



Council of Governors Meeting

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

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



4 November 2021

Dear Colleague

A meeting of the **Council of Governors** will be held on **Thursday, 18 November 2021 at 10.00am**. Dial-in details for the meeting will be issued separately. **A development session will immediately follow the meeting.**

Yours sincerely

Professor Derek Bell
Joint Chair

Agenda

- | | | | |
|------|---------|--|---|
| (1) | 10.00am | Welcome | Chair |
| (2) | 10.00am | Apologies for Absence | Chair |
| (3) | 10.00am | Declaration of Interests | |
| (4) | 10.00am | Staff Poem | Lindsey Robertson |
| (5) | 10.20am | Minutes of the last meeting held on, 16 September 2021 (enclosed) | Chair |
| (6) | 10.30am | Matters Arising and Action Log (enclosed) | Chair |
| (7) | 10.35am | Chair's Report and Board Business (enclosed)
including Vice Chair Update (verbal)
(BoD agenda 2 December 2021 enclosed) | Chair |
| (8) | 10.50am | Chief Executive's Report (enclosed) | Julie Gillon |
| (9) | 11.15am | North East and North Cumbria Integrated Care System
Tees-Valley Health & Care Partnership and Provider Collaboration
(enclosed) | Chair / Julie Gillon |
| (10) | 11.35am | Integrated Compliance and Performance Report (enclosed) | Kevin Robinson,
Rita Taylor, Phil Craig & Jonathan Erskine |
| (11) | 11.55am | Winter Resilience Plan 2021/22 (enclosed) | Levi Buckley |
| (12) | 12.05pm | Outcome of Governor Elections 2021 (enclosed) | Barbara Bright |

(13) 12.10pm NHS Providers Governor Sessions Feedback October 2021 (verbal) Attending
Governors

Items for information

(14) 12.20pm Meeting Dates 2022 (**enclosed**) Barbara Bright

(15) 12.25pm Any Other Notified Business Chair

(16) 12.30pm Approximate close

Date of Next Meeting

Thursday, 10 February 2022

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

DB/SH

4 November 2021

Dear Colleague

A development session has been arranged, which will immediately follow the Council of Governors meeting on Thursday, 18 November 2021.

- | | | | |
|-----|--------|-----------------------------|---|
| (1) | 1.00pm | Stroke Services | Deepak Dwarakanath, Linda Hunter
& Aaron Annamalai |
| (2) | 1.45pm | Special Care Baby Unit SCBU | Lindsey Robertson & Team |
| (3) | 2.30pm | Approximate Close | |

Governors Roles and Responsibilities Holding the Board of Directors to Account

1. Key Principles

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

2. Standard Methods for Governors to Provide Scrutiny and Assistance

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

3. Further Methods Available for Governors

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

Glossary of Terms

Strategic Aims and Objectives

Putting Our Population First

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

Valuing People

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

Transforming Our Services

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

Health and Wellbeing

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

North Tees and Hartlepool NHS Foundation Trust

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

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

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

Governor representation via video conferencing: -

Hartlepool Elected Governors:

George Lee
Geoff Northey
Ian Simpson
Alan Smith

Stockton Elected Governors:

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

Easington Elected Governor:

Mary King

Sedgefield Elected Governor

Wendy Gill
Ruth McNee

Non-Core Public Elected Governor:

Angela Warnes

Staff Elected Governors:

Carol Alexander
Manuf Kassem
Asokan Krishnaier
David Russon

Appointed Governors:

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

Attendance in the Boardroom: -

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

Joint Chair
CE
SH
DoCA&CoS

Attendance in the Boardroom for Item CoG/1025: -

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

In attendance via video conferencing: -

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

* voting member

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

JE
KR
COO

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

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

CoG/1022 Welcome

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

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

CoG/1023 Apologies for Absence

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

CoG/1024 Declaration of Interests

The meeting was quorate in line with the Trust Constitution.

No declaration of interests were noted.

CoG/1025 Patient Story

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

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

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

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

and an increase in sickness absence amongst staff.

Resolved: that, the patient story be noted:

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

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

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

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

CoG/1027 Matters Arising and Action Log

a. Joint Governor Development Sessions

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

b. CoG/989 Yellowfin Presentation

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

c. CoG/993 Communication

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

d. CoG/1002 Maternity Strategy

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

e. CoG/1002 Staff COVID-19 Vaccination Update

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

f. CoG/1006 Sub-Committee Membership Review

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

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

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

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

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

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

CoG/1028 Chairman's Report and Board Business

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

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

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

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

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

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

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

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

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

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

CoG/1029 Chief Executive's Report

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CoG/1031 Integrated Compliance and Performance Report – Month 10

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CoG/1032 Review of Constitution

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

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

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

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

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

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

CoG/1033 Governor Elections 2021

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

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

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

CoG/1034 Sub-Committee Minutes

a. Strategy and Service Development Committee – 14 June 2021

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

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

b. Membership Strategy Committee – 17 May 2021

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

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

2021 be noted.

c. Nominations Committee Update – 13 September 2021

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

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

CoG/1035 NHS Providers Governor Conference Feedback 8 July 2021

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

Resolved: that, the verbal update be noted

CoG/1036 Any Other Notified Business

a. Roger Campbell

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

b. Schwartz Rounds

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

c. Carbon Footprint and the Green Agenda

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

d. NHS Employment Application Form

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

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

CoG/1037 Date and Time of Next Meeting

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

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

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

The meeting closed at 12:55 pm

Signed: 

Date: 18 November 2021

Council of Governors Action Log

Date	Ref.	Item Description	Owner	Completed	Notes
2021					
18 February 2021	Development Session	Development Session - Teesside Provider Collaborative Joint development sessions to be scheduled for both Council of Governors of NTH and STH	B. Bright		Dates are being reviewed in order to schedule meetings in the diary for the rest of 2021. DoCA&CoS was working with the Lead Governors and the Vice Chairs to develop a programme of joint development sessions which would be both relevant and of benefit to Council of Governors' from both the Trust and South Tees Hospitals NHS FT
16 September 2021	CoG/1029	Chief Executive's Report the DoCA&CoS report back to the Council of Governors' on the current mortality rate	B. Bright	4 November 2021	Learning from Deaths report circulated to the Governors which had been presented at the October Board of Directors' meeting. This provided information in relation to the Trusts HSMR and SHMI values as well as comparative information of deaths over the past 5 years
16 September 2021	CoG/1030	North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration Update DoCA&CoS to discuss concerns around an appointment letter with Mary King, Elected Governor for Easington out with this meeting	B. Bright	Completed	Contact made with Mary to further discuss issue in relation to appointment letter.
16 September 2021	CoG/1036(b)	Schwartz Rounds Governor development session on Schwartz Rounds to be considered	B. Bright		To be built into the 2022 Governor development plan.
16 September 2021	CoG/1036(d)	NHS Employment Application Form feedback on the current NHS Employment Application Form to be feedback	B. Bright	Completed	Feedback provided to the Workforce Department.

Council of Governors

Title of report:	Chair's Report										
Date:	18 November 2021										
Prepared by:	Sarah Hutt, Assistant Company Secretary Barbara Bright, Director of Corporate Affairs and Chief of Staff										
Sponsor:	Professor Derek Bell, Joint Chair										
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		Information	X			
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X			
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	
Executive Summary and the key issues for consideration/ decision:											
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level.</p> <p>Key issues for Information:</p> <ul style="list-style-type: none"> • Chair Induction Programme; • North East and North Yorkshire Elective Recovery Event; • Joint Strategic Board Progress; • Joint Strategy and Partnership Director Appointment; • North East and North Cumbria Integrated Care System Chief Executive Recruitment; • Care Quality Commission (CQC) State of Care report 2020/21 • Trust Annual General Meeting 											
How this report impacts on current risks or highlights new risks:											
There are no risk implications associated with this report.											
Committees/groups where this item has been discussed	N/A										
Recommendation	The Council of Governors is asked to note the content of this report.										

North Tees and Hartlepool NHS Foundation Trust
Meeting of the Council of Governors
18 November 2021

Report of the Joint Chair

1. Introduction

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

2. Key Issues and Planned Actions

2.1 Induction

I have continued my induction programme with the Trust and have visited a number of areas including Radiology Services, Paediatrics, Stroke Services, the Quality Control Laboratory, Hospital Street, the Energy Centre, and the Central Sterile Services Department (CSSD). It has been great to meet with such a wide range of both clinical and non-clinical staff whilst gaining an introduction into the organisation.

I have established regular meetings with the Chief Executives, Vice Chairs and Lead Governors both individually and jointly. In addition, I have and will continue to meet with Governors, Non-Executive Directors and Executive Directors of both Trusts to gain further understanding of both organisations.

In addition, this month I will continue my induction programme with a focus on meeting external partners across the Tees Valley and beyond.

2.2 North East and North Yorkshire Elective Recovery Event

I attended a regional event on 30 September 2021, which focused on elective recovery across the North East and North Cumbria looking both at the immediate position and what was required on a longer-term basis to transform service provision. In the short term, the focus is to reduce the number of long length waits. A review of progress will take place at a further event later in the year.

2.3 Joint Strategic Board (Joint Partnership Board) Progress

The Joint Strategic Board took place on 20 October 2021, which considered further collaborative and joint working opportunities between the Trust and South Tees Hospitals NHS Foundation Trust. These include estates utilisation and related work, digital optimisation and priority clinical services. There was also an update regarding the Pathology Collaborative, which is a joint venture between the two trusts.

At the meeting, the name of the Board was considered and it was agreed to rename it 'Joint Partnership Board' to reflect that the Trusts would not only be working together, but would also be working with external organisations for the benefit of people in the Tees Valley.

2.4 Joint Strategy and Partnership Director

I am pleased to report the appointment of Alan Hunter, who commenced as Joint Strategy and Partnership Director on 25 October 2021. The appointment is on an interim basis and will be shared across both trusts working closely to progress the ambitions of the Joint Partnership

Board, enabling effective partnership working beyond organisational boundaries and building on collective capacity to better manage the health of the population.

2.5 Integrated Care System Chief Executive Recruitment

I was invited to take part in a stakeholder engagement event on 13 October 2021, which was part of the recruitment process to appoint a new Chief Executive for the North East and North Cumbria Integrated Care System. The interviews were held on 15 October 2021 and announcement of the successful candidate will be made in the coming weeks. The appointment will commence on 1 April 2022 under the new Integrated Care Board arrangements.

2.6 Care Quality Commission (CQC) State of Care report 2020/21

The CQC published its new State of Care report, ‘the state of health care and adult social care in England 2020/21’, which sets out its annual assessment of the quality of health and social care in England. It summarises key points for trusts covering people’s experiences of care, trusts’ flexibility in responding to the COVID-19 pandemic, ongoing quality concerns and challenges for systems which recognises the ongoing pressures trusts are facing and the work they are doing to recover services and provide quality care in a difficult time.

2.7 Annual General Meeting 2021

The Trust’s Annual General Meeting (AGM) was held on 14 October 2021. It was the first time the meeting had been held virtually, which was to accommodate the continuing social distance guidance for meetings. The event was publicised in advance and members were invited to submit any questions prior to the event.

A dedicated section on the Trust’s website was set-up to host pre-recorded presentations from the Chief Executive, Director of Finance and myself. In addition, a link was included for members to access the Trust’s Annual Report and Accounts for 2020/21 and minutes from the previous meeting.

3. Recommendation

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

Professor Derek Bell
Joint Chair

November 2021

Dear Colleague

A meeting of the **Board of Directors** will be held, on **Thursday, 2 December 2021 at 1.00pm** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely



Professor Derek Bell, OBE
Joint Chair

Agenda

		Led by
1. (1.00pm)	Apologies for Absence	Chair
2. (1.00pm)	Declaration of Interest	Chair
3. (1.05pm)	Patient Story (verbal)	L Robertson
4. (1.30pm)	Minutes of the meeting held on, 28 October 2021 (enclosed)	Chair
5. (1.35pm)	Matters Arising and Action Log (enclosed)	Chair
Items for Information		
6. (1.45pm)	Report of the Joint Chair (enclosed) and Vice Chair Update (verbal)	Chair
7. (1.55pm)	Report of the Chief Executive (enclosed)	J Gillon
Strategic Management		
8. (2.15pm)	Corporate Strategy and Metrics Update (enclosed)	B Bright
Performance Management		
9. (2.25pm)	Integrated Compliance and Performance Report (enclosed)	L Hunter, L Robertson, N Atkinson & T Squires
10. (2.40pm)	Elective Recovery (enclosed)	L Buckley

Items to Receive

- | | | |
|--------------|--|-----------|
| 11. (2.50pm) | Research and Development Annual Report 2020/21 (enclosed) | J Erskine |
| 12. (3.00pm) | Any Other Business | Chair |

Date of next meeting

(Thursday, 27 January 2022, Boardroom, University Hospital of North Tees)

Council of Governors

Title of report:	Chief Executive Report											
Date:	18 November 2021											
Prepared by:	Julie Gillon, Chief Executive Donna Fairhurst, Personal Assistant											
Executive Sponsor:	Julie Gillon, Chief Executive											
Purpose of the report	The purpose of the report is to provide information to the Council of Governors on key local, regional and national issues.											
Action required:	Approve		Assurance			Discuss		X		Information		X
Strategic Objectives supported by this paper:	Putting our Population First		X	Valuing People		X	Transforming our Services		X	Health and Wellbeing		X
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective		X	Responsive		X	Well Led	X
Executive Summary and the key issues for consideration/ decision:												
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a National, Regional and Local level from the main statutory and regulatory organisations of NHS 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 current position and continued recovery • Staff Health and Wellbeing • Annual General and Members Meeting 2021 • Faculty for Leadership and Improvement • Shining Stars Awards – 25 October 2021 • Community Diagnostic Hubs • Consultant Appointments • North Tees and Hartlepool charity hits 25 • New hospital role established to support patients through their cancer journey • North Tees and Hartlepool bariatric service celebrate decade of delivery 												
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 Executive Team and other relevant committees within the governance structure to ensure consideration for strategic intent and delivery.											
Recommendation	The Council of Governors is asked to note the content of this report and the pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return of services building on a new operating model.											

North Tees and Hartlepool NHS Foundation Trust
Meeting of the Council of Governors
18 November 2021

Report of the Chief Executive

1. Introduction

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

2. Key Issues and Planned Actions

2.1 Strategic Objective: Putting our Population First

2.1.1 COVID-19 Current Position and Continued Recovery

2.1.1.1 COVID-19 Current Position

As at 3 November 2021, the Trust is caring for 53 COVID-19 positive patients, five of which require Critical Care intervention. This position is reflective of the impact of community infection rates across Stockton and Hartlepool communities, with both local authorities reporting high infection rates – Stockton positive cases of 439 infections per 100,000 population and Hartlepool positive cases of 435 (pillar 1 and 2 positive tests per 100,000 population for tests results up to Tuesday 2 November 2021). Although this compares favourably with the rates in Northeast and North Cumbria of 476 and an England average rate of 403 it still represents a level of increasing community infections compared with the same period in October 2021.

The Trust continues to manage COVID patients with around 8% of beds occupied by COVID positive patients. This has remained static over the last few weeks as have the numbers of patients requiring critical care support.

A continued review of Infection Prevention and Control measures, supporting the health and wellbeing of staff, and improving the estate remain core measures to manage operational pressures whilst continuing to focus on COVID admissions and ensuring the provision of high quality and timely care for patients and their families.

2.1.1.2 Hospital Activity and Operational Pressures

Services have been operating under sustained pressure normally associated with a challenging winter period. The impact of the pandemic and high patient acuity within urgent and emergency attendances has affected patient flow within and outwith the organisation. The Trust continues to monitor and respond to operational pressures through daily operational and resilience structures with oversight by the Executive Team. Additional resources have been deployed into urgent and emergency care to maintain focus on patient safety and the timely management of appropriate flow with a specific emphasis on ambulance arrivals delivery of the emergency care standards, defusion of the department and staff support with collective leadership.

As previously reported the Trust continues to deliver ambitious recovery plans with weekly monitoring across all Points of Delivery by the Executive Team. Within the NENC the Trust has the highest aggregate position for total value weighted elective activity with performance of 93.3% at 3 October and a four weekly average rate of 94.9%.

The Trust is currently receiving GP referrals at 110% of 2019/20 activity with the NENC as a whole seeing activity levels of 99.7% of 2019/20 levels. Despite the increase in referrals, the Trust has maintained a positive downward trajectory of >52 week waits and zero >104 week waits. This compares favourably nationally, regionally and locally. Internal waiting list initiatives and insourcing

capacity are being utilised to support increased elective and diagnostic capacity during periods of intense emergency care demand.

2.1.1.3 2021/22 Planning Guidance; October to March 2022

The Planning Guidance released in September 2021 reinforced the six priorities outlined in the 2021/22 operational planning guidance published in March 2021. Specifically, a continued focus on: supporting the workforce; delivering vaccinations and ongoing COVID-19 support; transformation to accelerate recovery of electives and address rising demand for mental health services; expanding primary care capacity to address health inequalities; transforming community and urgent and emergency care to reduce pressure on emergency departments; and system collaboration.

Within the priorities, a notable addition includes a targeted investment fund of £700 million to spend by the end of March 2022; this is part of the funding announced in the latter half of the financial year (H2) settlement. Proposals for spend will focus on delivering the elective recovery reforms with a specific action on waiting list size and long waits.

The Trust has included schemes that support elective pathways developed through the Tees Valley Clinical Services Strategy with an emphasis on increasing baseline elective capacity and supporting successful improvement trajectories.

The final review and prioritisation of schemes is currently taking place with an anticipated agreement by the end of October 2021, subject to NHS England approval.

Richard Barker, Regional Director chaired an elective recovery event on 30 September to discuss the position across the North East and Yorkshire. Whilst it was recognised and accepted that challenges continue it was agreed collectively there was a need for organisations to work individually and together via Provider Collaboratives to rapidly increase the pace of elective recovery.

2.1.2 Staff Health and Wellbeing

In September the focus on wellbeing was '*know your numbers*' with sessions provided across both sites which aimed to provide staff with the opportunity to reflect and focus on themselves. October saw the launch of the new wellbeing newsletter, a collaborative approach to sharing all of the wellbeing initiatives, along with a focus on staff stories to provide a social approach to the content. The new electronic format has made the newsletter more accessible with printed versions also available, as appropriate.

Collaborative work continues ensuring that the variety of wellbeing offers are coordinated with support from Psychology, Chaplaincy, Occupational Health and the People Development Team. The newly launched wellbeing sponsors have increased in numbers, with ambitions to go further to provide more access to wellbeing.

Work is currently underway to prepare for the Better Health at Work Award (BHAWA). The Trust is applying for the Maintaining Excellence award which was achieved in 2020.

Preparations are underway to launch Recognise, Engage, Actively listen, Check risk and Talk (REACT) conversations training which will provide a simple framework to have conversations relating to mental health. This work combined with the coordination of the Mental Health First Aiders will provide a breadth of support across the Trust. The structure has been created by March on Stress and supported by NHS England.

2.1.3 COVID and Flu Vaccination Programmes

The joint vaccination co-administration campaign commenced on Monday 27 September providing both COVID-19 third dose boosters and flu vaccinations to staff within the Trust. The ambition is to achieve 100% offer and surpass the 81% frontline health care worker delivery achieved in 2020. The Trust is delivering the Pfizer vaccine which also include an '*Evergreen*' offer providing first and second doses to those who require them. It was also recently announced those who were part of the Novavax

trial are now able to receive a booster dose or first and second doses to ensure they have access to a licensed vaccine.

Currently over 2500 doses of the COVID booster vaccine have been delivered and 2316 Flu vaccinations. Local authority and care home staff who previously received their COVID vaccinations on site have also started to receive their booster vaccinations. A robust communications and engagement strategy is in place and flexibility in delivery is reviewed on a weekly basis to target areas of low uptake with detailed plans including advice and support.

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

2.1.4.1 NOVAVAX Trial

The Joint Committee on Vaccination and Immunisation have approved the use of Pfizer vaccinations as a booster or for travel purposes for NOVAVAX participants. The North Tees vaccination hub and NOVAVAX trial centre was offered as a vanguard site to pilot the process for contacting, unblinding and referring participants for their vaccinations. This process has been shared with the national team for wider distribution to all NOVAVAX sites. End of study visits for all remaining participants will be taking place from mid Oct - early December, after which all activity on the trial will cease.

2.1.4.2 RECOVERY Trial

The Trust has 870 patients recruited to the RECOVERY study to date and remains the second highest recruiting Trust in the country with all treatment aims available.

Support for the RECOVERY trial is being scaled down and the finite research delivery resource will move to cover a much wider range of studies.

2.1.5 Community Diagnostic Hubs

The Trust continues to work in partnership with South Tees Hospitals NHS Foundation Trust to establish community diagnostic hubs following a successful bid to the national early adopter programme. The focus of the year 1 submission is to sustainably maintain increased capacity with a collaborative hub and spoke arrangement, enhancing diagnostic capabilities at existing sites. The investment in equipment, facilities and workforce will support recovery and a longer term enhanced diagnostic offer.

The next steps in the process are for both Trusts to draw-down the funding and operationalise the plans focusing on procurement, building work, workforce, systems and processes in the first instance.

2.2 Strategic Objective: Valuing our People

2.2.1 Annual General and Members Meeting 2021

The Trust Annual General and Members' Meeting (AGM) was held on 14 October 2021. As the Trust is still operating under some COVID restrictions this meeting was hosted virtually via video presentations on the website with the opportunity to submit any questions prior to and post the event.

Presentations were delivered by the Chair, Chief Executive and Director of Finance. Additionally two videos were linked to showcase progress and ambition, and a thank you video for those who work and are connected to the Trust. Full details can be found on the website here: <https://www.nth.nhs.uk/news/north-tees-and-hartlepool-nhs-foundation-trust-annual-general-and-members-meeting-2021/>

2.2.2 Faculty for Leadership and Improvement

The 10 Pack Leaders continue to drive forward their courageous changes demonstrating exemplary leadership skills and behaviours to get the most from their teams.

Upon reaching the halfway point in the 6-month programme, the Faculty Support Team will be working closely with Leaders to develop a mid-point showcase to be shared with the 100 Leaders and the Trust. This will highlight the achievements, capture feedback from Pack Leaders on the programme and identify the learning to be taken forward by the Faculty of Leadership and Improvement.

An emerging theme from discussions with Leaders is the value being placed on connections made through this programme and the opportunity it provides to work with a wider network of colleagues. The simplicity of this behavioural change is what makes it so impactful and provides valuable learning for the Faculty Support Team and future cohorts.

The development of the Faculty of Leadership and Improvement continues to take learning from the 100 Leaders programme of work, using this to identify the principles of what the Faculty can offer the Trust moving into the future. The 100 Leaders projects will form part of a suite of projects acting as a test-bed for the Faculty to refine and demonstrate the framework of support needed to embed a culture of improvement and a legacy of inclusive, collective and compassionate leadership.

2.2.3 Shining Stars Event – 25 October 2021

The awards ceremony is an annual event to celebrate the outstanding work in place across the organisation, recognising the efforts, commitment and dedication employed by our staff to quality and patient experience – with excellence as our standard. Unfortunately, due to the impact of COVID-19 and the restrictions still in place, the event was held virtually for a second year. However, both Steve Hall and myself were fortunate enough to visit and present recipients personally with their awards. The importance of this event cannot be underestimated and the recognition it affords to staff, especially in light of the challenges that have been faced by all. I would like to take this opportunity to congratulate all winners and all those nominated for their outstanding contribution to performance, safety, quality, patient experience and overall service delivery.

2.2.4 Consultant Appointments

Since the last meeting held on 23 September 2021, the Trust has appointed to the following Consultant post:

Consultant Anaesthetist with an interest in Peri-Operative Medicine - Dr Lucy Eyram Delali Kodzo-Grey Venyo

2.2.5 North Tees and Hartlepool Charity hits 25

The North Tees and Hartlepool charity is celebrating its achievements and has set out a vision for the future – as it hits a milestone quarter of century since its creation. Over that time tens of millions of pounds has been raised for frontline patient care and to support staff wellbeing across the organisation. To mark the anniversary date, staff and the community across the Tees Valley are being set a '25 Challenge' to complete a project to raise money. A Fundraising Co-ordinator has been appointed to ensure that a clear strategy is developed and delivered to support the charity ambitions.

2.2.6 New Hospital Role Established to Support Patients through their Cancer Journey

A new role at the Trust is improving the journey of cancer patients from the very day they receive their diagnosis.

The coordinators build a relationship with patients, acting as their first point of contact. They offer health and wellbeing advice based on the patients' needs, lifestyle and circumstances to optimise physical condition before receiving cancer treatment – whether that is surgery, chemotherapy or a combination of the two

2.2.7 North Tees and Hartlepool Bariatric Service Celebrate a Decade of Delivery

The bariatric team at North Tees and Hartlepool NHS Foundation Trust has been working for 10 years to help patients live a healthy life free from some of the limits of obesity. Since the department opened in 2011, more than 850 procedures have been completed.

3. Recommendation

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

Council of Governors

Title:	North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration									
Date:	18 November 2021									
Prepared by:	Lynne Taylor, Director of Planning and Performance Linda Hunter, Deputy Director of Planning & Performance Julie Gillon, Chief Executive									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	This report presents an overview of the current position and the work undertaken, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS), the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and progress with regard to provider collaboration.									
Action required:	Approve		Assurance		Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The key issues of note are as follows:</p> <ul style="list-style-type: none"> • The developing ICS governance and future partnership programme • The considerable work undertaken across each of the clinical and support work streams • The progress and focus of the NENC Provider Collaborative (PvCv) • The progress on the development of Tees wide provider collaboration • The progress of the Clinical Services Strategy work across the Tees Valley • The perseverance of the Board of Directors in strategic collaboration 										
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"> • The evolving transition plan to statutory status of the NENC ICS; • 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 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 required to develop a financial strategy with the need for further robust governance to support mutual accountability; • The need to revisit risk appetite and potential actions for the future success of system and place based working. 									

North Tees and Hartlepool NHS Foundation Trust

18 November 2021

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

Report of the Chief Executive

1. Introduction

- 1.1 This report presents an overview of the progress since the time of the last formal report to the Council of Governors meeting held on 16 September 2021, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) plans, the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and provider collaboration.

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

2.1 Integrated Care System/Integrated Care Partnership (ICS/ICP) update

2.1.1 Integrated Care System (ICS Joint Management Executive Group (JMEG))

Since the last meeting on 16 September 2021 three Joint Management Executive Group meetings chaired by Sir Liam Donaldson (ICS Chair Designate) have been held. Discussion at the meeting on the 5 October focused on the national guidance with a focus on place based arrangements for commissioning. A further meeting was held on the 19 October 2021 whereby discussion centered on the development of the Integrated Care Board constitution, management of resources and composition and membership along with the engagement timeline with partners on next steps.

2.1.2 Health Inequalities and the need for Public Health Prevention in Maternity in the North East & North Cumbria Webinar

- 2.1.3 I had the opportunity to introduce the Public Health Prevention in Maternity webinar on 4 October, to highlight prevention in maternity to look at improving outcomes and health during pregnancy and to give every child the best start in life to reduce health inequalities. The network event engaged stakeholders with Sue Mann, Medical Expert in Reproductive Health and Consultant in Women's Health at the National Public Health England team providing a keynote speech on reproductive health opportunities in maternity. Members were invited to participate in discussions around tobacco dependency in pregnancy, reproductive health, maternal healthy weight, inequalities and approach to support opportunities in continuity of care.

3. Digital Strategy

- 3.1 **NENC ICS Design Framework** - currently working through governance arrangements with consideration being given to a ICS Digital leadership role and associated lines of accountability.

- 3.2 **North East and Yorkshire (NEY) ICSs – Collaborative Opportunities** - committed to the concept of exploring further opportunities to collaborate at scale across the broader North East Yorkshire region, to bring economies of scale and collective working, whilst being cognisant of ICS sovereignties. Recent examples and successes include: Virtual Consultation solution contracts/negotiations as well as a PAN ICS (NEY Regional) Cyber response planning task and finish group

- 3.3 **What Good Looks Like (WGLL) Framework** – the ICS digital care programme team is currently conducting a read-across of the WGLL framework against the NENC ICS digital

strategy and existing governance; the outputs of this review process will identify areas of further developments needing to be addressed and will inform a further iteration of the regional digital strategy.

3.4 **Population Health** - The NENC ICS Population Health Management (PHM) Analytics Capacity & Capability baseline assessment has now concluded, this was coordinated and conducted via NECS and Public Health England (PHE). The ICS is now reviewing the findings and proposed next steps in readiness for further consideration with regard to governance.

3.5 **Community Health Services / Ageing Well** - Work is progressing to develop an NENC ICS Community Health Services Digital Strategy, including supporting: Anticipatory Care; Enhanced Health in Care Homes; and Urgent Community Response. Collaborative work is underway to explore possibilities around developing digital enabling tools including cohort identification and outcomes.

4. System Wide North East and North Cumbria (NENC) Provider Collaborative

4.1 North East and North Cumbria (NENC) Provider Collaborative

Following a competitive process, the NENC NHS Provider Collaborative has appointed its Managing Director. The successful candidate will commence in the new role in January, with key initial priorities including establishing the infrastructure of the Collaborative and driving delivery of collaborative programmes on behalf of the 11 Trusts and the wider system.

5. Tees and North Yorkshire Provider Collaborative (T&NYPvCv)

5.1 A Joint Strategy and Partnership Director has been appointed on an interim basis. He commenced in post on 20 October 2021 and brings with him a wealth and breadth of experience in governance, strategic change and operational performance improvement across a range of government policy areas, hospitals and health systems. This joint post will support both the organisation and partnership with the ambition to work collaboratively to ensure that the population of the Tees Valley and North Yorkshire benefit from the development of collaborative arrangements with South Tees Hospitals.

5.2 A Joint Partnership Board took place on 20 October with a focus on quality, estates, digital interoperability, pathology, digital and sustainable service model options.

6. Tees Valley Health and Care Partnership

6.1 Improving our NHS Together – Tees Valley Integration and Transformation Programme

6.1.1 The Improving our NHS Together – Tees Valley Integration and Transformation Programme continues to focus on the key work streams. The Clinical Services Strategy remains a significant piece of the work programme for the Tees Valley, with the supporting co-dependent and enabling workstreams of finance and efficiency, digital and workforce, continuing to support the move from vision to implementation. As governance evolves, the potential duplication, value, decision making, governance and stakeholder engagement, including place based approaches, needs to be reconsidered.

6.2 Clinical Services Strategy

6.2.1 The Managed Clinical Networks continue to grow and develop, with a focus on the commitment to improve and stabilise services for the population. The Programme Team is working closely with the Clinical Leads to support the production of a 'plan on page' to define delivery across the next six months, given the operational challenges faced.

6.3 Workforce Transformation

- 6.3.1 Following stakeholder workshops to inform partnership priorities, the refreshed meeting of the South ICP Workforce Group took place on 12 October with attendance from a range of partners across the system. The group discussed a funded opportunity from Health Education England to support work on widening participation and apprenticeships, with time limited groups being established to think creatively about how best to use the funding.
- 6.3.2 An insightful and thought provoking presentation from 'Skill for Care' highlighted the social care workforce challenges, with some common parallels with primary care challenges being drawn. Partners were also interested in the 'Health and Social Care Academy', with discussion leading to opportunities across the system.
- 6.3.3 The Task and Finish Group exploring *easier access into health and social care and career pathways working in the sector*, recommended development of skills matching people's current knowledge and expertise to what is transferable to the health and social care sector, alongside local role profiles and vacancies.

6.4 Finance and Efficiency Plans

- 6.4.1 In Month 6 (September), the Trust and the South ICP have now concluded the requirement to operate within the financial funding arrangements covering April to September 2021 and the agreed financial plan to 30th September 2021 (H1). The Trust has successfully delivered the original planned surplus for H1 of £3m and has also over-delivered on the planned surplus by £1.5m (£4.5m reported surplus). The surplus can be carried forward into H2 and can be utilised to support winter and elective recovery pressures.
- 6.4.2 The total Elective Recovery Fund allocation to the ICS was £71m for H1 and the confirmed ERF income to the Trust is £4.8m. The Trust has now received the full ERF allocation, which has been prudently offset by a matched expenditure accrual resulting in a neutral impact on the financial position.
- 6.4.3 Discussions between the Treasury and Department of Health regarding H2 have now been concluded and the South ICP System envelope for H2 was issued on 30 September 2021. Discussions are currently ongoing between South ICP Directors of Finance to agree the distribution of the system allocations and the financial plan for the remainder of 2021/22.
- 6.4.4 In respect of next steps, the key priority is to develop a system financial strategy and risk register to address the underlying deficit across the ICP system. This requires 'open book' transparency and mutual accountability and will be overseen by the Joint Partnership Board.

7. System Leadership Development

- 7.1 Following the recommendations from the latest Clinical Services Strategy event scoping of a system leadership development package facilitated via the North East Leadership Academy including adaptive and collective leadership approaches continues.

8. Summary

- 8.1 The Trust remains a pro-active partner in the ICS delivery objectives, the NENC Provider Collaborative and the TV HCP and now in the more ambitious purpose of the Tees and North Yorkshire Provider Collaboration.

9. Recommendations

- 9.1 The Council of Governors is asked to note the work to date and specifically:
- The evolving transition plan to statutory status of the NENC ICS;
 - 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 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 required to develop a financial strategy with the need for further robust governance to support mutual accountability;
- The need to revisit risk appetite and potential actions for the future success of system and place based working.

Julie Gillon
Chief Executive

North Tees and Hartlepool NHS Foundation Trust

Council of Governors' Meeting

Title	Integrated Compliance and Performance Report (IPR)									
Date	18 November 2021									
Prepared by	Lindsey Wallace, Head of Planning and Performance									
Executive Sponsor	Linda Hunter, Interim Director of Planning and Performance Lindsey Robertson, Chief Nurse/ Director of Patient Safety and Quality Tracy Squires, Deputy Chief People Officer Neil Atkinson, Director of Finance									
Purpose of the report	To provide an overview of the integrated performance for compliance, quality, finance and workforce.									
Action required	Approve	x	Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper	Putting our population First	x	Valuing our People	x	Transforming our Services	x	Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision										
<p>The report outlines the Trust's compliance against key access standards in September including quality, workforce and finance.</p> <p>Summary</p> <ul style="list-style-type: none"> Operational pressures have continued across the Trust and the wider system, subsequently impacting on a number of operational standards. The Trust continues to manage Covid admissions, pre-covid levels of emergency care activity, alongside the elective recovery programme. A number of elective procedures were postponed to help manage surge, however recovery has been reinstated with Insourcing of resources to support weekend lists. Performance and Quality standards continue to be monitored closely through the established and robust internal governance structures, which supports further development of improved clinical pathways, quality and patient safety across the Trust. The diagnostic recovery is reporting an improved position in September, with the overall waiting list and number of patients waiting more than 6 weeks decreasing. The sustained pressures front of house continue to impact ambulance handover delays, additional resources now in place to review emergency flow throughout the organisation. A flexible bed base is in operation and adapted accordingly. Staff sickness remains a key challenge, with additional support in place to manage staff health and wellbeing. The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI and infection control measures. Work continues to review recruitment and retention rates, including alternative workforce models to meet current organisational pressures. 										
How this report impacts on current risks or highlights new risks										

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

Associated risks are outlined within the Board Assurance Framework.

Committees/groups where this item has been discussed	Board of Directors Executive Team Audit and Finance Committee
Recommendation	The Council of Governors is asked to note: <ul style="list-style-type: none">• The performance against the key operational, quality and workforce standards;• Acknowledge the significant on-going operational pressures and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward.



North Tees and Hartlepool
NHS Foundation Trust

Integrated Corporate Report



October 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



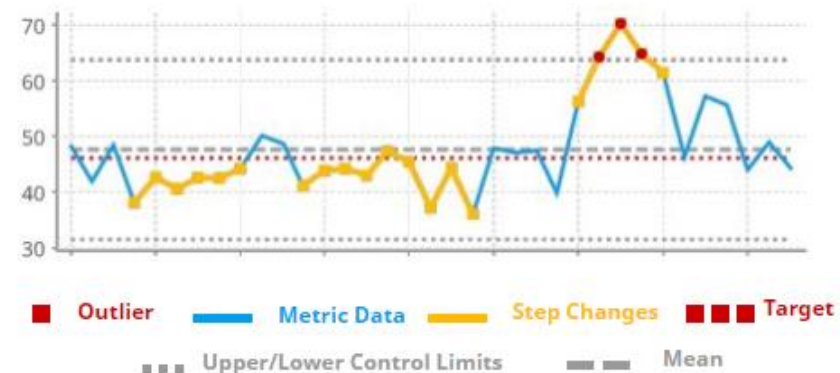
Performance highlights against a range of indicators including the Single Oversight Framework (SOF) and the Foundation Trust terms of licence remains. The report is for the month of September 2021 and outlines trend analysis against key Compliance indicators, Operational Efficiency and Productivity, Quality, Workforce and Finance.

Statistical Process Control (SPC) Charts

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

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

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



Contextual Information



North Tees and Hartlepool
NHS Foundation Trust

Operational pressures continued across the Trust throughout September, ultimately impacting on patient flow. Increased command and control was in place to support resilience, with senior managers and Heads of Nursing managing a flexible bed base and the associated staffing resource on a daily basis. The Trust escalated up to OPEL 3, which was a similar scenario across the region. Resilience plans were implemented, resulting in the rescheduling of non-urgent elective activity, with staff redeployed into clinical areas and base wards to maintain quality and safety. The Trust managed elective activity based on patient's clinical need and bed availability.

The H2 Planning guidance "2021/22 priorities and operational planning guidance: October 2021 to March 2022" not only acknowledges the 'challenging circumstances and pressures intensified by the ongoing pandemic', especially heading into winter, but also laid out priorities for the second half of the year. It recognises looking after staff over this period will be crucial as Trusts strive to keep up the momentum on recovering services and managing backlogs.

The H2 guidance outlines a number of priorities linked to elective recovery including eliminating 104 week waits, reducing 52 week waits, returning Cancer backlog to pre-covid levels and maintaining overall waiting list size at September 2021 levels.

The Trust is in the process of reviewing and updating recovery plans to meet the enhanced elective program requirements. Progress against key access standards is reported within the Single oversight framework section

Executive Summary



North Tees and Hartlepool
NHS Foundation Trust

SOF and Efficiency & Productivity

Key Messages

In late September the Trust began restoring the elective recovery plans with 'Insourcing' of resources to support additional weekend lists, targeted at cancers and long waits.

The increased acuity of patients presenting to the Emergency Department, alongside gaps in staffing resources due to higher sickness and vacancy rates have compounded the impact of increased activity and the pandemic, with covid related conditions continuing to affect services. Despite these pressures, clinical teams are working hard to maintain business as usual, with strong oversight and management through the Trust's governance structures.

The overall position for the majority of key standards, including RTT, cancer and diagnostics, remain comparable to national and regional position, with a focus remaining on reducing the overall waiting list and in particular those waiting the longest.

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

Safety & Quality

Key Messages

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

The latest HSMR value is currently reporting at 91.97 (July 2020 to June 2021) which has increased from the previous rebased value of 91.03 (June 2020 to May 2021). The latest SHMI value is now 99.90 (May 2020 to April 2021) continues to remain within the control limits.

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

All three complaint stages have seen an increase in the number of complaints in September 2021.

Changes to metrics

The national publication for Healthcare Acquired infection objectives has been released and are now reflected in the Infection metrics, changing the standard from mean of the past 2 years to the actual monthly target. This affects, Clostridium Difficile, Ecoli, Klebsiella and Pseudomonas.

Executive Summary



North Tees and Hartlepool
NHS Foundation Trust

Workforce

Education panels are being established within all care groups to consider educational requests from members of staff.

The wellbeing offer across the Trust continues to be a collaborative approach between a range of services, adapting to staff needs to ensure there is a wealth of offers, including a regular wellbeing topic of the month. The September topic was 'Know Your Numbers', providing an opportunity for staff to undertake a range of health checks, including discussing hydration and generally making sure they were looking after themselves. The sessions were well-attended.

The relaunch of the Health & Wellbeing newsletter took place in September, combining stories, information and other contributions from a range of services and staff. The newsletter is also available as an electronic magazine, promoting greater accessibility amongst staff e.g. QR codes have been posted in the Rainbow Rooms to make it easy for staff to access it on a smartphone.

The combined Covid booster and flu vaccinations programme is underway, with the vaccines being administered on-site to all staff to ensure that everyone is protected.

As at 30th September, the number of active volunteers is 198, an increase on the previous month. This is due to the steady reintroduction of existing volunteers back into the Trust following COVID, with this activity scheduled to be completed during October. There are currently 21 applications in progress and the recruitment of volunteers continues on an on-going basis, with interest in joining the Trust remaining high. Due to the work with local colleges, it is anticipated that in the coming months there will be a cohort of students joining the Trust as volunteers.

The service continues to work with areas across the Trust to place volunteers in both clinical/non-clinical areas, whilst working on new developments and programmes to support and maximise benefits and enhance the volunteer offer. The service has been actively involved in the patient flow improvement and learning week, which has resulted in the introduction of new processes and activities into volunteer roles.

Finance

Month 6 signals the end of H1 system funding arrangements and the Trust is reporting an in-month surplus of £0.515m and a year to date surplus of £4.559m, which is £1.5m ahead of plan.

The Trust has successfully delivered the original planned surplus for H1 of £3m and has also over-delivered on the planned surplus by £1.5m. The surplus can be carried forward into H2 and can be utilised to support winter and elective recovery pressures.

The Trust will receive a total of £4.8m ERF income and the Trust took the prudent step to match ERF income with expenditure, resulting in a neutral impact on the Trust's financial position. This can be used to address future anticipated risks in respect of winter and elective recovery.

Total Group income in M6 is £31.698m (including donated asset income and expected ERF income).

Month 6 pay expenditure totalled £21.572m of which £0.265m is additional spend related to the Covid-19 response (including testing costs).

Month 6 non-pay expenditure totalled £9.611m of which £0.253m is additional spend related to Covid-19.

The month 6 YTD net contribution from Optimus is £0.141m against a plan of £0.054m (£0.087m ahead of plan) and the YTD net contribution from the LLP is £1.296m against a plan of £1.034m (£0.262m ahead of plan).

At Month 6, the Group cash balance is £61.9m, compared to a plan of £37.2m. This is ahead of plan due to the surplus position and movement in debtor and creditor days.

Month 6 YTD capital expenditure is £4.3m against a year-to-date plan of £4.2m, representing a recovery from the M5 position which was £0.7m behind plan.

Key risks at M6 relate to H2 funding arrangements, potential increased depreciation cost of Trust buildings and funding arrangements for 2022/23.

Single Oversight Framework



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
New Cancer Two Week Rule	✓ Aug-21	94.29%	93.00%		<p>Cancer</p> <p>Pressures continue to impact on the delivery cancer standards with some delays to pathways unavoidable due to system capacity issues including diagnostics, complexity of presentations, patient choice and infection prevention and control (IPC) requirements influencing pathways.</p> <p>The 62-day Referral to Treatment Standard reported at 72.95% for August (44.5/61 patients treated within the 62-day timescale) compared to 72.25% in July. The regional average for August reported at 74.60%. Details of the regional benchmark position against the cancer standards is available in Appendix 1.</p> <p>The Trust underachieved the 62-day Screening Standard in August reporting at 89.39% against the 90% target (29.5/33 patients treated within 62 days following referral from an NHS cancer screening service). Breaches were due to elective capacity and complex diagnostic pathways within bowel screening.</p> <p>The 31-day Treatment Standard reported at 95.69% against the 96% target in August (111/116 patients treated within 31 days) compared to 94.60% in July. Breaches were a result of elective capacity.</p> <p>The 31-day 'Surgery' Standard reported at 91.67% in August (11/12 patients treated within the standard). This was an improvement on July's performance of 87.50%. One breach occurred as a result of elective capacity.</p> <p>The 28 Day Faster Diagnosis position recovered in August, reporting at 78.13% against the 75% target for August (718/919 received a positive/negative diagnosis within 28 days). Despite improvement, diagnostic services remain pressured across the cancer sites.</p> <p>Urology, Colorectal and Gynaecology remain key areas of pressure. The Trust remains committed to a collaborative approach through the South Cancer Cell initiative alongside South Tees- ensuring equitable access to treatment for all patients.</p>
Breast Symptomatic Two Week Rule	✓ Aug-21	95.41%	93.00%		
28-day Faster Diagnosis	✓ Aug-21	78.13%	75.00%		
New Cancer 31 Days	✗ Aug-21	95.69%	96.00%		
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✓ Aug-21	100.00%	98.00%		
New Cancer 31 Days Subsequent Treatment (Surgery)	✗ Aug-21	91.67%	94.00%		
New Cancer 62 Days	✗ Aug-21	72.95%	85.00%		
New Cancer 62 Days (Screening)	✗ Aug-21	89.39%	90.00%		
New Cancer 62 Days (Consultant Upgrade)	✗ Aug-21	82.61%	85.00%		

Single Oversight Framework

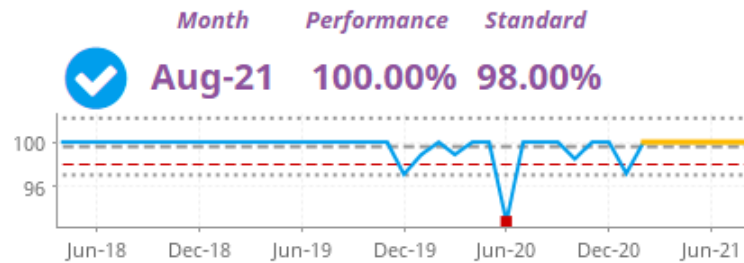


North Tees and Hartlepool
NHS Foundation Trust

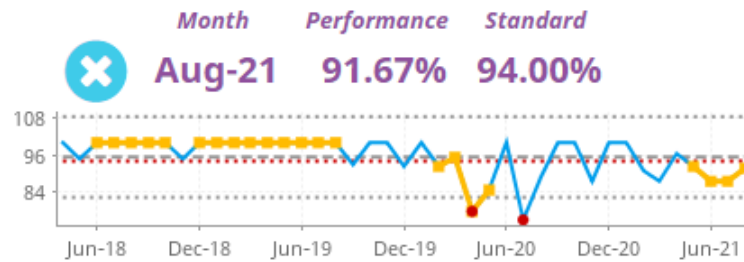
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Referral To Treatment Incomplete Pathways Wait (92%)	✗ Sep-21	87.07%	92.00%		<p>RTT The elective recovery programme continues across the system. The most recent national benchmark position (August 2021), indicates no trust in the region is reporting above the 92% standard with a national average reporting at 67.6%, see Appendix 1.</p> <p>The Referral to Treatment waiting list size has inevitably seen an increase due to backlog associated with the Covid pandemic and the return of referrals to pre pandemic levels.</p> <p>The latest planning guidance requires providers to 'hold or where possible reduce number of over 52 weeks waits and stabilise waiting lists around the level seen at end of September 2021'.</p> <p>The Trust report a relatively positive benchmark position, with 87.07% of patients treated within 18 weeks. Median waits saw a marginal increase of 7.28% against the 7.20% standard.</p> <p>Diagnostics</p> <p>Recovery within the Diagnostic standard is noted this month with a reduction of 13.3% (n=212) of patients waiting over 6 weeks in comparison to the previous month. 81.71% of patients are waiting less than 6 weeks. Key areas of pressures continue to be Endoscopy, MRI, Ultrasound and Cardiology.</p>
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	✓ Sep-21	23.20	28.00		
Incomplete Pathways Wait (Median)	✗ Sep-21	7.28	7.20		
Incomplete Pathways Wait (>52 Week Wait)	✗ Sep-21	89	0		
Diagnostic Waiting Times and Activity	✗ Sep-21	81.71%	99.00%		
Community Information Dataset - Referral Information	✓ Aug-21	90.15%	50.00%		
Community Information Dataset- Referral to Treatment Information	✓ Aug-21	97.44%	50.00%		
Community Information Dataset - Treatment Activity Information	✓ Aug-21	96.76%	50.00%		
Community Information Dataset - End of Life	✓ Aug-21	83.87%	50.00%		

Statistical Process Control (SPC) Charts

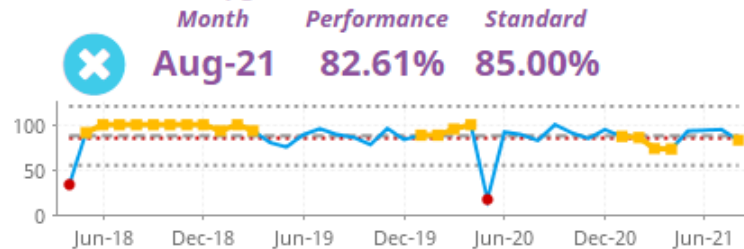
Cancer - 31 Day Drug Treatment



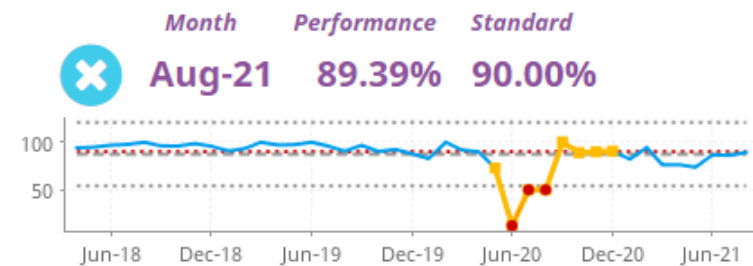
Cancer - 31 Day Surgical Treatment



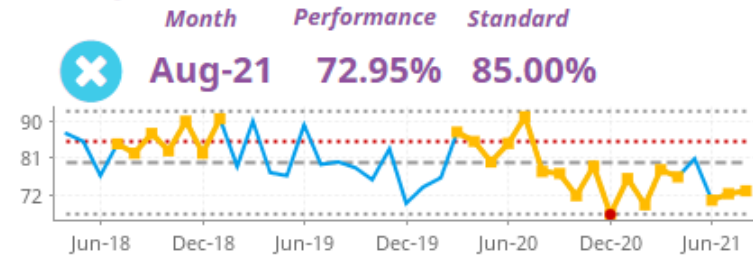
Cancer - 62 Consultant Upgrade



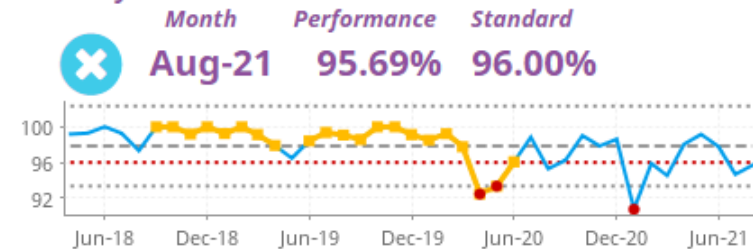
Cancer - 62 Days Screening



Cancer - 62 Days



Cancer - 31 Days



Single Oversight Framework



North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

Cancer - 2 Week Rule

✔

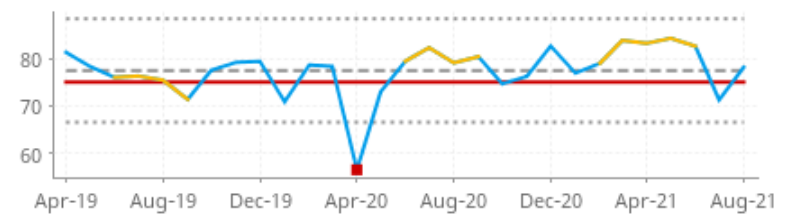
Month	Performance	Standard
Aug-21	94.29%	93.00%



Cancer - 28day Faster Diagnosis

✔

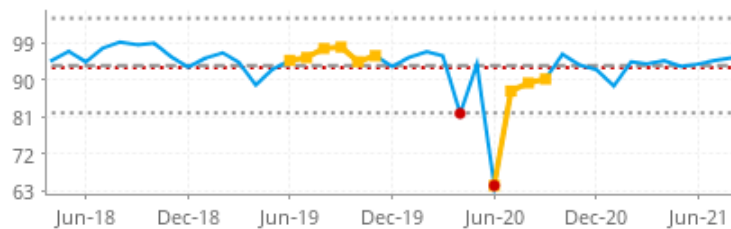
Month	Performance	Standard
Aug-21	78.13%	75.00%



Cancer - Breast Symptomatic

✔

Month	Performance	Standard
Aug-21	95.41%	93.00%



Diagnostic Waiting Times

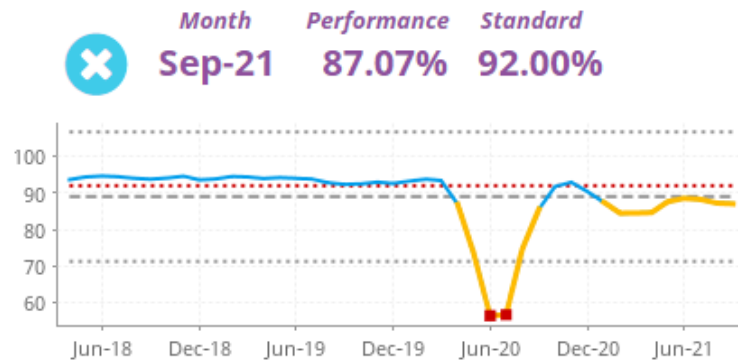
✘

Month	Performance	Standard
Sep-21	81.71%	99.00%

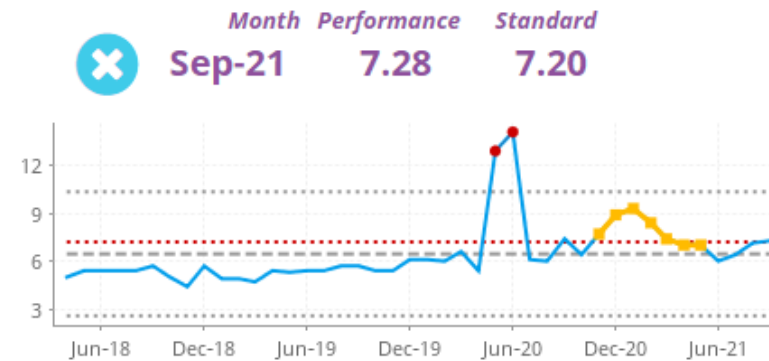


Statistical Process Control (SPC) Charts

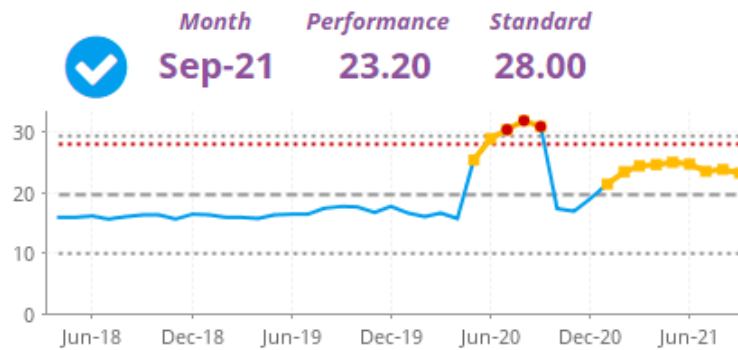
Referral To Treatment- Incomplete Pathways Wait (92%)



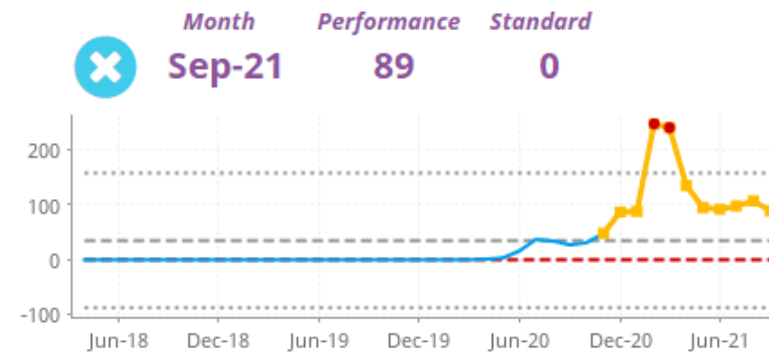
Referral To Treatment - Incomplete Pathways Wait (Median)



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



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



Single Oversight Framework



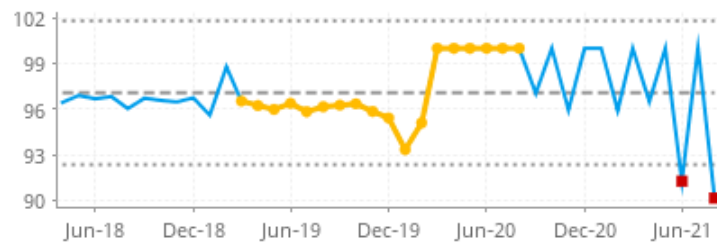
North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

Community Information Dataset - Referral Information

✔

Month	Performance	Standard
Aug-21	90.15%	50.00%



Community Information Dataset - Treatment Activity Information

✔

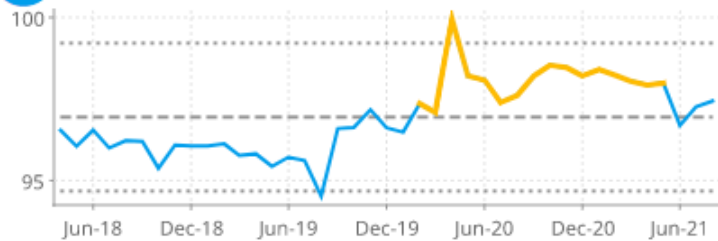
Month	Performance	Standard
Aug-21	96.76%	50.00%



Community Information Dataset - Referral to Treatment Information

✔

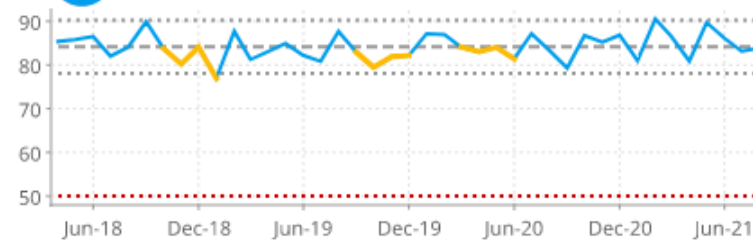
Month	Performance	Standard
Aug-21	97.44%	50.00%



Community Information Dataset - End of Life

✔

Month	Performance	Standard
Aug-21	83.87%	50.00%



Efficiency & Productivity



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Outpatient Did Not Attend (New)	✘ Sep-21	7.76%	7.20%		<p>Efficiencies</p> <p>Despite operational pressures impacting on key performance standards the Trust has effectively maintained both efficiency and productivity. DNA rates have seen a slight increase as lockdown restrictions have lifted and people return to work. Virtual appointments continue in accordance with national guidance, with circa 25% of appointments offered via video/telephone with work ongoing to increase Patient Initiated Follow Ups (PIFU).</p> <p>Bed Occupancy</p> <p>Sustained high bed occupancy rates are evident, alongside the management of covid and non covid patients, however with resilience supported through a flexible bed base. Circa 35 - 40 beds per day are currently consistently occupied by Covid positive patients.</p> <p>Occupancy ranged from 85.34% - 97.11% throughout the month of September.</p> <p>Readmissions</p> <p>The clinical teams undertake audits to understand avoidable and unavoidable admissions, with the aim to undertake improvement actions to reduce the risk of readmission. Findings are monitored via the Journey to Excellence operational group. Improvements are becoming evident on SPC with a reduction noted.</p>
Outpatient Did Not Attend (Review)	✔ Sep-21	8.62%	9.00%		
Average Depth of Coding	✔ Aug-21	6.50	3.01		
Length of Stay - Elective	✔ Sep-21	1.94	3.14		
Length of Stay - Emergency	✔ Sep-21	2.57	3.35		
Day Case Rate	✔ Sep-21	89.17%	75.00%		
Pre-op Stays	✔ Sep-21	4.41%	4.50%		
Trust Occupancy	✘ Sep-21	90.80%	85.00%		
Re-admissions Rate 30 Days (Elective and Emergency)	✘ Jun-21	9.61%	7.70%		

Efficiency & Productivity



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Electronic Discharge Summaries	✗ Sep-21	90.28%	95.00%		<p>Electronic Discharge Summaries (EDS)</p> <p>A significant improvement has been noted across this standard with revised processes in place following a task and finish group.</p>
Cesarean -Section Rates	✓ Sep-21	13.06%	15.60%		<p>Trolley Waits (over 12 hours)</p> <p>The significant pressures across the organisation resulted in a small number of 12 hour trolley waits during September linked to extended bed waits and transport delays. All patients were managed appropriately in A&E during the extended waits, with a full RCA carried out on each delay.</p>
Trolley Waits (over 12 hours)	✗ Sep-21	5	0		<p>Ambulance handover</p> <p>Increased pressures across the emergency care pathway have continued with some ambulance handover delays noted, however kept to a minimum wherever possible.</p>
Time to Initial Assessment (mean) Type 1 & 3	✓ Sep-21	11.71	15.00		<p>NEAS monthly handover report indicates circa 1665 (30-60 minute) ambulance handover delays across North East and Cumbria providers in September with 828 over 60 minutes.</p>
Number of Ambulance Handovers waiting more than 30 Mins	✗ Sep-21	45	0		<p>NEAS reported the Trust at 38.2% ambulance turnaround times (valid) within 30 minutes, in comparison the North East's position at 32.1% with performance ranging between 22.2% and 42.0%.</p>
Number of Ambulance Handovers waiting more than 60 Mins	✗ Sep-21	16	0		
Super Stranded	✓ Sep-21	51	61		

Efficiency & Productivity



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Touch Time Utilisation	✘ Sep-21	68.71%	80.00%		<p>Theatre</p> <p>Performance against the theatre standards continue to be affected by the increased infection control measures, which impact on the management of theatre flow, alongside the pre-operative adherence to guidelines in terms of isolation and swabbing patients. This significantly impacts on the ability to utilise capacity made available by short notice cancellations.</p> <p>As outlined above, the elective recovery programme continues to be impacted on during the third wave of covid, with a number of procedures postponed and staff redeployed to ward areas to support emergency pressures.</p> <p>Recovery is monitored on a weekly basis, including all activity-taking place within the Independent Sector. Robust governance processes are in place to support prompt and appropriate decision-making, with the Perioperative Steering Group re-instated to review theatre productivity and efficiencies.</p> <p>In late September the Trust began restoring the elective recovery plans with 'Insourcing' of resources to support additional weekend lists, targeting cancers and long waits.</p>
Overrun Sessions	✔ Sep-21	25.75%	36.00%		
Session Utilisation	✘ Sep-21	60.91%	92.50%		
Cancelled on Day of Operation %	✔ Sep-21	7.56%	8.80%		
Cancelled procedure - Non medical	✔ Sep-21	0.26%	0.80%		
Not reappointed within 28days	✔ Sep-21	0	0		

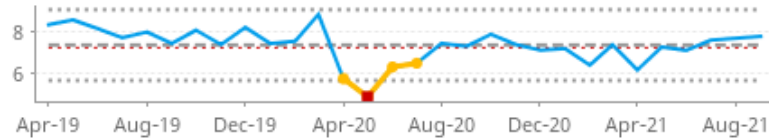
Efficiency & Productivity



Statistical Process Control (SPC) Charts

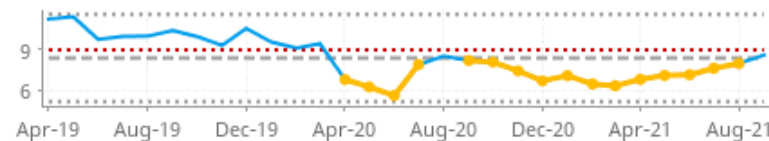
Outpatient Did not Attend (New)

Month	Performance	Standard
Sep-21	7.76%	7.20%



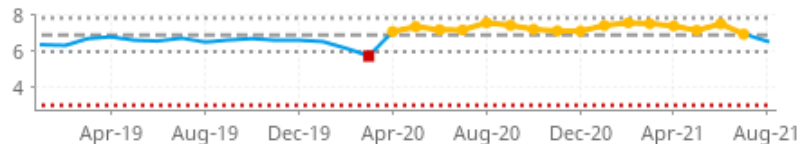
Outpatient Did Not Attend (Review)

Month	Performance	Standard
Sep-21	8.62%	9.00%



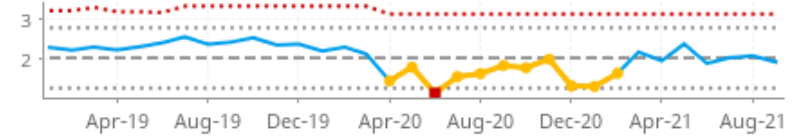
Average Depth of Coding

Month	Performance	Standard
Aug-21	6.50	3.01



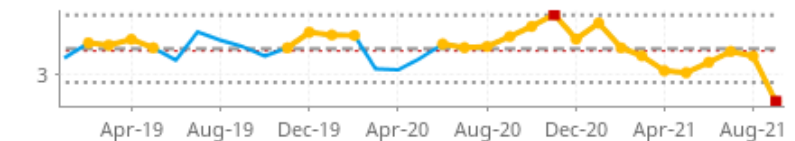
Length of Stay - Elective

Month	Performance	Standard
Sep-21	1.94	3.14



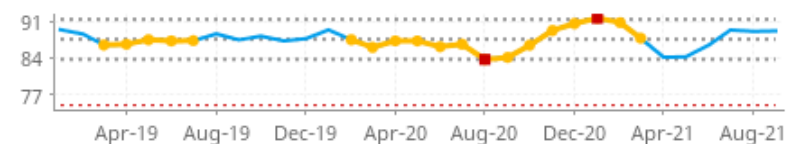
Length of Stay - Emergency

Month	Performance	Standard
Sep-21	2.57	3.35



Day Case Rate

Month	Performance	Standard
Sep-21	89.17%	75.00%



Efficiency & Productivity

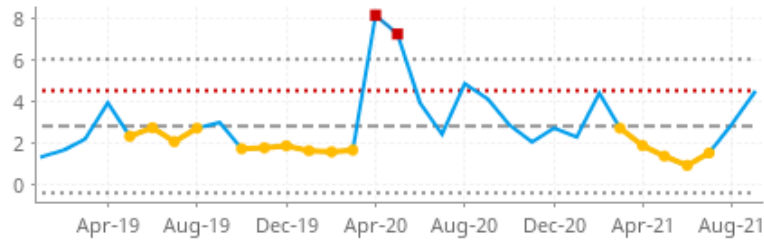


Statistical Process Control (SPC) Charts

Pre-op Stays

✔

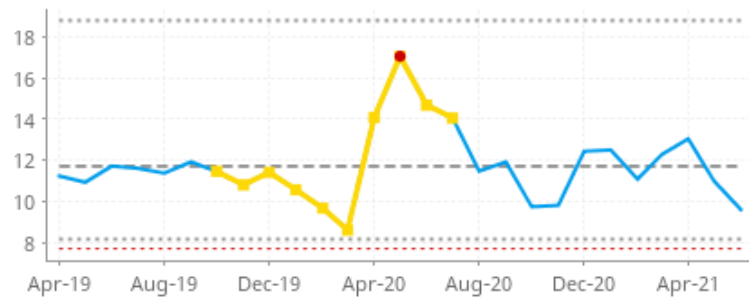
Month	Performance	Standard
Sep-21	4.41%	4.50%



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

✘

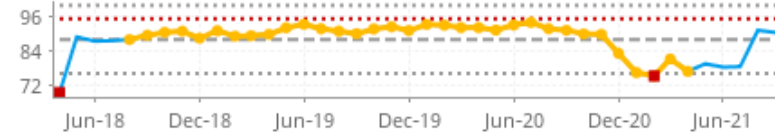
Month	Performance	Standard
Jun-21	9.61%	7.70%



Electronic Discharge Summaries

✘

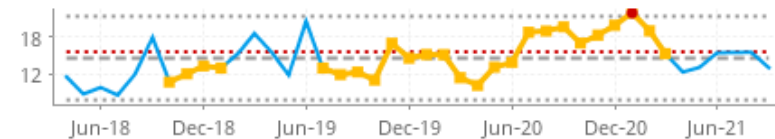
Month	Performance	Standard
Sep-21	90.28%	95.00%



Cesarean-Section Rates

✔

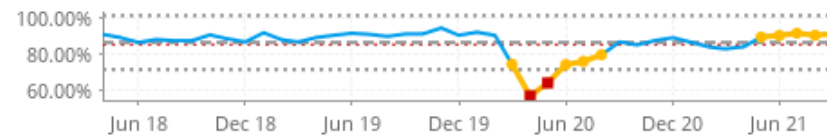
Month	Performance	Standard
Sep-21	13.06%	15.60%



Trust Occupancy

✘

Month	Performance	Standard
Sep-21	90.80%	85.00%

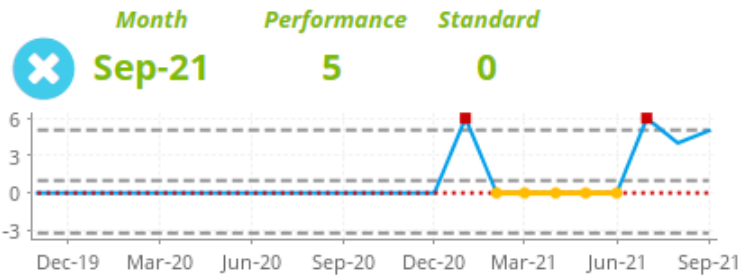


Efficiency & Productivity

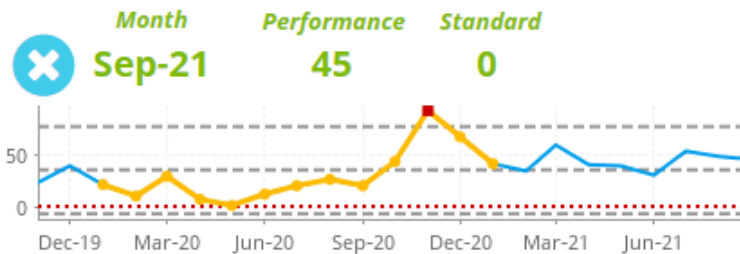


Statistical Process Control (SPC) Charts

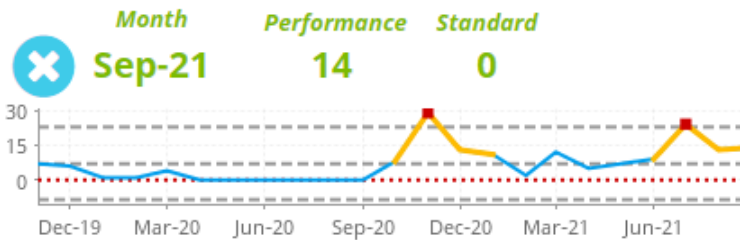
Trolley Waits over 12 hours



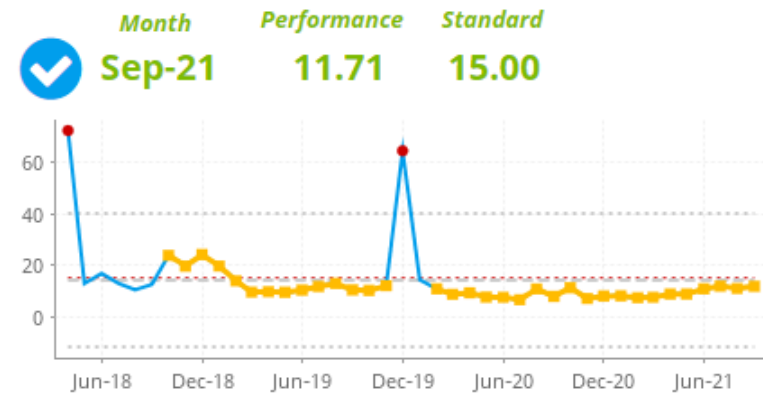
Number of Ambulance Handovers waiting more than 30 mins



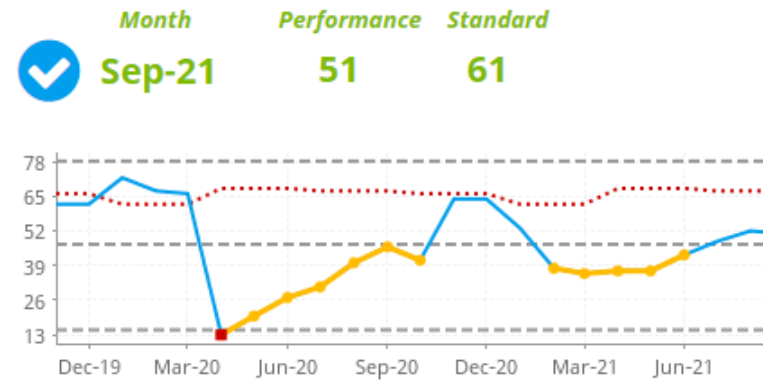
Number of Ambulance Handovers waiting more than 60 mins



Time to Initial Assessment (mean) Type 1 & 3



Super Stranded

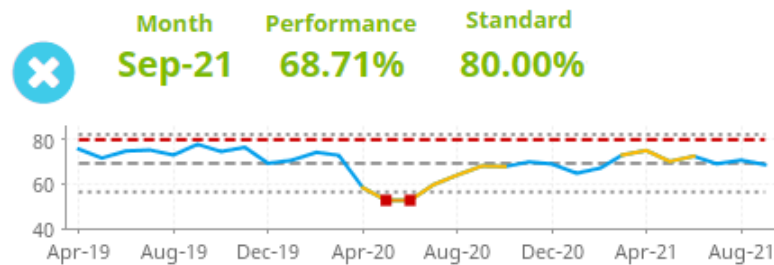


Efficiency & Productivity

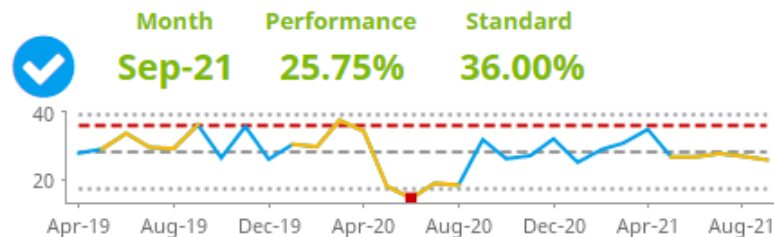


Statistical Process Control (SPC) Charts

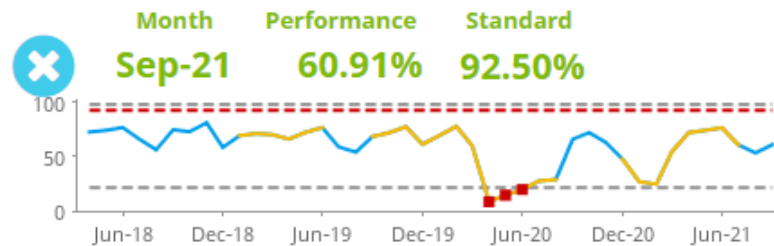
Touch Time Utilisation



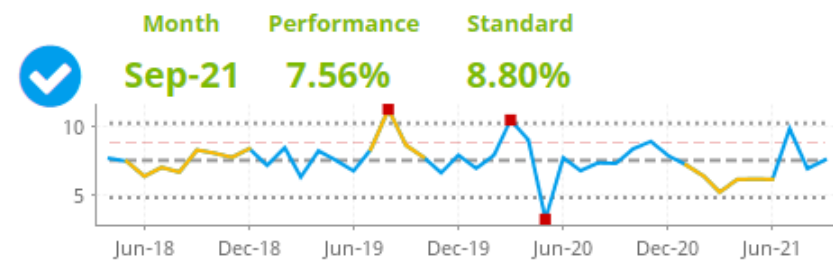
Overrun Sessions



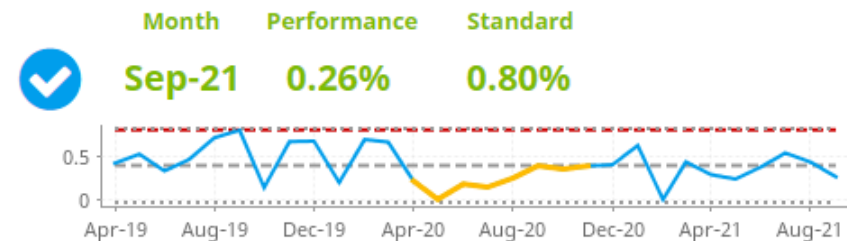
Sessions Utilisation



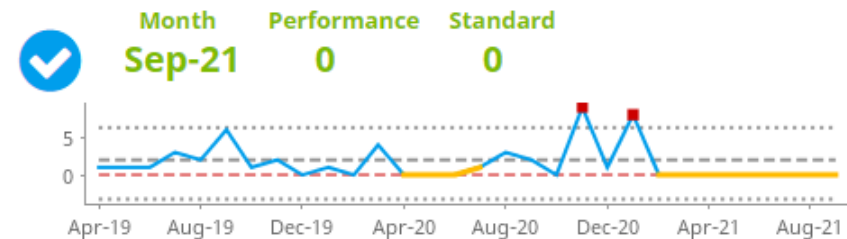
Cancelled on Day of Operation %



Cancelled Procedure - Non Medical



Not reappointed within 28days



Efficiency & Productivity



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>2 Year Trend</i>	
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool	✓ Sep-21	95.58%	93.50%		Diabetic Retinopathy Screening
TCS35b - % of Wheelchair referrals not completed within 5 weeks but completed within 18 weeks	✗ Sep-21	68.90%	90.00%		A significant improvement has been noted to Diabetic retinopathy screening with compliance against the standard now achieved.
Diabetic Retinopathy Screening	✓ Sep-21	98.32%	95.00%		TCS Standards
The % of Patients treated within 18weeks of referral to Audiology	✓ Sep-21	100.00%	95.00%		Pressures affecting TCS35b (Wheelchair referrals) remain and are in the main as a result of delays around electric wheelchairs delivery due supplier issues. The current contract is under review. The service has also experienced internal pressures due to Covid isolations, vacancy's and general sickness).
Audiology non-admitted wait (92nd Percentile)	✓ Sep-21	4.00	18.30		

Efficiency & Productivity



North Tees and Hartlepool
NHS Foundation Trust

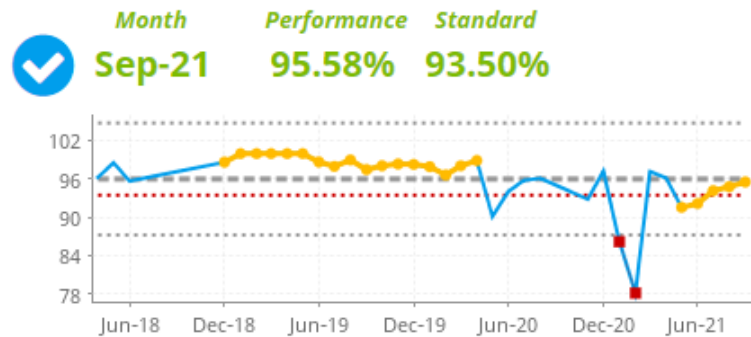
Standard	Standard Achieved				Narrative	
	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>2 year Trend</i>		
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission	✘	Aug-21	122.50	95.31		<p>PHQ Indicators</p> <p>The PHQ indicators are a set of metrics, which monitor the impact of community services on avoidable admissions for a set of key conditions.</p> <p>A rise in two of the indicators is evident within the trend analysis including 'Unplanned hospitalisation for respiratory tract infections in under 19 year olds' and 'Emergency Admissions for Acute conditions that should not usually require hospital admission'.</p>
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	✔	Aug-21	4.45	13.19		
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	✔	Aug-21	51.75	58.63		
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s	✘	Aug-21	48.94	11.86		
Stroke admissions - 90% of time spent on dedicated stroke unit.	✔	Sep-21	84.62%	80.00%		
High Risk Trans Ischaemic Attack assessed and treated within 24hrs	✔	Sep-21	75.00%	75.00%		

Efficiency & Productivity

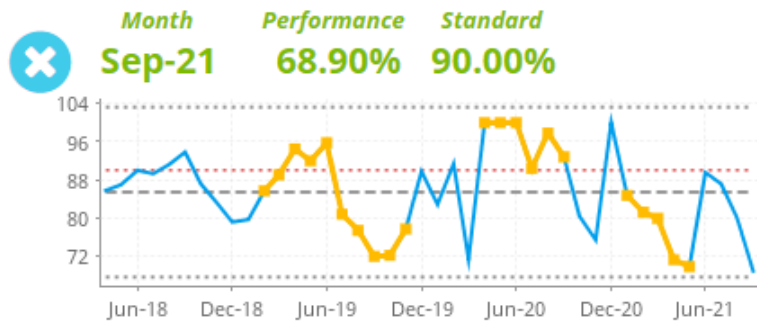


Statistical Process Control (SPC) Charts

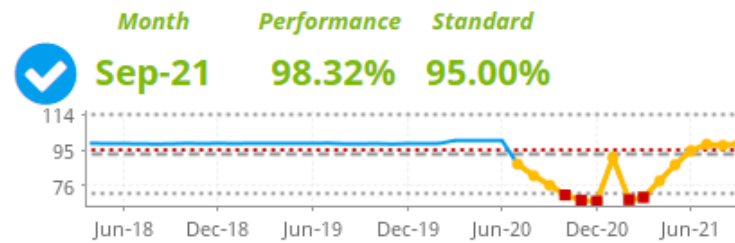
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool



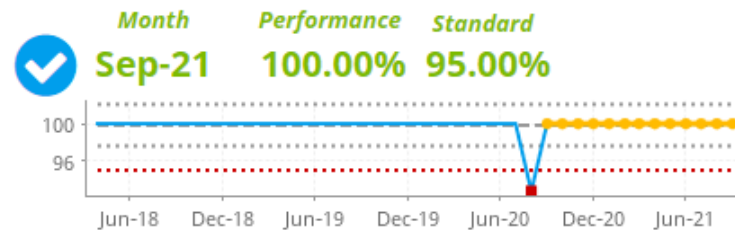
TCS35b - % of Wheelchair referrals completed within 18 weeks



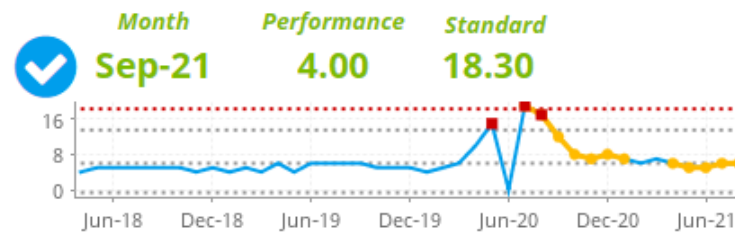
Diabetic Retinopathy Screening



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



Audiology non-admitted wait (92nd Percentile)

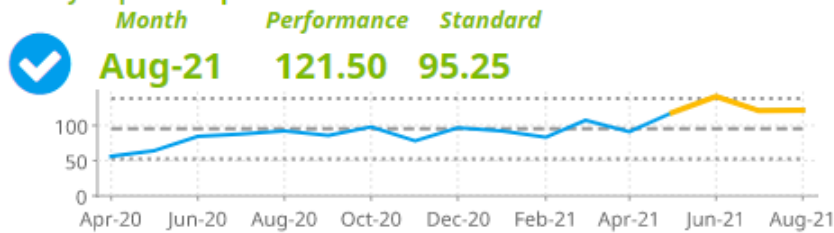


Efficiency & Productivity

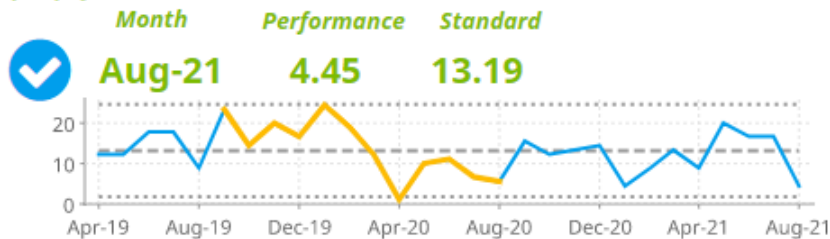


Statistical Process Control (SPC) Charts

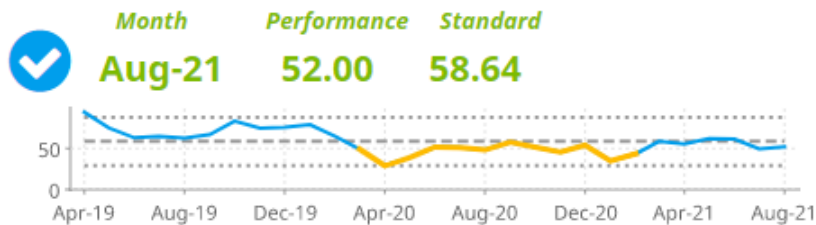
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission



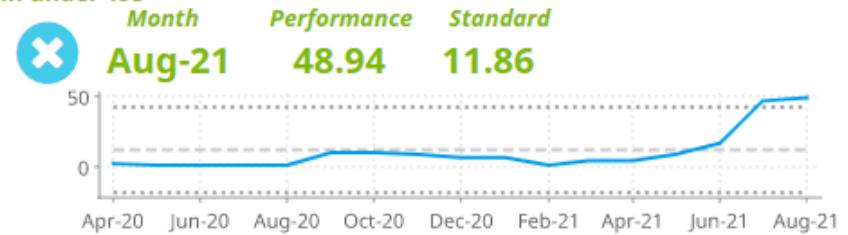
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in unders 19s



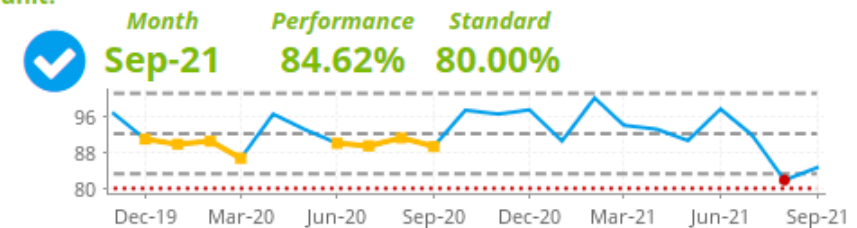
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)



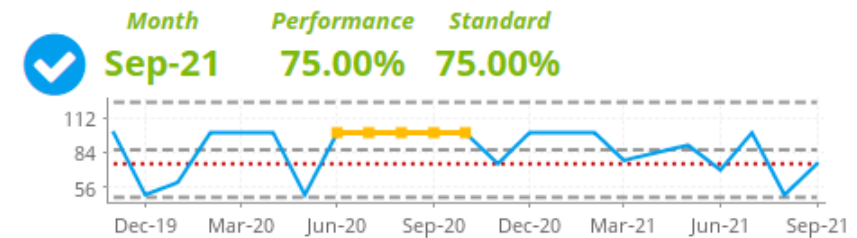
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s



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



High Risk Trans Ischaemic Attack assessed and treated within 24hrs



Safety & Quality



North Tees and Hartlepool
NHS Foundation Trust

Standard

Standard Achieved

Narrative

		Month	Performance	Trend
Hospital Standardised Mortality Ratio (HSMR)	✓	Jul 20 - Jun 21	91.97	
Summary Hospital-Level Mortality Indicator (SHMI)	✓	May 20 - Apr 21	99.90	

		Month	Performance	Standard	Trend
Stage 1 Complaint	✗	Sep-21	107	88	
Stage 2 Complaint	✗	Sep-21	10	5	
Stage 3 Complaint	✗	Sep-21	14	12	
Compliments	✓	Sep-21	284	228	

Mortality

The latest HSMR value is currently reporting at 91.97 (July 2020 to June 2021) which has increased from the previous rebased value of 91.03 (June 2020 to May 2021). The latest SHMI value is now 99.90 (May 2020 to April 2021) which has decreased from the previous rebased value of 102.25 (April 2020 to March 2021).

Complaints

The number of level one, level two and level three complaints have increased, this supports the return to the pre-Covid status. The numbers received and themes continue to be closely monitored. The Trust continues with the drive for local and face to face resolution of concerns, virtual meeting have been developed to support this process.

Due to Covid-19 restrictions, face to face visiting remains limited to reduce the transmission of Covid, families continue to be supported through John's Campaign and provisions for those patients at End of Life. Visiting continues to be reviewed and the impact of this process will be monitored by the Infection Prevention Control Team. During September 2021, communication was the highest reported main issue in concerns raised to the Trust. The communication plan introduced in January 2021 remains in place and staff have been reminded of the importance of ensuring families receive a good level of communication. The plan incorporates, regular telephone updates by ward staff. The plan also supports virtual visiting, property and letters of love drop off service, although there has been a decline in requests for these services which may be due to the introduction of limited visiting. Complaint trends are discussed during weekly Safety Panel meetings and Senior Clinical Professional Huddles, supporting timely identification of the themes.

Compliments

The Trust records the compliments received onto the Greatix platform. For September 2021 the number of compliments received is 284, consistently higher than complaints. However, the recording of compliments has seen a month on month decrease since May 2021. This has been highlighted in Senior Clinical Professional Huddles and staff asked to ensure there is a robust process in place to add compliments to Greatix. It is recognised that work still needs to be done to increase the recording of compliments across the Trust.

Safety & Quality











North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Red Risks	✓	Sep-21	2	4	<p>Venous Thromboembolism Compliance %</p> <p>The Trust is reporting that 94.62% of patients admitted to hospital were risk assessed for Venous Thromboembolism (VTE) during September 2021; this is below the National Standard of 95.00%.</p> <p>The recent re-invigoration of the VTE process for chasing up on those assessments not completed on admission is proving to be successful.</p> <p>The Trust has established a working group which is reviewing all processes including data collection to improve compliance with the assessment and collaborative work is on-going with the Digital team to find an alternative solution.</p> <p>Falls</p> <p>The number of reported falls reduced in September. There was an increase in the proportion of falls with low harm, but no falls with moderate or severe harm. Incidents that are under investigation have the level of harm reassessed following the investigation</p> <p>There is evidence of good risk mitigation measure in place for patients, however the completion of lying and standing blood pressure remains an area of focus, the education department is helping to deliver these sessions which will include how to complete the blood pressures and also the rationale for doing this. Training sessions are on-going with a recent session being delivered to the junior doctors.</p>
Never Events	✓	Sep-21	0	0	
VTE %	✗	Sep-21	94.62%	95.00%	
Fall No Harm	✓	Sep-21	72	76	
Fall Low Harm	✗	Sep-21	20	17	
Fall Moderate Harm	✓	Sep-21	0	1	
Fall Severe Harm	✓	Sep-21	0	0	

Safety & Quality



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>Trend</i>	
Pressure Category 1 (inpatient)	 Aug-21	3	6		Pressure Ulcers In the August 2021 reporting period, all four categories of Pressure Ulcers fall within the control limits. A pressure ulcer assurance framework is currently under development to further support pressure ulcer management and the trust are in the process of rolling out the Purpose T evaluation tool.
Pressure Category 2 (inpatient)	 Aug-21	17	22		
Pressure Category 3 (inpatient)	 Aug-21	3	2		
Pressure Category 4 (inpatient)	 Aug-21	0	0		

Safety & Quality



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Hand Hygiene	✓ Sep-21	97%	95%		<h3>Hand Hygiene</h3> <p>The overall Trust compliance score for hand hygiene is 97% for September 2021; this has decreased from the previous reporting period, but remains above the trust standard of 95%. Clinical areas carry out monthly audits with a quarterly assurance check by the IPC team, areas have been encouraged to ensure submission or to notify the IPC team for support.</p>
Clostridium difficile	✗ Sep-21	7	5		<h3>Infections</h3> <p>For September 2021, the Trust is reporting 7 Trust attributed cases of Clostridium difficile infection (2 Hospital-onset Healthcare Associated and 5 Community-onset Healthcare Associated). The 7 cases for September 2021 is higher than the new national monthly target of 5 cases.</p>
MRSA	✓ Sep-21	0	0		<p>For Klebsiella, the Trust is reporting 3 cases for September 2021, this is higher than the new national monthly target of 2.</p>
MSSA	✓ Sep-21	0	2		<p>All seven infections continue to display natural cause variation and remain in their respective upper and lower control limits.</p>
Ecoli	✓ Sep-21	7	10		<p>Community prevalence of Covid remains high within the North East and strict IPC measures and testing, including staff Lateral Flow Tests (LFTs) is strongly advised.</p>
Klebsiella	✗ Sep-21	3	2		<p>The Trust has an ongoing outbreak of Norovirus which is being closely monitored by IPC team.</p>
Pseudomonas	✓ Sep-21	1	1		
CAUTI	✓ Sep-21	19	25		

Safety & Quality



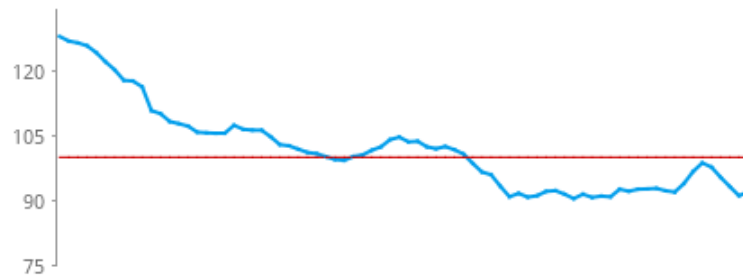
North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Friends and Family Test (FFT) - Emergency	✓ Sep-21	75.00%	75.00%		<p>Friends and Family Test</p> <p>For September 2021 the Trust received 1,412 FFT returns, this is in line with the previous months returns with a Very Good or Good response of 92.71%.</p> <p>All three FFT metric percentages fall within their relevant control limits with the recent trends displaying natural cause variation. Work continues to promote FFT particularly from the in-patient areas to improve the amount of feedback.</p>
Friends and Family Test (FFT) - Inpatients	✓ Sep-21	91.00%	75.00%		
Friends and Family Test (FFT) - Maternity	✓ Sep-21	97.00%	75.00%		
UNIFY - RN Day	✗ Sep-21	77.61%	≥80% and ≤109.99%		<p>UNIFY</p> <p>Nursing fill rates have continued to be challenging, due a range of factors including continued vacancies and a slightly lower sickness absence and continued low fill rate for temporary staff. The daily challenges have been safely managed through appropriate routes of escalation up to the Deputy Chief and Chief Nurse. The additional focus of escalation has been around a high patient occupancy and acuity which increases the challenges to provide safe nurse staffing levels. The nursing fill rates presented in September 2021 show that these pressures are still evident.</p>
UNIFY - RN Night	✓ Sep-21	83.22%	≥80% and ≤109.99%		
UNIFY - HCA Day	✗ Sep-21	71.08%	≥80% and ≤109.99%		<p>Minimum of twice daily safe staffing meetings continue to review the acuity of patients to ensure the available staffing resource is matched to the patient demand. Alternative models utilising nursing associate, therapy and un-registered nurse roles continues to support the process to meet the patient acuity and dependence, underpinned by professional judgement.</p>
UNIFY - HCA Night	✗ Sep-21	105.03%	≥110% and ≤125.99%		
					<p>The registered nurse vacancy level will reduce significantly from October 2021, due to newly registered nurses joining the trust.</p>


Additional Detail Charts

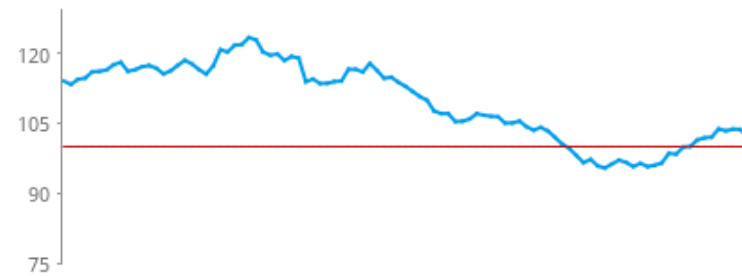
Hospital Standardised Mortality Ratio


Month: Jul 20 - Jun 21
Performance: 91.97



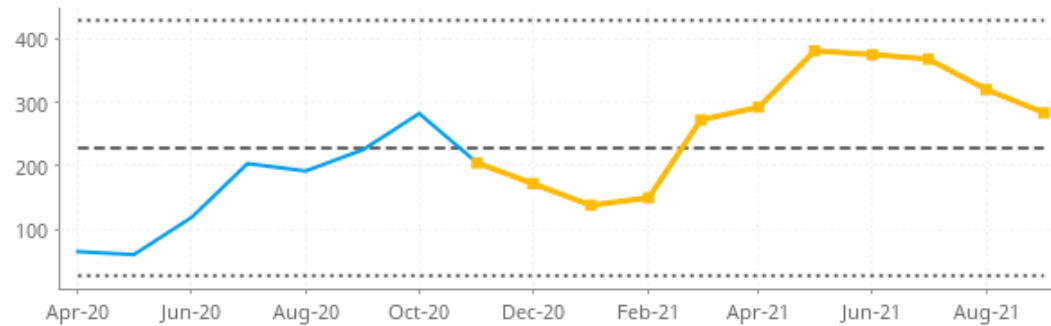
Summary Hospital-Level Mortality Indicator


Month: May 20 - Apr 21
Performance: 99.90



Compliments

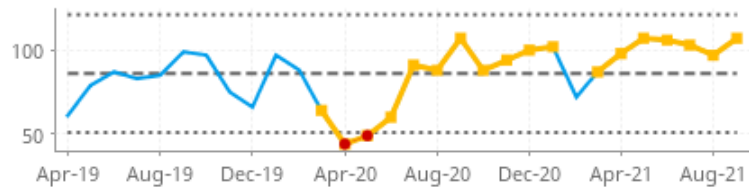

Month: Sep-21
Performance: 284
Standard: 228



Statistical Process Control (SPC) Charts

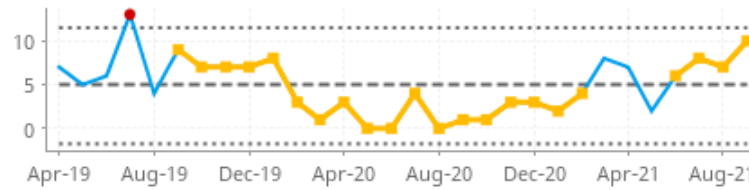
Stage 1 - Informal *Month* *Performance* *Standard*

✘ **Sep-21** **107** **88**



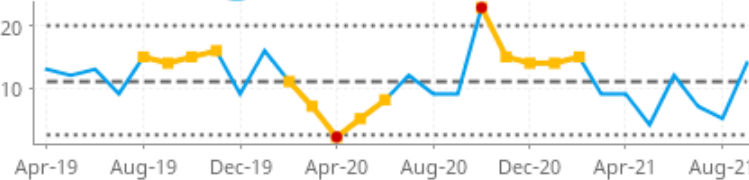
Stage 2 - Meeting *Month* *Performance* *Standard*

✘ **Sep-21** **10** **5**



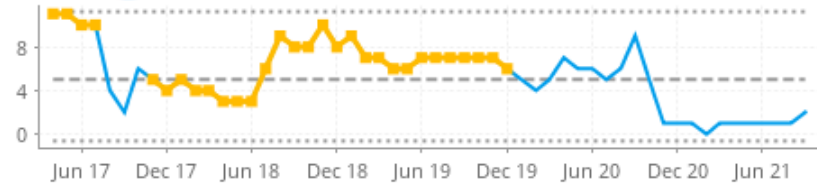
Stage 3 - Formal *Month* *Performance* *Standard*

✘ **Sep-21** **14** **12**



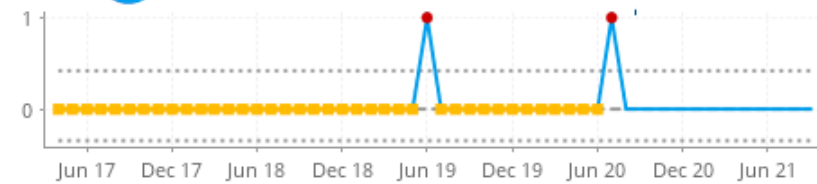
Red Risks *Month* *Performance* *Standard*

✔ **Sep-21** **2** **4**



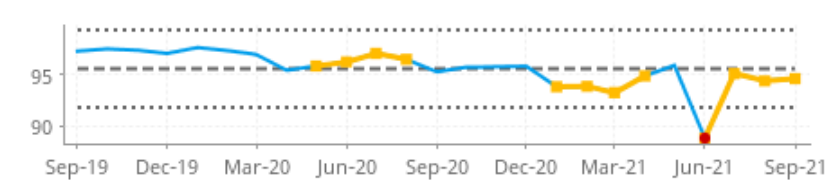
Never Events *Month* *Performance* *Standard*

✔ **Sep-21** **0** **0**

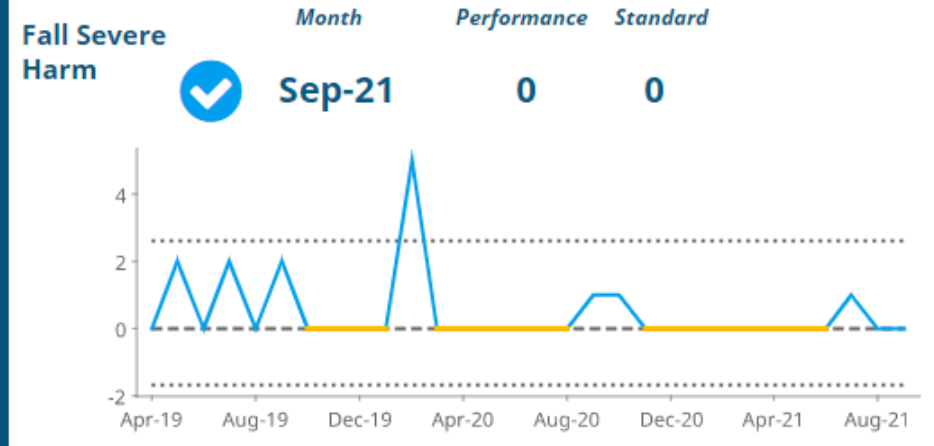
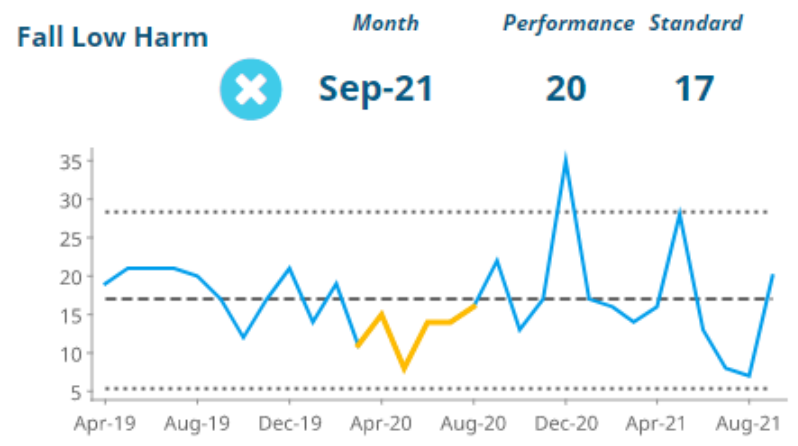
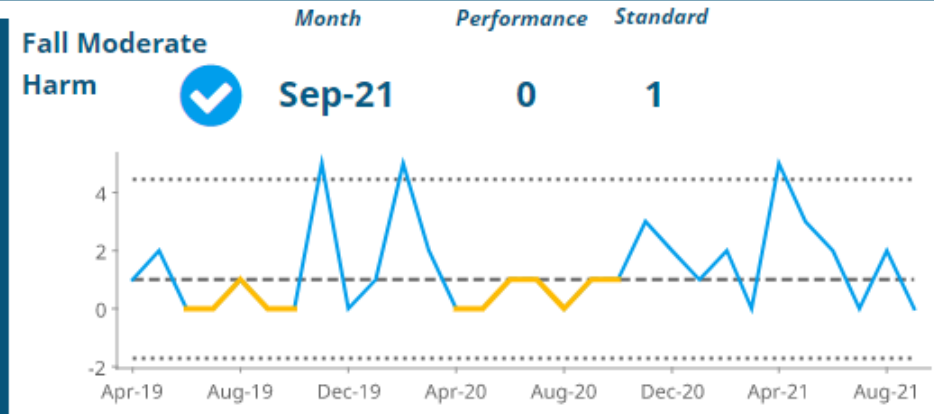
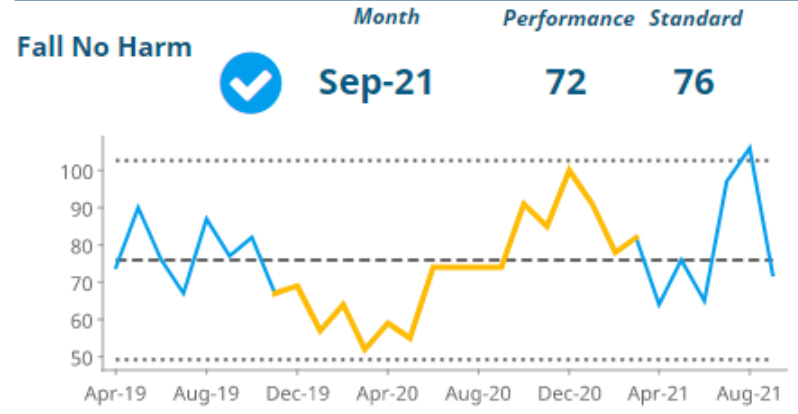


VTE % *Month* *Performance* *Standard*

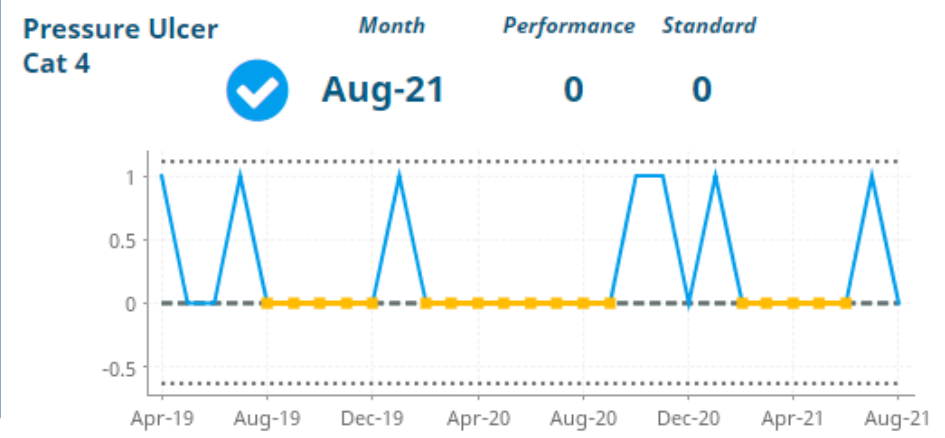
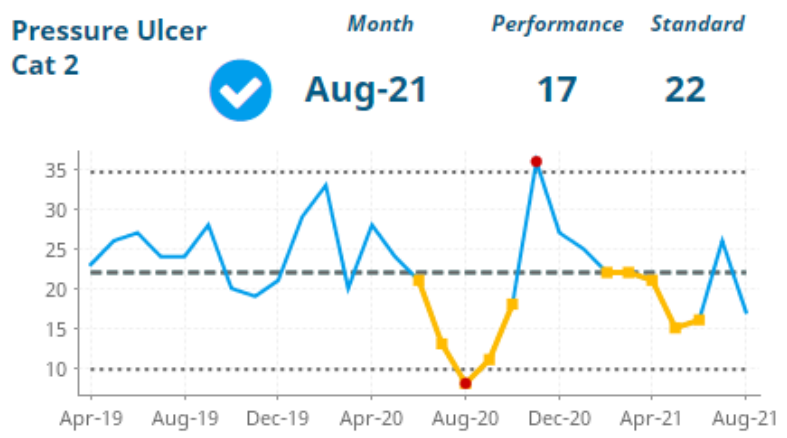
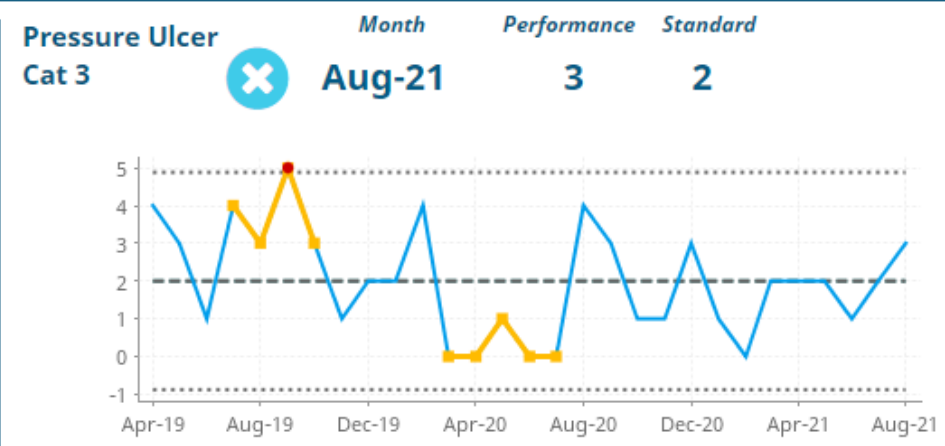
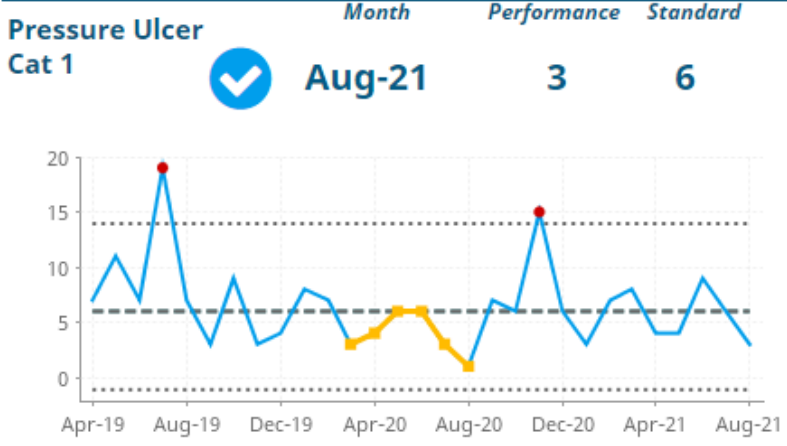
✘ **Sep-21** **94.62%** **95.00%**



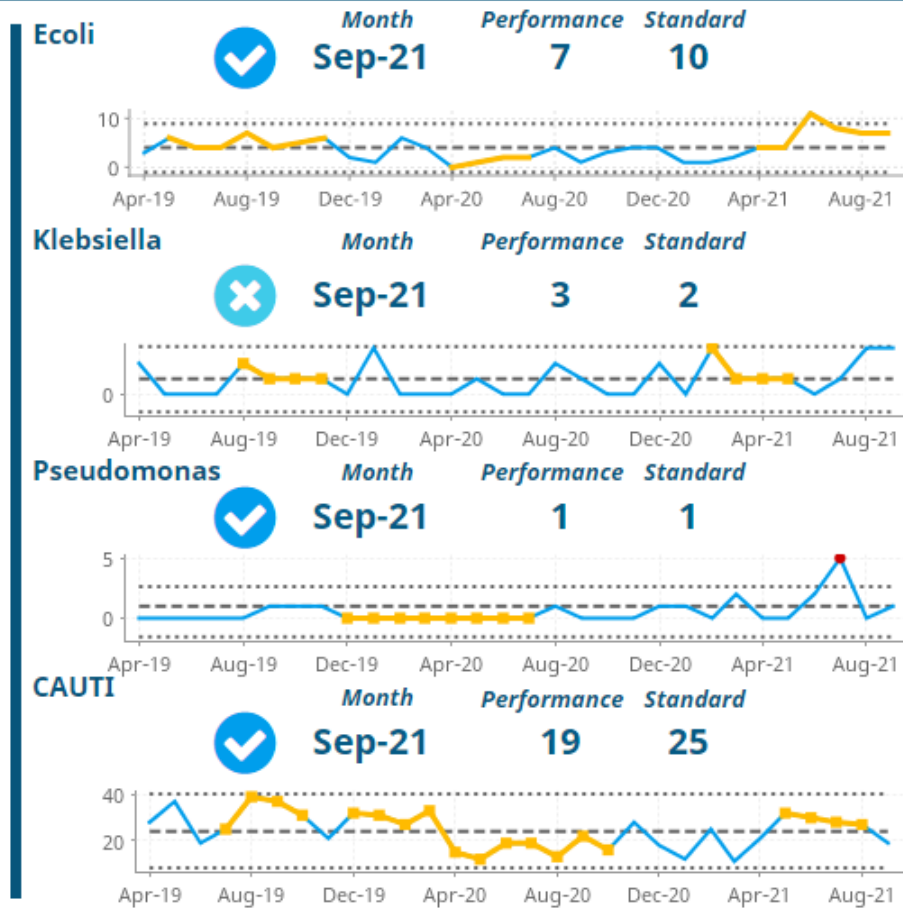
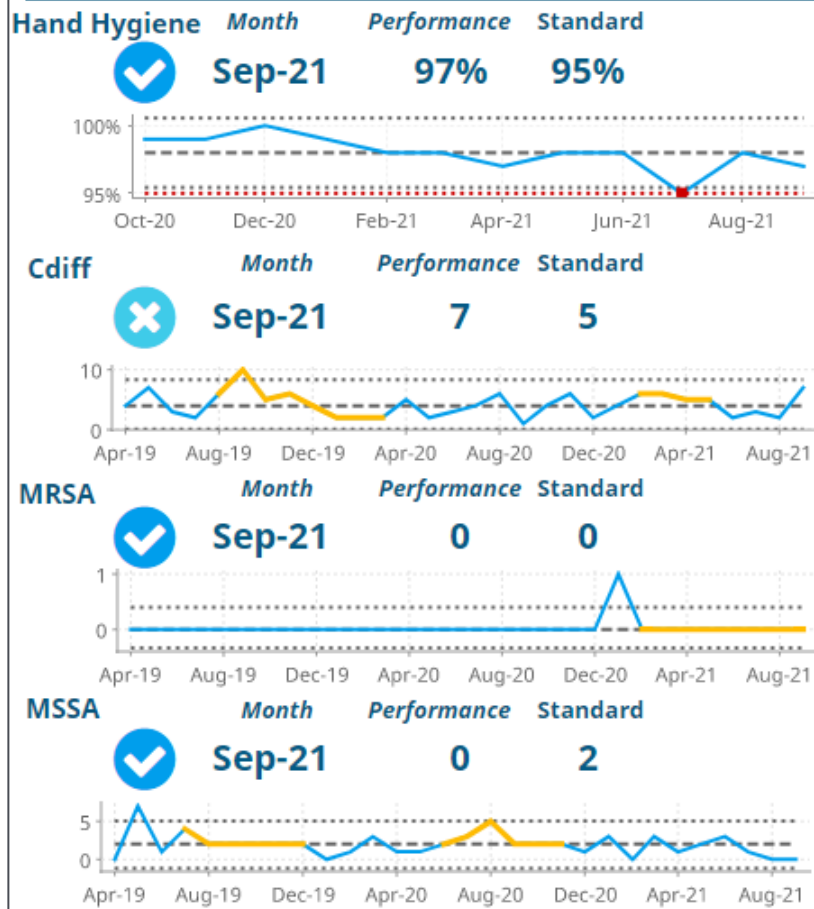
Statistical Process Control (SPC) Charts



Statistical Process Control (SPC) Charts



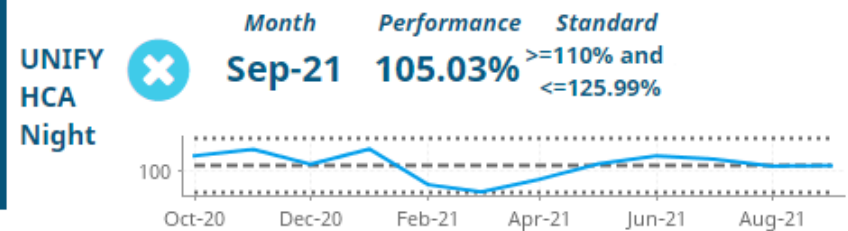
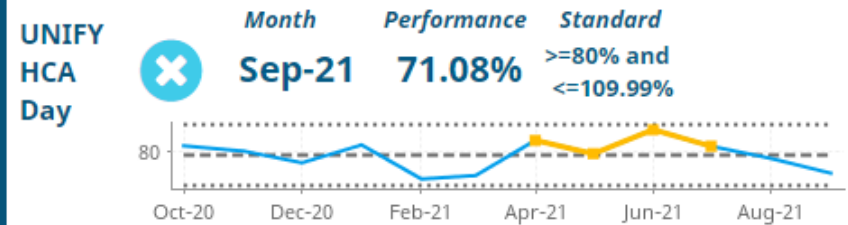
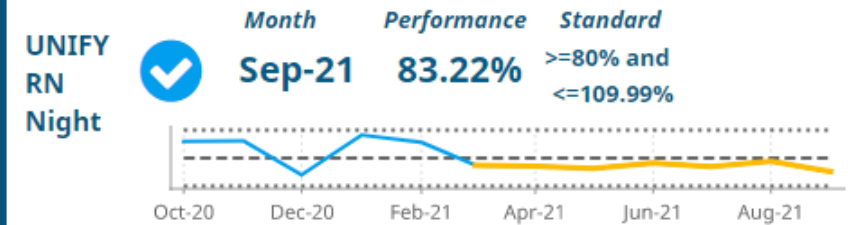
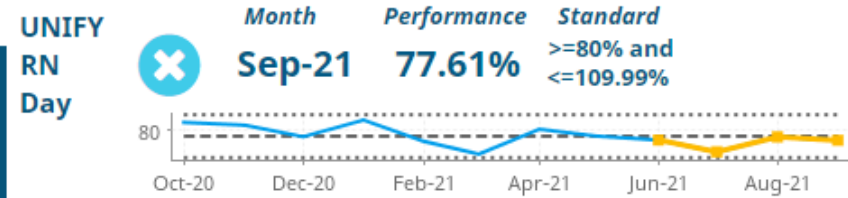
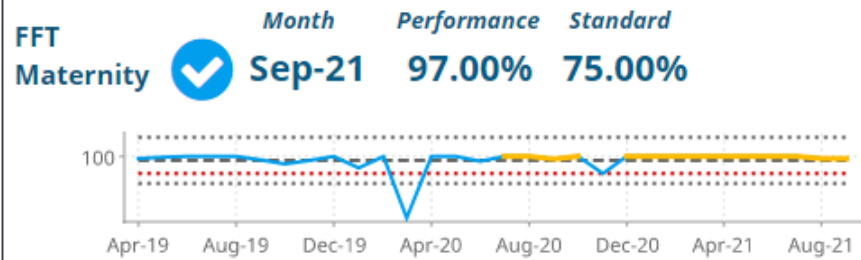
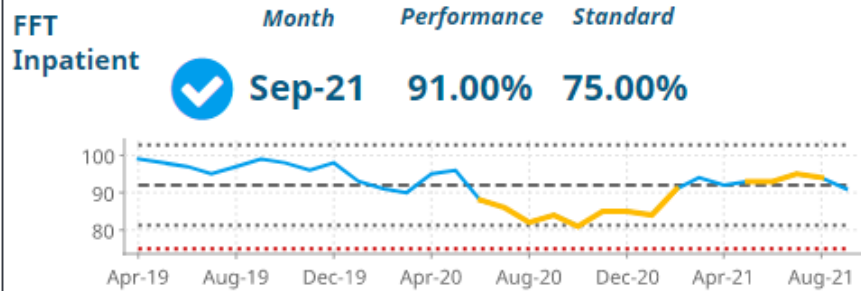
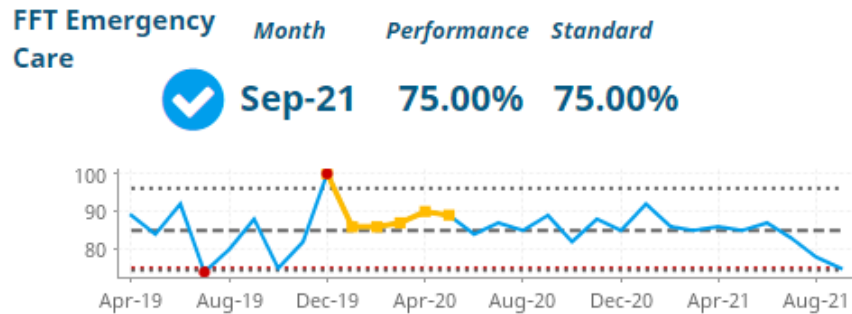
Statistical Process Control (SPC) Charts



Safety & Quality



Statistical Process Control (SCP) Charts



Workforce



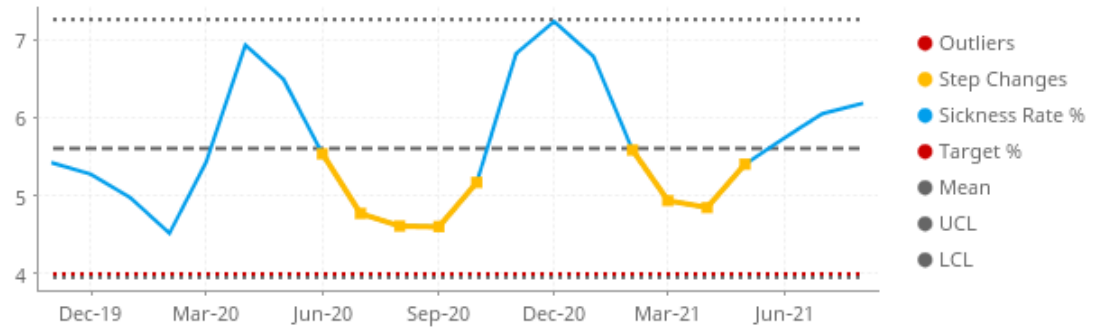
North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Sickness	✘ Aug-21	6.18%	4.00%		<p>The sickness absence rate for August 2021 is reported at 6.18%, an increase of 0.13% compared to the previous month. This is broken down into 0.82% attributable to Covid-19 related sickness and 5.36% attributable to other sickness. The cost of sickness absence is reported as £404,940, an increase of £13,902 compared to June (£418,842). There were 334 further cases of Covid-19 related staff absence in September 2021, broken down into 188 staff absent for 10 days and 146 who self-isolated for 14 days.</p>
Appraisals	✘ Sep-21	83.74%	95.00%		<p>'Anxiety/stress/depression' was the top sickness reason in August, accounting for 31% of all sickness absence during the month. The second highest reason was 'Chest & respiratory problems' which accounted for 14% of sickness absence.</p>
Turnover	✘ Sep-21	10.20%	10.00%		<p>Other workforce metrics for September 2021 are:</p> <ul style="list-style-type: none"> • Appraisal compliance reported as 84%, an increase of 2% on the previous month • Mandatory Training compliance reported as 87%, unchanged from the previous month • Staff Turnover reported as 10.20%, an increase of 0.60%
Mandatory Training	✔ Sep-21	87.44%	80.00%		

Statistical Process Control (SPC) Charts

Sickness

✘
 Month **Aug-21** Performance **6.18%** Standard **4.00%**



Appraisal

✘
 Month **Sep-21** Performance **83.74%** Standard **95.00%**



Statistical Process Control (SPC) Charts

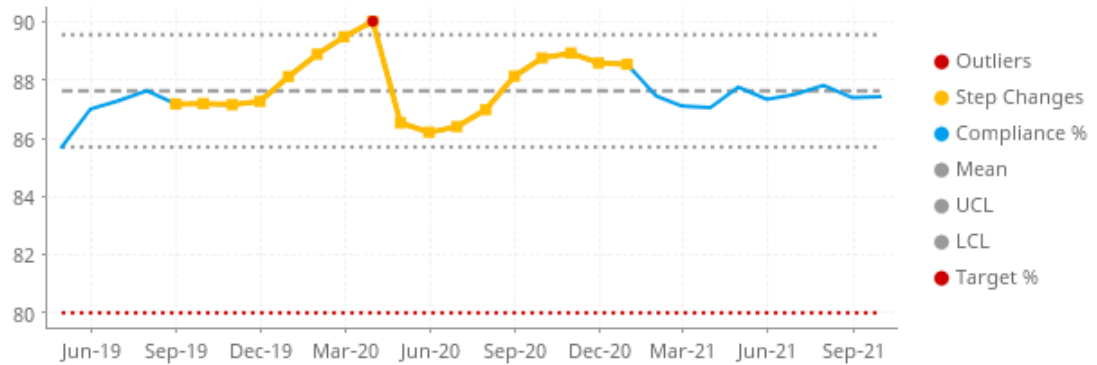
Turnover

Month	Performance	Standard
Sep-21	10.20%	10.00%



Mandatory Training

Month	Performance	Standard
Sep-21	87.44%	80.00%





Finance Overview - Month 6

	Plan (£000)	Actual (£000)	
Income/Expenditure			
In Month	500	515	
Year to Date	3,000	4,559	

	£m
Balance Sheet	
Cash Actual	61.9
Cash Forecast*	37.2

*Ahead of forecast due to improved I&E and movement in creditor and debtor days

	Plan (£m)	Actual (£m)	
Capital			
In Month	0.8	1.6	
Year to Date	4.2	4.3	

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

*UOR suspended in 2020-2021 - manual calculations

** Rating will only improve with increased cash reserves



Appendix 1

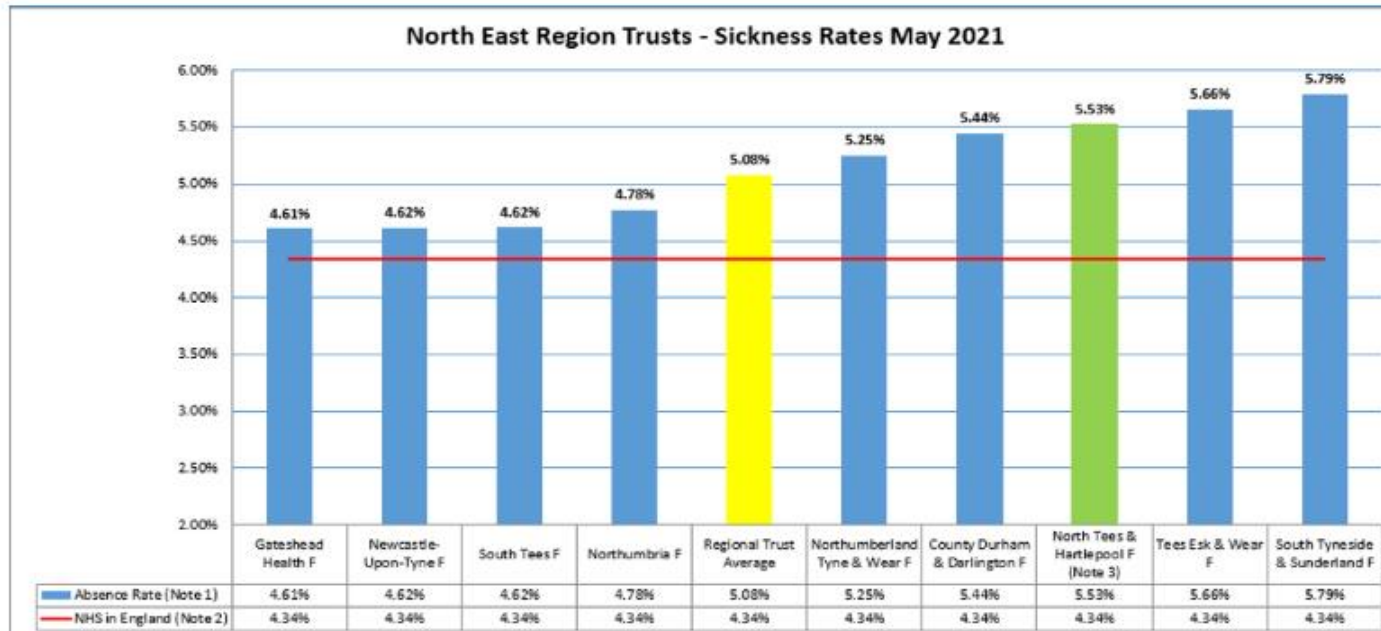
RTT and Cancer

Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
RTT - August 21										
Incomplete Pathways waiting <18 weeks	67.6%		87.3%	85.7%	64.3%	79.7%	72.8%	88.7%	64.4%	75.2%
Half of incomplete patients wait less than	11		7	7	13	9	11	9	13	9
Half of admitted patients wait less than	10		7	14	22	8	8	10	7	7
19 out of 20 admitted patients wait less than	75		43	38	85	43	76	42	81	53
Half of Non admitted Pathways waited less than	6		4	6	8	3	5	5	4	5
19 out of 20 non admitted patients wait less than	42		22	24	43	24	36	30	27	22

Cancer 62 Day Standard - August 21	National	North East	North Tees & Hartlepool	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
Breast		89.52 (111/124)	89.19 (16.5/18.5)	100 (0.5/0.5)	85.71 (6/7)	100 (26.5/26.5)	85.71 (12/14)	88.89 (16/18)	91.3 (10.5/11.5)	82.14 (23/28)
Lung		71.82 (79/110)	76.47 (6.5/8.5)	77.5 (15.5/20)	82.35 (7/8.5)	44.44 (2/4.5)	62.07 (18/29)	62.5 (2.5/4)	81.58 (15.5/19)	72.73 (12/16.5)
Gynae		54.55 (24/44)	50 (1/2)	100 (4/4)	77.78 (3.5/4.5)	36.36 (4/11)	36.36 (2/5.5)	71.43 (2.5/3.5)	53.33 (4/7.5)	50 (3/6)
Upper GI		66.67 (30/45)	60 (1.5/2.5)	84.62 (5.5/6.5)	69.23 (4.5/6.5)	100 (2/2)	33.33 (3/9)	50 (2/4)	76.92 (10/13)	100 (1.5/1.5)
Lower GI		62.02 (80/129)	69.23 (9/13)	86.49 (16/18.5)	31.58 (3/9.5)	50 (3.5/7)	32.35 (5.5/17)	73.68 (14/19)	88.46 (23/26)	31.58 (6/19)
Uro (incl testes)		73.3 (140/191)	59.26 (8/13.5)	96.08 (49/51)	40 (6/15)	72.22 (6.5/9)	63.38 (22.5/35.5)	74.14 (21.5/29)	69.33 (26/37.5)	100 (0.5/0.5)
Haem (incl AL)	Data not available	75.56 (34/45)	50 (1/2)	90 (4.5/5)	28.57 (1/3.5)	100 (2/2)	66.67 (7/10.5)	94.44 (8.5/9)	83.33 (5/6)	71.43 (5/7)
Head & Neck		68.57 (24/35)	100 (0.5/0.5)	87.5 (7/8)	0 (0/1)	0 (0/0)	84.62 (11/13)	0 (0/0)	33.33 (3/9)	71.43 (2.5/3.5)
Skin		84.69 (166/196)	100 (0.5/0.5)	100 (3/3)	82.05 (16/19.5)	0 (0/0)	70.07 (48/68.5)	100 (7/7)	100 (49.5/49.5)	87.5 (42/48)
Sarcoma		71.43 (5/7)	0 (0/0)	100 (1/1)	0 (0/0)	0 (0/0)	100 (3/3)	0 (0/1)	50 (1/2)	0 (0/0)
Brain/CNS		0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)
Children's		100 (1/1)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (1/1)	0 (0/0)	0 (0/0)	0 (0/0)
Other		50 (5/10)	0 (0/0)		0 (0/0)	66.67 (2/3)	50 (1/2)	100 (2/2)	0 (0/2)	0 (0/1)
All		74.6 (699/937)	72.95 (44.5/61)	90.21 (106/117.5)	62.67 (47/75)	74.62 (48.5/65)	64.42 (134/208)	78.76 (76/96.5)	80.6 (147.5/183)	72.9 (95.5/131)

Appendix 2

Workforce



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

The chart above shows the sickness absence figures for Acute and Mental Health Trust's in the North East region for May 2021.

North Tees and Hartlepool NHS Foundation Trust is represented by the green column. The average rate for all North East Acute and Mental Health Care Trust's is shown by the yellow column.

The red line is the average rate for the whole of the NHS in England (4.34%)

The sickness rate for North Tees and Hartlepool is 5.53%, which is the third highest in the north east region this month.

Gateshead Health NHS Foundation Trust report the lowest sickness absence rate for May 2021 at 4.61%.

South Tyneside & Sunderland NHS Foundation Trust report the highest rate at 5.79%

Council of Governors

Title of report:	Winter Resilience Plan 2021/22									
Date:	18 November 2021									
Prepared by:	Care Groups Levi Buckley, Chief Operating Officer									
Executive sponsor:	Levi Buckley, Chief Operating Officer									
Purpose of the report	<p>To provide the Council of Governors with an update on the Trust and system winter planning and preparedness. The Trust's Winter Resilience Plan has been developed to ensure strong operational resilience over winter months through to Easter 2022.</p> <p>The Plan supports maintaining the elective recovery programme alongside managing operational pressures to support safe and timely flows within the hospital on a 24 hour, seven days a week basis.</p>									
Action required:	Approve	√	Assurance	√	Discuss		Information			
Strategic Objectives supported by this paper:	Putting our Population First	√	Valuing People		Transforming our Services		Health and Wellbeing			
Which CQC Standards apply to this report	Safe	√	Caring	√	Effective	√	Responsive	√	Well Led	√
Executive Summary and the key issues for consideration/ decision:										
<p>Winter operational pressures across health and social care lead to increases in both emergency and non-elective demand and an increase in the clinical acuity of patients. The ongoing impact of the covid pandemic is resulting in increased pressures on patient flow and hospital resources.</p> <p>This paper provides an overview of the Trust's Winter Resilience Plan for 2021/22, including key risks and mitigating actions.</p>										
How this report impacts on current risks or highlights new risks:										
This report is aligned with issues identified in the Board Assurance Framework. Specifically 1A, Patient Safety/Outcomes, 1B Patient Experience and 1C Performance.										
Committees/groups where this item has been discussed	Care Group Senior Management Team Meeting Operational Management Team Executive Team									
Recommendation	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> Note the content of this report and recognise the due diligence applied to the winter planning process and proposals for managing surges in activity over the winter months, and throughout the year, whilst maintaining quality, patient experience and operational and financial efficiency. Note the system approach to the production of the Winter Plan and the engagement with partners through formal structures that provides assurance of system engagement and collaboration with partners. Be cognisant of the dynamic external environment and the potential impact of evolving national and regional directives that may impact on overall recovery and resilience. 									

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

18 November 2021

Winter Resilience Plan 2021/22

Report of the Chief Operating Officer

1. Introduction

- 1.1 The purpose of this paper is to provide the Council of Governors with an update on the winter planning and operational preparedness. This plan is to ensure robust operational resilience during the winter months with a clear focus on maintaining patient safety, patient experience and clinical effectiveness across the organisation.

2. Background

- 2.1 Each winter brings a number of challenges to how health and social care services are delivered. This winter brings the additional complexity of managing COVID-19 patients and the associated IPC measures, with key areas of risk for winter including:
- Influenza, COVID-19 and the potential for further pandemic outbreaks.
 - Cold weather and an anticipated rise in associated respiratory infections.
 - Meeting the needs of a frail and elderly population and chronic medical conditions.
 - Predicted increase in paediatric respiratory viral illness.
 - Staff retention and sustainability, including sickness, test and trace, self-isolation and associated absence, during long periods of pressure and major system change.
- 2.2 Innovation unlocked through the organisation's response to the pandemic has presented opportunities to radically change the way care is delivered, rapidly expanding the shift of activity from hospital to community settings. System working has been an integral component of these changes with a shared commitment to provide the most robust services befitting to the people we support across Teesside.
- 2.3 Winter tests the effectiveness and resilience of emergency care provision locally and nationally. Although the organisation has experienced high levels of activity and acuity, escalation and resilience arrangements continue to respond appropriately; with the system in the main absorbing the pressures. Locality Accident and Emergency Delivery Boards focus the planning across urgent and emergency care with an emphasis remaining on a whole system approach to improvement and delivery.
- 2.4 There was an emphasis on keeping patients out of hospital in the winter 2020 plan with winter resilience funding allocated to community schemes. The shift in activity from hospital based care to services provided in a community or home setting has developed significantly in the last year including the use of virtual appointments and alternatives to admission. This aligns with the organisational vision that supports patients being in the acute hospital when it is clinically appropriate, and the time spent in hospital by patients should continue to be reduced through timely discharge and ongoing support in the community.

3. Winter Plan 2020/21

- 3.1 With further waves of Covid, and to progress with initiatives that will allow the Trust to remain flexible in managing surge and flow throughout winter, the following key principles underpin the Winter Plan:
- Ensure sufficient capacity to meet the pressures of winter in the context of segregated COVID pathways.

- Prioritisation of schemes that are not only achievable but also deliver value for money and have a positive impact on managing surge and escalation in the winter period.
- Utilise community assets to deliver care at home, preventing inappropriate attendances or admissions to hospital and to enable early supported discharge from hospital.
- Implement 'Criteria to Reside' and reduce inappropriate long lengths of stay
- Ensure correct bed base to meet demand whilst remaining agile to manage surge
- Ensure Integrated Command and Control Centre (ICC) principles with appropriate escalation as per internal action cards and system wide OPEL.
- Elective planning to minimise the risk of cancelled procedures, including maximising the provision at Hartlepool Hospital.
- Flu planning - vaccination uptake alongside predicted flu pressures for 2020/21, with the aim to implement a comprehensive action plan to mitigate risks.

3.2 The importance of partnerships, integrated working and shared risk taking has been pivotal to mobilising the right response for our local population during the COVID 19 pandemic. Continuing this approach to balancing COVID, winter and maintenance of the elective recovery programme requires initiatives to allow the Trust to remain flexible in managing surge and flow throughout winter and maintaining a consistent 7-day service managing patients in the most appropriate setting.

3.3 To support the delivery of the plan the Trust has focussed on delivering a transformational home safer sooner model with the following priorities:

- Community hub delivering Same Day Emergency Care (SDEC).
- ISPA 24/7 Clinical triage model working with system partners.
- Home First Discharge to Assess.
- Frailty Front of House.
- Discharge transport schemes.
- Criteria to Reside implementation.
- One Front Door with streaming to the most appropriate area.
- Wider System Preparation.

4. Wider System Preparation

4.1 There is a system approach to escalation with a shared Operational Pressure and Escalation Levels (OPEL) framework. This is to provide an objective consistent approach to escalation and associated actions. This is supported by the ability to initiate a system wide escalation through the A&E Delivery Board.

4.2 Ongoing partnership working across the ICP which includes established working relationships and clear lines of escalation within the Local Authorities, at both an operational and director level.

4.3 Trust contribution to the testing of surge plans across the system, including paediatric escalation for increased respiratory illnesses including the established Critical Care Network support.

5. Financial Implications

5.1 Under the existing financial framework for the 21/22, additional expenditure is available for winter and is managed through the system envelope.

5.2 As part of the Trust's internal financial framework, a reserve has been allocated for winter expenditure. In addition, the Clinical Advisory Group has been allocated a further fund for Covid related expenditure.

6. Risks and Mitigation

6.1 Although significant planning has been undertaken by the organisation there are clearly still risks that need to be considered. The table below summarises key risks and mitigations:

RISK	MITIGATION
Surges in activity and patient acuity.	Utilisation of phased additional capacity, OPEL escalation and mutual aid. Review of the bed predictor tool to more accurately support daily decision making and forecast planning for surge pressures.
Continued pressure in COVID-19 demand that affects flow / impact on ITU / impact on elective programme	Close monitoring of COVID impact and utilisation of triggers to manage this and step down of services should this be required. Ensuring a pragmatic application of national IPC measures.
Workforce vacancies, sickness levels and COVID isolation / test and trace impacting challenging the ability to open additional beds.	Rolling recruitment programmes for hard to recruit to posts, over-recruiting where required. Implementation of evidence-based workforce planning methodology required to support Care Groups with alternative workforce models, roles and rota-planning. Monitoring of absence and daily staffing meetings to ensure shared responsibility to ensure safe staffing across the organisation.
Capacity with segregation and flexibility to respond	Use of local IPC and COVID cohorting guidance to ensure maximum safe usage of available beds. Social distancing impact on waiting areas with escalation plans in place to maintain safety
Increased demand on urgent care/ED due to changing operating models within primary care	Weekly meetings to monitor impact and implement measures within the system to support coordinated work at ICS level to understand system pressures.
Regional divert policy. Potential exacerbation of out of area activity	System assurance – effective collaboration between key stakeholders and impact of diverts on partner organisations
Full realisation of system support to facilitate admission avoidance and timely discharge does not materialise	Enhanced Out of hospital initiatives and continuing collaboration with primary and social care. Strengthened already established relationships following the first wave of COVID to allow timely discussions/escalations.
Cancellation of elective activity to facilitate surges in emergency activity.	Flexible bed bases. Elective Care Recovery programme to maximise capacity. Additional weekend Lists
Impact on referral to treatment standard from cancellation of elective procedures.	Tight management of referral to treatment and control of theatre lists to ensure that none are wasted.
Potential infection control pressures i.e. outbreak management, mixing surgical and orthopaedic procedures	Support from ICPT to manage outbreaks and implement measures required Move additional elective activity to Hartlepool site, supported by appropriate clinical cover.

7. Summary and Conclusion

7.1 In summary, the Trust has reflected on the previous winter period and the challenging pressures across the system resulting in additional resource requirements to managing the global pandemic, patient acuity, safe staffing and quality of service provision. This has, in turn, informed the preparation and planning for operational resilience and surge management for this coming winter.

- 7.2 The Trust's plans include the introduction of quality initiatives, clear lines of accountability in the command and control structure and robust financial management, whilst focussing on maintaining patient safety and quality outcomes. The joint care group approach to consider schemes to support out of hospital care with 43% of the 2020/21 winter resilience funding being allocated to community schemes proved a beneficial approach. This has been further enhanced this year with a revised operating model.
- 7.3 Planning for an agile phased approach to surge and escalation in uncertainty with regard to the pandemic and its impact on hospital admissions has been supported by bed modelling and COVID modelling forecasts. Further work is required to develop alternative bed capacity models including the role of community bed provision. Enhanced relationships with local authorities and care homes during COVID provides a building block for further partnership working through winter.
- 7.4 Robust governance processes remain in place, supported by the Care Group structure, which will further support integrated pathway delivery both in and out of hospital.

8. Recommendations

8.1 The Council of Governors is asked to:

- Note the content of this report and recognise the due diligence applied to the winter planning process and proposals for managing surges in activity over the winter months, and throughout the year, whilst maintaining quality, patient experience and operational and financial efficiency.
- Note the system approach to the production of the Winter Plan and the engagement with partners through formal structures that provides assurance of system engagement and collaboration with partners.
- Be cognisant of the dynamic external environment and the potential impact of evolving national and regional directives that may impact on overall recovery and resilience.

Levi Buckley
Chief Operating Officer

Council of Governors

Title of report:	Outcome of Governor Elections 2021																			
Date:	18 November 2021																			
Prepared by:	Sarah Hutt, Assistant Company Secretary																			
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs & Chief of Staff																			
Purpose of the report	The purpose of the report is to present the outcome of the Governor Elections that were undertaken to fill vacant seats from 1 December 2021.																			
Action required:	Approve		Assurance	x	Discuss		Information	x												
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x	Health and Wellbeing	x												
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x										
Executive Summary and the key issues for consideration/ decision:																				
<p>The Model Rules for Elections requires the Trust to hold annual Governor elections to fill any vacant seats due to Governor terms of office coming to an end on 30 November 2021, or to fill any vacancies that have arisen during the course of the year following resignations or remained unfilled from the previous election.</p> <p>There were a total of nine vacancies in the following constituencies:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e6f2ff;"> <th style="text-align: left;">Constituency</th> <th style="text-align: left;">Vacant seats</th> </tr> </thead> <tbody> <tr> <td>Stockton</td> <td>Four</td> </tr> <tr> <td>Hartlepool</td> <td>Two</td> </tr> <tr> <td>Easington</td> <td>One</td> </tr> <tr> <td>Staff</td> <td>Two</td> </tr> </tbody> </table> <p>The elections were conducted in accordance with the rules and constitutional arrangements as set out by the Trust's Constitution using the Single Transferable Vote electoral system. Electoral Reform Services (ERS) were employed to assist the Trust for the purposes of this round of elections and conducted the elections as the Returning Officer.</p> <p>The deadlines for receipt of nominations was 12 October 2021 and following the nomination stage, all seats were either uncontested or no nominations were received. The following candidates were elected unopposed with effect from 1 December 2020:</p> <p>Stockton Constituency Janet Atkins (re-elected) Mark White (re-elected) Lynda White (newly elected) One seat vacant (unfilled)</p>											Constituency	Vacant seats	Stockton	Four	Hartlepool	Two	Easington	One	Staff	Two
Constituency	Vacant seats																			
Stockton	Four																			
Hartlepool	Two																			
Easington	One																			
Staff	Two																			

Hartlepool Constituency

George Lee (re-elected)
 Alan Smith (re-elected)

Easington Constituency

One seat vacant (unfilled)

Staff Constituency

Dave Russon (re-elected)
 One seat vacant (unfilled)

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

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

This report does not highlight any new risks.

Committees/groups
 where this item has
 been discussed

N/A

Recommendation

The Council of Governors is asked to note the outcome of the Governor Elections for 2021.

North Tees and Hartlepool NHS Foundation Trust 2022 Council of Governors' and Governor Sub-Committee Meetings

Council of Governors' Meeting 9.00am – 1.00pm including a development session	CoG Pre-Meetings Boardroom, UHNT 9.30am – 11.30am	Annual General Meeting Lecture Theatre 1.00pm – 3.00pm	Membership Strategy Committee 11.00am – 12.30pm Chair: Wendy Gill Lead: Sarah Hutt	Strategy and Service Development Committee 1.30pm-4.00pm Chair: Steve Hall ED: Barbara Bright	Board of Directors Meeting <u>1 pm – Public Meeting</u>
					Thursday, 27 January Boardroom, UHNT
Thursday, 10 February Lecture Theatre, UHNT	Wednesday, 2 February		Monday, 21 February Boardroom, UHNT		
				Monday, 14 March Boardroom, UHNT	Thursday, 24 March Boardroom, UHNT
	Wednesday, 27 April				Thursday, 28 April Boardroom, UHH
Thursday, 5 May Lecture Theatre, UHNT			Monday, 16 May Boardroom, UHNT		Thursday, 26 May Boardroom, UHNT
				Monday, 13 June Boardroom, UHNT	
					Thursday, 28 July Boardroom, UHNT
	Wednesday, 31 August				
Thursday, 8 September Lecture Theatre, UHNT		Thursday, 8 September	Monday, 26 September Boardroom, UHNT	Monday, 19 September Boardroom, UHNT	Thursday, 22 September Boardroom, UHNT
					Thursday, 27 October Boardroom, UHH
	Wednesday, 30 November		Monday, 21 November Boardroom, UHNT		Thursday, 24 November Boardroom, UHNT
Thursday, 8 December Lecture Theatre, UHNT				Monday, 12 December Boardroom, UHNT	