

Council of Governors – Public Meeting

Tuesday 15 November 2022, 1.00pm – 3.00pm
Room 4, STRIVE, Friarage Hospital / 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: - 20 September 2022	Approval	Chair	ENC2	1.05pm
5.	Matters Arising and Action Sheet	Review	Chair	ENC3	
6.	Chairman' Report - Update	Information	Chair	ENC4	1.10pm
7.	Lead Governor Report	Information	Lead Governor	Verbal	1.20pm
8.	Managing Director Report Update	Information	Managing Director	ENC5	1.25pm
9.	Chief Operating Officer, Sam Peate - Performance Report	Information Only	COO	ENC6	1.35pm
10.	Finance Report	Information Only	Head of Financial Governance & Control	ENC7	1.50pm
INVITED MEMBERS					
STRATEGY & PLANNING					
11.	NED Service Visits	Information	Non-Executive Directors	Verbal	2.00pm
GOVERNANCE					
12.	CQC Update	Information	Chief Nurse	Verbal	2.10pm
13.	Quality Priorities update	Review	Deputy Director of Quality	Presentation	2.30pm

14.	Introductions – new Non-Executive Directors: - Alyson Gerner - Ken Readshaw	Information	Alyson Gerner Ken Readshaw	Verbal	2.40pm
15.	Committee Reports	Information	Chairs	ENC8	2.45pm
16.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	2.50pm
17.	Reflections on Meeting	Discussion	Chair	Verbal	
18.	Any Other Business - Future meeting dates	Information	Chair / All	ENC9	2.55pm
19.	Date of Next Meeting: Tuesday 17 January 2023	Information	Chair		

ENC 1

Council of Governors Register of Interests

Board Member	Position	Declaration Details
Ann Arundale	Governor	NIL
Prof Derek Bell	Joint Chair	Trustee Royal Medical Benevolent Fund – no remuneration Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration Centre for Quality in Governance – Dormant Ltd Company Sel clinical advisor for SDEC
Steve Bell	Governor	NIL
Lisa Bosomworth	Governor	NIL
Yvonne Teresa Bytheway	Governor	Therapeutic Care Volunteer – James Cook University Hospital Member of UK Royal Voluntary Service – Home (telephone message service) Manager – Providing voluntary weekly craft sessions for local elderly community Member of Prostate Cancer Support Group – Providing support to members – Middlesbrough Teaching Support – Providing teaching support for NHS medical students – James Cook University Hospital
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
Dr Sarah Essex	Governor	Cancer Research Team Lead
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 Therapeutic care volunteer Age uk Digital Champion volunteer
Dr John Fordham	Governor	NIL
Barbara Hewitt	Governor	NIL
Rebecca Hodgson	Governor	NIL
Mike Holmes	Governor	Member of Patient Group at GP practice – Dr Duggleby & Partners, Stokesley
Allan Jackson	Governor	NIL
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	Chair - North Yorkshire Haematology Support Group Partner is Project Manager at NECS
Elaine Lewis	Governor	Patient participation group Danby Surgery
Zahida Mian	Governor	Son employed by Kingsgate as an Associate Healthcare Consultant to the NHS
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
Dr Isaac Oluwatowoju	Governor	Associated Pastor at Living Water Parish of the Redeemed Christian Church of God. Non-profitable organization and no remuneration.

Prof Shaun Pattinson	Governor	NIL declarations but other professional roles include: Fellowships/memberships of various professional organisations (Royal Society of Arts, Royal Society of Biology, and Society of Legal Scholars) Membership of various academic journal editorial boards (Journal of Bioethical Inquiry and The Biologist)
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.
Angela Seward	Governor	Chair of Patient Participation Group (PPG) for Barnard Castle Surgery, County Durham Member of Countywide Patient Reference Group (PRG) (County Durham) - meets monthly with NENC ICB (CD) Member of the County Durham Health and Care Engagement Forum - meets monthly with NENC ICB (CD) Member of local PCN (Primary Care Network) PRG, which meets quarterly
Cllr Steve Watson	Governor	NIL
Jon Winn	Governor	NIL
Sue Young	Governor	Member of Patient Participation Group at Quakers Lane Surgery, Richmond

**Unconfirmed minutes of the Council of Governors Meeting held in PUBLIC
on 20 September 2022 at 1.00pm
Board Room, 2nd Floor Murray Building, JCUH & via Microsoft Teams**

Present:

Prof Derek Bell	Joint Chairman of the Trust and Chair of the meeting
Mrs Yvonne Bytheway	Elected governor, Middlesbrough
Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Dr Sarah Essex	Elected governor, Staff
Mr Graham Fawcett	Elected governor, Redcar & Cleveland
Mr Paul Fogarty	Elected governor, Middlesbrough
Dr John Fordham	Elected governor, Patient and/or Carer
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Ms Carlie Johnston-Blyth	Appointed governor, Teesside University
Prof Steve Jones	Appointed governor, Newcastle University
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Elaine Lewis	Elected governor, Patient and/or Carer
Ms Zahida Mian	Elected governor, Redcar & Cleveland
Ms Jean Milburn	Elected governor, Middlesbrough
Mr Lee O'Brien	Appointed governor, Carer Organisation
Dr Isaac Oluwatowoju	Elected governor, Staff
Mr Nigel Puttick	Elected governor, Hambleton & Richmondshire
Mrs Angela Seward	Elected governor, Rest of England
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Sue Young	Elected governor, Hambleton & Richmondshire

In attendance:

Prof Rudy Bilous	Associate Non-executive Director (<i>item 13 & 15</i>)
Mrs Ada Burns	Non-executive Director (<i>item 13</i>)
Ms Miriam Davidson	Non-executive Director (<i>item 13 & 15</i>)
Mr Mark Dias	Non-executive Director (<i>item 13 & 15</i>)
Ms Alyson Gerner	Associate Non-executive Director (<i>item 13 & 15</i>)
Mr Rob Harrison	Managing Director (<i>item 8</i>)
Mrs Anita Keogh	Corporate Affairs Officer/PA to Joint Chairman
Dr Hilary Lloyd	Chief Nurse (<i>item 14</i>)
Mr David Redpath	Non-executive Director (<i>item 13</i>)
Mr Sam Peate	Chief Operating Officer (<i>item 9</i>)
Mr Brian Simpson	Head of Financial Governance & Control (<i>item 10</i>)
Ms Lucy Tulloch	Deputy Director, Strategy & Planning (<i>item 11</i>)
Ms Ali Wilson	Non-executive Director (<i>item 13 & 15</i>)

CHAIR'S BUSINESS

CoG/22/40 Welcome and Introductions

Prof Bell welcomed all Governors to the public meeting and commented how lovely it was to see so many Governors joining in person and via Teams.

Prof Bell continued by welcoming the new Non-executive Directors who would be introducing themselves to Governors later in the meeting.

The Chairman then asked Governors for any feedback following the earlier Annual Members meeting and informal meeting with the Collaborative Chairs. Mrs Seward responded by confirming that everyone had had a very productive morning at the Annual Members meeting and afterwards, they had especially enjoyed meeting the Collaborative Chairs as this had helped Governors to have a better understanding of what they do in the Trust and how it all works in each Collaborative.

Mrs Seward commented that it would be very beneficial for more informal discussions to take place and suggested that they return to a future development session. Prof Bell asked for this to be organised for a future date.

Mrs White also confirmed that she would send information round to all Governors which would show the details of each Collaborative.

Action: i) Mrs Keogh to invite Collaborative Chairs to future Development Session.

Action: ii) Mrs White to provide copy of information to Governors which provides details of each Collaborative.

CoG/22/041 Apologies for Absence

Apologies for absence were received from:

Ms Ann Arundale	Elected governor, Middlesbrough
Mr Steve Bell	Elected governor, Staff
Ms Lisa Bosomworth	Representative of appointed governor, Healthwatch
Cllr David Coupe	Appointed governor, Middlesbrough Council
Prof Paul Crawshaw	Appointed governor, Healthwatch
Ms Barbara Hewitt	Elected governor, Redcar & Cleveland
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Mr Patrick Rice	Appointed governor, Redcar & Cleveland Borough Council

The following Non-executive Directors submitted their apologies:

Mr Richard Carter-Ferris Non-executive Director

CoG/22/042 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 reminded Governors that if they had any changes to declarations of interest going forward to inform to either Mrs White or Mrs Keogh.

CoG/22/043 Minutes of Previous Meeting

The minutes of the previous meeting held on 19 July 2022 were approved.

Resolved: i) the minutes of the previous meeting held on 19 July 2022 were accepted as an accurate record.

CoG/22/044 Matters Arising and Action Sheet

The Action Sheet was reviewed and updated.

CoG/22/045 Chairman's Report

Prof Bell ran through his update which was included in the papers with key issues including:

- Non-Executive Recruitment
Prof Bell was pleased that the recruitment campaign had been successful and that the majority of the new Non-Executive Directors were present at the meeting and would introduce themselves to Governors later in the Agenda.
- Departmental visits
Areas visited during August included the Emergency Department and maternity services at James Cook. Prof Bell commented that he was struck by how enthusiastic and proud staff were of the services they were delivering.
- Joint Partnership Board
Prof Bell confirmed that the next Joint Partnership Board meeting was due to take place on the 21 September with Carnall Farrar joining. He advised that Carnall Farrar had been appointed by the Integrated Care Board to support developing the case for change for collaboration between the two Trusts and would join the private meeting of the Council of Governors later for a discussion.

He updated Governors that the membership of the Joint Partnership Board had been further expanded to include all voting members of the Board.

The Chairman reported that two joint South Tees NHS Foundation Trust and North Tees & Hartlepool NHS Trust Board events had taken place in May and June which had been productive with a number of key actions agreed. He added that both Trusts had also approved the Business Case to improve diagnostic functions at Friarage, Redcar and Stockton.

Prof Bell added that the joint venture for pathology and laboratory services was also moving forward too.

- Partnership Working
Prof Bell was pleased to report a recent visit to Newcastle University with Professor Steve Jones, Head of the School of Medical Education and appointed governor. During this visit Prof Bell met with colleagues and

discussed how the relationship between the Trust and Newcastle University could be further developed.

- Messenger Report

The Chairman briefly detailed the findings of the review into leadership in health and social care led by General Sir Gordon Messenger and Dame Linda Pollard which was published on the 8th June. The report highlights the requirements to better support chief executives and delivering a consistent approach to leadership development.

- Fundraising

Lastly Prof Bell detailed the important work being undertaken including:

Hearts & Minds – joint appeal by Our Hospitals Charity and South Cleveland Heart Fund which launched in March to bring first class cardiovascular research facilities to Teesside.

The charities are working together to help create a Cardiothoracic Research Facility at the James Cook University Hospital in Middlesbrough.

Prof Bell asked Mrs Burns if she had anything to add. Mrs Burns felt that the discussion with Non-Executive Directors from North Tees Hospital had gone very well with both sets of Non-Executives meeting at the Friarage. She added that both continue to share one voice and there were valuable opportunities available.

No questions were raised.

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

CoG/22/046 Lead Governor Report

Mrs Angela Seward, Lead Governor, began by welcoming the new Non-Executive Directors that were present in person and via Teams.

She continued by confirming that all Governors had received a copy of the new Board poster which detailed the changes to the NED team.

Mrs Seward also offered thanks to Cllr Caroline Dickinson who had recently stood down as Appointed Governor for North Yorkshire County Council and confirmed that she looked forward to receiving details of her replacement.

Mrs Seward gave a verbal update on the work she had carried out since the last Governor meeting which included:

- Regular telephone calls with Prof Bell.
- Regular telephone calls with Mrs White on key topics.
- Individual induction meetings with the new NEDS

Mrs Seward confirmed that unfortunately she had been unable to join the South Tees Board meetings on the 6th September, as she had been on holiday but was pleased to note that a couple of Governors had been able to join the North Tees Public Council of Governors' Meeting on the 8th September.

She continued that the additional working group meetings which included some Governors had now been reinstated such as Governor Drop Ins – she reported that they had had a very productive meeting of this group on the 12th September, and were looking forward to resuming the visiting sessions it was hoped from October 2022. Patient Experience Group had also met and on the 15th September, the Membership and Engagement Committee had a meeting.

Mrs Seward asked if Mrs Crampton as Chair of the Membership & Engagement Committee had any update to share. Mrs Crampton confirmed that the numbers in membership had increased by 11% and that they are hoping to now focus on increasing diversity and also the membership of young people.

Mrs Seward thanked Mrs Crampton for her update on Membership & Engagement Committee.

Mrs Seward concluded her update with her delight at receiving positive press releases which had included:

- Veteran Awareness status
- Art display in the Royal Academy of Arts in London (by a James Cook patient, showing life on the ward)
- National survey for Cancer patients
- Hospital Charity events including Call the Midwife Cycle event and Debbie Edwards raising money for the Holistic Centre

Mrs Seward also confirmed the big milestone of the Friarage Surgical Hub and the importance of this and confirmed that she had e-mailed Dr Michael Stewart, Chief Medical Officer, on behalf of Governors.

Mrs Seward also confirmed that she had replied on behalf of the governors to the email we received from our CEO, Sue Page, on the 2nd September, talking about the Joint Chair Role and our JPB (Joint Partnership Board) to discuss common priorities and joint actions between North and South Tees, and working together with local communities and partners to improve the health and wellbeing of the populations we serve.

Lastly at the earlier Annual Members Meeting a mock-up of what the Friarage Surgical Hub would look like was shown, which looked very impressive.

Prof Bell thanked Mrs Seward for her update to Governors

No questions were raised.

CoG/22/047 Managing Director Report

Mr Harrison, Managing Director, ran through his update which was included in the papers and highlighted the following:

- COVID-19 update
- Urgent Care
- National Cancer Patient Experience Survey
- Nursing
- Health Education England (HEE) North East 2022 feedback
- Friarage Hospital's theatre update
- Veteran Aware organisation
- New perioperative medicine clinic

Mr Harrison confirmed how delighted he was that the Trust been given approval for £35.5m of NHS investment for the creation of new modern operating theatres at the Friarage Hospital. The creation of the surgical hub will enable the hospital to almost double the number of planned operations it carried out each year from just over 5,000 to almost 10,000.

He concluded his update by commenting on electronic prescribing and the big safety improvement this provides which also enables more Doctors and Nurses to spend time with patients. The roll out of assessments on TRAC was making a considerable difference.

No questions raised.

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

CoG/22/048 Chief Operating Officer, Sam Peate

Performance Report

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

- The Trust was non-compliant with the mandated Single Oversight Framework metrics in May/June, and remains in segment 3. The Trust receives external support on emergency care pathways, cost improvement and transformation.
- Emergency care performance was below the regional and national position, reflecting ongoing challenges across the wider health and social care system. Patients waiting over 12 hours from decision to admit remained above target in June, and has since increased, a trend seen nationally.
- Elected access by RTT 18 week standard remained stable, whilst the England trend was a month-on-month deterioration in performance since July 2021. The total waiting list increased but the number of patients waiting more than 52 weeks has remained stable, 78 week waits were fewer than plan, and at May month-end no patients waited over 104 weeks. Activity was below plan in May and is recovering in day cases.
- Diagnostic compliance remains below average but is improving as accumulations and waiting list validation are addressed.
- Cancer 62 day standard performance is better than average, and more treatments were delivered than planned.

Mr Peate added that patient experience continues to be good although patient experience in ED was lower than we would like.

He continued that ED are currently dealing with 20% increased demand than they did prior to COVID.

Mr Peate further confirmed that:

- 31 day cancer standard – Trust have seen improvement and is getting closer to compliance.
- 104 week waits – remain compliant. Only one patient above 104 weeks but this was due to patient choice.
- 52 week waiters – remains static
- Still have vacancies in anaesthetics
- C-diff plan in place to deep clean all wards prior to winter

- Mandatory training/appraisals – just below target but this has been brought to People Committee.

The following questions were asked:

- Mrs Burns asked about the 4 hour A&E standard stating that the increased demand was a factor but that there have been issues and asked if Mr Peate could explain. Mr Peate replied that workstreams/teams were working around an enhanced model adding that there had been changes to consultant workforce. He was delighted to confirm that for the first time the ED department was fully recruited with Consultants. Also working with GP model over the next 4/5 weeks to provide opportunities to streamline patients.
- Mrs Burns replied by asking following the interventions where did Mr Peate think we will be. Mr Peate replied that discharge delay / handover was the area where the Trust have seen a slight improvement. Mr Peate believed that the Trust's performance would be static and Trust had some way to go.
- Prof Jones asked about the Winter Plan as there had currently been no mention on this and wondered what the Trust's plans were. Mr Peate replied that the Trust has been developing the winter plan in conjunction with staff and stakeholders. He added that this time last year the Trust had created the Transfer of Care Hub which is starting to see some benefits. The Trust trying to strengthen the Transfer of Care Hub with estates is ongoing. The Trust are trying to release beds and deep clean will help with this. Mr Harrison added that this was an all round issue with summer figures looking like they do during winter.

Prof Bell thanked Mr Peate for his update.

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

INVITED MEMBERS

CoG/22/049 Finance Report

Mr Simpson, Head of Financial Governance and Control, confirmed that a copy of the finance report had been provided in the papers for Governors which outlined the Trust's financial position as at Month 4 which reported a deficit of £11.0m at a system control total level. This was in line with the plan submitted to the NHSE/I. Mr Simpson added that for Month 5 this was a similar position.

For 2022/23 the system-based approach for planning and delivery continues with all systems required to deliver breakeven. The Trust's plan submitted to the NHSE/I regional team for the 2022/23 financial year is a deficit of £20.7m. With the agreement of NHSE, the Trust submitted an uncertified financial return in Month 4 to NHSE, due to the national eFinancials system down-time.

Mr Simpson added that the capital annual programme of £33.1m will require external support. As at the end of July capital expenditure amounted to £6.5m which was £1.2m ahead of plan.

Turning to balance sheet this currently showed a strong balance with £51m in the bank but stressed that this would continue to decrease due to deficit.

Following questions were raised:

- Prof Jones asked about heating costs / cost of living and if this had increased. Mr Simpson confirmed that the Trust had received some support earlier in the year but having ongoing discussions with ICB around this.

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

STRATEGY & PLANNING

CoG/22/050 Strategic Plan / Improvement Plan

Ms Lucy Tulloch, Deputy Director of Strategy & Planning attended and confirmed that the Improvement Plan which had been shared with Governors earlier in the year had been approved by Board in July 2022.

Ms Tulloch explained that the clinically-led Improvement Plan for South Tees Hospitals NHS Foundation Trust covered a two year period from April 2021 to March 2023 and was built upon the original Improvement Plan set out in February 2020 and refreshed at Q4 2021/22 to reflect progress made and new challenges for the second year as the Trust continues the clinically-led COVID-19 recovery.

The presentation covered:

- Summary
- Clinical Strategy
- Enabling Strategies and Plans
- Leadership and Safety Culture
- Assurance Framework

Governors asked if they could please receive a copy of the presentation.

No questions were raised.

Action: i) Mrs Keogh to forward a copy of the presentation to Governors.

CoG/22/051 Outpatient Transformation Programme

Mr Peate, Chief Operating Officer, ran through the presentation and began by explaining what a huge piece of work this was.

This work was led by Joanne Evans together with a number of Clinicians including Simon Taggart and Darren Craig.

He added that discussions had taken place with Governors and others in relation to outpatient procedures with an aim to deliver a more personalised and efficient OPD experience for patients and clinicians.

Mr Peate detailed the programme of work which was a phased approach to delivery to ensure changes work for the patients and clinical teams.

The presentation also included details on the Governance Structure as well as clinical engagement as it was essential that the clinical team confirmed that this was moving in the right way.

Mr Peate concluded the presentation by confirming that the Trust was just about to rollout letter templates which had been reduced from 2,500 templates to 13 templates which was a fantastic achievement.

Prof Bell commented on what a huge amount of work this was to undertake and asked Governors if this was something that they would like to be brought to a future Development Session. Governors confirmed that they would welcome this. Mrs Keogh to add Outpatient Programme to a future date.

The following questions were raised:

- Mr Holmes asked about patient feedback. Mr Peate confirmed that the Meridian feedback was rolled out months ago which they can capture and apply to this work. Mrs White informed Mr Peate that Governors had returned to their drop in sessions and may be able to offer feedback too.
- Mrs Burns mentioned productivity and efficiency which could be significant and felt that it would be beneficial for any savings to be detailed.
- Ms Davidson asked if she could have some time with Mr Peate to discuss health and inequality.

Action: i) Mrs Keogh to forward a copy of the presentation to Governors.

Action: i) Mrs Keogh to organise for Outpatient Transformation Programme to be brought to future Development Session

Action: i) Mrs Keogh to organise meeting with Ms Davidson and Mr Peate to discuss health and inequality.

CoG/22/052 NED Service visits

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

Ms Wilson confirmed that she had visited the digestive disease collaborative and had been struck by the hard work and enthusiasm of staff who have certainly experienced challenges around staffing and with some areas requiring improvement of their environment although aware of improvements. When visiting surgical wards there had been difficulties especially around discharge.

Mr Dias visited a ward which had implemented the e-prescribing digital solution with Mr Rob Harrison where staff had commented that they were able to manage better due to the new system in place as this allowed them more time with patients. Mr Dias' second visit was to the ED department where the same pressures were on staff that are across the hospital due to sickness and losing staff. He commented that when he went into the Paediatric ED department this was so much better than before, very impressed and fed this back to the Board.

Ms Davidson visited the Command Centre with Mr Kevin Oxley which shows the numbers coming through into ED department with consideration to delays and patient flow. Also visited transfer to care hub where she witnessed the problems with discharge packages / discharge to care homes.

Prof Bilous visited ITU which had been through difficult times throughout COVID with staffing problems mentioned while he was there. He also commented that there was a lot of equipment showing its age which needs to be replaced but was impressed that the team have patients at the centre of what is important.

Mr Redpath agreed with other Non-Executive Directors that the wards that he had visited all had their challenges.

Following questions were raised:

- Mr Lane asked about problems with staffing and what the Trust were doing to solve this. Mr Harrison confirmed that this was a national issue with Health Care Assistants being a challenge to recruit to. He added that both social and health care organisations all have problems in recruiting. He continued that our Trust was actually in a much better position than some other Trusts and that although sickness was better than during COVID short term sickness can still heavily impact on staffing issues. Mr Harrison was also hopeful that the Friarage announcement may help as this shows that the Friarage has a future and hopeful this in turn will attract people to work there.
- Mrs Crampton mentioned that she had heard that A level students had been unable to secure medical school placements and was confused why this was the case when we have such staffing issues. Prof Jones confirmed that the number of medical students increased during COVID but was reducing back to normal numbers this year.
- Mrs Young mentioned cost of living for staff which was included in the NHS Confed Chairs meeting and asked if staff were having to pay for parking again. Mr Harrison confirmed that staff at South Tees were paying for parking as due to our financial situation this means the Trust cannot fund the parking themselves but reassured Mrs Young and Governors that funds were in place for staff to apply for if struggling. Prof Bell added that other than Community Hospitals most other Trusts do charge staff for parking. Mrs Burns reassured Governors that both supporting staff and recruitment were high in priority for People Committee.

GOVERNANCE

CoG/22/053

CQC Update

Dr Hilary Lloyd, Chief Nurse, provided an update to Council of Governors following the focused CQC inspection in February where they identified areas of concern.

Dr Lloyd confirmed that the Trust had various campaigns running namely:

- Food for thought
- Protecting mealtimes
- Reporting great care
- Discharge 'Home before 12'

Regular engagement meetings also taking place with the next one scheduled for Thursday 22 September 2022 which would be face to face.

Prof Bell commented that digital helps with every aspect with discharges and assessing patients.

Dr Lloyd concluded that the Trust were continuing to focus and be ready for the CQC inspection.

The following questions were raised:

- Mr Holmes asked about electronic prescribing and if the Trust were expecting this to help with discharges. Mr Harrison confirmed definitely yes.
- Dr Fordham asked about falls as he had noticed an increase in the numbers and asked if there was any particular theme. Dr Lloyd replied that there was nothing in particular but the Trust continue to monitor. Mrs White added that as the Governors had returned to their working groups it may be that those in the patient experience group may be able to provide feedback to Dr Lloyd and the team.

Resolved: i) Governors thanked Dr Hilary Lloyd, Chief Nurse

CoG/22/054 Introductions – new Non-Executive Directors

Prof Bell invited those newly appointed Non-Executive Directors present at the meeting to introduce themselves to Council of Governors.

Ms Ali Wilson

Ms Wilson began her introduction by confirming that she lives in Northallerton so her local hospital is the Friarage. Ms Wilson started working for the NHS 40 years ago initially as a Nurse. When her career progressed she moved into Research & Education and then into transformation and standard management. She also worked as a Chief Executive in the CCG. Although she retired 4 years ago she struggled to stand down completely and has subsequently been carrying out project work.

Ms Wilson concluded her introduction by confirming that she would be involved in both the Resources and People Committees and would be Chairing LLP.

Mr Mark Dias

Mr Dias began by confirming that he knew the area very well as born locally. Mr Dias has 30 years experience in HR management working across both Europe and North America. He was also a serving Police Officer for 9 years. Although he confirmed that he has started his retirement he stated he has had an amazing journey.

Ms Miriam Davidson

Ms Davidson confirmed that unlike Mr Dias she was not local to the area as she was born in Brisbane, Australia and moved to North East in 1987.

She has worked in Health Improvement and Public Health for 35 years plus and started her career initially in North West Durham.

Ms Davidson concluded her introduction by expressing how friendly everyone at South Tees has been.

Prof Rudy Bilous

Prof Bilous confirmed to Governors that he was a retired Endocrinologist and started his career in 1990.

He has worked at the University of Newcastle for over 20 years as well as Undergraduate Director for Teesside and also worked at NICE and confirmed that he has an interest in maternal medicine.

He concluded by detailing his clinical experience which included Acute, Maternity and a lot of Education.

Prof Bilous commented that although a Non-Executive Director was only supposed to work 3 days a month in his first week as a NED, he had already worked 4 days.

Lastly he stated that when he visited the Friarage Hospital he was struck by the enthusiasm and enjoyed the meeting that was held there, together with North Tees Non-Executive Directors.

Governors thanked the new Non-Executive Directors for their introductions.

CoG/22/055 Committee Effectiveness report and updated annual cycle of business

Mrs White referred members to her report and confirmed to Governors that a review of the effectiveness of the Council of Governors had been undertaken. The assessment concluded that the business of the Council had been fulfilled during 2021/22. As a result of this review the cycle of business was reviewed and updated slightly and is presented for approval.

Mrs White confirmed good attendance by Governors to meetings although it is hoped that Appointed Governors will attend more meetings where possible.

Mrs White asked members of Council of Governors to discuss and approve the review of effectiveness and annual cycle of business.

Decision: i) Governors confirmed their approval of the review of effectiveness and annual cycle of business

CoG/22/056 Report on the output of the small group work

Mrs White presented the report and highlighted the key themes from the meetings which had been held with small groups of governors involving the five public constituent areas, the Chairman / Vice Chair, the Lead Governor and Mrs White.

Mrs Burns added to the recommendations that all Governors are aware that they hold the Non-Executive Directors to account and it has been recommended that NEDs could introduce reports at Council of Governor meetings with the support of the Executive Directors if needed.

Mrs White concluded that it was important that Governors gave feedback and following all meetings the following recommendations were made by Governors:

- Recommended that the COG meeting format allows for more discussion and comments.
- Felt that small group meetings would be welcomed but that these would be quarterly or six monthly in addition to full Council of Governor meetings
- Recommended that a database is developed to record the skills and experience of current Council of Governor members in order to make best use of these skills
- Website development – specific section of the website for governors to be established to contain specific information to be agreed for Governors only.
- Explore opportunity to work jointly with the Appointed Governors on the work of the Trust

- Consider the sharing of positive news stories with Governors directly along with the membership database and consider some localised information for public constituencies.

Prof Bell thanked Mrs White for her report.

Decision: i) Governors discussed and agreed with the recommendations.

confirmed their approval of the review of effectiveness and annual cycle of business

CoG/22/057 Matters to bring to the attention of the Board

Nothing raised.

CoG/22/058 Reflections on Meeting

Prof Bell confirmed that it was important that the Council of Governor meetings are formatted so Governors get the very best out of these meetings.

CoG/22/059 Any other business

Governor elections.

Mrs White confirmed to Governors that elections were now in progress and would conclude at the end of November 2022.

She confirmed that the following Governors were affected as their terms of office were due to end at that time:

Middlesbrough constituency

- Rebecca Hodgson
- Yvonne Bytheway
- Ann Arundale

Hambleton & Richmondshire constituency

- Janet Crampton
- Mike Holmes

Mrs White concluded that Mrs Keogh had already been in touch with the above Governors to provide details and remind them that if they wished to be considered for another term in office then nomination forms would have to be completed and returned to the electoral office no later than the 17 October 2022.

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

CoG/22/060 Date of Next Meeting

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 15 November 2022 and reminded Governors that this is to take place at the Friarage.

Council of Governors Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
19.07.2022	CoG/22/030	NED Service Visits	Jackie White and Angela Seward to discuss the recommencement of Governor walkabouts	Jackie White / Angela Seward	20.09.2022	Jackie White met with Pt Experience team who met with Governor drop in group and the Pt Experience Strategy is being done based on discussion with plan being marked up re: Governor drop in	Closed
19.07.2022	CoG/22/031	CQC Update	Governors to be provided with update at future meeting on digital strategy by Manni Imiavan - Digital Director - *LOOKING AT JANUARY OR MARCH	Anita Keogh	20.09.2022		Open
20.09.2022	CoG/22/040	Welcome and Introductions	Angela Seward, Lead Governor, suggested Collaborative Chairs come back to future Development Session for Council of Governors. Anita Keogh to organise a suitable date - *LOOKING AT MARCH	Anita Keogh	15.11.2022		Open
20.09.2022	CoG/22/040	Welcome and Introductions	Jackie White to provide to Governors information on Collaborative Chairs	Jackie White	15.11.2022	Anita Keogh forwarded the structure via email on 27.09.2022 for Governors to consider	Closed
20.09.2022	CoG/22/050	Strategic Plan / Improvement Plan	Anita Keogh to provide Governors with a copy of the presentation used by Lucy Tulloch	Anita Keogh	15.11.2022	Presentation forwarded to Governors on 23.09.2022	Closed
20.09.2022	CoG/22/051	Outpatient Transformation Programme	Anita Keogh to provide Governors with a copy of the presentation used by Sam Peate	Anita Keogh	15.11.2022	Presentation forwarded to Governors on 23.09.2022	Closed
20.09.2022	CoG/22/051	Outpatient Transformation Programme	Prof Bell asked that the Outpatient Transformation Programme present at a future Development Session for Council of Governors. Anita Keogh to organise - *LOOKING AT JANUARY OR MARCH	Anita Keogh	15.11.2022		Open
20.09.2022	CoG/22/051	Outpatient Transformation Programme	Miriam Davidson asked for some time with Sam Peate. Anita Keogh to organise	Anita Keogh	15.11.2022	Meeting arranged for 9 November 2022	Closed

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 15 NOVEMBER 2022			
Joint Chairman's update			AGENDA ITEM: 6
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Professor Derek Bell Joint Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Joint Chairman's update		
Background	The following report provides an update from the Joint Chairman.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of Council of Governors are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

Joint Chairman's Update

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 Departmental visits

As part of the Board walkround in October I visited the Single Point of Access team and met the winner and runner up of the Call handler of the year Linda Lee and Shereen Qadir. It was great to be able to meet staff in this team who were all enthusiastic and proud of the services they are delivering.

2.2 Joint Partnership Board

The Joint Partnership Board met in September and October and continued to hear updates from Directors across both Trusts on the joint work and collaboration including updates on Pathology and the Community diagnostic hub. Members from the ICB attended along with Carnall Farrar to provide updates on the development of the case for change for collaboration.

2.3 Non Executive update

The new Non Executive Directors are now all in place and have been undertaking a period of induction. A mentorship programme has been set up to support the new Non Executive Directors.

Two exit interviews have been held with Non Executive Directors who left at the end of August. Learning will be taken forward from the information shared.

A further joint meeting with Non Executive Directors at North Tees & Hartlepool NHS Trust was held in September at the Friarage Hospital. A visit to the ward areas was undertaken.

The Nomination Committee met in September and agreed on the appointment of Richard Carter Ferris as Vice Chair for a one year fixed term position which was ratified by the Council of Governors.

2.4 Annual General Meeting / Annual Members meeting

The Trust held its Annual General Meeting and Annual Members meeting on 20 September 2022 and I was to chair the event and to see colleagues and members of the public in attendance.

2.5 Regional Chairs meeting

I attended the regional Chairs meeting in October. Sir Liam Donaldson provided an update from an ICB perspective including feedback from the recent first meeting of the ICP. There was also a discussion on maternity issues and Ockenden requirements.

3. Recommendation

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

Professor Derek Bell Joint Chair

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 15 November 2022			
Managing Director update			AGENDA ITEM: 7
Report Author and Job Title:	Mark Graham, Director of Communications	Responsible Director:	Managing Director
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Managing Director update		
Background	The following report provides an update from the Managing Director.		
Assessment	The report provides an overview of the health and wider related issues.		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Council of Governors are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

Managing Director Update

COVID-19 update

The number of patients with COVID-19 requiring hospital care continued to increase in October to more than double the numbers seen in August.

At the same time, challenges in the social care sector have continued to be observed and the trust continues to work closely with local authorities and other partners to ensure that everything possible is done to ensure people who are ready to leave hospital, who require social care support, are able to access this as quickly as possible.

Despite pressures across the health and care system, the incredible work of colleagues meant that in the five-week period to 13 October, the trust's clinical teams delivered more than 3,300 operations of which over 2,700 were planned surgical procedures. At the same time, almost 70,000 outpatient appointments took place more than 17,000 people accessed urgent and emergency care services.

Separately, more than seven million people have now received their autumn booster and, as we approach winter, it remains vitally important for people to protect themselves by coming forward for COVID and flu vaccinations, if they are eligible, as soon as they can (if they have not done so already).

Operating framework for NHS England

The Operating Framework for NHS England (NHSE) was published on 17 October and sets out how NHSE will operate in the new structure created by the 2022 Health and Care Act.

The Health and Care Act formally established Integrated Care Boards (ICBs) on a statutory basis. The new operating framework sets out the roles that NHSE, ICBs and providers will now play in the new structure.

The framework has been co-created with 300 system leaders, organisations and stakeholders, including Health Education England and NHS Digital.

Under the new Operating Framework, NHSE will support local decision making and will use input from ICBs to agree the mandate for the NHS with government and the resources needed to deliver it.

National NHS winter resilience plans

On 18 October, NHS England (NHSE) published winter resilience plans for the NHS. These include:

Better support people in the community – reducing pressures on general practice and social care, and reducing admissions to hospital by:

- *Putting in place a community-based falls response service in all systems*

- *for people who have fallen at home including care homes*
- *Maximising the use of virtual wards, and actively considering establishing an Acute Respiratory Infection (ARI) hub to support same day assessment*
- *Providing additional support for care homes through reducing unwarranted variation in ambulance conveyance rates*

- Deliver on ambitions to maximise bed capacity and support ambulance services – bed occupancy continues to be at all-time highs, and the NHS needs to take all opportunities to make maximum use of physical and virtual ward capacity to increase resilience and reduce delays elsewhere in the system. This includes:

- *Supporting delivery of additional beds*
- *All systems setting up a 24/7 System Control Centre to support system oversight and decision making based on demand and capacity across sites and settings*
- *Ensuring all ambulance services deploy 24/7 mental health professionals in emergency operation centres and on-scene*

- Ensure timely discharge and support people to leave hospital when clinically appropriate – more than 10,000 people a day are clinically ready to leave hospital but can't be discharged, and this causes significant and fundamental issues for patient flow. In addition to maintaining focus on the high impact actions from the 100 day challenge, the Government recently announced £500m to support social care to speed up discharge across mental and physical health pathways. More details about distribution of this fund will be shared by NHSE when available.

- Continuing to support elective activity

Middlesbrough Urgent Care and out of hours GP access

As previously reported, the NHS North East and North Cumbria Integrated Care Board (ICB) has been engaging on proposals to create a new Integrated Urgent Care Centre (IUC) at The James Cook University Hospital in Middlesbrough, and an expansion to opening times at Redcar Urgent Treatment Centre (UTC).

Integrated Urgent Care (IUC) access is currently in place across the other boroughs within Teesside, with Urgent Treatment Centres at Darlington Memorial Hospital, the University Hospital of North Tees, the University Hospital of Hartlepool and Redcar Primary Care Hospital.

The IUC model will include home visiting, GP out of hours access, and management of minor injuries and illness, with 24/7 primary care presence. A 10-week public engagement exercise concluded on 16 October and the IUC model is proposed to commence in the summer of 2023.

CQC adult inpatient survey

The Care Quality Commission's 2021 adult inpatient survey was published in September (2022).

The annual survey, asked 1,250 adults, aged 16 years or over (who stayed at least one night at The James Cook University Hospital or Friarage Hospital during November 2021) about their experience. The survey results found that the trust has continued to perform above the national average for inpatient care.

Nightingale Awards

Margaret Kitching MBE, regional chief nurse for the North East and Yorkshire, joined teams at James Cook in October to launch this year's Nightingale Awards, and talk to them about their journey over the last three years which has seen nurses, doctors and other health professionals come together to make the decisions about how resources are allocated and care is delivered across the trust.

The Nightingale Awards celebrate nurses and midwives who have gone the extra mile for their patient or service user to ensure an outstanding level of care, and people in the local community can submit nominations.

Prostate cancer trial

In October, researchers based in the STRIVE Academic Centre at The James Cook have recruited their first patient to receive Lutetium-177 PSMA in an international clinical trial.

The Novartis sponsored clinical trial, known as PSMAfore, is an international study investigating whether a new type of treatment using a drug called 177Lu-PSMA-617, can help to prolong the duration and quality of life in patients who have received first-line therapies for incurable prostate cancer.

The trust was only one of four UK centres selected to take part in the clinical trial.

Early palliative intervention care service

A new service, one of the first of its kind in the UK to provide Early Palliative Intervention Care (EPIC), launched at was launched in October by the trust and Macmillan Cancer Support.

Part of the wider specialist palliative care team, the EPIC has involved the creation of two specialist roles at the Friarage Hospital offering services across Hambleton and Richmondshire.

It will initially be focused on those with upper GI (gastrointestinal), colorectal and skin cancers but is expected to open to other tumour groups as the service develops.

The community service aims to bridge the gap between diagnosis and end of life care for patients who have been diagnosed with incurable cancer.

By providing early intervention the team can spot problems before they escalate into something bigger, improving quality of life and avoiding unnecessary hospital admissions.

Love South Tees Admin Awards

In September, the trust held its inaugural Love South Tees Admin Awards which were culmination of a range of activities promoting and recognising the fantastic contributions of admin colleagues across the trust.

2. RECOMMENDATIONS

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

Meeting: Joint Partnership Board	Date of Meeting: 21 st September 2022
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • The need to continue to provide opportunities for the Non-Executive Directors to meet and work together. • ICB and System Working update. • Carnall Farrar introduction and update on work to-date. • Task & Finish Group (T&FG) updates • Governance and legal overview/advice linked to the 2022 Health and Social Care Act that allows more than one Trust to create single joint committees and delegate functions. 	
Actions	Responsibility / timescale
<ul style="list-style-type: none"> • Additional joint non-Executive visits and meetings to be arranged. • Director Pairing SWOT Analysis findings to be presented at the Oct JPB. • A no detriment financial framework proposal to be presented at the October JPB. • A formal “Board to Board” meeting will be scheduled immediately after the Oct JPB to consider and ratify (or not) the Sept JPB decision to adopt Option 3 – Call another “Board to Board” meeting to jointly agree to delegate authority to a reconstituted single Committee JPB. • Circulate the Joint Legal Advice. 	<p>Company Secretaries and JDS&P</p> <p>Medical Directors and Chief People Officers/HR Directors FDs, ST Managing Director and JDS&P</p> <p>JDS&P, Company Secretaries and Joint Legal Adviser</p> <p>Company Secretaries</p>
Escalated items	
None	
Risks (Include ID if currently on risk register)	Responsibility / timescale
None	

MEETING OF THE PUBLIC TRUST COUNCIL OF GOVERNORS – 15 NOVEMBER 2022			
Integrated Performance Report			AGENDA ITEM: 9
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	Responsible Director:	Sam Peate Chief Operating Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	To provide Council of Governors with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	<p>The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.</p>		
Assessment	<p>Changes to metrics for September 2022 IPR, are as follows:</p> <p>SAFE domain: No change.</p> <p>EFFECTIVE domain: Change of format: SHMI presentation amended as per NHS pilot of presentation of this metric.</p> <p>CARING domain: New metric: Community services 'Friend & Family Test' survey results included. Target is to consistently out-perform 21/22 national average score.</p> <p>EQUITABLE domain: No change.</p> <p>RESPONSIVE domain: New metric: Type 1 ED and Type 3 Urgent Treatment Centre activity versus plan included.</p>		

	<p>New metric: patients spending > 12 hours in ED added to align with with NHS Oversight Framework.</p> <p>New metric: Cancer 28-days Faster Diagnosis Standard (FDS) included to align with NHS Oversight Framework.</p> <p>WELL LED domain: No changes.</p> <p>Our key messages for September are:</p> <p>The Trust remains in segment 3, mandated support for significant concerns. The Trust receives external support on emergency care pathways, cost improvement and transformation.</p> <p>Alongside the SOF the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan. Emergency care performance was below than the regional and national position, reflecting wider challenges within social care and other parts of the health and care system. 4-hour breaches, patients waiting over 12 hours from decision to admit, and ambulance handovers improved in August, and ED performance declined slightly in September due to external challenges described above and increased patient acuity.</p> <p>Elective access by RTT 18 week standard continues to be stable, whilst the England trend is a month-on-month deterioration in performance since July 2021. The number of patients waiting more than 78 weeks for non-urgent elective has remained stable and is ahead of trajectory to meet the national target for waits to be eliminated by April 2023.</p> <p>Outpatient and elective activity is approaching planned levels as services continue their COVID recovery. Diagnostic compliance remains an area of focus, with activity and performance plans in place. Diagnostic activity year-to-date is incorrectly reported above due to a technical systems issue, now resolved. 28 day and 62-day standard performance has improved in July.</p>
<p>Level of Assurance</p>	<p>Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/> (select the relevant assurance level)</p>

<p>Recommendation</p>	<p>Members of the Public Council of Governors are asked to:</p> <ul style="list-style-type: none"> • Receive the Integrated Performance Report for September 2022. <p>Note the performance standards that are being achieved and the remedial actions being taken where metrics are outside expected parameters.</p>	
<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>All BAF risks</p>	
<p>Legal and Equality and Diversity implications</p>	<p>There are no legal or equality and diversity implications associated with this paper.</p>	
<p>Strategic Objectives (highlight which Trust Strategic objective this report aims to support)</p>	<p>Best for safe, clinically effective care and experience <input checked="" type="checkbox"/></p>	<p>A great place to work <input checked="" type="checkbox"/></p>
	<p>Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/></p>	<p>Make best use of our resources <input checked="" type="checkbox"/></p>
	<p>A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/></p>	



South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

September 2022

OVERSIGHT

RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

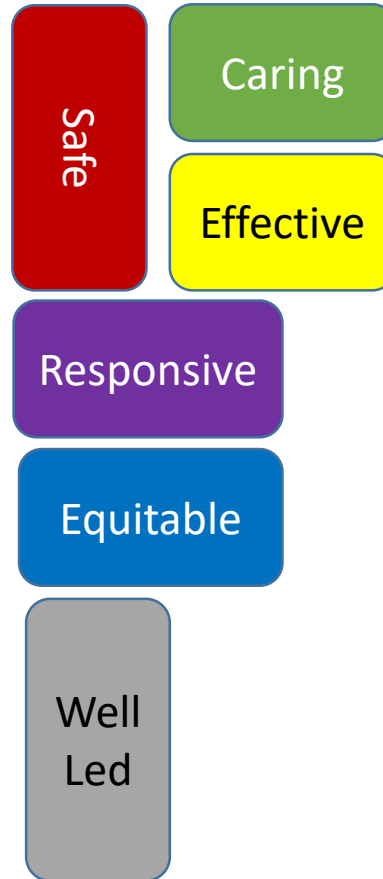
Dr Michael Stewart, Chief Medical Officer

Samuel Peate, Chief Operating Officer

Robert Harrison, Managing Director

Chris Hand, Finance Director

Rachael Metcalf, Human Resources Director



BOARD SUB COMMITTEE

Quality Assurance Committee

Quality Assurance Committee

Resources Committee

Resources Committee

Resources Committee

People Committee

Audit and Risk Committee

CHANGES THIS MONTH

SAFE domain:

No change.

EFFECTIVE domain:

Change of format: SHMI presentation amended as per NHS pilot of presentation of this metric.

CARING domain:

New metric: Community services 'Friend & Family Test' survey results included. Target is to consistently out-perform 21/22 national average score.

EQUITABLE domain:

No change.

RESPONSIVE domain:

New metric: Type 1 ED and Type 3 Urgent Treatment Centre activity versus plan included.

New metric: patients spending > 12 hours in ED added to align with with NHS Oversight Framework.

New metric: Cancer 28-days Faster Diagnosis Standard (FDS) included to align with NHS Oversight Framework.

WELL LED domain:

No changes.

NATIONAL CONTEXT

The 10 planning priorities for 22/23 aim to *Restore services, meet new care demands and reduce the backlogs that are a direct consequence of the pandemic*










- A) Invest in our workforce
- B) Respond to Covid-19 ever more effectively
- C) Significantly more elective care - deliver 2019/20 activity plus 10%; eliminate 104 week waits; reduce 52 week waits; deliver cancer pathways to national standards; reduce outpatient follow-ups by 25%; 5% 'patient initiated follow up' pathways in all major specialties; advice and guidance; deliver 120% of diagnostic activity using Community Diagnostic Centres
- D) Improve UEC responsiveness and build community capacity – eliminate 12-hour ED waits; minimise ambulance handover delays; use of UTC, virtual wards, community, anticipatory care.
- E) Improve access to Primary Care
- F) Improve Mental Health, LD and Autism Services
- G) Develop approach to Population Health Management
- H) Exploit Digital Technologies to transform delivery of care and outcomes – network digital roadmap and investment plans
- I) Effective use of resources, delivering better than pre-pandemic productivity levels
- J) Establish ICBs and collaborative system working (5 year strategic plan) - ICB level planning, delivery and service configuration

The Trust Improvement Plan (July 2022) sets out our plans to meet the national planning priorities, as well as our local objectives and safety and quality priorities for 2022/23.

SINGLE OVERSIGHT FRAMEWORK SUMMARY

NHS Oversight Framework Summary					Urgent & Emergency Care				Elective care						Cancer			
Provider	A&E 4 hour standard	12 hour delay from DTA	Ambulance handovers 30-60 mins	Ambulance handovers 60+ mins	RTT - 18 week standard	52+ week waits	78+ week waits	104+ week waits	RTT total Waiting List	OPFU - YTD growth 22/23 v 19/20	1st GP - YTD growth 22/23 v 19/20	Total elective - YTD growth 22/23 v 19/20	Diagnostic activity 22/23 v 19/20	Diagnostic 6 week waits	Cancer 62 day - GP referral	Cancer 62 day backlog	Cancer treatments	Cancer 28 day FD
Data period	Aug-22	Aug-22	Aug-22	Aug-22	Jul-22	Jul-22	Jul-22	Jul-22	Jul-22	Jul-22	Jul-22	Jul-22	Jul-22	Jul-22	Jul-22	Aug-22	Jul-22	Jul-22
Target	95%	Zero			92%	22/23 Plan	22/23 Plan	Zero by Jun 22	22/23 Plan	<=75%	104%	104%	120%	<=1%	85%	22/23 Plan	22/23 Plan	75%
South Tees Hospitals NHSFT	70.6%	29	309	291	65.5%	1,407	92	1	46,322	93%	96%	98%	79%	33.0%	62.9%	216	211	64.8%
NENC ICS Provider level (including IS providers)	76.5%	754	2,155	1,160	72.8%	8,535	871	45	368,297	96%	100%	93%	99%	18.7%	62.4%	1,631	1,610	74.7%
North East & Yorkshire	73.1%				68.6%									24.6%	61.8%			74.7%
National	71.4%				61.0%									27.9%	61.6%			71.1%

The Trust remains in segment 3, mandated support for significant concerns. The Trust receives external support on emergency care pathways, cost improvement and transformation. Alongside the SOF the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan. Emergency care performance was below than the regional and national position, reflecting wider challenges within social care and other parts of the health and care system. 4-hour breaches, patients waiting over 12 hours from decision to admit, and ambulance handovers improved in August, and ED performance declined slightly in September due to external challenges described above and increased patient acuity. Elective access by RTT 18 week standard continues to be stable, whilst the England trend is a month-on-month deterioration in performance since July 2021. The number of patients waiting more than 78 weeks for non-urgent elective has remained stable and is ahead of trajectory to meet the national target for waits to be eliminated by April 2023. Outpatient and elective activity is approaching planned levels as services continue their COVID recovery. Diagnostic compliance remains an area of focus, with activity and performance plans in place. Diagnostic activity year-to-date is incorrectly reported above due to a technical systems issue, now resolved. 28 day and 62-day standard performance has improved in July.

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2250	2070	Sep 2022		
Serious Incidents	8	12	Sep 2022		
Never Events (YTD)	4	0	Sep 2022	N/A	N/A
Falls	158		Sep 2022		N/A
Falls Rate %	4.8	6.6	Sep 2022		
Falls With Harm	10		Sep 2022		N/A
Falls With Harm Rate %	0.3		Sep 2022		N/A

Incidents

There have been consistently high levels of incident reporting within the Trust for a sustained period, with 2,250 reported in September. A new trajectory to maintain this level has been introduced for the next 12 months with a review in 2023 when PSIRF (Patient Safety Incident Response Framework and LFPSE (Learning from Patient Safety Events) are fully implemented. The number of SIs remains within expected variation and learning continues to be shared at a local level with clinical colleagues, as well as across the wider organisation and with our system partners. There have been 4 NE during 2022/23.

Falls

The rate of falls was lower in September than in August. Seasonal variation in rates of falls is well documented and South Tees remains within its falls control limits.

The rate of falls with harm remained within our control limits. There is a consistently lower rate in 2022/23 than that seen prior to February 2022. Focused innovative work continues and structured reviews continue to be utilised as opportunities for learning from the whole multidisciplinary team.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.2		Sep 2022		N/A
Category 2 Pressure Ulcers (Community)	58		Sep 2022		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.3		Sep 2022		N/A
Category 3&4 Pressure Ulcers (Community)	21		Sep 2022		N/A
Medication Incidents	115		Sep 2022		N/A
Medications Reconciled Rate %	50.4%	80%	Aug 2022		
Omitted Critical Doses	27		Aug 2022		N/A
C-Difficile (YTD)	68	54	Sep 2022	N/A	N/A
MRSA (YTD)	0	0	Sep 2022	N/A	N/A
E-Coli (YTD)	55	67	Sep 2022	N/A	N/A
Klebsiella (YTD)	27	24	Sep 2022	N/A	N/A
Pseudomonas (YTD)	7	6	Sep 2022	N/A	N/A

Pressure Ulcers

The rate of hospital-acquired pressures ulcers in inpatient wards remains stable and within expected variation. The number reported in the community also remains stable and within expected variation.

The number of category 3 & 4 pressure ulcers reported as SIs in both the hospital and community setting is slightly above the baseline and within normal variations. The last Category 4 Pressure Ulcer reported in the community occurred in November 2021. There was a slight rise in category 2 pressure ulcers in the community setting.

The PURPOSE T tool (skin assessment) has been introduced at FHN and JCUH hospital and went digital (in Patientrack) in September. Extensive education and training has taking place in the clinical areas and an e-learning video created by the Tissue Viability team. Pressure ulcer review meetings continue, chaired by the Deputy Chief Nurse or Deputy Director of Quality.

Medications

Medication incidents reported in September remain within expected variation. Work takes place to ensure inpatients on critical medication are prioritised for reconciliation. Work is ongoing to skill mix staff to wards. Omitted critical doses below target of 2% for the second month [1.9% in September]. EPMA and clinical teams continue to work to maintain this improvement.

Healthcare acquired infections

Clostridiodes difficile infections have clear tracking, reporting and governance in place. There have been no MRSA cases reported year to date to September 2022. HCAI for *Escherichia coli* are below expected trajectory, year to date. Rates for *Pseudomonas* and *Klebsiella* are as expected.

A group has been established to refresh and review ANTT (Aseptic non-touch technique) practices accompanied with a clear training plan including implementation with the line care passport with outpatient antibiotic therapies team (OPAT).

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	399		Sep 2022	N/A	N/A
Breast feeding initiated (48 hrs)	60.9%	74.5%	Sep 2022		
Preterm birth rate <26+6 wks	0.5%	6%	Sep 2022		
Preterm birth rate 27 - 36+6 wks	7.1%	6%	Sep 2022		
Induction of Labour (%)	45.2%	44%	Sep 2022		
Number of 3rd/4th degree tear (%)	1.2%	3.5%	Sep 2022		
PPH > 1500ml (%)	1.72%	2%	Sep 2022		
Still Births (YTD)	9	17	Sep 2022	N/A	N/A

Maternity services

The pre-term birth rate for babies 27-36+6 weeks gestation is within expected variation but can be higher than the standard due to the specialist nature of the service and the proportion of high-risk pregnancies managed within the Trust. All pre-term births are reviewed, and all guidelines are followed. Pre-term birth clinics are held weekly with a named consultant and midwife.

Breastfeeding initiation rates are below target, as is reflected in the regional public health statistics. The Trust is UNICEF baby-friendly accredited.

There is no national or regional target set for the Induction of labour (IOL) and therefore this is a Trust indicative standard. A working group has been setup to review the IOL pathway.

Harm as indicated by 3rd/4th degree tears and is consistently better than the expected standard.

Post-partum Haemorrhage (PPH) rate fluctuates month to month, within expected variation. All cases are reviewed to ensure guidelines are followed.

A fuller range of maternity standards are reviewed monthly by the Maternity Improvement Board and reported to Quality Assurance Committee.

EFFECTIVE

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6.2%		Jul 2022		N/A
Sepsis - Oxygen delivered within 1hr	100%	95%	Aug 2022		
Sepsis - Blood cultures within 1hr	71%	95%	Aug 2022		
Sepsis - Empiric IV antibiotics within 1hr	74.2%	95%	Aug 2022		
Sepsis - Serum lactate within 1hr	87.1%	95%	Aug 2022		
Sepsis - IV fluid resuscitation within 1hr	71%	95%	Aug 2022		
Sepsis - Urine measurement within 1hr	100%	95%	Aug 2022		
Summary Hospital-Level Mortality Indicator	107.6	100	May 2022		
Comorbidity Coding	4.5		Jun 2022		N/A

Readmission rates

The emergency readmission rate is within normal variation.

Sepsis

Full compliance has been observed for 2 of the 6 elements (Oxygen within 1 hour and urine output measurement within 1 hour). IV Antibiotics and IV fluids have dipped slightly and remain within normal variation. Compliance with blood cultures and serum lactate remain areas requiring improvement.

Further actions include:

- Data extraction via Patientrack to support audit process
- Roll out commenced of Enhanced Care competencies – Enhanced Care Educator
- Targeted education to ward-based areas – driven by Patientrack
- 92% of all antibiotics delivered within a 3-hour timescale
- Introduction of phase one of smartpage which will ultimately feature close the loop, in the interim soft alerting is live and available
- Stickers have been designed for thermometers educating staff about blood culture requirements in normotensive and hypotensive patients.
- Additional prompts in webice for lactate. When a blood culture is requested, there is now guidance for lactate monitoring in sepsis and a sample can be requested with the blood culture.

Mortality

For the latest official reporting period, June 2021 to May 2022, SHMI is 'as expected' at 108. SHMI rose before the pandemic, peaked and is falling. Observed and expected deaths (in hospital or within 30 days of discharge) fell during the pandemic, due to reduced hospital activity and had been returning to normal volumes.

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..

Reporting to the Trusts' governance committees shows that Medical Examiner scrutiny remains at >95%, with around 10% referred for further review. Learning from ME and mortality reviews included End of Life care, documentation of care, coordination of care for complex patients and transfers from other hospitals. Learning is cascaded through the Trust governance structures.

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	82.4%	78%	Sep 2022		
Inpatient Experience (%)	96.9%	94%	Sep 2022		
Maternity Experience (%)	91.3%	92%	Sep 2022		
Outpatient Experience (%)	94.7%	93%	Sep 2022		
Community Experience (%)	99.2%	94%	Sep 2022		
New Complaints	20		Sep 2022		N/A
Closed Within Target (%)	45.8%	80%	Sep 2022		

Patient experience

Emergency Department Friends & Family Test score improvement, above target for the second consecutive month, with close overview from within the directorate.

The Inpatient Friends & Family Test score remains above target. The feedback in the Outpatient Friends & Family Test score remains above the target.

The Friends & Family Test score reported in Community services consistently performs above the national average.

The Maternity Friends & Family Test score is captured at the four touchpoints (antenatal, birth, postnatal and community postnatal). The Maternity Voices improvement plan is being updated and will be shared at the next Patient Experience Steering Group. This focuses on addressing service users' concerns and suggestions.

Closed with target

Following last month's improvement, a plan has been developed in collaboration with the patient experience team and the Safe and Effective Care Leads to continue to increase and sustain compliance. This is monitored weekly with a trajectory of completion by end November 2022. It is overseen by the Patient Experience Steering Group.

Learning from complaints

Learning and themes from complaints are systematically shared with clinical colleagues. Changes in response to complaints include procedural changes and training to improve clinical practice and communication.

Elective inpatient PTL Inequalities: Deprivation

Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	1784	598	25%	2382
02	1038	330	24%	1368
03	1082	281	21%	1363
04	1609	379	19%	1988
05_least_dep	1155	290	20%	1445
N/k	406	112	22%	518
Total	7074	1990	22%	9064

IMD is taken from patient's postcode of residence

Long Waiters:

P2 > 3 weeks

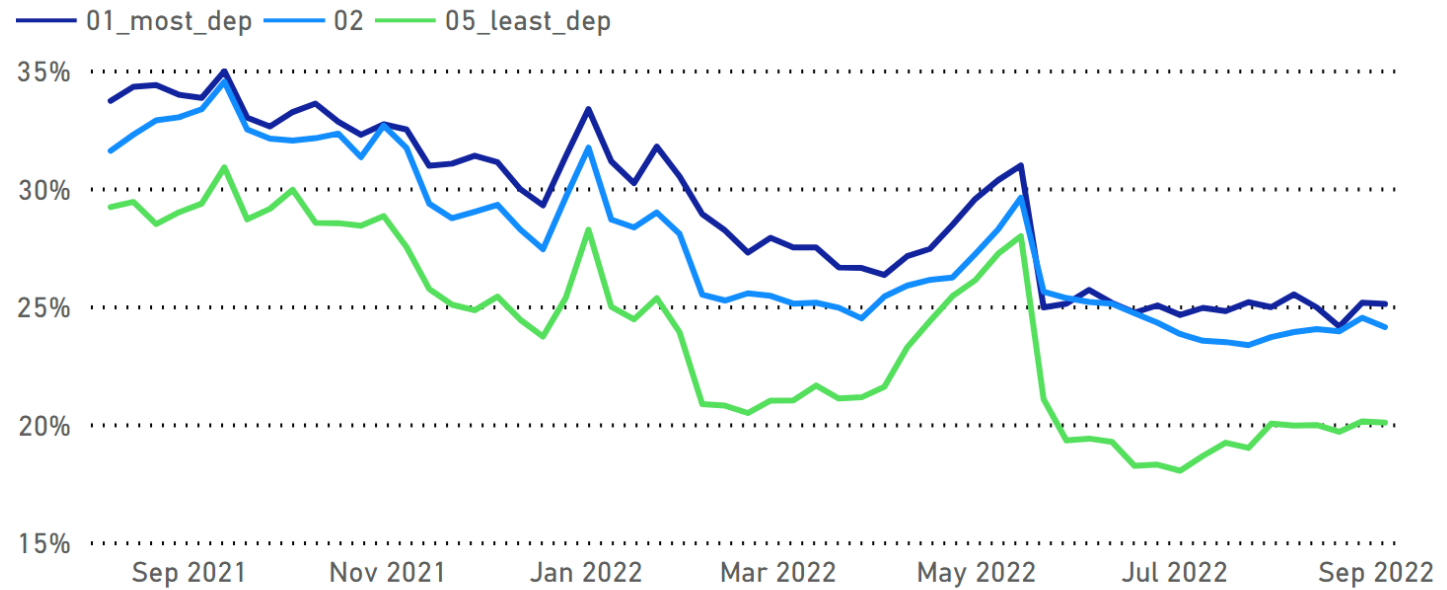
P3 > 3 months

Any > 52 weeks

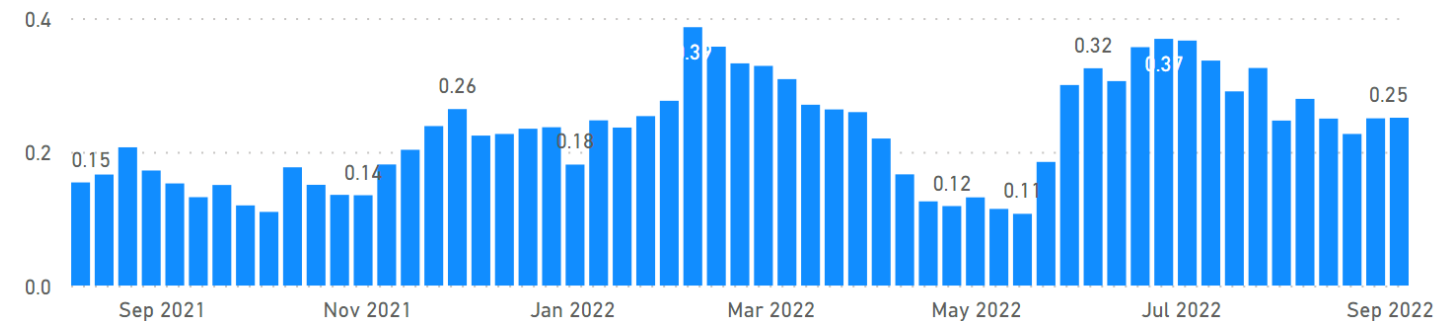
In Standard: All others

This graph compares the proportion of long waiters for quintile 1 with the proportion for quintile 5. So if quintile 1 is 25% and quintile 5 is 20% then quintile 1 is 25% higher than quintile 5. If the values are positive quintile 1 patients are more likely to be long waiters than quintile 5 patients

Long waits as % of total PTL for Quintiles 1, 2 & 5



Variance of Quintile 1 % long waiters to Quintile 5 % long waiters



The Trust serves some of England's most deprived wards. The waiting list is monitored to ensure equitable access. Deprivation may be correlated with patient's ability to attend appointments, and with poorer health, leading to longer and more complex care pathways.

EQUITABLE

Elective inpatient PTL Inequalities: Ethnicity

Latest PTL by IMD quintile

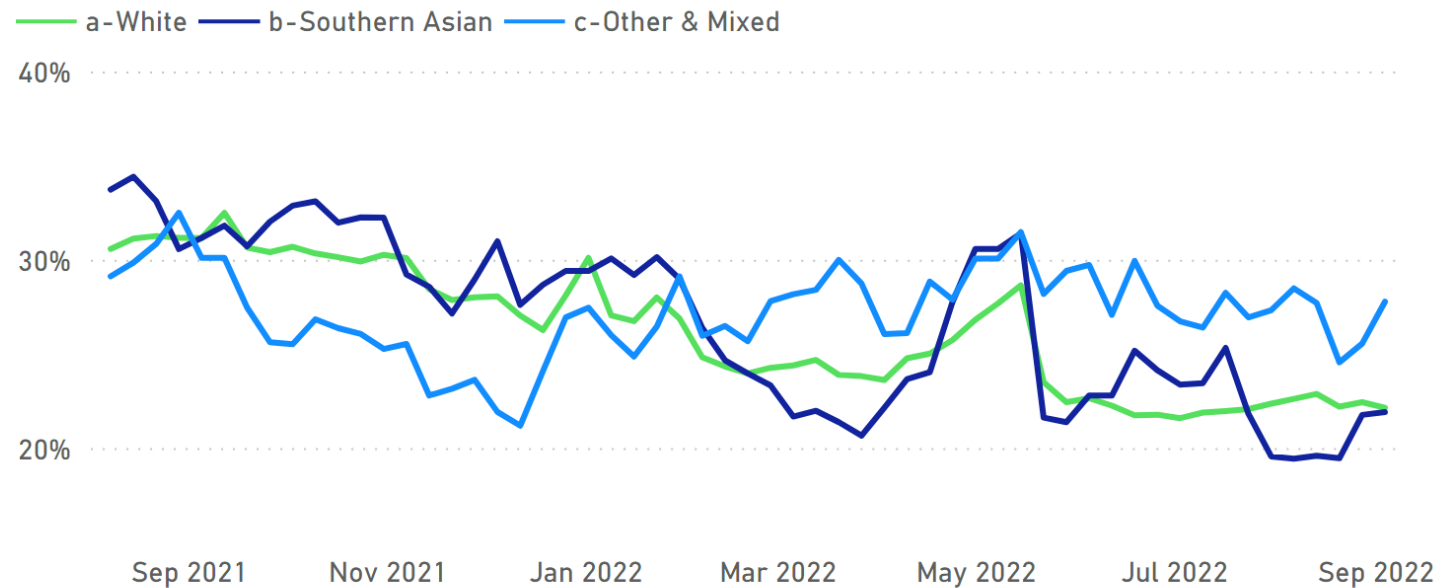
Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
a-White	5863	1668	22%	7531
b-Southern Asian	114	32	22%	146
c-Other & Mixed	130	50	28%	180
Black	15	9	38%	24
Mixed	25	19	43%	44
Other	90	22	20%	112
N/k	967	240	20%	1207
Total	7074	1990	22%	9064

Long Waiters:
P2 > 3 weeks
P3 > 3 months
Any > 78 weeks

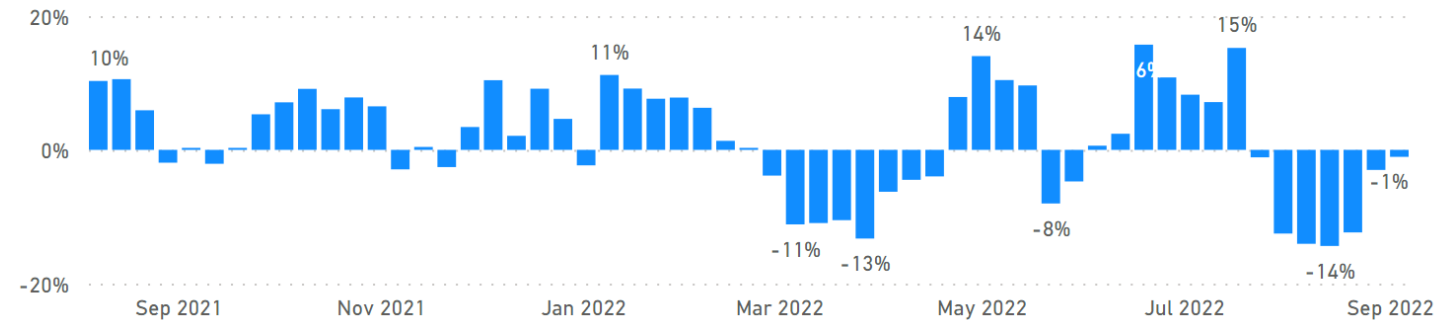
In Standard: All others

This graph compares the proportion of long waiters for people with Southern Asian ethnicity with the proportion for White ethnicity. So if the Southern Asian group 25% and White is 20% then Southern Asian is 25% higher than White. If the values are positive Southern Asian patients are more likely to be long waiters than White patients

Long waits as % of total PTL by Ethnic groups



Variance of Southern Asian % long waiters to White



The Trust also monitors waiting time by ethnicity, however due to smaller numbers, large fluctuations in the data can occur. For the largest ethnicity grouping, Southern Asian, there is no consistent trend in variation in waiting times, when compared to White patients. Other ethnicity groupings are combined due to small numbers and any differential is closely monitored as we ensure all long waiters are treated.

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
ED Attendances - Type 1 (vs 19/20)	9701	9587	Sep 2022		
ED Attendances - Type 3 (vs 19/20)	5223	3826	Sep 2022		N/A
Handovers - Within 15 Mins (%)	55%	65%	Sep 2022		
Handovers - Within 30 Mins (%)	73.1%	95%	Sep 2022		
4-Hour A&E Standard	69.7%	95%	Sep 2022		
12-Hour Waits from Decision to Admit	43	0	Sep 2022		
12-Hour A&E Breaches	270	0	Sep 2022		N/A
RTT Incomplete Pathways (%)	65.3%	92%	Aug 2022		
RTT 52 week waiters	1459	1105	Aug 2022	N/A	N/A
RTT 78 week waiters	102	119	Aug 2022	N/A	N/A
RTT Waiting List Size	46830	41677	Aug 2022		
Diagnostic 6 Weeks Standard (%)	64.6%	99%	Aug 2022		
Cancer 14 Day Standard (%)	57%	93%	Aug 2022		
Cancer 31 Day Standard (%)	92.6%	96%	Aug 2022		
Cancer 62 Day Standard (%)	60.2%	85%	Aug 2022		
Cancer 62 Day Screening (%)	57.1%	90%	Aug 2022		
Cancer Faster Diagnosis Standard (%)	68.3%	75%	Aug 2022		
Cancelled Ops - Non-Urgent Cancelled on Day	40	0	Sep 2022		
Cancelled Ops - Not Rebooked Within 28 days	6	0	Sep 2022		
Cancer Operations Cancelled On Day (YTD)	0	0	Sep 2022	N/A	N/A

Urgent and emergency care

The impact of challenges across the health and social care system continues to be observed. Increased levels of urgent and emergency care activity continued in September, and although numbers were lower than the July peak, the number of ambulance arrivals and patients with high acuity placed significant demands on ED. Discharge delays improved in September but, due to ongoing challenges in social care, did not offset high bed occupancy which impacted on patient flow into and onwards from ED, ambulance handovers and delivery of 4-hour and 12-hour standards. Evidence-based process improvement work in this area remains an organisational priority and the trust continues to work closely with local authorities and other partners to ensure that everything possible is done to ensure people who are ready to leave hospital, who require social care support, are able to access this as quickly as possible.

Elective, diagnostic and cancer waiting times

Referral to treatment within 18 weeks performance was stable and, at 65.53%, better than the national average 60.8%. Operational plans for outpatient and inpatient activity for 22/23 include an increase in activity to reach 104% of pre-pandemic levels, which will impact positively on this metric as services continue their COVID-19 recovery. The focus remains on the longest waiters – maintaining a zero position with 104 week waits and eliminating 78-week waits ahead of plan.

Diagnostic access was at 65% compliance with the 6-week standard at end of August as urgent cases are prioritised. All modalities have demand and capacity plans in place with actions and are refreshing trajectories to compliance. Tests for waiting list patients must be balanced against increasing volumes of (e.g. in CT) urgent demand and surveillance. Additional capacity has come online in endoscopy at both JCUH and FHN, further capacity comes online in September 2022. This will in turn have a positive impact on metrics. 62-day standard for August 60.2%, with continued focus on long waiters awaiting first definitive treatment (these patients are reported as their treatment takes place). Improvement is on a trajectory to be compliant with plan. 14-day standard remains an area of focus.

RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	17451	19253	Sep 2022		
Outpatient Follow Up Attendances	44671	45189	Sep 2022		
Day Case admissions	5610	6401	Sep 2022		N/A
Ordinary Elective admissions	989	1132	Sep 2022		
NEL admissions with 0 LOS	1417	1936	Sep 2022		
NEL admissions with 1+ LOS	3376	3697	Sep 2022		
Length of Stay - Elective	4.2		Sep 2022		N/A
Length of Stay - Non-Elective	5.1		Sep 2022		N/A
Not Met Not Discharged	84	90	Sep 2022		
21 Day Stranded Patients (%)	13%	12%	Sep 2022		

Activity

September data reported is not yet fully coded. At Trust level to end August, outpatient first and follow-up attendances YTD are at 96% and 99% of plan. Elective Day Cases are at 98% of plan YTD (impacted by the additional Bank Holiday). Ordinary Elective (overnight) admissions are at 86% of plan YTD. Collaboratives are working through plans for Ordinary Elective, reflected in the growth in volume of activity in August and September.

Non-elective admissions are lower than predicted, however as a consequence of wider health and care system pressures (see below), bed occupancy on assessment units and general medical wards was above the 92% standard.

Length of Stay

Elective length of stay remains lower than the longer-term average, whilst non-elective length of stay remains higher. There are ongoing pressures across the social care sector which impact on timely discharge of patients who have ongoing care and support needs. This particularly impacts on patients awaiting a package of care in their own home. The Trust's winter plans, include the provision of more capacity to care for patients when their acute medical needs have been met, alongside development of out-of-hospital alternatives to acute care such as Virtual Wards. These will bring additional capacity phased in over the winter months.

Patients who no longer meet criteria to reside in an acute bed has continued to improve and was better than target in September. The Trust has made progress in reducing delays within its span of control. However, social care attributable delays remain a feature and increased again in October.

The number of patients staying in hospital longer than 21 days increased when activity returned to pre-COVID levels and remains within the expected variation of this metric post-COVID. The percentage of patients with long stay is driven by our specialist critical care, spinal cord injuries and rehabilitation pathways as a regional tertiary centre.

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£16.262m	-£14.749m	Sep 2022	N/A	N/A
Annual Appraisal (%)	76.6%	80%	Sep 2022		
Mandatory Training (%)	88.9%	90%	Sep 2022		
Sickness Absence (%)	5.5%	4%	Sep 2022		
Staff Turnover (%)	13.6%	10%	Sep 2022		

Finance and use of resources

The Trust plan is to deliver a £20.7m deficit for the 2022/23 financial year, as part of the ICS plan to deliver financial balance at a system level. At the end of Month 6, the Trust year-to-date financial position shows a £1.5m variance relating to the additional year-to-date cost of the national pay award (and arrears) above the level of pay award funding that has been provisionally allocated to the Trust by the ICB. Discussions are ongoing regionally and nationally regarding the level of pay award funding allocated to the ICB for distribution to provider trusts to meet the full costs of the national pay award.

People

Sickness absence across the Trust was 5.50% for the month of September. The Wellbeing and Attendance team review all long-term sickness cases with managers across the Collaboratives.

Appraisal compliance across the Trust has improved again this month and is now 76.62%. Mandatory Training compliance is now 88.95%. HR is meeting with Collaboratives regularly to review compliance and agree plans for further improvement.

The Trust continues to see turnover below the national average, with nursing turnover rates amongst the lowest in the country.

A Restorative Just & Learning Culture Programme workshop took place in October 2022, with key stakeholders. This includes a Programme board, operational group and four workstreams. The introduction of a Restorative Just & Learning Culture across the Trust will support in improving KPI's such as sickness absence and turnover.

The NHS National Staff Survey was launched in the Trust September 2022. There is a weekly review/ update of Collaborative response rates and a plan to visit ward and departmental areas with the lower response rates.

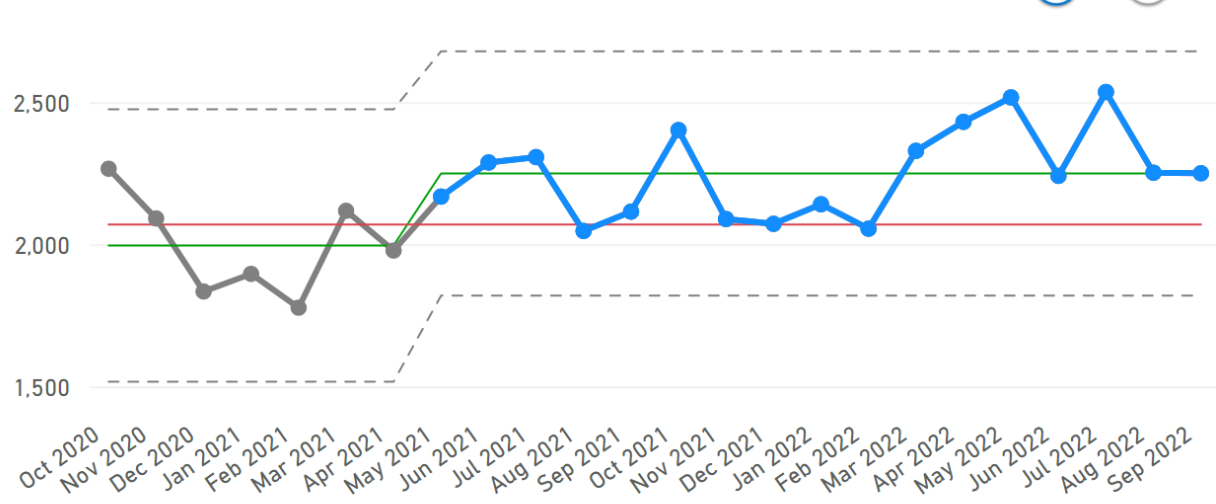
APPENDICES

SPC charts for the metrics summarised above, by domain.

SAFE

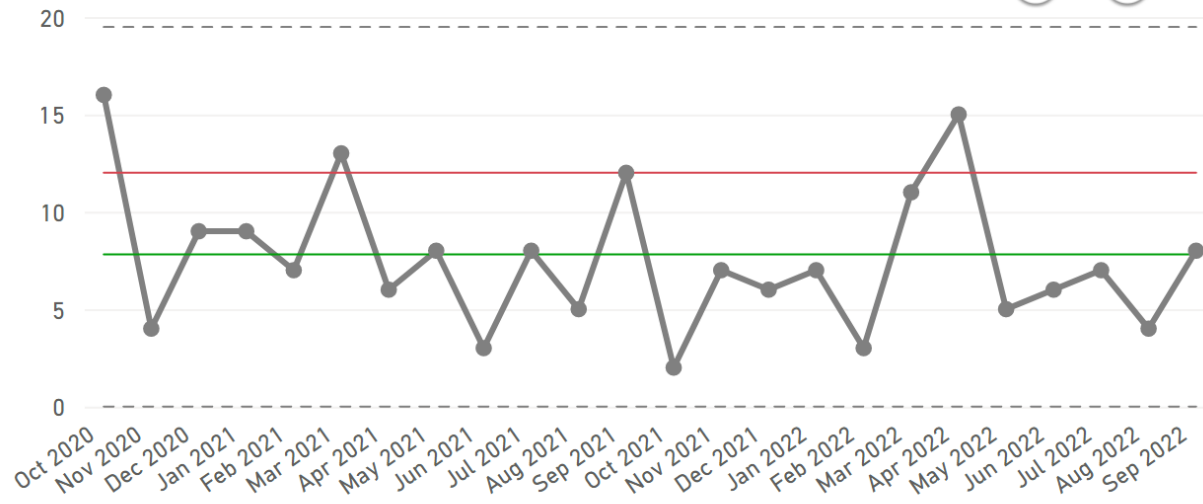
DATIX Incidents

Month	Performance	Target	Trend	Assurance
Sep 2022	2250	2070		



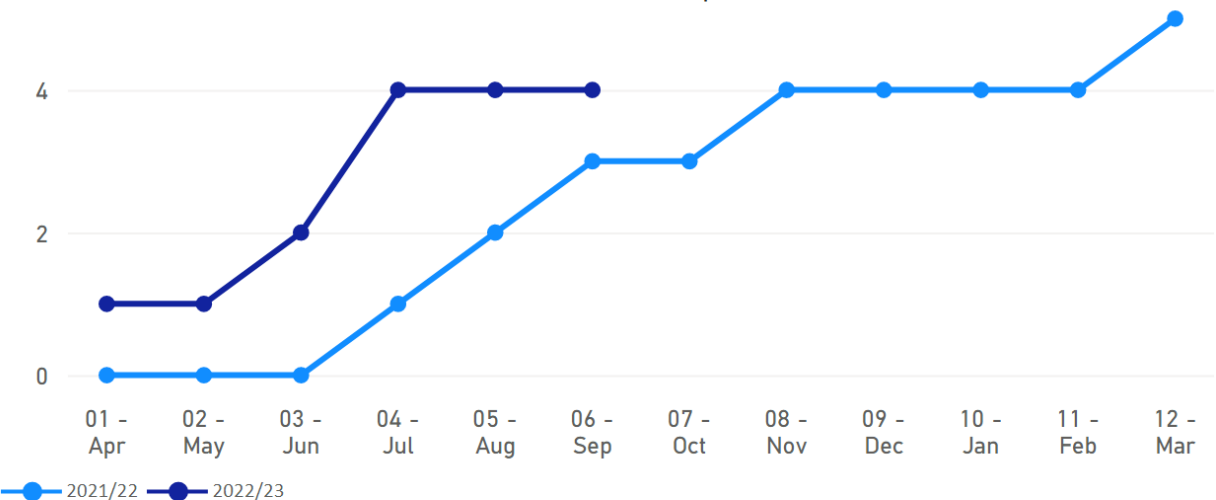
Serious Incidents

Month	Performance	Target	Trend	Assurance
Sep 2022	8	12		



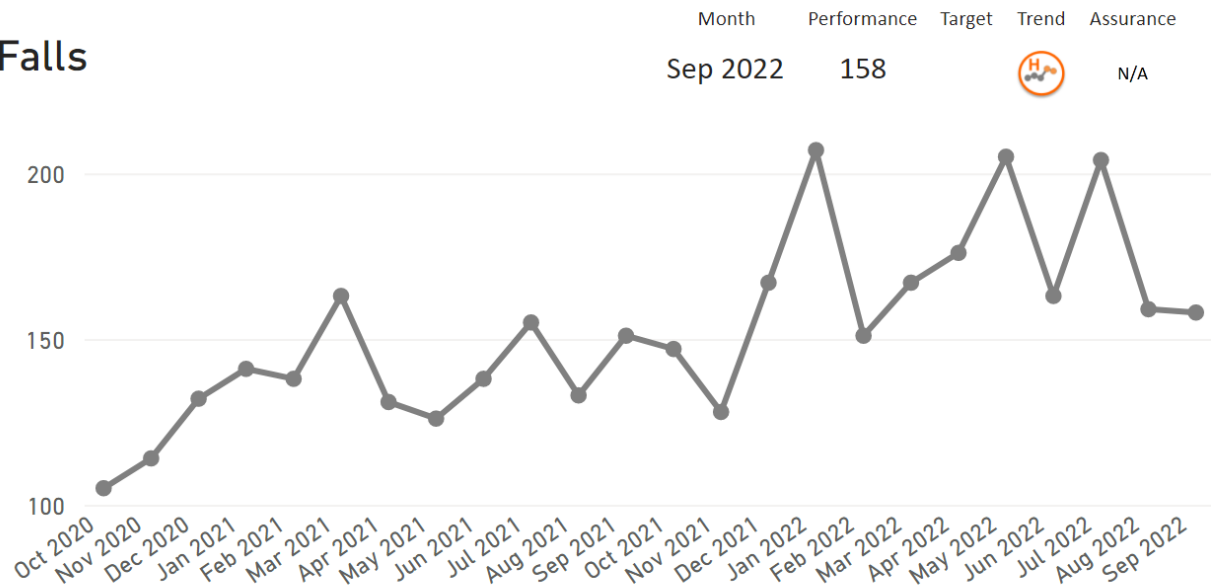
Never Events (YTD)

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

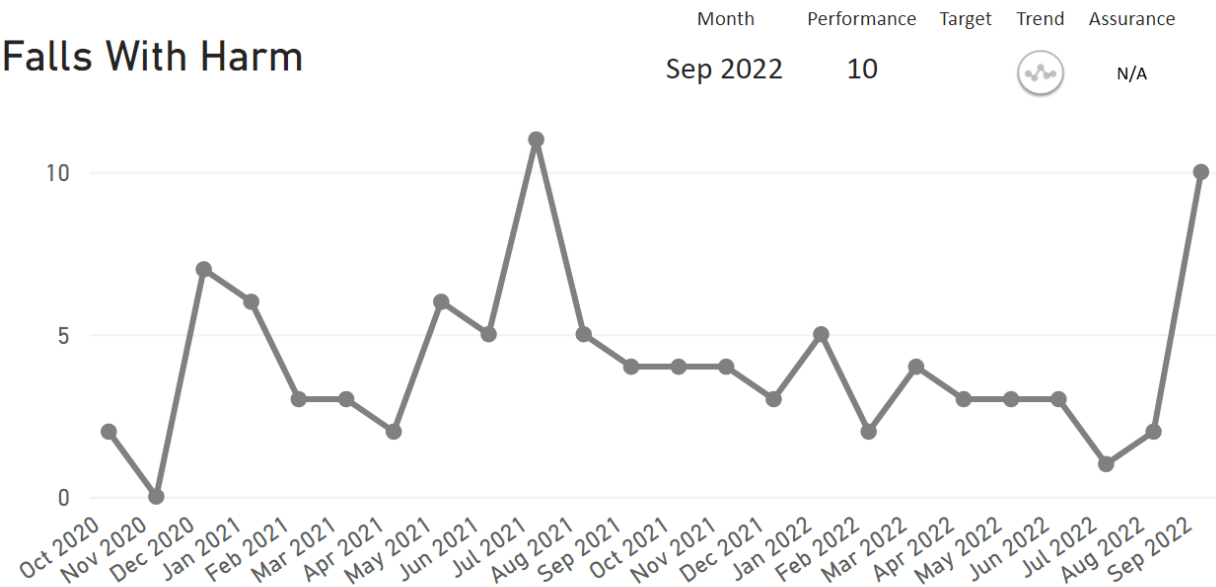


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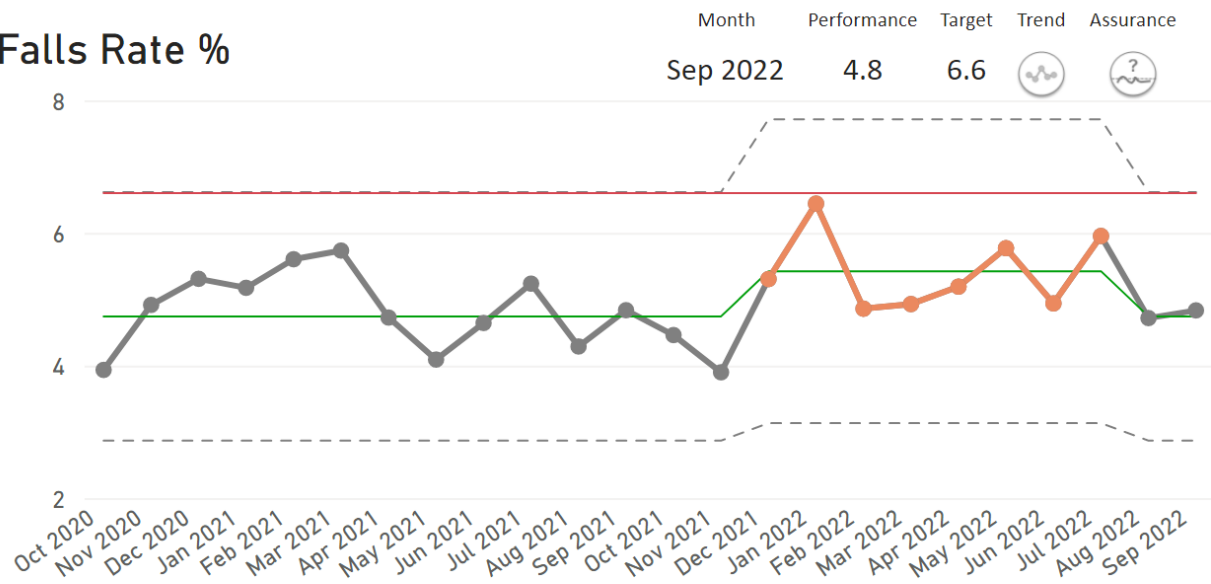
Falls



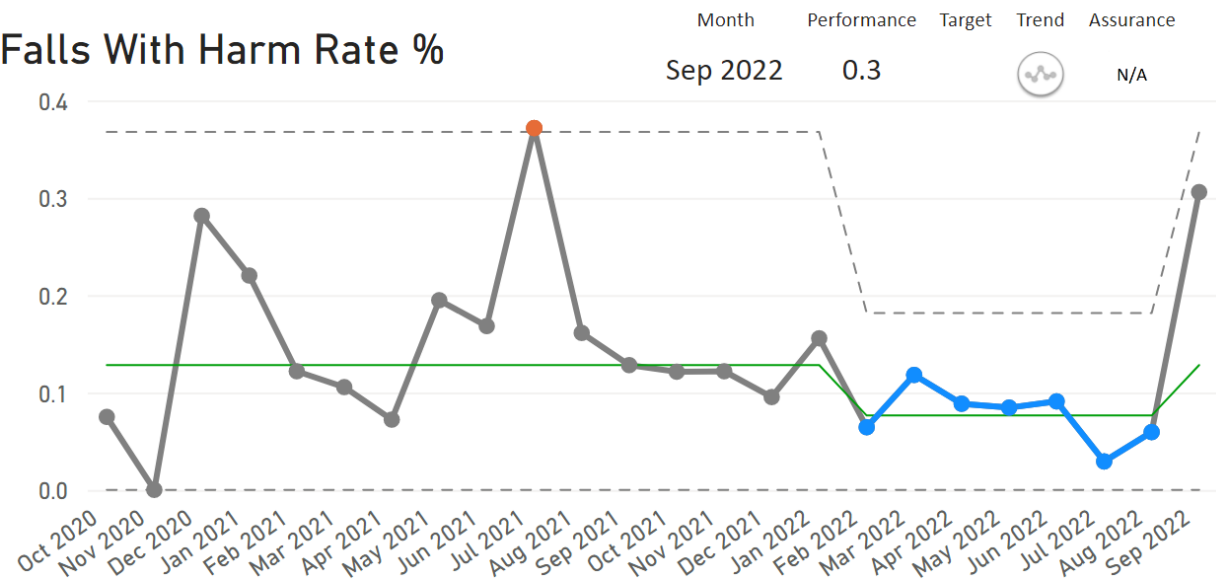
Falls With Harm



Falls Rate %



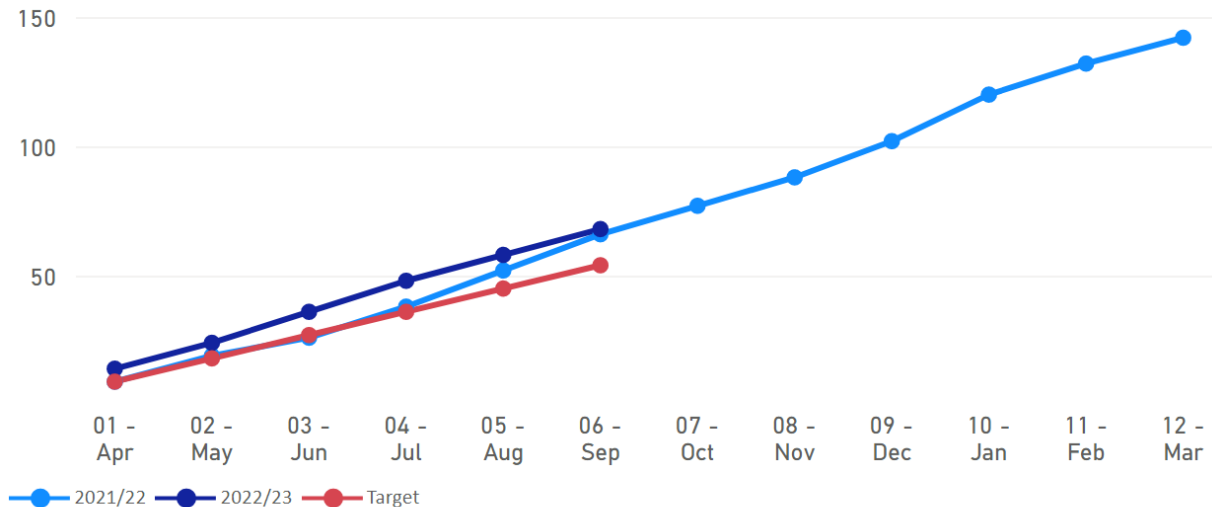
Falls With Harm Rate %



SAFE

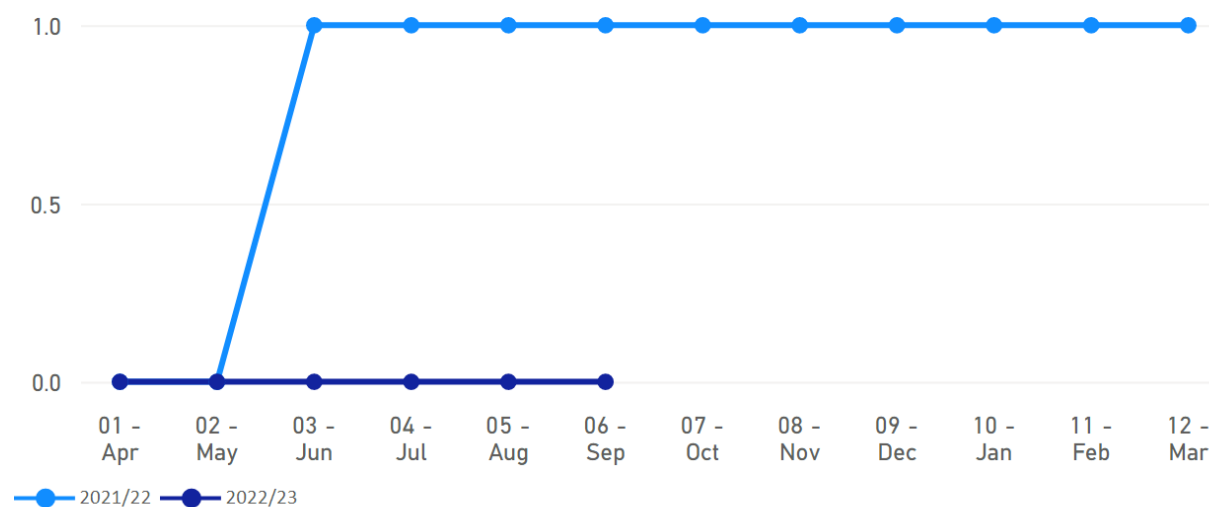
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Sep 2022	68	54	N/A	N/A



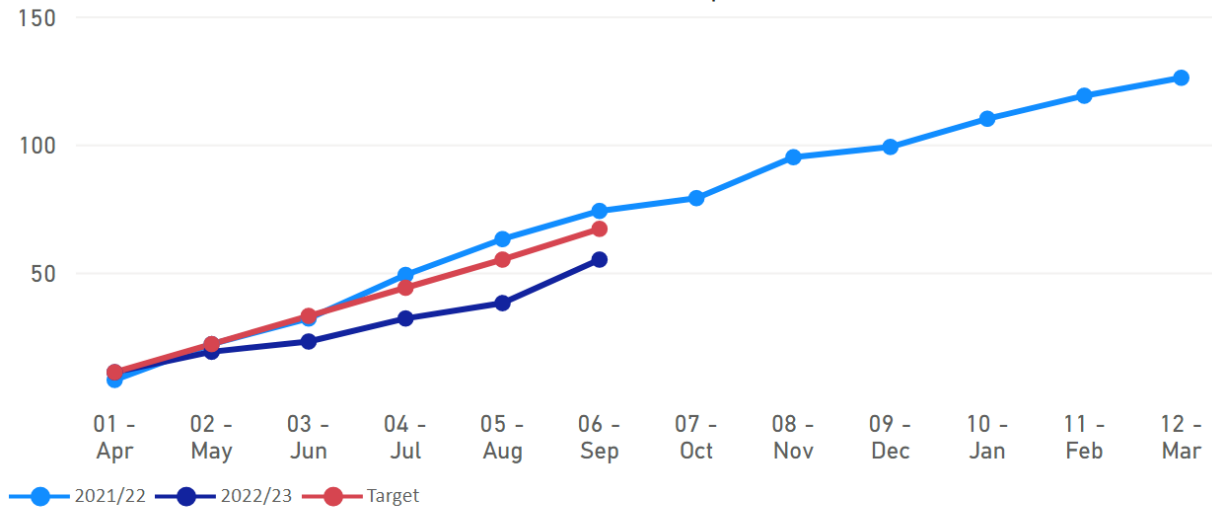
MRSA (YTD)

Month	Performance	Target	Trend	Assurance
Sep 2022	0	0	N/A	N/A



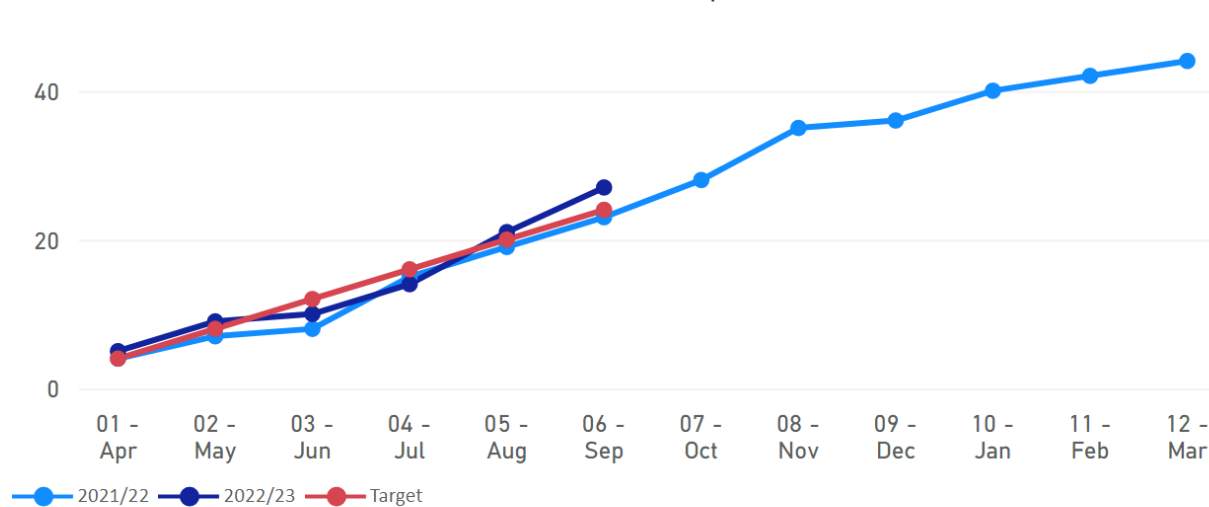
E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Sep 2022	55	67	N/A	N/A



Klebsiella (YTD)

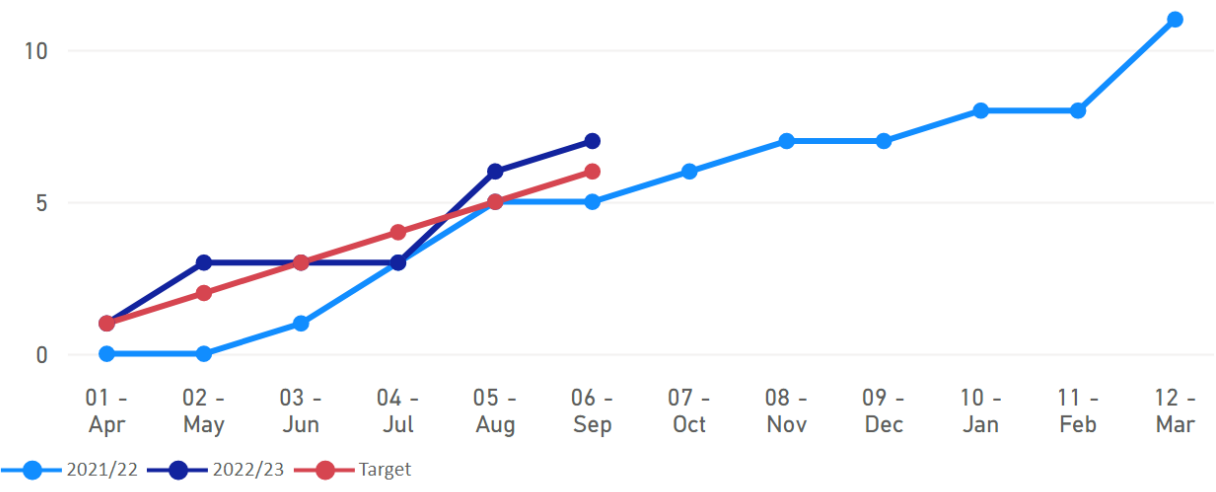
Month	Performance	Target	Trend	Assurance
Sep 2022	27	24	N/A	N/A



SAFE

Pseudomonas (YTD)

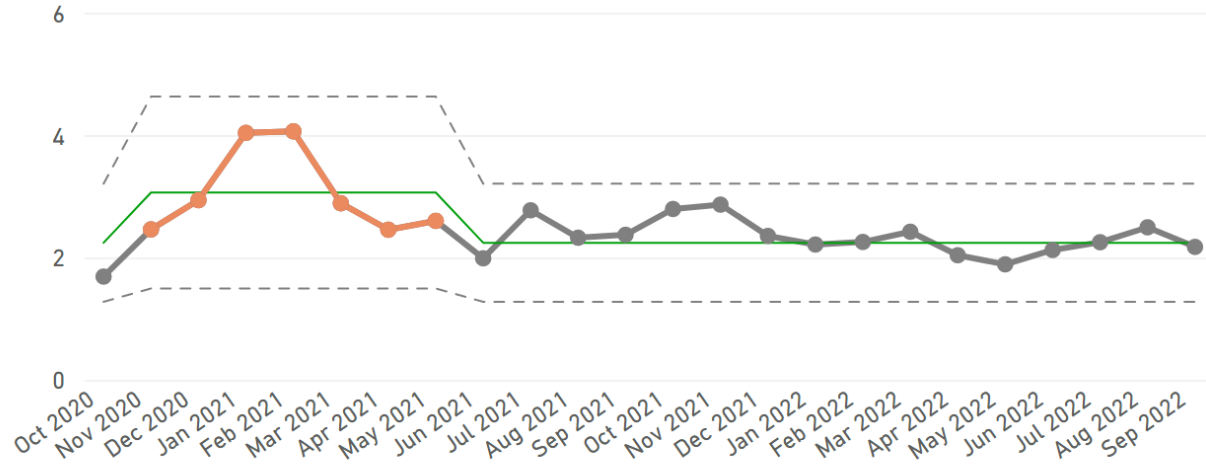
Month	Performance	Target	Trend	Assurance
Sep 2022	7	6	N/A	N/A



SAFE

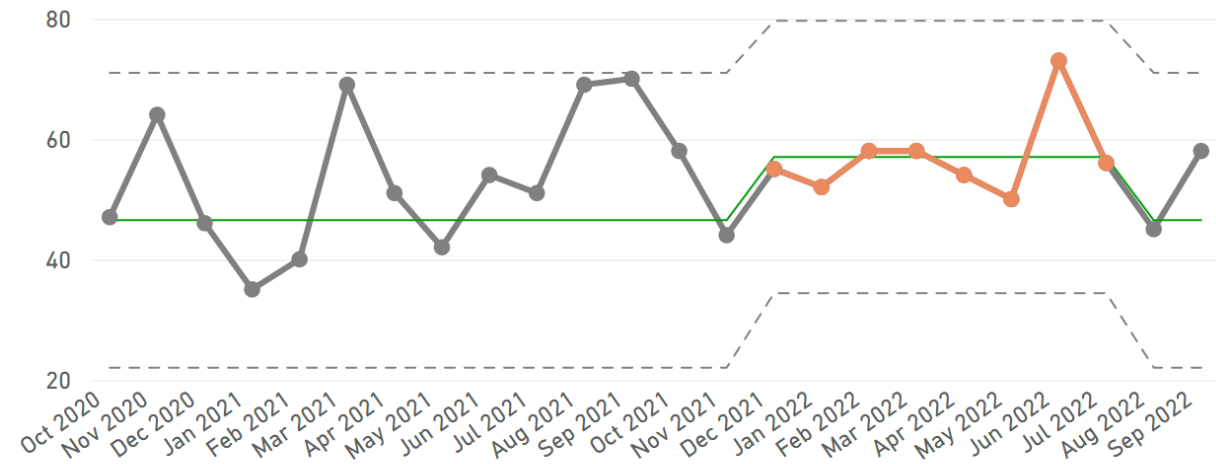
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Sep 2022	2.2			N/A



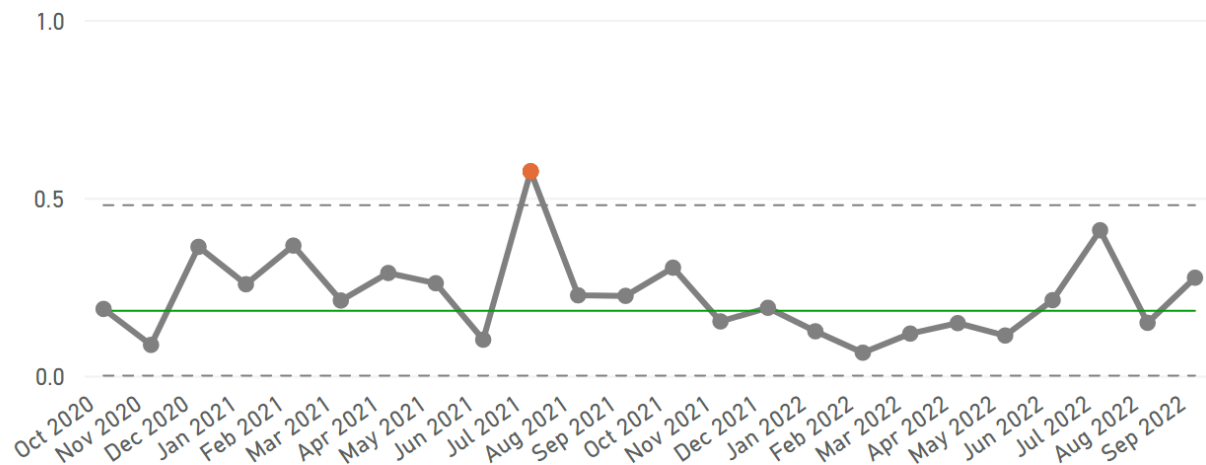
Category 2 Pressure Ulcers (Community)

Month	Performance	Target	Trend	Assurance
Sep 2022	58			N/A



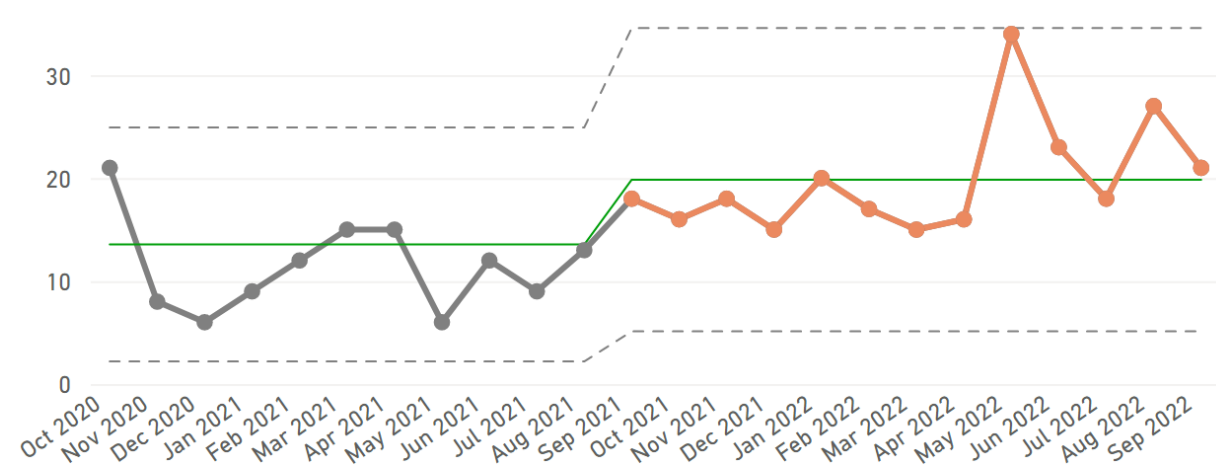
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Sep 2022	0.3			N/A



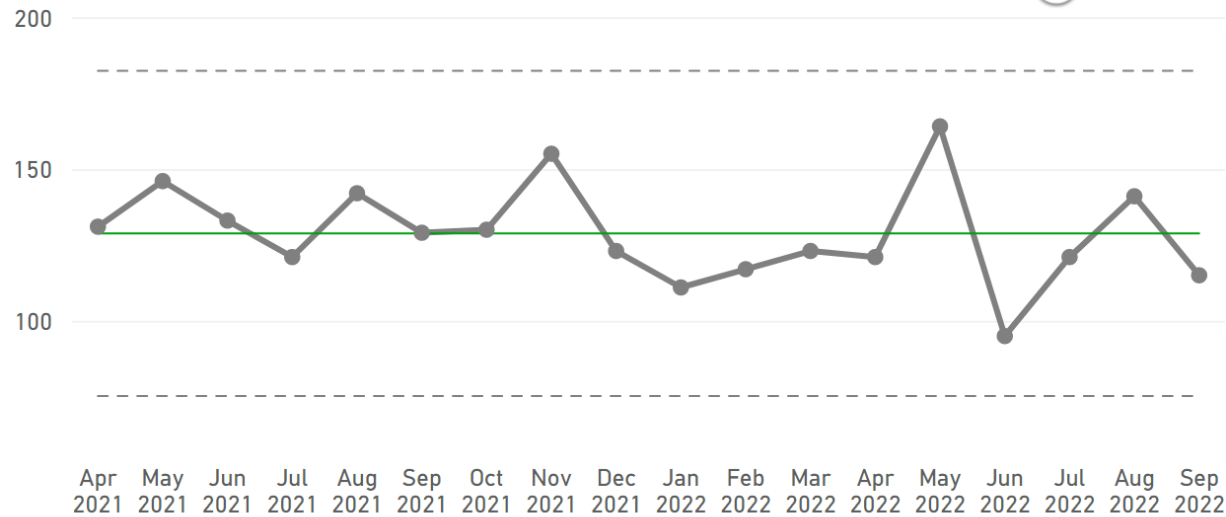
Category 3&4 Pressure Ulcers (Community)

Month	Performance	Target	Trend	Assurance
Sep 2022	21			N/A





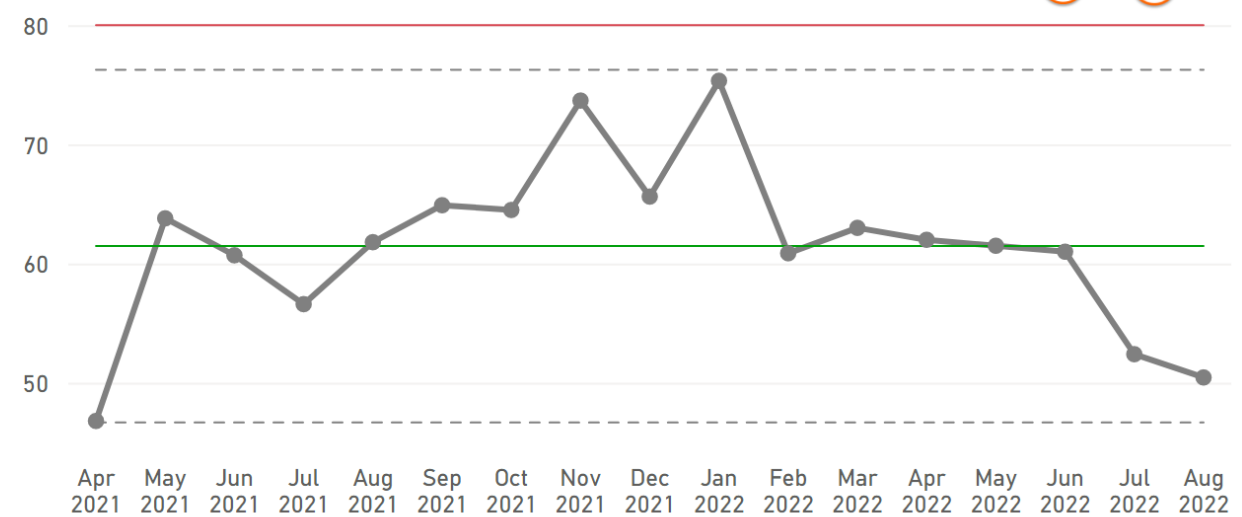
Medication Incidents

Month: Sep 2022
Performance: 115
Target: 130
Trend: 
Assurance: N/A




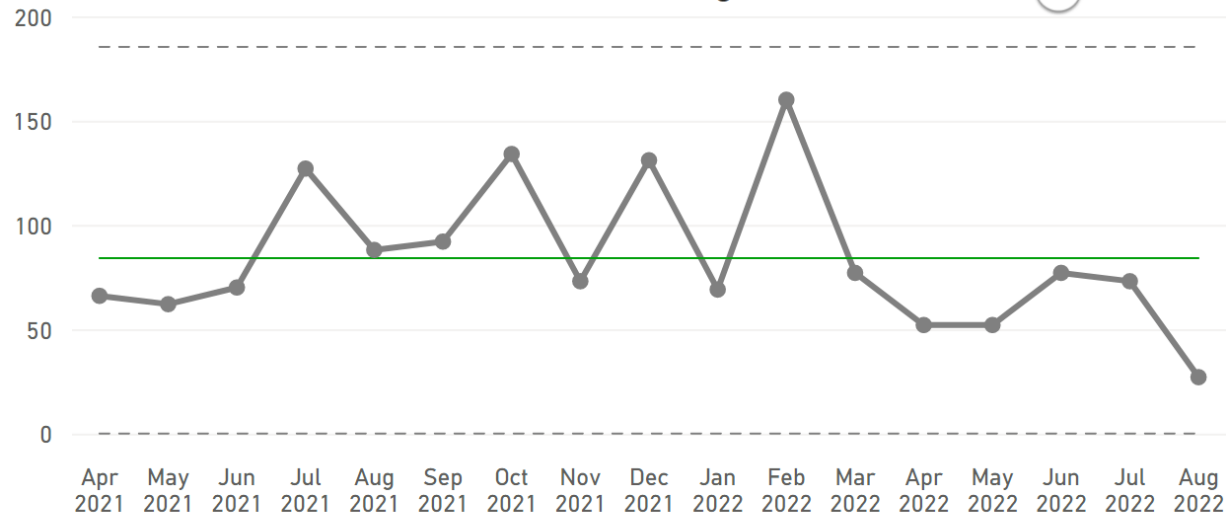
Medications Reconciled Rate %

Month: Aug 2022
Performance: 50.4%
Target: 80%
Trend: 
Assurance: 



Omitted Critical Doses

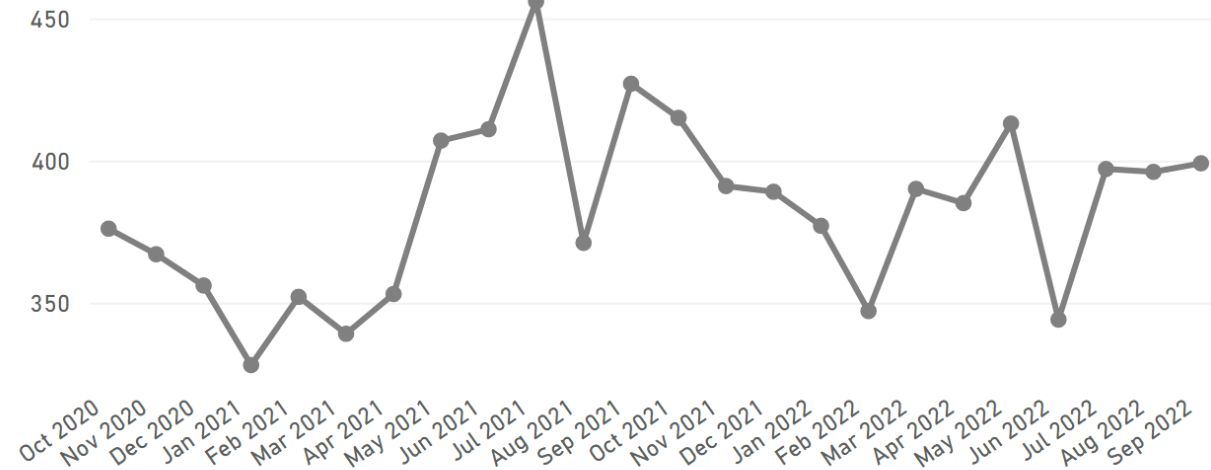
Month: Aug 2022
Performance: 27
Target: 85
Trend: 
Assurance: N/A



SAFE

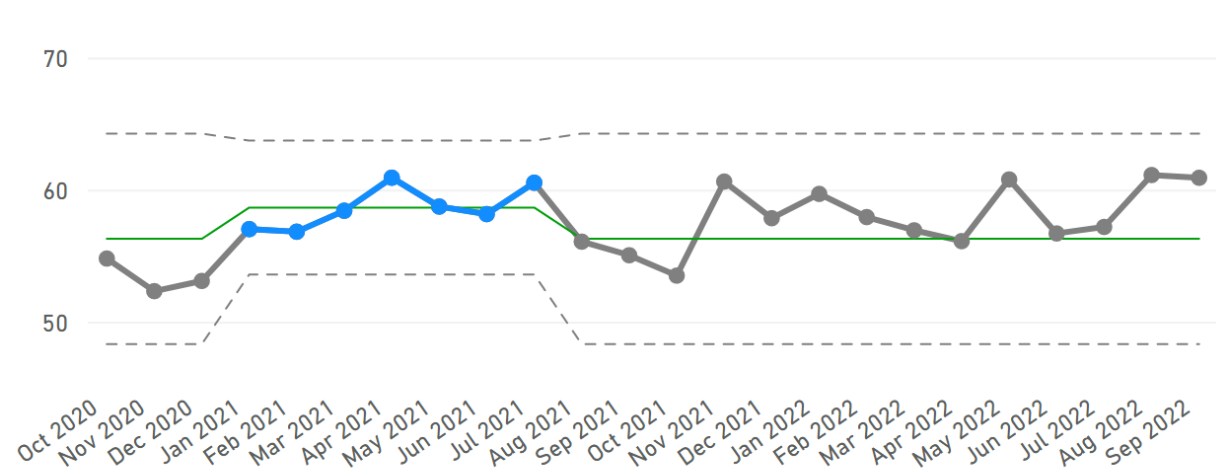
No. of babies born

Month	Performance	Target	Trend	Assurance
Sep 2022	399		N/A	N/A



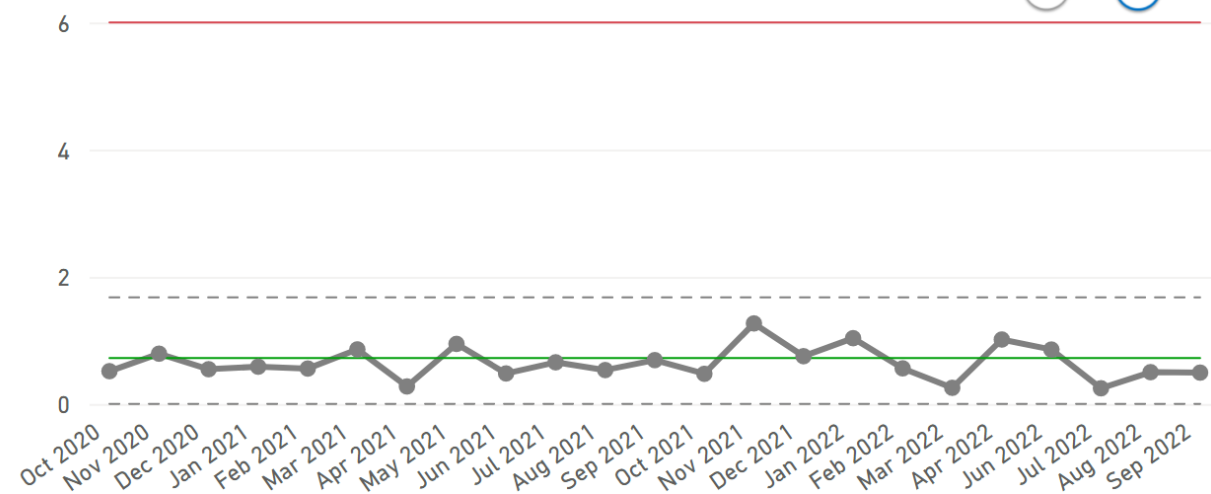
Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Sep 2022	60.9%	74.5%		



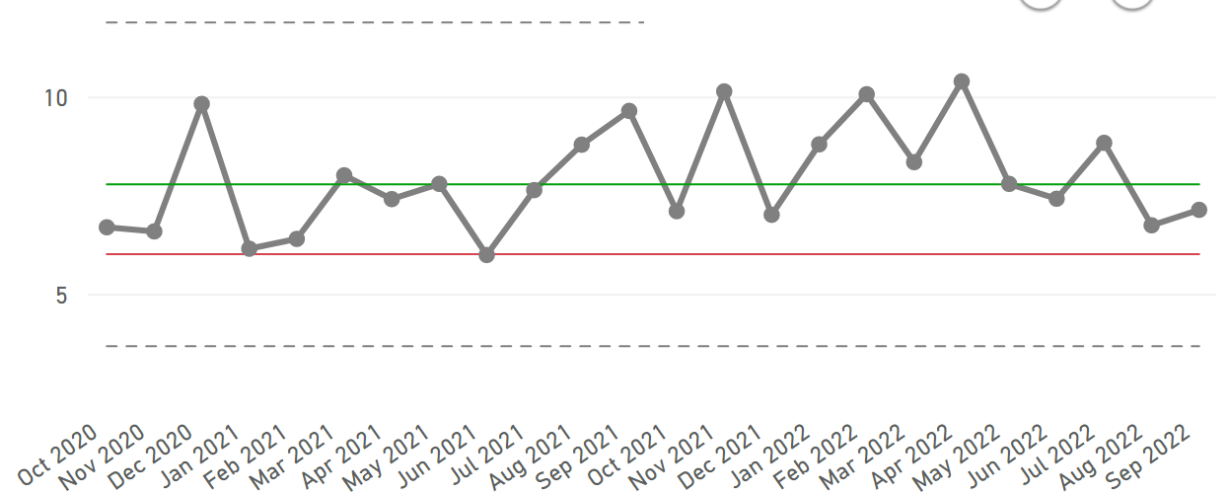
Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
Sep 2022	0.5%	6%		



Preterm birth rate 27 - 36+6 wks

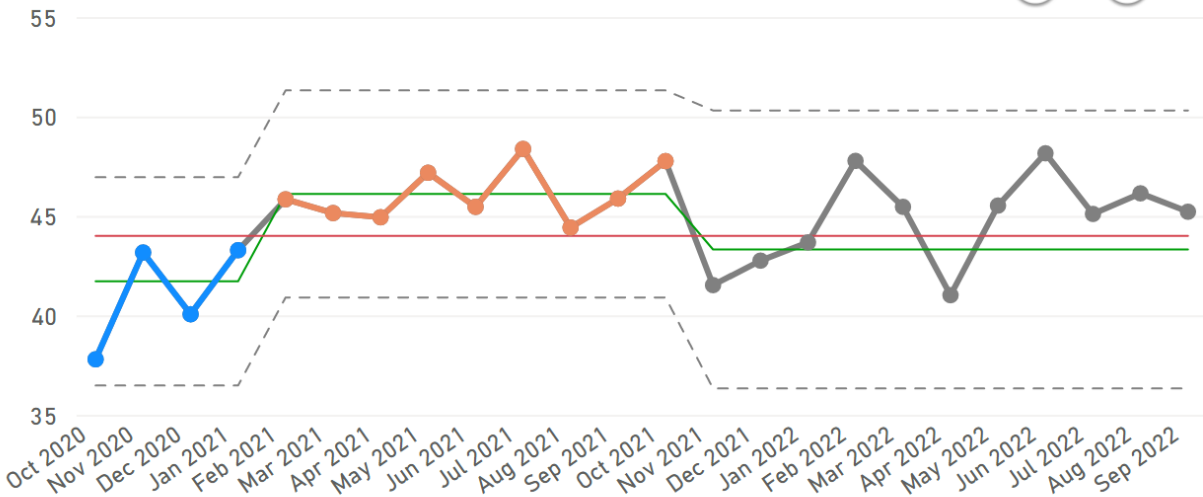
Month	Performance	Target	Trend	Assurance
Sep 2022	7.1%	6%		



SAFE

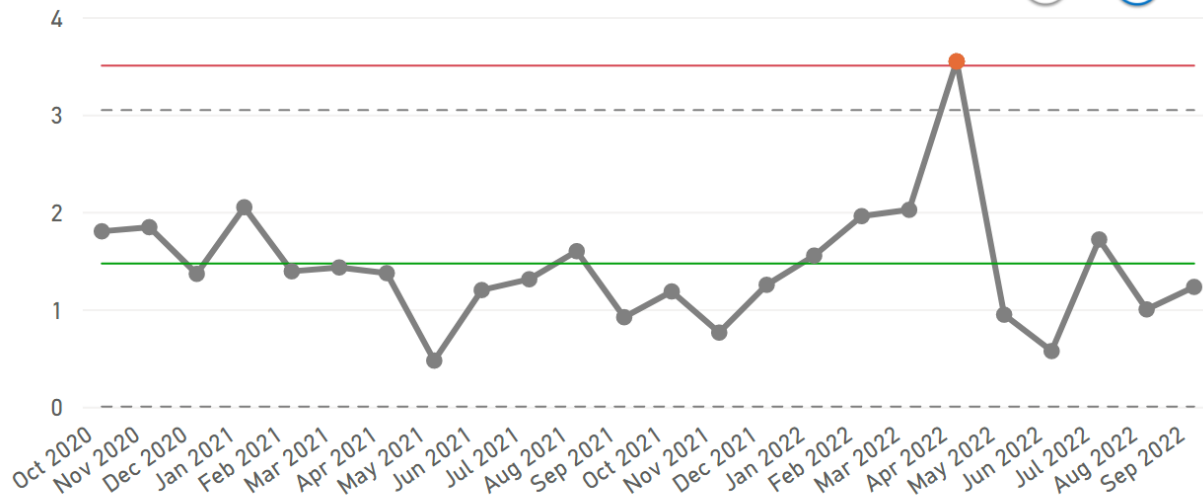
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Sep 2022	45.2%	44%		



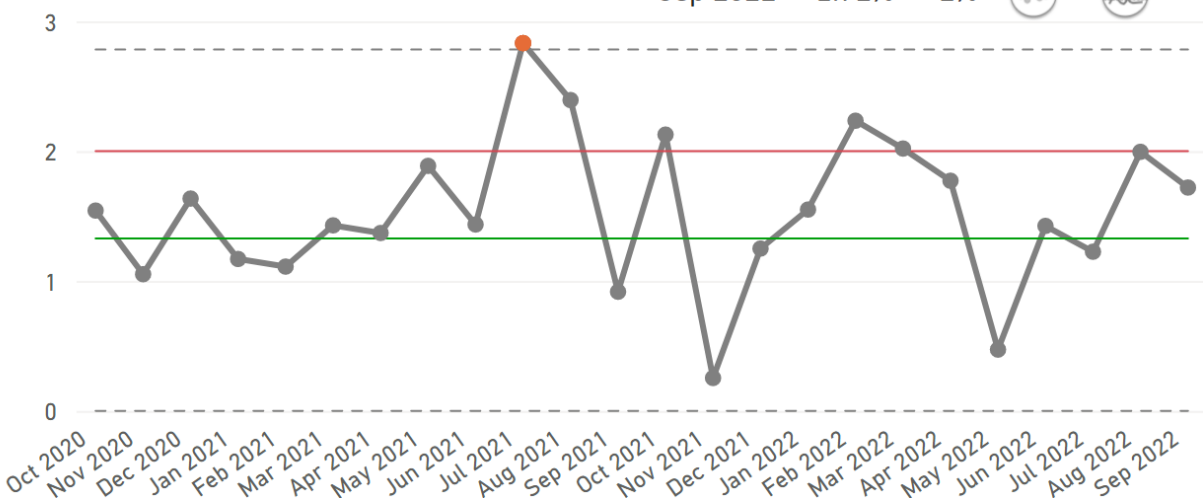
Number of 3rd/4th degree tear (%)

Month	Performance	Target	Trend	Assurance
Sep 2022	1.2%	3.5%		



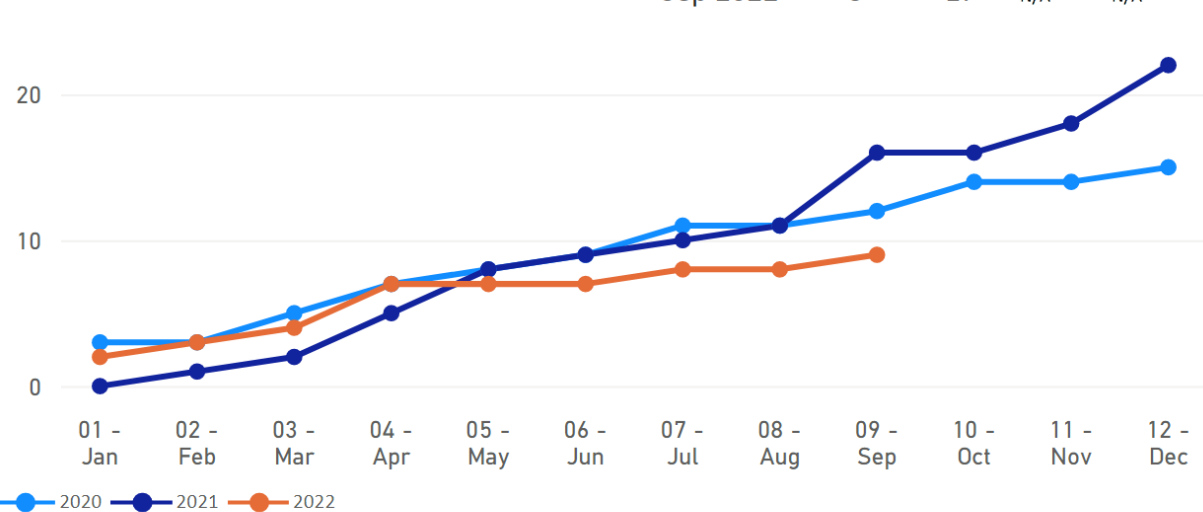
PPH > 1500ml (%)

Month	Performance	Target	Trend	Assurance
Sep 2022	1.72%	2%		




Still Births (YTD)

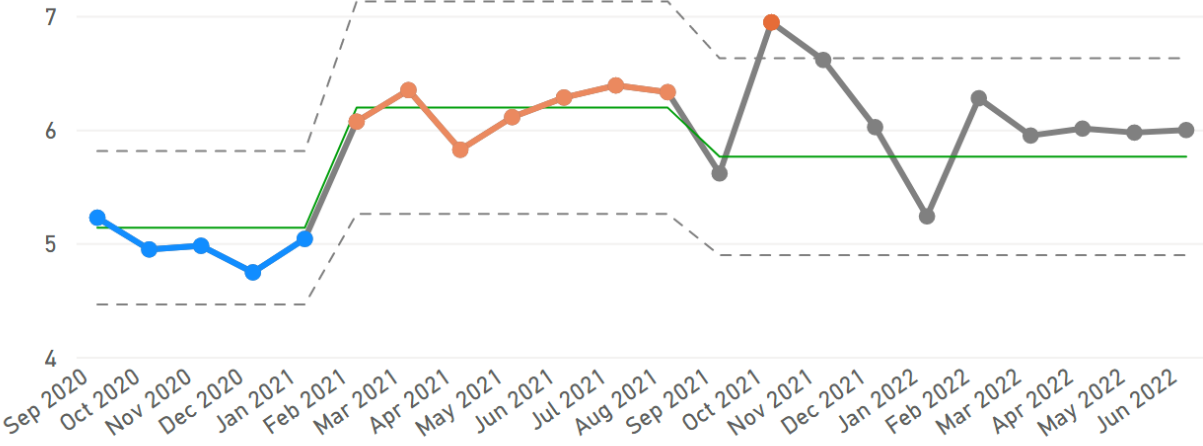
Month	Performance	Target	Trend	Assurance
Sep 2022	9	17	N/A	N/A



EFFECTIVE

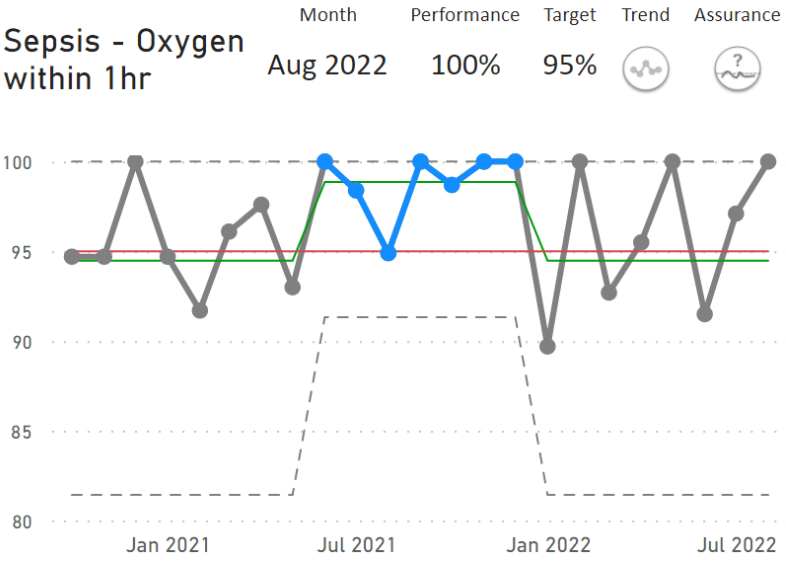
Readmission Rate %

Month: Jun 2022
Performance: 6%
Target: 
Assurance: N/A

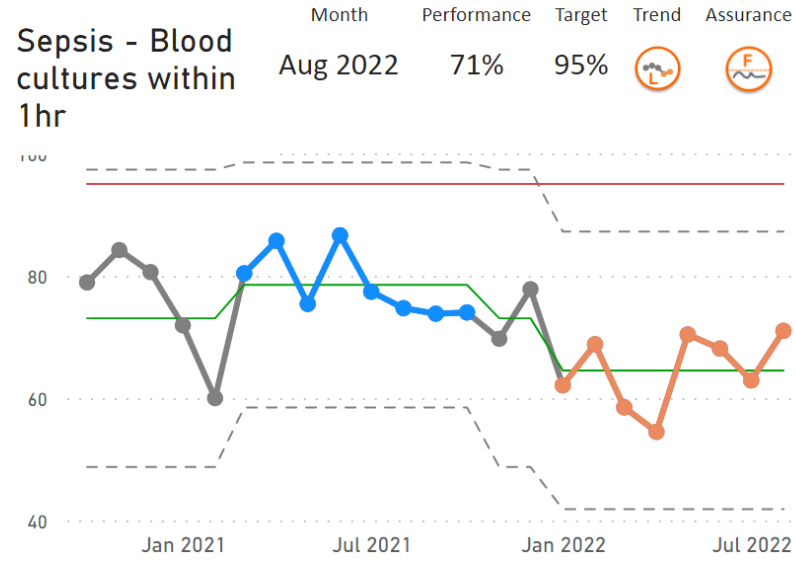


EFFECTIVE

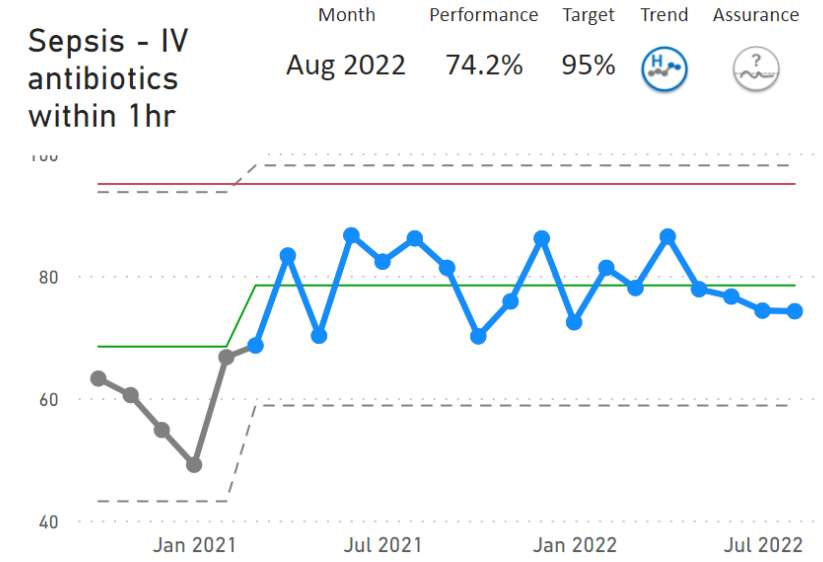
Sepsis - Oxygen within 1hr



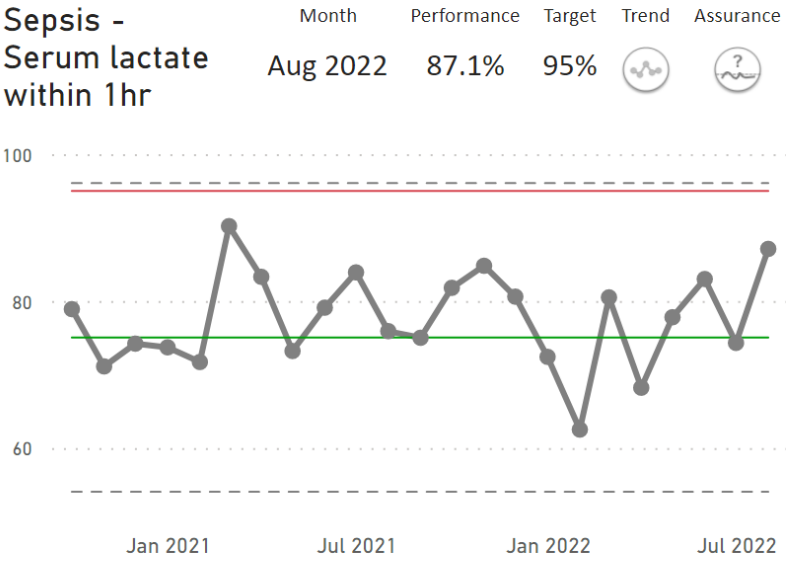
Sepsis - Blood cultures within 1hr



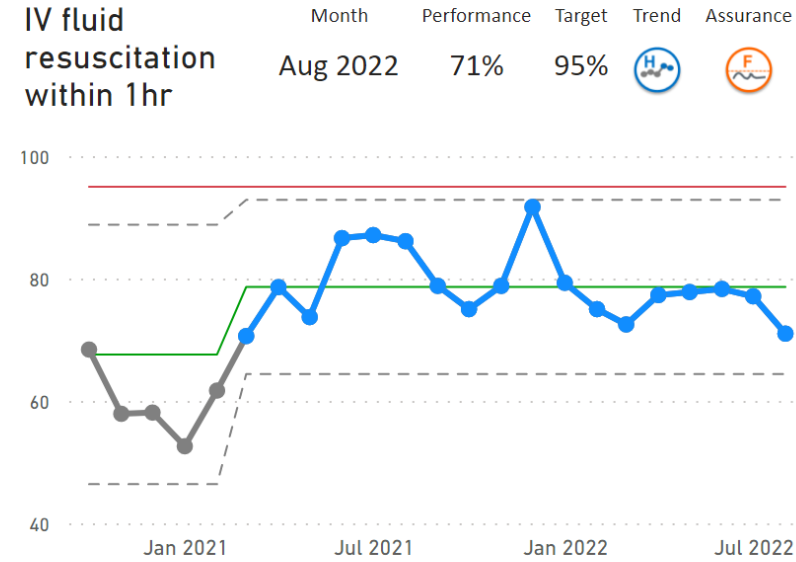
Sepsis - IV antibiotics within 1hr



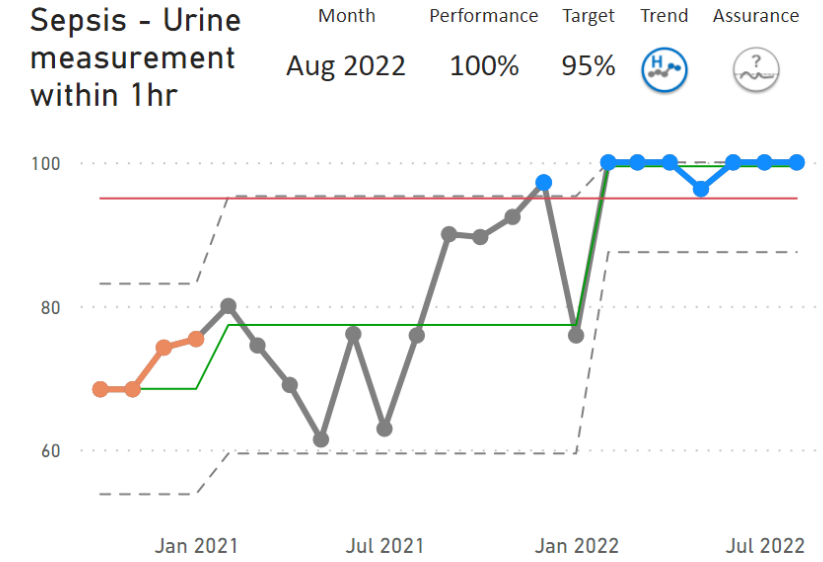
Sepsis - Serum lactate within 1hr



IV fluid resuscitation within 1hr

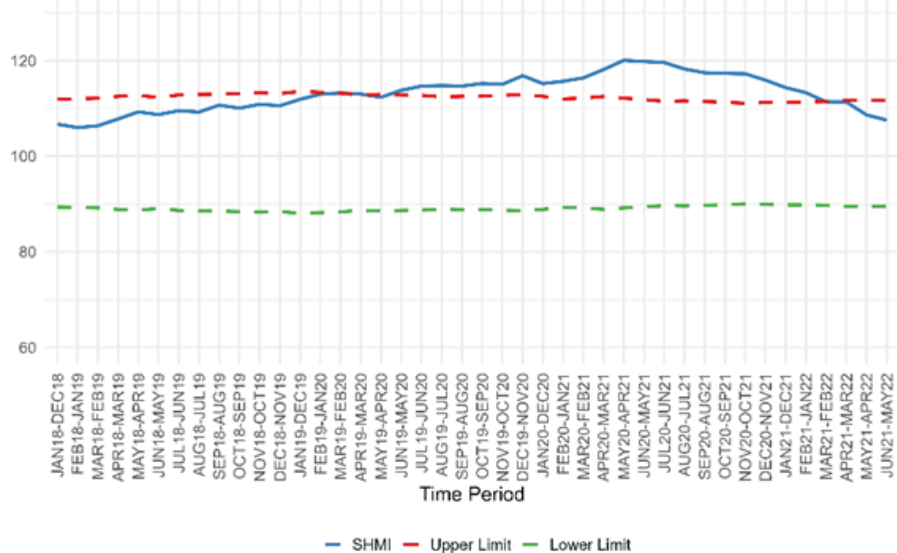


Sepsis - Urine measurement within 1hr

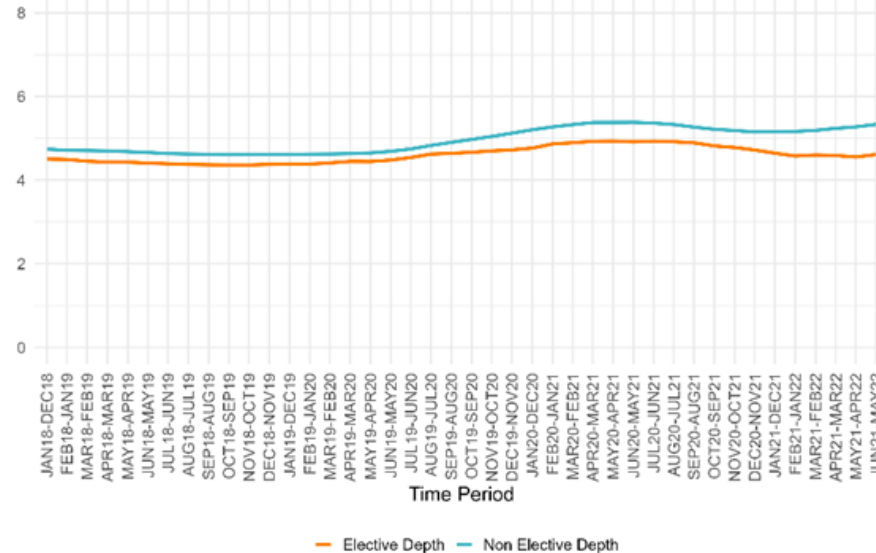


EFFECTIVE

Rolling 12 month SHMI and 95% limits adjusted for over-dispersion - South Tees



Rolling 12 month elective and non-elective coding depth - South Tees



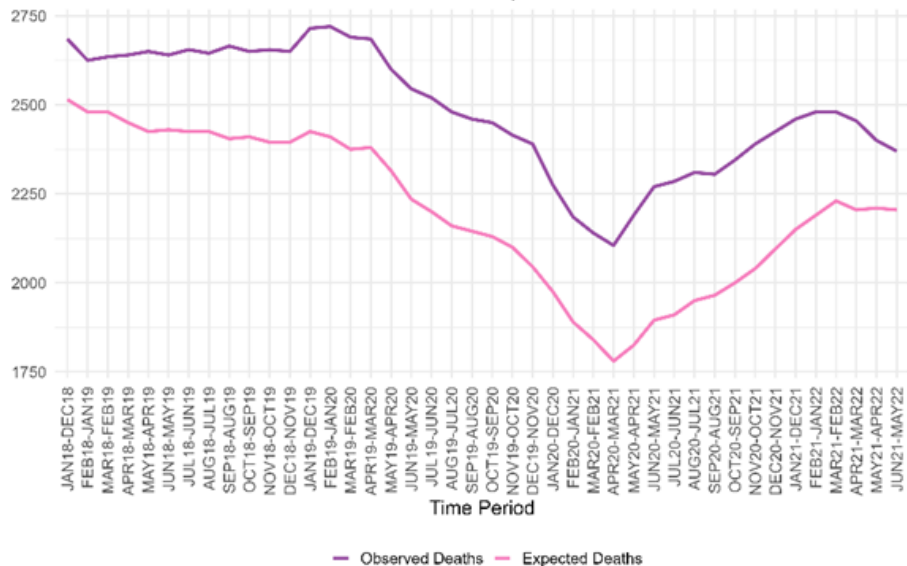
Latest SHMI = 107.6
(June 2021 – May 2022)

Observed deaths = 2370
Expected deaths = 2205

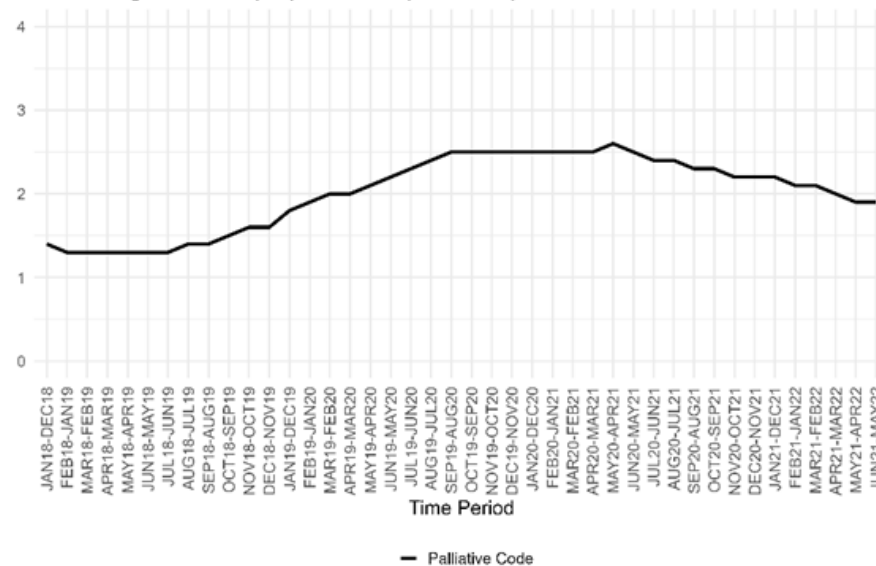
Coding depth (codes / spell)
Elective = 4.6
Non-Elective = 5.3

Palliative care (%) = 1.9

Count of SHMI Observed and Expected deaths - South Tees



Rolling 12 month proportion of spells with palliative care code - South Tees




Latest SHMI is:
'as expected'

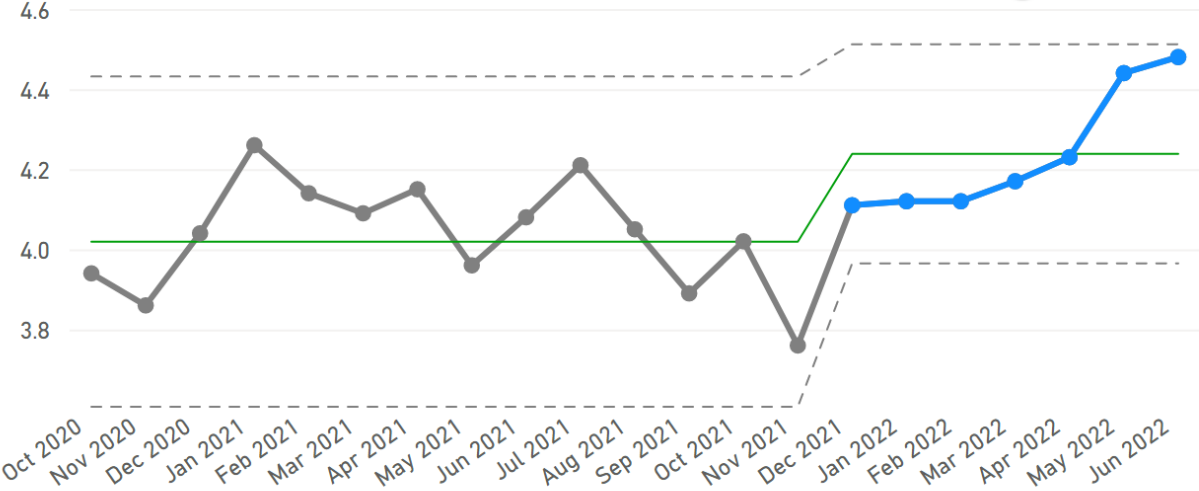
COVID-19 impact for England
Excluded spells = 4.0%
Spells as a % pre-pandemic
(2019 spells) = 89%

Data source: NHS Digital
Monthly SHMI publication

EFFECTIVE

Comorbidity Coding

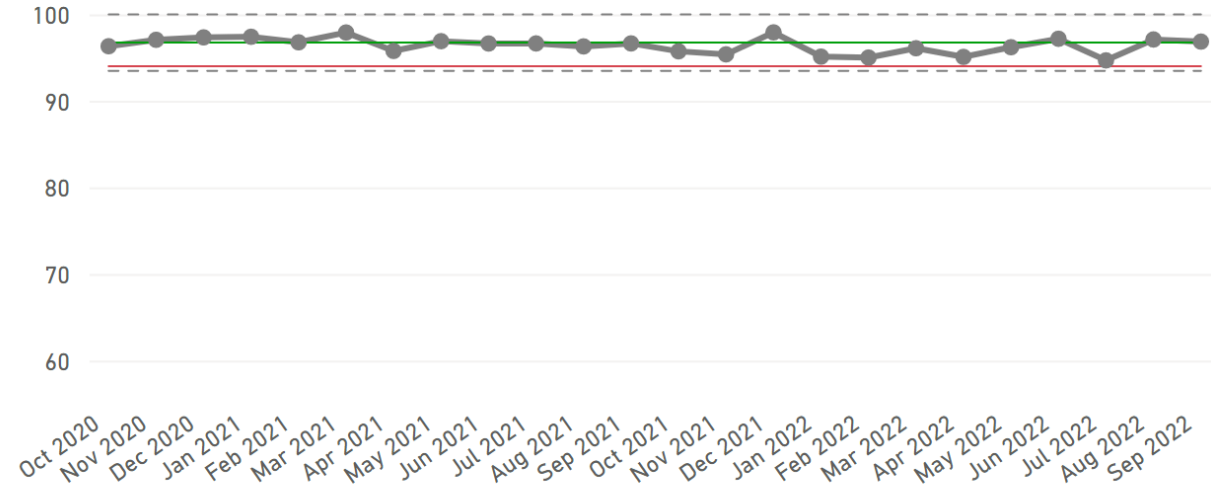
Month	Performance	Target	Trend	Assurance
Jun 2022	4.5			N/A



CARING

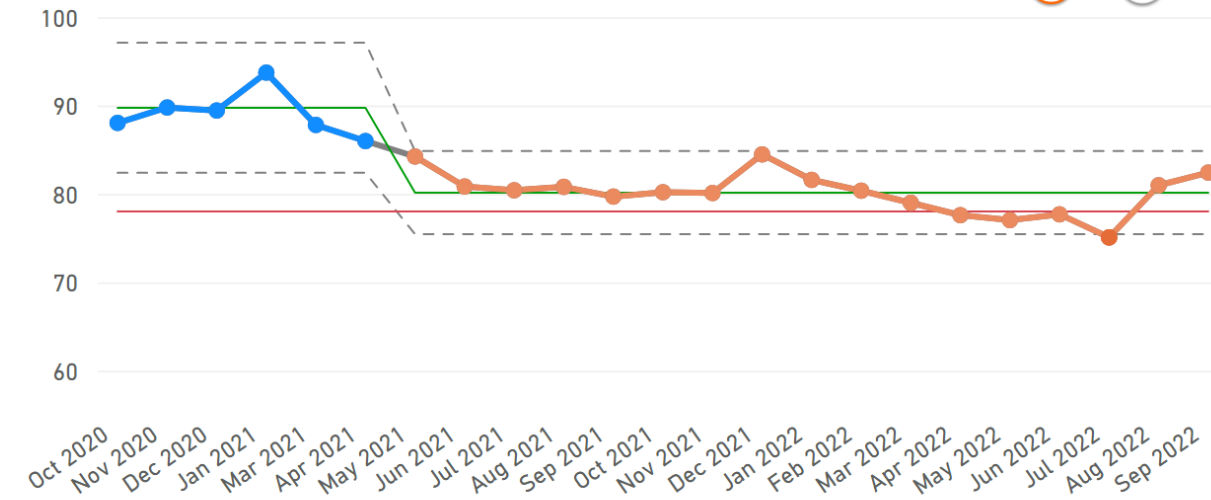
Inpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Sep 2022	96.9%	94%		



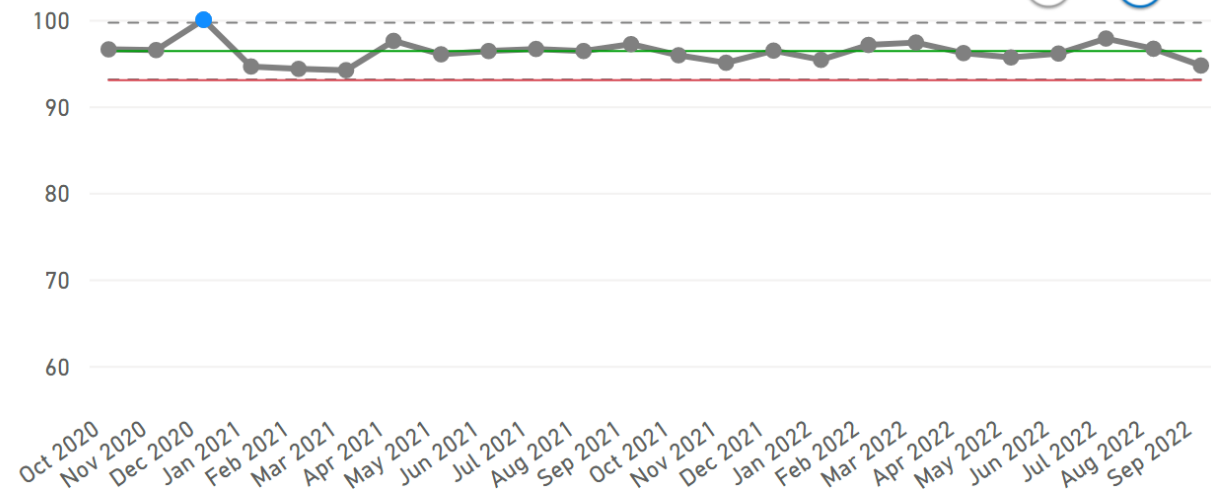
A&E Experience (%)

Month	Performance	Target	Trend	Assurance
Sep 2022	82.4%	78%		



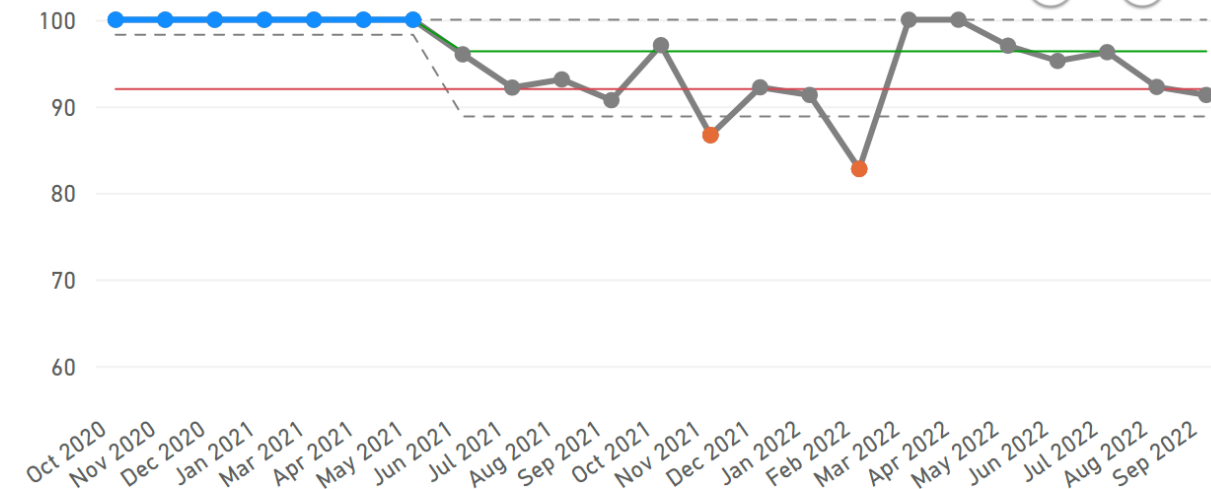
Outpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Sep 2022	94.7%	93%		



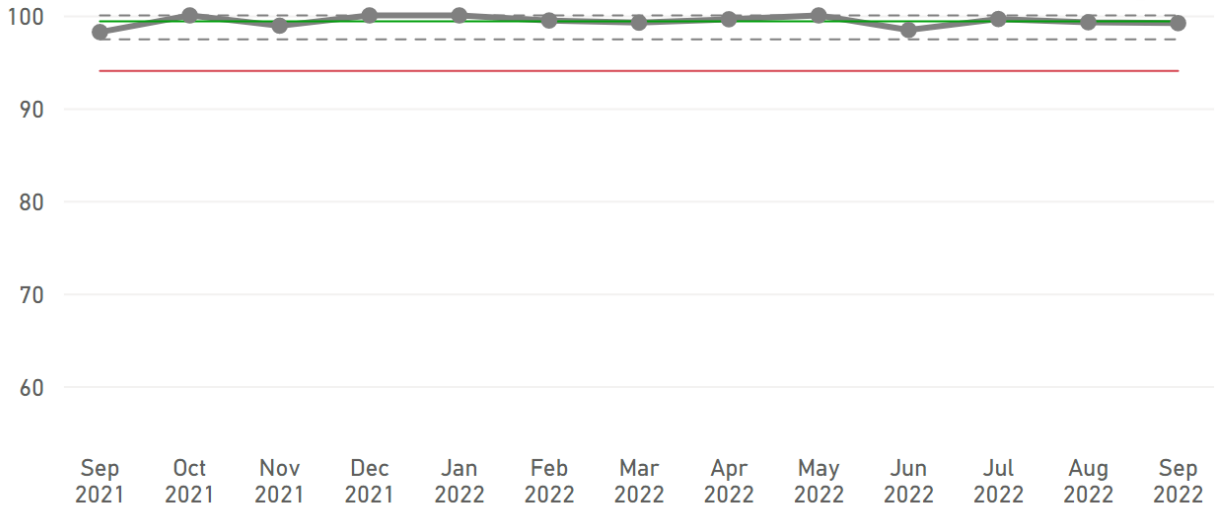
Maternity Experience (%)

Month	Performance	Target	Trend	Assurance
Sep 2022	91.3%	92%		



Community Experience (%)

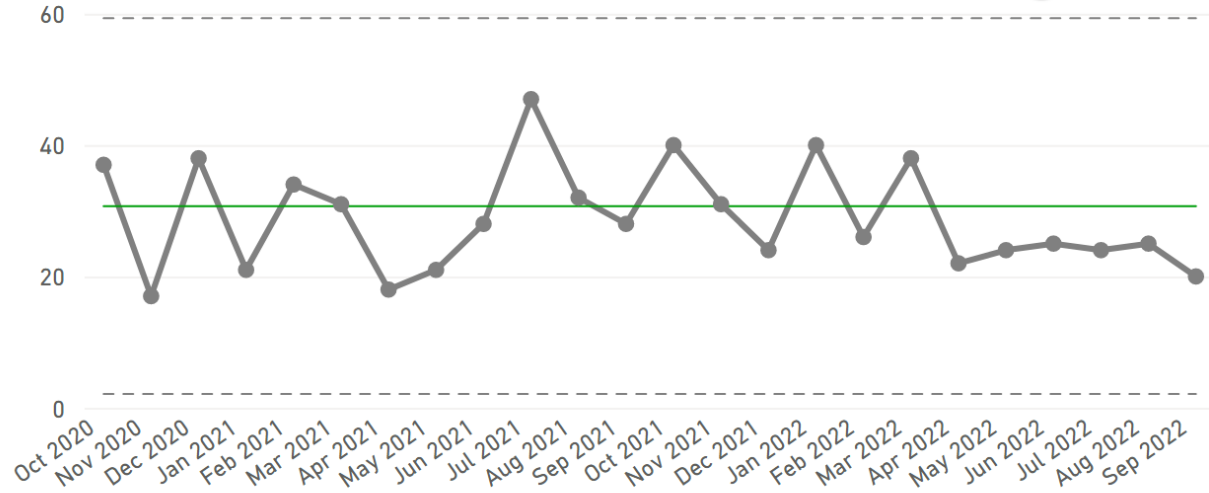
Month Performance Target Trend Assurance
Sep 2022 99.2% 94%



CARING

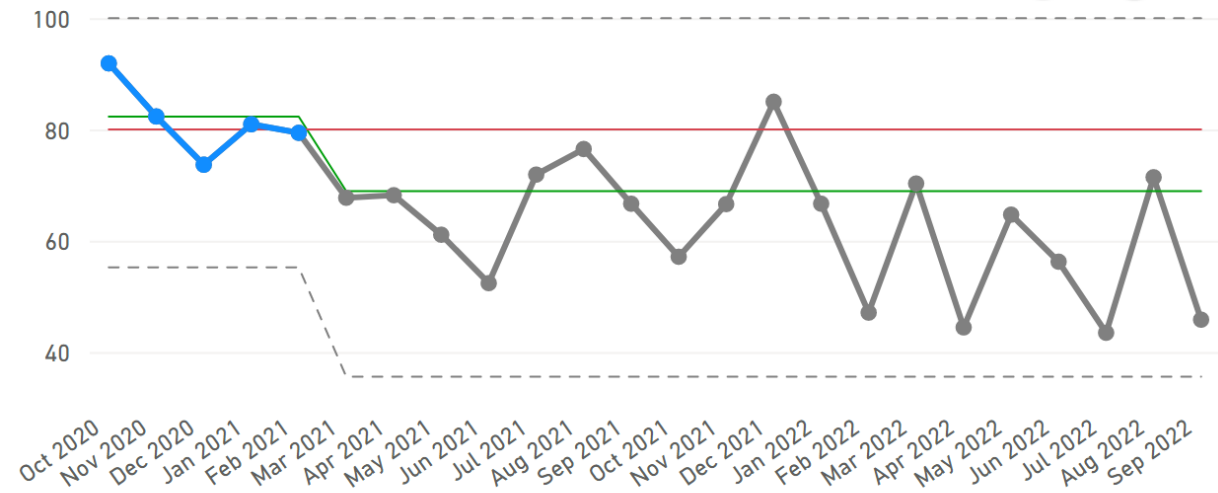
New Complaints

Month	Performance	Target	Trend	Assurance
Sep 2022	20			N/A



Closed Within Target (%)

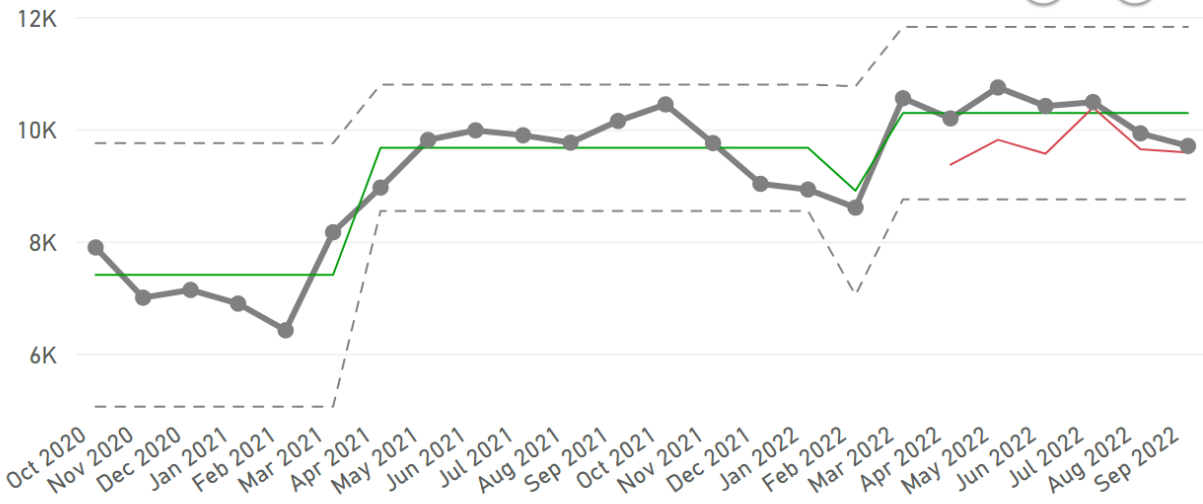
Month	Performance	Target	Trend	Assurance
Sep 2022	45.8%	80%		



RESPONSIVE

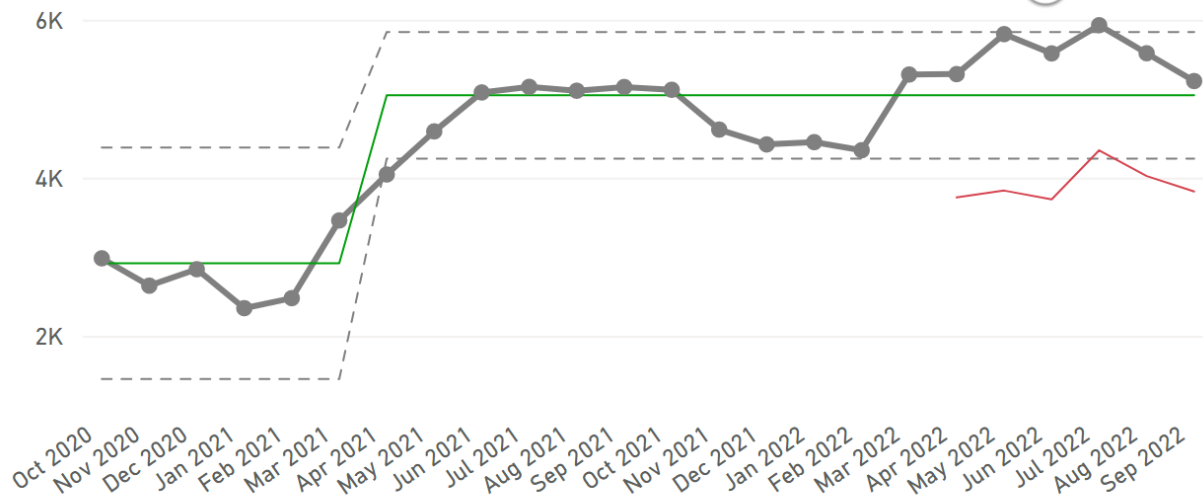
ED Attendances - Type 1 (vs 19/20)

Month	Performance	Target	Trend	Assurance
Sep 2022	9701	9587		



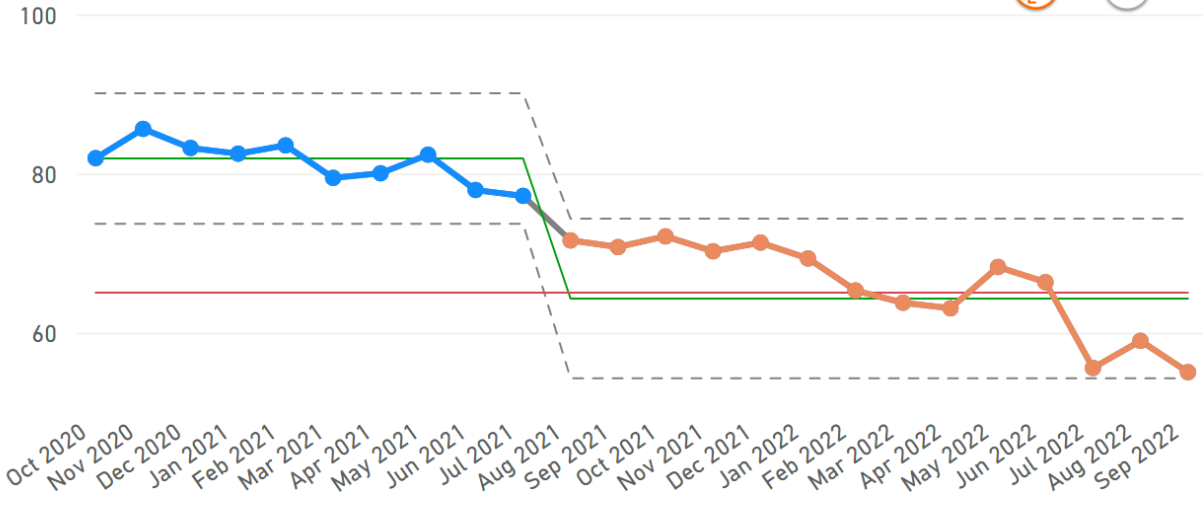
ED Attendances - Type 3 (vs 19/20)

Month	Performance	Target	Trend	Assurance
Sep 2022	5223	3826		N/A



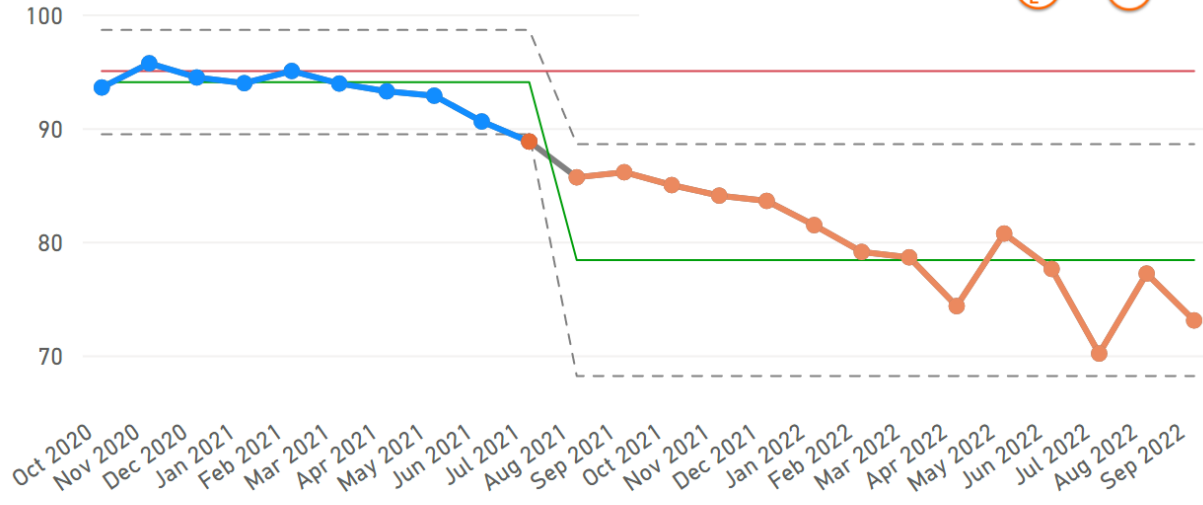
Handovers - Within 15 Mins (%)

Month	Performance	Target	Trend	Assurance
Sep 2022	55%	65%		



Handovers - Within 30 Mins (%)

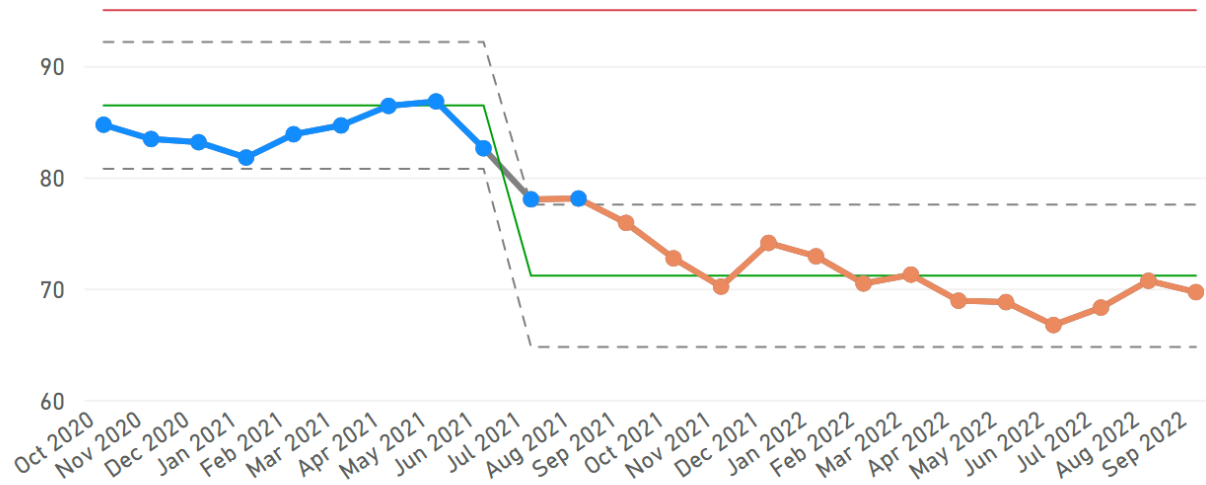
Month	Performance	Target	Trend	Assurance
Sep 2022	73.1%	95%		



RESPONSIVE

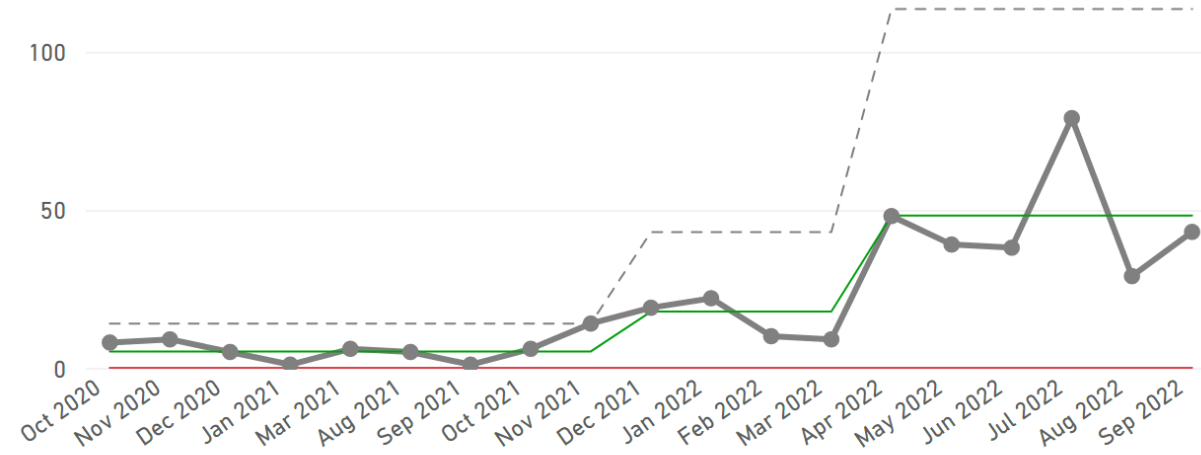
4-Hour A&E Standard

Month	Performance	Target	Trend	Assurance
Sep 2022	69.7%	95%		



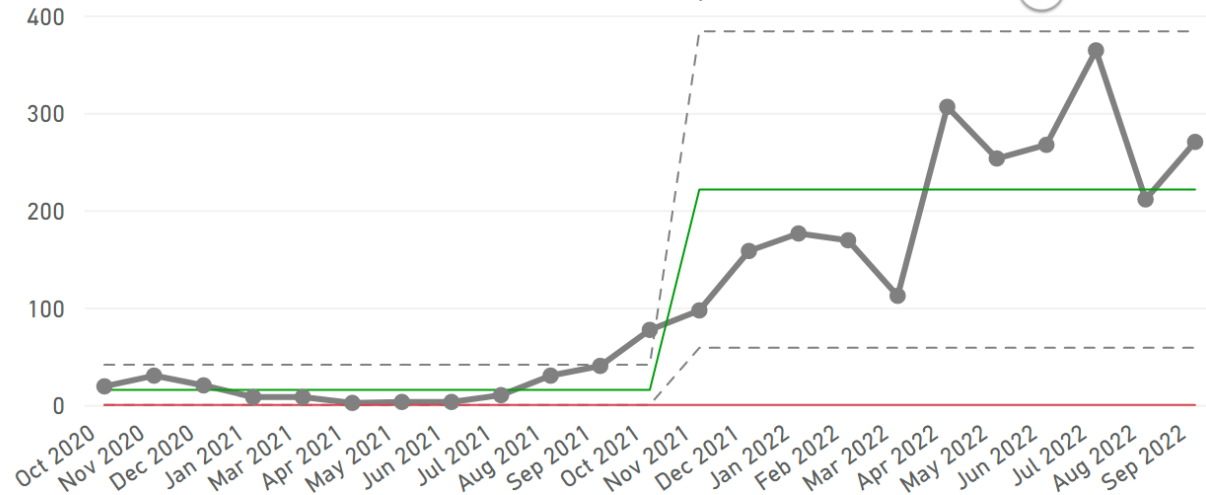
12-Hour Waits from Decision to Admit

Month	Performance	Target	Trend	Assurance
Sep 2022	43	0		





12-Hour A&E Breaches

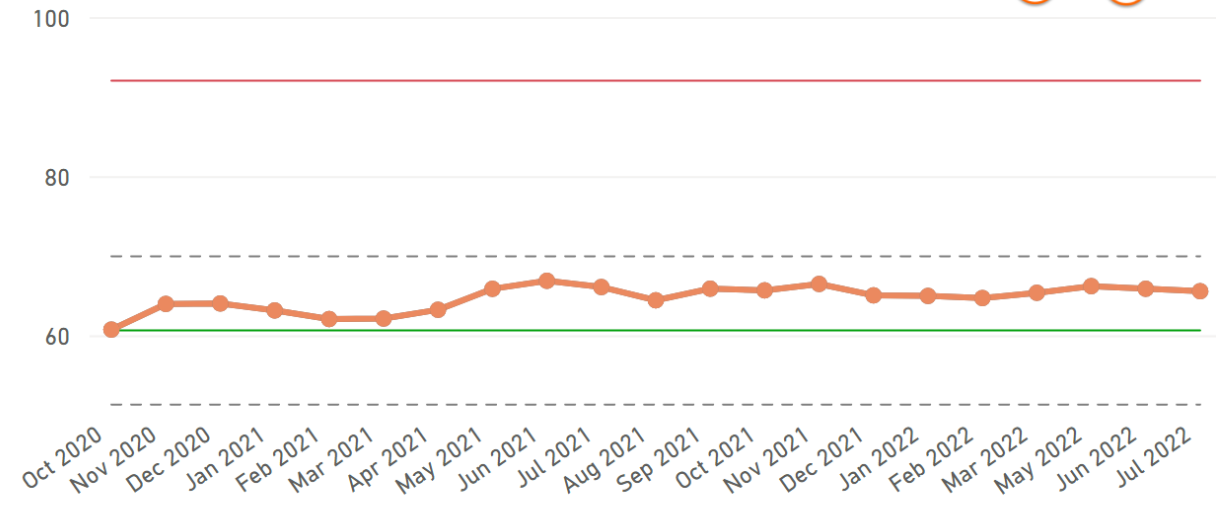
Month	Performance	Target	Trend	Assurance
Sep 2022	270	0		N/A




RESPONSIVE

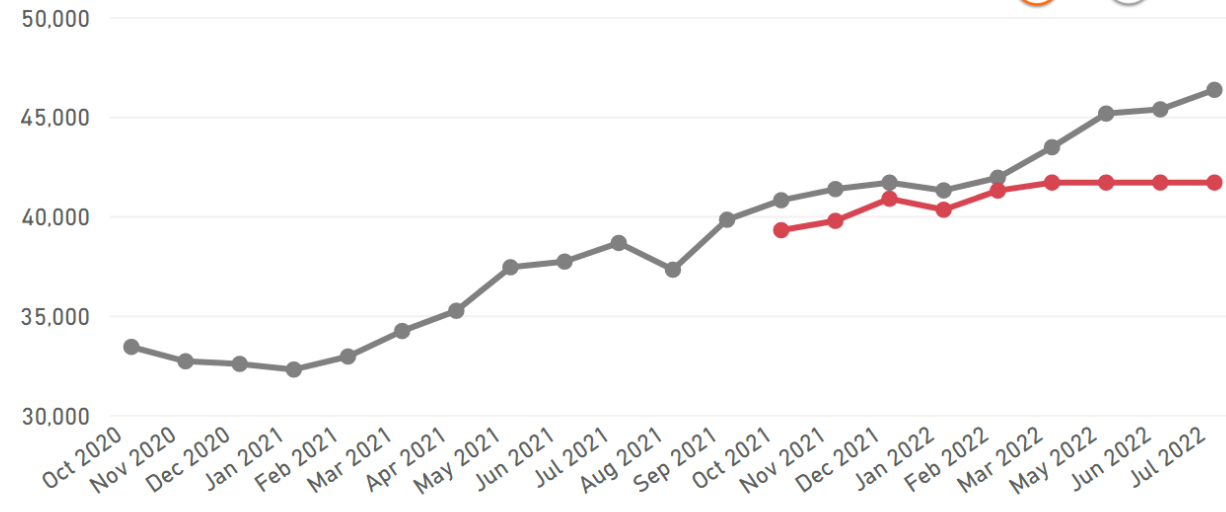
RTT Incomplete Pathways (%)

Month	Performance	Plan	Trend	Assurance
Jul 2022	65.5%	92%		



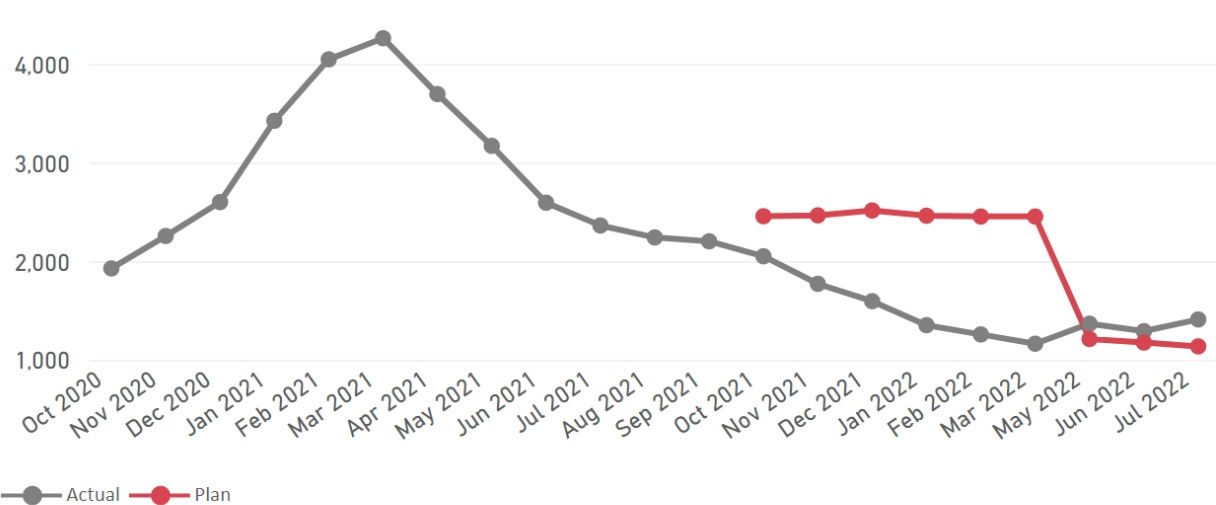
RTT Waiting List Size

Month	Performance	Plan	Trend	Assurance
Jul 2022	46338	41677		



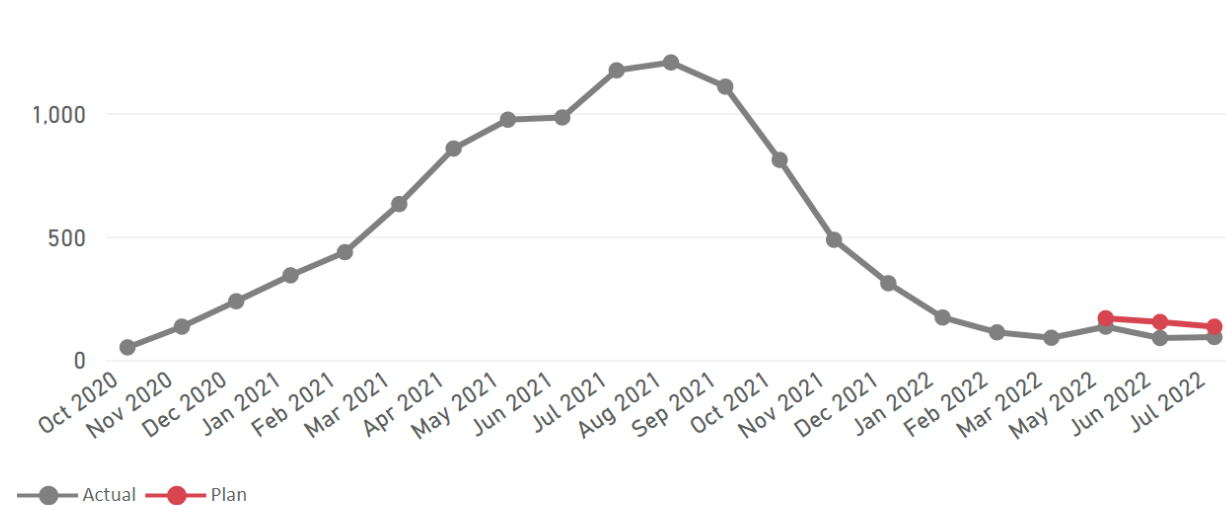
RTT 52 week waiters

Month	Performance	Plan	Trend	Assurance
Jul 2022	1408	1135	N/A	N/A





RTT 78 week waiters

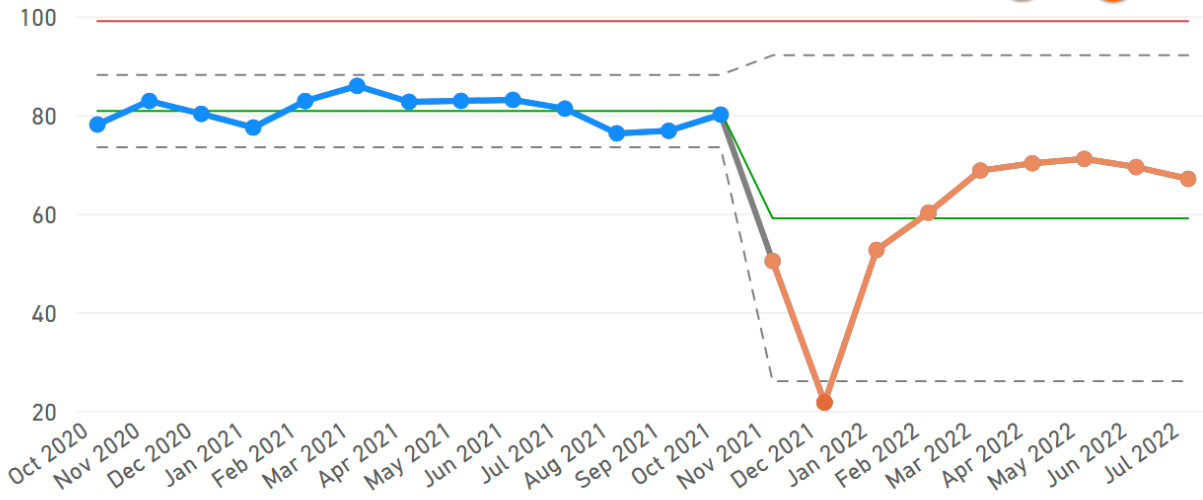
Month	Performance	Plan	Trend	Assurance
Jul 2022	92	134	N/A	N/A



RESPONSIVE

Diagnostic 6 Weeks Standard (%)

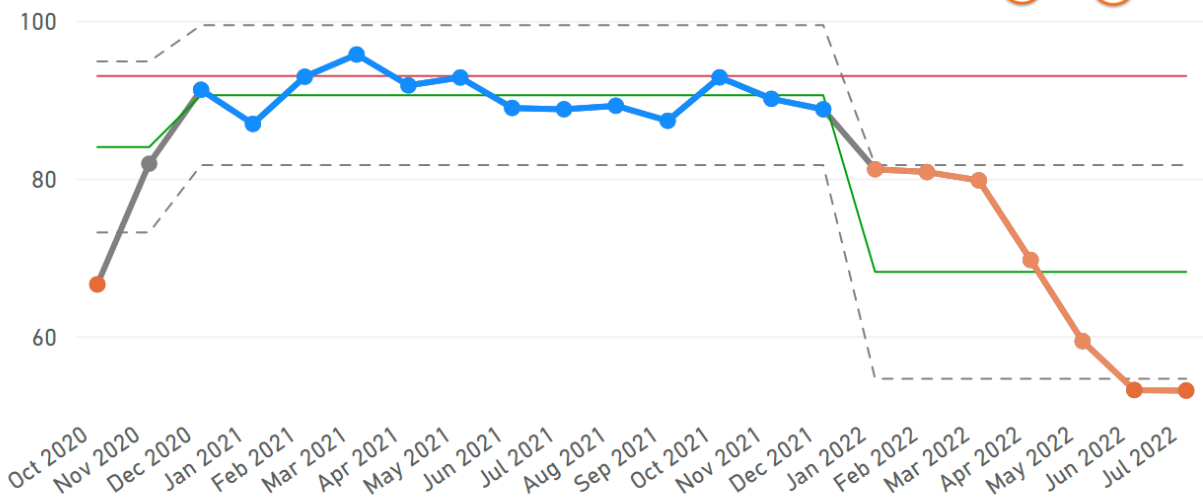
Month Performance Target Trend Assurance
Jul 2022 67% 99%  



RESPONSIVE

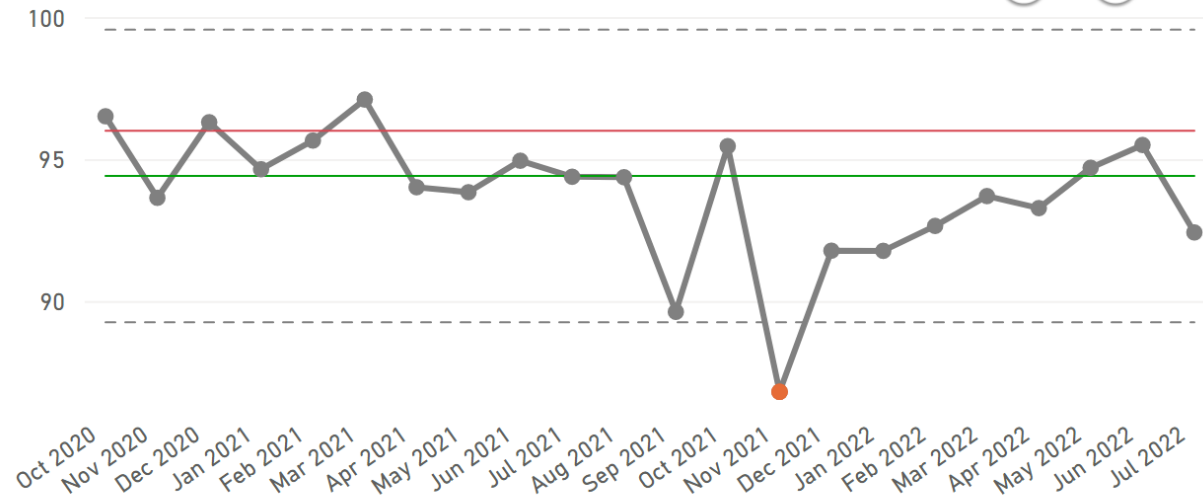
Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	53.1%	93%		



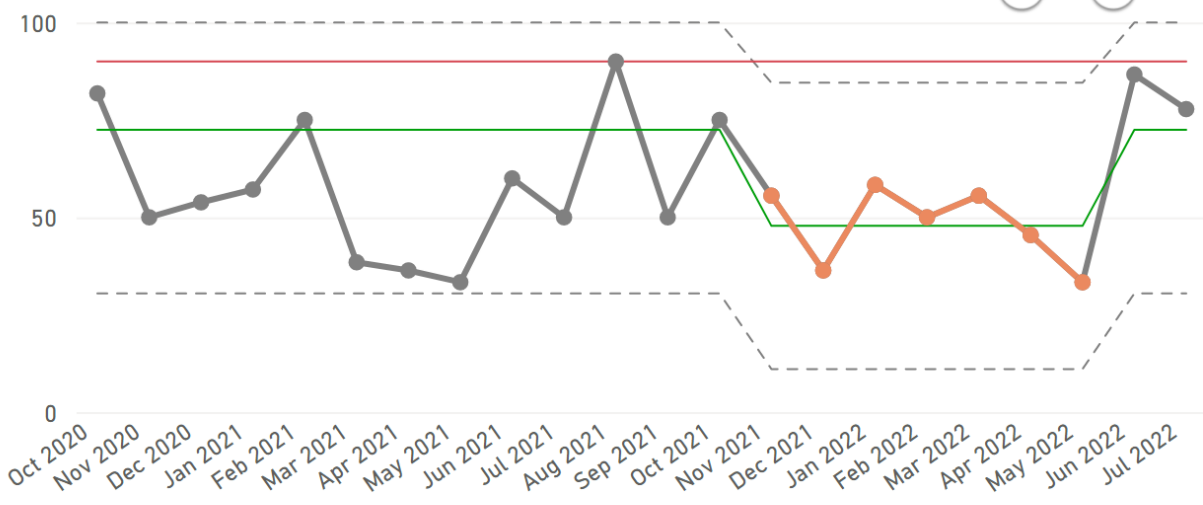
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	92.4%	96%		



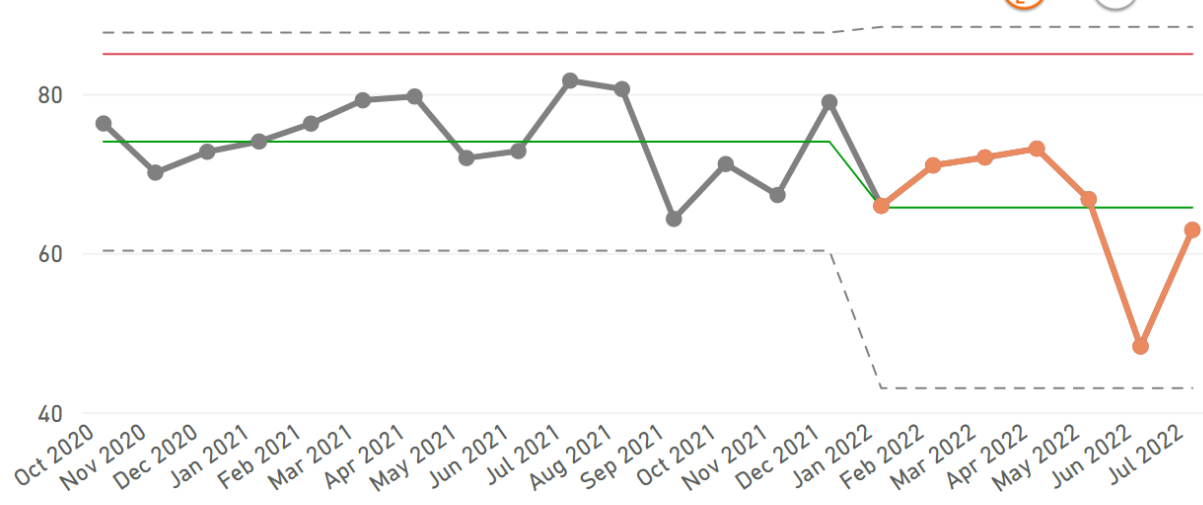
Cancer 62 Day Screening (%)



Month	Performance	Target	Trend	Assurance
Jul 2022	77.8%	90%		



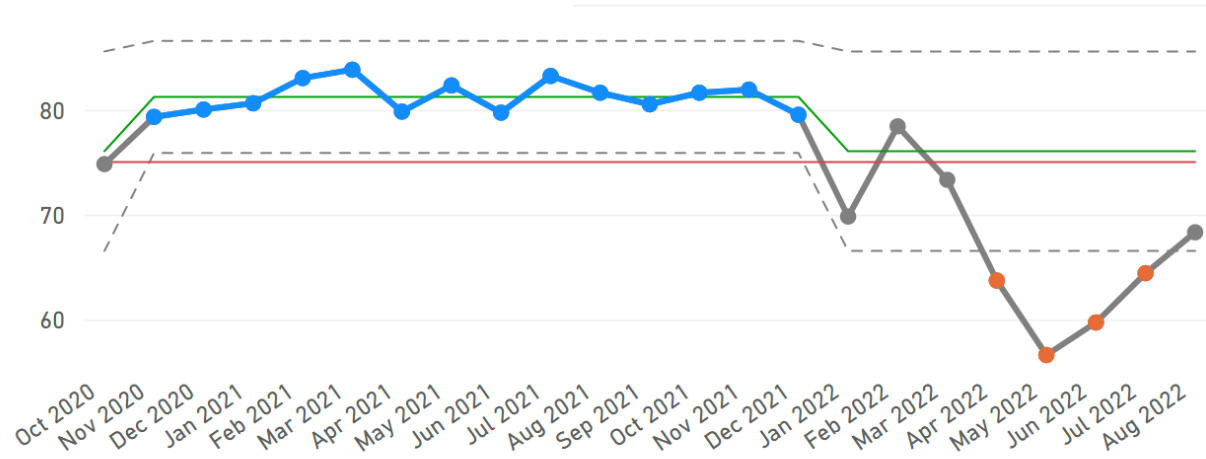
Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Jul 2022	62.9%	85%		



Month	Performance	Target	Trend	Assurance
Aug 2022	68.3%	75%		

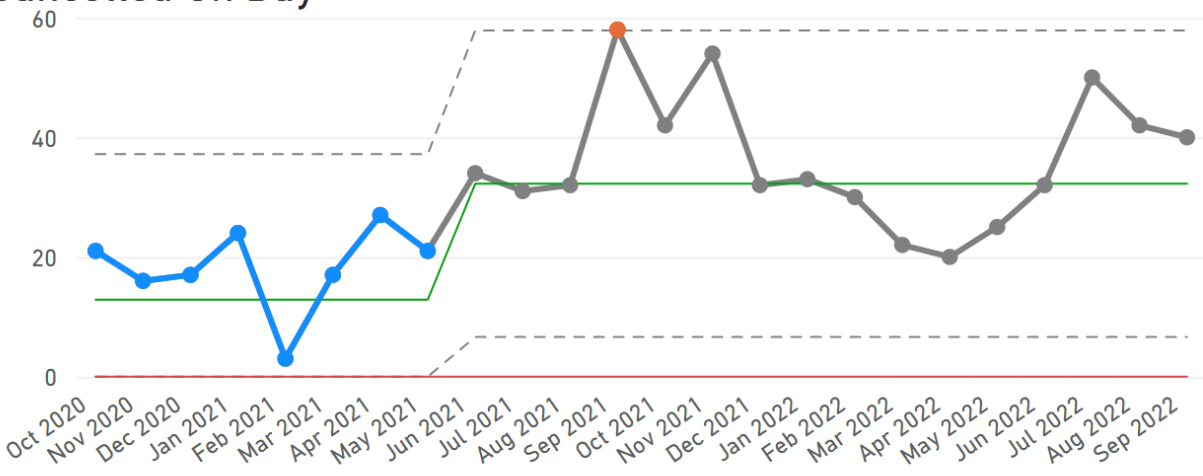
Cancer - Faster Diagnosis Standard (%)



RESPONSIVE

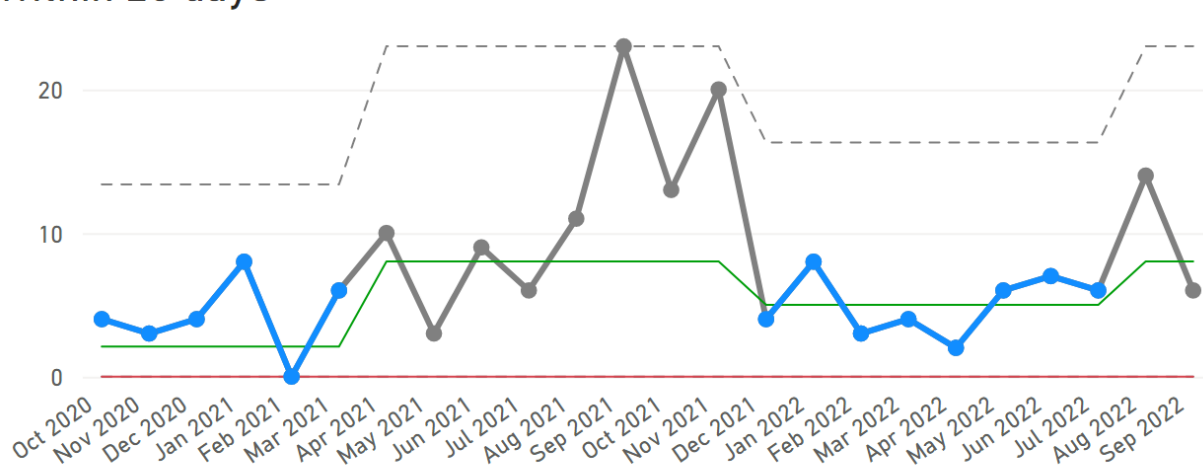
Cancelled Ops - Non-Urgent Cancelled On Day

Month	Performance	Target	Trend	Assurance
Sep 2022	40	0		



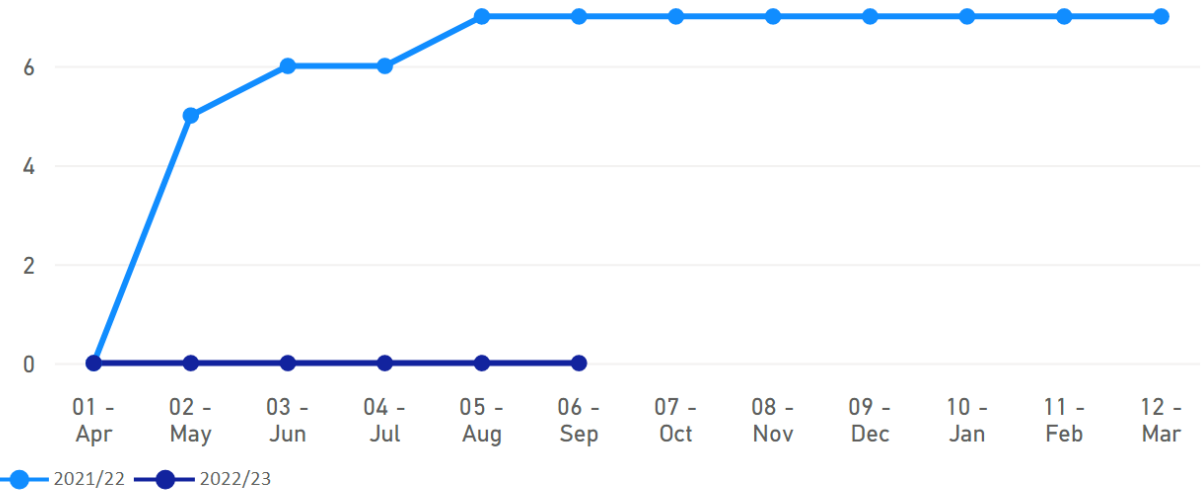
Cancelled Ops - Not Rebooked Within 28 days

Month	Performance	Target	Trend	Assurance
Sep 2022	6	0		



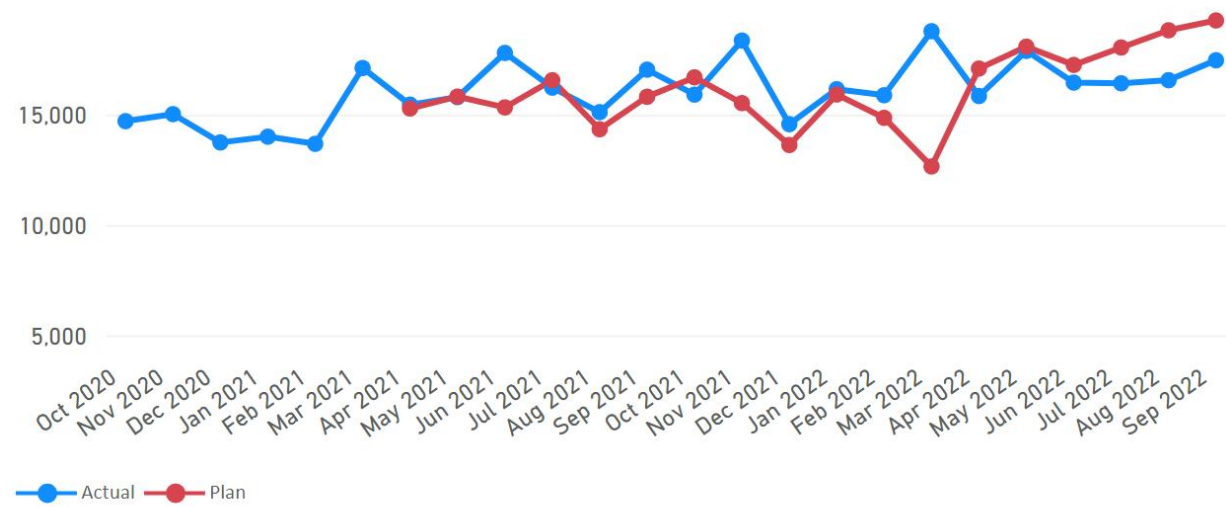
Cancer Operations Cancelled On Day (YTD)

Month	Performance	Target	Trend	Assurance
Sep 2022	0	0	N/A	N/A

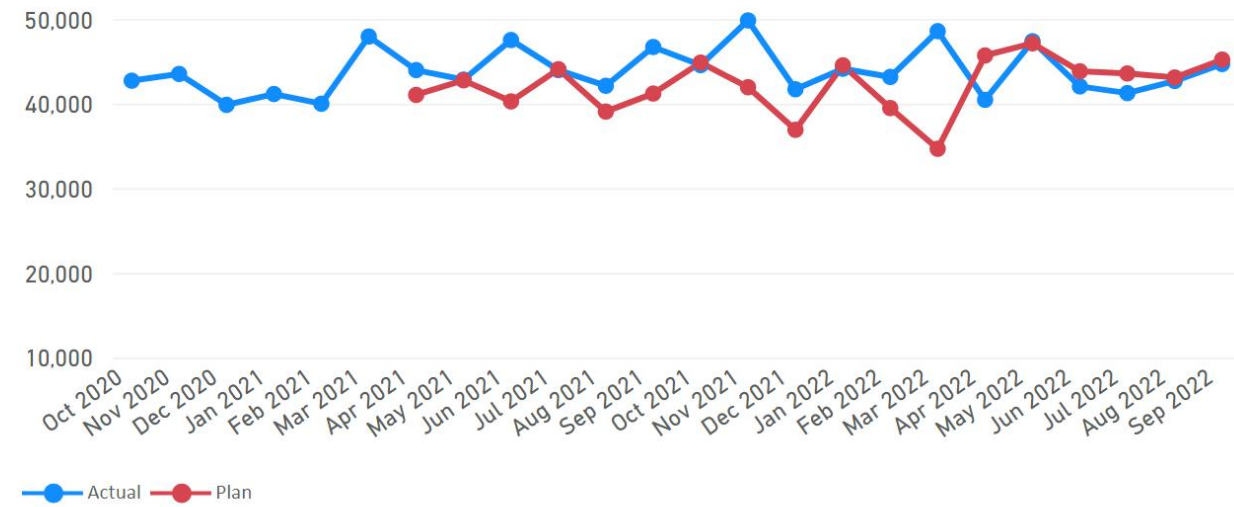


RESPONSIVE

Outpatient New Attendances

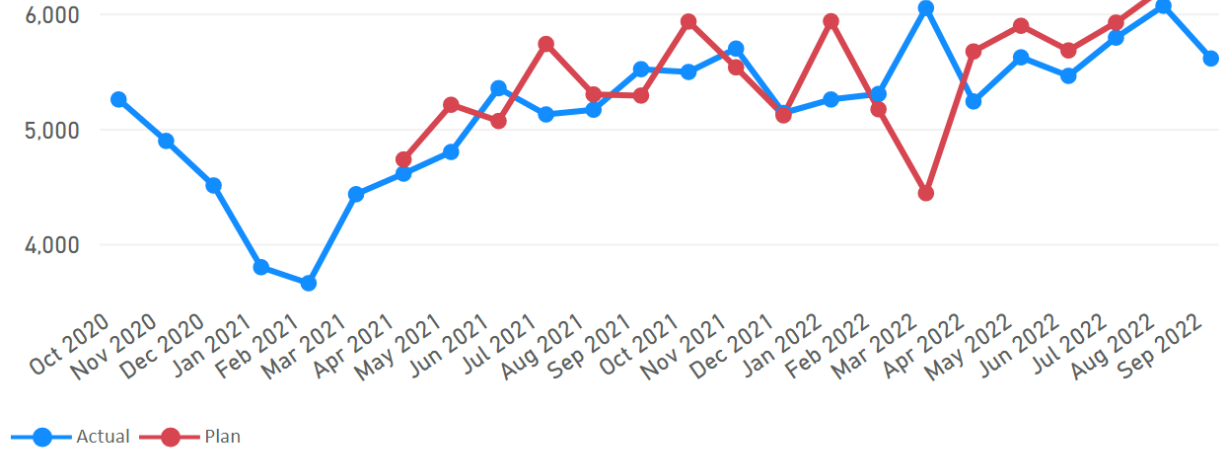


Outpatient Follow-Up Attendances

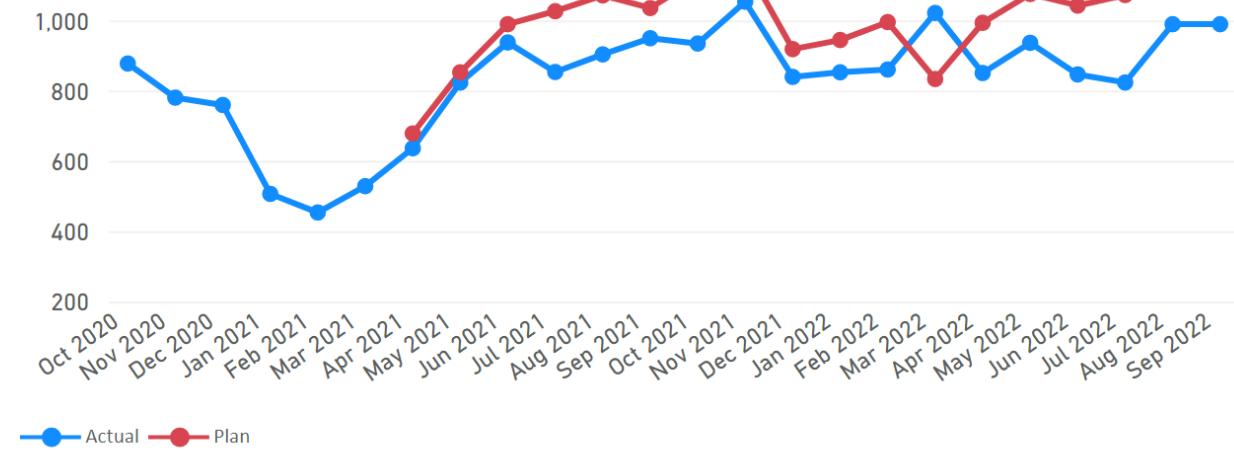


RESPONSIVE

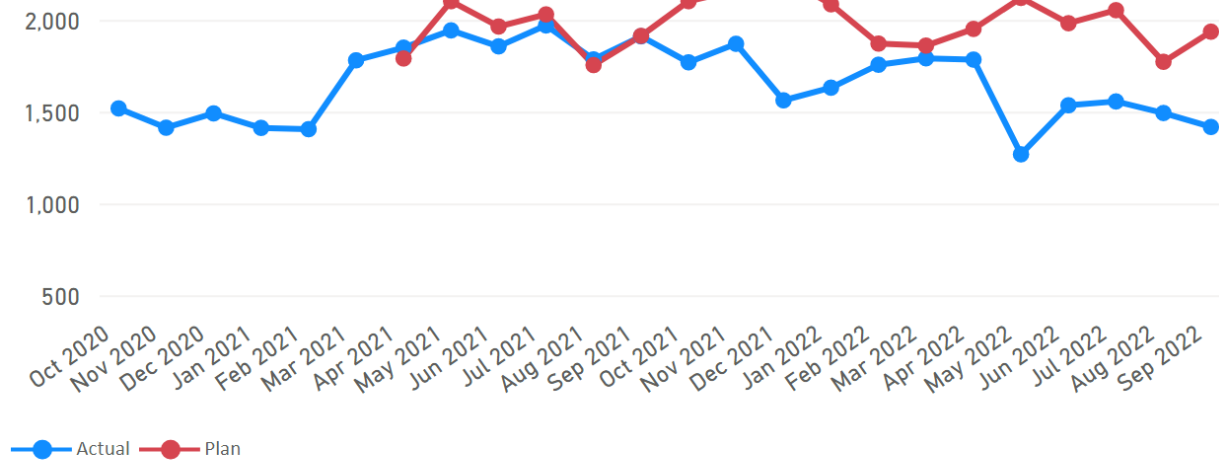
Day Case admissions



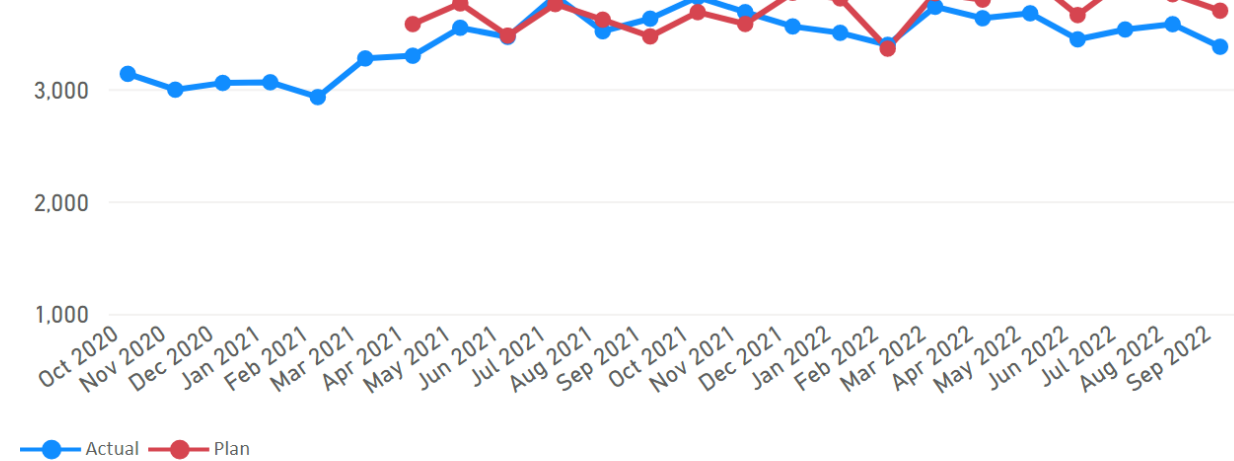
Ordinary Elective admissions



NEL admissions with 0 LOS

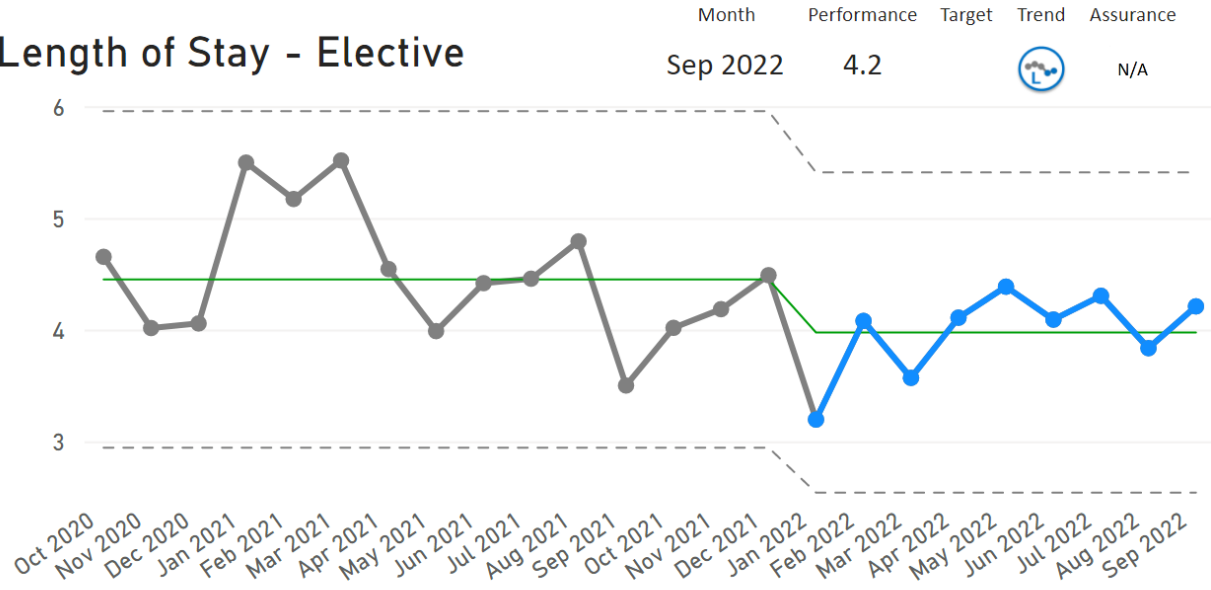


NEL admissions with 1+ LOS

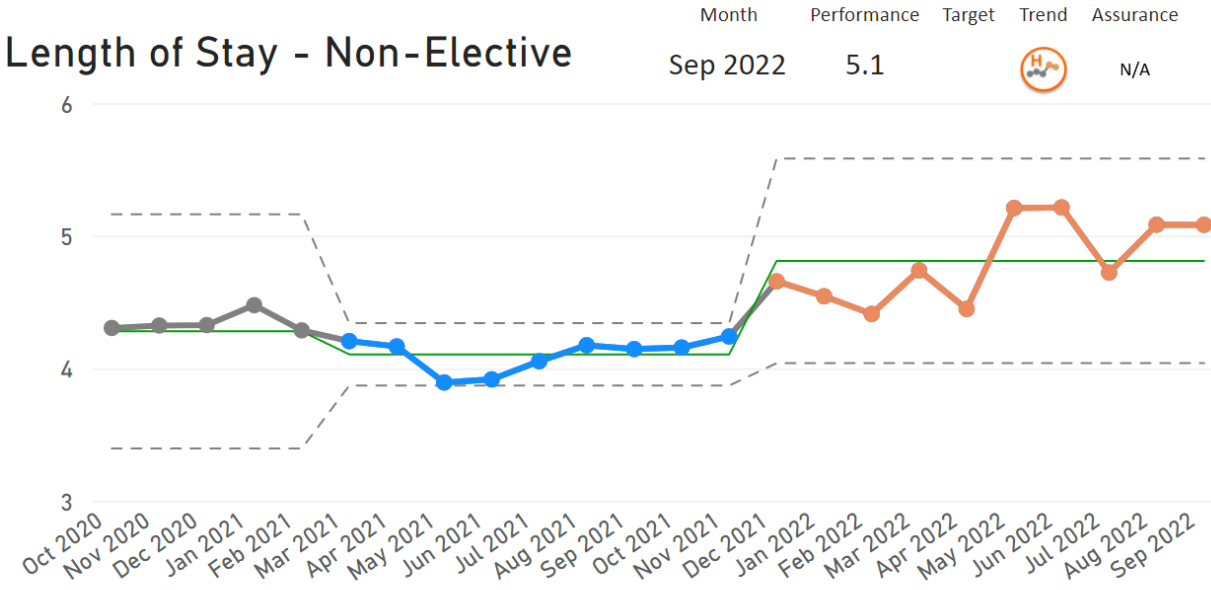


RESPONSIVE

Length of Stay - Elective





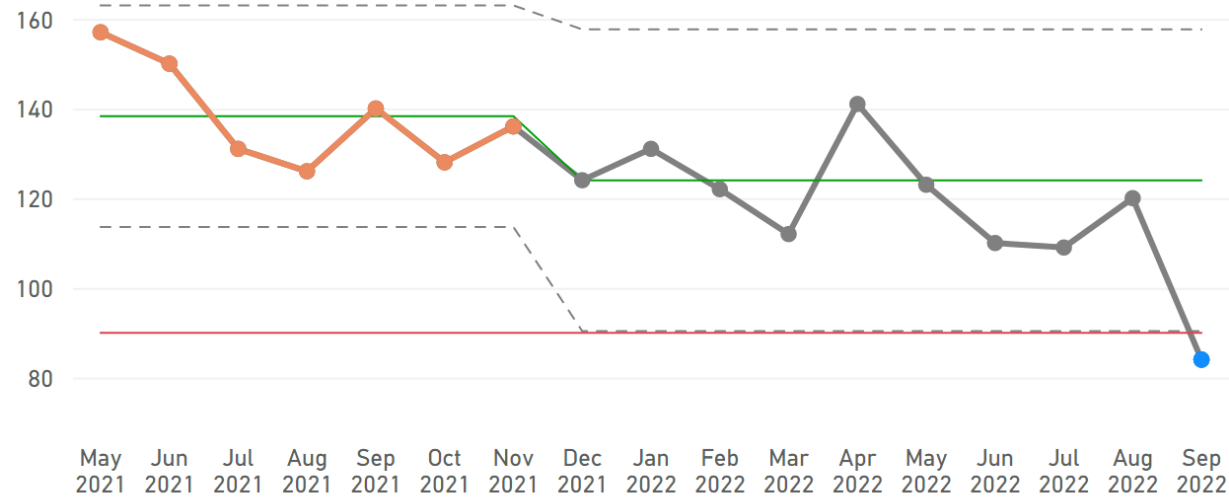
Length of Stay - Non-Elective





RESPONSIVE

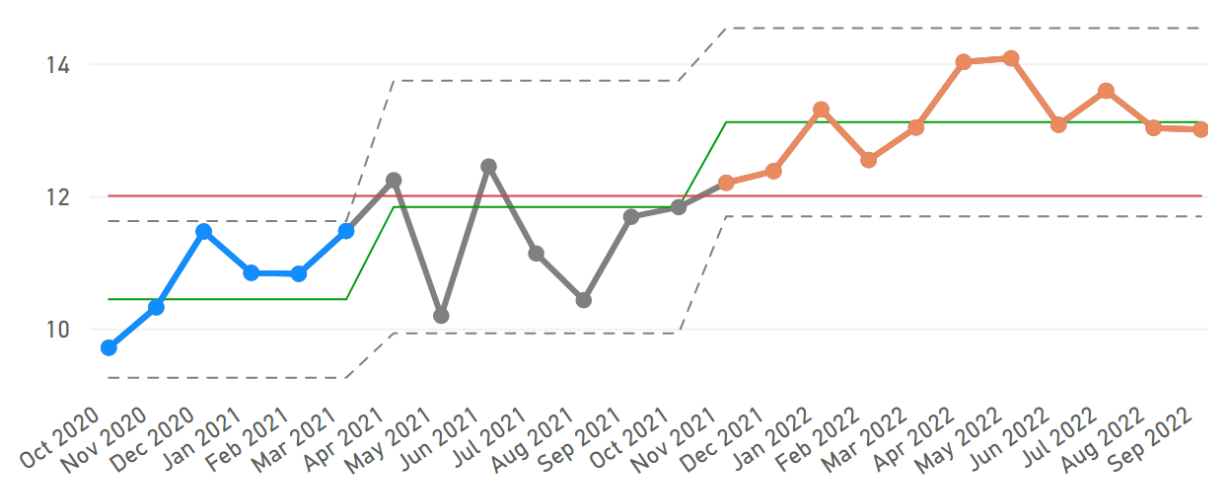
Not Met Not Discharged

Month	Performance	Target	Trend	Assurance
Sep 2022	84	90		



21 Day Stranded Patients (%)

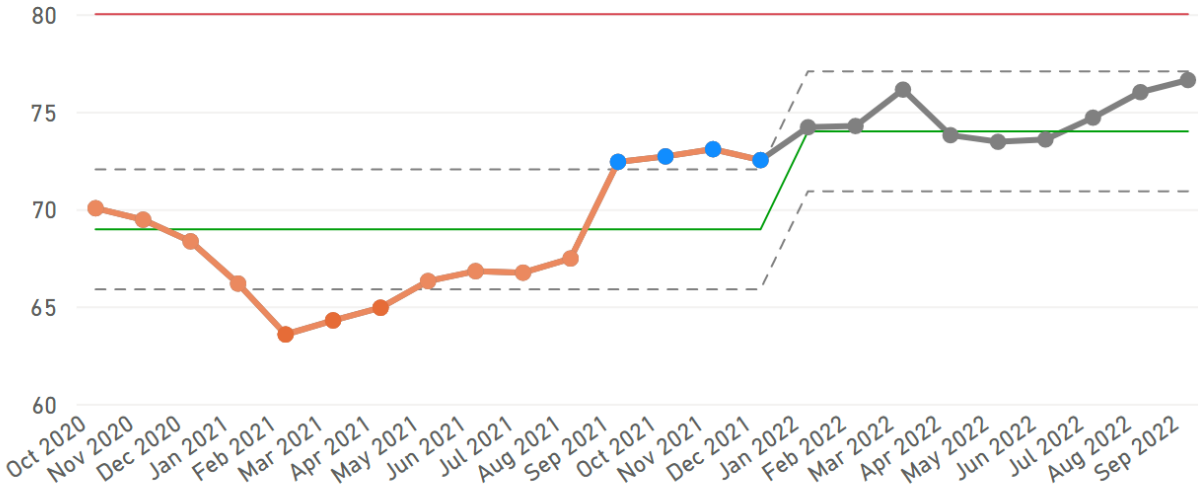
Month	Performance	Target	Trend	Assurance
Sep 2022	13%	12%		



WELL-LED

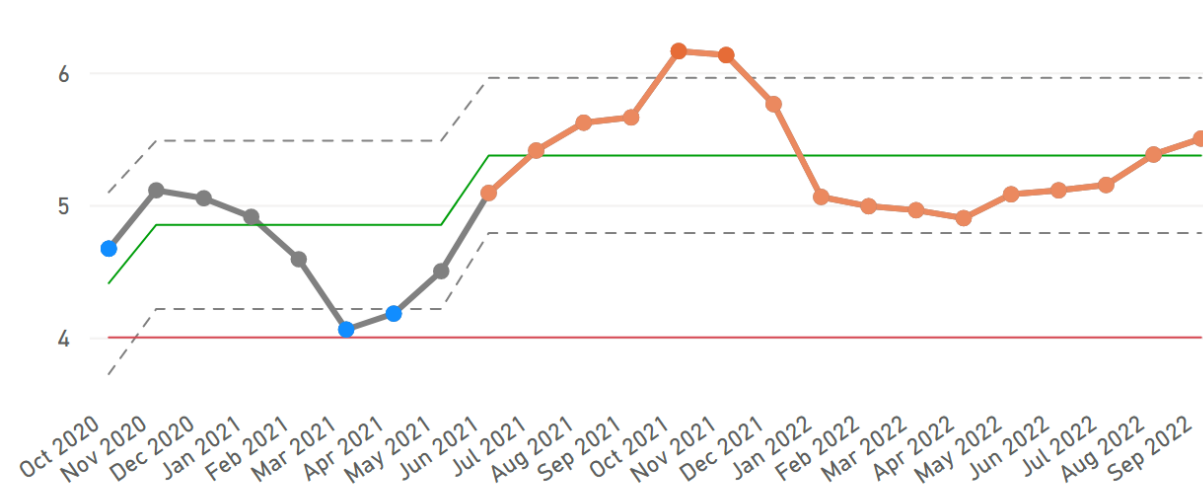
Annual Appraisal (%)

Month	Performance	Target	Trend	Assurance
Sep 2022	76.6%	80%		



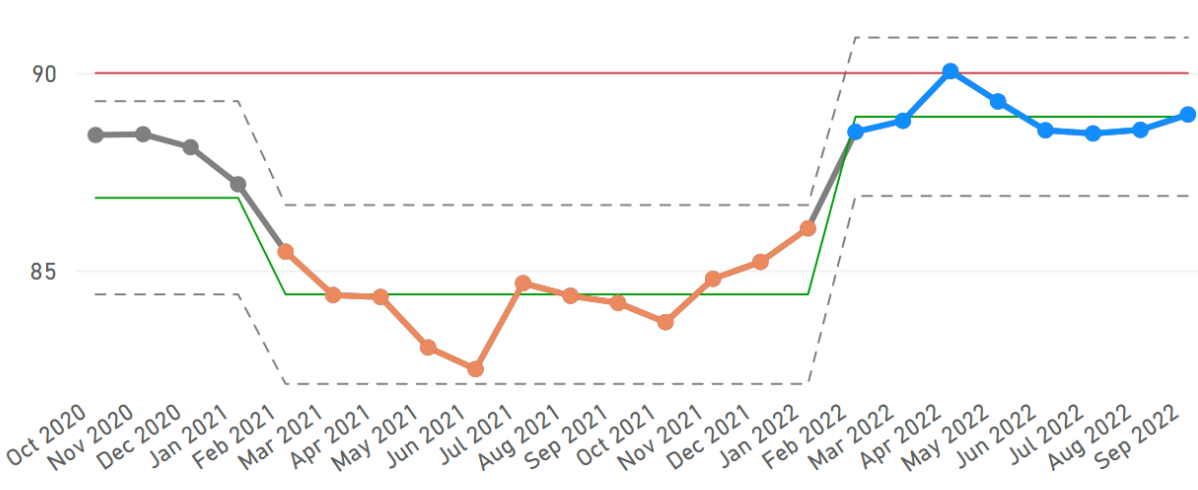
Sickness Absence (%)

Month	Performance	Target	Trend	Assurance
Sep 2022	5.5%	4%		



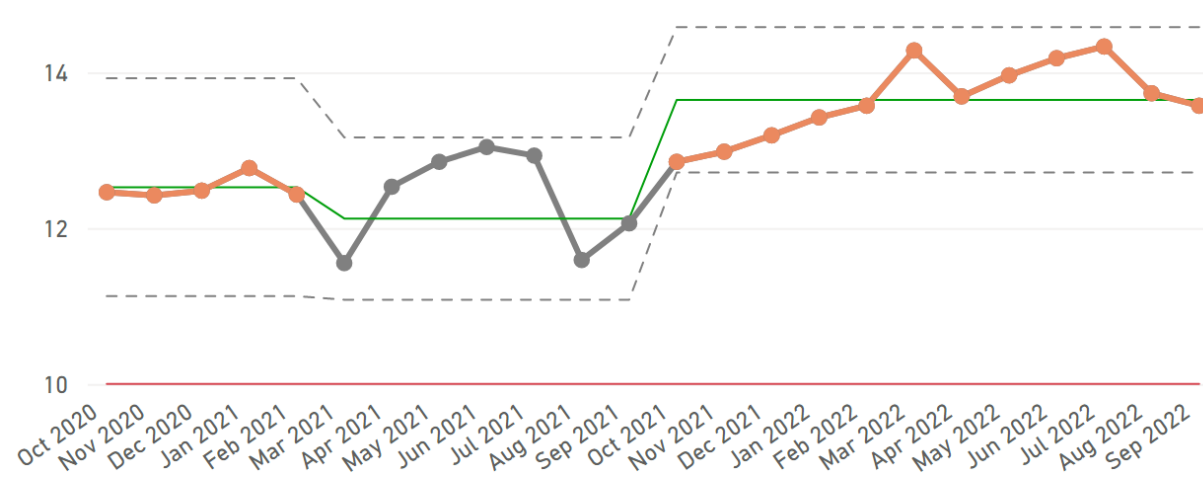
Mandatory Training (%)

Month	Performance	Target	Trend	Assurance
Sep 2022	88.9%	90%		



Staff Turnover (%)

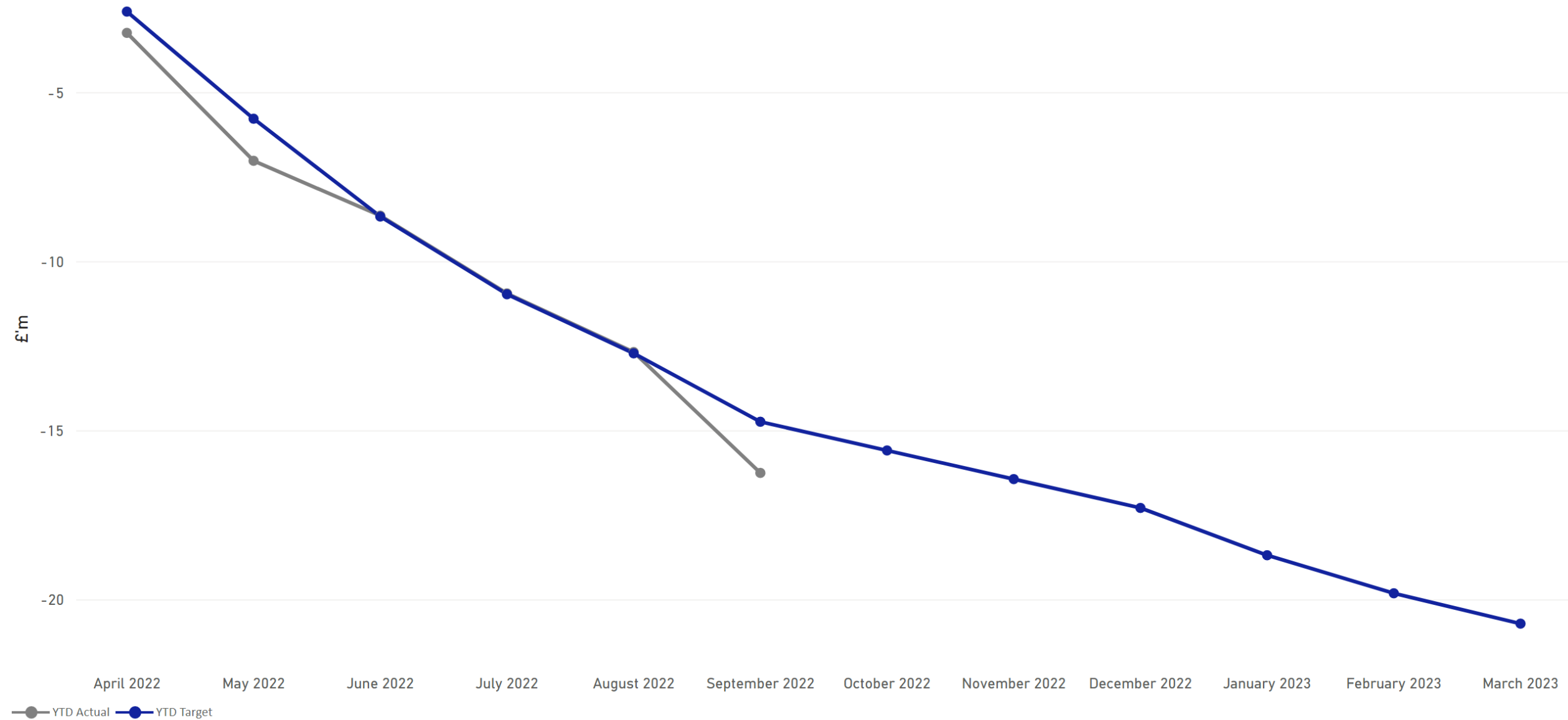
Month	Performance	Target	Trend	Assurance
Sep 2022	13.6%	10%		



WELL-LED

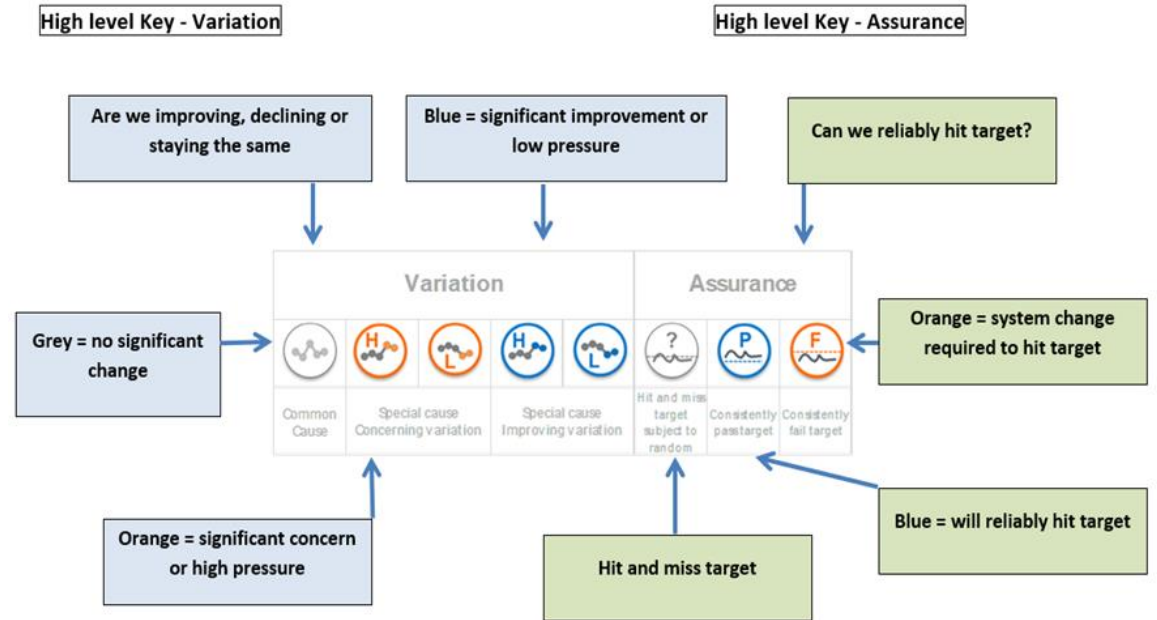
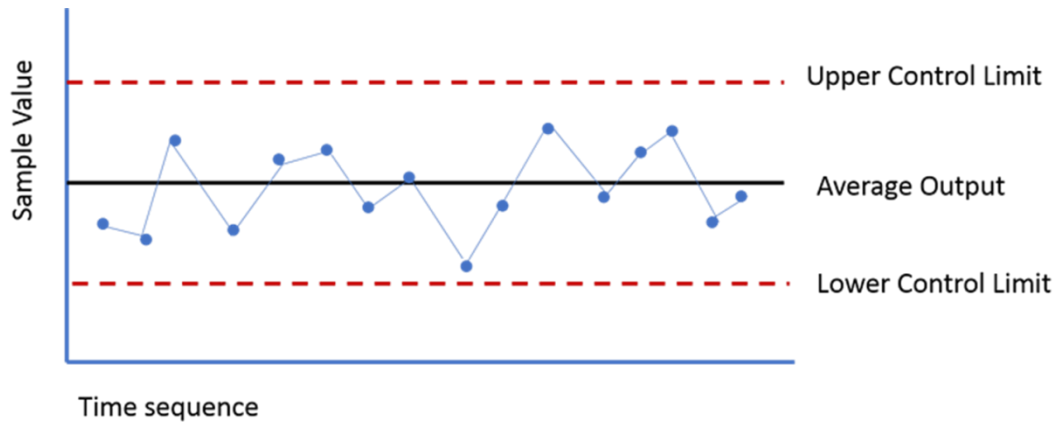
Month	Performance	Target
Sep 2022	-£16.262m	-£14.749m

Cumulative YTD Financial Position (£'millions)



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*.



MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 15 NOVEMBER 2022			
Finance Report			Agenda Item 10
Report Author and Job Title:	Chris Dargue Deputy Chief Finance Officer	Responsible Director:	Chris Hand Chief Finance Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This report outlines the Trust's financial performance as at Month 6 of 2022/23.		
Background	<p>For 2022/23, the system-based approach to planning and delivery continues with all systems required to breakeven. The Trust's plan submitted to the NHSE regional team for the 2022/23 financial year is a deficit of £20.7m.</p> <p>Following the national Advanced eFinancials system down-time, which has impacted on Month 4 and Month 5 reporting, systems and processes are fully recovered and reporting to NHSE has resumed in the usual manner.</p>		
Assessment	At Month 6 the Trust reported a deficit of £16.3m at a system control-total level. This is a £1.5m variance year-to-date, relating to the cost of the national pay award (and arrears) above the level of additional funding that has been provisionally allocated to the Trust by the ICB. Discussions are ongoing regionally and nationally regarding the level of pay award funding allocated to the ICB, for distribution to provider trusts to meet the full costs of the national pay award.		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Council of Governors are asked to note the financial position for Month 6 2022/23.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report addresses 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 <input type="checkbox"/>	A great place to work <input type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported		

	healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input type="checkbox"/>	
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Month 6 2022/23 Financial Performance

1. PURPOSE OF REPORT

The purpose of the report is to update the Council of Governors on the Trust's financial performance as at Month 6 of 2022/23.

2. BACKGROUND

For 2022/23, the system-based approach to planning and delivery continues, with each provider trust fully mapped to a single ICS system, and all systems have a breakeven requirement.

Trusts are still required to submit organisational plans and these plans must be consistent with their system plan submission. The Trust's plan for the 2022/23 financial year is a deficit of £20.7m, measured on a system financial performance basis.

This financial position in this report reflects the plan submitted in June 2022 and includes the additional inflation income agreed with NHSE. The plan was developed in conjunction with the NENC ICB, with internal review and oversight provided through the Resources Committee and meetings of the Trust Board.

The Trust is required to report on a group basis each month to NHSE, and so the reported financial position shows the consolidated group position including both the Trust and the Trust's subsidiary company, South Tees Healthcare Management.

3. DETAILS

Trust Position Month 6 2022/23

The Month 6 YTD and forecast position against the NHSE plan submitted in June 2022 is outlined in the table below:

STATEMENT OF COMPREHENSIVE INCOME	YTD Plan £000	YTD Actual £000	YTD Variance £000	2022/23 Full Year Plan £000	Actual Forecast £000	Full year Forecast Variance £000
Operating income from patient care activities	364,012	372,552	8,540	728,662	749,174	20,512
Other operating income	25,491	24,333	(1,158)	51,022	47,516	(3,506)
Employee expenses	(237,446)	(244,648)	(7,202)	(471,565)	(483,925)	(12,360)
Operating expenses excluding employee expenses	(157,002)	(159,085)	(2,083)	(313,185)	(318,843)	(5,658)
OPERATING SURPLUS/(DEFICIT)	(4,945)	(6,848)	(1,903)	(5,066)	(6,078)	(1,012)
FINANCE COSTS						
Finance income	0	362	362	0	500	500
Finance expense	(8,652)	(8,393)	259	(17,330)	(16,800)	530
PDC dividends payable/refundable	(1,956)	(1,956)	0	(3,911)	(3,911)	0
NET FINANCE COSTS	(10,608)	(9,987)	621	(21,241)	(20,211)	1,030
Other gains/(losses) including disposal of assets	0	14	14	0	14	14
Corporation tax expense	0	0	0	(5)	0	5
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(15,553)	(16,821)	(1,268)	(26,312)	(26,275)	37
Add back all I&E impairments/(reversals)	0	0	0	3,974	3,974	0
Remove capital donations/grants/peppercorn lease I&E impact	804	559	(245)	1,618	1,616	(2)
Adjusted financial performance surplus/(deficit)	(14,749)	(16,262)	(1,513)	(20,720)	(20,685)	35
Less gains on disposal of assets	0	(14)	(14)	0	(14)	(14)
Adjusted financial performance for the purposes of system achievement	(14,749)	(16,276)	(1,527)	(20,720)	(20,699)	21

At Month 6 the Trust reported a cumulative deficit of £16.3m at a system control total level. The operating deficit at the end of Month 6 was £6.8m and the overall cumulative deficit was £16.8m.

This year-to-date financial position is £1.5m behind plan, relating to the cost of the national pay award. The costs of the pay award (and arrears) are above the level of additional funding that has been provisionally allocated to the Trust year-to-date by the ICB. Discussions are ongoing regionally and nationally regarding the level of pay award funding that has been allocated to the ICB, for distribution to provider trusts to meet the full costs of the national pay award.

The Trust plan for the 2022/23 financial year is to deliver a £20.7m deficit, as part of the ICS plan to deliver financial balance at a system level. At Month 6 the Trust's forecast outturn position was in line with plan for the 2022/23 financial year.

The forecast currently assumes that the estimated £3.0m full year pressure of the pay award will be funded through additional funding, reflecting ongoing discussions and the NHSE letter in July 2022 that stated that "systems and providers will be funded in full for the pay award on top of existing allocations".

Operating Income from Patient Care Activities

Under the revised financial arrangements for 2022/23, the Trust is paid under a block arrangement with the exception of the following items:

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

The Trust's operating income from patient activities is shown in the table below:

INCOME FOR PATIENT CARE ACTIVITIES	Operational Plan £000	Actual £000	New Variance £000
NHS England	121,613	122,187	574
ICB/Clinical commissioning groups	249,739	249,065	(674)
Non-NHS: private patients	493	347	(146)
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)	3	30	27
Injury cost recovery scheme	969	907	(62)
Non-NHS: other	25	16	(9)
TOTAL INCOME FOR PATIENT CARE ACTIVITIES	372,842	372,552	(290)

The variance position is shown normalised for net neutral budget adjustments, relating to additional income and expenditure such as the 2022/23 pay award and new contract variations for funded developments.

Operating income from Patient Care Activities was £372.5m for Month 6 and was £0.3m behind plan.

The NHS England position is ahead of plan due to additional funding relating to high-cost drugs, this is offset by an equivalent overspend on drugs. The ICB/CCG income is slightly behind plan and relates to expected contract variations that the Trust have currently not received.

The Month 6 position assumes full receipt of agreed ERF funding relating to the first six months of 2022/23, however, there is a potential risk of clawback of this funding later in the financial year, if actual activity delivery is below ICB planned levels.

The ICB/CCG income position also assumes £1.9m year to date ERF funding from Humber and North Yorkshire (HNY) ICB, in line with national planning guidance. However, this still needs to be confirmed by the HNY ICB and reflected in revised block contract payments. The Trust has invoiced HNY ICB for the first 2 quarters on 2022/23 and has escalated the contractual issue with NENC ICB and regional NHSE.

Other Operating Income

Other income received up to Month 6 totalled £24.3m and was behind plan by £0.1m and includes all non-direct patient care income.

OTHER OPERATING INCOME	Operational Plan £000	Actual £000	New Variance £000
Research & Development	1,640	2,138	498
Education and Training	10,814	10,664	(150)
Non Patient Care Income	764	849	85
Reimbursement & Top-Up funding	1,368	899	(469)
Donations - (Assets, Equipment & COVID consumables)	2,118	2,135	17
Other	7,752	7,648	(104)
TOTAL OTHER OPERATING INCOME	24,456	24,333	(123)

Research and Development income is ahead of plan by £0.5m year to date.

Reimbursement funding relates to Covid-19 pass through costs (for vaccination and testing). This is below plan by £0.5m, but can be offset by equivalent underspends in expenditure.

Employee Expenses (Pay)

The Trust's total expenditure on pay for Month 6 of 2022/23 was £244.7m and was underspent by £0.1m a breakdown is included in the table below.

PAY	Operational Plan £000	Actual £000	New Variance £000
Ahp'S, Sci., Ther. & Tech.	(35,959)	(34,995)	964
Hca'S & Support Staff	(26,865)	(26,643)	222
Medical And Dental	(70,712)	(72,399)	(1,687)
Nhs Infrastructure Support	(35,500)	(34,538)	962
Nursing & Midwife Staff	(74,746)	(75,213)	(467)
Other Pay Costs	(1,014)	(860)	154
TOTAL PAY	(244,796)	(244,648)	148

The Pay underspend mainly relates to Allied Health Professions, Scientist, Technical, and NHS infrastructure support staff, which is offset by overspends on Medical and Nursing.

The Month 6 position includes the year-to-date cost of the national pay award (and arrears). The costs of the pay award exceed the provisionally allocated funding received from the ICB by £1.5m year-to-date. Discussions are ongoing regionally and nationally regarding the level of pay award funding that has been allocated to the ICB, for distribution to provider trusts to meet the full costs of the national pay award.

Operating Expenses excluding Employee Expenses (Non-Pay)

The Trust's total expenditure on operating non-pay for Month 6 of 2022/23 was £159.1m and a breakdown is included in the table below. Expenditure includes all costs relating to clinical delivery and the Trust's response to the COVID pandemic.

NON PAY	Operational Plan £000	Actual £000	New Variance £000
Purchase of Healthcare	(7,949)	(6,761)	1,188
Clinical Supplies & Services	(48,454)	(49,893)	(1,439)
Drugs	(42,029)	(42,381)	(352)
External Staff & Consultancy	(167)	(455)	(288)
Establishment	(4,825)	(5,623)	(798)
Premises & Fixed Plant	(10,745)	(11,722)	(977)
Transport	(2,043)	(2,056)	(13)
Depreciation & Amortisation	(13,257)	(12,207)	1,050
Research Training & Education	(1,495)	(1,237)	258
PFI Unitary Payment	(15,951)	(16,733)	(782)
Other	(1,778)	(1,461)	317
Clinical Negligence	(8,753)	(8,556)	197
TOTAL NON PAY	(157,446)	(159,085)	(1,639)

The non-pay year to date position is £1.6m overspent.

Purchase of healthcare is £1.2m underspent, which is offset by the overspends on premises & fixed plant, establishment and clinical supplies. Depreciation is underspent by £1.1m.

The overspend relating to high-cost drugs and devices expenditure in the position can be offset by NHSE clinical income.

The PFI Unitary Payment includes the financial impact of the increased inflationary charges, including the impact of the national pay award.

Financing Costs

Interest receivable is £0.4m ahead of plan, reflecting higher cash balances and increased interest rates from the Government Banking Service (GBS) Account. It is anticipated that these returns will fall through the remainder of the year as the Trust's liquidity reduces in line with plan.

The finance expenditure position is £0.3m underspent, related to the PFI interest charges from the PFI financial model. This part offsets the inflationary increases in operating PFI expenditure.

PDC Dividend payments are in line with plan.

Cost Improvement Programme (CIP)

Following the Financial Plan resubmission in June 2022, the Trust has an efficiency saving programme totalling £24.9m. Total delivery against the year-to-date plan stands at £6.8m (88%) at Month 6, as show in the table below:

NHSE category	YTD Target £000	YTD Actual £000	YTD Variance £00
Agency	306	243	(63)
Corporate Services	117	0	(117)
Digital transformation	0	23	23
E-Rostering	2,040	786	(1,254)
Estates and Premises	507	643	136
Fleet optimisation	15	0	(15)
Income Non-Patient Care	1,140	1,343	203
Income Other	216	570	354
Income Private Patient	186	68	(119)
Medicines optimisation	459	485	26
Non-pay Other	525	536	11
Pathology & Imaging	267	189	(78)
Pay Other	66	134	68
Procurement	1,173	885	(288)
Service re-design	0	40	40
Skill mix reviews	729	848	119
Grand Total	7,746	6,792	(954)

The Trust monitors the planning and delivery of its efficiency programme through the meetings of the Collaborative Improvement Planning Group, with oversight from the CIP Steering Group (which includes non-executive director membership). Support for the identification and delivery of efficiency schemes is provided to the Collaboratives from the Trust's Service Improvement Office.

Capital

The Trust's capital expenditure at the end of September amounted to £9.7m as detailed below:

	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Budget £'000	Full Year Forecast £'000	Full Year Variance £'000
PFI Lifecycle	6,378	6,597	219	12,760	12,760	0
Site Reconfiguration	1,550	1,678	128	13,402	13,402	0
Replacement of Medical Equipment	1,050	414	(636)	5,636	5,636	0
Network Replacement and Clinical Noting	1,025	1,011	(14)	2,475	2,475	0
Total	10,003	9,700	(303)	34,273	34,273	0

The capital programme is based on a regionally approved programme of £34.3m that will require external support, in the form of Public Dividend Capital (PDC) of £6.5m. The PDC includes funding for the Friarage Theatre development (£4.4), Diagnostic Imaging equipment (£1.6m) and £0.5m towards Endoscopy JAG accreditation.

Internally generated funding will be utilised to fund the remainder of the capital programme. The Trust's ICS Capital Departmental Expenditure Limit (CDEL), included in the above, amounts to £15.0m

The capital programme includes:

- PFI - £12.8m contractual commitment to Endeavour SCH LLP with the payment based on the Financial Model;
- Estates – Friarage Rationalisation and Redevelopment (£4.4m), PFI enhancement and Change in Law (£2.0m), Pathology (£1.2m), Critical Care (£1.8m) and Friarage Critical Backlog maintenance (£1.0m);
- IT – Alcidion investment for e-prescribing and licencing (£0.8m), Digital Programmes started in 2021/22 (£0.8m) and planned/emergency replacements (£0.8m); and
- Medical equipment – Emergency and planned replacement of medical equipment (£3.0m), Diagnostic Imaging (£1.6m) and Group C equipment replacement (£1.0m).

Liquidity

The cash balance at 30 September amounted to £47.1m (which is higher than the year-to-date plan of £26.5m)

As at the end of September the Trust has paid 45,572 invoices (total value £285.038m) with 43,930 invoices (total value £262.768m) paid within the 30 day target.

The Trust's performance against the Better Payment Practice Code (BPPC) target (95%) on invoices paid so far this year equates to:

- April 98.6%;
- May 98.2%;
- June 96.1%;
- July 96.2%;
- August 96.7%; and
- September 96.4%

Statement of Financial Position (SOFP)

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

Statement of financial position	31/08/2022 £'000	30/09/2022 £'000	Movement £'000
Non-current assets			
Intangible assets	4,141	4,004	(137)
On-SoFP IFRIC 12 assets	151,924	155,468	3,544
Other property, plant and equipment (excludes leases)	113,704	111,049	(2,655)
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	101,816	101,816	0
Receivables: due from NHS and DHSC group bodies	1,933	1,933	0
Receivables: due from non-NHS/DHSC group bodies	1,220	1,220	0
Total non-current assets	374,738	375,490	752
Current assets			
Inventories	14,854	15,227	373
Receivables: due from NHS and DHSC group bodies	7,391	11,158	3,767
Receivables: due from non-NHS/DHSC group bodies	18,754	21,115	2,361
Other current assets	4,200	13,605	9,405
Cash and cash equivalents: GBS/NLF	71,653	43,529	(28,124)
Cash and cash equivalents: commercial / in hand / other	448	702	254
Total current assets	117,300	105,336	(11,964)
Current liabilities			
Trade and other payables: capital	(7,644)	(7,900)	(256)
Trade and other payables: non-capital	(129,534)	(121,848)	7,686
Borrowings	(7,393)	(7,421)	(28)
Provisions	(738)	(738)	0
Total current liabilities	(145,309)	(137,907)	7,402
Total assets less current liabilities	346,729	342,919	(3,810)
Non-current liabilities			
Borrowings	(182,789)	(182,662)	127
Provisions	(2,347)	(2,347)	0
Total non-current liabilities	(185,136)	(185,009)	127
Total net assets employed	161,593	157,910	(3,683)
Financed by			
Public dividend capital	367,099	367,099	0
Revaluation reserve	39,775	39,775	0
Other reserves	26,475	26,475	0
Income and expenditure reserve	(271,756)	(275,439)	(3,683)
Total taxpayers' and others' equity	161,593	157,910	(3,683)

4. RECOMMENDATIONS

Members of the Council of Governors are asked to:

- Note the financial position for Month 6 2022/23.

Meeting: Resources Committee	Date of Meeting: 27/10/22
Key topics discussed in the meeting	
<p>BAF – noted the strategic threats impacting on a number of Committees, cost of living pressures, industrial action, demand pressures</p> <p>Month 6 Finance Report – noted the ongoing discussions to ensure that as indicated the pay award is fully funded; noted the risks to recovery of the elective recovery fund from exceptional demand pressures</p> <p>Cost Improvement Programme – noted the good progress being made within Collaboratives, in delivering against the 2022/23 programme and working up proposals for 2023/24</p> <p>Procurement – commended the report and the proactive approach of the team</p> <p>Digital Programme Update – noted the development of a broader report to come to November Committee which is to capture the approach to benefit realisation and programme delivery assurance</p> <p>Information Governance – noted the good progress being made</p> <p>Green Strategy Progress – noted the good progress being made</p>	
Actions	Responsibility / timescale
<p>Information Governance – amend assurance from Limited to Moderate</p> <p>Information Governance – re-enforce to the Executive the importance of ensuring full compliance with the training module</p> <p>Green Strategy – to receive an update report twice annually to Committee</p>	Executive
Escalated items	

Commend the success and innovation within the Procurement Team, securing cashable savings for the Trust and supporting quality and productivity improvements across service departments

Risks	Responsibility / timescale

Meeting: QUALITY ASSURANCE COMMITTEE	Date of Meeting: 26 th October 2022
Connecting to: South Tees Board of Directors	
Key topics discussed in the meeting	
<p>Wide ranging agenda reflecting the Reporting and Connecting Groups that comprise the Quality Assurance Governance arrangements. Key topics included</p> <ul style="list-style-type: none"> • Board Assurance Framework • Integrated Quality and Performance Report • CQC Assurance Report • STAQC Report 	
Actions	Responsibility / timescale
<ul style="list-style-type: none"> • Further work on the Board Assurance Framework , building on discussion about threats and mitigations • Additional detail on support provided to service areas initiating the STAQC accreditation process 	<p>Lead...Mrs J White , November 2022</p> <p>Mrs N Cockfield. January 2023</p>
Escalated items	
<ol style="list-style-type: none"> 1. Chair’s Log of Safer Medication Practice Group ...1 escalated risk, Insulin Prescribing Audit , following up with Ms H Jones 2. “ Reading the Signals” Report following the Independent Investigation into East Kent Maternity and Neonatal Servicesactions to review the recommendations and implications for maternity and neonatal services locally 	
Risks (Include ID if currently on risk register)	Responsibility / timescale

People Committee Chair's Log

Meeting: People Committee	Date of Meeting: 29.09.2022 & 26.10.2022
Highlights for: Board of Directors	Date of Meeting: 01.11.2022
Overview of key areas of work and matters for Board.	
<ul style="list-style-type: none"> • Board Assurance Framework • People Strategy <ul style="list-style-type: none"> ○ People Plan – Engagement ○ North Tees & South Tees Collaboration • Culture & Values <ul style="list-style-type: none"> ○ Serco • Education & Training <ul style="list-style-type: none"> ○ Medical Staff Revalidation & Appraisal Annual Report ○ Strive ○ Medical Education Papers (HEENE & GMC) • Performance & Progress Reporting <ul style="list-style-type: none"> ○ Workforce Performance Data ○ Midwifery • Equality, Diversity, and Inclusion <ul style="list-style-type: none"> ○ WRES WDES ○ Quarterly Update ○ Annual Report • Employee Relations <ul style="list-style-type: none"> ○ Freedom to Speak Up 	
Actions to be taken	Responsibility / timescale
<p>Board Assurance Framework</p> <p>We reviewed the BAF risks and acknowledged the increased risks associated with staffing, potential industrial action and cost of living.</p> <p>Staff Engagement</p> <p>We reviewed Staff Survey uptake (20% on 26.10.2022), restorative justice, recruitment, flexible working, staff engagement, induction, EDI, retention and talent management. The update was noted.</p> <p>Medical Staff Revalidation & Appraisal Annual Report</p>	<p>Head of HR to update on availability of flexible working data.</p>

An excellent and detailed report was reviewed and discussed. The committee approved.

RH would sign the document (required by 28.10.2022)

Strive.

Introduction (new NED's) with an excellent overview welcomed by all present. Further discussions on embedding wellbeing in to management programmes.

No Action

The committee were complementary of the extensive use of **apprenticeships** and the trust is maximising the levy opportunities.

No Action

Medical Education Papers (HEENE & GMC) were reviewed. Noted that teaching had continued throughout COVID19.

No Action

Workforce Performance Data

JH reviewed the key people metrics and data. Key take aways:

Head of HR to review absence targets and provided additional turnover risk data (November 2022).

- Does the absence target need revising?
- Where are the critical organisational risks in turnover data and what optionality exists?
- Concern with the employee impact/relations associated with payroll errors

HRD to update on payroll process, supplier and internal compliance.

Midwifery Workforce

Ms Staite provided an update on staffing levels from 01.01.2022 to 30.06.2022. It was noted that ST is staffed to the recommended safe midwifery staffing levels. There is a shortfall of 8/10 midwives per shift and thus is expected to improve by the end of the year.

Further insight required at a future People Committee

Equality, Diversity & Inclusion

WRES Annual Report. Excellent report providing a detailed assessment with forward looking priorities of:

Future WRES & WDES reports should include more than 1 year of data to enable trend analysis to support assurance

- Reducing harassment, bullying and abuse of BME staff
- Positive action within recruitment & selection (shortlisted and appointed)
- Improved BME participation in staff survey

WDES Annual Report. Excellent report providing a detailed assessment with forward looking priorities of:

Future WRES & WDES reports should include more than 1 year of data to enable trend analysis to support assurance

- Positive action within recruitment & selection (shortlisted and appointed)
- Improve support and engagement for staff w. disability / long term health condition.
- Improved self-declaration of impairments

<p>EDI Quarterly Report was reviewed and agreed.</p> <p>EDS2 Update (assurance against Public Sector Equality Duty) would be impacted by new terms of reference for the EDS Strategy Group.</p> <p>Employee Relations</p> <p>Freedom to Speak Up. Review of Q2 2002 activity and increase from Q1 (15 to 21) was noted.</p> <p style="padding-left: 40px;">Leadership and Management – 10 Staff Health & Safety – 9 Patient Safety – 8 Staffing & Workload – 8 Incivility & Culture – 7 Communication issues – 5</p>	<p>No action</p> <p>Further review when updated with revised terms of reference</p> <p>Future updates to include historical data to aid triangulation.</p>
Board action	Responsibility / timescale
<p>There were no matters for escalation to the board.</p>	
Risks (Include ID if currently on risk register)	Responsibility / timescale
<p>Two new risks identified –</p> <p>*Cost of living / Industrial action</p> <p>*Payroll errors (and negative impact on employees)</p>	

COUNCIL OF GOVERNORS
SCHEDULE OF FORTHCOMING FORMAL MEETINGS AND TRAINING EVENTS
UP TO MARCH 2024

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm)	VENUE
Tuesday 15 November 2022 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Rooms 2 & 4, Friarage Hospital Northallerton
Tuesday 17 January 2023 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 21 March 2023 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm)	VENUE
Tuesday 16 May 2023 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 18 July 2023 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 19 September 2023 12.00 – 4.00pm	<u>Annual Members Meeting</u> Timing – 11.30 – 12.15am LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Ian Haslock Lecture Theatre STRIVE, JCUH Board Room, 2 nd Floor Murray Building, JCUH

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00am to 4.00pm)	VENUE
Tuesday 21 November 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	Room 3 & 4 Friarage Hospital Northallerton
Tuesday 16 January 2024 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 19 March 2024 10.00 – 4.00pm	<u>Development Session/Walkabouts</u> 10.00 – 1.00pm LUNCH – 1.00 – 1.30pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH