



# **Council of Governors Meeting**

**Thursday, 16 February 2023  
at 10.30am**

***To be held in the Conference Room 3  
Hartlepool College of Further Education***

## **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)

# **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

2 February 2023

Dear Colleague

A meeting of the **Council of Governors** will be held on **Thursday, 16 February 2023 at 10.45am, Conference Room 3, Hartlepool College, Stockton Street, Hartlepool TS24 7NT. A development session will commence immediately prior to the meeting at 9.30am. Lunch will be provided.**

Yours sincerely



**Professor Derek Bell**  
**Joint Chair**

### Agenda

- |      |         |  |  |
|------|---------|--|--|
| (1)  | 10.45am | Welcome  | Chair  |
| (2)  | 10.45am | Apologies for Absence  | Chair  |
| (3)  | 10.45am | Declaration of Interests   |  |
| (4)  | 10.45am | Patient Story  | Lindsey Robertson                            |
| (5)  | 11.05am | Minutes of the last meeting held on, 8 December 2022 <b>(enclosed)</b>   | Chair  |
| (6)  | 11.10am | Matters Arising and Action Log <b>(enclosed)</b>   | Chair  |
| (7)  | 11.15am | Chair's Report including Board Business<br><b>(BoD agenda 23 March 2023 enclosed)</b>  | Chair  |
| (8)  | 11.25am | Partnership Working Update (verbal)<br>- Carnall Farrar Report   | Steve Hall                                   |
| (9)  | 11.55am | Chief Executive's Report <b>(enclosed)</b>   | Julie Gillon                                 |
| (10) | 12.10pm | North East and North Cumbria Integrated Care System (ICS), Strategic<br>And Area Integrated Care Partnerships (ICPs) and Provider Collaboration<br><b>(enclosed)</b> | Julie Gillon                                 |
| (11) | 12.25pm | Lunch Break  |  |
| (12) | 12.55pm | Integrated Compliance and Performance Report <b>(enclosed)</b>   | Ann Baxter / Chris Macklin /<br>Fay Scullion |

- |      |        |  |                                     |
|------|--------|--|-------------------------------------|
| (13) | 1.10pm | Elective Recovery Update <b>(enclosed)</b>                 | Linda Hunter                        |
| (14) | 1.20pm | Improvement and Transformation Programme <b>(enclosed)</b> | Julie Gillon /<br>Lindsey Robertson |

**Items to receive**

- |      |        |   |       |
|------|--------|---|-------|
| (15) | 1.35pm | Sub Committee Meeting dates 2023 <b>(enclosed)</b>            |       |
| (16) |        | Non-Executive Director Committee Membership <b>(enclosed)</b> |       |
| (17) |        | Governor Photo Board January 2023 <b>(enclosed)</b>           |       |
| (18) | 1.40pm | Any Other Notified Business                                   | Chair |
| (19) | 1.45pm | Approximate close   |       |

**Date of Next Meeting**  
Thursday, 18 May 2023

DB/SH

2 February 2023

Dear Colleague

A development session regarding Discharge Processes and Home First has been arranged, **which will commence at 9.30am** prior to the Council of Governors meeting on Thursday, 16 February 2023 **at Hartlepool College, Stockton Street, Hartlepool TS24 7NT.**

- (1) 9.30am Discharge Processes & Home First Matt Wynn, Jill Foreman, Vicky Cardona
- (2) 10.15am Questions
- (3) 10.30am Comfort Break & Close

## North Tees and Hartlepool NHS Foundation Trust

### Minutes of a Meeting of the Council of Governors held on Thursday, 8 December 2022 in the Lecture Theatre, Middlefield Centre at the University Hospital of North Tees and via video link

The Council of Governors' meeting was conducted via attendance at the University Hospital of North Tees and video/audio conferencing.

#### **Present:**

Professor Derek Bell, Joint Chair

#### **Hartlepool Elected Governors:**

Geoff Northey  
Pauline Robson  
Aaron Roy  
Alan Smith

#### **Stockton Elected Governors:**

Tony Horrocks (Lead Governor)  
Janet Atkins  
Anne Johnston  
Pat Upton  
Lynda White  
Mark White (virtual)

#### **Staff Elected Governors:**

Carol Alexander  
Manuf Kassem (virtual)  
Asokan Krishnaier (virtual)

#### **Sedgefield Elected Governors:**

Wendy Gill

#### **Out of Area Elected Governor:**

Angela Warnes

#### **Appointed Governors:**

Cllr Steve Nelson, Stockton Borough Council (virtual)  
Christopher Akers-Belcher, HealthWatch Hartlepool  
Andrew Martin-Wells, Hartlepool Borough Council

#### **In Attendance:**

Julie Gillon, Chief Executive	CE
Lindsey Robertson, Chief Nurse/Director of Patient Safety & Quality (Development Session Item Only)	LR
Ann Baxter, Non-Executive Director	AB
Steve Hall, Vice Chair	Vice Chair
Hilton Heslop, Associate Director of Corporate Affairs & Strategy	HH
Chris Macklin, Interim Non-Executive Director	CM
Fay Scullion, Interim Non-Executive Director	FS
Michael Houghton, Care Group Director: Responsive Care	MH
Mel Brown, Interim Director of Governance	MB
Sarah Hutt, Company Secretary	SH
Heidi Holliday, Secretary to Board (note taker)	

A Governor Development Session had immediately preceded the main meeting covering the Care Quality Commission Improvement Plan, presented by Julie Gillon, CE and Lindsey Robertson, Chief Nurse, which had been well received.

### **CoG/1107 Welcome**

The Joint Chair welcomed members to the meeting and introduced Mel Brown, Interim Director of Governance, who had been appointed to provide additional support to the organisation.

### **CoG/1108 Apologies for absence**

Apologies for absence were received from Ian Simpson, Interim Non-Executive Director, Margaret Docherty, Elected Governor for Stockton, Mary King, Elected Governor for Easington, Ruth McNee, Elected Governor for Sedgefield, Andy Simpson, Elected Staff Governor and Tim Thompson, Appointed Governor for University of Teesside.

### **CoG/1109 Declaration of Interests**

No new declarations of interest were noted.

### **CoG/1110 Patient Story**

The CN/DoPS&Q shared a story from a patient who had accessed the Trust's podiatry services. The patient suffered from Plantar Fasciitis which had impacted her quality of life. During her appointment, the Podiatrist was able to provide advice regarding some simple interventions that would improve her day to day life. The changes had made a positive impact, and the patient said "after years of dealing with this I was getting help, it felt like Christmas". During lockdown her mental health was affected and she had started to struggle, however, felt she now had more control over her life and her mental health had also improved.

The Trust was committed to making every contact count and with the provision of brief interventions and advice it was a huge opportunity to make a difference to people's lives. Kath Tarn, Making Every Contact Count Lead, was working with community providers to upskill staff to ensure that when they have interaction with patients they consider all ways they could help to make a positive impact.

The Joint Chair thanked the CN/DoPS&Q for sharing the story and asked that the patient and staff supporting the patient be thanked also.

**Resolved:** that, the patient story be noted.

### **CoG/1111 Minutes of the last meeting held on, 8 September 2022**

**Resolved:** that, the minutes of the meeting held on Thursday, 8 September 2022 be confirmed as an accurate record.

### **CoG/1112 Matters Arising and Action Log**

Following a query by Christopher Akers-Belcher, HealthWatch Hartlepool Representation regarding the external review of EDI and the development session for Governors, the CE reported that Jagtar Singh Associates had been commissioned to undertake the review. Jagtar Singh Associates had visited the Trust to meet with staff and a Development Session was scheduled with the Board of Directors. the findings of the review would be shared with the Council of Governors.

An update regarding the action log was provided and a summary of the questions and issues raised at the pre-Council of Governors meeting were reported:

- Review information/publications shared with members and involve the ADoCM



- Consider resuming face to face member events
- Membership Strategy Committee to consider ways to attract new members and potential Governors
- A review of Committees to be undertaken once new Non-Executive Directors were in post and Governors to be invited to join where appropriate
- Minutes from the meeting on 8 September to be circulated prior to the meeting
- Consideration be given to an away day to consider objectives from the Carnall Farrar Report

#### **a. Interview Questions**

It was agreed that the questions asked at the Non-Executive Director interviews be circulated to Governors for use in the future.

#### **b. Proposed Industrial Action**

Michael Houghton, Care Group Director: Responsive Care provided an update with regards to the proposed industrial action as part of the Winter Resilience Plan 2022/23 and Elective Recovery Update item.

#### **c. Jargon Buster**

It was agreed that a guide to the NHS structure and a brief line-map be provided to Governors with an overview of all organisations and how they linked together such as the IBC and ICS. The CS was to circulate information, which could be embellished upon if required.

#### **d. Unfilled Governor Positions**

The IDoG reported that she was reviewing the elections process and would provide an update at the next meeting along with suggested solutions.

#### **e. Induction for New Governors**

It was reported that work was ongoing to plan for the Induction for new Governors and any ideas or suggestions would be welcomed.

#### **f. Resignation of the Vice Chair**

The Vice Chair announced that he would be resigning as Non-Executive Director/Vice Chair at the end of March 2023. It was reported that a replacement would be considered during the latest round of Non-Executive Director recruitment. The Vice Chair thanked his fellow colleagues for all their support. The Chair formally thanked the Vice Chair for his significant contributions and support to the Trust.

**Resolved:** that, the verbal updates be noted.

### **CoG/1113 Chairs Report including Board Business**

A summary of the Chair's Report included:

- Winter Pressures – concerns were raised regarding the significant winter pressures the NHS faced and the Trust continued to be committed to supporting staff in every way it could. It was reported that the BBC were talking to staff to ask them to share their stories

and it was important that staff be supported in doing this and that the Governors and the public were kept informed.

- Flu/Covid – the Joint Chair encouraged all to have their vaccinations and act as ambassadors to increase uptake. Along with the seasonal pressures of flu and Covid it was noted that a rise in RSV cases was contributing to the operational challenges and leading to increased admissions.
- Joint Partnership Board Working – a meeting was scheduled for Wednesday, 14 December 2022 to consider the Carnall Farrar Report.
- Regional Chair's Meeting – the Joint Chair attended the North East Regional FT Chairs meeting on 6 October, which Sir Liam Donaldson, Chair, North East and North Cumbria Integrated Care Board (NENC ICB) attended. The Joint Chair reported that the meeting had been positive and the areas of focus were Workforce, Maternity and Mental Health and Wellbeing of staff and the public. It was noted that regular 1:1 meetings were taking place with Dave Jennings, Chair of Tees, Esk and Wear Valleys NHS Foundation Trust to explore ways in which Chairs could support joint working and interaction between mental health and acute health services
- East Kent Maternity Services – the Chair reported that the Board would be reviewing the outcomes thematically from all independent reviews into maternity services not just the Report into East Kent Maternity and Neonatal Services in isolation.

**Resolved:** that, the content of the report be noted.

#### **CoG/1114 Partnership Working**

The Vice Chair provided an update in respect of the Joint Partnership Board. Assurance was provided that the Board of Directors remained focused on delivery and progressing the opportunities afforded through collaborative working in developing services further. Regular meetings with colleagues at South Tees Hospitals NHS Foundation Trust were being held in terms of progressing the Carnall Farrar Report.

The Carnall Farrar Report was currently in draft format and an Informal Board Meeting was scheduled for that afternoon to consider and discuss the content prior to the Joint Partnership Board meeting scheduled for Wednesday, 14 December. It was expected the substantive report would be made available by the end of December.

The Vice Chair reported on the number of site visits he had attended to build stronger relationships, gain learning and understanding and to ensure the integration and embracement of opportunities with other partners.

A Disability Awareness Event took place at both the University Hospital of North Tees and the University Hospital of Hartlepool on Monday, 5 December 2022, which the Vice Chair attended as Board Champion for Equality Diversity and Inclusion (EDI). The event recognised the ability of people rather than disability and a wide range of information had been provided. The 'take home' message from the event was that the simple act of kindness can have a tremendous impact on a person's life. The Trust's EDI Staff Network was a proactive forum, with clear actions and delivery plan. The Vice Chair was humbled by the staff, the amount of work and support that the Network provided and felt proud to be a representative. Following discussion it was agreed that the Governors be invited to attend the Network.

The Lead Governor provided an update since the last meeting. He had attended a Public Board meeting as an observer and urged others to attend where possible. The Lead Governor reported on the successful Shining Stars Event where a number of Governors who had reached the end of their term received an award recognising their contributions. Regular meetings took place with the Lead Governor at South Tees Hospitals NHS Foundation Trust and it was agreed there would be greater shared work between the two Trusts. Members of the Nominations Committee were involved in the recent successful Non-Executive Director recruitment with five individuals appointed, including Fay Scullion and Chris Macklin. The Lead Governor wished Angela Warnes, newly elected Lead Governor much success in her new role and thanked the Council of Governors for their support during his time as Lead Governor.

- Resolved:**
- (i) that, the verbal update be noted; and
  - (ii) that, the Carnall Farrar Report was expected to be available by the end of December; and
  - (iii) that, the Governors be invited to attend the EDI Network.

### **CoG/1115 Chief Executive's Report**

The CE presented the Chief Executive's Report and highlighted key points:

- The Trust continued to deliver according to planned trajectories, with a focus on reducing over 52 week waits and improving the over 40 week waits position. The Trust was one of the best performing in the country in terms of its position regarding 78 week waits.
- The Trust continued to operate red and green pathways for covid patients although the prevalence in the organisation was stabilising. Promotion of the covid booster and flu vaccination continued, to increase the uptake, which currently stood at c.50% and 40% respectively.
- The cancer position in the organisation remained positive with a clear focus on timely treatments and improved patient experience with robust clinical assessments. Vandana Jeebun had been appointed as the Trust Cancer Lead and was pivotal in the work to review individual pathways, and clinical coding moving the organisation forward with regards to SHMI and HSMR. The Trust was now reporting as one of the best in the region and the country.
- A Big Conversation involving staff was launched in mid-November using the Clever Together platform and the CE provided an overview of the anonymous responses received to date. Themes were noted as leadership, innovation and governance and the first draft of thematic responses would be available by January 2023.
- The Trust was one of the top recruiters in the country with regards to Research and Development, with 1,841 participants recruited across 25 specialties during the current year.
- Accolades were received with the Obstetric and Gynaecology Research Team winning Trust Team of the Month in October for the collaborative and proactive work with its stakeholders and clinical teams. The Trust was also the first and only UK site that had recruited into the pre-diagnosis cancer trial to assess the impact on patient management if the Oncotype diagnosis test was requested on biopsy sample taken at the time of diagnosis as opposed to a sample obtained during surgery, both of which were fantastic achievements.

- The Shining Stars Awards had been a hugely successful event with long service awards being presented to Margaret Docherty, Wendy Gill, Manuf Kassem, Mary King and Pauline Robson for their contributions. The CE placed on record her personal thanks to all Governors for their dedication and commitment to the organisation.
- Patricia Hewitt, Former Secretary of State for Health and Social Care was leading a review to consider how the oversight and governance of the Integrated Care Systems would best enable them to succeed. Interim findings were expected by 16 December 2022.
- The NENC Provider Leadership Board supported a proposal for foundation trusts to work together on addressing strategic clinical risks such as vulnerable services, gynaecology and cancer services to develop robust services across the North East and North Cumbria.
- The NHSE and ICB Independent Strategic Review conducted by Carnall Farrar was drawing to a conclusion and the revised publication date of the report took into account the period of additional stakeholder engagement. Further discussions were due to take place at the Informal Board Meeting that evening.
- Final approval had been given for the business case for the proposed new build Community Diagnostic Centre on the Castlegate Campus site in Stockton. The capital bid was successful, however not for the amount originally requested. Work was ongoing with Stockton Borough Council and other partners regarding a revised delivery plan based upon the funding that had been provided.
- An official opening event for the Endoscopy Training Academy developed collaboratively with South Tees Hospitals NHS Foundation Trust had been organised for Friday, 16 December 2022. and was a good opportunity to showcase the work of the clinical, managerial and estates teams involved.
- Excellent feedback had been received following the Joint Advisory Group (JAG) accreditation visits at the Gastrointestinal Endoscopy units at the University Hospital of North Tees and the University Hospital of Hartlepool. It was noted that this was a positive accreditation position for the Trust.
- The Trust continued to develop the Estates Strategy for the Hospital Building Programme however, were not hopeful that the Trust would be one of the 8 hospitals chosen to receive funding. The ageing estate had been highlighted as a separate risk and had been included in the Board Assurance Framework.
- The Royal College of Nursing (RCN) Industrial Action was planned to take place on Thursday, 15 December 2022 and the Ambulance Service Industrial Action on Wednesday, 21 December 2022, work was ongoing to plan for and manage any impact on the organisation.

Christopher Akers-Belcher, HealthWatch Hartlepool sought clarification regarding the geography of place based arrangements, in addition to the process and timelines regarding the Carnall Farrar Report. The CE confirmed that the area ICP was developing a strategy for the Tees Valley, which included Darlington. It was hoped that joint appointments be made in the future and that the Trust would be part of the governance infrastructure for place based integration and collaboration. In respect of the Carnall Farrar Report, the CE explained that the final report had not yet been received however, the draft report was being discussed in detail at the Informal Board Meeting scheduled for that evening. South Tees Hospitals NHS Foundation Trust Board were also considering the draft report and joint discussions would then take place at a Joint Partnership Board meeting. It was noted that the NENC ICB

requested to be part of discussions being held, for information purposes only. The Joint Chair confirmed that a joint meeting of the Governors at both Trusts was to be arranged and a date would be circulated in due course.

It was noted that there was a Health and Care Academy Event taking place in Hartlepool as part of the Town Deal Partnership and it was queried whether Governors could attend. The CE agreed to liaise with the organisers to arrange for the invitation to be extended to all Governors.

- Resolved:**
- (i) that, the content of the report and the work being carried out across the organisations be noted; and
  - (ii) that, details of the Joint Council of Governors meeting be circulated once a date and time had been agreed; and
  - (iii) that, the CE would request that an invitation to the Health and Care Academy Event be extended to all the Governors.

**CoG/1116 North East and North Cumbria Integrated Care System (ICS), Strategic and Area Integrated Care Partnerships (ICPs) and Provider Collaboration**

This item was covered in the Chief Executive's Report item above.

**CoG/1117 Integrated Compliance and Performance Report**

AB, Non-Executive Director provided an overview of the Integrated Compliance and Performance Report and highlighted the key issues. It was noted that due to reporting and verification of data processes the data was quite historical. The data included in the report was up to the end of October.

- Operational and workforce pressures continued throughout October affecting performance against key standards however, the position for the majority of those standards remained comparable to national and regional positions. Standards continued to be monitored closely through the robust governance structures.
- The Trust continued to perform well against the quality and patient safety indicators and, despite the ongoing pressures, the Trust continued to report either first, second or above the national and regional positions.
- The Trust reported at 83.45% against the Cancer Two Week Rule standard of 93%, which placed the Trust third across the region with only one Trust in the region achieving the standard. Increased referrals for the two week rule standard continued to impact on the overall pathway however, this position was improving.
- The Trust reported at 77.85% for the RTT incomplete with 42 patients waiting over 52 weeks. Compliance against Diagnostic waiting times had improved slightly on the previous month however, pressures continued due to staff capacity in a number of key areas. Increased capacity was projected in December and January leading to a planned improved position by the end of March 2023.
- Occupancy remained very high with an average of 95.24% up to 33 additional beds required each day and on average 46 super-stranded patients however, the Trust continued to be one of the best performers in the country and work continued to ensure patients were efficiently discharged back to their homes or nursing homes.
- The Trust continued to remain focussed on the Urgent and Emergency Care standards. 27 patients reported waiting over 12 hours for a decision to admit with the majority of patients waiting for a bed to become available. The implementation of the

new operating model with an increase in bed base was fundamental to improving flow within the organisation.

- Sickness absence remained a pressure. Mental health conditions were the most common reason for absence followed by chest and respiratory problems and musculoskeletal problems. A successful financial wellbeing event had been held at the University Hospital of North Tees and was to be replicated at the University Hospital of Hartlepool. A task and finish group had met and developed an action plan and process mapping of sickness absence management processes had begun, with a shift to a more coaching style of support. Although morale had dipped there were a range of ways staff were being supported. This remained an active part of the Chief People Officer's role, which she was very passionate about.
- The Trust had achieved 5 out of the 9 cancer standards however, were not the only Trust in this situation. Vandana Jeebun, Cancer Lead would be focussing work on this although the priority was assessing numbers of no harm. It was reported that Vandana Jeebun had met with every one of the organisations tumour sites and was working with Primary Care colleagues
- The Trust was reporting a decrease in the number of complaints and an increase in the number of compliments received. Compliments consistently remained higher than the number of complaints the Trust received however, it was noted that not all compliments were recorded such as flowers and cards, which could Further increase the numbers.
- The Trust was performing well with a year to date surplus of £4.609m against a plan of £4.492m, which was £0.117m ahead of plan and healthy cash balances which were being utilised to further improve the financial position. Pressures were reported across the ICS with circa 31 mitigated risks and in November a financial forecast protocol had been issued. CM, Non-Executive Director reported that the ICS was spending £200m more of its national share however, within that spending the Tees Valley were not receiving its fair share. As at the beginning of the year the Tees Valley had an adjustment (converging) and funding was reduced by £6m. The adjustment was non-recurrent therefore there was an ability to revisit that the following year. In the current year, the Trust was reviewing its internal finances and it was likely that the organisation would be able to help the ICS's financial position and discussions were taking place with the DoF and the financial team. It was noted that if the Trust helped the system this year there would be options in the future should the Trust require help. Assurance was provided that whatever the organisation does it would not compromise on patient safety.

Following a member's query regarding Urology, the CE reported that plans had been put in place to triage patients on the waiting lists, that the Trust was working with South Tees Hospitals NHS Foundation Trust and that another Locum had been appointed. It was noted that the Specialist Nurses were also pivotal in taking this work forward. The CE agreed to discuss the matter further with the Governor out-with the meeting.

It was agreed that work needed to be carried out with the ICB regarding cancer figures as gateway to GP practices. AB, Non-Executive Director reported that she had attended a visioning event where there had been useful discussions on this and how to manage expectations of waiting times. The ICB were undertaking a piece of work on waiting well and it was noted that the Trust was also focusing on this. A dedicated resource was now ensuring that patients were well whilst they waited and work with the Communications Team was ongoing to promote this. It was agreed that an update on this be shared with members.

Following a members' query regarding the convergence and Tees Valley allocations CM reported that it was difficult to report how allocations were given and that it was a lot clearer before. However, CM provided assurance that the Trust was leading the agenda to ensure the Tees Valley received its fair allocation and was promoting a wider Tees Valley approach to have a collective voice to attract those funds. There was £13.4m funding at ICB level which the Trust bid against in respect of the population health agenda.

A query was raised regarding the Trust's agency spend. It was noted that the Trust had started from a very low base when the agency spend target was set, which was a national problem and the challenge was to get this apportioned appropriately. The Chief People Officer and HR directorate were working on this.

**Resolved:** (i) that, the content of the report be noted; and  
(ii) that, the CE would discuss the Urology query further with the Governor out-with the meeting; and  
(iii) that, an update be shared with members regarding the work around waiting well.

### **CoG/1118 Winter Resilience Plan 2022/23 and Elective Recovery Update**

Michael Houghton, Care Group Director: Responsive Care provided a presentation on the Winter Resilience Plan for 2022/23 and the Elective Recovery Update, highlighting the key points.

The Trust maintained focus on quality and safety, improving patient outcomes and experience and was closely reviewing the operating model and winter plan to manage the pressures faced. Continued improvements and strong regional performance was being seen with regards to ambulance handover times and also the increase in 6 and 12 hour waits in the Emergency Department. Work was ongoing to identify ways of decompressing and reducing occupancy levels and pre-pathways were being reviewed.

The operating model included a number of key areas, one of which was the Out of Hospital Operating Model which included Home First, the Holdforth Community Hub and the Frailty Team. Part of the Home First model was the Frailty Virtual Ward and patients had started to be seen through that pathway which formed part of the 2 hour response pathway in the community, and managed by the integrated single point of access (iSPA) Excellent relationships had been developed with the Local Authorities enabling the organisations to develop some of the best discharge from hospital to home pathways for the patients.

As part of the national winter collaboration clinicians and operational managers were involved in two key projects, the NEAS Collaborative Project and Enhanced Discharges, which was being led by the Emergency Care Improvement Support Team (ECIST). The NEAS Collaborative Project had three key workstreams, enabling paramedic crews to access UCR services, the clinical stack "push model" and the clinical stack "pull model". The Stack Model had been piloted and work was ongoing with other trusts in the region to roll this out. Nick Roper, Consultant Physician was working with the ECIST team and with colleagues on wards in the Trust focusing on enhanced discharges.

The Trust remained one of the top performing organisations both within the NENC system and nationally. In spite of further waves of covid the organisation remained the top performer in the NENC against the Elective Recovery Fund (ERF) attracting £6.964 million income during 2021/22 and a 2022/23 year to date (M5) total of £3.029 million. This had supported the

organisation in undertaking additional activity both internally and as system support for over 78 and over 104 week waiters.

An update was provided on the NENC over 52 week waits, with 44 patients waiting over 52 weeks at the point of reporting. The pathways reporting the most waits were urology and spinal. It was noted that there was a shortage of medical workforce in urology nationally and regionally and work was ongoing to improve this situation.

The Trust was on track to deliver the winter planning for elective programmes and continued to step up Hartlepool Hospital for a range of specialties across the winter period. Day case procedures were also being increased at North Tees Hospital, which would have an impact on occupancy.

Following a query from Aaron Roy, Elected Governor for Hartlepool the Care Group Director confirmed that NEAS managed incoming calls via The Stack and that Category 1 and Category 2 calls would be managed by NEAS and Category 3 and Category 4 calls would be managed in the community via the iSPA team. NEAS were looking at how they deploy their services and were working with iSPA to ensure appropriate responses were being made with regards to the Category 3 and Category 4 calls they were referring. It was noted that this system would have a huge impact on patients waiting at home.

The Care Group Director provided an overview of the planned industrial strike action. Two regional meetings had been held to understand local agreements and what services were being provided during the strike periods. Plans were to be developed across the system for the RCN, NEAS and the Yorkshire Ambulance Service. Internal incident planning processes were being reviewed and command and control structures would be in place during the strike days and the day after. Planned care and unplanned care were being reviewed and information would be shared at regional meetings. RD, Associate Director of Communications and Marketing was leading communications and engagement with local authorities and other providers in the patch and would ensure messages were shared with the public. As and when things changed this would be communicated throughout the organisation.

**Resolved:** that, the content of the report be noted.

### **CoG/1119 Non-Executive Director Recruitment**

The IDoG provided an update with regards to the Non-Executive Director Recruitment. Prior to the formal interviews commencing, the Nominations Committee were made aware that five appointments should be sought instead of four, following the notice of resignation from Steve Hall, Vice Chair.

Interviews took place on 1 and 2 December 2022, after which the Nominations Committee convened and recommended that the following candidates be appointed as Non-Executive Directors subject to the required pre-employment checks:

- Elizabeth Barnes
- James Bromiley
- Allison Fellows
- Chris Macklin
- Fay Scullion

**Resolved:** (i) that, the content of the report be noted; and  
(ii) that, the appointments of the five Non-Executive Directors be ratified for an initial term of three years, subject to pre-employment checks.



## **CoG/1120 Constitution Changes**

The IDoG reported on the planned changes to the constitution. A Working Group was to be established to review the constitution, look at the whole system and collaborative changes across the country, which would link in to the Membership Committee. Governors were to be asked to submit expressions of interest to be a member of the Group.

**Resolved:** (i) that, the verbal update be noted; and  
(ii) that, Governors to be asked to submit expressions of interest.

## **CoG/1121 Outcome of Governor Elections 2022**

The IDoG reported on the outcome of the 2022 Governor Elections. Following new Code of Governance requirements that set out Governors may serve for a maximum of nine years, there were a number of Governors whose term of office had come to an end and would be unable to stand for re-election. Therefore, there were a total of twelve vacancies in the following constituencies:

<b>Constituency</b>	<b>Vacant Seats</b>
Stockton	Four
Hartlepool	Two
Sedgefield	One
Easington	Two
Staff	Three

Following the nominations stage, all seats were either uncontested or no nominations were received. The following candidates were elected unopposed with effect from 1 December 2022.

### **Stockton Constituency**

Paul Garvin (newly elected)

Mark Eltringham (newly elected, has subsequently stood down)

Therefore:

Three seats vacant (unfilled)

### **Hartlepool Constituency**

Mike Scanlon (newly elected)

One seat vacant (unfilled)

### **Easington Constituency**

Two seats vacant (unfilled)

### **Staff Constituency**

Andy Simpson (re-elected)

Steven Yull (newly elected) (previous term 2015-18)

One seat vacant (unfilled)

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

Civica Election Services (CES) had conducted the elections in accordance with the rules and constitutional arrangements as set out by the Trust's Constitution using the Single Transferable Vote electoral system.

There were a significant number of vacancies following the elections and work was ongoing to fill these posts in the New Year. The Membership Committee would be leading this work along with reviewing the Trust's membership and considering new ways to attract members who may also stand for election as Governors. It was agreed that an update would be provided at the next meeting.

The newly elected Governors were to be welcomed to the organisation and receive an induction in the New Year.

The exceptional contribution and length of service of the five Governors unable to re-stand for re-election was noted and formally recognised. Thank you to Margaret Docherty (Stockton), Wendy Gill (Sedgefield), Pauline Robson (Hartlepool), Mary King (Easington) and Manuf Kassem (Staff).

- Resolved:** (i) that, the outcome of the Governor Elections 2022 be noted; and  
(ii) that, an update be provided at the next meeting on the work the Membership Committee would be leading on to fill the vacant posts and around the Trusts' membership.

#### **CoG/1122    Lead Governor Appointment**

The IDoG reported on the process for appointing a Lead Governor and that Angela Warnes had been appointed unopposed with immediate effect, following Tony Horrock's decision to stand down. The Council of Governors congratulated Angela on her appointment.

The Joint Chair placed on record his personal thanks and that of the Trust Board and post as Lead Governor and presented him with a gift. Tony Horrocks thanked everyone for their support and highlighted that it had been a privilege and that he had thoroughly enjoyed his time with the organisation. Tony thanked those Governors whose terms of office had ended and wished the new Governors all the luck and success for the future.

The Joint Chair thanked Wendy Gill and Manuf Kassem and, as they were unable to attend the Shining Stars Awards, presented them with their awards.

- Resolved:** that, the content of the report be noted.

#### **CoG/1123    Meeting Dates 2023**

The Council of Governors' meeting schedule for 2023 was included in the papers for information. Work was ongoing to secure an external venue for some of the meeting dates.

- Resolved:** (i) that, the schedule of meetings for 2023 be noted; and  
(ii) that, venue details to be circulated once confirmed.

#### **CoG/1124    Any Other Business**

An Annual General Meeting was being held on Monday, 19 December 2022, which was the first face-to-face meeting there had been for some time due to the pandemic. Further information regarding the meeting was to be circulated in due course.

#### **CoG/1125    Date and Time of Next Meeting**

- Resolved:** that, the next meeting be held on Thursday, 16 February 2023, venue to be confirmed.

The meeting closed at 12:55pm.

Signed:

A handwritten signature in black ink that reads "Derek Bell". The signature is written in a cursive style with a large, looped 'D' and 'B'.

Date: 16 February 2023

## Council of Governors Action Log

Date	Ref.	Item Description	Owner	Completed	Notes
<b>2021</b>					
18 February 2021	Development Session	<b>Development Session - Teesside Provider Collaborative</b> Joint development sessions to be scheduled for both Council of Governors of NTH and STH	S Hutt	Completed	First joint development session was held 23 January 2023 and it was agreed a further programme of meetings would be scheduled for the year.
10 February 2022	CoG/1064	<b>Presentation to S&amp;SD Committee regarding support for staff to address stress/anxiety/depression</b>	S Hutt	Completed	As part of membership and engagement plans a face to face member event would take place towards the end of Spring and with further events to follow.
5 May 2022	CoG/1075(d)	<b>Car Parking</b> It was agreed to explore whether an interim tier for car parking between 20 minutes and 4 hours could be considered	S Hutt	Completed	CE explained that a review of public car parking charges was ongoing.
05 May 2022	CoG/1112	<b>Estates Strategy</b> A session to be arranged regarding the next steps of the Trust's Estates Strategy at a future Strategy and Service Development Committee once the outcome of the estates capital bids was known.	S Hutt	Ongoing	The outcome of the bids had been delayed further and had not yet been received. The item has been added to the programme for the strategy and service development committee.
08 September 2022	CoG/1093	<b>Meeting Venues</b> External venues for two of the Council of Governor meetings per year to be arranged, with remaining meetings to be held on site.	S Hutt	Completed	External venues would be sourced for February, May and December meetings.
08 September 2022	CoG/1094	<b>EDI Review Development Session</b> Development session with Governors to be arranged to provide an update on the EDI review and share work in progress.	S Hutt	Ongoing	It was agreed the outcome of the EDI review would be shared with the Governors as part of the development session on the 18th May.
08 September 2022	CoG/1101	<b>Proposed Constitution Changes</b> Development session be arranged to share proposed changes to the Code of Governance, Draft System working and collaboration: The role of foundation trust councils of governors and draft guidance on good governance and collaboration. Link to access the three documents be circulated.	S Hutt	Completed	A working group has been established and proposes to consider changes to the constitution along with South Tees members.
08 December 2022	Development Session	<b>Development Session - CQC Improvement Plan</b> Presentation to be circulated to members  To be included as main topic item at next Strategy & Service Development Committee	S Hutt S Hutt	Completed Completed	Presentation circulated.  An update regarding the Trust's Improvement and Transformation Programme would be scheduled at a strategy and service development committee
08 December 2022	CoG/1114	<b>Carnall Farrar Report</b> Report was anticipated to be available by the end of December  Governors to be invited to EDI Network	S Hutt S Hutt	Completed Completed	A briefing session regarding the report was held on 23 January 2023.  Details regarding the Network will be circulated to Governors.
08 December 2022	CoG/1115	<b>Chief Executive's Report</b> Details of the Joint Council of Governors meeting to be shared with Governors once arranged  CE to request an invitation to the Health and Care Academy Event be extended to all Governors	S Hutt J Gillon	Completed Completed	Joint CoG meeting was held on 23 January 2023.
08 December 2022	CoG/1117	<b>Integrated Compliance and Performance Report</b> Update be shared with members regarding the work around Waiting Well	L Buckley	Ongoing	As part of the Elective Recovery Report to be presented at the meeting on 16 February an update would be provided.
08 December 2022	CoG/1121	<b>Outcome of Governor Elections 2022</b> Update to be provided at the next meeting on the work the Membership Committee would be leading on to fill vacant posts and around the Trust's membership.	S Hutt	Ongoing	It was agreed to hold an additional round of elections in early 2023 to fill the vacant posts.

## Council of Governors

Title of report:	Joint Chair's Report										
Date:	16 February 2023										
Prepared by:	Sarah Hutt, Company Secretary										
Sponsor:	Professor Derek Bell, Joint Chair										
Purpose of the report	The purpose of the report is to update the Council of Governors on key local, regional and national issues.										
Action required:	Approve		Assurance		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 report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level.</p> <p>Key issues for Information:</p> <ul style="list-style-type: none"> <li>• Trust Governor and Membership Drive</li> <li>• Hartlepool Visit</li> <li>• Joint Collaborative Working</li> <li>• Operational Planning Guidance 2023/24</li> <li>• NHS Confederation Chairs Briefing</li> <li>• Integrated Care Board Meeting</li> <li>• Induction</li> </ul>											
How this report impacts on current risks or highlights new risks:											
There are no risk implications associated with this report.											
Committees/groups where this item has been discussed	N/A										
Recommendation	The Council of Governors are asked to note the content of this report.										

# **North Tees and Hartlepool NHS Foundation Trust**

## **Meeting of the Council of Governors**

**16 February 2023**

### **Report of the Joint Chair**

#### **1. Introduction**

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

#### **2. Key Issues and Planned Actions**

##### **2.1 Trust Governor and Membership Drive**

A meeting of the Membership Strategy Committee took place on 19 January, the first with me as Chair and we had a very useful discussion around ways to invigorate the Trust's membership and fill the vacancies from the 2022 Governor elections with a further set of elections planned. A face to face member event would be held in late Spring.

##### **2.2 Hartlepool Visit**

I had a productive visit to Hartlepool Hospital on Wednesday 25 January, which included a tour of recent developments to the Estate, the new energy system, the Procurement and Supplies Department and the new Endoscopy facility.

##### **2.3 Joint Collaborative Working**

Since the last report, the Joint Partnership Board has met on 14 December and 18 January to consider the Carnall Farrar Report, and a joint briefing session was held with both Council of Governors on 23 January. The joint Pathology laboratory collaboration is progressing well as are the plans for the Community Diagnostic Centre in Stockton.

##### **2.4 Operational Planning Guidance 2023/24**

The Operational Planning Guidance and Priorities for 2023/24 was published on 23 December with a focus on further reducing elective long waits and cancer backlogs; improving ambulance response times and A&E waiting times; improve access to primary care services; progress delivery of the Long Term Plan and continue to transform the NHS for the future.

##### **2.5 NHS Confederation Session Briefing for Chairs**

NHS Confederation held a briefing session for Chairs on 12 December which focused on the Covid-19 inquiry. The inquiry was covering four areas: preparedness; the public health response; the response in the health and care sector and our economic response and had reached the third phase. This phase would consider the impact of Covid-19 on people's experience of healthcare; core decision-making and leadership within healthcare systems during the pandemic; staffing levels and critical care capacity and healthcare provision and treatment for patients.

## **2.6 Integrated Care Board Meeting**

I attended a public board meeting of the Integrated Care Board on 31 January along with other colleagues from the Trust. Dr Bill Kirkup attended the meeting to share the findings and lessons to be learnt from the independent review into East Kent Maternity and Neonatal Services he had led on.

## **2.7 Induction**

We welcomed our new Governors at an induction session on 25 January and look forward to working with them as they settle into their roles as part of the Council of Governors. We also welcomed our newly appointed Non-Executive Directors with an induction session both at the North Tees and Hartlepool hospital sites.

## **3. Recommendation**

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

**Professor Derek Bell**  
**Joint Chair**

February 2023

Hardwick  
Stockton on Tees  
TS19 8PE

Telephone: 01642 617617  
www.nth.nhs.uk

Dear Colleague

A meeting of the **Board of Directors** will be held, on **Thursday, 24 March 2023 at 10.30am** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely



**Professor Derek Bell, OBE**  
Joint Chair

### Agenda

### Led by

- |              |   |             |
|--------------|---|-------------|
| 1. (10.30am) | Apologies for Absence   | Chair       |
| 2. (10.30am) | Declaration of Interest   | Chair       |
| 3. (10.30am) | Patient Story (verbal)  | L Robertson |
| 4. (10.50am) | Minutes of the meeting held on, 26 January 2023 ( <b>enclosed</b> ) | Chair       |
| 5. (10.55am) | Matters Arising and Action Log ( <b>enclosed</b> )                  | Chair       |

### Items for Information

- |              |   |          |
|--------------|---|----------|
| 6. (11.00am) | Report of the Joint Chair ( <b>enclosed</b> )     | Chair    |
| 7. (11.10am) | Joint Partnership Board Update (verbal)           | S Hall   |
| 8. (11.20am) | Report of the Chief Executive ( <b>enclosed</b> ) | J Gillon |

### Performance Management

- |               |  |   |
|---------------|--|---|
| 9. (11.40am)  | Board Assurance Framework Interim Report 2022/23 ( <b>enclosed</b> ) | H Heslop                                      |
| 10. (11.50am) | Integrated Compliance and Performance Report ( <b>enclosed</b> )     | L Hunter, L Robertson,<br>N Atkinson & S Cook |
| 11. (12.05pm) | Capital and Revenue Budgets ( <b>enclosed</b> )                      | N Atkinson                                    |

### Strategic Management

- |               |  |             |
|---------------|--|-------------|
| 12. (12.15pm) | Data Protection and Cyber Assurance Report ( <b>enclosed</b> ) | G Colquhoun |
|---------------|--|-------------|



**Quality**

13. (12.25pm) Care Quality Committee & Improvement Journey Update (verbal) J Gillon /Robertson

**Operational**

14. (12.35pm) Modern Slavery and Human Trafficking Statement 2023/24 (**enclosed**) H Heslop

**Governance**

15. (12.40pm) Guardian of Safe Working Hours Report (**enclosed**) D Dwarakanath

16. (12.45pm) Any Other Business

Date of next meeting

(Thursday, 27 April 2023, Boardroom, University Hospital of Hartlepool)

## Council of Governors

Title of report:	Report of the Chief Executive									
Date:	16 February 2023									
Prepared by:	Julie Gillon, Chief Executive Donna Fairhurst, Personal Assistant									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	The purpose of the report is to provide information to the Council of Governors on key local, regional and national issues.									
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 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 England, Care Quality Commission and the Department of Health and Social Care. 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"> <li>• Operational Challenges</li> <li>• Culture and Leadership Development</li> <li>• Research and Development</li> <li>• 2023/24 Priorities and Operational Planning Guidance</li> <li>• Integrated Care System and Integrated Care Board</li> <li>• North East and North Cumbria Provider Collaborative</li> <li>• Tees Provider Collaborative</li> <li>• North Tees and Hartlepool NHS Foundation Trust Estates Strategy</li> <li>• Community Diagnostic Centre</li> <li>• Endoscopy Joint Advisory Group Assessment</li> <li>• Endoscopy Training Academy</li> <li>• Faculty for Leadership and Improvement</li> <li>• Workforce Development</li> <li>• Wider National Contribution</li> </ul>										
How this report impacts on current risks or highlights new risks:										
Consideration will be given to the information contained within this report as to the potential impact on existing or new risks.										
Committees/groups where this item has been discussed	Items contained in this report are discussed at the Board of Directors and Executive Team and other relevant committees within the governance structure to ensure consideration for strategic intent and delivery.									
Recommendation	The Council of Governors is asked to note the content of this report and the refocus and pursuance of strategic objectives and work to improve system working, operational resilience and a new operating model to support future positioning.									

**North Tees and Hartlepool NHS Foundation Trust**  
**Meeting of the Council of Governors**

**16 February 2023**

**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. Strategic Objective: Putting our Population First**

**2.1 Operational Challenges**

In line with national and regional trends, the Trust's Emergency and Urgent Care departments have continued to see increased activity and acuity. The Trust has extended the operational footprint of the Emergency Department to provide additional capacity and continues to implement the effective triage of type 1 and Type 3 activity to differentiate patients to the most appropriate treatment pathway including Same Day Emergency Care and Out of Hospital pathways.

**2.1.1 Discharge**

Timely discharge of patients continues to be challenging with the impact of covid and flu affecting admissions and care home staffing. The Trust retains a high performance level for timely discharge and continues to be a top performer nationally. The Trust continues to host national and regional visits to understand the Trust's success and the NENC ICB has facilitated showcasing and improvement lessons across the system.

**2.1.2 Ambulance Handovers**

Ambulance handover delays continue to present a national and system challenge in the NENC. The number of ambulance diverts and deflections received to the Trust has significantly increased by n=119 (23 in Dec 2021 compared to 142 in Dec 2022). The Trust remains committed to achieving under 30 minute handover delays as a priority and the improvement plan will be incorporated into a focused improvement journey during January to revisit the Operating Model with plans to develop a model fit for the future and one which will improve patient experience and support staff resilience.

**2.1.3 COVID-19 and Seasonal Flu**

Whilst flu and covid patient numbers continue to fall for the first time this winter, the impact of screening and patient cohorting places additional pressures on patient flow and capacity including staff absence. The approaches to Infection Prevention Control are reviewed on a daily process, both to keep staff and patients safe, but to also ensure the effective use of resources.

**2.2 Elective Recovery**

The Trust, having enacted elective recovery planning during the first wave of the Covid pandemic, remains one of the top performing, in the country, on waiting times' standards, 52, 78 and 104 weeks. This has included a system contribution and maintaining activity over the 104% national standard (compared to 2019/20 baseline position). In addition, the Trust has ensured a focus on health inequalities, offering a 'waiting well' programme to eligible patients, to ensure alternative pathway options.

**2.3 Industrial Action**

The North East Ambulance Services (NEAS) and nursing unions industrial action has resulted in system lessons and further planning for resilience in operations.

Further coordinated days of industrial action are anticipated with further RCN and NEAS industrial action taking place across the NENC throughout February.

### **3. Strategic Objective: Health and Wellbeing**

#### **3.1 Culture and Leadership Development**

Working in Collaboration with *Clever Together* the Trust has hosted its first 'Our Trust, Our Future' conversation. This took place from November to December 2022 and 11% of staff across the Trust took part focussing on four key areas: becoming an outstanding organisation; how we treat each other and work together, our workplace and our Leadership. The conversation resulted in over 200 ideas of how the Trust can move forward with the next steps being the thematic analysis from the Clever Together team prior to hosting a second conversation in February which will help clarify areas of focus.

The leadership strategy is complete and work continues to develop the three levels of leadership programmes; it all starts with me, Leading with CARE and Leading with Unity. These programmes will support the three-year plan with staff having an awareness of leadership and understanding the role they play in making the organisation a great place to work and receive care.

#### **3.2 Research and Development**

Patient recruitment during 2022 was positive with over 2488 participants recruited into the National Institute for Health and Care Research (NIHR) portfolio trials versus 737 during the same period in 2021. There are several high recruiting studies with reproductive health and children's portfolios that have contributed to this with the Trust noting a healthy post-COVID recovery of trials in most areas.

The research team has developed a real time newsletter, which is available to all staff and will be regularly updated with recruitment information, reports on performance and notifications of accolades or training opportunities <https://infogram.com/tvra-newsletter-1hmr6g7rdm3ro6n>

### **4. Strategic Objective: Transforming our Services**

#### **4.1 2023/2024 Priorities and Operational Planning Guidance**

The 2023/2024 priorities and operational planning guidance was published on 23 December 2022. The guidance reconfirms the ongoing need for NHS Trusts to recover their core services and improve productivity, as well as the requirement for progress in delivering the key NHS Long Term Plan ambitions and to continue to transform the NHS for the future.

#### **4.2 Integrated Care System (ICS)**

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

#### **4.3 North East and North Cumbria Provider Collaborative (PvCv)**

The Provider Leadership Board (PLB) continues to deliver in elective care recovery, clinical services strategy, cost efficiency and health and wellbeing.

#### **4.4 Tees Provider Collaborative**

Options for future collaborative working across the Tees Provider system continue to evolve with a future road map and delivery plan to be developed in the near future.

## **4.5 Service and Estate Developments**

### **4.5.1 Trust Estates Strategy**

Following the approval of the Estates Strategy and the resulting case for investment into future service and estate provision, the Board of Directors discussed the Strategic Outline Case (SOC) on 12<sup>th</sup> January 2023.

The SOC included: the development of an options appraisal with stakeholders; a compelling case for change; vision for the future; value proposition and benefits realisation which is supported by robust demand & capacity work and financial and economic models. It is anticipated that formal approval of the SOC will be required at an extra-ordinary Board meeting in February and hence an Outline Business Case (OBC) will be developed to build upon the work to date with wider engagement from the Trusts collaborative partners. It is expected that it will take approximately 18 – 24 months to develop an OBC and seek subsequent approvals with a 4-year construction phase thereafter.

### **4.5.2 Community Diagnostic Centre – Proposed Plans Teesside**

A strategic plan for the health system in the Tees Valley to develop diagnostic capacity, including a proposed new build Community Diagnostic Centre (CDC) has been agreed by the Tees system. Following approval of the business case in line with a national process, the planned CDC will be developed on the Castlegate Campus site in Stockton on Tees and will be part of the Stockton on Tees Borough Council Waterfront Masterplan development. To achieve the revised timescales a fast track procurement process (mini-competition) has been adopted with early engagement with the contractors on the framework.

Developing the future workforce is a key priority with significant workforce planning in conjunction with strategic workforce leads, clinical leads, Health Education England and Universities. A key element of the plan is the development of radiology and physiological apprenticeships, which will add to existing routes of entry into the profession. This is a major step forward for the Tees Valley, focusing on early diagnosis and treatment, improved core outcomes under economic regeneration in the strive to improve health inequalities.

### **4.5.3 North Tees and Hartlepool NHS Foundation Trust – Endoscopy JAG Assessment**

The JAG accreditation programme works with endoscopy services across the United Kingdom to improve the quality of patient care and accreditation is awarded to services, which have demonstrated they meet best practice quality standards covering all aspects of an endoscopy services. North Tees and Hartlepool NHS Foundation Trust were assessed on 22 November 2022 and awarded accreditation across both sites. With assessors citing a high quality, innovative and progressive service exemplifying genuine and inclusive teamwork.

### **4.5.4 Endoscopy Training Academy**

The Academy was officially opened on 16 December 2022 in conjunction with partners from Health Education England and the North East and North Cumbria Cancer Alliance.

## **5. Strategic Objective: Valuing our People**

### **5.1 Faculty for Leadership and Improvement**

The Faculty continues to be expanded incorporating the learning agenda and seeking accreditation to create the Faculty of Learning, Leadership and Improvement. This work will enable further development as an enabler to transformational change across the organisation.

Preparations have begun for Cohort 3 of the 100 Leaders, which has been renamed NTH100 ensuring that the programme represents both leadership and improvement within its approach. The programme has been reviewed and developed with feedback from previous cohorts to ensure we build upon the

work achieved. The approach for this cohort will be solutions based using QSIR (Quality Service Improvement Redesign) approaches to support development and progress.

## **5.2 Workforce development**

The upcoming Health and Care Academy continues to progress with recent engagement events including a design sprint to scope out branding and a stakeholder event, which provided an update on progress and timelines and continued conversations about potential future courses and opportunities. The North Tees and Hartlepool Education Alliance (NTEHA) continues to support the development of staff working within care homes across Stockton-On-Tees and Hartlepool. Following a successful roll out of 'Soft Signs' work has been undertaken to develop this concept in Community services within the Trust.

## **5.3 Wider National Contribution**

### **5.3.1 Visit by Dr Joanne Lee, Head of Data Analysis, Secretary of State, Private Office – 16 December 2022**

The Trust hosted a successful visit by Dr Joanne Lee from the SoS Private Office on 16 December to understand how the OPTICA (discharge tool) works and integrates with the electronic patient record.

### **5.3.2 Downing Street discussion with Health Leaders**

Dr Catherine Monaghan, Clinical Lead for Healthy Lives joined a Cabinet Meeting chaired by the Prime Minister and Secretary of State for Health on 7 January 2023 to discuss crucial challenges” on the NHS and allow key leaders to share best practice and ideas to improve the quality of care provided to patients throughout the country.

## **6. Recommendation**

The Council of Governors is asked to note the content of this report and the refocus and pursuance of strategic objectives and work to improve system working, operational resilience and a new operating model to support future positioning.

**Council of Governors**

Title:	North East and North Cumbria System and Place										
Date:	16 February 2023										
Prepared by:	Julie Gillon, Chief Executive Linda Hunter, Director of Planning & Performance Lindsey Wallace, Interim Deputy Director of Planning & Performance										
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), the current and future plans for the Strategic and Area Integrated Care Partnerships and progress with regard to 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"> <li>• The developing ICS governance and partnership programme</li> <li>• The progress and focus of the NENC Provider Collaborative (PvCv)</li> <li>• The progress on the development of Tees wide provider collaboration</li> <li>• The progress of the Clinical Services Strategy work across the Tees Valley</li> <li>• The perseverance of the Board of Directors in strategic collaboration across providers and the health and care system in line with the agreed strategic direction</li> </ul>											
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 3E in relation to delivery of the Integrated Care Partnership priorities and collaboration, managed and monitored through both 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 meetings 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"> <li>• The ongoing positioning of the ICB, ICS and ICP across NENC.</li> <li>• Progress with regard to the NENC Provider Collaborative.</li> <li>• To acknowledge the ongoing work to develop stronger collaborative place-based delivery of care across the immediate locality.</li> <li>• The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Collaborative.</li> <li>• The work in relation to the financial approach with the need for further robust governance to support mutual accountability.</li> <li>• The need to progress further enabling work programmes to benefit Tees's populations.</li> <li>• The need to revisit risk appetite and the specific risks facing the Trust with mitigations and potential actions for the future success of system and place based working in a strategic setting.</li> </ul>										

## **North Tees and Hartlepool NHS Foundation Trust**

### **Council of Governors**

**16 February 2023**

## **North East and North Cumbria Integrated Care System (ICS), Strategic and Area Integrated Care Partnerships and Provider Collaboration**

### **Report of the Chief Executive**

#### **1. Introduction**

- 1.1** This report presents an overview of the progress since the time of the last formal report to the Council of Governors meeting held on 8 December 2022, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) plans, the current and future plans for the Area Integrated Care Partnership and provider collaboration.

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

##### **2.1 Integrated Care Board and System Governance**

- 2.1.1** The Foundation Trust Chief Executives from across NENC continue to meet with the ICB Executive Team to support the ongoing development of the system governance and delivery of key objectives. Meetings held in December and January focussed on the pressure faced across the system and proactive plans to improve operational resilience.
- 2.1.2** This has emanated in priorities across the Urgent and Emergency Care Pathways to support an improved position.
- 2.1.3** Prioritisation of discharge of patients to the right place at the right time is facing unprecedented challenge. Further funding will be received into the region, based on population numbers in the ICB and percentage of people in beds not meeting the “criteria to reside”. Funding can only be used on activities that reduce flow pressure on hospitals by enabling more people to be discharged to an appropriate setting.
- 2.1.4** The end of December 2022 saw the release of the ‘2023/24 Priorities and Operational Planning Guidance’ with revised standards. ICBs are working with system partners to develop plans to meet the core priorities set out in the guidance; Recovering our core services and improving productivity, progress in delivering the key NHS Long Term Plan ambitions and to continue to transform the NHS for the future.
- 2.1.5** The guidance outlines a new requirement for 2023/24 that is separate to the submission of the operational planning guidance. ICB’s and partner Trust have a duty to prepare a first Joint Forward Plan at the start of the financial year 2023/24 with a date for sharing by 30 June 2023.

##### **2.2 Strategic and Area Integrated Care Partnerships (SAICPs)**

- 2.2.1** The SAICP has published the Integrated Care Strategy, to plan, to improve health and care in the North East and North Cumbria. Goals include longer and healthier lives for all; fairer outcomes for all, better health and care services and giving our children and young people the best start in life.

##### **2.3 Place Based Working**

- 2.3.1** A place-based partnership-visioning event took place on 22 November hosted by NENC ICB between the Trust, Primary Care and Local Authority colleagues with external facilitators. The event provided the opportunity for stakeholders to focus on key aspects of



population health management with the view to influencing the ICB Place-based assessments and to shape the ICB place plan for Hartlepool and Stockton.

## **2.4 North East and North Cumbria (NENC) Provider Collaborative**

2.4.1 At the NENC Provider Collaborative Leadership Board in December 2022 and January 2023 a number of items were agreed in support of ICB objectives:

- Progress with the elective recovery plan
- Strategic approach to clinical services
- Community Diagnostics programme
- Provider Collaborative Innovators
- Portability Agreement
- Clinical Support programmes

## **2.5 Tees and North Yorkshire Provider Collaborative (T&NYPvCv)**

2.5.1 The NHSE, ICB and Trusts' commissioned independent strategic review conducted by Carnall Farrar has now concluded. The final report contains a series of recommendations to enable both North and South Tees Foundation Trusts to collaborate more effectively and efficiently in the future.

## **3. Area Integrated Care Partnership**

3.1 The Clinical Services Strategy remains a significant piece of the work for the Tees Valley, with the supporting co-dependent and enabling work streams of finance and efficiency, digital and workforce, continuing to support the move from vision to implementation. This work needs a refocus based upon service vulnerabilities, workforce challenges and wider system opportunity.

### **3.2 Clinical Services Strategy Board (CSSB)**

3.2.1 All programme teams of managed clinical networks will be providing position statements at the next CSSB Board due to take place on 8 March 2023 and will include a revised strategic intent, identification of any barriers to delivery, key deliverables and outputs expected together with a high level action plan. The Board will then be able to test the level of ambition in each of the plans.

### **3.3 Workforce Transformation**

3.3.1 The South ICP Workforce Group met on 1<sup>st</sup> December. The session was well attended, and productive discussion took place regarding regional work supporting the adult social care sector; this included international recruitment, a Skills for Care retention programme for care home providers and collaboration on enhancing the national Made with Care campaign locally.

3.3.2 With regards to work programme updates, the Communications, Marketing and Engagement Officer at the Trust shared plans for a 'Brand Sprint' exercise to bring partners together to develop a health and social care campaign to raise the profile of careers and demonstrate that staff are valued.

### **3.4 NENC ICS Work Programme**

#### **3.4.1 Digital Strategy**

3.4.1.1 The new national digital workforce board - chaired by Professor Graham Evans Executive Chief Digital and Information Officer will be seeking stakeholder input via a series of interactive virtual regional roadshows planned for the 1 February 2023, all stakeholders will help shape the future digital data and technology workforce requirements.

- 3.4.1.2 Confirmation has been received that the NENC ICB has been awarded funding from NHS England to mobilise the Secure Data Environment (SDE) programme, formerly known as the Trusted Research and Evaluation Environment (TREE). An initial allocation will be awarded for 2022/23 with confirmation for the following two years scheduled for March 2023.

### **3.5 Tackling Health Inequalities**

- 3.5.1 The Institute for Health Improvement Core20PLUS5 collaborative programme is offering up to seven ICBs an opportunity to become accelerator sites to enhance their improvement knowledge and receive additional support in applying these skills. The Trust has engaged with the ICB and the broader system to define a collaborative approach for submission.
- 3.5.2 A recent Health Inequalities Summit was held on 9<sup>th</sup> November 2022 titled 'The Deep End of Primary Care' which allowed a question and answer approach to understanding the need for a 'health systems' perspective across NENC ICB. Risks associated to healthcare inequalities and the wider determinants of health was presented together with the work in ensuring a joined up approach.
- 3.5.3 It is essential that health inequalities needs re-framing to encompass the breadth of disadvantage and difference between healthcare and health outcome inequalities. There needs to be a focus on long-term organisational change to ensure equity is considered in all decisions and that actions need to prioritise the fundamental redistribution of resources, funding, workforce, services and power. This is being addressed in the new ICS governance structure to realise this ambition.

### **3.6 Financial Position**

- 3.6.1 At Month 9 and across the ICS it has been confirmed there are unmitigated pressures of £40m financial pressures identified. These include an unfunded pay-award of £20 million; ICB Pressures in respect of Prescribing & Independent Sector funding of £9 million in addition to other general Foundation Trust pressures across five Trusts, which total circa £16 million. Further work is in place across the system to position at least a 'break even' financial outcome.

### **3.7 Strategic Risks – Board Assurance**

- 3.7.1 The Board Assurance Framework (BAF) contains two threats to the principal risk 3E, to reflect the new and evolving structure within the NENC ICB/S.
- 3.7.2 The risks relate to a principal objective to ensure the Trust engages and works closely with its key partners/ stakeholders across the North East & North Cumbria Integrated Care System (Integrated Care Board and Integrated Care Partnership) to meet the unique needs of the population at both system and place based level.
- 3.7.3 The independent review being undertaken by Carnall Farrar is considered to be the most significant piece of work that will have a far-reaching impact both organisationally and across the Tees Valley system. In order to reach the completion of this work, engagement will be undertaken to ensure the recommendations are representative of the broader system, with a transparent and pragmatic approach to ensure a clear understanding of the impact upon the population, service delivery, governance and decision making, financial stability and quality improvement.

## **4. Summary**

- 4.1 The Trust remains a pro-active partner in the ICS delivery objectives, the NENC Provider Collaborative and the Tees Provider Collaborative and now in the more ambitious purpose of the Carnall Farrar review and system/partner engagement.
- 4.2 The Trust continues to proactively participate and lead in the support of the work streams

## **5. Recommendations**

5.1 The Council of Governors is asked to note the work to date and specifically:

- The ongoing positioning of the ICB, ICS and ICP across NENC.
- Progress with regard to the NENC Provider Collaborative.
- To acknowledge the ongoing work to develop stronger collaborative place-based delivery of care across the immediate locality.
- The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Collaborative.
- The work in relation to the financial approach with the need for further robust governance to support mutual accountability.
- The need to progress further enabling work programmes to benefit Tees's populations.
- The need to revisit risk appetite and the specific risks facing the Trust with mitigations and potential actions for the future success of system and place based working in a strategic setting.

**Julie Gillon**  
**Chief Executive**  
**January 2023**

# North Tees and Hartlepool NHS Foundation Trust

## Council of Governors' Meeting

Title	Integrated Performance Report (IPR)								
Date	16 February 2023								
Prepared by	Keith Wheldon - Business Intelligence Manager Lynsey Honeyman- Planning and Performance Manager								
Executive Sponsor	Linda Hunter - Director of Planning and Performance Lindsey Robertson - Chief Nurse/ Director of Patient Safety and Quality Susy Cook – Chief People Officer Neil Atkinson- Director of Finance								
Purpose of the report	To provide an overview of the integrated performance for compliance, quality, finance and workforce.								
Action required	Approve	x	Assurance	x	Discuss	x	Information	x	
Strategic Objectives supported by this paper	Putting our population First	x	Valuing our 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

### Executive Summary and the key issues for consideration/ decision

The Integrated Performance Report outlines the Trust's compliance against key access standards in December 2022 including quality, workforce and finance.

#### Summary

- The Trust experienced unprecedented pressures in December in comparison to previous months and in comparison to the previous December, with increased UEC attendances, increased patient acuity given the resus activity leading to increased emergency admissions and bed pressures.
- Increased admissions from Covid and flu added to the operational pressures including staff sickness.
- The Trust declared OPEL 4 for 6 days during December 2022.
- Whilst operational and workforce pressures continued in December, affecting performance against key standards however, the position for the majority of those key standards remain comparable to national and regional positions.
- Standards continue to be monitored closely through the established and robust internal governance structures, which supports further development of improved clinical pathways, quality and patient safety across the Trust.
- The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI (which have both seen a slight rise recently) and infection control measures.
- The number of patients waiting longer than 52 weeks at the end of December was 33.
- The Trust achieved four of the nine cancer standards in November 2022, with one standard missing by 0.03%.

- Short term staff sickness has seen a decrease for November 2022, with long term seeing a continued increase since September, these will be continuously monitored.
- Staff Turnover has seen a continued decrease from the previous month, with a positive move toward target.
- Month 9, the Trust is reporting an in-month surplus of £0.389m against a planned deficit of £0.002m, which is £0.391m ahead of plan.

Continuous and sustainable achievement of key access standards across elective, emergency and cancer pathways, alongside a number of variables outside of the control of the Trust within the context of system pressures and financial constraints and managing Covid-19 and Flu pressures, recovery, and staffing resource.

Executive Team  
 Audit Committee  
 Planning, Performance and Compliance Committee  
 Board of Directors

The Council of Governors is asked to note:

- The performance against the key operational, quality and workforce standards.
- Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the associated mitigation.

# Integrated Performance Report



## January 2023

# Responsible Directors

**Linda Hunter**

Director of Planning & Performance

Oversight  
Framework

Efficiency &  
Productivity

**Lindsey Robertson**

Chief Nurse and Director of Patient  
Safety & Quality

Safety & Quality

**Susy Cook**

Chief People Officer

Workforce

**Neil Atkinson**

Director of Finance

Finance

# Introduction



Performance highlights against a range of indicators including the Oversight Framework (OF) and the Foundation Trust terms of licence remains. The report is for the month of December 2022 and outlines trend analysis against key Compliance indicators, Operational Efficiency and Productivity, Quality, Workforce and Finance. To view the previous months position, please refer to the individual SPC charts.

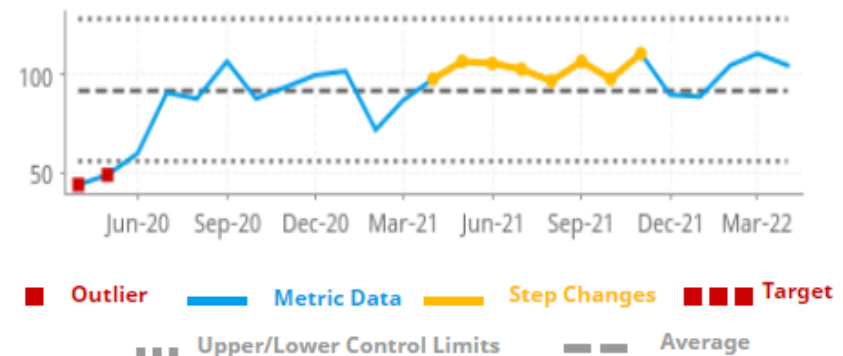
## Statistical Process Control (SPC) Charts

A **Step Change** occurs when there are 7 or more consecutive points above or below the *average*.

**Outliers** occur when a single point is outside of the Upper or Lower Control Limits.

The *Upper and Lower control limits* adjust automatically so they are always 2 Standard Deviations from the *average*.

*Standard deviation tells you how spread out the data is. It is a measure of how far each observed value is from the average. In any distribution, about 95% of values will be within 2 standard deviations of the mean.*





# Executive Summary



North Tees and Hartlepool  
NHS Foundation Trust

## Oversight Framework

and

## Efficiency & Productivity

## Safety & Quality

The Trust continues with an aspiration to deliver trajectories outlined in the NHS priorities and operational planning for 2022/23. The position for the majority of key standards, including RTT, Cancer and Diagnostics. Additional capacity continues to be delivered through a combination of insourcing, additional lists and clinics with a continued focus on clinical prioritisation within the elective programme.

The Trust faced unprecedented challenges in increased activity across Emergency Department and Urgent Treatment Centre attendances reporting a 15% increase in December (18,427 attendances, up from 15,682 the previous month).

Responding to system pressures continues with multiple requests for mutual aid, diverts and deflections, with the Trust receiving 20 more patients to the organisation in December (142) than in the previous month November (122) with the conversion to an admission in December at 56%. Bed occupancy rates continue to impact upon the waits in the Emergency Department affecting patient flow however, the full implementation of operating model provides additional bed capacity to assist with patient flow.

The Trust achieved four out of the nine cancer standards, demonstrating an improved position comparative to the region with a continued achievement of the 28 day faster diagnosis standard.

The Trust continues to drive to reduce the number of long waiting patients with a focus on those patients waiting over 40 weeks and continues to have the lowest number across the North East and Yorkshire region.

The 2023/24 priorities and operational planning guidance was released in December 2022 confirming the ongoing need to recover our core services and improve productivity, making progress in delivering the key NHS Long Term Plan ambitions and continuing to transform our services for the future.

The overall position for the majority of key quality standards, including HSMR, infections, falls and complaints remains comparable to the national and regional position, with high quality care maintained despite the pressures.

The latest HSMR value is currently reporting at 93.28 (November 2021 to October 2022), latest SHMI value is now 99.19 (August 2021 to July 2022) which remains within the control limits.

Control of infection remains a priority with all 7 standards displaying natural cause variation and remain within control limits.

The number of complaints has decreased within all Stage's in December 2022, compared with the previous month. The number of complaints received this month continues to be consistent with pre-pandemic levels.

The number of high risks has increased to above the mean this month, however, this remains within the expected variance, demonstrating a dynamic risk management process.

# Executive Summary



North Tees and Hartlepool  
NHS Foundation Trust

## Workforce

Sickness has decreased slightly from 6.17% to 6.05% in November 2022, with only 0.68% being due to COVID related absence.

Appraisal compliance has decreased this month by 0.94% and at 84.92% still falls short of the Trust 95% standard.

Turnover continues to reduce in December 2022, from 10.55% to 10.21%; this is the lowest rate since November 2021.

Overall, mandatory training compliance has dipped below the 90% standard and is at 88.04%. It is acknowledged that work is still required to focus on key topic areas which remain below the compliance level required, in particular resuscitation courses. A dedicated working group is being established to explore alternative ways of delivery.

## Finance

At Month 9, the Trust is reporting an in-month surplus of £0.389m against a planned deficit of £0.002m, which is £0.391m ahead of plan.

The Trust is reporting a year to date surplus of £5.484m against a plan of £4.742m, which is £0.742m ahead of plan.

Total Trust income in M9 is £31.856m (including donated asset income and finance income).

M9 pay expenditure totalled £21.805m of which £0.074m is additional spend related to the Covid-19 response (including testing costs).

M9 non-pay expenditure totalled £9.768m.

The month 9 year to date net contribution from Optimus is £0.210m against a plan of £0.122m (£0.088m ahead of plan) and the year to date net contribution from the LLP is £0.989m against a plan of £0.915m (£0.056m ahead of plan).

YTD, the Trust continues to benefit from slippage on non-recurrent funding which continues to support the Trust reporting ahead of plan.

Key risks at M9 continue to relate to controlling run rates, ceasing non-recurrent expenditure arrangements, CIP identification and delivery and pay award pressure.

# Oversight Framework



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
New Cancer Two Week Rule	✘ Nov-22	89.54%	93.00%		<p><b>Cancer</b></p> <p>The latest validated position for November 2022 sees the Trust achieving four out of the nine cancer standards.</p> <p>A continued improving position against the Two Week Rule standard of 93% now reporting at 89.54% placing the Trust in 3rd across the region, with the average reported position of 80.33%.</p> <p>The report reflects achievement of the 28 day faster diagnosis standard of 75%, reporting above both regional and national position.</p> <p>Cancer 31 days reported 95.97% with the 6 breaches as a result of elective capacity.</p> <p>The Trust has met the November improvement trajectory for Cancer 62 seeing an overall reduction in the number of patients waiting longer than 62 days albeit did not achieve against the 85% standard reporting at 64.63%, an improvement on the previous month. Pressures remain across the majority of pathways, reflective of both the regional and national position, reporting respectively at 61.14% and 61.0%.</p> <p>The Clinical Cancer Lead continues to support the focussed work with colleagues across the organisation and beyond with a clear understanding of the issues and complexity faced by encouraging change solutions to help recover the Trusts position and improve overall waiting times and patient experience.</p>
Breast Symptomatic Two Week Rule	✘ Nov-22	89.77%	93.00%		
28-day Faster Diagnosis	✔ Nov-22	83.36%	75.00%		
New Cancer 31 Days	✘ Nov-22	95.97%	96.00%		
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✔ Nov-22	100.00%	98.00%		
New Cancer 31 Days Subsequent Treatment (Surgery)	✔ Nov-22	100.00%	94.00%		
New Cancer 62 Days	✘ Nov-22	64.63%	85.00%		
New Cancer 62 Days (Screening)	✘ Nov-22	78.75%	90.00%		
New Cancer 62 Days (Consultant Upgrade)	✔ Nov-22	87.50%	85.00%		

# Oversight Framework



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Referral To Treatment Incomplete Pathways Wait (92%)	Dec-22	75.32%	92.00%		<p><b>RTT</b></p> <p>The Trust reported at 75.32% for the RTT incomplete standard in December. The latest benchmarking position, November being the latest available data, regionally at 70.4% and national reporting at 59.6%, with the Trust at 77.8%. A reduction in the waiting list of 2% (373) reduction compared to the previous month has been seen.</p>
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	Dec-22	28.71	28.00		<p>33 patients were reported to be waiting over 52 weeks, which ranks the Trust 2nd best in the region. Bank holidays and patient choice impacted on elective capacity in December, however the Trust maintained its trajectory in line with Phase 1 and Phase 2 elective recovery from NHS England and reports no patients waiting longer than 78 and 104 weeks.</p>
Incomplete Pathways Wait (Median)	Dec-22	9.14	7.20		<p>The Trust continues to drive to reduce the number of long waiting patients with a focus on those patients waiting over 40 weeks and continues to have the lowest number across the North East and Yorkshire region.</p>
Incomplete Pathways Wait (>52 Week Wait)	Dec-22	33	0		<p><b>Diagnostics</b></p> <p>Performance has seen a decrease in December, reporting 66.90% compliance from 74.36% in the previous month. As a comparator, the latest national position relates to November and is 73.13%, with the regional position 80.91% with the Trust reporting 74.36%, with compliance across the region ranged from 74.36% to 95.20%.</p>
Diagnostic Waiting Times and Activity	Dec-22	66.90%	99.00%		<p>Non-Obstetric Ultrasound has seen an increase in the numbers of patients waiting more than 6 weeks with an overall increase in the waiting list. The increase is as a result of reduced capacity due to the bank holidays and the long term sickness within the department, which will be resolved in January which will start to show a trajectory of improvement that will bring the compliance back in line by March 2023.</p>

# Oversight Framework

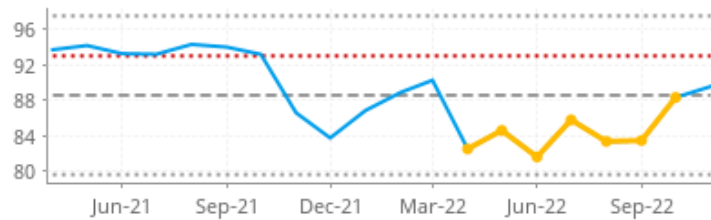


## Statistical Process Control (SPC) Charts

### Cancer - 2 Week Rule

**✘**

Month	Performance	Standard
Nov-22	89.54%	93.00%



### Cancer - 28 day Faster Diagnosis

**✔**

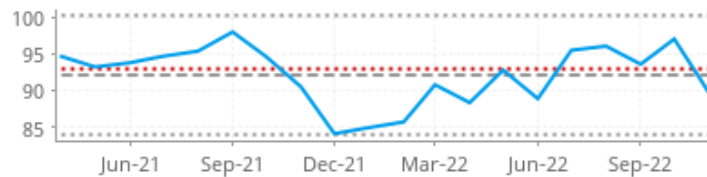
Month	Performance	Standard
Nov-22	83.36%	75.00%



### Cancer - Breast Symptomatic

**✘**

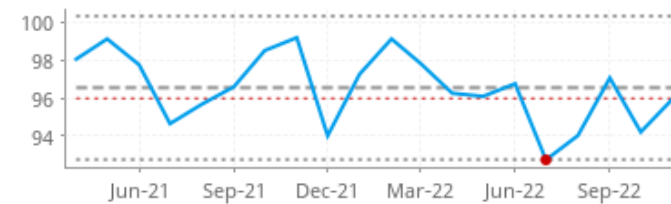
Month	Performance	Standard
Nov-22	89.77%	93.00%



### Cancer - 31 days

**✘**

Month	Performance	Standard
Nov-22	95.97%	96.00%

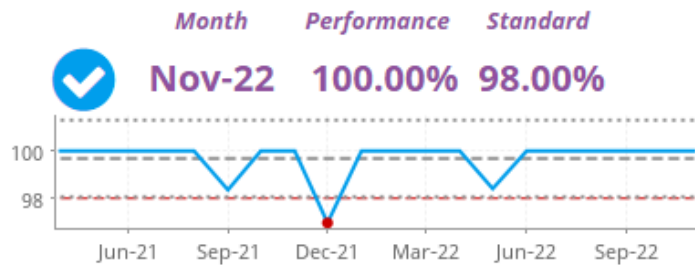


# Oversight Framework

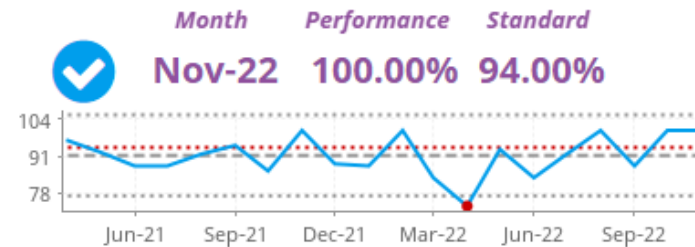


## Statistical Process Control (SPC) Charts

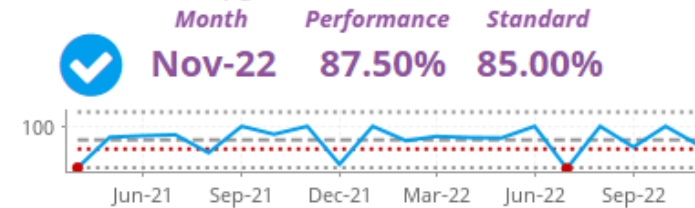
Cancer - 31 Day Drug Treatment



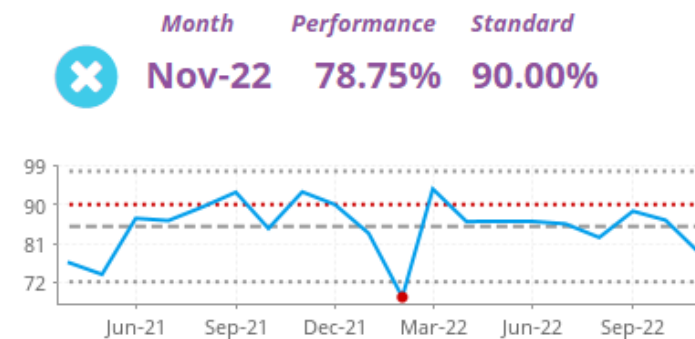
Cancer - 31 Day Surgical Treatment



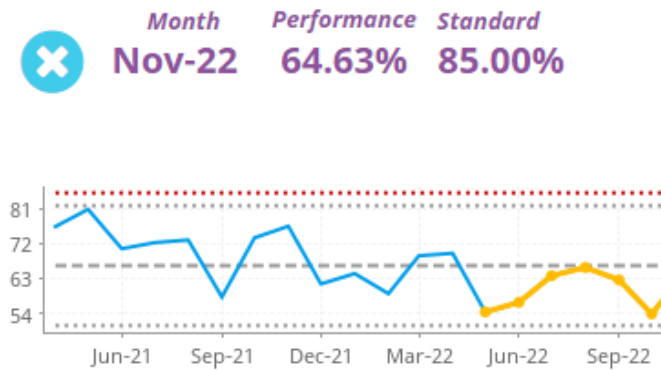
Cancer - 62 Consultant Upgrade



Cancer - 62 Days Screening



Cancer - 62 Days



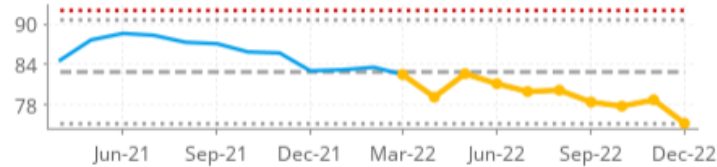
# Oversight Framework



## Statistical Process Control (SPC) Charts

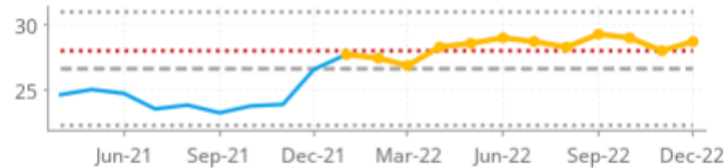
Referral To Treatment- Incomplete Pathways Wait (92%)

**X** Month Performance Standard  
Dec-22 75.32% 92.00%



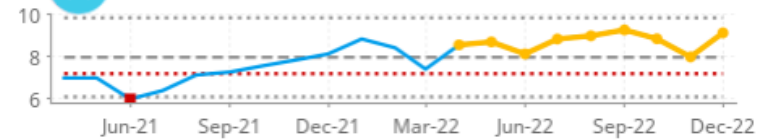
Referral To Treatment - Incomplete Pathways Wait (92nd percentile)

**X** Month Performance Standard  
Dec-22 28.71 28.00



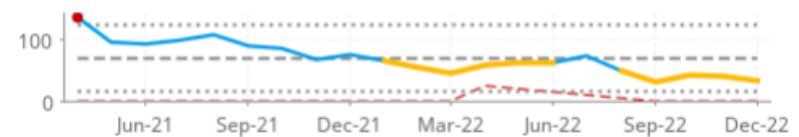
Referral To Treatment - Incomplete Pathways Wait (Median)

**X** Month Performance Standard  
Dec-22 9.14 7.20



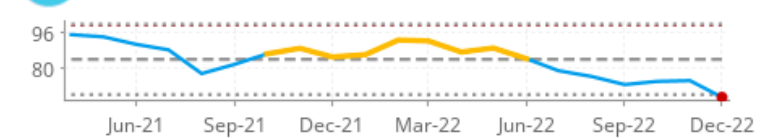
Referral To Treatment- Incomplete Pathways Wait (>52 Week Wait)

**X** Month Performance Standard  
Dec-22 33 0



Diagnostic Waiting Times and Activity

**X** Month Performance Standard  
Dec-22 66.90% 99.00%



# Efficiency & Productivity



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative	
	Month	Performance	Standard	Trend		
Decision To Admit (DTA) (over 12 hours)	✘	Dec-22	46	0		<p><b>Urgent and Emergency Care</b></p> <p>There were unprecedented pressures in urgent and emergency care during the month of December 2022, with 18,427 attendances to the Trust, a 15% increase on the previous month activity and 31% increase compared to December 2021. Together with the impact of an increasing prevalence of flu and other respiratory illnesses and the impact of industrial action taken during the month.</p> <p>Significant pressures are noted across the region affecting ambulance handovers with 82 handovers over 60 minutes in December compared to the 29 reported in November. Benchmarking the Trusts position, the monthly NEAS report is considered and whilst not a mandated measure, ambulance turnaround times reported at 38.2% within 30 minutes (arrival to clear), placing the Trust second in the region. An average turnaround time of 49 minutes was seen in month compared to the regional average of 72 minutes.</p> <p>The Trust continues to receive a number of ambulance diverts and deflections and mutual aid requests from neighbouring trusts which adds to the pressures within the Emergency Department. 143 patients were transferred during December 2022, an increase from 122 patients transferred throughout November. 79 patients transferred went on to be admitted as an inpatient with an average Length of Stay (ALOS) of 5 days. The Trust requested mutual aid on 2 occasions, both were declined.</p> <p>46 patients waited over 12 hours for a decision to admit with the majority of patients waiting for a bed to become available. All patients were made comfortable and cared for appropriately within the Emergency Department until a bed became available.</p> <p>The 2 hour Urgent Community Response met the standard for this reporting period 78.93%, against the required standard of 75% required by end of quarter 3.</p>
Time to Initial Assessment (mean) Type 1 & 3	✘	Dec-22	20.32	15.00		
Number of Ambulance Handovers waiting more than 60 Mins	✘	Dec-22	82	0		
65% of Ambulance Handovers completed within 15 Mins	✘	Dec-22	15.07%	65.00%		
95% of Ambulance Handovers completed within 30 Mins	✘	Dec-22	39.29%	95.00%		
2 hour Urgent Community Response	✔	Nov-22	78.93%	70.00%		



# Efficiency & Productivity



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>Trend</i>	
Outpatient Did Not Attend (Combined)	✘ Dec-22	11.30%	9.20%		<p><b>Outpatients</b></p> <p>Patients who are unable to attend their appointment (Did not attend - DNA) continues to report above the Trusts standard of 9.2%, with an increase in DNA rates reported for the month (11.3%). Diabetes and Paediatrics reporting the highest DNA rates. A pilot as part of the Health Inequalities focus will commence in January 2023, in which patients will be contacted prior to their appointments to confirm attendance and identify additional support patients may require to enable them to attend hospital.</p> <p>Care Groups continue to work with clinical teams to include patient initiated follow-ups into their pathways of care. The Trust has also signed up to participate in a national outpatient programme with the aim to share good practice and improve outcomes. The telephone reminder service has been reviewed with 'opt out' rather than 'opt in' now as the as default.</p>
Reducing Reviews	✘ Dec-22	110.74%	85.00%		
Patient Initiated Follow Up (PIFU)	✘ Dec-22	1.44%	5.00%		
Advice and Guidance	✘ Dec-22	11.35%	16.00%		
Diabetic Retinopathy Screening	✔ Dec-22	98.10%	95.00%		

# Efficiency & Productivity



North Tees and Hartlepool  
NHS Foundation Trust

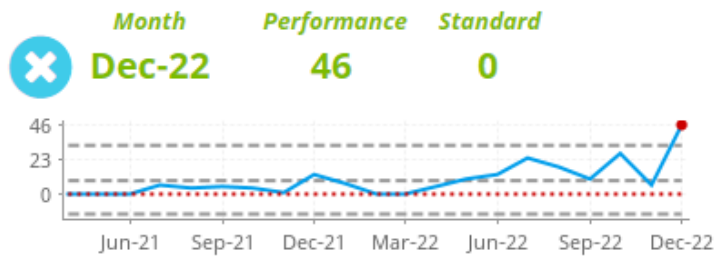
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Electronic Discharge Summaries	❌ Dec-22	87.75%	95.00%		<p><b>Electronic Discharge Summary (EDS)</b></p> <p>The Trust performance for December EDS was 87.76%, therefore not achieving the 90% of discharge summaries being completed within the required 24 hours. Focused work across care groups is ongoing with an identified lead to co-ordinate all activities to improve this in the coming months.</p> <p><b>Super Stranded Patients</b></p> <p>December has seen a slight increase of 4 patients (56 to 60) for those who have been in hospital 21 days or more. The 41 patients are from within area, with Hartlepool &amp; Stockton accounting for 68.33%, this is a reduction from the 71.43% in November. The Trust continues to work with its partners in Local Authorities to ensure timely discharge where clinically appropriate.</p> <p><b>Length of Stay</b></p> <p>A further reduction to a patients' length of stay (emergency admitted pathways) for December is noted which helped to ease pressure on beds and aid the flow.</p> <p><b>Trust Occupancy</b></p> <p>The Trust occupancy throughout December consistently reported above 90% at an average of 92.48%. Surges in activity saw the Trust exceed 95% occupancy on 17 occasions despite all available surge and resilience beds being open. Admissions for Covid increase from 100 in November to 142 in December, with 45 patients still in the Trust being treated at the end of December. There were 331 admissions for flu in December, with 106 patients still in the Trust being treated at the end of December.</p> <p><b>Readmissions</b></p> <p>The latest validated position has seen an increase of 0.42% for readmissions compared to previous month. Pain issues being the reason for the highest elective readmission and Gastrointestinal the reason for the highest emergency readmission. Audit are due to report to the Business Team in January around Readmissions.</p>
Super Stranded	❌ Dec-22	60	43		
Average Depth of Coding	✅ Nov-22	6.07	3.01		
Length of Stay - Elective	✅ Dec-22	2.37	3.14		
Length of Stay - Emergency	✅ Dec-22	2.77	3.35		
Day Case Rate	✅ Dec-22	90.06%	75.00%		
Pre-op Stays	✅ Dec-22	2.84%	4.50%		
Trust Occupancy	❌ Dec-22	92.48%	90.00%		
Re-admissions Rate 30 Days (Elective and Emergency)	❌ Oct-22	8.68%	7.70%		
Not reappointed within 28 days	✅ Nov-22	0	0		

# Efficiency & Productivity

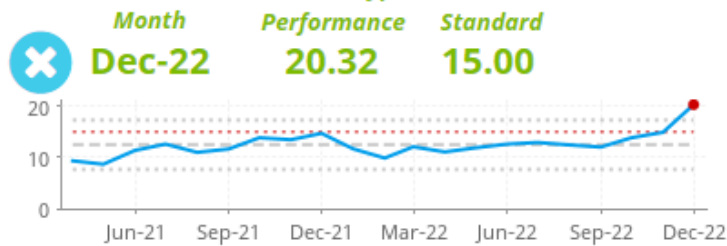


## Statistical Process Control (SPC) Charts

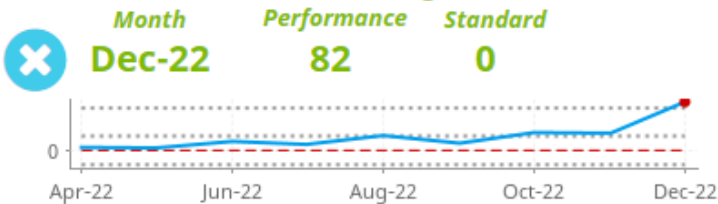
Decision to Admit (DTA) (Over 12 hours)



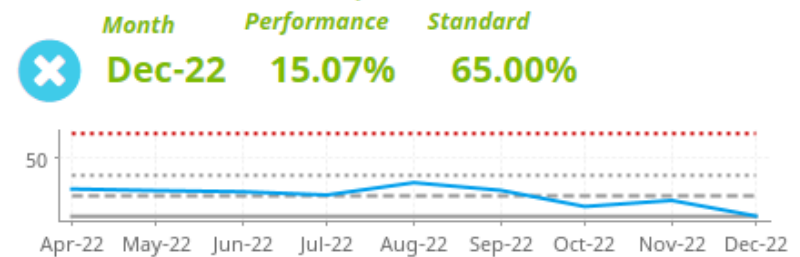
Time to Initial Assessment (mean) Type 1 & 3



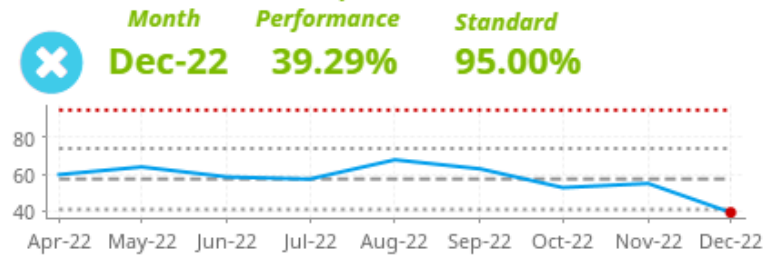
Number of Ambulance Handovers waiting more than 60 mins



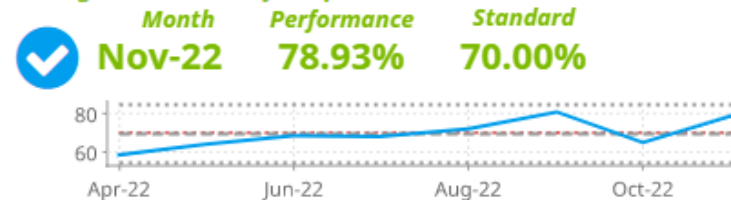
65% of Ambulance Handovers completed within 15 mins



95% of Ambulance Handovers completed within 30 mins



2 hour Urgent Community Response



# Efficiency & Productivity



## Statistical Process Control (SPC) Charts

Outpatient Did not Attend

✘

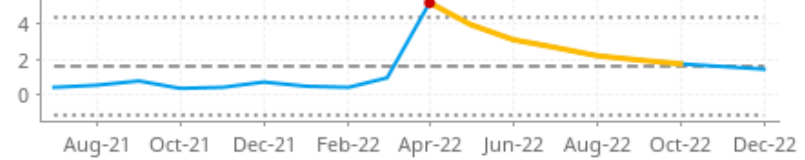
Month	Performance	Standard
<b>Dec-22</b>	<b>11.30%</b>	<b>9.20%</b>



Patient Initiated Follow up

✘

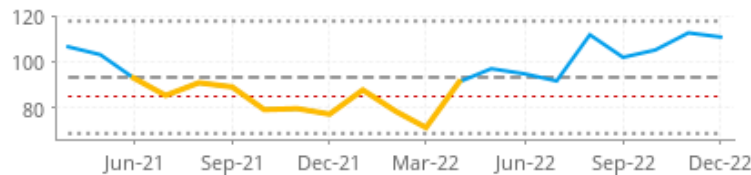
Month	Performance	Standard
<b>Dec-22</b>	<b>1.44%</b>	<b>5.00%</b>



Reducing Reviews

✘

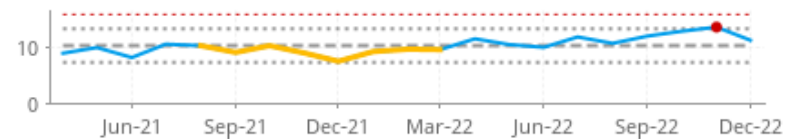
Month	Performance	Standard
<b>Dec-22</b>	<b>110.74%</b>	<b>85.00%</b>



Advice and Guidance

✘

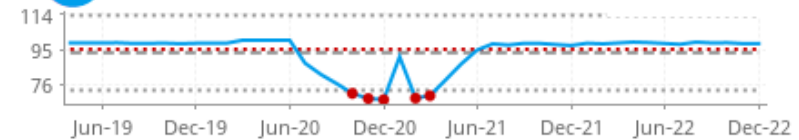
Month	Performance	Standard
<b>Dec-22</b>	<b>11.35%</b>	<b>16.00%</b>



Diabetic Retinal Screening

✔

Month	Performance	Standard
<b>Dec-22</b>	<b>98.10%</b>	<b>95.00%</b>

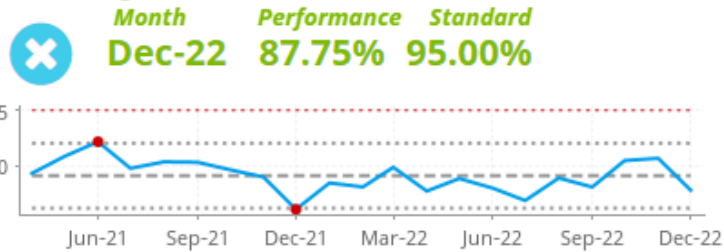


# Efficiency & Productivity

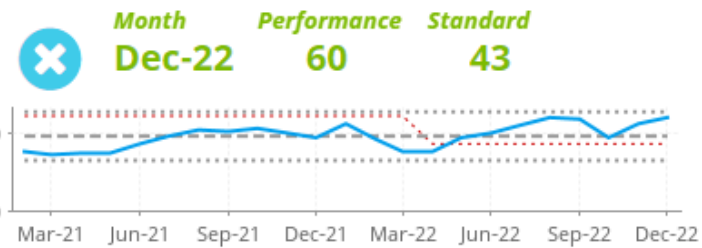


## Statistical Process Control (SPC) Charts

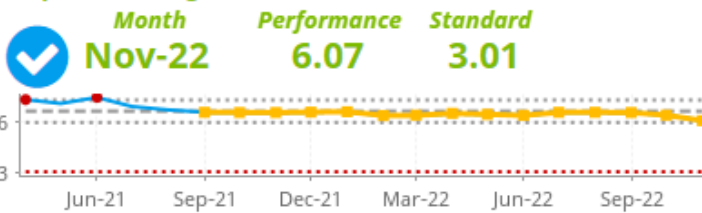
### Electronic Discharge Summaries



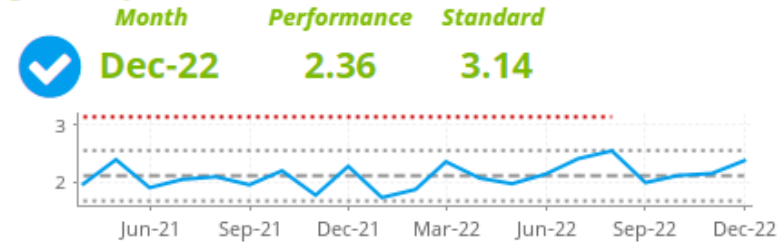
### Super Stranded



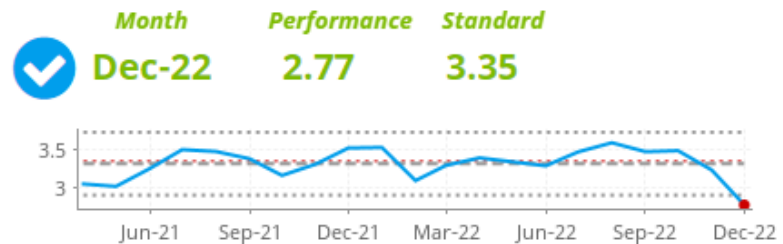
### Average Depth of Coding



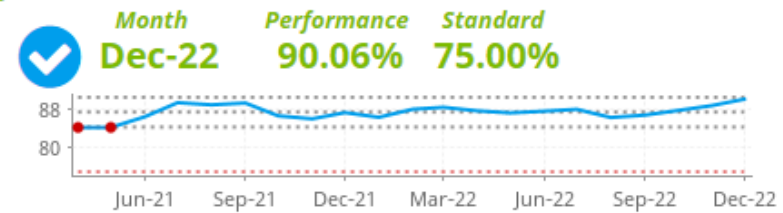
### Length of Stay - Elective



### Length of Stay - Emergency



### Day Case Rate



# Efficiency & Productivity

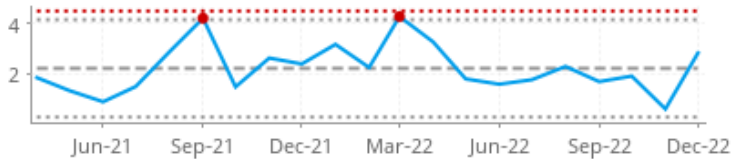


## Statistical Process Control (SPC) Charts

Pre-op Stays

✔

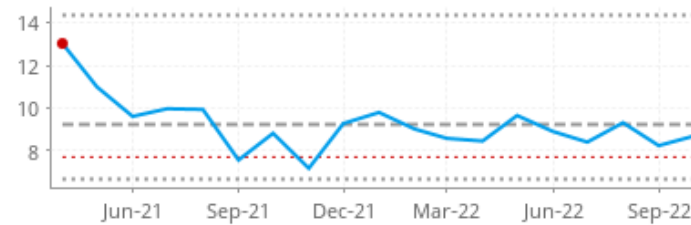
Month	Performance	Standard
Dec-22	2.84%	4.50%



Re-admissions Rate 30 Days (Elective and Emergency Admission)

✘

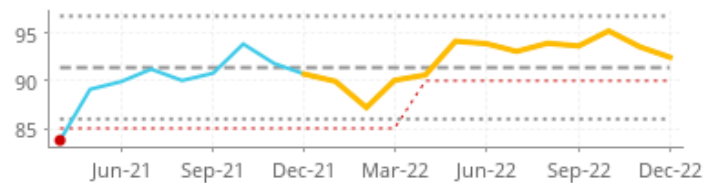
Month	Performance	Standard
Oct-22	8.68%	7.70%



Trust Occupancy

✘

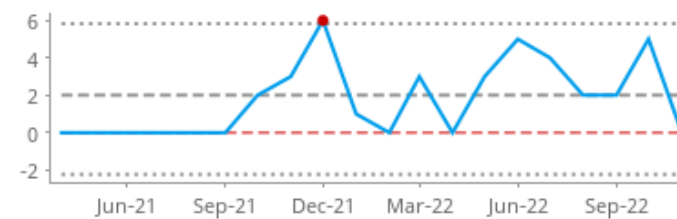
Month	Performance	Standard
Dec-22	92.48%	90.00%



Not Reappointed within 28 days

✔

Month	Performance	Standard
Nov-22	0	0



# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved			Narrative	
Hospital Standardised Mortality Ratio (HSMR)	✓	Month Nov 21 - Oct 22	Performance 93.28	Trend 	<p><b>Mortality</b> The latest HSMR value is currently reporting at 93.28 (November 2021 to October 2022), which has increased from the previous unreported value of 92.24 (September 2021 to August 2022). The latest SHMI value is now 99.19 (August 2021 to July 2022) which has increased from the previous rebased value of 98.61 (July 2021 to June 2022).</p> <p><b>Complaints</b> The number of complaints has increased by 43 in December, compared with the previous month. The total number of Stage 1 complaints received is 90, which is a decrease of 30 on the previous month, the number of Stage 2 complaints received is 1 which is a decrease of 8 in the previous month and 3 Stage 3 complaints have been received which is the same as the previous month. The numbers received and themes continue to be closely monitored. The Trust continues with the drive for local and face to face resolution of concerns, virtual meetings are in place to support this process.</p> <p>During December, Length of Time to be given an Appointment is the highest theme mentioned in 14 concerns/complaints, which is an increase of 6 from December, this is spread across 12 different wards/departments. There is a decrease in Communication (verbal) from 13 to 8 in December and a decrease in Attitude of Staff from 16 to 10.</p> <p>Increased analysis continues to be presented and discussed during the weekly Safety Panel meetings and in the monthly Patient Experience Report. Trend analysis is also addressed during weekly Senior Clinical Professional Huddles. This robust process continues to support timely identification of the themes.</p> <p>A Complaint Improvement Project has commenced to identify areas for improvement and associated actions. The Stage 3 complaint process has been reviewed with an updated process implemented on 3 January 2023. An evaluation will take place at 30, 60 and 90 days. The remainder of the complaint process is under review.</p> <p><b>Compliments</b> The Trust records the compliments received onto the Greatix platform. For December 2022 the number of compliments received is 382, which is higher than the mean of 278 compliments. Compliments consistently remain higher than the number of complaints the Trust receives.</p>
Summary Hospital-Level Mortality Indicator (SHMI)	✓	Month Aug 21 - Jul 22	Performance 99.19	Trend 	
		Month	Performance	Standard	Trend
Stage 1 Complaint	✓	Dec-22	90	107	
Stage 2 Complaint	✓	Dec-22	1	6	
Stage 3 Complaint	✓	Dec-22	2	8	
Compliments	✓	Dec-22	382	278	

# Safety & Quality



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
High Risks	✘ Dec-22	5	4		<p><b>Falls</b></p> <p>There has been a total of 118 falls reported in December, which is 9 more than the previous month. No harm falls continue to have the highest reported at 88 for the month. Low harm are reported as 26 against a standard of 17 and 4 falls are reported as moderate harm.</p> <p>One fall reported as moderate harm has been investigated at local ward level with initial findings identifying that all appropriate mitigation for risks had been implemented in a timely manner. Two falls are being investigated as an IRP with consideration given to downgrading to low harm once the investigations are complete. The final fall resulting in moderate harm is being investigated by the Falls Lead as an SI. The patient sustained a fractured neck of femur as a result of the fall. Whilst initial fact finding has identified some good practice it is also noted that there is some immediate learning which has been fed back to the teams in a timely manner. This investigation is on-going.</p> <p>Whilst the number of reported falls has increased it is noted that Teams and departments continue to implement prevention strategies when required and that compliance with reporting falls remains at an excellent standard.</p>
Never Events	✔ Dec-22	0	0		
VTE %	✔ Dec-22	95.88%	95.00%		
Fall No Harm	✘ Dec-22	88	83		
Fall Low Harm	✘ Dec-22	26	17		
Fall Moderate Harm	✘ Dec-22	4	2		
Fall Severe Harm	✔ Dec-22	0	0		



# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Pressure Category 1 (inpatient)	✘ Nov-22	7	4		<p><b>Pressure Ulcers</b></p> <p>In the November 2022 reporting period, there were seven Category one pressure ulcers validated, which is above our expected standard of 4. This demonstrates early identification of pressure damage and prevention of more severe harm. An increase in Category two pressure ulcers is noted to 23, which is above the accepted standard of 20 cases. This is likely reflective of the high occupancy and activity levels faced by the trust. There has been zero Category three pressure ulcer identified in November 2022 and zero Category four pressure ulcers reported, both of which are in line with or below our expected standard.</p> <p>It is also noted that in November 2022 there were 20 Suspected Deep Tissue Injuries (SDTI) identified and 12 unstageable ulcers, which may be able to be categorised as the damage evolves.</p> <p>Ongoing work continues with the validation of pressure ulcers, due to the difference between validated and un-validated data positions. A Skin Integrity Collaborative is underway on ward 36 and ward 41 with a focus on prevention, early identification and accurate categorisation. Therefore it is expected that an increase in reporting will be seen over the next six months.</p>
Pressure Category 2 (inpatient)	✘ Nov-22	26	21		
Pressure Category 3 (inpatient)	✔ Nov-22	0	1		
Pressure Category 4 (inpatient)	✔ Nov-22	0	0		

# Safety & Quality



Standard	Standard Achieved				Narrative	
	Month	Performance	Standard	Trend		
Hand Hygiene	✓	Dec-22	98%	95%		<h3>Infections</h3> <p>December 2022, the Trust reported two cases of Clostridioides difficile infection, which is below the predicted trajectory of five cases and the same as reported in the previous month. Our yearly objective for 2022-23 is 54 cases of Clostridioides Difficile, with our current case figure of 35.</p> <p>The Trust has reported five E-coli bacteraemia in December 2022, which is below our projected case rate of six. Our yearly objective for E-coli bacteraemia for 2022-23 is 73, with 63 cases since the start of the financial year. Ongoing project work continues with a catheter care and prevalence audit, which was completed in November.</p> <p>There has been zero trust attributable cases reported for Pseudomonas infections in December 2022. Our 2022-23 objective is 12 cases, and we currently remain at 13 to date. The trust reported one case of Klebsiella in December 2022, which is below our predicted trajectory and an improvement on the previous month. Our yearly objective for Klebsiella species for 2022-23 is 21 cases, currently the trust stand at 20 cases.</p> <p>There has been seven healthcare-associated case of MSSA in December, which is above our monthly projected trajectory of three cases. There is no national objective set for MSSA, but our own internal trust target for 2022-23 is 30 cases. The trust have had 29 cases in total for this financial year.</p> <p>For the month of December, 10 CAUTI cases were reported for the trust, which is significantly lower than previous months and below our standard for the month.</p> <p>The trust reports 1 MRSA bacteraemia, which was likely a contaminant. A full post-infection review is underway and learning will be shared with the care groups. This takes us over our zero tolerance target for 2022-23. Hand Hygiene compliance throughout the trust increased to 98%, against a target of 95%.</p>
Clostridioides difficile (cdiff)	✓	Dec-22	2	5		
MRSA	✗	Dec-22	1	0		
MSSA	✗	Dec-22	7	3		
Ecoli	✓	Dec-22	5	6		
Klebsiella	✓	Dec-22	1	2		
Pseudomonas	✓	Dec-22	0	1		
CAUTI	✓	Dec-22	10	19		

# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved			
	Month	Performance	Standard	Trend
Friends and Family Test (FFT) - Emergency	Dec-22	77.00%	75.00%	
Friends and Family Test (FFT) - Inpatients	Dec-22	84.00%	75.00%	
Friends and Family Test (FFT) - Maternity	Dec-22	86.00%	75.00%	
UNIFY - RN Day	Dec-22	79.87%	>=80% and <=109.99%	
UNIFY - RN Night	Dec-22	90.06%	>=80% and <=109.99%	
UNIFY - HCA Day	Dec-22	84.55%	>=80% and <=109.99%	
UNIFY - HCA Night	Dec-22	119.66%	>=110% and <=125.99%	

Friends and Family Test (FFT) - Emergency



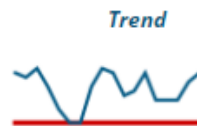
Dec-22

Performance

77.00%

Standard

75.00%



Friends and Family Test (FFT) - Inpatients



Dec-22

Performance

84.00%

Standard

75.00%



Friends and Family Test (FFT) - Maternity



Dec-22

Performance

86.00%

Standard

75.00%



UNIFY - RN Day



Dec-22

Performance

79.87%

Standard

>=80% and <=109.99%



UNIFY - RN Night



Dec-22

Performance

90.06%

Standard

>=80% and <=109.99%



UNIFY - HCA Day



Dec-22

Performance

84.55%

Standard

>=80% and <=109.99%



UNIFY - HCA Night



Dec-22

Performance

119.66%

Standard

>=110% and <=125.99%



## Friends and Family

For December 2022 the Trust received 1,163 FFT returns, this is a decrease on the previous months updated return of 1,422. The Very Good or Good responses returned for December 2022 is 89.76%.

All three FFT metric percentages fall within their relevant control limits with the recent trends displaying natural cause variation. Work continues to promote FFT particularly from the in-patient areas to improve the amount of feedback.

## UNIFY

Nursing fill rates remain challenging due a range of factors including continued vacancies, however this position is improving month on month with a further improved position forecasted for the end Jan23. In wards and departments where there is a reduced RN fill there is clear utilisation of the Nursing Associate role within the workforce models and skill mix of staff and levels of experience are reviewed daily to ensure the right skills are in the right place to deliver the safest and most efficient care to patients at all times. The daily workforce planning decisions continue to be managed through appropriate routes of escalation up to the Deputy Chief and Chief Nurse.

Twice daily safe staffing meetings continue to review the acuity and dependency needs of patients to ensure the available staffing resource is deployed to the most suitable areas. Alternative models utilising nursing associate, therapy and un-registered nurse roles continues to support the process to meet the patient acuity and dependency, underpinned by professional judgement.

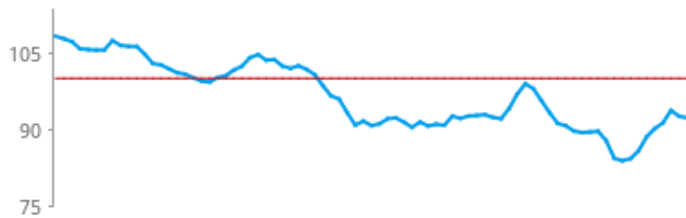
Monthly recruitment processes are on-going for both Registered Nurses and Unregistered Nurses and cohort 4 of Team Support Worker have recently been recruited into a total 10wte positions. Approx. 35wte Pre Reg Nurses have recently taken up their positions throughout Sept/Oct 2022 with the next cohort of Pre Registered nurses (21 in total) having been interviewed in November 2023 in preparation for their registration in January/February 2023.

The international recruitment of nurses is currently underway with 39wte nurses deployed to the UK and another 21 nurses planned for deployment in January 2023. This will further support increasing the shift fill rate and reducing the overarching nursing vacancy level.

## Additional Detail Charts

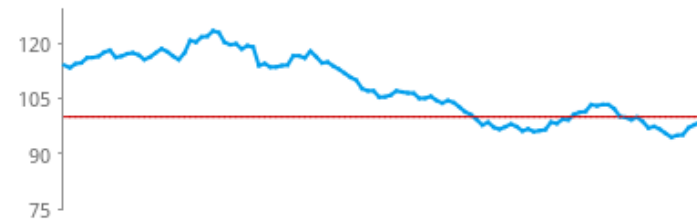
### Hospital Standardised Mortality Ratio

*Month*
*Performance*  
**Nov 21 - Oct 22** **93.28**



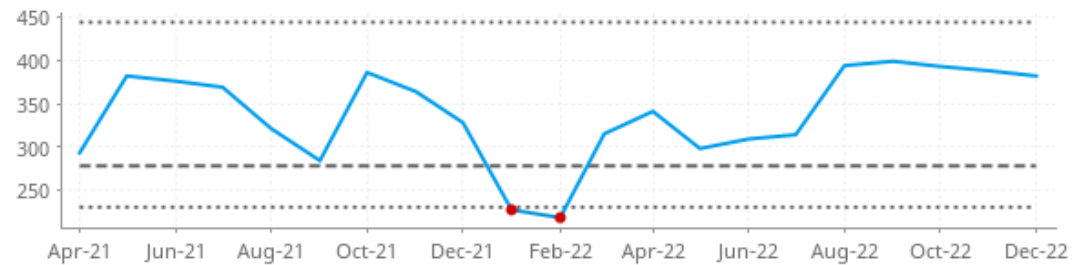
### Summary Hospital-Level Mortality Indicator

*Month*
*Performance*  
**Aug 21 - Jul 22** **99.19**



### Compliments

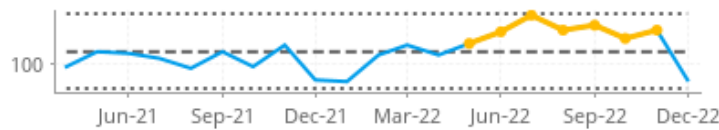
*Month*
*Performance*
*Standard*  
**Dec-22** **382** **278**



## Statistical Process Control (SPC) Charts

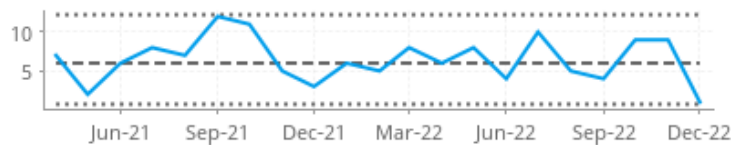
**Stage 1 - Informal**      *Month*      *Performance*      *Standard*

**Dec-22**      **90**      **107**



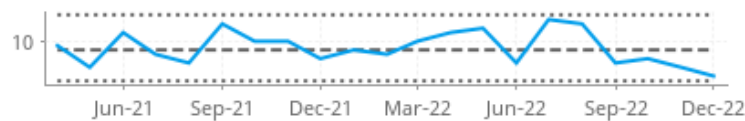
**Stage 2 - Meeting**      *Month*      *Performance*      *Standard*

**Dec-22**      **1**      **6**



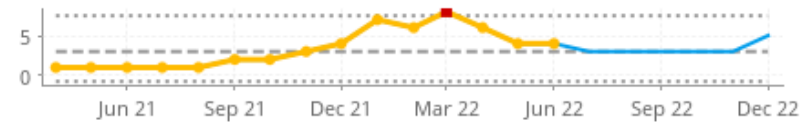
**Stage 3 - Formal**      *Month*      *Performance*      *Standard*

**Dec-22**      **2**      **8**



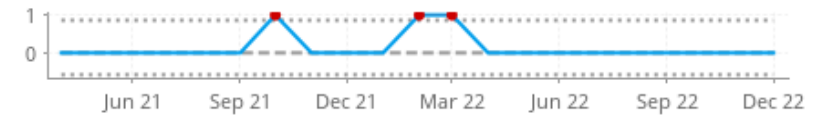
**Red Risks**      *Month*      *Performance*      *Standard*

**Dec-22**      **5**      **4**



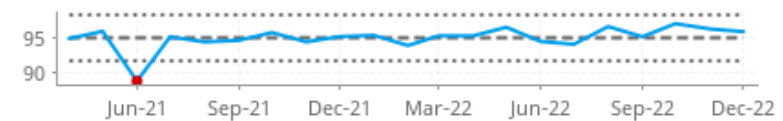
**Never Events**      *Month*      *Performance*      *Standard*

**Dec-22**      **0**      **0**

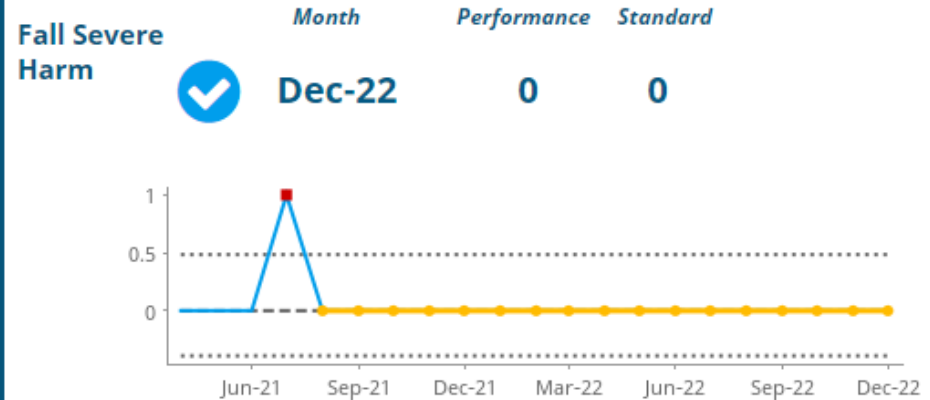
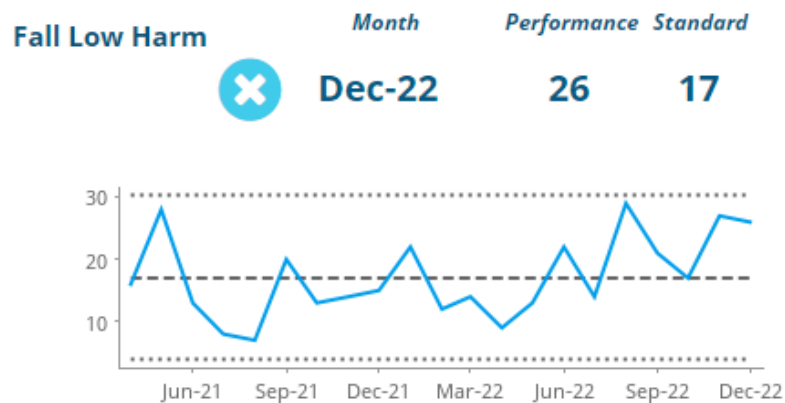
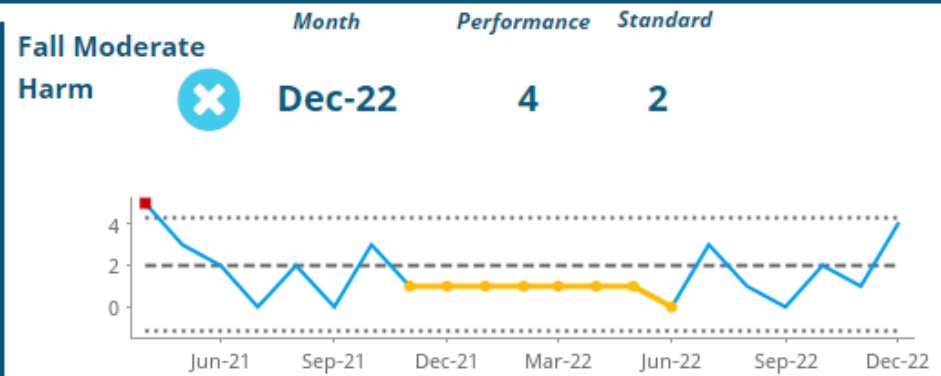
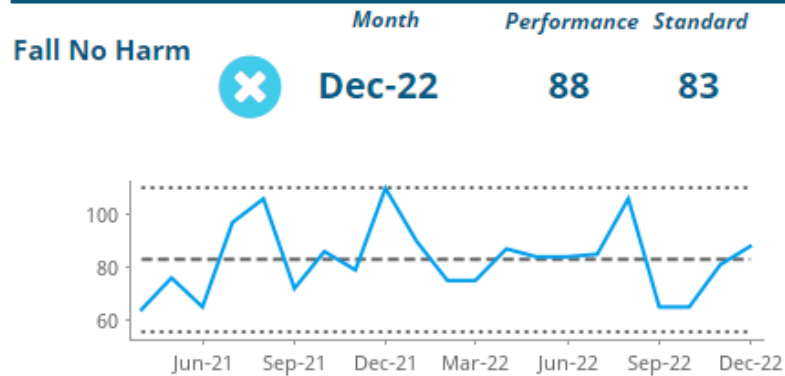


**VTE %**      *Month*      *Performance*      *Standard*

**Dec-22**      **95.88%**      **95.00%**



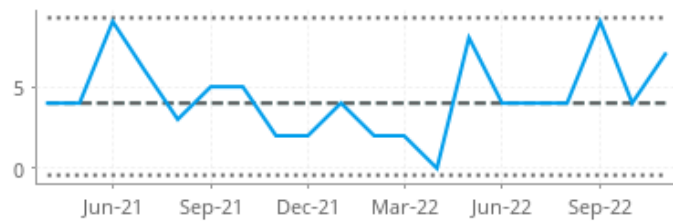
## Statistical Process Control (SPC) Charts



## Statistical Process Control (SPC) Charts

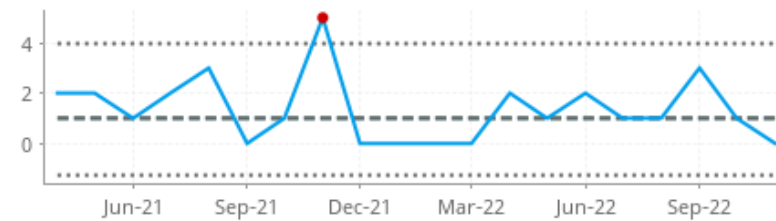
Pressure Ulcer  
Cat 1

Month	Performance	Standard
Nov-22	7	4



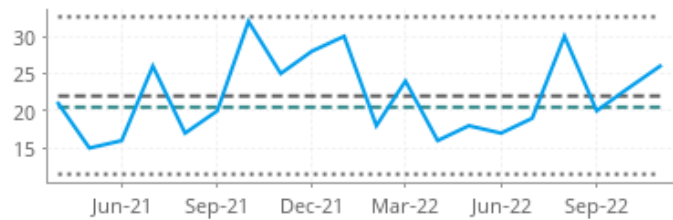
Pressure Ulcer  
Cat 3

Month	Performance	Standard
Nov-22	0	1



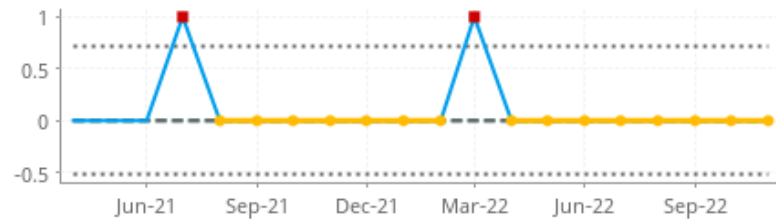
Pressure Ulcer  
Cat 2

Month	Performance	Standard
Nov-22	26	21

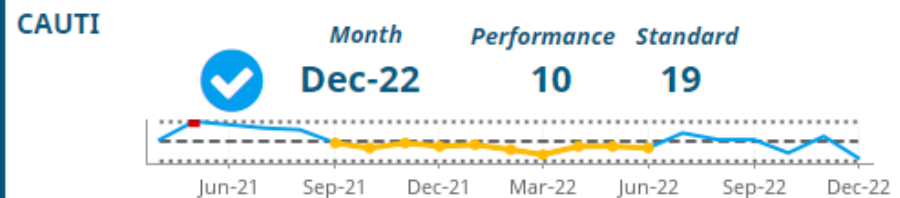
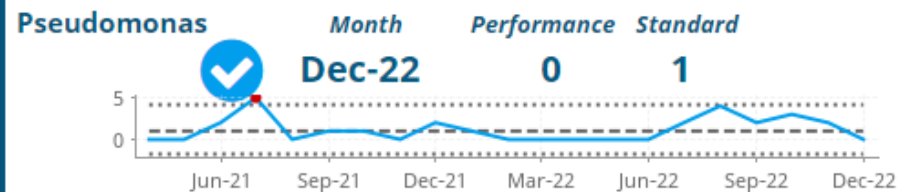
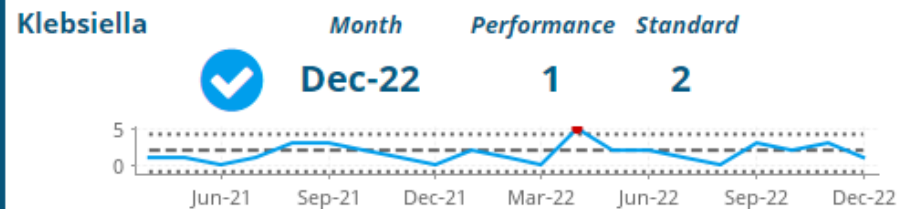
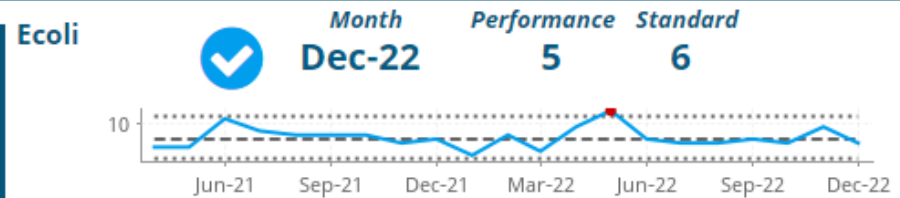
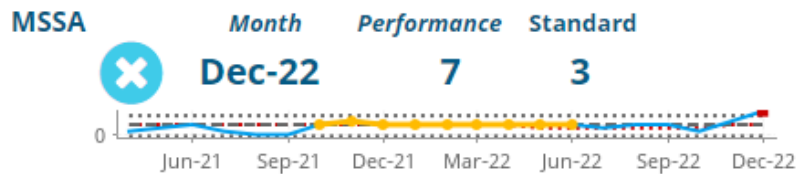
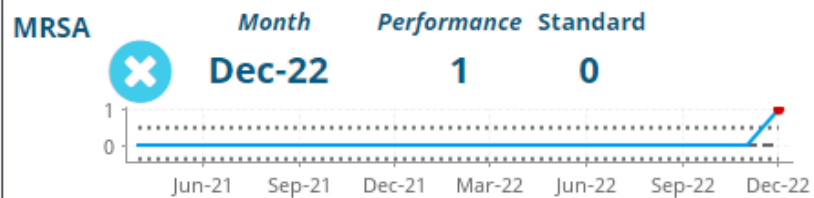
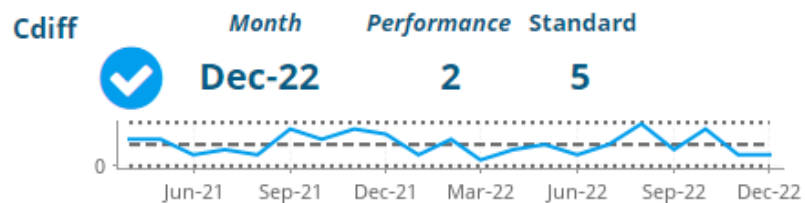
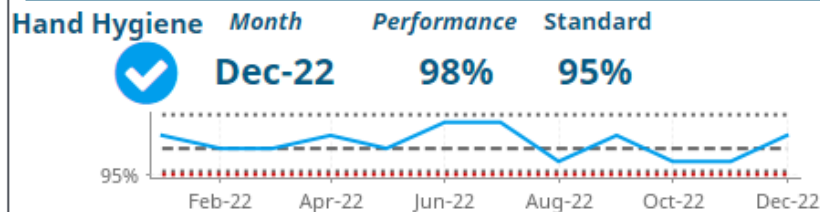


Pressure Ulcer  
Cat 4

Month	Performance	Standard
Nov-22	0	0



## Statistical Process Control (SPC) Charts



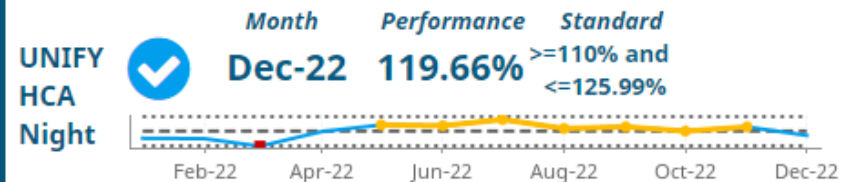
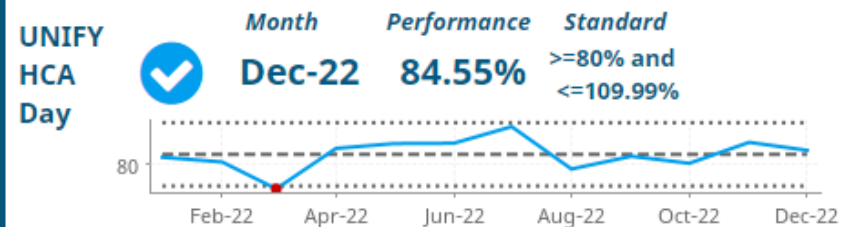
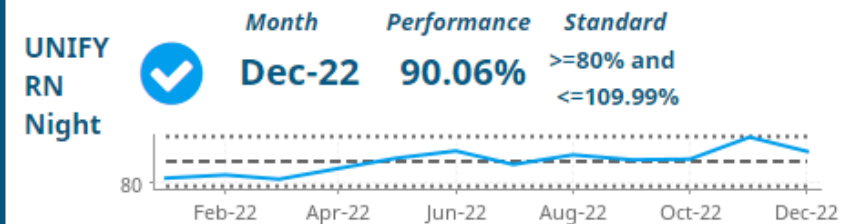
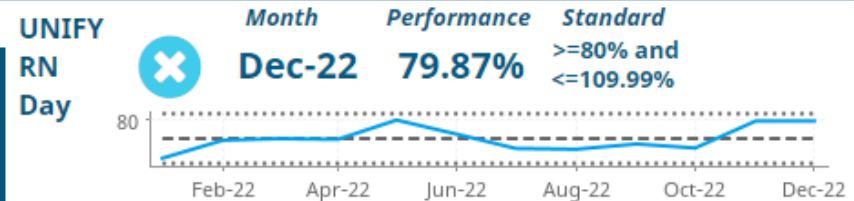
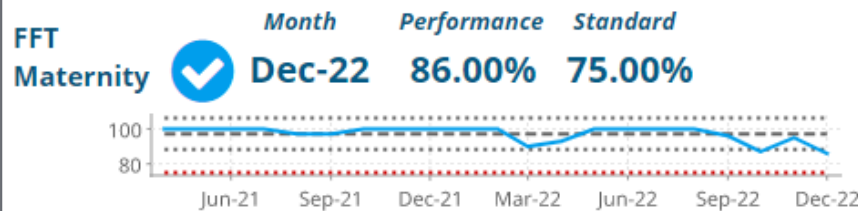
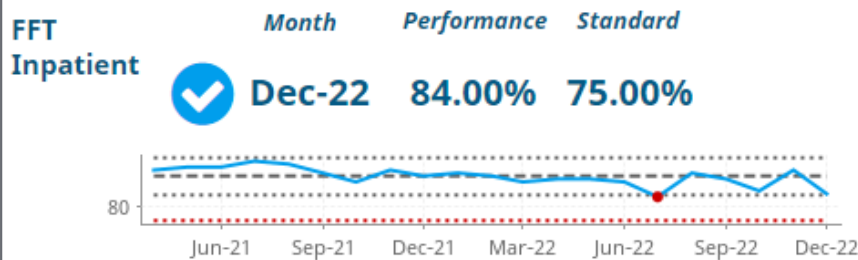
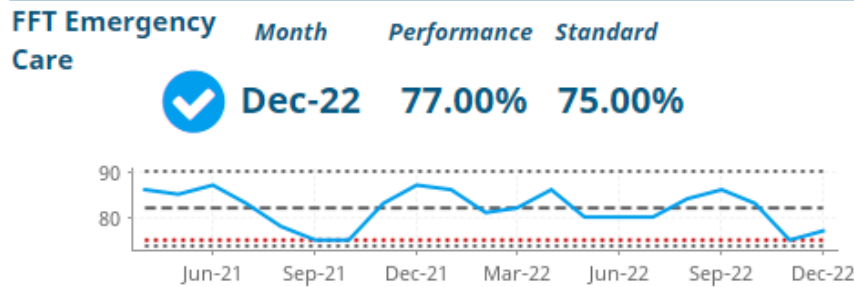


# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

## Statistical Process Control (SCP) Charts



# Workforce



Standard	Standard Achieved			Narrative
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	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>Trend</i>
<b>Sickness - Overall</b>				
	Nov-22	6.05%	4.00%	
<b>Sickness Breakdown</b>				
<b>Short Term</b>	Nov-22	3.08%		
<b>Long Term</b>	Nov-22	2.97%		

The sickness absence rate saw a decrease in November 2022, to 6.05% from 6.17%. This was split by 5.37% non-COVID and 0.68% COVID related absence (Covid decreased from 0.72% in October 2022). Short term absences have decreased by 0.2% and make up 3.08% of the absence figure with long term absences making up 2.97%.

Mental health conditions (stress / anxiety / depression) continued to be the most common reason for absence followed by chest and respiratory problems and musculoskeletal problems.

The review of pathways for both short and long term absent management processes continues with some positive outcomes identified. A further review of the sickness absence policy is taking place with full engagement of senior clinical matrons and other stakeholders including staff side.

# Workforce

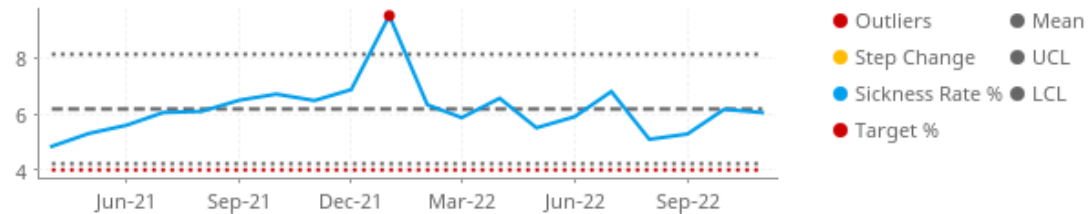


Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
<b>Appraisals</b>	Dec-22	84.92%	95.00%		<p><b>Appraisals -</b> The position for appraisal compliance from December's overall Trust RAG report stands at 84.92% which is a decrease from 85.86% in November 2022 (amber). The slight decline in appraisal rates during the month of December is not an unusual one, with this trend occurring in 2019, 2020 and 2021 and is a result of annual leave and winter pressures.</p>
<b>Turnover</b>	Dec-22	10.21%	10.00%		<p><b>Staff Turnover -</b> There has been a further reduction in turnover in December from 10.55% to 10.21%, which is the closest to the target of 10% in more than a year and the ninth consecutive month seeing a move towards target. Feedback from staff is vital in addressing retention issues, both during employment as well as from people considering leaving employment. Actions from the engagement platform, through Clever Together, has provided valuable intelligence to ensure our recognition strategy is appropriate. The 2022 Staff Survey data has recently been released and is currently being analysed with expectation of action plans being developed locally to address any gaps and or concerns.</p>
<b>Mandatory Training</b>	Dec-22	88.04%	90.00%		<p><b>Mandatory Training -</b> Compliance increased from 86.94% in November 2022 to 88.04% in December 2022. Resuscitation training, Patient Safety (Level 1), Duty of Candour and Catheterisation training have the lowest compliance levels; with Safeguarding Children and Adults are also significantly below the expected target.</p>

## Statistical Process Control (SPC) Charts

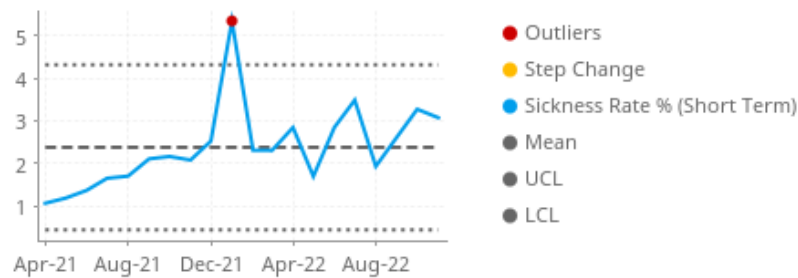
### Sickness - Overall

Month	Performance	Standard
Nov-22	6.05%	4.00%



### Short Term

Month	Performance
Nov-22	3.08%



### Long Term

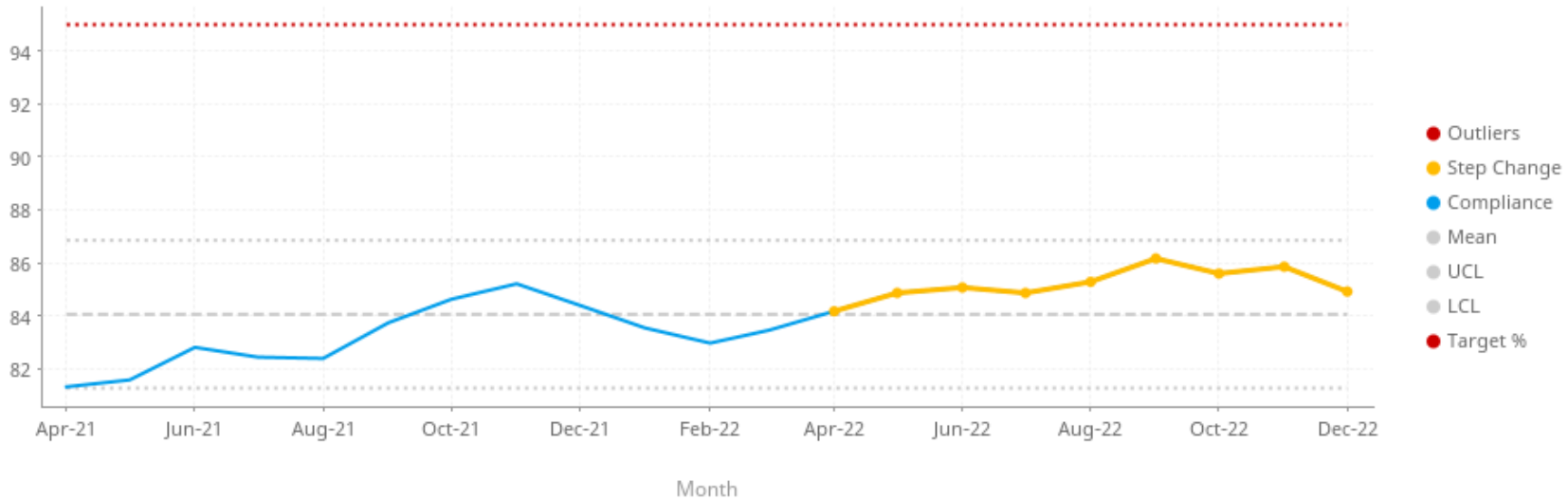
Month	Performance
Nov-22	2.97%



## Statistical Process Control (SPC) Charts

### Appraisal

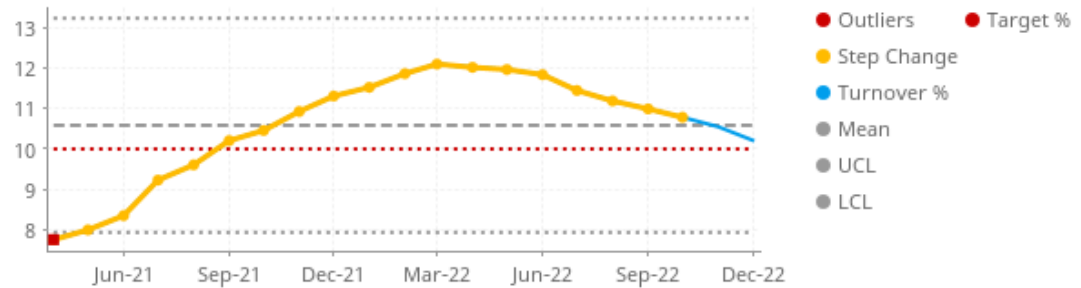
	Month	Performance	Standard
	Dec-22	84.92%	95.00%



## Statistical Process Control (SPC) Charts

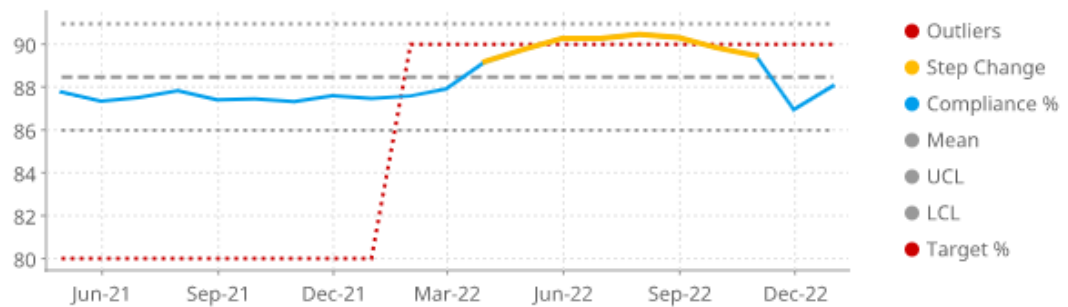
### Turnover

Month	Performance	Standard
<b>Dec-22</b>	<b>10.21%</b>	<b>10.00%</b>



### Mandatory Training

Month	Performance	Standard
<b>Dec-22</b>	<b>88.04%</b>	<b>90.00%</b>



# Finance



North Tees and Hartlepool  
NHS Foundation Trust



## Finance Overview - Month 9

	Plan (£000)	Actual (£000)	
<b>Income/Expenditure</b>			
<b>In Month</b>	<b>(2)</b>	<b>389</b>	
<b>Year to Date</b>	<b>4,742</b>	<b>5,484</b>	

	£m
<b>Balance Sheet</b>	
<b>Cash Actual</b>	<b>71.8</b>
<b>Cash Plan*</b>	<b>66.8</b>

\*Explained by an improvement in the 2021/22 cash position

	Plan (£m)	Actual (£m)	
<b>Capital (*)</b>			
<b>In Month</b>	<b>1,966</b>	<b>2,693</b>	
<b>Year to Date</b>	<b>8,949</b>	<b>9,658</b>	

### NHS Oversight Framework (Issued 27 June 2022)

Financial Efficiency - Variance from Efficiency Plan		Achievement of Mental Health Investment Standard	
Financial Stability - Variance from Break-even		Agency Spending	

\* Capital plan rephased to commence from 01 July 2022



# Appendix 1

## RTT and Cancer

Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
<b>RTT - November 22</b>										
Incomplete Pathways waiting <18 weeks	60.1%		78.8%	76.4%	59.8%	72.1%	69.4%	82.9%	66.9%	63.9%
Half of incomplete patients wait less than	14		8	9	14	10	11	9	12	12
Half of admitted patients wait less than	12		9	18	21	14	12	12	9	7
19 out of 20 admitted patients wait less than	67		36	45	63	53	63	45	55	62
Half of Non admitted Pathways waited less than	9		5	8	10	5	7	8	5	9
19 out of 20 non admitted patients wait less than	54		33	33	50	38	41	36	32	38
Incomplete Pathways waiting >52 weeks	379316		40	108	764	95	4271	25	1466	2084

Cancer Waiting times Summary	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	North Tees & Hartlepool	Durham & Darlington	NCA
2wW Referrals	93.07 (1410/1515)	81.72 (1198/1466)	86.28 (1038/1203)	68.98 (1743/2527)	92.48 (1686/1823)	65.93 (1229/1864)	89.54 (1139/1272)	77.19 (1689/2188)	80.33 (11132/13858)
Breast Symptomatic Referrals	0 (0/0)	72.6 (53/73)	89.74 (35/39)	53.09 (86/162)	95.12 (156/164)	88.89 (8/9)	89.77 (193/215)	78.17 (154/197)	79.74 (685/859)
31Day First Treatments	99.53 (211/212)	92.73 (102/110)	100 (157/157)	80.49 (429/533)	96.93 (158/163)	91.44 (267/292)	95.97 (143/149)	89.7 (148/165)	90.68 (1615/1781)
31Day Subsequent Treatments - Drugs	100 (123/123)	100 (3/3)	100 (59/59)	98.73 (233/236)	100 (43/43)	94.44 (68/72)	100 (65/65)	100 (4/4)	98.84 (598/605)
31Day Subsequent Treatments - Radiotherapy	0 (0/0)	0 (0/0)	0 (0/0)	97.25 (460/473)	0 (0/0)	86.07 (173/201)	0 (0/0)	0 (0/0)	93.92 (633/674)
31Day Subsequent Treatments - Surgery	94.74 (18/19)	66.67 (6/9)	100 (21/21)	67.86 (95/140)	83.33 (10/12)	91.67 (11/12)	100 (7/7)	78.26 (18/23)	76.54 (186/243)
62 Day Target - 2wW	66.55 (91.5/137.5)	51.63 (47.5/92)	64.9 (49/75.5)	49.88 (108/216.5)	73.15 (79/108)	58.62 (109.5/188.5)	64.63 (47.5/73.5)	72.73 (76/104.5)	61.14 (608/996)
62 Day Target - Screening	50 (0.5/1)	60 (3/5)	83.75 (33.5/40)	50 (22/44)	80 (4/5)	95.24 (10/10.5)	78.75 (31.5/40)	42.86 (3/7)	70.49 (107.5/152.5)
62 Day Target - Upgrade	84.78 (19.5/23)	95.65 (11/11.5)	0 (0/0.5)	61.64 (22.5/36.5)	68.42 (6.5/9.5)	81.16 (28/34.5)	87.5 (14/16)	70.37 (9.5/13.5)	76.55 (111/145)
28 Day Target - 2wW	71.71 (1019/1421)	66.08 (908/1374)	80.76 (873/1081)	76.59 (1688/2204)	72.62 (1260/1735)	76.9 (1062/1381)	83.38 (908/1089)	83.36 (1533/1839)	76.3 (9251/12124)
28 Day Target - Breast Symptomatic	0 (0/0)	83.33 (60/72)	100 (36/36)	92.81 (142/153)	94.55 (156/165)	100 (9/9)	98.6 (211/214)	95.81 (183/191)	94.88 (797/840)
28 Day Target - Screening	55.56 (5/9)	40 (2/5)	58.21 (78/134)	75.8 (119/157)	74.24 (49/66)	0 (0/1)	67.18 (131/195)	58.49 (31/53)	66.94 (415/620)
28 Day Target - Overall	71.61 (1024/1430)	66.85 (970/1451)	78.9 (987/1251)	77.53 (1949/2514)	74.52 (1465/1966)	76.99 (1071/1391)	83.44 (1250/1498)	83.87 (1747/2083)	77.02 (10463/13584)



## Council of Governors

Title of report:	Elective Recovery Update								
Date:	16 February 2023								
Prepared by:	Alison Coates, Care Group Manager Rowena Dean, Care Group Director								
Executive sponsor:	Levi Buckley, Chief Operating Officer								
Purpose of the report	The purpose of this paper is to provide the Council of Governors with an update on the delivery of the 2022/23 elective recovery plans within the Trust including RTT waiting times, improvement work streams and the planning for a continued focus on recovery planning in 2023/24.								
Action required:	Approve		Assurance	✓	Discuss		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	✓	Responsive	✓	Well Led
Executive Summary and the key issues for consideration/ decision:									
<p>This paper seeks to provide assurance that the organisation is focused on:</p> <ul style="list-style-type: none"> <li>• the patient level detail of current elective waits: (&gt;104/78/52 and &gt;40 week waiters)</li> <li>• the growth required to continue to deliver the 104% activity target within funded establishment including workforce issues.</li> <li>• plans to ensure all necessary arrangements are in place to protect capacity during the 22/23 winter period</li> <li>• all associated risks, including financial, faced by the Trust in achieving the elective recovery plans including the provision of mutual aid for long waiters within the wider Tees Valley and NENC ICB</li> </ul> <p>Sustained pressures throughout the year peaked in November and December with significant impacts across the system. This has had a particular impact in UEC and medical services with all departments supporting at times of particular pressure. Against this backdrop and alongside further waves of covid and influenza infections the Trust has continued to focus on delivering safe and timely care for patients.</p> <p>The Trust has zero patients waiting over 78/104 weeks for surgery and continues to support the wider system in driving these number down across the ICS. Further work is underway to model the waiting list shape and size through to March 2023 to ensure that the Trust can maintain a zero &gt;78 and zero &gt;104 week wait position.</p> <p>The health and wellbeing of the staff is paramount to the Care Group and the wider Trust. However, in the interim, there are additional enhanced overtime shifts offered to help bridge the workforce gaps.</p>									

The Trust continues a focused programme of work to improve efficiency and productivity and is engaged in national programmes, including GIRFT and IECCPP, to identify and deliver improvements. This work is also in collaboration with system partners with the Trust continuing to provide activity to support partners.

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

This report addresses risks identified within the Board Assurance Framework. Specifically Performance and Compliance (BAF 1C) and Transforming Our Services (BAF 3B)

Committees/groups where this item has been discussed

Care Group Senior Management Team  
Business Team Meeting  
Executive Management Team  
Board of Directors

Recommendation

The Council of Governors is asked to note:

- the strong year to date performance including the provision of capacity for the wider Tees valley
- the detailed planning for 2022/23 to deliver the national elective trajectories of 104% of baseline activity
- the analysis of current risk and mitigation plans including continued modelling of planning and financial risks
- The opportunity to scope and implement sustainable infrastructure and growth of service provision through the scoping and implementation of the aligned payment incentive arrangements detailed in the Planning and Priorities 2023 /24 guidance.
- the regular monitoring of the elective recovery trajectories through the Executive Management Team

# North Tees and Hartlepool NHS Foundation Trust

## Council of Governors Meeting

16 February 2023

### Elective Recovery Update

#### 1. Introduction

The purpose of this paper is to provide the Council of Governors with an update on the delivery of the 2022/23 elective recovery plans within the Trust.

The Trust's vision has always been one of collaboration and growth with a commitment to deliver, or exceed, the national target of 104% of 2019/202 baseline activity through the sustainable growth of services both locally and across the wider system with neighbouring organisations. This paper seeks to provide assurance to the Board that the organisation is focused on:

- the patient level detail of current elective waits: (>104/78/52 and >40 week waiters)
- the growth required to continue to deliver the 104% activity target within funded establishment
- the workforce required to ensure sustainable delivery
- the associated workforce and recruitment trajectories
- the short, medium and long term requirements to achieve these targets
- plans to ensure all necessary arrangements are in place to protect elective capacity during the 22/23 winter period
- all associated risks, including financial, faced by the Trust in achieving the elective recovery plans including the provision of mutual aid for long waiters within the wider Tees Valley and NENC ICB

#### 2. Current Position

The Trust remains one of the top performing organisations both within the NENC system and nationally. As previously reported to the Council of Governors the Trust commenced recovery planning during the first wave of the covid pandemic. In spite of further waves of covid the organisation remains the top performer in the NENC against the Elective Recovery Fund (ERF) attracting £6.964 million income during 2021/22 and a 2022/23 year to date (M9) total of £5.45 million. This has supported the organisation in undertaking additional activity both internally and as system support for >78 and >104 week waiters.

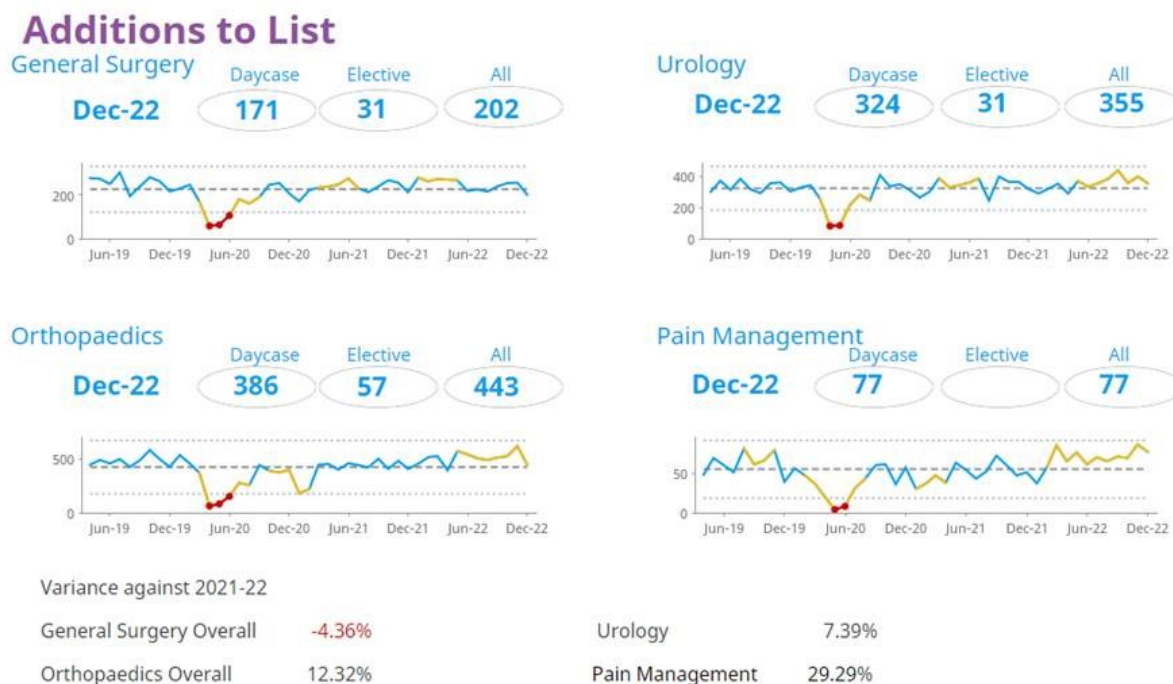
Table 1 below illustrates the comparative performance across the NENC ICS in respect of Referral to Treatment (RTT) incomplete pathways, i.e. over 18 weeks from referral to treatment. The data identifies the Trust is the fifth highest performer nationally and the second highest performer within the NENC ICS. Recovery plans for the remainder of quarter 4 2022/23 are focussed on further reductions of incomplete pathways and >40 week waits.

Provider Name (FT)	Incomplete Pathways			
	Within 18 weeks	Total	%	Rank (National)
Northumbria Healthcare	27,253	32,871	82.90%	1
<b>North Tees and Hartlepool</b>	<b>15,609</b>	<b>20,051</b>	<b>77.80%</b>	<b>5</b>
South Tyneside and Sunderland	43,700	57,240	76.30%	6
Gateshead Health	9,420	12,837	73.40%	9
The Newcastle Upon Tyne Hospitals	70,752	101,392	69.80%	19
South Tees Hospitals	31,163	46,747	66.70%	30
County Durham and Darlington	28,522	43,618	65.40%	37
North Cumbria Integrated Care	22,661	37,530	60.40%	65

Table 1: Incomplete pathways RTT over 18 weeks, NENC ICS providers ranked nationally. (from national GIRFT data 01/2023)

## 2.1 Inpatient waiting list growth 2019 – 2022

During 2022/23 the Trust has seen a continued increase in referrals. This has resulted in an increase in additions to lists for a number of sub-specialties as illustrated in graph 1 below.



Graph 1: Additions to waiting lists – data to December 2022 (dashboard from Yellowfin BI tool)

## 2.2 Progress to date

Graph 2 below describes the elective recovery month on month progress to date. The graph describes the elective recovery percentage against the national trajectory of 104% and is inclusive of the full M9 position. Quarter 3 (Sep 2022 - Dec 2022) saw significant increases in both elective and non-elective activity and further impact from increased covid and flu

admissions. This also affected late notice cancellations of activity due to patients being unfit for procedures and staff unavailability due to sickness. This impact has been reflected locally and nationally with excessive pressures continuing into January 2023. It should also be noted that elective surgery at Hartlepool site was reduced during the festive period in December on a planned basis as part of the overall winter planning arrangements. In spite of these challenges the Trust has continued to reduce long waits for elective procedures with significant increase in activity against 2019/20 baselines.

### Month on month % variance from plan

Admissions % of trajectory		Month									
Care Group	Group	1	2	3	4	5	6	7	8	9	Total
Care Group 1	Day Cases	151%	117%	109%	125%	108%	115%	112%	97%	106%	115%
	Elective	107%	153%	143%	91%	194%	156%	149%	113%	113%	135%
Care Group 2	Day Cases	108%	88%	88%	99%	92%	101%	97%	97%	102%	97%
	Elective	89%	238%	306%	245%	405%	94%	88%	103%	116%	187%
Care Group 3	Day Cases	104%	98%	105%	105%	99%	117%	101%	115%	124%	108%
	Elective	107%	102%	96%	76%	125%	106%	113%	96%	93%	102%

Graph 2: Elective recovery – (dashboard from Yellowfin BI tool)

### 2.3 NE&NC Performance.

The Trust remains a high performer within the wider system including the provision of capacity for the wider Tees Valley. Table 2 below illustrates the relative performance across the NENC ICS in respect of >52 week waiting times. The Trust has zero patients waiting over 78/104 weeks for surgery and continues to support the wider system in driving these number down across the ICS. Further work is underway to model the waiting list shape and size through to March 2023 to ensure that the Trust can maintain a zero >78 and zero >104 week wait position. The impact of the NEAS strike (21<sup>st</sup> December 2022 and escalation of winter pressures at the beginning of January 2023 is currently being factored into a revised trajectory.

As Table 2 illustrates, at 1 January 2023 the Trust had 33 patients waiting over 52 weeks. 29 of these patients (88%) have a To Come In (tci) date. The Trust is currently forecasting 20 over 52 week admitted patient care waits by the end of March 2023. Work continues to reduce this to the minimum amount possible with patient choice as the key factor in delayed treatment.

52+ Week Waiters	WE 27 Nov 22	WE 04 Dec 22	WE 11 Dec 22	WE 18 Dec 22	WE 25 Dec 22	WE 01 Jan 23	% with TCI or appt	Jan 23 Plan	Change from previous week	Avg volume change per week (based on latest 4 weeks)
GATESHEAD HEALTH NHS FOUNDATION TRUST	86	98	99	101	103	101	76%	5	-2	1
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	30	25	32	30	30	24	50%	0	-6	-0
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	4,380	4,357	4,337	4,375	4,408	4,311	18%	2,029	-97	-12
<b>NORTH ICP</b>	4,496	4,480	4,468	4,506	4,541	4,436		2,034	-105	-11
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	2,157	2,135	2,160	2,130	2,097	2,091	32%	590	-6	-11
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	114	112	104	120	126	127	47%	100	1	4
<b>CENTRAL ICP</b>	2,271	2,247	2,264	2,250	2,223	2,218		690	-5	-7
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	44	40	34	33	35	33	88%	0	-2	-2
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	1,708	1,864	1,766	1,751	1,829	1,830	41%	927	1	-9
<b>SOUTH ICP</b>	1,752	1,904	1,800	1,784	1,864	1,863		927	-1	-10
NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	838	820	840	860	860	873	23%	580	13	13
<b>NORTH EAST &amp; NORTH CUMBRIA</b>	9,357	9,451	9,372	9,400	9,488	9,390	27%	4,231	-98	-15

Table 2: Weekly ICS Recovery Report

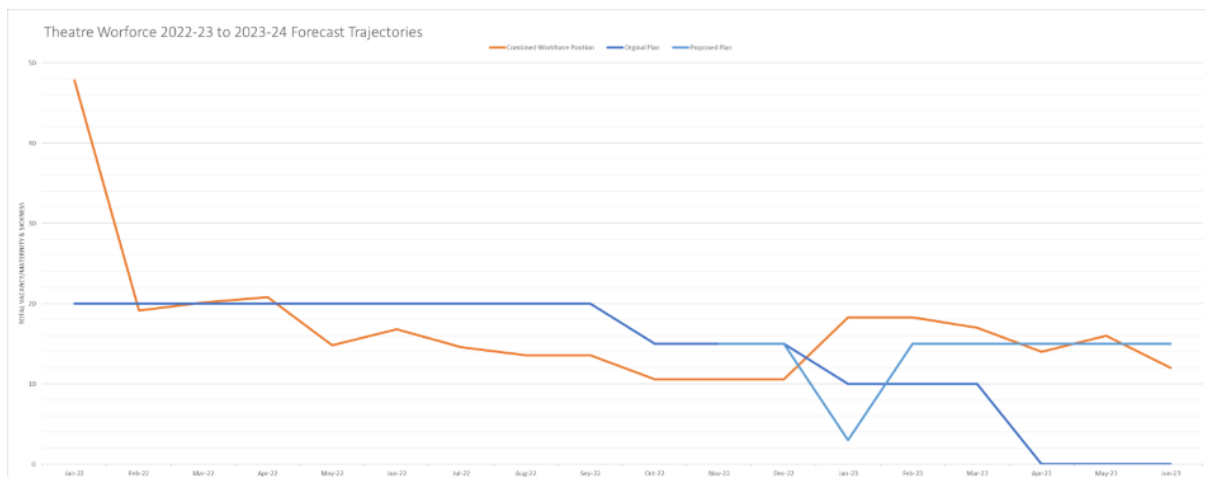
### 3. Theatre workforce mapped against proposed insourcing activity

Workforce pressures remains a key constraint within both the Trust and the wider system. The Care Group has maintained effective internal processes to manage this against both short and

long term activity trajectories. Internal and overseas recruitment has, and continues to, take place. Graph 3 below highlights the current position of the combined impact of all theatre workforce including absenteeism, vacancies and maternity leave over the next 6 months. Whilst the Care Group acknowledges that this remains a forecasted position it is based on current and planned appointments. It is anticipated that the Care Group will start to see the impact of these recruitment drives during Q4 with a more resilient workforce position at the beginning of Q1 2023.

The health and wellbeing of the staff is paramount to the Care Group and the wider Trust. However, in the interim, there are additional enhanced overtime shifts offered to help bridge the workforce gaps. In addition to the recruitment described above the Trust will continue with both insourcing as well as internal waiting list initiatives.

The graph demonstrates the Care Group workforce current position which, despite recruitment and retention, shows the current benefit in supporting additional activity through insourcing and waiting list initiatives. The Trust will use this forecasting to inform the level of continued use of additional activity into quarter four depending on how the additional activity is reported i.e. monthly, quarterly or annualised. It is important to note that the additional workforce associated within current business cases required to deliver the 104% target are included within the workforce trajectories.



Graph 3: Theatre workforce forecast trajectory

#### 4. Winter Planning

In terms of winter planning the Collaborative Care Group has a proven track record of managing and delivering the elective programme during times of escalation and surge. It is acknowledged that the system has seen significant pressures over and above the normal winter escalation, which resulted in additional beds being opened to support the elective programme above what was anticipated within the month of December.

#### 5. Improving Elective Care Coordination for Patients Programme

The Trust has recently agreed to participate in the externally funded NHSE programme to introduce “Improving Elective Care Coordination for Patients Programme” (IECCPP).

This is a digital solution which is designed to help Trust teams’ better plan, schedule and manage patients through the elective pathway. The solution does not replace existing systems but sits as a layer above Trust applications, bringing together the information currently held in different Trust systems into a single place.

At a local level the digital solution is currently being implemented at South Tees FT and will have the potential opportunity to support sharing of waiting list information / scheduling of theatre sessions as the Trusts work closer together at an operational level to support waiting times. This will support the further provision of spinal service capacity and act as an enabler to improved coordination of urology pathways across the Tees Valley.

## 6. GIRFT High Volume Low Complexity Guidance (HVLC)

Getting It Right First Time (GIRFT) High Volume Low complexity programme is a priority data-led transformation programme supporting the recovery of elective care services post COVID-19 pandemic. It aims to reduce the backlog of patients waiting for planned operations, improve clinical outcomes and access to services through standardised clinical pathways.

The Trust is actively using the metrics produced to improve its efficiency and productivity across its elective procedures. The Trust performs well in a number of key metrics including HVLC elective activity as a percentage of BAU (Activity vs baseline high at 127.48% of baseline), however the Trust acknowledges that its Basket of Day Case Rates can be improved with performance below 75% in some specific specialities. There is a specific day case procedure group within the care group to address this opportunity and improve day case rate performance. The Trust also has a peri-operative group that has reviewed all theatre utilisation metrics to identify pathway, process and practitioner improvement opportunities.

The care group remains committed to eliminating waiting list initiatives through maximising productivity and efficiency.

## 7. NHS England guidance

NHS England (NHSE) issued a letter to providers on 12 January outlining the NHS and government elective recovery plan commits to eliminating 78 week waits by March. This includes outpatient pathways and the Trusts plans are in place to meet this requirement with tci dates identified for all patients unless delayed due to patient choice.

The NHSE letter describes other 'required actions' including the requirement that any patient waiting over 52 weeks on a RTT pathway (at 31st March 2023) should have their care clinically validated within 12 weeks. There are further requirements to review waiting list validation, which the current internal waiting list validation processes and the IECCPP work programme described above will support.

## 8. Risks and Mitigations

<b>Risk</b>	<b>Mitigation</b>
Continuation of gap in theatre workforce into quarter four due to a combination of sickness and the ability to recruit to vacancies.	Continued phased plan and adaptation of support through GutCare and planned international recruitment and training.
Negative impact on morale of theatre staff when using GutCare to provide additional capacity.	The Care Group regularly links in with the unions and staff side representatives. The use of insourcing is a short term solution with a long term approach to ensure sustainable workforce through substantive recruitment.
The 104% activity target assumes that the wider system activity carried out within the	Work towards agreement with regards to funding flows which support system

Trust is counted towards the Trusts activity increase and is funded accordingly.	<p>cooperation and collaboration. Supported through DoF system discussions.</p> <p>Opportunities for 2023/24 for the care group based upon the Aligned Payment and Incentive (API) arrangements recently published in the Planning and Priorities guidance 2023/24.</p>
Activity increase includes system activity which requires shared administration structures and processes across organisations.	<p>External funding through NHSE to introduce Improving elective care coordination for patients programme (IECCPP).</p> <p>At a local level the digital solution is also currently being implemented at South Tees FT and will have the potential opportunity to support sharing of waiting list information / scheduling of theatre sessions as the Trusts work closer together at an operational level to support waiting times. For example spinal services and urology.</p>
These proposals establishes the collaborative care trajectories, however, further work needs to be undertaken to include other elective activity to ensure delivery of the 104% across all areas e.g. endoscopy.	Further work is taking place with the other care groups who deliver aspects of the elective workload at all points of delivery. Monitored through Recovery Group.
Consultants' willingness to undertake additionally at weekends etc. due to concerns over pension tax implications.	Full Business Case being developed to inform the Trusts planning and priorities in 2023/24 to deliver a sustainable cost effective approach to delivery of the 104% activity which also improves the Care Groups run rate. i.e. Full recruitment to reduce reliance on additional sessions..
Elective Recovery Funding (ERF) is currently non-recurring and therefore any recurrent permanent recruitment is at risk to not be funded 2023/24 onwards..	Proactively manage succession planning and exit strategies if activity reduces in the longer term. Scope the impact of the Aligned Payment and Incentive (API) arrangements and the two year funding agreement as detailed in the planning and priorities guidance recently published. Continues DoF/commissioner discussions on system approach to funding over-performance against ERF trajectories for 2022/23
A further wave of Covid / Flu pandemic which significantly compromises staffing / elective capacity.	Ensure workforce is sustainable through recurring recruitment and continuation of insourcing available if required as demonstrated in this paper.
The national NHSE approach to addressing over 78 and over 104 week waits is likely to result in request for additional mutual aid. At North East and Yorkshire pilots are currently being undertaken in dermatology and ophthalmology, which does not impact	Continued monitoring of internal sub specialty waiting list at Care Group level, monitored through the Trust Recovery Group. Attendance at NENC Elective Recovery Group to support system planning in response to mutual aid



on the Trust however, this could be extended to other challenged specialities going forward. For example, Orthopaedics. and	requests. The Trust has also signed up to the Digital Mutual Aid System (DMAS). Which allows Trusts to offer and receive help from other providers for patients who are willing to go to other providers for their procedure.
Increasing waiting list due to high levels of primary care referrals in throughout the financial year (109%) This will result in additional activity in some specialities especially gynaecology and cancer pathways.	Collaborative work across Care Groups and with primary care colleagues to model the impact of increased referrals. Weekly Care Group reviews of waiting list positions to model future waiting list impact.

## 9. Summary

The Trust remains in a strong position in terms of elective recovery and will continue to deliver and build on the elective recovery trajectories in line with the current local and national targets. The Care Group will continue to monitor, review and refine all demand and capacity planning during the winter period with regular recovery updates reported to the Executive Management Team. All decision making relating to elective recovery will continue to be informed, measured and considered in an effort to ensure the Trust remains a top performing hospital of choice for our local population. The organisation remains committed to collaboration to increase capacity and support to the wider system with continued service provision for the Tees Valley.

The care group has identified risks to delivery of the recovery plans with appropriate mitigations identified. This is complemented by a programme of productivity and efficiency with supported programmes of improvement aligned to national GIRFT work streams and the improvement of theatre utilisation.

Further analysis and modelling of the implications of a return to block contracts and payment By Results (PBR) will require regular review of activity plans to balance the financial and performance implications with the imperative to provide timely care for the local population.

## 10. Recommendations

The Council of Governors is asked to note:

- the strong year to date performance including the provision of capacity for the wider Tees valley
- the detailed planning for 2022/23 to deliver the national elective trajectories of 104% of baseline activity
- the analysis of current risk and mitigation plans including continued modelling of planning and financial risks
- The opportunity to scope and implement sustainable infrastructure and growth of service provision through the scoping and implementation of the aligned payment incentive arrangements detailed in the Planning and Priorities 2023 /24 guidance.
- the regular monitoring of the elective recovery trajectories through the Executive Management Team

**Levi Buckley**  
**Chief Operating Officer**

## Meeting of the Council of Governors

Title:	Improvement and Transformation Programme									
Date:	16 February 2023									
Prepared by:	Julie Gillon, Chief Executive Hilton Heslop, Associate Director of Corporate Affairs & Strategy									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	The purpose of the report is to update the Council of Governors on the actions and progress relating to the Trust's Improvement and Transformation programme (formerly CQC and NHSE plans).									
Action required:	Approve		Assurance		Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting Patients First	X	Valuing our 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>Following receipt of both inspection and review reports from the Care Quality Commission (CQC) and NHS England (NHSE) regulatory review, two separate improvement programmes were established to run in parallel to meet the needs and timelines of both regulators.</p> <p>Both aspects of the inspection/review process incorporated crosscutting themes in areas of governance, risk, leadership and strategic oversight and due to the crosscutting aspects of both the reviews, it has been appropriate to combine both elements into one overarching improvement and transformation programme.</p> <p>The programme focuses on the key aspects of:</p> <ul style="list-style-type: none"> <li>• CQC Service Improvement</li> <li>• Governance Review and 'Well Led' governance improvement</li> <li>• Capacity and Capability Review</li> <li>• Transformation capacity delivery</li> </ul> <p>The Council of Governors was updated at a Development Session held on 8 December on the requirement for developing and embedding sustainable improvement and transformation for the future, and this report provides Governors with a further update alongside the rationale behind additional fixed term appointments that have been made to provide additional skill resource and focus during a period of immense challenge.</p>										
How this report impacts on current risks or highlights new risks:										

<p>The risks contained in the CQC exception reports continue to be discussed at Executive Risk Management meeting and Transformation Committee and feature within the Trust's Board Assurance Framework (BAF).</p>	
<p>Committees/groups where this item has been discussed</p>	<p>Council of Governors  Board of Directors and Board Seminar  Business Team  Executive Team  Transformation Committee</p>
<p>Recommendation</p>	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>• note the contents of the paper and acknowledge the focus and delivery on progress;</li> <li>• take a level of assurance of the organisational improvement and transformation programme;</li> <li>• Note requirement to influence the next stage of CQC re-inspection.</li> </ul>

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Council of Governors

16 February 2023

### Improvement and Transformation Programme

#### **1 Purpose**

- 1.1 The purpose of this report is to update the Council of Governors on the actions, activities and progress relating to the Trust's Improvement and Transformation programme.

#### **2 Introduction**

- 2.1 Following receipt of both inspection and review reports from the Care Quality Commission (CQC) unannounced visit to maternity and children and young people's services including a Trust-wide well led review, and the NHS England (NHSE) regulatory review into governance and leadership within the Trust, two separate improvement programmes were established to run in parallel to meet the needs and timelines of both regulators and to ensure appropriate progress and recovery support. Due to the crosscutting aspect of both reports/reviews, the elements have been combined into one over-arching Improvement and Transformation Plan. A high-level 'plan on a page' is attached at Appendix 1.
- 2.2 As part of a Development Session held on 8 December, the Chief Executive updated the Council of Governors on the requirement for developing and embedding sustainable improvement and transformation for the future. This report provides Governors with a further update alongside the rationale behind additional fixed term appointments that have been made to provide additional skill resource and focus during a period of immense challenge.

#### **3 Current Position**

##### **3.1 Governance and Decision Making**

- 3.1.1 The recently updated Oversight Framework and the Operational Planning Guidance for 2023/34 are fully aligned in terms of priorities. Under NHSE Performance Management, Foundation Trusts are allocated to one of four segments, which indicate the scale, and nature of support needs. This Trust was placed into segment 2 (plans have support of the system). However, Trusts with a CQC rating of 'requires improvement' are also likely to be placed in Segment 3 which bring significant restrictions for Trusts ranging from monitoring and oversight by NHSE to restrictions placed on financial controls including lower capital approval limits. No further restrictions or alternative segmentation has been placed on the Trust. The Trust continues to liaise with NHSE and the ICB to ensure apprised of progress.
- 3.1.2 A review of the Board Committee structure within the Trust is underway to ensure robust governance and to align more closely with the structures in place at South Tees Hospitals. The Joint Chair has responsibility for ensuring an appropriate committee structure is in place to provide oversight of corporate governance and to ensure that Non-Executive Directors receive the assurance of strategic and operational delivery.

#### **4 Care Quality Commission (CQC) Service Improvement Programme**

- 4.1 The CQC presented the Trust with 13 'Must Dos' and 18 'Should Dos' as part of its inspection into Maternity Services, Children and Young People and Well Led in September 2022 with a completion date of 31 March 2023. Currently all 13 Must Do actions are on track and there has been significant progress made across the Trust to date.

4.2 The Trust's CQC improvement plan contains 79 specific actions linked to the 'Must Dos'. As of 25 January 2023, 31% of actions were marked as complete, with just over 69% on going. The Trust continues to focus on delivering on the improvement programme highlighting actions, activity and progress to date to provide assurance of the improvement process for CQC.

## **5 Risk and Governance**

5.1 Governors will be aware that the Trust is currently focussing on improving the level of strategic oversight at Board level of governance and risk at an operational level in a 'Board to Ward, Ward to Board' context. Embedding risk within the Care Groups and more broadly within Departments (and Corporate functions) is therefore a priority with work ongoing to articulate, what risk means and how it impacts upon job roles, performance within a department and, ultimately, in clinical practice.

5.2 A programme of work is currently being undertaken to establish greater synergy between both ends of the 'ward to board' spectrum to establish and highlight a 'golden thread' of governance that is understood and can be articulated by all. This includes:

- Ward to Board governance mapping and assessment including staff survey;
- Review of Board Development Programme;
- Independent Governance Review;
- Review of organisational risk management including Board Assurance Framework and operational Risk Register;
- Embedding risk deeper into the organisation via educational programme;
- Refresh of the Corporate Strategy for launch in April 2023.

5.3 In order to demonstrate evidential assurance of the Trust's governance processes, the Trust has commissioned Good Governance Institute (GGI) to undertake an independent governance review, and this review commenced on 12 December. The governance review is based around the Trust's responsibility for maintaining a sound system of internal control and. The Trust will receive an interim report to Executive Team (end February) and a final report to Board including a Board Seminar (end March).

5.4 Governors will be aware that the Trust completed the permanent recruitment of five Non-Executive at the end of 2022. By 1 February 2023, all NED appointments will be in position in the Board of Directors. The permanent posts have been filled by:

- Chris Macklin (currently in post)
- Fay Scullion (currently in post)
- James Bromiley (from 1 February)
- Allison Fellows (from 1 February)
- Liz Barnes (from 1 February)

## **6 Capacity and Capability Review**

6.1 The Chief Executive commissioned a three-pronged approach to capacity and capability as part of good corporate governance and management review during the latter part of 2022.

6.2 The strategic and operating context of the Trust is changing and the Trust is now entering a period of significant change with partners at South Tees Hospitals and further within the system. The organisation needs to be future proofed not only in relation to system and collaborative governance, population health and innovative ways to deliver care and prevent ill health, but also fundamentally in the decisions that need to be taken towards the formation of Group Board arrangements as agreed at Joint Partnership Board on 18 January and presented to the Joint Councils of Governors on 23 January.

6.3 The Trust will need to fully deliver on its improvement planning agenda in the coming year in order to meet the challenges that arise from structural change. A number of additional fixed term appointments have therefore been made to provide additional capacity, skill resource and focus during a major transition period and to stabilise focus and delivery during this period of immense challenge. This ensures the Trust provides the level of oversight with a focus on performance improvement, operational delivery, transformation of services, dynamic system working with local partnerships and robust governance arrangements.

#### **6.4 Appreciative Support**

6.5 This programme of work forms part of the organisational improvement and is intended to support a move to 'outstanding' through a culture of continuous improvement, empowering strong leadership, reduce unwarranted variation. It is an opportunity to reflect, review, and provide a real focus on improvements with individual services to enable the Trust to celebrate the good work across its services and to understand the compliance with the fundamental standards of care.

6.6 An initial review visit was undertaken with the Emergency Department in December 2022 with initial feedback provided to the team on the day prior to a formal report with a follow-up visit planned for March 2023. A full schedule of service visits is planned for the next year, with a core team to maintain consistency and oversight.

### **7 Operating Model**

7.1 Whilst the Trust had robust winter and resilience plans in place, it is clear that the operating model for the organisation needs further development to ensure that the organisation can provide timely and safe care for our patients. To support this approach the organisation undertook a focussed programme of quality improvement 18-27 January. The overarching aim was to generate a real sense of shared purpose and engagement of staff on improving patient care.

7.2 The clinical and managerial teams across all three care groups and corporate directorates were fully involved in a number of planning and engagement events. This approach and the review of data identified areas of improvement focus during the week.

7.3 The learning and outcomes from the improvement work is currently being evaluated, and will inform the development of a revised operating model for 2023/24 and support the development of an ongoing programme of service improvement and transformation.

7.4 The Trust hosted a visit with the Prime Minister, Secretary of State for Health and Chief Executive of NHS England on 30<sup>th</sup> January. The visit included the launch of the Delivery Plan for Recovering Urgent and Emergency Care Services. The document sets out how Trusts and systems should work to deliver headline improvements in UEC performance, reducing average category two ambulance call times and waiting times at A&E over the next two years.

7.5 The levers to achieve this are primarily focused on improving patient flow, reducing bed occupancy and limiting delayed discharges. The Prime Minister and NHS England chose North Tees and Hartlepool as the venue to launch the national plan in recognition of our strong performance in timely discharge, extensive development of out of hospital care, and our innovative work on the Urgent Community Response services. This work will directly inform the development of the new operating model to provide additional capacity and resilience for the year ahead and ensure that the organisation can provide safe and timely care to patients with a focus on patient experience and outcomes.

### **8 Transformation**

- 8.1 The review of transformation capacity and capability has resulted in a number of recommendations around consolidation of resources, director responsibility, change management framework and co-ordination to be enacted.

## **9 CQC Engagement and Influence**

- 9.1 The Trust has engaged with key stakeholders in round table events to discuss their inspection experiences and the wider impact inspections have on organisations with staffing and staff morale at the centre of discussions. Engagement with the CQC remains a pivotal aspect of the Trust's improvement and transformation journey and relationships remain on a good footing.

## **10 Communications**

- 10.1 The Trust developed a comprehensive communications and engagement plan, in the first instance as a result of the NHSE/I investigation, to ensure a drive for inclusive, consistent and transparent engagement with key stakeholders both within and outside of the organisation. The plan was further developed to incorporate the outputs of the 2022 CQC inspection recommendations. Work continues to document and showcase innovations and improvements, and to encourage staff engagement in ensuring that Trust messages have maximum potential of reach.

## **11 Conclusion**

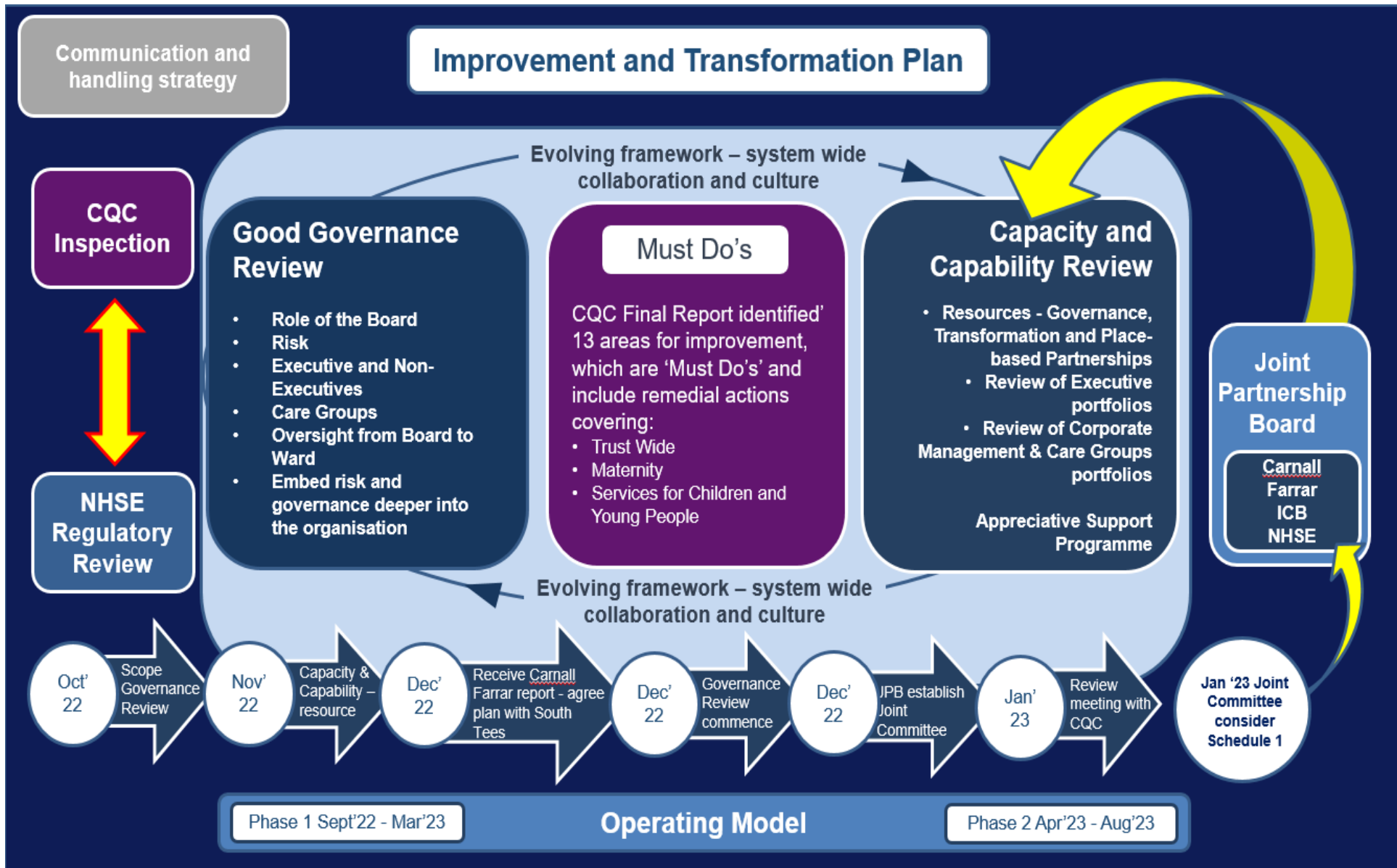
- 11.1 There have been a number of key challenges during the last 12 months for the Trust within an operational and strategic context, and those challenges will continue during the next 12 months, as highlighted within this report and illustrated within the Improvement plan on a page at Appendix 1. The Trust will ensure that Governors and the wider senior leadership remain focused on the continuous operational oversight and delivery to ensure that the organisation provides the best health and care for the population it serves.
- 11.2 The Trust is also embarking on the design and implementation of new governance arrangements with colleagues at South Tees Hospitals, which will focus on the development of a Group Board, which will be responsible for the strategic and operational oversight of clinical services and core functions across Tees Valley. Much of the detail is still to be worked through however, and whilst this represents a huge responsibility for the Trust in ensuring that it fulfils its responsibility to the people it serves. The Trust has an opportunity to influence the development of place-based healthcare within Tees Valley and in the wider system.

## **12 Recommendations**

- 12.1 The Council of Governors is asked to:
- Note the contents of the paper and acknowledge the focus and delivery on progress;
  - Take a level of assurance of the organisational improvement and transformation programme;
  - Note the requirement to influence the next stage of CQC re-inspection.

**Prepared by:** Hilton Heslop, Associate Director of Corporate Affairs and Strategy  
**Sponsored by:** Julie Gillon, Chief Executive

# Appendix 1





## North Tees and Hartlepool NHS Foundation Trust 2023 Board of Directors, Council of Governors and AGM Meetings

Board of Directors Public Meeting (dates for information)	Council of Governors' Meeting	CoG Pre-Meetings	Annual General Meeting	Membership Strategy Committee	Strategy and Service Development Committee
10.30 am	9.00am – 1.00pm including a development session	Venue tbc 9.30am – 11.30am	1.00pm – 3.00pm	11.00am – 12.30pm	1.30pm-4.00pm
Thursday, 26 January Boardroom, UHNT					
	Thursday, 16 February Venue, TBC	Wednesday, 8 February Room 24/25, Education Centre, UHNT			
Thursday, 23 March Boardroom, UHNT					Thursday, 16 March Venue, TBC
Thursday, 27 April Boardroom, <b>UHH</b>				Thursday, 20 April Venue, TBC	
Thursday, 25 May Boardroom, UHNT	Thursday, 18 May Venue, TBC	Wednesday, 10 May Boardroom, UHNT			
					Thursday, 8 June Venue, TBC
Thursday, 27 July Boardroom, UHNT				Thursday, 20 July Venue, TBC	
		Wednesday, 30 August Boardroom, UHNT			
Thursday, 28 September Boardroom, UHNT	Thursday, 7 September Venue, TBC		Thursday, 7 September Lecture Theatre		Thursday, 14 September Venue, TBC
Thursday, 26 October Boardroom, <b>UHH</b>				Thursday, 19 October Venue, TBC	
Thursday, 23 November Boardroom, UHNT					Wednesday, 30 November Venue, TBC
	Thursday, 14 December Lecture Theatre	Wednesday, 6 December Boardroom, UHNT			

Non Executive Current Committees and Board Roles		
<b>Professor Derek Bell (Joint Chair)</b>	<b>Steve Hall (Vice Chairman)</b>	
Chair of Nominations Committee Chair of Remuneration Committee Chair of Strategy and Service Development Committee Chair of Membership Strategy Committee Member of Charitable Funds Committee Member of Investment Committee Member of People Committee Member of Transformation Committee  Board Roles: Armed Forces & Veteran Aware	Chair of Optimus Board Chair of Transformation Committee (transition to James) Member of Remuneration Committee  Board Roles: Equality, Diversity & Inclusion Champion (transition to Liz) Health Inequalities Champion (transition to Liz)	Chair of People Committee Chair of Performance, Planning & Compliance Committee (transition to Alison) Chair of Patient Safety & Quality Standards Committee (transition to Fay) Member of Remuneration Committee Member of Maternity Voices Partnership Chair of Safeguarding Committee Member of Maternity Neonatal Safety Champions Group Weekly Patient Safety Meeting Board Roles: Maternity Board Safety Champion Wellbeing Guardian and Stockton at Place
<b>Chris Macklin (Non-Executive Director)</b>	<b>Fay Scullion (Non-Executive Director)</b>	<b>Liz Barnes (Non-Executive Director)</b>
Chair of Charitable Funds Committee Chair of Audit Committee (transition to James) Chair of Finance Committee Chair of Investment Committee Chair of External Audit Working Group Member of Remuneration Committee Member of Transformation and Digital Strategy Committee  Board Roles: Senior Independent Director	Chair of Patient Safety & Quality Standards Committee (transition from Ann) Member of Finance Committee Member of Remuneration Committee Member of Patient & Carer Experience Committee  Board Roles: Freedom to Speak Up Champion	Member of Patient Safety & Quality Standards Committee Member of People Committee  Board Roles: Equality, Diversity & Inclusion Champion (transition from Steve) Health Inequalities Champion (transition from Steve)
<b>James Bromiley (Non-Executive Director)</b>	<b>Alison Fellows (Non-Executive Director)</b>	
Chair of Audit Committee (transition from Chris) Chair of Transformation Committee (transition from Steve) Member of Performance, Planning & Compliance Committee Board Roles: Health and Security Hartlepool at Place	Chair of Performance, Planning & Compliance Committee (transition from Ann) Member of Audit Committee  Board Roles: Darlington at Place	

# Council of Governors



**Professor Derek Bell OBE**  
Chair

## Elected Governors



**Janet Atkins**  
Stockton



**Mark White**  
Stockton



**Paul Garvin**  
Stockton



**Anne Johnston**  
Stockton



**Tony Horrocks**  
Stockton



**Pat Upton**  
Stockton



**Lynda White**  
Stockton



**Geoff Northey**  
Hartlepool



**Alan Smith**  
Hartlepool



**Mike Scanlon**  
Hartlepool



**Aaron Roy**  
Hartlepool



**George Lee**  
Hartlepool



**Allison Usher**  
Sedgfield



**Ruth McNee**  
Sedgfield



**Angela Warnes**  
Out of Trust area

## Elected Staff Governors



**Carol Alexander**  
Patient Safety



**Steven Yull**  
People Development



**Asokan Krishnaier**  
Anaesthetics



**Dave Russon**  
Chaplaincy



**Andy Simpson**  
Emergency Care

## Appointed Governors



**Christopher Akers-Belcher**  
Healthwatch Hartlepool



**Prof Tony Alabaster**  
University of Sunderland



**Cllr Steve Nelson**  
Stockton-on-Tees Borough Council



**Natasha Judge**  
Healthwatch Hartlepool



**Cllr Andrew Martin-Wells**  
Hartlepool Borough Council



**Prof Tim Thompson**  
Teesside University