

Council of Governors

10 December 2019

12.30 pm

Board Room, Murray Building, James Cook University
Hospital



Council of Governors – Public Meeting

Tuesday 10 December 2019, 12.30 – 2.45pm
Board Room, 2nd Floor Murray Building,
The James Cook University Hospital

Agenda

ITEM	PURPOSE	LEAD	FORMAT	TIMING	
CHAIRS BUSINESS					
1.	Welcome and Introductions	Information	Chair	Verbal	
1.	Apologies for Absence	Information	Chair	Verbal	
2.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC 1	12.35pm
3.	Minutes of Previous Meeting held on 10 September 2019	Approval	Chair	ENC 2	
4.	Matters Arising and Action Sheet	Review	Chair	ENC 3	
5.	Chairman's Report	Information	Chair	ENC 4	12.40pm
INVITED MEMBERS					
6.	Update on admin review	Information	Operations Director for Community Care	Presentation	12.45pm
7.	Update to Governors on role	Information	Head of Patient Safety & Quality	Presentation	1.00pm
8.	Update on Centre – Specialist & Planned Care	Information	D Chadwick – Medical Director	Verbal	1.15pm
9.	Phil Kane – view on Trust	Information	Chair of Medical Staff Forum	Presentation	1.30pm
STRATEGY & PLANNING					
10.	Strategic issues affecting the Trust and wider Health Economy update	Information	Chair	Verbal	1.40pm
PEOPLE					
11.	Staff survey trend report	Information /Discussion	Director of HR	ENC 5	1.55pm
QUALITY, SAFETY, PERFORMANCE & FINANCE					
12.	Quality, Safety, Operational & Financial Performance Report	Discussion/ information	Chief Operating Officer	ENC 6	2.10pm

GOVERNANCE					
13.	Risks facing the Trust	Information	Chief Operating Officer	Verbal	2.20pm
14.	Election result	Information /Discussion	Chair	Verbal	2.30pm
15.	Nomination Committee update	Information	Chair	Verbal	2.35pm
16.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	
17.	Committee updates <ul style="list-style-type: none"> - Smoke Free meeting on 10.10.2019 - Governor drop in meetings on 26.09.2019, 23.10.2019 & 20.11.2019 	Information	Chair	Verbal	
18.	Reflections on Meeting	Discussion	Chair	Verbal	2.40pm
19.	Any Other Business <ul style="list-style-type: none"> - Future meeting dates 	Information	Chair / All	ENC 7	
20.	Date of Next Meeting: Tuesday 10 March 2020	Information	Chair		

Council of Governors Register of Interests

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

Dr Adetayo Kasim	Governor	Director of Durham Research Methods Centre Durham University through research collaboration and clinical trials have financial arrangement with the NHS Foundation Trust
Graham Lane	Governor	Since 1 April 2019 Son began to work for a company that has NHS contracts called Medapad
Linda Lloyd	Governor	Financial interest – shares through EIS in RedX Pharma Plc Non financial personnel interest – Trustee of Health Engagement Trust (HAT) providing home comforts to surround the Step Up / Step Down Beds in the locality Vice Chair and Lay member for Patient and Public Involvement at Hambleton, Richmondshire & Whitby CCG
Jean Milburn	Governor	NIL
Alison Munkley	Governor	NIL
Carolyn Newton	Governor	NIL
John Race	Governor	NIL
Patrick Rice	Governor	TBC
Jennifer Rutland	Governor	NIL
Erik Scollay	Governor	Director of Adult Social Care and Health Integration at Middlesbrough Council Director of Adult Social Care and Health Integration at Middlesbrough Council
Angela Seward	Governor	Chair of Patient Participation Group (PPG) for Barnard Castle Surgery, part of Durham Dales, Easington and Sedgfield CCG (DDES) Chair of Durham Dales Patient Representative Group (PRG) which meets monthly with DDES CCG
Emma Vinton	Governor	TBC
Tink Wedgwood-Jones	Governor	NIL
Jon Winn	Governor	NIL

Council of Governor Meeting in PUBLIC
10 September 2019 at 1.30pm
Boardroom, 2nd Floor Murray Building, James Cook University Hospital

Present:

Mr Alan Downey	Chairman of the Trust and Chair of the meeting
Ms Ann Arundale	Elected governor, Middlesbrough
Mrs Plym Auty	Elected governor, Hambleton & Richmondshire
Mr David Bennett	Elected governor, Patient and/or Carer
Ms Julia Bracknall	Appointed governor, Carer organisation
Mr Jon Broughton	Elected governor, Staff
Cllr Caroline Dickinson	Appointed governor, North Yorkshire County Council
Mr David Hall	Elected governor, Hambleton & Richmondshire
Ms Barbara Hewitt	Elected governor, Redcar & Cleveland
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Prof Stephen Jones	Appointed governor, Newcastle University
Dr Adetayo Kasim	Appointed governor, Durham University
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Linda Lloyd	Appointed governor, HRW CCG
Ms Jean Milburn	Elected governor, Middlesbrough
Mr John Race MBE	Elected governor, Redcar & Cleveland
Ms Jennifer Rutland	Elected governor, Redcar & Cleveland
Ms Angela Seward	Lead Governor/Elected governor, Rest of England
Mr Jon Winn	Elected governor, Redcar & Cleveland

In attendance:

Ms Lisa Bosomworth	Representative of appointed governor, Healthwatch
Mr Richard-Carter Ferris	Non-executive Director
Mr Adrian Clements	Deputy Chief Executive / Medical Director, Urgent & Emergency Care & FHN (<i>item 2019/009/1.8/2.1 & 3.1</i>)
Mrs Helen Edwards	Director of Communications
Mr David Heslop	Non-executive Director (<i>item 2019/009/1.7</i>)
Ms Amanda Hullick	Deputy Chairman
Mrs Anita Keogh	Corporate Affairs Officer/PA to Chairman
Mr Steven Mason	Director of Finance (<i>item 2019/009/3.1</i>)
Ms Debbie Reape	Non-executive Director
Mrs Maureen Rutter	Senior Independent Director/Non-executive Director

Observers:

Mr Martin Sandford	Branch Chair / Lead Rep Unite
Ms Alison McDonough	Member of the public

2019/009 Opening items

1.1 Welcome and Apologies for Absence

Apologies for absence were received from:

Mr Steve Bell	Elected governor, Staff
Dr Susy Cook	Appointed governor, Teesside University
Ms Janet Crampton	Elected governor, Hambleton & Richmondshire
Mr Paul Crawshaw	Appointed governor, Healthwatch
Mr Martin Fletcher	Elected governor, Staff
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Ms Siobhan McArdle	Chief Executive
Ms Alison Munkley	Elected governor, Middlesbrough
Ms Carolyn Newton	Elected governor, Middlesbrough
Mr Patrick Rice	Appointed governor, Redcar & Cleveland Council
Mr Erik Scollay	Appointed governor, Middlesbrough Council
Ms Tink Wedgwood-Jones	Elected governor, Patient and/or Carer

The following Non-executive Directors submitted their apologies:

Mr Mike Ducker	Non-executive Director
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Alan Downey welcomed all Governors and observers to the meeting and began by asking those Governors who attended the earlier training session how they found the taster session for patient meals which was organised with Serco. A number of the Governors who attended commented that they found the session very beneficial and had gained a much better understanding of the whole process.

Alan then moved on to the announcement regarding the Chief Executive, Siobhan McArdle's, resignation. He expressed thanks to Siobhan for her commitment to the Trust adding that arrangements were in hand to seek a successor on an interim basis. Alan reminded the Governors that they have the right to confirm, or not, the appointment of the Chief Executive. Angela Seward spoke on behalf of all Governors and expressed their appreciation to Siobhan for everything she had done for the Trust; she asked for the thanks of all Governors to be noted.

1.2 Declarations of Interest

There was only one slight change to the Governors Declarations of Interest for Janet Crampton, elected Governor for Hambleton & Richmondshire. No interests were declared in relation to open items on the agenda.

Alan then confirmed that the Trust had been informed of two changes to the appointed Governors which were:

- Patrick Rice – newly appointed Governor for Redcar & Cleveland Council who replaced Lynn Pallister.
- Dr Susy Cook – newly appointed Governor for Teesside University who replaced Anne Binks who retired on the 31 August 2019.

Chairman also informed Governors of a further change as Lynn Hughes was no longer Company Secretary. He added that Jackie White was joining the Trust as Head of Corporate Governance. Alan asked that Anita Keogh

organise for Jackie to attend a future Council of Governor meeting so she could introduce herself.

ACTION (Anita Keogh)

Chairman concluded by reminding all Governors that elections would soon commence for six vacancies and any nomination forms would need to be received by the electoral office by the 10 October 2019.

Resolved: i) the changes to the Register of Governors interests were noted.

1.3

Minutes of Previous Meeting

Mike Holmes, elected Governor for Hambleton & Richmondshire, was unfortunately unable to attend the meeting today but had sent through comments regarding the minutes of the previous meeting held on 16 July 2019. Alan Downey ran through Mike's comments which included:

- Page 5 relating to the presentation by Richard Carter-Ferris on Audit Committee. Minutes stated that members of the Audit Committee included the Director of Finance. This was incorrect as the Director of Finance was not a member of the Committee he was an attendee.
- Page 10 relating to the Quality, Safety, Operational & Financial report. Mike felt that detail of the report in the minutes was very brief particularly around pressures both in terms of patient numbers (A&E attendances) and admin review and more was required. Alan Downey commented that he would ensure that further detail would be added.

ACTION (Alan Downey)

Resolved: i) the minutes of the previous meeting held on 16 July 2019 were accepted as an accurate record with the exception of the two amendments above.

1.4

Matters Arising

Alan Downey acknowledged the attendance of Martin Sandford, Branch Chair / Lead Rep for Unite and asked Martin if he wished to raise the issue of the Outpatients Pharmacy.

Martin began by explaining to Governors that there was currently an online petition in relation to the Outpatients pharmacy and the transfer of staff. He argued that the proposed transfer should have been subject to approval by the Council of Governors and that the move felt like the start of privatisation. Both staff and union representatives had approached him once the pharmacy transfer was known. He also noted that there was no mention of the change in the minutes of Board of Directors meetings held in public.

Alan Downey responded regarding consultation and where discussions had taken place. He confirmed that the transfer had been discussed by the Board and recorded in the minutes of one of the Board meetings held in private. He also confirmed that the change was not one which required prior consultation and approval by the Council of Governors. However, the matter had been discussed at the last Council of Governors meeting, and he was making time for the issue to be discussed now. He felt it was misleading to describe the transfer as privatisation, because the service was actually being transferred from a private company, Lloyds, to a wholly owned subsidiary of the Trust; so it was in fact being brought back in house. The move was being made in order to bring management of the Outpatients Pharmacy closer to the Trust. It was

not practicable to bring the service into the Trust proper (as opposed to into its wholly owned subsidiary), because that would result in an additional VAT liability of approximately £2m a year. Chairman concluded that the decision was a sensible one and had been taken in the proper way.

Martin Sandford commented that he had not been able to campaign on Trust premises. To date 327 signatures were on the petition which he then hand delivered to Angela Seward as Lead Governor.

John Race asked if the staff would be TUPE'd across. Amanda Hullick confirmed that this would be the case.

Martin thanked Alan for allowing the matter to be discussed, but commented that he was disappointed to note that Board discussions had taken place at a meeting in private rather than in public.

1.5

Action Log

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

July – Council of Governors

18/013 – Governors to contact Anita Keogh once nhs.net e-mails activated

Still ongoing.

July – Council of Governors

2019/07/1.5 – Action Log - Obtain answer from Prof Owens re: vacancies within radiology

Chairman confirmed that Prof Owens had provided a response that there were still vacancies within Radiology – approximately 10 vacancies out of 30 posts. It was unlikely that the vacancies would all be filled in the foreseeable future due to national shortages. Recent progress had been made, with 3 people being appointed from overseas. Action completed.

July – Council of Governors

2019/07/1.6 – Chairman's report – Pharmacy Service

This action related to waiting times when obtaining prescriptions. Alan Downey had spoken with Helen Jones, Acting Chief Pharmacist, who provided the following information which related to the time taken to fulfil prescriptions.

Figures from June 2019

84% completed in 20 minutes or less

95.3% completed in 30 minutes or less

100% completed in 45 minutes or less

Figures from May 2019

79% completed in 20 minutes or less

92% completed in 30 minutes or less

100% completed in 45 minutes or less.

Alan confirmed that once staff had been brought over from Lloyds it was hoped that performance would improve. Action completed.

July – Council of Governors

2019/07/1.8 – Mr Ian Bennett – return to future Council of Governor meeting

Ian Bennett scheduled to return to Council of Governors on the 10 December 2019. Action completed but will remain listed until attendance has taken place.

July – Council of Governors

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

Joanne Dobson scheduled to return to Council of Governors on the 10 December 2019. Action completed but will remain listed until attendance has taken place.

July – Council of Governors

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

Debra Thornton scheduled to return to Council of Governors on the 10 March 2020. Action completed but will remain listed until attendance has taken place. Chairman added that Debra had recently attended Corporate Trustee meeting and carried out a presentation on her plans to increase substantially the funds raised by and through the South Tees Hospitals Charity. This would require some upfront investment. Angela Seward reminded Governors about the option of setting up a monthly direct debit to make a regular contribution to the charity. She added that every penny helps.

July – Council of Governors

2019/07/2.2 – Fran Toller to provide update on admin review

Fran Toller scheduled to return to Council of Governors on the 10 March 2020. Action completed but will remain listed until attendance has taken place. Chairman commented that Mike Holmes had raised a query regarding this action stating that he felt that she should return in December 2019 as March 2020 was too long. Alan Downey and Anita Keogh to discuss to see if it would be possible to bring attendance forward.

ACTION (Alan Downey / Anita Keogh)

1.6

Chairman's Report

Alan briefly discussed the ongoing work to develop a joint clinical strategy for the whole of the Tees Valley and to move towards joint management of North and South Tees Foundation Trusts. He remained of the view that it would make sense to have a single trust, but acknowledged that a formal merger would inevitable take time.

He promised to provide an update when there were further developments.

1.7

Presentation – David Heslop, Non-Executive Director – the Risk Committee

David Heslop gave a presentation on the work of the Risk Committee which he chaired.

He began by providing Governors with a background on his experience which had included both public and private services.

David then ran through the presentation which included the three degrees of organisational management:

- Performance Management – actions to make good things happen.
- Risk Management - actions to stop bad things happening.
- Incident Management – actions to clear up bad things that have already happened.

He explained that both Gill Hunt, Director of Nursing, and Kevin Oxley, Director of Estates, ICT and Healthcare Records also attend Risk Committee meetings.

Moving on he spoke about the Board Assurance Framework (BAF). To date BAF had 30 risks listed, and he explained that BAF was reviewed and discussed at the Board and at several Board sub-committees and executive committees.

David concluded his presentation by running through the progress that had been made and those areas where more work was needed.

Amanda Hullick confirmed to Governors that she was also a member of the Risk Committee and stressed the importance to the Trust of effective risk management.

David asked the Governors if they had any questions:

- Graham Lane asked if all risks were listed, for example the risk that members of staff might fail to report problems and concerns if they feared that reporting would be held against them. Amanda Hullick, Maureen Rutter and David Heslop all commented on the importance of the Trust having a culture in which reporting of concerns was welcomed and regarded as a positive. Maureen added that the Trust had made substantial efforts to encourage all members of staff to report concerns and incidents and to be confident to speak up.
- Governors asked if they could be provided with a copy of David's presentation. Anita Keogh to provide a copy by e-mail.

ACTION (Anita Keogh)

Resolved: i) the Governors thanked David Heslop for his presentation.

1.8

Presentation – Update on Urgent & Emergency Care & FHN

Adrian Clements, Medical Director for Urgent & Emergency Care & FHN provided an update.

He began by explaining to the Governors that since his last update the Centre had experienced unrelenting pressure and expressed his thanks to all staff.

He continued that the department was quite often full with no free cubicles when ambulances arrive and that this was a constant pressure which staff were trying to manage.

Adrian then commented on the spike in trauma cases which had been evident during summer. He mentioned a recent stabbing case brought into A&E where the person involved had survived but only due to the expertise of the staff on duty.

He then moved onto the Post Anaesthetic Care Unit (PACU) which would open on the 24 September, initially for three days a week. The opening of PACU would help the Trust in responding to rising demand.

The following questions were raised:

- Barbara Hewitt asked about the recent stabbing brought into A&E and wondered if publicity could be given to help to show how good the Trust was. Adrian replied that patient consent would always be required for any publicity but agreed that if this was something which should be

looked into.

- Plym Auty asked how many beds would be available on the Post Anaesthetic Care Unit. Adrian confirmed that there would be three beds initially which would increase to five.

Resolved: i) the Governors thanked Adrian Clements for his update on Urgent Emergency Care.

2019/002 Strategy and Planning

2.1 Friarage Hospital, Northallerton

Adrian Clements provided a brief update on the new service model at the Friarage Hospital which continued to be a success. The new model was robust and safe and had resulted in only a small-scale transfer of service to James Cook and Darlington Memorial, affecting a very small proportion of patients. He confirmed that the Trust would proceed to consultation on the 13 September 2019 and that he had been working on this with the CCG. Adrian asked the Governors if they would help by attending the various consultation meetings.

The following questions were raised:

- David Hall asked about the judicial review and about patient feedback. Adrian confirmed that the application for judicial review had been withdrawn and that patient feedback on the new service would be obtained in order to inform the consultation process. A copy of the same would be provided to Governors.
- Linda Lloyd, appointed Governor for Hambleton Richmondshire & Whitby CCG commented that some people had misread Siobhan McArdle's resignation statement as meaning the Friarage was not sustainable. It was important for the Trust to take every opportunity to stress that the Friarage had a viable and long-term future under the new service delivery model.

ACTION (Adrian Clements)

Resolved: i) the Governors thanked Adrian Clements for his update on the Friarage Hospital and would await confirmation of the consultation dates.

2019/003 Quality, Safety, Performance and Finance

3.1 Quality, Safety, Operational & Financial Performance Report

Adrian Clements as Deputy Chief Executive, ran through the presentation, with support from Steven Mason, Director of Finance and made the following points:

- Accident & Emergency four-hour performance reported at 91.91% against 95% target. Trust ranked 5th in the region. Adrian Clements commented that he had also recently lost five A&E Consultants, two of which would return after maternity leave.
- Referral to Treat (RTT). Trust currently performing at 85.54% against a 92% target and ranked 8th in the region. Adrian added that Joanne Dobson, Director of Transformation, had given a presentation at the last Board of Directors meeting which he felt the Governors would find interesting. Anita Keogh to forward the presentation through to Governors for their consideration.

ACTION (Anita Keogh)

- 62 Day Cancer Standard performance was also below target at 80.95%.
- 6 week diagnostic reported at 95.60% against 99% target.
- Clostridium-difficile (C.diff). Trust slightly above trajectory with Gill Hunt, Director of Nursing, looking at cleaning scores. Trust concerned but Gill confident that this will improve
- Patient Experience. In July 2019 patients gave the Trust an overall rating of 9.03 out of 10.
- Sickness reported at 4.21% against a target of 3.5%. Alan Downey added that many staff were tired because of the demands on the Trust. He assured Governors that it was the Trust's policy to support staff who were ill, to enable them to return to work.

Adrian concluded by informing Governors that the Trust was expecting a difficult winter with flu and it was essential that the Trust had an effective winter plan in place.

Steven Mason, Director of Finance, provided a brief update on financial performance; in relation to the current expenditure, the Trust was behind plan by £5.2m in August. It was now likely that the Trust would miss its control total by a considerable margin. NHSE/I were aware of the position.

The capital position remained very challenging; the Trust did not have enough capital even to replace vital medical and IT equipment. It was therefore applying for an emergency loan to cover the cost of the most important replacement needs.

The following questions were raised:

- David Bennett asked about A&E and queried if everyone who walks through the door should actually be seen. Adrian replied that most people who come to A&E do have a healthcare need but not all need to be treated in a major trauma centre. He added that unfortunately GP appointments were becoming more difficult to get, resulting in the increase seen in attendances at A&E.
- Jon Broughton echoed Adrian's comments regarding RTT and the pressures currently being felt by staff. He added that the PACU opening was welcomed by staff.
- Plym Auty asked about sickness and queried if full time staff who were on sickness absence could return on a part-time basis. Amanda Hullick replied that phased return was one of the options for staff returning from a period of sickness.

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

2019/004

Governance/Assurance

4.1

Appointment of new Non-Executive Director

The Chairman asked Council of Governors to endorse the appointment of Ada Burns as Non-Executive Director with effect from 1 October 2019 following the recommendation of the Nomination Committee, subject to satisfactory completion of fit and proper person checks.

The Governors confirmed their agreement.

Decision: i) the Governors confirmed agreement to the appointment of Ada Burns as Non-Executive Director.

2019/005 Closing Items

5.1 Questions from Governors

No questions were raised.

5.2 Any Other Business

Plym Auty queried why the weekly bulletin received by Governors rarely mentions the Friarage Hospital. Helen Edwards, Director of Communications, explained that the weekly bulletin was more of an operational bulletin but confirmed that she would make sure any news relating to the Friarage was included.

5.3 Future meeting dates

The dates of future meetings were noted. The next meeting of the Council of Governors is scheduled to take place on Tuesday, 10 December 2019 from 1.30pm.

5.4 Evaluation of Meeting

The Chairman thanked Governors for their time. He commented that the Agenda had been less densely packed than at recent meetings and this had enabled a fuller and better discussion. Governors agreed and added that the Annual Members meeting had covered a lot of points too which was helpful.

DRAFT

Council of Governors Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
10.07.2018	18/013	AOB - nhs.net emails	Governors to contact Anita Keogh once nhs.net emails activated	Anita Keogh / Governors	11.12.2018	8 Governors still to action	Open
16.07.2019	2019/07/1.5	Action Log	Obtain answer from Prof Owens for confirmation if all vacancies within radiology had now been filled following question from Mike Holmes, Governor.	Alan Downey	10.09.2019	Response provided to Governors at meeting on 10 September 2019 confirming all vacancies not filled at present due to national shortages.	Completed
16.07.2019	2019/07/1.6	Chairman's Report	Pharmacy service. Chairman to obtain answer to question raised by Plym Auty, Governor who asked if moving the service would improve the service in relation to the waiting times for prescriptions.	Alan Downey	10.09.2019	Alan Downey obtained response from Helen Jones, Acting Chief Pharmacist, and relayed details to Governors at meeting on 10 September 2019.	Completed
16.07.2019	2019/07/1.8	Introduction - Mr Ian Bennett, Head of Patient Safety & Quality	Ian Bennett to return to Council of Governor meeting on 10 December 2019 to provide further update to Governors on his role	Anita Keogh	10.12.2019	Meeting request sent to Ian Bennett on 29.07.2019 to attend Council of Governors on 10 December 2019 and provide further update.	Completed but to remain listed until attendance has taken place
16.07.2019	2019/07/1.9	Introduction - Ms Joanne Dobson, Director of Transformation	Joanne Dobson to return to future Council of Governor meeting to provide further update on role	Anita Keogh	10.03.2020	Updated meeting request sent to Joanne Dobson on 16.10.2019 to attend Council of Governors on 10.03.2020 and not 10.12.2019 and provide further update	Completed but to remain listed until attendance has taken place
16.07.2019	2019/07/1.10	Introduction - Ms Debra Thornton, Director of Charities	Debra Thornton to return to future Council of Governor meeting to provide further update on role	Anita Keogh	10.03.2020	Meeting request sent to Debra Thornton on 29.07.2019 to attend Council of Governors on the 10 March 2020 and provide further update	Completed but to remain listed until attendance has taken place
16.07.2019	2019/07/2.2	Update on admin review	Fran Toller to return to future Council of Governor meeting to provide further update on admin review	Anita Keogh	10.12.2019	Updated meeting request sent to Fran Toller on 16.10.2019 to attend Council of Governors on 10 December 2019 and not 10.03.2020 and provide further update on admin review	Completed but to remain listed until attendance has taken place.

10.09.2019	2019/09/1.2	Declarations of Interest	Jackie White, Head of Governance, to attend future Council of Governor meeting and provide introduction to Governors	Anita Keogh	10.12.2019	Jackie White to introduce herself at next Council of Governor meeting	Completed
10.09.2019	2019/09/1.3	Minutes of Previous Meeting	Mike Holmes felt further detail was needed at page 10 relating to Quality, Safety, Operational & Financial Report. Alan Downey to ensure further detail added	Alan Downey	10.12.2019	Minutes amended to include further detail	Completed
10.09.2019	2019/09/1.5	Action Log	Anita Keogh / Alan Downey to discuss to see if attendance by Fran Toller can be brought forward from March 2020 to December 2019 meeting	Anita Keogh / Alan Downey	10.12.2019	Fran Toller to attend earlier meeting on 10.12.2019	Completed
10.09.2019	2019/09/1.7	David Heslop - Risk Committee	Anita Keogh to provide copy of presentation used by David Heslop to all Governors	Anita Keogh	10.12.2019	Copy of presentation e-mailed to all Governors on 17.09.2019	Completed
10.09.2019	2019/09/2.1	Friarage Hospital, Northallerton	Adrian Clements to provide copy of patient stories to Governors prior to consultation date	Adrian Clements	10.12.2019	Copy of patient stories e-mailed to all Governors on 11.10.2019	Completed
10.09.2019	2019/09/3.1	Quality, Safety, Operational & Financial Performance Report	Anita Keogh to provide to all Governors a copy of the presentation used by Joanne Dobson, Director of Transformation, at Board of Directors on 3 September 2019 regarding Referral to Treat (RTT)	Anita Keogh	10.12.2019	Copy of presentation e-mailed to all Governors on 11.10.2019	Completed

Our Ref: AD/MG/AK/LET109

22 November 2019

Dear Governors,

In my letter of 24 October I said I would write again before our Council of Governors meeting on 10 December.

I would like to start by referring to Sue Page's second CEO briefing (issued on 1 November and attached for ease of reference), in which she announces several important developments, two of which I would like to emphasise. The first is the plan to carry out more elective procedures at the Friarage. This will have the dual benefit of enhancing our services at the Friarage and relieving some of the pressure on the James Cook site.

The second development is the establishment of the Clinical Policy Group which is now the main forum for empowering clinical leadership in the Trust. It will not only make key decisions about the management of our own organisation, but also take a lead – together with clinical colleagues in our neighbouring trusts – on the development of managed clinical networks across the Tees valley and North Yorkshire. I have attended two meetings of the Clinical Policy Group so far and have been impressed and encouraged by the quality of the discussions and the determination of clinical colleagues to ensure that we get “back to our best”, in the interests of our patients and their families and carers.

I mentioned in my last letter that we had a ‘board-to-board’ meeting on 17 October with the NHSE/I regional director, Richard Barker. Richard followed up that meeting with a formal letter, in which he commented on the Trust's performance and the need for improvement. He also made a number of formal additions and amendments to the conditions which had previously been placed on the Trust's licence. What this means is that we are still in receipt of heightened oversight and support in the areas where NHSE/I and the CQC have asked us to improve. I have replied to Richard setting out the various actions we have taken or are planning to take. I look forward to discussing these in more detail at our Council of Governors meeting on 10 December.

There is clearly a lot of work to do, but I have no doubt that we will achieve our goal of getting back to our best. In Richard's own words, “the essentials for success are in place”.

On a lighter note, I am glad to be able to report that both of the charities associated with the Trust are in very good health. On 12 November I chaired a meeting of the Charitable Funds Committee, the sub-committee of the Board which oversees the work of South Tees Hospitals Charity. We were given an excellent presentation by Debra Thornton (Director of Charities) and her team, and we signed off an ambitious new strategy for the charity. Once that has been endorsed by the corporate trustee (the Trust Board), I will arrange for it to be shared with the Council of Governors.

Later the same evening I was honoured to give a short talk to the annual general meeting of the Friends of the Friarage. I was struck, as I always am, by the dedication of Donna Jermyn (Chairman of the Friends) and her fellow trustees and by their achievements in raising funds for

their local hospital. I left both meetings with renewed determination that the Trust should work hand-in-glove with both charities to identify a list of investment priorities which we can take forward together for the benefit of our patients, our staff and our local communities.

Finally, I would like to share with you the attached "long read" from the King's Fund on health and wellbeing boards and integrated care systems. I hope you will find it of interest.

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

Kind regards,

A handwritten signature in black ink, appearing to read "Alan Downey", enclosed within a thin black rectangular border.

Alan Downey
Chairman
South Tees Hospitals NHS Foundation Trust

Enc

Message from the Chief Executive

Dear Colleague,

Earlier this week I spent time with some of our district nursing teams in Tees Valley, Hambleton and Richmondshire who do a fantastic job in helping patients to receive the care they need, closer to home.

I've also been at the Friarage where clinicians are already beginning to plan the next phases in their journey which will see more elective procedures carried out at the site, and closer working with our community teams and primary care to ensure the care delivered inside and outside the hospital is fully integrated for patients.

I talked in my message earlier this month about the importance of empowering our doctors, nurses and allied health professionals to have the big, open discussions about what they need to meet the needs of patients now and in the years ahead to help us get back to our best.

Empowering clinical leadership to take the decisions about how the Trust manages its resources and delivers care is the central purpose behind the creation of the Trust's new Clinical Policy Group.

The Trust's clinical directors, medical directors, senior nursing and allied health professionals, chairs of staff side, our senior medical staff forum and our BMA representative, make up the Clinical Policy Group which now meets on a fortnightly basis to discuss and make the decisions about how the Trust manages its resources and delivers care across the organisation.

In addition, members of the Clinical Policy Group are leading the conversations with clinical colleagues in neighbouring Trusts about how we can build and strengthen clinical networks across organisational boundaries to deliver more joined-up care in the future: clinical area by clinical area and all starting from the first principle 'what is best for patients?'

As I've spent time with teams across the Trust, I've been privileged to listen to your stories.

The NHS has amazing systems in place to collect and analyse the huge amounts of data and information that helps to monitor and improve care.

But your stories about how things feel, where things are going well and where things don't always feel as though they are working as well as they could, are the magic ingredient. You are what makes our hospitals and services what they are.

Your stories are a key ingredient to the road we are all on together to get back to our best and make sure the high standards of care that colleagues provide, are matched by the way we organise our services and make decisions in the months and years ahead.

So, for example, lots of colleagues have told me that in the past it has not always felt as though everyone who needed to be, has been involved in discussions about changes within the Trust.

The one constant in the NHS is that change will always be with us, but the insights and views of colleagues should always be used to help inform changes.

'No decisions about me without me' should be the way we do things which is why we are ensuring that staff-side representatives and colleagues will always be involved in the early conversations to help inform the way we go about making changes.

Best wishes,

A handwritten signature in blue ink that reads "Sue Page". The signature is written in a cursive style with a long horizontal line underneath the name.

Sue Page
Interim Chief Executive
South Tees Hospitals NHS Foundation Trust

From: [DOWNEY, Alan \(SOUTH TEES HOSPITALS NHS FOUNDATION TRUST\)](#)
To: [KEOGH, Anita \(SOUTH TEES HOSPITALS NHS FOUNDATION TRUST\)](#)
Subject: Fw: New long read: Health and wellbeing boards and integrated care systems
Date: 21 November 2019 11:44:06

Hi Anita,

Final document for attaching to CoG letter.

Many thanks,

Alan

From: The King's Fund <email@kingsfundmail.org.uk>
Sent: 13 November 2019 17:14
To: DOWNEY, Alan (SOUTH TEES HOSPITALS NHS FOUNDATION TRUST)
Subject: New long read: Health and wellbeing boards and integrated care systems

Published today

[View in a browser](#)



Health and wellbeing boards and integrated care systems

[Read here](#)

Today we have published a new long read which explores the **role of health and wellbeing boards (HWBs) in the development of integrated care systems (ICS)**.


Our latest assessment draws on our work with ICSs and conversations with NHS and local government leaders in five places where there are good

relationships and strong engagement by councils in their ICS. It considers the role and contribution of local government to ICSs so far, the extent to which HWBs feature in governance of ICSs and how the role played by HWBs in the development of ICSs may change given the proposed national changes to NHS legislation.


We found that local government does seem to be playing a stronger role in the emerging ICSs than it did in the early days of STPs, with NHS leaders speaking positively about working with local government colleagues and highlighting the valued added by local councils of recognising the power of place as a vital footprint for planning and delivering services.. However such joint working was not always plain sailing, with some leaders also describing the need for continuous effort to manage the profound cultural differences between the NHS and local government.

[Read here](#)

The King's Fund



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chevrons



MEETING OF THE COUNCIL OF GOVERNORS - 10 December 2019			
Staff Survey Results - Summary of Key Themes			AGENDA ITEM:
Report Author and Job Title:	Rachael Metcalf Director of HR	Responsible Director:	Rachael Metcalf Director of HR
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input type="checkbox"/>		
Situation	The Trust undertook an additional staff survey in August 2019 to develop an accurate base line for staff opinions.		
Background	Following a poor response rate to our national staff survey in 2018 (413 response) a decision was taken to undertake an additional staff survey for all staff rather than a sample as was previously undertaken.		
Assessment	<p>The free text comments have now been received and reviewed. The following themes have been identified and action plans are being developed with staff side colleagues.</p> <ul style="list-style-type: none"> • Staff Shortages • Oppressive Culture and Leadership • Undervalues and Low Morale • Lack of Communication • Lack of Equipment • Admin Review • Lack of Development and Career Progression • Changes to Work Location • Bullying Behaviours • Discrimination 		
Recommendation	Members of the Council of Governors note the content of this report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 5.2 - Ineffective engagement with the workforce may result in low staff morale, leading to poor outcomes & experience for patients; less effective teamwork; reduced compliance with policies and standards; high levels of staff absence; and high staff turnover. BAF 5.3 - Lack of an Inclusive and open culture impacts on staff morale, staff engagement and patient care		
Legal and Equality and Diversity implications	The Summer staff survey raises concern that 54% of respondents do not feel the Trusts acts fairly with regard to career progression regardless of ethnic background, gender, religion, sexual orientation, disability or age.		

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

Staff Survey Results - Summary of Key Themes

1. PURPOSE OF REPORT

The purpose of the report is to provide Council of Governors with analysis of the summer staff survey and Friends and Family test freeform comments.

2. BACKGROUND

The quantitative results from the 2019 Summer Staff Survey showed a decline in staff satisfaction scores across the majority of indicators.

The Information Commissioners Office has ruled that verbatim comments are classified as Personal Data and should be treated as such. The verbatim comments are provided in confidence and should only be shared with relevant managers. Respondents have not agreed for their comments to be shared publicly and they should not be published or used in presentation materials.

We have shared all comments with the Senior Leadership Team, Trust board and Staff Side Colleague.

A 'you said, we did/we're doing' narrative and plan is being developed which will provide visibility (internally and externally) to the steps the Trust is taking to address areas of concern highlighted by staff.

Quantitative Results



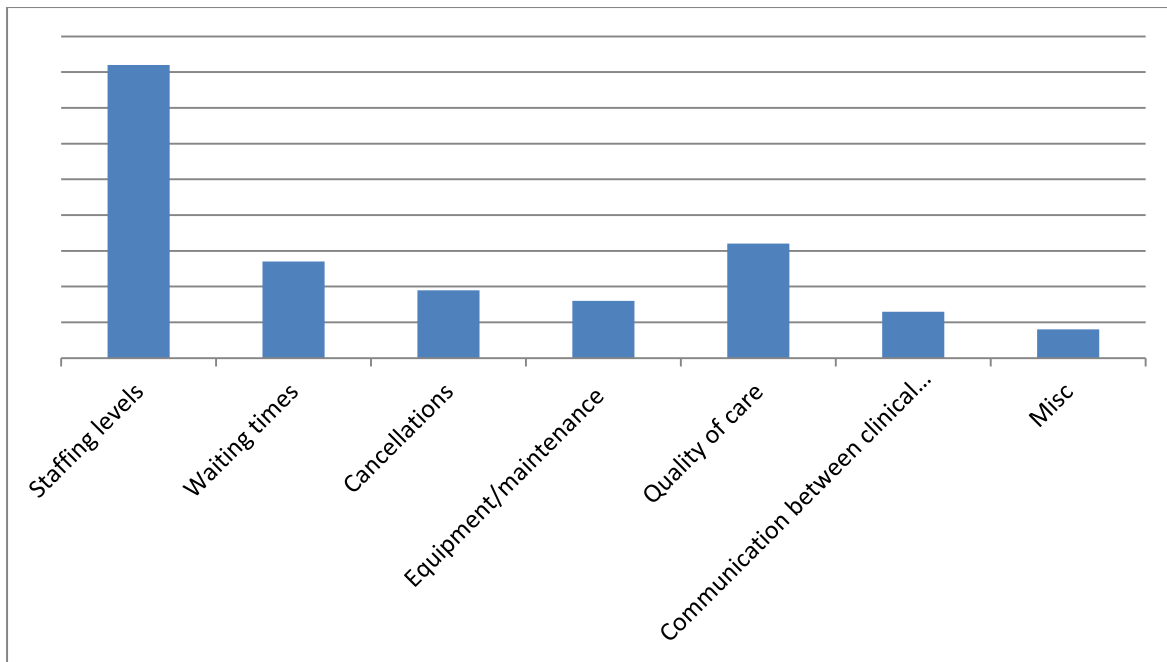
3. Staff freeform (qualitative) comments analysis

The qualitative freeform comments where staff expressed concerns have now been analysed and themed, and are presented below.

NHS Staff Friends and Family Test (Q2)

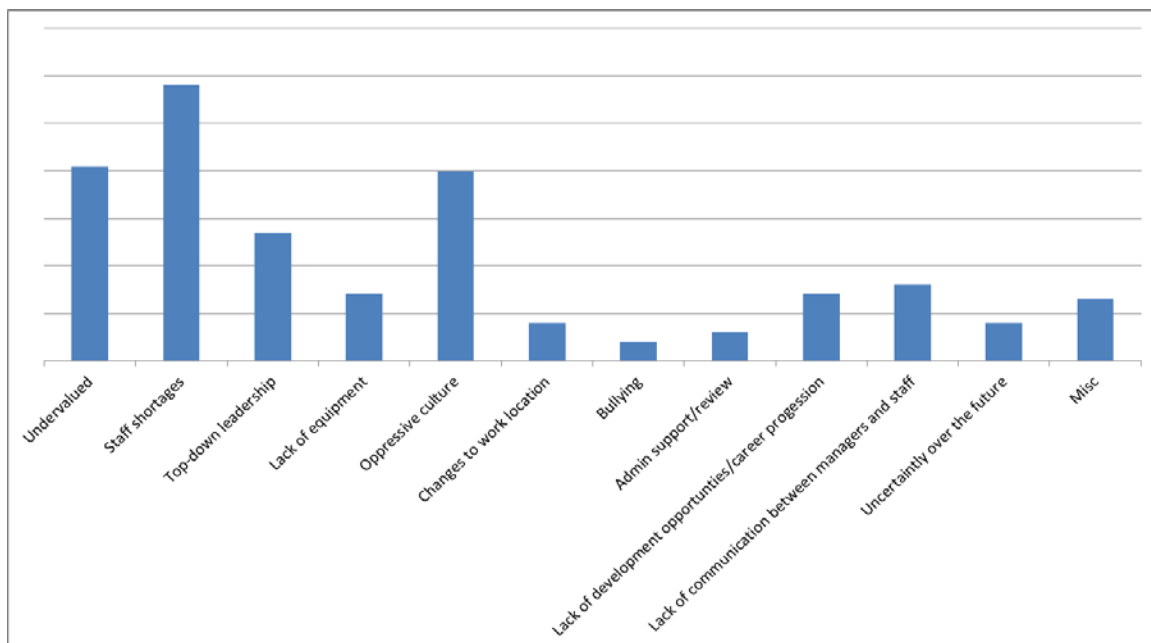
‘How likely are you to recommend our ward or services to friends and family if they needed similar care or treatment?’

Extremely unlikely, unlikely or neither likely or unlikely to recommend as place of care



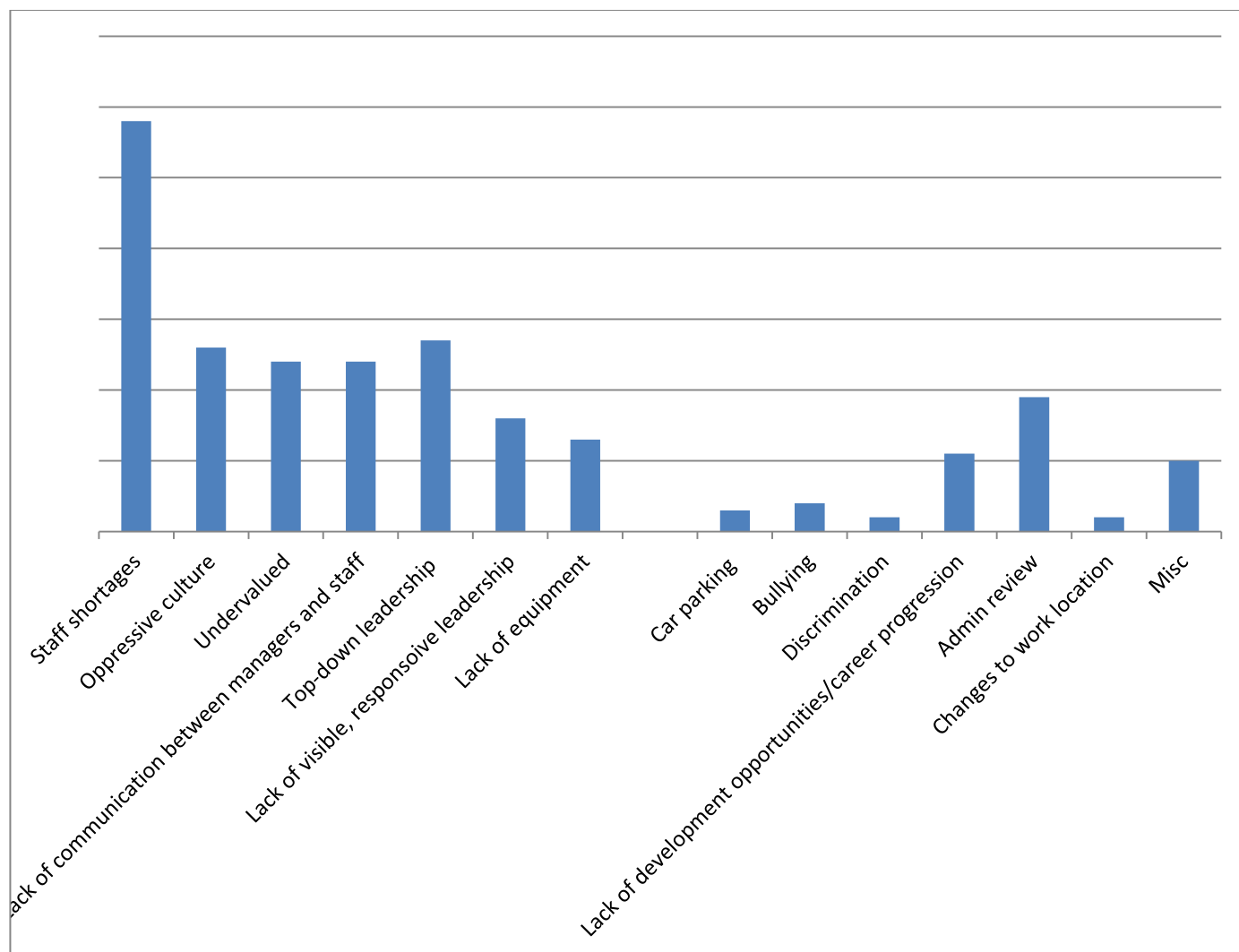
'How likely are you to recommend the NHS Trust as a place to work?'

Extremely unlikely, unlikely or neither likely or unlikely to recommend as place of work



Summer Staff Survey 2019 (Q2) unprompted freeform comments

Unprompted freeform feedback comments



4. Next Steps

Working together with Staff Side Colleagues and our Staff Engagement Group we are developing a joint action plan to address the ten key themes that have been identified through analysis of the free comments.

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

The action plan will be finalised week commencing 9 December and jointly communication from Staff Side Colleagues.



South Tees Hospitals
NHS Foundation Trust

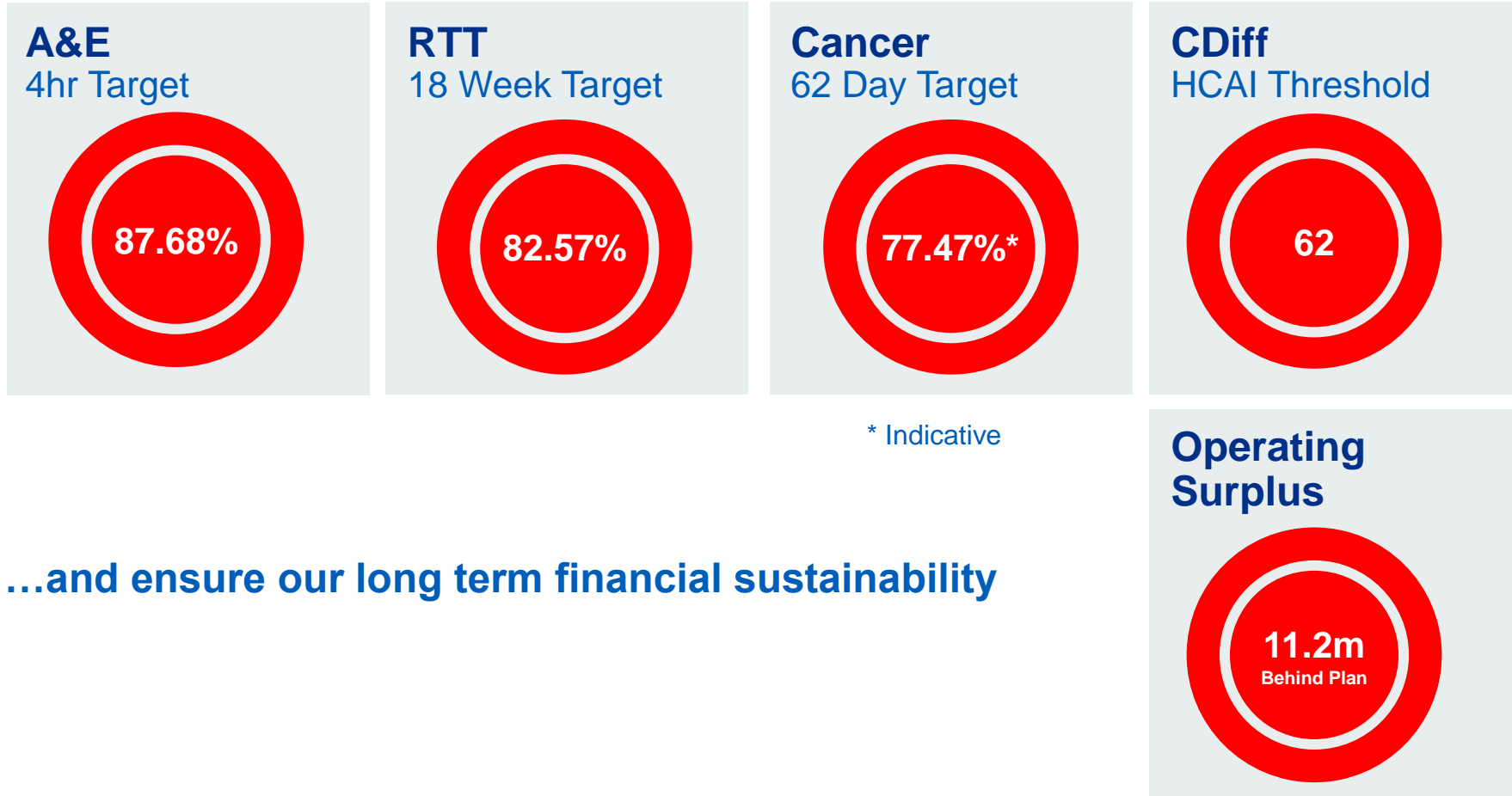
Quality, Operational & Finance Performance Report

26th November 2019

Must Do's

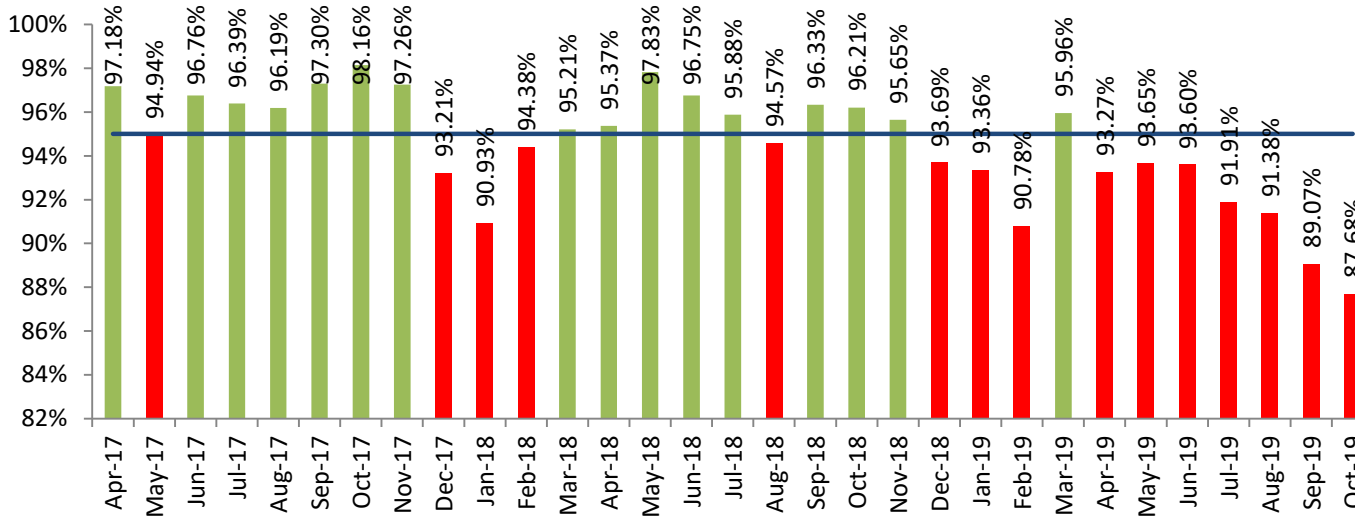
Must Do's 2019/20 – October 2019

Deliver Excellence in Patient Outcome and Experience....



...and ensure our long term financial sustainability

Performance - A&E



95%
TARGET

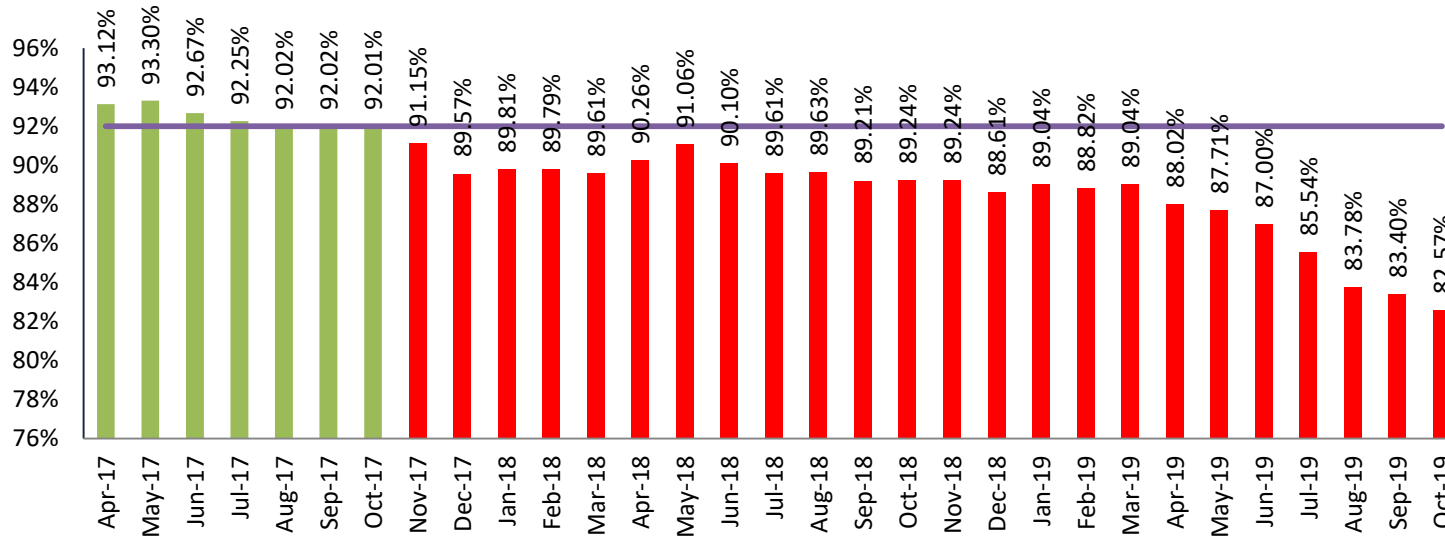
Oct 19
87.68%

Nov to date (as at 25/11/19)
86.08%

Regional Rank	Trust	Oct-19
1	Northumbria Healthcare NHS Foundation Trust	95.65%
2	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	93.57%
3	Harrogate and District NHS Foundation Trust	90.39%
4	Gateshead Health NHS Foundation Trust	89.76%
5	South Tees Hospitals NHS Foundation Trust	87.68%
6	York Teaching Hospitals NHS Foundation Trust	80.38%
7	North Cumbria University Hospitals NHS Trust	79.86%
8	South Tyneside And Sunderland NHS Foundation Trust	78.33%
9	County Durham and Darlington NHS Foundation Trust	74.98%
-	North Tees and Hartlepool NHS Foundation Trust	-
	ENGLAND	86.63%

Oct 19
Ranked 5th in the region

Referral to Treat



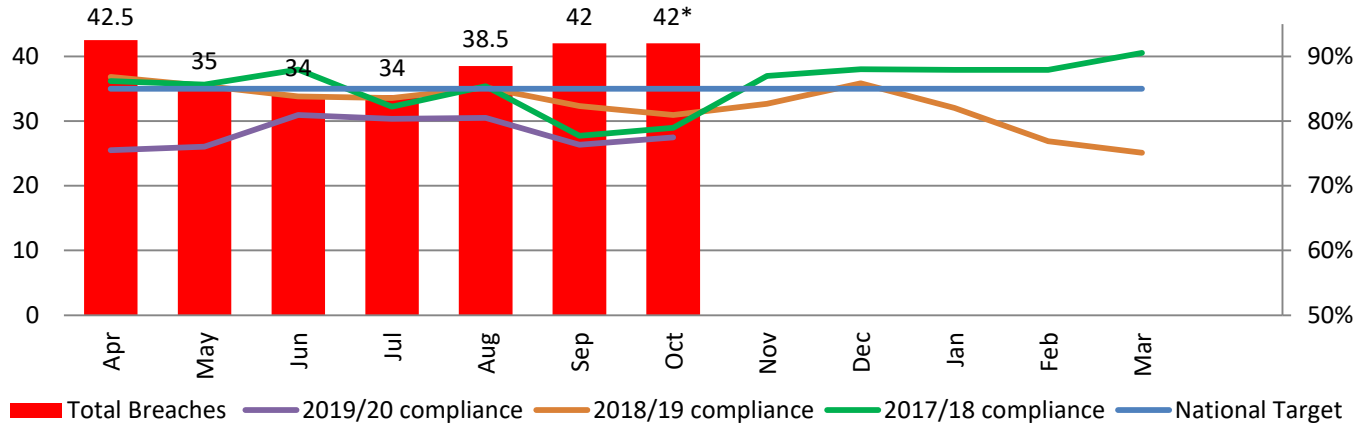
92%
TARGET

Oct 19
82.57%

Regional Rank	Trust	Sep-19
1	North Tees and Hartlepool NHS Foundation Trust	92.37%
2	Gateshead Health NHS Foundation Trust	92.23%
3	Northumbria Healthcare NHS Foundation Trust	92.16%
4	South Tyneside And Sunderland NHS Foundation Trust	92.14%
5	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	90.31%
6	County Durham and Darlington NHS Foundation Trust	89.93%
7	South Tees Hospitals NHS Foundation Trust	83.42%
8	York Teaching Hospital	76.03%
9	North Cumbria University Hospitals NHS Trust	71.95%
10	Harrogate and District NHS Foundation Trust	-
	ENGLAND	84.78%

Sep 19
Ranked 7th in the region

Performance – 62 Day Cancer Standard



◀ % compliance and number of breaches

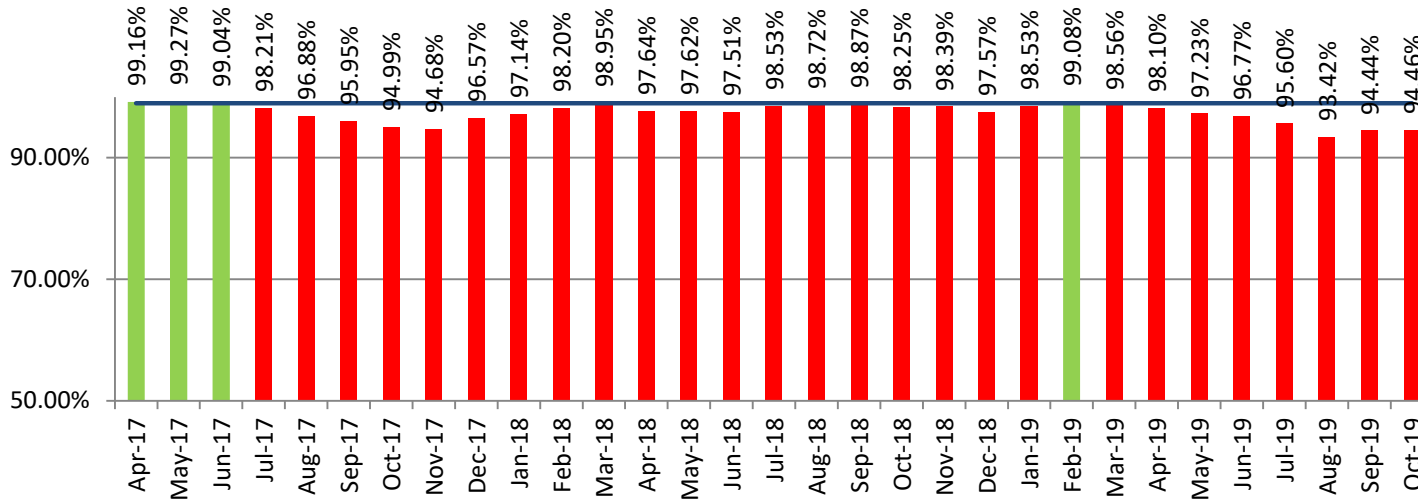
* Indicative

Apr 19 | **May 19** | **Jun 19** | **Jul 19** | **Aug 19** | **Sep 19** | **Oct 19***
75.50% | **76.30%** | **80.95%** | **80.35%** | **80.41%** | **76.34%** | **77.47%**

Regional Rank	Trust	Sep-19
1	Northumbria Healthcare NHS Foundation Trust	90.91%
2	Harrogate and District NHS Foundation Trust	90.91%
3	County Durham and Darlington NHS Foundation Trust	84.49%
4	South Tyneside and Sunderland NHS Foundation Trust	82.09%
5	North Tees and Hartlepool NHS Foundation Trust	80.67%
6	York Teaching Hospitals NHS Foundation Trust	79.44%
7	North Cumbria University Hospitals NHS Trust	77.27%
8	South Tees Hospitals NHS Foundation Trust	76.34%
9	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	75.13%
11	Gateshead Health NHS Foundation Trust	69.67%
	ENGLAND	76.89%

**Sep 19
Ranked 8th in the region**

6 Week Diagnostic



99% TARGET

Oct 19
94.46%

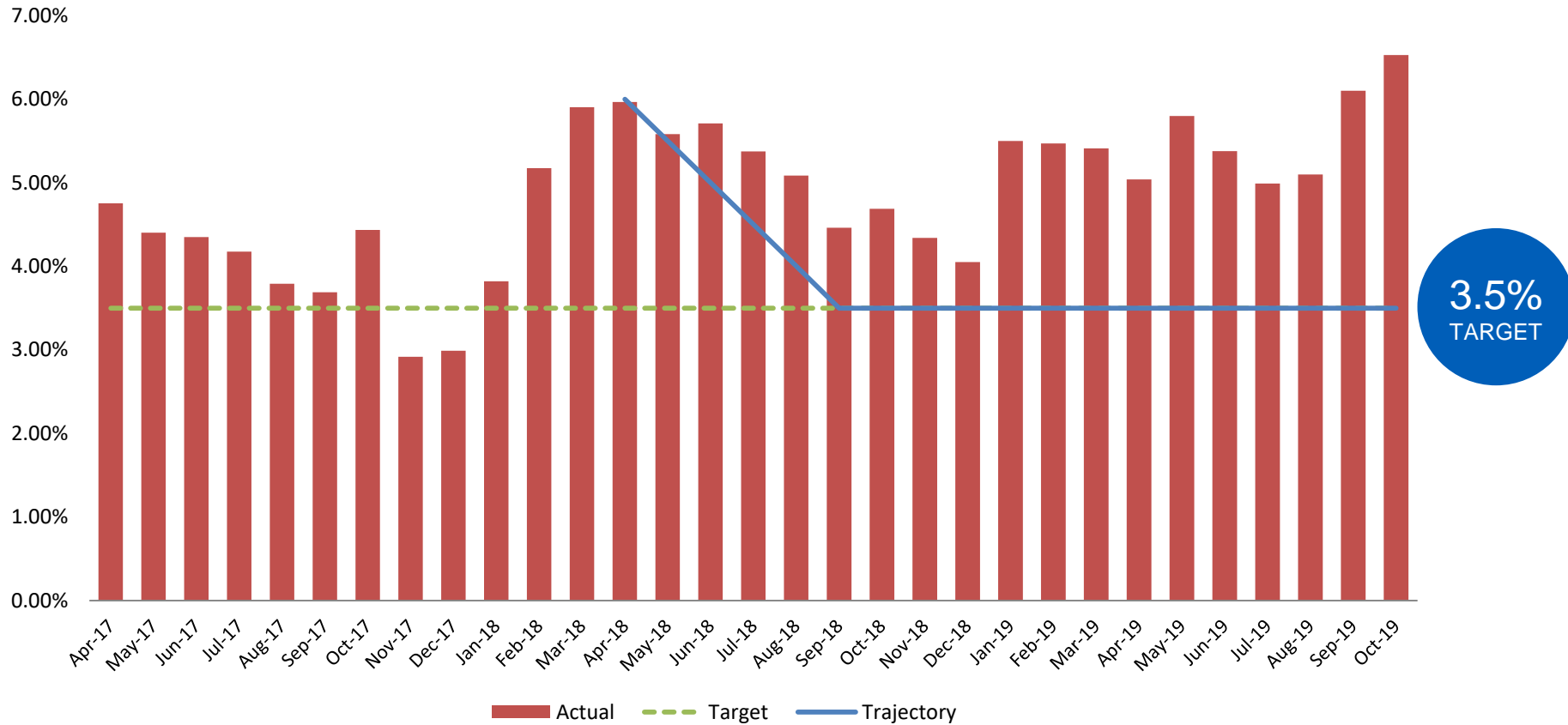
6 Week Diagnostic Performance (Target 99%)	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Magnetic Resonance Imaging	99.29%	99.19%	98.65%	99.69%	99.75%	99.83%	99.64%	98.81%	99.78%	99.96%	99.73%	99.89%
Computed Tomography	100.00%	100.00%	100.00%	99.79%	99.92%	99.85%	99.94%	99.93%	99.93%	99.80%	99.93%	99.30%
Non-obstetric ultrasound	97.21%	95.71%	100.00%	100.00%	100.00%	100.00%	99.90%	99.97%	99.90%	99.92%	99.97%	99.93%
Barium Enema												
DEXA Scan	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Audiology Assessments	99.77%	99.74%	99.77%	98.55%	98.83%	96.22%	98.11%	97.99%	94.86%	88.51%	87.10%	86.57%
Cardiology - echocardiography	87.50%	76.00%	100.00%	92.50%	93.62%	92.31%	88.24%	69.70%	83.78%	97.62%	96.88%	100.00%
Cardiology - electrophysiology												
Neurophysiology	99.35%	97.29%	83.07%	95.21%	91.30%	84.09%	70.74%	72.06%	70.64%	66.53%	73.38%	79.23%
Sleep studies	70.59%	54.55%	65.38%	67.31%	50.00%	44.44%	14.29%	22.64%	34.92%	40.00%	49.06%	62.75%
Urodynamics - pressures & flows	61.54%	66.67%	65.63%	47.37%	18.52%	48.00%	52.08%	73.91%	79.07%	85.29%	70.45%	76.47%
Gastro - Colonoscopy	100.00%	100.00%	100.00%	98.41%	94.30%	93.75%	94.86%	89.72%	71.53%	62.66%	64.38%	62.86%
Gastro - Flexi sigmoidoscopy	100.00%	100.00%	100.00%	96.77%	94.12%	92.75%	89.47%	91.49%	74.38%	60.63%	69.51%	65.00%
Urology - Cystoscopy	94.44%	96.77%	96.17%	95.95%	97.18%	100.00%	94.62%	96.07%	96.83%	92.68%	91.84%	95.60%
Gastroscopy	100.00%	100.00%	100.00%	98.32%	95.95%	96.48%	98.11%	90.87%	88.85%	77.52%	83.81%	87.66%
Trust Total	98.39%	97.57%	98.53%	99.08%	98.56%	98.10%	97.23%	96.77%	95.60%	93.42%	94.44%	94.46%

Operational Management

2

Delayed Transfer of Care (DToC)

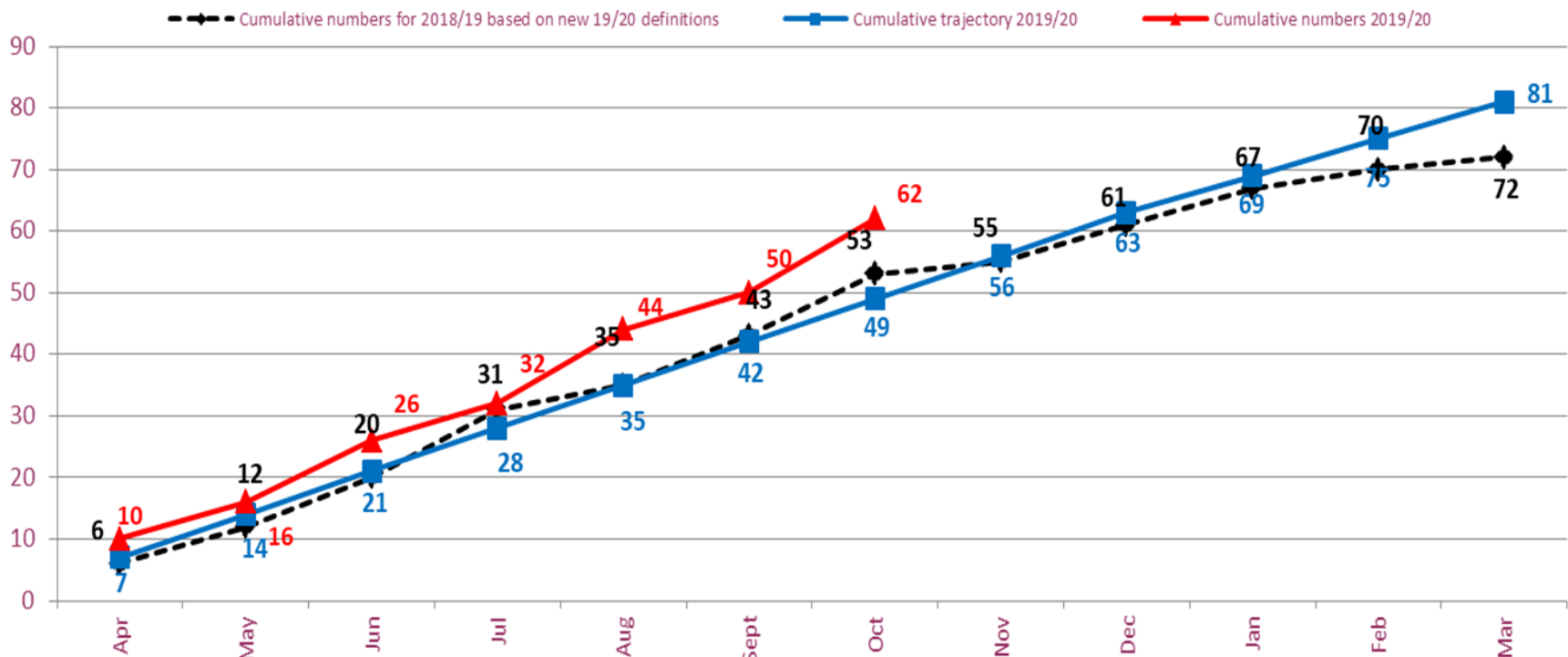
Percentage DToC against Midnight Bed Occ



Patient Safety, Outcome and Experience

3

Clostridium difficile cases - April 2019 to March 2020

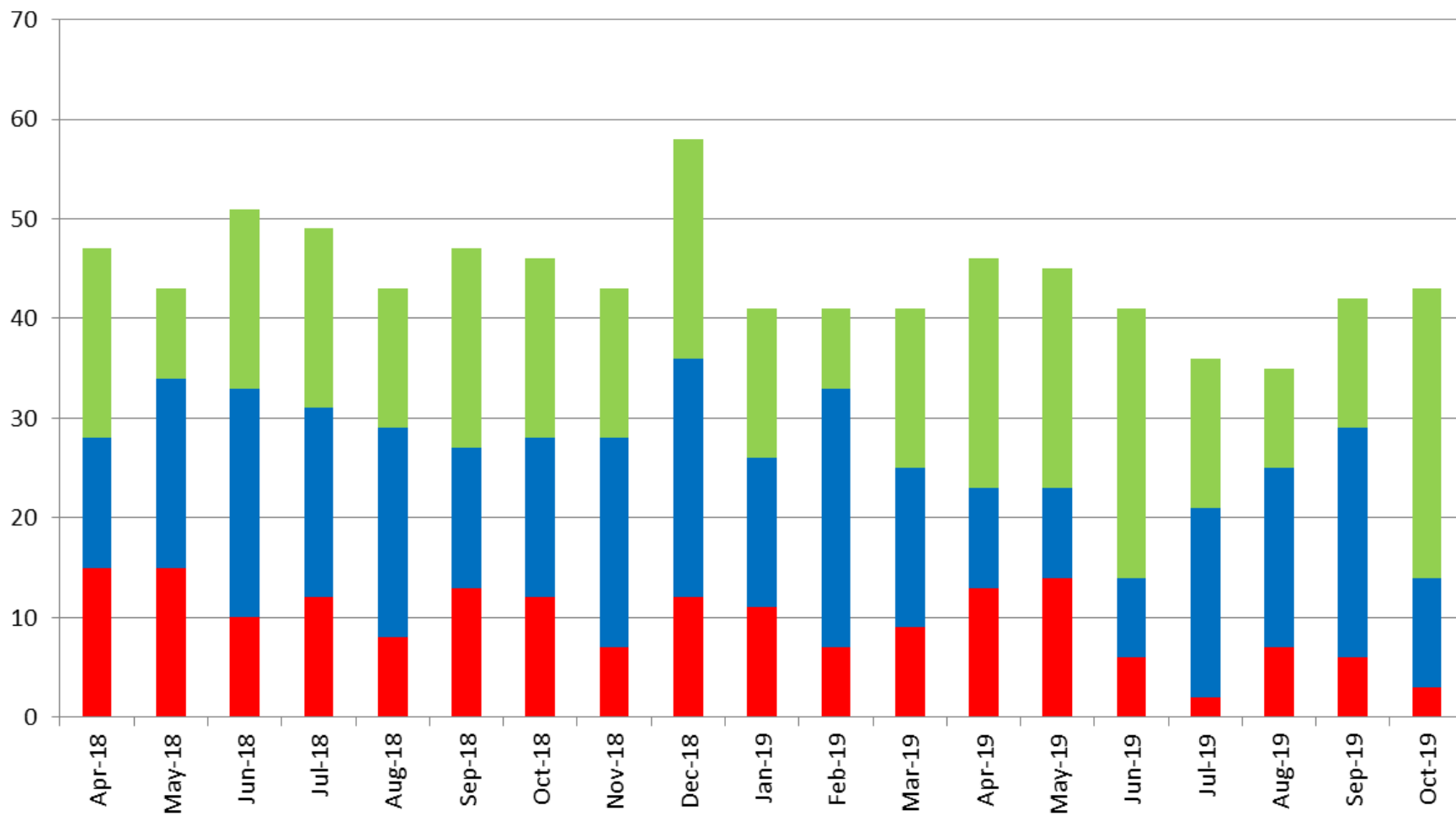


Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
JC34 (HOHA)	JC02 (COHA)	ITU3 (HOHA)	Ward 7 (COHA)	Ward 6 (COHA)	JITU2 (HOHA)	Ward 34 (HOHA)					
JCSSU (HOHA)	Gara (HOHA)	GHDU (HOHA)	Ward 5 (COHA)	Gara (COHA)	Friary (HOHA)	Ward 37 (COHA)					
JC33 (COHA)	JC10 (COHA)	Victoria (HOHA)	Ward 37 (HOHA)	Ward 34 (HOHA)	Ward 6 (HOHA)	Ward 21 (COHA)					
FHCDO (COHA)	ZET (HOHA)	Ward 10 (HOHA)	Romanby (COHA)	Ward 5 (HOHA)	Ward 7 (HOHA)	Ward 3 (HOHA)					
RAFAU (COHA)	JCTU2 (HOHA)	Ward 7 (HOHA)	Ward 7 (HOHA)	Ward 27 (HOHA)	Ward 14 (HOHA)	ITU 2 (HOHA)					
JC37 (COHA)	JC03 (COHA)	Ward 36 (HOHA)	Ward 7 (HOHA)	Ward 29 (COHA)	Ward 14 (COHA)	ITU 3 (HOHA)					
RAFAU (HOHA)		Romanby (HOHA)		Rutson (HOHA)		Ward 14 (COHA)					
JC09 (HOHA)		Ward 7 (HOHA)		RAFAU (HOHA)		Ward 11 (HOHA)					
JCCT (COHA)		Ward 27 (HOHA)		RAFAU (HOHA)		SIRU (HOHA)					
RAFAU (COHA)		Ward 25 (HOHA)		Ward 37 (HOHA)		Ward 4 (HOHA)					
				Ward 37 (COHA)		Ward 9 (HOHA)					
				Ward 6 (HOHA)		RAFAU (COHA)					



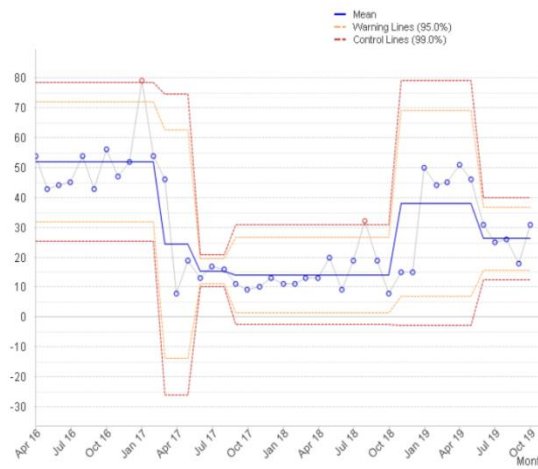
E Coli bacteremia 2018/19 and 2019/20

■ HOHA ■ COHA ■ CO Non healthcare

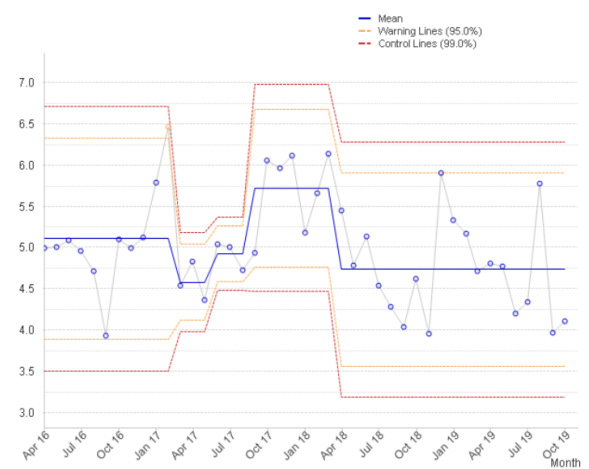


Delivering Safe Care 19/20

New or deteriorating category 2 pressure ulcers October 2019



Falls October 2019



Inpatient rate is 1.8 per 1000 bed days.

31 community category 2 pressure ulcers

Rate 4.1 per 1000 bed days.

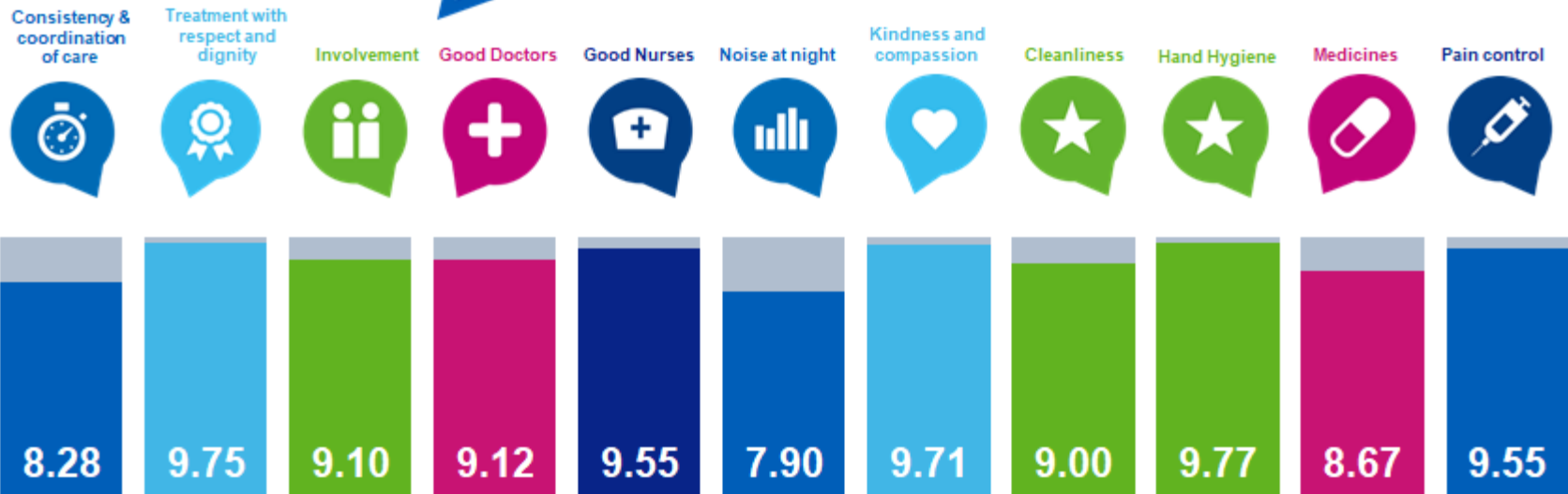
Continued Focus on Refreshed Pressure Ulcer Prevention Strategies

Patient Experience Trust

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



South Tees Hospitals
NHS Foundation Trust



In October 2019 patients gave us an overall rating of...

9.04 out of 10

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

99%

No of patients on new medication

347

No of respondents

661



People

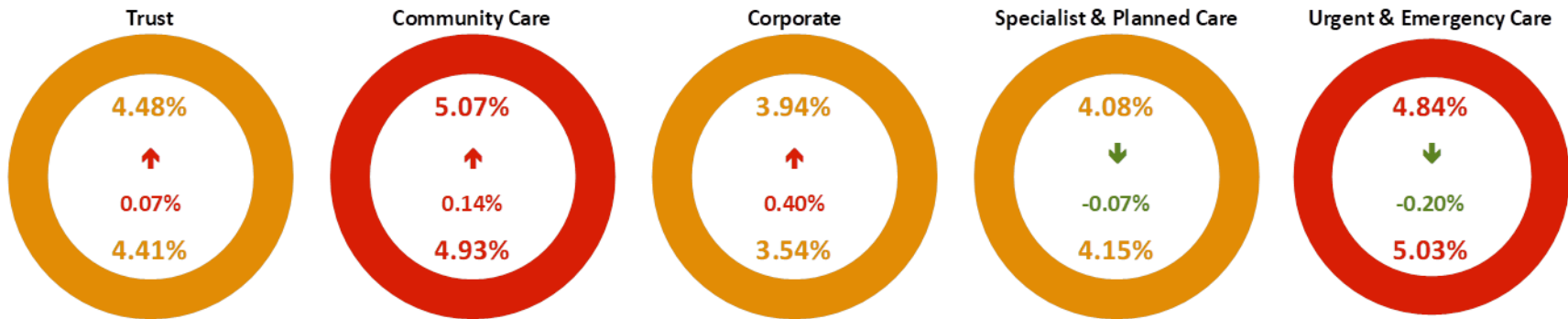
4

HR Workforce Data

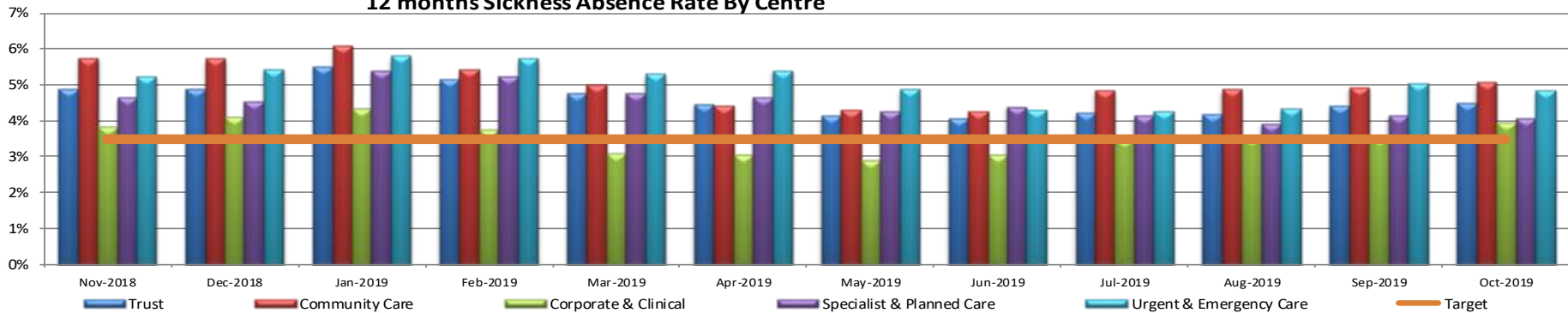
Sickness	Training	Appraisals
<p>0.07% increase on September. Short Term was 1.82% up 0.20%, Long Term 2.65%, down by -0.14%. Sickness rate at 4.48% is -0.44% lower than October 2018. Long Term is at lowest rate since May 2018 and 0.88% lower than October 2018. Stress/Anxiety accounts for the most fte days lost, 3,461.97 and accounts for over a third of all sickness. In October 237 staff were absent with Stress/Anxiety with an average of 14.5 days per employee. Other musculoskeletal is next highest with 1,194.99 fte days lost. General Surgery & Gynae Theatres have the highest overall sickness followed by Spinal Injuries Unit JCUH.</p>	<p>3.02% increase on September. Highest compliance since March 2019. Areas of concern are ENT Medical Secs Admin – 54.76% followed by Ophthalmology Secs Admin – 55.71%. Portfolio of concern is Trauma & Orthopaedics – 80.58% followed by Plastics, Dermatology & Ophthalmology – 81.55%. CS Centre Management is the best performing Portfolio – 100% followed by Paediatrics & Neonatology – 96.53% Of the Core 7, Information Governance has the lowest compliance – 80.58% followed by Safeguarding Adults – 87.63%.</p>	<p>Met target for 4th month running. Compliance has increased by 9.60% in last 12 months. Areas of concern are OT care at Home – 9.09% followed by Middlesbrough Intermediate Care and Pulmonary Rehab with 16.67%. CC Centre Management is a concern with 50% followed by Community & Palliative Care with 64.52%. UEC Centre Management is the best performing Portfolio – 96.23% Reminders continue to be sent by HR to all staff and managers that are overdue. Of the 1453 overdue, 713 are from 2018, 538 from 2017 and 202 from previous years.</p>
Turnover	Employee Relations	General Update
<p>Increase in fte of 181.05 in last 12 months. 64% of all leavers are due to Voluntary Resignation with the next highest being Retirement – 15.47% although of these 37.24% are Flexi Retirements. Turnover at 10.96% is 1.43% lower than 12 months ago.</p>	<p>113 cases received in the last 12 months of these 65 being Disciplinary. 15 of these were due to Inappropriate Behaviour followed by 8 due to Negligence. Of the 65 Disciplinary cases 21 or 32.31% were within Nursing & Midwifery registered which also the largest staff group with 32.17% of all staff. Additional Clinical Services had the next highest cases with 17 or 26.15% whereas they only account for 22.23% of all staff.</p>	<p>New staff side Partnership Agreement has been adopted. Weekly meeting with CEO and staff side colleagues continues. Staff Engagement Session took place with 15 participants, and the recommendation that we adopt the NHS Values rather than the current South Tees Values. 800 Rainbow badges have been distributed and our rainbow flag has arrived. Our flu vaccination rate is currently 58% and we are 2nd across the region.</p>



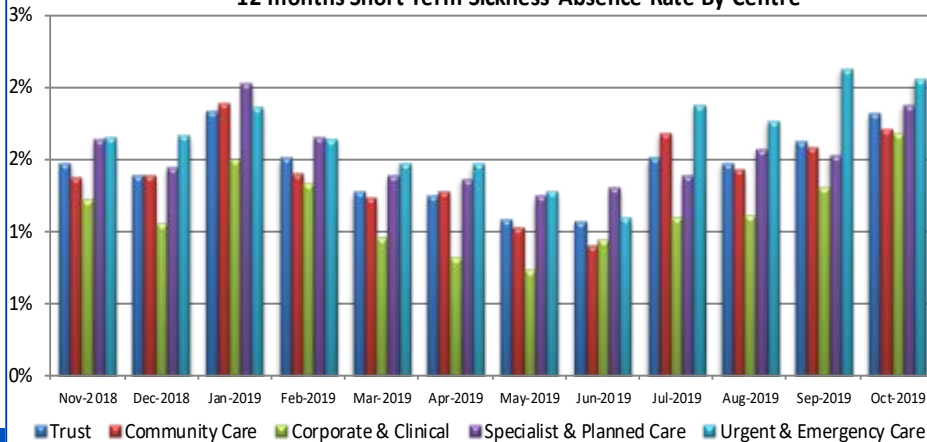
Sickness



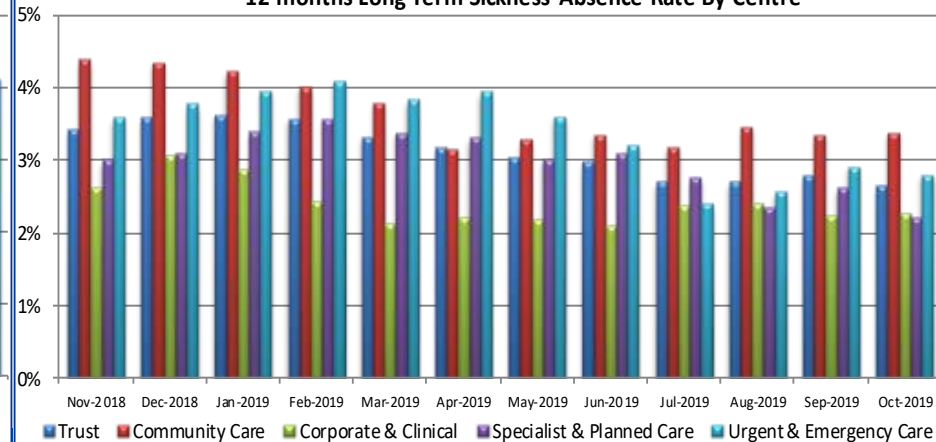
12 months Sickness Absence Rate By Centre



12 months Short Term Sickness Absence Rate By Centre



12 months Long Term Sickness Absence Rate By Centre



Top 10 Sickness by Ward/Department

All Sickness

Short Term

Long Term

Rank	Ward/Department	FTE	% Rate
1	General Surgery & Gynae Theat	61.45	6.57%
2	Spinal Injuries Unit JCUH	44.85	9.27%
3	Central Delivery Suite	65.87	5.94%
4	Ward 7 Colorectal	40.23	9.47%
5	Ward 2 Acute Medicine	42.15	8.47%
6	Orthopaedic Theatres	36.16	10.69%
7	Surgical Day Unit JCUH	52.11	6.75%
8	Catheter Lab	36.20	9.41%
9	Haematology	48.84	6.88%
10	CSSD FHN	15.76	20.33%

Rank	Ward/Department	FTE	% Rate
1	Anaesthetics And Recovery JCUH	85.67	7.11%
2	A & E Department JCUH	169.80	4.60%
3	Pharmacy Department	126.21	4.54%
4	District Nursing Redcar & Cleveland	85.09	6.14%
5	Tocketts Ward ECH	47.39	12.99%
6	ICU JCUH	117.40	6.37%
7	District Nursing Middlesbrough	84.10	6.02%
8	Improve Community	18.80	10.98%
9	Ward 2 Acute Medicine	42.15	8.47%
10	Medical Records JCUH	69.33	6.71%

Rank	Ward/Department	FTE	% Rate
1	Neonatal Unit	95.57	9.78%
2	ICU JCUH	117.40	6.37%
3	A & E Department JCUH	169.80	4.60%
4	Tocketts Ward ECH	47.39	12.99%
5	Cardiothoracic ITU	71.60	6.80%
6	Anaesthetics And Recovery JCUH	85.67	7.11%
7	Clinical Decisions Unit FHN	50.70	9.99%
8	Pharmacy Department	126.21	4.54%
9	CSSD FHN	15.76	20.33%
10	District Nursing Middlesbrough	84.10	6.02%

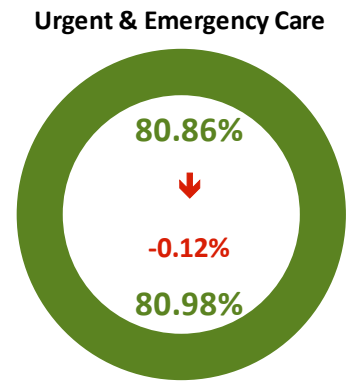
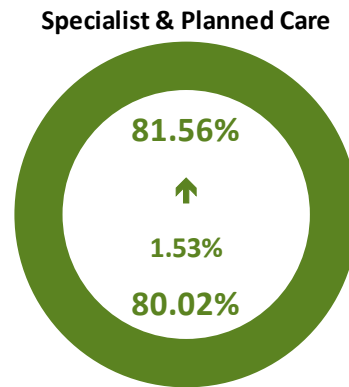
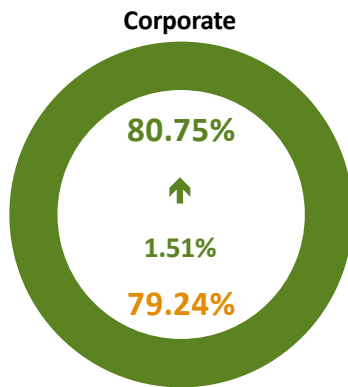
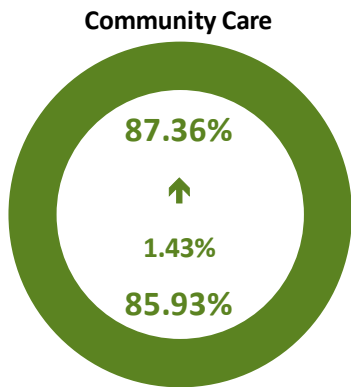
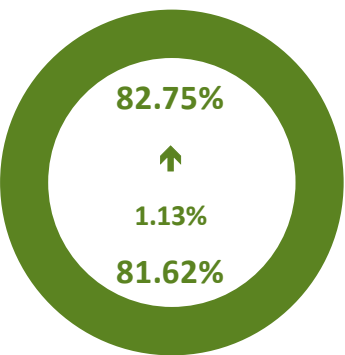
Includes only Wards/Departments with greater than 5.0 WT Scoring is calculated by taking the FTE and multiplying by the % Absence Rate

Top 10 Sickness Reasons By FTE Days Lost

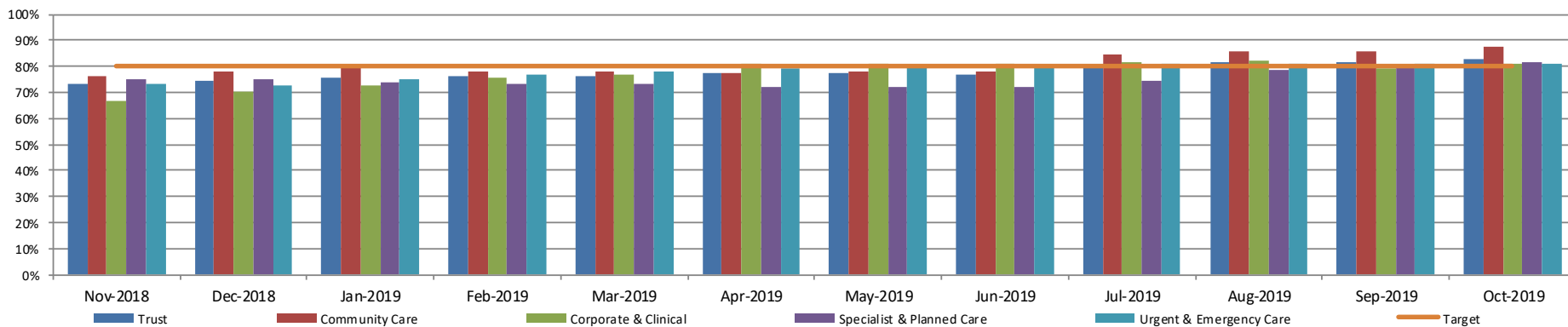
Absence Reason	Headcount	FTE Days Lost	Abs Estimated Cost	% of All Sickness
Stress/Anxiety	237	3,461.97	£300,024.05	33.1
Other musculoskeletal	96	1,194.99	£94,187.10	11.4
Gastrointestinal	316	975.13	£83,400.43	9.3
Injury, fracture	55	682.86	£55,787.71	6.5
Cold, Flu	230	675.27	£61,342.62	6.5
Back Problems	53	551.45	£48,220.34	5.3
Genitourinary & gynae	44	427.34	£35,193.63	4.1
Pregnancy related	35	309.32	£28,644.70	3.0
Chest & respiratory	50	286.84	£26,057.20	2.7
Tumours, Cancer	15	266.01	£23,213.98	2.5

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

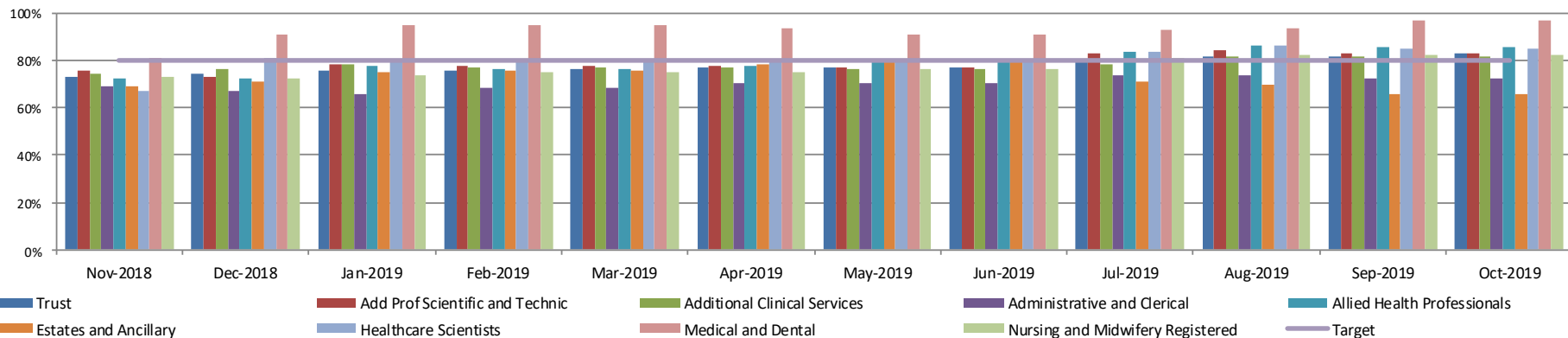
Please note, because ESR does not record shift patterns, this is only an estimate using the assignment FTE and calendar days.



12 months SDR % Rate By Centre

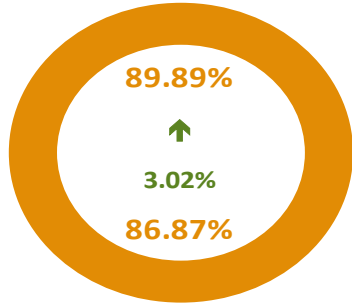


12 months SDR % Rate By Staff Group

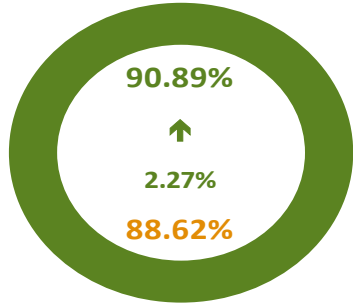


Training

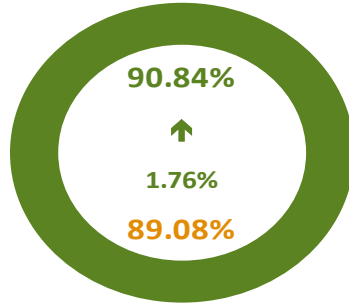
Trust



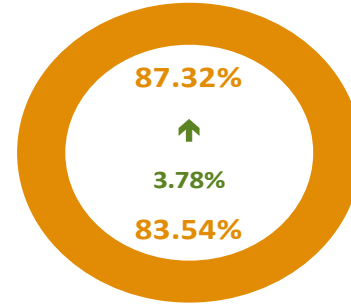
Community Care



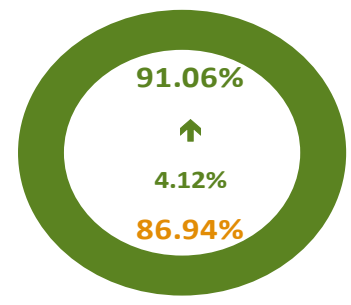
Corporate



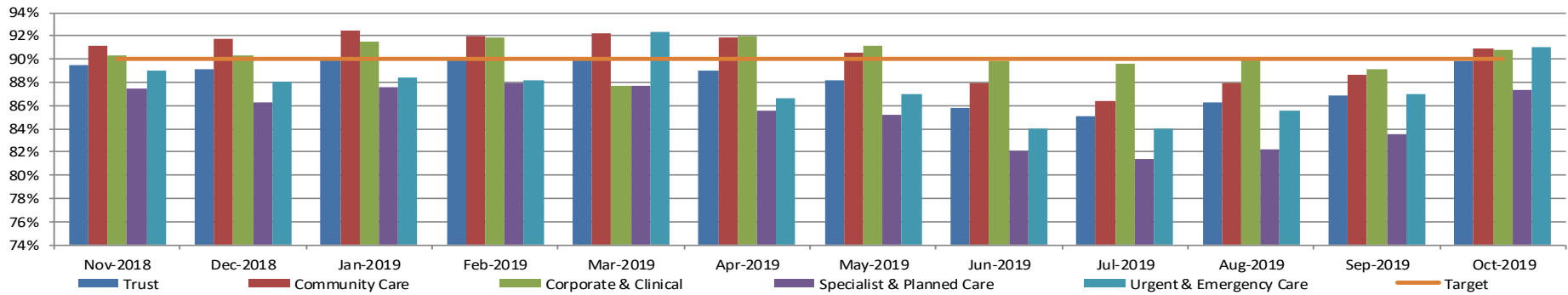
Specialist & Planned Care



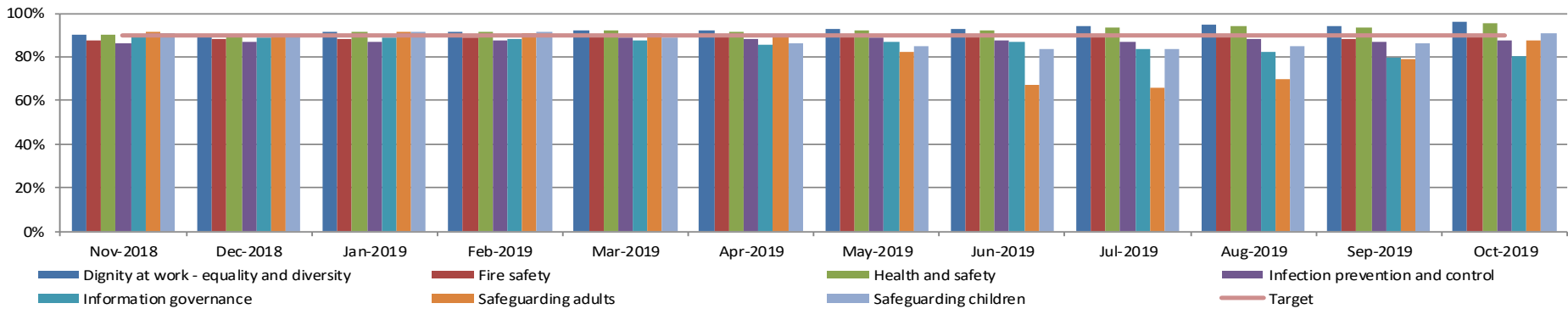
Urgent & Emergency Care



12 months Training % Rate By Centre



12 months Training % Rate By Element - Core 7



Employee Relations

Employee Relations Cases received

Month	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019
Grievance	7	4	5	5	1	1	2	1	0	0	2	2
Disciplinary	6	0	13	10	6	4	4	4	5	4	4	5
Capability	0	1	2	0	1	1	0	0	2	0	1	0
Dignity at Work	0	0	2	2	0	0	1	2	1	1	0	1
Total	13	5	22	17	8	6	7	7	8	5	7	8

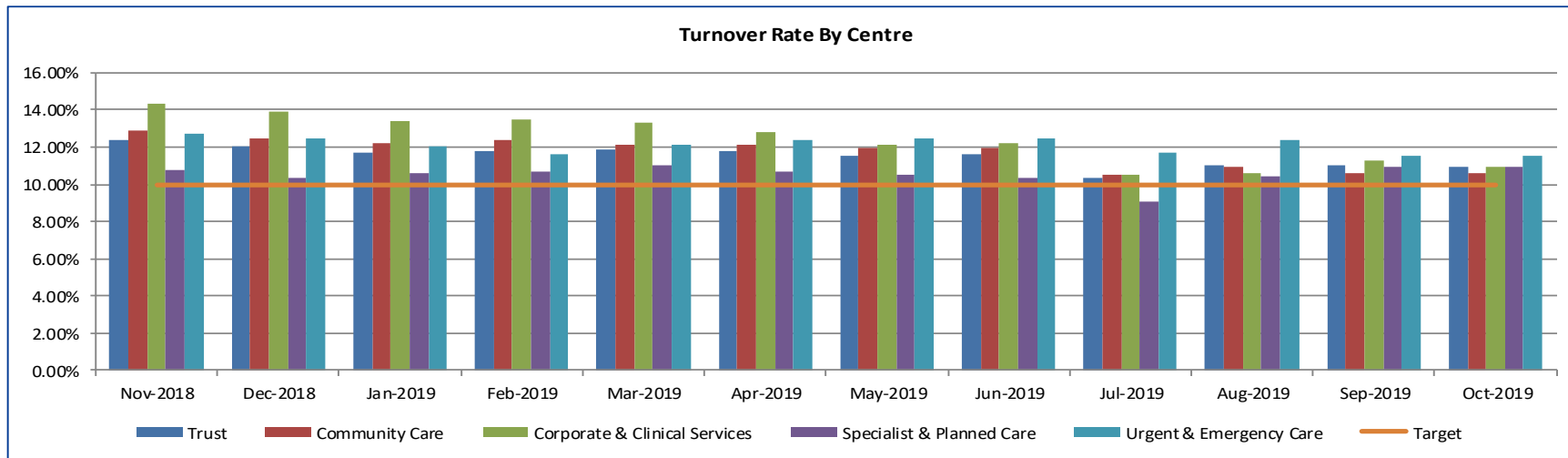
Reasons for Disciplinary Cases

Nature of Allegation	Community Care	Corporate & Clinical Services	Specialist & Planned Care	Urgent & Emergency Care	Grand Total
Breach of confidentiality	1	1		3	5
Breach of Health and Safety Requirements		2			2
Disregard of instructions		2		2	4
Failure to Renew Prof Reg	2		3	1	6
Falsification of records	1				1
Fraud	2				2
Inappropriate Behaviour	5	3	4	3	15
Inappropriate use of NHS resources			1	1	2
Maltreatment of other Worker				1	1
Maltreatment of Patient / Client	6		1		7
Misconduct	4	1	1	1	7
Negligence	4		3	1	8
Other Allegation	1		1		2
Theft of Money or materials	1	1	1		3
Total	27	10	15	13	65

Staff in Post & Turnover

Staff in Post by FTE

Centre	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019
Community Care	2082.38	2082.52	2094.391	2097.484	2101.994	2091.718	2000.51262	1919.106	1929.45	1896.123	1915.062	1931.976
Corporate & Clinical Services	1595.303	1592.263	1591.749	1598.209	1596.729	1590.189	1595.53596	1611.906	1634.873	1645.453	1650.902	1676.77
Specialist & Planned Care	2113.272	2102.892	2094.258	2093.291	2079.771	2081.957	2133.90692	2163.39	2175.83	2187.016	2200.399	2226.834
Urgent & Emergency Care	1586.35	1586.185	1607.915	1612.835	1619.224	1616.664	1645.87417	1667.481	1671.026	1664.8	1717.848	1722.771
Trust	7377.304	7363.859	7388.313	7401.819	7397.719	7380.528	7375.82967	7361.883	7411.178	7393.392	7484.212	7558.35



Leavers By Reason

Reasons	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Total
Dismissal	4	1	2	3	4	2	4	1	2	2	4	2	31
End of Fixed Term	4	3	3	8	2	1	4	1	5	50	8	4	91
Flexi Retirement		3	1	3	6	4	8	9	4	2	10	4	54
Redundancy	1	2	1	4	1	1	1				1		12
Retirement	11	12	6	7	20	19	15	11	12	9	10	13	145
Voluntary Resignation	54	52	55	38	60	42	37	51	48	65	69	31	600
Grand Total	74	73	68	63	93	69	69	73	71	128	102	54	937

Finance

5

Summary Financials - YTD October 2019

Community Care	YTD Budget £	YTD Actual £	YTD Variance £
Other Income	2,533	2,844	311
Pay	(54,225)	(54,632)	(407)
Non Pay	(22,690)	(23,174)	(483)
Total	(74,382)	(74,962)	(579)

Corporate Clinical Services	YTD Budget £	YTD Actual £	YTD Variance £
Other Income	13,162	14,139	977
Pay	(21,790)	(21,843)	(53)
Non Pay	(10,286)	(11,244)	(958)
Total	(18,913)	(18,948)	(35)

Specialist & Planned Care	YTD Budget £	YTD Actual £	YTD Variance £
Other Income	2,065	2,084	19
Pay	(69,255)	(69,442)	(187)
Non Pay	(49,693)	(48,825)	868
Total	(116,883)	(116,183)	700

Urgent & Emergency Care	YTD Budget £	YTD Actual £	YTD Variance £
Other Income	621	608	(13)
Pay	(50,745)	(51,563)	(818)
Non Pay	(7,558)	(7,697)	(139)
Total	(57,682)	(58,652)	(970)

Corporate	YTD Budget £	YTD Actual £	YTD Variance £
Nhs Clinical Income	334,759	334,234	(525)
Other Income	8,829	6,262	(2,567)
Pay	(21,722)	(19,872)	1,850
Non Pay	(42,914)	(52,445)	(9,531)
Depreciation And Interest	(13,928)	(13,504)	423
Other Non Operating	(3,634)	(3,575)	58
Restructuring Costs	(292)	(365)	(73)
Total	261,099	250,735	(10,364)

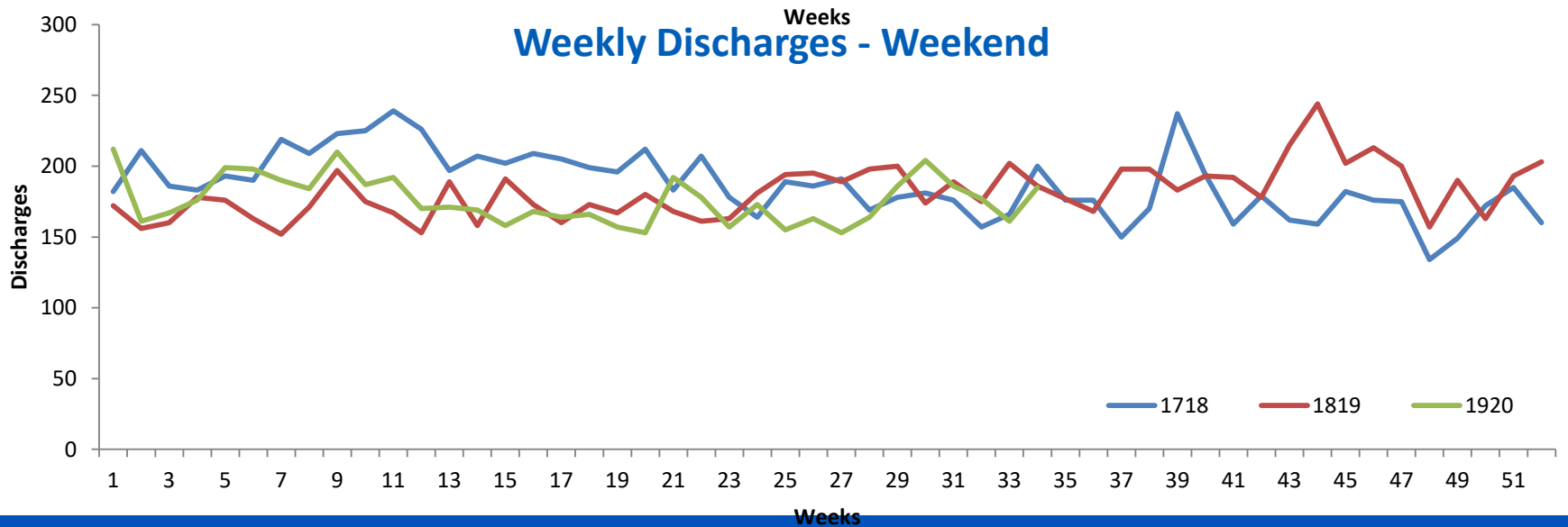
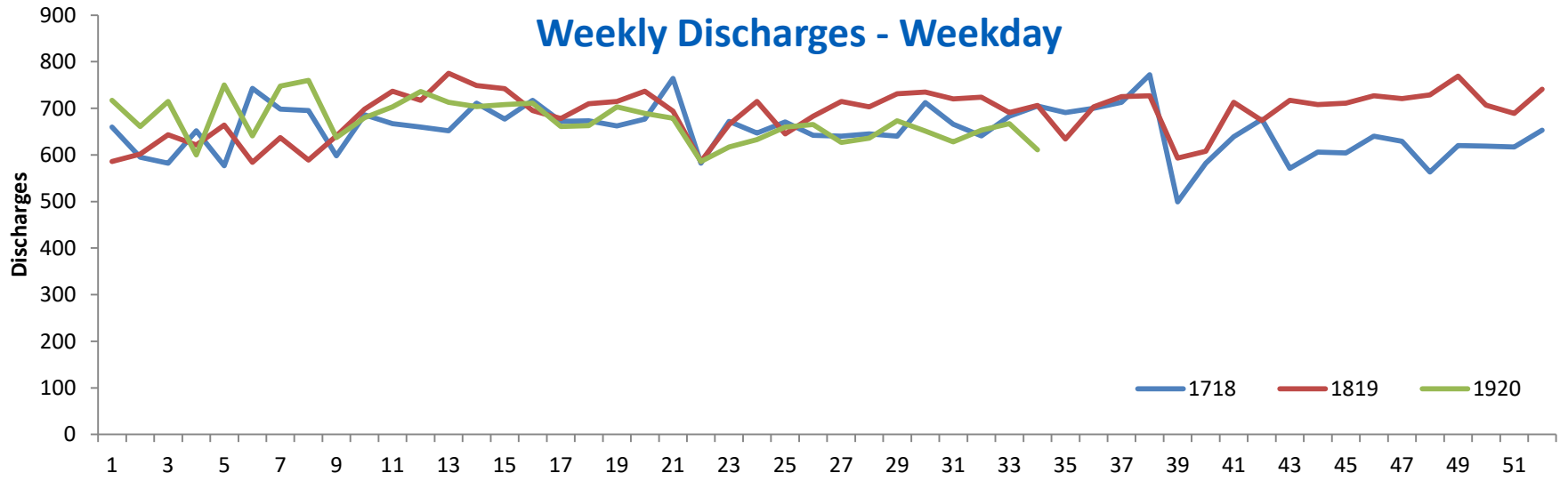
Shm Pharmacy	YTD Budget £	YTD Actual £	YTD Variance £
Other Income	07	08	0
Pay	(39)	(23)	16
Non Pay	(15)	(14)	01
Total	(47)	(29)	17
Total	(6,808)	(18,039)	(11,231)

- Trust headlines YTD M7
- Control total
- Behind plan by £11.2m
- Loss of PSF funding £2.9m, £9.1m being undelivered system savings, underlying underspend of £0.8m
- Full year plan is a control total surplus of £3.2m
- Productivity and Efficiency savings
- YTD savings of £5.6m

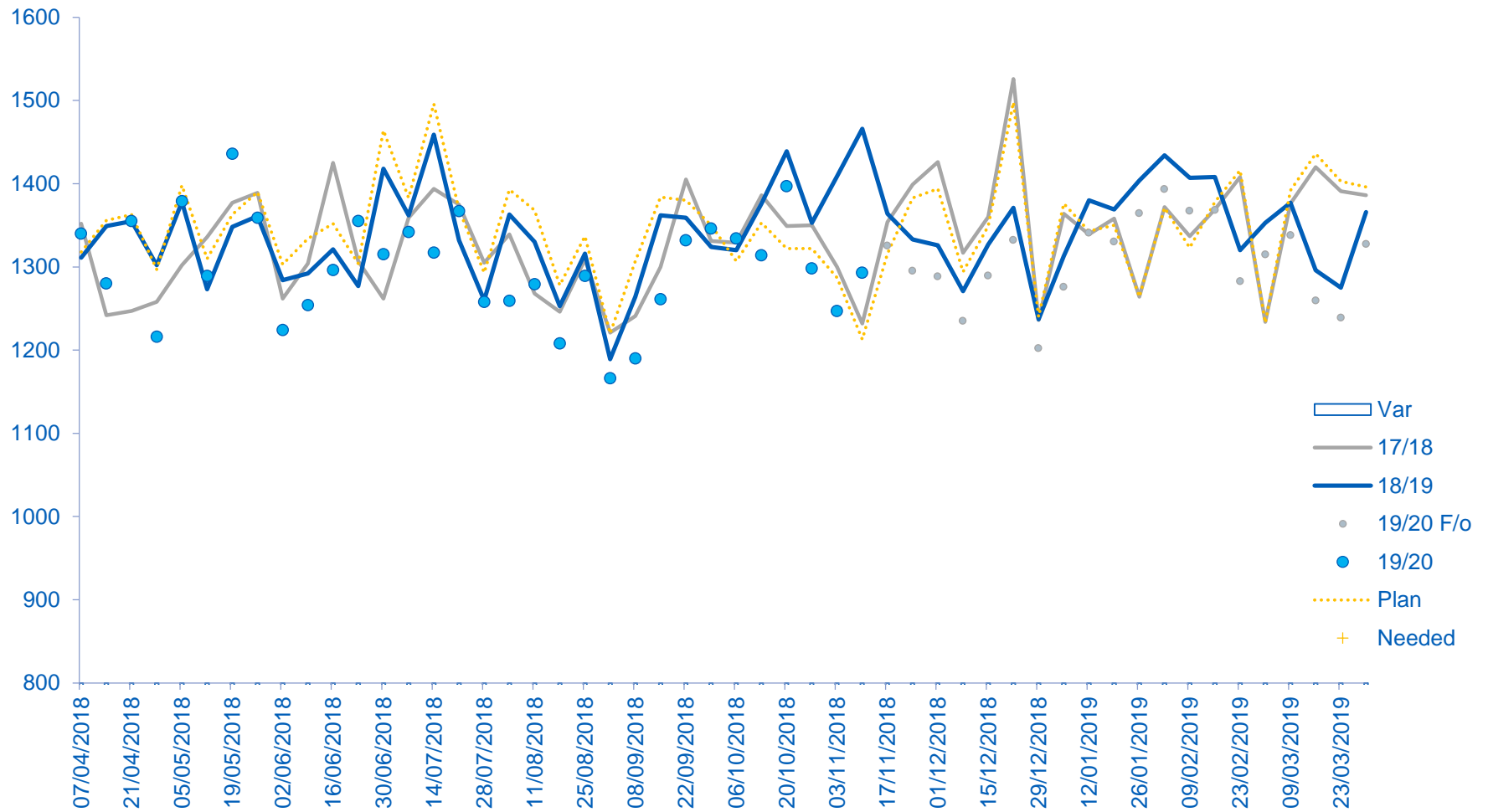
Appendices

6

JCUH Adult Ward Discharge Rates

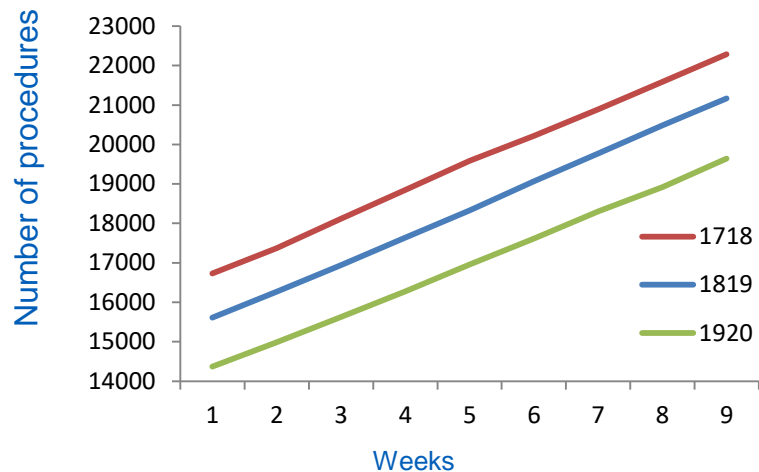


Non-Elective Delivery - All



Elective – Theatre Throughput

Elective overnight and day case - 9 week delivery period from 19/08/2019 FY19/20 compared with FY17/18 & FY18/19

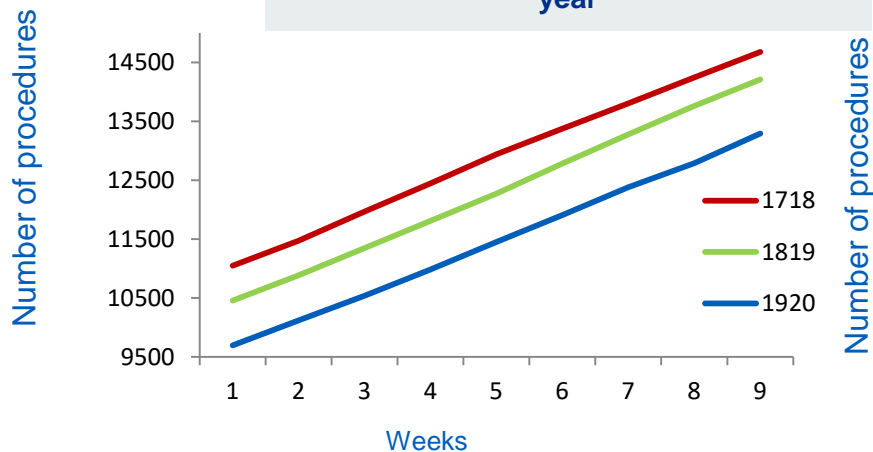


5.1% less cases undertaken in last 9 week period this year when compared to last.

YTD 7.2% less than last year

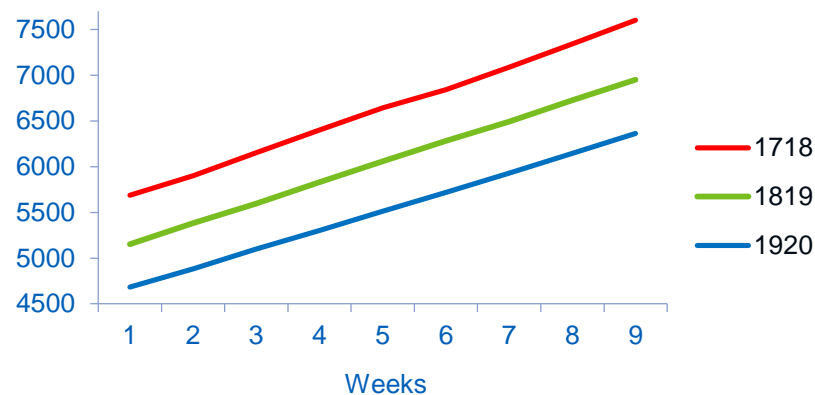
Elective day case

YTD 6.5% less when compared with last year



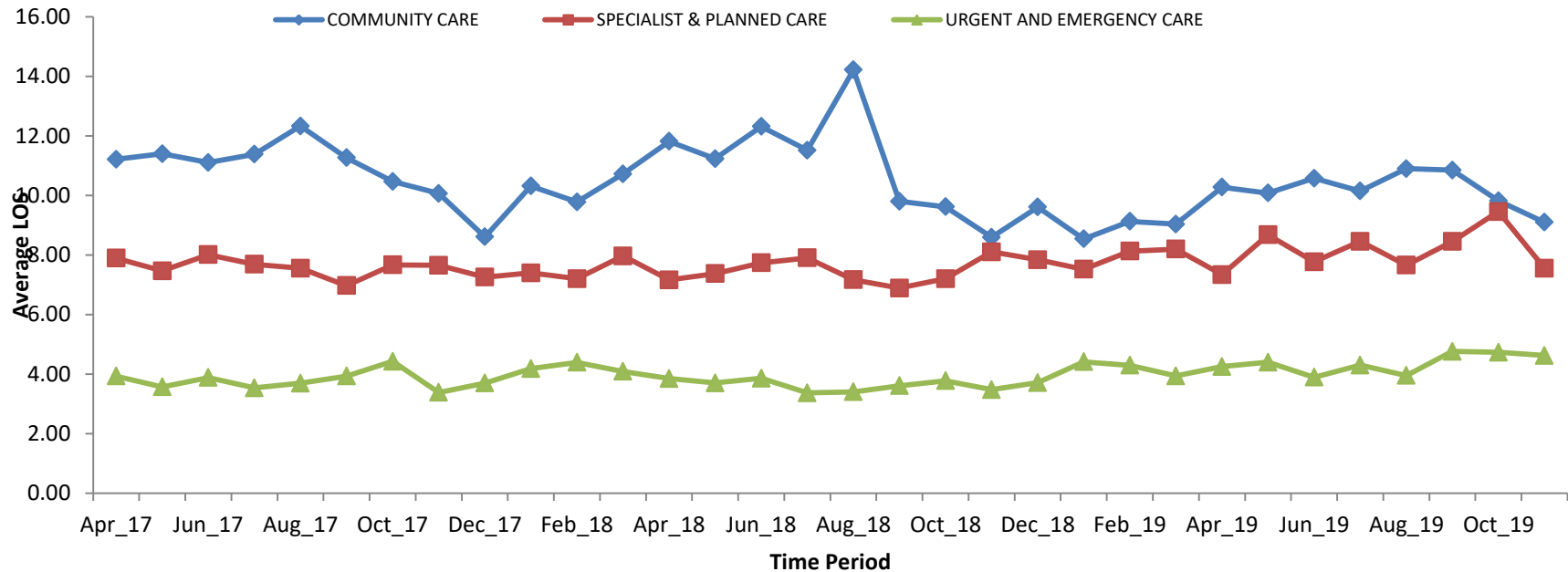
Elective overnight

YTD 8.5% less when compared with last year



Emergency Length of Stay by Centre

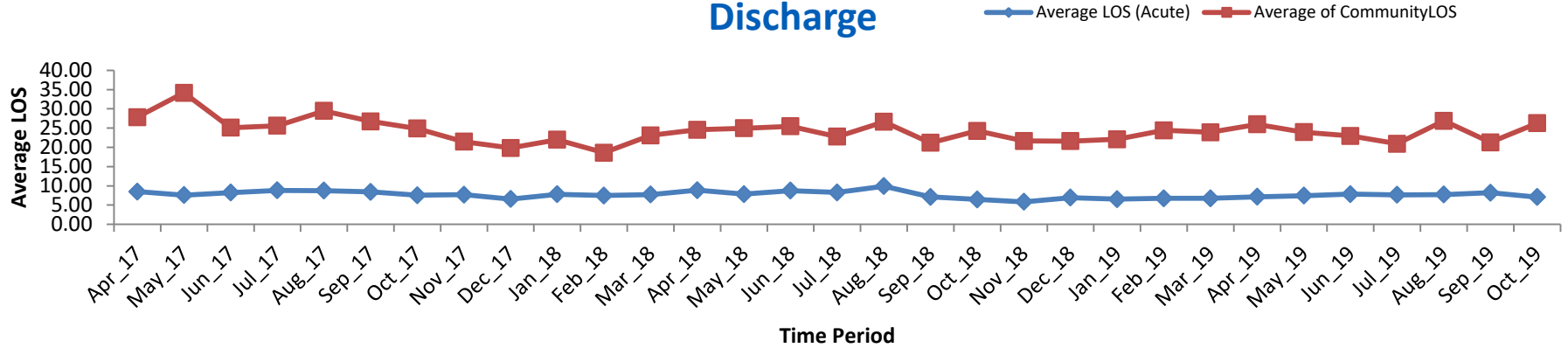
Emergency LOS by Centre at Discharge - 1st April 17 - 24th Nov 19



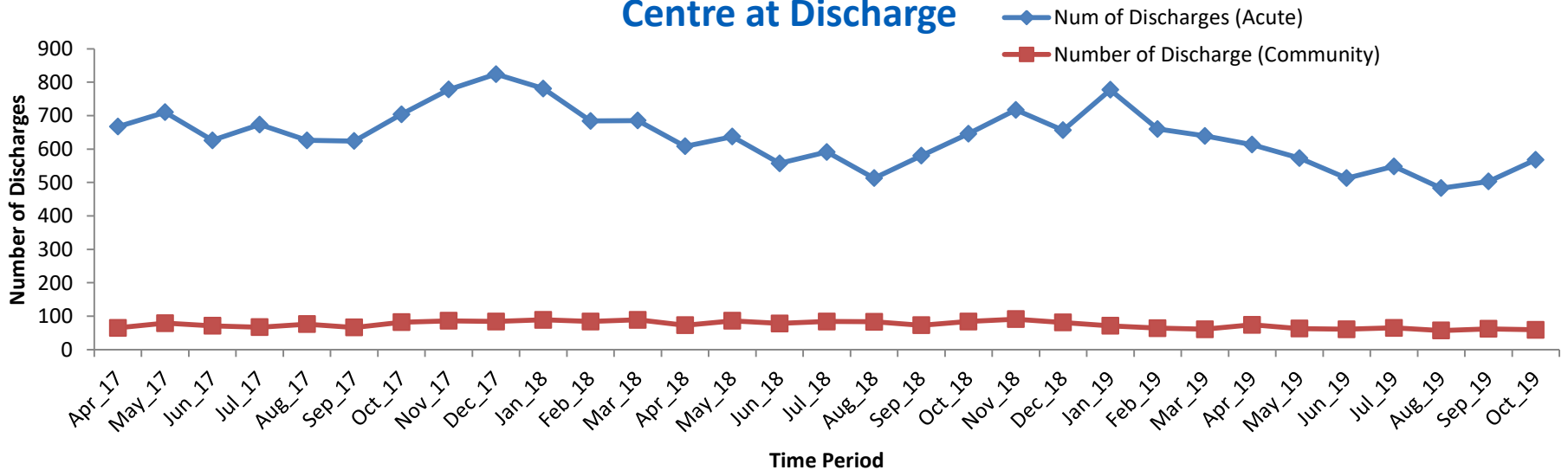
AVG LOS				
Centre	Community Care	Specialist & Planned Care	Urgent & Emergency Care	Grand Total
1718	10.7	7.6	3.9	7.2
1819	10.4	7.6	3.8	6.9
1920	10.4	8.3	4.3	7.3

Emergency LOS for Community Centre by Site Type

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



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



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

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00 am to 4.00 pm)	VENUE	MEDICAL DIRECTOR ATTENDING
Tuesday 10 December 2019 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH	David Chadwick – Medical Director, Specialist & Planned Care
Tuesday 10 March 2020 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH	TBC
Tuesday 12 May 2020 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, Friarage Hospital Northallerton	
Tuesday 21 July 2020 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH	Sath Nag – Medical Director, Community Care

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00 am to 4.00 pm)	VENUE	MEDICAL DIRECTOR ATTENDING
Tuesday 22 September 2020 10am – 4.00pm	<u>Annual Members Meeting</u> Timing – 11.30am – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Ian Haslock Lecture Theatre LRI JCUH Board Room, 2 nd Floor Murray Building, JCUH	Adrian Clements – Medical Director, Urgent & Emergency Care & FHN
Tuesday 8 December 2020 10am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH	David Chadwick – Medical Director, Specialist & Planned Care
Tuesday 9 March 2021 10am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH	TBC
Tuesday 11 May 2021 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, Friarage Hospital Northallerton	
Tuesday 13 July 2021 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH	Sath Nag – Medical Director, Community Care

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00 am to 4.00 pm)	VENUE	MEDICAL DIRECTOR ATTENDING
Tuesday 14 September 2021 10am – 4.00pm	<u>Annual Members Meeting</u> Timing – 11.30am – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Ian Haslock Lecture Theatre LRI JCUH Board Room, 2 nd Floor Murray Building, JCUH	Adrian Clements – Medical Director, Urgent & Emergency Care & FHN
Tuesday 14 December 2021 10am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH	David Chadwick – Medical Director, Specialist & Planned Care
Tuesday 8 March 2022 10am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH	TBC