

**Council of Governors – Public Meeting**

**Tuesday 9 March 2021, 10.00 – 11.30am**  
**Microsoft Teams**

**Agenda**

ITEM	PURPOSE	LEAD	FORMAT	TIMING	
<b>CHAIRS BUSINESS</b>					
1.	Welcome and Introductions	Information	Chair	Verbal	<b>10.00am</b>
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 12 January 2021	Approval	Chair	ENC 2	<b>10.05am</b>
4.	Matters Arising and Action Sheet	Review	Chair	ENC 3	
5.	Chairman's Report	Information	Chair	Presentation	<b>10.10am</b>
6.	Chief Executive's Report	Information	Managing Director	Verbal	<b>10.35am</b>
<b>QUALITY, SAFETY, PERFORMANCE &amp; FINANCE</b>					
7.	Integrated Performance Report	Discussion/ information	Chief Executive/ Managing Director	ENC 4	<b>10.45am</b>
8.	Support to staff during COVID	Information	Managing Director	Verbal	<b>11.00am</b>
9.	Finance Report – Month 10	Discussion/ Information	Luke Armstrong	ENC 5	<b>11.05am</b>
<b>GOVERNANCE</b>					
10.	Risks facing the Trust	Information	Head of Governance	Verbal	<b>11.15am</b>
11.	Committee Chair Logs 11.1 – Charitable Funds Committee 11.2 – Audit Committee 11.3 – Finance Investment Committee 11.4 – Quality Assurance Committee	Information Ada Burns Richard Carter-Ferris Mike Ducker Debbie Reape	Chair	ENC 6 (a-f)	<b>11.20am</b>
12.	Nomination Committee - Ratification of Lead Governor	Discussion / Approval	Head of Governance	Verbal	<b>11.25am</b>

13.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	
14.	Reflections on Meeting	Discussion	Chair	Verbal	
15.	Any Other Business - Future meeting dates	Information	Chair / All	ENC 7	
16.	Date of Next Meeting: Tuesday 11 May 2021.	Information	Chair		

**ENC 1**

Council of Governors Register of Interests

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

Rebecca Hodgson	Governor	NIL
Mike Holmes	Governor	Member of Patient Group at GP practice – Dr Duggleby & Partners, Stokesley
Allan Jackson	Governor	NIL
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.
Jean Milburn	Governor	NIL
Alison Munkley	Governor	NIL
Lee O'Brien	Governor	CEO Carers Together Foundation.  Carers Together is not commissioned by the Trust but it has received funding from NHSI/E
John Race	Governor	NIL
Patrick Rice	Governor	Redcar & Cleveland Council have dealings with Hospital Social Work Team within South Tees Hospitals NHS Foundation Trust
Jennifer Rutland	Governor	Councillor – Ingleby Barwick Town Council – representing residents  Vice Chair – Stockton on Tees Over 50s Forum – representing residents
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
Angela Seward	Governor	Chair of Patient Participation Group (PPG) for Barnard Castle Surgery, part of NHS County Durham CCG  Chair of the Durham Dales Patient Representative Group (PRG) which meets bi monthly with NHS County Durham CCG  Non-voting member of NHS County Durham CCG Governing Body – previously Durham Dales, Easington and Sedgfield CCG
Philip Warwick	Governor	NIL
Tink Wedgwood-Jones	Governor	NIL
Jon Winn	Governor	NIL
Sue Young	Governor	Member of Patient Participation Group at Quakers Lane Surgery, Richmond

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

**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
Prof Stephen Cummings	Appointed governor, Teesside University
Mr Martin Fletcher	Elected governor, Staff
Mr David Hall	Elected governor, Hambleton & Richmondshire
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Prof Steve Jones	Appointed governor, Newcastle University
Ms Jean Milburn	Elected governor, Middlesbrough
Mr Lee O'Brien	Appointed governor, Carer Organisation
Mr John Race MBE	Elected governor, Redcar & Cleveland
Mrs Angela Seward	Elected governor, Rest of England
Dr Philip Warwick	Appointed governor, Durham University
Mrs Sue Young	Elected governor, Hambleton & Richmondshire

**In attendance:**

Mrs Ada Burns	Non-executive Director/Deputy Chair
Mr Rob Harrison	Managing Director ( <i>item 2021/001/8 &amp; 9</i> )
Mr David Jennings	Non-executive Director
Mr Ben Murphy	Head of Charities ( <i>item 2021/001/7</i> )
Ms Sue Page	Chief Executive
Mr David Redpath	Associate Non-executive Director
Mrs Anita Keogh	Corporate Affairs Officer/PA to Chairman
Ms Debbie Reape	Non-executive Director
Mrs Jackie White	Head of Governance/Company Secretary ( <i>item 2021/001/11 &amp; 13</i> )

**Observer:**

Rebecca Shea

**CHAIR'S BUSINESS**

1. **Welcome and Apologies for Absence**

Apologies for absence were received from:

Ms Lisa Bosomworth	Representative of appointed governor, Healthwatch
Ms Janet Crampton	Elected governor, Hambleton & Richmondshire
Mr Paul Crawshaw	Appointed governor, Healthwatch
Cllr Caroline Dickinson	Appointed governor, North Yorkshire County Council
Ms Barbara Hewitt	Elected governor, Redcar & Cleveland
Ms Alison Munkley	Elected governor, Middlesbrough
Mr Patrick Rice	Appointed governor, Redcar & Cleveland Borough Council
Ms Jennifer Rutland	Elected governor, Redcar & Cleveland
Mr Erik Scollay	Appointed governor, Middlesbrough Council
Ms Tink Wedgwood-Jones	Elected governor, Patient and/or Carer
Mr Jon Winn	Elected governor, Redcar & Cleveland

The following Non-executive Directors submitted their apologies:

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

1. The Chairman welcomed Governors to the meeting, including Rebecca Shea who was observing. He introduced David Jennings, newly appointed Non-executive Director, and David Redpath, newly appointed Associate Non-executive Director.

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

2. **Declarations of Interest**

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

Mr Downey noted that a couple of Governors were still to provide up-to-date Declarations of Interest and again encouraged them to contact Anita Keogh to do so.

3. **Minutes of Previous Meeting**

The minutes of the previous meeting held on 10 November 2020 were approved.

**Resolved:** i) the minutes of the previous meeting held on 10 November 2020 were accepted as an accurate record.

4. **Matters Arising and Action Sheet**

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

5. **Chairman's Report**

The Chairman began his update with praise to all the Trust staff who were working tirelessly to ensure that the Trust was able to treat both Covid and non-Covid patients in a safe environment.

He added that COVID vaccinations were being carried out at a fantastic rate, with over-80s care home staff and frontline NHS staff being prioritised, in accordance with government guidance. The Chairman informed Governors that Richard Barker, Regional Director for NHSE/I, had recently attended the Trust and paid tribute to the efforts of all involved in ensuring as many people as possible were being vaccinated.

Mr Mike Holmes asked that thanks from all Governors should be added to a future Staff Bulletin for the tremendous effort made by all members of staff. The Chairman agreed and confirmed that a request would be made to Mark Graham, Director of Communications, to add a note of thanks to a future Staff Bulletin.

**Action:** i) Mark Graham to add a note of thanks from all Governors to Staff Bulletin to all staff for their hard work throughout COVID.

6. **Lead Governor's Report**

Plym Auty, Lead Governor, referred to her letter to Governors dated 17 December 2020. Mrs Auty added only one further comment which was in relation to the recent report provided by Healthwatch: she said it was a very interesting report and encouraged Governors to read it.

No questions were raised.

**INVITED MEMBERS**

7. **Introduction Ben Murphy, Head of Charities**

Ben Murphy introduced himself to Governors as Head of South Tees Hospitals Charity and ran through a presentation which provided an update on the following:

- About the charity
- Funding from NHS Charities Together (the national body for NHS charities)
- Local and regional support
- Charity strategy

Ben continued by explaining that during the COVID pandemic over £130m had been donated by the general public to NHS Charities Together in support of the efforts of NHS staff and patients. This amount included the funds raised by Captain Sir Tom Moore who individually raised over £30m.

Ben explained to the Governors how the money allocated to South Tees from the NHS Charities Together fund had been used. This included:

- Wobble rooms

- Welfare goods
- Staff rest areas
- Support for the Freedom to Speak Up guardians

During the second wave of COVID the Trust had been allocated a further £50,000 for immediate use from the NHS Charities Together fund.

Mr Murphy concluded by explaining the Charity Strategy with the Vision – *to be the charity of choice across the Tees Valley and North Yorkshire for staff, patients and the community.* The Mission – *to support and fund initiatives beyond the remit and the capacity of the NHS* and lastly the Social Purpose – *to support those that need us, when they need us, with integrity and pride.*

Mrs Auty offered thanks to Mr Murphy for the enormous amount of work that charities do within the Trust and asked that he keep Governors updated on any developments.

Dr Warwick raised a concern regarding the outsourcing of fundraising and asked Mr Murphy if the Trust used contractors to telephone the public for donations. Mr Murphy confirmed that the Trust does not use any contractors in this way and had no plan to do so. Fundraising is managed exclusively by members of the charity team, and the charity has strict guidelines for how fundraising is conducted.

Mr Murphy confirmed that a copy of the presentation would be provided to Governors for their consideration.

**Resolved:** i) Mr Downey and the Governors thanked Ben Murphy for attending the Council of Governors.

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

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

### 8. **Performance Report**

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

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

- Increased demand, higher acuity and reduced capacity has led to A&E compliance continuing to be below target on a downward trajectory for the fifth consecutive month.
- Implementation of recovery plans has seen RTT and diagnostic compliance continue to improve, although both are still below target.
- Cancer compliance against the 14-day standard is an area of concern but is back within the lower control limit. The weekly cancer performance wall continues to identify pressures and themes.
- There has been a significant deterioration in annual appraisal compliance.
- The target of 4% for sickness and absence is currently not achievable.
- The Trust is £0.5m ahead of revised budget.



Mr Harrison stated that the Trust had a very clear focus which was maintaining as many services as possible whilst working safely through COVID.

He added that there were more patients in hospital with COVID now than during the first wave and paid tribute to the hard work of all staff and patient groups.

Mr Harrison continued that the virtual ward was working well, supporting the Trust with managing over 60 patients at home which helped greatly with the pressures within the hospital.

Mr Harrison concluded by confirming that over 16,000 COVID vaccinations had been carried out so far, overseen by Moira Angel and Andy Maund and was a fantastic achievement.

The Chairman asked if Friarage staff were being offered vaccinations. Mr Harrison confirmed they were and that they were hopeful to be able to open a vaccination unit at the Friarage Hospital very soon.

Mr Broughton thanked Mr Harrison for the update. In relation to the 4-hour target for A&E he felt very reassured that patients were being put in the right ward rather than rushing admissions. He asked if performance against the 4-hour target was the same in other Trusts and if perhaps the target would change. Mr Harrison replied that the target was under national review.

The following questions were raised:

- Mike Holmes asked how many of the 16,000 vaccinations carried out so far were for staff. Mrs Jackie White replied that more than 7,000 staff had been given a vaccination so far.
- Mr Holmes also asked about the second dose of the vaccination and if this would be provided. Mr Harrison confirmed that, following government guidance, the second dose would be provided within 12 weeks of the first.
- Mrs Sue Young asked for more information in relation to the virtual wards. Mr Harrison explained that for those patients with Covid who were deemed safe to be treated at home were provided with a machine which the hospital could use to monitor their oxygen levels. If the Trust could see that their levels were dipping then they would be called into the Trust.
- Mrs Young asked if the virtual wards were unique to our Trust. Mr Harrison replied that the virtual wards were in operation across the country, but we were one of the first to put them in place.
- Mrs Auty raised a concern regarding falls and never events, as she could see that the Trust was not meeting the targets and could see no significant improvement. Debbie Reape, Chair of Quality Assurance Committee, said this was a very good question, but reassured Governors that the Quality Assurance Committee was very sighted on these issues. Ms Reape confirmed that a deep dive had been carried out in relation to never events and a report taken to Quality Assurance Committee. She assured Governors that things did seem to be coming together with only three never events which were currently open. Mrs Auty thanked Ms Reape.
- Mr Holmes pointed out that since 2019 103 beds had been removed and queried how this had impacted figures for A&E. Mr Harrison replied that the biggest challenge was waiting for test results and

making sure patients were put in the right bed, not the availability of beds. Mr Holmes asked what the bed occupancy was at present. Mr Harrison confirmed that bed occupancy was around 90%.

**Resolved:** i) The Governors gave thanks for the update on the performance report.

9. **Finance Report**

Mr Rob Harrison, Managing Director, ran through the finance report which outlined the Trust's financial performance as at Month 8.

He advised that from Month 7 of 2020/21 revised financial arrangements had been put in place, replacing the previous arrangements of a break-even requirement with retrospective expenditure claims. The Trust now had a fixed income level as agreed with the ICP and was expected to manage resources within this funding envelope. At Month 8 the Trust is £0.5m underspent against its revised financial plan, in line with the position reported at Month 7. The key drivers for this underspend are improved income and under-utilisation of COVID funding. It is, however, anticipated that expenditure will increase during the winter months and the Trust is not reporting a revised forecast position.

The following questions were raised:

- Mrs Auty commented that capital expenditure had never been enough and could see from the finance report that medical equipment and robotic were listed but queried what else. Mr Harrison confirmed that money would also be spent on radiotherapy as well as investment being made in the paediatric emergency department and critical care.

**Resolved:** i) The Governors thanked Mr Harrison for providing an update on the financial performance.

## **GOVERNANCE**

10. **CQC Update**

CQC update was provided to Governors as a paper, as unfortunately Moira Angel, Interim Director of Clinical Development, was unable to attend in person.

Ms Angel's paper confirmed:

- No concerns identified from the IPC BAF CQC engagement meeting, and the CQC was assured that the appropriate processes were in place.
- Following the Patient First meeting, focusing on ED, the CQC advised that there were no concerns.
- In terms of progress with the CQC action plan, of the 26 'must do' actions 11 are expected to deliver actions; there are 13 where the actions have been completed; and 1 that is embedded in practice. There is one 'must do' action that is off track relating to mandatory training, and actions are in place to address this.
- Of the 23 'should do' actions there is one that is off track – S20 (the Trust should ensure patient consent is obtained in accordance with best practice guidance), and action is in place to address this. 11 are expected to deliver actions; 11 where the actions have been completed

and none that are considered as embedded in practice.

Governors noted the update and no questions were raised.

11. **Risks facing the Trust**

Mrs White, Head of Governance, confirmed to Governors that there were no new risks identified since the last Council of Governor meeting on 10 November 2020.

12. **Committee Chairs' Logs**

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

Ada Burns, Debbie Reape and Alan Downey provided an update to Governors on the Chair's logs for their Committees.

Ada Burns – Chair of Workforce Committee

Ms Burns confirmed that there was a significant focus on COVID and support to all staff. Workforce Committee was also looking at appraisals and training. Ada added that mandatory training should be carried out, and the Trust was looking at available tools to help enable training to be more accessible to staff.

John Race, Elected Governor, asked if the new system would be accessible both at home and at work. Rob Harrison confirmed that, as long as an initial login was carried out at the Trust, staff would be able to log in at home to carry out necessary mandatory training.

Debbie Reape – Chair of Quality Assurance Committee

Ms Reape reassured Governors that the normal cycle of committee business had still been followed despite the COVID pandemic. She continued that there were challenges with maternity, but these were being resolved, with maternity establishing an improvement collaborative. Ms Reape also confirmed that Kevin Oxley, Director of Estates, had provided an update to the committee in relation to the Health & Safety plan.

Ms Reape concluded that throughout COVID the medical examiner process had continued and was working well.

Alan Downey – Chair of Charitable Funds Committee

Mr Downey confirmed to Governors that the last meeting of Charitable Funds had taken place on 3 December 2020. During this meeting a discussion had taken place regarding the Staff Hardship Fund. The Committee authorised additional funds to be made available to support staff who were finding themselves in hardship due to COVID, in the form of both loans and grants.

Mrs Auty asked Mr Downey for an update on the Holistic Centre. Mr Downey replied that there had been concerns about the finances of the Holistic Centre during COVID, as they were unable to provide some services and this was leading to a loss of income. The South Tees Hospitals Charity had agreed to support the Holistic Centre, and there were ongoing discussions to ensure that the long-term future of the Holistic Centre was secured.

Ms Rebecca Hodgson asked if people who use the centre's services would be charged. Mr Downey confirmed services provided to patients as part of their NHS treatment would remain free of charge at the point of use. The Centre had always charged users for certain non-NHS services and that would continue.

There were ongoing discussions about whether the cost of NHS services should be borne by the Holistic Centre or by the service area within the Trust which referred the patient: it made sense to have a consistent approach across the Trust.

13. **Nomination Committee – 3 x Non-executive Directors**

Mrs White explained to Governors that, following Nomination Committee and the interview process with Gatenby Sanderson, three new Non-executive Directors had been appointed from 1 January 2021:

- Maria Harris
- David Jennings
- David Redpath – Associate Non-executive Director

Induction programme was currently being finalised and all would be invited to attend a future Council of Governors meeting to introduce themselves.

**Resolved:** i) The Governors noted the appointment of the three Non-executive Directors.

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

The Chairman confirmed that, as mentioned earlier in the meeting, a note of thanks from all Governors to staff for all their hard work throughout COVID would be added to a future Staff Bulletin.

15. **Reflections on Meeting**

The Chairman expressed his disappointment that face-to-face meetings were still not possible.

16. **Any other business**

The Chairman referred to the forthcoming Governor elections which were due to take place at the end of March 2021. Governors whose term in office would end at the end of March would need to submit a nomination form to the Electoral Office by 5 February 2021, if they wished to seek re-election. Mr Downey added that unfortunately both Plym Auty, Lead Governor, and Mr John Race, Elected Governor for Redcar and Cleveland, would be unable to re-apply as they had each been a Governor for the maximum term of 9 years. Mr Downey offered thanks to both for their great service to the Council of Governors and to the Trust. Both had been very supportive and also great advocates for patients, families and carers. Mrs Seward echoed these thanks.

Mr Downey concluded by inviting any Governors who have an interest in putting their names forward as Lead Governor to do so.

Mrs Auty and Mr Race thanked everyone for their kind words.

17. **Date of Next Meeting**

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 9 March 2021.



<b>MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 9 March 2021</b>			
Integrated Performance Report			<b>AGENDA ITEM: 7, ENC 4</b>
<b>Report Author and Job Title:</b>	Emma Moss Business Intelligence Unit	<b>Responsible Director:</b>	Various
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
<b>Situation</b>	To provide Council of Governors with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
<b>Background</b>	<p>The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Finance and Investment Committee and Workforce and OD Committee. A summary of discussions are included in Chair Reports to the Council of Governors.</p>		
<b>Assessment</b>	<p>A new format for the IPR was introduced in September 2020 and since the last report further work has been undertaken with regard to clarifying targets and benchmarks and narratives and further work on targets will be added in the following months.</p> <p>New metrics have been included this month for Venous Thrombosis Assessment (VTE) and maternity outcomes. Due to the low numbers, the presentation for Never Events and Methicillin-resistant staphylococcus aureus (MRSA) have changed from Statistical Process Control (SPC) to a cumulative number.</p> <p>Some adjustments have been made to timescales for remedial actions however this requires further work aligned to the development of operational plans.</p> <p>It was anticipated that Mixed Sex Accommodation and Sepsis would be included in the IPR for this month however the data sources have taken longer than originally anticipated and will be included with the next iteration of the report.</p> <p>Building on regional and national work following the Ockenden</p>		

	<p>Review the maternity metrics will be strengthened over time.</p> <p>Consideration will also be given to the addition of metrics for Community services.</p> <p>Key messages relating to performance this month include:</p> <ul style="list-style-type: none"> <li>• The Trust has continued its Covid response alongside the Maintenance of urgent non Covid and other services.</li> <li>• There have been no reports of MRSA for the past 16 months.</li> <li>• There has been an increase in the incidence of Category 2 Pressure Ulcers in January, linked to increased critical care and COVID admissions.</li> <li>• A Trust wide VTE focus will be re-established and an improvement trajectory to be agreed.</li> <li>• Higher acuity, reduced capacity and swabbing delays have led to A&amp;E compliance being below target and continuing to be an area of concern.</li> <li>• RTT and diagnostic are not achieving the constitutional standard however the planned activity has been delivered.</li> <li>• Whilst there has been deterioration in annual appraisal compliance during the pandemic, there has been a greater focus on staff wellbeing and risk assessment through individual discussions with staff.</li> <li>• Although staff turnover has stabilised it remains an area for monitoring.</li> <li>• The Trust is £0.5m ahead of revised financial plans.</li> </ul>
<p><b>Recommendation</b></p>	<p>The Council of Governors are asked to:</p> <ul style="list-style-type: none"> <li>• Receive the Integrated Performance Report for January 2021.</li> <li>• Note the performance standards that are being achieved and the remedial actions being taken where metrics are outside expected parameters.</li> </ul>
<p><b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b></p>	<p>BAF risk 1.5 - Risk to Trusts ability to delivery strategic objectives due to diversion of resources of all types required to manage the Covid 19 pandemic.</p> <p>BAF risk 3.1 - A sustained, exceptional level of demand for services that overwhelms capacity resulting in a prolonged, widespread reduction in the quality of patient care and repeated failure to achieve constitutional standards, with possible harm to patients</p> <p>BAF risk 3.2 - Risk of ability to deliver the national access target of 92% for 18 weeks RTT</p> <p>BAF risk 3.3 - Risk of ability to deliver the national access target of 85% for 62 Day Cancer Standard</p>

<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.	
<b>Strategic Objectives</b> (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>
	Develop clinical and commercial strategies <input type="checkbox"/>	





**South Tees Hospitals**  
NHS Foundation Trust

# Integrated Performance Report

January 2021

# Key Messages

## Our key messages are:

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

# Summary

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
SAFE	All Falls Rate	5.91	5	01/2021		
	Falls With Harm Rate	0.21	0	01/2021		
	Infection Control - C-Difficile	3	81	01/2021		
	Infection Control - MRSA	0	0	01/2021		
	Serious Incidents	9	0	01/2021		
	Never Events	2	0	01/2021		
	Category 2 Pressure Ulcers	6	0	01/2021		
	Category 3 & 4 Pressure Ulcers	1	0	01/2021		
	SHMI	104.87	100	10/2020		
	Hospital Standard Mortality Rate (HSMR)	117.23	100	11/2020		
	VTE Assessment	89.0%	95.0%	01/2021		
	Maternity - Caesarean Section Rate (%)	27.4%	30.0%	01/2021		
	Maternity - Still Births	0	0.0	01/2021		
	Maternity - Induction of Labour Rate (%)	46.6%	44.0%	01/2021		
	Maternity - PPH 1000ml Rate (%)	7.6%	8.6%	01/2021		

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
EFFEC TIVE	SEPSIS - Screening	Data Validation Required				
	F&F A&E Overall Experience Rate (%)	93.71%	85.0%	01/2021		
	F&F A&E Response Rate (%)	Unavailable - NHS Digital currently not publishing this data				
	F&F Inpatient Overall Experience Rate (%)	97.41%	96.0%	01/2021		
	F&F Inpatient Response Rate (%)	Unavailable - NHS Digital currently not publishing this data				
	F&F Outpatient Overall Experience Rate (%)	94.59%	95.0%	01/2021		
	F&F Maternity Overall Experience Rate (%)	100.00%	97.0%	01/2021		
	F&F Maternity Response Rate (%)	Unavailable - NHS Digital currently not publishing this data				
	Complaints Closed Within Target (%)	80.95%	80.0%	01/2021		
	Mixed Sex Accommodation (MSA) Breaches	Data Validation Required				

CARING

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

# Summary

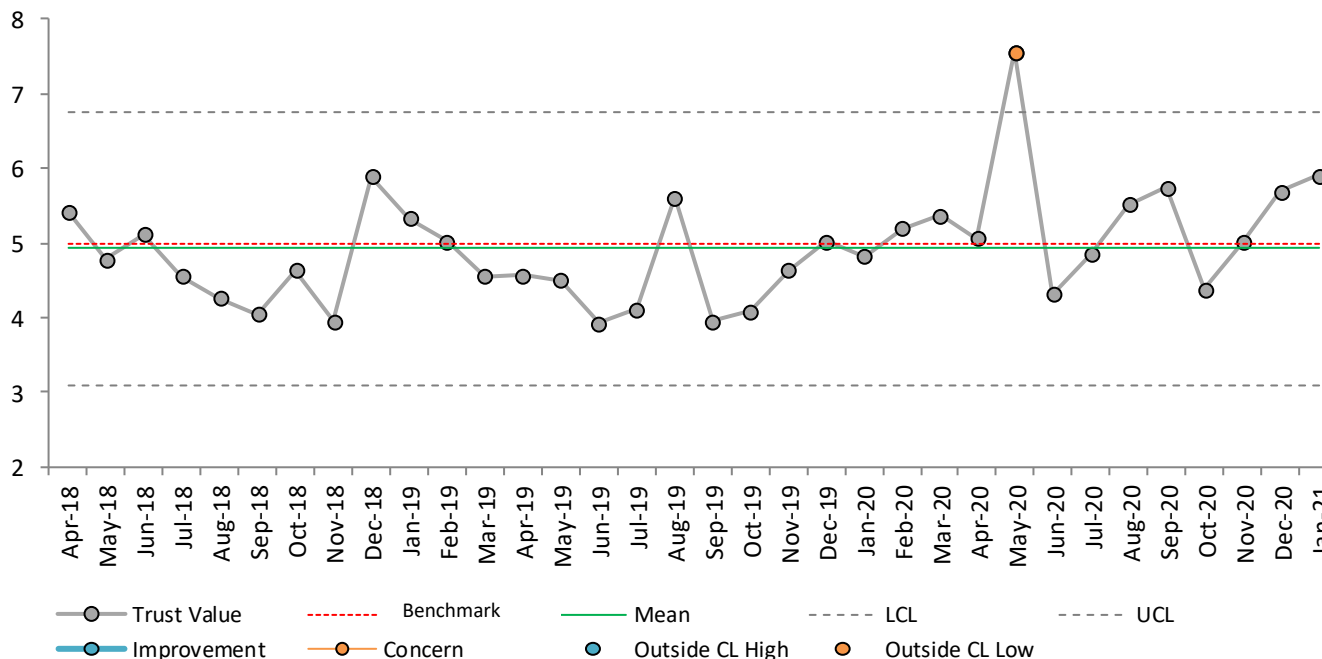
	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
RESPONSIVE	A&E 4 Hour Wait Standard (%)	81.76%	95.0%	01/2021		
	RTT Incomplete Pathways (%)	63.11%	92.0%	01/2021		
	Diagnostic 6 Weeks Standard (%)	77.44%	99.0%	01/2021		
	Cancer Treatment - 14 Day Standard (%)	87.04%	93.0%	01/2021		
	Cancer Treatment - 31 Day Standard (%)	93.40%	96.0%	01/2021		
	Cancer Treatment - 62 Day Standard (%)	71.70%	85.0%	01/2021		
	Non-Urgent Ops Cancelled on Day	24	0	01/2021		
	Cancer Operations Cancelled On Day	0	0	01/2021		
	Cancelled Ops Not Rebooked Within 28 days	8	0	01/2021		
	E-Discharge (%)	93.65%	90.0%	01/2021		

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
WELL LED	Year-To-Date Budget Variance (£'millions)	£0.53	Within Budget	01/2021		
	Annual Appraisal (%)	66.17%	80.0%	01/2021		
	Mandatory Training (%)	87.18%	90.0%	01/2021		
	Sickness Absence (%)	4.91%	4.0%	01/2021		
	Staff Turnover (%)	12.77%	10.0%	01/2021		

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



## All Falls Rate



The Trust falls rate per 1000 bed days

**Benchmark** 5

**Mean** 4.92

**Last Month** 5.91

**Executive Lead**  
Hilary Lloyd

**Lead**  
Beth Swanson

**Commentary**  
This metric is consistent with the national benchmark although there is normal monthly variation.

### Cause of Variation

- The falls rate per 1000 bed days is within normal variation
- A recent peer review of Board reports of comparable organisations reveal a range of 4-7.5/1000 bed days
- Potential correlation between changes in ward functionality and increase in falls during Covid
- The most common cause of falls remain poor balance, slips, deconditioning and memory loss and a combination of all 4.

### Planned Actions

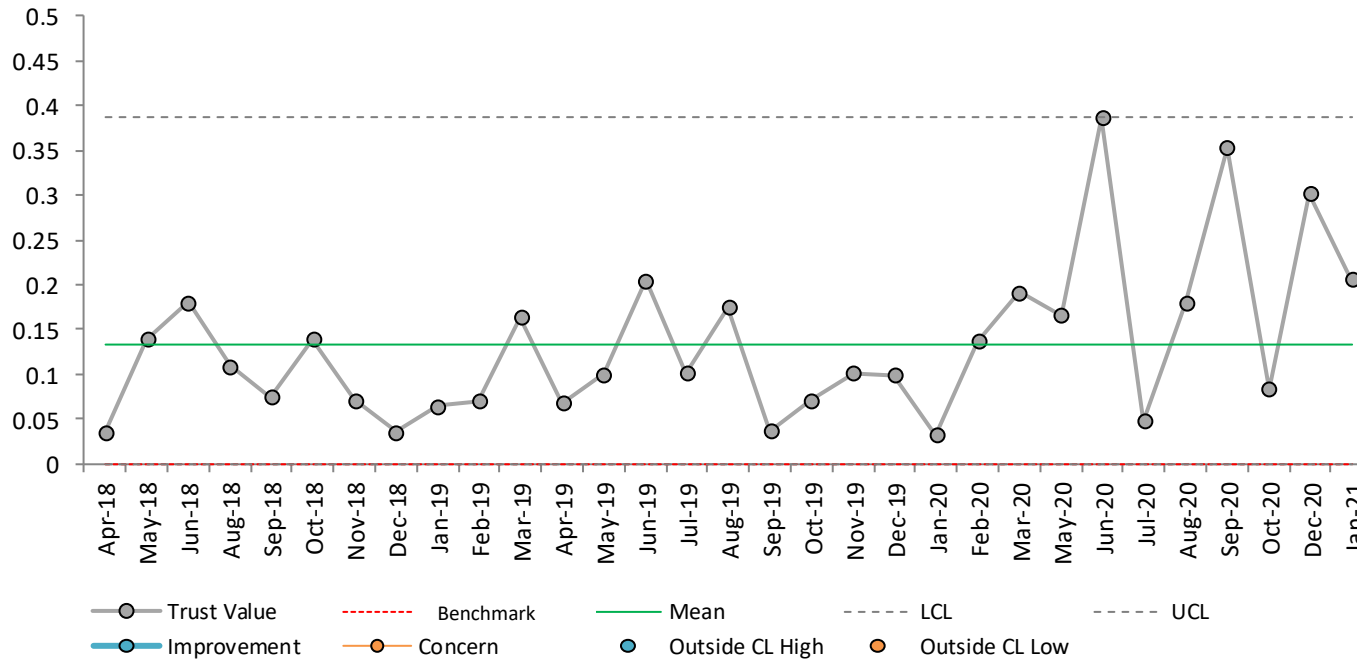
- Update and launch the Falls Strategy for 2021/22 in April 2021 and align with the Trust Patient Safety Strategy. Specific work includes;
  - Re-establish the falls improvement work by the STAQC team.
  - Focus on human factors and leadership
  - Focus on frailty and deconditioning
- Examples of a ward based initiative- Ward 3, 9 and 11 are implementing a new training package which includes fall's assessment completion and "what now" and fall's specific exercise prescription. Ward 11 had no falls in the month of January. Learning will be shared.

### Timescale

- All actions are ongoing and linked to the falls reduction strategy.
- STAQC team will continue to foster the sharing of good practice and quality improvement work.



## Falls With Harm Rate



Rate of falls with harm per 1000 bed days

<b>Benchmark</b>	<b>0</b>
<b>Mean</b>	<b>0.13</b>
<b>Last Month</b>	<b>0.21</b>

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Beth Swanson

<b>Commentary</b>
This metric has not significantly changed over time. A planned improvement trajectory will be agreed with the Chief Nurse.

### Cause of Variation

- Slight increase in falls with harm associated with increase in overall falls rate
- Covid related factors cited as contributory factors eg changing ward functionality and staff allocations

### Planned actions

- All falls with major harm occurred overnight. Further analysis of care delivery models and 'ways of working' required
- Update and launch the Falls Strategy for 2021/22 in April 2021 ad align with the Trust Patient Safety Strategy. Specific work includes;
  - Re establish the falls improvement work by the STAQC team.
  - Focus on human factors and leadership
  - Focus on frailty and deconditioning
- STAQC team continue to foster the sharing of good practice and quality improvement work.

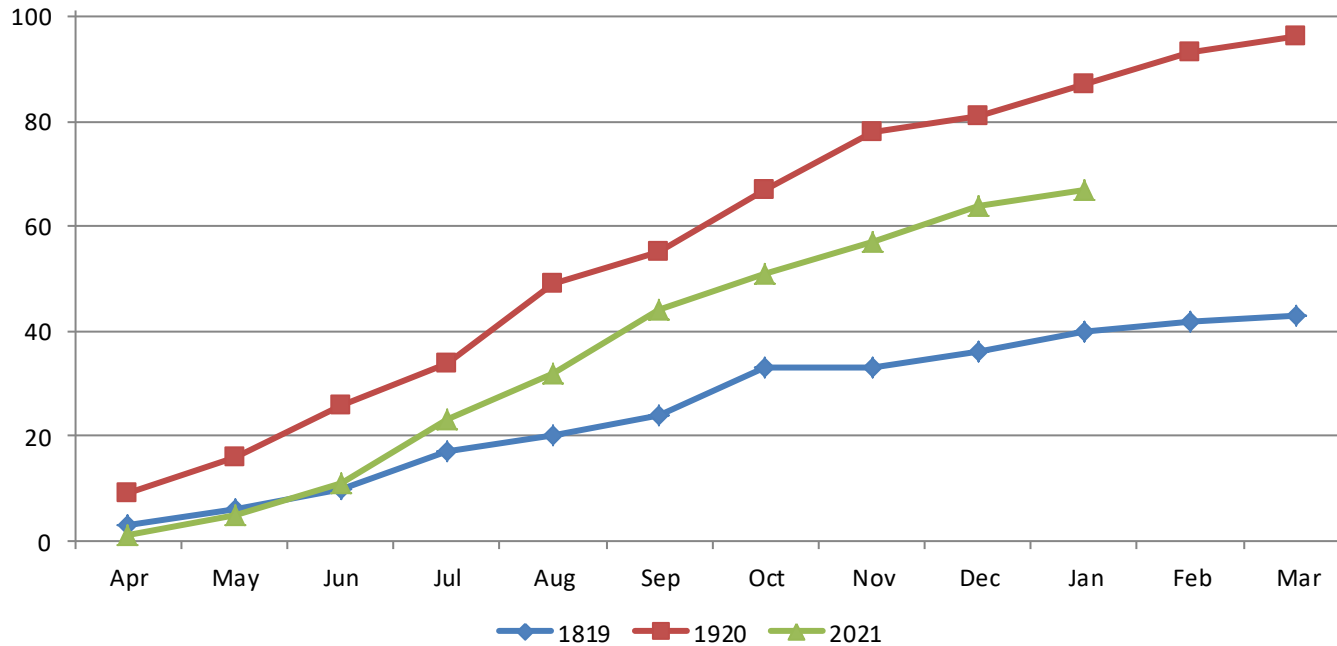
### Timescale

All actions are ongoing and linked to the falls reduction strategy.

Improvement timescales to be built into refreshed Improvement Plan



## Infection Control - C-Difficile



Cases of hospital acquired C. Difficile bacteraemia

<b>Benchmark</b>	<b>81</b>
<b>Mean</b>	<b>6.06</b>
<b>Last Month</b>	<b>3.00</b>

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Sharon Lance

<b>Commentary</b>
This metric is benchmarked against the number of C Difficile cases at the Trust during 2019/20. It is likely that the total cases for 2020/21 will be less than for 2019/20.

### Cause of Variation

- No significant variation

### Plan

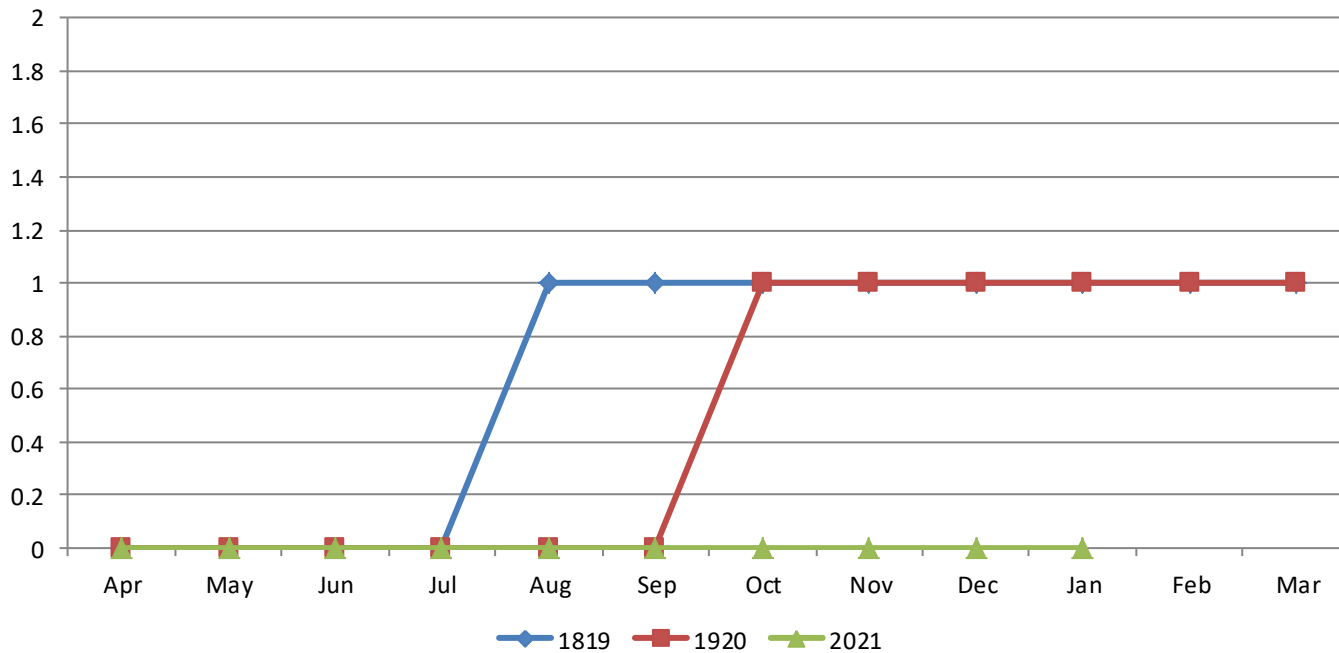
- Reintroduce RCA'S and panel reviews with refreshed methodology to enable effective learning
- Reporting and learning to be enhanced in IPAG with new meeting structure in 2021.
- Development of electronic system for side room allocation to facilitate prompt isolation - March 2021
- Reinstate IPC Matron Huddle (paused during Covid)from April 2021

### Timescale

- Ongoing



## Infection Control - MRSA



Cases of hospital acquired MRSA bacteraemia

<b>Target</b>	<b>0</b>
<b>Mean</b>	<b>0.41</b>
<b>Last Month</b>	<b>0.00</b>

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Sharon Lance

<b>Commentary</b>
There have been no cases of MRSA bacteraemia at the Trust for 16 months.

### Cause of Variation

- Not applicable

### Planned Actions

- Aseptic non touch technique training and audit programs for indwelling device insertion and care remain in place and continue
- Dedicated IPCN input for OPAT and line care support to commence from April 2021 working closely with Dr John Williams in OPAT service

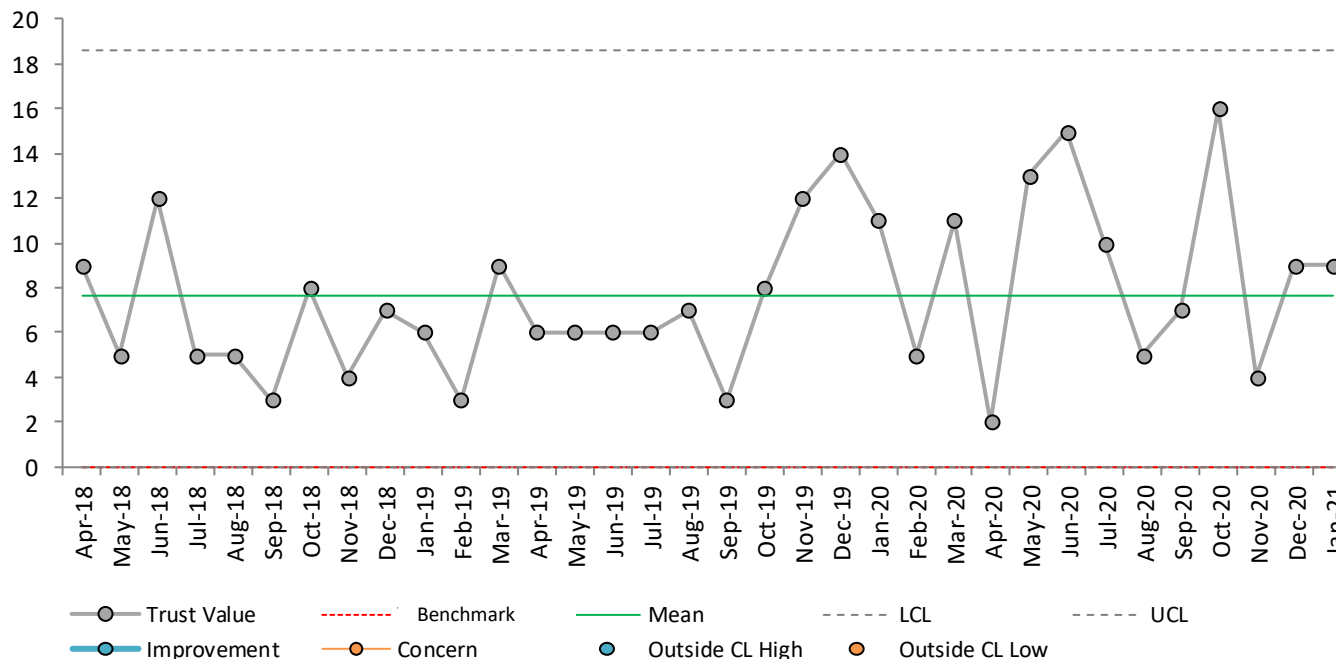
### Timescale

- Ongoing





## Serious Incidents



The number of Serious Incidents

<b>Benchmark</b>	<b>0</b>
<b>Mean</b>	<b>7.68</b>
<b>Last Month</b>	<b>9.00</b>

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Kay Davies

**Commentary**

There is some evidence that the variation has increased although this is not statistically significant.

This variation could be linked to improved DATIX reporting.

### Cause of Variation

- Historically Serious Incidents are not always reported in the same month that they occur. In January 2021, 100% were reported in the month that they occur.
- In January, 78% were reported within 48 hours of knowledge of the incident.

### Planned Actions

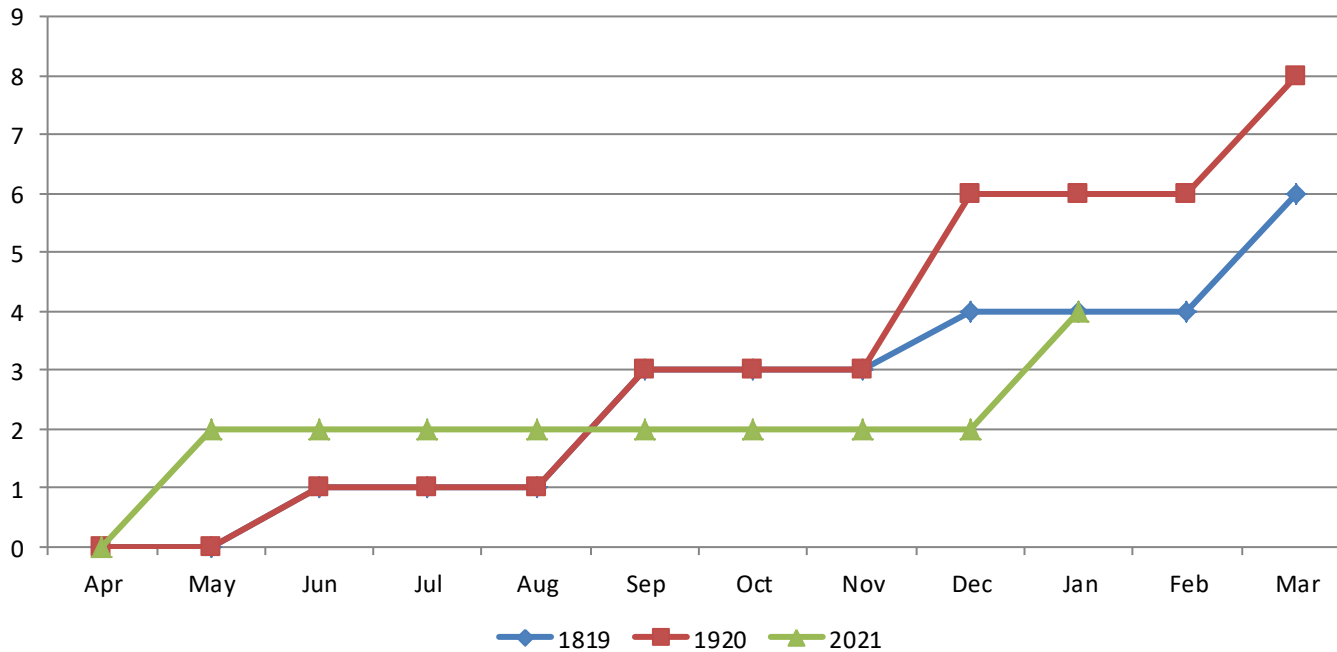
- Continue to report and investigate SIs within agreed timescales and ensure lessons learnt are shared across the Organisation.
- Focus on outstanding actions from previous SIs to ensure evidence is provided and learning is being embedded
- Await the publication of the new Patient Safety Incident Response Framework.
- Training for key staff continues
- Establish a learning culture through the Leadership and Safety Academy

### Timescale

- Ongoing



## Never Events



Number of reported Never Events

<b>Target</b>	<b>0</b>
<b>Mean</b>	<b>0.53</b>
<b>Last Month</b>	<b>2.00</b>

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Kay Davies

<b>Commentary</b>
Eliminating never events is a priority for 2020. However there is no evidence of a significant reduction.

### Cause of Variation

- Nationally there is a variation in the number of never events reported of between 28 and 48 per month.  
2 Never Events reported in January
- Learning bulletins have been distributed for both events. Investigations on-going.

### Planned Actions

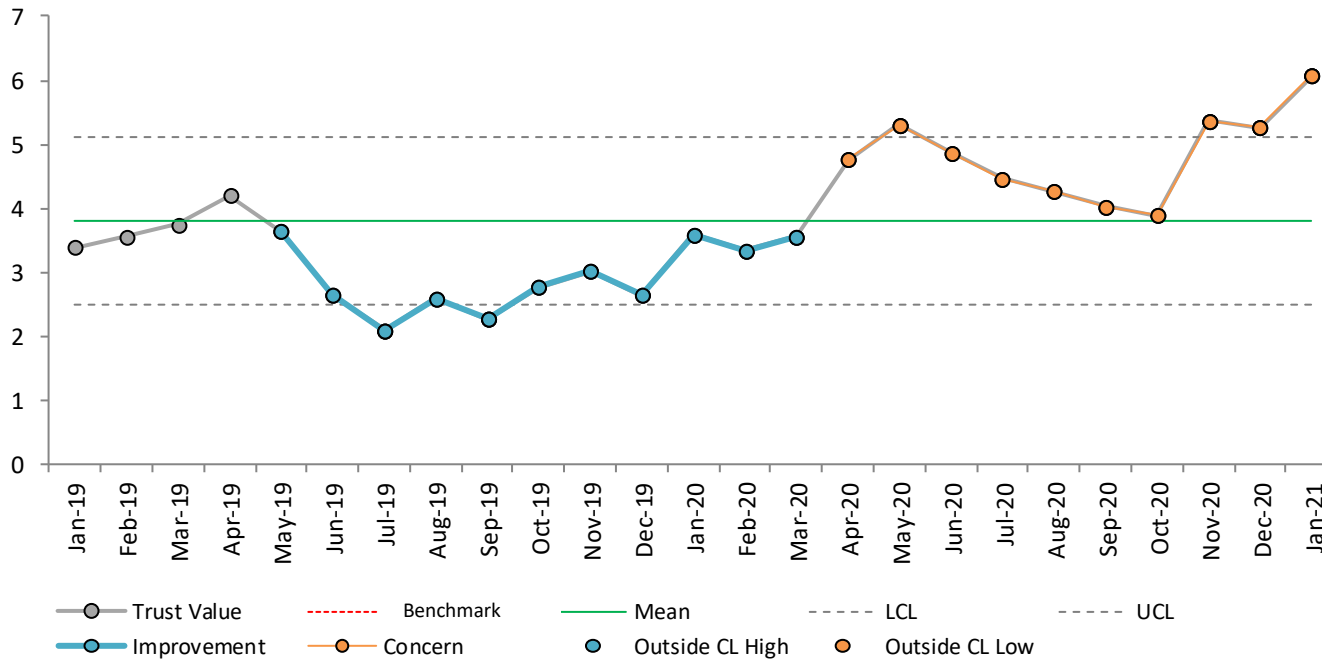
- A safer surgery oversight group has been established.
- A three month project to fully coordinate and establish the LocSSIP process has commenced in November 2020.
- Regional data released and local action plan developed and presented to the Quality Assurance Committee in November 2020 and updated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

### Timescale

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



## Category 2 Pressure Ulcers



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

<b>Benchmark</b>	<b>TBD</b>
<b>Mean</b>	<b>3.81</b>
<b>Last Month</b>	<b>6.08</b>

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Beth Swanson

**Commentary**

Although there was a reduction between June-Dec 19 this was not sustained and currently numbers are outside of the upper control limit.

Am improvement trajectory to be agreed by the Chief Nurse

### Cause of Variation

- The number of reported category 2 pressure ulcers has increased in January (144) with increased incidence in reporting of category 2 pressure ulcer in critical care (40). Critical Care have an increase of approx. 50% compared to the same time last year. This is linked directly to Covid admissions and the challenges of the prone position required.
- Improved surveillance and reporting in the community may be contributing to a slight rise in new G2s however there has been a decrease in grade 3s.

### Planned Actions

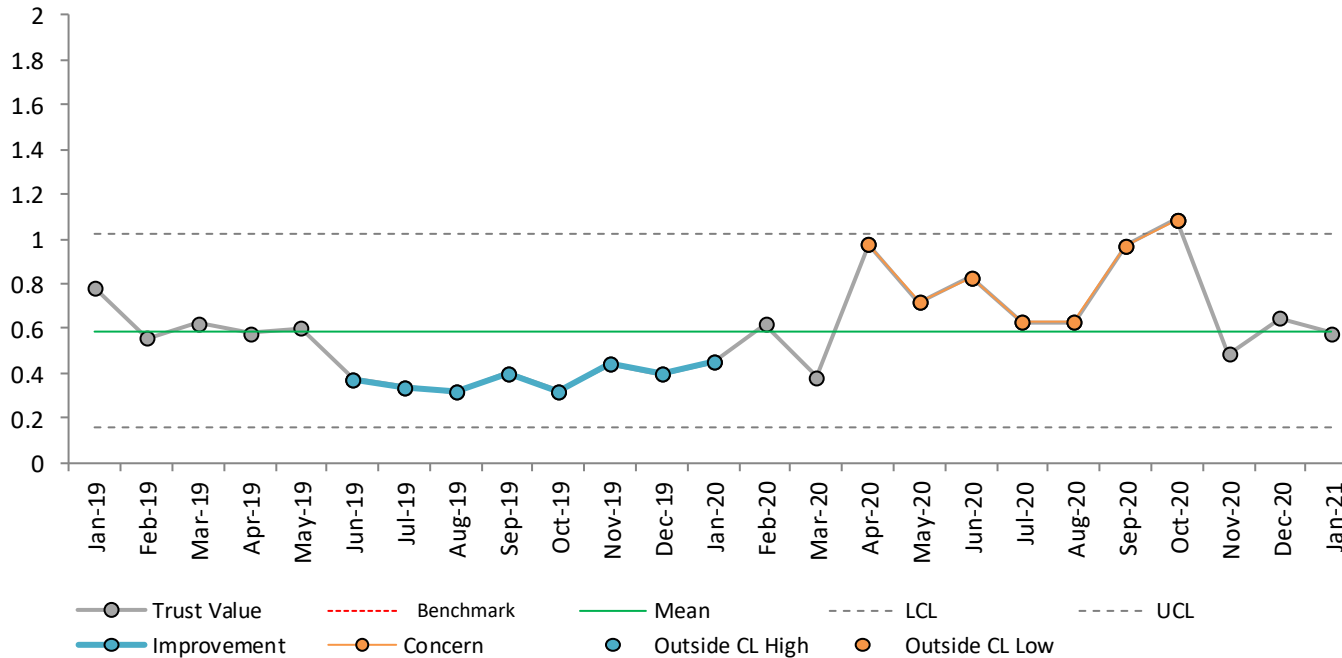
- Targeted training and support continues in areas with heightened incidence.
- Community nursing collaborative met in December and are creating guidance for end of life pressure area care and management.
- STAQC team continue to foster the sharing of good practice and quality improvement work.

### Timescale

- All actions are ongoing and linked to the pressure ulcer reduction strategy



## Category 3 & 4 Pressure Ulcers



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

<b>Benchmark</b>	<b>TBD</b>
<b>Mean</b>	<b>0.59</b>
<b>Last Month</b>	<b>0.58</b>

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Beth Swanson

<b>Commentary</b>
This metric is measured by the number of grade 3 and 4 pressure ulcers per 1000 bed days and is within the control limits.

### Cause of Variation

- In January, there were x14 category 3 pressure ulcer and 0 category 4.
- 12 of the 14 pressure ulcers occurred in the community and 2 in the acute setting
- Of the 14 reported pressure ulcers an internal review determined that x 0 met SI reporting criteria.

### Planned Actions

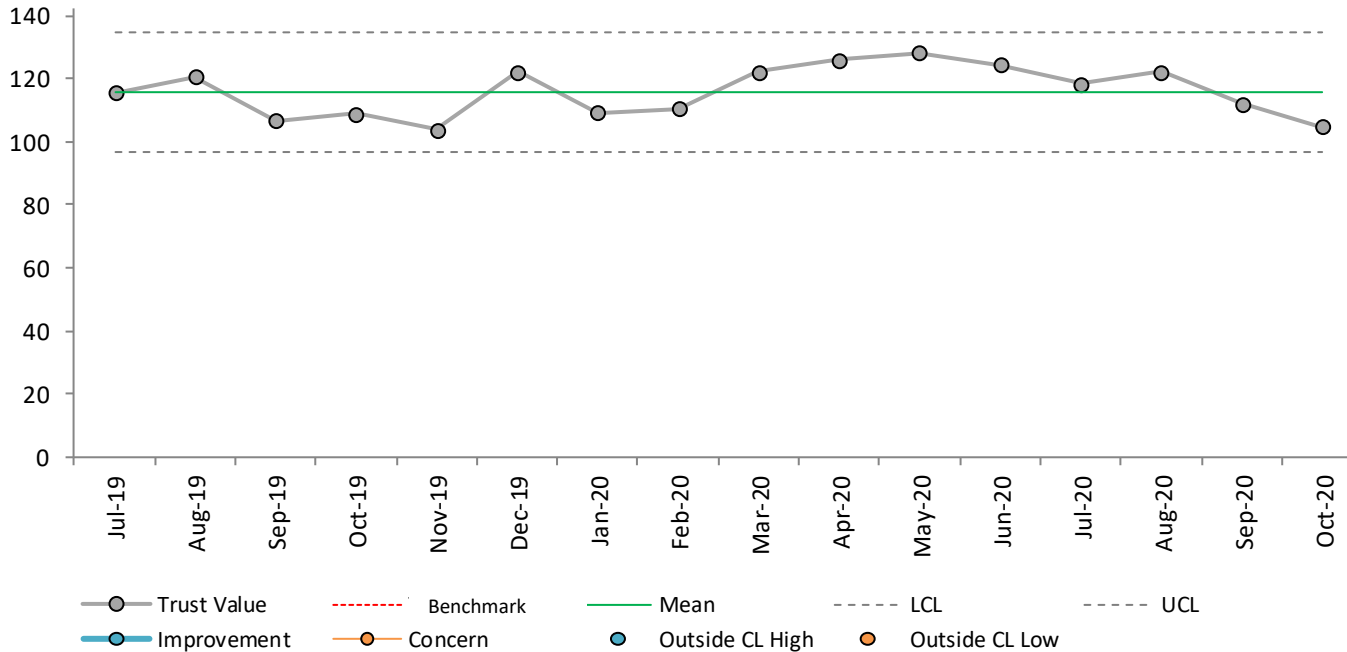
- Targeted training and support continues in areas with heightened incidence.
- Community nursing collaborative met in December and are creating guidance for EOL pressure area care and management.
- STAQC team continue to foster the sharing of good practice and quality improvement work.

### Timescale

- All actions are ongoing and linked to the pressure ulcer reduction strategy.
- Improvement timescales to be built into refreshed Improvement Plan



## SHMI



Summary Hospital-Level Mortality Indicator

<b>Benchmark</b>	<b>100</b>
<b>Mean</b>	<b>115.95</b>
<b>Last Month</b>	<b>104.87</b>

<b>Executive Lead</b>
Mike Stewart

<b>Lead</b>
Tony Roberts

**Commentary**

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

### Cause of Variation

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

### Planned Actions

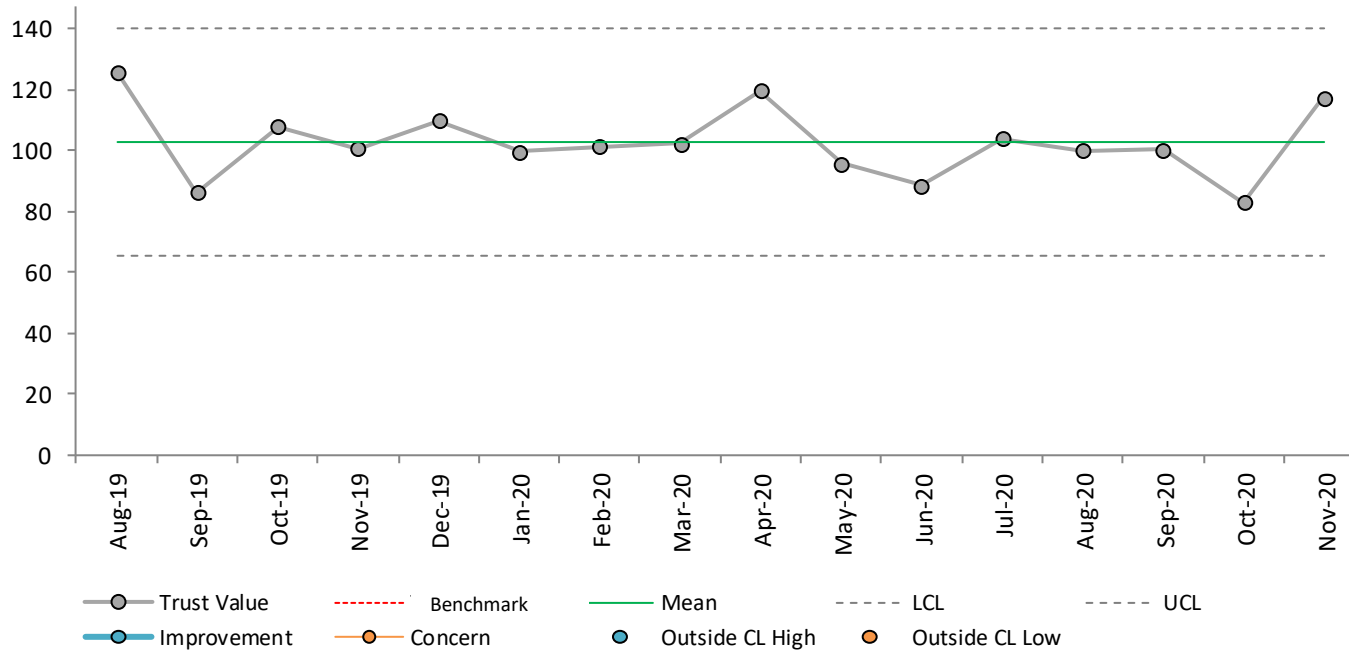
- The trust is gradually falling behind national averages for coding. Work to change documentation of comorbidities at admission to enable better coding is progressing. An independent review of SHMI data has been delivered by University Hospitals Birmingham NHS FT's HED service and will be reported through QAC. It is informing plans to change coding practices in the trust.

### Timescale

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



## Hospital Standard Mortality Rate (HSMR)



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

<b>Benchmark</b>	<b>100</b>
<b>Mean</b>	<b>102.60</b>
<b>Last Month</b>	<b>117.23</b>

<b>Executive Lead</b>
Mike Stewart

<b>Lead</b>
Tony Roberts

**Commentary**

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

### Cause of Variation

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

### Planned Actions

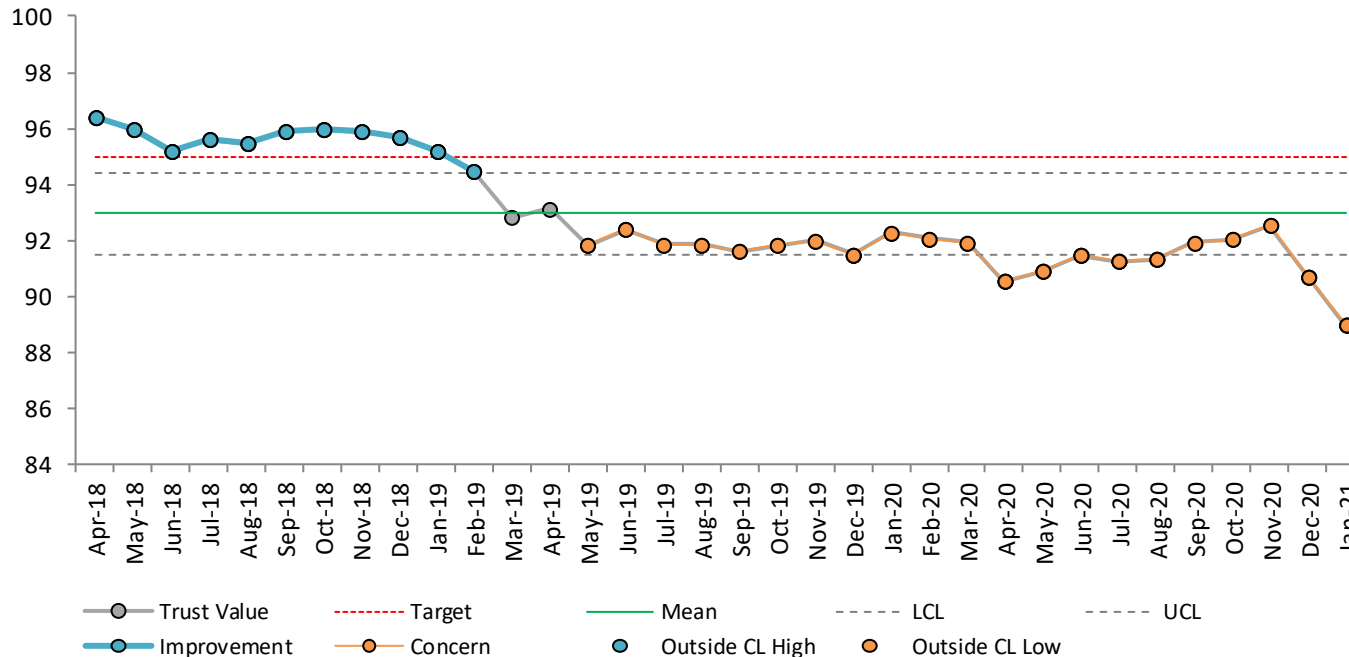
- Continued monitoring of counts of deaths, unadjusted mortality, SHMI, HSMR, Medical Examiner and Trust Mortality Reviews and any deaths reported as a Serious Incident, via nationally mandated Learning from Deaths dashboard.
- Improvements to coding (outlined on SHMI slide) will impact on HSMR.

### Timescale

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



## VTE Assessment



<b>Target</b>	<b>95</b>
<b>Mean</b>	<b>92.95</b>
<b>Last Month</b>	<b>88.98</b>

<b>Executive Lead</b>
Mike Stewart

<b>Lead</b>

<b>Commentary</b>
Compliance with VTE assessment has reduced significantly and is now outside the control limits.

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

### Cause of Variation

- The impact of Covid has resulted in reduced compliance .

### Planned Actions

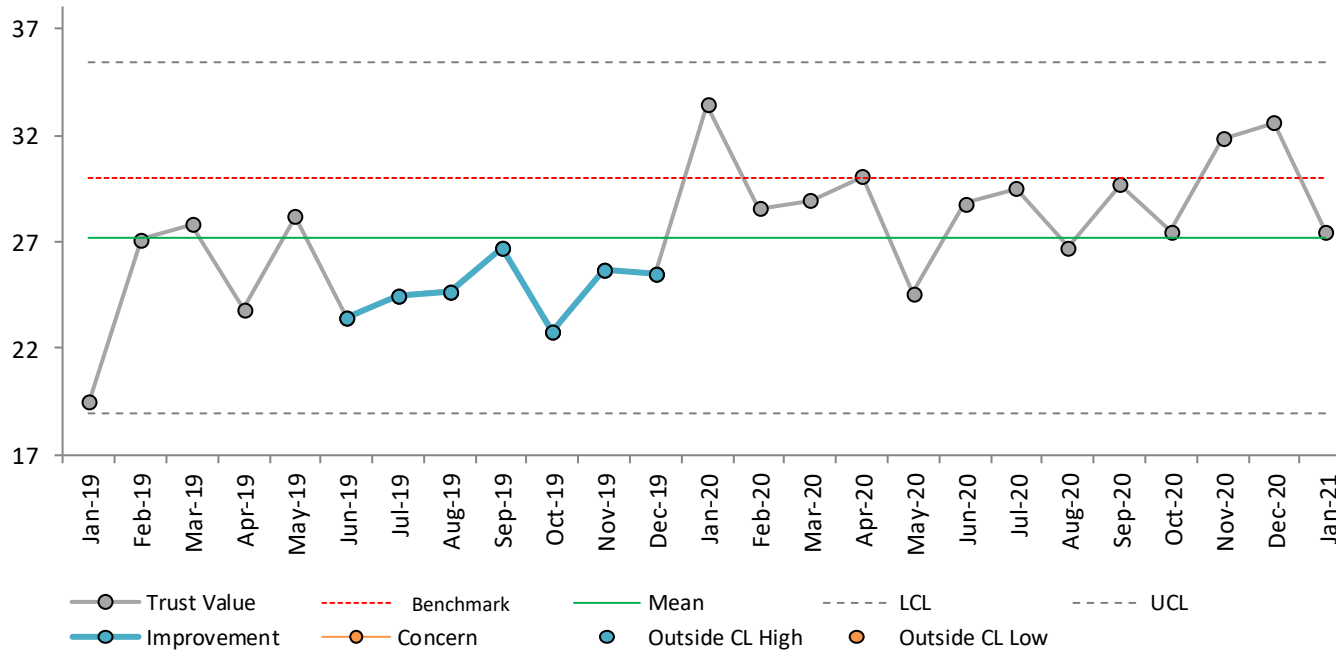
- General medical and critical care colleagues have reviewed national COVID guidance in this area to ensure that appropriate management policies are in place across the Trust.
- Re establish a Strategy Group to focus on VTE Assessment.

### Timescale

- Q1 – VTE Strategy Group to agree trajectory
- Q3 – Improved compliance



## Maternity - Caesarean Section Rate (%)



<b>Benchmark</b>	<b>30</b>
<b>Mean</b>	<b>27.18</b>
<b>Last Month</b>	<b>27.44</b>

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Fran Toller

**Commentary**

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

The % of Patients Delivering via Caesarean Section

### Cause of Variation

- There is no target for a caesarean section rate nationally – both elective and emergency. The caesarean section rate has risen consistently since 2017 due to multiple factors including: maternal request (excluding x1 previous caesarean) which now accounts for 10% of all elective caesareans.

### Planned Actions

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

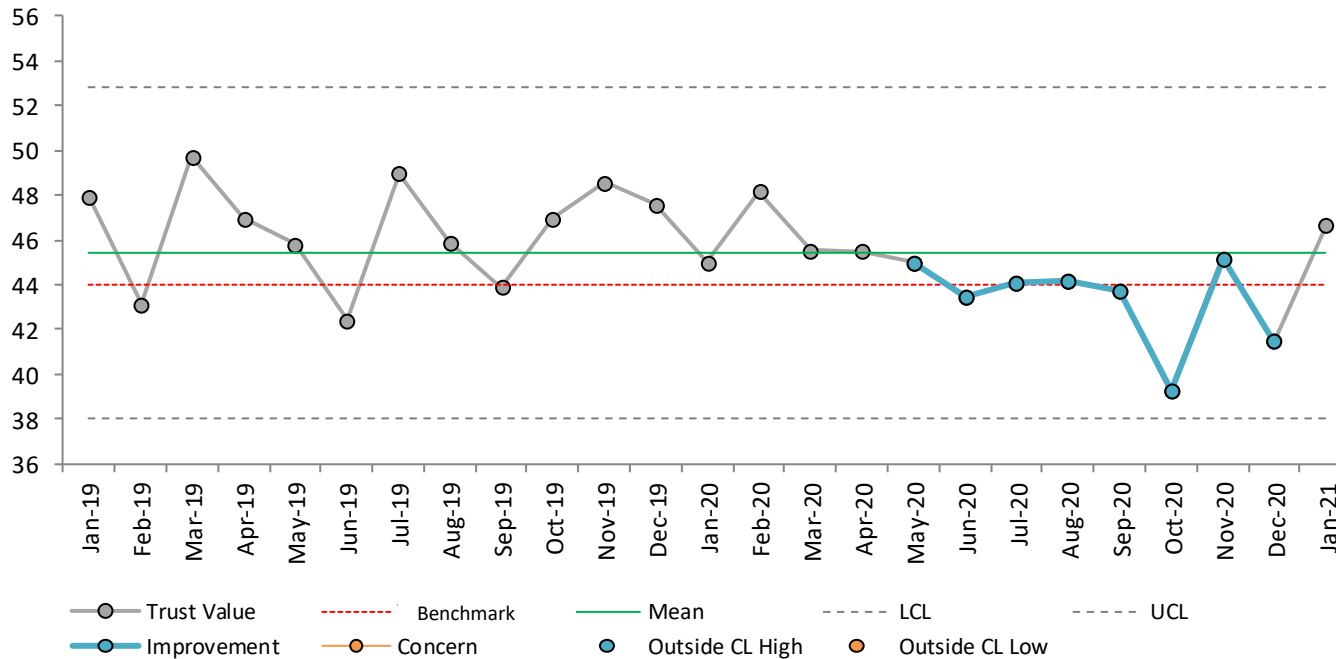
### Timescale

- On going review – no specific time scale.





## Maternity - Induction of Labour Rate (%)



<b>Benchmark</b>	<b>44</b>
<b>Mean</b>	<b>45.41</b>
<b>Last Month</b>	<b>46.65</b>

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Fran Toller

<b>Commentary</b>
This metric has a mean of 45% against a national benchmark of 44%. The metric is within control limits and is not an area of concern.

## The % of Patients Delivering via Caesarean Section

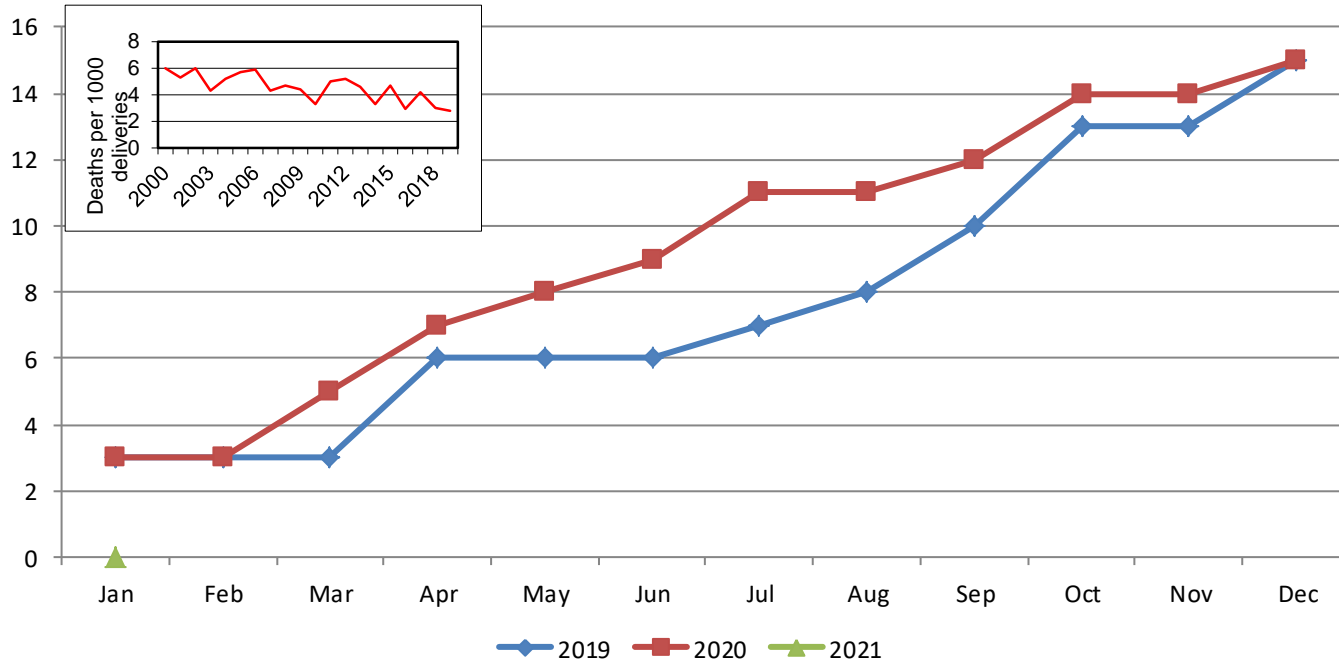
Cause of Variation
<ul style="list-style-type: none"> <li>No variation</li> </ul>

Planned Actions
<ul style="list-style-type: none"> <li>No specific actions are required.</li> <li>Continue current processes</li> </ul>

Timescale
Not applicable



## Maternity - Still Births



Still births

<b>Benchmark</b>	<b>17</b>
<b>Mean</b>	<b>2.16</b>
<b>Last Month</b>	<b>0.00</b>

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Fran Toller

### Commentary

The Trust is currently meeting the national benchmark of 4 stillbirths per 1000 deliveries.

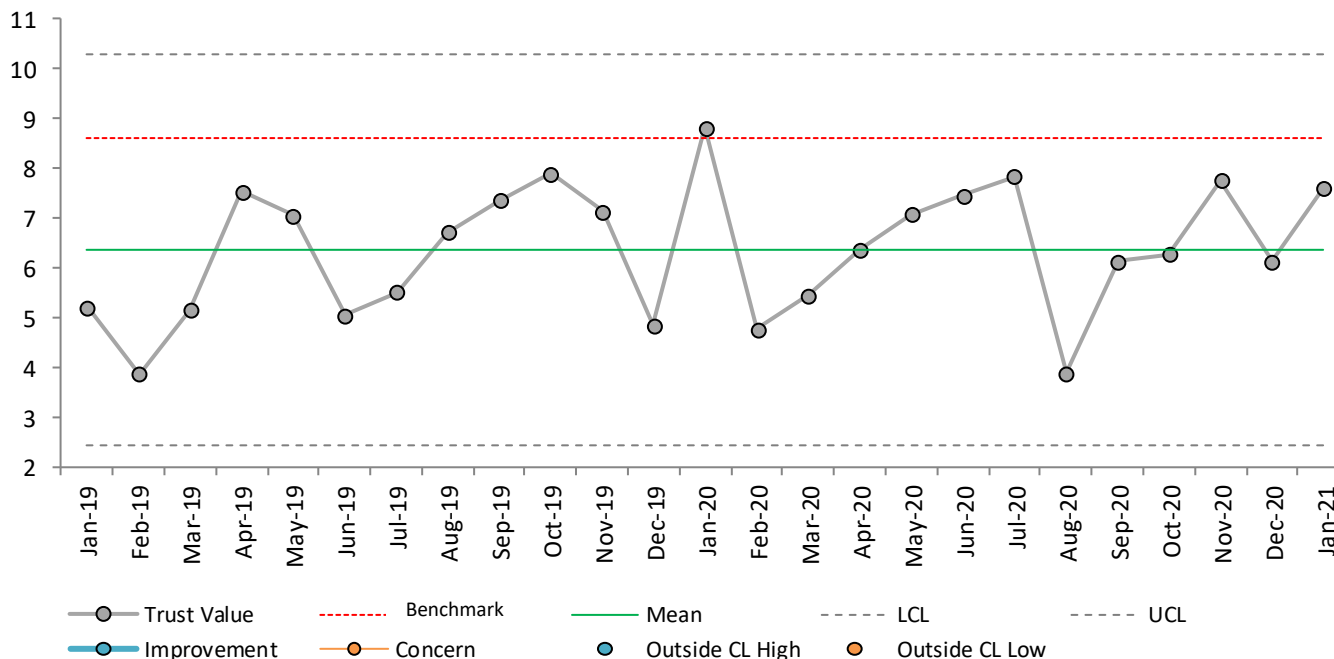
Cause of Variation
<ul style="list-style-type: none"> <li>There were no stillbirths during January 2021.</li> <li>The Trust is on track to deliver the national benchmark</li> </ul>

Planned Actions
<ul style="list-style-type: none"> <li>Continued analysis through the labour ward report and risk management case review.</li> <li>Deliver all aspects of the Saving Babies Lives Care Bundle and new standards as and when they are bought in .</li> </ul>

Timescale
2010: 5.1 per 1000 births
2020: 4.1 per 1000 births
2025: 2.5 per 1000 births



## Maternity - PPH 1000ml Rate (%)



<b>Benchmark</b>	<b>8.6</b>
<b>Mean</b>	<b>6.36</b>
<b>Last Month</b>	<b>7.62</b>

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Fran Toller

**Commentary**

National benchmark data for Post Partum Haemorrhage is not consistent. Whilst there is monthly variation the rates at the Trust remain constant and within control limits.

### Postpartum Haemorrhage Rate over 1000ml

#### Cause of Variation

- No variation

#### Planned Actions

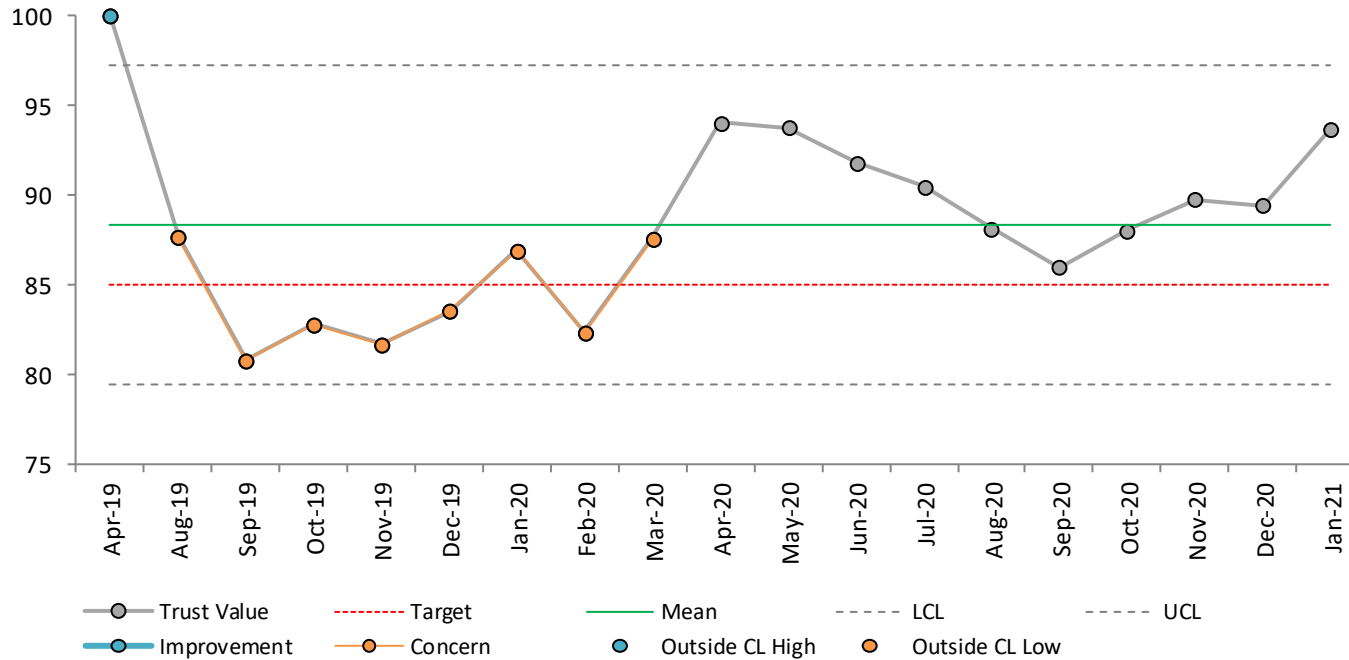
- Continue current processes
- Introduction of measured blood loss at Elective Caesarean Section is being trialled with a view to rolling out to Emergency Caesarean Sections.

#### Timescale

Timescale to be determined



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



Target	85
Mean	88.34
Last Month	93.71

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Jen Olver

<b>Commentary</b>
<ul style="list-style-type: none"> <li>This target has been met consistently since April 2020.</li> </ul>

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

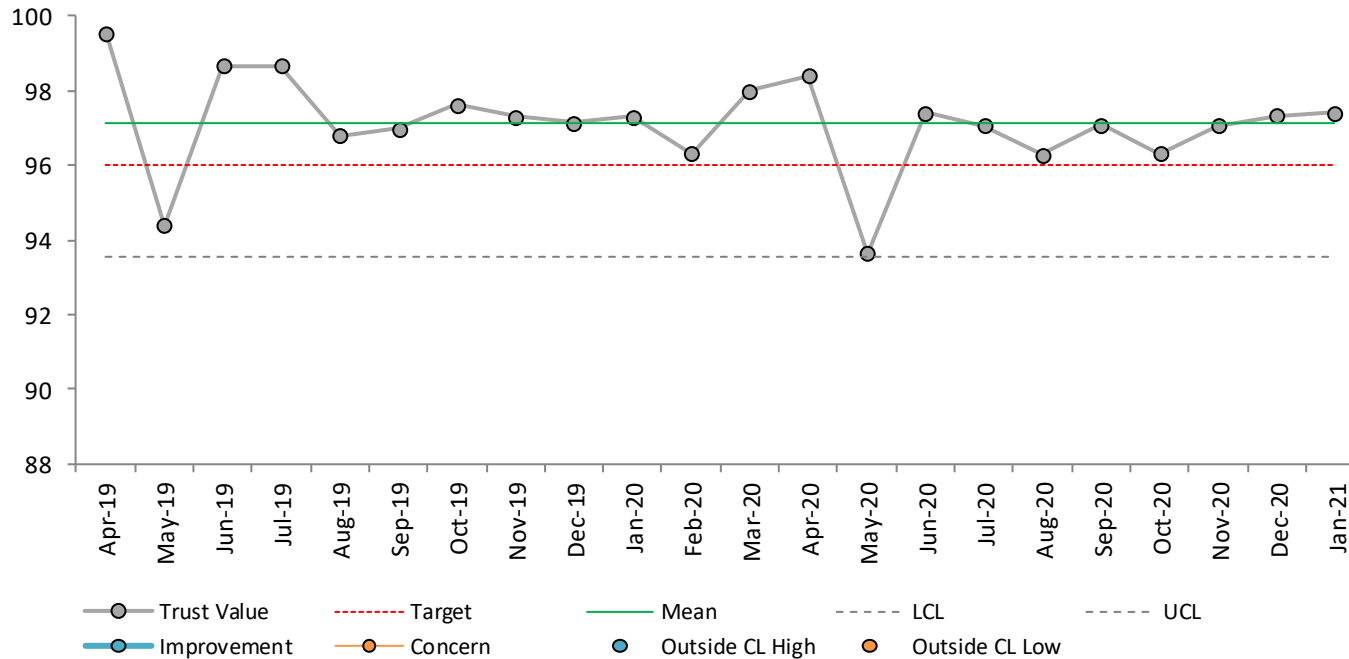
<b>Cause of Variation</b>
<ul style="list-style-type: none"> <li>No variation</li> </ul>

<b>Planned Actions</b>
<ul style="list-style-type: none"> <li>Continue current processes</li> </ul>

<b>Timescale</b>
<ul style="list-style-type: none"> <li>Ongoing</li> </ul>



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



Target	96
Mean	97.13
Last Month	97.41

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Jen Olver

<b>Commentary</b>
This target is being met consistently and is within the control limit.

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

### Cause of Variation

- No variation.

### Planned Actions

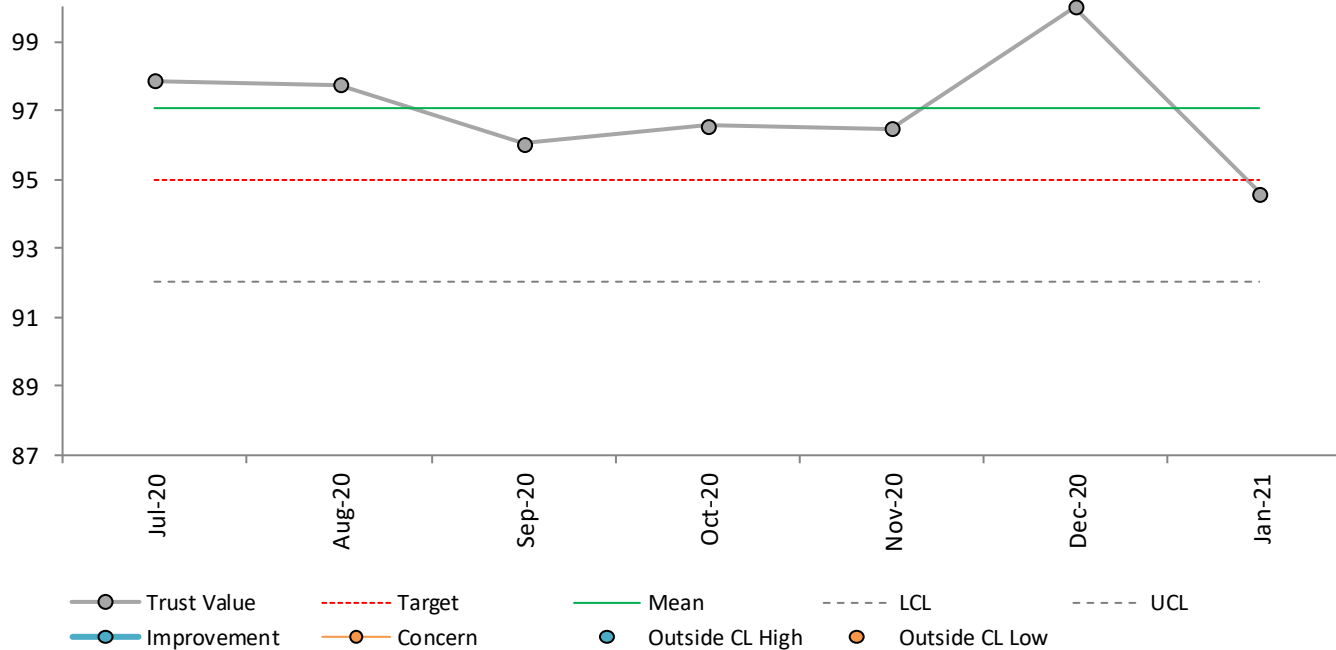
- Continue with current process.

### Timescale

- Ongoing.



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



Target	95
Mean	97.05
Last Month	94.59

<b>Executive Lead</b>
Hilary Lloyd

<b>Lead</b>
Jen Olver

### Commentary

Compliance has dipped below target this month.

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

### Cause of Variation

- Compliance has reduced likely due to a 150% increase in the response rate seen in January.
- An increased return provides a more robust reflection of the services.

### Planned Actions

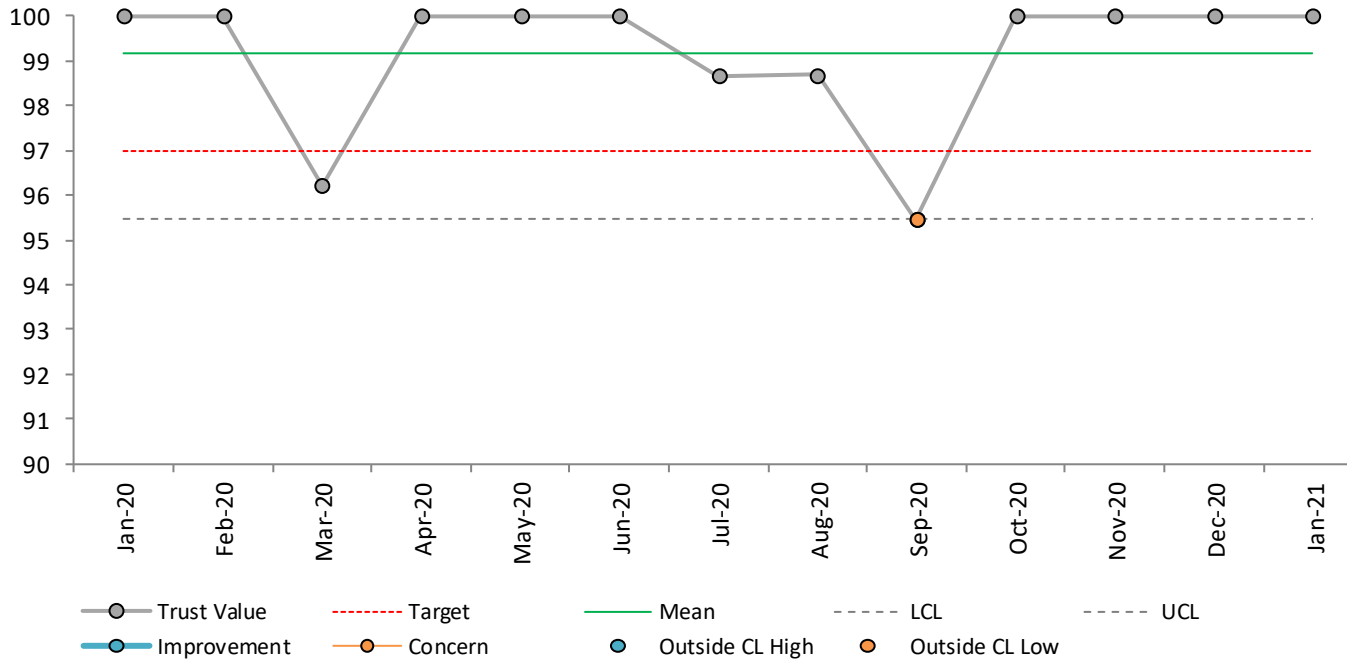
- Continue to monitor the overall experience for further downward trend.

### Timescale

Timescale to be determined



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



Target	97
Mean	99.16
Last Month	100.00

Executive Lead
Hilary Lloyd

Lead
Jen Olver

### Commentary

100% compliance has been achieved for four months.

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

### Cause of Variation

- No variation.

### Planned Actions

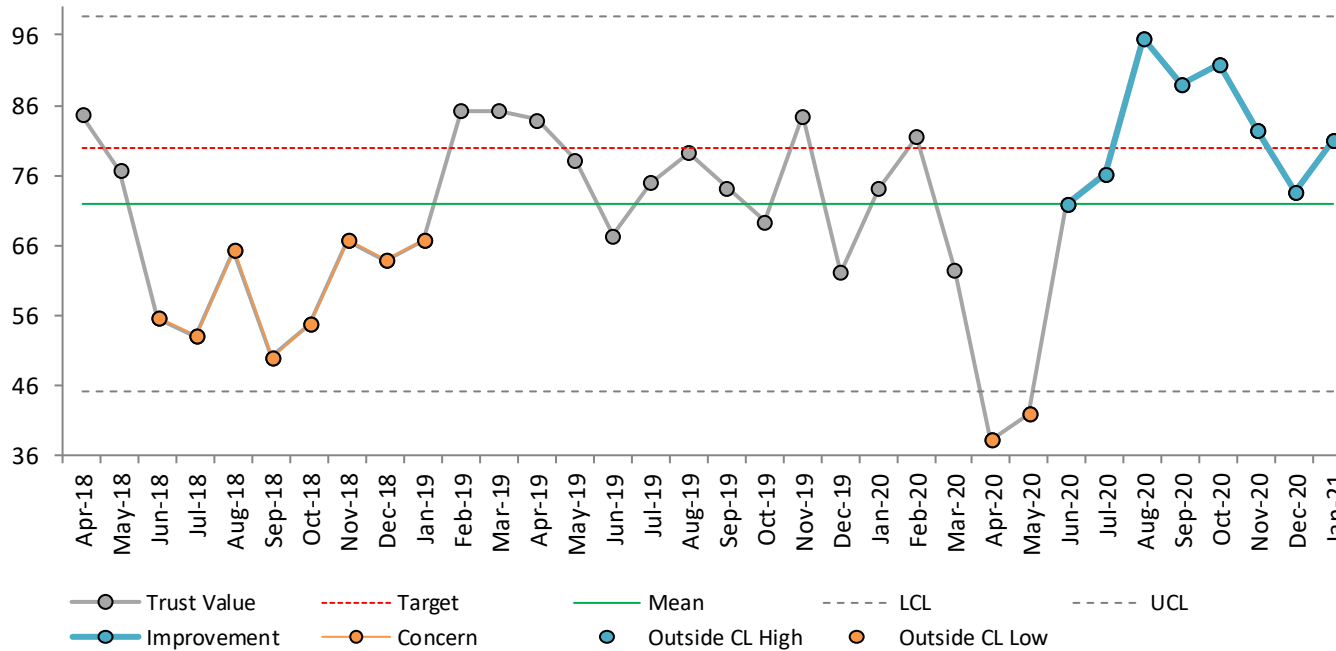
- Continue with current process.

### Timescale

- Ongoing



## Complaints Closed Within Target (%)



The percentage of complaints closed within the target

Target	80
Mean	71.79
Last Month	80.95

<b>Executive Lead</b>
Hilary Lloyd
<b>Lead</b>
Jen Olver

<b>Commentary</b>
The target of 80% compliance is not being met consistently.

### Cause of Variation

- There was an improvement in the metric in August, September and October. However the response rate has been significantly impacted by COVID-19 and availability of clinical staff to respond timely.

### Planned Actions

- Weekly reviews of complaints that are outstanding and off target.
- Timely escalation to Service Managers, Clinical Directors and Ops Directors.

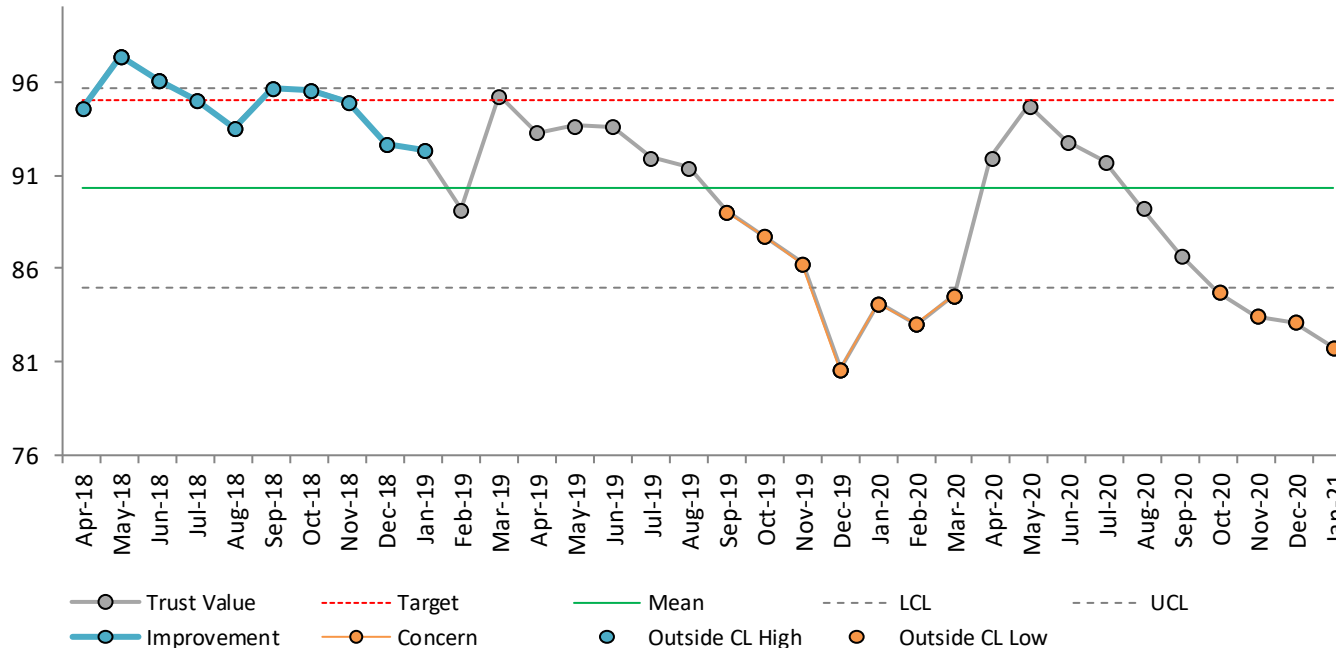
### Timescale

- Ongoing





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



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

Target	95
Mean	90.34
Last Month	81.76

<b>Executive Lead</b>
Johanna Reilly

<b>Lead</b>
Penny Bateman

<b>Commentary</b>
Significant deterioration can be seen from April 2019 onwards. Whilst some improvement was seen during the first wave of Covid there has been further decline since May 2020 and this metric is now outside the control limit.

### Cause of Variation

- High acuity and segregation on pathway for Covid creates capacity problems.
- Delays in transfers awaiting swab results.
- Limited number of rapid swabs.
- Social distancing measures continually impacting upon efficiency of service delivery.
- Exit block – limited isolation capacity.

### Planned Actions

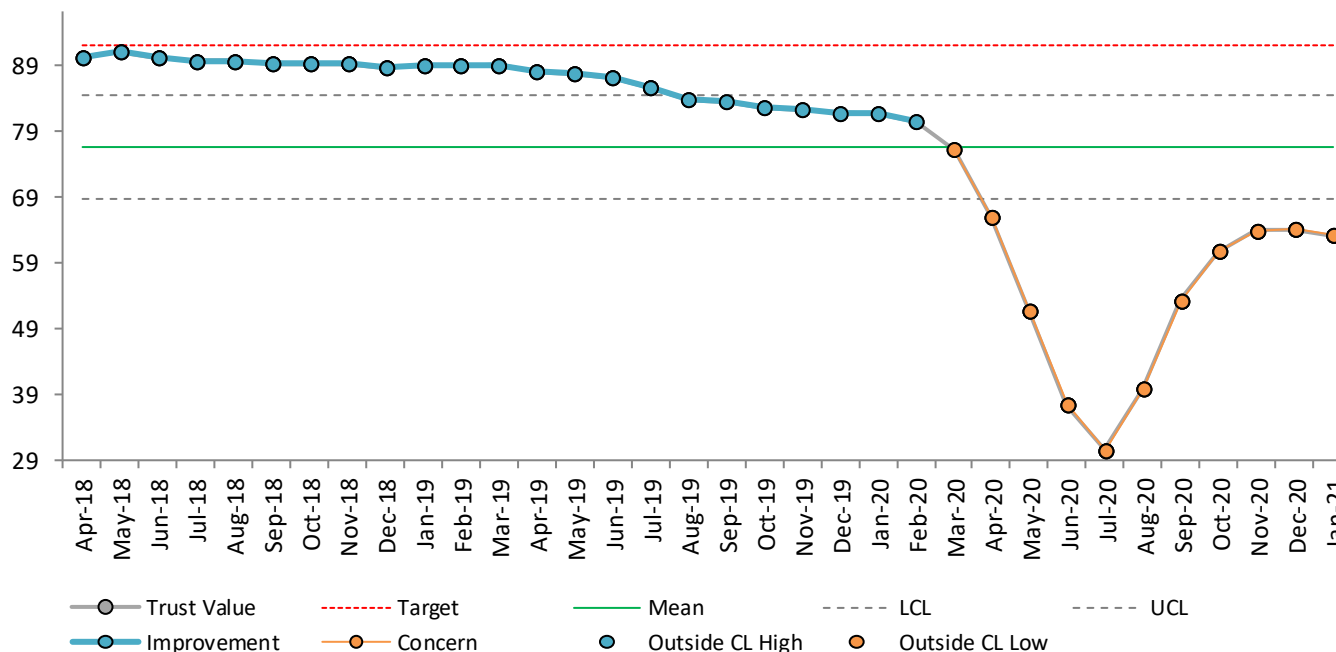
- ED segregation surge plan.
- Increased number of rapid swabs available to reduce the risk of COVID contact on inpatient areas.
- Extended hours at RUTC continues for flow and navigation away from the JCUH site.
- Flexibility of inpatient segregation pathways to meet demand
- Direct access to red pathway.
- HILT support from March 2021 focussing on high intensity users.

### Timescale

- Improvement trajectory to be determined



## RTT Incomplete Pathways (%)



The % of incomplete pathways for patients within 18 weeks

Target	92
Mean	76.60
Last Month	63.11

<b>Executive Lead</b>
Johanna Reilly

<b>Lead</b>
Sue Geldart

**Commentary**

Compliance has been below target since April 18 and then decreased significantly since March 2020 due to COVID.

RTT target is still not being met.

### Cause of Variation

- RTT compliance has marginally reduced to 63.11% (from 63.99% in December). The number of patients waiting over 52 weeks at the end of January has increased to 3,421 from 2,597 at the end of December. The number of patients waiting in excess of 78 weeks has increased from 237 at the end of December to 342 at the end of January.

### Planned Actions

- Due to critical care surge plans and need to staff additional critical care beds theatre capacity has had to be reduced to release theatre staff to support critical care. Focus remains on patients of greatest clinical need and therefore the longest waiters will continue to increase. Plans being considered to reinstate some elective activity (at FHN site) from March/April (reliant on release of theatre staff redeployed to critical care) so planning increased elective activity as capacity allows.

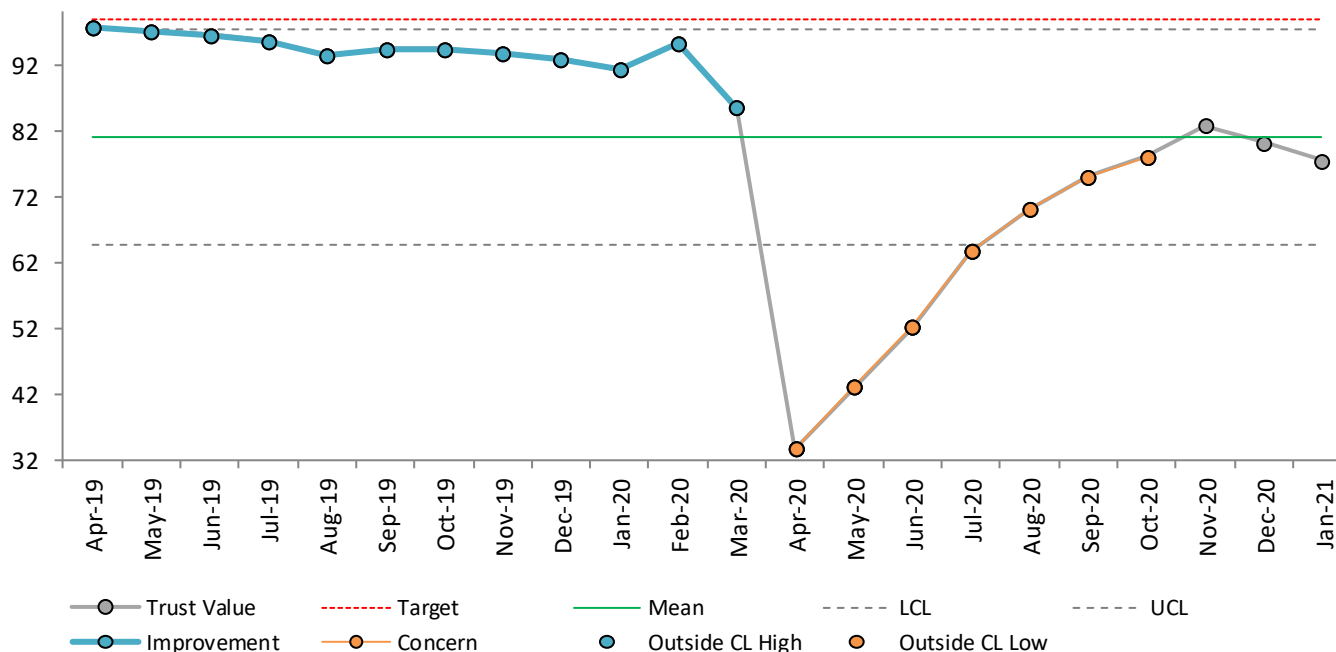
### Timescale

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

Improvement trajectory will be determined with clinical teams.



## Diagnostic 6 Weeks Standard (%)



Target	99
Mean	81.09
Last Month	77.44

Executive Lead	Johanna Reilly
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Lead	Ann Wright
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### Commentary

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

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

### Cause of Variation

- Only 2 modalities are compliant against the standard: Cardio Echo and CT.
- 5 modalities are statistically a cause for concern: Audiology, Bone Densitometry, Cystoscopy, Gastrosocopy, Sleep.

### Planned Actions

- Weekend working in place and to continue.
- Administration support for managing of patients.
- Moving activity out of theatres .
- Utilising all available capacity.

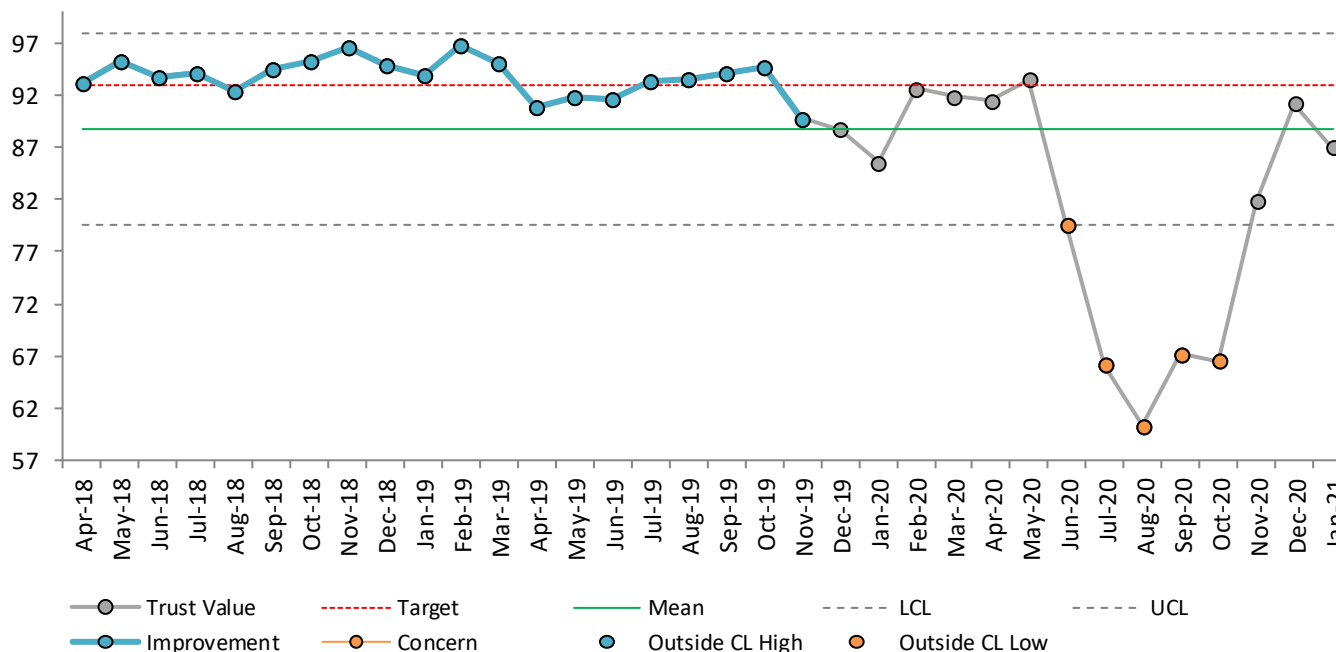
### Timescale

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

Improvement trajectory will be determined with clinical teams.



## Cancer Treatment - 14 Day Standard (%)



Target	93
Mean	88.81
Last Month	87.04

<b>Executive Lead</b>
Johanna Reilly

<b>Lead</b>
Nicki Hurn

**Commentary**

Prior to COVID the metric was consistent although not always meeting the target. Following the onset of Covid the metric deteriorated outside the control limit however this position has improved since August 2020.

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

### Cause of Variation

- 2ww referrals continue to rise towards pre-COVID levels, with the exception of the Christmas period (inline with seasonal trend). Currently referral levels are currently down by 18%.
- Reduction in Outpatient capacity due to requiring social distancing for some specialties.

### Planned Actions

- Continuation of triage of 2ww referrals on receipt.
- Weekly cancer performance wall continues virtually to identify pressures and themes.

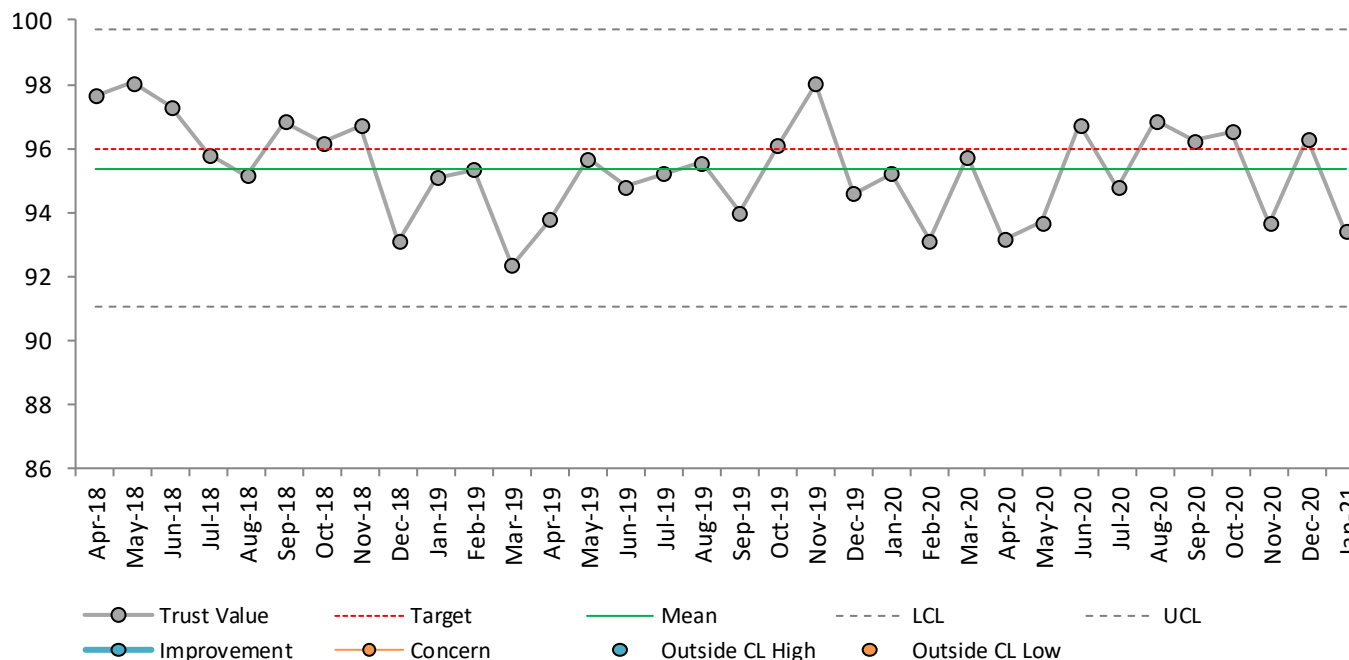
### Timescale

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

Improvement trajectory will be determined with clinical teams.



## Cancer Treatment - 31 Day Standard (%)



Target	96
Mean	95.37
Last Month	93.40

<b>Executive Lead</b>
Johanna Reilly
<b>Lead</b>
Nicki Hurn

<b>Commentary</b>
Whilst within control limits this target is not being met consistently.

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

### Cause of Variation

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

### Planned Actions

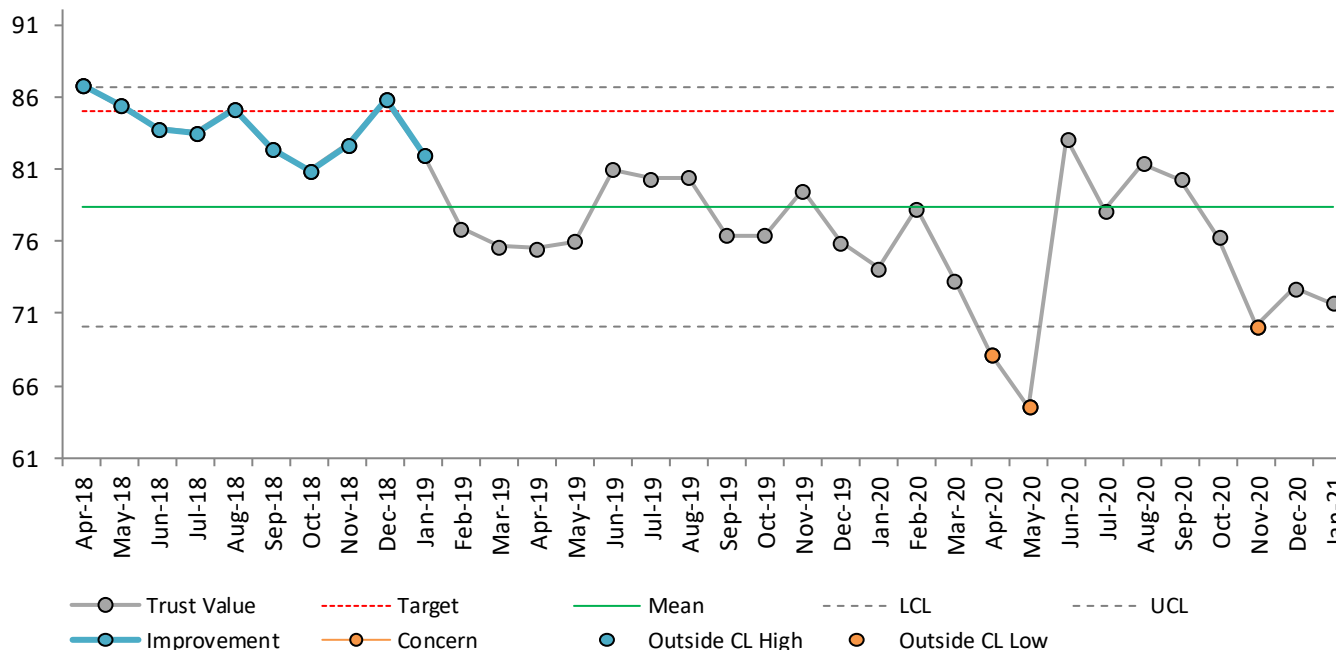
- Ensure all patients are tracked and expedited where appropriate.
- Weekly cancer performance wall continues virtually.
- Operations Directors/Service Managers to implement recommendations from recovery plans.

### Timescale

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



## Cancer Treatment - 62 Day Standard (%)



Target	85
Mean	78.38
Last Month	71.70

Executive Lead
Johanna Reilly

Lead
Nicki Hurn

Commentary
Whilst just within the control limit the means is at 78.3% therefore the target is unlikely to be met.

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

### Cause of Variation

- December treatments were 165.0 compared to 201.0 in Dec 20 (-18%)
- Surgical demand for P2 patients is still being met in the capacity available.

### Planned Actions

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

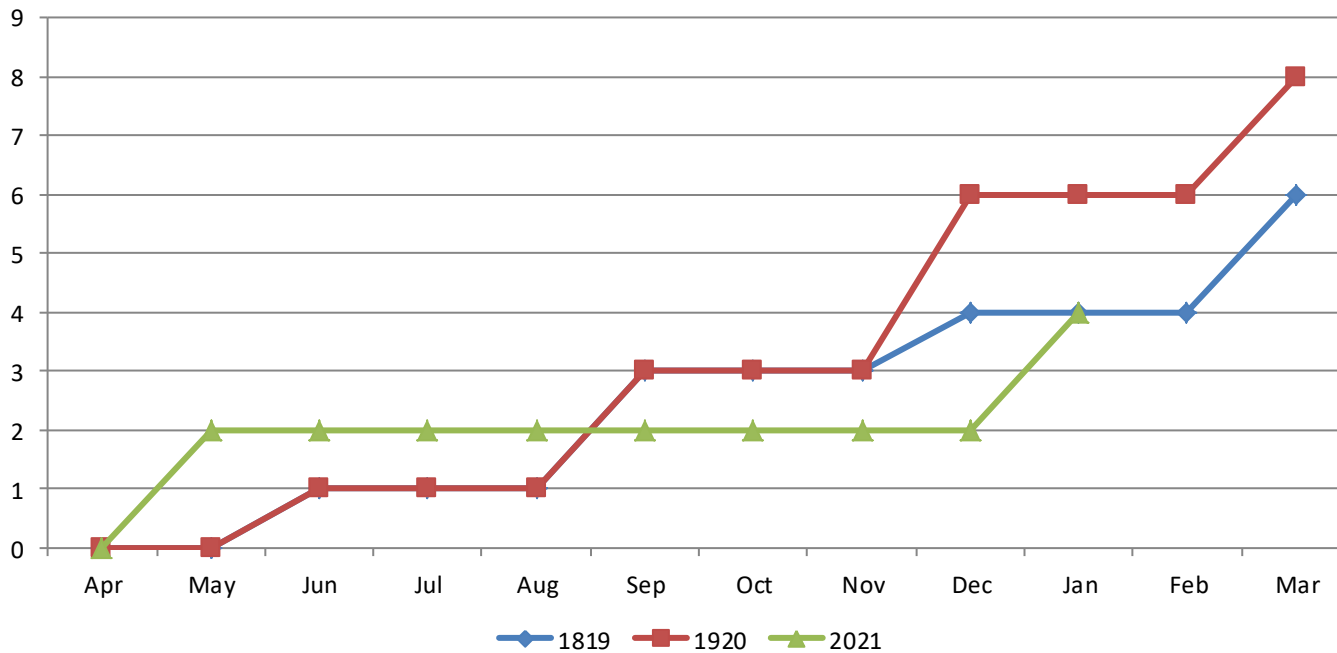
### Timescale

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

Improvement trajectory will be determined with clinical teams.



## Cancer Operations Cancelled On Day



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

Target	0
Mean	0.74
Last Month	1.00

<b>Executive Lead</b>
Johanna Reilly
<b>Lead</b>
Sue Geldart

<b>Commentary</b>
This target has been met for 9 consecutive months and has processes in place to continue

### Cause of Variation

- Compliant

### Planned Actions

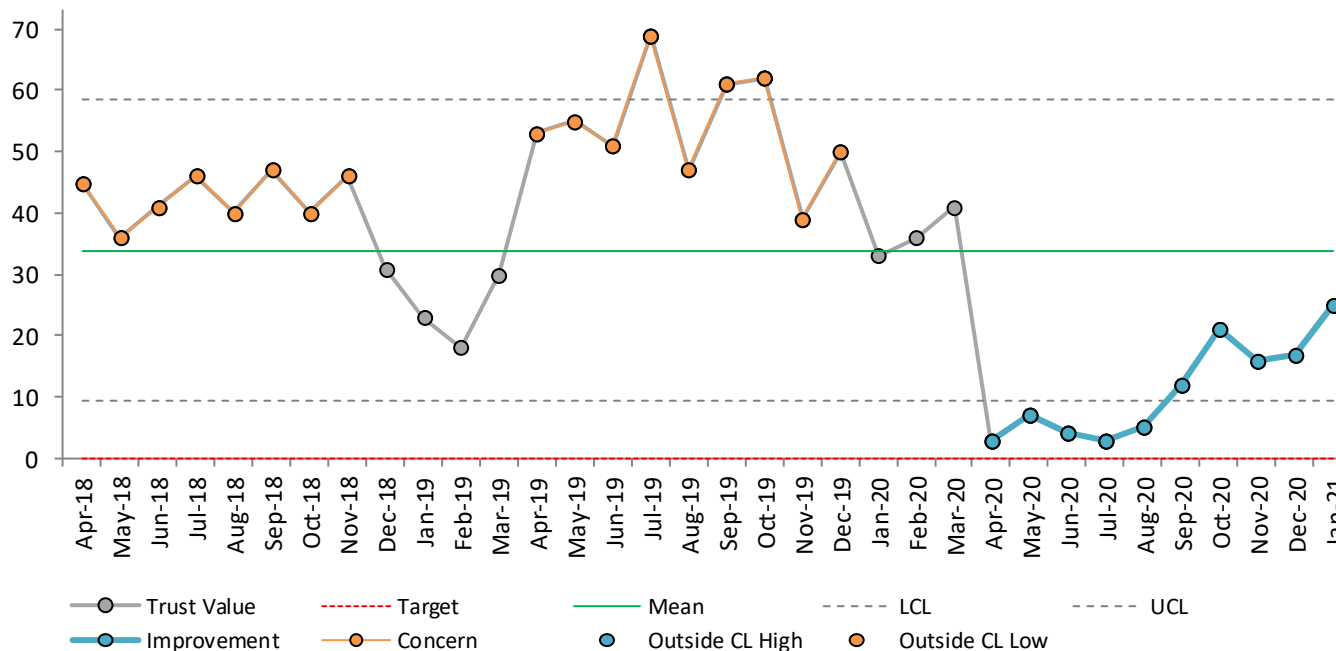
- Continue current processes

### Timescale

- Not applicable



## Non-Urgent Ops Cancelled on Day



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

Target	0
Mean	33.91
Last Month	25.00

<b>Executive Lead</b>
Johanna Reilly

<b>Lead</b>
Sue Geldart

**Commentary**

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

### Cause of Variation

- 25 patients cancelled (8 Cardiothoracic, 5 General Surgery, 2 Orthopaedic, 2 ENT, 2 Neurosurgery, 2 Urology, 1 Oral, 1 Cardiology, 1 Spinal, 1 Vascular).
- Predominate reasons for the cancellations are lack of theatre time, ITU/HDU bed or ward bed.
- The likelihood of short notice cancellations may increase as we have escalated into Covid surge plans in critical care impacting on delivery of elective patients requiring critical care.

### Planned Actions

- Continue to book non-urgent patients as set out in the Trust's Standard Operating Procedure for prioritisation of elective patients during current COVID-19 pandemic. Continue to ensure that patients are appropriately consented and pre-assessed prior to admission (including swabbed 48 hours prior to admission) to minimise the likelihood of 'hospital initiated' cancellation.

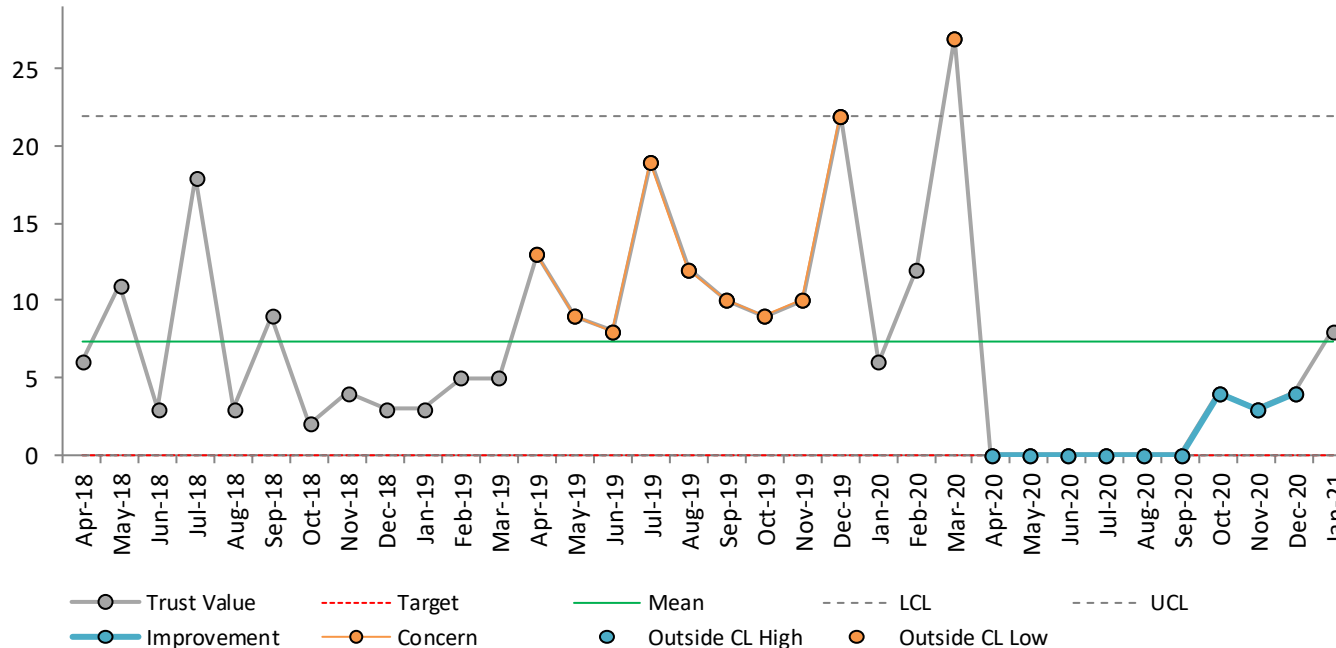
### Timescale

- Ongoing





## Cancelled Ops Not Rebooked Within 28 days



Target	0
Mean	7.29
Last Month	8.00

<b>Executive Lead</b>
Johanna Reilly
<b>Lead</b>
Sue Geldart

**Commentary**

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

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

### Cause of Variation

- The improvement from April 2020 has been a result of the reduced elective activity.
- 24 patients had their operation cancelled on the day of admission or procedure mainly due to lack of theatre time (8), lack of HDU/ITU bed (6) or lack of ward bed (7).
- 16 patients were given dates within the 28 day standard, 5 dated outside the 28 day standard, 3 patients still require a TCI date.

### Planned Actions

- Continue to escalate for dates to be re-booked within 28 day standard if dates not yet booked or booked outside of the 28 day standard.

### Timescale

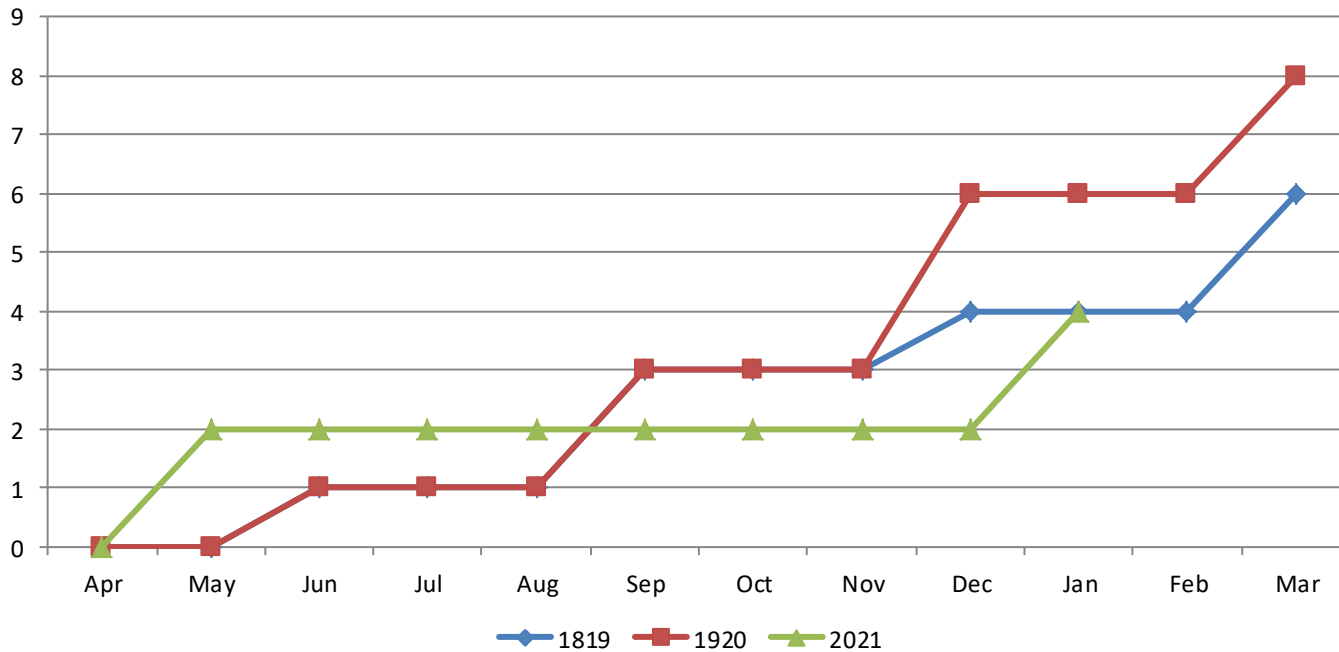
- Ongoing

# Responsive



South Tees Hospitals  
NHS Foundation Trust

## E-Discharge (%)



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

Target	90
Mean	91.88
Last Month	93.65

<b>Executive Lead</b>
Johanna Reilly
<b>Lead</b>
Hilary Lloyd

<b>Commentary</b>
This target has been met consistently since August 2019.

### Cause of Variation

- No significant variation.

### Planned Actions

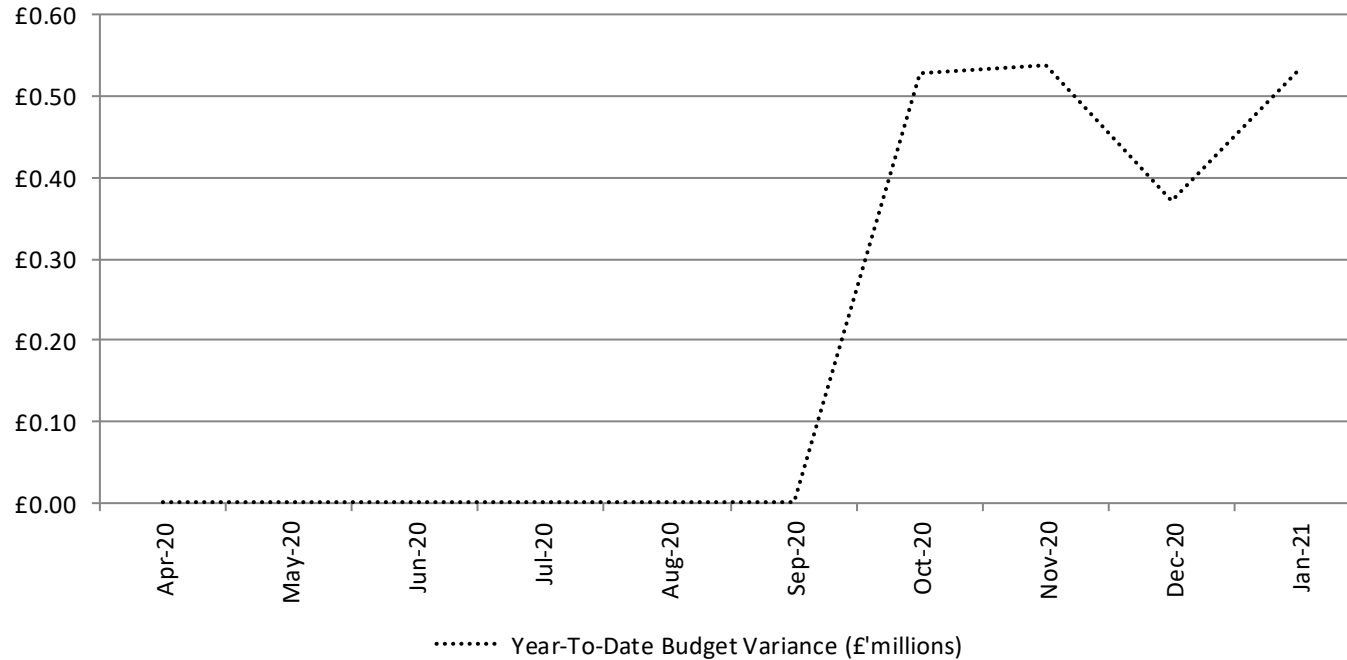
- There are some data quality issues that are being explored to check for accuracy.

### Timescale

- 19<sup>th</sup> March 2021



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



Target	0.00
Mean	N/A
Last Month	0.53

<b>Executive Lead</b>
Steven Mason

<b>Lead</b>
Luke Armstrong

**Commentary**

For January the Trust is £0.5m ahead of its revised annual plan.

### Year-To-Date Budget Variance

#### Cause of Variation

- £3.3m positive variation to plan on income, linked to RTA, Education and Training Income and a VAT rebate.
- £2.0m overspend on pay driven by Medical and Dental Pay
- £0.8m overspend on non pay caused by increased drugs costs.

#### Planned Actions

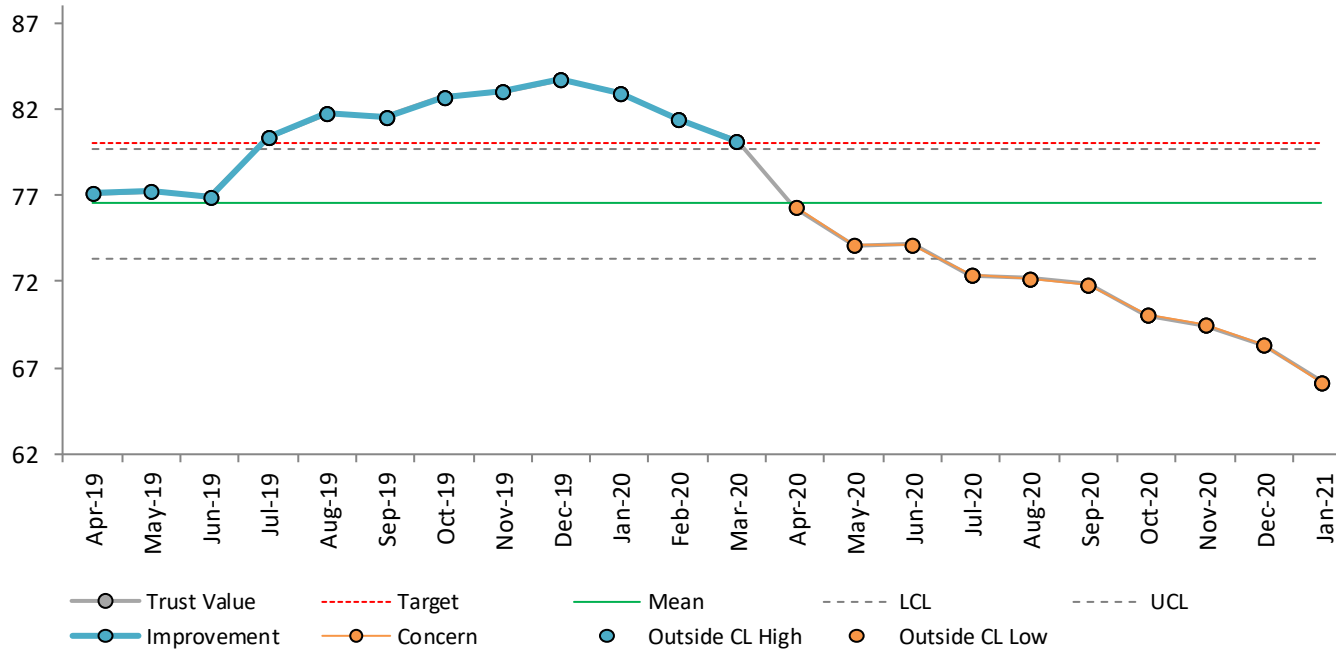
- Ongoing review of Covid-19 non pay costs via operational, tactical and strategic group meetings.
- Challenge over workforce costs via workforce meetings

#### Timescale

- Ongoing
- Ongoing



## Annual Appraisal (%)



Target	80
Mean	76.55
Last Month	66.17

<b>Executive Lead</b>
Rachael Metcalf

<b>Lead</b>
Jane Herdman

<b>Commentary</b>
This metric has decreased significantly since April 2020 and the onset of Covid.

## Annual Appraisal Rate

### Cause of Variation

- Increased volume of staff absence due to COVID, including absence and isolation.
- Medical staff not required to complete annual appraisals
- Covid-19 second wave, including winter pressures, resulted in focus on operational requirements

### Planned Actions

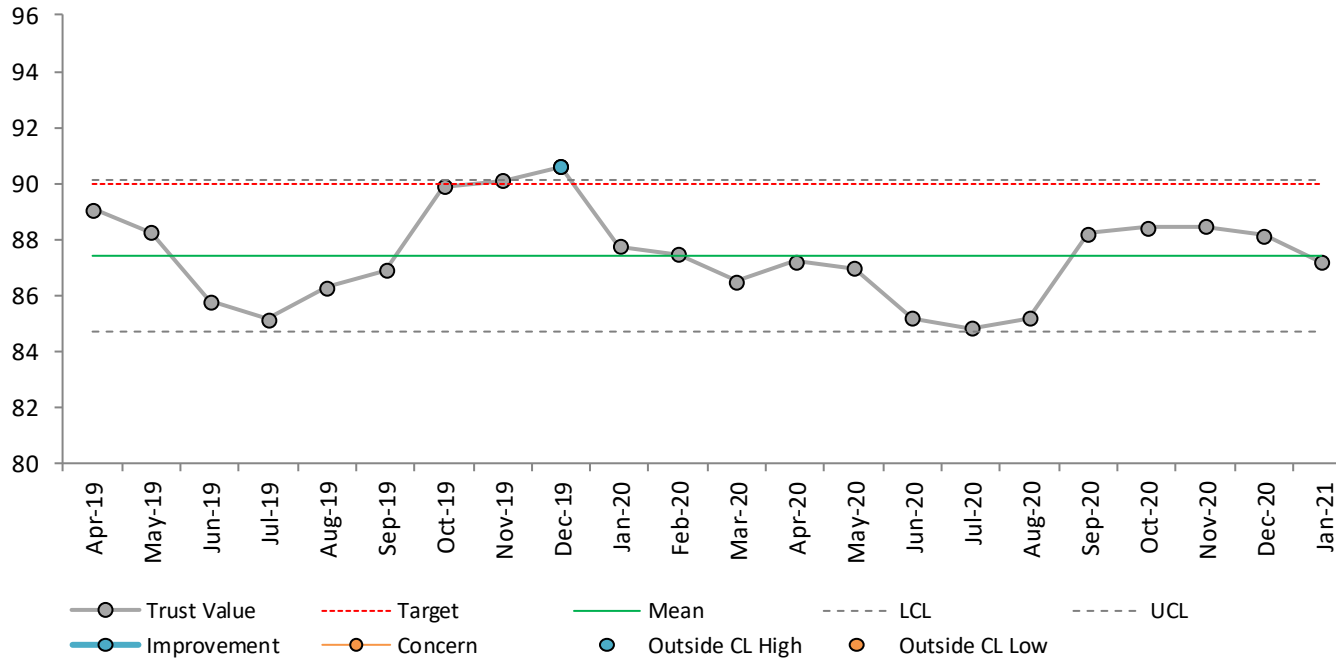
- Initial agreement of new Career Conversation document and process to replace existing SDR documentation.
- Focus on top 100 overdue SDR's via HR Business Partners and Centre/Departmental Managers.
- Over 700 risk assessments have been undertaken for those staff who are identified as CEV and CV, and therefore working at home or in alternative duties.
- A number of Health and Wellbeing initiatives have been introduced including psychological, physical, financial wellbeing and health and advice services.

### Timescale

- April 2021
- Ongoing



## Mandatory Training (%)



Target	90
Mean	87.43
Last Month	87.18

**Executive Lead**  
Rachael Metcalf

**Lead**  
Jane Herdman

**Commentary**  
Whilst within control limits the target is not being met.

The % of Mandatory Training Compliance

### Cause of Variation

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

### Planned Actions

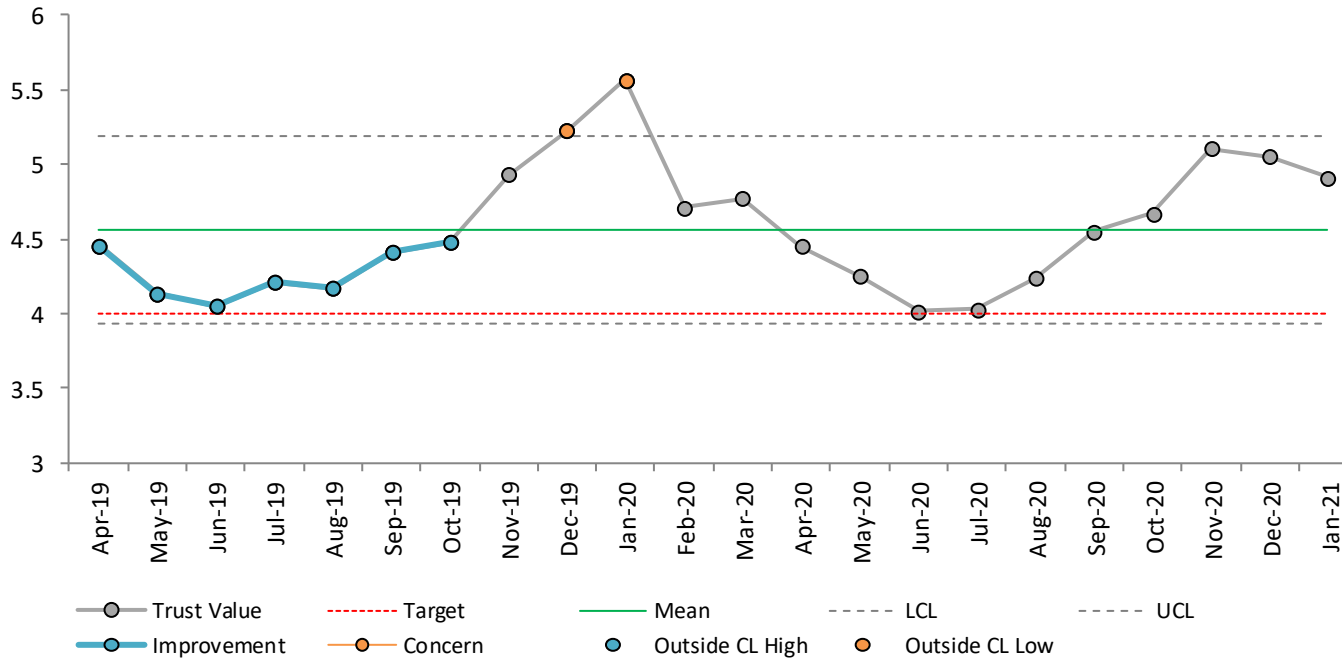
- Project to transfer mandatory training elements onto ESR underway and on track. Target date March 2021. This will ensure more accurate data monitoring and assist in provision of up to date data for managers.
- Continued focus on non-compliant areas and elements of mandatory training via HRBPs and Centre/Department managers.

### Timescale

- April 21
- Ongoing



## Sickness Absence (%)



The % of monthly sickness absence

Target	4
Mean	4.56
Last Month	4.91

Executive Lead	Rachael Metcalf
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Lead	Jane Herdman
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Commentary	This process cannot meet the target of 4%.
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### Cause of Variation

- Up to date staff absence figures demonstrate decline against last month, performance of 4.91 general absence, 1.21 covid absence against an overall target of 4. Increase in number of staff absence/isolating due to covid-related matters and potential long covid-issues have impacted negatively on overall absence.

### Planned Actions

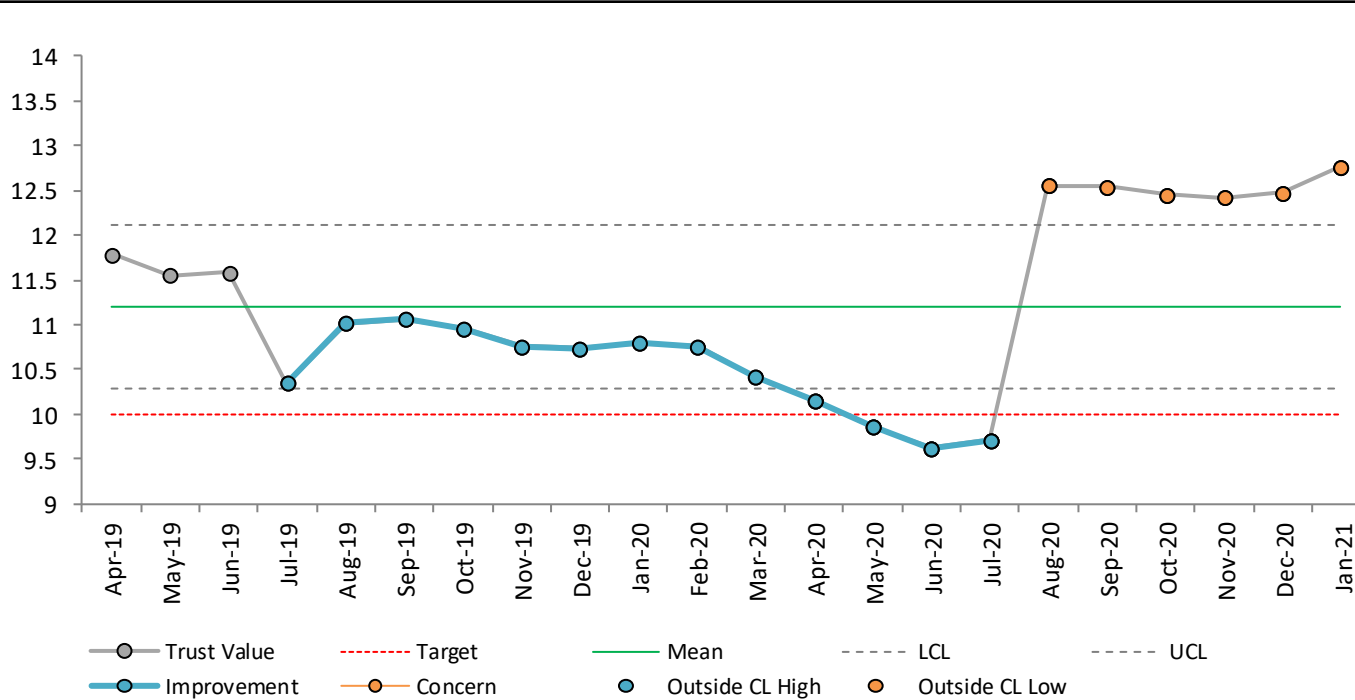
- Review of covid-19 vaccine related absence, including discussions regarding introduction of long-covid occupational health clinics in an attempt to determine impact on future staffing levels and absence rates

### Timescale

- April 2021



## Staff Turnover (%)



Target	10
Mean	11.20
Last Month	12.77

<b>Executive Lead</b>
Rachael Metcalf

<b>Lead</b>
Jane Herdman

<b>Commentary</b>
Staff turnover reduced significantly from April 2019 until July 2020 however it then showed a significant increase.

## Staff turnover rate

### Cause of Variation

- Turnover has stabilised over the last quarter with a slight increase at the beginning of 2021. There has been significant increase in short-term/fixed term contracts to support with the requirement of the pandemic throughout 2020. This situation will be closely monitored.

### Planned Actions

- Ongoing review of exit interview process – which has been delayed due to limited resources and impact of covid-19.
- Continue to support staff wellbeing through welfare calls, wellbeing workshops, OH interventions and psychological support.

### Timescale

- March 2021

# Glossary of Terms



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



# Future Changes

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

- New metrics:
  - VTE
  - Maternity outcomes – details to be discussed with the service
- Metric changes from SPC chart to a cumulative graph:
  - Never Events
  - MRSA metrics

## Future metrics

- MSA – Mixed Sex Accommodation.
- Sepsis – NEWS score taken within one hour of arrival.
- Sepsis – Antibiotics administered within one hour of sepsis diagnosis.
- Clinical prioritisation and clinical harms as a result of covid 19.

<b>MEETING OF COUNCIL OF GOVERNORS – 9 March 2021</b>			
Month 10 2020/21 Financial Performance			<b>Agenda Item 9, ENC 5</b>
<b>Report Author and Job Title:</b>	Luke Armstrong Head of Financial Management	<b>Responsible Director:</b>	Steven Mason Director of Finance
<b>Action Required</b>	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
<b>Situation</b>	This report outlines the Trusts financial performance as at Month 10.		
<b>Background</b>	From Month 7 of 2020/21 revised financial arrangements have been put in place, replacing the previous arrangements of a break even requirement with retrospective expenditure claims. The Trust now has a fixed income level as agreed within the ICP, and is expected to manage resources within this funding envelope.		
<b>Assessment</b>	At month 10 the Trust is £0.5m underspend against its revised financial plan.		
<b>Recommendation</b>	Members of the Trust Board of Directors are asked to note the Trust position for Month 10.		
<b>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</b>	BAF risk 4.1 - Lack of robust financial information and grip and control may result in poor financial governance and decision making lead to the inability to deliver the annual control total impacting on cash flow and long term sustainability as a going concern		
<b>Legal and Equality and Diversity implications</b>	There are no legal or equality & diversity implications associated with this paper.		
<b>Strategic Objectives</b>	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>	
	Drive operational performance <input checked="" type="checkbox"/>	Long term financial sustainability <input checked="" type="checkbox"/>	
	Develop clinical and commercial strategies <input checked="" type="checkbox"/>		

## **Month 10 2020/21 Financial Performance**

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

The purpose of the report is to update Council of Governors on the financial position of the Trust as at Month 10.

### **2. BACKGROUND**

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

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

The Trust and the ICP, like others nationally, have a requirement to achieve an overall system break even position at the year end. Two items have been identified both regional and nationally as potentially allowable deviations from the breakeven requirement. This being lost non NHS income and an allowance for a year end annual leave provision. The amounts involved being £1.3m and £3.8m for the Trust.

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

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

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

The Month 10 YTD actual performance is a £0.5m deficit. This has resulted in the Trust being ahead of its financial plan by £0.5m. The Trust expects this variance to reduce as the year progresses to cover increased Covid-19 costs and winter pressures.

### 3. DETAILS

#### Trust position

The Month 10 position is outlined below; the following sections outline key variances and risks for divisional income, pay, non-pay and technical items.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
<b>Nhs Clinical Income</b>	514,767	515,024	258	625,985
<b>Education &amp; Training Income</b>	14,499	15,612	1,113	17,402
<b>Estates Income</b>	1,540	1,598	57	1,908
<b>Misc. Other Income</b>	7,616	7,874	258	9,506
<b>Non Patient Care Income</b>	2,098	2,350	251	2,483
<b>Other Clinical Income</b>	724	1,187	462	885
<b>Psf, Mret &amp; Top Up</b>	38,729	39,169	440	39,245
<b>Research &amp; Development Income</b>	3,846	4,318	472	4,529
<b>Total Income</b>	<b>583,821</b>	<b>587,132</b>	<b>3,312</b>	<b>701,942</b>
<b>Ahp'S, Sci., Ther. &amp; Tech.</b>	(49,476)	(49,407)	69	(60,259)
<b>Apprentice Levy</b>	(1,268)	(1,270)	(02)	(1,521)
<b>Hca'S &amp; Support Staff</b>	(37,783)	(38,161)	(379)	(45,422)
<b>Medical And Dental</b>	(103,640)	(105,690)	(2,049)	(125,067)
<b>Nhs Infrastructure Support</b>	(48,552)	(48,834)	(283)	(58,987)
<b>Nursing &amp; Midwife Staff</b>	(104,095)	(103,425)	671	(126,793)
<b>Total Pay</b>	<b>(344,814)</b>	<b>(346,787)</b>	<b>(1,973)</b>	<b>(418,049)</b>
<b>Clinical Negligence Cost</b>	(14,500)	(14,500)	0	(17,400)
<b>Clinical Supplies And Services</b>	(54,947)	(52,806)	2,141	(68,986)
<b>Drugs</b>	(55,518)	(56,792)	(1,274)	(66,906)
<b>Establishment</b>	(7,550)	(7,966)	(417)	(8,818)
<b>Ext. Staffing &amp; Consultancy</b>	(509)	(463)	46	(567)
<b>General Supplies &amp; Service</b>	(7,675)	(7,757)	(83)	(8,340)
<b>Healthcare Service Purchase</b>	(9,681)	(10,018)	(337)	(11,451)
<b>Miscellaneous Services</b>	(1,939)	(2,297)	(358)	(1,638)
<b>Pfi Unitary Payment</b>	(32,335)	(32,314)	21	(37,926)
<b>Premises &amp; Fixed Plant</b>	(21,021)	(21,591)	(570)	(25,489)
<b>Research, Education &amp; Training</b>	(3,652)	(4,123)	(471)	(4,217)
<b>Transport</b>	(3,554)	(3,478)	75	(4,032)
<b>Total Non Pay</b>	<b>(212,881)</b>	<b>(214,106)</b>	<b>(1,225)</b>	<b>(255,771)</b>
<b>Depreciation</b>	(11,906)	(11,661)	245	(14,994)
<b>Interest Payable</b>	(9,689)	(9,693)	(04)	(11,663)
<b>Interest Receivable</b>	41	07	(33)	57
<b>Other Non Operating</b>	(5,560)	(5,354)	206	(6,668)
<b>Corporation Tax</b>	(01)	0	01	(02)
<b>Control Total</b>	<b>(990)</b>	<b>(461)</b>	<b>529</b>	<b>(5,148)</b>

## Clinical Income

Under the revised financial arrangements for 2020/21, the Trust's previous contractual arrangement under an aligned incentive scheme with its commissioners no longer stands. Instead, the Trust is paid under a block arrangement as agreed by NHSE/I, these had been fixed for the first half of the year and then re set for the second.

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

- HEPC and CDF Drugs

The Trust's block payments are shown below split by Commissioner. The prior year adjustment of £0.5m relates to differences between accruals made for NCAs in M11 and M12 of 2019/20 and actual billing within 2020/21.

Commissioner Name	Block Payment
NHS Tees Valley CCG	261,701
NHS County Durham CCG	11,704
NHS England - North East and Yorkshire Commissioning Hub	157,415
NHS England - CDF & HepC (months 7-12)	1,418
NHS England - North East and Yorkshire Commissioning Region	6,363
NHS North Yorkshire CCG	73,449
NHS Leeds CCG	127
NHS Newcastle Gateshead CCG	181
NHS North Cumbria CCG	543
NHS North Kirklees CCG	105
NHS Northumberland CCG	109
NHS Sunderland CCG	609
NHS Vale of York CCG	1,218
South West Regional Office ( MoD)	576
Prior Year Adjustments	(494)
<b>Total Income Month 10</b>	<b>515,024</b>

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

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
<b>YTD M6</b>	294,554	294,554	0
<b>M7 Onwards</b>			
<b>Blocks</b>	199,737	199,583	(154)
<b>Top Up</b>	9,960	9,960	0
<b>Covid-19</b>	8,928	8,928	0
<b>CDF</b>	1,332	1,738	406
<b>HEPC</b>	256	261	05
<b>YTD M10</b>	<b>514,767</b>	<b>515,024</b>	<b>258</b>

In line with national guidance the Trust has assumed no income loss from the elective incentive scheme. A calculation has been done at a national level that shows the Trust has achieved the required activity level for September and October and as such will not be penalised.

### Other Income

Other income is £3.1m ahead of plan, with key drivers of this variance being improved Education and Training income, RTA income and a VAT rebate from NHS Fleet Solutions. The Trust is also receiving additional income to cover cost of vaccinations and swabbing as shown within the Top up category. As part of the re setting of the Trust budget from month 7 a number of adjustments have been made to the other income budget to take account of lower income due to Covid-19, particularly in relation to Estates income, Private Patients and Overseas visitors income.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
<b>Education &amp; Training Income</b>	14,499	15,612	1,113	17,402
<b>Estates Income</b>	1,540	1,598	57	1,908
<b>Misc. Other Income</b>	7,616	7,874	258	9,506
<b>Non Patient Care Income</b>	2,098	2,350	251	2,483
<b>Other Clinical Income</b>	724	1,187	462	885
<b>Psf, Mret &amp; Top Up</b>	38,729	39,169	440	39,245
<b>Research &amp; Development Income</b>	3,846	4,318	472	4,529
<b>Total Other Income</b>	<b>69,054</b>	<b>72,108</b>	<b>3,054</b>	<b>75,956</b>

- Education and Training income is overachieving by £1.1m, this is a continuation from month 9 and is being driven by the revised education income received from Health Education North East for quarter 3. This income is linked to the increase in the number of educational placements across the Trust for Trainee Doctors. The finance team are working with the operational lead for Education to understand the recurrent nature of this income.

- Other clinical income is ahead of plan by £0.5m, this variance is largely RTA income along with a small element of private patients income that had not been budgeted for.
- Misc. other income is showing a favourable variance to plan of £0.3m driven by the £0.6m received from NHS Fleet Solutions as part of a historic VAT settlement with HMRC, offsetting against credits being issued for rental income from the Royal Volunteers Service along with reductions in salary recharge income.
- R and D income is over achieving by £0.5m linked to increased costs within non pay.

## Pay

In the year to date position pay is overspent by £2.0m, due to an overspend on Medical and Dental employees, with non-medical staff groups showing a year to date underspend.

Graphs showing year to date premium pay costs and trends are included in Appendix 1.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Ahp'S, Sci., Ther. & Tech.	(49,476)	(49,407)	69	(60,259)
Apprentice Levy	(1,268)	(1,270)	(02)	(1,521)
Hca'S & Support Staff	(37,783)	(38,161)	(379)	(45,422)
Medical And Dental	(103,640)	(105,690)	(2,049)	(125,067)
Nhs Infrastructure Support	(48,552)	(48,834)	(283)	(58,987)
Nursing & Midwife Staff	(104,095)	(103,425)	671	(126,793)
<b>Total Pay</b>	<b>(344,814)</b>	<b>(346,787)</b>	<b>(1,973)</b>	<b>(418,049)</b>

- HCAs are overspent by £0.4m with nursing staff £0.7m underspent giving a combined underspent budget position. Within the budget is a YTD allowance of Covid sick pay of £0.4m and additional winter funding of £0.3m from the CCG.
- Medical and Dental staff show a year to date overspend of £2.0m. £1.6m of this overspend relates to junior doctors and £0.4m consultants. The overspend on consultants relates to increased premium costs for agency staffing within a number of directorates, particularly older person medicine, oral surgery, respiratory and Radiotherapy /Oncology.
- Additional work is required within the medical workforce team to complete the review of junior doctor rotas and align these to budgets held within Finance. The Trust needs to ensure appropriate controls are in place for the deployment of staff across the Trust. Work is being arranged to add rotas to the allocate rostering system and review the individual specialty detail.

## Non-Pay

Non-pay is overspent by £1.2m at month 10.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Clinical Negligence Cost	(14,500)	(14,500)	0	(17,400)
Clinical Supplies And Services	(54,947)	(52,806)	2,141	(68,986)
Drugs	(55,518)	(56,792)	(1,274)	(66,906)
Establishment	(7,550)	(7,966)	(417)	(8,818)
Ext. Staffing & Consultancy	(509)	(463)	46	(567)
General Supplies & Service	(7,675)	(7,757)	(83)	(8,340)
Healthcare Service Purchase	(9,681)	(10,018)	(337)	(11,451)
Miscellaneous Services	(1,939)	(2,297)	(358)	(1,638)
Pfi Unitary Payment	(32,335)	(32,314)	21	(37,926)
Premises & Fixed Plant	(21,021)	(21,591)	(570)	(25,489)
Research, Education & Training	(3,652)	(4,123)	(471)	(4,217)
Transport	(3,554)	(3,478)	75	(4,032)
<b>Total Non Pay</b>	<b>(212,881)</b>	<b>(214,106)</b>	<b>(1,225)</b>	<b>(255,771)</b>

- Clinical supplies and services are showing a year to date underspend of £2.1m. £0.5m of this relates to the phasing of the Covid-19 budget, £0.5m from underspends within Medical Engineering on maintenance contracts and the residual £1.1m from underspends in a number of clinical directorates arising from reductions in activity levels.
- Drugs has seen an increase in cost in month leading to a YTD overspend of £1.3m. This increase in cost is from increased activity in a number of directorates including Paediatrics, Gastro, Rad/Onc and Neurology.
- Healthcare Service purchase is overspending by £0.3m year to date with £0.2m within Trauma and Orthopaedics for outsourcing to the T and O LLP and an overspend within renal of £0.1m from the satellite renal clinics.
- Premised and Fixed Plant is overspending by £0.6m due to the purchases of furniture and fittings, minor new works and estates work for Covid-19. Where relevant for vaccinations and swabbing this cost is being recovered from NHSE/I.
- Research, Education and Training is overspending by £0.5m due to clinical trials, with this cost covered by additional income.

## Non-Operating Costs

Technical items are broadly in line with budgeted amounts, following the rephrasing of the Trusts annual budget and delays to the Trust capital programme. The revised full year depreciation charge for the Trust has now been calculated and is shown within the YTD position. The level of PDC dividend is being reviewed with NHSE/I to ensure an accurate full year forecast.



## Covid-19 Costs

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

Following discussions with operational colleagues and CPG the below envelopes of funding have been provided. Although underspent currently at month 10 the Trust expects to fully utilise the full budget allocation by year end.

Actual month 10 spend is outlined below within these categories.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
<b>Sickness</b>	(1,533)	(1,533)	<b>0</b>
<b>Facilities</b>	(667)	(621)	<b>46</b>
<b>Ward</b>	(333)	(333)	<b>0</b>
<b>Critical Care</b>	(481)	(481)	<b>0</b>
<b>IPC &amp; Winter</b>	(53)	(53)	<b>0</b>
<b>Redcar</b>	(102)	(102)	<b>0</b>
<b>Emergency Department</b>	(348)	(348)	<b>0</b>
<b>PPE</b>		(135)	<b>(135)</b>
<b>Staff catering</b>		(88)	<b>(88)</b>
<b>Other</b>		(146)	<b>(146)</b>
<b>Contingency</b>	(544)		<b>544</b>
<b>Total</b>	<b>(4,061)</b>	<b>(3,840)</b>	<b>221</b>

The full allocation for sickness costs has been shown as utilised due to the Trust over spending in month on pay expenditure. Provisions have been made within Facilities for anticipated spend with Serco. PPE spend has been noticed in month, this category is not expected to incur extra cost as the year progresses as all required PPE should be centrally provided.

The Trust has also incurred cost in relation to Covid-19 swabbing YTD of £0.8m, covering increased staffing and consumables along with the hire of swabbing facilities. This cost has been fully reclaimed from NHSE/I and the Trust is awaiting confirmation that these costs will be covered and fully reimbursed.

In December the Trust has also started its vaccination programme. Like swabbing the Trust is able to claim the incremental cost increase associated with the vaccination programme from NHS England. Year to date this has been £0.5m for pay costs and £0.1m for non-pay costs.

## Forecast outturn

The Trust is continuing to monitor and plan its expected outturn position, with discussions ongoing within the ICP and Tees Valley CCG. The Trust planned deficit for the year end as part of the planning process was £5.1m driven by lost other income due to Covid-19 and annual leave accruals. The Trust has agreed to move

its forecast deficit to £2.5m showing an improvement of £2.6m, being driven by increased funding from the CCG.

Further work is being conducted in February to understand the extend of the required year end annual leave provision including the specific cost of Covid-19 and the additional days holiday awarded to all employees.

## Capital

The Trust's capital expenditure at the end of January amounted to £27.2m as detailed below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PFI Lifecycle	8,833	8,592	(242)	10,310	10,310	0
Site Reconfiguration	807	1,441	634	8,247	8,455	208
Replacement of Medical Equipment	4,512	4,927	415	17,694	17,285	(409)
Network Replacement and Clinical Noting	2,544	3,990	1,446	15,223	15,424	201
COVID Phase 1	8,482	8,279	(203)	8,482	8,482	0
<b>Total</b>	<b>25,179</b>	<b>27,229</b>	<b>2,050</b>	<b>59,956</b>	<b>59,956</b>	<b>0</b>

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	6,359	6,359	0	9,539	9,539	0
Internal Reserves	0	0	0	14,852	14,852	0
Charitable Funding	338	11	(327)	1,181	1,181	0
PDC	18,481	20,858	2,377	34,384	34,384	0
<b>Total Financing</b>	<b>25,179</b>	<b>27,229</b>	<b>2,050</b>	<b>59,956</b>	<b>59,956</b>	<b>0</b>

The expenditure at the end of December includes:

- PFI Lifecycle - contractual payments to Endeavour SCH plc (£8.6m),
- COVID-19 - £8.3m on medical equipment to support delivery of services;
- Information Technology - £4.0m on essential IT equipment replacement and the delivery of the Alcidion project;
- Medical equipment - £4.9m on emergency replacements including £2.8m on the expansion of robotic surgery; and
- Estate Rationalisation - £1.4m on the investment in the estate infrastructure including Community premises and PFI lifecycle enhancements.

For 2020/21 the funding sources available to the Trust, excluding PDC, include depreciation and internal reserves (£24.4m) and potential charitable contributions amounting to £1.2m. Contractual commitments for the year include PFI Lifecycle (£10.3m) with £3.5m charged to revenue in line with the agreed recharge profile from the Lifecycle Fund. In addition, further contractual commitments concern the principal repayments on loans, PFI and finance leases of £5.4m.

All PDC allocations have now been approved by NHSE/I and DHSC apart from £0.8m relating to COVID-19 Phase 1, where we still await formal approval. The approved allocations include Urgent and Emergency Care (£3.2m), Digital Aspiration (£3.0m) and FHN (£1.0m). The latter bid relating to FHN was a 2 year request including £4.1m in 2021/22.. The Trust will start to draw funding on all approved PDC funded schemes in February.

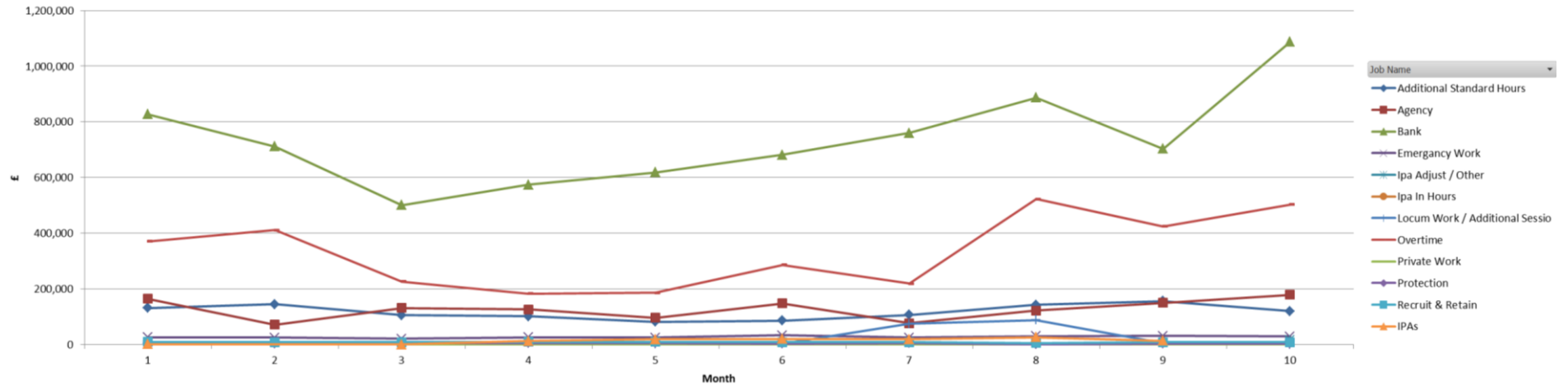
In January the Trust was approached by NHSE/I who outlined that, following a review of the regional position, additional spending capability was available. It was specified that any additional spending would be delivered by 31 March 2021. In January, £8.7m was made available with a further £6.0m made available in early February and the Trust has accepted this extra capacity. The £14.7m will be invested in the replacement of medical equipment (£4.8m), IT equipment (£3.5m), Data Centre Upgrade (£1.8m), Group C equipment (£1.0m), Access Control hardware and software (£0.9m), Vascular Intervention in Radiology (£1.2m), Laparoscopic Theatre Upgrade (£0.7m) and £0.8m on a Stealth Navigation Station. This information is included in the table above and the Trust is now working to ensure that this equipment can be delivered within the required timescales.

## **Cash**

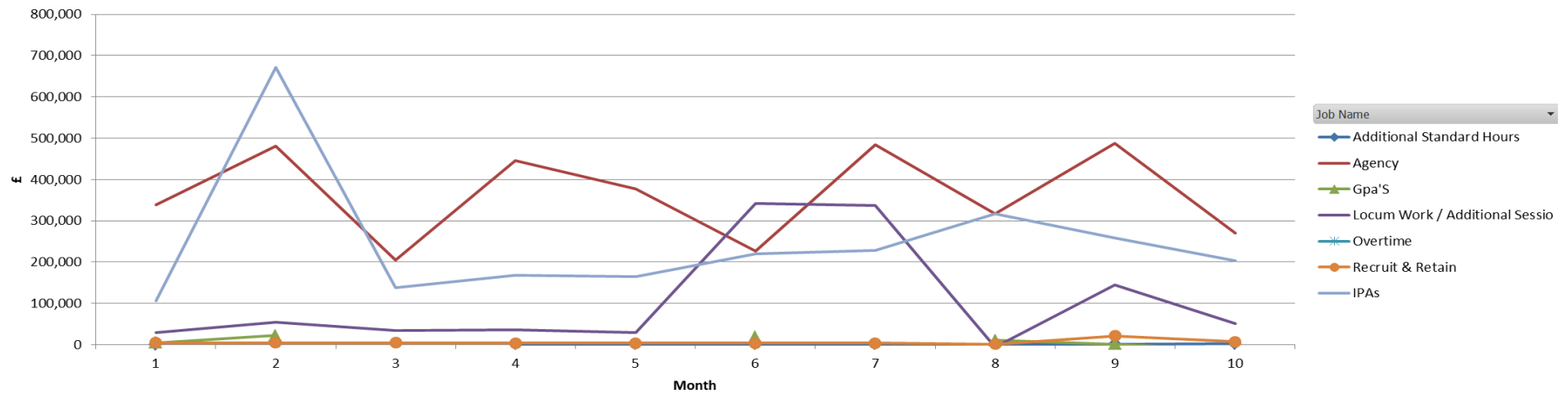
As at month 10 the Trusts cash balance was £92.6m with the current high balance being caused by in advance commissioner payments. As the Trust moves towards the financial year the Trust's cash balance will reduce following payment of outstanding payables and loan repayments. Additionally the Trust will not receive any block commissioner payment in March. The Trust expects its year end cash balance to be c£10.0m.

Appendix 1

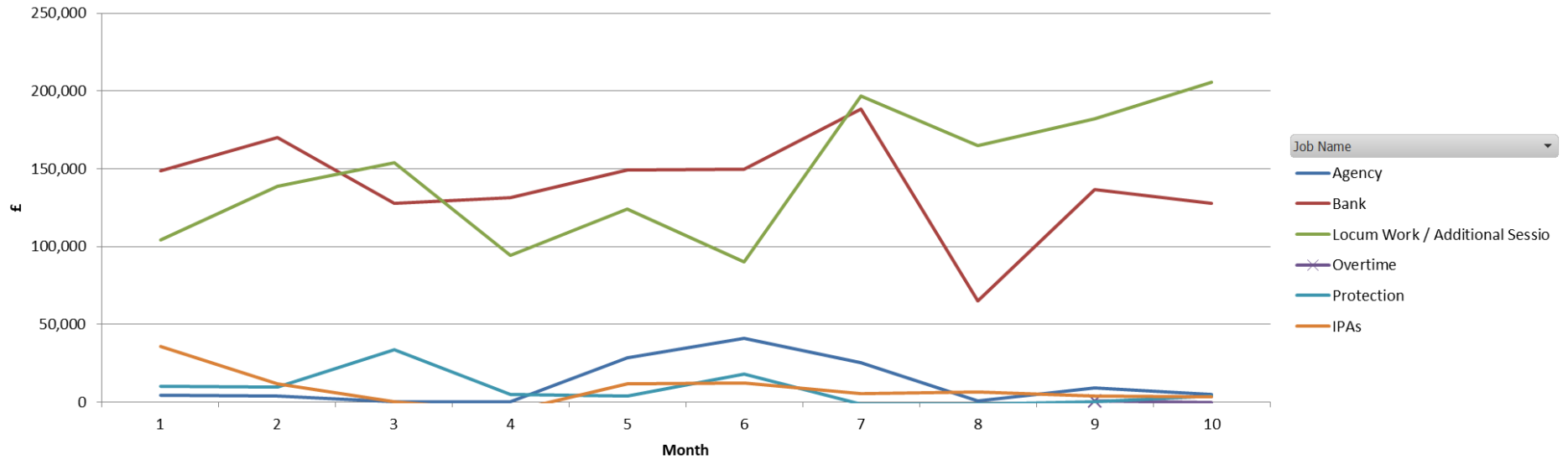
AFC Premium Pay Costs



Medical and Dental Consultants Premium Pay Costs



### Medical and Dental Trainee Grades Premium Pay Costs



# Charitable Funds Chair's Log

<b>Meeting:</b> Charitable Funds Committee	<b>Date of Meeting</b> 16/02/2021
<b>Connecting to:</b> Council of Governors	<b>Date of Meeting:</b> 09/03/2021
<b>Key topics discussed in the meeting</b>	
<p>Quarterly review of income and expenditure</p> <p>Performance of investments</p> <p>Charity Strategy</p> <p>Risks</p>	
<b>Actions agreed in the meeting</b>	<b>Responsibility / timescale</b>
<p>Support ongoing legacy work to enable the Charity to have running cost budgets to better manage spend</p> <p>Investigate and explore options to address the reliance on Charity Funds to support a small number of substantive posts in the Trust</p> <p>Work with the new Collaboratives to explore the scope to rationalise the number of smaller and dormant funds to support more extensive and innovative spend</p> <p>Noted the ongoing work to review the business model for the Trinity Holistic Centre</p> <p>Noted the excellent progress the Charity has made in adapting and modernising its approach to fundraising and communication with donors and fund holders</p>	
<b>Escalation of issues for action by connecting group</b>	<b>Responsibility / timescale</b>
<p>Council of Governors to note that funding has been agreed for the mental health nurse post.</p> <p>Council of Governors to note that the Trinity Holistic Centre is facing a funding crisis and is likely to be in deficit from Period 10 onwards.</p> <p>Council of Governors to note the successful work carried out by the charity team to improve understanding management and communication in</p>	

relation to the multiplicity of funds.

Council of Governors to note that work continues on the charity accounts.

Committee endorsed the Charity Strategy to the Corporate Trustees for approval

Risks (Include ID if currently on risk register)

Responsibility / timescale



# Audit Committee Chair's Log

<b>Meeting:</b> Audit Committee	<b>Date of Meeting:</b> February 16 <sup>th</sup> , 2021
<b>Summary for Council of Governors :</b> <b>9 March 2021</b>	
<b><u>Quorum</u></b>	
<p>The meeting was held by teams. Chair Richard Carter-Ferris and NEDs Debbie Reape (DR) and David Jennings (DJ) were present giving quorum to the Committee</p> <p>In attendance were Steven Mason(SM), Jackie White (JW) and Luke Armstrong (LA) from the Trust and representatives from Mazars (External Audit), PWC (Internal Audit) and Audit One (Counter Fraud Audit).</p>	
<b><u>TOR /Cycle of Business</u></b>	
<p>The updated ToR and cycle of business were reviewed and with minor changes accepted by the Committee.</p>	
<b><u>Counter Fraud</u></b>	
<p>Paul Bevan (PB) from Audit one presented an update. He highlighted that Covid scams are rife within the region and Audit 1 have provided guidance for Trusts and identified scams in the region. PB informed the committee that the regular meetings have been held between the NHS Counter Fraud Authority and Counter Fraud to review and update Trusts on Covid Counter Fraud issues.</p> <p>PB reviewed reviews in process and open items from investigations which are all in progress with external authorities.</p>	
<b><u>Internal Audit</u></b>	
<p>Susan McNair (SMc) and Paul Charnock (PC) from PWC provided an update of their work which due to C-19 has been delayed. PC reviewed the work plan for the remainder of the year and SMc stated that she was reasonably comfortable that sufficient reviews could be completed by year end to enable PWC to complete and sign off the annual controls statement. SMc did identify that support from key SLT sponsors was a requirement to enable this process and SM was actioned with ensuring that SLT were fully aware of this key requirement.</p>	
<b><u>External Audit</u></b>	
<p>Cameron Waddell (CW) Mazars briefed the Committee that there had been a change in the Audit team and introduced Cath Andrew (CA) as the new senior manager for the</p>	



Assignment. Cath has extensive NHS experience. CW stated that year end planning was in progress and identified that there were some new procedures relating to VFM review this year. All had been shared with Finance team. New guidelines around financial sustainability will be introduced this year Dates for final sign off are still flexible due to Covid but we are working to current provided deadlines.

### **Governance – Board Effectiveness**

The AC has a delegated authority from the Board to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation’s activities (both clinical and non-clinical) that supports achievement of the organisation’s objectives.

For the Quality Assurance Committee, Finance and Investment Committee, Workforce Committee, Risk Committee and Charitable Funds Committee a standardised self-assessment was utilised. The Audit Committee self-assessed against a specific Audit Committee self-assessment tool based on the Audit committee handbook published by HM Treasury. The Committee reviewed updates from various sub committees and gained assurance that the processes were in line with best practice.

### **Governance – Other**

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

Key	Actions
<ul style="list-style-type: none"> <li>• SLT to ensure adequate support to PWC to ensure completion of internal Audit reviews so that the year end report can be issued on time.</li> </ul>	Steven Mason / SLT
<ul style="list-style-type: none"> <li>• External Audit plan and fee proposal to be presented once complete</li> </ul>	Mazars / SM





Issues for Board escalation/action	Responsibility / timescale
<ul style="list-style-type: none"><li>• The urgent investment of £4.0M into ageing IT infrastructure was approved following a NED challenge session. It should be recognised that this will only bring the infrastructure to a 'foundation level'.</li><li>• The Integrated Performance Report must be considered in the context of the COVID-19 pandemic, but improvement trajectories are still required for several key responsiveness measures.</li></ul>	J Reilly March FIC Meeting



# Quality Assurance Committee Chair's Log

<p><b>Date of Meeting:</b> Quality Assurance Committee held on 23 February 2021</p>	
<p>Key topics discussed in the meeting</p>	
<p>Maternity Services Report including Ockenden Gap Analysis and Saving Babies Lives quarterly progress report            ED Deep dive report            E-discharge risks update (quality &amp; safety issues)            Medical Examiner Peer Review report            Medication Incidents Action Plan Update &amp; E-prescribing update            Clinical Prioritisation / Harm Review Process for Patients on Waiting Lists report            Falls update            Monthly Integrated Performance Report            Quality Report (Account) &amp; Priorities update            Quarterly SI/NE report</p>	
<p>Actions agreed in the meeting</p>	<p>Responsibility / timescale</p>
<ul style="list-style-type: none"> <li>It was agreed that the Feb 2021 QAC would follow the format of the January meeting to have a reduced agenda and attendance due to COVID pressures in an effort to reduce the length of the meeting.</li> <li>Dr Hilary Lloyd, DON and Dr Mike Stewart, MD were welcomed to their first QAC</li> <li>QAC received the maternity monthly dashboard, the quarterly services monthly report including the Ockenden gap analysis and saving babies lives quarterly progress report.</li> <li>The risks include; workforce pressures, non-compliance with the monitoring elements of Saving Babies Lives V2 and delivery against the CNST standards. The latter two risks are due to issues with the Maternity Information System provider. An additional risk is the inability to meet the Continuity of Carer standards.</li> <li>Manual systems for monitoring are in place which show compliance to the SBL's and CNST standards, and the Euroking IT problems are planned to be resolved at a meeting on 28th February.</li> <li>There is an internal issue to resolve around the availability of on line training that needs to be resolved as a matter of urgency</li> </ul>	<p>Johanna Reilly / Moira Angel</p>

- Compliance to the Continuity of Carer standards has increased to 16% from 11% last month however will not reach the 35% compliance target by 31st March 2021.
- The Ockenden gap analysis was completed and submitted to NHSEI on 15th Feb demonstrating compliance to minimum standards.
- A discussion took place around the changing guidelines for Maternity Led Units and also capacity and demand at JCUH.
- There is a regional dashboard which is under development, which will provide benchmarking data and a trend analysis.
- There was a request to align maternity reporting to QAC with the Board Integrated Performance Report.
- A verbal update for the E Discharge process gave assurance that compliance was at 93% against a target standard of 95%, this is a vast improvement in recent months.
- Medication incidents remain one of the trusts highest reported incidents.
- The report outlined many actions that will improve safety, plus the appointment of 12 additional pharmacists who will take up employment in the next few months to mitigate the pressures that vaccination programme has made on clinical pharmacists. Indicators on medicines reconciliation are improving.
- The focus remains on raising awareness of medication incidents, learning and education of staff.
- The discussion on medication incidents took the committee to consider e-prescribing and the roll out of Alcidion. QAC has previously heard the safety and quality benefits of having an e-prescribing system asked that the committee are regularly kept up to date with the improvements and any clinical risks incurred throughout the project.
- The internal process for clinical prioritisation and clinical harm reviews was shared with the Quality Committee, which is in line with national guidance from NHSEI, National Quality Board Guidance, Royal Collage Guidance and from local experiences from the review of ophthalmology and gastroenterology services. The process has been considered and agreed with senior clinicians through CPG and reporting will be through the IPR to Trust Board.
- This process builds upon the excellent approach to review and prioritisation the trust has seen in ophthalmology and gastroenterology.
- QAC asked that a monthly summery comes to the committee given the significance to quality and safety.

Deepika, Kay Branch

Ros Fallon, Kay Branch

Kevin Oxley

<ul style="list-style-type: none"> <li>• The Quality Committee received the regular quality assurance review into patient falls, which included data on trust falls rates, comparators with peers, impact of ward changes and staff movement, ongoing interventions and actions, and monitoring processes. The benchmarking data shows a comparable level of falls however concerns continue around reducing falls in frail elderly.</li> </ul>	<p>Ian Bennett, Mike Stewart, Hilary Lloyd</p>
<ul style="list-style-type: none"> <li>• QAC was advised that all Priority 2 cancer patients were operated on during 2020 and this month priority 3 patients are also having surgery as part of the cancer services recover programme. QAC will receive a detailed report in March.</li> </ul>	<p>Johanna Reilly</p>
<ul style="list-style-type: none"> <li>• The monthly IPR was discussed and many of the areas had already been referred to in the meeting. The committee is aware that a board level working group is being established to consider current and future metrics, drawing together reporting from external agencies (for example included in the NEQOS report circulated for the meeting), and specialty reports.</li> </ul>	
<ul style="list-style-type: none"> <li>• The Committee asked that data is aligned between service reports and the IPR.</li> </ul>	
<ul style="list-style-type: none"> <li>• In addition the timeliness of data and narrative coming to QAC and going to Board needs to be reconsidered.</li> </ul>	<p>Ros Fallon</p>
<ul style="list-style-type: none"> <li>• The process for completing and sign off of the quality report for 2020/1 and identifying quality priorities for 2021/22 was shared. It is currently unclear if a quality report will be a requirement for 2020/21, current timescales are 30th June 2021.</li> </ul>	
<ul style="list-style-type: none"> <li>• The monthly serious incident report was discussed. QAC asked for an overview of the process linking the safety improvement work, the safety faculty, the learning and development academy, STAQC and the many other initiatives, to the strategy for reducing harm and therefore reducing incidents.</li> </ul>	
<ul style="list-style-type: none"> <li>• There were no items to add to the BAF</li> </ul>	
<ul style="list-style-type: none"> <li>• QAC were advised that there is a current review of the sub groups reporting in to QAC.</li> </ul>	
<ul style="list-style-type: none"> <li>• Prior to the meeting it was agreed to defer the following items from the February agenda, due to COVID pressures on the clinical teams at this time:  Emergency Department Team attending - planned to return March / April  External Medical Examiner Process - this is dependent on external review capacity  Patient Safety Incident Response Framework update - return March  STAQC update report - return March</li> </ul>	

Issues for Board escalation/action	Responsibility/timescale
<p>The QAC agenda and attendance for the meeting, similarly to the January meeting, was reduced owing to the current unprecedented demands in the trust. Note the deferred items above.</p> <p>Dr Hilary Lloyd and Dr Mike Stewart were welcomed.</p> <p>QAC received the regular maternity reports and risks remain the same. The Ockenden gap analysis was submitted showing compliance against minimum standards.</p> <p>The EPMA project is in its early stages. The QAC will remain sighted on how the roll out improves medicines safety, plus the risks incurred in transition to an electronic system.</p> <p>A patient prioritisation system and clinical harm review process is in place in line with national guidance. This builds upon the trusts processes in place through COVID. QAC will receive regular reports as will the board through the IPR.</p> <p>Surgery on cancer priority 3 patients has started this month. Board are reminded that no P2 cancer patients were cancelled through COVID.</p>	

**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 9 March 2021 10.00am – 4.00pm	<u>Council of Governors meeting</u> 10.00 – 12.00pm <u>Training Programme</u> TBC	Microsoft Teams
Tuesday 11 May 2021 10.00am – 4.00pm	<u>Council of Governors meeting</u> 10.00 – 12.00pm <u>Training Programme</u> TBC	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH
Tuesday 13 July 2021 10.00am – 4.00pm	<u>Council of Governors meeting</u> 10.00 – 12.00pm <u>Training Programme</u> TBC	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH
Tuesday 14 September 2021 10.00am – 4.00pm	<u>Council of Governors meeting</u> 10.00 – 12.00pm <u>Annual Members Meeting</u> Timing – 12.15 – 1.00pm	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH  Ian Haslock Lecture Theatre STRIVE, JCUH



DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00 am to 4.00 pm)	VENUE
Tuesday 9 November 2021 10.00am – 4.00pm	<u>Council of Governors meeting</u> 10.00 – 12.00pm <u>Training Programme</u> TBC	Board Room, Friarage Hospital Northallerton
Tuesday 11 January 2022 10.00am – 4.00pm	<u>Council of Governors meeting</u> 10.00 – 12.00pm <u>Training Programme</u> TBC	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH
Tuesday 8 March 2022 10.00am – 4.00pm	<u>Council of Governors meeting</u> 10.00 – 12.00pm <u>Training Programme</u> TBC	Board Room, 2 <sup>nd</sup> Floor Murray Building, JCUH