

NB – This meeting will be recorded on MS Teams to aid accurate minute taking

Council of Governors – Public Meeting

Tuesday 9 November 2021, 11.30am – 1.30pm
Microsoft Teams

Agenda

ITEM	PURPOSE	LEAD	FORMAT	TIMING	
CHAIRS BUSINESS					
1.	Welcome and Introductions	Information	Chair	Verbal	11.30am
2.	Apologies for Absence	Information	Chair	Verbal	
3.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC1	
4.	Minutes of Previous Meeting held on: - 14 September 2021	Approval	Chair	ENC2	11.35am
5.	Matters Arising and Action Sheet	Review	Chair	ENC3	
6.	Chairman' Report - Update	Information	Chair	ENC4	11.40am
7.	Managing Director Report - Update	Information	Managing Director	ENC5	11.55am
8.	Lead Governor Report	Information	Lead Governor	Verbal	12.05pm
9.	Chief Operating Officer, Sam Peate - Performance Report	Discussion/ Information	COO	ENC6	12.10pm
INVITED MEMBERS					
10.	Finance Report	Discussion/ Information	Head of Financial Governance & Control	ENC7	12.30pm
11.	Ben Murphy – Head of Charities - Introduction - Presentation on Our Hospitals Charity	Information	Head of Charities	Verbal Presentation	12.35pm
STRATEGY & PLANNING					

GOVERNANCE					
12.	NED Service Visits	Information	Non-Executive Directors	Verbal	12.50pm
13.	Governor Attendance Register (info only – no discussion)	Information	Head of Governance	ENC8	
14.	CQC Update	Information	Deputy Director of quality and safety and freedom to speak up guardians	Presentation	1.00pm
15.	Committee Chair Logs 13.1 - People Committee - 13.2 – Quality Assurance Committee 13.4 – Audit & Risk Committee 13.5 – Resources Committee	Information	Ada Burns Debbie Reape David Jennings Mike Ducker	ENC9a ENC9b ENC9c ENC9d	1.10pm
16.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	1.20pm
17.	Reflections on Meeting	Discussion	Chair	Verbal	
18.	Any Other Business - Future meeting dates - Update to Governors from Membership & Engagement Committee	Information Information	Chair / All Janet Crampton - Gov	ENC10 Verbal	1.25pm
19.	Date of Next Meeting: Tuesday 18 January 2022	Information	Chair		

ENC 1

Council of Governors Register of Interests

Board Member	Position	Declaration Details
Ann Arundale	Governor	NIL
Prof Derek Bell	Joint Chair	Trustee Royal Medical Benevolent Fund – no remuneration Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration Centre for Quality in Governance – Dormant Ltd Company
Steve Bell	Governor	NIL
David Bennett	Governor	NIL
Lisa Bosomworth	Governor	NIL
Jon Broughton	Governor	NIL
Yvonne Teresa Bytheway	Governor	Therapeutic Care Volunteer – James Cook University Hospital NHS Responder during COVID pandemic – providing support to vulnerable people as a check in and chat volunteer Volunteer for Ageing Better, Middlesbrough Teaching Support for NHS Medical Students
Janet Crampton	Governor	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Chair of Dementia Friendly Hambleton
Paul Crawshaw	Governor	Chair of Healthwatch Middlesbrough Board
Cllr Caroline Dickinson	Governor	Older Persons Champion for Public Health NYCC Trustee Hambleton Foodshare Trustee Mencap Northallerton
Graham Fawcett	Governor	NIL

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

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

**Unconfirmed minutes of the Council of Governors Meeting held in PUBLIC
on 14 September 2021 at 11.30am via Microsoft Teams**

Present:

Prof Derek Bell	Joint Chairman of the Trust and Chair of the meeting
Ms Ann Arundale	Elected governor, Middlesbrough
Ms Steve Bell	Elected governor, Staff
Mr David Bennett	Elected governor, Patient and/or Carer
Mr Jon Broughton	Elected governor, Staff
Mrs Yvonne Bytheway	Elected governor, Middlesbrough
Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Cllr Caroline Dickinson	Appointed governor, North Yorkshire County Council
Mr Graham Fawcett	Elected governor, Redcar & Cleveland
Mr Paul Fogarty	Elected governor, Middlesbrough
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Ms Elaine Lewis	Elected governor, Patient and/or Carer
Mr Nigel Puttick	Elected governor, Hambleton & Richmondshire
Mrs Angela Seward	Elected governor, Rest of England
Dr Philip Warwick	Appointed governor, Durham University
Mrs Sue Young	Elected governor, Hambleton & Richmondshire

In attendance:

Mrs Ada Burns	Non-executive Director / Vice Chair (<i>item 2021/009/15</i>)
Mr Rob Harrison	Managing Director (<i>item 2021/009/7</i>)
Mrs Anita Keogh	Corporate Affairs Officer/PA to Joint Chairman
Mr David Jennings	Non-executive Director
Mrs Hilary Lloyd	Chief Nurse (<i>item 2021/009/11 & 14</i>)
Mr Sam Peate	Chief Operating Officer (<i>item 2021/009/9</i>)
Ms Debbie Reape	Non-executive Director (<i>item 2021/009/15</i>)
Mr Brian Simpson	Head of Financial Governance & Control (<i>item 2021/009/10</i>)
Mrs Jackie White	Head of Governance/Company Secretary (<i>item 2021/009/12 & 13</i>)

Observers:

Mr John Edwards	Governor, North Tees Hospitals NHS Foundation Trust
Mr Tony Horrocks	Lead Governor, North Tees Hospitals NHS Foundation Trust
Dr Asokan Krishnaier	Governor, North Tees Hospitals NHS Foundation Trust
Ms Pauline Robson	Governor, North Tees Hospitals NHS Foundation Trust
Mr Ian Simpson	Governor, North Tees Hospitals NHS Foundation Trust

CHAIR'S BUSINESS

1. **Welcome and Introductions**

Prof Bell welcomed all Governors from South Tees and those joining from North Tees Trust for his first meeting as Joint Chair of both Trusts.

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

2. **Apologies for Absence**

Apologies for absence were received from:

Ms Lisa Bosomworth	Representative of appointed governor, Healthwatch
Prof Paul Crawshaw	Appointed governor, Healthwatch
Ms Barbara Hewitt	Elected governor, Redcar & Cleveland
Ms Carlie Johnston-Blyth	Appointed governor, Teesside Univeristy
Prof Steve Jones	Appointed governor, Newcastle University
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Jean Milburn	Elected governor, Middlesbrough
Mr Lee O'Brien	Appointed governor, Carer organisation
Mr Patrick Rice	Appointed governor, Redcar & Cleveland Borough Council
Ms Jennifer Rutland	Elected governor, Redcar & Cleveland
Mr Erik Scollay	Appointed governor, Middlesbrough Council
Mr Jon Winn	Elected governor, Redcar & Cleveland

The following Non-executive Directors submitted their apologies:

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

3. **Declarations of Interest**

Mrs Keogh confirmed that the meeting was quorate. Prof Bell asked that his Declaration of Interest be added going forward. There were no other new interests declared and no interests declared in relation to the agenda.

Prof Bell asked Governors to inform either Mrs White or Mrs Keogh of any changes to declarations of interest going forward.

Action: i) Anita Keogh to add the Declaration of Interest of Prof Bell going forward.

4. **Minutes of Previous Meeting**

The minutes of the previous meeting held on 13 July 2021 were approved.

Resolved: i) the minutes of the previous meeting held on 13 July 2021 were accepted as an accurate record.

5. **Matters Arising and Action Sheet**

Prof Bell asked Governors how the Development Session provided by Hilary Lloyd, Chief Nurse, had been received earlier that morning.

Ms Hodgson responded that she had found the presentation to be very useful.

Mrs Seward agreed adding that she felt it was very helpful and that the Chief Nurse had been very warm and friendly throughout.

Prof Bell noted the feedback.

The Action Sheet was reviewed and updated.

6. **Chairman's Report**

Prof Bell gave a verbal update to members and advised that he was continuing his induction and had been visiting lots of different areas to have a better understanding of the whole Trust. He also welcomed Governors to contact him if needed with any queries or questions pointing out what an important role being a Governor was.

He continued with an update on the joint working with North Tees confirming that going forward the intention was to expand the Joint Strategic Board to look at closer working and that the membership of the Board had been expanded to include Medical Directors and Finance Directors and Nurse Directors of both Trusts. In addition it was hoped that a new Interim Director of Strategy and Partnerships would be appointed to help with the Joint Strategic Board.

He added that he was pleased to read that the GMC (General Medical Council) results placed South Tees Hospitals NHS Foundation Trust very high in valuing our training of young doctors which in turn would help with recruitment.

Prof Bell advised members that the Trust had submitted a bid to improve the estate with a focus on development of a new Women's and Children's Centre incorporating our regional Cochlear Implant Centre and a new major Trauma Centre on the front of the hospital.

He added how delighted he would be if the Trust was successful in its bid but that it was important to look at existing estate and equipment which is high on Rob Harrison's and the Senior Leadership team's agenda.

Mr Harrison added that in relation to the estate plan submitted this was for the next 5/10 years as the hope was that we would be financially stable to help us to re-invest. The alternative option would be to look at existing estate and maybe look at changing where necessary.

With regard to CQC Professor Bell advised that it was likely that a visit will occur in the next year and staff were currently working extremely hard to be ready for the inspection as it was very important that South Tees receive the best outcome possible.

The following questions were raised:

- Mrs Young commented on the financial pressures that the Trust were under but wondered if the Government took into account that this was a

deprived area when allocating funds. Prof Bell replied that this was a good question and that in relation to the North East it was believed that we have been under funded. Mr Harrison added that the revenue received by the Trust was received by the CCGs nationally as an amount per head and that this did recognise deprivation. In relation to capital and buildings allocation of money this was through ICS organisations and based on size of organisation and not deprivation.

Resolved: i) Governors thanked Prof Bell for his update.

7.

Managing Director Report

Mr Harrison, Managing Director, ran through a presentation to provide a full update to Governors on the following:

- COVID-19
- GMC training survey 2021
- Health and Care Bill
- Emergency care standards
- New laparoscopic theatres open
- Organ donation
- New Friarage academic centre
- Robotic exoscope

The following questions were raised:

- Mr Broughton raised a question on the infrastructure update adding the need for the trauma centre to be updated as well as other areas including the tower block which had been put on hold due to COVID. Mr Broughton added that he was due to take Mrs Burns, Deputy Chair, on a visit the following week. Mr Harrison replied that the Trust's PFI contract was in place however, modern PFI contracts provide alternative accommodation but unfortunately ours did not which makes it operationally difficult to complete works.
- Mrs Young updated Governors on her recent experience at Friarage Hospital when talking to staff and the lack of air conditioning which was causing a problem. Although measures had been put in place with extra water and ice creams this was a question that required addressing. Mr Harrison replied that air conditioning was not easy to fit but that estates were considering and improving conditions where possible.
- Mrs Crampton thanked Mr Harrison for his update and commented that she too had had a recent experience at the Friarage in relation to noise levels and asked if a replacement plan was in place to look at general noise. Mr Steve Bell replied that as part of refurbishments bins were being changed to plastic and that this was all in hand to help provide a better patient experience.
- Mrs Burns concluded that the issues that colleagues were raising was as a result of the legacy of underfunding and it was hopeful that this was going to be addressed as the Trust / Board were aware of underinvestment.

Action: i) Anita Keogh to provide a copy of Mr Harrison's presentation to Governors

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

8. **Lead Governor Report**

Mrs Angela Seward, Lead Governor, welcomed Prof Derek Bell to his first official Council of Governors meeting as Joint Chair as well as both Governors from South Tees and North Tees joining the meeting today.

She gave a verbal update on the work she had carried out since the last Governor meeting held in July 2021 which included:

- Regular telephone calls with Prof Bell which had also enabled her to provide him with an update on what had been discussed at the recent Nomination Committee meeting.
- Future meetings being finalised including a meeting taking place on the 20 October 2021 with both Trusts involving Lead Governors, Deputy Chairs and Company Secretaries.
- STRIVE opening at Friarage Hospital which was a fantastic day and helps put the Friarage on the map.
- Introductory meeting with Chris Hand, Chief Finance Officer, which had been very helpful.
- Attendance at both South Tees and North Tees Board of Director meetings and Council of Governor meetings which were very informative.

Mrs Seward reminded Governors that the next Council of Governor meeting for North Tees was scheduled to take place on the 16 September 2021 if anybody was free and would like to join.

Prof Bell thanked Mrs Seward for her update to Governors

No questions were raised.

9. **Chief Operating Officer, Sam Peate**

Introduction

Sam Peate, Chief Operating Officer, gave a short introduction to all Governors as this was his first Council of Governors meeting that he had attended.

Performance Report

Mr Sam Peate, Chief Operating Officer, ran through the report with the following key messages:

- The Trust had escalated its COVID 19 response during July. Clinical teams focused on treating patients with COVID 19, and those without COVID whose needs were equally urgent, while working to address the needs of anybody whose non-urgent care was disrupted by the pandemic.
- Elective outpatient and inpatient recovery reduced, due to COVID related staff absence and redeployment impacting on theatres and outpatient activity, increased short notice cancellations and DNAs due to COVID 19 in the wider population. Ward reconfiguration to enable COVID pathways - temporarily reduced elected orthopaedic bed base.
- In line with the pattern seen across the NHS, 4-hour waiting standard performance declined, and ambulance handover times increased with increasing proportions of 'Red' pathway patients combined with sustained high volumes of attendances.
- Appraisal rates declined as staff were asked to prioritise direct clinical care in response to patient demand and high levels of absence from work.

- Operational, tactical and Strategic focus on the demands of the COVID 19 response.

Areas to focus on include:

- Safe: Falls rate remains below benchmark, despite staffing challenges. Serious Incidents remain below the mean; all sepsis bundle indicators improved this month.
- Caring: Friends and Family Experience rates for Inpatients. Outpatients above target.
- Responsive: Cancer 14 day standard has been above the mean for 7 months.

The following questions were raised:

- Mr Mike Holmes asked about cancer 62 day and late transfers asking if the Trust could not take that out so Governors could see how the Trust actually performed. Mr Peate replied that this was possible and that the Trust tended to meet or exceed when this was done but because the Trust is a Tertiary we do engage with other Trusts to discuss the processes.
- Mike Holmes asked an additional question of what percentage of patients we receive from outside the area. Unfortunately Mr Peate did not have this information but he would obtain the answer and provide Governors with the details

Action: i) Mr Peate to provide percentage of patients that the Trust receives from outside the area

Resolved: i) Governors gave thanks to Sam Peate.

INVITED MEMBERS

10.

Finance Report

Mr Simpson, Head of Financial Governance and Control, confirmed that a copy of the finance report had been provided in the papers for Governors which outlined the Trust's financial position as at Month 4 which reported a deficit of £2.7 at a system control total level. This was in line with the required budget deficit for M4 as agreed with the ICP/ICS.

The following questions were raised:

- Dr Warwick asked about the £3m deficit. Mr Simpson replied that this was the target from the ICS adding that the Trust were on track to deliver it and that we were currently waiting to hear on the financial regime for H2. Mr Harrison added that every year the amount was different but at present we have a maximum of a £3m deficit.

Resolved: i) Governors thanked Mr Simpson for his update.

GOVERNANCE

11. **Receive the Quality Report**

A copy of the Quality Report was provided to all Governors for their information only.

12. **Update on presentation of annual report and accounts**

Mrs White confirmed that these had now been laid before Parliament and the Trust had been notified that there were no issues highlighted.

The next step was to finalise the recording of the video for the Annual Members meeting which was looking likely to take place at the end of September 2021 but would clarify when a final date was determined.

Action: i) Mrs White to provide final date for the video for the Annual Members meeting to Governors.

13. **Recommendation from Nomination Committee**

Mrs White referred to the paper provided and asked Governors to consider and approve the recommendations from the Nomination Committee following the meeting in July 2021 which were:

- The appointment of Mr Redpath to a full NED position with effect from 1 August 2021.
- The appointment of Ms Reape for a second term of office.

Prof Bell asked Governors if they approved the recommendation of Nomination Committee. All Governors confirmed agreement.

Decision: i) Governors agreed the appointment of David Redpath as a full Non-Executive Director with effect from 1 August 2021. Governors also agreed the appointment of Ms Debbie Reape for a second term of office.

14. **CQC Update**

Dr Hilary Lloyd, Chief Nurse advised Governors that the Trust were preparing for a CQC inspection which was likely to take place soon.

She reassured Governors that the majority of must do and should do actions had now been achieved with mandatory training being the only item off track at the moment. It was acknowledged that this has been a very difficult year and mandatory training was to be monitored closely.

Mrs Lloyd advised that engagement meetings were taking place with the CQC monthly.

Prof Bell thanked Mrs Lloyd and team for all their hard work.

No questions were raised.

15. **Committee Chairs' Logs**

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

Professor Bell offered Chairs of Committees the opportunity to highlight any areas of interest for Governors.

Ms Ada Burns – People Committee

Ms Burns highlighted that the People Committee had reviewed the Board Assurance Framework (most significant risks in the Trust) relevant to the People Committee in detail. Assurances had been provided on education and, proposals related to the development of medical apprenticeships.

Ms Burns also assured Governors about the issues raised earlier on mandatory training and appraisals which remain a focus of concern and discussion with People Committee.

Ms Burns provided a positive piece of news that the Freedom to Speak Up team had been nominated for a HSJ award which was a fantastic achievement and a huge credit for the hard work carried out by the whole team.

Ms Debbie Reape – Quality Assurance Committee

Ms Reape informed Governors that the Quality Assurance Committee did discuss the clinical harm review due to delay in waiting lists but all would be included in DATIX and added that both Dr Michael Stewart, Chief Medical Officer, and Dr Hilary Lloyd, Chief Nurse, had offered assurance that never events will be reviewed in a robust process.

No questions were raised.

Resolved: i) Governors thanked both Debbie Reape and Ada Burns for their updates on the different Committees.

16.

Matters to bring to the attention of the Board

Mrs Crampton shared with Governors her recent experience as a day patient at Friarage Hospital while attending for a pre-assessment. She commented that the surgical pre-assessment were very understaffed and following some conversations she had discovered that some people had left but had not been replaced which added further pressure. Mrs Crampton asked if things had changed as the pre-assessments were vital otherwise surgery could not take place.

Prof Bell thanked Mrs Crampton for raising this. Mr Peate, Chief Operating Officer, responded by confirming that a key piece of work on pre-assessments had recently been completed and was pleased to report that over the last couple of weeks this was now fully established and staff had now received all training with an increase in activity of pre-assessments being noted. He concluded that the Trust had invested in an electronic patient tool which has had issues and although it was a work in progress there had been significant steps taken forward.

Mrs Crampton thanked Mr Peate for this update.

Prof Bell asked if pre-assessments were carried out at both James Cook University and Friarage Hospital. Mr Peate replied that they were adding that Redcar Primary Care also carry out pre-assessments and that it was hoped that this would continue.

Mr Broughton raised a comment on page 54 of the Quality Account re: GIRFT which he highlighted as a very valuable national programme. He continued that urology had had a visit in July with another due to take place on the 1 October and encouraged board members to attend too. Mrs White replied that Dr Hilary Lloyd as Chief Nurse leads with GIRFT but that this would be raised at Board.

17. **Reflections on Meeting**

Prof Bell began by asking Governors if this meeting had worked well for them.

Mrs Burns commented that she felt that the meeting worked well but that face to face meetings were definitely favoured but that all Governors contributed as much as they could via Teams.

Mr Holmes raised the Performance Report again stating that he felt that not enough time was spent on this item and added that this required more detail. Prof Bell replied that the Performance Report was evolving all the time. Mr Holmes continued that he was confident that Governor meetings would improve when there was a bigger gap between the Board meeting and Governor meeting instead of the week's difference currently in diaries.

Mrs Seward thanked all Governors for all efforts made in navigating through the Teams meetings.

18. **Any other business**

Nothing raised.

19. **Date of Next Meeting**

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 9 November 2021. Prof Bell added that this meeting was scheduled to take place at the Friarage Hospital and although it is hoped that this can take place face to face Governors would be kept updated.

MEETING OF THE COUNCIL OF GOVERNORS – 9 November 2021			
Joint Chairman's update			AGENDA ITEM: 6 ENC 4
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Professor Derek Bell Joint Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Joint Chairman's update		
Background	The following report provides an update from the Joint Chairman.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Council of Governors are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

Joint Chairman's Update

Induction

I have spent the last two months undertaking my induction programme with the Trust. I am most grateful to the wonderful welcome I have received and to the teams who I have met. I have visited North Yorkshire and Teesside Community services and teams and services across James Cook and the Friarage hospitals. I have also had the opportunity to meet with staff from corporate directorates.

This month I continue the induction programme both internally and externally now with a focus on our partners across the Tees Valley and beyond.

Health and Social Care Bill update

The Health and Care Bill has been going through its to Public Bill Committee stage and, at the time of this report's writing, is expected to report to the House of Commons by Tuesday 2 November 2021.

The purpose of the Health and Care Bill is to give effect to the policies that were set out as part of the NHS's recommendations for legislative reform following the Long Term Plan and in the White Paper 'Integration and Innovation: Working together to improve Health and Social Care for all' published in February 2021.

The Bill's integration proposals set out how Integrated Care systems (ICSs) will be given statutory ICSs will be led by two key bodies – an integrated care board (ICB) and integrated care partnership (ICP). ICBs will take on the NHS planning role currently held by NHS clinical commissioning groups (CCGs) and some functions from NHS England. ICPs will be responsible for developing an integrated care strategy, which sets out how the needs of the local population will be met (informed by local authorities' joint strategic needs assessments).

Subject to approval, the Bill is due to receive Royal Assent by April 2022 and the NHS has been asked to plan for the implementation of its provision on this basis.

Joint Strategy Board

I am most grateful to the work of Mr Neil Mundy who set up the Joint Strategy Board working across both South Tees Hospitals NHS Trust and North Tees & Hartlepool NHS Trust. I am pleased to let you know that we have appointed an Interim Joint Director of Strategy & Partnership Mr Alan Hunter. Alan started with the Trust this month.

The Board met two weeks ago and we considered its name and agreed to recall it Joint Partnership Board as this reflected the current role of the group. We had some great presentations on the joint partnership work we are undertaking across the two Trusts including digital optimisation, estates utilisation and Pathology.

The membership of the Board has been expanded to include the Medical Directors, Nurse Directors and Finance Directors from both Trusts.

NHS Providers CQC's State of Care report 2020/21

The Care Quality Commission (CQC) last week published its new State of Care report, the state of health care and adult social care in England 2020/21, setting out its annual assessment of the quality of health and social care in England over the past year. It summarises key points for Trusts covering people's experiences of care, trusts' flexibility in responding to the COVID-19 pandemic, ongoing quality concerns and challenges for systems which recognised the ongoing pressures trusts are facing and the work they are doing to recover services and provide quality care in a difficult time.

Thanks to staff

The Board and I are aware of the scale of pressures across the Trust and the extraordinary achievements made by our staff. At the meeting of the Board this month we recorded our thanks and appreciation to our staff.

2. RECOMMENDATIONS

The Council of Governors is asked to note the contents of this report.

MEETING OF THE COUNCIL OF GOVERNORS – 9 NOVEMBER 2021			
Managing Director update			AGENDA ITEM: 7 ENC5
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Managing Director
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Managing Director update		
Background	The following report provides an update from Managing Director.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Council of Governors are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

Managing Director Update

COVID-19 update

During October, COVID-19 community infection rates rose across the Tees Valley and North East.

Sixty-one patients with COVID-19 on average have required hospital care per day, of which five to nine patients have required critical care each day.

The number of patients requiring COVID-care has meant that clinical colleagues have continued to devote two wards and one critical care unit to the care of patients with COVID-19.

It should be noted that rates of community infection are now higher than late January 2020 when the number of patients requiring hospital COVID-care reached 238.

The smaller number of patients requiring hospital care at this time is testament to the success of the COVID-19 vaccine. The vaccine saves lives. And it helps to prevent people from becoming seriously ill.

This winter, clinical colleagues are also strongly urging those who are eligible to book an appointment for the free flu vaccine and COVID-19 booster jab.

Both are important to provide vital protection not only to individuals, but also their loved ones while also helping to ease pressure on the NHS.

As well as providing care for patients with COVID-19 (including those who are critically ill), colleagues continue to provide care for patients without COVID whose needs are equally urgent, and patients whose care has been disrupted during the pandemic.

In the five weeks to 13 October, for example, surgical colleagues and teams delivered more than 4,000 operations, of which over 3,000 were planned surgical procedures. At the same time, over 85,000 outpatient appointments took place.

In addition, urgent and emergency care services have been extremely busy. In the five weeks to 13 October, clinical colleagues saw 21,514 urgent and emergency care attendances: a rise of more than 3,000 adult attendances compared to the same period last year.

NHS Planning Guidance (H2)

The national NHS planning guidance for the remaining six months of 2021/22 was published in October. The guidance asks NHS organisations to focus on over the next six months on:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay.
- Working collaboratively across systems to deliver on these priorities.

As part of the NHS planning guidance, there is a tapering off of national COVID-19 funding to NHS organisations (following the rollout of the national COVID vaccination programme) and the reintroduction of national efficiency targets.

To support elective recovery from COVID-19, NHS England is making a national £700m targeted investment fund available to Integrated Care Systems which will allocate funding to trusts.

James Cook renal unit appeal

Thanks to the extraordinary generosity of our local communities, The James Cook University Hospital Kidney Unit Appeal has reached its £500,000 target.

Starlight Protector of Play award

A national charity dedicated to the protection of play for seriously ill children named our nursery nurse colleague Dawn McCabe as the winner of its Protector of Play award.

Dawn has been working with children for over 41 years and won the Starlight Protector of Play Award for her role as a hospital-based nursery nurse, providing play and distraction services to the children on ward 22, a paediatric, surgical and trauma ward at The James Cook University Hospital.

2. RECOMMENDATIONS

Council of Governors are asked to note the contents of this report.

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 9 November 2021			
Integrated Performance Report			AGENDA ITEM:9, ENC 6
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	Responsible Director: Sam Peate, Chief Operating Officer	Various
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	To provide Council of Governors with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	<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, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.</p>		
Assessment	<p>The following changes have been implemented in September's IPR:</p> <ul style="list-style-type: none"> • Senior Leadership Team have reviewed content and format. A new format is to be implemented combining key metrics, best practice in data presentation with concise narrative to give insight and assurance, with Non-Executive Director engagement. • E-Discharge removed due to poor data quality and metric not contractually monitored at this time. <p>Our key messages for September are:</p> <p>The impact of COVID-19 continued but stabilised during September 2021. COVID-19 'Red' pathways were maintained due to the number of inpatients requiring COVID-care with two COVID wards and one COVID critical care unit in operation; at the same time elective activity returned to higher levels, with outpatient activity at 94% and admitted activity at 96% of September 2019 levels.</p>		

	<p>Key metrics for the safe and effective domains show the level of incident reporting continues to demonstrate an improved reporting culture. The Falls rate remains below benchmark, with no increase in falls with harm or change in the rate of category 3 and 4 pressure ulcers. This is in the context of higher activity levels, bed occupancy and a further increase in COVID-related staff absence rates in the month. The response to COVID-19 has driven changes to clinical pathways, reflected in increases in Caesarean Section and induction of labour rates.</p> <p>As attendances to Urgent and Emergency services continue to rise, performance against the 4-hour standard and ambulance handover times continue to be challenging and is reflected across health systems nationally. Cancer 14-day access standard has been above the mean for 7 months. The position against the other cancer metrics has been maintained. COVID-related pressures on theatre and critical care capacity resulted in 58 rescheduled non-urgent procedures.</p> <p>Sickness absence rates were 5.66% in September due to COVID-related absence and mental wellbeing; support and interventions remain in place and continue to be reviewed. Positively, appraisal rates improved to 72.42% against the target of 80%.</p>	
Recommendation	The Council of Governors are asked to receive the Integrated Performance Report for September 2021.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	All principal risks identified in the BAF.	
Legal and Equality and Diversity implications	There are no legal or equality and diversity implications associated with this paper	
Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>	



South Tees Hospitals
NHS Foundation Trust

Integrated Performance Report

September 2021

Changes to IPR



South Tees Hospitals
NHS Foundation Trust

The following changes have been implemented in September 2021 IPR:

- Senior Leadership Team have reviewed content and format. A new format is to be implemented combining key metrics, best practice in data presentation with concise narrative to give insight and assurance, with Non Executive Director engagement.
- E-Discharge removed due to poor data quality and metric not contractually monitored at this time.

Key Messages



The impact of COVID-19 continued but stabilised through September 2021. COVID-19 'Red' pathways were maintained due to the number of inpatients requiring COVID-care with two COVID wards and one COVID critical care unit in operation; at the same time elective activity returned to higher levels, with outpatient activity at 94% and admitted activity at 96% of September 2019 levels.

Key metrics for the safe and effective domains show the level of **incident reporting** continues to demonstrate an improved reporting culture. The **Falls** rate remains below benchmark, with no increase in falls with harm or change in the rate of category 3 and 4 **pressure ulcers**. This is in the context of higher activity levels, bed occupancy and a further increase in COVID-related staff absence rates in the month. The response to COVID-19 has driven changes to clinical pathways, reflected in increases in **Caesarean Section** and **induction of labour** rates.

As attendances to Urgent and Emergency services continue to rise, performance against the **4-hour standard** and **ambulance handover times** continue to be challenging and is reflected across health systems nationally. **Cancer 14-day access** standard has been above the mean for 7 months. The position against the other cancer metrics has been maintained. There have been pressures on theatre and critical care capacity (from COVID-related workforce absence and high demand) resulting in 58 rescheduled **non-urgent procedures**.

Sickness absence rates were 5.66% in September. COVID related absence and mental wellbeing is a theme, particularly in staff groups who have been at the forefront of the COVID-19 response; support and interventions remain in place and continue to be reviewed. Positively **appraisal rates** improved to 72.42%..

Summary

Indicator	Latest Month	Target/Benchmark	Month Reported	Trend	Assurance
All Falls Rate	4.93	6.6	09/2021		
Falls With Harm Rate	0.07	TBD	09/2021		
Infection Control - C-Difficile (YTD)	54	73	09/2021	N/A	N/A
Infection Control - MRSA (YTD)	1	0	09/2021	N/A	N/A
All DATIX Incidents	2115	2070	09/2021		
Serious Incidents	12	0	09/2021		
Never Events (YTD)	0	0	09/2021	N/A	N/A
Category 2 Pressure Ulcers	5.56	TBD	09/2021		
Category 3 & 4 Pressure Ulcers	0.76	TBD	09/2021		
SHMI	111.81	100	05/2021		
Hospital Standard Mortality Rate (HSMR)	86.42	100	06/2021		
Palliative Care Coding	0.00	0	06/2021		
Comorbidity Coding	3.63	0	06/2021		
VTE Assessment	80.30%	TBD	09/2021		
Maternity - Caesarean Section Rate (%)	33.67%	TBD	09/2021		
Maternity - Induction of Labour Rate (%)	46.88%	TBD	09/2021		
Maternity - Still Births (YTD)	16	TBD	09/2021	N/A	N/A
Maternity - PPH 1500ml Rate (%)	4.0%	TBD	09/2021		

SAFE

Indicator	Latest Month	Target/Benchmark	Month Reported	Trend	Assurance
Sepsis - Targeted oxygen delivered within 1 hour	94.40%	95%	08/2021		
Sepsis - Blood cultures taken within 1 hour	75.00%	95%	08/2021		
Sepsis - Empiric IV antibiotics administered	87.50%	95%	08/2021		
Sepsis - Serum lactate taken within 1 hour	76.40%	95%	08/2021		
Sepsis - IV fluid resuscitation initiated	87.50%	95%	08/2021		
Sepsis - Urine measurement started	75.00%	95%	08/2021		
F&F A&E Overall Experience Rate (%)	79.68%	85%	09/2021		
F&F Inpatient Overall Experience Rate (%)	96.64%	96%	09/2021		
F&F Outpatient Overall Experience Rate (%)	97.18%	95%	09/2021		
F&F Maternity Overall Experience Rate (%)	90.70%	97%	09/2021		
Complaints Closed Within Target (%)	76.50%	80%	08/2021		
All New Complaints	23	TBD	09/2021		

EFFECTIVE

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 (%)	75.94%	95%	09/2021		
	Ambulance Handovers - over 30 mins	149	TBD	09/2021		
	Ambulance Handovers - over 60 mins	144	TBD	09/2021		
	RTT Incomplete Pathways (%)	64.39%	92%	08/2021		
	Diagnostic 6 Weeks Standard (%)	76.26%	99%	08/2021		
	Cancer Treatment - 14 Day Standard (%)	89.21%	93%	08/2021		
	Cancer Treatment - 31 Day Standard (%)	94.36%	96%	08/2021		
	Cancer Treatment - 62 Day Standard (%)	80.60%	85%	08/2021		
	Cancer Treatment - 62 Day Screening (%)	90.00%	90%	08/2021		
	Non-Urgent Ops Cancelled on Day	58	0	09/2021		
	Cancer Operations Cancelled On Day (YTD)	7	0	09/2021	N/A	N/A
	Cancelled Ops Not Rebooked Within 28 days	0	0	09/2021		

	Indicator	Latest Month	Target	Month Reported	Trend	Assurance
WELL LED	Year-To-Date Budget Variance (£'millions)	-2.994m	-3.023m	09/2021	N/A	N/A
	Annual Appraisal (%)	72.42%	80%	09/2021		
	Mandatory Training (%)	84.17%	90%	09/2021		
	Sickness Absence (%)	5.66%	4%	09/2021		
	Staff Turnover (%)	12.06%	10%	09/2021		

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

Elective Recovery Summary



South Tees Hospitals
NHS Foundation Trust

Context: Performance in 2021 against service plans

Recovery: Elective & Theatres

SUMMARY MONTHLY ACTIVITY AGAINST PLAN

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YtD
Outpatient First	Plan	15,268	15,806	15,315	16,547	14,328	15,799	16,679	15,511	13,614	15,901	14,845	12,644	93,063
	2021	15,405	15,792	17,697	16,141	15,039	16,690	0	0	0	0	0	0	96,764
	Var	137	-14	2,382	-406	711	891	0	0	0	0	0	0	3,701
	2019	17,697	18,080	17,611	19,045	16,375	17,918	18,886	17,570	15,401	17,929	16,818	14,357	106,726
Outpatient Follow-up	Plan	41,017	42,743	40,250	44,050	39,046	41,180	44,839	41,926	36,893	44,513	39,462	34,651	248,286
	2021	44,288	43,100	47,757	44,054	42,240	46,336	0	0	0	0	0	0	267,775
	Var	3,271	357	7,507	4	3,194	5,156	0	0	0	0	0	0	19,489
	2019	48,556	50,322	47,362	51,972	45,819	48,316	52,500	49,158	42,991	51,908	46,101	40,435	292,347
Outpatient Total	Plan	56,286	58,550	55,566	60,597	53,375	56,980	61,518	57,438	50,507	60,415	54,308	47,295	341,354
	2021	59,693	58,892	65,454	60,195	57,279	63,026	0	0	0	0	0	0	364,539
	Var	3,407	342	9,888	-402	3,904	6,046	0	0	0	0	0	0	23,185
	2019	66,253	68,402	64,973	71,017	62,194	66,234	71,386	66,728	58,392	69,837	62,919	54,792	399,073
Outpatient virtual	Plan	16,748	17,161	16,108	17,568	15,719	16,671	17,804	16,644	14,451	17,583	15,760	13,922	99,975
	2021	17,754	16,519	17,718	15,851	14,804	15,776	0	0	0	0	0	0	98,422
	Var	1,006	-642	1,610	-1,717	-915	-895	0	0	0	0	0	0	-1,553
	2019	1,517	1,653	1,542	1,600	1,405	1,485	1,594	1,497	1,428	1,787	1,564	7,147	9,202
Outpatient FtF	Plan	39,537	41,389	39,458	43,028	37,655	40,308	43,713	40,794	36,055	42,831	38,547	33,373	241,375
	2021	41,939	42,373	47,736	44,344	42,475	47,250	0	0	0	0	0	0	266,117
	Var	2,402	984	8,278	1,316	4,820	6,942	0	0	0	0	0	0	24,742
	2019	64,736	66,749	63,431	69,417	60,789	64,749	69,792	65,231	56,964	68,050	61,355	47,645	389,871

Elective Recovery Summary



South Tees Hospitals
NHS Foundation Trust

Context: Performance in 2021 against service plans

Recovery: Elective & Theatres

SUMMARY MONTHLY ACTIVITY AGAINST PLAN

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YtD
IP Elective SD	Plan	4,733	5,208	5,067	5,736	5,298	5,288	5,931	5,533	5,116	5,934	5,169	4,440	31,330
	2021	4,793	4,964	5,542	5,329	5,331	5,706	0	0	0	0	0	0	31,665
	Var	60	-244	475	-407	33	418	0	0	0	0	0	0	335
	2019	5,809	5,977	5,608	6,309	5,633	5,627	6,327	5,931	5,443	6,320	5,512	4,728	34,963
IP Elective Overnight	Plan	678	852	989	1,026	1,071	1,035	1,120	1,159	918	944	995	833	5,651
	2021	636	867	906	904	910	960	0	0	0	0	0	0	5,183
	Var	-42	15	-83	-122	-161	-75	0	0	0	0	0	0	-468
	2019	1,037	1,076	1,147	1,143	1,120	1,077	1,167	1,193	945	970	1,020	852	6,600
IP Elective Total	Plan	5,411	6,060	6,056	6,762	6,369	6,323	7,051	6,692	6,034	6,878	6,164	5,273	36,981
	2021	5,429	5,831	6,448	6,233	6,241	6,666	0	0	0	0	0	0	36,848
	Var	18	-229	392	-529	-128	343	0	0	0	0	0	0	-133
	2019	6,846	7,053	6,755	7,452	6,753	6,704	7,494	7,124	6,388	7,290	6,532	5,580	41,563

Summary

- Outpatient activity was above plan in September and remains ahead of plan overall.
- Inpatient elective activity was above plan, though the year to date position remains below plan

Cause of Variation

- Covid-19 pressure further reduced during September but was still significant with 2 general wards and 1 critical care ward still dedicated
- Continuing deployment of Anaesthetic resource to Critical Care – impacting on the number of GA theatre sessions.
- Theatres 5 & 6 re-opened but staff shortages meant they could not be fully utilised.

Planned Actions

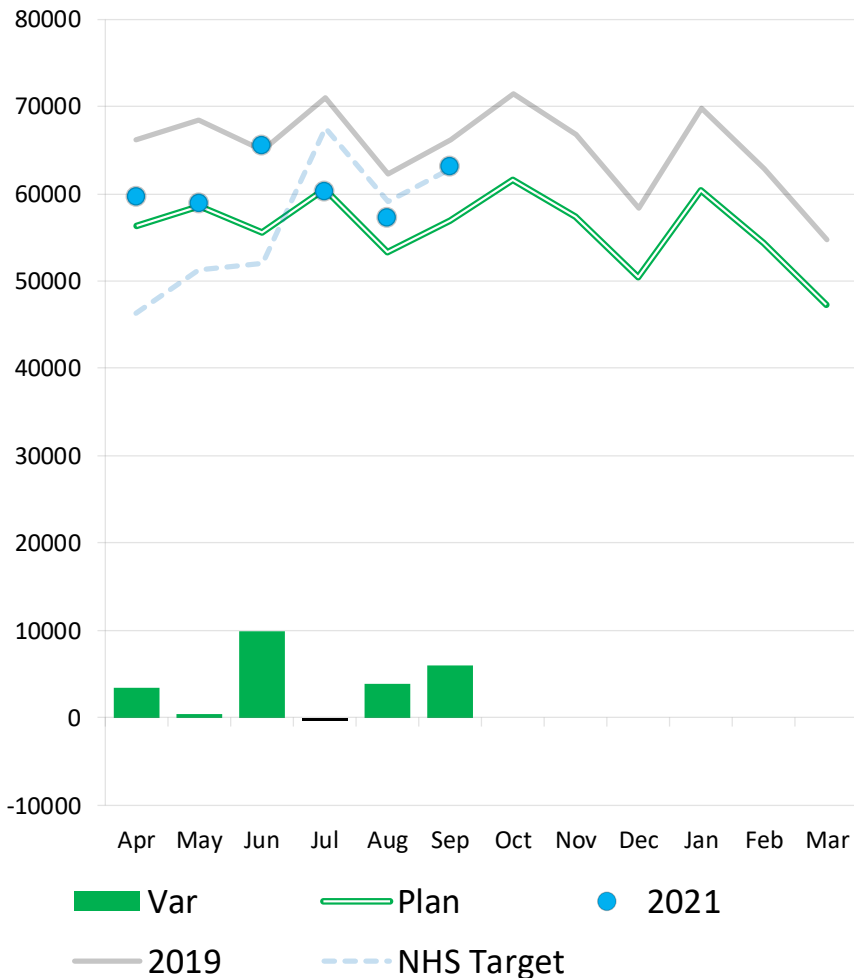
- Expectation that Covid-19 activity will remain at current levels for some time.
- Continuing improvement in pre-assessment provision to ensure patients be assessed in a timely manner
- Implementation of the 6-4-2 theatre booking process .
- Strategic Recovery Group meetings continuing with rolling review of all services and more frequent review of challenged services

Timescale

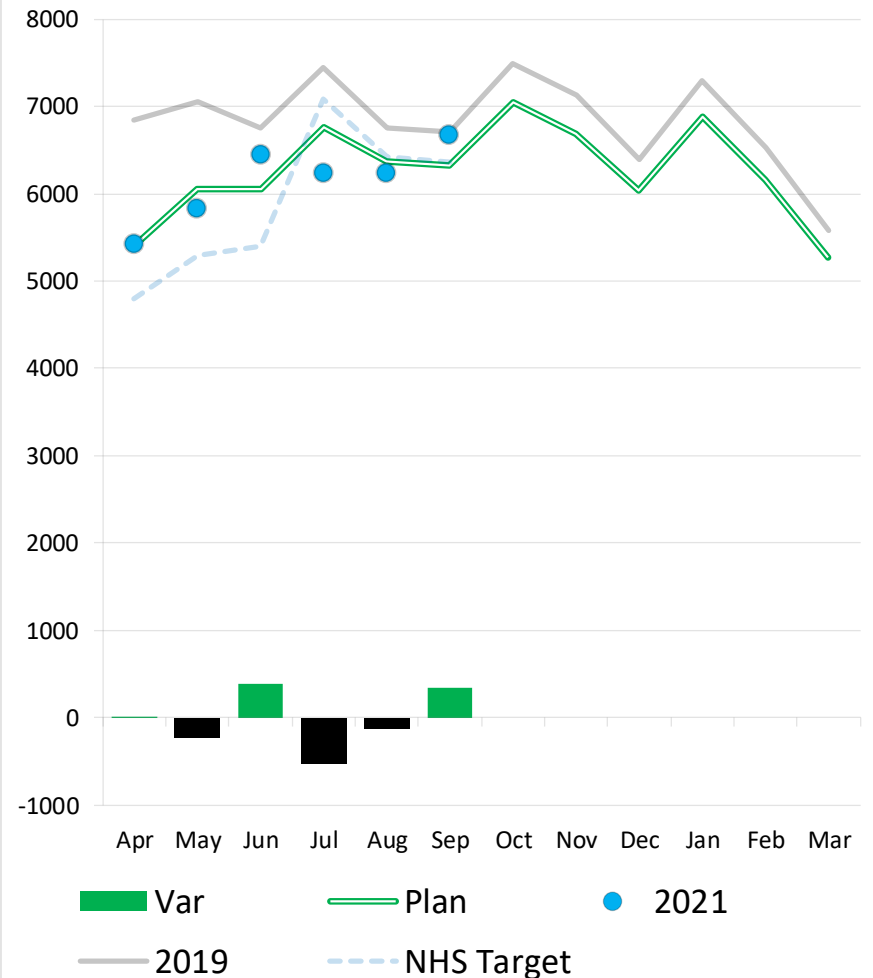
- Ongoing weekly review and challenge at Strategic Recovery Group.

SUMMARY MONTHLY ACTIVITY AGAINST PLAN

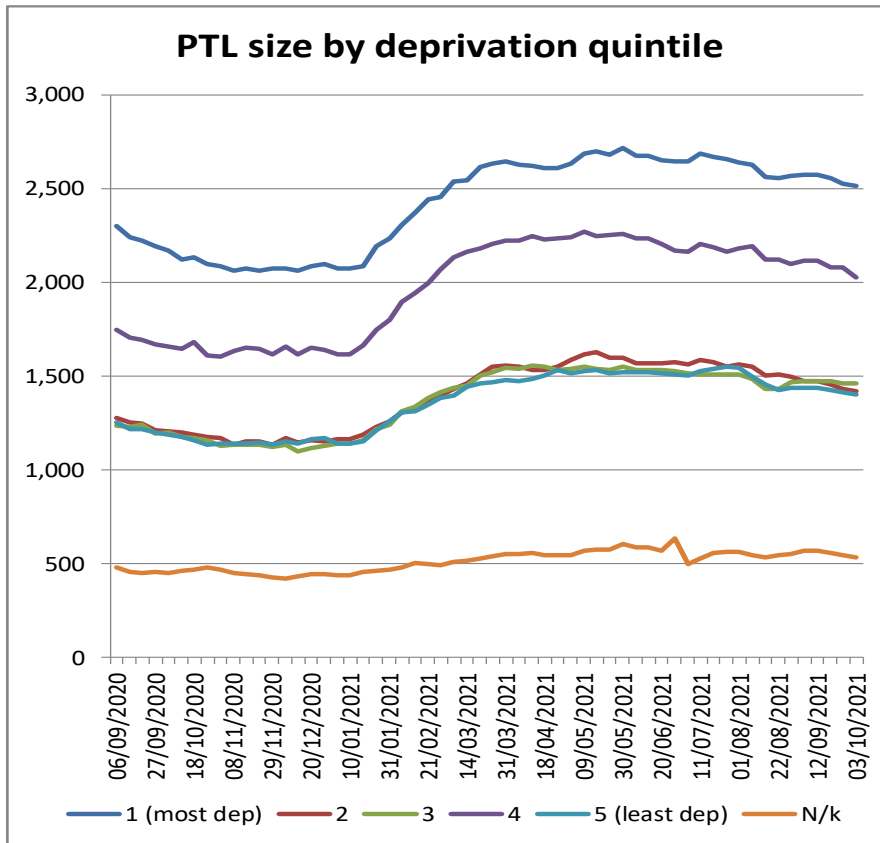
Total Outpatient Attends



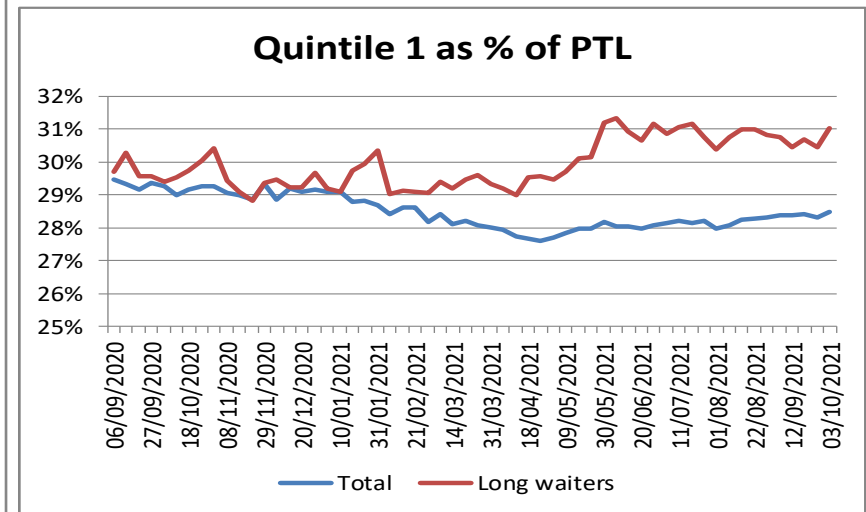
Total Elective Spells



INPATIENT PTL: INEQUALITIES - DEPRIVATION (IMD from postcode of residence)



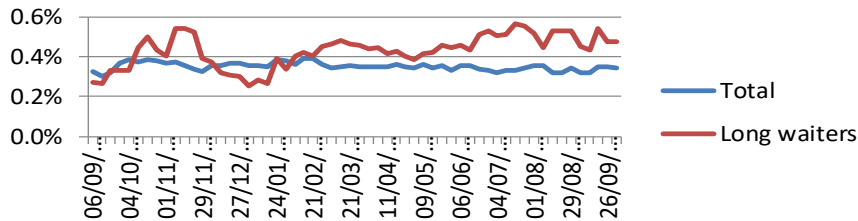
03/10/2021	Total		Long waiters		Ratio
1 (most dep)	2,512	28%	840	31%	1.09
2	1,421	16%	452	17%	1.04
3	1,459	17%	430	16%	0.96
4	2,027	23%	571	21%	0.92
5 (least dep)	1,402	16%	415	15%	0.96
N/k	533		160		



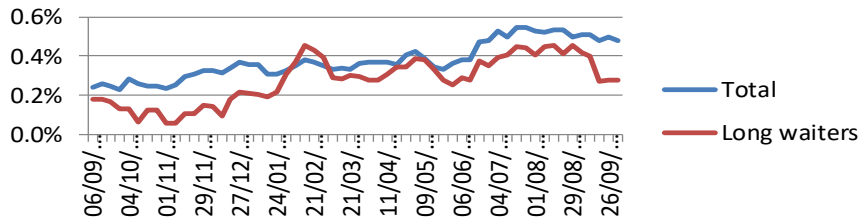
The separation of the overall position and the long waiter position for the most deprived quintile has continued. This is being analysed in more detail to understand what may be driving this differential, in order to inform what actions could be taken to address it. This is in the context of lower uptake of COVID vaccination (discussed with Trust's clinical leaders) and multiple indicators of poorer health in more deprived populations, working with Director of Public Health.

INPATIENT PTL: INEQUALITIES - ETHNICITY

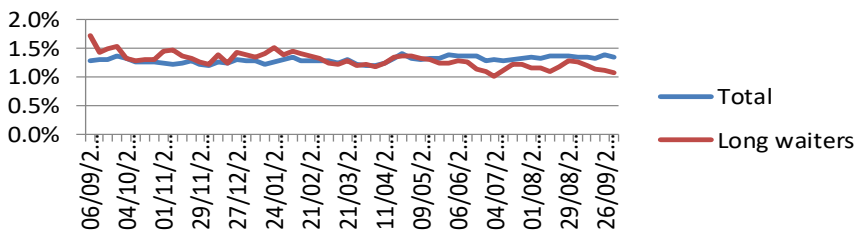
Black



Mixed

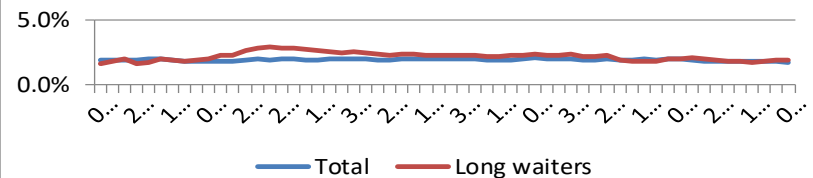


Other

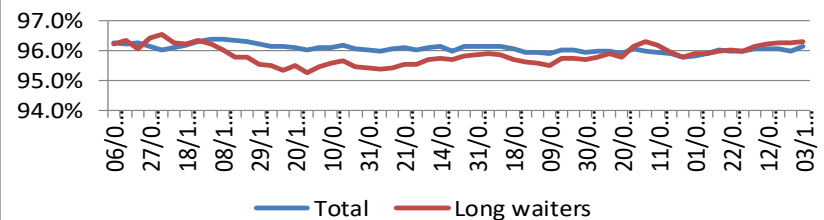


03/10/2021	Total	Long waiters	Ratio
Black	28 0.3%	12 0.5%	1.39
Mixed	39 0.5%	7 0.3%	0.58
Southern Asian	140 1.7%	47 1.9%	1.09
White	7,821 96.1%	2,421 96.3%	1.00
Other	109 1.3%	27 1.1%	0.80
N/k	1,217	354	

Southern Asian



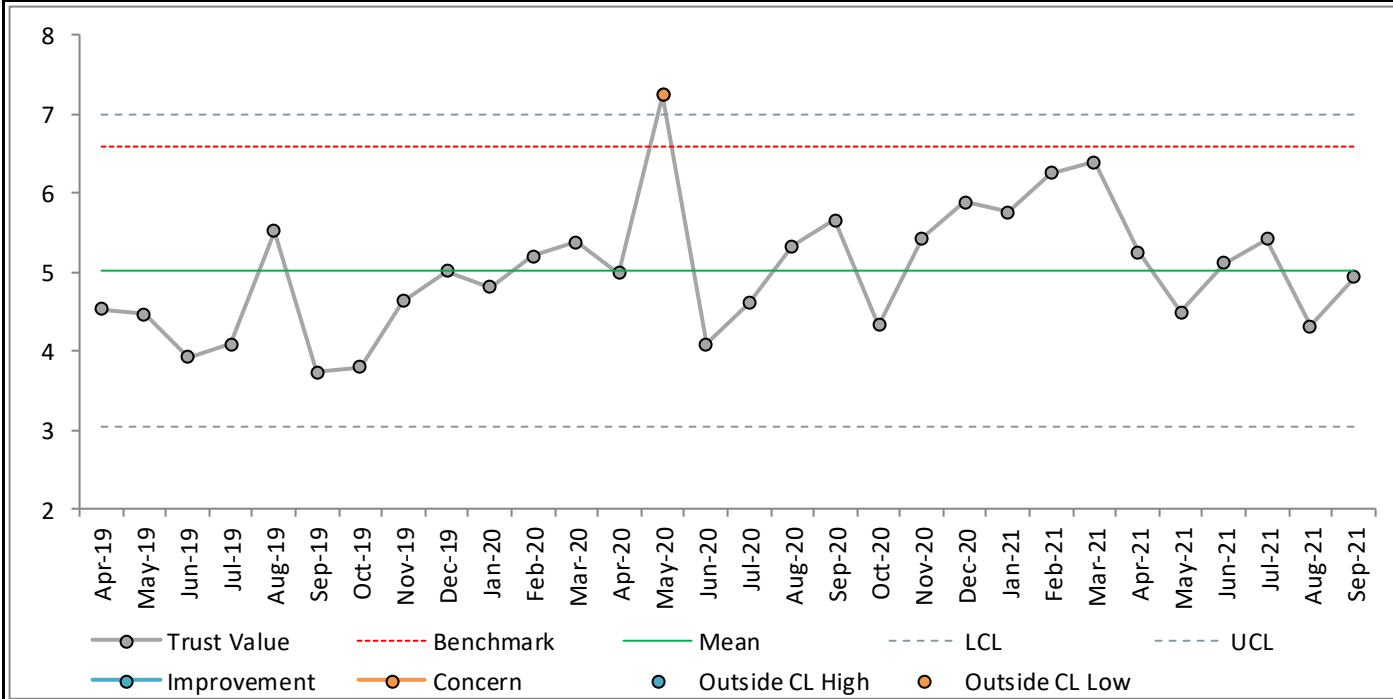
White



The proportion of the long waiters on the PTL that are non-white is greater than for the waiting list as a whole. Whilst numbers are small, this will be investigated at specialty level.



All Falls Rate



The Trust falls rate per 1000 bed days

Benchmark	6.6
Mean	5.02
Last Month	4.93

Executive Lead
Hilary Lloyd

Lead
Ruth Mhlanga

Commentary

The Trust had a rate of 5 falls per 1000 bed days per month. This metric is below the set internal benchmark which means we have less falls than our set internal standard. This rate is lower than most of our peers but need to monitor in areas with high rates of falls.

Cause of Variation

- This metric is within normal variation although this increased slightly in the month of September..

Planned Actions

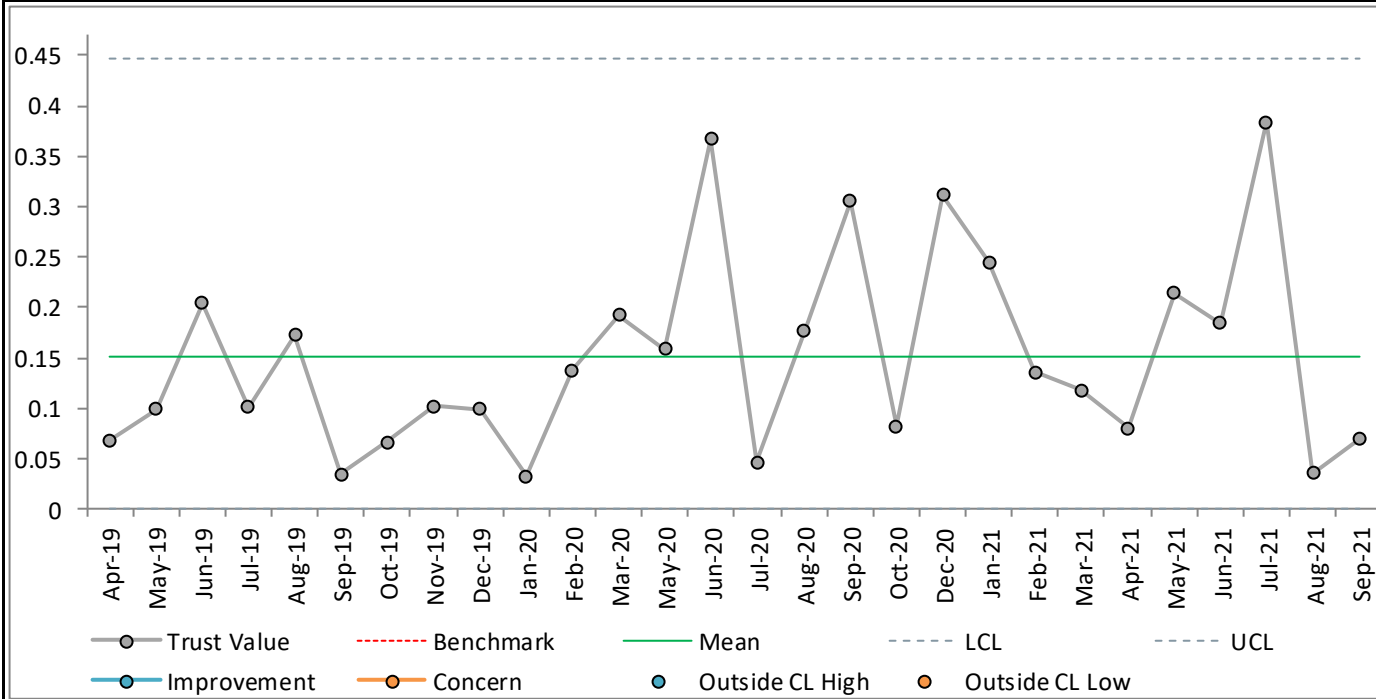
- Communication around themes of contributors to falls to continue.
- Joint regular reviews of falls with harm with Safeguarding team to identify hotspots and develop action plans.
- Bespoke ward interventions where high levels of falls have been identified.
- Recruit into vacant Inpatient Falls lead post.
- Refreshing patient falls leaflet.

Timescale

- December 2021.



Falls With Harm Rate



Rate of falls with harm per 1000 bed days

Benchmark	TBD
Mean	0.15
Last Month	0.07

Executive Lead
Hilary Lloyd

Lead
Ruth Mhlanga

Commentary

The rate of harm is 0.1 per 1000 bed days and the rate remains within the expected range.

Cause of Variation

- The rate of harm is within the expected range although has risen in the last month.
- The trust is not an outlier for falls with harm

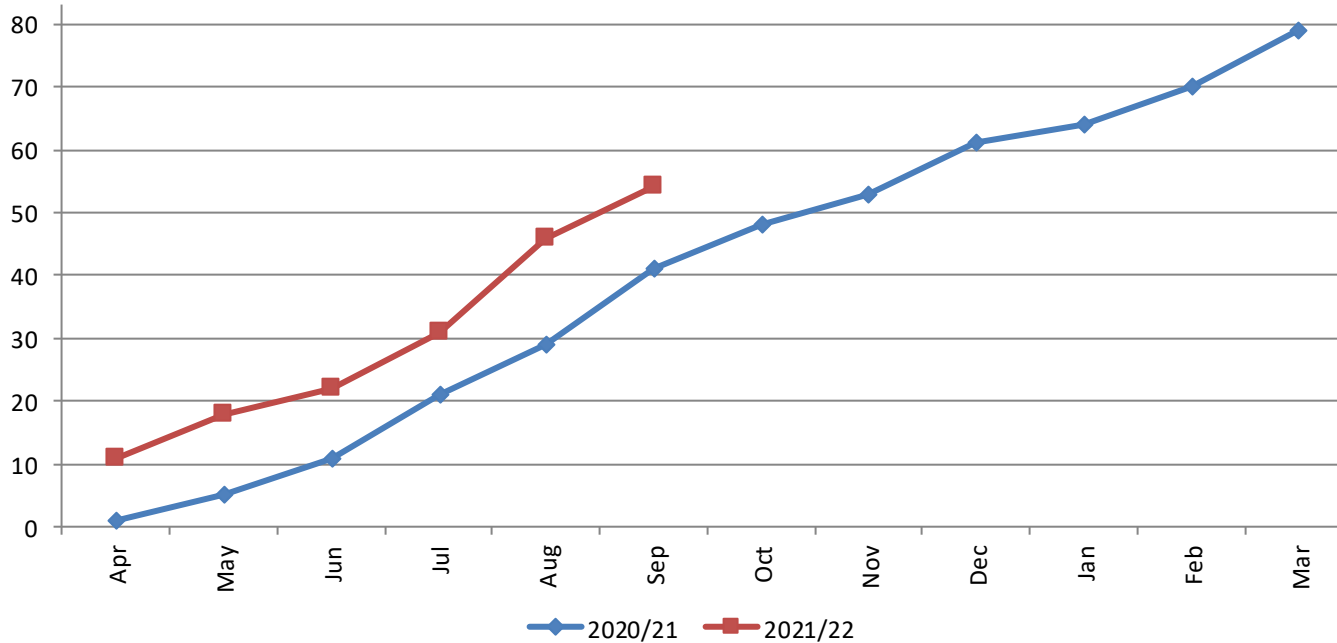
Planned actions

- Ongoing communication around themes that have been identified as contributing to falls.
- Shared learning from within wards, collaboratives and organisation.
- Refreshing Falls leaflet.
- Joint regular reviews of falls with harm with safeguarding team to facilitate shared learning.
- Overseen by Patient Safety Steering Group reporting in to QAC.

Timescale

- November 2021

Infection Control - C-Difficile (YTD)



Cases of hospital acquired C. Difficile bacteraemia (excluding Community)

Outturn	82
Mean	N/A
YTD	68

Executive Lead
Hilary Lloyd
Lead
Sharon Lance

Commentary

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

Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation is not being assessed.
- This is a national reporting requirement, and the Trust were to have no more than a combined total of 82 community onset healthcare associated (COHA) and healthcare onset healthcare associated (HOHA) cases amongst patients aged over 2 year.
- There were 15 cases of CDI in September 2021, 2 of which were classed as COHA and 11 HOHA, totalling 13 cases as Trust Apportioned – total TA up to end of September = 68.

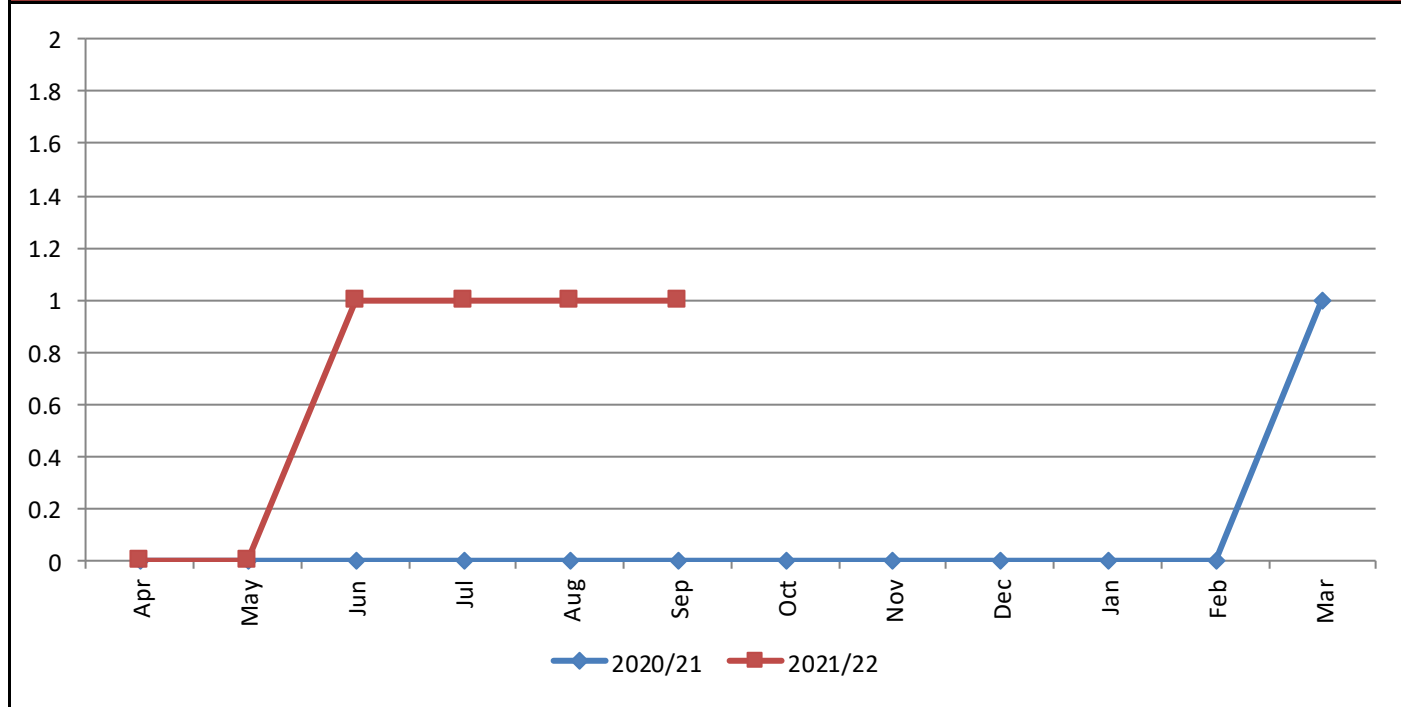
Plan

- All areas with increased prevalence of CDI or cluster of cases would result in ribotyping
- New CDI Process continues with attendance at a panel, full support of CCG involved.
- CDI recovery plan developed, and monitoring/reporting continues
- Implemented weekly CDI escalation group meeting (mandatory attendance) – includes heatmap, areas of focus and intensive support programme for areas of concern.
- 6-week intense programme, has become a rolling programme of implementation for clinical areas
- New CDI 'Post Infection Review' underway to strengthen ownership and collaboration of CDI across the Organisation

Timescale

- March 2022

Infection Control - MRSA (YTD)



Cases of hospital acquired MRSA bacteraemia

Target	0
Mean	N/A
YTD	1

Executive Lead
Hilary Lloyd
Lead
Sharon Lance

Commentary

There has been one case identified in June 2021.

Cause of Variation

- This indicator is not in control chart format because numbers reported are small and therefore variation is not being assessed.
- There was 0 Trust Assigned cases in September 2021. In the first 6 months of 2021/2022 there has been 1 trust-assigned case.
- A case panel has been held for TA MRSA from June 2021, with an agreement from the CCG that this case does meet the national definition of 'non-trust assigned'

Planned Actions

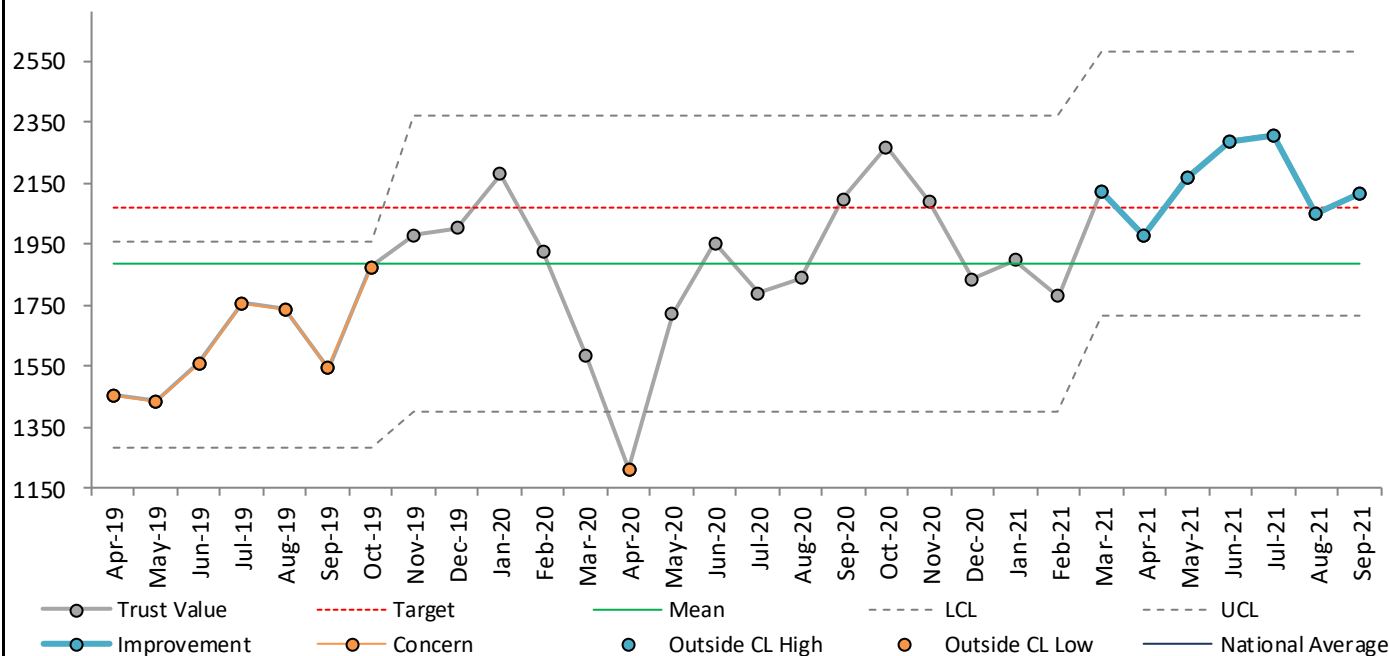
- Aseptic non touch technique training and audit programs continue
- Line care group developed with IPC, Procurement and OPAT.
- Line care and infection prevention included in annual plan 2021/22.
- Review of current MRSA/MSSA RCA/Lessons learned process
- Development of patient pathway for line care in early discussions, discussion at IPC Strategy group in November 2021.
- Request to join a Nurse Antimicrobial Stewardship group working across NE & Cumbria, dates to shared November.

Timescale

- Ongoing.



All DATIX Incidents



All incidents recorded on DATIX

Target	2070
Mean	1883.67
Last Month	2115.00

Executive Lead
Hilary Lloyd
Lead
Kay Davies

Commentary

The Trust has a Quality Priority for 2021/22 to Increase Incident Reporting by 10% per year. This will also mean an increase in incidents reported to NRLS

The Trust has been above the 10% target since April 2020

Cause of Variation

- The reporting remains within normal variation and has shown a sustained improvement over the last 7 months. Following a slight fall below target in August, this has risen above it again in September 2021.

Planned Actions

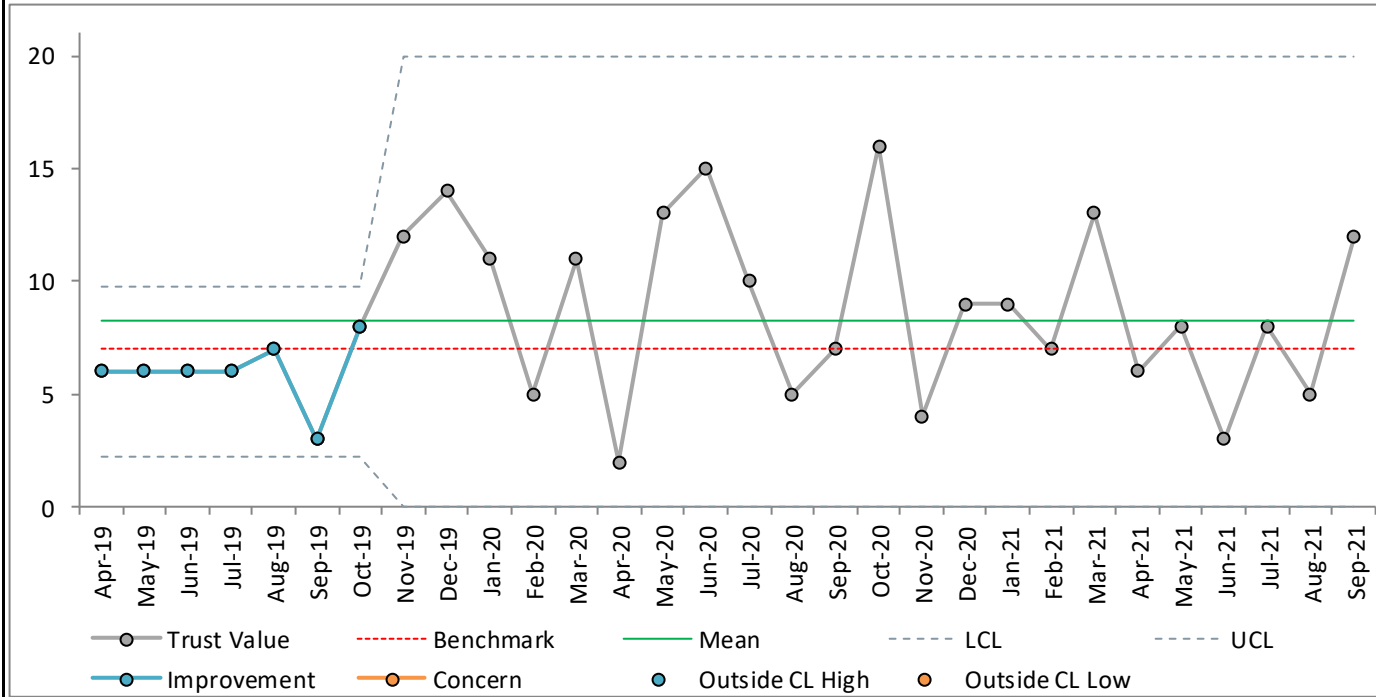
- The implementation of Datix Cloud IQ commenced in August 2021 and the associated Datix Anywhere App will be developed over coming months.
- Request for Datix Champions to be identified and trained to improve Datix experience for all users.
- Implementing Patient Safety Work Plan.
- Trust wide work on Just culture.

Timescale

- This is a three-year plan which commenced in April 2019 and will run to March 2022.



Serious Incidents



The number of Serious Incidents

Benchmark 7

Mean 8.23

Last Month 12.00

Executive Lead
Hilary Lloyd

Lead
Kay Davies

Commentary

In September 2021, 75% of SIs were reported in the month that they occurred.

Cause of Variation

- This metric is within normal variation from November 2019.

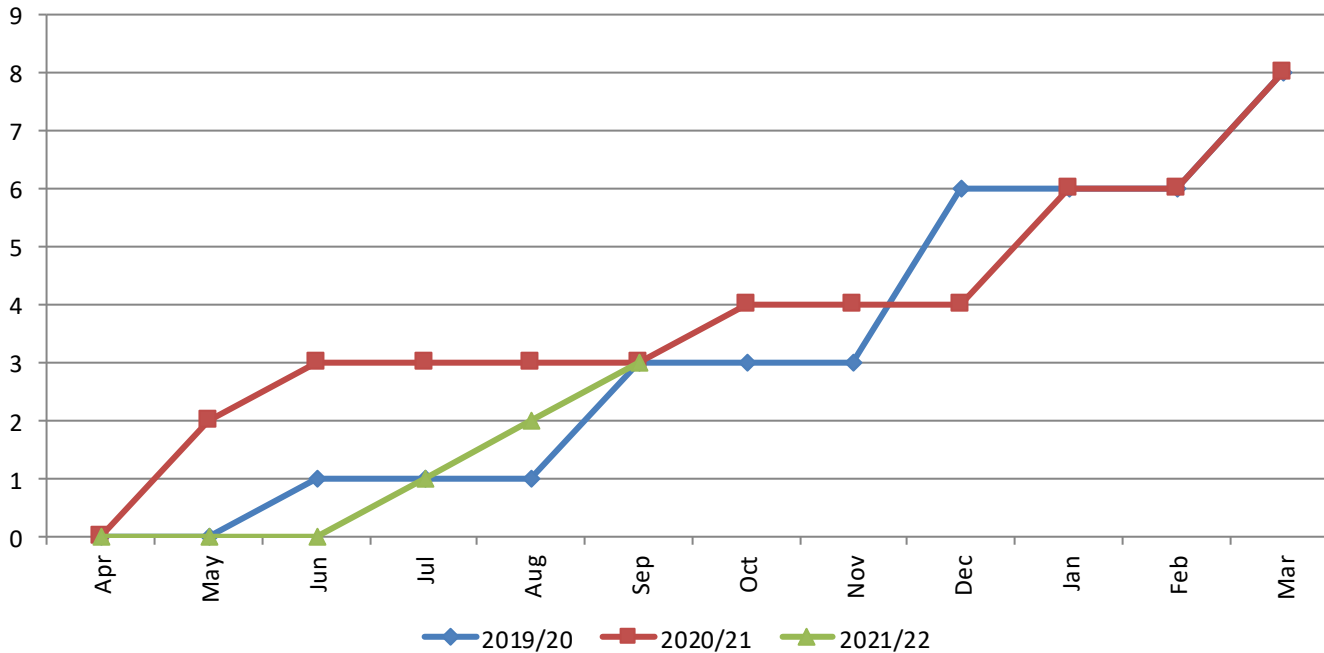
Planned Actions

- Continue to report and investigate SIs within agreed timescales and ensure lessons learnt are shared across the Organisation.
- Focus on outstanding actions from previous SIs to ensure evidence is provided and learning is being embedded. Data has been added to monthly SI report and Assistant Director of Patient Safety to meet with senior collaborative colleagues and escalate historic overdue actions accordingly.
- Await the revision and publication of the new Patient Safety Incident Response Framework.
- Training needs analysis to be carried out.
- Establish a learning culture with support from the Leadership and Safety Academy.

Timescale

- Ongoing

Never Events (YTD)



Number of reported Never Events

Target	0
Mean	N/A
YTD	3

Executive Lead
Hilary Lloyd
Lead
Kay Davies

Commentary

Eliminating never events remains a priority for the Trust.

Cause of Variation

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

Planned Actions

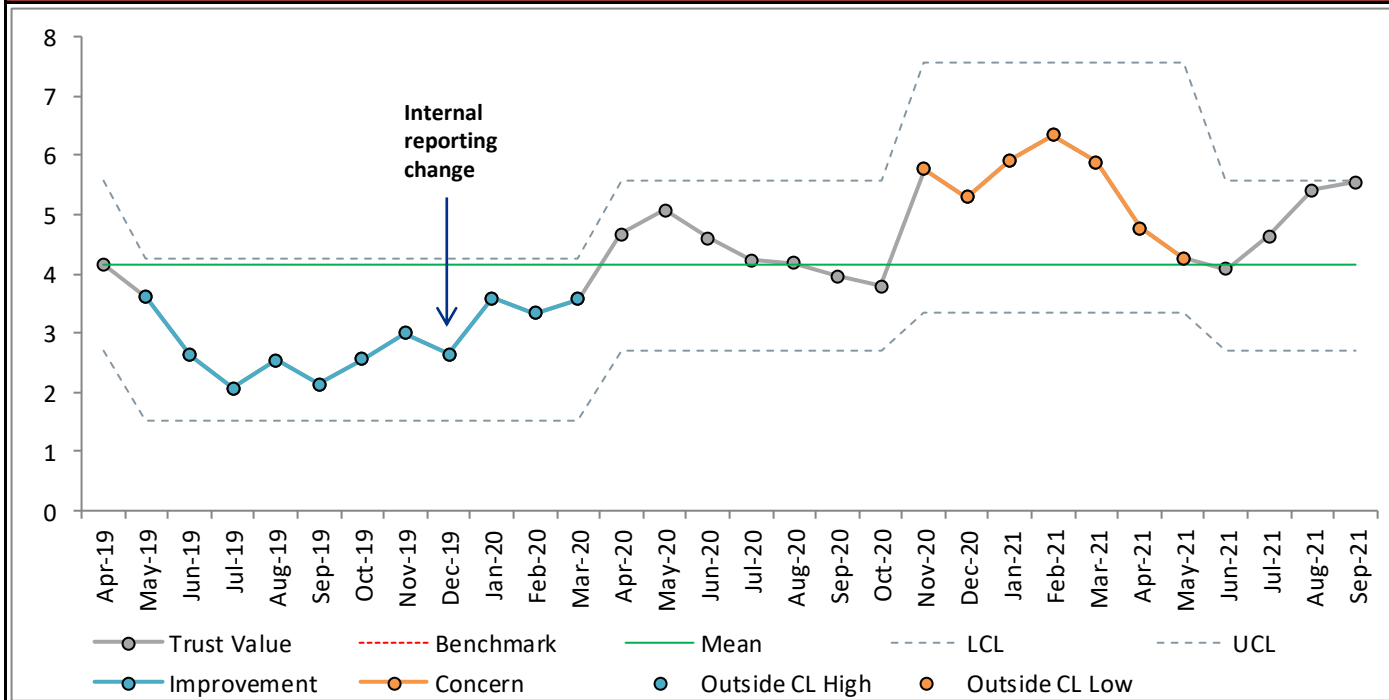
- LocSSIP audit programme commenced in May 2021.
- Audit carried out to review the design and operating effectiveness of key controls in place.
- Establish a learning culture supported by the Leadership and Safety Academy.
- Critical friend review by NHSE/I is been completed and a gap analysis completed.
- Trust wide safety day planned and held in October 2021
- Share learning via newly established adverse events review group, collaborative, directorate and team meetings, huddles and quality and safety briefings,

Timescale

- Eliminating Never Events remains a quality priority for 2021/22.



Category 2 Pressure Ulcers



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

Benchmark TBD

Mean 4.15

Last Month 5.56

Executive Lead

Hilary Lloyd

Lead

Louise Fleming

Commentary

There were a total of 160 category 2 pressure ulcers reported, 70 in the community setting and 90 in the acute setting.

Cause of Variation

- The majority of the increase in Q4 20/21 was observed in the critical care areas and was Covid related.
- Slight increase in September 2021 on wards 4,6,9 and 10

Planned Actions

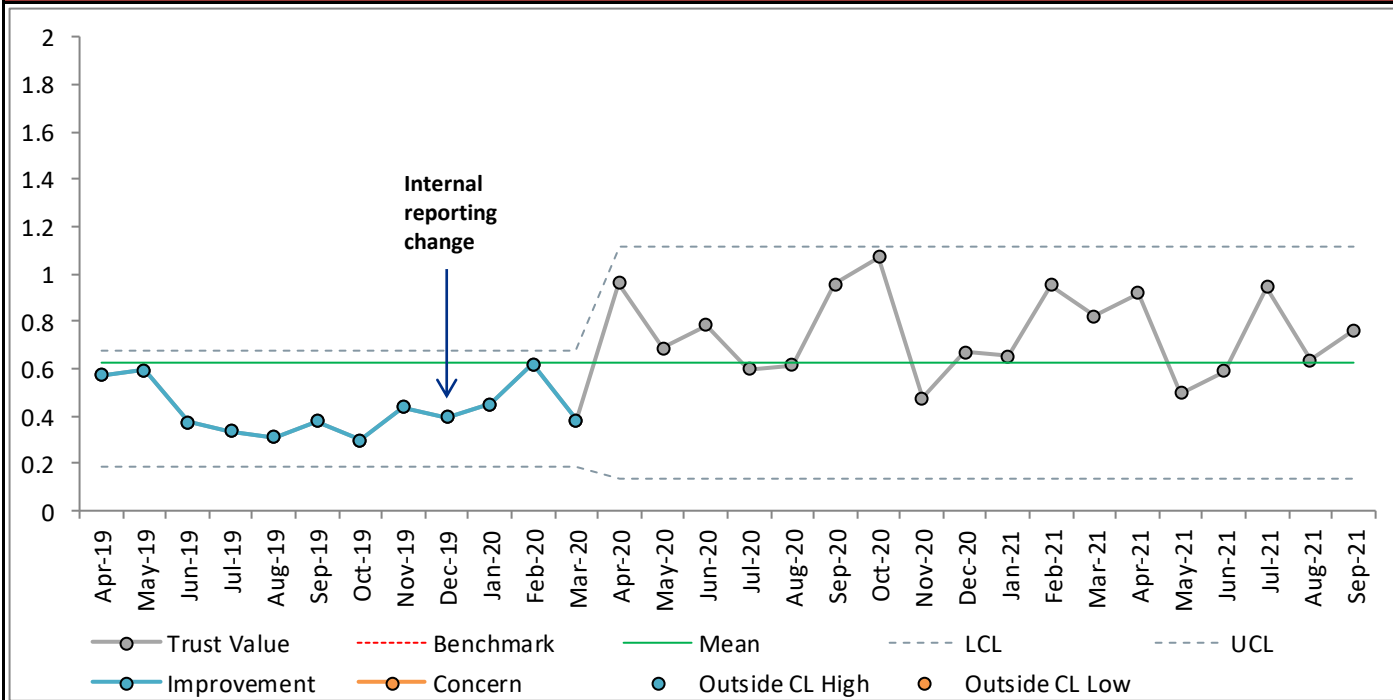
- Update and launch the Tissue Viability action plan 2021/22. Examples of specific work includes;
- PU Improvement Plan
- Share good practice of wards with decreased PU's with those identified in PU Collaborative
- Roll out of Purpose T in MRC.
- Peer conversations with subject matter experts across Tees Valley.
- Data collection in progress to commence research into patient compliance in the community setting ongoing.

Timescale

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



Category 3 & 4 Pressure Ulcers



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

Benchmark TBD

Mean 0.63

Last Month 0.76

Executive Lead

Hilary Lloyd

Lead

Louise Fleming

Commentary

6 category 3 & 4s were observed in the acute setting, 16 category 3&4s within community.

Cause of Variation

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

Planned Actions

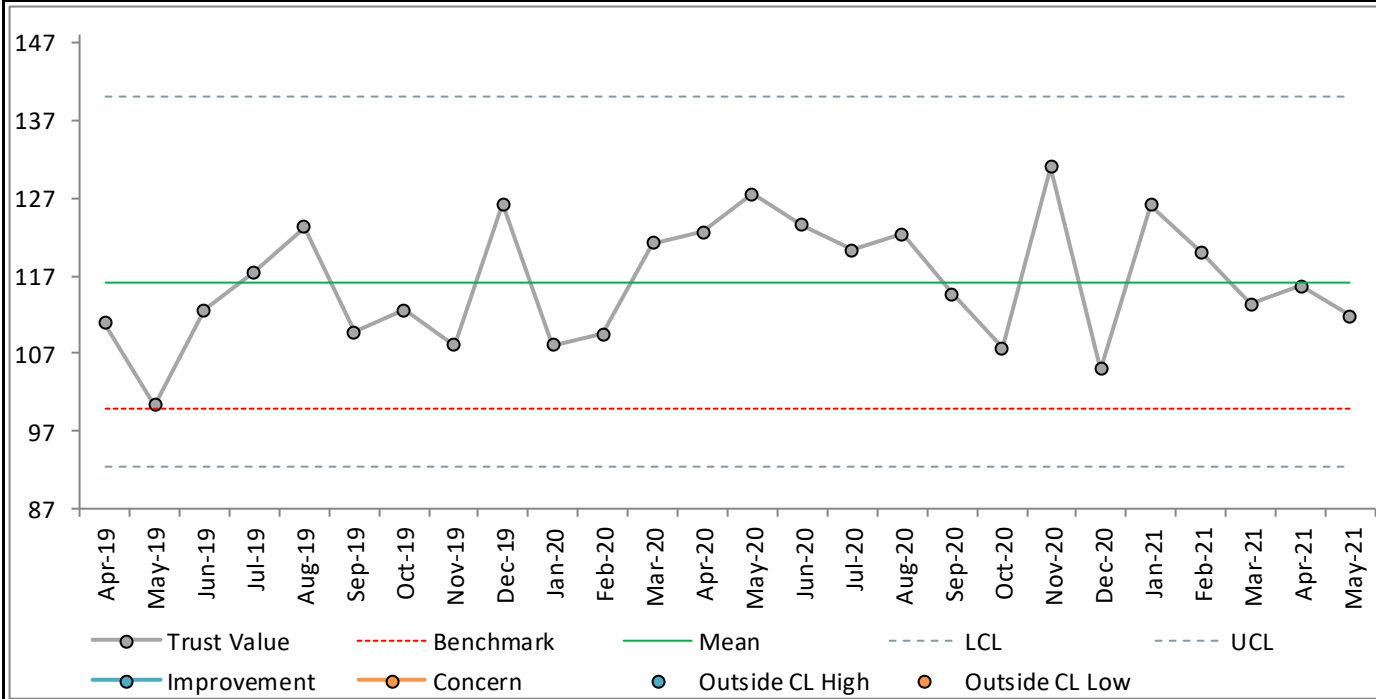
- Ongoing Intensive support for critical care with Action Plan.
- 12 month planned programme of Teaching and PU improvement programme for Community Services, with PU lead identified.
- Work underway to incorporate Pressure Ulcer Safety Huddle (PUSH) tool into Datix system.
- Commenced 'structured review' learning conversation replacing RCA and panel process.

Timescale

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



SHMI



Benchmark 100

Mean 116.23

Last Month 111.81

Executive Lead
Mike Stewart

Lead
Tony Roberts

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

Summary Hospital-Level Mortality Indicator

Cause of Variation

- Mean SHMI is stable with normal variation but high (national average is set to 100). This reflects the relatively low level of comorbidity capture.
- SHMI for Apr 2020 to Mar 2021 is outlying (officially 118, 3 points higher than the previous period). Pneumonia and septicemia remain high.
- SHMI is impacted by the pandemic as COVID-19 spells are removed (5%) and the fall in discharges of other patients is substantial (30%).

Planned Actions

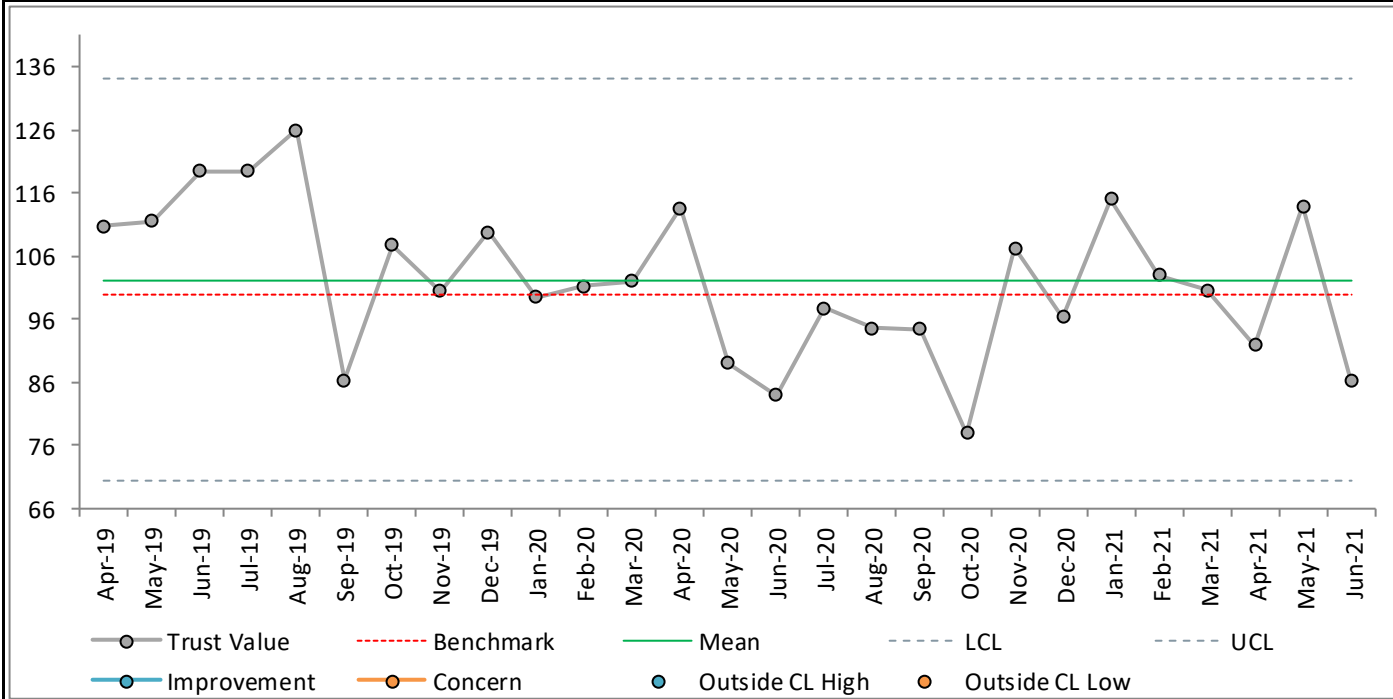
- The trust has fallen behind national average for capture of comorbidities and this is the main driver of the high SHMI.
- Analysis from NEQOS suggests SHMI has been adversely impacted in trusts with higher numbers of covid cases.
- Medical Examiner scrutiny sustained at >95% of deaths and preventable deaths have not been identified, although the backlog of mortality reviews requested by MEs is still being reduced by new reviewers.

Timescale

- Coding work on-going. Quarterly review of the impact of COVID-19 on SHMI needed throughout 2021/2022.
- NEQOS Quarterly report in September 2021 included further analysis.



Hospital Standard Mortality Rate (HSMR)



Benchmark 100

Mean 102.24

Last Month 86.42

Executive Lead
Mike Stewart

Lead
Tony Roberts

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

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

Cause of Variation

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

Planned Actions

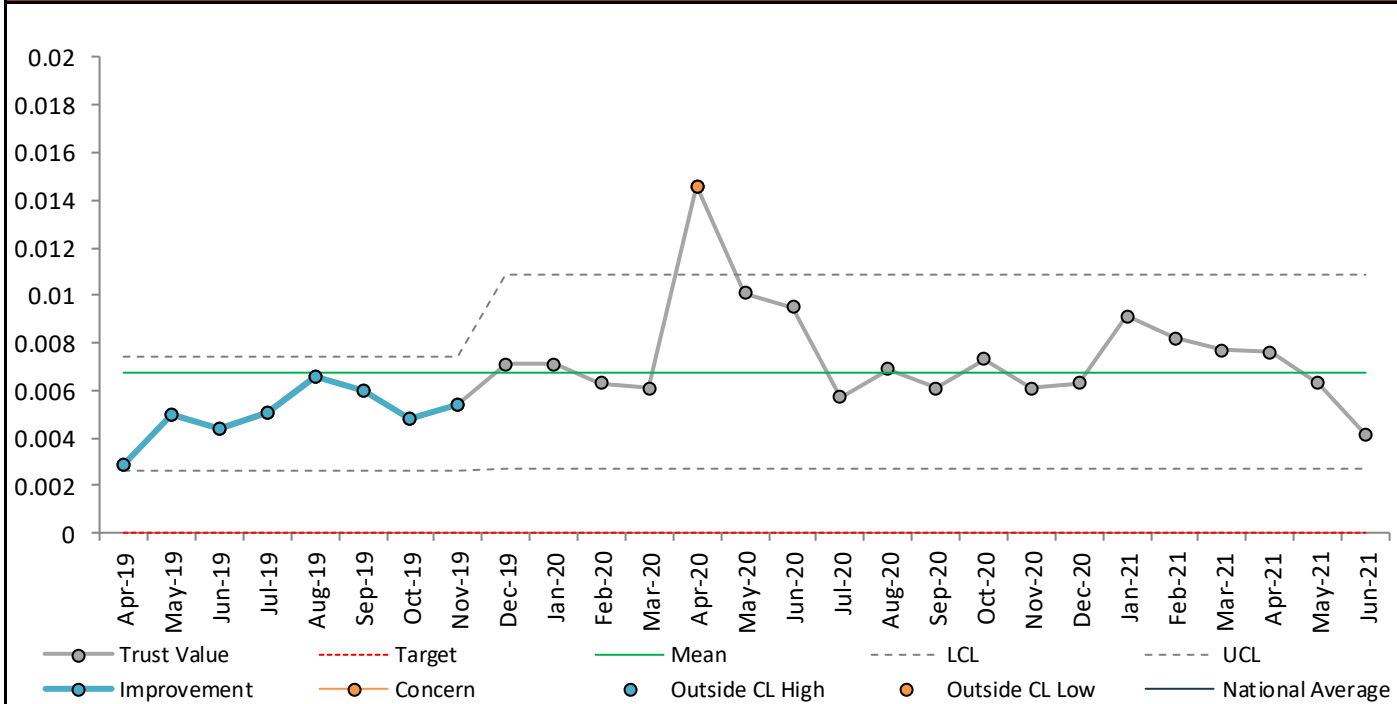
- Continued monitoring of deaths, unadjusted mortality, SHMI, HSMR, Medical Examiner and Trust Mortality Reviews and any deaths reported as a Serious Incident, via nationally mandated Learning from Deaths dashboard.
- Improvements to comorbidity coding will impact HSMR.

Timescale

- On-going mortality assurance discussed at QAC. Comparison of SHMI and HSMR remains important, given the difference between them.



Palliative Care Coding



Average no. of First Finished Consultant Episodes (FFCEs) recorded with Palliative Care diagnosis (Z515)

Target	TBC
Mean	0.01
Last Month	0.00

Executive Lead
Mike Stewart

Lead
Allison Davis

Commentary

Coding of Specialist Palliative Care is reported as a contextual indicator alongside SHMI and is used as a risk adjustment factor in HSMR. The Trust is recording at a higher level than the national average and thus HSMR is lowered.

Cause of Variation

- The indicator has been stable with normal variation since May 2020. The special cause in April 2020 was due to the first wave of the covid pandemic.

Planned Actions

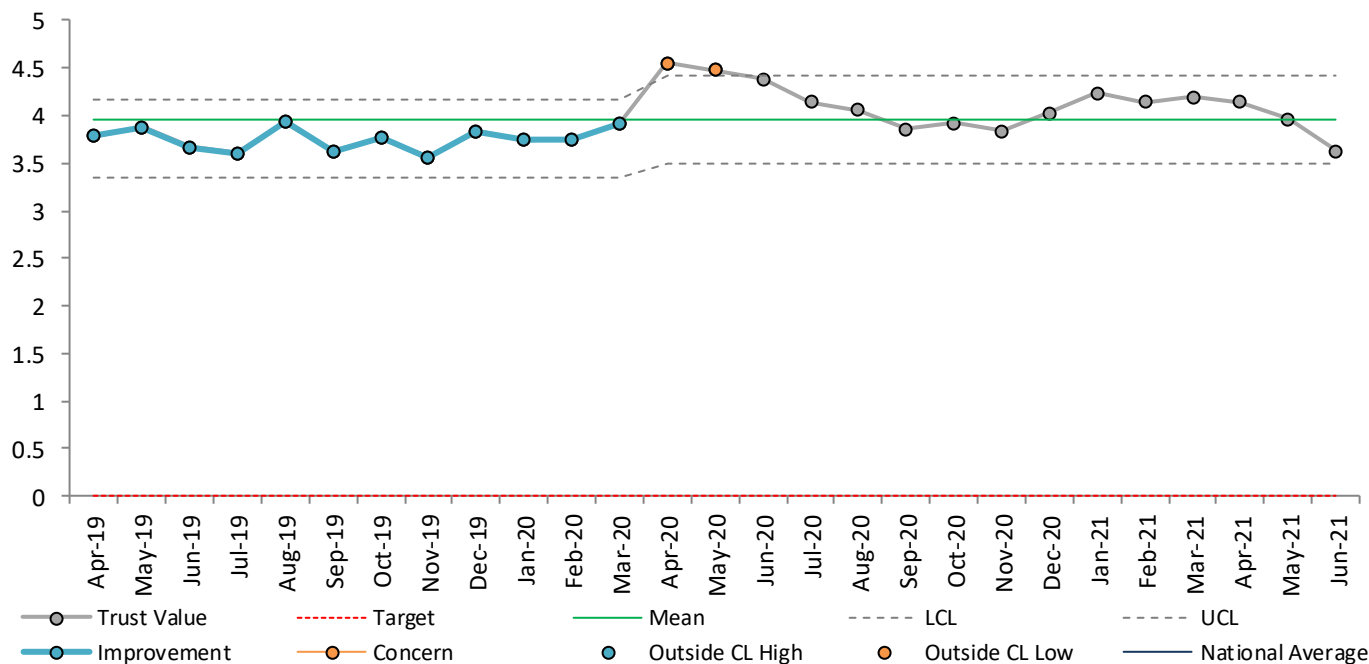
- The current process of cross-checking recording of contacts with patients by the specialist palliative care team in SystmOne by the clinical coding team will continue.

Timescale

- Ongoing.



Comorbidity Coding



Average Comorbidity score on First Finished Consultant Episode (FFCE)

Target	TBC
Mean	3.95
Last Month	3.63

Executive Lead
Mike Stewart

Lead
Allison Davis

Commentary

Charlson Comorbidity Index (which includes 15 major comorbidities) is used to risk-adjust both SHMI and HSMR. The trust is well below national average (which adversely raises both indicators) and has the lowest rate in the North East.

Cause of Variation

- The indicator has been stable with normal variation since June 2020. The special cause in April and May 2020 was due to the first wave of the covid pandemic. The final point for June 2021 probably reflects incomplete coding at the time this indicator was generated and is likely to be higher once refreshed.

Planned Actions

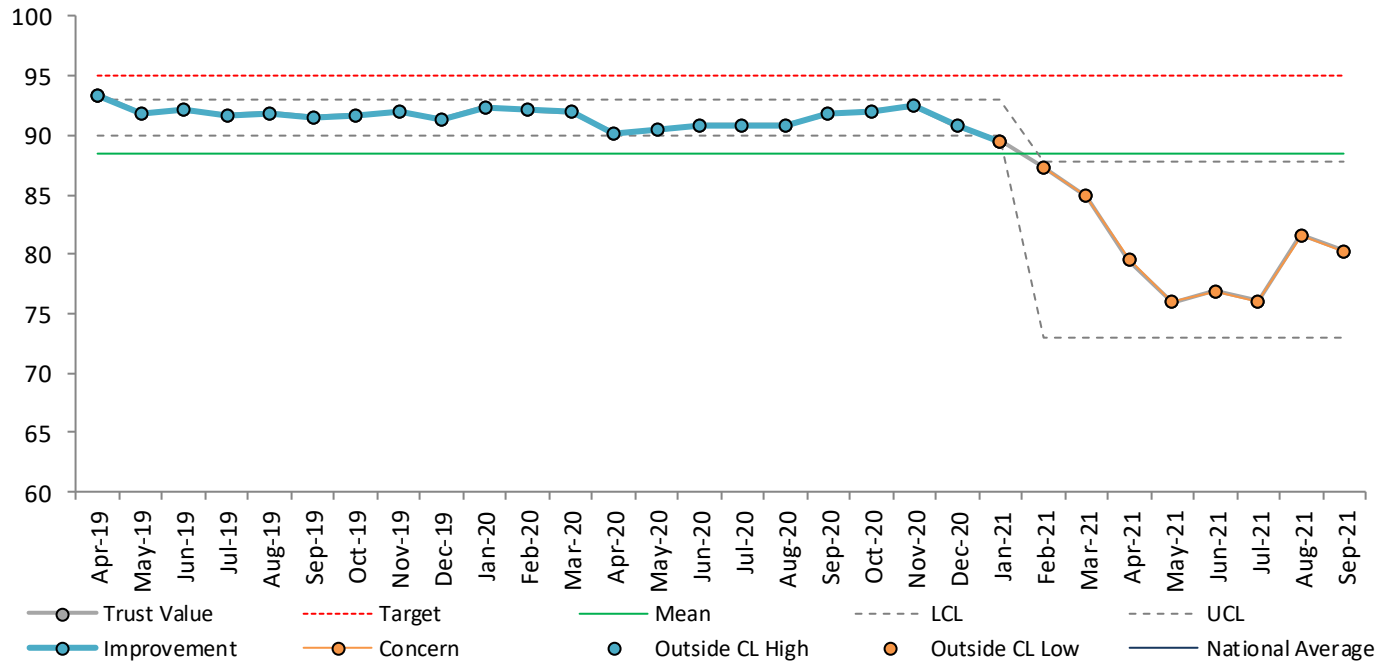
- The Clinical Coding Strategy presented to CPG includes implementation of a new comorbidity coding sheet.
- A Renal ward pilot showed the form increases capture of comorbidities. Several wards have offered to pilot. The key is the admission areas where pilot occurring. In due course, Miya will allow digital recording.
- The Full Action Plan is being reviewed and new timescales agreed for further improvement work.

Timescale

- Further pilots conducted in July and August, although impact not apparent yet as data to June.
- Miya implementation for this purpose is at least 18 months away.



VTE Assessment



Target	95
Mean	88.55
Last Month	80.30

Executive Lead
Mike Stewart

Lead
Jamie Maddox

Commentary

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

- Data points since January 2021 display the impact of changing the recording method and incomplete data.
- There are delays with recording and completing investigations.

Planned Actions

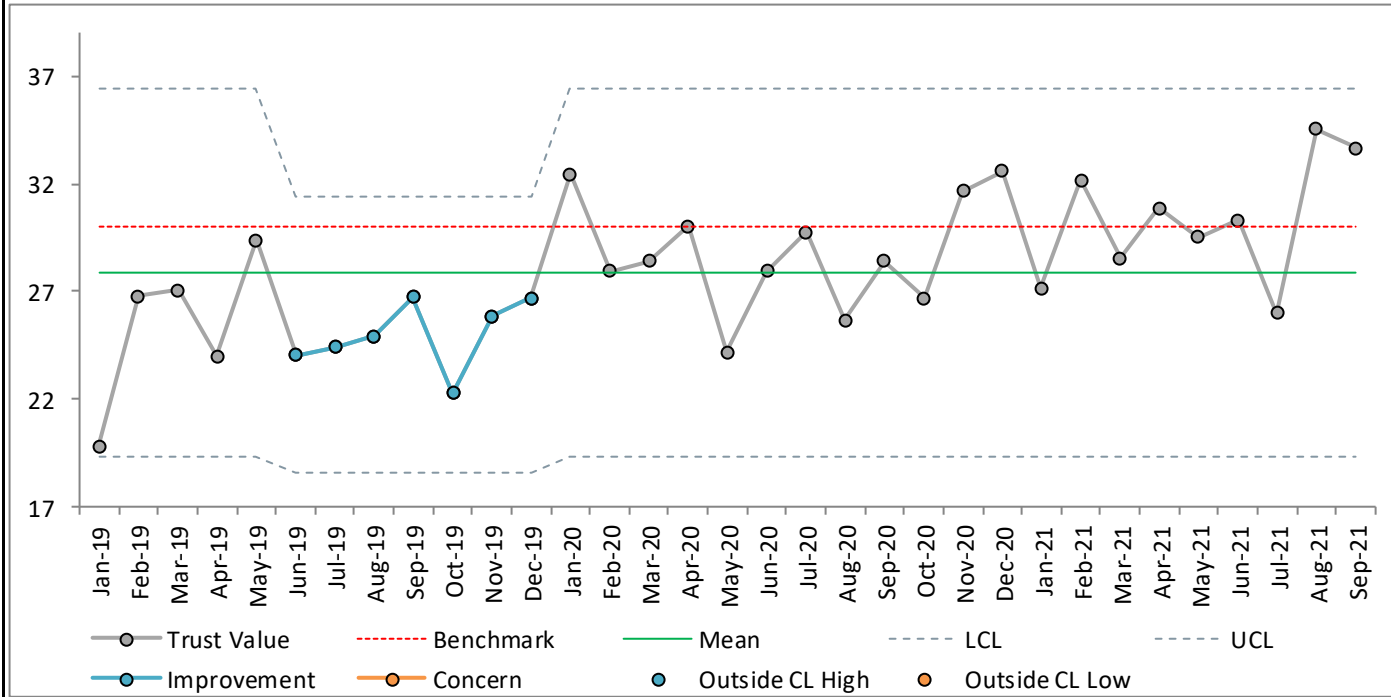
- Re-established VTE Working Group - next meeting November 2021.
- Revised CAMIS VTE data entry to ensure easier and accurate data recording. Addition of visual indicator to prompt outstanding assessments.
- Anticoagulant specialist nurses to receive monthly ward level data to support wards – this data is still awaited.
- Feedback from GIRFT VTE survey received. Action plan has been made. Will be discussed at next VTE Working Group Meeting
- Long term goal would be to have VTE risk assessment as in essential requirement within the electronic medical record.

Timescale

- Q1 – VTE Working Group to agree trajectory.
- Q3 – Improved compliance
- Meeting took place on the 14th May 2021.



Maternity - Caesarean Section Rate (%)



Benchmark	30
Mean	27.90
Last Month	33.67

Executive Lead
Hilary Lloyd

Lead
Heather Gallagher

Commentary

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

The % of Patients Delivering via Caesarean Section

Cause of Variation

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

Planned Actions

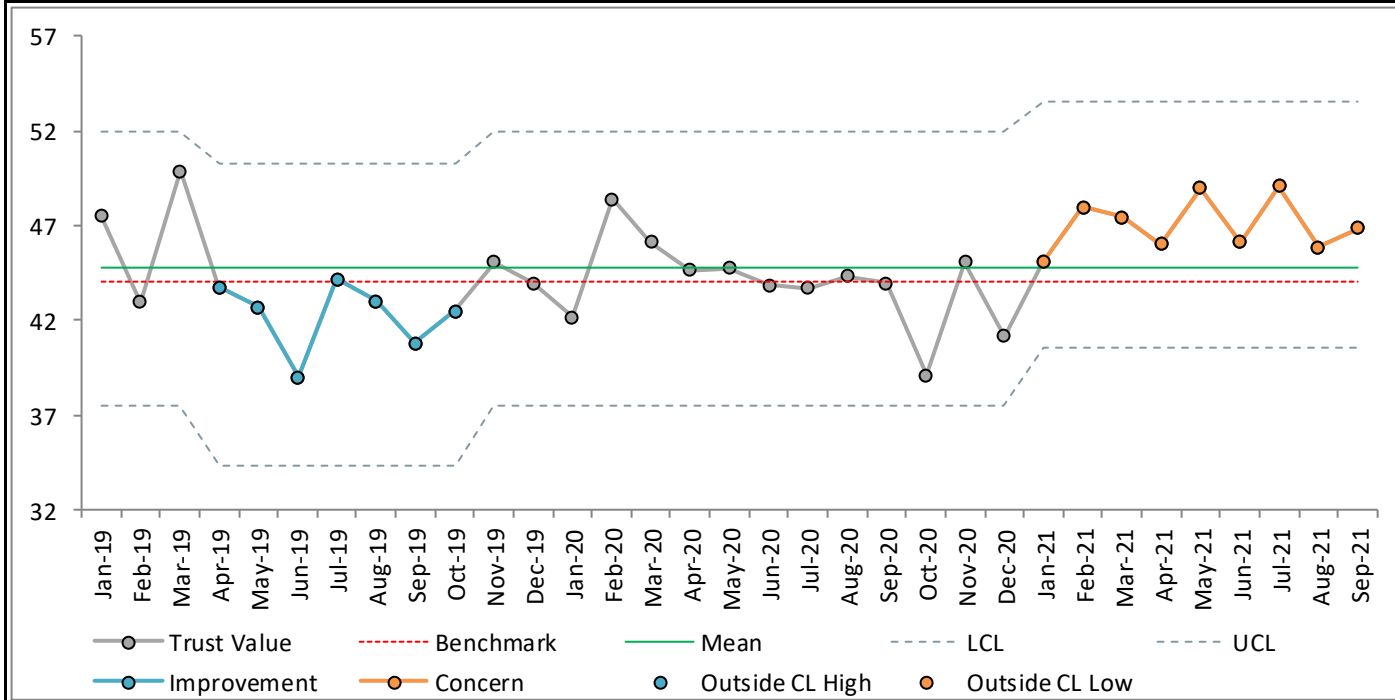
- CS rates should not be used as a quality metric as NICE advocates maternal choice.
- COVID-19 is resulting in an increase in CS rates nationally.

Timescale

- On-going review



Maternity - Induction of Labour Rate (%)



Benchmark	44
Mean	44.73
Last Month	46.88

Executive Lead
Hilary Lloyd

Lead
Heather Gallagher

Commentary
National benchmarking shows a national increase in induction of labour, based on changes to clinical pathways

The % of Patients Delivering via Caesarean Section

Cause of Variation

- This metric is a stable process with normal variation since November 2019.
- There has been a sustained period of rates above the mean and target for 9 months, linked to clinical pathway changes in response to COVID-19.

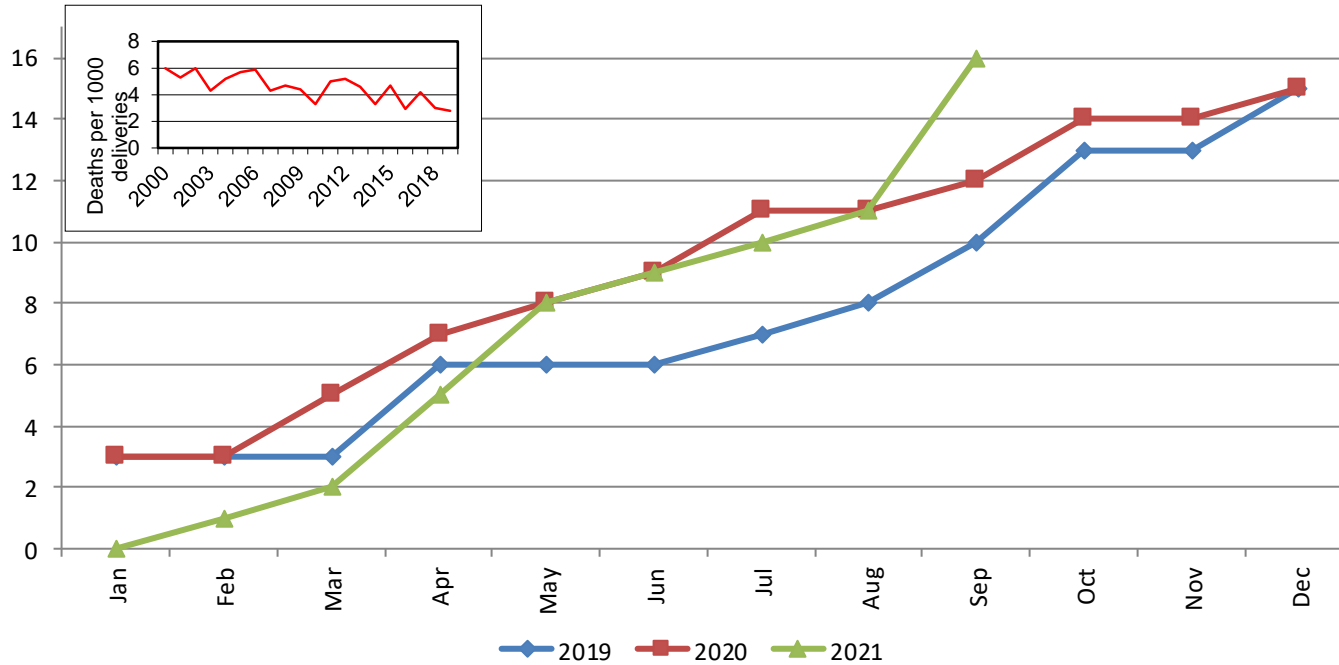
Planned Actions

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

Timescale

- Not applicable

Maternity - Still Births (YTD)



Still births

Outturn	17
Mean	N/A
YTD	16

Executive Lead
Hilary Lloyd

Lead
Heather Gallagher

Commentary
National target 4 per 1000 births Target of 50% reduction in stillbirths by 2025 Note: UKOSS data showing an outcome 1 in 100 stillbirth for pregnant women admitted with COVID-19

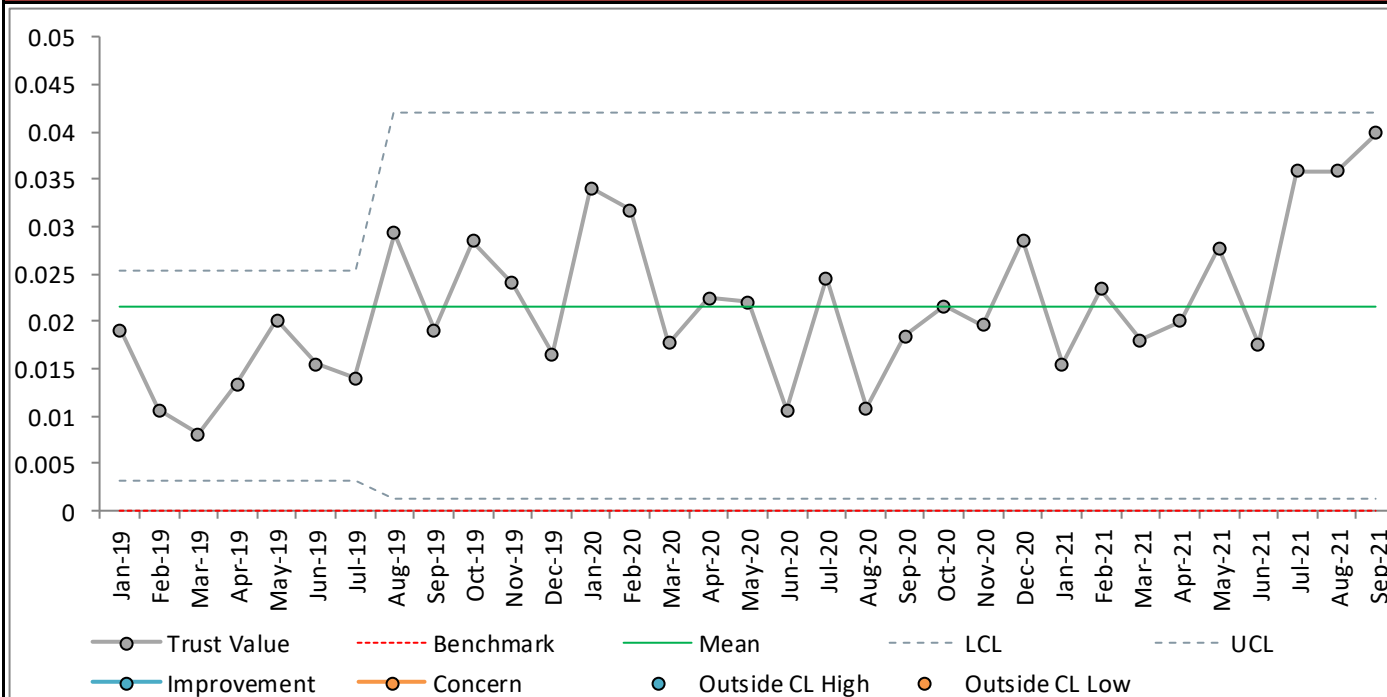
Cause of Variation
<ul style="list-style-type: none"> This indicator is not in control chart format because numbers reported are small and therefore variation cannot be assessed. 3 fetal anomaly cases in month

Planned Actions
<ul style="list-style-type: none"> Deliver all aspects of the Saving Babies Lives Care Bundle V2 Implementation of Ockenden report recommendations due to operational pressures Continued review and analysis through patient safety processes ie PMRT Monitored quarterly through maternity safety champions and LMS regional board.

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



Maternity - PPH 1500ml Rate (%)



Postpartum Haemorrhage Rate over 1500ml

Benchmark

Mean 0.02

Last Month 0.04

Executive Lead

Hilary Lloyd

Lead

Heather Gallagher

Commentary

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

Cause of Variation

- This metric is a stable process with normal variation.

Planned Actions

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

Timescale

- Ongoing

Sepsis

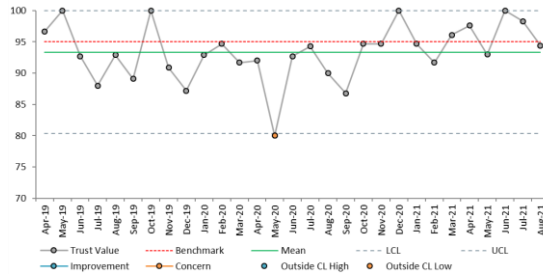
Executive Lead

Mike Stewart

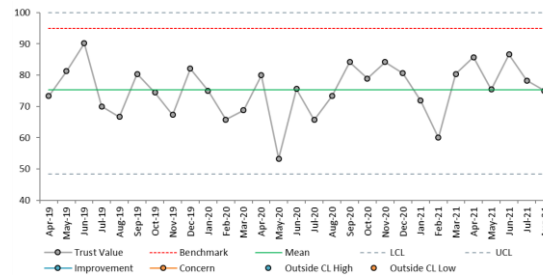
Lead

Lindsay Garcia

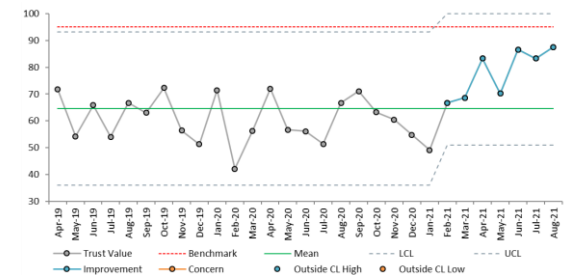
Targeted oxygen delivered within 1 hour



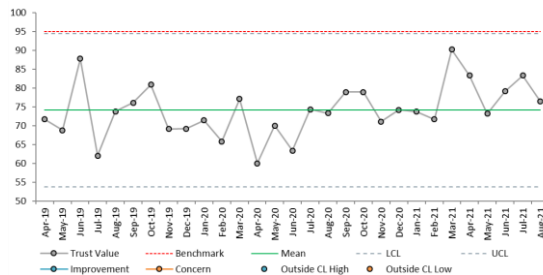
Blood cultures taken within 1 Hour



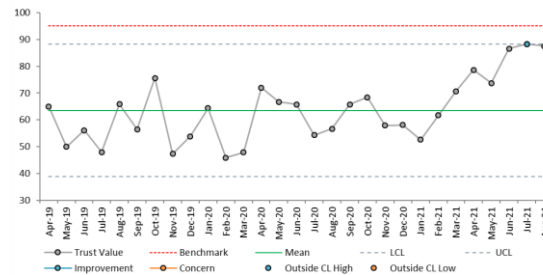
IV antibiotics administered within 1hr



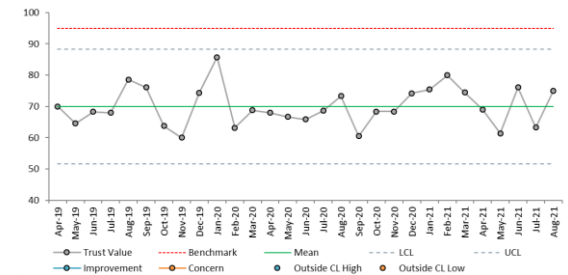
Serum lactate taken within 1 hour



IV fluid resuscitation initiated within 1 hour



Urine output measurement started within 1hr



Cause of Variation

- Normal variation with improvement seen in all elements
- On occasions the Sepsis Assessment tool is not getting launched appropriately in ED - immediate action undertaken
- On occasions the sepsis assessment is not completed in ward based areas when the criteria is met
- Theme identified blood cultures not taken in normothermic patients
- Lack of electronic decision support and management tools
- Poor compliance with completion of fluid balance chart
- Capacity reached in ED, leading to delays in treatment
- Record of trigger not being used in ward environments
- Difficulty to release staff for training

Planned Actions

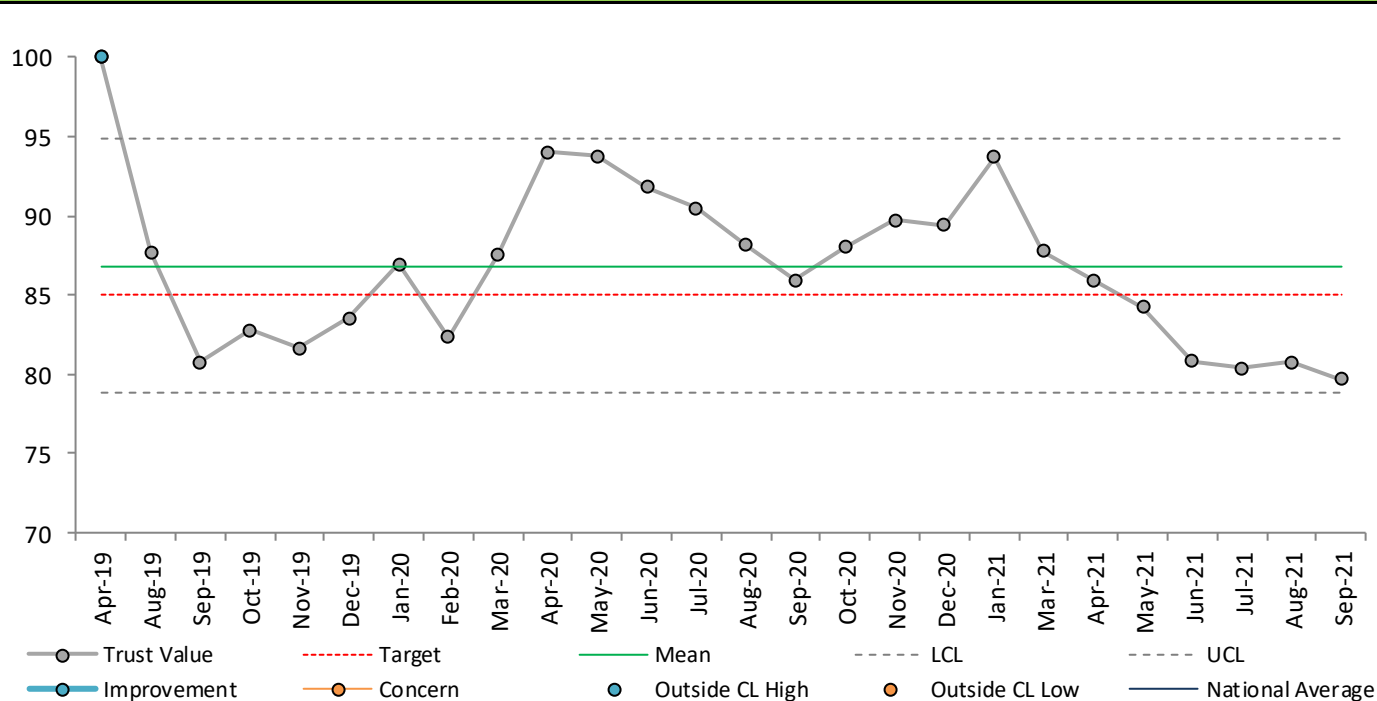
- Electronic workflow to be introduced throughout the organisation with 'close the loop' configuration. This will;
 - open the sepsis six pathway and produce a visual timer
 - reduce the time required locating and reviewing HCRs for audit
 - allow further clinical support from the educators
 - identify areas for improvement and exemplary practice
- The introduction of electronic fluid balance will also increase compliance to the urine output element of the sepsis six - second phase of implementation
- Clinical audit trial underway with coding allowing timely access to HCRs for audit – extended to 3 months
- Daily record of trigger audit in ward based locations
- Sepsis competency update & relaunch
- ED to participate in clinical audit, allowing ownership of data and analysis

Timescale

- July - October 2021 - educational rollout and promotional campaign
- September 2021 - Patientrack 'Go-live' implementation - including sepsis
- August 2021 3 month audit with coding - reporting November 2021
- Final clinical educator commencing post 18/10/21
- Daily education on wards JCUH/FHN
- Daily education in ED
- Weekly engagement with the ED Clinical Matron
- Competencies to be uploaded to intranet following approval at AIP meeting 16/09/21



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



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

Target	85
Mean	86.85
Last Month	79.68

Executive Lead
Hilary Lloyd

Lead
Jen Olver

Commentary

A downward trend has been noted since January 2021 and remains within normal variation.

Cause of Variation

- This metric is within normal variation.
- The metric has seen a downward trend since January 21.
- The metric has fallen below the target this month, for the fifth time since February 2020.

Planned Actions

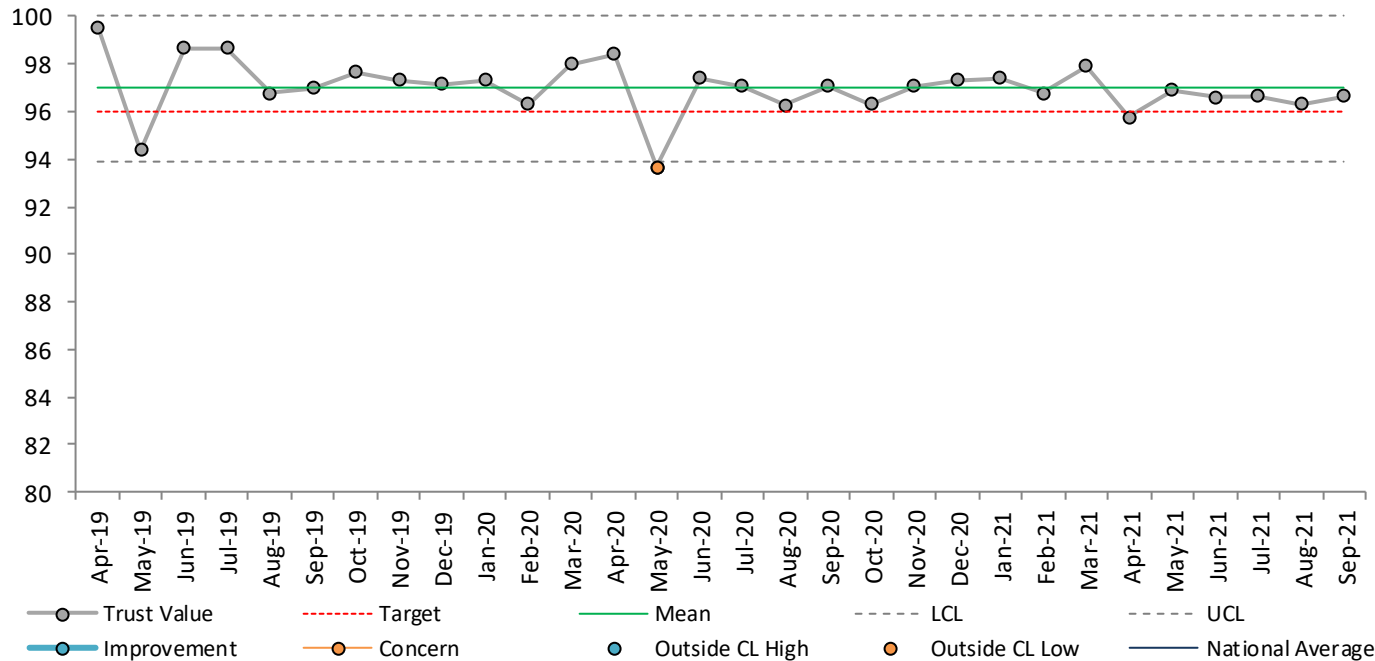
- Continue to monitor.
- Following a review of feedback, Urgent and Emergency Care National Survey results and a triangulation of other A&E data sources has been undertaken.
- T & F group established with an action plan is in place monitored by the PESG.

Timescale

- November 2021.



F&F Inpatient Overall Experience Rate (%)



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

Target	96
Mean	97.01
Last Month	96.64

Executive Lead
Hilary Lloyd
Lead
Jen Olver

Commentary

This metric is within normal variation and the mean is above the target

Inpatient feedback remains consistently high

Cause of Variation

- The mean remains above the target.

Planned Actions

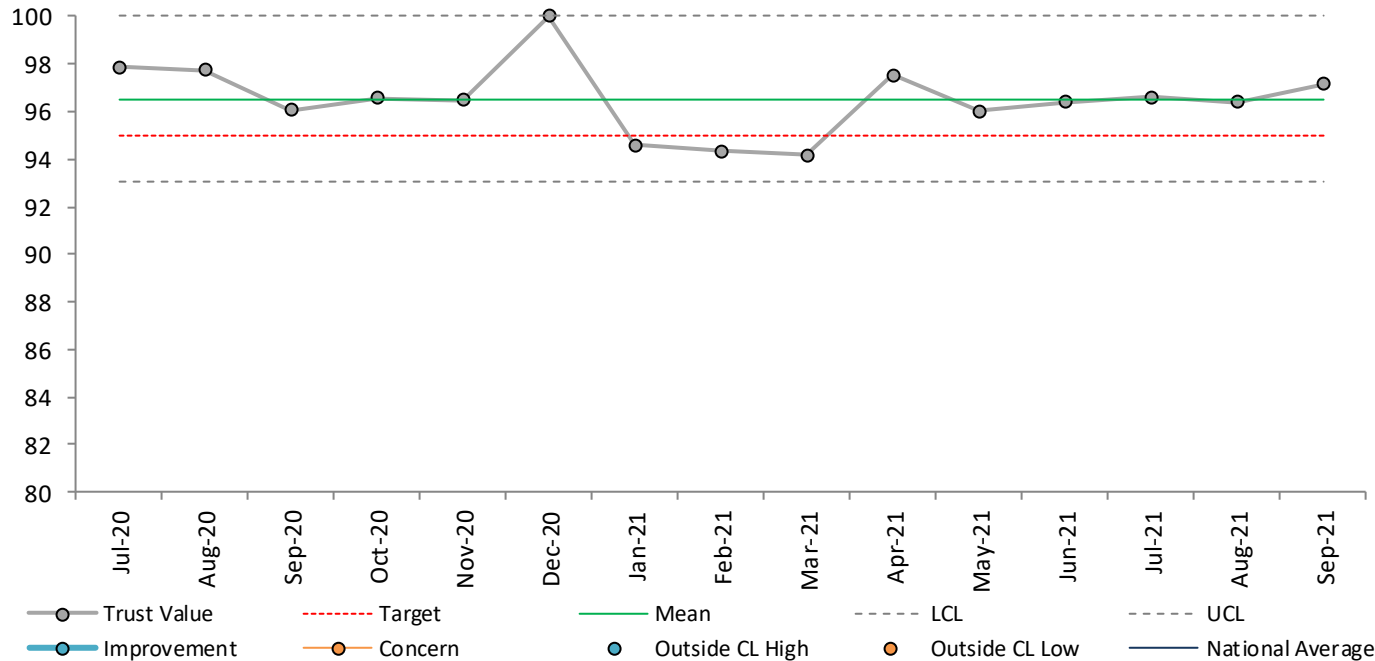
- Continue with current process.

Timescale

- Ongoing.



F&F Outpatient Overall Experience Rate (%)



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

Target	95
Mean	96.53
Last Month	97.18

Executive Lead
Hilary Lloyd

Lead
Jen Olver

Commentary

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

Patient experience in outpatients remains high

Cause of Variation

- This metric is within normal variation and the mean is above the benchmark.
- Compliance continues to be achieved.

Planned Actions

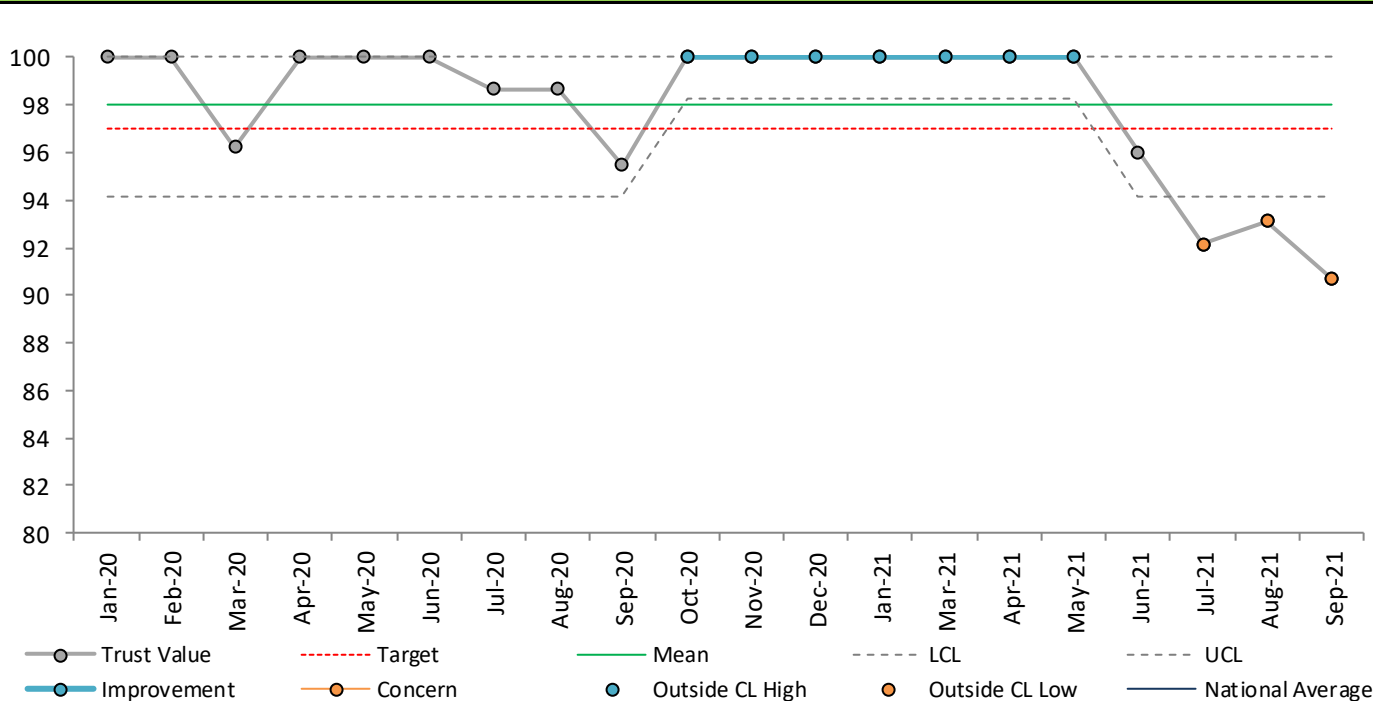
- Continue to monitor the overall experience.
- To increase patient feedback in outpatient areas.

Timescale

- Ongoing



F&F Maternity Overall Experience Rate (%)



Target	97
Mean	98.05
Last Month	90.70

Executive Lead	Hilary Lloyd
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Lead	Jen Olver
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Commentary

. The mean is above the target; however, performance has deteriorated in past 4 months. The target is outside of the control limits.

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

Cause of Variation

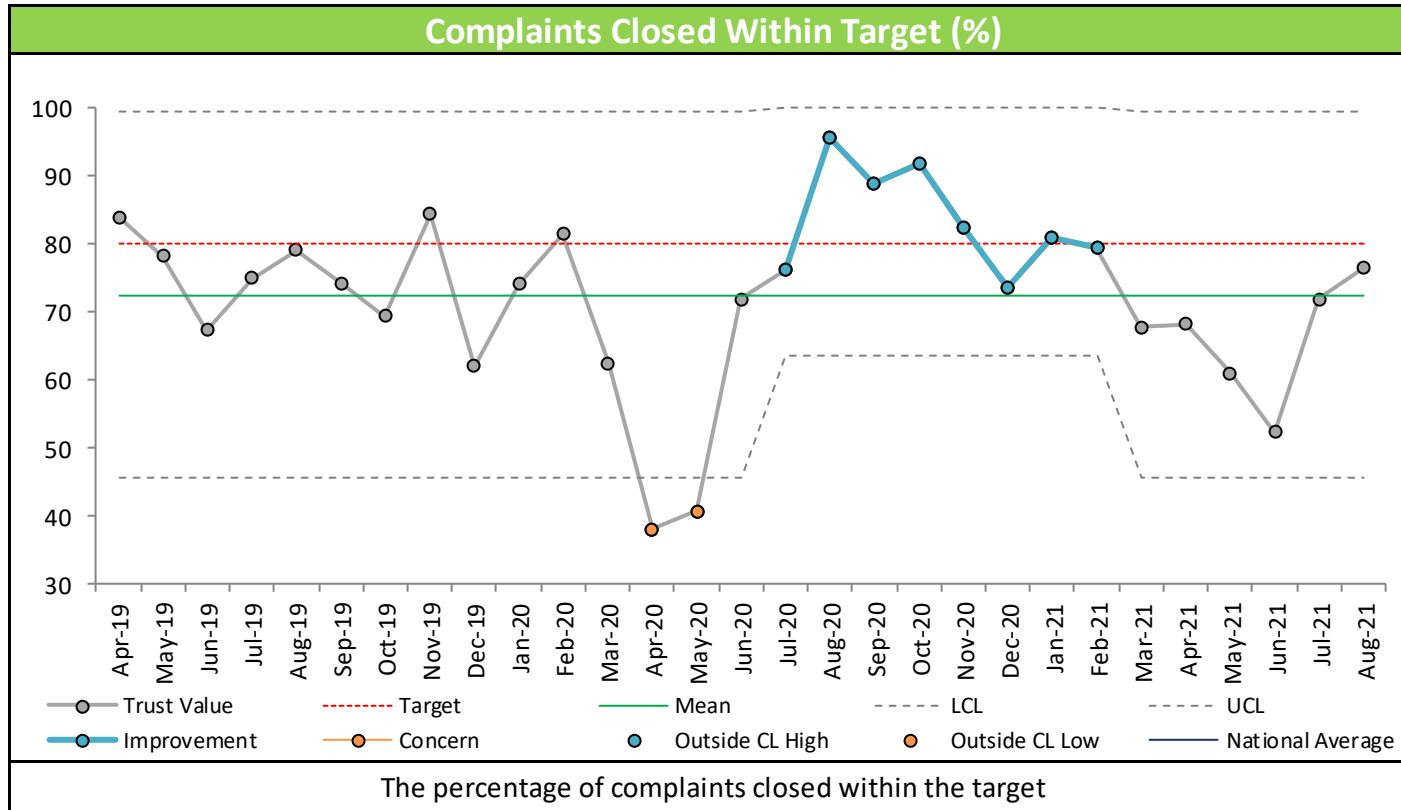
- The mean is above the target, so the Trust is generally compliant. However, in Q3 the overall experience rating deteriorated and has fallen outside the control limits expected for common cause variation.
- It is noted that low numbers are returned, with the number of surveys completed at birth, post-natal ward and community being very low.

Planned Actions

- Unprecedented operational challenges in maternity services nationally.
- Review undertaken of the surveys completed at the four touch points in the maternity pathway.
- The new surveys will go live on 1 November 2021.

Timescale

- December 2021



Target	80
Mean	72.55
Last Month	76.50
Executive Lead	
Hilary Lloyd	
Lead	
Jen Olver	

Commentary

The target has been met for the first time since April 2021.

There were 29 complaints closed in August, of which 24 were within the agreed timeframe.

Cause of Variation

- Compliance for this metric is below the target and above the mean in August 2021.
- The target is within the control limits, and so consistently exceeding the target cannot be assured at this time.

Planned Actions

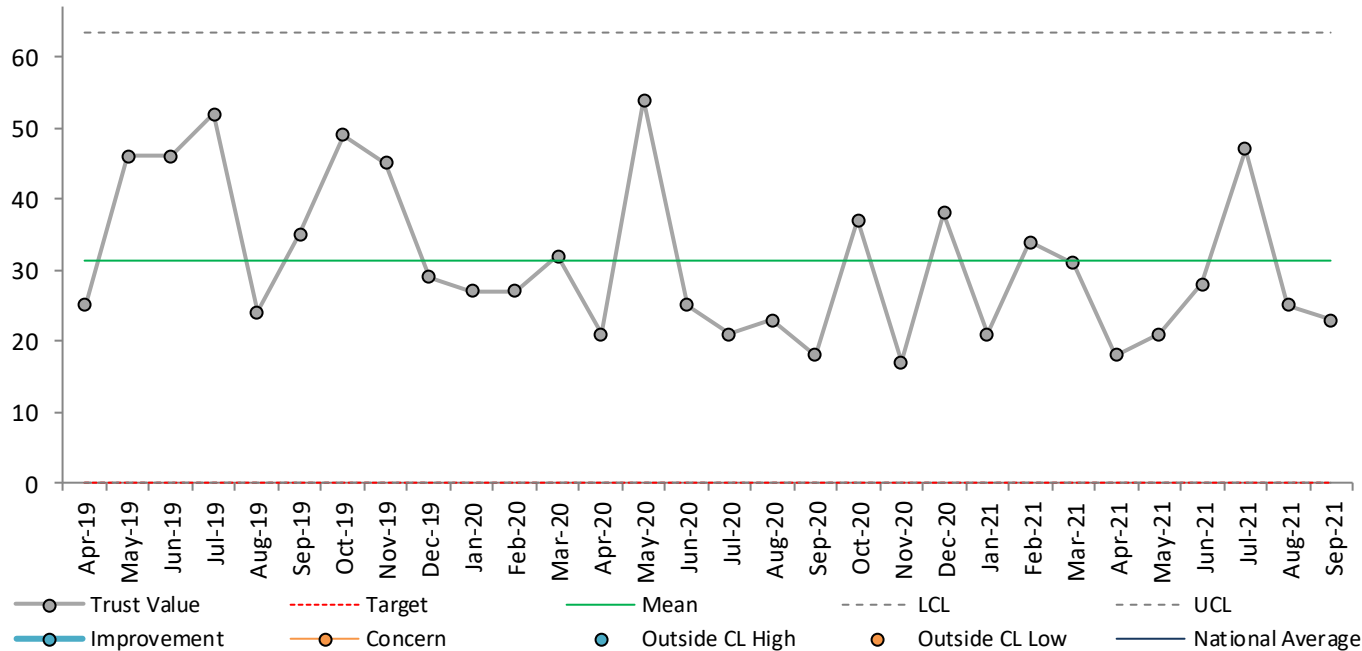
- Monitor current process and quality assurance processes.
- Continue to meet weekly to discuss actions for off target complaints.
- Escalation process in place for complaints off target.

Timescale

- Ongoing



All New Complaints



All new complaints recorded on DATIX

Target	
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Mean	31.30
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Last Month	23.00
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Executive Lead

Hilary Lloyd

Lead

Jen Olver

Commentary

There was 20 formal complaints received in August, a significant decrease on the previous month.

Cause of Variation

- Variation of common cause within confidence limits.

Planned Actions

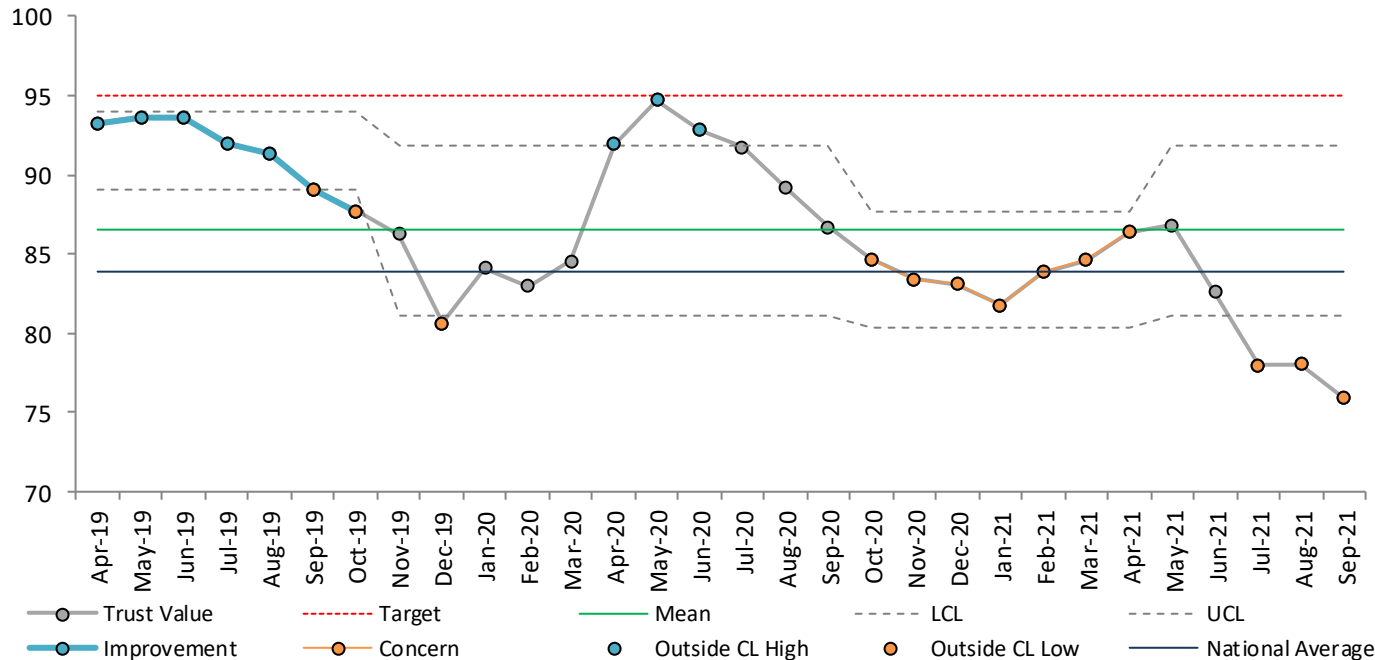
- Themes from complaints are fed back to the collaboratives.
- Actions from complaints are monitored monthly.

Timescale

- Ongoing



A&E 4 Hour Wait Standard (%)



Target	95
Mean	86.52
Last Month	75.94

Executive Lead	Sam Peate
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Lead	Cheryl Burton
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Commentary

Activity in excess of pre pandemic levels. Impact on performance in September 21. COVID staff isolation and sickness impact.

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

Cause of Variation

- Sustained increased demand across all emergency and urgent care settings.
- Throughput challenged at times of high attendances.
- Significant levels of staff isolation and absence due to Covid-19 impacting medical and nursing rosters
- Cubicle space.
- Sustained increase in Resus and Paediatric activity
- F2F GP appointments.

Planned Actions

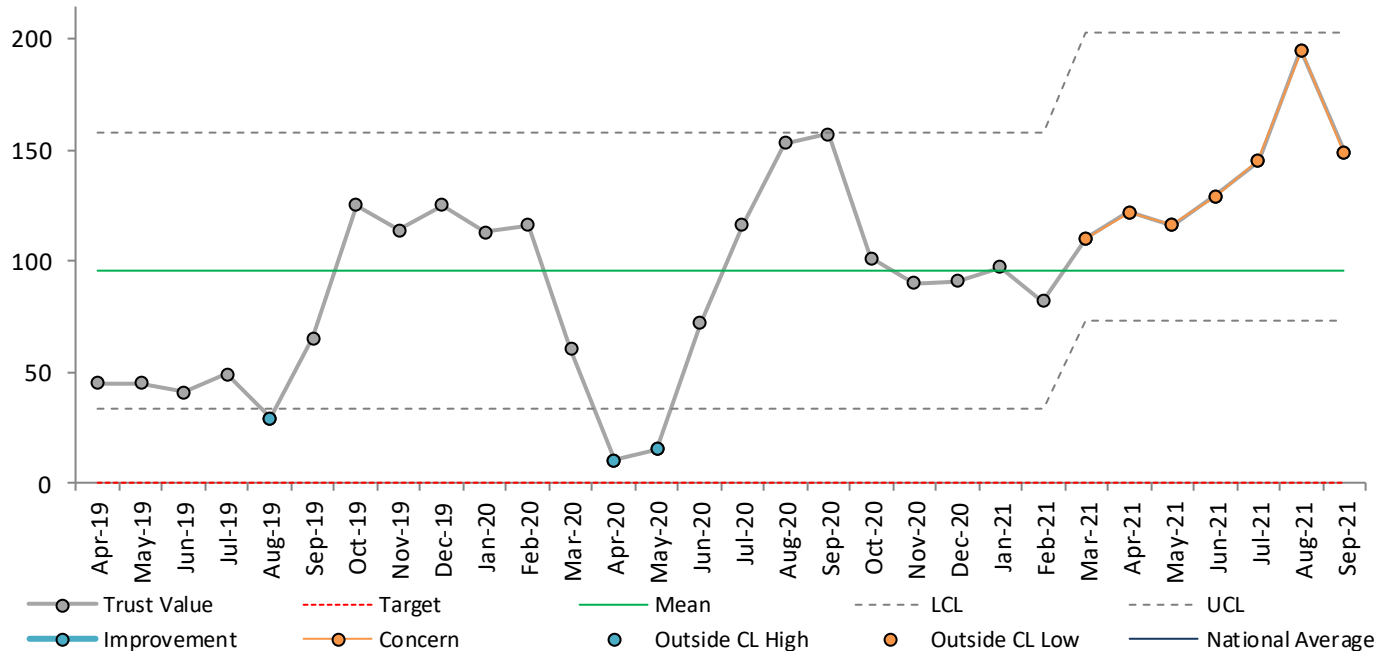
- Organisational approach to SDEC pathways to remove crowding and delays for non-elective patients.
- Review of ED operational model to improve dwell times and processing – meetings in progress.
- ED recovery plan developed in line with ECIST recommendations.
- Review of clinically ready to proceed metrics to improve flow.
- Estate's strategy to optimise use of ED footprint.
- Regional 111 online, GP and pharmacy first message amplification.
- Strategic discussions with the CCG around UTC offer at Redcar and JCUH

Timescale

- Ongoing
- Ongoing
- 31/10/2021
- Ongoing
- 13/12/2021
- Ongoing
- Ongoing



Ambulance Handovers - over 30 mins



Ambulance A&E handover delays greater than 30 minutes

Target	0
Mean	95.90
Last Month	149.00

Executive Lead	Sam Peate
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Lead	Cheryl Burton
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Commentary

Increasing levels of activity impacting on ability to receive ambulance handover in line with measure. It has been identified that in some cases access to IT for the provider to complete episode (PIN) delays the turnaround KPI.

Cause of Variation

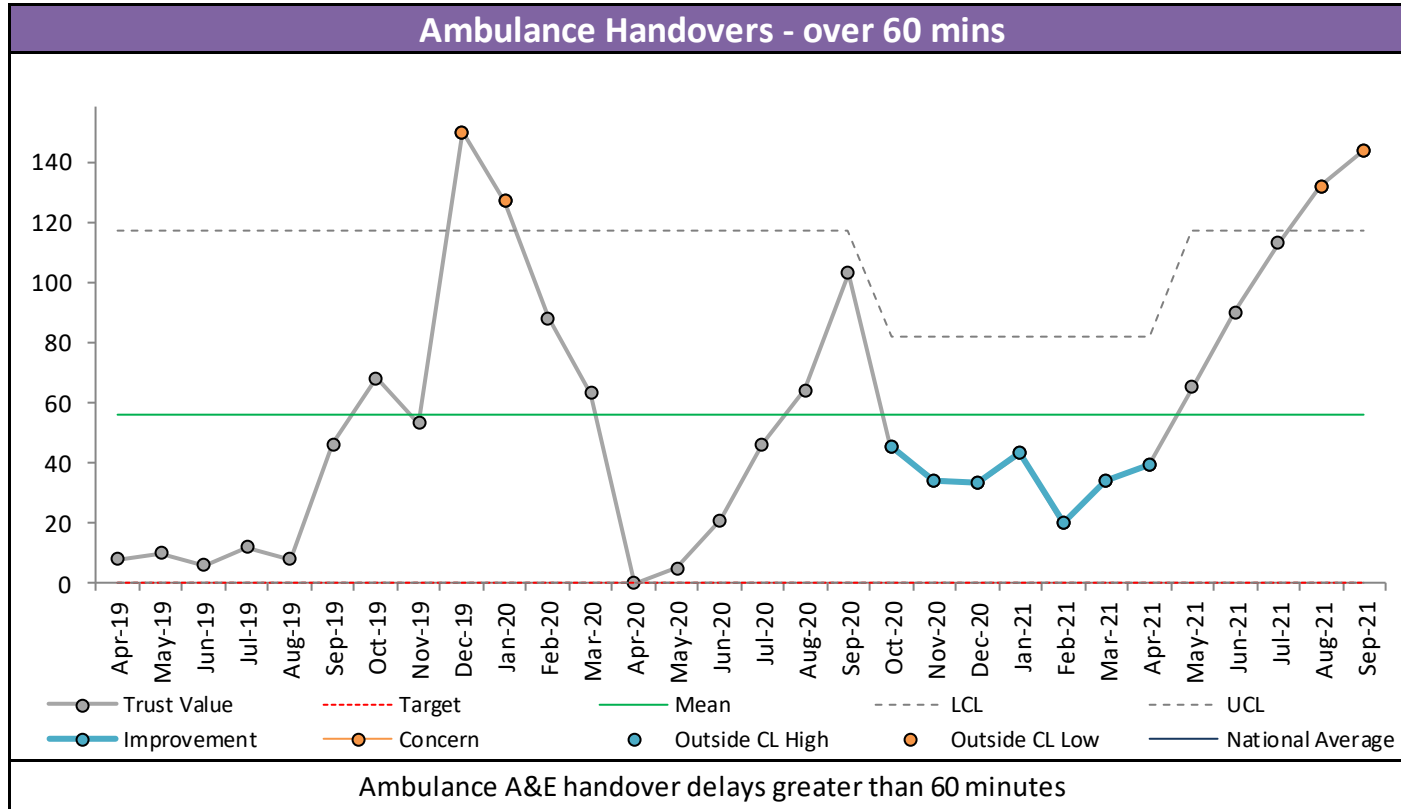
- High volume of self-presentations to ED .
- Reduced ability to meet demand due to increased levels of presentation.
- Handovers.
- PIN completion at point of contact.
- Staffing resource due to COVID-19 absence.

Planned Actions

- Activity follow with NEAS and YAS to identify delays in total turnaround times.
- Fortnightly meetings with NEAS to validate data and utilise business intelligence to streamline pathways/process.
- Access to IT for ambulance PIN – completion of episode
- Collaborative communications between NEAS and ED in relation to roles and responsibilities regarding ambulance handover and process.
- Exploring Paramedic Transformation role with NEAS and CCG to identify areas for improvement.

Timescale

- Completed
- Ongoing
- November 2021
- Ongoing
- November 2021



Target	0
Mean	55.67
Last Month	144.00

Executive Lead
Sam Peate

Lead
Cheryl Burton

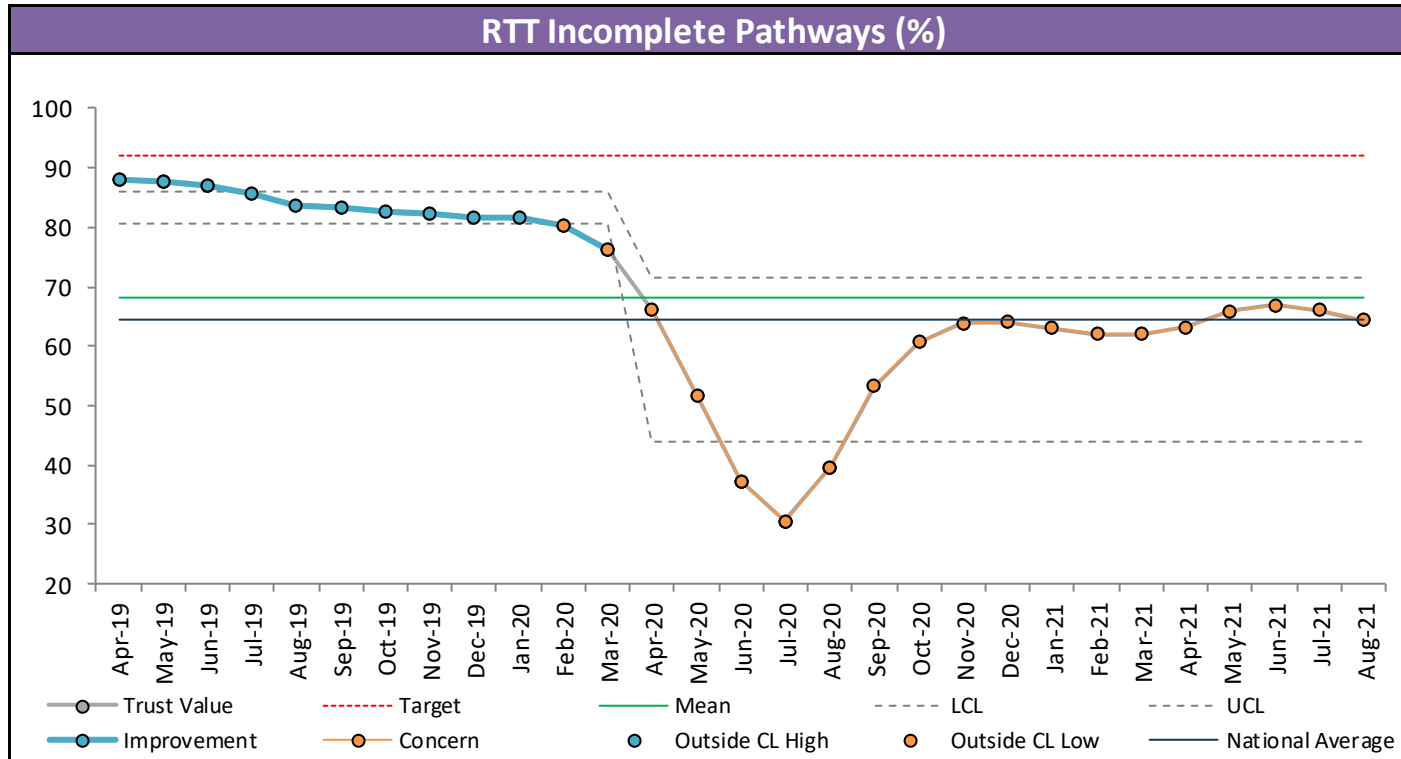
Commentary

Increasing levels of activity impacting on ability to receive ambulance handover in line with measure. It has been identified that in some cases access to IT for the provider to complete episode (PIN) delays the turnaround KPI.

Cause of Variation
<ul style="list-style-type: none"> High volume of self presentations to ED . Reduced ability to meet demand due to increased levels of presentation. Handovers. PIN completion at point of contact. Handover delays. Staffing resource dure to COVID-19 absence.

Planned Actions
<ul style="list-style-type: none"> Activity follow with NEAS and YAS to identify delays in total turnaround times. Weekly meetings with NEAS to validate data and utilise business intelligence to streamline pathways/process. Access to IT for ambulance PIN – completion of episode Collaborative communications between NEAS and ED in relation to roles and responsibilities regarding ambulance handover and process. Exploring Paramedic Transformation role with NEAS to identify areas for improvement.

Timescale
<ul style="list-style-type: none"> Completed Ongoing October 2021 Ongoing September 2021



The % of incomplete pathways for patients within 18 weeks

Target	92
Mean	68.31
Last Month	64.39

Executive Lead	
Sam Peate	

Lead	
Joanne Evans	

Commentary

Existing RTT improvement Trajectory expecting improvement to 74% by March 22.

Over 52 week waits improvement trajectory 2,817 for July 21 reducing to 1,470 by March 22.

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

Cause of Variation
<ul style="list-style-type: none"> Special cause variation within the system from July 2020 to December 2020 as a result of COVID. Improvements within the system can be seen, however the target is still not being achieved. Over 52-week waiters for Aug 21: 2,240 (July 21 2,360) Significant impact on theatre and anaesthetic provision through July and August due to staff isolation.

Planned Actions
<ul style="list-style-type: none"> Orthopaedic weekend working commenced. Distribution of activity to IS. Focus on clinical need first, then longest waiters. Further increase in access planned in May ensuring all available theatre estate being utilised. Plan being established for opening additional sessional activity in August on completion of lifecycle works to Theatres 5 & 6. Theatre Recovery plan being developed.

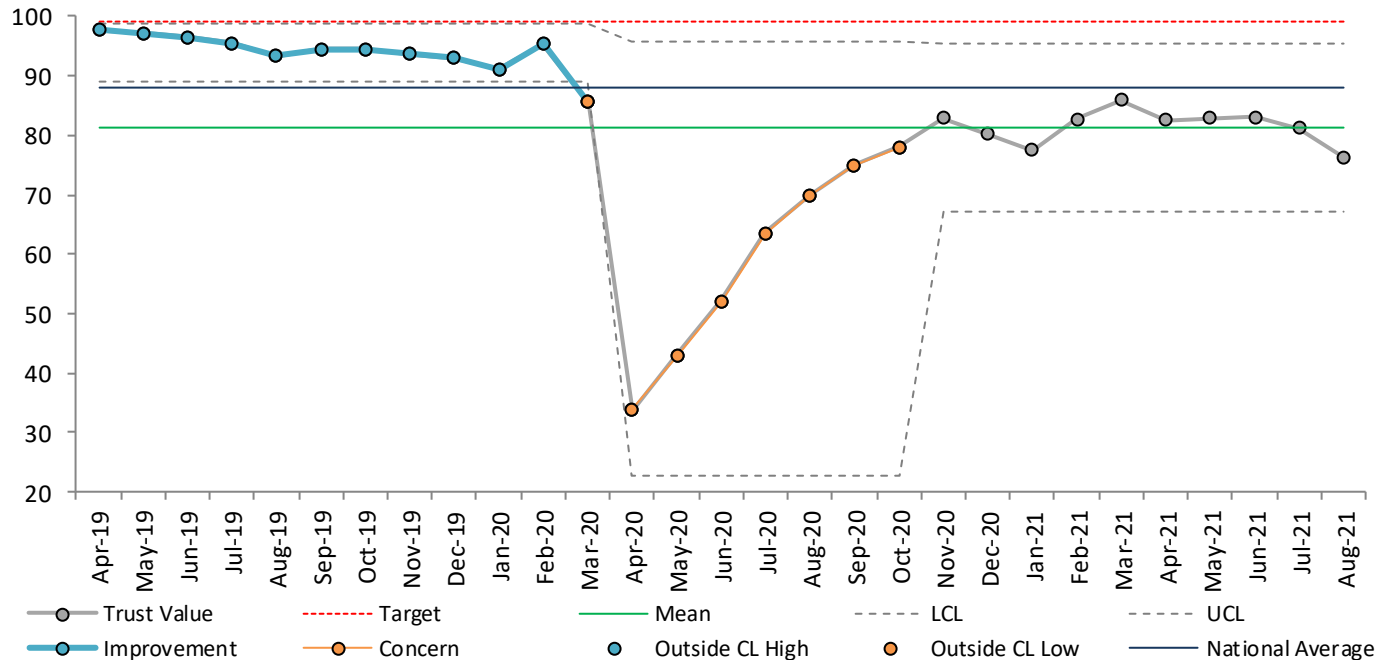
Timescale
<ul style="list-style-type: none"> 18 months to deliver standard. Individual plans have specific target dates. Improvement trajectory will be determined with clinical teams. October 2021

Responsive



South Tees Hospitals
NHS Foundation Trust

Diagnostic 6 Weeks Standard (%)



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

Target	99
Mean	81.34
Last Month	76.26

Executive Lead	Sam Peate
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Lead	Sam Peate
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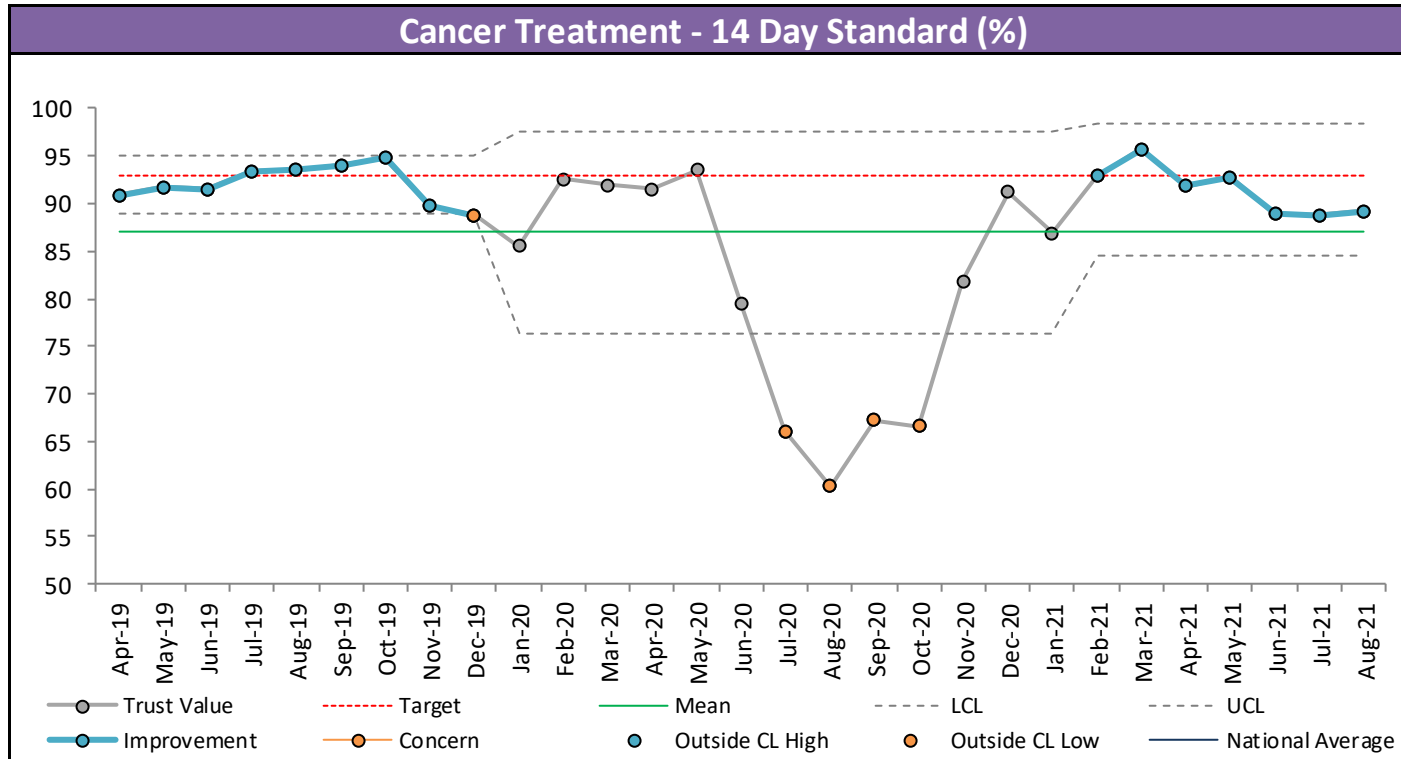
Commentary

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

Cause of Variation
<ul style="list-style-type: none"> The process is showing common cause variation following special cause variation in March 2020 due to Covid 19 pandemic. Demand for routine diagnostic tests for Neurophysiology, Audiology, Dexa Scanning and Urodynamics are causing the deterioration in performance.

Planned Actions
<ul style="list-style-type: none"> Continue to review and maximise utilisation of capacity. Replacement Dexa scanner being installed Administrative and clinical prioritisation and validation of waiting lists, including surveillance patients. Book according to priority and chronological order. Work with ICP and ICS partners on demand and capacity, including business cases for community diagnostic hubs. Service review and improvement trajectories.

Timescale
<ul style="list-style-type: none"> Weekly September / October 21 31st July 2021 Weekly Q1/Q2 As required by Strategic Recovery Group.



Target	93
Mean	87.01
Last Month	89.21

Executive Lead
Sam Peate

Lead
Carol Taylor

Commentary

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

Last achieved in March 21.

28 day faster diagnostic target achieved in Aug 21 – compliance 80.54% (National Target 75%)

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

Cause of Variation

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

Planned Actions

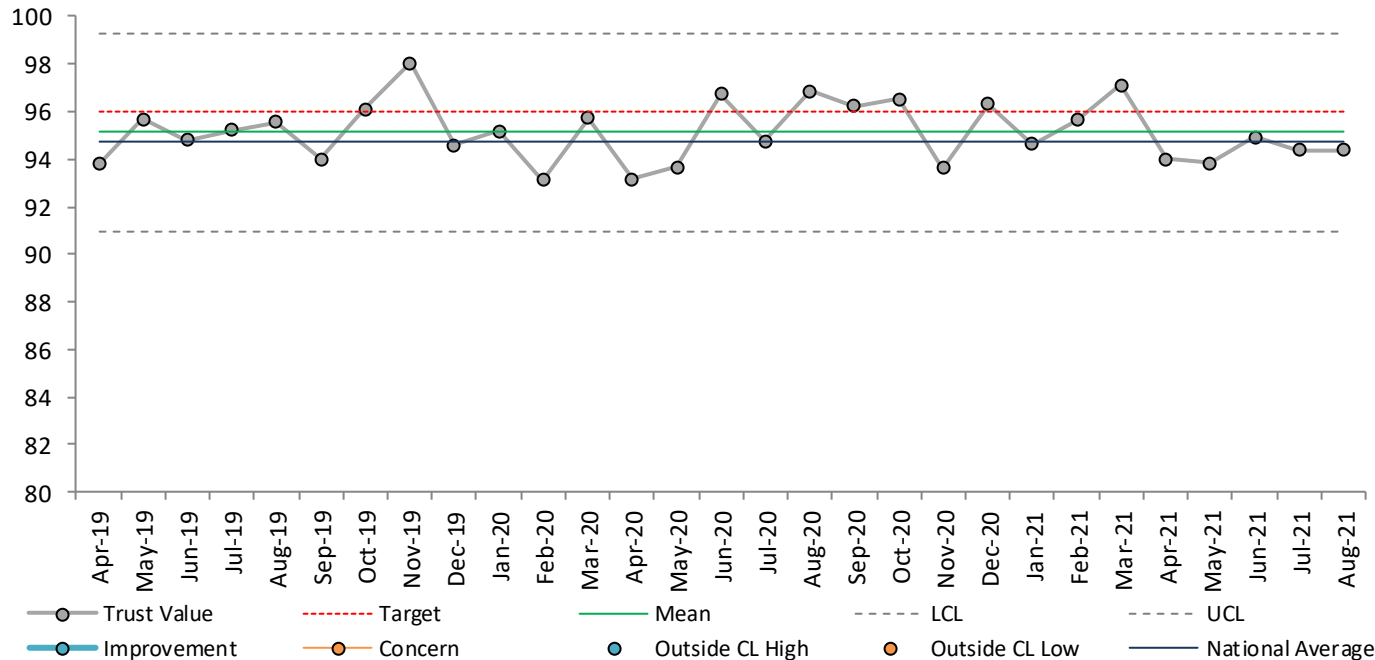
- Continuation of triage of 2ww referrals on receipt.
- Daily Escalation of unutilised slots to ensure these are filled.
- Weekly cancer performance wall continues virtually to identify themes.

Timescale

- Ongoing



Cancer Treatment - 31 Day Standard (%)



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

Target	96
Mean	95.12
Last Month	94.36

Executive Lead	
Sam Peate	

Lead	
Carol Taylor	

Commentary

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

63 day plus backlog reducing.

Cause of Variation

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

Planned Actions

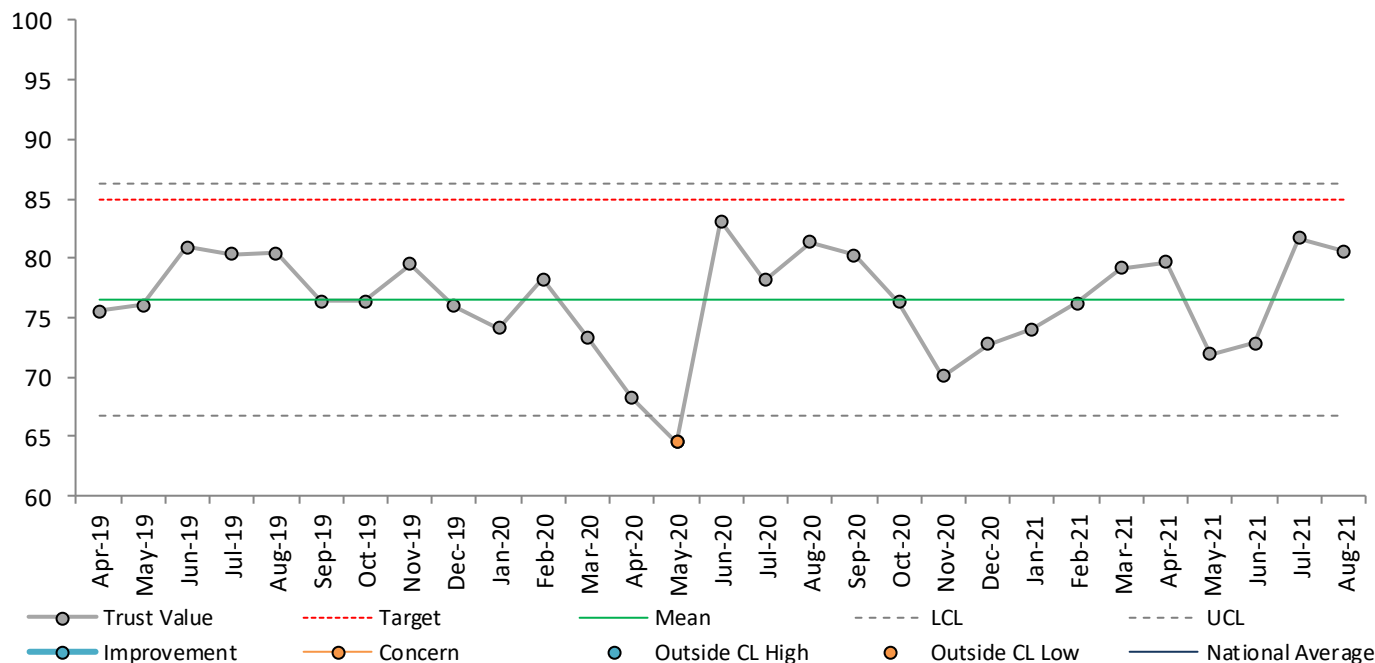
- Ensure all patients are tracked and expedited where appropriate.
- Weekly cancer performance wall continues virtually.
- Detailed Cancer improvement trajectories to be established by tumour group.

Timescale

- Weekly.
- Weekly.
- Progress reviewed monthly through collaborative performance reports.



Cancer Treatment - 62 Day Standard (%)



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

Target	85
Mean	76.49
Last Month	80.60

Executive Lead
Sam Peate

Lead
Carol Taylor

Commentary

National Target - maximum two month (62-day) wait from urgent referral for suspected cancer to the first definitive treatment for all cancers
Whilst within the control limit the mean is at 76.23% therefore the target is unlikely to be met.

62 day plus backlog reducing which will lead to overall improvement in performance

Cause of Variation

- Late transfers from other organisations continues to impact on the trust's ability to achieve the 62 days cancer standard. In order to achieve the standard transfers need to take place by day 38 of the patient pathway. In line with the Inter Provider transfer rules those transferred after day 38
- Increased level of demand – returning to pre pandemic levels.

Planned Actions

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

Timescale

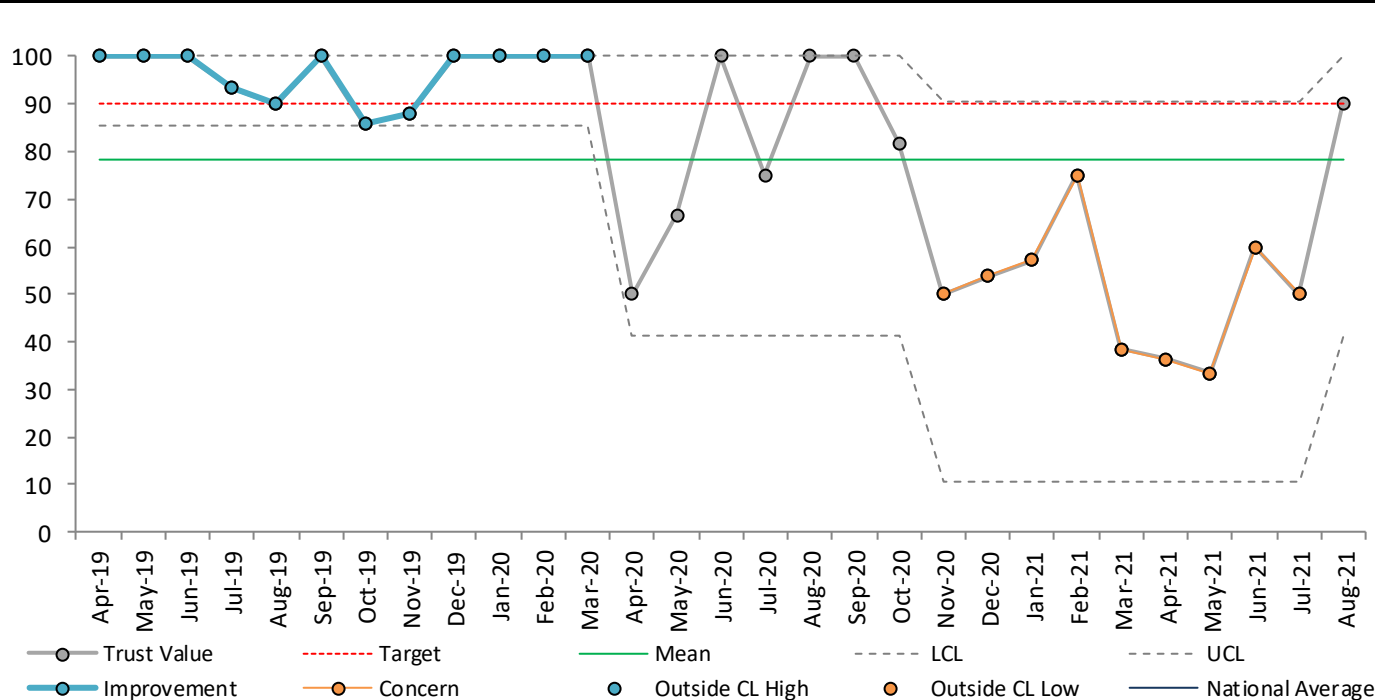
- Due to the impact of Covid this metric is unlikely to get back to target for many months.
- Once the effects from the COVID pandemic subside, and the process reviews are all completed. The '62 day' KPI performance would start to improve to an average of circa. 85%, usually varying between 82% and 88%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

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancer Treatment - 62 Day Screening (%)



Target	90
Mean	78.44
Last Month	90.00

Executive Lead	Sam Peate
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Lead	Carol Taylor
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Commentary

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

Whilst just within the control limit the means is at 78.44% therefore the target is unlikely to be met.

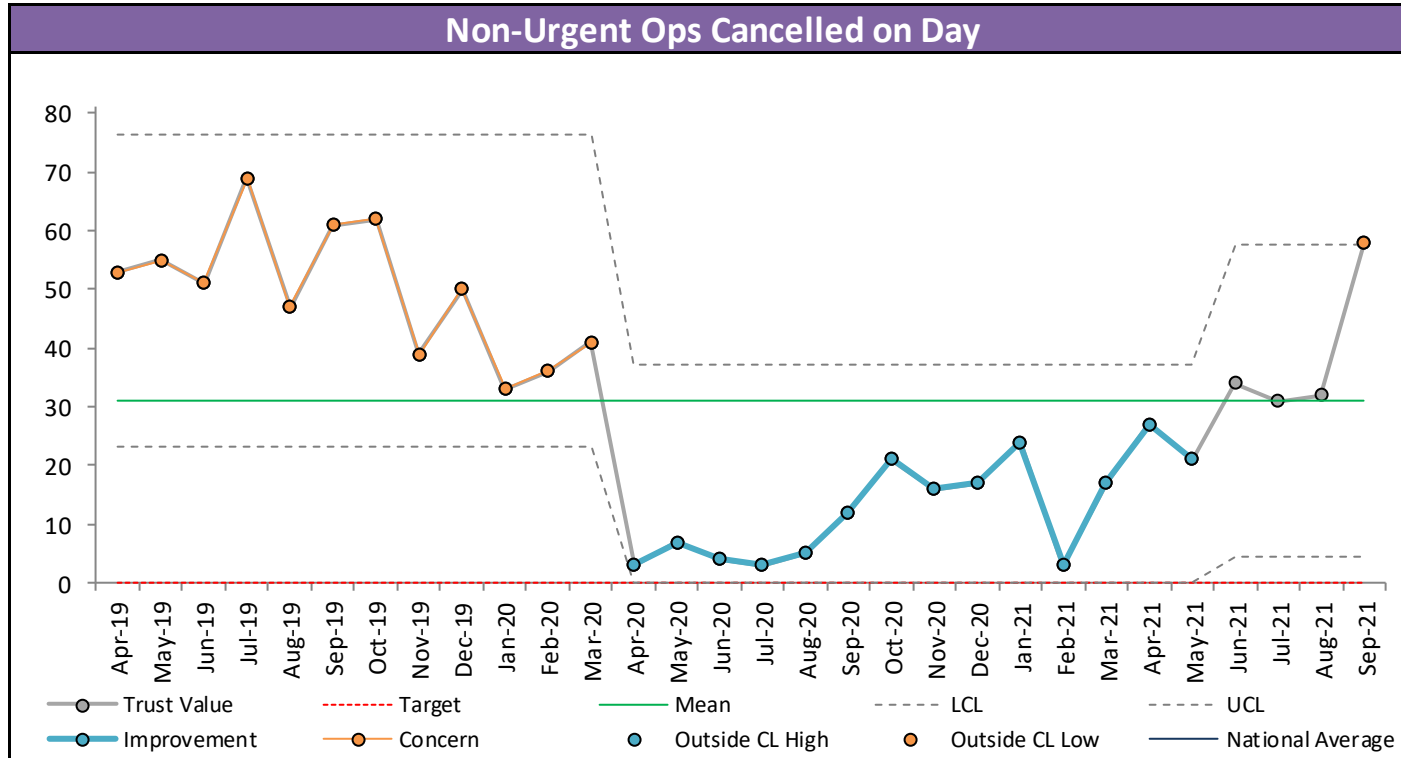
Cause of Variation

- Process within normal variation, note due to the low volumes of screening referrals this does impact on the overall compliance significantly. Majority screening patients commence their pathway at a tertiary provider and are transferred in for further investigations and treatment. It should be noted that the transfer rules within 62 day first also stand for screening patients.

Planned Actions

- Actions as per 62 day first standard (previous slide)

Timescale



Target	0
Mean	31.07
Last Month	58.00

Executive Lead	Sam Peate
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Lead	Joanne Evans
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Commentary

Improvement in the system due to COVID and reduced elective programme.

Theatre improvement plan being developed to address late cancellation of patients due to hospital factors.

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

Cause of Variation

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

Planned Actions

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

Timescale

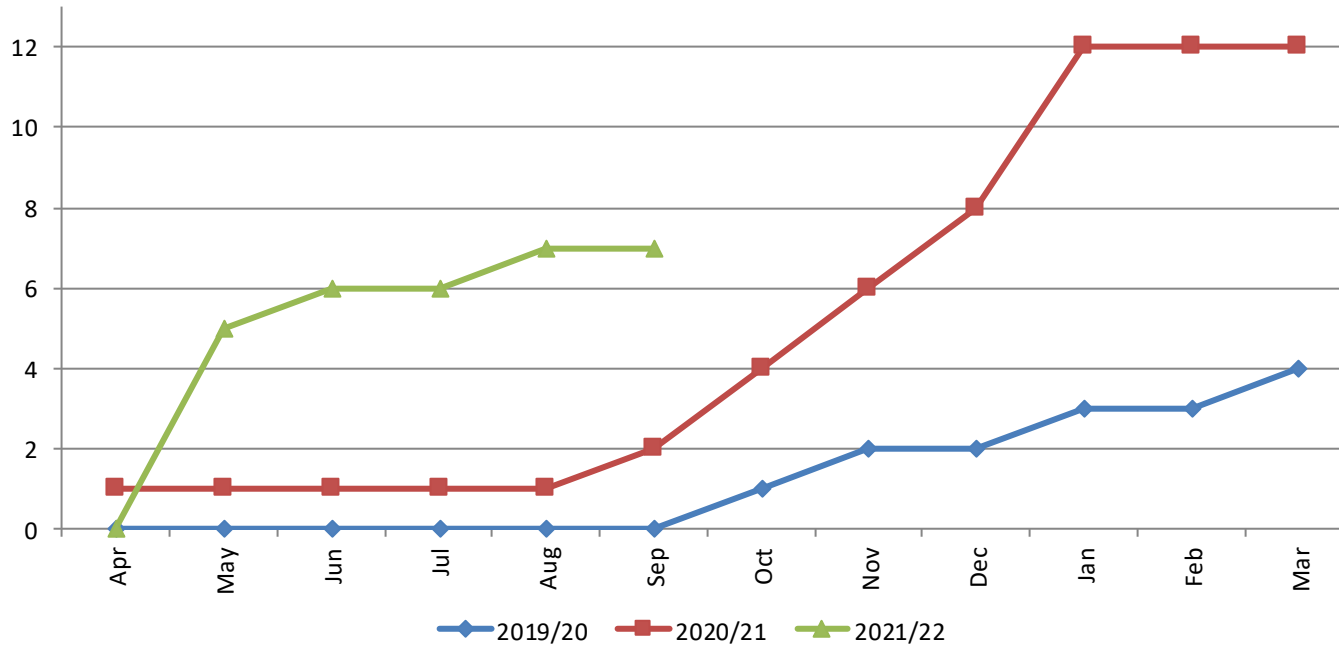
- Ongoing.

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancer Operations Cancelled On Day (YTD)



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

Target	0
Mean	N/A
YTD	7

Executive Lead
Sam Peate
Lead
Joanne Evans

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

Cause of Variation

- Limited access to critical care throughout pandemic.

Planned Actions

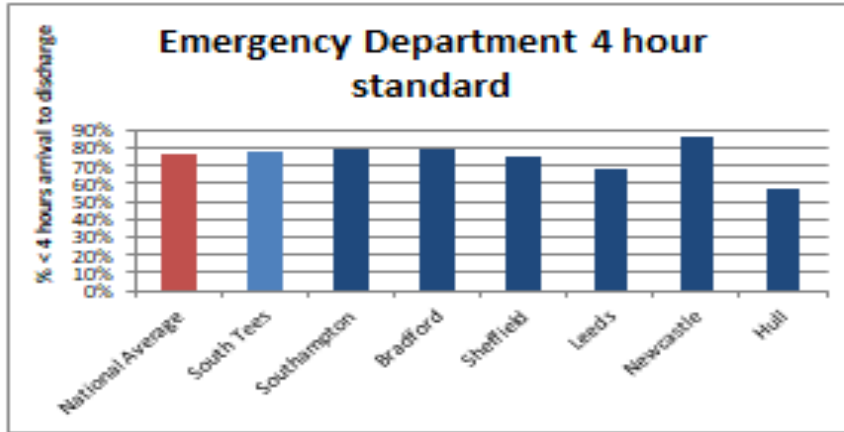
- Cancellation reasons to be reviewed in weekly clinical recovery meeting.

Timescale

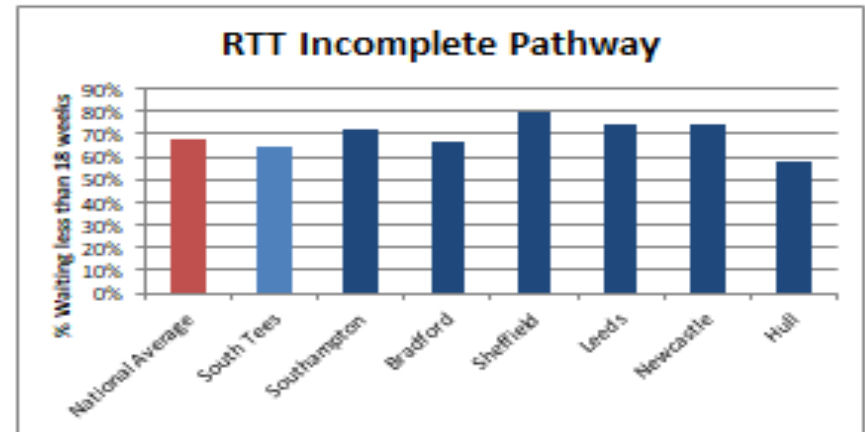
- Ongoing monitoring.

Benchmarking against National Average and Other Providers

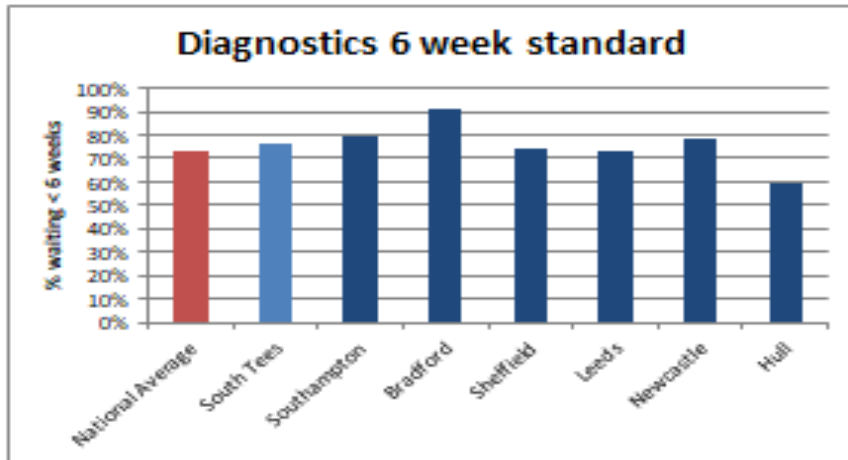
August 2021



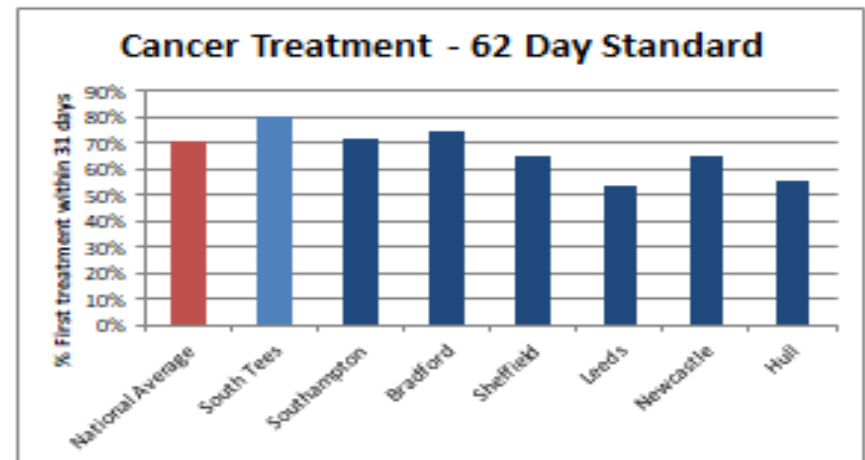
Source: <https://www.england.nhs.uk/statistics/statistical-work-areas/er-waiting-times-and-activity/er-attendances-and-emergency-admissions-2021-22/>



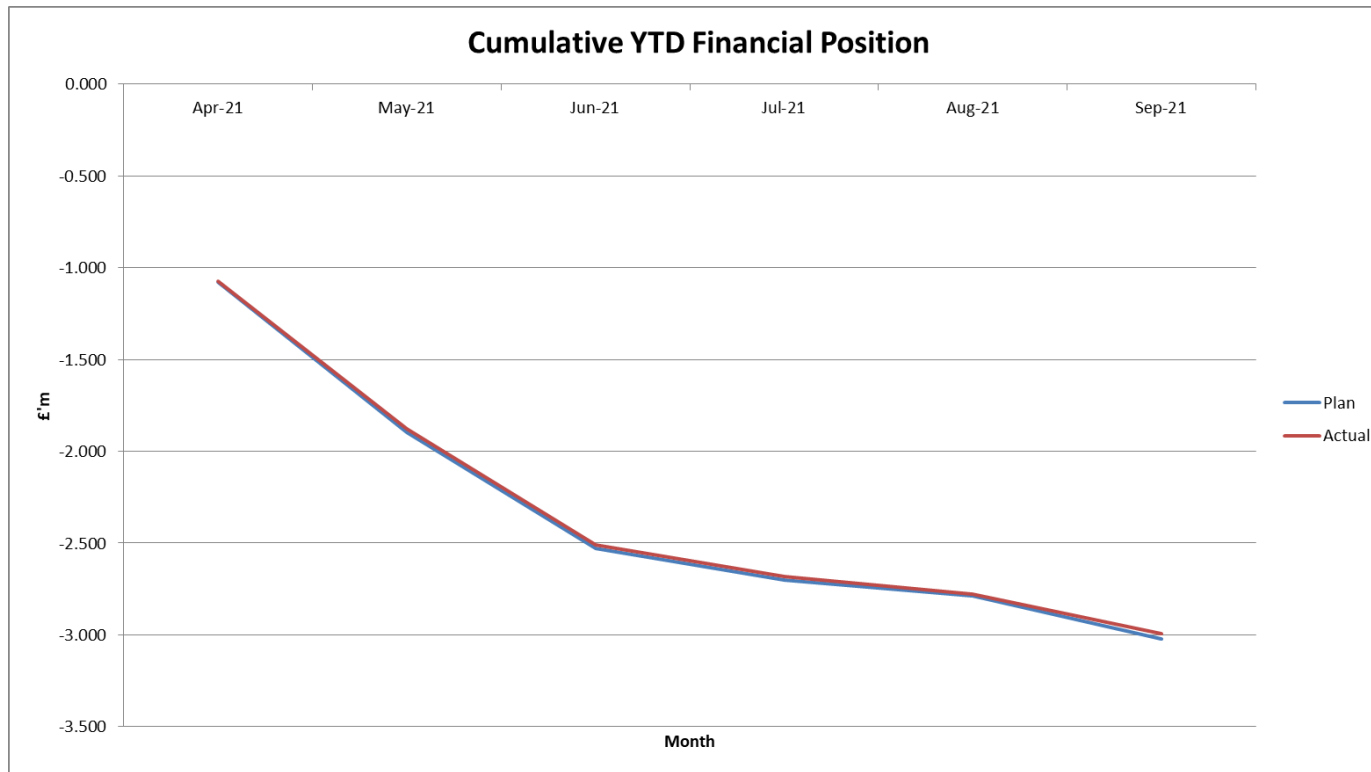
Source: <https://www.england.nhs.uk/statistics/statistical-work-areas/rll-waiting-times/rll-data-2021-22/>



Source: <https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/weekly-diagnostics-waiting-times-and-activity/weekly-diagnostics-data-2021-22/>



Source: <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>



Target	-3.023m
Mean	N/A
Last Month	-2.994m

Executive Lead
Chris Hand

Lead
Luke Armstrong

Commentary
The deficit at month 6 was £3.0m, in line with plan. Budget statements are provided to managers each month, and each Collaborative Board reviews its financial position. Resources Committee and Trust Board receive a financial report at each meeting.

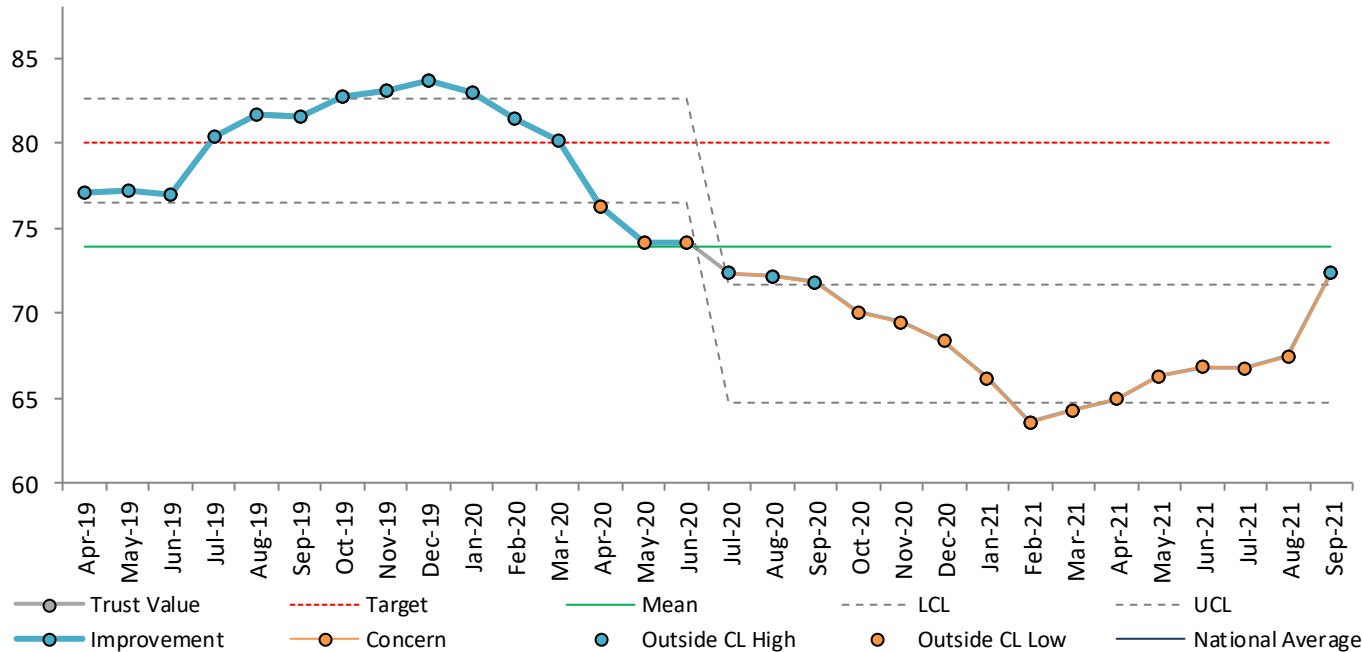
Cause of Variation
<ul style="list-style-type: none"> No cause of variation.

Planned Actions
<ul style="list-style-type: none"> Understanding of revised financial arrangements for H2 of 2021/22. Review of ongoing Covid-19 costs. H2 Planning Submission

Timescale
<ul style="list-style-type: none"> 31 October 2021 Ongoing November 2021



Annual Appraisal (%)



Annual Appraisal Rate

Target	80
Mean	73.89
Last Month	72.42

Executive Lead
Rachael Metcalf
Lead
Jane Herdman

Commentary
<p>This metric has had an increase of 4.97% in the month of September, It has increased from 67.46% to 72.42%. Every Collaborative has increased their Appraisal compliance.</p> <p>HR clinics with managers throughout September have been greatly received. Further work has been completed on medical appraisals and how this is reported so that the data is more accurate.</p>

Cause of Variation

- Work has been completed to accurately reflect medical appraisals. Continued staffing pressures have been reported across the trust.
- Lowest areas of compliance are Perioperative and Critical Care services 65.03%, however their position has increased on the previous month.
- Cardiovascular Care services and James Cook Cancer Institute and Speciality Medicine Services exceed target 82.48% and 81.23% respectively. Women and Children's Services is most improved by 13.03%, (71.81%)

Planned Actions

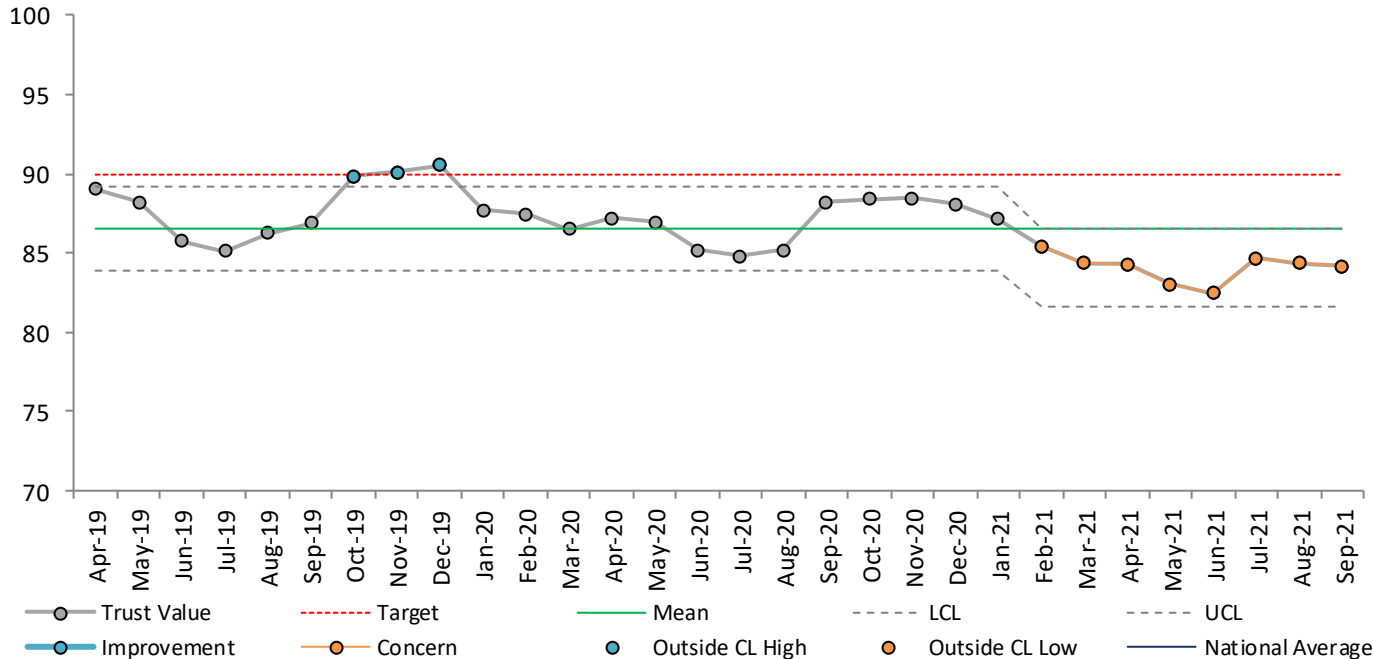
- HR Operations Team are continuing to work in partnership with the medical recruitment team to ensure the medical appraisals are recorded accurately, work undertaken to date is supporting increased compliance.
- A total of 93 HR clinics have been held with managers up to the month of September. The HR clinics will continue on a monthly basis.
- A trial of a projection calculator will commence from October, this will inform managers of the number of appraisals outstanding and those due within a specified timescale. The calculator will advise of the frequency required to enable completion.

Timescale

- October/November 2021
- Ongoing
- October/November 2021



Mandatory Training (%)



Target	90
Mean	86.54
Last Month	84.17

Executive Lead
Rachael Metcalf

Lead
Jane Herdman

Commentary

Mandatory Training has decreased slightly from 84.35 to 84.17%
HR clinics have continued to take place during September to discuss compliance against KPI.

The % of Mandatory Training Compliance

Cause of Variation

- Capacity and operational pressures across the trust continue to be an issue due to COVID-19.
- Lowest areas of compliance are Medicine and Emergency Care services at 80.90%, Women and Children's services at 81.38% & Corporate services at 81.57%. Remaining areas in 82–89%.

Planned Actions

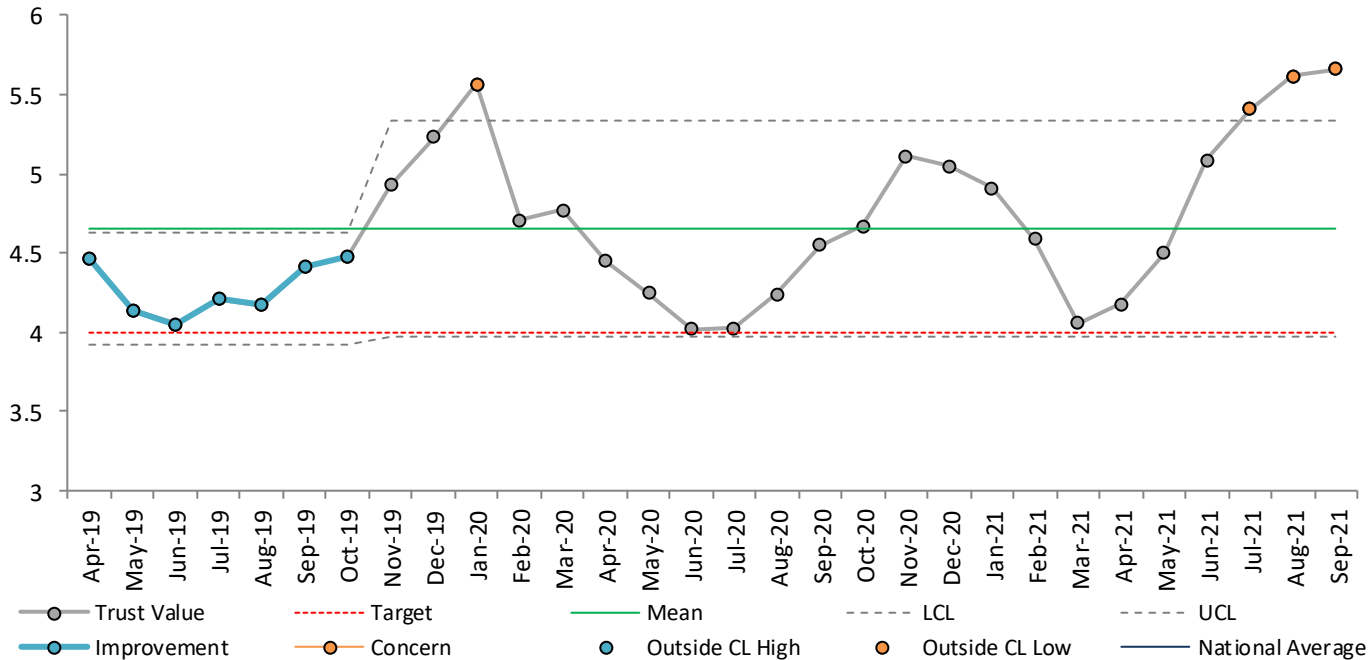
- 93 HR clinics have been held across the organisation up to September 2021 to focus on compliance with our managers.
- Drop-in clinics have been arranged with access to PC's which will provide a facility for staff to complete their training.
- A trial of a projection calculator will commence from October. The calculator will advise of the modules outstanding and those due for completion within a specified timeframe and projected frequency for completion to enable compliance.
- HR working with collaboratives to introduce a weekly data cycle that will encourage collaborative ownership of HR data and accountability for providing up to date and timely information

Timescale

- Ongoing
- October/ November 2021
- October / November 2021



Sickness Absence (%)



The % of monthly sickness absence

Target	4
Mean	4.65
Last Month	5.66

Executive Lead	Rachael Metcalf
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Lead	Jane Herdman
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Commentary

General sickness absence has continued to increase. Staff absence figures have increased from 5.61% in August to 5.66% in September. 93 HR clinics have taken place across the organisation, including highlighting absence management refresher training and case conferences

Cause of Variation

- Staff absence figures have increased from 5.61% in August to 5.66% in September, due to increased short term sickness.
- Perioperative & Critical Care had the highest sickness at 7.29%, increasing by 0.62% from 6.66% in August. The most improved collaborative is Medicine and Emergency Care, a reduction of 1.17% to 6% September.
- The key reasons for absence are COVIDF-19 related stress, anxiety and depression, and musculoskeletal.

Planned Actions

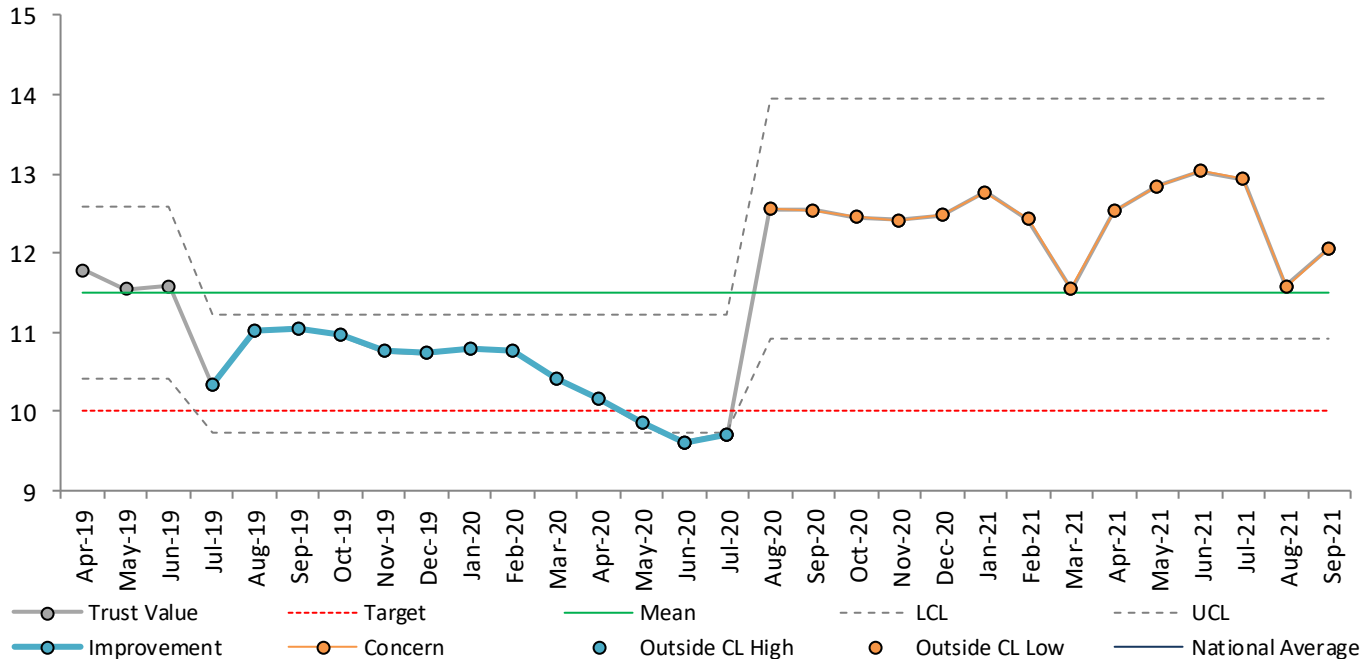
- HR Clinics are continuing, with 93 completed up to September 2021 across the Trust. In addition to HR clinics, monthly case conferences between HR, OH and managers have been introduced to focus on areas with highest absence and will continue to be a focus.
- HR Operations to hold weekly sickness clinics - focus groups to review complex cases and share best practice for managing absence.
- Further manager training and coaching is planned across all areas to ensure managers are confident in managing sickness absence.

Timescale

- Ongoing
- October/November 2021
- October/November 2021



Staff Turnover (%)



Staff turnover rate

Target	10
Mean	11.51
Last Month	12.06
Executive Lead	
Rachael Metcalf	
Lead	
Jane Herdman	

Commentary

HR have introduced an overarching Retention Strategy which recognises the importance of retaining and developing our highly skilled and dedicated workforce and also reflects the trust's values of being Caring, Supportive and Respectful. This has been communicated via Trust Briefing and Collaborative Boards and meetings.

Cause of Variation

- Turnover has increased by 0.47% to 12.06%
- Highest rate of turnover is in the following areas: Medicine & emergency Care Services - 15.12% but has decrease by 0.41%, Digestive Diseases – 14.30% and Corporate Services– 13.87%
- James Cook Cancer institute & Specialist Medicine Services are at 7.69%, Clinical Support Services are at 7.77%, Neurosciences & Spinal Care Services at 9.04% and Cardiovascular services at 9.90% - all below target of 10%

Planned Actions

- As part of the HR Clinics the operations team will be supporting each Collaborative to implement the retention strategy including "itchy feet" conversations and "stay/exit" conversations.
- Detailed action plan to underpin the People Plan is being implemented, which includes focus on staff engagement and retention.
- There is ongoing work on the workforce plan to be developed for each Clinical Collaborative, which provides a detailed forecast of staff requirements form a 5 year period, Clinical Collaboratives to develop action plan by November 2021.

Timescale

- October/ November 2021
- October/ November 2021
- November/ December 2021

Glossary of Terms

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

Future Changes



South Tees Hospitals
NHS Foundation Trust

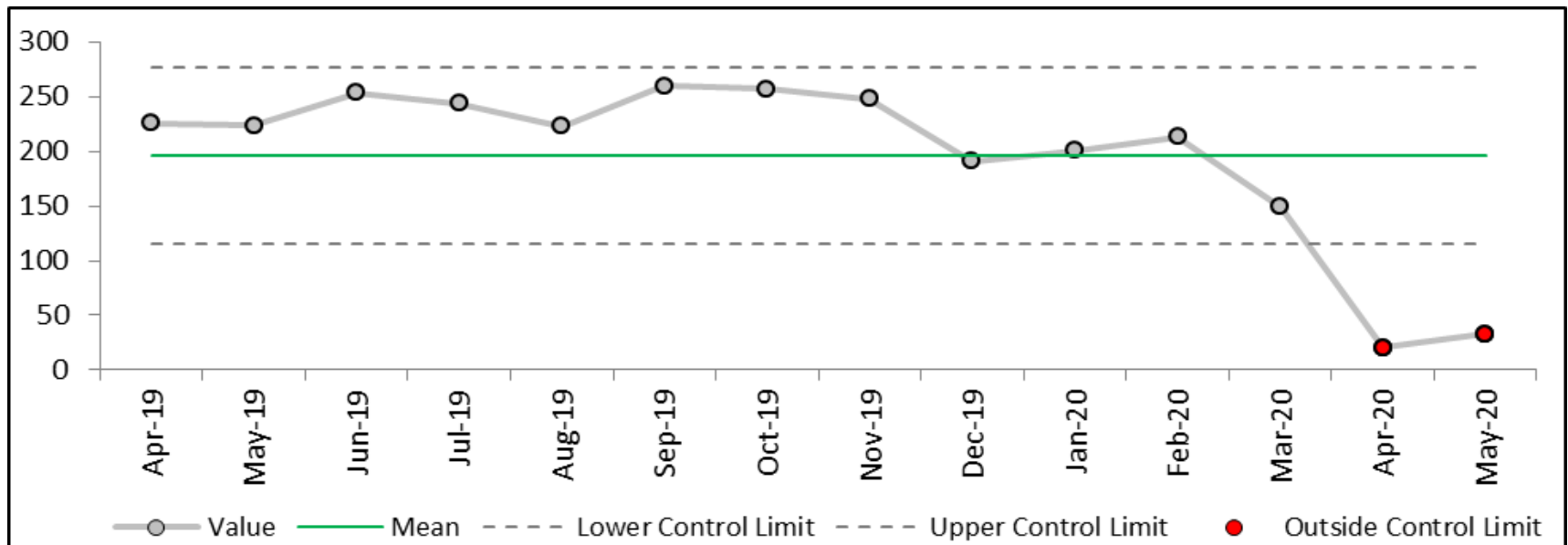
- Continue review of IPR, including relevant targets in line with Improvement Plan, trajectories for improvement and page layout.

Introduction to Statistical Process Control

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

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

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



MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 9 November 2021			
Month 6 2021/22 Financial Performance			Agenda Item 10, ENC 7
Report Author and Job Title:	Luke Armstrong Deputy Chief Finance Officer	Responsible Director:	Brian Simpson Head of Financial Governance & Control
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report outlines the Trust's financial performance as at Month 6.		
Background	Due to the ongoing Covid-19 pandemic formal annual financial planning has been suspended for the first half of 2021/22. ICS system level planning is in place, with each ICP expected to deliver break-even within a fixed funding envelope. The Trust's requirement for H1 2021/22 is to deliver a £3.0m deficit.		
Assessment	At Month 6 the Trust reported a deficit of £3.0m at a system control total level. This is in line with the required budget deficit for M6 as agreed within the ICP/ICS.		
Recommendation	Members of the Council of Governors are asked to note the financial position for Month 6.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Principal Risk 6 - Inability to agree financial plan with the regulator Principal Risk 7 - Failure to deliver the Trust's financial plan		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience <input type="checkbox"/>	A great place to work <input type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>		

Month 6 2021/22 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Council of Governors on the financial position of the Trust as at Month 6.

2. BACKGROUND

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

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

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

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

The Month 6 YTD actual performance is a £3.0m deficit at a control total level. This has resulted in the Trust being in line with its financial plan.

3. DETAILS

Trust position

The Month 6 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	Adjustments £'000	Revised YTD Variance £'000
Nhs Clinical Income	343,045	352,264	9,219	(8,943)	276
Other Income	24,752	25,612	860	(497)	363
Pay	(212,980)	(222,153)	(9,173)	7,995	(1,178)
Non Pay	(138,395)	(140,152)	(1,757)	913	(844)
Depreciation & Amt	(9,477)	(9,330)	147	498	645
Finance Income	40	0	(40)	0	(40)
Finance Expense	(7,395)	(7,384)	11	(0)	11
Profit / (Loss) on sale	0	111	111	35	146
Public Dividend Capital	(2,611)	(1,850)	761	0	761
Corporation Tax	(02)	(01)	01	(01)	01
Donated Asset Inc / Depr	(350)	(1,288)	(938)	(01)	(938)
Impairments	0	0	0	0	0
Surplus / (Deficit) for period	(3,373)	(4,171)	(798)	(0)	(798)
<i>Reconciliation to system Control Total</i>					
Less: Profit on Sale		(111)	(111)		(111)
Donated Asset Inc/Depreciation	350	1,288	938		938
Impairments		0	0		0
System Control Total	(3,023)	(2,994)	29	(0)	29

Overall the Trust is on plan for Month 6 of 2021/22.

- Adjustments are shown to normalise the NHSE/I submitted plan to the Trust's working budget. Adjustments relate to high cost drugs and devices, net neutral budget realignments along with additional income and costs in relation to the Elective Recovery Fund.
- Within the year to date position the Trust has recognised income and cost in relation to the Elective Recovery Fund of £7.1m.
- The Other Income over achievement of £0.4m is being driven by increased maternity pathway income, along with increased RTA and Private Patients income.
- The £1.2m overspend on pay has been driven by the recognition of the year to date element of the Flowers legal case and increased spend on substantive staffing.
- Non pay is overspent by £0.8m for Month 6 with this overspend driven by additional drugs and ICT systems spend, offset by lower depreciation charges.

Clinical Income

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

- HEPC and CDF Drugs
- High cost devices from NHS England
- Elective Recovery Fund income

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

Commissioner Code	Commissioner Name	Block Payment
16C	NHS Tees Valley CCG	189,693
84H	NHS County Durham CCG	7,119
00P	NHS Sunderland CCG	306
01H	NHS North Cumbria CCG	327
13X	NHS England - North East and Yorkshire Commissioning Hub	101,114
13Q	NHS England - Central (CDF, HepC & C&V Variance)	3,870
Y63	NHS England - North East and Yorkshire Commissioning Region	3,651
Y58	South West Regional Office (MoD)	868
42D	NHS North Yorkshire CCG	44,449
03Q	NHS Vale of York CCG	734
CBF	Cross Boarder Flows	61
	Prior Year Adjustments	71
Total Income Month 6		352,264

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

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Blocks	298,984	298,984	0
Top Up	14,928	14,928	0
Covid-19	13,506	13,506	0
Lost non NHS Income	1,260	1,260	0
CDF	3,342	2,711	(631)
HEPC	384	285	(99)
High Cost Devices	6,799	6,799	0
Cost and volume drugs	0	873	873
ERF	7,057	7,057	0
Pay award funding	5,728	5,728	0
Prior year & cross boarder	0	133	133
YTD 6	351,988	352,264	276

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

At Month 6 the Trust has recognised income in relation to the Elective Recovery Fund of £7.1m, with a corresponding expenditure value within pay and non-pay.

Other Income

Other income is £0.4m ahead of plan at Month 6.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Education & Training Income	10,079	10,086	07
Estates Income	1,102	1,144	42
Misc. Other Income	6,766	6,725	(41)
Non Patient Care Income	1,317	1,631	314
Other Clinical Income	1,487	1,583	95
Psf, Mret & Top Up	2,047	2,071	24
Research & Development Income	2,451	2,373	(78)
Total	25,249	25,612	363

- Estates income is slightly ahead of plan being driven by higher car parking income.
- Non patient care income is overachieving by £0.4m from higher receipts year to date of maternity pathway income.
- Other clinical income is overachieving by £0.1m, this is being driven by higher income receipts for both RTA income and Private Patient income, as both income streams recover following the pandemic.

Pay

In the year to date position, pay is overspent by £1.2m, as outlined in the below table.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Ahp'S, Sci., Ther. & Tech.	(31,982)	(32,193)	(211)
Hca'S & Support Staff	(23,071)	(24,517)	(1,446)
Medical And Dental	(65,831)	(66,511)	(680)
Nhs Infrastructure Support	(30,925)	(31,043)	(117)
Nursing & Midwife Staff	(68,381)	(67,074)	1,307
Other Pay Costs	(784)	(816)	(32)
Total	(220,975)	(222,153)	(1,178)

- Within month 6 the 3% pay award to AfC and senior medical staff has been paid, backdated to April 2021, this has amounted to a total cost of £5.5m. In line with national guidance this cost has been neutralised for month 6 reporting, with a corresponding value accrued within clinical income.
- Within the YTD pay position a budget for additional COVID costs of £5.9m is included, assigned to the specific staff group and directorate where costs are being incurred.

- Spending on HCAs, Support Staff and Nursing has seen a combined net £0.1m underspend position. Within both pay categories £2.2m of year to date funding for COVID sickness is included, reducing the overall overspend.
- Medical and Dental staff show a year to date overspend of £0.7m. Additional costs relate to increases in premium pay for IPA claims and internal locum shifts, along with increases in headcount for junior doctors.
- Cost has been recognised in relation to the year to date element of the Flowers legal case of £0.4m, split to the relevant pay category. In month the Trust in line with others nationally paid backdated payments in relation to this case to employees covering the financial years 2019/20 and 2020/21. The cost of this payment was accounted for in 2020/21.

Total year to date agency spend is £4.1m. Work is ongoing within each collaborative to recruit to hard to fill posts where possible and reduce overall cost. Agency spend will continue to be monitored monthly moving forward.

Non-Pay

Non-pay is overspent by £0.8m at Month 6. This overspend is predominantly driven by increases in drugs costs from high cost drugs and increases in ICT systems costs.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Clinical Negligence Cost	(9,120)	(9,120)	(0)
Clinical Supplies And Services	(49,836)	(47,028)	2,816
Drugs	(35,874)	(38,186)	(2,312)
Establishment	(3,429)	(4,475)	(1,046)
Ext. Staffing & Consultancy	(166)	(180)	(14)
General Supplies & Service	(1,525)	(1,374)	151
Healthcare Service Purchase	(6,428)	(6,528)	(100)
Miscellaneous Services	(1,289)	(1,311)	(23)
Pfi Unitary Payment	(15,242)	(15,187)	54
Premises & Fixed Plant	(12,445)	(12,996)	(552)
Research, Education & Training	(1,849)	(1,724)	124
Transport	(2,099)	(2,041)	57
Total	(139,300)	(140,152)	(844)

- Clinical supplies and services are showing a year to date underspend of £2.8m with this being driven by reduced activity levels within clinical directorates.
- Drugs have a YTD overspend of £2.3m. This overspend is due to increased drugs costs within Gastroenterology, Neurology, Haematology and Ophthalmology, with costs being linked to increased activity levels.
- Establishment costs have a year to date overspend of £1.0m with this driven by increases in ICT systems costs of £0.8m, increased phone charges of £0.1m and increased postage and printing costs of £0.1m.
- Along with the additional cost recognised within pay expenditure, additional cost has been accrued within PFI spend to cover the 3% award for Serco staff in line with the national pay award, a budget has been provided for this as has been the case with pay spend.
- The £0.6m overspend on premises has been driven by increased minor new works and estates costs linked in part to covid building alterations.

Non-Operating Costs

Non-operating costs are underspent year to date, largely relating to PDC dividends and reflecting the Trusts current strong liquidity position during the H1 COVID funding arrangements.

CIP

For the first 6 months of the year the Trust has a £5.0m CIP target. The programme is shown in the below table. Work is ongoing to embed efficiency planning and delivery arrangements through the Clinical Collaboratives, as part of the Trust's financial recovery planning, with the recent introduction of the Collaborative Improvement Planning Group weekly meetings to further monitor and support delivery.

	YTD Target £'000	YTD Actual £'000	YTD Variance £'000
Corporate	2,470	3,669	1,200
Procurement	740	324	(416)
Pharmacy	485	0	(485)
Clinical Services	275	0	(275)
Estates	450	559	109
ICT	81	0	(81)
Workforce	500	526	26
Total	5,000	5,078	78

Further CIP in relation to Pharmacy and Procurement are being verified and will be defunded from budgets and a saving recognised as part of month 7 reporting.

Capital

The Trust's capital expenditure at the end of September amounted to £9.2m 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	4,690	4,693	03	9,380	9,380	0
Site Reconfiguration	7,400	3,068	(4,332)	20,129	20,129	0
Replacement of Medical Equipment	1,184	608	(576)	3,767	3,767	0
Network and IT Replacement	2,550	801	(1,749)	3,750	3,750	0
Total	15,824	9,170	(6,654)	37,026	37,026	0

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
Financing						
Depreciation	15,824	9,170	(6,654)	13,203	13,203	0
Internal Reserves	0	0	0	9,547	9,547	0
Charitable Funding	0	0	0	400	400	0
PDC	0	0	0	13,876	13,876	0
Total Financing	15,824	9,170	(6,654)	37,026	37,026	0

The programme includes the following identified schemes:

- PFI - £10.4m contractual commitment (£9.4m) to Endeavour SCH LLP with the payment based on the Financial Model and PFI Enhancements and Change in Law (£1.0m);
- Estates – Friarage Rationalisation and Redevelopment (£12.1m), SDEC (£1.5m), Pathology Development (£1.2m), Elective Recovery (£1.4m) and Friarage Critical Backlog maintenance (£1.0m);
- IT – Alcidion and Digital Aspiration investment for e-prescribing and licencing (£1.2m), Data Centre Upgrade (£0.8m) and Cyber Investment (£0.5m); and
- Medical equipment – Emergency replacement of medical equipment including committed items from 2020/21.

Capital investment to date largely relates to contractual PFI Lifecycle payments and investment in emergency Business As Usual (BAU) replacements. The capital programme is currently underspent by £6.7m and this mainly includes variances on the Same Day Emergency Care (SDEC) scheme £0.9m, PFI Enhancements and Change in Law £0.5m, FHN Theatre development and critical backlog maintenance schemes £3.3m, Medical Equipment replacement £0.8m and the Alcidion project £0.8m. These are timing delays at this stage based on the forecast profile at the time of submitting the plan. It is anticipated that the plan apart from one scheme will largely be delivered in full by 31 March and the Trust will continue to closely monitor the position over the coming months.

Liquidity

The cash balance at 30 September amounted to £49.4m.

It is anticipated The Trust's cash position will be maintained in October, with the next significant commitment on liquidity in December following the third quarterly PFI payment to Endeavour SCH Plc. The Better Payment Practice Code (BPPC) performance for the Trust (target 95%) on cumulative invoices paid to date is detailed as follows:

- April 95.8%;
- May 96.4%;
- June 95.7%;
- July 95.3%;
- August 95.3%; and
- September 95.5%.

To 30 September the Trust has paid 46,847 invoices (total value £230.4m) with 44,757 invoices (total value £214.7m) paid within the 30 day target.

Statement of Financial Position (SOFP)

The following table compares the SOFP position between 31 August and 30 September 2021.

	31 August	30 September	Movement between months
	£000	£000	£000
Property, Plant and Equipment	244,122	242,593	(1,529)
Long Term Receivables	1,666	1,666	0
Total Non-Current Assets	245,788	244,259	(1,529)
Currents Assets			
Inventories	13,948	13,626	(322)
Trade and other receivables (invoices outstanding)	4,944	5,487	543
Trade and other receivables (accruals)	18,588	23,037	4,449
Prepayments including PFI	13,050	20,393	7,343
Cash	64,457	49,394	(15,063)
Total Current Assets	114,987	111,937	(3,050)
Current and Non-Current Liabilities			
Borrowings	(91,481)	(91,168)	313
Trade and other payables	(93,690)	(89,715)	3,975
Provisions	(2,386)	(2,386)	0
Total Current and Non-Current Liabilities	(187,557)	(183,269)	4,288
Net Assets	173,218	172,927	(291)
Equity:			
Income and Expenditure Reserve	(234,523)	(234,814)	(291)
Revaluation Reserve	33,643	33,643	0
Public Dividend Capital	347,622	347,622	0
Other Reserves	26,476	26,476	0
Total Equity	173,218	172,927	(291)

The major points of note on changes between August and September are:

- Property, Plant and Equipment – movement in month of £1.5m arising from depreciation, offset by spend on PFI lifecycle and emergency replacements.
- Trade and other receivables – £4.4m increase mainly relates to an increase in VAT Control following the second quarterly PFI payment in September.
- Prepayments – increase relating to advanced monthly charges following the quarterly contractual PFI payment in September.
- Trade and other payables - £4.0m reduction due to utilisation of funding provided for ERF and the Flowers case.
- Income and Expenditure Reserve – movement relates to the deficit on the revenue position delivered in September.

At 30 September total debt amounted to £5.6m consisting of aged debt up to 30 days overdue £0.5m, 31 to 60 days overdue £0.6m, 61 to 90 days overdue £0.6m and debt 91 days plus amounting to £2.6m. Aged debt is monitored by East Lancashire Financial Services in conjunction with the Trust's finance team.

MEETING OF THE COUNCIL OF GOVERNORS			
Governor Attendance Register			AGENDA ITEM: 13 ENC 8
Report Author and Job Title:	Jackie White Head of Governance Anita Keogh Corporate Affairs Officer	Responsible Director:	
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> (select the relevant action required)		
Situation	A copy of the Governor Attendance Register is attached for the first half of the year for information.		
Background	Council of Governors should be aware of the attendance of members in order to identify any areas of concern that would need any support or intervention.		
Assessment	It is acknowledged that COVID has had an impact on attendance as meetings had to take place virtually. The Attendance Register has highlighted the following : 5 Governors that have been unable to join any meetings which include: 2 x Appointed Governors 2 x Elected Governors 1 x Healthwatch (Representative attends usually)		
Recommendation	Members of the Council of Governors are provided with a copy of the Governor Attendance Register for information only.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>	
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>	
	Develop clinical and commercial strategies <input type="checkbox"/>		

Meeting Attendance - 2020 to 2021

Forename	Surname	11.05.2021 - Private Meeting	11.05.2021 - Public Meeting	01.07.2021 - Extra Ordinary Meeting	13.07.2021 - Private Meeting	13.07.2021 - Public Meeting	14.09.2021 - Private Meeting	14.09.2021 - Public Meeting	TOTAL
Ann	Arundale	1	1	0	0	0	1	1	4
Steve	Bell	0	0	1	0	0	1	1	3
David	Bennett	1	1	1	1	1	1	1	7
Lisa	Bosomworth	1	1	1	1	1	0	0	5
Jon	Broughton	1	1	1	1	1	1	1	7
Yvonne	Bytheway	1	1	1	1	1	1	1	7
Janet	Crampton	1	1	1	1	1	1	1	7
Paul	Crawshaw	0	0	0	0	0	0	0	0
Caroline	Dickinson	1	1	1	1	1	1	1	7
Graham	Fawcett	1	1	1	1	1	1	1	7
Martin	Fletcher	1	1	0	1	1	1	1	4
Paul	Fogarty	1	1	1	0	0	1	1	5
Barbara	Hewitt	0	0	0	0	0	0	0	0
Rebecca	Hodgson	1	1	1	1	1	1	1	7
Mike	Holmes	1	1	0	1	1	1	1	6
Allan	Jackson	1	1	0	1	1	1	1	6
Carlie	Johnston-Blyth	1	1	0	1	1	0	0	4
Stephen	Jones	1	1	1	0	0	0	0	3
Graham	Lane	1	1	0	1	1	0	0	4
Elaine	Lewis	1	1	1	0	0	1	1	5
Jean	Milburn	1	1	1	1	1	0	0	5

People Committee

Chair's Log

Meeting: People Committee	Date of Meeting: 28 October 2021
Connecting to: Board of Directors	
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Performance data – noting the continued upward trajectory for completion of SDR's and the positive feedback on the new model and approach • Performance data – noting the need to complete resolution of some of the technical issues in capturing data on mandatory training, and re-enforce to managers in HR clinics the importance of completion • Pilot workforce plan in the James Cook Cancer Institute & Speciality Medicine as an important area of assurance on staffing; commended the work undertaken, the direction of travel in making the process lean, live, and bringing to People Committee short summaries that give assurance on the actions in hand to address areas of shortage, both at Collaborative and profession level. • Workforce updates from Serco and the Pharmacy LLP, with encouragement to Serco to increase the use of apprenticeships • AHP Workforce action plan update, including mitigations to manage areas of current shortage • Progress in completion of the staff survey and encouragement to use Board members and staff champion networks to encourage and enable completion 	
Actions	Responsibility / timescale
<ul style="list-style-type: none"> • To explore options to enable Board visibility and support to staff teams working in Covid "red" wards 	
Escalated items	
<ul style="list-style-type: none"> • Board will be asked to express appreciation and thanks to staff across the Trust for the extraordinary hard work, resilience and commitment to patients and their colleagues over the last eighteen months and going into winter. 	
Risks (Include ID if currently on risk register)	Responsibility / timescale

Quality Assurance Committee Chair's Log

Meeting: Quality Assurance Committee (Virtual Meeting)	Date of Meeting 26 October 2021
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Board Assurance Framework • CQC Update • Monthly Integrated & Performance Report (Quality Aspect) • Digital Update • Monthly SI/NE report • Clinical audit report • Mortality/learning from deaths report • Integrated Patient Experience & Involvement report 	
Actions agreed in the meeting	
<ul style="list-style-type: none"> • Perinatal quality surveillance report signed off. • Update to the Board on clinical coding milestones and timescales • Further explore the measures for demonstrating improvements in learning and culture • Ongoing preparations for the CQC • Further enhance the commentary in the IPR with regard to safety and quality indicators • Safety and quality benefits of roll out of Alcidion Miya Clinical System to return to QAC as roll out progresses. 	Responsibility / timescale Heather Gallagher Manni Imiavan Vince Connolly, Ian Bennett Hilary Lloyd Hilary Lloyd Manni Imiavan
Issues for Board escalation/action	
Good discussion on BAF risks and identified a number of additional source of evidence	

Audit & Risk Committee Chair's Log

Meeting: Audit & Risk Committee	Date of Meeting: 21 September 2021
Connecting to: Board of Directors	
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Terms of Reference • Assurance Matrix • Counter Fraud Progress Report, Counter Fraud Policy and Strategy • Internal Audit Progress Report including audit reports on Patient Experience and Waiting List Patient Flow Final Report • External Audit Progress Report, 2020/21 Final Annual Report, Charitable Funds Audit update, Subsidiary Audit update • Review of Standing Financial instructions, Standing Orders, Scheme of Delegation • Freedom to Speak Up report • Clinical Audit Annual Plan • Review Losses & Special Payments • Review Tender Waivers • Accounting Policies Update • BAF – Standing Operating Procedure • Review of BAF • Deep dive into People Committee review of BAF and risk processes, including scoring of assurance column of BAF for People Committee risks. 	
Actions	Responsibility / timescale

Update TOR to include invite for Chair and CEO (Managing Director) as observers, to include all Committees including Provider Committee (CIC), role of audit committee in terms of receiving assurance and financial reporting via Internal Audit and CFO	JW JW
Clarify reporting arrangements for EPRR	JW/KO
Consider Risk Appetite at next meeting	JW
Launch Gifts and Hospitality staff briefing before next meeting	JW/Paul Bevan
Circulate Mazars report on national publications to Board members	JW
Review subsidiary company SFI, SO re approval for audit	JW/CH
Updated report on FTSU at next meeting	HL

Escalated items

There are no items to escalate.

Risks (Include ID if currently on risk register)	Responsibility / timescale
PWC Audit report on Patient Experience includes a number of High Risks. Assurance assessment to be done via Quality Committee.	HL
PWC Audit report on Waiting Lists includes medium risks. Assurance assessment to be done via Resources Committee.	SP
Outcome of subsidiary audits dispensation request still to be clarified	Mazars / CH
The BAF Standard Operating Procedure was approved and a deep dive into the People Committee was undertaken to seek assurance on the scrutiny of the BAF and risks. Assurance was provided.	

AUDIT AND RISK COMMITTEE : Remit Assurance Matrix

Purpose: to show that we have covered each element of our ARC remit throughout the year, and have sufficient assurance for each element at year-end.

AR&C Remit & Constitution	September 2021	November 2021	February 2022	May 2022??
16.1 Governance, Risk Management and Internal Control				
The Committee shall 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 the achievement of the organisation's objectives.				
In particular, the Committee will review the adequacy and effectiveness of:				
<ul style="list-style-type: none"> • all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to submission to the Board of Directors of Directors; 				
<ul style="list-style-type: none"> • the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements; 				

<ul style="list-style-type: none"> the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reviews, reporting and self certifications; 				
<ul style="list-style-type: none"> the policies and procedures for all work related to counter fraud and security as required by NHS Protect. 				
<p>In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.</p>				
<p>As part of its integrated approach, the Committee will have effective relationships with other Trust Board Sub Committees (which may include reciprocal membership) to provide an understanding of processes and linkages and particularly to enable review and oversight of the other Sub Committee's governance of risk. This will include the exchange of their chair's action logs and highlight reports to the Trust Board</p>	<p><i>Plan for formal exchanges with Chair of RC, PC, QC?</i></p>			
<p>16.2 Internal Audit</p>				
<p>The Committee shall ensure that there is an effective internal audit function that meets the <i>Public Sector Internal Audit Standards 2013</i> and provides appropriate</p>				

<p>independent assurance to the Committee, Accountable Officer and Board of Directors of Directors. This will be achieved by:</p>				
<ul style="list-style-type: none"> • consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal 				
<ul style="list-style-type: none"> • review and approval of the internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework 				
<ul style="list-style-type: none"> • consideration of the major findings of internal audit work (and management’s response), and ensure co-ordination between the internal and external auditors to optimise audit resources 				
<ul style="list-style-type: none"> • ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation 				
<ul style="list-style-type: none"> • monitoring the effectiveness of internal audit and carrying out an annual review. 				
<p>16.3 External Audit</p>				
<p>The Committee shall review and monitor the external auditors’ independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external</p>				

<p>auditors and consider the implications and management's responses to their work. This will be achieved by:</p>				
<ul style="list-style-type: none"> consideration of the appointment (in conjunction with the Council of Governors) and performance of the external auditors, as far as the rules governing the appointment permit, including the formation of an Audit Appointment Panel as set out in the Local Audit and Accountability Act 2014 				
<ul style="list-style-type: none"> discussion and agreement with the external auditor, before the audit commences, on the nature and scope of the audit as set out in the annual plan and ensuring coordination, as appropriate, with other external auditors in the local health economy 				
<ul style="list-style-type: none"> discussion with the external auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee; 				
<ul style="list-style-type: none"> reviewing all external audit reports, including the report to those charged with governance (before its submission to the Governing Body) and any work undertake outside the annual audit plan, together with the appropriateness of management responses. 				
<ul style="list-style-type: none"> Ensuring that there is in place a clear policy for the engagement of external auditors to supply non audit services. 				

16.4 Other Assurance Functions				
<p>The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.</p>				
<p>These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (e.g. Care Quality Commission, NHS Litigation Authority etc.), and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).</p>				
<p>In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Committee's own scope of work. In particular this will include the Quality and Assurance Committee the Finance and Investment Committee and Workforce Committee.</p>				
16.5 Clinical Audit Function				
<p>In reviewing the work of the Quality Assurance Committee the Audit Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function and issues around clinical risk management.</p>				
<p>The Audit Committee will review the Clinical Audit Strategy and Plan each year and monitor through the Quality</p>				

Assurance Committee.				
16.6 Counter Fraud				
The Committee will review the effectiveness of arrangements in place for counter fraud, anti-bribery and corruption to ensure that these meet the NHS counter Fraud Authority's standards and the outcomes of work in these areas, including reports and updates on the investigation of cases from the local counter fraud service.				
16.7 Freedom to speak up				
To review the adequacy of the Trust's arrangements (whistleblowing arrangements) by which Trust staff and other individuals where relevant, may raise, in confidence, concerns about possible improprieties in matters of: financial reporting and control; clinical quality; patient safety or other matters or any other matters of concern. The Committee shall receive its assurance that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action through the Non-Executive Freedom to Speak up champion.				
16.8 Management				
The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.				
They may also request specific reports from individual				

functions within the organisation (e.g. clinical audit).				
16.9 Financial Reporting				
The Audit Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.				
The Committee should also ensure that the systems for financial reporting to the Board of Directors, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided.				
The Committee shall review the Annual Report and Financial Statements before submission to the Board of Directors of Directors, focusing particularly on:				
<ul style="list-style-type: none"> • the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee 				
<ul style="list-style-type: none"> • changes in, and compliance with, accounting policies, practices and estimation techniques 				
<ul style="list-style-type: none"> • unadjusted mis-statements in the financial statements 				
<ul style="list-style-type: none"> • significant judgements in preparation of the financial statements 				
<ul style="list-style-type: none"> • significant adjustments resulting from the audit 				

<ul style="list-style-type: none"> • Letters of representation 				
<ul style="list-style-type: none"> • Qualitative aspects of financial reporting. 				
16.10 Risk Management				
<p>The Committee shall request and review reports and assurance from directors and managers as to the effectiveness of arrangements to identify and monitor risk, for any risks the Committee considers it is appropriate to do so. This will include:</p>				
<ul style="list-style-type: none"> • Reviewing the Trust's risk management strategy and recommending its approval to the Board of Directors 				
<ul style="list-style-type: none"> • Provide assurance to the Board of Directors that the organisation is compliant with the NHS England EPRR core standards and has an effective business continuity process in place. 				
<ul style="list-style-type: none"> • Reviewing arrangements for new mergers and acquisitions, in order to seek assurance on processes in place to identify significant risks, risk owners and subsequent management of such risks 				
<ul style="list-style-type: none"> • Overseeing actions plans relating to regulatory requirements in terms of the Single Oversight Framework and Use of Resources 				

<ul style="list-style-type: none"> • Providing the Board with assurance over developing partnership arrangements (e.g. accountable care organisations) and mitigation of risks which may arise at the borders between such organisations 				
<ul style="list-style-type: none"> • To agree the strategy in place to manage risks on the organisational risk register, including identification of appropriate risk owners, and monitoring the satisfactory operation of the risk management policy. 				
<ul style="list-style-type: none"> • Review the Trust's Risk Appetite statement. Ensure that risk is identified and managed proactively in accordance with the Board's risk appetite 				
<ul style="list-style-type: none"> • Ensure through the Trust's governance and divisional structures that risk management systems and processes are adhered to across the Trust. 				
<ul style="list-style-type: none"> • Ensure that each Division, Care Group and Corporate Department maintains a robust risk register and risk management processes in line with the Trust's Risk Management Strategy by receiving and testing the risk registers. 	<p><i>Collaboratives ??</i></p>			
<p>The Board will however retain the responsibility for routinely reviewing specific risks.</p>				

Resources Committee Chair's Log

Meeting: Resources Committee (Virtual Meeting)	Date of Meeting 21 st Oct 2021
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Board Assurance Framework • M6 Finance Reports • Planning and Recovery • Investment Management Policy • Digital Strategy Update • PFI Update • Procurement Strategy and Q2 Update • Green Plan Review 	
Actions agreed in the meeting	
<ul style="list-style-type: none"> • No changes were reported on the BAF risks under review by the committee. Further work is still to be carried out on the assurance rating process. • The IPR was not available for review at committee but it was noted that work to restructure is ongoing with a workshop planned for 9 November. • The Committee noted that the M6 financial performance was in line with expectations. • H2 planning guidance impact is still under review but is expected to provide significant operational delivery challenges. Much will depend on the impact of COVID over the winter months. Trust H2 plan submission due date 25 Nov. • The updated Investment Management Policy was approved with minor comments. • Digital investment plan updates were reviewed and the programme summary noted as giving a good overview. A further review of digital governance will take place after the PWC report is received and an independent review of digital maturity is planned for 12-18 months time when the current investments are complete. • Good progress was noted under the PFI lifecycle programme although industrial action over pay by Serco employees was noted as a possible risk which is being monitored. Contingency plans are in place. • Procurement savings were noted to be on track as a significant element of the CIP but global supply chain issues were recognised to be starting to impact 	Responsibility / timescale <p>Head of Governance</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Director of Estates, IT & Health Records</p>

<p>certain products. While this is a national rather than a local issue, re-use options are being evaluated to reduce demand in some areas.</p> <ul style="list-style-type: none"> • The 2021-25 Procurement Strategy was approved while noting that this was essentially a 'bridge' to the proposed ICS Procurement System. • The Trust Green Plan was reviewed and the ICS deadlines for a 3-year plan noted. The committee did not feel it was appropriate to declare a 'Climate Emergency' as proposed by the ICS but rather to focus on continuing doing the right things. 	<p>Head of Procurement</p>
<p>Issues for Board escalation/action</p>	<p>Responsibility / timescale</p>
<ul style="list-style-type: none"> • The committee supported the proposed governance process for the submission of the H2 Trust Plan, including the calling of an extraordinary Board meeting if required. Delivery of both financial and operational targets will be very challenging. • The IPR was not available for this meeting. Establishing an IPR process which gives insight into the key priority areas and the proposed improvement timescales remains a priority. A workshop is planned for 9 Nov. 	<p>Director of Finance November 2021</p> <p>Managing Director December Board</p>



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

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm from 2022)	VENUE
Tuesday 9 November 2021 11.30 – 1.30pm	<u>Development Session</u> 10.30 – 11.30am <u>Council of Governors meeting</u> 11.30 – 1.30pm	Microsoft Teams Microsoft Teams
Tuesday 18 January 2022 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 15 March 2022 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm from 2022)	VENUE
Tuesday 17 May 2022 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 19 July 2022 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 20 September 2022 12.00 – 4.00pm	<u>Annual Members Meeting</u> Timing – 12.00 – 12.45am LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Ilan Haslock Lecture Theatre STRIVE, JCUH Board Room, 2 nd Floor Murray Building, JCUH

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm from 2022)	VENUE
Tuesday 15 November 2022 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, Friarage Hospital Northallerton
Tuesday 17 January 2023 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 21 March 2023 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH