South Tees Hospitals NHS Foundation Trust

*Council of Governors – Public Meeting*

*Tuesday 13 July 2021, 11.30 – 1.20pm*
*Microsoft Teams*

## Agenda

| ITEM | | PURPOSE | LEAD | FORMAT | TIMING |
|---|---|---|---|---|---|
| **CHAIRS BUSINESS** | | | | | |
| 1. | Welcome and Introductions | Information | Chair | Verbal | **11.30am** |
| 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:<br>- 11 May 2021<br>- 1 July 2021 - Extraordinary | Approval | Chair | ENC 2 | **11.35am** |
| 4. | Matters Arising and Action Sheet | Review | Chair | ENC 3 | |
| 5. | Chairman's Report<br>- ICS Developments | Information<br>Information | Chair<br>Chair | ENC 4<br>Verbal | **11.40am** |
| 6. | Managing Director Report<br>- Performance Report<br>- Finance Report | <br>Discussion/ information<br>Discussion / Information | <br>Managing Director<br>Managing Director | <br>ENC 5<br>ENC 6 | |
| 7. | Lead Governor Report | Information | Lead Governor | Verbal | **11.50am** |
| **INVITED MEMBERS** | | | | | |
| **STRATEGY & PLANNING** | | | | | |
| 8. | Green Plan | Information | Director of Estates & Facilities | Verbal | **11.55am** |
| 9. | 2 Year Strategic Plan & Clinical Strategy Improvement Plan | Discussion / Information | Managing Director / Chief Nurse / Chief Operating Officer | ENC 7 | **12.05pm** |
| **GOVERNANCE** | | | | | |
| 10. | Update on Annual General Meeting on 14.09.2021 | Information | Head of Governance | Verbal | **12.50pm** |

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|---|---|---|---|---|---|
| 11. | Update – Chair's Appraisal | Information | Senior Independent Director | Verbal | **12.55pm** |
| 12. | Annual Report from Audit Committee plus Auditor letter | Information | Head of Governance | ENC 8 | **1.05pm** |
| 13. | Committee Chair Logs<br><br>13.1 – Resource Committee<br>13.2 - People Committee<br>13.3 – Quality Assurance Committee | Information | <br><br>Mike Ducker<br>Ada Burns<br>Debbie Reape | <br><br>ENC 9a<br>ENC 9b<br>ENC 9c | **1.10pm** |
| 14. | Matters to bring to the attention of the Board | Discussion | Chair | Verbal | **1.20pm** |
| 15. | Reflections on Meeting | Discussion | Chair | Verbal | |
| 16. | Any Other Business<br>- Future meeting dates | Information | Chair / All | ENC 10 | |
| 17.<br>. | Date of Next Meeting:<br>Tuesday 14 September 2021 | Information | Chair | | |

South Tees Hospitals NHS
NHS Foundation Trust

**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<br><br>NHS Responder during COVID pandemic – providing support to vulnerable people as a check in and chat volunteer<br><br>Volunteer for Ageing Better, Middlesbrough<br><br>Teaching Support for NHS Medical Students |
| Janet Crampton | Governor | Trustee of Olive & Norman Field Charitable Trust.<br><br>Trustee of The Forum, Northallerton<br><br>Chair of Dementia Friendly Hambleton |
| Paul Crawshaw | Governor | Chair of Healthwatch Middlesbrough Board |
| Cllr Caroline Dickinson | Governor | Portfolio Holder for Public Health NYCC<br><br>Trustee Hambleton Foodshare<br><br>Trustee Mencap Northallerton |
| Graham Fawcett | Governor | NIL |
| Martin Fletcher | Governor | NIL |
| Paul Fogarty | Governor | Member of Patient Participation Group at Linthorpe Surgery, Middlesbrough<br><br>Member of James Cook Hospital P.L.A.C.E team |
| Barbara Hewitt | Governor | NIL |

| | | |
|---|---|---|
| Rebecca Hodgson | Governor | NIL |
| Mike Holmes | Governor | Member of Patient Group at GP practice – Dr Duggleby & Partners, Stokesley |
| Allan Jackson | Governor | NIL |
| Carlie Johnston-Blyth | Governor | NIL |
| Prof Steve Jones | Governor | Head of School of Medical Education at Newcastle University<br><br>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.<br><br>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<br><br>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<br><br>Chair of the Durham Dales Patient Representative Group (PRG) which meets bi monthly with NHS County Durham CCG<br><br>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 |

South Tees Hospitals NHS
NHS Foundation Trust

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

**Present:**

| | |
|---|---|
| Mr Neil Mundy | Interim Joint Chairman of the Trust and Chair of the meeting |
| Ms Ann Arundale | Elected governor, Middlesbrough |
| 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 |
| Cllr Caroline Dickinson | Appointed governor, North Yorkshire County Council |
| Mr Graham Fawcett | Elected governor, Redcar & Cleveland |
| Mr Martin Fletcher | Elected governor, Staff |
| Mr Paul Fogarty | Elected governor, Middlesbrough |
| Ms Rebecca Hodgson | Elected governor, Middlesbrough |
| Mr Mike Holmes | Elected governor, Hambleton & Richmondshire |
| Mr Allan Jackson | Elected governor, Redcar & Cleveland |
| Ms Carlie Johnston-Blyth | Elected governor, Teesside University |
| Prof Steve Jones | Appointed governor, Newcastle University |
| Mr Graham Lane | Elected governor, Hambleton & Richmondshire |
| Ms Elaine Lewis | Elected governor, Patient and/or Carer |
| Ms Jean Milburn | Elected governor, Middlesbrough |
| Mr N Puttick | Elected governor, Hambleton & Richmondshire |
| Mrs Angela Seward | Elected governor, Rest of England |
| Dr Philip Warwick | Appointed governor, Durham University |
| Mrs Sue Young | Elected governor, Hambleton & Richmondshire |

**In attendance:**

| | |
|---|---|
| Ms Lisa Bosomworth | Representative of appointed governor, Healthwatch |
| Mrs Ada Burns | Non-executive Director / Vice Chair *(item 2021/005/10)* |
| Mr Richard Carter-Ferris | Non-executive Director |
| Mr Mike Ducker | Non-executive Director |
| Ms Maria Harris | Non-executive Director |
| Mr Rob Harrison | Managing Director *(item 2021/005/6)* |
| Mr David Jennings | Non-executive Director |
| Mrs Anita Keogh | Corporate Affairs Officer/PA to Interim Joint Chairman |
| Ms Rachael Metcalfe | Head of Human of Resources *(item 2021/005/8)* |
| Ms Debbie Reape | Non-executive Director |
| Mr David Redpath | Non-executive Director |
| Mr Brian Simpson | Head of Financial Governance & Control *(item 2021/005/11)* |
| Mrs Jackie White | Head of Governance/Company Secretary *(item 2021/005/12,14 & 15)* |

**Observers:**

| | |
|---|---|
| Ms Carol Alexander | Governor, North Tees Hospitals NHS Foundation Trust |
| Mr Jim Beall | Governor, North Tees Hospitals NHS Foundation Trust |
| Ms Margaret Docherty | Governor, North Tees Hospitals NHS Foundation Trust |
| Mr John Edwards | Governor, North Tees Hospitals NHS Foundation Trust |

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|---|---|
| Ms Wendy Gill | Governor, North Tees Hospitals NHS Foundation Trust |
| Mr Tony Horrocks | Governor, North Tees Hospitals NHS Foundation Trust |
| Ms Mary King | Governor, North Tees Hospitals NHS Foundation Trust |
| Ms Jean Kirby | Governor, North Tees Hospitals NHS Foundation Trust |
| Ms Ruth McNee | Governor, North Tees Hospitals NHS Foundation Trust |
| Ms Pauline Robson | Governor, North Tees Hospitals NHS Foundation Trust |
| Mr Mark White | Governor, North Tees Hospitals NHS Foundation Trust |

**2021/005**

**CHAIR'S BUSINESS**

1. **Welcome and Apologies for Absence**

Apologies for absence were received from:

| | |
|---|---|
| Mr Steve Bell | Elected governor, Staff |
| Prof Paul Crawshaw | Appointed governor, Healthwatch |
| Ms Barbara Hewitt | Elected governor, Redcar & Cleveland |
| Mr Lee O'Brien | Appointed governor, Carer Organisation |
| Mr Patrick Rice | Appointed governor, Redcar & Cleveland Borough Council |
| Ms Jennifer Rutland | Elected governor, Redcar & Cleveland |
| Mr Erik Scollay | Appointed governor, Middlesbrough Council |
| Mr Jon Winn | Elected governor, Redcar & Cleveland |

The following Non-executive Directors submitted their apologies:

| | |
|---|---|
| Mr David Heslop | Non-executive Director |

1. Mr Mundy welcomed all Governors from both South Tees and North Tees Trust together with five newly elected Governors and Carlie Johnston-Blyth newly appointed Governor for Teesside University following the resignation of Prof Stephen Cummings due a recent promotion.

The Chairman then proceeded 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 Mrs White or Mrs Keogh of any changes to declarations of interest going forward.

3. **Minutes of Previous Meeting**

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

**Resolved:** i) the minutes of the previous meeting held on 9 March 2021 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 had an outstanding action relating to the activation of nhs.net accounts for some Governors and encouraged all Governors to activate their accounts.

He also asked for an update from Mrs White, Head of Governance, in relation to the programme of development sessions. Mrs White confirmed that both herself and Mrs Keogh, Corporate Affairs Officer, were working on the programme to ensure that when Governors are able to be on site for face to face meetings these would be organised and ready to go ahead.

All remaining actions were noted as complete.

5. **Chairman's Report**

Mr Mundy gave a presentation of his first 100 days in post and expressed the importance of developing relationships both internally and externally.

He added that there had been a good response in relation to the recruitment of permanent Joint Chair with the closing date of the 24 May 2021 for all applications.

Interviews for this position would take place at the end of June with the constituted Joint Nominations Committee involved throughout the process. Mr Mundy reassured all Governors that the process had been well thought through and was pleased to confirm that Professor Liam Donaldson would be chairing the panel on the day of the interviews.

Turning to the heat map contained within the presentation he pointed out the updates and was pleased to note the changes/progress being made.

Mr Mundy concluded his presentation by running through the summary of key dates and detailing the key benefits and the need to recognise vulnerable services and working closely together. He spoke about the next steps following the appointment of the substantive Joint Chair which included establishing strategic healthcare priorities for the Tees Valley and North Yorkshire together with partners jointly to promote the case to the ICS for additional investment.

Mr Mundy asked Mrs Keogh to provide a copy of his presentation to all Governors.

The following questions were raised:

- Mr Mike Holmes asked if Mr Mundy could elaborate on the positive signs shown by NHSE/I which Mr Mundy had identified in his presentation. Mr Mundy replied that NHSE/I had updated the licence restrictions for the Trust which reflected clear progress adding that there were further steps still to take but it was clear that they were recognising the improvements being made in addition to closer working with North Tees.
- Mrs Sue Young commented that the presentation was very optimistic and thanked Mr Mundy for mentioning the plight of India at the beginning of the meeting and queried if moves were being made to transfer any equipment of PPE to India. Neil responded that although he was aware that a lot of colleagues had family in India he did not have the information relating to equipment of PPE - he was aware that Microsoft Teams had been used to enable colleagues to check in on

family.

Mr Mundy concluded his update with some additional points including:

- CQC
  Since the CQC inspection in 2019 the Trust staff had worked through the points raised. A further inspection was expected Autumn 2021 with the Trust preparing for the same now. He added that at a recent Board of Directors they had considered the CQC update and were preparing for a deep dive in June in the areas highlighted to see how far the Trust had come with the hope that it can get back to our best.

- Financial Position
  Recognition given at Board of Directors to look beyond the short term and look at 3 to 5 year plan with further consideration of additional support for the financial impact of the PFI.

- Performance / Safety & Quality
  Never Events to be considered in May to understand the background of why they occurred but also working with regulators to look at underlying issues to see if it is connected with the need for additional resources.

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

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

6. **Chief Executive's Report**

Mr Harrison, Managing Director, provided an update to Governors on the following:

- COVID-19
- COVID vaccination
- Trust two-year strategy
- Safety promise
- Local and regional partnerships
- NHS planning guidance 2021/22
- Pandemic recovery
- Community diagnostic hub
- Inaugural Joint Strategy Board (JSB)
- Clinical Policy Group (CPG)
- Renal Campaign – South Tees Hospitals Charity

COVID-19

In relation to COVID he explained that experienced clinicians continue to guide the Trust's response to COVID-19 with careful changes being made to current patient pathways with red, amber and green pathways being replaced with red and blue (standard) pathways from the 19 April. He added that alongside the pathway changes the clinicians updated personal protective equipment (PPE) requirements to match the new red and blue pathways and to continue to keep colleagues, patients and service users safe.

In relation to COVID vaccinations the team had delivered more than 70,000 jabs since December with 93% of staff being vaccinated. He confirmed that the vaccination team and centre was now closed and that depending on

demand the Trust would provide a peripatetic service for new colleagues and any extremely clinically vulnerable patients who require vaccinations.

Mr Harrison asked Mrs Keogh to provide a copy of the Two Year Strategic Plan to Governors for their consideration.

Performance Report

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

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

- The Trust had continued its COVID 19 response during March alongside maintaining emergency and urgent care which has included significant levels of critical care bed occupancy and the delivery of urgent surgical treatment.
- 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 to focus include:

- An increase in the incidence of Category 2 Pressure Ulcers in March, linked to extended critical care LOS and COVID 19 admissions.4
- 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 had been delivered.
- Two further Never Events have been recorded in March.

The following questions were raised:

- Mr Holmes asked if there was a role that Governors could play in relation to strategy. Mr Harrison replied that that was a good question stating that the Trust would be pulling together strategy very quickly but it would be good for Governors to be involved.
- Mr Holmes asked if a copy of the reply he had received from Ros Fallon, Director of Planning & Recovery in relation to the performance report could be provided to all Governors for information.
- David Bennett raised a concern about never events and if there was a training need. Mr Mundy reassured Governors that the issue of falls was recently raised at Board of Directors. Mr Harrison added that it was right to raise issues and that from a falls perspective some are preventable but others can be caused by other reasons including being in an unfamiliar environment, another cause can be that floors within a hospital are solid compared to carpets in patients' homes. Mr Harrison reassured Governors that Hilary Lloyd, Chief Nurse, was looking into training and risk assessments.

**Resolved:** i) Governors thanked Mr Rob Harrison for his update on COVID 19.

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

**Action:** i) Mrs Keogh to email a copy of the reply from Ros Fallon received by Mike Holmes to all Governors for information.

**Action:** i) Mrs Keogh to email a copy of the Two Year Strategic Plan to Governors for their consideration.

7. **Lead Governor Report**

Mrs Angela Seward, Lead Governor, began by offering a warm welcome to all North Tees Governors joining the meeting. She continued with congratulations for all five newly elected Governors for South Tees together with those Governors who were successfully re-elected.

Mrs Seward informed Governors that she had joined North Tees Council of Governor meeting on the 6 May 2021 with five other Governors from South Tees which she had enjoyed listening to their discussions.

She then turned to the Joint Nomination Committee meetings and confirmed that the interview pack and timeline for the recruitment of the permanent Joint Chair was agreed.

She explained that she currently has regular monthly meetings individually with:

- Ada Burns – Deputy Chair
- Neil Mundy – Interim Joint Chair
- Jackie White – Head of Governance & Company Secretary and
- Debbie Reape – Non Executive Director / Senior Independent Director

As a result of her regular monthly meetings she felt reassured that she was fully informed of any developments and found each meeting very beneficial.

She concluded her update that the next Joint Council of Governors was scheduled to take place on the 1 July 2021 adding that everyone was working extremely hard.

No questions were raised.

**Resolved:** i) Governors gave thanks to Mrs Seward for her update.

**INVITED MEMBERS**

8. **Staff Survey**

Rachael Metcalf, Director of Human Resources, provided an update to Governors on the NHS National Staff Survey Results 2020.

Ms Metcalf was pleased to report that South Tees NHS Foundation Trust was the most improved Trust nationally.

She continued that the Trust had a response rate of 28% against a benchmarked median of 45%. Although it was acknowledged that the response rate had to improve it was noted that while the benchmarked median

response rate was reduced this year, the Trust's response rate was increased.

Ms Metcalf informed Governors that an Extraordinary People Committee had been arranged with Chairs from each collaborative.

The following questions were raised:

- Ms Ada Burns assured Council of Governors that People Committee of which she was the Chair were not complacent with matters. Ms Burns continued that when Ms Page, CEO, first joined the Trust the messages from staff were evident and the improved results were encouraging and added that the Chair's log detailed further in the Agenda provided further details.
- Ms Rebecca Hodgson expressed her delight that the results showed an increase of staff happier in their roles as this also improves the reputation for recruiting. While she fully appreciates that there is further work to do it would be interesting to understand why is has improved. Ms Metcalfe replied that the free text comments had not yet been received but it was hoped that this would help to assist with Ms Hodgson's question.
- Mr Harrison informed Governors that when he started at the Trust he had taken the time to read all comments from the last survey so he was looking forward to receiving the handwritten comments to see the difference in this recent survey.
- Mrs Young raised the theme of staff engagement which was annual appraisal but added that it was important that it was not a tick box exercise. She continued by asking about the new appraisal document and if this was going to be rolled out. Ms Metcalf confirmed that it was. Mrs Burns agreed with Mrs Young regarding appraisals stating that it was vital that staff felt connected and people were able to have the opportunity to contribute.

9. **Introduction from newly appointed NEDs**

Maria Harris

Ms Harris introduced herself to Governors and began by explaining her background in the private sector mainly with large corporates. Worked in utilities and N Power before moving to financial services before leaving to work on portfolio. She continued that she now carries out consultancy sitting on government working groups with lots of interesting work. Ms Harris concluded that this was the first time working in the NHS.

David Jennings

Mr Jennings began by saying to Governors how happy he was to join South Tees. His added that his background included 24 years in the North East in Accountants as External Auditor. He continued that he was also an Inspector at the Audit Commission. In 2011 he set up his own business and in 2012 started at Redcar and Cleveland Council and also started as a Non-Executive Director for Northumbria University and then Tees Esk Wear Valley. He then began work for Audit 1 as Non-Executive Director before moving to Newcastle University Development Trust as their honorary Treasurer.

As Non-Executive for South Tees NHS Foundation Trust Mr Jennings confirmed that he sits on different committees and expressed the desire to support where he can and keep any targets set on his radar.

David Redpath

Mr Redpath began by explaining to Governors that he was a former CIO (Chief Information Officer) in Newcastle. Prior to this he lived in Australia as Exec Advisor in IT. Previously to this he was a Non-Executive Director at Newcastle University. David concluded that he had two children both born at James Cook Hospital with his Non Executive role to bring his IT and digital skills to the Board of the Trust.

## PEOPLE

10. **NED Appraisal Process**

Ms Ada Burns, Deputy Chair, provided a verbal update on the NED appraisal process to Governors.

She explained that she would be supporting Neil Mundy, Interim Joint Chair, and would have discussions with each of the Non-Executive Directors to complete the appraisal process.

Mrs Burns continued that because of the COVID pandemic this had put constraints on many things especially engagement but added that in relation to committee effectiveness in the main this was complete.

Turning to the permanent Joint Chair recruitment the Non-Executives were contributing to the same. In addition they were also involved in chairing and sitting on recruitment panels for clinical appointments and were most impressed with the level of new Consultant appointments.

In relation to objectives for the following year Mrs Burns explained that she would be looking at each of their roles including developing Trust Strategy and challenging the Board.

Mrs Burns asked the Governors to provide any comments on the Non-Executives performances within the meeting or by e-mail if preferred.

Mr Mundy thanked Mrs Burns and encouraged Governors to provide their comments to help complete the appraisals for the Non-Executive Directors.

**Action:** i) Governors to e-mail / contact Mrs Ada Burns with any comments on any of the Non-Executives performance.

## QUALITY, SAFETY, PERFORMANCE & FINANCE

11. **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 12 and highlighted that the Trust was reporting a deficit of £11.6m at a system control total level. This was £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.

Following questions were raised:

- Mr David Bennett asked for further details on the £6.5m overspend on

pay and queried if this related to COVID / Consultant being bought in and if this was overspending in all areas. Mr Mundy replied that he had asked Mr Chris Hand, Chief Finance Officer and Mr Simpson to review the baseline costs to enable everyone to see what the Trust's financial position would look like after COVID.

- Mr Holmes asked what the £35.4m capital for 2021 included. Mr Simpson confirmed that it included the PFI lifecycle, Friarage Hospital theatre development and emergency capital fund.

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

## GOVERNANCE

12. **Risks facing the Trust**

Mrs White as Head of Governance reported that there were no new risks on the BAF.

**Resolved:** i) Governors thanked Mrs White for her update.

13. **Committee Chairs' Logs**

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

Ms Ada Burns, Ms Debbie Reape, Mr Mike Ducker and Mr Richard Carter-Ferris provided an update to Governors on the Chairs' logs for their Committees.

Ms Debbie Reape – Quality Assurance Committee

Ms Reape ran through a couple of actions from the Quality Assurance Committee including:

- *Falls* – Ms Reape reassured Governors that data for falls was carefully considered.
- *Pressure Ulcers* – More work to do and that this was a quality priority.
- *Serious incidents/ never events* - Awaiting a report from NHSI.
- *Critical Care ICNARC presentation* – Positive patient outcomes captured from September to December 2020 which showed 51.3% mortality in ventilated patients at James Cook Hospital compared to 61.5% nationally. 71% of COVID patients discharged alive compared to 58.1% nationally.

The following questions were raised:

- Dr Philip Warwick asked Ms Reape if Quality Assurance Committee looked at A&E times and cancelled operations and if this would be monitored. Ms Reape reassured Governors that this information was considered at the meeting but added that constitutional standards were picked up in finance committees.

Ms Ada Burns – People Committee

Ms Burns provided a brief overview of the key areas of work including work on exit interviews and looking at opportunities to try and keep people.

She concluded by thanking Ruth Mhlanga as Chair of the BAME network for her work in the reciprocal mentoring programme with the assurance that this

offers a more welcome climate for staff from BAME background to engage with work and improve the quality and diversity experience of staff.

Mr Mike Ducker – Resources Committee

Mr Ducker began with an update explaining that finance had broadened with the new Resources Committee meeting now including digital with the first resources committee taking place in April 2021. He continued that the Trust's finances were in good shape and all targets agreed with the ICS had been hit. Although there had been a lot of capital spend there were ambitious plans for digital. Mr Ducker concluded his update that the green plan had been considered and would encourage Governors to consider the same and asked Anita Keogh to provide a copy of the Green Plan to Governors.

Mr Richard Carter-Ferris – Audit & Risk Committee

Mr Carter-Ferris confirmed that due to COVID Auditors had not been on site with work carried out by auditors and finance ongoing. He continued that the Quality Audit report had not been completed due to COVID.

Mr Carter-Ferris also informed Council of Governors that the NHSE/I had made the decision that Trust would be given support throughout the COVID pandemic.

**Action:** i) Anita Keogh to forward a copy of the Green Plan to Governors.

**Resolved:** i) Governors thanked Debbie Reape, Ada Burns, Mike Ducker and Richard Carter-Ferris for their updates on the different Committees.

14. **Declaration of Interests – annual return**

Copies of the Declaration of Interest for both Board members and Council of Governors were included in the set of papers for Council of Governors.

Mrs White, Head of Governance & Company Secretary assured Governors that the registers for both had been maintained throughout 2019/20 and were updated for 2021/2022.

No questions were raised.

**Resolved:** i) Governors noted the Declaration of Interests of both Board members and Council of Governors.

15. **Effectiveness Review**

Mrs White informed Governors that a review of effectiveness of the Council of Governors had been undertaken in May 2021. This review considered the 2020/21 work of the Council which included:

- Membership
- Council of Governors and Committees
- Review of the Council of Governors' duties
- Sub groups established
- Review of the Constitution
- Review of effectiveness
- Work programme for 2021/22

To conclude Mrs White provided a couple of recommendations. The first being the necessity that Governors attend a minimum number of Council of Governor meetings. The second that a development programme for Governors be reinstated.

Mr Mundy thanked Mrs White.

The following questions were raised:

- Dr Philip Warwick asked if there was room in the report to add details when Governors add value as it was noted that there was nothing in the report to quote what happened and what was added to the Trust. Mrs White agreed that this was a good point and would ensure that something was added.
- Mrs Sue Young had one recommendation after considering the constitution as she had noted that five Governors had not attended any meetings throughout the whole financial year. Mrs White thanked Mrs Young and provided reassurance that Mrs Anita Keogh would flag up any concerns regarding non-attendance when necessary. Mrs White added that she would look at matters and take into account any exceptions and have some formal arrangements in place. Mrs Young stated that the Trust Constitution listed that if Governors failed to attend three meetings then this would be highlighted and felt that this needed to be given consideration. Mr Mundy stated that he felt that reviewing the constitution would help.
- Mrs Angela Seward as Lead Governor reassured Governors that any non-attendance did not go unnoticed. She added that attendance for Appointed Governors was just as crucial as Elected Governors and that there was a need to look to help and support all Governors where possible.

**Resolved:** i) Governors confirmed their approval to the effectiveness review.

noted the Declaration of Interests of both Board members and Council of Governors.

16. **Matters to bring to the attention of the Board**
Nothing to report.

17. **Reflections on Meeting**
Mr Mundy asked if any of the Governors had any comments on the meeting and if so to contact Mrs White and they would be addressed.

18. **Any other business**
Ms Janet Crampton as Chair of Membership & Engagement Committee provided a brief update to Governors and explained that due to COVID 19 the Committee had been on furlough to enable the Trust to focus on the pandemic.

She continued that the next meeting was scheduled to take place in June 2021 and stressed the importance of recruiting more members to the Trust with priority in targeting the younger age groups.

Ms Crampton asked all Governors to contact Mrs Keogh if they would like to be

provided with a copy of new member postcards to distribute as necessary.

Mr Mike Holmes asked what the Trust's plan was for visitors coming back into the Trust. Mrs White confirmed that the visitor policy was under review and that the Trust was following national guidance.

Governors noted that there had been some changes to the Executive Directors – it was pointed out that Mr Sam Peate had been announced as new Chief Operating Officer. Mrs Keogh was asked to provide an up to date copy of the Board structure to Governors for information.

Turning to the future meeting dates Mr Mike Holmes asked what the sequence of meetings would be in relation Joint Council of Governors meetings. Mr Mundy replied that all meetings would be carried out in conjunction with both Trusts but added that if any Governors felt that these were happening too often they should raise this concern.

**Action:** i) Governors to contact Anita Keogh if they would like to be provided with copies of the new member postcards to distribute.

**Action:** ii) Anita Keogh to provide an up to date copy of the Board structure for their consideration following recent changes/appointments.

19. **Date of Next Meeting**

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 13 July 11 2021.

South Tees Hospitals NHS
NHS Foundation Trust

**Unconfirmed minutes of the Extraordinary Council of Governors Meeting held in PUBLIC**
**1 July 2021 at 1.00pm**
**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 |
| Cllr Caroline Dickinson | Appointed governor, North Yorkshire County Council |
| Mr Graham Fawcett | Elected governor, Redcar & Cleveland |
| Mr Paul Fogarty | Elected governor, Middlesbrough |
| Ms Rebecca Hodgson | Elected governor, Middlesbrough |
| Prof Steve Jones | Appointed governor, Newcastle University |
| Ms Elaine Lewis | Elected governor, Patient and/or Carer |
| Ms Jean Milburn | Elected governor, Middlesbrough |
| Ms Jennifer Rutland | Elected governor, Redcar & Cleveland |
| Mrs Angela Seward | Elected governor, Rest of England *(item 2021/007/4)* |

**In attendance:**

| | |
|---|---|
| Ms Lisa Bosomworth | Representative of appointed governor, Healthwatch |
| Mrs Ada Burns | Non-executive Director / Vice Chair *(item 2021/007/4)* |
| Mrs Anita Keogh | Corporate Affairs Officer/PA to Interim Joint Chairman |

**2021/007**

## CHAIR'S BUSINESS

1. **Welcome and Apologies for Absence**

Apologies for absence were received from:

| | |
|---|---|
| Ms Ann Arundale | Elected governor, Middlesbrough |
| Prof Paul Crawshaw | Appointed governor, Healthwatch |
| Mr Martin Fletcher | Elected governor, Staff |
| Ms Barbara Hewitt | Elected governor, Redcar & Cleveland |
| Mr Mike Holmes | Elected governor, Hambleton & Richmondshire |
| Mr Allan Jackson | Elected governor, Redcar & Cleveland |
| Ms Carlie Johnston-Blyth | Appointed governor, Teesside University |
| Mr Graham Lane | Elected governor, Hambleton & Richmondshire |
| Mr Lee O'Brien | Appointed governor, Carer Organisation |
| Mr Nigel Puttick | Elected governor, Hambleton & Richmondshire |
| Mr Patrick Rice | Appointed governor, Redcar & Cleveland Borough Council |
| Mr Erik Scollay | Appointed governor, Middlesbrough Council |
| Dr Philip Warwick | Appointed governor, Durham University |
| Mrs Jackie White | Head of Governance / Company Secretary |
| 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 Mike Ducker | Non-executive Director |
| Ms Maria Harris | Non-executive Director |
| Mr David Heslop | Non-executive Director |
| Mr David Jennings | Non-executive Director |
| Ms Debbie Reape | Non-executive Director |
| Mr David Redpath | Non-executive Director |

Mr Mundy welcomed all Governors to the extraordinary meeting in relation to the appointment of the substantive Joint Chair for both South Tees and North Tees Trust.

2. **Apologies for Absence**

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

3. **Quorum and Declarations of Interest**

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

## GOVERNANCE

4. **Appointment of substantive Joint Chair**

Mr Mundy began by thanking everyone for their contributions in the process of the appointment of the Joint Chair.

Mrs Seward continued by again thanking all Governors involved in the process and hoped that everyone had, had time to read the report which had been circulated earlier that day which provided an update to Council of Governors following the interview process to engage a Joint Chair. She continued that within the report it detailed that North Tees would employ the Joint Chair with South Tees Hospitals NHS Trust contributing 50% of the costs of the employment.

The formal interview took place on Wednesday 30 June 2021 and the view of the panel was that they would recommend the appointment of Professor Derek Bell.

Mrs Seward continued that Prof Bell had shown great initiative and had clearly carried out a lot of preparation work which included site visits and tours around the Trust including the Friarage Hospital.

Both Medical Directors for South and North Tees spoke very highly about this candidate who had an engaging manner and good sense of humour together with intellectual rigour. This as well as his NHS experience and knowledge reiterates the recommendation of his appointment to this role

Mr Mundy thanked Mrs Seward for her comments and then asked Ada Burns as Deputy Chair for her views.

Mrs Burns was grateful to have been involved in this process and confirmed to Council of Governors that the deliberation with North and South Tees was unanimous with the recommendation of the appointment of Professor Derek Bell. She continued that she felt that he had great creditability and was grounded in the challenges ahead.

During the interview process Professor Bell had talked about Staff and Patients and it was clear that he had researched thoroughly and was an advocate with all services.

Mrs Burns concluded that she believed that he would be a good leader and team player with both the Board and Executive team and was very happy to support Mrs Seward's recommendation from a Board perspective.

Mr Mundy thanked Mrs Burns and asked Governors if they had any comments or questions.

- Ms Rebecca Hodgson confirmed that she had been involved in the Focus Groups and that Prof Bell seemed most effective as Joint Chair and had shared some humour and she felt that he was the strongest candidate.
- Mr David Bennett asked if it had been close or had there been a clear winner. Mr Mundy replied that his view was that there was clear blue water between two of the candidates. He continued that appointability was considered and it was felt that in this process only Prof Bell was an appointable candidate.
- Prof Steve Jones stated that he would like to endorse what had previously been said by other adding that despite IT problems earlier in the day Prof Bell had handled things calmly and was the most up to date on governance. He continued that speaking as a Physician Prof Bell had a good reputation and political agility which would hold the Trust in good stead and that he would be an excellent appointment. Mr Mundy thanked Prof Jones for the powerful points he had put across

and agreed that Prof Bell's past experience would be very beneficial.

- Mrs Burns agreed with the comments from Prof Jones and felt it was important to have a strong voice and that Prof Bell was well placed.
- Mr Jon Broughton agreed with all comments adding that receiving information prior to interviews had been very important. He felt that it was very important that Prof Bell would be welcomed internally by Clinicians and externally with the ICS and he felt confident and excited about his appointment.
- Ms Janet Crampton asked if there was any timeline that could be provided if Prof Bell received approval from both Trusts. Mr Mundy replied that North Tees had organised their Extraordinary Council of Governor meeting for the 5 July and asked that all South Tees Governors treat todays information as strictly confidential to ensure that no details were made public in advance of the meeting on the 5 July and other due process. He continued that he hoped that confirmation of his appointment would then be released at some point in the week commencing 5 July 2021. Mr Mundy had spoken to Prof Bell who was happy to participate once formal acceptance was received and it was hoped that Prof Bell could start the role from September onwards after working with Mrs Burns and himself during August.

Mr Mundy stated that it had been a delight working with everyone at South Tees.

Mrs Burns added that she was very grateful for Mr Mundy's support together with her counter-part at North Tees, Steve Hall.

Mrs Seward also offered thanks to Mr Mundy and again stressed the importance to Governors to keep matters confidential until North Tees had their Governor meeting on the 5 July.

Neil asked all Governors if they were content to approve the appointment of Professor Derek Bell as Joint Chair.

All Governors endorsed this recommendation and ratified the appointment of Professor Derek Bell as Joint Chair. Mrs Seward also confirmed the agreement of Mr Mike Holmes, elected Governor for Hambleton & Richmondshire, who was unable to join the meeting today but had e-mailed her with his agreement.

Mr Mundy confirmed that Mark Graham, Director of Communications, would work with Ruth Dalton at North Tees to put together publicity and prepare an announcement which would be made available as soon as possible.

**Decision:** i) Governors ratified the appointment of Professor Derek Bell as Joint Chair.

5. **Reflections on Meeting**

Governors stated that they felt the recruitment process was thorough and had been well followed.

6. **Date of Next Meeting**

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 13 July 11 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 | **AOB - nhs.net emails** | Governors to contact Anita Keogh once nhs.net emails activated | Anita Keogh / Governors | 11.12.2018 | 3 Governors still to action including newly elected Governors - as at 13.07.2021 | Open |
| 09.03.2021 | 21/003/15 | **Any Other Business** | 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 | Development sessions finalised - details to be provided to Governors and commence from September 2021 | Completed |
| 11.05.2021 | Item 5 | **Chairman's report** | Anita Keogh to provide copy of Neil Mundy's presentation to Governors | Anita Keogh | 13.07.2021 | Anita Keogh e-mailed presentation to all Governors on 21 May 2021 | Completed |
| 11.05.2021 | Item 6 | **CEO Report** | Anita Keogh to provide a copy of the e-mail received from Ros Fallon to Mike Holmes re: Performance Report to all Governors for information | Anita Keogh | 13.07.2021 | Anita Keogh forwarded two e-mails from Ros Fallon to Mike Holmes to all Governors on 21 May 2021 | Completed |
| 11.05.2021 | Item 6 | **CEO Report** | Anita Keogh to provide a copy of the 2 Year Strategic Plan to Governors for information as detailed within R Harrison's CEO Report | Anita Keogh | 13.07.2021 | Anita Keogh forwarded a copy of the 2 Year Strategic Plan to Governors on 24 May 2021 | Completed |
| 11.05.2021 | Item 10 | **NED Appraisal Process** | Governors to e-mail / contact Ada Burns (NED) with comments on Non-Executive Directors performance in general | Governors | 13.07.2021 | No comments received - NED appraisals drafted and approved | Completed |
| 11.05.2021 | Item 13 | **Committee Chair Logs** | Anita Keogh to send copy of Green Plan as requested by Mike Ducker re: Resources Committee to all Governors | Anita Keogh | 13.07.2021 | Anita Keogh forwarded a copy of the Green Plan to Council of Governors on 26.05.2021 | Completed |
| 11.05.2021 | Item 18 | **Any Other Business** | Governors to e-mail / contact Anita Keogh if they would like to receive new member postcards to distribute in areas and encourage further | Council of Governors | 13.07.2021 | Anita Keogh forwarded postcards to all Governors - 01.07.2021 | Completed |
| 11.05.2021 | Item 18 | **Any Other Business** | Anita Keogh to provide an up to date copy of the Board structure to Council of Governors | Anita Keogh | 13.07.2021 | Anita Keogh forwarded a copy of the up to date Board structures to Council of Governors on 24.05.2021 | Completed |
| | | | | | | | |
| | | | | | | | |

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

# Interim Joint Chair's Update Report

# at 13th July 2021

# Neil Mundy

# North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trusts
## Progress in the transition to operating with and appointing a substantive Joint Chair - Heat Map of key actions

| ACTIONS January – July 2021 | January & early February<br>Red Urgent | February & March<br>Amber imminent | April –& May<br>Blue not yet due | June & July NM at /07/07/21<br>Completed |
|---|---|---|---|---|
| **Boards and Councils of Governors approval and review of transition to Joint interim Chair)** | Approved transition with effect from 3rd February 2021 | Implement Interim Joint Chair role for both Trusts | Review Interim Joint Chair role for both Trusts<br>• Appraisal led by Senior Independent Directors in May | Review Interim Joint Chair role for both Trusts |
| **Boards and Councils of Governors monitor the transition and recruitment plan for appointment of substantive Joint Chair** | Approved and implemented with effect from 3rd February 2021 | • Monitor operation and benefits<br>• Timetable in place | • Monitor operation and benefits<br>• Recruitment started 30th April<br>• Recruitment and appointment timetable now in place May-July | • Monitor operation and benefits<br>• Receive update reports |
| **Trusts agree a Joint Communications plan** | Agreed | Governor Bulletin started February | Review and Maintain | Review and Maintain |
| **Trusts agree revised Vice Chair roles / responsibilities** | Approved January | Monitor operation and refine were necessary | Monitor operation and refine were necessary. Appraisal in May | Monitor operation and refine were necessary |
| **Governance framework for the Joint Strategic Board** | Start to develop governance framework | Boards approve membership and Governance framework | Consider clinical on 18th May - Further cross system event in July | Clinical Strategy cross system event 20th July |
| **Meetings of the Joint Strategic Board** | | Founding meeting arranged | • 8th April Held<br>• 18th May | 14th July |
| **Joint meetings Boards and Council of Governors** | | • Joint Governor Liaison Meeting 11th March<br>• B2B Meeting on 17th March<br>• C o G Meeting on 24th March | • B2B 10th May<br>• Joint C o G to be agreed June/July | To be arranged with substantive Joint Chair |
| **Councils of Governors implement a recruitment plan and timetable for the appointment of a substantive Joint Chair** | | • 30th March Joint Nominations Committees select recruitment consultants and coproduce recruitment plan. | April - Nominations Committees co produce recruitment process<br>30th April - Launch recruitment<br>24th May - Closing date for applications | 9th June Shortlisting<br>W/Com 14th and 21st Key stakeholder 1: 1meetings<br>29th June Engagement Events<br>30th June Interview<br>1st STHFT and NT&HFT 5th Council of Governor Extraordinary Meetings |

North Tees and Hartlepool NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust

# Key collaborative Milestones

**SUMMARY OF KEY DATES:-**

- Joint Board to Board meeting -17th March 2021
- Joint Governor to Governor Meeting -24th March
- Joint Meeting of Nominations Committees for the recruitment of the substantive Joint Chair - 30th March
- Joint Strategy Board foundation meeting - 8thApril
- Launch recruitment for Joint Chair -30thApril
- Joint Board to Board - 10th May
- Meeting of Joint Strategic Board - 18th May
- Closing date for applications for Joint Chair - 24th May
- Nominations Committee long listing - 28th May
- Shortlisting of candidates – 9th June
- Shortlisted candidates 1:1 with key stakeholders- Week /com 14th and 21st June
- Candidate assessment with wider stakeholders and Interview events 29th and 30th June
- Councils of Governors Meetings to approve a Joint Chair appointment
    - South Tees Hospitals NHS FT – 1st July 2021
    - North Tees and Hartlepool NHS FT – 5th July 2021
- Cross System Event to take forward the Clinical Strategy- 20th July 2021
- Joint Strategy Board –14th July 2021
- Next Joint Councils of Governors Meeting - date to be agreed with substantive Joint Chair
- Next Joint Board to Board - date to be agreed with substantive Joint Chair

South Tees Hospitals
NHS Foundation Trust

| MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 13 July 2021 | | | |
|---|---|---|---|
| Integrated Performance Report | | | **AGENDA ITEM: 6, ENC 5** |
| **Report Author and Job Title:** | Emma Moss<br>Management Information Lead<br>Business Intelligence Unit | **Responsible Director:** | Various |
| **Action Required** | Approve ☐ Discuss ☐ Inform ☒<br>(select the relevant action required) | | |
| **Situation** | To provide Council of Governors with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards. | | |
| **Background** | 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.<br><br>The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions.<br><br>Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Council of Governors. | | |
| **Assessment** | The following changes have been implemented in May's IPR:<br>• Finance chart has been updated.<br>• Senior Leadership Team have reviewed content and format, changes to be implemented in subsequent months.<br>.<br>**Key messages relating to performance this month include**:<br><br>The Trust has continued its COVID-19 response during May alongside maintaining emergency, urgent and other non-COVID-related care. Clinical teams are now focused on addressing the needs of patients whose non-urgent care has been disrupted or delayed by the pandemic.<br><br>**Areas of improved or sustained performance include:**<br>• Caring domain indicators: Complaints closed within target timescale, and Friends and Family Experience rates for Inpatients, Outpatients and Maternity all remain above target<br>• Cancer standards for 14 days and 31 days achieved the | | |

<table>
<tr><td></td><td colspan="2">provisional target in March.<br><br>Areas for focus include:<br>• ED performance continues to improve in month, however it is still below the expected level.<br>• RTT and diagnostics are still below the constitutional standard due to the pandemic, however the planned activity has been delivered.<br>• VTE compliance following changes to recording methods and steps in place to improve completeness of data<br>• To support operational focus on Annual Appraisals and Mandatory Training to improve compliance.</td></tr>
<tr><td>Recommendation</td><td colspan="2">The Council of Governors are asked to note the report.</td></tr>
<tr><td>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</td><td colspan="2">BAF risk - Inability to achieve standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes<br>BAF risk - Failure to deliver sustainable services due to gaps in establishment, due to ability to recruit<br>BAF risk - Failure to deliver as a centre of excellence, resulting in a lack of priority and recognition from commissioners and other stakeholders<br>BAF risk - Inability to agree financial recovery plan with the regulator<br>BAF risk - Failure to deliver the Trust’s financial recovery plan</td></tr>
<tr><td>Legal and Equality and Diversity implications</td><td colspan="2">There are no legal or equality & diversity implications associated with this paper.</td></tr>
<tr><td rowspan="3">Strategic Objectives (highlight which Trust Strategic objective this report aims to support)</td><td>Excellence in patient outcomes and experience ☐</td><td>Excellence in employee experience ☐</td></tr>
<tr><td>Drive operational performance ☐</td><td>Long term financial sustainability ☐</td></tr>
<tr><td>Develop clinical and commercial strategies ☐</td><td></td></tr>
</table>

South Tees Hospitals
NHS Foundation Trust

# Integrated Performance Report

May 2021

# New Additions to IPR for May

South Tees Hospitals
NHS Foundation Trust

**The following changes have been implemented in May's IPR:**

- **Finance chart has been updated.**
- **Senior Leadership Team have reviewed content and format, changes to be implemented in subsequent months.**

# Key Messages

South Tees Hospitals
NHS Foundation Trust

## Our key messages are:

**The Trust has continued its COVID-19 response during May alongside maintaining emergency, urgent and other non-COVID-related care. Clinical teams are now focused on addressing the needs of patients whose non-urgent care has been disrupted or delayed by the pandemic.**

**Areas of improved or sustained performance include:**

- **Caring domain indicators: Complaints closed within target timescale, and Friends and Family Experience rates for Inpatients, Outpatients and Maternity all remain above target**
- **Cancer standards for 14 days and 31 days achieved the provisional target in March.**

**Areas for focus include:**

- **ED performance continues to improve 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.**
- **VTE compliance following changes to recording methods and steps in place to improve completeness of data**
- **To support operational focus on Annual Appraisals and Mandatory Training to improve compliance.**

# Summary

South Tees Hospitals NHS Foundation Trust

| | Indicator | Latest Month | Target/ Benchmark | Month Reported | Trend | Assurance |
|---|---|---|---|---|---|---|
| SAFE | All Falls Rate | 4.43 | 6.6 | 05/2021 | | |
| | Falls With Harm Rate | 0.21 | TBD | 05/2021 | | |
| | Infection Control - C-Difficile (YTD) | 18 | 81 | 05/2021 | N/A | N/A |
| | Infection Control - MRSA (YTD) | 0 | 0 | 05/2021 | N/A | N/A |
| | Serious Incidents | 8 | 0 | 05/2021 | | |
| | Never Events (YTD) | 0 | 0 | 05/2021 | N/A | N/A |
| | Category 2 Pressure Ulcers | 4.50 | TBD | 05/2021 | H | |
| | Category 3 & 4 Pressure Ulcers | 0.49 | TBD | 05/2021 | | |
| | SHMI | 114.96 | 100 | 02/2021 | | |
| | Hospital Standard Mortality Rate (HSMR) | 91.30 | 100 | 03/2021 | | |
| | VTE Assessment | 86.36% | 95% | 05/2021 | L | F |
| | Maternity - Caesarean Section Rate (%) | 29.53% | 30.0% | 05/2021 | | |
| | Maternity - Induction of Labour Rate (%) | 48.45% | 44.0% | 05/2021 | | |
| | Maternity - Still Births (YTD) | 8 | 17 | 05/2021 | N/A | N/A |
| | Maternity - PPH 1500ml Rate (%) | 2.59% | 0.00% | 05/2021 | | |

| | Indicator | Latest Month | Target/ Benchmark | Month Reported | Trend | Assurance |
|---|---|---|---|---|---|---|
| EFFECTIVE | Sepsis - Targeted oxygen delivered within 1 hour | 96.10% | 95% | 03/2021 | | |
| | Sepsis - Blood cultures taken within 1 hour | 80.40% | 95% | 03/2021 | | |
| | Sepsis - Empiric IV antibiotics administered | 68.60% | 95% | 03/2021 | | F |
| | Sepsis - Serum lactate taken within 1 hour | 90.20% | 95% | 03/2021 | | F |
| | Sepsis - IV fluid resuscitation initiated | 70.60% | 95% | 03/2021 | | F |
| | Sepsis - Urine measurement started | 74.50% | 95% | 03/2021 | | F |
| CARING | F&F A&E Overall Experience Rate (%) | 84.22% | 85% | 05/2021 | | |
| | F&F Inpatient Overall Experience Rate (%) | 96.90% | 96% | 05/2021 | | |
| | F&F Outpatient Overall Experience Rate (%) | 96.00% | 95% | 05/2021 | | |
| | F&F Maternity Overall Experience Rate (%) | 100.00% | 97% | 05/2021 | H | P |
| | Complaints Closed Within Target (%) | 85.00% | 80% | 05/2021 | | |

| Variation | | | Assurance | | |
|---|---|---|---|---|---|
| | H L | H L | | P | F |
| 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

NHS
South Tees Hospitals
NHS Foundation Trust

| | Indicator | Latest Month | Target | Month Reported | Trend | Assurance |
|---|---|---|---|---|---|---|
| RESPONSIVE | A&E 4 Hour Wait Standard (%) | 86.81% | 95% | 05/2021 | L | F |
| | RTT Incomplete Pathways (%) | 64.27% | 92% | 05/2021 | L | F |
| | Diagnostic 6 Weeks Standard (%) | 82.84% | 99% | 05/2021 | | F |
| | Cancer Treatment - 14 Day Standard (%) | 92.51% | 93% | 05/2021 | | ? |
| | Cancer Treatment - 31 Day Standard (%) | 92.55% | 96% | 05/2021 | | ? |
| | Cancer Treatment - 62 Day Standard (%) | 72.02% | 85% | 05/2021 | | ? |
| | Non-Urgent Ops Cancelled on Day | 21 | 0 | 05/2021 | L | ? |
| | Cancer Operations Cancelled On Day (YTD) | 5 | 0 | 05/2021 | N/A | N/A |
| | Cancelled Ops Not Rebooked Within 28 days | 3 | 0 | 05/2021 | | ? |
| | E-Discharge (%) | 95.1% | 90% | 05/2021 | H | P |

| | Indicator | Latest Month | Target | Month Reported | Trend | Assurance |
|---|---|---|---|---|---|---|
| WELL LED | Year-To-Date Budget Variance (£'millions) | -1.1m | -1.9m | 05/2021 | N/A | N/A |
| | Annual Appraisal (%) | 66.30% | 80% | 05/2021 | L | F |
| | Mandatory Training (%) | 83.04% | 90% | 05/2021 | L | F |
| | Sickness Absence (%) | 4.50% | 4% | 05/2021 | | ? |
| | Staff Turnover (%) | 12.85% | 10% | 05/2021 | H | F |

| Variation | | | Assurance | | |
|---|---|---|---|---|---|
| | H L | H L | ? | P | F |
| 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 |

# Elective Recovery Summary

South Tees Hospitals NHS Foundation Trust

**Context: Performance in 2021 against service plans**

**Recovery: Elective & Theatres**

## ACTIVITY AGAINST PLAN

| | Actual | | | Plan | | | Variance | | |
|---|---|---|---|---|---|---|---|---|---|
| | Apr | May | Total | Apr | May | Total | Apr | May | Total |
| Outpatient First | 15,351 | 15,381 | 30,732 | 15,269 | 15,807 | 31,076 | 82 | -426 | -344 |
| Outpatient Follow-up | 44,197 | 42,269 | 86,466 | 41,017 | 42,744 | 83,761 | 3,180 | -475 | 2,705 |
| **Outpatient Total** | **59,548** | **57,650** | **117,198** | **56,286** | **58,551** | **114,837** | **3,262** | **-901** | **2,361** |
| *Outpatient virtual* | *17,670* | *16,096* | *33,766* | *16,749* | *17,161* | *33,910* | *921* | *-1,065* | *-144* |
| *Outpatient FtF* | *41,878* | *41,554* | *83,432* | *39,537* | *41,390* | *80,927* | *2,341* | *164* | *2,505* |
| IP Elective SD | 4,790 | 4,799 | 9,589 | 4,733 | 5,208 | 9,941 | 57 | -409 | -352 |
| IP Elective Overnight | 636 | 847 | 1,483 | 678 | 852 | 1,530 | -42 | -5 | -47 |
| **IP Elective Total** | **5,426** | **5,646** | **11,072** | **5,411** | **6,060** | **11,471** | **15** | **-414** | **-399** |

## Summary

- April total elective activity is on plan and above the 70% national threshold by value.
- May elective activity is lower than plan but is expected to be above the 75% national threshold by value.

## Cause of Variation

- Note that the plan is not adjusted for working days, 2 fewer working days in May 2021 than baseline plan.
- Some data is incomplete at this point.

## Planned Actions

- Complete outpatient clinic reconciliation for May.
- Assessment of impact of plans on PTL positions and support to challenged services.
- Ongoing monitoring of plans through Recovery.

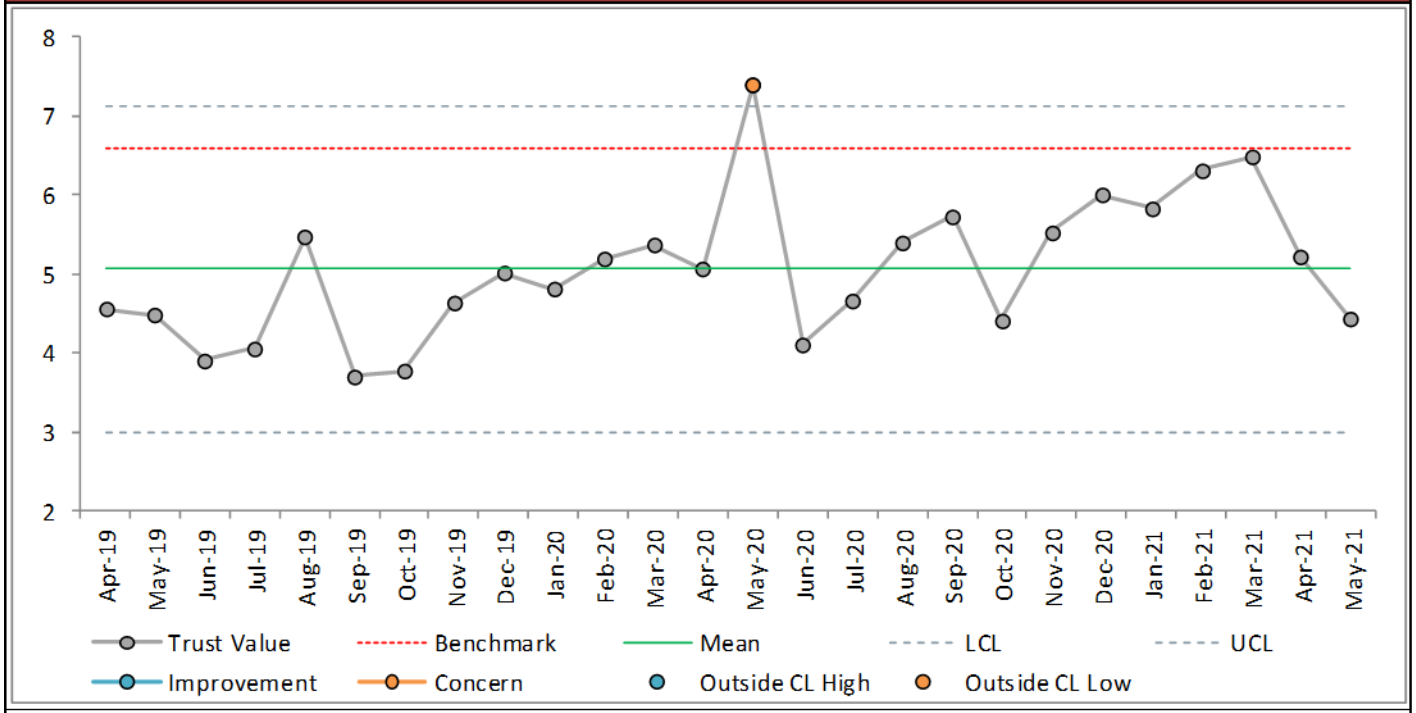
## Timescale

- Weekly review and challenge at Strategic Recovery Group.

# Safe

South Tees Hospitals NHS Foundation Trust

## All Falls Rate




The Trust falls rate per 1000 bed days

| | |
|---|---|
| Benchmark | 6.6 |
| Mean | 5.06 |
| Last Month | 4.43 |

**Executive Lead**

Hilary Lloyd

**Lead**

Ruth Mhlanga

## Commentary

The Trust has a mean of approx 130 falls per month. This metric is consistent and is below the national benchmark., which means we have less falls.
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.

## 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 '
- Joint regular reviews of falls with harm with safeguarding team to share learning.

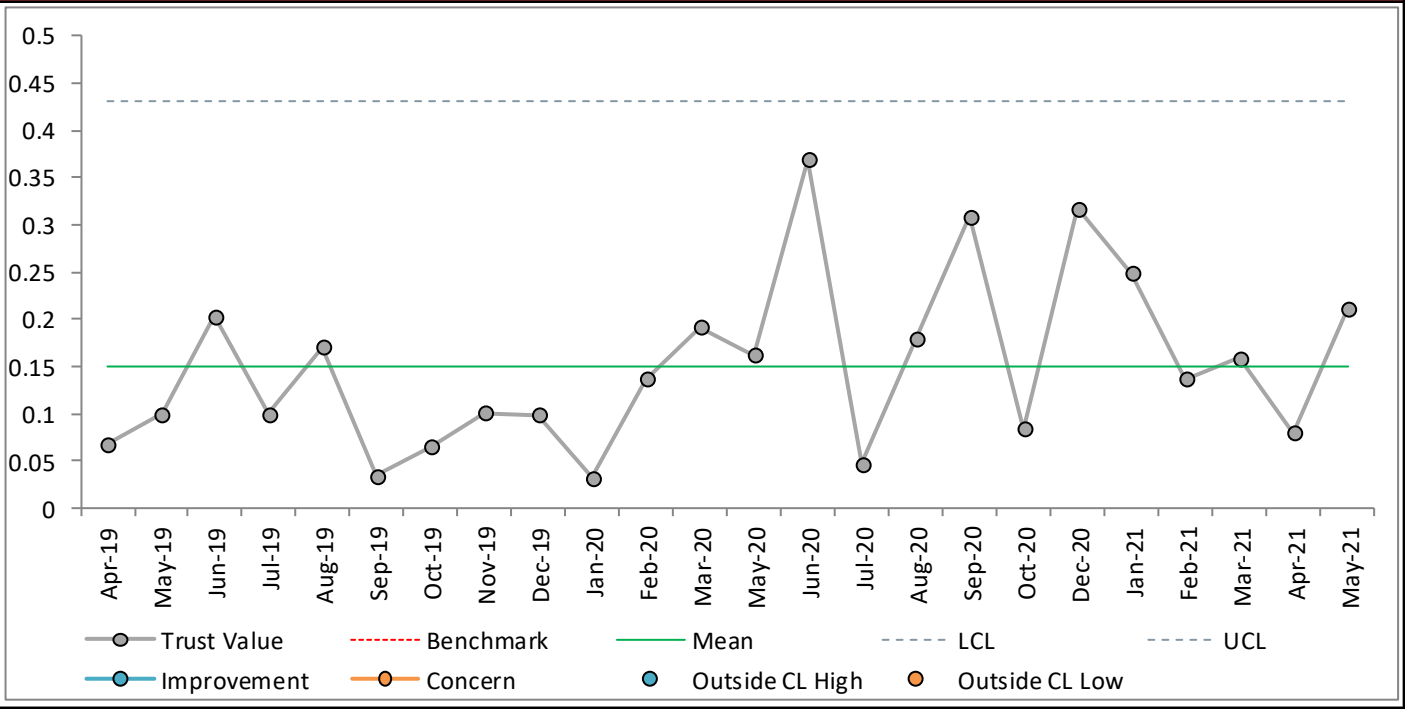
## Timescale

- July 2021
- STAQC team will continue to foster the sharing of good practice and quality improvement work.

# Safe

South Tees Hospitals NHS Foundation Trust

## Falls With Harm Rate




Rate of falls with harm per 1000 bed days

| | |
|---|---|
| Benchmark | TBD |
| Mean | 0.15 |
| Last Month | 0.21 |

**Executive Lead**

Hilary Lloyd

**Lead**

Ruth Mhlanga

## Commentary

There are less than 2 falls with harm per month.

## Cause of Variation

- This metric is within normal variation.

## Planned actions

- Review multi-disciplinary resource to enable Trust and locality wide action group and update and launch the Falls Prevention action plan 2021/22 aligned with the ethos 'every contact counts '.
- Joint regular reviews of falls with harm with safeguarding team to facilitate shared learning.

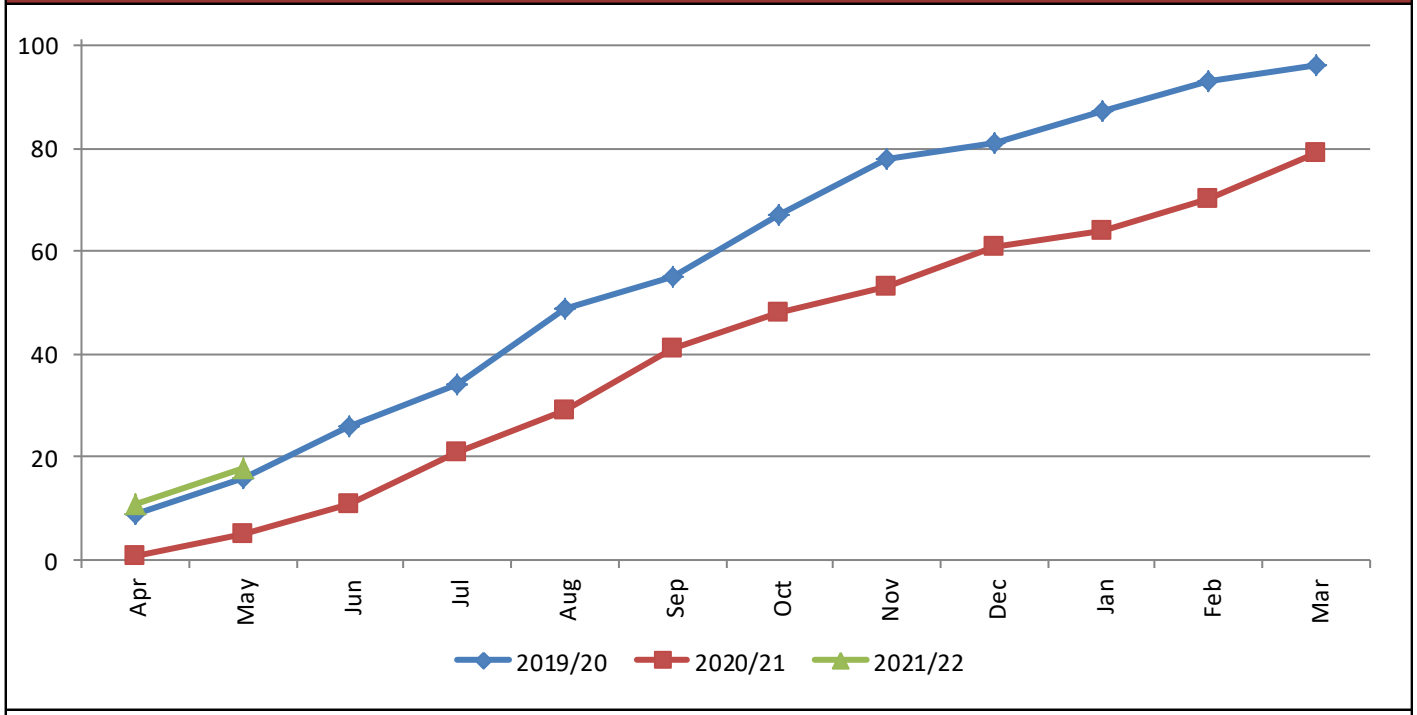
## Timescale

- July 2021.
- STAQC team will continue to foster the sharing of good practice and quality improvement work.

# Safe

South Tees Hospitals NHS Foundation Trust

## Infection Control - C-Difficile (YTD)




Cases of hospital acquired C. Difficile bacteraemia

| | |
|---|---|
| Outturn | 81 |
| Mean | N/A |
| YTD | 18 |

**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.
- This is a national reporting requirement and the Trust were to have no more than a combined total of community onset healthcare associated (COHA) and healthcare onset healthcare associated (HOHA) cases amongst patients aged over 2 year, the target for 2021/22 is currently unknown but is assumed to be the same.
- There were 11 cases of CDI in May 2021, 5of which were classed as COHA and 6 HOHA, totalling 11 cases as Trust Apportioned.

## Plan

- Completed ribotyping of all cases in April and May due to increase (only 1 of concern – Surge area) so normal reporting to resume.
- New CDI Process continues with key learning theses identified – reported to IPC Strategic group.
- Development of electronic system for side room allocation to facilitate prompt isolation – ongoing support from BIU needed
- New Matron council in development with IPC focus embedded.
- Review of IPC input to Collaborative meetings at Board etc remains ongoing.
- CDI recovery plan developed to go to IPC Strategic group July '21 – Focus on Diarrhoea control, Hand Hygiene, Ownership & Learning.

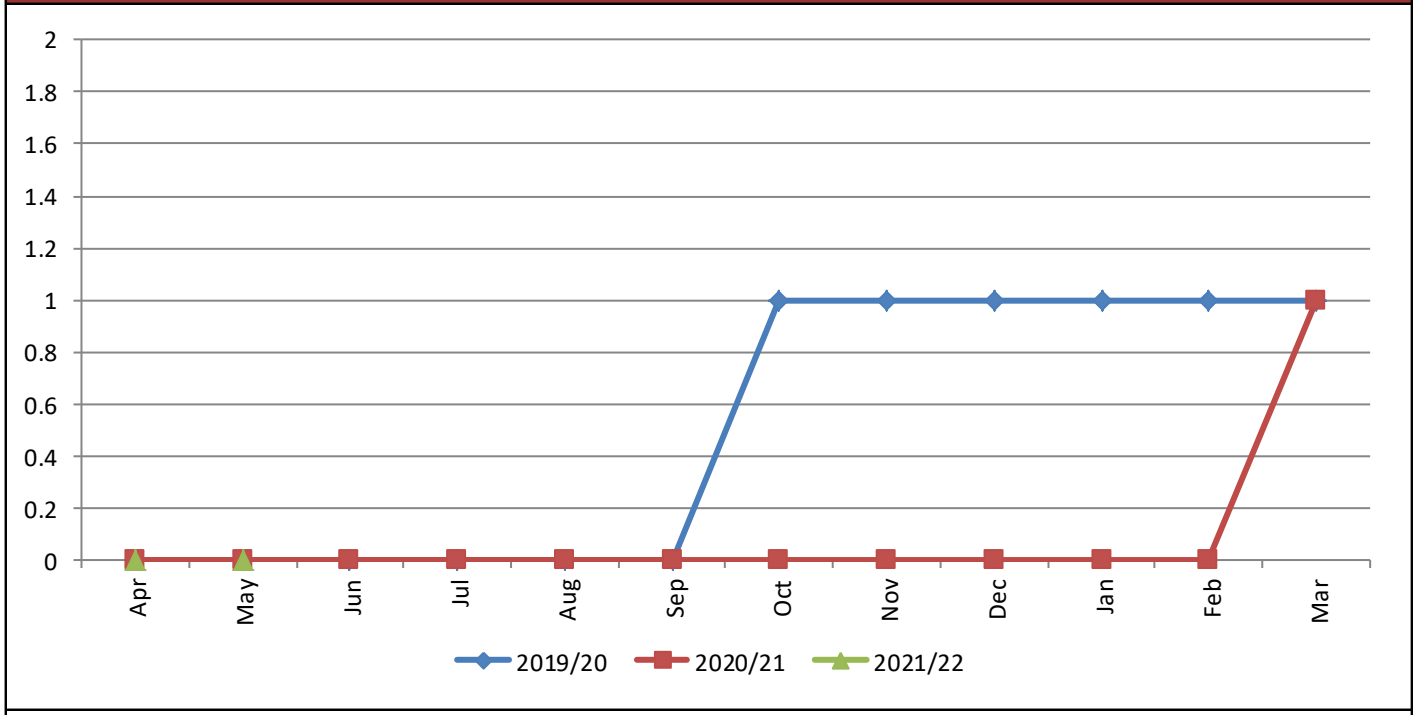
## Timescale

- Ongoing as constant unless detailed otherwise in Plan.

# Safe

South Tees Hospitals NHS Foundation Trust

## Infection Control - MRSA (YTD)




Cases of hospital acquired MRSA bacteraemia

| | |
|---|---|
| Target | 0 |
| Mean | N/A |
| YTD | 0 |

**Executive Lead**

Hilary Lloyd

**Lead**

Sharon Lance

## Commentary

There has been one case identified in May 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 were 0 trust-assigned cases in May 2021. In the first 2 months of 2021/2022 there have been 0 trust-assigned cases.

## Planned Actions

- Aseptic non touch technique training and audit programs continue to be refreshed and supported in new collaboratives.
- Line care group developed with IPC, Procurement and OPAT.
- Line care and infection prevention included in annual plan 2021/22.
- Review of current MRSA/MSSA RCA/Lessons learned process to follow recent CDI review to follow same format.
- Development of patient pathway for line care in early discussions, utilising previous work to move forward.

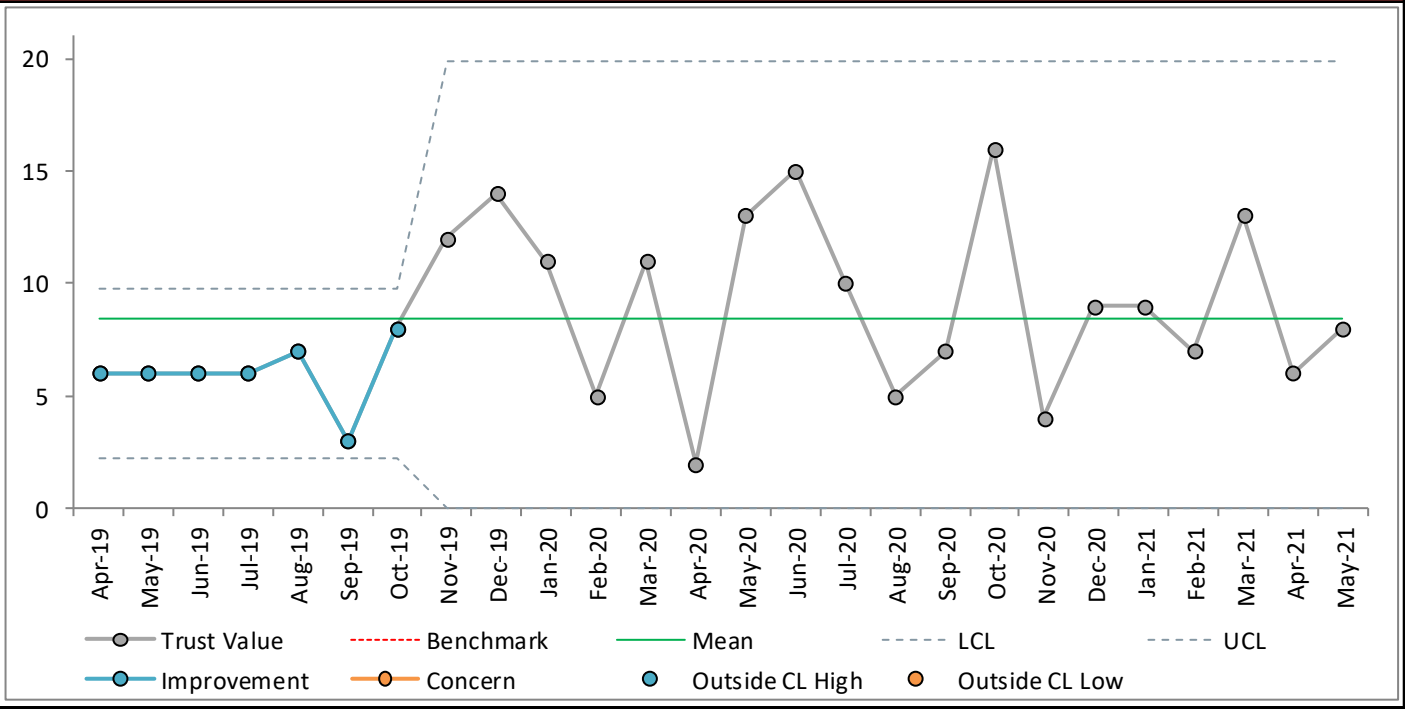
## Timescale

- Ongoing.

# Safe

South Tees Hospitals NHS Foundation Trust

## Serious Incidents




The number of Serious Incidents

| | |
|---|---|
| Benchmark | 0 |
| Mean | 8.42 |
| Last Month | 8.00 |

**Executive Lead**

Hilary Lloyd

**Lead**

Kay Davies

## Commentary

In May 2021, 100% were reported in the month that they occur.

## Cause of Variation

- This metric is within normal variation from November 2019 .

## Planned Actions

•Continue to report and investigate SIs within agreed timescales and ensure lessons learnt are shared across the Organisation.
•Focus on outstanding actions from previous SIs to ensure evidence is provided and learning is being embedded. Data has been added to monthly SI report and a spreadsheet will be shared with Collaboratives
•Await the publication of the new Patient Safety Incident Response Framework.
•Training needs analysis to be carried out.
•Establish a learning culture with support from the Leadership and Safety Academy.

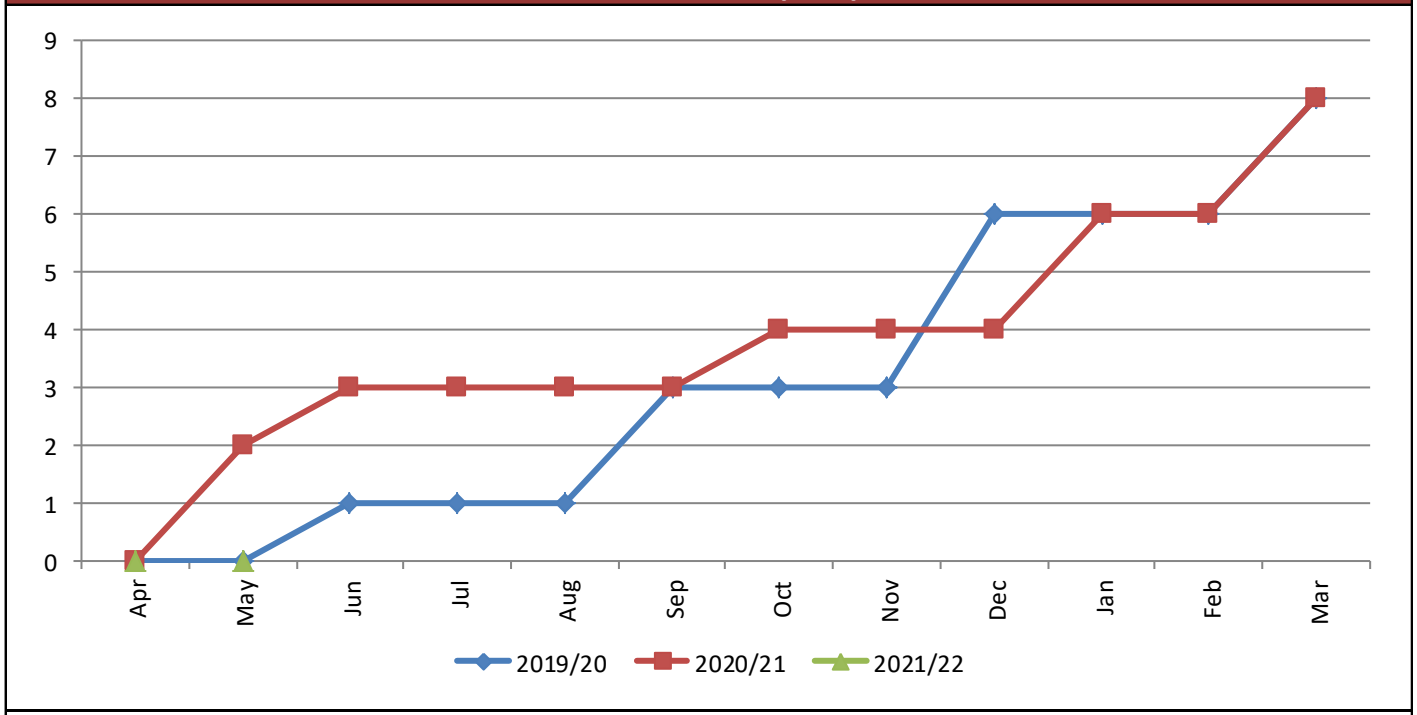
## Timescale

- Ongoing

# Safe

South Tees Hospitals NHS Foundation Trust

## Never Events (YTD)




Number of reported Never Events

| | |
|---|---|
| Target | 0 |
| Mean | N/A |
| YTD | 0 |

**Executive Lead**

Hilary Lloyd

**Lead**

Kay Davies

## Commentary

Eliminating never events remains a priority. There were 0 Never Events in May.

## 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 commenced in May 2021.
- Regional data released and local action plan developed and presented to the Quality Assurance Committee in November 2020 and updated in March 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 supported by the Leadership and Safety Academy
- Critical friend review by NHSE/I is been completed and a draft report has been received.

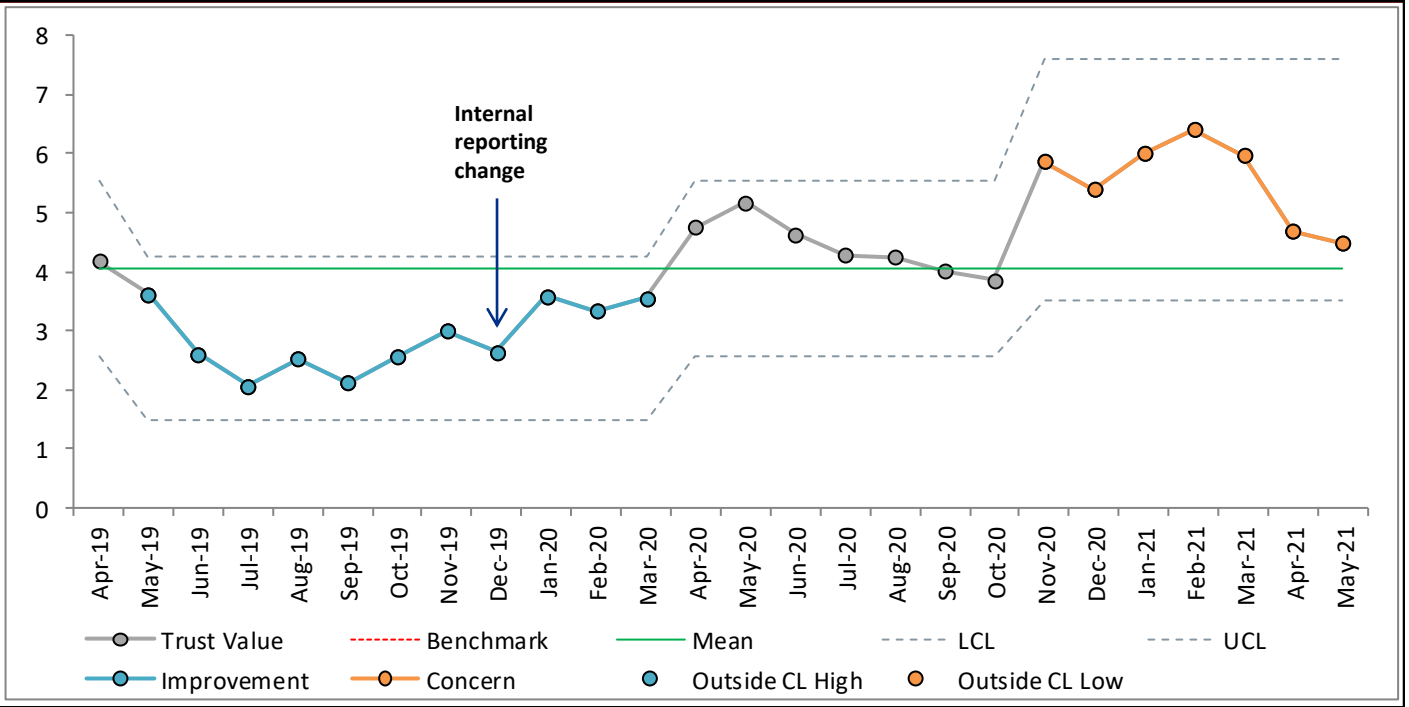
## Timescale

- Eliminating Never Events remains a quality priority for 2020/21.
- The recommendations from the critical friend report will be added to the NE action plan.

# Safe

South Tees Hospitals NHS Foundation Trust

## Category 2 Pressure Ulcers




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

| | |
|---|---|
| Benchmark | TBD |
| Mean | 4.06 |
| Last Month | 4.50 |

**Executive Lead**

Hilary Lloyd

**Lead**

Helen Day

## Commentary

- In May we observed 84 Cat. 2 in the acute setting.
- In May we observed 40 Cat. 2 in the community setting.

## Cause of Variation

- Confidence limits have been recalculated from November 2020.
- The majority of the increase in Q4 20/21 was observed in the general and cardiothoracic critical care areas and was Covid related.

## Planned Actions

- Update and launch the Tissue Viability action plan 2021/22 to enable continuous improvement. Examples of specific work includes;
- Trust wide Pressure Ulcer Collaborative (PUC)
- New risk assessment tool (Purpose T) trial commenced in April 2021 in the community setting.
- Peer conversations with subject matter experts.
- Data collection in progress to commence research into patient compliance in the community setting

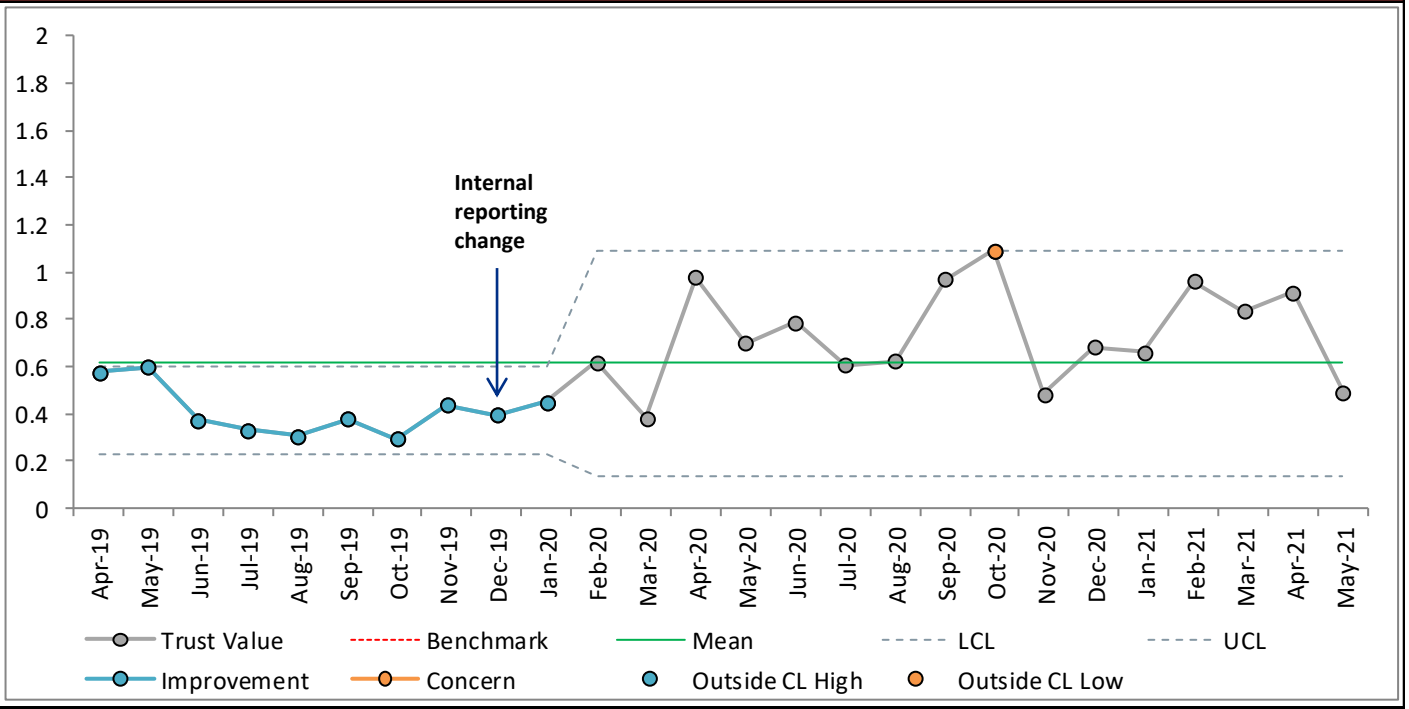
## Timescale

- 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.

# Safe

South Tees Hospitals NHS Foundation Trust

## Category 3 & 4 Pressure Ulcers




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

| | |
|---|---|
| Benchmark | TBD |
| Mean | 0.61 |
| Last Month | 0.49 |

**Executive Lead**

Hilary Lloyd

**Lead**

Helen Day

## Commentary

In May there were 12 (19 in April) Cat. 3 PUs with 1 meeting SI reporting criteria

- 7/12 were observed in the Community setting with no SIs
- 5/12 were observed in the acute setting with 1 x SI on Ward 6

## Cause of Variation

- The rate is within normal variation from February 2020, with the exception of October 2020.

## Planned Actions

- Update and launch the Tissue Viability action plan 2021/22.
- Report to Quality Assurance Committee.
- Commenced 'structured review' learning conversation replacing RCA and panel process.

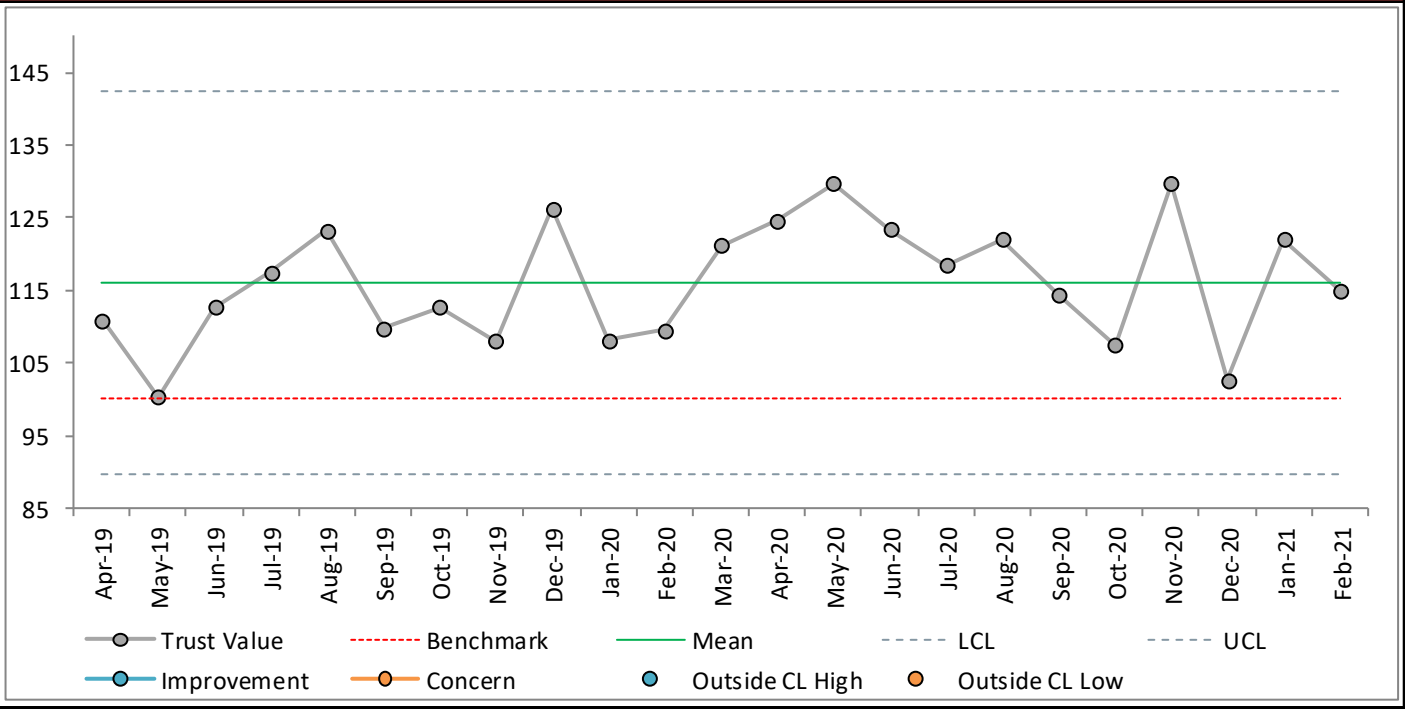
## Timescale

- All actions are ongoing and linked to the pressure ulcer reduction action plan & improvement timescales are being built into this.

# Safe

South Tees Hospitals NHS Foundation Trust

## SHMI




Summary Hospital-Level Mortality Indicator

| | |
|---|---|
| Benchmark | 100 |
| Mean | 116.06 |
| Last Month | 114.96 |

**Executive Lead**

Mike Stewart

**Lead**

Tony Roberts

## Commentary

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

- Mean SHMI is stable with normal variation but high (national average is set to 100). This reflects the relatively low level of comorbidity capture.
- SHMI for Jan 2020 to Dec 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 has fallen behind national average for capture of comorbidities. More analysis commissioned from NEQOS.
- A new Clinical Coding Strategy was launched in April and a number of specialties are piloting a refreshed approach.
- 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.

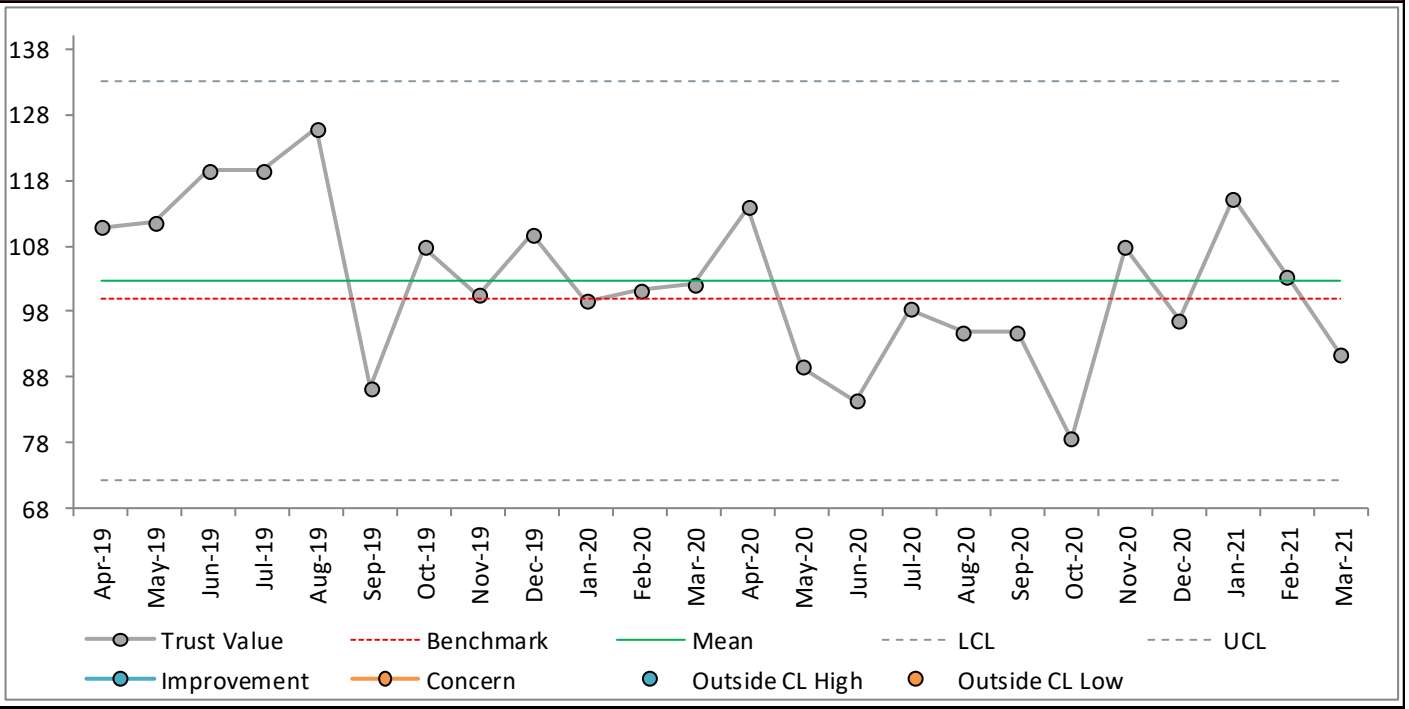
## Timescale

- Coding work on-going. Quarterly review of the impact of COVID-19 on SHMI needed throughout 2021/2022.
- NEQOS report due late July 2021.

# Safe

South Tees Hospitals NHS Foundation Trust

## Hospital Standard Mortality Rate (HSMR)




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

| | |
|---|---|
| Benchmark | 100 |
| Mean | 102.64 |
| Last Month | 91.30 |

**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 with normal variation and reflects the improvement in accuracy of specialist palliative care coding, following implementation of a new process checking SystmOne recording from May 2019.

## Planned Actions

- Continued monitoring of 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.

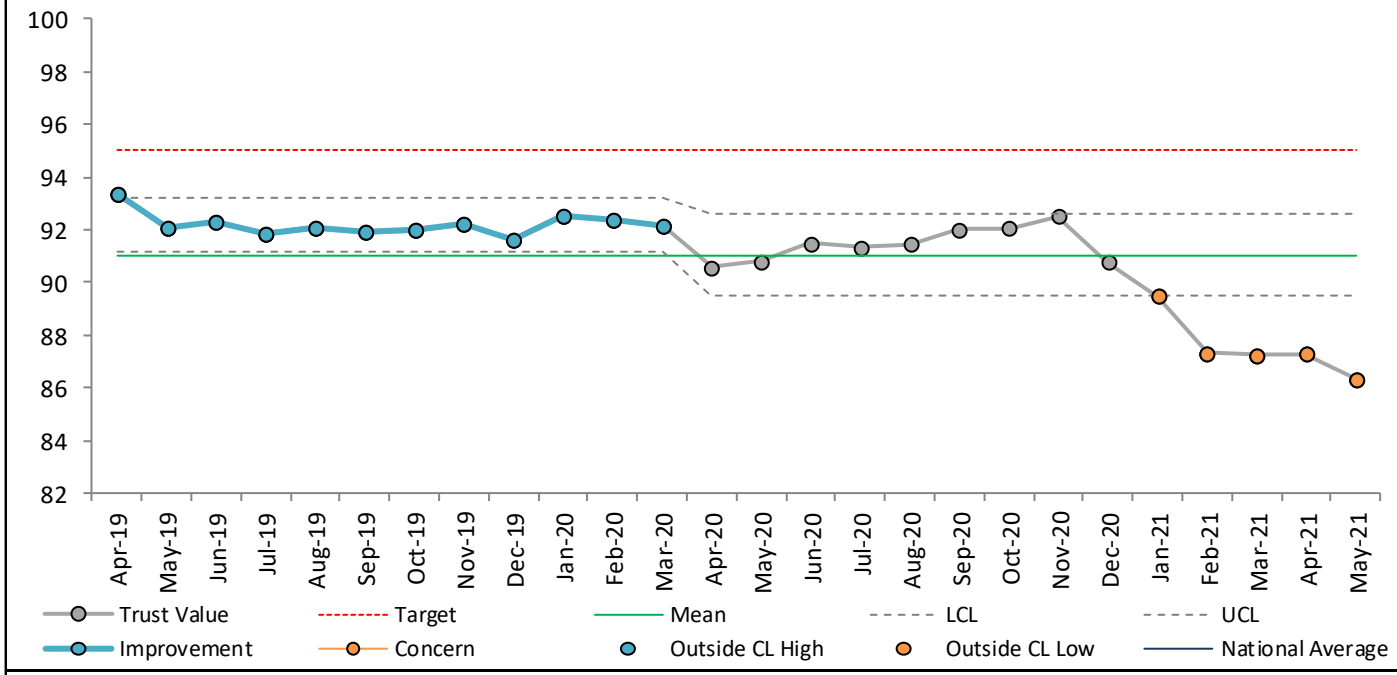
## Timescale

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

# Safe

South Tees Hospitals NHS Foundation Trust

## VTE Assessment




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

| | |
|---|---|
| Target | 95 |
| Mean | 91.05 |
| Last Month | 86.36 |

**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 5 points (Jan, Feb, Mar, April, May), display the impact of changing the recording method and incomplete data.
- There are delays with recording and completing investigations.

## Planned Actions

- Have re-established VTE Working Group - first meeting May 2021
- 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 – this data is still awaited.
- Long term goal would be to have VTE risk assessment as in essential requirement within the electronic medical record.

## Timescale

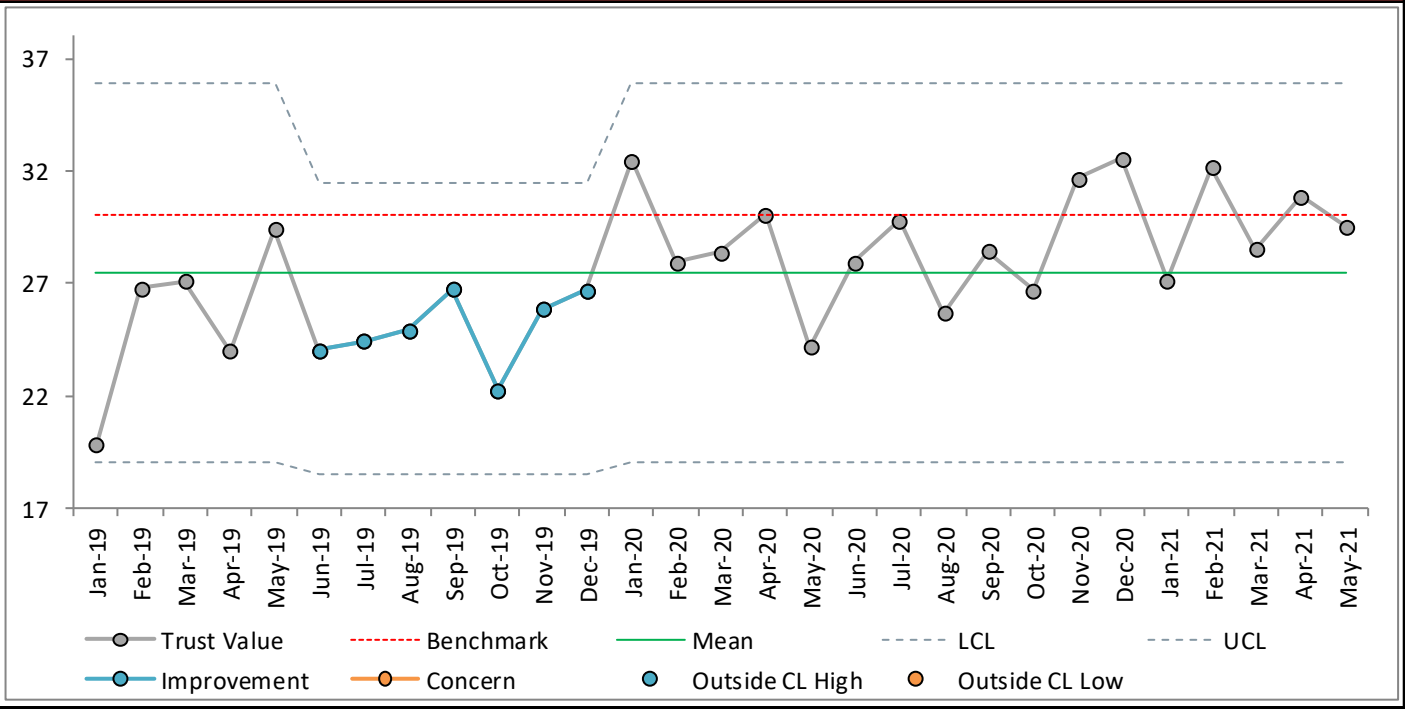
Q1 – VTE Working Group to agree trajectory.
Q3 – Improved compliance

- Meeting took place on the 14th May 2021.

# Safe

South Tees Hospitals NHS Foundation Trust

## Maternity - Caesarean Section Rate (%)




The % of Patients Delivering via Caesarean Section

| | |
|---|---|
| Benchmark | 30 |
| Mean | 27.45 |
| Last Month | 29.53 |

**Executive Lead**

Hilary Lloyd

**Lead**

Kay Branch

**Commentary**

This metric is measured against a national benchmark. The Trust Caesarean Section rate is currently 27.5% and is within the control limits. Lower threshold for LSCS throughout COVID-19

### Cause of Variation

- This metric is a stable from January 2020 and within normal variation.

### Planned Actions

- An annual labour ward report has been produced since 2004 which tracks changes and identifies areas of practice change.
- Lower Segment Caesarean Section rates are monitored quarterly via patient safety and the Local Maternity System regional board.

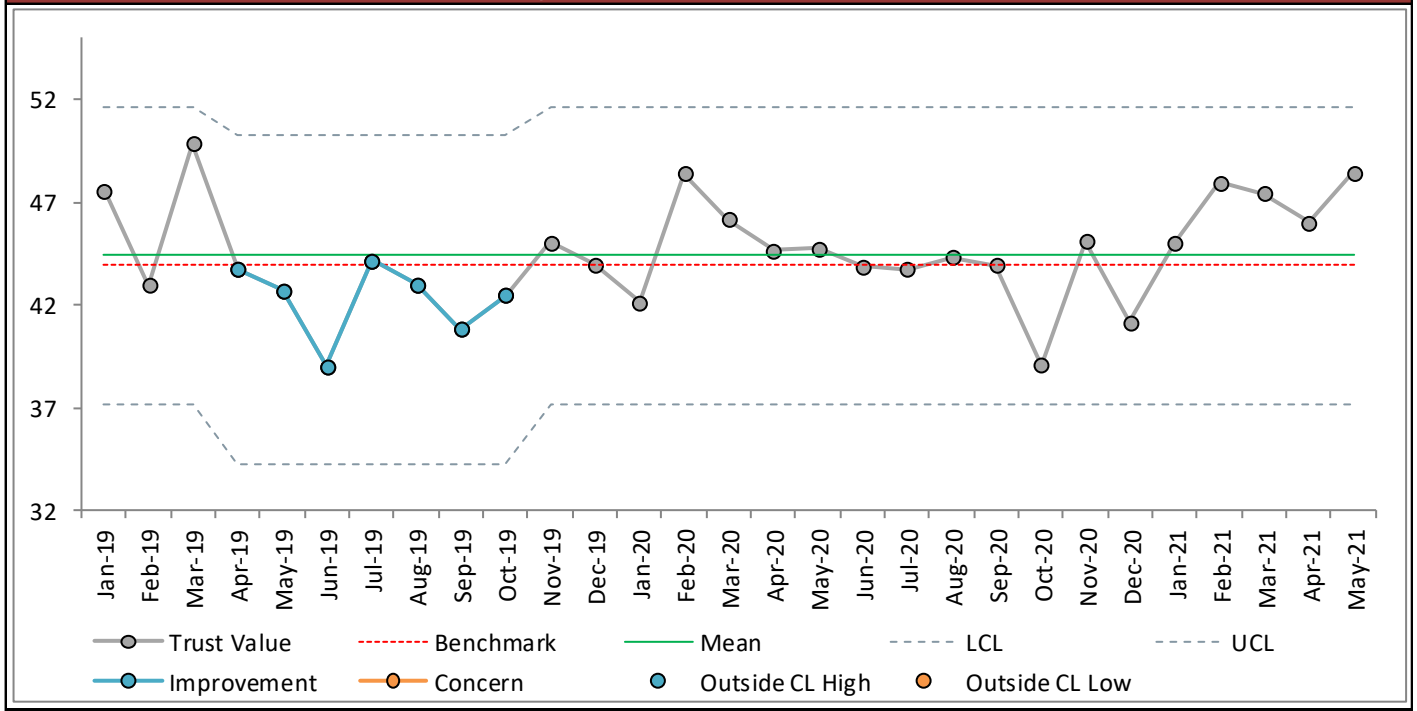
### Timescale

- On-going review – no specific time scale.

# Safe

South Tees Hospitals NHS Foundation Trust

## Maternity - Induction of Labour Rate (%)




The % of Patients Delivering via Caesarean Section

| | |
|---|---|
| Benchmark | 44 |
| Mean | 44.40 |
| Last Month | 48.45 |

**Executive Lead**

Hilary Lloyd

**Lead**

Kay Branch

**Commentary**

National benchmark

### Cause of Variation

- This metric is a stable process with normal variation since November 2019.

### Planned Actions

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

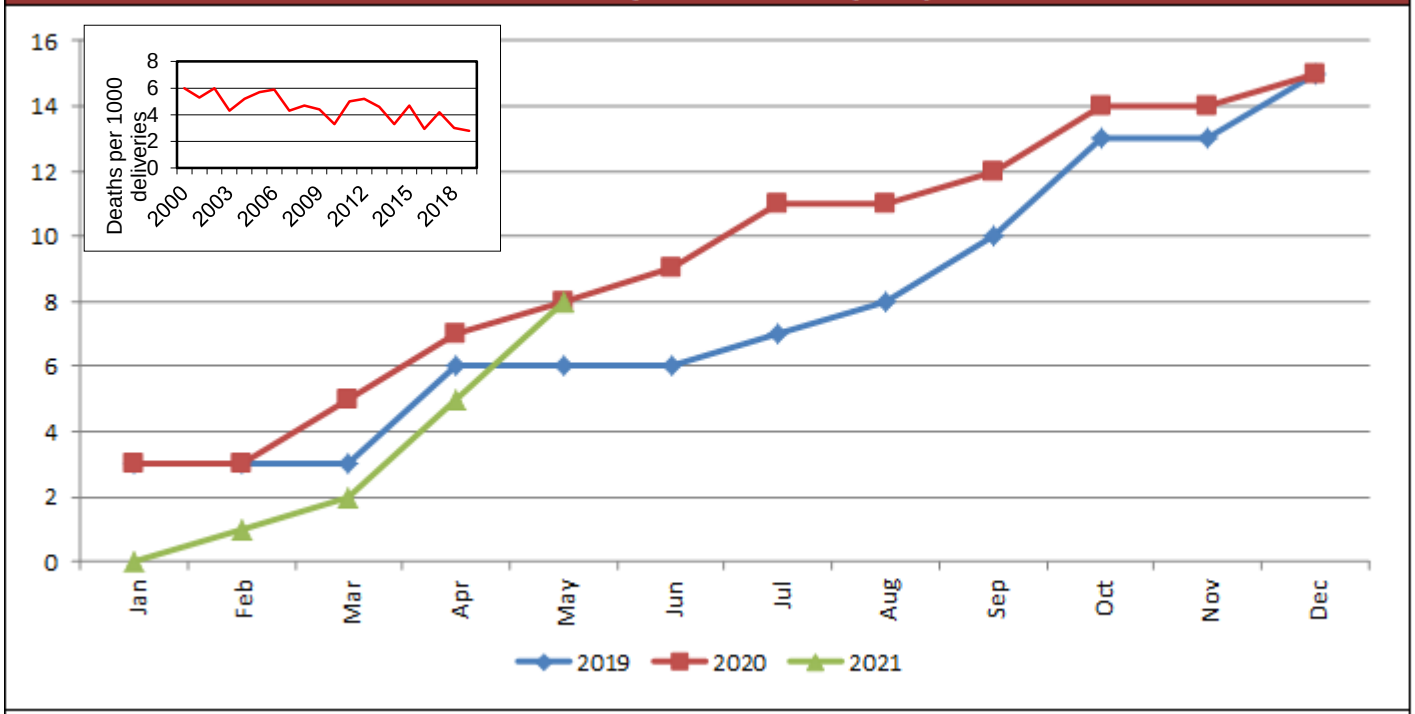
### Timescale

- Not applicable

# Safe

South Tees Hospitals NHS Foundation Trust

## Maternity - Still Births (YTD)




Still births

| | |
|---|---|
| Outturn | 17 |
| Mean | N/A |
| YTD | 8 |
| Executive Lead | Hilary Lloyd |
| Lead | Kay Branch |

### Commentary

National target 4 per 1000 births
Target of 50% reduction in stillbirths by 2025

### 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 Ockenden report recommendations
- Continued review and analysis through the labour ward reporting and risk management case reviews.
- Monitored quarterly through patient safety and LMS regional board.

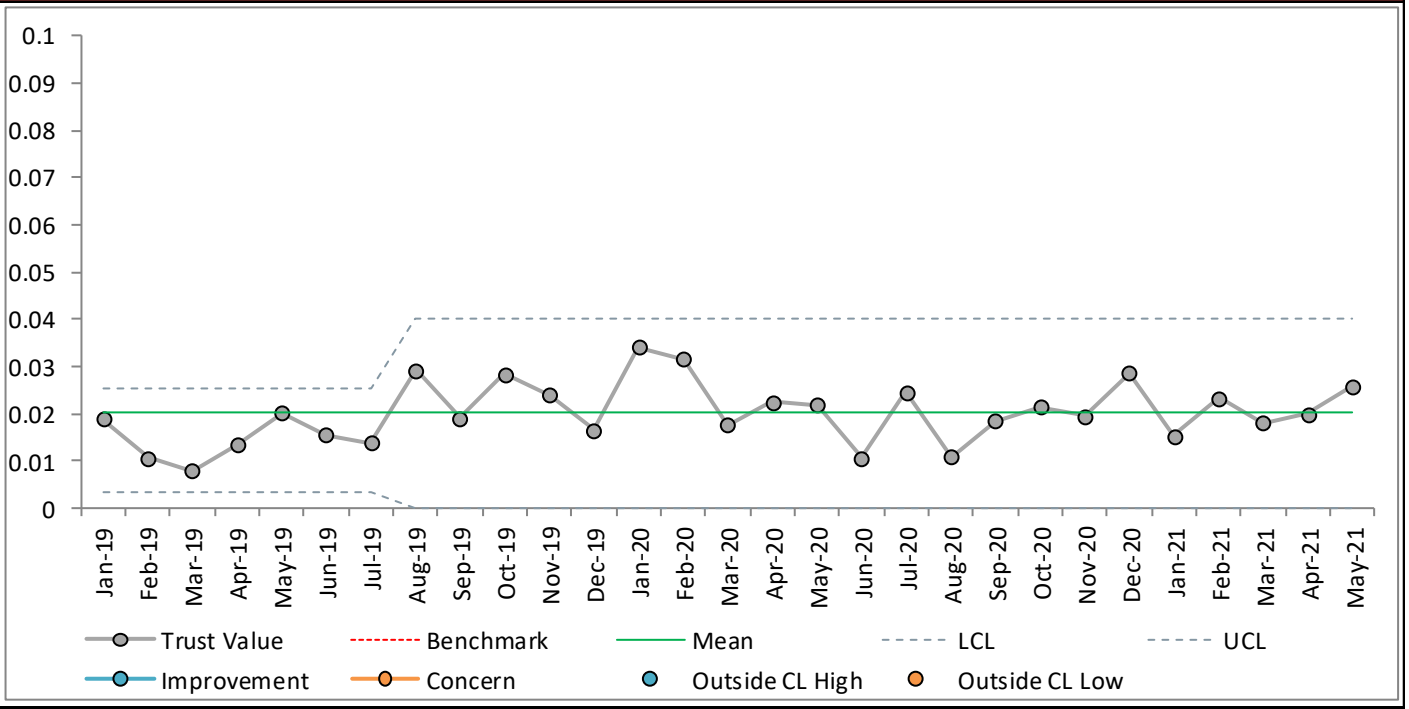
### Timescale

- Ongoing

# Safe

South Tees Hospitals NHS Foundation Trust

## Maternity - PPH 1500ml Rate (%)




Postpartum Haemorrhage Rate over 1500ml

| | |
|---|---|
| Benchmark | |
| Mean | 0.02 |
| Last Month | 0.03 |

**Executive Lead**

Hilary Lloyd

**Lead**

Kay Branch

**Commentary**

Target based on National Maternity & Perinatal Audit (NMPA) data 2017 (data based on vaginal birth only)

**Cause of Variation**

- This metric is a stable process with 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**

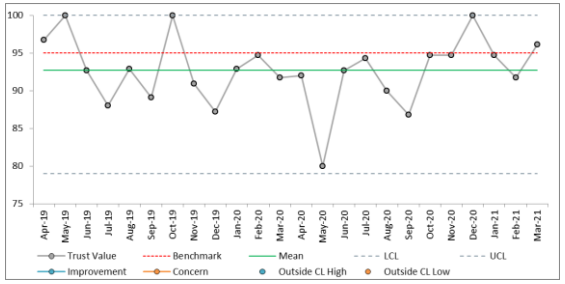
- Timescale to be determined.

# Safe

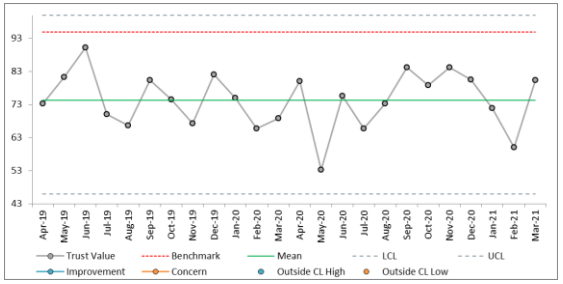
South Tees Hospitals NHS Foundation Trust

| Sepsis | | | |
|---|---|---|---|
| **Executive Lead** | Mike Stewart | **Lead** | Lindsay Garcia |

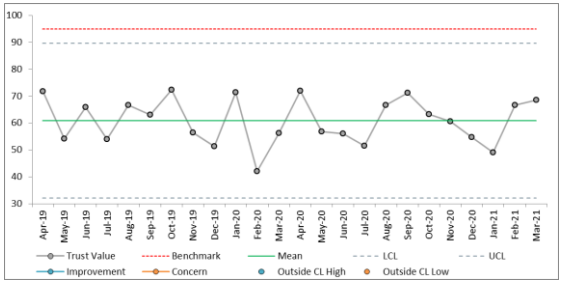
### Targeted oxygen delivered within 1 hour



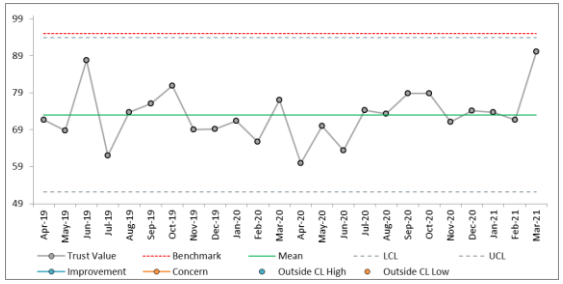

### Blood cultures taken within 1 Hour



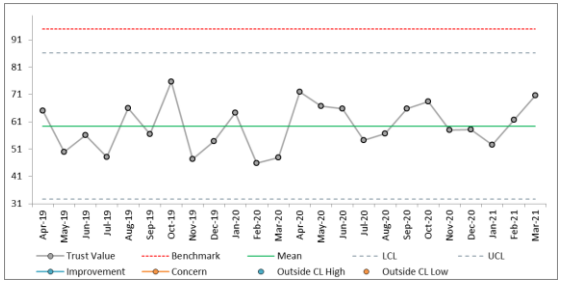

### IV antibiotics administered within 1hr



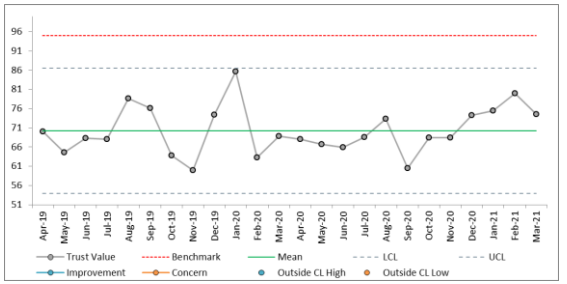

### Serum lactate taken within 1 hour




### IV fluid resuscitation initiated within 1 hour




### Urine output measurement started within 1hr




## Cause of Variation

- Normal variation, but the means show improvement from previous month on most elements. Continue to follow improvement plan.

Reasons include:

- Sepsis assessment tool not being utilised.
- Lack of compliance with escalation policies.
- Waiting for AGB sample to obtain lactate.
- Lack of electronic decision support tools

## Planned Actions

- To add grey blood bottle used for venous lactate into blood culture pack. Discussions with microbiologist progressing.
- Electronic workflow being implemented across the organisation with 'close the loop' configuration, so uncomplete tasks highlighted.
- Performance data available post implementation – production of performance reports
- Recruited to Clinical Educators post

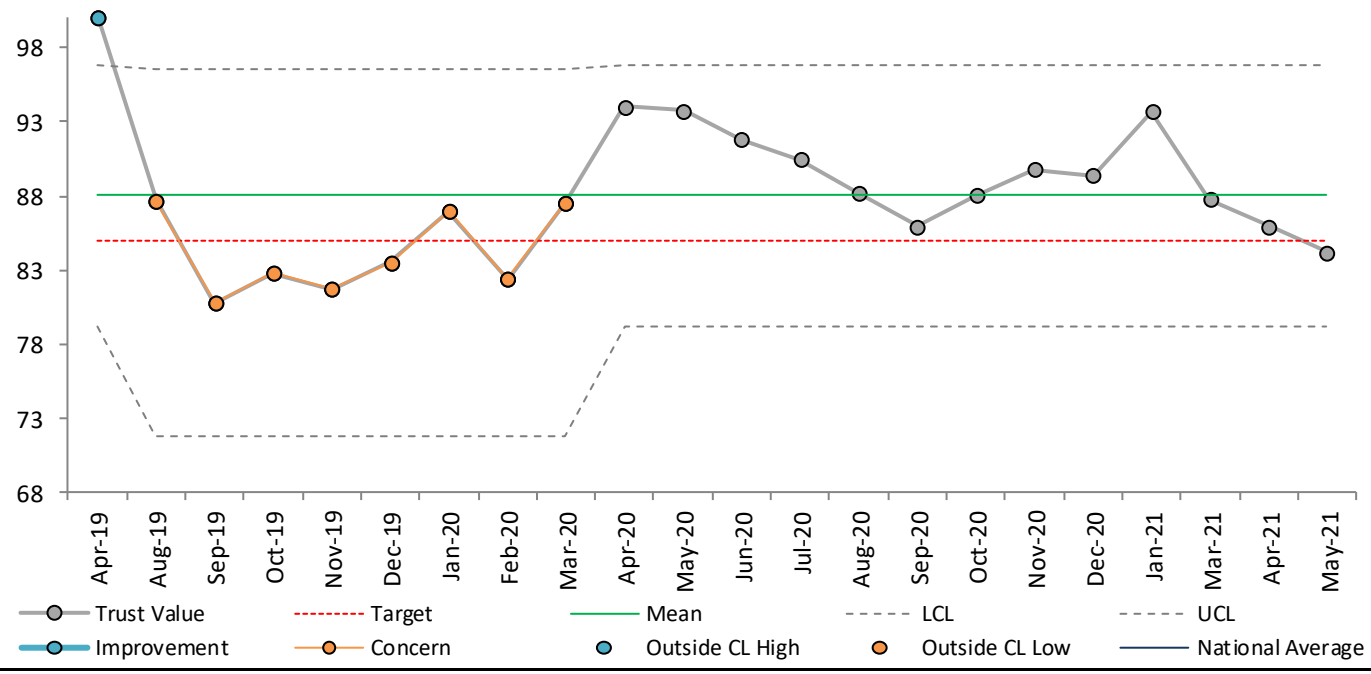
## Timescale

- July 2021 for electronic system.
- Informatics being explored at present.
- Clinical Educator Commences July 2021

# Caring

South Tees Hospitals NHS Foundation Trust

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




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

| | |
|---|---|
| Target | 85 |
| Mean | 88.02 |
| Last Month | 84.22 |

**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.
- The metric has fallen just below the target this month.

## Planned Actions

- Continue current processes.

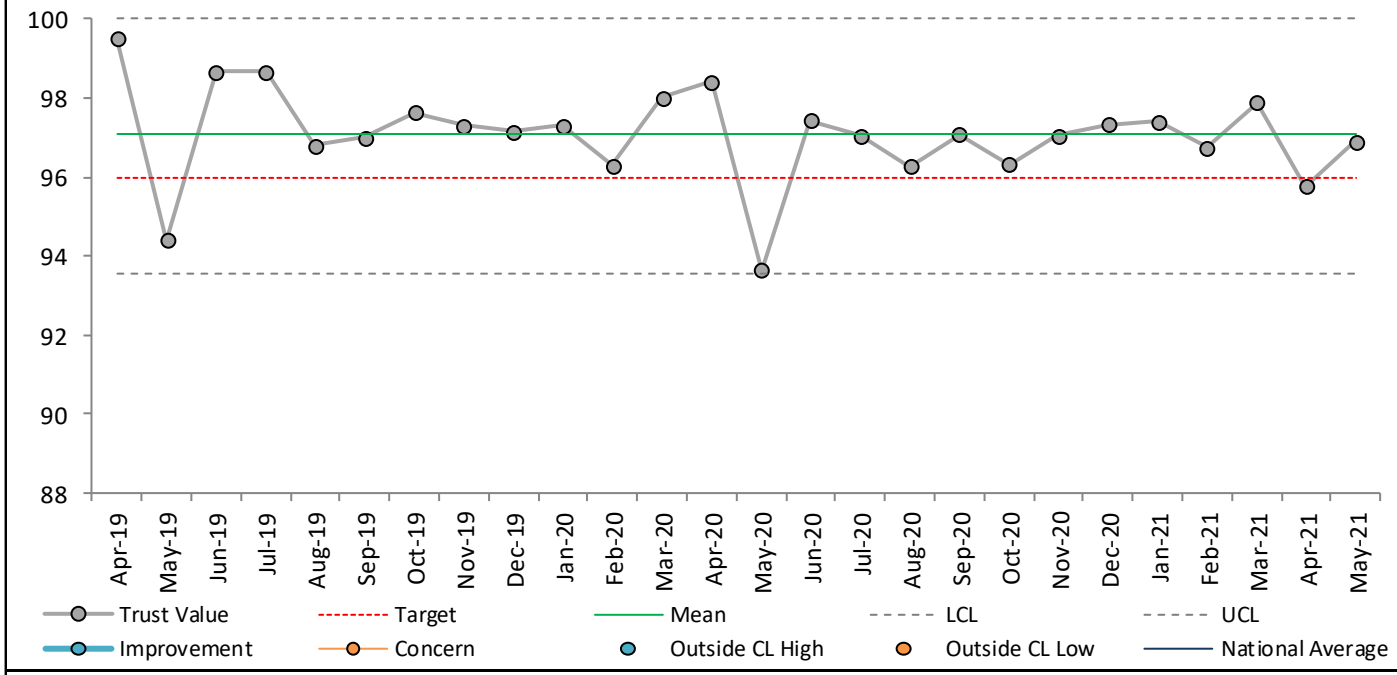
## Timescale

- Ongoing.

# Caring

South Tees Hospitals NHS Foundation Trust

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




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

| | |
|---|---|
| Target | 96 |
| Mean | 97.08 |
| Last Month | 96.90 |

**Executive Lead**

Hilary Lloyd

**Lead**

Jen Olver

## Commentary

This metric has fallen below the target for the first time since June 2020

Inpatient feedback remains high

## Cause of Variation

- This metric is within normal variation and the mean is above the target.
- An increase in completion of the survey.

## Planned Actions

- Continue with current process.

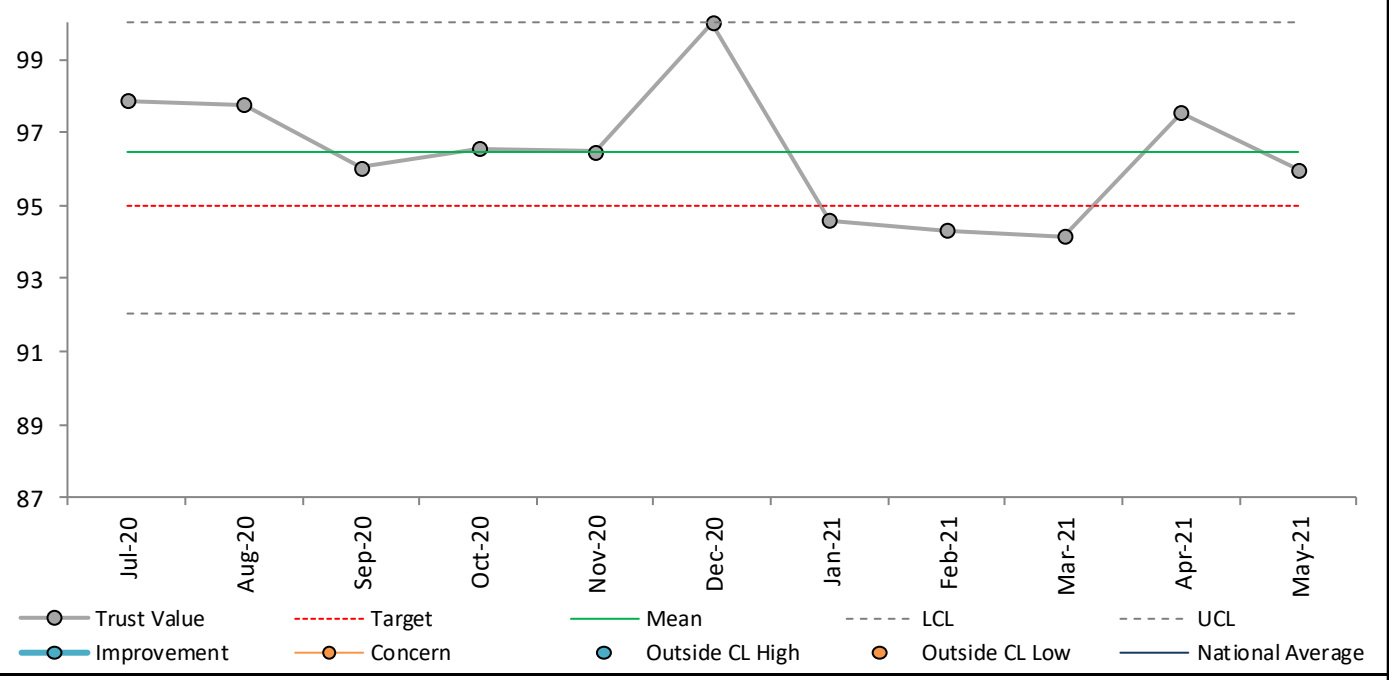
## Timescale

- Ongoing.

# Caring

South Tees Hospitals NHS Foundation Trust

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




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

| | |
|---|---|
| Target | 95 |
| Mean | 96.49 |
| Last Month | 96.00 |

**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.
- Compliance continues to be achieved.

## Planned Actions

- Continue to monitor the overall experience.

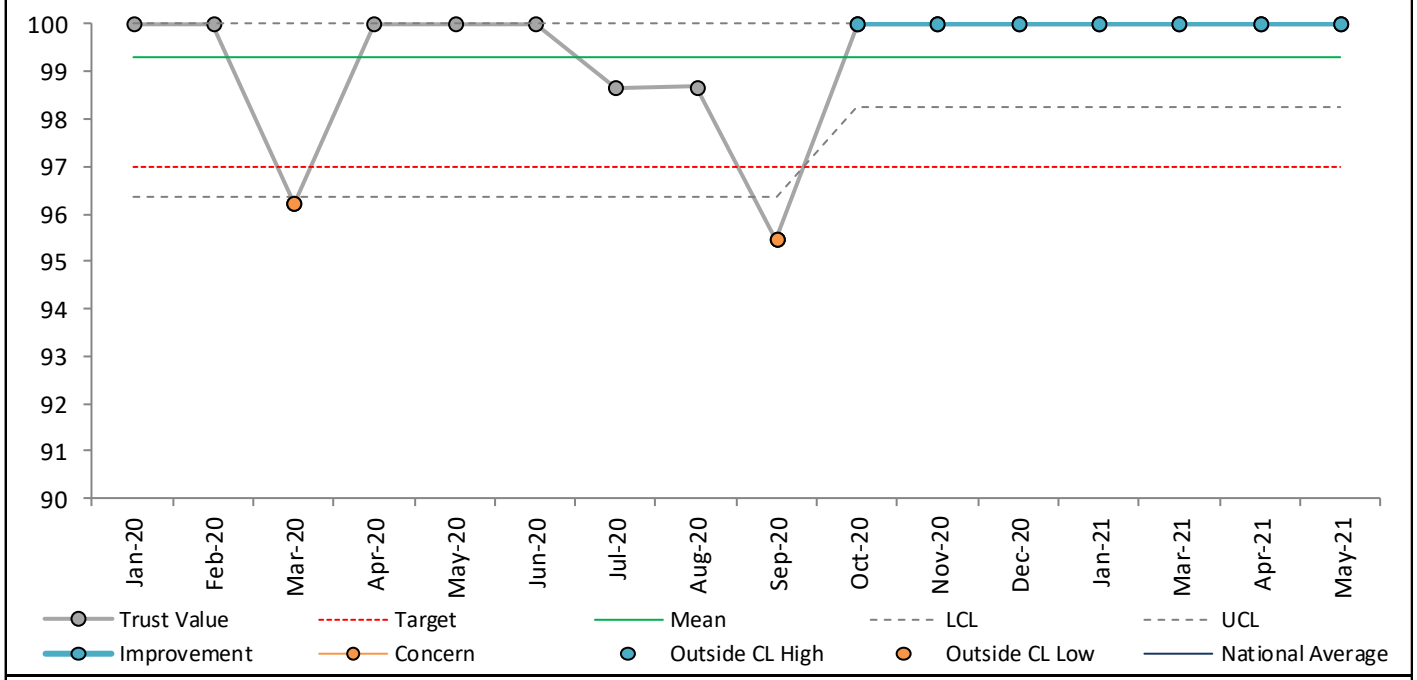
## Timescale

- Ongoing

# Caring

South Tees Hospitals NHS Foundation Trust

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




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

| | |
|---|---|
| Target | 97 |
| Mean | 99.31 |
| Last Month | 100.00 |

**Executive Lead**

Hilary Lloyd

**Lead**

Jen Olver

## Commentary

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

Patient feedback in maternity remains high

## Cause of Variation

- This is within normal variations, with the exception of September 2020
- The mean is above the target.
- Excellent progress as 100% compliance has been achieved for six months.

## Planned Actions

- Continue with current process.

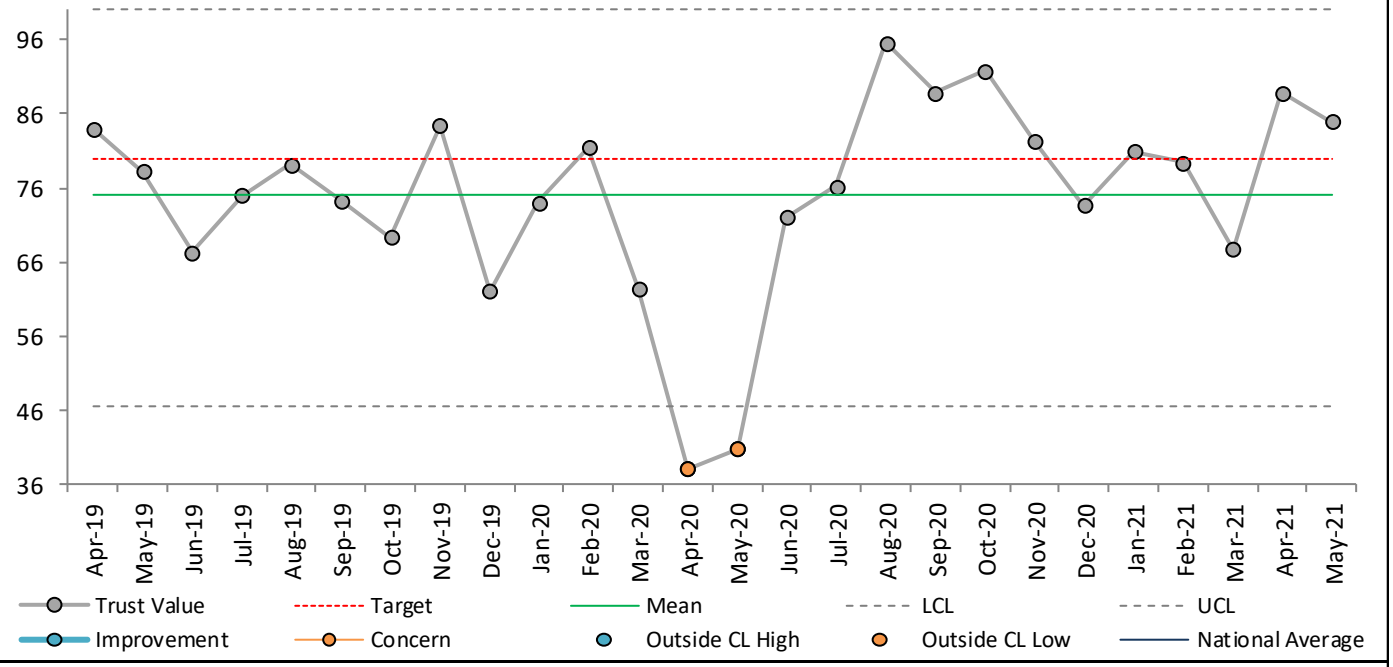
## Timescale

- Ongoing

# Caring

South Tees Hospitals NHS Foundation Trust

## Complaints Closed Within Target (%)




The percentage of complaints closed within the target

| | |
|---|---|
| Target | 80 |
| Mean | 75.14 |
| Last Month | 85.00 |

**Executive Lead**

Hilary Lloyd

**Lead**

Jen Olver

## Commentary

There were 22 complaints closed in April.

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

## Cause of Variation

- Compliance for this metric remans above the target.

## Planned Actions

- Continue with current process

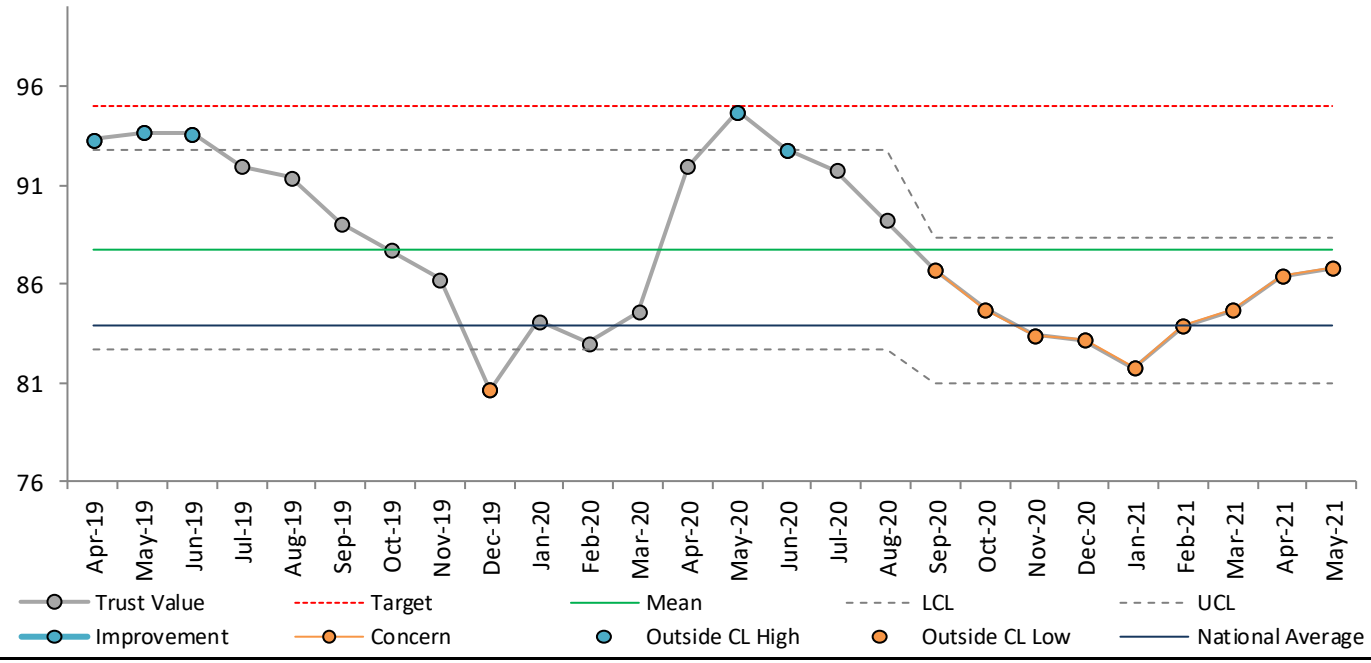
## Timescale

- July 2021

# Responsive

South Tees Hospitals NHS Foundation Trust

## A&E 4 Hour Wait Standard (%)




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

| | |
|---|---|
| Target | 95 |
| Mean | 87.73 |
| Last Month | 86.81 |

**Executive Lead**

Sam Peate

**Lead**

Cheryl Burton

**Commentary**

Improving performance but activity still below mean.

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

## Cause of Variation

- Increased demand across all emergency and urgent care settings.
- Throughput challenged at times of high numbers.
- Delays in processing of patients.
- Lack of cubicle space.
- Increase requirement for complex imaging.
- Resus activity increased.
- Transfers to both internal and external pathways delayed.
- Lack of F2F GP appointments.

## Planned Actions

- Operationalisation of Childrens and Young Persons Emergency Department over Summer.
- Organisational approach to SDEC pathways to remove crowding and delays for non elective patients.
- Review of ED operational model to improve dwell times and processing – meetings scheduled.
- ED recovery plan developed in line with ECIST recommendations.

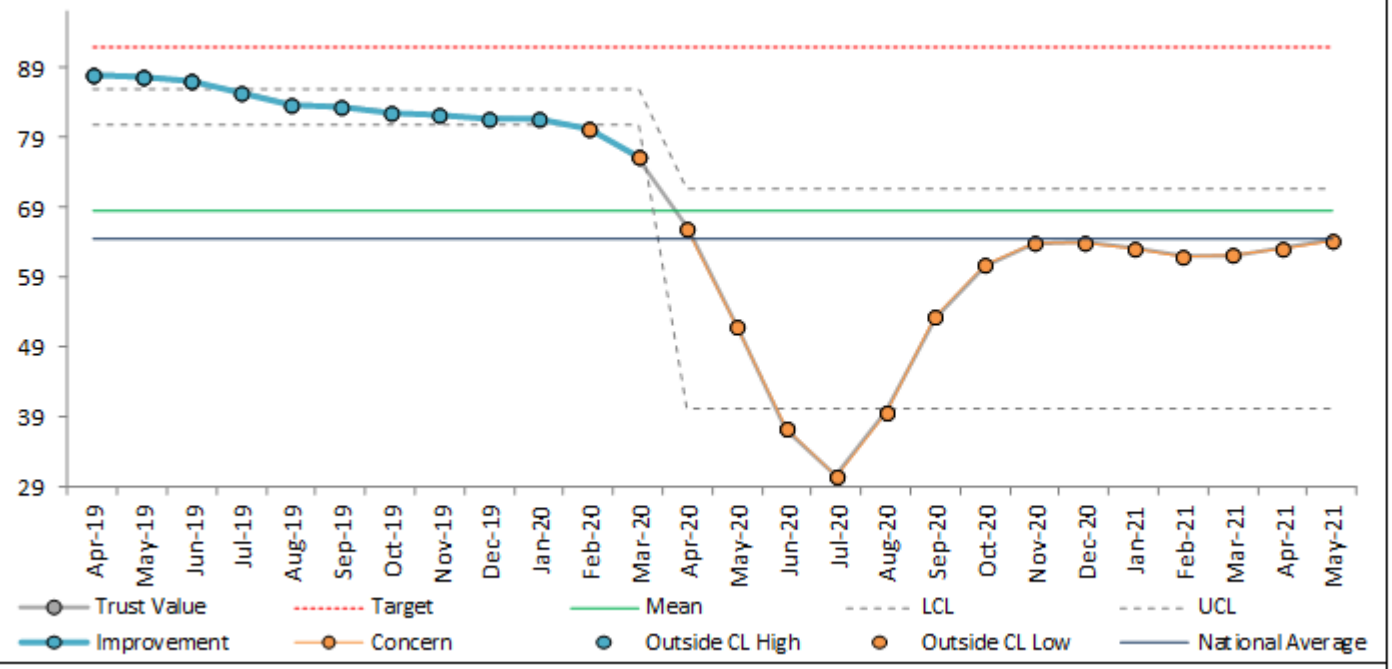
## Timescale

- August 2021
- Ongoing – June 2021
- July 2021
- Completed

# Responsive

South Tees Hospitals NHS Foundation Trust

## RTT Incomplete Pathways (%)




The % of incomplete pathways for patients within 18 weeks

| | |
|---|---|
| Target | 92 |
| Mean | 68.55 |
| Last Month | 64.27 |

**Executive Lead**

Sam Peate

**Lead**

Joanne Evans

## Commentary

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

Existing RTT improvement Trajectory expecting performance to 68% by July 21 with further improvement to 74% by March 22.

National standard sets out that more than 92% of patients on incomplete pathways should have been waiting no more than 18 weeks from referral.

## Cause of Variation

- Special cause variation within the system from July 2020 to December 2020 as a result of COVID. Improvements within the system can be seen, however the target is still not being achieved.
- May position not yet confirmed, Over 52 week waiters for April 21, 3,692 (March 21, 4258).

## Planned Actions

- Orthopaedic weekend working commenced.
- Distribution of activity to IS.
- Focus on clinical need first, then longest waiters.
- Further increase in access planned in May ensuring all available theatre estate being utilised.
- Plan being established for opening additional sessional activity in August on completion of lifecycle works to Theatres 5 & 6.

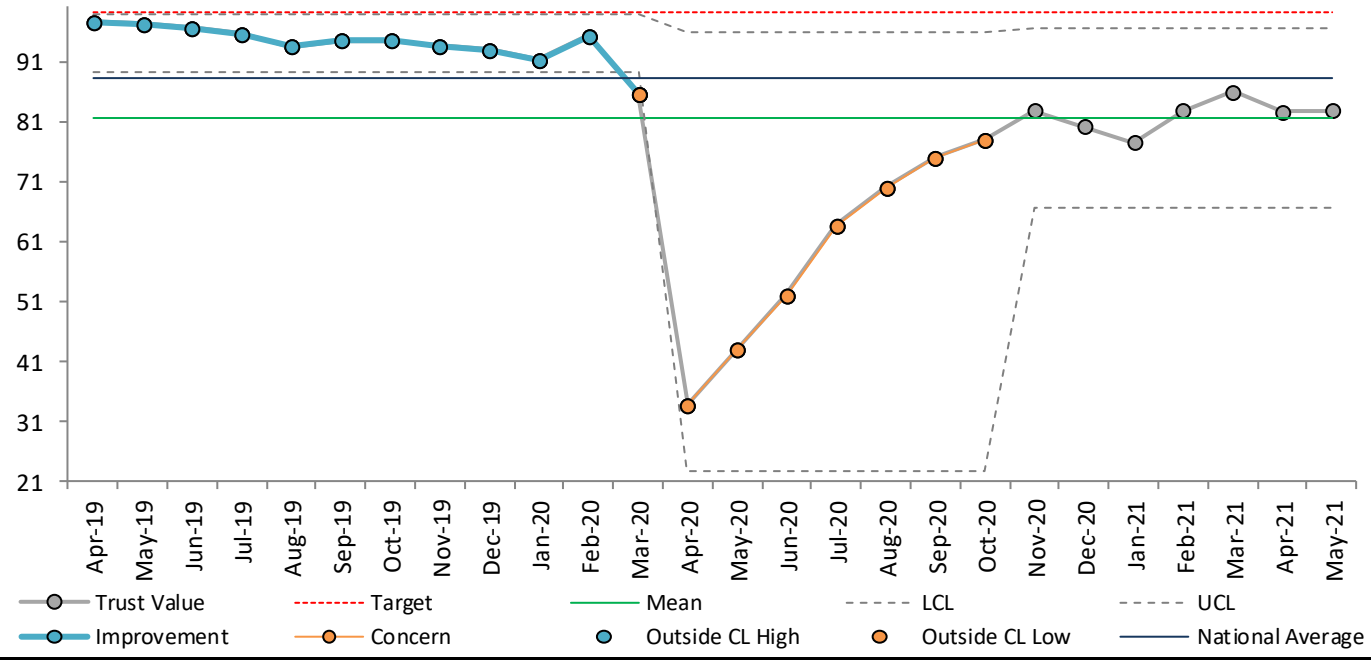
## Timescale

- 18 months to deliver standard.
- Individual plans have specific target dates.
- Improvement trajectory will be determined with clinical teams.

# Responsive

South Tees Hospitals NHS Foundation Trust

## Diagnostic 6 Weeks Standard (%)




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

| | |
|---|---|
| Target | 99 |
| Mean | 81.47 |
| Last Month | 82.84 |

**Executive Lead**

Sam Peate

**Lead**

Ann Wright

## Commentary

The monthly diagnostics waiting times collection is the primary source for diagnostics waiting times and activity for 15 key diagnostics tests. It is used to measure performance against the operational standard, that less than 1% of patients should wait 6 weeks or more for a diagnostics test.

## Cause of Variation

- The process is showing common cause variation following special cause variation in March 2020 due to Covid 19 pandemic.
- Backlog in routine diagnostic tests for Neurophysiology, Audiology, Dexa Scanning and Urodynamics.

## Planned Actions

- Continue to review and maximise utilisation of capacity.
- Replacement Dexa scanner being progressed
- Administrative and clinical prioritisation and validation of waiting lists, including surveillance patients.
- Book according to priority and chronological order.
- Work with ICP and ICS partners on demand and capacity, including business cases for community diagnostic hubs.
- Service review and improvement trajectories.

## Timescale

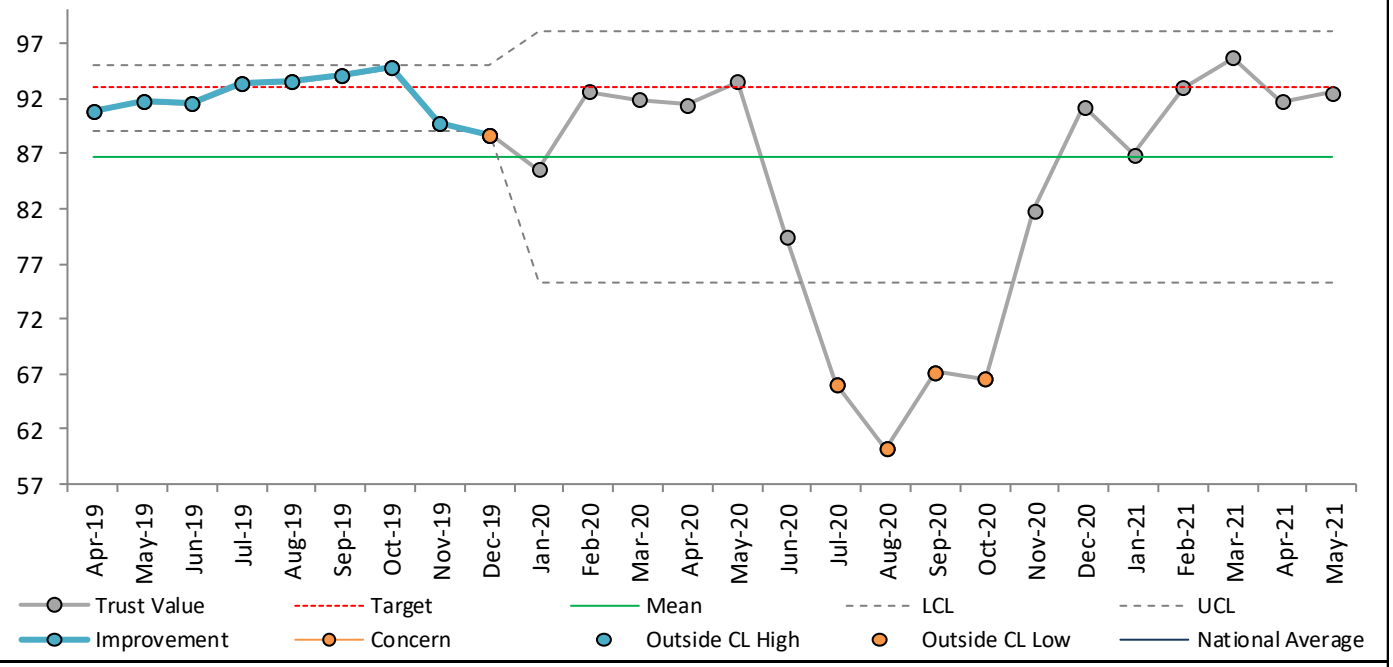
- Weekly
- August 2021
- 31st July 2021

- Weekly
- Q1/Q2
- As required by Strategic Recovery Group.

# Responsive

South Tees Hospitals NHS Foundation Trust

## Cancer Treatment - 14 Day Standard (%)




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

| | |
|---|---|
| Target | 93 |
| Mean | 86.77 |
| Last Month | 92.51 |

**Executive Lead**

Sam Peate

**Lead**

Carol Taylor

## Commentary

National Standard - 93% This standard covers patients seen by a specialist following an urgent GP referral for suspected cancer.

Target achieved March 2021. May 21 indicative. 28 day faster diagnostic target achieved in March 21 – compliance 77.3% (National Target 75%)

## Cause of Variation

- Special cause variation within the system from Jun 2020 to November 2020, as a result of COVID and a marked reduction in referrals across all cancer sites. Improvements within the system can be seen, however the target is still not being achieved consecutively.

## 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.

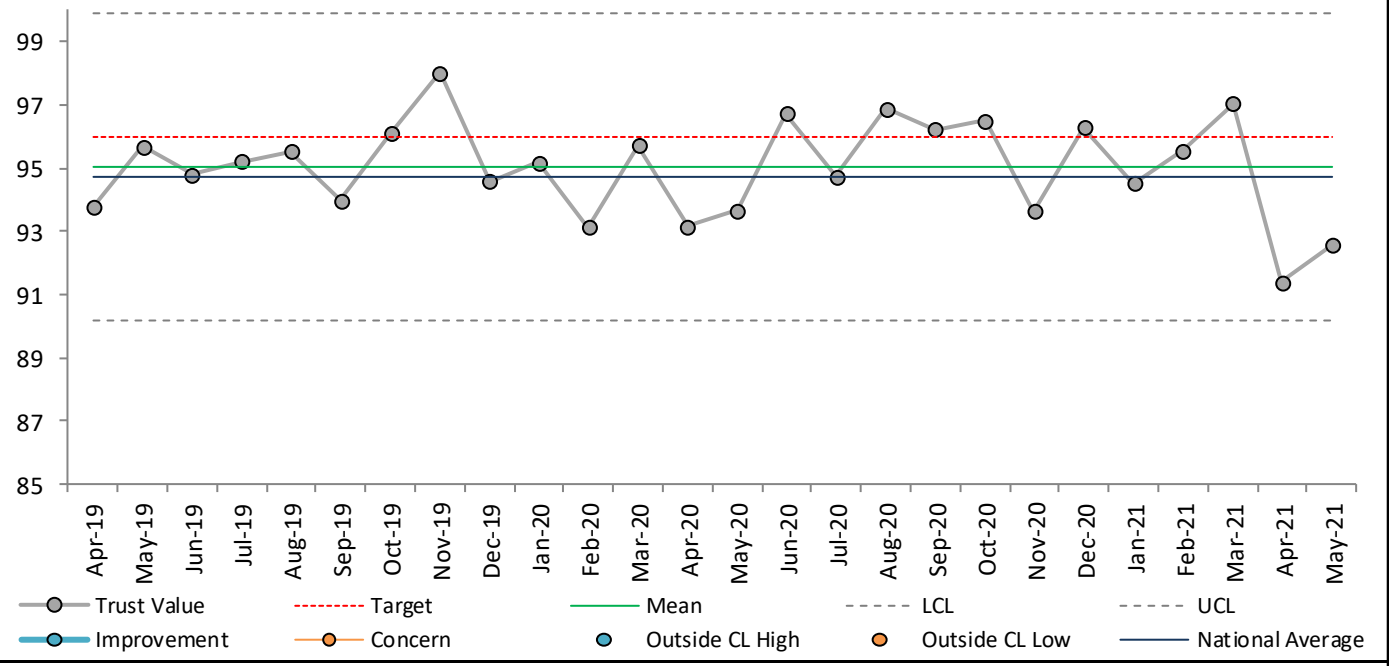
## Timescale

- **Ongoing**

# Responsive

South Tees Hospitals NHS Foundation Trust

## Cancer Treatment - 31 Day Standard (%)




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

| | |
|---|---|
| Target | 96 |
| Mean | 95.03 |
| Last Month | 92.55 |

**Executive Lead**

Sam Peate

**Lead**

Carol Taylor

## Commentary

National Target - a maximum one month (31-day) wait from the date a decision to treat (DTT) is made to the first definitive treatment for all cancers.

Target not achieved April 2021. May 21 indicative

## Cause of Variation

- Process within normal variation, although within control limits this target is not being met consistently.
- Significant reduction in referrals received in Lung and Urological tumour groups in comparison to Pre COVID.

## Planned Actions

- Ensure all patients are tracked and expedited where appropriate.
- Weekly cancer performance wall continues virtually.
- Detailed Cancer improvement trajectories to be established by tumour group in June 21.

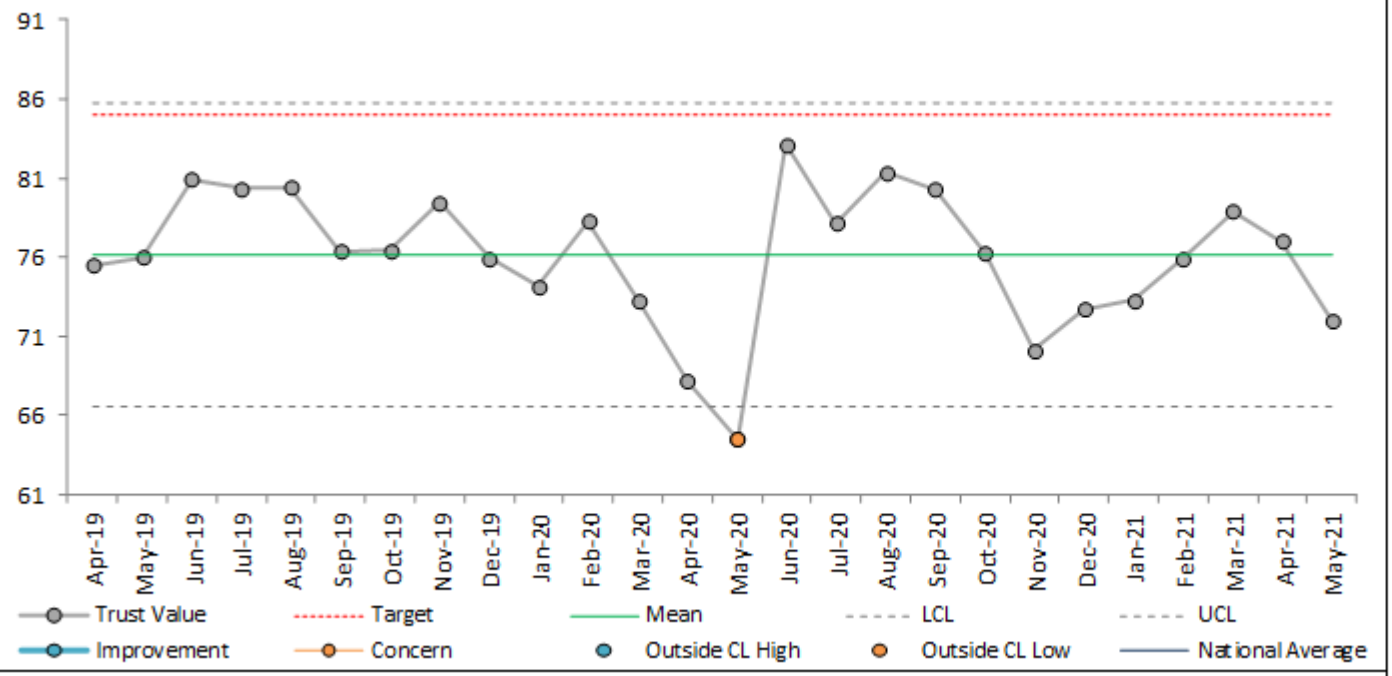
## Timescale

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

# Responsive

South Tees Hospitals NHS Foundation Trust

## Cancer Treatment - 62 Day Standard (%)




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

| | |
|---|---|
| Target | 85 |
| Mean | 76.12 |
| Last Month | 72.02 |

**Executive Lead**

Sam Peate

**Lead**

Carol Taylor

## Commentary

National Target - maximum two month (62-day) wait from urgent referral for suspected cancer to the first definitive treatment for all cancers

Whilst just within the control limit the means is at 76.12 therefore the target is unlikely to be met.

## Cause of Variation

- Late transfers from other organisations has impacted on the trust's ability to achieve the 62 days cancer standard. In order to achieve the standard transfers need to take place by day 38 of the patient pathway. Over the last 35% of transfers have taken place after 38 days. In line with the Inter Provider transfer rules those transferred after day 38 50% were treated by the trust within 24 days of receipt.

## 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
- Work in ongoing with the cancer network to seek to resolve delays in transfer of patients.

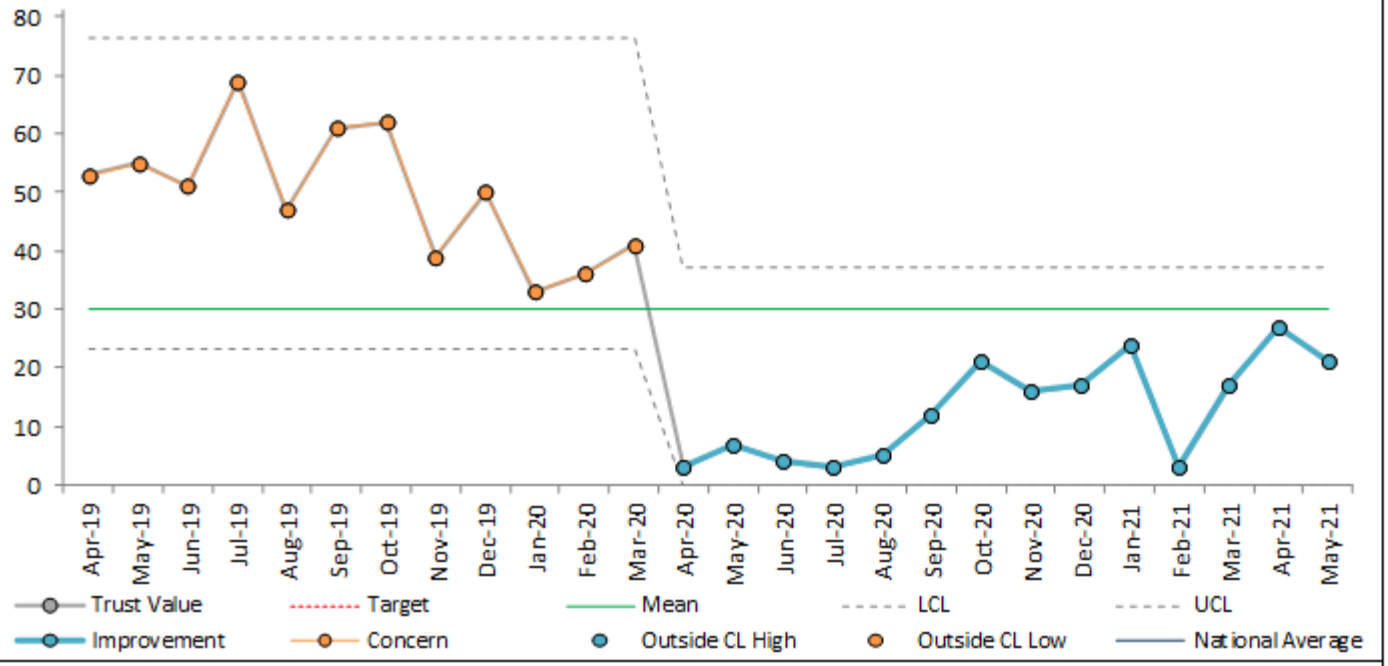
## Timescale

- Due to the impact of Covid this metric is unlikely to get back to target for many months.
- Once the effects from the COVID pandemic subside, and the process reviews are all completed. The '62 day' KPI performance would start to improve to an average of circa. 85%, usually varying between 82% and 88% each month.

# Responsive

South Tees Hospitals NHS Foundation Trust

## Non-Urgent Ops Cancelled on Day




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

| | |
|---|---|
| Target | 0 |
| Mean | 29.88 |
| Last Month | 21.00 |

**Executive Lead**

Sam Peate

**Lead**

Joanne Evans

## Commentary

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

Assurance given that theatre capacity will return to 100% by the end of May 2021.

## Cause of Variation

- Process within normal variation, not reduced volumes of cancellations between April 2020 and August 2020 due to the reduction in elective activity being undertaken.

## 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.

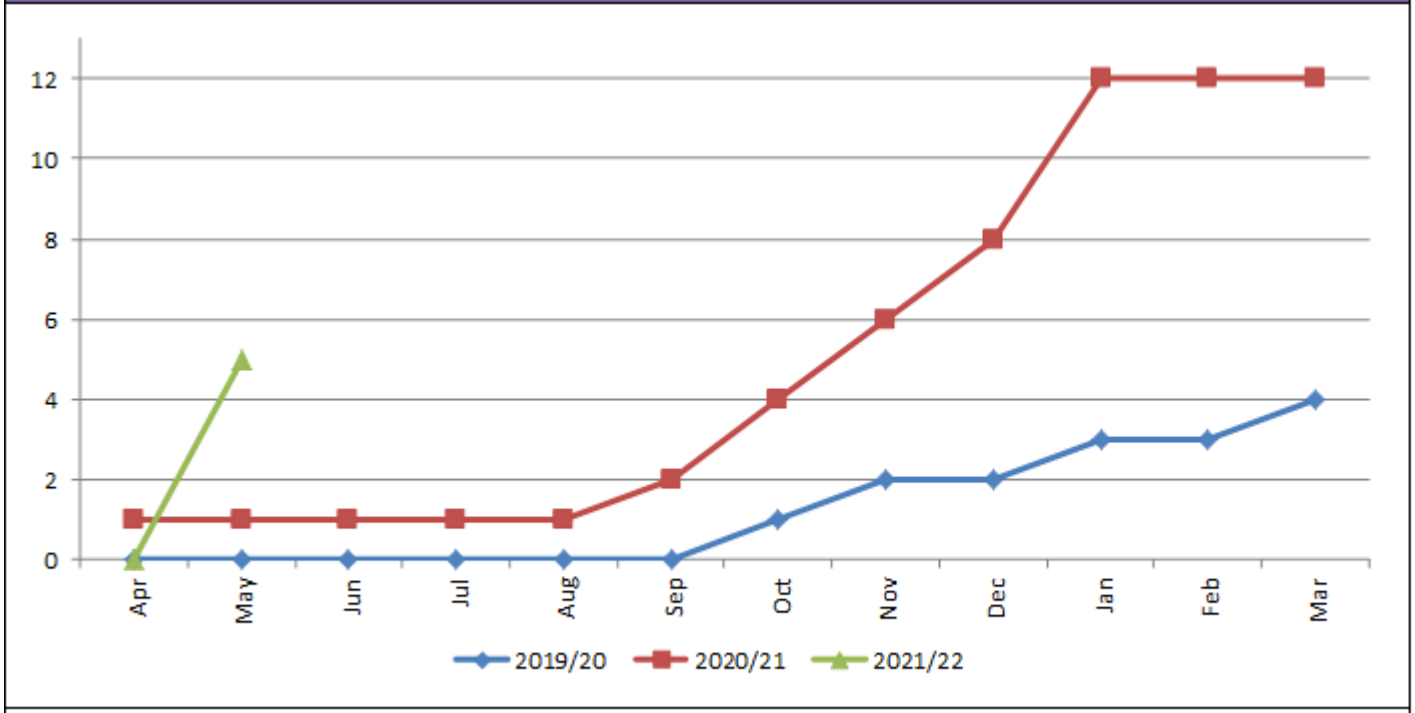
## Timescale

- 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 | 5 |

**Executive Lead**

Sam Peate

**Lead**

Joanne Evans

## Commentary

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

There have been 5 cancer operations cancelled this financial year.

## Cause of Variation

- There were 5 short notice cancer operations cancelled in May for non clinical reasons.
- Limited access to critical care throughout pandemic.

## Planned Actions

- Cancellation reasons to be reviewed in weekly clinical recovery meeting.

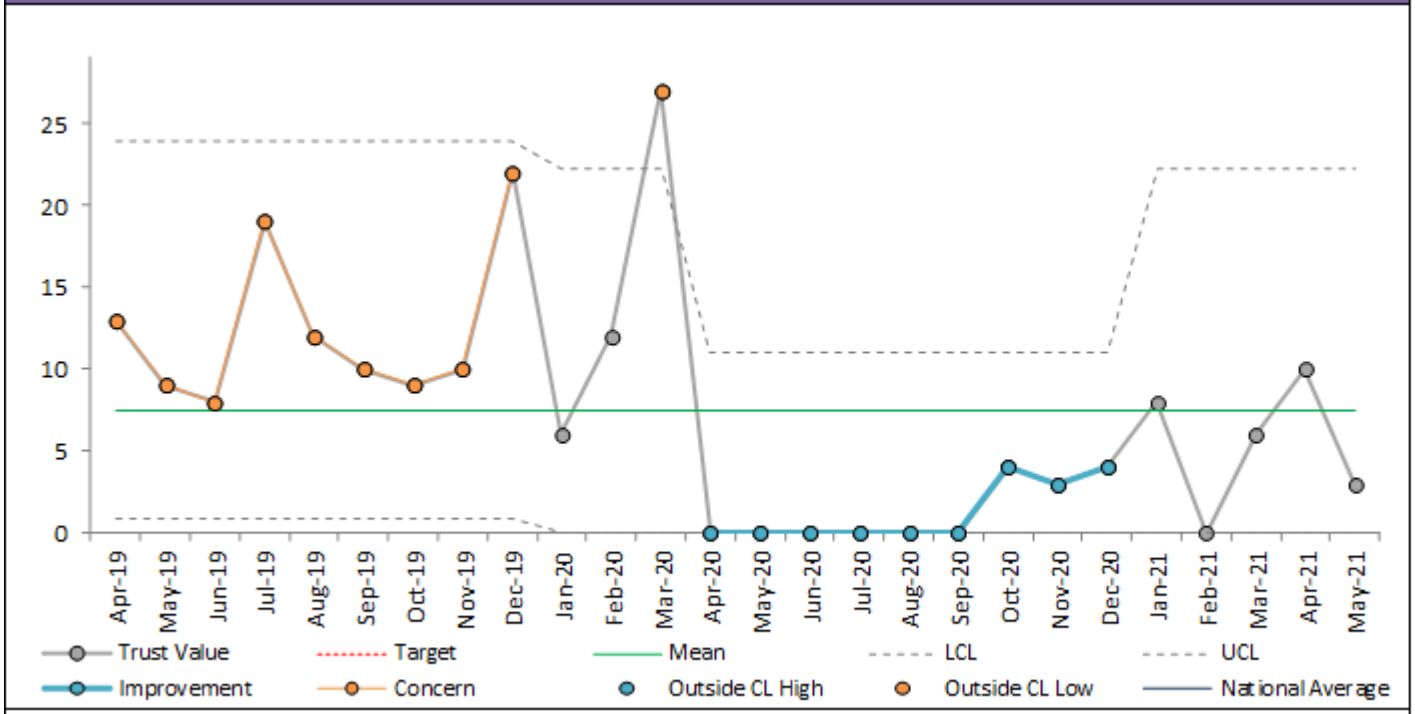
## Timescale

- Ongoing monitoring.

# Responsive

South Tees Hospitals NHS Foundation Trust

## Cancelled Ops Not Rebooked Within 28 days




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

| | |
|---|---|
| Target | 0 |
| Mean | 7.50 |
| Last Month | 3.00 |

**Executive Lead**

Sam Peate

**Lead**

Joanne Evans

## Commentary

National standard - When a patient's operation is cancelled by the hospital at the last minute for non clinical reasons, the hospital will have to offer another binding date within a maximum of the next 28 days

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

- Process within normal variation.

## 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.

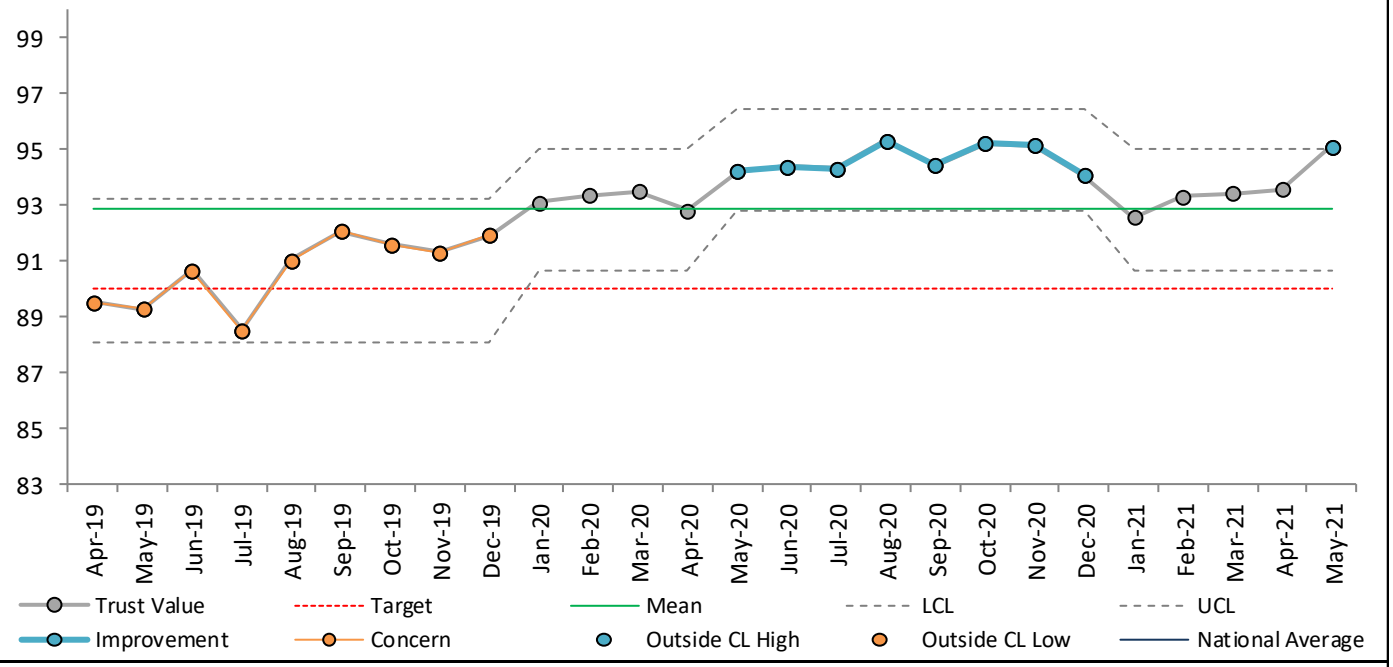
## Timescale

- Ongoing

# Responsive

South Tees Hospitals NHS Foundation Trust

## E-Discharge (%)




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

| | |
|---|---|
| Target | 90 |
| Mean | 92.85 |
| Last Month | 95.10 |

**Executive Lead**

Sam Peate

**Lead**

Moira 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. The definition for the metric is being checked to make sure that the denominator only includes the areas of the organisation that should be completing e-discharges within 24 hours.

## Timescale

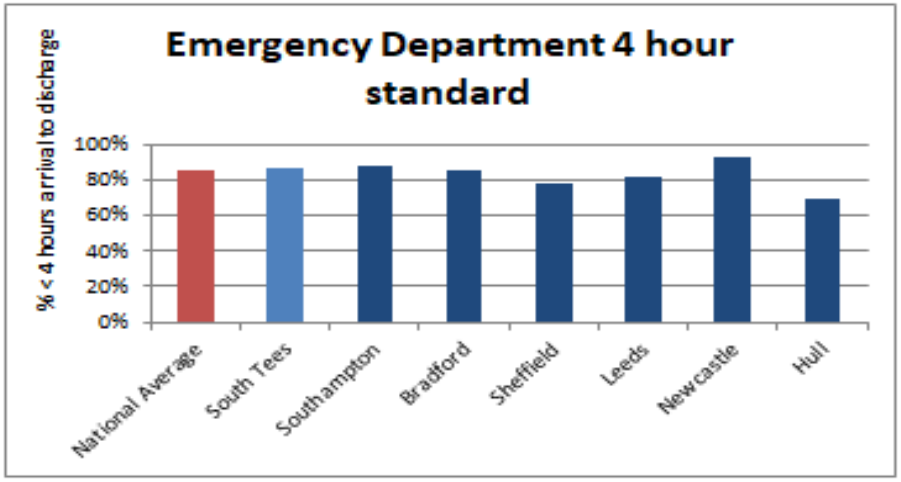
- June 2021

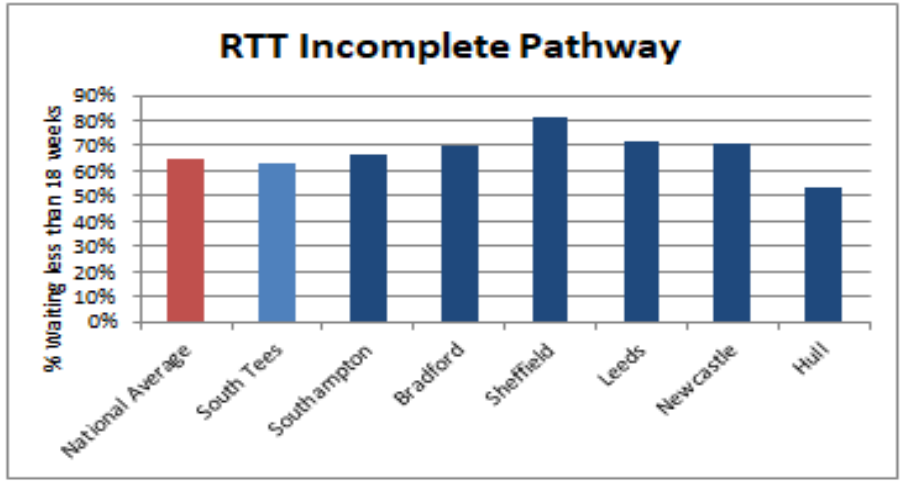
# Responsive

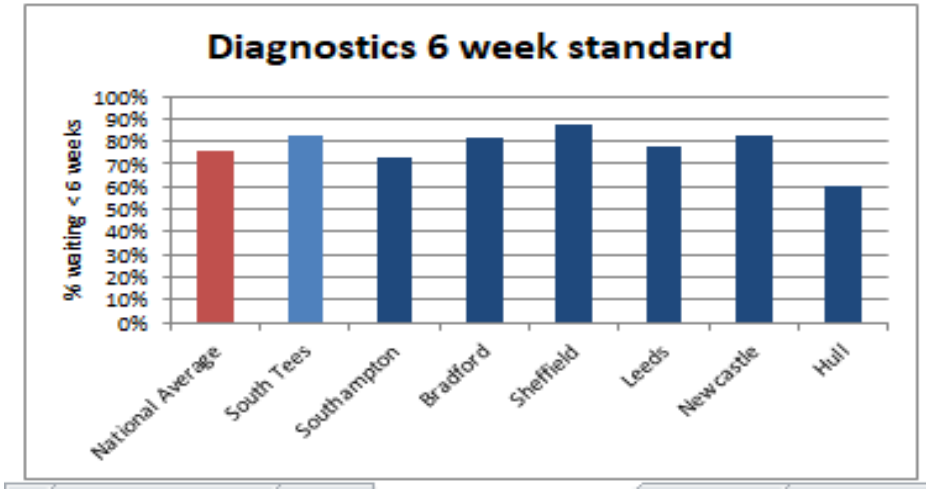
South Tees Hospitals NHS Foundation Trust

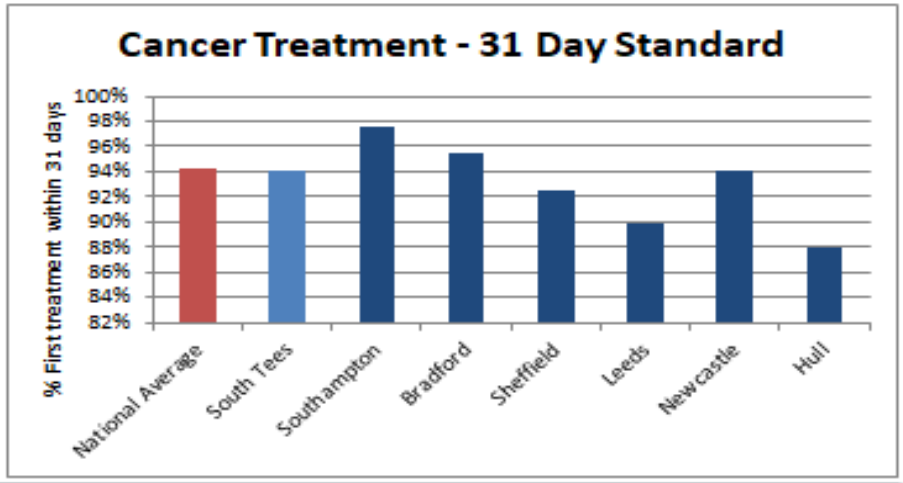
## Benchmarking against National Average and Other Providers

**April**



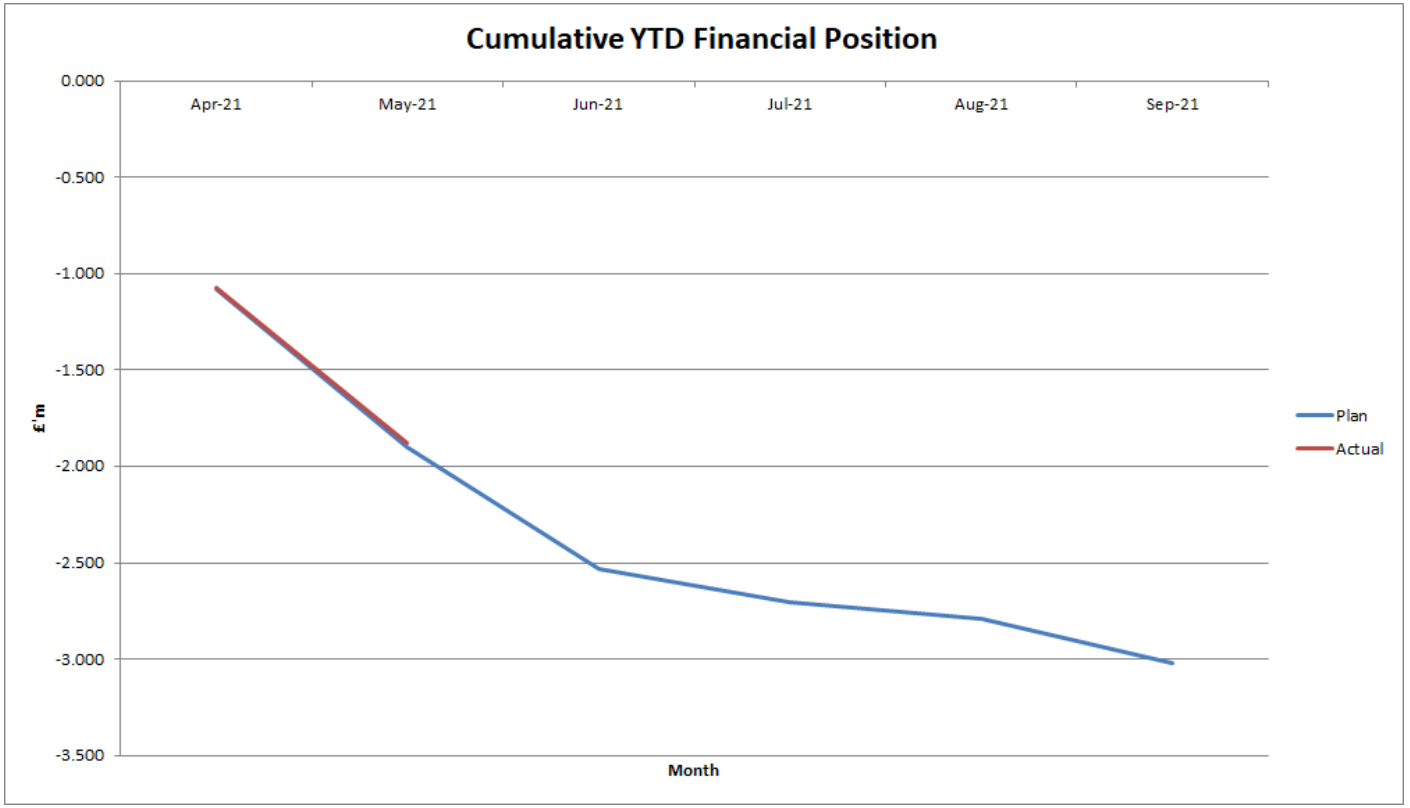



# Well Led

South Tees Hospitals NHS Foundation Trust




| | |
|---|---|
| Target | -1.9m |
| Mean | N/A |
| Last Month | -1.1m |

**Executive Lead**

Chris Hand

**Lead**

Luke Armstrong

**Commentary**

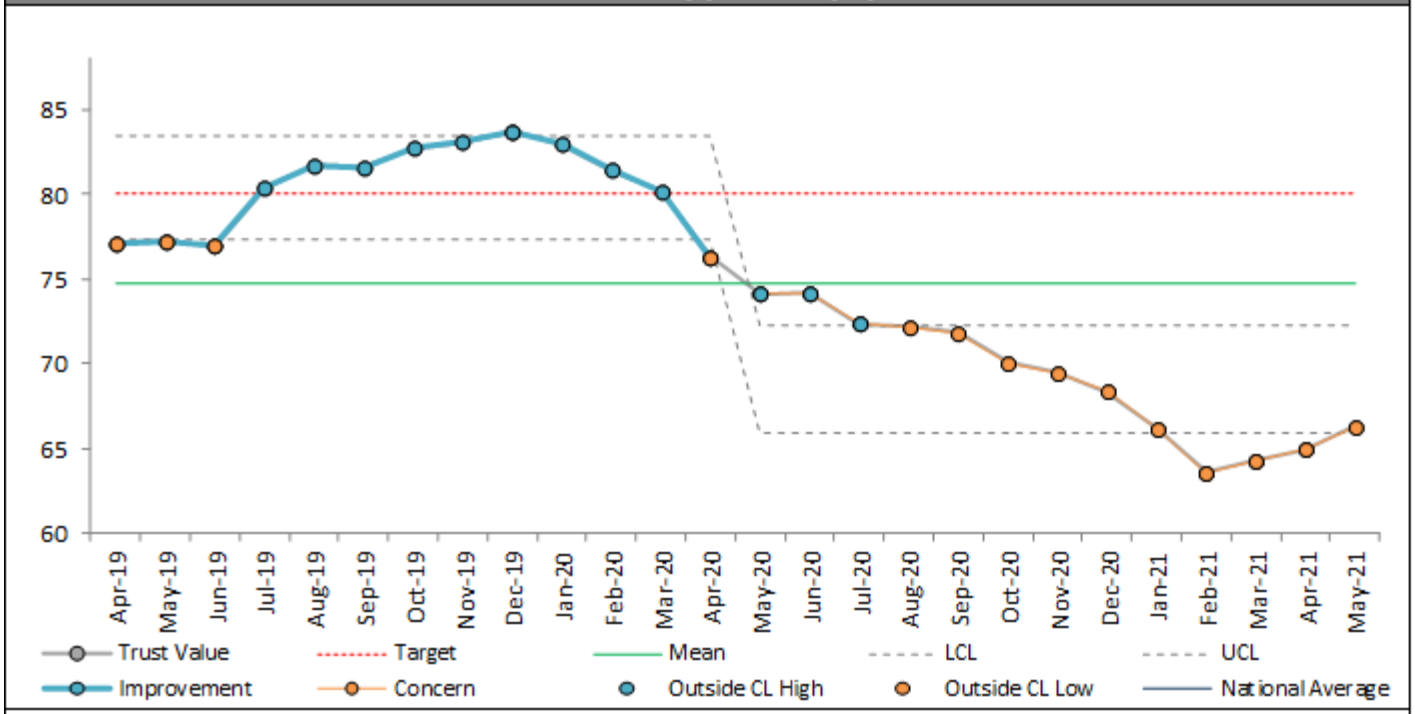
The Trust's financial performance is a deficit of £1.9m at month 2, in line with the submitted H1 plan.

| Cause of Variation | Planned Actions | Timescale |
|---|---|---|
| • No cause of variation. | • Rebase of high cost drugs and devices baseline budget, including HCTED items. | • 30 June 2021 |
| | • Review of ongoing Covid-19 costs for H1. | • 30 June 2021 |

# Well Led

South Tees Hospitals NHS Foundation Trust

## Annual Appraisal (%)




Annual Appraisal Rate

| | |
|---|---|
| Target | 80 |
| Mean | 74.74 |
| Last Month | 66.30 |

**Executive Lead**

Rachael Metcalf

**Lead**

Jane Herdman

## Commentary

This metric is starting to improve and trajectories are in place to ensure we continue to improve month on month.
Launch of new appraisal process and formation of collaboratives should enable a swift increase. Focus on reaching 80% compliance by September 2021

## Cause of Variation

- Increased volume of staff absence due to COVID over last 12 months, including absence and isolation.
- Additional pressures on managers requiring them to focus on operational requirements.

## Planned Actions

- All collaborative's are now using the new appraisal form and communications plan is underway to facilitate use of new process
- Review of Corporate Services pilot of new appraisal process will take place in July.
- Working party set up to develop a Retention Strategy which commences with recruitment and incorporates the importance of the appraisal process.
- 80% appraisals completed by end of Quarter 2.

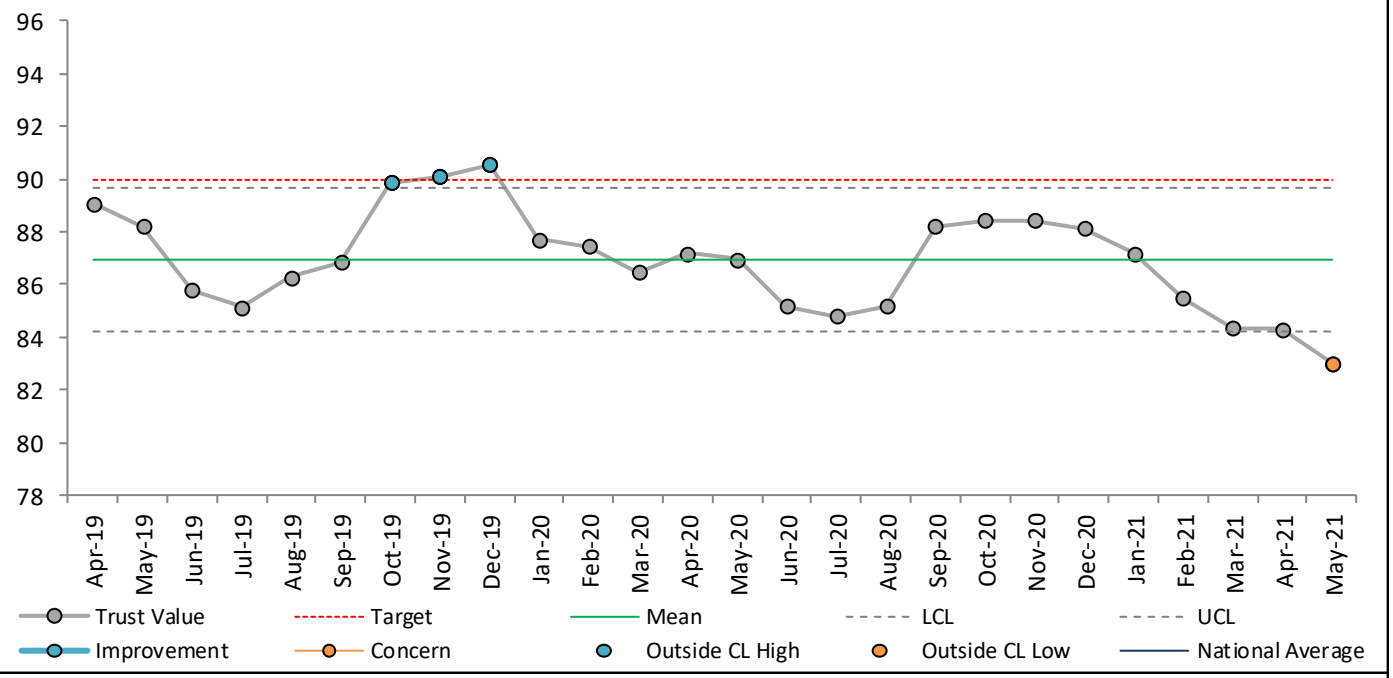
## Timescale

- July 2021
- July 2021
- September 2021
- September 2021

# Well Led

South Tees Hospitals NHS Foundation Trust

## Mandatory Training (%)




The % of Mandatory Training Compliance

| | |
|---|---|
| Target | 90 |
| Mean | 86.94 |
| Last Month | 83.04 |

**Executive Lead**

Rachael Metcalf

**Lead**

Jane Herdman

## Commentary

The transfer of mandatory training onto ESR has taken place and briefing sessions for staff are in place to support colleagues to familiarise themselves with a new system and more robust training packages.

## Cause of Variation

- Mandatory Training date has been transferred onto ESR to enable real time reporting.
- Training packages within ESR are more challenging that our previous packages and the system will require staff to develop familiarisation with the platform.

## Planned Actions

- HR Workforce Team continue to provide training for managers and staff on the new ESR platform.
- Continued focus on non-compliant areas and elements of mandatory training via HRBPs and Centre/Department managers. All centres to develop trajectories to improve position by July.

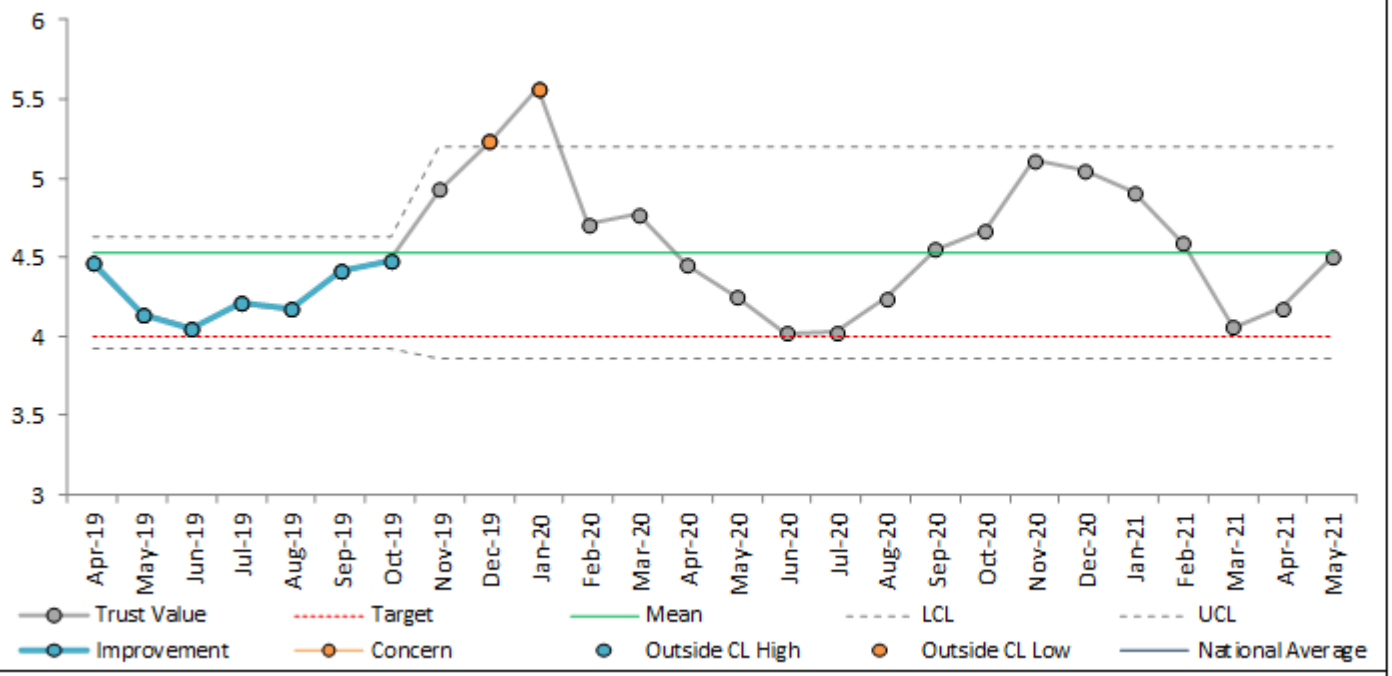
## Timescale

- May-July 2021
- July 2021

# Well Led

South Tees Hospitals NHS Foundation Trust

## Sickness Absence (%)




The % of monthly sickness absence

| | |
|---|---|
| Target | 4 |
| Mean | 4.53 |
| Last Month | 4.50 |

**Executive Lead**

Rachael Metcalf

**Lead**

Jane Herdman

## Commentary

General sickness has increased to our annual mean position.

## Cause of Variation

- Staff absence figures have increased slightly from 4.18% in April to 4.50% in May.

## Planned Actions

- 'How am I?' Videos and health check barometer to be launched to support colleagues
- Occupational Health Consultant appointed for 6PAs
- Case Conferences with Oc Health Consultant, HR and Collaborative Managers to be re-introduced.
- Discussions underway regarding the procurement of health and wellbeing hubs to be placed at JCUH, FHN and within the wider community hospitals.

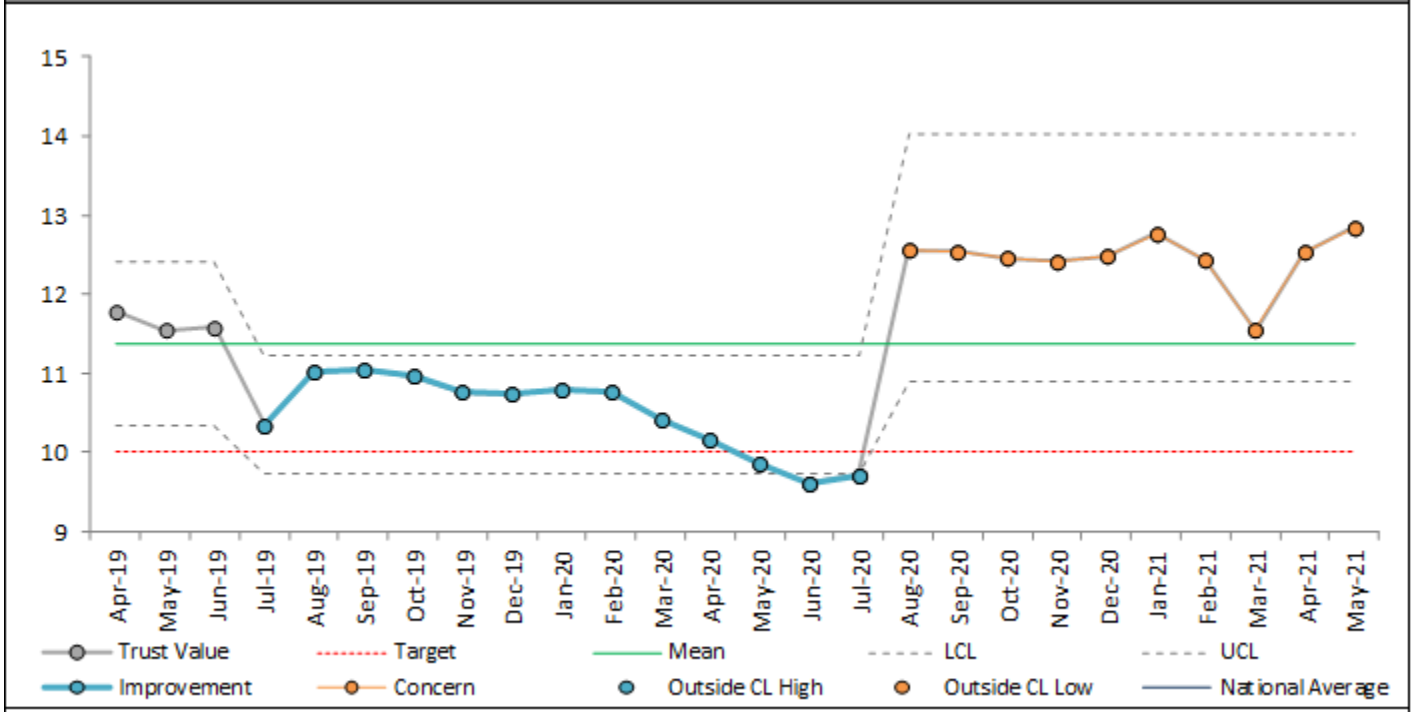
## Timescale

- July 2021
- August 2021
- September 2021
- August 2021

# Well Led

South Tees Hospitals NHS Foundation Trust

## Staff Turnover (%)




Staff turnover rate

| | |
|---|---|
| Target | 10 |
| Mean | 11.38 |
| Last Month | 12.85 |

**Executive Lead**

Rachael Metcalf

**Lead**

Jane Herdman

## Commentary

Staff turnover has increased in the last 2 months due to temporary contract expiring.

## Cause of Variation

- Turnover has increased over the last 2 months as short and fixed term contracts expire which were supporting our covid recovery.

## Planned Actions

- Draft Retention Strategy presented at the People Committee in May. With plan to operationalise the 4 stages (appraisal, stay conversations, itchy feet and exit interviews) by September 2021
- People Plan has a focused emphasis on making South Tees the best place to work with a strategic aim to create a sense of belonging for our colleagues.
- Associate Medical Director – People, to undertake exit interviews for all consultant colleague

## Timescale

- September 2021
- July 2021
- June 2021

# Glossary of Terms

South Tees Hospitals NHS Foundation Trust

| 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

- **Continue review of IPR, including relevant targets, trajectories for improvement and page layout.**

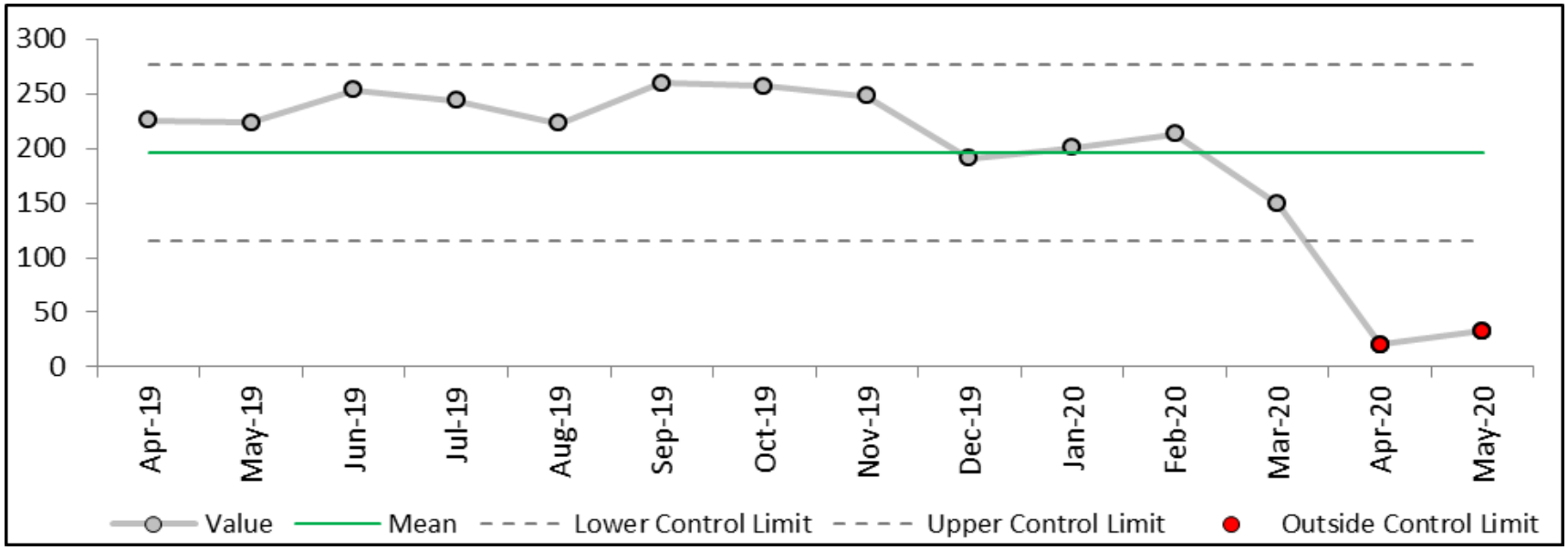
# Introduction to Statistical Process Control

South Tees Hospitals
NHS Foundation Trust

Statistical process control (SPC) charts can help to understand the scale of a problem, gather information and identify possible causes.

An SPC chart has an average line (mean) and two control lines above and below the average line.
The control lines are a function of the data, and provide an indication as to whether the process exhibits common cause (predictable) variation or whether there are special causes.

In the example below, activity falls outside of the control limits in April, indicating a potential issue that requires further analysis.



South Tees Hospitals
NHS Foundation Trust

| MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 13 July 2021 | | | |
|---|---|---|---|
| Month 2 2021/22 Financial Performance | | | **Agenda Item 6, ENC 6** |
| **Report Author and Job Title:** | Luke Armstrong<br>Deputy Chief Finance Officer | **Responsible Director:** | Chris Hand<br>Chief Finance Officer |
| **Action Required** | Approve ☐ Discuss ☒ Inform ☒ | | |
| **Situation** | This report outlines the Trust's financial performance as at Month 2. | | |
| **Background** | Due to the ongoing Covid-19 pandemic formal annual financial planning has been suspended for the first half of 2021/22. ICS system level planning is in place, with each ICP expected to deliver break-even within a fixed funding envelope.<br><br>The Trust's requirement for H1 2021/22 is to deliver a £3.0m deficit. | | |
| **Assessment** | At Month 2 the Trust reported a deficit of £1.9m at a control total level. This is in line with the required budget deficit for M2 as agreed within the ICP/ICS. | | |
| **Recommendation** | Members of the Council of Governors are asked to note this report. | | |
| **Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline** | BAF risk - Failure to deliver the Trust's financial recovery plan | | |
| **Legal and Equality and Diversity implications** | There are no legal or equality & diversity implications associated with this paper. | | |
| **Strategic Objectives** | Excellence in patient outcomes and experience ☐ | Excellence in employee experience ☐ | |
| | Drive operational performance ☒ | Long term financial sustainability ☒ | |
| | Develop clinical and commercial strategies ☒ | | |

South Tees Hospitals
NHS Foundation Trust

# Month 2 2021/22 Financial Performance

## 1. PURPOSE OF REPORT

The purpose of the report is to update the Council of Governors on the financial position of the Trust as at Month 2.

## 2. BACKGROUND

Following the suspension of the NHS Planning Process for the first half of 2021/22 the Trust and wider ICP / ICS has a fixed level of income to cover its total costs. The ICP and ICS have an overall requirement to break even at the end of the 6 month period.

The Trust is required to deliver an overall deficit position of £3.0m for the 6 month period, in order to support the wider ICP / ICS system financial balance.

As with the final 6 months of 2020/21, a number of items of specific reasonable Covid-19 expenditure are reclaimable from NHS England centrally, including the costs of swabbing and vaccinations. The income in relation to these costs is shown in the PSF, MRET and Top up line, and the resulting variance has been normalised by adjusting budgets for both the additional income received and expenditure incurred.

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 2 YTD actual performance is a £1.9m deficit at a control total level. This has resulted in the Trust being in line with its financial plan.

## 3. DETAILS

### Trust position

The Month 2 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 | Adjustment £'000 | Revised YTD Variance £'000 |
|---|---|---|---|---|---|
| Nhs Clinical Income | 112,365 | 117,604 | **5,240** | (5,240) | **(0)** |
| Other Income | 8,588 | 8,709 | **121** | | **121** |
| Pay | (72,015) | (72,189) | **(174)** | | **(174)** |
| Non Pay | (44,173) | (49,374) | **(5,201)** | 5,240 | **39** |
| Depreciation And Interest | (5,442) | (5,470) | **(28)** | | **(28)** |
| Other Non Operating | (1,217) | (1,158) | **59** | | **59** |
| Corporation Tax | (01) | 0 | **01** | | **01** |
| Restructuring Costs | 0 | (0) | **(0)** | | **(0)** |
| Control Total | **(1,894)** | **(1,878)** | **16** | **0** | **16** |

Overall the Trust is on plan for Month 2 of 2021/22.

- Adjustments are shown to normalise high cost drugs and devices along with additional income to reimburse the costs of vaccinations, swabbing and student nurses.
- For clinical income the Trust is over achieving by £5.2m, linked to higher income for pass through items of drugs and devices and ERF income of £4.6m both with corresponding increases in non-pay expenditure. The adjusted variance is nil.
- Within the year to date position the Trust has recognised income and cost in relation to the Elective Recovery Fund of £4.6m based on ICS level activity recovery modelling. Actual income and cost distribution will not be known until July. This has additionally been normalised within the above table.
- The £0.2m overspend on pay has been driven by the recognition of the year to date element of the flowers legal case and in month pay arrears.
- Non pay is overspent by £5.2m for Month 2 with this overspend driven by assumed cost in relation to the elective recovery fund and increased costs for high cost pass through items. Once adjusted for, the resulting variance is a small underspend.

**Clinical Income**

Under the revised financial arrangements for 2021/22, the Trust's previous aligned incentive contractual arrangement with its commissioners continues to be suspended as in 2020/21. Instead, the Trust is paid under a block arrangement with income fixed for the first half of the year, with the exception of the below items.

- HEPC and CDF Drugs
- High cost devices from NHS England
- Elective recovery fund income

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

| Commissioner Code | Commissioner Name | Block Payment |
|---|---|---|
| 16C | NHS Tees Valley CCG | 58,609 |
| 84H | NHS County Durham CCG | 2,352 |
| 00P | NHS Sunderland CCG | 122 |
| 01H | NHS North Cumbria CCG | 109 |
| 13X | NHS England - North East and Yorkshire Commissioning Hub | 33,596 |
| 13Q | NHS England - Central (CDF, HepC & C&V Variance) | 1,616 |
| Y63 | NHS England - North East and Yorkshire Commissioning Region | 1,217 |
| Y58 | South West Regional Office (MoD) | 289 |
| 42D | NHS North Yorkshire CCG | 14,764 |
| 03Q | NHS Vale of York CCG | 245 |
| | Prior Year Adjustments | 85 |
| | Elective recovery fund | 4,600 |
| | **Total Income Month 2** | **117,604** |

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

| | YTD Budget £'000 | YTD Actual £'000 | YTD Variance £'000 |
|---|---|---|---|
| **Blocks** | 99,266 | 99,266 | **0** |
| **Top Up** | 4,976 | 4,976 | **0** |
| **Covid-19** | 4,502 | 4,502 | **0** |
| **Lost non NHS Income** | 420 | 420 | **0** |
| **CDF** | 1,114 | 940 | **(174)** |
| **HEPC** | 128 | 155 | **27** |
| **High Cost Devices** | 1,959 | 2,495 | **536** |
| **Cost and volume drugs** | 0 | 250 | **250** |
| **ERF** | 0 | 4,600 | **4,600** |
| **YTD M2** | **112,365** | **117,604** | **5,239** |

Variances shown on CDF, HEPC and high cost devices income are counteracted by cost movements within expenditure.

At Month 2 the Trust has recognised an estimated income figure in relation to the elective recovery fund, ERF, of £4.6m, with a corresponding expenditure value within non pay, as outlined within the report. This estimated figure for Month 2 reporting is based on high level estimates provided by the region. The final income values are subject to central verification and will not be known until Q2, with distribution across the ICS to be determined.

## Other Income

Other income is £0.1m ahead of plan at Month 2.

| | Budget to M6 £'000 | YTD Budget £'000 | YTD Actual £'000 | YTD Variance £'000 | Adjustment £'000 | Revised YTD Variance £'000 |
|---|---|---|---|---|---|---|
| Education & Training Income | 9,053 | 3,018 | 3,118 | 100 | 0 | 100 |
| Estates Income | 1,102 | 367 | 378 | 11 | 0 | 11 |
| Misc. Other Income | 6,254 | 2,122 | 1,756 | (367) | 0 | (367) |
| Non Patient Care Income | 1,199 | 446 | 470 | 24 | 0 | 24 |
| Other Clinical Income | 1,487 | 496 | 668 | 173 | 0 | 173 |
| Psf, Mret & Top Up | 1,169 | 989 | 989 | (0) | 0 | (0) |
| Research & Development Income | 2,451 | 1,150 | 1,330 | 180 | 0 | 180 |
| Total | 22,715 | 8,588 | 8,709 | 121 | 0 | 121 |

- Misc other income is under achieving by £0.4m. Pathology income is £0.1m less than plan, driven by lower testing income with corresponding lower expenditure within non pay. The remainder of the variance relates to planned income expected from Tees Valley CCG for the Stoma service. Discussions are ongoing with Tees Valley CCG in order to receive this income via variation to the Trust core blocks.
- Other clinical income is overachieving by £0.2m, this is being driven by higher income receipts for both RTA income and Private Patient income, as both income streams recover following the pandemic.
- R and D income is over achieving by £0.2m linked to additional research funds for increased costs within pay and non-pay. The R and D budget is currently being rebased to reflect the latest assumptions for research activity.
- Within the top up income line the Trust has accrued income of £1.0m to cover the costs of both the vaccinations and swabbing programmes along with additional student nurses cost. This is included in addition to the core blocks and claims are subject to validation by NHSE/I; receipt of income is expected in July 2022.

## Pay

In the year to date position, pay is overspent by £0.2m, as outlined in the below table.

| | Budget to M6 £'000 | YTD Budget £'000 | YTD Actual £'000 | YTD Variance £'000 | Adjustment £'000 | Revised YTD Variance £'000 |
|---|---|---|---|---|---|---|
| Ahp'S, Sci., Ther. & Tech. | **(30,759)** | (10,256) | (10,277) | **(20)** | **0** | **(20)** |
| Hca'S & Support Staff | **(22,206)** | (7,902) | (8,050) | **(148)** | **0** | **(148)** |
| Medical And Dental | **(63,924)** | (21,404) | (21,691) | **(288)** | **0** | **(288)** |
| Nhs Infrastructure Support | **(29,948)** | (10,077) | (10,176) | **(99)** | **0** | **(99)** |
| Nursing & Midwife Staff | **(66,065)** | (22,123) | (21,731) | **392** | **0** | **392** |
| Other Pay Costs | **(760)** | (253) | (264) | **(11)** | **0** | **(11)** |
| Total | **(213,663)** | **(72,015)** | **(72,189)** | **(174)** | **0** | **(174)** |

- Within the YTD pay position a budget for additional Covid costs of £2.4m is included, assigned to the specific staff group and directorate where costs are being incurred.
- Slight overspends on HCAs and Support Staff is counteracted by underspends on Nursing. Within both pay categories £1.0m of year to date funding for covid sickness is included, increasing the overall underspend. Work is ongoing to rebase ward based budgets to reflect new ward structures and bed numbers.
- Medical and Dental staff show a year to date overspend of £0.3m. Junior staffing is overspent by £0.2m and £0.1m for senior medical staffing, with both elements driven by premium pay of agency and bank costs.
- Cost have been recognised in relation to the year to date element of the flowers legal case of £0.1m.

Total year to date agency spend is £1.1m. The top 10 directorates Agency costs year to date are shown below; work is ongoing within each directorate to recruit to hard to fill posts where possible and reduce overall cost. Agency spend will continue to be monitored monthly moving forward.

| | YTD Actual £'000 |
|---|---|
| Respiratory | (151) |
| Radiology | (137) |
| Older Persons Medicine | (118) |
| Radiotherapy & Oncology | (96) |
| Haematology | (87) |
| Neurology | (68) |
| Infectious Diseases | (64) |
| Perioperative | (61) |
| Pathology | (55) |
| Cardiothoracic | (53) |

## Non-Pay

Non-pay is overspent by £5.2m at Month 2, this includes cost of £4.6m in relation to the elective recovery scheme resulting in a net overspend of £0.6m. This overspend is predominantly driven by increases in drugs costs from high cost drugs funded by commissioners, with additional income recovered to cover this cost.

| | Budget to M6 £'000 | YTD Budget £'000 | YTD Actual £'000 | YTD Variance £'000 | Adjustment £'000 | Revised YTD Variance £'000 |
|---|---|---|---|---|---|---|
| Clinical Negligence Cost | (9,120) | (3,040) | (3,040) | (0) | 0 | (0) |
| Clinical Supplies And Services | (38,496) | (14,087) | (15,673) | (1,587) | 2,240 | 653 |
| Drugs | (35,820) | (12,060) | (12,519) | (459) | 250 | (209) |
| Establishment | (3,981) | (1,328) | (1,501) | (172) | | (172) |
| Ext. Staffing & Consultancy | (172) | (57) | (57) | 01 | | 01 |
| General Supplies & Service | (2,133) | (723) | (572) | 150 | | 150 |
| Healthcare Service Purchase | (5,479) | (1,826) | (4,445) | (2,618) | 2,500 | (118) |
| Miscellaneous Services | (525) | (175) | (212) | (37) | | (37) |
| Pfi Unitary Payment | (14,792) | (4,965) | (5,115) | (150) | | (150) |
| Premises & Fixed Plant | (12,225) | (4,236) | (4,351) | (115) | | (115) |
| Research, Education & Training | (1,851) | (950) | (1,038) | (88) | | (88) |
| Transport | (2,129) | (725) | (851) | (125) | 250 | 125 |
| Total | (126,722) | (44,173) | (49,374) | (5,201) | 5,240 | 39 |

- Clinical supplies and services are showing a year to date overspend of £1.6m. This overspend is being driven by £1.9m of cost for the Elective Recovery Fund, covered by income as outlined within the income section of this report. The resulting underspend of £0.3m is from reduced activity levels within clinical directorates.
- Drugs have a YTD overspend of £0.5m, being driven by increase in high costs drugs for the cancer drug fund, Hep C and cost and volume drugs, with these costs covered by additional income from commissioners.
- Healthcare service purchase is showing a year to date overspend of £2.6m, £2.5m is in relation to costs for the elective recovery fund as outlined and £0.1m from outsourcing.
- PFI Unitary payment costs are overspent by £0.2m driven by increased costs for cleaning and waste, these costs are being investigated between the Finance and Estates team to understand the full nature of the uptake in cost in month and if this is linked to Covid.
- Research, Education and Training is overspending by £0.1m due to clinical trials, with this cost covered by additional income.

## Non-Operating Costs

Technical items are in line with budgeted amounts, with both deprecation and PDC in line with the rebased budget for 2021/22.

**CIP**

For the first 6 months of the year the Trust has a £5.0m CIP target. The outline programme is shown in the below table. With work ongoing to embed delivery arrangements, as part of the Trust's financial recovery planning.

| | Plan to M6 £'000 | | YTD Target £'000 | YTD Actual £'000 | YTD Variance £'000 |
|---|---|---|---|---|---|
| **Corporate** | **2,430** | | 605 | 488 | **(117)** |
| **Procurement** | **740** | | 113 | 95 | **(18)** |
| **Pharmacy** | **485** | | 42 | 0 | **(42)** |
| **Clinical Services** | **275** | | 75 | 0 | **(75)** |
| **Estates** | **450** | | 117 | 117 | **0** |
| **ICT** | **80** | | 27 | 0 | **(27)** |
| **Workforce** | **540** | | 167 | 167 | **0** |
| **Total** | **5,000** | | **1,145** | **867** | **(278)** |

In month savings have been formally recognised in relation to:

- PFI lifecycle
- Private Patients income
- PPE push savings
- Medical Engineering
- Workforce

For Month 3 further savings are undergoing validation and are planned to be defunded and recognised for pharmacy drugs, procurement contractual savings.

## Capital

The Trust's capital expenditure at the end of May amounted to £2.9m as detailed below:

| | YTD Budget £'000 | YTD Actual £'000 | YTD Variance £'000 | Full Year Budget £'000 | Full Year Forecast £'000 | Full Year Variance £'000 |
|---|---|---|---|---|---|---|
| PFI Lifecycle | 1,730 | 1,564 | (166) | 10,380 | 10,380 | 0 |
| Site Reconfiguration | 2,050 | 839 | (1,211) | 17,114 | 17,114 | 0 |
| Replacement of Medical Equipment | 450 | 175 | (275) | 2,181 | 2,181 | 0 |
| Network Replacement and Clinical Noting | 800 | 347 | (453) | 3,750 | 3,750 | 0 |
| **Total** | **5,030** | **2,925** | **(2,105)** | **33,425** | **33,425** | **0** |

| | YTD Budget £'000 | YTD Actual £'000 | YTD Variance £'000 | Full Year Budget £'000 | Full Year Forecast £'000 | Full Year Variance £'000 |
|---|---|---|---|---|---|---|
| Financing | | | | | | |
| Depreciation | 5,030 | 2,925 | (2,105) | 11,733 | 11,733 | 0 |
| Internal Reserves | 0 | 0 | 0 | 0 | 0 | 0 |
| Charitable Funding | 0 | 0 | 0 | 0 | 0 | 0 |
| PDC | 0 | 0 | 0 | 21,692 | 21,692 | 0 |
| **Total Financing** | **5,030** | **2,925** | **(2,105)** | **33,425** | **33,425** | **0** |

The programme includes the following identified schemes:

- PFI Lifecycle - £10.4m contractual commitment (£9.4m) to Endeavour SCH LLP with the payment based on the Financial Model and PFI Enhancements and Change in Law (£1.0m);
- Estates – Friarage Rationalisation and Redevelopment (£12.1m), SDEC (£1.5m), Pathology Development (£1.2m) and Friarage Critical Backlog maintenance (£1.0m));
- IT – Alcidion and Digital Aspiration investment for e-prescribing and licencing (£1.2m), Data Centre Upgrade (£0.8m) and Cyber Investment (£0.5m); and
- Medical equipment – Emergency replacement of medical equipment including committed items from 2020/21.

The capital programme is currently underspent by £2.1m and this mainly includes variances on the Same Day Emergency Care (SDEC) scheme £0.3m, Interventional Radiology £0.3m, FHN Critical Backlog maintenance £0.2m and the Alcidion project £0.5m.

The Trust submitted the Annual Plan for 2021/22 to NHSE/I on 12 April amounting to £33.4m and will look to utilise PDC funding amounting to £21.7m to support this programme.

## Liquidity

The cash balance at 31 May 2021 was £71.1m.

The Trust's cash position will reduce in June following the first quarterly PFI payment to Endeavour SCH Plc and that trend will continue through the remainder of the year.

The Better Payment Practice Code (BPPC) performance for the Trust (target 95%) on cumulative invoices paid to date is detailed as follows:

- April 95.8%; and
- May 96.4%

## Statement of Financial Position (SOFP)

The following table compares the SOFP position between 30 April and 31 May 2021.

| | 30 April<br>£000 | 31 May<br>£000 | Movement between months<br>£000 |
|---|---|---|---|
| Property, Plant and Equipment | 243,510 | 244,000 | 490 |
| Long Term Receivables | 1,666 | 1,666 | 0 |
| **Total Non-Current Assets** | 245,176 | 245,666 | 490 |
| **Currents Assets** | | | |
| Inventories | 13,446 | 13,576 | 130 |
| Trade and other receivables (invoices outstanding) | 5,309 | 4,307 | (1,002) |
| Trade and other receivables (accruals) | 14,619 | 18,642 | 4,023 |
| Prepayments including PFI | 17,055 | 14,428 | (2,627) |
| Cash | 70,106 | 71,154 | 1,048 |
| **Total Current Assets** | 120,535 | 122,107 | 1,572 |
| **Current and Non-Current Liabilities** | | | |
| Borrowings | (92,744) | (92,428) | 316 |
| Trade and other payables | (95,405) | (98,676) | (3,271) |
| Provisions | (1,632) | (1,632) | 0 |
| **Total Current and Non-Current Liabilities** | (189,781) | (192,736) | (2,955) |
| **Net Assets** | **175,930** | **175,037** | **(893)** |
| **Equity:** | | | |
| Income and Expenditure Reserve | (231,811) | (232,704) | (893) |
| Revaluation Reserve | 33,643 | 33,643 | 0 |
| Public Dividend Capital | 347,622 | 347,622 | 0 |
| Other Reserves | 26,476 | 26,476 | 0 |
| **Total Equity** | **175,930** | **175,037** | **(893)** |

The major points of note on changes between April and May are:

- Property, Plant and Equipment – movement in month of £0.5m arising from spend on PFI lifecycle and emergency replacements, partly offset by depreciation.
- Trade and other receivables – covers an accrual for Elective Recovery Funding (ERF) amounting to £4.6 million, offset by similar adjustment through trade and other payables.
- Prepayments – reduction for one month of the quarterly contractual PFI charge paid in advance in March. The next quarterly PFI payment is due in June 2021.
- Payables – see trade and other receivables above.
- Income and Expenditure Reserve – movement relates to the deficit on the revenue position delivered in May.

| MEETING OF THE PUBLIC TRUST COUNCIL OF GOVERNORS – 13 July 2021 | | | |
|---|---|---|---|
| **Improvement Plan** | | | **AGENDA ITEM: 9 ; ENC7** |
| **Report Author and Job Title:** | Lucy Tulloch<br>Deputy Director Strategy & Planning | **Responsible Director:** | Ros Fallon<br>Director<br>Planning & Recovery |
| **Action Required** | Approve ☐ Discuss ☐ Inform ☒ | | |
| **Situation** | The Improvement Plan sets out a two year Trust strategy and operational plan to drive our recovery and getting back to our best. | | |
| **Background** | In February 2020 following the CQC inspection and subsequent changes in leadership an Improvement Plan was approved by the Clinical Policy Group and Trust Board. Following the clinically led response to the Covid 19 pandemic the Improvement Plan has been refreshed. | | |
| **Assessment** | The Improvement Plan sets out our vision for a clinically driven organisation that puts safety and quality first. The trust strategy was developed with wide clinical engagement and will be delivered through nine enabling strategies. | | |
| **Recommendation** | Members of the Council of Governors are asked to receive the Improvement Plan. | | |
| **Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline** | The enabling Strategies mitigate risks across all domains of the BAF. The refreshed Improvement Plan specifically mitigates the threat *Lack of a clear vision for the improvement journey…leading to a failure to deliver sustainable change and the improvements required.* | | |
| **Legal and Equality and Diversity implications** | There are no legal or equality & diversity implications associated with this paper.<br>Note that tackling health inequalities with evidence-based measures and interventions to empower and improve population health, is one of four patient centred outcomes of the clinical strategy. | | |
| **Strategic Objectives** (highlight which Trust Strategic objective this report aims to support) | Excellence in patient outcomes and experience ☒ | Excellence in employee experience ☐ | |
| | Drive operational performance ☒ | Long term financial sustainability ☐ | |
| | Develop clinical and commercial strategies ☐ | | |

6 July 2021

South Tees Hospitals
NHS Foundation Trust

# South Tees Hospitals NHS Foundation Trust Improvement Plan

Safety and Quality First

# Contents

# Summary

Safety and Quality First

# Introduction

The purpose of this document is to set out the Improvement Plan for South Tees Hospitals NHS Foundation Trust. This Plan will be delivered between now and 2023 and builds upon the original Improvement Plan set out in February 2020.

The Trust's Strategy is delivered through the ten clinically-led collaboratives, under-pinned by nine enabling strategies and plans, which span the clinical and corporate functions.

The objectives for 2021-2023 are set out in the Improvement Plan. This refreshed plan builds upon the previous plan approved by the Clinical Policy Group (CPG) and the Trust Board in February 2020.

The Improvement Plan integrates the Trust Strategy with operational and transformational plans. It sets out delivery over the next two years alongside how improvements will be measured.

The plan has been updated to include a de-escalation and recovery focus in the first phase.

The second phase focus is around growing elective care at the Friarage Hospital, enabling specialty services to thrive and grow at James Cook Hospital, and working with our community services to deliver more care closer to home.

While the majority of the Trust's specialities already deliver care to patients and service users across our region, the final phase of the plan will continue to focus on the delivery of more joined-up care locally across the Tees Valley and North Yorkshire which ensures:

- **Quality:** good access to sustainable specialty care
- **Workforce:** stronger and more resilient teams
- **Sustainability:** a firm footing for the long term
- **Health inequalities:** evidence based measures and interventions to empower and improve population health

Underpinning the Improvement Plan is a programme of leadership development and continuous improvement that will support teams to continue to put safety and quality first.

A summary plan on a page is set out on page 7 of this document and detailed delivery plans are contained within the rest of the document.

# Context

Excellent NHS services are important to the more than 1.5 million patients, service users, carers and families in the Tees Valley, North Yorkshire and beyond who depend and rely on the services we provide and to everyone who works at South Tees NHS Hospitals Foundation Trust.

The Trust is an anchor tertiary provider and our major trauma centre sees half of all trauma cases in the North East and Cumbria.


In July 2019 the Trust was inspected by the Care Quality Commission (CQC) and its rating was reduced from 'Good' to 'Requires Improvement'.

Since October 2019, the Trust has been empowering clinicians to make the decisions around how we allocate our resources and deliver care.

We have done this through our CPG which draws its membership from our clinical directors, nursing and allied health professional leaders, chief medical officer, executive team, operational managers, chairs of staff-side, our senior medical staff forum, and our BMA representative.

The CPG has created ten clinically-led improvement collaboratives (service groups) which are our natural care communities of surgeons, physicians, nurses, midwives, scientists, allied health professionals and administrative and support colleagues, which have come together to make their services even better for our patients. At the heart of our clinical collaboratives is our Leadership and Safety Academy which encompasses our patient safety faculty and provides a range of support, including leadership and management training, quality improvement skills, team and service support, coaching and human factors training.

The Trust Board also worked with staff in the trust to develop a mission, vison and values that staff wish to see embedded in the Trust culture.

Over the course of the spring of 2021, and in line with the publication of the national planning guidance, the clinical collaboratives have been developing their plans for recovery and this includes realigning how resources and estate are managed across all the hospital sites.

An assurance structure of connecting groups has been set up to deliver our recovery plans and the long term clinical strategy. Operational groups drive and deliver clinically-led change, reporting back to the Strategic Recovery Group. This group reports to the Clinical Strategy & Improvement Group and is accountable to the CPG which oversees delivery of our Improvement Plan.

# Our Strategy

The Trust will serve its patients, colleagues and population by putting safety and quality at the heart of what we do. Our strategy was developed in collaboration with our staff to reflect their values.

# Improvement Plan on a Page for 2021 – 2023

*5 year planning*

*Safety and quality movement*

*Fit for purpose estate*

**Stabilise**

### Phase one of our original improvement plan

**Implement CQC recommendations**
- 26 'Must Do' actions

**Prioritise and resolve key service issues:**
- Ophthalmology
- Gastroenterology
- Orthopaedics
- Radiology
- Theatres
- Critical Care
- Maternity

**Prioritise and resolve key trust wide operational issues:**
- Patient safety
- HCAI
- Bed management and patient flow
- Timely discharge
- Trajectories to meet constitutional targets
- Administration

### Extra Covid-19 de-escalation support

**Service areas:**
- ED, SDEC and medicine
- Outpatient transformation
- ENT outpatients (AGP)
- Anaesthetics
- Critical care recovery
- Therapies
- Oncology

**Trust-wide areas:**
- Patient discharge
- Patient flow
- Staff wellbeing
- Digital plan

### Extra elective care recovery support

**Planned activity levels:**
- Plastics
- Orthopaedics
- ENT
- Cardiothoracic
- Gynaecology
- General surgery
- Dermatology

**52-weeks focus:**
- Orthopaedics
- General Surgery
- Urology
- Vascular Surgery
- Neurosurgery
- Spinal surgery
- Pain management
- ENT
- Ophthalmology
- OMFS
- Plastic surgery
- Gynaecology

**Leadership development, Continuous Improvement training, CQC compliance**

**Sustain**

### Specialist services

Programme of service reviews to enable specialist services to thrive and grow at James Cook Hospital.

### Growing the Friarage

Maximise and expand the range of elective services provided at the Friarage.

### Care closer to home

Integrate community services with Primary Care Networks to reduce admissions and promote hospital in-reach to support timely discharge

**Connect**

Collaborative working across the ICS/ICP to achieve the following outcomes:

- Quality: good access to sustainable specialty care
- Workforce: stronger and more resilient teams
- Sustainable: a firm footing for the long term
- Health inequalities: evidence based measures and interventions to empower and improve population health

*Best use of resources*

# Clinical Collaboratives

In order to strengthen our clinical leadership we have organised our services into 10 Clinical Collaboratives supported by a Clinical Policy Group (CPG)

## Neurosciences and Spinal Care Services

- Neurosurgery
- Neurology
- Spinal
- Neuro-rehab
- Pain
- Sleep
- Stroke
- Neuroradiology
- SCI
- Back pain services
- Disablement Services
- Neurophysiology
- Neuro HDU

## Women and Childrens

- Obstetrics
- Midwifery Led Unit JCUH
- Gynaecology
- Paediatrics
- Neonatology
- Midwifery Led Unit FHN
- Paediatric Outpatients FHN
- Specialist Community Children's Service
- Community Midwives

## Perioperative and Critical Care Medicine Services

- Critical Care Medicine
- Anaesthetics
- Theatres JCUH
- Theatres FHN
- Pre-assessment
- Pre-habilitation
- PACU

## Cardiovascular care services

- Cardiothoracic Surgery
- Cardiothoracic Anaesthesia
- Cardiothoracic Critical Care
- Cardiothoracic Theatres
- Cardiology
- Cardiac Catheterisation Laboratory's
- Vascular Surgery

## Growing the Friarage and Community Services

- Friarage Medical services
- Friarage Site Management
- Friarage Outpatients
- Friarage UTC
- Oversight of Friarage Strategic Developments
- H&R Community
- Friary Hospital
- Rutson Ward
- Middlesbrough Community Services
- Redcar and Cleveland Community Services
- Redcar and Cleveland Primary Care Hospitals

## Clinical Support Services

- Radiology
- Pharmacy
- Pathology Services
- Medical Physics
- Therapy Professional Leadership
- Patient Flow
- Patient Transport
- Phlebotomy
- SPOR
- Complex Discharges
- Bed Bureau
- Discharge Lounge

## James Cook Cancer Institute and Speciality Medicine Services

- Radiotherapy and Clinical Oncology
- Oncology Day Unit
- Medical Oncology Day Unit JCUH
- SROMC Friarage
- Specialist Palliative care
- Haematology
- Haematology Day Unit JCUH
- Renal
- Renal Day Units
- Rheumatology

## Digestive Diseases, Urology and General Surgery Services

- Urology
- Gastroenterology
- General Surgery
- Upper GI
- Lower GI
- Endocrine
- Breast Surgery
- Emergency General Surgery


## Head & Neck, Orthopaedic and Reconstructive Services

- ENT and Audiology
- Cochlear Implant Service
- OMFS and Orthodontics
- Plastic Surgery
- Trauma and Orthopaedics
- Dermatology
- Ophthalmology and Orthoptics

## Medicine and Emergency Care Services

- Acute Medicine
- Diabetes and Endocrinology
- Respiratory Medicine
- Older Peoples Medicine
- Infectious Diseases Medicine
- Emergency Medicine
- JCUH Adult Emergency Department
- JCUH Paediatric ED
- Redcar UTC
- Professional Oversight of Friarage UTC

# Enabling Strategies Overview

The Trust Strategy and its Improvement Plan will be delivered through nine enabling strategies and plans.

# Developing our Enabling Strategies

Our enabling strategies are being developed, or refreshed, by our Executive and clinical leadership teams to reflect our Trust strategy. They support the delivery of our objectives and clinical priorities as we recover from the Covid-19 pandemic.

| Enabling Strategy | Approval | Work plan |
|---|---|---|
| **Clinical Strategy** | Trust Board | Initial Clinical Strategy is incorporated within the Improvement Plan to be approved by Trust Board in July 2021. A further iteration of the Clinical Strategy across the Tees Valley to be developed during Q3/Q4 2021/22. |
| **Safety and Quality Strategy** | Quality Assurance Committee | To be finalised Q2/Q3 2021/22 |
| **Digital Plan** | Resource Committee | Digital roadmap developed June 2021<br>Digital Strategy to be developed Q3 2021/22 in line with clinical strategy |
| **Estates Plan** | Resource Committee | Operational plan in place.<br>To be refreshed in line with emerging clinical strategy |
| **People Plan** | People Committee | Approved by People Committee. To be recommended to Trust Board in Q2 2021/22 |
| **Financial Strategy** | Resource Committee | To be developed Q2 2021/22 |
| **Research Strategy** | Quality Assurance Committee | Approved by Trust Board May 2021 |
| **Nursing & Midwifery Strategy** | People Committee<br>Quality Assurance Committee | Approved by Quality Assurance Committee June 2021, pending approval at People Committee and Trust Board |
| **Communication and Engagement Strategy** | Senior Leadership Team<br>Trust Board | Approved by Senior Leadership Team May 2021, for Trust Board July 2021 |

# Clinical Strategy

Safety and Quality First

# Clinical Strategy – Overview

The Improvement Plan is set out in three concurrent phases which collectively sets out the direction of travel for a Clinical Strategy for South Tees.

The first phase seeks to sustain services, sets out operational priorities, ensure staff wellbeing, achieve CQC compliance and to embed a programme of leadership development and continuous improvement in quality and safety.

The second phase seeks to enable specialist services to thrive and grow on the James Cook Hospital site, transform how core services are delivered at both the James Cook and the Friarage hospital sites and includes the integration of community services to create stronger hospital relationships and support timely discharge and admission avoidance.

The third phase seeks to sustainably place services in the Tees Valley and North Yorkshire on a firm footing for the long term by ensuring good access to specialty care through stronger and more resilient teams that attract the workforce of today and the future.

While the majority of our specialties already deliver care to patients and service users across our region, the third phase of our plan will continue to focus on will how we can deliver more joined-up care locally across the Tees Valley and North Yorkshire.

In doing so we have set four patient-centred outcomes against which closer working can be measured:

**Quality:** good access to sustainable specialty care

**Workforce:** stronger and more resilient teams

**Sustainability:** a firm footing for the long term

**Health inequalities:** evidence based measures and interventions to empower and improve population health

Underpinning each phase of our plan is our movement to continue putting safety and quality first.

Each new Clinical Collaborative will develop their 2-3 year business plan to set out how they will contribute to the delivery of the four outcomes. Collaborative leadership teams will agree and work to an annual operating plan, to provide assurance of performance, governance and progress towards their milestones.

# Stabilise: Phase 1 Original Service Issues

Our original Improvement Plan identified 7 services that required focused support to address their service issues. The plans for these services have recently been reviewed by CPG. A review will be undertaken to determine their current level of vulnerability and identify ongoing support.

| Service | Current position | Oversight Group |
|---|---|---|
| **Ophthalmology** | Patient care pathways review continues.<br>Ensure all patients have date allocated. | Strategic Recovery Group (Elective) |
| **Gastroenterology** | Capacity and recovery plan in place. Weekend working embedded. | Strategic Recovery Group (Elective) |
| **Orthopaedics** | Improving theatre utilisation, reducing length of stay, additional capacity including weekend lists embedded | Strategic Recovery Group (Elective) |
| **Theatres** | Theatre Improvement Plan being developed with NHSE/I support. Investment in nurse leadership. | Strategic Recovery Group (Elective) |
| **Critical care** | Staff:patient ratios monitored, supernumerary coordinators, business case for fully staffed additional capacity | Trust-Wide Critical Care Steering Group |
| **Radiology** | Capacity and recovery plan in place, returning major modalities to 6ww compliance. | Strategic Recovery Group (Outpatient & Diagnostics) |
| **Maternity** | Responded to Ockenden Review Part 1. Continuity of carer being rolled out.<br>BirthRate Plus compliant. | Clinical Strategy and Improvement Group |

# Stabilise: Recovery and Transformation

The stabilise phase of the Improvement Plan, is managed through the Strategic Recovery Group, reporting into the Clinical Strategy & Improvement Group and accountable to the CPG. The Strategic Recovery Group receives reports from the cross-cutting transformation programmes, as well as escalation of operational pressures, and provides a broad, clinically led forum for support and challenge.

## Strategic Recovery Group Outpatients & Diagnostics

**Standing agenda items**:

- Outpatient recovery
- Diagnostic recovery
- Covid-19 response

**Connecting groups and transformation programmes:**

- Outpatient Services Transformation
- Administration Services Recovery and Transformation
- Inpatient Booking Model
- Task & Finish Groups as required

## Strategic Recovery Group Elective Services

**Standing agenda items**:

- Elective recovery
- Anaesthetics and theatres
- Critical care recovery
- Covid-19 response

**Connecting groups:**

- Surgical Improvement Group
- Friarage Theatres Build (for Growing the Friarage)
- Task & Finish Groups as required

## Strategic Recovery Group Non-Elective Services

**Standing agenda items**:

- Non-elective recovery
- Covid-19 response

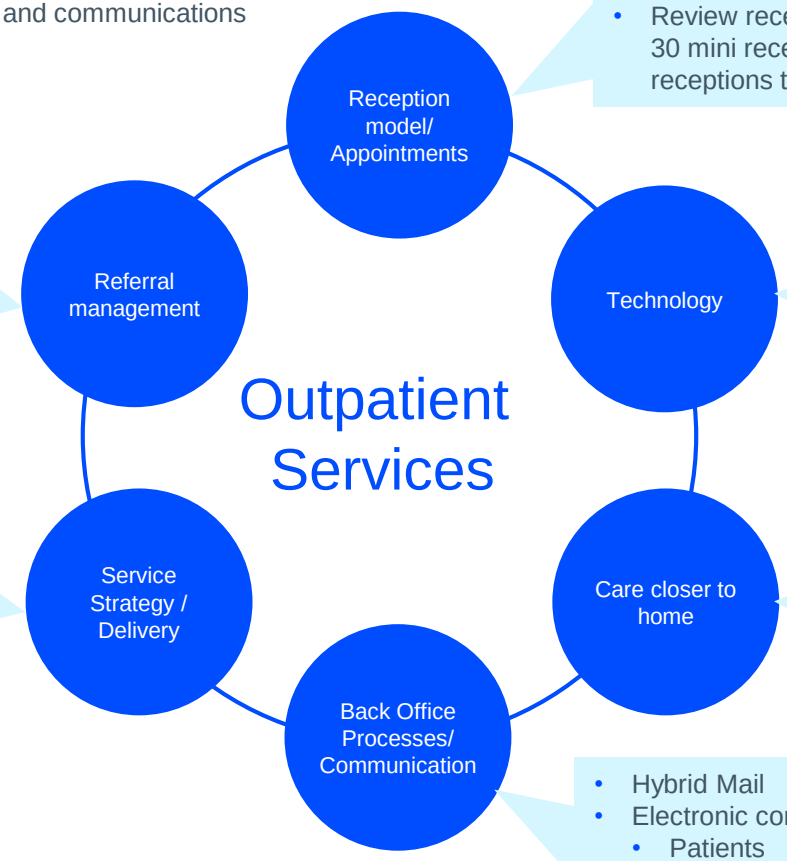
**Connecting groups and transformation programmes:**

- Frailty
- Complex Discharge
- Emergency Department (ED) , Same Day Emergency Care (SDEC), Medicine and Children & Young People's ED
- Clinical Site Management and Patient Flow
- Task & Finish Groups as required

# Outpatient Services Transformation Plan

## Key Drivers:

- Improve patient experience from referral to discharge
- Reduce footfall on site
- Increase use of technology
- Deliver outpatient activities closer to the patients home
- Improve back office processes and communications with primary care
- Stakeholder engagement




- Management model - centralised vs decentralised
- OP Waiting List Management
- Review reception model, move from 30 mini receptions to fewer super receptions to be considered

- Kiosks
- Health Apps to report and manage long term conditions
- Video & Telephone Consultations
- Outpatients Management Portal
- Electronic Document Management/ EPR

- Primary care clinic locations
- Community care clinic locations

- Hybrid Mail
- Electronic correspondence
  - Patients
  - GPs
  - Reduce and standardise OP clinic letter templates
- Voice Recognition
- Text reminders

- Agree plans at collaborative /specialty level for delivery of outpatient services
- Workforce modelling to support the above
- Monitoring delivery

- Expansion of Electronic Referral Service functionality
- Same day services / appts
- Telephone appt services
- Advice & Guidance services

# Stabilise: Elective Care Recovery and Transformation

Elective demand has not yet returned to pre-Covid-19 levels in all areas. Capacity remains reduced in some specialties and there are significant backlogs of patient waiting lists to clear. Our vision is to work through the backlogs of demand that built up in 2020/21 and deliver sustainable levels of activity to meet ongoing demand and waiting time standards.

## Plans and key deliverables:

- Deliver core activity to trajectories as submitted to NHSE
- Deliver additional activity to address waiting list backlogs
- Analysis of the impact of activity trajectories and demand scenarios on patient waiting times and sustainable list size
- Waiting list validation and clinical prioritisation – inpatients and diagnostics including patients waiting for surveillance
- Theatre utilisation and efficiency
- Bed modelling and allocation of resources, access to critical care capacity for the elective programme

## Key milestones:

- Directorate activity models using IMAS tool, July 2021

## Outcome measures:

- Constitutional standards and waiting times: 18ww RTT, Cancer 14 day, 31 day and 62 day standards, cancer patients cancelled, diagnostics 6ww
- Theatre efficiency metrics, cancelled operations

## Connecting programmes:

- Theatres improvement plan
- Critical care

## Digital enablers:

- Pathway Plus (for waiting list management)
- Synopsis IQ (for pre-assessment)
- Upgrade existing theatre systems

# Stabilise: Non Elective Recovery and Transformation

Our vision is to safely respond to non-elective demand, with patients treated in the right place, right time. Non-elective demand has returned to pre-Covid-19 levels, with added challenges of social distancing and testing. Clinicians are anticipating a significant winter surge of respiratory illness and possible impact of Covid-19 variants. Planning for winter resilience is key.

## Plans and key deliverables:

- Bed model based on demand scenarios
- Monitoring of Covid-19 trends, promoting vaccination and testing (day 0, 3, 5, and weekly)
- Winter Plan, Trust and System resilience planning and contingencies, allocation of resources (minimising outliers)
- Review Emergency Medicine service model
- Standardisation of processes in ED
- SDEC acute pathways to be developed for all specialties
- SDEC in the community

## Key milestones:

- Open Children & Young Peoples ED, Summer 2021
- Implement the Clinical Review of Standards, March 2022

## Outcome measures:

- 4-hour standard and Clinical Review of Standards metrics (e.g. average total time in ED, time to first assessment, to decision to admit)
- Long Length of stay (LOS) metrics (patients > 14 days, 21 days, delayed step down from critical care)
- Clinical metrics (acuity, frailty, patients in hospital who do not meet criteria to reside, outliers)
- Community metrics (2-hour crisis response)

## Connecting programmes:

- Critical care capacity
- Clinical site management
- Complex discharge and Frailty
- Care closer to home

## Digital enablers:

- Medworxx
- Alcidion patient flow module
- PatientTrac

# Stabilise: Frailty

The Frailty vision is preventing avoidable admissions of the frail and elderly population; optimising the quality of care for people admitted to hospital; and ensuring patients are discharged home or as close to home as possible when they are medically optimised.

## Plans and key deliverables:

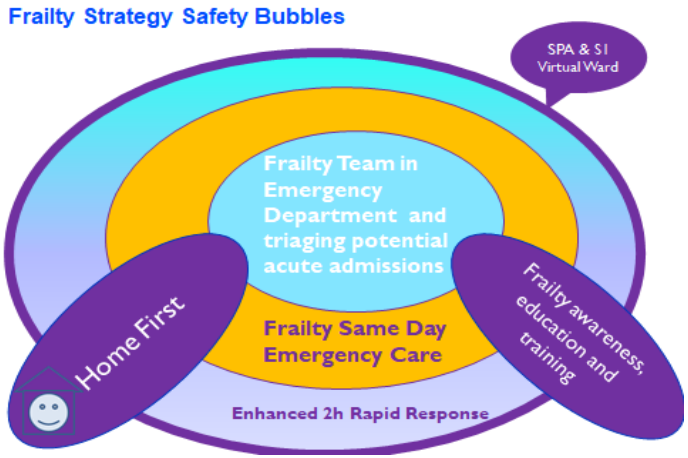
- Refresh the frailty strategy
- Embed the delirium care bundle
- Establish an ED frailty team
- Design and embed frailty team operational ways of working
- Increase use of Comprehensive Geriatric Assessment (CGA)
- Develop the frailty dashboard, and use of frailty scores to inform patient care and measure improvement
- Realign current frailty provision across the Trust

## Key milestones:

- Frailty strategy, July 2021

## Outcome measures:

- Reduction in the number of frail people attending A&E services, emergency admissions, and length of stay
- Reduction in the number of falls and pressure ulcers (as a proportion of elderly admissions)
- Increase in the number of patient receiving CGA (as a proportion of all elderly admissions)




## Connecting programmes:

- Complex discharge
- Care closer to home
- ICP system plans: Enhanced Health in Care Homes

## Digital enablers:

- SystmOne

# Stabilise: Complex Discharge

The vision for complex discharge is to work in partnership across acute, community and health and social care so that when patients no longer require acute hospital care they are safely transferred to the right setting at the right time to meet their needs. Home First is a mind-set that everyone involved in the system needs to understand and implement. The focus is on admission avoidance and providing wrap around services in the community so that people are supported to return home to recover, regain their confidence and maintain their independence

## Plans, key deliverables and milestones:

- Initiate reviews of Long LOS, July 2021
- Multi-disciplinary review (MDT) Review of patients with long length of stay, July 2021
- Develop an integrated Single Point of Access (SPA) (merging Single point of referral (SPOR) and Social Care admin team, single referral process), July 2021
- Modernise ward rounds Collaborative and ward processes (SAFER, huddles, board round checklist), July 2021
- Improved patient/family/carer communication (including leaflets and advice on discharge), July 2021
- Form an integrated Discharge Team (including Case Management & Trusted Assessment), Summer 2021
- Develop PSAG (Patient Status at a Glance) boards to include criteria to reside assessment, estimated date of discharge (EDD) and predicted date of discharge (PDD) dates, September 2021
- Review supporting processes e.g. pharmacy, transport, September 2021
- Staff engagement and training (Home First culture, discharge intranet link), September 2021
- Pathway 1 Home First Service, September 2021
- Develop use of Community hospitals and hubs, develop Community Hospital pathway, October 2021

## Outcome measures:

- Use of Home First pathways
- Patients being discharged home with the health and social care support they need – target 95%
- Reduction in average and Long LOSs, weekly MDT reviews, expected versus actual length of stay
- Reduction in patients in hospital who no longer meet criteria to reside

## Connecting programmes:

- Frailty
- Clinical site management
- Integrated care partnership (ICP) system plans: Enhanced Health in Care Homes

## Digital enablers:

- SystmOne
- Use of PSAG Boards
- Medworxx v6 rollout
- Dashboard (FT, collaborative & ward data)
- Safer Handover Tool

# Stabilise: Clinical Site Management

The vision for clinical site management is to ensure that every patient is in the right place at the right time, maintaining patient flow through the organisation. The team play a key role in our escalation and management of capacity pressures.

## Plans and key deliverables:

- Review of current team composition and purpose
- Review of current data flows to inform areas of focus
- Review senior site management arrangements and escalation processes in and out of hours
- Flow process review
- Side room management

## Key milestones:

- Two site sisters on 24/7 with defined roles
- Standard agenda and revised information in the command centre
- Review of Long LOS on assessment units daily
- Review of outliers, PSAG daily
- Work with IPC to improve utilisation ad availability of side room across the sites
- Improve understanding of ED pressures through regular attendances by site sisters
- Understand flow of patients from JCUH to FHN daily
- Standardised escalation processes for site and ED pressures
- Understand all entry points into the beds
- Update of operational policy

## Outcome measures:

- Define data streams needed to comprehensively present an overview of the

## Connecting programmes:

- Care closer to home
- Frailty
- Elective recovery
- Non-elective recovery

## Digital enablers:

- SystmOne
- Use of PSAG (Patient Status at a Glance) Boards
- Medworxx v6 rollout
- Discharge Dashboard (FT, collaborative & ward data)
- Safer Handover Tool

# Sustain: Specialist Services

We currently deliver Specialist Services to a population of 1.2m extending across the Tees Valley, North Yorkshire and across parts of Cumbria. Our specialist services include: Neurosurgery, Spinal Cord Injuries and Stroke; Cardiovascular Services; James Cook Cancer Institute; Critical Care; Major Trauma Centre, Head, Neck and Reconstructive Surgery; Cochlear Implant Service; Renal Services; Upper Gastro-intestinal Services and Neonatology. Our vision is to sustain the level of specialist services currently commissioned whilst also growing the range of procedures we offer so that we are able to deliver the most up to date care possible using the least invasive interventions.

## Plans and key deliverables:

- Demand and capacity reviews
- Assessments of sustainability and potential for growth

## Key milestones:

- Approval of business case for critical care expansion, submitted May 2021
- Business case for cochlear implant surgery expansion, Autumn 2021

## Outcome measures:

- Compliance with national service specifications
- Managed clinical networks
- Regional collaboration
- Recruitment to specialties
- Ensuring our Trust contributions to Innovation, Research & Development and Education are recognised nationally.


## Connecting programmes:

- Research Strategy
- Academic Programmes
- Estates Strategy

## Digital enablers:

- Pathway Plus
- Infoflex

# Sustain: Growing the Friarage

The Friarage Hospital is a key point of delivery for patients from North Yorkshire and the South of Tees. The Growing the Friarage work programme focuses on maximising elective services, diagnostics whilst also maintaining local acute care.

## Plans and key deliverables:

- Maximise elective activity at the Friarage Hospital
- New Endoscopy and Urology investigations unit to increase capacity and improve care pathways, business cases and plans developed
- Increase use of the new Friarage Dialysis Centre and outpatient Allerton Eye Unit
- Complete business case for a replacement theatres block, to meet current and future demand
- Embed the existing Nurse Practitioner model in the Urgent Treatment Centre (UTC) and continue the journey of integrating urgent care 24/7
- Develop the Frailty SDEC model for Hambleton and Richmondshire

## Key milestones:

- Outline Business Case for Theatres submitted to Trust Board July 2021

## Outcome measures:

- Theatre utilisation and efficiency
- Surgical and diagnostic activity
- Covid-19 recovery and reduction in waiting lists

## Connecting programmes:

- Elective recovery
- Non-elective recovery
- Frailty and Home First

## Digital enablers:

- Upgrade to theatre systems
- Scan for Safety

# Sustain: Care Closer to Home

Our vision for Care Closer to Home is developing integrated Community Services locally and across the system. This includes alignment with Primary Care Networks and enhancing our 2 hour urgent response to reduce admissions and promote hospital in-reach to support timely discharge.

## Plans and key deliverables:

- Implement a Community Frailty SDEC model
- Enhance existing SPA
- Develop Frailty model to include intensive overnight service and Home First model
- Urgent community response within 2 hours
- Maximise use of Community estate including review of bed base and diagnostics
- Review of Specialist Palliative Care

## Key milestones:

- Frailty SDEC by October 2021.
- Establish SPA in Hambleton and Richmondshire (H&R) by September 2021.
- Development of SystmOne September 2021.
- Development of dashboard June 2021.
- Health Population Needs Assessment Autumn 2021.

## Outcome measures:

- Supporting people longer in their own homes.
- Increase in patient experience.
- Reduce hospital admissions / readmissions and length of stay.
- Reduce long term social care placements.
- Increased discharge to assess.

## Connecting programmes:

- Frailty
- Complex discharge
- Non-elective recovery

## Digital enablers:

- SystmOne

# Connect – Across the Tees Valley and North Yorkshire

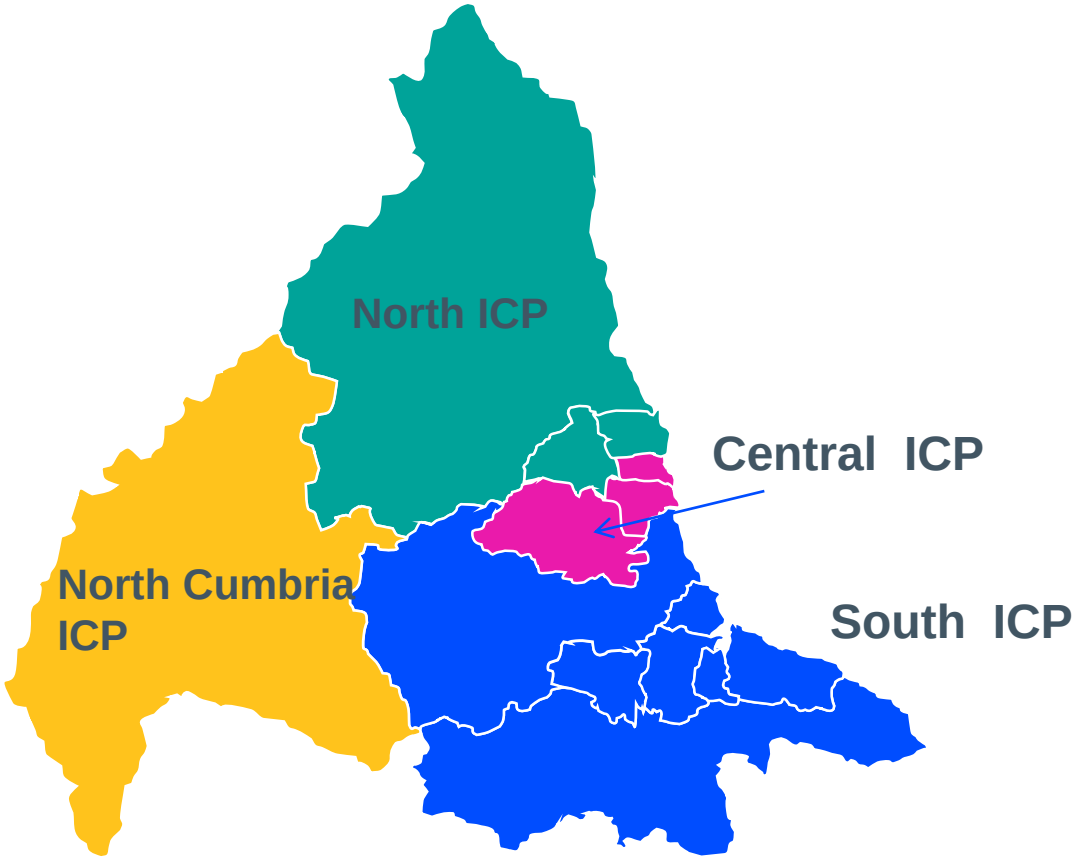
Our clinicians will take a lead role in collaborative working that will drive joined-up and sustainable care that ensures quality by providing good access to sustainable specialty care through stronger and more resilient teams, a firm footing for the long-term and supports evidence based measures and interventions to empower and improve population health.

We will work closely with our colleagues and partner organisations to bring about the patient benefits in:

- North East & North Cumbria Integrated Care System
- Tees Valley Integrated Care Partnership
- Humber Coast and Vale Integrated Care System

This encompasses the system's response to the Health & Social Care White Paper reforms.

The NHS 2021/22 Operational Planning guidance places great emphasis on whole-systems working to respond to the challenges of Covid-19 recovery, supporting our staff, workforce pressures, and tackling health inequalities.



# Other Enabling Strategies/Plans

Safety and Quality First

# Nursing and Midwifery Strategy: Driving Excellence in Care

Driving Excellence in Care is our model of Professional practice and has been developed in consultation with staff. The model comprises everything that staff feel is important in terms of how we deliver care, how we contribute to the organisation as healthcare professionals and how we look after, value and develop our people. 2021 – 2023 and beyond will see a shift in culture to collective leadership and shared ownership of decision making and a real commitment to developing staff towards what they want to achieve and become.

## Our plans

Included within the strategy are key plans including:

- Achieving professional excellence in 8 key areas including decreasing falls and pressure ulcers, improving care of patients with dementia and enabling timely rehabilitation
- Developing and embedding the concept of collective leadership including a network of shared governance councils. Collective Leadership will be driven and enabled as part of our Magnet4Europe journey and our local accreditation proforma - South Tees Accreditation for Quality of Care (STAQC)
- Investing in our people; ensuring a highly motivated and valued workforce with detailed objectives under the key headings of education, research, innovation, wellbeing and safe staffing

## Outcome measures

Each of the 3 main components of the model of professional practice have their own objectives, some will have attached metrics such as reduction in pressure ulcers. The detail is available in a separate document and will be aggregated into the Integrated Performance Report

# Safety and Quality Strategy

Our Quality and Safety Strategy will be published in Q2/Q3 of 2021 and will aim to provide direction to the organisation on the Trust's approach to quality and safety and learning from incidents.

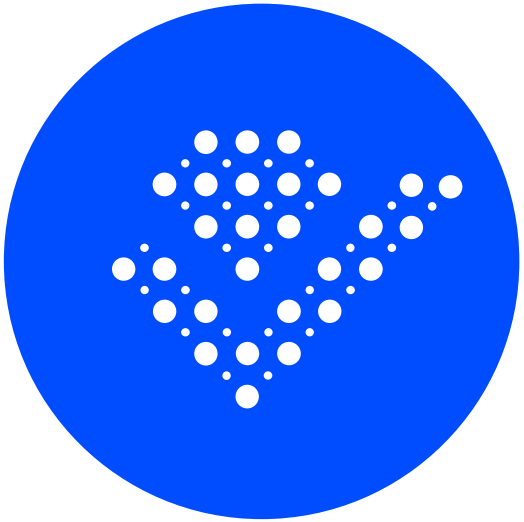
## Our plans

The emerging Quality and Safety Strategy will will prepare the organisation for the implementation of the Patient Safety Incident Response Framework (PSIRF).

Included within the strategy will be key plans including:

- Never events improvement plan
- Patient safety action plan
- Organisational quality priorities

The strategy will use feedback from staff safety promises and is due for publication in October 2021. Key metrics will be aligned with the quality priorities alongside delivery of the PSIRF.



## Outcome measures

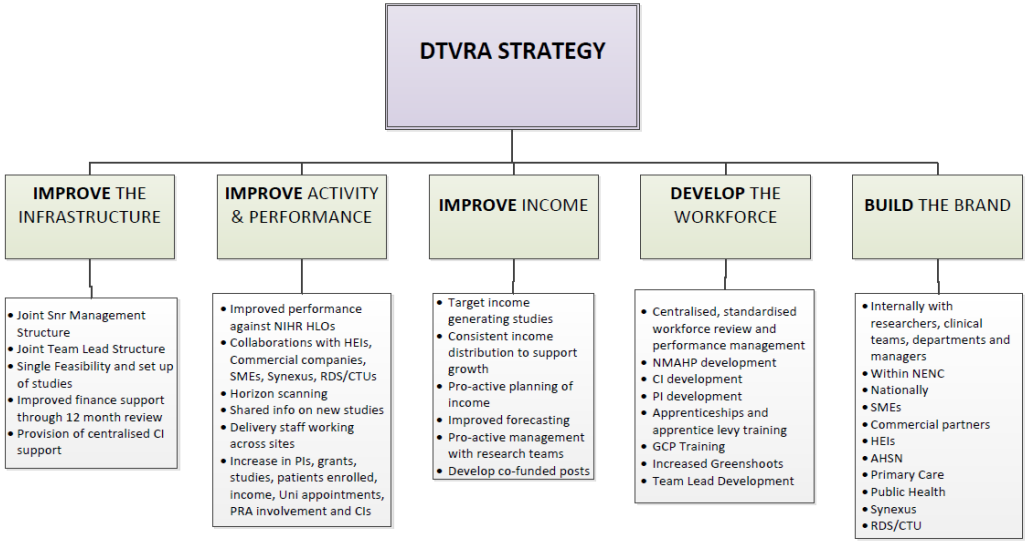
The intended outcome is that staff at all levels of the organisation will be able to talk about the strategy for quality and safety and understand what it means for their practice and the safety of patients.

# Research Strategy

Our research strategy is aligned with strategy of the wider Durham Tees Valley Research Alliance.

The strategy was initially developed in 2019 to coincide with the launch of the alliance. Work was completed in 2019/20 to improve the infrastructure. Work on the other four strands is ongoing.

Five key strategic themes for South Tees have been identified for delivery in 2021/22 alongside the wider strategy




| Key Themes (STRATEGIC DOMAINS) | Outcome measures | Due date |
|---|---|---|
| Improve visibility of research and reporting of our performance data to staff and patients (BRAND, CQC) | Monthly reports to clinical directorates established<br>Increased comms and social media presence (internal & external)<br>Positive Patient Research Experience Survey (PRES) feedback<br>Staff research awareness survey September 2021 | June 2021<br>September 2021 (new post)<br>March 2022<br>September 2021 |
| Increase participation in research projects across a broad range of clinical specialisms (ACTIVITY& PERFORMANCE & INCOME) | Increase in data on NIHR portfolio (both raw and complexity adjusted recruitment) data across specialisms | March 2022 |
| Establish dedicated out-patient space for research participants (INFRASTRUCTURE, ACTIVITY & PERFORMANCE) | Establishment of Cardiology Research Unit and additional dedicated out patient clinical areas for research participants from other specialisms | March 2022 |
| Increased engagement from NMAHPs (WORKFORCE, ACTIVITY & PERFORMANCE) | NMAHP PIs, Achievement of targeted NMAHP research strategic objectives, active involvement in NMAHP Best Practice Council | March 2022 |
| Improved oversight and forecasting of Trust sponsored grant income (INCOME, PERFORMANCE, BRAND) | Regular reports to CIs on grant income and expenditure<br>Accurate, timely financial returns to grant funders<br>Regular meetings with CTUs for oversight and planning | March 2022 |

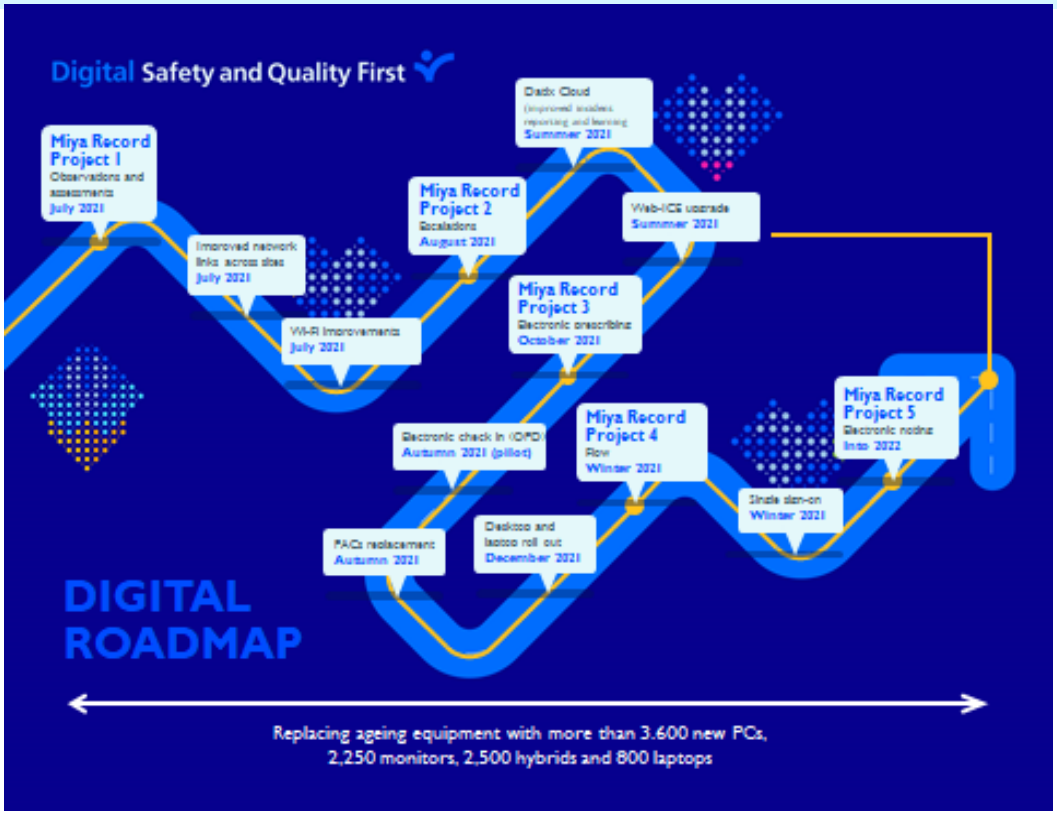
# Digital Plan

The Digital Roadmap will be delivered between now and 2022. The Alcidion Miya project is the Trust's overarching digital transformation project which encompasses a suite of technologies which will integrate information into a single patient record view. This system also uses artificial intelligence to provide clinicians with insights that directly impact patient care. Miya is fundamental to our clinical strategy. To support our digital plan ageing equipment will be replaced including 3,600 new PCs, 2,250 monitors and 800 laptops. A Digital Director has been appointed, and the digital plan will be developed into an enabling strategy which supports our other enabling strategies and plans.

| Planned Outcome |
| --- |
| Reduction in hospital acquired complications, risk detection and management |
| Real time clinician notification of critical results/outcomes<br>Automation of team workflows/tasks |
| Reduction in prescribing errors |
| Improved clinical handover<br>Streamlined patient journey |
| Improved clinical documentation and reduction in paper]Coding optimisation |

**Delivery of the roadmap will produce the transformational improvements such as:**

- Reduction in clinical variation
- Clinical productivity gains through mobility and releasing time to care
- Improved out of hospital transition of care



# Digital Enablers to our Clinical Strategy

Our strategies and plans will only be fully achieved through the development of our IT and digitalisation processes. Over the years stand alone digital solutions have been purchased to solve operational problems without being part of an overall strategy or transformation programme. We have started a programme of review for all our key IT projects so that we can gain assurance that they are delivering the best value and that they support our transformation programme.

| **Enabling Strategy / Plan** | **Clinical Strategy** | **Clinical Strategy** | **People Plan** | **Clinical Strategy** | **Clinical Strategy** | **Digital Plan** | **Clinical Strategy** | **Clinical Strategy** |
|---|---|---|---|---|---|---|---|---|
| **Linked to these Sub groups** | Outpatient Transformation | Communication and Clinical site management | Workforce Management | Clinical Strategy and Improvement | Clinical Administration systems | IT Systems | Theatre Transformation | Community |
| **Exec Lead** | COO | MD | Director of HR / CMO | CMO | COO | Digital Director | CEO | (MA) |
| **IT system** | • Notify<br>• Synertec<br>• My Great North Care Record<br>• Healthcall<br>• Kiosks<br>• Attend anywhere<br>• M*Modal Voice recognition & workflow (Currently have front end VR without workflow) | • Vocera<br>• Smart Page<br>• Pagers/ Bleeps<br>• VOIP – Wifi enabled | • Allocate<br>• ESR self-service<br>• Payroll/changes E forms | • Alcidion - Miya:<br><br>E-Obs<br>E-Prescribing<br>Miya Precision<br>Smartpage | • Pathway Plus<br>• Infoflex<br>• CAMIS<br>• CBIS<br>• Data warehouse | • N365 | • Safe Scan<br>• Synopsis<br>• Theatre productivity | • System one |

# Estates Plan

Our estates plan will evolve in line with the emerging Clinical Strategy and subsequent clinical priorities. Our current plans are aligned to the phases of the Improvement Plan including redevelopment at the James Cook site, growing services at the Friarage Hospital alongside longer term capital planning and PFI value for money. We are also working collaboratively across the ICP and ICS to share best practice, provide mutual aid and develop cost and efficiency opportunities.

## Our plans

### JCUH Redevelopment

- Commission new Paediatric ED facility
- Refresh the James Cook Site Development Control Plan
- Complete lifecycle refurbishment
- Undertake development of 8No additional critical care beds (subject to approval)

### Growing the Friarage

- Complete site clearance and demolition works
- Complete new endoscopy unit
- Complete and submit outline business case for replacement theatres
- Refresh the site development plans to continue ‘growing the Friarage’ beyond the new theatres redevelopment.

### PFI Value for Money

- Release clinical estate for lifecycle investment
- Increase estate condition surveys and reporting defects
- Implement additional management support recruited to monitor KPIs

### Capital Planning

- Maintain up to date 5 year capital plan
- In collaboration with CPG identify key strategic schemes for seed funding bids
- Support and inform the clinical strategy developments of estate constraints and opportunities

## Outcomes

- Completed Estates Plan – December 2021
- OBC Approval of Theatres Business Case – March 2022
- 5 year Capital Plan submitted to ICS – December 2021
- Completion of the annual lifecycle programme – March 2022
- Delivery of efficiency programme – March 2022
- Production of site development plan for FHN complementary to, and looking beyond, the new theatres redevelopment Mach 2022

# People Plan

Our people plan  will be published in the summer of 2021 and aims to make South Tees the best place to work. The NHS People Plan (2020) highlights 4 national priority areas deemed as crucial to supporting transformation across the NHS. Our People Plan for 2020/23 articulates how we will deliver on these national priorities by improving the working experience of our people through five key programmes of work.

We want our people to feel valued, equipped and empowered to provide the best possible experience and outcomes for patients.

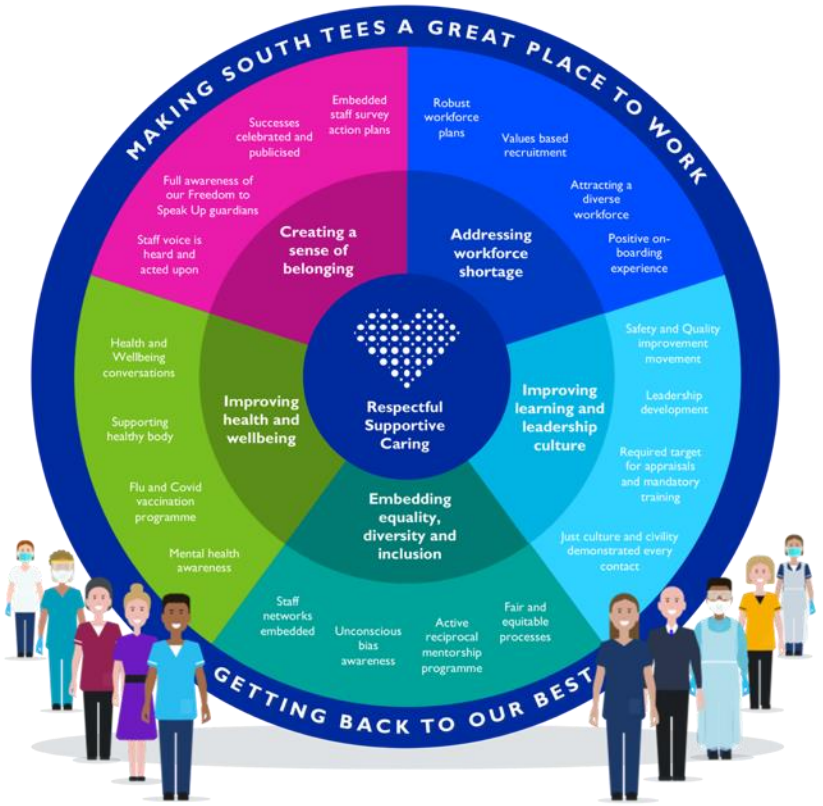
Our People Plan is critical in developing our culture and underpinning our values in all that we do to attract, recruit, develop, retain and support our people and teams to meet the needs of our patients across the Tees Valley and beyond.

The changing landscape of health and social care and the development of the Integrated Care Systems, will require our people to work in different ways, working more collaboratively and develop more effective partnerships with other system partners.

Involving colleagues in change and seeking their ideas and feedback is crucial to service improvement and developing new ways of working. Our people need to feel valued and supported.

Underpinning our People Plan are five key programmes of work:

- Addressing workforce shortages
- Improving learning and leadership culture
- Embedding equality, diversity and inclusion
- Belonging
- Improve health and wellbeing




**Digital enablers**: Allocate, ESR

# Financial Strategy

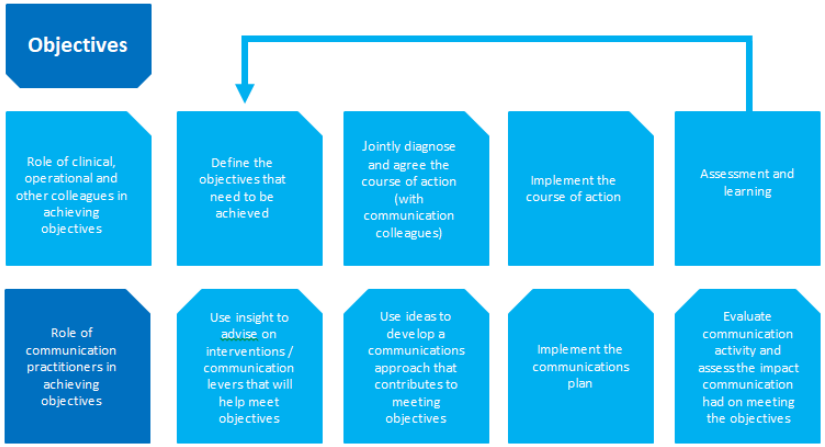
We have developed a set of principles that will guide the development of the Trust's financial strategy to deliver best use of resources and support overall system sustainability.

- Complementary to the organisation's overarching strategy
- Developed with strong clinical engagement
- Whole-system working
- A sustainable solution  to the historic James Cook University Hospital PFI contract
- Sustainable capital programme
- Establishing equity of funding
- Improving efficiency and productivity
- Safe and effective patient care
- Delivery of efficiency savings recurrently and safely

# Communications & Engagement Strategy

This strategy describes how the Trust's communications and engagement functions will continue play an integral role in driving the journey of clinically-led change at South Tees Hospitals NHS Foundation Trust. The Trust's clinically-led journey underpins the delivery of the communication and engagement strategy's objectives and will be refreshed and updated at regular intervals over its two year lifespan (2021-23).

## South Tees strategic communication and engagement framework




## Evaluation

| Theme | Inputs | Outputs | Outtakes | Outcomes |
|---|---|---|---|---|
| Safety and quality first | Behavioral insights (EAST framework) | The South Tees way, safety movement and just culture components (eg: South Tees safety promise) | Increase percentage of staff reporting care of patients / service users is STHFT top priority by 5 per cent (evidenced through the NHS Staff Survey) | Generative safety culture: active participation at all levels. |
| Centre of excellence for specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond | Unprompted message awareness e.g. spontaneous recall metric | Website re-design insights, collaboratives and research & innovation horizon-scanning<br><br>Website re-launch, patient information automation, patient stories development and placement, research & innovation fact-files | Achieve 10 per cent increase in the proportion of target audience that agree with the message (positive sentiment) | Consistent and coordinated care with high levels of patient confidence & trust and opportunities to take part in a research study (where relevant) |
| Great place to work | Staff Survey insights and analysis | Staff Facebook content plan (supplement to Talking Point and Weekly News) and LinkedIn marketing | Increase percentage of staff recommending trust as a place to work by 5 per cent (evidenced through the NHS Staff Survey) | Supportive, caring and compassionate work environment |
| Care without boundaries | Tertiary, acute, community and primary care pathway development insights | Effective communication and engagement to support pathway developments and operation | Increase CQC patient satisfaction survey metrics (eg: adult inpatient, maternity, children and young people, urgent and emergency care, outpatients) | Connected health and care pathways that place the patient and service user at the centre |

## Strategic objectives

| | Objective | Quarter 4 (2022/23) |
|---|---|---|
| Internal comms measures | Continue to deliver increased levels of employee engagement in order to ensure staff are able to influence and play a full role in the delivery of the organisation's next-phase journey. | Increase the percentage of staff who would recommend STHFT as a place to work by 5 per cent (evidenced through the NHS Staff Survey) |
| | | Increase percentage of staff reporting care of patients / service users is STHFT top priority by 5 per cent (evidenced through the NHS Staff Survey) |
| External comms measure | Increase key message outtakes and stakeholder satisfaction in order to ensure a consistent and responsive approach through the delivery of the organisation's next-phase journey. | Achieve a 10 per cent increase in key messages reported and broadcast through digital and media channels (evidenced through media monitoring) |
| | | Achieve a 10 per cent increase stakeholder satisfaction survey metrics (evidenced through stakeholder temperature-check survey) |

## Audiences

| Staff | | | | |
|---|---|---|---|---|
| **Audience** | **Think** | **Feel** | **Do** | **How** |
| Doctors, nurses, allied health professionals, midwives, scientific teams, administrative staff, support staff and volunteers | STHFT is continuing to empower clinicians to put safety and quality first | STHFT is continuing to prioritise my safety and the safety and quality of care which patients and service users receive | Increase percentage of staff reporting care of patients / service users is STHFT top priority | • Timely, relevant and informative staff communication |
| **Patients and service users** | | | | |
| **Audience** | **Think** | **Feel** | **Do** | **How** |
| Patients and service users | STHFT is putting my safety and care first | STHFT understands my needs and its clinicians are prioritising my safety and care | Achieve organisational F&F outcome targets (ED, inpatient, outpatient, maternity) | • Direct patient information<br>• Website<br>• Digital channels<br>• Patient stories |
| **Stakeholders** | | | | |
| **Audience** | **Think** | **Feel** | **Do** | **How** |
| Stakeholders | STHFT is continuing to empower clinicians to put safety and quality first | STHFT is listening to its clinicians, patients and service users and following the best evidence | Increase stakeholder satisfaction metrics | • Regular briefings to key stakeholders<br>• Timely and responsive and feedback mechanisms |

# Leadership and Safety Culture

Safety and Quality First

# Leadership and Safety Academy

Underpinning all our strategies and plans is a Leadership Development Programme delivered through our Leadership and Safety Academy. We want to deliver a culture of safety, collaboration and continuous improvement where we all behave with respect, support and care. We will continually develop a sustainable programme of education and practical support to create effective leaders at all levels using leadership development, Quality Improvement and Organisational Development methodologies.

| Input | Output | Outtake | Outcome | Organisational impact |
|---|---|---|---|---|
| **Cohort leadership development** | Provide monthly bespoke support to collaborative chairs | Clinical chairs receive regular leadership support | Clinical chairs and their trams benefit from a sustained leadership approach | Developing the organisation for safety |
| **Leadership and Improvement training** | Provide sustainable education and training to South Tees NHS Foundation Trust | Whole Trust access to leadership, improvement training | Whole Trust benefits from strategic education around leadership and improvement | Consistent co-ordinated leadership development |
| **Organisational Development support for teams** | Dedicated team input for South Tees Teams | Areas receive intense bespoke support | Increased ability to speak up and seek support | Safer, open discursive culture |
| **Understanding the effect of your behaviour on others (colleagues and patients)** | Provide sustainable simulation, human factors and civility education to South Tees NHS Foundation Trust | Access to training on real time safety issues as well as evidence based culture training | Awareness of the negative effect on patient care of our behaviour towards our colleagues | Development of a Generative Safety Culture |

# Research, Innovation and Education at South Tees (STRIVE) Academic Programmes

Alongside our Leadership Programme are a series of academic and training programmes demonstrating our commitment to our staff for their education and training. Delivery of these programmes will ensure that we are a centre point for training for the community.

| Input | Output | Outtake | Outcome | Organisational Impact |
|---|---|---|---|---|
| **Careers, social mobility, prospect, step into health and kick-start programme** | Clear routes into NHS careers at South Tees | Support to our partners in education and combined authority for job pathway | Fill of posts via a range of workstreams at a range of grades | Employer of choice for healthcare careers |
| **Medical School Partnerships** | Provision of medical education at South Tees | South Tees is an NHS Teaching Trust | Fill of posts from foundation level onwards by our students | Talent pipeline, employment of local population |
| **Apprenticeships** | Bespoke sourcing of apprenticeships across all STFT careers | Learning organisation, areas receive training fir for their purpose | Improved knowledge and skills and so improved outcomes in work undertaken | Fit and proper workforce |
| **Work based learning** | Provision of on the job education, bespoke to the needs of our departments and systems | Correct training provided in real time appropriate to Trust strategy and direction | Approved level of training required for posts leading to core skill set in key roles | Safer work based culture |
| **Medical Courses and Conferences** | Trust provides leading education for the country | Our employees can access locally, highly accredited training | Attraction of speakers and staff to the Trust | Reputation for high quality medical education |
| **Library services** | First class library services across 2 sites | Access to support for learners of all levels | More Trust staff are successful with higher level education and research | Employer of choice due to research and education reputation |
| **Human Factors and Civility training** | Dedicated, bespoke team training | Awareness of our impact on our colleagues and patients | Improved team working | Safety and quality culture |

# CQC Fundamental Standards

Following the Trust's last CQC inspection in July 2019, where it received an overall rating of 'requires improvement' a monthly update is provided to the Quality Assurance Committee and Trust Board on the progress and sustainability made against the 26 'must do' recommendations and 23 'should do recommendations.

## Ratings for a combined trust

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Acute | Requires improvement ↓ Jul 2019 | Requires improvement ↓ Jul 2019 | Good →← Jul 2019 | Good →← Jul 2019 | Requires improvement ↓ Jul 2019 | Requires improvement ↓ Jul 2019 |
| Community | Good Jun 2015 | Good Jun 2015 | Good Jun 2015 | Good Jun 2015 | Good Jun 2015 | Good Jun 2015 |
| **Overall trust** | Requires improvement Jul 2019 | Requires improvement Jul 2019 | Good Jul 2019 | Good Jul 2019 | Requires improvement Jul 2019 | Requires improvement Jul 2019 |

During 2020/21 a series of confirm and challenge sessions have been held with operational and director leads, which have facilitated discussions relating to evidence, action plans, assurance and risk.

## Outstanding care is:


All our strategies and plans are focussed on delivering outstanding care to our patients alongside ensuring that we meet the CQC Fundamental Standards.

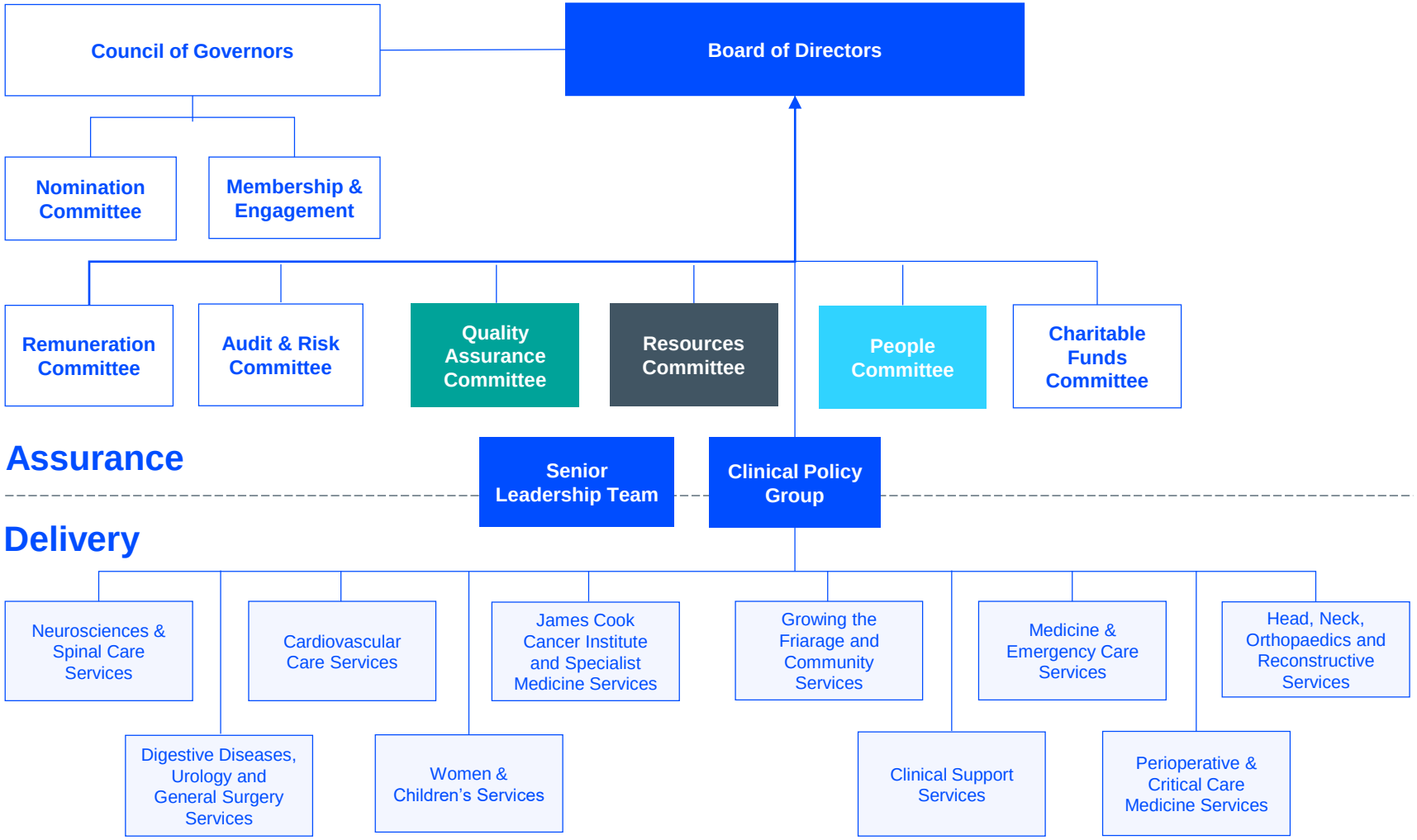
Work has commenced on preparing for our next CQC inspections, which we anticipate will be at some point during the current financial year.

# Assurance Framework

Safety and Quality First

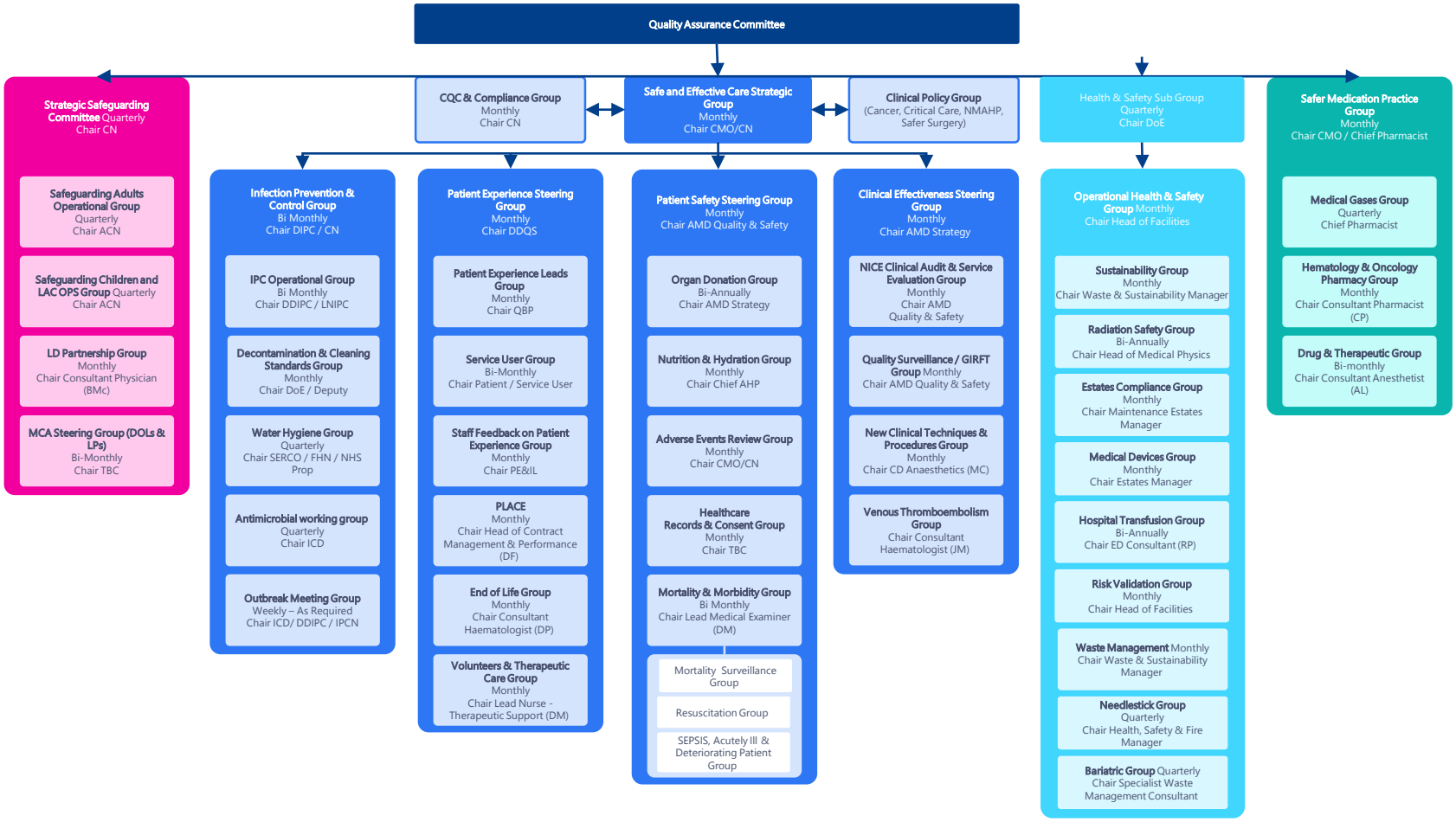
# Board Assurance and Governance

**Board assurance** is an approach for ensuring that **boards** get the right information, which is accurate and relevant, at the right time and with a level of **assurance**. This is delivered through the Board Sub **Committees** which have authority, power, and responsibilities, and each **committee** operates under its own terms of reference. The **board** retains ultimate responsibility for any actions made by the **committee**.



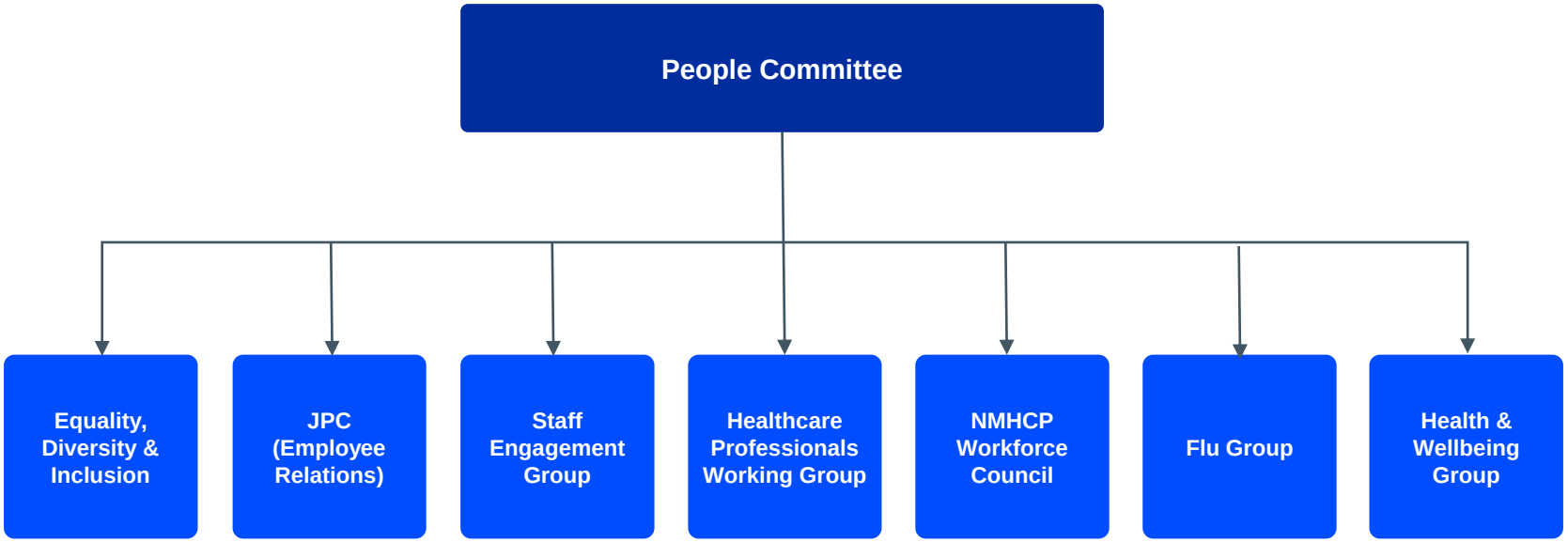
# Quality Assurance Committee

The Quality Assurance Committee (QAC) is a sub group of the Trust Board and provides assurance to the Board on all matters relating to Quality and Safety. Outlined below are a series of groups that report QAC. These have recently been reviewed and aligned with the new collaborative structure. QAC will gain assurance on delivery of the Clinical Strategy, Safety and Quality Strategy, Nursing and Midwifery Strategy and Research and Innovation Strategy.



# People Committee

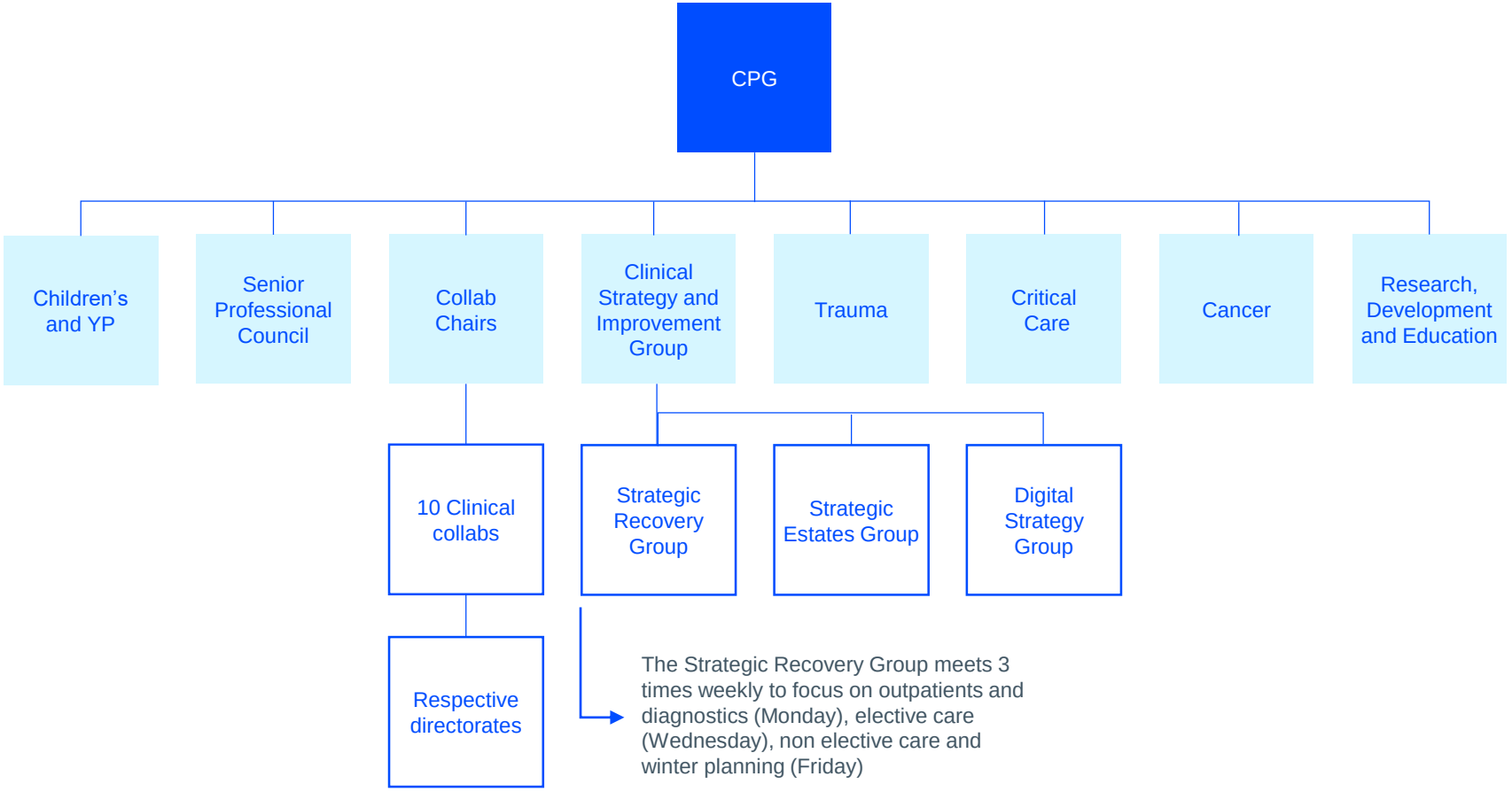
The People Committee is a sub group of the Trust Board and provides assurance to the Board on all matter relating to our staff. The reporting groups are aligned to the new clinical collaboratives and the People Committee will provide assurance to the Board on delivery of the People Plan.



# Resource to follow

# CPG Connecting Groups

This Clinical Strategy Group has been established by the Board of Directors as the senior delivery and management group of South Tees Hospitals NHS Foundation Trust. The Role of CPG is to oversee the delivery of the Trust Strategy by providing independent, robust and credible strategic clinical advice and leadership to support delivery of the best outcomes for the population we serve. Reporting to CPG are a series of clinical reference groups.



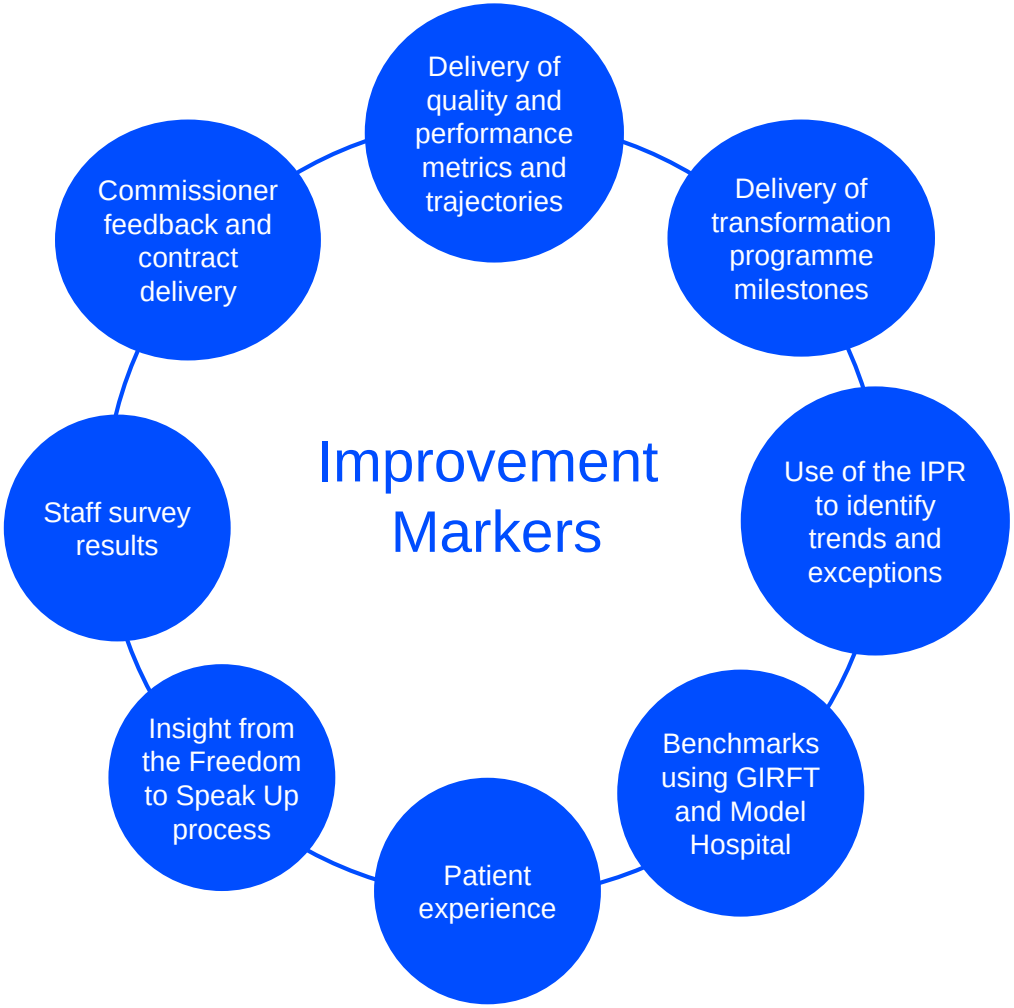
# How We Work: Assurance Framework

The Assurance Framework provides clarity around what Directorates and Clinical Collaboratives are responsible for and provides support to manage business and improvement plans and to escalate when support is required to mitigate risk. The framework joins up the governance of quality, performance, finance, workforce and enables the delivery of CQC Fundamental Standards and achievement of CQC compliance. Underpinning the Assurance Framework are a series of strategic and operational groups that bring together key individuals to plan and problem solve through the sharing of information and performance monitoring.

| Key meeting | Purpose |
|---|---|
| **Directorate meetings** | The forum that brings together service managers and clinicians to plan and deliver safe, effective, caring, responsive and well-led services. Directorates also the manage risk across all their services and where necessary escalate to the Clinical Collaborative Board. Directorates report to Collaborative Boards via a monthly Chairs Log. |
| **Collaborative Boards** | The Collaborative Board creates a single line of accountability for delivery of a Clinical Strategy and operational delivery including safety, quality, activity performance, financial and the workforce relating to the clinical services within the Collaborative. Collaborative Boards receive a monthly Chairs Log from each Directorate. The Collaborative Board produces a monthly Chairs Log for Collaborative Chair meeting. |
| **Collaborative Chairs Meeting** | Weekly meeting chaired by the Chief Medical Officer where all clinical collaborative chairs come together to discuss issues from their collaborative with their peers. In addition to this the meeting serves as a precursor to the Clinical Policy Group (CPG) meaning that the collaborative chairs are sighted and involved with the workstreams which then go to CPG for sign off. |
| **Clinical Policy Group (CPG)** | CPG is the main decision-making body of South Tees Hospitals NHS Foundation Trust. In this role the CPG is responsible for taking the decisions around how we allocate our resources and deliver care to ensure safety and quality. CPG attendance includes the Senior Leadership Team, Clinical Chairs, Clinical Directors, Chief and Lead Nurses, Lead Allied Health Professionals. |
| **Governance sub committees** | Collaborative Boards are to forward specific information and/or escalate through the formal sub groups of the Trust Board. This joins governance of clinical services with Trust-wide groups and oversight |
| **SLT Support and Assurance** | SLT to meet with Collaborative leadership team for support, assurance and problem-solving. Frequency of meetings to be determined. Agenda owned by the Collaborative. |

# Improvement Markers

We will use a range of markers and methods to know that we are improving. Quantitative (activity, waiting lists and key metrics) and qualitative information (staff survey, patient feedback, clinical intelligence) will be used. Benchmarking with comparator Trusts will help identify where we can improve and we will seek, adapt and adopt good practice from elsewhere.



# Appendix 1: Glossary of Terms

| Acronym | Meaning |
|---|---|
| c.difficile | Clostridium difficile |
| CGA | Comprehensive Geriatric Assessment |
| CMO | Chief Medical Officer |
| COO | Chief Operating Officer |
| CPG | Clinical Policy Group |
| CQC | Care Quality Commission |
| ECIST | Emergency Care Improvement Support Team |
| ED | Emergency Department |
| EDD | Estimated date of discharge |
| ENT | Ear Nose and Throat |
| HCAI | Hospital acquired infection |
| HR | Human Resources |
| ICP | Integrated care partnership |
| ICS | Integrated care system |
| JPC (employee relations) | Joint Partnership Committee |
| LOS | Length of stay |
| MD | Managing Director |
| MDT | Multi-disciplinary Team |

| Acronym | Meaning |
|---|---|
| MRSA | methicillin-resistant Staphylococcus aureus |
| NMHCP | Nursing, Midwifery and Healthcare Professionals |
| OMFS | Oral and Maxillofacial Surgery |
| PDD | Planned date of discharge |
| PSAG (Patient Status at a Glance), EDD and PDD | Patient Status at a Glance |
| PSIRF | patient safety incident response framework |
| RTT | Referral to treatment |
| SDEC | Same Day Emergency Care |
| SHMI | Summary Hospital-level Mortality Indicator |
| SOPs | Standard Operating Procedures |
| SPA | Single Point of Access |
| SPOR | Single Point of Referral |
| STAQC | South Tees Accreditation for Quality of Care |
| UTC | Urgent Treatment Centre |
| VTE | Venous thromboembolism |

THANK YOU

| MEETING OF THE PUBLIC TRUST COUNCIL OF GOVERNORS – 13 July 2021 | | | |
|---|---|---|---|
| **Audit Committee Annual Report and Independent auditor's report to the Council of Governors of South Tees Hospitals NHS Foundation Trust** | | | **AGENDA ITEM: 12 ; ENC 8** |
| **Report Author and Job Title:** | Jackie White<br>Head of Governance & Company Secretary | **Responsible Director:** | Chris Hand<br>Chief Finance Officer |
| **Action Required** | Approve ☐ Discuss ☐ Inform ☒ | | |
| **Situation** | The attached reports set out the work of the Audit Committee over the last year and the report from the independent auditor (Mazars) on the audit of the annual filings which include the Annual Report, Annual Accounts and Annual Governance Statement. | | |
| **Background** | In line with the constitution the Trust shall prepare an Annual Report and send it to NHSE/I. The Annual Report has been prepared in line with the guidelines issued by NHSE/I taking into account any changes due to COVID and other recommendations issued.<br><br>The full Annual report will be presented to the Council of Governors at a general meeting of the Council of Governors which has been scheduled for September. Further details on the general meeting will be discussed at the Council of Governors meeting. | | |
| **Assessment** | The independent auditor has carried out the assessment of the annual filings and has identified one significant weakness in the Trust's arrangements for the year ended 31 March 2021. This weakness was also highlighted by the Trust in the Annual Governance Statement.<br><br>*In October 2019 the Trust received notification of an "Intent to modify Additional Licence Condition" from NHS Improvement. This identified concerns around finance, governance and quality. Whilst the Trust was notified of the removal of additional licence conditions relating to governance, quality and safety in April 2021 concerns remain around finance. This includes control of revenue and capital expenditure and the Trust's failure to develop and deliver a financial recovery plan to demonstrate financial stability and quantify financial risk.* | | |
| **Recommendation** | Members of the Council of Governors are asked to note the reports | | |

| | | |
|---|---|---|
| **Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline** | The strategic weakness identified is already identified as a significant risk on the BAF | |
| **Legal and Equality and Diversity implications** | There are no legal or equality & diversity implications associated with this paper. | |
| **Strategic Objectives** (highlight which Trust Strategic objective this report aims to support) | Excellence in patient outcomes and experience ☒ | Excellence in employee experience ☐ |
| | Drive operational performance ☒ | Long term financial sustainability ☐ |
| | Develop clinical and commercial strategies ☐ | |

# Independent auditor's report to the Council of Governors of South Tees Hospitals NHS Foundation Trust

## Report on the audit of the financial statements

**Qualified opinion on the financial statements**

We have audited the financial statements of South Tees Hospitals NHS Foundation Trust ('the Trust') and its subsidiaries ('the Group') for the year ended 31 March 2021 which comprise the Group Statement of Comprehensive Income, the Trust and Group Statements of Financial Position, the Trust and Group Statements of Changes in Taxpayers' Equity, the Trust and Group Statements of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2020/21 as contained in the Department of Health and Social Care Group Accounting Manual 2020/21, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust and Group as at 31 March 2021 and of the Trust's and the Group's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

**Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust and Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

**Conclusions relating to going concern**

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's or the Group's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

**Other information**

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our qualified opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We are also required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the Directors' statement that they consider the Annual Report is fair, balanced and understandable and whether the Annual Report appropriately discloses those matters that we communicated to the Audit and Risk Committee which we consider should have been disclosed.

We have nothing to report in these regards.

**Responsibilities of the Accounting Officer for the financial statements**

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2020/21 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust and Group to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

**Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust and Group, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accounting Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and significant one-off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit and Risk Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust and Group which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit and Risk Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit and Risk Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statement and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the NAO in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

## Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

**Matter on which we are required to report by exception**

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have identified the following significant weakness in the Trust's arrangements for the year ended 31 March 2021.

| Significant weakness in arrangements | Recommendation |
|---|---|
| In October 2019 the Trust received notification of an "Intent to modify Additional Licence Condition" from NHS Improvement. This identified concerns around finance, governance and quality. Whilst the Trust was notified of the removal of additional licence conditions relating to governance, quality and safety in April 2021 concerns remain around finance. This includes control of revenue and capital expenditure and the Trust's failure to develop and deliver a financial recovery plan to demonstrate financial stability and quantify financial risk.<br><br>In our view, this issue represents a significant weakness in arrangements in relation to financial sustainability and how the Trust plans and manages its resources to ensure it can continue to deliver its services. | The Trust should continue to take action in response to the issues raised by regulators in relation to financial planning, management and control to appropriately manage financial risk and demonstrate financial sustainability. In particular, it needs to develop and implement a comprehensive financial recovery plan, supported by robust financial control and monitoring processes. Arrangements for challenging and scrutinising financial risks and performance, including escalation arrangements, should be revisited to ensure they remain 'fit for purpose' and drive the required improvements. |

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any further matters which we are required to report by exception.

**Responsibilities of the Accounting Officer**

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

**Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

We are required by Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

## Report on other legal and regulatory requirements

**Opinion on other matters prescribed by the Code of Audit Practice**

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

**Matters on which we are required to report by exception under the Code of Audit Practice**

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2020/21; or
- the Annual Governance Statement is misleading or is not consistent with our knowledge of the Trust and Group and other information of which we are aware from our audit of the financial statements; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

**Use of the audit report**

This report is made solely to the Council of Governors of South Tees Hospitals NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

**Delay in certification of completion of the audit**

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

[*Signature*]

Cameron Waddell

Key Audit Partner
For and on behalf of Mazars LLP

The Corner
Bank Chambers
26 Mosley Street
Newcastle upon Tyne
NE1 1DF

June 2021

## The Audit Committee

The Audit Committee has been chaired by Richard Carter-Ferris since September 2015. In compliance with the Code, we have ensured that the committee is chaired by a Non-executive Director with recent and relevant financial experience.

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

Meeting attendance for 2020/21 is shown in the table below:

| Non-executive Directors | Total number attended | % attendance |
|---|---|---|
| Richard Carter-Ferris | 5/5 | 100% |
| Ada Burns | 1/1 | 100% |
| Debbie Reape | 5/5 | 100% |

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

The Committee met its responsibilities during 2020/21 by:

- Reviewing our Assurance Framework;
- Reviewing any risk and internal control-related disclosures, such as the Annual Governance Statement;
- Reviewing the work and findings of Internal Audit, including the Internal Audit annual plan;
- Reviewing the work and findings of External Audit;
- Reviewing the work and findings of the Local Counter Fraud Officer;
- Reviewing the process by which clinical audit is undertaken in the organisation;
- Monitoring the extent to which our external auditors undertake non-audit work having reference to the Auditors Guidance Note 1 (AGN01) "General Guidance Supporting Local Audit"
- Reviewing the 2020/21 Financial Statements and Annual Report, prior to submission to the Board and NHS Improvement;
- Seeking assurance that the financial statements have been appropriately compiled on a going concern basis;
- Reviewing and approving the Trust's Standing Financial Instructions and Scheme of
- Delegation
- Receiving assurance regarding Cyber Security, PFI lifecycle
- Reviewing Trust policies such as; the Fraud, Bribery and Corruption policy and the Standards of Business Conduct policy
- Approving the Register of Interests for the Trust Board of Directors
- Seeking assurance in relation to the Trust's compliance with regulatory changes
- Reviewed the schedule of losses and compensations, the annual fraud report and provided assurance to the Board following each of its meetings

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

The duty to appoint the External Auditors lies with the Council of Governors. A panel of Governors, supported by Trust officers and the Chair of the Audit Committee is established to oversee the procurement of external audit services regarding the appointment and retention of the external auditor. Following a tendering exercise, the Council of Governors approved the appointment of the Trust's external auditor, Mazars.

In October 2020 the Committee undertook a review of its own effectiveness, based on a survey of members and attendees. Members were satisfied with the way the Committee was operating and a small number of considerations are identified in the report.

In the review of internal audit and management assurance reports, Audit Committee identified significant fragility of the IM&T infrastructure, alongside the need to develop digital technology solutions. Further to this the Finance and Investment Committee and Board reviewed and supported a priority investment case for an Electronic Patient Record solution (subject to capital funding availability) to stabilise and transform the IM&T infrastructure.

# Resources Committee
# Chair's Log

| **Meeting**: Resources Committee (Virtual Meeting) | **Date of Meeting** 24th June 2021 |
|---|---|
| Key topics discussed in the meeting | |
| • Board Assurance Framework<br>• Integrated Performance Report<br>• Annual Plan<br>• National Cost Collection<br>• M2 Finance Reports<br>• Financial Recovery Plan Update<br>• Digital Investment Update<br>• FHN Capital Project<br>• Use of Resources Inspection | |
| Actions agreed in the meeting | Responsibility / timescale |
| • Two principal risks have now been agreed under the 'Make best use of our resources' strategic objective. Final details on current controls and mitigation actions to be developed before review at July Board meeting.<br>• The June IPR key messages were reviewed, and a number of detail questions will be raised outside the meeting. It will be important to define realistic stretch recovery targets for the Trust where national targets are not achievable within the current planning year.<br>• It was pleasing to note that both Trust and system level recovery plans were exceeding national threshold levels but recognised that recovery will not be a quick process. A number of capital bids have been submitted by the ICS Provider Collaborative to the ERF Accelerator Scheme which include Adult Pre-Assessment service and Endoscopy expansion proposals for STFHT.<br>• National Cost Collection data preparation is underway and is currently on plan for October submission.<br>• The Committee noted that the M2 financial performance was in line with expectations but that the full extent of the financial challenge for the year will not be established until the H2 planning guidance is published.<br>• The Committee noted the submission of the interim Financial Recovery Plan as requested by NHSE/I on 18th June and congratulated the Director of Finance and his team on a professional and comprehensive report. A Board-to-Board meeting with NHSE/I is planned for 23rd July and a T/V Clinical Strategy Review on 20th July. Both | Head of Governance<br>July Board<br><br>Chief Operating Officer<br><br>Director of Planning & Recovery<br><br>Chief Financial Officer<br><br>Chief Financial Officer<br><br>Chief Financial Officer |

| | |
|---|---|
| will be critical to the development of the final recovery plan which is due for submission on 31st August.<br>• A review of the sizeable Digital capital investment plans for the year was conducted and several delivery risks noted. In future reports, mitigation actions will be linked to risks and digital enabler projects will be identified which form a key step to the delivery of subsequent projects.<br>• The substantial capital investment proposal to upgrade the Theatres at FHN was reviewed and the Committee supported the proposal for an 'enhanced' scheme at a capital cost of £29.5M to be taken forward for Board approval.<br>• A report on the preparations for the expected CQC Use of Resources assessment later this summer was received will be reviewed on a monthly basis at Committee. | Regular updates to Committee<br><br>Director of Estates<br>July Resources Committee<br><br>Director of Estates<br>July Board<br><br>Chief Financial Officer<br>July Resources Committee |
| **Issues for Board escalation/action** | **Responsibility / timescale** |
| • The Digital investment plans continue to present significant delivery risk, mainly due to resource constraints. Ensuring enabler projects are suitably prioritized will also be important.<br>• The submission of an 'enhanced' plan OBC to the July Board was supported. This will continue to require CCG support and ultimately Regional approval.<br>• An initial Trust Financial Recovery Plan was submitted to NHSE/I on 18th June as planned. The development of an actionable improvement plan by end-August will rely on agreement on both system and local improvement targets and a Clinical Strategy for the T/V. | Managing Director<br>July 2021<br><br>Director of Estates<br>July 2021<br><br>Director of Finance<br>July 2021 |

# People Committee
# Chair's Log

| | |
|---|---|
| **Meeting**: People Committee | **Date of Meeting**: 17 June 2021 |
| **Highlights for**: Council of Governors | **Date of Meeting**: 13 July 2021 |

**Overview of key areas of work and matters for Council of Governors**

- Reviewed the BAF and recommended some minor amendments, the inclusion of target dates for completion of further controls and assurance levels;
- Had an update on the Staff Engagement Plan and proposed further opportunities to strengthen the role of Engagement Champions in supporting the Staff Survey Action plans
- National On-boarding recruitment
- Endorsed the midwifery establishment and staffing report and noted that a national team review on the 6th May had indicated satisfaction with the progress being made on Continuity of Care
- Noted the Freedom to Speak Up report
- Noted the approach to Clinical Excellence Awards for this year
- Noted and received assurance on the Obstetric medical, Anaesthetic and Neonatal workforce report
- Discussed the People Committee performance metrics and report
- Endorsed the Education Steering Group ToR
- Noted the updates and chairs logs from staff networks and groups, and in particular supported the re-emergence of an LGBTQ+ network and the plans to establish a Womens Network

| Actions to be taken | Responsibility / timescale |
|---|---|
| • While progressing the national pilot for on-boarding recruitment and EDI objectives, absorb this work into a longer timeframe to review and refresh values-based recruitment and ensure that approaches to ensure fairness and equity are consistently applied<br>• Noted that the Committee dates need to be reviewed to ensure that workforce performance data is available in time.<br>• Supported a more holistic and comprehensive performance report based around the ten collaboratives and including a broad suite of information to inform assurance, including for example, vacancy data, short/long term sickness differential, FTSU reports<br>• Agreement to ask for a more inclusive and expansive STAR award process with engagement from all Board members | |

| Board action | Responsibility / timescale |
|---|---|

| | |
|---|---|
| • To consider the Committees proposals in respect of BAF workforce risk assurance | |
| Risks (Include ID if currently on risk register) | Responsibility / timescale |
| | |

# Quality Assurance Committee
# Chair's Log

| | |
|---|---|
| **Meeting**: Quality Assurance Committee | **Date of Meeting**: 28/06/2021 |
| Council of Governors | **Date of Meeting**: 13/07/2021 |

**Key topics discussed in the meeting**

The Quality Committee date was changed at short notice and time was reduced resulting in insufficient time to fully discuss items on the reduced agenda and cycle of business.

- Safeguarding Children and Adults update report
- CQC update
- Closure reports:
  - Ophthalmology
  - Gastroenterology
- Board Assurance Framework
- QAC reviewed Terms of Reference (deferred to July)
- Monthly IPR – Quality
- Draft Quality Report (account) (limited time for discussion)
- Monthly Serious Incident / Never Event Report (limited time for discussion)
- Infection Prevention & Control update report including IBAF update (deferred to July due to limited time)
- Chairs log of any sub group reporting to the committee

| Actions | Responsibility / timescale |
|---|---|
| • The Annual Safeguarding Report was received providing an overview of the challenges and achievements of the safeguarding board, looked after children and learning disability services and including priorities for 2021/2. Work is underway to refine risks and mitigation posed by risks including support for patients with learning disabilities and compliance with the Mental Capacity Act for patients aged 16 plus. | • Action Hilary Lloyd |
| • QAC received and update on Ophthalmology Services, numbers of patients waiting to be seen, patients waiting to be appointed, and planned reviews. The quality committee plan to further explore the partial assurances for effective systems and failsafe processes in place. The risk rating remains at 20. | • Action Sam Peate / July 2021 |
| • A summative review of gastroenterology endoscopy was received describing the immense programme of work in the last 18 months and consequent reduction in the risk rating, reduction in waiting time for diagnostic tests, out-patient appointments and improved compliance with the 18 week pathway. QAC agreed with the recommendation to step down the endoscopy and gastroenterology service from the internal risk summit process, took full assurance that systems | |

| | |
|---|---|
| and processes are in place to track and monitor the service and partial assurance with regard to patient safety and experience until an external reviewer is found to complete the clinical harm review process. High risks remain with regard to capacity and demand, endoscopy training and cover for on call endoscopy.<br><br>• An updated BAF was presented. Comments had already been received and a meeting is being planned for all Chairs of board sub committees and all executive leads to agree the final version.<br><br>The Integrated Performance Report continues to be work in progress and was not discussed in full due to limited time. Specifically data for sepsis is not up to date. More work is needed to provide assurance that the plans for improvement in practice and reporting are in place.<br><br>• A draft Quality Account was provided. Comments are to be sent after the meeting. Stakeholders will be asked for input in July as will STees Governors. Final sign off will be QAC at the end of July. | • Action Jackie White<br><br>• Action Hilary Lloyd / July 2021<br><br>• Action Ian Bennett / July 2021 |
| **Escalated items** | |
| Council of Governors to note:<br>• Position in Ophthalmology<br>• Progress made in gastroenterology endoscopy services Agreement of the BAF risks, controls and mitigation for risks monitored by QAC Quality Account will be signed off by QAC at the July meeting | |
| **Risks (Include ID if currently on risk register)** | **Responsibility / timescale** |
| N/A | |

South Tees Hospitals NHS
NHS Foundation Trust

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

| DATE/TIME | FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm from 2022) | VENUE |
|---|---|---|
| Tuesday 13 July 2021<br>11.30 – 1.30pm | Council of Governors meeting<br>11.30 – 1.30pm | Microsoft Teams |
| Tuesday 14 September 2021<br>10.30 – 1.30pm | Annual Members Meeting<br>Timing – 10.30 – 11.15am<br><br>Council of Governors meeting<br>11.30 – 1.30pm | Ian Haslock Lecture Theatre<br>STRIVE, JCUH<br><br>Board Room,<br>2nd Floor Murray Building,<br>JCUH |
| Tuesday 9 November 2021<br>11.30 – 1.30pm | Council of Governors meeting<br>11.30 – 1.30pm | Board Room,<br>Friarage Hospital<br>Northallerton |
| Tuesday 18 January 2022<br>10.00 – 4.00pm | Development Session/Walkabouts<br>10.00 – 1.00pm<br><br>**LUNCH** – 1.00 – 1.30pm<br><br>Council of Governors meeting<br>1.30 – 4.00pm | Board Room,<br>2nd Floor Murray Building,<br>JCUH |

South Tees Hospitals NHS
NHS Foundation Trust

| DATE/TIME | FORMAL COUNCIL MEETING<br>(Governors are asked to mark out<br>10.00am to 4.00pm from 2022) | VENUE |
|---|---|---|
| Tuesday 15 March 2022<br>10.00 – 4.00pm | Development Session/Walkabouts<br>10.00 – 1.00pm<br><br>**LUNCH** – 1.00 – 1.30pm<br><br>Council of Governors meeting<br>1.30 – 4.00pm | Board Room,<br>2nd Floor Murray Building,<br>JCUH |
| Tuesday 17 May 2022<br>10.00 – 4.00pm | Development Session/Walkabouts<br>10.00 – 1.00pm<br><br>**LUNCH** – 1.00 – 1.30pm<br><br>Council of Governors meeting<br>1.30 – 4.00pm | Board Room,<br>2nd Floor Murray Building,<br>JCUH |
| Tuesday 19 July 2022<br>10.00 – 4.00pm | Development Session/Walkabouts<br>10.00 – 1.00pm<br><br>**LUNCH** – 1.00 – 1.30pm<br><br>Council of Governors meeting<br>1.30 – 4.00pm | Board Room,<br>2nd Floor Murray Building,<br>JCUH |

South Tees Hospitals NHS
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| DATE/TIME | FORMAL COUNCIL MEETING<br>(Governors are asked to mark out<br>10.00am to 4.00pm from 2022) | VENUE |
|---|---|---|
| Tuesday 20 September 2022<br>12.00 – 4.00pm | Annual Members Meeting<br>Timing – 12.00 – 12.45am<br><br>**LUNCH** – 1.00 – 1.30pm<br><br>Council of Governors meeting<br>1.30 – 4.00pm | Ian Haslock Lecture Theatre<br>STRIVE, JCUH<br><br>Board Room,<br>2nd Floor Murray Building,<br>JCUH |
| Tuesday 15 November 2022<br>10.00 – 4.00pm | Development Session/Walkabouts<br>10.00 – 1.00pm<br><br>**LUNCH** – 1.00 – 1.30pm<br><br>Council of Governors meeting<br>1.30 – 4.00pm | Board Room,<br>Friarage Hospital<br>Northallerton |
| Tuesday 17 January 2023<br>10.00 – 4.00pm | Development Session/Walkabouts<br>10.00 – 1.00pm<br><br>**LUNCH** – 1.00 – 1.30pm<br><br>Council of Governors meeting<br>1.30 – 4.00pm | Board Room,<br>2nd Floor Murray Building,<br>JCUH |

South Tees Hospitals NHS
NHS Foundation Trust

| DATE/TIME | FORMAL COUNCIL MEETING<br>(Governors are asked to mark out<br>10.00am to 4.00pm from 2022) | VENUE |
|---|---|---|
| Tuesday 21 March 2023<br>10.00 – 4.00pm | Development Session/Walkabouts<br>10.00 – 1.00pm<br><br>**LUNCH** – 1.00 – 1.30pm<br><br>Council of Governors meeting<br>1.30 – 4.00pm | Board Room,<br>2nd Floor Murray Building,<br>JCUH |