



Council of Governors Meeting

**Thursday, 18 February 2021
at 10.00am**

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

NM/SH

4 February 2021

Dear Colleague

A meeting of the **Council of Governors** will be held on **Thursday, 18 February 2021 at 11.00am. A development session will precede the meeting at 10.00am.** Dial-in details for the meeting will follow.

Yours sincerely



Neil Mundy
Interim Joint Chair

Agenda

- | | | | |
|------|---------|---|--|
| (1) | 11.00am | Welcome | Chairman |
| (2) | 11.00am | Apologies for Absence | Chairman |
| (3) | 11.00am | Declaration of Interests | |
| (4) | 11.00am | Minutes of the last meeting held on, 10 December 2020 (enclosed) | Chairman |
| (5) | 11.10am | Matters Arising and Action Log | Chairman |
| (6) | 11.15am | Board Business
(BoD agenda 25 March 2021 enclosed) | Chairman |
| (7) | 11.25am | Chief Executive's Report (enclosed) | Julie Gillon |
| (8) | 11.45am | North East and North Cumbria Integrated Care System (enclosed) | Julie Gillon |
| (9) | 11.55am | Integrated Compliance and Performance Report (enclosed) | Kevin Robinson,
Neil Schneider, Phil Craig & Jonathan Erskine |
| (10) | 12.10pm | Register of Interests (enclosed) | Barbara Bright |
| (11) | 12.15pm | Lead Governor Ballot (verbal) | Chairman |
| (12) | 12.30pm | Sub Committee Minutes:
12.1 Draft Nominations Committee Minutes
- 15 January 2021 (enclosed) | Tony Horrocks |

(13) 12.35pm Any Other Notified Business

Chairman

(14) 12.40pm Approximate close

Date and Time of Next Meeting

The next meeting is scheduled to take place on Thursday, 6 May 2021.

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, 18 February 2021 at 11 am in the Boardroom at the University Hospital of North Tees and via video and audio 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
Pauline Robson
Aaron Roy
Ian Simpson
Alan Smith

Stockton Elected Governors:

Margaret Docherty
John Edwards
Anne Johnston
Raymond Stephenson *[Audio only]*
Pat Upton
Mark White
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
Puthuvalparampu Sivakumar
Andrew Simpson

Appointed Governors:

Cllr Jim Beall, Stockton Borough Council
Dominic Johnson, University of Newcastle
Linda Nelson, Teesside University
(Development Session only)

Attendance in the Boardroom: -

Neil Mundy, Interim Joint Chair*	Chairman
Neil Schneider, Non-Executive Director*	NS
Julie Gillon, Chief Executive*	CE
Barbara Bright, Director of Corporate Affairs and Chief of Staff	DoCA&CoS
Levi Buckley, Chief Operating Officer	COO
Samantha Sharp, Personal Assistant (note taker)	

In attendance via video conferencing: -

Philip Craig, Non-Executive Director*	PG
Jonathan Erskine, Non-Executive Director*	JE
Kevin Robinson, Non-Executive Director*	KR
Rita Taylor, Associate Non-Executive Director	RT

* voting member

Development Session – Teesside Provider Collaborative

Neil Mundy, Interim Joint Chair (IJC) introduced himself explaining that he was grateful for the opportunity to take on the role of interim Joint Chair for both the Trust and South Tees Hospitals NHS FT. He explained that in addition to the day-to-day role of Joint Chair and establishing the Joint Strategic Board, focus would be on supporting the Council of Governors of both Trusts to recruit and appoint a permanent Chair by the end of July 2021.

The IJC highlighted how the transition would be managed and outlined the key benefits for patient care and population health that could be achieved by the two Trusts working more closely together.

The IJC outlined the proposed timeline of key actions highlighting the key collaborative milestones over the next three months which included:-

- Proposed Joint Liaison Working Group of Governors – Week Commencing 8 March 2021
- Proposed Joint Board to Board Meeting – 17 March 2021
- Proposed Governor to Governor Meeting / Development session – 24 March 2021
- Formation of the Joint Nominations Committee to appoint the permanent Joint Chair – Late March 2021
- Date of first Joint Strategic Board – 8 April 2021

The governance arrangements of the Joint Strategic Board, the Memorandum of Understanding, the Terms of Reference, the work programme and enablers and the Committee structure were outlined. It was noted that the Joint Strategic board was not a legal entity and that statutory accountability remained with each organisation with no constitutional changes. This would not impact on the roles and responsibilities of the Council of Governors.

The Memorandum of Understanding outlined the understanding and commitment of all parties setting out the approach to collaboration and the Terms of Reference outlined the purpose, membership, quoracy and administration.

Going forward there would be a planned sharing of integrated performance information and the buddying of North and South Tees Executive and Non-Executive Directors. A Director of Strategy and Partnership would be appointed and joint development sessions would be scheduled.

The CE presented on integrated care highlighting that work continued across the system to ensure that services for patients were robust and that the issues faced as a region were addressed.

The CE provided an update on the North East and North Cumbria provider collaborative highlighting horizontal and vertical integration and how this would be achieved.

Echoing the thoughts of the IJC, the CE highlighted the advantages of how working together as part of a Teesside Collaborative to ensure the best possible care outcomes for the population of Teesside could come to fruition. By working collaboratively, both Trusts will have a collective voice to ensure equitable access to capital investment to upgrade facilities across the region.

The CE highlighted that the Trust continued to work in the context of national and local policy change and the ICS/ICP infrastructure and continued to ensure that patient care was at the forefront with a focus on improving quality, patient experience and outcomes.

Resolved: that, joint development sessions be schedule for both Council of Governors of North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT.

Meeting of the Council of Governors

CoG/981 Welcome

The Interim Joint Chair welcomed members to the meeting.

CoG/982 Apologies for Absence

Apologies for absence were received from Steve Hall, Vice Chair/Non-Executive Director, Ann Baxter, Non-Executive Director, Tony Horrocks, Lead Governor/Elected Governor for Stockton, Janet Atkins, Elected Governor for Stockton, Jean Kirby, Elected Governor for Stockton, Gavin Murrigan, Elected Governor for Stockton, Dave Russon, Elected Staff Governor, Prof Tony Alabaster, Appointed Governor for University of Sunderland, Eunice Huntington, Linda Nelson, Appointed Governor for University of Teesside and Cllr Mike Young, Appointed Governor for Hartlepool Borough Council.

CoG/983 Declaration of Interests

The Interim Joint Chairman declared an interest in item12: draft Nominations Committee minutes and item 13b: Minutes of an extraordinary meeting of the Council of Governors' held on Thursday, 21 January 2021. Non-Executive Directors Jonathan Erskine and Kevin Robinson, declared an interest in item12: draft Nominations Committee minutes together with Associate Non-Executive Director, Rita Taylor.

CoG/984 Minutes of the meeting held on, Thursday, 10 December 2020

The minutes of the last meeting was confirmed as an accurate record save for the following clarification:-

a. CoG970 Urology Services

Reference was made to compliance with the Getting It Right First Time report in relation to Urology Services.

Resolved: that, the minutes of the meeting held on Thursday, 10 December 2020 be confirmed as an accurate record save for clarification as stated.

CoG/985 Matters Arising and Action Log

a. Action Log

The action log was reviewed, noting that all current actions had been completed.

b. CoG/969(d) Strategy and Service Development Committee

A virtual meeting of the Strategy and Service Development Committee was reconvened on 5 February 2021 Chaired by Steve Hall, Vice Chair/Non-Executive Director.

Resolved: that, the verbal updates be noted.

CoG/986 Board Business

The draft agenda for the Board of Directors' meeting scheduled for Thursday, 25 March 2021 was provided for information.

Resolved: that, the draft agenda for the Board of Directors' meeting scheduled for Thursday, 25 March 2021 be noted.

CoG/987 Chief Executive's Report

The CE provided an update on the Trust's response to COVID-19 highlighting that there were currently 92 confirmed cases within the Trust; 10 in ITU, 7 on mechanical ventilation. A rapid reduction in the infection rate for both Stockton and Hartlepool was noted with good uptake of the vaccine. The Government were set to outline their 'roadmap' to ease restrictions on Monday, 22 February 2021.

The Trust continued to work with NHSE/I on key priorities in responding to COVID-19 and the recovery of services which was proceeding to plan with elective and day case returning to North Tees and Hartlepool. There had been an increase in waiting times with patients being clinically prioritised. The Trust continued to work with the local authorities, neighbouring Trusts and the independent sector to address the current position.

Roll out of the vaccination programme was proceeding to plan with over 14000 vaccines being administered at the Trust's vaccination hub. Supplies to hospitals had currently ceased with supply being redirected to mass vaccination centres. The Trust would recommence its programme in March for second doses with staff being redirected to the mass vaccination centre in the meantime if required..

Support for staff health and wellbeing continued with a range of initiatives being implemented to complement the Trusts usual health and wellbeing offer. Rainbow Rooms at both North Tees and Hartlepool had been created to provide staff with an area in which to take a break away from their work area utilising Captain Sir Tom Moore funds. In addition, the Trust had recently partnered with the Tees, Esk and Wear Valley NHS FT to provide enhanced psychological support for staff.

The Trust were currently running 16 COVID-19 related research studies and the CE highlighted that the vaccine research trial in respect to Novavax had progressed and was now being manufactured in Stockton.

The Trust continued to further engage with staff through the Listening into Action app. The staff engagement strategy would be revisited to include both virtual and face to face engagement as restrictions allow to improve working lives and to promote patient care.

Work on the Clinical Services Strategy continued and this would provide the main nucleus within the Teesside Provider Collaboration to benefit patients for the future.

On 11 December, the Trust opened its combined Accident and Emergency and Urgent Care entrance at the University Hospital of North Tees. This had been completed within budget and agreed timescales and phase 2 had commenced which would see the development of integrated paediatric assessment services.

In response to a member's query, the CE reported that 72% of staff had taken the opportunity to have the COVID-19 vaccine and that work continued to encourage further uptake. Furthermore, the CE explained that staff had a duty of care to receive the vaccine but highlighted that this was currently voluntary explaining that PPE and the introduction of lateral flow tests mitigated the risk of transmission.

In response to a member's query, the CE reported that high level results from the recent staff survey were now available with the Trust reporting above average in all themes. The Trust would look to benchmark itself across the North East and North Cumbria and with its neighbouring Trust with results being shared with Governors in due course.

- Resolved:**
- (i) that, the content of the report and the pursuance of strategic objectives amongst the COVID-19 recovery and restoration programme be noted; and
 - (ii) that, the results from the Trust's staff survey be shared with

Governors in due course.

CoG/988 North East and North Cumbria Integrated Care System (ICS)

The CE 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) plans and to the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and provider collaboration.

Sir Liam Donaldson had been appointed as the ICS independent Chair. Progress had been made with the North East and North Cumbria provider collaborative, which continued to meet regularly to take forward service development and the response to COVID-19.

The Clinical Services Strategy remained at the centre of the work programme for the Tees Valley with enabling workstreams of finance and efficiency, digital and workforce continuing to support the way forward. A workforce expert had been appointed across the system to take forward the workforce plan for the future.

A member highlighted the need for the Trust to work with its local authorities to implement the recommendations made in the white paper and to consider how to take forward health and social care integration. The CE agreed and highlighted ways the Trust and system could work together to meet the needs of the local population highlighting that health and wellbeing boards were an important part of this. It was imperative that the Trust worked with its local partners and stakeholders to progress population health and prevention and meetings had been set up with the Directors of Public Health for both Stockton and Hartlepool.

- Resolved:**
- (i) that, the work to date is noted and that progress with regard to North East and North Cumbria Provider Collaboration be noted; and
 - (ii) 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
 - (iii) that, the approach and focus with regard to next steps in the Tees wide provider collaborative and the role of the Interim Joint Chair in progressing the strategic focus and common purpose be noted; and
 - (iv) that, the continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change be noted; and
 - (v) that, the work in relation to the financial approach with the move toward robust governance to support mutual accountability be noted.

CoG/989 Integrated Compliance and Performance Report – Month 10

KR, Non-Executive Director reported that a different format for the report would be presented going forward which would help the Trust draw on intelligence, helping the Trust to focus and identify longer term trends whether these be positive or negative. KR explained the format of the report, which continued to be refined, and provided assurance that information continued to be reported accurately and that data would be used to manage performance and services going forward.

KR highlighted the significant pressures which continued across the Trust with the management of COVID-19 alongside the requirement to deliver business as usual and recovery. The pandemic had inevitably impacted upon the delivery against a number of standards, however, RTT, cancer and diagnostics standards remained positive compared with national and regional positions.

Overall, compliance against key access standards was positive with the Trust being on track to recover services in a timely manner. A slight increase in falls was noted but continued to be below the level reported the previous year. Beverley Woodard had been appointed as the

Trust's falls lead and would be reviewing the current falls management system and implementing an assurance framework with the focus on re-enablement and the physical wellbeing of patients to mitigate the risk of falls. Falls continued to be monitored through the Performance, Planning and Compliance Committee and reported to the Patient Safety and Quality Standards Committee. JE, Chair of the Patient Safety and Quality Standards Committee highlighted the work being undertaken to prevent falls and how risks were being mitigated against. In addition, JE highlighted the work being undertaken to improve incidents and management of pressure ulcers.

The Trust had reported an improved position against the majority of infections, likely due to a decrease in activity and the wearing of PPE.

Staff sickness currently reported at 6.83% with 2% attributable to COVID-19. A number of initiatives had been implemented to support sickness management across the Trust and also the health and wellbeing of staff. Appraisal compliance reported at 83%, a decrease of 1% on the previous month and mandatory training remained the same at 89%. Staff turnover had decreased.

A modest surplus of £500k was reported at Month 9 2020/21, with a surplus year to date position of £1.95m. The Group cash balance was £65.5m, driven by cash received in advance for December 2020 block payment and delays in the capital programme. Based on current assumptions, the Trust anticipated delivering a small in-year surplus of circa £3m.

PC, Chair of the Finance Committee highlighted the favourable financial position which had been consistent throughout the year reminding Governors that the Trust continued to operate within system allocated financial envelopes for the remainder of the current financial year and into the first quarter of 2021/22.

A member raised concern in respect to the readmission rate asking for clarity. The COO reported that the Trust took a proactive risk approach which aimed to reduce length of stays and support care at home. All readmission cases were reviewed to ensure learning and to inform clinical pathways. The Trust compared favourably with its neighbours.

In response to a query around 'long COVID', the COO reported that the allocation of funds to address this were awaited. Patients were monitored at home using digital technology and the Trust continued to work with primary care and await national guidance. The COO reported that virtual clinics/wards were ran by Hartlepool and Stockton Health GP Federation with good uptake and an increasing caseload. The inpatient service referred into this and the service was monitored by primary care. Use across the Trust and South Tees Hospitals NHS FT was comparable.

Members highlighted that the new report did not show control limits for each standard. The COO reported that the Director of Planning and Performance was working to produce a glossary to define standards. In addition, KR reported that a 'virtual' development session would be arranged for Governors to explain the new report and help them understand how the report would be used going forward.

In response to a member's query, the COO reported on the use of lateral flow tests (LFT) to appropriately segregate patients. The COO explained that LFTs were currently being used in areas of high patient flow such as urgent and emergency care and maternity services and was a first check to determine where a patient should appropriately be placed. All patients visiting these areas were treated as though they had COVID-19 until a LFT confirmed otherwise. LFTs were fast and effective and those testing positive or inconclusive via a LFT were referred for a full Polymerase Chain Reaction (PCR) test.

A member provided feedback from Stockton Local Authority highlighting the positive support and partnership working which had taken place during the current pandemic for the benefit of the population. The CE thanked the member for his comments and advised that this would

be passed onto staff.

- Resolved:**
- (i) that, the on-going and significant operational pressures and system risks to regulatory key performance indicators and the intense mitigation work that was being undertaken to address these going forward be acknowledged; and
 - (ii) performance against the key operational, quality, finance and workforce standards during December together with the additional pressures of winter alongside the impact of staffing resource be noted; and
 - (iii) that, the on-going financial pressures be recognised; and
 - (iv) that, the successful roll out of the COVID-19 vaccine and lateral flow testing be noted; and
 - (v) that, a 'virtual' development session be arranged for Governors to explain the new Yellowfin Integrated Performance Report; and
 - (vi) that, feedback from Stockton Local Authority highlighting the positive support and partnership working which had taken place during the current pandemic for the benefit of the population be acknowledged and passed onto staff.

CoG/990 Register of Interests

The DoCA&CoS reported on the process for Governors to declare any interests which may conflict with their position as a Governor of the Trust. In addition, Governors were required to annually declare they remained fit and proper to fulfil the role of Governor, in line with the Trust's provider licence and the Council of Governors' Code of Conduct. This information was recorded in a register, available for public inspection. A copy of the register for February 2021 was appended. Any outstanding declarations would be followed up to ensure a full return.

- Resolved:**
- (i) that, the Register of Interests and annual Fit and Proper Persons declarations for 2021 be noted; and
 - (ii) that, the register would be available to the public via the Council of Governors papers and minutes published on the Trust's website and referred to in the Annual Report 2020/21.

CoG/991 Lead Governor Ballot

The DoCA&CoS reported that following the meeting in December, the agreed process for the Lead Governor Ballot was implemented, with one nomination received for the position. Following due process, it was reported that Tony Horrocks had been duly appointed uncontested as Lead Governor for his term of office. The Interim Joint Chair placed on record his congratulations to Tony.

- Resolved:** that, the Council of Governors ratify the appointment of Tony Horrocks as Lead Governor for his term of office.

CoG/992 Sub-Committee Minutes

a. Draft Nominations Committee Minutes (15 January 2021)

The Interim Joint Chair and Jonathan Erskine, Non-Executive Director were not present for this item.

The DoCA&CoS presented the minutes of the Nominations Committee which was held on 15 January 2021, highlighting that proposals for the appointment of an Interim Joint Chair and the appointment of a Vice Chair were considered and recommendations made to an extraordinary meeting of the Council of Governors' on 21 January 2021 for ratification. In addition, it was proposed that Non-Executive Directors, Kevin Robinson and Jonathan Erskine

be appointed for a further term of three years and Rita Taylor, Associate Non-Executive Director be appointed for a further term of 12 months, again this being ratified at an extraordinary meeting of the Council of Governors' on 21 January 2021.

Resolved: that, the minutes of the Nominations Committee held on 15 January 2021 be noted.

CoG/993 Any Other Notified Business

a. Information for Governors

The Interim Joint Chair reported that Governors' would receive a monthly bulletin going forward giving information on issues pertinent to Governors. This would commence at the end of February/beginning of March and views from Governors' on the format and information provided would be appreciated.

b. Minutes of an Extraordinary Meeting of the Council of Governors' held on, Thursday, 21 January 2021

The Interim Joint Chair and Jonathan Erskine, Non-Executive Director were not present for this item.

The DoCA&CoS presented the minutes of an Extraordinary Meeting of the Council of Governors' which was held on, Thursday, 21 January 2021 highlighting that proposals for the appointment of an Interim Joint Chair and the appointment of a Vice Chair were presented together with proposals for the terms of office for Non-Executive Directors, Kevin Robinson, Jonathan Erskine and Rita Taylor to be extended.

A robust discussion ensued in respect to the appointment of an Independent Joint Chair with members expressing concern at the speed at which things were happening. The DoCA&CoS provided assurance clarifying that the Nominations Committee was a subgroup of the Council of Governors with delegated authority to make recommendations to the full Council of Governors. It was noted that the appointment of a substantive Joint Chair would be taken forward by the Nomination Committees of both Trusts prior to recommendations being presented to the Council of Governors.

A member sought clarity on the procedure followed in respect to the outgoing Chair chairing the Nominations Committee. The CE explained that Paul Garvin as outgoing Chair had no vested interest in the discussions and was not to remain part of the Trust going forward.

Although concerns were raised with the expeditiousness of the appointment of an Independent Joint Chair, members highlighted their general support for the direction of travel and welcomed greater collaboration of Trusts in Teesside for the benefits of patients.

The following points of accuracy in respect to the minutes from the Extra-ordinary meeting were noted as follows:-

- George Lee, Elected Governor for Hartlepool was present at the meeting
- Clarity was requested in respect to the management of patients that required transferring from North Tees to South Tees Hospital to receive appropriate treatment and care, which the CE responded to in terms of current pathway management.
- A member spoke in personal favour of the general direction of travel of greater collaboration, short of merger but expressed disappointment that the proposals had not been shared and discussed with local stakeholders, nor had there been any public consultation. Members were reminded that Stockton had a long history of effective partnership based on agreed strategic direction and worked transparently together to achieve synergetic outcomes. Reassurance was given that this would be rectified going forward.

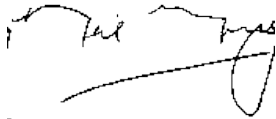
- Resolved:** (i) that, the verbal updates be noted; and
(ii) that, a Joint Governor Bulletin be developed and circulated to Governors on a monthly basis; and
(iii) that, the minutes of the Extraordinary Meeting of the Council of Governors' held on, Thursday, 21 January 2021 be confirmed as an accurate record save for points of accuracy as outlined above.

CoG/994 Date and Time of Next Meeting

Resolved: that, the arrangements for the meeting to be held on Thursday, 6 May 2021 be confirmed in due course.

The meeting closed at 12:30 pm

Signed:

A handwritten signature in black ink, appearing to be 'M. Fair' followed by a large, stylized flourish.

Date: 6 May 2021

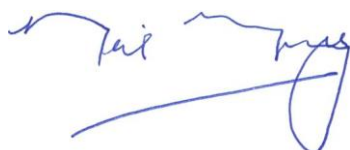
NM/SH

4 February 2021

Dear Colleague

A meeting of the **Board of Directors** will be held on **Thursday, 25 March 2021 at 1.00pm** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely



Neil Mundy
Chairman

Agenda

			Led by
1.	(1.00pm)	Apologies for Absence	Chairman
2.	(1.00pm)	Declaration of Interest	Chairman
3.	(1.00pm)	Minutes of the meeting held on, 28 January 2021 (enclosed)	Chairman
4.	(1.05pm)	Matters Arising / Action Log (enclosed)	Chairman

Items for Information

5.	(1.10pm)	Report of the Chairman (verbal)	Chairman
6.	(1.20pm)	Report of the Chief Executive (enclosed)	J Gillon

Strategic Management

7.	(1.30pm)	Data Protection and Cyber Assurance Report (enclosed)	G Evans
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Performance Management

8.	(1.40pm)	Capital and Revenue Budgets (enclosed)	N Atkinson
9.	(1.50pm)	Integrated Corporate Report (enclosed)	L Taylor, L Robertson A Sheppard & N Atkinson

10. (2.05pm) Any Other Notified Business

Chairman

11. Date of Next Meeting
(Thursday, 29 April 2021 Boardroom, University Hospital of North Tees)

Council of Governors

Title of report:	Chief Executive Report									
Date:	18 February 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"> • COVID-19 update and Phase 3 recovery including vaccination roll out • Brexit/EU Exit • Shining Stars walkabout – 17 December 2020 • Listening into Action – engaging with our staff • Integrated Care System and Integrated Care Partnership Update including Clinical Services Strategy • Capital Investment - Combined Accident and Emergency and Urgent Care Centre • Prevention Board focus and delivery • NHS Providers Chairs and Chief Executive Network 										
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 receive and note the content of this report and the pursuance of strategic objectives.									

North Tees and Hartlepool NHS Foundation Trust
Meeting of the Council of Governors
18 February 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 update and Phase 3 recovery

Context

As previously reported to the Council of Governors, NHS England and NHS Improvement reinstated level 4 incident management across the NHS on 5 November 2020.

The incident management system is different to the four tiers in place in England and was established in May 2020 during the first wave. The UK's four Chief Medical Officers supported the UK alert level increasing to level five citing that 'Cases are rising almost everywhere, in much of the country driven by the new more transmissible variant. We are not confident that the NHS can handle a further sustained rise in cases and without further action there is a material risk of the NHS in several areas being overwhelmed over the next 21 days.'

2.1.2 Operational Priorities

NHSE/I published a letter regarding 'Operational priorities for winter and 2021/22' on 23 December 2020 outlining the key priorities for the remainder of 2020/21, including the winter pressures. The key requirements include:

- Responding to COVID-19 demand; maximising available surge capacity; timely discharges and robust infection control procedures (implementing ten key actions).
- Pulling out all the stops to implement the COVID-19 vaccination programme; in line with Joint Committee for Vaccination and Immunisation (JCVI) priorities for roll out.
- Maximising capacity in all settings to treat non-COVID-19 patients; utilising IS capacity and implementing the twelve clinical priorities from the Ockenden Review.
- Responding to other emergency demand and managing winter pressures; Ensure 'reason to reside' criteria patients are discharged promptly, including stretch targets to reduce LLOS patients; complete the flu vaccination programme and maximise community pathways of care for ambulance service referrals.
- Supporting the health and wellbeing of our workforce; systems could continue to deliver the actions in their local People Plans and communicate to all staff that wellbeing hubs have been funded and will mobilise in the new year in each system.

2.1.3 Planning for 2021/22

The Trust has maintained strong performance against the recovery trajectories however, this has become increasingly challenging due to the continued and increasing impact of COVID-19. Operational delivery has been impacted, whilst the Trust has retained focus on keeping patients safe and supporting staff wellbeing.

February and March will see a return to non-Covid recovery and business as usual.

2.1.4 COVID-19 current position

The rolling seven-day positive incidence of COVID-19 per 100,000 population, continues to demonstrate a reduction in infection rates in Hartlepool and Stockton. The high infection rate in communities led to a consequential rise in admissions into the Trust. Regular bed modelling data is reviewed by the executive team to inform operational decision making and the wider strategic delivery and development of services.

Total COVID-19 Admissions	2386
Total Admissions Base Wards	2228
Total Admissions ITU	158
Number of Discharges	1767
% Discharged	74.0%
Number of Deaths Positive COVID-19	480
% Deceased	20.1%
% still in Hospital	5.9%

Data as at 1 February 2021

2.1.5 COVID-19 Vaccination Programme

The Trust was allocated the first doses of the Pfizer COVID-19 vaccination on 22 December 2020 with deployment through the Rapid Assessment Unit (RAU) at the UHNT site, and vaccination commenced immediately. As the vaccine arrives frozen and has strict requirements for reconstitution and transportation the focus has been for patients over 80 years old, staff working for the Trust, social care colleagues and staff from NEAS and TEWV. The Trust vaccine hub has administered 10,479 vaccinations as of 30 January 2021.

Primary Care Networks (PCNs) are deploying the more stable Astra-Zeneca vaccine to care home residents and further cohorts of the population on a staged basis.

2.1.6 Staff Health and Wellbeing

We are committed to supporting the physical and emotional wellbeing of our staff; this has become even more important during the pandemic. A range of initiatives have been implemented to compliment our usual health and wellbeing offer. These include development of recharge hub facilities on both the Hartlepool and North Tees Hospital sites, called the Ramplin Rainbow Room and Rainbow Room respectively. There is evidence to suggest that there are significant psychological benefits of having separate break-out areas available for employees to recharge. The basic principle being that it allows employees to temporarily disengage from the steady stream of daily tasks. The Trust was fortunate to receive funding for these facilities from the Captain Sir Tom Moore charity and were completed in readiness for the Christmas period.

The Trust and our staff have been pivotal in raising the profile of our recharge hub facilities with immense media coverage in recent weeks.

Enhanced psychological support has also been put in place with the development of a Staff Psychological Support Hub (SPSH). The aim of the hub is to provide staff with psychological support at this challenging time during Covid-19. SPSH are working alongside many differing internal and external providers of psychological support which has recently been further bolstered with support of Tees Esk and Wear Valley NHS Foundation Trust.

2.1.8 COVID-19 Research

The Trust is currently running 16 COVID-19 studies looking at treatments and vaccines as well as observational studies in both patients and staff. Over 3,000 participants have been recruited into COVID-19 studies in this financial year to date. There are more Urgent Public Health COVID-19 studies currently in set-up.

The Novavax vaccine study had a target of 350 participants but we were able to extend this and recruited 532 participants. The first results from Novavax are expected by the end of January 2021.

The main COVID-19 treatment trial, RECOVERY, has recruited 563 patients to date. This trial has already shown Dexamethasone to be of benefit for patients who required therapy with supplemental oxygen or mechanical ventilation. North Tees is the second highest recruiter in the country out of 176 active sites. This is due to a number of factors including an engaged Principal Investigator, Dr Ben Prudon, a focussed research team, excellent engagement from clinical teams and support services and support from senior management.

2.1.9 Brexit/EU Exit

The UK exited the EU on 31 January 2020 and began a period of transition which ended on 31 December 2020. The UK government has now reached an agreement with the EU as to the relationship beyond the end of the transition period. The trade and cooperation agreement was concluded between the UK and EU on Christmas Eve 2020.

Despite the agreement of a deal, there remains a risk of disruption at the border associated with the UK leaving the Single Market and Customs Union at the end of the year. For this reason, the request from NHS England and NHS Improvement is that organisations keep in place the plans and mitigations stood up for the end of the transition period until further notice. A strong governance infrastructure is in place to consider risks and mitigations during this transition period.

2.2 Strategic Objective: Valuing our People

2.2.1 Shining Stars Event – 17 November 2020

The awards ceremony is an annual event to celebrate the outstanding work in place across the organisation, recognising the efforts employed by staff in their commitment and dedication to quality and patient experience – with excellence as our standard. Unfortunately, the impact of COVID-19 meant a change to plans in 2020, however, I was privileged to visit and present the final recipients personally with their awards on 17 December 2020. The importance of this event cannot be underestimated and the recognition it affords to staff, especially in light of the challenges that have been faced by all. The event, facilitated virtually via MS Teams, demonstrates the ethos and values of the organisation. I would like to congratulate all winners and all those nominated for their outstanding contribution to performance, safety, quality, patient experience and overall service delivery.

2.2.2 Listening into Action – engaging with our staff

Following the investment into the Listening into Action (LiA) programme/App discussed at the Board of Directors meeting in November, a further re-launch of the App has occurred with a focus on Staff Health and Wellbeing. Actions from staff feedback will be assigned to members of the Trust LiA Navigation Team with progress monitored at the Executive Team meeting on a weekly basis.

2.3 Strategic Objective: Transforming our Services

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

The NENC Provider Collaborative continues to meet with a key focus on a defined work programme.

A virtual workshop was held on 12 January 2021 facilitated by the provider collaboration development team and provided input into the emerging national policy development and direction, as well as outlining areas of learning and focus for the collaborative from the national 'Northern Region' work in

the ongoing development of the Provider Collaborative. Work is ongoing with our partners in Tees to develop a collaborative based on an ambitious strategy for Teesside.

2.3.2 Clinical Services Strategy

The Clinical teams across Tees Valley continue to focus on the development of the Clinical Services Strategy moving from proposals to implementation. The Programme Management support is working to co-ordinate implementation plans to understand the key milestones through to March 2021 and beyond with governance and decision making now supplemented by a Clinical Review Group to add clinical challenge and oversight to the evolving plans. This will provide the main nucleus within the Teesside Provider Collaboration to benefit patients for the future.

2.3.3 Capital Investment - Combined Accident and Emergency and Urgent Care Entrance

Following a successful four-month design phase and project build the new combined Accident and Emergency and Urgent Care Centre opened at the University Hospital of North Tees on 11 December 2020. The project came in on budget and has enhanced the efficiency and available space of the Urgent Care and Emergency Department, and allows all self-presenting patients to the Trust to use a single entrance for both services. The next phase involves integrated paediatric assessment services and is due for completion this month.

2.4 Strategic Objective: Health and Wellbeing

2.4.1 ICS Prevention Board Workshop

The Prevention Board continues with positive developments implemented across region. The breadth of support in its mission to improve health and wellbeing, and reduce health inequalities amongst the population. Work continues on the regional alcohol prevention programme as well as Balance's new alcohol campaign along with establishing an Alcohol Clinical Network to engage clinicians to reduce alcohol harm.

The Smokefree NHS/Treating Tobacco work continues to support campaigns and to work in partnership with the Local Maternity System to provide a digital offer for pregnant women and partners, including 9 months free access to stop smoking advisors, and a smoke free App to compliment the existing stop smoking promise.

2.4.2 NHS Providers – Virtual Chairs and Chief Executive Network

A virtual NHS Providers Chairs and Chief Executives network meeting took place on 3 December 2020. The focus of the event was to provide policy updates from Health Education England, NHS Providers and Brexit presented by Professor Keith Willett.

3. Recommendation

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

Council of Governors

Title:	North East and North Cumbria Integrated Care System (ICS) and Tees Valley Health and Care Partnership									
Date:	18 February 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) and the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and specifically provider collaboration.									
Action required:	Approve		Assurance			Discuss		X	Information	X
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People		X	Transforming our Services		X	Health and Wellbeing	X
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The key issues of note are as follows:</p> <ul style="list-style-type: none"> • The developing ICS governance and Partnership Board • The progress and focus of the NENC Provider Collaborative • The progress and next steps on the development of Tees wide provider collaboration • The progress of the Clinical Services Strategy work across the Tees Valley • The considerable work undertaken across each of the clinical and support work streams 										
How this report impacts on current risks or highlights new risks:										
This report impacts on the current strategic risk identified on the Board Assurance Framework in relation to delivery of the Integrated Care Partnership which is managed and monitored through the Planning, Performance and Compliance Committee and Transformation Committee.										
Committees/groups where this item has been discussed	Executive Management Team, Transformation Committee Planning, Performance and Compliance Committee 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"> • 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 next steps in the Tees wide provider collaborative and the role of the Interim Joint Chair in progressing the strategic focus and common purpose, • The continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change, • The work in relation to the financial approach with the move toward robust governance to support mutual accountability. 									

North Tees and Hartlepool NHS Foundation Trust

Council of Governors

18 February 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 held on 10 December 2020, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) plans, the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and provider collaboration.

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

2.1 Governance

- 2.1.1** The process to appoint an ICS independent chair has been concluded, with Professor Sir Liam Donaldson being appointed into the position. Sir Donaldson brings with him a wealth of experience, with former appointments including being the Chief Medical Officer for England, and as such, principal advisor to the United Kingdom Government on health matters and one of the most senior officials in the National Health Service (NHS). He is recognised as an international champion of healthcare quality, patient safety and public health, and is a former vice-chairman of the World Health Organization's executive board. This welcomed appointment will be a key patronage in taking forward the ICS focus on population health.

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

- 2.2.1** The Provider Collaborative continues to meet both formally on a six weekly basis to address ongoing business and informally on a weekly basis to ensure an appropriate and timely system response to the COVID challenge and to support Chief Operating Officers to manage escalating pressures.

The Provider Collaborative met on 15 December with a key focus on Breast Diagnostic Services, with unanimous agreement that the future model for this service is to move to a Managed Clinical Network approach, which will be established for diagnostic services aligned to the four screening centres in North, Central, South and North Cumbria ICPs. Oversight and collaboration between the four networks is managed by the Cancer Alliance, working with the ICS and CCGs ensuring equity of access and provision across the ICS.

A workshop hosted by NHSE/IS Provider Development Team was held on 12 January which outlined the programme of work to support and encourage providers to collaborate. The workshop was worthwhile with a concentration on creating technical guidance, creating an operating environment and creating a learning and continuously improving environment. Initial work will concentrate on developing four draft models that providers can choose to support collaboration.

The Provider Collaborative agreed that a work plan should be drawn up as early as possible in January to guide future work. The key themes include:

- i. Priority areas of focus, aligning existing functions and structures to the collaborative, ways of working and resourcing and governance.

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

2.3 Response to Integrating Care – The next steps to building strong and efficient integrated care systems across England

2.3.1 In November 2020, NHSEI released the consultation document '*Integrating Care – The next steps to building strong and efficient integrated care*', which sets out proposals for legislative reform, with a primary focus on the operational direction of travel for Integrated Care Systems and how this can be embedded in legislation or guidance.

In this document, NHSE/I set out their plans and proposals for all providers and partners within the health and care system to work together as Integrated Care Systems to develop:

- Stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care.
- **Formal collaborative arrangements with provider organisations being asked to step forward to allow them to operate at scale.**
- Strategic commissioning through systems with a focus on population health outcomes;
- The use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

The document has been reviewed and discussed by all partners across the North East & North Cumbria Integrated Care System (ICS), with a combined response submitted to the consultation document.

3. Tees Provider Collaboration – the Future

The policy focus for provider collaborations is based on acute providers and/or mental health collaboratives with ambulance, specialised services and/or some mental health services based on a wider geography with an acknowledgement from NHSE/I that collaboratives will vary in scale and scope, and not necessarily be aligned to ICS boundaries.

The provider collaborative for Teesside between acute providers, in the first instance, will build on the processes and structures already underway between both North Tees and Hartlepool and South Tees Hospitals NHS Foundation Trusts.

The COVID pandemic has accelerated learning and a step up in scope and ambition towards the roll out of system working focussed on greater devolution and a 'localism'

A significant amount of collaborative effort has been achieved in the last 24 months, and whilst the process may not have progressed at the pace originally anticipated, the Provider Collaborative approach now provides both Trusts with the best opportunity to cement the good work achieved to date by continuing with the initial proposals, building on strengths and combining to improve weaknesses and risks to the challenges faced within our populations. The opportunity to work together through a structured work programme with a shared common purpose has never been greater.

The provider collaborative is therefore seen as an important step for secondary care across Teesside to address the population health agenda and this reflects the Trust's ambition, not only in terms of the vision which is '*providing the best healthcare for everyone in our population*', but also helps strengthen collaborative efforts with partners and stakeholders as a next step in the evolving process.

Operating a Strategic Board will accelerate the agreement and execution of changes to services, capital investment and system finances. The objective of this will be to deliver an agreed clinical and corporate plan, with an emphasis on regular communication, joint strategic decision making and a strong ability to execute and implement collaborative working across the organisations to maximise the capacity and capability of the broader partnership, and to help deliver a truly integrated healthcare system for the population.

It is anticipated that the Teesside Provider Collaborative will take overall responsibility for delivery of the strategic priorities and investment plans, and will make recommendations to be taken to each individual Board for approval, where required, and make joint decisions on a range of matters on which authority has been delegated and which do not adversely impact on the statutory responsibilities of the individual organisations.

The appointment of an Interim Joint Chair across the two provider organisations is testament to the intent and commitment to progress the strategic focus and common purpose.

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

4.1 The Improving our NHS Together – Tees Valley Integration and Transformation Programme maintains a continued focus on the key work streams. The Clinical Services Strategy remains at the centre of the work programme for the Tees Valley, with the enabling work streams of finance and efficiency, digital and workforce, continuing to support the move from vision to implementation.

4.2 Clinical Services Strategy

4.2.1 The clinical work streams continue with a focus on moving from the vision outlined in the value impact assessment documents to the delivery aligned to the implementation plans.

4.2.2 The Managed Clinical Network approach, emphasised local access for the health needs of the local populations in proving to be beneficial in strengthening services, fit for the future.

4.2.3 The Internal Transformation and Improvement Board continues to monitor progress and support plan development, commencing with the diagnostic programme of work and moving into women's and children's services this month.

4.3 Workforce Transformation

4.3.1 The ICP Workforce group has identified a number of key areas of focus to be undertaken across the system in response to the delivery of the People Plan. Using the results of the partnership survey as a foundation, workforce leads have been working with Cap Gemini to design a framework taking the form of a small number of workshops that will support the partnership's development. The workshops will focus on; improving and increasing partnership engagement; providing further clarity of purpose and focus across the ICP; agreeing immediate focus areas, driven and owned by Group members; ensuring the functioning of the Group is adding value to the system, its partner organisations and their people and ensuring the Group agenda and focus remain inclusive and reflective of all partnership organisations' roles and contribution, guarding against an 'NHS-centric' focus

4.4 Digital Strategy

4.4.1 The draft report outlining the findings of the independent digital review, has now been presented to the South ICP, Digital Transformation Work stream (DTW) and received accordingly. The NENC ICS refreshed Digital Strategy was approved by the ICS Management Group on 18 December 2020 and can be accessed on the ICS Website <https://nhsjoinourjourney.org.uk/wp-content/uploads/2021/01/NENC-ICS-Digital->

[Strategy-2020_v1.pdf](#) the intention is for the four NENC ICP to develop an associated ICP level strategy and delivery plan to increase system alignment.

4.5 Support Structure

- 4.5.1 The Programme support for the Clinical Services Strategy continues to develop and embed, with a robust support structure in place to ensure all of the work has an emphasis on patient outcomes, underpinned with evidential information from activity and forecast modelling.

4.6 Finance and Efficiency Plans

- 4.6.1 The Directors of Finance (DoFs) have a well-established network to support monitoring and mitigation of system financial control. A move towards a shared good governance and a framework of principles and decision making to support a safe and equitable approach to the broader intelligence of conclusive decisions is ongoing.

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

5. Capital Plans

- 5.1 The redesign work at the front of house, supported by the successful £3m emergency care allocation is now well underway following the receipt of capital funding. Phase I has now been completed and delivered on time and is fully operational. The work on Phase II has now commenced and progressing well with an expected completion date early February.

6. Summary

The Trust remains an active partner in the NENC provider collaborative and continues to proactively participate and lead in the support of the work streams in the TVHCP including the Clinical Services Strategy, encompassing development of the service delivery models across the system, robust financial planning, enhancement of the digital program and ensuring that quality, patient safety and evidence based practice are at the heart of the developing models and methodologies.

The Board continues to progress the ambition for Teesside with a view to capitalising on the benefits of provider collaboration.

7. Recommendations

- 7.1 The Council of Governors is asked to note the work to date and specifically:
- 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 next steps in the Tees wide provider collaborative and the role of the Interim Joint Chair in progressing the strategic focus and common purpose,
 - The continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change,
 - The work in relation to the financial approach with the move toward robust governance to support mutual accountability.

North Tees and Hartlepool NHS Foundation Trust

Council of Governors' Meeting

Title	Integrated Compliance and Performance Report									
Date	18 February 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 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>Summary</p> <p>The report outlines the Trust's compliance against key standards in December including quality, workforce and finance.</p> <ul style="list-style-type: none"> The Trust continues to experience significant pressures as a result of the Covid-19 pandemic, inevitably impacting on the delivery of access standards despite escalation and recovery plans being fully implemented. Additional pressures are now faced during the peak of the second wave with multiple factors impacting on the ability to deliver of all services. Robust governance and monitoring of patients' pathways has been adapted to align with national and local guidance. The overall position for the majority of key standards, including RTT, cancer and diagnostics, remain positive compared to national and regional position, with teams working hard to maintain business as usual alongside recovery and pandemic pressures. Operational efficiency and productivity remains a key focus of the Trust, ensuring outcome measures across Outpatients (DNAs and New to Review Ratios), Theatres (cancellations and utilisation) and Emergency pathways (admission avoidance, extended lengths of stay and Delayed Discharges) continue to be monitored and managed closely. Despite the significant pressures the Trust continues to report a positive position against the key quality indicators. The impact of Covid-19 'self- isolation' and 'CEV shielding' for staff continues to contribute to the overall resource pressures, together with increased infection rates. The Trust continues to report a positive financial position at month 9, which, based on current assumptions, forecasts to deliver a small in-year surplus of circa £3m. <p>Key issues</p> <ul style="list-style-type: none"> Continued significant pressures across the Trust. The management of Covid-19 pressure alongside the requirement to deliver business as usual and recovery, with the Phase 3 elective recovery now indicating delays due to the increased pressures. Staffing sickness, a key influence on the ability to increase capacity. Financial impact of Covid-19 on the in-year recovery. 										

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, including financial constraints, the management of Covid-19 pressures, recovery, winter resilience and staffing resource.	
Committees/groups where this item has been discussed	Executive Team Audit and Finance Committee Planning, Performance and Compliance Committee Board of Directors
Recommendation	<p>The Council of Governors is asked to note:</p> <ul style="list-style-type: none"> • Acknowledge the on-going and significant operational pressures and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward. • The performance against the key operational, quality and workforce standards during December together with the additional pressures of winter alongside the impact of staffing resource. • Recognise the on-going financial pressures. • The successful roll out of the Covid vaccine and lateral flow testing.

Integrated Corporate Report

Council of Governors



January 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 December 2020 and outlines trend analysis against key Compliance indicators, Operational Efficiency and Productivity, Quality, Workforce and Finance.



The impact of continuous pressures linked to the Covid pandemic across the Trust cannot be underestimated, resulting in significant operational issues during the December period and on-going.

The Trust has seen some of the highest levels of Covid admissions within the region since the start of the second wave in September, with between 100 and 200 plus beds occupied daily by Covid patients from the 1st October to date, peaking at 216 in January.

During January the higher acuity of Covid patients being admitted has seen Critical Care beds escalate into theatres, with the baseline 16 beds increasing to 26.

However, despite these pressures, the Trust has continued to deliver the safest, quality and timely services to our population, reviewing and transforming our pathways to accommodate the challenges that have arisen. Examples of this include;

- Revised bed models to accommodate Infection, Prevention and Control (IPS) measures to segregate Covid and Non Covid patients, significantly reducing the risk of nosocomial infections.
- Utilisation of Lateral Flow testing at front of house for early identification of potential Covid positive patients, enabling appropriate IPC management.
- Revised staffing models to accommodate the high level of acuity of patients on the base wards, with circa 40% of Covid patients requiring Oxygen therapies.
- Roll out of the 'Home First' model, to support early discharge of elderly patients.
- Review of available theatre capacity to enable emergency, urgent and cancer procedures to be carried out alongside the expansion of Critical Care
- Recruitment to new role of 'Support workers' to assist in non-clinical activities on the wards, providing patient engagement and support, alongside releasing clinical time to care.
- Temporary redeployment of both clinical and non-clinical staff to acute ward areas to support operational delivery
- Robust governance and oversight provided by senior leaders to enable prompt decision making.
- Enhanced health and well-being support is being provided, including a dedicated Covid advise line, access to 'break out hubs', regular refreshments on clinical areas and the availability of mental health advice and support.

Alongside the above pressures and mitigating actions, the Trust has successfully rolled out the Covid vaccination plan, with over 6,000 staff, patients and other frontline care providers vaccinated in the previous 4 weeks.

Executive Summary



SOF and Efficiency & Productivity

As recommended nationally, in line with the national 'Clinical prioritisation and Validation Programme', patients are being treated in order of 'clinical category' and 'clinical prioritisation' rather than access 'treat by dates' however with an additional focus on patients who have been waiting the longest. Close collaboration across the regional network in relation to cancer management continues, including the utilisation of the independent sector to support capacity requirements.

Whilst the Trust is focused on recovery, the increased pressures linked to the 2nd wave of the Covid pandemic is significantly impacting on the delivery of non-elective, urgent and routine services. The effect of reduced staffing resource due to further shielding requirements for clinically extremely vulnerable staff (see workforce section), Covid sickness, isolation and test and trace absences has resulted in the requirement to review elective services at the beginning of November and throughout the winter period. This has allowed the release of staff to support the pressured clinical areas' as surge in demand continues.

The sustained Covid pressures are being managed through robust resilience management, with all services under review on a daily/weekly basis within operational meetings, flexing capacity and available resource to meet the urgent demand. Appropriate Executive oversight is place to support decision making. The associated risks have been reviewed to reflect the on-going changes.

The overall position for the majority of key standards, including RTT, cancer and diagnostics, remain positive compared to national and regional position, with teams working hard to maintain business as usual alongside recovery and pandemic pressures.

Operational efficiency and productivity remains a key focus of the Trust, ensuring outcome measures across Outpatients (DNAs and New to Review Ratios), Theatres (cancellations and utilisation) and Emergency pathways (admission avoidance, extended lengths of stay and Delayed Discharges) continue to be monitored and managed closely. Additional high level narrative is outlined within the individual sections of the report.

Quality & Safety

The latest HSMR value is currently reporting at 94.95 (November 2019 to October 2020) which has decreased from the previously unreported 94.96 position (October 2019 to September 2020). The latest SHMI value is now 98.69 (August 2019 to July 2020) which has decreased from the previously reported value of 99.00 (July 2019 to June 2020).

For December 2020 the Trust is reporting 2 Trust attributed case of Clostridium difficile infection (2 HOHA - Hospital Onset Healthcare Acquired), this has decreased from the previous reporting period when 6 cases were reported (6 HOHA - Hospital Onset Healthcare Acquired).

The Trust reported 33 hospital acquired Clostridium difficile infections April to December 2020 compared to 47 for April to December 2019, a 30% reduction.

The Trust has reported an improved position against for Cdiff, MSSA, Ecoli, Pseudomonas and Cauti's infections for the cumulative April 2020 to December 2020 period, with MRSA and Klebsiella remaining the same.

The Trust reported 11 stage 3 complaints for December 2020. This has decreased from the 14 stage 3 complaints in November 2020.

The Trust reported 37 falls resulting in an injury, but no fracture for December 2020. This has increased from the 20 falls resulting in an injury for November 2020.

Executive Summary



Workforce

In response to the government announcements, engagement with our 'Clinically Extremely Vulnerable' group of staff has continued. This is both from a wellbeing perspective and also to ensure any queries they may have can be addressed. A high proportion of CEV staff have received their Covid vaccine; with second doses being provided 3 weeks after the first vaccine. Over half of our CEV staff have expressed an interest in returning to work following the second vaccine.

Lateral flow testing commenced roll out on 24 November 2020 to frontline staff and has been extended to patients presenting at A&E and Maternity to help identify at risk patients and manage patient flow throughout the Trust.

The staff Wellbeing Hubs on both sites are now complete and were opened as planned in mid-December. The 'Listening into Action' app continues to enable the Trust to provide timely responses to staff concerns/ideas and is due to be re-launched in January. The main focus regarding health and wellbeing is 'Dry January', along with other campaigns being advertised in the Wellbeing You newsletter. The flu campaign is continuing and as of 3 January 2021, 78% of staff have been immunised.

Volunteer activities had resumed however the recent 'lockdown' meant volunteer services had to be withdrawn due to personal and health circumstances. This has led to a slight reduction in numbers, with 100 volunteers active within the Trust at the end of December. Recruitment continues, with interest especially high following a recent regional Covid 'call to arms' campaign, and numbers are anticipated to increase in coming months. There are currently a total of 65 applications under consideration (of which 15 resulted directly from the recent campaign). The Volunteer Service is working closely with participating areas to develop new roles and make improvements that will enable the most appropriate use of volunteer provision during the current pandemic. The 'Home but not Alone' project has also been paused however, the introduction of the Vaccination hub has offered new opportunities and work is underway to provide appropriate support to the teams working in this area.

Finance

The total Trust income in M9 is £27.904m.

The Trust has assumed £167k of additional central government funding to cover the costs of testing in the M9 position, which is out-with system funding. Similarly, the Trust has assumed £87 k income in respect of the Cancer Drugs Fund (CDF) for activity in M9.

The M9 pay expenditure totalled £21.208m of which £0.379m is additional spend related to the COVID-19 response (including testing costs).

M9 non pay expenditure totalled £4.015m of which £0.262m is additional spend related to the Covid-19 response and includes costs associated with Covid-19 testing.

Non-pay run rates (excluding Covid-19) have increased when compared to the first half of the year, as a result of elevated activity. There has been a slight decrease when compared to M8, as activity has reduced following increased Covid-19 admissions. Non-pay run rates remain below the 19/20 trend.

Based on current assumptions, the Trust continues to anticipate delivering a small in-year surplus of circa £3m. The M9 YTD position of a surplus of £1.955m is a positive position and builds upon the M8 position and provides confidence regarding the delivery of this provisional forecast outturn. However, assumed within the forecast is that the Trust continues to operate within revised control totals and receipt of income to cover temporary Covid-19 pressures, including testing and PPE.

At M9, the Group cash balance is £65.5m, driven mainly by cash received in advance from the DH for January 2021 activity and delays in the capital programme.

As at Month 9, the Trust has capital spend of £8.0m against a YTD plan of £11.7m. The Capital Performance Framework is now in place and is reported to the Executive Team and Capital & Revenue Management Group on a monthly basis.

Single Oversight Framework



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved			Narrative
New Cancer Two Week Rule (New Rules)	✓	Nov-20	92.84%	<p>Cancer</p> <p>Pressures continue to impact on the delivery of the cancer standards, with some delays to pathways unavoidable as the Trust, and patients, adhere to national guidance.</p> <p>However, despite the on-going pressures, 5 of the 8 standards were achieved in November, with the 62-day Referral to Treatment standard reporting at 78.98% (62/78.5) and the 2ww standard reported at 92.8% (263/281), with only 1 Trust in the region achieving both these of these standards.</p> <p>The 31 day subsequent treatment standard reported at 87.5% (7/8 patients) against the 94% standard, however related to one patient unavoidably breaching by 3 days.</p> <p>For the 62 day standard the regional position ranged from 62.9% to 86.05% with a North East average of 76.51%.</p> <p>The 2ww standard reported above the North East average, reporting at 77.4%, with performance ranging between 43.02% to 94.68% across the region.</p> <p>The SPC charts indicate a number of points outside the statistical control ranges in year, however in the main during the Wave 1 Covid period when national clinical guidance dictated planned reductions in some cancer screening and symptomatic services.</p> <p>All Cancer pathways continue to be monitored through robust daily /weekly operational meetings and strategically through dedicated tumour level cancer pathway groups.</p>
Breast Symptomatic Two Week Rule (New Rules)	✓	Nov-20	93.59%	
New Cancer 31 Days (New Rules)	✓	Nov-20	97.84%	
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✓	Nov-20	100.00%	
New Cancer 31 Days Subsequent Treatment (Surgery)	✗	Nov-20	87.50%	
New Cancer 62 Days (New Rules)	✗	Nov-20	78.98%	
New Cancer 62 Days (Screening)	✓	Nov-20	90.00%	
New Cancer 62 Days (Consultant Upgrade)	✗	Nov-20	84.62%	

Single Oversight Framework



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved			Narrative
RTT Incomplete Pathways Wait (92%)	✗	Dec-20	90.41%	RTT
RTT Incomplete Pathways Wait (92nd Percentile)	✓	Dec-20	19.00	<p>Whilst the Trust continues to experience pressures in the delivery of routine elective pathways, it remains one of the top performing Trusts across the region against the 18-week Referral to Treatment standard.</p>
Incomplete Pathways Wait (Median)	✗	Dec-20	8.90	<p>The Trust reported at 90.41% in December against a regional average of 75.79%. 52 week waits remain a key focus, with the Trust reporting 87 in December compared to 48 in November. The main impact on the increase has been the unavoidable cancellations of some routine electives due to significant Covid pressures, however putting this into context the region has reported circa 10,000 over 52 week waiters at the end of December, with individual organisations reporting over 3,000 long waiters.</p>
Incomplete Pathways Wait (>52 Week Wait)	✗	Dec-20	87	<p>Inevitably the Trust has seen an overall rise in the RTT waiting list during the pandemic, with an additional 27% (n=3350) compared to the January 2020 position.</p>
DM01	✗	Dec-20	94.20%	<p>The Trust is in the process of reviewing the Phase 3 recovery plans submitted in September 2020, with a proposal to implement additional weekend sessions and, in line with the national directive, utilise the available Independent Sector capacity to support the recovery of the elective programme.</p>
CIDS - Referral Information	✓	Nov-20	95.94%	<p>Clinicians have been reviewing patients and providing advice and guidance back to the care of the GP where appropriate, based on clinical need and priority.</p>
CIDS - Referral to Treatment Information	✓	Nov-20	98.47%	<p>The impact of the Covid pandemic is clearly evidenced within the SPC charts, with significant peaks aligned to the pressures in year.</p>
CIDS Treatment Activity Information	✓	Nov-20	94.42%	<p>Trust has, and continues to, adhere to national guidance on the rescheduling of appointments, diagnostics and treatments due to the impact of Covid, reviewing patient pathways on a case by case basis, based on clinical categorisation of urgency</p>
CIDS End of Life	✓	Nov-20	85.26%	Diagnostics
				<p>Performance Summary - The diagnostic pathway continues to maintain recovery against trajectories. SPC indicate the progress being made in achieving an improved position against the 6 week standard. The longest delays are within MRI and CT with a recovery plan in place as part of the Planning and Recovery Group.</p>

Efficiency & Productivity



Standard	Standard Achieved			Narrative
Outpatient DNA (New)	✓	Dec-20	7.05%	<p>DNA</p> <p>DNA: An overall reduction in DNA rates is evident in year. When compared to December 2019, DNA rates have seen an overall decrease of 3.23% (n=514) with 'Review' rates showing the greatest improvement with 440 (3.39%) fewer DNA's.</p> <p>Although the SPC indicate an increase since the significant drop during the Wave 1 peak, this is inevitable given the majority of face to face consultations were stopped during this period, alongside the initial pausing of the telephone reminder service together with patients not wanting to attend the hospital.</p> <p>The appointment reminder service has now been resumed.</p> <p>An Electronic portal project (regionally) is also in planning phase, which will support direct patient management of appointments.</p> <p>Lengths of Stay/Day Case rates</p> <p>Lengths of stay remain on track across both emergency and elective pathways, despite the pressures, with an increase in Day Case rates evident due to the swap out of inpatient activity to manage the elective programme.</p> <p>Delayed Transfers of Care indicate an increase over the November and December periods, however this was in the main due to the impact of the national directive to provide a 'designated setting' for Covid positive care home discharges. This has improved during January with a significant reduction in delays reported.</p> <p>Readmissions</p> <p>Emergency readmissions are reporting above the internal targets, a slight reduction is evident within the SPC since the peak in Wave 1 of the pandemic. Work is on-going within the Care Groups to identify avoidable re-admissions and how pathways can be improved to reduce going forward, however recognising the impact of the current Covid pathways and longer term influences on recovery.</p>
Outpatient DNA (Review)	✓	Dec-20	6.74%	
Average Depth of Coding	✓	Dec-20	6.90	
Length of Stay - Elective	✓	Dec-20	1.33	
Length of Stay - Emergency	✗	Dec-20	3.38	
Day Case Rate	✓	Dec-20	88.36%	
Pre-op Stays	✓	Dec-20	2.70%	
Re-admissions Rate 30 Days (Elective Admission)	✗	Oct-20	3.64%	
Re-admissions Rate 30 Days (Emergency Admission)	✗	Oct-20	15.43%	

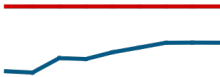


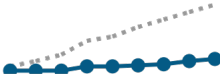
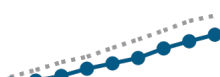
Efficiency & Productivity



Standard	Standard Achieved			Narrative
Electronic Discharge Summaries	✘	Dec-20	89.65%	<p>Ambulance handover - The North East (NEAS) average handovers greater than 30 minutes ranged between 28-266, with the average over 60 minutes ranging between 1- 98. Internal validation of the NEAS reports indicates the Trust had 67 >30 minutes and 13 >60 minutes.</p> <p>NEAS reported the Trust at 42.6% ambulance turnaround times (valid) within 30 minutes, in comparison the North East's position at 36.6% with performance ranging between 28.4% and 45.0%.</p> <p>Increased pressures experienced within the Trust is represented within the SPC with values reaching above the upper control limit however one data point is not deemed cause for concern at this stage as this is common cause and predictable.</p> <p>DTOC - There are multiple factors that impact upon discharge management such as bed reductions and external flow. Whilst an increase is noted within DTOCs the Trust remained at an average of 64 in December with a range between 22 and 76 patients. A reduction is now being seen. The acuity of patients being admitted remains high, in the main as a result of covid however this is not truly reflected within the occupancy levels.</p> <p>The Trust continues to manage beds on a flexible basis to accommodate surges in demand across all areas to accommodate red and green flows. Resilience plans in place to flex as necessary following an increase in Covid-19 admissions. There are also plans to increase designated setting environments across North Tees and Hartlepool and Social workers are re-joining IDT team on site for care planning and early engagement.</p>
C-Section Rates	✘	Dec-20	20.10%	
Trolley Waits (over 12 hours)	✔	Dec-20	0	
Time to Initial Assessment (mean) Type 1 & 3	✔	Dec-20	7.86	
Number of Ambulance Handovers waiting more than 30 Mins	✘	Dec-20	92	
Number of Ambulance Handovers waiting more than 60 Mins	✘	Dec-20	29	
Delayed Transfer of Care	✘	Dec-20	5.45%	
Super Stranded	✘	Dec-20	64	

Safety & Quality



Standard	Standard Achieved			Narrative
HSMR	✓	Nov 19 - Oct 20	94.95 	<p>Mortality</p> <p>The latest HSMR value is currently reporting at 94.95 (November 2019 to October 2020) which has decreased from the previously unreported 94.96 position (October 2019 to September 2020). The latest SHMI value is now 98.69 (August 2019 to July 2020) which has decreased from the previously reported value of 99.00 (July 2019 to June 2020).</p> <p>Complaints</p> <p>There has been a change in the process of complaints due to Covid-19 due to complainants choosing written responses rather than face to face meetings. This has therefore decreased stage 2 and increased stage 3 complaints. The majority of complaints are being affected by the restrictions in visiting and the effect on communication. Actions are being developed to mitigate this risk.</p> <p>The Trust is reporting 102 stage 1 complaints for December 2020. This value falls within the SPC control limits (46-117), and is higher than the mean of 81. The run of 5 consecutive data points above the average (mean) is not that rare for random variation.</p> <p>The Trust is reporting 2 stage 2 complaints for December 2020. This value falls within the SPC control limits (-3-11), and is lower than the mean of 4. The run of values above or below the average (mean) line represents a natural variation in the data.</p> <p>The Trust is reporting 3 stage 3 complaints for December 2020. This value falls within the SPC control limits (4-19), and is the same as the mean of 11. The run of values above or below the average (mean) line represents a natural variation in the data.</p>
SHMI	✓	Aug 19 - Jul 20	98.69 	
Stage 1 Complaint	✓	Apr to Dec	724 	
Stage 2 Complaint	✓	Apr to Dec	14 	
Stage 3 Complaint	✓	Apr to Dec	84 	

Safety & Quality



Standard	Standard Achieved				Narrative
Red Risks	✓	Dec-20	1		VTE% The Trust is reporting that 95.83% of patients admitted to hospital were risk assessed for venous thromboembolism (VTE) during December 2020, this has met the National Standard of 95.00%.
Never Events	✓	Dec-20	0		
VTE %	✓	Dec-20	95.83%		Falls The trust has recently appointed a lead for falls who is reviewing the current falls management system and implementing an assurance framework. The focus is on re-enablement and the physical wellbeing of patients therefore mitigating falls risk factors. The Trust is reporting 100 falls resulting in no injury for December 2020 and falls out of the upper Control Limit of 99 and has seen a steady increase in monthly falls since July 2020. The Trust is reporting 37 Falls resulting in an injury for December 2020. The 37 falls falls out of the upper Control Limit of 30 and is well above the mean of 18 falls. There have been zero falls with fracture in December 2020.
Fall No Injury	✓	Apr to Dec	673		
Fall Injury	✓	Apr to Dec	175		
Fall Fracture	✓	Apr to Dec	4		
Pressure Cat1	✓	Apr to Nov	48		
Pressure Cat2	✓	Apr to Nov	156		
Pressure Cat3	✓	Apr to Nov	10		
Pressure Cat4	✓	Apr to Nov	2		Pressure Ulcers November 2020 cases within all four categories of Pressure Ulcers fall within the control limits. Category one - 15 cases is on the upper control limit of 15, category two - 36 cases is just below the upper control limit of 37. Category three is demonstrating no trend and is displaying a natural variation. Finally, there have been two consecutive months where a category four ulcer has been classified.

Safety & Quality



Standard	Standard Achieved			Narrative
Hand Hygiene	✓	Dec-20	100.00%	<p>Hand Hygiene</p> <p>The overall Trust compliance score for hand hygiene is 100% for December 2020; this has increased from 99% in November 2020. The clinical areas carry out monthly audits with a quarterly assurance check by the IPC team.</p>
Cdiff	✓	Dec-20	33	<p>Infections</p> <p>For December 2020 the Trust is reporting 2 Trust attributed case of Clostridium difficile infection (HOHA - Hospital Onset Healthcare Acquired), this has decreased from the previous reporting period when 6 cases were reported.</p>
MRSA	✓	Dec-20	0	<p>The Trust reported 33 hospital acquired Clostridium difficile infections April to December 2020 compared to 47 for April to December 2019, a 30% reduction.</p>
MSSA	✓	Dec-20	18	<p>The Trust has reported an improved position against for Cdiff, MSSA, Ecoli, Pseudomonas and Cauti's infections for the cumulative April 2020 to December 2020 period, with MRSA and Klebsiella remaining the same.</p>
Ecoli	✓	Dec-20	20	<p>All seven Infections continue to display natural cause variation and remain in their respective upper and lower control limits.</p>
Klebsiella	✓	Dec-20	6	<p>The number of hospital onset Covid-19 cases increased in November 2020 when the trust reported a higher number of outbreaks, this is likely to be due; in part; to increased community transmission and the effect of the new variant. This has since significantly reduced.</p>
Pseudomonas	✓	Dec-20	1	
CAUTI	✓	Dec-20	162	

Workforce



Standard	Standard Achieved			Narrative
Sickness	✘	Nov-20	6.83%	<p>Performance summary - The sickness absence rate for November 2020 is reported at 6.83%, an increase of 1.66% compared to the previous month. This is broken down into 1.99% attributable to Covid-19 related sickness and 4.84% attributable to other sickness. The cost of sickness absence is reported as £539,05, an increase of £206,822 compared to October (£332,229). There were 518 further cases of Covid-19 related staff absence in December 2020, broken down into 357 staff absent for 10 days and 161 who self-isolated for 14 days.</p>
Appraisals	✘	Dec-20	82.63%	<p>'Chest & respiratory problems' (under which Covid-related sickness is recorded) was the top sickness reason in November, accounting for 30% of days lost. 'Anxiety/stress/depression' was the second highest reason, accounting for 23% of sickness absences.</p>
Turnover	✔	Dec-20	7.58%	<p>Appraisal compliance is reported as 83% in December, a decrease of 1% on the November rate. Mandatory Training remained the same at 89% and Staff Turnover is 7.58%, a decrease of 0.18% on November.</p>
Mandatory Training	✘	Dec-20	88.55%	<p>Sickness key actions:</p> <ul style="list-style-type: none"> • 'Sickness Absence' Clinics to support staff • Contact with all staff absent with covid related absence at 10 day interval • Contact with all CEV staff and risk assessment processes • Range of H&WB activity • Recruitment campaign for 'support workers' to assist clinical areas • Corporate/Community staff supporting clinical areas



Narrative

Income

The total Trust income in M9 is £27.904m.

The Trust has assumed £167k of additional central government funding to cover the costs of testing in the M9 position, which is out-with system funding. Similarly, the Trust has assumed £87 k income in respect of the Cancer Drugs Fund (CDF) for activity in M9.

Expectations for non-clinical income in the second half of the year were conservative and in M9 the Trust has seen a modest increase in the levels of income recovered, driven by increased activity, in areas such as QC Lab and decontamination services.

There is currently no financial provision made for the potential impact of the proposed Elective Incentive Scheme across the ICP . New EIS guidance issued on 23rd December 2020 stated that impacts of the Elective Incentive Scheme will not apply to Trusts and / or systems where Covid-19 bed occupancy is greater than 15% of the available bed base. The Trust is currently operating in excess of 30%.

Expenditure - Pay

The M9 pay expenditure totalled £21.208m of which £0.379m is additional spend related to the COVID-19 response (including testing costs).

Pay run rates (excluding COVID-19) have increased when compared to the first half of the year, as a result of returning to planned trajectory activity levels. Pay run rates are now consistent with 2019/20 trend. Key areas of financial risk going forward include: the demand upon enhanced care, the impact of test and trace (e.g. staff absence, backfill arrangements and increased financial cost) and the response to the second wave of COVID-19.

Expenditure - Non pay

M9 non pay expenditure totalled £4.015m of which £0.262m is additional spend related to the Covid-19 response and includes costs associated with Covid-19 testing.

Non-pay run rates (excluding Covid-19) have increased when compared to the first half of the year, as a result of elevated activity. There has been a slight decrease when compared to M8, as activity has reduced following increased Covid-19 admissions. Non-pay run rates remain below the 19/20 trend.

Non-pay risks for the remainder of the year include the costs of Covid-19 testing, which will need to be funded to allow run rates to be maintained. The Trust is also reliant upon NHS Supply Chain providing PPE in a timely manner.

Forecast

Based on current assumptions, the Trust continues to anticipate delivering a small in-year surplus of circa £3m. The M9 YTD position of a surplus of £1.955m is a positive position and builds upon the M8 position and provides confidence regarding the delivery of this provisional forecast outturn. However, assumed within the forecast is that the Trust continues to operate within revised control totals and receipt of income to cover temporary Covid-19 pressures, including testing and PPE.

Council of Governors

Title of report:	Register of Interests								
Date:	18 February 2021								
Prepared by:	Barbara Bright, Director of Corporate Affairs and Chief of Staff								
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs and Chief of Staff								
Purpose of the report	The purpose of the report is to present the annual declaration of interests and fit and proper persons register for Governors.								
Action required:	Approve		Assurance	x	Discuss		Information	x	
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x	Health and Wellbeing	x	
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive	Well Led	x
Executive Summary and the key issues for consideration/ decision:									
<p>In accordance with Annex 7, of the Trust's Constitution, the Council of Governors are required to declare interests that may conflict with their position as a Governor of the Trust. In addition, Governors must certify on appointment, and each year, that they remain a fit and proper person in accordance with the Trust's Licence and Council of Governors Code of Conduct. Interests are to be recorded in a register which is referred to in the Trust's Annual Report and is available for inspection on request.</p> <p>The requirement for Directors and Governors to meet a fit and proper persons' test is included in the provider licence for NHS Foundation Trusts and the Trust's Constitution, Section 12, identifies the criteria as to why Governors may not become or continue as a member of the Council of Governors. The 'fit and proper persons' standard is part of the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2014 Regulations) which was introduced in November 2014 and broadened the requirements in terms of scope and nature of the test. As good practice the Trust ensures fit and proper person declarations are completed on appointment and on an annual basis for both Directors and Governors, and recorded in a register.</p> <p>A copy of the register is appended to this report for information.</p>									
How this report impacts on current risks or highlights new risks:									
No risks were identified in relation to this report.									
Committees/groups where this item has been discussed	Not applicable								
Recommendation	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> note the contents of the appended updated register; and note that the register will be available to the public via the Council of Governors papers and minutes published on the Trust's website and referred to in the Annual Report 2020/21. 								

Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of social care	Any connection with a voluntary or other body contracting for NHS services	Signed Fit and Proper Person Dec
George Edward Lee Public Governor (Hartlepool constituency)	Confirmation of DoI and Fit and Proper Person Declaration to follow					
Geoff Northey Public Governor (Hartlepool constituency)	None	None	None	None	None	✓
Pauline Robson Public Governor (Hartlepool constituency)	None	None	None	Voluntary Counsellor / Board member Hartlepool Carers Board	None	✓
Aaron Roy (Hartlepool constituency)	Confirmation of DoI and Fit and Proper Person Declaration to follow					
Ian Simpson Public Governor (Hartlepool constituency)	None	None	None	None	None	✓
Alan Smith Public Governor (Hartlepool constituency)	None	None	None	None	None	✓

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Janet Atkins Public Governor (Stockton constituency)	None	None	None	None	Volunteer Community Health Ambassador – DoH/HaST CCG Healthwatch Information Champion	✓
Margaret Docherty Public Governor (Stockton constituency)	Confirmation of DoI and Fit and Proper Person Declaration to follow					
John Edwards Public Governor (Stockton constituency)	Confirmation of DoI and Fit and Proper Person Declaration to follow					
Tony Horrocks Public Governor (Stockton constituency)	None	None	None	Member of Stockton North Conservative Party	None	✓
Anne Virginia Johnston (Stockton constituency)	Confirmation of DoI and Fit and Proper Person Declaration to follow					
Jean Kirby Public Governor (Stockton constituency)	None	None	None	Treasurer for Ingleby Barwick Independent Society	None	✓

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Gavin Morigan Public Governor (Stockton constituency)	Cleveland Care at Home Ltd Home Instead Senior Care (Cleveland) Director	None	None	None	None	✓
Raymond Stephenson (Stockton constituency)	Confirmation of DoI and Fit and Proper Person Declaration to follow					
Pat Upton Public Governor (Stockton constituency)	None	None	None	None	None	✓
Mark White Public Governor (Stockton constituency)	Director Association of Colleges (sport)	None	None	Trustee The Halo Project	Member of Unison Chair of Education Training Collective (formerly Stockton Riverside College Group)	✓
Kate Wilson Public Governor (Stockton constituency)	None	None	None	None	None	✓

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Mrs Mary King Public Governor (Easington constituency)	None	None	None	None	None	✓

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Dr Wendy Gill Public Governor (Sedgefield constituency)	None	None	None	None	None	Confirmation to follow
Ruth McNee (Sedgefield constituency)	Confirmation of DoI and Fit and Proper Person Declaration to follow					

**Declaration of Interest by Council of Governors
of North Tees and Hartlepool NHS Foundation Trust**

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Angela Warnes Public Governor (Non-core constituency)	Confirmation of DoI and Fit and Proper Person Declaration to follow					

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Mrs Carol Alexander (Staff Governor)	None	None	None	None	None	✓
Mr Manuf Kassem (Staff Governor)	None	None	None	None	None	✓
Asokan Krishnaier (Staff Governor)	None	None	None	None	Undertakes elective surgery at Nuffield Tees Hospital and Woodland BMI Hospital	✓
Puthuvalparampu Sivakumar (Staff Governor)	Confirmation of DoI and Fit and Proper Person Declaration to follow					
David Russon (Staff Governor)	None	None	None	None	None	✓
Andrew Simpson (Staff Governor)	None	None	None	None	None	✓

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Prof Tony Alabaster (Appointed Governor, Sunderland University)	Confirmation of DoI and Fit and Proper Person Declaration to follow					
Cllr Jim Beall (Appointed Governor, Stockton-on-Tees Borough Council)	None	None	None	None	Deputy Leader and Cabinet Member for Health, Leisure and Culture Stockton-on-Tees Borough Council Chair Eastern Ravens Trust Chair, Stockton Health and Wellbeing Board	✓
Dr Dominic Johnson (Appointed Governor, Newcastle University)	None	None	None	None	None	✓
Cllr Eunice Huntington (Appointed Governor, Durham County Council)	None	None	None	Member of Shotton Parish Council Governor of Shotton Primary School	Durham County Council Councillor	Confirmation to follow
Linda Nelson (Appointed Governor, Teesside University)	None	None	None	None	None	✓

Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Signed Fit and Proper Person Dec
Cllr Mike Young (Appointed Governor, Hartlepool Borough Council)	Confirmation of DoI and Fit and Proper Person Declaration to follow					

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North Tees and Hartlepool NHS Foundation Trust

Minutes of the Nominations Committee

Held virtually on 15 January 2021

In line with national guidance regarding the requirement for social distancing in meeting rooms, as part of safety measures following COVID-19, the meeting was held virtually.

These minutes represent a formal record of the meeting.

Present: Paul Garvin, Chairman
Tony Horrocks, Lead Governor / Elected Governor for Stockton
Linda Nelson, Appointed Governor (Teesside University)
Carol Alexander, Staff Governor
Mark White, Elected Governor for Stockton

In attendance: Julie Gillon, Chief Executive
Barbara Bright, Director of Corporate Affairs and Chief of Staff
Sarah Hutt, Assistant Company Secretary (Note taker)

1. Apologies for Absence

The Chairman welcomed members to the meeting and explained that Mark White had been invited to the meeting to ensure it would be quorate, due to the number of apologies. The Chief Executive was also invited to attend the meeting. Apologies for absence were reported from Wendy Gill, Elected Governor for Sedgefield, Alan Smith, Elected Governor for Hartlepool and Janet Atkins, Elected Governor for Stockton.

2. COVID-19 Update

The Chief Executive reported on the current position at the Trust in respect of COVID-19. During the first wave at its peak, the Trust saw c.70 patients, and despite other organisations having a period with a reduced number of cases, the Trust had seen Covid patient numbers remain above 100 since October. This had placed a pressure on staffing which remained. It was noted that the second wave appeared to be affecting younger people (over 50's rather than over 70's), and patients were much sicker, which was reflected in the number of patients being treated in critical care, currently standing at 24. In the first wave, this briefly reached 25 patients. It was noted that presently there were 185 Covid patients across the whole organisation, and the usage of oxygen had increased requiring the levels to be managed, placing further pressure on staff resources. In addition, the staff sickness absence levels due to Covid was c.3%. The Trust was managing a very difficult situation having had the highest Covid occupancy levels currently across the region.

On a more positive note, the Chief Executive explained that staff's health, wellbeing and safety was a priority for the Trust, and being able to provide support to them given the pressures they were facing. There were various avenues of support available, which would now also include access to clinicians from the mental health trust, Tees Esk and Wear Valleys Hospitals NHS Foundation Trust (TEWV). In respect of the COVID vaccine, to date 5,500 people had been vaccinated, two thirds of which were staff. Part of the Trust's vaccination programme would include wider care workers such as social workers, and care home staff. This area had the best uptake of the vaccination in the Country.

3. Declaration of Interests

There were no declarations of interest.

4. Minutes of the Meeting held on, 23 July 2020

Resolved: that, the minutes of the meeting held on 23 July 2020 were accepted as a true record.

5. Matters Arising

There were no matters arising.

6. Proposals for the appointment of an Interim Joint Chair

The Chairman began by explaining why now was the right time to be progressing the ambition of the Trust to develop the Tees Valley Health and Care Partnership collaboration plans. The COVID-19 pandemic had seen organisations having to adopt different ways of working and more shared working across organisations, which was the case of this trust and South Tees Hospitals NHS Foundation Trust. It was therefore now appropriate to build on this success with the refreshed provider collaborative to be able to better support front line services and staff to create new dynamic solutions of care for the benefit of patients across the Tees Valley.

The Chairman presented the proposal for the appointment of an interim Joint Chair between South Tees Hospitals NHS Foundation Trust and the Trust to establish a Committee in Common which would operate as a Strategic Board. The Strategic Board would comprise members from both trusts and would be responsible for the delivery of the strategic intent, developing the governance structure, and key decision making to fulfil the aims of the provider collaborative. Members were aware that discussions had been on going for some time in respect of possible models and structures to support better integration across the health system before reaching the current position to be able to take plans forward.

In order to progress the proposal there had been involvement from NHS England/Improvement and Alan Foster in respect of the NENC ICS. The proposal would see both trusts remain as individual entities with unitary boards and have a single joint chair to lead the strategic work. This would mean that the two existing trust chairs would stand down. A copy of the Chairman's resignation letter was appended to the paper.

It was planned to appoint the Joint Chair on an interim basis for approximately 6-9 months after which a permanent appointment would be made through a full recruitment process. It was proposed that Neil Mundy would be appointed as the Interim Joint Chair and a copy of his C.V. was also appended for members' information. The Chairman provided a brief overview of Neil's background.

Remuneration for the role had been considered in line with the NHS England/Improvement guidance issued in September 2019 around remuneration for Chairs and Non-Executives of NHS trusts and foundation trusts. The proposed salary of £58,500 was in the upper quartile for a combined annual turnover of both organisations between £501 to £750m, the cost would be split equally between both trusts. The anticipated time commitment for the role was 3 to 4 days per week.

To aid the members with their discussion, the Chief Executive confirmed her support with the recommended proposals explaining it absolutely was the right moment to grasp the opportunity

In Confidence

to take forward the provider collaborative, and that the Interim Joint Chair would help to achieve the strategic intent and sustain services for the future for the benefit of our populations. It was therefore important for both organisations to be in an equitable position to influence a new model for the future. The stepping down of both respective chairs was in order to progress this goal. The Chief Executive placed on record her personal thanks to the Chairman for his contribution over the last 11 years in office.

Members were invited for questions and any comments.

Mark White stated his support for the proposal, which was aligned absolutely with the direction of policy and the opportunity should be seized. One of the most important functions of the Council of Governors was to remove/appoint Non-Executive Directors, and on that basis would support the proposed appointment on an interim basis, however it was important to pursue a substantive appointment into the post in the given timescales of 6-9 months via a full recruitment process. The member sought to understand what course of action would be available should an uncertainty arise with the actions of the Joint Chair or Committee in Common. The Chief Executive explained that the Trust was clear about its strategic direction for the partnership working to deviate away from conventional thinking in order to support population health and the deprivation of the areas served. Part of the interim period would be to progress working together to make sure that the vision and strategic intent would be taken forward as planned. Throughout the pandemic advantages had been seen in respect of partnership working with such initiatives as the establishment of a cancer cell.

Any issues requiring resolution would in the first instance be discussed with the Council of Governors and Non-Executive Directors. Were it likely to impact on the direction of the strategic intent then the matter would be shared with the NENC ICS and NHSE/I. It was important to maintain an equitable position in the partnership.

The Chairman explained that a number of introductory discussions had taken place between Non-Executive Directors of both trusts, which were progressing well in building relationships for the future working.

Tony Horrocks sought to understand whether the same level of progress was being made at South Tees and the same channels of approval. The Chairman confirmed that the same schedule was being followed by both organisations.

It was noted that there was a typo regarding the commencement of the proposed Vice Chair's date of appointment. It was actually 1 February and not 1 March.

Carol Alexander spoke on behalf of staff expressing that there would be sadness about the Chairman standing down, and change of such a scale would always be difficult, however, now was a good time for such change to happen, and if handled correctly the reasons for the change would be accepted. Staff all across the organisation had been required to work differently, more flexibly due to COVID-19, which could be built upon, with these proposals.

Mark White expressed the value in Governors from both trusts having the opportunity to meet-up and get to know each other. The Chairman explained that opportunities for this would arise once the Joint Chair was in post.

- Resolved:**
- i) that, the resignation of the Chairman with effect from 31 January 2021 was accepted; and
 - ii) that, the appointment of an interim Joint Chair across the Trust and South Tees Hospitals NHS Foundation to lead the Strategic Board be agreed;
 - iii) that, the appointment of Neil Mundy as the Interim Joint Chair with effect from 1 February 2021 be agreed; and

In Confidence

- iv) that, the salary of £58,500 for the Interim Joint Chair, split between both trusts be agreed; and
- v) that, a substantive Joint Chair be appointed within 6-9 months via a full recruitment process to replace the Interim Joint Chair; and
- vi) that, the vision and strategic intent invested in the Interim Joint Chair and the Committee in Common (Strategic Board) be established and monitored; and
- vii) that, the above recommendations be presented at an extraordinary meeting of the Council of Governors on 21 January 2021 for ratification.

7. Proposals for the Appointment of a Vice Chair

The Chairman explained that the role of Deputy Chair, as set out in the Constitution, was fulfilled by an existing Non-Executive Director recommended by the Board of Directors, which was reported to the Council of Governors. In order to fully meet the requirements of the Board of Directors and to further develop the provider collaborative it was proposed to appoint a Vice Chair. The Vice Chair would work with the Interim Joint Chair to chair the Board of Directors and would be the principle Non-Executive Director lead on the joint Strategic Board.

A job description for the role of Vice Chair was appended to the paper. It was important that the individual would have a strong knowledge of the Trust and the ethos behind the provider collaborative; therefore, it was proposed to invite expressions of interest from the current Non-Executive Directors. Should more than one individual apply then a formal interview would take place with the Nominations Committee forming the selection panel, in line with the normal appointment process. Should only one candidate apply it was proposed the Nominations Committee would confirm their immediate appointment with a term of office of 3 years. The proposed salary for the role was £44,100.

Members were invited for questions and comments.

Tony Horrocks sought to understand whether a similar job description and remuneration would be adopted by South Tees. It was anticipated that a similar approval process had been adopted.

- Resolved:**
- i) that, the job description and appointment process for the role of Vice Chair be agreed; and
 - ii) that, the Vice Chair appointment be for a term of office of 3 years, with effect from 1 February 2021 and at a salary of £44,100; and
 - iii) that, the above recommendations be presented at an extraordinary meeting of the Council of Governors on 21 January 2021 for ratification.

8. Non-Executive Director Re-appointment/Recruitment Kevin Robinson and Jonathan Erskine

The Director of Corporate Affairs and Chief of Staff presented proposals for the re-appointment of Kevin Robinson and Jonathan Erskine, Non-Executive Directors, whose second terms of office would end on 31 July 2021. The proposed re-appointments were in line with the process for Chair/Non-Executive Director Recruitment/Re-appointment that was approved in February 2009 by the Nominations Committee, and it was noted that the Chairman had sought confirmation from them both that they wished to serve a further term of office should approval be granted by the Nominations Committee and Council of Governors.

Members were reminded that Chairs and Non-Executive Directors were eligible to be considered for uncontested re-appointment provided they had a record of consistently good performance. However, there was no automatic right to be re-appointed, and it was the role of

In Confidence

the Nominations Committee to consider individual proposals on behalf of the Council of Governors.

It was discussed, that the Nominations Committee make a recommendation to the Council of Governors on whether a candidate should be considered for a further term based on the following:

- A recommendation by the Trust Chairman;
- Non-Executive Director's performance;
- Confirmation that they fulfil the term of independence of the NHS 2006 Act and Monitors Code of Governance;
- The organisation's performance as measured externally.

The Director of Corporate Affairs and Chief of Staff explained that both Jonathan and Kevin were valued members of the Board of Directors and had extensive experience gained from a range of previous roles, they had supported the Trust to maintain exemplary performance over the last financial year despite unprecedented challenges and demands, and both continued to meet the independence criteria.

It was particularly important to maintain continuity and stability to steer the organization through the period of change ahead with the advancement of the provider collaborative arrangements. The Chairman confirmed that both individuals continued to make a strong contribution to the Trust and to the development of provider collaboration. It was therefore recommended to appoint Jonathan Erskine and Kevin Robinson for a further 3 year term of office with effect from 1 August 2021.

- Resolved:**
- (i) that, a further 3 year term of office for both Jonathan Erskine and Kevin Robinson, Non-Executive Directors be approved with effect from 1 August 2021; and
 - (ii) that, the above recommendation be presented at an extra ordinary meeting of the Council of Governors on 21 January 2021 for ratification.

9. Associate Non-Executive Director Re-appointment/Recruitment Rita Taylor

The Director of Corporate Affairs and Chief of Staff presented the proposal for the re-appointment of Rita Taylor, Associate Non-Executive Director, whose current term of office was due to end on 31 March 2021. The proposed re-appointment was in line with the process for Chair/Non-Executive Director Recruitment/Re-appointment that was approved in February 2009 by the Nominations Committee.

Following the conclusion of Rita's role as Non-Executive Director and Senior Independent Director, she was appointed as an Associate Non-Executive Director on 1 April 2020. The creation of the Associate Non-Executive role was to aid with succession planning for the organisation. Initially three individuals were appointed in 2019, including Rita's successor and they were now established in their individual board roles.

With her extensive experience, breadth of knowledge and understanding it was important to retain Rita in the capacity of Associate Non-Executive Director to provide support as the Trust moved forward with a challenging agenda and the advancement of the provider collaborative arrangements. In line with process, Rita had confirmed that she would like to be considered for a further term of office subject to approval by the Nominations Committee and Council of Governors.

Members were reminded that Chairs and Non-Executive Directors were eligible to be considered for uncontested re-appointment provided they had a record of consistently good performance. However, there was no automatic right to be re-appointed, and it was the role of the Nominations Committee to consider individual proposals on behalf of the Council of Governors.

In Confidence

Rita was a long-standing and valued member of the Board of Directors, and was well respected amongst the Non-Executive community. She continued to make a considerable contribution to the work of the Trust, supporting the Board of Directors and Council of Governors to help drive the Trust forward; her extensive experience would be a crucial factor as the Trust moves forward with a challenging agenda and the changes through the provider collaboration.

It was therefore agreed to appoint Rita Taylor for a further term of office of 12 months with effect from 1 April 2021.

Resolved: that, a further term of office of 12 months be agreed for Rita Taylor, Associate Non-Executive Director with effect from 1 April 2021; and that, the above recommendation be presented at an extra ordinary meeting of the Council of Governors on 21 January 2021 for ratification.

10. Any Other Business

The Chairman thanked the Committee for its help and support.

There was no other business reported.

The meeting closed at 12.05pm.