

Council of Governors – Public Meeting

Tuesday 10 March 2020, 1.30 – 3.30pm
Board Room, 2nd Floor Murray Building,
The James Cook University Hospital

Agenda

ITEM		PURPOSE	LEAD	FORMAT	TIMING
CHAIRS BUSINESS					
1.	Welcome and Introductions	Information	Chair	Verbal	1.30pm
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 10 December 2020	Approval	Chair	ENC 2	1.35pm
4.	Matters Arising and Action Sheet	Review	Chair	ENC 3	1.40pm
5.	Chairman's Report - Medical Directors Role	Information	Chair	ENC 4	1.45pm
INVITED MEMBERS					
6.	View on Trust – Update	Information	Chief Executive	Verbal	1.55pm
7.	Update on admin review	Information	Programme Manager	Presentation	2.15pm
8.	Update to Governors on role	Information	Head of Patient Safety & Quality	Presentation	2.30pm
9.	Agree a local indicator for external audit	Discussion / Approval	Head of Patient Safety & Quality	Verbal	2.45pm
STRATEGY & PLANNING					
10.	Strategic issues affecting the Trust and wider Health Economy update	Information	Chief Executive	Verbal	2.55pm
PEOPLE					
QUALITY, SAFETY, PERFORMANCE & FINANCE					
11.	Performance Report	Discussion/ information	Chief Operating Officer	ENC 5	3.00pm
GOVERNANCE					

12.	Chair's Appraisal	Discussion	Senior Independent Director	Verbal	3.15pm
13.	Risks facing the Trust	Information	Chief Operating Officer	Verbal	3.20pm
14.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	
15.	Committee updates <ul style="list-style-type: none"> - Smoke Free meeting on 13.02.2020 - Membership & Engagement on 19.12.2019 - Governor drop in meetings on 11.12.2019 - AOP Working Group meeting on 21.01.2020 & 05.03.2020 - Quality Indicators meeting on 23.01.2020 - Patient Experience meetings on 13.12.2019 & 24.01.2020 and 06.03.2020 	Information	Chair	Verbal	
16.	Reflections on Meeting	Discussion	Chair	Verbal	3.25pm
17.	Any Other Business <ul style="list-style-type: none"> - Future meeting dates 	Information	Chair / All	ENC 6	
18.	Date of Next Meeting: Tuesday 12 May 2020 at Friarage Hospital	Information	Chair		
PAPERS CIRCULATED FOR INFORMATION ONLY					
19.	Cancelled Operations and Experience	Information	Director of Transformation	ENC 7	

Council of Governors Register of Interests

Board Member	Position	Declaration Details
Ann Arundale	Governor	NIL
Plym Auty	Governor	NIL – but is a volunteer with Great North Air Ambulance Service but holds no position of Authority
Steve Bell	Governor	NIL
David Bennett	Governor	NIL
Lisa Bosomworth	Governor	NIL
Jon Broughton	Governor	NIL
Yvonne Teresa Bytheway	Governor	NIL
Dr Susy Cook	Governor	NIL
Janet Crampton	Governor	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Chair of Dementia Friendly Hambleton
Paul Crawshaw	Governor	Chair of Healthwatch Middlesbrough Board
Cllr Caroline Dickinson	Governor	NIL
Martin Fletcher	Governor	NIL
David John Hall	Governor	NIL
Barbara Hewitt	Governor	NIL
Rebecca Hodgson	Governor	NIL
Mike Holmes	Governor	Volunteer as Community First Responder for Yorkshire Ambulance Service Member of Patient Group at GP practice – Dr Duggleby & Partners, Stokesley
Allan Jackson	Governor	NIL
Prof Steve Jones	Governor	Head of School of Medical Education at Newcastle University Responsible for medical students teaching and the physicians associate programmes run by Newcastle University. Both are placed in South Tees for training and the Trust receives payment for these placements.

Graham Lane	Governor	Since 1 April 2019 Son began to work for a company that has NHS contracts called Medapad
Linda Lloyd	Governor	Financial interest – shares through EIS in RedX Pharma Plc Non financial personnel interest – Trustee of Health Engagement Trust (HAT) providing home comforts to surround the Step Up / Step Down Beds in the locality Vice Chair and Lay member for Patient and Public Involvement at Hambleton, Richmondshire & Whitby CCG
Jean Milburn	Governor	NIL
Alison Munkley	Governor	NIL
Lee O'Brien	Governor	NIL
John Race	Governor	NIL
Patrick Rice	Governor	NIL
Jennifer Rutland	Governor	NIL
Erik Scollay	Governor	Director of Adult Social Care and Health Integration at Middlesbrough Council Director of Adult Social Care and Health Integration at Middlesbrough Council
Emma Vinton	Governor	Runs own medical writing company – Psylingual Medical NIHR Peer Reviewer
Tink Wedgwood-Jones	Governor	NIL
Jon Winn	Governor	NIL

Council of Governor Meeting in PUBLIC
10 December 2019 at 12.30pm
Boardroom, 2nd Floor Murray Building, James Cook University Hospital

Present:

Mr Alan Downey	Chairman of the Trust and Chair of the meeting
Ms Ann Arundale	Elected governor, Middlesbrough
Mrs Plym Auty	Elected governor, Hambleton & Richmondshire
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
Dr Susy Cook	Appointed governor, Teesside University
Ms Janet Crampton	Elected governor, Hambleton & Richmondshire
Cllr Caroline Dickinson	Appointed governor, North Yorkshire County Council
Mr Martin Fletcher	Elected governor, Staff
Mr David Hall	Elected governor, Hambleton & Richmondshire
Ms Barbara Hewitt	Elected governor, Redcar & Cleveland
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Prof Stephen Jones	Appointed governor, Newcastle University
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Linda Lloyd	Appointed governor, HRW CCG
Ms Jean Milburn	Elected governor, Middlesbrough
Ms Alison Munkley	Elected governor, Middlesbrough
Mr John Race MBE	Elected governor, Redcar & Cleveland
Mr Patrick Rice	Appointed Governor, Redcar & Cleveland Borough Council
Ms Jennifer Rutland	Elected governor, Redcar & Cleveland
Ms Emma Vinton	Elected governor, Rest of England
Ms Tink Wedgwood-Jones	Elected governor, Patient and/or Carer
Mr Jon Winn	Elected governor, Redcar & Cleveland

In attendance:

Mr Luke Armstrong	Head of Financial Management (<i>item 2019/012/12</i>)
Ms Lisa Bosomworth	Representative of appointed governor, Healthwatch
Mr Ian Bennett	Head of Patient Safety & Quality (<i>item 2019/012/7</i>)
Ms Ada Burns	Non-executive Director
Mr David Chadwick	Medical Director, Specialist & Planned Care (<i>item 2019/012/8</i>)
Ms Tracy Glennen	Programme Manager (<i>item 2019/012/6</i>)
Mr Mark Graham	Interim Director of Communications
Ms Amanda Hullick	Deputy Chairman
Mr Phil Kane	Chair of Senior Medical Staff Forum (<i>item 2019/012/9</i>)
Mrs Anita Keogh	Corporate Affairs Officer/PA to Chairman
Ms Rachael Metcalf	Director of Human Resource Operations (<i>items 2019/012/11 & 12</i>)
Ms Sue Page	Interim Chief Executive (<i>item 2019/012/9</i>)
Ms Debbie Reape	Non-executive Director
Mrs Maureen Rutter	Senior Independent Director/Non-executive Director
Mrs Jackie White	Interim Head of Governance

Observers:

Mr Adam Baker
Mr Alan Smith

Clinical Scientist (*South Tees Hospitals NHS Foundation Trust*)
Governor (*North Tees & Hartlepool NHS Foundation Trust*)

2019/012

CHAIRS BUSINESS1. **Welcome and Apologies for Absence**

Apologies for absence were received from:

Ms Julia Bracknall	Appointed governor, Carer organisation
Mr Paul Crawshaw	Appointed governor, Healthwatch
Dr Adetayo Kasim	Appointed governor, Durham University
Mr Erik Scollay	Appointed governor, Middlesbrough Council

The following Non-executive Directors submitted their apologies:

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

Mr Downey welcomed all Governors and observers to the meeting and began by introducing those Governors attending for the first time, namely:

- Dr Susy Cook, Appointed Governor for Teesside University
- Patrick Rice, Appointed Governor for Redcar & Cleveland Borough Council
- Yvonne Bytheway, Elected Governor for Middlesbrough Constituency following recent Governor elections and replaces Lyn Newton
- Emma Vinton, Elected Governor for Rest of England Constituency following recent Governor elections and replaces Angela Seward.

The Chairman also informed Governors that Julia Bracknall, Appointed Governor for Charity Organisation, would step down from the end of January 2020 due to retirement and that her successor would hopefully take over as Governor once the recruitment process was complete.

Mr Downey also detailed additional new starters to the Trust including:

- Sue Page as Interim Chief Executive
- Johanna Reilly as Interim Chief Operating Officer
- Moira Angel as Senior Nurse Advisor
- Ann Wright as Intensive Elective Care Support
- Mark Graham as Interim Director of Communications

2. **Declarations of Interest**

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

3. **Minutes of Previous Meeting**

The minutes of the previous meeting held on 10 September 2019 were approved.

Resolved: i) the minutes of the previous meeting held on 10 September 2019 were accepted as an accurate record.

4. **Matters Arising and Action Sheet**

Chairman provided update on action log and ran through each item.

July – Council of Governors

18/013 – 8 Governors outstanding to activate nhs.net e-mails. Governors to contact Mrs Keogh once nhs.net e-mails activated
Still ongoing.

July – Council of Governors

2019/07/1.8 – Mr Ian Bennett – return to future Council of Governor meeting
Mr Bennett scheduled to return to Council of Governors at meeting today.

July – Council of Governors

2019/07/1.9 – Ms Joanne Dobson – return to future Council of Governor meeting

Mrs Dobson scheduled to return to Council of Governors on the 10 March 2020. Action completed but will remain listed until attendance has taken place.

July – Council of Governors

2019/07/1.10 – Ms Debra Thornton – return to future Council of Governor meeting

Ms Thornton scheduled to return to Council of Governors on the 10 March 2020. However, the Chairman confirmed to Governors that Ms Thornton had submitted her resignation and would be leaving the Trust at the end of February 2020.

September – Council of Governors

2019/09/1.5 – Ms Fran Toller to attend December 2019 meeting to provide update on admin review

Attendance brought forward to Governor meeting today to allow Ms Toller to provide update to Governors on admin review.

Mr Downey acknowledged the attendance of Jackie White, Interim Head of Governance. Mrs White provided a brief introduction to Council of Governors since her appointment in October 2019. She explained her background in risk management and detailed her previous roles.

Mark Graham, Interim Director of Communications, also provided a brief introduction to Governors and detailed his previous experience.

Lastly Ada Burns, Non-Executive Director, introduced herself to Governors as this was her first Council of Governors meeting since she had been appointed. Ada provided Governors with brief details on her previous roles which involved a lengthy career in local government and public policy. In 2005 she had been appointed as Chief Executive of Darlington Borough Council until

2018 and explained that she had a particular interest in programmes to address health inequalities. Ada mentioned that she is a Governor for Teesside University and chairs the Resources Committee, Vice Chair of the New Local Government Network (NLGN), and a Director of a Community Arts Centre.

5. **Chairman's Report**

Mr Downey referred to two letters sent to Governors.

The first letter dated 24 October referred to CEO updates together with concerns raised. The Chairman continued by explaining that the Trust had issues regarding performance as the site was under a great deal of pressure due to the demand on services. Mr Downey then turned to his recent meeting with Dido Harding, Chair NHS England/Improvement which had been a positive conversation and to a Board-to-Board session involving Richard Barker, Regional Director NHS England / Improvement who was eager for the Trust to succeed.

The second letter dated 22 November touched on the Clinical Policy Group which the Chief Executive had established since her arrival. The Chairman commented that there was a very positive feel in this Group with meetings taking place regularly.

The following questions were raised:

- Mr David Bennett felt that the letter from the Chairman was informative and asked about elective procedures. Mr Downey confirmed that this would be dealt with under item 9 with a presentation from the Chief Executive.

Resolved: i) the Governors thanked the Chairman for his update.

INVITED MEMBERS

6. **Presentation – Tracy Glennen, Programme Manager – Update on Admin Review**

Tracy Glennen, Programme Manager, attended in place of Fran Toller, Operations Director for Community Care. Mr Downey asked if this item could be deferred to the March 2020 and explained that this would also enable Ms Toller to attend and provide the update.

Action: i) Mrs Keogh to arrange for Ms Toller to attend March 2020 Council of Governor meeting and provide update on admin review.

7. **Presentation – Ian Bennett, Head of Patient Safety & Quality – Update to Governors on role**

Unfortunately this item would also be deferred to March 2020 Council of Governor meeting due to time restraints.

Action: i) Mrs Keogh to arrange for Mr Bennett to attend March 2020 Council of Governor meeting and provide update to Governors on his role.

8. **Presentation – David Chadwick, Medical Director for Specialist and Planned Care – Update on Centre**

Mr Downey asked if Mr Chadwick could also return to March 2020 Governor meeting to provide update on Centre.

Action: i) Mrs Keogh to arrange for Mr Chadwick to attend March 2020 Council of Governor meeting and provide update to Governors on his centre.

9. **Presentation – Phil Kane, Chair of Medical Staff Forum – View on Trust**

Phil Kane, Chair of Medical Staff Forum, gave a presentation to Governors with focus on the issues raised by a group of Consultants during the January and February 2019 CQC inspection and following a number of articles in the local magazine, Now & Then in which a former South Tees consultant had made several criticisms of the Trust's former leadership.

Mr Kane indicated that he agreed with the criticisms which were consistent with the concerns expressed by consultants during the CQC inspection.

In response to Mr Kane's presentation Ms Page summarised the work she had been doing to address the issues raised and to draw up a three-phase plan for the Trust to "get back to our best". She explained that it had been 9 weeks since she began in her role as Interim Chief Executive. During the first 8 weeks Ms Page visited many areas within the Trust, talking to staff at all levels in order to inform development of the plan. She believed in an inclusive approach to leadership, ensuring that colleagues at all levels are involved and consulted about changes that would affect them.

Ms Page described the three phases of the plan and how this work would come together.

She concluded by giving her opinion that the Trust had an outstanding group of highly motivated clinicians. She was confident therefore that the plan to "get back to our best" would be successful.

Mr Downey asked Governors if they had any questions for Mr Kane and Ms Page:

- Ms Crampton thanked both Mr Kane and Ms Page for their presentations and asked how Governors can help. Mr Kane suggested that Governors should continue to challenge the Board and could also act as the "eyes and ears" of the community served by the Trust. Mr Downey added that, in his experience, the Governors were very effective in providing intelligence about patient experience.
- Mr Jackson suggested that Governor had not always been provided with all the information they needed to challenge effectively. Mr Downey agreed that both the Board and Governors needed to be confident they were receiving full and accurate information about performance. This was one of the key points made by the CQC in their comments in the "Well Led" section of the July 2019 report.
- Mrs Auty pointed out that she had attended Board of Directors last week and had been shocked to learn how many operations had been cancelled. She requested a summary paper for Governors on the situation.
- Ms Munkley felt that Governors needed to be more assertive.
- Professor Jones spoke about Ms Page's recent visit to the Diabetes Centre which had been very good. He added that he felt that the Trust

had now recognised and accepted the problems identified by the CQC.

- Ms Rutland was impressed with the progress made by Ms Page. She explained that she had applied to become a Governor as she had worked in the hospital as a temp and had seen good and bad points together with also being a patient.
- Both Mr Bell and Ms Hewitt raised a concern regarding problems they were aware of in relation to catering. Mr Bell detailed a problem experienced by a patient who was both diabetic and blind which he had subsequently had to escalate to Mr Oxley, Director of Estates, and to the Chairman. After discussions with Mr Oxley he explained that he was now going to be involved in a new process and would report any updates back to Governors. Mr Downey felt that it would also be beneficial if Serco could attend Council of Governors in March 2020 if the report is received back from Mr Bell.
- Mrs Auty informed Governors that she had recently received cards through her door about saving the Friarage. Following on from Mr Kane's presentation she wondered if Mark Graham, Interim Director of Communications, could help to promote the Friarage and counter the erroneous message that the Friarage is at risk.

Mr Downey concluded by reassuring the Governors that he felt very optimistic about the plan to "get back to our best" and about the progress that had been made in a very short period of time.

Resolved: i) the Governors thanked Phil Kane for his presentation.

Resolved: i) the Governors thanked Sue Page for his presentation and asked if they could receive a copy of the same.

Action: i) Mrs Keogh to provide Governors with a copy of the presentation from Ms Page.

Action: i) Mrs Keogh to organise for Serco to attend Council of Governors on the 10 March 2020 if report received back from Mr Steve Bell.

Action: i) Mrs Keogh to organise for Ms Page to return to the next Council of Governor meeting on the 10 March 2020 to provide further update.

STRATEGY & PLANNING

10.

Strategic issues affecting the Trust and wider Health Economy update

Mr Downey provided an update to the Governors on the ongoing discussions with North Tees & Hartlepool NHS Foundation Trust and County Durham & Darlington NHS Foundation Trust around the development of managed clinical networks. The Chairman added that he would keep Governors in touch with any developments. There was a gap of three months until the next Council of Governors meeting, so it might be necessary to use e-mail, if there were to be any significant development during that time. He was about to start another round of informal discussions with small groups of Governors, and these would provide an opportunity to keep Governors in the picture.

Resolved: i) the Governors thanked the Chairman for the update.

PEOPLE**11. Staff survey trend report**

Ms Metcalf presented the staff survey results. She provided Governors with some background information explaining that following a poor response rate to the national staff survey in 2018 (413 responses) a decision was taken to undertake an additional staff survey for all staff rather than a sample as was previously undertaken. 32% of staff returned the additional survey which was undertaken in the summer of 2019. The following themes were identified and action plans are being developed with staff side colleagues on the following:

- Staff Shortages
- Oppressive Culture and Leadership
- Undervalues and Low Morale
- Lack of Communication
- Lack of Equipment
- Admin Review
- Lack of Development and Career Progression
- Changes to Work Location
- Bullying Behaviours
- Discrimination

Ms Metcalf concluded her presentation by detailing the next steps which included working together with Staff Side Colleagues. The Staff Engagement Group are developing a joint action plan to address the ten key themes that have been identified.

The action plan is due to be finalised very shortly and Ms Metcalf confirmed that she would be happy to share the action plans with Governors at that point.

No questions were raised, but Mr Race commented that feedback from staff was unlikely to improve until significant progress had been made in implementing the plan “to get back to our best”.

Resolved: i) the Governors thanked the Ms Metcalf for the update.

QUALITY, SAFETY, PERFORMANCE & FINANCE**12. Quality, Safety, Operational & Financial Performance Report**

The Chairman ran through the presentation, with support from Mr Armstrong, Head of Financial Management and made the following points:

- Accident & Emergency four-hour performance reported at 85.68% against 95% target. Trust ranked 5th in the region.
- Referral to Treat (RTT). Trust currently performing at 82.57% against a 92% target and currently ranked 7th in the region.
- 62 Day Cancer Standard performance was also below target at 76.34%.
- 6 week diagnostic reported at 94.46% against 99% target.
- Clostridium-difficile (C.diff). Unfortunately this has gone in the wrong direction with 70 cases reported as at the date of the meeting
-
- Patient Experience. In October 2019 patients gave the Trust an overall rating of 9.04 out of 10.
- Sickness reported at 4.48% against a target of 3.5%.

Mr Downey concluded by recommending that both Ms Page and Johanna Reilly, Chief Operating Officer, attend the March meeting for Council of Governors so that they can comment on operational performance.

Luke Armstrong, Head of Financial Management, provided a brief update on financial performance: in relation to current expenditure, the Trust was behind plan by £11.2m in October. Mr Armstrong confirmed that £9.1m of this amount was system-related. He confirmed that the full-year plan is a control total surplus of £3.2m. Year to date savings were £5.6m against a target of £14m. He concluded by confirming to Governors that the Trust's cash position had improved this year.

The following questions were raised:

- Mrs Auty asked what 6-week diagnostic related to. Looking at the presentation this detailed the Trust as 94.46% against a target of 99% Mrs Rutter confirmed that 6-week diagnostic was the amount of time that the Trust are given in which to carry out all diagnostics.
- Mr Jackson asked Mr Armstrong about savings. Mr Armstrong responded by confirming that savings would include procurement and estate amongst others.
- Mrs Auty asked if the system savings could be looked at again. Mr Downey explained that savings attributed to “the system” could only be delivered if the three Tees Valley trusts work closer together through managed clinical networks. Much of the “system deficit” was sitting on the South Tees books and therefore counted against the Trust's performance. One of the underlying challenges facing the Trust was the excess cost of the PFI contract. He understood that this was under review and was hopeful, but not confident, that some relief would be forthcoming. He added that the Trust had been given authority to borrow in order to provide limited emergency capital and had received some additional revenue funding to help its response to winter pressures. This was encouraging because it was, at least in part, the result of a strong and supportive working relationship between the Trust and NHSE/I.
- Mrs Auty pointed out that the Trust had met the control total last year and wondered if the bulk of the “system” savings would remain on the Trust's books. Mr Armstrong confirmed that it would.
- Mr Broughton commented that it was very refreshing to hear that the relationship was better between the Trust and NHSE/I. He added that he would like reassurance that any savings made would not impact adversely on patient safety. Mr Downey replied that, although the Trust was facing substantial financial pressure, patient safety would always be the Board's number one priority.

Resolved: i) the Quality, Operational & Financial Performance Report was noted.

Action: i) Mrs Keogh to ask both Sue Page and Johanna Reilly to attend Council of Governors on the 10 March 2020 to report on operational performance.

GOVERNANCE13. **Risks facing the Trust**

In Ms Reilly's absence the Chairman agreed to defer this item.

14. **Election result**

Mr Downey detailed the results of the recent Governor elections:

- Hambleton & Richmondshire Constituency
Mike Holmes – re-elected
Janet Crampton – re-elected
- Middlesbrough Constituency
Rebecca Hodgson – re-elected
Ann Arundale – re-elected
Yvonne Bytheway – newly elected Governor
- Rest of England Constituency
Emma Vinton – newly elected Governor

Mr Downey pointed out that, as Angela Seward, Lead Governor, had been unsuccessful in being re-elected for the Rest of England constituency, we would need to appoint a Lead Governor. Mr Downey asked that if any Governor was interested in this role they should provide their name and short statement to Mrs Keogh by close of play on the 12 December. If a ballot was required, this would be circulated with a deadline of midday on 20 December with the results being announced at 3pm on the 20 December.

The Chairman expressed his gratitude, both personally and on behalf of the Council of Governors, for the tremendous service provided to the Trust by Angela Seward. He asked that his thanks be minuted and looked forward to celebrating Angela's contribution in a suitable way.

Resolved: i) the Governors noted the election results together with deadlines if interested in applying for Lead Governor role.

15. **Nomination Committee update**

Mrs White presented and explained to the Governors a new piece of guidance which aimed to align the remuneration of Chairs and Non-Executive Directors of Foundation Trust and non-Foundation Trusts. The communication received asks for all Trusts to be compliant by 2022. Mrs White explained that this Trust would be fully compliant by the deadline.

Mrs White continued that two of the Non-Executive Directors are due to end their terms in office in 2020. The first Non-Executive Director is Amanda Hullick who will be leaving at the end of March 2020. The second is Maureen Rutter who will leave at the end of August 2020.

Resolved: i) the Governors thanked the Mrs White for the update.

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

No matters were raised.

17. **Committee Updates**

Mr Downey asked those Governors involved in Committee meetings to provide a brief update to the Council of Governors.

Smoke Free Meeting on 10.10.2019

Ms Munkley confirmed that she had attended the smoke free meeting on the 10 October 2019 which takes place monthly. During this meeting it was confirmed that vaping shelters would be erected. Ms Munkley added that she had also been told that it was not within Serco's remit to approach people if they were smoking. Mr Downey responded that he had been assured by Kevin Oxley, Director of Estates, ICT and Healthcare Records that this is indeed within Serco's remit. Ms Munkley concluded that Smoke Free have a further meeting on the 12 December 2019 and she would be happy to provide an additional update at the next Council of Governor meeting in March 2020.

Governor drop in meetings on 26.09.2019, 23.10.2019 & 20.11.2019

Mrs Auty attended the drop in meeting on the 26 September 2019 which took place in Neurology. She felt that the drop in went very well although she did comment that there was no water cooler available.

Mrs Auty also attended the drop in meeting which took place on the 23 October 2019 in the main outpatient department at the Friarage Hospital. Again this drop in went very well but it was noted that there was no water cooler available and she felt that notices should be put up to show where refreshments could be purchased.

Ms Munkley confirmed that she attended the drop in meeting on the 20 November 2019. This took place in the Paediatric outpatient department. It was noted that the department was well run with 9 minor points raised. A discussion took place with the Matron on the day and Ms Munkley has been informed that a report will be drafted.

The Chairman thanked both Mrs Auty and Ms Munkley for their updates on the smoke free meeting and Governor drop in meetings.

Resolved: i) the Governors thanked both Mrs Auty and Ms Munkley for their updates.

18. **Reflections on Meeting**

Mr Downey apologised to Governors for the meeting running over the allotted time. He felt this had been necessary in order to allow time for the very important presentation by Mr Kane and Ms Page.

The following comments were made:

- Mr Race and Mrs Auty both stated that they have been impressed by the positive impact Ms Page has had in a short period of time.
- Mrs Auty asked about the Trust's patient feedback questionnaire and was keen to avoid any overlap with the questions posed by the Governors in their outpatient visits. Mrs White said she would check this point with Mrs Hunt.
- Mr Alan Smith, observer at the meeting and Governor at North Tees and Hartlepool NHS Foundation Trust, said he was grateful for the opportunity to attend the meeting. He felt that the presentation from Mr Kane and Ms Page had been very informative. He observed that the Council of Governors meetings at North Tees were led more by Non-

Executive Directors than by Executive Directors.

Action: i) Mrs White to speak with Mrs Hunt in relation to inpatient service questions to avoid overlap with those covered by the Governors in their outpatient visits and provide update to Governors.

19. **Any other business**

Mr Bell asked for support in reinstating the mini-bus service from James Cook Hospital to the Friarage. Mrs White commented that the previous service had been CCG commissioned and transport is one of the issues that NHS Hambleton, Richmondshire and Whitby CCG and the Trust will be looking at in more detail. Both Mrs Auty and Ms Crampton stated that they were both involved in rotary clubs and had previously offered to try and raise funds for this service.

Mr Downey also asked if Mrs Keogh could arrange for Joanne Dobson to present to Governors regarding cancelled operations at the next Council of Governor meeting in March 2020.

The Chairman concluded the meeting by asking Governors to confirm to Mrs Keogh if they would like to continue receiving their papers for Council of Governor meetings by paper form through the post or if they would be happy to receive the same by e-mail to save on the cost of printing and also the time involved.

Mr Downey thanked all Governors and those observing for their time.

Action: i) Mrs White to investigate how Trust can link in with commissioners to establish any possibility of reinstating the mini bus from James Cook Hospital through to the Friarage.

Action: i) Mrs Keogh to organise attendance of Joanne Dobson, Director of Transformation, to attend next Council of Governor meeting on the 10 March 2020 to carry out presentation on cancelled operations to the Governors.

Action: i) Governors to confirm to Mrs Keogh their preference on receiving the Agenda and papers by post or electronically by e-mail.

20. **Date of Next Meeting**

The dates of future meetings were noted. The next meeting of the Council of Governors is scheduled to take place on Tuesday, 10 March 2020 from 1.30pm.

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	8 Governors still to action	Open
16.07.2019	2019/07/1.9	Introduction - Ms Joanne Dobson, Director of Transformation	Joanne Dobson to return to future Council of Governor meeting to provide further update on role	Anita Keogh	21.07.2020	Updated meeting request sent to Joanne Dobson on 21.02.2020 to attend Council of Governors on 21.07.2020 to provide further update	Completed but to remain listed until attendance has taken place
10.12.2019	2019/012/6	Update on admin review	Fran Toller to return to March 2020 meeting to provide update on admin review	Anita Keogh	10.03.2020	At Council of Governor meeting on 10 December 2019 update was asked to be deferred to March 2020 meeting. Meeting request sent to Tracy Glennen on 15.01.2020 to provide update at March 2020 meeting on behalf of Fran Toller	Completed
10.12.2019	2019/012/7	Update to Governors on role	Ian Bennett to return to Council of Governor meeting on 10 March 2020 to provide further update to Governors on role as unfortunately due to time restraints this was unable to be carried out at meeting on 10.12.2019	Anita Keogh	10.03.2020	Meeting request sent to Ian Bennett on 15.01.2020 to provide update at March 2020 meeting	Completed
10.12.2019	2019/012/8	Update on Centre	David Chadwick to return to Council of Governor meeting on 10 March 2020 to provide update on centre as unfortunately due to time restraints this was unable to be carried out at meeting on 10.12.2019	Anita Keogh		Due to changes with Medical Directors office discussion to follow to arrange an alternative timetable for attendances from the different Centres	
10.12.2019	2019/012/9	View on Trust	Anita Keogh to provide copy of presentation used by Sue Page to Governors	Anita Keogh	10.03.2020	Copy of presentation e-mailed to Governors on 13.12.2019	Completed
10.12.2019	2019/012/9	View on Trust	Anita Keogh to arrange for Serco to attend Council of Governors on 10.03.2020 to present following complaints received relating to catering	Anita Keogh	10.03.2020	Organised for morning session of Council of Governors on 10.03.2020	Completed

10.12.2019	2019/012/9	View on Trust	Anita Keogh to arrange for Sue Page to provide further update to Governors at next Council of Governor meeting on 10.03.2020	Anita Keogh	10.03.2020	Added to Agenda for public Council of Governor meeting on 10.03.2020	Completed
10.12.2019	2019/012/12	Quality, Safety, Operational & Financial Performance Report	Anita Keogh to arrange for both Sue Page and Johanna Reilly to attend Council of Governors on 10.03.2020 to report on operational figures	Anita Keogh	10.03.2020	Added to Agenda for public Council of Governor meeting on 10.03.2020 - performance report	Completed
10.12.2019	2019/012/18	Reflections on Meeting	Jackie White to speak with Gill Hunt in relation to inpatient service questions to avoid overlap with those covered by Governors in their outpatient visits and provide update to Governors	Jackie White	10.03.2020	Jackie White to provide verbal update at Council of Governors on 10.03.2020	Completed
10.12.2019	2019/012/19	Any other business	Mrs White to investigate how Trust can link in with services at the Friarage Hospital to establish any possibility of reinstating the mini bus from JCUH to FHN	Jackie White	10.03.2020	Jackie White to provide verbal update at Council of Governors on 10.03.2020	Completed
10.12.2019	2019/012/19	Any other business	Anita Keogh to organise attendance of Joanne Dobson at next Council of Governor meeting on 10.03.2020 to carry out presentation on cancelled operations to the Governors	Anita Keogh	10.03.2020	Paper included in Council of Governor papers for meeting on 10.03.2020 for Governors consideration	Completed
10.12.2019	2019/012/19	Any other business	Anita Keogh to ask Governors to confirm their preference to receive Council of Governor papers via post or by e-mail	Anita Keogh	10.03.2020	Email sent to Governors asking for confirmation on their preference	Completed

AD/AK/LET125

20 February 2020

Council of Governors

Dear Governors,

It has been three months since our last Council of Governors meeting, so there will be lots to catch up on when we meet on 10 March.

This letter takes the form of feedback on some of the meetings I have chaired or attended since we last met. I think it is a handy way of structuring my report to you on what has been happening in the Trust.

It seems ages ago now, but I thoroughly enjoyed the carol services at the Friarage and James Cook hospitals on 17 and 18 December. Both occasions brought home to me the strong sense of community that we have in both locations and how lucky we are to have such a dedicated team of chaplains, led by the Rev Rodney Breckon.

On 19 December I gave a presentation to the Middlesbrough, Redcar & Cleveland Joint Health and Wellbeing Board. This is an important forum, because it brings together colleagues from local government (including public health) and primary and secondary care, enabling us to discuss issues which cut across organisational boundaries. I talked about the challenges facing the Trust, particularly in light of our CQC report, and it was gratifying to receive strong support for the programme we have launched to 'get back to our best'.

Following the example set by our Chief Executive, I have been trying to spend less time in the Murray Building and more time out and about. For example, on 9 January I spent an hour or two in Ward 31 (Vascular), where it was a pleasure to be shown round and have a chat with, amongst others, the ward manager, Aideen Cullen, and consultant surgeon Barnabus Green. We have now built a 'Board walk' into the agenda for every Board meeting. On 4 February each member of the Board was taken on a ward visit by one of our Therapeutic Care Volunteers, enabling us to see at first hand the great work that they do, ranging from the provision of therapeutic care to helping out at mealtimes, particularly with patients who have difficulty feeding themselves.

On 9 January, together with South Tees colleagues, I met with Lisa Bosomworth, who you will know as a Healthwatch representative on the Council of Governors, to discuss the arrangements for providing critical care to children at the James Cook site. It was important to allay concerns that had arisen because of some miscommunication about changes at the children's critical care unit. It is in fact one of the first units of its kind in the country to be independently commissioned to provide high dependency care. The meeting underlined the need to be both clear and timely in our external communications.

On 14 January I caught up with Sue Symington, Chair of York Teaching Hospital NHS Foundation Trust, and on 6 February I met with the other Chairs of the Foundation Trusts in the North East. It is useful to be able to share views, discuss issues of common interest (such as the development of the North East Integrated Care System) and find out how colleagues in other trusts are dealing with the challenges that we all face. I am grateful to three of our Governor/NED colleagues – Susy

Cook, Ada Burns and Maureen Rutter – for volunteering to attend the next ICS regional partnership event on 30 March.

On 16 January I was very sorry to miss Angela Seward's farewell coffee morning. I know that she was given a great send-off by many members of staff, Governors and NEDs. I had to give my apologies because I had been called at short notice to a meeting in London with senior representatives of NHSE/I and Paul Garvin, Chair of North Tees and Hartlepool Foundation Trust. I will provide an update on that meeting and on subsequent developments in the private section of our meeting on 10 March.

On 21 January I met with Julie Huggan, the regional representative of the Office of the National Guardian for Freedom to Speak Up (FTSU). That may be a bit of a mouthful, but it is vitally important that we create a culture and atmosphere in which everyone feels comfortable about raising concerns about the quality of care, patient experience and the way we treat one another. A few weeks later, on 18 February, the Board spent a couple of hours discussing FTSU, rating our own performance as a Board (are we setting the right example?) and agreeing the steps we need to take to support members of staff who are appointed as FTSU Guardians and Champions.

One of the actions to come out of the CQC review is a series of Board strategy development sessions, designed to address concerns about the Trust's leadership. We have held two sessions since Christmas in addition to the one on FTSU – on information and cyber security (4 February) and on the South Tees Hospitals Charity (18 February). The purpose of the latter was to discuss our strategy and ambition for the charity and to agree some practical steps to improve the administration of charitable funds and to ensure that they are spent quickly and appropriately for the benefit of patients, carers, families and staff. The Charitable Funds Committee (a sub-committee of the Board) had met earlier, on 11 February: it signed off the purchase of a state-of-the-art 'transport' incubator for the neonatal unit. This was made possible by the fundraising of a bereaved family whose baby had died in the unit. The committee also noted with pleasure the imminent launch of a major appeal to refurbish facilities in the renal department at James Cook Hospital.

Having mentioned the CQC, I am delighted to report that we will be hosting a senior-level CQC visit on the morning of the March Council of Governors meeting. This will be an opportunity for the Board to update Ann Ford (Head of Hospital Inspection, England) and Sarah Dronsfield (Head of Hospital Inspection, Yorkshire, Humber and North East) on the progress we have made in implementing the CQC recommendations and to demonstrate the Board's commitment to restoring our 'good' rating.

The CQC were represented at two important recent meetings, on 22 January and 25 February, to discuss the progress we have made since we flagged Ophthalmology as a service which required additional support. Colleagues from all parts of the system participated in the discussion and endorsed our action plan to address the increasing demand for ophthalmology services due to our ageing population, the availability of new technology and treatments, and public health challenges such as smoking and obesity. One of the most direct consequences is that spending on Ophthalmology by the Trust will increase by c£3m.

I am now part-way through my latest round of informal meetings with small groups of Governors, starting with Plym Auty on 21 January, Lee O'Brien (the new appointed Governor for Carers Together) on 13 February, and Lisa Bosomworth, Caroline Dickinson and Linda Lloyd (all on 18 February). Next up are Professor Steve Jones and the Redcar & Cleveland elected Governors (later today), and the Hambleton and Richmondshire elected Governors (on 5 March). I find these meetings particularly useful (as I hope you do!), because they enable me to keep track of the issues that are really concerning you, and because it is easier for me to talk more openly about some of the challenges facing the Trust than is possible in a formal Council of Governors meeting. Following a suggestion from one of our NEDs, Debbie Reape, one or two of the NEDs will be joining these meetings in future, with the aim of helping you to discharge your responsibility to hold the NEDs to account.

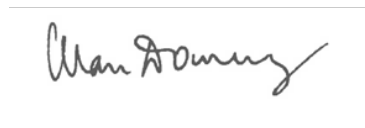
Talking of NEDs, I am also part-way through the annual cycle of NED appraisals and objective setting. Maureen Rutter, our Senior Independent Director, will be in touch with Plym, as Lead Governor, to kick off my appraisal. I am, of course, looking forward to receiving your feedback.

A great deal of the work done by NEDs takes place in Board sub-committees, including the Quality Assurance Committee (QAC), Workforce Committee, Risk Committee, Audit Committee and Finance and Investment Committee (FIC). I don't manage to attend them all, but I was present at the FIC meeting on 30 January at which we discussed the major financial challenge we face in 2020-21. The familiar issues – an underlying deficit attributable to the cost of the James Cook PFI contract, and a serious shortage of capital for investment – are compounded by the need to find additional resources to support the Trust's recovery plan, which focuses on the most fragile services – ophthalmology, gastroenterology, orthopaedics, radiology, theatres, critical care and maternity. As you would expect, we are in constant dialogue with NHSE/I about these challenges, and we are also talking to our local MPs.

I will sign off by sharing the full 'you said, we did' action plan to which Sue Page referred in her CEO briefing of 18 February. You are likely to see some media coverage of the latest NHS national staff survey, conducted in the autumn of 2019. I am afraid, but not surprised, that the views of staff at that time did not reflect at all well on the Trust. We must put this right, and the 'you said, we did' approach is one of the key pillars in our plan to 'get back to our best'.

As always, I look forward to seeing you and to having a good discussion at our meeting on 10 March.

Kind regards,



Alan Downey
Chairman
South Tees Hospitals NHS Foundation Trust

Enc



South Tees Hospitals
NHS Foundation Trust

Staff Survey

‘You said, we did’

February 2020



Key Themes Feedback and Action Plan

Staff Shortages

Concerns...

Make vacancies visible – on intranet – organogram

Honesty regarding time lines

Publicise recruitment event success

Communicate what we are doing

Electronic recruitment process - speed things up

Exit interview / leaving process

New Consultants starting



Action Plan

Staff Shortages

Action	Lead	Staff Side Support	Timescale
All vacancies and recruitment progress visible on intranet	Rachael Metcalf, HR Director	Kat Evans and Pam McIvor	Q1
Publicise new staff starting	Mark Graham, Director of Comms	Kat Evans and Richard Neal	Q1
Consistency in exit interviews, with transparent outcomes and centre accountability.	Rachael Metcalf, HR Director	Kat Evans and Roaqah Shahar	Q1
Organogram, compiled and published for entire organisation.	Johanna Reilly, Chief Operating Officer	Kat Evans and Ian Hindmarch	Q1

Culture / Leadership

Concerns...

Clinical
policy group
– brief
decisions

Corporate
Nurses onto
wards

Changing
MD role

Talk to staff
before making
decisions
about them

CEO &
Staff Side
meetings

Board walks
including
Community

Come
and meet
Community

Communicate
structure

Visibility of
Matrons &
Managers in
work areas



Action Plan

Culture / Leadership

Action	Lead	Staff Side Support	Timescale
Board walks (including community areas / staff) with feedback across the organisation.	Alan Downey, Chair	Roaqah Shahar and Kat Evans	To continue
Top team Thursday meetings with Staffside to continue on a bi weekly basis	Sue Page, CEO	Roaqah Shahar and Kat Evans	To continue
Clinical policy group	Sath Nag, David Chadwick, Adrian Clements, Medical Directors	Roaqah Shahar	To continue
Refocus of Medical Leadership	Sath Nag, David Chadwick, Adrian Clements, Medical Directors	Roaqah Shahar	On going
Change our culture to being open, honest and transparent	All members of Board	Roaqah Shahar and Kat Evans	Continuous focus
Matrons and corporate nurses: continued increased visibility and interaction	Johanna Reilly, Chief Operating Officer and Gill Hunt, Director of Nursing	Roaqah Shahar and Holly Scrafton	Q1

Undervalued / Low Morale

Concerns...

AHP event
of equal
stature to the
Nightingale
Awards

Talent
management
– do it not
just talk
about it

Don't cancel
meetings with
front line staff
(or others) at
short notice

Clinical
policy group
– brief
decisions

Thank you
awards &
include in
Briefing

Remember to
ask the staff
for ideas

Monthly
staff
awards

IT gem
awards –
publicise

Datix –
Change and
made a
difference



Action Plan

Undervalued / Low Morale

Action	Lead	Staff Side Support	Timescale
AHP awards event equivalent of Nightingale awards for nurses	Rob Goddard, Head of Professions	Kat Evans and Holly Scrafton	Q2
Publicise GEM awards (internal going the extra mile)	Mark Graham, Director of Comms	Kat Evans and Ian Hindmarch	Q1
Staff recognition and thank you awards and publicity	Rachael Metcalf, HR Director	Kat Evans and Ian Hindmarch	Q1
Long service awards and presentation event	Rachael Metcalf, HR Director	Kat Evans and Martin Sandford	Q2
Develop a set of expected / acceptable behaviours	Rachael Metcalf, HR Director	Roaqah Shahr, Kat Evans, Dawn Wood and Gerry Ramsden	Q1

Lack of communication

Concerns...

Trust
structure
briefing

Talk to staff to
get ideas to
tackle specific
issues

Involve
Trade Union
Representatives in
pre consultation /
staff engagement
success

Don't forget
to go to
Community

Make sure
managers
talk to staff
and TU Reps



Action Plan

Lack of Communication

Action	Lead	Staff Side Support	Timescale
Briefing regarding organogram	Mark Graham, Director of Communications	Kat Evans and Richard Neal	Q1
Communicating lessons learnt from DATIX	Mark Graham, Director of Communications	Kat Evans and Richard Neal	Q1
Ensure that all changes to staff are planned and consulted on and that TU reps are involved as early as possible	Johanna Reilly, Chief Operating Officer	Roaqah Shahar and Kat Evans	Q1



Lack of Equipment

Concerns...

IT kit & speed things work at, big printers and time use for staff

Procurement process – streamline it & make it robust & not reliant on one person

Lack of investment in replacement cycle, leading to 'at risk' situations

Stationery!! & small bits of kit, like gloves

Clinical kit out of date – decisions being made by "Clinical Group"

Too much money in charity funds & poor visibility of spending / plans



Action Plan

Lack of Equipment

Action	Lead	Staff Side Support	Timescale
Procurement process to be streamlined and made more robust	Kevin Oxley, Director of Estates and Capital Planning	Ian Hindmarch and Claire Powlesland	Q1
Ensure that stationary, gloves, small pieces of kit are able to be ordered and staff are not having to provide their own	Kevin Oxley, Director of Estates and Capital Planning	Ian Hindmarch and Claire Powlesland	Q1
IT kit investment as much of it is out of date	Steven Mason, Director of Finance	Ian Hindmarch and Kat Evans	Q2
Spending of charity money to be visible to staff and publicised.	Jackie White, Head of Governance	Roaqah Shahar, Ian Hindmarch and Claire Powlesland	Q1



Admin Review

Concerns...

Poor communication

Vacancy freeze

Lack of admin – so other staff picking up work (including clinicians)

Lessons learnt & brief them to staff

Prolonged timeline

Patient connect – staff moved out of department & work not covered when off



Action Plan

Admin Review

Action	Lead	Staff Side Support	Timescale
Lessons learnt from admin review and briefing regarding these	Johanna Reilly, Chief Operating Officer	Glen Home and Roaqah Shahr	Q1
Patient connect to function robustly	Johanna Reilly, Chief Operating Officer	Kat Evans and Holly Scrafton	Q1
Admin recruitment - to ensure swift recruitment.	Rachael Metcalf, HR Director	Glen Home and Roaqah Shahr	To continue



Lack of Development / Career Progression

Concerns...

Generic interview coaching / job application training

Bespoke training through LRI

Funding and time for training, both mandatory and professional / skills based

Skills training and awareness of resources available for support

Succession planning

Live updates on LRI website with available course / dates

Ensuring that ALL staff have access to required training

Time for appraisal / SDR – ensure they are positive and meaningful



Action Plan

Lack of Development / Career Progression

Action	Lead	Staff Side Support	Timescale
Review of resources for career development/skills training and publicise what is available	Jennie Winnard, Director of Operations Education, Research & Innovation	Roaqah Shahar and Pam Mclvor	Q1
Live updates on STRIVE/LRI webpage with training available, dates, etc.	Jennie Winnard, Director of Operations Education, Research & Innovation	Roaqah Shahar and Pam Mclvor	Q2
Interview and job application training Linked to our values and behaviours	Rachael Metcalf, Director of HR	Roaqah Shahar and Pam Mclvor	Q3
Reward and Retention Strategy to attract and retain staff.	Rachael Metcalf, Director of HR	Roaqah Shahar and Pam Mclvor	Q2
Ensure that all staff have access to training without prejudice or favour	Jennie Winnard, Director of Operations Education, Research & Innovation	Roaqah Shahar and Pam Mclvor	Q1

Bullying and Discrimination

Concerns...

Fair approach to making allegation heard

Aspire to be exemplar at dealing with it

Need an informal level to stop it getting worse / continuing

Tone from the top

Options / routes for escalation / speaking to an outside party / work with occ health / policy review

Fair approach to being alleged

Mediation to resolve working relationships (restart this)

Support for both parties

Develop behaviours



Action Plan

Bullying and Discrimination

Action	Lead	Staff Side Support	Timescale
Review of bullying and harassment approach	Rachael Metcalf, HR Director	Dawn Wood and Gerry Ramsden	Q3
Mediation for staff involved in bullying/harassment and robust buddy system	Rachael Metcalf, HR Director	Dawn Wood and Gerry Ramsden	Q3
Develop a set of expected / acceptable behaviours	Rachael Metcalf, HR Director	Kat Evans, Roaqah Shahar, Dawn Wood and Gerry Ramsden	Q1

Car Parking

Concerns...

Try to
freeze
rates

More
visibility on
cost / income
to Trust

Consistency of
enforcement
and application
of rules

More
spaces

Educate about
appropriate
parking before
enforcement



Action Plan

Car Parking

Action	Lead	Staff Side Support	Timescale
Freeze car parking rates	Kevin Oxley, Director of Estates and Capital Planning	Dawn Wood and Ian Hindmarch	Q1
Review the number of car parking spaces	Kevin Oxley, Director of Estates and Capital Planning	Dawn Wood and Ian Hindmarch	Q2
Increase visibility on income from car parking to Trust and what it is spent on	Steven Mason, Director of Finance	Dawn Wood and Ian Hindmarch	Q1
Consistency of application of car parking rules	Kevin Oxley, Director of Estates and Capital Planning	Dawn Wood and Ian Hindmarch	Q1





South Tees Hospitals
NHS Foundation Trust

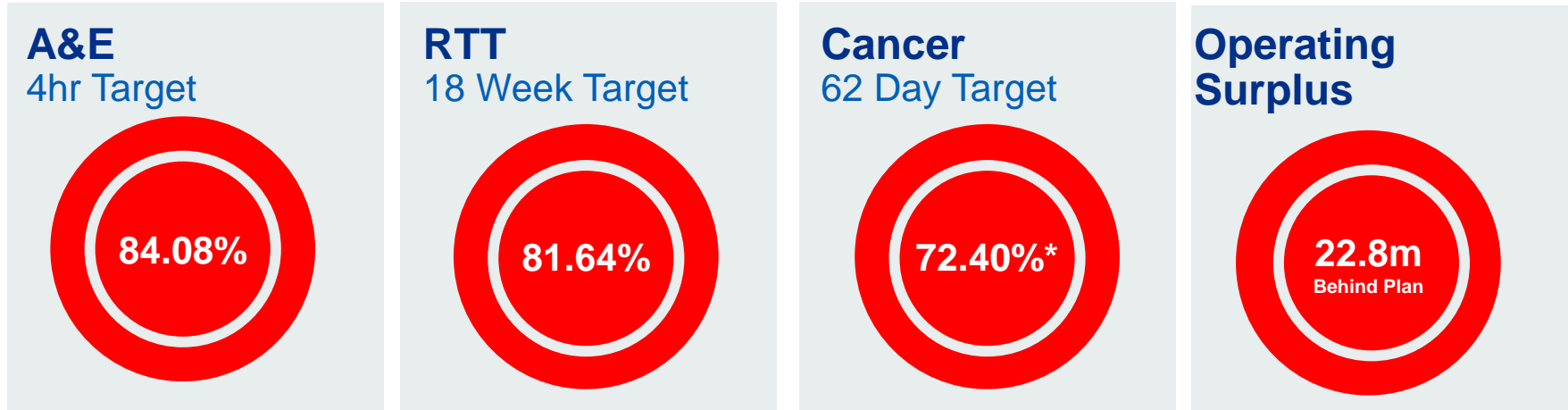
Quality, Operational & Finance Performance Report

25th February 2020

Must Do's

Must Do's 2019/20 – January 2020

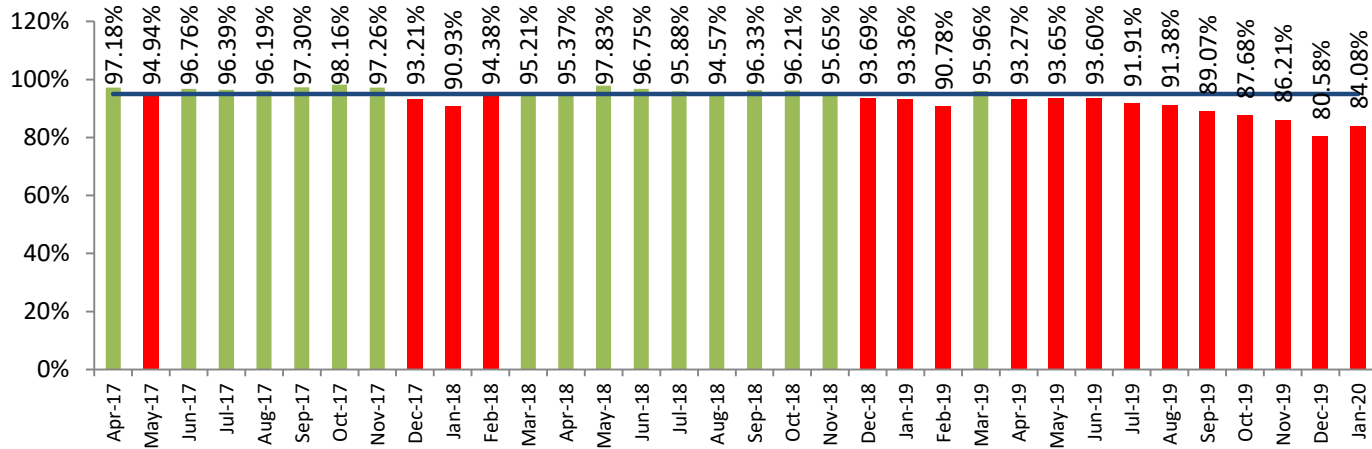
Deliver Excellence in Patient Outcome and Experience....



* Indicative

...and ensure our long term financial sustainability

Performance - A&E



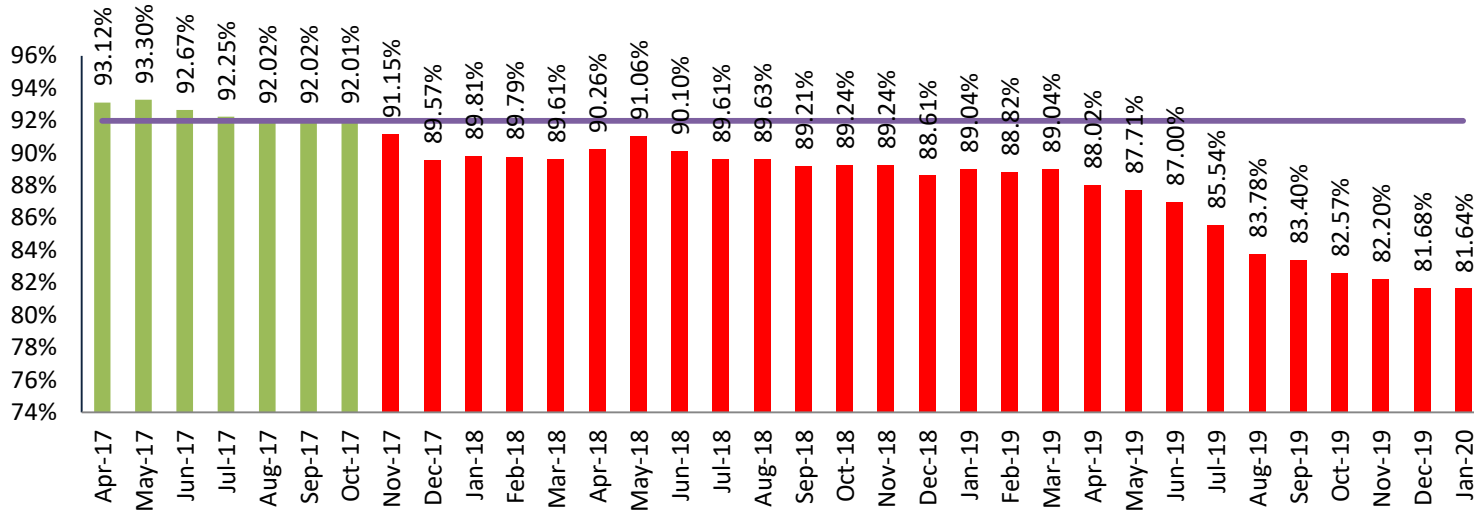
95%
TARGET

Jan 20
84.08%

Regional Rank	Trust	Jan-20
1	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	94.49%
2	Northumbria Healthcare NHS Foundation Trust	93.72%
3	Harrogate and District NHS Foundation Trust	88.74%
4	South Tees Hospitals NHS Foundation Trust	84.08%
5	Gateshead Health NHS Foundation Trust	84.01%
6	South Tyneside And Sunderland NHS Foundation Trust	78.94%
7	North Cumbria University Hospitals NHS Trust	78.79%
8	York Teaching Hospitals NHS Foundation Trust	75.21%
9	County Durham and Darlington NHS Foundation Trust	69.67%
-	North Tees and Hartlepool NHS Foundation Trust	
	ENGLAND	81.68%

Jan 20
Ranked 4th in the
region

Referral to Treat



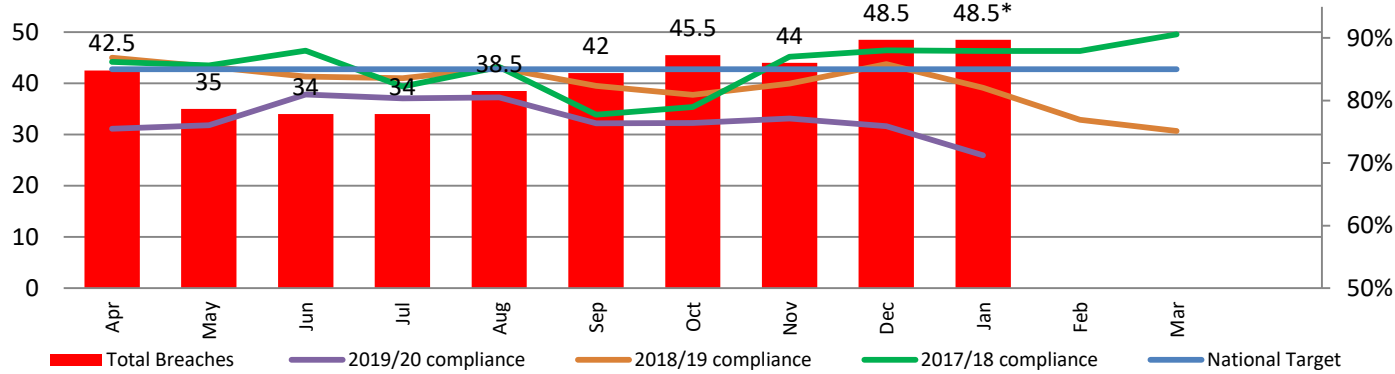
92%
TARGET

Jan 20
81.64%

Regional Rank	Trust	Dec-19
1	North Tees and Hartlepool NHS Foundation Trust	92.62%
2	South Tyneside And Sunderland NHS Foundation Trust	92.07%
3	Gateshead Health NHS Foundation Trust	92.06%
4	Northumbria Healthcare NHS Foundation Trust	92.01%
5	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	88.68%
6	County Durham and Darlington NHS Foundation Trust	87.87%
7	South Tees Hospitals NHS Foundation Trust	81.68%
8	York Teaching Hospital	74.77%
9	North Cumbria University Hospitals NHS Trust	73.13%
10	Harrogate and District NHS Foundation Trust	-
	ENGLAND	83.66%

**Dec 19
Ranked 7th in the
region**

Performance – 62 Day Cancer Standard



◀ % compliance and number of breaches

* Indicative

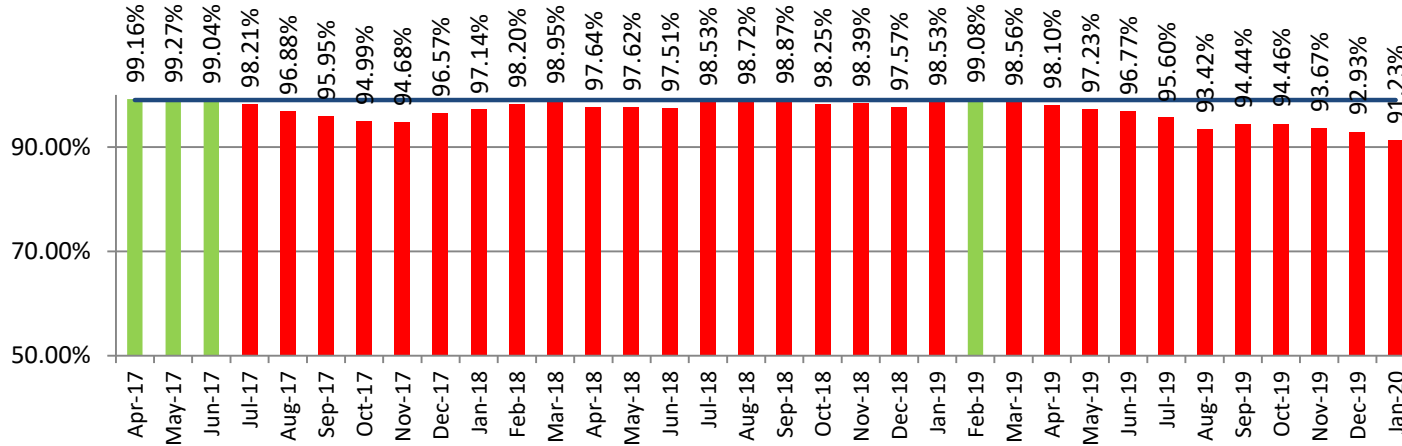
Jul 19 | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20*

80.35% | 80.41% | 76.34% | 76.42% | 79.43% | 75.87% | 72.40%*

Regional Rank	Trust	Dec-19
1	Harrogate and District NHS Foundation Trust	98.98%
2	Northumbria Healthcare NHS Foundation Trust	96.55%
3	County Durham and Darlington NHS Foundation Trust	84.25%
4	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	83.19%
5	North Cumbria University Hospitals NHS Trust	80.54%
6	York Teaching Hospitals NHS Foundation Trust	76.50%
7	Gateshead Health NHS Foundation Trust	76.42%
8	South Tyneside and Sunderland NHS Foundation Trust	76.17%
9	South Tees Hospitals NHS Foundation Trust	75.87%
11	North Tees and Hartlepool NHS Foundation Trust	70.16%
	ENGLAND	77.99%

Dec 19 Ranked 9th in the region

6 Week Diagnostic



99% TARGET

Jan 20
91.23%

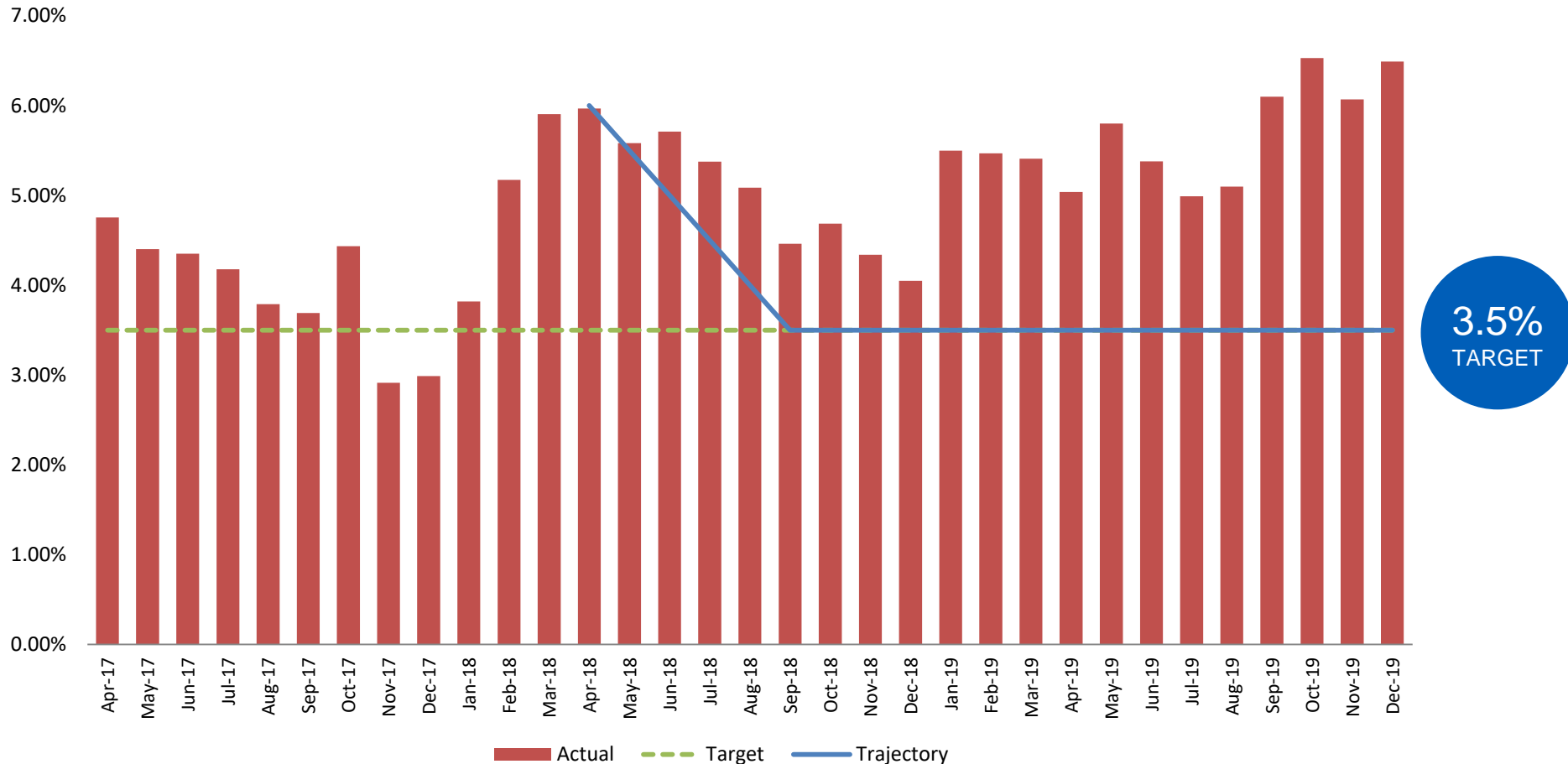
6 Week Diagnostic Performance (Target 99%)	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Magnetic Resonance Imaging	99.69%	99.75%	99.83%	99.64%	98.81%	99.78%	99.96%	99.73%	99.89%	99.60%	97.75%	92.26%
Computed Tomography	99.79%	99.92%	99.85%	99.94%	99.93%	99.93%	99.80%	99.93%	99.30%	99.46%	99.84%	99.93%
Non-obstetric ultrasound	100.00%	100.00%	100.00%	99.90%	99.97%	99.90%	99.92%	99.97%	99.93%	100.00%	99.76%	99.97%
Barium Enema												
DEXA Scan	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Audiology Assessments	98.55%	98.83%	96.22%	98.11%	97.99%	94.86%	88.51%	87.10%	86.57%	86.49%	86.28%	83.33%
Cardiology - echocardiography	92.50%	93.62%	92.31%	88.24%	69.70%	83.78%	97.62%	96.88%	100.00%	97.44%	90.63%	94.59%
Cardiology - electrophysiology												
Neurophysiology	95.21%	91.30%	84.09%	70.74%	72.06%	70.64%	66.53%	73.38%	79.23%	88.38%	86.89%	84.34%
Sleep studies	67.31%	50.00%	44.44%	14.29%	22.64%	34.92%	40.00%	49.06%	62.75%	65.96%	46.30%	51.06%
Urodynamics - pressures & flows	47.37%	18.52%	48.00%	52.08%	73.91%	79.07%	85.29%	70.45%	76.47%	55.26%	49.09%	42.86%
Gastro - Colonoscopy	98.41%	94.30%	93.75%	94.86%	89.72%	71.53%	62.66%	64.38%	62.86%	59.13%	56.85%	54.08%
Gastro - Flexi sigmoidoscopy	96.77%	94.12%	92.75%	89.47%	91.49%	74.38%	60.63%	69.51%	65.00%	53.26%	45.98%	46.82%
Urology - Cystoscopy	95.95%	97.18%	100.00%	94.62%	96.07%	96.83%	92.68%	91.84%	95.60%	98.14%	94.44%	93.84%
Gastroscopy	98.32%	95.95%	96.48%	98.11%	90.87%	88.85%	77.52%	83.81%	87.66%	79.51%	82.47%	77.39%
Trust Total	99.08%	98.56%	98.10%	97.23%	96.77%	95.60%	93.42%	94.44%	94.46%	93.67%	92.93%	91.23%

Operational Management

2

Delayed Transfer of Care (DToC)

Percentage DToC against Midnight Bed Occ



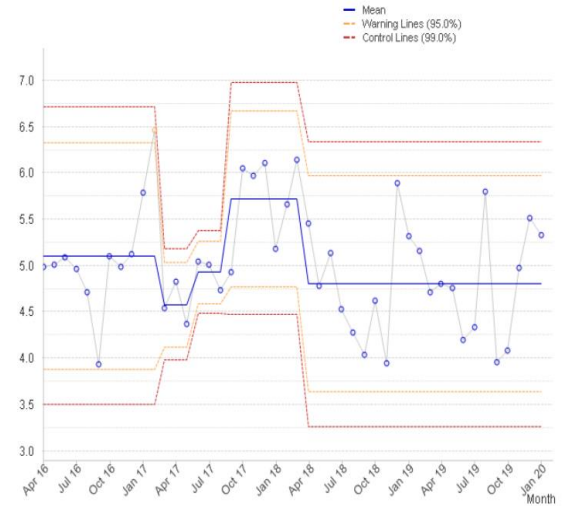
Patient Safety, Outcome and Experience

3

Delivering Safe Care 19/20

New or deteriorating category 2 pressure ulcers January 2020

Falls January 2020



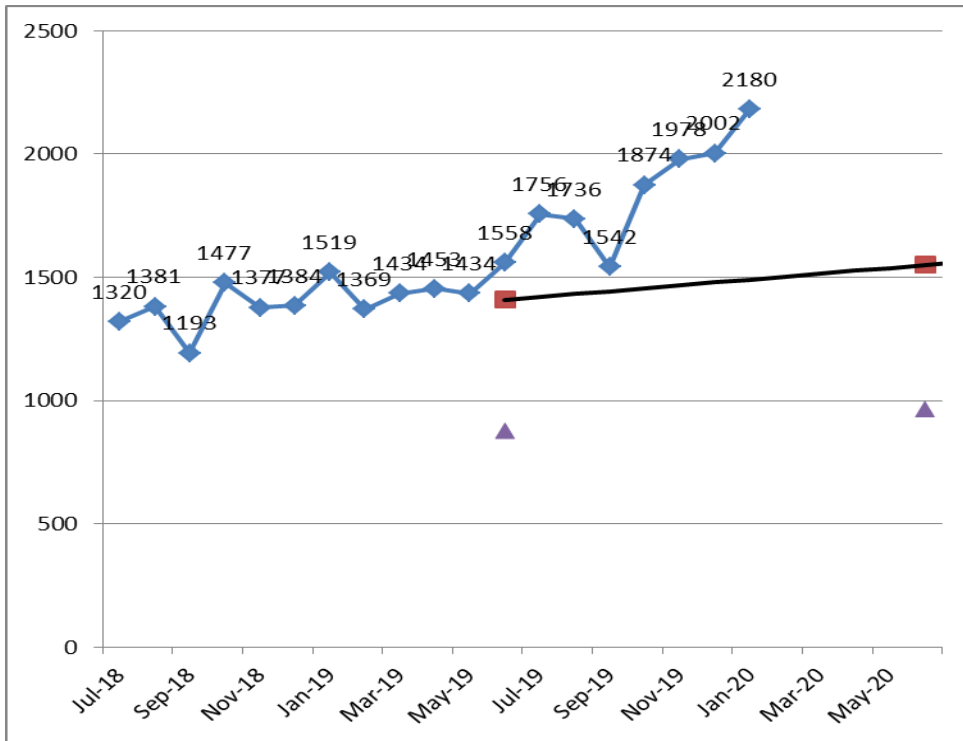
Inpatient rate is 2.4 per 1000 bed days.

44 community category 2 pressure ulcers

Rate 5.3 per 1000 bed days.

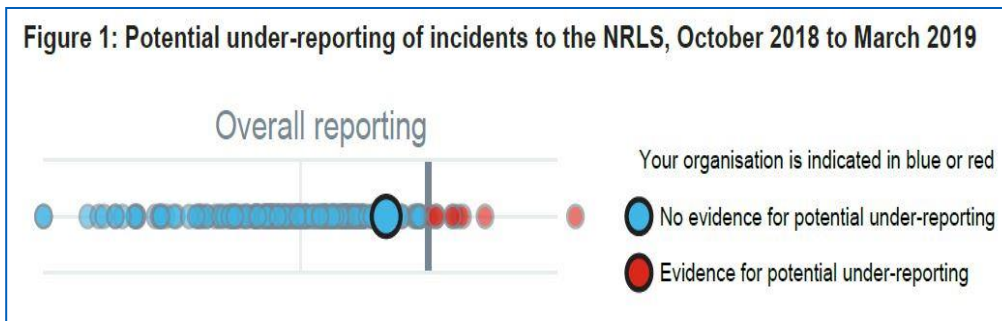
Focus required on prevention strategies to secure improvements

1. Incident reporting - Current position



- 16 per cent increase in incident reporting across the Trust from Quarter 2 (19/20) to Quarter 3 (19/20).
- January 2020, 2,180 incidents reported on Datix (highest number of incidents ever reported on Datix in the Trust).
- Improvement trajectory of a 10 per cent year-on-year increase over the next three years set (quarterly monitoring).
- T&F group convened with CD's to improve connectivity with frontline colleagues to share and embed learning.

Figure 1: Potential under-reporting of incidents to the NRLS, October 2018 to March 2019



Incidents reported as Serious Incidents in January 2019

	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Total
Anaesthetics / Theatre / Surgery / Recovery	0	0	0	0	2	0	0	0	1	2	1	3	9
Breach /Cancellation of Treatment	0	0	1	0	0	1	1	1	1	2	4	0	11
COSHH (Contact with a harmful substance)	0	0	0	0	0	0	1	0	0	0	0	0	1
Death of Person	0	0	2	0	0	0	0	0	0	0	0	0	2
Nutrition Related	0	0	0	0	0	1	0	0	0	0	0	0	1
Fall/slip/trip	0	3	2	2	2	1	2	0	1	1	3	2	19
Manual handling of patients	0	0	0	0	0	0	1	0	0	0	0	0	1
Infection Control	0	0	0	0	0	1	0	0	0	0	0	0	1
Obstetrics related	3	1	0	0	1	0	0	0	1	0	1	1	8
Medication	0	0	0	0	0	1	0	0	0	0	0	0	1
Treatment, procedure	0	2	0	1	1	1	1	0	1	2	2	1	12
Pressure Ulcer	0	3	1	2	0	0	1	0	3	3	2	4	19
Radiology investigations	0	0	0	0	0	0	0	0	1	2	1	0	4
Infrastructure e.g. buildings, utilities	0	0	0	1	0	0	0	0	0	0	0	0	1
Safeguarding Adults (18 yrs. and over)	0	0	0	0	0	0	0	2	0	0	0	0	2
Totals:	3	9	6	6	6	6	7	3	9	12	14	11	92

11 Incidents were reported as SIs in January 2020. 7 of the 11 incidents were determined to meet SI criteria and reported to the CCG within 48 hours of the incident being identified.

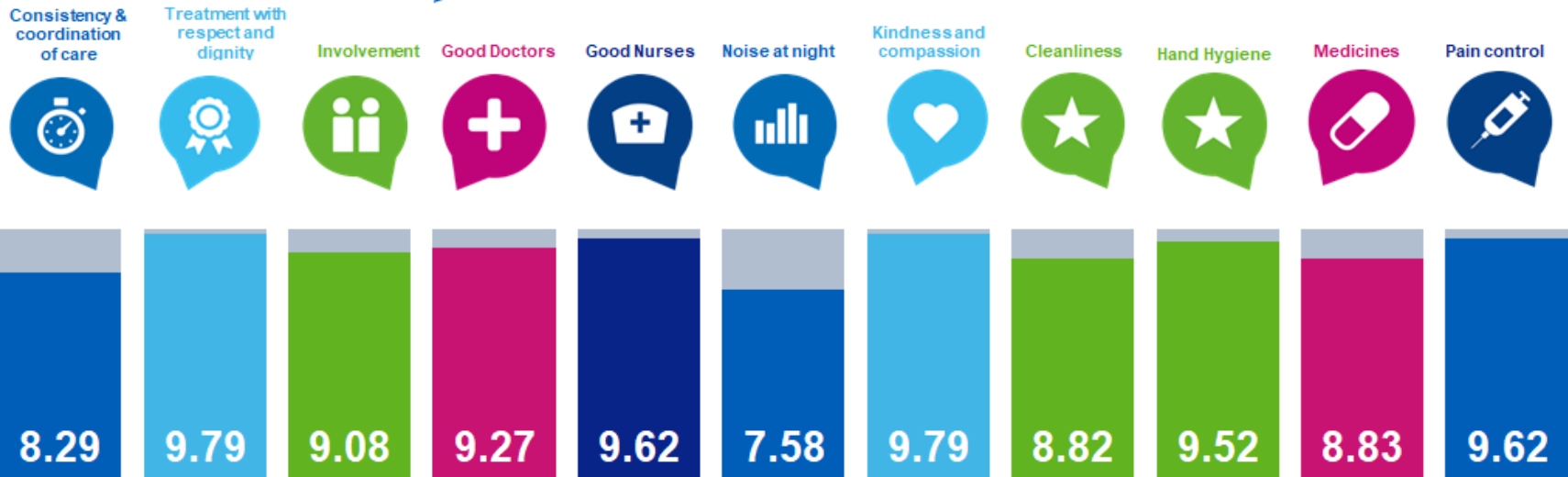
- Never Events (2) - Wrong side anaesthetic block (1); retained swab (1)
- Patient Fall – 2 (1 resulted in death)
- Pressure Ulcer - 4
- Obstetrics – neonatal death - 1
- Delayed diagnosis – 1
- Surgical Intervention - 1

Patient Experience Trust

How do patients rate us out of 10...?



South Tees Hospitals
NHS Foundation Trust



In January 2020 patients gave us an overall rating of...

9.02 out of 10

% of patients surveyed would highly likely or likely recommend this ward to their families and friends

98%

No of patients on new medication

440

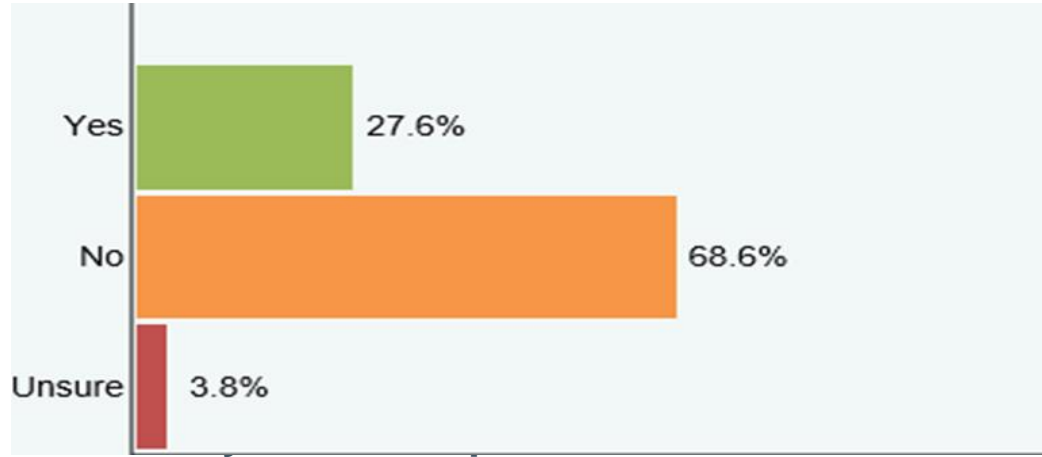
No of respondents

864



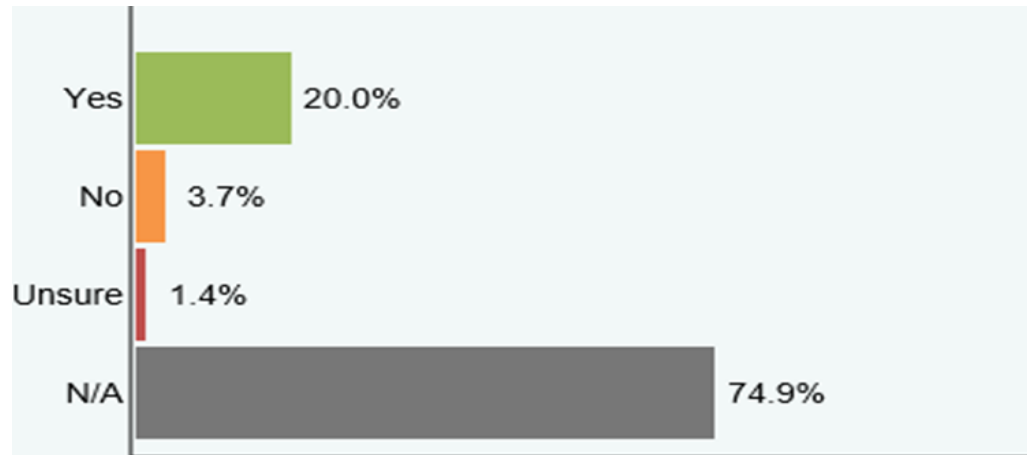
Real-time inpatient survey responses relating to pre-admission communication, January 2020

- 10. Was this admission planned?



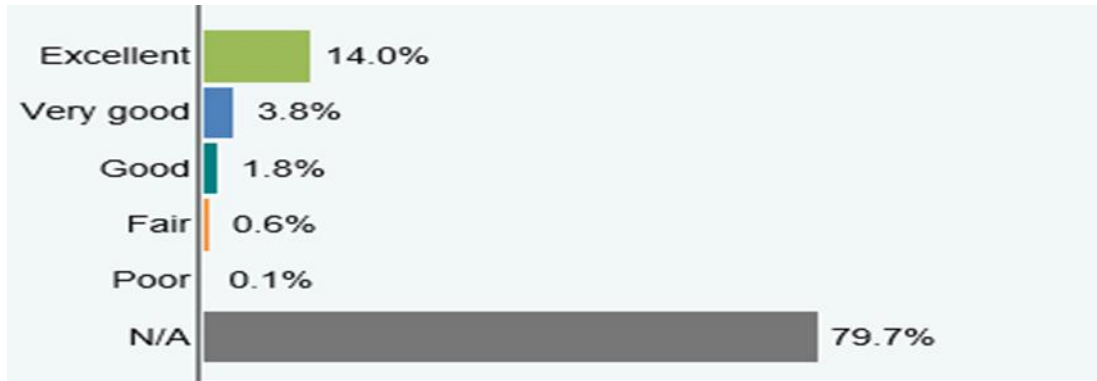
the Trust regarding your admission

(e.g. a letter / phone call / text message)?



Real-time inpatient survey responses January 2020

- 12. How would you rate the information you received?



- Comments regarding the information received prior to admission
- “Information received was complete and always delivered well”.
- “Received in a timely manner”.
- “Information given on operation before starting”

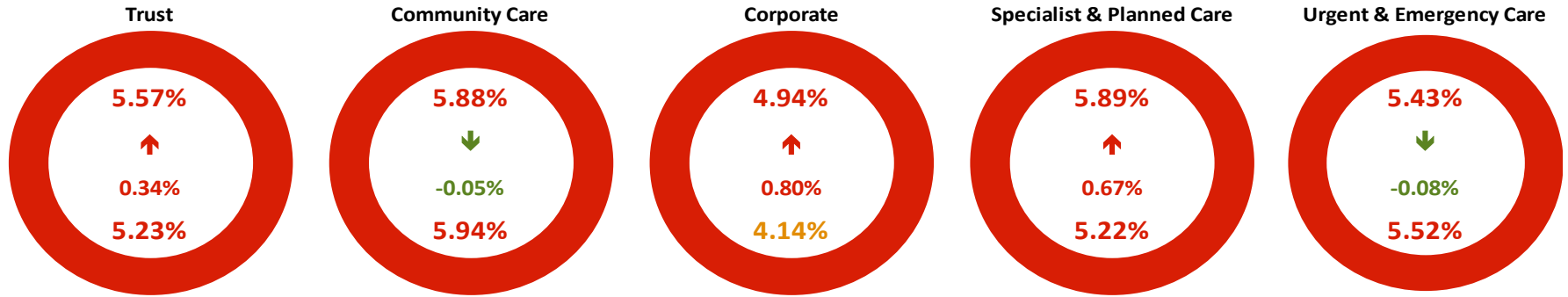
People

4

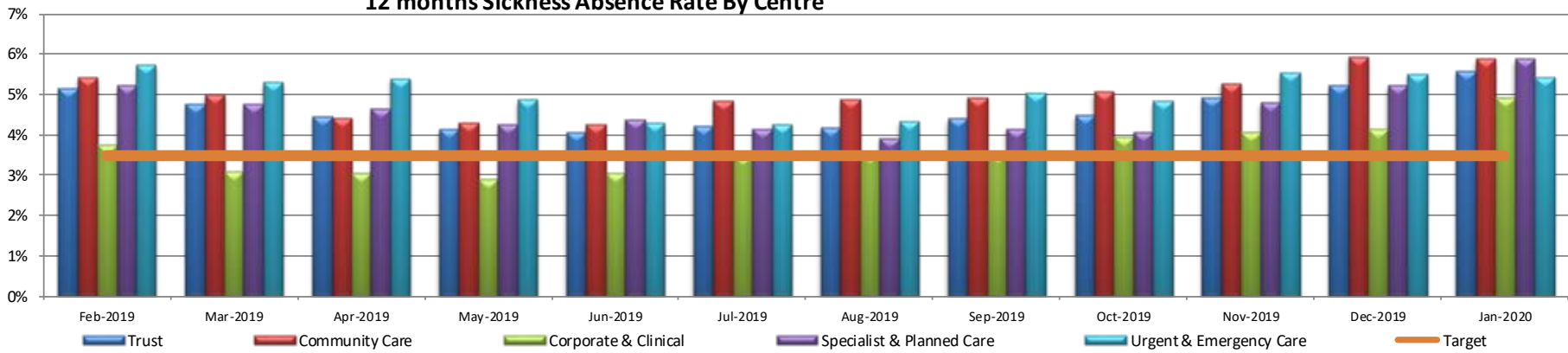
Sickness	Training	Appraisals
<p>Our overall sickness absent rate is 5.57% which is a 0.34% increase on December.</p> <p>Short Term is 2.15% which is up 0.27% on our December position. Long Term is 3.43%, which is up by 0.08% on our December position.</p> <p>Stress/Anxiety accounts for the most FTE days lost at 3929.97 days and accounts for almost a third of all sickness.</p> <p>In January, 260 staff were absent with Stress/Anxiety with an average of 15 days per employee.</p> <p>Other musculoskeletal is next highest with 1500.38 FTE days lost.</p>	<p>Our overall mandatory training compliance is 87.74% which is a 2.84% decrease on our December position.</p> <p>Information Governance has the lowest compliance at 71.57% followed by Infection Control at 83.92%.</p> <p>The portfolio with the highest concern is Trauma & Orthopaedics at 78.93% followed by General Surgery & Urology at 81.87%.</p> <p>Paediatrics & Neonatology is the best performing portfolio at 93.60% followed by Theatres, Anaesthetics & Pain at 92.72%.</p>	<p>Our overall Target for appraisals is 82.96% which is a decrease by 0.78% on our December position.</p> <p>However is compliant against our 80% compliance target which has been consistently achieved for 7 months.</p> <p>The portfolio with the highest concern is Trauma & Orthopaedics with 69.96% compliance followed by Finance with 70.80%.</p> <p>Reminders continue to be sent by HR to all staff and managers that are overdue. We currently have 1437 overdue appraisals, 910 are from 2018, 372 from 2017 and 105 from previous years.</p>
Turnover	Employee Relations	Strategic Matters
<p>76 colleagues left the Trust in January 2020.</p> <ul style="list-style-type: none"> 1 Dismissal – sickness absence 1 End of a fixed term contract 3 retire and returns 10 retirements 61 voluntary leavers <p>All leavers have been sent an exit interview questionnaire and a number of face to face interview have taken place. Data is being collated and analysis will go to workforce committee in March 2020.</p>	<p>1 new grievance was received in January 2020 relating to cultural issues, raised as a FTSU concern.</p> <p>5 new disciplinaries were opened in January 2020</p> <ul style="list-style-type: none"> 1 x consultant – inappropriate comments 1 x Nurse - IG breach 1 x HCA – Patient care 1 x Nurse – registration renewal lapse 1 x HCA – working whilst on sick leave 	<p>Equality, diversity and inclusion network chair will be attending a Staff Networks Development Workshop - Thursday, 19 March 2020.</p> <p>Values and Behaviours workshop took place on 12 February with 40 delegates in attendance.</p> <p>Our flu vaccination rate at the end of week 20 is 82.5%</p> <p>61 staff excellence reports were received in January 2020.</p>

Sickness

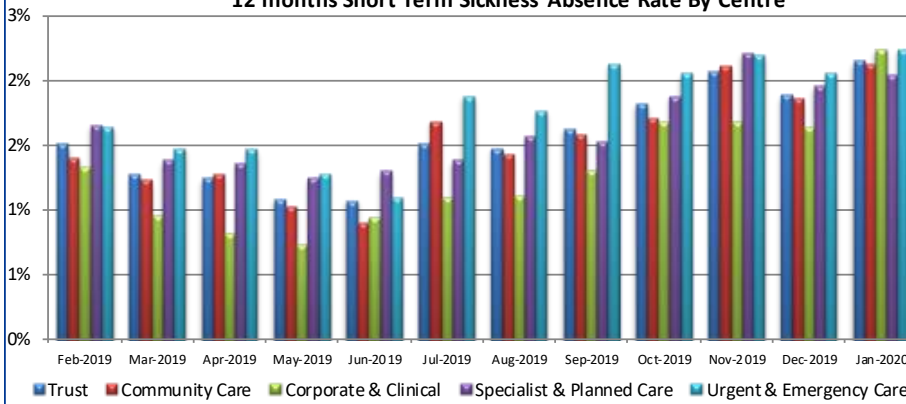
Jan-2020



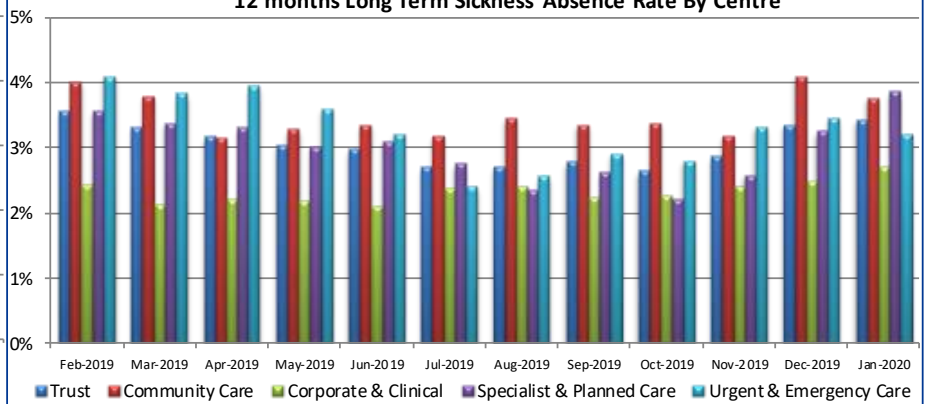
12 months Sickness Absence Rate By Centre



12 months Short Term Sickness Absence Rate By Centre



12 months Long Term Sickness Absence Rate By Centre



All Sickness

Short Term

Long Term

Rank	Ward/Department	FTE	% Rate
1	2204AD ICU JCUH	132.52	8.39%
2	7106AE Neonatal Unit	97.37	10.36%
3	6356FG Anaesthetics And Recovery JCUH	91.89	11.18%
4	2129AG Tocketts Ward ECH	51.23	15.21%
5	1051IF Pharmacy Department	128.11	5.83%
6	2019OA District Nursing Middlesbrough	85.95	6.71%
7	6400DA A & E Department JCUH	176.80	5.11%
8	5047AD Cardiothoracic ITU	67.16	6.84%
9	2027AA Ward 2 Acute Medicine	44.55	11.53%
10	2127OA District Nursing Redcar & Cleveland	82.95	12.95%

Rank	Ward/Department	FTE	% Rate
1	2127OA District Nursing Redcar & Cleveland	82.95	5.80%
2	1051IF Pharmacy Department	128.11	3.42%
3	7106AE Neonatal Unit	97.37	4.22%
4	6356FG Anaesthetics And Recovery JCUH	91.89	4.37%
5	6400DA A & E Department JCUH	176.80	2.10%
6	2204AD ICU JCUH	132.52	2.42%
7	8157QI Medical Records JCUH	77.11	4.10%
8	7008AA Ward 8 Urology, Gynae & Ugi	44.42	5.88%
9	4211CA Ophthalmology Outpatients JCUH	35.56	7.02%
10	2207AD HDU	65.17	3.59%

Rank	Ward/Department	FTE	% Rate
1	2204AD ICU JCUH	132.52	5.97%
2	2129AG Tocketts Ward ECH	51.23	12.62%
3	6356FG Anaesthetics And Recovery JCUH	91.89	6.80%
4	7106AE Neonatal Unit	97.37	6.14%
5	2127OA District Nursing Redcar & Cleveland	82.95	7.15%
6	5126AA Ward 27 Neurology	32.68	17.31%
7	6400DA A & E Department JCUH	176.80	3.01%
8	8157QI Medical Records JCUH	77.11	6.31%
9	7008AA Ward 8 Urology, Gynae & Ugi	44.42	11.06%
10	4217FB Ophthalmology Theatre JCUH	25.28	18.20%

Includes only Wards/Departments with greater than 5.0 WTE

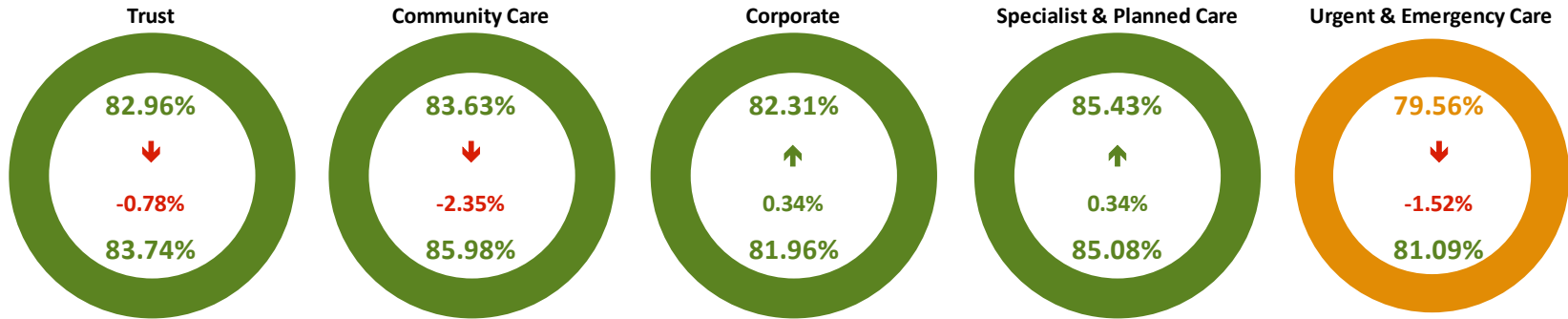
Scoring is calculated by taking the FTE and multiplying by the % Absence Rate

Top 10 Sickness Reasons By FTE Days Lost

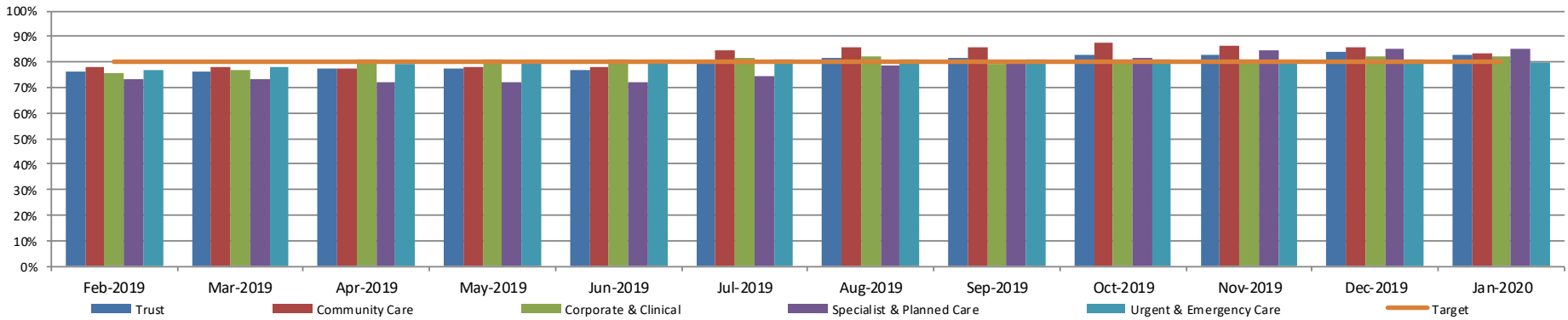
Absence Reason	Headcount	FTE Days Lost	Abs Estimated Cost	% of All Sickness
Stress/Anxiety	260	3,929.97	£333,461.06	30.9
Other musculoskeletal	111	1,500.38	£126,585.79	11.8
Cold, Flu	307	1,231.55	£120,778.64	9.7
Gastrointestinal	256	957.01	£75,919.24	7.5
Injury, fracture	69	945.77	£74,920.96	7.4
Back Problems	64	760.85	£64,791.78	6.0
Genitourinary & gynae	61	499.54	£40,627.16	3.9
Chest & respiratory	77	496.83	£44,181.90	3.9
Pregnancy related	42	400.64	£36,221.70	3.1
Unknown causes / Not specified	26	317.77	£35,439.87	2.5

Total estimated cost = Salary Based Absence Cost OSP OMP Adjusted + Employers Cost OSP OMP Adjusted.

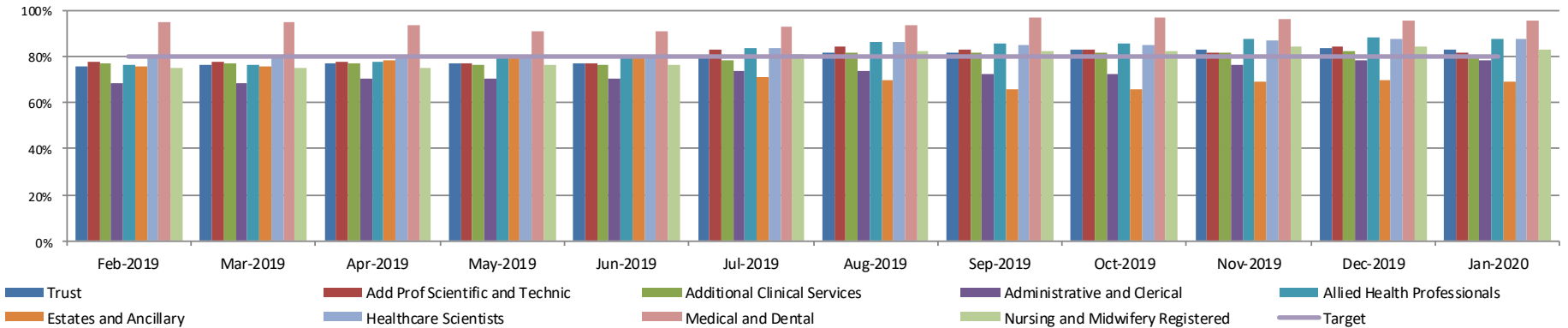
Please note, because ESR does not record shift patterns, this is only an estimate using the assignment FTE and calendar days.



12 months SDR % Rate By Centre

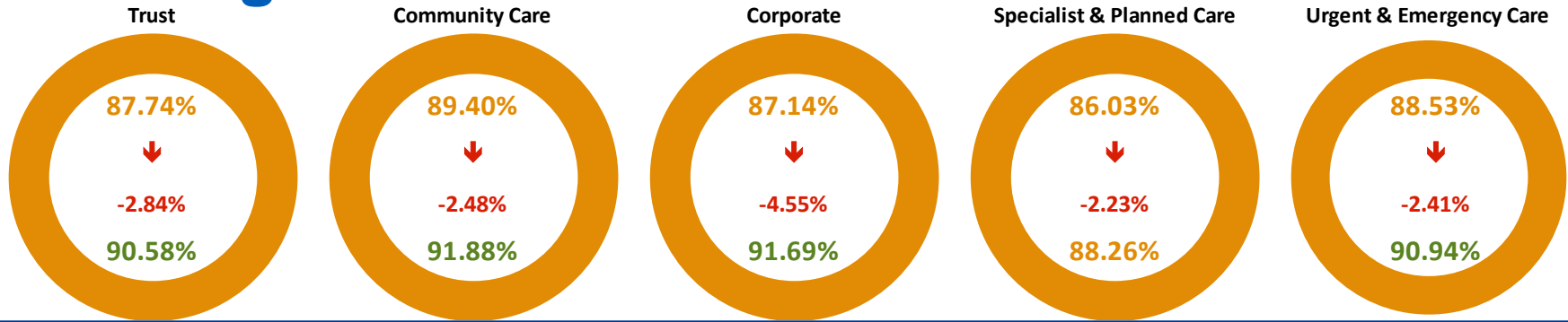


12 months SDR % Rate By Staff Group

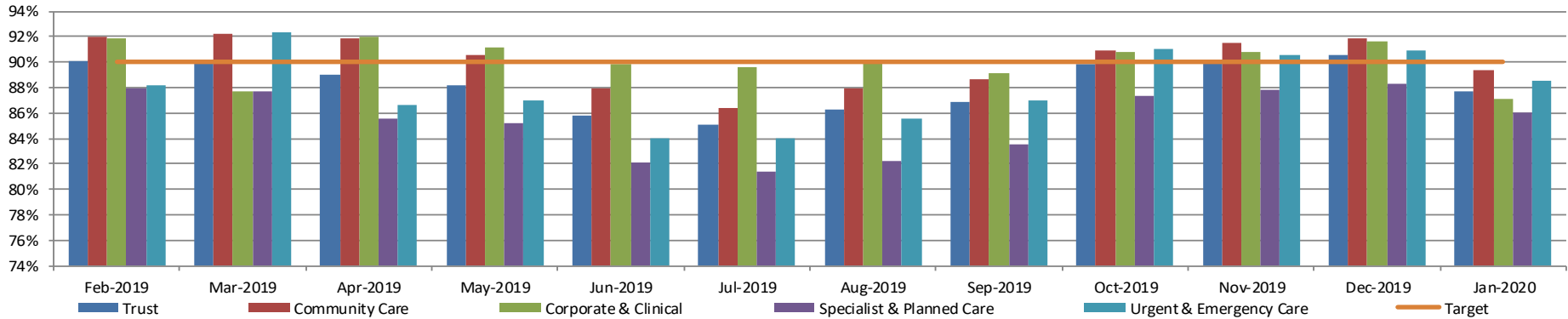


Training

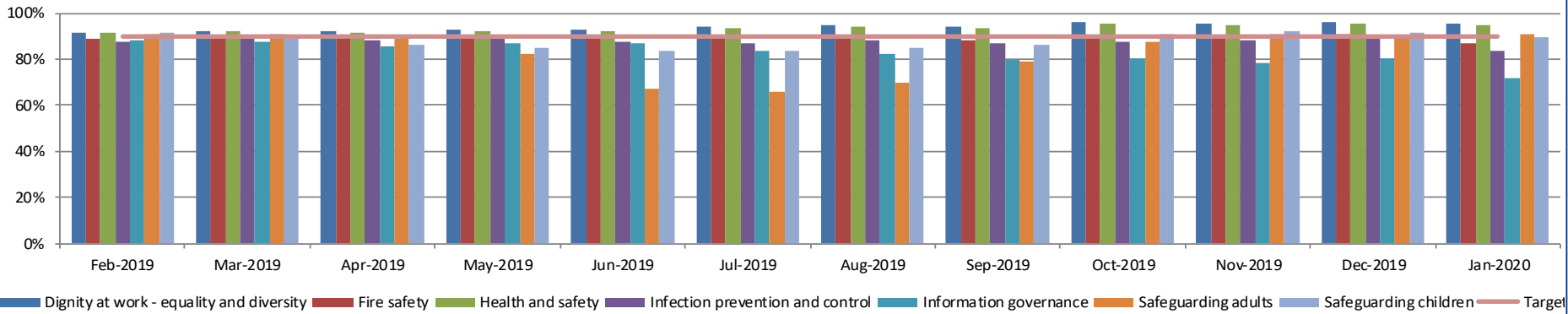
Jan-2020



12 months Training % Rate By Centre



12 months Training % Rate By Element - Core 7



Employee Relations Cases received

Month	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020
Grievance	5	1	1	2	1	0	0	2	2	1	0	1
Disciplinary	11	6	4	4	4	6	4	5	5	2	1	5
Capability	0	1	1	0	0	2	0	1	0	0	0	0
Dignity at Work	2	0	0	1	2	1	1	0	1	0	0	0
Total	18	8	6	7	7	9	5	8	8	3	1	6

Reasons for Disciplinary Cases

Nature of Allegation	Community Care	Corporate & Clinical Services	Specialist & Planned Care	Urgent & Emergency Care	Grand Total
Breach of confidentiality	1	1		2	4
Breach of Health and Safety Requirements		2			2
Disregard of instructions		2		3	5
Failure to Renew Prof Reg	2		2		4
Falsification of records	1				1
Fraud	2				2
Inappropriate Behaviour	4	4	4	4	16
Inappropriate use of NHS resources			1		1
Maltreatment of other Worker				1	1
Maltreatment of Patient / Client	5		1		6
Misconduct	6	1			7
Negligence	2		1		3
Other Allegation	3		2		5
Theft of Money or materials		2			2
Total	26	12	11	10	59

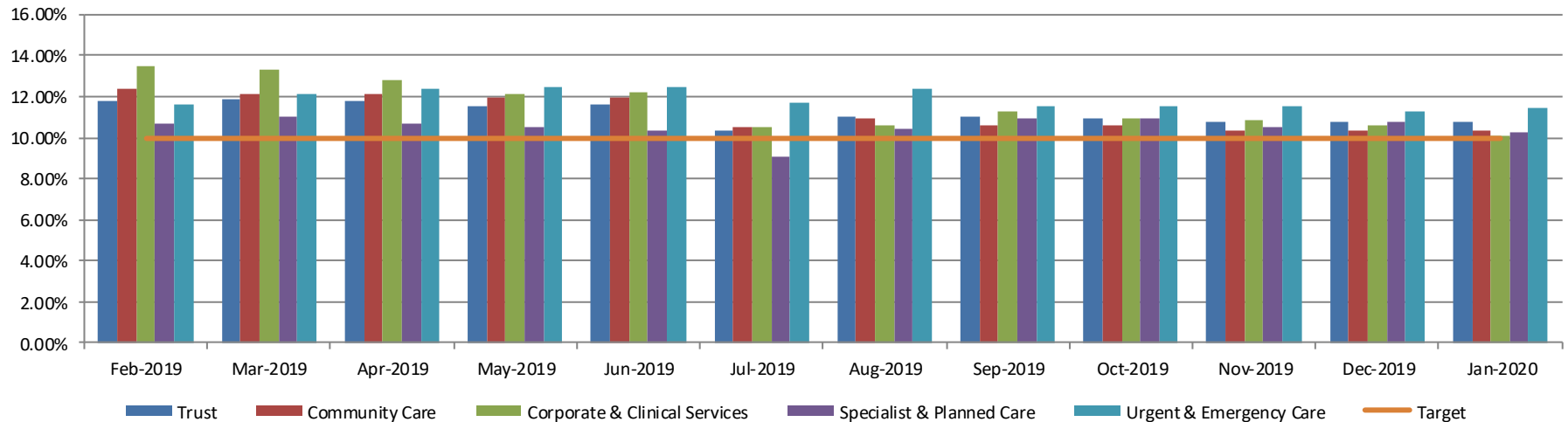
Staff in Post & Turnover

Jan-2020

Staff in Post by FTE

Centre	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020
Community Care	2097.484	2101.994	2091.718	2000.513	1919.106	1929.45	1896.123	1915.062	1931.976	1928.669	1924.852	1927.502
Corporate & Clinical Services	1598.209	1596.729	1590.189	1595.536	1611.906	1634.873	1645.453	1650.902	1676.77	1685.463	1689.717	1699.022
Specialist & Planned Care	2093.291	2079.771	2081.957	2133.907	2163.39	2175.83	2187.016	2200.399	2226.834	2225.011	2216.271	2230.958
Urgent & Emergency Care	1612.835	1619.224	1616.664	1645.874	1667.481	1671.026	1664.8	1717.848	1722.771	1726.108	1728.521	1733.556
Trust	7401.819	7397.719	7380.528	7375.83	7361.883	7411.178	7393.392	7484.212	7558.35	7565.251	7559.36	7591.038

Turnover Rate By Centre



Leavers By Reason

Reasons	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total
Dismissal	3	4	2	4	1	2	2	4	2	1		1	26
End of Fixed Term	8	2	1	4	1	5	50	8	4	1	1	1	86
Flexi Retirement	3	6	4	8	9	4	2	10	4	8	11	3	72
Redundancy	4	1	1	1				1					8
Retirement	7	20	19	15	11	12	9	10	13	9	11	10	146
Voluntary Resignation	38	60	42	37	51	48	65	69	31	47	35	61	584
Grand Total	63	93	69	69	73	71	128	102	54	66	58	76	922

Finance

5

Summary Financials - YTD January 2019

Community Care	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	3,673	3,960	288
Pay	(77,744)	(78,284)	(540)
Non Pay	(32,408)	(32,717)	(309)
Total	(106,479)	(107,040)	(561)

Corporate Clinical Services	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	19,130	20,270	1,140
Pay	(31,424)	(31,568)	(144)
Non Pay	(14,718)	(15,898)	(1,180)
Total	(27,012)	(27,196)	(184)

Specialist & Planned Care	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	2,954	2,944	(10)
Pay	(99,103)	(99,653)	(551)
Non Pay	(70,984)	(70,802)	183
Total	(167,133)	(167,510)	(377)

Urgent & Emergency Care	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	888	838	(50)
Pay	(72,750)	(74,050)	(1,300)
Non Pay	(10,849)	(11,125)	(276)
Total	(82,712)	(84,338)	(1,626)

Corporate	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Nhs Clinical Income	479,741	479,064	(677)
Other Income	15,148	9,342	(5,806)
Pay	(30,263)	(28,022)	2,241
Non Pay	(56,385)	(72,692)	(16,307)
Depreciation And Interest	(19,897)	(19,572)	325
Other Non Operating	(5,191)	(5,107)	83
Restructuring Costs	(417)	(365)	52
Total	382,736	362,647	(20,089)

Shm Pharmacy	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Other Income	28	41	13
Pay	(154)	(126)	28
Non Pay	(23)	(44)	(21)
Total	(149)	(129)	20

Total	(749)	(23,565)	(22,817)
--------------	--------------	-----------------	-----------------

- Trust headlines YTD M10
- Control total
- Behind plan by £22.8m
- Loss of PSF funding £6.0m, £16.8m being undelivered system savings, underlying on plan.
- Full year plan is a control total surplus of £3.2m
- Productivity and Efficiency savings
- YTD savings of £8.6m

Summary Financials – FY Forecast

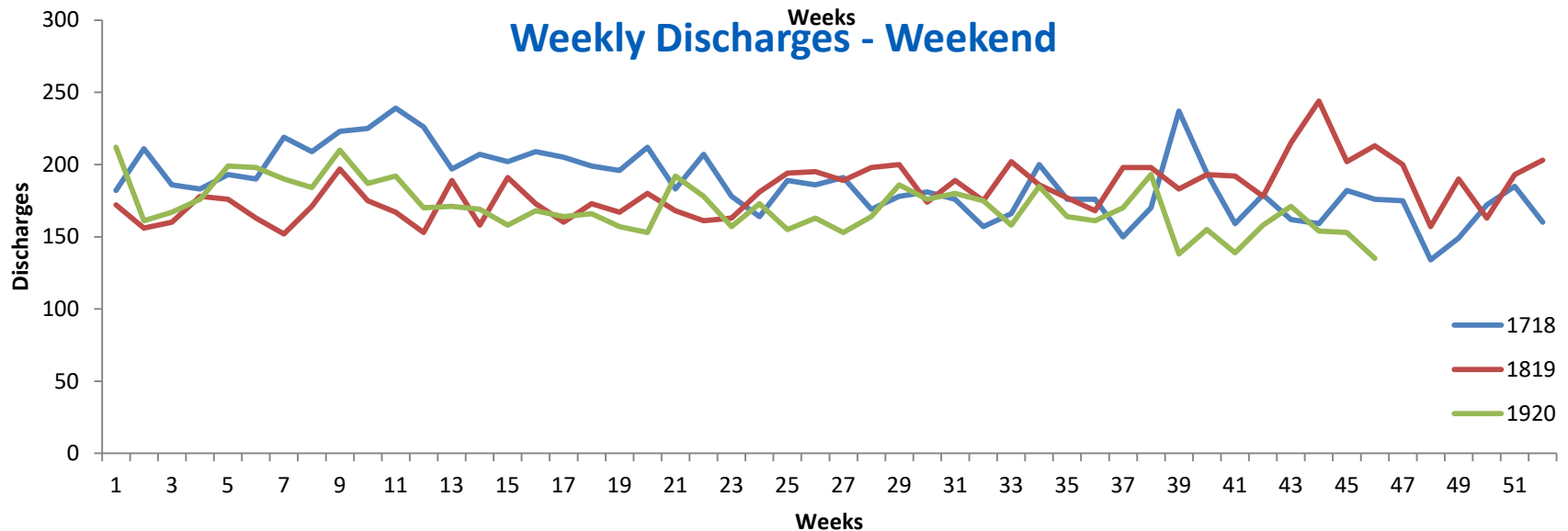
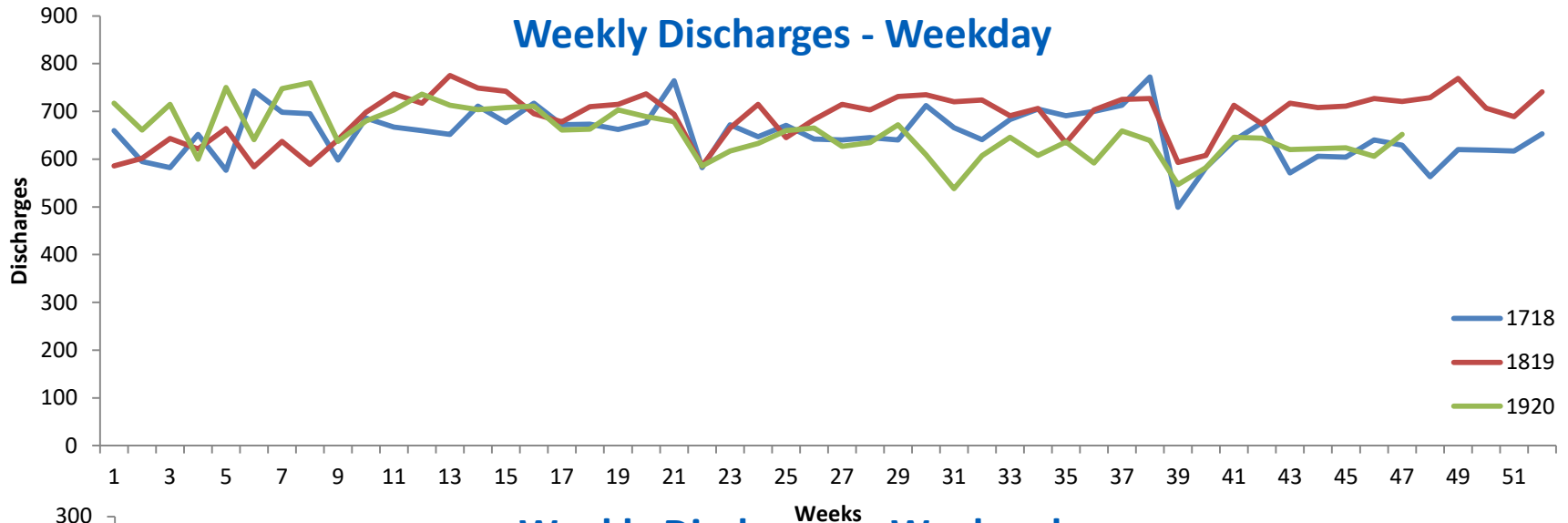
Community Care	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Other Income	4,387	4,695	308
Pay	(93,455)	(94,125)	(670)
Non Pay	(38,901)	(39,343)	(442)
Total	(127,970)	(128,773)	(803)
Corporate Clinical Services	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Other Income	22,933	23,800	867
Pay	(37,783)	(38,014)	(231)
Non Pay	(17,541)	(19,578)	(2,037)
Total	(32,390)	(33,792)	(1,402)
Specialist & Planned Care	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Other Income	3,547	3,618	71
Pay	(118,897)	(119,881)	(984)
Non Pay	(85,202)	(85,149)	53
Total	(200,553)	(201,412)	(859)
Urgent & Emergency Care	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Other Income	1,065	1,001	(64)
Pay	(87,410)	(88,832)	(1,422)
Non Pay	(13,057)	(13,356)	(299)
Total	(99,401)	(101,187)	(1,786)
Corporate	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Nhs Clinical Income	576,242	575,571	(671)
Other Income	19,260	19,313	53
Pay	(36,555)	(33,505)	3,050
Non Pay	(64,605)	(90,356)	(25,751)
Depreciation And Interest	(23,876)	(24,138)	(262)
Other Non Operating	(6,229)	(6,229)	0
Restructuring Costs	(500)	(365)	135
Total	463,737	440,291	(23,446)
Shm Pharmacy	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Other Income	43	62	20
Pay	(231)	(195)	36
Non Pay	(29)	(52)	(23)
Total	(217)	(185)	32
Total	3,206	(25,058)	(28,264)

- Control total
- Behind plan by £28.3m
- Key variance being £22.0m being undelivered system savings, underlying Trust overspend of £6.3m
- Full year plan is a control total surplus of £3.2m
- Productivity and Efficiency savings
- Full year forecast savings of £9.9m

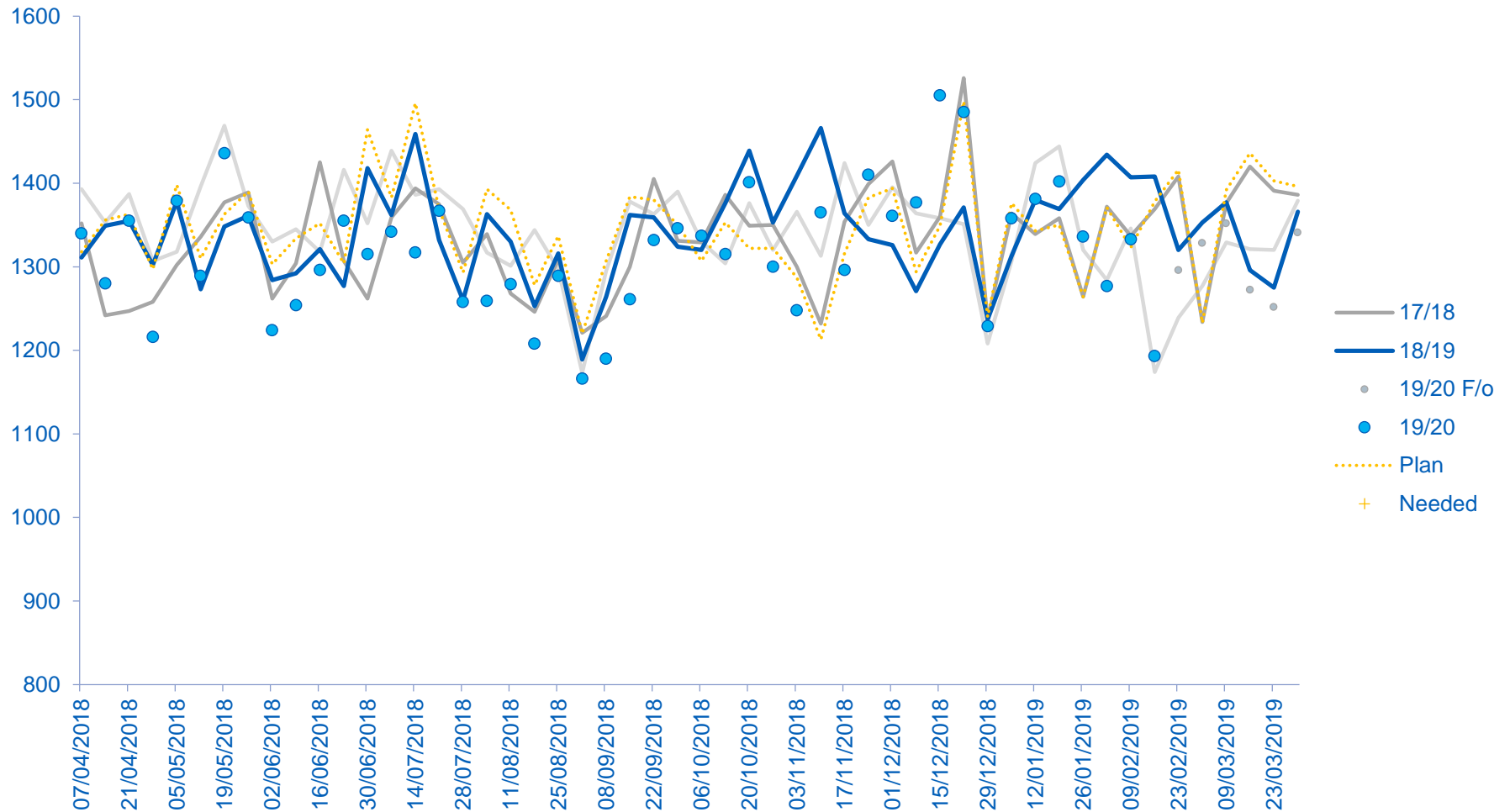
Appendices

6

JCUH Adult Ward Discharge Rates

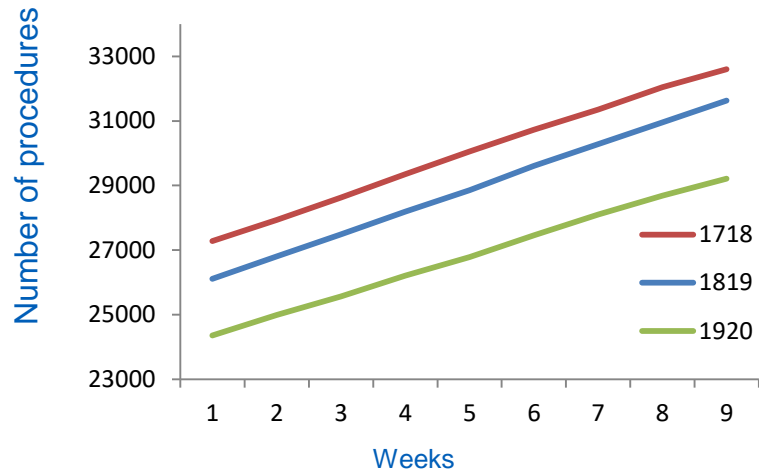


Non-Elective Delivery - All



Elective – Theatre Throughput

Elective overnight and day case - 9 week delivery period from 22/12/2019 FY19/20 compared with FY17/18 & FY18/19

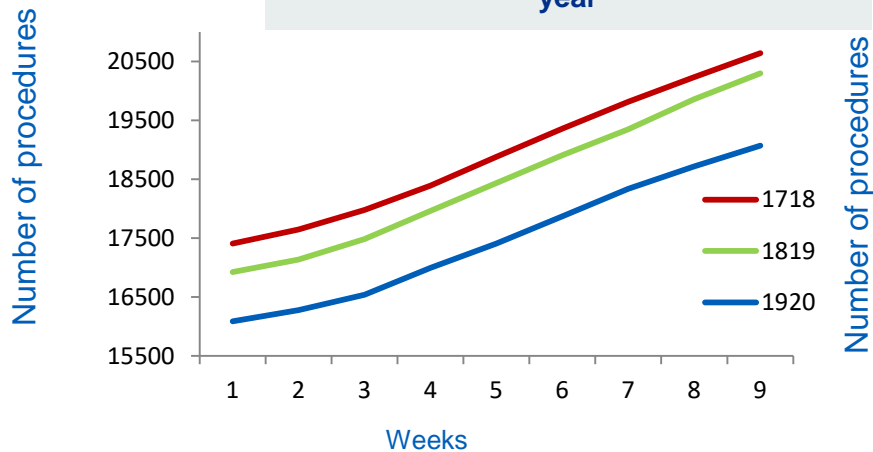


7.6% less cases undertaken in last 9 week period this year when compared to last.

YTD 12.6% less than last year

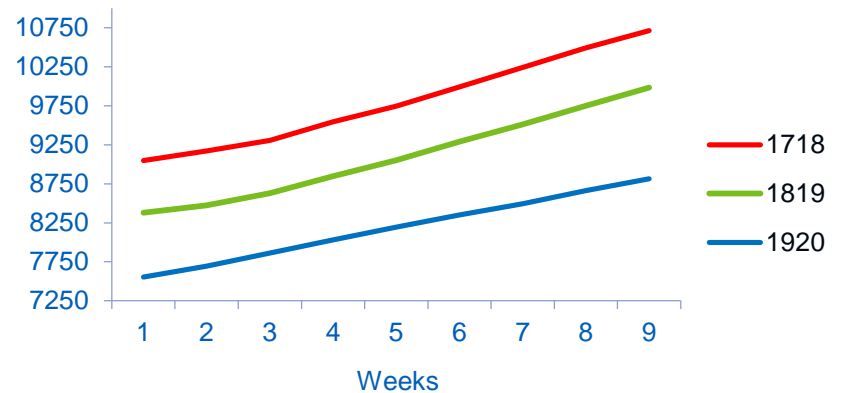
Elective day case

YTD 6.0% less when compared with last year



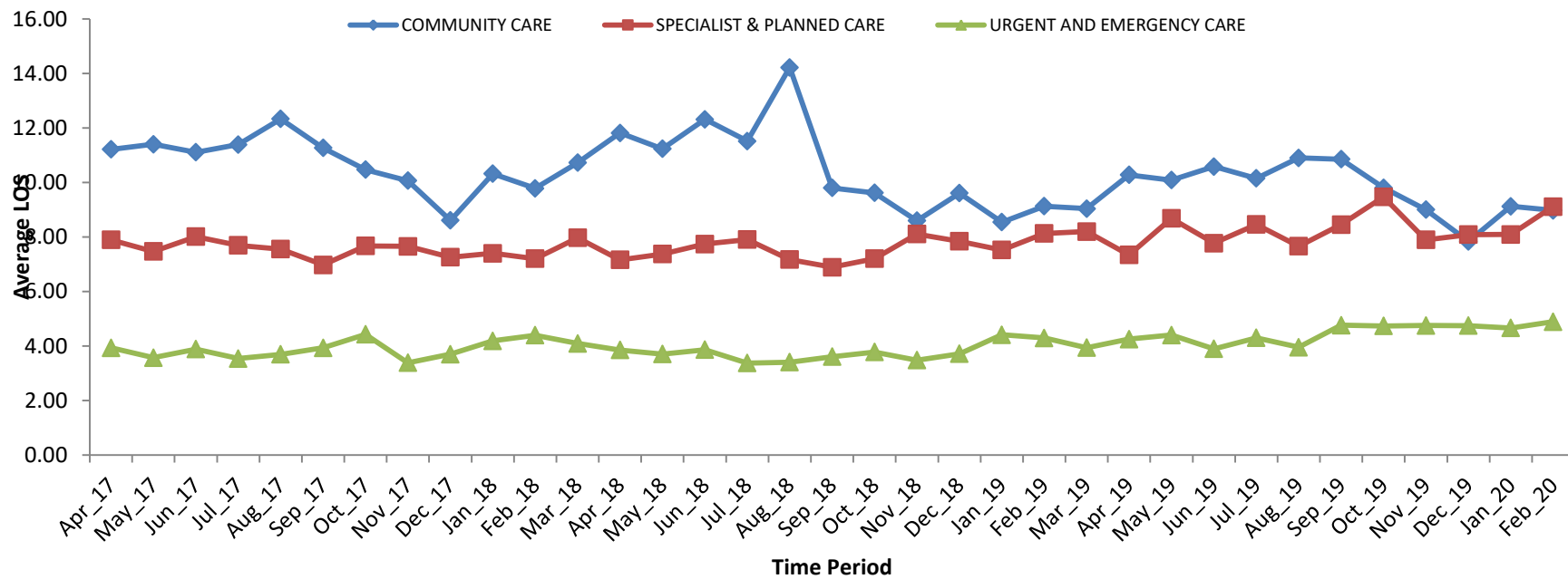
Elective overnight

YTD 11.7% less when compared with last year



Emergency Length of Stay by Centre

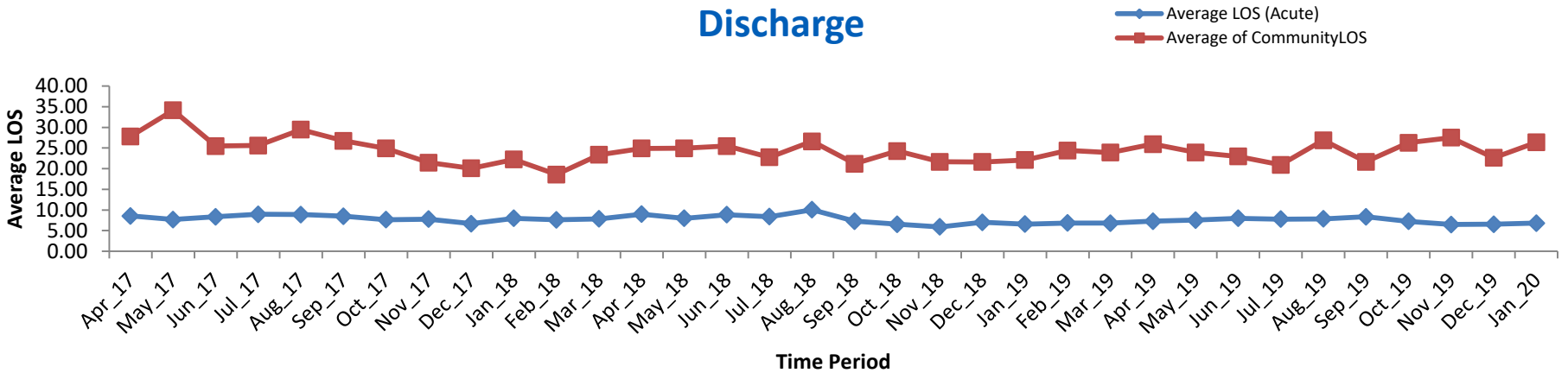
Emergency LOS by Centre at Discharge - 1st April 17 - 22nd Feb 2020



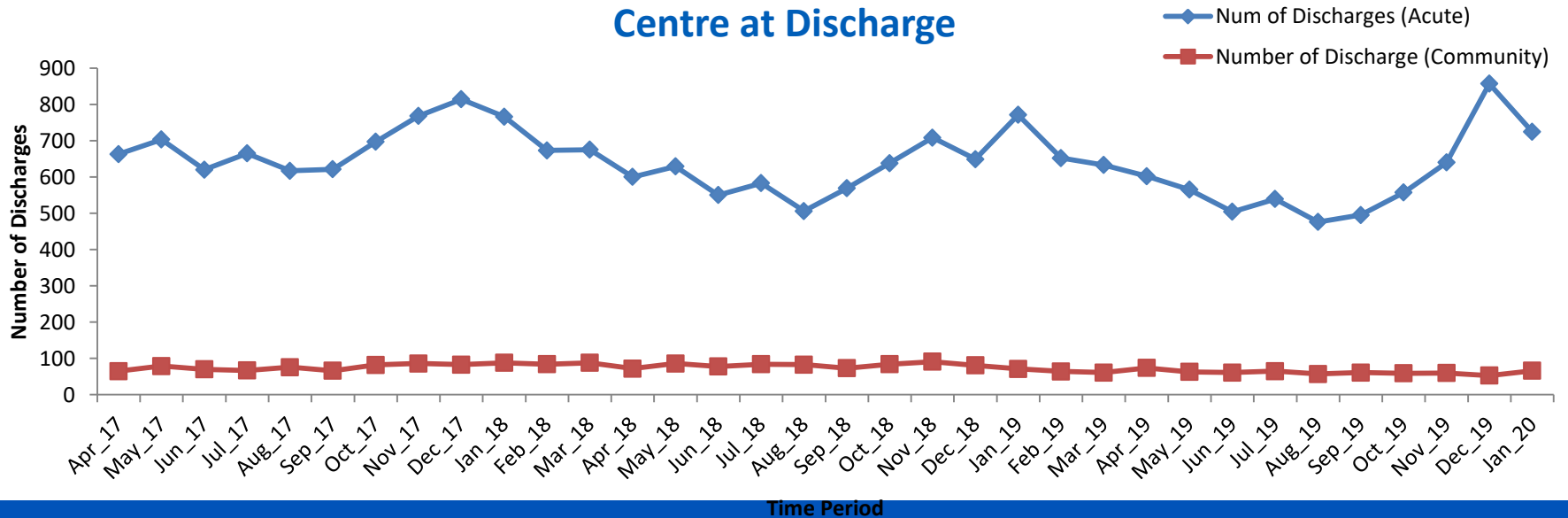
AVG LOS				
Centre	Community Care	Specialist & Planned Care	Urgent & Emergency Care	Grand Total
1718	10.7	7.6	3.9	7.2
1819	10.4	7.6	3.8	6.9
1920	9.7	8.2	4.4	7.3

Emergency LOS for Community Centre by Site Type

Average LOS by Site Type for Patients Under Community Care Centre at Discharge



Number of Discharges by Site Type for Patients Under Community Care Centre at Discharge



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

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00 am to 4.00 pm)	VENUE
Tuesday 10 March 2020 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 12 May 2020 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, Friarage Hospital Northallerton
Tuesday 21 July 2020 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 22 September 2020 10am – 4.00pm	<u>Annual Members Meeting</u> Timing – 11.30am – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Ian Haslock Lecture Theatre LRI JCUH Board Room, 2 nd Floor Murray Building, JCUH

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00 am to 4.00 pm)	VENUE
Tuesday 8 December 2020 10am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 9 March 2021 10am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 11 May 2021 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, Friarage Hospital Northallerton
Tuesday 13 July 2021 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 14 September 2021 10am – 4.00pm	<u>Annual Members Meeting</u> Timing – 11.30am – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Ian Haslock Lecture Theatre LRI JCUH Board Room, 2 nd Floor Murray Building, JCUH

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00 am to 4.00 pm)	VENUE
Tuesday 14 December 2021 10am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 8 March 2022 10am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH

MEETING OF THE TRUST COUNCIL OF GOVERNORS – 10 th March 2020			
Cancelled Operations Update			AGENDA ITEM: 19
Report Author and Job Title:	Sue Geldart Operations Director Specialist & Planned Care Centre	Responsible Director:	Johanna Reilly Chief Operating Officer
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This paper provides details of cancelled operations which have occurred across the Trust between April 2019 and January 2020. It is an update to previous reports shared and at the request of the Council of Governors is less detailed to that previously provided.		
Background	<p>Since 2003 all NHS trusts have been required to report on elective operations which are cancelled for non-clinical reasons in line with NHSE/I guidance. Last minute means on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery.</p> <p>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 or fund the patient's treatment at the time and hospital of the patient's choice. A breach should be counted at the point it occurs i.e. if after 28 days of a last minute cancellation the patient has not been treated then the breach should be recorded.</p> <p>An operation which is rescheduled to a time within 24 hours of the original scheduled operation should be recorded as a postponement and not as a cancellation.</p> <p>The Trust has a high number of patient cancellations that are multifactorial in nature and these had increased over previous months.</p> <p>Since the introduction of ring fencing three critical care beds on a daily basis for non-elective patients (this practice was instigated in April 2019 by the Trust following feedback from the CQC) and prior to the opening of the Post Anaesthetic Care Unit (PACU) there had been a significant rise in the number of on the day patient cancellations due to a lack of critical care capacity.</p> <p>The Post Anaesthetic Care Unit (PACU) was scheduled to open in March 2019 but due to difficulties with recruitment this was delayed until 24th September 2019 when it was opened for 3.5 days per week. The PACU is now fully operational and increased provision to 5.5 days per week on 4th November 2020.</p>		

	<p>Since this time the number of patients cancelled on the day due to lack of critical care bed has reduced.</p>
Assessment	<p>Table 1 below illustrates the number of operations not carried out between April 2019 and January 2020 has remained static. Of the 4,194 that did not take place during the period, 41% (1,718) can be attributed to either the patient not attending or cancelling the operation themselves, with less than 5% (204) of operations being cancelled because a HDU/ITU bed was not available. At the end of October 2019 the figures reported for cancellations due to lack of HDU/ITU was 7% which demonstrates that the percentage of operations being cancelled due to lack of critical care beds has reduced.</p> <p>Table 2 below demonstrates the positive impact on non-cardiothoracic related cancellations since the peak of 32 cancellations in July 2019 (a month on month reduction and the significant reduction from September 2019 onwards with the opening of PACU). Since the PACU opened in September 2019 there have been only 6 patients cancelled due to lack of a critical care bed.</p> <p>However, in the same corresponding period (from September 2019) the number of cancellations relating to Cardiothoracic Surgery have increased with the peak of 14 in September and October 2019 reducing slightly in November but high again in December (10) and reduced again in January 2020. This is due to inability to staff to 10 beds on CICU particularly and in recent weeks due to high volume of long stay patients on the CICU compounding the impact of reduced beds and fewer beds to maintain elective throughput. This has been further exacerbated due to inability to step down to ward beds since the reconfiguration in March 2019.</p> <p>Further plans to improve /reduce the number of cancelled operations (both form part of Phase One of the Trust's Improvement Plan 'Getting Back to Our Best'): Central booking of outpatient / inpatient services; Centralisation of pre-assessment;</p> <p>NB all data excludes cancellations due to lack of PICU bed.</p>
Recommendation	<p>The report is presented for information. The Council of Governors is asked to note the content of the report.</p>
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>The risk is logged on the BAF with associated mitigation.</p>
Legal and Equality and Diversity implications	<p>There are no legal or equality & diversity implications associated with this paper.</p>

Strategic Objectives	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>
	Drive operational performance <input checked="" type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>
	Develop clinical and commercial strategies <input type="checkbox"/>	

TABLE 1 - Total of short notice / on the day cancellations											
Reason	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Total
Patient DNA	90	101	130	119	106	130	128	130	123	123	1180
Patient self-cancelled	45	70	46	54	48	41	53	54	63	64	538
Insufficient time remaining	51	30	37	36	45	34	30	50	29	35	377
Administrative	25	32	25	22	34	24	32	31	25	30	280
Bed Unavailable Ward	22	31	12	28	15	53	54	10	34	11	270
Surgical - procedure not required	30	18	18	22	17	24	47	23	27	25	251
Anaesthetic - condition changed since pre-assessment	27	18	21	26	25	15	26	37	25	30	250
Surgical - patient not prepared	21	22	23	27	25	25	25	24	24	23	239
Bed Unavailable HDU/ITU	29	25	20	41	18	29	18	7	11	6	204
Displaced by Emergency	22	29	4	15	7	11	11	15	6	10	130
Session Cancelled	7	8	21	5	8	9	8		1	34	101
Patient(s) Unavailable clinical	8	3	8	6	9	6	14	10	8	8	80
Service unavailable	11	7	16	2	1	5	7	6	4	3	62
Equipment unavailable	10	7	4	13	6	3	2		4	5	54
Anaesthetic - inadequate pre-assessment	11	7	5	8	5	4	4	3	1	6	54
Case already done	2	3	4	3	8	2	7	4	10	10	53
Patient Unfit	1	1	2	3			3		1	12	23
Patient(s) Unavailable non-clinical	1	4	2	4	1			2	3	2	19
Surgical - inappropriate grade of surgeon	2		1		1		2	1	1	4	12
Anaesthetic - No pre-assessment		1		3	2	1	1		1	1	10
Anaesthetic - inappropriate grade of Anaesthetist		1	2					1		1	5
Patient Not Confirmed > 48 hours	1	1									2
Total on the day cancellations	416	419	401	437	381	416	472	408	401	443	4194
Total cases completed	3586	3636	3585	3966	3616	3609	4067	3862	3453	3784	37164
Total cases booked	4002	4055	3986	4403	3997	4025	4539	4270	3854	4227	41358
% cases cancelled on the day	10.4%	10.3%	10.1%	9.9%	9.5%	10.3%	10.4%	9.6%	10.4%	10.5%	10.1%

TABLE 2 - Total of short notice / on the day cancellations due to lack of critical care (HDU/ITU) bed

Reason	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Total
Cardiac	10	2	4	7		11	11	6	8	5	64
General Surgery	5	9	5	12	7	5	2			1	46
Urology	2	4	2	6	5	1					20
Neurosurgery	3	2	5	5		3			1		19
Thoracic	2	1		2	1	3	3	1	2		15
Vascular	2	1	2	3	2	2					12
Spinal		1	2	3		2	1				9
Gynaecology	3	2		2		1					8
OMFS		3			2	1					6
Orthopaedics	2				1		1				4
Plastic Surgery				1							1
Total on the day Critical Care Cancellations	29	25	20	41	18	29	18	7	11	6	204
Total Critical Care Cancellations (excl. Cardiac & Thoracic Surgery)	17	22	16	32	17	15	4	0	1	1	125