



Virtual Council of Governors Meeting

Thursday, 7 May 2020

To be held via videoconferencing

PG/SH

30 April 2020

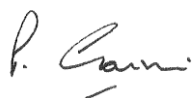
University Hospital of North Tees
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Dear Colleague

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A shortened meeting of the **Council of Governors** will be held virtually via video conferencing with a representative group of Governors on **Thursday, 7 May 2020**. Governors are invited to forward any comments via email to Sarah Hutt in advance of this date. The comments and corresponding responses / actions will be amalgamated into a summary document as a formal record of the meeting.

Yours sincerely



Paul Garvin
Chairman

Agenda

- | | | | |
|-----|-----------|---|--|
| (1) | (10.00am) | Minutes of the meeting held on, Thursday 20 February 2020 (enclosed) | Chairman |
| (2) | (10.00am) | Chief Executive's Report (enclosed) | Julie Gillon |
| (3) | (10.05am) | COVID-19 Briefing (enclosed) | Julie Gillon |
| (4) | (10.20am) | Integrated Compliance and Performance Summary (enclosed) | Kevin Robinson/
Phil Craig/Neil Schneider/Jonathan Erskine & Lynne Taylor |
| (5) | (10.35am) | Workforce Activities re COVID-19 (enclosed) | Neil Schneider & Alan Sheppard |
| (6) | (10.45am) | Any Other Notified Business | Chairman |

Date and Time of Next Meeting

Arrangements for the meeting scheduled on Thursday, 6 August 2020 will be confirmed in due course.

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

Video-conference meeting of the Council of Governors'

Thursday, 7 May 2020 at 10 am

Due to the current position regarding COVID-19 the decision was made that the Council of Governors' meeting would be conducted via video-conferencing with a representative group of Governors. Governors were invited to forward any comments via email to Sarah Hutt, Assistant Company Secretary in advance. 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.

These minutes represent a formal record of the video-conferencing meeting.

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

Governor representation via video conferencing: -

Tony Horrocks, Lead Governor / Elected Governor for Stockton
Mark White, Elected Governor for Stockton
Alan Smith, Elected Governor for Hartlepool
Wendy Gill, Elected Governor for Sedgefield
Mary King, Elected Governor for Easington
Alison McDonough, Elected for Non-Core Public

In attendance via video conferencing: -

Paul Garvin, Chairman*	Chairman
Steve Hall, Vice-Chair/Non-Executive Director*	SH
Ann Baxter, Non-Executive Director*	AB
Philip Craig, Non-Executive Director*	PG
Jonathan Erskine, Non-Executive Director*	JE
Kevin Robinson, Non-Executive Director*	KR
Neil Schneider, Associate Non-Executive Director	NS
Rita Taylor, Associate Non-Executive Director	RT

Attendance in the Boardroom: -

Carol Alexander, Elected Staff Governor	CA
Julie Gillon, Chief Executive*	CE
Barbara Bright, Director of Corporate Affairs and Chief of Staff	DoCA&CoS
Alan Sheppard, Chief People Officer	CPO
Linda Hunter, Programme Manager	PM

Samantha Sharp, Personal Assistant (note taker)

CoG/930 Welcome

The Chairman welcomed members to the meeting and provided an outline of how the meeting would progress using video conferencing.

The Chairman congratulated Neil Schneider on becoming Deputy Lord Lieutenant for County Durham and Jonathan Erskine on his appointment as an honorary professor in Construction and Project Management at University College London.

The Chairman highlighted several emails of support from many Governors thanking staff of all levels and commending the leadership of the Trust in its response to COVID-19.

* voting member

CoG/931 Minutes of the meeting held on, Thursday, 20 February 2020

Resolved: that the minutes of the meeting held on Thursday, 20 February 2020 be confirmed as an accurate record.

CoG/932 Chief Executive's Report

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

- The CE thanked Governors and members of the Board for their kind remarks and placed on record her own thanks to staff for how they were coping in the current crisis and how they continued to care for patients and support relatives in what were very difficult times;
- In light of the current COVID-19 situation, progress on the development of the Integrated Care Partnership (ICP) had been limited. However, work had continued on the Urgent and Emergency Care work -stream with Nick Athey, Consultant and Clinical Director, Emergency Department from South Tees Hospitals NHS Foundation Trust being appointed the Strategic Clinical Lead supported by Kevin Moore, one of the Trust's Emergency Department consultants. The same process would be undertaken in due course to appoint a Clinical Director across the Urology speciality. A Group structure between the Trust, South Tees Hospitals NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust with an Independent Chair was being taken forward with Neil Mundy appointed as an interim Chair for three months. A job description for a substantive Independent Chair had been developed and it was anticipated that an appointment could be made in June/July 2020. Development of the Clinical Services Strategy and viable Five Year Financial plan continued. Trusts would remain as single entities retaining individual unitary Board of Directors and Council of Governors.
- Arrangements for the Annual Report and Accounts 2019/20 had been amended given the current and estimated impact of COVID-19. Auditor assurance work on Quality Accounts and Quality Reports would not apply for 2019/20 and would not be included within the Annual Report. A slimmed-down version of the Annual Report would be produced with a separate report being published towards the end of the year to showcase the Trust and its services.
- The Trust continued to work with all local MPs to understand the questions, concerns and queries from within their respective constituencies. On the whole, political colleagues were being helpful and supportive of the Trust. In addition, the Trust continued to work positively with Local Authorities and the Tees Valley Combined Authority. Many had commented on the potential use of the Hartlepool site during the current pandemic and the CE continued to work with the Local Authority to address issues and concerns and to advise on the intent for the future.

A member enquired as to the process followed to appoint Neil Mundy as Interim Chair. The CE reported that an agreed Interim Chair was needed to progress the governance framework to take forward the partnership reiterating that the Trust would remain a single entity with its current constitutional standing and delegated authority being given to the Board of Directors and Council of Governors over Trust matters.

A member highlighted the Government's announcement that it would write-off Trust debts amounting to circa £13bn nationally and asked what impact this had on the Trust and its neighbouring organisations. The CE explained that to reflect the agreement, the Government had transferred the debt liability to Public Dividend Capital and that the debt still effectively remained but was now classified as 'shareholders equity' or 'Public Dividend Capital' and as

a result attracted a dividend payment. This did not impact on the Trust as it does not have any interim revenue or emergency capital loans. Trusts with loans would be required to make a public dividend payment of 3.5% indefinitely

In response to a query, the CE highlighted that Governors would be involved in the governance of the Group Structure and kept informed of developments.

Resolved: that, the content of the report and the pursuance of strategic objectives amongst the COVID-19 pandemic crisis be noted.

CoG/933 COVID-19 Briefing

The CE provided an overview in respect to the recent outbreak of COVID-19 highlighting that the Trust were a Category 1 responder and had to ensure that it was in a position to respond to the pandemic and put plans in place to recover effectively from any response.

The CE outlined the infrastructure of support in place to ensure decisive leadership, governance, empowerment and control highlighting the advisory groups put in place to provide support to ensure the availability of robust, streamlined and timely information.

The health, safety and wellbeing of patients and staff working across the organisation had remained absolutely paramount and the Trust continued to work strictly within guidelines issued by Public Health England and the Health and Safety Executive. The CE reported that PPE had been sourced locally and to an appropriate standard. However, in a letter to Trusts this week, PPE would be procured through a national supply chain and the Trust were looking at a risk strategy to ensure it could accommodate this and continue to supply staff with appropriate PPE.

The CE and members of the Executive Team continued to visit ward areas to support staff and listen to concerns. The CE highlighted that she had been encouraged by how staff were coping in the current situation and how they had adapted despite being anxious about the effects of the virus on themselves and their families.

Where possible, clinical pathways had been maintained through non face to face delivery, virtual appointments and increased clinical triage in primary care, however, this had inevitably resulted in a backlog of routine pathways which would require a robust recovery plan to deliver. Patient pathways had remained open in relation to RTT, cancer and diagnostics. The current pandemic had seen an increase to oxygen supply to support COVID-19 patients and the Trust had adapted well to the needs of patients in ITU and respiratory areas.

The official opening of the North East and North Cumbria Nightingale Hospital commissioned from Newcastle University Hospitals NHS FT had taken place earlier that week. It was noted that the flattening of the surge curve and enormity of COVID-19 presentation had not come to fruition and a small project group of NHS and social care leaders, supported by university analysis proposed an alternative approach to model the in-year health and care needs faced across the North East and North Cumbria to repurpose the facility to provide additional capacity across the region.

The CE provided an overview of the current Trust, regional and national cases highlighting a plateauing of new infections both at a regional and national level, however highlighting that the Trust remained alert to respond operationally should the position deteriorate. In total the Trust had recorded 341 cases of COVID-19. The Trust currently had 10 patients in ITU, 9 of which had COVID-19. In total across the Trust there were 54 in-patients with confirmed COVID-19 and 189 non COVID-19 patients.

As the Trust entered the recovery and restoration stage, it was prudent and appropriate to develop a new operational model that reflected COVID-19 related activity as part of a new 'Business as Usual' model for the Trust and the Care Groups. This work was supported by the PMIO, who had begun to model recovery actions to develop a new and appropriate operational model.

The CE reported on a letter received from Simon Stevens, Chief Executive of NHS England and NHS Improvement outlining the second phase of response to COVID-19 highlighting that the Trust had put in place many of the steps outlined in the letter.

The Trust continued to work in partnership with the independent sector to manage elective care pathway flows. Elective lists at North Tees had increased within the constraints of maintaining 'clean' flows and the swabbing/shielding required through the pre-assessment process. Further work was required to remobilise Hartlepool as an elective centre with the intention of supporting ICP level elective work. In addition, technology was being used to manage patients in their own homes. As part of the recovery plan, close collaboration across the regional network in relation to cancer management continued, with cancer 'cells' agreed to manage those most at risk through the available capacity across all provider organisations, including the independent sector.

A range of digital solutions had been implemented throughout the Trust which supported patient care, improved patient experience and protected staff. This included the use of digital tablets to connect patients to their families whilst visiting the hospital was suspended. In addition, technology was being used to monitor patients. Post-COVID-19, digital assets would be repurposed to support the digital agenda and provide a foundation to build upon a new set of digital solutions.

The CE reported that the Trust had benefited from employing its own Public Health Consultant who had been able to provide additional information in respect to COVID-19 and its effects. He had been analysing data to look at excess deaths nationally and how this could inform the Trust's response going forward. As reported in the media, a significant amount of deaths from COVID-19 had taken place in the care home setting and the Trust had concerns on the impact that this could potentially have on delayed transfers of care (DTC). However, the Trust had seen a significant decrease in the amount of DTCs. The Trust had offered support to care homes with named community matrons allocated to homes, direct access to infection, prevention and control support and COVID-19 testing for staff. Separately the Trust was reviewing the learning from the revised national discharge policy to aid maintaining a reduced number of DTC cases in the future.

In response to a member's query, the CE highlighted that the health, safety and wellbeing of staff remained a priority and that PPE would be sourced locally should a national supply become difficult emphasising that the interest of the Trust would be put first.

In response to a member's query, the CE reported that COVID-19 could be reported on a death certificate where the disease caused or was assumed to have caused or contributed to death. It was noted that some suspected community cases were not tested.

The CE reported in response to a query, that cancer services had been maintained in line with national guidance including the administration of chemotherapy. National guidelines had impacted upon the model of delivery which had been managed through the South Cancer Cell working in collaboration with partner Trusts.

- Resolved:** (i) that, the contents of the briefing be noted and consideration given to the level of assurance and robustness of plans in place to comply with the Trust's legislative responsibilities regarding emergency

- (ii) preparedness, resilience and response to COVID 19; and that, the dynamic nature of the Trust's response to emergency preparedness specifically and the emphasis on patient safety and staff welfare be noted; and
- (iii) note that, the plans are adapted on a daily basis in response to national requirements and local intelligence; and
- (iv) that, the continued need to provide services in response to the management of patients with COVID-19 and the potential impact as indicated by the forecast modelling be noted.

CoG/934 Integrated Compliance and Performance Summary

The PM presented the Integrated Compliance and Performance Report for the month of March 2020, Quarter 4 and year end 2020. The Trust had experienced unprecedented pressures during March as a result of the COVID-19 pandemic which had ultimately impacted upon delivery of both emergency and elective clinical pathways. Despite this a positive year-end position was achieved. Key points were: -

- Single Oversight Framework: Pressures remained around the 62-day cancer standard and the diagnostic standard. All other cancer standards were achieved in March and Quarter 4. Diagnostics were seeing a good recovery with an improved position against non-obstetric ultrasound breaches, however the COVID-19 pandemic had now impacted upon this recovery. The median RTT wait had slightly increased towards the end of March with the Trust underachieving against this metric (7.60). The year-end position had been achieved.
- Operational Efficiency and Productivity Standards: A positive position had been maintained in relation to reducing extended length of stay, with delayed transfers of care reporting an average of 2% in year, with the super-stranded patients reporting an average of 66 against a trajectory of 64 at the end of March. The Trust saw a slight rise in DNAs in March likely to be as a result of patient's anxiety around COVID-19;
- Quality and Safety: Largely positive performance against a number of key indicators including HSMR/SHMI and Dementia Standards. The Trust had reported 53 cases of Clostridium Difficile during 2019/20, within trajectory of 56. There had been a reduction in stage 1 complaints when compared to the previous month though an increase when compared to the same period the previous year. This was expected as Ward Matrons were now being encouraged to ensure concerns were addressed and reported at an earlier stage. Stage 2 and 3 complaints continued to reduce. All falls had reduced with no falls resulting in fracture reported in March.
- Workforce: Sickness absence continued to be the key pressure within workforce and remained above the 4% target.
- Financial position: The year-end position was a surplus against control total of £670k. This included PSF, FRF and MRET income of £10.2m due to the Trust achieving its control total.

Kevin Robinson, Chair of the Performance, Planning and Compliance Committee provided assurance that due diligence was being applied despite the Committee meeting virtually. Assurance had been gained that recovery plans were appropriate taking into account the potential for a surge in referrals. There had been no waits of more than 52 weeks. Ongoing changes continued to be presented to the Committee. Assurance in respect to the digital response had been given through a presentation by Graham Evans, Chief Information and Technology Officer to the Committee.

Philip Craig, Chair of the Finance Committee acknowledged the work of the finance team and the good financial position which had been consistent throughout the year. Following a review

of the Trust's estate by the District Valuer, the value of the energy centre had been devalued reducing the amount of depreciation available to the Trust and resulting in an impairment to the 2019/20 accounts. PC highlighted the minimal impact of this and highlighted that it did not impact on delivery of the Trust's control total. Due to the current pandemic, audit work had been interrupted and accounts would be audited virtually. As the auditors were unable to visit the Trust to undertake a physical stock count, this would be noted in the auditor's opinion. The Trust were currently operating under an interim financial arrangement as set out by NHSE/I with Commissioners paying providers monthly based on the average monthly expenditure across Months 8, 9 and 10 of 2019/20 based on run rates. A potential risk of not being reimbursed appropriately for COVID-19 spend was noted.

Following a member's query around capital funds it was explained that the Trust were anticipating to spend £0.9m on capital in response to the COVID-19 pandemic. To date £8k had been received. Currently the Trust was using its cash reserves to purchase the required capital.

Jonathan Erskine, Chair of the Patient Safety and Quality Standards Committee reported that the Committee continued to meet albeit virtually and outlined the ongoing work of the Committee. JE highlighted the support available to staff which included Team Time, an online alternative to Schwartz Rounds, specifically designed for use by health and care staff during the current and very challenging circumstances in the NHS. The first meeting was scheduled for the following week and this would provide staff the opportunity to discuss stories and reflections concerning their recent experiences. Prior to the pandemic the regular Schwartz Rounds were well received by staff with the average attendance around 40 people. There had been 12 sessions held prior to the current situation.

Carol Alexander, Elected Staff Governor highlighted performance around complaints and patient experience reporting that during the current situation, wards were managing families proactively ensuring families were kept up to date on their loved ones' condition and setting up 'virtual' visiting as necessary. Teams throughout the organisation have had to adopt to new ways of working.

- Resolved:**
- (i) that, the performance against the key operational, quality, finance and workforce standards during March and Quarter 4 in light of the impact of the COVID-19 pandemic be noted; and
 - (ii) that, the on-going financial pressures be recognised; and
 - (iii) that, the on-going operational monitoring and management of service delivery during 2019/20, including the intense mitigation work that has taken place to reduce the impact of in-year pressures be acknowledged.

CoG/935 Workforce Activities Regarding COVID-19

The CPO provided an update on key activities being undertaken by the Workforce Directorate in response to COVID-19.

A dedicated telephone number had been established for employees to call should they be required to self-isolate either because they or a member of their family were symptomatic of COVID-19. This line was manned 8 am to 8 pm seven days a week. Sickness had reduced from a high of 11% to a current 4.31% with 245 staff absent from work due to confirmed COVID-19, isolation or shielding.

Testing for staff who were symptomatic began from 25 March and appointments were allocated by those manning the single point of contact line and undertaken predominantly by clinical educator staff and members of the Organisation Development team. Testing had also

begun on index cases. The Trust was also providing support to the wider system by way of providing appointments to the North East Ambulance Service, Tees, Esk and Wear Valley NHS FT, Hartlepool and Stockton Health and care home staff. There was capacity to test 96 a day and this had not been reached. Laboratory capacity to undertake testing had increased. 1409 tests had been carried out with 17% recording a positive result. Results could now be fast-tracked and available within 6 hours to support patient flow and appropriate cohorting.

The Directorate was leading the process for the approval of laptops and VPNs with approximately 150 laptops being purchased which were being allocated in line with priority.

A process was in place to quickly and safely fast-track former members of staff back into the organisation together with others who had skills valuable for the organisation. Those returning would be placed on zero hours' contract. A training plan had been developed in order to redeploy appropriate staff into priority areas. More advice in respect to a correlation between ethnicity and poorer outcomes was expected the following week from NHSE/I.

The wellbeing of staff was important and a number of initiatives had commenced to support staff during this crisis. These included the setting up of a food stall in the restaurant to support staff who were unable to obtain fresh food, suspension of car parking charges, offer of free food and availability of psychological support to staff. Following feedback from staff, the Trust had stood down its free food offer though 'red' areas continued to receive free access to hydration and sandwiches delivered at reduced prices.

Staff engagement was undertaken via the Employee Engagement Team as well as an App provided by Listening into Action which provided feedback from staff on key areas of concern. Currently no themes had been identified but a full thematic analysis would be undertaken. The Trust were currently hosting a Vans for Bands bus which provided a recharge hub for staff to relax either following their shift or during breaks. This had been appreciated by staff and the Trust were working with NTH Solutions to provide a longer term solution to a recharge hub at both the North Tees and Hartlepool sites going forward.

The next step was to look to operating 'business as usual' and following the suspension of appraisal and mandatory training, this would be reinstated from the following week. There had not been a significant decrease in compliance since the suspension as staff were encouraged to keep up to date with training when activity allowed and, where possible, whilst in isolation. The longer-term management of those members of staff who were shielding would need to be considered.

NS, Chair of the Workforce Committee provided assurance that he was being kept up to date on latest developments by Alan Sheppard, Chief People Officer and Gary Wright, Deputy Chief People Officer. The Workforce Committee and Culture Group continued to meet virtually.

A member commented that the Samaritans in partnership with the NHS had launched a new confidential support line for NHS workers and volunteers and asked whether this had been promoted within the Trust. The CPO responded that this had been promoted throughout the Trust as part of a suite of support available to staff.

Following a query, the CPO reported he had discussed with Staff Side the potential for a rise in staff absence due to personal circumstances relating to the financial impact of COVID-19 on households. This would continue to be monitored and addressed.

The Chairman highlighted the potential longer-term impact of COVID-19, particular in respect to the potential for staff to experience post-traumatic stress disorder in the coming months/years and how this could be mitigated against.

- Resolved:** (i) that, the contents of the paper are acknowledged; and
(ii) that, updates to data were regularly fed back to the Council of Governors' with any proposed actions as necessary.

CoG/936 Any Other Notified Business


a. Birthing Centre at Hartlepool

In response to a member's query, the CE reported that she had discussed the reinstatement of the birthing opportunities and the maternity hub at Hartlepool as part of the recovery plan.

CoG/9376 Date and Time of Next Meeting

- Resolved:** that, the arrangements for the meeting held on Thursday, 6 August 2020 be confirmed in due course.

The meeting closed at 12:10 pm

Signed: 

Date: 6 August 2020

Council of Governors Action Log

Date	Ref.	Item Description	Owner	Completed	Notes
2020					
20 February 2020	CoG/922(a)	Governor development session to be included around risk management and the Board Assurance Framework to highlight processes and to highlight how assurance was monitored and managed	B. Bright		
20 February 2020	CoG/922(a)	DoCA&CoS to work with the Strategy, Service and Development Committee to schedule development sessions on areas of interest going forward	B. Bright		
20 February 2020	CoG/928(a)	Review of committee membership to be undertaken	B. Bright		
Completed actions (to be removed following next meeting)					
Date	Ref.	Item Description	Owner	Completed	Notes
12 December 2019	CoG/906(b)	Rolling programme of development sessions to be arranged for Governors in 2020	B. Bright	20 February 2020	CoG 20 February 2020: The DoCA&CoS reported that a programme of development sessions were planned looking at the work of some of the committees included the Digital Steering Group, Performance, Planning and Compliance Committee and the Finance Committee. A presentation on the work of the Patient Safety and Quality Committee was scheduled for later that day. In addition a development session on risk management and the Board Assurance Framework would be arranged to highlight the process taken and how assurance was monitored and managed. The DoCA&CoS would work with the Strategy, Service and Development Committee to schedule development sessions on other areas of interest going forward.
12 December 2019	CoG/915	Development session to be arranged for Governors around the management of sickness absence and how the Trust continues to tackle this	B. Bright	20 February 2020	CoG 20 February 2020: A development session for Governors on the work of the Workforce Committee, particularly focusing on the management of sickness absence was scheduled for the next meeting, Thursday, 7 May 2020

Council of Governors

Title of report:	Chief Executive Report									
Date:	7 May 2020									
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 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 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.</p> <p>Key issues for Information:</p> <ul style="list-style-type: none"> • Coronavirus (COVID-19) current position • COVID-19 Communications • Consultant appointments • Campaign to recognise NHS staff during COVID-19 • Staff wellbeing and support • Integrated Care System/Integrated Care Partnership (ICS/ICP) Update • Annual Report and Accounts 2019/20 • MP engagement • Have a heart – Stay apart campaign 										
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

7 May 2020

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 Coronavirus (COVID-19) Current Position

The Executive Team continues to oversee key decision making and to maintain leadership through the current crisis. The Executive Team ensures a broad, holistic view of both challenges and opportunities, maintaining well directed management. The long view and anticipating risks and recovery into the future enables support and guidance based on experience and expertise. The governance structure enables responsive delegated leadership in the incident command and control infrastructure, whilst uniting all efforts as a cohesive clinical, operational and strategic approach.

The Executive Team is supported through the strategic co-ordination meetings to collate information and escalation alongside several advisory groups with a strong clinical infrastructure to support timely and appropriate decision making.

In addition to the internal incident management approach there are twice weekly COVID-19 Critical Care Commend Cell calls on which I represent the Trust, chaired by Dame Jackie Daniel from Newcastle upon Tyne Hospitals NHS Foundation Trust (commissioned by NHSI/E to manage the planning and operationalisation of the North East Nightingale Unit). The emphasis during the past number of weeks has been on preparing response and planning for the COVID impact on critical care and specifically ventilator, non-invasive ventilator and oxygen capacity. The plan is now being enacted and has been tested in reality. Whilst the plan, forecast modelling and response is dynamic and resilient, the further impact on subsequent waves is not to be underestimated and whilst the emphasis is now to move forward with COVID-19 being a priority in the core business as usual, the risks and recovery are revisited to ensure appropriate mitigation and preparation.

2.1.2 COVID-19 Communications

Information and updates about the evolving COVID-19 situation are communicated regularly across the Trust's internal and external channels. These focus particularly on information for patients, carers and the public and staff. They include:

- Three key message daily delivered via e-bulletin, screen saver and print option for incident room
- Chief Executive briefing weekly
- COVID-19 e bulletin weekly from executive team
- Weekly video to clinical teams
- Weekend 'news in brief' message
- New COVID-19 module added to website
- Updates on rolling screens across the Trust
- Weekly update on #KeepingPositive #OurResponse campaign to local press

The Trust website is regularly updated with changes to services as result of the coronavirus public health emergency, with social media channels being used to reinforce public health

messages, to appeal for volunteers and support for staff and to promote the work of our staff during this unprecedented public health emergency.

Traffic to and engagement with the Trust's social media channels have increased significantly over the past month. This includes an increase in new followers, engagement and views, for example, the Nurse cheered out of ITU story had 291,662 estimated people reached, 61,219 engagements and was shared 46k times on Facebook.

2.2 Strategic Objective: Valuing our People

2.2.1 Consultant appointments

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

Colorectal Consultant	Dr Peshang Abdulhannan
Anaesthetic Consultant (with special interest in pain management)	Dr Lisa Moluis
Consultant Palliative Care Medicine	Dr Donna Wakefield
Consultant Histopathologist	Dr Manali Karpe

2.2.2 Campaign to recognise NHS staff during COVID-19

The trust, during unprecedented times, is showcasing the tireless efforts of staff who are coming to work to save lives every single day. The #KeepingPositive campaign and sharing #OurResponse to the Coronavirus was launched at the beginning of April. Staff are really rising to the challenge of the biggest health pandemic facing the population and continually changing ways of working to respond as effectively as possible, taking on physical distancing measures wherever they can and making improvements to their areas to make them as safe as possible for patients and the public. With the rainbow image, moments of positivity and togetherness are being shared across social media, providing an important insight into what it looks like across the hospitals in Stockton and Hartlepool as well as across the community.

2.2.3 Staff Wellbeing and Support

We take the wellbeing of all staff working at North Tees and Hartlepool NHS Foundation Trust seriously and have been able to offer the following to our staff; Schwartz rounds (to be called team time during the pandemic), hot and cold food for staff until the end of April, free car parking, the wellbeing bus, recharge hubs, access to online support from Alliance, Listening into Action app and use of internal counselling services.

Over the course of the past few weeks, executive team members including the Medical Director and myself have been out to visit staff around the Trust, at both University Hospital of North Tees and University Hospital Hartlepool. Having visited Critical Care, Emergency Assessment Unit, A&E, Paediatrics and Ward 37, I have been both encouraged and buoyed by the response from staff during the current pandemic, but was also cognisant of any concerns they may have. Feedback has been brought back to appropriate strategic groups, working as part of the COVID-19 strategic command to remedy and respond. This process will continue to ensure visibility of the senior team in all areas across the Trust – reminding staff of their invaluable contribution to the organisation as key workers. The presence of Executive Directors on the wards was warmly met and equally, as a team, we were very appreciative of the time they shared with us to alert us to their coping mechanisms and concerns.

2.3 Strategic Objective: Transforming our Services

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

In light of the current COVID-19 situation, progress on developing the ICS decision making and governance framework has been limited, as the series of development sessions have not been able to progress in order to finalise the priorities for delivery.

In terms of the ICP Clinical Services Strategy and the developing Managed Clinical Networks, an appointment has been made to the Strategic Clinical Lead post of the Urgent & Emergency

Care work stream. Nick Athey, Consultant & Clinical Director, Emergency Department from South Tees will undertake this role supported by Kevin Moore, Consultant in Emergency Medicine from the Trust. The same process will be undertaken in due course to appoint a Clinical Director across the Urology speciality.

Work has continued in the development of the governance that will support the Tees Valley Trusts' Group Structure, including the development of a Memorandum of Understanding and job description for the role of Independent Chair, ensuring the role and functions of both the Group and ICP structures are defined providing clarity of purpose for both elements across the Tees Valley. Trusts are supportive in terms of maintaining traction with further work required in defining and mapping through the next steps.

2.3.2 Annual Report and Accounts 2019/20

Given the current and estimated impact of COVID-19 the Department of Health and Social Care (DHSC) has amended arrangements for year-end accounts for 2019/20. A number of changes have been implemented, including timescales for submission, in order to lessen the burden on organisations whilst still ensuring the appropriate completion and audit of accounts.

In respect to the Quality accounts, providers will not be subject to the revised 30 June deadline for submission and auditor assurance work on quality accounts and quality reports will not apply for 2019/20. Amendments have also been made to the Annual Report requirements for 2019/20 with a performance analysis section no longer required; the staff sickness disclosure in the staff report can be replaced with a link to where the information will be available online; and the model annual governance statement is to be updated to reflect the change to preparation of quality reports.

2.3.3 MP engagement

The Trust continues to work with all of the local MPs to understand the questions / concerns or queries from within their respective constituencies. On the whole, political colleagues are being helpful and supporting the Trust with its ambitions as work progresses in managing the pandemic. The Trust is also aware of some of the more contentious issues one or two MPs are raising via their social media accounts and the local press. The Trust is working consistently to manage the messages to both the MPs and the wider media that best reflects the work it is delivering at both of hospital sites and in the community.

2.4 Strategic Objective: Health and Wellbeing

2.4.1 Have a heart – Stay apart campaign

The Trust has introduced a campaign to ensure that the importance of physical distancing is highlighted to the public. The 'Have a heart – Stay apart' campaign calls on the public to heed government advice and remain at least two metres apart.

The campaign encourages people to be heroes in their own right and help the NHS to save lives by keeping a safe distance at those times when they have to leave their homes. Using strong, social media messaging the campaign is using everyday items to express how far two metres is. Simple, clear images show people separated by a three-piece settee, a bed or two shopping trolleys to illustrate the required gap. The aim is to make the two-metre distance clear in people's mind, especially those more used to imperial measurements.

3. Recommendations

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

Julie Gillon
Chief Executive

Council of Governors

Title of report:	COVID-19 Briefing									
Date:	7 May 2020									
Prepared by:	Julie Gillon, Chief Executive Levi Buckley, Chief Operating Officer Lynne Taylor, Director of Planning and Performance									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	The purpose of the report is to provide the Council of Governors with an update on the current position in terms of the Emergency Preparedness, Resilience and Response (EPRR) and management of operational activities in relation to COVID-19.									
Action required:	Approve	✓	Assurance	✓	Discuss		Information	✓		
Strategic Objectives supported by this paper:	Putting our Population First	✓	Valuing People	✓	Transforming our Services	✓	Health and Wellbeing			
Which CQC Standards apply to this report	Safe	✓	Caring		Effective	✓	Responsive		Well Led	
Executive Summary and the key issues for consideration/ decision:										
<p>A sound and well governed infrastructure is in place with Executive Leadership providing the required decision making to support the organisation through the COVID-19 threat response, planning and recovery. The Trust has followed all the guidance issued and actions requested by (NHSE/I) and Public Health England (PHE). The report outlines the next steps in respect of recovery against key clinical, operational, quality and performance requirements.</p>										
How this report impacts on current risks or highlights new risks:										
<p>The COVID-19 outbreak has posed significant clinical and operational challenges to the Trust. A separate risk register has been developed to grasp the enormity of the risk profile and this has been incorporated into the Board Assurance Framework.</p>										
Committees/groups where this item has been discussed	Executive Team Meeting, Executive COVID-19 Meeting Strategic Emergency Preparedness Group Board of Directors									
Recommendation	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Note the contents of the briefing and consider the level of assurance and the robustness of plans in place to comply with the Trusts legislative responsibilities regarding Emergency Preparedness, Resilience and Response to COVID-19; • Acknowledge the dynamic nature of the Trust's response to Emergency Preparedness. Specifically, the Board is asked to note the emphasis on patient safety and staff welfare; • Note the plans are adapted on a daily basis in response to national requirements and local intelligence; and • Note the continued need to provide services in response to the management of patients with COVID-19 									

North Tees & Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

7 May 2020

COVID-19 Briefing

Report of the Chief Executive

1. Purpose

The outbreak of COVID-19 has developed beyond all expectations and this is evidenced in the many and varied approaches by the international community in dealing with the crisis. The magnitude of this pandemic is unlike any health and care crisis that has been seen in modern times, and it will undoubtedly leave a significant impact on the NHS.

The purpose of the report is to provide the Council of Governors with an update on the current position in terms of the Emergency Preparedness, Resilience and Response (EPRR) and management of operational activities in relation to COVID-19.

2. Background

The Trust must plan for and be able to respond to a wide range of emergencies and business continuity incidents that could affect health or patient care. Under the Civil Contingencies Act (2004), the Trust is designated as a Category 1 responder. This means that it must be able to provide an effective response in emergencies whilst still maintaining service provision. The Trust is subject to the full range of civil protection duties, including risk assessment to inform contingency planning and sharing information with other responders to enhance co-ordination. This work is referred to as Emergency Preparedness, Resilience and Response (EPRR).

As part of this process, the Chief Executive and Executive Team have overall responsibility to support appropriate escalation and provide rapid decision making, with reporting mechanisms in place to ensure day-to-day performance and compliance is managed and monitored accordingly, and to provide the Board of Directors with the assurance it needs as the accountable body.

In line with national guidance, local plans and the Trust Major Incident Plan, an Incident Command Centre (ICC) has been mobilised at North Tees Hospital. The ICC will co-ordinate:

- Implementing emergency plans and daily surge management in conjunction with site coordinators
- Sharing of information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency

3. Governance and Leadership

In line with the Trust's EPRR arrangements, an infrastructure of support has been established and is now embedded to ensure decisive leadership, governance, empowerment and control.

The Executive Team is supported through the strategic co-ordination meetings to collate information and escalation alongside several advisory groups with a strong clinical infrastructure to support timely and appropriate decision making. This ensures robust and streamlined information is in place through a series of work streams which include:

- Clinical Decisions Group;
- Infection Prevention and Control;
- Planning and Recovery;
- Communications;
- Workforce.

The groups are overseen by the Executive team to make key decisions and to maintain leadership and oversight through the current crisis ensuring a broad, holistic view of both challenges and opportunities, and maintaining well directed management.

The health, safety and wellbeing of patients and staff and teams, working across the organisation, has remained the absolute priority. The Trust continues to work strictly within guidelines issued by the Public Health England (PHE) and the Health and Safety Executive (HSE) relating to COVID-19 and is following all relevant national guidance. The Trust has worked closely with NHSE/I, both nationally and regionally, to develop and implement plans for the local management of COVID-19 and the response to deal with significant demand.

4. Overview of national/regional statistics - Coronavirus (COVID-19) in the UK – Public Health England data

Table 1: National Dashboard

28 April 2020	Number of Cases	Number of Deaths
UK	157,149	21,092
North East	7,070	949
Cumbria	1,734	260

Table 2: North East and North Cumbria Trusts

28 April 2020	COVID-19 reported deaths
South Tyneside and Sunderland NHS FT	252
South Tees NHS FT	166
CDDFT	153
Northumbria Healthcare NHS FT	128
North Cumbria Integrated Care NHS FT (inc South Cumbria data)	116
Gateshead Health NHS FT	91
Newcastle upon Tyne Hospitals NHS FT	79
North Tees and Hartlepool NHS FT	69
Tees, Esk and Wear Valleys NHS FT	6
Cumbria, N'land, Tyne and Wear NHS FT	5

Notwithstanding the Trust's continuing preparedness for the management of COVID-19 there is a slight plateauing of new infections at both a regional and national level. While this provides some cautious optimism it is clear that there will be continued infections and that a second wave, or multiple waves, of infections are still possible.

5. Operational Management

5.1 Care Group Service Transformation

Through delegated leadership from the Executive Team, the Care Groups have been instrumental in developing and enacting strategic plans and transforming services. A 'can do' approach within Care Groups is ensuring that patients and staff have the very best care and support possible and this has been further evidenced through internal and external collaboration, enabling virtual clinics across all specialties and the mobilisation of all staff groups to support across all disciplines where appropriate, with a framework of comprehensive education packages 'on the job' training.

Working collaboratively with Local Authorities, Hartlepool and Stockton Health (HSH) and the CCG has proved beneficial in enhancing already established services, for example, Stockton LA becoming a partner in iSPA, HSH providing GP support to the Urgent Care Centre and the CCG working with the Trust to develop a model of care in the local hospices. Without doubt support and collaboration has been unwavering and there is a strong commitment across all

partners to capture and maintain the innovation and transformation that the response to COVID-19 has unlocked.

5.2 COVID-19 Forecast Modelling

An essential piece of the planning work has been the use of predictive models to support resource management. A number of scenarios have been modelled through, based on national evidence to date, with a best case, likely and worst case scenario predicted, however recognising the national and local position is changing on a daily basis. This work will develop a forecast position, which will support the predictive models for workforce, PPE and potentially oxygen requirements.

5.3 Performance and Recovery

It is critically important that the Trust is in a position to respond to the clinical and operational requirements of the first wave of COVID-19 threat and therein to enact recovery and resilience in the face of ongoing management. The recovery position should never be underestimated and given that COVID-19 management will have a bearing on productivity and efficiency. The Trust will capitalise on the transformative operational opportunity whilst ensuring clinical safety and expeditious recovery as an imperative.

The impact of COVID-19 has significantly impacted on the elective and emergency operational pathways, resulting in a reduction in activity both through patients choosing not to attend the hospital services, and the need to review how the Trust delivers routine activity in line with national clinical guidelines. Wherever possible, clinical pathways have been maintained through non face to face delivery, including 'advice and guidance', virtual appointments and increased clinical triage in primary care. However, inevitably this has resulted in a backlog of routine pathways which will require a robust recovery plan to delivery.

The Trust is progressing the development of the post COVID-19 recovery plans in preparation for the significant work which will be required to address the level of planned activity which has been postponed, whilst considering further COVID-19 driven surges in emergency admissions. In order to minimise the risks and impact for patients a phased approach based on adaptability and dynamic response will be implemented working with partner organisations to utilise capacity across the Tees Valley.

5.4 PPE

Public Health England (PHE) has worked with Royal Colleges and various speciality groups to revise the guidance on Personal Protective Equipment (PPE). NHS Supply Chain is working to quickly address some operational challenges that are affecting the distribution of PPE to Trusts across the country. In addition, the Trust is working at a local level in order to establish mechanisms for sourcing and purchasing equipment at pace. The priority is to maintain staff and patient safety remains a driving force in PPE management.

5.5 Workforce and Staffing

5.5.1 Staff Wellbeing

The Trust has ensured that the wellbeing of staff has been central to the response to the COVID-19 pandemic, recognising the physical, emotional and mental impact that staff face.

The Trust has been able to offer the following to staff:

- Schwartz rounds (to be called 'Team Time' during the pandemic)
- hot and cold food for staff until the end of April
- free car parking
- a wellbeing bus
- recharge hubs

- access to online support from Alliance
- Listening into Action App
- Increased availability of internal counselling services

5.5.2 Staff Testing

The Trust has continued to expand capacity for staff testing, which has supported a significant reduction in reported sickness absence. Staff health and wellbeing remains a key priority for the Trust and further initiatives have been implemented including further expansion of psychological support for staff.

In addition, testing has also begun on index cases i.e. a spouse or child of a staff member who is symptomatic. The Trust is also providing support to the wider system by way of providing appointments to North East Ambulance Service, Tees, Esk & Wear Valley NHS Foundation Trust and Care Homes.

5.5.3 Workforce training

In response to a changing workforce model across medical, nursing and allied health teams, additional training has been provided to allow safe redeployment of staff into the areas of increased demand. Significant numbers of staff have undertaken training in intensive care associated skills, respiratory training and safe and effective use of PPE.

5.6 Communications

Information and updates about the evolving COVID-19 situation are communicated regularly across the Trust's internal and external channels focusing on information for patients, carers, the public and staff, including three key messages delivered daily, Chief Executive weekly briefing, COVID-19 e-bulletin from the Executive Team, weekly video to clinical teams, weekend message to staff and weekly update on #KeepingPositive #OurResponse campaign to local press. The Trust continues to work with all of the local MPs to understand constituents concerns or queries.

5.7 Digital Enablement

Digital enablement has infiltrated the Trust, supporting clinical and operational decision making and streamlining clinical practice/delivery. Innovation and traction in the 'V' (virtual) suite platform will continue to support recovery.

6. Regional Resilience

In addition to the local resilience and governance infrastructure to support planning, the North East Nightingale Hospital was announced earlier this month, the project lead commissioned from Newcastle University Hospitals and is based in Washington near Sunderland to meet the anticipated deficit of beds, both critical care, general and acute to manage the expected COVID-19 surge.

7. COVID-19 Finance

Guidance has been published by NHSE/I in respect of cost collection for 2019/20 which requests that Trusts undertake an urgent review of financial governance to ensure that decisions to commit resources in response to COVID-19 are robust and effective. Trusts are required to record the costs incurred in responding to the outbreak with sufficient detail to meet the requirements of external audit and public scrutiny.

Expenditure claims are reviewed on a monthly basis by the NHSE/I Regional and National Teams with an expectation that all expenditure has to be "*reasonable and proportionate*" and

is being considered against a range of factors i.e. attributable to COVID-19, consideration of demand and capacity, and implementation for the peak of COVID-19 activity only.

More capital equipment is being procured nationally and any COVID-19 submissions greater than £250k need NHSE/I national approval.

8. Risks and Assurance

The Executive Team has developed a COVID-19 related risk report to collate the emerging picture of impact in relationship to the Board Assurance Framework (BAF). The operational risks around clinical, operational and financial impacts are monitored, mitigated and managed on a daily basis through the Trust's risk register via the Datix system. Strategic risks with potential to affect the wider operation and sustainability of the organisation are currently in development and will be presented to Board in Quarter 1 as part of the board assurance process.

9. Recommendations

The Council of Governors is asked to:

- Note the contents of the briefing and consider the level of assurance and the robustness of plans in place to comply with the Trusts legislative responsibilities regarding Emergency Preparedness, Resilience and Response to COVID-19;
- Acknowledge the dynamic nature of the Trust's response to Emergency Preparedness. Specifically, the Board is asked to note the emphasis on patient safety and staff welfare;
- Note the plans are adapted on a daily basis in response to national requirements and local intelligence; and
- Note the continued need to provide services in response to the management of patients with COVID-19.

Julie Gillon
Chief Executive

North Tees and Hartlepool NHS Foundation Trust

Council of Governors

Title:	Integrated Compliance and Performance Summary									
Date:	7 May 2020									
Prepared by:	Lynne Taylor, Director of Planning and Performance									
Executive Sponsor:	Lynne Taylor, Director of Planning and Performance									
Purpose of the report	To provide an overview of the integrated performance for compliance, quality, finance and workforce.									
Action required:	Approve		Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting Patients First	x	Valuing our People	x	Transforming our Services		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:										
<ul style="list-style-type: none"> The report outlines the Trust's compliance against key access standards in March including quality, workforce and finance in accordance with the SOF. The Trust has experienced unprecedented pressures during the March period as a result of the Covid-19 pandemic, which has ultimately impacted upon delivery of both emergency and elective clinical pathways. As such, the Trust has inevitably seen a significant influence upon the delivery of the associated operational standards, which has been recognised nationally as a risk. Despite this the Trust has continued to delivery safe, patient centred, quality services through revised models of care, which have been supported through robust resilience planning and escalation frameworks. Despite the significant pressures placed upon the Trust over the March period, compliance and performance has maintained a relatively positive position against key standards, with the aim to keep any delays to an absolute minimum. The Trust continues to perform well against the Safety and Quality metrics, notwithstanding the current pressures being experienced. The Trust has implemented initiatives aimed at supporting staff through the current Covid-19 period, including the launch of the 'Listening into Action' app and 'Recharge Hubs' where staff can have some downtime. Work is also on-going with volunteer and partner organisations, plus individuals, to identify the best ways to utilise the many offers of support which have been received during the crisis. The yearend position for 2019/20 has resulted in the Trust achieving a surplus against control total of £0.67m. This compares to a planned breakeven position. The Group therefore finished the year £0.67m ahead of plan. 										
How this report impacts on current risks or highlights new risks:										
<p>A key challenge going forward is the management of the Covid-19 pressures alongside the delivery of 'business as usual' service provision in the longer term. This will include new ways of operational delivery to ensure patient pathways, and the associated standards, can be recovered at the earliest point.</p> <p>A continued challenge will be the financial impact of Covid-19 on the in-year financial recovery.</p>										
Committees/groups where this item has been discussed	ETM is the first committee for presentation of the Trusts latest position on performance in relation to key metrics followed by the Board of Directors.									
Recommendation	The Council of Governors is asked to note the performance against standards within compliance, quality, finance and workforce whilst recognising on-going pressures.									

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

7 May 2020

Integrated Compliance and Performance Summary

Report of the Director of Planning and Performance, Chief Nurse/Director of Patient Safety and Quality, Chief People Officer and Director of Finance

Strategic Aim and Strategic Objective: Putting Patients First

1. Introduction/Purpose

- 1.1 The Integrated Compliance and Performance Report highlights performance against a range of indicators against the Single Oversight Framework (SOF) and the Foundation Trust terms of licence for the month of March 2020.
- 1.2 The Trust has experienced unprecedented pressures during the March period as a result of the Covid-19 pandemic, which has ultimately impacted upon delivery of both emergency and elective clinical pathways.
- 1.3 As such, the Trust has inevitably seen a significant influence upon the delivery of the associated operational standards, which has been recognised nationally as a risk. Despite this the Trust has continued to delivery safe, patient centred, quality services through revised models of care, which have been supported through robust resilience planning and escalation frameworks.
- 1.4 This Trust has already started to progress the development of recovery plans, with the aim of mobilising 'business as usual' as the Covid-19 situation allows. This includes close collaboration across the regional network in relation to cancer management, with cancer 'cells' agreed to manage those most at risk through the available capacity across all provider organisations, including the independent sector. A staged approach will be taken to re-instating all elective services, in line with national guidance and local planning.
- 1.5 Key highlights of performance are outlined below, with additional detail within Appendix 1.

2. Performance Overview

2.1 Compliance and Performance

- 2.11 Despite the significant pressures placed upon the Trust over the March period, compliance and performance has maintained a relatively positive position against key standards, with the aim to keep any delays to an absolute minimum.
 - 2.1.2 The latest position against key access standards are as follows;
 - Referral to Treatment pathways have been delivered within the national standard consistently during 2019/20, with the month of March and year-end average being achieved.
 - The provisional March position indicates all but one of the cancer standards have been achieved (the Screening with 62 day standard reporting very slightly below the target),

however recognising consistent delivery of the 62-day referral to treatment standard continues to be the key pressure. Work is on-going across the system to recover the 62 day standard performance, alongside the current Covid-19 pressures.

- Alongside in-year capacity issues, delivery of the '6 week' Diagnostic standard has been challenging in-year, further impacted on by the restricted activity that can take place during Covid-19 pandemic. Work has now commenced to start to recover the business as usual alongside the current pressures.
- The Trust has maintained a positive position in relation to reducing extended lengths of stay, with Delayed Transfers of Care reporting a decrease in year, and Super Stranded patients also delivering an overall reduction by the end of the year.
- The Trust has performed well against a number of the efficiency standards in-year, including day case rates, lengths of stay, cancelled procedures, new to review ratios, outpatient DNAs and depth of coding, resulting in an increased productivity across services.

2.2 Quality

2.2.1 The Trust continues to perform well against the Safety and Quality metrics, despite the current pressures being experienced. The latest position against key the indicators are as follows;

- The Trust remains in the expected range for both HSMR and SHMI mortality indicators.
- The Trust achieved the year end trajectory for the reduction in Clostridium Difficile cases during 2019/20. No cases of MRSA were reported in year, with a positive position reported against a number of the other monitored Infection Control indicators. Reduction in E-coli infection rates continues to be a key area of focus going forward.
- The Trust reported an overall reduction in stage 2 and stage 3 complaints during 2019/20, with an increased number of complaints being addressed at stage 1, reducing the need for formal escalation.
- The Trust has reported a reduced number of falls during 2019/20 across all reported categories, including 'falls with no injury', 'falls with no fracture' and 'falls with fracture'.
- Other quality indicators reporting a positive performance during March and 2019/20 include VTE assessment, Dementia standards and the Friends and Family test.

2.3 Workforce

2.3.1 The Trust has implemented initiatives aimed at supporting staff through the current Covid-19 period, including the launch of the 'Listening into Action' app and 'Recharge Hubs' where staff can have some downtime. Work is also on-going with volunteer and partner organisations, plus individuals, to identify the best ways to utilise the many offers of support which have been received during the crisis. Performance against the key workforce indicators are outlined below.

- Sickness levels have continued to report above the internal target of 4% during 2019/20 however significant work has been on-going to understand the reasons for sickness and also support staff to return to work at an earlier point.
- COVID-related sickness and self-isolation during March accounted for an absence rate of approximately 11%, split between staff who were showing symptoms (7 day absence), self-isolating due to family members indicating symptoms (14 days absence) and high risk staff who were shielding for (12 weeks). The Workforce team have been operating the 'Cov-19 Absence Call-in line' 7 days per week to co-ordinate and manage Covid-related absence reporting, testing arrangements for staff and staff risk assessments.
- Other key workforce indicators for March reported a relatively consistent position, including the Turnover rate; Mandatory Training compliance and Appraisal compliance. Due to Covid-19 pressures, Mandatory Training and Appraisal compliance have been put on hold, however with a requirement for any member of staff self-isolating due to 'family member sickness' or 'high risk' absence have the opportunity to keep this training up to date from home.

3. Finance Overview

- 3.1 The year end position for 2019/20 has resulted in the Trust achieving a surplus against control total of £0.67m. This compares to a planned breakeven position. The Group therefore finished the year £0.67m ahead of plan.
- 3.2 Included in the position is £17.6m relating to impairments, which predominantly relates to the energy centre. This does not impact on control total delivery or the cash position and is an accounting adjustment based on a valuation of the Trust estate by the District Valuer

4. Key Challenges

- 4.1 A key challenge going forward is the management of the Covid-19 pressures alongside the delivery of 'business as usual' service provision in the longer term. This will include new ways of operational delivery to ensure patient pathways, and the associated standards, can be recovered at the earliest point.
- 4.3 A continued challenge will be the financial impact of Covid-19 on the in-year financial recovery.

5. Conclusion/Summary

- 5.1 Robust governance and monitoring of patients' pathways has been adapted to align with national and local guidance, ensuring quality and patient safety is maintained at all times.
- 5.2 The significant impact of Covid-19 staff 'self- isolation' has contributed to the overall pressures; however this has been managed through robust return to work testing and processes.

6. Recommendations

The Council of Governors is asked to note:

- The performance against the key operational, quality and workforce standards during March and in year, in light of the impact of the Covid -19 pandemic.
- Recognise the on-going financial pressures.

- Acknowledge the operational monitoring and management of service delivery during 2019/20, including the intense mitigation work that has taken place to reduce the impact of in-year pressures.

Lynne Taylor, Director of Planning and Performance

Julie Lane, Chief Nurse/Director of Patient Safety and Quality

Alan Sheppard, Chief People Officer

Neil Atkinson, Director of Finance

Appendix 1

Compliance		Reporting period	Target	Actual	Q4	Trend
Cancer	New Cancer 31 days subsequent Treatment (Drug Therapy)	Mar-20	98.0%	99.2%	99.1%	
	New Cancer 31 days subsequent Treatment (Surgery)	Mar-20	94.0%	95.2%	95.7%	
	New Cancer 62 days (consultant upgrade)	Mar-20	85.0%	100.0%	92.3%	
	New Cancer 62 days (screening)	Mar-20	90.0%	89.8%	91.1%	
	New Cancer GP 62 Day (New Rules)	Mar-20	85.0%	85.1%	78.6%	
	New Cancer Current 31 Day (New Rules)	Mar-20	96.0%	97.7%	98.5%	
	New Cancer Two week Rule (New Rules)	Mar-20	93.0%	93.1%	93.4%	
	Breast Symptomatic Two week Rule (New Rules)	Feb-20	93.0%	96.9%	96.0%	
RTT	RTT incomplete pathways wait (92%)	Mar-20	92.00%	93.84%	93.79%	
	RTT incomplete pathways wait (92nd percentile)	Mar-20	28.00	17.10	16.60	
	RTT incomplete pathways wait (Median)	Mar-20	7.20	7.60	6.60	
	RTT incomplete pathways >52 week wait	Mar-20	0	0	0	
Diagnostics	Number of patients waiting less than 6 weeks for diagnostic procedures	Mar-20	99.00%	90.19%	91.67%	
DTOC	Delayed Transfers of Care	Mar-20	3.50%	1.70%	1.77%	
Super Stranded	Super Stranded Reduction (per day average)	Mar-20	64	66	68	

Quality and Patient Safety		Reporting period	Target	Actual	Q4	Trend
Falls	Fall - No Injury (In-Hospital)	Mar-20	80			
	Fall - Injury, No Fracture (In-Hospital)	Mar-20	16			
	Fall - With Fracture (In-Hospital)	Mar-20	4			
Infection Control	Clostridium difficile (C.diff)	Mar-20	5			
	Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Mar-20	0			
Complaints	Complaint Stage 1 - Informal	Mar-20	60			
	Complaint Stage 2 - Formal Meeting	Mar-20	8			
	Complaint Stage 3 - Formal Chief Executive Letter	Mar-20	10			
Pressure Ulcers	Category 3 Pressure Ulcers (In-Hospital)	Feb-20	4			
	Category 4 Pressure Ulcers (In-Hospital)	Feb-20	1			
HSMR	HSMR Mortality Rates (Rolling 12 month value)	Nov-19	108.00			
	HSMR Crude mortality Rate (Rolling 12 month value)	Nov-19	3.63%			
SHIMI	SHMI Mortality rate (Rolling 12 month value)	Oct-19	109.00			
	SHMI Crude mortality Rate (Rolling 12 month value)	Oct-19	3.57%			



Workforce		Reporting period	Target	Actual	Q4	Trend
Staff	Sickness	Feb-20	4.00%			
	Turnover (12 months rolling data)	Mar-20	10.00%	9.42%	9.42%	
	Mandatory Training	Mar-20	80%	90%	90%	
	Appraisals	Mar-20	95%	86%	86%	

REPORTS FOR INCLUSION IN THE INTEGRATED PERFORMANCE REPORT MONTHLY

Statement of Comprehensive Income (SoCI)

	Annual Budget (£'000s)	Current Month £000's			Year to Date £000's		
		Budget (£'000s)	Actual (£'000s)	Variance (£'000s)	Budget (£'000s)	Actual (£'000s)	Variance (£'000s)
Income exc. PSF/FRF/MRET and donated asset income	303,475	26,214	35,755	9,541	303,475	314,564	(11,088)
Pay	211,356	17,097	21,809	(4,712)	211,356	217,020	(5,664)
Operating Non Pay	75,972	6,906	13,563	(6,657)	75,972	81,651	(5,679)
Pass through drugs and devices	13,070	957	1,239	(283)	13,070	13,396	(326)
Total Operating Costs	300,398	24,959	36,611	(11,652)	300,398	312,067	(11,668)
EBITDA	3,077	1,255	(856)	(2,111)	3,077	2,497	(580)
Interest, Depreciation and PDC	13,285	1,107	891	217	13,285	12,085	1,200
Surplus/Deficit before PSF	(10,208)	148	(1,746)	(1,894)	(10,208)	(9,588)	620
PSF/FRF/MRET income	10,208	1,135	1,152	17	10,208	10,258	50
Performance against control total	0	1,283	(595)	1,878	0	670	670
Impairments	0	0	17,618	(17,618)	0	17,618	(17,618)
Capital donations / grants I&E impact	0	0	62	62	0	62	62
Surplus/(Deficit) for the year	0	1,283	(18,275)	19,558	0	(17,010)	(17,010)

Statement of Financial Position

	Plan (£'000s)	Actual	Commentary
Assets, Non Current	129,618	116,085	The year end position for 2019/20 has resulted in the Trust achieving a surplus against control total of £0.67m. This compares to a planned breakeven position. The Group therefore finished the year £0.67m ahead of plan.
Assets, Current	27,781	39,508	
Total Assets	157,399	155,593	
Liabilities, current	(41,554)	(48,623)	Included in the position is £17.6m relating to impairments, which predominantly relates to the energy centre. This does not impact on control total delivery or the cash position and is an accounting adjustment based on a valuation of the Trust estate by the District Valuer
Net current assets (current assets less current liabilities)	(13,773)	(9,115)	
Liabilities, non current	(24,541)	(25,943)	
Total Assets Employed	91,304	81,026	The Trust met the 2019/20 CIP requirements through a combination of corporate, directorate and non recurrent schemes. The emphasis remains on covering non recurrent schemes into recurrent cost improvement.
Taxpayers Equity	91,304	81,026	Cash levels stand at £16.7m at the end of March. Debtor days have worsened by 7 days in comparison to March 2018/19 and creditor days have improved by 1 day in comparison to March 2018/19 levels.

North Tees and Hartlepool NHS Foundation Trust

Council of Governors

Title	Workforce activities in relation to Covid-19									
Date	7 May 2020									
Prepared by	Gary Wright, Deputy Chief People Officer									
Executive Sponsor	Alan Sheppard, Chief People Officer									
Purpose of the report	The purpose of this paper is to update the Council of Governors on key activities being undertaken by the Workforce directorate in response to Covid-19.									
Action required	Approve		Assurance	X	Discuss	X	Information	X		
Strategic Objectives supported by this paper	Putting our population First	X	Valuing our People	X	Transforming our Services		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 this paper is to outline key workstreams that are being managed within the Workforce directorate in response to the Covid-19 pandemic.</p> <p>Specifically, the paper outlines the processes being undertaken in relation to the single point of contact telephone line and also staff testing with data to support current activities.</p> <p>The paper also outlines potential risks to this key workstreams and plans to mitigate these risks.</p>										
How this report impacts on current risks or highlights new risks										
New risks as presented										
Committees/groups where this item has been discussed	Trust Board									
Recommendation	<p>The Council of Governors are requested to acknowledge the contents of this paper as presented.</p> <p>It is recommended that updates to data are regularly fed back to the Council of Governors with any proposed actions as necessary.</p>									
Next steps for presentation	N/A									

North Tees and Hartlepool NHS Foundation Trust

Workforce Activities in Relation to Covid-19

7 May 2020

1.0 Introduction

The purpose of this paper is to outline key workstreams that are being managed within the Workforce directorate in response to the Covid-19 pandemic.

Specifically, the paper will outline the processes being undertaken in relation to the single point of contact telephone line and also staff testing.

2.0 Background

As the Chief Medical Officer of NHS England and Improvement has stated, as coronavirus expands, routine services will inevitably come under pressure just as they are across Europe, with the NHS flexing its response in line with well-established escalation protocols.

Healthcare staff are working round the clock to care for the public, however, an increasing number of staff are becoming symptomatic themselves or, who live in households with others who are symptomatic. The Workforce directorate has therefore put in place two key workstreams in response which are outlined below.

3.0 Single Point of Contact

A dedicated telephone number has been established for employees to call should they be required to self-isolate either because they or their family are symptomatic of Covid-19.

This line is manned 8am-8pm predominantly by various members of the Workforce Directorate but with some support from other areas, seven days a week. There is also a requirement to call employees back at the end of their isolation period (either 7 or 14 days) or those who are currently 'shielding' for 12 weeks.

Data collected from this exercise forms a daily Sitrep which is analysed to determine trends and patterns.

3.1 Headlines from the data

To date, there have been 1399 staff absences relating to Covid-19; as of 30 April group staff absence was as follows: -

Absence Type	Number absent
Number of employees symptomatic (absent 7 days)	107
Number of employees self-isolating due to someone in their household being symptomatic (absent for 14 days)	67
Number of staff 'shielding' (absent for 12 weeks) <i>(Including those who are in the third trimester of pregnancy)</i>	84
Total	258

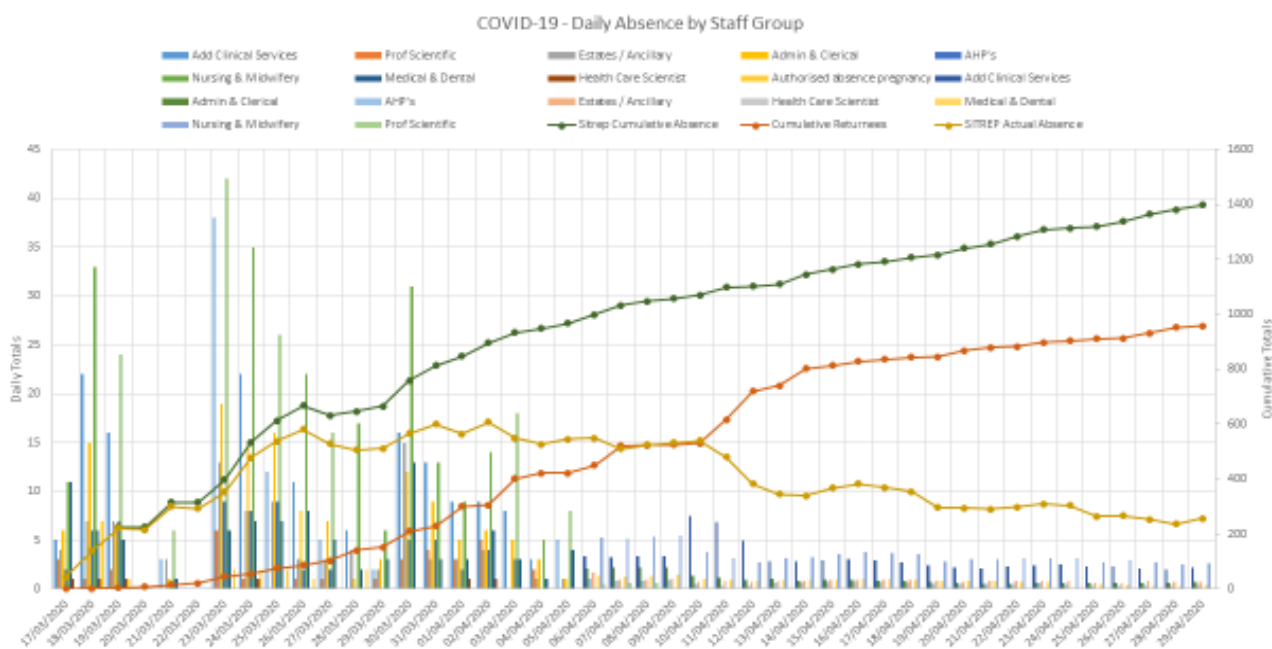
This can be further broken down by staff group: -

Staff Group	Number of staff absent	Percentage of staff group absent
Nursing and Midwifery	93	6%
Additional clinical services (HCA's)	80	8%
Admin and Clerical	25	2%
Medical staff	14	3%
Allied Health Professionals	11	2%
Professional Scientific	5	4%
Estates and Ancillary	27	4%
Health Care Scientists	3	<1%
Overall workforce absent	258	5%

Local intelligence advises that the overall percentage of staff absent is in line with expected parameters.

Data is also being collated regarding when staff are expected to return to work with 22 returnees expected within 2 days and a further 65 within 7 days, assuming individuals feel well enough to return.

Absence data has been collected since 17 March with the graph below demonstrating cumulatively staff absent and those who have returned as well as actual daily absence. It is anticipated that in time, that the cumulative returnees will cross and surpass those absent.



Data collected has also identified that the average number of daily absences is 396 employees. The data can also be broken down by department to allow services to manage pressures effectively.

4.0 Staff Testing

Testing for staff who are either symptomatic or asymptomatic began from 25 March on the North Tees site. Appointments are allocated by those manning the single point of contact line and undertaken predominantly by clinical educator staff and members of the Organisation Development team.

Testing has also begun on index cases i.e. a spouse or child of a staff member who is symptomatic. The Trust is also providing support to the wider system by way of providing appointments to North East Ambulance Service, Tees, Esk & Wear Valley NHS Foundation Trust and local care home staff.

Testing involves throat and nasal swabs being undertaken on day 2 or 3 of being symptomatic with further swabs undertaken 24 hours later in order to reduce the number of false negative tests being received. There is capacity to undertake between 96 tests per day which is meeting current demand.

Data in relation to testing is as follows: -

Category	Total
Number of staff tested	842
Number of index cases tested	166
Number of external cases tested	193
Number of pre-assessment patients	39
Total of double-tests undertaken	1240

Of these tests undertaken, 198 have resulted in positive outcomes which is 16%.

Previously, tests were sent to either Newcastle upon Tyne Hospitals NHS Foundation Trust or South Tees Hospitals NHS Foundation Trust with results coming back upon average of 36 hours. However, in recent days an analyser has been procured and is operating at North Tees and Hartlepool NHS Foundation Trust which has provided an increase in resource and also increased the speed in which results are received to be within 6 hours.

5.0 Risks

It is acknowledged that the directorate is currently managing demand both from operating the single point of contact system and also the testing of staff however, it is also recognised that the region has not yet seen the peak of the pandemic. When this should occur, there is a possibility that these key processes could be affected, in terms of resource.

In response to this, the directorate has developed a business continuity plan specifically in relation to Covid-19 which outlines plans regarding key services and staffing numbers. There has also been a concerted effort to ensure systems and processes are understood across a number of key personnel in the directorate in order to reduce single points of failure.

6.0 Recommendations

The Council of Governors are requested to acknowledge the contents of this paper as presented. It is recommended that updates to data are regularly fed back to the Council of Governors with any proposed actions as necessary.

Alan Sheppard
Chief People Officer