



South Tees Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date – 16 May 2023

Time – 14:00

Venue – Board Room, Murray Building, James Cook University Hospital



Council of Governors – Public Meeting

16 May 2023, 2:00 – 4:00
Board Room, Murray Building

Agenda

ITEM	PURPOSE	LEAD	FORMAT	TIMING
CHAIRS BUSINESS				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC 1
4.	Minutes of Previous Meeting held on 21 March 2023	Approval	Chair	ENC 2
5.	Matters Arising and Action Sheet	Review	Chair	ENC 3
6.	Chairman's Report	Information	Chair	ENC 4
7.	Lead Governor Report	Information	Lead Governor	Verbal
8.	Managing Director Report	Information	Managing Director	ENC 5
SAFE				
9.	Quality Assurance Committee Chair update	Information	Miriam Davidson	ENC 6
EFFECTIVE				
10.	Resource Committee Chair update	Information	David Redpath	ENC 7
EXPERIENCE				
11.	People Committee Chair update	Information	Mark Dias	ENC 8
12.	Health & Wellbeing Champion update	Information	Ada Burns	Verbal
13.	Patient Experience sub group update	Information	Sue Young	Verbal
WELL LED				
14.	Audit & Risk Committee Chair log	Information	Ken Readshaw	ENC 9

15.	Integrated Performance Report	Information	COO	ENC 10	
16.	Finance Report	Information	Head of Financial Governance and Control	ENC 11	
17.	Board walk rounds	Information	Non-Executive Directors	Verbal	
18.	New employment checks for governors	Approval	Head of Governance & Co Secretary	ENC 12	
GOVERNANCE					
19.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	
20.	Reflections on Meeting	Discussion	Chair	Verbal	
21.	Any Other Business	Information	Chair / All	Verbal	
22.	Date of Next Meeting:	Information	Chair		

ENC 1

Council of Governors Register of Interests

Board Member	Position	Declaration Details
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
Rachel Booth-Gardiner	Governor	Brother employed as Nutrition Coordinator at South Tees Hospitals NHS Trust
Lisa Bosomworth	Governor – Healthwatch South Tees	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	NIL
Janet Crampton	Governor & Deputy Lead Governor	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Chair of Dementia Friendly Hambleton Friend of Vice Chair at North Tees & Hartlepool NHS Trust
Prof Paul Crawshaw	Governor	Chair of Healthwatch South Tees
Dr Sarah Essex	Governor	Cancer Research Team Lead
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
Rebecca Hodgson	Governor	NIL
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 & Deputy Lead 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 Oluwatowaju	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)
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	<p>Chair of Patient Participation Group (PPG) for Barnard Castle Surgery, County Durham</p> <p>Member of Countywide Patient Reference Group (PRG) (County Durham) - meets monthly with NENC ICB (CD)</p> <p>Member of the County Durham Health and Care Engagement Forum - meets monthly with NENC ICB (CD)</p> <p>Member of local PCN (Primary Care Network) PRG, which meets quarterly</p>
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 21 March 2023 at 1.00pm
in the Board Room James Cook University Hospital & via Microsoft Teams**

Present:

Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Dr Sarah Essex	Elected governor, Staff
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Paul Fogarty	Elected governor, Middlesbrough
Ms Lisa Bosomworth	Representative of Appointed governor, Healthwatch
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Yvonne Bytheway	Elected governor, Middlesbrough
Dr John Fordham	Elected governor, Patient and/or Carer
Ms Carlie Johnston-Blyth	Appointed governor, Teesside University
Ms Zahida Mian	Elected governor, Redcar & Cleveland
Dr Isaac Oluwatowoju	Elected governor, Staff
Cllr Steve Watson	Appointed governor, North Yorkshire County Council
Prof Shaun Pattinson	Appointed governor, Durham University
Mrs Angela Seward	Elected governor, Rest of England
Ms Rachael Booth Gardner	Elected governor, Middlesbrough
Mrs Sue Young	Elected governor, Hambleton & Richmondshire
Ms Elaine Lewis	Elected governor, Patient and/or Carer

In attendance:

Ms Miriam Davidson	Non-executive Director
Ms Alyson Gerner	Associate Non-executive Director
Mr Ken Readshaw	Non-executive Director
Mr Chris Dargue	Deputy Chief Finance Officer
Mr Rob Harrison	Managing Director
Mrs Jackie White	Head of Governance / Company Secretary
Ms Ali Wilson	Non-executive Director
Mrs Ada Burns	Non-executive Director & Chair of the meeting
Prof Rudy Bilous	Associate Non-executive Director
Mr Mark Dias	Non-executive Director
Mr Carter Ferris	Non-executive Director
Mr David Redpath	Non-executive Director
Mr Ian Bennett	Deputy Director of Quality & Safety
Mr Sam Peate	Chief Operating Officer

CoG/22/99 CHAIR'S BUSINESS

Welcome and Introductions

Ms Burns welcomed all Governors to the meeting and discussed the new format for the meeting with non executive directors taking a lead role in providing information to the Council of Governors being supported by the executive directors. Ms Burns asked for feedback on their development session. Mrs

Seward advised that the morning sessions had been good with updates on Maternity in which Ann Moody Deputy Head of Midwifery & Deepika Meneni Clinical Director attended and provided good assurance on the work that the maternity services team are doing along with feedback from recent visits to the service to look at the implementation of the Ockenden actions and CNST. Mr Kevin Oxley and Mr Phil Sturdy, incoming Director of Estates attended also and provided an update on the estate. Ms Rachael Booth Gardner discussed that she had not had an easy journey across from Roseberry Park where she works to James Cook and had on occasion had to travel in her chair on the road. Ms Burns confirmed she had also had a conversation with Ms Booth Gardner and asked for Mr Harrison to put some pace around improving the experience in terms of access to paths. Ms Crampton advised that governors were also keen for governors to do a walkround the site to support on accessibility issues.

CoG/22/100 Apologies for Absence

Apologies for absence were received from:

Prof Paul Crawshaw	Appointed governor, Healthwatch
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Mr Lee O'Brien	Appointed governor, Carer Organisation
Mrs Anita Keogh	Corporate Affairs Officer/PA to Joint Chairman
Ms Jean Milburn	Elected governor, Middlesbrough
Mr Nigel Puttick	Elected governor, Hambleton & Richmondshire
Mr Patrick Rice	Appointed governor, Redcar & Cleveland Borough Council

Apologies from Non executive colleagues:

Mr Richard Carter Ferris Vice Chair & Non executive director

CoG/22/101 Declarations of Interest

Mrs White confirmed that the meeting was quorate. Mrs Seward asked for Mr Bell and Mr Holmes to be removed from the declaration.

There were no other new interests declared and no interests declared in relation to the agenda.

CoG/22/102 Minutes of Previous Meeting

The minutes of the previous meeting were approved as an accurate record with the following amendments:

Page 1, Rachael Booth Gardner
Page 2, remove Ann Arundale and Mike Holmes
Page 4, second para, Professor Pattinson not Patterson
Page 5, third para, Seacole Group

Resolved: i) the minutes of the previous meeting were accepted as an accurate record

CoG/22/103 Matters Arising and Action Sheet

The matters arising were reviewed and updated in the meeting.

CoG/22/104 Chairman's Report

Ms Burns referred members to Professor Bells written report and asked for any questions. Mrs Seward asked that the report be changed in terms of the recommendation which is for the Council of Governors not the Board.

Resolved

The Council of Governors NOTED the update

CoG/22/105 Lead Governor Report

Mrs Angela Seward, Lead Governor, welcomed members to the meeting. Mrs Seward commented that Ms Sophie Walker new governor for H&R had stood down due to her clinical work, she added her thanks to Neil Puttick, who will be resigning at end of April – thanks for his good work. Mrs Seward advised members that there are now six vacancies which will be going out to elections in April – 1 re-election for Sue Young and wish her good luck; 2 further H&R vacancies; 2 R&C and 1 staff vacancy.

Mrs Seward commented that 13 governors attend in January, the NHS providers workshop on core skills for governors and in the afternoon a joint meeting with NHTT governors to update on the joint working across the Trusts and an update on the group hospital model. She reminded members that this is not a merger, it is a joint working / collaboration between the two Trusts for the benefit of the patients. Mrs Seward reminded members of a joint email from Sarah Hutt, Jackie White and Derek Bell setting out a further joint session for the governors in May and December and a joint meeting of the membership and engagement groups to look at opportunities for the membership.

Mrs Seward advised that the last Board meeting was a board development meeting and the next meeting is 4 April 2023 in public. Mrs White updated that the meeting in April is face to face and governors are invited to attend.

She reminded members of her regular catch ups with Professor Bell, Mrs White and Ms Burns, to discuss issues which may be private and other discussions which are for sharing with the governors.

Mrs Seward commented on her visit to the Friarage site and catch up with H&R governors, she added that it was exciting to see the start of the development of the new surgical building. They also visited the new endoscopy unit and it had a good feeling about the visit.

Mrs Seward commented on the Healthwatch South Tees who are doing a consultation with the Trust for patient to have say on improving and developing services and a session on 23 April 12:30 celebrating excellence in research and innovation – all governors are invited.

Finally Mrs Seward mentioned a number of press releases which had been sent to governors and published on the staff app.

Ms Zahida Mian commented that she attended the Healthwatch workshop and pleased to say she was impressed. The workshops were really well planned and she had a positive experience. Ms Mian commented that the sessions gained momentum from second workshop to the third workshop. She added that she went with open mind but because of the topics that were discussing she mentioned a recent experience at James Cook which left her feeling annoyed

and frustrating. She spoke with Jen Little regarding her experience which centres around letters and patient appointment letters and wanting to cancel an appointment. Ms Mian commented that she was concerned for other patients in similar situation especially those with difficulties in accessing services such as the elderly, visually impaired etc. Ms Mian commented that she will be attending the patient experience sub group in April to discuss her story.

Ms Burns thanked Ms Mian for sharing her story and commented that we need to take assurance that this is an isolated story but the overwhelming majority of communications for patients runs smoothly.

Ms Crampton suggested that a patient story should be shared at the start of Council of Governors meeting to start the meeting and Mrs White confirmed that this should be included in the cycle of business.

Mr Harrison updated that the Trust has spent the last 12 months working and listening to the administrative staff who had been impacted by significant changes over the last 3-5 years and working to improve services which includes some of the digital developments which will support staff.

Ms Bosomworth updated on the work with the Trust and Healthwatch on the Patient Experience Strategy which will be launched in May. Lots of work which came out with real rich information.

Ms Burns commented that the value and importance that the governors bring to the Trust in terms of the improvement journey. We need to have the vacancies filled to ensure we have this opportunity and asked members to reach out to colleagues around the vacancies.

RESOLUTION

The Council of Governors NOTED the update

CoG/22/106 Managing Director Report

Mr Harrison attended the meeting and referred members to his report. He highlighted a number of areas including CQC patient survey results into the maternity services which had been shared with the Council of Governors in the morning development session. He added that the Board had held a development session as referred to in the Chairmans update and discussed that the Board had focussed on the plans for this year in particularly the financial plan with lots of work happening at Collaborative level to be able to deliver the plan and care to patients. Mr Harrison also discussed the work of the Cardiovascular Hearts and Minds research campaign which has been achieved to develop a new research unit in the hospital. Mr Harrison discussed the work at the Friary and there was a discussion regarding when the staff who were temporary moved to the Friarage would be moved back in. Mr Harrison advised that the Trust has been working very closely with the staff to ensure they are kept up to date with regard to the move back to the Friary which he hoped would be in June following further works being carried out in other parts of the building. Finally Mr Harrison raised the industrial action which had been undertaken by colleagues over the last couple of months.

Mrs Seward discussed that the Collaborative Chairs had discussed the impact of the industrial action and how they had managed the work to allow the junior doctors to be able to strike.

Mr Redpath added to commend the finance team and how much work they are putting in to get the plans ready for next year and wished to thank them.

RESOLUTION

The Council of Governors NOTED the Report

CoG/22/107 Quality Assurance Committee Chair update

Ms Miriam Davidson, Chair of the Quality Assurance Committee discussed a number of key issues highlighted in her chairs log with the Council of Governors. Ms Davidson described the quality sub structure and how assurance is received from these sub groups through the chairs logs which identify issues which require escalation and noting. Ms Davidson noted that the Council had received an update on Maternity this morning, she added that as Board Maternity Champion she took part in the maternity voices group at Northallerton participating in the discussion around ante natal education sessions, breast feeding session.

With regard to the IPR QAC discussed the ongoing challenge with CDIF and infection prevention and control and on 8 March the Board had a session by Professor Bellamy on IPC and are starting to see a slight flattening of CDIF rates and hearing the evidence based on which we base our measures on was very helpful to the Board. Ms Davidson commented that QAC had received a fantastic presentation from two clinicians from ED regarding a number of concerns raised at COG and in QAC about the staff experience, patient experience and pressures in ED and waiting in ED. Ms Davidson asked for the presentation to be circulated to COG. There was a discussion on the things being implemented including using the voluntary sector to give hot food and drink to those waiting in ED. The Committee were assured that the issues are known to the team and the things they are taken forward to address them.

RESOLUTION

The Council of Governance NOTED the update

CoG/22/108 Quality priorities update 2023/24

Mr Bennett attended and updated on the progress to develop the 2023/24 quality priorities for the Trust. He updated that providers of NHS healthcare are required to publish a Quality Account each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 and will be made available to the public.

As part of the annual Quality Account, the Trust must identify its quality priorities for the coming year and demonstrate associated stakeholder engagement. As in previous years, NHS foundation trusts' governors need to select the local indicator for assurance.

Our draft quality priorities for 2023/24 have been identified based on:

- Our progress against the quality priorities for 2022/23.
- Themes highlighted from our ward and department accreditation scheme.
- Actions identified from the 2022 CQC inspection and progress with related work.
- Analysis of our complaints and PALS enquiries.
- Analysis of our patient safety incidents.
- Local and national audit.
- National priorities for quality improvement.

Mr Bennett updated that the draft quality priorities have also been shared at the Clinical Policy Group on 28th February 2023.

Council of Governor members were asked to consider the quality priorities and select one local indicator for assurance. There was a lengthy discussion with comments made on individual quality priorities by all members of the Council and non-executive Directors. Mr Bennett thanked members for their comments but did wish for members to select one indicator and as part of this process members were asked to complete a tick box survey and return to Mr Bennett who would update at the next meeting. He added that irrespective of the priority by the Council the other seven quality priorities will still be measured.

Going forward the Council will receive an update at a future meeting as part of the final quality account, including the metrics and measures for each priority.

RESOLUTION

The Council of Governors NOTED the quality priorities and selected an individual quality priority which would be confirmed at the next meeting

CoG/22/109

Resource Committee Chairs update

Mr Redpath, Chair of Resources Committee discussed a number of key issues highlighted in the Chairs log. He added it wasn't a full meeting this month but focussed on the financial submissions, deadlines for regional submission is this week and National next week. Mr Redpath commented on the amount of work happening within the finance team and plans were in place for signing off the submissions. Next months focus is on the cost improvement plan for next year, the digital benefits and the capital spend. Mr Redpath commented that Mr Chris Dargue will be attending to give an update on the financial plan, year to date is on plan and the payment for the work we undertook for Hull NHS Trust has now been paid and the risk now reduced.

RESOLUTION

The Council of Governance NOTED the update

CoG/22/110

People Committee Chairs update

Mr Dias, Chair of the People Committee highlighted a number of key issues for the Council of Governors from his Chairs log. The Committee meets monthly focussing on people including wellbeing, talent and resource. He added that the last meeting looked at some of the principal risks around people this month using the BAF and they are starting to look at the levels of assurance including one significant area which was providing high levels of assurance. Focus this month including freedom to speak up and a deep dive into staff absenteeism.

Ms Sarah Essex – raised about staff on apprenticeships and how we support them going forward and how we talent manage / develop colleagues following this and asked for Mr Dias to take this forward in the Committee.

RESOLUTION

The Council of Governance NOTED the update

CoG/22/111

Health & Wellbeing Champion update

Ms Burns, as Health and Wellbeing Champion for the Board attended and discussed her recent visits to support services such as medical records team and appointments team and saw the positive changes which Mr Harrison discussed around improvements in systems and process and did observe the challenges such as digitisation and estate. Ms Burns noted that the People Committee have also been reviewing the health & wellbeing support to staff.

RESOLUTION

The Council of Governance NOTED the update

CoG/22/112 Patient Experience subgroup update

Ms Sue Young, member of the patient experience subgroup gave members and update on the recent meeting. Along with her colleagues, John Fordham and Yvonne Bytheway and discussed that one of the most valuable items is a patient relating their experience at the meeting. Ms Young discussed a recent video of an experience of a patient where the patient care was not satisfactory and a member of the ward also attended and discussed the lessons learnt and actions put in place to avoid this happening again. Mr Fordham added it was a compelling and appalling story which needs to be prevented and there was a lot of emotion in the room following the video.

RESOLUTION

The Council of Governance NOTED the update

CoG/22/113 Audit & Risk Committee Chairs log

Mr Ken Readshaw, Chair of Audit & Risk Committee updated on a number of key issues for the Council of Governors including providing an explanation on the Committee which includes looking at the systems and control environment and gets assurance on whether they are working well – this is by the executive team reports, and independently by counter fraud, internal audit and external audit. Mr Readshaw identified that the Trust is on a journey and we should see improvements in the internal audit reports in the future. At the last meeting we discussed the level of outstanding internal audit actions and there is a plan to reduce these and the second area is around risk management system, which needs further improvement.

Mr Fordman asked regarding a critical risk which was highlighted at the last meeting and asked for clarity on it which was provided.

Mr Harrison discussed that the internal audit plan is informed and directed by risks highlighted in the Trust and therefore are pointed to areas which 3rd party assurance is required. Mr Readshaw added that the BAF is also used in terms of planning the internal audit plan to address some of the gaps in assurance.

RESOLUTION

The Council of Governance NOTED the update

CoG/22/114 Integrated Performance Report

Mr Sam Peate, Chief Operating Officer presented the January performance report and highlighted that The Trust remains in segment 3, mandated support for significant concerns as reported previously.

Alongside the SOF the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan.

4-hour standard and ambulance handover performance continued to be impacted by wider challenges across the health and care system.

December saw a significant surge in flu and other respiratory infections.

Elective access (RTT 18-week standard) is stable, and more favourable than the national trend. The reduction in patients waiting more than 78 weeks for non-urgent elective treatment in line with national requirements has received extra focus during January.

Elective day case activity continues to drive COVID recovery as planned through the period of winter pressures.

Diagnostic compliance with 6-week standard and cancer diagnostic 28-day standard continues to improve.

Mr Fordman asked regarding the quality indicator relating to sepsis management and asked for further information on what else the Trust can do to improve this. Mr Peate agreed to take this away and ask Dr Stewart to respond.

RESOLUTION

The Council of Governance NOTED the update

Mr Peate agreed to respond to Mr Fordman on the issue identified

CoG/22/115

Finance Report

Mr Chris Dargue, Deputy Chief Finance Officer attended and gave a verbal update on the finance position for month 10. Year to date on plan £18.7m deficit, we continue to forecast to be on plan at the end of the year. We have resolved two issues in year- pay award funding and outstanding funding for activity for mutual aid. We have spent £15.6m to date on capital, slightly behind plan but expect to spend the full allocation. With regard to cost improvement we are 92% and saved £17.9m and expect this to improve.

Ms Burns commented that it is good to see the delivery of the cost improvement savings and assurance to the wider system on our ability to deliver savings.

RESOLUTION

The Council of Governance NOTED the update

CoG/22/116

Deputy Lead governor appointment

Mrs White Company Secretary & Head of Governance referred members to her previously circulated paper which set out the background for the decision by the Council of Governors to appoint two deputies in support of the lead Governor and as part of the succession plan for the role.

She added that following an internal process which was previously agreed two governors are being recommended for deputy governor roles which will commence following approval by the Council of Governors which are:

Janet Crampton
Zahida Mian

It is also recommended that as Janet Crampton has just entered her second term of office she will transition into the role as Lead Governor from 1 September 2023 working with Zahida Mian as deputy governor.

The terms of office for deputy lead governor would be in line with the terms of office of the governor in post, subject to ongoing review.

Mrs Seward commented that Ms Crampton has entered her third term of office and Mrs White clarified that the posts would run concurrently with the role.

Mr Fordham commented that it would be sensible to review the Constitution and the process has been successful and identified two very good people, but we could learn from other Trusts to see what process they have done. It might be useful to review the term of office for the deputy post as this is a new post and we should review that.

Ms Crampton agreed and commented that she was interested in the post as she was keen to see success planning to be bedded into the process. Ms Crampton also declared an interest in Vice Chair (incoming) at NTHT, Ann Baxter.

Professor Bell discussed that there is going to be an opportunity to come together as two Council of Governor groups to look at the constitution to see where appropriate there is alignment.

RESOLUTION

The Council of Governors APPROVED the appointment of Mrs Crampton and Ms Mian as Deputy Lead Governors and to AGREED that Mrs Crampton be appointed as lead Governor on 1 September 2023.

Mrs Burns congratulated Ms Mian and Ms Crampton on their nomination and agreement to the deputy posts.

CoG/22/117 Board Walkrounds

The Non Executive Directors as part of their board visibility plan gave an update on their walkrounds over the previous weeks. Ms Davidson commented on her visit to sterile services.

Ms Wilson discussed the Outpatient Pharmacy and that she Chairs the meeting and she visited the department and the challenges highlighted in the audit report. The environment is challenging and we saw patients who were queuing outside for their prescriptions and staff feel strongly about providing a better service to patients. Ms Wilson also commented that she had attended the Collaborative Chairs meeting and discussing the quality of care provided at the Trust and how they are trying to improve this.

Mr Dias commented that he had spent time with volunteer team and therapeutics team, remarkable commitment given by the staff and the service they offer.

Professor Bell discussed he visited ED during the industrial action, morale was relatively high and staff were working very hard together.

CoG/22/118 Matters to bring to the attention of the Board

Mrs White agreed to take the recommendation of the appointment of the two deputy governors.

Mrs Seward mentioned that she would like governors to be on site and do regular visits into the working of the Trust and is keen to recommence these.

CoG/22/119 Reflections on the meeting

Ms Burns asked for reflections on the meeting and feedback was given on the new format for the meeting in terms of the non executives taking a lead in providing information to the Council

CoG/22/120 Any other business

There was no further business.

CoG/22/121 Date and time of next meeting

The date and time of the next meeting is 16 May 2023 at 2.00 pm.

DRAFT

Council of Governors Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
15.11.2022	CoG/22/067	Lead Governor Report	Mrs White to confirm answer on the Terms of Reference of the Patient Experience Group meeting to Governors	Jackie White	17.01.2023	No medic but Dr Stewart has been asked for a representative	Complete
15.11.2022	CoG/22/067	Lead Governor Report	Mrs Keogh to circulate the slides used by Al Mulley at recent session to Council of Governors for consideration	Anita Keogh	17.01.2023	Circulated	Complete
15.11.2022	CoG/22/069	Performance Report	Ms Lucy Tulloch to ask Ms Lindsay Garcia to provide an answer to Governors regarding sepsis results	Lucy Tulloch	17.01.2023	Answer circualted separately to individuals	Complete
15.11.2022	CoG/22/069	Performance Report	Mrs Jackie White to organise a development session around complaints	Jackie White	17.01.2023	Scheduled for 18 July 2023	Complete
21.03.23	CoG/22/114	Performance Report	Mr Fordman asked regarding the quality indicator relating to sepsis management and asked for further information on what else the Trust can do to improve this.	Sam peate	16.03.23	Answer circualted separately to individuals	Complete

MEETING OF THE COUNCIL OF GOVERNORS – 16 MAY 2023			
Joint Chairman's update			AGENDA ITEM: 6, ENC 4
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Professor Derek Bell Joint Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Joint Chairman's update		
Background	The following report provides an update from the Joint Chairman.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Trust Board 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 Industrial Action

Since the start of the year, there have been several periods of industrial action involving the Ambulance Service, Junior Doctors, the Royal College of Nursing, the Hospitals and Specialists Association (HCSA) and dental trainee members of the British Dental Association. A further period of industrial action by the Royal College of Nursing commenced on Sunday 30 April and was initially due to last until Tuesday 2 May (8pm) however, a court ruling decided the strike must cease at midnight on Monday 1 May. I would like to place on record thanks to all staff for the ongoing assistance and support they provide.

2.2 Hewitt Review

In November 2022, the Rt Hon Patricia Hewitt, Chair of NHS Norfolk and Waveney Integrated Care Board (ICB) and Deputy Chair of the Integrated Care Partnership (ICP) was commissioned to lead a review into the role and powers of Integrated Care Systems (ICS) following them becoming legally established on 1 July 2022 through the Health and Care Act 2022.

The outcome of the review was published in April and set out a number of recommendations for each of the key areas, focusing on illness to promote health, delivering on the promise of systems, resetting our approach to finance to embed change and unlocking the potential of primary and social care and their workforce.

2.3 Joint Collaborative Working

Since the last report, the Joint Partnership Board has met on 22 March and 19 April alternately at North Tees and the Trust. Progress continued to build relationships and work with both the ICB and ICP as part of development of the Tees Valley model. Reciprocal free car parking for staff commenced on 1 April for individuals who pay into their respective Trust's car parking schemes, which has been well received. There are also plans to support staff with IT infrastructure when visiting sites of both organisations. A lively discussion took place regarding potential names for the new group model at the April meeting.

2.4 Tees Valley Integrated Care Partnership

As part of a meeting of the Tees Valley Area ICP on 31 March, an overview of the structure and governance arrangements of the North East North Cumbria Integrated Care Board (NENC ICB) was provided including the role and expectations of ICPs. The development of Place Based Working was described, highlighting the link

between Place Based Partnerships and Health and Wellbeing Boards and supporting delivery of the Better Health and Wellbeing for All Strategy. A copy of this information has been circulated to Governors. Information regarding the co-produced TEWV Community Transformation Report by the Tees Valley Healthwatch Network and Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) was shared, which reported on the findings of an engagement exercise to support TEWV in delivering a new mental health community based offer.

3. Recommendation

The Board of Directors are asked to note the content of this report.

Professor Derek Bell
Joint Chair

MEETING OF THE COUNCIL OF GOVERNORS – 16 May 2023			
Managing Director update			AGENDA ITEM: 7 ENC 5
Report Author and Job Title:	Jackie White Head of Governance & Co Secretary	Responsible Director:	Rob Harrison 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

Industrial action

The British Medical Association (BMA) gained a national mandate for industrial action by junior doctors which took place from Monday 13 March and concluded on the morning of Thursday 16 March.

The Royal College of Nursing (RCN) is planning further strike action at a number of [NHS trusts](#), including South Tees, from 8pm on Sunday 30 April to 11.59pm on Monday 1 May.

As during previous industrial, the trust's clinically-led strategic and tactical groups worked with colleagues in advance to ensure contingency plans were in place..

During industrial action, anyone who required urgent care was advised by the NHS to continue using NHS111 online or calling NHS 111 to be assessed and directed to the right care for their needs. At the same time, anyone with a life-threatening illness or injury, was advised to continue to seek emergency care in the normal way, by calling 999 or attending A&E. Patients with appointments booked on strike days were contacted if their appointment needed to be rescheduled.

Dementia Action Week

Dementia Action Week is taking place week commencing 15 May, a national campaign to encourage people across the UK to act on dementia and the Trust will be using this week to highlight and celebrate this work.

To mark the week, there will be activities taking place every day at both James Cook and the Friarage.

This includes a special tea party on Monday 15 May, at 2pm, at the back of James Cook's staff restaurant for patients and their carers.

ePMA impact on medication safety

Julie Swaddle on the rollout of electronic prescribing ([ePMA](#)) and its impact on medication safety. In total, 49 areas have now gone live with ePMA.

Safety benefits so far where ePMA has been implemented include the elimination of transcribing errors, 100 per cent completion of allergy documentation, improved compliance with VTE assessment, 100 per cent insulin prescribing compliance, a 17 per cent reduction in prescribing errors and improvements in antimicrobial stewardships.

Productivity benefits include a more efficient discharge process (90 hours each day saved in non-controlled drugs prescription turnaround times), and 3,000 hours of nursing time saved each year in electronic supply requests.

Future plans include clinical upgrade benefits, and expansion to other areas including outpatients, day cases and pre-assessment. Areas for longer term integration include Omnicells, summary care records, closed loop medicines administration and community pharmacy

Big Tea 2023

Join the Brew Crew this July and host your own NHS Big Tea party to raise funds for Our Hospitals Charity. You can brew up a storm on Wednesday 5 July, the 75th birthday of the NHS, or any day that week.

Register your fundraising event on our JustGiving page at nhsbigtea.co.uk by selecting register, fundraise for your local charity and South Tees Hospitals Charity.

Whether you get together at home, at school, in the office, or in your local community, there are so many ways to raise money at an NHS Big Tea.

From asking for donations in return for tea and cake, to hosting a quiz, playing tea-related games or running baking competitions – the “possibili-teas” are endless! So, grab your teapot, pop the kettle on and let’s get brewing!

You can also enjoy your cuppa and cake at our bumper celebration at Northallerton Town Hall and High Street on Wednesday 5 July with stalls, the history of the Friarage Hospital and a wide range of entertainment! Come and join us from 9am!

Research partnership hub for liver disease research

National Institute of Health and Care Research (NIHR) funding will be put to use this summer to launch, a **research partnership hub for liver disease research**, to help improve the detection and management of non-alcoholic fatty liver disease (NAFLD) in primary care and community settings within the region.

Non-Alcoholic Fatty Liver Disease (NAFLD) is a chronic disease that affects around one in three people in the UK.

The Tees Valley has some of the highest rates of liver disease in England.

Darlington, Stockton-on-Tees, and Redcar and Cleveland are ranked 7th, 10th and 13th respectively for mortality rates in under 75s; and Hartlepool and Middlesbrough are ranked 4th and 16th for NAFLD-related hospital admissions.

The hub will bring together primary and secondary care providers, local authorities and community services within the Tees Valley region to help improve the detection and management of NAFLD.

The hub will be developed using funding provided by the Efficacy and Mechanism Evaluation (EME) Programme, a National Institute for Health and Care Research and Medical Research Council partnership.

National staff survey

The results of the 2022 staff survey are now available. The survey provides a consistent way of measuring employee experience across the NHS. Listening to staff is vital to understanding employee experience and the Trust Board received an update at its meeting in April which showed that overall our results are largely comparable with our 2021 position and in line with the national responses and we saw a return of 3334 questionnaire with an overall response rate of 35%. This is an improvement response rate in comparison to our 2021 results where we saw a return of a 31.3% with 2,877 surveys completed.

Integrated Care System (ICS)

Chief Executives from across the North East and North Cumbria continue to meet with the ICB Executive Team to support the ongoing development of the system governance. There has been an increased focus on operational resilience, discharge planning, system working, performance, industrial action and financial planning.

Collaborative working

Work continues to develop the group model between North Tees and South Tees Trusts. A programme group has been established including both Managing Directors from each Trust supported by the Joint Director of Strategy and Partnerships to establish momentum to the furtherance of group arrangements and reporting to the Joint Partnership Board.

2. RECOMMENDATIONS

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

Meeting: Quality Assurance Committee	Date of Meeting: 26 th April 2023
Connecting to: Board	Chair: Ada Burns
Key topics discussed in the meeting	
<p>The approach to complaints, factors impacting on response times, escalation arrangements and new developments in approach and strategy.</p> <p>Safeguarding children and adults quarter four report</p> <p>Board Assurance Framework</p> <p>Infection Prevention Control quarterly report</p> <p>Progress on implementation of the STAQC process of assurance</p> <p>Health and Safety quarter four report</p>	
Actions	Responsibility / timescale
<p>BAF and cyber security: noted and in the absence of dates for training within the BAF took assurance that audit are nearing completion of a review of cyber security and disaster recovery</p> <p>From the IPR schedule a discussion at Board development on the performance and factors around 12 hour breaches and 12 delays from decision to admit</p> <p>Health and Safety - the Executive to progress implementation of the outstanding decision to add Display Screen Equipment risk assessments to mandatory training for designated role.</p>	<p>Jackie White April/May 2023</p> <p>Jackie White, Phil Sturdy May 2023</p>

Escalated items

Commended the teams for the excellent work on implementation of the STAQC process and agreed to lift the assurance level on the process and approach to Significant.

Noted the development work to change and align the processes and approach to resolution of complaints to the work on a Restorative and Just Culture, as a more empathetic way of engaging with patients/families and achieving better resolution.

Commended the engagement from the IPC teams in national work examining strategies to address the risks of CDifficile infections, and noted that evidence suggests that a significant proportion 37% are not hospital apportioned

Risks (Include ID if currently on risk register)	Responsibility / timescale

Resources Committee Chair's Log

Meeting: Resources Committee	Date of Meeting: 30/03/2023
Connecting to: Main Board	Chair: David Redpath
Key topics discussed in the meeting	
<ul style="list-style-type: none"> • Committee effectiveness and forward planning • Financial Planning and Fair share • Business case presented for investment in the following areas <ul style="list-style-type: none"> ○ Medical Reconciliation ○ Cellular Pathology ○ Patient engagement Portal • Business case / Benefits realisation Process • Digital Programme • Information Governance • Cyber Security <p>CFO presented the financial situation for next year which looks like a £50m deficit for the trust although this is ever changing and will be updated.</p>	
Actions	Responsibility / timescale
<ul style="list-style-type: none"> • Medical Reconciliation <ul style="list-style-type: none"> ○ Supported in principle but not approved and work to be done on the following areas. <ul style="list-style-type: none"> ▪ What did previous investment and additional post deliver in terms of benefits? ▪ Need to review current levels of productivity and compare. • Cellular Pathology <ul style="list-style-type: none"> ○ As above • Patient engagement Portal <ul style="list-style-type: none"> ○ Supported in principle but challenge made to ensure pay back in year one as per other trusts. 	
Escalated items	
Key Issues/ Concerns for escalation:	
<ul style="list-style-type: none"> • NHSE audit on financial position • Digital Paper – Inaccuracy in reporting and lack of assurance on future projects since we are unable to accurately report on progress, risks and issues and cost controls. • Lack of clarity on Digital Benefits – further actions required on identifying benefits including financial • Actions not completed that were due in Jan 23 in regards to information Governance • 	
Sharing good practice/Things to celebrate:	

- Significant effort from the finance team to get responses in to regional and national team

Risks (Include ID if currently on risk register)

Responsibility / timescale

No Additional Risk Identified

People Committee Chair's Log

Meeting: People Committee	Date of Meeting: 26.04.2023
Highlights for: Board of Directors	Chair: Mark Dias
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"> ○ EDI Update ○ Employee Relations ○ Gender Pay Gap • Organisation Capacity <ul style="list-style-type: none"> ○ Volunteers to Employment 	
Actions to be taken	Responsibility / timescale
<p>Board Assurance Framework BAF reviewed the effectiveness report and performance on the people committee.</p> <p>EDI Update Report presented on 'Embedding Equalities, Diversity & Inclusion' and cultural change. Talent pipeline (incl. reciprocal mentoring) and staff networks/groups/</p> <p>Employee Relations Review of employee relations case management and trends. Positive indication of restorative justice strategy</p> <p>Gender Pay Gap Report and data reviewed. Report approved.</p> <p>Organisation Capacity - Volunteers to Employment Committee met 3 members of staff who career transitioned from volunteer into employment. The volunteers not only play a vital role within hospital life (e.g. patient care) but represent a substantial talent pool. A direct link in positive impacting community health inequality by providing opportunities for volunteer work experience that could lead to paid employment.</p>	<p>With staff groups. develop metrics to measure effectiveness and engagement. (DCH)</p> <p>Measure and report timing of disciplinary and grievance cases</p> <p>Preparation for Race Pay Gap reporting</p>

Absence Management (ongoing)

Absence remains above plan and trust is carrying and substantial direct (and indirect) cost. HRD is leading on actions to support employees. Four assurance areas identified in deep dive:

1. Capability of line managers in absence management
2. Quality audit of absence processes, e.g. timing and quality of line manager & employee engagements.
3. SMART targets to be finalised by collaborative.
4. Financial impact assessment by collaborative

The committee reinforced the need to support employees and for decisions to be mindful of the ST values and just culture.

Head of HR to continue leading process assessment, improvements and leader/user education.

O Board action

Responsibility / timescale

There were no matters for escalation to the board.

Risks (Include ID if currently on risk register)

Responsibility / timescale

Three ongoing risks identified:

- *Impact of higher than planned absence on planned services
- *Industrial action
- *Payroll errors (and negative impact on employees)



Meeting: Audit & Risk Committee	Date of Meeting: 18 April 2023
	Chair: Ken Readshaw
Key topics discussed in the meeting	
<p>Progress on historic outstanding actions in relation to Internal audit – Training video on TrAction has been rolled out so progress can be accelerated</p> <p>External benchmarking shows internal audit days are very low for the size of the organisation.</p> <p>Waiting List audit – Moderate Risk Quality assurance and clinical governance – Low risk</p> <p>Progress on year end audit and Audit Strategy Memorandum discussed External audit– no issues to escalate at this stage</p> <p>Review of committee effectiveness – Assurance from other committee chairs and attendance by executives from areas with weak internal audit reports are areas for development.</p> <p>Freedom to speak up report – Significant assurance.</p> <p>HFMA checklist update – Benchmarking shows we are ‘in the pack’ or better in most areas. For areas where improvement was needed, all actions have been completed. Risk Appetite review – Process agreed for board consideration.</p> <p>Risk management Improvement plan reviewed – a significant piece of work with a focus on training initially</p>	
Actions	Responsibility / timescale
Update TOR and include deep dive into committee risk management processes	JW May 2023
Escalated items	
None at this stage	
Risks	Responsibility / timescale

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MEETING OF THE COUNCIL OF GOVERNORS – 16 MAY 2023			
Integrated Performance Report			AGENDA ITEM:
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 the 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 Council of Governors.</p>		

Assessment	<p>Our key messages for March are:</p> <p>The Trust remains in segment 3, mandated support for significant concerns as reported previously.</p> <p>Alongside the SOF the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan.</p> <p>A&E 4-hour standard and ambulance handover performance stabilised from significant improvements in January, with the 4 hours standard remaining above national average.</p> <p>Elective access (RTT 18-week standard) continues to outperform the national trend. Patients waiting more than 78 weeks for non-urgent elective treatment has received extra focus since January, leading to positive reductions in line with national requirements. Elective day case and outpatient activity are the major contributors to total elective growth.</p> <p>Diagnostic compliance with the 6-week standard has improved further since January. Cancer 62-day accumulation has partly recovered from higher than anticipated levels in January.</p>	
Level of Assurance	<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>	
Recommendation	<p>Members of the Council of Governors are asked to Receive the Integrated Performance Report for March 2023.</p>	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>All BAF principal risks</p>	
Legal and Equality and Diversity implications	<p>There are no legal or equality and diversity implications associated with this paper.</p>	
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"/>	
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South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

March 2023

OVERSIGHT

RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

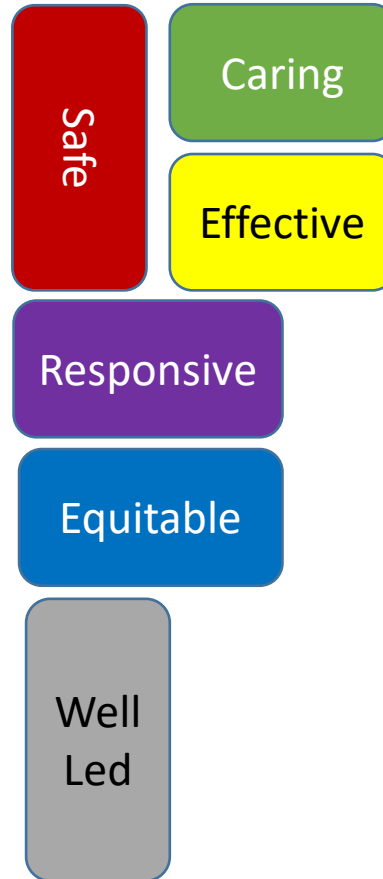
Dr Michael Stewart, Chief Medical Officer

Samuel Peate, Chief Operating Officer

Dr Michael Stewart, Chief Medical Officer

Chris Hand, Finance Director

Rachael Metcalf, Human Resources Director



BOARD SUB COMMITTEE

Quality Assurance Committee

Quality Assurance Committee

Resources Committee

Quality Assurance Committee

Resources Committee

People Committee

Audit and Risk Committee

CHANGES THIS MONTH

SAFE domain:

No change.

EFFECTIVE domain:

No change.

CARING domain:

No change.

EQUITABLE domain:

No change.

RESPONSIVE domain:

No change.

WELL LED domain:

No change.

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. The Improvement Plan will be refreshed for 2023/24 aligned to the 23/24 planning priorities.

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 OP - 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	Feb-23	Feb-23	Feb-23	Feb-23	Jan-23	Jan-23	Jan-23	Jan-23	Jan-23	Jan-23	Jan-23	Jan-23	Jan-23	Jan-23	Jan-23	Feb-23	Jan-23	Jan-23
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	71.9%	115	409	238	66.2%	1,307	56	0	49,394	96%	100%	100%	102%	27.4%	50.3%	162	280	73.3%
NENC ICS Provider level <i>(including IS providers)</i>	76.6%	461	1,483	483	69.5%	8,527	1,020	34	384,057	98%	101%	94%	107%	19.7%	54.5%	1,004	1,711	76.2%
North East & Yorkshire	72.7%				65.6%									25.0%	55.0%			71.5%
National	71.5%				58.3%									30.8%	54.4%			67.0%

The Trust remains in segment 3, mandated support for significant concerns as reported previously. Alongside the SOF the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan. A&E 4-hour standard and ambulance handover performance stabilised from significant improvements in January, with the 4 hours standard remaining above national average. Elective access (RTT 18-week standard) continues to outperform the national trend. Patients waiting more than 78 weeks for non-urgent elective treatment has received extra focus since January, leading to positive reductions in line with national requirements. Elective day case and outpatient activity are the major contributors to total elective growth. Diagnostic compliance with the 6-week standard has improved further since January. Cancer 62-day accumulation has partly recovered from higher than anticipated levels in January.





Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2497	2070	Mar 2023		
Serious Incidents	8	11	Mar 2023		
Never Events (YTD)	7	0	Mar 2023	N/A	N/A
Falls	169		Mar 2023		N/A
Falls Rate %	4.6	6.6	Mar 2023		
Falls With Harm	4		Mar 2023		N/A
Falls With Harm Rate %	0.1		Mar 2023		N/A

Incidents

There have been consistently high levels of incident reporting within the Trust for a sustained period and March was no different. The trajectory has been updated to indicate our aim to at least maintain this level of reporting for the next 12 months. The trust will review later in 2023 when PSIRF (Patient Safety Incident Response Framework and LFPSE (Learning from Patient Safety Events) are fully implemented. There were no additional Never Events in March and the number of Serious Incidents was within expected limits. Learning from incidents continues to be shared at a local level with clinical colleagues, as well as across the wider organisation and with our system partners.

Falls

The rate of all falls and falls with harm is stable and remains within control limits. The number of falls is higher than seen during the height of the COVID-19 pandemic due to reduced admissions at that time. The falls team have commenced a quality improvement project mapping out our systems and process and reporting mechanisms, to ensure continued effective, evidenced based and patient centred care. The team are also mapping our education offer, so that we can be confident our interventions are being received where they are needed most. We continue to monitor the data for all reported falls so that we remain proactive in targeting support to wards. We have begun to link inpatient and community falls teams, to share learning and experiences.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2		Mar 2023		N/A
Category 2 Pressure Ulcers (Community)	40		Mar 2023		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.2		Mar 2023		N/A
Category 3&4 Pressure Ulcers (Community)	30		Mar 2023		N/A
Medication Incidents	120		Mar 2023		N/A
Medications Reconciled Rate %	47.7%	80%	Mar 2023		
Omitted Critical Doses (%)	2%		Mar 2023		N/A
C-Difficile (YTD)	141	111	Mar 2023	N/A	N/A
MRSA (YTD)	3	0	Mar 2023	N/A	N/A
E-Coli (YTD)	134	139	Mar 2023	N/A	N/A
Klebsiella (YTD)	52	52	Mar 2023	N/A	N/A
Pseudomonas (YTD)	14	16	Mar 2023	N/A	N/A

Pressure Ulcers

The rate of hospital-acquired pressures ulcers in inpatient wards remains stable and within expected variation.

The PURPOSE T tool and SSKIN assessment were introduced at FHN and JCUH hospital onto the digital platform, Patientrack in September 2022. Extensive education and training continues in the clinical areas. Whilst the risk assessment is embedded into practice the frequency of completion has been increased to 24 hours for those patients stratified to the green pathway. PURPOSE T was implemented at Tocketts ward in February 2023. Tocketts ward is going live with Patientrack 20th April 2023. It is the intention to review pressure ulcer investigations in the first phase of PSIRF roll out. The team are currently reviewing how incidence of community pressure ulcers can be meaningfully reported. Tissue Viability Lead commences 24 April 2023.

Medications

Medication incidents reported in March were within expected variation. Omitted doses are within target this month.

Medicines reconciliation remain an area of focus: vacancies have been recruited to and colleagues will commence from September 2023 for 5-day service. New roles such as ward based medicines assistants to start from May to release technician and pharmacist capacity in three clinical areas. Restructure of management team has taken place to further increase number of clinical hours on wards has started in April 2023.

Healthcare acquired infections

There were no new MRSA reported in March. C. difficile cases reported were, slightly higher than last year. IPC precautions for isolating patients with C. difficile have been maintained, followed by additional cleaning. C. difficile is monitored and recorded on the Trust risk register to capture the organisational risk and the patient safety risk with clear tracking, reporting and governance, with case reviews identifying lessons learnt providing assurance that all appropriate measures are in place. The ward decant programme for deep cleaning is continuing. Gram negative blood stream infections (GNBSI) continue to be monitored with a focus for 2023/24.

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	369		Mar 2023	N/A	N/A
Breast feeding initiated (48 hrs)	62.1%	74.5%	Mar 2023		
Preterm birth rate <26+6 wks	0.5%	6%	Mar 2023		
Preterm birth rate 27 - 36+6 wks	7.4%	6%	Mar 2023		
Induction of Labour (%)	50.8%	44%	Mar 2023		
Number of 3rd/4th degree tear (%)	1.8%	3.5%	Mar 2023		
PPH > 1500ml (%)	1.58%	2%	Mar 2023		
Still Births (YTD)	0	17	Mar 2023	N/A	N/A

Maternity services

The pre-term birth rate for babies 27-36+6 weeks gestation is within expected variation. For our Trust this can be higher than the standard rate due to the specialist nature of the service and the proportion of high-risk pregnancies managed within the Trust. Our data has been cross checked with other similar units and we are not an outlier. All pre-term births are reviewed by Consultant and midwife 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 a planned Baby Friendly reassessment in May 2023. It is important to note this initiation figure is our highest initiation figure to date and testament to all the work which is being undertaken to promote breastfeeding and healthy relationships with baby.

















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 created to review the IOL pathway and this work is ongoing.

Harm as indicated by 3rd/4th degree tears during childbirth is consistently better than the expected standard. These are consistently monitored via 3rd/4th degree audit database and review of cases via Maternity Rapid Review.

Post-partum Haemorrhage (PPH) fluctuates month to month and is within expected variation. All cases are reviewed to ensure guidelines are followed. PPH is covered in the annual MDT obstetric emergency training and simulations also occur on a regular basis to ensure staff are well prepared for any emergency situation which may occur. We are also looking to undertake a clinical trial which is specifically focussing on PPH management. We are currently relooking at all the PPH's from October to December to identify if we have commonalities.

All 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 %	6.5%		Jan 2023		N/A
Sepsis - Oxygen delivered within 1hr	97.9%	95%	Feb 2023		
Sepsis - Blood cultures within 1hr	70.2%	95%	Feb 2023		
Sepsis - Empiric IV antibiotics within 1hr	70.2%	95%	Feb 2023		
Sepsis - Serum lactate within 1hr	76.6%	95%	Feb 2023		
Sepsis - IV fluid resuscitation within 1hr	70.2%	95%	Feb 2023		
Sepsis - Urine measurement within 1hr	100%	95%	Feb 2023		
Summary Hospital-Level Mortality Indicator	102.4	100	Sep 2022		
Comorbidity Coding	0		Sep 2022		N/A

Readmission rates

The emergency readmission rate remains higher than during the height of the COVID-19 pandemic but within current expected variation.

Sepsis

Urine output and oxygen delivery remain above target levels.

Actions:

- Compliance targets to be set for acutely ill patient courses for all acute areas, including role specific mandatory training.
- Increase attendance at sepsis courses - remain moderately subscribed with 39 RNs and 21 HCAs booked to date for the remainder of the year.
- Fluid balance module went live 5th April 2023. Preliminary feedback is positive.
- Blood culture screen savers displayed. Review increase in compliance. Meeting with microbiology on 19th April.
- 'Think sepsis' stickers distributed for thermometers.

Compliance to the sepsis care bundle within one hour requires consideration in the context of the Surviving Sepsis Campaign Guidance 2021.

Mortality

For the latest official reporting period, Dec 2021 to Nov 2022, SHMI is 'as expected' at 102, however this is based on 800 observed deaths over 780 expected deaths, which is around a third of the volume that is normal for the rolling 12-month period and so appears to be a data problem which is under investigation.

Currently 4.7% of spells in England are removed because they have a COVID code and spells included in SHMI are at 86% of pre-pandemic levels (both metrics similar to last month).

Reporting to the Trusts' governance committees shows that Medical Examiner scrutiny remains at >95%, with approximately 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 (%)	80.6%	78%	Mar 2023		
Inpatient Experience (%)	97.1%	94%	Mar 2023		
Maternity Experience (%)	80.6%	92%	Mar 2023		
Outpatient Experience (%)	96.8%	93%	Mar 2023		
Community Experience (%)	98.2%	94%	Mar 2023		
New Complaints	26		Mar 2023		N/A
Closed Within Target (%)	30.8%	80%	Mar 2023		

Patient experience

Emergency Department Friends & Family Test score remains above the target. The Inpatient Friends & Family Test score has increased for the second month and continues to be monitored. The Friends & Family Test score reported in Outpatients and Community services consistently performs above the national average.

The Maternity Friends & Family Test score reflects feedback captured in the Antenatal, Birth and Postnatal surveys. The percentage positive response has fallen for the second month and remains below the target. Comments from the surveys are continually reviewed by the Maternity team to identify areas for improvement and these are monitored through the Patient Experience Steering Group.

Closed within target

The complaints closed beyond timeframe remains an area of focus. Support is provided to Collaboratives and clinical teams by the Safe and Effective Care team to increase and sustain compliance. Complaints and PALS compliance trajectory is monitored weekly. This work is overseen by the Patient Experience Steering Group.

Learning from complaints

Learning and themes from complaints are systematically shared with clinical colleagues.

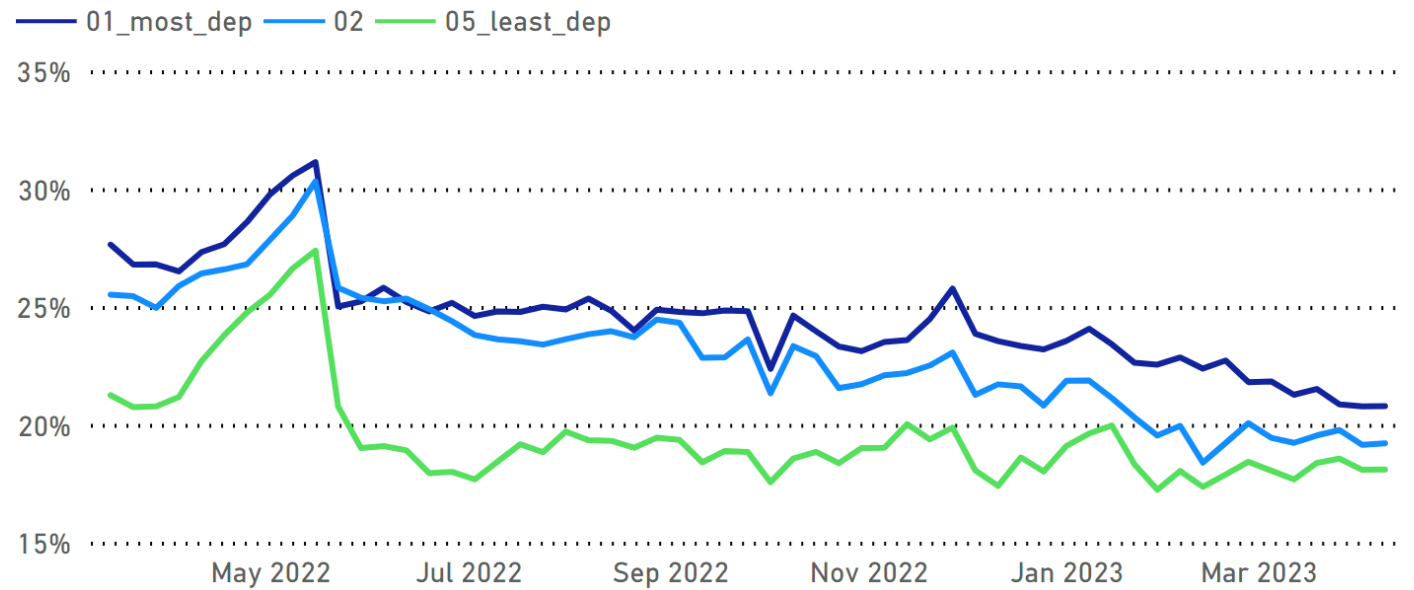
EQUITABLE

Elective inpatient PTL Inequalities: Deprivation

Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	2004	526	21%	2530
02	1198	285	19%	1483
03	1152	300	21%	1452
04	1837	398	18%	2235
05_least_dep	1230	272	18%	1502
N/k	780	114	13%	894
Total	8201	1895	19%	10096

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



IMD is taken from patient's postcode of residence

Long Waiters:

P2 > 3 weeks

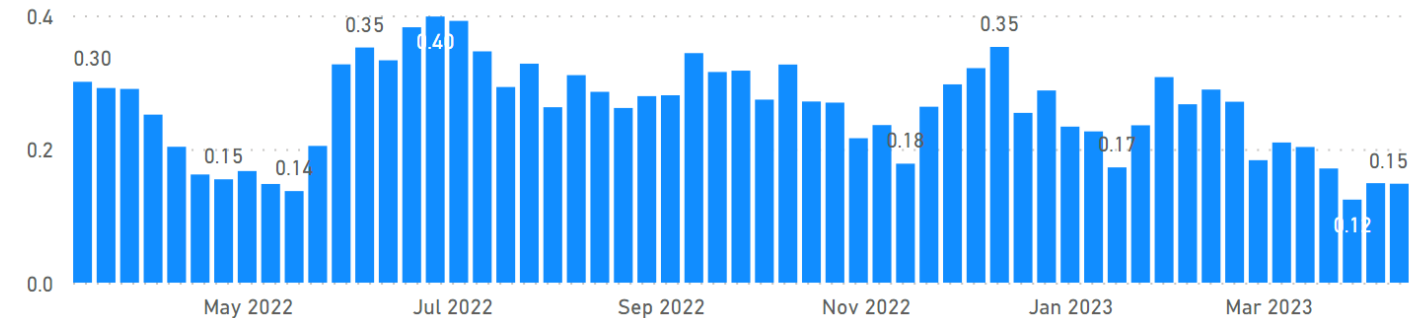
P3 > 3 months

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

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 to 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

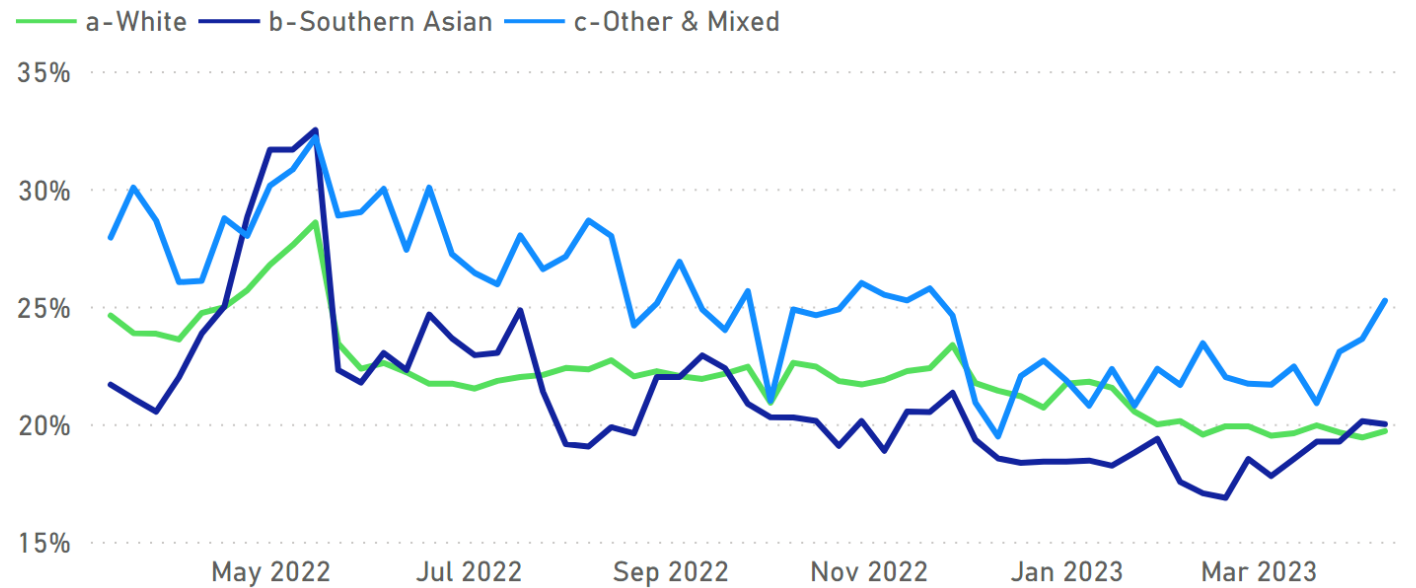
Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
<input checked="" type="checkbox"/> a-White	6484	1591	20%	8075
<input checked="" type="checkbox"/> b-Southern Asian	128	32	20%	160
<input type="checkbox"/> c-Other & Mixed	151	51	25%	202
Black	34	9	21%	43
Mixed	29	14	33%	43
Other	88	28	24%	116
<input checked="" type="checkbox"/> N/k	1438	221	13%	1659
Total	8201	1895	19%	10096

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

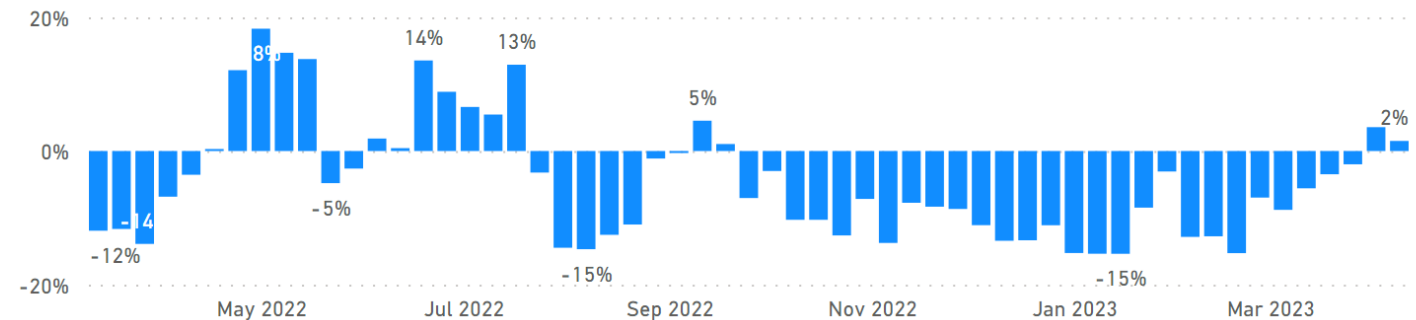
In Standard: All others

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 its waiting list distribution by ethnicity. The numbers recorded in some groups are very low and so they are aggregated to reveal trends, however statistical fluctuations can be exaggerated, even when the data is grouped. It is nonetheless an area which the Trust continues to monitor.

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
ED Attendances - Type 1 (vs 19/20)	10484	7091	Mar 2023		N/A
ED Attendances - Type 3 (vs 19/20)	5488	3111	Mar 2023		N/A
Handovers - Within 15 Mins (%)	39%	65%	Mar 2023		
Handovers - Within 30 Mins (%)	58.3%	95%	Mar 2023		
4-Hour A&E Standard	69%	95%	Mar 2023		
12-Hour Waits from Decision to Admit	173	0	Mar 2023		N/A
12-Hour A&E Breaches	592	0	Mar 2023		
RTT Incomplete Pathways (%)	66.8%	92%	Feb 2023		
RTT 52 week waiters	1267	891	Feb 2023	N/A	N/A
RTT 78 week waiters	25	15	Feb 2023	N/A	N/A
RTT Waiting List Size	49924	41677	Feb 2023		
Diagnostic 6 Weeks Standard (%)	78.1%	99%	Feb 2023		
Cancer 14 Day Standard (%)	81.6%	93%	Feb 2023		
Cancer 31 Day Standard (%)	95.2%	96%	Feb 2023		
Cancer 62 Day Standard (%)	51.9%	85%	Feb 2023		
Cancer >62 Day Backlog	159		Mar 2023	N/A	N/A
Cancer 62 Day Screening (%)	87.5%	90%	Feb 2023		
Cancer Faster Diagnosis Standard (%)	79.3%	75%	Feb 2023		
Cancelled Ops - Non-Urgent Cancelled on Day	84	0	Mar 2023		
Cancelled Ops - Not Rebooked Within 28 days	21	0	Mar 2023		
Cancer Operations Cancelled On Day (YTD)	0	0	Mar 2023	N/A	N/A

Urgent and emergency care

The impact of challenges across the social care system continue to be observed. The Trust is working closely with local authorities and other partners to ensure that people who are ready to leave hospital, who require social care support, can be supported with the care they need. This includes proactively identifying patients to avoid admission, with input from our Frailty team, urgent community response and Home First services.

March brought a high upturn in Type 1 ED attendances, outstripping planning targets by 48%. Despite this, performance for the 4-hour standard remained stable, and ambulance handover delays deteriorated only slightly. Evidence-based process improvement remains an organisational priority with a focus on achieving the national 4-hour standard of 76% by end 2023/24 and ensuring all Ambulance handovers take place within one hour. Observational work is ongoing to drive out unnecessary processes that can delay patient handover.

Elective, diagnostic and cancer waiting times

Referral to treatment within 18 weeks is stable at 67% and remains well above the national average. There's continued focus on the longest waits – maintaining a zero position with 104 week waits, treating all remaining over 78-week waiters and beginning to reduce the patients waiting more than 65 weeks.

Compliance with the 6-week diagnostic access standard has steadily improved since October and reached 78% for February. Underlying this, waiting times have been reducing in endoscopy since additional capacity was made available earlier in the year.

The 62 Day Cancer accumulation is slightly lower compared to February with positive signs for the future as performance against the Faster Diagnosis Standard is above national target. Cancer 62-day standard compliance remains an area of focus, as longest waiting patients are treated.

Cancer Pathways have been reviewed to identify timeline gains at first appointment and diagnosis intervals and Cancer Action Plans are progressing for each pathway and support service. These are monitored through the Cancer Delivery Group, incorporating recommendations from Pathway Review projects.

RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	18206	19251	Mar 2023		
Outpatient Follow Up Attendances	47461	41910	Mar 2023		
Day Case admissions	6496	6544	Mar 2023		
Ordinary Elective admissions	985	1136	Mar 2023		
NEL admissions with 0 LOS	2460	1886	Mar 2023		
NEL admissions with 1+ LOS	3710	4054	Mar 2023		
Length of Stay - Elective	3.7		Mar 2023		N/A
Length of Stay - Non-Elective	4.6		Mar 2023		N/A
Not Met Not Discharged	92	90	Mar 2023		
21 Day Stranded Patients (%)	13.5%	12%	Mar 2023		

Activity

March total outpatient activity remained strong at 7% above plan. Within that, clinical teams have been asked to ensure the right ratio of first and follow up capacity is in place so that more patients can attend their first appointment.

Admitted elective activity was lower than plan, with some day case and inpatient procedures rescheduled due to industrial action.

Non-elective overnight admissions continue to track lower than predicted in our annual planning, however because of wider social care system pressures, and an increase in the frailty of patients, bed occupancy on assessment units and general medical wards was significantly above the 92% standard.

Length of Stay

Non-elective length of stay continues to be higher than the long-term average. 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 has established a therapy-led ward for patients who have completed their medically-led care.

The number of patients who no longer meet criteria to reside in an acute bed has been on a decreasing trend over the year and has been tracking planned levels since September. The Trust has made progress in reducing delays within its span of control, however social care attributable delays remain a feature.

The number of patients staying in hospital longer than 21 days increased when activity returned to pre-COVID levels but has been relatively stable since July. 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. For patients who no longer require specialist care, we are focusing on appropriate repatriation for care closer to home.

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£19.822m	-£19.822m	Feb 2023	N/A	N/A
Annual Appraisal (%)	78.9%	80%	Mar 2023		
Mandatory Training (%)	89%	90%	Mar 2023		
Sickness Absence (%)	5.2%	4%	Mar 2023		
Staff Turnover (%)	12.2%	10%	Mar 2023		

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 11, the Trust year-to-date financial position is breakeven against plan. Following regional and national discussions 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, the Trust has received confirmation of additional funding and is expecting to receive this in Month 11 & 12. Month 12 position is not yet confirmed.

People

Sickness absence across the Trust was 5.2% for the month of March 2023 which is a reduction from February. New sickness targets by Collaboratives have been agreed for 23/24 and updated at People Committee. HR teams are working with their areas to review their sickness improvement plans to achieve their new individual Collaborative targets and sharing data including sickness costs and potential financial savings. The Wellbeing and Attendance team are focusing on supporting managers in reducing long-term sickness. The review of the Trust's wellbeing policies continues.

Appraisal compliance has reduced and is 78.9% for March 23. Mandatory Training compliance has also reduced and is at 89% for March 23. HR teams present KPIs at Collaborative Board and Directorate meetings along with other key HR updates.



Turnover for the trust has reduced and was 12.24% for the month of March. The HR team, Staff Side colleagues and the FTSU team continue to meet monthly, where there is review of turnover data, themes for leaving by Collaborative and exit interviews. There is continued promotion of the exit processes through Collaborative/ Trust meetings. The Trust staff survey 2022 results have now been shared with Collaboratives and HR teams will work with their Collaboratives and Corporate areas to review themes and agree actions.

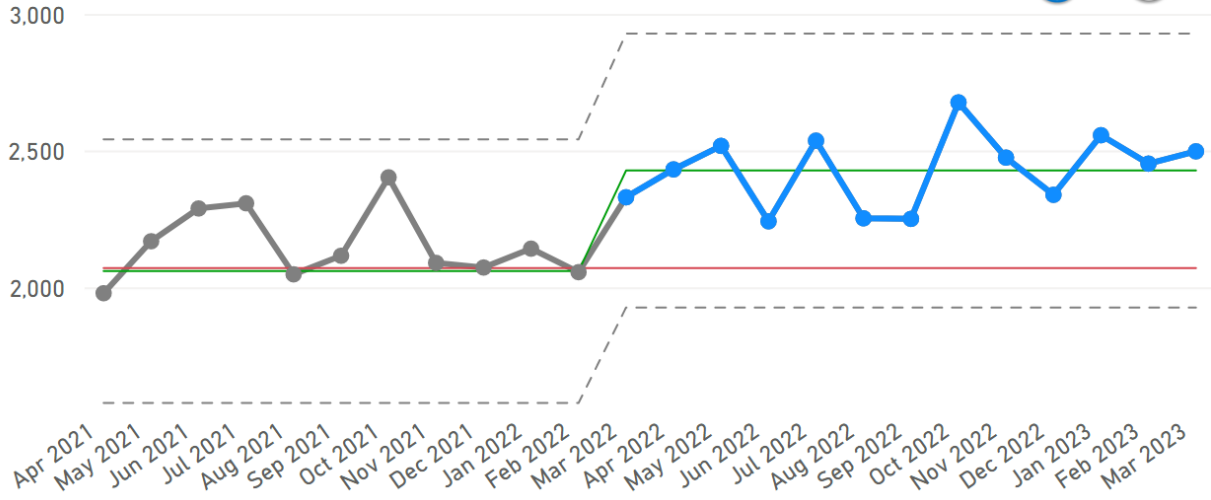
APPENDICES

SPC charts for the metrics summarised above, by domain.



SAFE

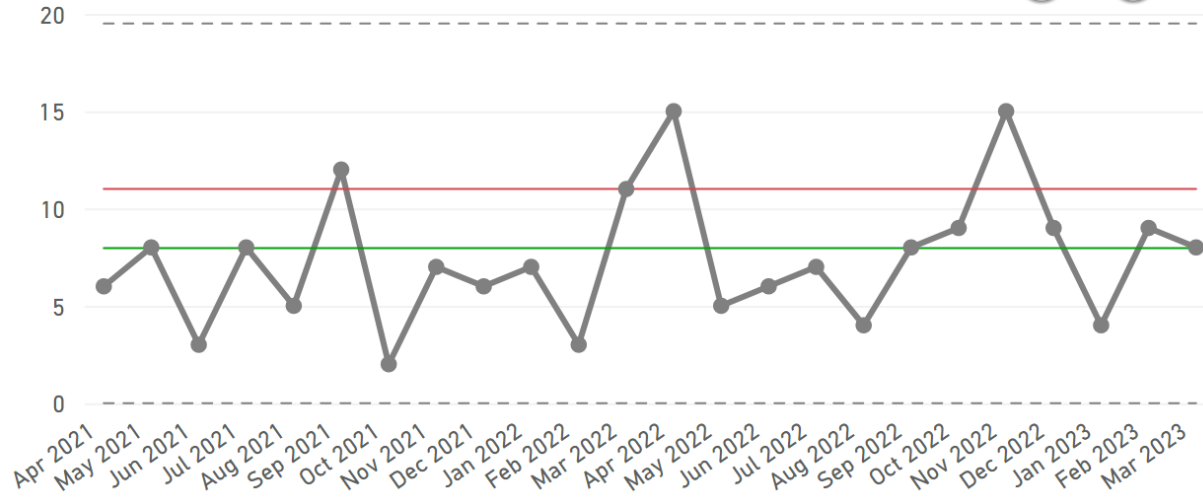
DATIX Incidents

Month: Mar 2023
 Performance: 2497
 Target: 2070
 Trend: 
 Assurance: 



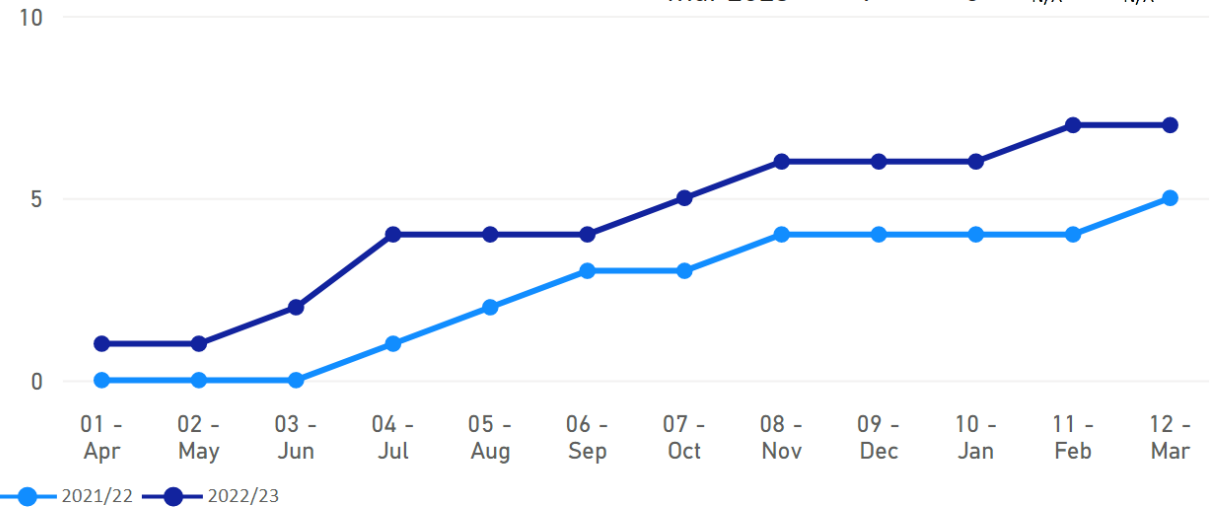
Serious Incidents

Month: Mar 2023
 Performance: 8
 Target: 11
 Trend: 
 Assurance: 



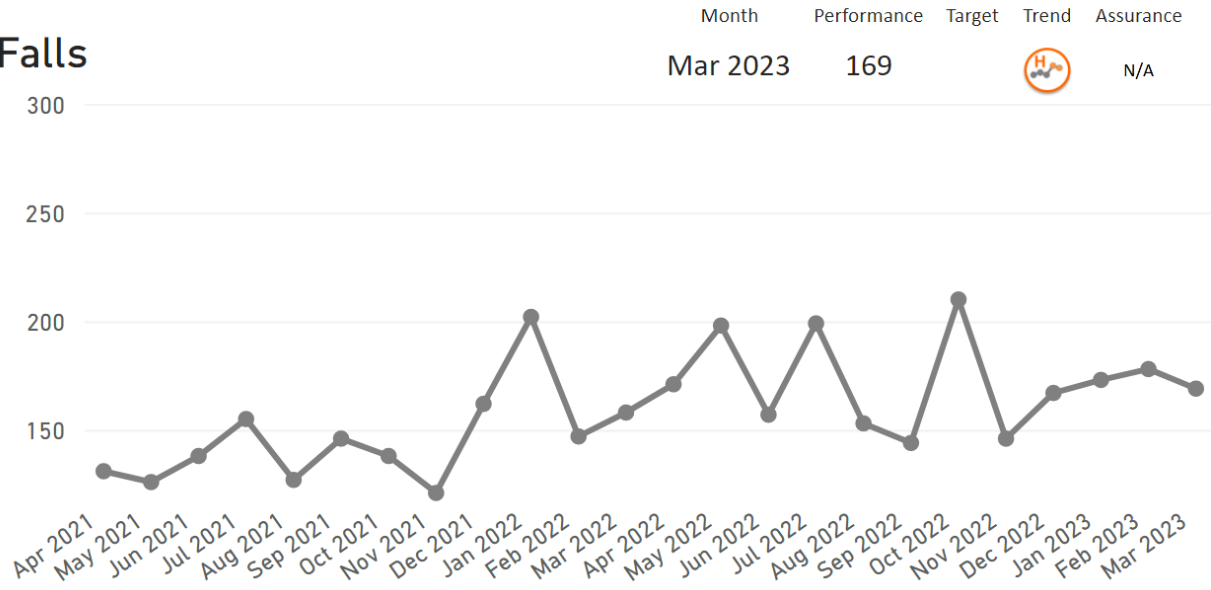
Never Events (YTD)

Month: Mar 2023
 Performance: 7
 Target: 0
 Trend: N/A
 Assurance: N/A

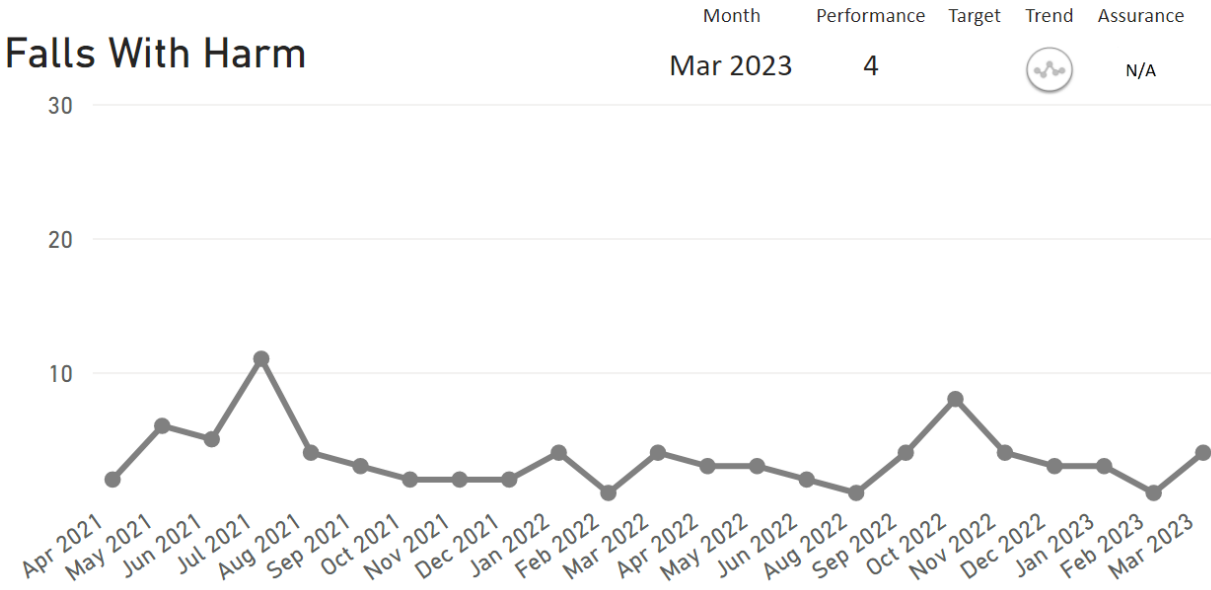


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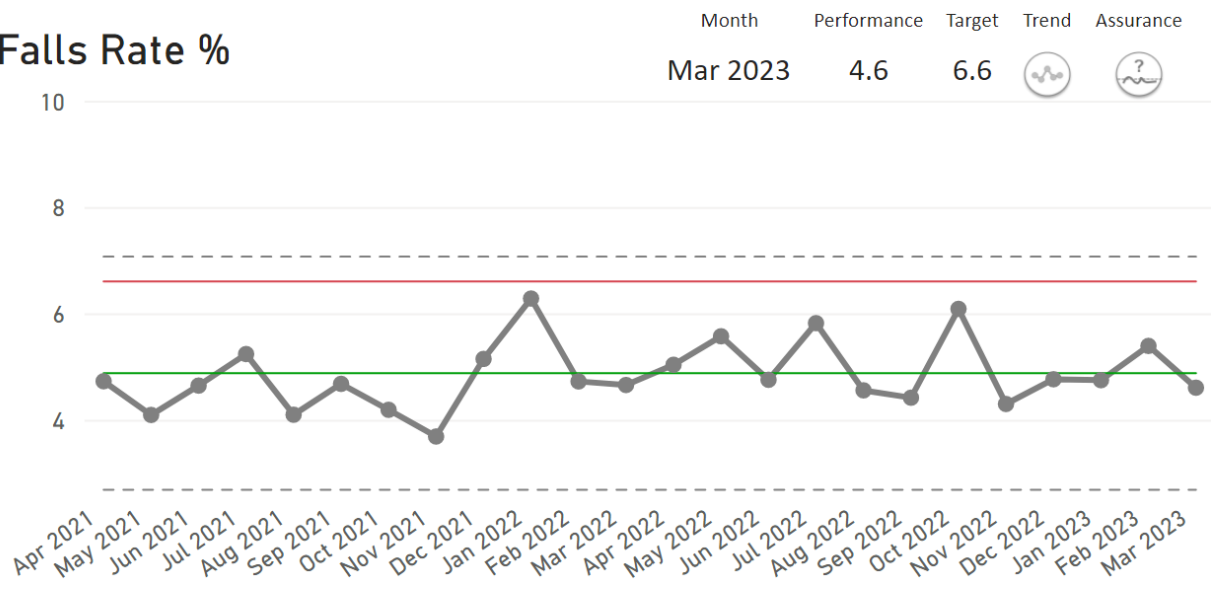
Falls



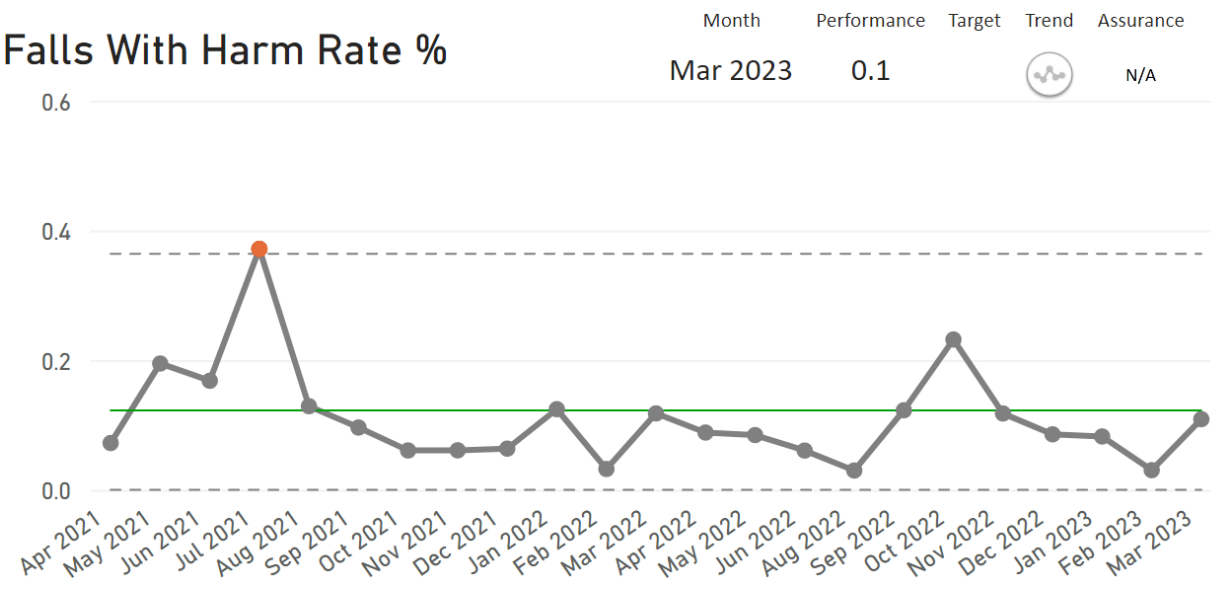
Falls With Harm



Falls Rate %




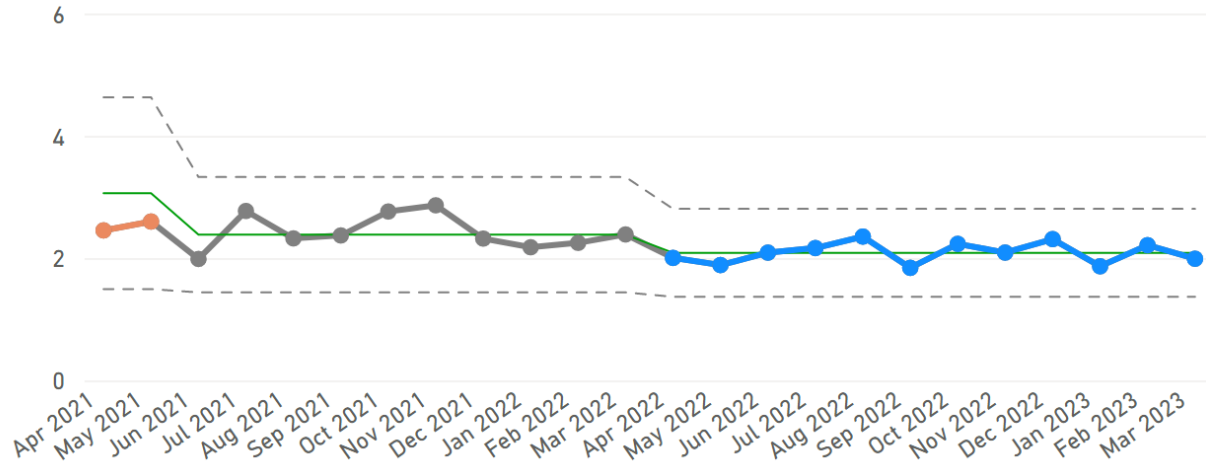
Falls With Harm Rate %




SAFE

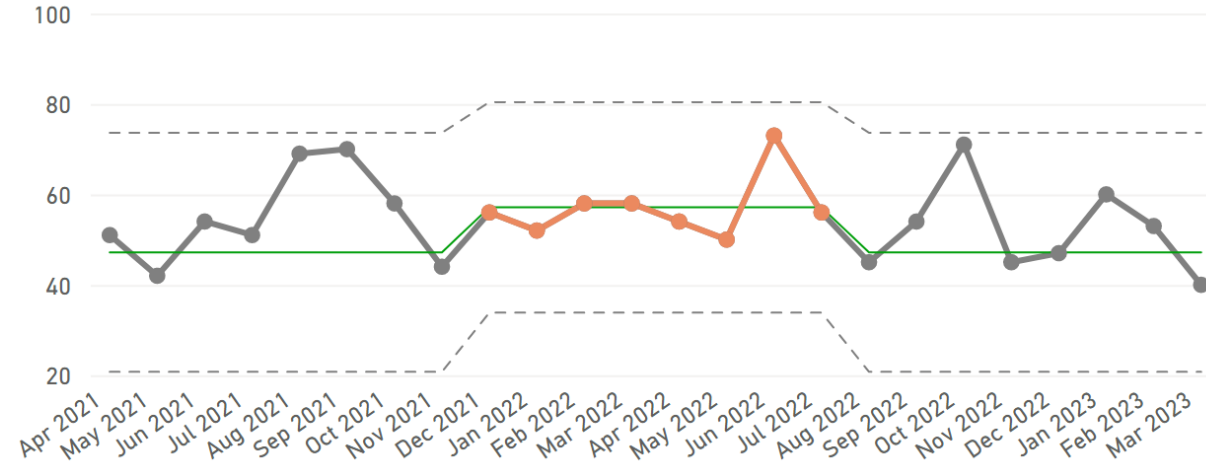
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Mar 2023	2			N/A




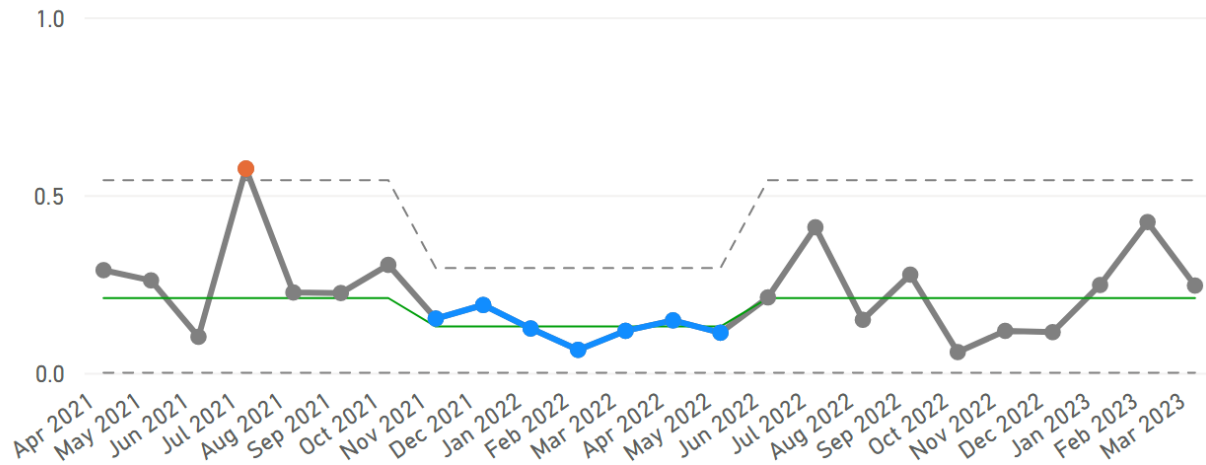
Category 2 Pressure Ulcers (Community)

Month	Performance	Target	Trend	Assurance
Mar 2023	40			N/A




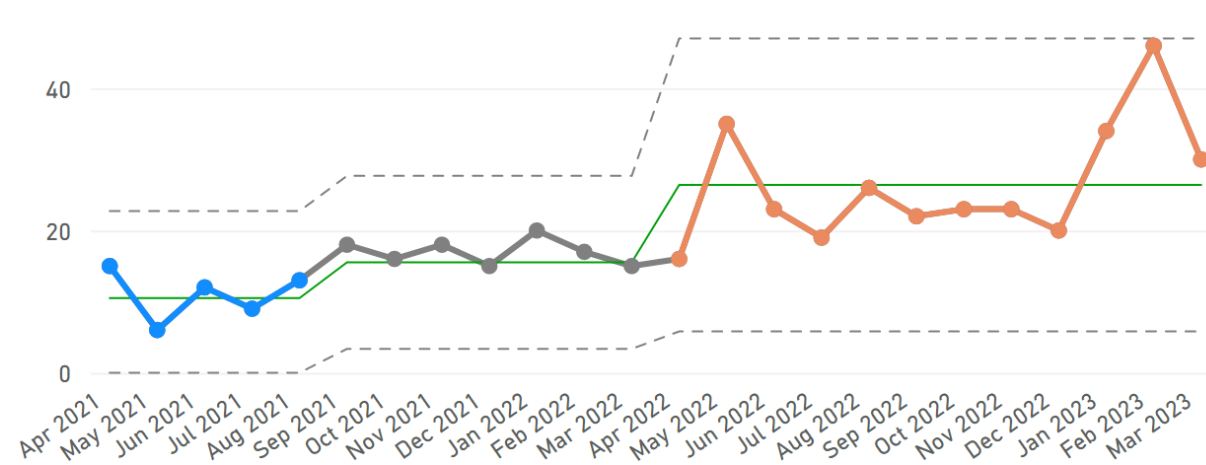
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Mar 2023	0.2			N/A



Category 3&4 Pressure Ulcers (Community)

Month	Performance	Target	Trend	Assurance
Mar 2023	30			N/A

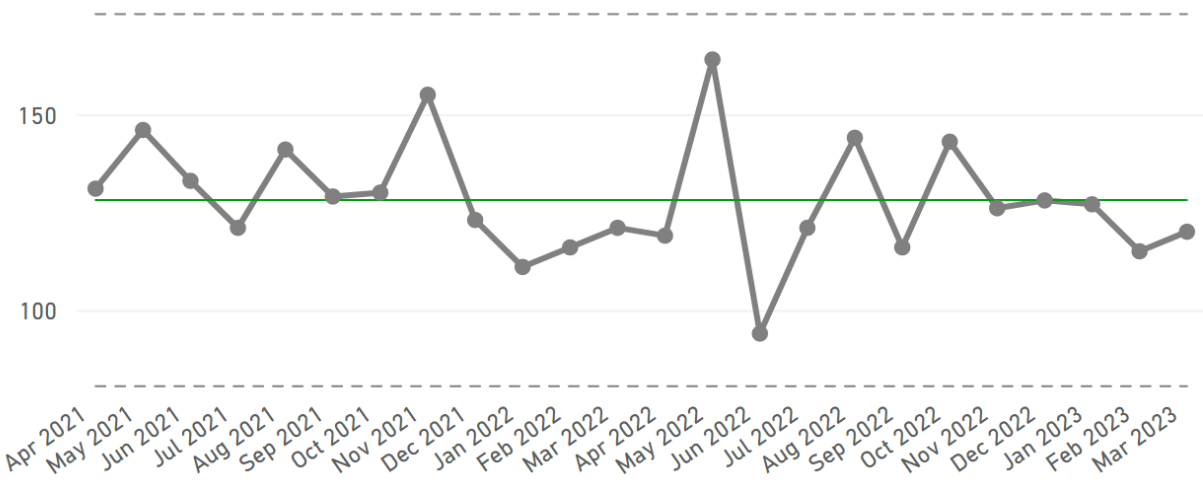


SAFE

Medication Incidents

Month Performance Target Trend Assurance

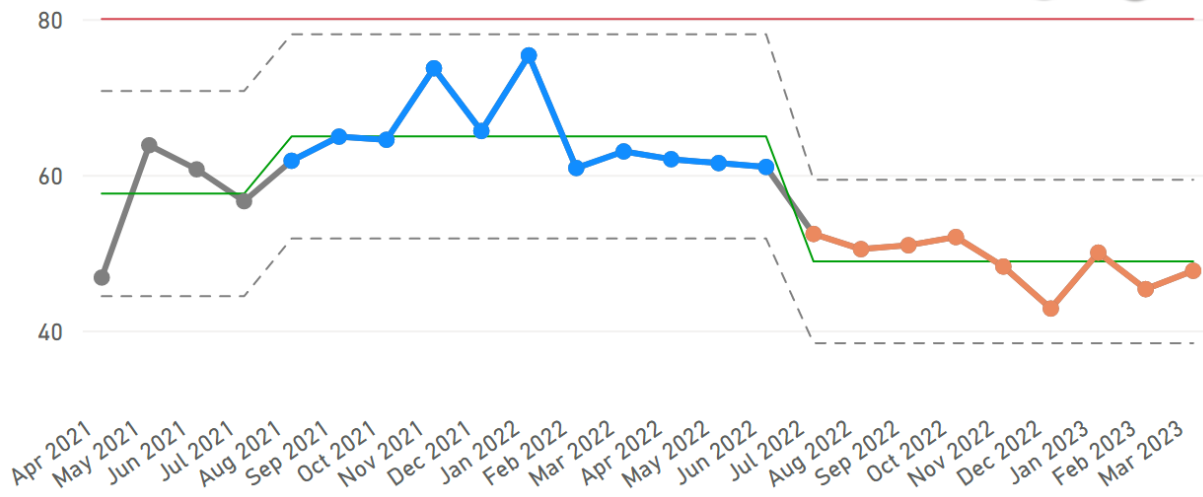
Mar 2023 120 N/A



Medications Reconciled Rate %

Month Performance Target Trend Assurance

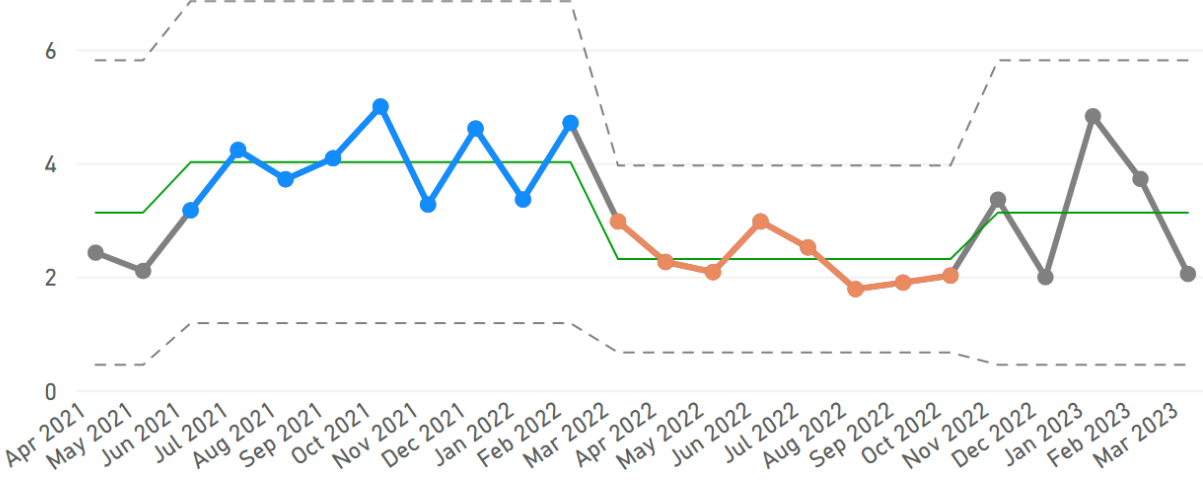
Mar 2023 47.7% 80%



Omitted Critical Doses (%)

Month Performance Target Trend Assurance

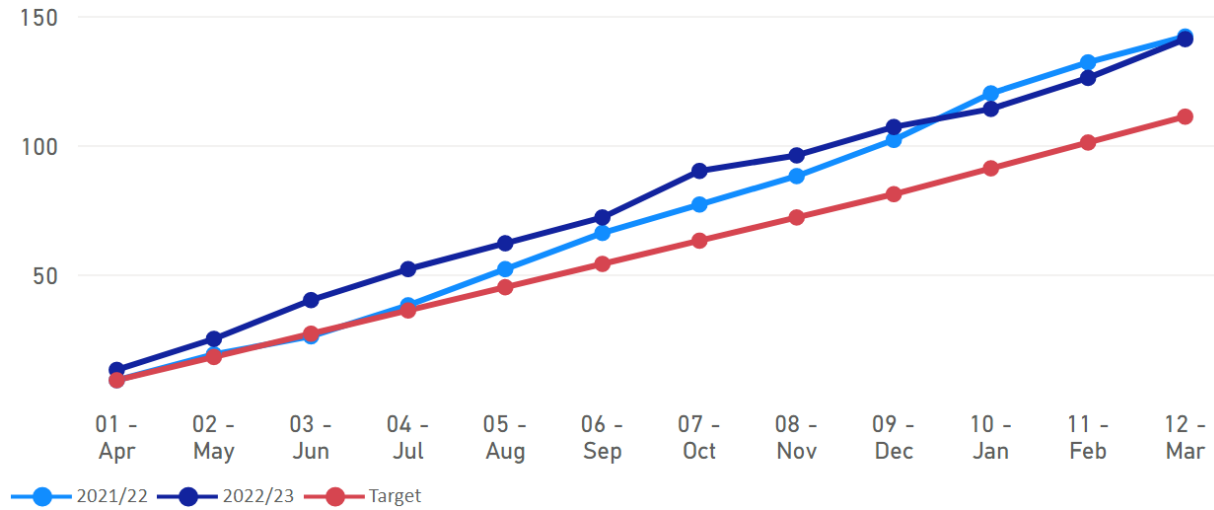
Mar 2023 2% N/A



SAFE

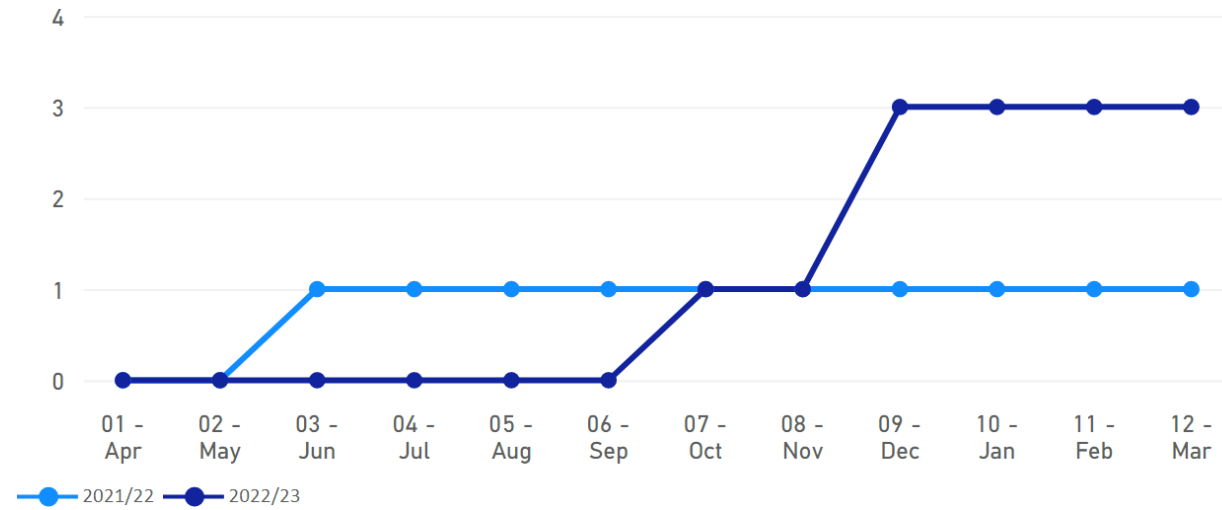
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Mar 2023	141	111	N/A	N/A



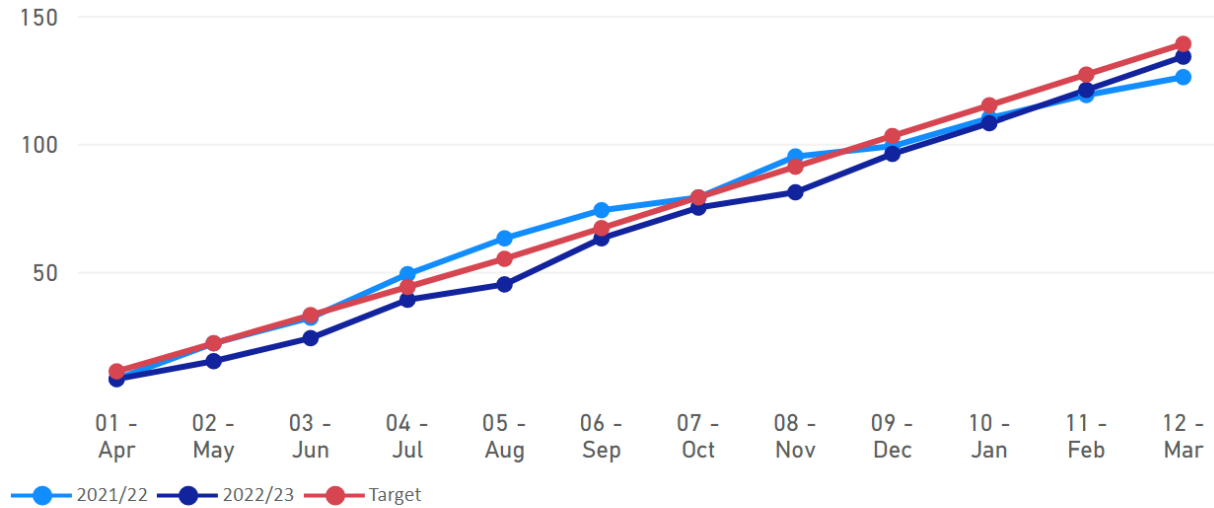
MRSA (YTD)

Month	Performance	Target	Trend	Assurance
Mar 2023	3	0	N/A	N/A



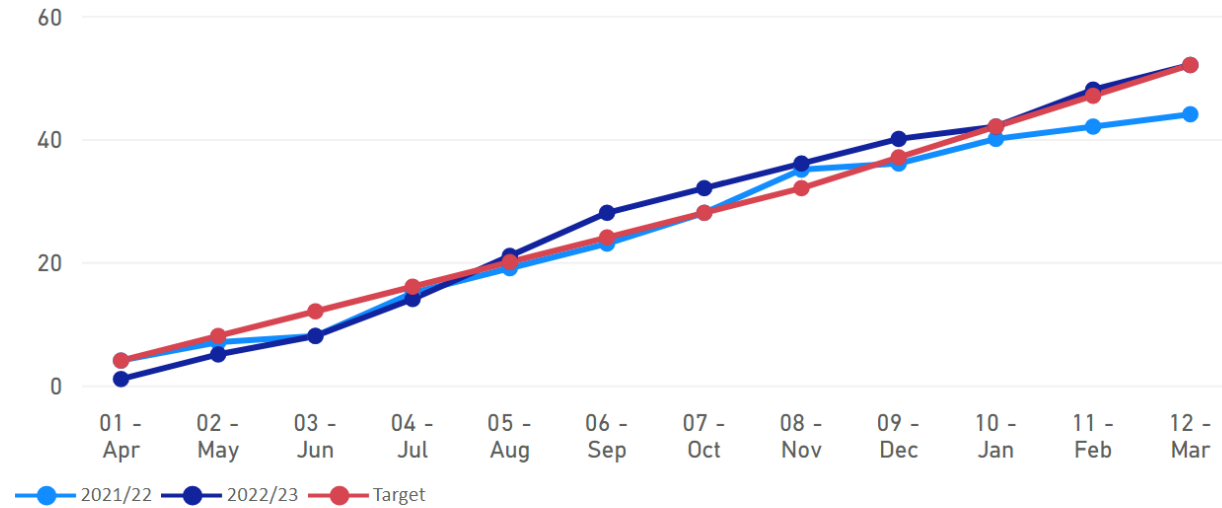
E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Mar 2023	134	139	N/A	N/A



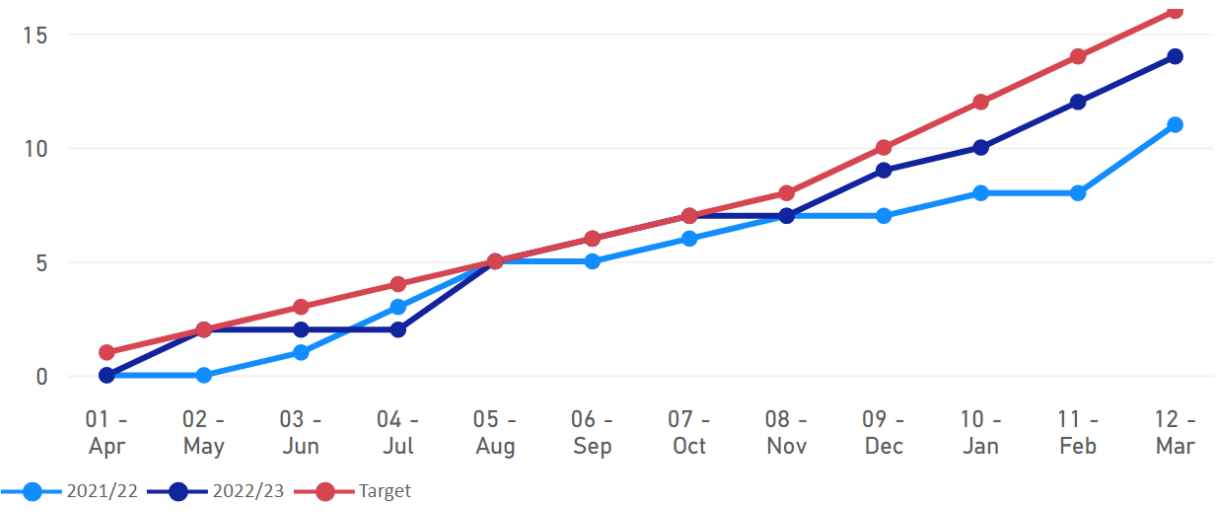
Klebsiella (YTD)

Month	Performance	Target	Trend	Assurance
Mar 2023	52	52	N/A	N/A



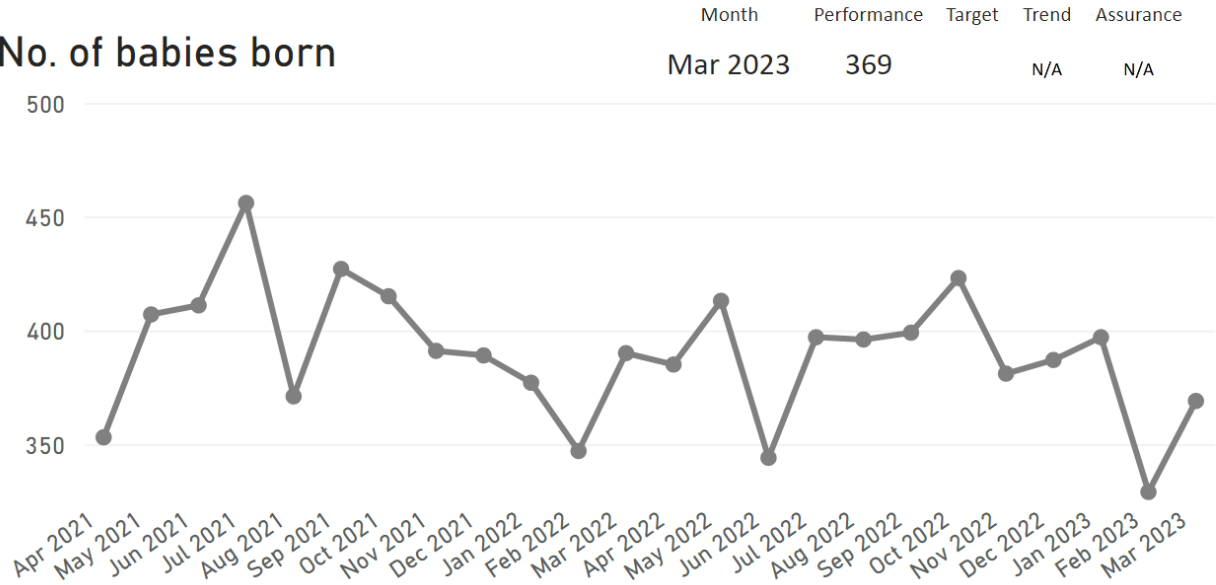
Pseudomonas (YTD)

Month	Performance	Target	Trend	Assurance
Mar 2023	14	16	N/A	N/A

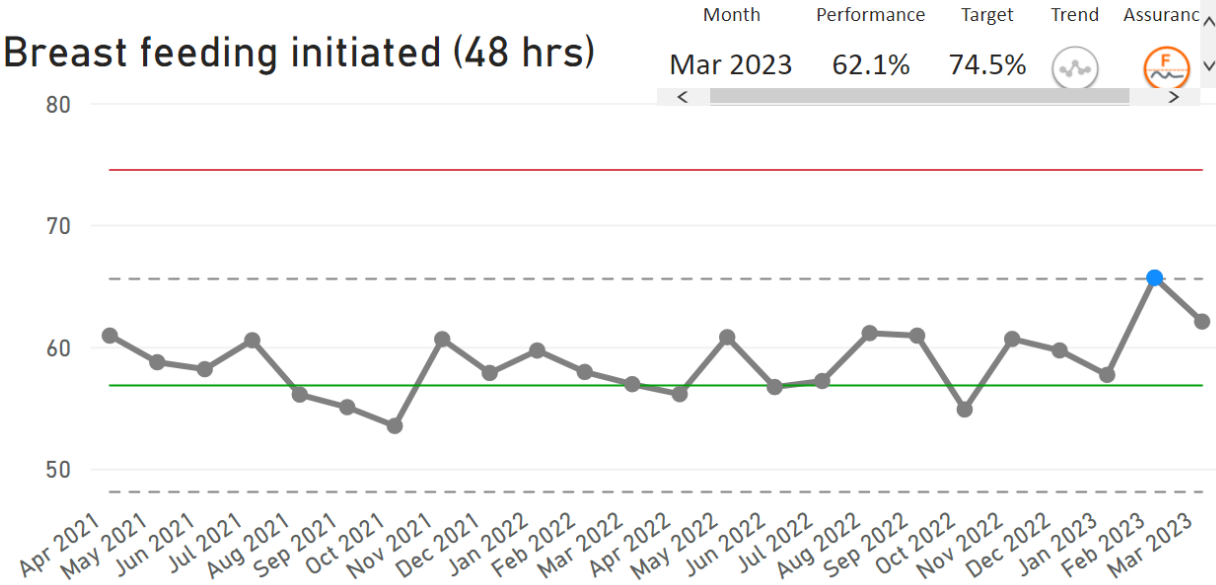


SAFE

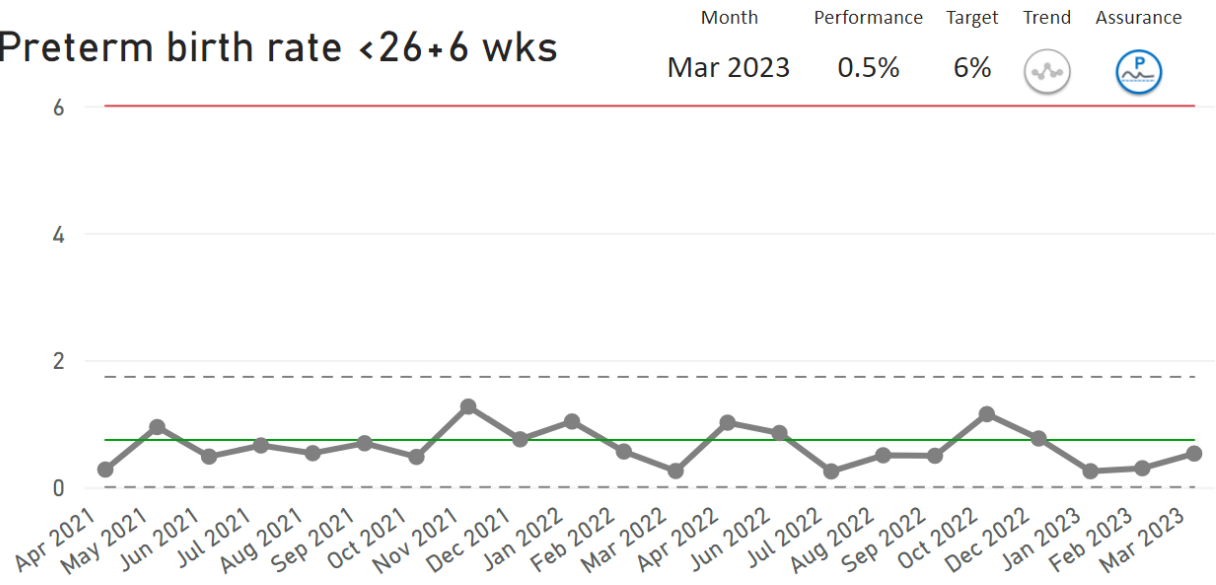
No. of babies born



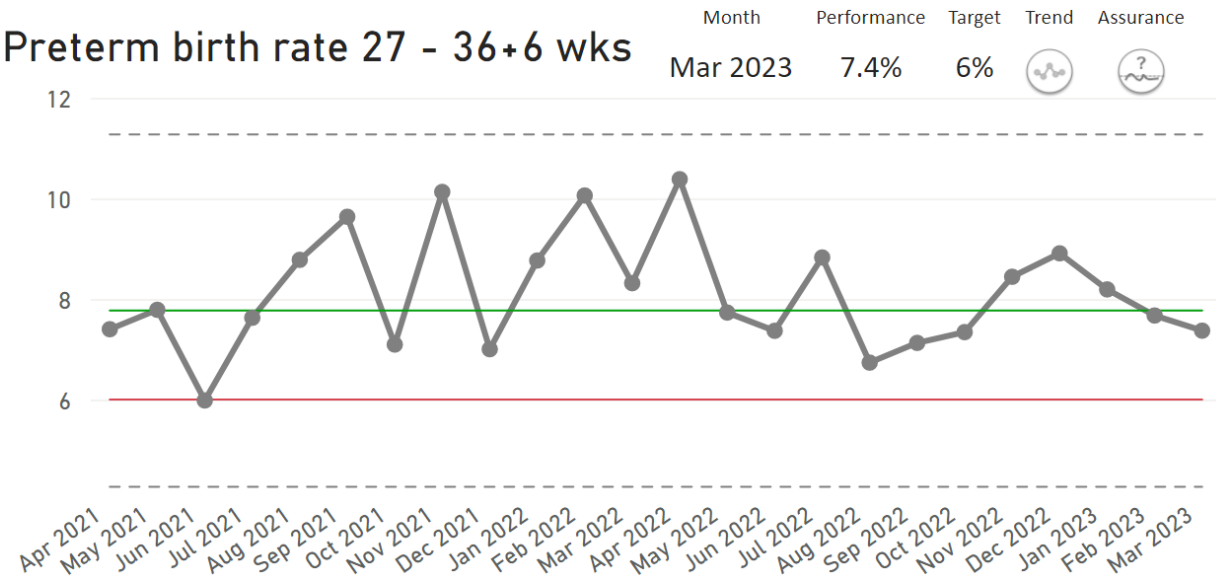
Breast feeding initiated (48 hrs)



Preterm birth rate <26+6 wks



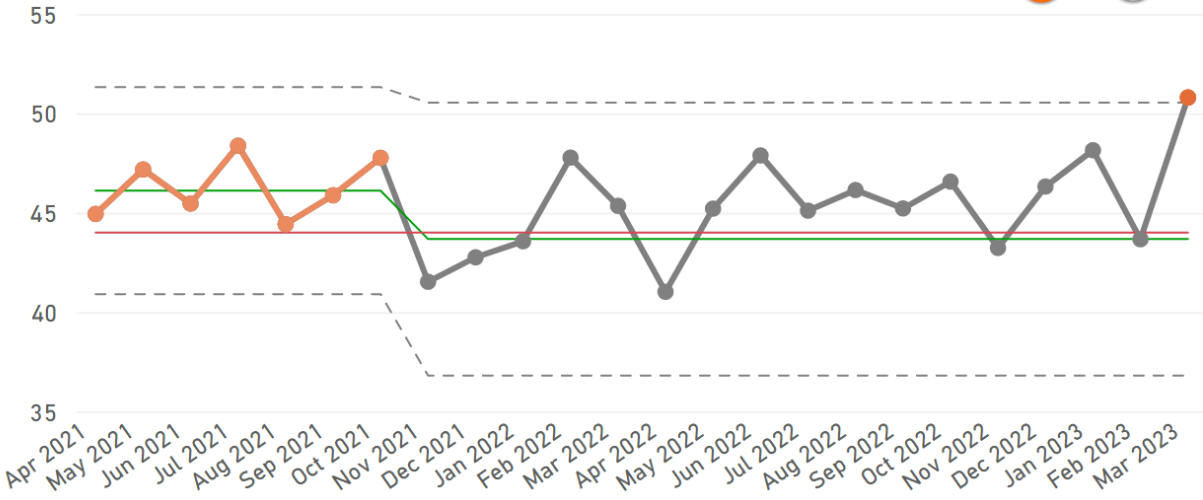
Preterm birth rate 27 - 36+6 wks



SAFE

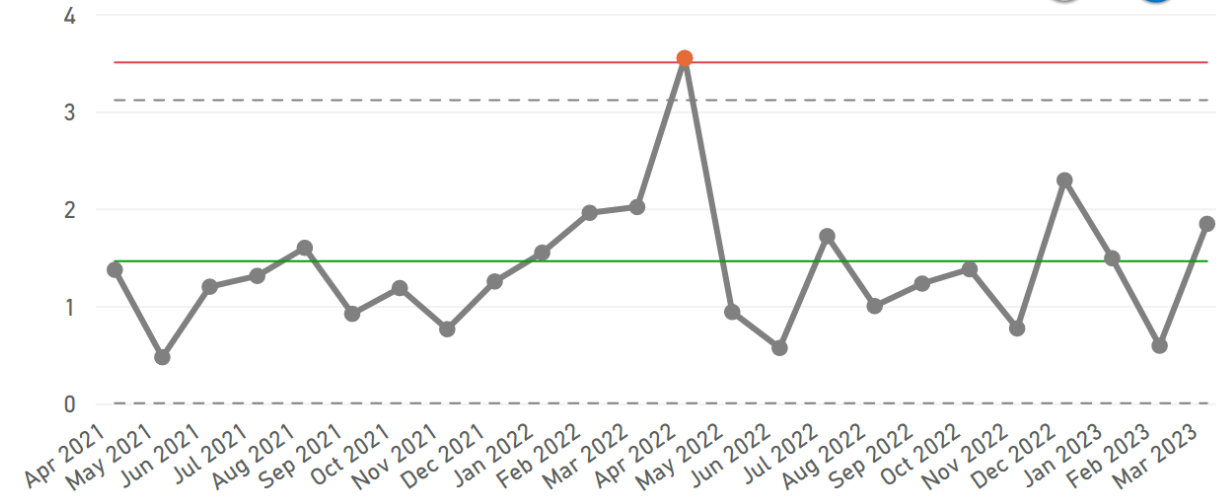
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Mar 2023	50.8%	44%		



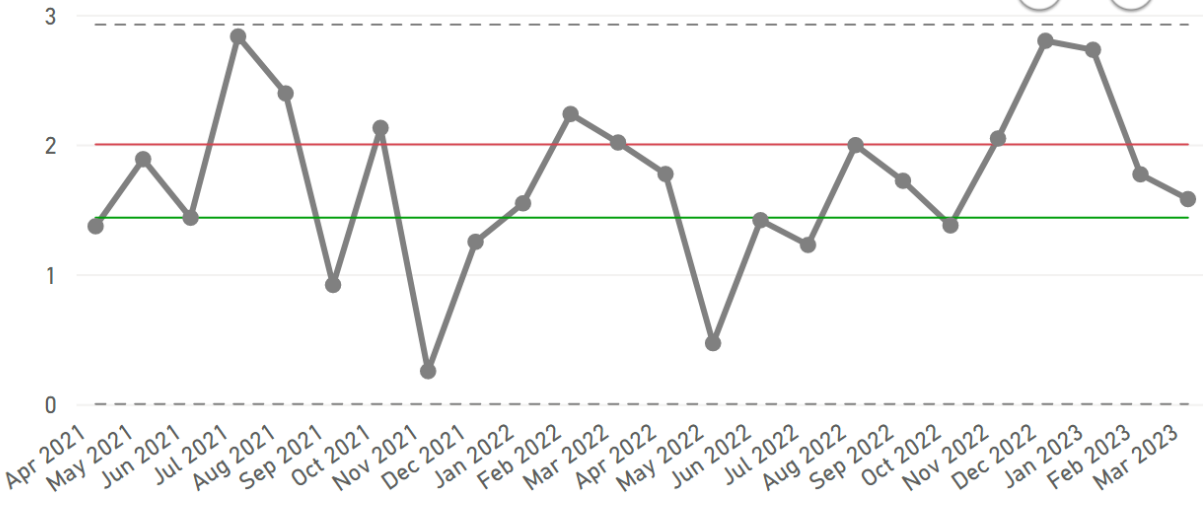
Number of 3rd/4th degree tear (%)

Month	Performance	Target	Trend	Assurance
Mar 2023	1.8%	3.5%		



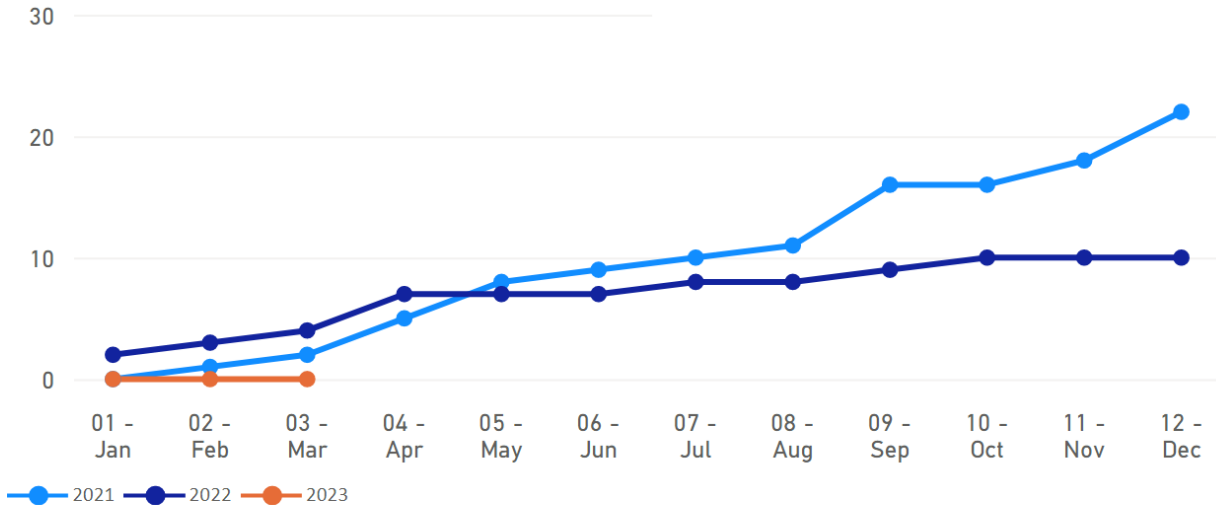
PPH > 1500ml (%)

Month	Performance	Target	Trend	Assurance
Mar 2023	1.58%	2%		



Still Births (YTD)


Month	Performance	Target	Trend	Assurance
Mar 2023	0	17	N/A	N/A

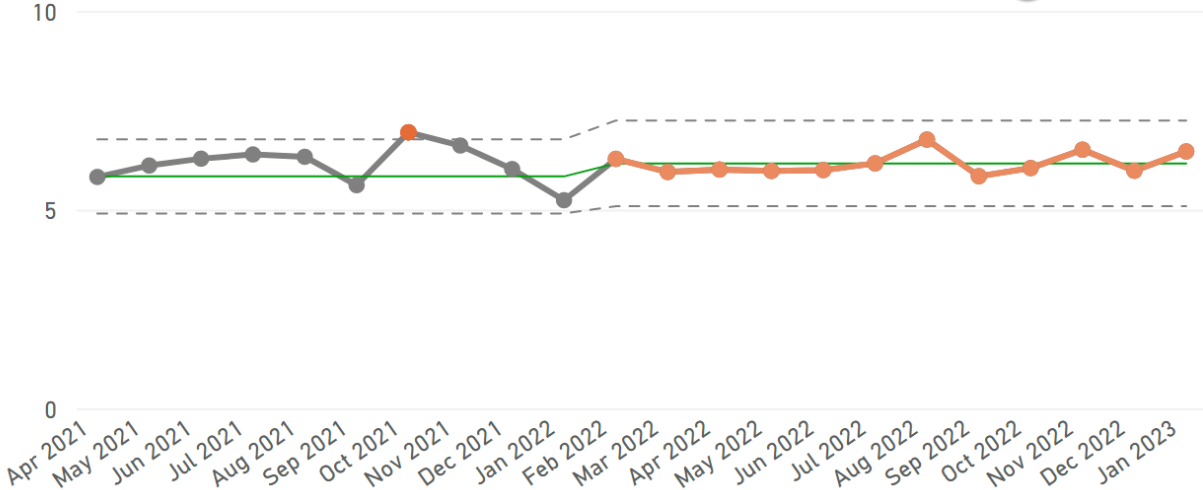


EFFECTIVE

Readmission Rate %



Month Performance Target Trend Assurance

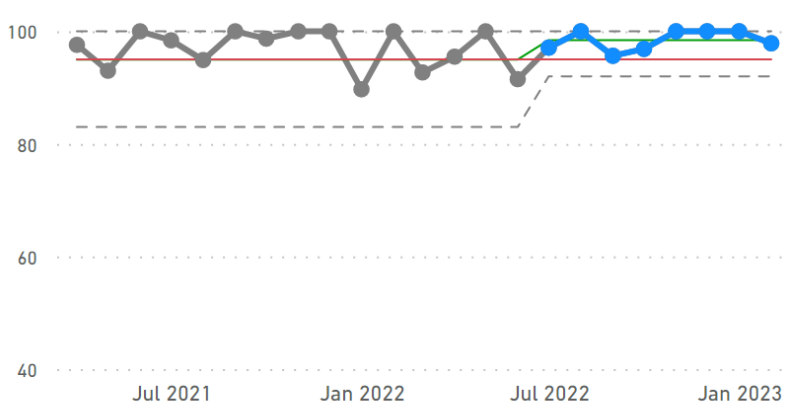
Jan 2023 6.5%  N/A





EFFECTIVE

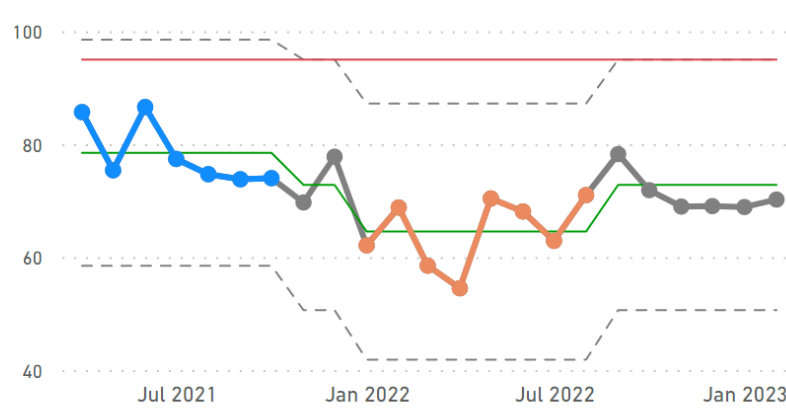
Sepsis - Oxygen within 1hr

Month: Feb 2023
 Performance: 97.9%
 Target: 95%
 Trend: 
 Assurance: 





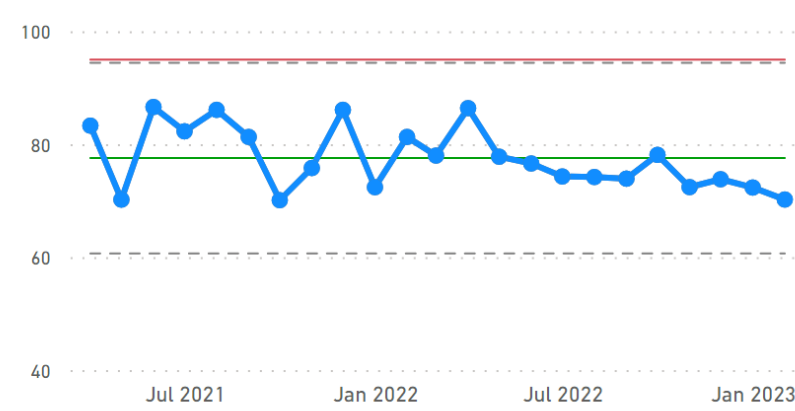
Sepsis - Blood cultures within 1hr

Month: Feb 2023
 Performance: 70.2%
 Target: 95%
 Trend: 
 Assurance: 





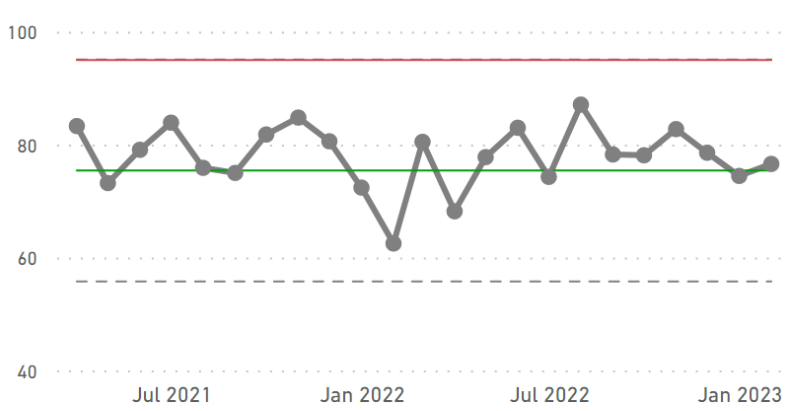
Sepsis - IV antibiotics within 1hr

Month: Feb 2023
 Performance: 70.2%
 Target: 95%
 Trend: 
 Assurance: 





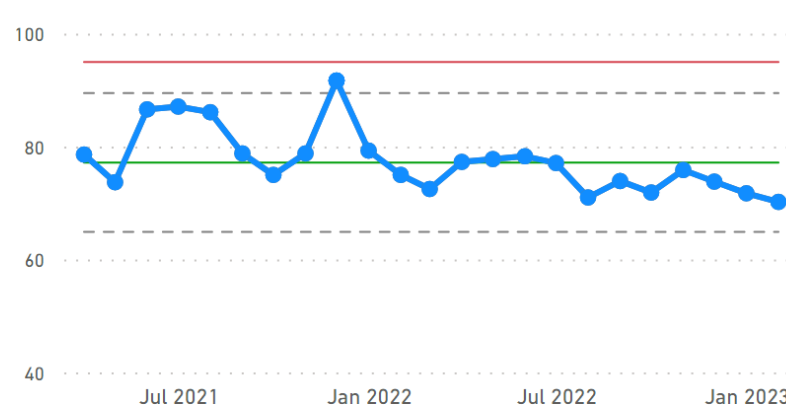
Sepsis - Serum lactate within 1hr

Month: Feb 2023
 Performance: 76.6%
 Target: 95%
 Trend: 
 Assurance: 





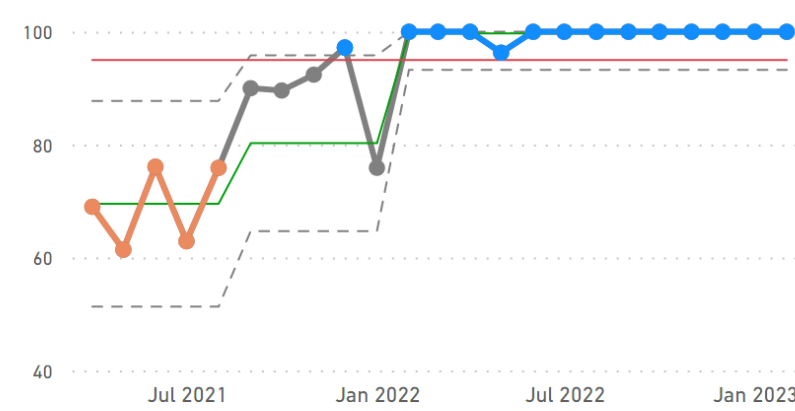
IV fluid resuscitation within 1hr

Month: Feb 2023
 Performance: 70.2%
 Target: 95%
 Trend: 
 Assurance: 

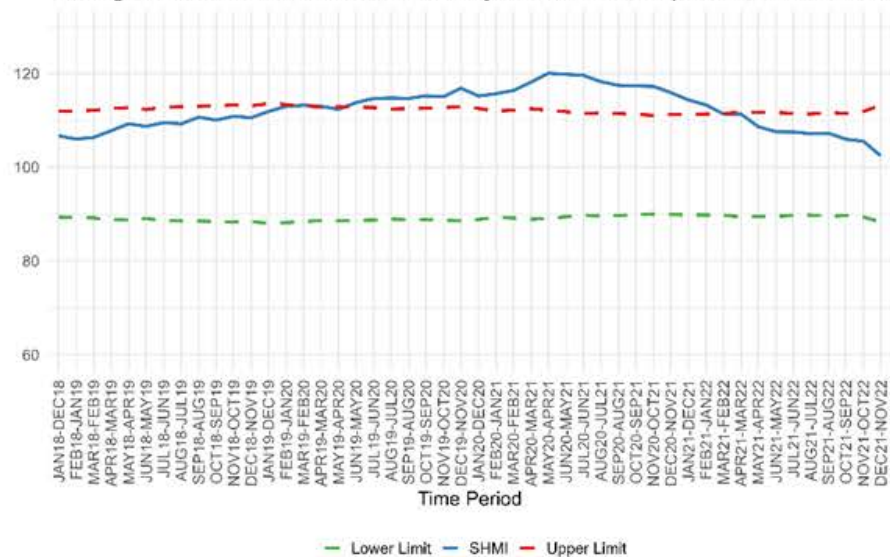


Sepsis - Urine measurement within 1hr

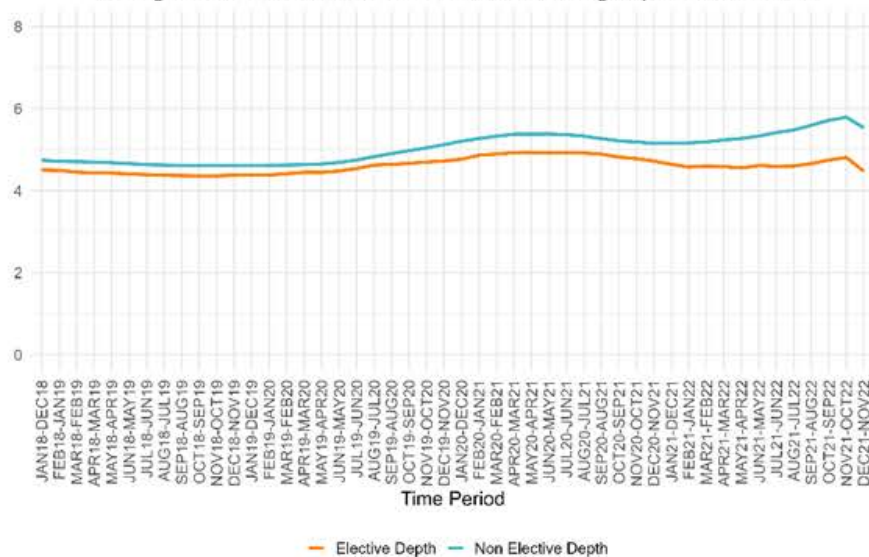
Month: Feb 2023
 Performance: 100%
 Target: 95%
 Trend: 
 Assurance: 



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



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



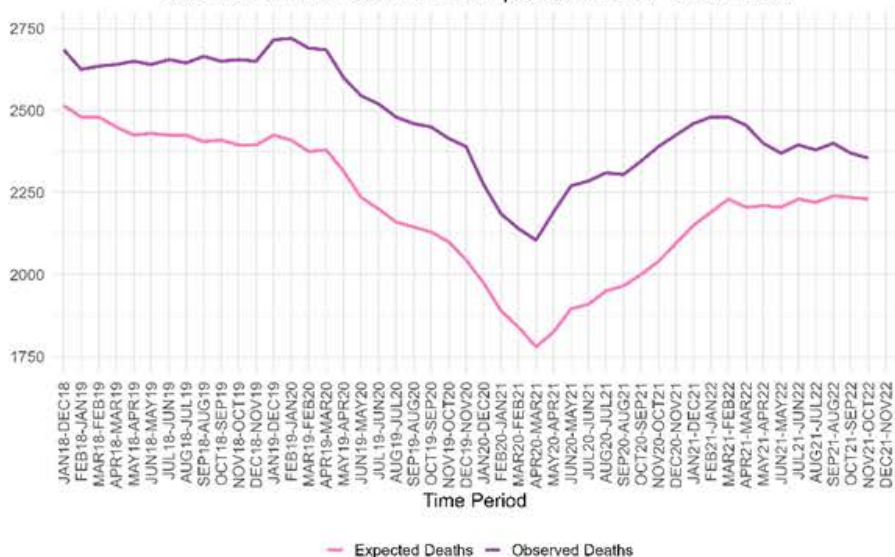
Latest SHMI = 102.4
(Dec 2021 – Nov 2022)

Observed deaths = 800
Expected deaths = 780

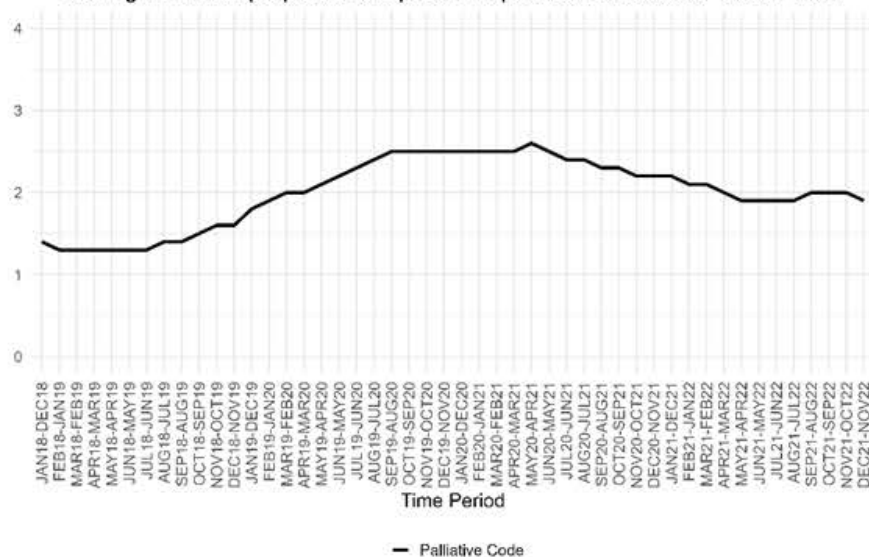
Coding depth (codes / spell)
Elective = 4.5
Non-Elective = 5.5

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'

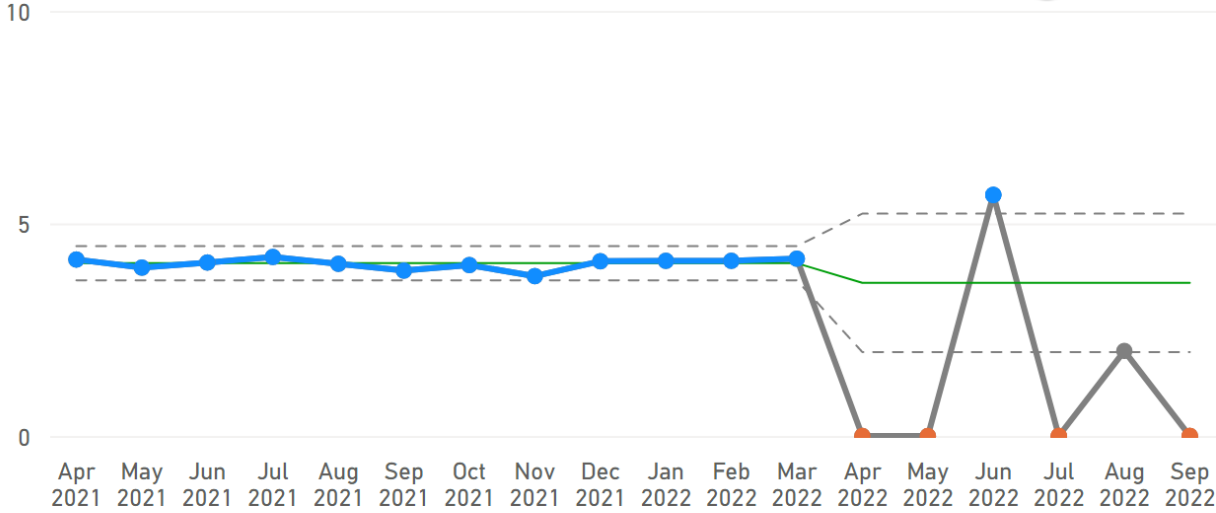
COVID-19 impact for England
Excluded spells = 4.7%
Spells as a % pre-pandemic
(2019 spells) = 86%

* The latest Trust data as reported to NHS Digital is incomplete and shows a large shortfall in the number of observed and expected deaths (the volumes have reduced to a third of the norm).

Data source: NHS Digital
Monthly SHMI publication



Comorbidity Coding

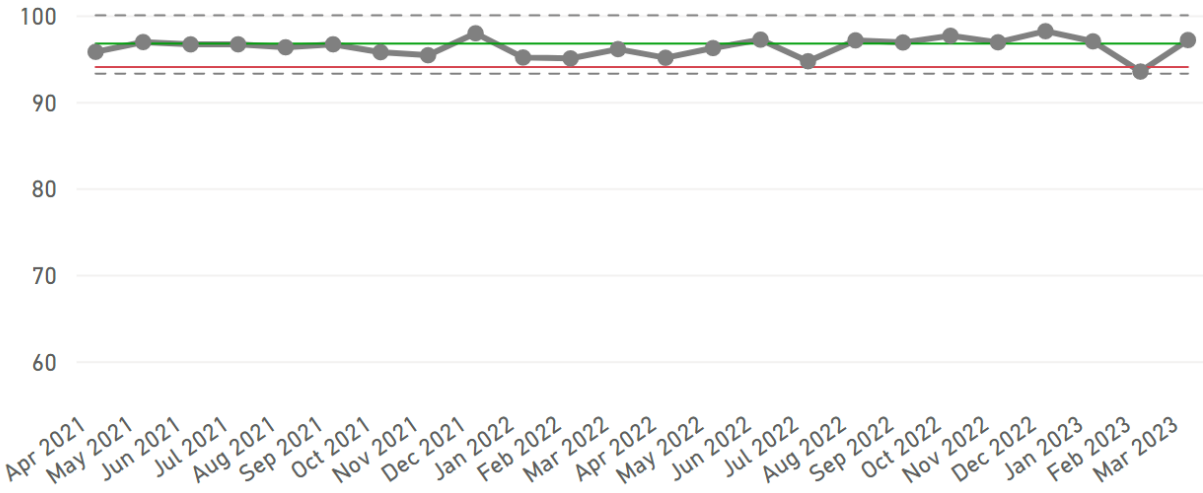
Month	Performance	Target	Trend	Assurance
Sep 2022	0			N/A





CARING

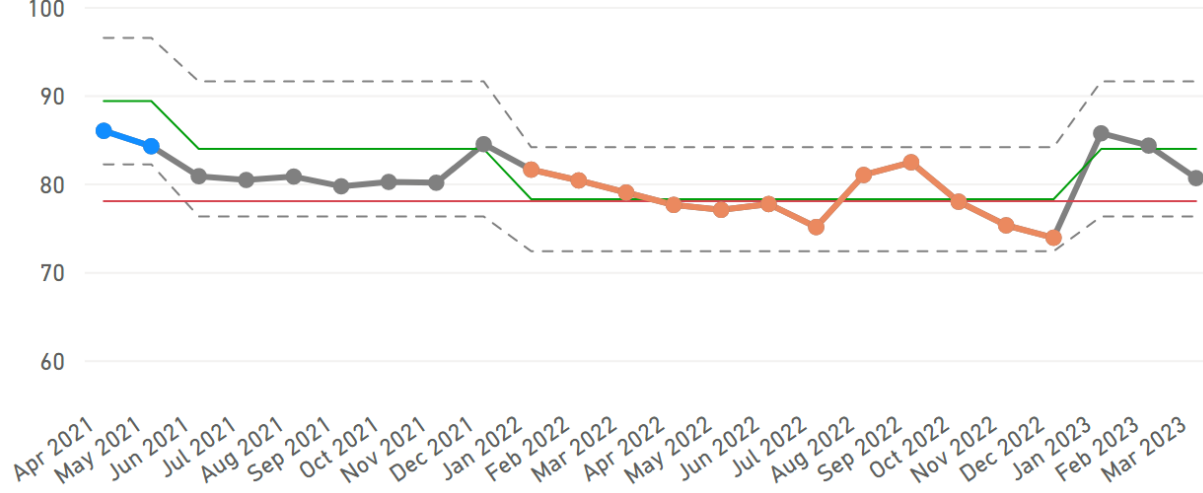
Inpatient Experience (%)

Month: Mar 2023
 Performance: 97.1%
 Target: 94%
 Trend: 
 Assurance: 





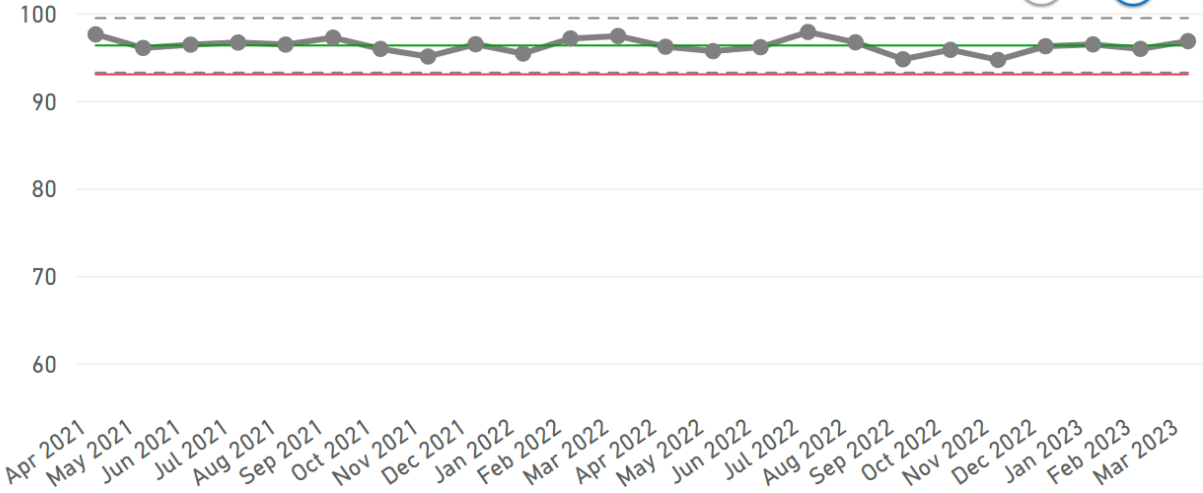
A&E Experience (%)

Month: Mar 2023
 Performance: 80.6%
 Target: 78%
 Trend: 
 Assurance: 





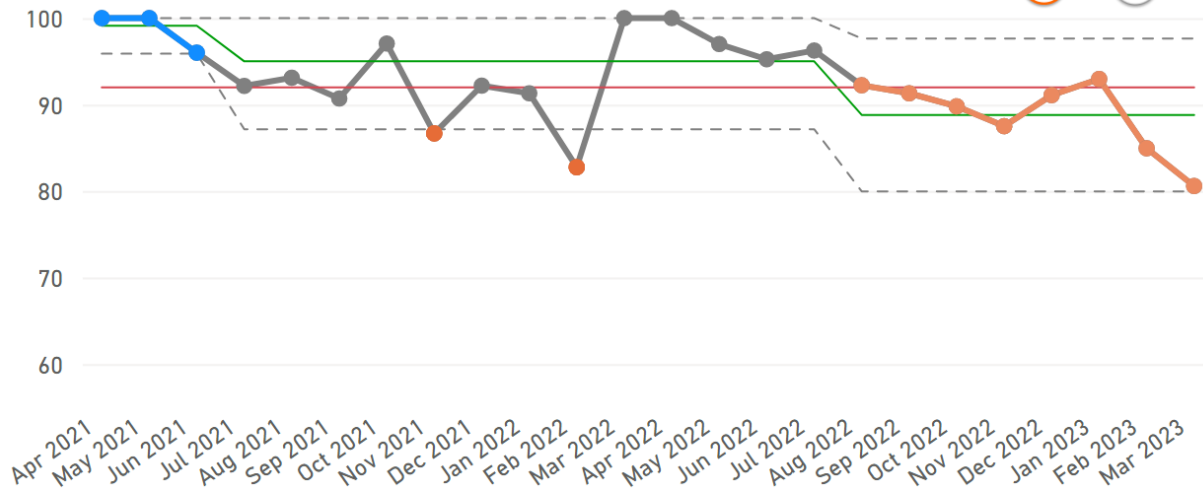
Outpatient Experience (%)

Month: Mar 2023
 Performance: 96.8%
 Target: 93%
 Trend: 
 Assurance: 

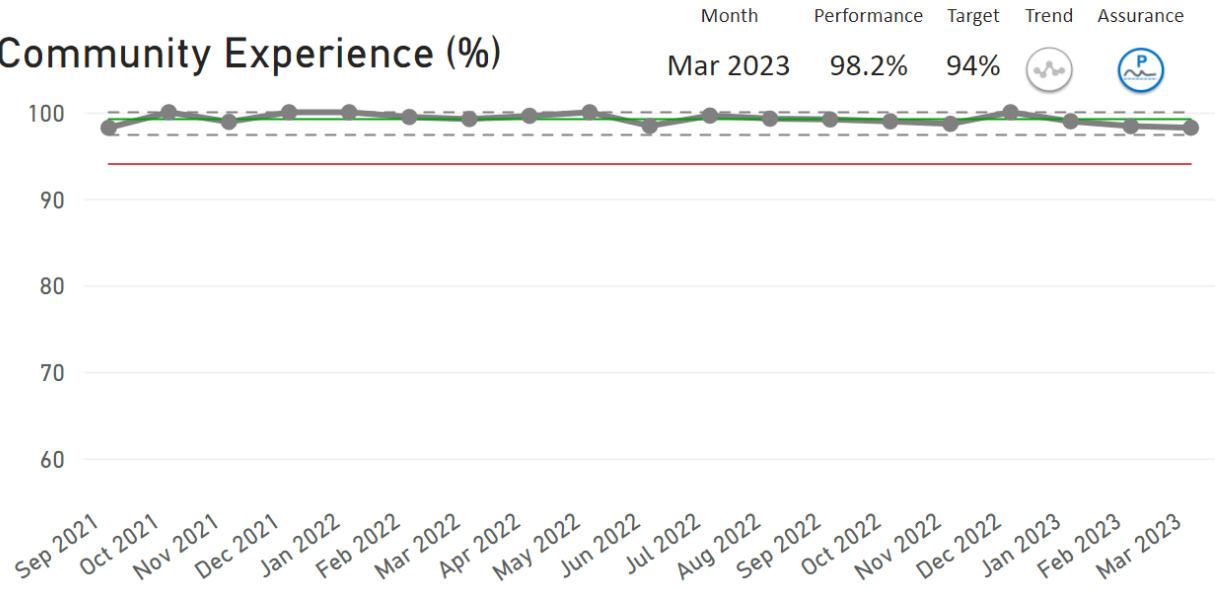


Maternity Experience (%)

Month: Mar 2023
 Performance: 80.6%
 Target: 92%
 Trend: 
 Assurance: 

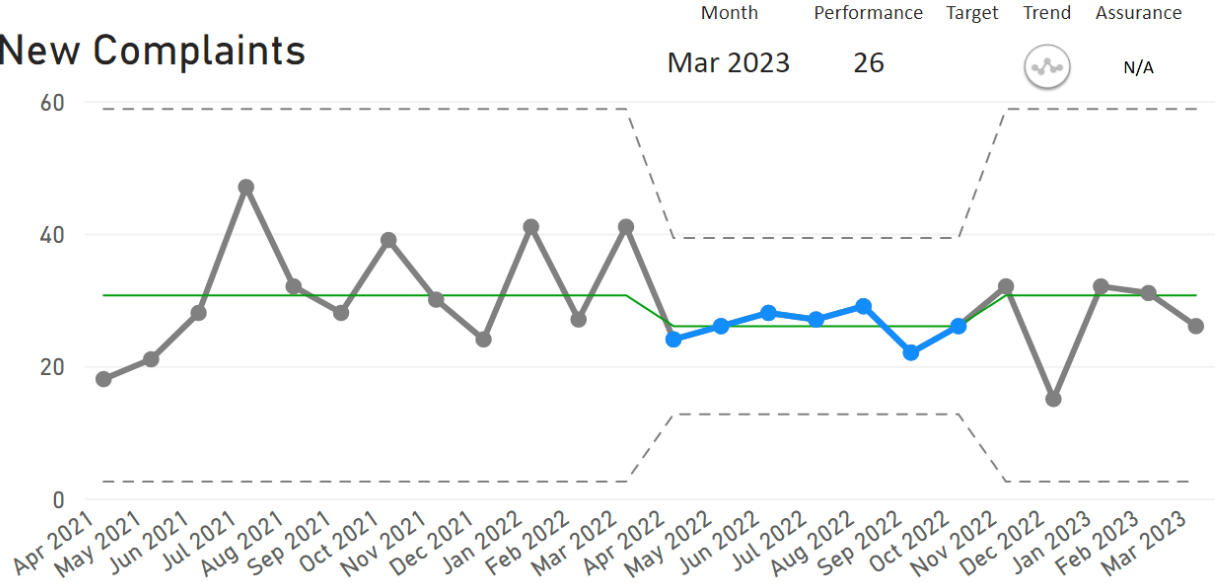


Community Experience (%)

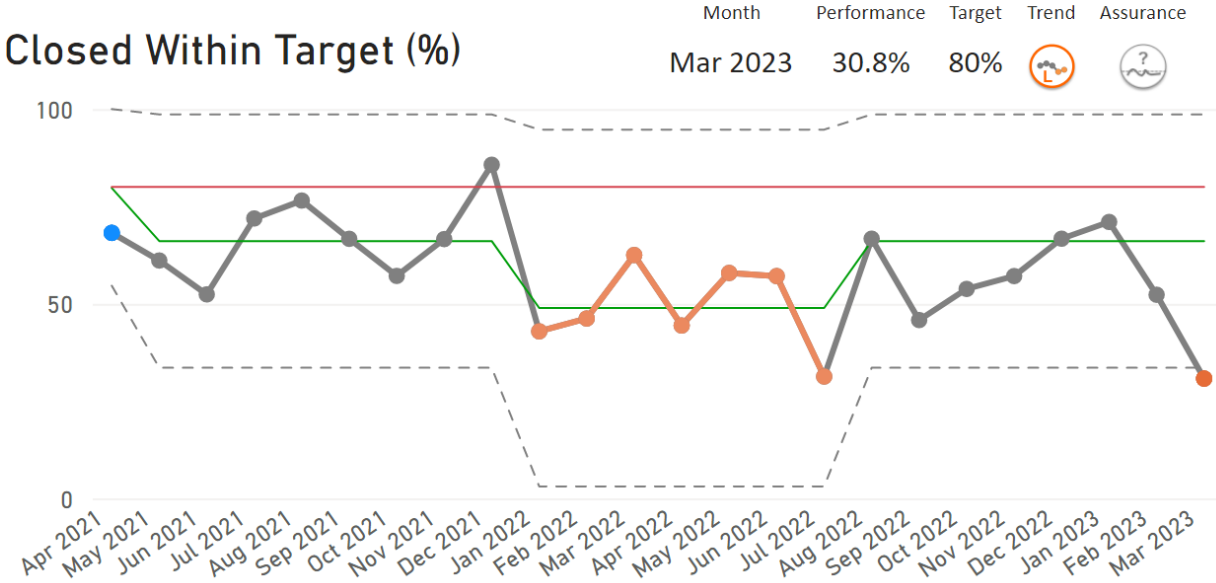


CARING

New Complaints



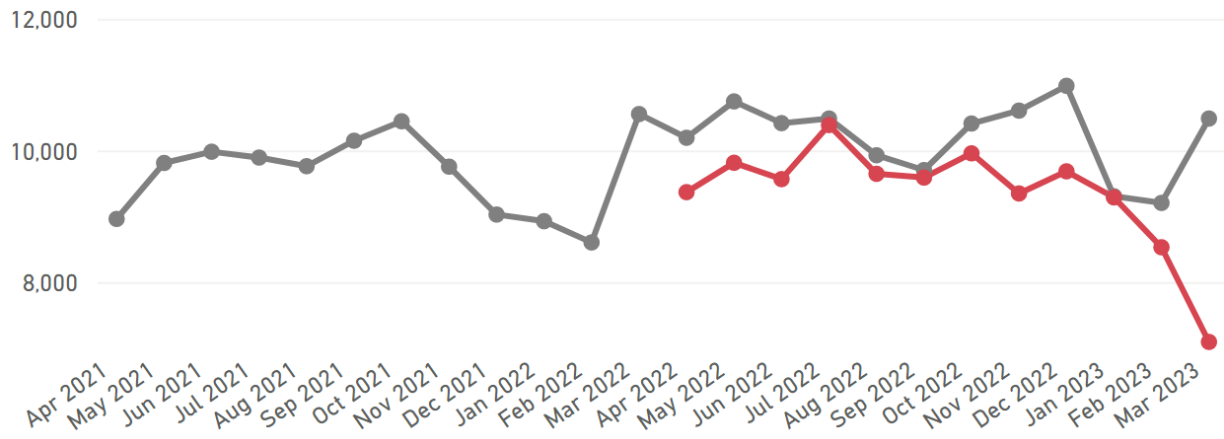
Closed Within Target (%)



RESPONSIVE

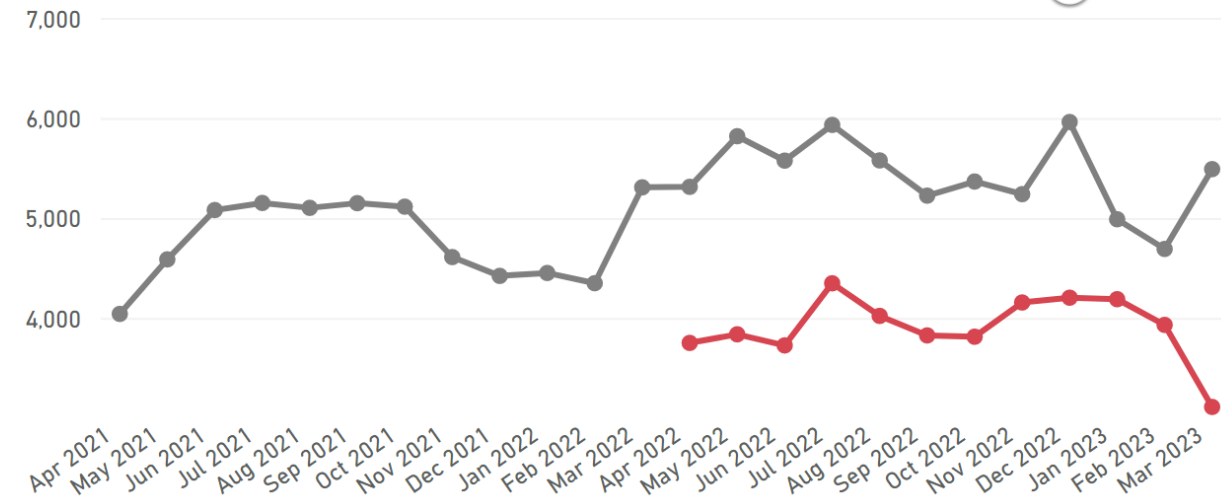
ED Attendances - Type 1 (vs 19/20)

Month	Performance	Target	Trend	Assurance
Mar 2023	10484	7091		N/A



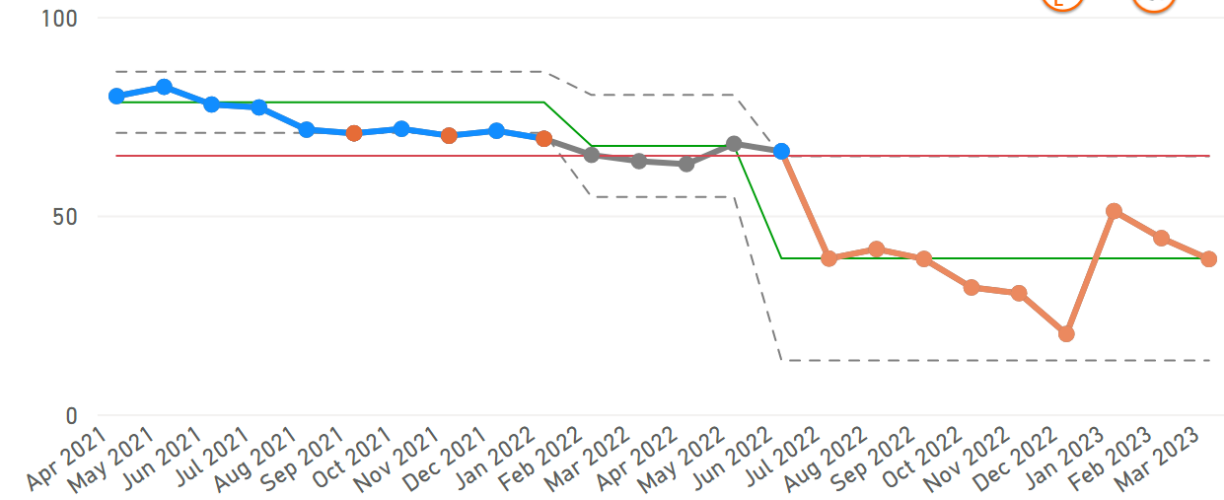
ED Attendances - Type 3 (vs 19/20)

Month	Performance	Target	Trend	Assurance
Mar 2023	5488	3111		N/A



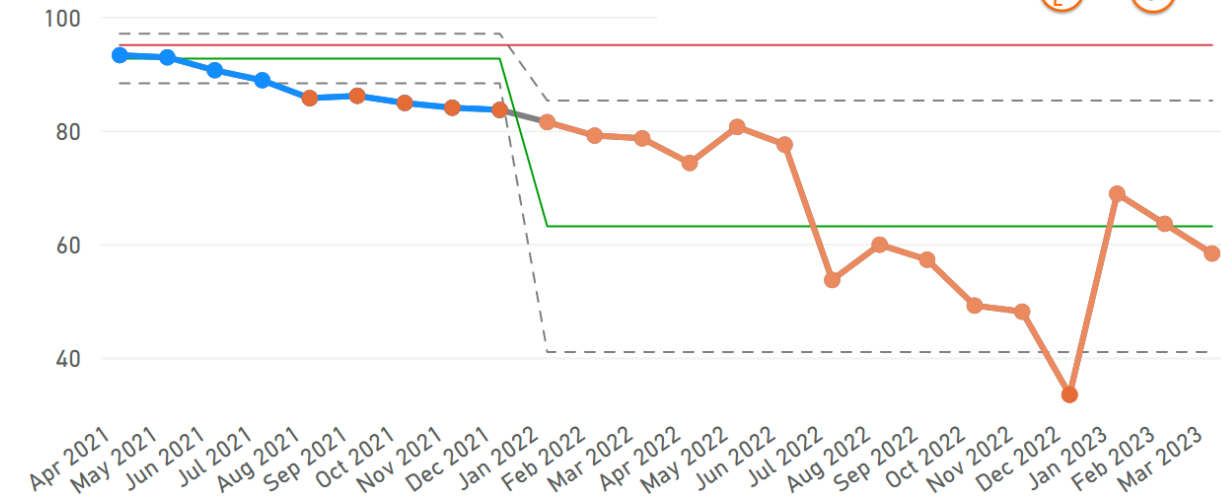
Handovers - Within 15 Mins (%)

Month	Performance	Target	Trend	Assurance
Mar 2023	39%	65%		





Handovers - Within 30 Mins (%)

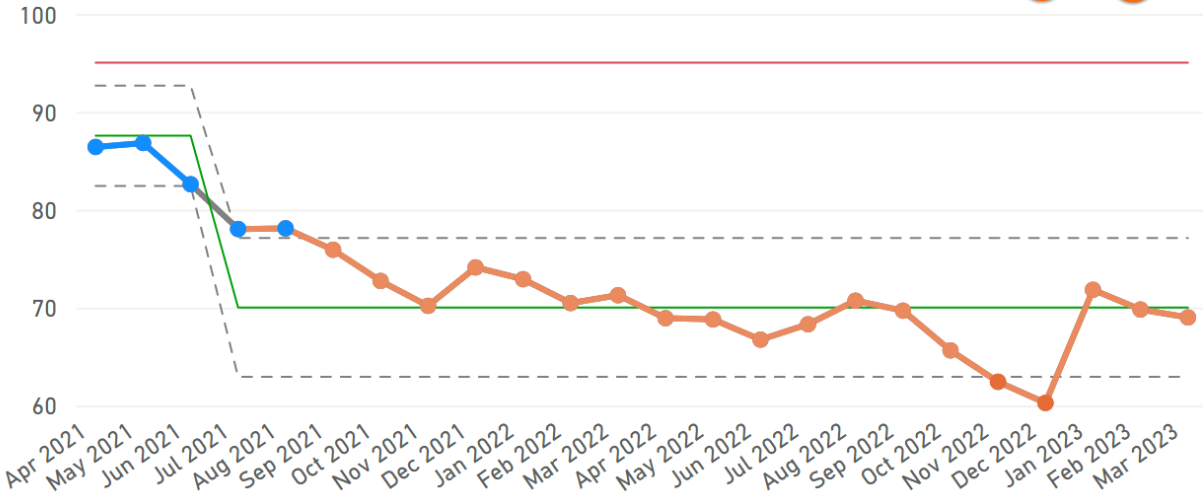
Month	Performance	Target	Trend	Assurance
Mar 2023	58.3%	95%		



RESPONSIVE

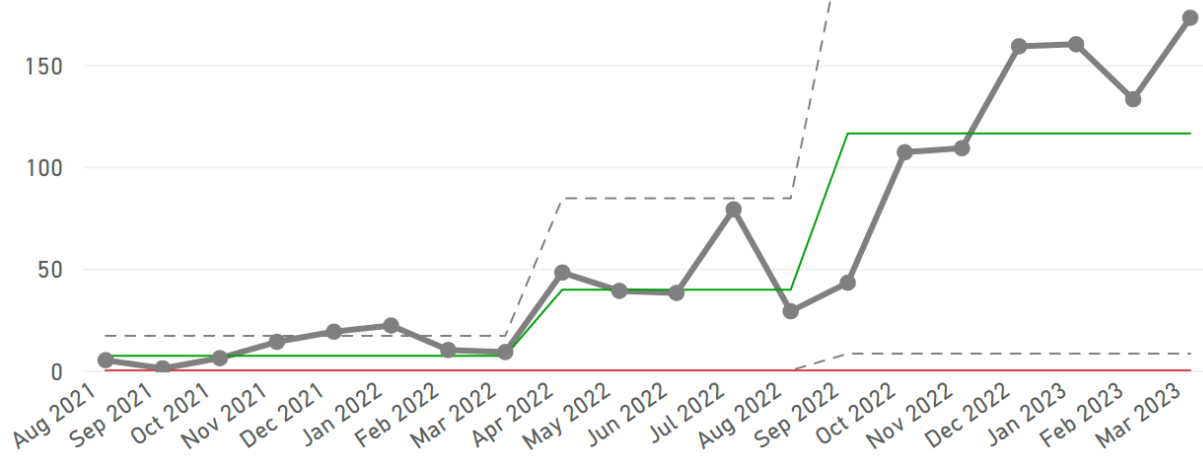
4-Hour A&E Standard

Month: Mar 2023
 Performance: 69%
 Target: 95%
 Trend: 
 Assurance: 



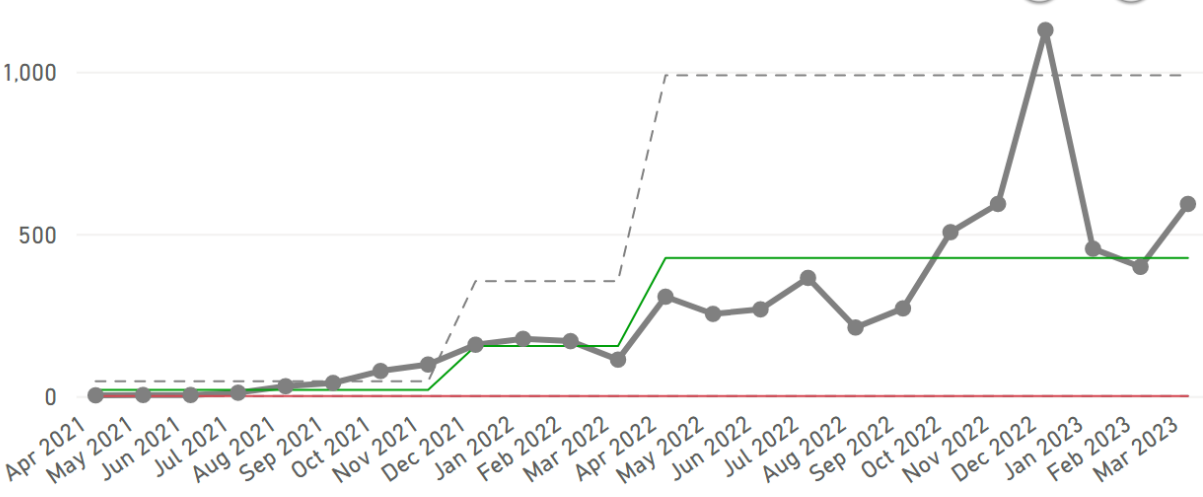
12-Hour Waits from Decision to Admit

Month: Mar 2023
 Performance: 173
 Target: 0
 Trend: 
 Assurance: N/A





12-Hour A&E Breaches

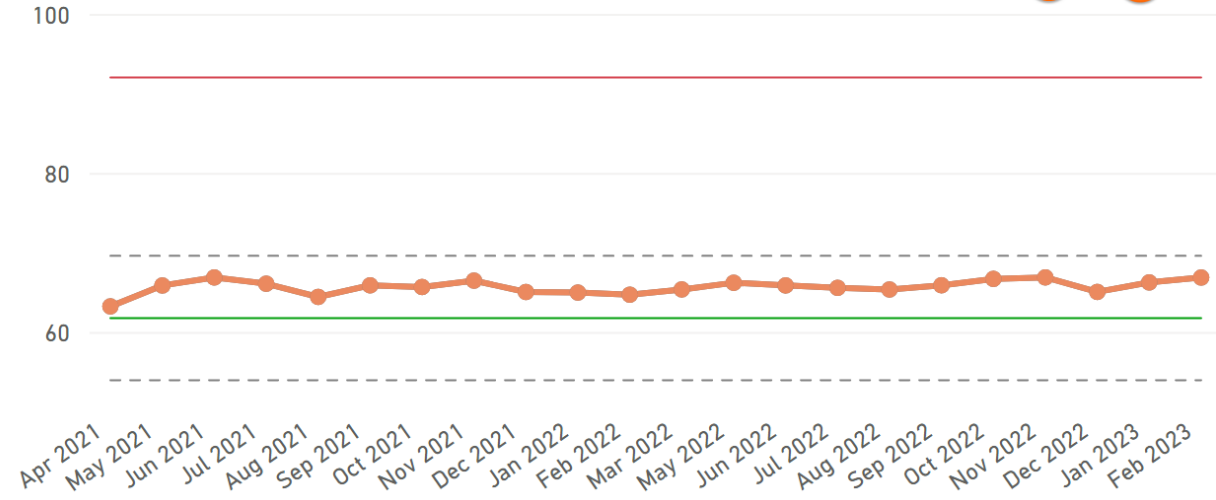
Month: Mar 2023
 Performance: 592
 Target: 0
 Trend: 
 Assurance: 



RESPONSIVE

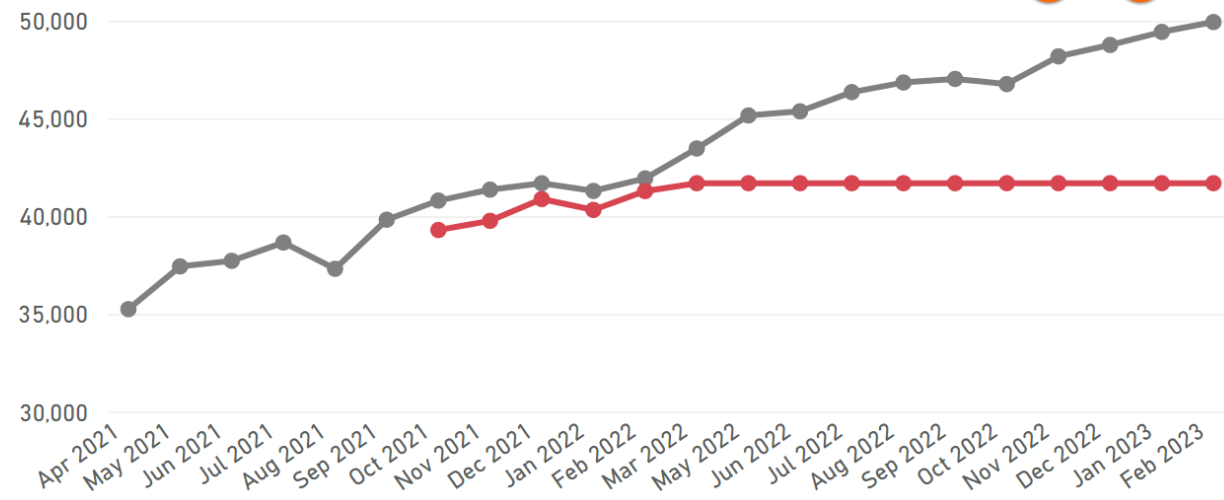
RTT Incomplete Pathways (%)

Month	Performance	Plan	Trend	Assurance
Feb 2023	66.8%	92%		



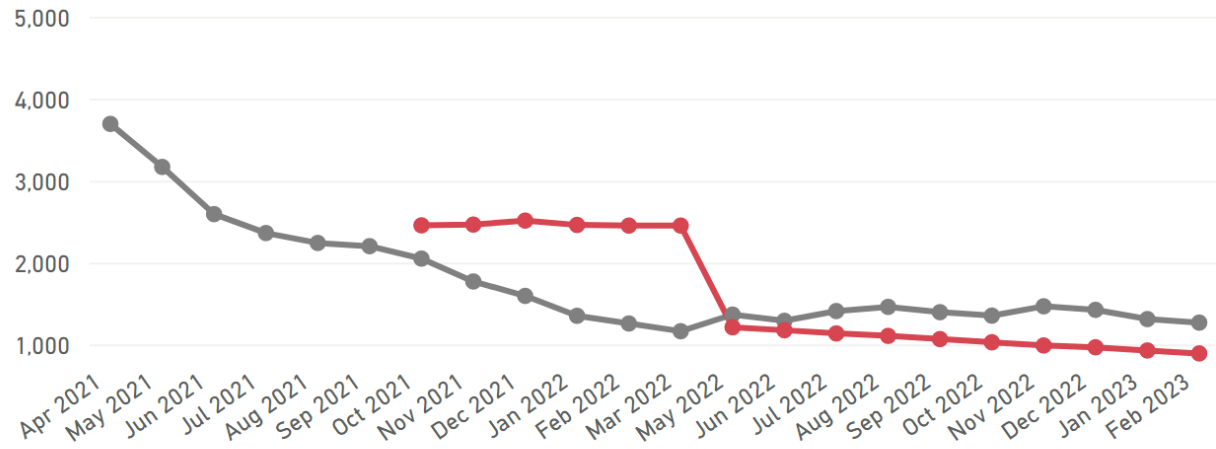
RTT Waiting List Size

Month	Performance	Plan	Trend	Assurance
Feb 2023	49924	41677		



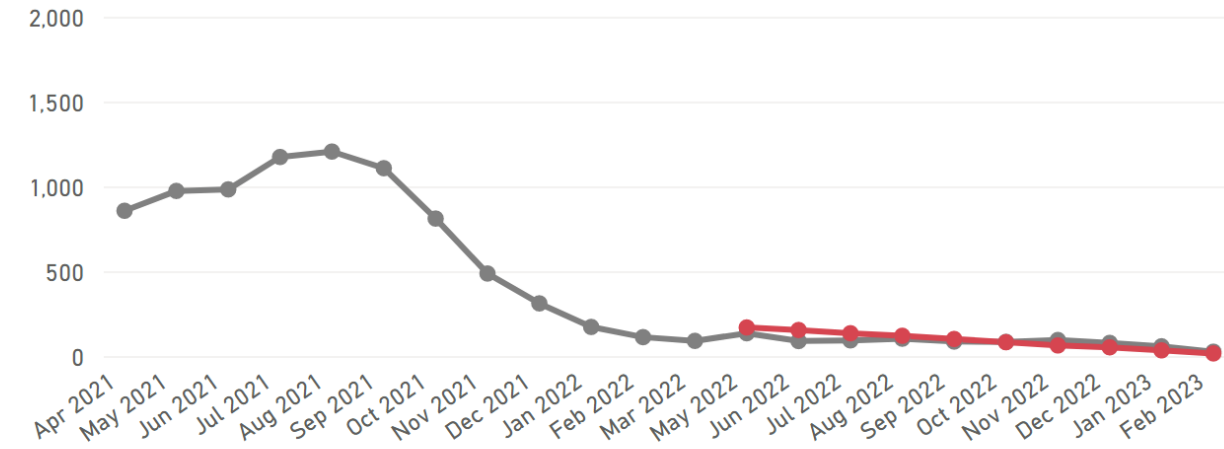
RTT 52 week waiters

Month	Performance	Plan	Trend	Assurance
Feb 2023	1267	891	N/A	N/A



RTT 78 week waiters

Month	Performance	Plan	Trend	Assurance
Feb 2023	25	15	N/A	N/A





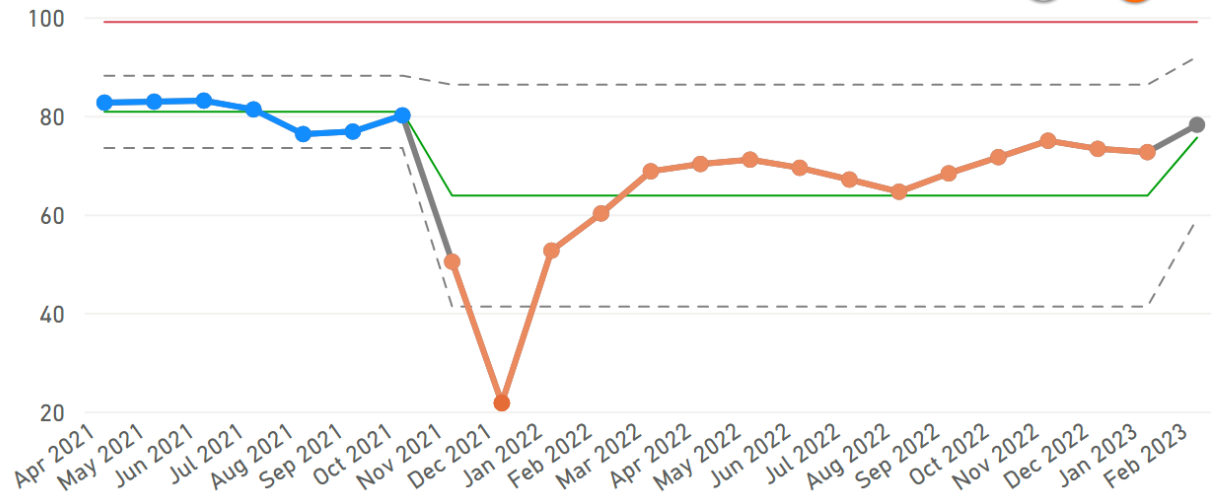
● Actual ● Plan

● Actual ● Plan

RESPONSIVE



Diagnostic 6 Weeks Standard (%)

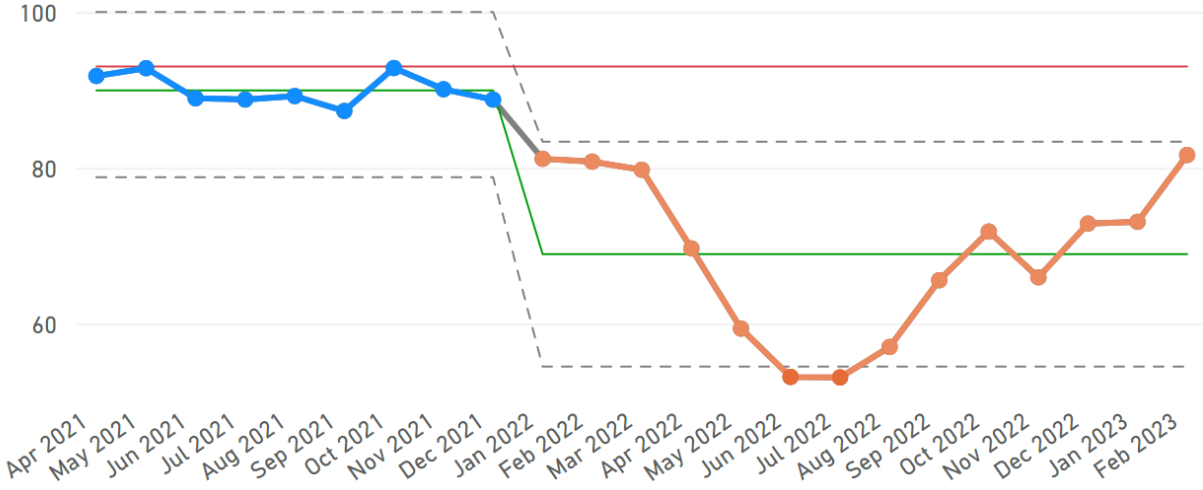
Month: Feb 2023
Performance: 78.1%
Target: 99%
Trend: 
Assurance: 





RESPONSIVE

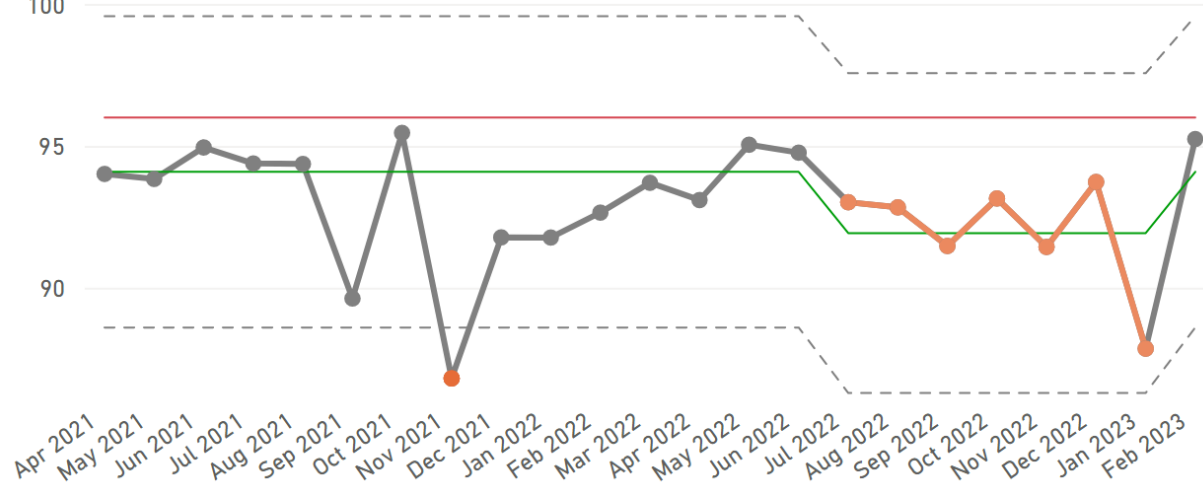
Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	81.6%	93%		





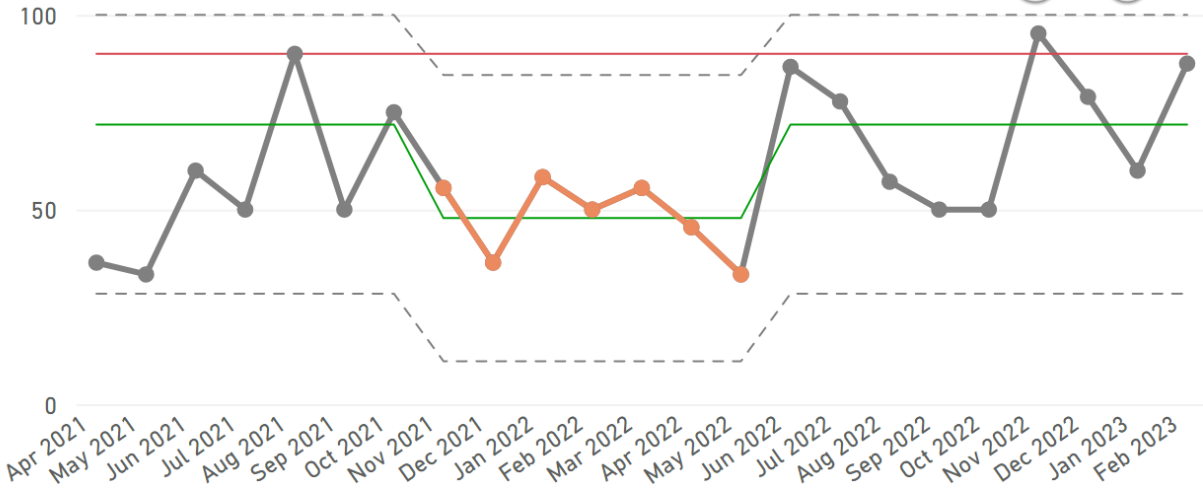
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	95.2%	96%		





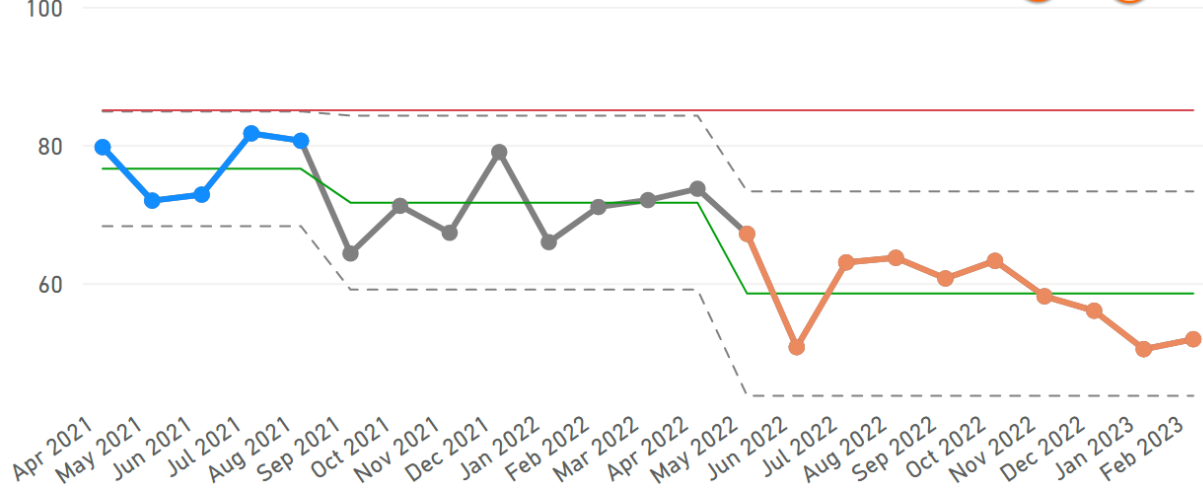
Cancer 62 Day Screening (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	87.5%	90%		





Cancer 62 Day Standard (%)

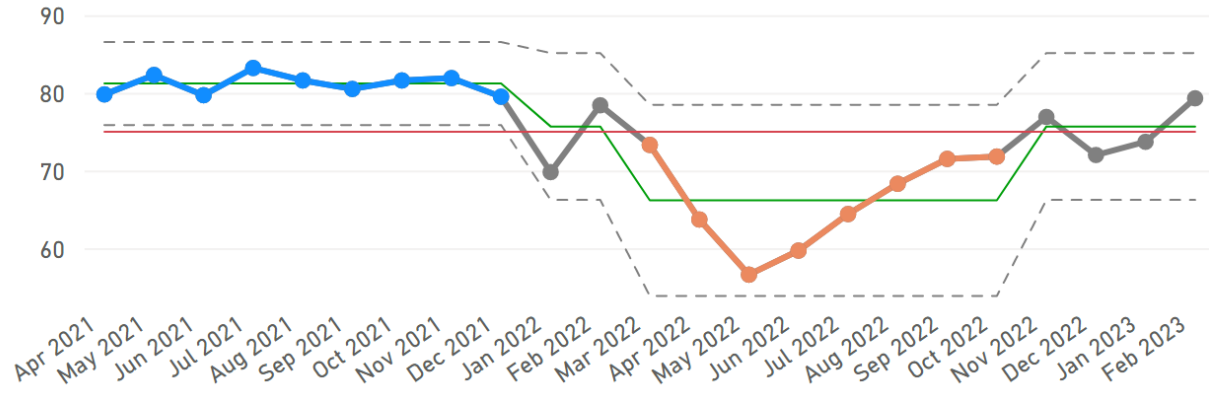
Month	Performance	Target	Trend	Assurance
Feb 2023	51.9%	85%		



RESPONSIVE

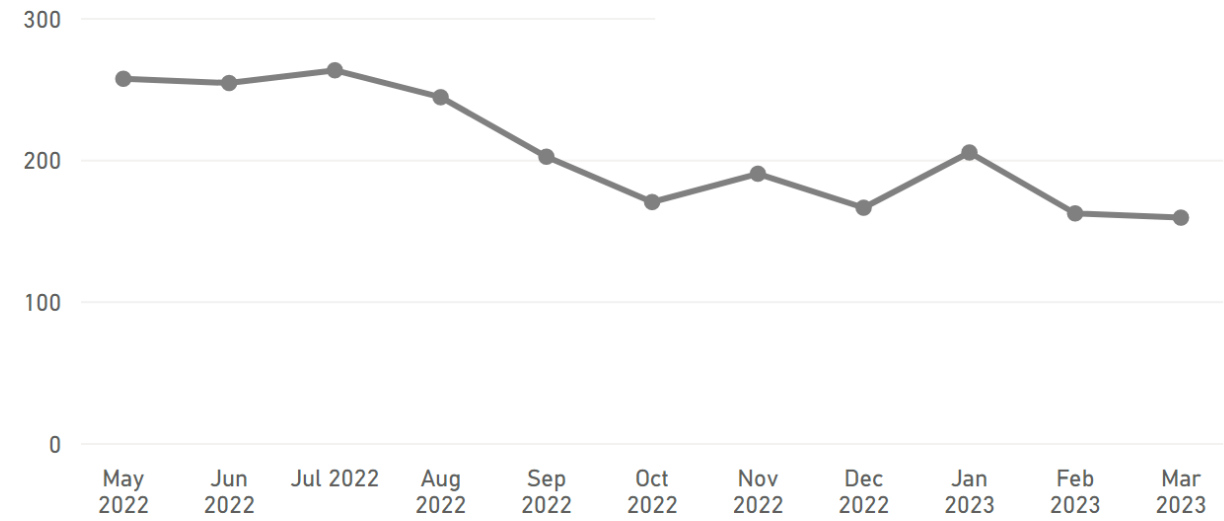
Cancer - Faster Diagnosis Standard (%)

Month	Performance	Target	Trend	Assurance
Feb 2023	79.3%	75%		



Cancer > 62 Day Backlog

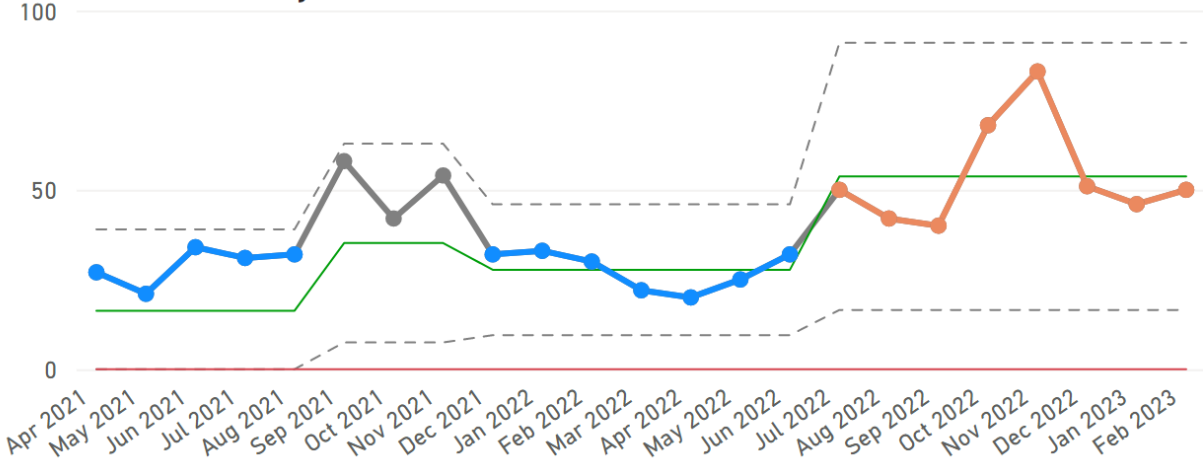
Month	Performance	Target	Trend	Assurance
Mar 2023	159		N/A	N/A





RESPONSIVE

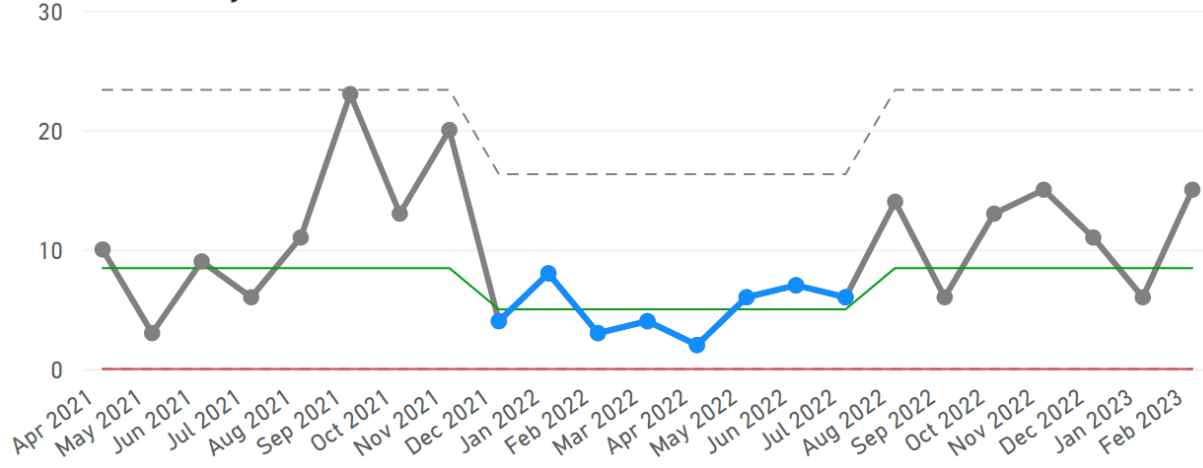
Cancelled Ops - Non-Urgent Cancelled On Day

Month	Performance	Target	Trend	Assurance
Feb 2023	50	0		



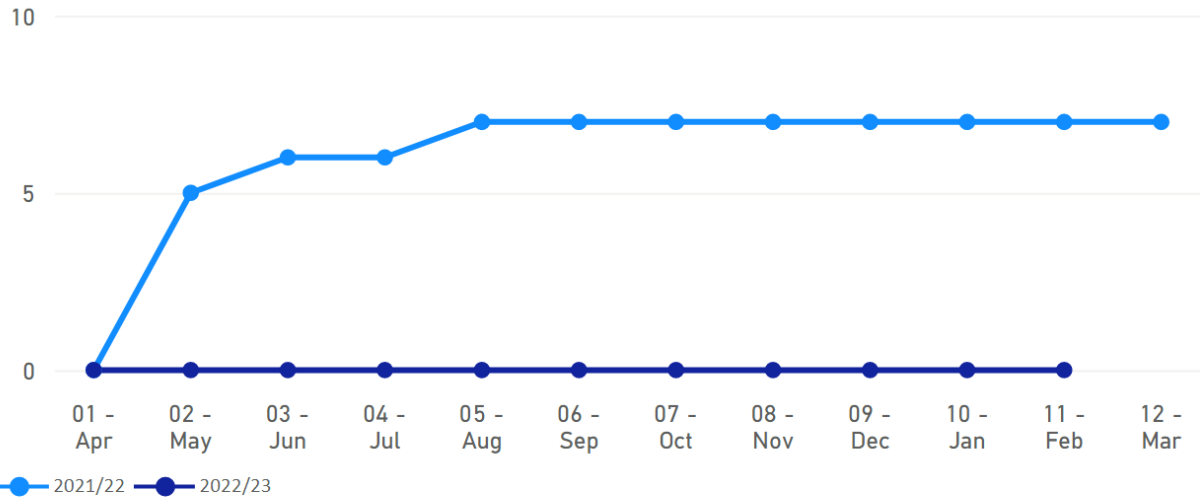
Cancelled Ops - Not Rebooked Within 28 days

Month	Performance	Target	Trend	Assurance
Feb 2023	15	0		



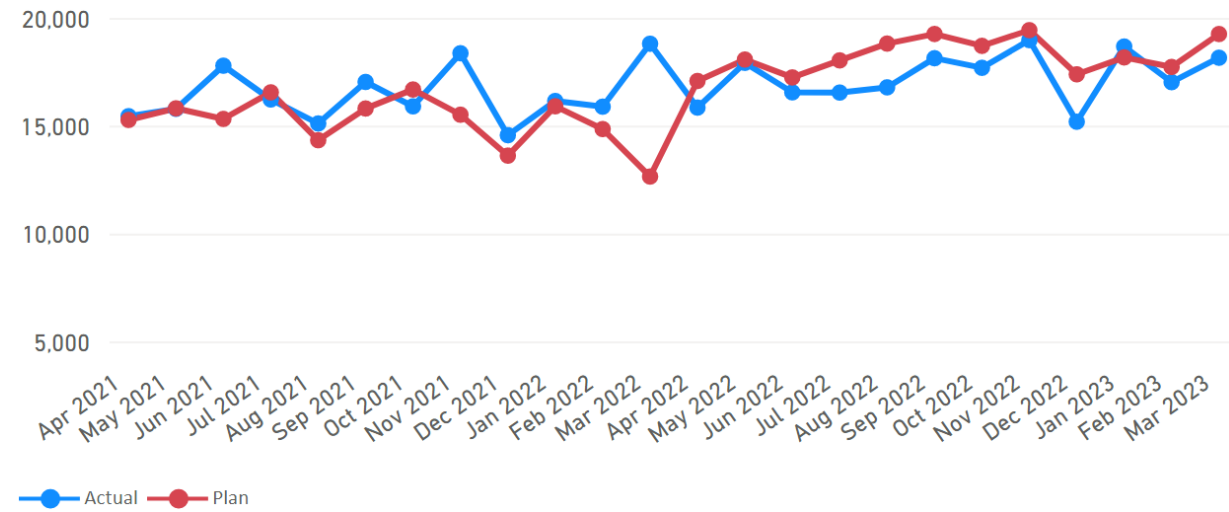
Cancer Operations Cancelled On Day (YTD)

Month	Performance	Target	Trend	Assurance
Feb 2023	0	0	N/A	N/A

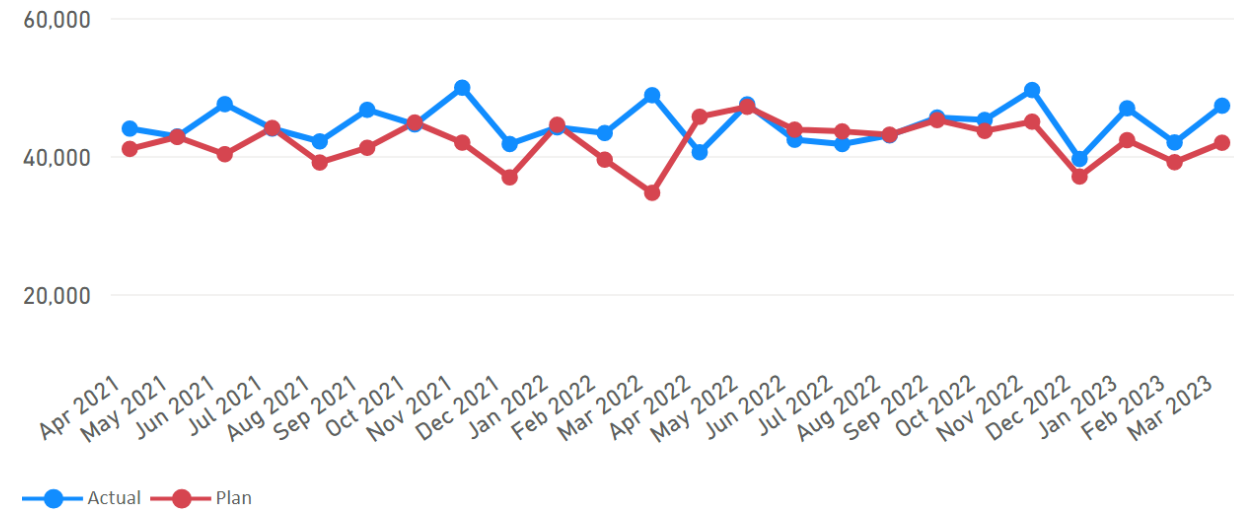


RESPONSIVE

Outpatient New Attendances

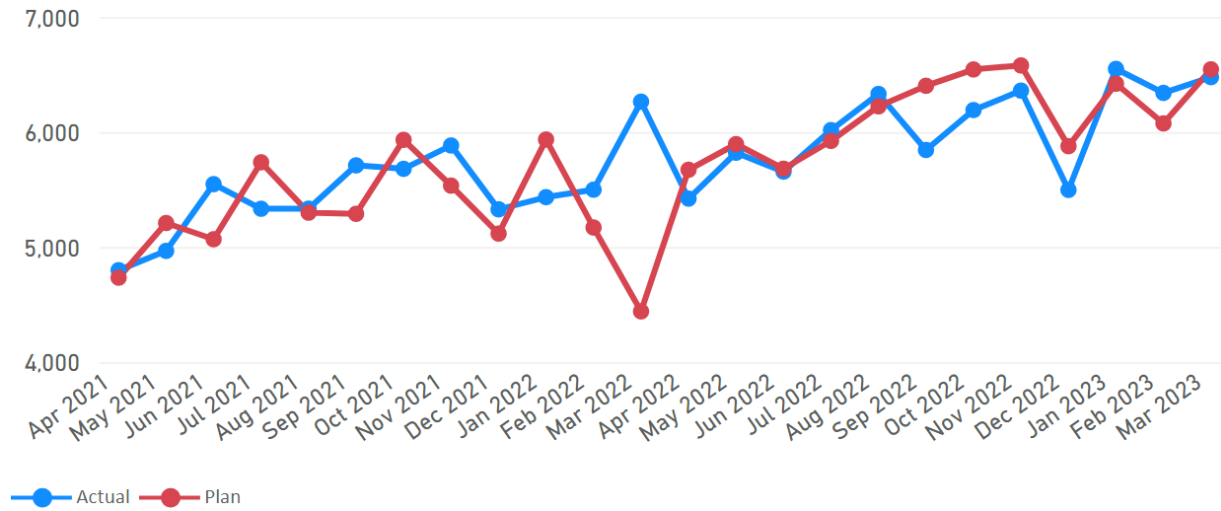


Outpatient Follow-Up Attendances

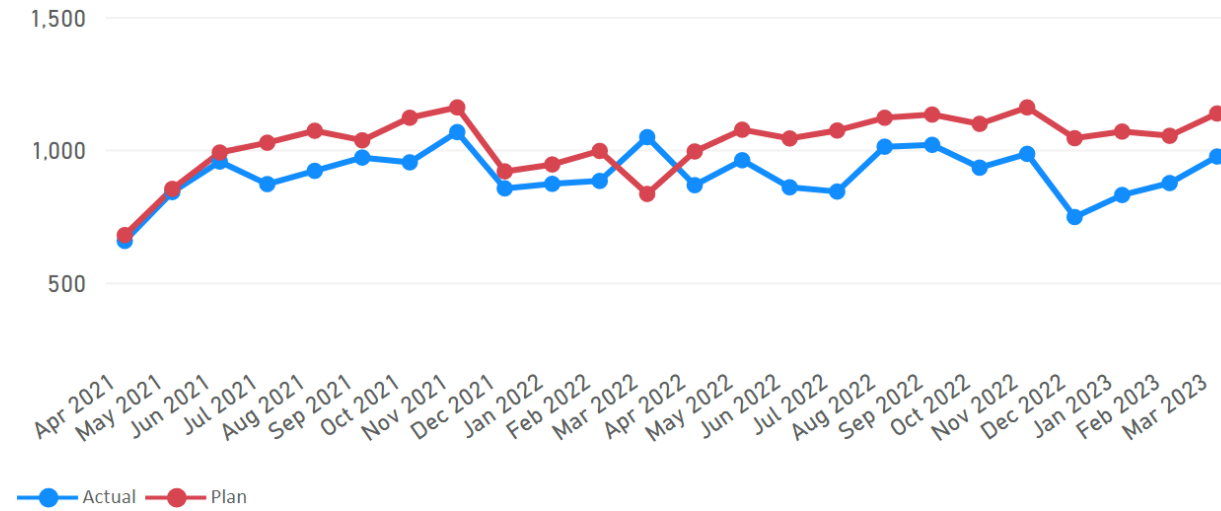


RESPONSIVE

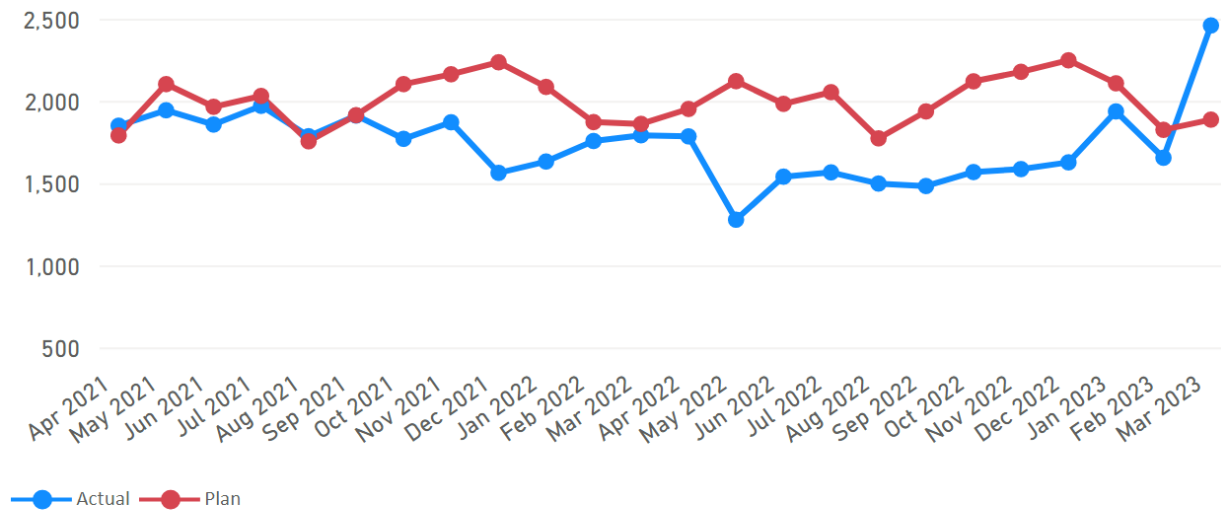
Day Case admissions



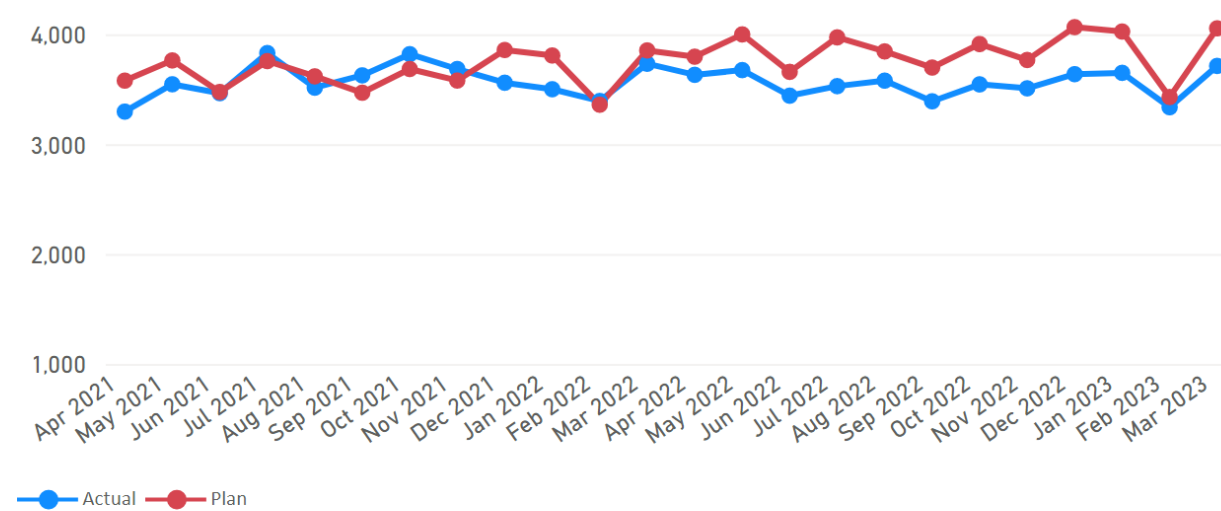
Ordinary Elective admissions



NEL admissions with 0 LOS



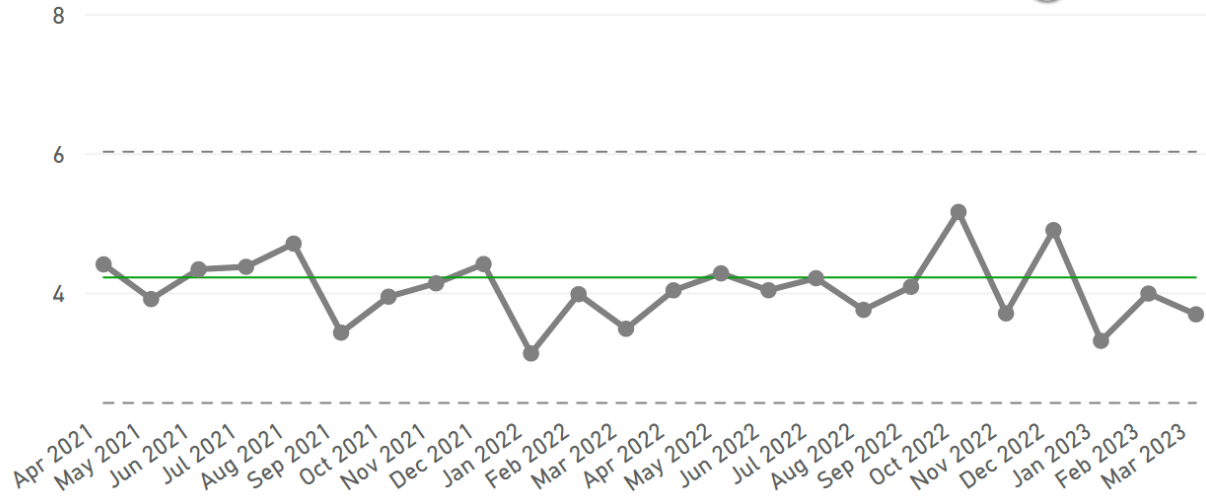
NEL admissions with 1+ LOS




RESPONSIVE

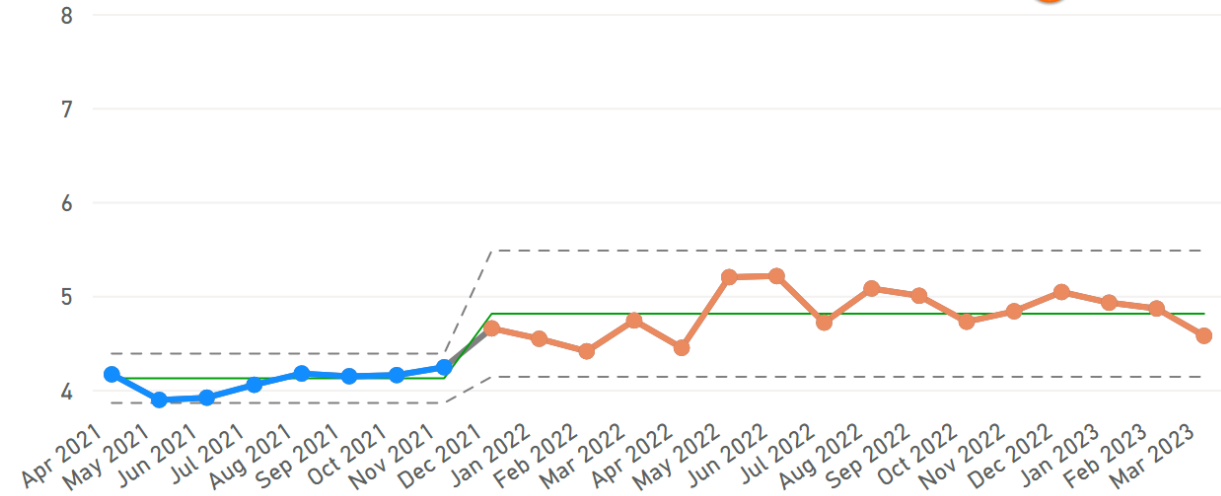
Length of Stay - Elective

Month	Performance	Target	Trend	Assurance
Mar 2023	3.7			N/A





Length of Stay - Non-Elective

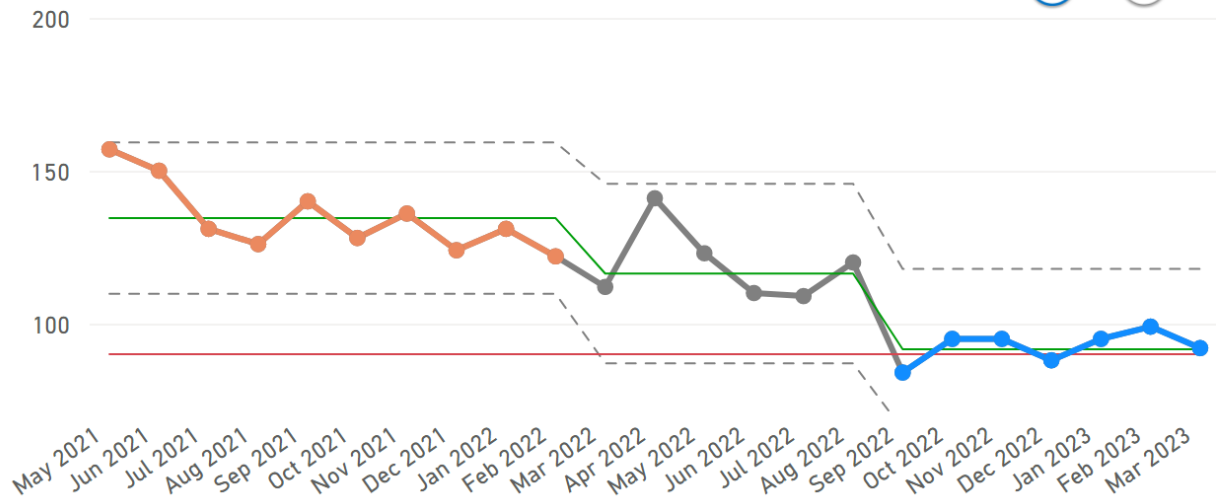
Month	Performance	Target	Trend	Assurance
Mar 2023	4.6			N/A





RESPONSIVE

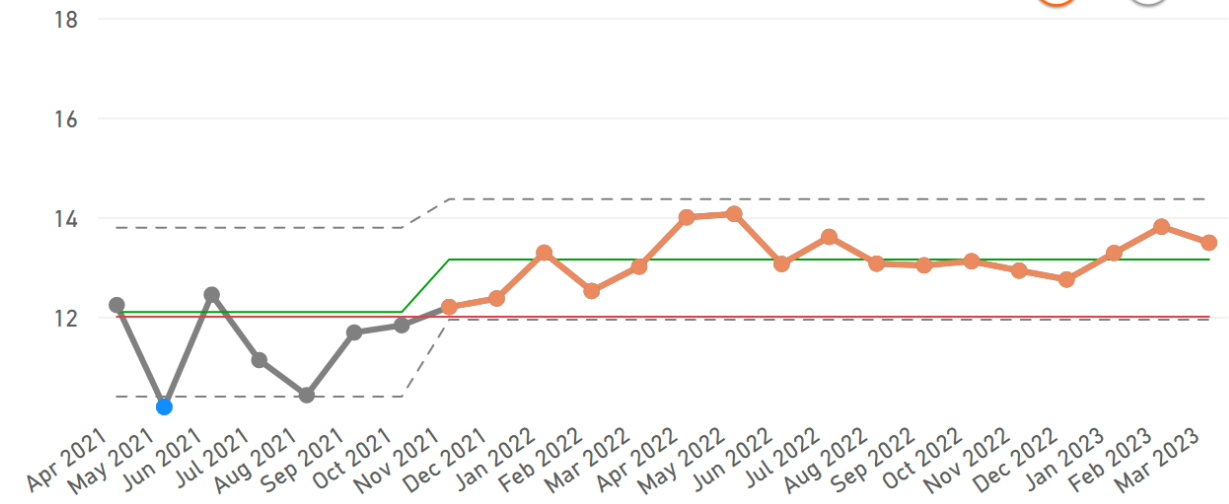
Not Met Not Discharged

Month: Mar 2023
Performance: 92
Target: 90
Trend: 
Assurance: 



21 Day Stranded Patients (%)

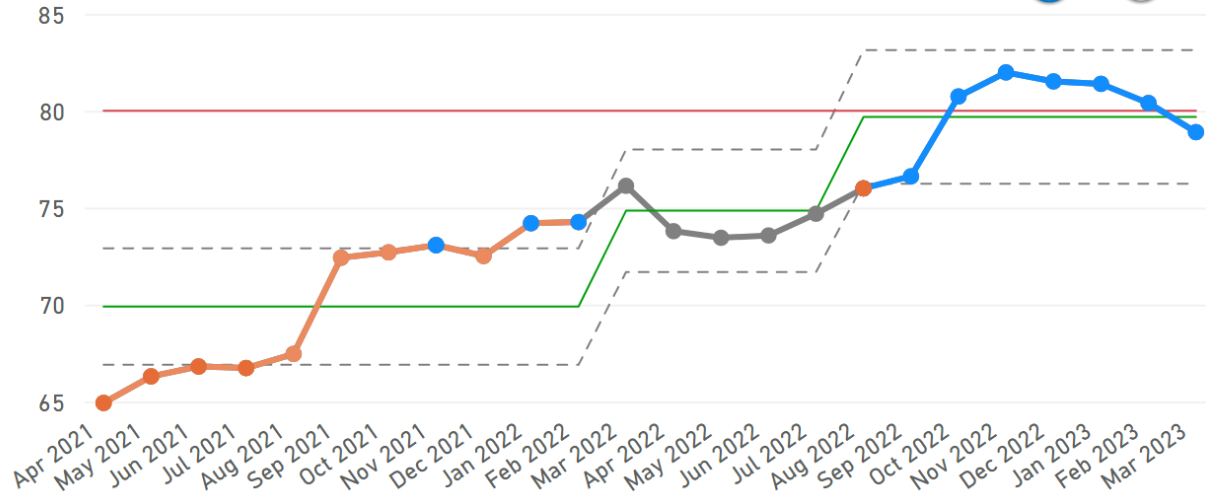
Month: Mar 2023
Performance: 13.5%
Target: 12%
Trend: 
Assurance: 



WELL-LED

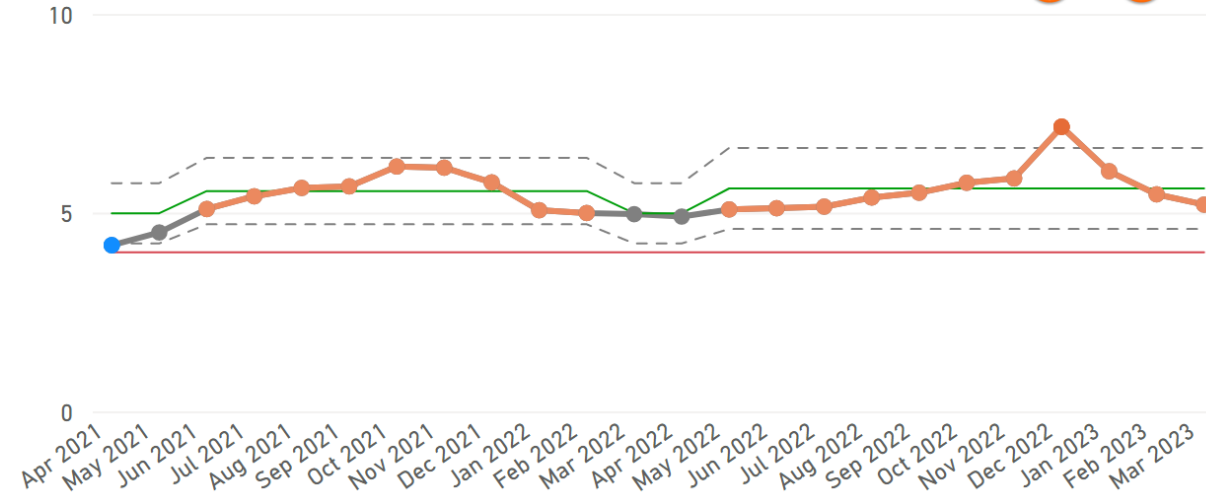
Annual Appraisal (%)

Month	Performance	Target	Trend	Assurance
Mar 2023	78.9%	80%		



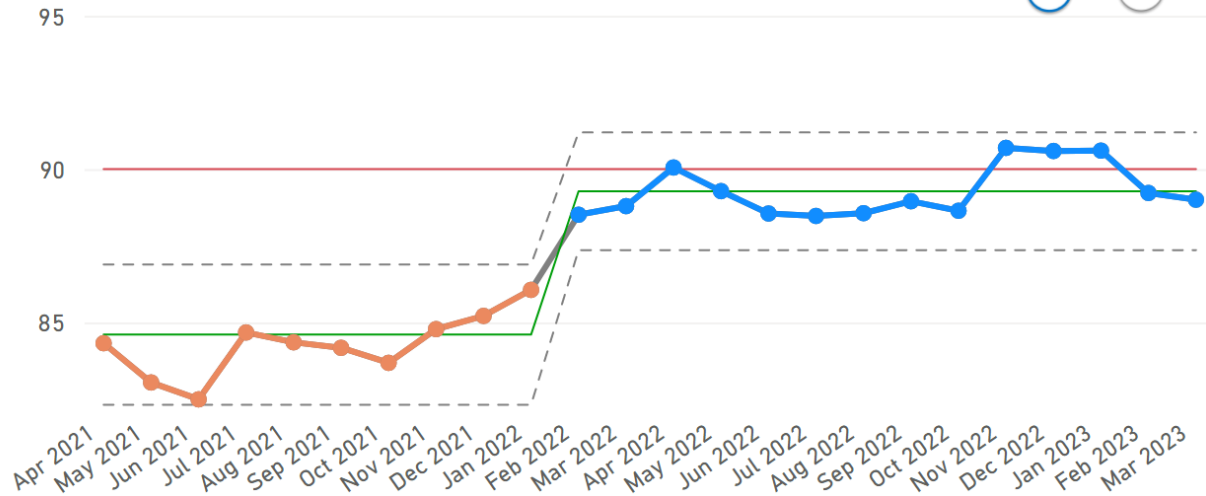
Sickness Absence (%)

Month	Performance	Target	Trend	Assurance
Mar 2023	5.2%	4%		



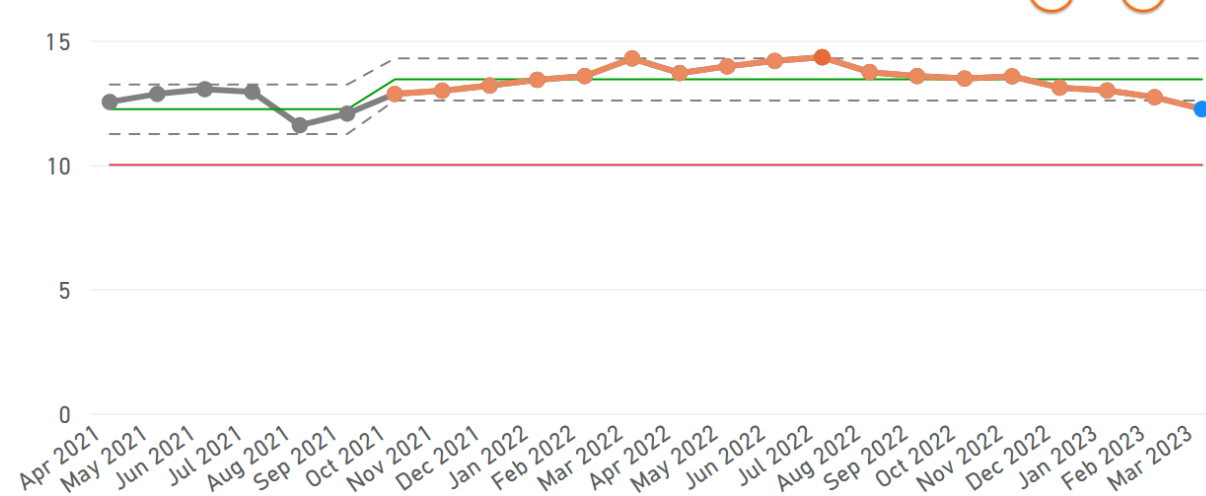
Mandatory Training (%)

Month	Performance	Target	Trend	Assurance
Mar 2023	89%	90%		



Staff Turnover (%)

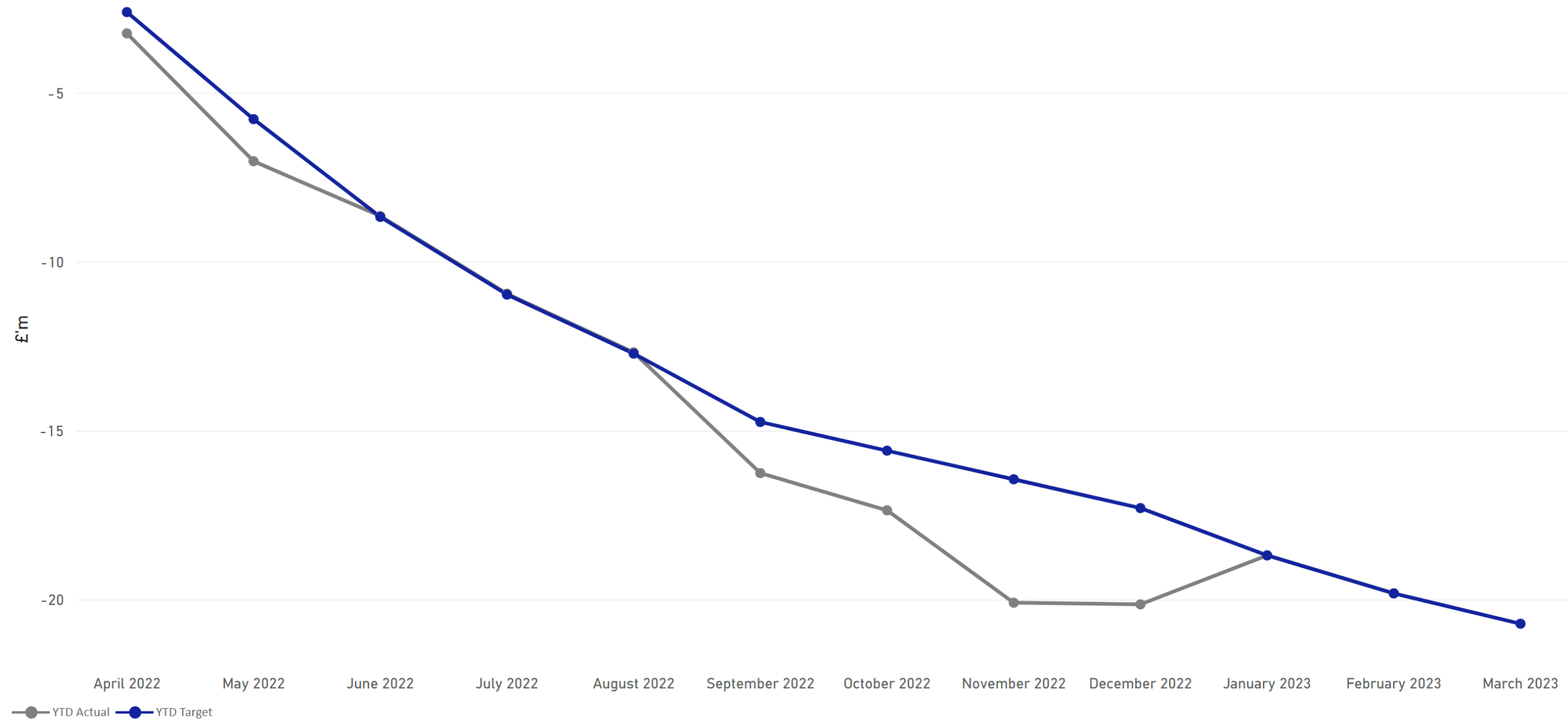
Month	Performance	Target	Trend	Assurance
Mar 2023	12.2%	10%		



WELL-LED

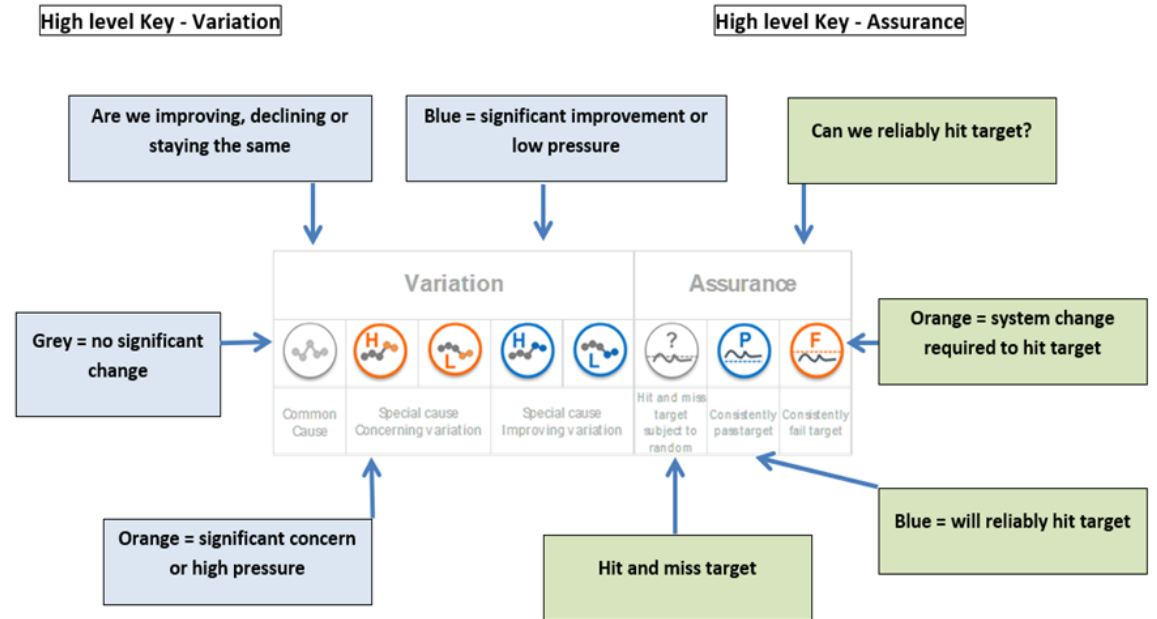
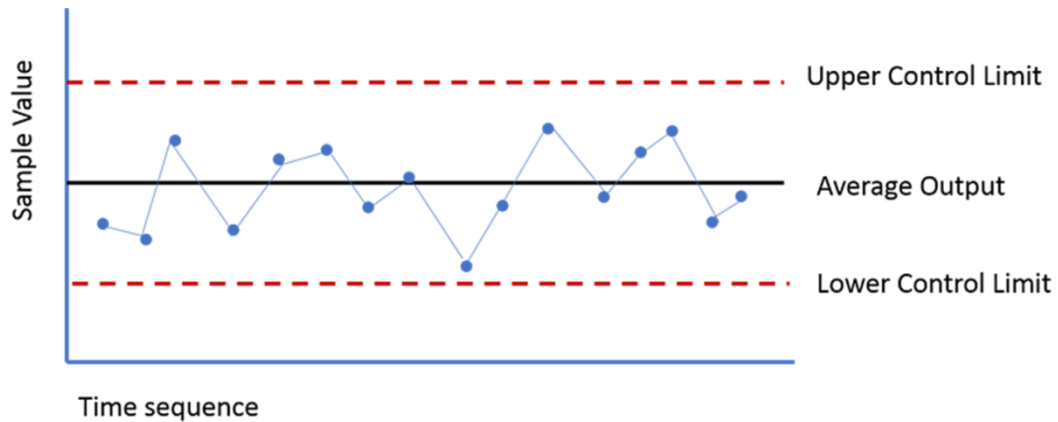
Month	Performance	Target
Feb 2023	-£19.822m	-£19.822m

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 COUNCIL OF GOVERNORS – 16 MAY 2023			
Finance Report			Agenda Item
Report Author and Job Title:	Brian Simpson Head of Financial Governance and Control	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 11 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>The historic James Cook University Hospital PFI remains the largest single contributor to the Trust's structural deficit position.</p>		
Assessment	At Month 11 the Trust reported a deficit of £19.8m at a system control-total level. The Trust is on plan year-to-date. Following regional and national discussions regarding the level of pay award funding allocated to the Trust and ICB the Trust has received further funding to cover the cost 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 11 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"/>		

Month 11 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 11 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.

The 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 Council of Governors and meetings of the Council of Governors.

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 11 2022/23

The Month 11 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	667,895	692,582	24,687	728,662	762,261	33,599
Other operating income	46,765	50,179	3,414	51,022	54,104	3,082
Employee expenses	(432,672)	(446,820)	(14,148)	(471,565)	(489,796)	(18,231)
Operating expenses excluding employee expenses	(283,831)	(299,538)	(15,707)	(313,185)	(333,935)	(20,750)
OPERATING SURPLUS/(DEFICIT)	(1,843)	(3,597)	(1,754)	(5,066)	(7,366)	(2,300)
FINANCE COSTS						
Finance income	0	1,005	1,005	0	1,005	1,005
Finance expense	(15,862)	(15,357)	505	(17,330)	(16,760)	570
PDC dividends payable/refundable	(3,586)	(2,920)	666	(3,911)	(3,185)	726
NET FINANCE COSTS	(19,448)	(17,272)	2,176	(21,241)	(18,940)	2,301
Other gains/(losses) including disposal of assets	0	20	20	0	20	20
Corporation tax expense	(5)		5	(5)	0	5
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(21,296)	(20,849)	447	(26,312)	(26,286)	26
Add back all I&E impairments/(reversals)	0	0	0	3,974	3,974	0
Remove capital donations/grants/peppercorn lease I&E impact	1,474	1,027	(447)	1,618	1,592	(26)
Adjusted financial performance surplus/(deficit)	(19,822)	(19,822)	0	(20,720)	(20,720)	0
Less gains on disposal of assets	0	0	0	0	0	0
Adjusted financial performance for the purposes of system achievement	(19,822)	(19,822)	0	(20,720)	(20,720)	0

At Month 11 the Trust reported a cumulative deficit of £19.8m at a system control total level. The operating deficit at the end of Month was £3.6m and the overall cumulative deficit was £20.8m.

This year-to-date financial position is on plan. The YTD position has improved due to the Trust receiving additional funding relating to the cost of the national pay award. The costs of the pay award are above the level of additional funding that was provisionally allocated to the Trust by the ICB. However, following discussions regionally and nationally regarding the level of pay award funding the Trust has now received funding 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 11 the Trust's forecast outturn position was in line with plan for the 2022/23 financial year.

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	NHSE Plan £000	Actual £000	Variance £000	Operational Adjustment	Operational Plan £000	Actual £000	New Variance £000
NHS England	217,546	228,652	11,106	10,714	228,260	228,652	392
ICB/Clinical commissioning groups	447,604	461,786	14,182	14,098	461,702	461,786	84
Non-NHS: private patients	913	716	(197)	(83)	830	716	(114)
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)	6	164	158	0	6	164	158
Injury cost recovery scheme	1,777	1,234	(543)	0	1,777	1,234	(543)
Non-NHS: other	49	30	(19)	0	49	30	(19)
TOTAL INCOME FOR PATIENT CARE ACTIVITIES	667,895	692,582	24,687	24,729	692,624	692,582	(42)

Operating income from Patient Care Activities was £692.6m for Month 11 and was on plan.

The operational plan adjustment mainly relates to the pay award funding received to date and contract variations relating to service developments.

The NHS England position is £0.4m ahead plan. The operational plan adjustment mainly relates to additional funding relating to the pay award and high-cost drugs and devices.

The ICB/CCG income is ahead of plan by £0.1m and this relates to additional contract variations that have not been adjusted for in the operational plan.

The ICB/CCG income position also assumes £3.5m year to date ERF funding and additional contract variations from Humber and North Yorkshire (HNY) ICB. All contract variations values have been agreed and paid.

The Month 11 position assumes full receipt of agreed ERF funding relating to the first eleven 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.

Other Operating Income

Other income received up to Month 11 totalled £50.2m and was ahead of plan by £0.5m and includes all non-direct patient care income.

OTHER OPERATING INCOME	NHSE Plan £000	Actual £000	Variance £000	Operational Adjustment	Operational Plan £000	Actual £000	New Variance £000
Research & Development	4,248	6,839	2,591	2,458	6,706	6,839	133
Education and Training	20,552	21,247	695	904	21,456	21,247	(209)
Non Patient Care Income	2,588	2,015	(573)	(687)	1,901	2,015	114
Reimbursement & Top-Up funding	2,512	1,566	(946)	(946)	1,566	1,566	0
Employee benefits accounted on a gross basis	4,124	4,103	(21)	(50)	4,074	4,103	29
Other	12,741	14,409	1,668	1,279	14,020	14,409	389
TOTAL OTHER OPERATING INCOME	46,765	50,179	3,414	2,958	49,723	50,179	456

Research and Development income is ahead of plan by £0.1m year-to-date and is partially offset by additional R&D expenditure.

Reimbursement & Top-up funding mainly relates to additional COVID funding above the block income, in relation to reimbursable costs for vaccination and testing. The operational income and expenditure plan has been adjusted to reflect the actual income received and expenditure incurred year-to-date.

Other operating income is ahead of plan by £0.4m due to deferred income.

Employee Expenses (Pay)

The Trust's total expenditure on pay for Month 11 of 2022/23 was £446.8m and was underspent by £1.5m, a breakdown is included in the table below.

PAY	NHSE Plan £000	Actual £000	Variance £000	Operational Adjustment	Operational Plan £000	Actual £000	New Variance £000
Ahp'S, Sci., Ther. & Tech.	(63,089)	(64,596)	(1,507)	(1,981)	(65,070)	(64,596)	474
Hca'S & Support Staff	(47,452)	(49,802)	(2,350)	(2,045)	(49,497)	(49,802)	(305)
Medical And Dental	(128,759)	(133,682)	(4,923)	(4,747)	(133,506)	(133,682)	(176)
Nhs Infrastructure Support	(59,041)	(64,836)	(5,795)	(6,452)	(65,493)	(64,836)	657
Nursing & Midwife Staff	(132,472)	(132,306)	166	(436)	(132,908)	(132,306)	602
Other Pay Costs	(1,859)	(1,598)	261	6	(1,853)	(1,598)	255
TOTAL PAY	(432,672)	(446,820)	(14,148)	(15,655)	(448,327)	(446,820)	1,507

After adjustments to the plan for pay award and contract variation the pay underspend relates to Allied Health Professions, Scientist, Technical, NHS infrastructure support staff and Nursing and midwifery which is offset by overspends on Medical.

Operating Expenses excluding Employee Expenses (Non-Pay)

The Trust's total expenditure on operating non-pay for Month 11 of 2022/23 was £299.5m 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	NHSE Plan £000	Actual £000	Variance £000	Operational Adjustment	Operational Plan £000	Actual £000	New Variance £000
Purchase of Healthcare	(15,114)	(13,320)	1,794	1,738	(13,376)	(13,320)	56
Clinical Supplies & Services	(83,811)	(91,948)	(8,137)	(6,433)	(90,244)	(91,948)	(1,704)
Drugs	(77,091)	(78,886)	(1,795)	(1,484)	(78,575)	(78,886)	(311)
External Staff & Consultancy	(302)	(1,329)	(1,027)	(1,000)	(1,302)	(1,329)	(27)
Establishment	(8,708)	(12,179)	(3,471)	(1,976)	(10,684)	(12,179)	(1,495)
Premises & Fixed Plant	(19,757)	(21,786)	(2,029)	(2,000)	(21,757)	(21,786)	(29)
Transport	(3,689)	(4,301)	(612)	(100)	(3,789)	(4,301)	(512)
Depreciation & Amortisation	(23,906)	(22,475)	1,431	1,510	(22,396)	(22,475)	(79)
Research Training & Education	(2,949)	(4,442)	(1,493)	(1,457)	(4,406)	(4,442)	(36)
PFI Unitary Payment	(29,243)	(30,179)	(936)	(1,001)	(30,244)	(30,179)	65
Other	(3,467)	(2,982)	485	189	(3,278)	(2,982)	296
Clinical Negligence	(15,794)	(15,711)	83	(23)	(15,817)	(15,711)	106
TOTAL NON PAY	(283,831)	(299,538)	(15,707)	(12,037)	(295,868)	(299,538)	(3,670)

The non-pay year to date position is £3.7m overspent.

Clinical supplies & services is overspent by £1.7M and relates to additional activity. The overspends relating to high-cost drugs and devices expenditure that remain outside of the block funding arrangements have been funded. Income targets and expenditure budgets have been established via the adjustment to the operational plan.

Establishment remains overspent by £1.5M and relates to IT, and printing & stationary costs being higher than anticipated.

The PFI Unitary Payment is underspent by £0.1m, this mainly relates to the credits received in relation to Soft FM (catering) services and the additional pay award funding relating the pay elements of the contract. However, the Soft FM benefit is offset by increased inflationary charges.

Financing Costs

Interest receivable is £1.0m ahead of plan, reflecting higher cash balances and increased interest rates from the Government Banking Service (GBS) Account.

The finance expenditure position is £0.5m 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 £0.7m underspent due to higher than planned cash balances.

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 £22.0m (100%) at Month 11, as show in the table below.

Category	YTD Target £000	YTD Actual £000	YTD Variance £000	Target Total 2022/ 2023 £000	Total Act/FOT 2022/23 £000	FOT Variance £000
Pay	8,133	7,691	(442)	9,114	8,538	(576)
Non Pay	10,543	10,754	211	12,046	12,020	(26)
Income	3,363	3,594	231	3,730	4,333	603
Grand Total	22,039	22,039	0	24,890	24,890	(0)

The overall programme shows a balanced year to date and forecast outturn position. This in month improvement is driven by the increased delivery of non-recurrent schemes.

The work with the Clinical Collaboratives and Corporate Departments continues to focus on the delivery of in-year savings, with an increased focus on the identification of schemes for the 23/24 program.

Capital

The Trust's capital expenditure at the end of February amounted to £23.8m 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	11,693	12,067	374	12,760	13,193	433
Site Reconfiguration	11,250	6,309	(4,941)	20,751	19,756	(995)
Replacement of Medical Equipment	3,650	2,656	(994)	10,482	10,482	0
Network Replacement and Clinical Noting	2,625	2,746	121	4,687	4,761	74
Total	29,218	23,778	(5,440)	48,680	48,192	(488)

The capital programme is based on a regionally approved programme of £48.2m that will require external support, in the form of Public Dividend Capital (PDC) of £20.0m. The PDC includes funding for the Friarage Theatre development (£4.4), Diagnostic Imaging equipment (£1.6m), Cancer Treatment (£3.5m), Discharge Lounge Surge Hub (£2.2m) and Community Diagnostic Centre enabling (£3.9m). The year-end forecast matches the agreed programme of £48.2m.

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 full year forecast and variance include all new capital schemes approved in-year since the plan submitted in June 2022. The capital programme includes:

- PFI - £13.2m 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 (£1.5m), Pathology (£1.2m), Critical Care (£1.7m), Modular Ward Discharge Lounge (£2.2m), Community Diagnostic Centre enabling (£3.9m) 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), EPR system (£0.7m) and planned/emergency replacements (£0.8m); and
- Medical equipment – Emergency and planned replacement of medical equipment (£3.0m), Diagnostic Imaging (£1.6m), Cancer Treatment (£3.5m) and Group C equipment replacement (£1.0m).

Liquidity

The cash balance as at 28 February amounted to £49.2m.

As at the end of February the Trust has paid 83,489 invoices (total value £495.6m) with 80,580 invoices (total value £456.6m) 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%;
- September 96.4%;
- October 96.2%;
- November 96.2%;
- December 96.5%;
- January 96.4%; and
- February 96.6%.

Statement of Financial Position (SOFP)

The following table compares the SOFP position between 31 January and 28 February:

	31 January 2023	28 February 2023	Movement between months
	£000	£000	£000
Property, Plant and Equipment	373,624	374,688	1,064
Long Term Receivables	2,098	2,012	(86)
Total Non-Current Assets	375,722	376,700	978
Currents Assets			
Inventories	14,948	14,953	5
Trade and other receivables (invoices outstanding)	11,947	9,022	(2,925)
Trade and other receivables (accruals)	18,525	14,666	(3,859)
Prepayments including PFI	15,339	8,969	(6,370)
Cash	35,616	49,176	13,560
Total Current Assets	96,375	96,786	411
Current and Non-Current Liabilities			
Borrowings	(187,510)	(186,926)	584
Trade and other payables	(126,464)	(129,645)	(3,181)
Provisions	(3,030)	(3,030)	0
Total Current and Non-Current Liabilities	(317,004)	(319,601)	(2,597)
Net Assets	155,093	153,885	(1,208)
Equity:			
Income and Expenditure Reserve	(278,257)	(279,465)	(1,208)
Revaluation Reserve	39,776	39,776	0
Public Dividend Capital	367,099	367,099	0
Other Reserves	26,475	26,475	0
Total Equity	155,093	153,885	(1,208)

The significant movements between months relate to the following:

- Trade and other receivables – the decrease is mainly due to refunded VAT reclaims including VAT on the quarterly PFI payment from December (£4.1m) and a reduction in outstanding NHS receivables relating to NHS Humber and North Yorkshire ICB (£2.8m).
- Prepayments – the reduction mainly relates to the treatment of one month of the advanced prepayment following the quarterly PFI unitary charge payment in December (£4.7m).
- Trade and other payables – the increase is mainly due to higher outstanding NHS payables.

4. RECOMMENDATIONS

Members of the Board are asked to:

- Note the financial position for Month 11 2022/23.

MEETING OF THE COUNCIL OF GOVERNORS – 16 May 2023	
Fit and proper persons checks for Council of Governor members - update	AGENDA ITEM:
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary
Responsible Director:	
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/>
Situation	The attached report sets out an update on the requirements for ensuring the Trust complies with the fit and proper test in relation to governors.
Background	<p>The Health and Social Care Act 2008 (updated 2022) (Regulated Activities) Regulations 2014: Regulation 5: Fit and Proper Persons (Directors) places a duty on NHS organisations to ensure that those who hold, or are due to hold, a director position within the Trust are ‘fit and proper’ to carry out the role of overseeing the quality and safety of care.</p> <p>The NHS provider licence (updated 2022) sets out that directors on the board of directors and governors on the council of governors should meet the ‘fit and proper’ persons test set out in the provider licence as follows:</p> <p>‘Fit and proper’ persons are defined as those having the qualifications, competence, skills, experience and ability to properly perform the functions of a director. (Director is used as a generic term referring to members of the Board of Directors and governors on the Council of Governors). They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged).</p>
Assessment	<p>While governors have previously not been required to undergo a fit and proper persons test themselves, councils of governors are involved in complying with the FPPR through their responsibility for appointing and removing the chair and non-executive directors of NHS foundation trusts and as set out in the Provider Licence (2022).</p> <p>In order to meet the requirements, the Trust policy for undertaking fit and proper person checks has been reviewed.</p>
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>
Recommendation	It is recommended that the Council of Governors consider and approve the recommendation to introduce DBS checks as an additional requirement of checking for fit and proper person

	status of governors in order to meet the requirements of the Health and Care Act (2022) and Provider Licence (2022).	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	N/a	
Legal and Equality and Diversity implications	n/a	
Strategic Objectives	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>
	Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/>	Make best use of our resources <input 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"/>	

Fit and proper persons checks for Council of Governor members - update

1. PURPOSE OF REPORT

The purpose of the report is to update members on the requirements for ensuring the Trust complies with the fit and proper test in relation to governors.

2. BACKGROUND

The Health and Social Care Act 2008 (updated 2022) (Regulated Activities) Regulations 2014: Regulation 5: Fit and Proper Persons (Directors) places a duty on NHS organisations to ensure that those who hold, or are due to hold, a director position within the Trust are 'fit and proper' to carry out the role of overseeing the quality and safety of care.

The regulation applies to all members of the Board (Directors) and senior staff in attendance at the Board and/or those with significant influence in reporting information to the Board for decision making. The regulations apply regardless of contract status, whether the post is an associate position and irrespective of voting rights.

The NHS provider licence (updated 2022) sets out that directors on the board of directors and **governors on the council of governors** should meet the 'fit and proper' persons test set out in the provider licence as follows:

'Fit and proper' persons are defined as those having the qualifications, competence, skills, experience and ability to properly perform the functions of a director. (*Director is used as a generic term referring to members of the Board of Directors and governors on the Council of Governors*). They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged).

While governors have previously not been required to undergo a fit and proper persons test themselves, councils of governors are involved in complying with the FPPR through their responsibility for appointing and removing the chair and non-executive directors of NHS foundation trusts and as set out in the Provider Licence (2022) the Trust policy for undertaking fit and proper person checks has been reviewed.

3. DETAILS

The purpose of the FPPR is not only to hold trust directors on the board of directors and **governors on the council of governors** to account in relation to their conduct and performance, but also to instil confidence in the public

that the individuals leading NHS organisations are suitable to hold their positions.

Currently on appointment to the Council of Governors a self declaration (FPPR Declaration Form (Appendix 1)) is completed and retained on file. On an annual basis governors are asked to update their self declaration form.

In order to strengthen the process and to ensure compliance with the Provider Licence (2022) it is proposed that governors appointed to the Council of Governors undertake a DBS check as a second and independent check on whether the governor is fit and proper to be appointed to the Council of Governors.

Whilst DBS checks are not recommended for all, CQC's guidance suggests that trusts should undertake a DBS check on a case by case basis and only if they have a role that falls within the DBS eligibility criteria.

For governors, in order to carry out their regulated activities which includes direct contact and interactions with patients in the course of their statutory duties and through their responsibility for appointing and removing the chair and non-executive directors of NHS foundation trusts, a DBS check is recommended.

This approach is consistent with colleagues who are volunteering at the Trust.

If a potential or existing governor presents with a criminal record, the final decision to appoint rests with the Lead Governor, Chairman and Company Secretary.

4. NEXT STEPS

The Trust has updated the Fit and Proper Person policy to reflect the Provider Licence (updated 2022) requirements which would include the additional checks – DBS for governors.

It is proposed that a phased approach to implementing the additional fit and proper person checks – DBS checks for governors is introduced. This would include undertaking the additional checks with those newly appointed governors, currently awaiting induction and fit and proper person check in the first instance and then subsequently on all current governors.

That the Constitution, as part of its annual review, is updated to reflect the additional checks and to comply with the Provider Licence (2022).

5. RECOMMENDATIONS

It is recommended that the Council of Governors consider and approve the recommendation to introduce DBS checks as an additional requirement of checking for fit and proper person status of governors in order to meet the requirements of the Health and Care Act (2022) and Provider Licence (2022).