



# **Council of Governors Meeting**

**Thursday, 16 September 2021  
at 10.00am**

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



2 September 2021

Dear Colleague

A meeting of the **Council of Governors** will be held on **Thursday, 16 September 2021 at 10.00am**. Dial-in details for the meeting will be issued separately. **A development session will immediately follow the meeting.**

Yours sincerely

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

### Agenda

- |      |         |  |   |
|------|---------|--|---|
| (1)  | 10.00am | Welcome  | Chair   |
| (2)  | 10.00am | Apologies for Absence  | Chair   |
| (3)  | 10.00am | Declaration of Interests   |   |
| (4)  | 10.00am | Patient Story  | Lindsey Robertson   |
| (5)  | 10.20am | Minutes of the last meeting held on, 6 May 2021 and<br>Minutes of the extra ordinary meeting held on, 5 July 2021 <b>(enclosed)</b>          | Chair   |
| (6)  | 10.30am | Matters Arising and Action Log <b>(enclosed)</b>   | Chair   |
| (7)  | 10.40am | Chairman's Report and Board Business <b>(verbal)</b><br><b>(BoD agenda 28 October 2021 enclosed)</b>   | Chair   |
| (8)  | 10.55am | Chief Executive's Report <b>(enclosed)</b>   | Julie Gillon  |
| (9)  | 11.15am | North East and North Cumbria Integrated Care System<br>Tees-Valley Health & Care Partnership and Provider Collaboration<br><b>(enclosed)</b> | Chair / Julie Gillon  |
| (10) | 11.35am | Integrated Compliance and Performance Report <b>(enclosed)</b>   | Kevin Robinson,<br>Rita Taylor, Phil Craig & Jonathan Erskine |
| (11) | 11.50am | Review of Constitution <b>(enclosed)</b>   | Barbara Bright  |
| (12) | 12.00pm | Governor Elections 2021 <b>(enclosed)</b>  | Barbara Bright  |

- |      |         |  |  |
|------|---------|--|--|
| (13) | 12.05pm | Sub Committee Minutes:<br>13.1 Strategy and Service Development Committee<br>- 14 June 2021 <b>(enclosed)</b><br>13.2 Membership Strategy Committee<br>- 17 May 2021 <b>(enclosed)</b><br>13.3 Nominations Committee update<br>- 13 September 2021 <b>(verbal)</b> | Tony Horrocks<br><br>Wendy Gill<br><br>Tony Horrocks |
| (14) | 12.20pm | NHS Providers Governor Conference Feedback 8 July 2021 (verbal)  | Attending<br>Governors                               |
| (15) | 12.30pm | Any Other Notified Business  | Chair  |
| (16) | 12.35pm | Approximate close  |  |

**Date and Time of Next Meeting**

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

**In Committee**

- (17) (12.35pm) Minutes of the In Committee meeting held on, 6 May 2021

A comfort break will follow the main meeting and lunch will be provided for those attending in person prior to the development session commencing at 1.00pm.

DB/SH

2 September 2021

Dear Colleague

A development session has been arranged, which will immediately follow the Council of Governors meeting on Thursday, 16 September 2021.

(1) 1.00pm Estates Strategy

Julie Gillon / Neil Atkinson

(2) 2.00pm Approximate Close

## **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

## North Tees and Hartlepool NHS Foundation Trust

### Minutes of a Meeting of the Council of Governors held on Thursday, 16 September 2021 at 10:00 am in the Boardroom at the University Hospital of North Tees and via video link

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

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

#### Governor representation via video conferencing: -

##### Hartlepool Elected Governors:

George Lee  
Geoff Northey  
Ian Simpson  
Alan Smith

##### Stockton Elected Governors:

Margaret Docherty  
John Edwards  
Anne Johnston  
Raymond Stephenson  
Pat Upton  
Kate Wilson

##### Easington Elected Governor:

Mary King

##### Sedgefield Elected Governor

Wendy Gill  
Ruth McNee

##### Non-Core Public Elected Governor:

Angela Warnes

##### Staff Elected Governors:

Carol Alexander  
Manuf Kassem  
Asokan Krishnaier  
David Russon

##### Appointed Governors:

Cllr Jim Beall, Stockton Borough Council  
Dominic Johnson, University of Newcastle  
Linda Nelson, University of Teesside

#### Attendance in the Boardroom: -

Tony Horrocks, Lead Governor / Elected Governor for Stockton  
Janet Atkins, Elected Governor for Stockton  
Pauline Robson, Elected Governor for Hartlepool  
Andrew Simpson, Elected Staff Governor  
Dr Sivakumar, Elected Staff Governor  
Professor Derek Bell OBE, Joint Chair\*  
Julie Gillon, Chief Executive\*  
Steve Hall, Vice-Chair/Non-Executive Director\*  
Barbara Bright, Director of Corporate Affairs and Chief of Staff  
Samantha Sharp, Personal Assistant (note taker)

Joint Chair  
CE  
SH  
DoCA&CoS

#### Attendance in the Boardroom for Item CoG/1025: -

Lindsey Robertson, Chief Nurse / Director of Patient Safety and Quality CN/DoPS&Q

#### In attendance via video conferencing: -

Ann Baxter, Non-Executive Director\* AB  
Philip Craig, Non-Executive Director\* PC

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\* voting member

Jonathan Erskine, Non-Executive Director\*  
Kevin Robinson, Non-Executive Director\*  
Levi Buckley, Chief Operating Officer

JE  
KR  
COO

**Governors from South Tees Hospitals NHS FT joining the meeting as observers via video conferencing**

Angela Seward, Lead Governor / Elected Governor Rest of England  
Janet Crampton, Elected Governor Hambleton and Richmondshire  
Paul Fogarty, Elected Governor Middlesbrough

**CoG/1022 Welcome**

Tony Horrocks, Lead Governor formally welcomed Professor Derek Bell OBE to his first meeting of the North Tees and Hartlepool NHS FT Council of Governors as Joint Chair for the Trust and South Tees Hospitals NHS FT.

The Joint Chair welcomed members to the meeting highlighting the opportunity to work together to improve the care for the populations served across the Tees Valley.

**CoG/1023 Apologies for Absence**

Apologies for absence were received from Aaron Roy, Elected Governor for Hartlepool, Jean Kirby, Elected Governor for Stockton, Gavin Murrigan, Elected Governor for Stockton, Mark White, Elected Governor for Stockton, Prof Tony Alabaster, Appointed Governor for University of Sunderland, Cllr Paul Sexton, Appointed Governor for Durham County Council and Rita Taylor, Non-Executive Director.

**CoG/1024 Declaration of Interests**

The meeting was quorate in line with the Trust Constitution.

No declaration of interests were noted.

**CoG/1025 Patient Story**

The CN/DoPS&Q introduced a video of a patient story which featured a lady who had recently given birth at the University Hospital of North Tees. The CN/DoPS&Q highlighted that despite the pressures being felt, particularly around COVID-19, a holistic and caring approach by staff on the maternity unit was evident.

Rebecca Porritt shared her positive experience explaining the complications around her first pregnancy which resulted in her being more anxious this time. The patient described the care and treatment she had received at the Trust following her elective caesarean section highlighting that she was kept informed throughout the process with staff being attentive and kind.

Ruth McNee, Elected Governor for Sedgefield provided positive feedback following her husband attending the hospital recently for a procedure highlighting how efficient and kind staff were on his visit.

Asokan Krishnaier, Elected Staff Governor commended the work of A&E and the emergency admissions unit, particularly during the pandemic, for their work to ensure that patients were well cared for. The CE highlighted that the aim was to present patient stories from a varied patient safety portfolio at both the meetings of the Council of Governors' and Board of Directors'. The CE added that A&E was particularly busy at present highlighting staff fatigue

and an increase in sickness absence amongst staff.

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

**CoG/1026 Minutes of the meeting held on, Thursday, 6 May 2021 and Minutes of the Extra-ordinary Meeting held on, Monday, 5 July 2021**

The minutes of the meetings were approved with the following amendment to the minutes of the meeting held on, Thursday, 6 May 2021:-

- The DoCA&CoS agreed to provide feedback to the Council of Governors on the latest uptake of the vaccine amongst *staff* and not care home staff

**Resolved:** that, the minutes of the meeting held on Thursday, 6 May 2021 and Minutes of the Extra-ordinary Meeting held on, Monday, 5 July 2021 be confirmed as an accurate record noting the above amendment.

**CoG/1027 Matters Arising and Action Log**

**a. Joint Governor Development Sessions**

The DoCA&CoS reported that she was working with the Lead Governors and the Vice Chairs to develop a programme of joint development sessions which would be both relevant and of benefit to Council of Governors' from both the Trust and South Tees Hospitals NHS FT.

**b. CoG/989 Yellowfin Presentation**

The DoCA&CoS reported that a presentation on Yellowfin and the performance report was provided at the Strategy and Service Development Committee on 14 June 2021.

**c. CoG/993 Communication**

The DoCA&CoS reported that communication channels with Governors' had been reviewed highlighting that a weekly brief was circulated to all Governors' together with a briefing from the Joint Chair following each Board meeting. Further work was being undertaken with the Vice Chair and Lead Governor with a proposal to reinstate Governor lunches.

**d. CoG/1002 Maternity Strategy**

The DoCA&CoS reported that the Maternity Strategy would be presented at the next Strategy and Service Development Committee on Monday, 20 September 2021 explaining that all Governors were invited to attend this meeting.

**e. CoG/1002 Staff COVID-19 Vaccination Update**

The DoCA&CoS confirmed that she had fed back to the Council of Governors' the latest uptake of the COVID-19 vaccine amongst staff.

**f. CoG/1006 Sub-Committee Membership Review**

The DoCA&CoS reported that a review of sub-committee membership had been undertaken. It was noted that the only committee not included within the review was the Nominations Committee as it was felt that continuity of membership was required to appoint the next Joint Chair. However, following the election process, another review would be undertaken which would provide Governors' with the opportunity to join the Nominations Committee.

#### **g. CoG/1010 Reception, Security and Signage at the University Hospital of Hartlepool**

The DoCA&CoS reported that following discussions with the Managing Director of NTH Solutions LLP, a reception area had been established in the main foyer at the University Hospital of Hartlepool. Signage was also being reviewed and Governors would be invited to undertake a 'walk through' to assess the suitability of the new signage. The Trust were looking to utilise volunteers to support the reception area to direct and guide visitors and patients to various parts of the site. The DoCA&CoS was working with Stuart Irvine, the Hartlepool site Manager, to ensure staff presence at the site going forward.

Following a query from Alan Smith, Elected Governor for Hartlepool, the Joint Chair reported that the DoCA&CoS was reviewing signage at the University Hospital of North Tees. In addition, she agreed to discuss with the LLP why the way-finder machine at Hartlepool was not working when Mr Smith last visited the site.

Dr Sivakumar highlighted that the addition of a reception area at the University Hospital of Hartlepool made a huge difference for those patients visiting the site. The Joint Chair commended the prompt action of installing a reception area at Hartlepool and placed on record his thanks to Mike Worden, Managing Director of the LLP and staff.

- Resolved:**
- (i) that, the verbal updates be noted; and
  - (ii) that, the DoCA&CoS discuss with the LLP why the way-finder machine at the University Hospital of Hartlepool was not working when Alan Smith, Elected Governor for Hartlepool last visited the site; and
  - (iii) that, thanks be placed on record to Mike Worden, Managing Director of the LLP and staff for the prompt installation of a reception area at the University Hospital of Hartlepool.

#### **CoG/1028 Chairman's Report and Board Business**

The Joint Chair placed on record his thanks to all colleagues for their welcome as he commenced his role as Joint Chair highlighting the crucial role undertaken by Governors within the organisation. The Joint Chair had visited a number of areas throughout both Trusts and would be arranging to meet a number of key stakeholders as soon as possible.

The Joint Chair reported on the role of the Joint Strategic Board highlighting that the role of the Board had been expanded to increase discussion processes around key agenda items as part of partnership working. The Joint Chair reassured that accountability lay with each individual board but hoped that by expanding the group, some decisions could be streamlined. The Terms of Reference and Memorandum of Understanding were being reviewed to ensure these were relevant to progress the business of the Board and to ensure relevance to the population the two Trusts served. It was noted that digital interoperability was necessary to ensure staff working across both sites had appropriate resource to undertake their role.

Ian Simpson, Elected Governor for Hartlepool asked that the Council of Governors' were kept updated on developments made through the Joint Strategic Board. The CE highlighted that it was important for the two Trusts to gain confidence in each other and to establish positive working relationships as the Joint Strategic Board developed. The CE highlighted that the role of the Council of Governors' was important and that it was key that the right culture and relationships were established and maintained across both Trusts.

The Joint Chair reported on the increased pressures faced by the Trust in respect to patients

delaying seeking medical advice highlighting that they were presenting with significant disease at a later stage. This needed to be taken account of and it was noted that this would increase activity, acuity and complexity of cases and would include the effects of COVID-19 on mental health and wellbeing.

The Joint Chair reported that Jim Mackey, Chief Executive of Northumbria Healthcare Hospital NHS Foundation Trust had been appointed by NHSEI to lead on elective recovery.

The Joint Chair noted the appointment of a Public Health Consultant suggesting that she be invited to a Governor development session to highlight her key objectives.

Steve Hall, Vice Chair highlighted that his working relationship with the Lead Governor remained focused on the day to day business of the Trust and serving its population to ensure the best possible outcomes for the patients' it served. The Lead Governor provided challenge to ensure that focus remained on patient safety and quality and that the Vice Chair sought assurance from the Board appropriately. The Vice Chair placed on record his thanks to Neil Mundy for his time as Interim Joint Chair and for the progress made to appoint a substantive Joint Chair and to set the foundations for the establishment of a joint Strategic Board.

The draft agenda for the Board of Directors' meeting scheduled for Thursday, 28 October 2021 was provided for information.

- Resolved:**
- (i) that, the verbal report of the Vice Chair be noted; and
  - (ii) that, the draft agenda for the Board of Directors' meeting scheduled for Thursday, 28 October 2021 be noted.

## **CoG/1029 Chief Executive's Report**

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

- The organisation remained under pressure with COVID-19 having a major impact. The emphasis within the organisation was now to manage COVID-19 within a normal operating framework, whilst retaining sufficient surge capacity to meet future COVID-19 spikes. There were currently 44 confirmed COVID-19 cases within the Trust, seven on ITU, five of those mechanically ventilated. Over the past seven days the rate of admissions had stabilised. Infection rates for Stockton, Hartlepool and the North East remained above the national average. It was noted that 50% of admissions to hospital had not been vaccinated and the CE highlighted ways the Trust and public health colleagues were addressing vaccine hesitancy. There was fatigue and delay amongst staff with a high level of sickness absence and an increased vacancy rate. How to manage staff and ensure their resilience was being reviewed. The Trust were looking at alternative operating models to address the current position as we head into winter with concern raised of a potential 50% increase in influenza admissions and a further increase in COVID-19 positive patients.
- To support resilience and to tackle challenges, the Trust undertook a Patient Flow Improvement and Learning Week with the aim of providing intensive support to staff in testing ideas that could help improve the timeliness of care for patients, improve patient flow and support transformational change into the future operating model. A thematic analysis was being developed;
- Wellbeing week ran from 23 to 27 August with the aim to give staff members the opportunity to focus on their wellbeing. A variety of health and wellbeing fitness sessions were included and the Trust continued to consider ways to procure suitable rest areas for staff across the two sites;
- A COVID-19 booster programme was due to commence in September in addition to

the influenza vaccination programme with work continuing on developing a coordinated approach to rolling out the COVID booster and influenza vaccination programmes;

- The Trust continued to successfully and proactively participate in the COVID-19 NOVAVAX RECOVERY trials being one of the best recruiters to this trial in the country.
- In July, the Rt Hon Sajid Javid MP was appointed as the Secretary of State for Health and Social Care with the CE highlighting that she had invited him to visit the Trust;
- Amanda Pritchard had been appointed as the new Chief Executive Officer of NHS England taking up post on 1 August 2021. The Trust would continue to maintain relationships with the national team.
- The Trust held a very successful event on 18 June that brought together over 100 leaders in the organisation to focus on identifying courageous changes that they could take forward to benefit patient care and improve performance. Unfortunately the event scheduled for 15 September 2021 had been cancelled due to current pressures within the organisation. The ten pack leaders were supported by mentors, including members of the Executive Team. Successful appointments to clinical lead and their deputy had been made to drive the ambition of the faculty. Health Education North East were providing career progression advice for individuals;
- The Trust participated in National Volunteers Week to celebrate the contribution and dedication of volunteers. The Trust used Volunteers Week as a 'time to say thanks' to every volunteer who provided support throughout the pandemic with a letter of appreciation and a medal from the CE;
- The Terms of Reference for the NENC Population Health and Prevention Board were reviewed in July. In line with the objectives set out in the Long Term Plan, the Board focused on a number of areas including alcohol consumption, obesity and smoking cessation. The Trust had been successful in its submission to the NHSE/I national team for funding to support Alcohol Care Teams with this being used to pump prime services for a period of one year. The Trust had appointed a Public Health Consultant who would commence in post on 27 September;
- The Trust had been officially recognised for their contributions to the Global Digital Exemplar (GDE) Programme with NHSX and NHS Digital colleagues presenting the Trust with accreditation during a virtual ceremony;
- The University Hospital of Hartlepool had recently been the first centre in the North East to trial a new gynaecological procedure on patients. Sonata was a radio frequency ablation of benign fibroids which was carried out in the day case operating theatres in Hartlepool;
- Consultant Appointments:-
  - Consultant Gastroenterology/GIM with an interest in Liver Medicine – Dr Rebecca Dunn and Dr Mohamed Sala Eldin Elzober Salih
  - Consultant in Public Health – Dr Esther Mireku
  - Consultant Radiologist (MSK) – Dr Matthew Bowa
  - Consultant Radiologist (General) – Dr Iffat Rehman
  - Consultant Anaesthetist – Dr Kapil Dev Arrora

Dr Sivakumar, Elected Staff Governor requested further information around the number of deaths from COVID-19 in the Trust and the percentage of staff fully vaccinated. The CE reported that just over 88% of staff had been vaccinated and that every effort was being made to persuade staff to take up the vaccine, dispelling myths, particularly around fertility. Although it was mandatory for care home staff to receive the vaccine, this was not the case for healthcare workers based in primary or secondary care settings. There had been a total of 556 deaths across the organisation and a full mortality review was being undertaken to look at the clinical processes and any lessons to be learnt. The Trust were on-track to deliver the COVID-19 booster vaccination programme.

Andy Simpson, Elected Staff Governor asked whether staff who had not had the vaccine would be redeployed to other areas of the Trust to protect patients. The CE reported that this would be the case and that those staff not vaccinated would be required to wear additional PPE. In response to a further query from Tony Horrocks, Lead Governor, the CE advised that staff were not asking to be moved from the 'front line' due to not having the vaccine.

JE, Chair of the Patient Safety and Quality Standards Committee reported that an update on the Faculty of Leadership and Improvement was provided to the committee as the work undertaken by those as part of the programme was fundamentally important for the safety and quality of services the Trust provides. A presentation on the programme and how this linked to 'Excellence As Our Standard' had been given by the CN/DoPS&Q. JE highlighted that it was pleasing to hear how those on the programme were focussed on improving services for the benefit of patients.

In response to a query raised by Mary King, Elected Governor for Easington, the CE advised that the international team visiting Hartlepool to support the gynaecological team to carry out the new Sonata procedure, had not been funded by the Trust but had visited as part of a clinical network to advance technology and procedures.

Asokan Krishnaier, Elected Staff Governor reported on Hartlepool Hospital being the first in Teesside to perform day case hip surgeries speeding up recovery time, reducing the risk of hospital acquired infection and reducing the risk of blood clots as patients tended to mobilise more at home.

Jim Beall, Appointed Governor for Stockton Borough Council highlighted that the Tees Valley and the North East in general were one of the best performing areas in the country in respect to the delivery and uptake of the COVID-19 vaccine. He acknowledged the challenges with uptake amongst certain age groups and in particular areas of Stockton highlighting how the NHS, public health and the local authorities were working together to address this.

In response to a query by Jim Beall, Appointed Governor for Stockton Borough Council, the CE outlined work being undertaken around the development of Alcohol Care Teams with the Trust working in tandem with the Health and Wellbeing Board and place based teams. It was noted that Trust had been successful in securing funding through NHSE/I.

Following a query from Dave Russon, Elected Staff Governor around the death rate, the CE reported a reduction in overarching deaths per month. However an analysis into deaths needed to be undertaken to consider whether deaths could have been avoided. It was noted that during the pandemic patients were presenting later with worsening disease. The acuity of patients accessing services through the emergency care pathways was also higher. The DoCA&CoS was asked to report back to the Council of Governors' on the current mortality rate.

The COO provided assurance of a joined up approach with a meeting of North East and North Cumbria Chief Operating Officers, Directors of Public Health and Directors of Adult Social Services taking place the previous day. This would ensure that organisations did not work in silos and that health inequalities were tackled as a system with strategic priorities being set across the region.

In conclusion, the Joint Chair noted the importance of the flu vaccination programme and the continuing COVID-19 vaccination programme highlighting that the Trust and local authorities needed to work together to deliver positive messages around the vaccination programmes. In addition, the Joint Chair noted the significant impact on physical and mental health and wellbeing highlighting the importance in particular of the Alcohol Care teams going forward.

- Resolved:** (i) that, the contents of the report and the pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return to services building on a new operating model be noted; and
- (ii) that, the DoCA&CoS report back to the Council of Governors' on the current mortality rate.

**CoG/1030 North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration Update**

The Chief Executive provided an overview of the current position and the work being undertaken, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) and to the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and progress in respect to provider collaboration. Key points included:-

- The ICS Management Board continued to review the impact of the White Paper – Working Together to Improve Health and Social Care for all and the potential implementation requirements, alongside the recently published ICS Design framework. There was a proposal to develop an ICS Board with Integrated Care Partnerships, including the representation of wider stakeholders including local authorities, to take forward oversight of work across the ICS. The CE would represent the south of the patch on a design group for the future of the ICS together with being the Senior Responsible Office for health inequalities. A timeline is in place to guide the appointments process to statutory positions at ICS Board level;
- As Senior Responsible Officer (SRO) for health inequalities across the NENC, the CE Chaired the first meeting of the Health Inequalities Board which focussed on the ambition and expectations around key outcomes;
- The NENC Provider Collaborative continued to focus on building the prospectus and work plan in readiness for the new ICS formal structure;
- A Joint Strategic Board meeting was held on 14 July enabling discussion in respect to the ICS, the new design framework guidance and the Tees Valley Integrated Care Partnership in terms of the future direction and opportunity. In addition a presentation on population health and health inequalities was given. The next Joint Strategic Board was scheduled for Wednesday, 22 September;
- The recent Tees Valley Health and Care Partnership Workforce Group focussed on the outputs from the Workforce Priorities Workshop with representation across the system from Foundation Trusts along with representatives from the CCG, local authorities, primary care, voluntary and community sector, academic institutions, ICS workforce team, Health Education England and carers organisations;
- The NENC ICS Chief Digital Officer had developed a high level overview and 'read-across' with evidence to reassure the system leadership that the system was in a good position on all elements described in the ICS Design framework. The CITO was the digital lead on the ICS and was leading on the 'What Good Looks Like' programme;
- Regional Directors of Finance continued to work through the implications of the new financial regime for H2 with a specific focus on the financial framework for the NENC ICS.

Andy Simpson, Elected Staff Governor highlighted that the ICS in the NENC was the largest in the country asking if there were any plans to change its structure. The CE responded that there were a couple of constituency boundaries, specifically in Cumbria highlighting that it was important for the agenda of the ICS to remain relevant to the local populations it serves.

Ian Simpson, Elected Governor for Hartlepool sought assurance that due to the potential amount of changes, did the organisation have the right people with the right skills in the right

place at the right time to progress. The CE highlighted that this was now a period of transition and that the Trust needed to grasp the opportunity to progress a health service fit for the future and the people it served. How to manage capacity and capability across the wider system would need to be discussed further by the Joint Strategic Board. The Joint Chair added that this was an opportunity to influence to ensure the gap in health inequalities did not widen.

In response to a query raised by Tony Horrocks, Lead Governor/Elected Governor for Stockton, the CE reported that at this stage accountability sat with each individual Trust with the constitution and legal standing of each Foundation Trust remaining in place. However the law would change around provider collaboration and there was a need to manage the constitution and the role of governors and that they work to the optimum level. The DoCA&CoS added that subject to formal consultation, new guidance would impact upon the Provider Licence and the Code of Governance.

John Edwards, Elected Governor for Stockton asked for further assurance around the Trust's approach to health inequalities and equity of access to health services noting that a large proportion of the population experienced difficulties attending appointments at sites other than their local hospital. The CE reported that equity of access continued to be reviewed regularly highlighting the use of volunteer drivers to transport patients to their appointments. In addition, the CE reported on the links the Trust had with HealthWatch and the opportunities this presented to work together for the benefit of the population served. The CE agreed that there was more to do to promote these initiatives and that consideration needed to be given as to how this was communicated to the population in a clear and concise way looking at the role of Governors to support this.

In response to a query from John Edwards, Elected Governor for Stockton, the CE explained how the Trust ensured its waiting lists remained equitable highlighting that the Trust were about to commence a pilot into ensuring that patients on waiting lists were 'waiting well'. This would involve managing the health needs of those on the waiting list within the community.

Mary King, Elected Governor for Easington, raised concerns around an appointment letter she had received from the Trust highlighting that the content was contradictory around whether it was acceptable for a patient to be accompanied to their appointment by a friend/relative. The DoCA&CoS agreed to discuss this out with the meeting with Mrs King.

- Resolved:**
- (i) that, the work to date is noted and that the evolving transition plan to statutory status of the NENC ICS be noted; and
  - (ii) that, progress with regard to the NENC Provider Collaborative be noted; and
  - (iii) that, the significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership be noted; and
  - (iv) that, the approach and focus with regard to next steps in the Tees Valley and North Yorkshire Provider Collaborative be noted; and
  - (v) that, the continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change be noted; and
  - (vi) that, the DoCA&CoS to discuss concerns around an appointment letter with Mary King, Elected Governor for Easington out with this meeting.

## **CoG/1031 Integrated Compliance and Performance Report – Month 10**

KR, Non-Executive Director highlighted the further developments made to the Yellowfin Dashboard which was a huge improvement and now included a trend analysis.

KR reported that overall the Trust continued to perform well against the majority of standards despite the sustained pressures across the organisation. Key points included:-

- Activity in urgent and emergency care had returned to pre-COVID-19 levels;
- There were sustained bed occupancy rates, however this was being managed through a flexible bed base. The acuity of patients had increased. Circa 40 beds a day were occupied by COVID-19 patients. Nick Roper, Care Group Clinical Lead: Responsive Care had attended the Performance, Planning and Compliance Committee to provide an update and assurance that the Trust were providing the best care possible to patients;
- The Trust had performed well in respect to RTT when compared to the position across the North East and North Cumbria. The Trust currently had 92 patients waiting over 52 weeks and 15000 incomplete pathways. Additional weekend lists would commence in September, utilising insourcing in theatre staff. The RTT recovery plan had been affected by an increase in staff sickness absence, redeployment of staff, capacity versus demand pressures, managing short notice cancellations and being unable to reappoint COVID-19 cancellations within seven weeks of a positive test. The Trust were cognisant of the health and wellbeing of staff during the current pressures;
- Two week wait cancer referrals had increased significantly with key areas of pressure being within colorectal, urology and gynaecology. 62 day cancer pathways breaches were due to complex diagnostic pathways, clinical decisions, capacity both internally and at the tertiary centre, resources and patient choice. 6% of patients were choosing to delay treatment. Collaborative work continued with South Tees Hospitals NHS FT through the South Cancer Cell to ensure equitable access to treatment for all patients;
- Pressures remained around the six week diagnostic standard. An additional mobile unit had been sited at Hartlepool. Staffing resource and vacancies had been a major concern in ultrasound and endoscopy. However, a number of staff were due to return to Ultrasound following a period of sickness and additional weekend lists and insourcing had commenced to support recovery in endoscopy;
- There had been an increase in the number of falls, with the majority reporting no harm. A new Falls Lead had come into post;
- Staffing resource continued to be challenge.

JE, Chair of the Patient Safety and Quality Standards Committee provided an update on Swartz Rounds as Chair of the Steering Group highlighting that work was paused over the summer due to the severe pressures experienced throughout the organisation and clinical psychology working to support staff. Steering Group meetings recommenced at the end of September.

JE reported that he had been appointed the Trust's Membership 'champion' and would attend his first meeting of the committee on 27 September 2021. He had met with Wendy Gill, Chair of the Membership Committee and outlined a programme of work to encourage members of the community and friends and family of Trust staff to become members. Members had been asked about their priorities to inform activities for the year ahead.

JE, provided an update from the Patient Safety and Quality Standards Committee (PS&QS) highlighting that HSMR and SHMR were within normal limits and lower than the median. A report on infection prevention and control had been brought to the committee and JE paid tribute to the work undertaken to ensure that infections were kept to a minimum. The PS&QS Committee had approved their Annual Report and this would be presented to both a future Audit Committee and Board meeting.

As meetings continued virtually, the committee remained up to date with standing items on

the agenda and this had recently included some items which were usually outside the remit of the committee but nevertheless contributed to patient safety and quality. The PS&QS Committee had received an update on the Faculty for Leadership and Improvement and an update in respect to electronic document management would be brought before the committee in November. It was noted that the quality of information was fundamentally important to patient care.

JE reported that stage 1 complaints remained stable whilst a slight increase in stage 2 complaints was noted. A slight decrease in stage 3 complaints was reported. JE provided a brief synopsis on the functionality of NHS Choices highlighting that this was monitored by the Patient Experience Team and replies sent where appropriate. It was noted that the majority of comments on NHS Choices were posted anonymously with no contact details.

PC, Chair of the Finance Committee reported on a generally positive financial position highlighting that the arrangements for H2 were still awaited. The regional Financial Directors continued to discuss and develop a draft financial statement outlining how funds would be allocated in the future with proposals being presented to the ICS. The Annual Auditor's report for 2020/21 from Deloitte would be presented to the Finance Committee at their meeting on 20 September. Deloitte had not identified any significant weaknesses in the Trust's financial arrangements and there were no recommendations raised which was testament to the internal governance and control systems in place at the Trust. PC commended the work of the Finance Director and his team in achieving this position.

Alan Smith, Elected Governor for Stockton provided a synopsis of a complaint highlighting that communication between wards and the patient's family could have been improved. However, he highlighted that some parts of his experience had been positive, particularly around palliative care. The Joint Chair thanked Mr Smith for sharing his experience acknowledging that it was not easy for patients and relatives when information was not forthcoming.

In response to Andy Simpson, Elected Staff Governor, the CE confirmed that money would need to be managed as a system highlighting that the Trust had a track record for making decisions based on the quality and safety of services in addition to considering the financial implications. Mr Simpson highlighted that salary grades across the region were not consistent and the CE advised that the Joint Strategic Board would discuss this further.

Dr Sivakumar reported on a positive experience as he underwent cardiac bypass surgery and rehabilitation.

Following a query from Tony Horrocks, Lead Governor/Elected Governor for Stockton, the Joint Chair advised that the Joint Strategic Board was not currently a unitary Board and that the membership was currently being extended to include Nursing Directors, Medical Directors and Finance Directors.

- Resolved:**
- (i) that, the Trusts performance against key operational, quality and workforce standards be noted; and
  - (ii) that, the ongoing operational pressures and system risks to regulatory key performance indicators and the intense mitigation work undertaken to address these going forward be acknowledged.

## **CoG/1032     Review of Constitution**

The DoCA&CoS presented proposed amendments to the Trust's Constitution to ensure it remained fit for purpose. Proposed changes included:-

- Replacing the use of 'Chairman' with 'Chair';

- Removal of having a specified number of both executive and non-executive directors to allow any future flexibility of Board of Directors membership;
- Expanding the appointed members of the Council of Governors to include the Healthwatch organisations representing Stockton, Hartlepool and County Durham;
- Amending the Clinical Commissioning Group appointed members of the Council of Governors to reflect the newly formed entities of NHS Tees Valley Clinical Commissioning Group and NHS County Durham Clinical Commissioning Group.

A copy of the Constitution incorporating the proposed changes had been provided separately to members to obtain feedback prior to this meeting.

Following a query from John Edwards, Elected Governor for Stockton the DoCA&CoS explained proposals to extend membership of the Council of Governors to include Healthwatch at Stockton, Hartlepool and County Durham. Following concerns raised by Andy Simpson, Elected Staff Governor around their independence, the CE explained that Healthwatch had major links to the community and would be an asset to the Council of Governors. The DoCA&CoS added that the Trust already worked closely with Healthwatch, particularly during the current pandemic and hoped that by inviting them to be a part of the Council of Governors that this would enhance the relationship. Ann Baxter, NED added that they continued to be active members of the Patient Safety and Quality Standards Committee.

**Resolved:** that, the proposed changes to the Trust's Constitution as detailed be approved.

#### **CoG/1033 Governor Elections 2021**

The DoCA&CoS presented the Governor Elections Timetable for the 2021 elections, reminding Governors due for re-election to be mindful of the timelines for nominations to be received.

There were a total of nine vacancies, details of which were appended to the report.

**Resolved:** (i) that, the 2021 Governor Election Timetable be noted; and  
(ii) that, those Governors' whose term of office will end on 30 November 2021 be noted; and

#### **CoG/1034 Sub-Committee Minutes**

##### **a. Strategy and Service Development Committee – 14 June 2021**

Tony Horrocks, Lead Governor/Elected Governor for Stockton presented the minutes of the Strategy and Service Development Committee which was held on 14 June 2021, highlighting the key points.

**Resolved:** that, the minutes of the Strategy and Service Development Committee held on, 14 June 2021 be noted.

##### **b. Membership Strategy Committee – 17 May 2021**

Wendy Gill, Chair of the Membership Strategy Committee/Elected Governor for Sedgefield presented the minutes of the Membership Strategy Committee which was held on 17 May 2021, highlighting the key points.

**Resolved:** that, the minutes of the Membership Strategy Committee held on 17 May

2021 be noted.

**c. Nominations Committee Update – 13 September 2021**

Tony Horrocks, Lead Governor/Elected Governor for Stockton presented an update from the Nominations Committee held on 13 September 2021 which included the outcome of the appraisal undertaken for Neil Mundy, Interim Joint Chair and the Non-executive Director appraisals and remuneration, highlighting the key points.

**Resolved:** that, the update from the Nominations Committee held on 13 September 2021 be noted.

**CoG/1035 NHS Providers Governor Conference Feedback 8 July 2021**

Tony Horrocks, Lead Governor/Elected Governor for Stockton provided feedback from a NHS Providers Governor conference he attended on 8 July 2021. This conference focused on the ICS and the role of Trust Governors and included a briefing on the ICS Design Framework.

**Resolved:** that, the verbal update be noted

**CoG/1036 Any Other Notified Business**

**a. Roger Campbell**

It was with sadness that the CE announced that Roger Campbell, Former Elected Governor for Hartlepool had passed away earlier that week. Condolences were with his family.

**b. Schwartz Rounds**

JE suggested that a Governor development session on Schwartz Rounds be considered.

**c. Carbon Footprint and the Green Agenda**

Pauline Robson, Elected Governor for Hartlepool asked if the Trust had considered the amount of travel undertaken by patients whilst attending the hospital for various diagnostic tests. The Joint Chair reported that the 'Green Agenda' was important to the Trust and that work continued to seek a reduction in the Trust's carbon footprint.

**d. NHS Employment Application Form**

Pauline Robson, Elected Governor for Hartlepool fed back on the application form for employment within the NHS highlighting that this was not easy to follow. It was noted that this was a national system, however this would be fed back.

**Resolved:** (i) that, the verbal updates be noted; and  
(ii) that, a Governor development session on Schwartz Rounds be considered; and  
(iii) that, feedback on the current NHS Employment Application Form be feedback.

**CoG/1037 Date and Time of Next Meeting**

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

**CoG/1038 Minutes of the In-Committee meeting held on, Thursday, 6 May 2021**

**Resolved:** that, the minutes of the In-Committee meeting held on Thursday, 6 May 2021 be confirmed as an accurate record.

The meeting closed at 12:55 pm

Signed: 

Date: 18 November 2021

## 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	B. Bright	17 March 2021 24 March 2021	Joint Board to Board session held with both Trusts Joint Council of Governors meeting held with both Trusts Dates are being reviewed in order to schedule meetings in the diary for the rest of 2021
18 February 2021	CoG/989	<b>Integrated Compliance and Performance Report – Month 10</b> 'Virtual' development session to be arranged for Governors to explain the new Yellowfin Integrated Performance Report	B. Bright	14 June 2021	A presentation and update is planned for the next Strategy and Service Development Committee meeting scheduled for 14 June 2021.
6 May 2021	CoG/993	<b>Communication</b> Review of communication with Governors to be undertaken to ensure that future briefings were relevant and included a Trust-level update plus a briefing on progress in respect to collaboration. In addition, external communication would be considered to ensure that communities and wider partners were briefed on future developments	B. Bright	August 2021	Weekly brief circulated to all Governors. Chairman brief also goes to Governors following each Board meeting. Further work was being undertaken with the Vice Chair and Lead Governor with Governor lunches being reinstated
6 May 2021	CoG/1002	<b>Maternity Strategy</b> Maternity Strategy to be presented at a future meeting of the Strategy and Service Development Committee	L. Buckley	20 September 2021	Maternity Strategy to be presented at the Strategy and Service Development Committee on 20 September 2021
6 May 2021	CoG/1002	<b>COVID-19 vaccine</b> DoCA&CoS to provide feedback to the Council of Governors on the latest uptake of the COVID-19 vaccine amongst staff	B. Bright	11 May 2021	Emailed to Governors 11/05/2021 As of Friday, 7 May, 87.2% of staff have had their first vaccination. 74% of staff have had their second vaccination
6 May 2021	CoG/1006	<b>Sub-Committee Membership Review</b> Governors inform the DoCA&CoS of their wish to change their committee membership or join a committee with vacant spaces	All Governors	August 2021	Completed
6 May 2021	CoG/1010 (a)	<b>Reception, Security and signage at the University Hospital of Hartlepool</b> CE to discuss current signage at the University Hospital of Hartlepool with Mike Worden, Managing Director of the LLP to make improvements	J. Gillon	August 2021	Discussion took place with the Managing Director of the LLP, a reception area has been established and further work around signage, support and entrance navigation is to take place

September 2021

Dear Colleague

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

Yours sincerely

**Professor Derek Bell, OBE**  
**Joint Chairman**

### Agenda

		Led by
1. (1.00pm)	Apologies for Absence	Chair
2. (1.00pm)	Declaration of Interest	Chair
3. (1.05pm)	Patient Story (verbal)	L Robertson
4. (1.25pm)	Minutes of the meeting held on, 29 July 2021 <b>(enclosed)</b>	Chair
5. (1.30pm)	Matters Arising and Action Log <b>(enclosed)</b>	Chair

### Items for Information

6. (1.40pm)	Report of the Chairman <b>(enclosed)</b>	Chair
7. (1.50pm)	Report of the Chief Executive <b>(enclosed)</b>	J Gillon

### Strategic Management

8. (2.05pm)	Capital Programme Performance Q2: 2021-22 <b>(enclosed)</b>	N Atkinson
9. (2.15pm)	Data Protection and Cyber Assurance Report <b>(enclosed)</b>	G Evans

### Performance Management

10. (2.25pm)	Integrated Compliance and Performance Report <b>(enclosed)</b>	L Taylor, L Robertson A Sheppard & N Atkinson
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11. (2.40pm)      Emergency Preparedness Resilience and Response  
Core Standards **(enclosed)**      L Buckley

**Governance**

12. (2.50pm)      Learning from Deaths **(enclosed)**      D Dwarakanath

13. (3.00pm)      Guardian of Safe Working **(enclosed)**      D Dwarakanath

**Operational Issues**

14. (3.10pm)      NHS England Healthcare Worker Flu Vaccination Plan **(enclosed)**

15. (3.20pm)      Any Other Business

**Date of next meeting**

Thursday, 2 December 2021, Boardroom, University Hospital of North Tees

**Council of Governors**

Title of report:	Chief Executive Report									
Date:	16 September 2021									
Prepared by:	Julie Gillon, Chief Executive Barbara Bright, Director of Corporate Affairs and Chief of Staff									
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 Improvement, NHS England, Care Quality Commission and the Department of Health and Social Care.</p> <p>In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda. Key issues for Information:</p> <ul style="list-style-type: none"> <li>• COVID-19 update, annual operating plan, recovery including vaccination roll out</li> <li>• Research team leading the way in COVID-19 treatment nationally</li> <li>• Secretary of State for Health and Social Care</li> <li>• New Chief Executive for the NHS</li> <li>• Faculty for Leadership and Improvement</li> <li>• Volunteers - Health care volunteers recognised in medal ceremony, 2 June 2021</li> <li>• Integrated Care System/Integrated Care Partnership (ICS/ICP) Update</li> <li>• NENC Population Health and Prevention Board – 15 July 2021</li> <li>• NHS Prevention Programme: Alcohol Teams second wave funding allocations for the NENC ICS</li> <li>• The ageing infrastructure of North Tees and Hartlepool estate</li> <li>• National Digital Leader award</li> <li>• New gynaecology procedure trialled in Hartlepool</li> <li>• Biomedical Sciences Week</li> <li>• Pride month</li> <li>• Innovative way of detecting bowel cancer praised by patients</li> <li>• Single Oversight Framework</li> <li>• Consultant Appointments</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 will be discussed at Board of Directors, 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 pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return of services building on a new operating model.									

**North Tees and Hartlepool NHS Foundation Trust**  
**Meeting of the Council of Governors**  
**16 September 2021**

**Report of the Chief Executive**

**1. Introduction**

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

**2. Key Issues and Planned Actions**

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

**2.1.1 COVID-19 Current Position and Phase 3 Recovery**

In July, the Government ended the majority of COVID-19 restrictions, replacing legal requirements with guidance emphasising personal judgement and responsibility. The Government noted that although the vaccination programme has substantially weakened the link between infection and hospitalisation or death, the number of people becoming infected with COVID-19 in communities will continue to rise. The emphasis within the organisation now is the management of COVID-19 within a normal operating framework, while retaining sufficient surge capacity to meet future COVID-19 spikes.

As at the 1 September 2021, the Trust is caring for 40 COVID-19 positive patients, 7 of which require Critical Care intervention. This is reflective of the rise in community infection rates across Stockton and Hartlepool, with both local authorities reporting percentage increases in the last seven days lower than the national average (23 – 29 August period). However, whilst this is an increasing trend in admissions, early indication is that the rate of hospital admissions is much lower than previous waves of COVID, with a lower acuity of patients and a changing profile in age range and length of stay.

The increase in infection rates is inevitably affecting staff absence, with a significant challenge to support clinical areas to provide all elective and non-elective services. The focus of the Trust continues to be on the recovery and resilience of normal service provision across diagnostics, outpatient, elective and community care. The Trust continues to perform well against recovery trajectories.

**Patient Flow Improvement and Learning Week**

To support resilience and tackle the challenges, the Trust undertook a Patient Flow Improvement and Learning Week (31 August – 7 September). The aim of this learning week to provide intensive support to staff in testing ideas that can help improve the timeliness of care for patients, improve follow and support transformational change into the future operating model.

**2.1.2 Health and Wellbeing**

The month of August has seen a focus on wellbeing encapsulated in 'Wellbeing Week' 23rd-27th August. The week aimed to give staff members the opportunity of reflection to focus on their wellbeing. The sessions were created around feedback received from the 'NHS People Week' launched in early May. Sessions included creating a positive mind-set and mindfulness. Staff were also encouraged to take part in active events including a 10K Steps Challenge to help them get moving, a rowing challenge and sports day events on both Hospital sites.

Staff have also been able to enjoy the outside spaces attached to the Rainbow Rooms. Work continues on the NHS Charities Together application to bid for further funding, raised by Sir Colonel Tom Moore, to fund the development of additional rest spaces within the Trust.

**2.1.3 COVID and Flu Vaccination Programmes**

Current government advice remains that a potential booster programme could begin in September 2021, in order to maximise protection in those who are most vulnerable to serious COVID-19 ahead of the winter months. Influenza vaccines will also be delivered in the Autumn, and the JCVI considers that, where possible, a synergistic approach to the delivery of COVID-19 and influenza vaccination could support delivery and maximise uptake of both vaccines. To this end, work continues on developing a coordinated approach to rolling out the COVID booster and flu vaccination programmes, minimising the impact on business as usual activity.

#### **2.1.4 Research Team leading the way in COVID-19 treatment nationally**

##### **2.1.4.1 NOVAVAX AND RECOVERY Trials**

The Trust continues to successfully and proactively participate in the Covid NOVAVAX and RECOVERY trials.

Dr Ahmad Al Araj was invited to contribute his experience of being an associate primary investigator for RECOVERY trial at the Research Summit Event by Royal College of Physicians/NIHR on 1 July 2021.

#### **2.1.5 Secretary of State for Health and Social Care**

On 4 July 2021, the Government announced that the Rt Hon Sajid Javid MP had been appointed as Secretary of State for Health and Social Care, taking over from the Rt Hon Matt Hancock MP. On starting the role, Mr Javid identified what he saw as two immediate challenges. “The first is how we restore our freedoms and learn to live with coronavirus (COVID-19). The second is to tackle the NHS backlog – something that we know is going to get far worse before it gets better.”

#### **2.1.6 New Chief Executive for the NHS**

Amanda Pritchard has been appointed as the new Chief Executive Officer of NHS England. She took up post on 1 August 2021 and is the first woman in the health service’s history to hold the post. As NHS Chief Executive, she will be responsible for an annual budget of more than £130 billion while ensuring that everyone in the country receives high quality care.

## **2.2 Strategic Objective: Valuing our People**

### **2.2.1 Faculty for Leadership and Improvement**

The Trust held a very successful event on 18 June that brought together over 100 leaders in the organisation to focus on identifying courageous changes that they could take forward to benefit patient care and improved performance. The ten pack leaders are supported by the executive team to help guide and unblock any barriers to change. The ideas for change are being honed into an achievable objective, with support from the Faculty, which includes Organisational Development, Quality Improvement, Business Intelligence and Programme Management Improvement Office. Successful appointments to Clinical Leads to drive the ambition of the Faculty have been made.

### **2.2.2 Volunteers - Health care volunteers recognised in medal ceremony, 2 June 2021**

I had the opportunity to participate in the National Volunteers Week, to celebrate the contribution and dedication of volunteers who work behind the scenes to support staff and help patients. Volunteers carry out a variety of duties that have evolved throughout the COVID-19 pandemic, from driving patients to hospital and collecting prescriptions to offering emotional support and a friendly face to both patients and staff.

The Trust used Volunteers Week as a ‘time to say thanks’ to every volunteer who provided support throughout the pandemic with a letter of appreciation and a medal from myself. The first recipient was Nicholas Day who supported Ward 36 during this unprecedented time.

## **2.3 Strategic Objective: Transforming our Services**

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

### **2.3.2 Integrated Care System (ICS) A full update is addressed in the ‘North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration’ Report.**

The ICS Management Board continues to review the impact of the White Paper – *Working Together to Improve Health and Social Care for all* and the potential implementation requirements, alongside the recently published *ICS: Design Framework (June, 2021)*.

### **2.3.3 North East and North Cumbria Population Health and Prevention Board**

The terms of reference for the NENC Population Health and Prevention Board were reviewed at the meeting on 15 July 2021. In line with the objectives set out in the long term plan the Board focuses on the following workstreams alcohol, including the establishment of Alcohol Care Teams; Obesity, including access to weight management services in primary care and Tobacco, which includes a universal smoking cessation offer and smoke free pregnancy pathway. The reach is significant and the infrastructure is being built up to support improved outcomes.

The Trust was successful in its submission to the NHSE/I national team for funding to support the Alcohol Care Teams. The organisation has been awarded a funding allocation for 2021/22. It is anticipated that the funding will be used to pump prime services for a one year period.

Our Public Health Consultant commences in post on 27 September and this will bring a refreshed focus to our drive to deliver a health system committed to tackling health inequalities, the wider determinants of health and the impact on health and social care, in addition to improving health and care outcomes.

### **2.3.4 The ageing infrastructure of North Tees and Hartlepool estate**

In recent weeks, the Trust has been working in partnership with local, regional and national media partners to discuss the issues surrounding the aging estate. This includes fit to the clinical services strategy, in ensuring the populations served see a health system sustainable for the future in collaboration with the specialist services provided by our partner Trust.

### **2.3.5 National Digital Leader Award**

The Trust has been officially recognised for their contributions to the Global Digital Exemplar (GDE) programme after initially joining the scheme over three-years ago. The NHS launched the Global Digital Exemplar programme in 2016 and the accreditation recognises NHS providers who have successfully displayed improved quality of patient care with world-class digital technologies and service change.

NHSX and NHS Digital colleagues presented the accreditation during a virtual ceremony. Over the course of the two hour event, the Trust showcased some of the many projects that have been led by the digital programmes team over the past three years, cutting edge work that has included the implementation of a pharmaceutical robot for drug dispensing, to an electronic prescribing administration module (EPMA) that allows clinicians to digitally track and prescribe patient medication.

### **2.3.6 New Gynaecology Procedure Tried in Hartlepool**

The University Hospital of Hartlepool has been leading the way in gynaecology care becoming the first centre in the North East to trial a new procedure on patients recently. The procedure, known as Sonata, is radio frequency ablation of benign fibroids, which is carried out in the day case operating theatres at Hartlepool.

This is an innovative procedure for treating women avoiding the need for major surgery like hysterectomy and myomectomy. An international team made up of members from USA, Holland and Germany came to Hartlepool to support the team to carry out the procedure.

Surgeons Mr Somen Roy and Dr Dolon Basu were instrumental in bringing this new procedure to the Trust.

### **2.3.7 Biomedical Sciences Week**

In June, the Trust celebrated biomedical sciences week. The role these colleagues play within the organisation has been amplified in the last 18 months. Examples of transforming services and achievements were shared with media partners across the internal and external communications channels to ensure the value of the biomedical sciences contribution is recognised.

To put this in context, the biomedical team have carried out more than 100,000 PCR tests for COVID-19 in the past 12 months as well as setting up a new testing process and becoming involved in a trial aiming to find new treatments for the virus.

### **2.3.8 Pride Month**

The inclusive nature of the Trust continues to demonstrate the commitment to staff, communities and patients. In June 2021 the Trust celebrated the annual Pride month with colleagues across the organisation. From the emotive and compelling interview with trans colleague where Matthew explained “It’s not a new chapter, it’s a new book” to the LGBTQ+ month long campaign hearing from members of the community and allies of this community about the importance of recognising and celebrating pride.

### **2.3.9 Innovative Way of Detecting Bowel Cancer Praised by Patients**

A special capsule people swallow to help detect bowel issues is being offered in Teesside – and patients are full of praise for the innovation. The new development at the Trust is already helping diagnose health issues including cancers. The pill-sized capsule has a small disposable camera, taking thousands of pictures as it travels along the gut – helping examine parts of the bowel other tests such as an endoscopy or colonoscopy might not always reach. The camera sends the images wirelessly to a data recorder worn on a patient’s waist.

The new procedure is led at the organisation by consultant in gastroenterology John Jacob and nurse endoscopist Dorisa Machan. The Trust is one of more than 40 across the country chosen by NHS England to pilot the capsule.

### **2.3.10 Single Oversight Framework**

The NHS System Oversight Framework for 2021/22 was released in June 2021 outlining the purpose and highlighting a single set of metrics developed across the ICS, Trusts, CCGs and Primary Care, aligned to the five national themes of quality, access and outcomes, preventing ill health and reducing inequalities, leadership and capability, people and finance and use of resources. The Trust has prepared a gap analysis to ensure compliance against the indicators and contribution to the local acute collaboration and ICS outcomes, as appropriate.

### **2.3.11 Consultant Appointments**

Since the last meeting held on 6 May 2021, the Trust has appointed to the following Consultant posts:

Consultant Gastroenterology/GIM with an interest in Liver Medicine	Dr Rebecca Dunn
Consultant Gastroenterology/GIM with an interest in Liver Medicine	Dr Mohamed Sala Eldin Elzober Salih
Consultant in Public Health	Dr Esther Mireku
Consultant Radiologist – MSK	Dr Matthew Bowa
Consultant Radiologist – General	Dr Iffat Rehman

### **3. Recommendation**

The Council of Governors is asked to note the content of this report and the pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return of services building on a new operating model.

### Council of Governors

Title:	North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration									
Date:	16 September 2021									
Prepared by:	Lynne Taylor, Director of Planning and Performance Linda Hunter, Deputy Director of Planning & Performance Julie Gillon, Chief Executive									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	This report presents an overview of the current position and the work undertaken, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS), the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) 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 future partnership programme</li> <li>• The progress and focus of the NENC Provider Collaborative</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 considerable work undertaken across each of the clinical and support work streams</li> <li>• The perseverance of the Board of Directors in strategic collaboration</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 in relation to delivery of the Integrated Care Partnership, which is managed and monitored through the Planning, Performance and Compliance Committee and Transformation Committee.										
Committees/groups where this item has been discussed	Executive Management Team, Transformation Committee Planning, Performance and Compliance Committee Board of Directors Non-Executive Directors' meetings									
Recommendation	<p>The Council of Governors is asked to note the work to date and specifically:</p> <ul style="list-style-type: none"> <li>• The evolving transition plan to statutory status of the NENC ICS</li> <li>• Progress with regard to the NENC Provider Collaborative</li> <li>• The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership,</li> <li>• The approach and focus with regard to the agreed next steps in the Tees wide provider collaborative</li> <li>• The continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change.</li> </ul>									

# North Tees and Hartlepool NHS Foundation Trust

## Council of Governors

16 September 2021

### North East and North Cumbria Integrated Care System (ICS), Tees Valley Health & Care Partnership (TVHCP) and Provider Collaboration

#### Report of the Chief Executive

#### 1. Introduction

- 1.1 This report presents an overview of the progress since the time of the last formal report to the Council of Governors meeting held on 6 May 2021, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) plans, the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and provider collaboration.

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

##### 2.1 Governance

- 2.1.1 The ICS Management Board continues to review the impact of the White Paper – *Working Together to Improve Health and Social Care for all* and the potential implementation requirements, alongside the recently published *Integrated Care System: Design Framework*.

- 2.1.2 The design framework begins to describe the future ambition for the functions of the ICS NHS Body and ICS Partnership along with the governance and management arrangements each ICS will need to establish; the opportunity for partner organisations to work together to agree and jointly deliver shared ambitions; the key elements of good practice that will be essential to the success of ICSs; the financial framework that will underpin the future ambitions of systems; and the roadmap to implement new arrangements for ICS NHS bodies by April 2022

The future ambition is to focus on the underlying principles of collaboration with local flexibility required to ensure there is strong placed based partnerships.

- 2.1.3 Concentration will continue on a place based approach for Hartlepool and Stockton with an appropriate leadership structure supported by a strong voice and influence for Teesside. A meeting was held with Sir Liam Donaldson, Chair of NENC ICS on 14 July 2021 to discuss the ambitions for the Tees Valley.
- 2.1.5 Sir Liam Donaldson has invited Chief Executives and Managing Directors and/or leaders of Local Authorities to a series of meetings to consider next steps. NHS Chief Executive representation will also be invited to ensure a collaborative managerial perspective and way forward.
- 2.1.6 A timeline is in place to guide the appointments process to statutory positions at ICS Board level.

##### 2.2 NENC Health Inequalities Board

- 2.2.1 As Senior Responsible Officer (SRO) for Health Inequalities across NENC, I chaired the meetings of the Health Inequalities Advisory Board with attendance from a wide range of stakeholders including Health, Local Authority, Voluntary sector and Public Health partners. The first meeting focussed on the ambition and expectations around key outcomes and a summit will bring together collective views in preparing a strategy to tackle health inequalities in the communities served in the NENC. Subsequent meetings will focus on toolkits and next steps in delivering at pace.

### **3. System Wide North East and North Cumbria (NENC) Provider Collaborative**

3.1 The NENC Provider Collaborative continues to focus on the intent, purpose, work programme and governance arrangements and fit to ICS delivery, and restructure. Work is ongoing to build and evolve a prospectus, work plan, memorandum of understanding and responsibility agreement, which all providers can commit to taking forward into the new design framework.

### **4. Tees and North Yorkshire Provider Collaborative**

4.1 The Councils of Governors of North Tees and Hartlepool NHS Foundation Trust (NTHFT) and South Tees Hospitals NHS Foundation Trust (STHFT) have appointed a new permanent joint chair following a successful recruitment process. Professor Derek Bell OBE has been appointed and commenced on 1 September 2021.

4.2 The Trust continues to be ambitious to progress the development progress the development for collaborative arrangements with South Tees Hospitals NHS Foundation Trust to deliver the best benefits for the population of the Tees Valley and North Yorkshire. A Joint Strategic Board meeting was held on 14 July 2021, which enabled discussion in respect to the Integrated Care System, the new design framework guidance and the Tees Valley Integrated Care Partnership in terms of the future direction and opportunity. The Trusts newly appointed Consultant in Population Health, Esther Mireku attended the meeting to present with Julie Gillon, Chief Executive and Senior Responsible Officer for Health Inequalities a session on population health and health inequalities, specifically on the current contextual picture and the expectation to develop outcomes related to tackling Health Inequalities and impact opportunities for the Trusts.

### **5. Tees Valley Health and Care Partnership**

#### **5.1 Improving our NHS Together – Tees Valley Integration and Transformation Programme**

5.1.1 The Improving our NHS Together – Tees Valley Integration and Transformation Programme continues to focus on the key work streams. The Clinical Services Strategy remains a significant piece of the work programme 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.

#### **5.2 Clinical Services Strategy**

5.2.1 The Clinical Services Strategy Board took place on 7 June, receiving updates from the Clinical Review Group in regard to focussed work across a number of the Managed Clinical Networks, including Women & Children Services, Critical Care and Diagnostics.

5.2.2 A committed focus remains on the work around the Community Diagnostic Hub (CDH), with the early adopter proposal submitted and approved. The Year 1 submission has now been prioritised by the NENC ICS although the outcome due mid-August is still to be confirmed. The long term model business case is currently being worked up with support from clinicians, is due to be submitted in September.

5.2.3 The Clinical Services Strategy 'One Year On' event took place on 20 July 2021 providing an opportunity to reflect and reenergise progress. The session facilitated by Cap Gemini re-energised the ambition for the Tees Valley in the face of Covid in addition to providing a real opportunity to work collaboratively and to respond to the recovery requirements dominating operational outlook.

The event was structured to share the current position with regard to the Clinical Services Strategy, hear insights from other systems and develop key areas of focus and outcomes

for the next six months, with a view to refocus on a sustainable service and financial provision.

5.2.4 The next Clinical Services Strategy Board will take place on the 14<sup>th</sup> September.

### **5.3 Workforce Transformation**

5.3.1 The recent Tees Valley Health and Care Partnership Workforce Group has continued to focus on the outputs from the Workforce Priorities Workshop held on 26 May. The contribution has been consolidated through a further priority workshop in July with the vision agreed and priorities identified as:

- Growing the future workforce;
- Promoting the benefits of working in health and social care;
- Reducing the system barriers.

5.3.2 The group also moved into specific actions aligned to working together, considering guiding principles, shared values and behaviours and how working together will achieve the success. Leadership from across the sector will now concentrate on delivery.

### **5.4 Digital Strategy**

5.4.1 There are a number of positive messages within the published design framework relating to critical importance of digital and data. The NENC ICS Chief Digital Officer has developed a high level overview and 'read-across' with evidence to reassure the system leadership that the system is in a good position on all elements described in the framework. In addition, we are still awaiting the formal publication of "What Good Looks Like (WGLL)" programme, and the system will undertake a similar approach to cross reference the requirements against current and future ICS plans and deliverables.

5.4.2 Following the publication of the data strategy to support delivery of patient centred care, this document reinforces much of the work that is already taking place across the NENC region, where significant progress is being made with all of healthcare providers working collaboratively to improve health and care outcomes by implementing joined up digital systems. For example; the Great North Care Record (GNCR) is already connecting all regional healthcare providers together via a Health Information Exchange (HIE). A logical extension to this, is then to allow the public and patients access to their own health and care data, in a similar way that other sectors allow their clients/consumers to interact digitally, for example banking, travel, on-line shopping etc. Within the NENC region the plan is linked to development and use of a Patient Engagement Platform (PEP) to deliver this critical capability.

5.4.3 The development of a Regional Trusted Research and Evaluation Environment (TREE) strategy was presented to the NENC ICS Management Group on 25 June 2021, this was followed by a further update to the NENC Provider collaborative on 20 August 2021. The strategy describes the proposed regional approach, strategic direction and high level architecture, in addition, a series of specific questions raised at the ICS Management Group were answered. The provider collaborative broadly supported the strategic direction and preliminary proposals, some further work is required to obtain some comparative costing data prior to a formal decision being made, it is anticipated that this item will come back to the ICS management Group in September 2021.

### **5.5 Finance and Use of Resources**

5.5.1 Directors of Finance are working through the implications of the new financial regime for H2 with a specific focus on the financial framework for the North East and North Cumbria ICS. The new system envelop for H2 will be released mid-September and as an ICP and system will go through the planning round which will conclude in November.

## **6. Recommendations**

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

- The evolving transition plan to statutory status of the NENC ICS (depending on statute);
- Progress with regard to the NENC Provider Collaborative;
- The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership,
- The approach and focus with regard to the agreed next steps in the Tees wide provider collaborative;
- The continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change.

**Julie Gillon**  
**Chief Executive**

# North Tees and Hartlepool NHS Foundation Trust

## Council of Governors' Meeting

This front sheet should be appended to all reports, presentations and documents being presented at ETM.

Title	Integrated Compliance and Performance Report (IPR)									
Date	16 September 2021									
Prepared by	Lindsey Wallace, Head of Planning and Performance									
Executive Sponsor	Lynne Taylor, Director of Planning and Performance Lindsey Robertson, Chief Nurse/ Director of Patient Safety and Quality Alan Sheppard, Chief of Workforce 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	x
Executive Summary and the key issues for consideration/ decision										
<p>The report outlines the Trust's compliance against key access standards in July including quality, workforce and finance.</p> <p><b>Key issues</b></p> <ul style="list-style-type: none"> <li>• Focus continues on reducing the overall waiting list in relation to cancer, RTT and Diagnostics.</li> <li>• Covid-19 pressures continue to add pressures to both elective and emergency pathways.</li> <li>• A flexible bed base is in operation and adapted accordingly together with redeployed staff were appropriate to help support emergency care pressures.</li> <li>• Covid staffing pressures are beginning to reduce however combined with other staff sickness the position remains high.</li> <li>• Pre Covid-19 levels of activity noted across emergency and elective pathways.</li> </ul> <p><b>Summary</b></p> <ul style="list-style-type: none"> <li>• The pandemic continues to apply pressure, therefore having an impact on a number of operational standards and overall efficiency and productivity. Performance continues to be monitored closely through the established internal governance structures and is comparable to national and regional positions.</li> <li>• Effective uses of resources remains a priority, with good progress made across a number of operational efficiency indicators.</li> <li>• The diagnostic recovery against planned trajectory has been under pressure resulting in a rise in the overall waiting list and number of patients waiting more than 6 weeks.</li> <li>• Ambulance handover delays have been noted in July, with protracted waits in A&amp;E, reflective of Trust pressures.</li> </ul>										

- The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI, infection control measures and dementia standards.
- The Trust has seen a decline in compliance against the Venous Thromboembolism standard and Electronic Discharge Summaries. The Heads of Nursing are working with the clinical teams to improve compliance with assessment, focusing on key areas.

How this report impacts on current risks or highlights new risks

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 pressures, recovery, winter and staffing resource.

Committees/groups where this item has been discussed

Executive Team  
Audit and Finance Committee

Recommendation

The CoG is asked to note:

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



North Tees and Hartlepool  
NHS Foundation Trust

# Integrated Corporate Report



*August 2021*

# Responsible Directors

**Lynne Taylor**  
Director of Planning & Performance

Single Oversight  
Framework

Efficiency &  
Productivity

**Lindsey Robertson**  
Chief Nurse and Director of Patient  
Safety & Quality

Safety & Quality

**Alan Sheppard**  
Chief People Officer

Workforce

**Neil Atkinson**  
Director of Finance

Finance

# Introduction



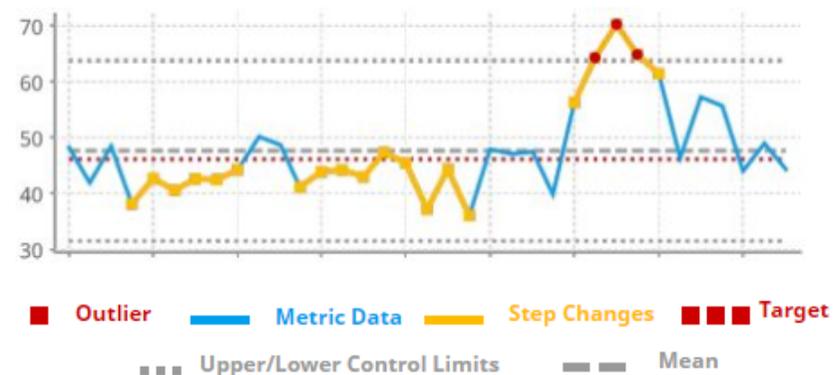
The Integrated Corporate Dashboard and Board report has been reviewed, redesigned and transformed into the Trusts new Business Intelligence tool, 'Yellowfin'. Performance highlights against a range of indicators including the Single Oversight Framework (SOF) and the Foundation Trust terms of licence remains. The report is for the month of July 2021 and outlines trend analysis against key Compliance indicators, Operational Efficiency and Productivity, Quality, Workforce and Finance.

## Statistical Process Control (SPC) Charts

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

A **Step Change** occurs when there are 4 or more consecutive points above or below the *mean*. The Trust chose 4 data points as opposed to the general rule of 7 points to enable a more timely response to variance in performance.

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



# Contextual Information



North Tees and Hartlepool  
NHS Foundation Trust

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A third wave of the pandemic continues to create operational pressures throughout July. Senior managers and matrons are managing a flexible bed base and staffing resource on a daily basis to manage the pressures, with increased command and control in place to manage resilience alongside recovery and business as usual.

The NHSIE System Oversight Framework 2021/22 has now been published, including a revised set of performance metrics. These new measures are under review and development, with the aim to include within the Integrated Performance Report in the future.

# Executive Summary



North Tees and Hartlepool  
NHS Foundation Trust

## SOF and Efficiency & Productivity

### Key Messages

The Trust elective recovery journey has been impacted upon as a result of increased pressures caused by covid admissions and staffing resource. A number of elective procedures have been postponed as staff were redeployed into clinical areas and base wards. The overall position for the majority of key standards, including RTT, cancer and diagnostics, remain comparable to national and regional position. Focus remains on reducing the overall waiting list position in line with national directive.

Despite these pressures, clinical teams are working hard to maintain business as usual alongside recovery, with strong oversight and management through the Trust's governance structures.

Operational efficiency and productivity remains a key focus of the Trust, ensuring outcome measures across Outpatients, Theatres and Emergency pathways continue to be monitored and managed closely. Additional high-level narrative is outlined within the individual sections of the report.

No changes to metrics this reporting period.

## Safety & Quality

### Key Messages

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

The latest HSMR value is currently reporting at 91.03 (June 2020 to May 2021) which has decreased from the previous unpublished value of 93.34 (May 2020 to April 2021). The latest SHMI value of 99.07 continues to remain within the control limits.

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

Stage 1 Informal complaints and Stage 3 Formal Letter have seen a slight decrease in July 2021 from the previous reporting period, whilst Stage 2 - Meeting has seen a slight increase from the previous reported period.

### Changes to metrics

Dementia metrics have been removed, see the NHS England statement below:

*The retirement of the Dementia Assessment and Referral (DAR) collection was approved at the June 2021 meeting of the Data Alliance Partnership Sub Board with effect from 30th June 2021. There is thus no requirement for trusts to submit any further data for this return.*

Future changes to infection targets will be made in the few months due to National guidance changes that have been proposed.

# Executive Summary



North Tees and Hartlepool  
NHS Foundation Trust

## Workforce

The Directorate has welcomed Tracy Squires, Interim Deputy Chief People Officer to the Trust.

Workforce ICS network meetings, established to support collaborative working, shared learning and consistency in approach across the ICS, continue to be held monthly. Collaboration with South Tees continues to introduce a consistent Job Matching and Evaluation approach.

The Trust Board have reviewed WRES and WDES reports and have approved them to be published. The action plans are in the process of being signed off.

A working group has been established to review the sickness policy, particularly in relation to graduated returns to work.

The managers training programme has commenced and is being rolled out across the Trust

The deadline for expressing an interest in the new SAS contract is 30th September, reminders are being sent to all who are eligible.

Following changes to the NHS handbook/terms and conditions, changes relating to flexible working and balancing work and personal life come into force on 13 September 2021. The Flexible Working Policy is being reviewed to identify any gaps.

NHS Employers has announced the Launch of NHS Flex for the Future Programme which is a brand new programme aimed at helping NHS organisations better embrace flexible working. The Trust is submitting an application to participate in the programme which commences 30 September 2021 for 6 months.

Lateral Flow Testing kits are no longer available to order centrally for staff testing. The Trust will continue to use the current supply and will sign post staff to order kits directly from the government portal going forward. A decision is to be made regarding the continued Trust reporting of results. Testing kits continue to be available, used and results reported for Maternity, ED and end of life pathways in addition to the use of Lumira.

The wellbeing offer across the Trust continues to be a collaborative approach between a range of services, adapting to staff needs to ensure there is a wealth of offers, including a regular wellbeing topic of the month. The newsletter is being refreshed and re-designed, via a 'design sprint' exercise co-ordinated by the Communications Team, to ensure it continues to be a valuable and informative offering for staff. Plans are in place for a Wellbeing Week to take place in August, with a sports day and a rowing competition, to continue the work around the active hospital and making every contact count. Focussed wellbeing sessions have also been delivered to key areas.

Planning and preparation is underway for the flu vaccination and Covid-19 booster campaigns - hopes are that both vaccines will be available from September.

As at 31 July 2021, the number of active volunteers is 164, a slight reduction on the previous month, mainly due to a number of student volunteers leaving in preparation for the start of University in September. There are 34 applications currently in progress and the recruitment of volunteers continues on an on-going basis, with interest in joining the Trust remaining high.

## Finance

At month 4, the Trust is reporting an in-month surplus of £0.511m and a year to date surplus of £3.536m, which is £1.5m ahead of plan. This represents a continued improvement and assurance that the planned £3m surplus at the end of H1 will be delivered.

From 1<sup>st</sup> July 2021, the achievement of ERF trajectories increased from 85% to 95% and the ICS is assuming no achievement of ERF income for Quarter 2. Assumed ERF income is being offset by accrued expenditure which will address future anticipated risks in respect of winter and elective recovery.

Total Group income in M4 is £29.148m (including expected ERF income).

Month 4 pay expenditure totalled £19.452m of which £0.252m is additional spend related to the Covid-19 response (including testing costs).

Month 4 non-pay expenditure totalled £9.269m of which £0.197m is additional spend related to Covid-19.

The Month 4 YTD net contribution from Optimus is £0.095m against a plan of £0.026m (£0.060m ahead of plan) and the YTD net contribution from the LLP is £0.764m against a plan of £0.544m (£0.065m ahead of plan).

At Month 4, the Group cash balance is £53.2m, compared to a plan of £39.9m. This is ahead of plan due to improvements to the surplus position and movement in creditor days.

Month 4 YTD capital expenditure is £2.2m against a year-to-date plan of £2.6m.

Key risks at M4 continue to be the uncertainty relating to ERF income and H2 funding arrangements, and implications of the White Paper and the developing risk relating to the useful economic life of Trust buildings and potential impact on cost containment.

# Single Oversight Framework



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				2 Year Trend	Narrative
	Month	Performance	Standard			
New Cancer Two Week Rule	✓	Jun-21	93.24%	93.00%		<p><b>Cancer</b></p> <p>Pressures continue to affect the cancer standards with some delays to pathways unavoidable. The Trust reported an improved position against most of the Cancer Standards albeit under achieved against the 62 day referral to treatment, 31 day surgery and 62 day screening standards. Capacity across the ICS, complexity, patient choice and swabbing requirements continue to impact on pathways.</p> <p>The 62-day Referral to Treatment Standard reported at 70.7% (55.5 out of 78.5 patients treated within the 62-day timescale) compared to 80% the previous month. The regional average for June was 74.05%, with no Trust achieving the 85% target, demonstrating the continued pressures across the region. Performance ranged from 68.28% to 82.23%.</p> <p>The 62-day screening standard reflects the impact of increased activity, reporting at 86.7%,(23 out of 26.5 patients treated) compared to 73.77% the previous month and 78.15% regional position.</p> <p>Despite underachieving against the cancer 62 day standard, performance against the two revised measures of reducing overall 62 day back log and the '28 day faster diagnosis' are both on track.</p> <p>The 31-Day 'Surgery' Standard reported at 87.5% (14/16 patients treated).</p> <p>As SPCs begin to show unwarranted variation, the Trust continues to monitor and manage cancer pathways within the operational management structure, with a focus on the reduction of longer waiters alongside recovery of the waiting times standards however noting that national guidance and patient choice and uncontrollable variables.</p>
Breast Symptomatic Two Week Rule	✓	Jun-21	93.82%	93.00%		
28-day Faster Diagnosis	✓	Jun-21	82.53%	75.00%		
New Cancer 31 Days	✓	Jun-21	97.78%	96.00%		
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✓	Jun-21	100.00%	98.00%		
New Cancer 31 Days Subsequent Treatment (Surgery)	✗	Jun-21	87.50%	94.00%		
New Cancer 62 Days	✗	Jun-21	70.70%	85.00%		
New Cancer 62 Days (Screening)	✗	Jun-21	86.79%	90.00%		
New Cancer 62 Days (Consultant Upgrade)	✓	Jun-21	93.75%	85.00%		

# Single Oversight Framework

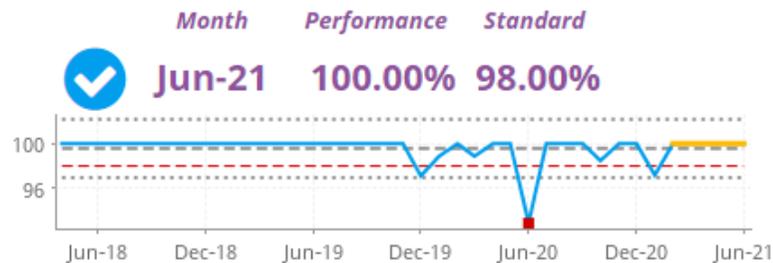


North Tees and Hartlepool  
NHS Foundation Trust

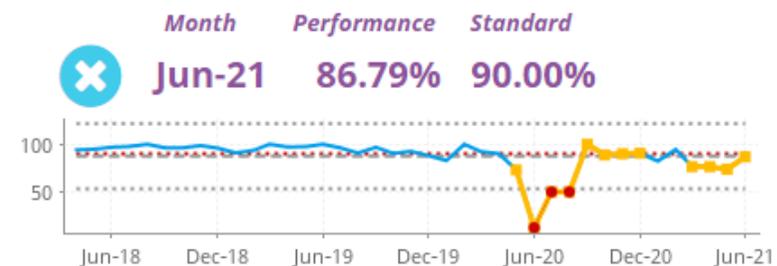
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Referral To Treatment Incomplete Pathways Wait (92%)	✗ Jun-21	88.59%	92.00%		<b>RTT</b> The most recent national benchmark position (June 2021), indicates no trust in the region is reporting above the 92% standard with a national average reporting at 68.8%. Reducing 52-week waits remains a key focus, with the Trust reporting 98 (0.6% of the waiting list size), a positive position in comparison to national and regional positions. However, in comparison, the region reported over 11000 52-week waiters (4% of the overall waiting list) at the end of June with a number of organisations reporting up to 7% of their waiting list waiting over 52 weeks.  The waiting list size has reduced by 0.40% (n=67) in comparison to February 2021 position.
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	✓ Jun-21	24.70	28.00		
Incomplete Pathways Wait (Median)	✓ Jun-21	6.00	7.20		
Incomplete Pathways Wait (>52 Week Wait)	✗ Jun-21	92	0		
Diagnostic Waiting Times and Activity	✗ Jul-21	88.22%	99.00%		<b>Diagnostics</b>  The diagnostic recovery against planned trajectory has been under pressure in July resulting in a rise in the overall waiting list and number of patients waiting more than 6 weeks. Greatest pressures are in MRI, Cardiology and Endoscopy as a result of capacity and staffing issues both with endoscopists and booking staff. The Trust reported third in the region (June latest data) with a range from 53.2% to 97.4%.
Community Information Dataset - Referral Information	✓ Jun-21	91.24%	50.00%		
Community Information Dataset- Referral to Treatment Information	✓ Jun-21	96.69%	50.00%		
Community Information Dataset - Treatment Activity Information	✓ Jun-21	97.34%	50.00%		
Community Information Dataset - End of Life	✓ Jun-21	86.11%	50.00%		

## Statistical Process Control (SPC) Charts

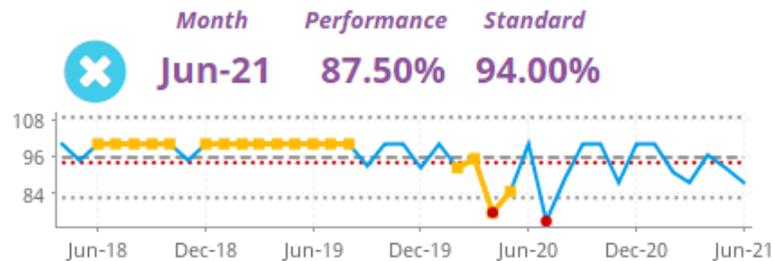
Cancer - 31 Day Drug Treatment



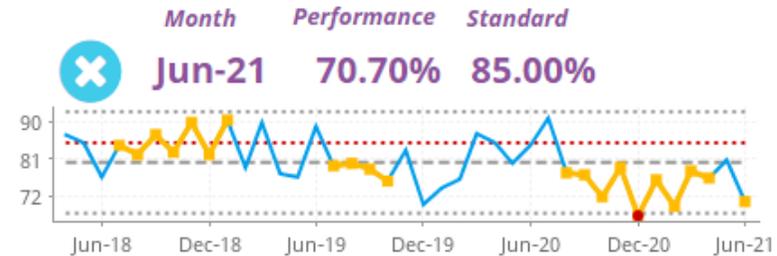
Cancer - 62 Days Screening



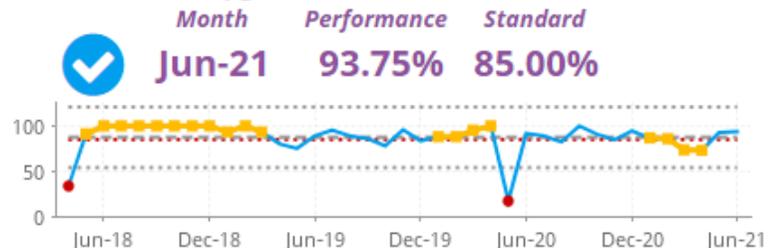
Cancer - 31 Day Surgical Treatment



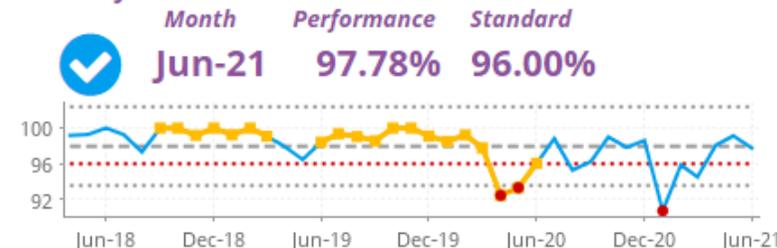
Cancer - 62 Days



Cancer - 62 Consultant Upgrade



Cancer - 31 Days



# Single Oversight Framework



North Tees and Hartlepool  
NHS Foundation Trust

## Statistical Process Control (SPC) Charts

Cancer - 2 Week Rule



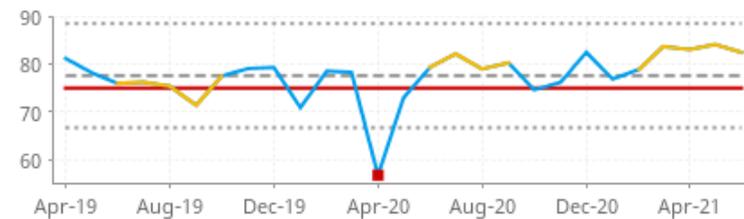
Month	Performance	Standard
Jun-21	93.24%	93.00%



Cancer - 28day Faster Diagnosis



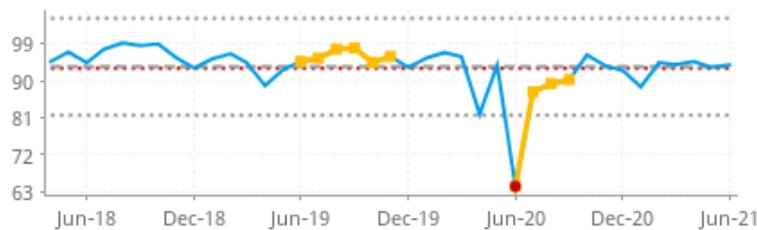
Month	Performance	Standard
Jun-21	82.53%	75.00%



Cancer - Breast Symptomatic



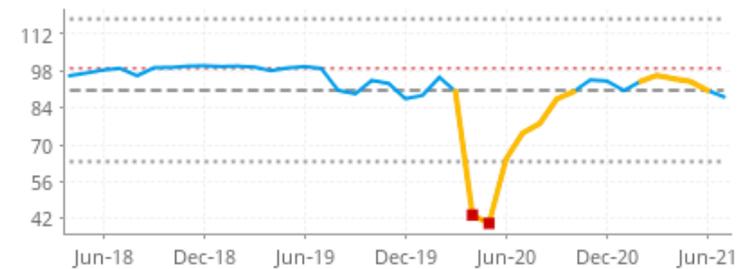
Month	Performance	Standard
Jun-21	93.82%	93.00%



Diagnostic Waiting Times

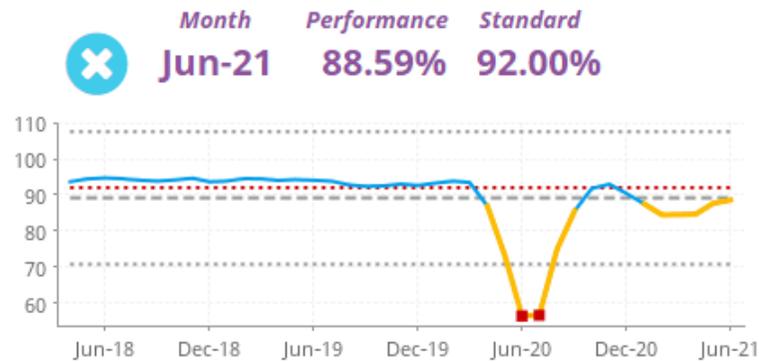


Month	Performance	Standard
Jul-21	88.22%	99.00%

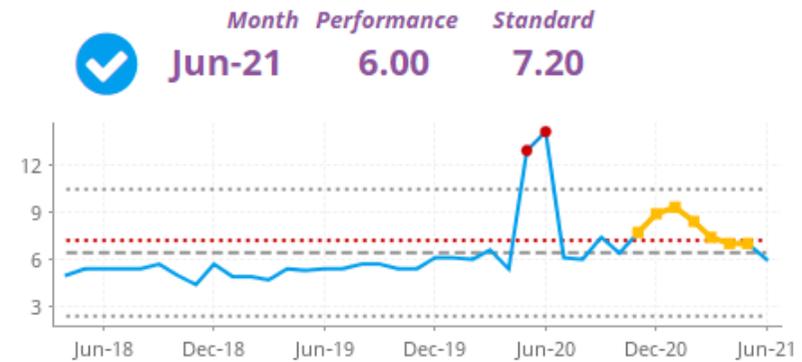


## Statistical Process Control (SPC) Charts

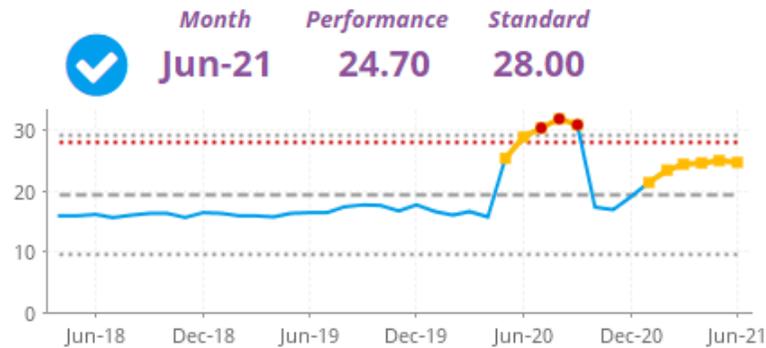
Referral To Treatment- Incomplete Pathways Wait (92%)



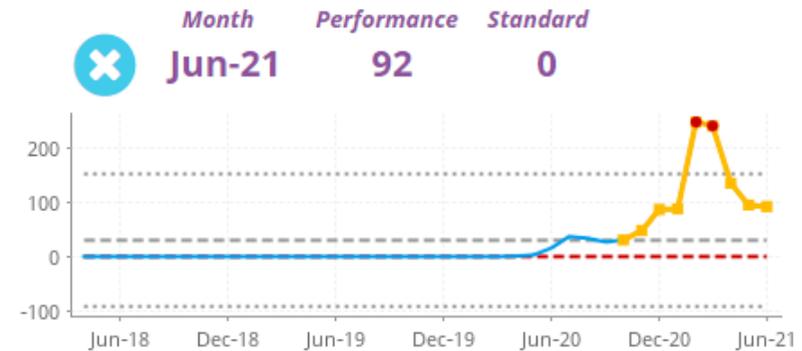
Referral To Treatment - Incomplete Pathways Wait (Median)



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



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



## Statistical Process Control (SPC) Charts

### Community Information Dataset - Referral Information

**Jun-21**    **91.24%**    **50.00%**



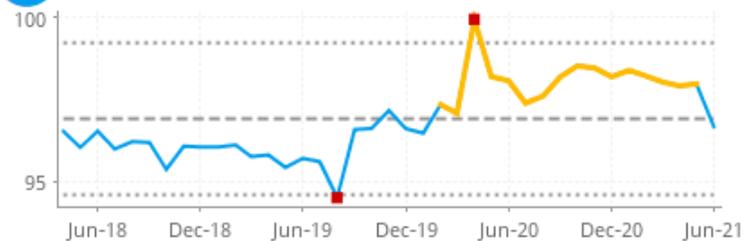
### Community Information Dataset - Treatment Activity Information

**Jun-21**    **97.34%**    **50.00%**



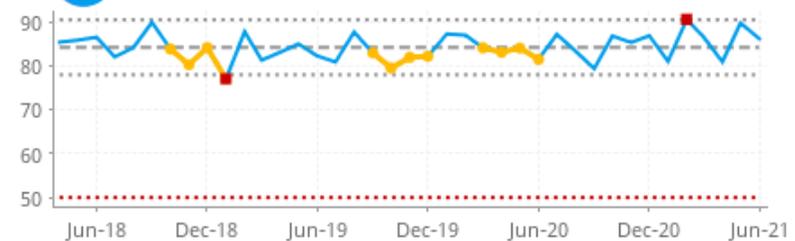
### Community Information Dataset - Referral to Treatment Information

**Jun-21**    **96.69%**    **50.00%**



### Community Information Dataset - End of Life

**Jun-21**    **86.11%**    **50.00%**



# Efficiency & Productivity



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Outpatient Did Not Attend (New)	✗ Jul-21	7.48%	7.20%		<p><b>Efficiencies</b></p> <p>Despite Covid pressures impacting on key performance standards the Trust has effectively managed to maintain both efficiency and productivity. DNA rates have continued to report at a reduced rate, potentially aligned to the positive impact of virtual appointments and despite the operational pressures, lengths of stay remain on track across both emergency and elective pathways. This is comparable to our peers according to model hospital.</p> <p>Bed occupancy has seen a rise, reflecting the surge in demand across the region.</p> <p><b>Readmissions</b></p> <p>Readmission audits were temporarily paused during the pandemic in 2020/21. These have since been reinstated. The clinical teams undertake audits to understand avoidable and unavoidable admissions, with the aim to undertake improvement actions to reduce the risk of readmission. Findings are monitored via the Journey to Excellence operational group.</p>
Outpatient Did Not Attend (Review)	✓ Jul-21	7.50%	9.00%		
Average Depth of Coding	✓ Jul-21	4.69	3.01		
Length of Stay - Elective	✓ Jul-21	2.03	3.14		
Length of Stay - Emergency	✓ Jul-21	2.78	3.35		
Day Case Rate	✓ Jul-21	88.22%	75.00%		
Pre-op Stays	✓ Jul-21	1.29%	4.50%		
Trust Occupancy	✗ Jul-21	91.22%	85.00%		
Re-admissions Rate 30 Days (Elective and Emergency)	✗ May-21	10.99%	7.70%		

# Efficiency & Productivity



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Electronic Discharge Summaries	✘ Jul-21	78.38%	95.00%		<p><b>Electronic Discharge Summaries (EDS)</b></p> <p>A working group has been established to understand the decline in performance as noted within the SPC.</p> <p><b>Trolley Waits (over 12 hours)</b></p> <p>Significant emergency pressures across the Trust resulted in six 12 hour trolley waits in July, linked to extended bed waits. Further quality improvement work is underway to review patient flow throughout the organisation.</p> <p><b>Ambulance handover</b></p> <p>Ambulance handover delays are noted in July, reflective of increased pressures across the emergency care pathway in the main, a result of bed waits. The increase in pressure has led to a number of trolley waits despite trying to keep these to an absolute minimum. The North East (NEAS reports) average handovers greater than 30 minutes reported at 208 compared to 156 last month (range 57-419), with the average over 60 minutes reporting at 38 compared to 17 last month (range 0 - 109). NEAS reported the Trust at 37.7% ambulance turnaround times (valid) within 30 minutes, in comparison the North East's position at 32.2% with performance ranging between 24.3% and 42.6%.</p>
Cesarean -Section Rates	✔ Jul-21	15.00%	15.60%		
Trolley Waits (over 12 hours)	✘ Jul-21	6	0		
Time to Initial Assessment (mean) Type 1 & 3	✔ Jul-21	11.80	15.00		
Number of Ambulance Handovers waiting more than 30 Mins	✘ Jul-21	53	0		
Number of Ambulance Handovers waiting more than 60 Mins	✘ Jul-21	24	0		
Super Stranded	✔ Jul-21	48	61		

# Efficiency & Productivity



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Touch Time Utilisation	✘ Jul-21	69.08%	80.00%		<p><b>Theatre</b></p> <p>All theatre metrics have been reviewed and realigned to reflect the same methodology to that of the model hospital.</p> <p>Performance has been impacted upon by adherence to guidelines in terms of isolation and swabbing with slots not always being accommodated by short notice cancellations. In addition to this, the elective recovery programme has been impacted upon by the third wave of covid with some procedures being postponed and staff redeployed to ward areas to support emergency pressures.</p> <p>Cancellations on the day increased in July, linked to a number of patients and staff testing Covid positive, resulting in the re-scheduling of procedures and theatre lists.</p> <p>Recovery is monitored on a weekly basis, including all activity taking place within the Independent Sector. Robust governance processes are in place to support prompt and appropriate decision-making, with the Perioperative Steering Group re-instated to review theatre productivity and efficiencies.</p>
Overrun Sessions	✔ Jul-21	27.63%	36.00%		
Session Utilisation	✘ Jul-21	70.41%	92.50%		
Cancelled on Day of Operation %	✘ Jul-21	9.82%	8.80%		
Cancelled procedure - Non medical	✔ Jul-21	0.53%	0.80%		
Not reappointed within 28days	✔ Jul-21	0	0		

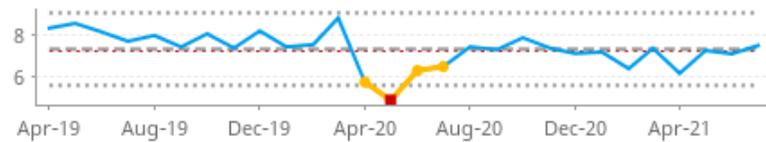
# Efficiency & Productivity



## Statistical Process Control (SPC) Charts

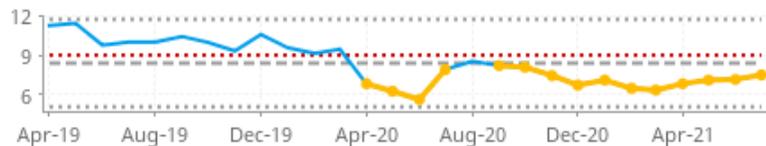
Outpatient Did not Attend (New)

Month	Performance	Standard
Jul-21	7.48%	7.20%



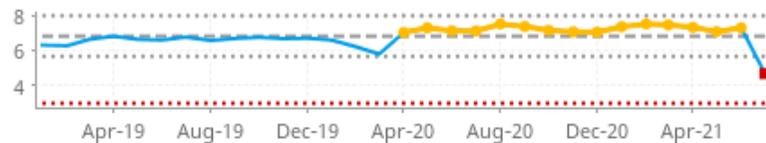
Outpatient Did Not Attend (Review)

Month	Performance	Standard
Jul-21	7.50%	9.00%



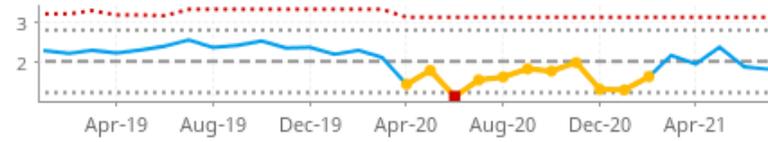
Average Depth of Coding

Month	Performance	Standard
Jul-21	4.69	3.01



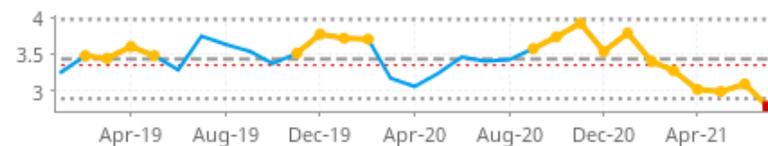
Length of Stay - Elective

Month	Performance	Standard
Jul-21	2.03	3.14



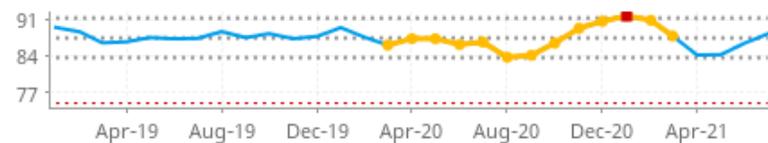
Length of Stay - Emergency

Month	Performance	Standard
Jul-21	2.78	3.35



Day Case Rate

Month	Performance	Standard
Jul-21	88.22%	75.00%



# Efficiency & Productivity

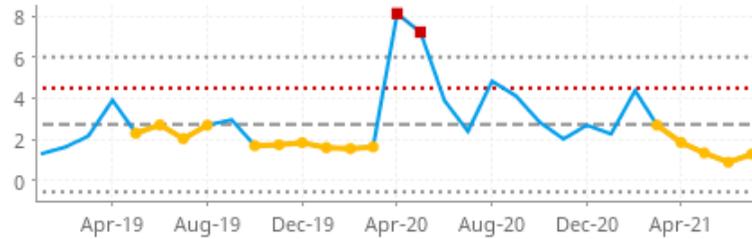


## Statistical Process Control (SPC) Charts

### Pre-op Stays

✔

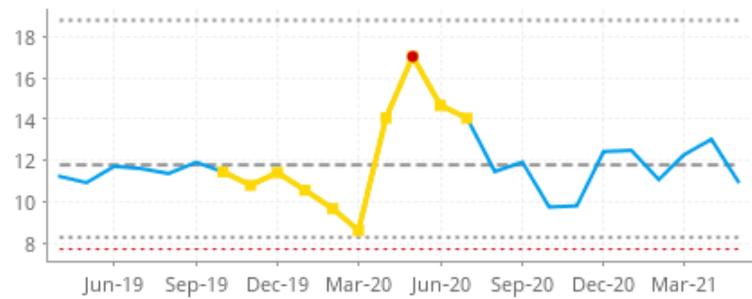
Month	Performance	Standard
Jul-21	1.29%	4.50%



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

✘

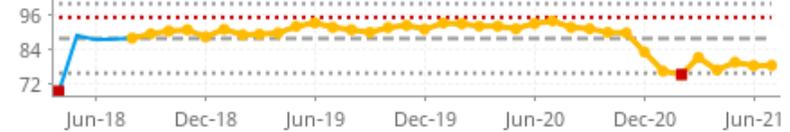
Month	Performance	Standard
May-21	10.99%	7.70%



### Electronic Discharge Summaries

✘

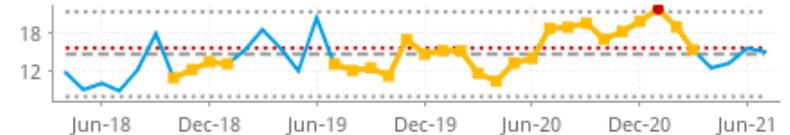
Month	Performance	Standard
Jul-21	78.38%	95.00



### Cesarean-Section Rates

✔

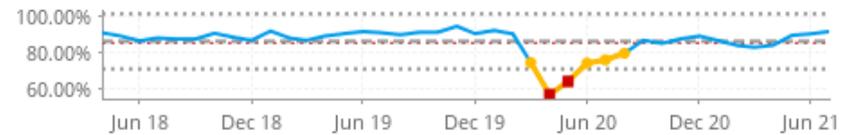
Month	Performance	Standard
Jul-21	15.00%	15.60%



### Trust Occupancy

✘

Month	Performance	Standard
Jul-21	91.22%	85.00%

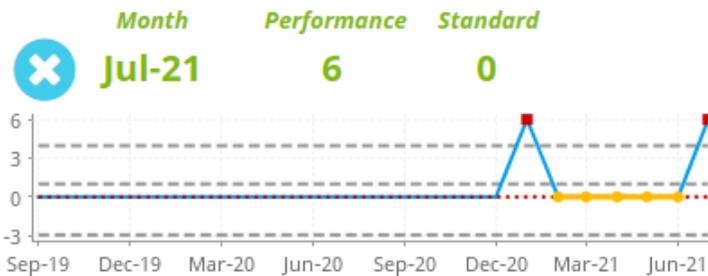


# Efficiency & Productivity

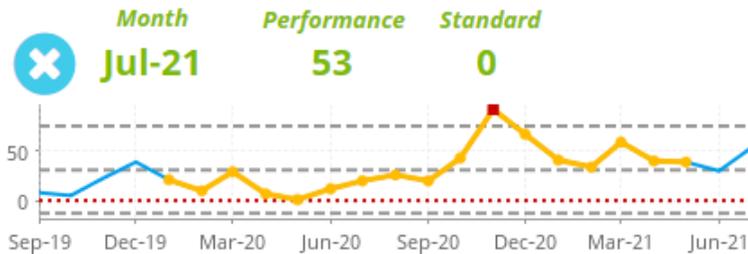


## Statistical Process Control (SPC) Charts

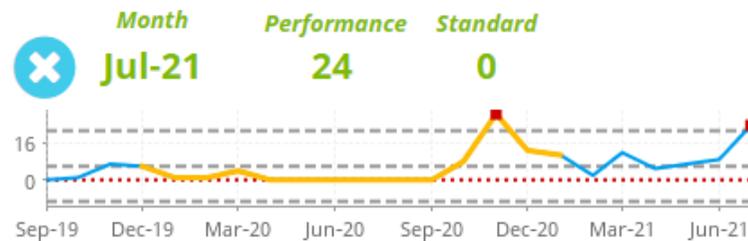
Trolley Waits over 12 hours



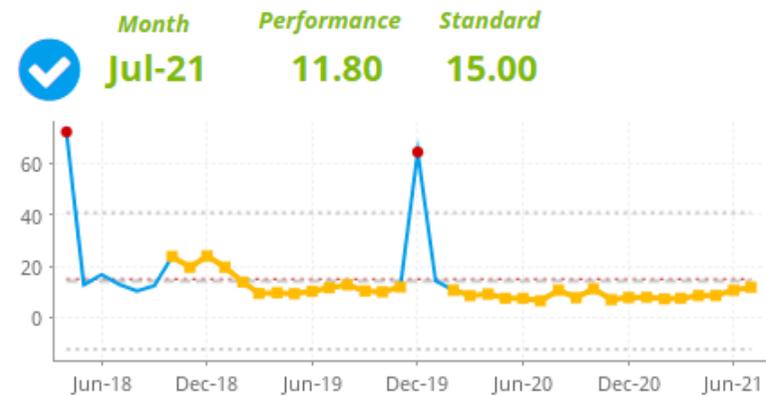
Number of Ambulance Handovers waiting more than 30 mins



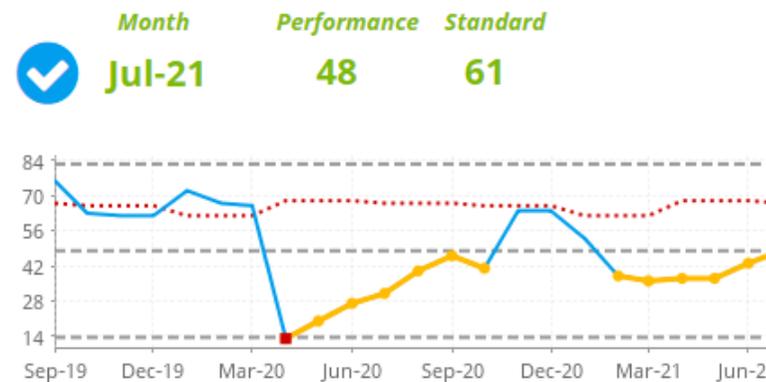
Number of Ambulance Handovers waiting more than 60 mins



Time to Initial Assessment (mean) Type 1 & 3



Super Stranded

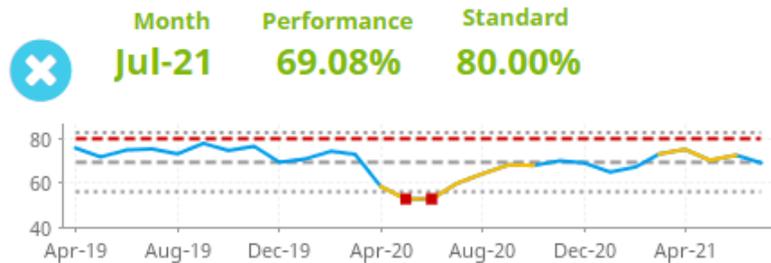


# Efficiency & Productivity

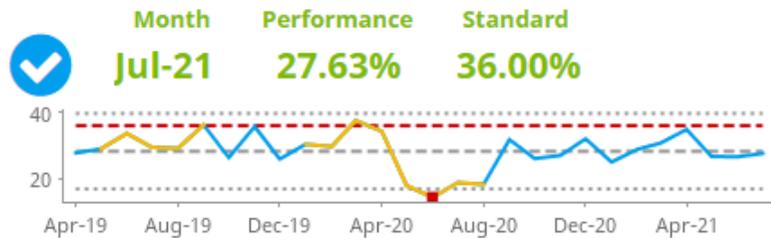


## Statistical Process Control (SPC) Charts

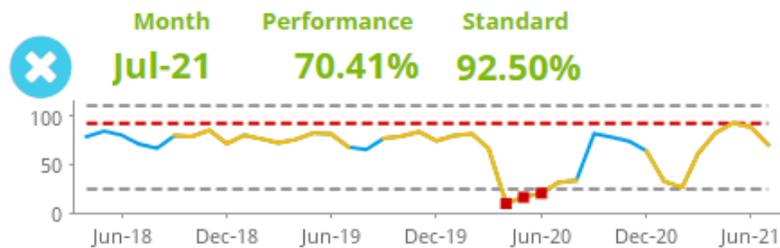
### Touch Time Utilisation



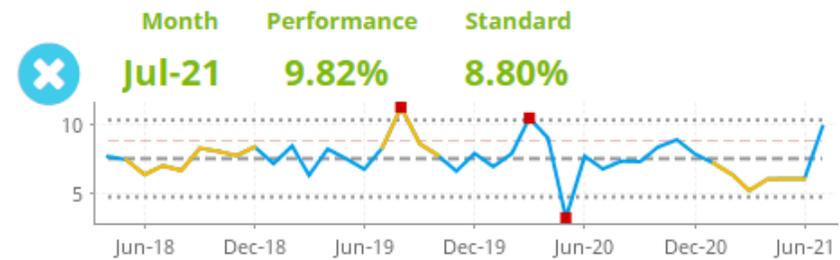
### Overrun Sessions



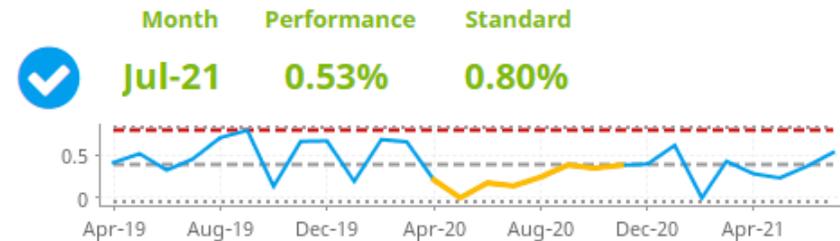
### Sessions Utilisation



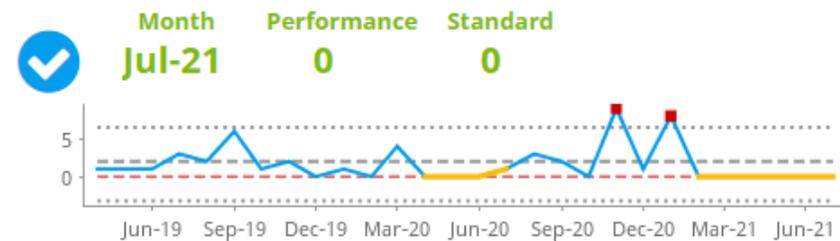
### Cancelled on Day of Operation %



### Cancelled Procedure - Non Medical



### Not reappointed within 28days



# Efficiency & Productivity



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>2 Year Trend</i>	
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool	✘ Jun-21	92.17%	93.50%		<p><b>Diabetic Retinopathy Screening</b></p> <p>A significant improvement has been noted to Diabetic retinopathy screening with compliance achieved this month. Work continues to recover the position and ensure sustainment.</p> <p><b>TCS Standards</b></p> <p>Pressures affecting TCS35b are in the main a result of delays around electric wheelchairs with capacity issues from the contractor side as most stock is imported. However, the service is experiencing internal pressures because of Covid isolations, vacancy's and general sickness). The service is also looking at validation of the waiting list to ensure timely clock stops.</p> <p>Key actions to support recovery are</p> <ul style="list-style-type: none"> <li>• Staff returning from isolation and sickness</li> <li>• Investigation into the contractual arrangements with the two specialist suppliers who provide specialist equipment working in conjunction with procurement</li> </ul>
TCS35b - % of Wheelchair referrals not completed within 5 weeks but completed within 18 weeks	✘ Jul-21	88.65%	90.00%		
Diabetic Retinopathy Screening	✔ Jul-21	98.00%	95.00%		
The % of Patients treated within 18weeks of referral to Audiology	✔ Jul-21	100.00%	95.00%		
Audiology non-admitted wait (92nd Percentile)	✔ Jul-21	6.00	18.30		

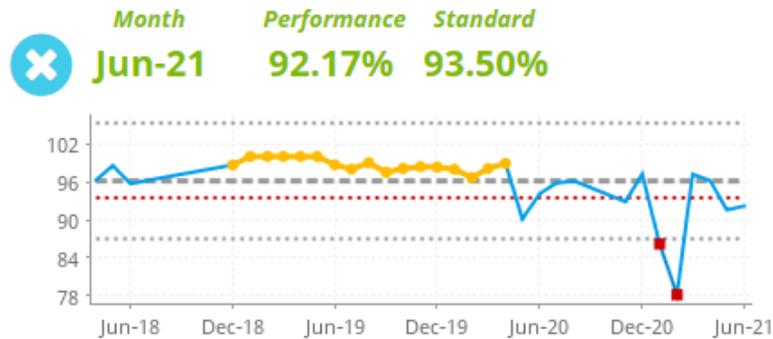
# Efficiency & Productivity



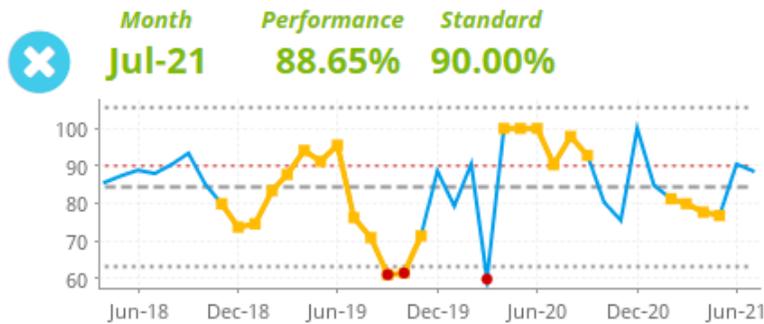
Standard	Standard Achieved				Narrative
	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>2 year Trend</i>	
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission	✓ Jul-21	83.75	91.16		<p><b>PHQ Indicators</b></p> <p>The PHQ indicators are a set of metrics, which monitor the impact of community services on avoidable admissions for a set of key conditions. A year on year improvement is monitored against these indicators as a measure of avoidable admissions.</p>
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	✓ Jul-21	16.69	25.78		<p>Unplanned hospitalisation for respiratory tract infections in under 19 saw an increase in admissions with 19 respiratory admissions in July 2021 compared to zero in July 2020. Reasons for admissions involved Acute Bronchiolitis.</p>
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	✓ Jul-21	26.50	108.75		
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s	✗ Jul-21	21.13	7.39		
Stroke admissions - 90% of time spent on dedicated stroke unit.	✓ Jul-21	91.84%	80.00%		
High Risk Trans Ischaemic Attack assessed and treated within 24hrs	✓ Jul-21	100.00%	75.00%		

## Statistical Process Control (SPC) Charts

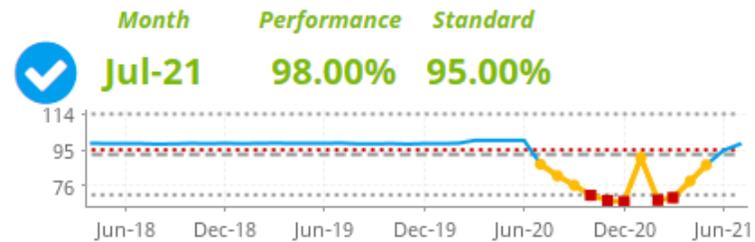
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool



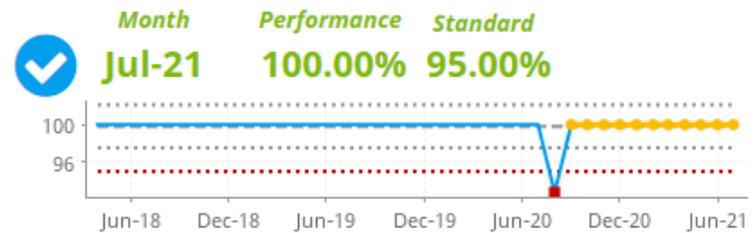
TCS35b - % of Wheelchair referrals completed within 18 weeks



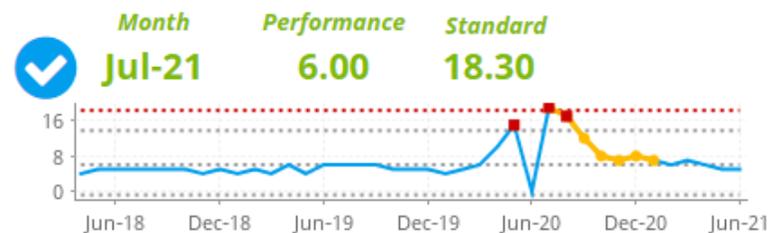
Diabetic Retinopathy Screening



The % of Patients treated within 18 weeks of referral to Audiology



Audiology non-admitted wait (92nd Percentile)

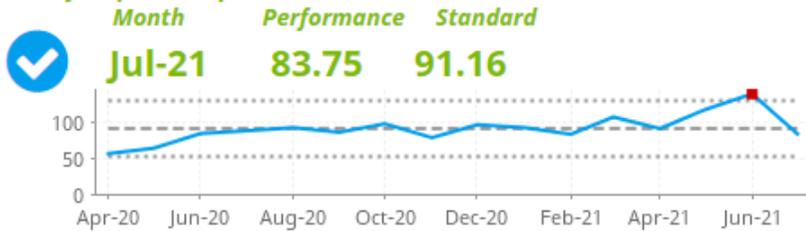


# Efficiency & Productivity

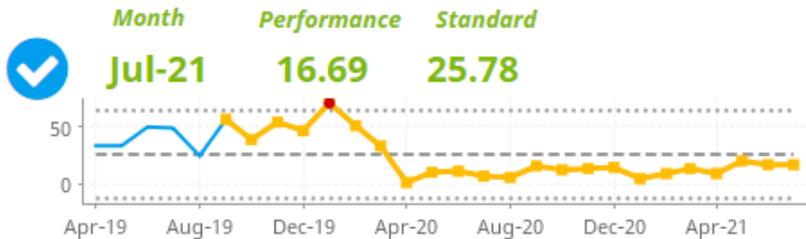


## Statistical Process Control (SPC) Charts

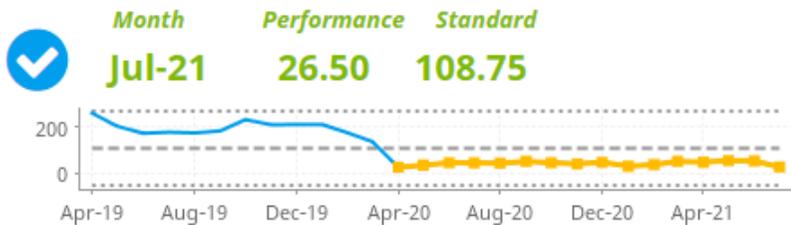
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission



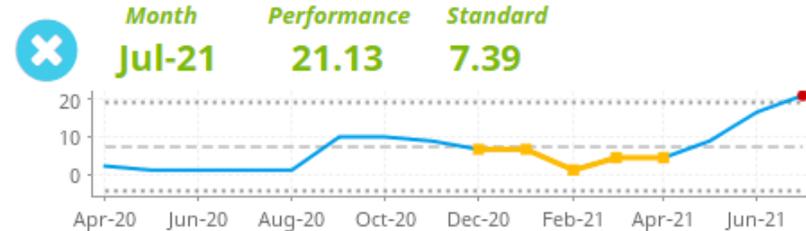
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in unders 19s



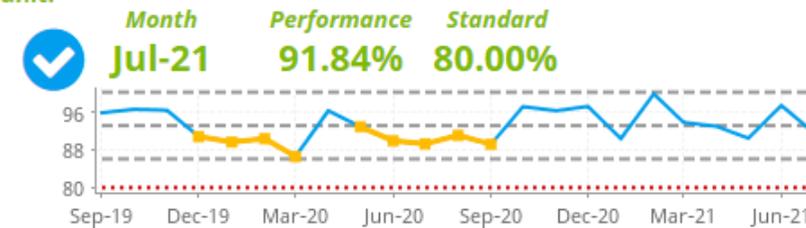
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)



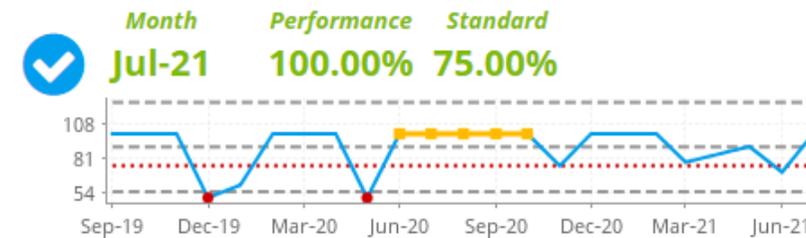
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s



Stroke admissions - 90% of time spent on dedicated stroke unit.



High Risk Trans Ischaemic Attack assessed and treated within 24hrs



# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved			Narrative	
	Month	Performance	Trend		
Hospital Standardised Mortality Ratio (HSMR)	✓ Jun 20 - May 21	91.03		<b>Mortality</b> The latest HSMR value is currently reporting at 91.03 (June 2020 to May 2021) which has decreased from the previous unpublished value of 93.34 (May 2020 to April 2021). The latest SHMI value is now 99.07 (March 2020 to February 2021) which has decreased from the previous rebased value of 99.97 (February 2020 to January 2021).	
Summary Hospital-Level Mortality Indicator (SHMI)	✓ Mar 20 - Feb 21	99.07		<b>Complaints</b> Due to Covid-19 restrictions, face to face visiting remains limited to reduce the transmission of Covid, whilst supporting families through John's Campaign and those at end of life. The re-introduction of visiting is led by the Infection, Prevention Control team and it has recently been necessary to pause the piloted re-introduction, due to the increase in the local infection rate.	
	Month	Performance	Standard	Trend	During July 2021, attitude of staff was the highest reported issue in concerns raised to the Trust followed by communication. Complaint trends are discussed weekly during Safety Panel meetings and Senior Clinical Professional Huddles, as well as reported in monthly and quarterly reports. A review and investigation the top themes is undertaken within the relevant wards and department to ensure these are addressed. Where specific staff are identified from concerns raised, they are supported to reflect and consider any areas of improvement. The Communication Plan introduced in January 2021 within the ward areas remains in place and it is noted that the number of concerns relating to communication have reduced significantly. The plan incorporates virtual visiting, regular telephone updates, property and letters of love drop off service.
Stage 1 Complaint	✗ Jul-21	103	88		
Stage 2 Complaint	✗ Jul-21	8	4		<b>Compliments</b> The Trust records the compliments received onto the Greatix platform. For July 2021 the number of compliments received is 369, consistently higher than complaints. It is recognised that work still needs to be done to increase the recording of compliments across the Trust.
Stage 3 Complaint	✓ Jul-21	7	12		
Compliments	✓ Jul-21	369	219		

# Safety & Quality

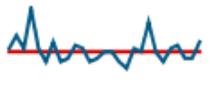
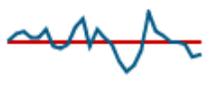
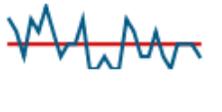
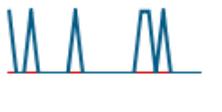


Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Red Risks	✓ Jul-21	1	5		<p><b>Venous Thromboembolism Compliance %</b></p> <p>The Trust is reporting that 95.13% of patients admitted to hospital were risk assessed for venous thromboembolism (VTE) during July 2021; this is above the National Standard of 95.00%, a greatly improved position over the June 2021 value of 88.81%.</p> <p>The recent reinvigoration of the VTE process for chasing up on those assessments not completed on admission was proving to be successful.</p> <p>The Heads of Nursing are working with the clinical teams to improve compliance with assessment, focusing on key areas.</p> <p><b>Falls</b></p> <p>There has been an increase in the number of falls reported in July 2021, with the majority resulting in no harm. There is one fall that is recorded as severe harm and is currently being investigated to establish the detail.</p> <p>Training sessions are on-going with a recent session being delivered to the junior doctors. The falls link worker sessions had temporarily been stood down due to the ongoing pressures however these will start again soon and continue to feed into the Falls group.</p> <p>Improvement strategies in relation to the compliance of lying and standing BP's is a current focus. The education department is helping to deliver these sessions which will include how to complete the blood pressures and also the rationale for doing this.</p>
Never Events	✓ Jul-21	0	0		
VTE %	✓ Jul-21	95.13%	95.00%		
Fall No Harm	✗ Jul-21	97	75		
Fall Low Harm	✓ Jul-21	8	17		
Fall Moderate Harm	✓ Jul-21	0	1		
Fall Severe Harm	✗ Jul-21	1	1		

# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>Trend</i>	
<b>Pressure Category 1</b> (inpatient)	 Jun-21	9	6		<b>Pressure Ulcers</b>  In the June 2021 reporting period, all four categories of Pressure Ulcers fall within the control limits. A pressure ulcer assurance framework is currently under development to further support pressure ulcer management.
<b>Pressure Category 2</b> (inpatient)	 Jun-21	16	22		
<b>Pressure Category 3</b> (inpatient)	 Jun-21	1	2		
<b>Pressure Category 4</b> (inpatient)	 Jun-21	0	0		

# Safety & Quality



North Tees and Hartlepool

NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Hand Hygiene	✓ Jul-21	95%	95%		<p><b>Hand Hygiene</b></p> <p>The overall Trust compliance score for hand hygiene is 95% for July 2021; this has remained the same from the previous reported period. Clinical areas carry out monthly audits with a quarterly assurance check by the IPC team. The IPC team are also focusing on glove misuse and raising awareness of when to and when not to wear gloves.</p>
Clostridium difficile	✓ Jul-21	4	4		<p><b>Infections</b></p> <p>For July 2021, the Trust is reporting 4 Trust attributed case of Clostridium difficile infection (3 HOHA - Hospital Associated Healthcare Associated and 1 COHA - Community Associated Healthcare Associated). The 4 cases for July 2021 is equal to the mean for the past two years for Clostridium difficile which is 4.</p>
MRSA	✓ Jul-21	0	0		<p>For Pseudomonas, the Trust is reporting 2 cases for July 2021, this is higher than the mean for the past two years which is 0.</p>
MSSA	✓ Jul-21	0	2		<p>All seven infections continue to display natural cause variation and remain in their respective upper and lower control limits.</p>
Ecoli	✓ Jul-21	2	3		<p>Community prevalence of Covid remains high within the North East and strict IPC measures and testing, including staff Lateral Flow Tests (LFTs) is strongly advised.</p>
Klebsiella	✓ Jul-21	0	1		
Pseudomonas	✗ Jul-21	2	0		
CAUTI	✗ Jul-21	28	25		

# Safety & Quality



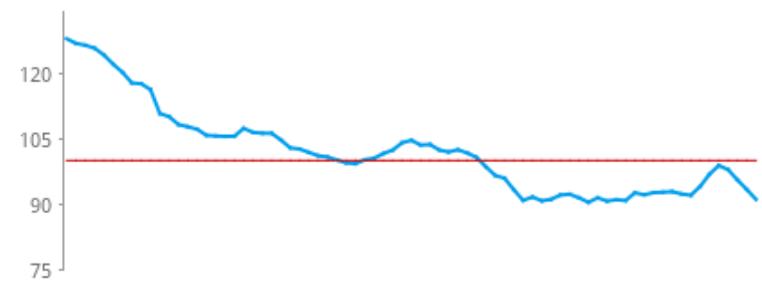
North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Friends and Family Test (FFT) - Emergency	 Jul-21	83.00%	75.00%		<p><b>Friends and Family Test</b></p> <p>For July 2021 the Trust received 1,382 FFT returns, this is in line with the previous months returns with a Very Good or Good response of 93.48%.</p> <p>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.</p>
Friends and Family Test (FFT) - Inpatients	 Jul-21	95.00%	75.00%		
Friends and Family Test (FFT) - Maternity	 Jul-21	100.00%	75.00%		
UNIFY - RN Day	 Jul-21	74.84%	>=80% and <=109.99%		<p><b>UNIFY</b></p> <p>Nursing fill rates have continued to be challenging, due a range of factors; gradual increasing vacancy factor, higher than usual sickness and covid isolation. The Covid isolation guidance released in July 2021 unfortunately did not realise a significant increase of staff availability as was hoped. These challenges have been safely managed through appropriate routes of escalation up to the Deputy Chief and Chief Nurse. The outputs of this escalation have resulted in some temporary bed closures at times and the ability to flex capacity where and when appropriate in line with safe staffing regulations. The nursing fill rates presented in July 2021 show that some of these pressures are still evident, the overall fill rate for registered nurses has reduced from 77.7% to 74.84% in July.</p> <p>Twice daily safe staffing meetings continue to review the acuity of inpatients and ensure the available staffing resource is matched to the patient demand. Alternative models utilising nursing associate and un-registered nurse roles has, supported the process to meet the patient acuity and dependence, underpinned by professional judgement.</p> <p>The registered nurse vacancy level will reduce significantly from September 2021, due to staff recently qualified joining the trust.</p>
UNIFY - RN Night	 Jul-21	84.01%	>=80% and <=109.99%		
UNIFY - HCA Day	 Jul-21	82.09%	>=80% and <=109.99%		
UNIFY - HCA Night	 Jul-21	111.21%	>=110% and <=125.99%		

## Additional Detail Charts

### Hospital Standardised Mortality Ratio

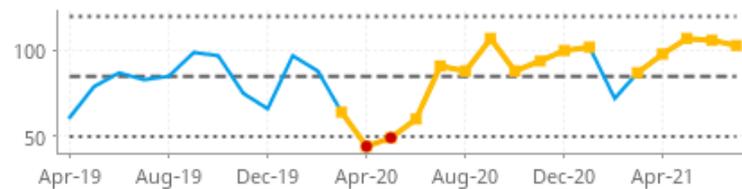
✔
*Month* **Jun 20 - May 21**
*Performance* **91.03**



## Statistical Process Control (SPC) Charts

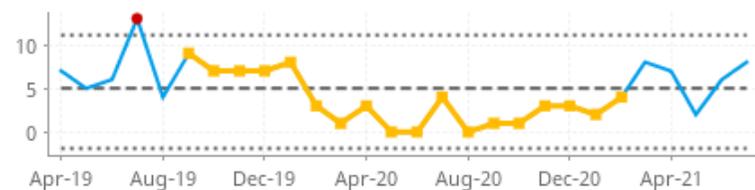
**Stage 1 - Informal**      *Month*      *Performance*      *Standard*

**Jul-21**      **103**      **88**



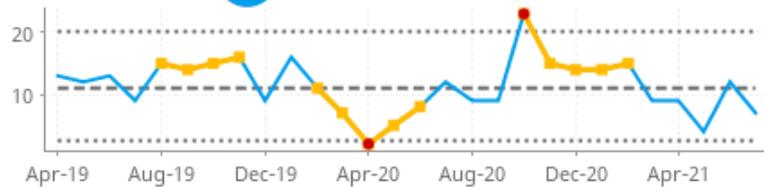
**Stage 2 - Meeting**      *Month*      *Performance*      *Standard*

**Jul-21**      **8**      **4**



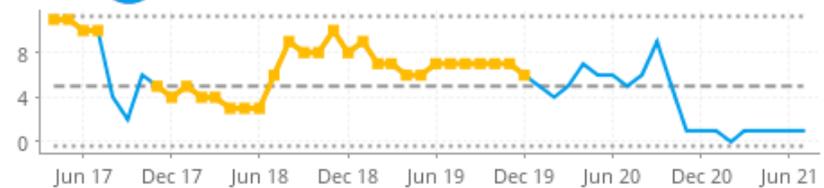
**Stage 3 - Formal**      *Month*      *Performance*      *Standard*

**Jul-21**      **7**      **12**



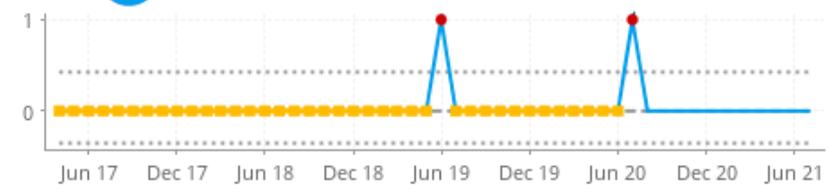
**Red Risks**      *Month*      *Performance*      *Standard*

**Jul-21**      **1**      **5**



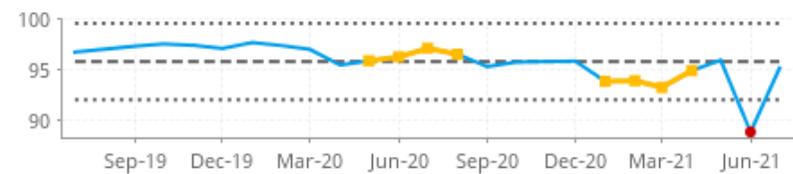
**Never Events**      *Month*      *Performance*      *Standard*

**Jul-21**      **0**      **0**

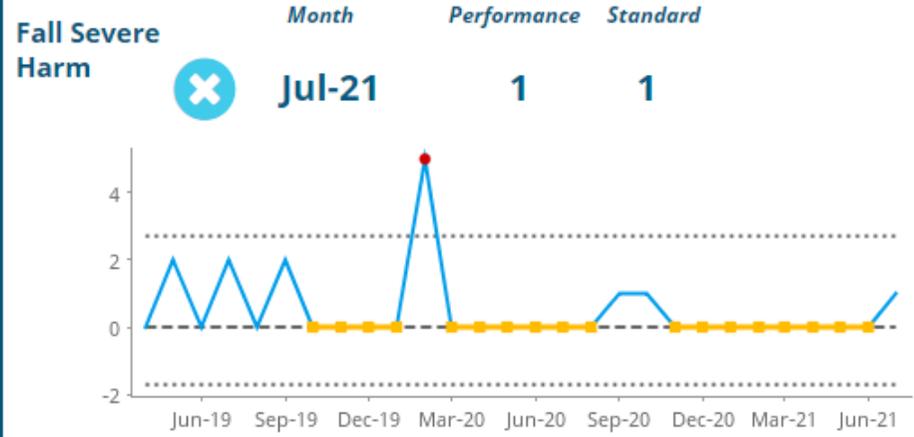
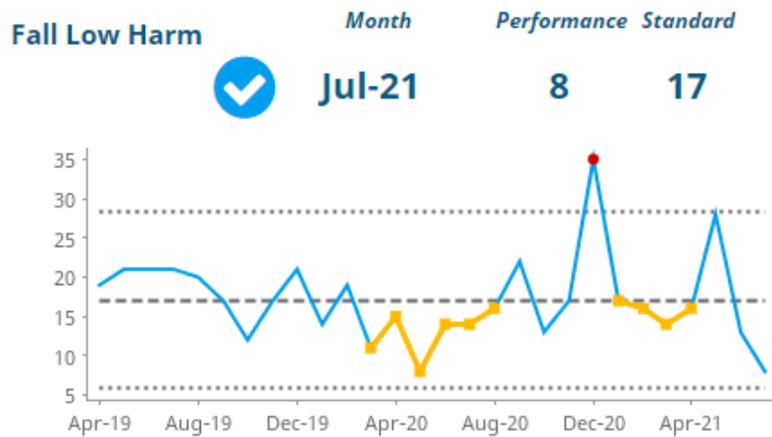
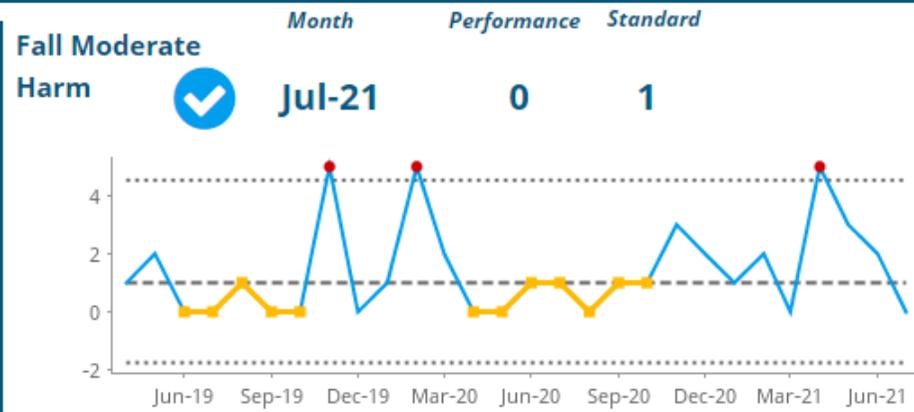
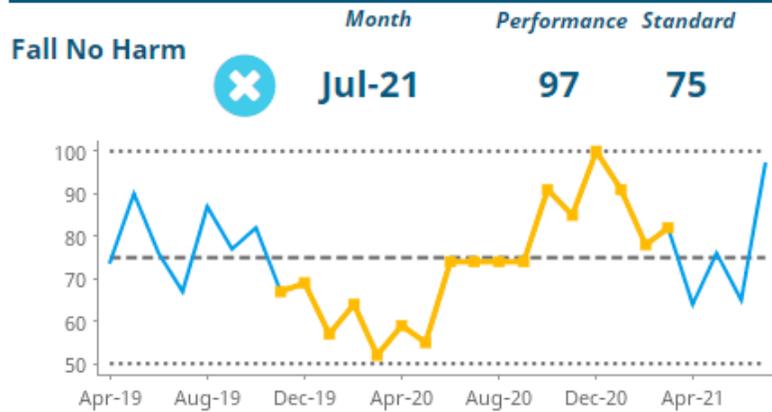


**VTE %**      *Month*      *Performance*      *Standard*

**Jul-21**      **95.13%**      **95.00%**



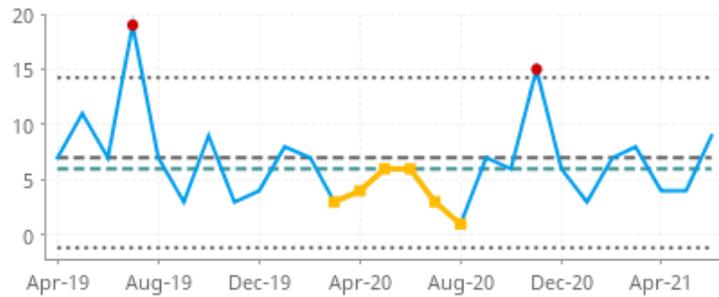
## Statistical Process Control (SPC) Charts



## Statistical Process Control (SPC) Charts

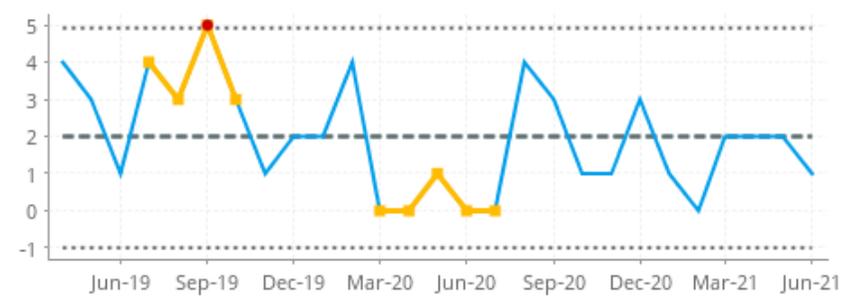
**Pressure Ulcer Cat 1**

Month	Performance	Standard
Jun-21	9	6



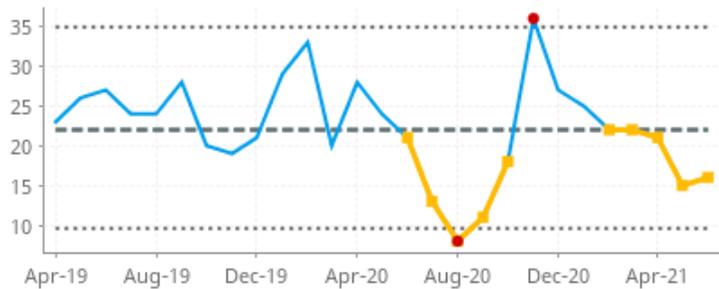
**Pressure Ulcer Cat 3**

Month	Performance	Standard
Jun-21	1	2



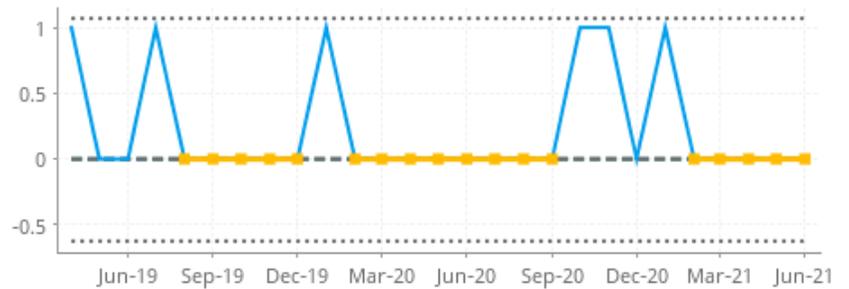
**Pressure Ulcer Cat 2**

Month	Performance	Standard
Jun-21	16	22

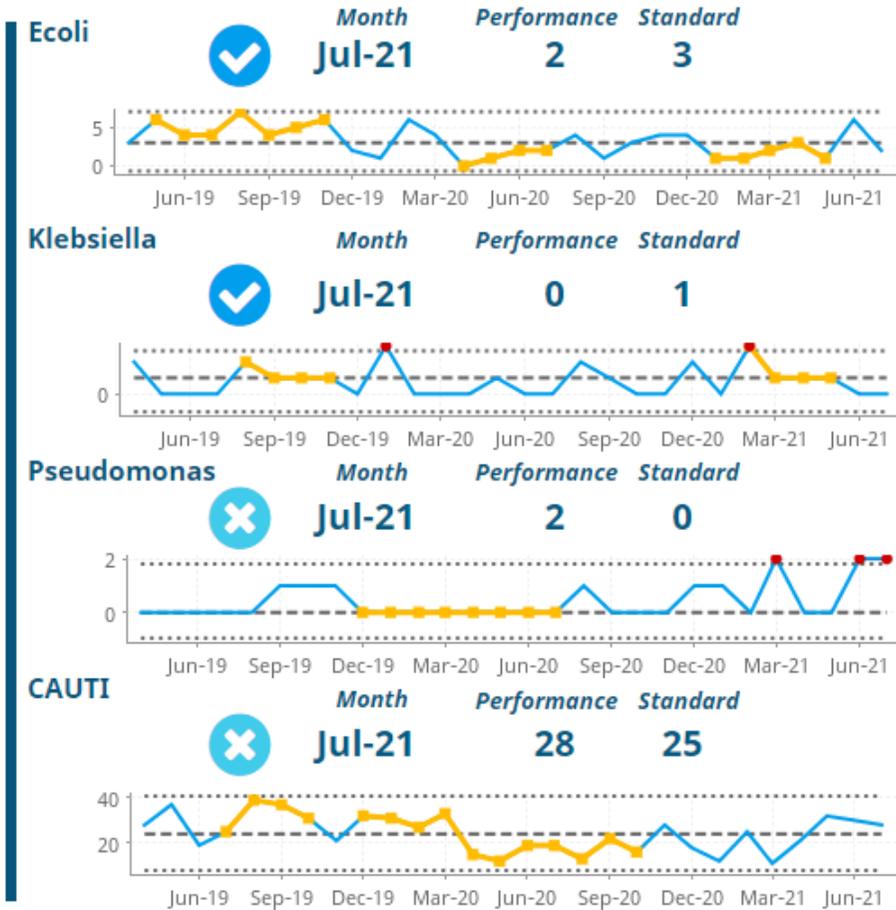
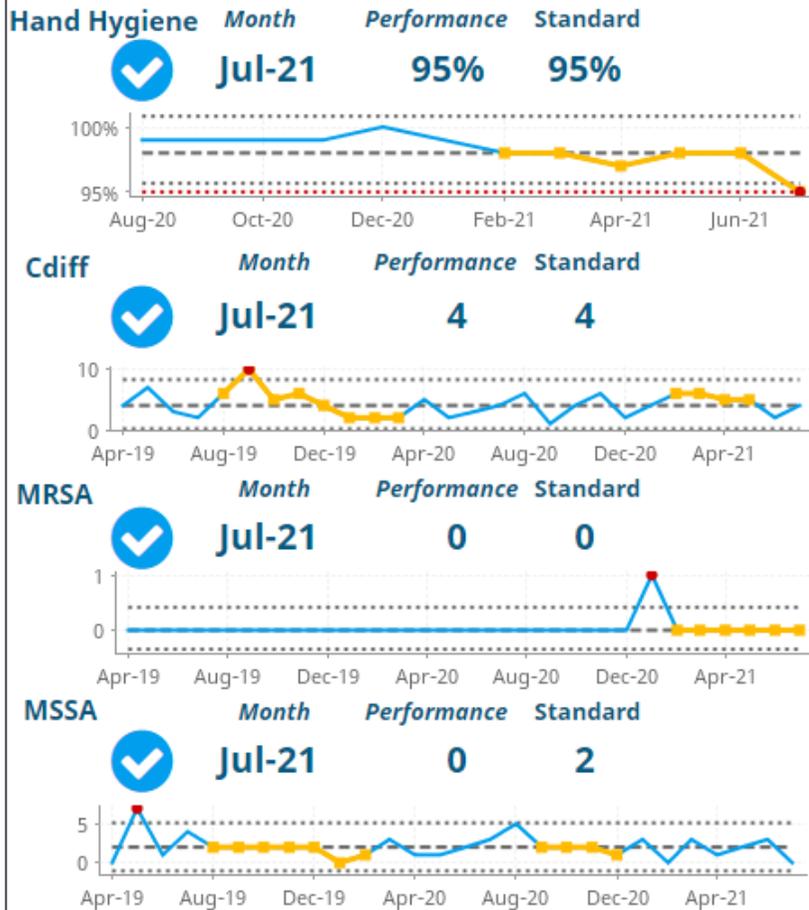


**Pressure Ulcer Cat 4**

Month	Performance	Standard
Jun-21	0	0



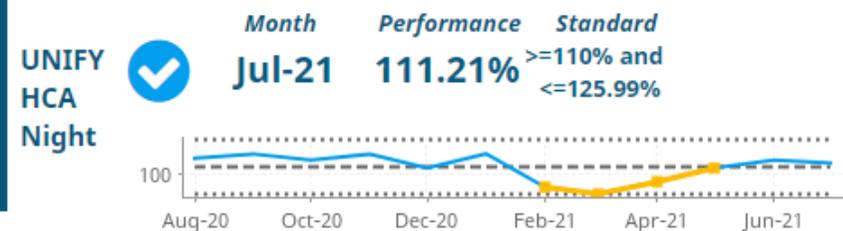
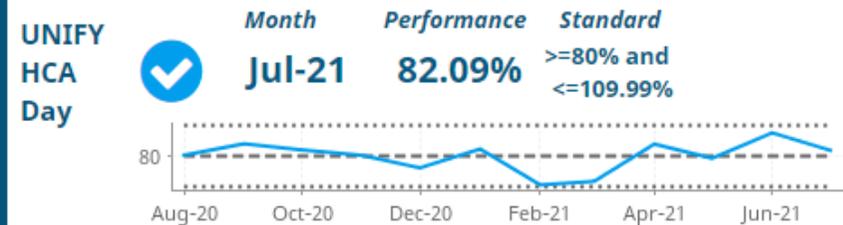
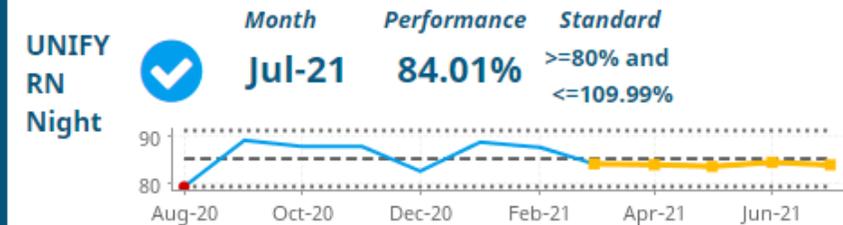
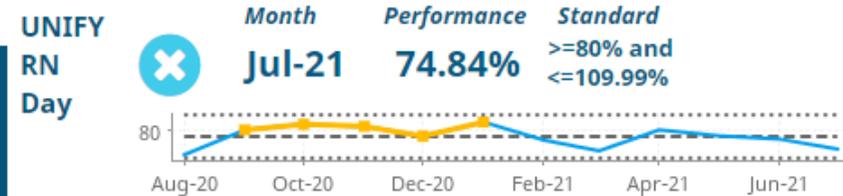
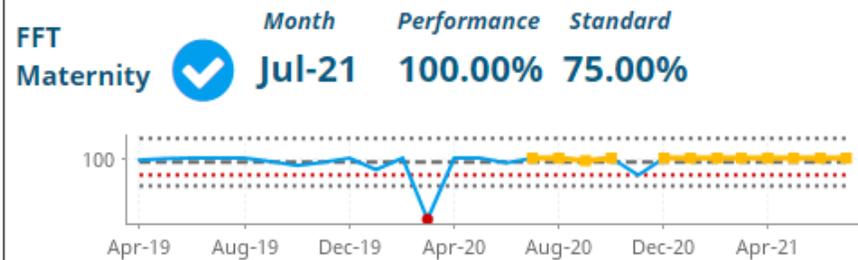
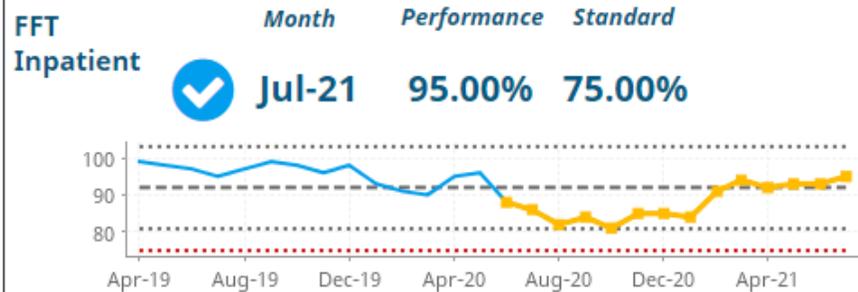
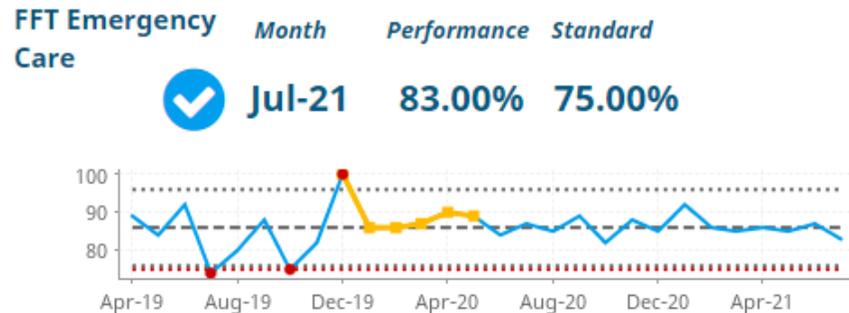
## Statistical Process Control (SPC) Charts



# Safety & Quality



## Statistical Process Control (SCP) Charts



# Workforce



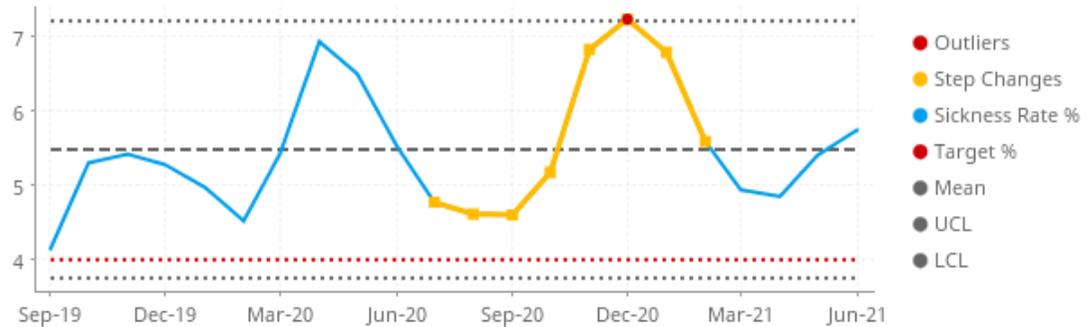
North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Sickness	✘ Jun-21	5.74%	4.00%		<p>The sickness absence rate for June 2021 is reported at 5.74%, an increase of 0.33% compared to the previous month. This is broken down into 0.24% attributable to Covid-19 related sickness and 5.50% attributable to other sickness. The cost of sickness absence is reported as £343,081, a decrease of £6,467 compared to May (£349,548). There were 742 further cases of Covid-19 related staff absence in July 2021, broken down into 226 staff absent for 10 days and 516 who self-isolated for 14 days.</p>
Appraisals	✘ Jul-21	82.81%	95.00%		<p>The sickness absence rate for quarter 1 is 5.33%, broken down into 0.31% attributable to Covid-19 related sickness and 5.02% attributable to other sickness.</p> <p>'Anxiety/stress/depression' was the top sickness reason in June, accounting for 31% of all sickness absence during the month. The second highest reason was 'Other musculoskeletal problems' which accounted for 16% of sickness absence.</p>
Turnover	✔ Jul-21	9.23%	10.00%		<p>Other workforce metrics for July 2021 are:</p> <ul style="list-style-type: none"> <li>• Appraisal compliance reported as 82%, a 1% decrease from the previous month</li> <li>• Mandatory Training compliance reported as 88%, unchanged from the previous month</li> </ul>
Mandatory Training	✔ Jul-21	87.83%	80.00%		<p>Staff Turnover reported as 9.23%, an increase of 0.88%</p>

## Statistical Process Control (SPC) Charts

### Sickness

✘
 Month **Jun-21**    Performance **5.74%**    Standard **4.00%**



### Appraisal

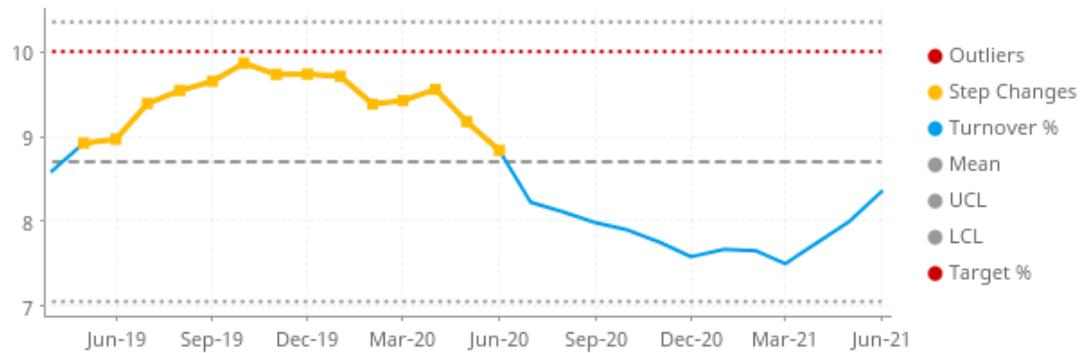
✘
 Month **Jul-21**    Performance **82.81%**    Standard **95.00%**



## Statistical Process Control (SPC) Charts

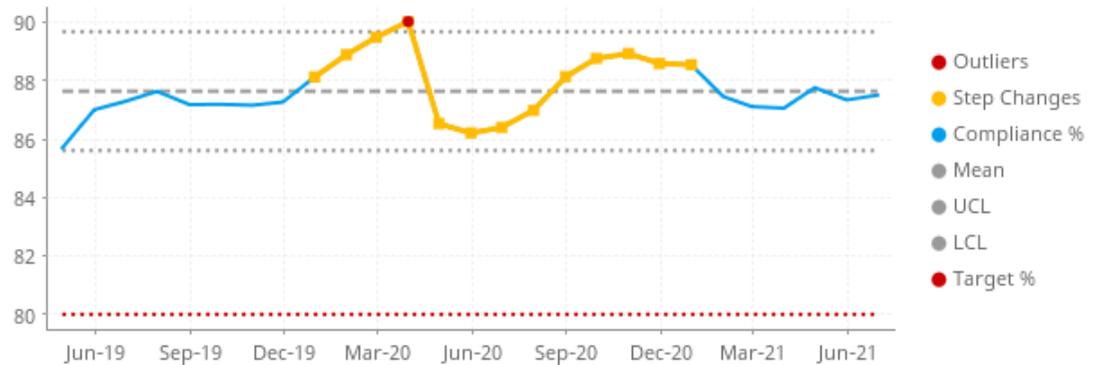
### Turnover

Month	Performance	Standard
✓ Jul-21	9.23%	10.00%



### Mandatory Training

Month	Performance	Standard
✓ Jul-21	87.83%	80.00%





## Finance Overview - Month 4

	Plan (£000)	Actual (£000)	
<b>Income/Expenditure</b>			
<b>In Month</b>	<b>500</b>	<b>511</b>	
<b>Year to Date</b>	<b>2,000</b>	<b>3,536</b>	

	£m
<b>Balance Sheet</b>	
<b>Cash Actual</b>	<b>53.2</b>
<b>Cash Forecast*</b>	<b>39.9</b>

\*Ahead of forecast due to improved I&E and Creditor days

	Plan (£m)	Actual (£m)	
<b>Capital</b>			
<b>In Month</b>	<b>1.2</b>	<b>0.9</b>	
<b>Year to Date</b>	<b>2.6</b>	<b>2.2</b>	

Use of Resources*	
Capital Service Cover Rating	
Liquidity Rating**	
I & E Margin Rating	
I & E Margin Distance from Plan	
Agency Rating	
Risk Rating After Overrides	

\*UOR suspended in 2020-2021 - manual calculations

\*\* Rating will only improve with increased cash reserves



# Appendix 1

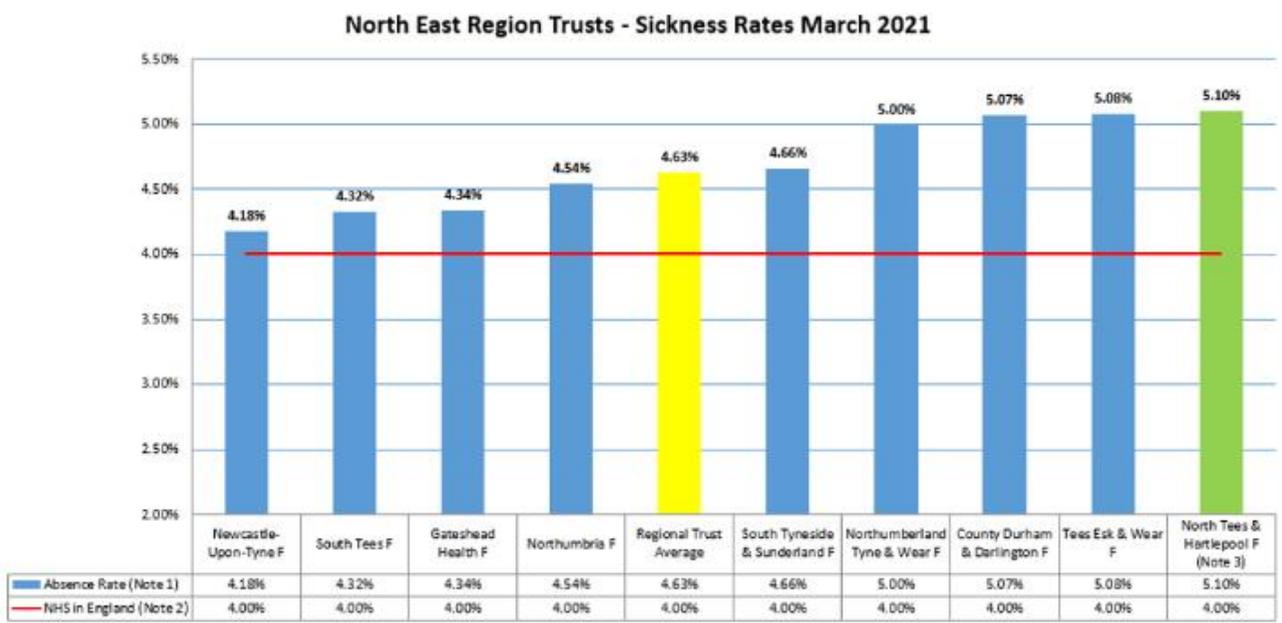
## RTT and Cancer

Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
RTT - June 21										
Incomplete Pathways waiting <18 weeks	68.8%		88.6%	88.2%	65.6%	81.4%	74.5%	88.9%	66.8%	76.3%
Half of incomplete patients wait less than	10		6	6	12	8	9	8	11	8
Half of admitted patients wait less than	11		9	13	26	12	12	9	7	7
19 out of 20 admitted patients wait less than	73		40	36	86	49	70	43	79	69
Half of Non admitted Pathways waited less than	6		4	5	7	4	5	5	4	5
19 out of 20 non admitted patients wait less than	43		23	22	48	26	37	32	32	26

Cancer 62 Day Standard - June 21	National	North East	North Tees & Hartlepool	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
Breast		90 (153/170)	100 (21.5/21.5)	75 (3/4)	63.64 (7/11)	90 (27/30)	76.47 (19.5/25.5)	100 (23.5/23.5)	95.12 (19.5/20.5)	94.12 (32/34)
Lung		76 (57/75)	75 (4.5/6)	100 (10.5/10.5)	66.67 (3/4.5)	84.62 (5.5/6.5)	65.91 (14.5/22)	73.33 (5.5/7.5)	77.78 (10.5/13.5)	66.67 (3/4.5)
Gynae		45.65 (21/46)	83.33 (2.5/3)	57.14 (2/3.5)	33.33 (1/3)	21.05 (2/9.5)	66.67 (4/6)	60 (3/5)	38.46 (5/13)	50 (1.5/3)
Upper GI		50.91 (28/55)	75 (4.5/6)	40 (3/7.5)	60 (1.5/2.5)	60 (1.5/2.5)	38.71 (6/15.5)	83.33 (5/6)	38.1 (4/10.5)	55.56 (2.5/4.5)
Lower GI		49.12 (56/114)	40 (7/17.5)	81.82 (9/11)	40 (4/10)	42.86 (3/7)	0 (0/7)	52.17 (12/23)	66.67 (13/19.5)	42.11 (8/19)
Uro (incl testes)		69.57 (128/184)	54.29 (9.5/17.5)	91.67 (38.5/42)	62.07 (9/14.5)	66.67 (8/12)	51.11 (11.5/22.5)	72.37 (27.5/38)	63.51 (23.5/37)	100 (0.5/0.5)
Haem (incl AL)	Data not available	81.25 (26/32)	66.67 (2/3)	80 (4/5)	100 (1/1)	100 (2/2)	100 (6.5/6.5)	100 (2.5/2.5)	83.33 (5/6)	50 (3/6)
Head & Neck		63.64 (28/44)	100 (2/2)	72.73 (8/11)	0 (0/1)		78.26 (9/11.5)	0 (0/0)	56 (7/12.5)	33.33 (2/6)
Skin		93.62 (176/188)	100 (2/2)	100 (3/3)	95.83 (23/24)	0 (0/0)	85.94 (55/64)	93.33 (14/15)	100 (31/31)	97.96 (48/49)
Sarcoma		75 (3/4)	0 (0/0)	0 (0/0)		0 (0/0)	80 (2/2.5)	0 (0/0.5)	100 (1/1)	0 (0/0)
Brain/CNS		0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)
Children's		0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)
Other		60 (3/5)	0 (0/0)	0 (0/1)	0 (0/1)	0 (0/0)	0 (0/0)	100 (1/1)	100 (1/1)	100 (1/1)
All		74.05 (679/917)	70.7 (55.5/78.5)	82.23 (81/98.5)	68.28 (49.5/72.5)	70.5 (49/69.5)	69.95 (128/183)	77.05 (94/122)	2.81 (120.5/165.5)	79.61 (101.5/127.5)

# Appendix 2

## Workforce



**North East Region Trusts - Sickness Rates March 2021 (\*latest available)**

The chart above shows the sickness absence figures for Acute and Mental Health Trust's in the North East region for March 2021. North Tees and Hartlepool NHS Foundation Trust is represented by the green column. The average rate for all North East Acute and Mental Health Care Trust's is shown by the yellow column. The red line is the average rate for the whole of the NHS in England.

The sickness rate for North Tees and Hartlepool is 5.10%, which is the highest in the north east region this month.

Newcastle Upon Tyne Hospitals NHS Foundation Trust report the lowest sickness absence rate for March 2021 at 4.18%.

## Council of Governors

Title of report:	Review of Constitution									
Date:	16 September 2021									
Prepared by:	Sarah Hutt, Assistant Company Secretary									
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs & Chief of Staff									
Purpose of the report	The purpose of the report is to present proposed amendments to the Trust's Constitution to ensure it remains fit for purpose.									
Action required:	Approve	x	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>A review of the Trust's Constitution has been undertaken to maintain its accuracy and to support changes to practices as the organisation continues to develop as part of an integrated care partnership with greater collaborative working.</p> <p>The proposed changes include:</p> <ul style="list-style-type: none"> <li>• Replace the use of 'chairman' with 'chair' reflecting equality and diversity;</li> <li>• Remove having a specified number of both executive and non-executive directors to allow any future flexibility of Board of Directors membership;</li> <li>• Expand the appointed members of the Council of Governors to include the Healthwatch organisations representing Stockton, Hartlepool and County Durham;</li> <li>• Amend the Clinical Commissioning Group appointed members of the Council of Governors to reflect the newly formed entities of NHS Tees Valley Clinical Commissioning Group and NHS County Durham Clinical Commissioning Group.</li> </ul> <p>A copy of the Constitution incorporating the proposed changes has been provided separately to obtain feedback prior to the meeting.</p>										
How this report impacts on current risks or highlights new risks:										
This report does not highlight any new risks.										
Committees/groups where this item has been discussed	N/A									
Recommendation	The Council of Governors are asked to approve the proposed changes to the Trust's Constitution as detailed.									

## Council of Governors

Title of report:	Governor Elections 2021																			
Date:	16 September 2021																			
Prepared by:	Sarah Hutt, Assistant Company Secretary																			
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs & Chief of Staff																			
Purpose of the report	The purpose of the report is to present the timetable for the 2021 Governor Elections and outline the number of vacant seats.																			
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 Model Rules for Elections requires the Trust to hold annual Governor elections to fill any vacant seats due to Governor terms of office coming to an end on 30 November 2021, or to fill any vacancies that have arisen during the course of the year following resignations or remained unfilled from the previous election.</p> <p>There are a total of nine vacancies in the following constituencies:</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Constituency</th> <th style="text-align: left;">Vacant seats</th> </tr> </thead> <tbody> <tr> <td>Stockton</td> <td>Four</td> </tr> <tr> <td>Hartlepool</td> <td>Two</td> </tr> <tr> <td>Easington</td> <td>One</td> </tr> <tr> <td>Staff</td> <td>Two</td> </tr> </tbody> </table> <p>Details of the vacancies are appended at Appendix 1.</p> <p>The timetable for the 2021 Governor Elections is appended at Appendix 2</p>											Constituency	Vacant seats	Stockton	Four	Hartlepool	Two	Easington	One	Staff	Two
Constituency	Vacant seats																			
Stockton	Four																			
Hartlepool	Two																			
Easington	One																			
Staff	Two																			
How this report impacts on current risks or highlights new risks:																				
This report does not highlight any new risks.																				
Committees/groups where this item has been discussed	N/A																			
Recommendation	The Council of Governors are asked to note the Governor Election 2021 timetable and note those Governors whose term of office will end on 30 November 2021.																			

**Council of Governors**

**16 September 2021**

**Governor Elections 2021**

The nine vacancies for the 2021 Governor Elections comprise seven Public Governors and two Staff Governors and are for three year terms of office.

**Stockton Constituency**

Janet Atkins  
Garvin Morrigan  
Mark White  
Kate Wilson

**Hartlepool Constituency**

George Lee  
Alan Smith

**Easington Constituency**

Vacant Seat (unfilled)

**Staff Constituency**

Siva Kumar  
Dave Russon

## Appendix 2

### Council of Governors Election Timetable 2021

<b>Notes</b>	<b>Timetable</b>
Returning Officer/Trust issue the Notice of Election. Nomination forms to be made available to Trust members.	Friday, 24 September 2021
Deadline for receipt of nominations.	Tuesday, 12 October 2021
Returning Officer and Trust to publish summary of nominated candidates.	Wednesday, 13 October 2021
Final date for candidate withdrawal.	Friday, 15 October 2021
Trust to make arrangements to provide electoral data to Returning Officer.	Monday, 18 October 2021
Returning Officer/Trust issue the Notice of Poll.	Friday, 5 November 2021
Voting packs despatched by Returning Officer to members.	Monday, 8 November 2021
Closing date for Election.	Friday, 19 November 2021
Returning Officer provides Election results/report, and the Trust write to successful/unsuccessful applicants.	Monday, 22 November 2021

## North Tees and Hartlepool NHS Foundation Trust

### Minutes of Virtual Strategy and Service Development Committee

Held, on Monday, 14 June 2021 at 1:30 pm

in Boardroom, 4th Floor, North Wing  
University Hospital of North Tees

**Present:** Steve Hall, Non-Executive Director (Chair)  
Lynne Taylor, Director of Planning and Performance (DoP&P)  
Margaret Docherty, Elected Governor, Stockton (MD)  
John Edwards, Elected Governor, Stockton (JE)  
Tony Horrocks, Elected Governor, Stockton (TH)  
Alan Smith, Elected Governor, Hartlepool (AS)  
Wendy Gill, Elected Governor, Sedgefield (WG)  
Kate Wilson, Elected Governor, Stockton (KW)  
George Lee, Elected Governor, Hartlepool, (GL),  
David Russon, Elected Governor, Staff, (DR)  
Mary King, Elected Governor, Sedgefield, (MK)

**In attendance:** Janet Clarke, Support Secretary (note taker)  
Lynsey Wallace, Head of Planning, Performance & Development (LW)  
Keith Wheldon, Safety & Quality Performance Manager (KW)  
Alan Shepherd, People Officer (ASh)

		Action
1.	<b>Apologies for Absence</b>  Apologies for absence were noted from Janet Atkins, Elected Governor, Stockton (JA), Gavin Morrigan, Elected Governor, Stockton (GM), Ian Simpson, Elected Governor, Hartlepool (IS), Mark White, Elected Governor, Stockton (MW), Kate Wilson, Elected Governor, Stockton (KW), Pauline Robson, Elected Governor, Hartlepool, Jean Kirby, Elected Governor, Stockton, (JK), Ann Johnston, Elected Governor, Stockton, (AJ), Ruth Mcnee, Elected Governor (RM), Aaron Roy, Elected Governor, Hartlepool, (AR), Pat Upton, Elected Governor, Stockton, (PU)	
2.	<b>Declarations of Interest</b>  The Chair, Steve Hall Non-Executive Director welcomed the committee members to the meeting.  The Chair, declared his role as a company director of Optimus.  Lynne Taylor, Director of Planning and Performance declared her role as a Trust representative of North Tees and Hartlepool Solutions LLP.	
3.	<b>Staff Working In Care Homes</b>  ASh Chief People Officer, provided an update on staff working in care homes who were invited to the vaccination hub which opened on the 22 December	

2020, this was not without challenges as at the time of the hubs launch no systems were in place. Over 70 staff members volunteered to help and support the service with retired staff offering their services. The Trust worked collaboratively across the region to deliver the service for patients, staff and the local community.

ASh explained the Pfizer COVID-19 vaccine was found to be 90% effective however, would need to be refrigerated at -70 to -80 degrees, this created challenges for distribution and storage as most hospitals refrigerate at around -2 to -8 degrees. At this temperature, the vaccine would spoil within 5 days.

The 1<sup>st</sup> cohort of patients were the elderly who were escorted to the hub with individual cubicles in place to accommodate the number of individuals who attended the service.

A booking and text message service was introduced as the vaccination hub was established, ensuring a zero waste approach. The hub closed on the 15 May – 144 days after opening.

Please see vaccination data below:

<b>Group</b>	<b>Number Vaccinated</b>	<b>% of total</b>
<b>Trust staff</b>	4959	33.5
<b>Patients</b>	1007	6.8
<b>NEAS</b>	71	0.5
<b>TEWV</b>	42	0.3
<b>Care Home</b>	1204	8.1
<b>Stockton Borough Council</b>	2688	18.2
<b>Hartlepool Borough Council</b>	2200	14.9
<b>Darlington Borough Council</b>	69	0.5
<b>Other *</b>	2560	17.3
<b>Total</b>	14,800	100

ASh confirmed that the next phase would be a booster vaccine in maybe October 2021.

ASh confirmed 88 percent of staff had been vaccinated with a small percentage of staff refusing for personal reasons. Due to employment law, the Trust feel it could not be compulsory for staff to be vaccinated as it is there personal choice.

	<p>For those staff who chose not to have the vaccination the Trust could redeploy staff to other areas; however this could prove difficult for skilled workers.</p> <p>The Chair would like to thank all the former employees who returned to work to help with the vaccination hub.</p> <p><b>4. Integrated Performance Report</b></p> <p>LW provided an update on the Integrated Performance Report explaining that the Trust had seen a significant reduction in the number of patients with COVID-19. On the 22 March 2021, the Trust resumed plans for all routine services to be fully effective with an aim to return to pre-COVID activity.</p> <p>The overall position for the majority of key standards, including RTT, cancer and diagnostics, remain comparable to national and regional positions, with an improved position against the cancer standards, achieving the two week rule, breast symptomatic two week rule and 31 day standards. However, pressures continued to affect the cancer standards particularly the 62-day standard, with some delays to pathways unavoidable.</p> <p>The 62-day Referral to Treatment standard reported at 76.38% compared to 78.10% the previous month. No Trust within the region achieved the standard with a regional average reporting of 73.5%.</p> <p>The Statistical Process Control (SPC) charts indicated an overall downward trend, resulting in increased internal escalation processes however; this is reflective of the pressure points of the pandemic. The Trust has continued to monitor and manage cancer pathways within the operational management structure.</p> <p>With evidence of the impact of the COVID pressures now reflected in the overall position, some recovery is noted against the standards; the focus had been and will continue to reduce the overall waiting list position in line with the recently published Annual Operating Plan requirements. Despite these pressures, additional waiting lists have been introduced where possible, with the clinical teams are working hard to maintain business as usual alongside recovery with strong oversight and management through the Trust's governance structures.</p> <p>The overall position for the majority of key quality standards, including HSMR, infections and falls amid complaints remain comparable to national and regional positions, with high quality care maintained despite the pandemic pressures. Whilst HSMR has shown a decrease from the rebased previous value of 98.22 to 95.99 (April 2020 to March 2021 position) this remains within control limits, with a similar trend evident in the latest SHMI value.</p> <p>Stage 1 complaints had seen an increase since May 2021 from the previous period reporting, whilst stage 2 - meeting and stage 3 - formal letters had seen a slight reduction from the previous reported period.</p> <p>The Trust is considering the Annual Operating Plan recommendations, with revised and additional metrics featuring future reports and similarly the implications of the System Oversight Framework, which is currently in consultation with a revised framework expected in June 2021.</p> <p>Continuous and sustainable achievement of key access standards across</p>	
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5.	<p>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 pressures, recovery, winter and staffing resources.</p> <p>LW explained that the sickness absence rate for April 2021 was reported at 4.85% a decrease of 0.09% compared to the previous month. This is broken down into 0.40% attributed to COVID-19 related out of those 19 staff were absent for ten days and 34 had to self-isolate for 14 days.</p> <p>Discussions ensued regarding working from home policy; DR questioned whether the decrease in sickness was due to management asking staff who report to their manager regarding sickness being asked to work from home. TH emphasised that working from home should be managed accordingly. ASh confirmed that the team do monitor standards on a daily basis.</p> <p><b>Yellowfin</b></p> <p>LW and Keith Wheldon Safety &amp; Quality Performance Manager provided an introductory presentation in the way we report business intelligence as oppose to the old performance report. LW explained the Corporate Dashboard and Board report had been reviewed, redesigned and transformed into the Trusts new Business Intelligence tool 'Yellowfin'. Performance highlights against a range of indicators including the Single Oversight Framework (SOF) and the Foundation Trust terms of license remains. With the development, this helped to support corporate and care group monitoring and management of performance. With easier reporting mechanisms and many elements, care groups found data much easier and accessible to read.</p> <p>Statistical Process Charts (SPC) is an analytical technique that plots data over time. The (SPC) is widely used in the NHS to understand whether change results in improvement for quality control. This tool provides an easy way for people to track the impact of improvement.</p> <p>The use of (SPC) is an approach that should increasingly be used when considering performance and operational data, as behind every standard there is a patient.</p> <p>Yellowfin was effective in the wake of the pandemic with the COVID-19 dashboard with very visible data on how many patients were receiving oxygen and where the pressures were on managing the patients.</p> <p>Safety &amp; Quality dashboard reporting analytical support to aid care group decision making.</p> <p>A&amp;E dashboard, on the discharging of patients the system will refresh and track patients attending and admitted to the admissions unit.</p> <p>JE thanked KW and LW for a very impressive system and asked how many background staff were involved. KW confirmed eleven team members of various grades were involved with five members of staff working on the development of the system with information pulled from TrakCare. TH, WG and the governors congratulated KW and the team for the great work surrounding Yellowfin. KW confirmed four or five Trusts were operating Yellowfin with</p>	
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6.	Gateshead the first in the area to start using the system a couple of years ago.  <b>AoB</b>	
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**Date & Time of Next Meeting**

Monday 20 September 2021

Boardroom, 1:30 – 4:00

# North Tees and Hartlepool NHS Foundation Trust

## Minutes of the Membership Strategy Committee Held, on Monday 17 May 2021

### University Hospital of North Tees

**Present:** Wendy Gill, Elected Governor (Sedgefield) (WG) Chair  
Tony Horrocks, Elected Governor (Stockton) (TH)  
Alan Smith, Elected Governor (Hartlepool) (AS)  
Mary King, Elected Governor (Easington) (MK)  
Ian Simpson, Elected Governor (Hartlepool) (IS)  
David Russon Elected Governor (Staff),  
Pauline Robson, Elected Governor (Hartlepool) (PR)

**In Attendance:** Ruth Dalton, Head of Communications and Marketing  
Sarah Hutt, Assistant Company Secretary (SH)  
Janet Clarke, Private Office Support (note taker)

### Welcome

WG welcomed members to the Membership Strategy Committee meeting

### Apologies for Absence

Apologies for absence was received from Barbara Bright, Director of Corporate Affairs & Chief of Staff, Janet Atkins, Elected Governor (Stockton) and Carol Alexander, Elected Governor (Staff) (CA), Margaret Docherty Elected Governor (Stockton) (MD), Ruth Mcnee Elected Governor (Stockton) (RM) Jean Kirby Elected Governor (Stockton) (JK), Aaron Roy, Elected Governor (Hartlepool) (AR).

### 1. Minutes of the last meeting held on Monday 22 March 2021

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

### 2. Matters Arising

#### a. Staff Information regarding Trust Membership

SH included in the papers the documentation provided to new staff regarding membership, which was part of the recruitment pack when commencing employment with the Trust.

#### b. Trust Anthem

JC confirmed that the Trust Anthem was no longer distributed to members by post and had been altered to a digital version accessible to view through a link on the Trust website. From the small number of copies published and distributed throughout the Trust the Committee agreed that any Governors who would like a hard copy printed could be accommodated. In addition, it was agreed to send an e-broadcast with the link included to all Trust members enabling them to access the magazine on-line.

#### c. Collaborative working publication of announcements

RD was aware that South Tees trust had announced on their web site earlier in the year the joint collaborative working between both trusts, however, advised that as this arrangement had been in place for some time so was not 'new' news, we would wait until the new joint chair was appointed and then issue a statement.

#### d. Membership Stockton Borough Council & Hartlepool Borough Council Publication

SH had discussed with the Communications Team the suggestion by Jim Beall at a previous Council of Governors meeting to publish an editorial piece in the publications

produced by Stockton Borough Council and Hartlepool Borough Council, which were widely circulated to residents of those areas. It had been included in the Communications and Marketing Plan to take forward.

### **3. Membership Statistics**

SH provided an overview of the membership statistics, which were broken down into staff and public members and highlighted that there had been a decrease of two public members since the last membership meeting held in March 2021. The public membership was broken down into constituencies with 1,496 members in Hartlepool, 451 members in Sedgfield, 2,377 members in Stockton, 787 members in Easington and 260 non-core public members. WG was concerned that the previous report produced may not be accurate due to a difference of figures; it was confirmed that this was a typing error in the previous minutes and the statistics presented at the last meeting had been correct.

### **4. Membership Data & Recruitment**

SH confirmed that since March 2021, two volunteers had completed membership application forms. The total membership as at 17 May 2021 was 5,371 public members with 260 non-core public members and 6,271 staff members, giving a total of 11,588 members. The target for 2021 was to maintain the public membership with c.6,000 members. WG queried the rise in staff membership totalling 6,271 and it was noted that there had been some recruitment activity and a fluctuation in numbers on a short-term basis only to support the COVID-19 pandemic. Although membership recruitment was still a priority, any new members recruited had been offset against those deceased or gone away (members moving address with no forward details) following data cleanses being undertaken each month. Discussions ensued amongst the members as to how to promote and generate new members and a number of suggestions were made, which included considering introducing under 25 membership ambassadors to try to encourage and introduce a younger generation of members; having a fresh membership campaign with strap lines and new branding capitalising on the current good feeling for the NHS in the wake of the pandemic

It was also suggested that the topic of trust membership be part of the Corporate Induction as a way to engage with staff to encourage and promote the membership with their own friends and family. RD explained that membership was not currently part of induction, however would raise this with the executive team as part of an overall review of the induction presentation. RD to take action and will update the membership committee at the next meeting.

- **Action: RD to discuss with the Executive Team**

A member sought to understand whether when staff members left the Trust could they automatically be made public members. It was explained that this was not permitted, however, in the past letters had been sent to staff leavers inviting them to become public members which had unfortunately generated very little interest whilst incurring significant cost.

### **5. Proposed Membership Recruitment Campaign**

RD presented a Communications and Marketing Plan with a view to attracting new members to the Trust, creating a fresh approach of engagement to fulfil the objective to recruit and manage a targeted number of members. The campaign would raise the profile of membership and create an engaging strategy to be delivered by the Communications and Marketing Team supported by the Membership Committee.

RD explained it was a high-level plan to rejuvenate the Membership Recruitment Strategy. Objectives included:

- To promote the membership programme for the Trust
- To ensure visibility of membership – as an option for members of the public
- To recruit more members to serve as part of the membership initiative
- To ensure the brand can be sustainable for partner organisations to get involved

RD confirmed that the Communications and Marketing team would update and provide Governor profiles creating pen pictures for the governors to be positioned on the web site, with a dedicated area for membership recruitment.

- **Action: RD to develop the web-site further**

RD suggested relaunching the member events and trialling virtual on-line membership events, between 5:00pm - 7:00pm to see if they generated more interest. Proposed topics included Mental Health, COVID-19, Critical Care and headline news at the time, etc. RD explained the GP liaison on-line engagement events had proved a huge success and the attendance had quadrupled since introduced on-line.

Collaborative working with South Tees was on going to support one another in developing and relaunching a membership brand highlighting the purpose of membership and making people feel represented, in line with the national team themes.

RD suggested launching an internal campaign for staff to encourage family and friends to join the Trust to become a member. A recommend a friend initiative to develop a message to mail to all reachable membership colleagues asking them to support the membership by recommending a friend to join the membership.

## **6. Communications Update**

RD provided an update on the Communication and Marketing Team continuing to work to a number of key priority ambitions for the Trust – key health messages and narrative supporting aspirational population health across the region.

The team had been finalising the new web-site development, ready to share user journey options with stakeholders. The team were also planning the development of an intranet for staff –to capitalise on the internal communications strategy employed during the height of the COVID-19 pandemic.

RD confirmed that provisional discussions had been held with the Communications Team at South Tees Hospital NHS Foundation Trust about some cross-team working in the ambitions for a Membership Strategy, specifically based on recruitment campaigns.

## **7. Volunteer Update**

It was reported that the number of active volunteers continued to increase, with 146 as at 30 April 2021. As restrictions were easing, there had been an increase in the number of volunteers showing an interest in returning to the Trust. The Volunteer team were placing the returning volunteers with an existing volunteer to support transition back into the organisation.

Volunteer support in the on-site vaccination centre would naturally end as the centre was closing in May, volunteers would be re-directed to alternative roles.

Elsewhere, the service continued to grow across the Trust. Training for the end of life support companion role would start on 17<sup>th</sup> May. This pilot would enable volunteers to provide support to patients in a ward setting, providing presence and a listening ear to the patient and their families. Volunteers had started to support in the Orthopaedic Outpatient Department to assist with the re-introduction of the appointment screens and to help with the flow of patients throughout the outpatient area.

Work with the Responder and Comfort Call pilot continued as numbers and usage increase. The 'Home but Not Alone' project will restart on 1<sup>st</sup> June.

The Volunteering Service continue to work closely with the team delivering the Active Hospital pilot and would deploy volunteers where they can best support this initiative.

National Volunteers' Week was 1 to 7 June 2021. Trust volunteers would be celebrated by various means throughout the week. During the week, those volunteers who had supported the Trust during the pandemic would receive a token of thanks in the form of an enamel badge with a letter from the Chief Executive.

## **8. Any other Business**

### **Date and Time of the Next Meeting**

27 September 2021 at 11.00am