South Tees Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS (PUBLIC)

Date –15 March 2022
Time – 13:00 – 15:00
Venue – Board Room, Murray Building and virtually on Microsoft teams

Safety and Quality First

South Tees Hospitals
NHS Foundation Trust

Council of Governors – Public Meeting

Tuesday 15 March 2022, 1.00pm – 3.00pm
Board Room, 2nd Flr Murray Building / Microsoft Teams

Agenda

ITEM		PURPOSE	LEAD	FORMAT	TIMING
CHAIRS BUSINESS					
1.	Welcome and Introductions	Information	Chair	Verbal	**1.00pm**
2.	Apologies for Absence	Information	Chair	Verbal	
3.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC1	
4.	Minutes of Previous Meeting held on: - 9 November 2021	Approval	Chair	ENC2	**1.05pm**
5.	Matters Arising and Action Sheet	Review	Chair	ENC3	
6.	Chairman' Report - Update	Information	Chair	ENC4	**1.10pm**
7.	Managing Director Report - Update	Information	Managing Director	ENC5	**1.25pm**
8.	Lead Governor Report	Information	Lead Governor	Verbal	**1.35pm**
9.	Chief Operating Officer, Sam Peate - Performance Report	Discussion/ Information	COO	ENC6	**1.45pm**
INVITED MEMBERS					
10.	Finance Report	Discussion/ Information	Head of Financial Governance & Control	ENC7	**2.00pm**
11.	Introduction - Alan Hunter	Information	Interim Joint Director of Strategy & Partnership	Verbal	**2.10pm**
STRATEGY & PLANNING					

GOVERNANCE					
12.	NED Service Visits	Information	Non-Executive Directors	Verbal	**2.25pm**
13.	Elections – May 2022 - 2 x Redcar & Cleveland - 1 x Patient and/or Carer - 3 x Staff	Information	Head of Governance / Company Secretary	Verbal	**2.35pm**
14.	Committee Chair Logs 14.1 – Resources Committee 14.2 – People Committee 14.3 - Quality Assurance Committee 14.4 – Audit & Risk Committee	Information	 Mike Ducker Maria Harris Richard Carter-Ferris David Jennings	 ENC8a ENC8b Verbal Verbal	**2.45pm**
15.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	**2.50pm**
16.	Reflections on Meeting	Discussion	Chair	Verbal	
17.	Any Other Business - Future meeting dates	Information	Chair / All	ENC9	**2.55pm**
18. .	Date of Next Meeting: Tuesday 17 May 2022	Information	Chair		

South Tees Hospitals NHS
NHS Foundation Trust

ENC 1

Council of Governors Register of Interests

Board Member	Position	Declaration Details
Ann Arundale	Governor	NIL
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
Cllr David Coupe	Governor	TBC
Janet Crampton	Governor	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Chair of Dementia Friendly Hambleton
Paul Crawshaw	Governor	Chair of Healthwatch Middlesbrough Board
Cllr Caroline Dickinson	Governor	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
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 Sedgefield CCG

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

South Tees Hospitals NHS
NHS Foundation Trust

Unconfirmed minutes of the Council of Governors Meeting held in PUBLIC
on 9 November 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
Mr Steve Bell	Elected governor, Staff
Mr David Bennett	Elected governor, Patient and/or Carer
Mr Jon Broughton	Elected governor, Staff
Mrs Yvonne Bytheway	Elected governor, Middlesbrough
Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Cllr Caroline Dickinson	Appointed governor, North Yorkshire County Council
Mr Graham Fawcett	Elected governor, Redcar & Cleveland
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Ms Carlie Johnston-Blyth	Appointed governor, Teesside University
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Elaine Lewis	Elected governor, Patient and/or Carer
Ms Jean Milburn	Elected governor, Middlesbrough
Mr Nigel Puttick	Elected governor, Hambleton & Richmondshire
Mrs Angela Seward	Elected governor, Rest of England
Dr Philip Warwick	Appointed governor, Durham University
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Sue Young	Elected governor, Hambleton & Richmondshire

In attendance:

Mr Ian Bennett	Deputy Director of Quality & Safety & FTSU Guardians *(item 2021/011/14)*
Ms Lisa Bosomworth	Representative of Appointed Governor, Healthwatch
Mrs Ada Burns	Non-executive Director / Vice Chair *(item 2021/011/12 & 15)*
Mr Mike Ducker	Non-executive Director *(item 2021/011/12 & 15)*
Mr Rob Harrison	Managing Director *(item 2021/011/7)*
Ms Maria Harris	Non-executive Director *(item 2021/011/12 & 15)*
Mr David Jennings	Non-executive Director *(item 2021/011/12 & 15)*
Mrs Anita Keogh	Corporate Affairs Officer/PA to Joint Chairman
Mr Ben Murphy	Head of Charities *(item 2021/011/11)*
Mr Sam Peate	Chief Operating Officer *(item 2021/011/9)*
Mr Brian Simpson	Head of Financial Governance & Control *(item 2021/011/10)*

Observers:

Ms Margaret Docherty	Governor, North Tees Hospitals NHS Foundation Trust
Ms Anne Johnston	Governor, North Tees Hospitals NHS Foundation Trust
Mr George Lee	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

2021/011

CHAIR'S BUSINESS

1. **Welcome and Introductions**

Prof Bell welcomed all Governors from South Tees and those joining from North Tees Trust.

Prof Bell began by asking Governors how the Development Session provided by both Mr Kevin Oxley, Director of Estates & Facilities and Mr Chris Hand, Chief Finance Officer, had been received earlier that morning.

Mrs Seward confirmed that the Governors had learnt a lot from Mr Oxley on Estates and from Mr Hand on Finance stating that it was good to know where the Trust was and where it was heading.

Mr Holmes asked if there was any possibility of adding a general update as a standard item on the agenda to provide Governors with updates on finance and estates at each meeting.

The Chairman agreed that it was a good item to add a general update item to each Council of Governor agenda going forward.

Action: i) Anita Keogh to add general update item to each Council of Governor agenda going forward.

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:

Prof Paul Crawshaw	Appointed governor, Healthwatch
Mr Paul Fogarty	Elected governor, Middlesbrough
Ms Barbara Hewitt	Elected governor, Redcar & Cleveland
Prof Steve Jones	Appointed governor, Newcastle University
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
Mrs Jackie White	Head of Governance/Company Secretary

The following Non-executive Directors submitted their apologies:

Mr Richard Carter-Ferris	Non-executive Director
Ms Debbie Reape	Non-executive Director
Mr David Redpath	Non-executive Director

3. **Declarations of Interest**

Mrs Keogh confirmed that the meeting was quorate. 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.

4. **Minutes of Previous Meeting**

The minutes of the previous meeting held on 14 September 2021 were approved.

Resolved: i) the minutes of the previous meeting held on 14 September 2021 were accepted as an accurate record.

5. **Matters Arising and Action Sheet**

The Action Sheet was reviewed and updated.

6. **Chairman's Report**

Prof Bell ran through his update which was included in the papers and advised that to date he was still continuing his induction which had now included visits to both Newcastle and Sunderland.

The interviews for the Integrated Care System (ICS) Chief Executive had been completed and once any further update was available Governors would be informed.

He continued with an update on the Joint Strategic Board which going forward would be known as Joint Partnership Board as both Trusts are a partnership adding that both the Finance Directors, Nurse Directors and the Medical Directors for both Trusts would also now be in attendance.

Prof Bell also confirmed the recent appointment of Alan Hunter as Interim Joint Director of Strategy and Development. Prof Bell asked that Mr Hunter be invited to a future Council of Governors meeting to introduce himself to all Governors.

Mr Holmes asked what Mr Hunter's background was. Prof Bell replied that he had been a Deputy Chief Executive and Chief Operating Officer in large sectors for 20 years.

The Chairman concluded the update on the Joint Partnership Board that he was hopeful that by January 2022 the framework would be clearer and would show the benefits that could be gained.

Prof Bell then turned to the forthcoming CQC visit and also mentioned the additional pressures of elective recovery and assured Governors that teams were working on this.

Lastly Prof Bell asked for Governors views on the suggestion that Non-Executive Directors present committee papers at Council of Governor meetings going forward. Prof Bell asked for Governors to provide any comments on this suggestion.

Mrs Burns continued the update. She added that in relation to the Improvement Plan there had been two meetings which had taken place. The first involving the continuing work on the BAF against risks and threats. The second meeting involved the performance report and the improvements that could be done.

She added that North Tees were also undertaking a committee review and it was hoped that both Trusts could work more closely with more information being given in due course.

Mrs Burns repeated that the Trust were preparing for the CQC and also addressing improvements about the Non-Executive Directors being more visible. Discussions had also taken place about the possibility of Council of Governor meetings returning to the Board Room when possible.

Mrs Burns concluded that both herself and the Non-Executive Directors would also continue to support the Chairman and the Board on the Improvement Plan.

Mrs Seward thanked both the Chairman and Mrs Burns for their updates. Turning to the forthcoming CQC visit she asked if Governors could be involved in preparations for the same by possibly using the Atrium to come in and discuss with staff. Mrs Seward confirmed that she had had a brief discussion with Mrs White, Head of Governance, regarding the possibility of Governors being more involved where possible.

Mrs Burns responded that the Trust was well prepared for the CQC visit. Turning to mandatory training this had been discussed at People Committee where it had been acknowledged that there was some data problems and technical issues with moving to a new system. It was acknowledged that mandatory training was not where Board would want it to be.

Mrs Seward asked an additional question on CQC and where the Trust was at present. Mr Harrison answered and explained that there were a couple of parts to this, firstly being the historic must do's which the Trust were still working through with progress currently being made on the Improvement Plan. The Trust is also preparing questions to provide to staff so they can be fully prepared. As part of that process the Trust were doing deep dives. Once all deep dives carried out then Governors would be provided with the outcomes.

Prof Bell concluded his update by informing Governors that a Board Seminar was due to take place the following week which would include a CQC update with visits taking place before the inspection next year.

Action: i) Mrs Keogh to invite Alan Hunter, Interim Joint Director of Strategy & Development to future Council of Governor meeting.

Action: ii) Governors to provide their comments on the suggestion that Non-Executive Directors present the committee papers at Council of Governor meetings going forward.

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

7. **Managing Director Report**

Mr Harrison, Managing Director, ran through his update which was included in the papers to provide a full update to Governors on the following:

- COVID-19
- NHS Planning Guidance (H2)
- James Cook renal unit appeal
- Starlight Protector of Play award

Mr Harrison informed Governors that it would be a challenging winter and expressed the importance that both quality and safety was the priority for both staff and patients.

Turning to elective recovery he confirmed that the Trust were looking at improving waiting lists with no patients waiting longer than 2 years. The plan to improve the waiting list included working with North Tees with the possibility of operating lists taking place together and working with the independent sector hospitals where appropriate.

The following questions were raised:

- Mr Holmes raised a question on emergencies as he had noted that more than 3,000 extra emergencies were recorded and queried why. Mr Harrison replied that it was challenging to be specific adding that although GPs are seeing more patients this is being carried out in different ways and quite often if patients are unable to see their GP they come through to Redcar or the Friarage instead. Mr Holmes asked if this was just a Teesside problem. Mr Harrison confirmed that it was a national problem.
- Mr Holmes asked a further question relating to 2 year waiting lists and asked how many patients there were on this list at present for the Trust. Mr Harrison confirmed that there were currently 170 patients on the 2 year waiting list. He added that over 700 patients need to be given treatment by the end of the year otherwise they would subsequently breach. Prof Bell stated that both Durham and Darlington were also experiencing problems and that it had been acknowledged that the Government would be focusing on this problem.
- Mrs Young thanked Mr Harrison for his update and asked how the Trust would be prioritising staff as he had mentioned earlier. Mr Harrison confirmed that support was to be offered in various ways including a psychology team being available as well as things to boost morale, including rest areas, vouchers. He also confirmed that the Trust were continuing to try to recruit to vacancies. Unfortunately agency pay was still a challenge especially over weekends.
- Mrs Young asked an additional question on critical care staff. The CQC had picked up the lack of critical care staff and she wondered if this had now improved. Mr Harrison confirmed that there were currently 250 staff in critical care to provide extra support through COVID. 180 staff would be in place when the demand of COVID was no longer required.

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

8. **Lead Governor Report**

Mrs Angela Seward, Lead Governor, welcomed 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 September 2021 which included:

- Regular telephone calls with Prof Bell which had also enabled her to discuss both CQC and Nomination Committee.
- Telephone call with Mr Alan Hunter following his appointment as Interim Joint Director of Strategy & Development.
- Regular telephone calls with Jackie White on key topics.
- Microsoft Teams meeting with Mr Sam Peate, Chief Operating Officer, on the Integrated Performance Report.
- Discussions on Training Sessions
- Membership & Engagement Committee
- Telephone call with Mrs Ada Burns
- Joining both Public and Private Board of Directors' meeting on 2 November 2021
- Meeting on the 20 October 2021 involving the Chairman, Deputy Chairs of both South Tees and North Tees Trusts, Lead Governors for both Trusts and the Company Secretaries from both Trusts to discuss ways in which both Trusts could work together.

Prof Bell thanked Mrs Seward for her update to Governors

No questions were raised.

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

Performance Report

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

- 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.
- 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 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 days 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.
- 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%.

Mr Peate informed Governors that at the highest point 86 patients were receiving care through COVID.

At present there are three inpatient wards at JCUH and one at RPCH currently in place with one of the Trust's two ITU areas dedicated for patients with COVID.

Mr Peate continued that in September the Trust had been able to deliver its highest levels of activity which were almost at the same figures as at September 2019 which was a great achievement.

Turning to Emergency care pathways he explained that in September there was 104-106% of activity in JCUH and ca130% in RPCH/FHN compared with prior to pre-pandemic. He continued that a team have been focussing on work in relation to ambulance handover and processes have been changed to help receive patients more promptly with some improvement.

The following questions were asked:

- Dr Warwick commented that he would look out for the next set of data.
- Dr Warwick also asked that consideration be given about A&E wait and car parking adding that although this was not what clinicians think about it is what the public would appreciate.
- Mr Broughton spoke about the continued difficulties experienced in having to separate and segregate patients due to COVID and asked if there was anything that the Trust would be doing to ringfence elective surgery. Mr Peate replied that during COVID surgical teams have collaborated and worked together brilliantly. He continued that in winter planning medical staff came together to agree to ringfence with orthopaedics swapping from Ward 25 to Ward 27. Discussions were also taking place at the Clinical Policy Group meeting on the possibility of operating out of a bigger ringfence bed base as this would have to be discussed clinically.

Resolved: i) Governors thanked Sam Peate, Chief Operating Officer.

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 6 which reported a deficit of £3.0m at a system control total level. This was in line with the required budget deficit for M6 as agreed with the ICP/ICS.

Mr Simpson continued that there was £49m in account at the end of September with an outturn looking at £25m.

He reassured Governors that the balance sheet was monitored every month and taken to Resource Committee for consideration.

The following questions were raised:

- Dr Warwick asked about the £3m deficit and if this was the target. Mr Simpson replied that it was.
- Mr Holmes asked about one line in the report relating to clinical negligence asking how the amount compared to last year. Mr Simpson confirmed that the Trust do pay for this service which covers clinical negligence adding that all Trusts do the same to cover for all claims.

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

11. **Ben Murphy – Head of Charities**

Mr Murphy, Head of Charities, ran through a presentation on our Hospitals Charity.

Mr Murphy confirmed to Governors that the annual turnover of Charities amounted to £1.3m with six staff based across two hospital sites (James Cook and Friarage)

The presentation continued with key points including:

- Priorities
- Collaborations with other charities
- Corporate partners and local supporters
- Trusted responsibility – Charities are trusted to allocate funds.
- Appeal successes – including James Cook Renal Unit Appeal & Children and Young Peoples A&E
- How Charities have helped staff and patients – including Project Wingman, 'Fruity Thursday' every Thursday in April, supported Friarage recruitment event plus many more
- Our Fundraisers
- Our Volunteers
- Future Fundraising Appeals

Mr Murphy concluded by appealing to all Governors for their support which could include volunteering if able or maybe identifying and passing on potential leads where they work or live, participate in funding themselves.

The following questions were raised.

- Mrs Seward made a big appeal for all Governors to give consideration on giving a regular direct debit to Our Hospitals Charity to help them with all the good work that they do.
- Ms Hodgson asked what the plans were for the Trinity Holistic Centre. Mr Murphy replied that due to COVID the Holistic Centre had been unable to offer any face-to-face services but had been able to carry out some virtual events. This would be regularly reviewed alongside COVID guidelines.
- Ms Hodgson asked an additional question on membership and engagement. Mr Murphy confirmed that he hoped to be able to have a stand-alone website for charities and would be keen to have a conversation on membership and engagement. Ben Murphy and Jackie White, Head of Governance, to discuss further.

Mr Murphy thanked the Governors for their time and hoped that Charities would be more visible in the Trust in the future.

Action: i) Ben Murphy and Jackie White to have discussion on membership and engagement.

Action: ii) Anita Keogh to provide a copy of the presentation to Council of Governors.

GOVERNANCE

12. **NED Service Visits**

Prof Bell invited all Non-Executive Directors present at the meeting to provide details of any service visits to Governors.

Ms Maria Harris confirmed that she had recently taken over the People Committee and was aligning her understanding re: digital.

Prof Bell also confirmed to Governors that walkarounds were also taking place which involved both the Board and NEDs.

Mrs Burns added that good feedback had been obtained from staff that had seen the Board and NEDs within the hospital. Mrs Burns also commented how bowled over she had been with the compassion being shown by staff.

Mr Jennings confirmed that he had visited Neurology and had the opportunity to say thank you to everyone despite the difficulties faced over the last 18 months. He was quite shocked at how busy the outpatients department had actually been.

Ms Harris, Mrs Burns and Mr Jennings all agreed that the walkarounds were really effective.

Mr Holmes asked if there was a role for the Governors on these walkabouts with the Board. Prof Bell replied that we need to be able to have the Governors back on site first.

Mrs Seward added that she too was eager for Governors to return to site and was hopeful that this could be in the New Year to enable Governors to discuss CQC visit and starting preparing for the same.

13. **Governor Attendance Register**

A copy of the Governor Attendance Register was provided to all Governors for their information only.

14. **CQC Update**

Mr Ian Bennett, Deputy Director of Quality & Safety Freedom to Speak Up Guardian provided an update on CQC by way of presentation to Council of Governors on behalf of Hilary Lloyd, Chief Nurse.

Mr Bennett's update began with the forthcoming visit from the CQC which is expected in the New Year.

The presentation also included details of the Shine Toolkit which is held on the staff intranet which has been created to help staff in preparation of the visit. This toolkit includes general information on the CQC inspection, key lines of enquiry and what to expect if the inspection team arrives, tips, guidance and example questions.

Mr Bennett also included an update on Patient Experience.

He continued that the 2020 inpatient survey results had shown that 1,250 had been invited to take part with 585 surveys completed and a response rate of 49%.

Nationally 4 Trusts were recognised for their successes with South Tees Hospitals NHS Foundation Trust being one of them.

Mr Bennett concluded his update with the findings of the Task & Finish Group with communication being identified as being one of the main themes from complaints and concerns.

The following questions were raised:

- Mr Holmes asked about the outpatient letters which were details on the last page of the presentation which states that letter templates were reduced from 2500 to 10 core templates as he had recently received a letter from the Hospital which had no South Tees letterhead on the same. Mr Bennett thanked Mr Holmes and confirmed that he would take that back to the team.
- Mr Holmes asked an additional question relating to appointments that are cancelled and asked how the Trust were making sure that patients were notified in ample time and querying how it is monitored if a patient's appointment for a 6 month follow up is then subsequently changed and becomes a 9 month follow up because of an appointment being moved. Mr Bennett confirmed that this would relate to patient care colleagues but assured Mr Holmes that he would relay his question through to them. Mr Holmes asked if he could please be provided with any update/actions provided.
- Mrs Seward commented that she herself had just received a letter from the Hospital which did not arrive until 3 days after the date of the appointment. Mr Bennett replied that it was recognised that letters are not sent as they should be but it was hoped that by reducing templates this would help to improve matters.

Action: i) Mr Bennett to provide update to Mr Holmes from patient care colleagues on his question raised re: appointment dates being pushed back.

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.

<u>Mrs Ada Burns – People Committee</u>

Mrs Burns touched on issues raised which included mandatory training and appraisals.

Mrs Burns also wanted to pick up on staff shortage with a focus being made to look at where staff shortages can occur and look at recruitment adding that this was an important part of the BAF.

Mr Holmes asked what had happened to Freedom to Speak Up (FTSU) and the HSJ Award. Ms Burns confirmed that the ceremony had not taken place to date but the team were looking forward to it.

Mr David Jennings – Audit & Risk

Mr Jennings ran through the key topics discussed in the meeting which took place on the 21 September 2021

No questions were raised

Mr Mike Ducker – Resources Committee

Mr Ducker ran through the key topics discussed at the Resources Committee meeting which took place on the 21 October 2021.

Mr Ducker offered assurance to Governors that money being spent on digital was being closely monitored by the Committee.

He concluded that although risks were still present those were closely being considered.

No questions were raised.

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

Nothing raised.

17. **Reflections on Meeting**

Nothing raised.

18. **Any other business**

Mrs Janet Crampton wished to provide a brief update on Membership & Engagement Committee to Governors following the recent distribution of postcards sent to them all to encourage new members.

Due to problems with IT Janet was unable to complete this update but confirmed that she would send a note to all Governors with the update on Membership & Engagement.

Mrs Seward also mentioned the Governor attendance register which was an information only item earlier in the Agenda. She added that she would make contact with those Governors with low attendance to see if there are any problems or if any help was needed.

Lastly Governors asked at what position the Trust were with the replacement website. Mrs Anita Keogh to ask Public Relations for update and relay answer back to Governors.

Action: i) Ms Crampton to send note to all Governors with update on Membership & Engagement Committee.

Action: ii) Mrs Keogh to obtain update from Public Relations on replacement website and relay answer through to Governors.

19. **Date of Next Meeting**

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 18 January 2022.

Council of Governors Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
10.07.2018	18/013	**AOB - nhs.net emails**	Governors to contact Anita Keogh once nhs.net emails activated	Anita Keogh / Governors	11.12.2018	3 Elected Governors still to action - as at 4.11.2021 Appointed Governors are not required to activate any nhs.net e-mail account	Open
09.11.2021	21/011/01	**Welcome and Introductions**	Anita Keogh to add general update item to Council of Governor agenda going forward	Anita Keogh	18.01.2022	General update covered within Managing Director update	Complete
09.11.2021	21/011/06	**Chairman's report**	Anita Keogh to invite Alan Hunter, Interim Joint Director of Strategy & Development to future Council of Governors	Anita Keogh	18.01.2022	Alan invited to 15.03.2022 meeting	Complete
09.11.2021	21/011/06	**Chairman's report**	Governors to provide their comments on Non-Executive Directors presentating committee papers at Council of Governor meetings going	Council of Governors	18.01.2022	Two Governors have responded	Open
09.11.2021	21/011/11	**Head of Charities - Ben Murphy**	Ben Murphy and Jackie White, Head of Governance, to have discussion on membership & engagement	Ben Murphy / Jackie White	18.01.2022		Open
09.11.2021	21/011/11	**Head of Charities - Ben Murphy**	Anita Keogh to provide a copy of presentation to Council of Governors	Anita Keogh	18.01.2022	Presentation e-mailed to all Governors 16.11.2021	Complete
09.11.2021	21/011/14	**CQC Update**	Ian Bennett to provide update from Patient Care Colleagues to Mike Holmes (Governor) re: question raised on patient appointments being pushed back	Ian Bennett	18.01.2022	Email sent to Governors from Ian Bennett with template and update - 16.12.2021	Complete
09.11.2021	21/011/18	**AOB**	Janet Crampton to send note to Governors to provide update on Membership & Engagement Committee	Janet Crampton	18.01.2022	Email sent to all Governors on behalf of Janet Crampton with update on 22.12.2021	Complete
09.11.2021	21/011/18	**AOB**	Angela Seward to email Governors with low attendance and ascertain if there are any problems to be aware of	Angela Seward	18.01.2022	Emails sent by Angela Seward on 25.11.2021	Complete
09.11.2021	21/011/18	**AOB**	Anita Keogh to obtain update on external website from Public Relations and relay update through to Governors	Anita Keogh	18.01.2022	Email sent to Governors 15.12.2021 with update confirming launch hoped for January 2022	Complete

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 15 March 2022			
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 ☐ Discuss ☐ Inform ☒		
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 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 ☒	A great place to work ☒	
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒	
	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 ☒		

Joint Chairman's Update

1. Introduction

This report provides information to the Council of Governors on key local, regional and national issues.

2. Key Issues and Planned Actions

2.1 NHS COVID-19 Pressures

In line with the NHS as a whole, the trust has continued to face high demand across its services due to surge in COVID-19. Despite the pressures, the trust is able to deliver good, safe care for patients. As I write this report the Trust has started to see a drop in COVID positive patients with currently 97 inpatients with a positive PCR result within their hospital stay.

2.2 Department and site visits

Since the last Council of Governor meeting, I have continued to undertake site and departmental visits including meeting with colleagues in Research & Development, ED, Estates and Friarage ward based services.

2.3 Meeting with MPs

As part of my broader induction programme, I am continuing to meet with MPs and Local Authorities.

2.4 ICB development

Interviews have started for the executive roles for the ICB and information on the appointments should be briefed in March by Samantha Allen, chief executive designate for the North East and North Cumbria Integrated Care System.

The Department of Health and Social Care (DHSC) published the integration white paper, Joining Up Care for People, Places and Populations, outlining the government's ambition to accelerate the delivery of joined-up health and social care at place level.

It sets out an expectation for each place to: have a single accountable person by Spring 2023; develop a set of shared outcomes by April 2023; and move towards a "significant" proportion of NHS and social care funding pooled/aligned at place level.

It also sets out how progress will be made to support the key enablers to integration such as digital, data and workforce.

3. Recommendation

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

Professor Derek Bell Joint Chair

South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 15 March 2022			
Managing Director update			**AGENDA ITEM: 7, ENC 5**
Report Author and Job Title:	Mark Graham, Director of Communications	**Responsible Director:**	Rob Harrison, Managing Director
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Managing Director update		
Background	The following report provides an update from the Managing Director.		
Assessment	The report provides an overview of the health and wider related issues.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
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 ☒	A great place to work ☒	
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒	
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Managing Director Update

COVID-19 and winter update

The sharp increase in COVID-19 community infections this winter saw a peak of 176 patients receiving hospital care with the virus in January.

The reduction in community infection rates which began in January saw a gradual reduction in the the number of patients with COVID-19 receiving hospital care.

Despite the enormous success of the vaccination programme, screening pathways and infection prevention control measures to reduce the risk to vulnerable patients and service users have remained in place.

The sharp increase in COVID-19 community infections this winter inevitably impacted on our colleagues as well as the wider public. As services recover from this winter's COVID-19 Omicron surge, the STAQC (South Tees Accreditation for Quality of Care) programme, developed by clinical colleagues, will continue to be rolled out across our wards and services.

Separately, in the five weeks (to 3 February) surgical teams delivered more than 3,300 operations, of which almost 2,500 were planned procedures. At the same time, over 70,000 outpatient appointments took place.

In the same period, urgent and emergency care services remained very busy with 18,000 people attending services – an increase of more than 5,000 on the same period last year.

COVID Medicines Delivery Unit

The results from the latest REACT coronavirus monitoring study (published in January) show that that around two thirds of people with Omicron had previously had COVID-19.

The same study also found that vaccination and improved treatment options have led to a reduced risk of being admitted to hospital, and a consistently lower risk of death.

This winter, our infectious diseases team became one of the first in our region to offer new antibody and antiviral treatments to eligible patients when they first test positive for coronavirus.

When eligible patients in the community with a range of conditions including cancer, liver disease, immune deficiencies and neuro disorders report a positive PCR test, they are clinically assessed by and invited to receive appropriate medication as an outpatient. Since beginning, more than 800 people have accessed the service.

COVID-19 vaccination as a condition of deployment

On 31 January, the Secretary of State for Health and Social Care announced a consultation to remove vaccination as a condition of deployment.

Vaccination rates for our colleagues remain extremely high and remain the best defence against COVID-19.

Novavax vaccine approval

The Novavax vaccine was given official approval in February by the Medicines and Healthcare products Regulatory Authority.

The Durham Tees Valley Research Alliance, consisting of South Tees Hospitals NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust, contributed to the research.

The Novavax study is the largest ever double blind, placebo-controlled trial to be undertaken in the UK.

It recruited over 15,000 participants from 35 research UK sites – including more than 500 from the Durham Tees Valley area.

Ambulance service pressures – sharing risk across the system

On 17 February 2022, NHS Chief Executives received a letter regarding ambulance service pressures particularly linked to challenges in handing patients over to emergency departments.

It is recognised that a whole-system approach to considering risks across the urgent and emergency care pathway is required to provide the best outcomes for our patients. The Trust is working with system leaders across the ICS to manage these risks.

CQC update

The CQC attended the trust on the 9th February and 10th to undertake a focussed visit. Initial feedback has been received and the Trust is working with the CQC prior to sharing and publication of a final report.

2. RECOMMENDATIONS

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

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 15 March 2022			
Integrated Performance Report			**AGENDA ITEM: 9, ENC 6**
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	**Responsible Director:**	Various
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	To provide Council of Governors with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance. The IPR demonstrates areas of performance are monitored and provides assurance to Council of Governors regarding actual performance and, where necessary, remedial actions. 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 Council of Governors.		
Assessment	The following changes have been implemented in January's IPR: Single Oversight Framework summary slide included. Caesarean section rate target removed as peer NHSE&I letter 15 February 2022. Emergency readmission rate reporting one month behind (November 2021 this month) due to the impact of incomplete coding on this indicator. Palliative care coding and comorbidity coding reporting period aligned to mortality index reporting period. **Our key messages for January are:** • Trust performance in **December 2021-January 2022** reflects a significant increase in COVID-19 infections in our communities due to the COVID-19 Omicron variant. This placed additional demands on primary, emergency and acute care and social care, with COVID-19 related staff absences adding pressures to service delivery across the system. • Due to the ongoing nature of the COVID-19 pandemic, **sickness absences** remained high, reflected in **training** and **appraisal** compliance. Staff well-being has been at the forefront of the trust's clinically-led response to the pandemic, and changes to national guidance on COVID-		

	19 isolation guidance have been adopted to minimise the impact of staff isolation on absence levels. • The **falls** rate in January increased, however, the rate of falls with harm, remained low. • As seen across the NHS region, **Access targets** including **4-hour** and **ambulance handover delays** have been challenging due to the higher volumes of attendance seen across the system and continued pressures caused by COVID-19, and this is reflected in **patient experience**. • Despite challenges of COVID-19, **elective inpatient activity** exceeded our plan. • The **financial position** remains on plan and the team is focussing on preparing for the next financial year and delivery of the Coding Action Plan. Collaborative leadership teams have been asked to focus on confirming normal cost improvement plan delivery for 2021/22, plans for 2022/23 in-line with milestone expectations and longer term and transformational changes to achieve operational excellence and sustainability. HR, Finance, Business Intelligence and Service Improvement support is aligned to this through the Collaborative Improvement Councils. The Board sub committees have reviewed their specific elements of the IPR.	
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐ (select the relevant assurance level)	
Recommendation	Members of the Public Council of Governors are asked to note the Integrated Performance Report for January 2022.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	All BAF risks	
Legal and Equality and Diversity implications	There are no legal or equality and 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 ☒	A great place to work ☒
	Deliver care without boundaries in collaboration with our health and social care partners ☒	Make best use of our resources ☒
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South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

January 2021

OVERSIGHT

RESPONSIBLE DIRECTORS		BOARD SUB COMMITTEE
Dr Hilary Lloyd, Chief Nursing Officer	Safe, Caring	Quality Assurance Committee
Dr Michael Stewart, Chief Medical Officer	Effective	Quality Assurance Committee
Samuel Peate, Chief Operating Officer	Responsive	Resources Committee
Robert Harrison, Managing Director	Equitable	Resources Committee
Chris Hand, Finance Director	Well Led	Resources Committee
Rachael Metcalf, Human Resources Director		People Committee

Audit and Risk Committee

INTRODUCTION

OVERSIGHT

The Integrated Performance Report has been reviewed by the Senior Leadership Team to ensure that it clearly represents the Trust's performance against key indicators of Single Oversight Framework, Compliance, Quality, People and Resources. The IPR domains are owned by the responsible Director and accountable to the relevant Committee of the Board . In addition, significant risks are reviewed by Audit and Risk Committee

The IPR is reviewed and signed off by the Senior Leadership Team prior to publication, to ensure connectivity and triangulation between the domains.

Performance metrics follow through from ward or specialty, to Directorate, Collaborative and Trust level. They are owned, reviewed and challenged at relevant meetings which may include Directorate meetings, Collaborative Boards and their Groups in operational services; and the Trust-wide Groups that report into the Committees of the Board providing corporate assurance through the Trust governance structure.

INTRODUCTION

ASSURANCE

The IPR is a key element of the Board Assurance Framework, as it evidences our performance and management of risks to safety, quality, patient access and experience, and resource utilisation.

The IPR includes a summary of metrics monitored by NHSE&I in the NHS Single Oversight Framework matrix; this informs the System Oversight Framework which reflects and reinforces system-led delivery of care. The Framework seeks to identify NHS providers' potential support needs from NHSI across five themes: quality of care, finance and use of resources, operational performance, strategic change, and leadership and improvement capability. NHSE&I use the outcome from the themes to 'segment' individual trusts according to the level of support each trust requires. It then signposts, offers or mandates tailored support as appropriate.

Metrics are mapped to the five CQC domains of Safe Effective Caring, Responsive and Well Led. Together these demonstrate the Trust achieves its Licence to Operate. A sixth domain, Equitable, reflects the NHS focus on reducing inequalities in access and outcomes, as set out in the Operational Priorities and Planning Guidance for 2021/22.

CHANGES THIS MONTH

Single Oversight Framework summary slide included.

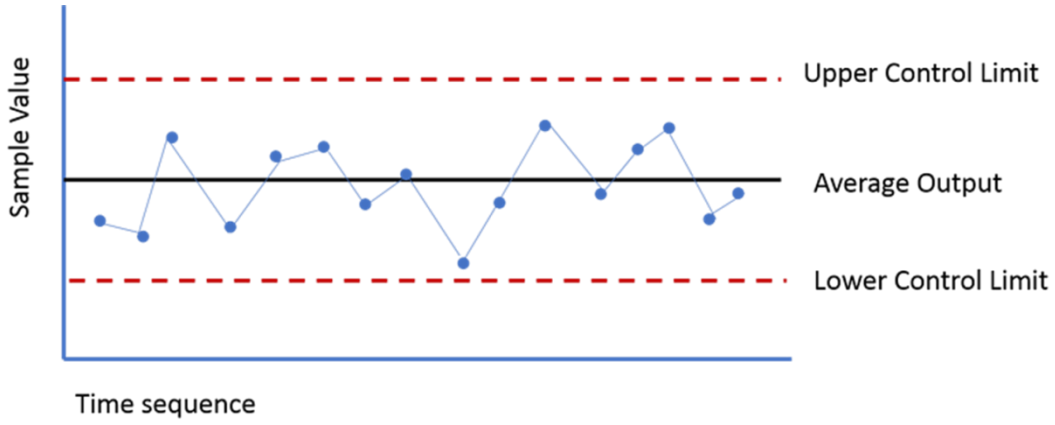
Caesarean section rate target removed as peer NHSE&I letter 15 February 2022.

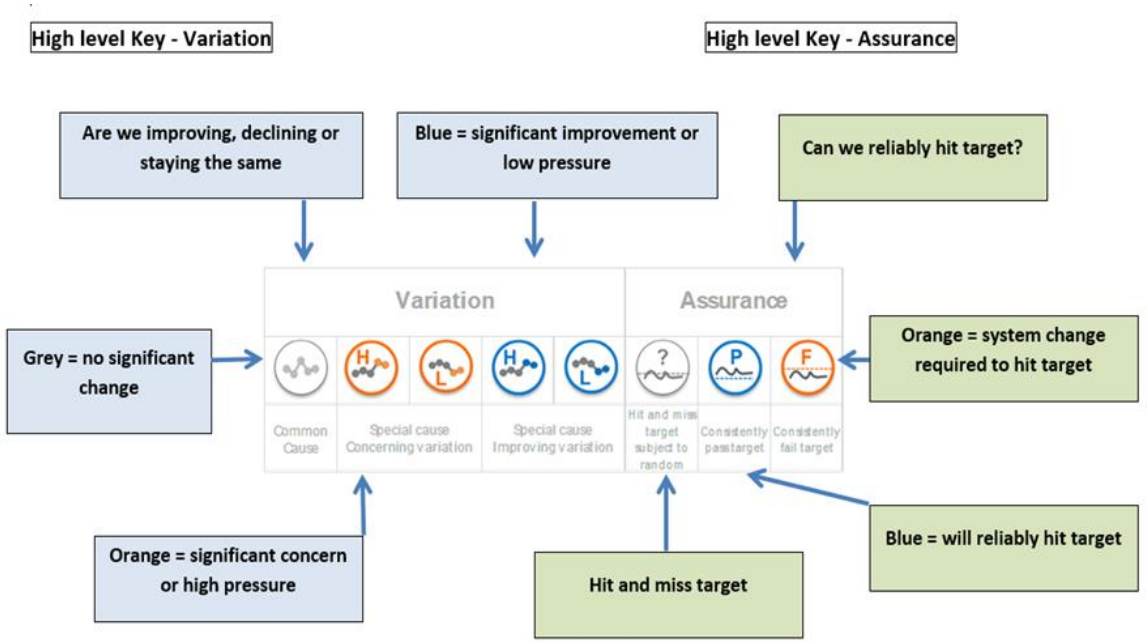
Emergency readmission rate reporting one month behind (November 2021 this month) due to the impact of incomplete coding on this indicator.

Palliative care coding and comorbidity coding reporting period aligned to mortality index reporting period.

SPC CHARTS

Statistical Process Control (SPC) charts with indicators of variation and assurance, are utilised where applicable, in line with the best practice standards of *Making Data Count*.





NATIONAL CONTEXT

The policy context for the second half of financial year 2021/22 as set out in the *Operational Planning Guidance* continues to focus on

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention.
B. Delivering the NHS COVID-19 vaccination programme and continuing to meet the needs of patients with COVID-19.
C. 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.
D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
E. 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.
F. Working collaboratively across systems to deliver on these priorities

Planning guidance for 2022/23 reiterates and expands upon these priorities, going further with outpatient transformation , and emphasises the system delivery overseen by Integrated Care Boards (from July 2022).

The NHS Chief Medical Officer declared a Level 4 National Incident on 12 December 2021 in response to the threat from Omicron, in recognition of the impact on the NHS of both supporting the vital increase in the vaccination programme and the significant increase in COVID-19 cases. The Trust therefore operates a Command & Control structure, to manage our clinically-led response to the pandemic.

REGIONAL AND LOCAL CONTEXT

Across the North East and North Cumbria Integrated Care System (NENC ICS) the focus for acute Trusts is on achieving elective recovery, whilst addressing clinical priorities such as cancer and emergency care. The Trust is engaged in the NENC ICS Provider Collaborative to ensure elective access targets are met and is a leader in Tees Valley Managed Clinical Networks to drive quality and sustainability of key services. We also work closely with Yorkshire and North East Ambulance Services, and Local Authorities.

The Trust also provides services within Humber Coast and Vale ICS, and is engaged in local partnership working to develop services in North Yorkshire.

EXECUTIVE SUMMARY

- Trust performance in **December 2021-January 2022** reflects a significant increase in COVID-19 infections in our communities due to the COVID-19 Omicron variant. This placed additional demands on primary, emergency and acute care and social care, with COVID-19 related staff absences adding pressures to service delivery across the system.
- Due to the ongoing nature of the COVID-19 pandemic, **sickness absences** remained high, reflected in **training** and **appraisal** compliance. Staff well-being has been at the forefront of the trust's clinically-led response to the pandemic, and changes to national guidance on COVID-19 isolation guidance have been adopted to minimise the impact of staff isolation on absence levels.
- The **falls** rate in January increased, however, the rate of falls with harm, remained low.
- As seen across the NHS region, **Access targets** including **4-hour** and **ambulance handover delays** have been challenging due to the higher volumes of attendance seen across the system and continued pressures caused by COVID-19, and this is reflected in **patient experience**.
- Despite challenges of COVID-19, **elective inpatient activity** exceeded our plan.
- The **financial position** remains on plan and the team is focussing on preparing for the next financial year and delivery of the Coding Action Plan. Collaborative leadership teams have been asked to focus on confirming normal cost improvement plan delivery for 2021/22, plans for 2022/23 in-line with milestone expectations and longer term and transformational changes to achieve operational excellence and sustainability. HR, Finance, Business Intelligence and Service Improvement support is aligned to this through the Collaborative Improvement Councils.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2141	2070	Jan 2022		
Serious Incidents	7	9	Jan 2022		
Never Events (YTD)	4	0	Jan 2022	N/A	N/A
Falls	211	N/A	Jan 2022		N/A
Falls Rate	7.16	6.6	Jan 2022		
Falls With Harm	2	N/A	Jan 2022		N/A
Falls With Harm Rate	0.07	TBC	Jan 2022		N/A
Category 2 Pressure Ulcers Rate (Per 1000 Bed Days)	4.48	TBC	Jan 2022		N/A
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.55	TBC	Jan 2022		N/A
Category 2 Pressure Ulcers Community Rate (Per 1000 Bed Days)	1.93	TBC	Jan 2022		N/A
Category 3&4 Pressure Ulcers Rate (Per 1000 Bed Days)	0.71	TBC	Jan 2022		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.1	TBC	Jan 2022		N/A
Category 3&4 Pressure Ulcers Community Rate (Per 1000 Bed Days)	0.61	TBC	Jan 2022		N/A
Medication Incidents	109	TBC	Jan 2022		N/A
Medications Reconciled Rate %	65.63%	80%	Dec 2021		
C-Difficile (YTD)	120		Jan 2022	N/A	N/A
MRSA (YTD)	1	0	Jan 2022	N/A	N/A

Incidents

Reporting of incidents remains high since March 2021, setting a new positive norm of around incident reports per month. The target 10% increase has been achieved since April 2021. High levels of reporting are typically a feature of a positive safety culture. There were 7 Serious Incidents reported in January 2022; none of which were Never Events.

The rate of inpatient falls increased in January 2022. However, falls resulting in patient harm remained below the running average.

An overall reduction in pressure ulcers has been observed in all categories other than a small increase (0.12) in community category 3&4. The pressure ulcer improvement group is embedded in practice. Pressure ulcer prevalence is reviewed by area and targeted support is directed as necessary with increased visibility and responsiveness by the TVN team. This has proved to gain a positive reduction in key areas such as critical care. The Purpose T tool has been rolled out throughout the community setting and is currently being piloted within a number of the acute wards. The intentional rounding chart is currently under review alongside the placement of it in existing nursing documentation.

Medication incidents decreased again in January and remain within normal variation.

Healthcare acquired infections

There were no new MRSA reported this month. C. difficile cases reported remain higher than last year. IPC precautions for isolating patients with C. difficile have been maintained. The increase is reflective of the national and regional picture, however an improvement group has been established.

SAFE

Metric	Latest Month	Target	Month	Trend	Assurance
Caesarean Section (%)	31.54%	TBC	Jan 2022		
Induction of Labour (%)	45.28%	44%	Jan 2022		
Still Births (YTD)	2	17	Jan 2022	N/A	N/A
PPH 1500ml (%)	0.03	TBC	Jan 2022		N/A

Maternity services

Caesarean Section and post-partum haemorrhage rates remain in line with the longer-term average. Induction of labour rates have returned to the average and benchmark in November after a ten-month period of higher rates. This indicator was impacted by changing clinical practice and adhering to NICE guidance through the Covid-19 pandemic where an increase in some indicators reflected the impact of COVID on pregnancy and births.

The Maternity Assurance Board continues to oversee quality, safety and performance against the suite of national maternity indicators and Ockenden review essentials.

EFFECTIVE

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6.61%	TBC	Nov 2021		N/A
Sepsis - Oxygen delivered within 1hr	100%	95%	Nov 2021		
Sepsis - Blood cultures within 1hr	62.2%	95%	Nov 2021		
Sepsis - Empiric IV antibiotics within 1hr	77.8%	95%	Nov 2021		
Sepsis - Serum lactate within 1hr	82.2%	95%	Nov 2021		
Sepsis - IV fluid resuscitation within 1hr	77.8%	95%	Nov 2021		
Sepsis - Urine measurement within 1hr	95.6%	95%	Nov 2021		
Hospital Standard Mortality Rate	115.94	100	Oct 2021		
Summary Hospital-Level Mortality Indicator	120.59	100	Oct 2021		
Comorbidity Coding	4.02	TBC	Oct 2021		N/A
Palliative Care Coding	0.01	TBC	Oct 2021		N/A

Readmission rates

Emergency readmission rates reduced from March 2020 to Jan 21 due to overall reduction in admission. Much greater variability in rate has been apparent over last year as impact of pandemic varies across time - this pattern has been seen nationally. The rate remains below that seen pre-pandemic. Contributory factors may include use of Virtual Ward, community services rapid response, and data quality improvements (particularly around recording of SDEC activity).

Sepsis

Improvement strategies have driven 5 elements above 75%. Further actions include:

- Electronic workflow was introduced in November 2021 which is predicted to further increase timely responses.
- Midwifery consultant working alongside AIP team to support the inclusion and analysis of maternal sepsis data and identify areas for ongoing education.
- AIP champion study days have been planned for 2022. Adult and paediatric sepsis competencies available on staff intranet.
- Maternity sepsis competencies under development.
- Digital workstreams have commenced for both maternity and paediatrics.
- Circulate a safety briefing related to the requirement for blood cultures in normothermic / hypothermic patients
- Audit compliance to sepsis bundle via digital solution

Mortality

SHMI and HSMR are both stable but divergent. For latest official reporting period, Oct 2020 to Sep 2021, SHMI is 'higher than expected' at 117 (3 points better than the previous period), whilst HSMR is 'as expected' at 100 (please note the IPR graphs contain longer periods to show trends). Both metrics are impacted by COVID-19 which has reduced their reliability because of the reduction in the spells (by a fifth in this period), and they are improving as this factor reduces in the data. In addition, the mortality metrics are impacted by the recording of comorbidities which is the lowest in the region and substantially below the national average despite the population we serve. The pattern is currently stable, following the unusual pattern caused by the first wave of the pandemic. Specialist palliative care coding is higher than the national average and stable (apart from the first month of the pandemic). It is not used to adjust SHMI but is used to adjust HSMR.

CARING

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	81.57%	85%	Jan 2022		
Inpatient Experience (%)	95.11%	96%	Jan 2022		
Maternity Experience (%)	91.3%	97%	Jan 2022		
Outpatient Experience (%)	95.36%	95%	Jan 2022		
New Complaints	31		Jan 2022		N/A
Closed Within Target (%)	43.75%	80%	Jan 2022		

Patient experience

Patient experience in A&E remains slightly below target which is likely to reflect longer wait times within JCUH ED. Review work is underway with the support of the NHS Emergency Care Intensive Support Team to improve patient flow in the JCUH ED and into the wider hospital.

The return rate for the Maternity survey at the four touch points (ante-natal, birth, post -natal and community) remains variable. The survey has been reviewed by the Maternity Voices Partnership (MVP) group and the Maternity leads and will be added to Meridian system.

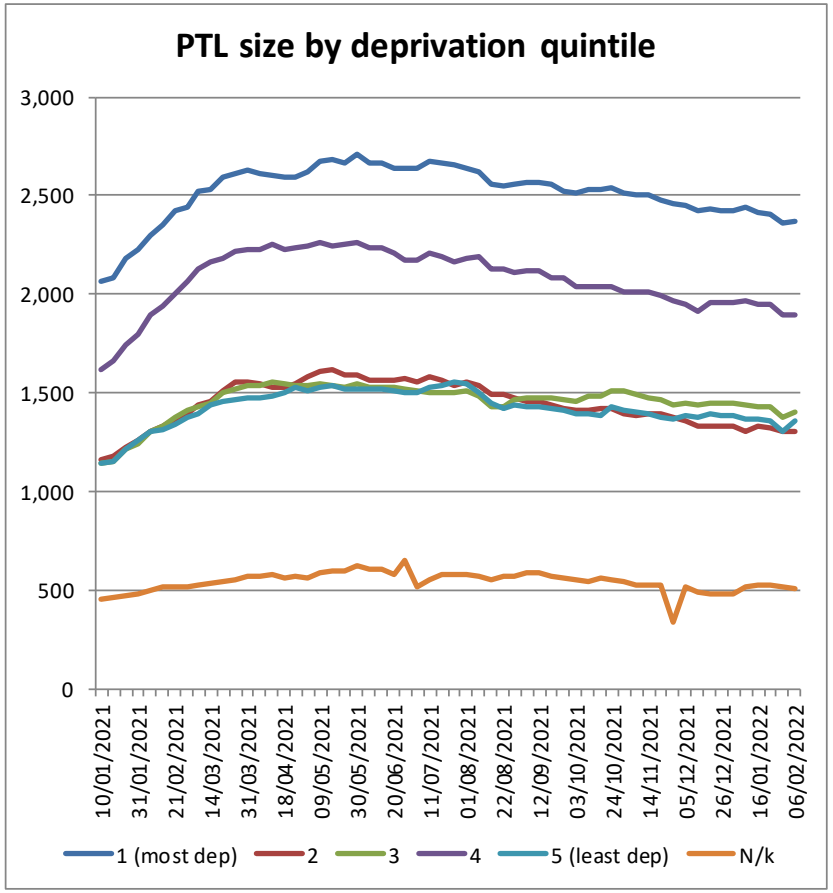
Trends continue to be monitored and action taken locally on review of the surveys. National benchmarking data is published monthly up to December 2021 and the Trust remains above the national average in all surveys and the Maternity antenatal survey.

Learning from complaints

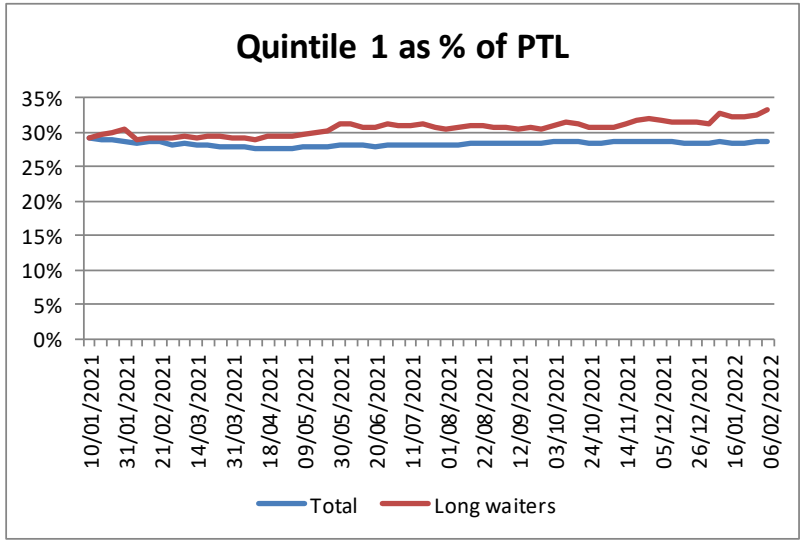
In January, the number of new complaints increased. The timeframe for closure did not meet the target, this was due increased activity in the organisation. Monitoring and escalation to achieve the target continues.

EQUITABLE

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



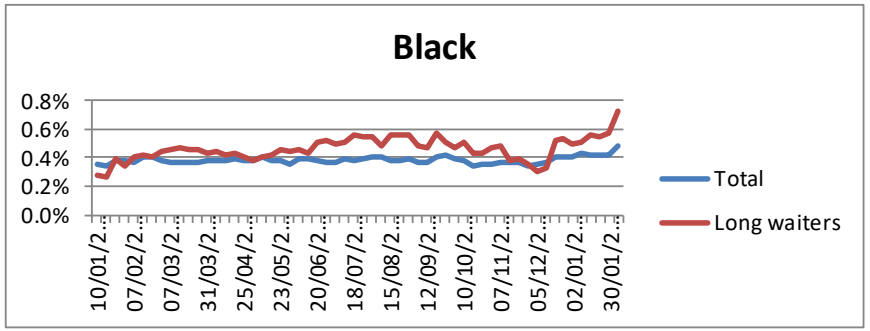
06/02/2022	Total		Long waiters		Ratio
1 (most dep)	2,371	28%	687	33%	1.17
2	1,300	16%	333	16%	1.03
3	1,404	17%	333	16%	0.96
4	1,893	23%	434	21%	0.92
5 (least dep)	1,359	16%	281	14%	0.83
N/k	509		127		



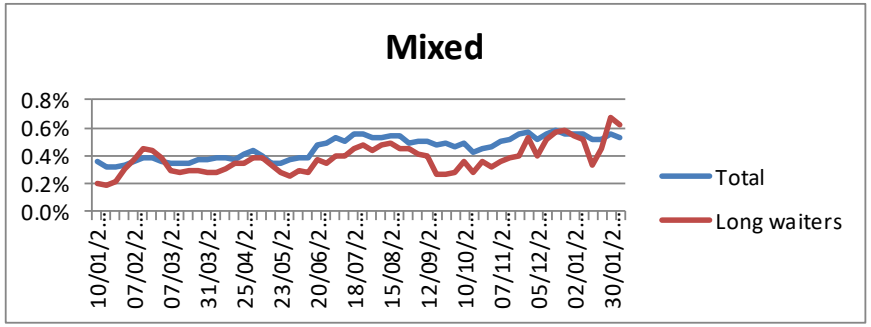
Whilst the inpatient waiting list size has reduced, the separation of the overall position and the long waiter position for the most deprived quintile has continued. This is in the context of lower uptake of COVID vaccination (discussed with Trust's clinical leaders) and multiple indicators of poorer health in more deprived populations. The Trust is working with the Local Authority on a joint Public Health role to inform, lead and guide our response.

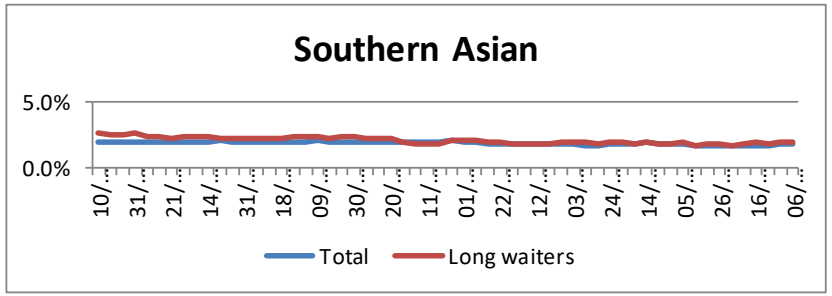
IMD – Index of multiple deprivation

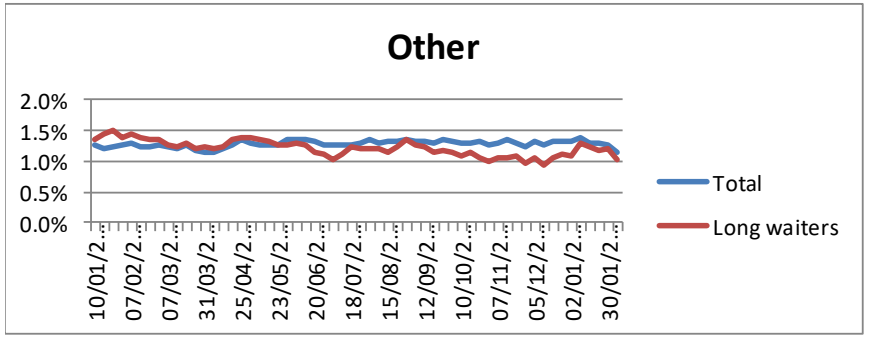
INPATIENT PTL: INEQUALITIES - ETHNICITY

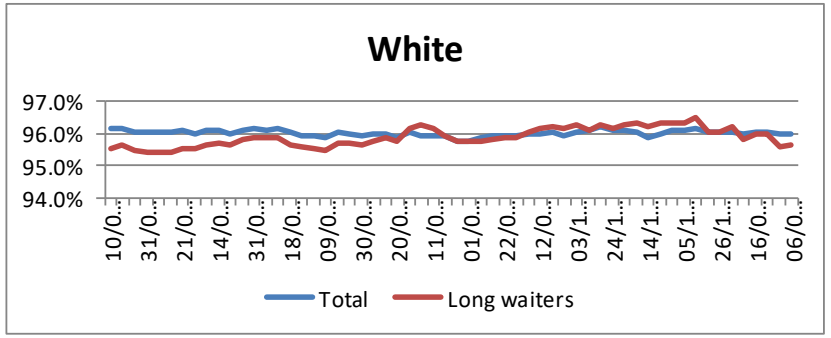


06/02/2022	Total		Long waiters		Ratio
Black	37	0.5%	14	0.7%	1.51
Mixed	41	0.5%	12	0.6%	1.17
Southern Asian	143	1.9%	38	2.0%	1.06
White	7,397	96.0%	1,843	95.6%	1.00
Other	89	1.2%	20	1.0%	0.90
N/k	1,129		268		









We have seen a widening in the proportion of long waiting patients in a number of ethnic groups, this will be closely monitored and actions taken to bring this back into line with all patient groups on the waiting list

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
4 Hour Wait Standard (%)	72.89%	95%	Jan 2022	L	F
Handovers - Over 30 Mins	179	0	Jan 2022	H	F
Handovers - Over 60 Mins	235	0	Jan 2022	H	F
RTT Incomplete Pathways (%)	65.01%	92%	Dec 2021	L	F
RTT 52 week waiters	1593	2512	Dec 2021	N/A	N/A
RTT 104 week waiters	100	94	Dec 2021	N/A	N/A
Diagnostic 6 Weeks Standard (%)	21.68%	99%	Dec 2021	L	F
Cancer 14 Day Standard (%)	88.76%	93%	Dec 2021		?
Cancer 31 Day Standard (%)	91.77%	96%	Dec 2021		?
Cancer 62 Day Standard (%)	78.96%	85%	Dec 2021	H	?
Cancer 62 Day Screening (%)	36.36%	90%	Dec 2021	L	?
Cancelled Ops - Non-Urgent Cancelled on Day	33	0	Jan 2022		F
Cancelled Ops - Not Rebooked Within 28 days	8	0	Jan 2022		?
Cancer Operations Cancelled On Day (YTD)	7	0	Jan 2022	N/A	N/A

Urgent and emergency care

4-hour standard performance remains below previous average. The impact of COVID-19 and segregation of pathways continues to be challenging. Increased levels of Non Elective activity throughout January has had a significant impact on 4 Hour Standard and Ambulance handover delays – both areas remain an area of focus. Specific actions are being monitored through the Emergency Care Improvement Group and the Trust continues to be supported by ECIST.

Elective waiting times

Elective waiting times overall RTT remained static at 65%, and the diagnostics 6-week wait standard decreased. There was special-cause variation impacting on this, due to incomplete reporting from the new imaging information system. This is being resolved during January 2022. The number of patients waiting more than 52 weeks continues to decrease steadily and is significantly better than plan, and 104 weeks reduced in line with plan. These trends continued through January with ongoing prioritisation of capacity, and validation of waiting lists.

Cancer waiting times

14-day standard was below target in December. 31-day and 62-day standards improved but continue to be areas of focus. Weekly PTL Assurance meeting and Cancer Wall remain in place to support delivery of targets.

Cancelled operations

Zero tolerance of cancer operation cancellations on the day of surgery has been sustained (7 year to date, but zero in month for most recent 5 months), and non-urgent cancellations and re-booking are within normal variation.

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
New Attendances	15499	15901	Jan 2022		
Review Attendances	42381	44513	Jan 2022		
Day Case admissions	4643	5934	Jan 2022		N/A
Ordinary Elective admissions	1439	944	Jan 2022		N/A
NEL admissions with 0 LOS	1625	2085	Jan 2022		
NEL admissions with 1+ LOS	3498	3807	Jan 2022		
Length of Stay - Elective	1.86	N/A	Jan 2022		N/A
Length of Stay - Emergency	5.2	N/A	Jan 2022		N/A
Length of Stay - Non-Elective	4.58	N/A	Jan 2022		N/A

Activity

Outpatient New and Review activity exceeded Trust plan in December but was below plan in January.

Elective inpatient admissions exceeded plan. Efforts have focused on maximising forward planning and booking to improve utilisation of lists that go ahead and reduce avoidable cancellations. Despite COVID-related pressures, protected elective capacity was maintained as far as it was possible and safe to do so.

Non-elective same day and overnight admissions are below expected levels. Emergency care recovery group is working on maximising the use of same day emergency care (SDEC) pathways, as an alternative to both ED attendances and inpatient admissions. However, we have also experienced a resurgence of COVID-19 and increased acuity of emergency presentations which impacted on patient flow (as seen in the UEC metrics).

Length of Stay

The reduction in elective length of stay since April 2021 has been sustained. Non-elective length of stay is consistent, despite the challenges of covid (long lengths of stay for clinical treatment of covid, capacity constraints in social care leading to delays in hospital discharge).

Reported **diagnostic** performance has been significantly impacted through the changeover of the Radiology reporting system in November 21. Transition to new systems is now complete with a full validation exercise being undertaken. Actual performance is in line with previous months, once data validation audits are complete and performance will be reflected in future months Integrated Performance Reports.

WELL LED

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£4.362m	-£4.363m	Jan 2022	N/A	N/A
Annual Appraisal (%)	74.2%	80%	Jan 2022		
Mandatory Training (%)	86.06%	90%	Jan 2022		
Sickness Absence (%)	5.06%	4%	Jan 2022		
Staff Turnover (%)	13.42%	10%	Jan 2022		

Finance and use of resources

The deficit at month 10 is in line with the Trust Financial Plan and continuing the trend seen in the previous 9 months. Assurance is obtained by budget statements being provided to managers each month, and each Collaborative Board reviewing its financial position. Resources Committee and Trust Board receive a financial report at each meeting.

People

The Trust sickness absence has reduced by 0.7% to 5.06%. This reduction is made of a decrease in short term and long term absence rates., short term absence has decreased by 0.08% and long term absence has decreased by 0.62%. Covid absence for January was 3.46%, and therefore the total absence was 8.52%. The new stress and anxiety absence process has been implemented and will identify those staff who go absent with stress and anxiety on their first day and enable early intervention with a view to helping them return to work sooner. This and other attendance management procedures are continued to be discussed at HR Clinics throughout the Collaboratives and a sickness absence action plan is being developed for each Collaborative.

Mandatory training has increased throughout the Trust to 86.06% and Appraisals have also increased and are now 74.20%. Both KPI's continue to be a focus at monthly HR Clinics.

Turnover has seen a small increase of 0.23% to 13.42% across the Trust and, along with implementing the Trust's Retention Strategy, HR are continuing to work with collaboratives in regard to the development of the overarching Collaborative Workforce Plans.

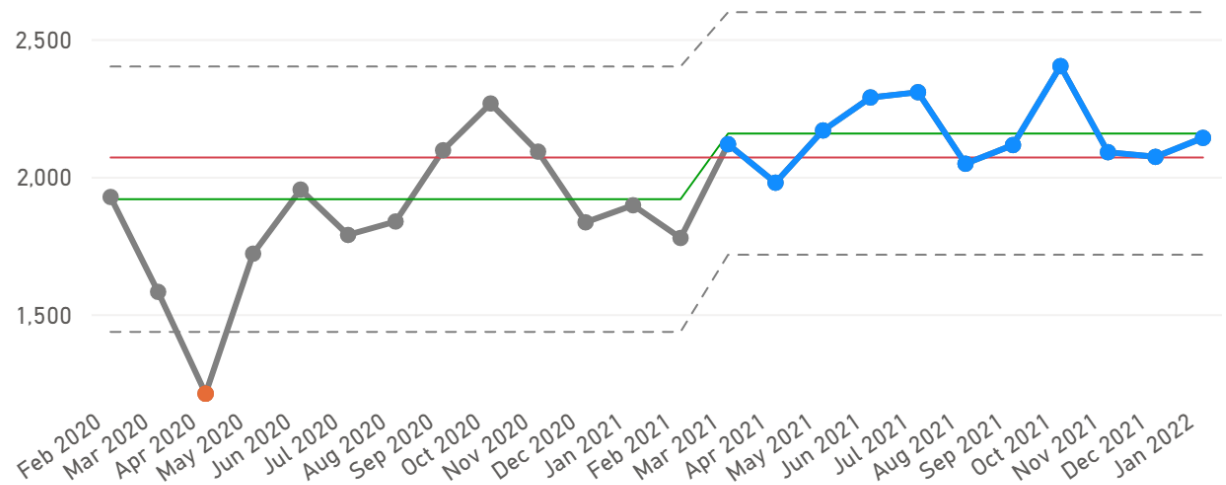
APPENDICES

SPC charts for the metrics summarised above, by domain.

SAFE

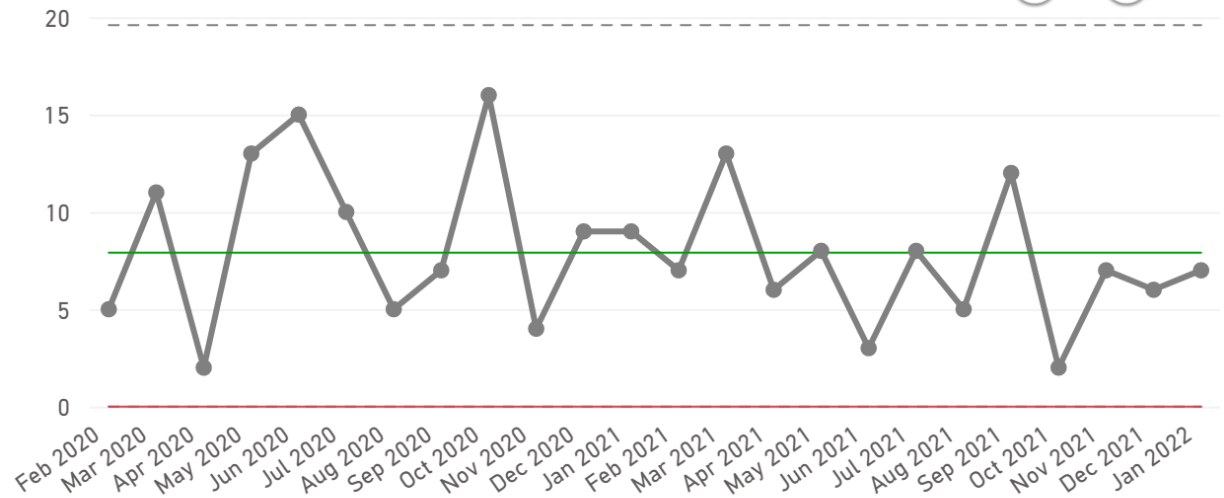
DATIX Incidents

Month	Performance	Target	Trend	Assurance
Jan 2022	2141	2070		



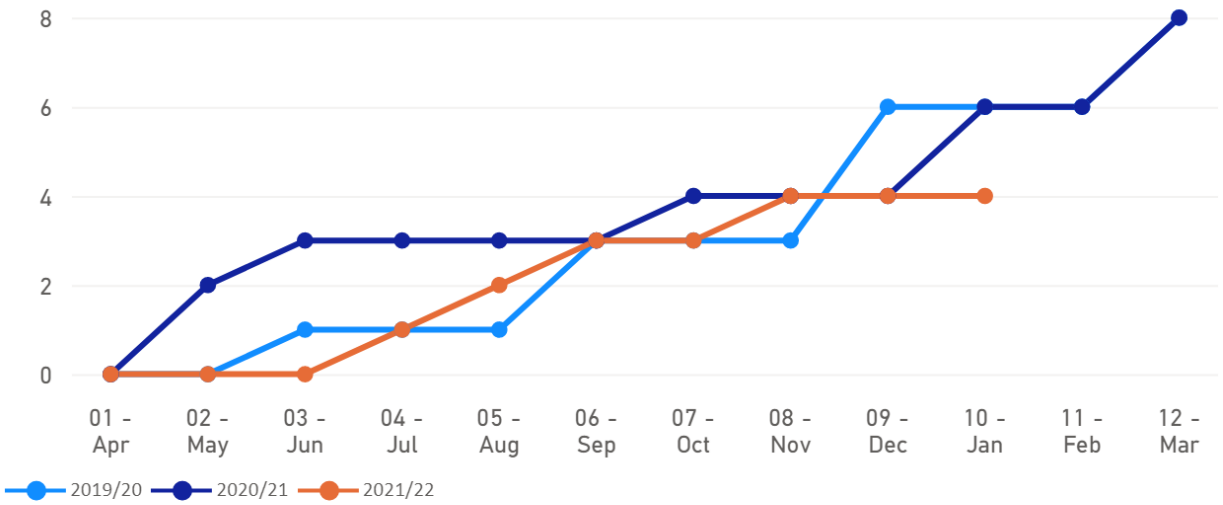
Serious Incidents

Month	Performance	Target	Trend	Assurance
Jan 2022	7	0		



Never Events (YTD)

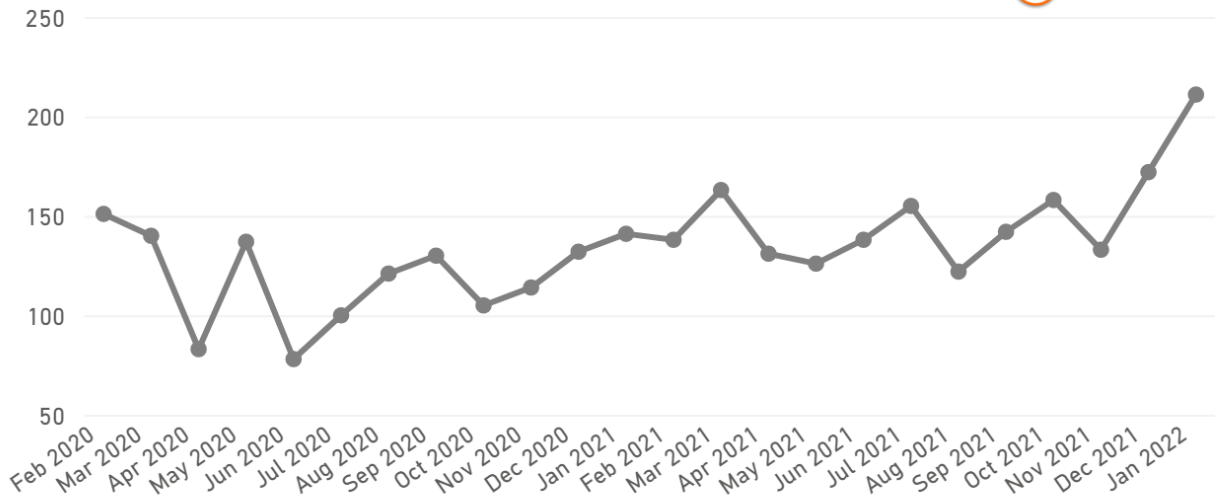
Month	Performance	Target	Trend	Assurance
Jan 2022	4	0	N/A	N/A



SAFE

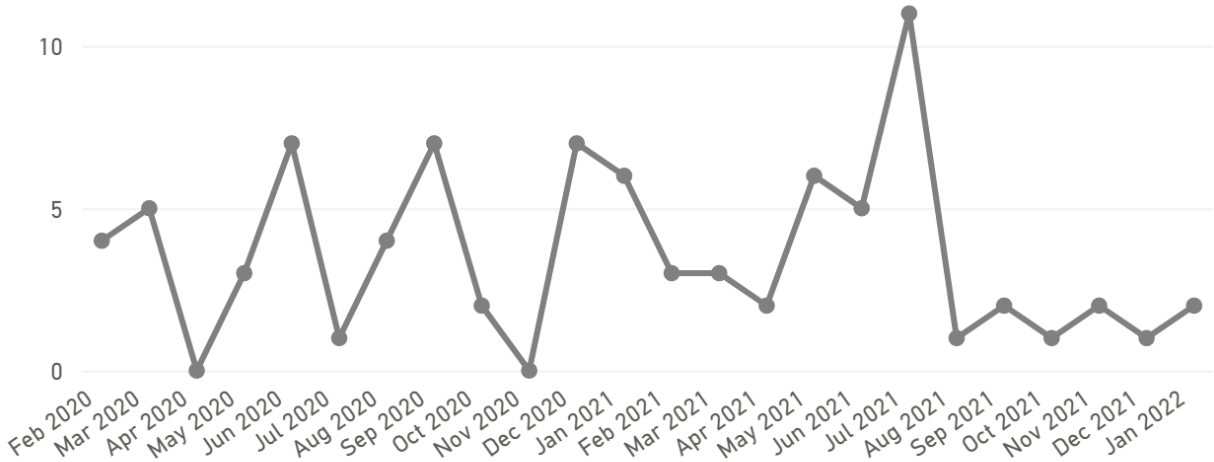
Falls

Month	Performance	Target	Trend	Assurance
Jan 2022	211	N/A		N/A



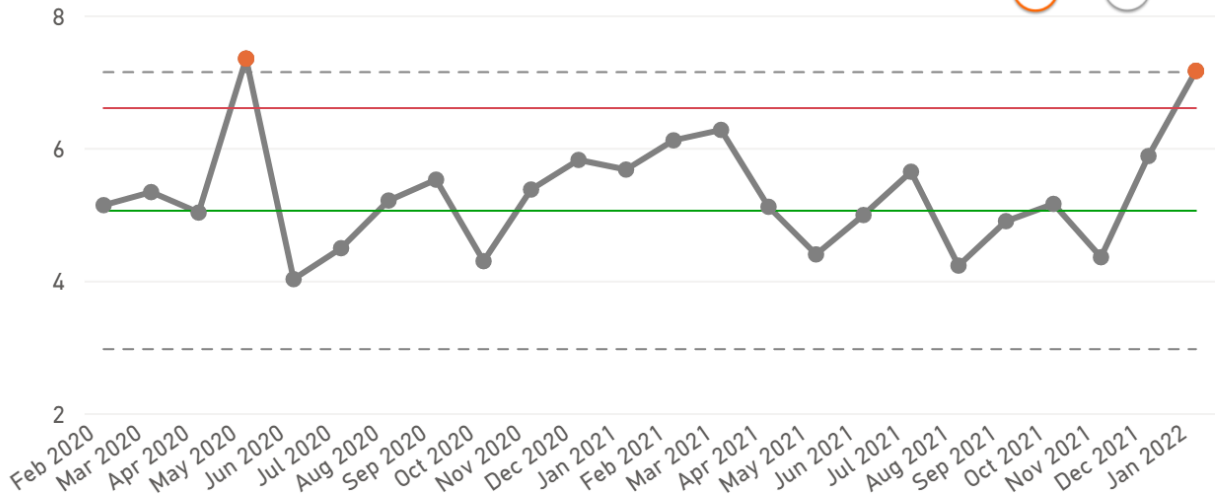
Falls With Harm

Month	Performance	Target	Trend	Assurance
Jan 2022	2	N/A		N/A



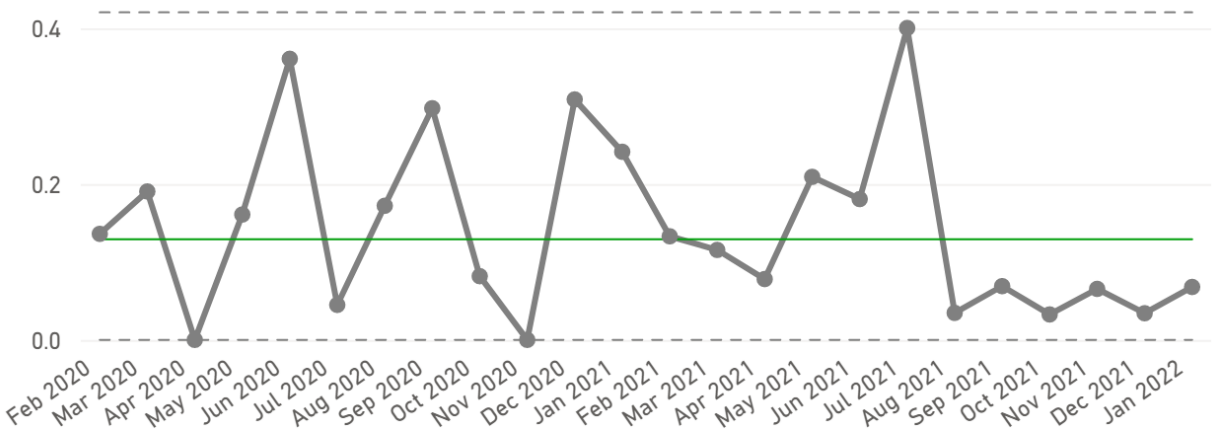
Falls Rate

Month	Performance	Target	Trend	Assurance
Jan 2022	7.16	6.6		



Falls With Harm Rate

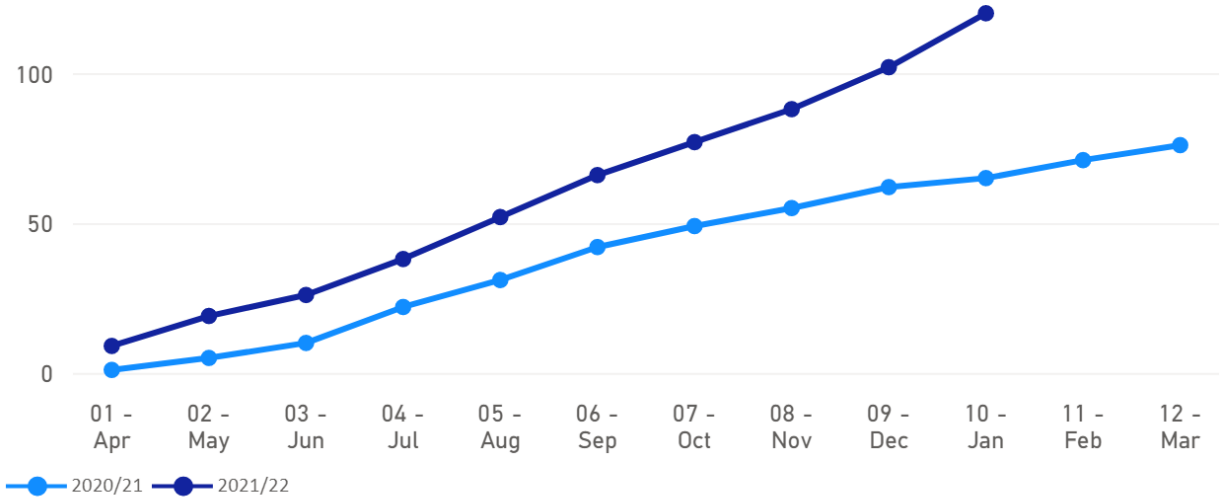
Month	Performance	Target	Trend	Assurance
Jan 2022	0.07	TBC		N/A



SAFE

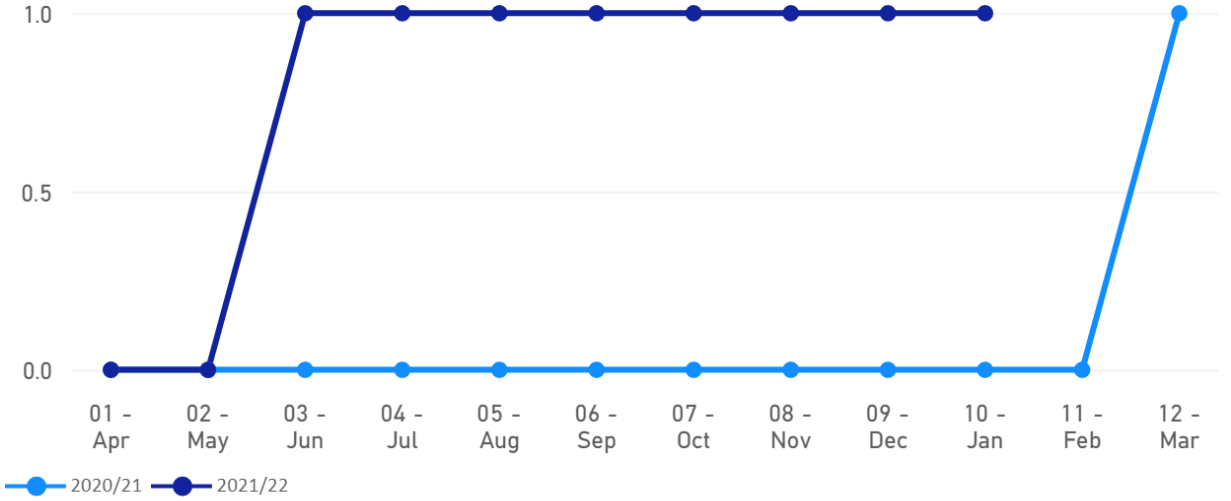
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Jan 2022	120		N/A	N/A



MRSA (YTD)

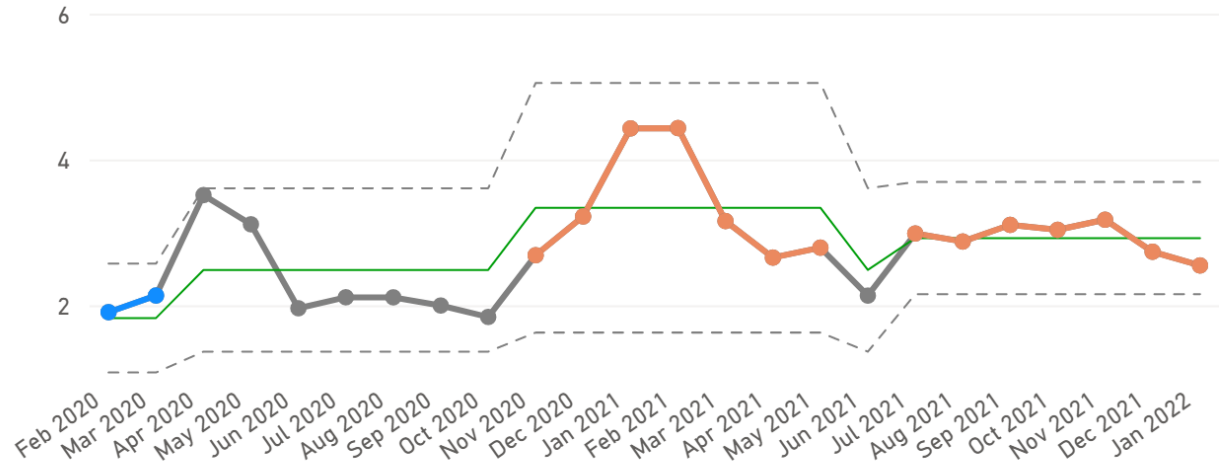
Month	Performance	Target	Trend	Assurance
Jan 2022	1	0	N/A	N/A



SAFE

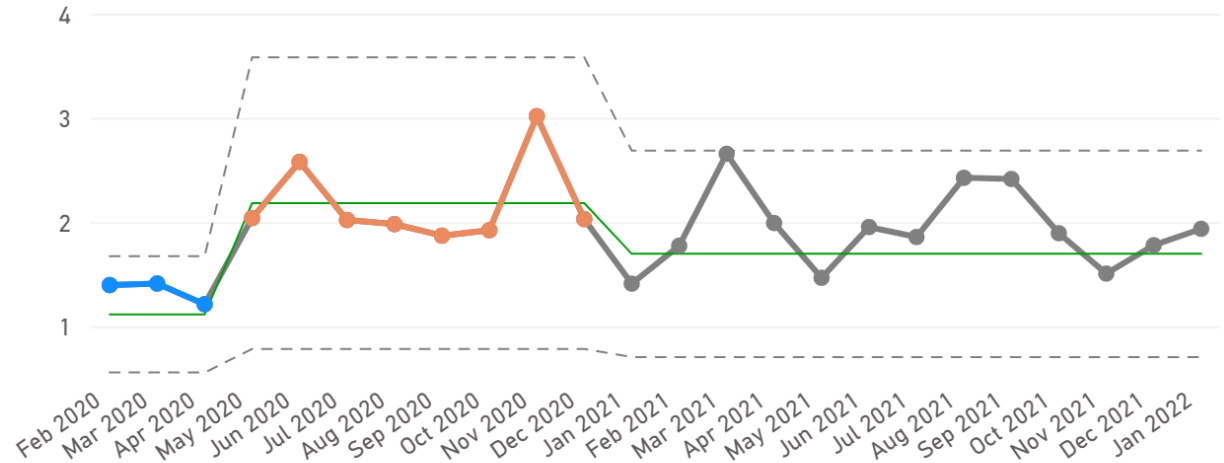
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Jan 2022	2.55	TBC		N/A



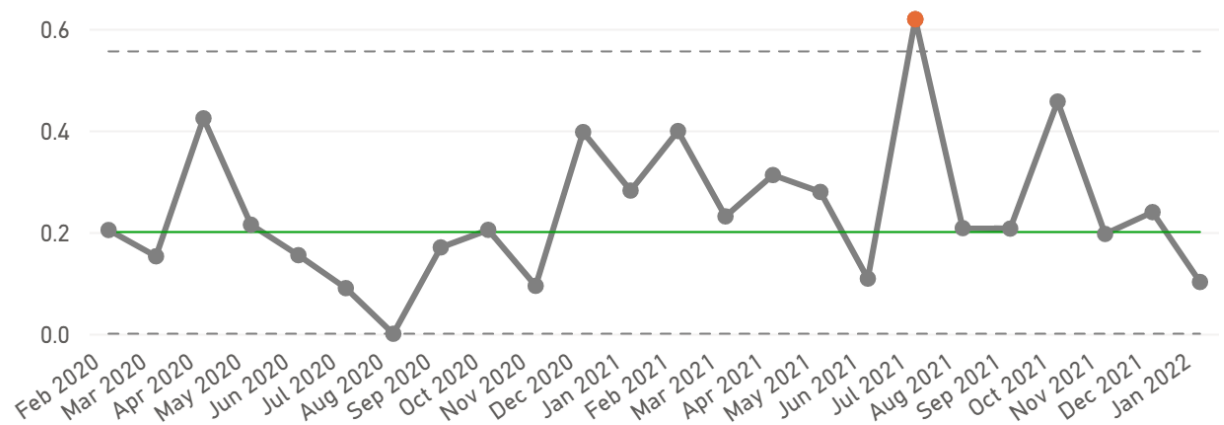
Category 2 Pressure Ulcers Community Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Jan 2022	1.93	TBC		N/A



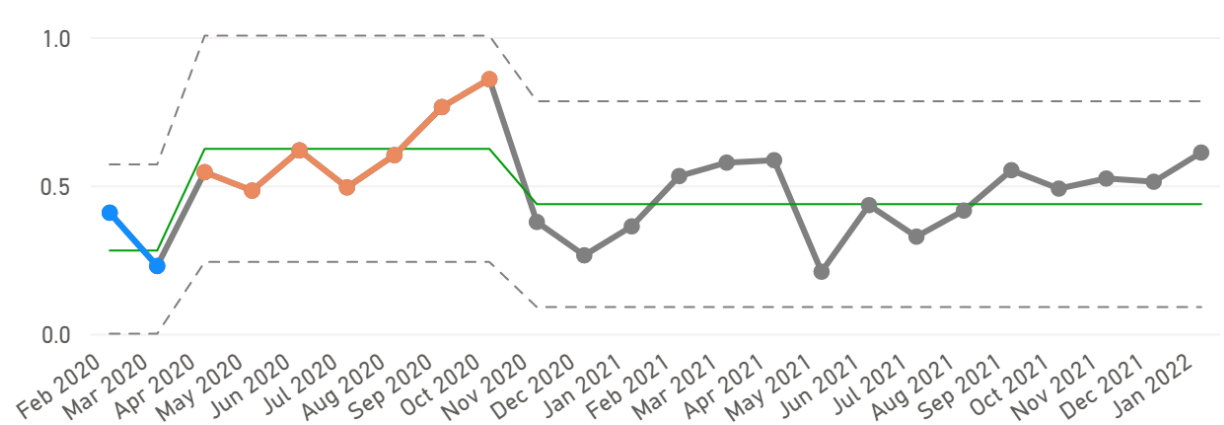
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Jan 2022	0.1	TBC		N/A



Category 3&4 Pressure Ulcers Community Rate (Per 1000 Bed Days)

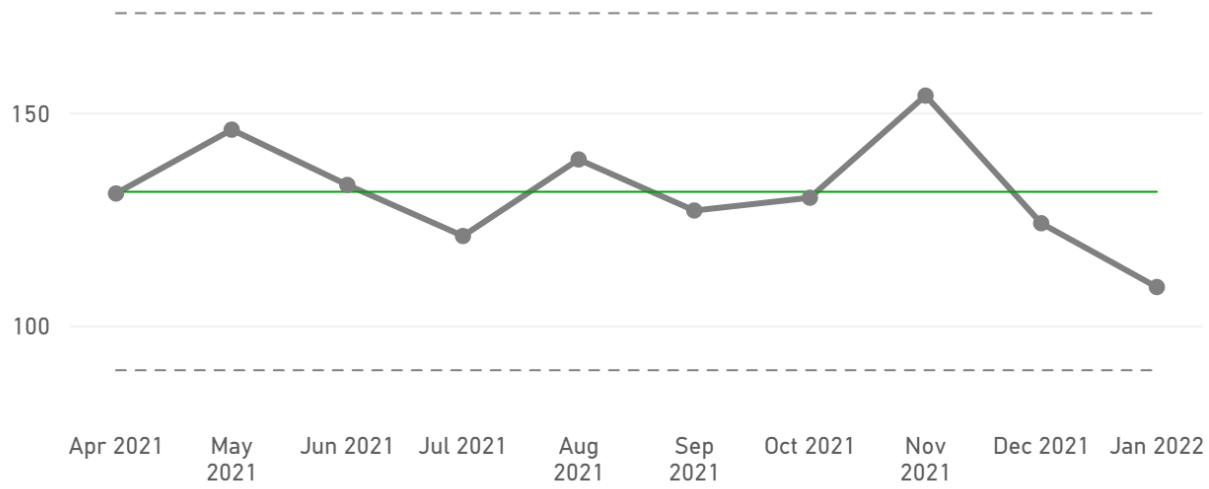
Month	Performance	Target	Trend	Assurance
Jan 2022	0.61	TBC		N/A



SAFE

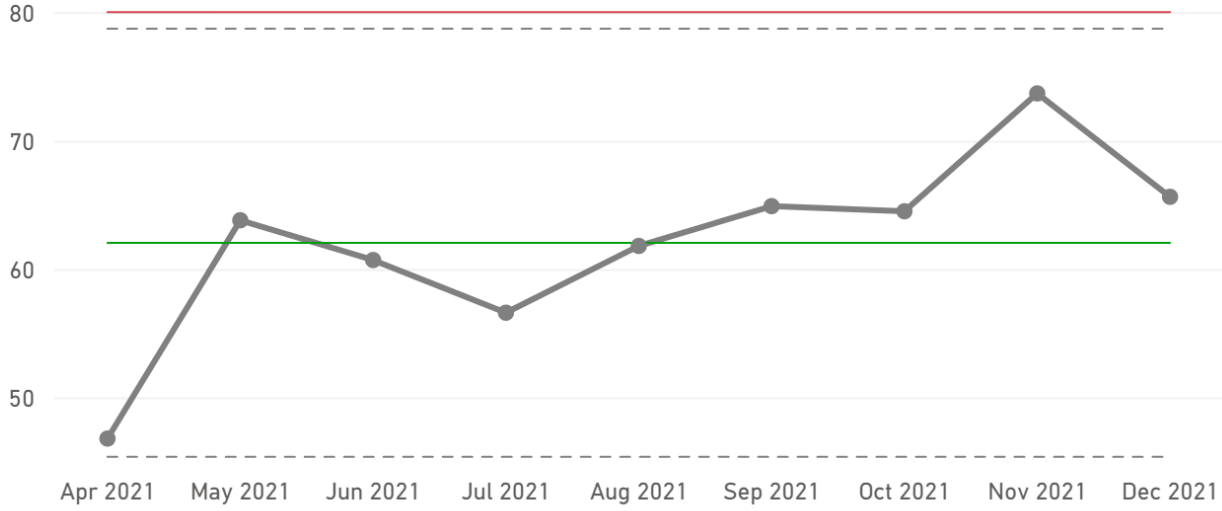
Medication Incidents

Month	Performance	Target	Trend	Assurance
Jan 2022	109	TBC		N/A



Medications Reconciled Rate %

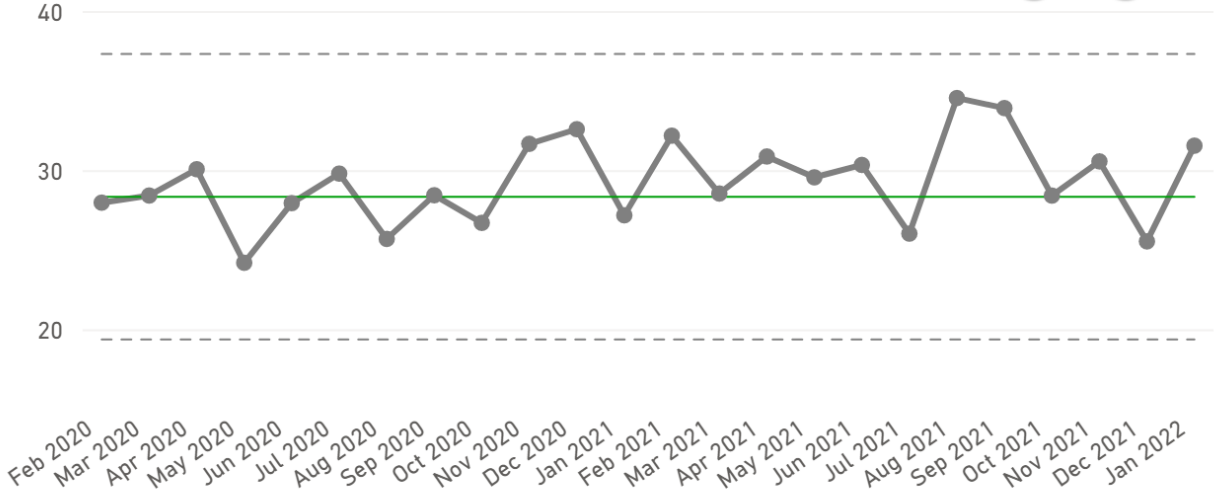
Month	Performance	Target	Trend	Assurance
Dec 2021	65.63%	80%		



SAFE

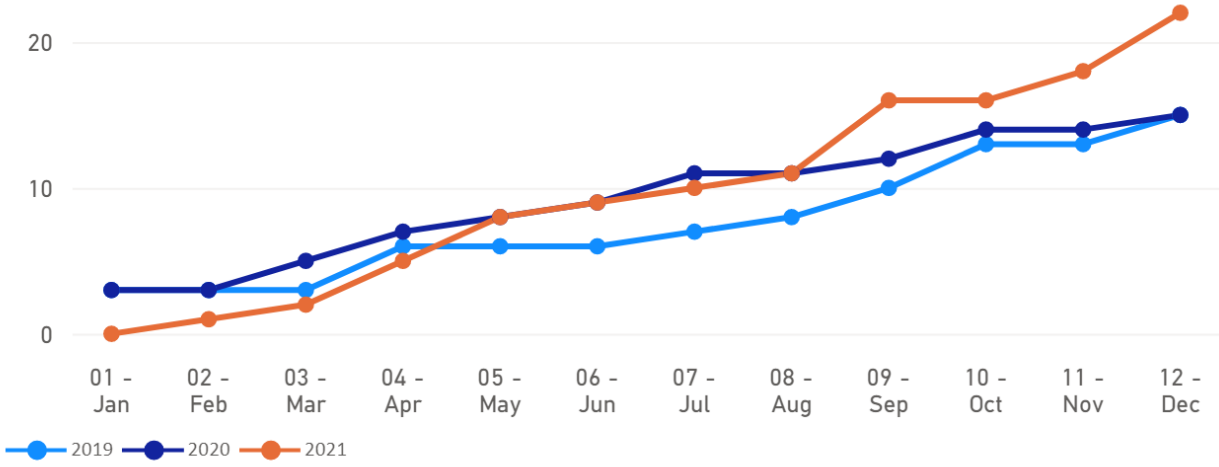
Caesarean Section (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	31.54%	TBC		



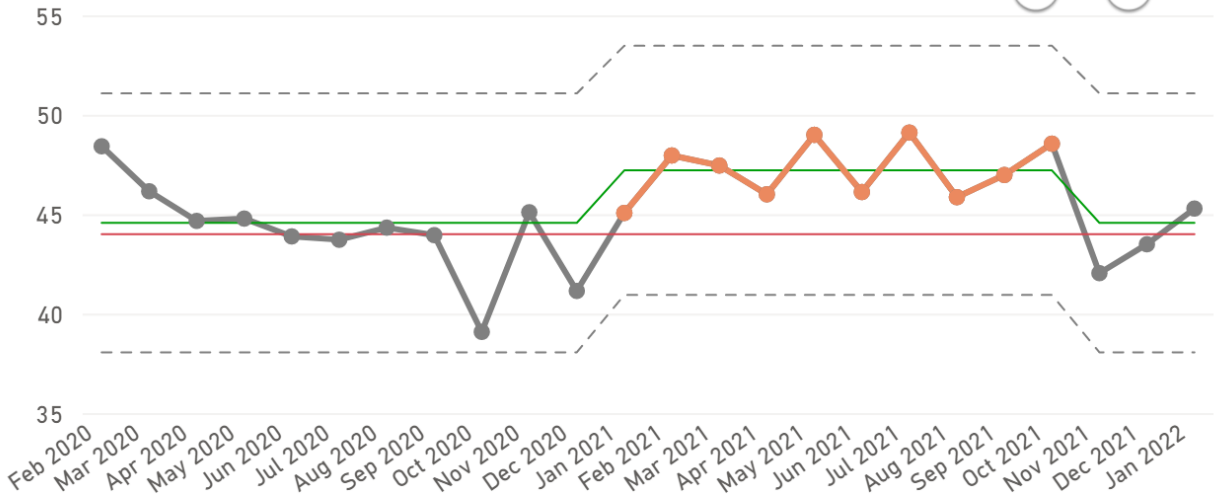
Still Births (YTD)

Month	Performance	Target	Trend	Assurance
Jan 2022	2	17	N/A	N/A



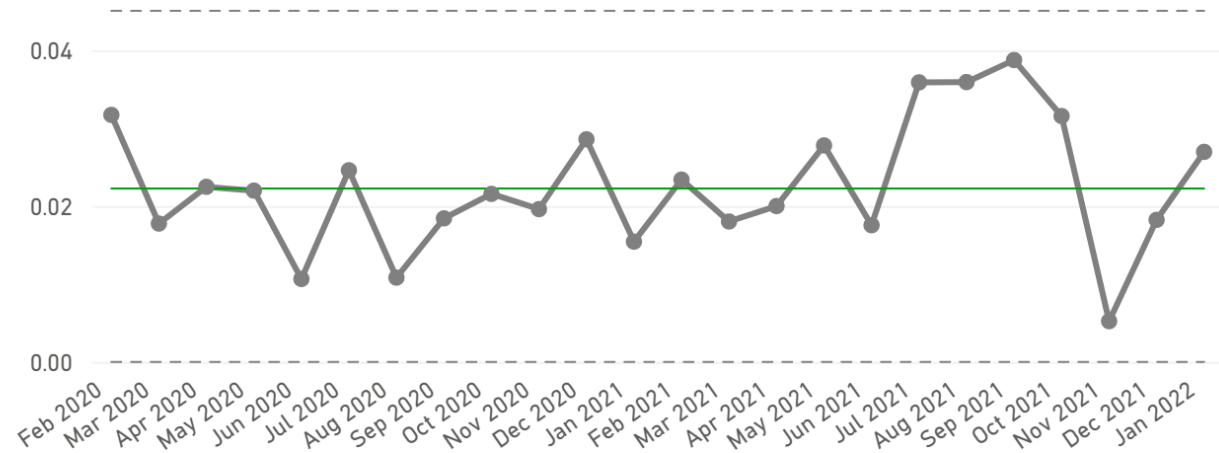
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	45.28%	44%		



PPH 1500ml (%)

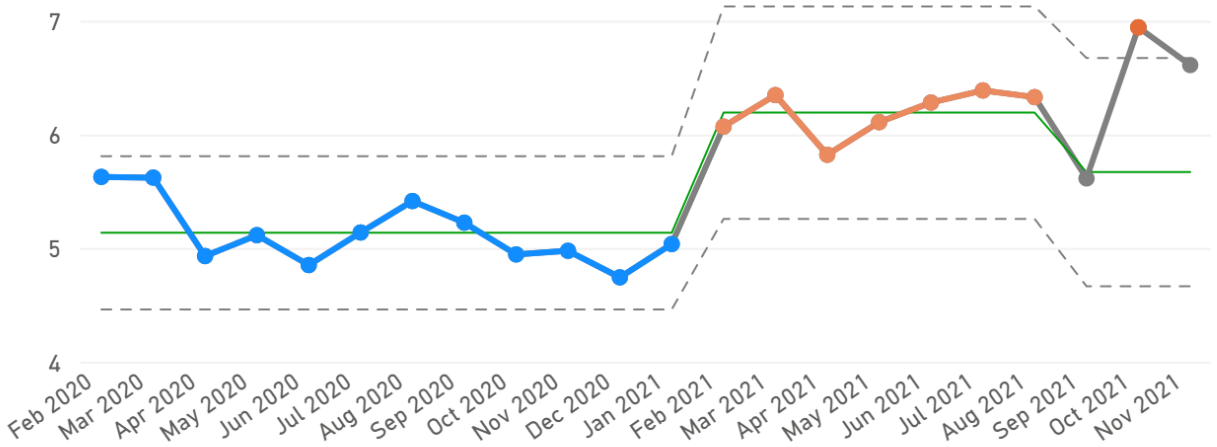
Month	Performance	Target	Trend	Assurance
Jan 2022	0.03	TBC		N/A



EFFECTIVE

Readmission Rate %

Month	Performance	Target	Trend	Assurance
Nov 2021	6.61%	TBC		N/A



Readmission logic

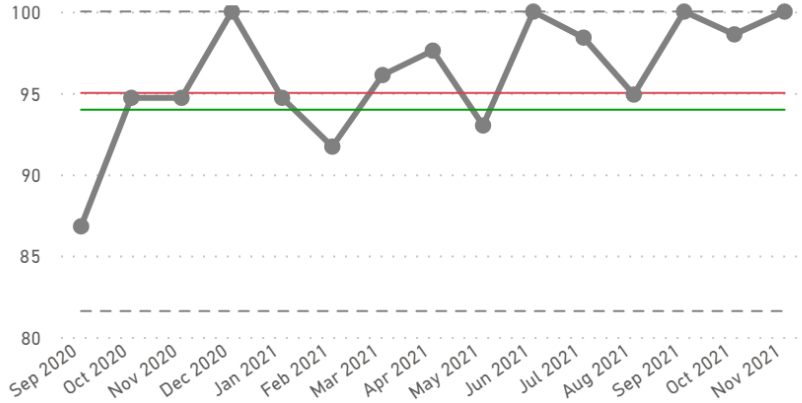
All emergency readmissions within 30 days of discharge, where the admission doesn't meet the national exclusion criteria:

- Unclassified HRG (Readmission)
- Cancer Diagnosis
- Cancer Unbundled HRG
- Child Under 4yrs
- Non-Mandatory HRG
- Obstetric HRG
- Renal Dialysis Patient
- Self Discharge
- Transplant Patient

EFFECTIVE

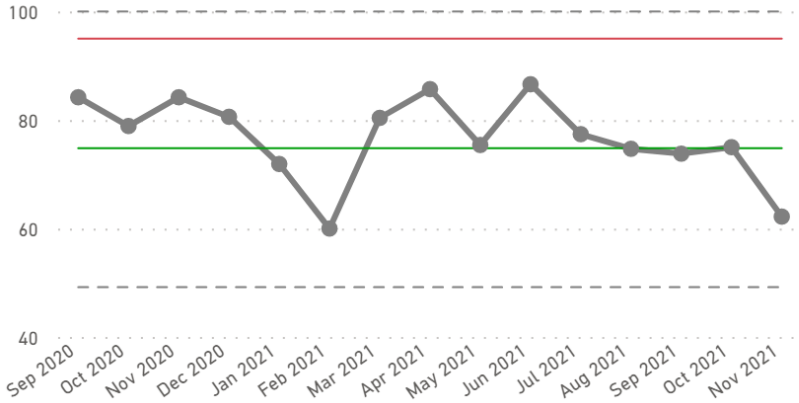
Sepsis - Oxygen within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2021	100%	95%		



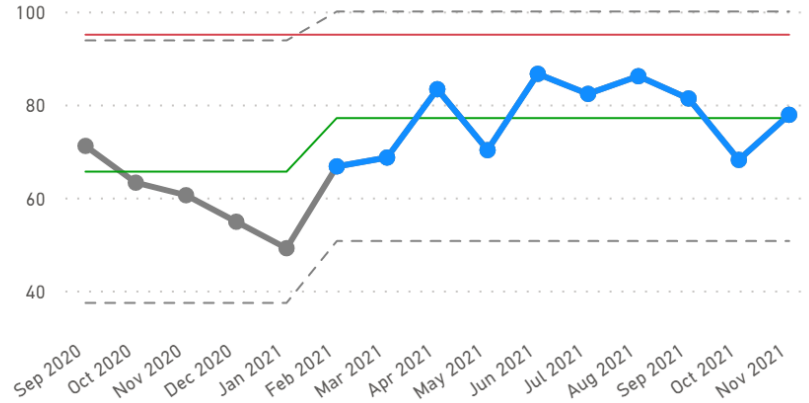
Sepsis - Blood cultures within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2021	62.2%	95%		



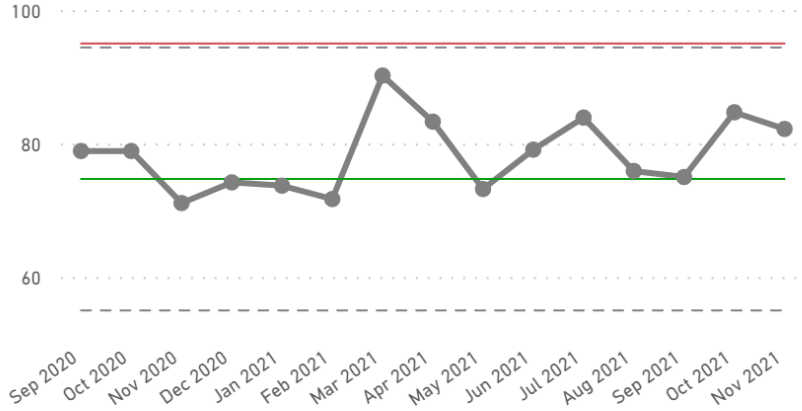
Sepsis - IV antibiotics within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2021	77.8%	95%		



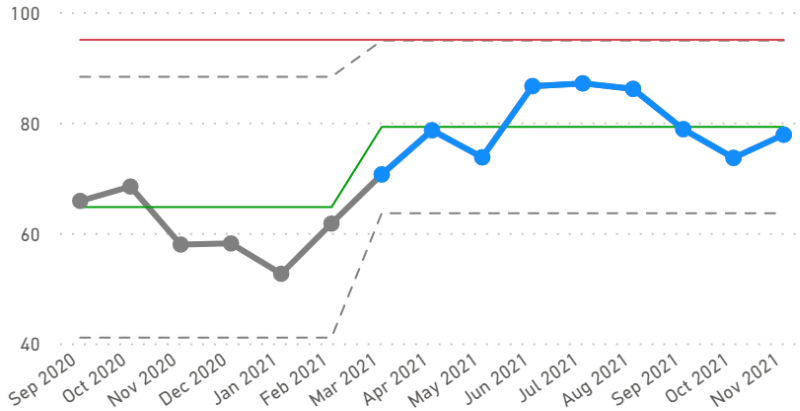
Sepsis - Serum lactate within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2021	82.2%	95%		



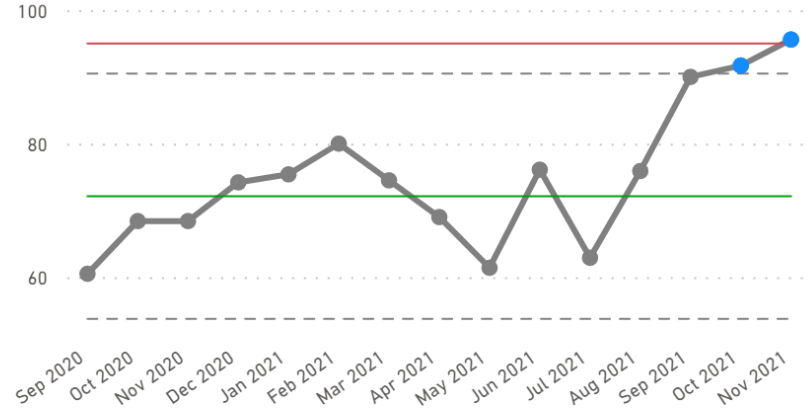
IV fluid resuscitation within 1hr

Month	Performance	Target	Trend	Assurance
Nov 2021	77.8%	95%		



Sepsis - Urine measurement within 1hr

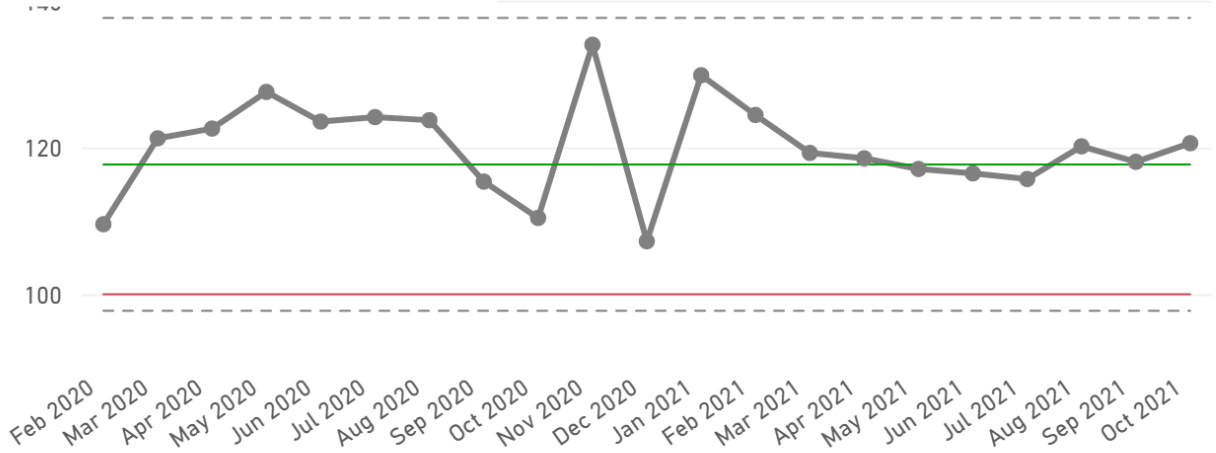
Month	Performance	Target	Trend	Assurance
Nov 2021	95.6%	95%		



EFFECTIVE

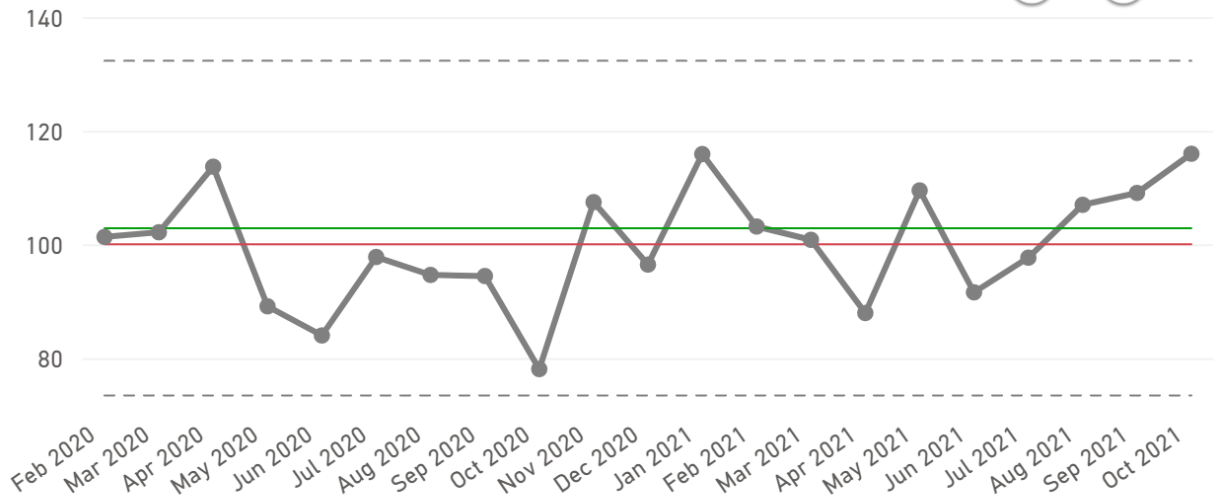
Summary Hospital-Level Mortality Indicator

Month	Performance	Target	Trend	Assurance
Oct 2021	120.59	100		



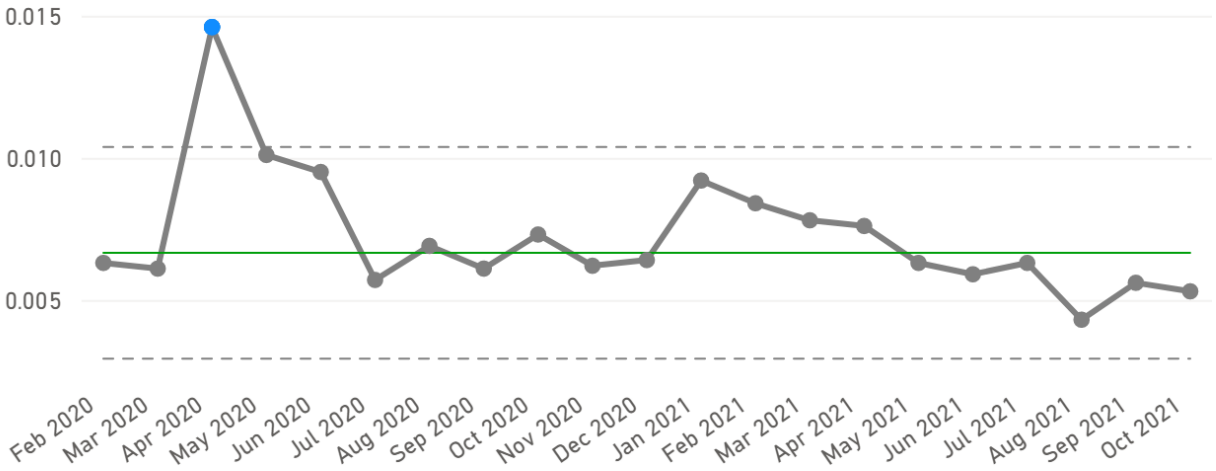
Hospital Standard Mortality Rate

Month	Performance	Target	Trend	Assurance
Oct 2021	115.94	100		



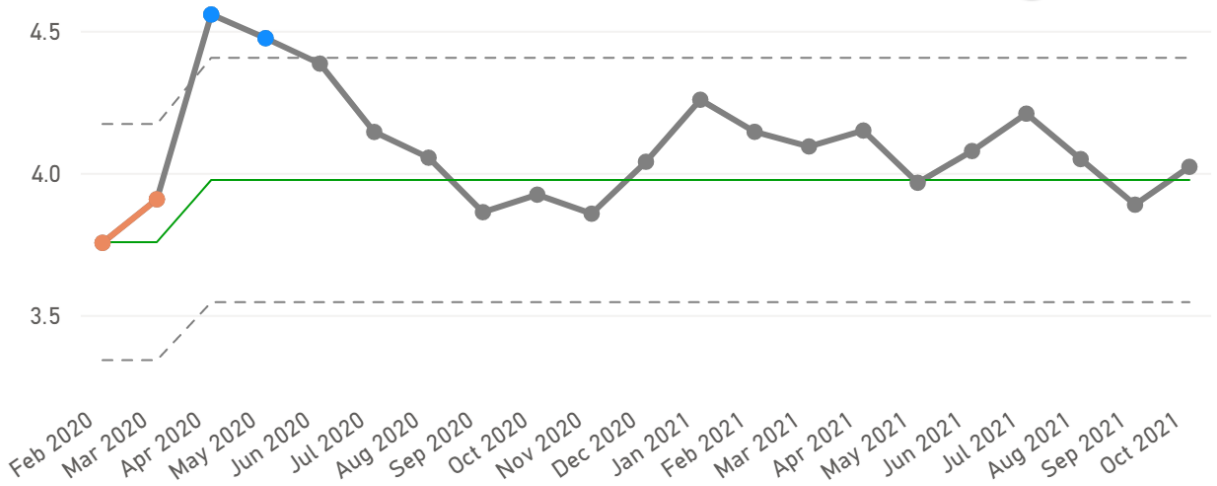
Palliative Care Coding

Month	Performance	Target	Trend	Assurance
Oct 2021	0.01	TBC		N/A



Comorbidity Coding

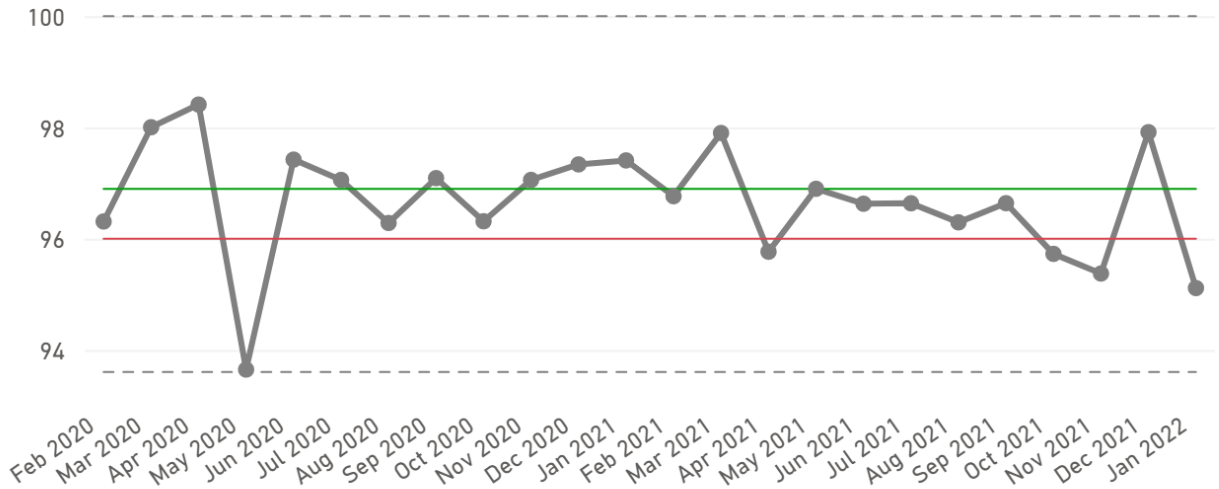
Month	Performance	Target	Trend	Assurance
Oct 2021	4.02	TBC		N/A



CARING

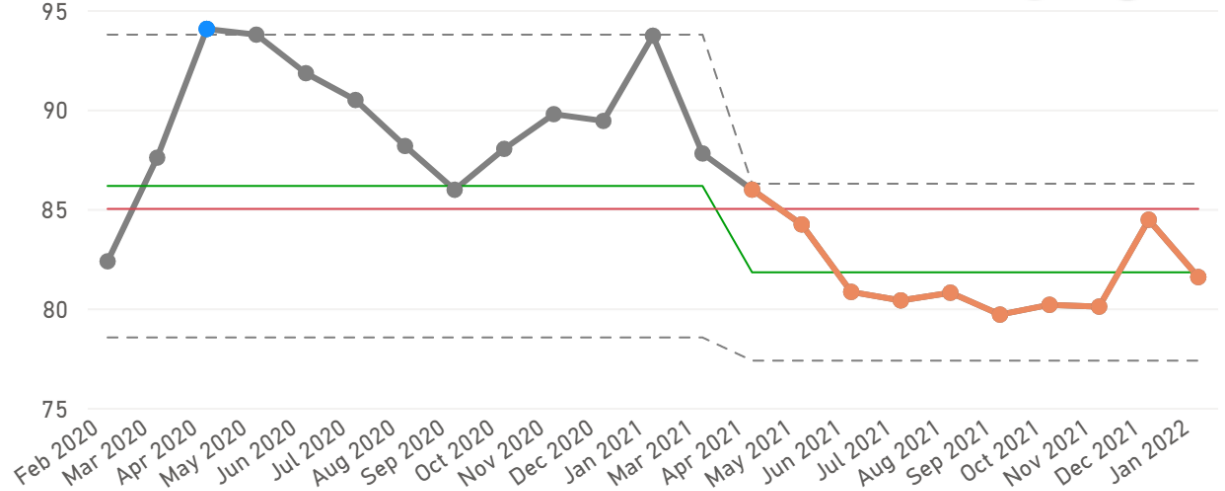
Inpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	95.11%	96%		



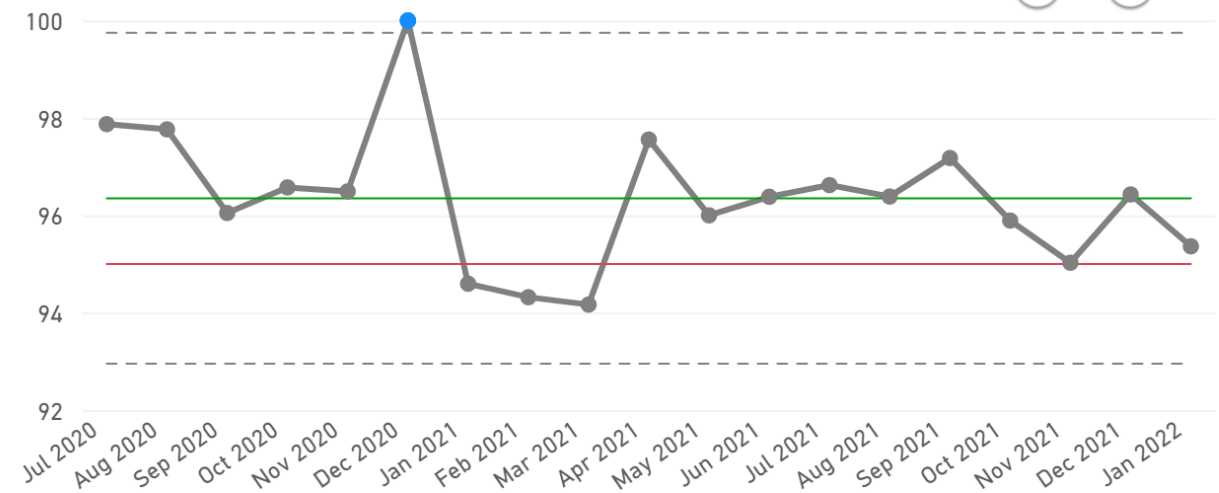
A&E Experience (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	81.57%	85%		



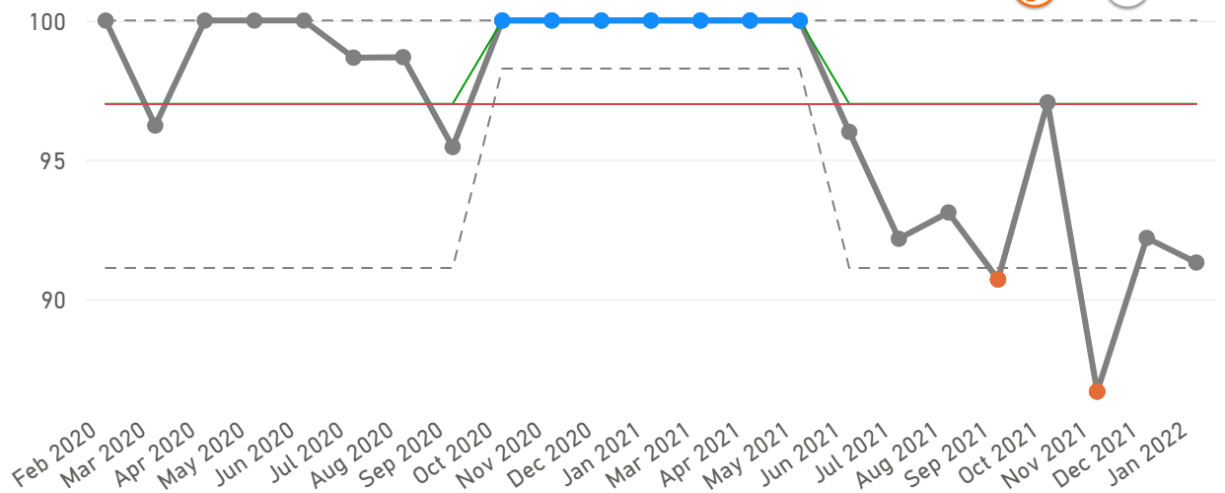
Outpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	95.36%	95%		



Maternity Experience (%)

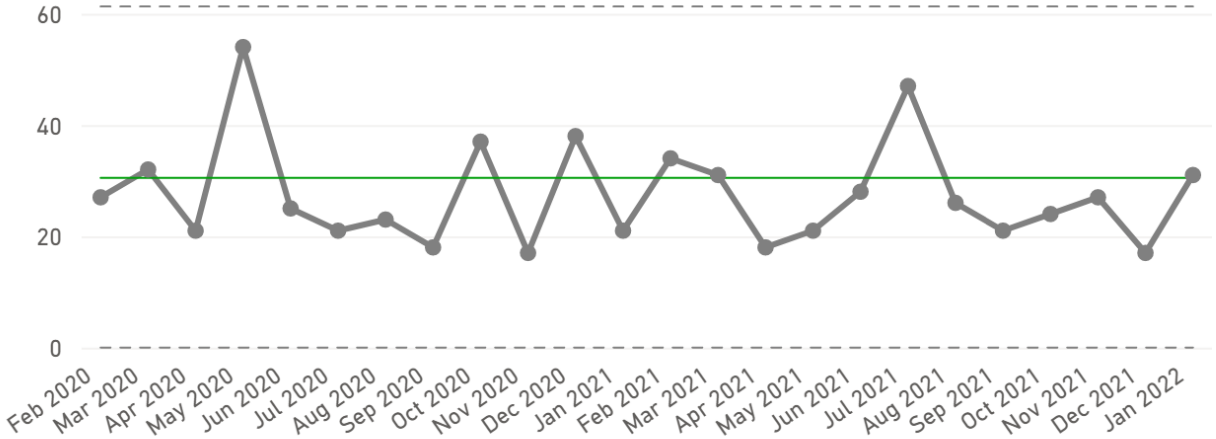
Month	Performance	Target	Trend	Assurance
Jan 2022	91.3%	97%		



CARING

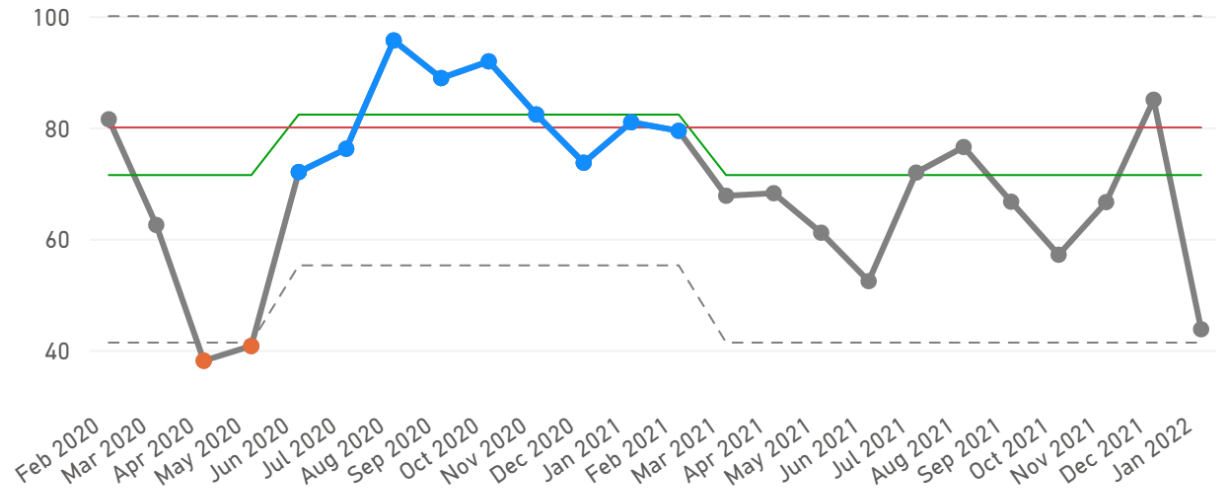
New Complaints

Month	Performance	Target	Trend	Assurance
Jan 2022	31			N/A



Closed Within Target (%)

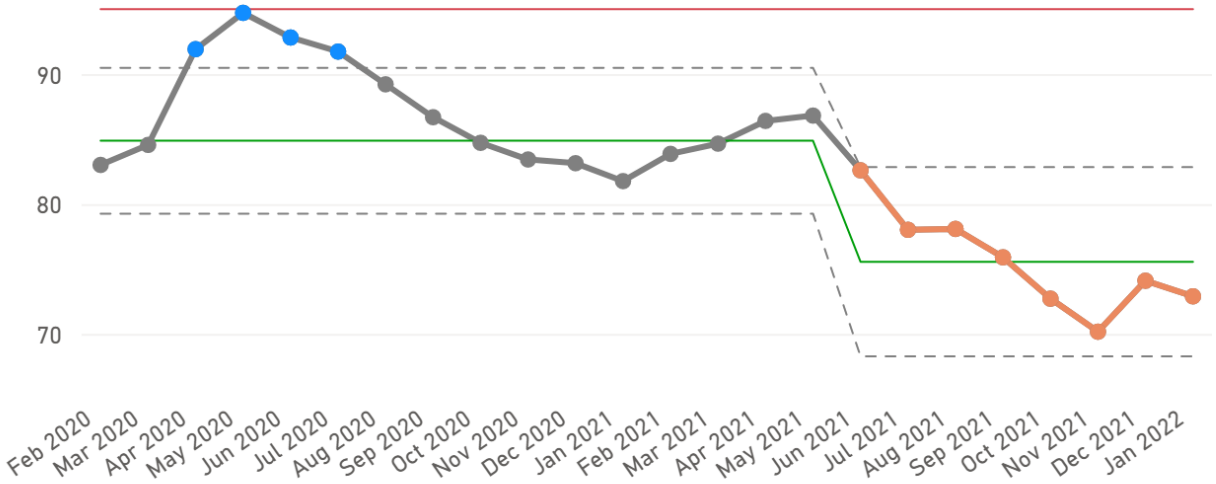
Month	Performance	Target	Trend	Assurance
Jan 2022	43.75%	80%		



RESPONSIVE

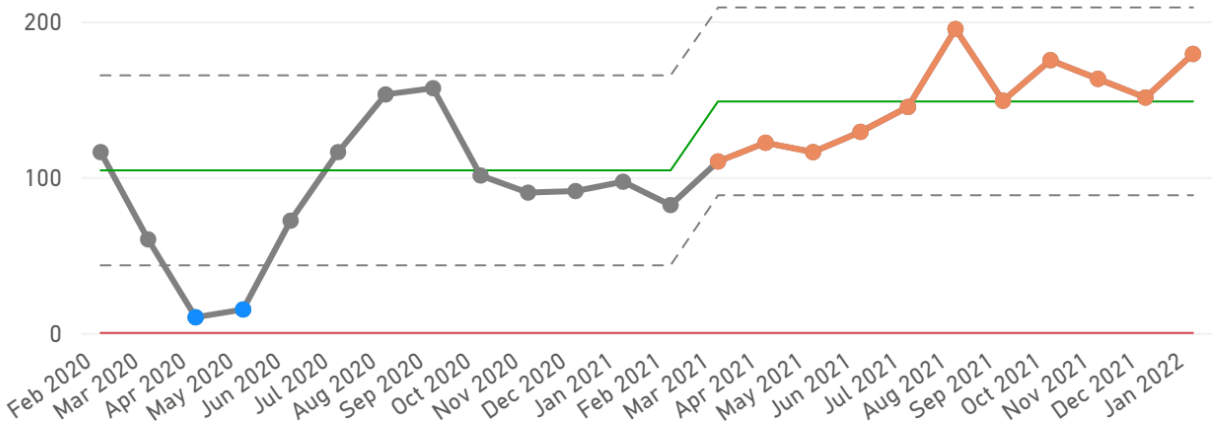
4 Hour Wait Standard (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	72.89%	95%		



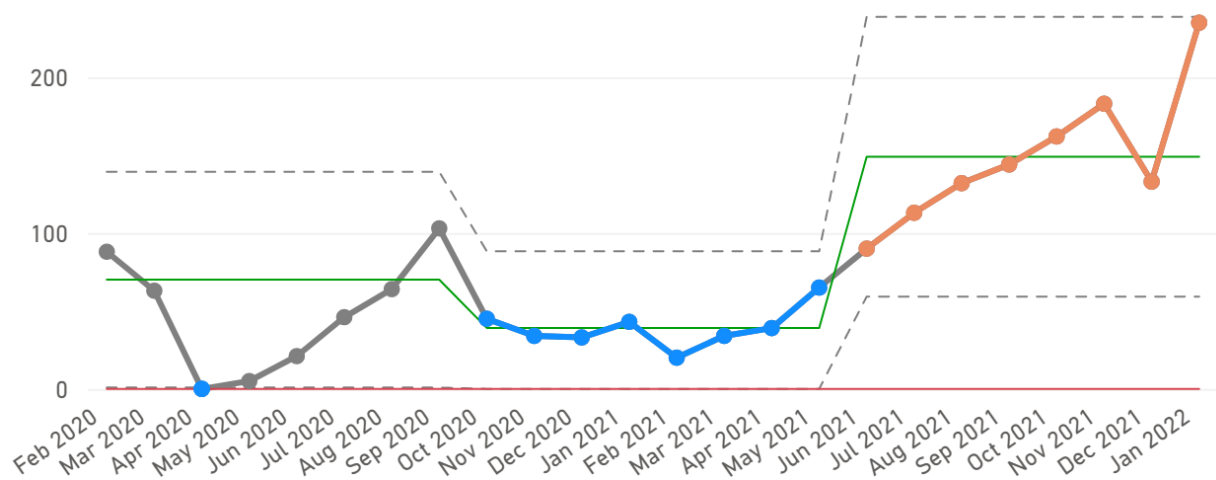
Handovers - Over 30 Mins

Month	Performance	Target	Trend	Assurance
Jan 2022	179	0		



Handovers - Over 60 Mins

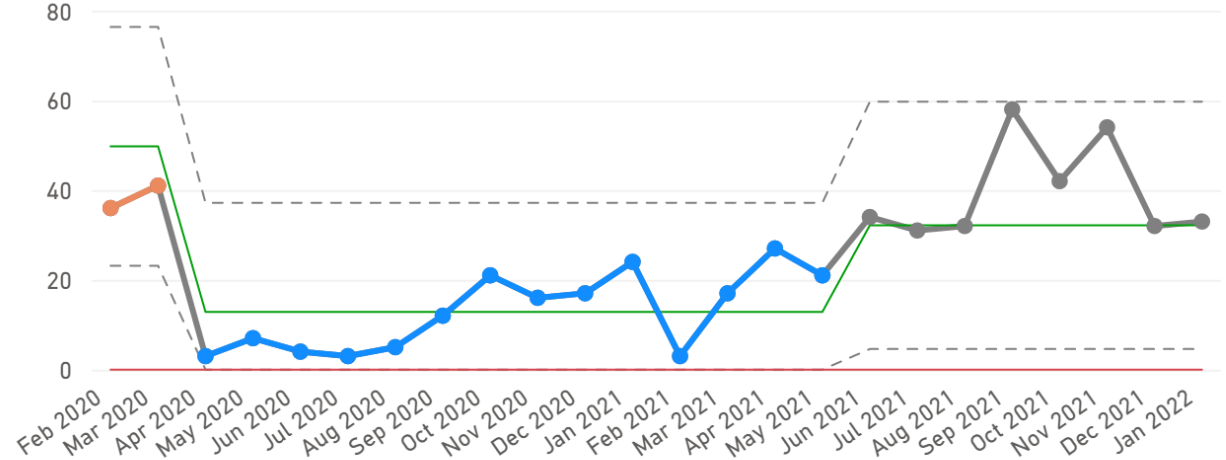
Month	Performance	Target	Trend	Assurance
Jan 2022	235	0		



RESPONSIVE

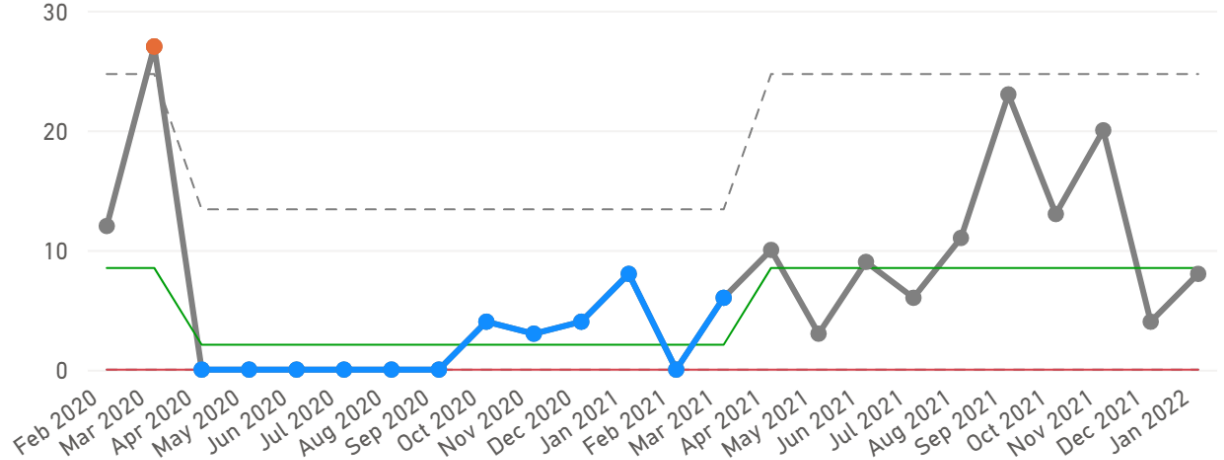
Cancelled Ops - Non-Urgent Cancelled On Day

Month	Performance	Target	Trend	Assurance
Jan 2022	33	0		



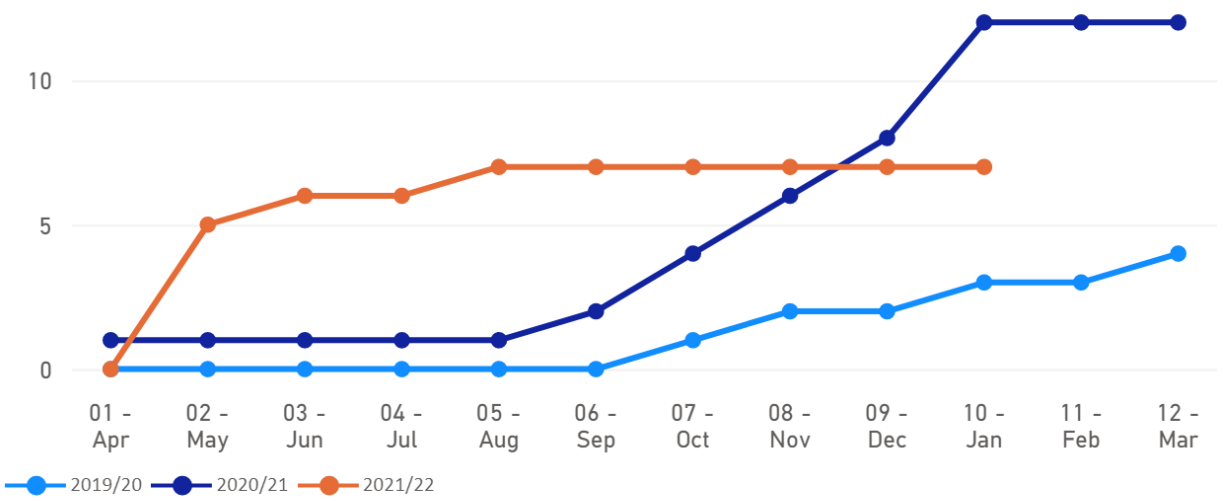
Cancelled Ops - Not Rebooked Within 28 days

Month	Performance	Target	Trend	Assurance
Jan 2022	8	0		



Cancer Operations Cancelled On Day (YTD)

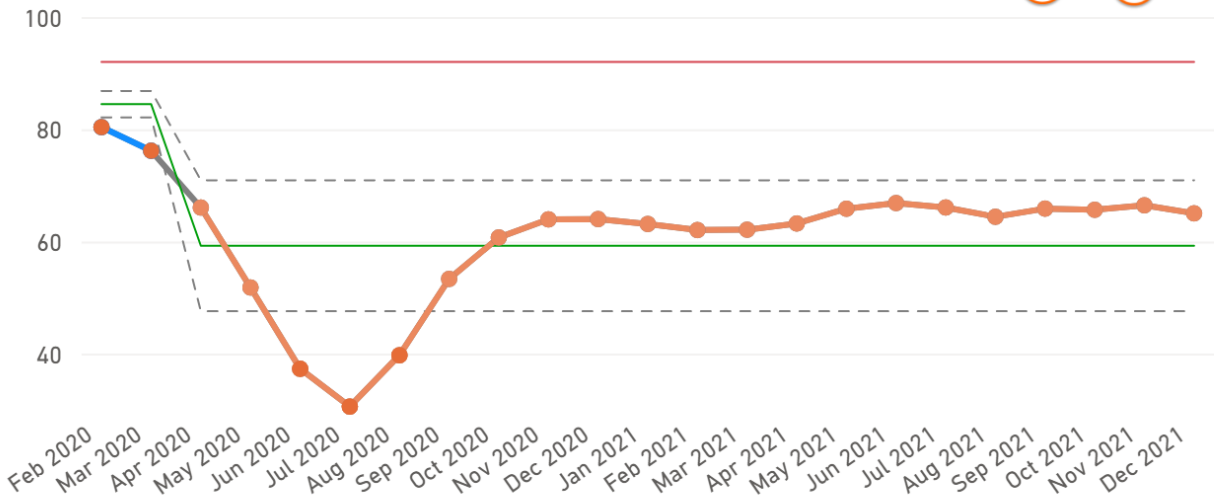
Month	Performance	Target	Trend	Assurance
Jan 2022	7	0	N/A	N/A



RESPONSIVE

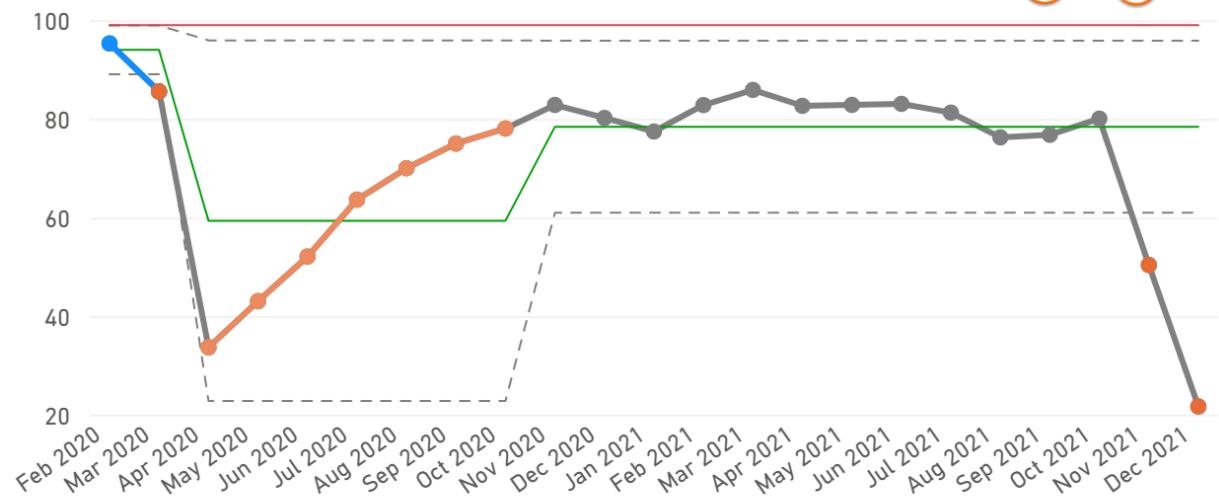
RTT Incomplete Pathways (%)

Month	Performance	Target	Trend	Assurance
Dec 2021	65.01%	92%		



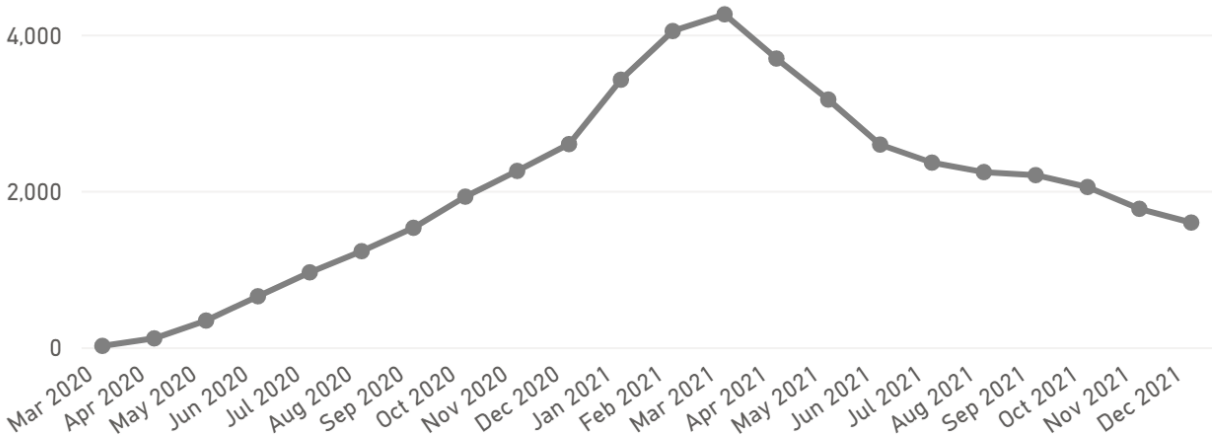
Diagnostic 6 Weeks Standard (%)

Month	Performance	Target	Trend	Assurance
Dec 2021	21.68%	99%		



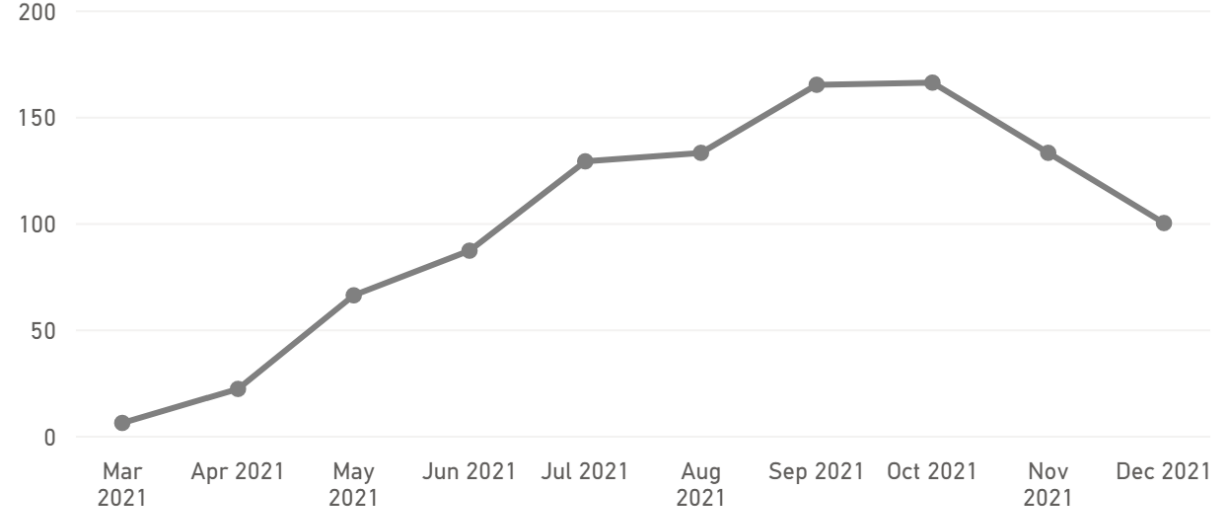
RTT 52 week waiters

Month	Performance	Target	Trend	Assurance
Dec 2021	1593	2512	N/A	N/A



RTT 104 week waiters

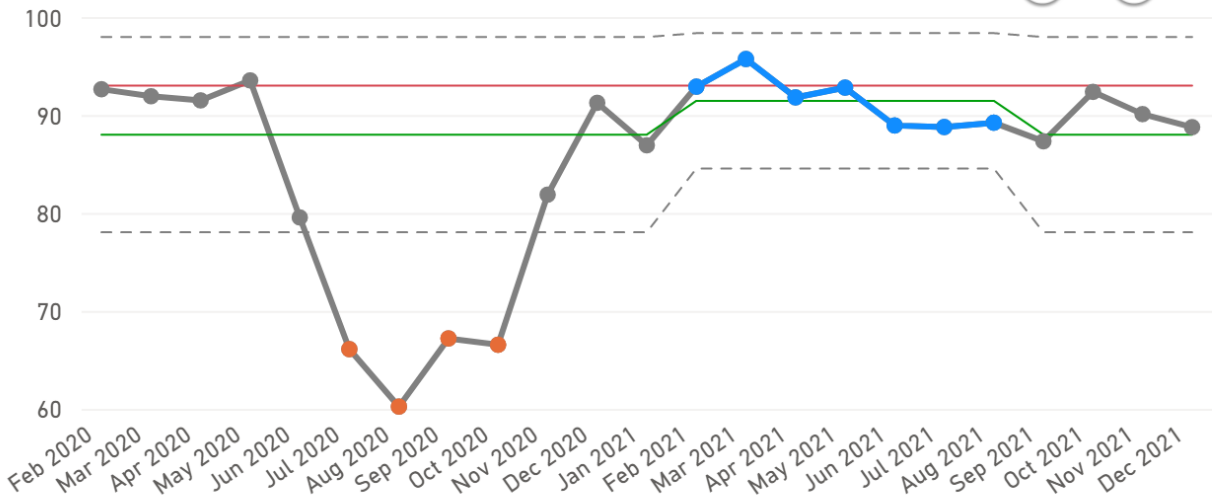
Month	Performance	Target	Trend	Assurance
Dec 2021	100	94	N/A	N/A



RESPONSIVE

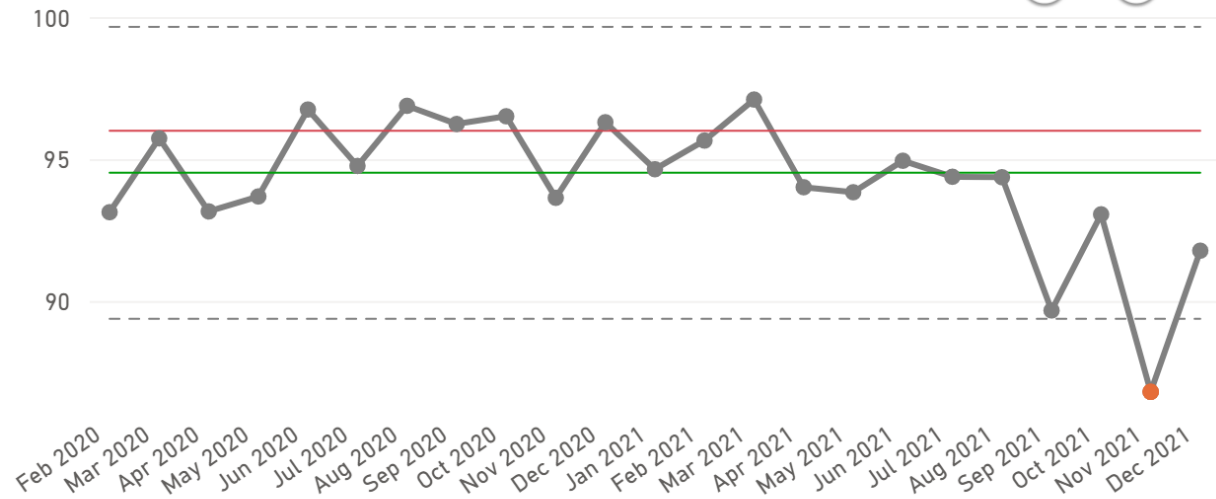
Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Dec 2021	88.76%	93%		



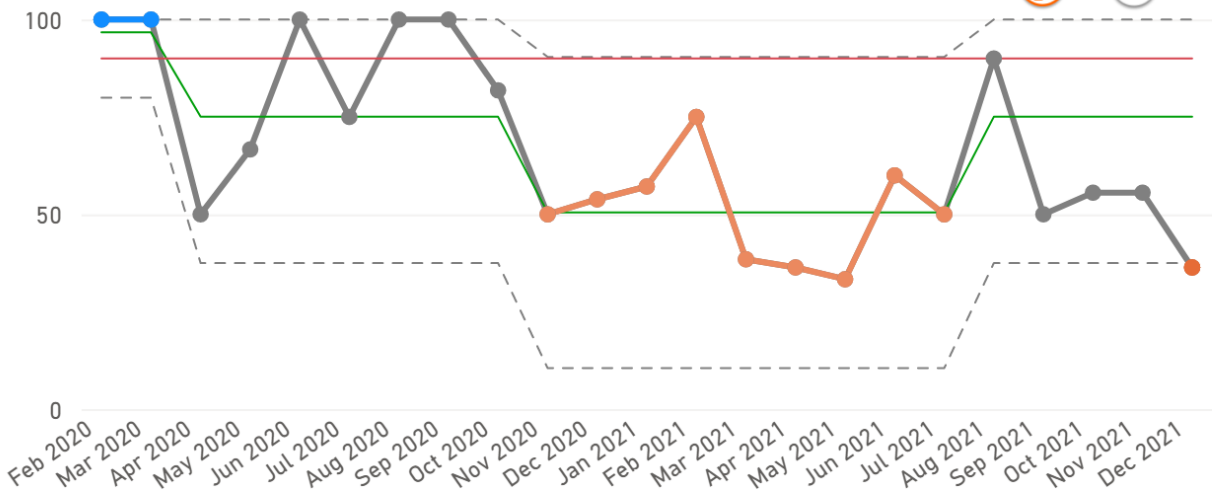
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Dec 2021	91.77%	96%		



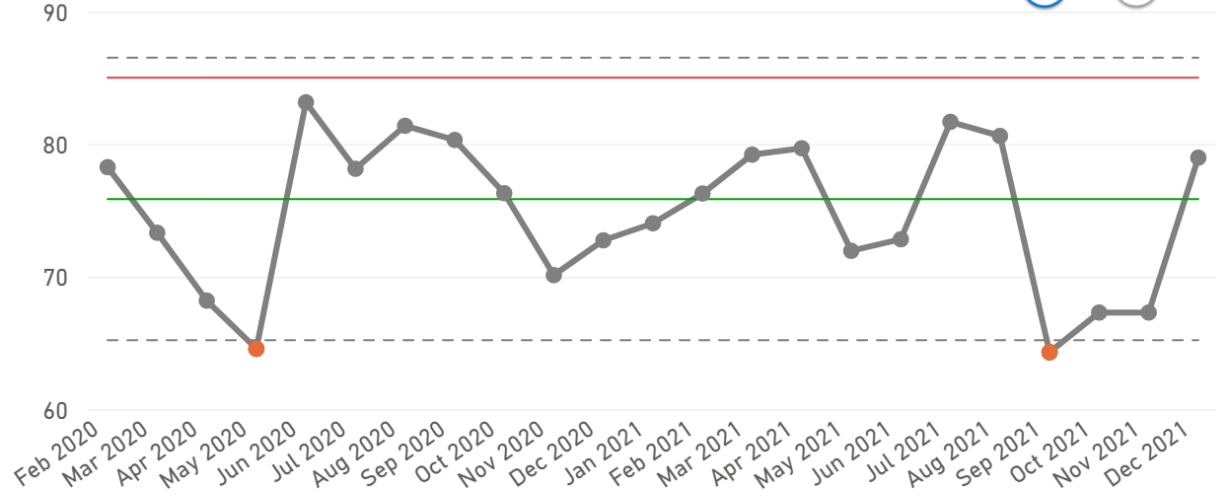
Cancer 62 Day Screening (%)

Month	Performance	Target	Trend	Assurance
Dec 2021	36.36%	90%		



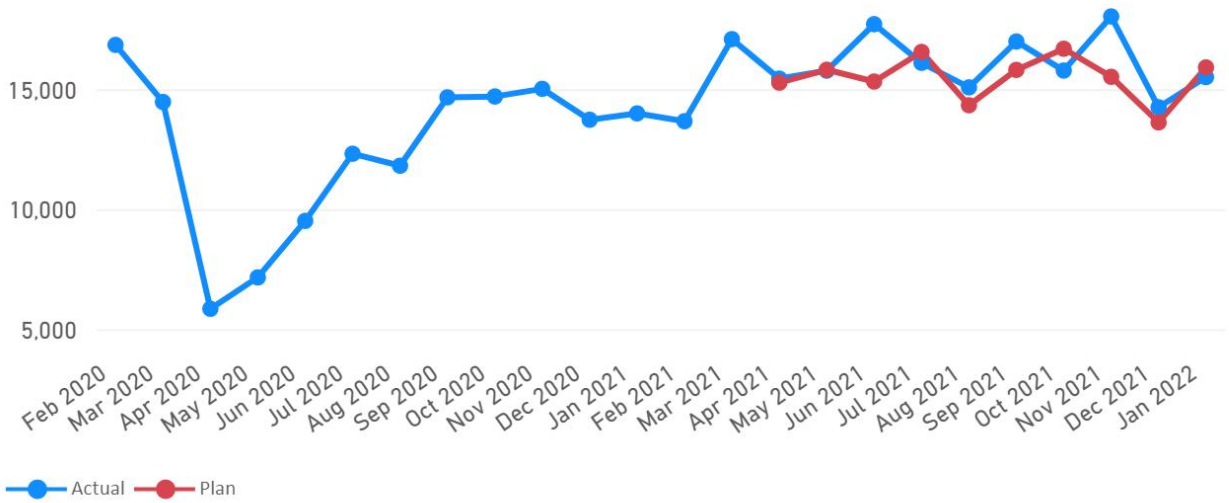
Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Dec 2021	78.96%	85%		

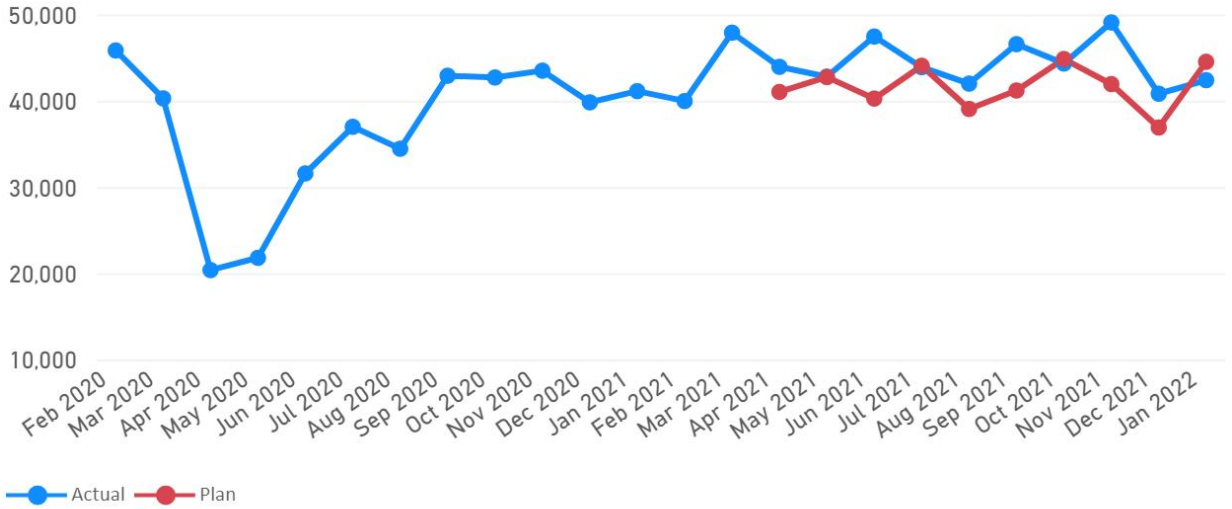


RESPONSIVE

Outpatient New Attendances

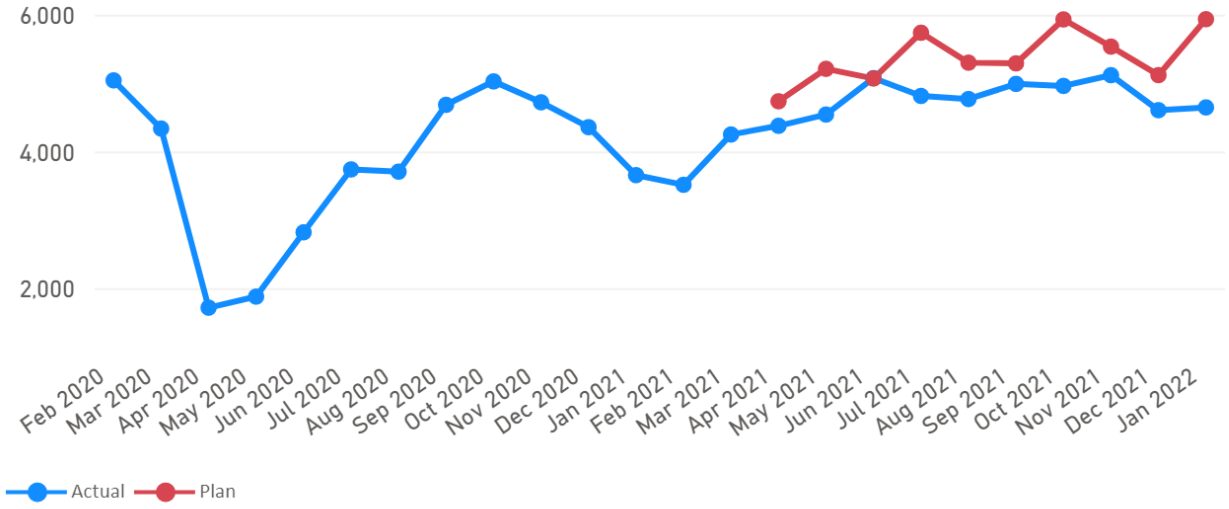


Outpatient Follow-Up Attendances

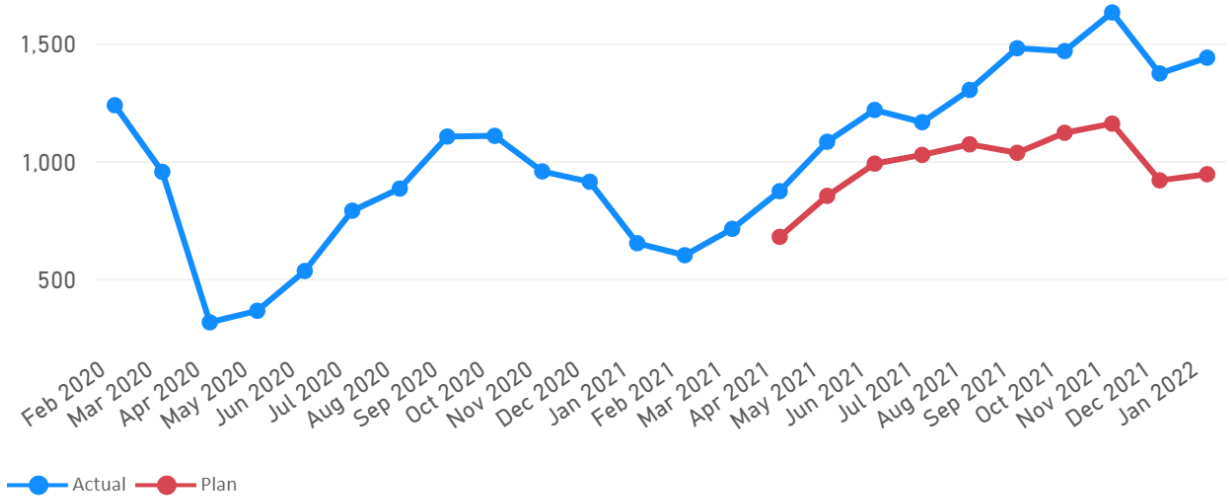


RESPONSIVE

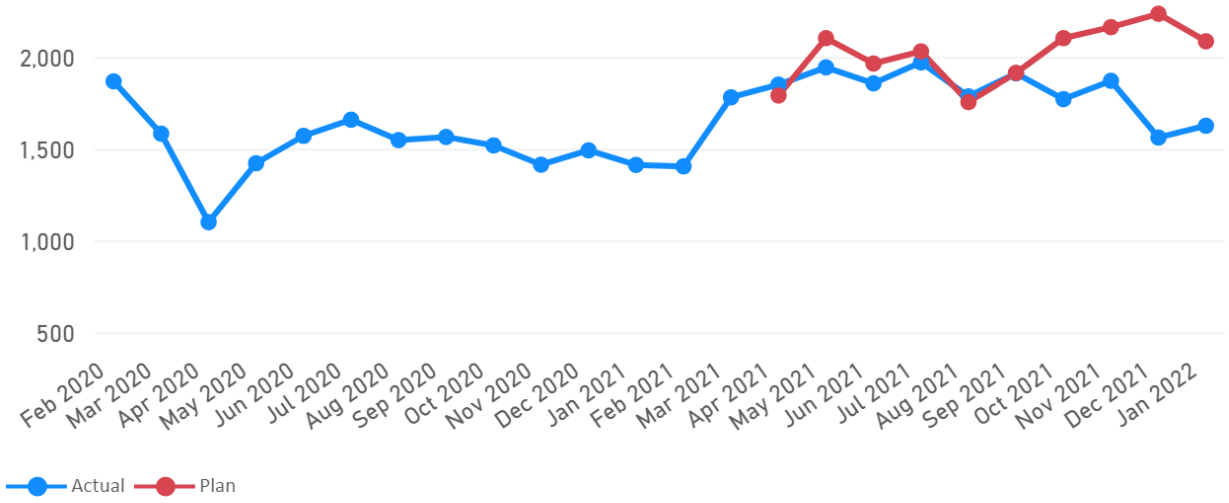
Day Case admissions



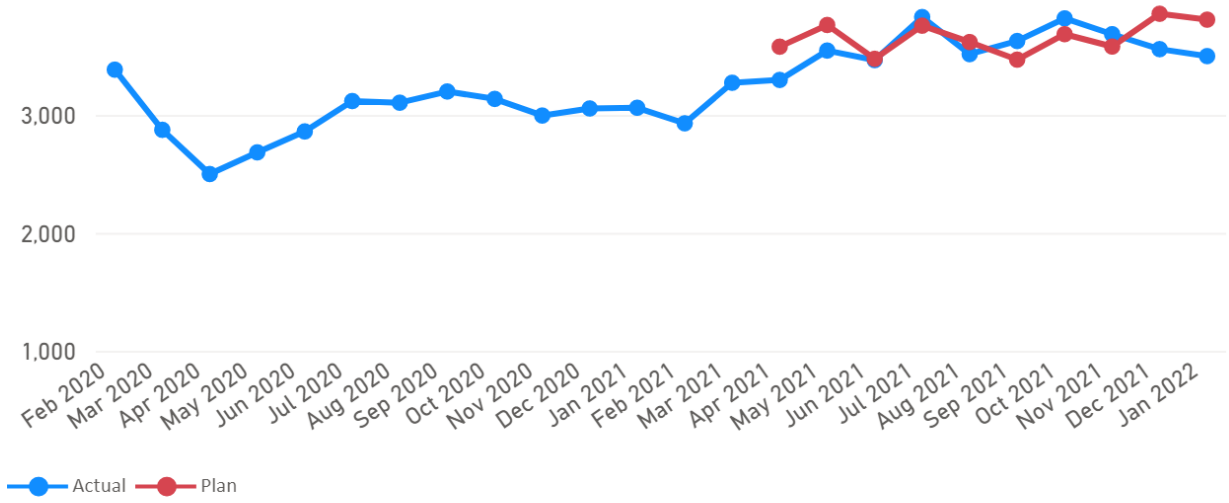
Ordinary Elective admissions



NEL admissions with 0 LOS



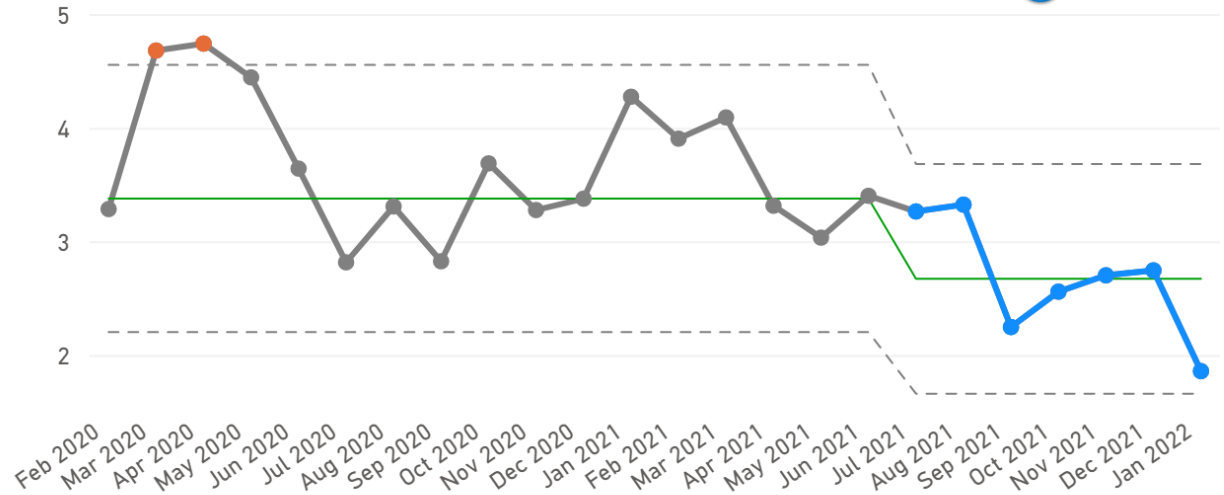
NEL admissions with 1+ LOS



RESPONSIVE

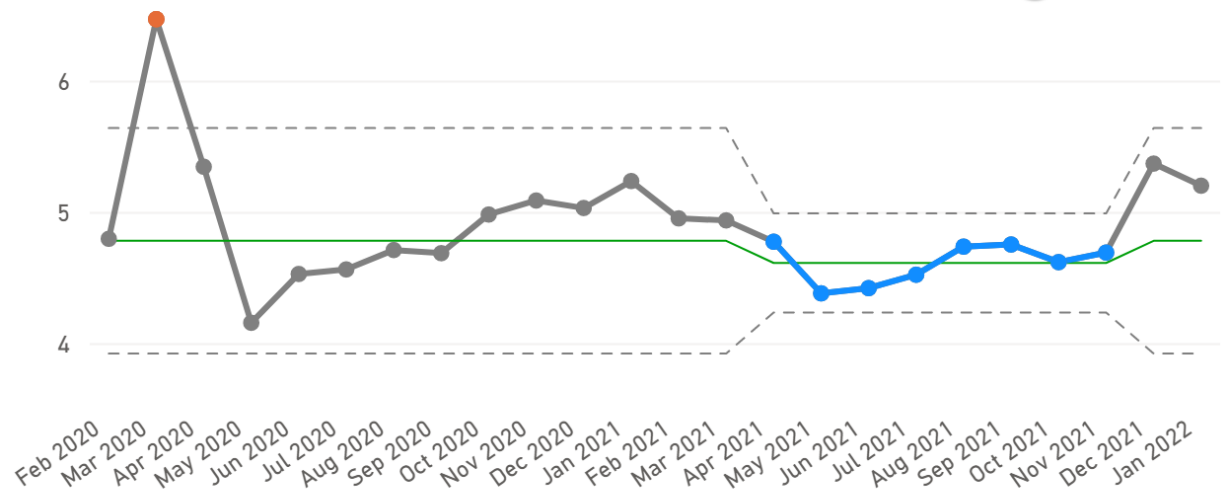
Length of Stay - Elective

Month	Performance	Target	Trend	Assurance
Jan 2022	1.86	N/A		N/A



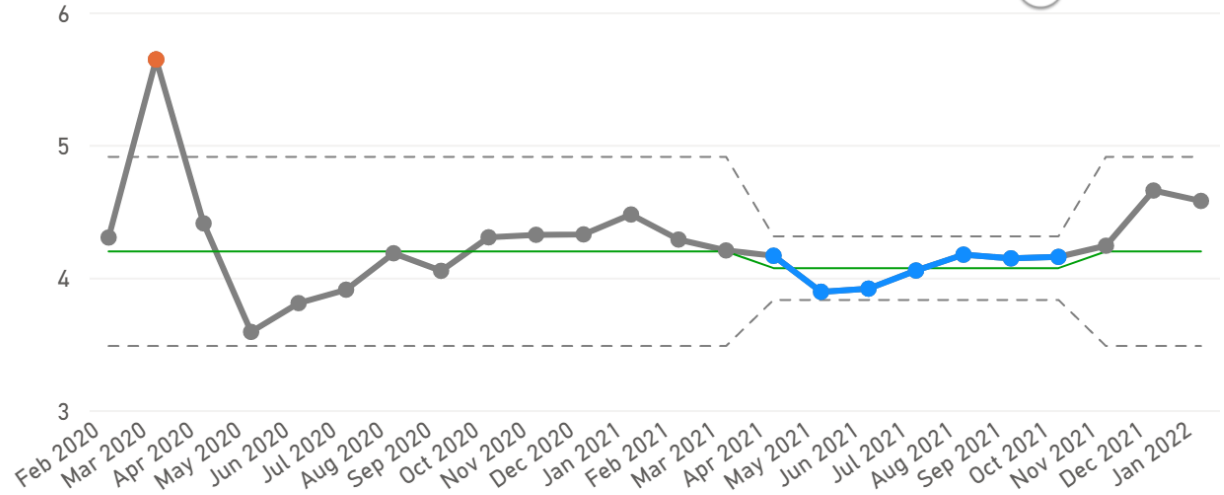
Length of Stay - Emergency

Month	Performance	Target	Trend	Assurance
Jan 2022	5.2	N/A		N/A



Length of Stay - Non-Elective

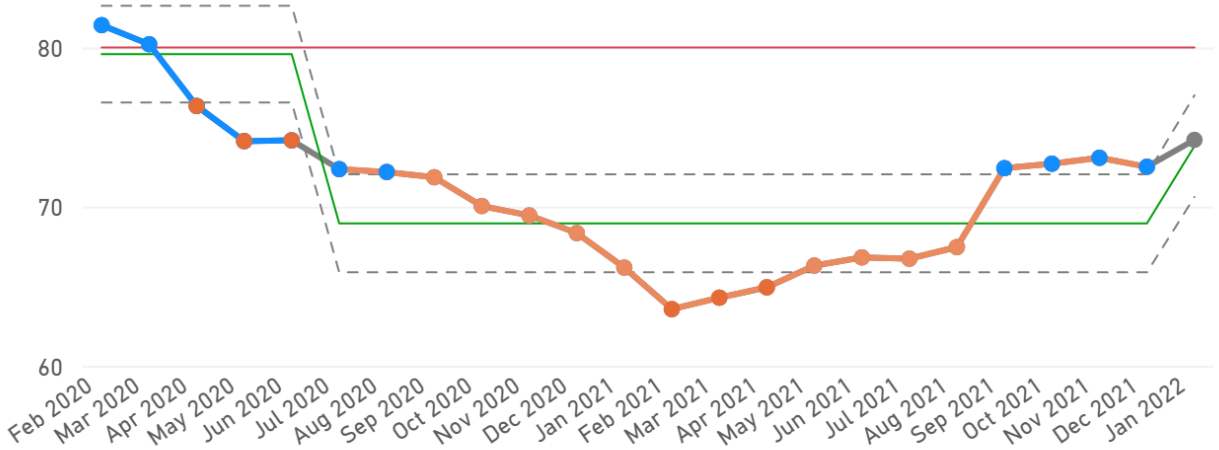
Month	Performance	Target	Trend	Assurance
Jan 2022	4.58	N/A		N/A



WELL-LED

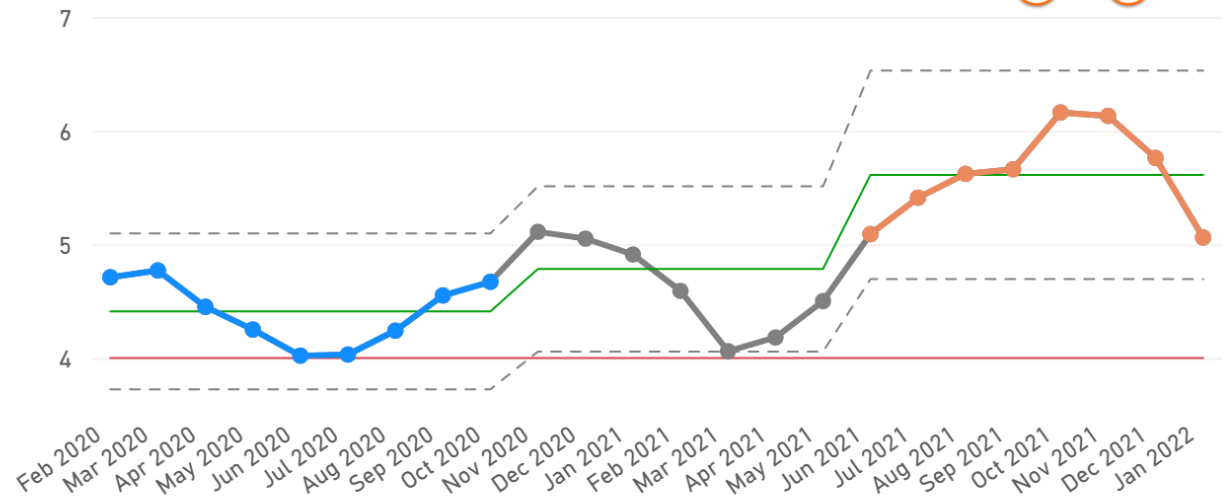
Annual Appraisal (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	74.2%	80%		F



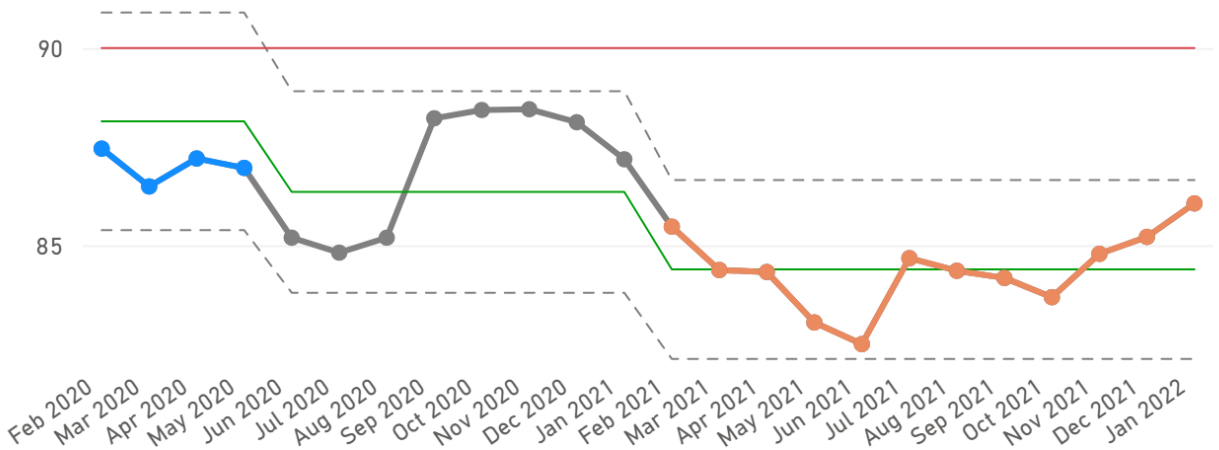
Sickness Absence (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	5.06%	4%	H	F



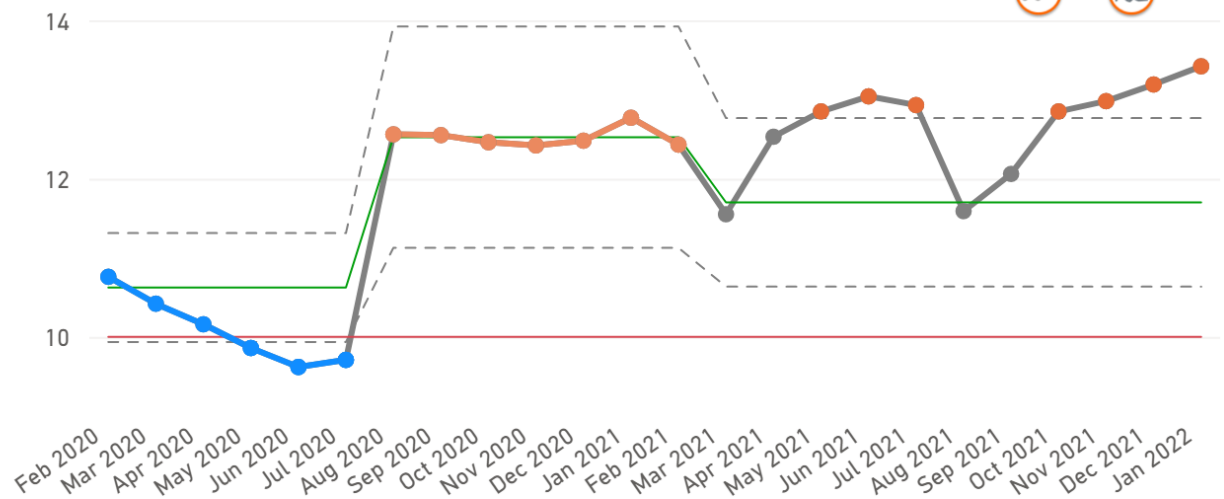
Mandatory Training (%)

Month	Performance	Target	Trend	Assurance
Jan 2022	86.06%	90%	L	F



Staff Turnover (%)

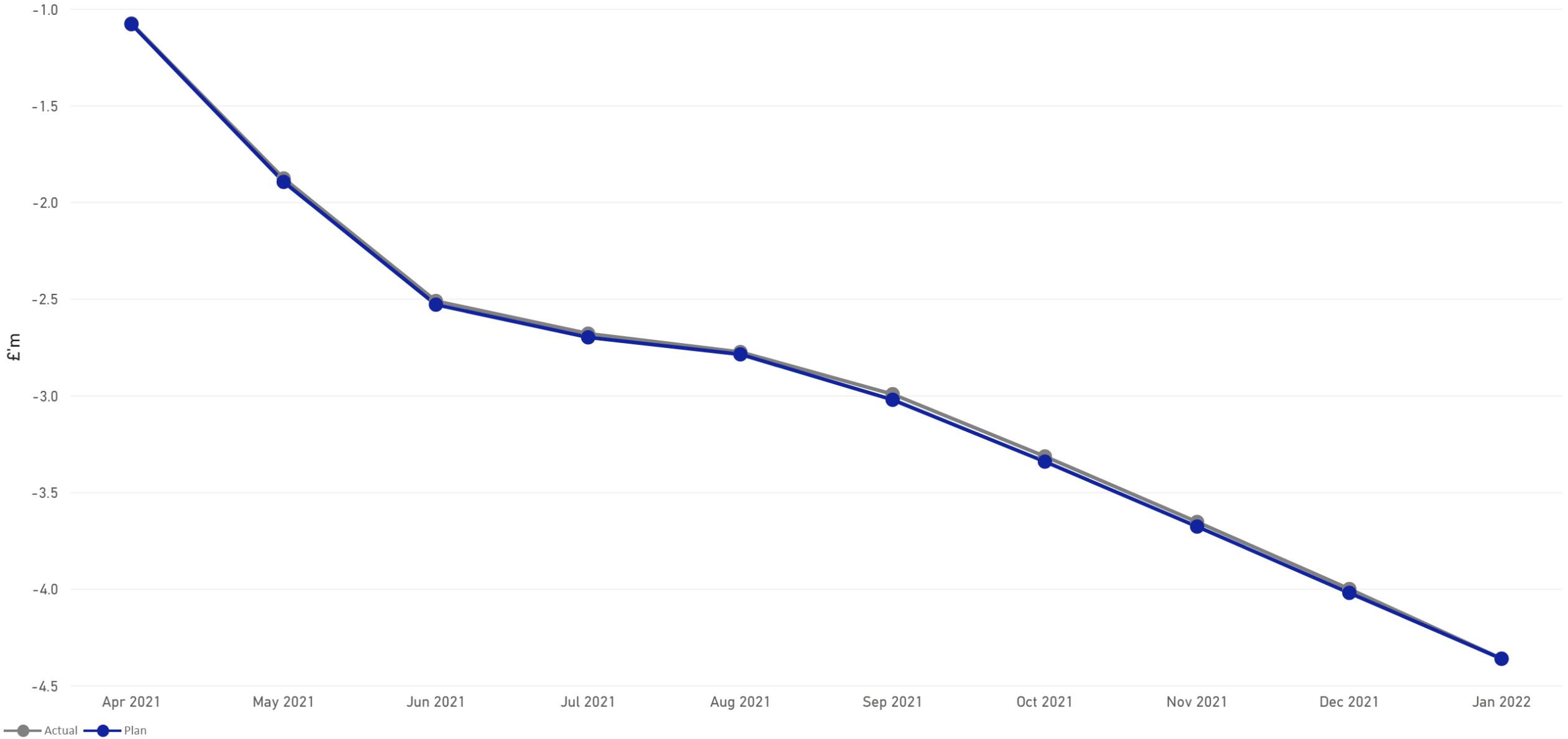
Month	Performance	Target	Trend	Assurance
Jan 2022	13.42%	10%	H	F



WELL-LED

Cumulative YTD Financial Position (£'millions)

Month	Performance	Target
Jan 2022	-£4.362m	-£4.363m



South Tees Hospitals
NHS Foundation Trust

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 15 March 2022			
Month 10 2021/22 Financial Performance			**Agenda Item 10, ENC 7**
Report Author and Job Title:	Chris Dargue Deputy Chief Finance Officer	**Responsible Director:**	Chris Hand Chief Finance Officer
Action Required	Approve ☐ Discuss ☒ Inform ☒		
Situation	This report outlines the Trust's financial performance as at Month 10.		
Background	Due to the ongoing Covid-19 pandemic formal annual financial planning has been suspended for 2021/22. ICS system level planning is in place, with each ICP expected to deliver break-even within a fixed funding envelope. The Trust has agreed its H2 plan. The Trust's requirement for 2021/22 is to deliver a £5.0m deficit.		
Assessment	At Month 10 the Trust reported a deficit of £4.4m at a system control total level. This is in line with the required budget deficit for M10 as agreed within the ICP/ICS. This report has been discussed in detail at the Resources Committee.		
Level of Assurance	Level of Assurance: Significant ☐ Moderate ☒ Limited ☐ None ☐		
Recommendation	Members of the Council of Governors are asked to note the financial position for Month 10.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report addressees BAF principle risk 7 - Failure to deliver the Trust's financial recovery plan		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Best for safe, clinically effective care and experience ☐	A great place to work ☐	
	Deliver care without boundaries in collaboration with our health and social care partners ☐	Make best use of our resources ☒	
	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 ☐		

Month 10 2021/22 Financial Performance

1. PURPOSE OF REPORT

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

2. BACKGROUND

Following the suspension of the NHS Planning Process for 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 12 month period.

The Trust is required to deliver an overall deficit position of £5.0m for the full year.

A number of items of specific reasonable Covid-19 expenditure are reclaimable from NHS England centrally, including the costs of swabbing and vaccinations.

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

The Month 10 YTD actual performance is a £4.4m 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 10 position is outlined below; the following sections outline key variances and risks for divisional income, pay, non-pay and technical items.

	NHSE Plan YTD Budget £'000	YTD Actual £'000	NHSE Plan YTD Variance £'000	Adjustment £'000	Revised Internal YTD Variance £'000	NHSE Plan Full Year Budget £'000
NHS Clinical Income	582,065	598,555	**16,490**	(15,779)	**711**	701,043
Other Income	39,156	40,390	**1,234**	39	**1,273**	46,906
Pay	(362,971)	(373,113)	**(10,142)**	9,338	**(826)**	(437,856)
Operating Non Pay	(246,879)	(256,578)	**(9,699)**	5,947	**(3,752)**	(309,670)
Financing Costs	(16,166)	(15,241)	**925**	448	**1,373**	(19,266)
Other Non Operating	(50)	123	**173**	07	**180**	9,299
Surplus / (Deficit)	**(4,845)**	**(5,864)**	**(1,019)**	**0**	**(1,040)**	**(9,544)**
Reconciliation to system control total:						
Impairments	0	0	**0**	0	**0**	3,950
Donated Asset Inc / Depr	482	1,625	**1,143**	0	**1,143**	544
Gains / Losses	0	(123)	**(123)**	0	**(123)**	0
Control Total	**(4,363)**	**(4,362)**	**01**	**0**	**01**	**(5,050)**

Overall the Trust is on plan for Month 10 of 2021/22. The Trust position against the H1 and H2 planning submissions to NHSE/I is shown in the first 4 columns of the table above. This is partly normalised for net neutral budget adjustments, relating to additional income and expenditure such as pass through costs for high cost drugs and devices, and in relation to the Elective Recovery Fund.

The main variances against the adjusted budget are:

- Clinical income is over plan by £0.7m, relating to additional block commissioner income, which is offset by increased expenditure for service delivery.
- Other income is ahead of plan by £1.3m, relating to staff recharge income, maternity pathway income and R&D income.
- Pay expenditure is £0.8m overspent, driven by the recognition of the year to date element of the Flowers legal case and increased spend on premium pay and substantive staffing.
- Operating non pay is overspent by £3.8m overall, with overspends on drugs, premises costs and ICT systems offset by underspends on clinical supplies, and depreciation.
- Financing costs are underspent by £1.4m, relating to Public Dividend Capital (PDC) dividend, reflecting the Trust's current strong liquidity position under the current Covid funding arrangements.

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	318,546
84H	NHS County Durham CCG	12,127
00P	NHS Sunderland CCG	449
01H	NHS North Cumbria CCG	554
13X	NHS England - North East and Yorkshire Commissioning Hub	168,895
13Q	NHS England - Central (CDF, HepC & C&V Variance)	7,264
Y63	NHS England - North East and Yorkshire Commissioning Region	8,881
Y58	South West Regional Office (MoD)	1,469
42D	NHS North Yorkshire CCG	76,452
03Q	NHS Vale of York CCG	1,242
CBF	Cross Boarder Flows	24
	Prior Year Adjustments	79
	Total Income Month 10	**595,982**

Clinical income is shown below split by income type:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Blocks	514,025	515,435	**1,410**
Top Up	23,860	23,860	**0**
Covid-19	27,478	27,478	**0**
CDF	5,086	4,341	**(745)**
HEPC	636	660	**24**
High Cost Devices	8,720	8,720	**0**
Cost and volume drugs	2,250	2,255	**05**
ERF	7,149	7,149	**0**
TIF	291	324	**33**
Pay award funding	5,736	5,736	**0**
Prior year & cross boarder	40	24	**(16)**
YTD M8	**595,271**	**595,982**	**711**

The clinical income over achievement of £0.7m is due to additional block income being received from Commissioners, this is offset by CDF drugs income being less than plan. CDF Drugs have a corresponding underspend in the expenditure position.

At Month 10 the Trust has recognised income in relation to the H1 Elective Recovery Fund of £7.1m, with a corresponding expenditure value within pay and non-pay. The Trust has received an additional £0.1m ERF income compared to last month.

Other Income

Other income is £1.3m ahead of plan at Month 10.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Education & Training Income	16,820	16,705	**(116)**	20,215
Estates Income	1,836	1,885	**49**	2,204
Misc. Other Income	11,140	11,628	**488**	13,297
Non Patient Care Income	2,332	2,815	**483**	2,751
Other Clinical Income	2,479	2,533	**54**	2,975
Psf, Mret & Top Up	3,321	3,322	**01**	3,411
Research & Development Income	3,751	4,065	**314**	4,401
Total	**41,679**	**42,952**	**1,273**	**49,253**

- Education and Training income is behind plan YTD by £0.1m due to the phasing of the revised Health Education England schedule received for Q3, this income is still expected to be recovered by the year end.
- Non patient care income is overachieving by £0.5m from higher receipts year to date of maternity pathway income.
- Miscellaneous other income is overachieving due to an increase in income for staff recharges.

Pay

In the year to date position, pay is overspent by £0.8m, as outlined in the below table.

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Ahp'S, Sci., Ther. & Tech.	(54,030)	(54,315)	**(285)**	(65,132)
Hca'S & Support Staff	(38,697)	(40,518)	**(1,822)**	(46,727)
Medical And Dental	(110,331)	(112,044)	**(1,713)**	(132,271)
Nhs Infrastructure Support	(52,036)	(52,342)	**(306)**	(62,591)
Nursing & Midwife Staff	(115,887)	(112,204)	**3,683**	(139,773)
Other Pay Costs	(1,306)	(1,689)	**(383)**	(1,567)
Total	**(372,287)**	**(373,113)**	**(826)**	**(448,060)**

- Within the YTD pay position a budget for additional Covid costs of £8.6m is included, assigned to the specific staff group and directorate where costs are being incurred.
- HCAs, Support Staff and Nursing has a combined net £1.9m underspend position. Within both pay categories £3.1m 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 £1.7m. Additional costs relate to increases in premium pay for IPA claims and internal locum shifts, along with increases in headcount for junior doctors.
- Costs have been recognised in relation to the year to date element of the Flowers legal case of £0.6m, split to the relevant pay category. The Trust is working with regional colleagues to agree a standardised approach for his payment to employees later in the last quarter of the year

Total year to date agency spend is £6.7m. Work is ongoing within each collaborative to recruit to fill posts where possible and reduce overall cost. Agency spend will continue to be monitored monthly moving forward.

Non-Pay

Operating Non-pay is overspent by £3.8m at Month 10, as outlined in the table below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Clinical Negligence Cost	(15,200)	(15,201)	**(0)**	(18,241)
Clinical Supplies And Services	(86,634)	(79,978)	**6,584**	(104,534)
Depreciation, Amortisation & Impairments	(17,073)	(17,254)	**(180)**	(24,447)
Drugs	(59,824)	(65,075)	**(5,251)**	(71,892)
Establishment	(5,949)	(9,372)	**(3,423)**	(7,272)
Ext. Staffing & Consultancy	(248)	(392)	**(144)**	(291)
General Supplies & Service	(2,544)	(2,228)	**316**	(3,062)
Healthcare Service Purchase	(10,867)	(10,360)	**507**	(12,901)
Miscellaneous Services	(2,183)	(2,578)	**(395)**	(2,609)
Pfi Unitary Payment	(25,540)	(25,927)	**(387)**	(30,538)
Premises & Fixed Plant	(20,792)	(22,111)	**(1,318)**	(25,048)
Research, Education & Training	(2,770)	(2,478)	**292**	(3,231)
Transport	(3,180)	(3,531)	**(351)**	(3,801)
Total	**(252,805)**	**(256,485)**	**(3,752)**	**(307,866)**

- Clinical supplies and services are showing a year to date underspend of £6.5m with this being driven by reduced activity levels within clinical directorates. The underspend has increased in month as expenditure has been recoded to the other non-pay categories, such as Establishment and Premises and Fixed Plant.

- Drugs have an YTD overspend of £5.3m. 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 £3.4m with this driven by increases in ICT systems costs of £1.2m, increased phone charges of £0.2m, increased postage and printing costs of £0.3m and the recoding of expenditure from clinical supplies and services
- The £1.3m overspend on Premises is due to increased minor new works and estates costs linked in part to covid building alterations and increases from utilities charges.

Non-Operating Costs

Non-operating costs are underspent by £1.6m overall, largely relating to an underspend on Public Dividend Capital (PDC) dividends, reflecting the slippage against the capital programme and the Trust's current strong liquidity position under the current Covid funding arrangement.

CIP

Work is ongoing to embed efficiency planning and delivery arrangements through the Clinical Collaboratives, as part of the Trust's financial planning. The Trust monitors CIP planning and supports delivery through fortnightly meetings of the Collaborative Improvement Planning Group. The Trust has now also established a bi-weekly Steering Group, with non-executive director representation, to monitor delivery of the wider financial programme.

For the first 10 months of the year the Trust has a £9.5m CIP target. Year to date performance against the efficiency programme is shown in the below table.

	YTD M10 Plan	YTD delivery	YTD Variance
Agency	208.3	66.0	**(142.3)**
AMD Treatment	200.0	-	**(200.0)**
Clinical Collaboratives	355.0	241.6	**(113.4)**
Clinical Productivity	860.9	860.5	**(0.4)**
Corporate and Technical	4,081.0	5,170.4	**1,089.4**
Drugs (non HCD)	302.3	123.3	**(179.0)**
Estates	210.7	1,861.8	**1,651.2**
Job Plan and Rostering	600.0		**(600.0)**
Non Clinical Workforce	485.0	764.0	**279.0**
Private Patients	583.3	583.3	**(0.0)**
Procurement	1,471.7	1,167.2	**(304.4)**
Sickness absence	187.3		**(187.3)**
Grand Total	**9,545.6**	**10,838.1**	**1,292.6**

Capital

The Trust's capital expenditure at the end of January amounted to £16.6m as detailed below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
PFI Lifecycle	7,816	7,822	06	9,380
Site Reconfiguration	10,396	6,897	(3,499)	18,256
Replacement of Medical Equipment	1,739	1,118	(621)	10,084
Network Replacement and Clinical Noting	3,550	744	(2,806)	15,174
Total	**23,501**	**16,581**	**(6,920)**	**52,894**

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000
Financing				
Depreciation	9,102	8,583	(519)	11,878
Internal Reserves	13,901	7,500	(6,401)	15,473
Charitable Funding	498	498	0	6,461
PDC	0	0	0	19,082
Total Financing	**23,501**	**16,581**	**(6,920)**	**52,894**

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;
- Estates – Friarage Rationalisation and Redevelopment (£6.0m), SDEC (£1.5m), Interventional Radiology (£1.0m), Elective Recovery (£1.4m), Critical Care (£4.1m) and Friarage Critical Backlog maintenance (£1.0m);
- IT – Alcidion investment for e-prescribing and licencing (£1.2m), Data Centre Upgrade (£0.8m), Digital Aspirant programme (£5.9m), LIMS (£2.8m), Digitisation of Theatres (£1.7m) and Cyber Investment (£0.5m); and
- Medical equipment – Emergency replacement of medical equipment including committed items from 2020/21.

The current capital programme reflects the Trust's awards of additional national PDC funding in relation to diagnostics, IT and elective recovery. The capital programme is currently underspent by £6.9m year to date, which is mainly due to timing delays, compared to the forecast profile at the time of submitting the original plan. It is anticipated that the revised plan will be delivered in full by 31 March, and this has been reflected in the forecasts provided to NHSE/I and the ICS. The Trust will continue to closely monitor the position from now to the end of March.

Liquidity

The cash balance at 31 January amounted to £62.4m.

To 31 January the Trust had paid 77,287 invoices (total value £373.7m) with 73,154 invoices (total value £346.4m) paid within the 30 day target. The Trust's performance against the Better Payment Practice Code (BPPC) target (95%) on cumulative invoices paid to date is detailed as follows:

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
95.8%	96.4%	95.7%	95.3%	95.3%	95.5%	95.4%	95.1%	95.0%	95.0%	-	-

At 31 January total debt amounted to £7.4m consisting of aged debt up to 30 days overdue £0.7m, 31 to 60 days overdue £0.4m, 61 to 90 days overdue £0.6m and debt 91 days plus amounting to £4.2m. The Trust will continue to closely monitor the level of aged debt with East Lancashire Financial Services with the view of reducing the level and age of this portfolio.

Statement of Financial Position (SOFP)

The following table compares the SOFP position between 31 December and 31 January 2022.

	31 December £000	31 January £000	Movement between months £000
Property, Plant and Equipment	244,182	242,236	(1,946)
Long Term Receivables	1,666	1,966	300
Total Non-Current Assets	245,848	244,202	(1,646)
Currents Assets			
Inventories	13,857	13,571	(286)
Trade and other receivables (invoices outstanding)	6,526	7,311	785
Trade and other receivables (accruals)	17,624	13,867	(3,757)
Prepayments including PFI	20,627	16,429	(4,198)
Cash	51,841	62,365	10,524
Total Current Assets	110,475	113,543	3,068
Current and Non-Current Liabilities			
Borrowings	(90,258)	(89,971)	287
Trade and other payables	(92,032)	(95,090)	(3,058)
Provisions	(2,358)	(1,450)	908
Total Current and Non-Current Liabilities	(184,648)	(186,511)	(1,863)
Net Assets	**171,675**	**171,234**	**(441)**
Equity:			
Income and Expenditure Reserve	(236,066)	(236,507)	(441)
Revaluation Reserve	33,643	33,643	0
Public Dividend Capital	347,622	347,622	0
Other Reserves	26,476	26,476	0
Total Equity	**171,675**	**171,234**	**(441)**

Resources Committee
Chair's Log

Meeting: Resources Committee (Virtual Meeting)	**Date of Meeting** 24th Feb 2022
Key topics discussed in the meeting	
• Board Assurance Framework • Integrated Performance Report • M10 Finance Reports • 2022/23 Planning and Budget Setting • PLICS Development Plan • CIP Steering Group report • Digital Strategy and Projects update • Estates Capital Plan and PFI update	
Actions agreed in the meeting	Responsibility / timescale
• The committee received an update on the BAF and noted 7 overdue gaps in assurance. A review of Resources Committee risks is planned and will be reviewed at the next meeting. • The IPR was reviewed in the context of continued Covid pressures and exceptionally high bed occupancy levels. Elective performance continues to be strong and performance against SOF metrics is in line with the regional and national position. • The Committee noted that the M10 financial performance was in line with the financial plan with a reported deficit of £4.4m at a system control total level. Capital spending was behind plan but confidence high that this will be corrected by the year end. Good progress has been made identifying the target savings for the 2022/23 financial plan. • Work continues preparing the full 2022/23 plan and initial submissions have been made on time. Further discussions around the new regional allocation mechanism are expected. • The Terms of Reference for the Cost Improvement Plan Steering Group were approved and the Chairs Logs from the 27 January 2022 and 10 February 2022 meetings noted. • The significant Digital Investment Plan for the Trust was welcomed and it was noted that the timing of the release of funds was presented challenges around business case development and approval processes. Nevertheless, assurance was given that	Company Secretary March 2022 Director of Finance March 2022 Director of Finance March 2022

the correct priorities were being supported. A detailed review of the 2021/22 projects gave good assurance on tight project control. Further discussions will be held on the high-level assurance process for the purposes of the BAF. • A report on Estates Life Cycle spend was received and assurance given that ward refurbishment plan duration was being challenged to minimise disruption duration. The planned 2021/22 capital spend of £22M is on track.	Digital Director April 2022
Issues for Board escalation/action	**Responsibility / timescale**
• The Board is asked to note the ongoing discussions at regional level regarding the new budget allocation mechanism and the importance of this to the Trust financial position going forward.	

People Committee
Chair's Log

Meeting: People Committee	**Date of Meeting**: 22 Feb 2022
Highlights for: Council of Governors	**Date of Meeting**: 15 Mar 2022

Overview of key areas of work and matters for Board.

- Full attendance and agenda reintroduced
- Board Assurance Framework gaps
- People Plan reports on Engagement and Education & Organisation Development
- Junior doctor recruitment and Doctor appraisals
- Staff survey initial results

Actions to be taken	Responsibility / timescale
Reviewed the BAF and acknowledged no new risks but some gap additions and updates included. The new items will reduce the overall risk rating when completed. Assurance received from 6 internal reports. Committee discussed counselling services for staff including those on long-term sick and the need for interim solutions pending the strategic business case.	
CQC highlight paper to be pulled together by Jackie and Rachael then circulated to committee for input	Head of Governance by 22 Feb c/f
Staff Engagement report covered the good feedback received from the induction process and values-based recruitment along with plans to work through areas to improve on. Committee raised the appraisal feedback, particularly in relation to the length of the new form which is under review and will be updated. The engagement team are planning a campaign to raise awareness of who they are and what they do. Action for engagement team and appraisal update to be included in next report. A moderate level of assurance accepted	Head of HR by end May
Education & Organisation development provided detailed updates on delivery and the focus on cohort training, leadership and management skills, strategic and insights training. Committee discussed feedback around insights sessions and challenges with releasing ward/frontline staff to attend sessions. Action for report to be updated with correlation between delivery, outcomes and impact on people measures. A moderate level of assurance was agreed	Dir of Education and HR Dir by end May

	Head of Governance 29 Mar 22
AHP recruitment and retention benchmarking showed lots of positive areas when compared to national data. Action to add identified risk areas of dietetics and podiatry to the BAF.	
	Head of Professions end May
Action to extend the gap analysis against model hospital and NHS benchmarking tools A moderate level of assurance accepted	
	Head of HR end May
Workforce plan presented the summary view for each collaborative with demand, supply, action plan and reviews. Working on refining content and amalgamating for medical, nursing, etc. Action to include expected to planned workforce, analysis against model hospital and recruitment benchmarks, and correlation to trust vision and 5-year plan	Head of Governance 29 Mar 22
	Head of HR end May
Action to add gaps above to BAF	
Staff overpay update was received and acknowledged further work to be done. Action to deep dive, trends in departments or with specific teams, understanding impact on staff and accessing of hardship fund, and potential to develop targets to measure compliance and improvements	
	Assoc Medical Dir end May
Junior doctor review underway with vacancy rate showing only 2 gaps and GMC trainee report showing Stees in top 30. Action to deep dive on rosters, training, electronic solutions, and review of structure against strategy	
	Assoc Medical Dir end May
Doctor appraisals at 92% completion and low number of revalidation referrals. Action to expand assurance on health and wellbeing activities and impacts, trends, and action plans	Head of Governance 29 Mar 22
Action to add above to BAF	
	Head of Facilities end May
Violence and aggression training report confirmed actions undertaken and gap identified in numbers booked for level 2 training. Action to add training to induction courses and to highlight which teams or depts need support to release staff for training as a priority	
	Head of Governance board staff survey session
Staff survey highlighted the key improvement areas from the initial report Action to relate survey to people BAF risks as part of board update. A moderate level of assurance accepted	
	Head of HR end May
IPR demonstrated good progress on attendance, appraisals, and mandatory training with f2f and walkabout sessions planned. Action to review training modules, method of delivery and level required for each role.	

A limited level of assurance was agreed Other assurances covered an update on the focus on BAME as part of the network activity, cultural strategy, leadership action plans and development sessions. Action to feedback to the equality, diversity, and inclusion group and to engage with reciprocal mentoring programme and to agree any appropriate updates to BAF	Managing Director end May
Board action	Responsibility / timescale
There were no new areas to raise for the attention of the board –	
Risks (Include ID if currently on risk register)	Responsibility / timescale
No new risk areas identified –	

South Tees Hospitals NHS
NHS Foundation Trust

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

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm from 2022)	VENUE
Tuesday 15 March 2022 10.00 – 4.00pm	Development Session/Walkabouts 10.30 – 12.30pm **LUNCH** – 12.30 – 1.00pm Council of Governors meeting 1.00 – 4.00pm	Board Room, 2nd Floor Murray Building, JCUH / Microsoft Teams
Tuesday 17 May 2022 10.00 – 4.00pm	Development Session/Walkabouts 10.00 – 1.00pm **LUNCH** – 1.00 – 1.30pm Council of Governors meeting 1.30 – 4.00pm	Board Room, 2nd Floor Murray Building, JCUH
Tuesday 19 July 2022 10.00 – 4.00pm	Development Session/Walkabouts 10.00 – 1.00pm **LUNCH** – 1.00 – 1.30pm Council of Governors meeting 1.30 – 4.00pm	Board Room, 2nd Floor Murray Building, JCUH

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

South Tees Hospitals NHS
NHS Foundation Trust

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm from 2022)	VENUE
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, 2nd Floor Murray Building, JCUH