 10.3.1 above shall be repeated.

10.3.5 If, in the opinion of the Chairman, or Deputy Chairman (if the dispute involves the Chairman) of the Board and the Council of Governors, and following the further discussions prescribed in 10.3.4, there is no further prospect of a full resolution or, if at any stage in the whole process, in the opinion of the Chairman, or Deputy Chairman (if the dispute involves the Chairman) of the Board and the Council of Governors, as the case may be, there is no prospect of a resolution (partial or otherwise) then they shall advise the Council and the Board accordingly.

10.3.6 On the satisfactory completion of this disputes process the Board of Directors shall implement the agreed changes.

10.3.7 On the unsatisfactory completion of this disputes process the view of the Board of Directors shall prevail.

10.4 Nothing in this procedure shall prevent the Council, if it so desires, from informing the Independent Regulator of NHS Foundation Trusts that, in the Council's opinion, the Board has not responded constructively to concerns of the Council of Governors and that the Trust is not meeting the terms of its authorisation.

11. CHANGES TO STANDING ORDERS

11.1 These Standing Orders shall be amended only if:

11.1.1 A notice of motion under Standing Order 4.6 has been given; and

11.1.2 No fewer than half the total of the members of the Council of Governors vote in favour of amendment; and

11.1.3 At least two thirds of the voting members are present; and

11.1.4 The variation proposed does not contravene a statutory provision or a direction made by the Regulator of NHS Foundation Trusts and

11.1.5 The amendment is agreed by the Board of Directors; and

11.1.6 The amendments agreed by the Board of Directors are approved by the Independent Regulator of NHS Foundation Trusts.

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ANNEX 7 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

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1. INTRODUCTION

The principal place of business of the Trust is The James Cook University Hospital, Marton Road, Middlesbrough.

NHS Foundation Trusts are governed by a Regulatory Framework that confers the functions of the Trust and comprises: Acts of Parliament and in particular the National Health Service Act 2006 ('the 2006 Act'); their constitutions; and the terms of their authorisation granted by the Independent Regulator of NHS Foundation Trusts ('the Independent Regulator').

The Regulatory Framework requires the Board of Directors to adopt Standing Orders for the practice and procedure of the Board of Directors. The Board of Directors will conduct its business in as open a way as possible and will:

a) Observe the Nolan principles of Public Life of selflessness, integrity, objectivity, accountability, openness, honesty and leadership;
b) At all times seek to comply with the NHS Foundation Trust Code of Governance; and
c) At all times seek to comply with the Combined Code on Corporate Governance 2003. Everything done by the Trust should be able to stand the test of scrutiny, public judgment on propriety, and professional codes of conduct.

These Standing Orders (SOs) are for the regulation of the Board of Directors' proceedings and business.

2. INTERPRETATION

2.1 Save as permitted by law, at any meeting the Chairman of the Trust shall be the final authority on the interpretation of Standing Orders on which he/she should be advised by the Company Secretary, Chief Executive and Director of Finance.

2.2 Any expression to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts shall have the same meaning in this interpretation and in addition:

a) **ACCOUNTABLE OFFICER** shall be the officer responsible and accountable for funds entrusted to the Trust. He shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

b) **BOARD** means the Board of Directors, formally constituted in accordance with this Constitution and consisting of a Chairman, and Non-executive Directors, appointed by the Council of Governors and the Executive Directors, appointed by the Non-executive Directors and (except for his/her own appointment) by the Chief Executive.

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c) **BUDGET** shall mean a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.

d) **CHAIRMAN** is the person appointed by the Council of Governors as a Non-Executive Chairman to lead the Board of Directors and Council of Governors to ensure it successfully discharges its overall responsibility for the Trust as a whole.

e) **CHIEF EXECUTIVE** shall mean the accountable officer of the Trust.

f) **COMMITTEE OF THE COUNCIL** means a committee formed by the Council of Governors with specific Terms of Reference, chair and membership.

g) **COMMITTEE OF THE BOARD** means a committee formed by the Board with specific Terms of Reference, Chair and Membership.

h) **COUNCIL** means the Council of Governors, formally constituted in accordance with this Constitution meeting in public and presided over by the Chairman.

i) **COUNCIL MEMBER** means a person elected or appointed to the Council of Governors.

j) **DIRECTOR** means a person appointed to the Board of Directors

k) **DEPUTY CHAIRMAN** means the Non-Executive Director appointed by the Council of Governors to take on the Chairman's duties if the Chairman is absent for any reason.

l) **DIRECTOR OF FINANCE** shall mean the Chief Finance Officer of the Trust who will ensure compliance with Standing Financial Instructions.

m) **FUNDS HELD ON TRUST** shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under Schedule 3 and 4 para 14.1c National Health Service Act 2006. Such funds may or may not be charitable.

n) **MEMBER** means a person registered as a member of one of the constituencies of the Trust as outlined in this Constitution.

o) **MONITOR or TRUST REGULATOR** is the body corporate known as Monitor, referred to in Section 61 of the 2012 Act which operates with National Health Service Trust Development Authority as NHSE/I.

p) **MOTION"** means a formal proposition to be discussed and voted on during the course of a meeting.

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q) **NOMINATED OFFICER** means an officer charged with the responsibility for discharging specific tasks within Standing Orders in line with the 2006 Act.

r) **NON-EXECUTIVE DIRECTOR** is a person appointed by the Council of Governors to be a member of the Board of Directors. Initially Non executives of the applicant NHS Trust will become Non-executives of the Foundation Trust, unless they choose not do so. This includes the chairman of the Trust.

s) **OFFICER** means an employee of the Trust

t) **SOs** means Standing Orders

u) **SFIs** means Standing Financial Instructions

v) **TRUST** means South Tees Hospitals NHS Foundation Trust.

w) **COMPANY SECRETARY** this role will act as independent advice to the Board and monitor the Trust's compliance with its terms of authorisation and constitution.

3. THE BOARD OF DIRECTORS – ITS COMPOSITION, APPOINTMENTS AND INDEMNITY ARRANGEMENTS

3.1 All business shall be conducted in the name of the Trust.

3.2 All funds received in Trust shall be in the name of the Trust as corporate trustee. In relation to funds held on Trust, powers exercised by the Trust as corporate trustee shall be exercised separately and distinctly from those powers exercised as a Trust.

3.3 All the powers of the Trust shall be exercised by the Board of Directors on its behalf.

3.4 The Board of Directors has resolved that certain powers and decisions may only be exercised or made by the Board. These powers and decisions are set out in "Reservation of Powers to the Board" and have effect as if incorporated into the Standing Orders. The Board of Directors must adopt Standing Financial Instructions (SFIs) as an integral part of Standing Orders setting out the responsibilities ofindividuals.

3.5 Composition of the Board of Directors

The composition of the Board of Directors will be:

- The Chairman of the Trust (Non-Executive Director as required by Schedule 7 of the NHS Act 2006)

- Within the range of 5-8 other Non-Executive Directors

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- Within the range of 5-8 Executive Directors including:
- One of the executive Directors shall be the Chief Executive.
- The Chief Executive shall be the Accounting Officer.
- One of the executive Directors shall be the Finance Director.
- One of the executive Directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).
- One of the executive Directors is to be a registered nurse or registered midwife.
- The Company Secretary to the Board of Directors will be in attendance at all Board meetings.

3.5.1 The number of Directors may be increased, (within the range of 5 – 8 as outlined above) with the approval of the Board, provided always at least half the Board, excluding the Chairman, comprises Non-executive Directors determined by the Board to be independent.

3.6 Terms of Office of the Chairman and Members of the Board

3.6.1 Guidance relating to the period of tenure of office of the Chairman and Non-executive Directors and the termination or suspension of office of the Chairman and Directors is contained in the Foundation Trust Code of Governance.

3.6.2 Non-Executive Directors including the Chairman will be appointed by the Council of Governors for a period of 3 years and subject to re-appointment thereafter at intervals of 3 years. Any term beyond six years for a Non-executive Director will be subject to rigorous review by the Council of Governors. Non-Executive Directors may serve more than nine years subject to an annualre-appointment.

3.7 Appointment of the Chairman and Non-executive Directors

The Chairman and Non-executive Directors are to be appointed/removed by the Council of Governors in accordance with the constitution.

3.8 Appointment of Deputy Chairman

The Council of Governors at a general meeting of the Council of Governors shall appoint one of the Non-executive Directors as a Deputy Chairman.

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3.9 Any Non-executive Director so elected may at any time resign from the office of Deputy Chairman by giving notice in writing to the Chairman. The Council of Governors may thereupon appoint another Non-executive Director as Deputy Chairman in accordance with the Constitution.

3.10 Powers of Deputy Chairman

Where the Chairman of the Trust has died or has otherwise ceased to hold office or where he/she has been unable to perform his/her duties as Chairman owing to illness, absence or any other cause, references to the Chairman in the Standing Orders shall, so long as there is no Chairman able to perform his/her duties, be taken to include the DeputyChairman.

3.11 **Senior Independent Director** – The Chairman shall, following consultation with the Council of Governors appoint one of the Non-executive Directors as a "Senior Independent Director".

3.12 In accordance with the Constitution the Non-executive Directors shall appoint the Chief Executive (which appointment shall be approved by the Council of Governors) and a committee consisting of the Chairman, Chief Executive and the other non-executive directors shall appoint or remove the other Executive Directors.

3.13 The Board shall nominate a Company Secretary, who, under the direction of the Chairman and Chief Executive, shall ensure good information flows within the Board and Council of Governors and their Committees, between Directors and members of the Council of Governors, and between senior management and the Board. The Company Secretary shall also advise the Board and Council of Governors on all governance matters and shall facilitate induction and professional development as required. The appointment and removal of the Company Secretary will be carried out jointly with the Chief Executive and Chairman.

3.14 A Director of the Trust, who has acted honestly and in good faith will not have to meet out his or her own personal resources any personal civil liability which is incurred in the execution or purported execution of his or her functions as a Director save where the Director has acted recklessly. On behalf of the Directors and as part of the Trust's overall insurance arrangements the Board of Directors shall put in place appropriate insurance provision to cover such indemnity and the discretion of the Trust.

3.15 Non-executive Directors may, at the Trust's expense, seek external advice or appoint an external adviser on any material matter of concern provided the decision to do so is a collective one by the majority of Non-executive Directors. Approval of any such expenses will be done in conjunction with the allocated budget and financial procedure.

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3.16 Disqualification and removal of Directors:

Over and above the legal minimum, a person may not become or continue as a Director if they:

- Are a Governor of the Trust;
- Are the subject of a disqualification order made under the Company Directors Disqualification Act 1986
- Have had their name removed by a direction under S.46 of the 1977 Act from any list prepared under Part II of that Act, and have not subsequently had their name included in such a list;
- Are no longer a member of one of the public constituencies (Non-Executive Directors only)
- Have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body.
- Have had a tenure of office as a Chairman or as a member or director of a health service body terminated on the grounds that their appointment is not in the interests of the health service, for non attendance at meetings or for non-disclosure of a pecuniary interest;
- Have refused without reasonable cause to fulfill any training requirement established by the Board of Directors;
- Have refused to sign and deliver a statement in the prescribed format confirming acceptance of a Code of Conduct for Directors.

4. MEETINGS OF THE BOARD OF DIRECTORS

4.1 Admission of the Public and the Press

Meetings of the Board of Directors shall be open to members of the public or representatives of the press. Members of the public may be excluded from a meeting (whether for the whole or part of such meeting) for special reasons as determined by the Chairman in conjunction with the Board of Directors, which may include, but are not limited to, the following reasons:

- Publicity would be prejudicial to the public interest by reasons of the confidential nature of the business to be transacted; or
- There are special reasons stated in the resolution and arising from the nature of the business of the proceedings.

The Chairman may exclude any member of the public from the meeting of the Board of Directors if they are interfering with, or preventing the reasonable conduct of the meeting.

4.2 Confidentiality

Directors and Officers and any employee of the Trust in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Board of Directors meeting, without the express permission of the Board of Directors. This

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prohibition shall apply equally to the content of any discussion during the Board of Directors' meeting which may take place on such reports or papers.

4.3 **Calling Meetings** - Ordinary meetings of the Board of Directors shall be held at such times and places as the Board of Directors maydetermine.

4.4 The Chairman of the Trust may call a meeting of the Board of Directors at any time. If the Chairman refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of Directors, has been presented to him/her, or if, without so refusing, the Chairman does not call a meeting within seven days after such requisition has been presented to him/her at the Trust's Headquarters, such one third or more Directors may forthwith call ameeting.

4.5 **Notice of Meetings** - Before each meeting of the Board of Directors, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chairman or by an officer authorised by the Chairman to sign on his/her behalf shall be delivered to every Director, or sent by post to the usual place of residence of such Director, so as to be available to him/her at least five clear days before themeeting.

4.6 Want of service of the notice on any Director shall not affect the validity of a meeting.

4.7 In the case of a meeting called by Directors in default of the Chairman, the notice shall be signed by those Directors and no business shall be transacted at the meeting other than that specified in the notice or emergency motions allowed under these Standing Orders. Failure to serve such a notice on more than three Directors will invalidate the meeting. A notice shall be presumed to have been served one day after posting.

4.8 Agendas will wherever possible be sent to Directors at least five clear days before the meeting and supporting papers, wheneverpossible.

4.9 The Company Secretary will ensure that a notice of a meeting of the Board of Directors is publicised to the public and papers made available on the Trust's website.

4.10 **Setting the Agenda**

The Board of Directors may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted.

4.11 A Director desiring a matter to be included on an agenda shall make his/her request in writing to the Chairman at least 10 clear days before the meeting. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of theChairman.

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4.12 **Chairman of Meeting** - At any meeting of the Board of Directors, the Chairman of the Board of Directors, if present, shall preside. If the Chairman is absent from the meeting the Deputy-Chairman, if there is one and he/she is present, shall preside. If the Chairman and Deputy-Chairman are absent such Director (who is not also an officer of the Trust) as the Directors present shall choose shall preside.

4.13 If the Chairman is absent temporarily on the grounds of a declared conflict of interest the Deputy-Chairman, if present, shall preside. If the Chairman and Deputy-Chairman are absent, or are disqualified from participating, such non-executive director as the Directors present shall choose shall preside. If any matter for consideration at a meeting of the Board of Directors relates to the interests of the Chairman, the Chairman shall not preside over the meeting during which the matter is under discussion.

If any matter for consideration at a meeting of the Board of Directors relates to the interests of the Non-executive Director, the Non-Executive Directors shall not preside over the meeting during which the matter is under discussion.

4.14 The Directors (excluding the Chairman and the other non-executive Directors) shall elect one of their numbers to preside during that period and that person shall exercise all the rights and obligations of the Chairman including the right to exercise a second or casting vote where the number of votes for and against a motion is equal.

4.15 **Annual Members Meeting**

The Trust will publicise and hold an Annual Members Meeting that is open to members of the public and representatives of the press.

4.16 **Notices of Motion** - A Director desiring to move or amend a motion shall send a written notice thereof at least 10 clear days before the meeting to the Chairman, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda, subject to Standing Order 4.6.

4.17 **Withdrawal of Motion or Amendments** - A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chairman.

4.18 **Motion to Rescind a Resolution** - Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding 6 calendar months shall bear the signature of the Director who gives it and also the signature of 4 other Directors. When any such motion has been disposed of by the Board of Directors, it shall not be competent for any Director other than the

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Chairman to propose a motion to the same effect within 6 months; however the Chairman may do so if he/she considers it appropriate.

4.19 **Motions** - The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

4.20 When a motion is under discussion or immediately prior to discussion it shall be open to a Director to move:

4.21 An amendment to the motion.
4.22 The adjournment of the discussion or the meeting.
4.23 That the meeting proceed to the next business. (*)
4.24 The appointment of an ad hoc committee to deal with a specific item of business.
4.25 That the motion be now put. (*)
4.26 A motion resolving to exclude the public (including the press).

* In the case of sub-paragraphs denoted by (*) above to ensure objectivity motions may only be put by a Director who has not previously taken part in the debate and who is eligible to vote. No amendment to the motion shall be admitted if, in the opinion of the Chairman of the meeting, the amendment negates the substance of the motion.

4.21 **Chairman's Ruling** - Statements of Directors made at meetings of the Board of Directors shall be relevant to the matter under discussion at the material time and the decision of the Chairman of the meeting on questions of order, relevancy, regularity and any other matters shall be final. In this interpretation he/she shall be advised by the Company Secretary on standing orders and the case of Standing Financial instructions by the Director of Finance.

4.22 **Voting** - Every question put to a vote at a meeting shall be determined by a majority of the votes of the Directors present and voting on the question and, in the case of the number of votes for and against a motion being equal, the Chairman of the meeting shall have a second or casting vote.

4.23 All questions put to the vote shall, at the discretion of the Chairman of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Directors present so request.

4.24 If at least one-third of the Directors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Director present voted or abstained.

4.25 If a Director so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).

4.26 In no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.

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4.27 An officer who has been appointed formally by the Board of Directors to act up for an executive director during a period of incapacity or temporarily to fill an executive director vacancy, shall be entitled to exercise the voting rights of the executive director. An officer attending the Board of Directors to represent an executive director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the executive director. An officer's status when attending a meeting shall be recorded in theminutes.

4.28 **Minutes** - The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding atit.

4.29 No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

4.30 Minutes shall be circulated in accordance with Directors' wishes. Where providing a record of a public meeting the minutes shall be made available to the public.

4.31 **Joint Directors** - Where the office of a Director is shared jointly by more than one person:

a) either or both or any of those persons may attend or take part in meetings of the Board of Directors:
b) if both/any are present at a meeting they should cast one vote if they agree:
c) in the case of disagreements no vote should be cast;
d) the presence of either/any or both/any of those persons should count as the presence of one person for the purposes of Standing Order 4.40 (Quorum).

4.32 **Suspension of Standing Orders** - Except where this would contravene any provision of the constitution or any direction made by the Independent Regulator of NHS Foundation Trusts, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Directors are present, including one executive director and one non-executive director, and that a majority of those present vote in favour of suspension.

4.33 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

4.34 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Directors.

4.35 No formal business may be transacted while Standing Orders are suspended.

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4.36 The Audit Committee shall review every decision to suspend Standing Orders.

4.37 **Variation and Amendment of Standing Orders** - These Standing Orders shall be amended only if:

4.37.1 a notice of motion under Standing Order 4.17 has been given; and
4.37.2 no fewer than half the total of the Trust's non-executive directors vote in favour of amendment; and
4.37.3 at least two-thirds of the Directors are present; and
4.37.4 the variation proposed does not contravene a statutory provision or a direction made by the Regulator of NHS Foundation Trusts and
4.37.5 the amendment is approved by the Independent Regulator of NHS Foundation Trusts.

4.38 **Record of Attendance** - The names of the Directors present at the meeting shall be recorded in the minutes.

4.39 **Quorum** - No business shall be transacted at a meeting of the Board of Directors unless at least one-third of the whole number of the Directors appointed, (including at least one non-executive director and one executive director) are present.

4.40 An officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

If a Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest they shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

The above requirement for at least one executive director to form part of the quorum shall not apply where the executive Directors are excluded from a meeting (for example when the Board of Directors considers the recommendations of the Remuneration and Terms of Service Committee). The above requirement for at least one non-executive Director to form part of the quorum shall not apply where the Non-Executive Directors are excluded from a meeting.

4.41 **Adjournment of Meetings -** The Board of Directors may, by resolution, adjourn any meeting to some other specified date, place and time and such adjourned meeting shall be deemed a continuation of the original meeting. No business shall be transacted at any adjourned meeting which was not included in the agenda of the meeting of which it is an adjournment.

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4.42 When any meeting is adjourned to another day, other than the following day, notice of the adjourned meeting shall be sent to each Director specifying the business to be transacted.

4.43 **Observers at Board of Directors meetings -** The Board of Directors will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Board of Directors meetings and may change, alter or vary these terms and conditions as it deems fit.

5. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION

5.1 The Board may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee, appointed by virtue of SO 5.1 or 5.2 below or by a Director of the Trust in each case subject to such restrictions and conditions as the Board thinks fit.

5.2 **Emergency Powers** – The powers which the Board has retained to itself within these Standing Orders may in emergency be exercised jointly by the Chief Executive and the Chairman after having consulted at least two other Non-executive Directors. The exercise of such powers by the Chief Executive and the Chairman shall be reported to the next formal meeting of the Board for ratification.

5.3 **Delegation to Committees** – The Board shall agree from time to time to the delegation of executive powers to be exercised by committees or sub-committees of Executive Directors, which it has formally constituted. The constitution and terms of reference of these committees, or sub-committees, and their specific executive powers shall be approved by the Board and in accordance with Schedule 7 of the Act.

The Board shall agree and regularly review the setting up of committees to assist and advise the Board in fully discharging its duties as a healthcare organisation.

5.4 **Delegation to Officers** – Those functions of the Trust which have not been retained as reserved to the Board or delegated to an executive committee may be exercised on behalf of the Board by the Chief Executive. The Chief Executive shall determine which functions he/she will perform personally and shall nominate Executive Directors only to undertake the remaining functions for which they will still retain accountability to the Board.

5.5 The Chief Executive shall prepare a Scheme of Decisions Reserved to the Board and Schedule of Decision/Duties Delegated by the Board, identifying their proposals which shall be considered and approved by the Board, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of

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Delegation which shall be considered and approved by the Board as indicated above.

5.6 Nothing in the Schedule of Decision/Duties Delegated by the Board shall impair the discharge of the direct accountability to the Board of the Director of Finance or other Director to provide information and advise the Board in accordance with any statutoryrequirements.

5.7 If for any reason these Standing Orders are not complied with, full details of the non compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification. All members of the Board and officers have a duty to disclose any non compliance with these Standing Orders to the Chief Executive as soon aspossible.

6. COMMITTEES

6.1 **Formation of Committees** – The Board may form committees of the Trust, consisting wholly or partly of members of the Board of Directors or wholly of persons who are not members of the Board ofDirectors.

6.2 Where the Board delegates a function or power to a committee this committee shall be formed of Directors solely and may not establish sub committees, in accordance with Schedule 7 of theAct.

6.3 Where the Board agrees to the setting up of committees consisting of other persons, this committee may not be delegated a function or any power of the Board of Directors but will advise the Board to assist in the Board effectively discharging its duties. Sub Committees of any such committees may beagreed.

6.4 The Standing Orders of the Trust, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees or sub-committee formed by theTrust.

6.5 Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide. Such terms of reference shall have effect as if incorporated into the StandingOrders.

6.6 The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines that persons, who are neither Non-executive Directors nor Directors, shall be appointed to a committee, the terms of such appointment shall be defined by the Board and the terms of reference of that committee. Those appointed would not constitute formal members of the committee and preside in an attendance capacityonly.

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6.7 Where the Trust is required to appoint persons to a committee and/or to undertake statutory functions and where such appointments are to operate independently of the Trust such appointment shall be made in accordance with the regulations and directions laid down by the Board of Directors.

6.9 All committees and sub committees of the Board of Directors will be subject to an annual review to ensure best practice and fitness for purpose in conducting and governing the Trusts business.

6.10 Confidentiality

A member of the Board of Directors or a member of a committee shall not disclose any matter reported to the Board or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Board or committee shall resolve that it is confidential or embargoed.

7 DECLARATIONS OF INTERESTS AND REGISTER OFINTERESTS

7.1 **Declaration of Interests** If a director has a pecuniary, personal or family interest, whether the interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Board of Directors, the director shall disclose that interest to the members of the Board of Directors as soon as he becomes aware of it.

7.2 Interests which may be declared may include but are not exclusive to:

a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies);
b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;
c) Shareholdings in organisations likely or possibly seeking to do business with the NHS.
d) A position of Trust in a charity or voluntary organisation in the field of health and social care;
e) Any connection with a voluntary or other organisation contracting for NHS services;
f) Any other commercial interest in the decision the committee or Board meeting may be considering

7.3 If Board members have any doubt about the relevance of an interest, this should be discussed with the Chairman.

7.4 At the time Board members' interests are declared, they should be recorded in the Board minutes. Any changes in interests should be declared at the next Board meeting following the change occurring.

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7.5 Board members' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Board's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

7.6 During the course of a Board meeting, if a conflict of interest is established, the Board member concerned should withdraw from the meeting and play no part in the relevant discussion (unless the Board decides otherwise) or decision.

7.7 The interests of Board members' spouses or cohabiting partners should be declared.

7.8 If Board members have any doubt about the relevance of an interest, this should be discussed with the Chairman. Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

7.9 Register of Interests

In accordance with paragraph 34 of the Constitution, the Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Board members. In particular the Register will include details of all directorships and other relevant and material interests which have been declared by both Director and Non-executive Directors, as defined in Standing Order 7.2.

7.10 These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.

7.11 The Register will be available for inspection by members of the public.

8. DISABILITY OF CHAIRMANMAN AND DIRECTORS IN PROCEEDINGS ON ACCOUNT OF PECUNIARY INTEREST

8.1 Subject to the following provisions of this Standing Order, if the Chairman or any member of the Board of Directors has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board of Directors at which the contract or other matter is the subject of consideration, he/she shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter, without the Chairman of the meeting's agreement, or vote on any question with respect to it.

8.2 The Board of Directors shall exclude the Chairman or a Director from a meeting of the Board of Directors while any contract, proposed contract or

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other matters in which he/she has a pecuniary interest, is under consideration.

8.3 Any remuneration, compensation or allowances payable to a member by virtue of paragraph 11 of Schedules 3 and 4 to the National Health Service Act 2006 shall not be treated as a pecuniary interest for the purpose of this Standing Order.

8.4 For the purpose of this Standing Order the Chairman or a Director shall be treated, subject to SO 7.1 and SO 8.5, as indirectly having a pecuniary interest in a contract, proposed contract or other matter, if:

a) he/she, or a nominee of him/her, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matters under consideration; or

b) he/she is a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration; and in the case of persons living together, the interest of one person shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

8.5 The Chairman or a member shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only because:

a) of their membership of a company or other body, if he/she has no beneficial interest in any securities of that company or otherbody;

b) of an interest in any company, body or person with which he/she is connected as mentioned in SO 8.4 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a member in the consideration or discussion of or in voting on, any question with respect to that contract ormatter.

8.6 Where the Chairman or a Director:

a) has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and

b) the total nominal value of those securities does not exceed one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and

c) if the share capital is of more than one class, the total nominal value of shares of any one class in which he/she has a beneficial interest does not exceed one hundredth of the total issued share capital of that class, this Standing Order shall not prohibit him/her from taking part in

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the consideration or discussion of the contract or other matter from voting on any question with respect to it without prejudice however to his/her duty to disclose his/her interest.

8.7 Standing Order 8 applies to a committee or sub-committee of the Board of Directors as it applies to the Board of Directors and applies to any member of any such committee or subcommittee (whether or not they are also a member of the Board of Directors) as it applies to a member of the Board of Directors).

9. STANDARDS OF BUSINESS CONDUCT

9.1 Policy

Staff must comply with the Trust's detailed Standards of Business Conduct and Capability policy documents.

9.2 Interests of Officers in Contracts

If it comes to the knowledge of a Director of the Trust that a contract is which he/she has any pecuniary interest not being a contract to which he/she is himself/herself a party, has been, or is proposed to be, entered into by the Trust he/she shall, at once, give notice in writing to the Chief Executive of the fact that he/she is interested therein.

9.3 An officer must also declare to the Chief Executive any other employment or business or other relationship of him/her, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust. The Trust requires interests, employment or relationships so declared by staff to be entered in a register of interests of staff.

9.4 Canvassing of, and recommendations by, Members in relation to Appointments

Canvassing of members of the Board of Directors or members of any committee of the Board of Directors directly or indirectly for any appointment by the Trust shall disqualify the candidate from such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

9.5 A member of the Board of Directors shall not solicit for any person any appointment by the Board of Directors or recommend any person for such appointment, but this paragraph of this Standing Order shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the Board of Directors.

9.6 Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

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9.7 Relatives of Members of the Board ofDirectors

Candidates for any staff appointment shall when making application disclose in writing whether they are related to any member of the Board or the holder of any office within the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him/her liable to instant dismissal.

9.8. The Chairman, and every Director of the Trust shall disclose to the Chief Executive any relationship with a candidate of whose candidature that the Chairman, members or Director is aware. It shall be the duty of the Chief Executive or nominated Director to report to the Board of Directors any such disclosure made.

9.9 On appointment, the Chairman and members of the Board (and prior to acceptance of an appointment in the case of Directors) should disclose to the Board of Directors whether they are related to any other member or holder of any office under the Trust.

9.10 Where the relationship of a Director or another member of the Board or another member of the Trust is disclosed, the Standing Order headed (SO 8) shall apply (Disability of Directors in proceedings on account of pecuniary interest).

10. RESOLUTION OF DISPUTES WITH THE COUNCIL OFGOVERNORS

10.1 The Council of Governors has three main roles:

a) Advisory – Communicating to the Board the wishes of members of the Council of Governors and the wider community
b) Guardianship – Ensuring that the Trust is operating in accordance its Terms of Authorisation. In this regard it acts in a trustee role for the welfare of the organisation.
c) Strategic – Advising on a longer term direction to help the Board effectively determine itspolicies.

10.2 The Board of Directors has overall responsibility for running the affairs of the Trust. Its role is to:

a) Note advice from, and consider the views of the Council of Governors
b) Set the strategic direction and leadership of theTrust
c) Ensure the Terms of Authorisation are complied with
d) Set organisational and operational targets
e) Assess, manage and minimise risk
f) Assess achievement against the above objectives
g) Ensure that action is taken to eliminate or minimise, as appropriate, adverse deviations from objectives
h) Ensure that the highest standards of Corporate Governance are applied throughout the organisation

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10.3 The disputes resolution procedure recognises the different roles of the Council of Governors and the Board as described above.

10.4 The Chairman, or Deputy Chairman (if the dispute involves the Chairman) of the Board and the Council of Governors, shall first endeavour through discussion with members of the Council of Governors and Directors or, to achieve the earliest possible conclusion, appropriate representatives of them to resolve the matter to the reasonable satisfaction of both parties.

10.5 Failing resolution under 10.4 above then the Board and the Council of Governors, shall, at its next formal meeting, approve the precise wording of a Disputes Statement setting out clearly and concisely the issue or issues giving rise to the dispute.

10.6 The Chairman, or Deputy Chairman (if the dispute involves the Chairman) of the Board and the Council of Governors, shall ensure that the Disputes Statement, without amendment or abbreviation in any way, shall be an Agenda Item and Agenda Paper at the next formal meeting of the Board or Council of Governors as appropriate. That meeting shall agree the precise wording of a Response to Disputes Statement.

10.7 The Chairman, or Deputy Chairman (if the dispute involves the Chairman) of the Board and the Council of Governors, shall immediately or as soon as is practicable, communicate the outcome to the other party and deliver the Response to Disputes Statement. If the matter remains unresolved or only partially resolved then the procedure outlined in 10.4 above shall be repeated.

10.8 If, in the opinion of the Chairman, or Deputy Chairman (if the dispute involves the Chairman) and the Board or the Council of Governors, and following the further discussion prescribed in 10.7, there is no further prospect of a full resolution or, if at any stage in the whole process, in the opinion of the Chairman or Deputy Chairman, as the case may be, there is no prospect of a resolution (partial or otherwise) then they shall advise the Council of Governors and the Board accordingly.

10.9 On the satisfactory completion of this disputes process the Board shall implement agreed changes.

10.10 On the unsatisfactory completion of this disputes process the view of the Board shall prevail.

10.11 Nothing in this procedure shall prevent the Council of Governors, if it so desires, from informing the Independent Regulator of NHS Foundation Trusts that, in the Council of Governors' opinion, the Board has not responded constructively to concerns of the Council of Governors that the Trust is not meeting the Terms of its Authorisation.

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11. NOTIFICATION TO INDEPENDENT REGULATOR OF FOUNDATION TRUSTS AND COUNCIL OF GOVERNORS

The Board shall notify the Independent Regulator of Foundation Trusts and the Council of Governors of any major changes in the circumstances of the Trust which have made or could lead to a substantial change to its financial wellbeing, healthcare delivery performance, or reputation and standing or which might otherwise affect the Trust's compliance with the terms of Authorisation. The need to notify the independent regulator and Governors will also apply in situations where amendments are proposed to the Constitution or its annexes.

12. BOARD PERFORMANCE

The Chairman, with the assistance of the Company Secretary, shall lead, at least annually, a performance assessment process for the Board. This process should act as the basis for determining individual and collective professional development programmes for Directors.

13. TENDERING AND CONTRACT PROCEDURE

The procedure set out in the Trusts Standing Financial Instructions should be adhered to in conjunction with the implementation of these Standing Orders for all tendering and contract procedures.

14. CUSTODY OF SEAL AND SEALING OF DOCUMENTS

14.1 Custody of Seal

The Common Seal of the Trust shall be kept by the Chief Executive or nominated person in a secure place.

14.2 Sealing of Documents

The Seal of the Trust shall not be fixed to any documents unless the sealing has been authorised by a resolution of the Board or of a committee thereof or where the Board has delegated itspowers.

14.3 Before any building, engineering, property or capital document is sealed it must be approved and signed by any two as delegated by the Board – Chairman, Chief Executive, Director of Finance or Chief Operating Officer (or a nominated officer who shall not be from within the originating directorate).

14.4 The form of the attestation of documents shall be "The Common Seal of the South Tees Hospitals NHS Foundation Trust was hereto affixed in the presence of ……".

14.5 Register of Sealing

An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who

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shall have approved and authorised the document and attested the seal. A report of all sealing shall be made to the next Board of Directors meeting. (The report shall contain details of the seal number, the description of the document and date of sealing).

15. SIGNATURE OF DOCUMENTS

15.1 Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authority to some other person for the purpose of such proceedings.

15.2 The Chief Executive or nominated officers shall be authorised by resolution of the Board, to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the Board or committee or sub- committee to which the Board has delegated appropriate authority.

16. DISSEMINATION OF STANDING ORDERS

The Chief Executive is responsible for ensuring all existing Directors and officers, and all new appointees are notified of, an understand their responsibility within the Standing Orders.

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ANNEX 8 – FURTHER PROVISIONS

1. Indemnity

1.1 Members of the Council of Governors, the Board of Directors and the Company Secretary who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Board functions, save where they have acted recklessly. Any costs arising in this way will be at the discretion of the Trust.

1.2 The Trust may purchase and maintain insurance against such liability for its own benefit and the benefit of the Council of Governors, the Board of Directors and the Company Secretary.

2. Restrictions to Membership

Pursuant to the Constitution, the following conditions will apply and will exclude entry to membership and will cease any existing membership:

2.1 Persons under the age of 16 years.
2.2 Persons who have been involved in an incidence of violence against NHS staff, volunteers, other patients, visitors and facilities.
2.3 If a person has habitually and persistently and without reasonable grounds instituted complaints against the Trust and is classified as a vexatious complainant under the terms of the Trustpolicy.
2.4 If there are reasonable grounds, in the opinion of the Council of Governors, to believe that they have or are likely to act in a way detrimental to the interests of the Trust.
2.5 Persons dismissed from employment on the grounds of misconduct by an NHS employer or who have been removed from registration by the General Medical Council or Health Professions Council by reasons of misconduct.
2.6 Anyone who does not agree to abide by the Trust's core values, which can be found in the Trust's Integrated Business Plan, Integrated Governance Strategy and website.

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1. Interpretation

1.1. Save as permitted by law, the Chair shall be the final authority on the interpretation of these standing orders (on which he/she shall be advised by the Chief Executive and the Company Secretary)

2. General Information

2.1. The purpose of the Standing Orders for Annual Members' Meetings is to ensure that the highest standards of corporate governance and conduct are applied to all Annual Members' Meetings

2.2. All business shall be conducted in the name of the Trust

3. Attendance

3.1. Each member shall be entitled to attend an Annual Members' Meeting

4. Meetings in Public

4.1. Meetings of the Annual Members' Meetings must be open to the public subject to the provisions of paragraph 4.2 below

4.2. The Chair may exclude any member of the public from an Annual Members' Meeting if he is interfering with or preventing the reasonable conduct of the meeting

4.3. Annual Members' Meetings shall be held annually at such times and places as the Chair may determine

5. Notice of Meetings

5.1. Before each Annual Members' Meeting, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chair, or by an officer of the Trust authorised by the Chair to sign on his/her behalf, shall be served upon every member at least 10 clear days before the meeting and posted on the Trust's website and displayed at its headquarters

5.2. The Annual Report and Accounts shall be circulated to Governors and published on the website at the earliest and appropriate opportunity. Copies of the Annual Report and Accounts shall be sent to any member upon written request to the Company Secretary and shall be available for inspection by a member free of charge at the place of the meeting

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6. Setting the Agenda

6.1. The Chair shall determine the agenda for Annual Members' Meetings which must include the business required by the Act

7. Chair of Annual Members' Meetings

7.1. The Chair, if present, shall preside. If the Chair is absent from the meeting, the Deputy-Chair shall preside. If neither the Chair nor Deputy-Chair is present the Directors and Governors shall elect one of their number to act as Chair

8. Chair's Ruling

8.1. Statements of members made at Annual Members' Meetings shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be final

9. Voting

9.1. Decisions at meetings shall be determined by a majority of the votes of the members present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote subject to the Act

9.2. All decisions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands

9.3. In no circumstances may an absent member vote by proxy

10. Suspension of Standing Orders

10.1. Except where this would contravene any statutory provision, any one or more of these standing orders may be suspended at an Annual Members' Meeting, provided that a majority of members present vote in favour of suspension

10.2. A decision to suspend the standing orders shall be recorded in the minutes of the meeting

10.3. A separate record of matters discussed during the suspension of the standing orders shall be made and shall be available to the members

10.4. No formal business may be transacted while the standing orders are suspended

10.5. The Trust's Audit Committee shall review every decision to suspend the standing orders

11. Variation and Amendment of Standing Orders

11.1. These standing orders may be amended in accordance with paragraph 48 of

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the constitution

12. Record of Attendance

12.1. The Company Secretary shall keep a record of the names of the members present at an Annual Members' Meeting

13. Minutes

13.1. The minutes of the proceedings of an Annual Members' Meeting shall be drawn up and maintained as a public record. They will be submitted for agreement at the next Annual Members' Meeting where they will be signed by the person presiding at it

13.2. No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the meeting

13.3. The minutes of an Annual Members' Meeting shall be made available to the public on the Trust's website

14. Quorum

14.1. No business shall be transacted at an Annual Members' Meeting unless at least 16 members are present.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 1 SEPTEMBER 2020			
Update on the Trust Constitution			**AGENDA ITEM: 18, ENC 14**
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary Plym Auty Lead Governor	**Responsible Director:**	Alan Downey Chairman
Action Required	Approve ☐ Discuss ☐ Inform ☒ (select the relevant action required)		
Situation	An annual review of the Trust constitution has been undertaken by the constitution sub group of the Council of Governors		
Background	On an annual basis or if legislation changes the Trust Constitution should be reviewed and if appropriate amendments made. The constitution sub group of the Council of Governors has met and reviewed the constitution document.		
Assessment	Following review of the current constitution a small number of changes have been made to the Constitution. These changes are not in relation to the powers or duties of the Council of Governors. The Council of Governors is notifying the Trust Board of Directors that amendments have been made and approved in line with the legal governance framework.		
Recommendation	Members of the Trust Board of Directors are asked to note the updated Constitution		
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	Every NHS foundation trust has its own constitution which defines how the trust's governance operates - Schedule 7 of the 2006 Act		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience ☐	Excellence in employee experience ☐	
	Drive operational performance ☐	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		