



Council of Governors Meeting

**Thursday, 6 May 2021
at 9.45am**

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

NM/SH

22 April 2021

Dear Colleague

A meeting of the **Council of Governors** will be held on **Thursday, 6 May 2021 at 9.45am. A development session will immediately follow the In Committee meeting at 12.45pm.** Dial-in details for the meeting will be issued separately.

Yours sincerely



Neil Mundy
Interim Joint Chair

Agenda

- | | | | |
|------|---------|---|---|
| (1) | 9.45am | Welcome | Chairman |
| (2) | 9.45am | Apologies for Absence | Chairman |
| (3) | 9.45am | Declaration of Interests | |
| (4) | 9.45am | Patient Story | Lindsey Robertson |
| (5) | 10.05am | Minutes of the last meeting held on, 18 February 2021 (enclosed) | Chairman |
| (6) | 10.10am | Matters Arising and Action Log (enclosed) | Chairman |
| (7) | 10.20am | Chairman's Report and Board Business (verbal)
(BoD agenda 27 May 2021 enclosed) | Chairman |
| (8) | 10.35am | Chief Executive's Report (enclosed) | Julie Gillon |
| (9) | 10.50am | North East and North Cumbria Integrated Care System
Tees-Valley Health & Care Partnership and Provider Collaboration Update
(enclosed) | Julie Gillon |
| (10) | 11.00am | Integrated Compliance and Performance Report (enclosed) | Kevin Robinson,
Alan Sheppard, Phil Craig & Jonathan Erskine |
| (11) | 11.15am | NHS National Staff Survey Results 2020 (enclosed) | Alan Sheppard |

- | | | | |
|------|---------|---|-----------------------------|
| (12) | 11.25am | Sub-committee Membership Review (enclosed) | Barbara Bright |
| (13) | 11.30am | Sub Committee Minutes:
13.1 Strategy and Service Development Committee
- 15 March 2021 (enclosed)
13.2 Membership Strategy Committee
- 22 March 2021 (enclosed) | Tony Horrocks
Wendy Gill |
| (14) | 11.45am | Membership Strategy (enclosed) | Wendy Gill |
| (15) | 11.55am | Non-Executive Director Vacancy Proposal (enclosed) | Barbara Bright |
| (16) | 12 noon | Any Other Notified Business | Chairman |
| (17) | 12.05pm | Approximate close | |

Date and Time of Next Meeting

The next meeting is scheduled to take place on Thursday, 16 September 2021.

NM/SH

22 April 2021

Dear Colleague

A development session has been arranged, which will immediately follow the Council of Governors meeting on Thursday, 6 May 2021.

(1) 12.45pm People Plan and Workforce Metrics

Alan Sheppard
& Gary Wright

(2) 1.45pm 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, 6 May 2021 at 9:45 am in the Boardroom at the University Hospital of North Tees and via video and audio link

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

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

Governor representation via video/audio conferencing: -

Hartlepool Elected Governors:

Geoff Northey
Pauline Robson
Aaron Roy

Stockton Elected Governors:

Margaret Docherty
John Edwards
Raymond Stephenson
Pat Upton
Mark White
Kate Wilson

Sedgefield Elected Governor:

Wendy Gill
Ruth McNee

Non-Core Public Elected Governor:

Angela Warnes

Elected Staff Governors:

Carol Alexander
Manuf Kassem
Asokan Krishnaier
David Russon
Andrew Simpson

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
Alan Smith, Elected Governor for Hartlepool
Ian Simpson, Elected Governor for Hartlepool
Mary King, Elected Governor for Easington
Neil Mundy, Interim 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)

Chairman
CE
SH
DoCA&CoS

In attendance via video conferencing: -

Ann Baxter, Non-Executive Director* AB
Philip Craig, Non-Executive Director* PC
Jonathan Erskine, Non-Executive Director* JE
Kevin Robinson, Non-Executive Director* KR
Rita Taylor, Non-Executive Director* RT
Levi Buckley, Chief Operating Officer COO
Item CoG/998: Karen Sheard, Deputy Chief Nurse DCN
Observer: Ruksana Salim, Lead Nurse, Quality and Professional Standards

* voting member

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

Angela Seward, Lead Governor
David Bennett
Janet Crampton
Paul Fogarty
Allan Jackson

CoG/995 Welcome

The Interim Joint Chair welcomed members to the meeting highlighting that it was good to have Governors from South Tees Hospitals NHS FT joining the meeting as observers as this exemplified the progress and relationship building which had taken place between the two Trusts as they sought to work closer together. The Chairman advised that this was a reciprocal arrangement with a number of Governors from the Trust joining the meeting at South Tees on Tuesday, 11 May.

The Chairman placed on record his thanks to all colleagues and staff for the warm welcome he had received over the past three months. He had visited a number of departments and met many staff throughout both Trusts, highlighting that it was humbling to see how they continued in the spirit of the NHS to provide care of the highest standard for the populations the two Trusts served in the most difficult and challenging of circumstances during the past year.

CoG/996 Apologies for Absence

Apologies for absence were received from George Lee, Elected Governor for Hartlepool, Janet Atkins, Elected Governor for Stockton, Anne Johnston, Elected Governor for Stockton, Jean Kirby, Elected Governor for Stockton, Gavin Morrigan, Elected Governor for Stockton, Siva Kumar, Elected Staff Governor, Prof Tony Alabaster, Appointed Governor for University of Sunderland, Cllr Mike Young, Appointed Governor for Hartlepool Borough Council.

SH (Vice Chair/Non-Executive Director) reported that Rita Taylor, Non- Executive Director would join the meeting late.

CoG/997 Declaration of Interests

No declaration of interests were noted.

CoG/998 Patient Story

The DCN reported on a patient story noting that the patient herself had attended the Board meeting the previous week to tell of her experience at the Trust.

The DCN explained that the patient had become acutely unwell at home and was brought into hospital by her husband through Accident and Emergency and required a stay on the Emergency Assessment Unit. The patient commented that all staff were kind, caring, polite and attentive, despite being very busy with a high turnover of patients. In addition, the patient acknowledged the cleanliness seen throughout the Trust, the friendliness of ambulance staff who were collecting patients, the high standard of meals served and communication with her GP around ongoing medication. The patient felt that staff were polite and were interested in her, fully supporting her recovery. The patient commented that whilst her husband could not visit due to COVID-19 restrictions, he rang the ward numerous times for an update on her progress highlighting that staff were always patient and willing to discuss progress and to provide reassurance. The patient placed on record her thanks to all staff who had contributed

to her excellent care.

The Chairman highlighted the importance of focusing on a patient's experience at the commencement of Board and Council of Governors' meetings to bring to the forefront the importance of striving to deliver the best care and treatment possible to patients and the communities served. The Chairman placed on record the thanks of the Council of Governors' to the patient for sharing their story.

Resolved: that, the patient story be noted:

CoG/999 Minutes of the meeting held on, Thursday, 18 February 2021

Resolved: that, the minutes of the meeting held on Thursday, 18 February 2021 be confirmed as an accurate record.

CoG/1000 Matters Arising and Action Log

a. Neil Schneider

The Chairman place on record his thanks to Neil Schneider who had recently resigned from his position as Non-Executive Director at the Trust for personal reasons. Neil had been an outstanding Non-Executive Director who brought invaluable experience and wisdom as a former Local Authority Chief Executive. Rita Taylor, Non Executive Director had assumed Neil's Board responsibilities.

b. Joint Development Sessions

Dates were being reviewed in order to schedule Joint development sessions for Council of Governors of both Trusts for the remainder of 2021. A focus on the Integrated Care System and their new role as a statutory body was planned for the first development session. Joint Board to Board and Joint Council of Governors' meeting had been held on 17 March and 24 March respectively.

c. CoG/989 Yellowfin Integrated Performance Report

A presentation and update on the Yellowfin Integrated Performance dashboard was planned for the next Strategy and Service Development Committee meeting on 14 June 2021.

d. CoG/989 Feedback from Stockton Local Authority

Feedback from Stockton Local authority around the positive support and partnership working which had taken place during the pandemic for the benefit of the population was passed onto staff as part of regular communications sent.

e. CoG/993 Governor Bulletin

A joint Governor Bulletin had been developed and circulated monthly from February 2021. It was noted that this could be improved upon with specific information relating to how the two Trusts were collaborating being included. In addition, it was also felt that information currently contained within the joint bulletin was duplicated as Governors of North Tees and Hartlepool already received a regular bulletin containing information in respect to the Trust and articles of interest as published in the local media.

The DoCA&CoS agreed to discuss with Mark Graham, Director of Communications, South Tees Hospitals NHS FT the content of any joint briefing which needed to be both relevant and

include information around how the Trusts continued to collaborate and work jointly with its partners and stakeholders.

Tony Horrocks, Lead Governor/Elected Governor for Stockton also placed on record his thanks to the Private Office for the responses received in respect to queries and concerns raised by Governors, suggesting that responses should be fed back to all Governors. The DoCA&CoS advised that providing responses to individual queries was time consuming for the Private Office highlighting that a more effective way for Governors to raise queries and for these to be answered needed to be found. The DoCA&CoS suggested that queries could be themed and reported as part of a monthly bulletin to all Governors.

It was recognised that information provided to Governors needed to be relevant and any advice from Governors to ensure that information provided was appropriate would be well received. The CE added that the Sub Committees could also help address some topics and manage common themes. In addition, the DoCACoS reported that once Government restrictions were further lifted, Chairman's lunches with the Governors would be reinstated where a selection of Governors would be invited into the Trust on rotation to discuss any areas of concern over lunch.

Ian Simpson, Elected Governor for Stockton suggested that it may be helpful for each Trust to receive a bulletin relevant to their individual Trust in addition to a second joint bulletin providing an update on how the Trusts were progressing with collaboration.

Jim Beall, Appointed Governor for Stockton Borough Council also asked that external communication be considered to ensure that Trusts communicated with their communities and wider partners on future developments.

In summary, the Chairman agreed that lines of communication for Governors could be improved to ensure that these were effective and that Governors received relevant information so that they felt assured of progress being made. The Chairman proposed that the Joint Liaison Committee discuss and agree the way forward so that any future updates and briefings were relevant and met the expectations of Governors.

- Resolved:**
- (i) that, the verbal updates be noted; and
 - (ii) that, a review of communication with Governors be undertaken to ensure that future briefings were relevant and included a Trust-level update plus a briefing on progress in respect to collaboration. In addition, external communication would be considered to ensure that communities and wider partners were briefed on future developments.

CoG/1001 Chairman's Report and Board Business

The Chairman provided an update on progress in respect to his first 100 days in post highlighting the challenges and opportunities to develop relationships both internally and externally with partners and stakeholders to improve the future of health services for the populations served in the Tees Valley and North Yorkshire. The Chairman continued to Chair both statutory Trust Boards as well as the Joint Strategic Board. In addition, Joint Board to Board and Joint Council of Governors' meetings had taken place. The Joint Nomination Committee had played an active role in establishing a recruitment process to appoint a substantive joint Chair, with the closing date for applications being 24 May. Focus groups/interviews were scheduled for 29 and 30 June 2021. The Chairman highlighted that there had been strong interest from potential candidates, which was encouraging.

The Chairman provided an update on key actions undertaken highlighting that the Clinical

Services Strategy and priorities to be address were discussed at a meeting of the Joint Strategic Board on 8 April. The next Joint Board to Board meeting was arranged for 10 May where Boards would receive a presentation on the Durham Tees Valley Research Alliance and a presentation from Public Health on health inequalities. A date for a joint Council of Governors' meeting was to be confirmed.

The Chairman outlined the joint approach the two Trusts were taking to realise the potential benefits for patient care and population health, in line with the focus of the ICS. It was noted that working in an Integrated Care Partnership would support the improvement of outcomes and performance, particularly in the COVID-19 recovery stage, and optimise improvements to population health and better tackle health inequalities. Through the Joint Strategic Board, strategic priorities would be agreed with the potential to secure capital investment. Closer working would create greater resilience in staffing, recruitment, expertise and service provision, in addition to providing greater efficiency in the joint use of resources which would improve financial sustainability for both Trusts.

Next steps included the appointment of a substantive Joint Chair, the establishment of key strategic healthcare priorities and work to jointly promote the case for additional investment.

The draft agenda for the Board of Directors' meeting scheduled for Thursday, 27 May 2021 was provided for information.

Mark White, Elected Governor for Stockton, sought clarity on the likelihood for investment into the Tees Valley and North Yorkshire. The CE advised that she was optimistic that funding would be available outlining the areas for investment and highlighting the benefits for patients and the population of the Tees Valley and North Yorkshire. This would link with the priorities set out in the Long Term Plan and the ambition for the future operating model. The Chairman added that investment must reflect the future provision for health and that population health and the prevention agenda was key.

Following clarity sought by Manuf Kassem, the CE clarified that although quality standards were set out by The National Institute for Health and Care Excellence (NICE) and Royal Colleges there continued to be clinical variation in quality standards, clinical outcomes and pathways which needed to be addressed with consistent operating standards implemented across Teesside to manage a productive service.

Jim Beall, Appointed Governor for Stockton Borough Council highlighted the opportunity for regeneration of the high street to include 'health on the high street' to provide services close to where people regularly visit which in addition would help the economy.

In response to a query raised by Alan Smith, Elected Governor for Hartlepool, the CE highlighted that the whole estate was being reviewed to ensure that the Trust kept pace with its neighbours. The Trust continued to build relationships with its local partners to manage the health agenda in terms of acute provision and population health and sought investment opportunities when these were presented.

Tony Horrocks, Lead Governor/Elected Governor for Stockton enquired as to the vision of the Trust in taking healthcare to the high street. The CE reported that options continued to be explored with the potential to target members of the population who did not access healthcare in a timely manner or who did not attend regular screening programmes.

- Resolved:**
- (i) that, the verbal update be noted; and that
 - (ii) that, the draft agenda for the Board of Directors' meeting scheduled for Thursday, 27 May be noted.

CoG/1002 Chief Executive's Report

The CE provided an update on the Trust's response to COVID-19 highlighting that the national incident alert level had been reduced from level 4 to 3. As of the previous day, there were three confirmed cases within the Trust, including two in ITU mechanically ventilated. It was noted that the progression of the vaccination programme and lockdown measures had impacted positively on the reduced number of admissions. The Trust continued to work with its partners in South Tees Hospitals NHS FT to optimise pathways and across the North East and North Cumbria to implement an improvement trajectory across the ICS which could be implemented at pace. The operating model across the Trust and the wider ICP continued to be developed to respond and recover from the impact of COVID-19.

Focus remained on the health and wellbeing of staff and the CE outlined a number of ways the Trust continued to provide practical support to staff to complement the Trust's usual health and wellbeing offer. Practical steps to support staff included wellbeing sessions and the roll out of a well-being toolkit, provision of recharge hubs, the training for key people to be mental health first aiders, provision of pandemic learning events and sessions to support people in processing the past year in the midst of the pandemic.

The 2021/22 NHS Priorities and Operational Planning Guidance was published by NHS England in March setting out the priorities for the coming year. The Trust had submitted its position around workforce, transformation, surge and winter, setting out how it planned to work collaboratively across the system. Work would continue to plan accordingly and monitor progress and delivery.

The Trust was leading the way nationally in researching treatments for COVID-19 and had been consistently within the top three highest recruiters in the country to the RECOVERY trial in terms of the proportion of patients admitted to the Trust that were recruited into the study. In addition, the Trust over recruited to the Novavax COVID vaccine trial recruiting 534 participants against a target of 350.

NHSE/I had outlined proposals for a new approach to NHS system oversight with the proposed approach aligning with the vision set out in the Government's White Paper. The Trust and the ICS across the North East and North Cumbria would contribute to the consultation which closed at midnight on 14 May 2021.

That week, the Trust had launched the NHS People Plan. Focus was on developing a bespoke, dedicated ambition to ensure cultural engagement was optimised by utilising key influencers and leaders across the organisation to communicate the Trust's vision. The Faculty of Improvement and Leadership would be launched throughout the organisation to empower future and current leaders to support health and care provision for the populations served.

The ICS management team continued to review the impact and work through the implications of the White Paper with the Tees Valley ICP continuing to focus on wider strategic partnership working to support the future strategic direction of Teesside.

Three consultant appointments had been made over the past month: one in Breast Services and two in Colorectal Surgery. The CE highlighted that throughout the interviews, the candidates demonstrated the values they hold showing a commitment to embrace the culture of the organisation. An advert had recently been placed to appoint a Public Health Consultant and work continued with Hartlepool and Stockton local authority to take forward the population health agenda collaboratively.

The CE was pleased to report that three babies had been born in the newly refurbished Rowan

Suite at the University Hospital of Hartlepool in addition to a further three babies born in the Hartlepool community at home. This was an important development with midwifery led birthing facilities returning to Hartlepool. The Trust had achieved all the urgent recommendations as set out in the Ockenden Report and were now looking at other areas, particularly around continuity of carer role. The Trust had recently hosted a Local Maternity System (LMS) visit which focused on continuity of care. This had been a positive visit where the LMS spoke highly of the culture in the organisation with the ability to move forward and be supported in becoming a beacon site. The Chief Executive held a positive staff engagement sessions with community midwives which focused on the local maternity strategy, key areas of concern and aspirations for the future.

Following the suspension of Schwartz Rounds due to the COVID-19 pandemic, Team Time interventions had continued which sought to support staff who were experiencing a high level of trauma during the pandemic. Team Time was not a replacement for Schwartz rounds, however due to its success, Team Time may compliment Schwartz in the future.

Following clarification sought by Mary King, Elected Governor for Easington, the CE explained the background to Schwartz rounds highlighting that they offered a service to staff to talk through and share how they felt providing the opportunity to discuss their anxieties. These had been very successful and JE added that Schwartz rounds provided a safe and confidential environment for healthcare workers to talk about their emotional response in times of heightened anxiety and was facilitated in the UK by the Point of Care Foundation. Many areas of the workforce attended these sessions covering a variety of professional roles and JE reported on a positive session with Paediatric colleagues the previous day highlighting that they had asked for a second session to be arranged in the future.

Alan Smith, Elected Governor for Hartlepool highlighted that he had been following Twitter the previous day and saw the positive stories around the Day of the Midwives. Alan highlighted that bringing maternity services back to Hartlepool was a positive development adding that he hoped confidence in the new reinstated service would be forthcoming. The CE highlighted that the full maternity pathway was being undertaken in Hartlepool advising that the Maternity Strategy would be brought back to a future meeting of the Strategy and Service Development Committee.

Alan Smith, Elected Governor for Hartlepool enquired as to feedback from patients around telephone and virtual appointments. The CE reported on a mixed response from both patients and consultants highlighting that the virtual platform Attend Anywhere had been extended for a further year so that this could be fully evaluated.

Jim Beall, Appointed Governor for Stockton Borough Council enquired as to the latest vaccination rates for staff explaining that local authorities had been asked by the Department of Health and Social Care to provide information around take up of the vaccine in care homes and social care. The DoCA&CoS agreed to provide feedback to the Council of Governors on the latest uptake of the vaccine amongst staff.

Andy Simpson, Elected Staff Governor sought clarity around the Listening into Action Application highlighting that staff were regularly reminded to complete a survey a number of months ago. The CE explained that the NHS People Plan had now been launched and feedback would be provided to staff on the results of the survey in a 'you said, we did' format. Going forward, focus would centre on leaders across the organisation who could open engagement channels to communicate the Trust's vision to staff.

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

- (ii) that, the Maternity Strategy be presented at a future meeting of the Strategy and Service Development Committee; and
- (iii) that, the DoCA&CoS provide feedback to the Council of Governors on the latest uptake of the COVID-19 vaccine amongst care staff.

CoG/1003 North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration Update

The Chief Executive gave an overview of the current position and the work being undertaken, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) plans and to the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and provider collaboration. The CE gave an update on progress and the risks in relation to future delivery around the collaboration, to benefit patients.

Following a request for clarity from Ian Simpson, Elected Governor for Hartlepool, The CE explained that the title of the partnership between the Trust and South Tees Hospitals NHS FT had been slightly changed to include North Yorkshire to recognise the Northallerton element covered by South Tees.

SH, again extended an open invitation for Governors to attend the Strategy and Service Development Committee highlighting that the committee receives presentations from a number of services outlining their strategic direction and future vision.

- Resolved:**
- (i) that, the work to date is noted and that progress with regard to North East and North Cumbria Provider Collaboration be noted; and
 - (ii) that, the significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership be noted; and
 - (iii) that, the approach and focus with regard to next steps in the Tees Valley and North Yorkshire Provider Collaborative be noted; and
 - (iv) that, the continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change be noted; and
 - (v) that, the work in relation to the financial approach with the move toward robust governance to support mutual accountability be noted.

CoG/1004 Integrated Compliance and Performance Report – Month 10

KR, Non-Executive Director reported that the Trust continued to achieve the majority of targets despite the challenges faced in respect to COVID-19 and the continued pressure on services during recovery. KR paid tribute to staff during the current pandemic highlighting that the focus was now on recovery which continued to make progress.

A reduction in hospital acquired infections was noted and the Trust had commenced a trial inviting visitors back into the Trust. RTT reported just below 80% showing a relatively positive benchmark position. There were currently 132 patients waiting more than 52 weeks and it was noted that many patients feared visiting the Trust due to COVID-19. Work continued to address the readmission rate which would be further scrutinised by the Performance, Planning and Compliance Committee. It was noted that 35% of all readmissions were admitted to hospital for only one day. An audit of avoidable and unavoidable readmissions had been requested by the Performance, Planning and Compliance Committee. KR reported that David Jennings, Non-Executive Director at South Tees Hospitals NHS FT had attended the last Performance, Planning and Compliance Committee meeting providing positive comments in respect to how this provided assurance that all concerns were investigated and acted upon.

Sickness absence had started to decrease reporting at 4.58%, excluding absence relating to COVID-19. Sickness absence within the LLP had been challenged and would be addressed.

PC, Chair of the Finance Committee reported on a unique year highlighting a year-end surplus of circa £9.4m which would contribute to the ICP system achievement and excluded the impact of impairment of Trust assets. However PC, advised caution highlighting that the Trust remained in an underlying deficit position and were required to find further efficiencies in the following year in order to reach a break-even position. PC placed on record his thanks to the Director of Finance and his team in maintaining financial discipline.

Following a query raised by Alan Smith, Elected Governor for Hartlepool, the CE provided clarity around the change in metric from delayed transfer of care to criteria to reside in hospital which focused on those patients who remained in hospital despite being clinically optimised to return to their usual place of residence. The COO highlighted that the Trust had been commended nationally and had been asked with Hull University Teaching Hospitals NHS Trust to lead on this as part of a national pilot. The Trust continued to work with its local authority colleagues to reduce lengths of stay and to reduce unnecessary readmissions.

In response to a query raised by Mary King, Elected Governor for Easington, the CE explained that the Trust continued to monitor those patients who refused to visit the hospital for treatment highlighting that it was important to monitor these patients to ensure they did not deteriorate. The COO added that there were currently 89 patients categorised as either P5 or P6, clarifying that these patients remained on the waiting list for surgery but had chosen to defer treatment due to their concerns around COVID-19 or for other reasons. Clinicians remained in contact with these patients to understand their anxieties and to discuss how these could be mitigated against.

KR, Chair of the Performance, Planning and Compliance Committee highlighted that the committee sought assurance around prescription errors on discharge and following an initial investigation it was noted that out of 36000 cases of those discharged with a prescription, only two errors were noted. This had been referred to the Medical Safety Group to gain further assurance.

- Resolved:**
- (i) that, the Trusts performance against key operational, quality and workforce standards, delivered against a backdrop and associated pressures of the COVID-19 pandemic 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; and
 - (iii) that, the positive financial position be noted; and
 - (iv) that, the successful roll out of the COVID-19 vaccine be noted; and

CoG/1005 NHS National Staff Survey Results 2020

The CPO reported on the 2020 staff survey results, specifically in relation to the benchmarked report produced by the Survey Co-ordination Centre on behalf of the Department of Health. Staff engagement continued as a priority and the health and wellbeing of staff remained a key area of focus.

The Trust's response rate was 48%, above the national average of 45%. The Trust scored above average in all ten themes, ranking 2nd in the North East and North Cumbria and 16th nationally.

The CPO reported that for the 2020 survey, staff had been asked questions relating to COVID-19 to understand the impact on the NHS Workforce with data being analysed to understand

the difference in experience amongst staff in different situations.

The CPO provided a detailed overview against the Trust's responses, broken down by each of the ten themes, providing a comparison with the previous year and the national benchmark position.

The CPO highlighted that the results of the survey had been extremely positive with an action plan developed to address areas identified for further improvement.

In response to a query raised by Mark White, Elected Governor for Stockton, the CPO highlighted that he was most proud that staff continued to engage with the Trust despite the most difficult year and that the Trust achieved above average in all ten themes. The area most concerning was around support, involvement and feedback provided by line managers which had seen a decline in the most recent survey when compared to the previous year.

Mark White, Elected Governor for Stockton offered support from the college to potentially increase the Trust's response rate further highlighting that they had received a response rate of 92% following their most recent survey. The CPO thanked Mark for his support highlighting that the Trust were currently looking to Northumbria Healthcare NHS FT for support as they had achieved the highest response rate in the North East and North Cumbria.

Pauline Robson, Elected Governor for Hartlepool asked for further information around violence shown towards staff from managers and colleagues. The CPO reported that this had seen a positive decline and reported below the national average. In addition, the CPO highlighted that only a small number of cases had been reported and investigated formally.

Resolved: that, the content of the paper is noted; in particular the ongoing activity relating to analysing the information presented within the NHS staff survey and the continued use of action planning going forward.

CoG/1006 Sub-Committee Membership Review

The DoCA&CoS presented the Council of Governors Sub-Committee Membership Review pertaining to the four Governor Sub-Committees:

- Strategy and Service Development Committee;
- Membership Strategy Committee;
- Nominations Committee;
- External Audit Working Group.

This year there were vacancies in the External Audit Working Group and the Membership Strategy Committee. In addition, it was agreed with Governors the previous year that the membership of the Strategy and Service Development Committee would be opened to all Governors. It was noted that due to new external auditors being appointed in 2020, it was unlikely that this committee would meet during 2021/22, however there was still a need to fill vacancies on this group.

Membership of the Nominations Committee was full at present and was not part of the review this year.

Expressions of interest were requested from Governors stating whether they wished to change their existing committee membership or join a committee with vacant spaces.

The DoCA&CoS explained that the Nominations Committee were currently working with the Nominations Committee at South Tees Hospitals NHS FT to take forward the appointment of a substantive Joint Chair. Should a Governor resign from this committee, the Trust would work with the Chairman and Tony Horrocks, Lead Governor/Elected Governor for Stockton to hold expressions of interest for another Governor to join this committee.

- Resolved:** (i) that, the changes to Governor sub-committee membership be noted; and
(ii) that, Governors inform the DoCA&CoS of their wish to change their committee membership or join a committee with vacant spaces.

CoG/1007 Sub-Committee Minutes

a. Strategy and Service Development Committee (15 March 2021)

Tony Horrocks, Lead Governor/Elected Governor for Stockton presented the minutes of the Strategy and Service Development Committee which was held on 15 March 2021, highlighting the key points.

Following a query raised by Jim Beall, Appointed Governor for Stockton Borough Council, the CE clarified that a population of 847000 mentioned in the minutes referred to the population across Teesside and not Stockton.

- Resolved:** that, the minutes of the Strategy and Service Development Committee held on 15 March 2021 be noted.

b. Membership Strategy Committee (22 March 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 22 March 2021, highlighting the key points. Public members were reporting below target and the DoCA&CoS outlined how the Trust were looking to adopt alternative ways of promoting the Trust to the community.

- Resolved:** that, the minutes of the Membership Strategy Committee held on 22 March 2021 be noted.

CoG/1008 Membership Strategy

Wendy Gill, Chair of the Membership Strategy Committee/Elected Governor for Sedgefield presented the Membership Strategy proposing that this be extended for a further 12 months. This had been agreed at a meeting of the Membership Strategy Committee on 22 March with a formal review being undertaken in 2022. Minor changes had been made with respect to dates and the narrative to reflect the current position. It was noted that due to the impact of COVID-19, membership engagement and recruitment activities were unable to be undertaken, which also affected the usual reporting mechanisms.

- Resolved:** (i) that, the extension of the Membership Strategy for a further 12 months be approved; and
(ii) that, the full review of the Membership Strategy be undertaken in 2022.

CoG/1009 Non-Executive Director Vacancy Proposal

The DoCA&CoS presented a proposal to replace the post of Non-Executive Director vacant

due to the resignation of Neil Schneider proposing that Rita Taylor step up from her current Associate Non-Executive role to assume a full Non-Executive position with the arrangement to remain in place until the end of her current tenure on 31 March 2022. The DoCA&CoS explained the rationale for this highlighting that this had been agreed virtually by the Nominations Committee in April. Rita would undertake the responsibilities previously held by Neil and her remuneration would be uplifted from £13,500 to £15,790 to reflect the additional responsibilities.

- Resolved:**
- (i) that, the appointment of Rita Taylor to the role of Non-Executive Director until 31 March 2022 be approved; and
 - (ii) that, the role would be a voting member of the Board of Directors; and
 - (iii) that, remuneration at the rate of £15,790 be approved; and
 - (iv) that, Rita Taylor assume the responsibilities previously undertaken by Neil Schneider; and
 - (v) that, discussions be held on a substantive replacement once the substantive Joint Chair had been appointed with any process overseen by the Nominations Committee.

CoG/1010 Any Other Notified Business

a. Reception, Security and signage at the University Hospital of Hartlepool

Alan Smith, Elected Governor for Hartlepool raised concerns around there being no reception desk at the University Hospital of Hartlepool highlighting that there was no facility available to seek information or assistance. In addition, Alan observed that signage was difficult to follow and appeared cluttered. There were notices at the front door advising that masks should be worn though this was not monitored or enforced. In addition, Alan queried whether there were alternative routes to direct patients/visitors to CT rather than at the front door entrance as he observed a more direct route via outpatients.

The CE advised that prior to the pandemic, a wayfinding stand had been installed on the right hand side in addition to volunteers being available in the front entrance to provide guidance and assistance. However, as a result of the pandemic there had been a reduction in volunteer presence due to the risk of infection and shielding being noted. The CE advised that she would discuss the current signage with Mike Worden, Managing Director of the LLP to make improvements and that plans were in place to improve reception provision and wayfinding.

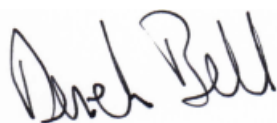
- Resolved:** that, the CE discuss current signage at the University Hospital of Hartlepool with Mike Worden, Managing Director of the LLP to make improvements.

CoG/1011 Date and Time of Next Meeting

- Resolved:** that, the arrangements for the meeting to be held on Thursday, 16 September 2021 be confirmed in due course.

The meeting closed at 12:10 pm

Signed:



Date: 16 September 2021

April 2021

Dear Colleague

A meeting of the **Board of Directors** will be held, on **Thursday, 27 May 2021 at 1.00pm** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely



Neil Mundy
Chairman

Agenda

			Led by
1.	(1.00pm)	Apologies for Absence	Chairman
2.	(1.00pm)	Declaration of Interest	Chairman
3.	(1.00pm)	Patient Story (verbal)	L Robertson
4.	(1.20pm)	Minutes of the meeting held on, 29 April 2021 (enclosed)	Chairman
5.	(1.25pm)	Matters Arising / Action Log (enclosed)	Chairman

Items for Information

6.	(1.30pm)	Report of the Chairman (enclosed)	Chairman
7.	(1.45pm)	Report of the Chief Executive (enclosed)	J Gillon
8.	(2.00pm)	Tees Valley and North Yorkshire Provider Collaborative (enclosed)	J Gillon

Strategic Management

9.	(2.10pm)	Annual Report and Accounts 2020/21 including Quality Accounts (enclosed)	B Bright, N Atkinson & L Robertson
----	----------	---	---------------------------------------

Performance Management

10. (2.30pm) Integrated Corporate Report **(enclosed)** L Taylor, L Robertson
A Sheppard & N Atkinson

Governance

11. (2.45pm) Guardian of Safe Working Hours Report **(enclosed)** D Dwarakanath
12. (2.55pm) Annual Operating Plan 2021/22 **(enclosed)** L Taylor & N Atkinson

Items to Receive

13. (3.05pm) Adult, Children & Young People Vulnerability Annual Report **(enclosed)** L Robertson
14. (3.05pm) Director of Infection Prevention and Control Report 2020/21 **(enclosed)** L Robertson
15. (3.05pm) Freedom to Speak up Guardian Annual Report **(enclosed)** L Robertson
16. (3.05pm) Corporate Health and Safety and Non Clinical Risk Annual Report **(enclosed)** L Robertson
17. (3.30pm) Any Other Notified Business Chairman
18. Date of Next Meeting
(Thursday, 29 July 2021 Boardroom, University Hospital of North Tees)

Council of Governors

Title of report:	Chief Executive Report									
Date:	6 May 2021									
Prepared by:	Julie Gillon, Chief Executive Barbara Bright, Director of Corporate Affairs and Chief of Staff									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	The purpose of the report is to provide information to the Council of Governors on key local, regional and national issues.									
Action required:	Approve		Assurance		Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level from the main statutory and regulatory organisations of NHS Improvement, NHS England, Care Quality Commission and the Department of Health and Social Care.</p> <p>In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda. Key issues for Information:</p> <ul style="list-style-type: none"> • COVID-19 update, recovery including vaccination roll out • Research team leading the way in COVID-19 treatment nationally • System Oversight Framework 2021/22 Consultation • Listening in Action (LiA) Strategic Relaunch • Chief Executive staff engagement sessions • Faculty of Improvement and Leadership • Integrated Care System/Integrated Care Partnership (ICS/ICP) Update • Clinical Services Strategy • NENC Provider Collaborative Meeting – 6 April 2021 • Consultant Appointments • Maternity Strategy moving forward • Schwartz Rounds 										
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 receive and note the content of this report and the pursuance of strategic objectives.									

North Tees and Hartlepool NHS Foundation Trust
Meeting of the Council of Governors
6 May 2021

Report of the Chief Executive

1. Introduction

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

2. Key Issues and Planned Actions

2.1 Strategic Objective: Putting our Population First

2.1.1 COVID-19 Current Position and Phase 3 Recovery

2.1.2 Context

The NHS received notification from NHS England that at the public board meeting 25 March 2021 NHS Chief Executive, Simon Stevens, announced that the national incident level for the NHS COVID-19 response would be reduced from level 4 to level 3, with immediate effect.

March marked a full year since the Trust received the first patient with COVID admitted to the hospital. 'Unprecedented' does not do justice to the challenges that the NHS and our staff have experienced. With the slowly reducing impact of COVID on normal service provision it is important to reflect on the emotional impact of what has been an extraordinary time to be working in the NHS. The Trust's commitment to supporting the health and wellbeing of our staff remains a continued area of focus and critical in ensuring that staff have the resilience for what will continue to be a challenging year.

The wave of increased COVID admissions continued into February, and the organisation continued to see new admissions on medical wards, on enhanced support in specialist respiratory units and within critical care. The level of COVID inpatients remained high in early February, but did reduce during the month and into March, with 10 COVID positive inpatients as at 20 April.

Local COVID infection rates have fallen significantly from a peak in January 2021, in line with the regional and national position. This reduction is likely to be a combination of both the impact of lockdown measures and the success of the vaccination programme.

2.1.3 Health and Wellbeing

The renewed health and well-being strategy has six priorities over the coming years, these are; to have a system wide focus on promoting wellbeing, preventing ill health and addressing inequalities, access to high quality and timely occupational health services, mental and physical health are promoted and valued, our people influence health and wellbeing initiatives, we provide an environment for people to lead healthy lives and that there is a sustained focus on educating people on musculoskeletal health.

The Trust continues to provide practical steps to support our people by using wellbeing sessions and the roll out of a well-being toolkit, provision of recharge hubs, the training for key people to be mental health first aiders with an ambition to roll this out to first line managers, provision of pandemic learning events and sessions to support people in processing the past year in the midst of the pandemic.

2.1.4 Recovery

The recovery programme focusses on maximising capacity, alongside the innovation and transformation activities associated with diagnostic, elective, cancer, outpatient, emergency and

urgent care recovery. In March the Trust delivered circa 90% of pre- COVID outpatient activity levels, 95% of Diagnostic activity and 94% of combined elective and day case procedures, taking into account new ways of working i.e. Advice and Guidance, and the impact of infection prevention and control procedures.

The current approach is supporting a shift in operating models across the Trust and the wider ICP system to respond and recover from the impact of COVID.

The key principles underpinning the recovery approach include maintaining patient safety, minimising the potential harm associated with long waits, whilst continuing to acknowledge the role that staff have played through the pandemic so far and support them through the recovery phases:

- The development of a new operating model to reshape how services are provided, ensuring the effective use of resources and accelerating discharge work, to ensure wherever possible that patients are treated in the community in their own homes.
- Working collaboratively with partners to level up access to services across the Integrated Care providers – with the Clinical Services Strategy as a key enabler.
- Supporting and developing Trust staff – prioritising the wellbeing of staff and ensuring reskilling to manage wellbeing and resilience.
- A continued focus on Infection Prevention and Control to minimise the risk of transmission of COVID

2.1.5 Vaccination Rates

As previously reported, the organisation has been making steady progress on COVID vaccinations.

Staff vaccination rates are consistent with other providers across Cumbria and the North East. This approach includes some individual support for colleagues who have vaccine hesitancy to assure the organisation that staff have had access to all of the latest and relevant information to help them make an informed choice. Vaccination reports are monitored on a weekly basis by the Executive Team to capture the impact of this approach and identify any additional work to support uptake, comprehension and the safety of our patients.

The rolling seven-day positive incidence of COVID-19 per 100,000 population continues to stabilise, resulting in a reduction of hospital admissions.

The culmative position/impact on the Trust is included below in Table 1:

Total COVID-19 Admissions	2,738
Total Admissions Base Wards	2,552
Total Admissions ITU	186
Number of Discharges	2,203
% Discharged	80.46%
Number of Deaths Positive COVID-19	524
% Deceased	19.14%

Position as at 21 April 2021

2.1.6 Planning Guidance

The, 2021/22 NHS Priorities and Operational Planning Guidance was published by NHS England on 25 March with additional guidance on the finance and contracting arrangements released on the 26 March. The guidance sets the following priorities for the year:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- Working collaboratively across systems to deliver on these priorities.

The Executive Team continues to plan accordingly and monitor progress and delivery.

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

The mobilisation of clinical and research teams to support the emerging Covid-19 research programme has been exemplary receiving national and regional praise.

2.1.7.1 Recovery Study

The work of the wider RECOVERY research team (research delivery staff and clinical colleagues) has resulted in North Tees and Hartlepool NHS Foundation Trust (NTHFT) being consistently in the top 3 highest recruiters to the trial in the country in terms of the proportion of patients admitted to NTHFT that were recruited into the trial.

2.1.7.2 Novavax Covid Vaccine Trial

The Trust were selected to run the NOVAVAX COVID vaccine trial via ward 4 at UHH as an Alliance with our DTVRA partners. We over recruited to this trial recruiting 534 participants against a target of 350. This trial was a true “DTVRA” trial with medics and research delivery staff from across the DTVRA contributing to its success. We had incredible support from many teams within NTHFT to ensure the trial was set up and operational within 2 weeks from site confirmation to the first participant being recruited. Our Trust volunteers have provided invaluable support as “Greeters” at the entrance to UHH. They perform COVID checks for participants on arrival and directed them to the ward for their visit.

2.1.8 System Oversight Framework 2021/22 Consultation

NHS England and NHS Improvement have prepared proposals for a new approach to NHS system oversight. The proposed approach aligns with the vision set out for Integrated Care Systems (ICS) in Integrating Care and in the Government’s White Paper, Integration and Innovation: working together to improve health and social care for all.

In 2021/22, the NHS will continue to manage the impact of COVID-19 and provide the full range of non-COVID services within an evolving local, regional and national context. The new NHS System Oversight Framework will:

- provide clarity to integrated care systems (ICSs), providers and commissioners on how performance will be monitored; set expectations on working together to maintain and improve the quality of care; and describe how identified support needs to improve standards and outcomes will be co-ordinated and delivered
- be used by NHS England and NHS Improvement’s regional teams to guide oversight of ICSs at system, place-based and organisation level as well as decisions about the level and nature of delivery support they may require

- describe how NHS England and NHS Improvement will work with the Care Quality Commission (CQC) and other partners at national, regional and local levels to ensure activities are aligned.

2.2 Strategic Objective: Valuing our People

2.2.1 Listening Into Action – Strategic Re-launch

Throughout the coming weeks the Trust will be re-launching the way in which we have employed the 'Listening into Action' engagement strategy. This strategic re-launch will focus on a more bespoke, dedicated ambition to ensure cultural engagement is optimum by utilising key influencers and leaders across the organisation to communicate our vision, and to reflect on success and challenge to date.

2.2.2 Chief Executive Staff Engagement Sessions

The past year has been a year of challenge and change for colleagues across the Trust. Ordinarily the Chief Executive coffee and catch up sessions run on a monthly basis informally on both sites in Stockton and Hartlepool.

This month I have re-launched the events with the first sessions having taken place with the community midwives team, albeit digitally. It was an opportunity to discuss the challenges and the opportunities for the year ahead, as well as taking time out to review resilience – personal and professional as we work through the ongoing pandemic.

More sessions are booked over the coming weeks and months. Each session is for a dedicated audience / team so that we can assure a meaningful engagement event and onward progress in our drive for an ambitious future.

2.2.3 Faculty of Improvement and Leadership

The Faculty of Improvement and Leadership is a working title for an ambitious programme working with leaders and managers across the organisation. The initiative recognises and acknowledges the need to ensure that the workforce of the Trust is future-proofed in a programme befitting of 2021 and beyond. This fresh approach will be championed by members of the Executive Team in the first instance, working to empower future and current leaders to support health and care provision for the populations we serve.

2.3 Strategic Objective: Transforming our Services

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

The ICS Management Team continues to review the impact and work through the implications of the White Paper, the opportunities for partnership and formal structural change and the potential implementation requirements. They are also, following the publication of the 2021/22 Priorities and Operational Planning guidance, focused on an understanding of what good looks like in regard to recovery.

The Tees Valley Health and Care Partnership continues to concentrate on wider strategic partnership working including financial efficiency, clinical services strategy and digital maturity to support the future strategic direction of Teesside. The Tees Valley and North Yorkshire Provider Collaboration continues to progress, with the Interim Joint Chair, the establishment and progression of a Joint Strategic Board and the appointment of a permanent joint chair.

2.3.2 Clinical Services Strategy

The Clinical Review Group met on 16 April 2021 where there were a number of items for discussion in respect to collaborative working across South Tees Hospitals NHS Foundation Trust and the Trust.

The need for clinical nursing leadership was discussed with a view to appointing posts to support this ambition for a 12-month period. Other areas of joint working include a common set of principles for front of house frailty assessment.

Despite the pressures of COVID-19, there has been good progress in the development and delivery of the Clinical Services Strategy, with a third clinical workshop in the process of being developed to support ambitious progress in the Managed Clinical Network approach to sustainability.

2.3.3 North East and North Cumbria Provider Collaborative

The North East and North Cumbria Provider Collaborative met on Tuesday 6 April 2021. Discussion at the meeting focussed on the provider collaborative work plan. The opportunity was also taken at the meeting to continue discussions on capital prioritisation work and the implications of the 2021/22 capital allocations and the current challenge of ongoing recovery.

2.3.4 Consultant Appointments

Interviews have taken place over the last month for two Consultant positions with successful appointments being made as follows:

Consultant in Breast Services Dave Fung
Consultant in Colorectal Surgery (x2 posts) Nicola Maguire and Abdalla Mustafa

2.3.5 Maternity Strategy – moving forward

The return of midwife-led pregnancies in Hartlepool has seen the birth of two baby boys. On 6 March 2021, the first baby was born in the newly refurbished Rowan Suite followed by a second baby by a home birth on 10 March 2021. The *Ockenden Review* impact continues to be a priority for delivery as does *Continuity of Carer* in our local maternity strategy.

2.4 Strategic Objective: Health and Wellbeing

2.4.1 Schwartz Rounds

The Covid-19 pandemic has reminded us how critical it is to look after our people, particularly the actions required to keep our people safe, healthy and well – both physically and psychological. The Trust was proud to commence the delivery of Schwartz Rounds in March 2019 in support of staff health and wellbeing. We have held a number of rounds with a varied range of themes, however it was necessary to suspend normal delivery of the rounds in March 2020 as part of the Trust's response to the Covid-19 pandemic.

We quickly adapted to this change and began to offer Team Time interventions, which continue to this day. Team Time is a group intervention to support staff who are experiencing a high level of trauma during the pandemic and, unlike Schwartz, it aims to provide the 'right support at the right time'. Team Time is not a replacement for Schwartz Rounds, which will still have their place once the pandemic recedes, however it may be the case that we incorporate Team Time as a permanent feature of Schwartz in the future and we are already receiving requests for teams to meet to discuss non-Covid related matters.

3. Recommendation

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

Council of Governors

Title:	North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration										
Date:	6 May 2021										
Prepared by:	Lynne Taylor, Director of Planning and Performance Linda Hunter, Deputy Director of Planning & Performance Julie Gillon, Chief Executive										
Executive Sponsor:	Julie Gillon, Chief Executive										
Purpose of the report	This report presents an overview of the current position and the work undertaken, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) and the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and specifically provider collaboration.										
Action required:	Approve		Assurance			Discuss	X	Information		X	
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People		X	Transforming our Services	X	Health and Wellbeing		X	
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	
Executive Summary and the key issues for consideration/ decision:											
<p>The key issues of note are as follows:</p> <ul style="list-style-type: none"> • The developing ICS governance and future partnership programme • The progress and focus of the NENC Provider Collaborative • The progress on the development of the Tees Valley and North Yorkshire provider collaboration • The progress of the Clinical Services Strategy work across the Tees Valley • The considerable work undertaken across each of the clinical and support work streams • The perseverance of the Trust with regard to 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"> • Progress with regard to the NENC Provider Collaborative, • The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership, • The approach and focus with regard to the agreed next steps in the Tees Valley and North Yorkshire provider, • The continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change, • The work in relation to the financial approach with the need for further robust governance to support mutual accountability. 										

North Tees and Hartlepool NHS Foundation Trust

Council of Governors

6 May 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 18 February 2021, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) plans, the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and provider collaboration.

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

2.1 Governance

- 2.1.1 The ICS Management Board continues to review the impact of the White Paper – *Working Together to Improve Health and Social Care for all* and the potential implementation requirements.
- 2.1.2 Following the publication of the 2021/22 Priorities and Operational Planning guidance, the ICS Management Board is focussed on an understanding of what good looks like in regard to recovery. Some further analysis work is being undertaken across some individual organisations within the ICS to understand the impact of ethnicity and deprivation on waiting list management and recovery.
- 2.1.3 The Trust is well positioned in recovery planning, understanding waiting lists and key priorities for 2021/22 within the local and regional system.

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

- 2.2.1 The NENC Provider Collaborative continues to meet formally with the most recent meeting on 6 April focused on a number of key areas of discussion, in terms of key priorities: -
- Work continues on ensuring that the Provider Collaborative work plan is reflective of the clinical programme of work, the development of 'talent pipeline' and the expectations and requirements from the ICS;
 - Following the recent publication of the 2021/22 Priorities and Operational Planning guidance the group has agreed that two sessions be planned with key ICS leads ahead of the ICS submissions to confirm approach and positioning;

3. Tees Valley and North Yorkshire Provider Collaboration

- 3.1 The first Joint Strategic Board took place on 8 April 2021 with the meeting focused on ensuring all the appropriate governance and assurance is in place, with both the Memorandum of Understanding and Terms of Reference agreed.
- 3.2 The Board also identified the key priorities and areas of concentration, which will support the development of the Tees Valley and North Yorkshire Provider Collaborative. This work plan will be supported by the appointment to the role of a Director of Strategy & Partnerships that will work across the collaborative under the direction of the respective Chief Executives and Joint Chair.

3.3 The Clinical Services Strategy will be a significant part of the planning work, however, it was agreed that underpinning strategies continue at an even pace to support an ambitious common purpose; financial, workforce, digital and use of resources.

3.4 A communication and engagement plan is under development to ensure that progress is shared with all key stakeholders, from both an internal and external perspective.

4. Tees Valley Health and Care Partnership (South ICP)

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

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

4.2 Clinical Services Strategy

4.2.1 The Clinical Review Group met on 16 April 2021 where there were a number of items for discussion in respect to collaborative working across South Tees Hospitals NHS Foundation Trust and the Trust. The need for clinical nursing leadership was discussed with a view to appointing posts to support this ambition for a 12-month period. Other areas of joint working include a common set of principles for front of house frailty assessment.

4.2.2 Despite the pressures of COVID-19, there has been good progress in the development and delivery of the Clinical Services Strategy, with a third clinical workshop in the process of being developed to support ambitious progress in the Managed Clinical Network approach to sustainability.

4.3 Community Diagnostic Hubs

4.3.1 NHSE/I has published its guidance and high level timeline for Community Diagnostic Hubs from 2021 and beyond. Funding and timescales is split into three waves. Wave 1 is “early adopters” utilising revenue funding and existing facilities away from acute sites to provide additional capacity to be operational by July 2021. Wave 2 is the submission of a business case by 15 July 2021 for capital and revenue to support the implementation of a diagnostic hub model providing a full suite of diagnostic services that can be operational by October 2021. Wave 3 is for areas that require more planning, with longer lead times for consideration in 2024/23 onwards.

4.3.2 It is the intention of the South ICP to progress as an early adopter in waves one and two. The vision of the South ICP is the establishment of a collaborative hub and spoke Community Diagnostic Hub service to meet the needs of the population across Tees Valley.

4.4 Workforce Transformation

4.4.1 The Workforce Group brings together partners from across the health, social care, voluntary sector and education to focus on the current and future workforce needs to support Tees Valley services for the local population.

4.4.2 This work contributes to the ICS Workforce Programme aim that the North East and North Cumbria (NENC) is the best place to work in health and care, with a focus on wellbeing and population health, delivered by an adaptable and flexible workforce. The four domains of the programme are: Supply, Health, Wellbeing & Equality, Diversity and Inclusion; Systems Development and Leadership and Workforce Redesign.

- 4.4.3 A survey was launched to gather views from across the partnership to help shape the future focus of the group. Questions asked related to which themes would have the biggest impact on the workforce, those using health and social care services and where the greater opportunities were to work collaboratively.
- 4.4.4 Five organisations have participated in the survey to date: two Foundation Trusts, two Voluntary Sector organisations and a higher education institution. Three areas consistently emerge as priorities and opportunities for the group to have the greatest impact:
1. Actively work alongside schools, colleges, universities and local communities to attract a more diverse range of people in to health and care careers (Supply)
 2. Make better use of routes in to NHS careers (including volunteering, apprenticeships and direct entry into clinical roles) as well as supporting recruitment to non-clinical roles (Supply)
 3. Strengthen the approach to workforce planning to use the skills of our people and teams more effectively and efficiently (Workforce Redesign)
- 4.4.5 This work is pivotal to support transformation and is advanced in its purpose and thinking in readiness for future challenges.

4.5 Digital Strategy

- 4.5.1 The NENC ICS is preparing plans in response to the '*Integrating Care Next Steps*' paper, from a digital perspective, some initial thoughts are developing linked to the approved digital strategy and what future functions may be required to help enable and transform the broader regional health and care system. It must be noted, that these are early stage developments and subject to any mandatory ICS level functions that may need to be implemented.
- 4.5.2 From a Population Health Management (PHM) perspective both Integrating Care Next Steps and the Planning Guidance includes a requirement in relation to meeting population need, requiring smart digital foundations, connected health and care services, locally joined-up person-level data across health and care partners, and robust analytical capability aligned across system partners. As a result of these requirements, a region-wide baseline assessment will take place, once approved by the ICS Management Group, that will then allow a comprehensive understanding to be gained across the ICS footprint, of what exists, where and how we may then be able to work together collectively for the benefit of the people and populations we serve.

4.6 Finance and Efficiency Plans

- 4.6.1 Directors of Finance (DoFs) have a well-established network to support monitoring and mitigation of risks associated with system financial control. There remains a need for shared good governance and a framework of principles and decision-making. The focus of the group is to ensure a robust and transparent response to the recently published Finance and Contracting Arrangement forming part of the broader 2021/22 Priorities and Operational Planning Guidance is in place.

4.7 Leadership Development

- 4.7.1 Further facilitated work is planned to explore behaviours, style, culture and successful working across key partners in the ICP and Executive Team. Further facilitated events will occur in May and June.

5. Summary

- 5.1 The Trust remains a pro-active partner in the ICS delivery objectives, the NENC Provider Collaborative, the Tees Valley Health and Care Partnership and now in the more ambitious purpose of the Tees Valley and North Yorkshire Provider Collaboration.

5.2 The Trust continues to proactively participate and lead in the support of the work streams in the Tees Valley Health and Care Partnership. This includes the Clinical Services Strategy, encompassing development of the service delivery models across the system, robust financial planning, and enhancement of the digital program, ensuring that quality, patient safety and evidence-based practice are at the heart of the developing models and methodologies.

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

6. Recommendations

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

- Progress with regard to the NENC Provider Collaborative,
- The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership,
- The approach and focus with regard to the agreed next steps in the Tees Valley and North Yorkshire provider,
- The continued need to anticipate risks and develop associated mitigation plans, the approach to good governance, assurance, system leadership and the rationale for change,
- The work in relation to the financial approach with the need for further robust governance to support mutual accountability.

Julie Gillon
Chief Executive

North Tees and Hartlepool NHS Foundation Trust

Council of Governors' Meeting

Title	Integrated Compliance and Performance Report									
Date	6 May 2021									
Prepared by	Lindsey Wallace, Head of Planning and Performance									
Executive Sponsor	Lynne Taylor, Director of Planning and Performance Lindsey Robertson, Chief Nurse/ Director of Patient Safety and Quality Alan Sheppard, Chief People Officer Neil Atkinson, Director of Finance									
Purpose of the report	The purpose of the report is to provide an overview of the integrated performance for compliance, quality, finance and workforce.									
Action required	Approve	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 March including quality, workforce and finance.</p> <p>Key issues</p> <ul style="list-style-type: none"> • Covid-19 pressures are seeing a reduction during March with elective recovery plans fully implemented on 22 March 2021. • The return of redeployed staff and those shielding has added to the reduction in pressures. • Focus will remain on reducing the overall waiting list in relation to cancer, RTT and Diagnostics <p>Summary</p> <ul style="list-style-type: none"> • The pandemic has inevitably affected delivery against a number of operational standards and overall efficiency and productivity. Regardless of pressures, performance has continued to be monitored closely through the established internal governance structures. • The operational Planning and Recovery Group is overseeing delivery of the agreed recovery plans, which are currently under review. • Effective uses of resources remains a priority, with good progress made across a number of operational efficiency indicators, including reducing outpatient DNA rates, readmissions and Electronic Discharge Summaries. • The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI, infection control measures and dementia standards. • Lateral Flow testing continues to be utilised as a rapid testing process for both staff and patients. • The Vaccination programme continues. • The month 12 financial position, predicting an end of year surplus. 										

How this report impacts on current risks or highlights new risks	
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 and staffing resource.	
Committees/groups where this item has been discussed	Executive Team Audit and Finance Committee Planning, Performance and Compliance Committee Board of Directors
Recommendation	<p>The Council of Governors is asked to note:</p> <ul style="list-style-type: none"> • The Trust's performance against the key operational, quality and workforce standards, delivered against the backdrop an associated pressures of the Covid pandemic. • Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the intense mitigation work undertaken to address these going forward. • The positive Financial position • The successful roll out of the Covid vaccine

Integrated Corporate Report



April 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

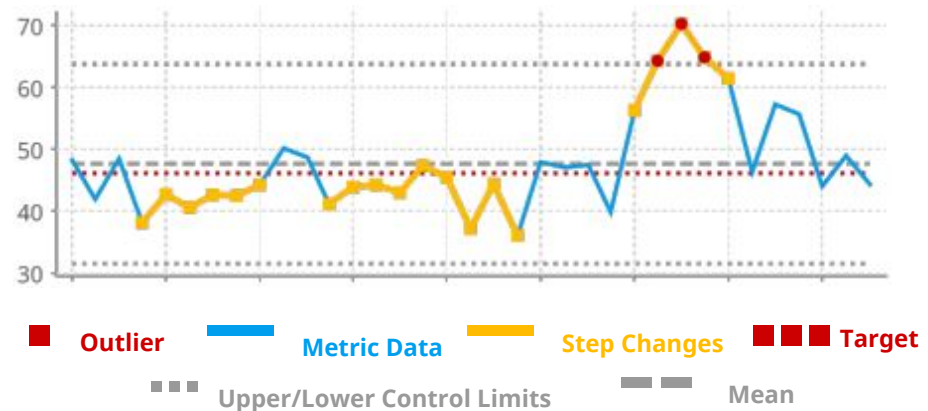
The Integrated Corporate Dashboard and Board report has been reviewed, redesigned and transformed into the Trusts new Business Intelligence tool, 'Yellowfin'. Performance highlights against a range of indicators including the Single Oversight Framework (SOF) and the Foundation Trust terms of licence remains. The report is for the month of March 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*.





The Trust is now seeing a reduction in the number of patients with COVID and whilst the number of inpatients has reduced significantly, it remains high in comparison to other Trusts.

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

- Revised bed models to accommodate Infection, Prevention and Control (IPS) measures to segregate Covid and Non Covid patients, significantly reducing the risk of nosocomial infections.
- Utilisation of Lateral Flow testing at front of house for early identification of potential Covid positive patients, enabling appropriate IPC management.
- Revised staffing models to accommodate the high level of acuity of patients on the base wards.
- Roll out of the 'Home First' model, to support early discharge of elderly patients.
- Robust governance and oversight provided by senior leaders to enable prompt decision-making.
- Enhanced health and well-being support is being provided, including a dedicated Covid advice line, access to 'break out hubs', regular refreshments on clinical areas and the availability of mental health advice and support.

The Trust continued with its successful rollout of the COVID vaccination plan across staff, patients and other care provider, with the second stage vaccine programme commencing in March.

Executive Summary



SOF and Efficiency & Productivity

Key Messages

The Trust embarked on its recovery journey with robust plans for all routine services fully effective from 22 March 2021, with pre covid levels of capacity resumed. This was supported by the return of staff shielding and all redeployed staff returning to their substantive roles.

The overall position for the majority of key standards, including RTT, cancer and diagnostics, remain comparable to national and regional position; however with evidence of the impact of the Covid pressures now reflected in the overall position. Whilst some recovery is noted against the standards, the focus has been, and will continue to be on reducing the overall waiting list position in line with the the recently published Annual Operating Plan requirements. Despite these pressures, clinical teams are working hard to maintain business as usual alongside recovery, with strong oversight and management through the Trust's governance structures.

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

Changes to metrics

Delayed Transfers of Care is no longer a reporting requirement and so removed from the Corporate Dashboard however, this will be replaced with Criteria to Reside in April.

Safety & Quality

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.

Whilst HSMR has shown an increase from the rebased previous value of 97.87 to 101.19 (February 2020 to January 2021) it remains within control limits with the same trend evident in the latest SHMI value.

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

Complaints indicate a slight reduction overall in-year, however the Trust has seen a slight increase in complaints relating to communication, linked to the restricted visiting during the pandemic. Alongside virtual visiting, proactive work has commenced to contact family and relatives, keeping them informed of a patient's progress and reducing the communication issues.

Recruitment to a new role of 'Support workers' to assist in non-clinical activities on the wards has been extremely successful, with excellent feedback from both the wards and the new recruits. The additional resource provides patient engagement and support, alongside releasing clinical time to care, and has been deployed across all clinical areas. The temporary redeployment of both clinical and non-clinical staff to acute ward areas to support operational delivery has also uplifted provision.

Additional narrative covering the key quality and patient safety metrics is included within the Quality section of the report.

Executive Summary



Workforce

Following the updated Government guidance relating to shielding, effective 31st March, 142 of our 165 CEV staff have returned to work, 9 continue to work from home, 13 are on long term sick and 1 has left the Trust. The Workforce Department is working with Care Groups to facilitate 1:1's with staff members who have not been vaccinated to date to identify any additional support needed. Lateral flow testing continues, with the coordinated distribution of second kits to frontline staff and promoting the opportunity for all staff to be tested.

Work has continued in supporting staff wellbeing through a variety of collaborative approaches. The in-reach sessions have continued, with positive feedback received, whilst regular wellbeing updates have been shared through the monthly Engagement, Development and Wellbeing newsletter. The Trust Wellbeing Guardian has continued to do regular walk and talk sessions to listen to staff across the organisation. 'Appreciation April' is planned as a way to allow staff to share their experiences of the pandemic and offer space for reflection. Vaccinations for staff continue with 2nd doses now being administered.

The number of active volunteers has increased to 140 as at the 31 March 2021, with 15 applications currently in progress and a significant number awaiting the next recruitment round in April. As restrictions ease there has been an increase in numbers of volunteers showing an interest in returning to the Trust. As volunteers re-join they will be placed with an existing volunteer to support transition back into the organisation with a period of familiarisation of current practices and policies.

The service continues to work with areas across the Trust, including supporting the vaccination hub, the Novavax trial and the usual clinical/non-clinical areas. In addition, some projects paused during COVID will be re-introduced over the coming months, with the 'Home but not Alone' initiative proposed to restart 1st June.

New developments are under way, with support to Enhanced Care proposed and volunteers from MacMillan Cancer Information Centre to be involved in a national pilot project to provide telephone support - "Comfort Calls" - to patients or family members affected by cancer. A volunteer responder pilot starts on 12th April; this involves volunteers responding to calls to assist with tasks that would otherwise take the staff off the ward or department e.g. delivering patient belongings, collecting medication or moving patients to the discharge lounge.

Finance

The Trust is reporting a provisional year-end surplus of £9.387m against our plan of £871k deficit. This figure of £9.387m is what we will be reporting for the purposes of ICP system achievement and excludes the impact of the impairment of Trust assets. The final outturn position has been driven by: robust cost control; reduced activity; a current net gain from the Covid-19 allocations and the reversal of the annual leave accrual.

NHSE/I confirmed that due to current pressures, the contracting and planning round has been stood down with current block contracts being rolled forward to at least Quarter 2 of 2021/22.

Discussions are currently ongoing with the Treasury to confirm the total available funding for 2021/22, specifically for the second half of 2021/22.

Single Oversight Framework



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	Cancer
New Cancer Two Week Rule	✘	Feb-21	92.99%	93.00%	<p>Pressures continue to impact on the delivery of the cancer standards, with some delays to pathways unavoidable as the Trust, and patients, adhere to national guidance. Capacity, patient choice and swabbing requirements have inevitably impacted on the delivery of the cancer pathways, however the focus remains on timely pathway delivery for all cancer patient. The Trust has continued to monitor and manage cancer pathways within the operational management structure.</p> <p>Anumber of the cancer standards were not achieved in the February Period, as outlined below.</p> <p>The 62-day Referral to Treatment standard reported at 69.49% (41 /59). With similar performance evident across the region, only one Trust achieving in February. Performance ranged between 49.69% to 87.82% with a regional average of 72.12%.</p> <p>The 2ww standard reported slightly outside the 93% standard at 92.99%, with only 3 Trusts across the region achieving.</p> <p>Regional compliance ranged from 74.51% to 95.88% with an average of 87.97%. An increase in referrals has been seen particularly within Gynaecology and Breast, with peaks in numbers affecting the ability to absorb into regular capacity.</p> <p>The SPC charts indicates a number of points outside the statistical control ranges in year, reflective of the pressure points of the pandemic. The 62-day standard within SPC is indicating a downward trend, resulting in increased internal escalation processes. This is being monitored through robust daily/weekly operational meetings and strategically through dedicated tumour level cancer pathway groups.</p>
Breast Symptomatic Two Week Rule	✔	Feb-21	94.39%	93.00%	
New Cancer 31 Days	✘	Feb-21	95.88%	96.00%	
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✔	Feb-21	100.00%	98.00%	
New Cancer 31 Days Subsequent Treatment (Surgery)	✘	Feb-21	90.91%	94.00%	
New Cancer 62 Days	✘	Feb-21	69.49%	85.00%	
New Cancer 62 Days (Screening)	✔	Feb-21	94.44%	90.00%	
New Cancer 62 Days (Consultant Upgrade)	✔	Feb-21	85.71%	85.00%	

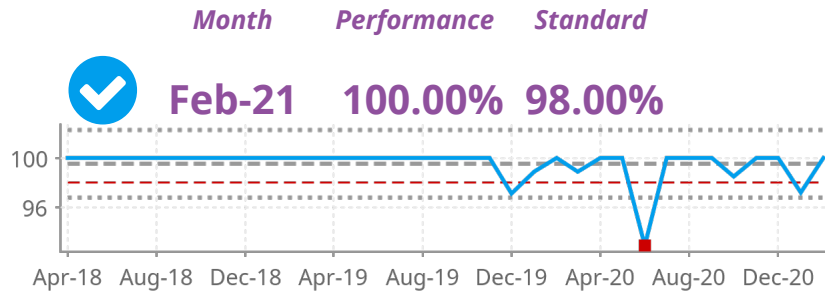
Single Oversight Framework



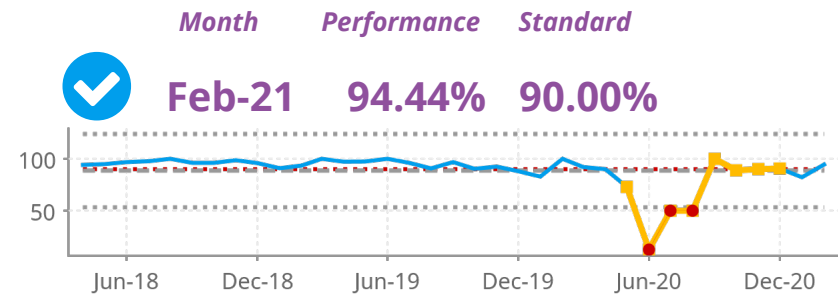
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Referral To Treatment Incomplete Pathways Wait (92%)	✘ Mar-21	84.57%	92.00%		<p>RTT</p> <p>The elective recovery plan underway, fully effective from 22 March 2021.</p> <p>The Trust reported at 84.57% against the RTT standard. In comparison the most recent national benchmark position (February 2021), indicates the regional average reported at 73.06%, the national average at 64.5%. Reducing 52-week waits remains a key focus, with the Trust reporting 241 as at the end of March. However, in comparison, the region reported circa 13,993 over 52 week waiters at the end of February, with a number of organisations reporting up to 12% of their waiting list waiting over 52 weeks.</p> <p>A reduction in backlog is being supported through both additional weekend sessions and the utilisation of Independent Sector facilities, available as part of the national recovery programme. Validation and prioritisation of the waiting list continues, based on clinical review</p>
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	✔ Mar-21	24.40	28.00		
Incomplete Pathways Wait (Median)	✘ Mar-21	7.40	7.20		
Incomplete Pathways Wait (>52 Week Wait)	✘ Mar-21	241	0		
Diagnostic Waiting Times and Activity	✘ Mar-21	96.32%	99.00%		<p>Diagnostics</p> <p>The diagnostic pathway continues to maintain good recovery against planned trajectories. SPC indicates a positive trend, with an improved position evident against this standard and a reduction in the number of breaches noted. The longest delays are within MRI and CT.</p>
Community Information Dataset - Referral Information	✔ Feb-21	95.92%	50.00%		
Community Information Dataset- Referral to Treatment Information	✔ Feb-21	98.22%	50.00%		
Community Information Dataset - Treatment Activity Information	✔ Feb-21	98.97%	50.00%		
Community Information Dataset - End of Life	✔ Feb-21	90.48%	50.00%		

Statistical Process Control (SPC) Charts

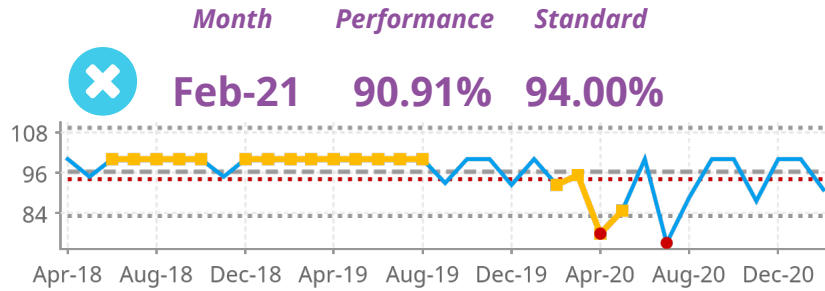
Cancer - 31 Day Drug Treatment



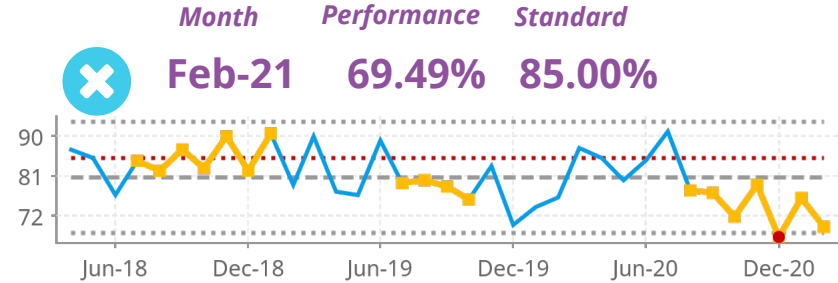
Cancer - 62 Days Screening



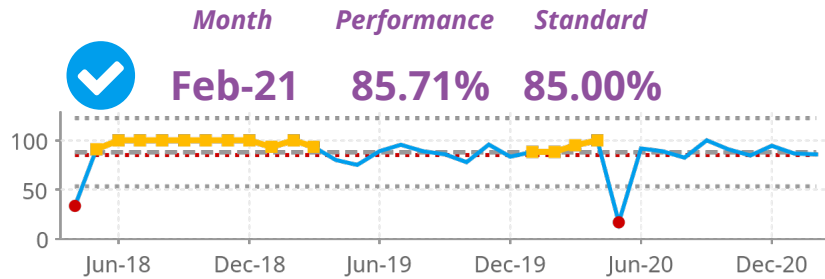
Cancer - 31 Day Surgical Treatment



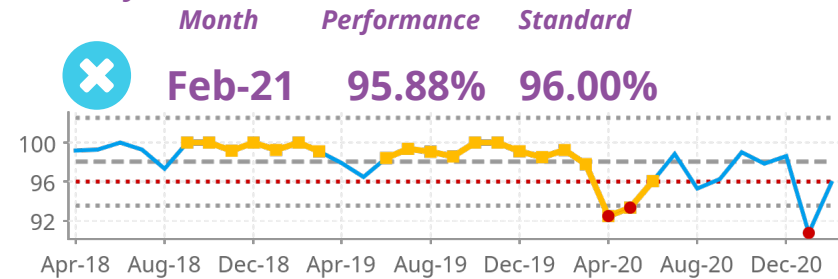
Cancer - 62 Days



Cancer - 62 Consultant Upgrade



Cancer - 31 Days



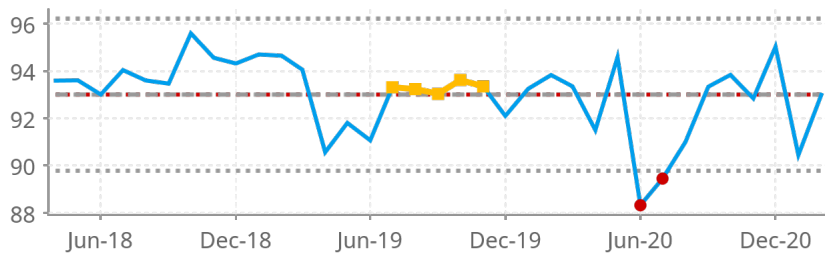


Statistical Process Control (SPC) Charts

Cancer - 2 Week Rule

✘

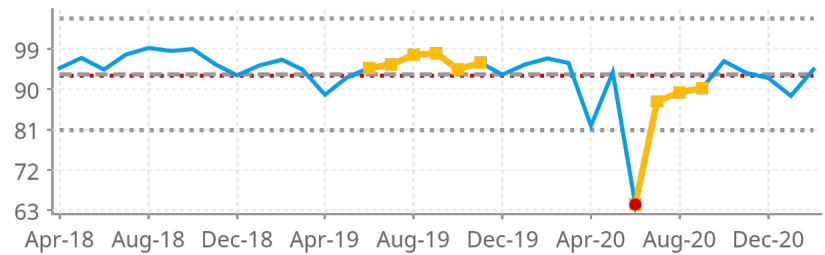
Month	Performance	Standard
Feb-21	92.99%	93.00%



Cancer - Breast Symptomatic

✔

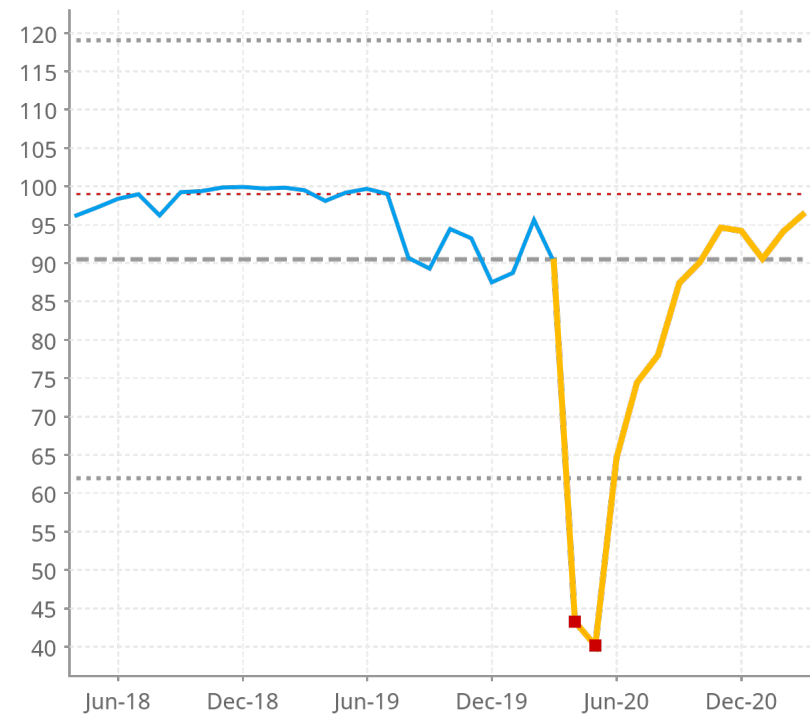
Month	Performance	Standard
Feb-21	94.39%	93.00%



Diagnostic Waiting Times

✘

Month	Performance	Standard
Mar-21	96.32%	99.00%

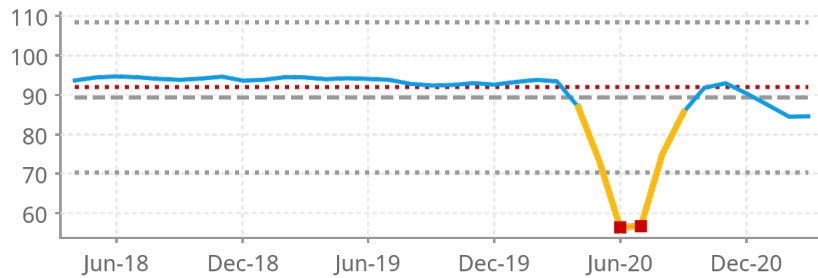


Statistical Process Control (SPC) Charts

Referral To Treatment- Incomplete Pathways Wait (92%)

✘

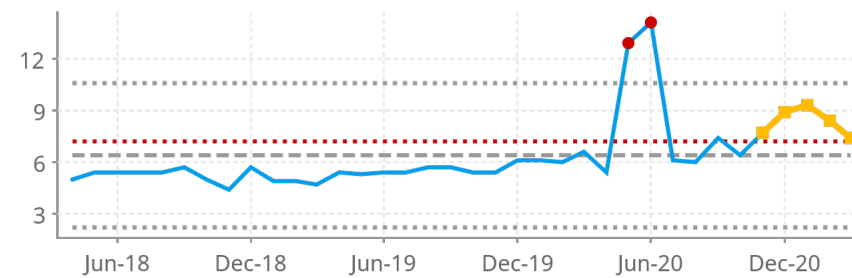
Month	Performance	Standard
Mar-21	84.57%	92.00%



Referral To Treatment - Incomplete Pathways Wait (Median)

✘

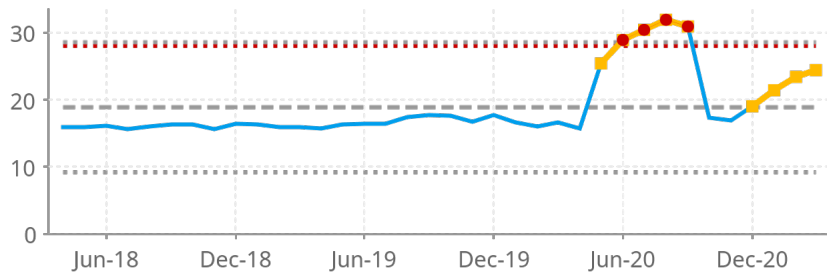
Month	Performance	Standard
Mar-21	7.40	7.20



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

✔

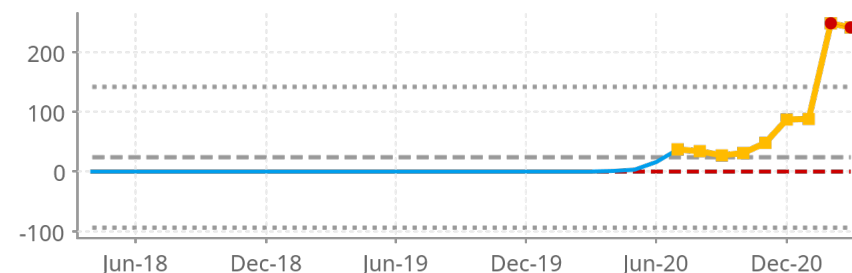
Month	Performance	Standard
Mar-21	24.40	28.00



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

✘

Month	Performance	Standard
Mar-21	241	0

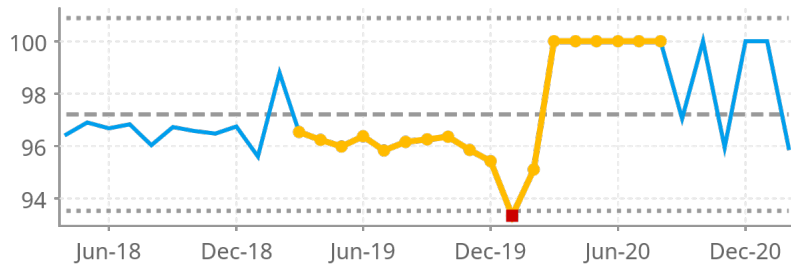


Statistical Process Control (SPC) Charts

Community Information Dataset - Referral Information

Month Performance Standard

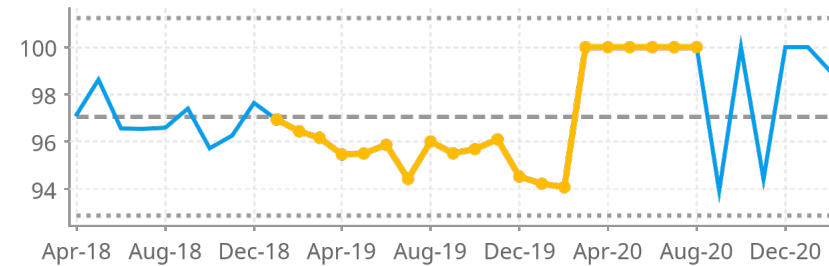
✓ Feb-21 95.92% 50.00%



Community Information Dataset - Treatment Activity Information

Month Performance Standard

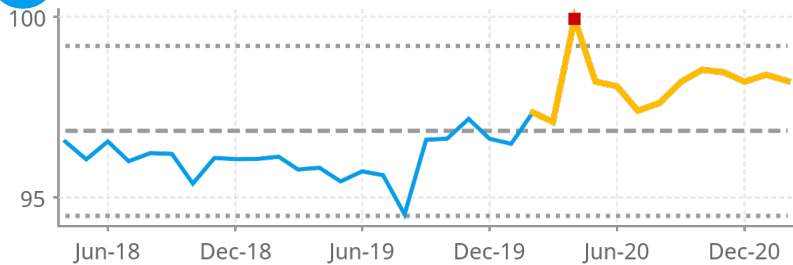
✓ Feb-21 98.97% 50.00%



Community Information Dataset - Referral to Treatment Information

Month Performance Standard

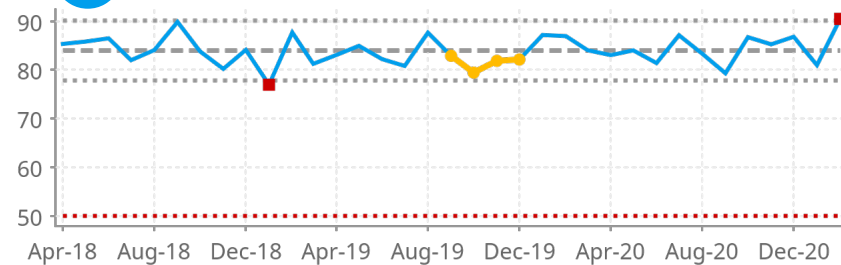
✓ Feb-21 98.22% 50.00%



Community Information Dataset - End of Life

Month Performance Standard

✓ Feb-21 90.48% 50.00%



Efficiency & Productivity



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
Outpatient Did Not Attend (New)	✘ Mar-21	7.31%	7.20%		<p>Did Not Attend</p> <p>An overall reduction in DNA rates is evident in year, potentially aligned to the positive impact of virtual appointments. 2020/21 year end position reported an overall DNA rate of 7.08% compared to 9.49% the previous year (2019/20).</p> <p>The operational teams are reviewing how further improvements can be achieved, embedding lessons learnt during the pandemic. Despite the operational pressures, lengths of stay remain on track across both emergency and elective pathways, with an improved Day Case rate also evident, linked to the conversion of inpatient activity to manage the elective recovery programme.</p>
Outpatient Did Not Attend (Review)	✔ Mar-21	6.35%	9.00%		
Average Depth of Coding	✔ Mar-21	7.10	3.01		
Length of Stay - Elective	✔ Mar-21	2.17	3.14		
Length of Stay - Emergency	✔ Mar-21	3.04	3.35		
Day Case Rate	✔ Mar-21	86.89%	75.00%		<p>Readmissions</p> <p>Emergency readmissions continue to report above the internal Targets, however work is on-going across the clinical teams to identify avoidable readmissions and how pathways can be improved to reduce the risk of readmission. Monthly audits are in place, with progresmonitored through the Journey to Excellence operational group.</p>
Pre-op Stays	✔ Mar-21	2.70%	4.50%		
Trust Occupancy	✔ Mar-21	82.58%	85.00%		
Re-admissions Rate 30 Days (Elective Admission)	✘ Jan-21	4.13%	0.00%		
Re-admissions Rate 30 Days (Emergency Admission)	✘ Jan-21	14.74%	9.73%		

Efficiency & Productivity



Standard	Standard Achieved				Narrative	
	Month	Performance	Standard	2 Year Trend		
Electronic Discharge Summaries	✘	Mar-21	81.12%	95.00%		<p>Ambulance handover - Internal validation of the NEAS reports indicates the Trust had 59 over 30 minute handover delays and 12 over 60 minute delays during March, a slight increase on February. In comparison, based on NEAS reports, the regional over 30 minute delays reported an average of 1264 (range 8-353), with the average over 60 minutes reporting at 17 (range 0 - 44).</p> <p>Electronic Discharge Summaries (EDS) - SPC demonstrates controlled variation however with two data points below the mean. The recent drop in performance is aligned to recent changes in process, with the move from paper based clinical notes to electronic 'Active Clinical' notes, which is being addressed through a Task and Finish group.</p>
Cesarean -Section Rates	✔	Mar-21	15.31%	15.60%		
Trolley Waits (over 12 hours)	✔	Mar-21	0	0		
Time to Initial Assessment (mean) Type 1 & 3	✔	Mar-21	7.47	15.00		
Number of Ambulance Handovers waiting more than 30 Mins	✘	Mar-21	59	0		
Number of Ambulance Handovers waiting more than 60 Mins	✘	Mar-21	12	0		
Super Stranded	✔	Mar-21	36	62		

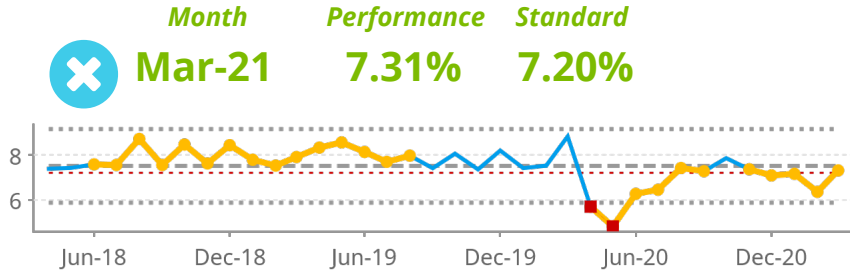
Efficiency & Productivity



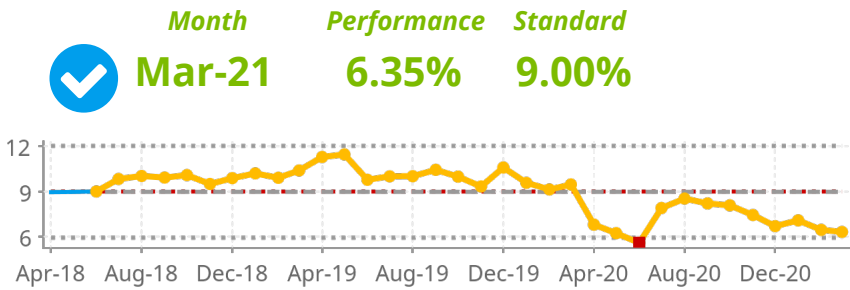
Standard	Standard Achieved				Narrative	
	Month	Performance	Standard	2 Year Trend		
Operation Time Utilisation	✓	Mar-21	73.20%	72.86%		<p>Theatre</p> <p>The increased rates of Covid-19 infections resulted in significant pressures on the Trust as a whole, including the impact on staffing resource and the ability to deliver all services to their full capacity.</p> <p>Revised Recovery Plans were implemented on 22 March 2021 with a return to pre covid levels of capacity. Recovery is monitored on a weekly basis including all activity taking place within the Independent Sector.</p> <p>Robust governance processes are in place to support prompt and appropriate decision-making, with the Perioperative Steering Group re-instated to review theatre operation efficiencies.</p>
Run Time Utilisation	✗	Mar-21	86.99%	87.07%		
Cancelled on Day of Operation	✓	Mar-21	4.99%	8.80%		
Late Start %	✗	Mar-21	42.68%	33.11%		
Early Finishes %	✓	Mar-21	43.51%	46.13%		

Statistical Process Control (SPC) Charts

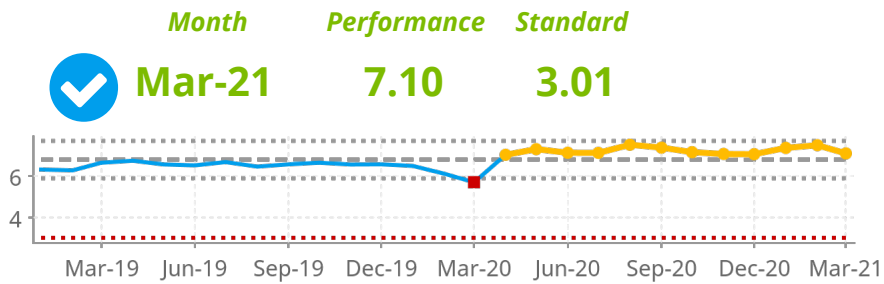
Outpatient Did not Attend (New)



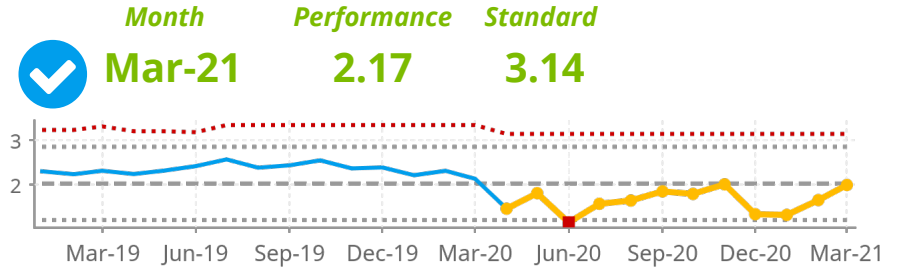
Outpatient Did Not Attend (Review)



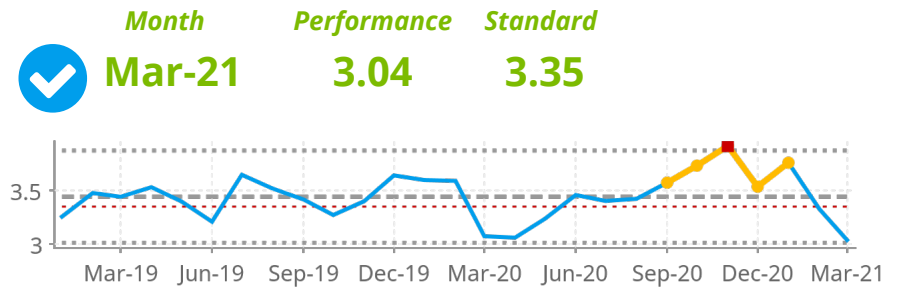
Average Depth of Coding



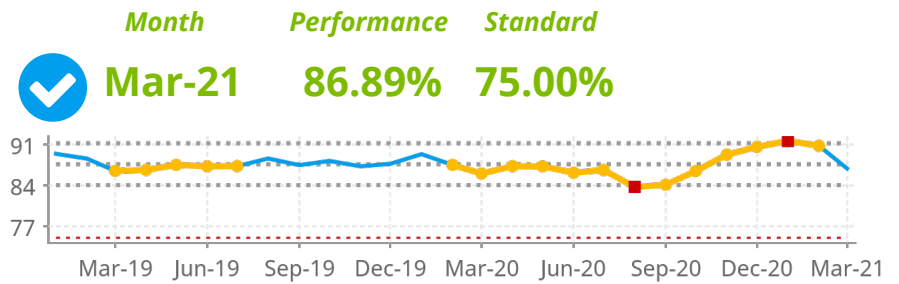
Length of Stay - Elective



Length of Stay - Emergency

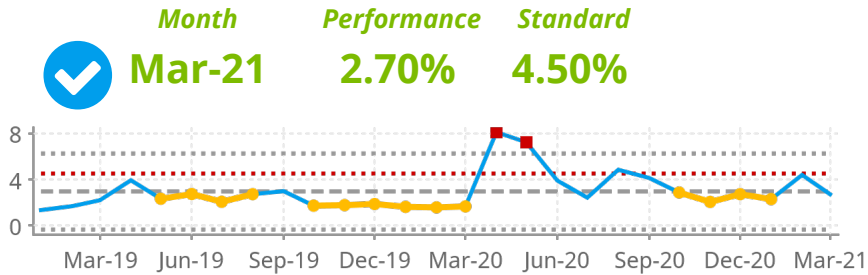


Day Case Rate

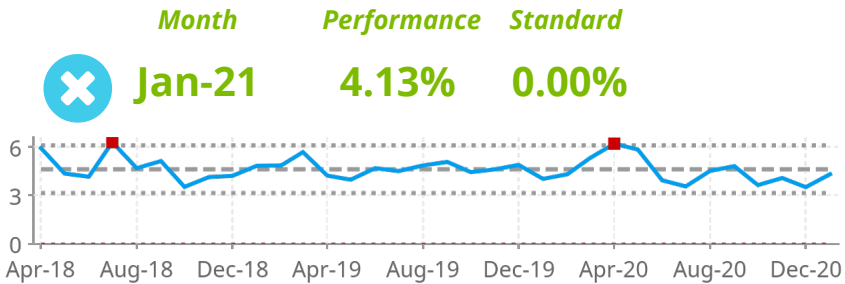


Statistical Process Control (SPC) Charts

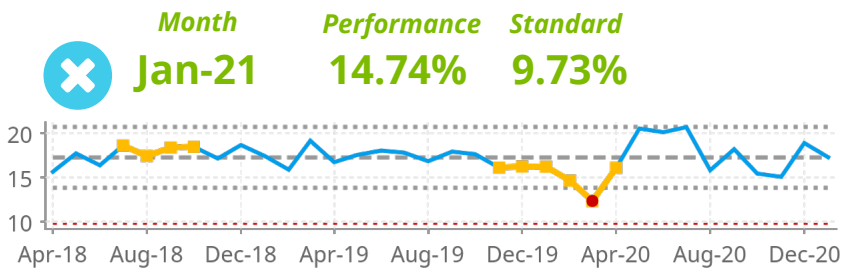
Pre-op Stays



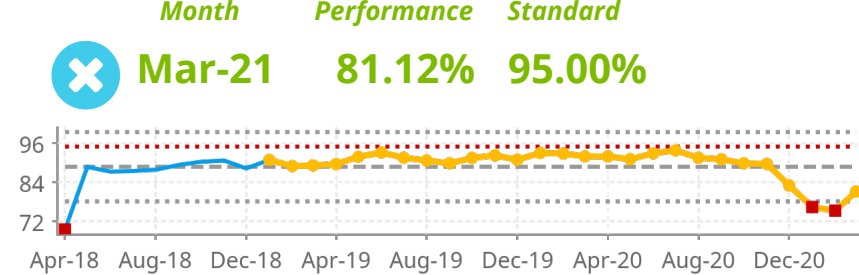
Re-admissions Rate 30 Days (Elective Admission)



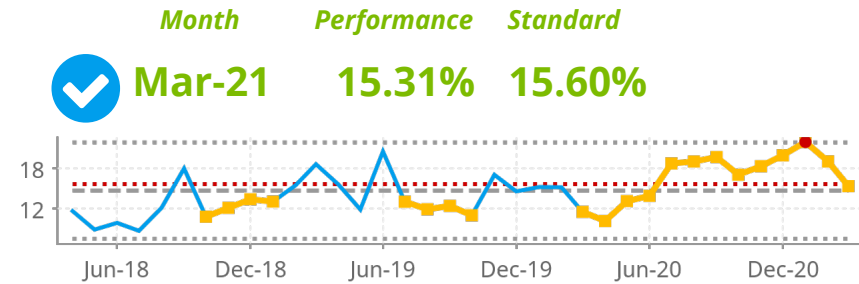
Re-admissions Rate 30 Days (Emergency Admission)



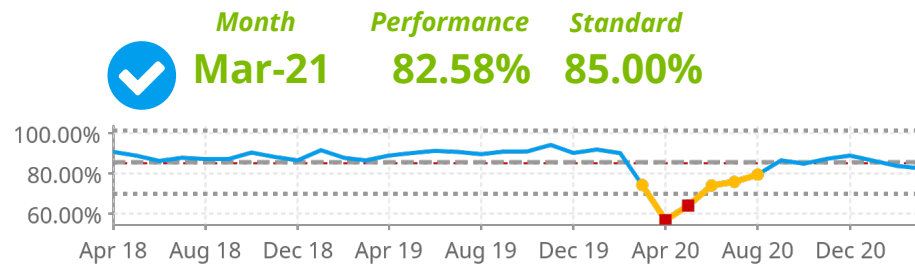
Electronic Discharge Summaries



Cesarean-Section Rates

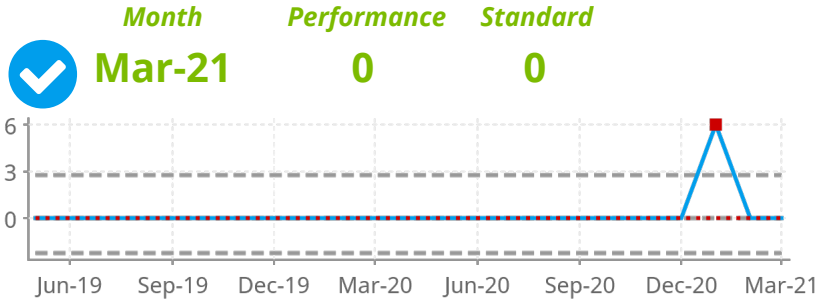


Trust Occupancy

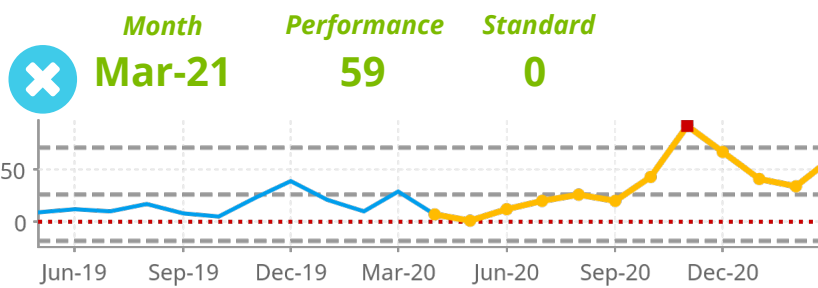


Statistical Process Control (SPC) Charts

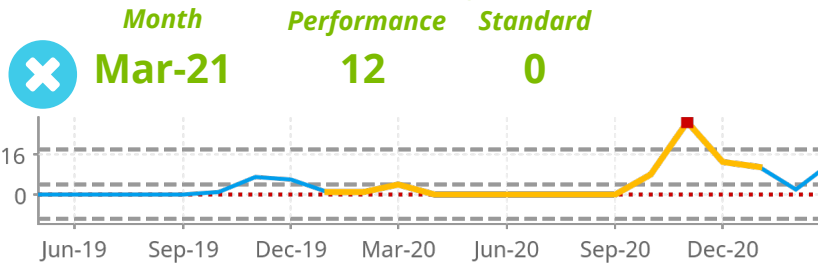
Trolley Waits over 12 hours



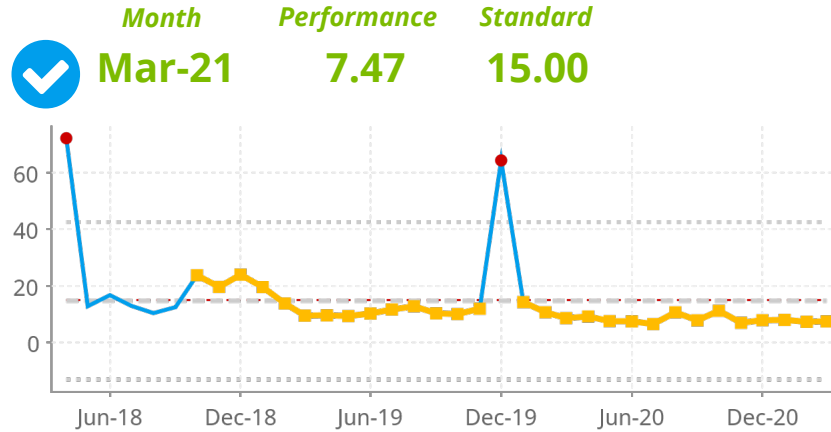
Number of Ambulance Handovers waiting more than



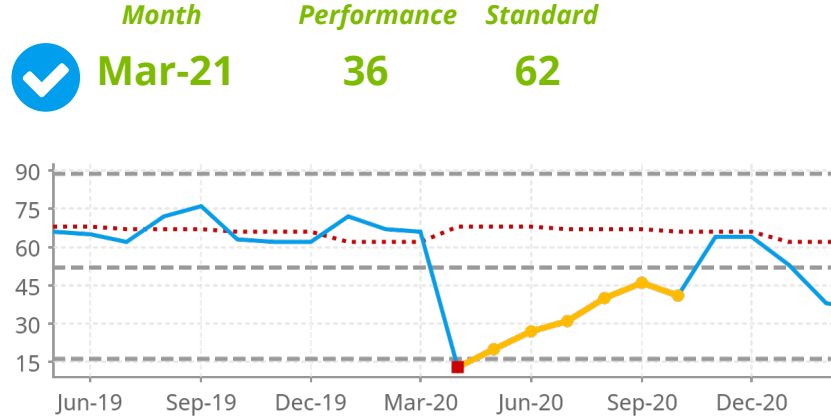
Number of Ambulance Handovers waiting more than



Time to Initial Assessment (mean) Type 1 & 3



Super Stranded

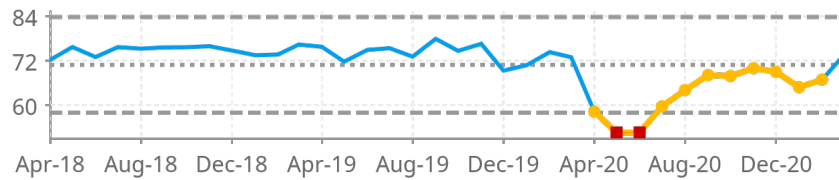


Statistical Process Control (SPC) Charts

Operation Time Utilisation

✔

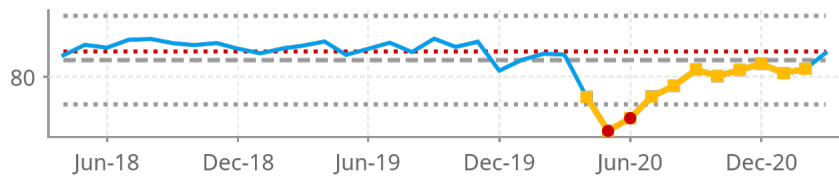
Month	Performance	Standard
Mar-21	73.20%	72.86%



Run Time Utilisation

✘

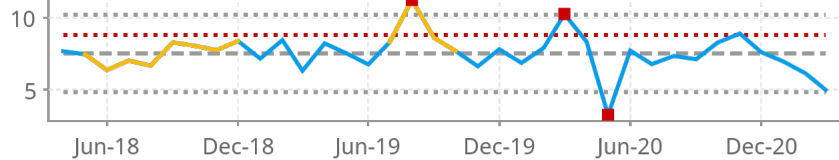
Month	Performance	Standard
Mar-21	86.99%	87.07%



Cancelled on Day of Operation

✔

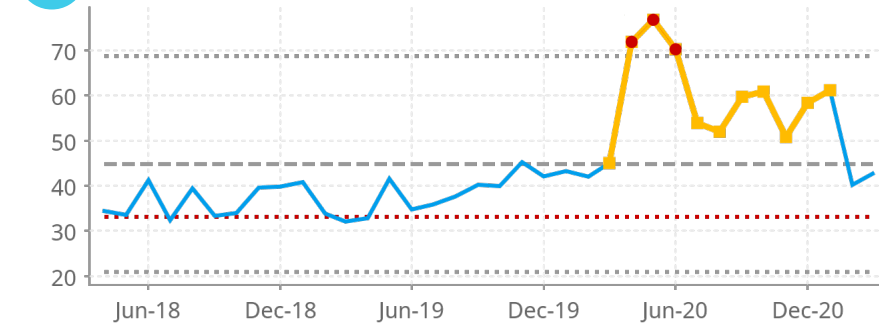
Month	Performance	Standard
Mar-21	4.99%	8.80%



Late Start %

✘

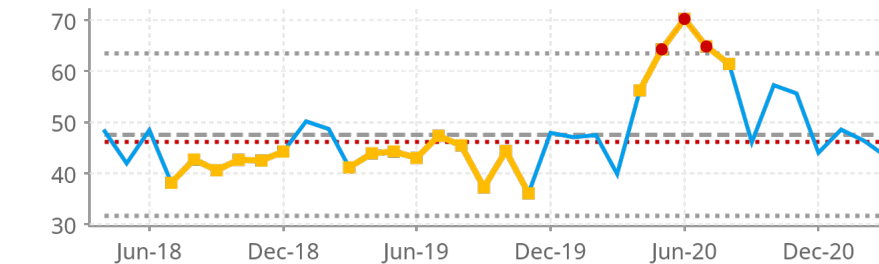
Month	Performance	Standard
Mar-21	42.68%	33.11%



Early Finishes %

✔

Month	Performance	Standard
Mar-21	43.51%	46.13%



Efficiency & Productivity



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 Year Trend	
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool	✓ Mar-21	97.20%	93.50%		Diabetic Retinopathy Screening Diabetic retinopathy screening has been affected by the pandemic, with all screening services paused during the first wave, in line with national guidance. Work is now on-going to address the backlog of invites, with the national focus shifting from achievement of the current standard to recovery. This will be achieved through a phased approach based on capacity.
TCS35b - % of Wheelchair referrals not completed within 5 weeks but completed within 18 weeks	✗ Mar-21	79.93%	90.00%		
Diabetic Retinopathy Screening	✗ Mar-21	69.69%	95.00%		TCS Standards TCS35b - This standard has been affected by staffing in a relatively small team, however recruitment is underway. TCS24 - This standard has been affected by the availability of residential rehabilitation beds within the community settings
The % of Patients treated within 18weeks of referral to Audiology	✓ Mar-21	100.00%	95.00%		
Audiology non-admitted wait (92nd Percentile)	✓ Mar-21	7.00	18.30		

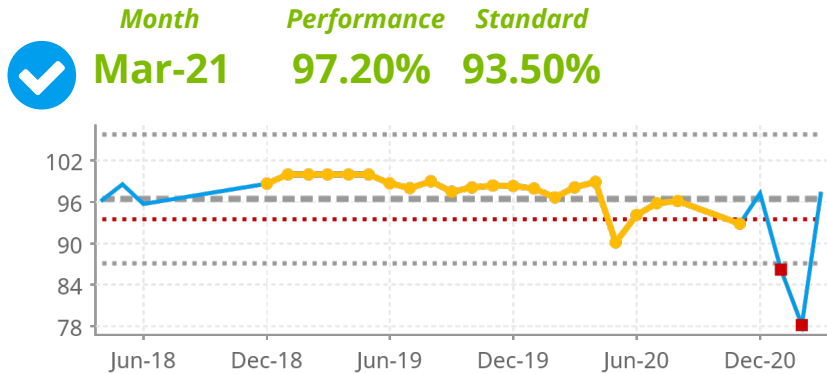
Efficiency & Productivity



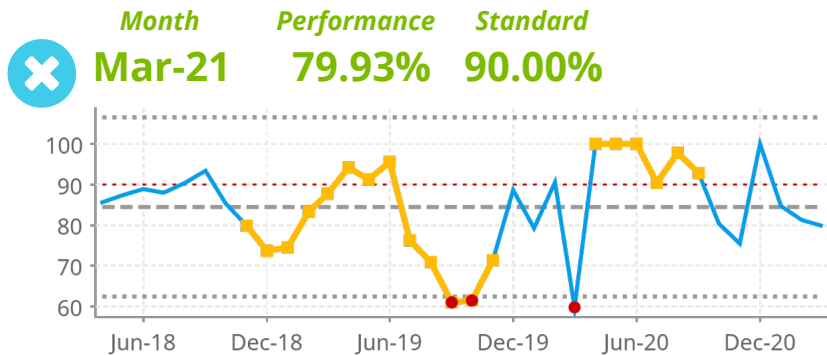
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	2 year Trend	
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission	✓ Mar-21	104.00	118.80		<p>PHQ Indicators</p> <p>The PHQ indicators are a set of metrics, which monitor the impact of community services on avoidable admissions for a set of key conditions. A year on year improvement is monitored against these indicators as a measure of avoidable admissions.</p> <p>No exceptions to report within the SPC charts, with controlled variation across all the standards, however recognising the impact of the Covid pandemic and associated changes in pathway management, which is evident in the drop in activity from March 20 onwards.</p>
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	✓ Mar-21	13.35	13.20		
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	✓ Mar-21	55.00	57.46		
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s	✓ Mar-21	3.34	18.86		
Stroke admissions - 90% of time spent on dedicated stroke unit.	✓ Mar-21	93.94%	80.00%		
High Risk Trans Ischaemic Attack assessed and treated within 24hrs	✓ Mar-21	77.78%	75.00%		

Statistical Process Control (SPC) Charts

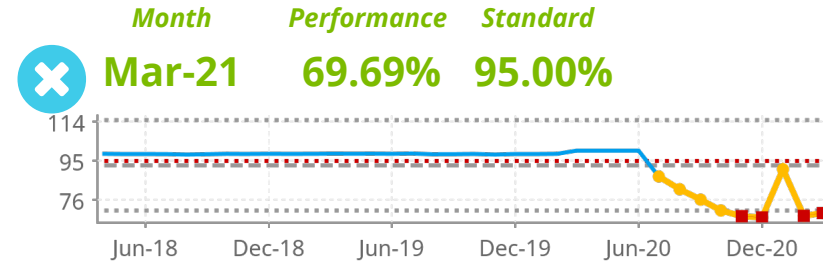
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool



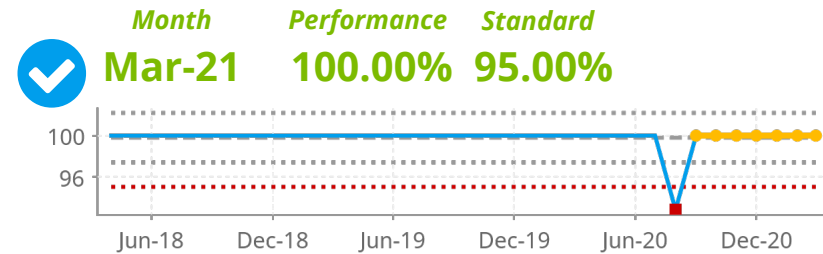
TCS35b - % of Wheelchair referrals not completed within 5 weeks but completed within 18 weeks



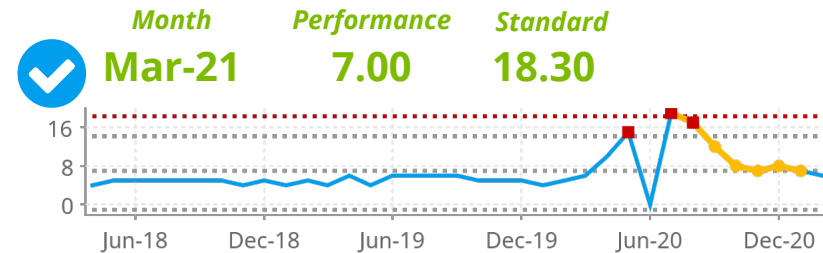
Diabetic Retinopathy Screening



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

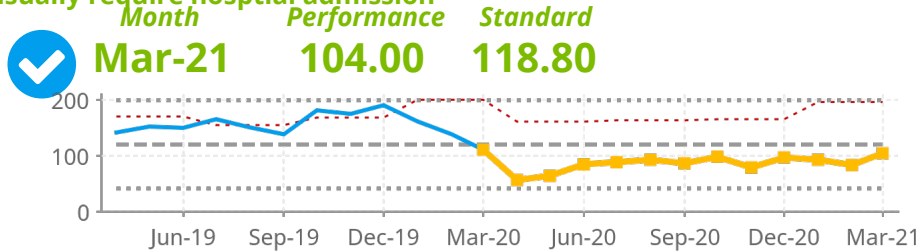


Audiology non-admitted wait (92nd Percentile)

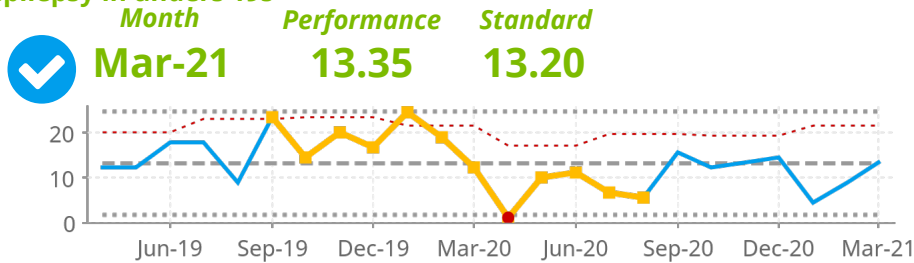


Statistical Process Control (SPC) Charts

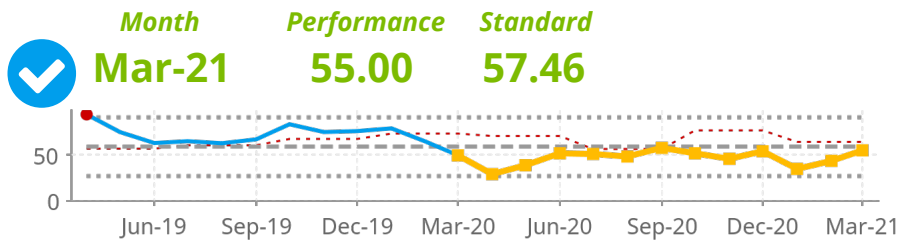
PHQ - Emergency Admissions for Acute Conditions that should not usually require hospital admission



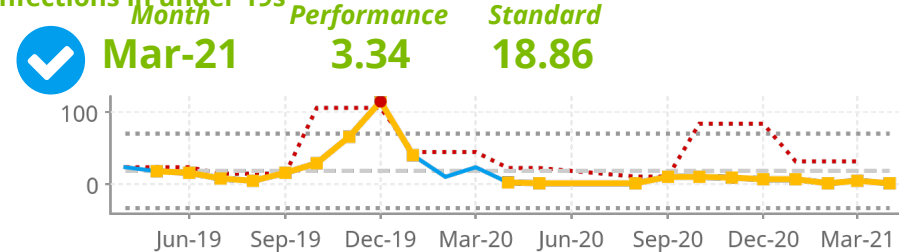
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in unders 19s



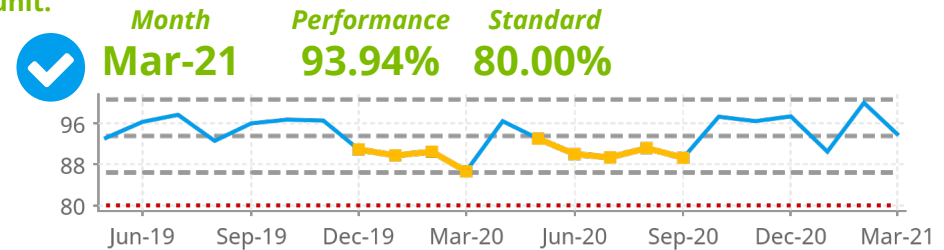
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)



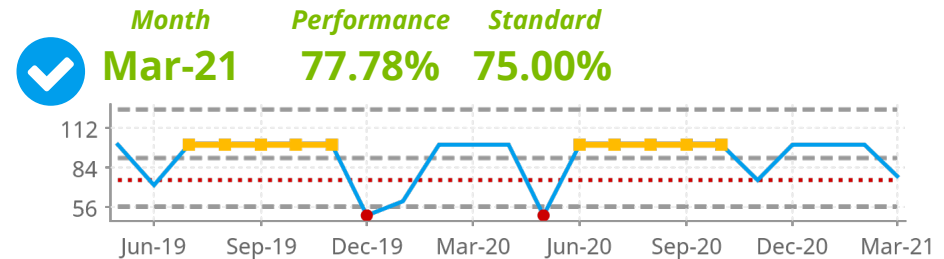
PHQ - Unplanned hospitalisation for respiratory tract infections in under 19s



Stroke admissions - 90% of time spent on dicat unit.



High Risk Trans Ischaemic Attack assessed and t



Standard	Standard Achieved			Narrative
	Month	Performance	Trend	
Hospital Standardised Mortality Ratio (HSMR)	❌ Feb 20 - Jan 21	101.19		<p>Mortality</p> <p>The latest HSMR value is currently reporting at 101.19 (February 2020 to January 2021) which has increased from the previous rebased value of 97.87 (January 2020 to December 2020). The latest SHMI value is now 99.40 (November 2019 to October 2020) which has decreased from the previous rebased value of 100.02 (October 2019 to September 2020).</p> <p>Complaints</p> <p>Due to Covid-19 restrictions, visiting remains limited, to reduce the transmission of covid, whilst supporting families through Johns Campaign and those at end of life. Families and Patients have highlighted through feedback the impact on communication which was the highest reported issue for concerns. The Trust has put in place virtual visiting, regular telephone updates, property pick up and letters of love to support communication between families, to support timely feedback the Team Support Work role has been implemented to good effect, this has seen a reduction in the number concerns raised in relation to communication. The profile for complaints types had changed during Covid, due to restriction on visiting, now more level 2 resolutions are being completed virtually.</p> <ul style="list-style-type: none"> • The Trust is reporting 87 stage 1, which is slightly higher than the mean of 82. • The Trust is reporting 8 stage 2 and is above the mean of 4. • The Trust is reporting 6 stage 3 complaints and is below the mean of 12. <p>Since the implementation of Greatix, the number of compliments recorded has reached 2,157, in 2020-21, with 248 recorded in March 2021, recorded compliments consistently higher than complaints, it is recognised that work still needs to be done to increase the recording of compliments across the Trust.</p>
Summary Hospital-Level Mortality Indicator (SHMI)	✅ Nov 19 - Oct 20	99.40		
Dementia KPI 1	✅ Mar-21	100.00%		
Dementia KPI 2	✅ Mar-21	100.00%		
Dementia KPI 3	✅ Mar-21	100.00%		
	Month	Performance	Standard	Trend
Stage 1 Complaint	✅ Apr to Mar	978	981	
Stage 2 Complaint	✅ Apr to Mar	27	77	
Stage 3 Complaint	✅ Apr to Mar	132	150	

Standard	Standard Achieved				Narrative	
	Month	Performance	Standard	Trend		
Red Risks	✘	Mar-21	1	0		<h3 data-bbox="1294 309 1912 341">Venous Thromboembolism Compliance %</h3> <p data-bbox="1294 357 2056 525">The Trust is reporting that 93.23% of patients admitted to hospital were risk assessed for venous thromboembolism (VTE) during March 2021; this is slightly below the National Standard of 95.00%. There is a Trust wide quality improvement work in progress to improve compliance, process and built upon to sustain the improvement.</p> <h3 data-bbox="1294 541 1361 572">Falls</h3> <p data-bbox="1294 588 2056 828">The trust has recently appointed a new lead for falls who is reviewing the current falls prevention and management system; this is being developed using an assurance framework approach. The development of this assurance framework will lead to the development of a risk mitigation plan that can be supported with the use of a project methodology to drive forward specific areas of improvement.</p> <p data-bbox="1294 860 2056 995">The Trust is reporting 82 falls resulting in no injury for March 2021, remaining within the upper control limit of 100. However, the cumulative of 924 for Apr to Mar 2021 is greater than the 862 for Apr to Mar 2020 period.</p> <p data-bbox="1294 1027 2056 1163">The Trust is reporting 14 Falls resulting in an injury for March 2021. The 14 falls remains within the upper Control Limit of 30, also noting a reduction against the year to date position last year, reporting 208 in comparison to 223 for the April to March period.</p> <h3 data-bbox="1294 1171 1525 1203">Pressure Ulcers</h3> <p data-bbox="1294 1211 2056 1345">In the February 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.</p>
Never Events	✔	Mar-21	0	0		
VTE %	✘	Mar-21	93.23%	95.00%		
Fall No Injury	✘	Apr to Mar	924	862		
Fall Injury	✔	Apr to Mar	208	223		
Fall Fracture	✔	Apr to Mar	5	18		
Pressure Cat1	✔	Apr to Feb	64	85		
Pressure Cat2	✔	Apr to Feb	233	274		
Pressure Cat3	✔	Apr to Feb	14	32		
Pressure Cat4	✔	Apr to Feb	3	3		

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Hand Hygiene	✓ Mar-21	98%	95%		<h3>Hand Hygiene</h3> <p>The overall Trust compliance score for hand hygiene is 98% for March 2021; this has remained the same from the previous reported period. Clinical areas carry out monthly audits with a quarterly assurance check by the IPC team</p>
Clostridium difficile	✓ Apr to Mar	49	53		<h3>Infections</h3> <p>For March 2021, the Trust is reporting 6 Trust attributed case of Clostridium difficile infection (5 HOHA - Hospital Onset Healthcare Acquired and 1 COHA - Community Onset Healthcare Acquired), this has remained the same from the previous reporting period.</p> <p>The Trust reported 49 hospital acquired Clostridium difficile infections April to March 2021 compared to 53 for April to March 2020, a 7.54% reduction. The Trust has reported an improved position for Cdiff, MSSA, Ecoli and Cauti's infections for the cumulative April 2020 to March 2021 period, with Klebsiella and Pseudomonas remaining the same, but MRSA exceeding.</p>
MRSA	✗ Apr to Mar	1	0		<p>One case of MRSA was reported in the January 2021 period.</p>
MSSA	✓ Apr to Mar	25	26		<p>All seven Infections continue to display natural cause variation and remain in their respective upper and lower control limits.</p>
Ecoli	✓ Apr to Mar	25	52		<p>The number of hospital onset Covid-19 cases (positive test > 8days after admission) has reduced significantly with only 2 cases reported in March 2021. The number of outbreaks has also reduced and there were no open outbreaks at the time of reporting.</p>
Klebsiella	✓ Apr to Mar	10	10		
Pseudomonas	✓ Apr to Mar	3	3		
CAUTI	✓ Apr to Mar	210	360		

Safety & Quality

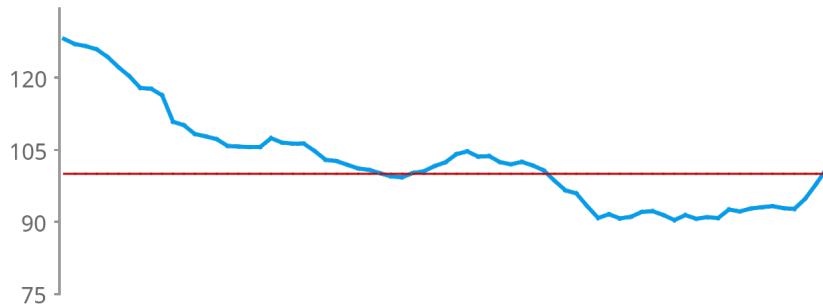


Standard	Standard Achieved				Narrative	
	Month	Performance	Standard	Trend		
Friends and Family Test (FFT) - Emergency	✓	Mar-21	85.00%	75.00%		<p>Friends and Family Test</p> <p>The FFT process changed in April 2020 to a single question with more focus on the narrative that is supplied with the feedback. This has created a wealth of patient and family feedback that is available for all clinical teams</p> <p>The Emergency Care (Accident & Emergency and Urgent Care) Friends and Family position for rating the service 'Very Good or Good' was 85% for March 2021.</p> <p>The In-patient Friends and Family position for rating the service 'Very Good or Good' was 94% for March 2021.</p> <p>The Maternity (Delivery) Friends and Family position for rating the service 'Very Good or Good' was 100% for March 2021.</p> <p>All three metrics January FFT 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	✓	Mar-21	94.00%	75.00%		
Friends and Family Test (FFT) - Maternity	✓	Mar-21	100.00%	75.00%		
UNIFY - RN Day	✗	Mar-21	74.32%	>=80% and <=109.99%		<p>UNIFY</p> <p>Nursing fill rate reflects the increased demand on the workforce during Covid-19 to safely meet the needs of patients with a higher acuity. In March 2021, 3 out of the 4 metrics reported below the standards reflective of the workforce pressures within the period, however noting safe staffing levels have been maintained at all times.</p> <p>Successful recruitment drives and the reduced Covid sickness absence has seen the Trust's nursing resource position improve during March.</p>
UNIFY - RN Night	✓	Mar-21	84.22%	>=80% and <=109.99%		
UNIFY - HCA Day	✗	Mar-21	70.10%	>=80% and <=109.99%		
UNIFY - HCA Night	✗	Mar-21	80.68%	>=110% and <=125.99%		

Additional Detail Charts

Hospital Standardised Mortality Ratio

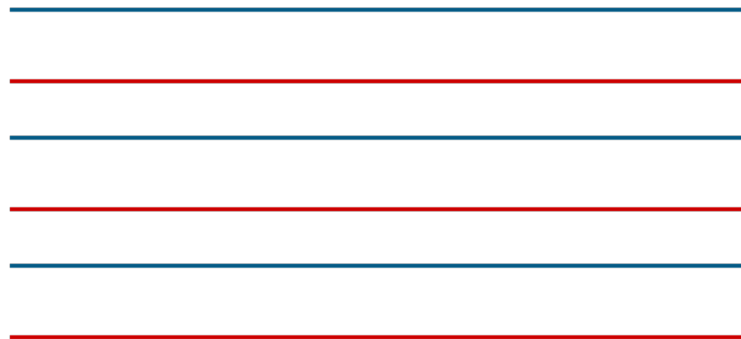
✘
Month
Feb 20 - Jan 21
Performance
101.19



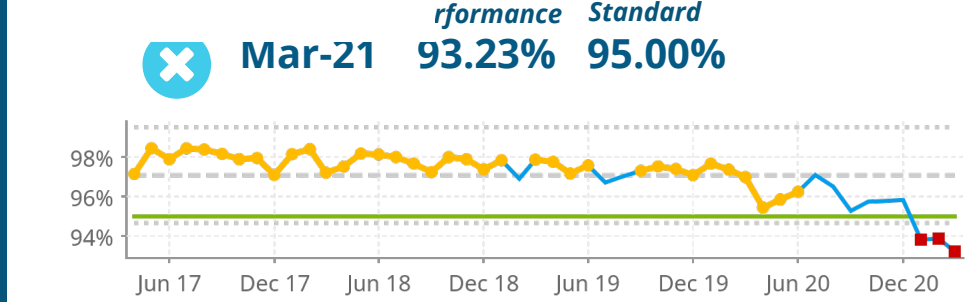
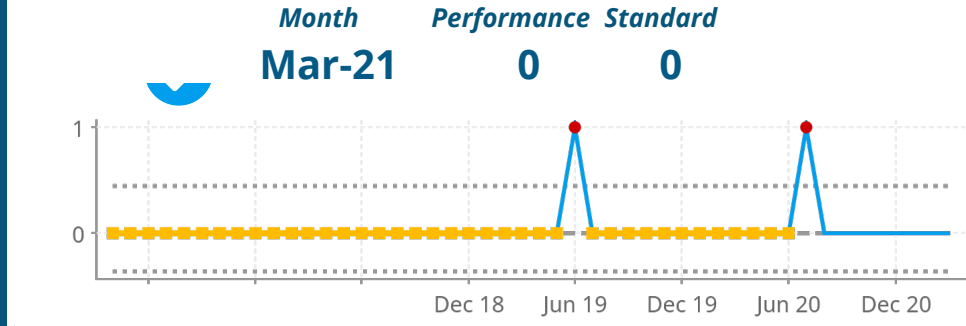
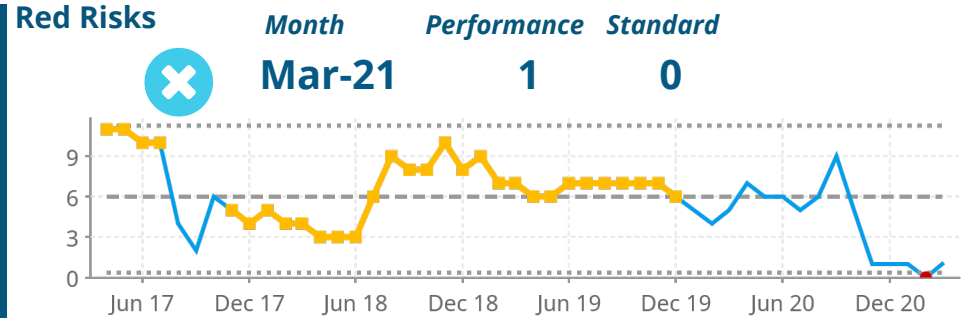
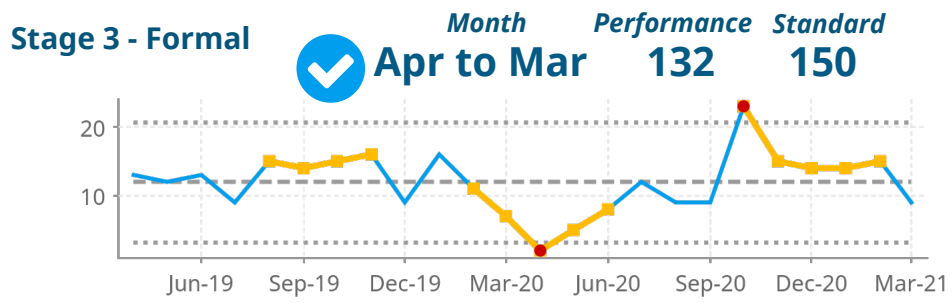
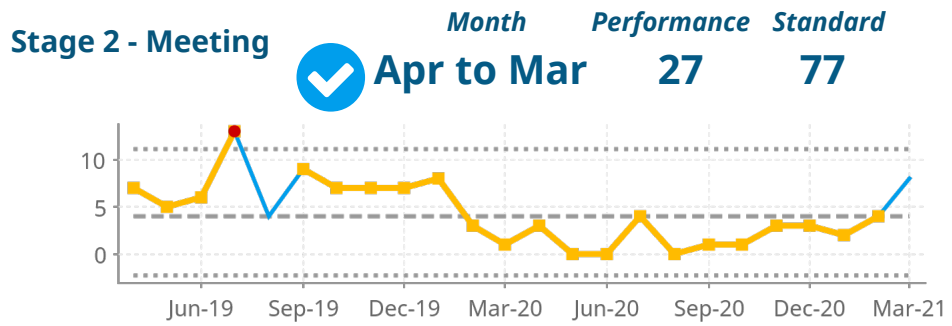
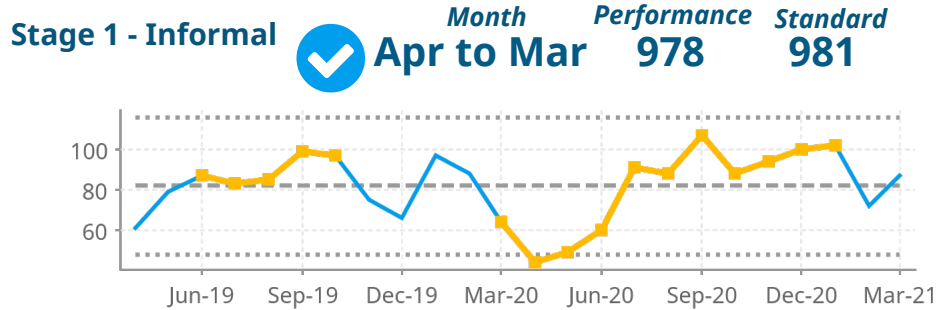
Summary Hospital-Level Mortality Indicator

✔
Month
Nov 19 - Oct 20
Performance
99.40

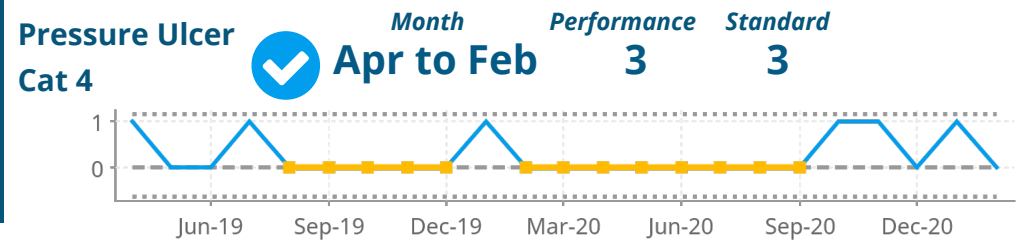
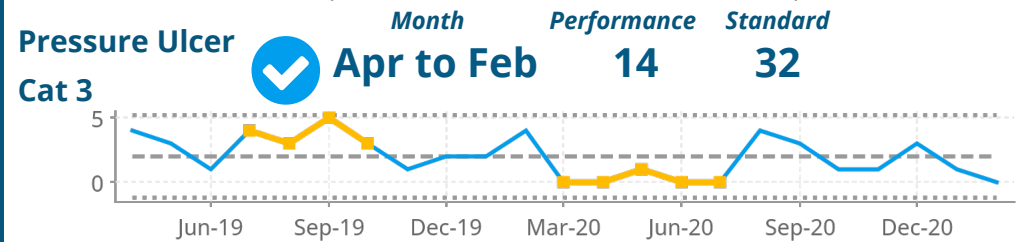
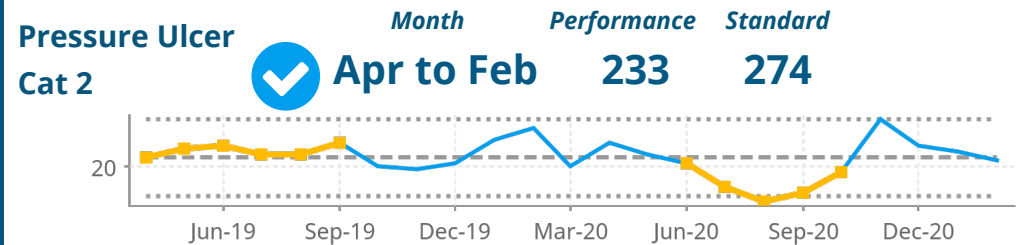
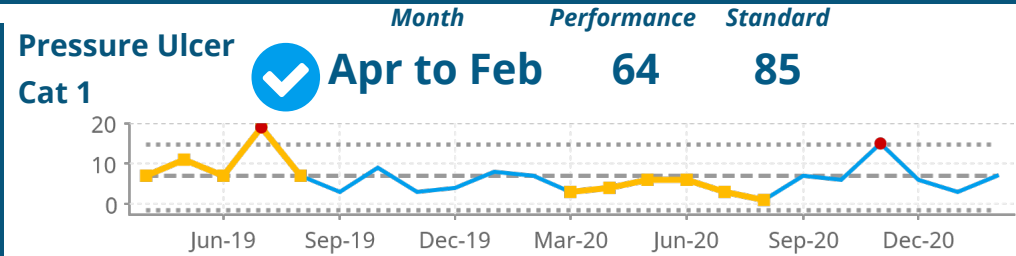
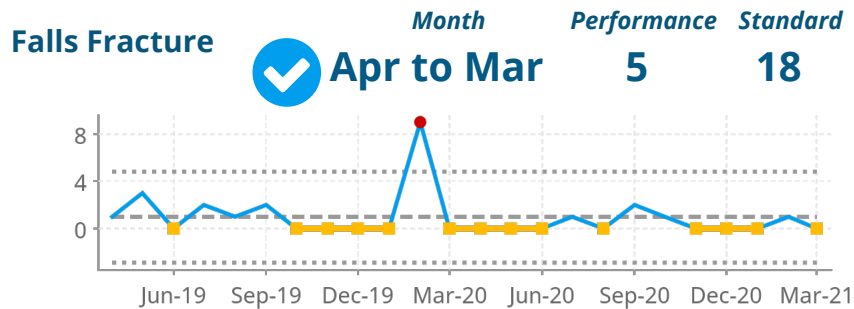
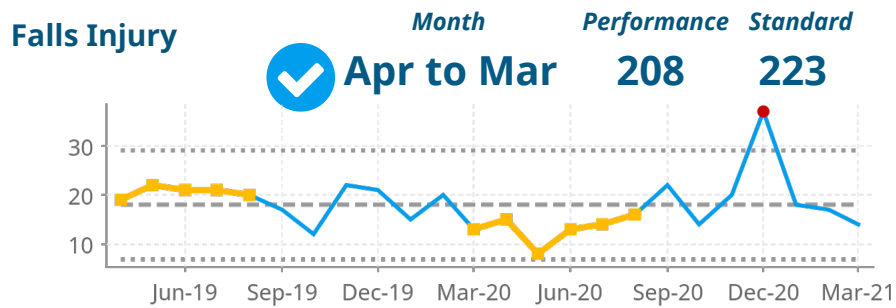
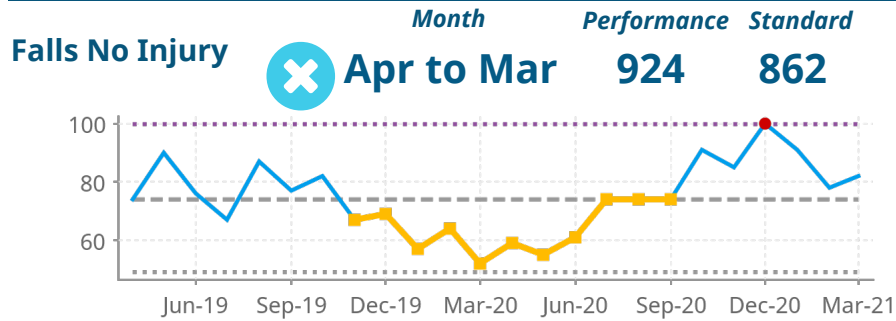
	<i>Month</i>	<i>Performance</i>
Dementia KPI 1 ✔	Mar-21	100.00%
Dementia KPI 2 ✔	Mar-21	100.00%
Dementia KPI 3 ✔	Mar-21	100.00%



Statistical Process Control (SPC) Charts

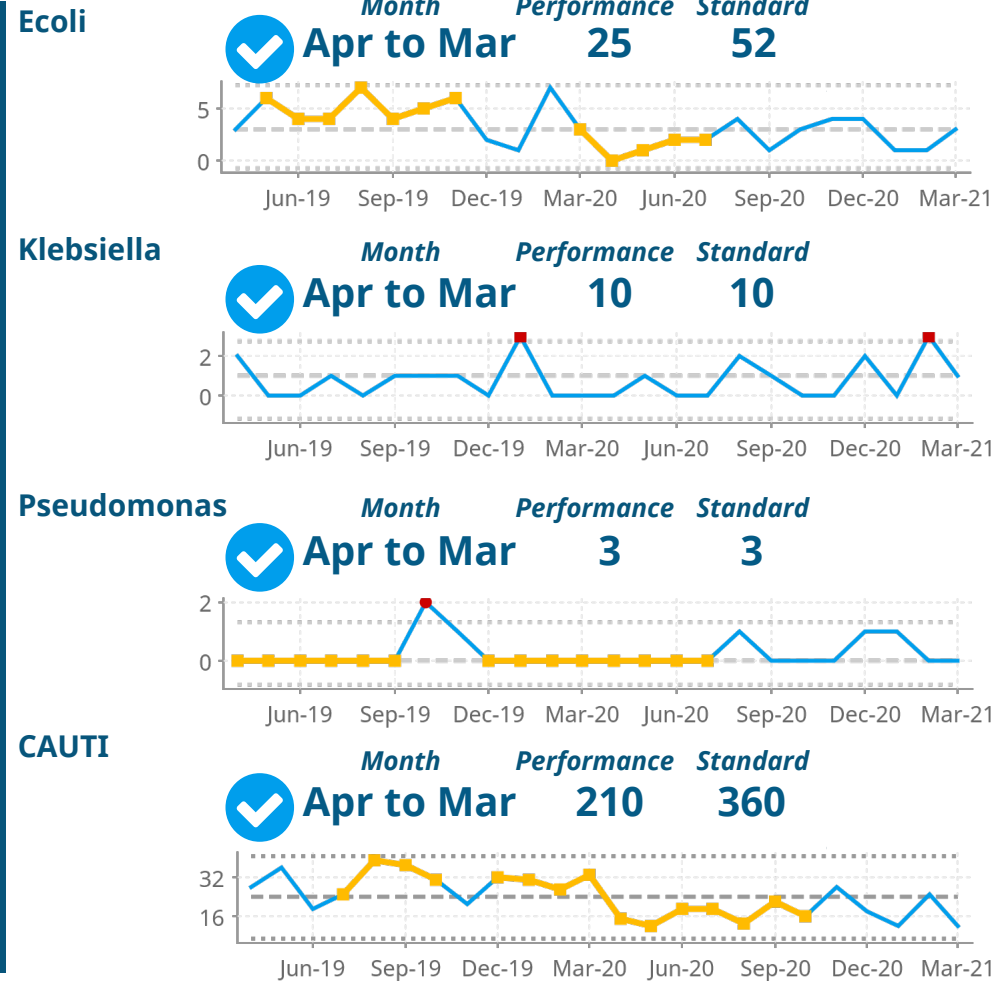
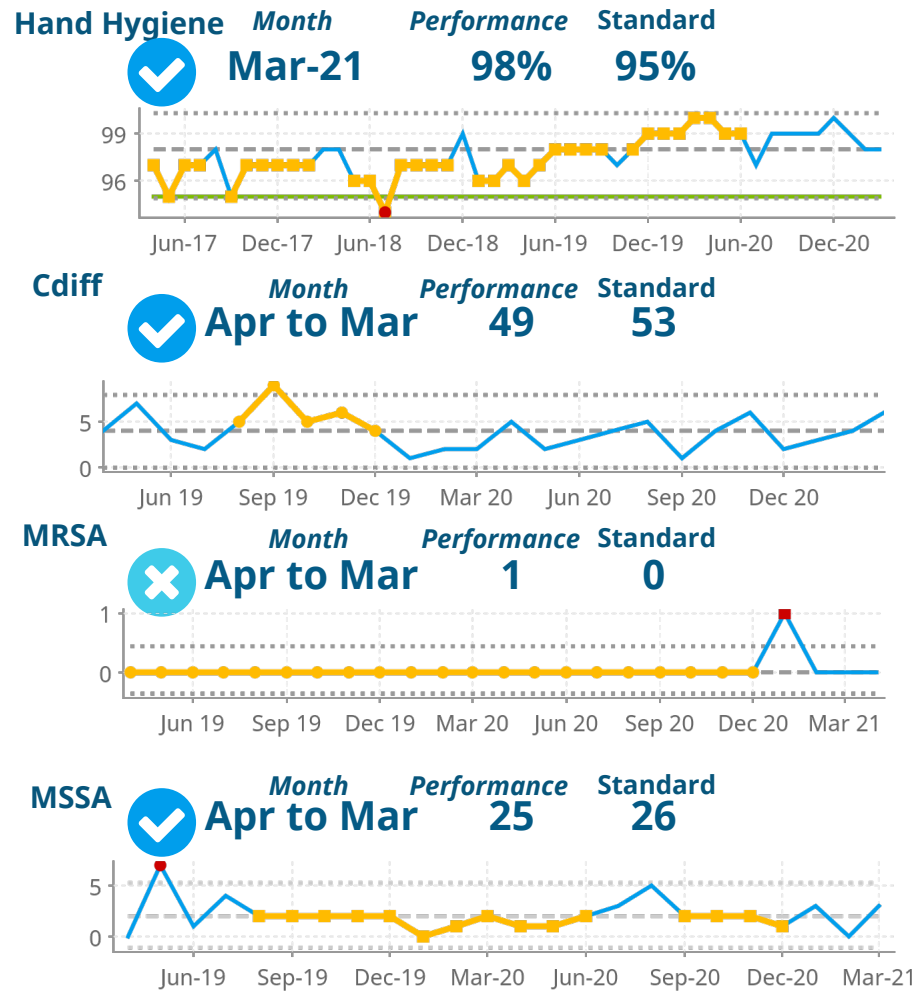


Statistical Process Control (SPC) Charts

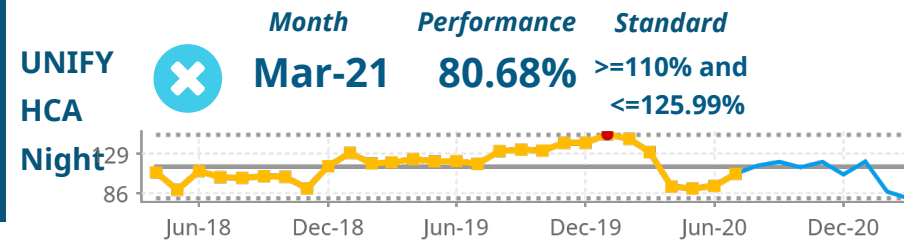
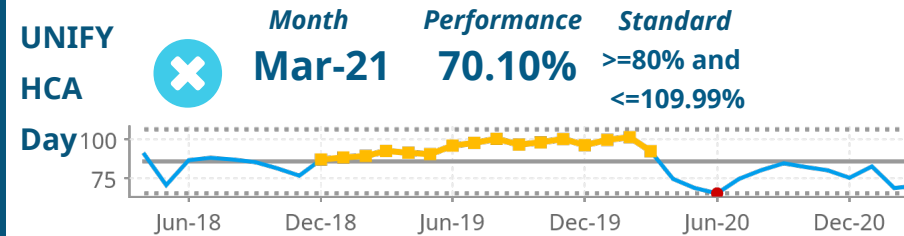
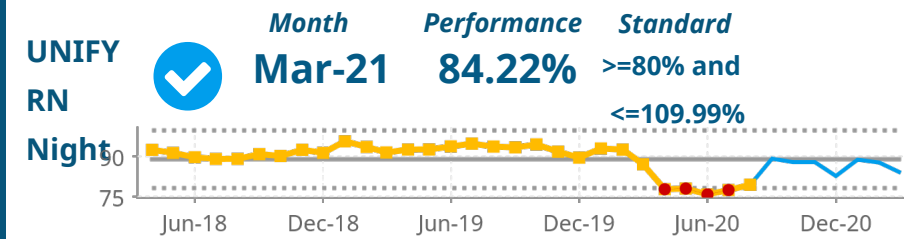
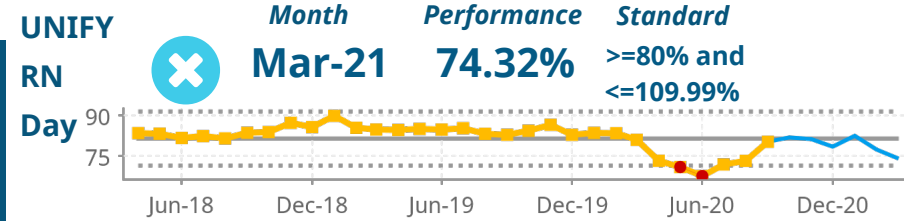
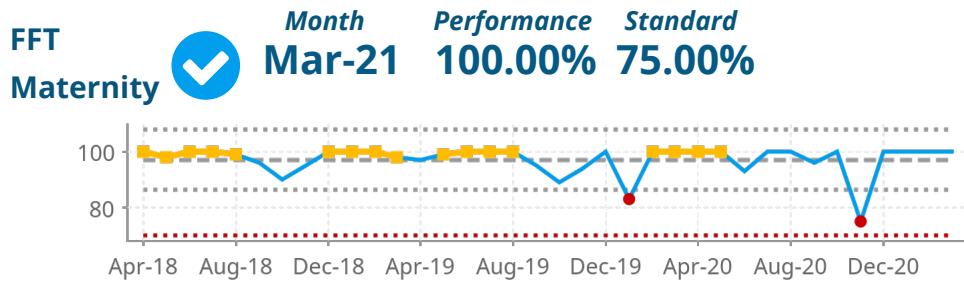
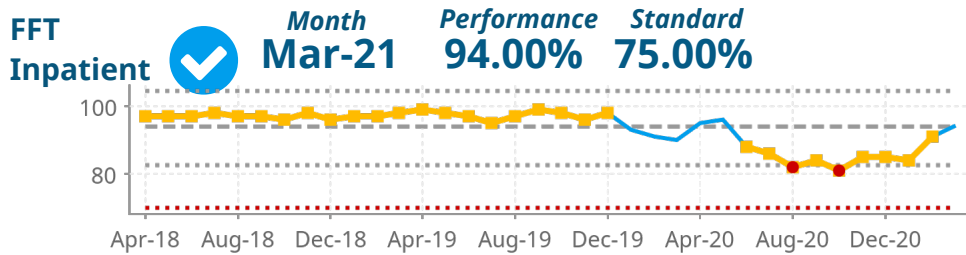
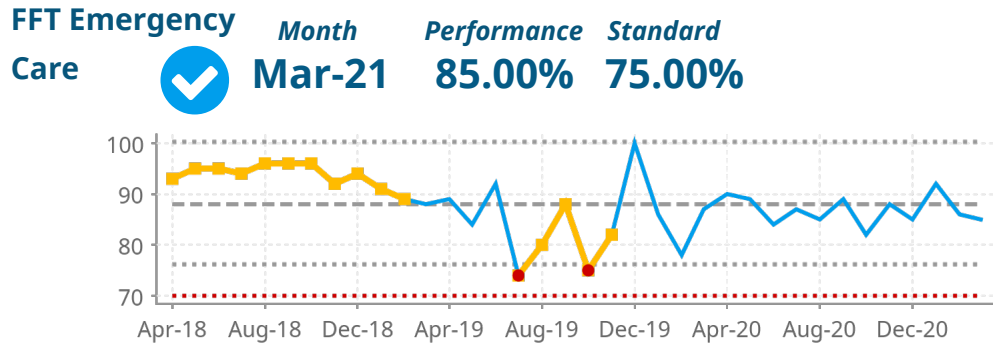




Statistical Process Control (SPC) Charts



Statistical Process Control (SCP) Charts



Workforce



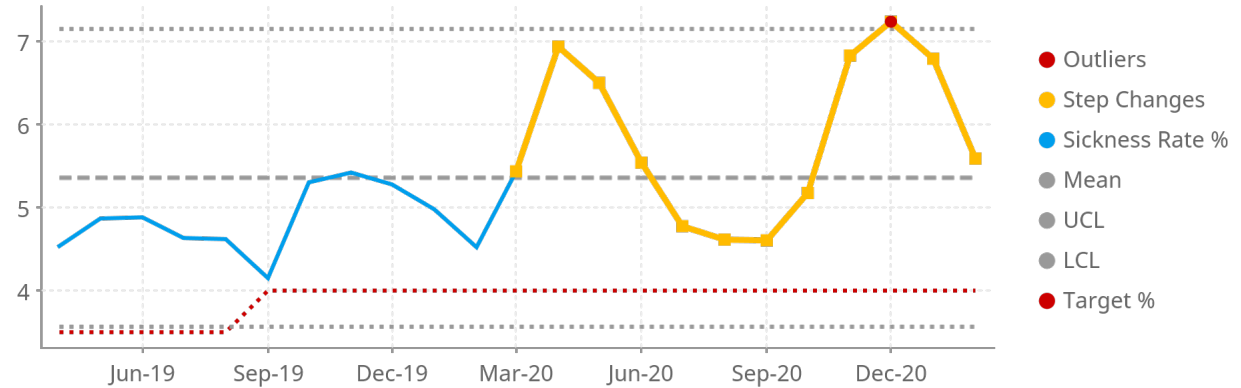
Standard	Standard Achieved				Narrative	
	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>2 Year Trend</i>		
Sickness	✘	Feb-21	5.59%	4.00%		<p>The sickness absence rate for February 2021 is reported at 5.59%, a decrease of 1.20% compared to the previous month. This is broken down into 1.01% attributable to Covid-19 related sickness and 4.58% attributable to other sickness. The cost of sickness absence is reported as £448,259, a decrease of £138,823 compared to December (£587,082). There were 148 further cases of Covid-19 related staff absence in March 2021, broken down into 74 staff absent for 10 days and 74 who self-isolated for 14 days.</p> <p>'Anxiety/stress/depression' was the top sickness reason in February, accounting for 28% of all sickness absence during the month. 'Chest & respiratory problems' (under which Covid-related sickness is recorded) was the second highest reason, accounting for 19% of sickness absence.</p> <p>Other workforce metrics for March/Quarter 4 end are:</p> <ul style="list-style-type: none"> • Appraisal compliance reported as 81%, an increase of 1% • Mandatory Training compliance reported as 87%, unchanged from previous month • Staff Turnover reported as 7.50%, a decrease of 0.16%
Appraisals	✘	Mar-21	80.66%	95.00%		
Turnover	✔	Mar-21	7.50%	10.00%		
Mandatory Training	✔	Mar-21	87.06%	80.00%		

Statistical Process Control (SPC) Charts

Sickness

✘

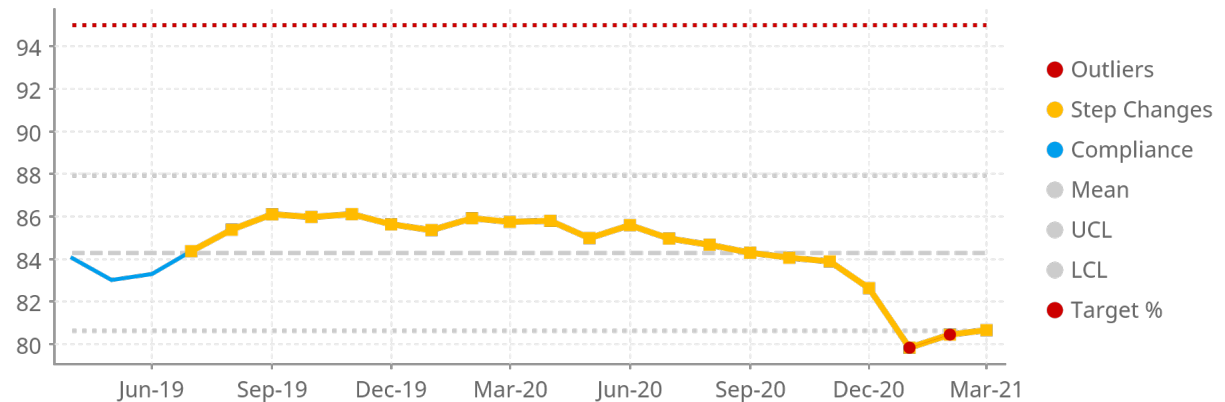
Month	Performance	Standard
Feb-21	5.59%	4.00%



Appraisal

✘

Month	Performance	Standard
Mar-21	80.66%	95.00%

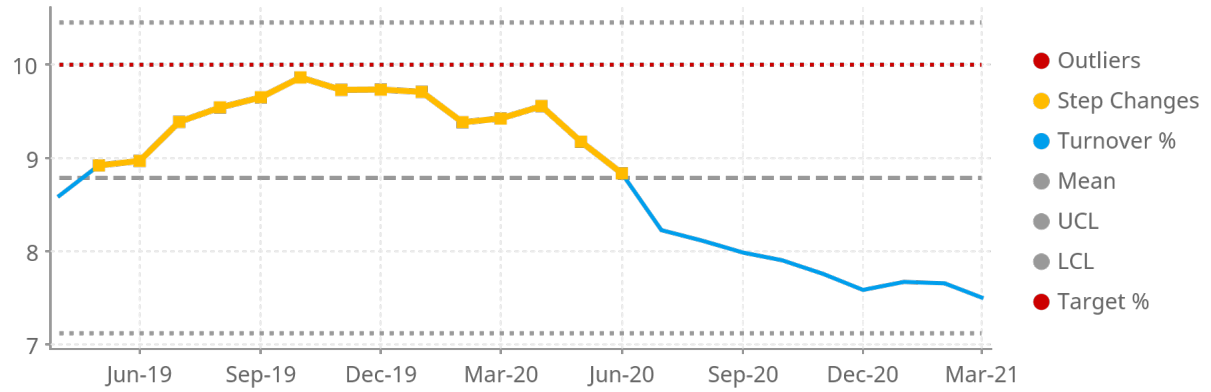




Statistical Process Control (SPC) Charts

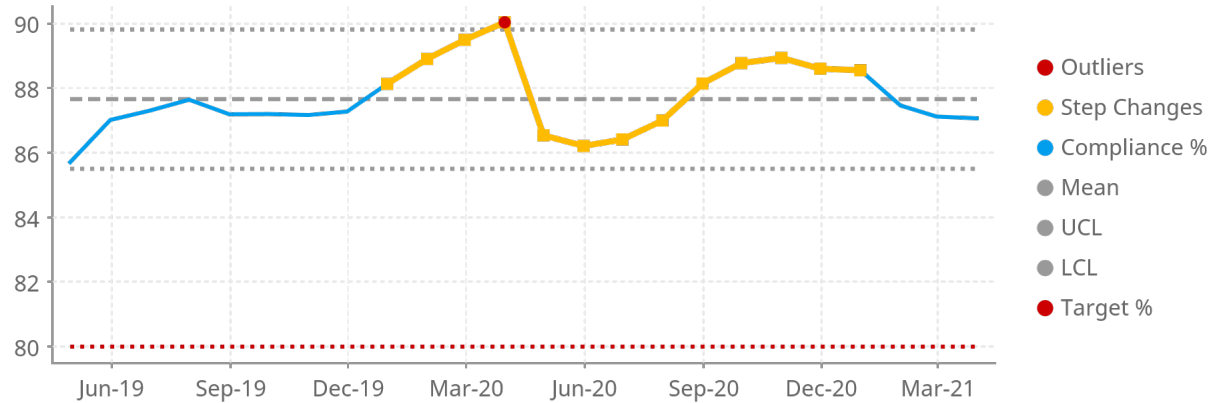
Turnover

Month	Performance	Standard
✓ Mar-21	7.50%	10.00%



Mandatory Training

Month	Performance	Standard
✓ Mar-21	87.06%	80.00%





Finance Overview

Income/Expenditure	Plan (£000)	Actual (£000)	
In Month	(330)	1,897	😊
Year End Outturn	(871)	9,387*	😊

*This is the number that will be reported for the purposes of ICP system achievement and excludes the impact of Trust asset impairment.

Balance Sheet	£m
Cash Actual	53.2
Cash Forecast	53.2

Capital	Plan (£m)	Actual (£m)	
In Month	2.8	9.6	😐
Year End Outturn	20.3	18.5*	😐

*This does not include the national loaned assets.

Use of Resources*	
Capital Service Cover Rating	1
Liquidity Rating**	4
I & E Margin Rating	1
I & E Margin Distance from Plan	1
Agency Rating	1
Risk Rating After Overrides	3

*UOR suspended in 2021 - manual calculations

** Rating will only improve with increased cash reserves



Appendix 1

RTT and Cancer

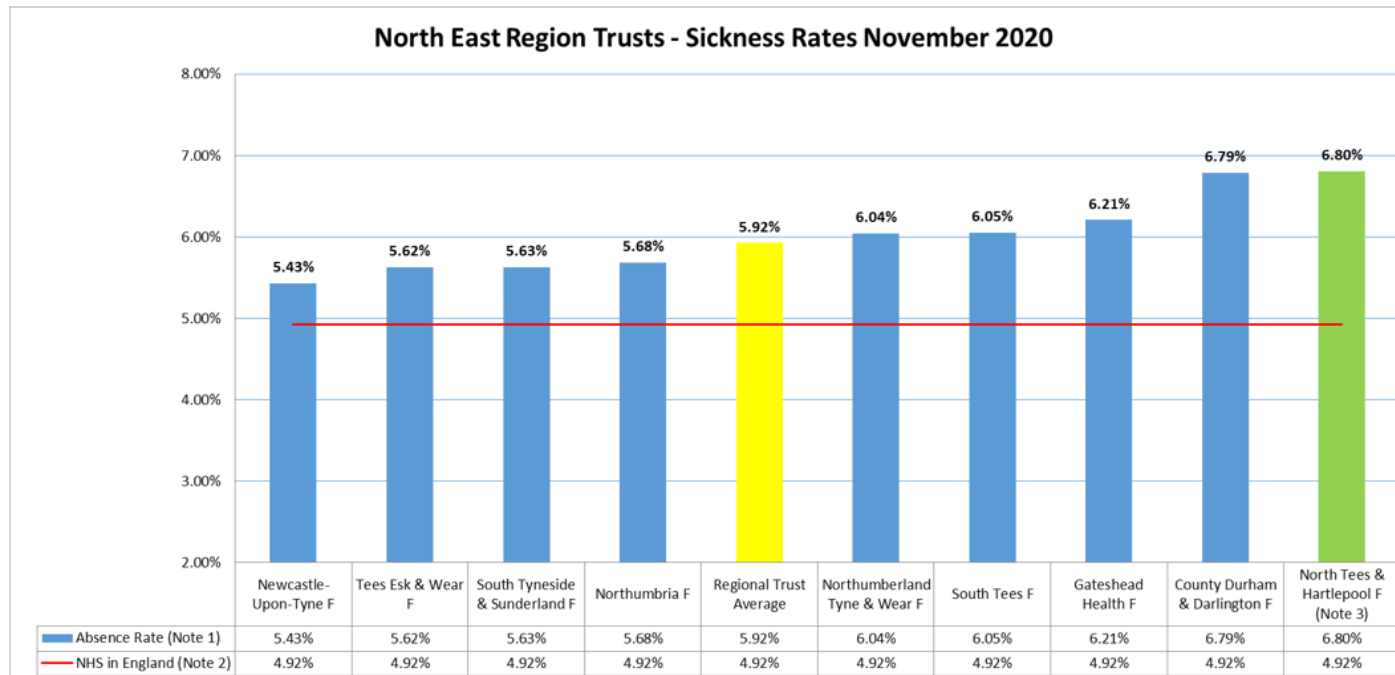
Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
RTT - February 21										
Incomplete Pathways waiting <18 weeks	64.5%		84.5%	85.7%	N/A	74.2%	69.1%	84.2%	62.0%	65.5%
Half of patients wait less than	13		8	7	N/A	10	11	9	13	11
Half of admitted patients wait less than	8		4	13	N/A	7	4	10	4	6
19 out of 20 patients wait less than	52+		52+	33	N/A	51	50	49	49	52+
Half of Non admitted Pathways waited less than	6		3	4	N/A	3	6	5	4	4
19 out of 20 patients wait less than	48		24	21	N/A	30	49	33	50	26

Cancer 62 Day Standard - February 21	National	North East	North Tees & Hartlepool	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
Breast	Data not available	78.15 (93/119)	75 (12/16)	100 (1/1)	50 (3/6)	74.29 (26/35)	100 (8/8)	100 (17/17)	90 (9/10)	65.38 (17/26)
Lung		70.27 (52/74)	72.22 (6.5/9)	96.77 (15/15.5)	42.86 (3/7)	66.67 (2/3)	65 (6.5/10)	100 (2.5/2.5)	86.96 (10/11.5)	41.94 (6.5/15.5)
Gynae		54.29 (19/35)	60 (1.5/2.5)	87.5 (3.5/4)	0 (0/2)	38.46 (2.5/6.5)	50 (1/2)	87.5 (3.5/4)	42.11 (4/9.5)	66.67 (3/4.5)
Upper GI		57.14 (36/63)	100 (5/5)	50 (4.5/9)	33.33 (1/3)	100 (5/5)	48.39 (7.5/15.5)	76.92 (5/6.5)	28.57 (3/10.5)	58.82 (5/8.5)
Lower GI		44.83 (39/87)	30.77 (2/6.5)	60 (9/15)	24 (3/12.5)	60 (3/5)	22.22 (2/9)	74.29 (13/17.5)	58.82 (5/8.5)	15.38 (2/13)
Uro (incl testes)		71.81 (107/149)	80 (8/10)	85.9 (33.5/39)	40.48 (8.5/21)	66.67 (4/6)	60.42 (14.5/24)	86.21 (12.5/14.5)	76.47 (26/34)	0 (0/0.5)
Haem (incl AL)		71.11 (32/45)	40 (2/5)	80 (4/5)	33.33 (2/6)	100 (1/1)	84.21 (8/9.5)	87.5 (7/8)	83.33 (5/6)	66.67 (3/4.5)
Head & Neck		77.08 (37/48)	50 (1/2)	100 (10/10)	83.33 (5/6)	100 (0.5/0.5)	93.1 (13.5/14.5)	0 (0/0)	58.33 (7/12)	0 (0/3)
Skin		92.41 (146/158)	100 (1.5/1.5)	100 (1/1)	87.5 (14/16)	0 (0/0)	88.89 (56/63)	100 (7/7)	100 (34.5/34.5)	91.43 (32/35)
Sarcoma		50 (2/4)	0 (0/0)	0 (0/1)	0 (0/0)	0 (0/0)	0 (0/0)	60 (1.5/2.5)	100 (0.5/0.5)	0 (0/0)
Brain/CNS		100 (2/2)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (2/2)	0 (0/0)	0 (0/0)
Children's		0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)
Other		80 (4/5)	100 (1.5/1.5)	0 (0/1)	0 (0/0)	0 (0/0)	0 (0/0)	100 (0.5/0.5)	100 (0.5/0.5)	100 (0.5/0.5)
All		72.12 (569/789)	69.49 (41/59)	80.3 (81.5/101.5)	49.69 (39.5/79.5)	70.97 (44/62)	75.39 (121/160.5)	87.82 (68.5/78)	75.91 (104/137)	62.33 (69.5/111.5)



Appendix 2

Workforce



North East Region Trusts - Sickness Rates November 2020 (*latest available)

The chart above shows the sickness absence figures for Acute and Mental Health Trust's in the North East region for November 2020. North Tees and Hartlepool NHS Foundation Trust is represented by the green column. The average rate for all North East Acute and Mental Health Care Trust's is shown by the yellow column. The red line is the average rate for the whole of the NHS in England.

The sickness rate for North Tees and Hartlepool is 6.80%, which is the highest in the north east region this month.

Newcastle-upon-Tyne Hospitals NHS Foundation Trust report the lowest sickness absence rate for November 2020 at 5.43%.

Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking ⓘ		
Indicator		Current	Previous	Change	Peer	National	Position ⓘ
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2021)	ⓘ	9.20% <small>(Dec 2019 - Nov 2020)</small>	9.30% <small>(Nov 2019 - Oct 2020)</small>	-0.10 ↓	7.75%	7.88%	
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2021)	ⓘ	2.29% <small>(Dec 2019 - Nov 2020)</small>	2.28% <small>(Nov 2019 - Oct 2020)</small>	0.01 ↑	2.22%	2.06%	
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2021)	ⓘ	5.00% <small>(Dec 2019 - Nov 2020)</small>	5.03% <small>(Nov 2019 - Oct 2020)</small>	-0.03 ↓	5.00%	4.40%	
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2021)	ⓘ	7.33% <small>(Dec 2019 - Nov 2020)</small>	7.41% <small>(Nov 2019 - Oct 2020)</small>	-0.08 ↓	7.29%	6.25%	
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Feb 2021)	ⓘ	10.15% <small>(Dec 2019 - Nov 2020)</small>	10.29% <small>(Nov 2019 - Oct 2020)</small>	-0.14 ↓	10.00%	8.42%	
Outpatient DNA rate (12 mth rolling) HES Outpatients (Feb 2021)	ⓘ	7.18% <small>(Jan 2020 - Dec 2020)</small>	7.41% <small>(Dec 2019 - Nov 2020)</small>	-0.23 ↓	7.38%	6.90%	
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Feb 2021)	ⓘ	2.53 <small>(Jan 2020 - Dec 2020)</small>	2.52 <small>(Dec 2019 - Nov 2020)</small>	0.01 ↑	2.48	2.27	
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Feb 2021)	ⓘ	0.00% <small>(Jan 2020 - Dec 2020)</small>	0.00% <small>(Dec 2019 - Nov 2020)</small>	No Change	13.74%	12.24%	
Cancer waiting times - 2-week wait to be seen after GP referral (12 mth rolling) Cancer Waiting Times (Jan 2021)	ⓘ	92.35% <small>(Dec 2019 - Nov 2020)</small>	92.44% <small>(Nov 2019 - Oct 2020)</small>	-0.09 ↓	79.65%	89.42%	
Cancer waiting times - 31-day wait for first treatment after decision to treat (12 mth rolling) Cancer Waiting Times (Jan 2021)	ⓘ	97.31% <small>(Dec 2019 - Nov 2020)</small>	97.53% <small>(Nov 2019 - Oct 2020)</small>	-0.22 ↓	95.42%	95.31%	
Cancer waiting times - 62-day wait for first treatment after GP referral (12 mth rolling) Cancer Waiting Times (Jan 2021)	ⓘ	78.90% <small>(Dec 2019 - Nov 2020)</small>	79.54% <small>(Nov 2019 - Oct 2020)</small>	-0.64 ↓	77.71%	75.59%	
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Jan 2021)	ⓘ	81.10% <small>(Dec 2019 - Nov 2020)</small>	82.17% <small>(Nov 2019 - Oct 2020)</small>	-1.07 ↓	69.08%	63.99%	
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Jan 2021)	ⓘ	89.32% <small>(Dec 2019 - Nov 2020)</small>	89.51% <small>(Nov 2019 - Oct 2020)</small>	-0.19 ↓	84.72%	79.24%	
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Jan 2021)	ⓘ	87.26% <small>(Dec 2019 - Nov 2020)</small>	87.05% <small>(Nov 2019 - Oct 2020)</small>	0.21 ↑	71.08%	62.22%	
Day case realisation rate (12 mth rolling) HES Inpatients (Feb 2021)	ⓘ	96.56% <small>(Jan 2020 - Dec 2020)</small>	96.46% <small>(Dec 2019 - Nov 2020)</small>	0.10 ↑	94.91%	95.60%	
Day case rate (12 mth rolling) HES Inpatients (Feb 2021)	ⓘ	82.50% <small>(Jan 2020 - Dec 2020)</small>	82.43% <small>(Dec 2019 - Nov 2020)</small>	0.07 ↑	84.05%	68.69%	

Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking		Position	
Indicator	Current	Previous	Change	Peer	National	Position		
Average excess length of stay (12 mth rolling) HES Inpatients (Feb 2021)	0.09 (Jan 2020 - Dec 2020)	0.09 (Dec 2019 - Nov 2020)	No Change	0.34	0.42			
Average length of stay (12 mth rolling) HES Inpatients (Feb 2021)	3.29 (Jan 2020 - Dec 2020)	3.27 (Dec 2019 - Nov 2020)	0.02	3.98	4.47			
Average elective length of stay (12 mth rolling) HES Inpatients (Feb 2021)	1.35 (Jan 2020 - Dec 2020)	1.44 (Dec 2019 - Nov 2020)	-0.09	3.64	4.52			
Average non-elective length of stay (12 mth rolling) HES Inpatients (Feb 2021)	3.52 (Jan 2020 - Dec 2020)	3.49 (Dec 2019 - Nov 2020)	0.03	4.03	4.45			
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Feb 2021)	0.21 (Jan 2020 - Dec 2020)	0.21 (Dec 2019 - Nov 2020)	No Change	0.23	0.25			
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Feb 2021)	0.01 (Jan 2020 - Dec 2020)	0.01 (Dec 2019 - Nov 2020)	No Change	0.03	0.03			
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Feb 2021)	0.36 (Jan 2020 - Dec 2020)	0.35 (Dec 2019 - Nov 2020)	0.01	0.41	0.46			
Average post-operative length of stay (12 mth rolling) HES Inpatients (Feb 2021)	0.92 (Jan 2020 - Dec 2020)	0.91 (Dec 2019 - Nov 2020)	0.01	1.02	0.94			
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Feb 2021)	0.18 (Jan 2020 - Dec 2020)	0.19 (Dec 2019 - Nov 2020)	-0.01	0.33	0.26			
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Feb 2021)	1.43 (Jan 2020 - Dec 2020)	1.40 (Dec 2019 - Nov 2020)	0.03	1.66	1.64			
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Feb 2021)	34.80% (Jan 2020 - Dec 2020)	34.93% (Dec 2019 - Nov 2020)	-0.13	34.93%	33.11%			
Elective stranded rate (12 mth rolling) HES Inpatients (Feb 2021)	3.68% (Jan 2020 - Dec 2020)	4.04% (Dec 2019 - Nov 2020)	-0.36	13.10%	12.56%			
Emergency stranded rate (12 mth rolling) HES Inpatients (Feb 2021)	17.72% (Jan 2020 - Dec 2020)	17.59% (Dec 2019 - Nov 2020)	0.13	18.58%	20.79%			
Elective super-stranded rate (12 mth rolling) HES Inpatients (Feb 2021)	0.32% (Jan 2020 - Dec 2020)	0.41% (Dec 2019 - Nov 2020)	-0.09	2.43%	3.36%			
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Feb 2021)	93.33% (Jan 2020 - Dec 2020)	93.36% (Dec 2019 - Nov 2020)	-0.03	76.79%	77.16%			
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Feb 2021)	0.28% (Jan 2020 - Dec 2020)	0.31% (Dec 2019 - Nov 2020)	-0.03	0.98%	0.96%			
Relative risk length of stay (12 mth rolling) HES Inpatients (Feb 2021)	83.45 (Jan 2020 - Dec 2020)	83.35 (Dec 2019 - Nov 2020)	0.10	102.03	99.88	Low (>95%)		

Council of Governors

Title of report:	NHS National Staff Survey Results 2020									
Date:	6 May 2021									
Prepared by:	Gary Wright - Deputy Chief People Officer Louise Samuel - Organisation Development, and Engagement Lead									
Executive Sponsor:	Alan Sheppard – Chief People officer									
Purpose of the report	This report provides detail relating to the 2020 staff survey results									
Action required:	Approve		Assurance	X	Discuss		Information	X		
Strategic Objectives supported by this paper:	Putting our Population First		Valuing our People	X	Transforming our Services		Health and Wellbeing			
Which CQC Standards apply to this report	Safe		Caring		Effective	X	Responsive		Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>This report provides detail relating to the 2020 staff survey results; specifically, in relation to the benchmarked report produced by the Survey Co-ordination Centre on behalf of the Department of Health. These reports provide the Trust with a national view on the staff survey responses and highlights areas of good practice and those areas where focus may be required when compared against other similar Trusts.</p> <p>The report also provides information on ongoing activity in relation to the results.</p>										
How this report impacts on current risks or highlights new risks:										
Committees/groups where this item has been discussed	Trust Board of Directors Executive Team Care Group Directors Culture Group Workforce Committee									
Recommendation	The Council of Governors is requested to note the content of this paper; noting in particular the on-going activity relating to analysing the information presented within the NHS staff survey and continued use of action planning going forward.									

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

6 May 2021

NHS National Staff Survey Results 2020

1.0 Introduction

This report provides detail relating to the 2020 staff survey results; specifically, in relation to the benchmarked report produced by the Survey Co-ordination Centre on behalf of the Department of Health. These reports provide the Trust with a national view on the staff survey responses and highlights areas of good practice and those areas where focus may be required when compared against other similar Trusts.

An online census approach was undertaken, which allowed all staff the opportunity to complete the survey, with 2097 surveys received. This gave a response rate of 48%, which is above average when compared to similar Trusts in the benchmarking group (45%). Given that the survey was undertaken during the pandemic, it is pleasing to see a positive response rate.

2.0 Trust Results 2020

It is positive to note that for the themes covered in the 2020 staff survey, the Trust scored above average for all ten themes.

The scores contained within this report range from 1 to 10, with 1 being the worst and 10 being the best score. As a Trust, it is important that we do not compare the scores across the themes and instead we are required to focus on the score in comparison with best/worst and average scores *within* that particular theme. Therefore, whilst Health and Wellbeing may seem to be low in comparison with the other themes, the Trust is performing well in this area when compared with other Trusts and we rank as above average in this area.

The Trust's highlights from the staff survey results (2020) show that almost three quarters of staff feel enthusiastic about their job. More than seven out of ten staff would recommend the organisation to family and friends for treatment with a five-year positive trend and a year on year improvement in staff being satisfied with the quality of care they provide to patients and service users.

Within the local Integrated Care Partnership (ICP), we achieved the highest scores against all of the ten themes. We recognise that such an achievement for this Trust does not happen by chance it is important that we highlight that our performance in this area is testament to the way in which we invest in our staff and value the contribution that they make. We continuously strive to be an employer of choice to attract and retain quality staff and support them with continued development throughout their employment with us. Throughout the pandemic, we have adapted to staff needs to provide support whether that is through wellbeing support or provision resources. Our commitment to providing engagement and organisation development activities also has a positive impact on our performance.

2.1 Trust Covid question Results 2020

This year the questions relating to Quality of Appraisal were removed and replaced with questions relating to Covid-19 to further understand the impact of the NHS workforce. For each theme, the questions were related to those who have worked on a Covid-19 specific

ward or area, those who were redeployed, those who worked remotely/from home, those who shielded for themselves or those who shielded for a household member. Analysing the data in this way provides an understanding of difference in experience amongst these groups.

Equality, Diversity and Inclusion those who worked remotely/from home reported a higher positive score of 9.2 in comparison those who had been redeployed reported the lowest theme score of 8.8.

Health and wellbeing as a theme highlighted those who worked remotely/from home reported the highest score of 6.7 in comparison to those who had been redeployed or shielding for themselves reporting the lowest theme score of 5.7.

Immediate managers also had similar findings with those who worked remotely/from home and those shielding for household members showing a score of 7.4 in comparison to those who worked on a Covid-19 area or were redeployed with a score of 6.8.

Morale was also highest in those who worked remotely/from home at 6.7 with those who were redeployed showing the lowest overall score of 6.1.

Quality of Care was highest in those who were shielding for household members at 7.9 with those who worked remotely/from home reporting the lowest theme score of 7.5.

Safe environment – Bullying and Harassment those who worked remotely/from home had the highest theme score of 8.5 compared to those who were redeployed and worked on Covid-19 areas who scored 7.8.

Safe environment – violence was highest in those who worked remotely/from home at 9.7 with those working on Covid-19 areas having the lowest theme score of 9.0.

Safety Culture those working remotely/from home reported the highest theme score of 7.2 with the lowest being in those who were deployed at 6.9.

Staff Engagement was highest in those who worked remotely/from home with those who were redeployed having the lowest score of 7.0.

Team working was highest in those who worked remotely/from home whilst in comparison those who were shielding for themselves reported the lowest team working score of 6.5.

It is clear from the analysis that those who worked remotely/from home reported a higher satisfaction across the ten survey themes with those who had been redeployed showing lower satisfaction across the majority of the ten themes.

3.0 Detailed Results

The following section of the report reflects the detail of the Trust's responses, broken down by each of the ten themes.

3.1 Equality, diversity and inclusion

The Trust scored a positive 9.3 in this theme, which is above the national benchmarked average.

This year's score has stayed the same as the previous year. Three of the questions within the theme are above the national average however; the question about adequate adjustments has fallen slightly below the national average.

3.2 Health and wellbeing

The Trust's score of 6.3 is above the national benchmarked average of 6.1. This year has seen an improvement in the overall theme.

This theme considers opportunities for flexible working (the Trust scored below the national average); whether individuals have suffered MSK problems or stress as a result of work (the Trust scored better than average a positive result and the overall result saw a 1.6% decline a positive improvement) and how positive the Trust is in relation to health and wellbeing – the Trust remains above the national average and has seen a positive improvement in this question with a 1.9% improvement which is testament to the hard work undertaken by multiple teams to support staff health and wellbeing. This theme also reveals insight into whether staff have felt unwell as a result of work related stress (the Trust scored positively below the average however, the score has seen an overall increase of 2.4%, this is conversely less than the national increase of 4.2%) and also if they have come to work despite feeling unwell (the Trust scored better than the average and has seen an overall positive decrease of 10% in this question, consideration should be made to the impact of coronavirus and the approach of people not coming to work if they had symptoms).

3.3 Immediate Managers

This theme considers staff experience in relation to support, involvement and feedback provided by line managers across the Trust. With a score of 6.9, the Trust rates higher than the national benchmarked average (6.8). The theme has seen a decline this year with each question being lower than last year; however, each question remains above the national average with most questions declining nationally.

3.4 Morale

The Trust's score of 6.4 is above the national average for similar Trusts (6.2). There are nine questions within this theme and the trust saw positive improvements in five of these. The biggest improvement was more staff stating they had unrealistic time pressures never/rarely with a 6.8% improvement. The other positive areas relating to having a choice in deciding how to do their work with a 2.3% increase and all three questions related to leaving the organisation had seen positive declines.

3.5 Quality of Care

A consistently high score has been achieved in relation to the theme of quality of care over previous years and the Trust continues to score above average when compared to other Trusts nationally (7.7 compared to 7.5). There are three questions within this theme and two showed positive improvements; being satisfied with the quality of care to patients/service users (0.3% improvement) and being able to deliver the care I aspire to (1.6% improvement). The question which saw a decline is feeling that their role makes a difference to patient/service users with a 1.2% decline. All of the questions remain above the national average.

3.6 Safe environment – bullying and harassment

The Trust has seen a positive increase in this theme. Two of the theme questions have seen positive improvements with 3.7% less incidents of harassment, bullying or abuse from patients/service users or relatives and a 0.3% decrease in harassment, bullying or abuse from other colleagues. One of the questions which has seen a negative increase of 1.1% is harassment, bullying or abuse from managers. This particular question has seen a two-year negative increase. All of the questions are better than the national average.

3.7 Safe environment – violence

The trust has seen a positive increase in this theme. The three questions contained within this theme have all seen positive decreases this is testament to the hard work undertaken in the keeping staff safe group and a continued zero tolerance approach.

When considering violence from patients, relatives or other members of the public the Trust score has seen a positive decrease and the best trust result in the last 5 years with it falling below the national average. Violence from managers and colleagues have both seen positive declines whilst below the national average continued effort must be undertaken to ensure that these both reach zero.

3.8 Safety culture

The Trust has maintained its position in relation to the safety culture within the organisation, which supports the Trust's objective of putting patients at the centre of all we do.

We achieved a significantly above average score for every question in this theme relating to reporting errors, near misses or incidents, raising concerns about unsafe clinical practice, being given feedback, learning from incidents and addressing any concerns raised. Whilst we have achieved above average scores it is clear we need to continue to work on providing safe spaces for people to share concerns.

3.9 Staff Engagement

The Staff Engagement indicator considers the ability of staff to contribute to improvements at work; a willingness to recommend the Trust as a place to work or receive treatment and; the extent to which staff feel motivated and engaged in their work. There are 9 questions overall with three in each of the above areas. Two of the questions relating to motivation have remained above the national average despite seeing a decline in score whilst the question relating to time passing quickly when I am working has dropped below the national average and seen a 4.4% decline.

The three questions relating to contributing to improvements all questions have remained above the national average with staff being able to make improvement happen in their area of work seeing a positive increase of 0.9%. It is pleasing to see that staff have felt empowered to make changes happen. The other two questions whilst above national average have seen a decline with less staff feeling there are opportunities for them to show initiative (2.8% decline) and less staff feeling they can make suggestions that improve their team/department (3.4% decline).

The three questions, which relate to recommending the organisation two, are above the national average and one has fallen just below. The question relating to care being the organisation top priority remains above 80% despite seeing a slight decline of 0.2%. Staff recommending the organisation as a place to work has increased by 0.8% and recommending to friends or relatives that need treatment has increased by 2.5% however the national average increased by 3.8% (from 70.5% to 74.3%).

The engagement score national average has also seen a decline from 7.1 to 7.0.

3.10 Team working

There are only two questions within the team-working theme; the team having a shared set of objectives and meeting to discuss the team's effectiveness. Both of these questions have seen

a decline this year consistent with the national average decline and the best overall score decline. The year has seen staff redeployed across the organisation, which can reduce the opportunities for teams to connect and feel cohesive.

4.0 Taking things forward

It is right that we celebrate the areas of good practice that are clearly demonstrated throughout the 2020 staff survey results. Despite what has been an incredibly difficult year for all staff working across the trust we have continued to build upon our culture providing a place to work that people can be proud to be part of. These achievements are a product of the dedicated focus provided across the Trust in relation to improving engagement, recognition, values and behaviours, equality, diversity and inclusion, and many other cultural related elements that can be measured through the staff survey.

Last year the opportunity to focus on staff survey improvements was limited due to being at the height of the pandemic. Despite these difficulties, we had a great response from staff survey leads and their commitment to improving the organisation was unwavering. This year we need to share the learning and results with all staff across the organisation and focus on managers in every area having an awareness of how the staff survey can help us provide high quality patient care and be the best place to work.

By working through the staff data we have been able to provide information at a more focussed level, a request made by teams across the organisation, meaning that there are 60 departments which will be provided with data for each theme and the questions contained within those themes. There is a three-step approach from the Organisation Development (OD) and Employee Engagement team:

1. Feedback to each Care Group Director
2. Feedback to senior managers
3. One-to-one feedback with line managers for each of the 60 departments.

There have been opportunities to share the overall trust data with all staff and there will be five engagement sessions focussed around the themes to understand improvements at an organisational level.

Whilst it is easy to focus entirely on data we need to ensure that we do not forget to make meaning of the information, after all it is the largest opportunity each year to truly understand how staff feel working for the trust. It is evident from the data that we have maintained our score from the previous year which is a massive achievement considering the difficult year that has been experienced, however to ensure a meaningful approach we have to truly reflect on what we would like to achieve in the coming year.

4.1 Staff Engagement, motivation and morale

There are clear areas of focus, which can result in improvements across a range of scores. The overall score for the engagement theme has seen a decline this year with the key questions relating to motivation being either close to the average or slightly below. We need to spend time understanding what makes people look forward to coming to work, and increases their enthusiasm to ensure we see improvements in these results in the coming year. We have a strong quality improvement approach across the organisation however; some of the questions within this area have seen quite a decline and are now closer to the national average compared to being closer to the best scores last year. We have a variety of teams across the organisation to support quality improvement from PMIO to QI leads we need to work with these teams to understand how we can increase improvement opportunities. The questions relating to recommending the organisation have remained stable however; the

national averages all saw more positive increases than the Trust. All of these questions link to how staff feel working for the Trust demonstrating the need to focus on people.

Morale, which refers to enthusiasm, optimism and excitement, can help to create positive working environments. Research has shown that higher team morale increases employee engagement and can increase productivity. We must increase morale amongst staff from the moment they join the organisation, providing a clear vision and instilling a belief within them that the organisation wants to provide the best patient care, which will encourage them to try new things and make the most of their skills. The current induction focusses upon completion of tasks, we need to re-energise and refocus to ensure a welcome event that inspires them to be the best they can and also shares the best that the organisation has to offer.

Burnout, health and wellbeing

The overall theme of health and wellbeing has seen a positive increase this year, which is pleasing to see, as there has been a collective approach towards health and wellbeing to provide as much support as possible. Nevertheless, there remains the need for even more in the coming years; many are already acknowledging the emotional burden, which the pandemic has placed on those working within the NHS. Work related stress has continued to rise within the trust over the last five years with a highest ever score this year with two fifths of the respondents experiencing work related stress. This follows the national average trend. We need to invest in preventative approaches, which can result in a reduction.

This year has provided a different focus on what 'being at work' truly means. The variety of routes we have had for staff voice this year have told us that whilst we have begun increasing flexibility we must do more that is not just about office timings. Flexibility can be linked to working from home, job-sharing, part-time opportunities, and shortened working weeks. There are many ways to increase flexibility without compromising organisational goals. Providing a feeling of balance will increase motivation, which in turn will improve patient care.

Immediate managers

It is clear from the results that our immediate managers have felt the strain of the past year, whilst it is easy to view these results and wonder what they have not done perhaps we should pose the question what support do they need? Managing teams can be complex within normal times, the increased anxiety and support throughout the pandemic has offered a challenge of magnitude, which has never been experienced before. A supportive mechanism must be put in place that seeks to understand the experience of immediate managers but does not avoid the difficult conversations about the right person being recruited to roles. We must reinvigorate and realign all managers to the trust values to ensure we provide a compassionate approach not just to our patients but also to those who work for the organisation. The foundation of morale and engagement is trust. We must ensure staff trust that we will listen, we will take action and we will feedback. We must have managers who inspire trust within the team and provide psychological safety for them to share their concerns or worries at those levels to ensure that things are actioned in a timely manner.

We must ensure that all managers are role modelling the expected values, focus on providing a supportive, and compassionate environment for both staff and patients, only then will we see meaningful improvements in the main themes which provide a people focus.

We must continue to invest in our people resource, if we want to see improvements in some of the staff survey metrics we need to consider whether we have invested in the right parts of the organisation to deliver on these metrics. Whilst there is a need to balance the finance without the appropriate resources improvements will struggle to be delivered, adding more tasks to staff that already feel overstretched will not result in positive outcomes.

5.0 Next steps

Whilst the pandemic has challenged the workforce in ways we could never imagine it has never been clearer that a focus on the people who are the beating heart of the organisation is needed to continue on our journey to excellence as our standard. Without the dedicated and compassionate people who work for the organisation, we would be unable to provide the quality care that we always strive for our patients and population. There is much to celebrate in the organisation and we must continue to tap into the potential and skills of a diverse and talented workforce.

The improvements must take place at differing levels across the Trust. At an organisational level, we need to determine the key actions, which must be undertaken to achieve a further positive increase in results in the coming year. At a care group level, we must understand and implement actions, which are department specific, as each area, will have differing needs. At a department level, we must ensure that staff are involved in making improvements and provided with a voice to offer suggestions, which would make their department a better place to work.

The launch of the NHS People Plan provides an opportunity to focus on our most precious resource – our people. It is clear that the eight areas of priority within the People Plan have clear linkage to the staff survey and focussing and implementing these key actions will result in a positive culture change.

An Executive Team strategy session took place on 25 March to look at the key areas of activity from the data contained in the survey, this culminated in an action plan at corporate, care group and department level.

These action plans will be reviewed at the Culture Group and Workforce Committee with regular updates to the Executive Team.

6.0 Recommendation

The Council of Governors is requested to note the content of this paper; noting in particular the on-going activity relating to analysing the information presented within the NHS staff survey and continued use of action planning.

Alan Sheppard
Chief People Officer

Council of Governors

Title:	Sub-Committee Membership Review									
Date:	6 May 2021									
Prepared by:	Sarah Hutt, Assistant Company Secretary									
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs and Chief of Staff									
Purpose of the report	The purpose of this report is to outline changes made to the membership and terms of reference of the Governor Sub-Committees.									
Action required:	Approve	x	Assurance		Discuss		Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>In line with good practice, terms of reference and membership requirements for Committees should be reviewed regularly, but as a minimum every three years. The last full review was undertaken in 2019.</p> <p>To reflect changes to the Council of Governors following the annual elections the membership of each committee would usually be reviewed annually to fill any gaps that may have occurred. Due to the impact of COVID-19 during 2020, the Trust was unable to carry out its usual schedule of meetings and it was therefore decided to postpone a full review until 2021.</p> <p>There are four Governor Sub-Committees: Membership Strategy Committee; Strategy & Service Development Committee; External Audit Working Group and the Nominations Committee.</p> <p>This year there are vacancies in the External Audit Working Group and the Membership Strategy Committee. In addition, it was agreed with Governors last year that the membership of the Strategy and Service Development Committee would be opened up to all Governors.</p> <p>The remit of the External Audit Working Group is to appoint / remove the Trust's external auditor. New external auditors were appointed in 2020; Deloitte, so it likely there will not be a requirement for this Group to meet during 2021/22. However, there is still a need to fill the vacancies on this Group.</p> <p>Membership of the Nominations Committee is full at present and not part of the review this year.</p> <p>Expressions of interest were requested from Governors stating whether they wished to change their existing committee membership or to join a committee with vacant spaces.</p> <p>Appended is the updated Committee membership list and the Terms of Reference for the three committees where there are vacancies.</p>										

Financial impact and implications:	
N/A	
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 changes to the Governor Sub-Committee membership.

North Tees and Hartlepool NHS Foundation Trust

Governor Representation on Sub-committees

May 2021

Strategy and Service Development Committee

Chair: Steve Hall, Non-Executive Director

Executive Director: Lynne Taylor

Janet Atkins, Elected Governor (Stockton)

~~Ann Cains, Elected Governor (Stockton) no longer a governor~~

Margaret Docherty, Elected Governor (Stockton)

John Edwards, Elected Governor (Stockton)

Wendy Gill, Elected Governor (Sedgefield)

Tony Horrocks, Elected Governor (Stockton) / Lead Governor

George Lee, Elected Governor (Hartlepool)

Mary King, Elected Governor (Easington)

~~Alison McDonough, Elected Governor (Non-core public) no longer a governor~~

[Aaron Roy, Elected Governor \(Hartlepool\)](#)

[Ian Simpson, Elected Governor \(Hartlepool\)](#)

Alan Smith, Elected Governor (Hartlepool)

[Ray Stephenson Elected Governor \(Stockton\)](#)

Mark White, Elected Governor (Stockton)

Kate Wilson, Elected Governor (Stockton)

Dave Russon, Elected Governor (Staff)

Gavin Morrigan, Elected Governor (Stockton)

Membership Strategy Committee

Chair: Wendy Gill, Elected Governor (Sedgefield)

Executive Director: Barbara Bright / Sarah Hutt

Carol Alexander, Elected Governor (Staff)

Janet Atkins, Elected Governor (Stockton)

~~Ann Cains, Elected Governor (Stockton) no longer a governor~~

Tony Horrocks, Elected Governor (Stockton) / Lead Governor

Mary King, Elected Governor (Easington)

Pauline Robson, Elected Governor (Hartlepool)

[Ian Simpson, Elected Governor \(Hartlepool\)](#)

Alan Smith, Elected Governor (Hartlepool)

Dave Russon, Elected Governor (Staff)

~~Gavin Morrigan, Elected Governor (Stockton) would like to be removed from this committee~~

Nominations Committee

Chair: Neil Mundy, Chairman

Carol Alexander, Elected Governor (Staff)

Wendy Gill, Elected Governor (Sedgefield)

Tony Horrocks, Elected Governor (Stockton) / Lead Governor

Janet Atkins, Elected Governor (Stockton)

Alan Smith, Elected Governor (Hartlepool)

Linda Nelson, Appointed Governor, Teesside University

Mark White, Elected Governor (Stockton)

External Audit Working Group

Chair: Phil Craig

Executive Director: Neil Atkinson

Janet Atkins, Elected Governor (Stockton)

John Edwards, Elected Governor (Stockton)

Mark White, Elected Governor (Stockton)

Alan Smith, Elected Governor (Hartlepool)

Tony Horrocks, Elected Governor (Stockton)/ Lead Governor

~~Victor Manejero, Elected Governor (Stockton) no longer a governor~~

North Tees and Hartlepool NHS Foundation Trust

Strategy and Service Development Committee

Terms of Reference

1. Constitution

- 1.1 The Strategy and Service Development Committee is a Sub-committee of the Council of Governors.

2. Membership

- a. The Council of Governors will nominate members and review membership at least every 36 months. It will recommend any changes it considers necessary to the Council of Governors. The membership is open to all public, staff and appointed governors.
- b. The Board of Directors will nominate a Non-Executive Director to chair the Committee and an Executive Director to link the Committee to the Board, who will be Vice-Chair. Managers will be invited to meetings as and when required. Support will be provided by a member of staff from the Private Office. Ex officio members of the Committee will include the Chairman, the Director of Corporate Affairs and Chief of Staff and the Lead Governor.
- 2.3 The Committee will be quorate with the Chair or Vice-chair of the Committee plus eight other governors present.

3. Aims

- 3.1 The aim of the Committee is to:
- advise on the long-term direction of the Trust and provide a steer on how the Trust carries out its business in order that the Board of Directors can effectively determine policies;
 - to ensure that the Trust operates in a way that fits with the Trust's vision and values to comply with its authorisation and to enable governors to act in a trustee/ambassadorial role for the welfare of the organisation; and
 - to hold the Board of Directors to account.

4. Objectives

The objective of the Committee is to receive, review and update information on:

- Strategic direction and corporate strategy;
- Annual and Business Plans;
- Supporting and enabling strategies;
- Strategic business, service development and patient treatment pathway proposals;
- Service performance;
- Single Oversight Framework;
- Patient experience, involvement and environment.

5. Reporting Arrangements

- 5.1 The Committee will report on its activities to the Council of Governors after each meeting.

6. Frequency of Meeting

- 6.1 The Committee will meet as a minimum 4 times per year, to be reviewed annually. One meeting will focus and be a culmination of events leading up to the development of the strategic direction and plan. Meetings of the Committee shall be called by the Director of Corporate Affairs and Chief of Staff at the request of the Chair of the Committee.

7. Agenda and Minutes

- 7.1 The agenda and papers will be distributed to Committee members five days prior to each meeting by email, or post where required. Minutes from the previous meeting will be distributed within two weeks following each meeting.
- 7.2 A defect in the notification of the meeting will not invalidate the proceedings of the Committee.
- 7.3 The Private Office shall keep minutes of the proceedings and resolutions of all meetings including the names of those present and in attendance.

8. Confidentiality

- 8.1 A member of the Committee shall not disclose a matter dealt with by, or brought before, the Committee without its permission until the Committee has reported on the matter to the Council of Governors or has otherwise concluded the matter.
- 8.2 Irrespective of the provisions of section 8.1, a member of the Committee shall not disclose any matter if the Committee or the Council of Governors resolves that it is confidential.

North Tees and Hartlepool NHS Foundation Trust
Membership Strategy Committee
Terms of Reference

1. Constitution

1.1 The Membership Strategy Committee is a Sub-committee of the Council of Governors.

2. Membership

2.1 The Council of Governors will nominate members and review membership at least every 36 months. It will recommend any changes it considers necessary to the Council of Governors. Membership of the Committee will include the Director of Corporate Affairs and Chief of Staff, Communications Officer, Assistant Company Secretary and Volunteer Co-ordinator and there will be a maximum of 11 Governors representative of the balance of public, staff and appointed governors. Support will be provided by a member of staff from the Private Office. Ex officio members of the Committee will include the Chairman, and the Lead Governor.

2.2 The Committee will be quorate with the Chair or Vice-chair plus four Governors present.

3. Aims

3.1 The aim of the Committee is to maintain the membership of approximately 6,000 members while also matching the demographics of the constituencies.

4. Objectives

- To develop membership campaigns;
- To actively involve all Governors with the recruitment of new members;
- To renew the database;
- To utilise accurate data to monitor membership numbers and review demographics;
- To involve all Governors in supporting membership events;
- To communicate and, where appropriate, consult with members;
- To work with the Trust to raise awareness of the Foundation Trust;
- To work with all Governors in promoting a positive image of the Trust;
- To utilise membership of NHS Providers, especially in the region, to determine good practice, and share information;
- To engage with members, developing ideas to enable the Trust and all Governors to maintain effective communication with members.

5. Reporting Arrangements

5.1 The Committee will report on its activities to the Council of Governors after each meeting.

6. Frequency of Meeting

6.1 The Committee will meet as minimum on a quarterly basis, to be, reviewed annually. Meetings of the Committee shall, be called by the Director of Corporate Affairs and Chief of Staff at the request of the Chair of the Committee.

7. Agenda and Minutes

7.1 The agenda and papers will be distributed to Committee members five days prior to each meeting by email, or post where required. Minutes from the previous meeting will be distributed within two weeks following each meeting.

7.2 A defect in the notification of the meeting will not invalidate the proceedings of the Committee.

7.3 The Private Office shall keep minutes of the proceedings and resolutions of all meetings including the names of those present and in attendance.

8. Confidentiality

8.1 A member of the Committee shall not disclose a matter dealt with by, or brought before, the Committee without its permission until the Committee has reported on the matter to the Council of Governors or has otherwise concluded the matter.

8.2 Irrespective of the provisions of section 8.1, a member of the Committee shall not disclose any matter if the Committee or the Council of Governors resolves that it is confidential.

North Tees and Hartlepool NHS Foundation Trust

External Audit Working Group

Terms of Reference

1. Purpose

1.1 Appointment of the Trust's External Auditors is reserved for the full Council Governors. To enable the Governors to effectively discharge this duty it is recommended that an External Audit Working Group be established. The Group will make recommendations to the Council of Governors to appoint and if appropriate remove the external auditors to the Trust.

2. Constitution

2.1 The External Audit Working Group is a Sub-Committee of the Council of Governors.

3. Membership

3.1 The Council of Governors will nominate members. It will recommend any changes it considers necessary to the Council of Governors. The Chair of the Audit Committee will be the Non-Executive Director link to the Board, with the Director of Finance in attendance, and a maximum of seven Governors representative of the balance of public, staff and appointed governors. Support to the Group will be provided by the Director of Corporate Affairs and Chief of Staff or nominee.

4. Aim

4.1 The aim of the Group is to recommend to the Council of Governors the appointment of External Auditors and to ensure that as part of the appointment process the appointed Auditors meet criteria included by the National Audit Office's 'Code of Audit Practice'.

5. Chair

5.1 The Chair will be the Chair of the Audit Committee.

6. Quorum

6.1 The Group will be quorate with the Chair of the Committee plus four Governors present.

7. Reporting Arrangements

7.1 The Group will report on its activities to the Council of Governors after each meeting.

8. Frequency of Meeting

8.1 The Group will meet as required when the External Auditors are to be appointed. Meetings of the Group shall be arranged by the Director of Corporate Affairs and Chief of Staff.

9. Agenda and Minutes

9.1 The agenda and papers will be distributed to Committee members five days prior to each meeting by email, or post where required. Minutes from the previous meeting will be distributed within two weeks following each meeting.

9.2 A defect in the notification of the meeting will not invalidate the proceedings of the Committee.

9.3 The Director of Corporate Affairs and Chief of Staff shall keep minutes of the proceedings and resolutions of all meetings including the names of those present and in attendance.

10. Confidentiality

10.1A member of the Group shall not disclose a matter dealt with by, or brought before, the Group without its permission until the Group has reported on the matter to the Council of Governors or has otherwise concluded the matter.

10.2 Irrespective of the provisions of section 11.1, a member of the Group shall not disclose any matter if the Group or the Council of Governors resolves that it is confidential.

North Tees and Hartlepool NHS Foundation Trust

Minutes of Virtual Strategy and Service Development Committee

Held, on Monday, 15 March 2021 at 1:30 pm

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

Present: Steve Hall, Non-Executive Director (Chair)
Lynne Taylor, Director of Planning and Performance (DoP&P)
Margaret Docherty, Elected Governor, Stockton (MD)
John Edwards, Elected Governor, Stockton (JE)
Tony Horrocks, Elected Governor, Stockton (TH)
Mark White, Elected Governor, Stockton (MW),
Alan Smith, Elected Governor, Hartlepool (AS)
Wendy Gill, Elected Governor, Sedgefield (WG)
Kate Wilson, Elected Governor, Stockton (KW)

In attendance: Janet Clarke, Support Secretary (note taker)

		Action
1.	Apologies for Absence Apologies for absence were noted from Janet Atkins, Elected Governor, Stockton (JA), George Lee, Elected Governor, Hartlepool, (GL), Gavin Morigan, Elected Governor, Stockton (GM), Ian Simpson, elected Governor, Hartlepool (IS)	
2.	Declarations of Interest The Chair, Steve Hall Non-Executive Director welcomed the committee members to the meeting. The Chair, declared his role as a company director of Optimus. Lynne Taylor, Director of Planning and Performance declared her role as a Trust representative of North Tees and Hartlepool Solutions LLP. MW welcomed Steve Hall back and SH, thanked the governors for their well wishes.	
3.	Teesside Provider Collaborative Working Presentation The CE provided an update on Teesside Provider Collaborative working and explained that the Health and Care standards had faced the most challenging year in the history of the NHS. The CE explained that the Trust continues to work across the system providing the most robust services befitting to the people we support across Teesside. With challenges presented around recovery from the COVID pandemic,	

focusing on population, patients and different ways of working partnership was a key area, with vision required for the future.

The appointment of an Interim joint Chair across the two provider organisations is testament to the intent and commitment to progress the strategic focus and common purpose. Helping collaboration in service provision, especially specialised services and assisting in building relationships across trusts can only help in supporting leadership teams.

There is funding of a billion pounds for Elective Care, with no additional funding for COVID

Budget 2021 key points:

- No additional NHS funding for COVID-19
- Backlog of non-COVID care
- Investing in Staff
- Healthcare Workers Pay
- Pensions tax and personal allowance

The CE explained that with a population of around 847,000, some areas of Stockton are amongst the most deprived neighbourhoods in the country, with 26% of working age residents, economically inactive, which means they do not contribute. With 36.8% of Tees Valley Primary School and 39.7%, Secondary pupils, eligible for free school meals against a national average of 29.3%. To achieve our goals in reducing ill health we need to collaborate with other organisations, schools, colleges and private sections focusing on prevention.

The CE confirmed that the process to appoint an ICS Independent Chair had been, concluded with a wealth of experience Professor Liam Donaldson had been appointed with Alan Foster as accountable officer. Building strong and efficient integrated care. Creating stronger partnerships with local places between the NHS, local government and others, in developing strategic commissioning with a focus on population health outcomes and digital data to drive system working. Power of stronger voice a greater advantage, creating stronger partnerships.

Craig Blundell, Consultant in Hartlepool Public Health along with Sarah Bowen Abona, Stockton Public Health, providing place base planning in how we manage our clinical pathways and Individuals.

The CE explained how we can make a difference by delivering our role in the partnership with clear expectations, open and honestly, investing and improving, best strategy within the community. Providing influence, challenge and support, leading by example. Encouraging collaboration in everything we do sharing knowledge, experience and skills.

The CE explained that the Clinical Services Strategy remains at the centre of the work programme for the Tees Valley, with the clinical work streams continuing with a focus on moving from the vision outlined in the value impact assessment documents to the delivery aligned to the implementation plans. Enabling the work streams of finance and efficiency, digital and workforce. Focusing on improving patient outcomes, delivering sustainability for the health economy. Building on the best of the changes, we have had to adopt because of COVID-19, continuing strong decision-making and consistency, whilst

addressing vulnerability of service.

The ICP workforce had identified a number of key areas of focus to be undertaken across the system, in response to the delivery People Plan, with the results of the partnership serving as a foundation. The workshops will focus on improving and increasing partnership engagement providing further clarity of purpose, driven and owned by group members, ensuring the group is adding value to the system.

Clinical Strategy Considerations:

- **Leadership** – Ensure Work Streams balance ambition with deliverability, priorities reflect earlier VIAs, align with the system not just the organisations, engage positively with national team
- **Decision making Principles** – Open, transparent, honest, collaborative and constructive, stand up to scrutiny and audit – Good Governance
- **Financial** – Financial pressures, provider deficits, system control totals, align incentives , pool risk, recovery adjectives, demand/cost drivers, share data, conduct authentic and honest conversations, avoid winner and losers
- **ICP Contractual** – Ensure contracts support the clinical strategy, encourages partner discussions around best use of resources, local authority and voluntary section involvement in future financial mechanisms
- **Barriers and Challenges** - Transparency is critical, communication must be clear and concise, focus on medium/longer aspirations, trials and proof of concept can be effective enablers

As an organisation the Trust was 2nd in the region for our staff services, for financial recovery the trust had achieved a place in the top 5 and doing well for our culture. The Trust was top for performing in A&E, top for joint replacement with special service accreditation for Cardiology.

The Trust continues to work in the context of national and local policy change and the ICS/ICP Infrastructure. Care is patient-centred and focused on improving quality, patient experience and outcomes. Change is inevitable; the Trust already works in a collaborative manner to serve the interests of patients across an entire population. Integration is key to our success and our future-delivered by the right people and for the benefit of the wider population.

With the complexity of patients and high numbers of patients admitted to hospitals and requiring hospital care, JE queried if the NHS was under pressure to employ less skilled people to perform all jobs. The CE confirmed it was an absolute must to have skilled workers, managing skill mix appropriately. Due to the COVID pandemic and the challenges faced it was witnessed how certain skills are transferable and different teams could complement each other around their skills.

The CE explained that the NHS was investing in different routes for roles within the NHS, including new on-the-job apprenticeship routes to becoming a registered Graduate Nurse and over 2000 nurses completing HEE's return to practice programme. New roles including 2000 Nursing Associates in training to create both a new role and a career ladder from a healthcare assistant to a registered nurse. With 650 new Physician Associates in training and 500 new

	<p>clinical Pharmacists working alongside GP's. Questions were raised on plans for care provided in Sedgefield and Easington. The CE confirmed Levi Buckley, was to meet with Durham CCG to discuss services in Sedgefield with Linda Hunter to be involved with discussions in Easington.</p> <ul style="list-style-type: none"> • Action: LB to meet with Durham CCG to discuss services, LH to discuss services surrounding Easington <p>SH, confirmed a meeting be arranged between Tony Horrocks, Barbara Bright and Sarah Hutt on how we can facilitate coming out of lockdown, with governors being, invited back into the Trust (close contact) to attend meetings.</p> <ul style="list-style-type: none"> • Action: SH, BB, TH, meeting to discuss facilitating close contact amongst governors with the restrictions of lockdown for future meetings 	
--	---	--

Date & Time of Next Meeting

Monday 14 June 2021

Boardroom, 1:30 – 4:00

North Tees and Hartlepool NHS Foundation Trust

Minutes of the Membership Strategy Committee Held, on Monday 22 March 2021

University Hospital of North Tees

Present: Wendy Gill, Elected Governor (Sedgefield) (WG) Chair
Tony Horrocks, Elected Governor (Stockton) (TH)
Alan Smith, Elected Governor (Hartlepool) (AS)
Mary King, Elected Governor (Easington) (MK)
Ian Simpson, Elected Governor (Hartlepool) (IS)
Anne Virginia Johnson, Elected Governor (Stockton) (AVJ)
Aaron Roy, Elected Governor (Hartlepool) (AR)
Pauline Robson, Elected Governor (Hartlepool) (PR)

In Attendance:

Sarah Hutt, Assistant Company Secretary (SH)
Janet Clarke, Private Office Support (note taker)

Welcome

WG welcomed members to the meeting.

Apologies for Absence

Apologies for absence was received from Barbara Bright, Director of Corporate Affairs & Chief of Staff, Janet Atkins, Elected Governor (Stockton) and Carol Alexander, Elected Governor (Staff) (CA)

1. Minutes of the last meeting held on Monday 16 February 2020

The minutes of the last meeting were confirmed as an accurate record. Due to the COVID- 19 pandemic, this was the first meeting held since February 2020. Membership reports and information had been circulated previously via email to keep the Committee up to date with the membership.

2. Matters Arising

There were no matters arising.

3. Membership Statistics

SH gave an overview of the membership statistics, which were broken down into staff and public members and highlighted that there had been an overall decrease in public members of 27 since the information had been circulated in November 2020.

4. Membership Data & Recruitment

SH confirmed that since November 2020, 22, student nurses had been recruited and 6 volunteers had completed membership application forms. Although recruitment was still a priority, the numbers recruited had been offset against those deceased or gone away (members moving address with no forward details) following data cleanses being undertaken each month.

The total membership as at 16 March 2021 was 5,465 public members with 254 non-core public members included in that public figure and 5,833 staff members. The target for public members for 2021 is to maintain the membership with c.6,000 members.

Discussions ensued amongst the members on how we can promote and generate new members. Previous initiatives in holding recruitment fayres had gained little uptake and the mobile membership stations had proved a little disappointing. IS, suggested due to the pandemic and the hard work and dedication provided by the NHS, in the past year, there had never been so much support for the NHS and could this be an opportunity to re-establish the recruitment activities, with the involvement of the Communications team.

AS and IS suggested offering to attend once a month with a view to recruiting new members at Hartlepool Hospital working in the reception/foyer.

At the last Council of Governors meeting, TH explained Jim Beall Appointed Governor for Stockton Borough Council had offered a page in the Stockton Times to promote the Trust membership and queried whether this had been followed up.

TH explained he had a meeting planned with Angela Seward Lead Governor for South Tees Hospital and suggested discussing membership recruitment to see if we could gain ideas on how to attract and recruit new members.

PR enquired whether the Trust Anthem was still distributed by post or only published on-line, as not all members had access to computers. SH confirmed we had changed supplier, however would check, how frequent the Anthem was published and with what method this be circulated to the members.

- **Action: JC, SH to write to Governors for expressions of Interest to promote the recruitment fayres, contact Jim Beall and liaise with the communications teams for ideas in promoting the membership recruitment campaign**
- **Action: JC to confirm with the communication team whether the Anthem was distributed by post or had been altered to a digital version only**

5. Communications Update

SH circulated a communications update. SH explained how the communications team had been balancing the ongoing challenges of the COVID-19 response with day-to-day responsibilities of the team. The team were involved in raising public awareness during the pandemic including an honest Interview with Respiratory Consultant Catherine Monaghan about the threat of the virus and a direct challenge to any people with misconceptions, which gained wide spread coverage by local and national media.

The team also publicised messages from people who had fought the virus and recovered encouraging the public to wear facemasks and keep washing their hands.

The team had been proud to support the official opening of the two Rainbows Rooms at North Tees and Hartlepool Hospitals, funded by money raised by Sir Captain Tom Moore for wellbeing support for the staff.

The opening of the Trust's own vaccine hub at the University Hospital of North Tees was supported by the team with key messages to staff and public about the importance of being protected.

We have also continued to support and celebrate the fantastic work of the Trust's research and development team with its involvement in the national RECOVERY trial into COVID-19 treatments. The Trust was one of the first in the region to recruit a child to the study and the first in the UK to trial a new medication as part of the trial, which was widely promoted by the communications and marketing team at both local and national coverage.

AS explained that South Tees had published a statement regarding the collaborative working and Interim appointment of joint Chair with South Tees on their Trust website and raised the question as to why there was no communications update published on the North Tees website.

- **Action: SH to discuss with Ruth Dalton Head of Communications & Marketing**

6. Trust Volunteer Update

SH provided an update of the Trust Volunteer programme. SH stated that we were currently planning the reintroduction of those volunteers who would like to return to work following the pandemic. It was proposed to roll out a 'buddy' system to support those returning and develop networks, which may also involve supporting the completion of mandatory training.

Since the last membership update, volunteers had continued to provide support to the clinical teams and patients within the wards where it has been safe to do so. Volunteers had also continued to support the pharmacy, endoscopy and orthotics team to deliver medication and equipment. The number of volunteers had also increased at the main reception/outpatient areas to provide support with directions, accessing PPE and delivering patient belongings in conjunction with the Patient Experience Team. Volunteers have helped to support the vaccine centre and the NOVAVAX trial.

In September, Radio stitch and RVS at Hartlepool had resumed service. The mobile library service would also resume its services. A responder service had been introduced where clinical areas can request support from volunteers to help deliver medication/patient parcels and escort patients.

The Trust was now in a position to look at re-starting the Home But Not Alone Project; supporting patients on discharge who were at risk of loneliness and isolation. Plans were also underway to develop a volunteer role to provide support to patients and families at end of life.

7. Strategy Action Plan

The Committee confirmed that the action plan from the Membership Strategy was still fit for purpose and they were happy for the Membership Strategy 2019-2021 to be extended for a further 12 months. SH confirmed that the Membership Strategy would be submitted for approval at the next Council of Governors meeting in May for ratification.

8. Any other Business

SH to circulate email action plan before the next Membership Strategy Committee meeting in May 2021.

Date and Time of the Next Meeting

17 May 2021,
Boardroom 4th Floor,
North Tees

Council of Governors

Title:	Membership Strategy									
Date:	6 May 2021									
Prepared by:	Sarah Hutt, Assistant Company Secretary									
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs and Chief of Staff									
Purpose of the report	The purpose of the report is to seek approval to extend the current Membership Strategy for a further 12 months.									
Action required:	Approve	x	Assurance		Discuss		Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The purpose of the Membership Strategy is to outline how the Trust will maintain a representative membership through recruitment and engagement activities supported by a current and relevant action plan. Success is measured by the delivery of three key objectives :</p> <ul style="list-style-type: none"> • To look for opportunities to recruit as members those people that have an interest in healthcare and the work of the Trust, whilst ensuring the membership remains representative; • To engage those members wanting to get involved in the work of the Trust through engagement activities and events; • To seek the views from the Trust's members about the services provided by the Trust. <p>To ensure the Membership Strategy remains fit for purpose it is refreshed every 2 years, with the last refresh being undertaken in May 2019. The review process is managed by the Membership Strategy Committee who make valuable contribution as to the content of the Strategy.</p> <p>Due to the impact of COVID-19 throughout 2020, membership engagement and recruitment activities were unable to be undertaken, which also affected the usual reporting mechanisms. It was therefore agreed at a meeting of the Membership Strategy Committee on 22 March 2021 to extend the current Membership Strategy for a further 12 months and undertake a formal review in 2022.</p> <p>Minor changes only have been made with respect to dates and narrative has been amended to reflect the current position. A copy of the Membership Strategy is appended for information, and will be published on the Trust's website.</p>										
Financial impact and implications:										
N/A										

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	Membership Strategy Committee
Recommendation	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • approve the extension of the Membership Strategy for 12 months; • agree that a full review of the Membership Strategy be undertaken in 2022.

North Tees and Hartlepool NHS Foundation Trust

Membership Strategy

2019 – 2022

Contents

1.	Introduction	3
2.	Aim of the Strategy	3
3.	Membership	3
3.1	Public Constituency	4
3.2	Staff Constituency	4
4.	The value of Membership	4
5.	Governors	5
6.	Building the Membership Base	6
7.	Membership Strategy Objectives	7
8.	Actions in support of the Objectives	7
9.	Resource required to deliver the Strategy	8
10.	Evaluation and monitoring	9
11.	Conclusion	9
	Appendix 1 Action Plan 2019-2022	
	Appendix 2 Membership data	

1. Introduction

North Tees and Hartlepool NHS Foundation Trust is a successful forward thinking provider of integrated hospital and community-based healthcare to around 400,000 people living in East Durham, Hartlepool, Stockton on Tees and surrounding areas including Sedgefield, Easington and Peterlee.

It provides services from two main hospitals; the University Hospital of North Tees in Stockton on Tees and the University Hospital of Hartlepool and provides a number of outpatient and outreach clinics at our smaller community hospital in Peterlee, and in an increasing number of community locations.

The breast and bowel screening services extend further, across Teesside and parts of North Yorkshire and County Durham. The Trust also provides community dental services to the whole of Teesside and many of the other community services also reach beyond its geographical boundaries. In alliance with North East Ambulance Services (NEAS) and the local GP Federation the Trust successfully delivers Integrated Urgent and Emergency Care services at the Hartlepool and North Tees hospital sites. The Urgent Care Centres incorporate minor injuries and illnesses, GP services and emergency care practices, Accident & Emergency services are also provided at North Tees Hospital.

The Trust is an active partner in the development of the Integrated Care System, previously the Sustainability and Transformation Partnerships in the North East and North Cumbria in order to drive improvements to care, and work innovatively with key stakeholders and partners to tackle the health challenges of the local population.

As a Foundation Trust, we are accountable to our membership throughout the areas we serve. Members have an opportunity to elect Governors, whose role is to represent the views of the membership, and to hold the Non-Executive Directors of the Trust to account. In order to develop and deliver an effective strategy, it is important that the views are representative of the local population to ensure their needs are being fully met.

2. Aim of the Strategy

The aim of the strategy is to outline how the Trust will continue to maintain a representative membership which is given opportunities to be involved with and engage with the Trust's plans and services. The objectives to deliver this overall aim are outlined at section 7. The Strategy is supported by:

- an action plan to deliver the key objectives (Appendix 1A);
- relevant membership data (Appendix 2);

3 Membership

Foundation Trusts have a duty to engage with their local communities and encourage local people to become members taking steps to ensure that their membership is representative of the diverse communities they serve.

The Trust had a total of 11,298 members as at 1 April 2020 which included 5,465 public and 5,833 staff members. We propose to maintain our public membership at its current levels whilst being as inclusive as possible.

The Trust has two constituency areas from which members can be drawn;

- A public constituency divided into five voting areas; patients, carers, volunteers and the public, aged 16 years and over, who live within Hartlepool, Stockton on Tees, Easington, part of Sedgefield (the Trust's constituent areas) but also any other area in the rest of England;
- A staff constituency.

An individual cannot be a member of more than one constituency and a person who satisfies the criteria for membership of the staff constituency may not become or continue as a member of the public constituency.

A person can become a member by one of the following ways:

- by completing a membership application form;
- by joining 'online' via the Trust's website at www.nth.tr.uk/joinustoday
- by e-mailing nth-tr.membership@nhs.net

Further details on membership, such as eligibility and exclusion, are outlined in the Trust's Constitution which is available on the Trust's website.

3.1 Public Membership Constituency Representatives

Patients, carers, volunteers and the public will be brought together into a single constituency and membership will be on an opt-in basis.

The Trust will ensure it has, as far as possible, a membership that reflects the varied communities it serves. The Trust will compare the demographics of the members recruited with census information relating to the demographics of the population that the Trust serves. The Membership Strategy Committee will review the demographic census data and agree an annual recruitment plan.

3.2 Staff Constituency

The Trust wants its staff to be fully involved and engaged in how services are developed in the future. Staff membership is open to individuals who have a contract of employment with no fixed term or a fixed term of at least 12 months with the Trust and/or a subsidiary organisation. Individuals working for, or providing services to the Trust have been brought together into one constituency. All members of staff automatically become members as soon as they join the Trust. unless staff notify the membership team that they wish to opt out.

4. The value of Membership

Members can make valuable contributions to the way in which the Trust manages and plans its services. There are many benefits of membership engagement:

For Members

- Members become more informed about services
- Members can participate in surveys, workshops, focus groups and other member events.
- Elect Governors to serve on the Council of Governors or stand for election themselves.

For the Trust

- Members understand the value of their membership and remain as members.
- Members become a valuable resource for the organisation, acting as ambassadors or becoming representatives on the Council of Governors.
- Members start to build relationships with the Trust and some become involved in its work.

Joint Benefits:

- Members perceive to have an increased local ownership of services through partnership working. This in turn leads to a mutual understanding of what can be achieved to improve health.
- Conversations can lead to more realistic expectations about health services.

5. Governors

The Constitution identifies that the composition of the Council of Governors should be:

- Public Constituency 21 Governors
- Other area Public Constituency 1 Governor
- Staff Constituency 6 Governors
- Appointed Organisations 8 Governors

Public Governors are elected by the Public membership and Staff Governors by the Staff membership. Appointed organisations nominate a representative.

The Council of Governors forms a link between the Trust's members, the Board of Directors, the public and partner organisations. Governors have two key statutory duties: to hold the Non-Executive Directors to account for the performance of the Board; and to represent the views of the membership and the wider public. Governors are supported with these duties through induction and training sessions in order for them to be fulfilled.

6. Building the Membership Base

The Trust's total membership is c. 11,000 (c. public 6,000 and c. staff 5,000). In keeping with the Membership Strategy, the Trust aims to ensure public membership is representative of the communities that it serves and that a majority of public members is sustained by addressing any natural attrition and membership profile short-falls with an active recruitment programme. The Membership Strategy is reviewed and refreshed every 2 years to ensure it remains fit for purpose and is reflective of the Trust's aims and objectives. The Trust's Membership Strategy Committee continues to promote awareness of the Trust; enable greater engagement with members, and develop and implement a strategy to increase membership numbers. The use of social media and other communication channels has widened to reach a broader audience including potential members.

Previously regular member events were used on a large scale covering a wide range of topics. Going forward consideration of alternative mediums such as virtual or on-line events may need to be considered.

The Trust will build on existing links with its stakeholders and utilise new opportunities to promote membership. This will include direct targeting of key groups such as:

- Local Schools, Colleges and Universities;
- The Trust's patients and carers;
- Community and support groups;
- The Trust's Patient and Public Involvement groups;
- Under-represented sections of the membership database.

The Private Office will:

- Offer membership to everyone in the qualifying constituencies;
- Provide a simple, accessible, well publicised process for becoming a member;
- Encourage staff and volunteers to be active members;
- Recognise members as a valuable resource in the planning and delivery of services;
- Take advantage of Trust events as a means of recruitment;
- Seek to achieve a membership that is representative of the varied communities we serve;
- Maintain a database of members that meets regulatory requirements and assists in developing membership;
- Keep patients, staff, local communities and the wider public informed about the Trust's work in order to promote understanding, partnership working and the recruitment of new members;
- Work with NHS partners across the local health economy to promote co-ordinated approaches when communicating with patients and the public, for example in relation to Integrated Care Systems/Integrated Care Partnerships;
- Review the profile of membership against demographic information on the communities served, and utilise the results to inform future membership recruitment and include in the Trust's Annual Report and Plan;
- Support the arrangements for membership.

The Council of Governors will:

- Through its sub-committee (Membership Strategy Committee) develop an action plan for maintaining and building up the membership;
- Identify initiatives for raising the profile of membership with staff, patients, carers and the community it serves. This will include:
 - Public events, including recruitment stalls at local events;
 - Membership information on the Trust's website;
 - Membership information via social media platforms;
 - On-going engagement with existing supporters and a range of community and support groups;
 - Engage with patients and carers through publicity throughout the hospital sites, clinics and community premises across its local community;
 - Recruitment events at the Trust's premises, Universities, Colleges, regional and local events.

7. Membership Strategy Objectives

The initiatives presented above will support the aim to develop and maintain a representative and active membership.

The 2019-22 Strategy focuses on the following three objectives. The actions required to deliver the objectives are contained in the Action Plan at Appendix 1.

Objective 1: to recruit those people that have an interest in healthcare and the work of the Trust, whilst ensuring the membership remains representative of the community;
Objective 2: to engage those members wanting to get involved in the work of the Trust through engagement activities and events; and
Objective 3: to seek the views from the Trust's members about the services provided by the Trust.

8. Actions in support of the Objectives

8.1 To look for opportunities to recruit as members those people that have an interest in healthcare and the work of the Trust, whilst ensuring the membership remains representative.

Although it has previously been determined that face-to-face contact with members of the public at events or in trust departments can be an effective way in which to promote membership of the Trust, this method of recruitment is labour intensive and time consuming and with fewer volunteers coming forward alternative methods have been explored. During 2019 stand-alone membership stations were set-up throughout the Trust in areas and departments that receive a high throughput of people who may be interested in becoming a member. The stations were portable so could be easily moved to other areas to maximise the exposure of trust membership. The stations will contain leaflets and membership forms with directions given on how to apply. Despite regularly linking in with staff in the areas where the stations were located, uptake of membership was very low.

New ideas of reaching potential numbers which are practical in the current climate need to be considered.

In order to ensure the public membership constituency is truly representative, an analysis of membership will continue to be undertaken and reported to the Council of Governors through the Membership Strategy Committee. Where appropriate, membership recruitment may focus on areas of under-representation among minority ethnic groups and target community groups in order to make sure that the membership message reaches these communities.

8.2 To engage those members wanting to get involved in the work of the Trust through engagement activities and events.

The purpose of membership is to influence the Trust's service provision and plans. In order to do this effectively, members require an understanding about those services or plans which they will gain through their own experiences and learning or through engaging with the Trust. Consequently, it is important they are provided with details about various engagement opportunities taking place across the Trust so that they can make an informed decision about whether or not to participate.

The Council of Governors is key to the Trust's engagement with members; the Governors have a duty to feed back to their communities. Governors are required constitutionally to represent the interests of both members of the Trust and of the public. Engagement with these groups can be facilitated in a range of different ways.

Trusts are required to hold an Annual Members meeting, where members will be presented with the annual report and accounts. The results of Governor elections and appointment of any new Non-Executive Directors will also be announced. In addition, it provides a forum for Governors to engage with members as well as the Board of Directors.

It would be hoped in the not too distant future that Engagement sessions in clinical areas of the Trust and in community settings may be developed in order to provide a forum for Governors to hold scheduled sessions where they can engage, face to face, with patients and the public in order to promote the benefits of membership and encourage recruitment to those interested in becoming members.

The Volunteer Co-ordinator will, as part of the Volunteering Strategy, look at how engagement could be improved through better coordination, communication and a joining together of different groups, including alignment with activities undertaken externally under the volunteer banner.

8.3 To seek the views from the Trust's members about the services provided by the Trust

Governors have a statutory duty to represent the views of the membership as a whole and the public. The Membership Strategy Committee has considered ways in which those views can be captured and these are reflected in the action plan at Appendix 1.

9. Resource required to deliver the Strategy

Sustaining a meaningful membership base involves a significant commitment of time, resource and engagement. This can be aided by people at all levels throughout the Trust being willing to engage, and be involved with membership.

Communications, recruitment activity, membership events and the overseeing of the membership database will be managed by the Private Office, who also provides the main point of contact for Governors and members.

As the membership budget is limited, delivery of the Strategy is reliant upon:

- A programme of events being developed through the Membership Strategy Committee and the Private Office;
- Governors promoting membership at engagement events;
- All identifying possible recruitment and engagement opportunities;
- Staff promoting the benefits of membership to the people they meet during the course of their work.

10. Evaluation and monitoring

The Membership Strategy Committee will review and monitor progress and achievement of actions against plan, on a quarterly basis, and report to the Council of Governors.

11. Conclusion

The Trust's Membership Strategy needs to ensure its membership is meaningful and representative and that members are given every opportunity to engage with the Trust, should they so wish. This Strategy aims to address areas of membership recruitment, retention and engagement through the actions set out at Appendix 1.

Barbara Bright
Director of Corporate Affairs & Chief of Staff

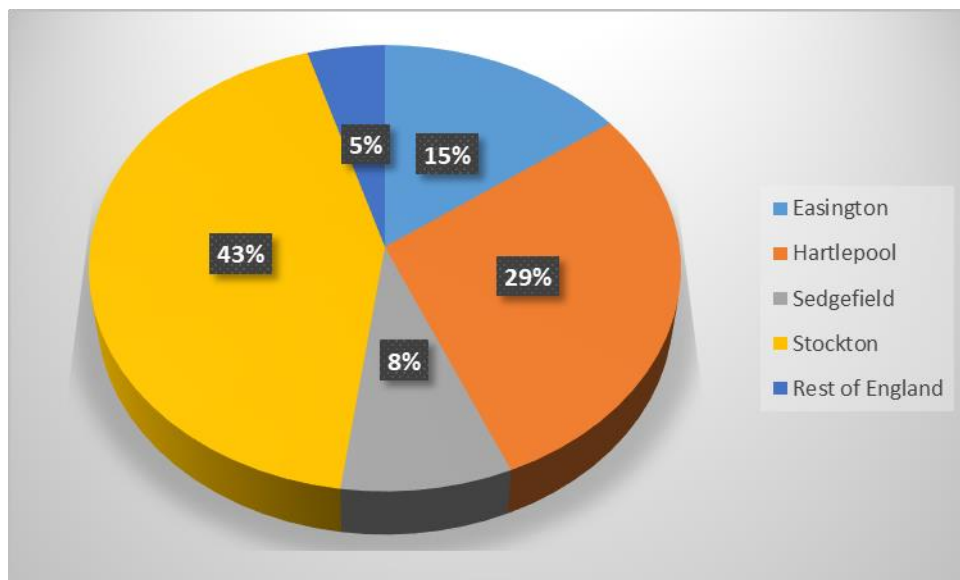
Appendix 1- Membership Strategy Action Plan:

Objective	Action required	Who to action	Deadline	Expected outcome
To recruit those people that have an interest in healthcare and the work of the Trust, whilst ensuring the membership remains representative of the community.	Promote membership and its associated benefits with healthcare students in further and higher education and with those undertaking health related studies.	Governors/Volunteer Coordinator/ Assistant Company Secretary	On-going	Young people and others with an interest in healthcare become members and/or volunteers
	Utilise and keep up to date the Trust's website, communication material and social media to promote membership	Communications/Assistant Company Secretary	On-going	Current relevant information about membership is available via different communication channels
	Analyse membership data on a quarterly basis to identify any significant gaps and target membership recruitment events accordingly	Membership Strategy Committee	Quarterly committee meetings	Areas of under representation are identified and addressed
	Ensure membership is promoted at relevant events hosted by the Trust	Governors/Communications/ Assistant Company Secretary	On-going	Wider engagement will attract new members
	Promote membership in core areas of the Trust utilising volunteers	Volunteer Coordinator/Volunteers	On-going	Membership is promoted with patients and the public accessing services.
	Promote membership via individual networks	Governors	On-going	Membership is promoted within the community
Objective	Action required	Who to action	Deadline	Expected outcome
To engage those members wanting to get involved in the work of the Trust through engagement activities and events	Encourage staff to invite service users/patients/carers to become members of the Trust	Staff Governors	On-going	Those people that experience the Trust's services become members
	Anthem continues to be	Communications Team/Company	Quarterly (each edition)	Anthem, social media and

	reviewed and refreshed to incorporate specific Governor/member news An update of the Trust activities is circulated weekly	Secretary		the Trust website promotes stories and benefits of membership and engagement with the Trust
	Explore opportunities to engage people from under represented groups in member events and activities of the Trust	Membership Strategy Committee/Volunteer Coordinator	On-going	People from under represented groups are encouraged to engage in health related activities.
	Engage members in the work of the Trust through a programme of member events.	Assistant Company Secretary	On-going	Members have an opportunity to learn about the work of the Trust, to meet with those people delivering care and to learn more about the NHS
Seek the views from the Trust's members and the public about the services provided by the Trust	Invite members and the public to meet their Governors at trust events and other settings of the Governors choosing	Assistant Company Secretary/ Governors	On-going	Members and the public are able to meet their Governors and express their views
	Invite feedback from members at the Annual Members meeting and other trust events	Assistant Company Secretary	August 2019	Members are given an opportunity to engage with Governors at the Annual Members meeting and other forums.

Appendix 2 Membership information at 31 March 2020

	Number of Members	Percentage of Members
Easington	809	15%
Hartlepool	1553	29%
Sedgefield	464	8%
Stockton	2388	43%
Rest of England	251	5%
Total	5465	



Council of Governors

Title:	Non-Executive Director vacancy proposal									
Date:	6 May 2021									
Prepared by:	Barbara Bright, Director of Corporate Affairs and Chief of Staff									
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs and Chief of Staff									
Purpose of the report	<p>The purpose of the report is to provide the Council of Governors with a proposal to replace the post of Non-Executive Director vacant due to the resignation of Neil Schneider.</p> <p>The Nominations Committee have approved the proposal and the recommendation is being presented to the Council of Governors for formal ratification.</p>									
Action required:	Approve	x	Assurance	X	Discuss	X	Information			
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:

Neil Schneider, Non-Executive Director tendered his resignation with immediate effect as of 15 April 2021. Neil held various responsibilities in his role in the Trust, a number of which are associated with workforce and there is a requirement that these responsibilities and related activities are covered going forward.

Following discussions with the Interim Joint Chair and Lead Governor, a proposal was put forward that Rita Taylor step up from her current Associate Non-Executive Director role to assume a full Non-Executive position, with the arrangement to remain in place until 31 March 2022, which is when her tenure is due for review. The rationale for this approach will allow the role to be covered to meet immediate needs and maintain continuity for the valuable work Neil was leading and enable the substantive Joint Chair, once in post, to be involved in any future replacement of the role and recruitment activity.

In place of convening a meeting of the Nominations Committee, a proposal was put to members of the Committee virtually on 19 April 2021 in order to canvass views and to seek approval. The proposal considered by the Nominations Committee was as follows:

- Rita Taylor to step up to the full Non-Executive Director position from her Associate role with immediate effect.
- The position would be a voting Non-Executive Director role on the Board of Directors.
- Remuneration to be uplifted from £13,500 to £15,790 to reflect the additional responsibilities.
- Rita to undertake the responsibilities previously held by Neil Schneider including Chair of Workforce Committee, Chair of Culture Group, Chair of Optimus Health Limited Board, Member of Audit Committee and Remuneration Committee, Champion of Leadership and Development and Health and Wellbeing Guardian.

- This would be for the period of current tenure up to 31 March 2022.
- Once a substantive Joint Chair is appointed consideration can be given as to the recruitment requirements for a Non-Executive Director, a process which would be overseen by the Nominations Committee.

The Nominations Committee fully supported the proposals and the recommendations are being presented to the Council of Governors for formal ratification.

Financial impact and implications:

It is proposed that whilst fulfilling the full Non-Executive Director role Rita would be appropriately remunerated at the higher level of £15,790 as the Associate role currently attracts a payment of £13,500 per annum.

There is budgeted establishment to cover the costs of the role so there is no financial impact.

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

There is a need to maintain continuity in the role and the responsibilities undertaken, therefore, the proposals will mitigate against any risks that would arise through not filling the post.

Committees/groups where this item has been discussed	Nominations Committee
Recommendation	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • approve appointment of Rita Taylor to the role of Non-Executive Director until 31 March 2022; • note the role will be a voting member of the Board of Directors; • approve remuneration at the rate of £15,790; • note that Rita Taylor will assume the responsibilities previously undertaken by Neil Schneider; and • note that discussions will be held on a substantive replacement once the Joint Chair has been appointed with any process overseen by the Nominations Committee.