

**Council of Governors – Public Meeting**

**Tuesday 11 May 2021, 10.00 – 11.55am**  
**Microsoft Teams**

**Agenda**

ITEM		PURPOSE	LEAD	FORMAT	TIMING
CHAIRS BUSINESS					
1.	Welcome and Introductions	Information	Chair	Verbal	10.00am
1.	Apologies for Absence	Information	Chair	Verbal	
2.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC 1	
3.	Minutes of Previous Meeting held on 9 March 2021	Approval	Chair	ENC 2	10.05am
4.	Matters Arising and Action Sheet	Review	Chair	ENC 3	
5.	Chairman’s Report	Information	Chair	Presentation	10.10am
6.	CEO Report <ul style="list-style-type: none"><li>- COVID Update</li><li>- Performance Report</li></ul>	Information Discussion/ Information	Managing Director	Verbal ENC 4	10.20am
7.	Lead Governor Report -	Information	Lead Governor	Verbal	
INVITED MEMBERS					
8.	Staff Survey	Information	Director of HR	ENC 5	10.35am
9.	Introduction from newly appointed NEDs <ul style="list-style-type: none"><li>- Maria Harris</li><li>- Dave Jennings</li><li>- David Redpath</li></ul>	Information	NEDs	Verbal	10.55am
STRATEGY & PLANNING					
PEOPLE					
10.	NED Appraisal Process	Information	Deputy Chair	Verbal	11.10am
QUALITY, SAFETY, PERFORMANCE & FINANCE					
11.	Finance Report	Discussion/ Information	Luke Armstrong	ENC 6	11.15am

GOVERNANCE					
12.	Risks facing the Trust	Information	Head of Governance	Verbal	<b>11.25am</b>
13.	Committee Chair Logs  13.1 - Quality Assurance Committee 13.2 - People Committee 13.3 – Resources Committee 13.4 – Audit & Risk Committee	Information  Debbie Reape Ada Burns Mike Ducker Richard Carter-Ferris	Chair	ENC 7 (a-f)	<b>11.30am</b>
14.	Declaration of Interests – annual return - Board members - Council of Governors	Information	Head of Governance	ENC 8	<b>11.40am</b>
15.	Effectiveness Review	Approve	Head of Governance	ENC 9	<b>11.45pm</b>
16.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	
17.	Reflections on Meeting	Discussion	Chair	Verbal	<b>11.50am</b>
18.	Any Other Business - Future meeting dates	Information	Chair / All	ENC 10	
19.	Date of Next Meeting: Tuesday 13 July 2021	Information	Chair		

**ENC 1**

Council of Governors Register of Interests

Board Member	Position	Declaration Details
Ann Arundale	Governor	NIL
Steve Bell	Governor	NIL
David Bennett	Governor	NIL
Lisa Bosomworth	Governor	NIL
Jon Broughton	Governor	NIL
Yvonne Teresa Bytheway	Governor	Therapeutic Care Volunteer – James Cook University Hospital NHS Responder during COVID pandemic – providing support to vulnerable people as a check in and chat volunteer Volunteer for Ageing Better, Middlesbrough Teaching Support for NHS Medical Students
Janet Crampton	Governor	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Chair of Dementia Friendly Hambleton
Paul Crawshaw	Governor	Chair of Healthwatch Middlesbrough Board
Prof Stephen Cummings	Governor	Head of School of Health and Life Sciences at Teesside University Responsible for Nursing and Midwifery and Allied Health Profession programmes run by University. Students undertake placements at South Tees. Governor Academic Health Science Network for North East and North Cumbria
Cllr Caroline Dickinson	Governor	Portfolio Holder for Public Health NYCC Trustee Hambleton Foodshare Trustee Mencap Northallerton
Graham Fawcett	Governor	NIL

Martin Fletcher	Governor	NIL
Paul Fogarty	Governor	Member of Patient Participation Group at Linthorpe Surgery, Middlesbrough  Member of James Cook Hospital P.L.A.C.E team
Barbara Hewitt	Governor	NIL
Rebecca Hodgson	Governor	NIL
Mike Holmes	Governor	Member of Patient Group at GP practice – Dr Duggleby & Partners, Stokesley
Allan Jackson	Governor	NIL
Prof Steve Jones	Governor	Head of School of Medical Education at Newcastle University  Responsible for medical students teaching and the physicians associate programmes run by Newcastle University. Both are placed in South Tees for training and the Trust receives payment for these placements.
Graham Lane	Governor	NIL
Elaine Lewis	Governor	Patient participation group Danby Surgery
Jean Milburn	Governor	Senior lecturer in the School of Health and Life Sciences Teesside University
Lee O'Brien	Governor	CEO Carers Together Foundation.  Carers Together is not commissioned by the Trust but it has received funding from NHSI/E
Nigel Puttick	Governor	NIL
Patrick Rice	Governor	Redcar and Cleveland Borough Council are part of the Health and Care Partnership. Joint working occurs in relation to Hospital discharges.
Jennifer Rutland	Governor	Councillor – Ingleby Barwick Town Council – representing residents  Vice Chair – Stockton on Tees Over 50s Forum – representing residents
Erik Scollay	Governor	NIL
Angela Seward	Governor	Chair of Patient Participation Group (PPG) for Barnard Castle Surgery, part of NHS County Durham CCG  Chair of the Durham Dales Patient Representative Group (PRG) which meets bi monthly with NHS County Durham CCG  Non-voting member of NHS County Durham CCG Governing Body – previously Durham Dales, Easington and Sedgefield CCG
Philip Warwick	Governor	NIL
Jon Winn	Governor	NIL

Sue Young	Governor	Member of Patient Participation Group at Quakers Lane Surgery, Richmond

**Unconfirmed minutes of the Council of Governors Meeting held in PUBLIC  
9 March 2021 at 10.00am  
Microsoft Teams**

**Present:**

Mr Neil Mundy	Interim Joint Chairman of the Trust and Chair of the meeting
Mr Steve Bell	Elected governor, Staff
Mr David Bennett	Elected governor, Patient and/or Carer
Mr Jon Broughton	Elected governor, Staff
Mrs Yvonne Bytheway	Elected governor, Middlesbrough
Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Prof Stephen Cummings	Appointed governor, Teesside University
Mr Martin Fletcher	Elected governor, Staff
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Prof Steve Jones	Appointed governor, Newcastle University
Ms Jean Milburn	Elected governor, Middlesbrough
Mr Lee O'Brien	Appointed governor, Carer Organisation
Mr John Race MBE	Elected governor, Redcar & Cleveland
Mrs Angela Seward	Elected governor, Rest of England
Dr Philip Warwick	Appointed governor, Durham University

**In attendance:**

Ms Lisa Bosomworth	Representative of appointed governor, Healthwatch
Mrs Ada Burns	Non-executive Director/Deputy Chairman ( <i>item 2021/003/11.1</i> )
Mr Mike Ducker	Non-executive Director ( <i>item 2021/003/11.3</i> )
Mr Mark Graham	Director of Communications
Ms Maria Harris	Non-executive Director
Mr Rob Harrison	Managing Director ( <i>item 2021/003/6, 7 &amp; 8</i> )
Mr David Jennings	Non-executive Director ( <i>item 2021/003/11.2</i> )
Mrs Anita Keogh	Corporate Affairs Officer/PA to Interim Joint Chairman
Ms Debbie Reape	Non-executive Director ( <i>item 2021/003/11.4</i> )
Mr David Redpath	Associate Non-executive Director
Mr Brian Simpson	Head of Financial Governance & Control ( <i>item 2021/003/9</i> )
Mrs Jackie White	Head of Governance/Company Secretary ( <i>item 2021/003/10 &amp; 12</i> )

## **CHAIR'S BUSINESS**

### **1. Welcome and Apologies for Absence**

Apologies for absence were received from:

Ms Ann Arundale	Elected governor, Middlesbrough
Mr Jon Broughton	Elected governor, Staff
Mr Paul Crawshaw	Appointed governor, Healthwatch
Cllr Caroline Dickinson	Appointed governor, North Yorkshire County Council
Mr David Hall	Elected governor, Hambleton & Richmondshire
Ms Barbara Hewitt	Elected governor, Redcar & Cleveland
Ms Alison Munkley	Elected governor, Middlesbrough
Mr Patrick Rice	Appointed governor, Redcar & Cleveland Borough Council
Ms Jennifer Rutland	Elected governor, Redcar & Cleveland
Mr Erik Scollay	Appointed governor, Middlesbrough Council
Ms Tink Wedgwood-Jones	Elected governor, Patient and/or Carer
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Sue Young	Elected governor, Hambleton & Richmondshire

The following Non-executive Directors submitted their apologies:

Mr Richard Carter-Ferris	Non-executive Director
Mr David Heslop	Non-executive Director

### **1. Neil Mundy welcomed all Governors to his first meeting as Joint Interim Chair.**

He continued by asking everyone to pause and remember Plym Auty following the sad news that she had passed away in January. Mr Mundy had only spoken to Plym on a couple of occasions but emphasized how impressed he was with her dedication to the work of the Trust. Mr Mundy pointed out that Alan Downey had expressed thanks to Plym at the Council of Governor meeting on the 12 January 2021 and continued by asking Angela Seward as new Lead Governor if she would like to say a few words. Angela began by extending the tribute from Mr Downey at the Council of Governor meeting on the 12 January and was very sad to hear the news of her passing as she had known Plym for a long time.

Mr Mundy asked everyone to join him in a minute's silence which everyone felt was very appropriate and was carried out at that point.

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

### **2. Declarations of Interest**

Quoracy was confirmed. There were no new interests declared and no interests declared in relation to open items on the agenda.

Mr Mundy asked Governors to inform either Jackie White or Anita Keogh of any changes to declarations of interest going forward.

3. **Minutes of Previous Meeting**

The minutes of the previous meeting held on 12 January 2021 were approved.

**Resolved:** i) the minutes of the previous meeting held on 12 January were accepted as an accurate record.

4. **Matters Arising and Action Sheet**

The matters arising were reviewed and the action log was updated.

Mr Mundy noted that the Action Sheet mentioned that some Governors were still to activate their nhs.net e-mail accounts and stressed the importance to do so.

Angela Seward asked if she could offer thanks on behalf of her and all Governors to John Race as this was to be his last Council of Governors meeting after completing three terms. Angela offered thanks for everything that Mr Race had done during his time as Governor. She also offered best wishes to those Governors who were up for re-election at the end of the month.

Mr Mundy also offered his thanks to John Race and also to Angela Seward for her kind words.

5. **Chairman's Report**

Mr Mundy began by recording his thanks to both Trusts for welcoming him to his new role and he was mindful of that privilege and the duties that he was to complete as Interim Joint Chairman.

He continued by explaining that he had visited Staff and teams at the Trust and was very impressed with the undertaking of the vaccination programme which had been carried out so efficiently.

Mr Mundy had also been involved in the Star Awards which he had found to be very moving listening to all the achievements of individuals and teams and stressed the importance of supporting staff through the pandemic.

Since starting in early February Mr Mundy explained that he had been working closely with Ada Burns as Deputy Chair and in the coming months would be involved in joint Board and Council of Governors meetings to include both Trusts to develop closer relationships and agree the next steps to take.

Mr Mundy continued by running through a presentation which included:

- The transition to Interim Joint Chair and closer collaboration
- Managing the transition
- The key benefits for patient care and population health
- His approach to the role of Interim Joint Chair
- Heat map of key actions over the next six months
- Key collaborative milestones over the next 3 months
- Governance arrangements
- Current partnership developments

Mr Mundy expressed the need to keep the Board and Council of Governors informed and involved with all arrangements including in particular planning the recruitment of the Substantive Joint Chair.



Jackie White as Head of Governance explained to Governors the governance arrangements.

The following questions were raised:

- Mr Mike Holmes asked where Hambleton & Richmondshire fit into this plan. Mr Mundy reassured Mr Holmes that it was very much in an ICS plan and was a key element. However there were complexities in ICP/ICS boundaries which meant that North Yorkshire and the Friarage are within the Humber Coast and Vale partnership area with care provided by South Tees Hospitals NHS Foundation Trust.

**Resolved:** i) Governors thanked Mr Neil Mundy for his presentation.

**Action:** i) Anita Keogh to forward a copy of the presentation through to all Governors.

6.

### **Chief Executive's Report**

Rob Harrison, Managing Director, provided an update to Governors advising that the Trust had created ten clinically-led collaboratives which replaced the current Centres, these included:

- Women & Children services
- Growing the Friarage & Community Services
- Digestive Diseases, Urology and General Surgery services
- Medicine & Emergency Care services
- Clinical Support services
- Perioperative & Critical Care services
- Head & Neck, Orthopaedic & Reconstructive services
- James Cook Cancer Institute & Specialty Medicine services
- Cardiovascular Care services
- Neurosciences & Spinal Care services

In addition Mr Harrison added that the Trust continues to work tirelessly through the pandemic whilst trying to focus on some exciting innovations as follows:

- Invest in state-of-the-art equipment to put the trust at the forefront of UK robotic surgery
- Create a new ophthalmology unit, joint-replacement service, and rapid cancer diagnostic centre at the Friarage together with new dialysis unit.
- Invest £19 million in new medical equipment to give clinicians more of the tools they need to provide safe, quality care now and in years ahead.
- Commence building work on the new £5 million emergency department for children and young people at James Cook in Middlesbrough
- Enable the trust to become a Top 100 Apprenticeship Employer and one of the country's highest ranked medical training organisations.

Mr Harrison concluded his update by mentioning International Women's Day which occurred on the 8 March adding that some of the Trust's most experienced clinicians had marked this day by looking back on their journeys. These conversations were filmed and are available on YouTube.

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

## **QUALITY, SAFETY, PERFORMANCE & FINANCE**

### **7. Performance Report**

A copy of the performance report had been provided in the papers for Governors to consider the content.

Rob Harrison, Managing Director, ran through the report with the following key messages:

- The impact of the COVID-19 pandemic continues to affect the totality of the Trust's activities and remains at 25 on the Board Assurance Framework.
- There have been no reports of MRSA for 16 months
- There has been an increase in the incidence of Category 2 pressure ulcers in January, linked to increased critical care and COVID & admissions
- High acuity, reduced capacity and swabbing delays have led to A&E compliance being below target and continuing to be an area of concern
- RTT and diagnostic are not achieving the constitutional standard however the planned activity has been delivered.
- Whilst there has been deterioration in annual appraisal compliance during the pandemic there has been a greater focus on staff wellbeing and risk assessment through individual discussions with staff
- Although staff turnover has stabilised it remains an area of concern
- The Trust is £0.5m ahead of revised financial plans.

Mr Harrison stated that the Trust continued to have a very clear focus which was to continue its COVID response alongside maintaining critical non COVID services.

The following questions were raised:

- Prof Steve Jones asked a question on IT in his capacity as a Consultant expressing his frustration at the length of time it takes for IT system to warm up adding that the Trust had discussed implementing an electronic patient record which was desperately required. Prof Jones wondered if any possible merger with North Tees would delay any progress in obtaining an EPR system. Mr Harrison stated that he was aware of the technology issues and advised that the Trust had used some capital to help ease this problem with 4,000 pcs being rolled out and WIFI being improved. He acknowledged that more was required adding that an electronic prescribing record was being implemented. Mr Mundy also confirmed to Governors that Maria Harris and David Redpath, two of the newly appointed Non-Executive Directors, had strengths in IT and it was hoped that they could help in this regard too.
- Dr Philip Warwick put a question to Mr Harrison regarding never events as there seemed to be an increase in March/April which was worrying. Mr Harrison replied that there was an increase but was pleased to report that there were none of a similar nature. Mr Harrison added that work is progressing in the Trust on learning from incidents and that he hoped that the safety culture would enable this to happen and we would see a reduction in the number of events. Ms Debbie Reape as Chair of Quality Assurance Committee also offered reassured that QAC were

very sited on this.

Mr Mundy added that the newly appointed Non-Executive Directors had helped in contributing to the development of the integrated performance report. Further work is being undertaken by Rob Harrison and Ros Fallon to improve the statistics in the report and the explanatory narrative.

**Resolved:** i) The Governors thanked Mr Harrison for his update on the performance report.

8. **Support to staff during COVID**

Mr Harrison reassured Governors that staff continued to be supported through any COVID absence with extremely clinically vulnerable staff having risk assessments in place.

1-1 discussions were taking place with staff who have not yet had their vaccination and all staff in high risk groups had been contacted and offered a vaccination.

Mr Harrison concluded by confirming that the Trust continues to offer a range of wellbeing initiatives which include:

- Psychological wellbeing
- Physical wellbeing, provided by occupational health
- Health advice and services
- Financial wellbeing

**Resolved:** i) Governors gave thanks to Mr Harrison for his update.

9. **Finance Report**

Mr Brian Simpson, Head of Financial Governance and Control, ran through the finance report which outlined the Trust's financial performance as at Month 10.

He advised that from Month 7 of 2020/21 revised financial arrangements had been put in place, replacing the previous arrangements of a break-even requirement with retrospective expenditure claims. The Trust now had a fixed income level as agreed with the ICP and was expected to manage resources within this funding envelope. At Month 10 the Trust is £0.5m underspent against its revised financial plan. The Month 10 YTD actual performance is a £0.5m deficit which has resulted in the Trust being ahead of its financial plan by £0.5m. The Trust expects this variance to reduce as the year progresses to cover increased COVID-19 costs and winter pressures.

Following questions were raised:

- Dr Philip Warwick queried the need for the number of Auditors that the Trust have. Mr Simpson confirmed that Mazars were the Trust's External Auditors, PwC were the Trust's Internal Auditors and that Audit 1 deal with all counter fraud with all three carrying out very different roles.

**Resolved:** i) The Governors thanked Mr Simpson for his update on the Trust's financial performance.

## **GOVERNANCE**

### **10. Risks facing the Trust**

Mrs White as Head of Governance reported that there were three risks on the BAF which she highlighted as follows:

1. COVID and ongoing pressures due to amount of staff absences which impacts on the Trust.
2. Activity re: COVID cases. Although there is a decline in new COVID cases there is still pressure to the Trust in particular with performance targets.
3. Digital. There have been a number of risks identified in relation to digital with cyber security together with some equipment being outdated which causes risk. Mrs White confirmed that these were being worked through at the moment which had been detailed earlier in today's meeting.

Mr Mundy reassured Governors that a report was brought to Board of Directors each month to consider any new or heightened risks.

### **11. Committee Chairs' Logs**

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

Ada Burns, Debbie Reape and Mike Ducker provided an update to Governors on the Chair's logs for their Committees. David Jennings provided an update on behalf of Richard Carter-Ferris in relation to Audit Committee

#### **Ada Burns – Chair of Charitable Funds Committee**

Ms Burns confirmed that Corporate Trustees had now agreed the Strategy. She added that following the announcement of the 10 new collaboratives this would enable the various small funds across the Trust to be better organised.

With regard to Trinity Holistic Centre there was a concern regarding the financial stability of the Centre and that work was being carried out to assess the action necessary to achieve a sustainable position.

Mrs Angela Seward asked Governors to consider once again the option of a regular monthly donation to Charities which she herself has entered into.

#### **Ada Burns – Workforce Committee**

Ms Burns confirmed that the majority of any update on workforce had already been covered by Mr Harrison earlier in the meeting in relation to both COVID support and wellbeing of staff. She continued that a new Freedom to Speak up model and team were now in place and it was noted that reporting concerns had risen which was encouraging as this showed that staff felt that they could report anything of concern which in turn enables workforce to look at any trends. Lastly Ms Burns confirmed that the staff survey results were soon to be published.

#### **David Jennings – Audit Committee**

Mr Jennings confirmed that during the last meeting of Audit Committee on the 16 February 2021 an update was provided by counter-fraud, internal auditors

and external auditors. The Terms of Reference and cycle of business were also reviewed with minor changes accepted. The update from counter-fraud highlighted that COVID fraud was rife within the region with guidance being provided to Trusts.

#### Debbie Reape – Quality Assurance Committee

Ms Reape ran through the actions agreed by the Committee during the meeting which took place on the 23 February 2021. Ms Reape confirmed to Governors that the Okenden review had been presented with a gap analysis carried out which also confirmed the Trust had met all minimum standards.

#### 12. **Nomination Committee – Lead Governor**

Following the sad passing of Plym Auty as Lead Governor expressions of interest were asked to all Governors inviting anybody interested in this role to send an expression of interest to Anita Keogh. Angela Seward was the only Governor to provide an expression of interest and for ratification purposes was now confirmed as Lead Governor.

Mr Mundy continued by notifying Governors of a recent letter received from Margaret Kitching, Chief Nurse of North East and Yorkshire NHS England and NHS Improvement. He explained that the Quality Board Oversight were satisfied with the Trust's progress and the Quality Board for South Tees Hospitals NHS Foundation Trust would therefore be stood down. Going forward ongoing quality monitoring would return to business as usual with the CCG and CQC which was a great achievement for the Trust. Mr Mundy asked Anita Keogh to forward a copy of the letter through to Governors for their consideration.

**Action:** i) Anita Keogh to forward a copy of the letter received from Margaret Kitching to all Governors.

#### 13. **Matters to bring to the attention of the Board**

Nothing to report.

#### 14. **Reflections on Meeting**

Mr Mundy asked if any of the Governors had any comments on the meeting and if so to contact Jackie White.

#### 15. **Any other business**

Angela Seward confirmed that she had received an e-mail from Cllr Caroline Dickinson, Appointed Governor for North Yorkshire County Council, regarding numerous questions she had received in relation to the shuttle bus. Mr Mundy noted that Laura Mills was to attend Council of Governors on the 11 May to provide update on transport initiatives and asked that an update on the shuttle bus be included within the same.

Mike Holmes pointed out that it had been two years since the Friarage Hospital had changed to an Urgent Treatment Centre and asked if a review could be provided to Governors with all relevant data/numbers provided. Mr Harrison confirmed that he would lead with this action.

Future meeting dates. Mr Mundy referred to list of meeting dates included in

the meeting pack and added that future development sessions will be included and details provided for the next meeting.

**Action:** i) Anita Keogh to contact Laura Mills to include update on shuttle bus at her attendance at Council of Governors on the 11 May 2021.

**Action:** ii) Rob Harrison to provide review to Governors and provide data/numbers to Governors since Friarage had changed to an Urgent Treatment Centre.

**Action:** iii) Jackie White and Anita Keogh to discuss development sessions to be included in list of meeting dates for Governors for the next meeting date.

16.

**Date of Next Meeting**

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 11 May 2021.

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

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
10.07.2018	18/013	<b>AOB - nhs.net emails</b>	Governors to contact Anita Keogh once nhs.net emails activated	Anita Keogh / Governors	11.12.2018	4 Governors still to action including newly elected Governors - as at 15.04.21	Open
21.07.2020	Morning Session	<b>Transport Initiatives</b>	Laura Mills to be invited to a future morning session to discuss transport initiatives	Anita Keogh	22.09.2020	Meeting request sent to Laura Mills on 11.12.2020 to attend morning session of Council of Governors on 11.05.2021 to discuss transport initiatives. Initially arranged for Jan CoG, then March CoG but moved back again to May CoG due to COVID and vaccinations demand - <b>*TO ALSO INCLUDE UPDATE ON SHUTTLE BUS</b>	Completed - update sent by email to Governors on 21.04.2021
09.03.2021	21/003/5	<b>Chairman's report</b>	Anita Keogh to provide copy of Neil Mundy's presentation to Governors	Anita Keogh	11.05.2021	Anita Keogh e-mailed presentation to all Governors on 10 March 2021	Completed
09.03.2021	21/003/12	<b>Nomination Committee</b>	Anita Keogh to provide copy of letter from Margaret Kitching to Governors	Anita Keogh	11.05.2021	Anita Keogh e-mailed letter from Margaret Kitching to all Governors on 10 March 2021	Completed
09.03.2021	21/003/15	<b>Any Other Business</b>	Rob Harrison to provide review to Governors and provide data/numbers to Governors since Friarage had changed to an Urgent Treatment Centre.	Rob Harrison	11.05.2021	Slide provided by Rob Harrison on 27.04.2021 with all details included	Completed - update sent by email to Governors on 27.04.2021
09.03.2021	21/003/15	<b>Any Other Business</b>	Jackie White and Anita Keogh to discuss development sessions to be included in list of meeting dates for Governors.	Jackie White / Anita Keogh	11.05.2021		Open

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 11 May 2021			
Integrated Performance Report			<b>AGENDA ITEM:6</b> <b>ENC 4</b>
<b>Report Author and Job Title:</b>	Emma Moss Management Information Lead Business Intelligence Unit	<b>Responsible Director:</b>	Various
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
<b>Situation</b>	To provide Council of Governors with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
<b>Background</b>	<p>The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.</p>		
<b>Assessment</b>	<p>A new format for the IPR was introduced in September 2020 with further improvements added in the following months.</p> <p>New metrics have been included this month:</p> <ul style="list-style-type: none"> <li>• Performance Summary</li> </ul> <p>Amendments</p> <ul style="list-style-type: none"> <li>• Sepsis measures have been amalgamated on to one slide.</li> </ul> <p>Some adjustments have been made to timescales for remedial actions however this requires further work aligned to the development of operational plans.</p> <p>Building on regional and national work following the Ockenden Review the maternity metrics will be strengthened over time.</p> <p>Consideration will also be given to the addition of metrics for Community services.</p>		



	<p>Key messages relating to performance this month include:</p> <p>The Trust has continued its COVID-19 response during March alongside maintaining emergency and urgent care, this included significant levels of critical care bed occupancy and the delivery of urgent surgical treatment.</p> <p>Areas of improved performance include:</p> <ul style="list-style-type: none"> <li>• A reduction in cases of C Difficile compared to 2019/20.</li> <li>• Complaints closed within target.</li> <li>• Compliance with Friends and Family Maternity Experience rate.</li> <li>• Cancer standards for 14 days and 31 days have provisionally achieved target in March.</li> </ul> <p>Areas for focus include:</p> <ul style="list-style-type: none"> <li>• An increase in the incidence of Category 2 Pressure Ulcers in March, linked to extended critical care LOS and COVID-19 admissions.</li> <li>• ED performance has improved in month, however it is still below the expected level</li> <li>• RTT and diagnostics are still below the constitutional standard due to the pandemic, however the planned activity has been delivered.</li> <li>• Two further Never Events have been recorded in March.</li> </ul>
<b>Recommendation</b>	<p>The Council of Governors are asked to:</p> <ul style="list-style-type: none"> <li>• Receive the Integrated Performance Report for March 2021.</li> <li>• Note the performance standards that are being achieved and the remedial actions being taken where metrics are outside expected parameters.</li> </ul>
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	<p>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.</p> <p>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</p> <p>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&amp;O, Spinal, General Surgery, Plastics and Urology), increasing demand (ophthalmology, Gastroenterology), transfer of activity from CCDFT, reduction in weekend working and premium pay .</p>

	BAF risk 3.3 - Risk of ability to deliver the national access target of 85% for 62 Day Cancer Standard	
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.	
<b>Strategic Objectives</b> (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>
	Develop clinical and commercial strategies <input type="checkbox"/>	

# Integrated Performance Report

March 2021

# New Additions to IPR for March

The following changes have been implemented in March's IPR:

- New metrics:

Performance Summary.

- Amendments:

Sepsis slides have been amalgamated on to one slide.

# Key Messages

Our key messages are:

The Trust has continued its COVID-19 response during March alongside maintaining emergency and urgent care, this included significant levels of critical care bed occupancy and the delivery of urgent surgical treatment.

Areas of improved performance include:

- A reduction in cases of C Difficile compared to 2019/20.
- Complaints closed within target.
- Compliance with Friends and Family Maternity Experience rate.
- Cancer standards for 14 days and 31 days have provisionally achieved target in March.

Areas for focus include:

- An increase in the incidence of Category 2 Pressure Ulcers in March, linked to extended critical care LOS and COVID-19 admissions.
- ED performance has improved in month, however it is still below the expected level
- RTT and diagnostics are still below the constitutional standard due to the pandemic, however the planned activity has been delivered.
- Two further Never Events have been recorded in March.

# Summary

	Indicator	Latest Month	Target/ Benchmark	Month Reported	Trend	Assurance
SAFE	All Falls Rate	6.51	5	03/2021		
	Falls With Harm Rate	0.16	0	03/2021		
	Infection Control - C-Difficile (YTD)	79	81	03/2021	N/A	N/A
	Infection Control - MRSA (YTD)	1	0	03/2021	N/A	N/A
	Serious Incidents	13	0	03/2021		
	Never Events (YTD)	8	0	03/2021	N/A	N/A
	Category 2 Pressure Ulcers	6.23	0	03/2021		
	Category 3 & 4 Pressure Ulcers	0.95	0	03/2021		
	SHMI	100.66	100	12/2020		
	Hospital Standard Mortality Rate (HSMR)	113.02	100	01/2021		
	VTE Assessment	86.48%	95%	03/2021		
	Maternity - Caesarean Section Rate (%)	27.61%	30.0%	03/2021		
	Maternity - Induction of Labour Rate (%)	47.85%	44.0%	03/2021		
	Maternity - Still Births (YTD)	0	17	03/2021	N/A	N/A
	Maternity - PPH 1500ml Rate (%)	1.84%	0.0%	03/2021		

	Indicator	Latest Month	Target/ Benchmark	Month Reported	Trend	Assurance
EFFECTIVE	Sepsis - NEWS Within 1 Hour	92.59%	95%	03/2021		
	Sepsis - Targeted oxygen delivered within 1 hour	93.50%	95%	11/2020		
	Sepsis - Empiric IV antibiotics administered	64.50%	95%	11/2020		
	Sepsis - Blood cultures taken within 1 hour	87.10%	95%	11/2020		
	Sepsis - IV fluid resuscitation initiated	58.10%	95%	11/2020		
	Sepsis - Serum lactate taken within 1 hour	74.20%	95%	11/2020		
CARING	F&F A&E Overall Experience Rate (%)	87.79%	85%	03/2021		
	F&F Inpatient Overall Experience Rate (%)	97.90%	96%	03/2021		
	F&F Outpatient Overall Experience Rate (%)	94.17%	95%	03/2021		
	F&F Maternity Overall Experience Rate (%)	100.00%	97%	03/2021		
	Complaints Closed Within Target (%)	65.52%	80%	03/2021		

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

# Summary

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
RESPONSIVE	A&E 4 Hour Wait Standard (%)	84.65%	95%	03/2021		
	RTT Incomplete Pathways (%)	60.33%	92%	03/2021		
	Diagnostic 6 Weeks Standard (%)	85.88%	99%	03/2021		
	Cancer Treatment - 14 Day Standard (%)	95.39%	93%	03/2021		
	Cancer Treatment - 31 Day Standard (%)	96.48%	96%	03/2021		
	Cancer Treatment - 62 Day Standard (%)	76.19%	85%	03/2021		
	Non-Urgent Ops Cancelled on Day	17	0	03/2021		
	Cancer Operations Cancelled On Day (YTD)	12	0	03/2021	N/A	N/A
	Cancelled Ops Not Rebooked Within 28 days	6	0	03/2021		
	E-Discharge (%)	94.0%	90%	03/2021		

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
WELL LED	Year-To-Date Budget Variance (£'millions)	-6.40	0	03/2021	N/A	N/A
	Annual Appraisal (%)	64.28%	80%	03/2021		
	Mandatory Training (%)	84.37%	90%	03/2021		
	Sickness Absence (%)	4.06%	4%	03/2021		
	Staff Turnover (%)	11.55%	10%	03/2021		

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

# Activity Summary

## Delivery August to March: 2020/21 vs 2019/20



South Tees Hospitals  
NHS Foundation Trust

Point of Delivery	Aug-20 (Actual)	Sep-20 (Actual)	Oct-20 (Actual)	Oct-20 (Plan)	Nov-20 (Actual)	Nov-20 (Plan)	Dec-20 (Actual)	Dec-20 (Plan)	Jan-21 (Actual)	Jan-21 (Plan)	Feb-21 (Actual)	Feb-21 (Plan)	Mar-21 (Actual)	Mar-21 (Plan)
Outpatients First Attendances	72%	82%	77%	76%	85%	79%	89%	82%	78%	84%	81%	85%	116%	113%
Outpatient Follow Up Attendances	76%	89%	81%	80%	88%	81%	93%	83%	79%	82%	87%	85%	116%	110%
Elective Day Case	71%	90%	86%	75%	85%	77%	86%	80%	63%	81%	69%	82%	97%	105%
Elective Inpatient	66%	77%	80%	74%	68%	76%	82%	78%	56%	76%	46%	78%	60%	115%
Diagnostics	79%	101%	98%	77%	95%	83%	99%	91%	88%	78%	92%	84%	117%	95%

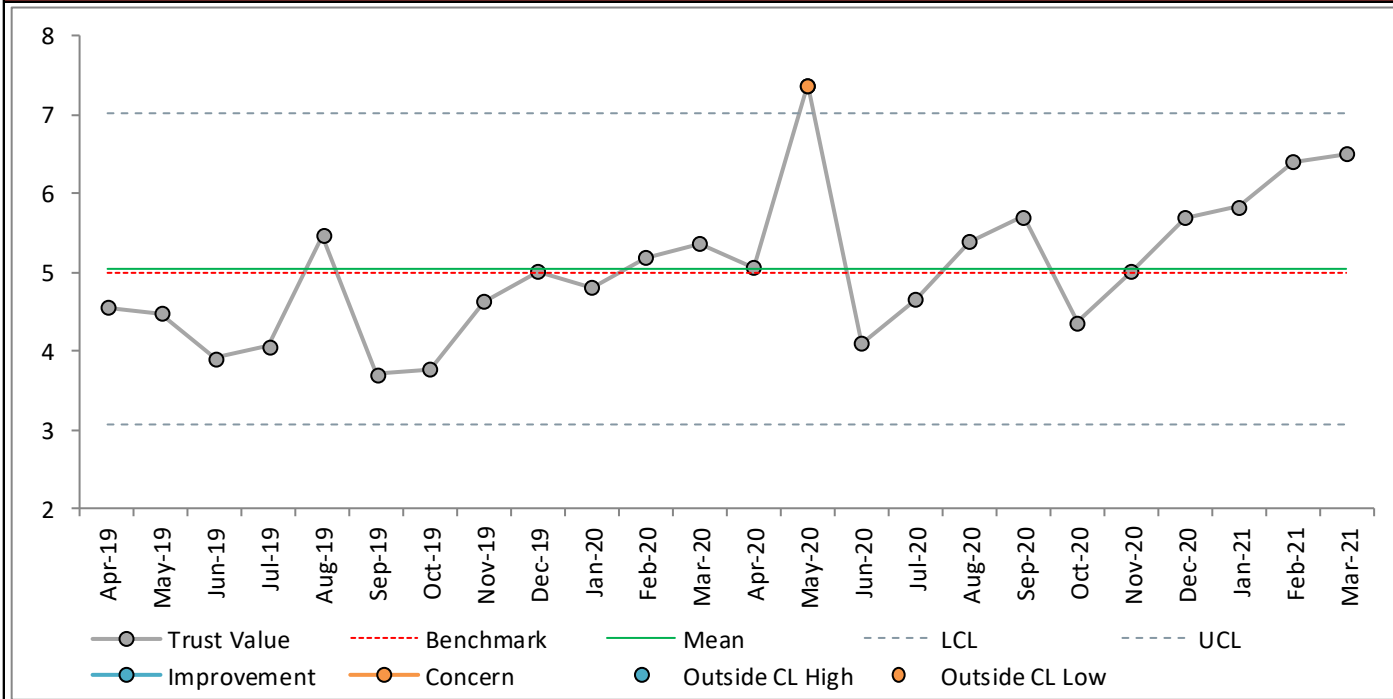
Point of Delivery	Aug-20 (Actual)	Sep-20 (Actual)	Oct-20 (Actual)	Oct-20 (Plan)	Nov-20 (Actual)	Nov-20 (Plan)	Dec-20 (Actual)	Dec-20 (Plan)	Jan-21 (Actual)	Jan-21 (Plan)	Feb-21 (Actual)	Feb-21 (Plan)	Mar-21 (Actual)	Mar-21 (Plan)
Accident and Emergency	91%	87%	79%	100%	71%	100%	72%	100%	69%	100%	72%	100%	114%	100%
Non elective: zero length of stay	89%	83%	73%	90%	66%	90%	67%	90%	67%	90%	76%	90%	111%	115%
Non elective: 1+ night length of stay	83%	89%	83%	100%	81%	100%	77%	100%	78%	100%	85%	100%	103%	110%

Cause of Variation	Planned Actions	Timescale
<ul style="list-style-type: none"> <li>Submitted plans explicitly assumed no Covid-19 2<sup>nd</sup> wave.</li> <li>Reduced theatre schedule (workforce, physical space allocated to critical care)</li> <li>Clinical prioritisation.</li> <li>Late cancellations.</li> <li>Activity transferred to IS.</li> </ul>	<ul style="list-style-type: none"> <li>Specialties have submitted draft activity and capacity plans.</li> <li>Review and challenge with COO and Planning team.</li> <li>Triangulation of activity plans with activity done, new theatres schedule, and workforce capacity.</li> </ul>	<ul style="list-style-type: none"> <li>W/C 19/4 for draft submission of activity trajectories to ICP 27/4, NHSE deadline 6/5/21</li> </ul>





## All Falls Rate



The Trust falls rate per 1000 bed days

**Benchmark** 5

**Mean** 5.04

**Last Month** 6.51

### Executive Lead

Hilary Lloyd

### Lead

Helen Day

### Commentary

There were 164 falls in March. This metric is consistent and mean is close to the national benchmark.

The most common cause of falls remain poor balance, slips, deconditioning and memory loss or a combination of all 4.

TVCCG commenced regional scoping work for consistency of reporting, assessment and prevention.

### Cause of Variation

- This metric is within normal variation, except for a special cause in May 2020, which may be related to a reduction in the number of bed days.
- Potential correlation between changes in ward functionality and increase in falls during Covid-19.
- Regional colleagues are also reporting increased falls rates.

### Planned Actions

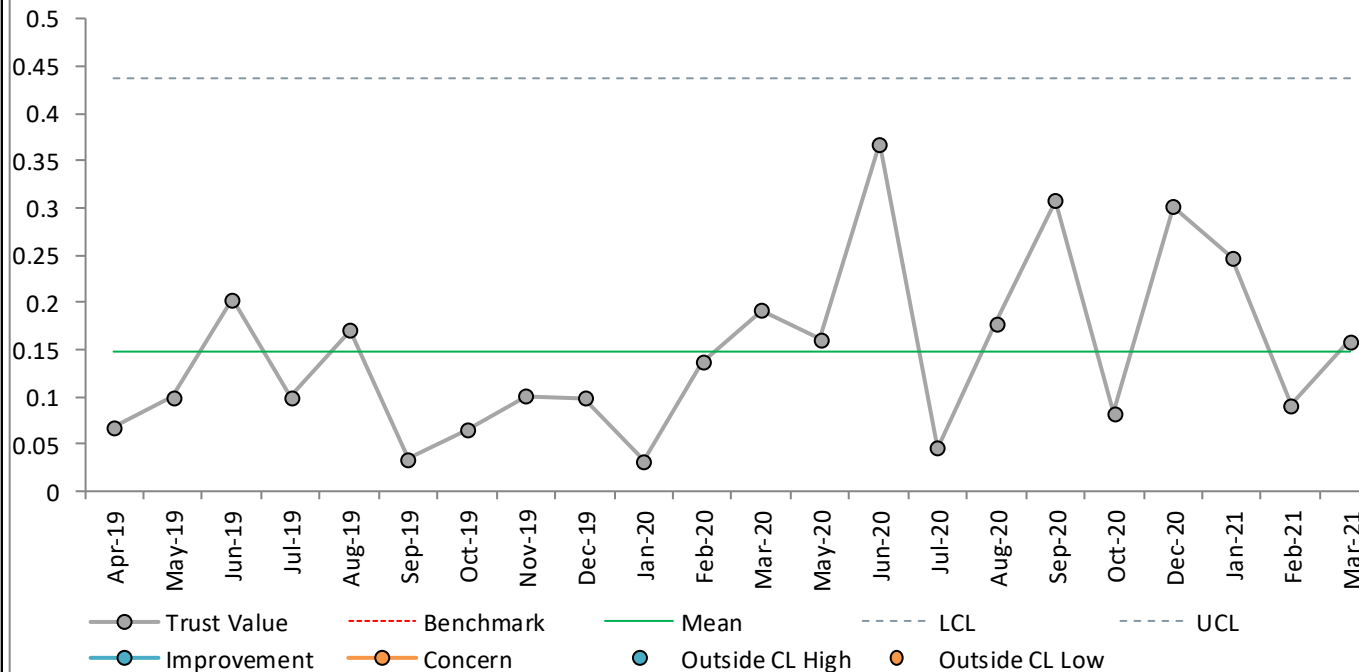
- Review multi disciplinary resource to enable Trust wide action group and update and launch the Falls Prevention action plan 2021/22 aligned with the ethos 'every contact counts'
- Re establish falls improvement work by ward teams and Frailty STAQC link.

### Timescale

- 1 month after Chief AHP in post
- STAQC team will continue to foster the sharing of good practice and quality improvement work.



## Falls With Harm Rate



Rate of falls with harm per 1000 bed days

**Benchmark** 0

**Mean** 0.15

**Last Month** 0.16

**Executive Lead**

Hilary Lloyd

**Lead**

Helen Day

**Commentary**

There were 4 falls with harm in March.

Two patients sustained moderate harm following falls (Ward 6 and Ward 7) and two patient sustained fractured neck of femur (Ward 12 and Ward 4)

### Cause of Variation

- This metric is within normal variation .

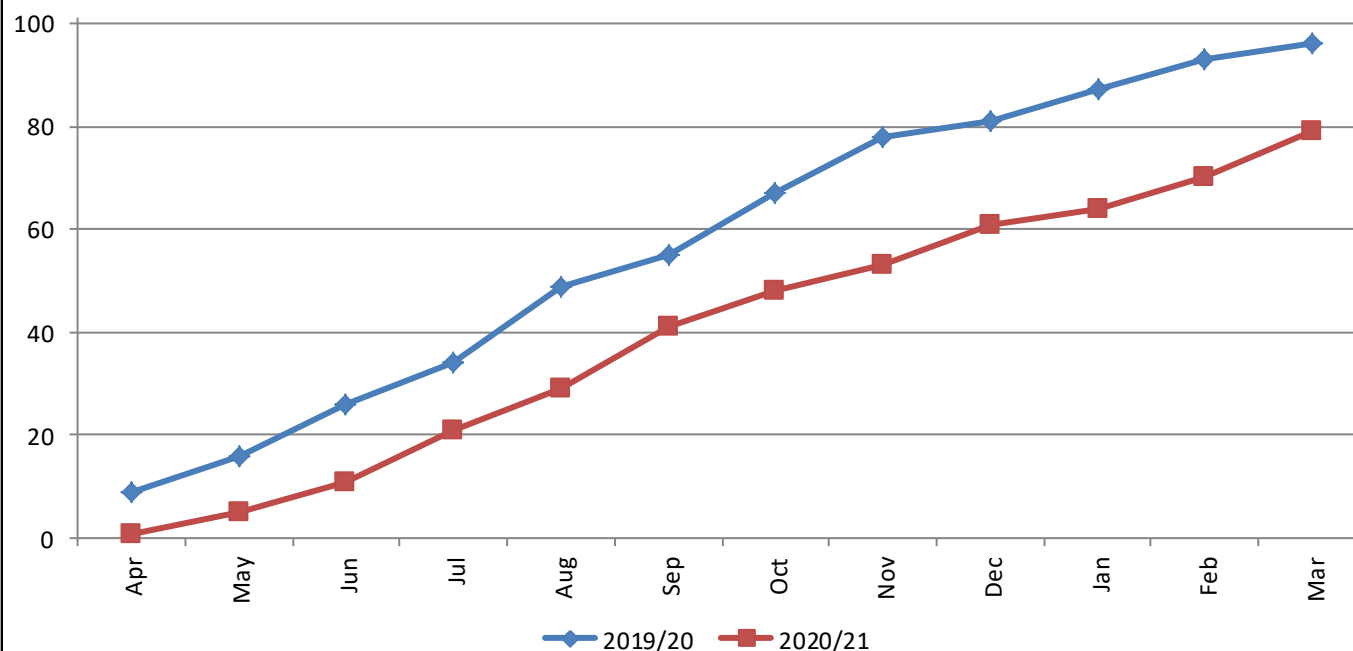
### Planned actions

- Review multi disciplinary resource to enable Trust wide action group and update and launch the Falls Prevention action plan 2021/22 aligned with the ethos 'every contact counts '
- Re establish falls improvement work by ward teams and Frailty STAQC link

### Timescale

- 1 month after Chief AHP in post
- STAQC team will continue to foster the sharing of good practice and quality improvement work.

## Infection Control - C-Difficile (YTD)



Cases of hospital acquired C. Difficile bacteraemia

**Outturn** 81

**Mean** N/A

**YTD** 79

**Executive Lead**

Hilary Lloyd

**Lead**

Sharon Lance

**Commentary**

This metric is benchmarked against the number of C Difficile cases at the Trust during 2019/20.

### Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation is not being assessed.
- 79 Trust Assigned cases which was under the threshold of 81 cases. Sixteen 6 of C. difficile were recorded in March, two of which were classed as COHA and 8 were classed as HOHA = 10.

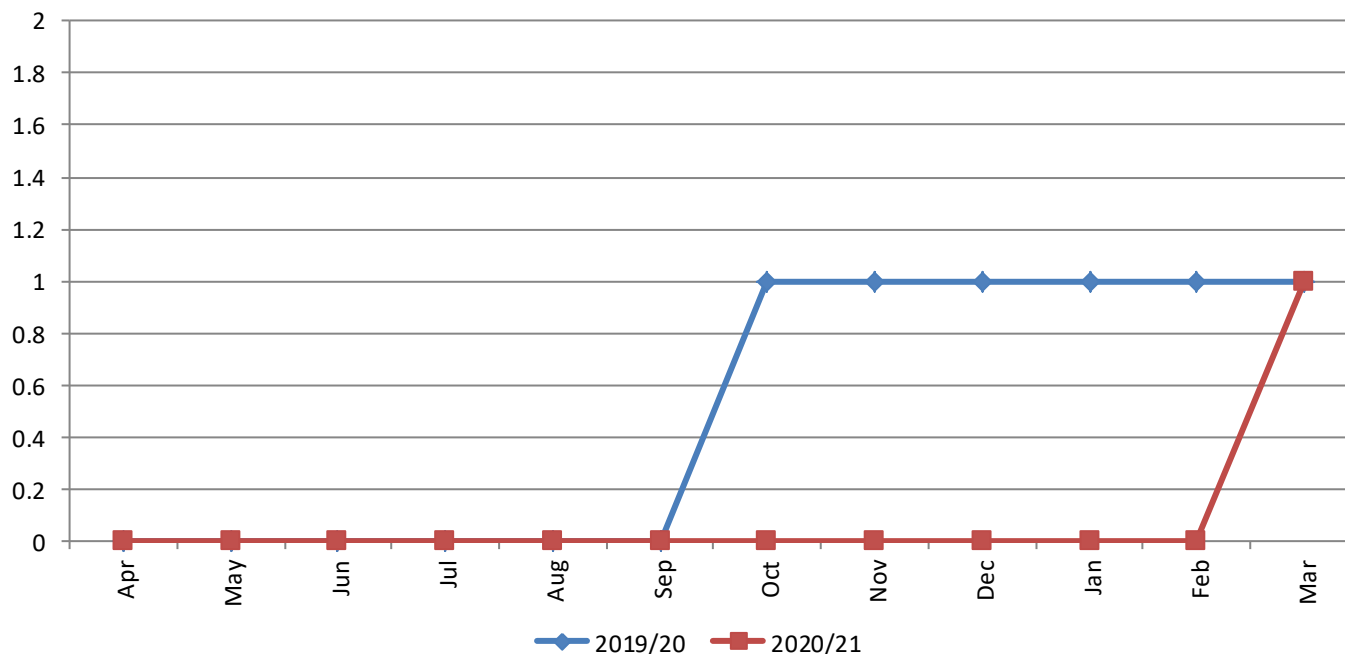
### Plan

- Review of March CDI cases with findings to IPAG
- Review of current RCA process for CDI with both CCGs, initial agreement of proposal at IPAG with implementation in April – feedback to IPAG
- Reporting and learning to be enhanced in IPAG with new meeting structure
- Development of electronic system for side room allocation to facilitate prompt isolation
- Reinstate IPC Matron Huddle as combined currently with weekly matron/ward manger huddles from April 2021.
- Review of IPC input to Collaborative meetings.

### Timescale

- Ongoing

## Infection Control - MRSA (YTD)



Cases of hospital acquired MRSA bacteraemia

Target	0
Mean	N/A
YTD	1

### Executive Lead

Hilary Lloyd

### Lead

Sharon Lance

### Commentary

There has been one case identified in March 2021.

### Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation is not being assessed.
- There was one trust-assigned case of MRSA bacteraemia in March 2021.
- This case was attributed to a peripheral cannula infection. A clinical incident report has been completed and a panel review held.

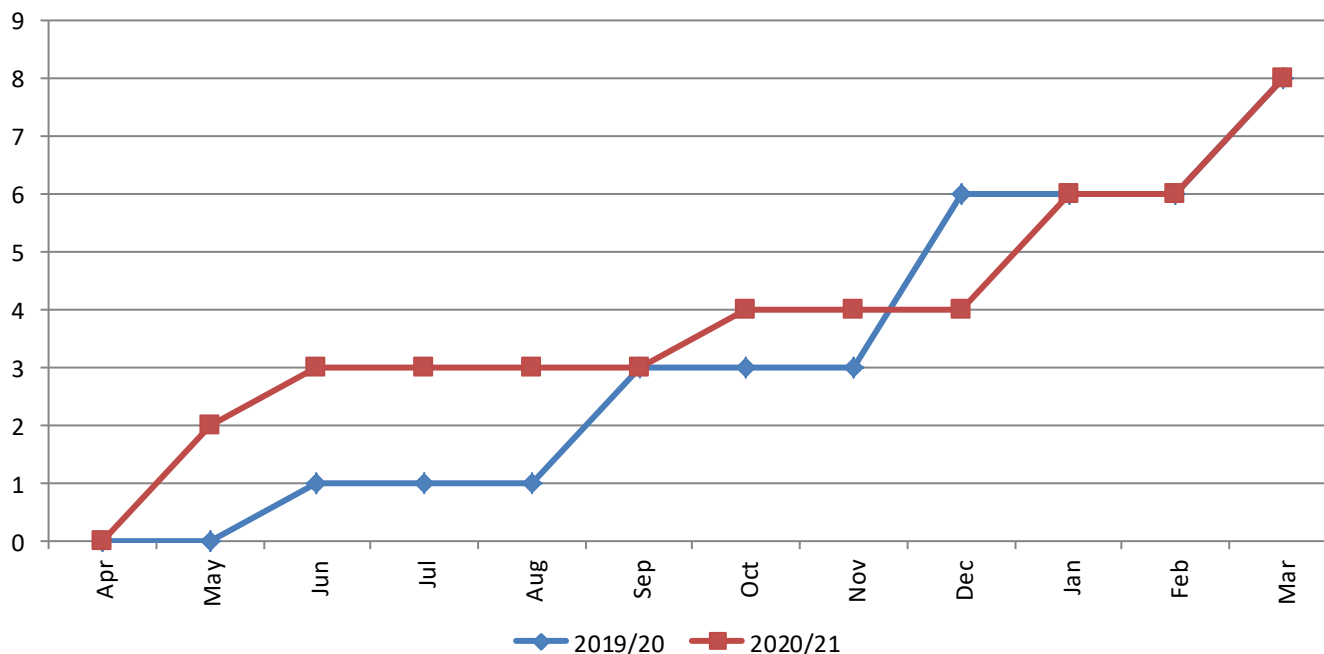
### Planned Actions

- Aseptic non touch technique training and audit programs for indwelling device insertion and care remain in place and continue.
- Dedicated IPCN input for OPAT and line care support to commence from April 2021.
- Review of 'hot spot' areas for focussed work.
- Align action areas and education plan in relation to bacteraemia management into 2021/22 IPC Annual Plan.
- Lessons learned clearly shared across Trust.

### Timescale

- Ongoing.

## Never Events (YTD)



Number of reported Never Events

Target	0
Mean	N/A
YTD	8

### Executive Lead

Hilary Lloyd

### Lead

Kay Davies

### Commentary

Eliminating never events remains a priority. There were 2 never events in March. One event related to a misplaced NG tube. One never event related to wrong route medication.

### Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation is not being assessed
- Nationally there is a variation in the number of never events reported of between 28 and 48 per month.

### Planned Actions

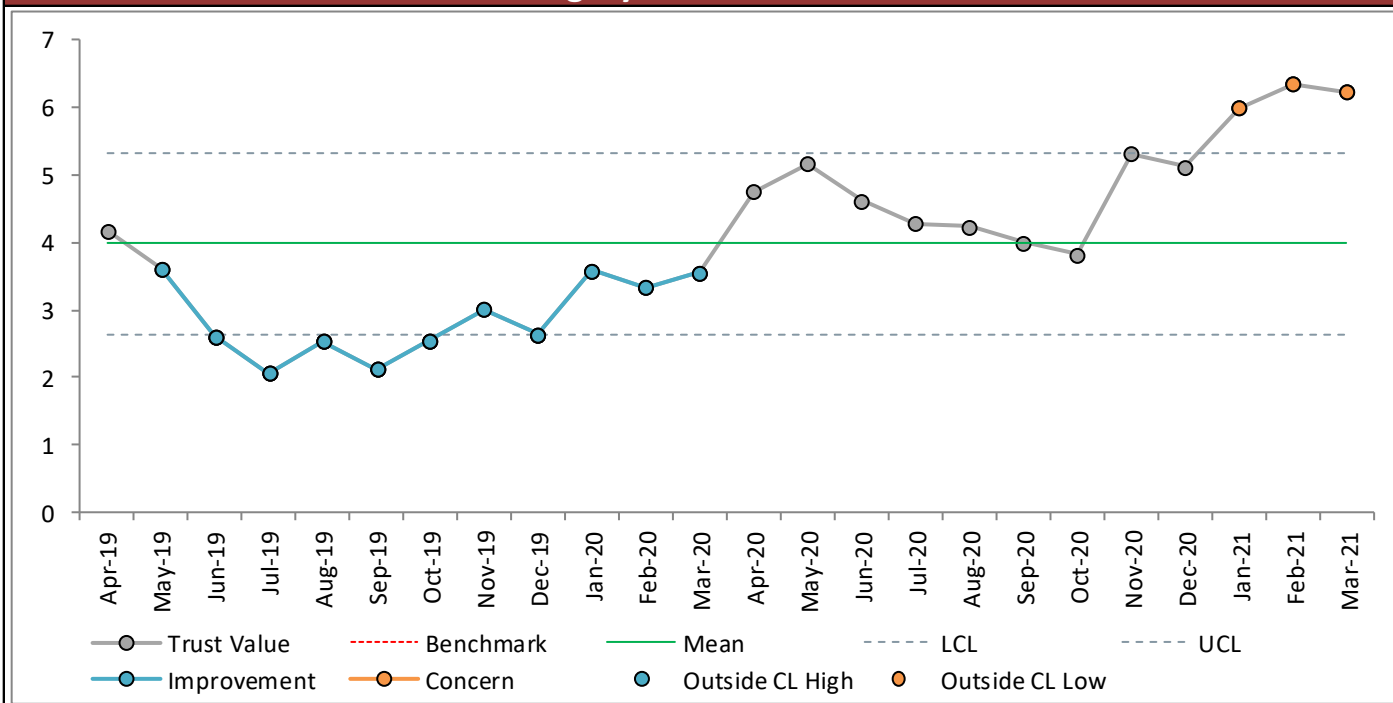
- A safer surgery oversight group has been established.
- A three month project to fully coordinate and establish the LocSSIP process has concluded and an audit programme commences in May 2021.
- Regional data released and local action plan developed and presented to the Quality Assurance Committee in November 2020 and updated in January 2021 shared with our CCG.
- Internal Audit carried out a site visit in September to review the design and operating effectiveness of key controls in place relating to patient safety. Draft report received, action plan has been developed.
- Establish a learning culture through the Leadership and Safety Academy
- Critical friend review by NHSE/I is underway with interviews of key staff being undertaken

### Timescale

- Eliminating Never Events remains a quality priority for 2020/21.
- The report from the critical friend review is due end of May 2021.



## Category 2 Pressure Ulcers



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

**Benchmark** TBD

**Mean** 3.99

**Last Month** 6.23

**Executive Lead**

Hilary Lloyd

**Lead**

Helen Day

**Commentary**

- 88 G2 - acute setting and
- 69 G2 - community setting
- Majority of increase from Dec' 2020 is observed in general and cardiothoracic critical care areas reflecting both the patient type and nursing skill mix.

### Cause of Variation

- The majority of the increase is observed in the general and cardiothoracic critical care areas reflecting both the patient type and nursing skill mix
- Improved surveillance and reporting in the community may be contributing to a slight rise in new G2s.
- Higher average acuity than comparable time last year

### Planned Actions

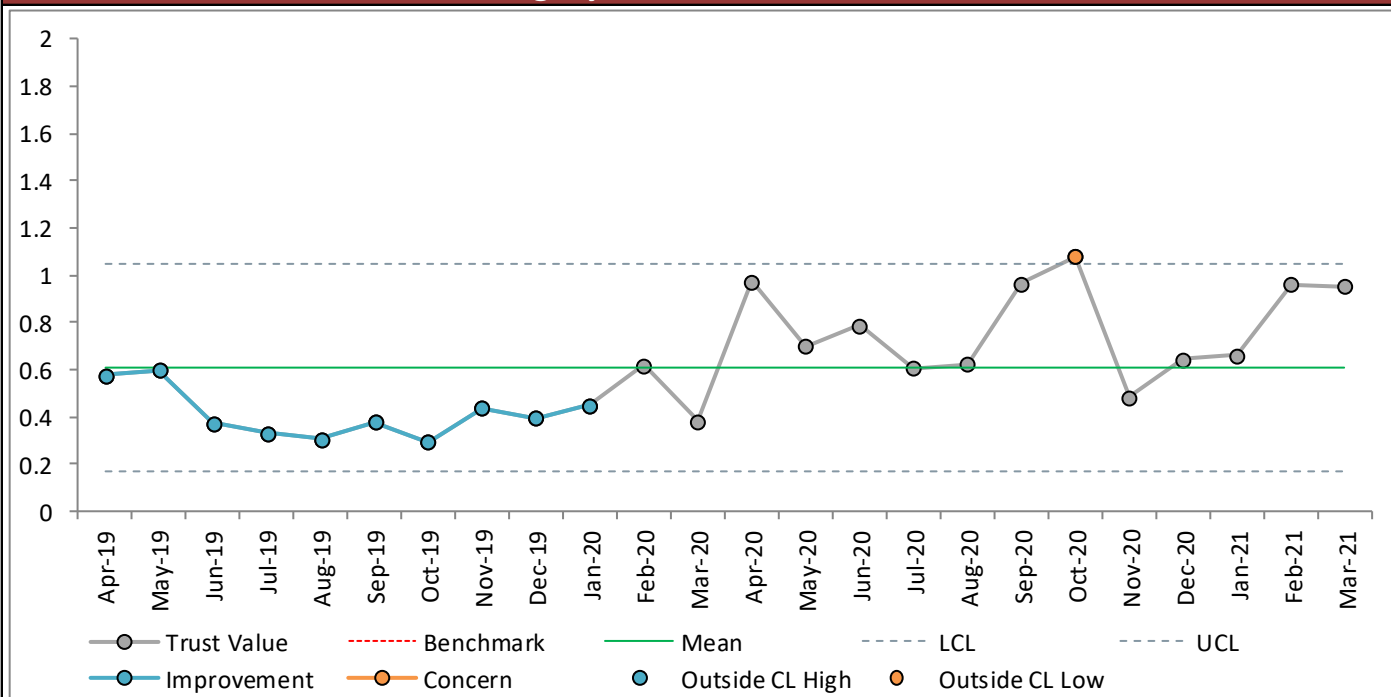
- Update and launch the Tissue Viability action plan 2021/22 Examples of specific work includes;
  - Trust wide Pressure Ulcer Collaborative (PUC)
  - New risk assessment tool (Purpose T) to be trialled from April 2021 in the community setting
  - Revised Pressure Ulcer Policy launched.

### Timescale

- All actions are ongoing and linked to the pressure ulcer reduction action plan & improvement timescales are being built into this
- PUC commenced 12/04/2021



## Category 3 & 4 Pressure Ulcers



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

**Benchmark** TBD

**Mean** 0.61

**Last Month** 0.95

**Executive Lead**

Hilary Lloyd

**Lead**

Helen Day

**Commentary**

- In March there were 25 grade 3 PUs with 4 meeting SI reporting criteria
- 19/25 were observed in the Community setting and 6/25 in the acute setting

### Cause of Variation

- The rate is within normal variation, except for single point in October 2020.

### Planned Actions

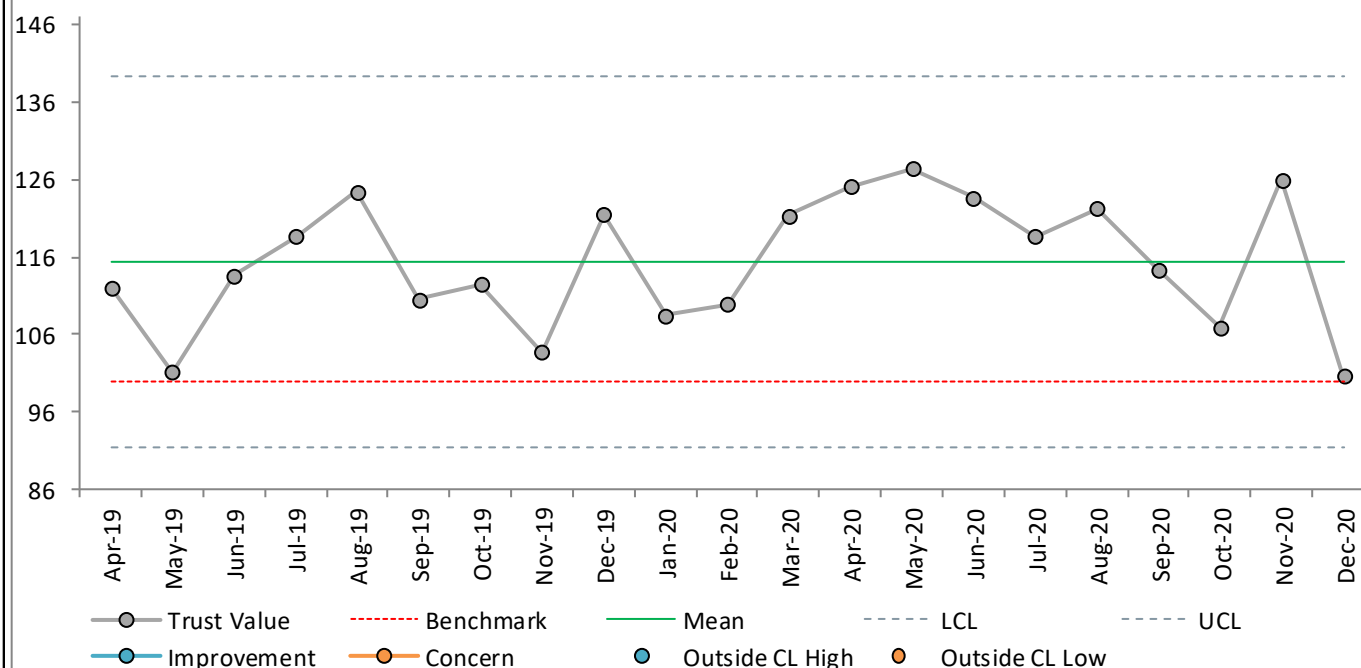
- Update and launch the Tissue Viability action plan 2021/22 Examples of specific work includes;
- Trust wide Pressure Ulcer Collaborative (PUC)
- New risk assessment tool (Purpose T) to be trialled from April 2021 in the community setting
- Revised Pressure Ulcer Policy launched.
- Report to Quality Assurance Committee.

### Timescale

- All actions are ongoing and linked to the pressure ulcer reduction action plan & improvement timescales are being built into this
- PUC commenced 12/04/2021



## SHMI



Summary Hospital-Level Mortality Indicator

**Benchmark** 100

**Mean** 115.39

**Last Month** 100.66

**Executive Lead**

Mike Stewart

**Lead**

Tony Roberts

**Commentary**

SHMI has decreased in March so that it is in-line with the benchmark. SHMI is the official NHS hospital mortality indicator and relies on correct primary diagnosis and comorbidity capture at admission. It does not adjust for specialist palliative care coding.

### Cause of Variation

- SHMI has remained stable but high (national average is set to 100). This reflects the Trust's relatively low level of comorbidity capture.
- SHMI for Oct 2019 to Sep 2020 is outlying (officially 115, the same as the last release). Pneumonia and septicemia mortality is high.
- SHMI is impacted by COVID-19 as spells are removed and the fall in discharges of other patients is substantial.

### Planned Actions

- The trust is gradually falling behind national averages for capture of comorbidities.
- A new Clinical Coding Strategy has been written as is being launched in April.
- Medical Examiner scrutiny has been sustained at high levels (>95% of deaths are reviewed) and preventable deaths have not been identified, although there is a backlog for mortality reviews requested by MEs.

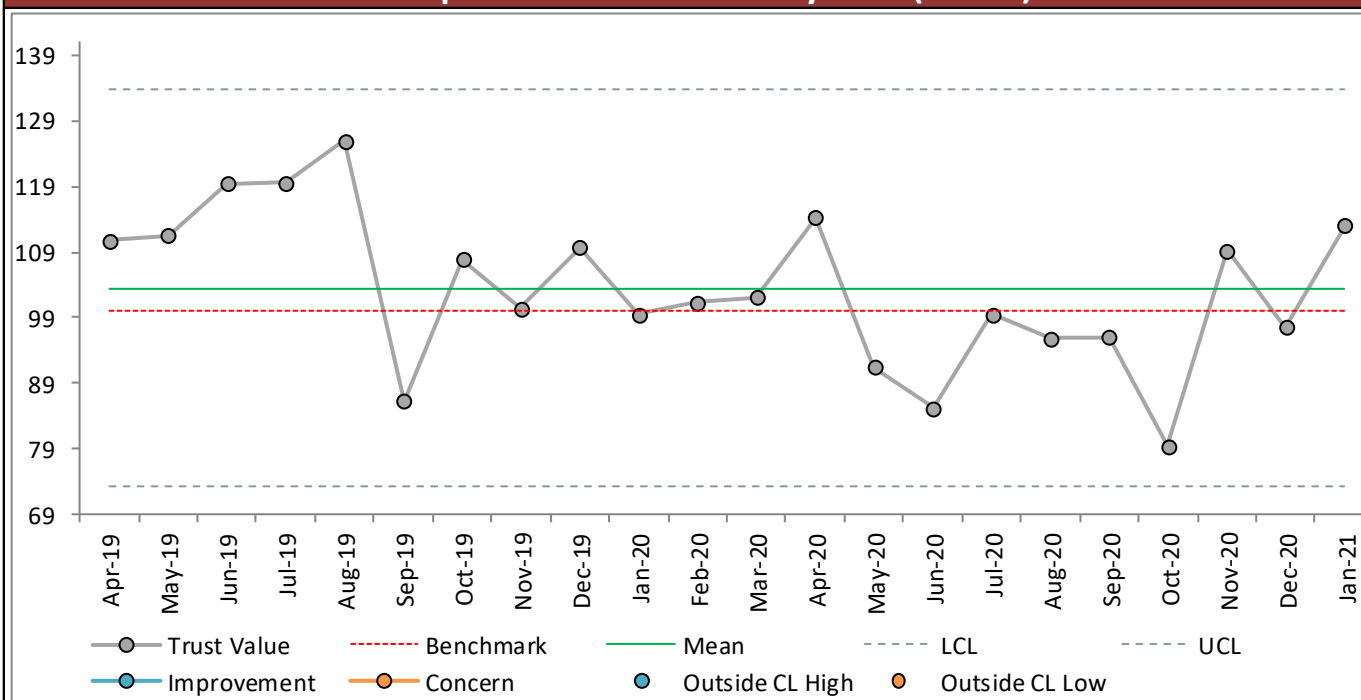
### Timescale

- Coding work on-going. Quarterly review of the impact of COVID-19 on SHMI needed throughout 2021/2022.
- HED report delivered Jan 2021.





## Hospital Standard Mortality Rate (HSMR)



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

**Benchmark** 100

**Mean** 103.46

**Last Month** 113.02

**Executive Lead**

Mike Stewart

**Lead**

Tony Roberts

**Commentary**

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

### Cause of Variation

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

### Planned Actions

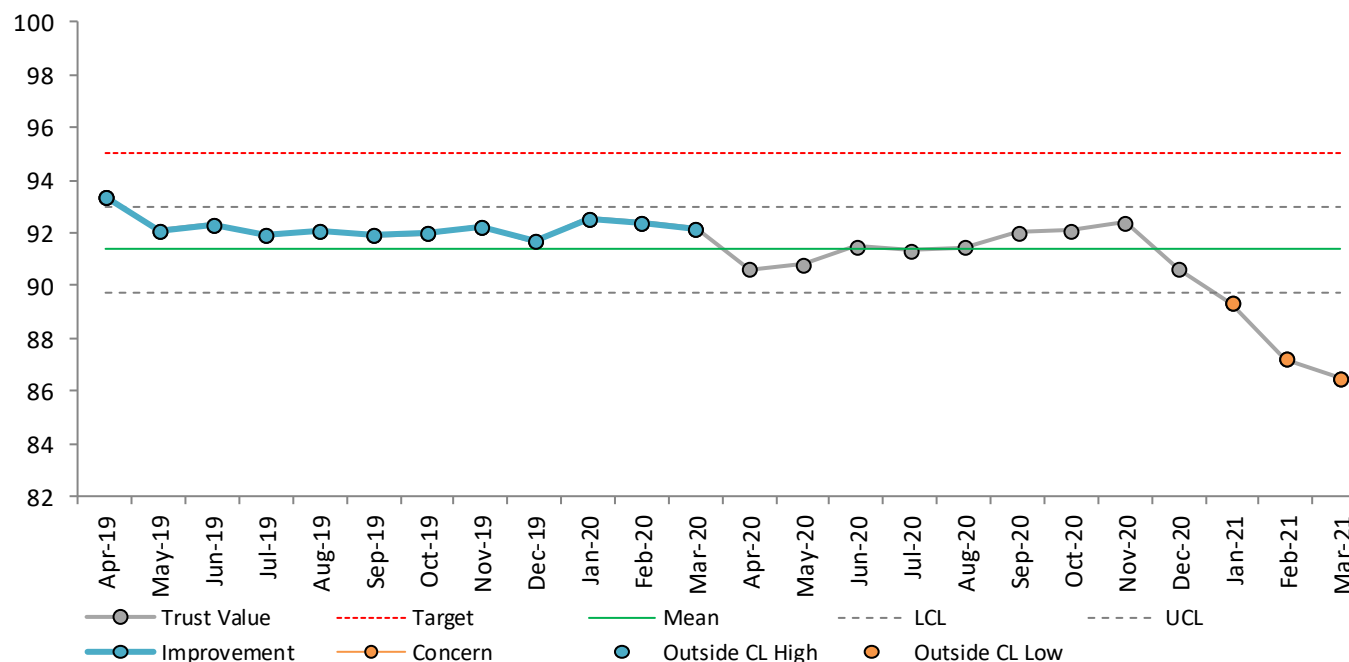
- Continued monitoring of deaths, unadjusted mortality, SHMI, HSMR, Medical Examiner and Trust Mortality Reviews and any deaths reported as a Serious Incident, via nationally mandated Learning from Deaths dashboard.
- Improvements to coding (outlined on SHMI slide) will impact on HSMR.

### Timescale

- On-going. Comparison of SHMI and HSMR will be important, given the discrepancy between them.



## VTE Assessment



The proportion of eligible admissions, who are being risk assessed for VTE (venous thromboembolism)

Target	95
Mean	91.36
Last Month	86.48

### Executive Lead

Mike Stewart

### Lead

Jamie Maddox

### Commentary

Compliance with VTE assessment has reduced significantly and is now outside the control limits.

### Cause of Variation

- The last 3 points (Jan, Feb, Mar) display the impact of changing the recording method and incomplete data.
- There are delays with recording and completing investigations.
- 

### Planned Actions

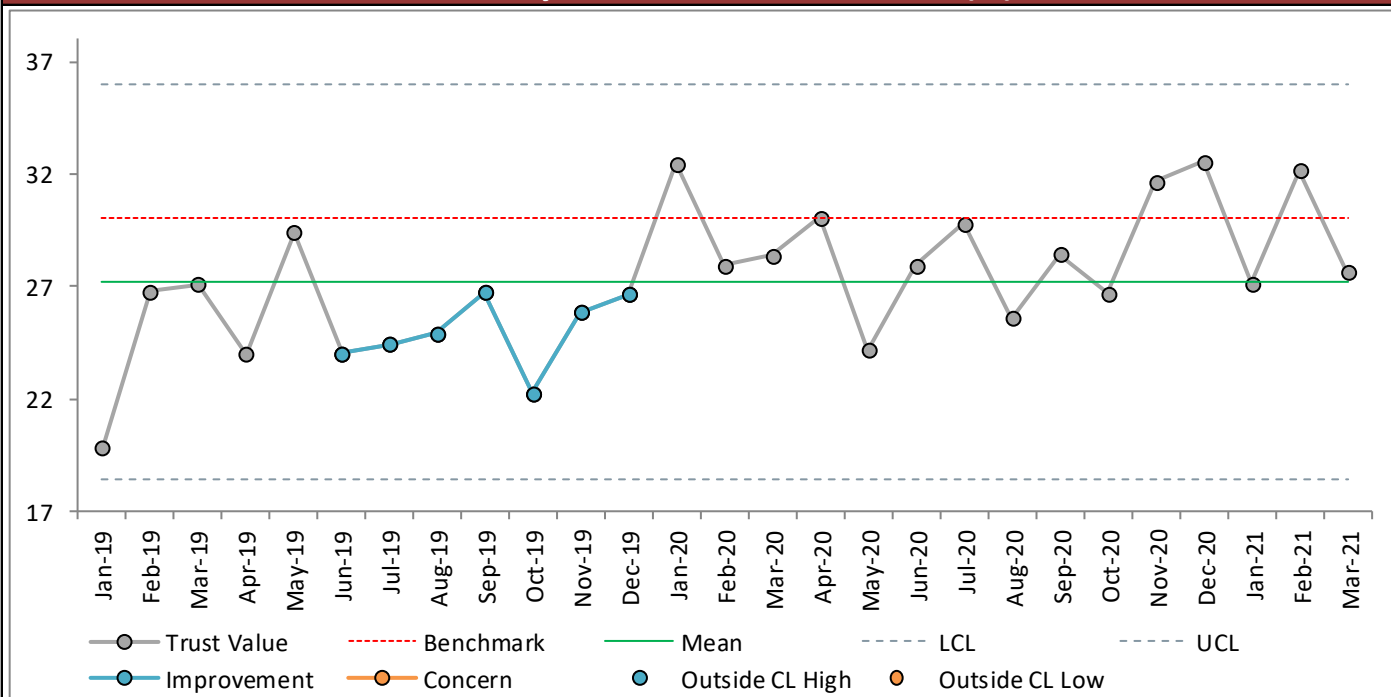
- General medical and critical care colleagues have reviewed national COVID guidance in this area to ensure that appropriate management policies are in place across the Trust.
- Re establish a Working Group to focus on VTE Assessment.
- Revise CAMIS VTE data entry to ensure easier and accurate data recording
- Addition of visual indicator, to prompt outstanding assessments.
- Anticoagulant specialist nurses to receive monthly ward level data to support wards.

### Timescale

- Q1 – VTE Working Group to agree trajectory
- Q3 – Improved compliance
- Meeting is set for 14<sup>th</sup> May 2021



## Maternity - Caesarean Section Rate (%)



**Benchmark** 30

**Mean** 27.21

**Last Month** 27.61

**Executive Lead**

Hilary Lloyd

**Lead**

Fran Toller

**Commentary**

This metric is measured against a national benchmark. The Trust Caesarean Section rate is currently 27.5% and is within the control limits.

The % of Patients Delivering via Caesarean Section

### Cause of Variation

- This metric is within normal variation and measured against a national benchmark.
- The Trust Caesarean Section rate is currently 27.5% which is below the national benchmark.

### Planned Actions

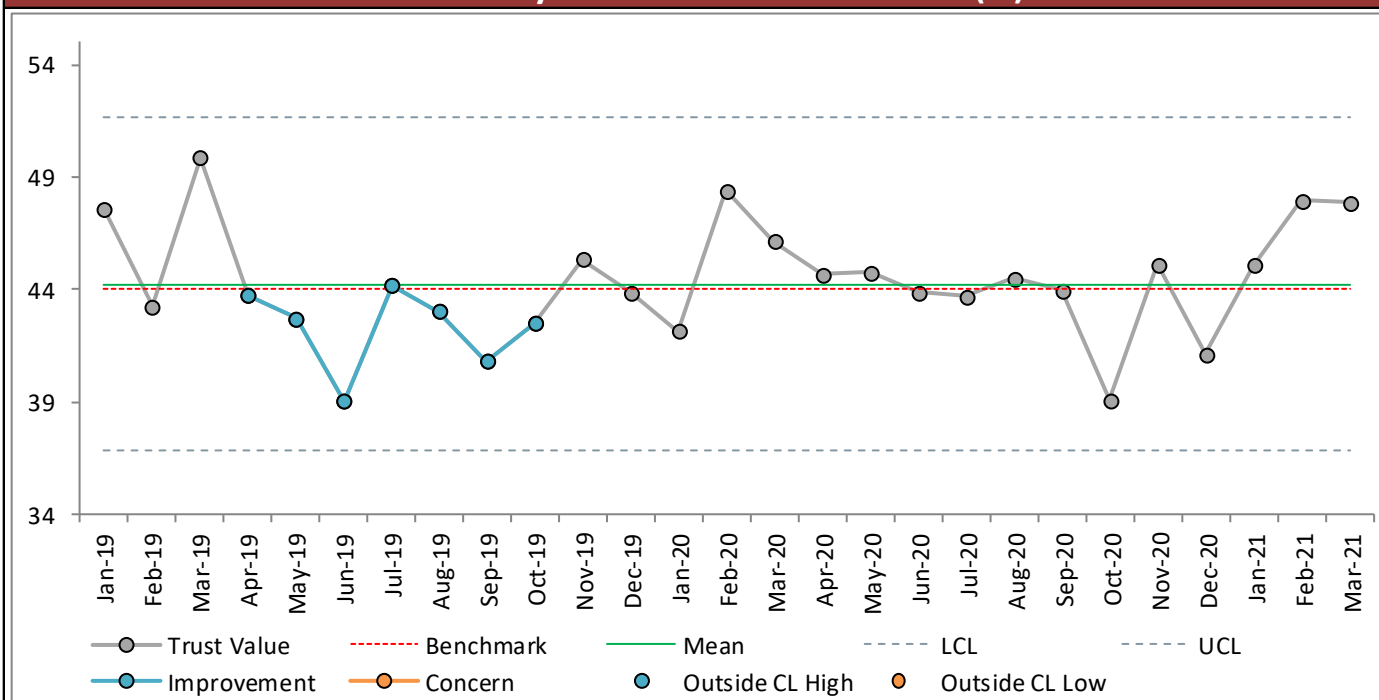
- An annual labour ward report has been produced since 2004 which tracks changes and identifies areas of practice change, such as the current work being undertaken on traumatic delivery.

### Timescale

- On going review – no specific time scale.



## Maternity - Induction of Labour Rate (%)



**Benchmark** 44

**Mean** 44.23

**Last Month** 47.85

**Executive Lead**

Hilary Lloyd

**Lead**

Fran Toller

**Commentary**

As the Trust position is very close to the national benchmark this is not an area of concern.

## The % of Patients Delivering via Caesarean Section

### Cause of Variation

- This metric is within normal variation.
- This metric has a mean of 45% against a national benchmark of 44%.

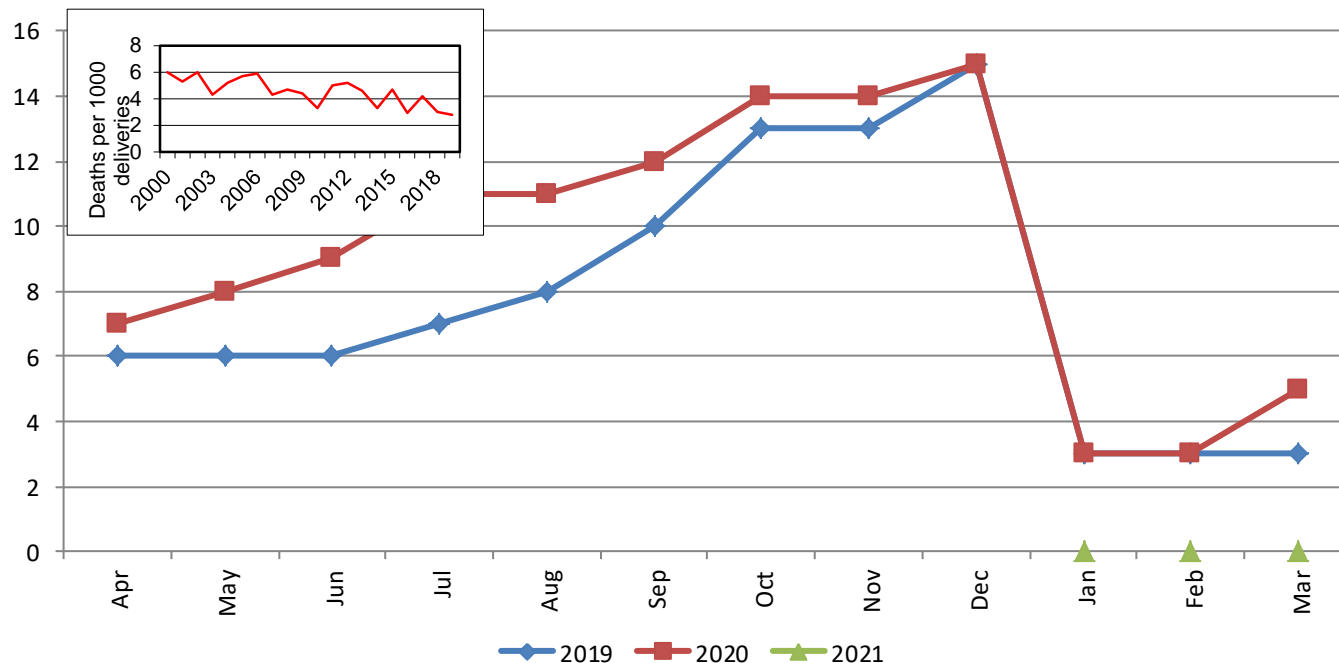
### Planned Actions

- No specific actions are required.
- Continue current processes.

### Timescale

- Not applicable

## Maternity - Still Births (YTD)



Still births

<b>Outturn</b>	<b>17</b>
----------------	-----------

<b>Mean</b>	<b>N/A</b>
-------------	------------

<b>YTD</b>	<b>0</b>
------------	----------

**Executive Lead**

Hilary Lloyd

**Lead**

Fran Toller

**Commentary**

There were no stillbirths during February 2021.

### Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation cannot be assessed.

### Planned Actions

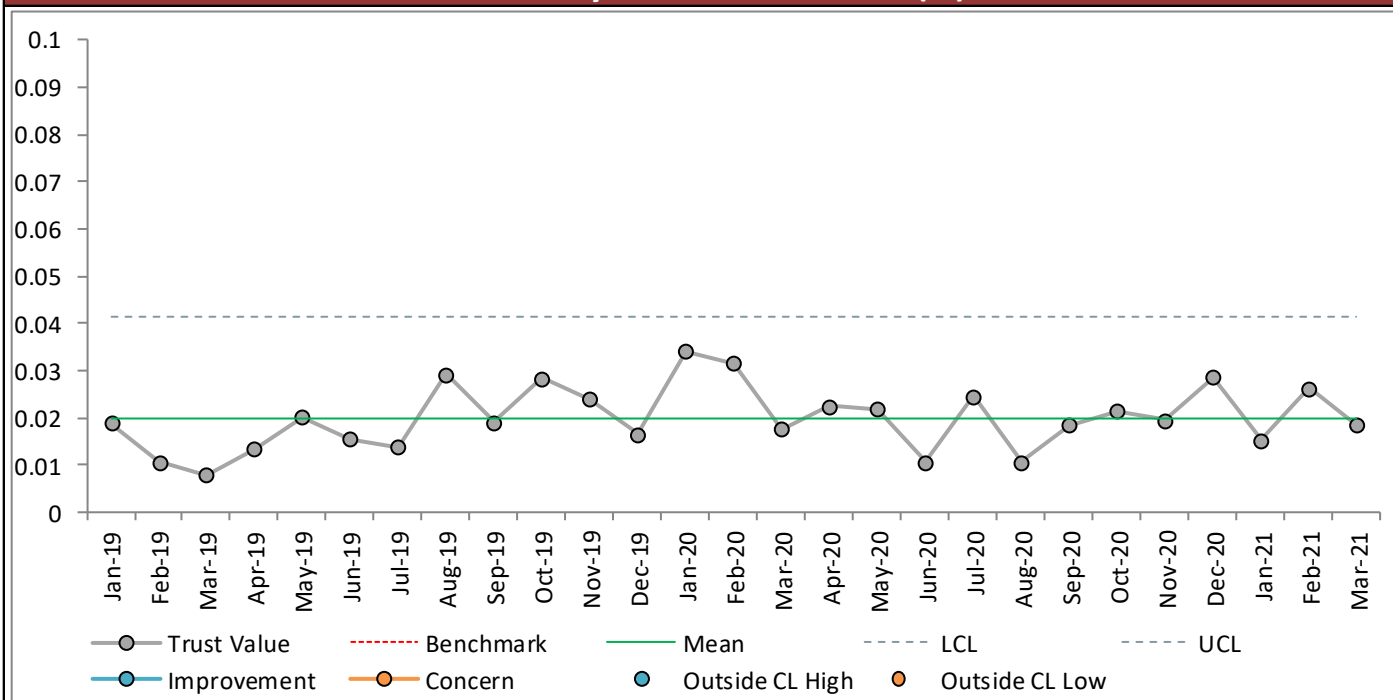
- Deliver all aspects of the Saving Babies Lives Care Bundle
- Implementation of Okenden report recommendations
- Continued review and analysis through the labour ward reporting and risk management case reviews.

### Timescale

- Ongoing



## Maternity - PPH 1500ml Rate (%)



## Postpartum Haemorrhage Rate over 1500ml

**Benchmark**

**Mean** 0.02

**Last Month** 0.02

**Executive Lead**

Hilary Lloyd

**Lead**

Fran Toller

**Commentary**

National benchmark data for Post Partum Haemorrhage is not currently available.

### Cause of Variation

- This metric is within normal variation.

### Planned Actions

- Continue current processes.
- Introduction of measured blood loss at Elective Caesarean Section is being trialled with a view to rolling out to Emergency Caesarean Sections.

### Timescale

- Timescale to be determined.

## Sepsis

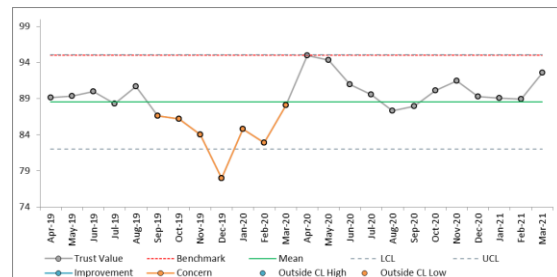
Executive Lead

Mike Stewart

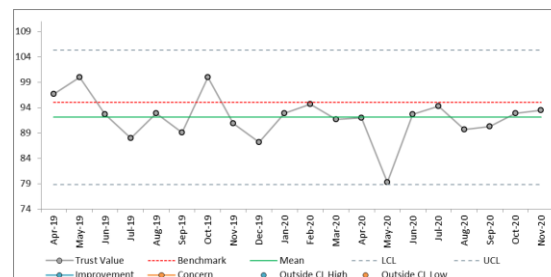
Lead

Lindsay Garcia

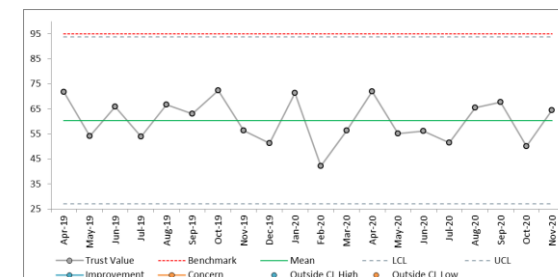
### Sepsis - NEWS Within 1 Hour



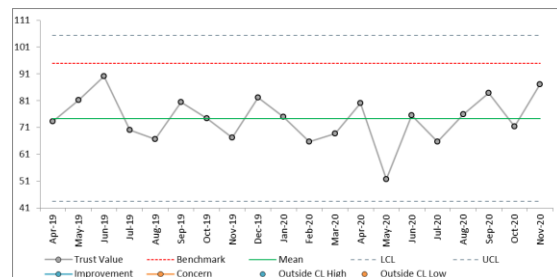
### Oxygen delivered within 1 hour



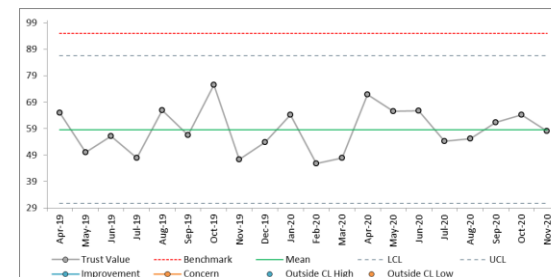
### Antibiotics delivered within 1 hour



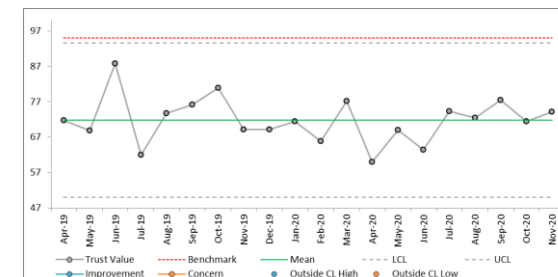
### Blood cultures taken within 1 Hour



### IV fluid resuscitation initiated within 1 hour



### Serum lactate taken within 1 hr



### Cause of Variation

- Normal variation but the means are below the targets and therefore need improvement plan

Reasons include:

- Sepsis Assessment tools not being utilised.
- Lack of compliance with escalation policies.
- Need for additional venous gas sample in order to obtain point of care lactate.

### Planned Actions

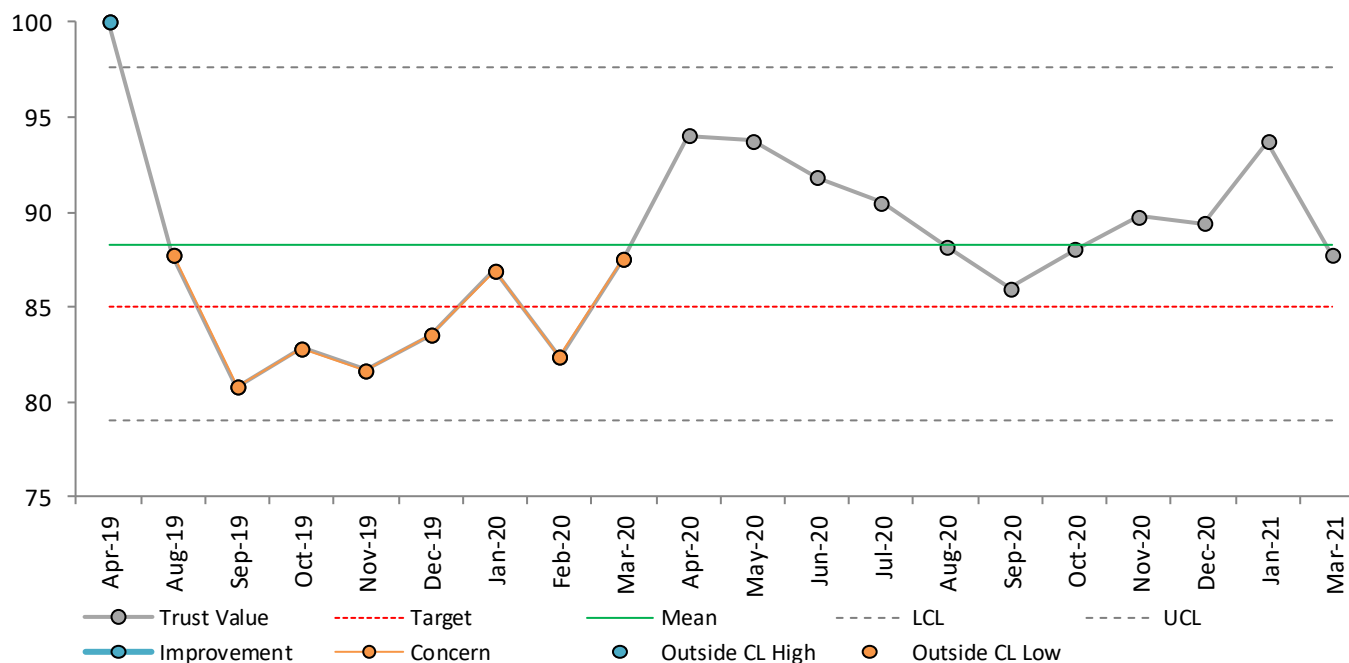
- Triage team introduced in ED.
- To add grey blood bottle used for venous lactate into blood culture pack.
- Electronic work flow being implemented across the organisation with 'close the loop' configuration. So uncompleted tasks highlighted.
- Immediate data available for audit. Targeted education.
- Discussions with informatics to explore if data can be released earlier to offer real time reporting.

### Timescale

- June 2021 for electronic system.
- Informatics being explored at present.



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



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

Target 85

Mean 88.32

Last Month 87.79

Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

This target has been met consistently since April 2020. Patient feedback in A and E remains high

### Cause of Variation

- This metric has been within normal variation since April 2020.
- No data was reported in February 2021, an IT issue was identified and text messages were not sent post discharge.
- This has subsequently been rectified by the IQVIA.

### Planned Actions

- Continue current processes.
- Continue to monitor response rates, for timely identification of IT issues.

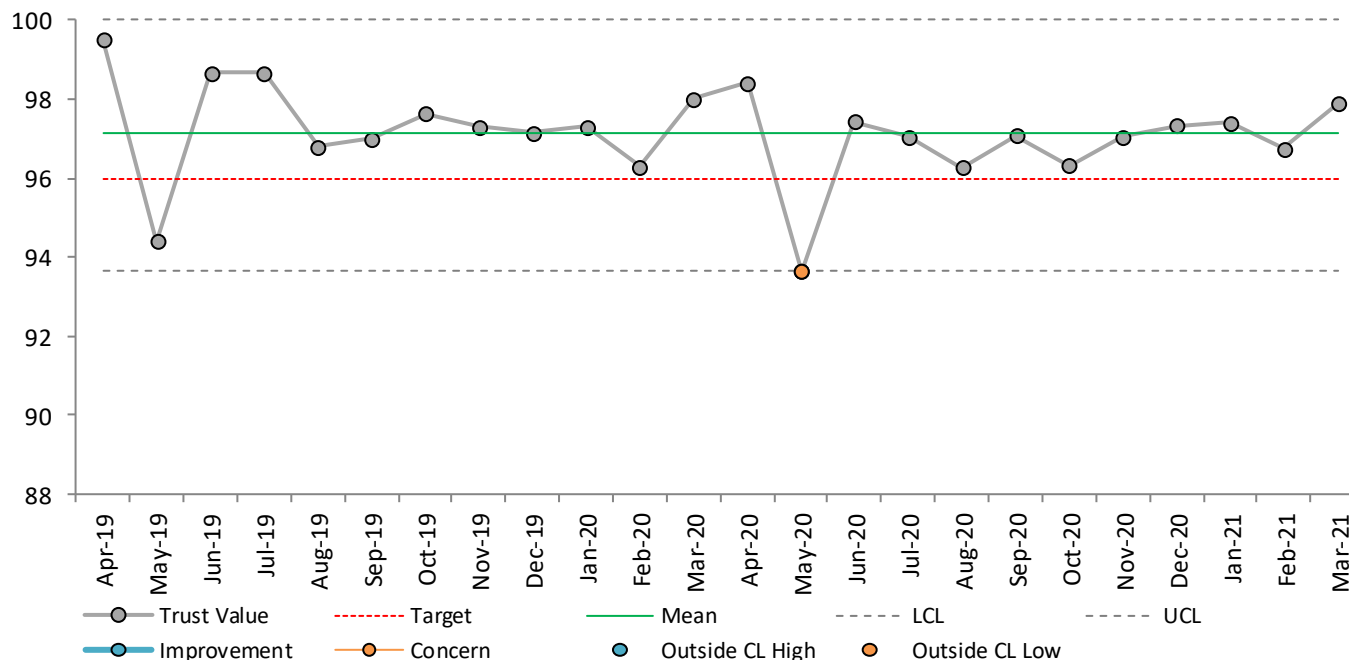
### Timescale

- Ongoing.





## F&F Inpatient Overall Experience Rate (%)



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

Target	96
--------	----

Mean	97.15
------	-------

Last Month	97.90
------------	-------

### Executive Lead

Hilary Lloyd

### Lead

Jen Olver

### Commentary

This target has been met since June 2020 and is within the control limit. Inpatient feedback remains high

### Cause of Variation

- This metric is within normal variation and the mean is above the target.
- Excellent progress as compliance has been continually achieved.

### Planned Actions

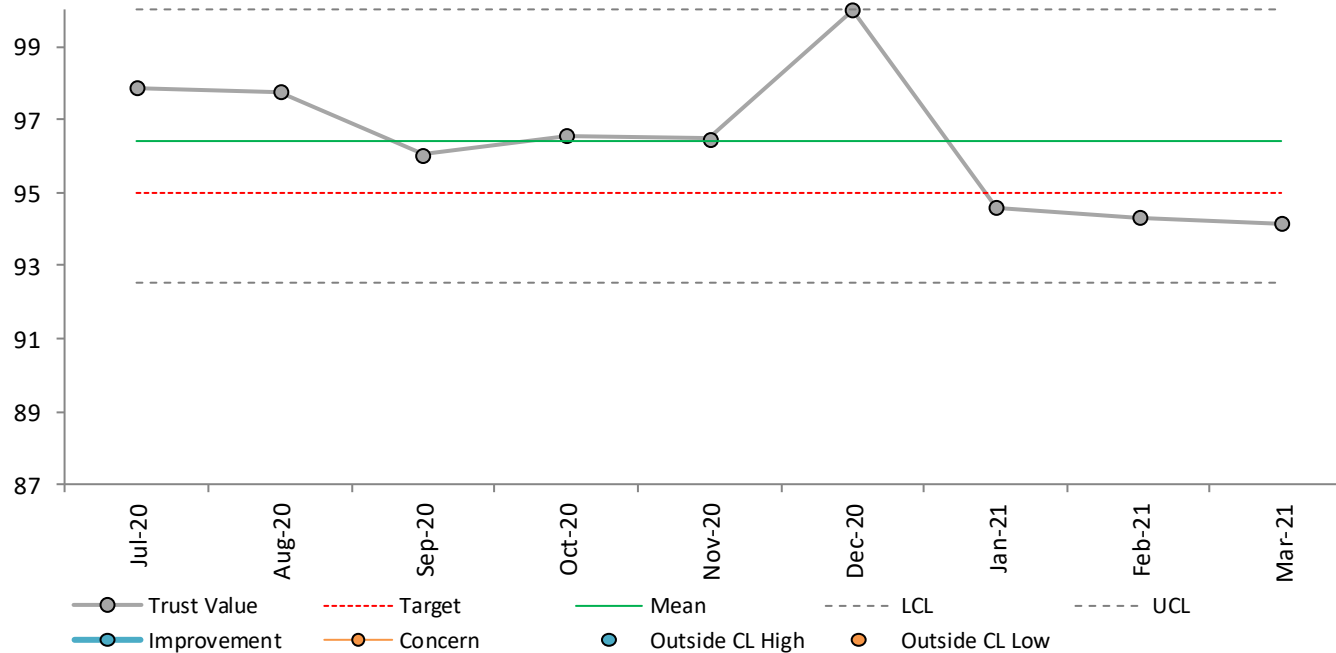
- Continue with current process.

### Timescale

- Ongoing.



## F&F Outpatient Overall Experience Rate (%)



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

**Target** 95

**Mean** 96.43

**Last Month** 94.17

**Executive Lead**

Hilary Lloyd

**Lead**

Jen Olver

### Commentary

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

Patient experience in outpatients remains high

### Cause of Variation

- This metric is within normal variation and the mean is above the benchmark.
- Excellent progress as good compliance continues to be achieved.

### Planned Actions

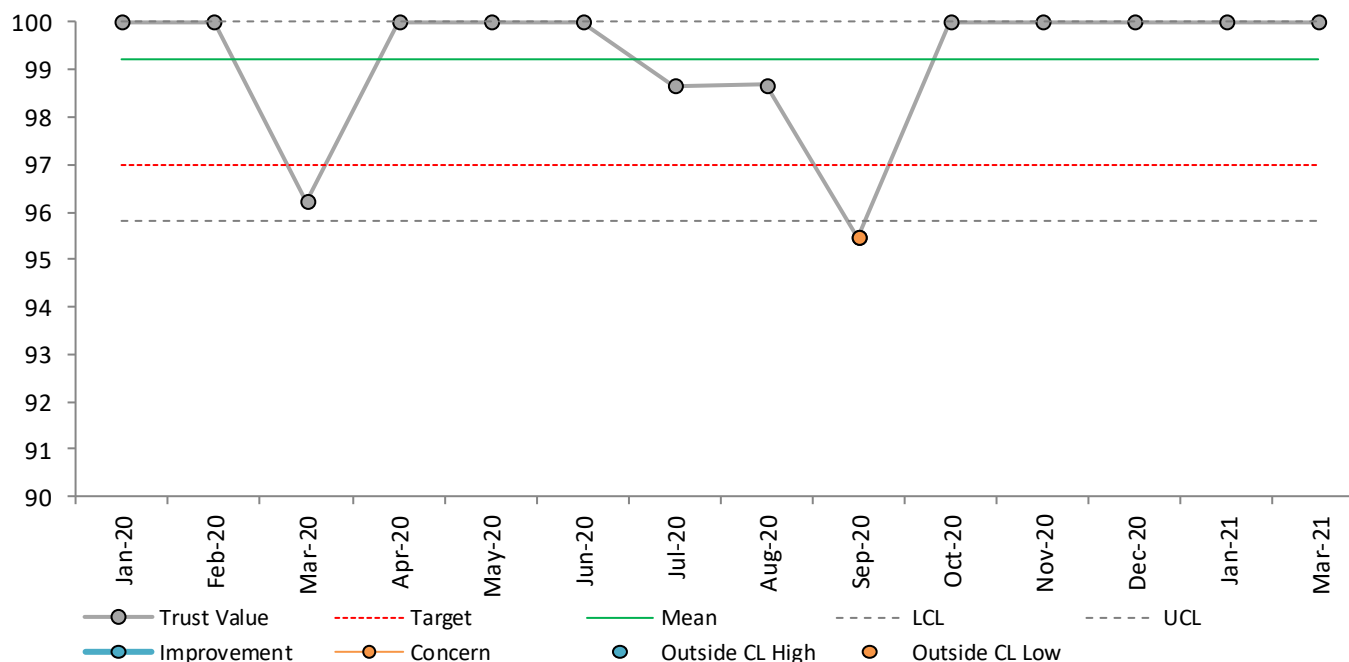
- Continue to monitor the overall experience.

### Timescale

- Ongoing



## F&F Maternity Overall Experience Rate (%)



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

**Target** 97

**Mean** 99.22

**Last Month** 100.00

**Executive Lead**

Hilary Lloyd

**Lead**

Jen Olver

**Commentary**

This is a new indicator and data is available from Jan 2020. The indicator has been above the target since October 2020. Patient feedback in maternity remains high

### Cause of Variation

- This metric is within normal variation except for September which was outside the lower control limit.
- The mean is above the target
- Excellent progress as 100% compliance has been achieved for five months.

### Planned Actions

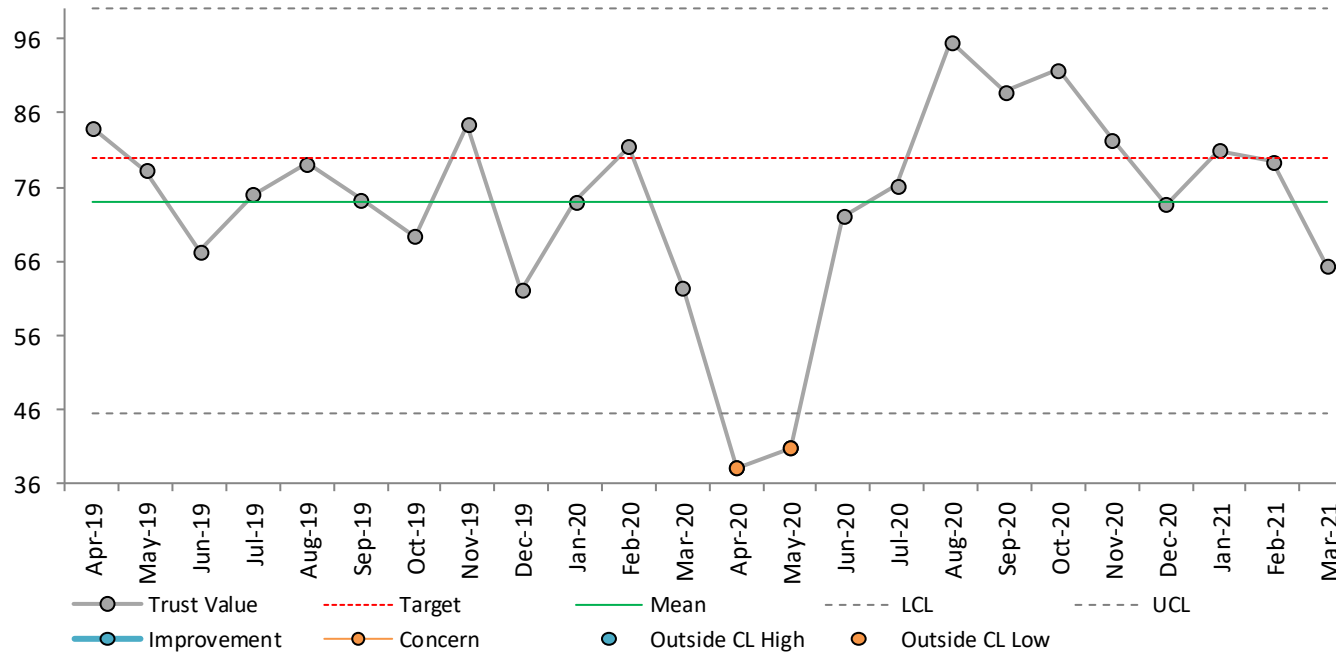
- Continue with current process.

### Timescale

- Ongoing



## Complaints Closed Within Target (%)



The percentage of complaints closed within the target

Target	80
--------	----

Mean	74.06
------	-------

Last Month	65.52
------------	-------

### Executive Lead

Hilary Lloyd

### Lead

Jen Olver

### Commentary

There were 29 complaints closed in March.

The number of complaints has been very variable through the year and this has contributed to the variation in performance.

### Cause of Variation

- This metric is within normal variation other than for April and May 2020, which is affected by COVID-19.
- The mean is below the target.

### Planned Actions

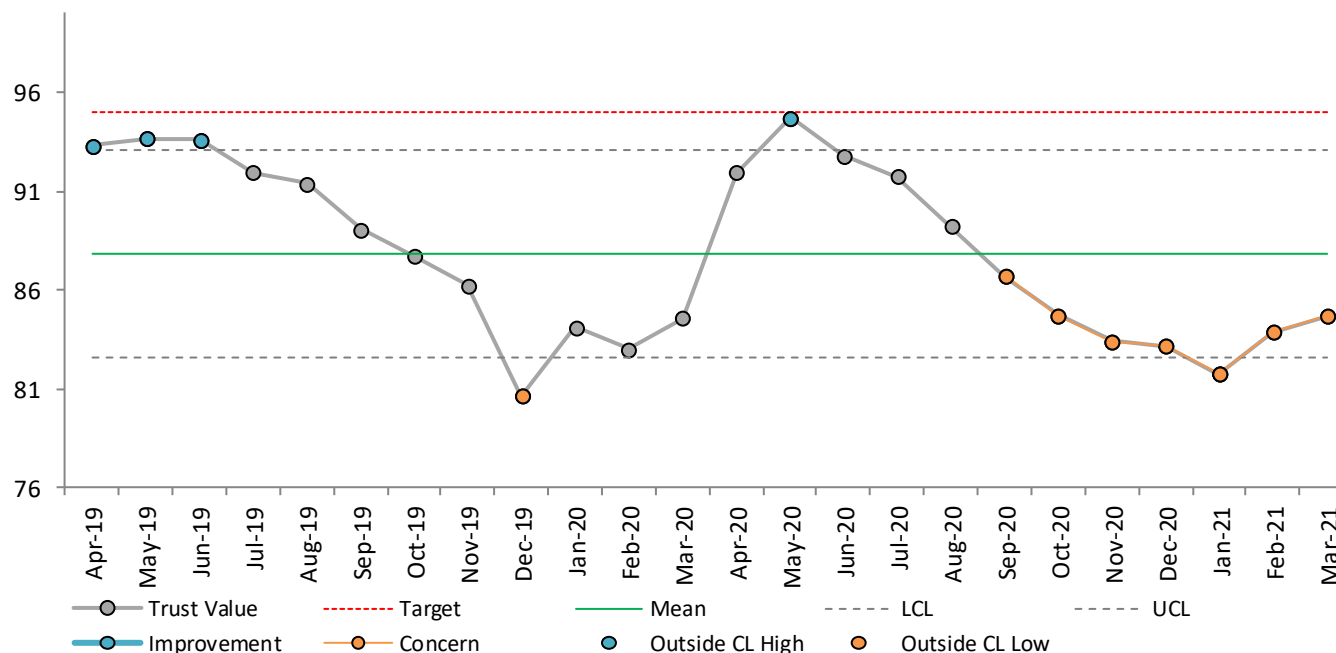
- Weekly reviews of complaints that are outstanding and off target.
- Timely escalation to Service Managers and Clinical Chairs.
- Review at Patient experience steering group
- Report to QAC on progress in May

### Timescale

- July 2021



## 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	87.83
Last Month	84.65

### Executive Lead

Sam Peate

### Lead

Cheryl Burton

### Commentary

Improving performance but outside control limits.

Activity levels are returning to pre-pandemic levels with higher acuity patients and fewer see and treat.

### Cause of Variation

- Pre pandemic demand returning
- High acuity patients presenting than pre-pandemic
- Continuation of segregation pathways out of ED – Acute assessment (capacity).
- Social distancing measures.
- Limited isolation capacity.
- Throughput, transfers to in patient areas delayed.

### Planned Actions

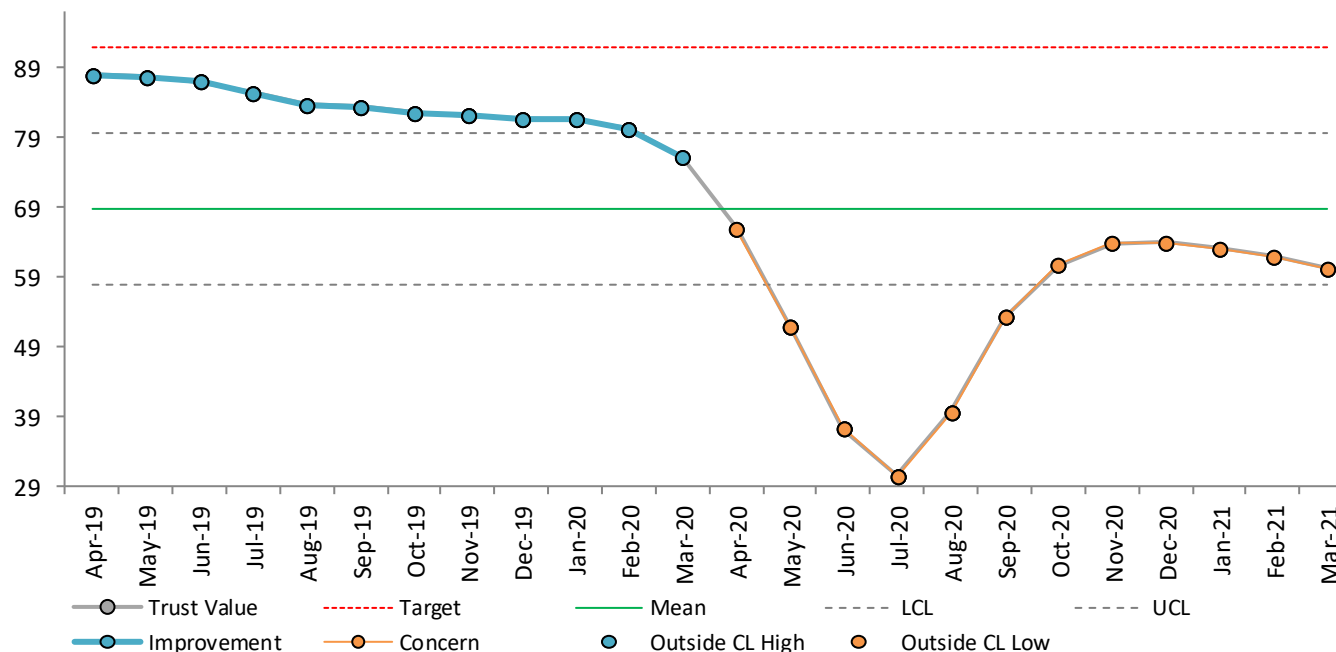
- Pandemic recovery process implemented, return to male and female assessment. Effectiveness to be reviewed.
- POCT implemented
- Escalation process to be reviewed
- Effective and timely communication with site team.
- Monitor compliance with the 4 hour standard weekly
- Clinical review of standards – mean time.
- Increase in assessment beds implemented
- ECIST review underway
- ED recovery plan to be generated in line with ECIST recommendations

### Timescale

- 12 – 18 months



## RTT Incomplete Pathways (%)



The % of incomplete pathways for patients within 18 weeks

Target 92

Mean 68.87

Last Month 60.33

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

Compliance has been below target since April 18 and decreased early in pandemic.

Improvement in performance previously restricted in the main due to limited theatre access.

### Cause of Variation

**March is working position yet to be finalised.**

Feb 2021:

RTT compliance has marginally reduced to 62.03% (from 63.11% in January). The number of patients waiting over 52 weeks at the end of February has increased to 4,043 from 3,421 at the end of January. The number of patients waiting in excess of 78 weeks has increased from 342 at the end of January to 436 at the end of February.

### Planned Actions

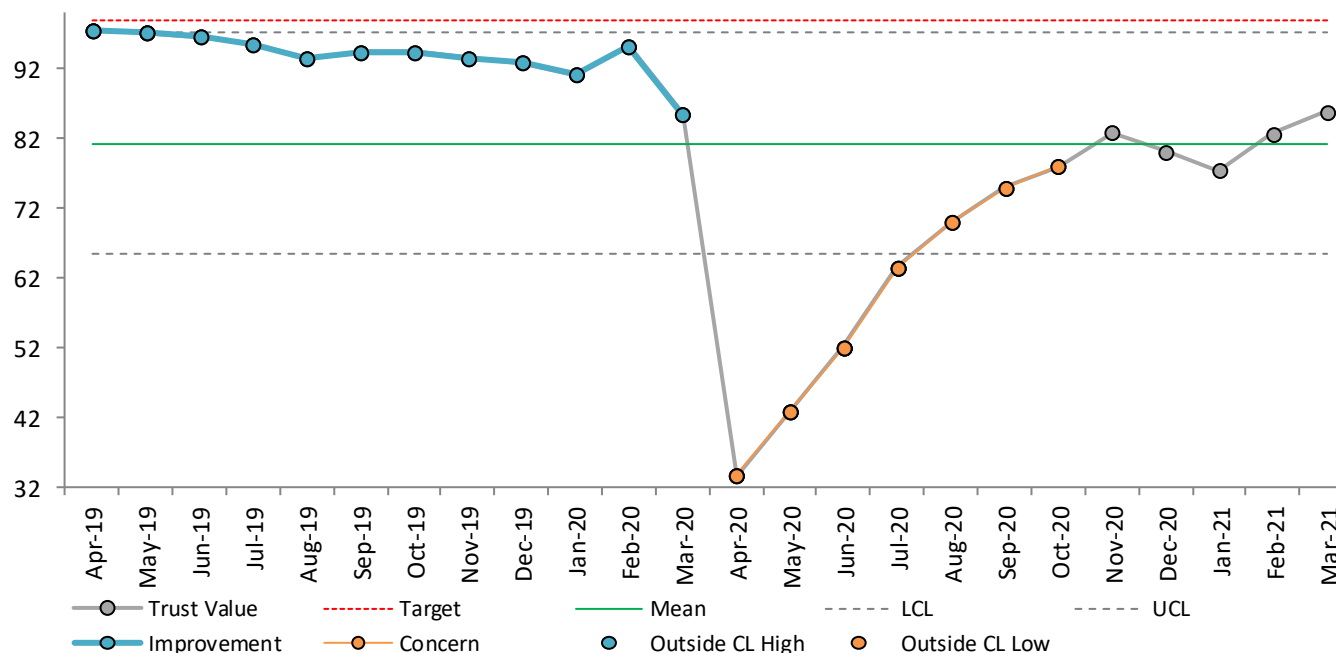
- Orthopaedic weekend working commenced
- Distribution of activity to IS
- Review of workforce released to CC
- Focus on clinical need first, then longest waiters
- Increase in theatre access throughout April
- Further increase in access planned in May

### Timescale

- 18 months plus
- Improvement trajectory will be determined with clinical teams.



## Diagnostic 6 Weeks Standard (%)



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

Target 99

Mean 81.36

Last Month 85.88

Executive Lead

Sam Peate

Lead

Ann Wright

Commentary

Compliance for diagnostics has been below target since April 19. The metric decreased further following the onset of Covid however there was a rapid improvement during the recovery period in the main due to imaging performance. The metric has remained constant during the current wave of Covid.

### Cause of Variation

- 3 modalities are compliant against the standard: CT, MRI and Ultrasound.
- 3 modalities are statistically a cause for concern: Bone Densitometry, Sleep and Audiology.
- Workforce constraints in key areas
- Social distancing affected patient turnover in some areas.

### Planned Actions

- Weekend working in place and to continue.
- Weekly review of diagnostic performance.
- Significant increase in Audiology capacity planned April 2021.
- Workforce plan for Echo and Sleep being developed
- Utilising all available capacity.
- Working with partners to support improvement.
- Improvement trajectories to be developed.

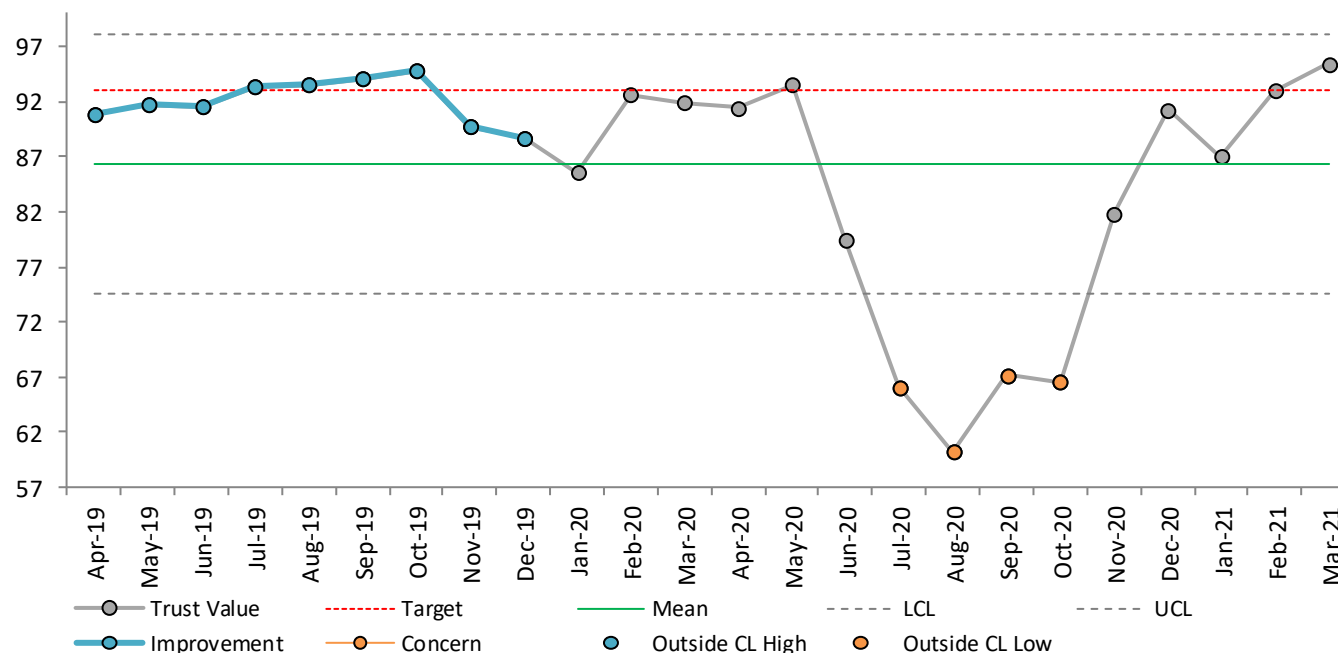
### Timescale

Due to the impact of Covid this metric is unlikely to get back to target for many months.

Improvement trajectory will be determined with clinical teams.



## Cancer Treatment - 14 Day Standard (%)



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

Target	93
Mean	86.32
Last Month	95.39

### Executive Lead

Sam Peate

### Lead

Carol Taylor

### Commentary

Provisional figure for March has achieved the target. Performance continues to be monitored through cancer performance meetings.

### Cause of Variation

**March is working position yet to be finalised.**

Feb 2021:

- 2ww referrals are currently down by 16% in comparison to pre-COVID levels.
- Reduction in Outpatient capacity due to requiring social distancing for some specialties.

### Planned Actions

- Continuation of triage of 2ww referrals on receipt.
- Daily Escalation of unutilised slots to ensure these are filled.
- Weekly cancer performance wall continues virtually to identify pressures and themes.

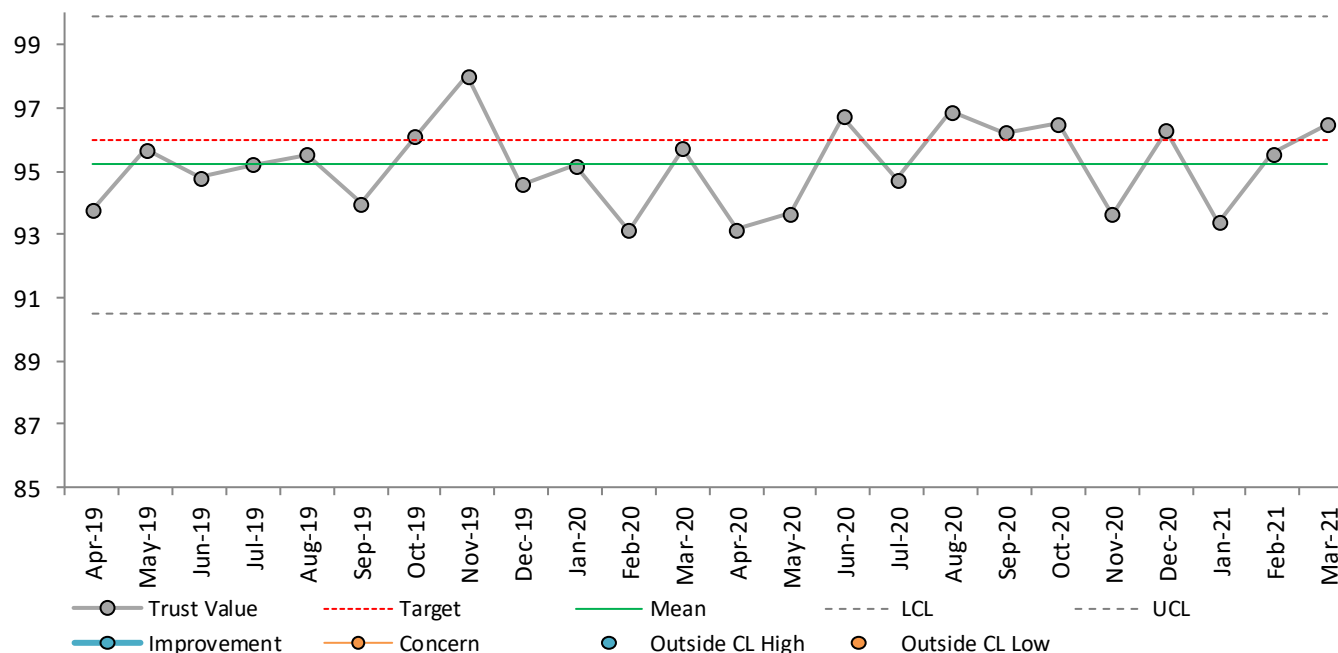
### Timescale

- Measure compliant





## Cancer Treatment - 31 Day Standard (%)



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

Target 96

Mean 95.21

Last Month 96.48

Executive Lead

Sam Peate

Lead

Carol Taylor

Commentary

Whilst within control limits this target is not being met consistently.

### Cause of Variation

**March is working position yet to be finalised.**

Feb 2021:

- 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.
- Lack of theatre access has impacted performance with some P3 patients in last three months

### Planned Actions

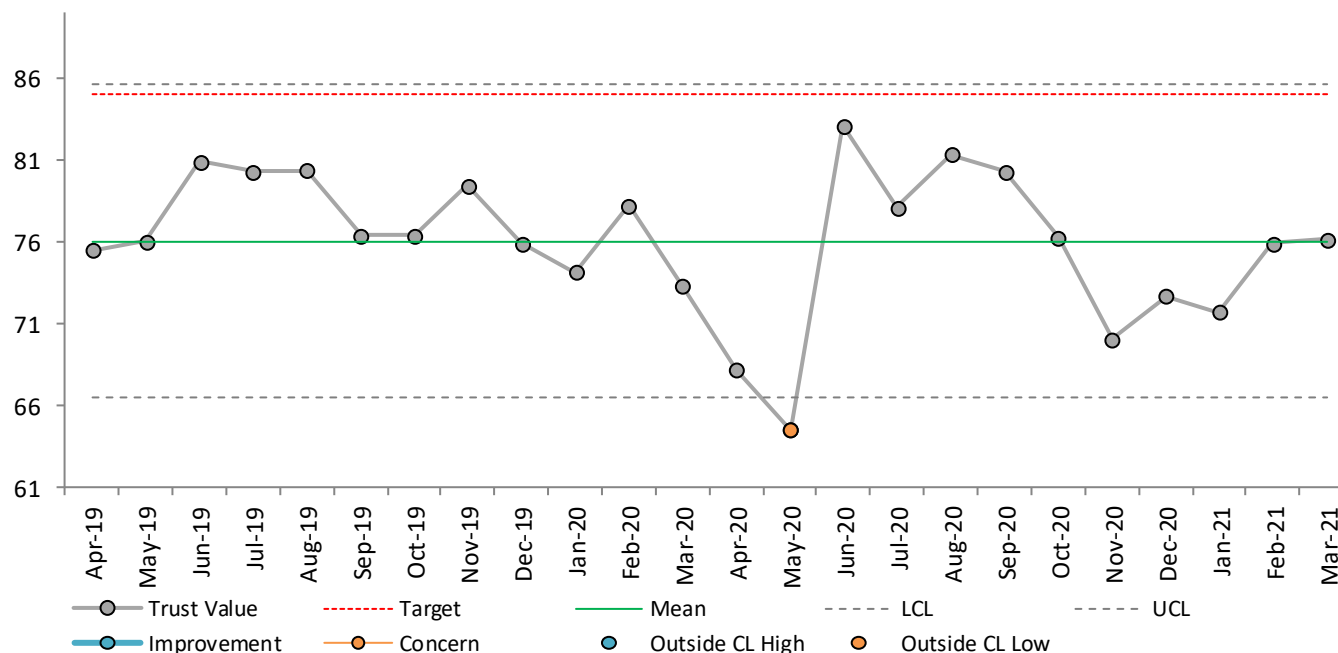
- Ensure all patients are tracked and expedited where appropriate.
- Weekly cancer performance wall continues virtually.
- Operations Directors/Service Managers to implement recommendations from recovery plans.

### Timescale

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



## Cancer Treatment - 62 Day Standard (%)



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

Target 85

Mean 76.07

Last Month 76.19

Executive Lead

Sam Peate

Lead

Carol Taylor

Commentary

Whilst just within the control limit the means is at 76.07% therefore the target is unlikely to be met.

### Cause of Variation

**March is working position yet to be finalised.**

Feb 2021:

- February treatments were 137 compared to 151 in February 2020 (-9%)
- Surgical demand for P2 patients is still being met in the capacity available

### Planned Actions

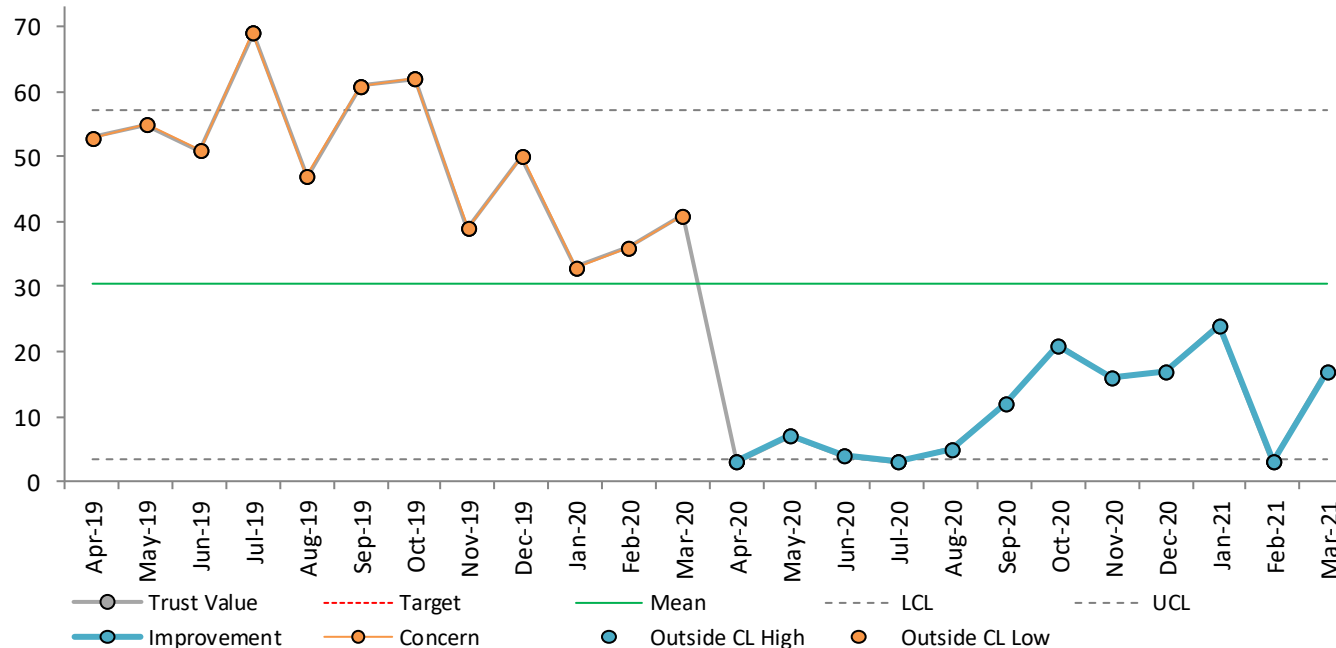
- South Tees Surgical Cell in place to support the delivery of Cancer Surgeries across the patch.
- Weekly PTL meetings in place to aid patients through their pathway and mitigate breaches where possible.
- Weekly Cancer Wall forum – provides an opportunity to discuss current performance and updates from specialties on current state of play.
- Improvement trajectories to be developed at tumour group level

### Timescale

- Due to the impact of Covid this metric is unlikely to get back to target for many months.
- Improvement trajectory will be determined with clinical teams.



## Non-Urgent Ops Cancelled on Day



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

Target	0
Mean	30.38
Last Month	17.00

### Executive Lead

Sam Peate

### Lead

Joanne Evans

### Commentary

Significant improvement in the system due to COVID and reduced elective programme.

### Cause of Variation

- 17 patients cancelled Reasons for the cancellations are lack of theatre time, ITU/HDU bed or ward bed due To COVID-19 pressures.

### Planned Actions

- Continue to ensure that patients are appropriately consented and pre-assessed prior to admission to minimise the likelihood of 'hospital initiated' cancellation.
- Focus on improved pre-assessment service.
- Weekly review to take place in clinical recovery meeting.
- Established waiting list managers forum to tackle performance.

### Timescale

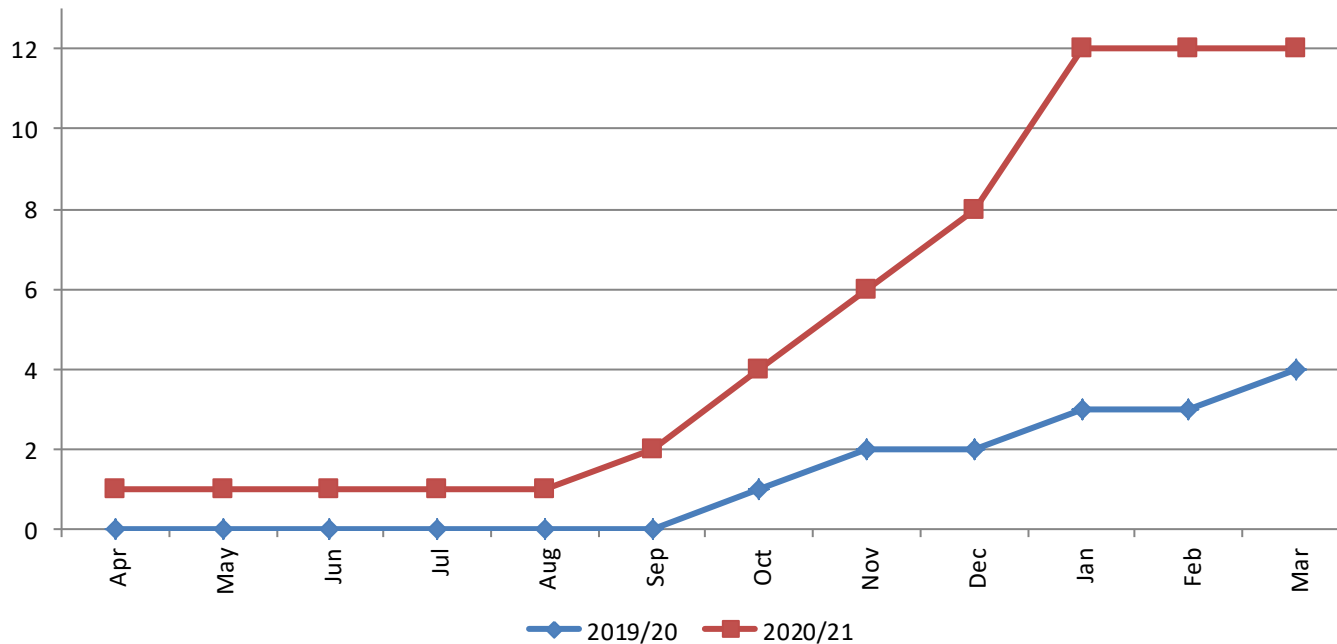
- Ongoing.

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## Cancer Operations Cancelled On Day (YTD)



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

Target	0
Mean	N/A
YTD	12

### Executive Lead

Sam Peate

### Lead

Joanne Evans

### Commentary

Cancer cancelled Operations have only been reported since the end of 2019.

There have been 12 cancer operations cancelled this financial year.

### Cause of Variation

- There were 0 short notice cancer operations cancelled in March for non clinical reasons.
- Limited access to critical care throughout pandemic

### Planned Actions

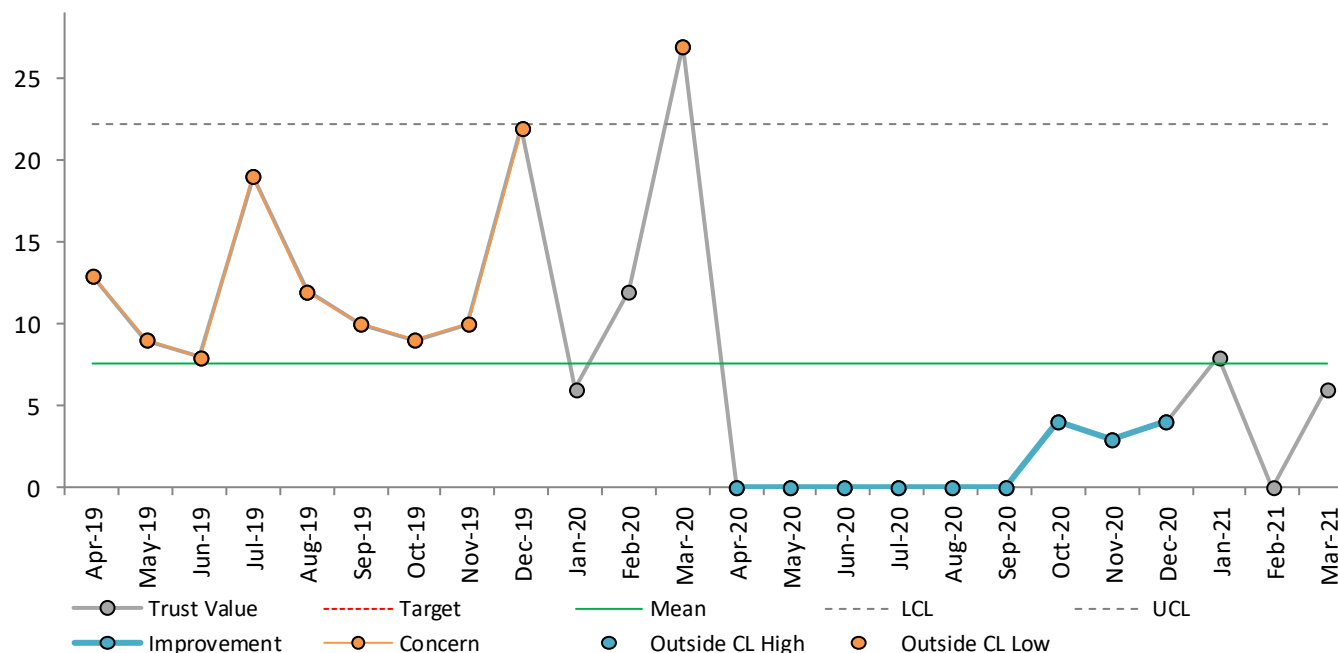
- Cancellation reasons to be reviewed in weekly clinical recovery meeting

### Timescale

- Ongoing monitoring



## Cancelled Ops Not Rebooked Within 28 days



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

Target 0

Mean 7.58

Last Month 6.00

Executive Lead

Sam Peate

Lead

Joanne Evans

Commentary

This metric improved significantly following the onset of Covid. Cancellations started to increase during the recovery phase however they have not increased to pre Covid levels.

### Cause of Variation

- 6 patients reported in March 21, 2 have dates to come in 4 still awaiting dates.
- Constrained theatre access throughout pandemic

### Planned Actions

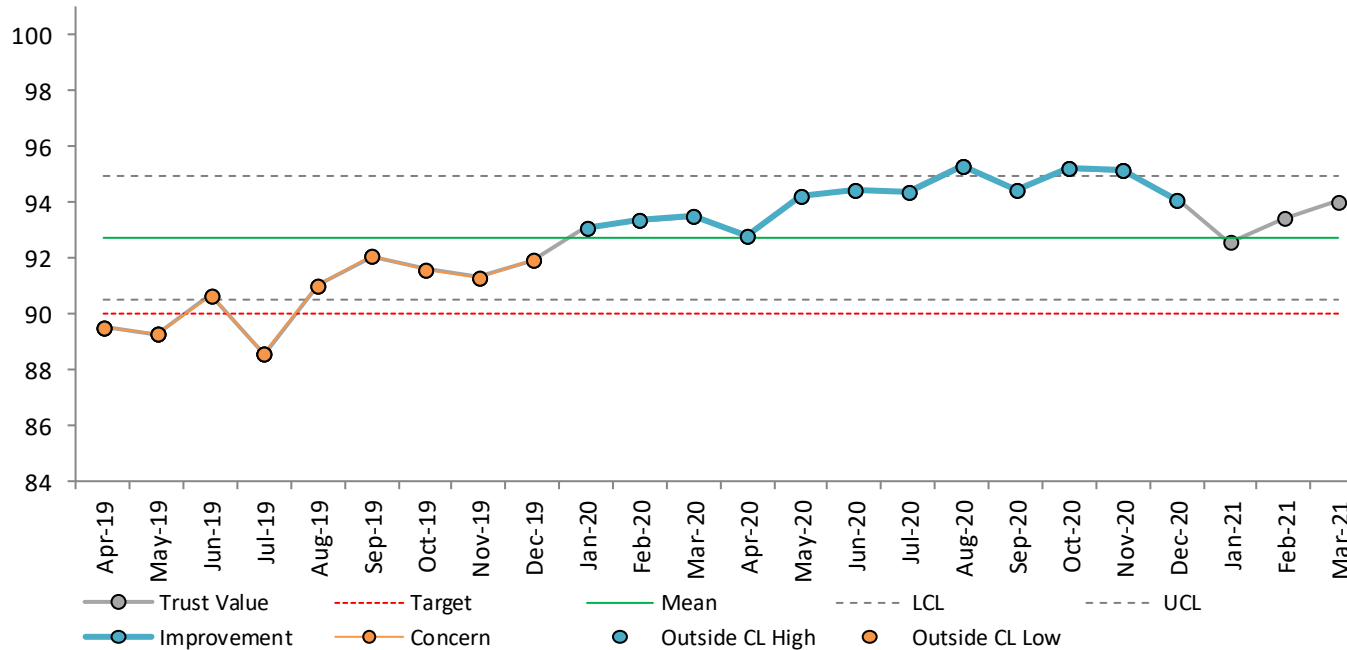
- Continue to escalate for dates to be re-booked within 28 day standard if dates not yet booked or booked outside of the 28 day standard.
- Increase in theatre access implemented throughout April
- Weekly monitoring via clinical recovery meeting

### Timescale

- Ongoing



## E-Discharge (%)



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

Target	90
Mean	92.76
Last Month	94.05

### Executive Lead

Sam Peate

### Lead

Moirra Angel

### Commentary

This target has been met consistently since August 2019.

### Cause of Variation

- No significant variation.

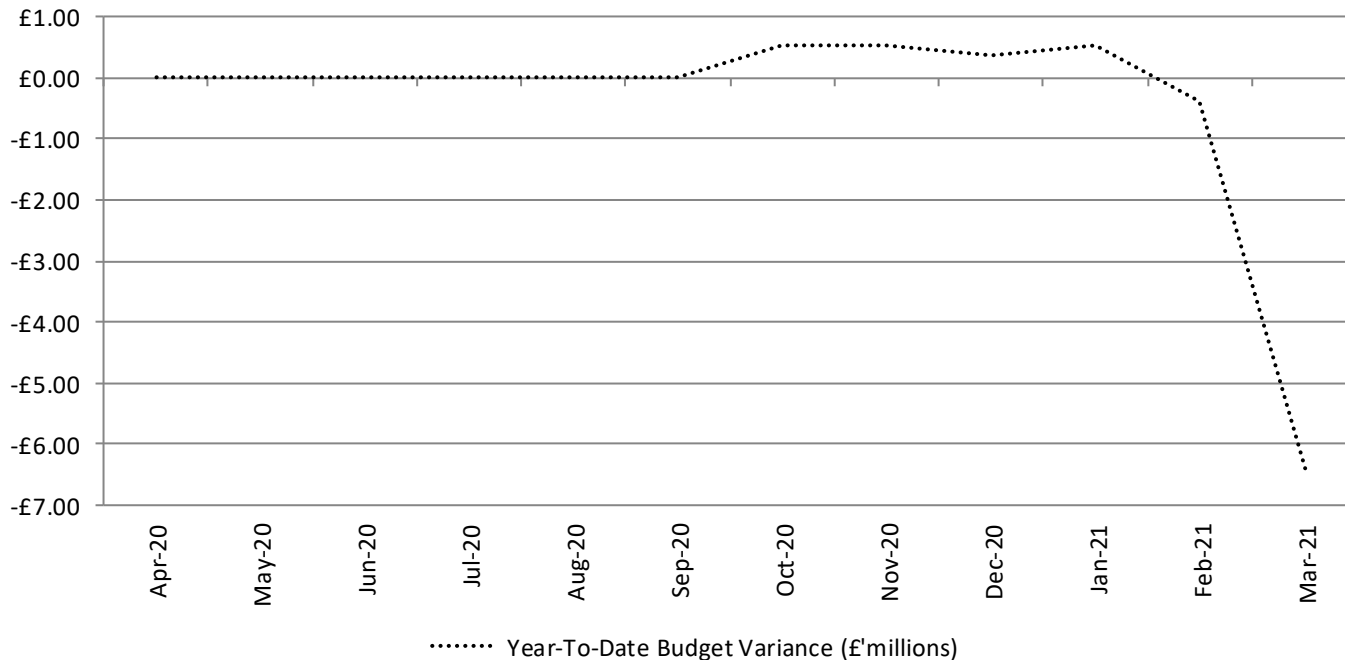
### Planned Actions

- There are some data quality issues that are being explored to check for accuracy.

### Timescale

- April 2021

## Year-To-Date Budget Variance (£'millions)



**Target** **0.00**

**Mean** **N/A**

**Last Month** **-6.40**

**Executive Lead**

Chris Hand

**Lead**

Luke Armstrong

**Commentary**

At the end of March the Trust's (system performance) deficit was £11.6m. This was in line with the ICS system forecast and reflects national year end accounting adjustments for covid-19.

## Year-To-Date Budget Variance

### Cause of Variation

- The Trust's financial performance of a deficit of £11.6m is £6.4m higher than the unadjusted financial plan for the year.
- This position reflects year end accounting adjustments for covid-19 and achieves the deficit position agreed with NHSE / I regional colleagues, as part of delivering overall system financial balance.

### Planned Actions

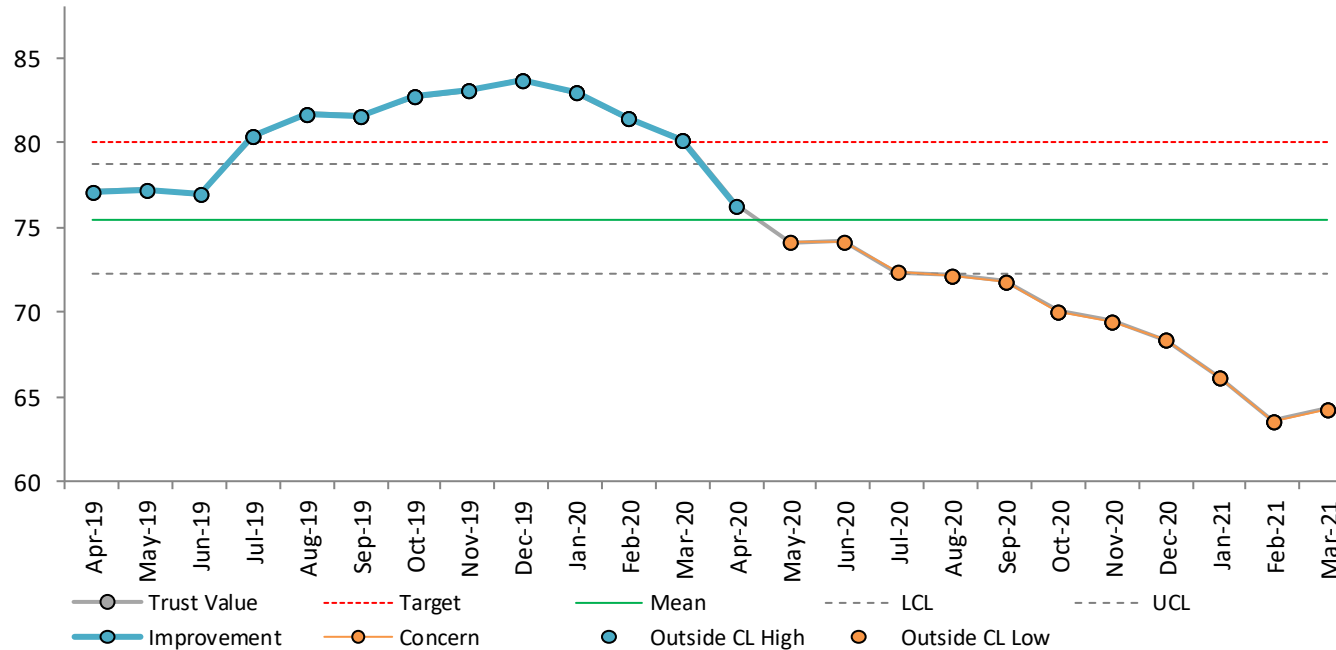
- Ongoing review of Covid-19 non pay costs via operational, tactical and strategic group meetings.
- Challenge over workforce costs via workforce meetings

### Timescale

- Ongoing
- Ongoing



## Annual Appraisal (%)



Target	80
Mean	75.50
Last Month	64.28

### Executive Lead

Rachael Metcalf

### Lead

Jane Herdman

### Commentary

This metric has decreased significantly since April 2020 and the onset of COVID.

Launch of new appraisal process and formation of collaboratives should enable a swift increase. Focus on reaching 80% compliance by September 2021

## Annual Appraisal Rate

### Cause of Variation

- Increased volume of staff absence due to COVID, including absence and isolation.
- Medical staff not required to complete annual appraisals.
- Additional pressures on managers requiring them to focus on operational requirements.

### Planned Actions

- Positive discussions regarding Appraisal and Career Conversation ongoing with Staff Side colleagues with a view to roll out new appraisal document in April 2021 – supported by guidance and training documents.
- Working party set up to identify plans for new appraisal process to be rolled out in Corporate functions to complete all appraisals within first quarter of financial year, with a view to implementing further Trust-wide.
- New appraisal to be rollout across the Trust and 80% appraisals completed by end of Quarter 2.

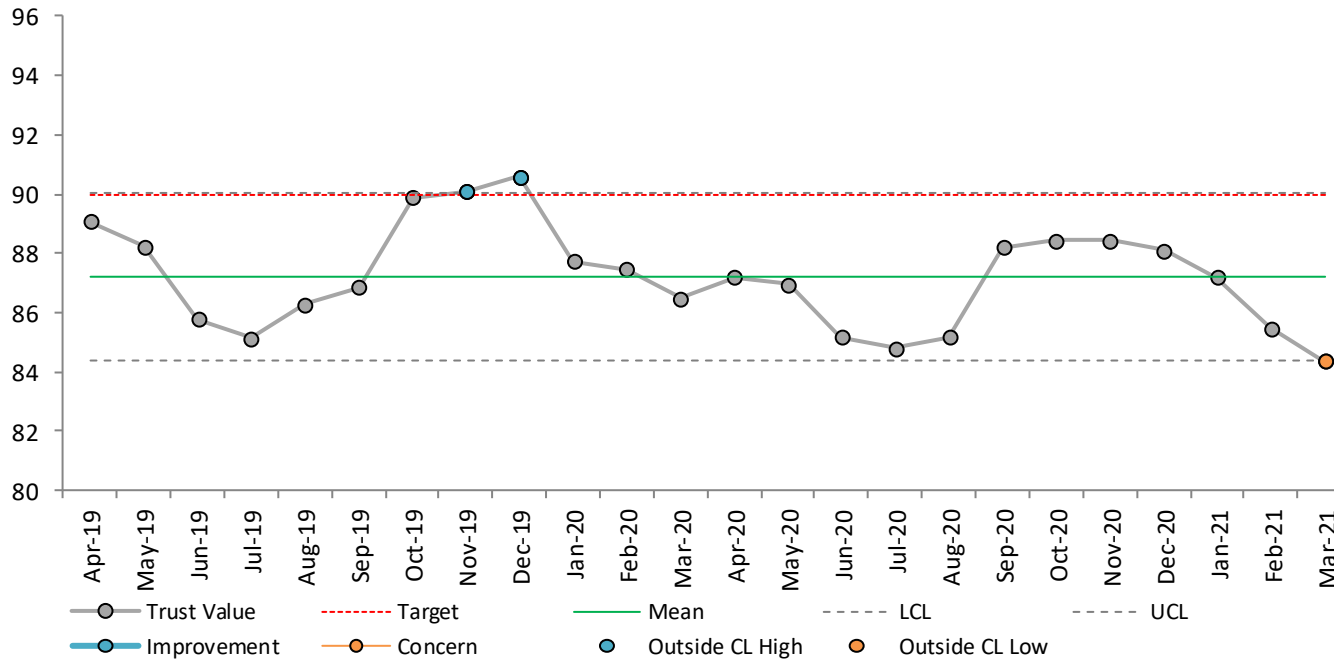
### Timescale

- April 2021
- June 2021
- September 2021





## Mandatory Training (%)



The % of Mandatory Training Compliance

Target	90
Mean	87.22
Last Month	84.37

### Executive Lead

Rachael Metcalf

### Lead

Jane Herdman

### Commentary

The transfer of mandatory training onto ESR has taken place and briefing sessions for staff in place.

### Cause of Variation

- Operational focus on mandatory training compliance limited due to workforce pressures.
- Data cleanse of mandatory training data now complete and accuracy of data has vastly improved. Mandatory Training date to be transferred onto ESR from 1 April 2021, to be reported in real time.

### Planned Actions

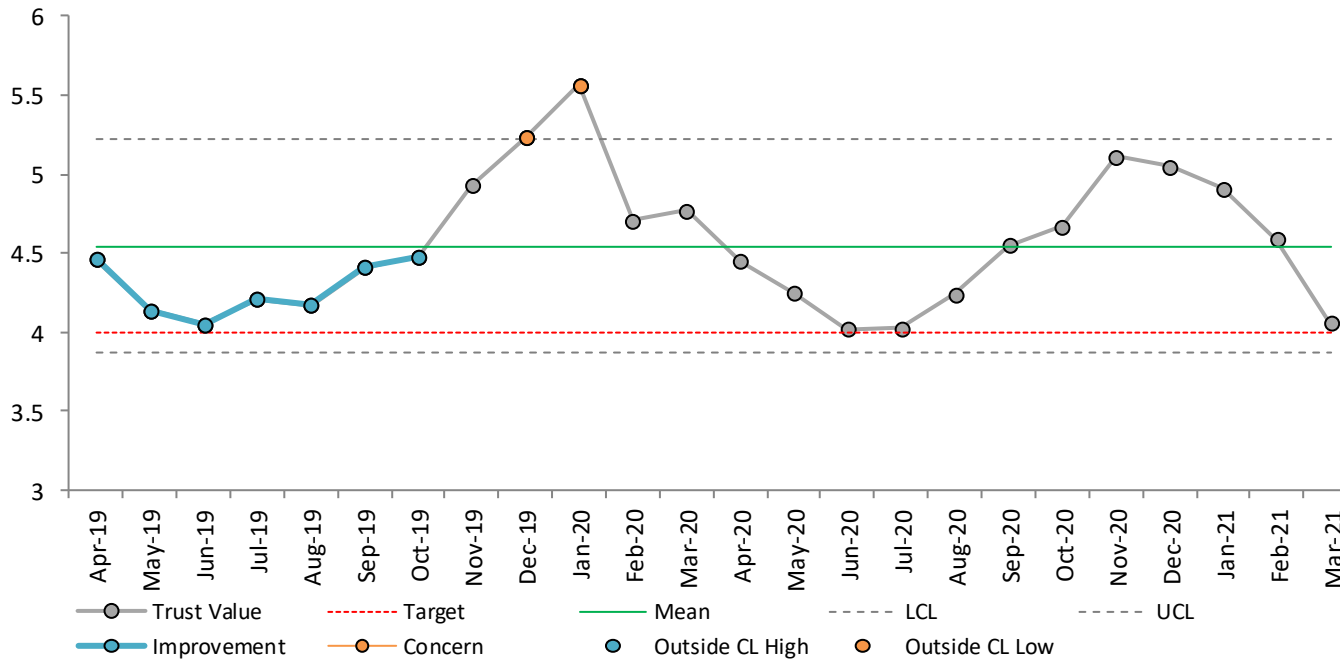
- Core 11 Mandatory Training updated to ESR at the beginning of April 2021.
- Information on new Mandatory Training system communicated via Trust briefed and drop in sessions held at both JCUH and FHN.
- Continued focus on non-compliant areas and elements of mandatory training via HRBPs and Centre/Department managers.

### Timescale

- April 21
- April 21
- Ongoing



## Sickness Absence (%)



The % of monthly sickness absence

<b>Target</b>	<b>4</b>
---------------	----------

<b>Mean</b>	<b>4.54</b>
-------------	-------------

<b>Last Month</b>	<b>4.06</b>
-------------------	-------------

**Executive Lead**

Rachael Metcalf

**Lead**

Jane Herdman

**Commentary**

General sickness has reduced over the recent months and now is almost at target. A number of support mechanisms have been developed for colleagues to support their return to work and health and wellbeing.

### Cause of Variation

- Staff absence figures demonstrate a positive decline against last month from 4.59% to 4.06% against an overall absence target of 4%.

### Planned Actions

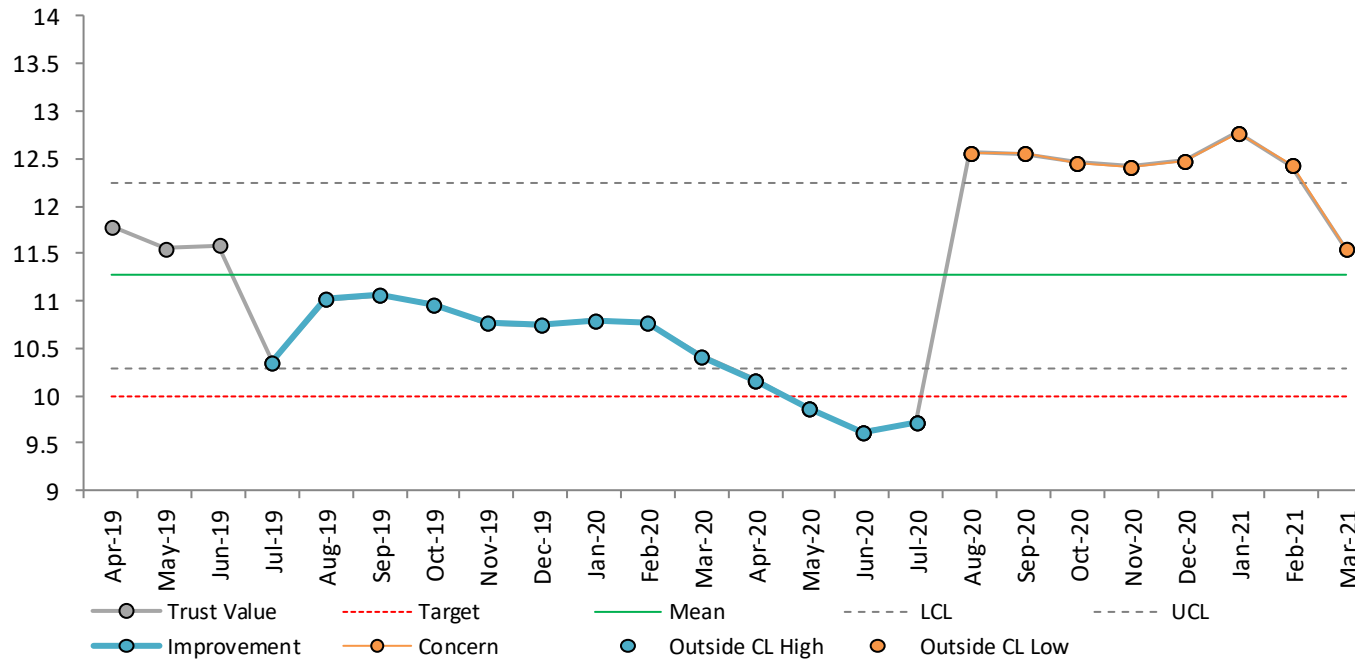
- Guidance and support communicated for those staff who have returned from shielding, including a focus on health and wellbeing support.
- Appointment of a Mental Health Nurse to take a proactive lead in health and wellbeing across the Trust.
- Discussions underway regarding the establishment of long-covid clinics.
- Risk assessment process review in preparation for the return of staff from shielding.

### Timescale

- April 2021
- April 2021
- April 2021



## Staff Turnover (%)



Staff turnover rate

Target **10**

Mean **11.27**

Last Month **11.55**

Executive Lead

Rachael Metcalf

Lead

Jane Herdman

Commentary

Staff turnover reduced significantly over the last 3 months.

### Cause of Variation

Turnover has reduced over the last quarter, as short and fixed term contracts expire, resulting in more stability within in staff groups.

### Planned Actions

- Exit Strategy to be developed and presented to Staff Side Colleagues in May 2021.
- Reviewed and updated support provided for staff returning from shielding, with a focus on psychological and wellbeing.
- Continue to support staff wellbeing through welfare calls, wellbeing workshops, OH interventions and psychological support.

### Timescale

- May 2021

# Glossary of Terms

Term	Description
ED	Emergency Department
EPRR	Emergency Preparedness, Resilience and Response
HDU	High Dependency Unit
HILT	Hospital Intervention Liaison Team
HRBP	HR Business Partner
IPAC	Infection Prevention and Control
IPAG	Infection Prevention Assurance Group
IPCN	Infection Prevention Control Nurse
ITU	Intensive Therapy Unit
LocSSIP	Local Safety Standards for Invasive Procedures
OPAT	Outpatient Parenteral Antibiotic Therapy
PTL	Patient Tracking List
RTA	Ready To Assemble
SI	Serious Incident
STACQ	South Tees Accreditation for Quality of Care
TCI Date	To Come In Date

# Future Changes



South Tees Hospitals  
NHS Foundation Trust

- Clinical prioritisation and clinical harms as a result of COVID 19.
- Benchmark data against other Trusts.
- Elective recovery trajectories.
- Further revisions following publication of planning guidance.
- Implementation of recalculating the control limits within charts where special cause variation has been detected

<b>Council of Governors</b>			
<b>NHS National Staff Survey Results 2020</b>			<b>AGENDA ITEM: 8</b> <b>ENC 5</b>
<b>Report Author and Job Title:</b>	Jason Emerson, Head of Workforce	<b>Responsible Director:</b>	Rachael Metcalf HR Director
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Background</b>	The NHS Annual Staff Survey results have been released along with the benchmarking data. South Tees has been benchmarked against Acute and Acute and Community Trusts of which there are 128.		
<b>Assessment</b>	<p>The Trust has received a response rate of 28% against a benchmarked median of 45%. However, while the benchmarked median response rate has reduced this year, the Trust's response rate has increased.</p> <p>The Trust's results this year place the organisation as the most improved hospital and community trust in the nation.</p> <p>The attached report contains an assessment of the staff survey results and proposed areas of focus over the next twelve months.</p>		
<b>Recommendation</b>	The Council of Governors are requested to note the content of this paper, noting the next steps actions to be undertaken.		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>			
<b>Legal and Equality and Diversity implications</b>	Positive action has been undertaken across a range of protective characteristics including ethnicity, disability and gender, due to the evidence that has emerged as to the significantly higher level of impact it has on people with whom identify within these vulnerable groups identified.		
<b>Strategic Objectives</b>	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input checked="" type="checkbox"/>	
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>	
	Develop clinical and commercial strategies <input type="checkbox"/>		

If abbreviating to an acronym, write out the name in full once and provide the acronym in brackets. Then use the acronym throughout the remainder of the document.

## Report to Council of Governors

May 2021

### NHS National Staff Survey 2020

#### 1.0 Background and Introduction

The report provides details of the NHS Annual Staff Survey for 2020.

In 2019 the trust's summer staff survey showed a steep drop in a number of areas, including the proportion of colleagues who said they would recommend the trust as a place to work, and who felt patient care was the organisation's number one priority.

The national 2019 NHS staff survey was carried out just a few weeks later, in early October 2019, and unsurprisingly the views expressed then by colleagues were very similar.

Since this time the Trust has undergone a number of significant changes which colleagues have made together.

The Trust's Clinical Policy Group now makes the decisions on how the Trust allocate its resources and deliver care, and this clinically-led approach has been at the heart of the way South Tees have met the enormous challenge of COVID-19 and the goal of helping to keep patients, service users and one another safe.

In addition, staff-side colleagues helped to create a 'you said we did' list of practical changes, including our STAR awards.

Colleagues across the trust have also helped to develop a new set of values and behaviours which we want our patients and colleagues to be able to use to describe how it feels to receive care or work at South Tees.

The results from the 2020 NHS Staff Survey show significant improvements. For example there has been a significant increase in the number of colleagues who feel patient care is the organisation's number priority and would recommend the trust as a place to work.

Trust Trends and themes are set out within the following pages.

## 2.0 Trust Results 2020

South Tees Completed Questionnaires 2,452  
 South Tees Response Rate 2020 28%

South Tees is benchmarked against Acute and Acute and Community Trusts and there were 128 organisations within the benchmarking group with a median response rate of 45%.

The complete results are included in appendix 1.

## 2.1 Theme Results

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	9.2	2226	9.2	2401	Not significant
Health & wellbeing	5.2	2243	5.6	2448	↑
Immediate managers †	6.5	2248	6.7	2447	↑
Morale	5.7	2236	6.1	2446	↑
Quality of care	7.1	2015	7.4	2135	↑
Safe environment - Bullying & harassment	8.1	2222	8.2	2443	Not significant
Safe environment - Violence	9.5	2226	9.6	2441	↑
Safety culture	6.2	2232	6.7	2445	↑
Staff engagement	6.5	2249	6.9	2450	↑
Team working	6.2	2227	6.3	2425	Not significant



## 2.3 Analysis

The current year staff survey results are comparable against national averages with South Tees exceeding or being just under the national averages score in the majority of areas.

### Equality diversity and inclusion:

	2016	2017	2018	2019	2020
Best	9.6	9.5	9.6	9.6	9.5
South Tees	9.3	9.2	9.3	9.2	9.2
Average	9.2	9.1	9.1	9.1	9.1
Worst	8.2	8.1	8.1	8.3	8.1

The Trust has undertaken a great deal of EDI work over the past twelve months and the staff networks continue to become more established. The networks will assist in influencing the future of EDI across the Trust in future months. The networks will also be able to provide regular feedback from staff in this area, in advance of the next annual staff survey.

The Trust has recently joined the Reciprocal Mentoring for Inclusion Programme with NHS I which will support us as Trust to learn and both develop understanding of biases and the ways in which the system works against greater equity.

We are also a Pilot Trust for 'Inclusive Recruitment and Promotion Practices in the NHS, working closely with regional teams to establish the improvement cycle quickly to start closing the gap on inclusive recruitment and promotion practices in NHS organisations.

### Health and Wellbeing:

	2016	2017	2018	2019	2020
Best	6.8	6.6	6.7	6.7	6.9
South Tees	5.7	5.9	5.6	5.2	5.6
Average	6.1	6.0	5.9	5.9	6.1
Worst	5.3	5.4	5.2	5.2	5.5

The Trust has introduced a range of health and wellbeing schemes and /or improvements. The Trust has made a commitment to increasing the number of staff who received the flu vaccine. This winter has seen biggest increase for the Trust with over 92% of staff receiving the vaccine.

Additionally the Trust has invested in occupational health resources increasing the amount of occupational health consultant time that is available and establishing the role of health and wellbeing coordinator. This new role will provide central person to focus on future initiatives across the Trust in the following months. The Trust is also look to re-introduce the better health at work award during 2021. This award recognises the efforts of employers in the North East and Cumbria in addressing health issues within the workplace

The Trust continues to be committed to flexible working and the culture and approach to this continues to evolve. The increased number of staff working flexible during COVID-19 has assisted in advancing the Trust culture around this and it is hopeful this will be reflected within the next annual staff survey.

## Immediate managers:

	2016	2017	2018	2019	2020
Best	7.2	7.3	7.3	7.5	7.3
South Tees	6.6	6.8	6.6	6.5	6.7
Average	6.7	6.7	6.8	6.9	6.8
Worst	6.2	6.3	6.2	6.0	6.2

71% of staff stated their immediate manager values their work with 67.7% of staff confirming they receive support from their immediate manager.

As the Trust moves to the new clinical collaborative structure there will be a range of support and training that has been refreshed and will be available to managers. This covers everything from HR training around how to deal with absence, performance and difficult conversations through to leadership development.

At the heart of our Clinical Support Unit is the strategic aim to develop a positive, inclusive person-centred leadership culture across the Trust. Building a system for continuous learning through quality improvement, leadership and organisational development.

## Morale:

	2016	2017	2018	2019	2020
Best	-	-	6.7	6.9	6.9
South Tees	-	-	5.8	5.7	6.1
Average	-	-	6.1	6.1	6.2
Worst	-	-	5.4	5.5	5.6

The Trust has achieved its highest score in four years. The results highlight that attitude, satisfaction and engagement levels have all increased.

We will continue to embed our values of creating a respectful, supportive and caring culture through all our action. Specifically developing our values based recruitment and new launch to appraisals process.

## Safe Environment – Violence:

	2016	2017	2018	2019	2020
Best	9.7	9.7	9.7	9.7	9.8
South Tees	9.5	9.3	9.5	9.5	9.6
Average	9.4	9.4	9.4	9.4	9.5
Worst	9.2	9.1	9.2	9.2	9.1

The Trust has a range of mechanism in place include zero tolerance on violence and aggression and risk assessment tools.

The Trust has seen a positive improvement in this areas, with our results this year the highest in recent years.

As part of our COVID response one of our key pillars was to ensure we keep our colleagues safe and this remain fundamental.

## Quality of Care:

	2016	2017	2018	2019	2020
<b>Best</b>	8.2	8.1	8.1	8.1	8.1
<b>SouthTees</b>	7.5	7.7	7.4	7.1	7.4
<b>Average</b>	7.6	7.5	7.4	7.5	7.5
<b>Worst</b>	7.0	7.0	7.0	6.7	7.0

The Trust achieved its highest score in this indicator since 2017.

80% of staff stated they were satisfied with the quality of care they give to patients and 89% of staff stated they feel that their role makes a difference to patients.

## Safe Environment – Bullying and Harassment:

	2016	2017	2018	2019	2020
<b>Best</b>	8.6	8.5	8.5	8.6	8.7
<b>South Tees</b>	8.3	8.0	8.1	8.1	8.2
<b>Average</b>	8.1	8.0	8.0	8.0	8.1
<b>Worst</b>	7.1	7.2	7.1	7.3	7.2

The Trust has achieved better than the national average in this area and has seen an improvement on our position over the previous years.

This is an improving position, however we recognise this must remain an area of key focus. As part of our improvement journey we will be underpinning our values with the programme 'Civility Saves Lives' in 2021/22

A revised Freedom to Speak Up model was developed across the trust in June 2020 which culminated in the appointment of four new FTSU Guardians with a different reporting structure in place. Since September 2020 the Guardians have been embedding the new model with the aim of improving the speaking up culture within the organisation.

## Safety Culture:

	2016	2017	2018	2019	2020
<b>Best</b>	7.2	7.2	7.2	7.4	7.4
<b>South Tees</b>	6.6	6.5	6.3	6.2	6.7
<b>Average</b>	6.7	6.6	6.7	6.7	6.8
<b>Worst</b>	6.0	5.9	6.0	5.7	6.1

The Trust has achieved its highest score in the last five years.

57.4% of staff believe that staff who are involved with errors and near miss or incident are treated fairly. 72.3% of staff believe the Trust takes action when such events happen so they do not happen again – and 57.9% of staff state they are given feedback about changes made in response to these events

In addition we will be adopting the 'Just Culture' model which supports a conversation between managers about whether a staff member involved in a patient safety incident requires specific individual support or intervention to work safely.

### Staff engagement:

	2016	2017	2018	2019	2020
<b>Best</b>	7.6	7.5	7.6	7.6	7.6
<b>South Tees</b>	6.9	6.8	6.6	6.5	6.9
<b>Average</b>	7.0	7.0	7.0	7.0	7.0
<b>Worst</b>	6.4	6.4	6.4	6.1	6.4

The Trust has achieved improvements in the area of staff engagement and our highest level since 2016.

Our South Tees People Plan will be launched on Quarter 1 and the overarching strategic aim is to 'Make South Tees the Best Place to Work'. Our People Plan will have a key focus on creating a sense of pride and belonging to the Trust

### Team working:

	2016	2017	2018	2019	2020
<b>Best</b>	7.1	7.0	7.1	7.3	7.1
<b>South Tees</b>	6.5	6.7	6.2	6.2	6.3
<b>Average</b>	6.6	6.6	6.6	6.6	6.5
<b>Worst</b>	6.1	6.0	5.9	5.9	6.0

The Trust position has slight increase in our team working score whilst the national position has decreased. As a consequence of COVID we have seen a high proportion of our staff redeployed to new areas, working in different teams across the Trust.

## 3.0 Next Steps

This year's staff survey has seen colleagues rate the Trust as the most improved in the country.

Individual reports for directorates will be shared with relevant operational managers and action plans will be developed for the new collaboratives which will be presented to the People and Culture Committee.

Staff side colleagues will be instrumental in developing our overarching action plan based on the 10 Staff Survey themes. This will be delivered to the Board in the coming months.

Work around embedding our values will be the focus going forward, looking at how these are 'brought to life' in the Trust will be a key piece of work. Plans include engaging further with staff to understand more their experience of working for the Trust and how we can support them further to provide the best possible care for patients. This will include work around 'Talent Management' including reviewing the processes that support it including appraisal.

## 4.0 Recommendations

The Council of Governors are requested to note the content of this paper, noting the next steps actions to be undertaken.

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS - 11 May 2021			
Month 12 2020/21 Financial Performance			<b>Agenda Item 11, ENC 6</b>
<b>Report Author and Job Title:</b>	Luke Armstrong Deputy Chief Finance Officer	<b>Responsible Director:</b>	Chris Hand Chief Finance Officer
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	This report outlines the Trusts financial performance as at Month 12.		
<b>Background</b>	<p>From Month 7 of 2020/21 revised financial arrangements have been put in place, replacing the previous arrangements of a break even requirement with retrospective expenditure claims. The Trust now has a fixed income level as agreed within the ICP, and is expected to work within the ICS to manage resources within the overall system funding envelope.</p> <p>Excess costs from the Trust's historical PFI scheme remain the largest single contributory factor to the organisation's structural deficit position.</p>		
<b>Assessment</b>	At Month 12 the Trust reported a defect of £11.6m at a system control total level. This is £6.4m higher than the financial plan due primarily to the PFI Lifecycle, but in-line with the year-end forecast position agreed with the ICS.		
<b>Recommendation</b>	Council of Governors are asked to note the Trust position for Month 12.		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	BAF risk 4.1 - 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		
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.		
<b>Strategic Objectives</b>	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>	
	Drive operational performance <input checked="" type="checkbox"/>	Long term financial sustainability <input checked="" type="checkbox"/>	
	Develop clinical and commercial strategies <input checked="" type="checkbox"/>		

## **Month 12 2020/21 Financial Performance**

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

The purpose of the report is to update Council of Governors on the financial position of the Trust as at Month 12.

### **2. BACKGROUND**

Following the suspension of the NHS Planning Process for 2020/21 the Trust had operated under a break-even arrangement up to Month 6. The Trust has received top-up income from NHS England to cover its increased expenditure and achieve a break-even position.

From Month 7 a revised financial framework has been implemented. This new framework allows for greater system working across the ICP and ICS. The Trust now has a fixed financial plan for the remainder of 2020/21, with a fixed level of Clinical Income.

The Trust and the ICP, like others nationally, have a requirement to achieve an overall system break-even position at the year-end. Two items were identified both regional and nationally as allowable deviations from the breakeven requirement, which were lost non-NHS income and an allowance for a year-end annual leave provision. The amounts involved were £1.3m and £3.8m for the Trust. This gave rise to the deficit plan at a control total level of £5.1m. At year-end both items have been fully funded by NHS England.

As part of the new financial arrangements for Month 7 onwards the Trust has reset its budget to align to the revised NHSE/I financial plan. Previous variances up to Month 6 have been reset and the revised agreed budget profiled for Month 7 onwards.

The revised budget includes a fixed budget allocation for CCOVID-19, outlined further in the report.

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 12 YTD actual performance is a £11.6m deficit at system control total due primarily to the PFI Lifecycle. This has resulted in the Trust being behind of its financial plan by £6.4m as per agreement with regional NHSE/I colleagues.

### 3. DETAILS

#### Trust position

The Month 12 position is outlined below; the following sections outline key variances and risks for divisional income, pay, non-pay and technical items.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
<b>Nhs Clinical Income</b>	665,775	666,893	1,118
<b>Education &amp; Training Income</b>	17,407	19,874	2,467
<b>Estates Income</b>	1,908	1,955	47
<b>Misc. Other Income</b>	9,510	9,180	(330)
<b>Non Patient Care Income</b>	2,483	2,655	172
<b>Other Clinical Income</b>	885	1,265	381
<b>Psf, Mret &amp; Top Up</b>	39,245	41,598	2,353
<b>Research &amp; Development Income</b>	4,529	5,039	510
<b>Total Other Income</b>	<b>741,741</b>	<b>748,460</b>	<b>6,719</b>
<b>Ahp'S, Sci., Ther. &amp; Tech.</b>	(60,944)	(61,066)	(122)
<b>Hca'S &amp; Support Staff</b>	(45,739)	(46,989)	(1,250)
<b>Medical And Dental</b>	(126,707)	(130,982)	(4,275)
<b>Nhs Infrastructure Support</b>	(59,700)	(60,922)	(1,222)
<b>Nursing &amp; Midwife Staff</b>	(127,873)	(127,546)	327
<b>Other Pay Costs</b>	(17,506)	(17,522)	(16)
<b>Total Pay</b>	<b>(438,469)</b>	<b>(445,027)</b>	<b>(6,558)</b>
<b>Clinical Negligence Cost</b>	(17,400)	(17,400)	0
<b>Clinical Supplies And Services</b>	(67,393)	(65,893)	1,499
<b>Drugs</b>	(66,906)	(69,216)	(2,310)
<b>Establishment</b>	(10,603)	(11,785)	(1,182)
<b>Ext. Staffing &amp; Consultancy</b>	(732)	(596)	136
<b>General Supplies &amp; Service</b>	(8,340)	(8,708)	(368)
<b>Healthcare Service Purchase</b>	(11,451)	(12,883)	(1,431)
<b>Miscellaneous Services</b>	(3,634)	(4,444)	(810)
<b>Pfi Unitary Payment</b>	(53,406)	(53,409)	(03)
<b>Premises &amp; Fixed Plant</b>	(26,013)	(27,477)	(1,464)
<b>Research, Education &amp; Training</b>	(4,230)	(4,683)	(453)
<b>Transport</b>	(4,252)	(4,241)	11
<b>Total Non Pay</b>	<b>(274,360)</b>	<b>(280,734)</b>	<b>(6,375)</b>
<b>Depreciation</b>	(14,994)	(16,925)	(1,931)
<b>Interest Payable</b>	(11,663)	(10,219)	1,444
<b>Interest Receivable</b>	57	07	(50)
<b>Other Non Operating</b>	(6,668)	(6,028)	639
<b>Restructuring Costs</b>	(784)	(784)	(0)
<b>Corporation Tax</b>	(02)	0	02
<b>Control Total for Trust Performance</b>	<b>(5,141)</b>	<b>(11,251)</b>	<b>(6,110)</b>
<b>Remove gain on disposal</b>	0	(318)	(318)
<b>Control Total for System Performance</b>	<b>(5,141)</b>	<b>(11,569)</b>	<b>(6,428)</b>
<b>Donated Asset Inc / Depr</b>	(899)	1,845	2,744
<b>Impairments</b>	(3,950)	(9,171)	(5,221)
<b>Ppe Donations</b>	0	1,109	1,109
<b>Bottom line performance</b>	<b>(9,990)</b>	<b>(17,468)</b>	<b>(7,478)</b>

## Clinical Income

Under the revised financial arrangements for 2020/21, the Trust's previous contractual arrangement (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, and these had been fixed for the first half of the year and then re-set for the second.

For the second half of the year the Trust does have a number of key variable areas of clinical income that are not under a block arrangement, this covers

- HEPC and CDF Drugs

The Trust's block payments are shown below split by Commissioner. The prior year adjustment of £0.4m relates to differences between accruals made for NCAs in Month 11 and Month 12 of 2019/20 and actual billing within 2020/21.

Commissioner Code	Commissioner Name	Block Payment
16C	NHS Tees Valley CCG	337,621
84H	NHS County Durham CCG	14,083
85J	NHS England - North East and Yorkshire Commissioning Hub	188,330
85J	NHS England - CDF & HepC (months 7-12)	2,865
	NHS England - North East and Yorkshire Commissioning	
Y63	Region	7,581
42D	NHS North Yorkshire CCG	89,040
15F	NHS Leeds CCG	127
13T	NHS Newcastle Gateshead CCG	160
01H	NHS North Cumbria CCG	650
03J	NHS North Kirklees CCG	105
00L	NHS Northumberland CCG	109
00P	NHS Sunderland CCG	666
03Q	NHS Vale of York CCG	1,461
Y58	South West Regional Office ( MoD)	864
CBA033	NHS England - Core	23,764
	Transfer to capital	(112)
	Prior Year Adjustments	(422)
<b>Total Income Month 12</b>		<b>666,893</b>

Clinical income is shown below split by income type in order to highlight variable elements.



	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
<b>YTD M6</b>	294,554	294,554	0
<b>M7 Onwards</b>			
<b>Blocks</b>	316,741	317,376	635
<b>Top Up</b>	14,940	14,940	0
<b>Covid-19</b>	13,392	13,392	0
<b>CDF</b>	1,998	2,482	484
<b>HEPC</b>	384	383	(01)
<b>Flowers Legal Case</b>	996	996	0
<b>Additional Pensions Funding</b>	15,985	15,985	0
<b>Annual Leave Funding</b>	6,785	6,785	0
<b>YTD M12</b>	<b>665,775</b>	<b>666,893</b>	<b>1,118</b>

The additional income within the block income line compared to plan is to cover additional cost and volume drugs cost from commissioners.

For Month 12 a number of additional items of income have been received to fully cover additional costs incurred by the Trust as part of national policy.

£996k has been received in relation to the national Flower overtime legal case. This case has been settled at a national level in relation to back pay for overtime whilst employees are on annual leave. A figure to settle the case for Trusts' employees has been provided by the national team. The Trust has recognised both income and cost in relation to this. Payments will be made to impacted employees in 2021/22.

Employer contributions to the NHS Pension scheme are paid by the Trust at a rate of 14.4%, however the actual employer contribution rate is 20.6%, with this differential paid centrally by NHS England on behalf of providers. As part of the year-end accounts a figure is provided to the Trust to recognise the cost of these additional pension contributions along with the corresponding income.

Nationally the impact of annual leave carried forward has been funded by NHS England for Trusts, up to a cap of five days' pay costs. Based on the detailed annual leave accrual calculated the Trust is eligible to claim income to cover its costs of £6.8m.

## Other Income

Other income is £5.6m ahead of plan, with key drivers of this variance being improved Education and Training income, RTA income and additional top up income to cover the costs of vaccinations, swabbing and student nurses. As part of the re-setting of the Trust budget from Month 7 a number of adjustments have been made to the other income budget to take account of lower income due to Covid-19, particularly in relation to Estates income, Private Patients and Overseas visitors income.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Education & Training Income	17,407	19,874	2,467
Estates Income	1,908	1,955	47
Misc. Other Income	9,510	9,180	(330)
Non Patient Care Income	2,483	2,655	172
Other Clinical Income	885	1,265	381
Psf, Mret & Top Up	39,245	41,598	2,353
Research & Development Income	4,529	5,039	510
<b>Total Other Income</b>	<b>75,966</b>	<b>81,567</b>	<b>5,601</b>

- Education and Training income is overachieving by £2.5m, this is a continuation from Month 9 and is being driven by the revised education income received from Health Education North East for quarter 4. HENE have now confirmed interim arrangements for quarter 1 of 2021/22 with a revised funding mechanism from quarter 2 onwards. This will allow the Trust to fully understand the recurrent and non-recurrent split of this income stream.
- Other clinical income is ahead of plan by £0.4m. This variance is largely RTA income along with a small element of private patients income that had not been budgeted for.
- R and D income is over achieving by £0.5m linked to increased costs within pay and non-pay.
- Within the top up income line the Trust has received a full year additional allocation of £1.3m. This has been received to cover non NHS income lost by the Trust due to Covid-19 e.g. for car parking income and private patients. Additional income has also been received in this category to cover the costs of vaccinations and swabbing.

## Pay

In the year-to date-position pay is overspent by £6.6m, due in the main to an overspend on Medical and Dental..

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Ahp'S, Sci., Ther. & Tech.	(60,944)	(61,066)	(122)
Hca'S & Support Staff	(45,739)	(46,989)	(1,250)
Medical And Dental	(126,707)	(130,982)	(4,275)
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Nursing & Midwife Staff	(127,873)	(127,546)	327
Other Pay Costs	(17,506)	(17,522)	(16)
<b>Total Pay</b>	<b>(438,469)</b>	<b>(445,027)</b>	<b>(6,558)</b>

- Included within the pay position is £0.9m of pay cost for delivery of the COVID-19 vaccination programme that although unbudgeted, is covered by additional income and is therefore of no cost to the Trust.
- In Month 12 additional unbudgeted costs have also been incurred for student nurses of £0.2m again with these being covered by additional income.
- Medical and Dental show a year to date overspend of £4.3m.
- Work has progressed in month on the understanding of the recurrent nature of the current junior doctors overspend. All rotas have now been obtained from medical workforce and have been costed in detail. These are currently being verified with each directorate's medical rota lead and CD.
- Within the other pay costs line of £17.5m the additional pensions cost of £16.0m has been recognised along with the Trusts Apprentice Levey payment.

## Non-Pay

Non-pay is overspent by £6.4m at Month 12.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Clinical Negligence Cost	(17,400)	(17,400)	0
Clinical Supplies And Services	(67,393)	(65,893)	1,499
Drugs	(66,906)	(69,216)	(2,310)
Establishment	(10,603)	(11,785)	(1,182)
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Research, Education & Training	(4,230)	(4,683)	(453)
Transport	(4,252)	(4,241)	11
<b>Total Non Pay</b>	<b>(274,360)</b>	<b>(280,734)</b>	<b>(6,375)</b>

- Clinical supplies and services are showing a year to date underspend of £1.5m. Driven by underspends in a number of clinical directorates arising from reductions in activity levels.
- Drugs has a YTD overspend of £2.3m. Part of this increase in cost is covered by additional income for CDF, HEPC and cost and volume drugs of £1.1m. The resulting increase in cost is from increased activity in a number of directorates including Paediatrics, Gastroenterology, Radiation Oncology and Neurology.

- Research, Education and Training is overspending by £0.4m due to clinical trials, with this cost covered by additional income.

## Non-Operating Costs

Technical items are broadly in line with budgeted amounts; with an overspend on depreciation offset by savings on PDC.

Within month, but outside of the Trusts performance at an organisation and system level, the Trust has been required to recognise the cost and corresponding income for PPE that has been provided free of charge from the Department of Health in Year.

## COVID-19 Costs

In line with the revised financial arrangement for the second half of 2020/21 the Trust now has a fixed financial plan; within this the Trust has allocated specific budgets for COVID-19 expenditure.

Following discussions with operational colleagues and CPG the below envelopes of funding have been provided.

Actual Month 12 spend is outlined below within these categories.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Sickness	(2,250)	(2,250)	0
Facilities	(1,000)	(754)	246
Ward	(500)	(500)	0
Critical Care	(861)	(2,417)	(1,556)
IPC & Winter	(97)	(233)	(136)
Redcar	(170)	(170)	0
Emergency Department	(580)	(1,056)	(476)
PPE		(97)	(97)
Staff catering		(124)	(124)
Other		(186)	(186)
Contingency	(544)		544
<b>Total</b>	<b>(6,002)</b>	<b>(7,787)</b>	<b>(1,785)</b>

The Trust has also incurred cost in relation to COVID-19 swabbing YTD of £1.2m, covering increased staffing and consumables along with the hire of swabbing facilities. This cost has been fully reclaimed from NHSE/I and the Trust is awaiting confirmation that these costs will be covered and fully reimbursed.

In December the Trust has also started its vaccination programme. Like swabbing the Trust is able to claim the incremental cost increase associated with the vaccination programme from NHS England. Year to date this has been £1.1m.

## Liquidity

As at Month 12 the Trusts cash balance amounted to £58.4m, which is in line with the forecast at Month 11 for the year end.

# Quality Assurance Committee

## Chair's Log

<b>Meeting:</b> Quality Assurance Committee	<b>Date of Meeting:</b> 27/04/2021
Key topics discussed in the meeting	
<ul style="list-style-type: none"> <li>• Pressure Ulcers Improvement plan report</li> <li>• ICNARC – Critical Care</li> <li>• Minutes of Previous Meeting held on 30 March 2021</li> <li>• Minutes of Extra-ordinary QAC held on 6 April 2021</li> <li>• Matters Arising and Action log</li> <li>• Urgent Quality &amp; Safety Issues</li> <li>• Quality Assurance Committee Terms of reference - <b>DEFERRED</b></li> <li>• Internal Risk Summit – update</li> <li>• QAC Reporting &amp; Connecting Group Structure - <b>DEFERRED</b></li> <li>• Monthly IPR – Quality</li> <li>• Clinical Audit Forward Plan</li> <li>• Quality Priorities report - <b>DEFERRED</b></li> <li>• Patient Safety Culture next Steps               <ul style="list-style-type: none"> <li>• Process</li> <li>• Monthly SI/NE report</li> </ul> </li> <li>• Mortality / Learning from deaths annual report</li> <li>• Patient Experience annual report</li> <li>• Sub group terms of reference sign off - <b>DEFERRED</b></li> <li>• Annual reports of current sub groups effectiveness</li> <li>• Review of Risks and Matters for the Board Assurance Framework</li> <li>• Chairs log of any sub group reporting to the committee</li> <li>• Clinical Prioritisation / Harm Review summary - <b>Silent paper</b></li> <li>• PwC – Trust Approach to Safer Surgery report – <b>Silent paper</b></li> </ul>	
<b>Actions</b>	<b>Responsibility / timescale</b>
<p>Pressure Ulcers</p> <ul style="list-style-type: none"> <li>• QAC received a comprehensive report on the incidence of pressure ulcers and plan for improvement. Both CCG leads commended the work that has already been completed and the Trusts push for a regional approach to reporting and benchmarking. Questions remain if the current plan will deliver the outcomes required. Having appropriate targets and regional benchmarking data is key to monitoring progress. The committee asked that data demonstrates where pressure ulcers are avoidable or unavoidable and acquired in the care of trust staff.</li> </ul>	Helen Day
<p>Critical Care ICNARC presentation</p> <ul style="list-style-type: none"> <li>• An excellent presentation demonstrating positive patient outcomes Sept to Dec 2020 compared to national ICNARC data. Risk adjusted standardised mortality ratio of 0.86, 51.3% mortality in ventilated patients at JCUH compared to 61.5% nationally, 71% of covid patients discharged alive compared to 58.1% nationally. Outcomes 3rd wave data is not available as yet, with workload and bed</li> </ul>	

<p>occupancy data showing greater pressures. QAC will review the 3rd wave data when available.</p>	Michelle Carey
<p>Incidents of lost to follow up</p> <ul style="list-style-type: none"> <li>Recent incidents have been reviewed and there has been a look back at past incidents. QAC were advised that a task and finish group has been established and are looking at the risks moving forward and the mitigation in place. This is on the risk register at 16.</li> </ul>	Hilary Lloyd / Vince Connolly
<p>Integrated Performance Report</p> <ul style="list-style-type: none"> <li>The format of the report is work in progress, with an agreement to review the trajectories for the safety indicators</li> </ul>	Hilary Lloyd / Ian Bennett
<p>Patient Safety Incident Response Plan</p> <ul style="list-style-type: none"> <li>Next steps were shared including training around 'just culture' and civility saves lives, the now completed review of floor to board governance of connecting groups through the collaboratives and to QAC, which builds on the work being done in STRIVE to strengthen organisational learning. QAC welcomed the plans to stratify risk and prioritise including patients and staff.</li> </ul>	Hilary Lloyd and Vince Connolly.
<p>Serious Incidents and Never Events</p> <ul style="list-style-type: none"> <li>QAC heard that NHSEI had been invited into the Trust to do a critical friend review serious incidents and never events. The report will come to the quality committee once completed.</li> </ul>	Ian Bennett
<p>Mortality Review</p> <ul style="list-style-type: none"> <li>QAC received the quarterly mortality review, focused on the SHMI, the effects of COVID on deaths and the medical examiner review service. 98% of all deaths have had a medical review. The Trust Mortality Review process is delayed due to COVID with 38/50 deaths referred for review complete. A new process has been agreed to complete the remaining reviews.</li> </ul>	Tony Roberts
<p>Review of the Quality Committee sub groups' effectiveness</p> <ul style="list-style-type: none"> <li>All groups delivered on their terms of reference throughout the last year. The committee suggested that in planning for 2021/2 each group outline against the terms of reference group outcomes, what will demonstrate that the group has made a difference.</li> </ul>	Chairs of Sub Groups
<p>BAF</p> <ul style="list-style-type: none"> <li>The revised strategic risks relevant to QAC were presented and agreed with some comments to consider about risks that cross over between board sub groups.</li> </ul>	Jackie White and Trust Board

## Escalated items

### Board to note:

- Currently there is limited assurance from the plan to deliver on outcomes required for pressure ulcers. This is an agreed Quality Priority for 2021/2.
- Very positive patient outcomes compared to national outcomes using ICNARC data in critical care at JCUH September to December 2020. Noting that the third wave data is not yet available and clinical pressures were increased at this time.
- More work is needed to review risks around patients lost to follow up to understand the risks and mitigation.

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

# People Committee

## Chair's Log

<b>Meeting:</b> People Committee	<b>Date of Meeting:</b> 22 April 2021
<b>Highlights for:</b> Council of Governors	<b>Date of Meeting:</b> 11 May 2021
Overview of key areas of work and matters for Board.	
<ul style="list-style-type: none"> <li>• Fire Warden training update</li> <li>• Update on Freedom to Speak Up</li> <li>• Delivery of the Leadership and quality improvement programmes</li> <li>• Workforce performance data</li> <li>• Exit interviews</li> <li>• New appraisal process</li> <li>• Reciprocal Mentoring update</li> </ul>	
Actions to be taken	Responsibility / timescale
<p>Assurance received on arrangements to manage safely fire alarms and incidents with a further update in due course on the target coverage of trained wardens</p> <p>Noted the continued success of the FTSU team and model, and congratulated the team on being invited to contribute to the National Guardians Office Index</p> <p>Congratulated the Education team for the delivery of leadership and QI training through the pandemic and asked that further consideration is given to the roll out strategy, and in particular the alignment of a more targeted approach informed by staff survey results</p> <p>Agreed a refreshed approach to Exit interviews with the goal of engaging with staff before they take steps to leave and exploring options for retention</p> <p>Noted the new approach to appraisal and asked that People Committee receive assurance on completion in line with the new timetable</p>	



expectations

Noted the significant interest in the reciprocal mentoring programme, and the assurance this offers about a more welcoming climate for staff from a BAME background to engage with work to improve the equality and diversity experience of staff. Congratulated and thanked Ruth Mhlanga as Chair of the BAME network for her work.

Board action

Responsibility / timescale

There were no matters for escalation.

Risks (Include ID if currently on risk register)

Responsibility / timescale



# Resources Committee

## Chair's Log

<b>Meeting:</b> Resources Committee (Virtual Meeting)	<b>Date of Meeting</b> 29th Apr 2021
<b>Key topics discussed in the meeting</b>	
<ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• Integrated Performance Report</li> <li>• Planning Guidance Update</li> <li>• M12 Finance &amp; Capital Reports</li> <li>• PFI Lifecycle Update</li> <li>• National Cost Collection</li> <li>• Digital Strategy Update</li> <li>• Green Plan Update</li> <li>• Annual Cycle of Business</li> </ul>	
<b>Actions agreed in the meeting</b>	<b>Responsibility / timescale</b>
<ul style="list-style-type: none"> <li>• The Principal BAF Resources risk and threats were reviewed, and updates proposed. It was recognised that the BAF is currently being overhauled to reflect the revised strategy and to generate ownership by the new Executive Team. This is planned over the coming months.</li> <li>• A review of the IPR noted that elective inpatient performance should begin to improve as COVID resources are stood down. Improvement trajectories for those metrics failing to meet target will begin to be signed off over the coming months.</li> <li>• The Committee was pleased to note that the Trust expects to meet the activity trajectory targets outlined in the NHSE/I Operational Planning Guidance. The additional 5 'Gateway Criteria' are likely to be monitored at regional level and will continue to be reviewed.</li> <li>• The Committee noted that the M12 financial performance was in line with expectations and that a full year deficit of £11.6M at Control Total level was £6.4M behind plan as per agreement with NHSE/I colleagues. Capital spend was on plan at the year-end and reflected a significant increase against the original CDEL. A £33.4M capital programme has been agreed for 2021/22 but there is still a need for a consolidated 5-year plan for capital which will require more work on the T/V clinical strategy.</li> <li>• The PFI Lifecycle prepayment was reduced to £3.5M at the year-end after £22.3M was written back to revenue. The challenge over the remainder of the contract will be</li> </ul>	<p>Head of Governance September 2021</p> <p>Chief Operating Officer June 2021 Resource Committee</p> <p>Director of Planning &amp; Recovery July 2021 Resource Committee</p> <p>Managing Director</p>

<p>to ensure delivery of the planned £99M investment which is back-end loaded</p> <ul style="list-style-type: none"> <li>• The £15M Digital Investment plan was reviewed and will be challenging to deliver against a background of COVID recovery. The Alcidion programme was noted to constitute the most significant delivery risk and it will be necessary to implement a tight change control process. A new Digital Director appointment process has commenced, and further resource may be required.</li> <li>• The Trust Green Plan represents an opportunity to engage staff in activities to reduce waste in all areas and contribute to financial recovery plans. Greater focus was recommended to ensure key elements are delivered in a timely manner.</li> </ul>	<p>Director of Estates Regular updates to Committee</p> <p>Managing Director Quarterly Review at Committee</p> <p>Director of Estates Biannual Review at Committee</p>
Issues for Board escalation/action	Responsibility / timescale
<ul style="list-style-type: none"> <li>• The BAF revision process is taking shape but needs to ensure tight risk definition to ensure adequate controls are ultimately in place.</li> <li>• Good progress has been made on the IPR, but more work is required to include informative narrative and tie improvement trajectories into the wider Trust improvement plans.</li> <li>• The Digital investment plan carries considerable implementation risk which must be managed closely. Resources for the Alcidion programme have been highlighted as a particular concern.</li> </ul>	<p>Head of Governance June 2021</p> <p>Chief Operating Officer June 2021</p> <p>Managing Director June 2021</p>



# Audit Committee

## Chair's Log

**Meeting:** Audit Committee

**Date of Meeting:** April 20<sup>th</sup> , 2021

### **Quorum**

The meeting was held by teams. Chair Richard Carter-Ferris and NEDs David Heslop (DH) Debbie Reape (DR) and David Jennings (DJ) were present giving quorum to the Committee

In attendance were Chris Hand (CH), Jackie White (JW) and Brian Simpson (BS) from the Trust and representatives from Mazars (External Audit), PWC (Internal Audit) and Audit One (Counter Fraud Audit).

### **Counter Fraud**

Paul Bevan (PB) from Audit one presented an update. He reported that the NHSCFA mapping process had been updated and new requirements from NFI were included.

PB reviewed reviews in process and open items from investigations which are all in progress with external authorities.

### **Internal Audit**

Susan McNair (SMc) and Paul Charnock (PC) from PWC provided an update of their work which is in line to achieve completion and allow final year end reports to be issued. Rachel Metcalf (Head of HR) attended to give an update on findings from PWCs recruitment audit and all actions are in place or in line to be completed.

### **External Audit**

Cath Andrew (CA) senior manager for the Assignment briefed AC on the year end Audit progress. With delay of work due to Covid and after consultation with Mazars, the Auditors have applied for delay to reporting so as to provide a contingency should there be any delays. Despite this accepted delay we are still working to current provided deadlines.

### **TOR /Cycle of Business**

The updated ToR and cycle of business were reviewed and with minor changes accepted by the Committee. This included addition of Risk items as the AC will merge with the Risk committee herewith.

### **Rick Committee**

DH presented update from the final Risk committee and agreed that the ToR included all items to cover the Risk agenda.

### **Governance – Other**

The Committee reviewed the register of gifts and hospitality, schedule of losses and tender waivers and identified no abnormal items. The committee reviewed the BAF and identified that there are no matters to be added to the BAF

Key	Actions
<ul style="list-style-type: none"><li>• SLT to ensure adequate support to PWC to ensure completion of internal Audit reviews so that the year end report can be issued on time.</li></ul>	CH / SLT
<ul style="list-style-type: none"><li>• External Audit deadline to me monitored and report any delay</li></ul>	Mazars / CH



MEETING OF THE COUNCIL OF GOVERNORS			
Register of members interests			<b>AGENDA ITEM: 14</b> <b>ENC 8</b>
<b>Report Author and Job Title:</b>	Jackie White Head of Governance & Company Secretary	<b>Responsible Director:</b>	Jackie White Head of Governance & Company Secretary
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
<b>Situation</b>	<p>The Trust shall have 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. The Trust shall have the following registers which are presented to the Council for information.</p> <p>a register of interests of governors; a register of interests of the Directors.</p> <p>The information included in the above registers complies with the requirements of the 2006 Act, and any subordinate legislation made under it and the provisions of the Constitution.</p>		
<b>Background</b>	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.		
<b>Assessment</b>	<p>The Council should be assured that the registers have been maintained throughout 2019/20 and updated for 2021/22.</p> <p>There is one Governor Declaration of Interest; which are actively being followed up.</p>		
<b>Recommendation</b>	The Council of Governors are asked to note the Registers of Interest.		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	There are no risk implications associated with this report.		
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.		

<b>Strategic Objectives</b> (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>
	Develop clinical and commercial strategies <input type="checkbox"/>	

## **REPORT ON REGISTERS**

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

The purpose of the report is to provide assurance to the Council of Governors that the Trust is ensuring compliance with relevant regulatory, legal and code of conduct requirements.

### **2. BACKGROUND**

The Trust Constitution advises that staff must comply with the Trust's detailed Standards of Business Conduct and Capability policy document which sets out information regarding the acceptance and recording of gifts and hospitality.

The Council of Governors in its annual cycle of business discusses that it should receive information on the registers kept by the Trust in relation to standards of business conduct.

### **3. DETAILS**

Appendix 1 sets out the registers of interest for Trust Board members and Council of Governors. All Board sub committees and decision making groups in the Trust publish a register of interest at each of their meetings.

### **4. RECOMMENDATIONS**

The Council of Governors are asked to note the registers.



## Council of Governors Register of Interests

Board Member	Position	Declaration Details
Ann Arundale	Governor	NIL
Steve Bell	Governor	NIL
David Bennett	Governor	NIL
Lisa Bosomworth	Governor	NIL
Jon Broughton	Governor	NIL
Yvonne Teresa Bytheway	Governor	Therapeutic Care Volunteer – James Cook University Hospital NHS Responder during COVID pandemic – providing support to vulnerable people as a check in and chat volunteer Volunteer for Ageing Better, Middlesbrough Teaching Support for NHS Medical Students
Janet Crampton	Governor	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Chair of Dementia Friendly Hambleton
Paul Crawshaw	Governor	Chair of Healthwatch Middlesbrough Board
Prof Stephen Cummings	Governor	Head of School of Health and Life Sciences at Teesside University Responsible for Nursing and Midwifery and Allied Health Profession programmes run by University. Students undertake placements at South Tees. Governor Academic Health Science Network for North East and North Cumbria
Cllr Caroline Dickinson	Governor	Portfolio Holder for Public Health NYCC Trustee Hambleton Foodshare Trustee Mencap Northallerton
Graham Fawcett	Governor	NIL

Martin Fletcher	Governor	NIL
Paul Fogarty	Governor	Member of Patient Participation Group at Linthorpe Surgery, Middlesbrough Member of James Cook Hospital P.L.A.C.E team
Barbara Hewitt	Governor	NIL
Rebecca Hodgson	Governor	NIL
Mike Holmes	Governor	Member of Patient Group at GP practice – Dr Duggleby & Partners, Stokesley
Allan Jackson	Governor	NIL
Prof Steve Jones	Governor	Head of School of Medical Education at Newcastle University  Responsible for medical students teaching and the physicians associate programmes run by Newcastle University. Both are placed in South Tees for training and the Trust receives payment for these placements.
Graham Lane	Governor	NIL
Elaine Lewis	Governor	Patient participation group Danby Surgery
Jean Milburn	Governor	Senior lecturer in the School of Health and Life Sciences Teesside University
Lee O'Brien	Governor	CEO Carers Together Foundation.  Carers Together is not commissioned by the Trust but it has received funding from NHSI/E
Nigel Puttick	Governor	NIL
Patrick Rice	Governor	Redcar and Cleveland Borough Council are part of the Health and Care Partnership. Joint working occurs in relation to Hospital discharges.
Jennifer Rutland	Governor	Councillor – Ingleby Barwick Town Council – representing residents  Vice Chair – Stockton on Tees Over 50s Forum – representing residents
Erik Scollay	Governor	NIL
Angela Seward	Governor	Chair of Patient Participation Group (PPG) for Barnard Castle Surgery, part of NHS County Durham CCG  Chair of the Durham Dales Patient Representative Group (PRG) which meets bi monthly with NHS County Durham CCG  Non-voting member of NHS County Durham CCG Governing Body – previously Durham Dales, Easington and Sedgefield CCG
Philip Warwick	Governor	NIL

Jon Winn	Governor	NIL
Sue Young	Governor	Member of Patient Participation Group at Quakers Lane Surgery, Richmond

#### Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
<b>Ada Burns</b>	Non-Executive Director	2017	Ongoing	Role - Governor – Chair of Resources Committee, member of Board of Teesside University.
	Deputy Chair	2019	Ongoing	Role – Associate Consultant – Cratus Consultancy, public sector management consultancy
<b>Richard Carter-Ferris</b>	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.
<b>David Heslop</b>	Non-executive Director			No interests declared
<b>Mike Ducker</b>	Non-executive Director	1 December 2017	ongoing	Advisor to UK Government on Chemicals Industry
		1 December 2005	ongoing	Trustee of Greenstones Christian Trust Charity – a Charity working with prisons in Ethiopia
		1 October 2019	ongoing	South Tees Healthcare Management Limited - Company number 10166808
<b>Debbie Reape</b>	Non-executive Director Senior Independent Director	August 2019	Ongoing	Associate Director with Northumbria International Alliance (Northumbria NHS Trust and Northumberland County Council)
		1 October 2019	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		October 2019	Ongoing	School Governor, Ashington Academy.
<b>Jackie White</b>	Head of Governance	March 2013	Ongoing	Director – Applied Interim Management Solutions – Company Number 08473345  Registered with IMAS (NHS interim management & support)
<b>Sue Page</b>	Chief Executive	May 2018	Ongoing	President of British Red Cross – Cumbria.
<b>Kevin Oxley</b>	Director of Estates, Facilities and Capital Planning			No interests declared
<b>Rachael Metcalf</b>	Director of Human Resources			No interests declared.
<b>Mark Graham</b>	Director of Communications			Ad hoc communications support to North Cumbria integrated care NHS Foundation Trust. Registered with IMAS (NHS interim management & support)
<b>Ros Fallon</b>	Interim Director of			Non-Executive Director for Countess of Chester NHS Foundation Trust

	Planning & Recovery			Trustee – Tarporley War Memorial Hospital
<b>Moira Angel</b>	Interim Director of Clinical Development	18 January 2021		<p>Director of Moira Angel consulting Ltd - Company number 09529658</p> <p>Director of Arista Associates Ltd. - Company number 09986504</p> <p>Vice president of the red cross in Cumbria.</p>
<b>Robert Harrison</b>	Managing Director			No interests declared
<b>Maria Harris</b>	Non-executive Director	1 January 2021	Ongoing	<p>Director of Digital Cat Consultancy Ltd – provider of digital transformation and mortgage expertise in financial services - Company number 11967428</p> <p>Non-executive Director of United Trust Bank – a regulated specialist bank</p>
<b>David Jennings</b>	Non-executive Director	1 January 2021	Ongoing	<p>Trustee Newcastle University Development Trust. Unremunerated, voluntary role.</p> <p>Chair AuditOne Board NHS internal Audit Consortium. Unremunerated, voluntary role.</p> <p>Board member, and Chair of Audit &amp; Risk Committee of Bernicia House Group, a North East Social Housing Company – a remunerated role</p>
<b>David Redpath</b>	Associate Non-Executive Director	1 January 2021	Ongoing	Director of DGR Consultancy - Company number 10340661
<b>Neil Mundy</b>	Interim joint Chair	2 February 2021		<p>Director and Trustee Northumberland Theatre Company</p> <p>Director of N Mundy Ltd (Charitable Trusteeships) - Company number 11136507</p> <p>Member of the North East Working Group for Medilink North Ltd</p> <p>Board Member of Medilink North of England Ltd - Healthcare and Life sciences technology membership organisation</p> <p>For completeness - Chair of the Joint Independent Audit Committee for the Police and Crime Commissioner and Chief Constable of Northumbria Police.</p> <p>Son Philip Mundy and Daughter in Law Dr. Lydia Mundy are Founders and major shareholder in Pando Ltd a Clinical Communications Platform company conducting business with the NHS .</p>
<b>Michael Stewart</b>	Chief Medical Officer	1 February 2021	Ongoing	No interests declared
<b>Hilary Lloyd</b>	Chief Nurse	15 February 2021	Ongoing	No interests declared
<b>Chris Hand</b>	Chief Finance Officer	1 March 2021	Ongoing	No interests declared
<b>Samuel Peate</b>	Chief Operating Officer	1 April 2021	Ongoing	No interests declared

MEETING OF THE COUNCIL OF GOVERNORS			
Effectiveness Review			AGENDA ITEM: 15 ENC 9
Report Author and Job Title:	Jackie White Head of Governance  Anita Keogh Corporate Affairs Officer	Responsible Director:	
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/> (select the relevant action required)		
Situation	A review of the effectiveness of the Council of Governors has been carried out in line with the Foundation Trust code of governance.		
Background	As the factors underpinning effective governance can change, for example as people leave or organisations restructure, regular reviews can ensure governance remains fit for purpose should be undertaken. Both through the well led framework and the code of governance for the NHS it is recommended that effectiveness reviews are undertaken annually.		
Assessment	<p>A review of the effectiveness of the Council of Governors was undertaken in May 2021 by the Company Secretary. This review considered the 2020/21 work of the Council. The review concluded that the Council had discharged its duties including frequency of the meetings, content and level of information provided to the Council.</p> <p>A recommendation has been made with regard to agreeing a minimum level of attendance for members.</p>		
Recommendation	Members of the Council of Governors are asked to discuss and approve the review		
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 <input type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>	
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>	
	Develop clinical and commercial strategies <input type="checkbox"/>		

## **COUNCIL OF GOVERNORS EFFECTIVENESS REPORT 2020/21**

### **1. Introduction**

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

The purpose of this report is to formally report on the work of the Council of Governors during 2020/21 and to indicate the expected 2021/22 work plan. This is the first effectiveness review undertaken of the Council.

The Council has met on a quarterly basis throughout the year. There is no minimum requirement for meetings of the Council.

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

### **2. Membership of the Committee**

The Council of Governors is made up of 29 full members and 1 representative of an appointed Governor. All meetings were quorate for the year and attendance was met. A full record of attendance for the committee is included below.

There is no minimum requirement of attendance for members of the Council of Governors. The attendance matrix below indicates that a record has been kept of all the attendance.

Meeting Attendance 2020 - 2021 (11 Meetings Held)

Forename	Surname	TOTAL
Ann	Arundale	5
Plym	Auty	9

Steve	Bell	11
David	Bennett	11
Lisa	Bosomworth	9
Jon	Broughton	7
Yvonne	Bytheway	11
Susy	Cook	4
Janet	Crampton	7
Paul	Crawshaw	0
Stephen	Cummings	8
Caroline	Dickinson	5
Martin	Fletcher	7
David John	Hall	5
Barbara	Hewitt	0
Rebecca	Hodgson	11
Mike	Holmes	11
Allan	Jackson	9
Stephen	Jones	8
Jean	Milburn	9
Alison	Munkley	5
Lee	O'Brien	7
John	Race MBE	11
Patrick	Rice	0
Jennifer	Rutland	4
Erik	Scollay	0
Angela	Seward	7
Emma	Vinton	2
Philip	Warwick	8
Tink	Wedgwood-Jones	0
Jon	Winn	3
Sue	Young	9

### 3. Council of Governors and Committees

In March 2020 NHS England wrote to NHS Trusts setting out that face-to-face meetings for Council of Governors and sub groups should be stopped during the pandemic and Trust should ensure that governors are (i) informed of the reasons for stopping meetings and (ii) included in regular communications on response to COVID-19 eg via webinars/emails. In light of this guidance, which was subsequently reviewed a further two times by NHS England, the Trust agreed to postponed all site visits, and all sub groups but agreed to continue to hold Council meetings using Microsoft Teams.

An Annual Members Meeting to receive the accounts was not held due to Covid, however a video recording of the presentations by the Chief Executive, Director of Finance and Medical Director was shared with members.

The Council of Governors has two formal sub groups; Nomination Committee and Membership Committee.

The Nomination Committee is responsible for regularly reviewing the structure, size and composition of the board of directors and making recommendations for changes where appropriate. Also for the appointment of non-executive directors including the Chair of the Trust.

The Membership Committee monitors the Trust's membership to ensure it represents the community it serves, and communicates and engages with its members including staff and the public in general in compliance with the Health and Social Care Act 2012.

### 4. Review of the Council of Governors duties

Duties	Outputs	Purpose
To hold the Non-executive Directors individually and collectively to account for the performance of the Board of Directors	Integrated Performance report Finance report Chairs logs from Committee CEO update on strategic issues Chair updates on strategic issues including joint working with NTHT COVID 19 updates	Assurance



	Operational plan CQC update Chair's appraisal Introduction meetings with Head of South Tees Charity, Interim Director of Nursing & Midwifery Reports from the Nomination Committee and the Membership Committee Update on risks facing the Trust	
To represent the interests of the members of the Trust as a whole and the interests of the public.	Appointment of the External Auditors	Approval

## 5. Sub groups established

Quality Indicators Working Group	Constitution Group	Nomination Committee	Governor Drop Ins	Membership & Engagement Committee	Patient Experience Sub Group	Car Parking / Peoples' needs
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## 6. Review of the Constitution

The Constitution of the Council of Governors was reviewed in June to allow for meetings to be held using video/telephone and digital technologies and August 2020 to amend the Clinical Commissioning Group names.

## 7. Review of Effectiveness

A review of the effectiveness of the Council of Governors was carried out by the Company Secretary in May 2021 and included input from the Lead Governor. This review considered the 2020/21 work of the Council. The review concluded that the Council had discharged its duties as outlined above.

It was pleasing to note the decision to continue to hold meetings virtually during the pandemic to allow members to carry out their business. However it is noted that there was not an opportunity to receive the annual report and accounts during this process. This should be reviewed for 2021/22.

#### **8. Work programme for 2021/22**

The Council of Governors should continue to meet every 4-6 weeks as scheduled and where possible return to face to face meetings as social distancing allows. A minimum level of attendance should be agreed and monitored. The Council should continue to keep under review their duties of holding the Board to account and explore ways of doing this with the Board of Directors.

A more formal seminar programme should be established for members.

Jackie White, Company Secretary, 05/05/21

**COUNCIL OF GOVERNORS**  
**SCHEDULE OF FORTHCOMING FORMAL MEETINGS AND TRAINING EVENTS**  
**UP TO MARCH 2022**

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00 am to 4.00 pm)	VENUE
Tuesday 11 May 2021 10.00am – 4.00pm	<u>Council of Governors meeting</u>  10.00 – 12.00pm  <u>Training Programme</u>  TBC	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH
Tuesday 13 July 2021 10.00am – 4.00pm	<u>Council of Governors meeting</u>  10.00 – 12.00pm  <u>Training Programme</u>  TBC	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH
Tuesday 14 September 2021 10.00am – 4.00pm	<u>Council of Governors meeting</u>  10.00 – 12.00pm  <u>Annual Members Meeting</u>  Timing – 12.15 – 1.00pm	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH  Ian Haslock Lecture Theatre STRIVE, JCUH
Tuesday 9 November 2021 10.00am – 4.00pm	<u>Council of Governors meeting</u>  10.00 – 12.00pm  <u>Training Programme</u>  TBC	Board Room, Friarage Hospital Northallerton

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00 am to 4.00 pm)	VENUE
Tuesday 11 January 2022 10.00am – 4.00pm	<u>Council of Governors meeting</u> 10.00 – 12.00pm <u>Training Programme</u> TBC	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH
Tuesday 8 March 2022 10.00am – 4.00pm	<u>Council of Governors meeting</u> 10.00 – 12.00pm <u>Training Programme</u> TBC	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH