



Council of Governors Meeting

**Thursday, 10 December 2020
at 10.00am**

***To be held via videoconferencing
Boardroom, University Hospital of North Tees***

Glossary of Terms

Strategic Aims and Objectives

Putting Our Population First

- Create a culture of collaboration and engagement to enable all healthcare professionals to add value to the healthcare experience
- Achieve high standards of patient safety and ensure quality of service
- Promote and demonstrate effective collaboration and engagement
- Develop new approaches that support recovery and wellbeing
- Focus on research to improve services

Valuing People

- Promote and 'live' the NHS values within a healthy organisational culture
- Ensure our staff, patients and their families, feel valued when either working in our hospitals, or experiencing our services within a community setting
- Attract, Develop, and Retain our staff
- Ensure a healthy work environment
- Listen to the 'experts'
- Encourage the future leaders

Transforming Our Services

- Continually review, improve and grow our services whilst maintaining performance and compliance with required standards
- Deliver cost effective and efficient services, maintaining financial stability
- Make better use of information systems and technology
- Provide services that are fit for purpose and delivered from cost effective buildings
- Ensure future clinical sustainability of services

Health and Wellbeing

- Promote and improve the health of the population
- Promote health services through full range of clinical activity
- Increase health life expectancy in collaboration with partners
- Focus on health inequalities of key groups in society
- Promote self-care

Governors Roles and Responsibilities Holding the Board of Directors to Account

1. Key Principles

- 1.1 The overall responsibility for running an NHS Foundation Trust lies with the Board of Directors.
- 1.2 The Council of Governors is the collective body through which the directors explain and justify their actions.
- 1.3 Governors must act in the interests of the NHS Foundation Trust and should adhere to its values and Code of Conduct.

2. Standard Methods for Governors to Provide Scrutiny and Assistance

- 2.1 Receiving the Annual Report and Accounts.
- 2.2 Receiving the Quality Report and Account.
- 2.3 Receiving in-year information updates from the Board of Directors.
- 2.4 Receiving performance appraisal information for the Chair and other Non-executive Directors.
- 2.5 Inviting the Chief Executive or other Executive and Non-executive Directors to attend the Council of Governors meetings as appropriate.

3. Further Methods Available for Governors

- 3.1 Engagement with the Board of Directors to share concerns.
- 3.2 Employment of statutory duties.
- 3.3 Dialogue with Monitor via the lead Governor (if necessary and only in extreme circumstances)

PG/SH

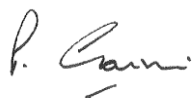
November 2020

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Dear Colleague

A meeting of the **Council of Governors** will be held on **Thursday, 10 December 2020 at 10.00am**.
Details of the venue and dial-in information will follow.

Yours sincerely



Paul Garvin
Chairman

Agenda

- | | | | |
|------|---------|---|--|
| (1) | 10.00am | Welcome | Chairman |
| (2) | 10.00am | Apologies for Absence | Chairman |
| (3) | 10.00am | Declaration of Interests | |
| (4) | 10.00am | Minutes of the last meeting held on, 8 October 2020 (enclosed) | Chairman |
| (5) | 10.10am | Matters Arising and Action Log | Chairman |
| (6) | 10.15am | Chairman's Report and Board Business (BoD agenda 28.01.2021 enclosed) | Chairman |
| (7) | 10.25am | Chief Executive's Report (enclosed) | Deepak Dwarakanath |
| (8) | 10.45am | North East and North Cumbria Integrated Care System and Tees Valley Health and Care Partnership (enclosed) | Deepak Dwarakanath |
| (9) | 11.00am | Integrated Compliance and Performance Report (enclosed) | Kevin Robinson,
Ann Baxter & Phil Craig |
| (10) | 11.15am | Corporate Strategy (enclosed) | Hilton Heslop |
| (11) | 11.25am | External Audit Services Contract (enclosed) | Phil Craig |
| (12) | 11.35am | Outcome of Governor 2020 Elections (enclosed) | Chairman |
| (13) | 11.40am | Lead Governor Ballot (enclosed) | Chairman |

Paul Garvin
Chairman

Julie Gillon
Chief Executive

- (14) 11.45am Sub Committee Minutes:
Draft External Audit Working Group Minutes
- 27 October 2020 (**enclosed**) Tony Horrocks
- (15) 11.50am Any Other Notified Business Chairman
- Development Session:**
- (16) 12.10pm COVID-19 Update (**presentation to follow**) Levi Buckley
- (17.) 12.45pm Approximate close

Date and Time of Next Meeting

The next meeting is scheduled to take place on Thursday, 18 February 2021.

North Tees and Hartlepool NHS Foundation Trust

Minutes of a meeting of the Council of Governors held on Thursday, 10 December 2020 at 10 am in the Chief Information and Technology Officers' Office at the University Hospital of North Tees and via video-link

Due to the current position regarding COVID-19 the decision was made that the Council of Governors' meeting would be conducted via attendance at the University Hospital of North Tees and video-conferencing. This approach enabled the Council of Governors' to discharge its duties and gain assurance whilst providing effective oversight and challenge, and supporting the national guidance regarding social distancing.

The electronic pack of papers was circulated to the full Council of Governors

Governor representation via video conferencing: -

Hartlepool Elected Governors:

Pauline Robson
Ian Simpson
Alan Smith

Stockton Elected Governors:

Ann Cains
Margaret Docherty
John Edwards
Pat Upton
Mark White

Easington Elected Governor:

Mary King

Sedgefield Elected Governor:

Wendy Gill

Staff Elected Governors:

Carol Alexander
Manuf Kassem
Asokan Krishnaier
Siva Kumar
David Russon
Andrew Simpson

Appointed Governors:

Cllr Jim Beal, Stockton Borough Council
Cllr Eunice Huntington, Durham County Council

Attendance in the Chief Information and Technology Officers' Office: -

Paul Garvin, Chairman*	Chairman
Deepak Dwarakanath, Deputy Chief Executive*	DCE
Tony Horrocks, Lead Governor / Elected Governor for Stockton	TH
Samantha Sharp, Personal Assistant (note taker)	

In attendance via video conferencing: -

Ann Baxter, Non-Executive Director*	AB
Philip Craig, Non-Executive Director*	PG
Jonathan Erskine, Non-Executive Director*	JE
Steve Hall, Vice-Chair/Non-Executive Director*	SH
Kevin Robinson, Non-Executive Director*	KR
Neil Schneider, Non-Executive Director *	NS
Rita Taylor, Associate Non-Executive Director	RT
Levi Buckley, Chief Operating Officer	COO
Hilton Heslop, Head of Strategy and Corporate Affairs	HoS&CA

CoG/965 Welcome

The Chairman welcomed members to the meeting.

* voting member

CoG/966 Apologies for Absence

Apologies for absence were received from Julie Gillon, CE, Barbara Bright, DoCA&COS, Roger Campbell, Elected Governor for Hartlepool, George Lee, Elected Governor for Hartlepool, Geoff Northey, Elected Governor for Hartlepool, Janet Atkins, Elected Governor for Stockton, Jean Kirby, Elected Governor for Stockton, Gavin Morrigan, Elected Governor for Stockton, Kate Wilson, Elected Governor for Stockton, Prof Tony Alabaster, Appointed Governor for University of Sunderland, Dominic Johnson, Appointed Governor for University of Newcastle, Linda Nelson, Appointed Governor for University of Teesside and Cllr Mike Young, Appointed Governor for Hartlepool Borough Council.

CoG/967 Declaration of Interests

No declarations of interest were noted.

CoG/968 Minutes of the meeting held on, Thursday, 8 October 2020

The minutes of the last meeting was confirmed as an accurate record.

Resolved: that, the minutes of the meeting held on Thursday, 8 October 2020 be confirmed as an accurate record.

CoG/969 Matters Arising and Action Log

a. CoG/957 Chief Executive's Report

The CE reported via email to the Governors' following the last meeting that 240 staff had tested positive for COVID-19. In response to a query from a member, the COO reported that a total of 13 medics had been absent due to COVID-19 with the majority having mild to moderate symptoms and returning to work promptly.

b. CoG/959 Integrated Compliance and Performance Summary

An opportunity for Governors to meet virtually with the Non-Executive Directors was provided at the recent pre-Council of Governors' meeting. Going forward, the Council of Governors' pre-meet prior to each Council of Governors' meeting will be in three parts; a Governor only discussion; Council of Governors' pre-meet and a Governor and Non-Executive Director discussion.

c. Annual General Meeting

A member asked for an update on the arrangements for this year's Annual General Meeting (AGM). The Chairman explained that due to COVID-19, it was not possible to hold this with the current restrictions in place and that the Trust would be putting together presentations and a video to publish on its website. It was noted that from a legal point of view it was not possible to hold an AGM virtually.

d. Strategy and Service Development Committee

A member raised concern that the forthcoming Strategy and Service Development Committee had been stood down. SH explained that this decision had been made due to current pressures within the organisation and following discussion it was agreed that a short meeting would be convened virtually to take place on Monday, 14 December 2020.

Resolved: (i) that, the verbal updates be noted; and

- (ii) that, a virtual meeting of the Strategy and Service Development Committee be convened on Monday, 14 December 2020.

CoG/970 Chairman's Report and Board Business

The Chairman provided an update on the current progress in respect to improvements being made at the Trust. Concrete repairs had been made to the tower block at North Tees with this being painted blue and the main visitors' car park had been resurfaced and lines remarked. The staff recharge hubs were now completed and would be formally opened at both North Tees and Hartlepool the following week. The urgent and emergency care front of house entrance had been completed and work continued to refurbish what was the old accident and emergency department.

The Chairman reported that the Trust held its annual Shining Stars event virtually on Thursday, 19 November. This was hosted by SH with the CE and Chairman providing an introduction and the CE visiting recipients with the Chief People Officer to present their awards personally following the virtual event. All nominations were of a high calibre with many of those receiving awards highlighting their team's contribution during these challenging times. In addition, many said that the Trust was a great place to work and that they felt part of a family and proud to work for the organisation. Those nominated this year would be invited to attend the 2021 event should this go ahead.

The Chairman reported on a positive virtual visit by NHS Providers on 1 December to discuss key priorities and the effect the pandemic has had on Trust staff and any future support required.

The Chairman reported on ongoing discussions with the NHSI regional team regarding how to progress provider collaboration in the Tees Valley. A new document had been published nationally around ICS and ICP provider collaboration and how this would feed into proposed changes to legislation. Work continued on the Tees Valley Clinical Services Strategy and the Trust had a strong commitment to work collaboratively across the Tees Valley with its partners to develop a service to benefit the local population. Governors would be kept updated on progress.

The draft agenda for the Board of Directors' meeting scheduled for Thursday, 28 January 2021 was provided for information. Governors were welcome to attend.

A member highlighted the importance of dialogue extending outside of the NHS to local government and to ensure adequate public engagement to gain support for the way forward. The Chairman acknowledged that this was important and that the Trust would discuss plans with its external stakeholders and ensure the public were kept engaged and informed via a communications framework.

Andy Simpson, Elected Staff Governor and Emergence Care Consultant highlighted the tremendous amount of work being undertaken by the construction workers at the front of house in urgent and emergency care and the staff who in A&E had also worked hard to maintain services whilst construction work was ongoing. On behalf of the Board and Council of Governors, the Chairman placed on record his particular thanks to the team in A&E for maintaining services for patients and asked that this be passed onto them. The COO advised that he and the MD/DCE were writing to staff in A&E to thank them.

In response to a member's request, the MD/DCE provided an update in respect to vulnerable services, particularly in haematology and urology. Issues in haematology continued to be complex and work was ongoing to address service provision across the Tees Valley with South Tees Hospitals NHS FT continuing to support the Trust's on-call rota. Some progress had

been made in respect to urology with some centralisation of acute services at James Cook University Hospital. Reference was made to compliance with the Getting It Right First Time report in relation to Urology Services. Two joint appointments in A&E had been made between the Trust and South Tees Hospitals NHS FT facilitating an increase in cross site working.

- Resolved:** (i) that, the verbal updates be noted; and
(ii) that, on behalf of the Board and Council of Governors that staff in A&E be commended for their continued hard work during the current renovations whilst continuing to maintain services for patients.

CoG/971 Chief Executive's Report

A summary of the report of the Chief Executive included: -

- In response to COVID-19, NHS England and NHS Improvement (NHSE/I) reinstated Level Four Incident Command on 5 November 2020. The Trust had already reinstated its Incident Command Centre to support rapid decision making supplemented by the normal site management and escalation processes. Tactical Groups and Strategic Command had been reinstated. The Trust had maintained strong performance against the recovery trajectories of services that were temporarily paused. Routine referrals continued to be accepted and no cancer or urgent procedures had been cancelled. A fourth response phase was expected from NHSE/I and whilst this had not been received there was a focus on controlling nosocomial infections, continuing to resiliently respond to COVID-19 and managing cancer services. The rates of infection in Stockton and Hartlepool continued to be high and slow to decrease leading to a consequential rise in admission into the Trust. There had been a total of 1351 COVID-19 admissions with 1266 being admitted to base wards and 85 to ITU. 940 patients had been discharged (69.58%) and there had been 248 deaths (18.3%). 13% of patients remained in hospital. There were currently 161 confirmed cases within the Trust, seven in ITU; five on mechanical ventilation and two on non-invasive ventilation. Within the past 24 hours there had been nine admissions, 19 discharges and nine confirmed deaths. The Trust's COVID-19 vaccine trial had exceeded its initial recruitment target of 350 with 532 people recruited. The Trust were developing proposals for delivering a community hub to provide provision for patients suffering 'long COVID' symptoms;
- A revised bed configuration had now been implemented with a focus on flexible red and green pathways to support flow;
- The NHS were commencing steps to prepare for the end of the Brexit transition period on 31 December 2020. Availability of medical supplies across the country was a concern but Trusts had been asked not to stockpile;
- The Trust had recently invested in the Listening into Action (LiA) Programme/App to gather the thoughts and feedback from staff;
- Staff had been invited to take part in the National NHS staff survey which closed on 27 November 2020. Results would be provided in the new year and would be compared with the previous year's survey;
- The North East and North Cumbria Provider Collaborative continued to meet on a six weekly basis and the MD/DCE outlined the areas of initial focus within the agreed forward plan;
- Following the Clinical Services Strategy event on 16 October, each of the clinical workstreams continued to develop proposals that underpin the service redesign across the Tees Valley;
- Since the launch of the online pregnancy registration form in November 2019, over 4000 mothers had registered their details and medical history online;
- The Prevention Board held a virtual event on 12 November which focused on health

inequalities in the region particularly focussing on the impact of COVID-19.

Dave Russon, Elected Staff Governor and Hospital Chaplain highlighted concerns in respect to a discrepancy against reported COVID-19 admissions and those stated on TrakCare. The MD/DCE explained that those who had 'recovered' from COVID-19 and were awaiting appropriate care for ongoing health needs were not shown on the TrakCare system.

In response to a member's query, the MD/DCE explained the logistics involved in managing mass vaccination highlighting that those most vulnerable in society would be targeted first. He anticipated that the vaccine would be available for staff early in the new year.

Appointed Governor for Stockton Borough Council, Jim Beall, acknowledged the work of the Trust reporting that a significant drop in infection was evident across the borough. Local Government would meet on Friday to help determine which tier Stockton would be placed in following the current restrictions.

Resolved: that, the content of the report and the pursuance of strategic objectives amongst the COVID-19 recovery and restoration programme be noted; and

CoG/972 North East and North Cumbria Integrated Care System (ICS) and Tees Valley Health and Care Partnership (TVHCP) Update

An overview of the current position and the work being undertaken, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) plans and to the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and provider collaboration was provided.

Resolved:

- (i) That the work to date is noted and that it is noted that the Board focus on delivering a strategic system approach; and
- (ii) that, the significant work to support the delivery of quality, safe, sustainable services across the Tees Valley be noted; and
- (iii) that, the future potential to progress provider collaboration in the Tees Valley be noted; and
- (iv) that, the continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change be noted; and
- (v) that, the work in relation to the financial approach with the need for further robust governance to support mutual accountability be noted.

CoG/973 Integrated Compliance and Performance Summary

The Chairman reported that a different format for the report would be provided to the Council of Governors' going forward. Yellowfin would be used to further improve data collection and draw on intelligence, helping the Trust to focus and identify longer term trends whether these be positive or negative. Time would be scheduled to brief the Governors' on the new report format.

KR provided an overview highlighting performance against key access targets included in the Single Oversight Framework and the Foundation Trust Terms of Licence for the month of October 2020 in respect of performance, efficiency and productivity, quality and safety, workforce and finance. Despite the challenges presented by COVID-19, the Trust continued to report positively in many standards.

KR highlighted that six of the eight cancer standards were achieved in September with the Trust failing to meet the 62-day cancer standard and the breast 2-week rule standard. Super-

stranded patients had started to increase impacted by the need to discharge patients with a positive COVID-19 result to a designated care setting. Elective procedures continued to be carried out with minimal cancellations. Staff sickness remained high and this continued to be addressed by the Workforce Directorate.

Governors acknowledged the hard work of the Trust and its staff in maintaining acceptable levels of compliance against key access standards despite the global pandemic.

System allocated financial envelopes had now been issued for Month 7 to Month 12 with the Trust submitting a year-end deficit plan of £871k to NHSE/I. At Month 7 2020/21, a modest surplus position of £604k was being reported. The year to date net contributions from Optimus and the LLP were £272k and £1.469m respectively, both reporting ahead of plan. The Group cash balance was £68.6m, driven by cash received in advance for November 2020 block payment and delays in the capital programme.

- Resolved:**
- (i) that, the performance against the key operational, quality and workforce standards during October be noted; and
 - (ii) that, the on-going financial pressures be recognised; and
 - (iii) that, the on-going operational pressures and system risks to regulatory key performance indicators and the intense mitigation work that was being undertaken to address these going forward be acknowledged; and
 - (iv) Governors to be briefed on the new format of the Integrated Compliance and Performance Report.

CoG/974 Corporate Strategy Progress Report

The HoS&CA provided an update on the Trust's Corporate Strategy reminding the Council of Governors of the vision, values, strategic aims and the strategic measures and metrics contained within the Strategy.

It was noted that the progress of the Corporate Strategy had been delayed due to COVID-19 and other priorities but that this had been further developed and that an online, digital platform was now available on the Trust's website with sections updated with links to each of the supporting strategies.

Going forward, the strategy would be reviewed at a Board Seminar biannually.

In response to a query, the HoS&CA highlighted that work continued to review the strategic measures and metrics to ensure these reflected the strategic aims of the Trust.

NS provided assurance that work was ongoing in respect to staff sickness and turnover in response to a concern raised by a member.

In response to a member's query, the COO provided assurance of measures taken by the Trust in respect to non-face to face appointments and highlighted that the majority of these appointments were through telephone conversations without the need for a level of IT knowledge. The community offer was also being expanded with patients being seen in their own homes. The MD/DCE reporting on ways the Trust were addressing concerns in respect to some patients having no access to technology by developing digital hubs in the community.

In response to a query, the HoS&CA reported on ways the Trust proposed to achieve measures and metrics relating to population health and wellbeing highlighting that this would be addressed by ensuring that 'every contact counts' and that appropriate help and advice on healthy living in conjunction with broader NHS initiatives was provided to patients. Jim Beall,

Appointed Governor for Stockton Borough Council reported that a strategy had been agreed for the Borough to improve the health and wellbeing of the population and that it would be working collaboratively with a range of partners and the Trust to progress this.

- Resolved:** (i) that, the progress and plans for the next stage of the Corporate Strategy be noted; and
(ii) that, the timeline for delivery of the supporting strategies by the end of Quarter 4 be noted.

CoG/975 External Audit Services Contract

PC reported on the process followed by the Trust to appoint a new External Audit services provider highlighting that the Trust undertook a mini-tendering exercise via an approved contract procurement route led by the Procurement Department. The tender was to obtain a new provider for two years, with the option to extend for a further two years (subject to approval). Two bids were received by the closing date from Deloitte and Mazars. Following an external audit scoring session attended by two governor representatives, Deloitte scored favourably.

In accordance with the tender requirements, Deloitte made a presentation to the External Audit Working Group with the Group being unanimous in their decision to award the contract to Deloitte.

Those Governors involved in the process to appoint Deloitte highlighted their positive and professional presentation and how they were provided assurance on the way forward.

- Resolved:** (i) that, the contents of the report be noted; and
(ii) that, the Council of Governors retrospectively ratify the decision of the External Audit Working Group made on 27 October 2020 to award the External Audit contract to Deloitte.

CoG/976 Outcome of Governor 2020 Elections

The Chairman reported on the outcome of the 2020 Governor Elections that had concluded on 20 November 2019. There had been nine public and two staff vacancies; Ruth McNee was elected unopposed for the Sedgefield Constituency and Carol Alexander and Asokan Krishnaier for the Staff Constituency with one seat remaining unfilled for the Easington Constituency. An election was held for the remaining constituencies to fill the vacancies. The Trust were notified on Monday, 23 November of the results with all Governors elected to a term of three years.

Stockton

Tony Horrocks (re-elected)
Pat Upton (re-elected)
Raymond Stephenson
Anne Johnston

Hartlepool

Geoff Northey (re-elected)
Aaron Roy

Out of Area

Angela Warnes

Electoral Reform Services (ERS) confirmed that the elections had been conducted in

accordance with accepted good electoral practice and had used the Single Transferable Voting (STV) method.

The Chairman congratulated those Governors who had been re-elected highlighting that those new to the role would be welcomed in the New Year.

Resolved: that, the outcome of the Governor Elections 2020 be noted.

CoG/977 Lead Governor Ballot

The Chairman reminded members of the statutory requirement for a Lead Governor to be a nominated member of the Council of Governors, providing a conduit between the Council of Governors and NHS Improvement in exceptional circumstances when the usual channels of communication via the Chairman and/or Company Secretary were not appropriate.

Following the previous incumbent, Tony Horrock's current term of office coming to an end on 30 November 2020, a new Lead Governor was required with Governors being invited to nominate themselves by completing a nomination form and returning this to the Assistant Company Secretary by 3 January 2021. Following the closing date, details of nominations and voting slips would be circulated to all Governors on 6 January 2021. Voting would close on 29 January 2021 with the appointment of nominated Lead Governor announced and ratified at the Council of Governors' meeting on 18 February 2021.

The Chairman requested that the Council of Governors agree that Tony Horrocks continue as Lead Governor prior to a successor being agreed and ratified at the next meeting.

- Resolved:**
- (i) that, the Council of Governors approve the process and timetable for the nominations and election of the Lead Governor, as set out in the paper, including the nomination form enclosed as Appendix 2.
 - (ii) that, the Council of Governors agree that Tony Horrocks continues as Lead Governor prior to a successor being agreed and ratified at the next meeting.

CoG/978 Sub-Committee Minutes

a. Draft External Audit Working Group Minutes (27 October 2020)

Tony Horrocks, Lead Governor/Elected Governor for Stockton presented the minutes of the External Audit Working Group which was held on 27 October 2020, highlighting the key points.

Resolved: that, the minutes of the External Audit Working Group held on, 27 October 2020 be noted

CoG/979 Any Other Notified Business

The Chairman reported that this would be the last meeting of the Council of Governors for Ann Cains following her standing down as a Governor of the Trust. He provided a synopsis of her many achievements both in local Government, the George Hardwick Foundation, the Home Safety Association and as a school governor highlighting that she was a powerful community advocate taking an active interest in the local community and trying to improve services for the people of Stockton. Ann had been an Elected Governor for Stockton for nine years and the Chairman placed on record his personal thanks for her wise counsel and her contribution as a Governor of the Trust.

In addition, the Chairman on behalf of the Board and Council of Governors wished both Ann

and her husband, Dick all the very best for the future. Governors also paid tribute to Ann for her friendship during her time as a Governor.

In response to a Governors personal experience and concern in respect to receiving distressing information whilst relatives were unable to attend appointments, particularly in maternity, AB provided assurance that changes had now been made with partners being permitted to attend antenatal scans and to be present at all stages of labour.

A member highlighted their positive experience of the Trust following attending for a procedure noting the care and compassion shown to them, particularly by the nurses.

The Chairman closed the meeting by wishing all Governors a happy Christmas and best wishes for the new year.

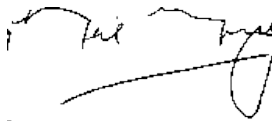
Resolved: that, the verbal updates be noted.

CoG/980 Date and Time of Next Meeting

Resolved: that, the arrangements for the meeting to be held on Thursday, 18 February 2021 be confirmed in due course.

The meeting closed at 12:00 noon

Signed:

A handwritten signature in black ink, appearing to be 'John Paul Jones', written over a horizontal line.

Date: 18 February 2021

Council of Governors Action Log

Date	Ref.	Item Description	Owner	Completed	Notes
2020					
20 February 2020	CoG/922(a)	Governor Development Session Governor development session to be included around risk management and the Board Assurance Framework to highlight processes and to highlight how assurance was monitored and managed	B. Bright		Still on agenda and will be scheduled at an appropriate time not withstanding the need to adhere to measures associated with COVID-19
20 February 2020	CoG/922(a)	Governor Development Session DoCA&CoS to work with the Strategy, Service and Development Committee to schedule development sessions on areas of interest going forward	B. Bright		Workplan for the Strategy and Service Development Committee is underway to identify areas of interest over the next twelve months
6 August 2020	CoG/943	Integrated Compliance and Performance Summary Hemal Mohan, ITU Lead to be invited to a Governor development session to present on the experiences in Critical Care during COVID-19	B. Bright		Still on agenda and will be scheduled at an appropriate time not withstanding the need to adhere to measures associated with COVID-19
6 August 2020	CoG/947	Draft Nominations Committee Minutes – 23 July 2020 Succession planning for the Chair role/appointment to be considered in 2020/21 whether individual, group or joint chair in the context of collaborative approach in Teesside and for Governors to be kept up to date on progress	B. Bright		Discussion will be scheduled early in 2021 with the Nominations Committee initially to discuss options and plans
8 October 2020	CoG/959	Integrated Compliance and Performance Summary Opportunity for Governors to meet virtually with Non-Executive Directors be taken forward by the DoCA&CoS	B. Bright		
8 October 2020	CoG/959	Integrated Compliance and Performance Summary DoCA&CoS to consider options to deliver and facilitate Governor development sessions going forward	B. Bright		

Completed actions (to be removed following next meeting)

Date	Ref.	Item Description	Owner	Completed	Notes
6 August 2020	CoG/948	Governor Elections 2020 DoCA&CoS review the Trust Constitution to allow those Governors newly elected in 2019 to extend their term of office by one year	B. Bright	8 October 2020	Chairman provided update at meeting on 8 October 2020. Legal advice had been sought and unfortunately due to the current model constitution for Foundation Trusts it was not possible to extend Terms of Office for Governors
8 October 2020	CoG/957	Chief Executive's Report CE to report back to the Council of Governors' on the number of staff who have tested positive for COVID-19	J. Gillon	16 October 2020	Email sent to Governors. A total of 240 staff have tested positive for COVID-19

DRAFT

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PG/SH


November 2020

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Dear Colleague

A meeting of the **Board of Directors** will be held on **Thursday, 28 January 2021 at 1.00pm** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely



Paul Garvin
Chairman

Agenda

		Led by
1.	(1.00pm) Apologies for Absence	Chairman
2.	(1.00pm) Declaration of Interest	Chairman
3.	(1.00pm) Minutes of the meeting held on, 26 November 2020 (enclosed)	Chairman
4.	(1.05pm) Matters Arising	Chairman

Items for Information

5.	(1.10pm) Report of the Chairman (verbal)	Chairman
6.	(1.20pm) Report of the Chief Executive (enclosed)	J Gillon
7.	(1.35pm) Board of Directors Declaration of Interests and Fit & Proper Persons Declaration (enclosed)	B Bright

Quality

8.	(1.40pm) Nursing and Midwifery Workforce Update (enclosed)	L Robertson
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Strategic Management

9.	(1.50pm) Capital Programme Performance 2019/20 (enclosed)	N Atkinson
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Paul Garvin
Chairman

Julie Gillon
Chief Executive

Performance Management

11. (2.00pm) Integrated Compliance and Performance Report **(enclosed)** L Taylor, L Robertson
A Sheppard & N Atkinson

Governance

12. (2.15pm) Learning from Deaths Report **(enclosed)** D Dwarakanath
13. (2.25pm) Guardian of Safe Working Report **(enclosed)** D Dwarakanath
14. (2.35pm) Any Other Notified Business Chairman
15. Date of Next Meeting
(Thursday, 25 March 2021 Boardroom, University Hospital of North Tees)

Council of Governors

Title of report:	Chief Executive Report									
	10 December 2020									
	Julie Gillon, Chief Executive Barbara Bright, Director of Corporate Affairs and Chief of Staff									
	Julie Gillon, Chief Executive									
	The purpose of the report is to provide information to the Council of Governors on key local, regional and national issues.									
							X			X
			X			X			X	
		X		X		X		X		X
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level from the main statutory and regulatory organisations of NHS Improvement, NHS England, Care Quality Commission and the Department of Health and Social Care.</p> <p>In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda. Key issues for Information:</p> <ul style="list-style-type: none"> • COVID-19 update and Phase 3 recovery including, COVID-19 vaccine and Long COVID • Revised bed model and configuration • Brexit/EU Exit • Shining Stars event – 17 November 2020 • Listening into Action • NHS Staff Survey • Integrated Care System and Integrated Care Partnership Update • Clinical Services Strategy • Online Pregnancy Registrations • Helpforce Wall of Fame • NHS Providers Virtual Visit – 1 December 2020 • Prevention Board Virtual event – 12 November 2020 										
<p>Consideration will be given to the information contained within this report as to the potential impact on existing or new risks.</p>										
	Items contained in this report will be discussed at Executive Team and other relevant committees within the governance structure to ensure consideration for strategic intent and delivery.									
	The Council of Governors is asked to receive and note the content of this report and the pursuance of strategic objectives.									

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

10 December 2020

Report of the Chief Executive

1. Introduction

This report provides information to the Council of Governors on key local, regional and national issues. In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda.

2. Key Issues and Planned Actions

2.1 Strategic Objective: Putting our Population First

2.1.1 COVID-19 update and Phase 3 recovery

Incident Management

NHS England and NHS Improvement reinstated level 4 incident management across the NHS on 5 November 2020. The Trust had already reinstated its incident Command Centre (ICC) across seven days in anticipation of this change. The ICC is in place to support rapid decision making supplemented by the normal site management and escalation processes.

The Strategic Command meeting, (Gold Command), and the tactical groups have continued to meet to coordinate the strategic response to COVID-19 with a route of rapid escalation to the Executive Team as required.

Phase 3 recovery

The Trust has maintained strong performance against the recovery trajectories of services that were temporarily paused. Delivery of the Phase 3 plan recovery trajectories will become increasingly challenging due to the continued and increasing impact of COVID-19 during the current second, and any subsequent, wave. Operational delivery is likely to be impacted, whilst the Trust retains focus on keeping patients safe and supporting staff wellbeing.

The Trust profile of elective activity reflects the pressures in acute providers across the north-east and is managed in line with escalation triggers developed at an ICS level. Providers are working together to provide mutual aid and continue to develop elective hub proposals to maximise capacity across the ICP and ICS.

A fourth response phase approach is expected from NHSE/I and whilst this has not been received there is a focus on controlling nosocomial infections, continuing to resiliently respond to COVID and managing cancer services.

COVID-19 numbers

Following high rates of infection in communities, the impact of national lockdown is now starting to take effect with the rolling seven-day positive incidence of COVID-19 per 100,000 population, reducing in Hartlepool and Stockton.

Total COVID Admissions	1231
Total Admissions Base Wards	1153
Total Admissions ITU	78
Number of Discharges	783
% Discharged	69.13%

Number of Deaths Positive COVID	226
% Deceased	18.36%
% still in Hospital	12.51%

COVID-19 vaccine

Trials continue regarding the development of an approved COVID-19 vaccine and the Trust had reached its initial recruitment target for the NOVAVAX COVID vaccine trial at Hartlepool. 365 patients have been recruited against a target of 350 and the Trust has been asked to extend the recruitment period to engage a further 60-80 participants.

There is further work required to review efficacy and safety data of the vaccine and the Trust is an active member of the ICS COVID Vaccine working group developing plans for the vaccination of staff in line with expected timescales this winter.

‘Long COVID’

NHSE/I has advised that people suffering ‘long COVID’ symptoms will be offered specialist help at clinics across England. The Healthy Lives Care Group is developing proposals for delivering this service through the community hub with the objective that provision could be in conjunction with partners in health and social care.

2.1.2 Revised bed model and configuration

A revised bed configuration, reported at the last Board of Directors meeting within the Winter Plan, has now been implemented with a focus on flexible red and green pathways to support flow. The Urgent and Emergency Care department is undergoing temporary reconfiguration pending the completion of the capital works to house paediatric assessment and improve capacity in the department.

2.1.3 Brexit/EU Exit

Following the UK exit from the European Union on 31 January 2020, the country is now in a transition period that ends on 31 December 2020. The NHS is to commence steps to prepare for the end of the transition period. Whatever the outcome of negotiations there will be changes that affect the health and care sector, for example, how medical products are imported. It has been outlined that the NHS must be agile in order to implement what has been agreed, for example any changes to cost recovery charging arrangements.

The NHS will be using a single operational response model for COVID-19 and the end of the EU transition period to avoid conflict and reduce burden on the system. The designated SRO for the Trust is Neil Atkinson, Director of Finance.

In the coming weeks, the government will be issuing guidance for the NHS on what mitigations need to be put in place to prepare for the default outcome. To support this guidance, Professor Keith Willet, Strategic Incident Director for EU Exit will be hosting an ‘end of transition period’ webinar.

2.2 Strategic Objective: Valuing our People

2.2.1 Shining Stars Event – 17 November 2020

The awards ceremony is an annual event to celebrate the outstanding work in place across the organisation, recognising the efforts employed by staff in their commitment and dedication to quality and patient experience – with excellence as our standard. Unfortunately, the impact of COVID-19 has meant a change to plans this year, however, I was fortunate enough to visit and present recipients personally with their awards. The importance of this event cannot be

underestimated and the recognition it affords to staff, especially this year in light of the challenges that have been faced by all. The event, although facilitated in a slightly different way, demonstrates the ethos of the organisation and the values it espouses. I would like to congratulate all winners and all those nominated for their outstanding contribution to performance, safety, quality, patient experience and overall service delivery.

2.2.2 Listening into Action

The Trust recently invested in the Listening into Action (LiA) programme/App to gather the thoughts and feedback from staff, both in areas that the Trust do well in and areas that can be improved. Analysis was undertaken around key themes derived from a pulse check survey with actions identified both from a 'corporate' perspective and from a 'local' perspective. Overall, 34 actions were identified as having a corporate impact. These actions have been assigned to members of the Trust's LiA Navigation Team. In addition, progress is monitored and discussed with the Executive Team on a weekly basis.

2.2.3 NHS Staff Survey 2020

Each year, NHS staff are invited to take part in the NHS Staff Survey, the largest survey of staff opinion in the UK, which all NHS Trusts are required to participate in. It gathers views on staff experience at work around key areas, and includes: appraisal and development. health and wellbeing. staff engagement and involvement.

The survey launched on Monday 14 September 2020 and will continue to follow the same approach and timings as in previous years, with many of the same questions being asked, in the same way. This will allow a comparison of data to previous years and enable the Trust to compare question responses and theme scores to life before COVID-19 in a way that will provide invaluable insight. Some changes have been made, including the addition of some specific questions about the COVID-19 pandemic, in order to give a more in depth understanding of the impact the pandemic has had on NHS staff. The survey will be open until Friday 27 November 2020, with results from the survey anticipated to be reported out in March 2021.

2.3 Strategic Objective: Transforming our Services

2.3.1 Integrated Care System/Integrated Care Partnership (ICS/ICP) Update

Following the initial meeting of the North East and North Cumbria Provider Collaborative, terms of reference have now been agreed. The group will meet on a six weekly basis with the intent of each meeting having a focus on activity contained within the agreed forward plan. The areas of initial focus will include the following: -

- Capital prioritisation
- Clinical strategy linking to the optimising health system work stream
- Service priorities across NENC e.g. breast diagnostics
- Opportunities for efficiency initiatives
- Closer joint working and integration between providers

2.3.2 Clinical Services Strategy

Following the Clinical Services Strategy event held on 16 October, each of the clinical work streams continues to develop proposals that underpin the service redesign across the Tees Valley, the clinical teams are also working to translate the proposal into implementation plans to realise the transformation and closer networking.

2.4 Strategic Objective: Health and Wellbeing

2.4.1 Online Pregnancy Registrations

The Trust is proud to announce that since the launch of the online pregnancy registration form in November 2019 over 4000 mothers have registered their details and medical history online, a fantastic achievement for the women and children's service team.

2.4.2 Helpforce – Wall of Fame

A number of volunteers in the Trust have been recognised nationally by Helpforce and added to their hall of fame for their contribution to voluntary services and their testimonials can be accessed by visiting <https://helpforce.community/connecting/news-stories>

2.4.3 NHS Providers Virtual Visit – 1 December 2020

Both the Chairman and I have been contacted by Saffron Cordery, Deputy Chief Executive for NHS Providers to host a virtual visit with the Executive team to discuss key priorities, the effect of the pandemic on Trust staff and future support. The event is due to take place on 1 December 2020.

2.4.4 Prevention Board Virtual Event – 12 November 2020

A virtual event was held on 12 November chaired by Dr Guy Pilkington, GP and Chair of West Newcastle CCG. The event focused on health inequalities in the region with key speakers presenting on COVID-19 Health Inequalities Impact Assessment for the North East; Population Health Management: Health Inequalities and COVID Recovery; and the role of the Consultant in Public Health in NHS Foundation Trusts.

Participants for the event included representation from the Regional Prevention Board, ICS Partnership Board/Assembly, ICS Leadership, other ICS work streams, NHS Health Inequalities Executive Leads, Local Authorities, CCGs, PCNs, Voluntary and Community Sector. The Trust was represented at the event by the Medical Director/Deputy Chief Executive and other senior staff to ensure alignment to strategic intent.

3. Recommendations

The Council of Governors is asked to note the content of this report and the pursuance of strategic objectives amongst the COVID-19 recovery and restoration programme.

Julie Gillon
Chief Executive

Council of Governors

Title:	North East and North Cumbria Integrated Care System (ICS) and Tees Valley Health and Care Partnership									
Date:	10 December 2020									
Prepared by:	Lynne Taylor, Director of Planning and Performance Julie Gillon, Chief Executive									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	This report presents an overview of the current position and the work undertaken, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) and the current, future plans for the Tees Valley Health and Care Partnership (TVHCP) and specifically provider collaboration.									
Action required:	Approve		Assurance		Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The key issues of note are as follows:</p> <ul style="list-style-type: none"> • The developing ICS governance and Partnership Board • The progress and focus of the NENC Provider Collaborative • The progress and next steps on the development of Tees wide provider collaboration • The progress of the Clinical Services Strategy work across the Tees Valley • The considerable work undertaken across each of the clinical and support work streams 										
How this report impacts on current risks or highlights new risks:										
This report impacts on the current strategic risk identified on the Board Assurance Framework in relation to delivery of the Integrated Care Partnership which is managed and monitored through the Planning, Performance and Compliance Committee and Transformation Committee.										
Committees/groups where this item has been discussed	Executive Management Team, Transformation Committee Planning, Performance and Compliance Committee Board of Directors Non-Executive Directors' meetings									
Recommendation	<p>The Council of Governors is asked to note the work to date and specifically:</p> <ul style="list-style-type: none"> • That the Board focus on delivering a strategic system approach, • The significant work to support the delivery of quality, safe, sustainable services across the Tees Valley, • The future potential to progress provider collaboration in the Tees Valley, • The continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change, • The work in relation to the financial approach with the need for further robust governance to support mutual accountability. 									

North Tees and Hartlepool NHS Foundation Trust

Council of Governors

10 December 2020

North East and North Cumbria Integrated Care System (ICS), Tees Valley Health & Care Partnership (TVHCP) and provider collaboration

Report of the Chief Executive

1. Introduction

- 1.1 This report presents an overview of the progress, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) plans, the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and provider collaboration.

2. North East & North Cumbria Integrated Care System (ICS)

2.1 Governance

- 2.1.1 The process to appoint an independent chair is being taken forward through a Task and Finish Group approach with interviews expected in December 2020.

2.2 System Wide North East and North Cumbria (NENC) Provider Collaborative

The provider organisations within the North East and North Cumbria held the first Provider Collaborative meeting in September. The purpose of the collaborative, although informal in nature, is to improve the health and wellbeing of the population with a focus on improving health inequalities and in the immediate term to optimise the delivery, quality and efficiency of local health and care services, supporting providers and CEOs by taking collaborative action.

Meetings have been held since September both formally on a six weekly basis to address ongoing business and informally on a weekly basis to ensure an appropriate and timely system response to the COVID challenge and to support Chief Operating Officers to manage escalating pressures. Whilst the collaborative has continued with the ongoing management of COVID as a priority and more especially the ability to collaborate effectively across the ICS foot print, a number of joint pieces of work will be progressed through a forward plan. This includes a focus on capital prioritisation, system-wide clinical strategy and linkage to the ICS Optimising Health Services work stream, opportunities for efficiency initiatives, joint working and integration between providers and immediate service priorities such as the future provision of breast symptomatic diagnostic services across the ICS.

In addition, to support broader awareness and engagement in the work of the Collaborative moving forward, a collective narrative has been created, which will be utilised over the coming weeks and months with stakeholders and with the ICS briefings. As the work programme develops this will be used to update stakeholders with regards to progress.

3. Tees Provider Collaboration

The Trust and Tees Providers continue to meet with NHSE/I, to progress actions in terms of provider collaboration in the Tees Valley and it was agreed further actions would be considered to support collaboration in the interests of the populations served.

The Trust continues to confirm with NHSE/I its full commitment to working collaboratively with partners in order to deliver services for the future through both provider collaboration and

wider system working, for the ultimate benefit of the population of the Tees Valley. Provider collaboration will demonstrate greater benefits and efficiencies, supporting the future delivery of sustainable services for the communities served. Progressing a common strategic intent and purpose ensures collective ownership around the delivery of shared priorities not only by the Trusts, but by the entire system working to support the ambitions of population health for the region. Further work will progress with all stakeholders in respect to governance arrangements in order that these ambitions and ethos can be shared to support the ongoing development of the whole system and capitalise on the work ongoing in the ICP.

Over the next couple of months, discussions will take place with NHSE/I and providers in the Tees Valley to develop a robust and mutually agreed programme plan, supported by an engagement and communications plan, framed with a clear intent and common purpose. This will include involvement and engagement with the Council of Governors as actions progress.

4. Improving our NHS Together – Tees Valley Integration and Transformation Programme

- 4.1 The Improving our NHS Together – Tees Valley Integration and Transformation Programme continues the concentration on the key agreed work streams. The Clinical Services Strategy being a central focus to the programme for Tees Valley. Each of the enabling work streams of finance and efficiency, digital and workforce, are supported through a robust infrastructure to enable the delivery.

Clinical Services Strategy

The inaugural meeting of the Clinical Reference Group was held in November; the purpose being to add robust challenge, independence and support to emerging proposals, as an advisory group to the Clinical Services Strategy Board. Subject matter experts will be invited to the Group to support an evidence based, aspirational approach to acute care provision options for the future. This will begin with GIRFT Clinical Leaders in support of orthopaedic, and surgical proposals.

Workforce Transformation

The ICP Workforce group has identified a number of key areas of focus to be undertaken across the system in response to the delivery of the People Plan. A key priority for this group is Health & Wellbeing, working closely with colleagues at Tees Esk & Wear Valley, to tackle the expected mental health requirements and coping mechanisms needed to continue an effective COVID response.

Digital Strategy

The draft report outlining the findings of the independent digital review, continues to be evaluated, with the suggested outcomes now under discussion across the system to allow for an appropriate way forward.

Programme Governance and Leadership Development

The development of the programme governance continues, with the requirement to ensure appropriate and consolidated decision making to the overarching programme of work and specifically to the progress the Clinical Services Strategy, ensuring evidence base and appropriate challenge supports the governance approach.

This involves development work, facilitated by Capgemini, now widening to include all senior leaders and decision makers within the ICP and a continuing focus on relational aspects between acute provider leaders.

3.6 Support Structure

- 3.6.1 As each of the Managed Clinical Networks develop the proposals for the future outlining the work to be undertaken to progress each work stream, additional support requirements have been identified. Fundamental to this is the formal appointment of Strategic Clinical Leads, with specific focus on Stroke and Urology in the first instance. This will ensure an appropriate level of support is in place to safeguard delivery.

Robust support mechanisms continue to embed across each of the work streams, inclusive of the Managed Clinical Networks, with Communication and Engagement representatives now being aligned to each, to ensure a cohesive approach to reputation management and stakeholder engagement.

3.8 Finance and Efficiency Plans

- 3.8.1 Whilst the Directors of Finance (DoFs) have a well-established network to support monitoring and mitigation of system financial control, there remains a need for shared good governance and a framework of principles and decision making to support a safe and equitable approach to the broader intelligence of conclusive decisions. This is in hand with finance an enabler of the broader strategic objectives.

A wider piece of work on efficiency potential is being pursued by the DoFs, supported by Model Hospital benchmarking and independent advice and examples from other systems to support a credible plan of action over the course of a five year approach.

4. Capital Plans

- 4.1 The redesign work at the front of house, supported by the successful £3m emergency care allocation is now well underway following the receipt of capital funding. It is anticipated that this work will be completed in a phased approach through to December.

5. Summary

- 5.1 The Trust continues to proactively participate and lead in the support of the work streams in the TVHCP including the Clinical Services Strategy, encompassing development of the service delivery models across the system, robust financial planning and ensuring that quality, patient safety and evidence based practice are at the heart of the developing models and methodologies

6. Recommendations

- 6.1 The Council of Governors is asked to note the work to date and specifically:
- That the Board focus on delivering a strategic system approach,
 - Progress with regard to the NENC Provider Collaborative,
 - The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership,
 - The approach and focus with regard to progressing Tees wide provider collaboration,
 - The continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change,
 - The work in relation to the financial approach with the need for further robust governance to support mutual accountability.

Julie Gillon
Chief Executive

North Tees and Hartlepool NHS Foundation Trust Council of Governors

Title:	Integrated Compliance and Performance Report										
Date:	10 December 2020										
Prepared by:	Lindsey Wallace, Head of Planning, Performance & Development										
Executive Sponsor:	Lynne Taylor, Director of Planning and Performance										
Purpose of the report	The purpose of the report is to provide an overview of the integrated performance for compliance, quality, finance and workforce.										
Action required:	Approve		Assurance	x	Discuss	x	Information	x			
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services		Health and Wellbeing	x			
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x	
Executive Summary and the key issues for consideration/ decision:											
<p>The report outlines the Trust's compliance against key access standards in October including quality, workforce and finance in accordance with the Single Oversight Framework.</p> <p>Whilst the Trust is focused on recovery, the increased pressures linked to the 2nd wave of the COVID-19 pandemic is significantly impacting on the delivery of non-elective, urgent and routine services. The effect of reduced staffing resource due to further shielding requirements for clinically extremely vulnerable staff, COVID sickness, isolation and test and trace absences has resulted in the requirement to review elective services at the beginning of November. This has allowed the release of staff to support the pressured clinical areas' as surge in demand continues.</p> <p>Routine referrals continue to be accepted where appropriate and cancer and urgent procedures will continue.</p> <p>The associated risks have been reviewed to reflect the changes. Risks have been reviewed to reflect such changes.</p> <p>The Trust continues to perform well against the Safety and Quality metrics, despite the current pressures being experienced.</p> <p>The most recent national restrictions have resulted in a significant number of staff having to shield once again which has impacted upon workforce. Despite this, the workforce teams have continued with initiatives, activities and interventions aimed at supporting staff through the recent stages of the COVID-19 pandemic.</p>											
How this report impacts on current risks or highlights new risks:											
<p>The management of the COVID-19 2nd wave impact alongside the requirement to deliver Phase 3 recovery.</p> <p>Management of the impact of Wave 2 alongside the winter pressures, inclusive of the increased sickness levels associated with higher infection rates, shielding and test and trace.</p> <p>The delivery of business as usual will encompass new ways of operational delivery to ensure patient pathways, and the associated standards, can be recovered at the earliest point and will form the basis of the annual business planning cycle moving into 2021.</p> <p>Financial impact of COVID-19 on the in-year recovery</p>											
Committees/groups where this item has been discussed	ETM is the first committee for presentation of the Trusts latest position on performance in relation to key metrics followed by the Board of Directors.										
Recommendation	The Council of Governors is asked to note the performance against standards whilst recognising on-going pressures.										

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

10 December 2020

Integrated Compliance and Performance Report

Report of the Director of Planning and Performance, Chief Nurse/Director of Patient Safety and Quality, Chief People Officer and Director of Finance

1. Introduction/Purpose

- 1.1 The Integrated Compliance and Performance Report highlights performance against a range of indicators against the Single Oversight Framework (SOF) and the Foundation Trust terms of licence for the month of October 2020.
- 1.2 The Trust continues to support the national 'Clinical prioritisation and Validation Programme' as patient pathways remain open in relation to RTT, Cancer and Diagnostics. As recommended nationally, patients are being treated in order of 'clinical category' and 'clinical prioritisation' rather than access 'treat by dates' however with an additional focus on patients who have been waiting the longest. Close collaboration across the regional network in relation to cancer management continues, including the utilisation of the independent sector to support capacity requirements.
- 1.3 Key highlights of performance are outlined below, with additional detail within Appendix 1.

2. Performance Overview

2.1 Compliance and Performance

- 2.1.1 Whilst the Trust is focused on recovery, the increased pressures linked to the 2nd wave of the COVID-19 pandemic is significantly impacting on the delivery of non-elective, urgent and routine services. The impact of reduced staffing resource due to further shielding requirements for clinically extremely vulnerable staff, COVID sickness, isolation and test and trace absences has resulted in the requirement to review elective services at the beginning of November. This has allowed the release of staff to support the pressured clinical areas' as surge in demand continues.
- 2.1.2 Routine referrals continue to be accepted, with cancer and urgent procedures continuing as business as usual, with cancellations kept to a minimum, supported by additional electives moving across to the Hartlepool elective unit to ensure on-going delivery of the elective program. Other additional services have also been reviewed to release further staff to support the ward areas i.e. AHPs. The associated risks have been reviewed to reflect the changes.
- 2.1.3 The latest position against key access standards are as follows;
 - The Trust remains one of the top reporting organisations in the region against the Referral to Treatment standards, however with a number of patients now reporting in the over 52 weeks' bracket (n=31) which has increased slightly on last month (n=27). Recovery plans are in place to ensure any delayed pathways are kept to an absolute minimum. Patient choice to delay treatment, continues to impact upon the long waiter position.
 - Pressures continue to impact on the delivery of the cancer standards, with some delays to pathways remain unavoidable as the Trust, and patients, adhere to national guidance. However, 6 of the 8 standards were achieved in September. The two standards under-achieved include the 62-day 'referral to treatment' standard reporting at 77.2% validated

position and the Breast '2 week wait', which reported at 91.1%. Only 2 Trusts in the region achieved the 62-day standard with performance across the region ranging from 71.43% to 100% (North Cumbria though only 2 patients) a North East average of 80%.

- The overall 2 week wait has seen an improvement compared to previous months, reporting first in the region at 93.3%. The regional range was 57.2% - 93.3%.
- National guidance in relation to the pandemic led to significant pressures within the diagnostic pathway however good recovery is now noted, with a positive trend evident against recovery trajectories.
- Revised capacity management is in place to manage COVID-19 (Red) and non COVID-19 (Green) areas and whilst a reduced bed base is noted, Care Groups are currently reviewing the ability to flex in alignment with surge/increased demand, as staffing resource allows.

2.2 Quality

2.2.1 The Trust continues to perform well against the Safety and Quality metrics, despite the current pressures being experienced. The latest position against key the indicators are as follows;

- The Trust remains in the expected range for both HSMR and SHMI mortality indicators.
- For October 2020 the Trust is reporting 4 Trust attributed case of Clostridium difficile infection (2 HOHA - Hospital Onset Healthcare Acquired and 2 COHA - Community Onset Healthcare Acquired), this has increased from the previous reporting period when 1 case was reported (1 COHA - Community Onset Healthcare Acquired).
- The Trust reported 25 hospital acquired Clostridium difficile infections in the April to October 2020 period compared to 37 for April to October 2019, a 32% reduction.
- The Trust has reported an improved position against for Cdiff, MSSA, Ecoli, Pseudomonas and Cauti's infections for the cumulative April 2020 to October 2020 period, with MRSA remaining the same. The Trust reported 16 stage 3 complaints for October 2020. This has increased from the 9 stage 3 complaints in September 2020.
- The Trust reported 14 falls resulting in an injury, but no fracture for October 2020. This has decreased from the 22 falls resulting in an injury reported for September 2020.

2.3 Workforce

2.3.1 Following the Government announcement and the introduction of the New National Restrictions from 5th November, the Trust has revisited those staff that were previously 'shielding', the majority of whom had returned to their substantive roles. All those now considered 'Clinically Extremely Vulnerable' have been contacted by Workforce to immediately work from home to complete the duties of their substantive role, or assigned duties from a central team. This applies to approximately 126 staff across the Trust.

2.3.2 Whilst acknowledging current pressures, the Stress Working Party are continuing with their valuable work. Focus groups for Outpatients, and follow-up questionnaires to Finance, have been arranged for December and plans are being made to meet the senior team of Pathology to scope out the implementation of the project within this area. Staff wellbeing initiatives started in recent months continue to be progressed – building/alteration work on the Wellbeing Hubs on both sites is underway and the 'Listening in Action' app continues to enable the Trust to provide timely responses to staff concerns/ideas.

2.3.3 The main focus regarding health and wellbeing for October has been the launch of the annual flu campaign. Sixty-two percent of staff had been immunised as of 22nd October and the ongoing campaign is aiming for 90% immunisation of front-line staff over the next few months.

2.3.4 Key workforce indicators are outlined below:

- The sickness rate reported 4.6% in September 2020. This is broken down into 0.44% attributable to Covid-19 related sickness and 4.17% attributable to other sickness. The cost of sickness absence is reported as £258,700 for September 2020).
- There were 459 further cases of COVID-19 related staff absence in October, broken down into 237 staff members who were absent for 10 days and 222 who self-isolated for 14 days
- Other workforce indicators for September report a position consistent with previous months, with Turnover at 7.9%, Mandatory Training at 89% and Appraisal at 84%.

2.3.5 Work has continued to ensure the needs of patients, staff and the organisation are supported where possible by the volunteer service. External partners, such as Radio Stitch and the RVS, have been resuming activities and the return of existing volunteers, combined with ongoing recruitment, has led to an increase in numbers in recent months, with the Trust counting 113 active volunteers as at 31 October 2020. This trend is expected to continue, with currently 40 applications in process and two vacancies out to advert.

2.3.6 Due to the current lockdown and increased numbers of COVID-19 patients within the Trust, the service is cognisant of the areas volunteers can support and continue to work closely with these areas to develop new roles and improvements that will enable the most appropriate use of volunteer provision. The Home but not Alone project has resumed and work is underway with key stakeholders to ensure benefits are maximised, as well as further work being undertaken to enhance and increase volunteer numbers in line with winter plans.

3. Finance Overview

3.1 NHSI/E guidance set out the revised financial arrangements for 1 April to September 2020 to ensure to ensure that the NHS has sufficient money to do what it is needed during this period; that the costs of dealing with COVID-19 are captured and funded, and that financial governance is maintained. For the 6-month period we reported a breakeven position in each month.

3.2 With effect from M5, the Trust introduced revised 8-month control totals to support delivery of a breakeven position at year-end. This action was underpinned by the reintroduction of the Financial Management Performance Framework to ensure robust financial control of the financial position.

3.3 System allocated financial envelopes have now been issued for M7 to M12, which includes;

- Block income
- System top up
- Growth monies
- COVID-19 funding

3.4 Based upon our agreed allocation for M7-M12, the Trust submitted a year-end deficit plan of £0.871m for 2020/21 to NHSI/E. The deficit position is driven by the difficulty the Trust is expected to experience in recovering non-NHS income and an increase in the provision of annual leave.

3.5 In the first month of operating within system allocated envelopes, our M7 position is showing a modest surplus £0.604m which is being driven by robust cost control. It should be noted that normalised pay run rates are consistent with 2019/20 and non-pay run rates are below 2019/20 run rates, however, we anticipate that the costs associated with the second wave of COVID-19 are expected to increase.

- 3.6 The year to date net contribution from Optimus is £272k against a plan of £168k (£104k ahead of plan). The year to date net contribution from the LLP is £1,469k against a plan of £1,064k (£404k ahead of plan).
- 3.7 At M7, the Group cash balance is £68.6m, driven by cash received in advance from the DH for November 2020 activity and delays in the capital programme.
- 3.8 Debtor days have decreased by 8 days in comparison to 2019/20 and creditor days have increased by 18 days in comparison to 2019/20 – due to a general delay in timeliness of invoices sent to the Trust due to Covid-19.

4. Key Challenges

- 4.1 The management of the COVID-19 2nd wave impact alongside the requirement to deliver Phase 3 recovery.
- 4.2 Management of the impact of Wave 2 alongside the winter pressures, inclusive of the increased sickness levels associated with higher infection rates, shielding and test and trace.
- 4.3 The delivery of business as usual will encompass new ways of operational delivery to ensure patient pathways, and the associated standards, can be recovered at the earliest point and will form the basis of the annual business planning cycle moving into 2021.
- 4.4 Financial impact of COVID-19 on the in-year recovery.

5. Conclusion/Summary

- 5.1 The Trust continues to experience significant pressures as a result of the COVID-19 pandemic, inevitably impacting on the delivery of access standards despite recovery plans being fully implemented. Additional pressures are now faced during the peak of the second wave with multiple factors impacting on the ability to deliver of all services.
- 5.2 Robust governance and monitoring of patients' pathways has been adapted to align with national and local guidance. In addition to this, the Trust has continued with 'business as usual' daily SitRep reports, including field testing of the emergency care standards, alongside multiple additional COVID-19 SitRep reports with weekend reporting reintroduced.
- 5.3 The impact of COVID-19 'self- isolation' for staff continues to contribute to the overall resource pressures together with increased infection rates currently being witnessed in wave 2.

6. Recommendations





The Council of Governors is asked to note:

- The performance against the key operational, quality and workforce standards during October.
- Recognise the on-going financial pressures.
- Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward.

Lynne Taylor, Director of Planning and Performance
Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality
Alan Sheppard, Chief People Officer
Neil Atkinson, Director of Finance

	Measure	Reporting period	Target	Actual	Q2	Trend
Cancer	New Cancer 31 days subsequent Treatment (Drug Therapy)	Sep-20	98.0%	100.0%	100.0%	
	New Cancer 31 days subsequent Treatment (Surgery)	Sep-20	94.0%	100.0%	93.1%	
	New Cancer 62 days (consultant upgrade)	Sep-20	85.0%	100.0%	91.5%	
	New Cancer 62 days (screening)	Sep-20	90.0%	100.0%	88.9%	
	New Cancer GP 62 Day (New Rules)	Sep-20	85.0%	77.2%	81.6%	
	New Cancer Current 31 Day (New Rules)	Sep-20	96.0%	96.3%	96.8%	
	New Cancer Two week Rule (New Rules)	Sep-20	93.0%	93.3%	91.3%	
	Breast Symptomatic Two week Rule (New Rules)	Sep-20	93.0%	91.1%	89.4%	
RTT	RTT incomplete pathways wait (92%)	Oct-20	92.00%	92.4%	79.67%	
	RTT incomplete pathways wait (92nd percentile)	Oct-20	28.00	17.30	31.10	
	RTT incomplete pathways wait (Median)	Oct-20	7.20	6.40	6.50	
	RTT incomplete pathways >52 week wait	Oct-20	0	31	33	
Diagnostics	Number of patients waiting less than 6 weeks for diagnostic procedures	Oct-20	99.00%	90.09%	79.86%	
DTOC	Delayed Transfers of Care	Oct-20	3.50%	1.33%	1.16%	
Super Stranded	Super Stranded Reduction (per day average)	Oct-20	62	41	39	

	Measure	Reporting period	Target	Actual	Q2	Trend
Falls	Fall - No Injury (In-Hospital)	Oct-20	82	91	244	
	Fall - Injury, No Fracture (In-Hospital)	Oct-20	12	14	52	
	Fall - With Fracture (In-Hospital)	Oct-20	0	1	3	
Infection Control	Clostridium difficile (C.diff)	Oct-20	5	4	11	
	Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Oct-20	2	0	0	
Complaints	Complaint Stage 1 - Informal	Oct-20	97	88	286	
	Complaint Stage 2 - Formal Meeting	Oct-20	7	1	5	
	Complaint Stage 3 - Formal Chief Executive Letter	Oct-20	15	16	30	
Pressure Ulcers	Category 3 Pressure Ulcers (In-Hospital)	Sep-20	5	3	7	
	Category 4 Pressure Ulcers (In-Hospital)	Sep-20	0	0	0	
HSMR	HSMR Mortality Rates (Rolling 12 month value)	Aug-20	106.00	95.77		
SHIMI	SHMI Mortality rate (Rolling 12 month value)	Aug-20	110.00	97.61		

Measure		Reporting period	Target	Actual	Q2	Trend
Staff	Sickness	Sep-20	4.00%	4.60%	4.58%	
	Turnover (12 months rolling data)	Oct-20	10.00%	7.90%	7.98%	
	Mandatory Training	Oct-20	80%	89%	89%	
	Appraisals	Oct-20	95%	84%	84%	

REPORTS FOR INCLUSION IN THE INTEGRATED PERFORMANCE REPORT MONTHLY

Statement of Comprehensive Income (SoCI)

	<u>Current Month £000's</u>
	<u>Actual (£'000s)</u>
Income exc. donated asset income	28,015
Pay	17,328
Operating Non Pay	7,366
Pass through drugs and devices	1,201
Total Operating Costs	<u>25,895</u>
EBITDA	<u>2,119</u>
Interest, Depreciation and PDC	1,515
Surplus/Deficit before PSF	<u>604</u>
Impairments	0
Capital donations / grants I&E impact	0
Surplus/(Deficit) for the year	<u><u>604</u></u>

Statement of Financial Position

	<u>Actual (£'000s)</u>
Assets, Non Current	112,337
Assets, Current	<u>84,937</u>
Total Assets	197,275
Liabilities, current	<u>(89,391)</u>
Net current assets (current assets less current liabilities)	<u>(4,454)</u>
Liabilities, non current	<u>(25,817)</u>
Total Assets Employed	<u>82,066</u>
Taxpayers Equity	82,066

Commentary

NHS/E guidance set out the revised financial arrangements for 1st April to September 2020 to ensure to ensure that the NHS has sufficient money to do what it is needed during this period; that the costs of dealing with COVID-19 are captured and funded, and that financial governance is maintained. For the 6-month period we reported a breakeven position in each month.

With effect from M5, we introduced revised 8-month control totals to support the Trust to deliver a breakeven position at year-end. This action was underpinned by the reintroduction of the Financial Management Performance Framework to ensure robust financial control of the financial position.

System allocated financial envelopes have now been issued for M7 to M12, which includes;

- Block income
- System top up
- Growth monies
- COVID-19 funding

Based upon our agreed allocation for M7-M12, we submitted a year-end deficit plan of £0.871m for 2020/21 to NHS/E. The deficit position is driven by the difficulty the Trust is expected to experience in recovering non-NHS income and an increase in the provision of annual leave.

In the first month of operating within system allocated envelopes, our M7 position is showing a modest surplus £0.604m which is being driven by robust cost control. It should be noted that normalised pay run rates are consistent with 2019/20 and non-pay run rates are below 2019/20 run rates, however, we anticipate that the costs associated with the second wave of COVID-19 are expected to increase.

The year to date net contribution from Optimus is £272k against a plan of £168k (£104k ahead of plan). The year to date net contribution from the LLP is £1,469k against a plan of £1,064k (£404k ahead of plan).

At M7, the Group cash balance is £68.6m, driven by cash received in advance from the DH for November 2020 activity and delays in the capital programme.

Debtor days have decreased by 8 days in comparison to 2019/20 and creditor days have increased by 18 days in comparison to 2019/20 – due to a general delay in timeliness of invoices sent to the Trust due to Covid-19.

Council of Governors

	Corporate Strategy Progress report									
Date:	10 December 2020									
Prepared by:	Hilton Heslop, Head of Strategy and Corporate Affairs									
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs and Chief of Staff									
Purpose of the report	The purpose of the report is to provide the Council of Governors with an update on the position of the Trust's Corporate Strategy, the strategic measures and metrics that have been developed in consultation, and a review of the next steps needed to embed the strategy within the Trust.									
Action required:	Approve		Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x	Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The Corporate Strategy was agreed by the Board of Directors and the Executive Team in the latter stages of 2019 with a view to a launch of the document early in 2020. In re-developing the Trust's values, much work was conducted with staff groups through the Employee Engagement Team to understand the views of new recruits and long standing substantive members of staff.</p> <p>Staff and Governors contributed to the discussion and debate centering on the vision and values with a general steer towards the central aim of population health. This has been a key focus for the Trust since and staff groups are now well versed in the central aims of reducing health inequalities through making every contact count and, whilst key indicators and outcomes are still in development, the basic premise of population health is understood in most parts of the organisation.</p> <p>The four new values that were chosen very closely reflected the views of the staff and are now fully embedded right across the organisation, and are promoted through every possible network using the CARE acronym – Collaborative, Aspirational, Respect and Empathy.</p> <p>The strategy, and its sections, will be updated with links to each of the supporting strategies – Quality and Safety, Digital & Technology, Finance, People, Research & Development, Estates and the Clinical Services Strategy. This work will be completed by the end of quarter 4 to provide an online, digital approach to the Corporate Strategy.</p> <p>The strategic measures were previously agreed at an Executive Strategy Session in September 2020 and are presented at Appendix 1 along with the necessary milestones for completion.</p>										
How this report impacts on current risks or highlights new risks:										
No new risks have been identified.										
Committees/groups where this item has been discussed	Board of Directors Executive Management Team Executive Strategy Session									
Recommendation	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • note the progress and plans for the next stage of the Corporate Strategy; and • note the timeline for delivery of the supporting strategies by the end of quarter 4. 									

North Tees & Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

10 December 2020

Corporate Strategy - Progress Report

Report of the Director of Corporate Services and Chief of Staff

1. Introduction

- 1.1 This report provides the Council of Governors with an update on the position of the Trust's Corporate Strategy, the strategic measures and metrics that have been developed in consultation, and a review of the next steps needed to embed the strategy within the Trust ensuring alignment with the strategic aims of the Tees Valley Health and Care Partnership and the wider aims of the healthcare system.

2. Background

- 2.1 The Corporate Strategy was agreed by the Board of Directors and the Executive team in the latter stages of 2019 with a view to a launch of the document early in 2020. The strategy was presented to Health and Wellbeing Boards (HWBB) in all three locations – Stockton, Hartlepool and County Durham – and was well received by each HWBB. There was extensive and positive interaction with staff groups during the refresh of the Corporate Strategy with feedback and views of staff reflected and represented, where practicable in the final document.
- 2.2 Staff and Governors contributed to the discussion and debate centering on the vision and values with a general steer towards the central aim of population health. This has been a key focus for the Trust since and staff groups are now well versed in the central aims of reducing health inequalities through making every contact count and, whilst key indicators and outcomes are still in development, the basic premise of population health is understood in most parts of the organisation.
- 2.3 The arrival of COVID-19 impacted the original plans for launching the strategy and a more achievable low key launch was preferable as a result of the developing pandemic and the restrictions that came with it.

3 Our Corporate Strategy – ‘You Matter, We Care’

3.1 Vision

The Corporate Strategy is a much more streamlined document and encourages the reader to acknowledge the changes in acute healthcare services in the Tees Valley and ambitions of the Trust in developing a more collaborative state for the benefit of all of the population. There is no longer focus on the immediate geographic areas that surround the organisation but there is a wider view beyond the natural boundaries with a vision to:

‘Provide the best healthcare for everyone in our population’.

- 3.2 The vision is clear, but there are also some challenges for the Trust in achieving this aim built around the delivery of interventions across a wider integrated health and care system and the financial stability that will be required across the wider system. However, the Trust will continue to demonstrate strong and effective collaboration, will place trust in its partners and stakeholders, and by doing so the organisation and the wider system will move towards improving and integrating services from a clinical

effectiveness, quality and safety perspective, improving patient experience and encouraging innovation and inclusivity.

- 3.3 The Trust, and its partners in primary, secondary, tertiary and social care, know that the health and care landscape needs to change in a transformative way so that communities can become healthier, fitter and less reliant on hospital services in years to come, and this can only be achieved by managing the health of the population better.

3.4 Values

In re-developing the Trust's values, much work was conducted with staff groups through the Employee Engagement Team to understand the views of new recruits and long standing substantive members of staff. The four new values that were chosen very closely reflected the views of the staff and are now fully embedded right across the organisation, and are promoted through every possible network:

Collaborative • Aspirational • Respect • Empathy

- 3.5 Collaborating with partners and people by using the expertise of many to achieve continuous improvement in the healthcare sector, and demonstrating that we are Aspirational as an organisation and as individuals in the pursuit of excellence as standard is important to the organisation.

Respect remains as a core value and continues to demonstrate that staff maintain respectful relationships with patients, their families, and their individual colleagues, and that by showing Empathy they are committed to maintaining a culture that embraces compassion and the delivery of care that everyone can be proud of.

The values succinctly and concisely articulate the views of staff and the organisation. The four values can be clearly defined and whilst they intentionally spell out the 'CARE' acronym, they are as powerful individually as they are collectively.

3.6 Strategic Aims

The Trust introduced a new Care Group structure in 2019, replacing the old-style directorates under three distinct groupings – Healthy Lives, Collaborative Care and Responsive Care. The role of the care groups is reflected within the strategy and the strategic aims, and this has been incorporated into the re-design of the Corporate 'Triangle'.

The four strategic aims remain largely unchanged with only the revision to 'putting patients first' by replacing this with 'our population':

- **Putting our Population First** – through the effective engagement of carers, families and friends and relevant stakeholders, to ensure all members of our population are central in conversations;
- **Valuing people** – ensuring every member of staff, patient and their families, and indeed all members of our communities feel valued when either working in the organisation, or experiencing and making use of our services;
- **Transforming our services** – continually review, improve and grow our healthcare services whilst maintaining performance and compliance without compromising safety or quality;
- **Health and Wellbeing** – ensuring that the health needs of everyone within our population are reflected and catered for in the services we provide, and by

focusing our priorities on contributing to the population health management of those in our communities.

The strategic aims are translated into measures and metrics, and how we measure and review the metrics is explained later in this report.

4.0 How we ‘use’ the Corporate Strategy

- 4.1 Strategies, whilst normally used to drive, inform and reflect strategic direction for Boards are, in the main, left largely untouched on websites in most organisations. The Trust needs to make sure that ‘our strategy’ is updated on a regular basis to take account of the changing landscape between now and 2025 to reflect, inform and drive the direction within the Tees Valley Health and Care Partnership (TVHCP).
- 4.2 The strategy should be seen as a working, evolving document and the opportunity should be taken to ensure all supporting strategies are reviewed and up-dated where necessary by directorates, and re-packaged in a uniform style so that hyperlinks can be placed over individual strategies to allow the reader then to navigate directly to that source, and this should also include regular reference to the direction of the TVHCP and the role of the Trust in this process. A short piece of work with each directorate will ensure a ‘technical advancement’ can be added to the strategy on-line, to make the process more interactive.
- 4.3 In addition, the publicity and marketing of the strategy within and out with the Trust will need to be revisited to ensure that notice and directional boards, screensavers, website etc are updated. Some of this work has taken place as planned in April, however, further work is required which unfortunately has been impacted by COVID.

5 Strategic Measures and Metrics

- 5.1 There has been significant revision of the measures and metrics that supported the previous Corporate Strategy (2016-21) and the revisions during this period have largely been driven by the alignment with the NHS Long Term Plan.
- 5.2 The previous strategic measures consisted mainly of detailed operational indicators that are already captured, monitored and managed through existing systems and performance management standards. This was discussed at Executive Team in September and it was agreed a more strategic focus to measures and metrics should form the basis of the next stage.
- 5.3 Six key areas were chosen to ensure alignment with the NHS Long Term Plan and all six areas are aligned to at least one of the Trust’s Corporate/Strategic aims:
 - Personalised Care – Outpatients
 - People
 - Technology & Digital
 - Population Health
 - Volunteering
 - Sustainable Development
- 5.4 A table showing the agreed strategic measures and metrics is attached at Appendix 1. Some measures will be further developed with directorates during Quarter 4 and will be monitored, and measured, at 6 monthly intervals with reports to Executive Team and Board of Directors.
- 5.5 Progress will be measured commencing with the following milestones:

Milestone	By When
Measures and Metrics agreed by Executive Team	September 2020
Board of Directors review	November 2020
Update to the Council of Governors	December 2020
Internal Audit review of Corporate Strategy	January 2021
Executive Team Strategy Session	February 2021
Board/ETM Annual Review	March 2021
Review/Planning Trust Annual Report	March/April 2021

5.6 The measures and metrics will be reviewed bi-annually by the Board of Directors, however, more regular review will be undertaken by the Executive team, via strategy sessions. This will enable performance to be monitored so that, where appropriate, measures and metrics can be flexed to take account of over achievement or changes to the health and care landscape in Tees Valley and/or national influences.

6 Recommendations





6.1 The Council of Governors is asked to:



- note the progress and plans for the next stage of the Corporate Strategy; and
- note the timeline for delivery of the supporting strategies by the end of quarter 4.

Prepared by: Hilton Heslop, Head of Strategy & Corporate Affairs

Sponsored by: Barbara Bright, Director of Corporate Affairs & Chief of Staff

Appendix 1 Corporate Strategy Measures & Metrics

Strategic Measure	Metric	Corporate Lead	Link to Strategic Objective				
<p>Outpatients</p> 	<p>Deliver 40% non-face-to-face appointments by 2023</p> <p>How this will be delivered:</p> <p>12% increase in video consultations 30% reduction in phone consultations</p>	Levi Buckley	Transforming our Services				
<p>People</p> 	<p>Deliver a sustainable plan to achieve an improved overall staff engagement score by 2025</p> <p>How this will be delivered:</p> <p>Develop incremental annual improvement targets for the leadership, quality and engagement metrics as part of Excellence as Standard – work in progress</p>	Alan Sheppard	Valuing People				
<p>Technology & Digital</p> 	<p>Achieve HIMMS 6 on our path to full digital maturity (DMA Index) by 2025</p> <p>How this will be delivered:</p> <p>HIMMS 6 to be delivered by 2022 with Digital Road Map planning in place by 2025 to achieve full digital maturity HIMMS 7 (DMA) beyond 2025</p>	Graham Evans	Transforming our Services				
<p>Population Health & Wellbeing</p> 	<p>Improve healthy lifestyles within our community, give new born babies the best start in life. Ensure a Smoke, Alcohol and Substance free hospital environment for our population by making every contact count</p> <p>How this will be delivered:</p> <table border="1" data-bbox="411 1713 949 1765"> <thead> <tr> <th data-bbox="411 1713 683 1765">2020/21</th> <th data-bbox="683 1713 949 1765">2021/22</th> </tr> </thead> <tbody> <tr> <td data-bbox="411 1765 683 2049"> <ul style="list-style-type: none"> Develop PMIO documentation & Communication strategy Identify post-COVID risk/rehab factors Identify breast/infant feeding champions – Training Smoking cessation/Nicotine Replacement therapy </td> <td data-bbox="683 1765 949 2049"></td> </tr> </tbody> </table>	2020/21	2021/22	<ul style="list-style-type: none"> Develop PMIO documentation & Communication strategy Identify post-COVID risk/rehab factors Identify breast/infant feeding champions – Training Smoking cessation/Nicotine Replacement therapy 		Levi Buckley	Health & Wellbeing
2020/21	2021/22						
<ul style="list-style-type: none"> Develop PMIO documentation & Communication strategy Identify post-COVID risk/rehab factors Identify breast/infant feeding champions – Training Smoking cessation/Nicotine Replacement therapy 							

	2022/23	2023/24	2024/25													
	<ul style="list-style-type: none"> • Keeping People Safe • Substance misuse policy • Smoke free agenda • Liver clinics • Endoscopy/FIT – 28-day faster diagnosis standard • Optimal Lung Pathway – earlier diagnosis 															
Volunteering 	<p>Double the number of volunteers in our hospitals by 2025</p> <p>How this will be delivered:</p> <ul style="list-style-type: none"> • Grow our volunteering service in both our hospitals • Provide wide-ranging placements for all • Focus on developing young volunteers aged 16-25 • Develop the link between volunteering and work <table border="0"> <tr> <td style="background-color: #0056b3; color: white; padding: 5px;">200</td> <td>Baseline 2019/20</td> </tr> <tr> <td style="background-color: #0072bc; color: white; padding: 5px;">+ 60</td> <td>Year 1</td> </tr> <tr> <td style="background-color: #0087c6; color: white; padding: 5px;">+ 60</td> <td>Year 2</td> </tr> <tr> <td style="background-color: #0099d1; color: white; padding: 5px;">+ 80</td> <td>Year 3</td> </tr> <tr> <td style="background-color: #00acc1; color: white; padding: 5px;">+ 40</td> <td>Year 4</td> </tr> <tr> <td style="background-color: #00bcd4; color: white; padding: 5px;">+ 40</td> <td>Year 5</td> </tr> </table>	200	Baseline 2019/20	+ 60	Year 1	+ 60	Year 2	+ 80	Year 3	+ 40	Year 4	+ 40	Year 5	Barbara Bright	Putting our population First	
200	Baseline 2019/20															
+ 60	Year 1															
+ 60	Year 2															
+ 80	Year 3															
+ 40	Year 4															
+ 40	Year 5															
Sustainable Development 	<p>Reduce the Trust's carbon footprint by 5% each year by 2025</p> <p>How this will be delivered:</p> <p>A fully sustainable action plan covering the period 2020-2030 will be developed by 2021.</p> <p>5% reduction each year to be achieved through range of efficiency projects and working with all staff to change culture.</p> <p>Achieving 5% reduction each year will bring the Trust closer to achieving net zero carbon emissions by 2045.</p>	Barbara Bright	Health & Wellbeing													

Council of Governors

	Appointment of the Trust's External Auditors									
Date:	10 December 2020									
Prepared by:	Stuart Irvine, Deputy Director of Finance									
Executive sponsor:	Neil Atkinson, Director of Finance									
Purpose of the report	This papers sets out the process followed by the Trust to appoint a new External Audit service provider.									
Action required:	Approve	X	Assurance	X	Discuss	X	Information			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing our People		Transforming our Services		Health and Wellbeing			
Which CQC Standards apply to this report	Safe		Caring		Effective	X	Responsive		Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p><u>Background</u></p> <p>In accordance with the NHS Act 2006, it is a legal requirement for all NHS Foundation Trusts to have an external audit service in place. It is the responsibility of the Council of Governors to appoint the Trust's external audit service provider.</p> <p>The Trust's previous External Audit service provider was PWC. The provision of service covers the following areas;</p> <ul style="list-style-type: none"> • NTHFT accounts • Optimus (Limited Company) • North Tees & Hartlepool Solutions LLP • Quality Accounts • Charitable Funds Accounts <p>The contract with PWC expired upon completion of the External Audit final report relating to 2019/20 and we were advised by PWC that they had no interest in future provision of the service.</p> <p><u>Approach</u></p> <p>The Trust undertook a mini-tender exercise via an approved contract procurement route which was led by the Procurement Department. The tender was to obtain a new provider for two years, with the option to extend for a further two years (subject to approval). The closing date for the mini-tender was 2 October 2020 and bids were received from Deloitte and Mazars. This initial position was a very positive starting point in light of the current market environment for securing external audit services. In general terms, the traditional 'Big 4' firms focus their attention on more profitable services (e.g. consultancy services).</p> <p>An External Audit Tender Scoring Session was held on 13 October 2020 which was attended by two governor representatives. The purpose of the meeting was to assess the two bids received and score each bid in accordance with the answers contained in the submissions. The exercise was a very thorough and productive meeting and generated significant discussion and debate across;</p> <ul style="list-style-type: none"> - Quality/experience - Ability to deliver/access to resource - Reliability - Cost - Tailored service 										

Each bid was scored in turn and the total score was applied against the weighting below;

Criteria	Weighting
Data Protection	Pass/Fail
Experience of the proposed team	30%
Quality of the proposed service delivery	40%
Quality of engagement with the EA Working Group	10%
Whole life costs	20%
Face to face interview for highest ranked bidder with the EA Working Group	Pass/Fail

The outcome of the weighting scores resulted in Deloitte achieving the highest weighted score (see below) and was unanimously agreed by group.

Firm	Total Score	Weighted %
Deloitte	86	78%
Mazars	70	60%

The main reason Deloitte scored higher was due to the quality of the answers provided to address the questions being asked; the significant experience of the Lead Partner and supporting team, and the fact that Deloitte would only be the external audit provider to this Trust within our local region.

In accordance with the tender requirements, this required Deloitte to make a presentation to the External Audit Working Group, with a view to deciding whether to award the External Audit contract to Deloitte.

External Audit Working Group

The External Audit Working Group whose membership comprises Governors met on 27 October 2020. A presentation was made by Trust staff explaining the process that had been followed leading up to the presentation by Deloitte. Deloitte then dialled into the meeting and presented their strategy and approach to delivering the External Audit service to the Trust. The External Audit Working Group asked a number of questions to Deloitte which were answered satisfactorily.

Upon Deloitte leaving the meeting, the External Audit Working Group had a final discussion and was unanimous in the decision to award the contract to Deloitte. It was agreed that this would be presented to the Council of Governors meeting for retrospective approval at the meeting on 10 December 2020.

Conclusion

The Trust has obtained a very positive outcome in securing Deloitte as the Trust's external audit provider for the next 4 years (subject to extension). In light of the current market conditions, there was a real risk of only one or no tender submissions being received. The Trust believes the appointment of Deloitte will result in the continued scrutiny and challenge (previously provided by PWC) of the Trust's accounts and enable us and our stakeholders to maintain our confidence in our reported financial position.

How this report impacts on current risks or highlights new risks:	
This report doesn't highlight any new risks. The Board Assurance Framework (finance section 3c) will be updated and a planned mitigating action in the BAF will be closed.	
Committees/groups where this item has been discussed	N/A.
Recommendation	<p>The Council of Governors are asked to;</p> <ul style="list-style-type: none"> - Note the content of the report. - Retrospectively ratify the decision of the External Audit Working Group made on 27 October 2020 to award the External Audit contract to Deloitte.

Council of Governors

Title of report:	Outcome of Governor Elections 2020																						
Date:	10 December 2020																						
Prepared by:	Sarah Hutt, Assistant Company Secretary																						
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs & Chief of Staff																						
Purpose of the report	The purpose of the report is to present the outcome of the Governor Elections that were undertaken to fill vacant seats from 1 December 2020.																						
Action required:	Approve		Assurance	x	Discuss		Information	x															
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x	Health and Wellbeing	x															
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x													
Executive Summary and the key issues for consideration/ decision:																							
<p>The Model Rules for Elections require the Trust to hold annual Governor elections to fill any vacant seats due to Governor terms of office coming to an end on 30 November 2020, or to fill any vacancies that have arisen during the course of the year following resignations or those unfilled from the previous election.</p> <p>There were a total of 11 vacancies in the following constituencies:</p> <table style="width: 100%; border: none;"> <tr><td>Stockton</td><td style="text-align: right;">4</td></tr> <tr><td>Hartlepool</td><td style="text-align: right;">2</td></tr> <tr><td>Sedgefield</td><td style="text-align: right;">1</td></tr> <tr><td>Easington</td><td style="text-align: right;">1</td></tr> <tr><td>Out of Area</td><td style="text-align: right;">1</td></tr> <tr><td>Staff</td><td style="text-align: right;">2</td></tr> </table> <p>The elections were conducted in accordance with the rules and constitutional arrangements as set out by the Trust's Constitution using the Single Transferable Vote electoral system. Electoral Reform Services (ERS) were employed to assist the Trust for the purposes of this round of elections and conducted the elections as the Returning Officer.</p> <p>The deadlines for receipt of nominations was 13 October 2020, the following candidates were elected unopposed with effect from 1 December 2020:</p> <p>Sedgefield Constituency Ruth McNee</p> <p>Easington Constituency No nominations – seat remains vacant</p>												Stockton	4	Hartlepool	2	Sedgefield	1	Easington	1	Out of Area	1	Staff	2
Stockton	4																						
Hartlepool	2																						
Sedgefield	1																						
Easington	1																						
Out of Area	1																						
Staff	2																						

Staff Constituency

Carol Alexander
 Asokan Krishnaier

An election was held for the remaining constituencies to fill the vacancies. The notice of poll was issued on 6 November 2020 with the closing date for elections being 20 November 2020.

The Trust were notified on Monday 23 November 2020 of the results as follows:

Stockton Constituency

Tony Horrocks
 Pat Upton
 Raymond Stephenson
 Anne Johnston

Hartlepool Constituency

Geoff Northey
 Aaron Roy

Out of Area Constituency

Angela Warnes

All Governors were elected to a term of office of 3 years.

How this report impacts on current risks or highlights new risks:

This report does not highlight any new risks.

Committees/groups where this item has been discussed

N/A

Recommendation

The Council of Governors are asked to note the outcome of the Governor Elections for 2020.

Council of Governors

Title of report:	Lead Governor Elections 2020									
Date:	10 December 2020									
Prepared by:	Sarah Hutt, Assistant Company Secretary									
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs & Chief of Staff									
Purpose of the report	<p>The report outlines the process to be undertaken in order to nominate and appoint a Lead Governor due to the current incumbent coming to the end of their term of office.</p> <p>The appointment of a Lead Governor will be made from the public Governors and will be for the duration of their term of office.</p>									
Action required:	Approve	x	Assurance	x	Discuss		Information	x		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x	Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x

Executive Summary and the key issues for consideration/ decision:

The Trust is required to nominate a Lead Governor from amongst its Council of Governor membership as described in Monitor's updated 2013 publication, "*Your Statutory Duties: A Reference Guide for NHS Foundation Trust Governors*".

The role of the Lead Governor is to be a conduit for direct communication between NHS Improvement (formerly Monitor) and the Council of Governors in the limited number of circumstances in which it may not be appropriate to communicate through the normal channels of the Chairman and/or Company Secretary. It is not anticipated that there will be regular direct contact between NHS Improvement (NHSI) and the Council of Governors in the ordinary course of business.

The process for the election of the Lead Governor is defined in the Trust's Constitution, section 10.5, with the statutory duties detailed in Appendix B of the NHS Foundation Trust Code of Governance, included as Appendix 1.

The appointment of the Lead Governor will be made from the public Governors and will be for the duration of their term of office.

Nominated Lead Governor

Tony Horrocks, Elected Governor for Stockton was nominated as Lead Governor in 2017, however his term of office came to an end on 30 November 2020. In accordance with the Constitution, the Trust is required to make necessary arrangements to appoint a Lead Governor to fill this position.

Proposed Arrangements for Appointing a Lead Governor

It is proposed that Governors who wish to be nominated as Lead Governor complete the nomination form at Appendix 2. Following the closing date for nominations, a voting slip will be circulated to all Governors.

The normal process to be followed, in line with the Constitution would be for completed voting slips to be used as the basis for a secret ballot to take place at the Council of Governors meeting in February 2021, with only Governors present at the meeting able to cast a vote. In light of the restrictions in place due to COVID-19 and the likelihood that these will still apply in February 2021, the proposal is to amend the process to undertake the ballot virtually, with all voting slips returned to the Private Office, who will then report the outcome of the ballot at the meeting on 18 February 2021.

The timetable for this process will be as follows:

- Nominations open – 14 December 2020 (nomination form will be emailed to all Public Governors)
- Nominations close – 3 January 2021 (nomination forms to be returned to the Private Office by this date)
- 6 January 2021 - Details of nominations and voting slips circulated to all members
- Voting close – 29 January (voting slips to be returned to the Private Office by this date)
- Appointment of nominated Lead Governor announced and ratified at 18 February 2021 Council of Governors

How this report impacts on current risks or highlights new risks:

This report does not highlight any new risks.

Committees/groups where this item has been discussed	N/A
Recommendation	The Council of Governors is asked to approve the process and timetable for the nomination and election of the Lead Governor, as set out above, including the nomination form in Appendix 2.

Appendix B: The role of the nominated lead governor

The lead governor has a role to play in facilitating direct communication between Monitor and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chairperson or the trust secretary, if one is appointed.

It is not anticipated that there will be regular direct contact between Monitor and the council of governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated and contact details provided to Monitor, and then updated as required. The lead governor may be any of the governors.

The main circumstances where Monitor will contact a lead governor are where Monitor has concerns as to board leadership provided to an NHS foundation trust, and those concerns may in time lead to the use by Monitor's board of its formal powers to remove the chairperson or non-executive directors. The council of governors appoints the chairperson and non-executive directors, and it will usually be the case that Monitor will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand Monitor's concerns.

Monitor does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in significant breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of board leadership, Monitor will often wish to have direct contact with the NHS foundation trust's governors, but at speed and through one established point of contact, the trust's nominated lead governor. The lead governor should take steps to understand Monitor's role, the available guidance and the basis on which Monitor may take regulatory action. The lead governor will then be able to communicate more widely with other governors.

Similarly, where individual governors wish to contact Monitor, this would be expected to be through the lead governor.

The other circumstance where Monitor may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chairperson or other members of the board, or elections for governors, or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, whilst complying with the trust's constitution, may be inappropriate.

North Tees and Hartlepool NHS Foundation Trust
Minutes of the External Audit Working Group Meeting

27 October 2020

Boardroom, University Hospital of North Tees

- Present:** Philip Craig, Non-Executive Director (Chair) – **(dial in)**
John Edwards, Elected Governor for Stockton
Tony Horrocks, Elected Governor for Stockton
Mark White, Elected Governor for Stockton
Janet Atkins, Elected Governor for Stockton
Alan Smith, Elected Governor for Hartlepool
Neil Atkinson, Director of Finance (DoF)
Stuart Irvine, Deputy Director of Finance (DDoF)
Helen Lane, Head of Financial Services (HoFS) – **(dial in)**
Stephanie Husband, Senior Procurement Officer (SPO)
Mrs Nicola Wright, Senior Partner, Deloitte – **presentation only (dial in)**
Mr Nick Raynor, Audit Manager, Deloitte - **presentation only (dial in)**
- In attendance:** Melanie Napper, Personal Assistant to the Director of Finance (note taker)

1. Apologies for absence

None received.

2. Declarations of Interest

The DDoF declared an interest as a Trust Member Representative on North Tees & Hartlepool Solutions LLP Board and Governor at Hartlepool College of Further Education.

The HoFS confirmed she had a declaration of interest due to her role on the Optimus Board.

The SPO declared an interest as an employee of North Tees & Hartlepool Solutions LLP.

3. External Audit Tender Scoring Outcome

The Chair opened the meeting and requested the Director of Finance to take over chairing the meeting due to dialling in remotely. The meeting was declared quorate.

The DoF extended a welcome to attendees and explained that there would be a brief overview of the selection process undertaken to date for those members not involved in the tender scoring session that took place on 13 October. The outcome of the scoring exercise placed Deloitte as the preferred provider, and to conclude the process Deloitte would join the meeting remotely to deliver a presentation in support of their tender submission, outlining their strategy and approach. Following the presentation attendees would be given the opportunity to ask any questions. Deloitte would then be asked to leave the meeting and the External Audit Working Group

would have a closed discussion to decide whether to appoint Deloitte as the Trust's External Auditors.

The DDoF outlined the process followed to identify Deloitte as the preferred provider. It was noted that the previous incumbent, PWC had not submitted an interest to continue to provide a service, and the two bids received had been from Deloitte and Mazars.

The extent of the External Audit service would include;

- NTHFT annual accounts
- Optimus (Limited Company) annual accounts
- North Tees & Hartlepool Solutions LLP annual accounts
- Quality Accounts
- Charitable Funds annual accounts

It was explained that the new contract was for a two-year period which would commence on 1 January 2021, and there would be an option to extend for a further two years, subject to satisfactory performance and approval. Any decision made to award the contract would seek retrospective approval from the Council of Governors at the meeting on 10 December 2020.

Consideration had been given to a joint tendering exercise with South Tees Hospitals NHS Foundation Trust (STHFT), however, the criteria set by STHFT focused on cost whereas the focus of the Trust was on quality. TH, Lead Governor commented that the tender scoring exercise had been very thorough and positive. The DoF explained that although Deloitte were not in attendance for the presentation, it was expected that there would be an onsite presence to undertake the annual audit process at year end.

A general discussion ensued regarding various aspects of the tender.

4. External Audit Tender Scoring Outcome

The Senior Partner from Deloitte, Nicola Wright, responsible for public sector clients, presented a high level proposal, along with the Senior Audit Manager, Nick Raynor.

Mrs Wright's credentials included 23 years of experience heavily focused within the NHS, including a very positive relationship with NHS England. Deloitte had several specialists for areas such as Charities, Tax and real estate and she was keen to make sure the Trust had access to the right team.

The key points included:

- Planning with a detailed Risk assessment
- Audit plan will be presented to the Audit Committee
- An interim visit to look at any complex accountancy treatments
- Consult with specialists
- Look at 2020/21 changes being brought in; such as IFRS16
- Quality accounts testing
- Internal control and processes
- Production of detailed request lists
- Discussions with Finance teams
- Undertake testing to meet all requirements
- No surprises approach

A number of questions were fielded by members.

It was noted that during the COVID Pandemic, all audits had been undertaken remotely and systems had been introduced to support this new way of working. This had led to a structured approach and regular calls with clients to ensure efficiency and effectiveness.

The DoF thanked Deloitte for their presentation.

5. Recommendation for the appointment of external audit services

A further discussion ensued between External Audit Working Group attendees and the Chair commented that he felt assured and comfortable with the appointment of Deloitte.

It was unanimously agreed by the External Audit Working Group that the external audit contract be awarded to Deloitte.

This decision would be reported to the Council of Governors meeting on 10 December 2020 for retrospective ratification.

6. Any other business

There was no other business notified.

The meeting closed at 5.00pm.