



Council of Governors Meeting

**Thursday, 5 May 2022
at 10.30am**

***To be held in the Lecture Theatre,
University Hospital of North Tees***

22 April 2022

Dear Colleague

A meeting of the **Council of Governors** will be held on **Thursday, 5 May 2022 at 10.30am in the Lecture Theatre, Middlefield Centre, University Hospital of North Tees**. A development session will commence immediately prior to the meeting at **9.45am**. Dial-in details for the meeting will be issued separately.

Yours sincerely



Professor Derek Bell
Joint Chair

Agenda

- | | | | |
|------|---------|--|----------------------------|
| (1) | 10.30am | Welcome | Chair |
| (2) | 10.30am | Apologies for Absence | Chair |
| (3) | 10.30am | Declaration of Interests | |
| (4) | 10.30am | Patient Story | Lindsey Robertson |
| (5) | 10.45am | Minutes of the last meeting held on, 10 February 2022 (enclosed) | Chair |
| (6) | 10.50am | Matters Arising and Action Log (enclosed) | Chair |
| (7) | 10.55am | Chair's Report and Board Business (enclosed)
(BoD agenda 26 May 2022 enclosed) | Chair |
| (8) | 11.05am | Chief Executive's Report (enclosed) | Deepak Dwarakanath |
| (9) | 11.20am | North East and North Cumbria Integrated Care System
Tees-Valley Health & Care Partnership and Provider Collaboration
(enclosed) | Chair / Deepak Dwarakanath |
| (10) | 11.35am | Integrated Compliance and Performance Report (to follow) | Ann Baxter |
| (11) | 11.55am | Elective Recovery 2021/22 Update and 2022/23 Trajectories
(enclosed) | Levi Buckley |

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|------|---------|--|-----------------------------|
| (12) | 12.05pm | NHS National Staff Survey Results 2021 (to follow) | Nat McMillan |
| (13) | 12.15pm | Non-Executive Director Recruitment Update (verbal) | Hilton Heslop |
| (14) | 12.25pm | NHS Providers Governor Sessions Feedback 11 April 2022 (verbal) | Attending
Governors |
| (15) | 12.30pm | Draft Sub Committee Minutes:
15.1 Membership Strategy Committee
- 21 February 2022 (enclosed)
15.2 Strategy and Service Development Committee
- 14 March 2022 (enclosed) | Wendy Gill
Angela Warnes |
| (16) | 12.40pm | Any Other Notified Business | Chair |
| (17) | 12.45pm | Approximate close | |

Date of Next Meeting

Thursday, 8 September 2022

DB/SH

21 April 2022

Dear Colleague

A development session has been arranged, which will commence prior to the Council of Governors meeting on Thursday, 5 May 2022.

(1) 9.45am Trust Charity

Suzi Campbell & Ruth Dalton

(2) 10.25am 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

DRAFT Minutes of a Meeting of the Council of Governors held on Thursday, 10 February 2022 in Room 2, Undergraduate Centre at the University Hospital of North Tees and via video link

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

Present:

Professor Derek Bell, Chair

Hartlepool Elected Governors:

Ian Simpson
Alan Smith
George Lee (virtual)
Pauline Robson (virtual)

Staff Elected Governors:

Carol Alexander
Andy Simpson
Manuf Kassem (virtual)
Asokan Krishnaier (virtual)

Stockton Elected Governors:

Tony Horrocks (Lead Governor)
Margaret Docherty (virtual)
Janet Atkins
Ray Stephenson
Pat Upton
Lynda White
Mark White

Sedgefield Elected Governor:

Wendy Gill

Out of Area Elected Governor:

Angela Warnes (virtual)

Appointed Governors:

Linda Nelson, University of Teesside (virtual)
Christopher Akers-Belcher, HealthWatch Hartlepool
Cllr Cameron Stokell, Hartlepool Borough Council
Cllr Jim Beall, Stockton Borough Council (virtual)
Natasha Judge, Stockton HealthWatch (virtual)

In Attendance:

Julie Gillon, Chief Executive	CE
Barbara Bright, Director of Corporate Affairs & Chief of Staff	DoCA&CoS
Rita Taylor, Non-Executive Director	RT
Phil Craig, Non-Executive Director	PC
Steve Hall, Vice Chair / Non-Executive Director	SH
Ann Baxter Non-Executive Director (virtual)	AB
Jonathan Erskine, Non-Executive Director	JE
Kevin Robinson, Non-Executive Director	KR
Sarah Hutt, Assistant Company Secretary (note taker)	

Item 1058:

Karen Sheard, Deputy Chief Nurse/Deputy Director of Patient Safety & Quality

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

Angela Seward, Lead Governor / Elected Governor Rest of England
Carlie Johnston-Blyth

* voting member

A Governor Development Session had immediately preceded the main meeting covering:

1. Community Diagnostic Centres
2. Estates Strategy

This had been recorded separately.

CoG/1055 Welcome

The Joint Chair welcomed members to the meeting and those Governors from South Tees Hospitals NHS FT joining as observers. In addition, Lynda White newly elected Governor for Stockton was welcomed,

CoG/1056 Apologies for Absence

Apologies for absence were received from:

Hartlepool Constituency: Geoff Northey / Aaron Roy

Stockton Constituency: Jean Kirby / Anne Johnston

Easington Constituency: Mary King

Sedgefield Constituency: Ruth McNee

Staff Constituency: Dave Russon

Appointed Governors:

Professor Tony Alabaster, University of Sunderland

Cllr Paul Sexton, Durham County Council

CoG/1057 Declaration of Interests

No declaration of interests were noted.

CoG/1058 Patient Story

The DCN/DDoPS&Q read out a story from the parent of a child that had accessed the Wheelchair Service. The parent contacted the Service in advance of the scheduled appointment to explain about her child's additional needs. The female staff member was very helpful and made notes to share with colleagues. The Service contacted the parent to understand further the needs of her child and how best those needs could be met. Having learnt more a better solution was found. The appointment to obtain the equipment was Christmas Eve so the staff arranged for the item to be delivered to the child's home. The parent wished to convey that she felt reassured the child had received the best care as the staff had listened carefully to their needs and had gone above and beyond with the services they provided.

The Chair asked that the parent and patient be thanked for taking the time to write about their care.

- Resolved:** (i) that, the patient story be noted; and
(ii) that, the parent and patient be thanked for their letter

CoG/1059 Minutes of the last meeting held on, Thursday, 18 November 2021

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

CoG/1060 Matters Arising and Action Log

a. Joint Governor Development Sessions

The DoCA&CoS updated that she was working with the Lead Governors to develop a programme of joint development sessions agreeing topics that would be of benefit and value to the Council of Governors' from both the Trust and South Tees Hospitals NHS FT.

b. Reception, Security and Signage at the University Hospital of Hartlepool

The 'walk through' to assess the signage had been delayed due to COVID-19, it would be reviewed once the current restrictions had been lifted and visiting was reinstated at the Trust.

c. Security Arrangements

Alan Smith, Elected Governor for Hartlepool asked if there was any update regarding the review of security arrangements in the Trust following the events at Liverpool Women's Hospital. The CE reported that a full review of security arrangements had been undertaken and a new Head of Security had recently been appointed. No issues posing a risk had been identified.

- Resolved:**
- (i) that, the verbal updates be noted; and
 - (ii) that, a programme of joint development sessions continue to be planned for both Council of Governors of North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT;
 - (iii) that, a date for Alan Smith, Elected Governor for Hartlepool and another Governor undertake a 'walk through' to assess the suitability of signage at the University Hospital of Hartlepool be arranged once restrictions were lifted.

CoG/1061 Chair's Report and Board Business Including Vice Chair Update

A summary of the Chair's Report included:

- The Chair reported the sad news that John Edwards, Elected Governor for Stockton had passed away on 10 January 2022. A number of representatives from the Trust and Council of Governors had attended his funeral. The Lead Governor paid tribute to John providing a resume of his successful career and time with the Trust as an elected Governor on the Council of Governors since 1 December 2014.
- The Chair expressed his thanks to all staff for their dedication and commitment who continued to work during winter pressures and further waves of COVID-19 whilst managing the recovery programme.
- The Chair continued the programme of departmental and site visits across Stockton, Hartlepool and Peterlee which had also included unscheduled walkabouts with the Medical Director visiting a range of areas.
- A meeting of the Tees Valley Chairs was held on 20 January 2022, discussions included the need to improve digital access for patients as a Tees wide approach and increase the number of virtual appointments. There was a significant focus nationally regarding reducing health inequalities and ensuring equitable access for all the population including the hard to reach marginal groups.
- An ambition of the NHS Long Term Plan was for Emergency Departments to provide Same Day Emergency Care (SDEC), which would facilitate patients receiving a rapid assessment, diagnosis and where possible treatment in the same day. The Trust was operating this model through the various admission routes. A good example of this was the Integrated Single Point of Access (iSPA) which operated a multi-disciplinary approach to ensure patients received timely involvement across health and social care.
- A review of Health and Social Care Leadership in England was being led by General Sir Gordon Messenger, the former Vice Chair of the Defence Staff and Dame Linda Pollard, the Chair of Leeds Teaching Hospitals NHS Trust, with a number of pilot sites identified. The outcomes were expected to be published in March 2022 and would include a number of recommendations and an implementation plan.

The Vice Chair provided assurance to the Council of Governors that the Trust Non-Executive Directors remained focused on the day to day business of the Trust, and managing individual portfolios and committees. The current issues being faced were not distracting from business as usual. There was lots of good work being done and support was being provided to areas requiring improvements. The Vice Chair reported that a new interim Chair had been appointed for NTH Solutions (LLP), and that the LLP had been successful in a number of contracts which would be announced shortly.

Following a query by a member, the Chair confirmed that once published the review of Health and Social Care Leadership would be shared with Governors and how the principles would be weaved into local work streams.

Following a query by KR, the Chair confirmed that the outcome of the extra ordinary board meeting held the previous day would be discussed in the closed Council of Governors which would immediately follow the main meeting.

The Chair confirmed that the Memorandum of Understanding (MoU) and Terms of Reference (ToR) for the Joint Partnership Board, which had been created prior to his appointment, were due for review in March to ensure the membership was correct and the documents were fit for purpose.

JE highlighted for the benefits of the Governors that in reference to the commercial activity of the LLP, the Board discussed and reviewed the risk appetite for the Trust, the LLP and the Group to ensure it was appropriate for the work being undertaken. The Vice Chair reported that an away day had recently been held for the LLP and the expectations from a Group perspective was outlined. The new interim Chair would be ensuring that adequate governance processes were in place to support the commercial activity. The Vice Chair confirmed that the new interim Chair, Graham Walton had been appointed on a six month basis and had a background of change management in both public and private sectors. Once in post Governors would have the opportunity to meet him.

- Resolved:**
- (i) that, the content of the report be noted; and
 - (ii) that, the draft agenda for the Board of Directors' meeting scheduled for Thursday, 24 March 2022 be noted; and
 - (iii) that, the key themes of the Health and Social Care Leadership Review be shared with Governors once published.

CoG/1062 Chief Executive's Report

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

- The CE commended staff who continued to work tirelessly through the 3rd surge of COVID-19 and the winter pressures. As of the previous day, the Trust was caring for 63 COVID-19 positive patients, which was a significant reduction since the end of the year. There was also a reduction in the community prevalence of the virus and fewer patients were requiring critical care support. The virus was becoming more endemic than pandemic. The current dominant variant was Omicron, which was less virulent however spread quicker. The Trust had been commended for its management of the virus during surge one and two in respect of clinical and corporate practices, following a virtual Get It Right First Time (GIRFT) visit.
- There had been an increase in emergency admissions and there was a continued focus to prevent avoidable admissions by establishing alternative practices including Same Day Emergency Care. In addition, the Holdforth Hub at the University Hospital of Hartlepool (UHH) was supporting earlier discharge, preventing admissions and providing care closer to home providing resilience to the community nursing teams. The Trust was a pilot site for proposed new emergency care metrics which were expected to be rolled out in 2022/23. The Trust was performing well in its peer group and continued to share learning

across the region.

- The flu and covid vaccination programme continued for staff although uptake had reached a plateau. The Trust was engaging with those staff who had concerns about the vaccine. The outcome of the national debate regarding Vaccination as a Condition of Deployment (VCOD) was awaited.
- Staff Health and Wellbeing offerings continued to be developed. A new social engagement magazine had been launched which staff could contribute to, and to date had been positively received. The roll-out of the 100 leaders programme second cohort had taken place, encouraging staff to see everyone as potential leaders. The Trust's faculty of learning and improving was applying for accreditation.
- Non-covid studies had recommenced as part of the research and development programme and there were a number of large obstetrics and gynaecology studies due to commence shortly.
- The operational planning guidance for 2022/23 was launched on 24 December 2021 which had a focus to grow the workforce and work differently, learn from the pandemic through greater collaboration and system working, managing funding and the use of resources differently.
- The launch of the new Integrated Care Boards as part of Integrated Care Systems had been delayed until 1 July 2022.
- The outcome of the Paterson Inquiry was published on 16 December 2021, the Trust had undertaken a gap analysis and the Non-Executive Directors would be leading on a piece of work regarding how to obtain greater confidence in systems to prevent any future occurrence.
- A North East and North Cumbria Health Inequalities Summit was held virtually on 6 December 2021 with over 350 attendees. The CE reminded members that she was the Senior Responsible Officer (SRO) for Health Inequalities and was committed to making a difference particularly for the hard to reach marginal groups. The event was extremely well received and a follow up session was planned to review progress.
- The Chief Executive paid tribute to Professor Jane Metcalf, Deputy Medical Director who had retired from the Trust in December. Professor Metcalf was dedicated to the many fields of medicine she worked within and particularly supported progressive outcomes for patients.
- The Trust's Breast Unit celebrated its 20th anniversary, which made around 360 cancer diagnoses each year.
- The National Joint Register which monitored data quality in relation to hip, knee, ankle, elbow and shoulder joint replacement operations awarded the elective team at UHH a Quality Data Provider certificate.

Resolved: that, the contents of the report and the pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return to services building on a new operating model be noted.

CoG/1063 North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration Update

The CE provided an update regarding the North East and North Cumbria (NENC) Integrated Care System (ICS), the Tees Valley Health and Care Partnership (TVHCP) and Provider Collaboration. Key points included:

- There had been a delay to the Health and Care Bill, in order for the remaining parliamentary stages to be finalised a new target date of 1 July 2022 had been issued. The Bill would provide statutory status in two parts; give Integrated Care Systems (ICS) statutory powers and to create Integrated Care Boards (ICB) as new NHS Bodies. The appointment process continued for executive positions of the ICB. The Chair and Chief Executive designate for the North East and North Cumbria (NENC) ICS were Professor Sir Liam Donaldson and Sam Allen respectively.
- The NENC Provider Collaborative was overseeing governance arrangements in

readiness for the new ICS formal structure, and was addressing some key priorities in relation to elective recovery managing urgent and emergency care. The NENC Provider Collaborative would operate with a rotating chair and vice chair arrangement over the next 15 months. Currently this was Ken Bremner, Chief Executive of South Tyneside and Sunderland NHS FT and Lyn Simpson, Chief Executive of North Cumbria Integrated Care NHS FT.

- Work of the Tees and North Yorkshire Provider Collaborative was progressing well with successful collaboration in a number of areas including tackling health inequalities and developing managed clinical networks.
-

Andy Simpson, Staff Governor sought clarity regarding the new structure of the NENC ICS and how the funding allocation would be utilised. It was suggested once in post Sam Allen could be invited to visit the Trust. In respect to finances, the CE explained that work was ongoing with regional partners regarding a financial plan and the allocation of funds to individual organisations.

A number of members recanted their experiences and celebrated Professor Jane Metcalf.

Alan Smith, Elected Governor for Hartlepool queried the number of hospital acquired infections. It was noted that there had been c.440. The Trust had compared reasonably well to other organisations both regionally and nationally. The transmissibility of the current Omicron variant continued to provide challenges with patient mobilising and the lack of single room provision in the Trust. Currently red and green areas were still in place. KR, Chair of the Infection Control Committee assured members that the Infection Prevention Control teams were successfully managing infections and were exploring innovative ways of addressing infections. It was suggested this could be a good subject for a development session.

Ian Simpson, Elected Governor for Hartlepool sought to understand the effect of the system changes on the Trust's ambition for a new hospital. The CE explained that there was a need to build a health and care system fit for the future with fit for purpose use of estate and locations of departments for the benefits of patients and staff, as well as developing alternative solutions based in the community to reduce admissions.

- Resolved:**
- (i) that, the change to the timeframe of the evolving transition plan to statutory status of the NENC ICS (ICB); and
 - (ii) that, progress with regard to the NENC Provider Collaborative and emerging governance; and
 - (iii) that, the significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership; 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 specifically in regard to T&NYPvCv; and
 - (v) that, the work in relation to the financial approach with the need for further robust governance to support mutual accountability; and
 - (vi) that, the need to progress further enabling work programmes to benefit Tees populations; and
 - (vii) that, the need to revisit risk appetite and potential actions for the future success of system and place based working; and
 - (viii) consider a Governor development session regarding infection control ambitions.

CoG/1064 Integrated Compliance and Performance Report – Month 10

An overview of performance against key access targets included in the Single Oversight

Framework and the Foundation Trust Terms of Licence for the month of November 2021 for performance, efficiency and productivity, quality and safety, workforce and finance was provided. Key points included:

- Single Oversight Framework: The Trust was seeing a high volume of referrals with activity currently at 106% compared to 2019/20. There were 62 over 52 week waits and zero 104 week waits. There were a total of 899 patients on the waiting list.
- Operational Efficiency and Productivity Standards: Increased pressure across the emergency care pathway remained with ambulance handover delays noted across the region. The Trust reported 50 over 30 minutes, and 3 over 60 minutes in January, however it still remained one of the best performing trusts in the region.
- Safety and Quality: JE, Chair of Patient Safety and Quality Standards Committee reported
 - The Patient Safety and Quality Standards Committee had been monitoring strands of work in Maternity Services and Paediatrics as part of an improvement programme, and it was noted solid progress was being made.
 - HSMR and SHMI mortality indicators continued to report as expected with 90.85% and 99.30% respectively. This was largely due to the appropriate care of patients and the depth of coding.
 - Complaints were rigorously reviewed by the Patient Experience Team to identify any trends or themes and to work with those areas as appropriate. Although there had been an increase in the number of Stage 1 complaints, this was positive as it indicated more issues were being resolved at an early stage. There had been some complaints regarding communication while normal visiting was suspended, however, there had also been many compliments regarding the virtual visiting arrangements put in place during the pandemic.
 - There had been an overall decrease in the number of falls, with the majority resulting in no harm. Active promotion of risk mitigation was being undertaken in ward areas.
 - The majority of health care acquired standards (HCAI) were achieved in November. Seven cases of Clostridium Difficile were reported against the target of five and four cases of MSSA were reported against the target of two cases. This was a largely positive position given the high levels of occupancy.
- Workforce – RT, Chair of the People Committee reported
 - The Attendance Management Policy was being reviewed and there was a continued focus to manage absence and provide support to managers and staff particularly in relation to long term cases. Short term absence was reporting at 3.2% and long term absence at 3.7%. The top two reasons for absence were anxiety/stress/depression and musculoskeletal problems.
 - Appraisals compliance remained below target at 85.21%, which had been impacted by the pandemic. There was focus to improve compliance levels. Mandatory Training compliance had improved and was above target reporting at 87.59%. A new initiative was being introduced on 1 April 2022 to encourage better compliance. If an appraisal had not been completed and mandatory training was outstanding an individual would not be eligible for their salary increment.
 - The health and wellbeing of staff remained a key priority whilst the Trust continued to face operational pressures. There were a range of offerings available to staff.
- Finance – PC, Chair of the Finance Committee
 - At Month 8, the Trust had exceeded its financial forecast reporting a surplus of £123k, and was forecast to deliver an overall breakeven position for 2021/22. The Trust had worked hard to achieve a break even position.
 - Key risks included under delivery of recurrent efficiency, late notification of funding and the uncertainty of funding arrangements for 2022/23. Usual funding arrangements had been suspended during the pandemic. The CE highlighted the importance of having good system level planning.

Andy Simpson, Staff Governor queried why there was a time lag in the data provided within the Integrated Performance Report. The CE explained that information was unable to be presented at the meeting until it had been verified by the Board of Directors. In addition, there was always a delay in data relating to cancer standards which was out of the Trust's control.

Currently, the Trust was a pilot site for the new proposed emergency pathway metrics which were not able to be published at present.

AB provided an update regarding maternity services and the Rowan Suite at the University Hospital of Hartlepool (UHH). There had been 120 ladies booked to deliver at the Rowan Suite, with 48 delivered and 8 home births. There were also 8 ladies from Stockton who delivered at the Suite. The Maternity Services being delivered at the UHH was developing well with further plans going forward including antenatal screening and information sessions in conjunction with the local authority.

Carol Alexander, Staff Governor provided assurance and context in the number of Stage 1 complaints reported as this means less complaints progress to Stage 2 and 3, highlighting that staff were working hard to resolve issues and provide valuable information to the patients and families. It was noted what whilst positive complaints meetings were very rewarding, there were often meetings that could be difficult for all concerned.

Andy Simpson, Staff Governor also highlighted the issue of long delays when contacting ward areas for the telephone to be answered, which was frustrating. The CE explained that alternative methods of communication had been introduced such as iPad for relatives to contact patients during the pandemic. Additional members of support staff had also been deployed to assist in busy areas. It was agreed to provide an update at the next meeting.

Tony Horrocks, Lead Governor sought to understand what support was available to staff suffering with stress/anxiety/depression. It was explained that there was a wide range of psychological support available for staff with improved signposting for easy access. It was agreed that an update could be provided at the Strategy and Service Development Committee.

- Resolved:**
- (i) that, the Trust's performance against key operational, quality and workforce performance standards be noted; and
 - (ii) that, the ongoing operational pressures and system risks to regulatory key performance indicators and the intense mitigation work undertaken to address these going forward be acknowledged; and
 - (iii) that, an update regarding communication methods to contact ward areas be provided; and
 - (iv) that, a presentation regarding available support for staff to address stress/anxiety/depression be provided at a future Strategy and Service Development Committee.

CoG/1065 Elective Recovery Position

The COO provided an overview of the current elective recovery position within the Trust and steps being taken to maximise elective capacity and provide support at a system level. Staff were commended for their support in managing the elective programme for the benefit of patients.

The Trust was on track to achieve zero over 52 week waits by the end of March 2022 and had zero 104 week waits. There continued to be challenges with increasing referrals and conversions with services monitoring on a weekly basis to ensure proactive planning of elective capacity effective theatre utilisation. It was noted that some late cancellations were due to patients testing positive for COVID-19. A review was being undertaken into those patients who had cancelled on more than one occasion and were close to 52 weeks. The Trust was seeing an increase in cancer referrals at 110% activity compared to 2019/20. Waiting List Initiatives (WLI) and other initiatives were being utilised to assist with the recovery programme. The COO reported that the Delivery Plan for tackling the COVID-19 backlog of elective care had been published by NHS England on 8 February, which set out a clear vision for the NHS to recover and expand elective services over the next three years.

Key challenges for the Trust and the wider system continued to relate to workforce with plans to address recruitment and retention challenges in place. The Trust had made some nurse appointments through an international recruitment exercise.

Support to the wider system continued with assistance provided to South Tees Hospitals NHS Foundation Trust with spinal pathways and to County Durham and Darlington NHS Foundation Trust with foot and ankle pathways.

The COO reported that a new initiative – My Planned Care Patient Platform was being launched nationally to support the elective recovery programme which would allow patients to access information to support themselves and maintain good health prior to their elective procedure.

Resolved: that, the content of the report is noted.

CoG/1066 Register of interests

The DoCA&CoS reported on the annual process for Governors to declare any interests which may conflict with their position as a Governor of the Trust. In addition, Governors were required to declare they remained fit and proper to fulfil the role of Governor, in line with the Trust's provider licence and the Council of Governors' Code of Conduct. This information was recorded in a register, available for public inspection. A copy of the register as at January 2022 was appended. Any outstanding declarations would be followed up to ensure a full return.

Resolved: (i) that, the Register of Interests and annual Fit and Proper Persons declarations for 2022 be noted; and
(ii) that, the register would be available to the public via the Council of Governors papers and minutes published on the Trust's website and referred to in the Annual Report 2021/22.

CoG/1067 Draft Membership Strategy Committee Minutes

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 November 2021, and highlighted the key points.

The Committee were keen to recruit younger members and through writing to local colleges Hartlepool College of Further Education had invited the Trust to talk to the students about membership, which the Communications and Marketing Team were coordinating. MW, Chair for a group of colleges was also happy to assist.

Resolved: that, the minutes of the Membership Strategy Committee held on 17 May 2021 be noted.

CoG/1068 Any Other Notified Business

a. Barbara Bright

The Chair notified the Council of Governors that DoCA&CoS would shortly be retiring and placed on record his thanks for the extensive contribution she had made in a variety of roles. The CE echoed this sentiment, highlighting the DoCA&CoS's positive attributes. Jim Beall, Appointed Representative for Stockton Borough Council thanked the DoCA&CoS for her contribution to the health and wellbeing partnership working. The Lead Governor also gave thanks for the support provided by the DoCA&CoS.

Resolved: that, the verbal update be noted

CoG/1069 Date and Time of Next Meeting

Resolved: that, the next meeting be held on Thursday, 5 May 2022 in the Lecture Theatre, University Hospital of North Tees.

The meeting closed at 1.00 pm

A handwritten signature in black ink that reads "Derek Bell". The signature is written in a cursive style and is positioned above the "Signed:" label.

Signed:

Date: 5 May 2022

Council of Governors Action Log

Date	Ref.	Item Description	Owner	Completed	Notes
2021					
18 February 2021	Development Session	Development Session - Teesside Provider Collaborative Joint development sessions to be scheduled for both Council of Governors of NTH and STH	B.Bright	Ongoing	Dates are being reviewed in order to schedule meetings in the diary for the rest of 2021. DoCA&CoS was working with the Lead Governors and the Vice Chairs to develop a programme of joint development sessions which would be both relevant and of benefit to Council of Governors' from both the Trust and South Tees Hospitals NHS FT
16 September 2021	CoG/1036(b)	Schwartz Rounds Governor development session on Schwartz Rounds to be considered	B. Bright	Completed	To be built into the 2022 Governor development plan.
18 November 2021	CoG/1042	Staff Poem Poem and details of the ISBN for the book be forwarded to Governors	S. Sharp	Completed	Poem and reference sent to all CoG
18 November 2021	CoG/1010(a)	Reception, Security and Signage at the University Hospital of Hartlepool Alan Smith, Elected Governor for Hartlepool and another Governor to undertake a 'walk through' to assess the suitability of signage at the University Hospital of Hartlepool	B. Bright	Ongoing	Delayed due to latest wave of COVID-19 - the position would be reviewed and a date set as soon as this was appropriate. Requested that security support the visit when it is arranged
18 November 2021	CoG/1010(a)	Security Communications work be undertaken to raise awareness amongst staff on how to keep safe when leaving their area of work late at night	B.Bright	Completed	An all trust user communication was issued to offer assurances regards Trust dedication to staff safety and sought to remind staff of protocols when faced with situations of risk. Additionally, as part of the 'keeping people safe' working group – the themes of staff and patient safety continue to be of priority.
18 November 2021	CoG/1010(a)	Security Governors' to be kept updated on changes made to improve security at the sites operated by the Trust and that an update be brought back to a future meeting	B. Bright	Completed	Briefing provided by Mike Worden and circulated to Governors
18 November 2021	CoG/1045	Chair's Report and Board Business Including Vice Chair Update - Areas to Visit for the Joint Chair Governors to advise the DoCA&CoS of any specific areas they feel the Joint Chair should visit as part of his continual induction	Governors B. Bright	Completed	
18 November 2021	CoG/1045	Chair's Report and Board Business Including Vice Chair Update - Joint Partnership Board Further update to be brought back to the next meeting (10 February 2021) in respect the development of the Joint Partnership Board	B. Bright	Completed	Provided at Extraordinary Meeting of the Council of Governors' on 26 January 2022
18 November 2021	CoG/1046	Chief Executive's Report - Community Diagnostic Hubs Governors' to receive an update at a future development session in respect to Community Diagnostic Hubs	B. Bright	Completed	This is scheduled for the Council of Governors' development session on 10 February
10 February 2022	CoG/1061	Health and Social Care Leadership Review Key themes of the review to be shared with Governors as soon as published	S Hutt		Awaiting publication of outcomes of review
10 February 2022	CoG/1063	Governor Development Session regarding Infection Control ambitions An overview of the methods put in place by the Trust to manage and prevent infections	S Hutt	Completed	A session regarding the new deep cleaning fogging system was delivered to Governors at the Strategy and Service Development Committee on 14 March 2022
10 February 2022	CoG/1064	Communication Methods to contact Ward Areas An update to be provided regarding the various methods in place in order for staff, patients and visitors to contact ward areas	L Buckley		Alternative communication methods were put in place during the pandemic. An update to be provided at a future meeting.
10 February 2022	CoG/1064	Presentation to S&SD Committee regarding support for staff to address stress/anxiety/depression	S Hutt		Liase with workforce colleagues to prograame a session for June/July

Council of Governors

Title of report:	Joint Chair's Report										
Date:	5 May 2022										
Prepared by:	Sarah Hutt, Assistant Company Secretary										
Sponsor:	Professor Derek Bell, Joint Chair										
Purpose of the report	The purpose of the report is to provide information to the Council of Governors on key local, regional and national issues.										
Action required:	Approve		Assurance		Discuss		Information	X			
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X			
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	
Executive Summary and the key issues for consideration/ decision:											
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level.</p> <p>Key issues for Information:</p> <ul style="list-style-type: none"> • Department and site visits; • North East Chairs Meeting; • Car Parking • Integrated Care Board • Joint Partnership Board 											
How this report impacts on current risks or highlights new risks:											
There are no risk implications associated with this report.											
Committees/groups where this item has been discussed	N/A										
Recommendation	The Council of Governors is asked to note the content of this report.										

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

5 May 2022

Report of the Joint Chair

1. Introduction

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

2. Key Issues and Planned Actions

2.1 Department and site visits

A programme of monthly visits to the University Hospital of Hartlepool have now been established with Governors invited to attend on a rotational basis. In March the areas visited included the Urgent Care Centre, Maternity Unit and ambulatory care area. This month the visit was to the main Outpatients Department. It was great to be able to meet patients and talk to staff who were all enthusiastic and proud of the services they are delivering.

2.2 North East Chairs Meeting

A meeting of the North East Chairs took place on 7 April, which was a positive well attended meeting.

There was a broad discussion and concern was raised about the importance of recognising and addressing the health and wellbeing requirements for staff following the impact of winter pressures and the ongoing effects of the COVID-19 pandemic.

2.3 Car Parking

It was announced in the media that free parking for NHS staff would cease at the end of March, which had been implemented in 2020 nationally to support staff during Covid-19 pandemic.

Both North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust plan to re-establish car parking charges in due course, however are looking at approaches to support staff at this point in time whilst maintaining our focus on patient care.

2.4 Integrated Care Board

As part of the new North East North Cumbria Integrated Care System – Integrated Care Board a number of executive appointments have been made which include:

Dr Neil O'Brien – Medical Director

Prof Graham Evans – Chief Digital and Information Officer

Annie Laverty – Director of People

Claire Riley – Director of Corporate Governance, Communications and Involvement

Aejaz Zahid – Director of Innovation

Jon Connolly – Director of Finance

Dave Gallagher, Director of Place Based Partnerships (Central and Tees Valley)

Mark Adams, Director of Place Based Partnerships (North and North Cumbria)

The Integrated Care Board will commence initially in shadow form prior to becoming an NHS statutory organisation from July 2022. Further information regarding the appointments is appended to this report.

2.5 Joint Partnership Board

The Joint Partnership Board between this Trust and South Tees Hospitals NHS Foundation Trust continues to meet regularly to progress collaborative and joint working relationships with partners across the Tees Valley for the benefit of the local population. To further develop strategic plans two facilitated sessions have been scheduled for May and June 2022, which will be attended by the Boards from both trusts.

3. Recommendation

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

Professor Derek Bell
Joint Chair

11 March 2022

Dear colleague,

I am delighted to be able to share with you an update with regards to the Integrated Care Board (ICB) for the North East and North Cumbria (NENC) Integrated Care System (ICS).

Since joining the ICS, six weeks ago, I have managed to speak to many (but not all) of our system leaders. Those I have been able to speak to have consistently shared the importance of place-based arrangements in the ICS. While we recognise the need for appropriate corporate systems and leadership in the ICB, I wanted to reassure you that this will not be at the detriment of working arrangements at place.

As a result of this and, in light of further information regarding the development of the Integration White Paper as well as one of our three CCG Accountable Officers taking up the Medical Director role, I have taken the decision to reduce the size of the executive team for the ICB by one. In doing so, this will enable more resource to be located at place. There will now be two, rather than three, Executive Directors of Place Based Partnerships for the ICB. Each will have teams working to them to support 13 place-based and 4 sub Integrated Care Partnership areas.

We have now recruited to most executive leadership positions and are finalising details with regards to start dates for individuals. The appointments are as follows (biographies are attached):

- Executive Medical Director, Dr Neil O'Brien
- Executive Chief Digital and Information Officer, Professor Graham Evans
- Executive Director of People, Annie Laverty
- Executive Director of Corporate Governance, Communications and Involvement, Claire Riley
- Executive Director of Innovation, Aejaz Zahid
- Executive Director of Finance, Jon Connolly
- Executive Director of Placed Based Partnerships (Central and Tees Valley), Dave Gallagher
- Executive Director of Placed Based Partnerships (North and North Cumbria), Mark Adams



We are still aiming to establish the ICB board in shadow form in April 2022 in anticipation of the ICB becoming an NHS statutory organisation in July 2022.

I do hope you will join me in welcoming the team to these new roles and I continue to look forward to working with you all as we build an ICS fit for the future and one that delivers the positive outcomes our communities deserve.

If you have any questions or issues please do not hesitate to contact me.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'S. Allen', written in a cursive style.

Samantha Allen
Chief Executive (Designate)
NENC ICB



Attachment – Biographies

Executive Medical Director, Dr Neil O'Brien

Many of you will know Neil who is currently Chief Clinical Officer for South Tyneside and Sunderland and County Durham clinical commissioning groups and a GP in Chester Le Street. He also Chairs the North East and North Cumbria Vaccination Board and has played a crucial role in leading our successful Covid-19 and flu vaccinations programmes. Neil has been a GP for 20 years.

Executive Chief Digital and Information Officer, Professor Graham Evans

Graham is the Chief Information and Technology Officer (CITO) for North Tees and Hartlepool NHS Foundation Trust. In addition, Graham is currently the Chief Digital Officer (CDO) for the North East and North Cumbria (NENC) Integrated Care System (ICS).

Graham has held a number of national and regional leadership roles in the NHS relating to health informatics.

Executive Director of People, Annie Laverty

Annie is currently Chief Experience Officer at Northumbria Healthcare and leads an award-winning patient and staff experience programme. She is a qualified speech and language therapist with clinical expertise in stroke care and care of older people.

Executive Director of Corporate Governance, Communications and Involvement, Claire Riley

Claire is currently Executive Director of Communications and Corporate Affairs at Northumbria Healthcare where she has led a multi award-winning team for 12 years. Prior to this she was Director of Communications for the North East Strategic Health Authority where she joined in 2007 with over 20 years private sector experience gained within the region.

Executive Director of Innovation – Aejaz Zahid

Aejaz is currently Director of the South Yorkshire & Bassetlaw ICS Innovation Hub, a joint partnership between the Integrated Care System and the Yorkshire & Humber Academic Health Science Network. Prior to his current role, Aejaz's career has spanned academia, the NHS, non-profits and digital health start-ups developing innovative and award-winning healthcare technologies and services globally. Originally trained in the NHS as a Clinical Scientist, he has been a Sloan Fellow at the Massachusetts Institute of Technology and a fellow of the National Endowment for Science, Technology & the Arts.

Executive Director of Finance – Jon Connolly

Jon is currently Chief Finance Officer at North Tyneside and Northumberland Clinical Commissioning Group. He began his career with the Audit Commission, joining the NHS in 2007 and has held senior finance positions in a range of NHS organisations across the North East and Cumbria.



Executive Director of Placed Based Partnerships (Central and Tees Valley), Dave Gallagher

Dave Gallagher is the accountable officer for the Tees Valley. He has extensive management experience across the NHS including in hospitals, at a strategic health authority and in commissioning, including 12 years in senior manager roles at South Tees Hospitals and as a director at Co Durham PCT. Prior to his current post, he was the accountable officer at Sunderland CCG for seven years.

Executive Director of Placed Based Partnerships (North and North Cumbria), Mark Adams

Mark is the Chief Officer of the Newcastle, Gateshead, North Tyneside, Northumberland and North Cumbria Clinical Commissioning Groups. Starting his career in private sector as a Management Consultant he joined the NHS in 1990 working within the NHS Provider Sector before moving into the Strategic Health Authority in the North East in 2003 and then on to Director of Commissioning for North of Tyne Primary Care Trusts.



April 2022

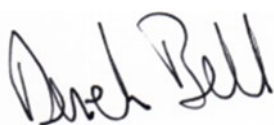
Hardwick
Stockton on Tees
TS19 8PE

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Dear Colleague

A meeting of the **Board of Directors** will be held in public, on **Thursday, 26 May 2022 at 10.30am** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely



Professor Derek Bell, OBE
Joint Chair

Agenda

		Led by
1. (10.30am)	Apologies for Absence	Chair
2. (10.30am)	Declaration of Interest	Chair
3. (10.30am)	Patient Story	L Robertson
4. (10.50am)	Minutes of the meeting held on, 28 April 2022 (enclosed)	Chair
5. (10.55am)	Matters Arising and Action Log (enclosed)	Chair

Items for Information

6. (11.00am)	Report of the Joint Chair (enclosed)	Chair
7. (11.15am)	Joint Partnership Board Update (verbal)	S Hall
8. (11.25am)	Report of the Chief Executive (enclosed)	J Gillon

Performance Management

9. (11.45am)	Board Assurance Framework 2022/23 Quarter 1 Interim Report (enclosed)	H Heslop
10. (11.55am)	Integrated Compliance and Performance Report (enclosed)	L Hunter, L Robertson, N Atkinson & N McMillan

Strategic Management

11. (12.10pm)	Annual Report and Accounts 2021/22 (enclosed)	H Heslop & N Atkinson
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Operational Issues

12. (12.25pm) Annual Operating Plan and Annual Self-Certifications 2022/23
(enclosed) L Hunter & N Atkinson

Items to Receive

13. (12.35pm) Adult, Children & Young People Vulnerability Annual Report
2021/22 (enclosed) L Robertson

14. (12.40pm) Director of Infection, Prevention Control Annual Report
2021/22 (enclosed) L Robertson

15. (12.45pm) Freedom to Speak Up Annual Report 2021/22 (enclosed) L Robertson

16. (12.50pm) Any Other Business Chair

Date of next meeting

(Thursday, 28 July 2022, Boardroom, University Hospital of North Tees)

Council of Governors

Title of report:	Chief Executive Report										
Date:	5 May 2022										
Prepared by:	Julie Gillon, Chief Executive Donna Fairhurst, Personal Assistant										
Executive Sponsor:	Julie Gillon, Chief Executive										
Purpose of the report	The purpose of the report is to provide information to the Council of Governors on key local, regional and national issues.										
Action required:	Approve		Assurance				Discuss	X	Information	X	
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People			X	Transforming our Services	X	Health and Wellbeing	X	
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X	
Executive Summary and the key issues for consideration/ decision:											
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a National, Regional and Local level from the main statutory and regulatory organisations of NHS Improvement, NHS England, Care Quality Commission and the Department of Health and Social Care. In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda. Key issues for Information:</p> <ul style="list-style-type: none"> • COVID-19 current position, emergency care challenges and continued recovery • Health and Wellbeing Strategy and Staff Survey • Research and Development • Integrated Care System and Integrated Care Board • North East and North Cumbria Provider Collaborative • Tees Provider Collaborative • Collaboration and the White Paper • Service and Estates Developments • Ockenden Review • Annual Operating Plan Priorities 2022/23 • Faculty for Leadership and Improvement • North Tees and Hartlepool NHS Foundation Trust Estates Strategy • Tees Valley Health Summit • Breast Screening and COVID backlog • Hospital Support Workers 											
How this report impacts on current risks or highlights new risks:											
Consideration will be given to the information contained within this report as to the potential impact on existing or new risks.											
Committees/groups where this item has been discussed	Items contained in this report will be discussed at Executive Team and other relevant committees within the governance structure to ensure consideration for strategic intent and delivery.										
Recommendation	The Council of Governors is asked to note the content of this report and the pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return of services building on a new operating model.										

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

5 May 2022

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. Strategic Objective: Putting our Population First

2.1 Key Issues and Planned Actions

2.1.1 COVID-19 Current Position and Continued Recovery

2.1.1.1 COVID-19 Current Position

As at 21 April 2022, the Trust is caring for 53 COVID-19 positive patients, none of which requires critical care intervention. There has been a decrease and plateauing in covid positive patients during April. Internal modelling suggests that this will continue with a potential stabilisation towards the end of the month.

The impact of the vaccination programme means that the acuity of these cases is less severe with increasing incidental numbers of patients admitted 'with Covid'

The cessation of public testing means that the community infection rates no longer provide a useful measure to inform service planning. Within the North East and North Cumbria (NE&NC) providers continue to monitor covid admissions and staff absence levels; operational impact and continued challenges in the context of the wider positioning of urgent and emergency care and elective recovery.

2.1.1.2 Infection Prevention Control (IPC)

The Government's '*Living With Covid*' plan (published 21 February, 2022) described the government's strategy to living with and managing Covid. The NHS continues to review the application of IPC guidance in health and care settings. The Trust continues with focused patient testing, the use of personal protection equipment and provision of lateral flow tests for staff in patient areas. IPC guidance is reviewed regularly with a risk based approach to enable robust management of patient flow, safety and quality care provision.

2.1.1.3 Hospital Activity and Operational Challenges

Urgent and Emergency Care continues to experience pressures similar to those experienced across the system in terms of surges in attendances, admissions and increased patient acuity. Coupled with this, the Trust regularly assists with aiding the system by accepting a number of requests for mutual aid, diverts, deflections. A number of key pieces of work is being undertaken to mitigate against these challenges, including a revised bed model, the provision of alternative care through the 2 hour Urgent Community Response to ensure the service meets the need of the population.

The Trust continues to perform well in terms of ambulance handovers, sitting second in the region. NEAS on site on 20th April to look at innovative ways to improve the patient pathways into the organisation. A significant piece of quality improvement work continues within the department including the funding to support additional staffing.

Whilst performance continues to be affected by the impact of Covid, the Trust is largely delivering against the submitted activity plans in respect of trajectories for elective recovery. At the end of March

2022 the Trust declared no patients waiting longer than 78 or 104 weeks. The Trust has submitted the final response following the publication of the 2022/23 priorities and operational planning outlining a clear plan for delivering the elective trajectories in 2022/23, including the continued support of capacity across the wider system.

2.2 Strategic Objective: Health and Wellbeing

2.2.1 Health and Wellbeing Strategy

The revised Health and Well-being Strategy has three headline objectives; Putting our People First, Leadership and Culture and Engagement. The strategy was devised by the Executive Team and shared with the People Committee with support around the 'back to basics' approach from the Board. Key measurables are being developed to be owned by the wider workforce team and operational and corporate departments to drive delivery of the strategy and ensure monitoring and effective implementation. The strategy is aligned to and part of a more comprehensive approach to the staff survey and to the overarching People Plan.

2.2.2 Staff Survey

The Trust has reported above average on the majority of staff survey domains and benchmarks in a positive position in peer and regional comparisons. Intense work is taking place on enabling a full understanding of results at all levels of the organisation and to ensure staff comprehend and influence future survey positioning. This is complemented with work taking place on proactive engagement, cultural development, leadership, health and well-being and equality diversity and inclusion.

2.2.3 Research and Development

2.2.3.1 Research and Development Update

The year-end position for recruitment to clinical trials was 1127 and whilst this is lower than previous years, this was in part due to the high level of support for interventional, resource intense COVID Studies. A review of the research portfolio is underway to target specific trials and increase recruitment. The research team will broaden the range of specialties that are research active as a priority for the beginning of 2022/23.

2.3 Strategic Objective: Transforming our Services

2.3.1 Integrated Care System (ICS)

2.3.1.1 Integrated Care Board (ICB)

Sam Allen, the ICB Chief Executive, will visit the Trust on 27 May 2022 to gain an understanding of the strategic direction, service provision, future ambitions, collaborative working and to meet with clinical teams. The recruitment process to the Integrated Care Board continues and a formal announcement will be made in due course regarding the Chief Nurse, Director of Strategy and Non-Executive Director posts.

A Chief Executive and ICB strategy session was held which enabled discussion around the collaborative continuum, accountability and authority of constituent partners, operational planning and financial stability. A roadmap of next steps will be built as the ICB and ICP evolve alongside stakeholder engagement.

2.3.1.2 North East and North Cumbria Provider Collaborative Development Session (PvCv)

The NENC Provider Collaborative (PvCv) continues to focus on governance and on the work plan in readiness for the new ICS formal structure with a new prospectus and memorandum of understanding under development to address key priorities and to establish effective delivery potential in the new statutory and regulatory regime.

2.3.2 Tees Provider Collaborative

North Tees and Hartlepool and South Tees Hospitals Foundation Trusts continue to develop partnership working to benefit patients, with a focus on advancing the successes of clinical strategy and pathway collaboration, financial sustainability, workforce ambition and digital interoperability.

2.3.3 Collaboration and the NHSE/I White Paper

In late February, the Trust welcomed the release of NHSE/I white paper 'Integration and Innovation: working together to improve health and social care for all', this indicated an accelerated case for change to 'support the NHS recovery from the pandemic and to meet future challenges'. The paper echoes the exact approach to collaboration for a more aspirant Teesside that this Trust has long held ambitions for, and mirrors the partnership approach with local, regional and national stakeholders. The Trust's ambitions for system working, to ultimately reduce inequalities to support our populations to live fuller, independent, healthier lives is the very thread through the entire organisation and frames the future strategic positioning.

2.3.4 Service and Estate Developments

2.3.4.1 Community Diagnostic Centre – Proposed Plans Tees

The strategic plan for the health system in Tees is to develop diagnostic capacity in addition to a new build Community Diagnostic Centre (CDC) by the end of 2025. The ambitious plan is to enhance diagnostic services to meet future demand, support faster/earlier diagnosis and contribute to population health and tackling health inequalities. National capital funding is available to support systems with these developments.

A programme board has been established in Tees which reports to the Clinical Services Strategy Board. Approval of both the outline business case and full business case will be subject to an approval timeline of 31 March 2023.

2.3.4.2 Endoscopy Training Academy

Building work on the new Endoscopy Training Academy at the University Hospital of Hartlepool is on track and due to be completed by June 2022. Recruitment of clinical and administrative staff to support operational delivery of the academy is underway utilising funding provided by Health Education England, Northern Cancer Alliance and the Trust. The academy will be delivered collaboratively with South Tees NHS Foundation Trust.

2.4 Strategic Objective: Valuing our People

2.4.1 Ockenden Review

The final report into the findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospitals NHS Foundation Trust was published on 30 March 2022. The Trust is working through the essential actions for NHS Organisations with regular updates to the Council of Governors and to support staff in the development journey.

2.4.2 Annual Operating Plan Priorities 2022/2023

The Trust has continued to work towards the key milestones outlined in the 2022/23 Priorities and Operational Planning Guidance, with the draft submission for finance, activity and workforce made in early March. Various assurance submissions and triangulation of these submissions has been undertaken, culminating in the final submissions throughout April 2022

2.4.3 Faculty for Leadership and Improvement

The Faculty has supported the first cohort of participants starting the Quality, Service Improvement and Redesign (QSIR) programme delivered by NHSE/I. Staff will be supported to deliver a QI project using the methodologies adopted during the course of the programme. A cohort of staff will complete a practitioner programme which will equip them to train the workforce in QSIR for the future.

2.4.4 North Tees and Hartlepool NHS Trust Estate Strategy

The Trust is working on refining the estates strategy and to build the case for investment for future provision within the ambition of a new hospital. This includes case for change, vision for the future and the value proposition and benefits realisation.

2.4.5 Tees Valley Health Summit

I had the opportunity to open and chair the first Tees Valley Health Inequalities Virtual Summit on the 31 March 2021 with speakers including Professor Peter Kelly, Director of Public Health for the North East and North Cumbria, David Gallagher, Accountable Officer for the Tees Valley Clinical Commissioning Group and Director of Delivery, Place Based Planning (designate) for the ICB. The Regional Directors of Public Health have now been tasked with working with Esther Mireku the Trust Director of Public Health to deliver the ambition and aspirations for tackling health inequalities for the population we serve.

2.5.6 Breast Screening and COVID backlog

The breast care team is crediting the commitment of staff, longstanding partnership work with GPs across the region and the bravery of patients for clearing the backlog of breast cancer screening appointments created by the COVID-19 pandemic. The Trust screening service, which covers the Tees Valley and North Yorkshire, was the first to 'switch back on' during the pandemic, aiming at ensuring those who needed to access the service at pace were able to. When the service had to reduce delivery in wave one of the pandemic, this resulted in a 15,000 patient backlog.

2.5.7 Hospital Support Workers

The overwhelming success of the new support worker roles for busy hospital wards has led to the Executive Team decision to continue to recruit for the position. The entry-level positions were also a chance for people to make a first step into healthcare within the NHS. As an anchor organisation across Teesside, the Trust is dedicated to economic regeneration by innovating and working with a captive workforce in new ways. The roles, first set up 18 months ago, are six-month fixed-term contracts – during which time the Trust develops and supports the team support workers to gain full time clinical and non-clinical positions.

3. Recommendation

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

Council of Governors

Title:	North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration									
Date:	5 May 2022									
Prepared by:	Linda Hunter, Interim Director of Planning & Performance Julie Gillon, Chief Executive									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	This report presents an overview of the current position and the work undertaken, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS), the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and progress with regard to provider collaboration.									
Action required:	Approve		Assurance		Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The key issues of note are as follows:</p> <ul style="list-style-type: none"> • The developing ICS governance and future partnership programme • The progress and focus of the NENC Provider Collaborative (PvCv) • The progress on the development of Tees wide provider collaboration • The progress of the Clinical Services Strategy work across the Tees Valley • The perseverance of the Board of Directors in strategic collaboration across providers and the health and care system in line with the agreed strategic direction 										
How this report impacts on current risks or highlights new risks:										
<p>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.</p>										
Committees/groups where this item has been discussed	Executive Management Team, Transformation Committee Planning, Performance and Compliance Committee Non-Executive Directors' meetings									
Recommendation	<p>The Council of Governors is asked to note the work to date and specifically:</p> <ul style="list-style-type: none"> • The progress on appointments and the timeframe of the evolving plan to statutory status of the NENC ICS (ICB); • Developing ICS architecture and the role of place based collaboration; • Progress with regard to the NENC Provider Collaborative and emerging governance; • The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership; • The work in relation to the financial approach with the need for further robust governance to support mutual accountability; • The need to progress further enabling work programmes to benefit Tees populations and; • The need to revisit risk appetite and potential actions for the future success of system and place based working. 									

North Tees and Hartlepool NHS Foundation Trust

Council of Governors

5 May 2022

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 10 February 2022, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) plans, the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and provider collaboration.

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

2.1 Integrated Care Board (ICB)

2.1.1 Integrated Care Board Development

The ICB draft operating model has been shared with all partners, it is based on key guiding principles developed by the Joint Management Executive Group (JMEG).

The finalisation of ICB membership continues in addition to the relationship with regulatory partners in the system and how the system oversight will work in practice.

2.2 Further Developments

- 2.2.1** The Chair and Chief Executive designates of the ICB are looking to coproduce further arrangements for the ICS.

2.2.1 ICP Development

The Integrated Care Partnership of the ICS will be a strategy developing entity working with the Local Authorities, other NHS partners and other key stakeholders, with governance and structures still to be defined with key stakeholders.

2.2.2 Place Based Working

This will involve 13 places and the creation of a route map and assurance framework linked to the 2022 White Paper 'Health and Social Care Integration': joining up care for people, places and populations.

2.3 North East and North Cumbria (NENC) Provider Collaborative

- 2.3.1** The NENC Provider Collaborative (PvCv) continues to focus on both business and governance with an agreement and prospectus being compiled to form a framework and positioning in the ICS.

2.4 Tees and North Yorkshire Provider Collaborative (T&NYPvCv)

- 2.4.1** The T&NYPvCv partnership and collaborative work continues to progress with an underpinning success that has emerged out of the Covid-19 pandemic and the clinical services strategy work at Tees Valley level.

2.4.2 The Joint Partnership Board continues to meet with a focus on collaborative working. A back to basic approach has been adopted to build up relationships and values with Board to Board events being arranged for May and June. These facilitated sessions will provides an opportunity to agree a common purpose, clear objectives and an agreed work plan to enable success into the future.

3. Tees Valley Health and Care Partnership (TVH&CP)

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

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

3.2 Clinical Services Strategy Board (CSSB)

3.2.1 The underpinning principles, including the Managed Clinical Networks (MCN) form part of a 'blue print' document, on which a refresh and review is now underway with system partners to ensure that it is reflective and supportive of the agreed vision 'to ensure the best possible care outcomes to every member of our population across the Tees Valley'. A resource plan will wrap around this to ensure the direction of travel is supported.

3.2.2 3.2.3 The development of a full communication plan including narrative of progress is underway to ensure a single message to all staff and partners is shared highlighting the progress to date.

3.3 Workforce Transformation

3.3.1 The South ICP Workforce Group met on 7 April bringing partners together from across the NHS, social care, public health, education and the voluntary and community sectors. A key items for discussion was the outline of a workforce data session on 9 June 2022, whereby providers would pool workforce data to create a workforce profile for the Tees Valley and inform not only the work of the Group but also a workforce plan for the ICP.

3.4 Finance and Efficiency Plans

3.4.1 As the Trust under takes the work to finalise the position for year-end early indications suggest that continued positive outturn position will be in excess of the forecast surplus due predominantly to non-recurrent funding underspends and the unexpected receipt of ERF.

3.5 ICS Work Programme

3.5.1 The work programme of the ICS is currently being reviewed to fit with the new architecture and expectations to fit to successful contribution to the four main objectives of the ICS.

3.5.2 Digital Strategy

3.5.2.1 A proposal to establish a formal NENC ICS Cyber Response approach, linked to EPRR and Category 1 responder status was presented to the ICS Management Group on 25th March, for which there was strong support for the recommendations with a further update to the group planned for June.

3.5.2.2 A Digital Inequalities Steering Group is now being set up and will include a broad range of stakeholders and people with experience with an update to be provided to a future meeting of the Health Inequalities Advisory Group (HAIG).

3.6 Health Inequalities

3.6.1 The Health Inequalities Advisory Group is focusing on major shifts in the approach to tackle health disparities and not least influencing target funding allocations to support right sizing budgets.

4. Summary

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

5. Recommendations

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

- The progress on appointments and the timeframe of the evolving plan to statutory status of the NENC ICS (ICB);
- Developing ICS architecture and the role of place based collaboration;
- Progress with regard to the NENC Provider Collaborative and emerging governance;
- The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership;
- The work in relation to the financial approach with the need for further robust governance to support mutual accountability;
- The need to progress further enabling work programmes to benefit Tees populations and;
- The need to revisit risk appetite and potential actions for the future success of system and place based working.

Julie Gillon
Chief Executive

Council of Governors

Title of report:	2021/22 Elective Recovery and 2022/23 Trajectories								
Date:	5 May 2022								
Prepared by:	Eoin Carrol, Care Group Manager Rowena Dean, Care Group Director								
Executive sponsor:	Levi Buckley, Chief Operating Officer								
Purpose of the report	The purpose of this paper is to provide an update on the year end elective recovery position current elective recovery position within the Trust and ensure that the Council of Governors are aware of the arrangements that are in place to maximise elective capacity and provide support at a system level. The plans for achieving the activity plans for 2022/23 are described and risks and mitigations highlighted.								
Action required:	Approve		Assurance	✓	Discuss		Information	✓	
Strategic Objectives supported by this paper:	Putting our Population First	✓	Valuing our 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>The Trust has largely delivered against the submitted activity plans in respect of trajectories for >104 and >52 week waits. The >40, >78 and >104 week wait trajectories have been achieved with a small number of >52 week waits remaining as a consequence of the additional omicron covid wave and the consequential impact on staff absence and patient availability. There are clear plans for delivering the elective trajectories in 2022/23 with associated workforce plans and the utilisation of Elective Recovery Funds to provide additional capacity. This will also support the continued provision of capacity and support to the wider system.</p> <p>There continue to be challenges in respect of increasing referrals and conversions and services monitor and respond to this on a weekly basis to ensure proactive planning of elective capacity and to ensure effective theatre utilisation. Key challenges for the Trust and wider system continue to relate to workforce with plans to address recruitment and retention challenges in place.</p>									
How this report impacts on current risks or highlights new risks:									
This report addresses risks identified within the Board Assurance Framework. Specifically Performance and Compliance (BAF 1C) and Transforming Our Services (BAF 3B)									
Committees/groups where this item has been discussed	Care Group Senior Management Team Executive Management Team Board of Directors								
Recommendation	<p>The Council of Governors is asked to note:</p> <ul style="list-style-type: none"> • the strong year end performance including the provision of capacity for the wider Tees valley • the detailed planning for 2022/23 to deliver the national elective trajectories of 104% of baseline activity • the analysis of current risk and mitigation plans • the monthly monitoring of the elective recovery trajectories through the Executive Team meetings. 								

North Tees and Hartlepool NHS Foundation Trust

Council of Governors

5 May 2022

2021/22 Elective Recovery and 2022/23 Trajectories

1. Introduction

The purpose of this paper is to provide The Council of Governors with an update on the delivery of the 2021/22 elective recovery plans within the Trust and the planned elective recovery trajectories for 2022/23. The Trust's vision is one of collaboration and growth with a commitment to deliver the national target of 104% through the sustainable growth of services both locally and across the wider system with neighbouring organisations. This paper seeks to provide assurance to the Board that the organisation is well sighted on:

- the patient level detail of current elective waits; (>104/78/52 and >40 week waiters);
- the growth required to deliver the 104% activity target;
- the workforce required to ensure sustainable delivery;
- the associated workforce and recruitment trajectories ;
- the short, medium and long term requirements to achieve these targets;
- plans to ensure all necessary arrangements are in place to protect elective capacity during the 22/23 winter period;
- all associated risks faced by the Trust in achieving the elective recovery plans .

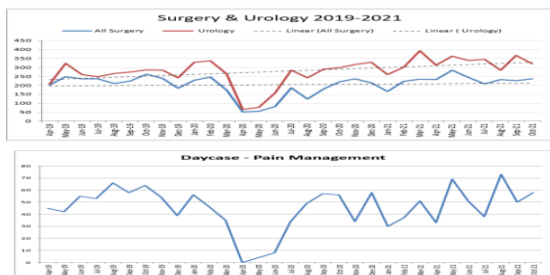
2. Current Position

As previously reported to the Council of Governors the Trust commenced recovery planning during the first wave of the covid pandemic. In spite of further waves of covid the organisation has been the top performer in the NE&NC against the Elective Recovery Fund (ERF) attracting £6.964 million income (subject to Q4 validation). This has supported the organisation in undertaking additional activity both internally and as system support for >104 week waiters.

2.1 Inpatient Waiting List Growth 2019 – 2021

During 2021/22 the Trust has seen an increase in referrals of circa 104% of 2019/20 baselines against an ICS referral increase of 98% (With CDDFT at 88% and South Tees Foundation Trust at 89% of 2019/20 baselines). This has resulted in an increase in additions to lists for a number of sub-specialties as illustrated in the tables below.

Additions to List



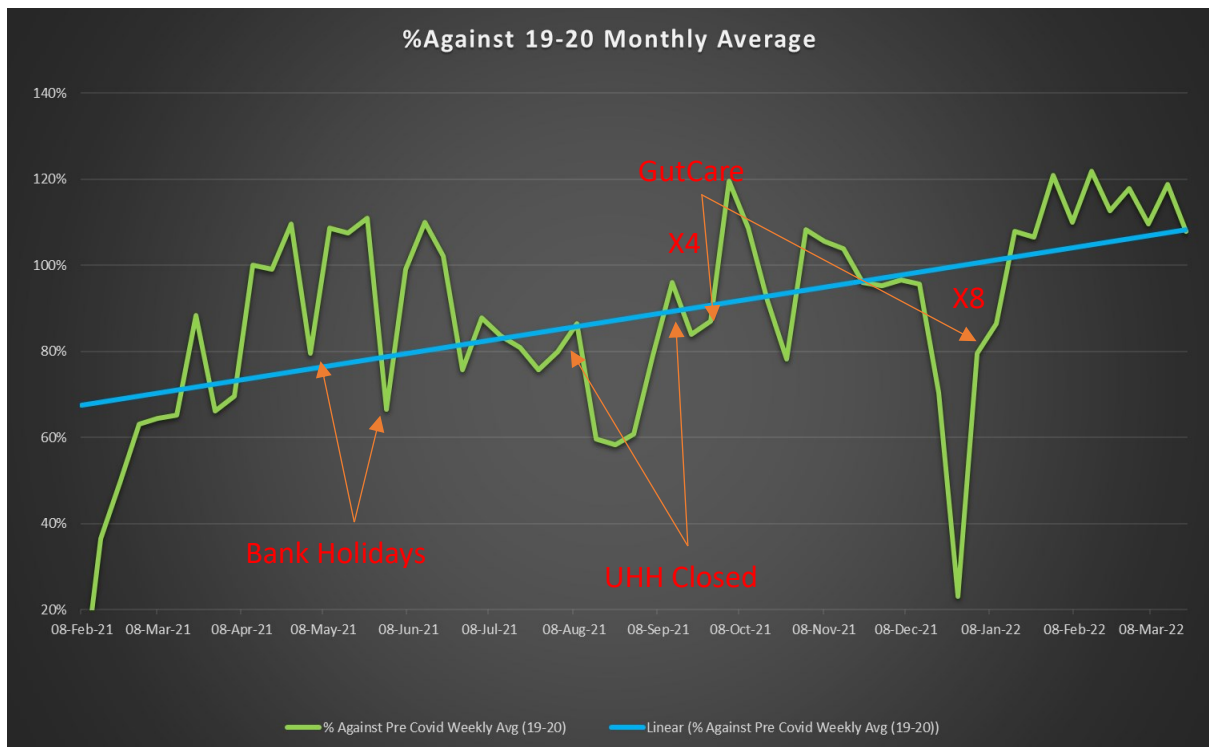
An upward trend is evident in all specialties, which is forecast to continue into the new year.

Variance against 2019/20

General Surgery	- 6.25%
Urology	- 20.22%
Orthopaedics	- 9.18%
Pain Management	- 3.92%

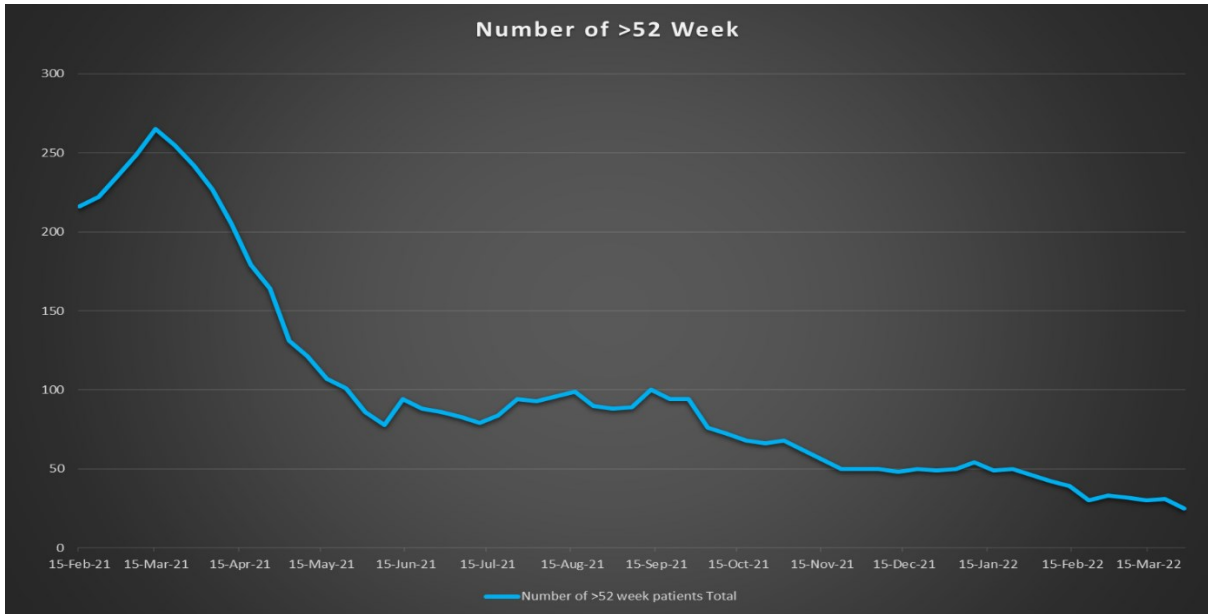
2.2 Progress to Date

Graph 1 below describes the elective recovery progress to date. The graph describes the elective recovery percentage against the 2019/20 activity which demonstrates repeated periods of combined elective activity over and above 2019/20 average. Periods of low activity during the pandemic have been offset by delivery of circa 120% activity to ensure delivery of year end trajectories.



Graph 1: 2021/22 activity as percentage of 2019/20 baseline

Graph 2 below shows the downward trend of >52 week waits from a position of over 260 in March 2021 to the current position at 30th March of 24. Of the remaining 24 >52 week waits 10 patients have to come in (tci) date. The further impact of the omicron covid variant on staff absence and patient availability from December 2021 through to February 2022 resulted in a significant impact on the Trusts planned internal trajectories to achieve zero 52 week waits by the end of March 2022 and demonstrates the high degree of variability and risk associated with delivery. Although the Trust did not achieve its own internal target of having zero >52 week waits by March 31st it has delivered zero >78 and >104 week waits and continues to be fully committing to delivering the highest quality patient care in a timely manner to both the local population and system support to the wider Tess Valley.



Graph 2: 2021/22 >52 week wait position

2.3 North East and North Cumbria Performance

The Trust remains a high performer within the wider system including the provision of capacity for the wider Tees Valley. Chart 1 below illustrates the relative performance across the ICS in respect of waiting times.

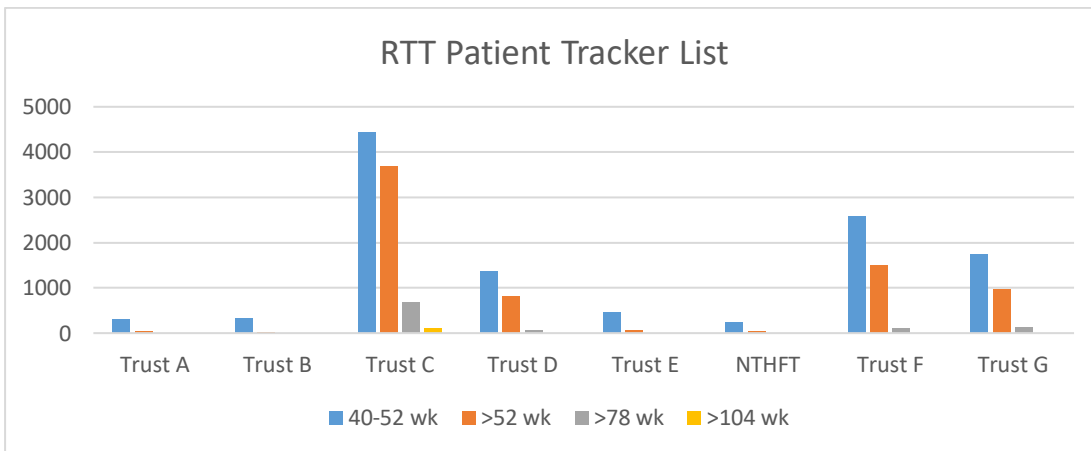


Chart 1 Weekly RTT patient list tracker, WE 3/4/22

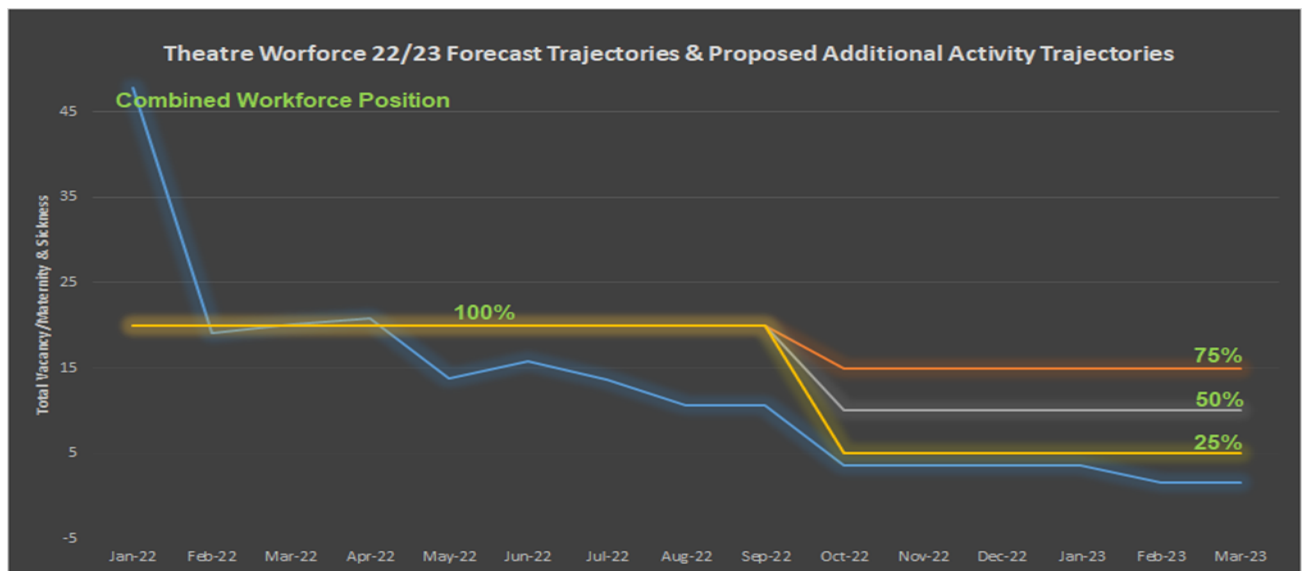
3. Theatre Workforce Mapped Against Proposed Insourcing Activity

Workforce pressures remains a key challenge. However, the Care Group has effective internal processes to manage this against short and long term activity trajectories. Internal and overseas recruitment has, and continues to, take place with some encouraging results. Graph 3 below highlights the anticipated downward trend of the combined impact of all theatre workforce including absenteeism, vacancies and maternity leave over the next 12 months. Whilst the Care Group acknowledges that this is a forecasted position it is based on current and planned appointments. It is anticipated that the Care Group will start to see the impact of

these recruitment drives during Quarter 2 with a more resilient workforce position at the beginning of Quarter 3.

The health and wellbeing of the staff is paramount to the Care Group and the wider Trust. Although, in the interim, there are additional enhanced overtime shifts offered to help bridge the gap in addition to the recruitment the Trust will continue with both insourcing as well as internal waiting list initiatives.

The graph demonstrates the Care Group workforce plans to reduce reliance on additional activity and ensure sustainable growth and delivery through recruitment and retention of the workforce. The Trust will use this forecasting to inform the level of continued use of additional activity into quarter three and four depending on how the additional activity is reported i.e. monthly, quarterly or annualised. It is important to note that the additional workforce associated within current business cases required to deliver the 104% target are included within the workforce trajectories.



Graph 3: Planned workforce absence reduction trajectories

4. Current Plan to Deliver 104% Activity Trajectories

4.1 Additional Activity Breakdown

In quarters 1 and 2 of 2022/23 the plan is to utilise the same additional activity model which was used during quarter 4 of 2021/22. This approach has the ability to not only support the workforce shortfalls but also to potentially 'front load' the front half of the year dependent upon how the national guidance on Elective Recovery Funding (ERF) distribution over the year is agreed. This has a number of benefits including increasing the number of options the Trust has going into the second half of the year. It will allow a continuation of an activity model in line with the pre allocated ERF funding. This will help delivery of the targets whilst potentially creating a buffer for any unforeseen challenges either related to the on-going pandemic or winter pressures. A further advantage is the ability to flex capacity further to support any further increase in referrals and additions to list which may be experienced in year above the forecasted position.

4.2 Routine Planned Activity

The Care Group has been working with both Performance and Business Intelligence teams to generate a subspecialty level profile of the activity required to meet the national target of 104%. The phasing of this activity is based on an outturn of month 9 in 2021/22 and the Care Group is confident in its ability to deliver on this target.

Further work is taking place with the remaining Care Groups to deliver additional aspects of the elective workload, for example endoscopy and chemotherapy services to understand the requirements to deliver 104% across all points of delivery.

5 Risks and Mitigations

Risk	Mitigation
Continuation of gap in theatre workforce into quarter two due to a combination of sickness and the ability to recruit to vacancies.	Phased plan of support through GutCare and planned international recruitment and training
Negative impact on morale of theatre staff when using GutCare,	The care group regularly links in with the unions and staff side representatives. The use of insourcing is a short term solution with a long term approach to ensure sustainable workforce through recruitment.
The 104% assumes that the wider system activity carried out within the Trust is counted towards the Trusts activity increase and is funded accordingly.	Work towards agreement with regards to funding flows which support system cooperation and collaboration.
Activity increase includes system activity which requires shared administration structures and processes across organisations.	Work on going at operational level where there is joint working e.g. spinal services to develop shared standard operational practices.
These proposals establishes collaborative care trajectories, however, further work needs to be undertaken to include other elective activity to ensure delivery of the 104% across all areas e.g. endoscopy.	Further work is taking place with the other care groups who deliver aspects of the elective workload at all points of delivery.
Consultants' willingness to undertake out additionally at weekends etc. due to concerns over pension tax implications.	Explore a sustainable approach to delivery of additionally through an alternative platform.
Elective Recovery Funding (ERF) is currently non-recurring and therefore any recurrent permanent recruitment is at risk to not be funded 2023/24 onwards	Proactively manage succession planning and exit strategies if activity reduces in the longer term.
A further wave of Covid / Flu pandemic which significantly compromises staffing / elective capacity.	Ensure workforce is sustainable through recurring recruitment and continuation of insourcing available if required as demonstrated in the paper.

6. Summary

The Trust remains in a strong position in terms of elective recovery and will continue to deliver and build on the elective recovery trajectories in line with the current national targets. The Care Group will continue to monitor, review and refine all demand and capacity planning

during the new financial year with monthly recovery updates monitored by the Executive Team. All decision making relating to elective recovery will continue to be informed, measured and considered in an effort to ensure the Trust remains a top performing hospital of choice for our local population. The organisation remains committed to providing capacity and support to the wider system with continued service provision for the Tees Valley.

7. Recommendations

The Council of Governors is asked to note:

- the strong year end performance including the provision of capacity for the wider Tees Valley;
- the detailed planning for 2022/23 to deliver the national elective trajectories of 104% of baseline activity;
- the analysis of current risk and mitigation plans;
- the monthly monitoring of the elective recovery trajectories through the Executive Team.

Levi Buckley
Chief Operating Officer

North Tees and Hartlepool NHS Foundation Trust

Minutes of the Membership Strategy Committee Held, on Monday 21 February 2022

University Hospital of North Tees

Present: Wendy Gill, Elected Governor (Sedgefield) (WG) Chair
Mary King, Elected Governor (Easington) (MK)
Carol Alexander, Elected Governor (Staff) (CA)
Pauline Robson, Elected Governor (Hartlepool) (PR)
Janet Atkins, Elected Governor (Stockton) (JA)
Alan Smith, Elected Governor (Hartlepool) (AS)

In Attendance: Ruth Dalton, Head of Communications and Marketing
Janet Clarke, Private Office Support (note taker)

Welcome

WG welcomed members to the Membership Strategy Committee.

Apologies for Absence

Apologies for absence were received from Barbara Bright, Director of Corporate Affairs & Chief of Staff (BB), Ian Simpson, Elected Governor (Hartlepool) (IS), Tony Horrocks, Elected Governor (Stockton) (TH)

1. Minutes of the last meeting held on Monday 27 September 2021

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

2. Matters Arising

a. Contact local football team coaches and local authorities to promote membership

RD provided an update and confirmed that discussions were still ongoing with the local football team coaches to promote the Trust membership via twitter and social media to influence a wider audience with many of their followers. RD confirmed that the communications team had prepared the letters to local authorities and care home staff in relation to recruiting staff members and was awaiting a response.

b. Stockton and Hartlepool Borough Councils

In the last meeting, RD explained that Stockton and Hartlepool Borough Council's had agreed to promote the Trusts membership by adding a paragraph in their quarterly newsletter explaining the benefits of becoming a Trust member. RD was still awaiting a response from the news editor as to why this article had not been processed and actioned.

3. Membership Statistics

JC provided an overview of the membership statistics, which were broken down into staff and public members and highlighted that there had been a decrease of public members since the last membership meeting held in November 2022. JC confirmed ten new members had applied on line and were awaiting to be processed. The public membership was broken down into constituencies with 1,454 members in Hartlepool, 438 members in Sedgefield, 2,282 members in Stockton, 769 members in Easington and 245 non-core public members.

a. Membership Data & Recruitment

The total membership as at 16 February 2022 consisted of 5,188 public members including 245 non-core public members and 6,262 staff members and 1 patient member. The patient member was still part of the overall public constituency, giving a total number of 11,451 members. The target for 2022 was to maintain the public membership with c.6,000 members. It was noted that although new members had been recruited since the last meeting this had been offset against those who had either unsubscribed, deceased or gone away (members moving address with no forward details) following data cleanses being undertaken each month.

Once again, discussions ensued amongst the Committee regarding ideas to promote and generate a younger generation of new members with a number of suggestions put forward.

RD confirmed that she had discussed the possibility with Michelle Taylor Head of Workforce about retaining staff leavers to become public members once their employment had ended. RD and Michelle agreed that the HR team would add an additional paragraph to the exit questionnaire emphasising the benefits of becoming a public member in the hope this would encourage leavers to retain their membership.

4. Membership Recruitment Update

RD explained that a member of the communication team was to attend Hartlepool College on Thursday 24 February to promote the Trust membership, inviting students to be part of our future by becoming a Trust member.

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

RD confirmed a broadcast from Derek Bell to the current membership body regards his objectives, aims and ambitions for the Trust was in preparation.

6. Communications Update

RD provided a communications update. The Communications and Marketing team were ongoing with working in line with the Trust strategic priorities to ensure that appropriate communications and marketing activities were delivered on a consistent basis.

COVID-19 communications surrounding vaccinations, protecting the NHS and each other remained a high priority. The team continued to work with the local media to ensure appropriate messages are cascaded.

RD confirmed a date to relaunch the member event surrounding Mental Health and trialling virtual on-line membership events, had not been finalised at present.

7. Volunteer Update

The volunteer update as at 31 January 2022, was discussed with 228 active volunteers, a small decrease on the previous month, (largely due to student volunteers preparing for exams). Recruitment continues at pace with eight starts this month, interest remains high. Recent advertisement has resulted in a further 44 applications. We have received a further 88 people who have expressed an interest, further opportunities will be opened.

Our clinical volunteers continue to play an active supporting role within the wards, befriending patients and supporting the staff at mealtimes, (encouraging patients with their nutrition and hydration). They are also involved in the Active Hospital initiative, currently being piloted on Wards 37 and 42.

The volunteer drivers are busier than ever supporting Endoscopy, Pharmacy and Orthotics delivering medication and equipment to our patients across the locality, whilst helping and supporting patients upon discharge.

We continue to develop our Home but not Alone programme to support those patients most in need at discharge. Our responders continue to be busy delivering medication across the site where an urgent need arises. We have recently also reviewed our Volunteer Companion programme, (this group of volunteers support patients and families at the end of life). We are looking to raise the profile over the coming months.

Our volunteers have also been involved in the delivery of the virtual visiting initiative, which was set up recently. The volunteer team are also taking an active role in the development of the Waiting Well initiative.

8. Any other Business

Date and Time of the Next Meeting

Monday 16 May 2022 at 11.00am

North Tees and Hartlepool NHS Foundation Trust

Minutes of Virtual Strategy and Service Development Committee

Held, on Monday, 14 March 2022 at 1:30 pm

Room 2, Undergraduate Centre, South Wing
University Hospital of North Tees

Present: Derek Bell, (Chair)
Hilton Heslop, Associate Director of Corporate Affairs & Strategy (ADCAS)
Lynsey Wallace, Interim Deputy Director of Planning & Performance (LW)
Margaret Docherty, Elected Governor, Stockton, Virtual (MD)
Ruth Mcnee, Elected Governor, Stockton, Virtual (RM)
Janet Atkins, Elected Governor, Stockton (JA)
Angela Warnes, Elected Governor, Public, None core (AW)
Alan Smith, Elected Governor, Hartlepool (AS)
Lynda White, Elected Governor, Stockton (LW)
Mary King, Elected Governor, Easington (MK)
Pat Upton, Elected Governor, Stockton (PU)

In attendance: Janet Clarke, Support Secretary (note taker)
Tony Wilson,
Rebecca Denton-Smith

		Action
1.	Apologies for Absence Apologies for absence were noted from Tony Horrocks, Elected Governor, Stockton (TH), George Lee, Elected Governor, Hartlepool, (GL), Ian Simpson, elected Governor, Hartlepool (IS), Wendy Gill, Elected Governor, Sedgefield (WG), Mark White, Elected Governor, Stockton (MW)	
2.	Declarations of Interest The Chair, Derek Bell welcomed the committee members to the meeting and confirmed no previous declarations. Due to pressures within the organisation (COVID-19) the last meeting was held Monday 14 June the minutes of the last meeting were accepted as accurate.	
3.	ICC Cleaning System Presentation Tony Wilson, Innovation & Commercial Manager and Rebecca Denton-Smith Lead Nurse Infection & Prevention Control, delivered a presentation on the Pathisol PCT Annihilyzer Hospital system. Pathisol is a hospital made disinfectant and cleaning product, used by the NHS Deep Cleaning and Advisory Service. The product is an Eco friendly and organic cleaning product non-toxic disinfectant stronger than bleach. Pathisol PCT Annihilyzer produces a solution, Hypochlorous Acid (HOCl) which is produced by white blood cells totally safe to human cells. The system is a new innovative solution to the UK market so no reference to existing public health guidance however requires a UK study reference site. North Tees and Hartlepool Foundation Trust is a	

potential launch site for the NHS, exclusive to NTH Solutions. TW explained that Pathisol is an anagram for Hospital due to this product manufactured at the University Hospital of Hartlepool.

The system, was developed in the US and effectively rolled out across twelve US hospitals. Demonstrating a significant reduction in reported Healthcare Associated Infection (HAI's) as well as raising cleaning standards since 2016.

NTH Solutions agreed to evaluate Annihilyzer system with the PCT Health and Project Team with North Tees & Hartlepool Foundation Trust in October 2019 with a delivery to North Tees Hospital in November 2019.

TW explained it was agreed to proceed with the site based swab testing and provide solution evidence testing. In March 2020 HOCL Solution sent for testing to 20/30 Labs for BS/EN efficiency. In May 2020, an Independent microbiologist presented a report from Teesside University. It was agreed to commence a Ward trial at Holdforth Unit in June 2020 for 8-weeks, an extension was proposed to 6 busy wards at North Tees however, this was paused due to COVID. A new date commenced from March 2021– July 2021 to evaluate the product on 6 Wards. Feedback from the staff was very positive with reductions in HAI's, reducing the daily bacteria count present. A trial period was carried out through NIHR with the appointed Chief Investigating Office Andrew Ward – NTHFT Microbiology supported by Infection Prevention Control Lead Nurse, Rebecca Denton-Smith.

TW confirmed an independent academy; the Horizon Centre at Teesside University was to conduct swab testing. A research study paper was produced in October 2021 on results found by operating the system on Wards.

An additional 3 Ward study was required in November 2021 with visitors to be present however, this was paused due to the restrictions on visitors due to COVID-19.

TW explained at present since the trial finished in July 2021, Pathisol had been in operation for cleaning on 3 occasions where outbreaks had occurred with the elimination of the outbreak.

TW reported that a 50% reduction in the number of reported cases on the 6 wards in the first 3 months of the trial.

TW confirmed a study is to be finalised in July 2022 with the trial published Nationally as a NHS research Study.

No NHS Hospital has implemented HOCL as its cleaning solution of choice at present.

Discussions ensued amongst the committee on staff training regarding the usage of the solution, storage and the anticipated effectiveness of the cleaning product.

The Chair confirmed a full business case would be presented to the Board based on ICP evidence, cost improvement, performance of solution and sustainability benefits considered with the governors kept in touch on progress.

Please find presentation included.

4.	<p>Strategic Performance Overview</p> <p>Linsey Wallace Interim Deputy Director of Planning & Performance provided an update of the current plans to deliver the required 104% of pre pandemic elective activity. LW explained that the associated high level costing to achieve the planned activity levels, taking into account the short and medium term operating model and the recommended next steps to ensure delivery.</p> <p>RTT</p> <p>LW explained that the number of patients waiting over 52 weeks had increased slightly from the previous week. Thirty six patients were on an inpatient pathway, 23 of those with a booked TCI (63%), the longest wait currently at 76 weeks. The forecast position for 52 week waiters at year end is 26, against our trajectory of 0, including 5 unavoidable waits (2 COVID positive). The risk to this achievement of unavoidable breaches is based on a position at the time of reporting, but could be impacted upon by various reasons.</p> <p>There are 15 patients on an outpatient pathway (all with booked appointments).</p> <p>LW confirmed COVID related admissions had continued on a downward trend, with a significant reduction in admissions noticed in February 2022, with zero patients occupying ITU at the time of reporting.</p> <p>The Chair confirmed that we are reducing the report and updating the format of the report to align with the BAF.</p> <p>AS, explained due to the Council of Governors held on a quarterly basis where the Trusts position was included in the papers was there a possibility to circulate a summary of the Trusts position on a monthly basis to all governors.</p> <p style="text-align: center;">Action: LW agreed to circulate a summary of the Trusts position on a monthly basis</p>	
5.	<p>Corporate Strategy</p> <p>Hilton Heslop, Associate Director of Affairs & Corporate Strategy provided a brief update on the Corporate Strategy focusing on 6 areas Outpatients, People, Technology & Digital, Volunteering, Population Health and Sustainability.</p> <p>Outpatients:</p> <p>HH explained that the Trust aimed to deliver 40% of non-face to face Outpatients appointments by 2025 by focusing on reducing inappropriate referrals from Primary Care, embracing digital solutions, valuing our patient's time and offering choice about care delivered. We propose to increase phone/video consultations with an aim to review the position at the end of year one.</p> <p>People Plan:</p> <p>A key idea for the People Plan is to focus on making the Trust a great place to work with the aim to deliver a sustainable plan to achieve an improved overall staff engagement score. The Trust survey is currently under review for 2021 with the results gathered to provide the average score across all indicators.</p> <p>Technology & Digital Annual Plan:</p> <p>HH confirmed that the National Digital Leader status in 2021, in recognition of</p>	

work undertaken as part of the GDE programme was awarded to the Trust. We intend to achieve level 6 of the Digital Maturity Assessment (DMA) index within the next 12 months, with a goal to achieve HIMMS 6 on our path to full digital maturity (DMA index) by 2025.

Population Health & Wellbeing:

HH confirmed that the Trust would work with our partners and stakeholders to improve our health inequalities within our population to improve healthy lifestyles within our communities. Narrowing the focus on what is more achievable given our resources whilst maintaining delivery of our core business. Developing strategies and plans that will give new-born babies the best possible start in life. Ensuring a smoke, alcohol and substance free Hospital environment for our population.

Volunteers:

HH explained that the volunteers contribute and enable staff to deliver a high quality care that goes above and beyond core services and make a direct contribution to the delivery of excellent healthcare services. The Trust would like to double the number of volunteers across both Hospitals by 2025.

HH explained that the baseline figure was approaching 200 volunteers in 2019/20, however with the arrival of COVID-19 this dramatically affected on active volunteers in March/April 2020.

The Trust aims to achieve reframing the Volunteering Programme in a strategic plan, setting achievable milestones, establishing Trust Volunteering Steering Group, linking with Schools and Colleges to attract a younger network of volunteers.

DR had concerns with volunteers working in groups not in collaboration with staff.

Action: HH to discuss with Volunteer Lead Paul Wharton

Sustainable Development – Annual Progress:

HH explained that the Trust is to focus on practical actions that will reduce the Trust's carbon footprint and reduce carbon emissions to zero by 2050. We aim to reduce our carbon footprint by an additional 5% year on year by 2025. The Trust will establish a high-level steering group to co-ordinate and direct the agenda by enabling and empowering our staff to develop practical actions to contribute.

HH explained that the Green Plan Strategy for sustainability was made up of 9 Work Streams involving Clinicians, Care Groups, LLP and Corporate staff. This was available on the Trust web-site and was launched on Trust 'Green Day' on 1 November 2021.

HH explained that the sustainable development progress will be reviewed annually, with the carbon footprint reviewed monthly and the outcome of Government decarbonisation will be evaluated at 6 monthly intervals.

The Chair thanked HH for a comprehensive report.

Discussions ensued amongst the committee with trepidations from governors in relation to the telephone and video consultations rather than face to face

<p>6.</p>	<p>appointments especially concerning the elderly and those who find technology difficult.</p> <p>AS explained with high areas of deprivation surrounding North Tees and Hartlepool, ill health and the need for healthcare services for Outpatient appointments, these were the people who would least likely have access to technology for phone/video consultations.</p> <p>HH confirmed that we would look at how we manage and monitor telephone and video consultations with patients preferences considered.</p> <p>Please find presentation included.</p> <p>Any other business</p> <p>Great North Care Records is a project currently being developed by the connected Health Cities sharing medical information with health and care staff in the North East & Cumbria.</p> <p>Action: HH to obtain update</p> <p>Discussions ensued regarding the Shining Stars due to the last two events held virtually due to COVID-19. A dedicated team would be involved in organising and promoting the Shining Stars for this year.</p> <p>Action: HH to discuss with Communications</p>	
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Date & Time of Next Meeting

Monday 13 June 2022
Room 2, Undergraduate Centre, South Wing
1:30pm – 4:00pm