

Council of Governors – Public Meeting

17 January 2023, 1.00pm – 3.00pm
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 / ENC1
4.	Minutes of Previous Meeting held on 15 November 2022	Approval	Chair	ENC2
5.	Matters Arising and Action Sheet	Review	Chair	ENC3
6.	Chairman's Report	Information	Chair	ENC4
7.	Lead Governor Report	Information	Lead Governor	Verbal
8.	Managing Director Report	Information	Managing Director	ENC5
SAFE				
9.	CQC Update	Information	Chief Nurse	Verbal
10.	Quality Priorities update	Review	Deputy Director of Quality	Presentation
WELL LED				
11.	Integrated Performance Report	Information	COO	ENC6
12.	Finance Report	Information	Head of Financial Governance & Control	Verbal
13.	NED Service Visits	Information	Non-Executive Directors	Verbal

14.	Introduction to new NED – Alyson Gerner	Information	Alyson Gerner	Verbal	
15.	Committee Chair Reports	Information	Chairs	ENC7	
16.	Patient experience Subgroup	Information	Sue Young	Verbal	
17.	Membership & Engagement	Information	Janet Crampton	Verbal	
GOVERNANCE					
18.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	
19.	Reflections on Meeting	Discussion	Chair	Verbal	
20.	Any Other Business	Information	Chair / All	Verbal	
21.	Date of Next Meeting: 21 March 2023	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
Steve Bell	Governor	NIL
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	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Chair of Dementia Friendly Hambleton
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	Son employed by Kingsgate as an Associate Healthcare Consultant to the NHS
Jean Milburn	Governor	Senior lecturer in the School of Health and Life Sciences Teesside University
Lee O'Brien	Governor	CEO Carers Together Foundation. Carers Together is not commissioned by the Trust but it has received funding from NHSI/E
Dr Isaac Oluwatowoju	Governor	Associated Pastor at Living Water Parish of the Redeemed Christian Church of God. Non-profitable organization and no remuneration.
Prof Shaun Pattinson	Governor	NIL declarations but other professional roles include: Fellowships/memberships of various professional organisations (Royal Society of Arts, Royal Society of Biology, and Society of Legal Scholars) Membership of various academic journal editorial boards (Journal of Bioethical Inquiry and The Biologist)
Nigel Puttick	Governor	NIL

Patrick Rice	Governor	Redcar and Cleveland Borough Council are part of the Health and Care Partnership. Joint working occurs in relation to Hospital discharges.
Angela Seward	Governor	Chair of Patient Participation Group (PPG) for Barnard Castle Surgery, County Durham Member of Countywide Patient Reference Group (PRG) (County Durham) - meets monthly with NENC ICB (CD) Member of the County Durham Health and Care Engagement Forum - meets monthly with NENC ICB (CD) Member of local PCN (Primary Care Network) PRG, which meets quarterly
Sophie Walker	Governor	TBC
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 15 November 2022 at 1.00pm
Room 2, STRIVE, FHN & via Microsoft Teams**

Present:

Prof Derek Bell	Joint Chairman of the Trust and Chair of the meeting
Mr Steve Bell	Elected governor Staff
Ms Lisa Bosomworth	Representative of Appointed governor, Healthwatch
Mrs Yvonne Bytheway	Elected governor, Middlesbrough
Cllr David Coupe	Appointed governor, Middlesbrough Council
Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Dr Sarah Essex	Elected governor, Staff
Mr Paul Fogarty	Elected governor, Middlesbrough
Dr John Fordham	Elected governor, Patient and/or Carer
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Ms Carlie Johnston-Blyth	Appointed governor, Teesside University
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Elaine Lewis	Elected governor, Patient and/or Carer
Ms Zahida Mian	Elected governor, Redcar & Cleveland
Ms Jean Milburn	Elected governor, Middlesbrough
Dr Isaac Oluwatowoju	Elected governor, Staff
Prof Shaun Pattinson	Appointed governor, Durham University
Mr Nigel Puttick	Elected governor, Hambleton & Richmondshire
Mr Patrick Rice	Appointed governor, Redcar & Cleveland Borough Council
Mrs Angela Seward	Elected governor, Rest of England
Cllr Steve Watson	Appointed governor, North Yorkshire County Council
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Sue Young	Elected governor, Hambleton & Richmondshire

In attendance:

Ms Miriam Davidson	Non-executive Director
Ms Alyson Gerner	Associate Non-executive Director
Mrs Anita Keogh	Corporate Affairs Officer/PA to Joint Chairman
Mr Ken Readshaw	Non-executive Director
Mr Brian Simpson	Head of Financial Governance & Control (<i>item 10</i>)
Ms Lucy Tulloch	Deputy Director, Strategy & Planning (<i>item 9</i>)
Mrs Jackie White	Head of Governance / Company Secretary
Ms Ali Wilson	Non-executive Director

CHAIR'S BUSINESS

CoG/22/61 Welcome and Introductions

Prof Bell welcomed all Governors to the public meeting and opened the meeting by advising members of the sad news of the passing of Mr Graham Fawcett, Elected Governor for Redcar and Cleveland and confirmed that Mrs Keogh would keep Governors updated on any funeral details.

He then welcomed both Cllr Steve Watson and Prof Shaun Pattinson to their first Council of Governor meeting following their appointment as Governors for both North Yorkshire Council and Durham University.

The Chairman updated Governors that Ms Barbara Hewitt had taken the decision to step down as Elected Governor for Redcar & Cleveland constituency due to ill health and offered thanks for all her contributions during her term of office.

Prof Bell commented that Governor elections were due at the end of November and this would be the last meeting for both Ms Ann Arundale, Elected Governor for Middlesbrough and Mr Mike Holmes, Elected Governor for Hambleton & Richmondshire who had both decided not to re-apply. Both Ms Arundale and Mr Holmes had served 6 years as Governors and Prof Bell offered thanks for their time and contribution as Governors. He added however that he was pleased to note that it was hoped that Mr Holmes would not be leaving fully as he was looking at a role with patient safety, which is a subject he feels passionately about.

Prof Bell wished those Governors who had re-applied for an extra term of office good luck in being re-elected and confirmed that Mrs Keogh would keep Governors updated on the results which were expected to be received on the 25 November 2022.

The Chairman asked Mrs Seward and members for feedback on the Development Session which had been held in the morning and focussed on the Winter Plan and a presentation from Ms Lisa Bosomworth on Healthwatch. Mrs Seward stated that both presentations were very informative and that the winter planning provided a good insight. Mrs Seward did point out one query from Mr Nigel Puttick as he noted that the Healthwatch presentation only referred to Healthwatch South Tees and did not refer to Healthwatch in North Tees.

CoG/22/062 Apologies for Absence

Apologies for absence were received from:

Ms Ann Arundale	Elected governor, Middlesbrough
Prof Paul Crawshaw	Appointed governor, Healthwatch
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Prof Steve Jones	Appointed governor, Newcastle University
Mr Lee O'Brien	Appointed governor, Carer Organisation

The following Non-executive Directors submitted their apologies:

Mrs Ada Burns	Non-executive Director
Prof Rudy Bilous	Associate Non-executive Director

Mr Richard Carter-Ferris Non-executive Director & Vice Chair
Mr Mark Dias Non-executive Director
Mr David Redpath Non-executive Director

CoG/22/063 Declarations of Interest

Mrs Keogh confirmed that the meeting was quorate. There were no other new interests declared and no interests declared in relation to the agenda.

Mrs Seward did point out a couple of slight amendments needed which were:

- Paul Crawshaw required the title of Professor
- Healthwatch required South Tees added afterwards for Ms Lisa Bosomworth.
- Prof Shaun Pattinson should read journal and not journey in his declaration.

Mrs Keogh to amend Declaration of Interest as above.

Prof Bell reminded Governors that if they had any changes to declarations of interest going forward to inform to either Mrs White or Mrs Keogh.

Action: i) Mrs Keogh to amend the Declaration of Interest with updates to Paul Crawshaw, Lisa Bosomworth and Prof Shaun Pattinson.

CoG/22/064 Minutes of Previous Meeting

The minutes of the previous meeting held on 20 September 2022 were approved with one slight amendment from Ms Ali Wilson, Non-Executive Director who pointed out that on page 11 it should read that she is to Chair Healthcare Management Ltd Board and not LLP.

Resolved: i) the minutes of the previous meeting held on 20 September 2022 were accepted as an accurate record with the slight amendment above.

CoG/22/065 Matters Arising and Action Sheet

The Action Sheet was reviewed and updated.

CoG/22/066 Chairman's Report

Prof Bell commented that since the last Governor meeting the CQC had attended and undertaken an unannounced visit just the previous week. The Well Led assessment will take place between the 13-15 December and in addition the Trust would be dealing with winter pressures as well as sorting through documents requested by CQC.

Prof Bell then ran through his update and highlighted his ongoing programme with departmental visits and the Board workaround in October to admin areas within the trust.

Prof Bell reported that he was pleased that the new Non-Executive Directors were now all in place and were still ongoing with their induction. He added that

he was also having 1-1 meetings with each of them and that a mentorship programme had been set up to support them too.

With regard to the Joint Partnership Board Prof Bell confirmed that the next Joint Partnership Board meeting was due to take place on the 16 November where updates were to be provided from Directors across both Trusts on the joint work and collaboration including updates on Pathology and the Community diagnostic hub. Members from the ICB along with Carnall Farrar will also provide updates on the development of the case for change on collaboration.

Finally Prof Bell updated that he had attended the regional Chairs meeting in October where Sir Liam Donaldson provided an update from an ICB perspective including feedback from the recent first meeting of the ICP, for NENC ICS. In addition there was also a discussion on the maternity issues and Ockenden requirements.

The following questions were raised:

- Cllr David Coupe pointed out that the NHS app does not mention the flu jab which he felt was a missed opportunity.

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

CoG/22/067 Lead Governor Report

Mrs Angela Seward, Lead Governor, welcomed the two newly Appointed Governors – Cllr Steve Watson and Prof Shaun Pattinson and also commented on the passing of Mr Graham Fawcett and how much he had enjoyed being part of the small committee groups and that he would be very much missed and offered the deepest sympathy to the family.

She also commented on Ms Hewitt stepping down due to ill health (during her 2nd term of office), and thanked her for her valued contribution to the Council of Governors.

This would mean additional places being added to the next round of elections.

Mrs Seward offered good luck to Mrs Janet Crampton, Ms Rebecca Hodgson and Mrs Yvonne Bytheway and hoped that all would be re-elected.

She lastly turned to Mr Mike Holmes who had decided not to re-apply for another term in office and commented what a loss he would be to Council of Governors as he never let anything go and was so sorry to lose him.

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

- Regular telephone calls with Prof Bell.
- Regular telephone calls with Mrs White on key topics.

She attended both the Public and Private South Tees Board Meeting on the 1 November 2022 – however, she regretted that she was unable to attend the Public Meeting of the North Tees Board (27 October) and will not be able to attend their next Board meeting (24 November), due to meeting clashes. There is also the North Tees Public CoG meeting due to take place on the 8 December 2022.

Mrs Seward continued by offering thanks to all Governors who had been able to join the joint CoG Teams meeting with Carnall Farrar which had taken place on the 10 November 2022 and looked forward to receiving a copy of the report.

Mrs Seward commented to members regarding Mrs Sue Young and Mrs Yvonne Bytheway who were involved in work relating to The Patient Experience Group within the trust. Mrs Seward asked Mrs Young to give an update. Mrs Young confirmed that she had been involved in interviews for a Band 7 post with Ian Bennett, Deputy Director of Quality and was really pleased to join both himself and Ms Jen Little. She continued that she had been involved in the Patient Experience group for over 2 years which was a very active group which meets every month. She added that she is also involved in STAQC (South Tees Accreditation for Quality of Care) which gets her to the front of patient experience which feeds back and that she felt that these have enhanced her role. She concluded that her only concern with the Patient Experience Group was the lack of Doctors in the same. Prof Bell asked Mrs White what the constitution was for the Patient Experience Group. Mrs White was unsure but confirmed that she would have a look at the Terms of Reference and bring her findings back to a future Governor meeting.

Dr John Fordham confirmed to Governors that he was also involved in the Patient Experience group and agreed that it was a missed opportunity not to have medics involved. Mrs White confirmed that she has asked Patient Experience to bring the strategy to a future Governor meeting.

Prof Bell commented that the challenge is for Clinicians to be engaged and also is the infrastructure there as everyone is aware that patient involvement has a major influence with outcomes.

Mrs Seward raised, on behalf of Yvonne Bytheway, a Governor who is also on the Patient Experience Group, that the Forget Me Not cards had recently been re-introduced to the Trust. Mrs Bytheway had been very eager to see the return of these cards which helps people with communication problems, to highlight their likes and dislikes whilst in hospital.

Mrs Seward also reminded Governors about the CQC Well Led Focus Group meeting for Governors which is to be held at James Cook Hospital on the 15 December 2022 from 9 – 10.30am.

She also reminded Governors to reply back to Mrs Keogh to confirm if they are able to join the Governor meetings or not just so this helps with numbers for lunch. Mrs Crampton replied that she always responded with the accept/decline option on the meeting request itself. Prof Bell suggested that Mrs Keogh send a separate e-mail out to the Governors so it's more clear that she wishes to receive notification direct.

Mrs Seward also confirmed that she had drafted a small printout which briefly explains the new ICS/ICB/ICP NHS terminology, which she hopes that Governors would find informative. The Non-Executive Directors present at the meeting also asked if they could receive a copy too.

Mrs Seward concluded her update with a quick overview of the recent staff bulletins and press releases which had been provided to Governors which had included;

- Appointment of a new Tobacco dependency Treatment Service for patients

- Appointment letter updates reducing down to 15 templates
- Check in kiosks
- Dementia – ‘Daily Sparkle’ – a subscription service - which is paid for by Our Hospitals Charity
- Carers passport
- Back dated temporary fuel cost supplement for staff who had travelled more than 3,500 miles
- £5m diagnostic hub – The Friarage
- JC Team perform UK’s first uniportal robotic lung surgery – Angela wrote on behalf of the Governors to Dr Mike Stewart, Chief Medical Officer, to offer our congratulations
- Sponge on a string – revolutionises cancer detection at James Cook.
- First baby being born smoke free

Action: i) Mrs White to confirm answer on the Terms of Reference of the Patient Experience Group meeting to Governors

Action: i) Mrs Keogh to circulate the slides used by Al Mulley at recent staff session to Council of Governors for consideration.

Action: i) Mrs Seward to forward to Mrs Keogh the small printout which explains ICS/ICB/ICP terminology for onward circulation to Council of Governors and Non-Executive Directors, Chair and Company Secretary.

Action: i) Mrs Keogh to send separate e-mail to Governors asking for confirmation if they are able to attend future meetings to avoid missing acceptances sent via the meeting request.

Prof Bell thanked Mrs Seward for her update to Governors

CoG/22/068 Managing Director Report

Prof Bell offered apologies for Mr Harrison, Managing Director, who had unfortunately had a family emergency.

In the absence of Mr Harrison Mrs White ran through his update which was included in the papers and highlighted a number of areas.

Mrs White reminded Governors that they had already received the full update on the Winter Plan during the development session earlier.

In relation to the South Tees Admin Awards Mrs White explained that the Trust was acknowledging the hard work carried out by the admin teams in the Trust adding that the awards will continue.

Prof Bell confirmed to Council of Governors that the Trust had recently been successful in appointing a Palliative Care Consultant and that Ms Ali Wilson had been involved in the panel. Ms Wilson was pleased to report to Council of Governors that the candidate was extremely good and that she was very pleased with the appointment.

Resolved: i) Governors thanked Mrs White stepping in to provide the update in the absence of Mr Rob Harrison.

Performance Report

Ms Lucy Tulloch ran through the report in the absence of Sam Peate, Chief Operating Officer, who was involved in CQC work.

Ms Tulloch ran through the report with the following key messages:

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

Prof Bell reminded Governors that the report is a public document and therefore is accessible to all.

The following questions were raised:

- Mr Nigel Puttick queried sepsis results as he found these worrying and asked if the Trust had a handle on this. Ms Tulloch replied that it may be around collecting data adding that Ms Lindsay Garcia would be the best to answer the question and she would ask her to provide a response.
- Mr Holmes asked about complaints and asked why these are not improving. Ms Tulloch replied that she is aware that sometimes there are difficulties in collating the responses when clinicians have to respond with issue around people looking and prioritising. Prof Bell asked if a development session around complaints could be organised. Mrs White confirmed that she would incorporate this into a development session. Ms Mian added that she felt it was important that people put themselves in the shoes of the person complaining and provide regular feedback to the complainant so they are reassured that they are not forgotten about.

Action: i) Ms Lucy Tulloch to ask Ms Lindsay Garcia to provide an answer to Governors regarding sepsis results

Action: i) Mrs White to organise a development session around complaints.

Resolved: i) Governors thanked Ms Lucy Tulloch in the absence of Mr Sam Peate, Chief Operating Officer.

INVITED MEMBERS

CoG/22/070 Finance Report

Mr Simpson, Head of Financial Governance and Control, confirmed that a copy of the finance report had been provided in the papers for Governors which outlined the Trust's financial position as at Month 6 which reported a deficit of £16.3m at a system control total level. This is a £1.5m variance year-to-date, relating to the cost of the national pay award (and arrears) above the level of additional funding that has been provisionally allocated to the Trust by the ICB. Discussions are ongoing regionally and nationally regarding the level of pay award funding allocated to the ICB, for distribution to provider trusts to meet the full costs of the national pay award.

The Trust's plan submitted to the NHSE/I regional team for the 2022/23 financial year is a deficit of £20.7m which is currently on plan.

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

The cash balance at 30 September 2022 amounted to £47.1m which is higher than the year to date plan of £26.5m

As at the end of September the Trust has paid 45,572 invoices with 43,930 invoices paid within the 30 day target.

The following questions were raised:

- Mrs Crampton asked about the PFI contract as there was always talk about this going back to Government. Mr Simpson confirmed that the Trust have pushed through regionally and keep pushing to see what funding is available. Cllr Coupe did confirm that he had mentioned this to our local MP too adding that this was something which should not be left alone.

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

STRATEGY & PLANNING

CoG/22/071 NED Service Visits

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

Mr Ken Readshaw confirmed that he had visited the Friarage. All improvements were very positive although there were staff issues. Also noted that beds were being used even though there was no need for some of the patients to still remain in hospital.

Also went through to a community nursing team and was struck by how good they were.

Ms Ali Wilson commented about the huge amount of things she is currently involved in and how interesting it was to see staff on wards with surgical wards and pressures and what is being done to improve on this. She had also noticed that those wards that had been updated had resulted in staff looking much happier.

Ms Wilson's final visit was to the Friarage to see the Palliative Care Team who were a wonderful group of people. She had gone out with the specialist nurse and met a lovely family who were working so hard to give the patient the best possible end to his life. The 7 day working around palliative care is going to take some time to work through but everyone acknowledges that it needs to happen and are committed to discuss.

Ms Davidson then continued with her visits where she had gone out to the Dales and through to the Friary Therapy Team where one of their challenges was how to attract people to work there. She was struck by how close of a team they were. She had gone out on the morning with a physiotherapist which she had found very enjoyable and was grateful how welcoming all the families were with her being there.

Ms Davidson pointed out that staff really do not like to complain however when she pushed them they did identify a couple of issues which included the fuel issue due to increased petrol prices together with problems with limited parking at their base. Also it was noted that communication with colleagues in social care had not been as good since COVID.

GOVERNANCE

CoG/22/072 CQC Update

Mrs White provided a brief update in the absence of Dr Hilary Lloyd, Chief Nurse.

Mrs White confirmed that the CQC had been into the Trust last week visiting James Cook Hospital and the Friarage Hospital. Their focus looked at:

- Medicine
- Surgery
- ED

She added that the CQC inspection window was open until after the Well Led inspection had been carried out. This is due to take place from the 13-15 December 2022 and therefore they could return to site at any time until then.

She continued that the Trust were now in the middle of submitting over 250 details of information to the CQC which has to be provided within 5 days with the deadline of tomorrow (16 November 2022).

Mrs White concluded that there was high level feedback from the CQC who commented that everyone they met were welcoming and lovely and they recognised and acknowledged that they were visiting at a very busy time. They also described seeing compassionate care to patients and each other.

No questions were raised.

Resolved: i) Governors thanked Mrs White for the update in the absence of Dr Hilary Lloyd, Chief Nurse

CoG/22/073 Quality Priorities update

Prof Bell confirmed that this item was deferred to the next Council of Governor meeting in January 2023.

CoG/22/074 Introductions – new Non-Executive Directors

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

Mr Ken Readshaw

Mr Readshaw provided a brief introduction to Governors confirming that he had lived in the Dales for over 25 years and enjoyed sport as well as helping the community. He continued that he is a chartered accountant and had considerable experience of the chemical and power generation sectors both in the UK and abroad.

He concluded that he was previously audit chair of NHS North Yorkshire Clinical Commissioning Group (CCG) and had several charitable roles and was passionate about helping to provide communities with the best possible public services.

Prof Bell confirmed that unfortunately Ms Gerner was unable to stay for the full meeting today and her introduction would be deferred to the next Council of Governor meeting in January 2023.

Governors thanked Mr Readshaw for his introduction.

CoG/22/075 Committee Chairs' Log

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

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

Ms Ali Wilson – Resources Committee

Ms Wilson confirmed that the Committee was looking at the digital plans with work also being done around the performance report and asking difficult questions.

Ms Miriam Davidson – Quality Assurance Committee

Ms Davidson informed Governors that there were so many things that feed into this committee.

Turning to the East Kent report around still births she reassured Governors that work was already being done around this with different things being reviewed. The reports will be fed through to Quality Assurance Committee and in turn be brought to Council of Governors.

Mr Lane asked about the East Kent report and queried how their Governors had missed things adding how could the Governors here be reassured that we are not missing anything? Ms Davidson replied that they had received the letter and

that the report with reviews and outcomes would be fed back. Prof Bell added that questions are asked how things fall through the net and how essential it was that we triangulate and make sure we are not missing anything.

Ms Davidson informed Governors that she would bring a short update on this report to the next Council of Governor meeting in January 2023.

Ms Davidson concluded by confirming to Governors that she was also acting as Maternity Champion for the Trust.

Mr Mark Dias – People Committee

This report is to be taken as read as unfortunately Mr Dias was not present at Council of Governors.

Action: i) Ms Davidson to bring a short update on the East Kent Report to the next Council of Governor meeting in January 2023.

CoG/22/076 Matters to bring to the attention of the Board

Nothing raised.

CoG/22/077 Reflections on Meeting

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

CoG/22/078 Any other business

Mrs Crampton pointed out that patient experience had been touched on several times and had noticed that North Tees start with a patient experience story at the beginning of their Council of Governors meetings and wondered if this would be beneficial to replicate at South Tees.

Cllr David Coupe mentioned IT and felt that this should be discussed regularly and in addition that the NHS app be utilised more.

Prof Bell asked Ms Wilson and Mrs White to discuss and decide how best to bring back to Council of Governors

Action: i) Ms Wilson and Mrs White to discuss how best to bring items back to Council of Governors

CoG/22/079 Date of Next Meeting

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 17 January 2023 at James Cook Hospital.

MEETING OF THE PUBLIC COUNCIL OF GOVERNORS – 17 January 2022			
Joint Chairman's update			AGENDA ITEM: 6
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Professor Derek Bell Joint Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Joint Chairman's update		
Background	The following report provides an update from the Joint Chairman.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of Council of Governors are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

Joint Chairman's Update

1. Introduction

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

2. Key Issues and Planned Actions

2.1 Departmental visits

I continue to meet with colleagues around the Trust and over the last couple of weeks have attended the Friarage hospital and met with staff from the Dialysis unit, Ophthalmology, Medical Students and visited the general wards. I have also met with the Clinical Directors for Ophthalmology, Paediatrics, Older People and ENT.

2.2 Joint Meeting of the Board of South Tees Hospitals NHS Trust and North Tees Hospitals NHS Trust

The Boards of both South Tees and North Tees met together in November and December and agreed to use their new powers under the Health & Care Act 2022 to reconstitute the Joint Partnership Board which is a committee in common to a single joint committee. This will allow decisions to be made behalf of the two Trust Boards which will not require to be ratified by the individual Trust Boards.

2.3 Joint Partnership Board

The Joint Partnership Board met in December and received updated Terms of Reference including schedule 1 which sets out the delegation from the statutory boards to the Joint Partnership Board relating to recommendations for further collaborative working arrangements.

2.4 Non Executive update

During December I met individually with all Non Executive Directors and Associate Non Executive Directors. For our new non executive and associate non executive directors we discussed their induction and mentoring programme and also their experience of the Trust over the last couple of months. Feedback received was positive.

2.5 Meetings

I have continued to have regular meetings with the Lead Governor, Vice Chair and Directors over the last couple of months.

I have attended a number of local and national meetings including the ICP Tees Valley Area meeting which focussed on the Integrated Care Strategy and process for selecting a chair for the ICP and the NHS Confederation Chairs meeting which we discussed the Covid enquiry process.

2.6 Board Development

During December we held two board development sessions which focussed on our preparation for the well led CQC inspection and also our Digital agenda.

In addition I attended the Recovering Together leadership programme being run by the Trust for leaders and Board members on distributed leadership.

3. Recommendation

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

Professor Derek Bell Joint Chair

MEETING OF THE COUNCIL OF GOVERNORS – 17 January 2023			
Managing Director update			AGENDA ITEM:
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 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"/>		

Managing Director Update

Winter

We have seen a sharp increase in cases of flu alongside other respiratory conditions associated with the colder weather. The latest figures show that cases of flu are approaching their peak.

The flu vaccine remains the best protection and if you have not already received your jab.

Operating framework for NHS England

Since the autumn of 2019, the trust has been empowering its clinicians to take the decisions about how we manage its resources and deliver care across our hospitals and services – supported by our scientific teams, administrative, support staff and volunteers.

At the start of 2020, the trust developed its first improvement plan and formed our Clinical Policy Group, which created 10 clinical collaboratives – natural care communities of surgeons, physicians, nurses, midwives, scientists, allied health professionals and administrative and support.

This clinically-led approach has been at the heart of the trust's response to COVID-19 and the overriding goal set by our experienced clinicians during the pandemic to help keep colleagues, patients and service users safe.

Our improvement plan was further developed in 2021 and with significant focus on supporting services' resilience to the challenges of COVID-19 and our recovery from the impacts of the pandemic.

In 2022 the improvement plan was refreshed and agreed by the Clinical Policy Group to make sure that it reflects the progress we have made together over the last twelve months, and our priorities over the coming year as part of our mission to put safety and quality first.

As part of the six-monthly refresh of the Trust's improvement plan, the Managing Director and Deputy Director Strategy & Planning are commencing work with Collaboratives. The updated improvement plan will be approved by Clinical Policy Group for approval before submission to the trust board for final approval.

Director changes

Kevin Oxley, Director of estates, facilities and capital planning at the Trust is retiring in March 2023 after 33 years of outstanding service to the NHS.

In his time at South Tees, Kevin has been an inspiration to countless colleagues and has provided invaluable support and leadership on our journey together to put safety and quality first for our patients, service users and each other. Before Kevin retires, there will be lots of opportunities to wish him all the best in his new adventures

#EndPjparalysis

Research shows that getting older people out of their hospital bed and into their day clothes – if they are well enough to do so – improves health and can shorten the length of time they need to spend in hospital.

For every day spent in hospital older people can lose up to 5% of muscle strength. It can also affect their mobility and ability to do everyday tasks.

That's why the Trust has relaunched our #EndPjParalysis campaign in December across all our wards.

Celebrating 75 years of the NHS

Since the NHS was founded on 5 July 1948, it has always innovated and adapted to meet the needs of each generation. 75 years on, the NHS's founding principles remain as relevant today as they were then.

Despite the challenges, the public still overwhelmingly support having a national health service, and it is what makes our people most proud to be British.

As we mark 75 years of the NHS, it is a time to celebrate our past, but more importantly, a time to think about a future where we continue to put patients first.

We want to take this opportunity to thank all NHS staff, past and present, who have made the organisation what it is.

We want to hear your ideas for how we could celebrate at our organisation – to share your ideas contact the communication and engagement team at stees.public.relations@nhs.net

Waiting Well – supporting our patients to prepare for surgery

Waiting Well is a regionwide programme that aims to support patients who are waiting for planned care such as knee and hip replacements.

Evidence shows that taking simple steps before surgery or treatment to improve fitness, diet and mental health plays a crucial role in helping patients to recover more quickly and reduces the chance of being re-admitted to hospital.

By empowering patients to manage elements of their own health and be in as good shape as they can for their treatment means that there is much less chance of their planned care being cancelled.

Across the North East and North Cumbria ICB area, much work is already underway to support Waiting Well patients. Look out for more details about the roll out of the programme at South Tees early next year.

Trust earns Silver Better Health at Work Award

The trust has been successful in gaining the Silver Award for the Better Health at Work Award. The Better Health at Work Award recognises the efforts of employers in the North East and Cumbria in addressing health issues within the workplace.

The Silver Award builds on the basics of the Bronze Award, which the trust was given in 2021, and is granted to organisations that take a more holistic view of creating a healthier workplace.

The work to get the accreditation has been driven by the occupational health team, with support from many teams across the trust.

Assessors looked at the series of trust-wide campaigns aimed at improving staff wellbeing which have taken place over the past year. These campaigns were influenced by the results of the Health Needs Assessment survey and the feedback received from colleagues around activities they wanted to see introduced, such as Dr Bike, menopause awareness, and health checks.

Maternity survey

The Care Quality Commission (CQC) has published results of its 2022 National Maternity Survey.

Between April and August women aged 16 and over who gave birth in the trust's hospitals in February 2022 were sent a questionnaire about the maternity unit and the care they received.

129 women who accessed maternity care at the trust took part.

Findings from the survey show that the trust, which runs The James Cook University Hospital and the Friarage Hospital, continues to perform better than expected.

Women who responded to the survey said they felt supported through their pregnancy and had confidence and trust in the staff caring for them during their labour and birth.

Results from the survey show maternity services were rated much better than most NHS trusts for one question, better than most for six questions and somewhat better than other trusts for seven questions.

Hospitals across the north east are working together to enable more children and young people to have specialist surgery closer to home.

South Tees Hospitals and Great North Children's Hospital in Newcastle have teamed up to enable a specialist paediatric surgeon to visit The James Cook University Hospital every other week.

They undertake a morning clinic and afternoon operating list supported by David Macafee, consultant colorectal and general surgeon of childhood and local paediatric anaesthetists.

Relaunched in March 2022 as part of the trust's COVID-19 recovery plan, there are many benefits from this collaboration:

- More specialist keyhole and complex operations in very young children can now be performed at James Cook which means fewer families need to travel long distances for specialist procedures.
- Some children looked after by paediatric surgeons at Great North Children's Hospital (such as newborn babies) can now have their follow up outpatient appointments closer to home.
- An increased number of clinics are now available reviewing a wider range of conditions referred from GP and southern hub colleagues.
- With more surgeons and their wider combined expertise, more operating lists occur each year which will help keep waiting times low and accelerate our COVID recovery.

This complements the existing South Tees outpatient services offered by Omar Nugud at Friarage and Mr Ramachandran Amitharaj and Mr Macafee at James Cook.

The surgery takes place at James Cook where paediatric anaesthetists, children's day unit and children's recovery are concentrated around the 24/7 paediatric major trauma and critical care facilities.

By doing more cases in the south of the region, it should free up capacity for children awaiting surgery in the northern parts of the north east.

A new £2.5million linear accelerator at The James Cook University Hospital is now providing leading edge radiotherapy.

Linear accelerators produce high-energy x-rays or electrons, directed to the patient's tumour precisely following their treatment plan. High-tech x-ray images are taken which are then used to plan and personalise each patient's radiotherapy treatment.

With millimetre accuracy, they target the tumour and minimise the dose to the 'normal' tissues that surround the tumour.

2. RECOMMENDATIONS

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

MEETING OF THE PUBLIC TRUST COUNCIL OF GOVERNORS – 17 January 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 Council of Governors with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	<p>The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance to the Board regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Board of Directors.</p>		
Assessment	<p>The Trust continues to report on the finance and investment metrics and performance against agreed trajectory as well as highlighting issues where performance requires improvement and the actions taken to bring performance back on track.</p> <p>Our key messages for November are:</p> <p>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.</p> <p>Emergency care performance was below than the regional and national position, reflecting wider challenges within social care and other parts of the health and care system. 4-hour target and 12 hours from decision to admit continue to be areas of focus.</p> <p>Elective access (RTT 18-week standard) remains stable, improving in September, in contrast to the England trend.</p>		

	<p>The number of patients waiting more than 78 weeks for non-urgent elective treatment is reducing ahead of trajectory. Outpatient and elective day case activity drove COVID recovery in September.</p> <p>Diagnostic compliance remains an area of focus, with activity and performance plans in place.</p> <p>28-day standard performance improved again in September, as has 14-day. As patients with longer waits are treated 62-day standard is expected to recover by end 22/23.</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 Public Council of Governors are asked to:</p> <ul style="list-style-type: none"> • Receive the Integrated Performance Report for September 2022. <p>Note the performance standards that are being achieved and the remedial actions being taken where metrics are outside expected parameters.</p>	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>All BAF 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"/>	



South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

November 2022

OVERSIGHT

RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

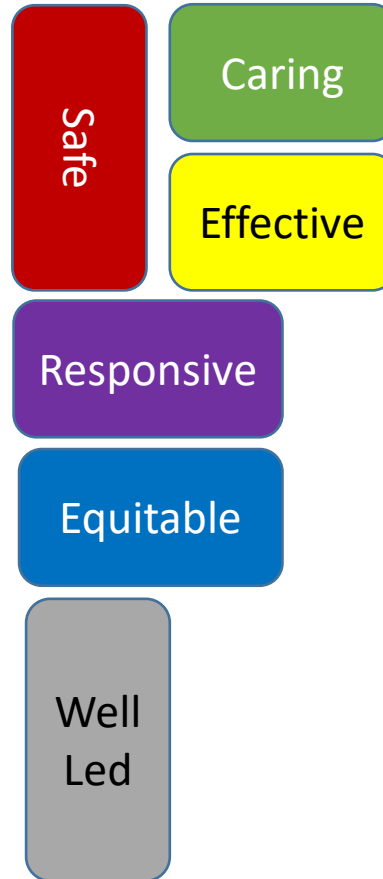
Dr Michael Stewart, Chief Medical Officer

Samuel Peate, Chief Operating Officer

Robert Harrison, Managing Director

Chris Hand, Finance Director

Rachael Metcalf, Human Resources Director



BOARD SUB COMMITTEE

Quality Assurance Committee

Quality Assurance Committee

Resources Committee

Resources Committee

Resources Committee

People Committee

Audit and Risk Committee

CHANGES THIS MONTH

SAFE domain:

No change.

EFFECTIVE domain:

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.

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	Oct-22	Oct-22	Oct-22	Oct-22	Sep-22	Sep-22	Sep-22	Sep-22	Sep-22	Sep-22	Sep-22	Sep-22	Sep-22	Sep-22	Sep-22	Oct-22	Sep-22	Sep-22
Target	95%	Zero			92%	22/23 Plan	22/23 Plan	Zero by Jun 22	22/23 Plan	<=75%	104%	104%	120%	<=1%	85%	22/23 Plan	22/23 Plan	75%
South Tees Hospitals NHSFT	65.5%	107	344	565	65.9%	1,394	85	0	47,000	95%	98%	104%	106%	31.7%	60.1%	170	248	71.7%
NENC ICS Provider level (including IS providers)	72.5%	1106	2,364	1,763	71.1%	9,174	872	32	376,174	97%	100%	88%	107%	18.7%	63.1%	1,347	1,673	72.9%
North East & Yorkshire	70.9%				66.9%									25.0%	61.3%			70.8%
National	69.3%				59.4%									29.8%	60.5%			67.2%

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. Emergency care performance was below than the regional and national position, reflecting wider challenges within social care and other parts of the health and care system. 4-hour target and 12 hours from decision to admit continue to be areas of focus. Elective access (RTT 18-week standard) remains stable, improving in September, in contrast to the England trend. The number of patients waiting more than 78 weeks for non-urgent elective treatment is reducing ahead of trajectory. Outpatient and elective day case activity drove COVID recovery in September. Diagnostic compliance remains an area of focus, with activity and performance plans in place. 28-day standard performance improved again in September, as has 14-day. As patients with longer waits are treated 62-day standard is expected to recover by end 22/23. **October/November SOF not yet published.**









Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2474	2070	Nov 2022		
Serious Incidents	15	7	Nov 2022		
Never Events (YTD)	6	0	Nov 2022	N/A	N/A
Falls	150		Nov 2022		N/A
Falls Rate %	4.4	6.6	Nov 2022		
Falls With Harm	4		Nov 2022		N/A
Falls With Harm Rate %	0.1		Nov 2022		N/A

Incidents

There have been consistently high levels of incident reporting within the Trust for a sustained period. The trajectory has been updated to indicate our aim to at least maintain this level of reporting for the next 12 months. We will review in 2023 when PSIRF (Patient Safety Incident Response Framework and LFPSE (Learning from Patient Safety Events) are fully implemented. One NE reported in November. The number of SIs remains within expected variation and learning continues to be shared at a local level with clinical colleagues, as well as across the wider organisation and with our system partners.

Falls

The rate of all falls and falls with harm are stable and remains within control limits. The rate of falls and falls with harm reduced in November. A new initiative to highlight patients at high risk of falls was launched in the last month, with structured reviews and thematic analysis of falls being undertaken every month. Further work includes planned process mapping of falls in areas based on rates.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	2.2		Nov 2022		N/A
Category 2 Pressure Ulcers (Community)	52		Nov 2022		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.2		Nov 2022		N/A
Category 3&4 Pressure Ulcers (Community)	23		Nov 2022		N/A
Medication Incidents	122		Nov 2022		N/A
Medications Reconciled Rate %	52%	80%	Oct 2022		
Omitted Critical Doses	42		Oct 2022		N/A
C-Difficile (YTD)	96	72	Nov 2022	N/A	N/A
MRSA (YTD)	1	0	Nov 2022	N/A	N/A
E-Coli (YTD)	81	91	Nov 2022	N/A	N/A
Klebsiella (YTD)	36	32	Nov 2022	N/A	N/A
Pseudomonas (YTD)	7	8	Nov 2022	N/A	N/A

Pressure Ulcers

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

The last Category 4 Pressure Ulcer reported in the community occurred in November 2021. There were no SIs reported for the month of November. 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 has taken place in the clinical areas and an e-learning video created by the Tissue Viability team. Pressure ulcer review meetings continue, chaired by the Deputy Chief Nurse or Deputy Director of Quality. Discussions have taken place with the Head of Quality, ICB related to proportionate reporting and the early adoption of PSIRF.

Medications

Medication incidents reported in November remain within expected variation. Medicines reconciliation remain an area of focus, with additional hours made available. Restructure of vacant roles commencing. Omitted critical doses: stock lists have now been reviewed. EPMA reports are currently being written to assist with analysis. Pilot of ward medicines assistants planned for the new financial year. Implementation of our electronic prescribing system continues to be rolled out across the wards to further enhance processes and safety.

Healthcare acquired infections

Clostridiodes difficile has clear tracking, reporting and governance in place and recommenced rolling programme of enhanced cleaning and disinfection has continued to make good progress, with a reduction in cases identified in November. Case reviews identify lessons learnt and provide assurance that all appropriate measures are in place. High levels of bed occupancy due to ongoing challenges in social care continue to be observed. Winter has seen an increase in the number patients with a respiratory conditions including Influenza and RSV. Slight rise in November for Klebsiella, monitored in line with work regarding line care and Aseptic Non-Touch Technique (ANTT)

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	382		Nov 2022	N/A	N/A
Breast feeding initiated (48 hrs)	60.5%	74.5%	Nov 2022		
Preterm birth rate <26+6 wks	1.1%	6%	Oct 2022		
Preterm birth rate 27 - 36+6 wks	8.4%	6%	Nov 2022		
Induction of Labour (%)	43.2%	44%	Nov 2022		
Number of 3rd/4th degree tear (%)	0.8%	3.5%	Nov 2022		
PPH > 1500ml (%)	2.05%	2%	Nov 2022		
Still Births (YTD)	10	17	Nov 2022	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. All pre-term births are reviewed, and all guidelines are followed. Pre-term birth clinics are held weekly with a named consultant and midwife.

Breastfeeding initiation rates are below target, as is reflected in the regional public health statistics. The Trust is UNICEF baby-friendly accredited. Virtual antenatal infant feeding sessions are held, where good attendance is achieved. Initial feedback from all women who attend these sessions is that they all initiate breast feeding post birth. Enhanced Maternity Support Workers are in each family hub supporting vulnerable women antenatally to improve engagement and public health.

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.

















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

Post-partum Haemorrhage (PPH) fluctuates month to month and is within expected variation. All cases are reviewed to ensure guidelines are followed. Multi disciplinary simulations occur on a regular basis to ensure staff are well prepared for any emergency situation which may occur.

During October & November thematic reviews are being undertaken for babies that have fall whilst in bed in mothers arms. Maternal postnatal readmissions are also being reviewed in depth.

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 %	5.8%		Sep 2022		N/A
Sepsis - Oxygen delivered within 1hr	96.7%	95%	Oct 2022		
Sepsis - Blood cultures within 1hr	76.7%	95%	Oct 2022		
Sepsis - Empiric IV antibiotics within 1hr	76.7%	95%	Oct 2022		
Sepsis - Serum lactate within 1hr	76.7%	95%	Oct 2022		
Sepsis - IV fluid resuscitation within 1hr	73.3%	95%	Oct 2022		
Sepsis - Urine measurement within 1hr	100%	95%	Oct 2022		
Summary Hospital-Level Mortality Indicator	107.5	100	Jun 2022		
Comorbidity Coding	4.5		Jul 2022		N/A

Readmission rates - awaiting October month end data

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

Sepsis

100% compliance remains with urine output monitoring. Further actions include:

- Targeted education to ward-based areas – driven by Patienttrack
- Delivery of monthly Sepsis Study Days
- Updated compliance to nationally proposed 3-hour antibiotic guidance
- Introduced phase one and two of C4C
- Meet with communication team to discuss screen savers for blood culture awareness.
- Additional prompts in WebICE have been added for lactate. When a blood culture is requested, there is now guidance for lactate monitoring in sepsis and a sample can be requested with the blood culture
- Review sepsis six against Surviving Sepsis Campaign recommendations, strength and quality of evidence (2021).

Mortality

For the latest official reporting period, Aug 2021 to Jul 2022, SHMI is 'as expected' at 107. SHMI rose before the pandemic, peaked and is falling. Observed and expected deaths (in hospital or within 30 days of discharge) fell during the pandemic, due to reduced hospital activity and had been returning to normal volumes. Currently 4.6% of spells in England are removed because they have a COVID code and spells included in SHMI are at 88% of pre-pandemic levels..

Mortality metrics are impacted by the recording of comorbidities which is the lowest in the region and substantially below the national average despite the population we serve, although the improvement in coding since January 2022 is continuing.

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

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	75.3%	78%	Nov 2022		
Inpatient Experience (%)	96.9%	94%	Nov 2022		
Maternity Experience (%)	87.5%	92%	Nov 2022		
Outpatient Experience (%)	94.6%	93%	Nov 2022		
Community Experience (%)	98.7%	94%	Nov 2022		
New Complaints	29		Nov 2022		N/A
Closed Within Target (%)	52.2%	80%	Nov 2022		

Patient experience

Emergency Department Friends & Family Test score has reduced, reflecting the impact of wider health and social care system pressures. There continues to be close overview within the directorate. The Inpatient Friends & Family Test score remains above target. The feedback in the Outpatient Friends & Family Test score remains above the target. The Friends & Family Test score reported in Community services consistently performs above the national average. The Maternity Friends & Family Test score reflects feedback captured in the Birth survey. The updated Maternity Voices improvement plan is will be shared at the next Patient Experience Steering Group.

Closed with target

The complaints closed within timeframe remains an area of focus. Focused work continues from the Patient Experience Team and the Safe and Effective Care Leads to increase and sustain compliance. Complaints and PALS compliance trajectory is monitored weekly. Complaints compliance trajectory identified for focus in October 2022 has now been closed. An action plan is in place and progress is being monitored at the weekly meeting with the Patient Experience and team and Safe and Effective Care Leads and appropriately escalated in Collaboratives. This 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	57065	23074	29%	80139
02	32423	12128	27%	44551
03	35690	11425	24%	47115
04	49594	15485	24%	65079
05_least_dep	36342	10965	23%	47307
N/k	13710	4838	26%	18548
Total	224824	77915	26%	302739

IMD is taken from patient's postcode of residence

Long Waiters:

P2 > 3 weeks

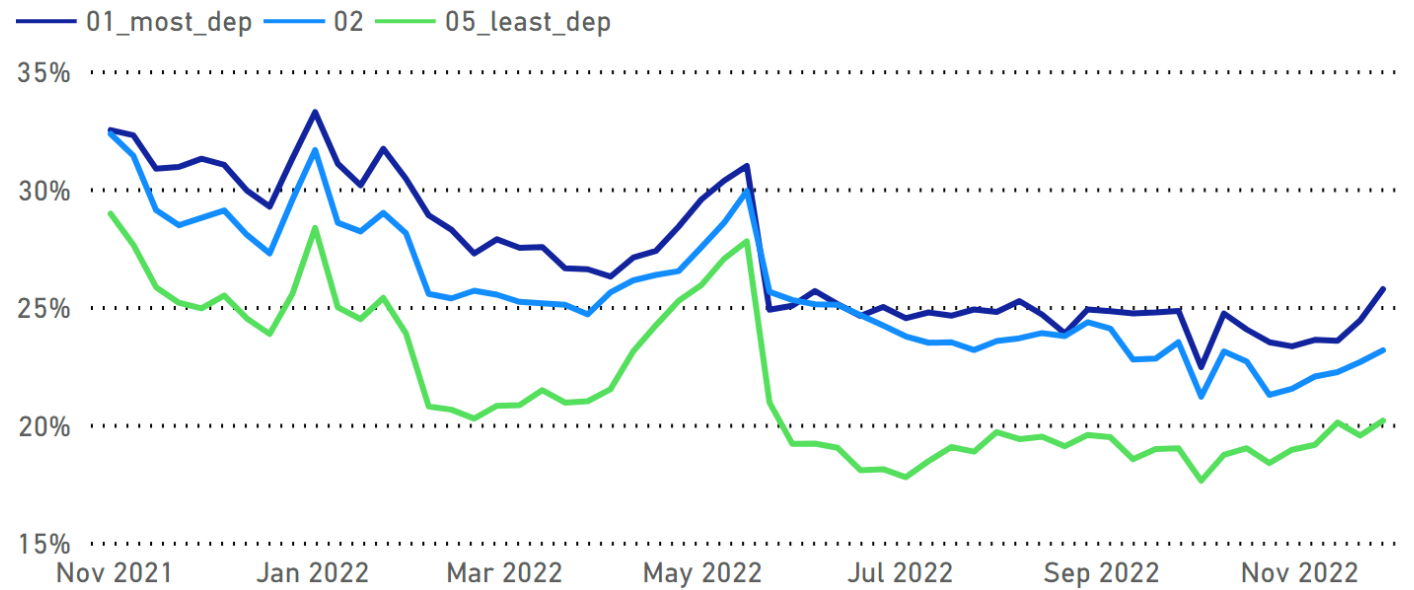
P3 > 3 months

Any > 52 weeks

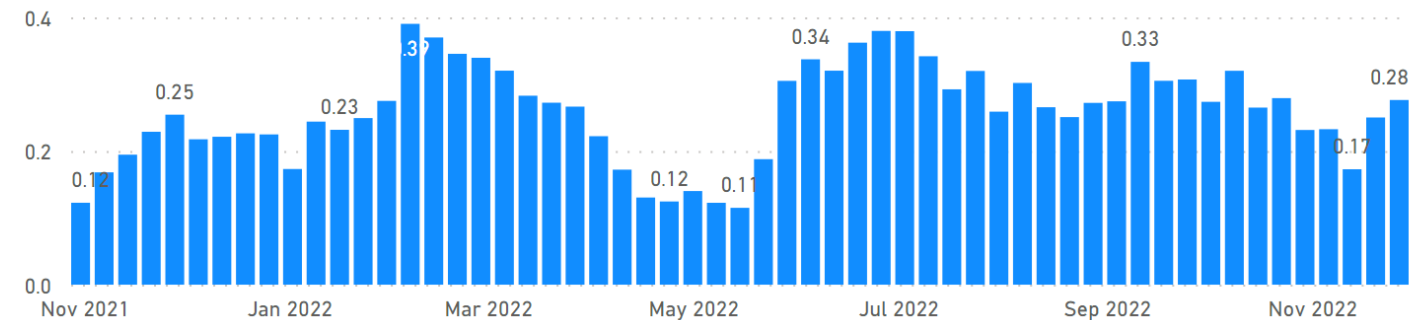
In Standard: All others

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

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



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



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

EQUITABLE

Elective inpatient PTL Inequalities: Ethnicity

Latest PTL by IMD quintile

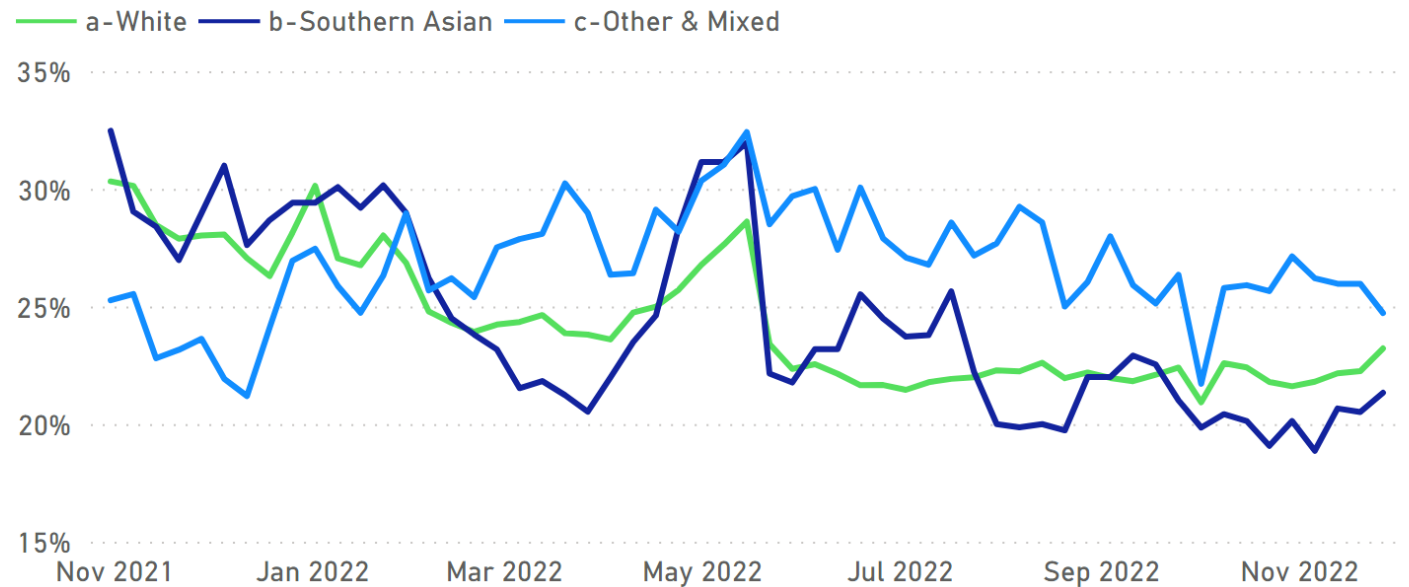
Ethnic_cluster (groups)	In Standard	Long waits	% of total
a-White	195234	67862	26%
b-Southern Asian	3632	1301	26%
c-Other & Mixed	4621	1700	27%
Black	919	463	34%
Mixed	1088	403	27%
Other	2614	834	24%
N/k	21337	7052	25%
Total	224824	77915	26%

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

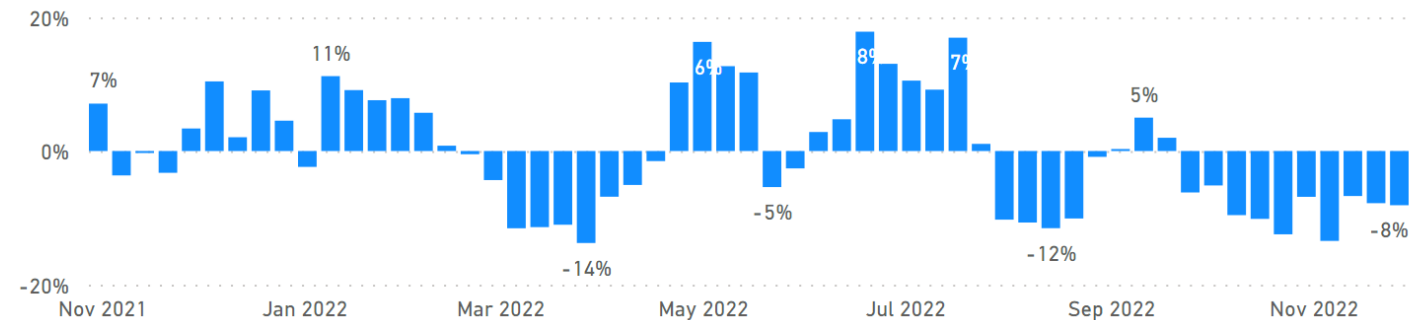
In Standard: All others

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)	10604	9346	Nov 2022		
ED Attendances - Type 3 (vs 19/20)	5238	4155	Nov 2022		N/A
4-Hour A&E Standard	62.4%	95%	Nov 2022		
12-Hour A&E Breaches	592	0	Nov 2022		N/A
RTT Incomplete Pathways (%)	66.7%	92%	Oct 2022		
RTT 52 week waiters	1352	1027	Oct 2022	N/A	N/A
RTT 78 week waiters	83	81	Oct 2022	N/A	N/A
RTT Waiting List Size	46750	41677	Oct 2022		
Diagnostic 6 Weeks Standard (%)	71.6%	99%	Oct 2022		
Cancer 14 Day Standard (%)	71.8%	93%	Oct 2022		
Cancer 31 Day Standard (%)	93.1%	96%	Oct 2022		
Cancer 62 Day Standard (%)	63.2%	85%	Oct 2022		
Cancer 62 Day Screening (%)	50%	90%	Oct 2022		
Cancer Faster Diagnosis Standard (%)	71.8%	75%	Oct 2022		
Cancelled Ops - Non-Urgent Cancelled on Day	83	0	Nov 2022		
Cancelled Ops - Not Rebooked Within 28 days	15	0	Nov 2022		
Cancer Operations Cancelled On Day (YTD)	0	0	Nov 2022	N/A	N/A

Urgent and emergency care

The impact of challenges across the health and social care system continues to be observed, with increased emergency care activity in November. High bed occupancy due to continued challenges in social care and other parts of the health and care system remains an area of focus. Evidence-based process improvement remains an organisational priority and the trust works closely with local authorities and other partners to ensure that everything possible is done to ensure people who are ready to leave hospital, who require social care support, can access this without delay.

Elective, diagnostic and cancer waiting times

Referral to treatment within 18 weeks performance is improving and, at 67%, bucked the national trend of deteriorating performance. Operational plans for outpatient and inpatient activity for 22/23 include an increase in activity to reach 104% of pre-pandemic levels, which impacts positively on this metric as services continue their COVID-19 recovery. The focus remains on the longest waits – maintaining a zero position with 104 week waits and eliminating 78-week waits ahead of plan.

Diagnostic access improved to 72% compliance with the 6-week standard. Tests for waiting list patients are balanced against increasing volumes of urgent demand and surveillance (emergency care and cancer pathways). Additional capacity in endoscopy at both JCUH and FHN has contributed to this. This will in turn have a positive impact on Cancer metrics. 62-day standard was stable, with continued focus on long waiters awaiting first definitive treatment (these patients are reported as their treatment takes place). Improvement is on a trajectory to be compliant with plan by year end. 14-day standard remains an area of focus and performance continues to improve.

RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	18711	19430	Nov 2022		
Outpatient Follow Up Attendances	49178	44960	Nov 2022		
Day Case admissions	6068	6578	Nov 2022		N/A
Ordinary Elective admissions	953	1159	Nov 2022		N/A
NEL admissions with 0 LOS	1584	2177	Nov 2022		
NEL admissions with 1+ LOS	3504	3766	Nov 2022		
Length of Stay - Elective	3.8		Nov 2022		N/A
Length of Stay - Non-Elective	4.8		Nov 2022		N/A
Not Met Not Discharged	95	90	Nov 2022		
21 Day Stranded Patients (%)	12.9%	12%	Nov 2022		

Activity

Outpatient first and follow-up attendances and elective day case activity continued to increase in November, with final position higher as data is fully coded. Non-elective admissions are lower than predicted in our annual planning, however because of wider health and care system pressures, bed occupancy on assessment units and general medical wards was significantly above the 92% standard. Admitted elective activity will reduce in December and January as the Trust prioritises safe non-elective care pathways through the peak of winter in line with standard NHS planning.

Length of Stay

Non-elective length of stay remains 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's winter plans, include the provision of more capacity to care for patients when their acute medical needs have been met, alongside development of out-of-hospital alternatives to acute care such as Virtual Wards. These are bringing additional capacity phased in over the winter months.

Patients who no longer meet criteria to reside in an acute bed has been on a decreasing trend and was in line with expected numbers in November. This improvement has continued into December. 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 and but has remained stable over the last four months. 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)	-£17.363m	-£15.598m	Oct 2022	N/A	N/A
Annual Appraisal (%)	82%	80%	Nov 2022		
Mandatory Training (%)	90.7%	90%	Nov 2022		
Sickness Absence (%)	5.9%	4%	Nov 2022		
Staff Turnover (%)	13.6%	10%	Nov 2022		

Finance and use of resources – November month end not available as yet.

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 7, the Trust year-to-date financial position shows a £1.8m variance relating to the additional year-to-date cost of the national pay award above the level of pay award funding that has been provisionally allocated to the Trust by the ICB. Discussions are ongoing regionally and nationally regarding the level of pay award funding allocated to the ICB for distribution to provider trusts to meet the full costs of the national pay award.

People

Sickness absence across the Trust was 5.86% for the month of November. The Wellbeing and Attendance team are working with Collaboratives and supporting all long-term sickness cases. Appraisal compliance across the Trust has continued to improve and is now over target at 81.81%. Mandatory Training compliance in November has also increased and is now 90.69%

The Trust continues to see turnover below the national average with some of the lowest nursing turnover rates in England. There is continued communication regarding exit interview processes and Retention Strategy. The NHS National Staff Survey for 2022 has now closed and the Trust have received a response rate of 35%, this is higher than previous years.

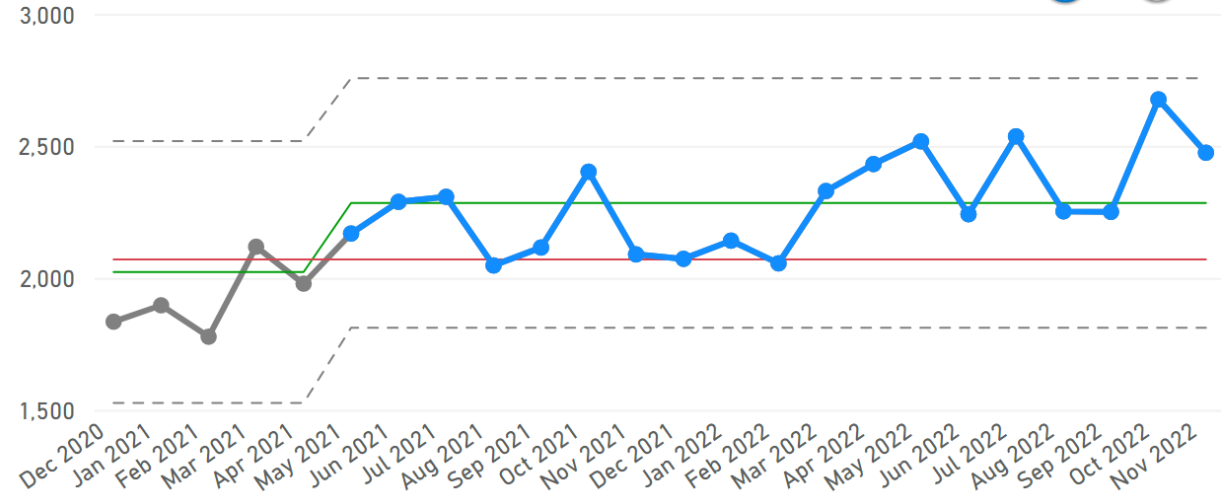
APPENDICES

SPC charts for the metrics summarised above, by domain.

SAFE

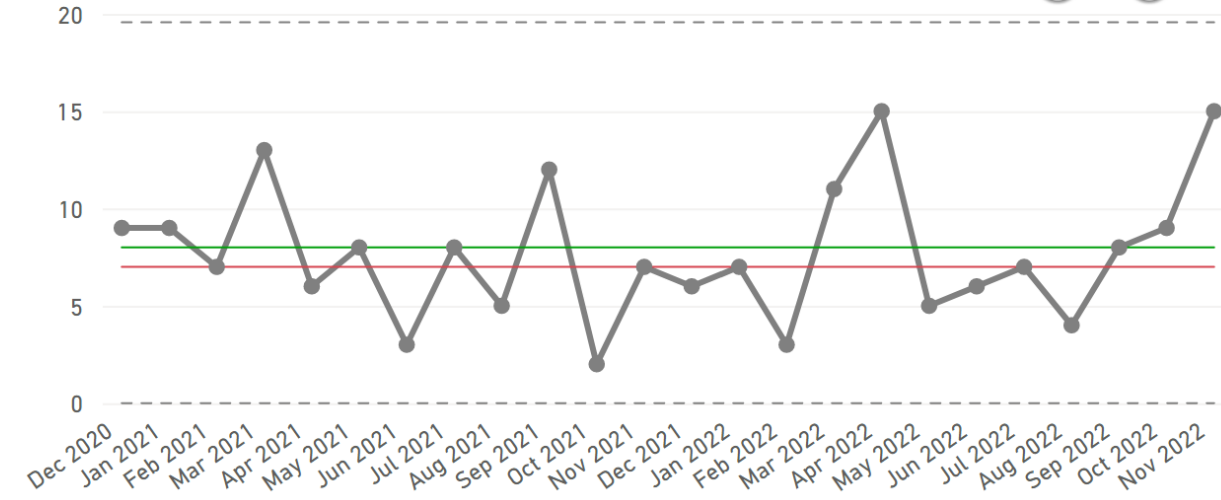
DATIX Incidents

Month	Performance	Target	Trend	Assurance
Nov 2022	2474	2070		



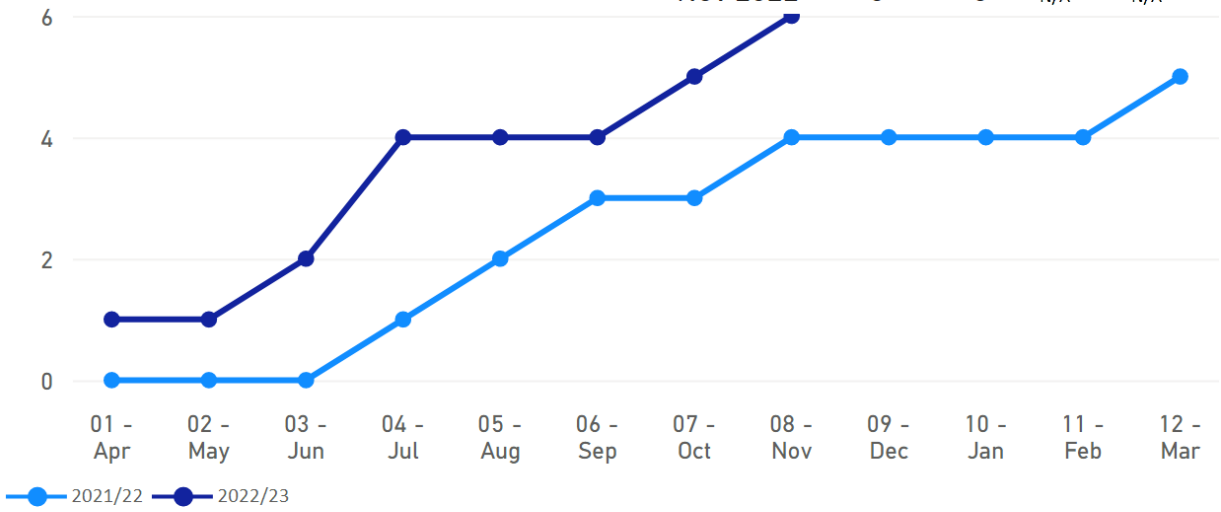
Serious Incidents

Month	Performance	Target	Trend	Assurance
Nov 2022	15	7		



Never Events (YTD)

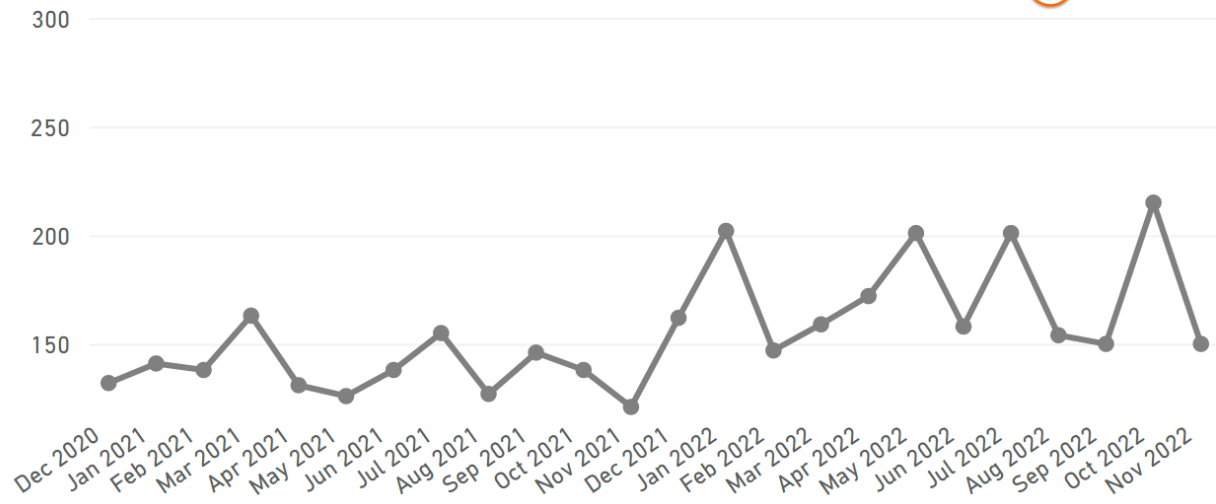
Month	Performance	Target	Trend	Assurance
Nov 2022	6	0	N/A	N/A



SAFE

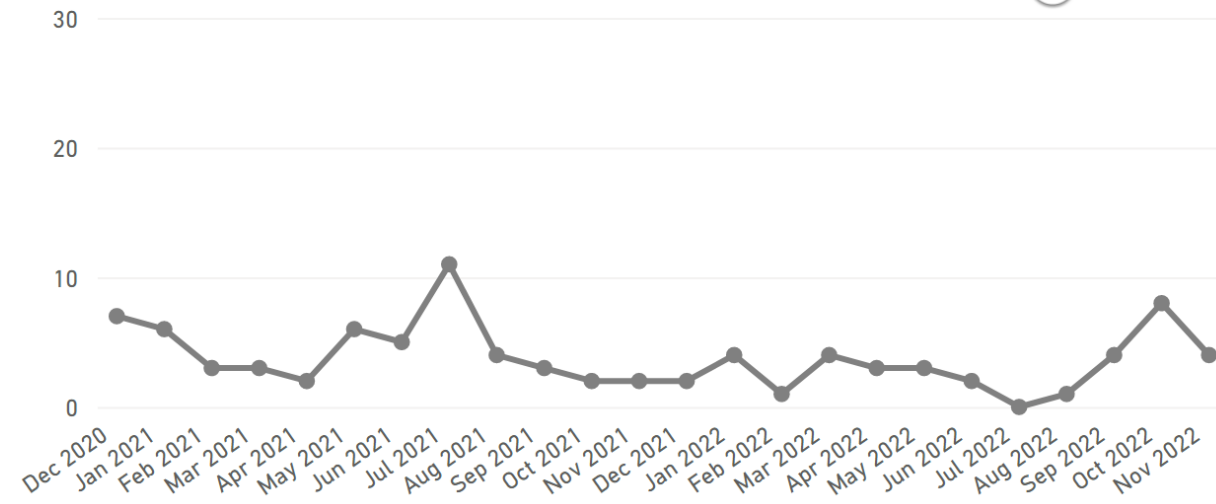
Falls

Month	Performance	Target	Trend	Assurance
Nov 2022	150			N/A



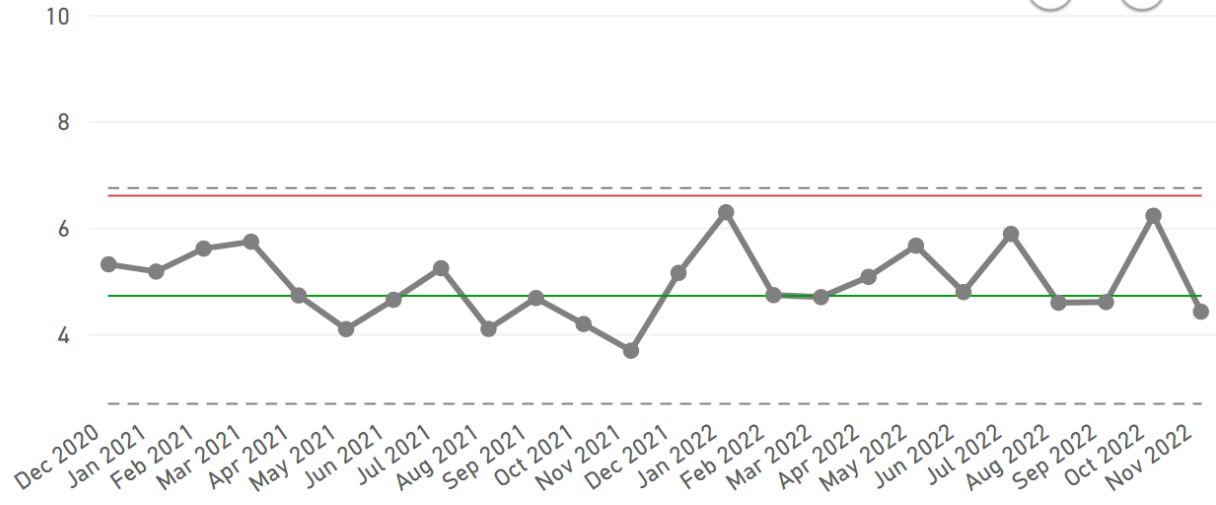
Falls With Harm

Month	Performance	Target	Trend	Assurance
Nov 2022	4			N/A



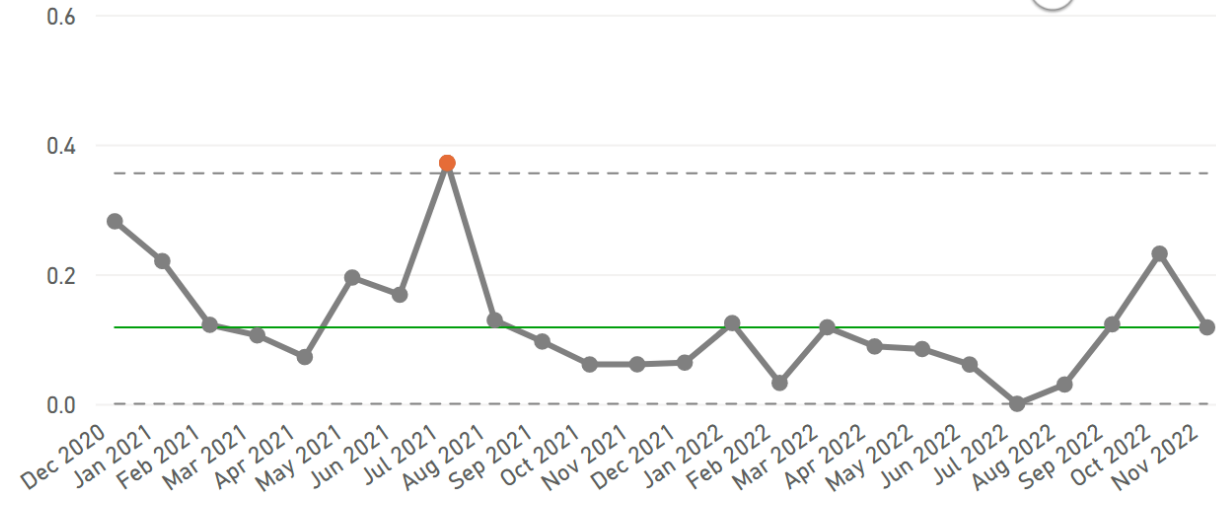
Falls Rate %

Month	Performance	Target	Trend	Assurance
Nov 2022	4.4	6.6		



Falls With Harm Rate %

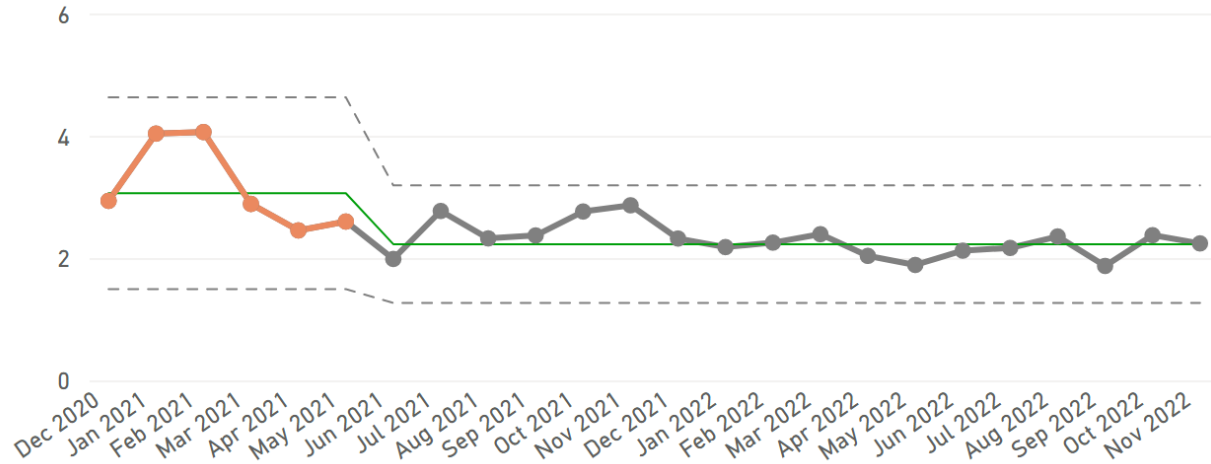
Month	Performance	Target	Trend	Assurance
Nov 2022	0.1			N/A



SAFE

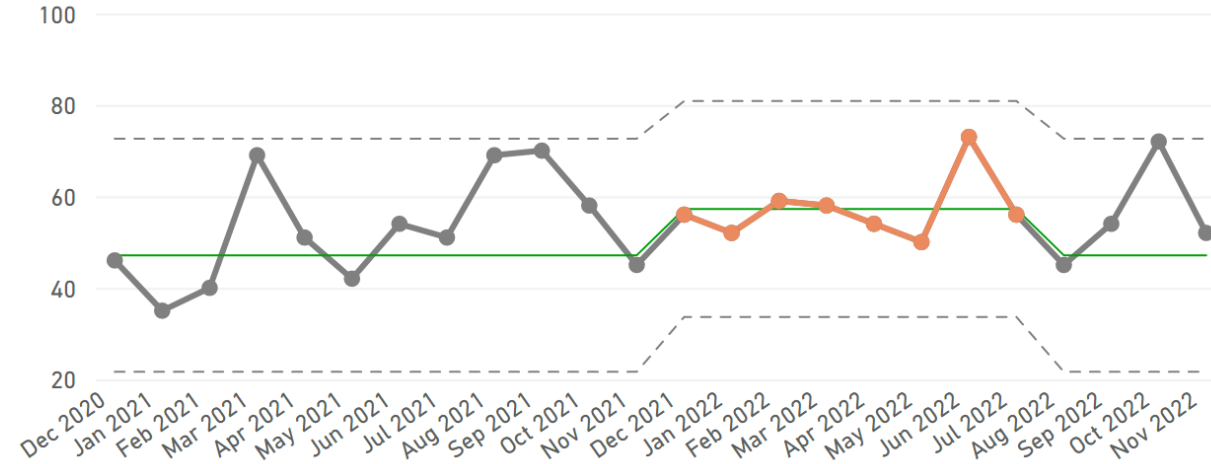
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Nov 2022	2.2			N/A



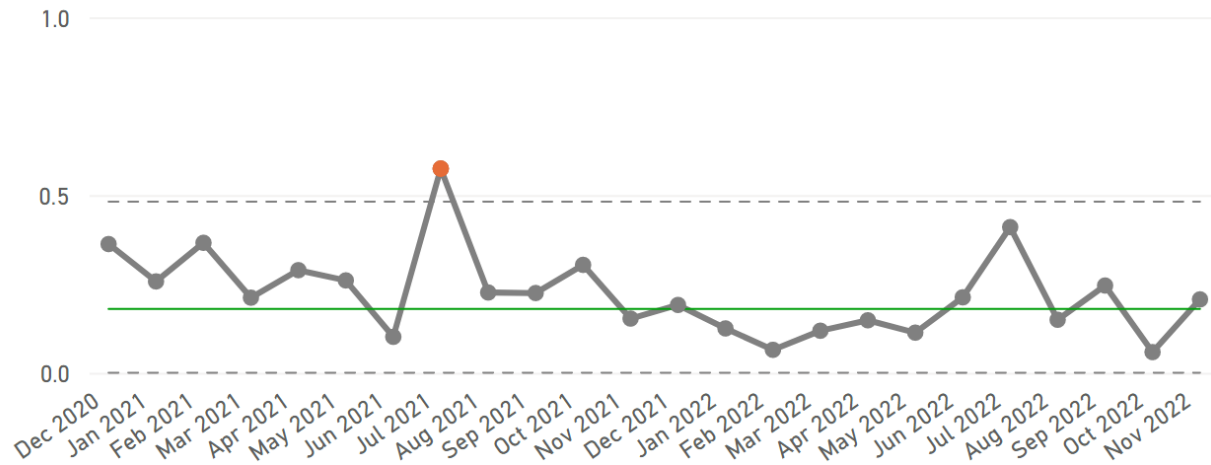
Category 2 Pressure Ulcers (Community)

Month	Performance	Target	Trend	Assurance
Nov 2022	52			N/A



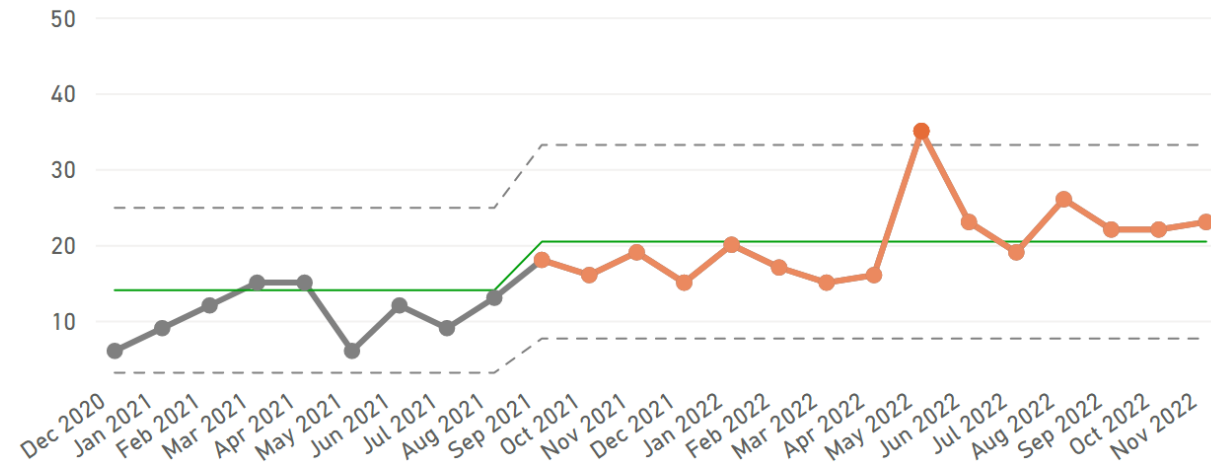
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Nov 2022	0.2			N/A



Category 3&4 Pressure Ulcers (Community)

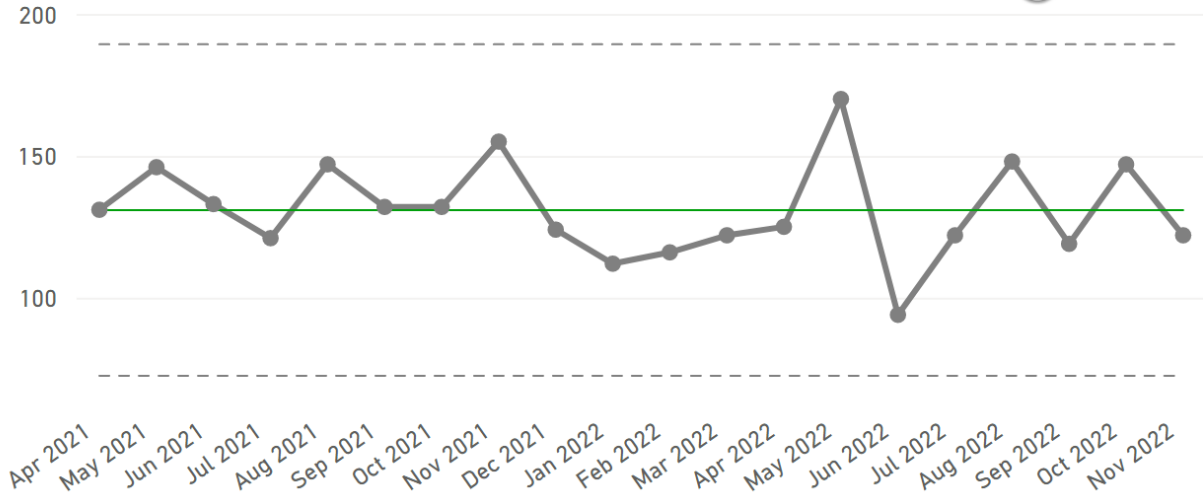
Month	Performance	Target	Trend	Assurance
Nov 2022	23			N/A





SAFE

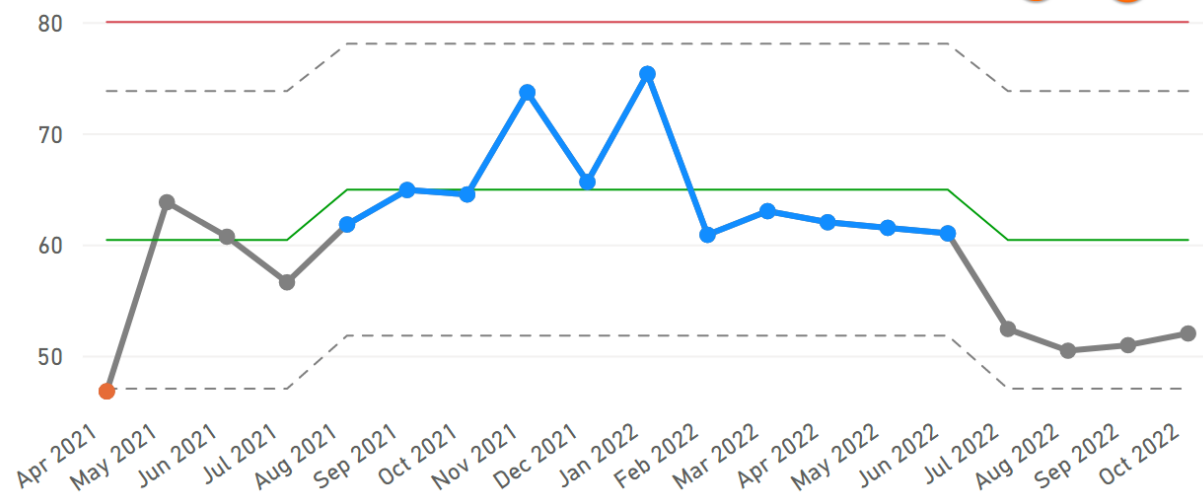
Medication Incidents

Month: Nov 2022
Performance: 122
Target: 130
Trend: 
Assurance: N/A




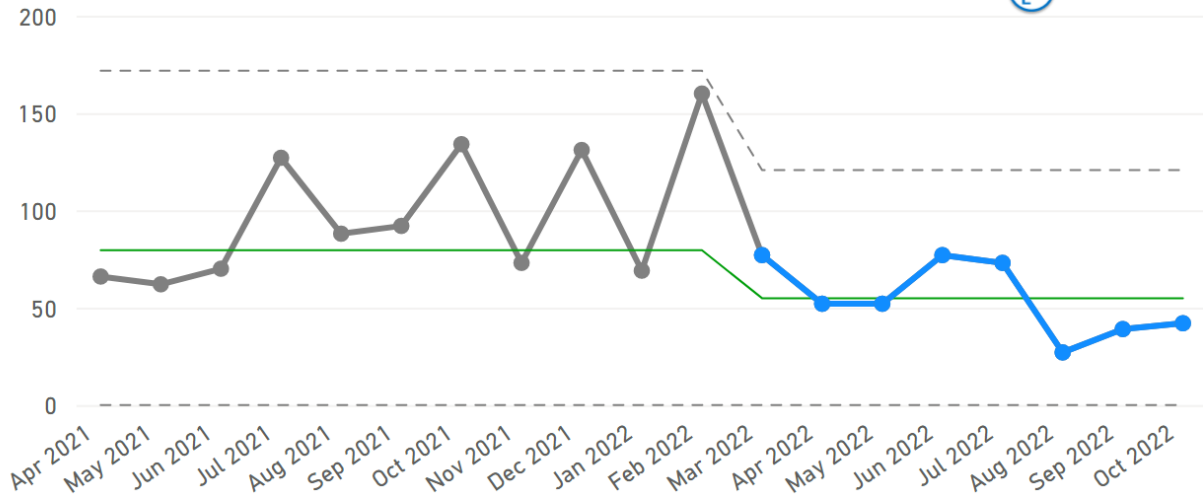
Medications Reconciled Rate %

Month: Oct 2022
Performance: 52%
Target: 80%
Trend: 
Assurance: 



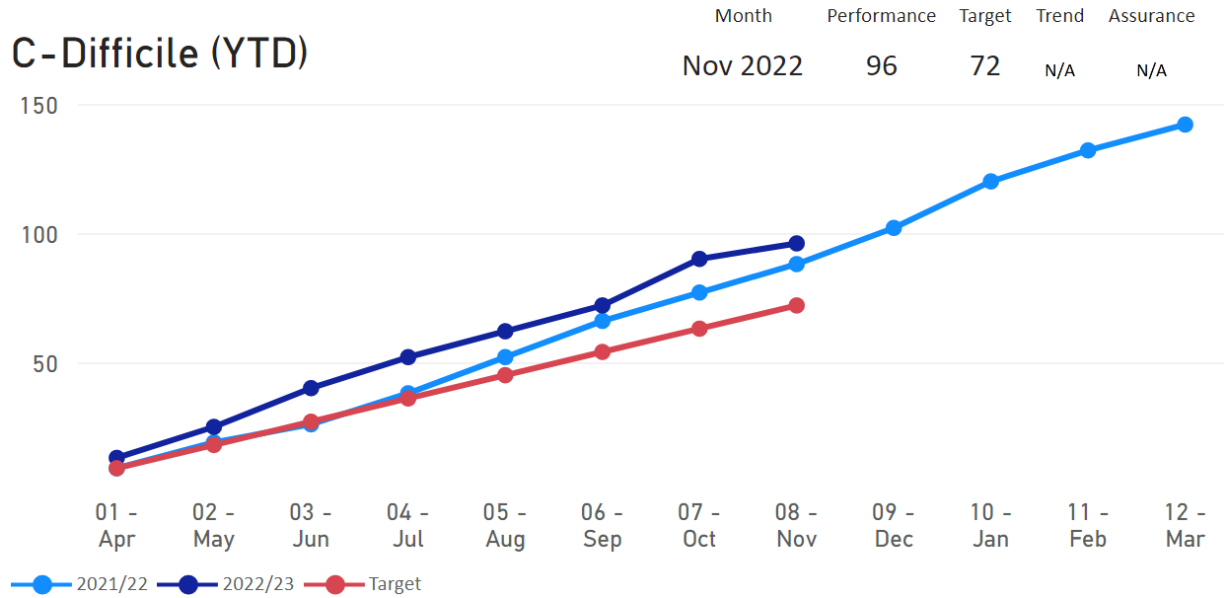
Omitted Critical Doses

Month: Oct 2022
Performance: 42
Target: 55
Trend: 
Assurance: N/A

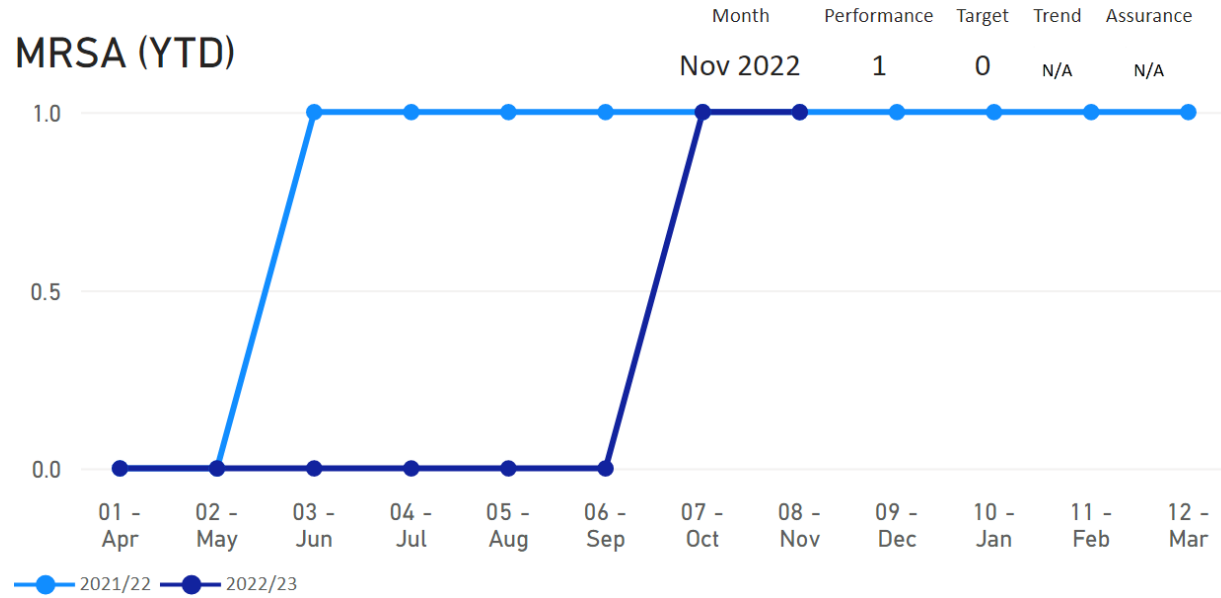


SAFE

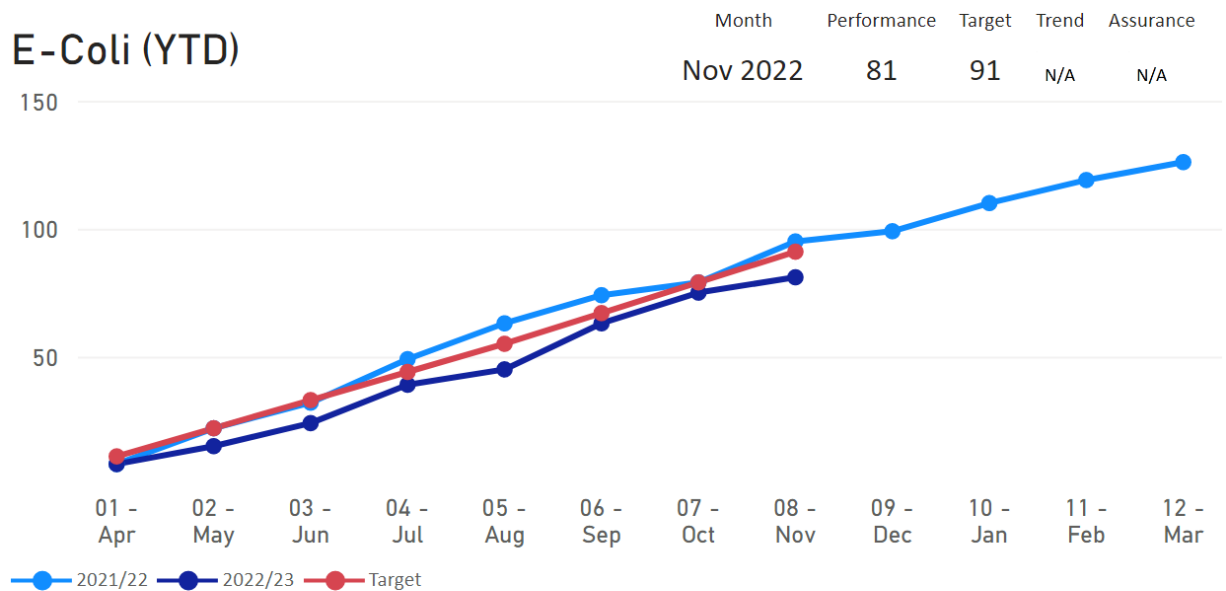
C-Difficile (YTD)



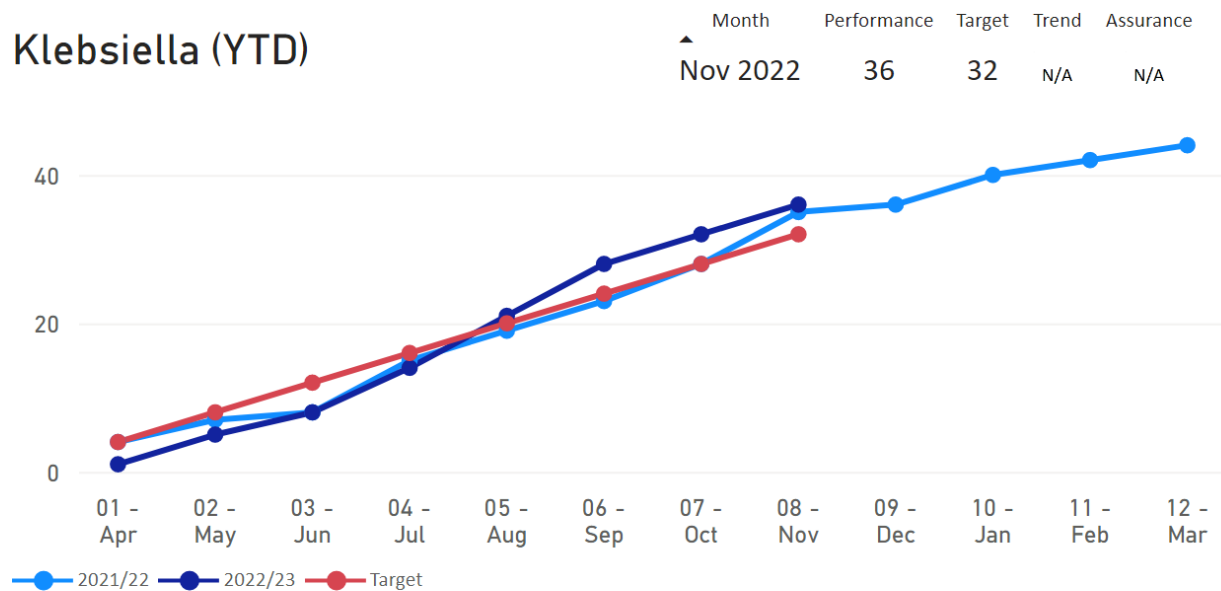
MRSA (YTD)



E-Coli (YTD)



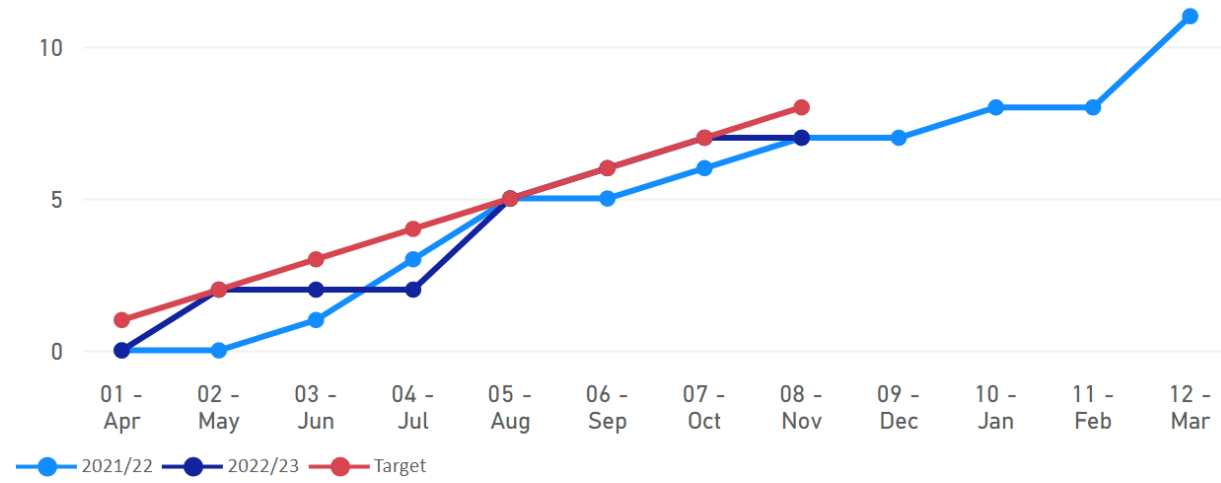
Klebsiella (YTD)



SAFE

Pseudomonas (YTD)

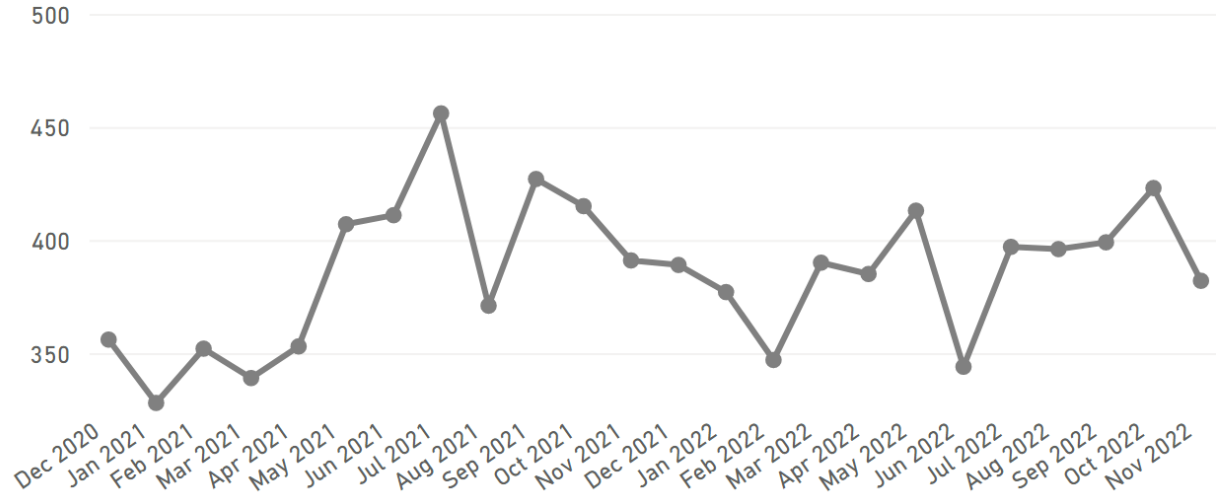
Month	Performance	Target	Trend	Assurance
Nov 2022	7	8	N/A	N/A



SAFE

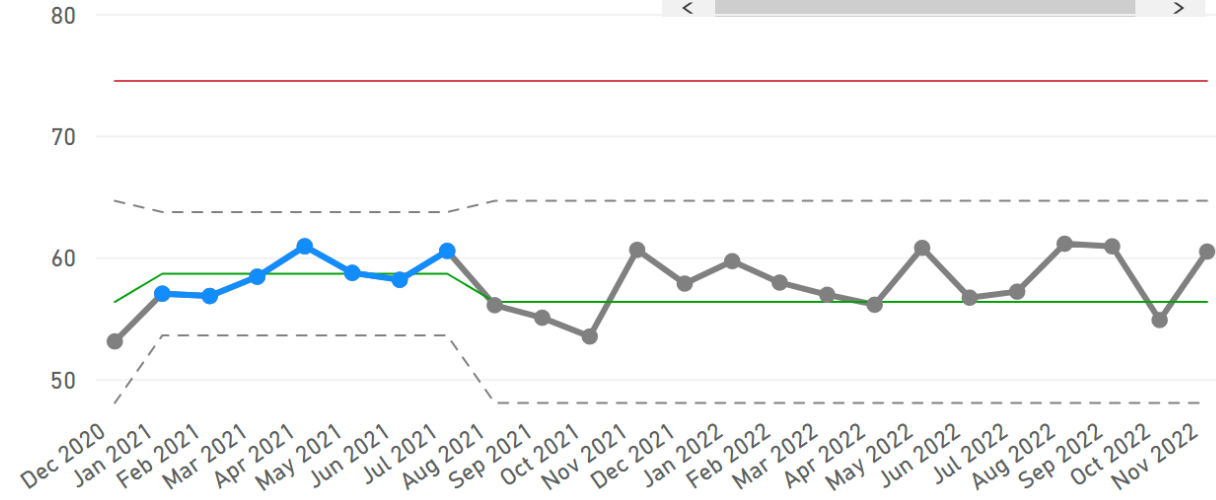
No. of babies born

Month	Performance	Target	Trend	Assurance
Nov 2022	382		N/A	N/A



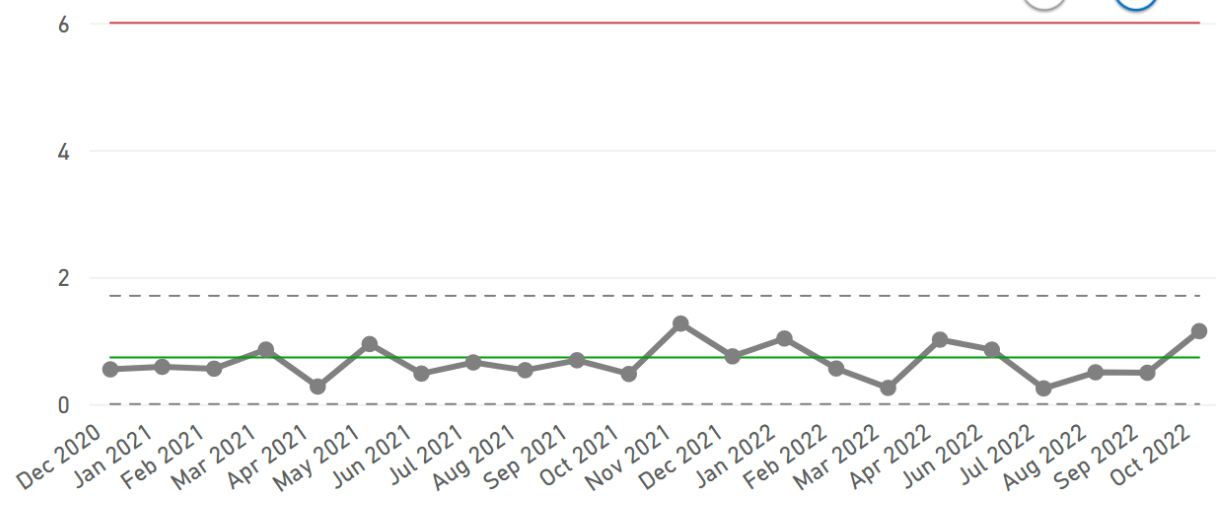
Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Nov 2022	60.5%	74.5%		



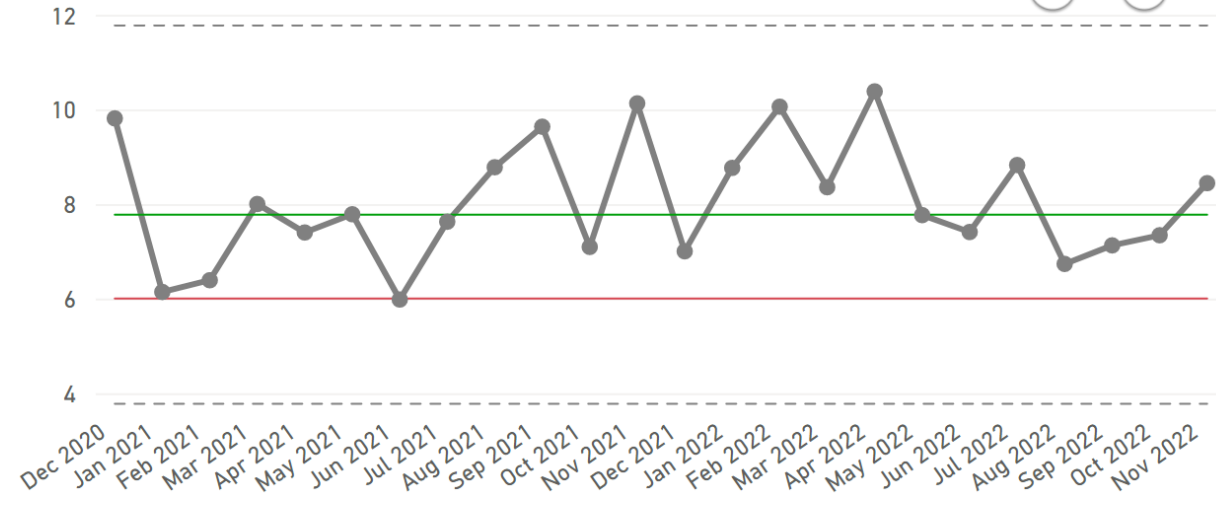
Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
Oct 2022	1.1%	6%		



Preterm birth rate 27 - 36+6 wks

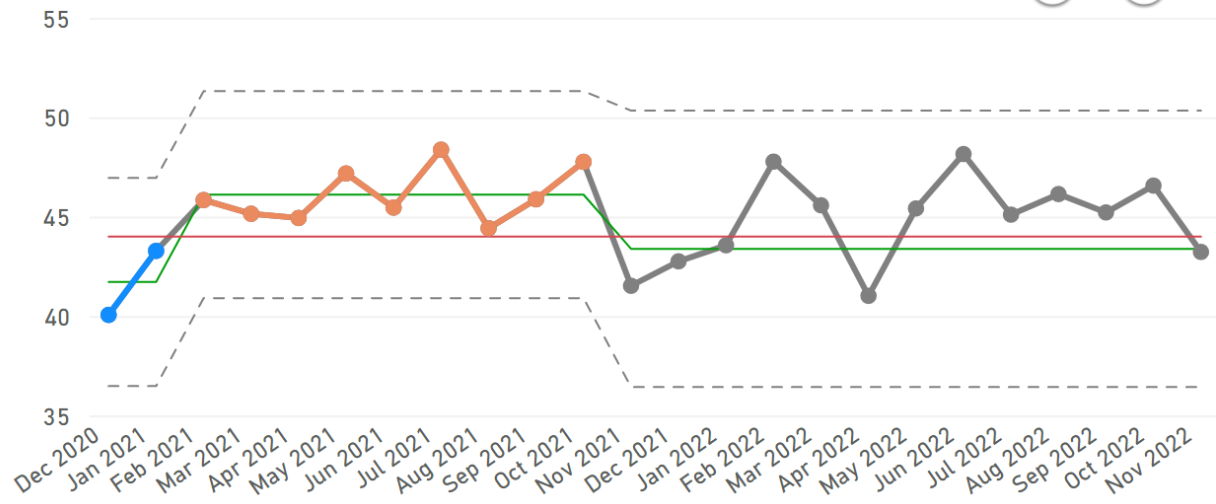
Month	Performance	Target	Trend	Assurance
Nov 2022	8.4%	6%		



SAFE

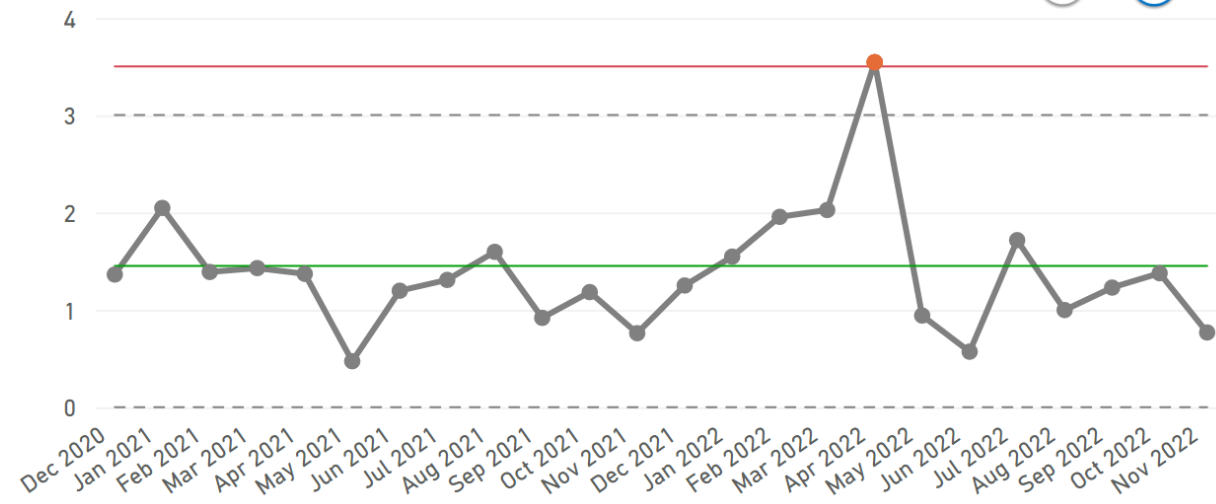
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Nov 2022	43.2%	44%		



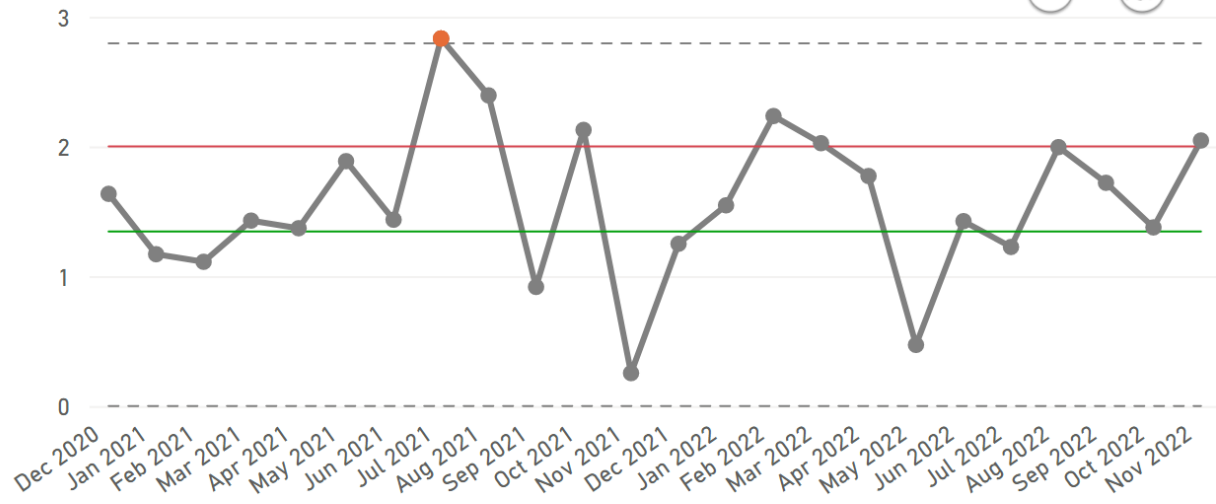
Number of 3rd/4th degree tear (%)

Month	Performance	Target	Trend	Assurance
Nov 2022	0.8%	3.5%		



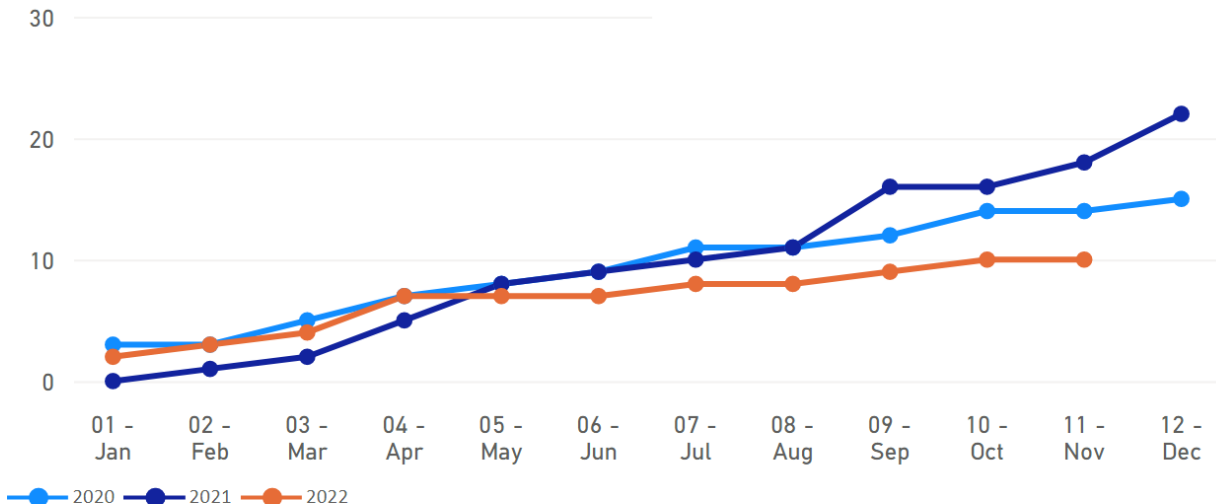
PPH > 1500ml (%)

Month	Performance	Target	Trend	Assurance
Nov 2022	2.05%	2%		




Still Births (YTD)

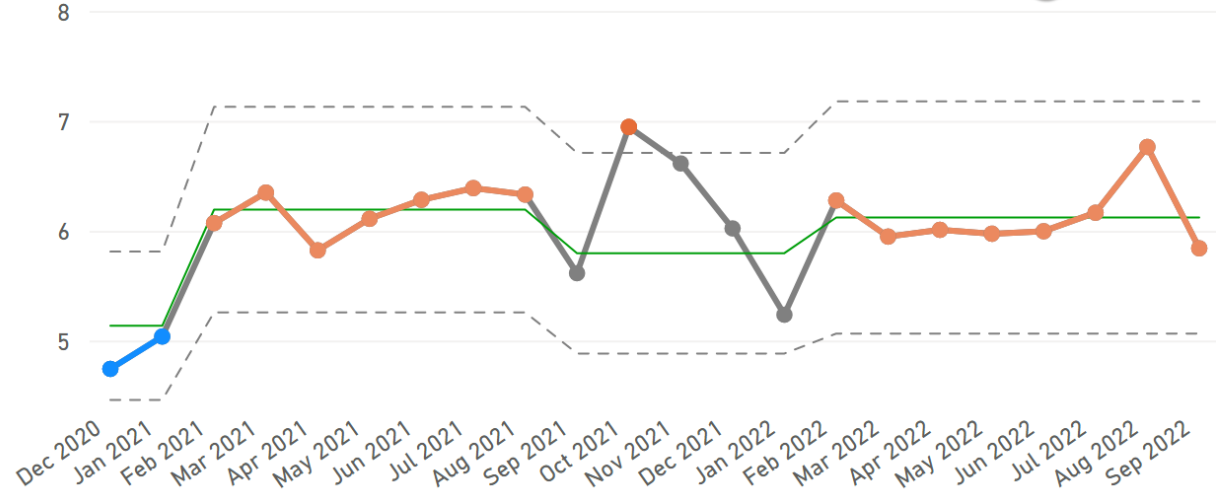
Month	Performance	Target	Trend	Assurance
Nov 2022	10	17	N/A	N/A



EFFECTIVE

Readmission Rate %

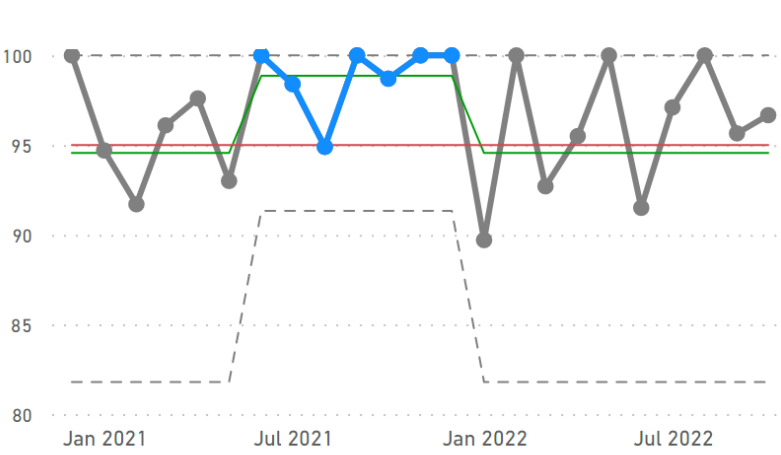
Month: Sep 2022
Performance: 5.8%
Target: 
Assurance: N/A



EFFECTIVE

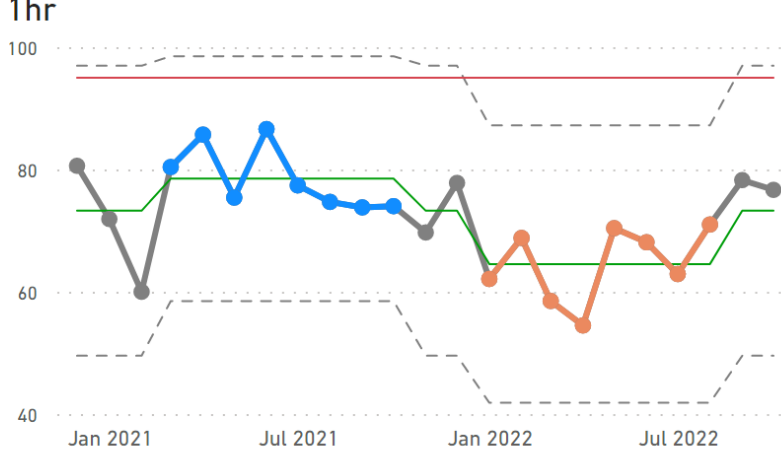
Sepsis - Oxygen within 1hr

Month	Performance	Target	Trend	Assurance
Oct 2022	96.7%	95%		



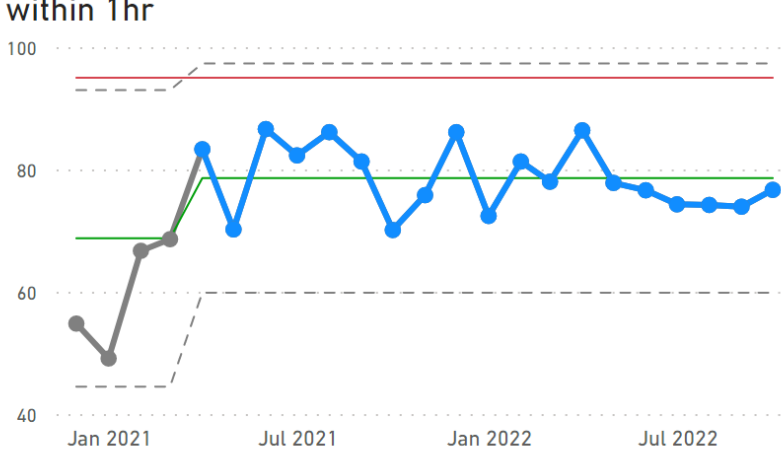
Sepsis - Blood cultures within 1hr

Month	Performance	Target	Trend	Assurance
Oct 2022	76.7%	95%		



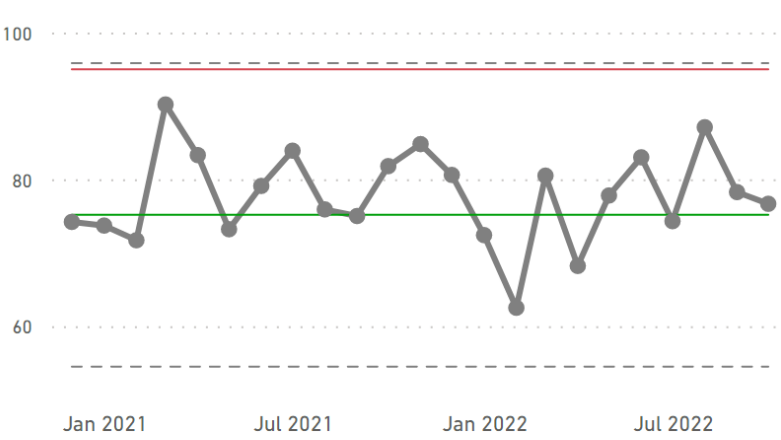
Sepsis - IV antibiotics within 1hr

Month	Performance	Target	Trend	Assurance
Oct 2022	76.7%	95%		



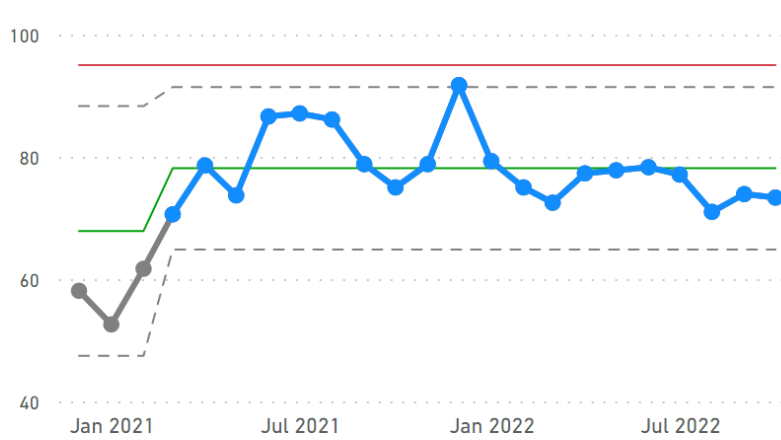
Sepsis - Serum lactate within 1hr

Month	Performance	Target	Trend	Assurance
Oct 2022	76.7%	95%		



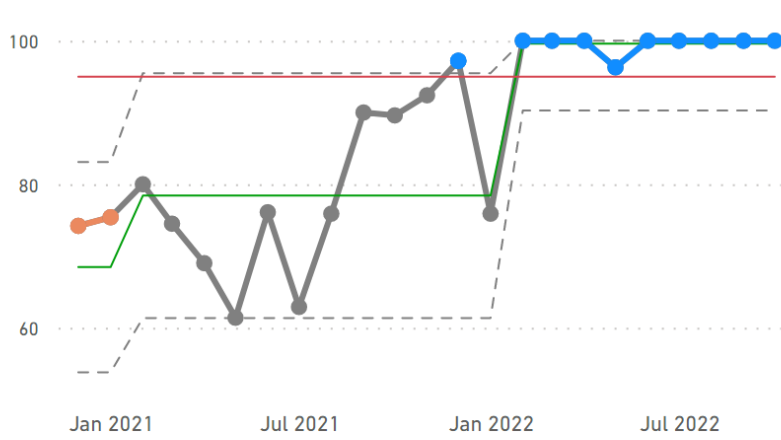
IV fluid resuscitation within 1hr

Month	Performance	Target	Trend	Assurance
Oct 2022	73.3%	95%		

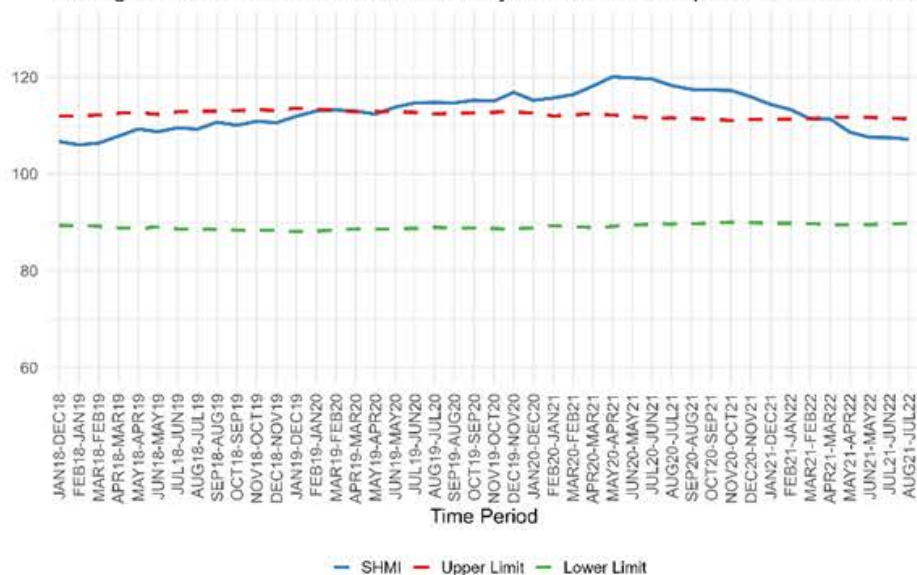


Sepsis - Urine measurement within 1hr

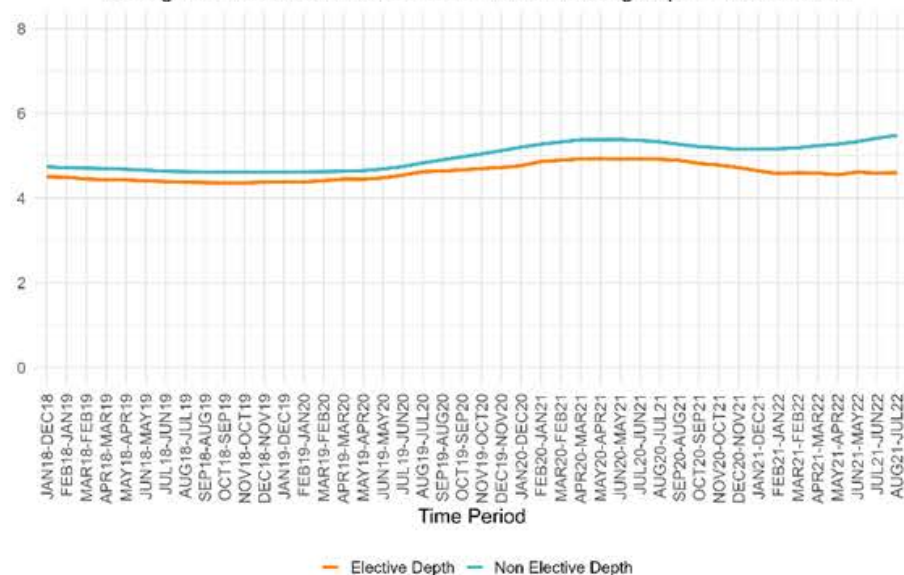
Month	Performance	Target	Trend	Assurance
Oct 2022	100%	95%		



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



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



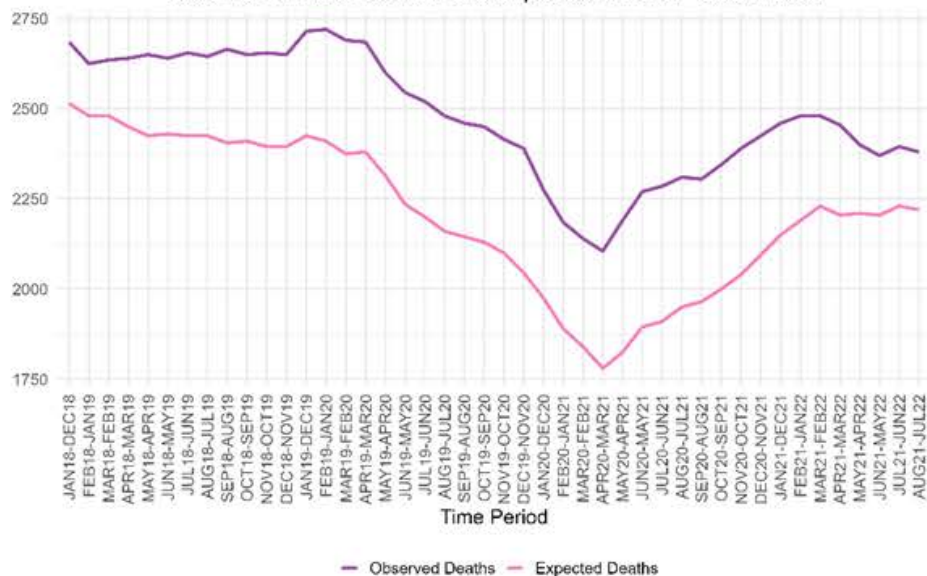
Latest SHMI = 107.2
(Aug 2021 – July 2022)

Observed deaths = 2380
Expected deaths = 2220

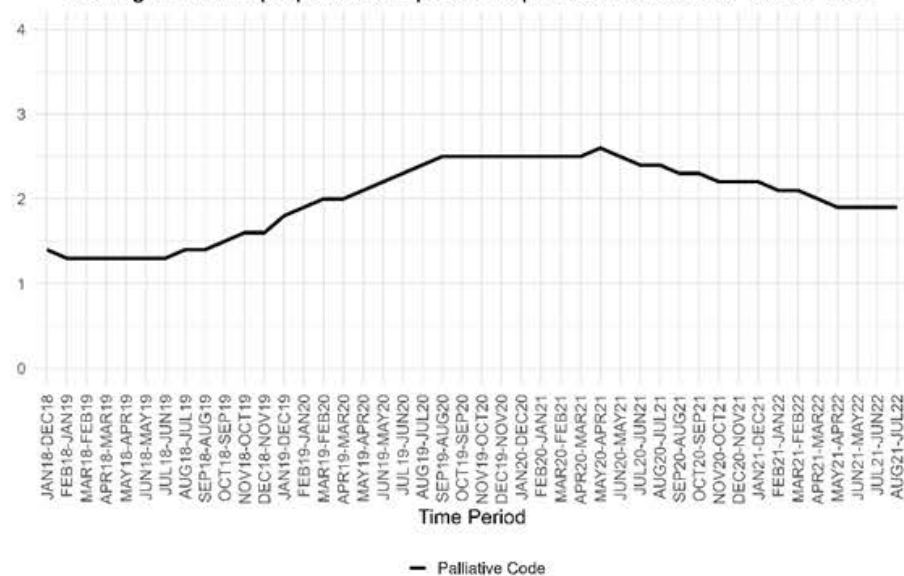
Coding depth (codes / spell)
Elective = 4.6
Non-Elective = 5.5

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




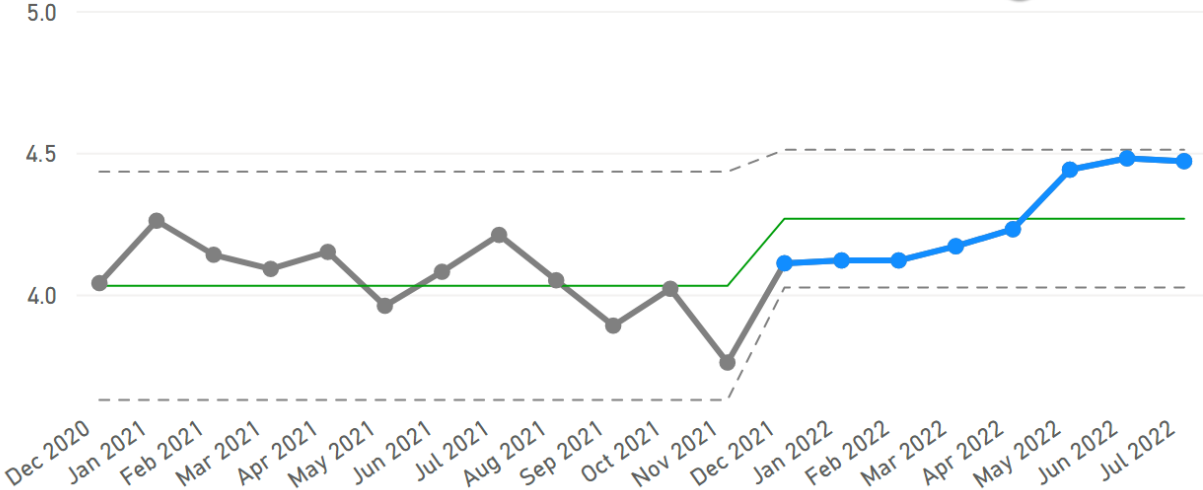
Latest SHMI is:
'as expected'

COVID-19 impact for England
Excluded spells = 4.6%
Spells as a % pre-pandemic
(2019 spells) = 86%

Data source: NHS Digital
Monthly SHMI publication



Comorbidity Coding

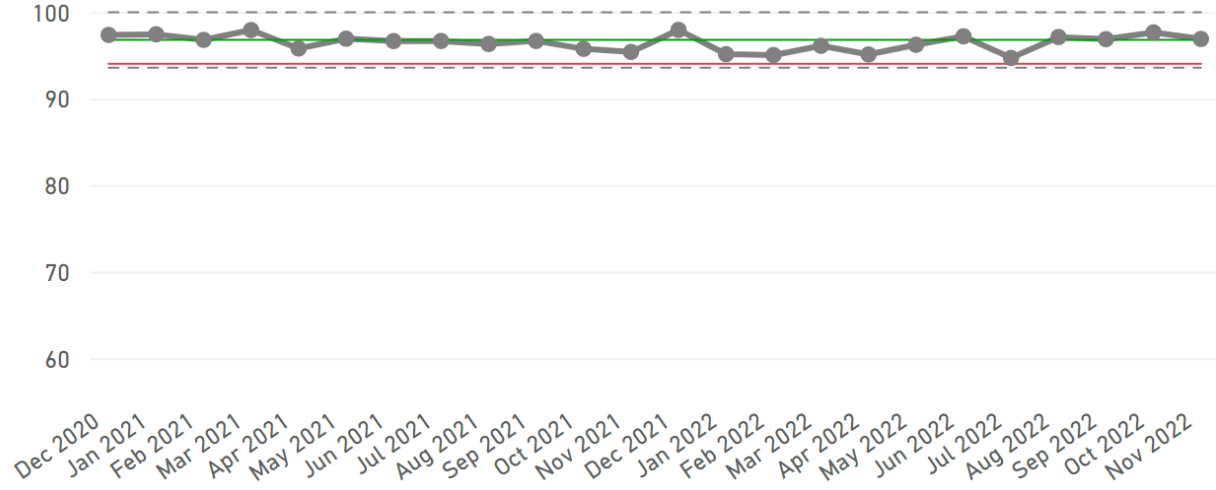
Month	Performance	Target	Trend	Assurance
Jul 2022	4.5			N/A





CARING

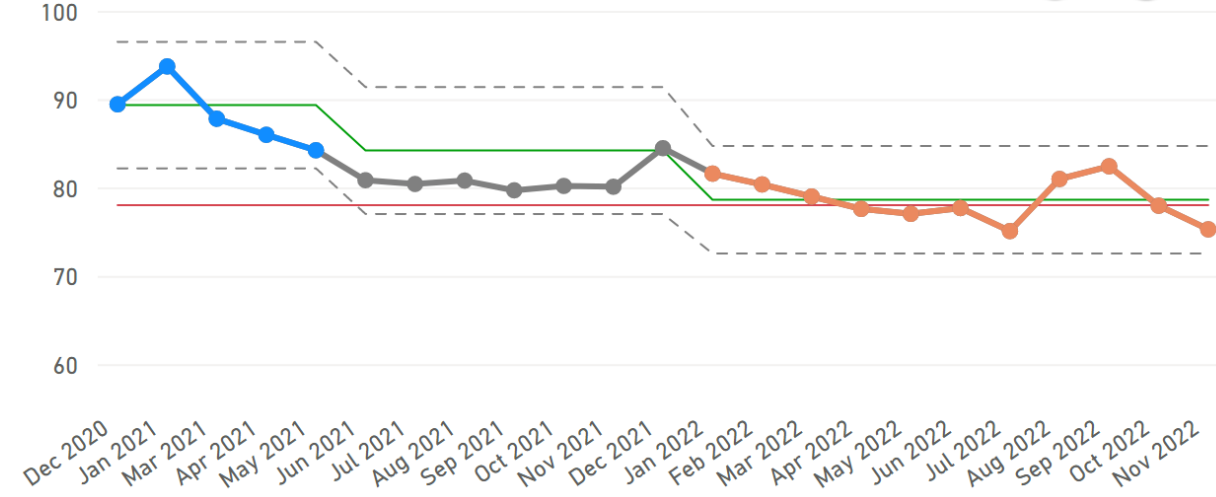
Inpatient Experience (%)

Month: Nov 2022
 Performance: 96.9%
 Target: 94%
 Trend: 
 Assurance: 





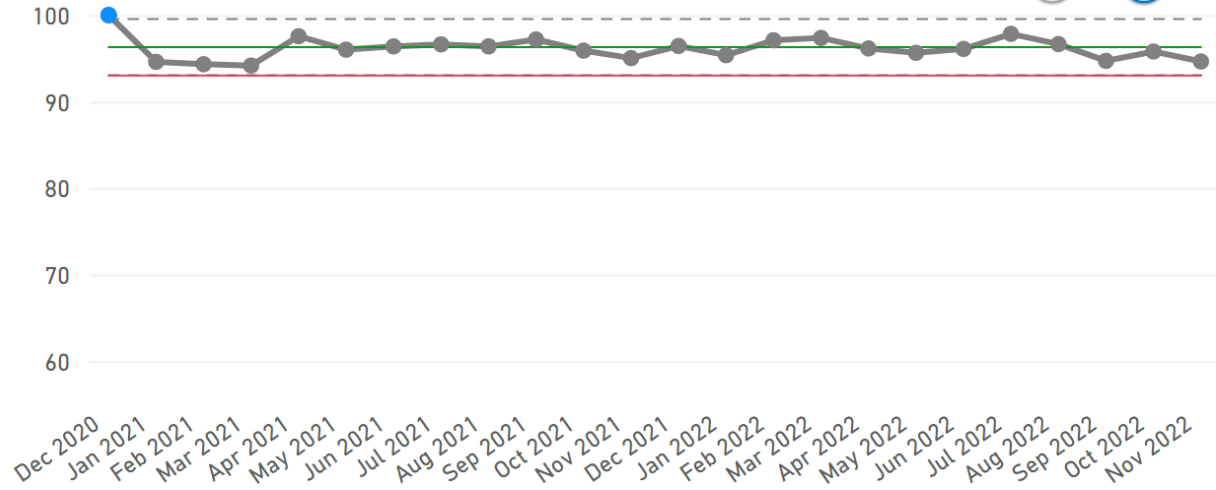
A&E Experience (%)

Month: Nov 2022
 Performance: 75.3%
 Target: 78%
 Trend: 
 Assurance: 





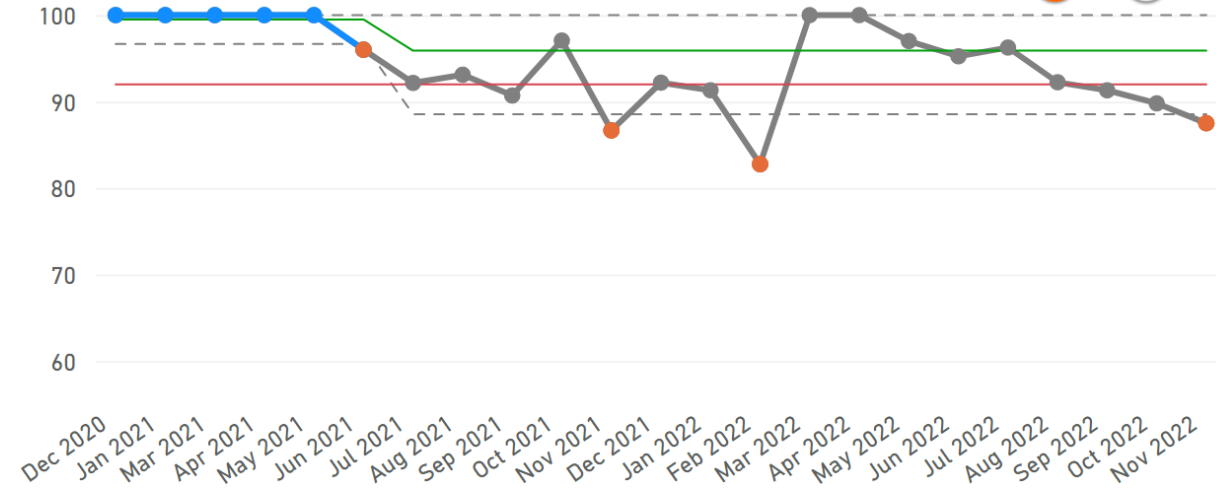
Outpatient Experience (%)

Month: Nov 2022
 Performance: 94.6%
 Target: 93%
 Trend: 
 Assurance: 



Maternity Experience (%)

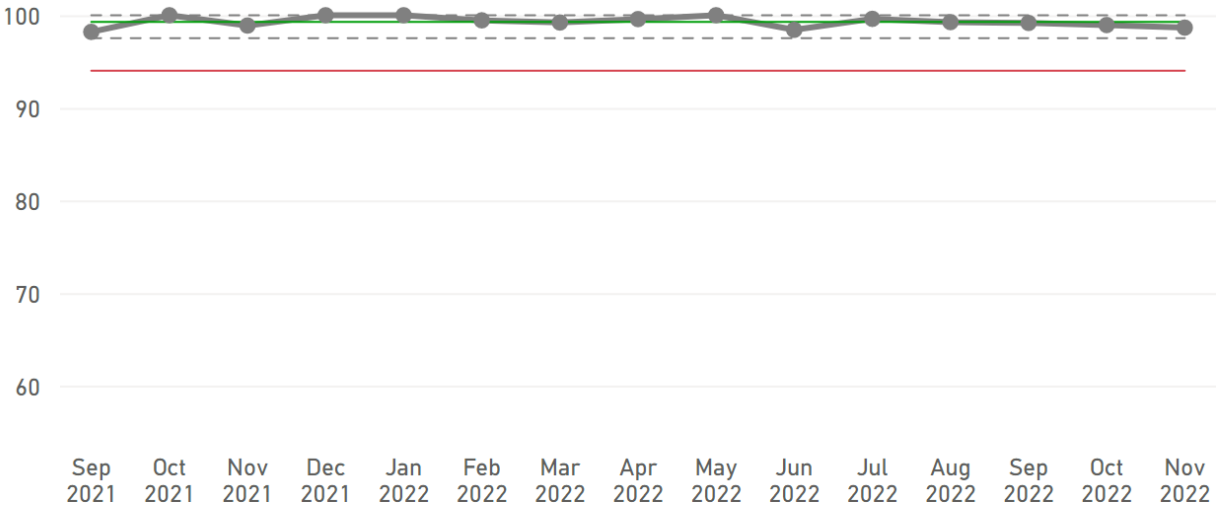
Month: Nov 2022
 Performance: 87.5%
 Target: 92%
 Trend: 
 Assurance: 



CARING

Community Experience (%)

Month Performance Target Trend Assurance
Nov 2022 98.7% 94%

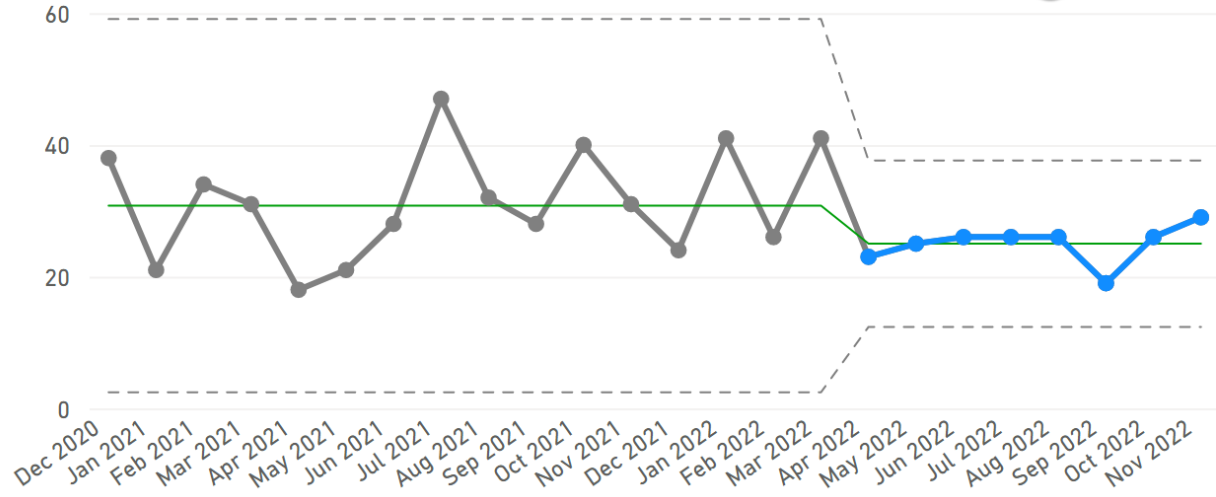


CARING

New Complaints

Month Performance Target Trend Assurance

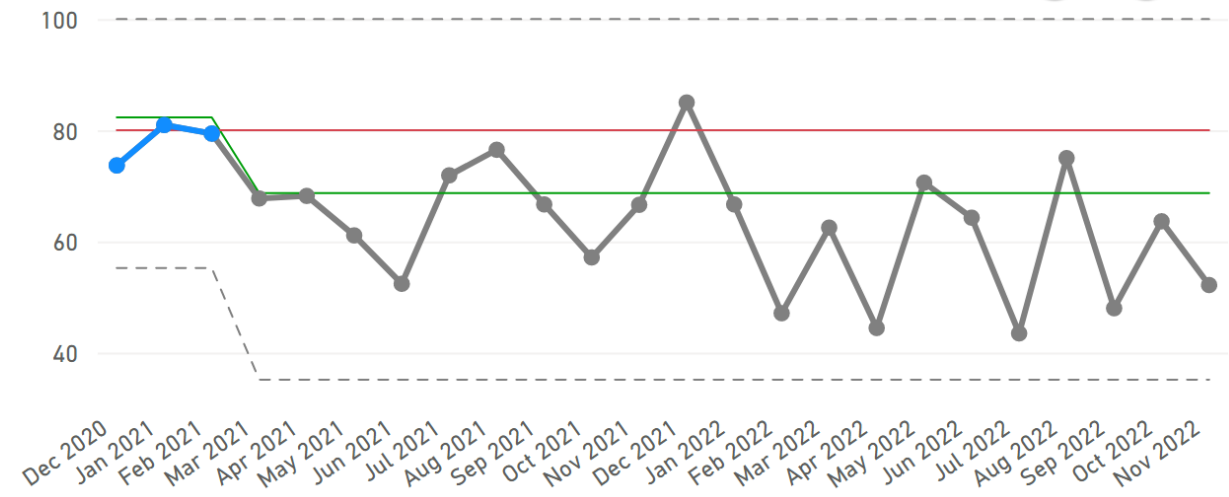
Nov 2022 29  N/A



Closed Within Target (%)

Month Performance Target Trend Assurance

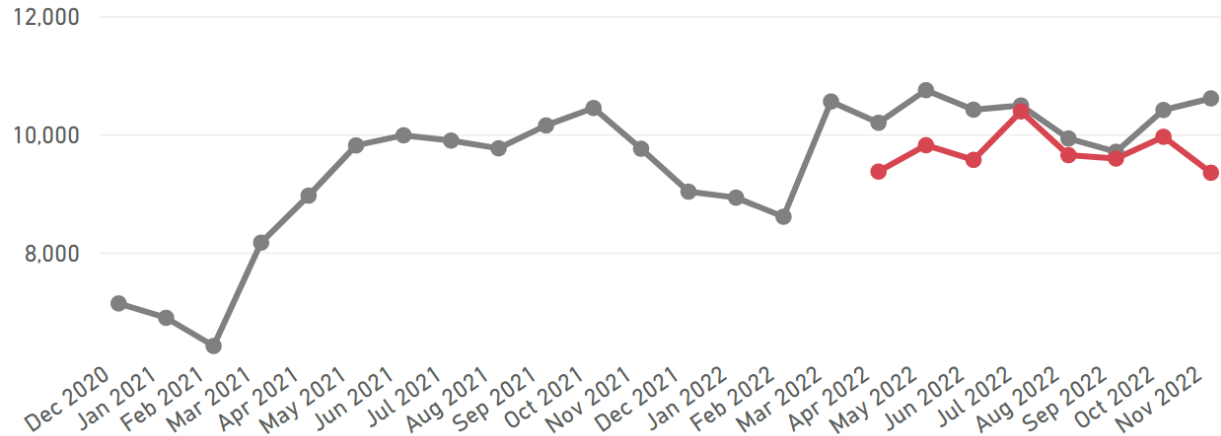
Nov 2022 52.2% 80%  



RESPONSIVE

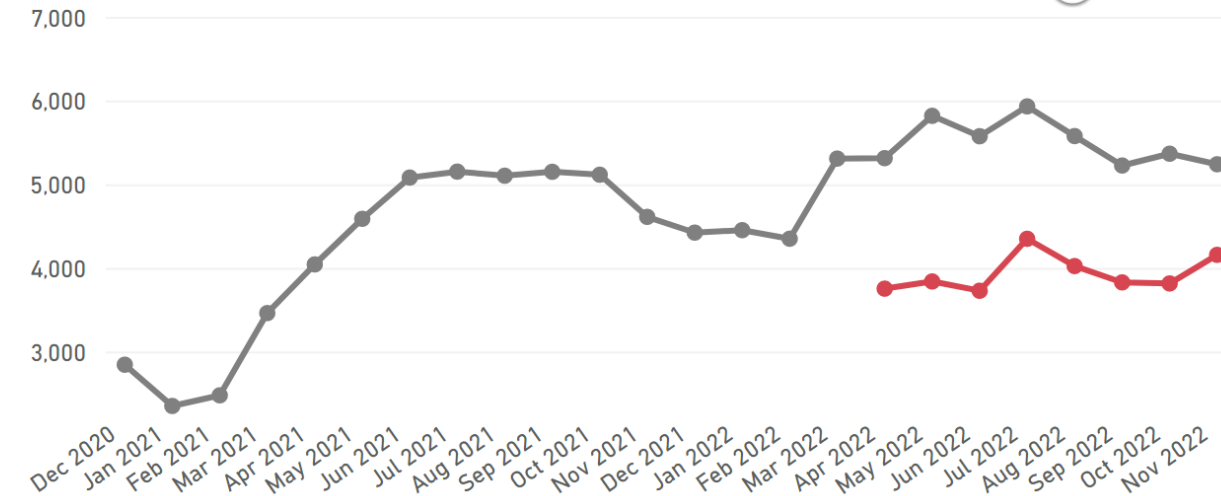
ED Attendances - Type 1 (vs 19/20)

Month	Performance	Target	Trend	Assurance
Nov 2022	10604	9346		



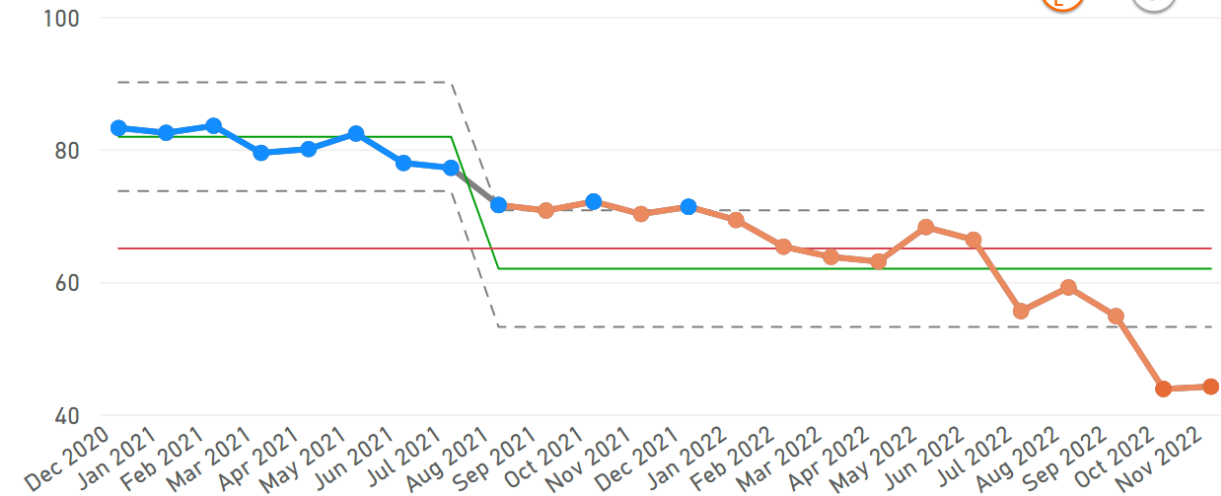
ED Attendances - Type 3 (vs 19/20)

Month	Performance	Target	Trend	Assurance
Nov 2022	5238	4155		N/A



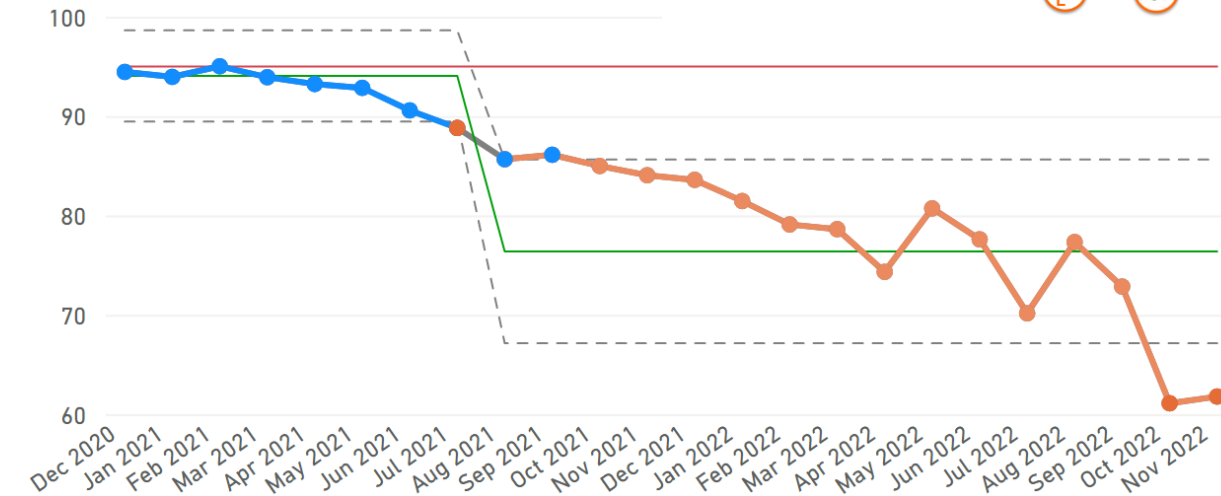
Handovers - Within 15 Mins (%)

Month	Performance	Target	Trend	Assurance
Nov 2022	44.2%	65%		



Handovers - Within 30 Mins (%)

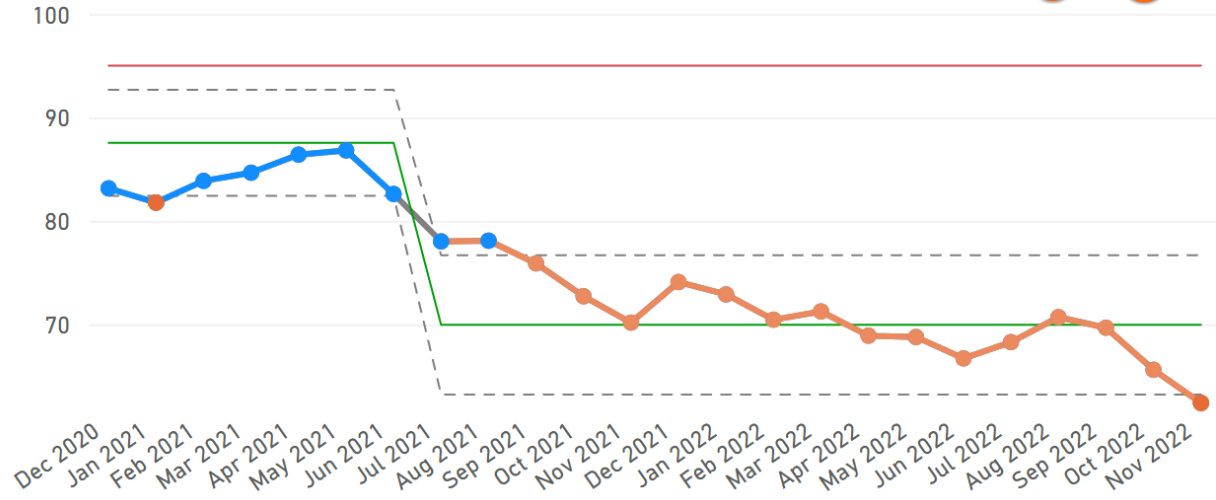
Month	Performance	Target	Trend	Assurance
Nov 2022	61.8%	95%		



RESPONSIVE

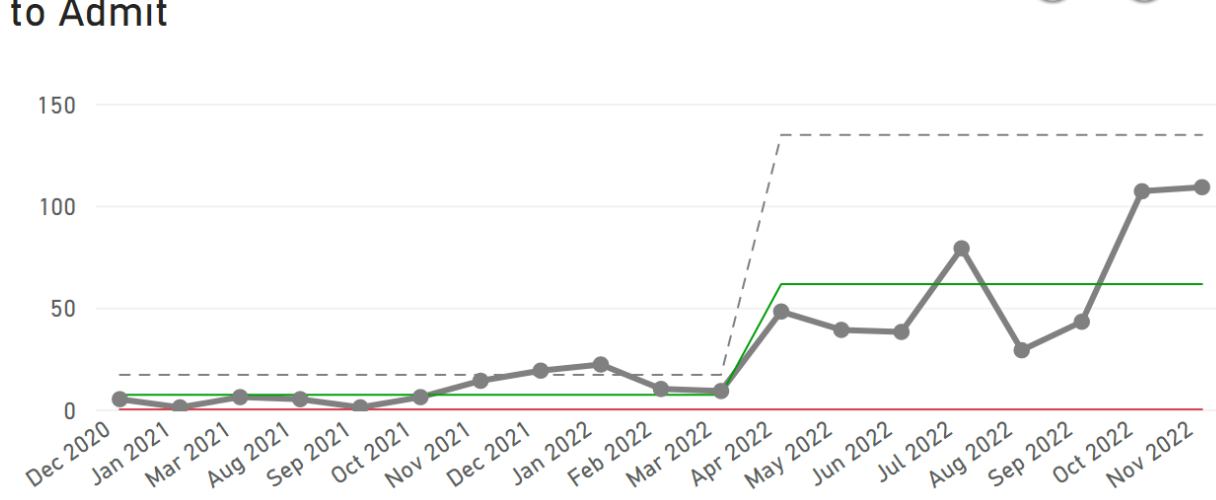
4-Hour A&E Standard

Month	Performance	Target	Trend	Assurance
Nov 2022	62.4%	95%		



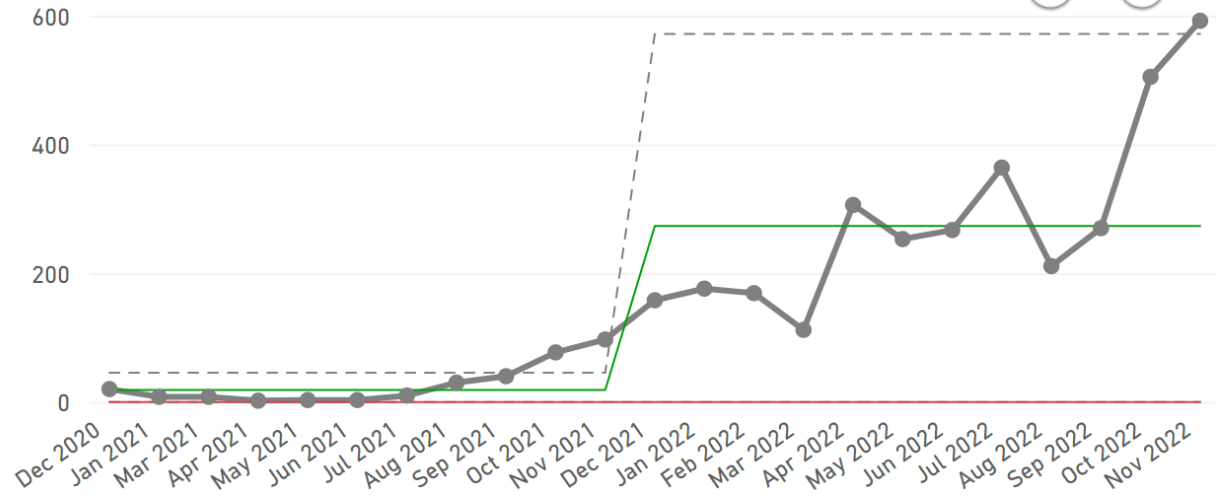
12-Hour Waits from Decision to Admit

Month	Performance	Target	Trend	Assurance
Nov 2022	109	0		





12-Hour A&E Breaches

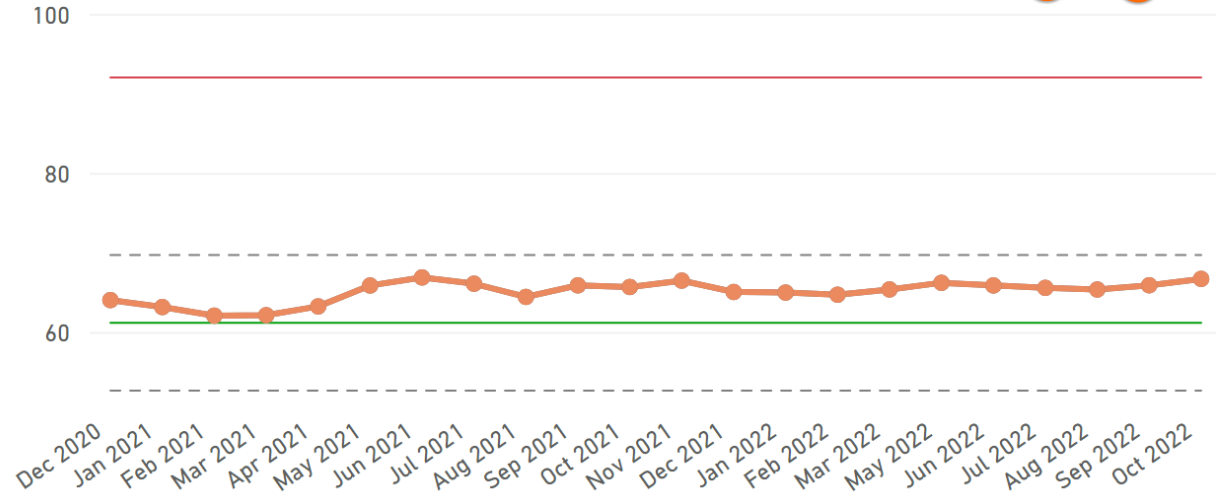
Month	Performance	Target	Trend	Assurance
Nov 2022	592	0		



RESPONSIVE

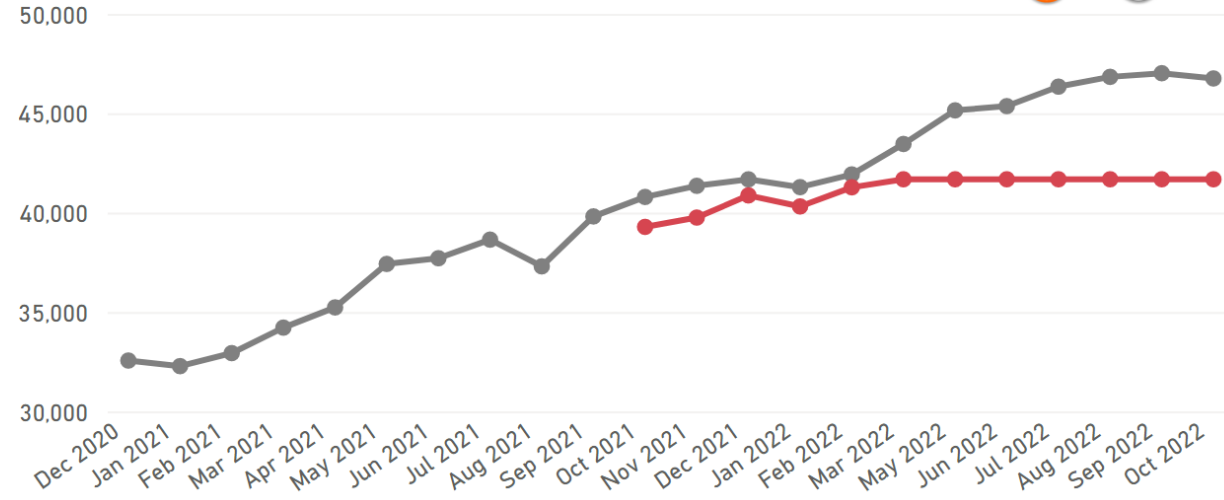
RTT Incomplete Pathways (%)

Month	Performance	Plan	Trend	Assurance
Oct 2022	66.7%	92%		



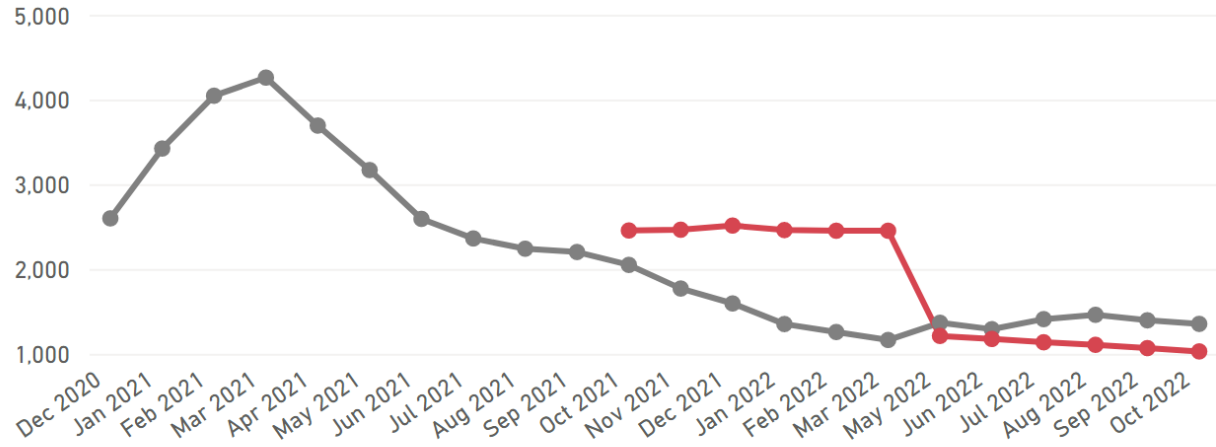
RTT Waiting List Size

Month	Performance	Plan	Trend	Assurance
Oct 2022	46750	41677		



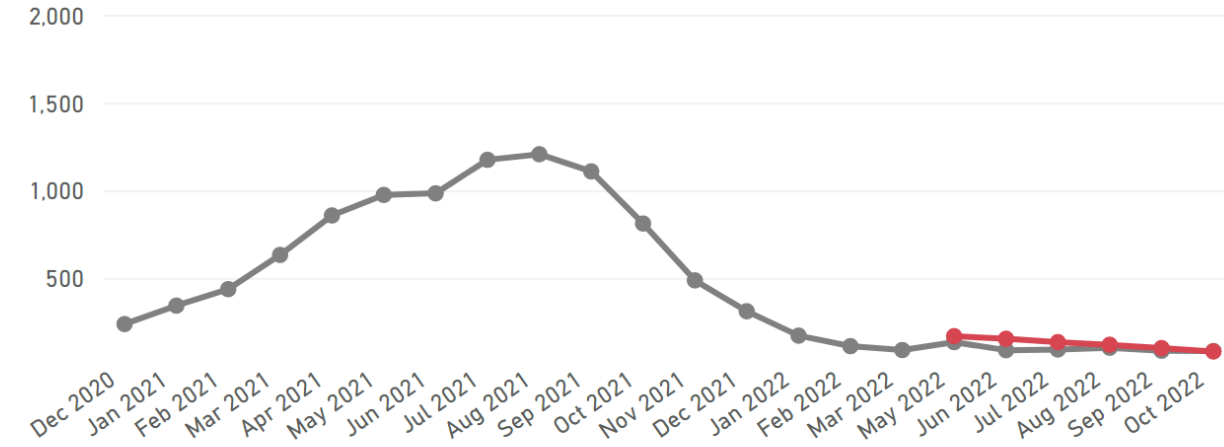
RTT 52 week waiters

Month	Performance	Plan	Trend	Assurance
Oct 2022	1352	1027	N/A	N/A



RTT 78 week waiters

Month	Performance	Plan	Trend	Assurance
Oct 2022	83	81	N/A	N/A



Actual Plan

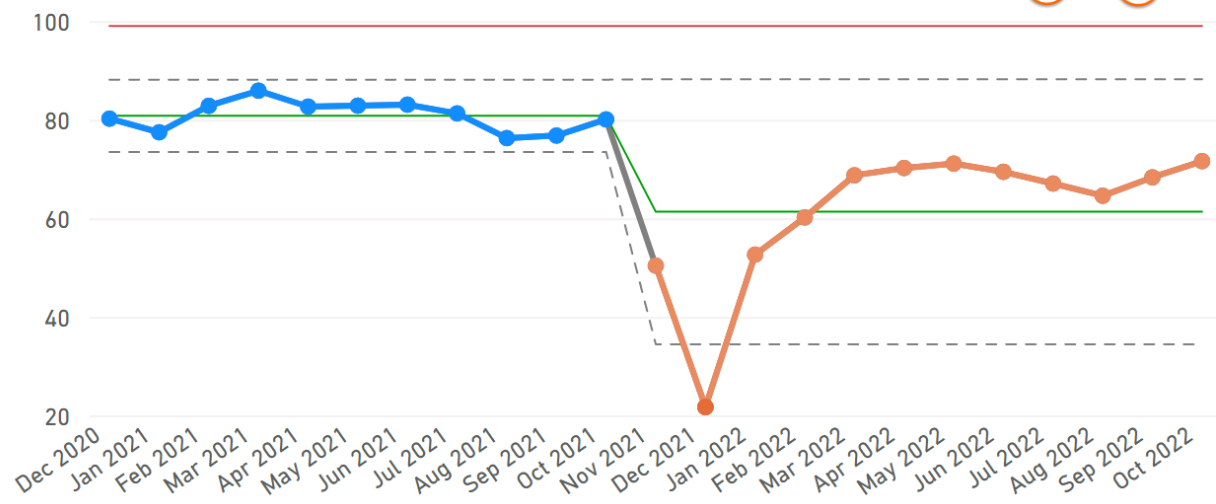
Actual Plan

RESPONSIVE

Month Performance Target Trend Assurance



Oct 2022 71.6% 99%  

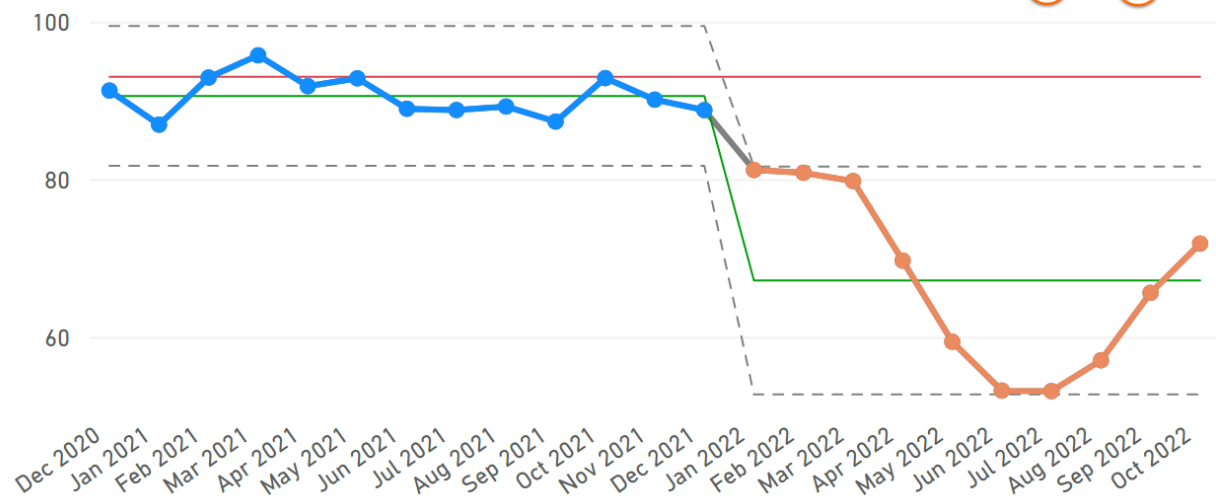
Diagnostic 6 Weeks Standard (%)





RESPONSIVE

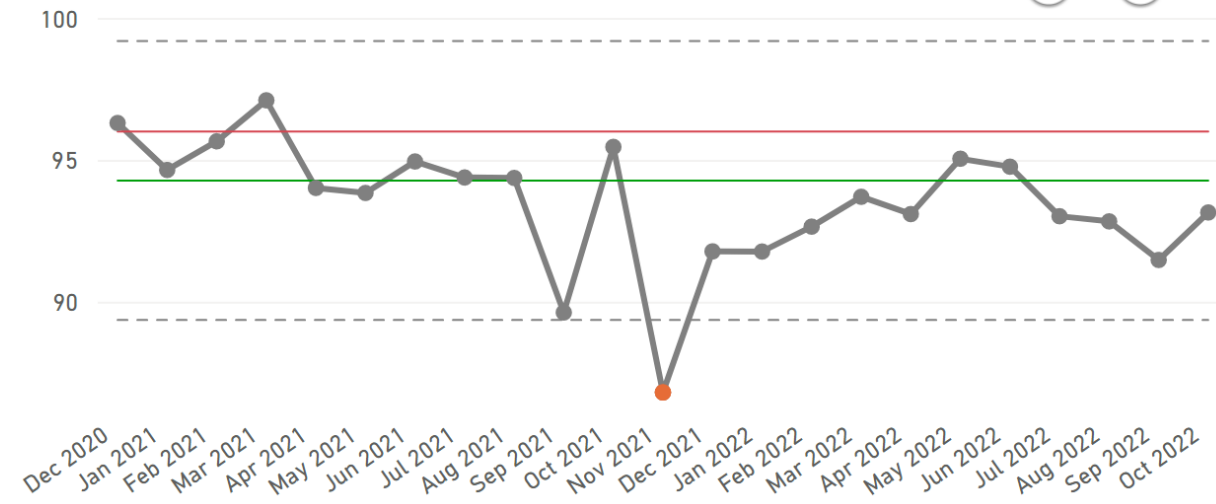
Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Oct 2022	71.8%	93%		





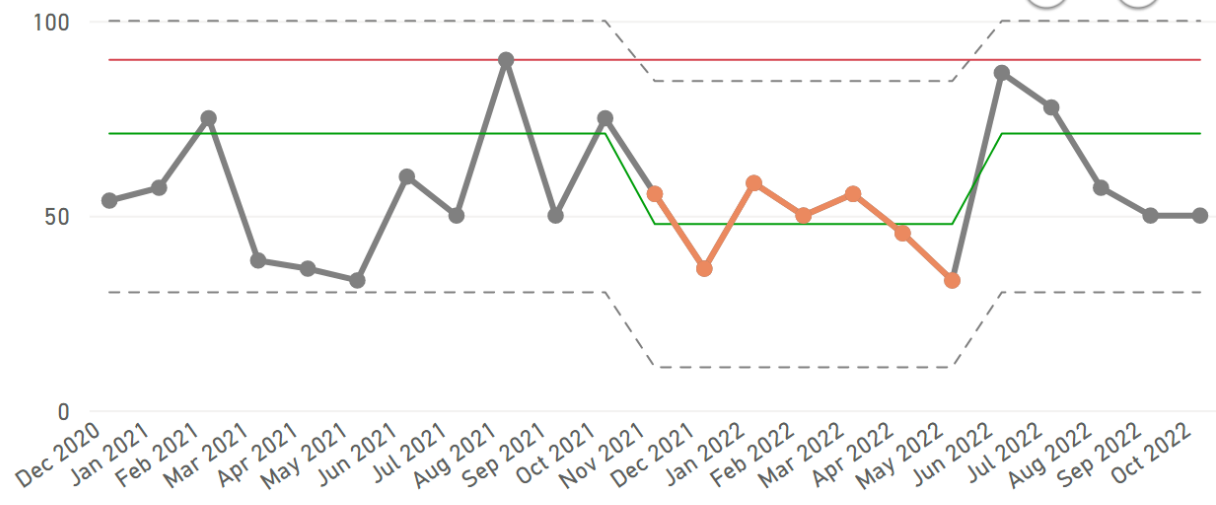
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Oct 2022	93.1%	96%		





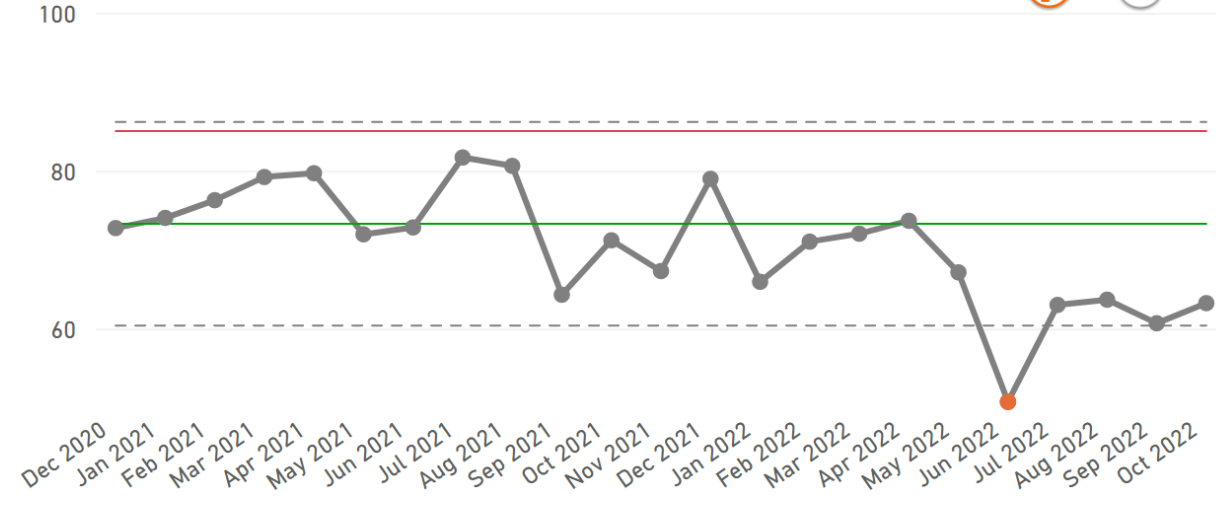
Cancer 62 Day Screening (%)



Month	Performance	Target	Trend	Assurance
Oct 2022	50%	90%		



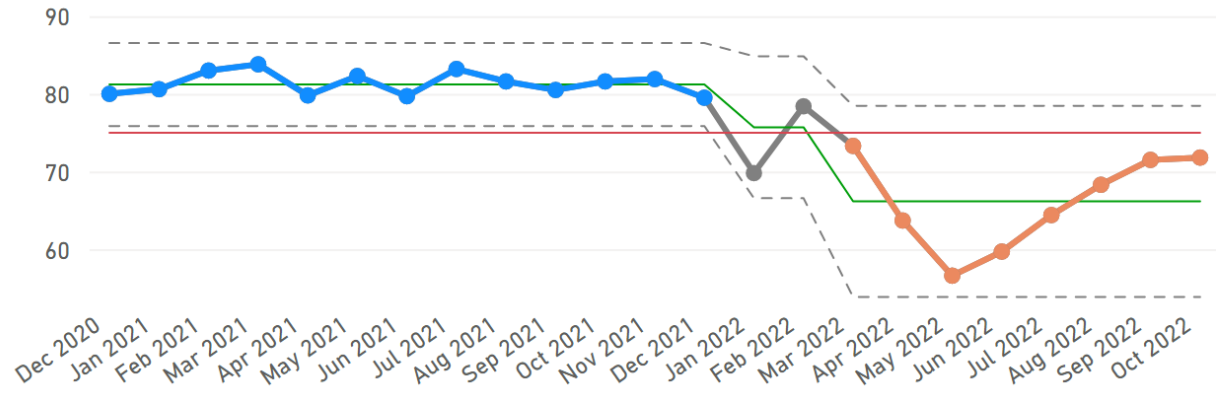
Cancer 62 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Oct 2022	63.2%	85%		



Month Performance Target Trend Assurance
Oct 2022 71.8% 75%  

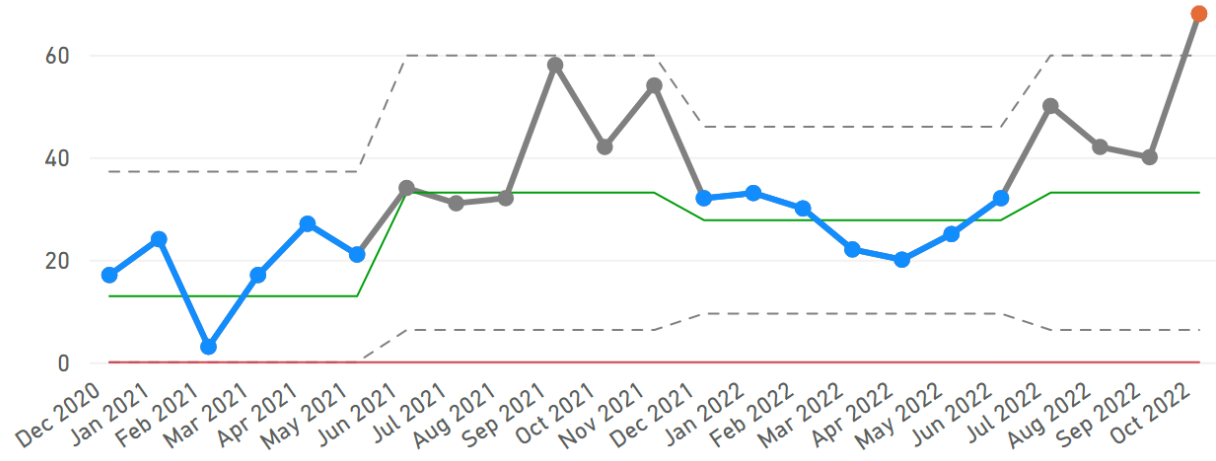
Cancer - Faster Diagnosis Standard (%)





RESPONSIVE

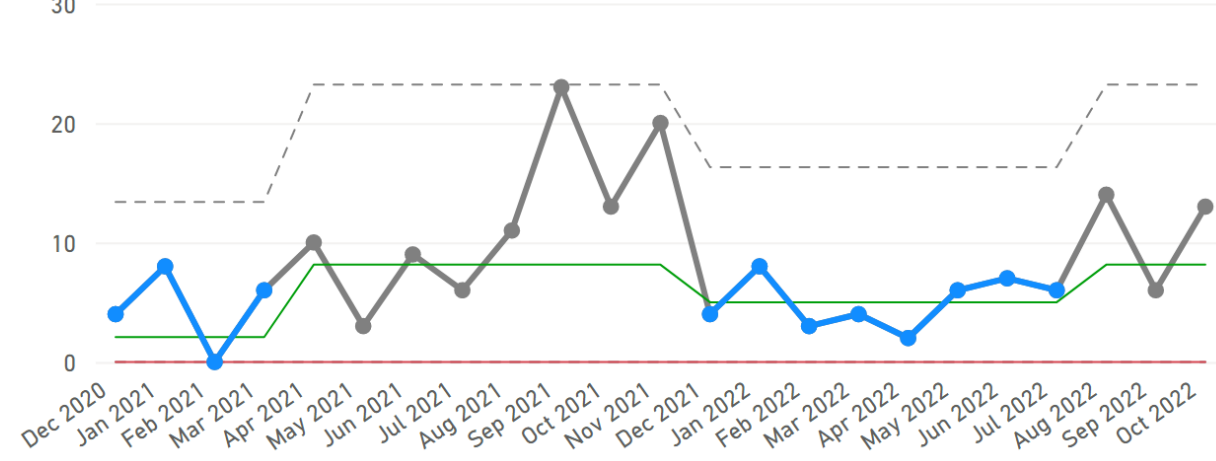
Cancelled Ops - Non-Urgent Cancelled On Day

Month	Performance	Target	Trend	Assurance
Oct 2022	68	0		



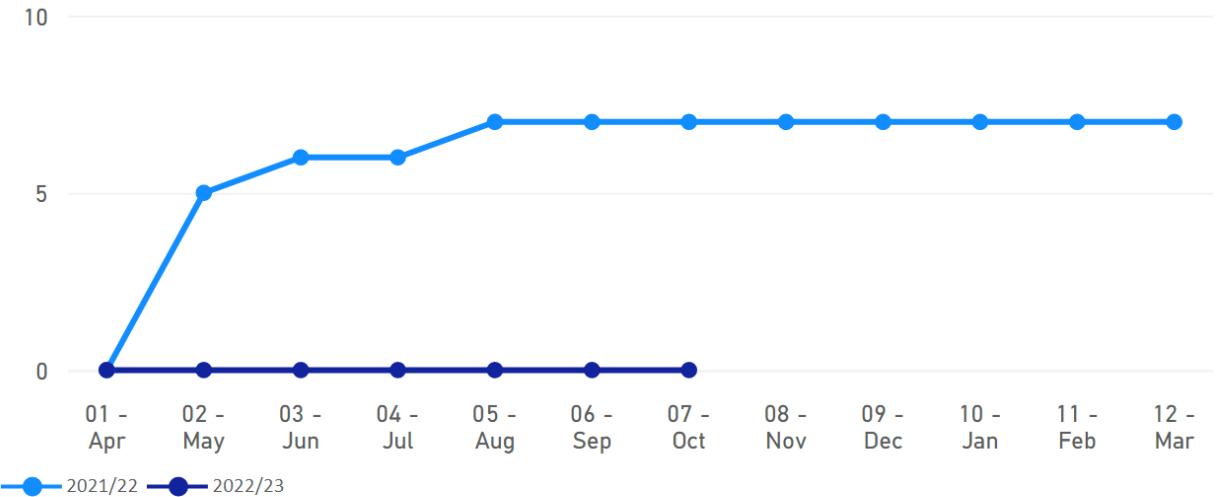
Cancelled Ops - Not Rebooked Within 28 days

Month	Performance	Target	Trend	Assurance
Oct 2022	13	0		



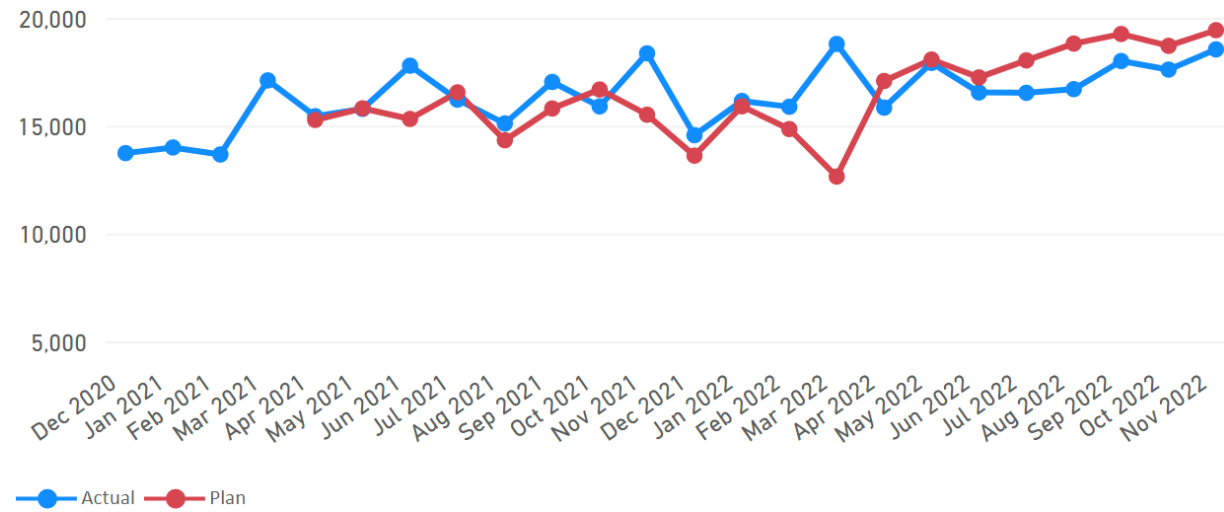
Cancer Operations Cancelled On Day (YTD)

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

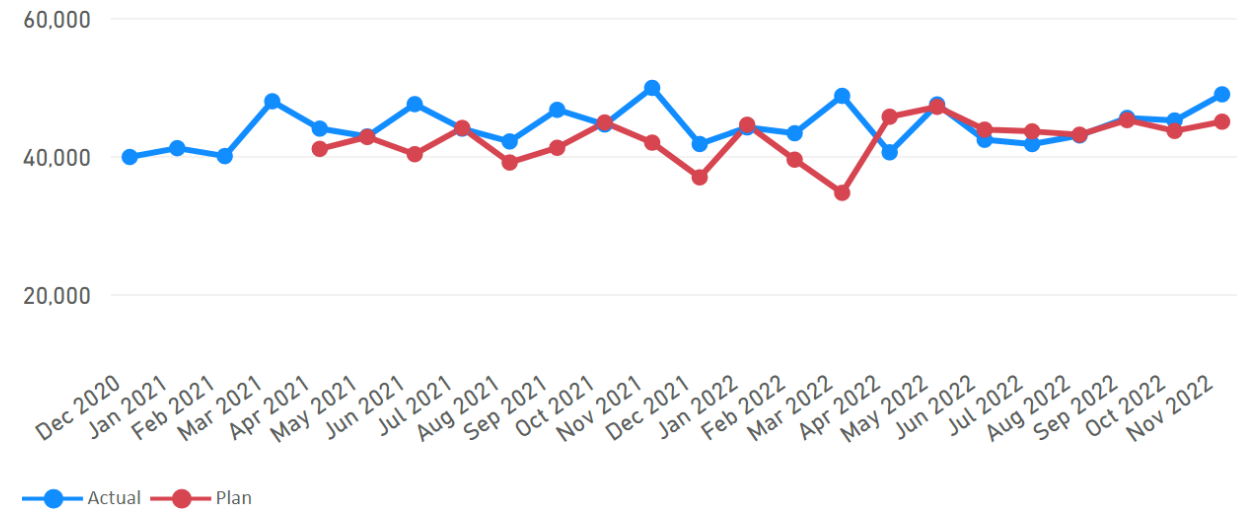


RESPONSIVE

Outpatient New Attendances

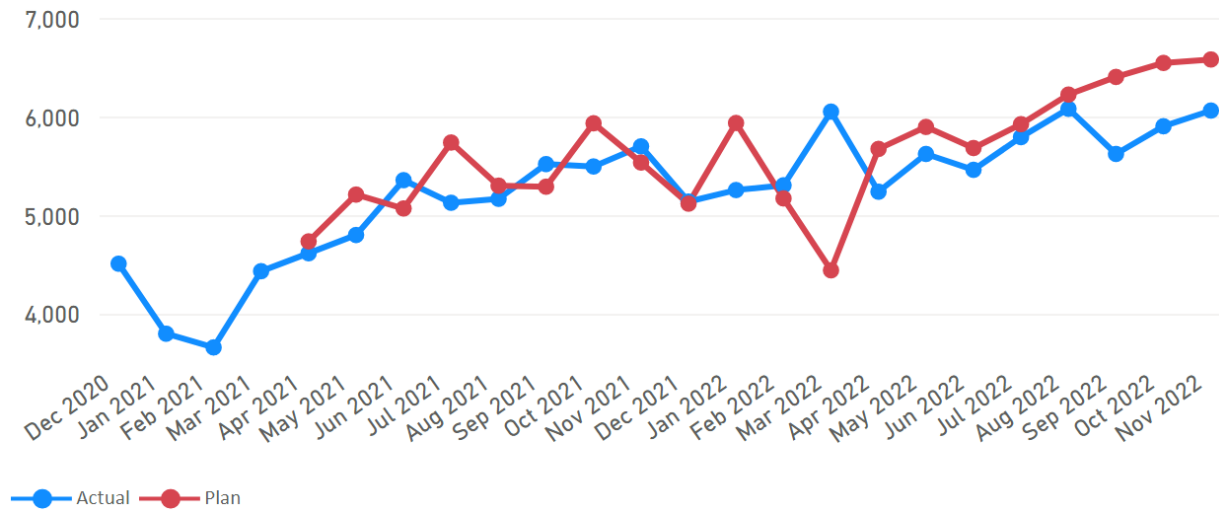


Outpatient Follow-Up Attendances

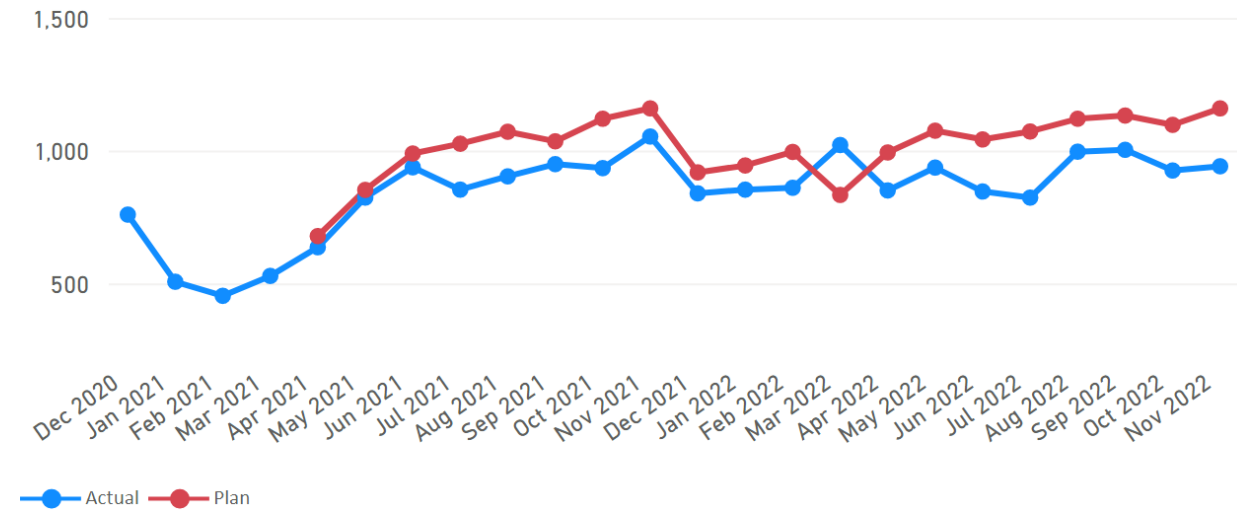


RESPONSIVE

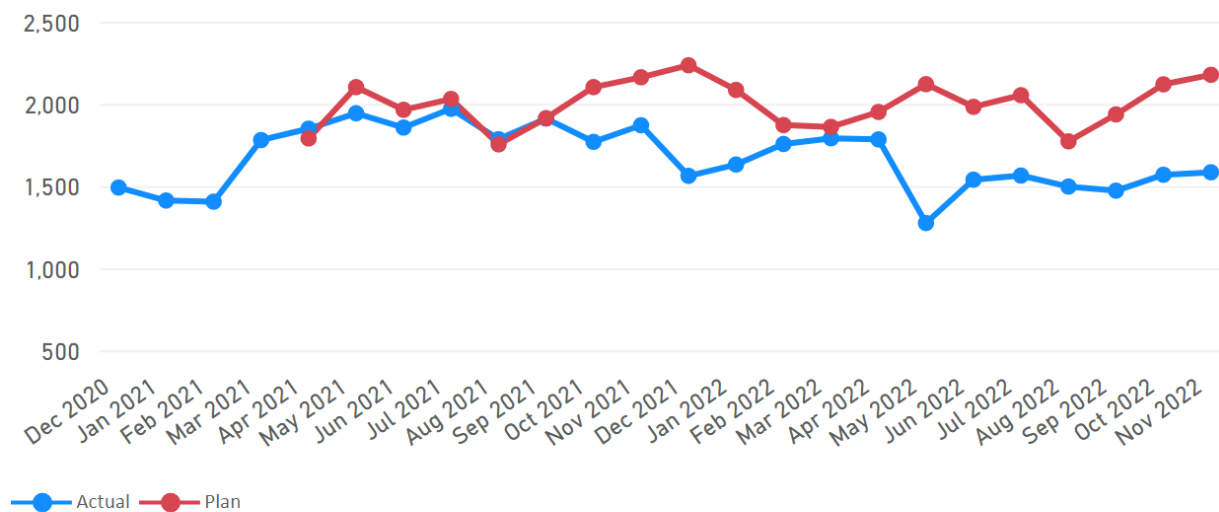
Day Case admissions



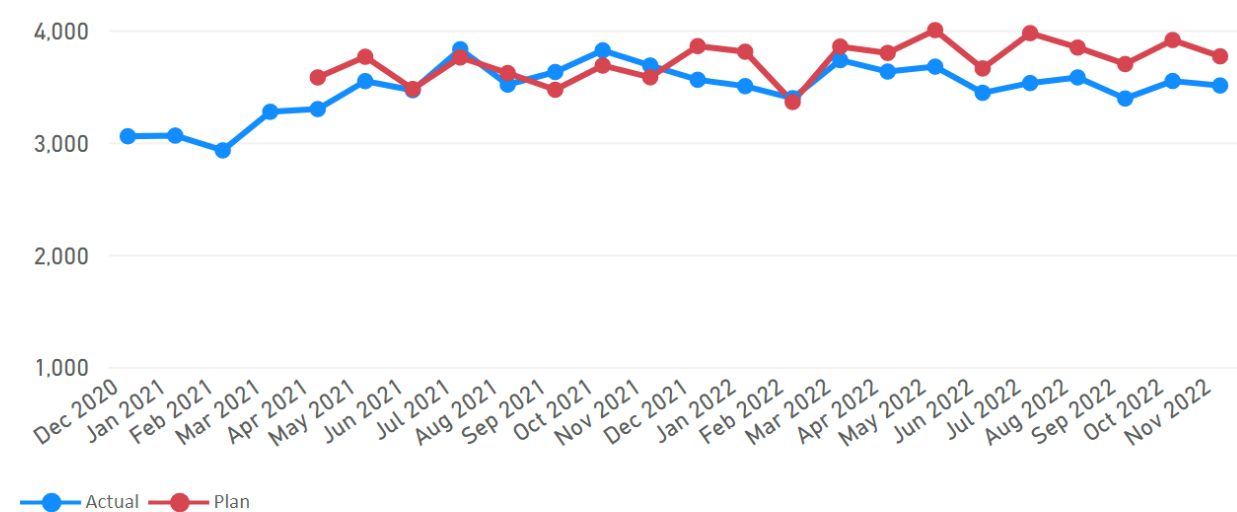
Ordinary Elective admissions



NEL admissions with 0 LOS




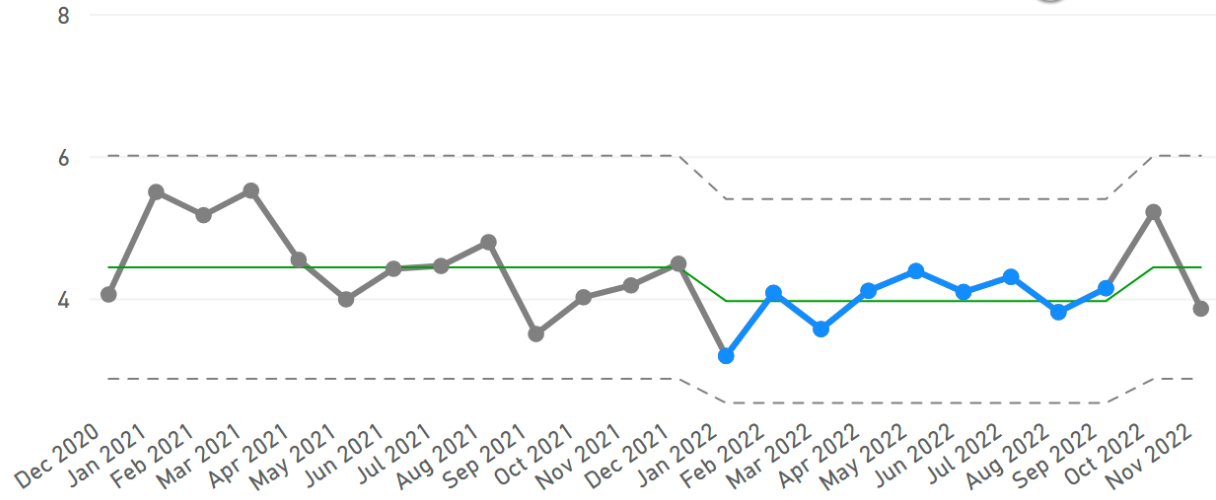
NEL admissions with 1+ LOS



RESPONSIVE

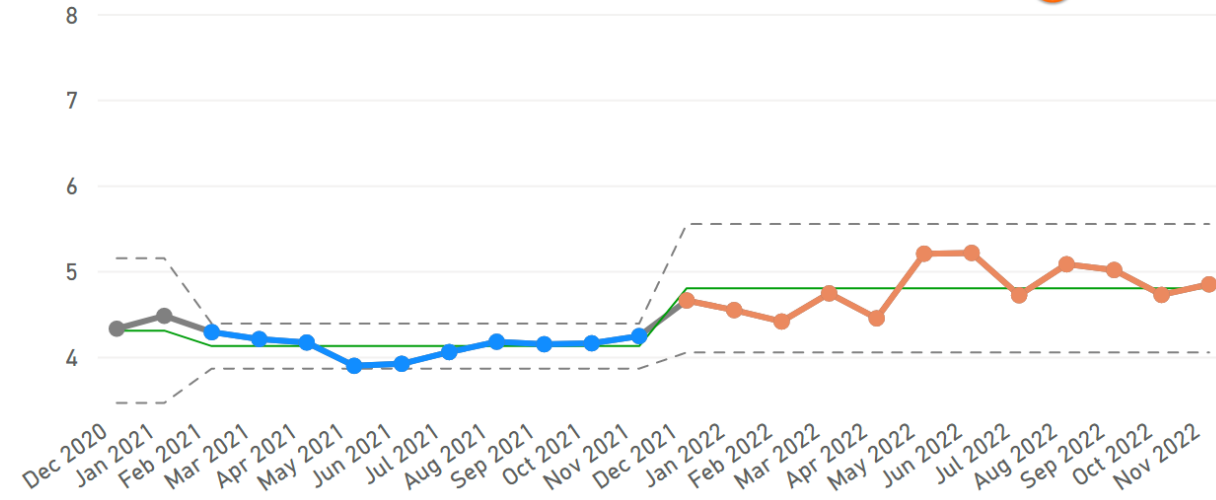
Length of Stay - Elective

Month	Performance	Target	Trend	Assurance
Nov 2022	3.9			N/A



Length of Stay - Non-Elective

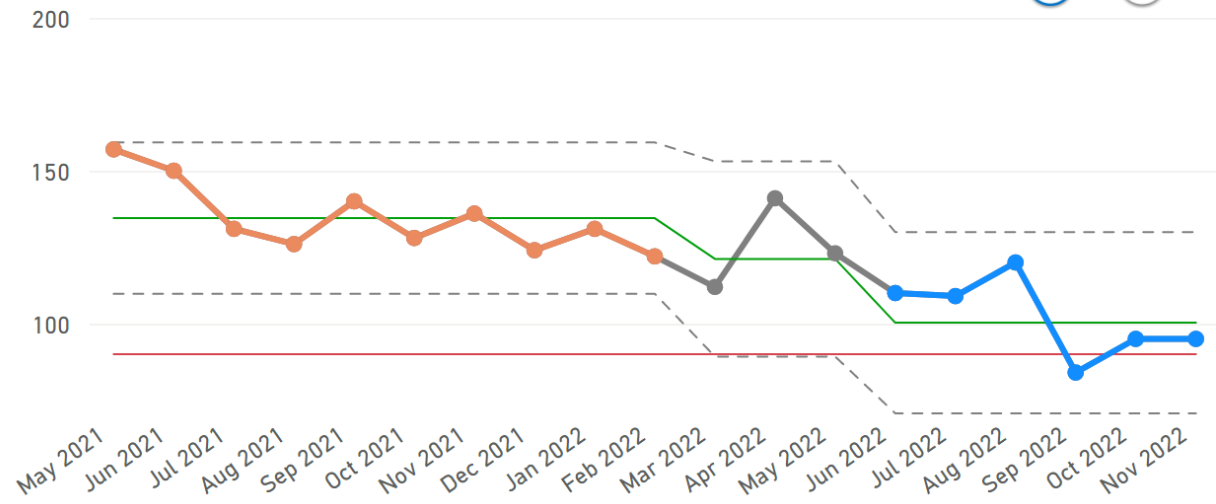
Month	Performance	Target	Trend	Assurance
Nov 2022	4.8			N/A





RESPONSIVE

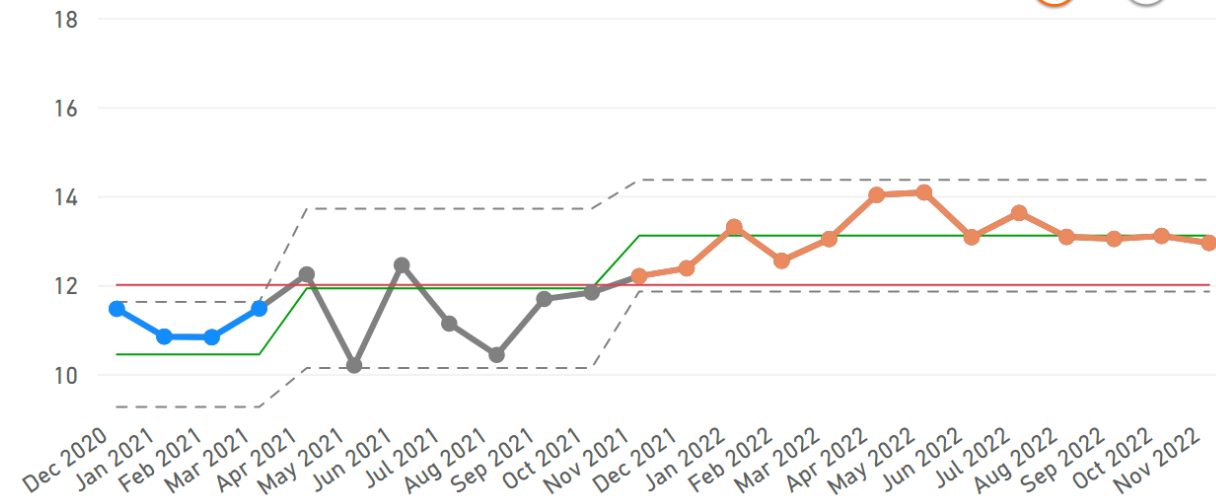
Not Met Not Discharged

Month: Nov 2022
Performance: 95
Target: 90
Trend: 
Assurance: 



21 Day Stranded Patients (%)

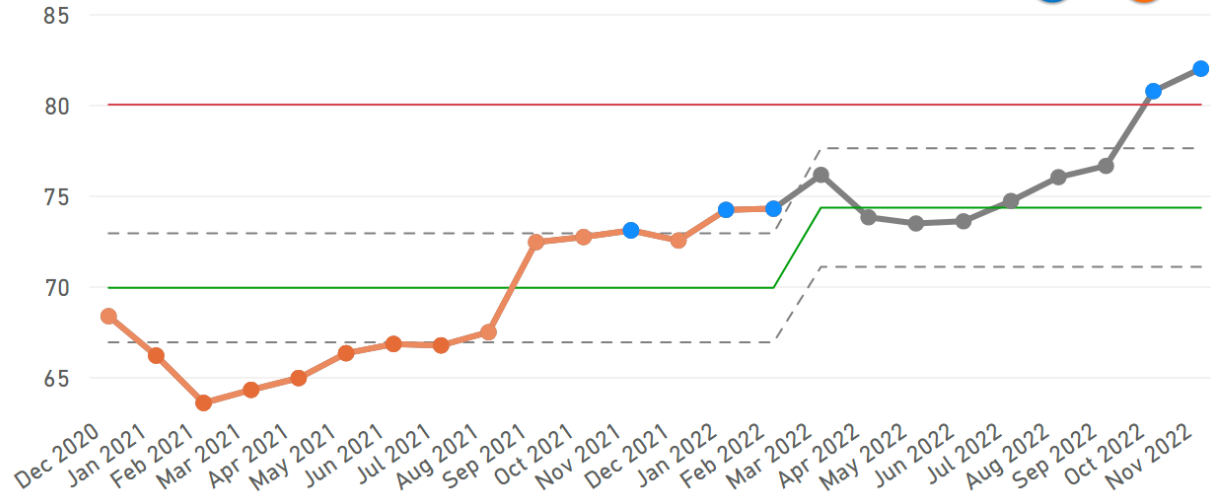
Month: Nov 2022
Performance: 12.9%
Target: 12%
Trend: 
Assurance: 



WELL-LED

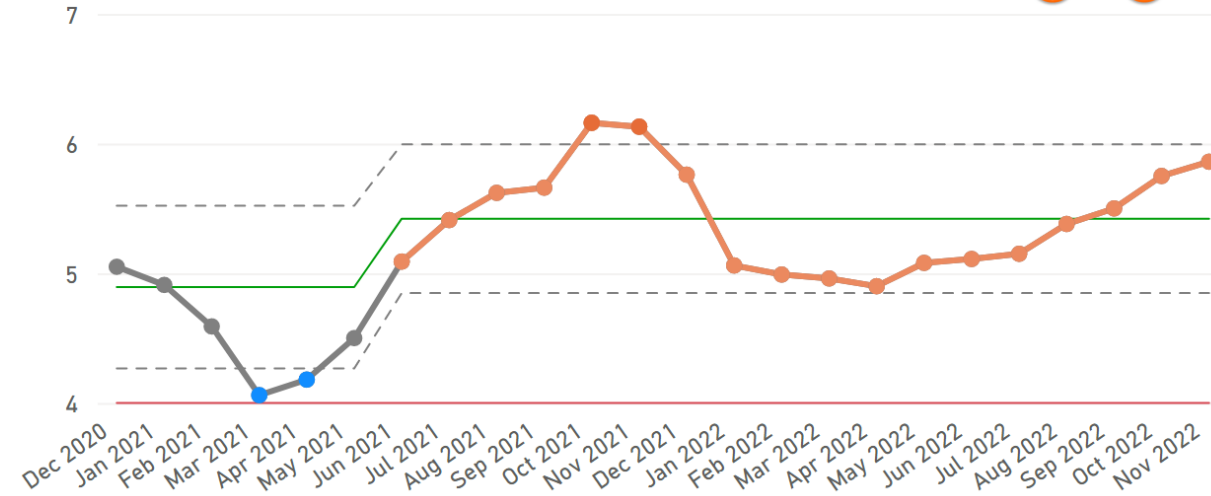
Annual Appraisal (%)

Month	Performance	Target	Trend	Assurance
Nov 2022	82%	80%		



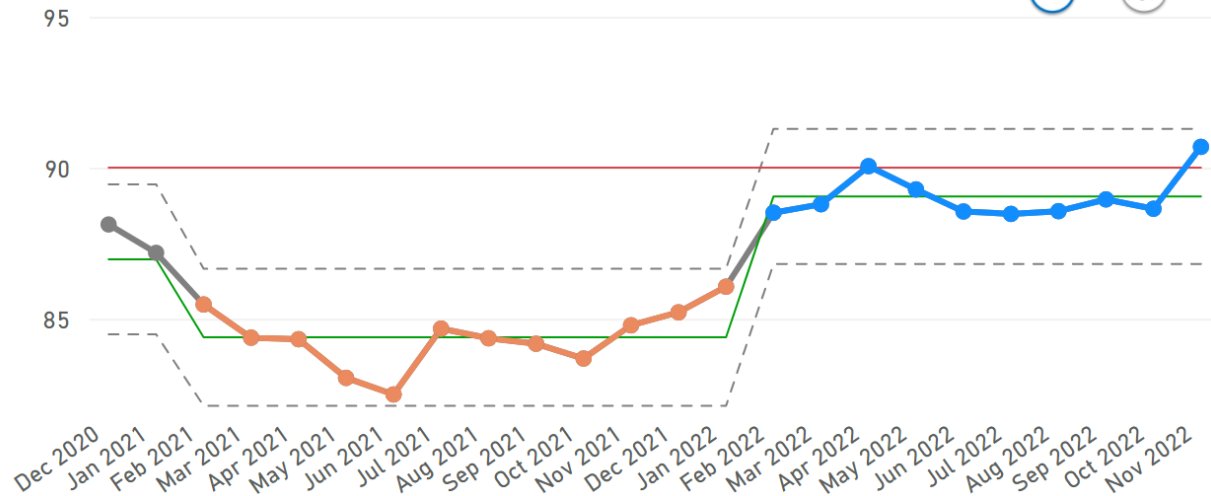
Sickness Absence (%)

Month	Performance	Target	Trend	Assurance
Nov 2022	5.9%	4%		



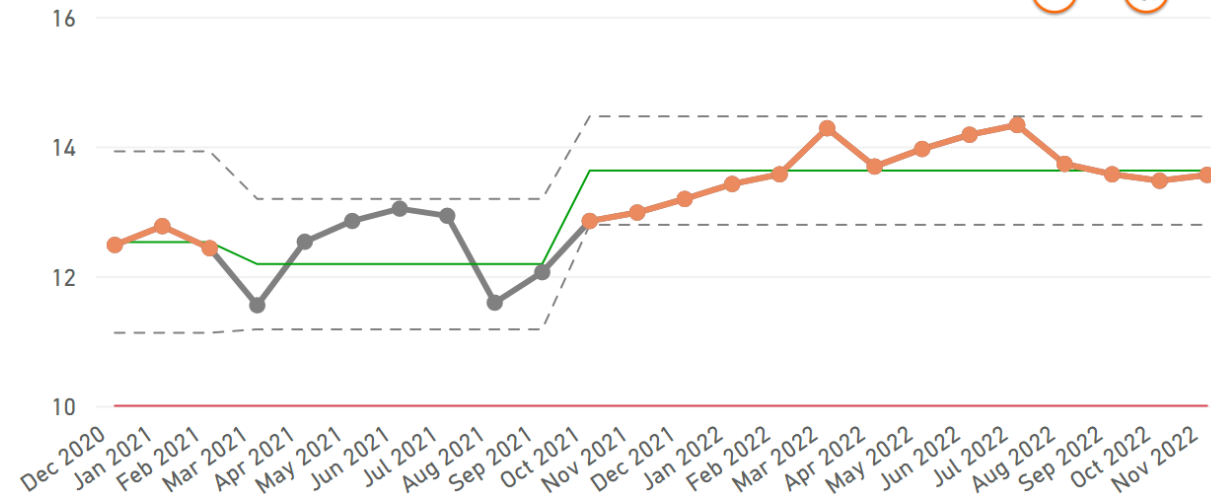
Mandatory Training (%)

Month	Performance	Target	Trend	Assurance
Nov 2022	90.7%	90%		



Staff Turnover (%)

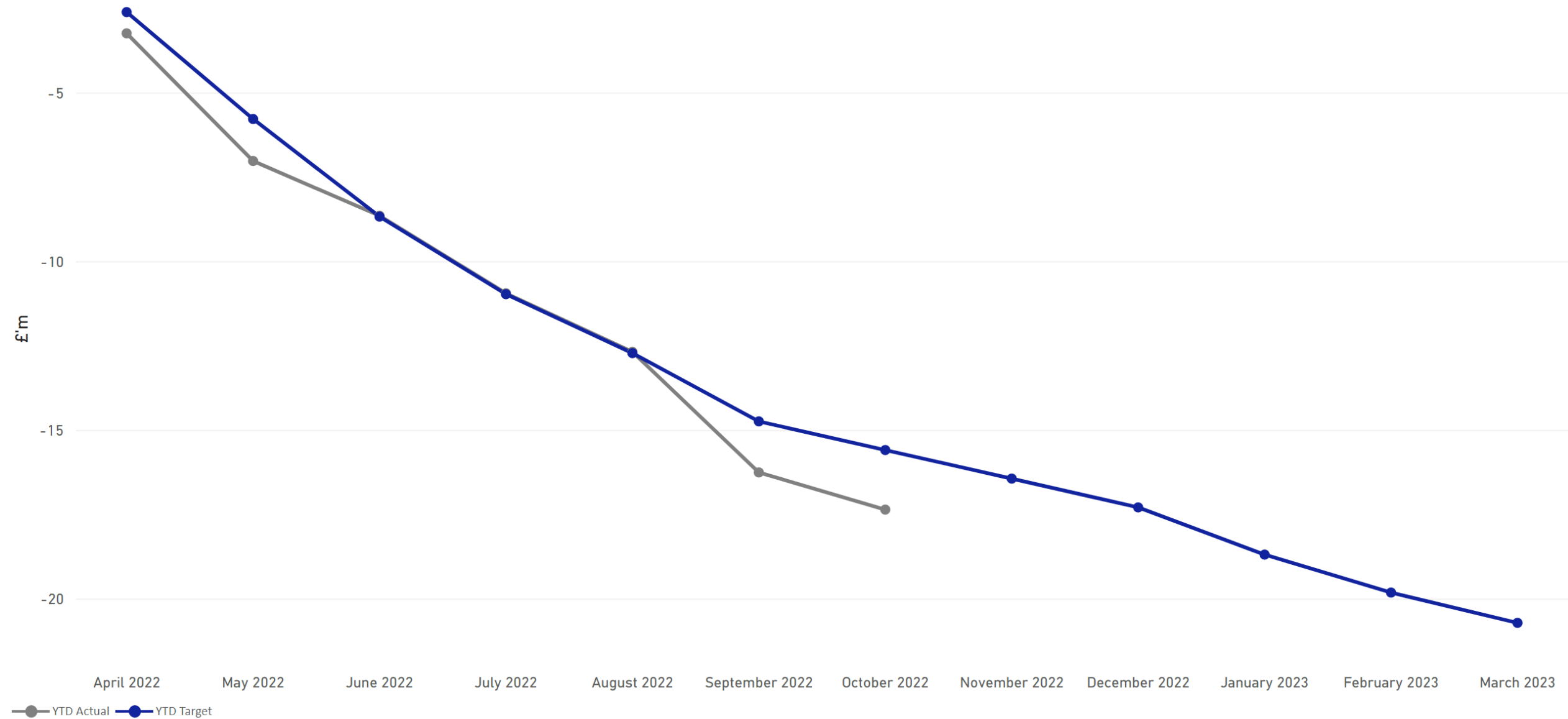
Month	Performance	Target	Trend	Assurance
Nov 2022	13.6%	10%		



WELL-LED

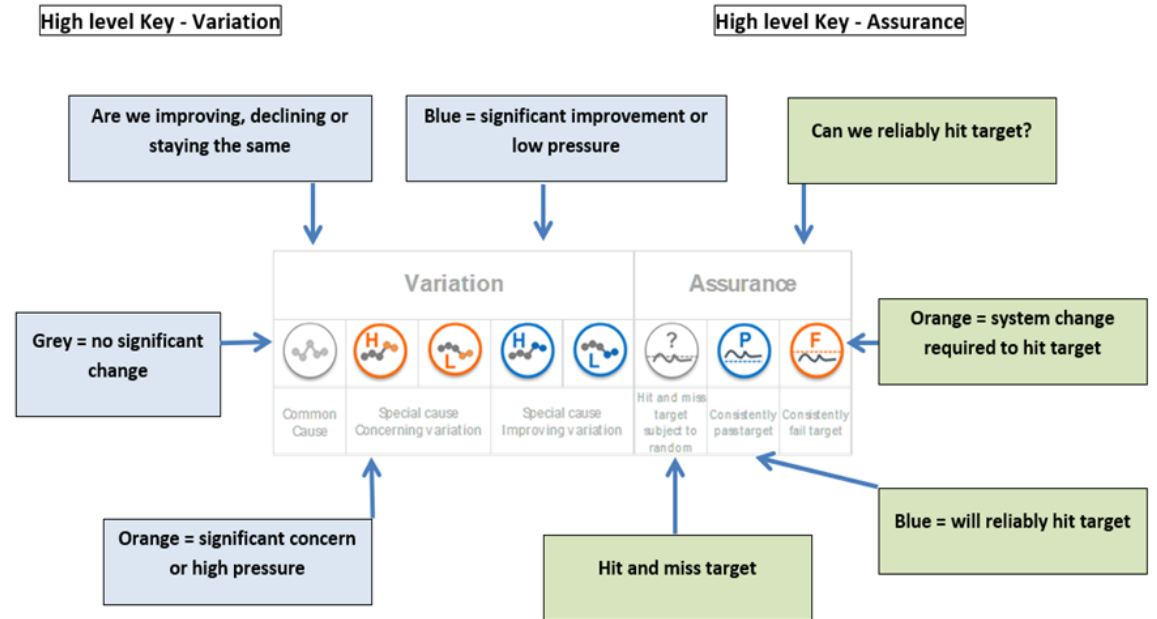
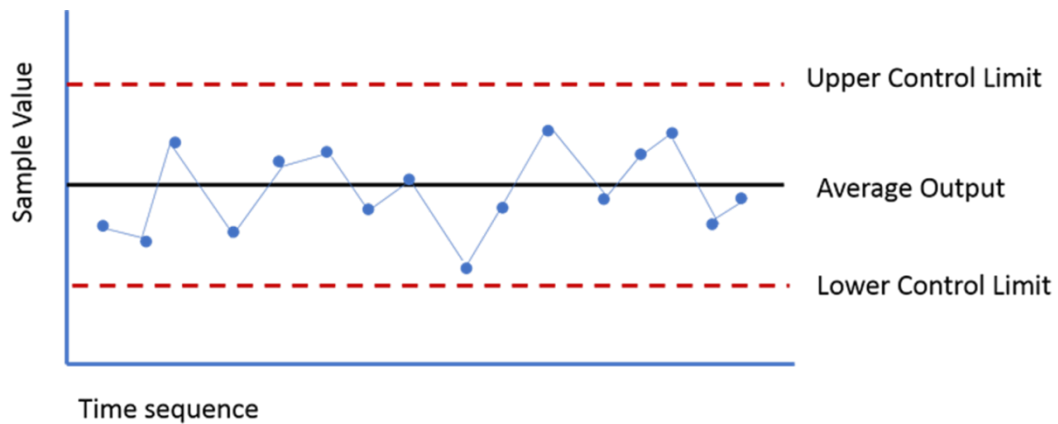
Month	Performance	Target
Oct 2022	-£17.363m	-£15.598m

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*.



People Committee Chair's Log

Meeting: People Committee	Date of Meeting: 07.12.2022
Highlights for: Board of Directors	Date of Meeting: 17.01.2023
Overview of key areas of work and matters for Board.	
<ul style="list-style-type: none"> • Board Assurance Framework • People Strategy <ul style="list-style-type: none"> ○ People Plan – Engagement ○ North Tees & South Tees Collaboration • Culture & Values <ul style="list-style-type: none"> ○ Serco • Education & Training <ul style="list-style-type: none"> ○ Medical Staff Revalidation & Appraisal Annual Report ○ Strive ○ Medical Education Papers (HEENE & GMC) • Performance & Progress Reporting <ul style="list-style-type: none"> ○ Workforce Performance Data ○ Midwifery • Equality, Diversity, and Inclusion <ul style="list-style-type: none"> ○ WRES WDES ○ Quarterly Update ○ Annual Report • Employee Relations <ul style="list-style-type: none"> ○ Freedom to Speak Up 	
Actions to be taken	Responsibility / timescale
<p>Board Assurance Framework</p> <p>BAF risks reviewed.</p> <p>Staff recognition</p> <p>Committee reviewed work related to staff recognition eg: Star awards</p> <p>Payroll</p> <p>ELFS</p> <p>Employee Relations</p> <p>'Restorative Culture' work and triangulation.</p>	<p>Head of HR to review additional activities</p> <p>Head of HR to continue leading process assessment, improvements and leader/user education.</p> <p>Head of HR / Freedom to Speak up Guardians</p>

<p>Serco</p> <p>Review of Serco people KPI's.</p> <p>Workforce Performance Data</p> <p>Reviewed the key people metrics and data.</p> <p>Equality & Diversity Annual Report.</p> <p>Report welcomed.</p> <p>CNST Assessment – Neonatal & Nursing Staffing Workforce</p> <p>Report on a 6 month audit of NNU Medical Staffing against British Association of Perinatal Medicine (BAPM) Standards.</p> <p>Health Care Support Worker – Recruitment & Retention</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Continue to run the care certificate for HSCW retention • To further reduce the recruitment time from 6 weeks to 4 weeks • New Band 5 Nurse to centralise HSCW full recruitment process and to ensure mentoring continues • Develop a HCSW forum which will be facilitated by a Band 5 Nurse <p>Trust currently has 40 HSCW that are now either on a training nursing associate program or a registered nurse program. Excellent demonstration of talent development through growing trust resources.</p> <p>Opportunities to partner w. job centre (prospect programme) and targeted recruitment as EDI positive action.</p>	<p>Serco to attend people committee on a quarterly basis.</p> <p>Targets to be reviewed for 2023.</p> <p>Head of HR to lead on continued work.</p> <p>Director of HR to finalise</p> <p>No Action</p> <p>Mrs McKeown/Mrs T Evans to update</p>
<p>O Board action</p>	<p>Responsibility / timescale</p>
<p>There were no matters for escalation to the board.</p>	
<p>Risks (Include ID if currently on risk register)</p>	<p>Responsibility / timescale</p>



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

Quality Assurance Committee

Meeting: Quality Assurance Committee	Date of Meeting 21.12.2022
Connecting to: Board of Directors	
Key topics discussed in the meeting	
<p>The following agenda items were discussed</p> <ul style="list-style-type: none"> • Board Assurance Framework updated on an ongoing basis. • Potential impact of industrial action and impact of winter flu/ respiratory illness. • CQC Assurance report. • Patient Safety Incident monthly report. • Learning Disabilities report. • Learning from Deaths report (update to be brought to QAC in February 2023). • Safer Medication Monitoring report • Infection, Prevention and Control quarterly report (Q2). • Sub Groups Chairs' Logs: <ul style="list-style-type: none"> ○ Safer Medication Practice Group: No items for escalation ○ CQC Compliance Group: No items for escalation ○ Safe and Effective Care Strategic Group: One item for escalation 	
Actions	Responsibility / timescale
<p>Actions on the QAC Action Log due to be resolved in the January and February 2023 QAC meetings</p>	<p>February 2023 QAC meeting</p>
Escalated items	

QAC acknowledged the work done to improve and sustain complaints closure compliance through an action plan and the continued requirement for surveillance

Risks (Include ID if currently on risk register)	Responsibility / timescale
No risks to add.	

Meeting: Resources Committee	Date of Meeting: 24/11/22
Key topics discussed in the meeting	
<p>BAF – noted the strategic threats: cost of living, industrial action, NHS and social care pressures</p> <p>Month 7 Finance Report –Pay award funding. Private patient income.</p> <p>Cost Improvement Programme – noted the good progress being made within Collaboratives, clear ownership from the collaboratives with planning for 2023/24 in progress</p> <p>Digital Programme Update – noted the improvement in reporting on the programme.</p> <p>Cyber Security – noted the good progress being made.</p> <p>Capital Planning – noted the good progress being made</p>	
Actions	Responsibility / timescale
CIP to be discussed at the next committee	Chris Hand
Digital programme	Manni Imiavan
Green Strategy – to receive an update report twice annually to Committee	Executive
Escalated items	
None at this stage	
Risks	Responsibility / timescale