



Council of Governors Meeting

**Thursday, 8 December 2022
at 10.30am**

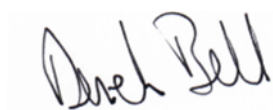
***To be held in the Lecture Theatre,
University Hospital of North Tees***

28 November 2022

Dear Colleague

A meeting of the **Council of Governors** will be held on **Thursday, 8 December 2022 at 10.30am in the Lecture Theatre, Middlefield Centre, University Hospital of North Tees.** A session regarding the CQC Improvement Plan will commence immediately prior to the meeting at **10.00am.**

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) | 10.50am | Minutes of the last meeting held on, 8 September 2022 (enclosed) | Chair |
| (6) | 10.55am | Matters Arising and Action Log (enclosed) | Chair |
| (7) | 11.00am | Chair's Report including Board Business
(BoD agenda 26 January 2023 enclosed) | Chair |
| (8) | 11.10am | Partnership Working (verbal) | Steve Hall |
| (9) | 11.20am | Chief Executive's Report (enclosed) | Julie Gillon |
| (10) | 11.40am | North East and North Cumbria Integrated Care System (ICS), Strategic
And Area Integrated Care Partnerships (ICPs) and Provider Collaboration
(enclosed) | Julie Gillon |
| (11) | 11.55am | Integrated Compliance and Performance Report (enclosed) | Ian Simpson, Ann Baxter
& Chris Macklin |
| (12) | 12.10pm | Winter Resilience Plan 2022/23 and Elective Recovery Update
(presentation) | Michael Houghton |

- | | | | |
|------|---------|--|-----------|
| (13) | 12.25pm | Non-Executive Director Recruitment (enclosed) | Mel Brown |
| (14) | 12.35pm | Constitution Changes (verbal) | Mel Brown |
| (15) | 12.40pm | Outcome of Governor Elections 2022 (enclosed) | Mel Brown |

Items to receive

- | | | | |
|------|---------|--|-----------|
| (16) | 12.45pm | Lead Governor Appointment (verbal) | Mel Brown |
| (17) | 12.50pm | Meeting dates 2023 (enclosed) | |
| (18) | 12.50pm | Jargon Buster (enclosed) | |
| (19) | 12.50pm | Any Other Notified Business | Chair |
| (20) | 1.00pm | Approximate close | |

The Governor Xmas Lunch will immediately follow at 1.15pm to the rear of the Dining Room.

Date of Next Meeting

Thursday, 16 February 2023

DB/SH

28 November 2022

Dear Colleague

A session regarding the Care Quality Commission Improvement Plan has been arranged, which will commence prior to the Council of Governors meeting on Thursday, 8 December 2022.

(1) 10.00am Care Quality Commission Improvement Plan Julie Gillon & Lindsey Robertson

(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

Minutes of a Meeting of the Council of Governors held on Thursday, 8 September 2022 in the Lecture Theatre, Middlefield Centre at the University Hospital of North Tees and via video link

The Council of Governors' meeting was conducted via attendance at the University Hospital of North Tees and video/audio conferencing.

Present:

Professor Derek Bell, Joint Chair

Hartlepool Elected Governors:

George Lee (virtual)
Geoff Northey
Pauline Robson (virtual)
Aaron Roy (virtual)
Alan Smith

Stockton Elected Governors:

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

Staff Elected Governors:

Carol Alexander
Manuf Kassem (virtual)
Dave Russon

Sedgefield Elected Governors:

Wendy Gill
Ruth McNee

Out of Area Elected Governor:

Angela Warnes

Easington Elected Governor:

Mary King

Appointed Governors:

Prof Tim Thompson, University of Teesside (virtual)
Christopher Akers-Belcher, HealthWatch Hartlepool
Natasha Judge, Stockton HealthWatch (virtual)

In Attendance:

Julie Gillon, Chief Executive	CE
Levi Buckley, Chief Operating Officer (virtual)	COO
Ann Baxter Non-Executive Director	AB
Steve Hall, Vice Chair	Vice Chair
Hilton Heslop, Associate Director of Corporate Affairs & Strategy	HH
Chris Macklin, Interim Non-Executive Director	CM
Fay Scullion, Interim Non-Executive Director	FS
Ruth Dalton, Associate Director of Communications and Marketing	RD
Sarah Hutt, Company Secretary (note taker) (virtual)	
Jean Milburn, South Tees Governor (virtual)	
Paul Fogarty, South Tees Governor (virtual)	

A Governor Development Session had immediately preceded the main meeting covering Freedom to Speak Up, presented by Fiona Gray, Freedom to Speak Up Guardian, which had been well received.

CoG/1088 Welcome

The Joint Chair welcomed members to the meeting.

* voting member

CoG/1089 Apologies for Absence

Apologies for absence were received from Ian Simpson, Interim Non-Executive Director, Jean Kirby, Elected Governor for Stockton, Mark White, Elected Governor for Stockton, Asokan Krishnaier, Elected Staff Governor, Andy Simpson, Elected Staff Governor, and Professor Tony Alabaster, Appointed Governor for University of Sunderland,

CoG/1090 Declaration of Interests

No declaration of interests were noted.

CoG/1091 Patient Story

Lesley Wharton, Associate Director of Infection, Prevention and Control shared a story from a patient and the patient's daughter. The patient had become unwell at home and the family suspected they had suffered a stroke. The lady was assessed by the Trust's Stroke Team and prepared for discharge, however, the family were concerned with the changes they could see with their loved one, which they shared with staff and asked for her to be reviewed again. Further tests were carried out and the lady was admitted having suffered a stroke, she received great care on the Stroke Ward, St John's campaign was initiated which worked very well. The family felt nobody had taken the time to explain to them what to expect following a stroke and what would happen during the patient's care and felt they could have had more involvement. Subsequently an environment assessment was carried out prior to discharge which the family felt was very positive. The patient was back at home now and doing well. It highlighted that it was important to meet with patients and their families to listen to their experience.

Resolved: that, the patient story be noted.

CoG/1092 Minutes of the last meeting held on, Thursday, 5 May 2022

Resolved: that, the minutes of the meeting held on Thursday, 5 May 2022 be confirmed as an accurate record.

CoG/1093 Matters Arising and Action Log

There were no matters arising. An update regarding the action log was provided and responses regarding the questions raised at the pre-Council of Governors meeting were reported, with some items included on the agenda:

- NHSE Report Update
- Joint Partnership Board - Carnall Farrar Update
- Communications Update
- Non-Executive Director Vignettes
- Governor Site Visits
- Care Quality Commission (CQC) Update
- Nominations Committee.

a. Meeting Venues

It was agreed to arrange an external venue for two of the Council of Governor meetings per year and hold the remaining meetings on site going forward.

b. Shining Stars

The Vice Chair outlined the arrangements for the Trust's Shining Stars Annual event on Friday, 4 November 2022. The event was being held at Hardwick Hall having been postponed previously due to the pandemic. It was an opportunity to celebrate the achievements of staff

who were nominated by their peers for an award, as part of staff reward and recognition and was always well received. The Employee Engagement Team helped to arrange the event and worked with local businesses and the Trust's Charitable Funds to secure sponsorship for the evening to ensure no costs were incurred against the Trust's budget. An opportunity for Governors to attend was being explored.

The Lead Governor provided an update since the last meeting and extended a warm welcome to the newly appointed Governors and those joining from South Tees. A number of Governors had taken part in a focus group as part of the CQC's Well-Led inspection process. The regular catch-up meetings with the Joint Chair, Vice Chair and Company Secretary continued. The Chair's Annual Appraisal had been completed with feedback invited from a number of individuals. The Lead Governor reported on meetings with Matt Vickers, MP, Stockton South regarding the proposed Community Diagnostic Centre, with Angela Seward, Lead Governor, South Tees Hospitals NHS Foundation Trust, attendance at the NHS Provider virtual event in July and the Celebration of Life for Ann Cains, former Elected Governor for Stockton who was sadly missed. The newly refreshed Nominations Committee had convened to select an external provider to assist with the Non-Executive Director recruitment. The Lead Governor expressed thanks to those Governors who would be stepping down on 30 November 2022, Margaret Docherty, Jean Kirby, Mary King, Manuf Kassem, Wendy Gill and Pauline Robson.

Resolved: that, the verbal updates be noted.

CoG/1094 Chair's Report and Board Business

A summary of the Chair's Report included:

- The draft NHSE Summary Report was received on 5 September. The Joint Chair, CE and Vice Chair met with Sam Allen, Chief Executive, NENC ICB the previous evening to discuss the timetable going forward. The Report would be discussed by the Board at the meeting on 22 September and a subsequent meeting would be arranged with the Council of Governors. It had previously been agreed that Richard Barker, Regional Director NHS England, North East and Yorkshire would attend a meeting with the Governors and this would take place on 6 October. Although unable to directly share the content of the report at present, it was noted that the Council of Governors were commended for the approach taken during the difficult period, and no formal restrictions had been imposed on the Trust. A discussion ensued.
- The Messenger Report was published on 8 June and set out the findings of a review into leadership in health and social care containing seven recommendations. Following a query by Christopher Akers-Belcher, HealthWatch Hartlepool Representation regarding implementation of the Equality, Diversity, Inclusion (EDI) recommendation, the Joint Chair explained that use of an external provider for the Non-Executive Director recruitment would ensure a fair and equitable process in line with best practice including EDI requirements. The CE highlighted that the Trust was committed to the EDI agenda and being representative of the population served throughout the organisation from Board to Ward. An external review of EDI had been commissioned looking at policies and strategy as well as undertaking a cultural survey. To engage with Governors, it was agreed to arrange a development session to share the work in progress.
- Joint Partnership Board – engagement sessions between Non-Executive Director colleagues from the Trust and South Tees continued. A visit to the Friarage Hospital was scheduled to take place following a positive visit to the University Hospital of Hartlepool. The next meeting was scheduled for 21 September and would be attended by Carnall Farrar (CF) in respect of the jointly procured piece of work with the ICB exploring collaborative opportunities. A member sought assurance regarding the brief set for the CF work and input from the ICB, the Joint Chair explained that the firm had been appointed following the Trust's request for support. A project plan had been produced

which included obtaining feedback from focus groups with stakeholders. A communication cell had been set-up to coordinate the engagement and handling strategy. AB and the Vice Chair confirmed that it was the intention of the ICB for the Trust to remain supported and included in the process.

The CE explained that the work was being undertaken using an appreciative query and transparent approach. It was an opportunity for Governors to be involved with the development of future plans to improve clinical outcomes and tackle health inequalities.

- Code of Governance – publication of the three updated governance documents had been delayed.
- The Covid-19 Public Inquiry was formally launched on 21 July 2022 by the Chair of the Inquiry, Baroness Hallett and was broken down into three modules. The findings would be published.
- The programme of site visits continued with recent visits including the Outpatients Department, the Integrated Single Point of Access (iSPA) and clinical triage, and the Holdforth Hub. A visit to Peterlee Community Hospital to review the X-ray pathway and meet the community midwifery service had taken place. The programme would also include North Tees.
- Council of Governors Sub-Committee – membership of the Nominations Committee had been refreshed prior to commencing the Non-Executive Director recruitment. The Joint Chair would join the Membership Strategy Committee to provide Non-Executive input.
- The draft Board of Directors Agenda for 22 September 2022 was shared for information.

Resolved: (i) that, the content of the report be noted; and
(ii) that, a development session regarding the EDI review be arranged.

CoG/1095 Partnership Working

The Vice Chair provided an update in respect of the Joint Partnership Board. The membership had been expanded to include all voting members. An oversight group attended by the Joint Chair, Chief Executives, Vice Chairs and Director of Strategy and Partnerships had been established to ensure alignment and maintain focus of the agenda. The CF work was to deliver a review of the collaborative approach across all partners in the wider healthcare system and future opportunities already commenced by both organisations. It was estimated to conclude in 10 weeks with a case for change supported by due diligence. The CE further added that as part of the engagement CF had met with the Executive Team and were exploring options to engage wider with staff. A session was planned with the Governors from South Tees and the Company Secretary would arrange a session for this Council of Governors.

Two joint Non-Executive Director engagement sessions had taken place at University Hospital of Hartlepool and more recently at the Friarage Hospital. Both visits were positive and the relationships were developing well. Further joint meetings were planned.

Resolved: (i) that, the verbal update be noted; and
(ii) that, a session for the Governors with CF be arranged.

CoG/1096 Chief Executive's Report

The CE presented the Chief Executive's Report and highlighted key points:

- CQC Report – the draft Report was anticipated to be received in the next week. There had been the opportunity for the Trust to provide further evidence and data.
- There continued to be a plateauing of Covid positive patients and it was hoped that with the vaccination and boosters there would not be an exacerbation of admissions. There was currently one patient in ICU. The flu vaccination and booster programme was due to commence in October. There would be a proactive approach with vaccinators attending ward areas to encourage staff to be vaccinated and dispelling any myths and concerns. There had been a reduction in the number of Covid related sickness absence which was positive.
- Across the NENC system significant operational challenges continued to be faced with increased urgent and emergency care attendances and admissions, despite the early avoidance work streams and timely discharges. The Trust was one of the best performing organisations in respect of discharge processes.
- NHS England had published an Urgent and Emergency Care Plan which contained six metrics that would be used to monitor the performance of each ICS. It was a welcome approach. The Trust was working closely with North East Ambulance Service (NEAS) and was embarking on an improvement support strategy to improve patient flow and experience.
- The Trust's Research and Development function had issued a 12 month improvement plan which contained four key objectives. The Trust was the top recruiting site for the Senior Randomised Intervention Treatment of Angina (RITA) cardiology trial, and was the fourth highest recruiting UK site for a randomised controlled trial of contrast-enhanced colonoscopy in the reduction of right sided bowel cancer (CONSCOP2) to reduce bowel cancer mortality. The recent Tees Valley Research Alliance event had been a success with over 130 attendees from both Trusts and a keynote speech from the Joint Chair.
- The outline business case for the development of a Community Diagnostic Centre at the Castlegate Centre in Stockton had been agreed by both boards from the Trust and South Tees. The full business case would be developed for approval by the Trust Boards and the Integrated Care Board of the ICS before submission to NHSE for final agreement. A number of risks were to be mitigated and supported to enable delivery and implementation.
- The new Endoscopy Training Academy had been developed at the University Hospital of Hartlepool (UHH). Recruitment of clinical, managerial and administrative staff was underway utilising funding provided by Health Education England, Northern Cancer Alliance and the Trust. The Academy would be delivered collaboratively with South Tees NHS Foundation Trust.
- The Trust continued to work with local authorities and partners regarding place based working to ensure a system wide approach. The Tees Valley Health Summit had illustrated the health inequalities being faced across the population and provided a common purpose to align to the objectives of the ICS. Other good examples of collaboration were progressing with various work streams across children's' services including addressing educational needs, poverty issues, speech and language. Consideration was being given to utilise UHH as a centre to support the early start in life phase.
- The Breast Screening Unit at the University Hospital of North Tees has been cited as one of the top units in the country in terms of screening recovery following the pandemic.
- Since the last meeting of the Council of Governors the following appointments had been made:
 - Dr James Dundas appointed to Consultant Cardiologist post
 - Mr Siddek Isreb appointed to Consultant Upper GI Surgeon
 - Mrs Angela Bolch appointed to the role of Chief Pharmacist

A member sought to understand whether a contributory factor to the pressures being faced across urgent and emergency care services was people's uncertainty and knowledge regarding primary care services available. The CE explained that there had been some work

with the Primary Care Networks regarding improving resources in GP practices, however on a wider scale involved tackling the issue with the ICS and NHS England. A member sought clarity regarding Sedgfield and Easington as part of place based. The COO explained that the areas were included in proposals as part of East Durham and a wider discussion ensued regarding population health and the need for appropriate signposting and access to services for patients, post the pandemic.

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/1097 North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration Update

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

- The Integrated Care Board (ICB) became a statutory organisation on 1 July 2022, and the first meeting held in public had focused on approving and ratifying the governance arrangements as well as reporting on the financial position.
- The governance documents for the NENC Provider Collaborative were ratified by the Board of Directors on 28 July 2022. A Strategic Elective Care Group has been established to oversee the elective recovery across the system and the first Strategic UEC Strategic Board meeting was held on 24 July, with a developing clinical reference group to sit alongside. Agreement has been reached for two Managed Clinical Networks; Non-Surgical Oncology and Gynaecology Cancer.
- The Tees and North Yorkshire Provider Collaborative work continued to progress with an underpinning success that emerged from the COVID-19 pandemic and the Clinical Services Strategy at Tees Valley level.
- The Improving our NHS Together – Tees Valley Integration and Transformation Programme continued to focus on key work streams. The Clinical Services Strategy was a significant piece of work, with the supporting enabling workstreams of finance and efficiency, digital and workforce, continuing to support the move from vision to implementation.

CAB, Healthwatch Hartlepool Appointed Representative sought clarity regarding scrutiny arrangements as part of the new system structure. The CE explained that the Integrated Care Partnership (ICP) at ICS level was still in establishment. Dave Gallagher had been appointed as the Executive Director of Placed-Based Delivery for the Tees Valley & Central area and other Place Based Director had been appointed. Further engagement was planned facilitated by an external firm regarding the ICP.

Resolved:

- (i) that, the shift from shadow to statutory status of the NENC ICS (ICB) be acknowledged; and
- (ii) that, the developing system and ICS governance architecture and the role of place based collaboration be noted; and
- (iii) that, progress with regard to the NENC Provider Collaborative and emerging governance be noted; and
- (iv) that, the on-going work between the Tees and North Yorkshire Provider Collaborative be noted; and
- (v) that, the significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership be noted; and
- (vi) that, the need to progress further enabling work programmes including the financial strategy to benefit Tees populations be noted; and
- (vii) that, the need to revisit risk appetite and the specific risks facing the

Trust with mitigations and potential actions for the future success of system and place based working be noted.

CoG/1098 Integrated Compliance and Performance Report

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 June 2022 for performance, efficiency and productivity, quality and safety, workforce and finance was provided. AB highlighted that through the robust Committee structure, the Non-Executive Directors gained assurance from the information provided in the Report, having robust discussion around areas of exception or those requiring greater focus.

Key points included.

- Operational and workforce pressures continued across the Trust impacting on performance against key standards;
- The Trust continued to respond to surges in demand and pressures within services including IPC guidelines. Additional beds had been opened within available resource;
- An increasing number of requests for mutual aid, deflections and diverts were received with a high proportion of the patients being admitted. High bed occupancy rates continued to be seen, impacting on Emergency Department waiting times;
- Ambulance turnaround times within 30 minutes reported at 51.1%, placing the Trust second in the region;
- The Trust continued to perform well against the quality and patient safety indicators including HSMR/SHMI and infection control measures with HSMR and SHMI reporting at 84.18 and 94.15 respectively and control of infection remains a priority with all 7 standards within control limits;
- The number of compliments continued to outweigh the number of complaints, which were reviewed weekly. It was important to obtain feedback and understand patient experience in order to be able to make changes and improve services;
- The Trust achieved four of the nine cancer standards in May, however, challenges remained with the 62 day referral to treatment pathway with no trusts across the region achieving the standard;
- The number of patients waiting longer than 52 weeks in June was 62, and no patients waiting more than 78 and 104 weeks;
- Sickness absence decreased in May including a fall in Covid 19 related absence. Anxiety and depression remained the top reason for absence;
- Work continued to review recruitment and retention rates;
- Finance
 - At Month 3, the Trust reported an in-month surplus of £2.262m against a planned surplus of £1.153m which was £1.109m ahead of plan;
 - A year to date surplus of £3.430m against a plan of £2.740m;
 - At Month 12 the cash balance was £72m against a plan of £68.4m;
 - CM outlined the challenges being faced across the NHS with the revised financial guidance.

Following a member's query it was explained that Trust performance data was compared against other organisations across a number of areas, and that the overall report continued to evolve in order to best present the relevant data.

Christopher Akers-Belcher, HealthWatch Hartlepool highlighted concerns regarding problems in accessing GP services and the delay in people receiving diagnosis, prompting discussion.

A further discussion ensued regarding the improvement in the Trust's depth of clinical coding and inclusion of comorbidities compared to other organisations. It was noted that the

increased depth of coding meant the Trust's data was representative of the population served and highlighted the financial support required in order to tackle the health inequalities.

- Resolved:**
- (i) that, the Trust's performance against key operational, quality and workforce standards be noted; and
 - (ii) that, the ongoing operational pressures and system risks to regulatory key performance indicators and the associated mitigation be acknowledged.

CoG/1099 Communications Update

RD, Associate Director of Communications and Marketing shared with Governors a comprehensive overview of the communication channels used by the Trust including the various briefings circulated and highlighting how Governors can contribute.

- Resolved:** that, the information be noted.

CoG/1100 Non-Executive Director Vignettes

Each of the Interim Non-Executive Directors and Ann Baxter provided a brief vignette of themselves and their career history. Governors were familiar with the Vice Chair and his background.

- Resolved:** that, the information be noted.

CoG/1101 Proposed Constitution Changes

The ADoCA&S reported that NHS England (NHSE) had published three draft Governance documents as part of a revised Provider Licence, which included: updated Code of Governance, Draft System working and collaboration: The role of foundation trust councils of governors and Draft guidance on good governance and collaboration. The documents and had been issued as part of a national consultation which closed on 8 July 2022.

The updated Code of Governance made provision for the maximum term of office Governors should serve, recommending a total of six years, however, in extraordinary circumstances an additional term of office of three years was permissible. The Trust's current Constitution allowed Governors to state their intention to stand for re-election in writing beyond six years, which meant there were a number of Governors who would have served 9 years or more at 30 November 2022. Following discussion, it was agreed to hold a development session to consider further the proposed changes. A link to access the three documents electronically would be circulated.

- Resolved:**
- (i) that, the verbal update be noted; and
 - (ii) that, a development session be arranged to share proposed changes to the Code of Governance, Draft System working and collaboration: The role of foundation trust councils of governors and Draft guidance on good governance and collaboration; and
 - (iii) that, a link to access the three documents electronically be circulated.

CoG/1102 Governor Elections 2022 Timetable

The ADoCA&S presented the draft timetable for the Governor Elections due to commence on 3 October 2022. Following discussion in the previous item regarding the updated draft Code of Governance, it was proposed to review the timetable for any scope to extend the period of the election to allow further consideration of the proposed changes, including Governors terms of office. If required, a revised timetable would be issued prior to commencement of the

elections.

- Resolved:** (i) that, the information be noted; and
(ii) that, the Governor Election timetable be reviewed for any scope to extend timescales to allow further consideration of the new guidance. A revised timetable would be issued prior to commencement of the elections if necessary.

CoG/1103 Non-Executive Director Recruitment Update

The ADoCA&S provided an update regarding Non-Executive Recruitment. Following the appointment of three interim Non-Executive Directors earlier in the year, it was agreed that a permanent recruitment process would be undertaken to fulfil the roles substantively, which would be facilitated by an external company.

Following a selection exercise led by the Nominations Committee, Odgers Berndtson were appointed. The assistance of the external firm provided a fresh approach with equitable, transparent processes in line with best practice guidance.

Prior to the commencement of the recruitment a review of the Nominations Committee had taken place with new members invited to join through expressions of interest. The recruitment process was in progress and was anticipated to conclude by the end of the calendar year, with the outcome reported at the Council of Governors meeting on 8 December 2022 for ratification.

Resolved: that, the verbal update be noted

CoG/1104 NHS Providers Governor Sessions Feedback – July 2022

A number of Governors who had attended the NHS Providers virtual event 5-7 July 2022 provided feedback and highlighted some good ideas which could be taken forward including accompanying the Non-Executive Directors on site walkabouts, introducing a Staff Governor report at the Council of Governors and the development of a younger membership.

It was felt the sessions were informative and the Lead Governor encouraged other members to take part in future sessions.

Resolved: that, the verbal update be noted

CoG/1105 Any Other Notified Business

A member sought to understand whether there had been any further consideration regarding introducing car parking charges on a sliding scale. The CE explained that a review of public car parking charges was on-going, and as part of the Trust's health and wellbeing offering for staff, a survey had been circulated to find what support would be welcomed as a whole package. A sliding scale for parking charges had been introduced for staff to assist with the impact of the increased cost of living and energy prices.

In addition, a financial support event was planned for staff with a number of external companies attending to offer advice and support as part of a wider piece of work.

The Joint Chair thanked everyone for their contribution.

Resolved: that, the verbal update be noted

CoG/1106 Date and Time of Next Meeting

Resolved: that, the next meeting be held on Thursday, 8 December 2022 in the

Lecture Theatre, University Hospital of North Tees.

The meeting closed at 1.50 pm.

Signed:

A handwritten signature in black ink, appearing to read "David Bell", is written over a light grey rectangular background.

Date: 8 December 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	S Hutt	Ongoing	The Company Secretaries of both trusts would plan a programme of joint development sessions in addition to reciprocal invitations to respective Council of Governor meetings.
10 February 2022	CoG/1064	Presentation to S&SD Committee regarding support for staff to address stress/anxiety/depression	S Hutt	Ongoing	Plans still in place to hold a membersto to reach a wider audience to understand the strands of support available for staff.
5 May 2022	CoG/1075(d) CoG/1105	Car Parking It was agreed to explore whether an interim tier for car parking between 20 minutes and 4 hours could be considered	S Hutt	Ongoing	A review of car parking charges particularly for staff was currently being undertaken. A further update would be provided. CE explained that a review of public car parking charges was ongoing.
05 May 2022	CoG/1075-e	Estates Strategy A session to be arranged regarding the next steps of the Trust's Estates Strategy at a future Strategy and Service Development Committee once the outcome of the estates capital bids was known.	S Hutt	Ongoing	The outcome of the estates capital bids had been delayed and was not expected until later in the year.
08 September 2022	CoG/1093	Meeting Venues External venues for two of the Council of Governor meetings per year to be arranged, with remaining meetings to be held on site.	S Hutt	Ongoing	Venues being sourced and will be confirmed.
08 September 2022	CoG/1094	EDI Review Development Session Development session with Governors to be arranged to provide and update on the EDI review and share work in progress.	S Hutt	Ongoing	A date would be confirmed for early in 2023 in line with the Trust piece of work around EDI
08 September 2022	CoG/1095	Session with Carnall Farrar Session for Governors with CF to be arranged.	S Hutt	Completed	Virtual session took place between Governors and CF.
08 September 2022	CoG/1101	Proposed Constitution Changes Development session be arranged to share proposed changes to the Code of Governance, Draft System working and collaboration: The role of foundation trust councils of governorsand draft guidance on good governnace and collaboration. Link to access the three documents be circulated.	S Hutt	Ongoing	It is proposed that a working group with members of the Membership Strategy Committee be formed to consider required changes to the Constitution in early 2023.
08 September 2022	CoG/1102	Governor Elections 2022 Timetable Governor elections timetable to be reviewed for scope to extend timescales to allow further consideration of the new guidance. Revised timetable to be issued prior to commencement of elections if necessary.	S Hutt	Completed	Timescale for the Elections unable to be extended, however, consideration was being given to holding another round of elections in January 2023.

Council of Governors

Title of report:	Joint Chair's Report										
Date:	8 December 2022										
Prepared by:	Sarah Hutt, Company Secretary										
Sponsor:	Professor Derek Bell, Joint Chair										
Purpose of the report	The purpose of the report is to update 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"> • Joint Partnership Board; • North East Regional Chairs Meeting • Flu vaccination / Covid-19 booster programme • Disability Awareness Event • East Kent Maternity Services • NHS England Report; • Non-Executive Director Recruitment 											
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 are asked to note the content of this report.										

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

8 December 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 Joint Partnership Board

The Joint Partnership Board met on 19 October 2022. Updates were provided regarding the Pathology collaborative venture and development of the Community Diagnostic Centres. In addition, members from the Integrated Care Board (ICB) and Carnall Farrar attended the meeting and outlined progress to date regarding the jointly procured piece of work exploring collaborative opportunities.

2.2 Regional Chairs Meeting

I attended the North East Regional FT Chairs meeting on 6 October. Sir Liam Donaldson provided an update regarding the ICB and newly formed Integrated Care Partnership (ICP). Other agenda items included the Ockenden Report (part 2) into Maternity Services and the provision of mental health support for staff, linking in with Tees Esk Wear Valleys NHS Foundation Trust (TEWV).

2.3 Flu vaccination / Covid-19 booster programme

The Trust's annual flu vaccination and latest Covid-19 booster programme commenced in early October. All staff were encouraged to be vaccinated to protect themselves against the effects of both viruses.

2.4 Disability Awareness Event

The Trust was hosting its annual disability awareness event on 5 December. The event would be attended by some veterans as guest speakers, and internal staff members sharing their own disabilities and challenges faced in daily life.

2.5 East Kent Maternity Services

The independent report following a review by Dr Bill Kirkup into Maternity and Neonatal Services at East Kent Hospitals University NHS Foundation Trust was published on 19 October 2022. Concerns had been raised regarding the quality and outcomes of care.

2.6 NHS England Report

Following receipt of the report from NHS England regarding the governance review carried out earlier in the year, the recommendations from the Report and the Trust's action plan with key milestones were shared with the Council of Governors and publically shared at an extra ordinary meeting of the Board of Directors on 6 October.

2.7 Non-Executive Director Recruitment

The permanent recruitment exercise for to fill the Non-Executive Director vacancies substantively was progressing well. Interviews would be taking place on 1 & 2 December.

3. Recommendation

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

Professor Derek Bell
Joint Chair

November 2022

Hardwick
Stockton on Tees
TS19 8PE
Telephone: 01642 617617
www.nth.nhs.uk

Dear Colleague

A meeting of the **Board of Directors** will be held, on **Thursday, 26 January 2023 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 (verbal)	L Robertson
4. (10.50am)	Minutes of the meeting held on, 24 November 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. (11.10am)	Joint Partnership Board Update (verbal) - Carnall Farrar update	S Hall
8. (11.20am)	Report of the Chief Executive (enclosed)	J Gillon
9. (11.35am)	Board of Directors Declarations of Interests and Fit & Proper Persons Declaration (enclosed)	M Brown

Performance Management

10. (11.40am)	Board Assurance Framework Quarter 3 Report 2022/23 (enclosed)	H Heslop
11. (11.50am)	Integrated Compliance and Performance Report (enclosed)	L Hunter, L Robertson, N Atkinson & S Cook

Professor Derek Bell OBE
Chair

Julie Gillon
Chief Executive

Strategic Management

- | | | |
|---------------|--|------------|
| 12. (12.05pm) | Capital Programme Performance Q3:2022/23 (enclosed) | N Atkinson |
| 13. (12.15pm) | Elective Recovery Update (enclosed) | L Buckley |

Quality

- | | | |
|---------------|---|-------------|
| 14. (12.25pm) | Professional Workforce Bi-annual Report (enclosed) | L Robertson |
|---------------|---|-------------|

Governance

- | | | |
|---------------|---|---------------|
| 15. (12.35pm) | Learning from Deaths Report Q3: 2022/23 (enclosed) | D Dwarakanath |
| 16. (12.45pm) | Guardian of Safe Working Hours Report (enclosed) | D Dwarakanath |
| 17. (12.55pm) | Any Other Business | |

Date of next meeting

(Thursday, 23 March 2023, Boardroom, University Hospital of North Tees)

Council of Governors

Title of report:	Chief Executive Report										
Date:	8 December 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 Board of Directors 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 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, operational challenges and continued recovery • Culture and Leadership Development • Research and Development • Shining Stars 2022 • Improvement and Transformation Journey • Integrated Care System and Integrated Care Board • North East and North Cumbria Provider Collaborative • Tees Provider Collaborative • Community Diagnostic Centre • Endoscopy Training Academy • Joint Advisory Group (JAG) Visit on Gastrointestinal Endoscopy • Faculty for Leadership and Improvement • North Tees and Hartlepool NHS Foundation Trust Estates Strategy • Industrial Action • Population Health Fellows • Financial Wellbeing • Care Home Training 											
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 are discussed at Executive Team, Board of Directors 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 refocus and pursuance of strategic objectives and collective work amongst the 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

8 December 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 Elective Recovery

The Trust continues to perform in line with planned trajectories for elective recovery, with a focus on reducing over 52 week waits by the end March 2023 and improving the over 40 week waiting position across all specialities. This includes the continued provision of system capacity for the Tees Valley.

The forecast position continues to drive patient focused pathway changes and an improving picture of recovery.

2.2 COVID-19

While covid continues to be prevalent in the Community, the Trust has now begun to see a stabilisation of the number of covid patients in the organisation. Work to further improve the respiratory wards at UHNT was completed in October, providing a robust respiratory service in anticipation of covid, seasonal influenza and respiratory illness throughout winter.

The Trust continues to promote covid booster and flu vaccinations for staff, including volunteers, colleagues in social care and the wider care sector. Although, the uptake of vaccinations is consistent with performance across NENC, further promotion will continue through December to encourage increased uptake with the associated benefits for both staff and patients.

2.3 Cancer Position

The Trust continues to drive down waits more than 62 days with a clear focus on timely treatment and improved patient experience. Focussed work continues on system, process and governance to improve the backlog and compliance with the best time practice pathways. Work at an ICS level is underway to review opportunities for further improvement across specific cancer pathways. The Trust is actively engaged with this work and the newly appointed Cancer Lead, Dr Vandana Jeebun, is working with clinicians to review individual pathways and identify opportunities to reduce delays in diagnostic tests, the associated reporting and to further improve performance.

3. Strategic Objective: Health and Wellbeing

3.1 Culture and Leadership Development

Culture is the bedrock to organisational success and effectiveness and the Trust is committed to continue the culture journey. The Trust is therefore embarking on a collaboration with Clever Together to develop stronger staff engagement, as a means of empowering individuals to speak up, be listened to and valued. A Big Conversation involving staff will begin from mid-November and will run for two weeks using the Clever Together platform. To ensure engagement in this work the first steering group was held on 2nd November to agree branding and questions to be posted on the platform. The branding for the platform will be 'Our Trust, Our Future' demonstrating the commitment to moving forward as a whole organisation.

The work from the Clever Together, Scope for Growth, Leadership and Management programmes will be monitored at the newly formed People Group, which in turn will provide assurance and control at the People Committee.

3.2 Research and Development

Research and Development activity remains vibrant, this year there have been 1841 participants recruited across 25 specialties. Higher than at the same point in any previous pre-COVID year.

The new Tees Valley Research Alliance (TVRA) contract between North Tees and Hartlepool and South Tees will preface future working. Site visits are planned to promote research participation where activity is currently low (as part of the Tees Valley Research Alliance 2022/23 improvement plan).

Accolades:

The Obstetric and Gynaecology Research Team won Trust Team of the month in October for collaborative and proactive work with stakeholders and clinical teams.

The Trust is the first and only UK site that has recruited into the pre-diagnosis cancer trial to assess the impact on patient management if the Oncotype diagnosis test is requested on a biopsy sample taken at the time of diagnosis as opposed to a sample obtained during surgery.

3.3 Shining Stars 2022

It was fantastic to be able to attend this year's Shining Stars Awards on 4 November 2022. It was the first opportunity to physically meet for more than three years – making the event extra special. I was privileged to hear so many amazing stories of staff going above and beyond for our patients. Anyone present on the night could not fail to be inspired. There were so many worthy winners on the evening – both individuals and teams. It was a privilege to be able to present a special Chief Executive and Joint Chair Award to the communications and marketing team, as a mark of their achievements over the last year.

In recognition of their contribution to the Trust, long service awards were presented in recognition of Margaret Docherty, Wendy Gill, Manuf Kassem, Mary King and Pauline Robson all of which had reached the maximum term of office. As Chief Executive, I want to place on record my personal thanks for their energy and commitment within the Council of Governors to the organisation.

4. Strategic Objective: Transforming our Services

4.1 Improvement and Transformation Journey

Alongside recovery, and returning to a focus on core business, the Trust is embedding an Improvement and Transformation journey to support the strategic ambitions for the future within the context of collaboration in the system. This includes the plan to tackle the CQC actions, a review of capability and capacity, an operating model to stabilise and sustain during the winter challenges and beyond, a focus on improving quality in practice through review and support and 're-establishing our strategic intent to deliver for our communities.

4.2 Integrated Care System (ICS)

The ICS continues to work through system governance, ICP strategy and place based arrangements to be in place by early 2023.

4.3 North East and North Cumbria Provider Collaborative (PvCv)

At its last meeting in November, the NENC Provider Leadership Board supported a proposal for Foundation Trusts to work together on addressing strategic clinical risks (such as vulnerable

services), harnessing strategic clinical opportunities (such as centres of excellence), continuous pursuit of collaborative, clinical improvement and connecting clinical networks. This has long been a feature of the Trust's collaborative work with South Tees during recent years and the progress the Trust and partners have made in this area will help the ICB to tackle unwarranted variation across the North East and North Cumbria, including the establishment of a Clinical Advisory Group and will be undertaken in close working with Neil O'Brien, ICB Medical Director.

Sustainable options for aseptics, diagnostics and vulnerable services are being considered within the work programme.

4.4 Tees Provider Collaborative

The NHSE and ICB independent strategic review conducted by Carnall Farrar is drawing to a conclusion with a revised publication date of the final report to be received by the Trust of early December to take account of additional views from stakeholders. The Trust continues to work with partners at South Tees Hospitals and across the system and places to explore the most appropriate form of collaboration that meets the needs of the patients and populations of both Trusts.

4.5 Service and Estate Developments

4.5.1 Community Diagnostic Centre – Proposed Plans Teesside

A strategic plan for the health system in Tees Valley to develop diagnostic capacity, including a proposed new build Community Diagnostic Centre (CDC) by the end of 2025 has been agreed by the Tees system. A programme board has been established to take forward the development of the CDC, which reports into the Clinical Services Strategy Board. Subject to final approval of a business case in line with a national process, the planned CDC will be developed on the Castlegate Campus site in Stockton on Tees and will be part of the Stockton on Tees Borough Council Waterfront Masterplan development. The site recommendation was considered and approved by the former Tees Valley CCG following an independent site appraisal.

4.6 Endoscopy Training Academy

The Academy has been completed and is being delivered collaboratively with South Tees NHS Foundation Trust. The Academy manager has been appointed and commenced in role. An official opening and launch event is organised for the 16 December 2022 with an excellent opportunity to showcase the work of the clinical and managerial teams and the expertise and support provided by the estates team within the NTH Solutions LLP.

4.7 Joint Advisory Group (JAG) Visit on Gastrointestinal Endoscopy

It is pleasing to note the excellent feedback from recent JAG accreditation visits to both endoscopy units at the University Hospital of North Tees and University Hospital of Hartlepool.

5. Strategic Objective: Valuing our People

5.1 Faculty for Leadership and Improvement

The Faculty continues to be expanded incorporating the learning agenda and seeking accreditation to create the Faculty of Learning, Leadership and Improvement. This work will enable further development as an enabler to transformational change across the organisation.

This programme continues to build Quality Improvement capability within the workforce with opportunities to become experts in the field. To support development the Quality Improvement Strategy is currently being updated titled 'Creating a Culture of Continuous Improvement' which sets out ambitions for the next three years. The strategy will see the development of the 100 leaders programme in to three levels of attainment in Quality Improvement building knowledge and skill, creating accreditation at Bronze, Silver and Gold. This approach will ensure expansion of Quality

Improvement knowledge across the organisation and provide options that meet every individual's level of need.

The 100 Leaders cohort 2 is almost at the end of the six-month journey with an evaluation showcase which took place on 18th November. This evaluation will allow the packs to celebrate their successes and highlight challenges experienced. The communications campaign around the programme has been recognised nationally for an NHS Communicate Award. These leaders will support transformation work of the future, with a clear link to strategic intent.

5.2 North Tees and Hartlepool NHS Trust Estate Strategy

Following the approval of the estates strategy and the resulting case for investment into future service and estate provision which clearly articulate the risks associated with the Trusts aging estate a separate risk has been included in the Board Assurance Framework.

5.3 Industrial Action

Trade unions representing NHS staff have advised the Secretary of State for Health and Social Care that they are in dispute over the 2022/23 pay award. A number of the unions are balloting or have signalled their intention to ballot their NHS members to take part in industrial action. The NHS task now is to be prepared for any potential industrial so there is minimal disruption to patient care and emergency services can continue to operate with a firm focus on safety and quality provision.

5.4 Population Health Fellows

Two valued members of the clinical teams – Doctor Mostafa Helmy and physiotherapist Victoria Butler – are among a small group of health staff across the country to be selected as population health fellows. As part of an NHS England initiative to improve healthcare and reduce health inequalities across communities, Mostafa and Victoria will lead projects to improve the digitisation of maternity services and the pathways for stroke patients. I would like to wish them both good luck in their initiatives and I am excited to see the progress they make.

5.5 Financial Wellbeing

The financial challenges continue across the country and remain a concern for the workforce. In the first of several initiatives the wellbeing team hosted a financial health and wellbeing events were on both hospital sites with a number of businesses and organisations attending to offer support and advice to staff.

5.8 Care Home Training

Since the North Tees and Hartlepool Education Alliance was formed five years ago, the team has helped train around 5,700 carers across the Tees Valley in a range of health subjects to improve the health of care home residents. Made up of staff from this organisation, Tees Esk and Wear Valley NHS Foundation Trust, Stockton Council, Hartlepool Council and Alice House Hospice, this shows what can be achieved when organisations share skills and work collaboratively.

6. Recommendation

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

Council of Governors

Title:	North East and North Cumbria System and Place										
Date:	8 December 2022										
Prepared by:	Julie Gillon, Chief Executive Lindsey Wallace, Interim Deputy Director of Planning & Performance Linda Hunter, Director of Planning & Performance										
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 Strategic and Area Integrated Care Partnerships 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:											
This report impacts on the current strategic risk identified on the Board Assurance Framework 3E in relation to delivery of the Integrated Care Partnership priorities and collaboration, which is managed and monitored through the Planning, Performance and Compliance Committee and Transformation Committee.											
Committees/groups where this item has been discussed	Executive Management Team, Transformation Committee Planning, Performance and Compliance Committee Non-Executive Directors' meetings Board of Directors Meeting										
Recommendation	<p>The Council of Governors is asked to note the work to date and specifically:</p> <ul style="list-style-type: none"> • The ongoing positioning of the ICS. ICB and ICP across NENC. • Progress with regard to the NENC Provider Collaborative. • Acknowledge the ongoing work to develop stronger collaborative place-based delivery of care across the immediate locality. • The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Collaborative. • 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. • The need to revisit risk appetite and the specific risks facing the Trust with mitigations and potential actions for the future success of system and place based working in a strategic setting. 										

North Tees and Hartlepool NHS Foundation Trust

Council of Governors

8 December 2022

North East and North Cumbria Integrated Care System (ICS), Strategic and Area Integrated Care Partnerships 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 8 September 2022, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) plans, the current and future plans for the Strategic and Area Integrated Care Partnership and provider collaboration.

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

2.1 Integrated Care Board and System Governance

- 2.1.1** The CEO strategic session held on 18 November provided an opportunity for review and discussion in respect to system resilience, financial planning, quality challenges and system risks. The Integrated Care Board (ICB) approach to the Oversight Framework was also presented. This framework is informed by the NHS Oversight Framework, and the agreement of a related Memorandum of Understanding (MOU) between NHS England (NHSE) North East and Yorkshire (NEY) Regional Team and the NENC ICB, which was made in September 2022.

- 2.1.2** The NHS Oversight Framework sets out its purpose as follows:

- Ensure the alignment of priorities across the NHS and with wider system partners
- Identify where ICBs and/or NHS providers may benefit from, or require support
- Provide an objective basis for decisions about when and how NHS England will intervene.

- 2.1.3** October saw the release of the revised Operating Framework for NHS England, highlighting the statutory footing of the ICB and the coming together of partner organisations that sets out how the NHS will operate in the new structure created by the 2022 Health and Care Act.

2.2 Strategic and Area Integrated Care Partnerships

- 2.2.1** The first meeting of the partnership was held on 20 September. Sir Liam Donaldson chaired in the interim pending the appointment of a substantive chair in 2023. The fourteen local authorities were represented and a proposed term of reference was agreed for the four AICPs. The first public meetings are expected to take place from January 2023 onwards. The Strategic ICP recommended that Area ICPs be chaired by Non-Executives, left to local determination. The first AICP met informally on 25 November to discuss governance arrangements.

2.3 Place Based Working

- 2.3.1** A Tees Valley Planning Group met over the summer led by the Executive Director of Place Based Partnerships to help define the overall Tees Valley ICP place-based strategy with a draft expected to be shared early December 2022.

- 2.3.2 The strategy will enable shared responsibility, build on what exists, be challenging yet courageous and have collective priorities. Place based governance proposals are to be shaped soon with shadow arrangements to follow by January 2023.

2.4 North East and North Cumbria (NENC) Provider Collaborative

- 2.4.1 The NENC Provider Collaborative Leadership Board continues to meet in support of ICB objectives:

- **Clinical Programmes**

A Clinical Programme report provided updates in relation to elective recovery and the need to develop a framework for an elective strategy including performance management and urgent care, in particular the focus to manage this winter and then regroup as winter ends. Cognisance was paid to risks including vulnerable services and associated risks, clinical excellence and a system approach to clinical improvement.

- **Clinical Support programmes:**

Work continues on the development of the Full Business Case for Aseptic Manufacturing Hub, which will be presented to the January meeting.

- **Corporate Programmes**

A Provider Collaborative Estates Workshop was held on 13th September, with some underpinning principles of engagement: -

- Transparent oversight of all schemes.
- Practical issues around programme with the potential to use collective resources to support.
- Further work would through the estates group would be via the Executive Advisory Group.

There was acknowledgement of the need to consider estates' requirements through a collective Provider and ICB lens, ensuring that the ICB 5 year strategy (required by December 2022) captures the key issues. It was recognised that the estates agenda needs to move at pace in parallel to the evolving clinical strategy.

- **Developments including system working**

- System working arrangements and the need to set defined objectives in relation to aspirations and around the population, clarity on structures, function and purpose and surrounding performance management, finance and quality is underway
- Final arrangements are taking place with regard to the Provider Collaborative Executive Advisory Group (EAG) to ensure representation from all partners.

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

- 2.5.1 The T&NYPvCv work continues to progress. Specifically with regard to the Carnall Farrar options' appraisal that will support the case for change across both North and South Tees Trusts to move forward to greater collaboration in the system.

3. Clinical Services Strategy

- 3.1 The Clinical Services Strategy remains a significant piece of the work 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 A Stroke visioning workshop took place on 7th November, which was well attended by both Trusts and from all disciplines and partners across health, social care, public health and the voluntary sector to enable a multi-disciplinary approach to refreshing the Stroke Strategy and an opportunity for engagement to explore the provision of the stroke services across the Tees Valley. In addition to this, the TV Stroke Managed (MCN) is working on a bid to include the provision of Vocational Rehabilitation to enable people who have suffered a stroke get back to work.
- 3.2.2 Since the start of the Urgent & Emergency Care MCN there have been a multitude of achievements which are being implemented at pace ahead of this winter. The UEC Clinical Leads came together on 1st November to discuss future priorities and the supporting structure of the MCN. A new group will be established with some key priorities including Ambulance Handover Delays and handling of Diverts and Deflects.

3.3 Workforce Transformation

- 3.3.1 The Tees Valley Workforce Group continues to work on key priorities to embed workforce ambition into Teesside. This includes widening participation work, to promote the benefits of working in health and social care to make use of the ICP's widening participation funds from Health Education England. The panel, as part of the South ICP Workforce group.
- 3.3.2 The Workforce Group also agreed to invest to support this activity. North Tees and Hartlepool NHS Foundation Trust will provide oversight and the funds will be used to secure external resource to design and deliver a campaign for the Tees Valley.

4. Summary

- 4.1 The Trust remains a pro-active partner in the ICS delivery objectives, the NENC Provider Collaborative and the Tees Provider Collaborative and now in the more ambitious purpose of the Carnall Farrar review and system/partner engagement in such.
- 4.2 The Trust continues to proactively participate and lead in the support of the work streams in the Area ICP and in the future success of the T&NY Pvcv.

5. Recommendations

- 5.1 The Council of Governors is asked to note the work to date and specifically:
- The ongoing positioning of the ICS. ICB and ICP across NENC.
 - Progress with regard to the NENC Provider Collaborative.
 - Acknowledge the ongoing work to develop stronger collaborative place-based delivery of care across the immediate locality.
 - The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Collaborative.
 - 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.
 - The need to revisit risk appetite and the specific risks facing the Trust with mitigations and potential actions for the future success of system and place based working in a strategic setting.

Julie Gillon
Chief Executive
December 2022

North Tees and Hartlepool NHS Foundation Trust

Council of Governors

Title:	Integrated Compliance and Performance Report									
Date:	8 December 2022									
Prepared by:	Mark MacDonald - Interim Head of Strategy, Planning & Performance Lindsey Wallace – Interim Deputy Director of Planning & Performance Keith Wheldon – Business Intelligence Manager									
Executive Sponsor:	Linda Hunter, Director of Planning and Performance Lindsey Robertson, Chief Nurse/ Director of Patient Safety and Quality Susy Cook, Chief of People Officer Neil Atkinson, Director of Finance									
Purpose	To provide an overview of performance and associated pressures for compliance, quality, finance and workforce.									
Action required:	Approve		Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting our population First	x	Valuing our People	x	Transforming our Services		Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The report outlines the Trust's compliance against key access standards in October 2022 including quality, workforce and finance.</p> <p>Summary</p> <ul style="list-style-type: none"> Operational and workforce pressures continued in October, affecting performance against key standards however, the position for the majority of those key standards remain comparable to national and regional positions. The Trust continues to respond to surges in demand and pressures within services including IPC guidelines. Additional beds opened within available resource. Standards continue to be monitored closely through the established and robust internal governance structures, which supports further development of improved clinical pathways, quality and patient safety across the Trust. 										

<ul style="list-style-type: none"> • The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI (which have both seen a slight rise recently) and infection control measures. • The number of patients waiting longer than 52 weeks at the end of October was 42 • The Trust achieved five of the nine cancer standards in September 2022 • Short Term staff sickness has seen an increase for September 2022, whilst Long Term sickness saw a continued decrease in September 2022, this will be continuously monitored. • Staff Turnover has seen a continued decrease from the previous month, with a positive move toward target. 	
How this report impacts on current risks or highlights new risks:	
<p>Continuous and sustainable achievement of key access standards across elective, emergency and cancer pathways, alongside a number of variables outside of the control of the Trust within the context of system pressures and financial constraints and managing Covid-19 pressures, recovery, winter and staffing resource.</p> <p>Associated risks are outlined within the Board Assurance Framework</p>	
Committees/groups where this item has been discussed	<p>Executive Team Meeting</p> <p>Audit Committee</p> <p>Planning, Performance and Compliance Committee</p> <p>Board of Directors</p>
Recommendation	<p>The Council of Governors is asked to note:</p> <ul style="list-style-type: none"> • The performance against the key operational, quality and workforce standards. • Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the associated mitigation.



North Tees and Hartlepool
NHS Foundation Trust

Integrated Performance Report



November 2022

Responsible Directors

Linda Hunter

Director of Planning & Performance

**Oversight
Framework**

**Efficiency &
Productivity**

Lindsey Robertson

Chief Nurse and Director of Patient
Safety & Quality

Safety & Quality

Susy Cook

Chief People Officer

Workforce

Neil Atkinson

Director of Finance

Finance

Introduction



Performance highlights against a range of indicators including the Oversight Framework (OF) and the Foundation Trust terms of licence remains. The report is for the month of October 2022 and outlines trend analysis against key Compliance indicators, Operational Efficiency and Productivity, Quality, Workforce and Finance. To view the September 2022 position, please refer to the individual SPC charts.

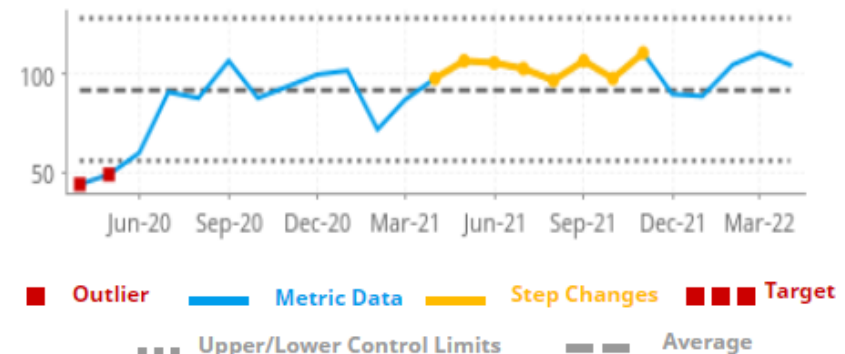
Statistical Process Control (SPC) Charts

A **Step Change** occurs when there are 7 or more consecutive points above or below the *average*.

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

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

Standard deviation tells you how spread out the data is. It is a measure of how far each observed value is from the average. In any distribution, about 95% of values will be within 2 standard deviations of the mean.



Executive Summary



North Tees and Hartlepool
NHS Foundation Trust

OF and Efficiency & Productivity

The Trust continues with an aspiration to deliver trajectories outlined in the NHS priorities and operational planning for 2022/23. The position for the majority of key standards, including RTT, Cancer and Ambulance turnaround times remain comparable to national and regional positions. Additional capacity continues to be delivered through a combination of insourcing, additional lists and clinics with a continued focus on clinical prioritisation within the elective programme.

The Trust continues to face the challenge of increased activity, responding to system pressures with multiple requests for mutual aid, diverts and deflections from across the system, with 61% of patients transferred to the organisation converting to admissions, an increase from 54% last month. High bed occupancy rates continue to impact upon the waits in the Emergency Department affecting patient flow however, implementation of the operating model is now supporting delivery of additional bed capacity to assist with patient flow.

The Trust achieved five out of the nine cancer standards, demonstrating a favourable position comparative to the region with a continued achievement of the 28 day faster diagnosis standard and 31 day standard.

Elective recovery continues with the focus now shifting to reducing the number of patients waiting over 40 weeks, as well as over 52 weeks. The Trust has already seen a 21% reduction from the previous month and has the lowest number of patients in this cohort (40 week waits) across the North East and Yorkshire region and second lowest overall for patients waiting over 52 weeks.

Safety & Quality

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

The latest HSMR value is currently reporting at 94.08 (September 2021 to August 2022), latest SHMI value is now 98.26 (June 2021 to May 2022) which remains within the control limits.

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

The number of complaints received during October 2022 has seen a decrease within Stage 1, with a slight increases in Stage 2 and Stage 3. The number of complaints received this month continues to be consistent with pre-pandemic levels.

The number of high risks continues to be below the mean and this remains within the expected variance, demonstrating a dynamic risk management process.

One never event from March 2022 has now been downgraded (October 2022).

Executive Summary



North Tees and Hartlepool
NHS Foundation Trust

Workforce

Sickness has increased slightly from 5.09% to 5.28% in September 2022, with only 0.74% being due to COVID related absence.

Turnover continues to reduce in October 2022, from 10.99% to 10.78%; this is the lowest rate since November 2021.

Appraisal compliance has decreased this month by 0.57% and at 85.6% still falls short of the Trust 95% standard.

Overall, mandatory training compliance has dipped below the 90% standard (89%) for the first time since March 2022, most likely the result of an increase in non-attendances due to service pressures. It is acknowledged that work is still required to focus on key topic areas which remain below the compliance level required, in particular resuscitation courses with a dedicated working group being established to explore alternative ways of delivery.

Finance

At Month 7, the Trust is reporting an in-month deficit of £0.092m against a planned surplus of £0.112m, which is £0.204m behind plan.

The Trust is reporting a year to date surplus of £4.609m against a plan of £4.492m, which is £0.117m ahead of plan.

Total Trust income in M7 is £31.840m (including donated asset income and finance Income).

M7 pay expenditure totalled £22.009m of which £0.086m is additional spend related to the Covid-19 response (including testing costs).

M7 non-pay expenditure totalled £9.957m.

The month 7 year to date net contribution from Optimus is £0.161m against a plan of £0.095m (£0.066m ahead of plan) and the year to date net contribution from the LLP is £0.890m against a plan of £1.120m (£0.230m behind plan – including £216k of loan interest, which results in an adjusted position of £14k behind plan).

YTD, the Trust continues to benefit from slippage on non-recurrent funding which continues to result in the Trust being slightly ahead of plan.

Key risks at M7 relate to controlling run rates, ceasing any non-recurrent expenditure relating to 2021/22, CIP identification and delivery and pay award pressure.

Oversight Framework



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved					Narrative
		Month	Performance	Standard	Trend	
New Cancer Two Week Rule	✗	Sep-22	83.45%	93.00%		<h3>Cancer</h3> <p>The latest validated position for September sees the Trust achieving five out of the nine cancer standards placing the Trust third in the region. Whilst the Trust did not achieve against the 31 day subsequent treatment standard, reporting at 87.5%, numbers were small (14 of 16 patients being treated within 31 days).</p> <p>The Trust reported at 83.45% against the Two Week Rule standard of 93%, with the regional position being 74.45%. This places the Trust third across the region with only one Trust in the region achieving this standard. Increased referrals for two-week rule appointments, particularly in Gynaecology, continues to have an impact on the overall pathway which results in greater demand for additional outpatient and diagnostic capacity. Referral trends are being analysed and will be shared with commissioners to raise awareness and understand referral patterns.</p> <p>Cancer 31 days shows a continued improvement in performance from August to September now reporting at 97.08%, against a 96% standard, with region reporting 89.06%.</p> <p>The Trust continues to achieve the 28 day faster diagnosis standard, being only one of three organisations across the region to do so.</p> <p>The Cancer 62 day standard remains a pressure across the majority of pathways, which is reflective both regionally and nationally, with particular pressures evident in Colorectal, Urology and Lung.</p> <p>A new Clinical Cancer Lead for the Trust took up post in October who will continue to support the focussed work with colleagues across the organisation and beyond with a clear understanding of the issues and complexity faced by encouraging change solutions to help recover the Trusts position and improve overall waiting times and patient experience.</p>
Breast Symptomatic Two Week Rule	✓	Sep-22	93.63%	93.00%		
28-day Faster Diagnosis	✓	Sep-22	79.93%	75.00%		
New Cancer 31 Days	✓	Sep-22	97.08%	96.00%		
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✓	Sep-22	100.00%	98.00%		
New Cancer 31 Days Subsequent Treatment (Surgery)	✗	Sep-22	87.50%	94.00%		
New Cancer 62 Days	✗	Sep-22	62.72%	85.00%		
New Cancer 62 Days (Screening)	✗	Sep-22	88.46%	90.00%		
New Cancer 62 Days (Consultant Upgrade)	✓	Sep-22	86.36%	85.00%		

Oversight Framework



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Referral To Treatment Incomplete Pathways Wait (92%)	Oct-22	77.85%	92.00%		<p>RTT</p> <p>The Trust reported at 77.85% for the RTT incomplete standard in October reporting 42 patients, who are all managed through the application of the waiting list policy, waiting over 52 weeks. This ranks the Trust 2nd lowest in the region despite an increase from the 31 patients reported the previous month. To benchmark, September's regional position (latest available data) reports the Trust at 78.4%, with the region reporting at 70.7%.</p> <p>At the end of October 2022 the Trust maintained its trajectory in line with Phase 1 and Phase 2 elective recovery from NHS England and reports no patients waiting longer than 78 and 104 weeks. 8 patients waited longer than 52 weeks for an inpatient elective procedure at the end of October and teams continue the focus of ensuring all long waits are seen and treated in accordance with policy and clinical review, in the best interests of the patient.</p> <p>The Trust continues to drive to reduce the number of long waiting patients with a focus on those patients waiting over 40 weeks, which has seen an improvement from September, and sees the Trust with the lowest number across the North East and Yorkshire region.</p> <p>Guidance released by NHSE in October has been received which will help manage and validate patient waiting lists and will have a focus on clinical, technical and administrative validation. This will help to ensure clinical prioritisation and review as well as having a robust mechanism to actively monitor patients along their chosen pathway.</p> <p>Diagnostics</p> <p>Performance has seen a slight improvement in October reporting 74.01% compliance from 72.58%, however, pressures continue related to staffing capacity in a number of key areas with the largest impact continuing to be seen in Non-Obstetric Ultrasound. Capacity is projected to increase in December and January leading to a planned improved position by end of March 2023.</p> <p>Endoscopy capacity continues to be affected by both long-term Consultant sickness and high levels of therapeutic demand with staffing and resource being explored to provide additional capacity.</p> <p>The September regional position for Diagnostics was 81.28% with the Trust reporting 72.58%. Compliance across the region ranged from 68.30% to 95.21%.</p> <p>Testing is now complete with the new outsourcing provider of Radiology reporting and reporting will commence in November.</p>
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	Oct-22	29.00	28.00		
Incomplete Pathways Wait (Median)	Oct-22	8.86	7.20		
Incomplete Pathways Wait (>52 Week Wait)	Oct-22	42	0		
Diagnostic Waiting Times and Activity	Oct-22	74.01%	99.00%		

Oversight Framework

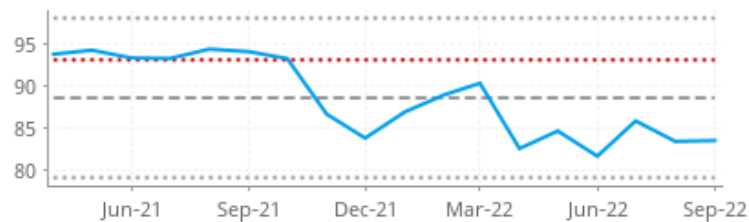


North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

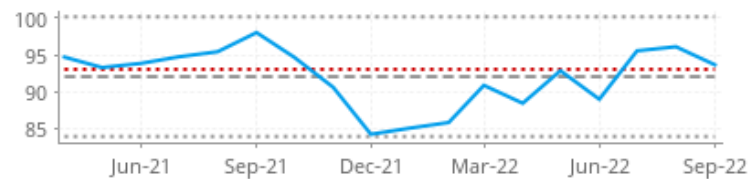
Cancer - 2 Week Rule

Month Performance Standard
❌ Sep-22 83.45% 93.00%



Cancer - Breast Symptomatic

Month Performance Standard
✅ Sep-22 93.63% 93.00%



Cancer - 28 day Faster Diagnosis

Month Performance Standard
✅ Sep-22 79.93% 75.00%



Cancer - 31 days

Month Performance Standard
✅ Sep-22 97.08% 96.00%



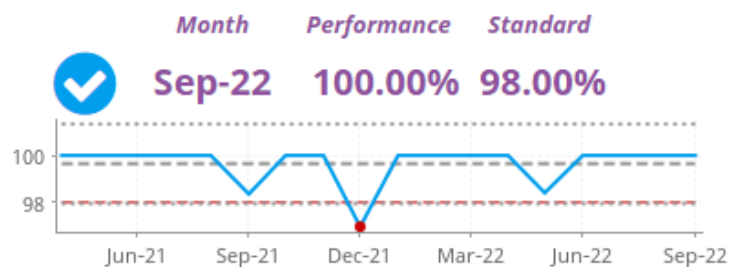
Oversight Framework



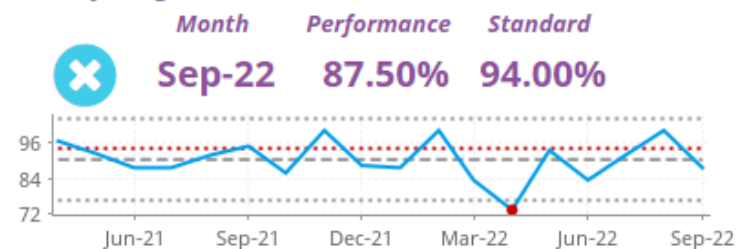
North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

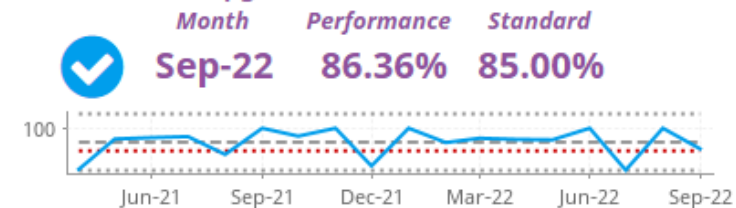
Cancer - 31 Day Drug Treatment



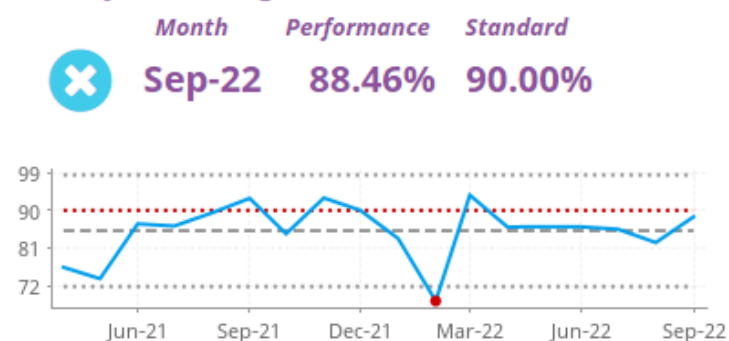
Cancer - 31 Day Surgical Treatment



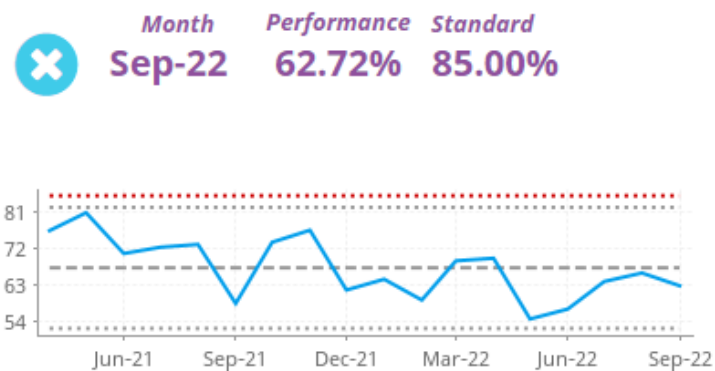
Cancer - 62 Consultant Upgrade



Cancer - 62 Days Screening



Cancer - 62 Days



Oversight Framework



Statistical Process Control (SPC) Charts

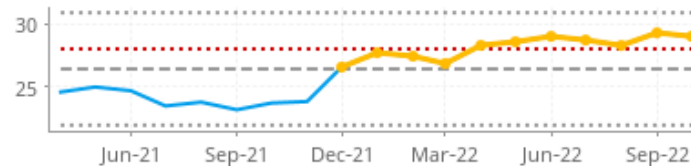
Referral To Treatment- Incomplete Pathways Wait (92%)

Month **Performance** **Standard**
Oct-22 **77.85%** **92.00%**



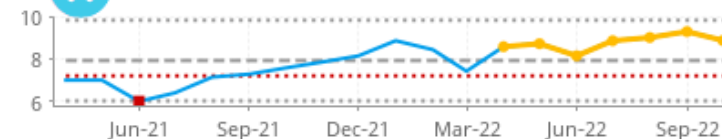
Referral To Treatment - Incomplete Pathways Wait (92nd percentile)

Month **Performance** **Standard**
Oct-22 **29.00** **28.00**



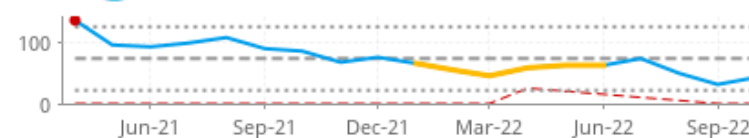
Referral To Treatment - Incomplete Pathways Wait (Median)

Month **Performance** **Standard**
Oct-22 **8.86** **7.20**



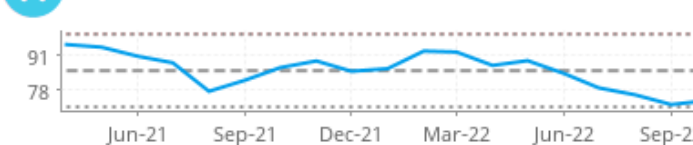
Referral To Treatment- Incomplete Pathways Wait (>52 Week Wait)

Month **Performance** **Standard**
Oct-22 **42** **0**



Diagnostic Waiting Times and Activity

Month **Performance** **Standard**
Oct-22 **74.01%** **99.00%**



Efficiency & Productivity



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
		Month	Performance	Standard	Trend
Decision To Admit (DTA) (over 12 hours)	✗	Oct-22	27	0	
Time to Initial Assessment (mean) Type 1 & 3	✓	Oct-22	13.84	15.00	
Number of Ambulance Handovers waiting more than 60 Mins	✗	Oct-22	30	0	
65% of Ambulance Handovers completed within 15 Mins	✗	Oct-22	20.82%	65.00%	
95% of Ambulance Handovers completed within 30 Mins	✗	Oct-22	52.83%	95.00%	
2 hour Urgent Community Response	✓	Sep-22	80.72%	70.00%	

Urgent and Emergency Care

The Trust continues to triage patients within the required national standard of 15 minutes.

Significant pressures are noted across the region affecting ambulance handovers with 30 handovers over 60 minutes in October compared to the 12 reported in September. As a way of benchmarking and comparing the Trusts position, the monthly NEAS report is considered and whilst not a mandated measure, the narrative demonstrates how well the Trust manages ambulance turnaround times. For example, NEAS reported the Trust at 51.2% of ambulance turnaround times within 30 minutes (arrival to clear), which places the Trust second in the region. An average turnaround time of 40 minutes was seen in month compared to the regional average of 49 minutes. The Trust is committed to improving compliance with ambulance turnaround times and continues to work in partnership with NEAS colleagues.

The Trust continues to receive a number of ambulance diverts and deflections and mutual aid requests from neighbouring trusts which adds to the pressures within the Emergency Department. 98 patients were transferred during October 2022, a significant increase to the 26 patients transferred throughout September, with 59 patients going on to be admitted as an inpatient. Average Length of Stay (ALOS) was 7.3 days with the longest admitted patient still in the Trust after 37 days. The Trust requested mutual aid on 8 occasions, of which 3 were accepted with a total of 13 patients transferred.

27 patients waited over 12 hours for a decision to admit with the majority of patients waiting for a bed to become available. All patients were made comfortable and cared for appropriately within the Emergency Department until a bed became available. The implementation of the new operating model with an increase in the bed base is fundamental to improving flow.

The success of the 2 hour Urgent Community Response has aided flow by responding quickly to patients within their own homes preventing the need to come in to hospital. The service is now supporting over 80% of patients within 2 hours that may well have resulted in a trip to A&E if this service was not available.

Efficiency & Productivity



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative	
		Month	Performance	Standard	Trend	
Outpatient Did Not Attend (Combined)	✗	Oct-22	9.72%	9.20%		<p>Outpatients</p> <p>Patients who are unable to attend their appointment (Did not attend – DNA) continues to report above the Trusts standard of 9.2% however October has seen an improved position as the rate fell below 10%. The agreed programme of work focusing on improving outpatient processes continues, monitored via the Outpatient Transformation Group and includes the aim to reduce the number of patients seen in review clinics by 15% at year end.</p> <p>Care Groups continue to work with clinical teams to include patient initiated follow-ups into their pathways of care. A national review of the first 9 months of PIFU has taken place which suggests almost half of the national PIFU activity comes from Trauma & Orthopaedics (20%), Paediatrics (13%) and Physiotherapy (11%). The Trust is now working with community colleagues to understand the data outcomes for Physiotherapy patients, given the national inclusion rates, with a view to including those patients who are on a RTT MSk pathway.</p>
Reducing Reviews	✗	Oct-22	103.79%	85.00%		
Patient Initiated Follow Up (PIFU)	✗	Oct-22	1.74%	5.00%		
Advice and Guidance	✗	Oct-22	13.20%	16.00%		
Diabetic Retinopathy Screening	✓	Oct-22	98.60%	95.00%		

Efficiency & Productivity



North Tees and Hartlepool
NHS Foundation Trust

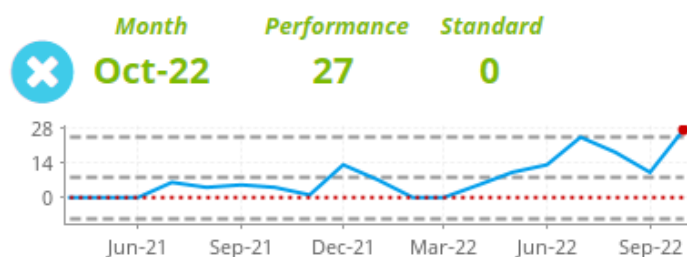
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Electronic Discharge Summaries	✗ Oct-22	90.42%	95.00%		<p>Electronic Discharge Summary (EDS)</p> <p>All discharge summaries are being completed and October has seen an improved position with over 90% being completed within the required 24 hours. Focused work across care groups is ongoing with an identified lead to co-ordinate all activities.</p> <p>Super Stranded Patients</p> <p>October has seen a further improvement against this standard with 47 patients in the hospital over 21 days compared to the 59 the previous month. The Trust continues to work with its partners in Local Authorities to ensure timely discharge where clinically appropriate.</p> <p>Length of Stay</p> <p>Patients' length of stay in the Trust has reduced which in turn will aid the flow of patients through the hospital as bed capacity increases. Similarly, Pre-operative stays have also reduced the length of time patients need to occupy a bed with fewer patients being admitted prior to the day of their surgery.</p> <p>Trust Occupancy</p> <p>The Trust operated at a heightened occupancy throughout October, consistently reporting above 90% with an average of 95.24%, a 1.58% increase on the September position. Surges in activity have been seen throughout the month with increases in Covid admissions rising from 12 patients to 63 by the end of October noted with forecasts predicting a rise over the winter months.</p> <p>Readmissions</p> <p>The latest validated position has seen an increase in the rate compared to last month with gastrointestinal disorders being the reason for the highest emergency readmission and urinary problems being the reason for the highest elective readmission. A collaborative approach to address a number of the issues is underway to support an improvement of this position.</p>
Super Stranded	✗ Oct-22	47	43		
Average Depth of Coding	✓ Sep-22	6.29	3.01		
Length of Stay - Elective	✓ Oct-22	2.72	3.14		
Length of Stay - Emergency	✓ Oct-22	2.85	3.35		
Day Case Rate	✓ Oct-22	87.70%	75.00%		
Pre-op Stays	✓ Oct-22	0.78%	4.50%		
Trust Occupancy	✗ Oct-22	95.24%	90.00%		
Re-admissions Rate 30 Days (Elective and Emergency)	✗ Aug-22	9.31%	7.70%		
Not reappointed within 28 days	✗ Sep-22	2	0		

Efficiency & Productivity



Statistical Process Control (SPC) Charts

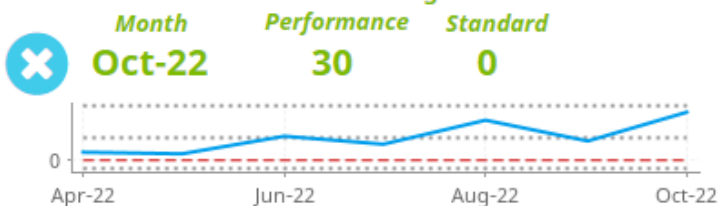
Decision to Admit (DTA) (Over 12 hours)



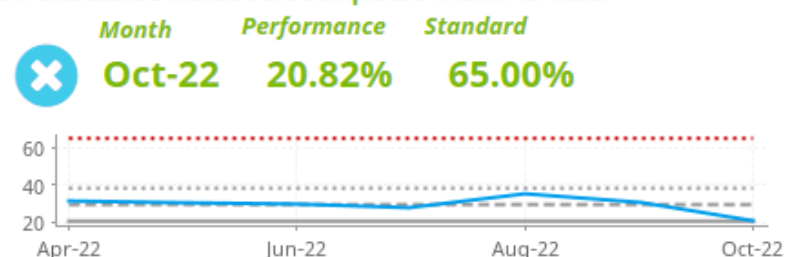
Time to Initial Assessment (mean) Type 1 & 3



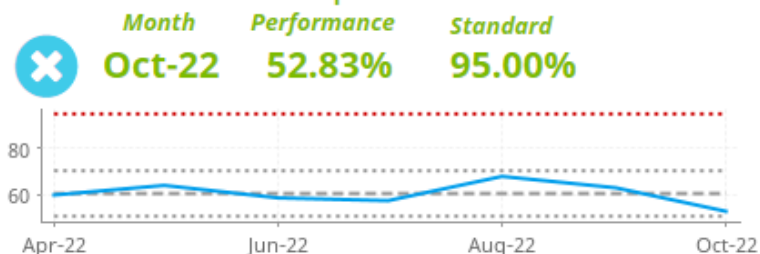
Number of Ambulance Handovers waiting more than 60 mins



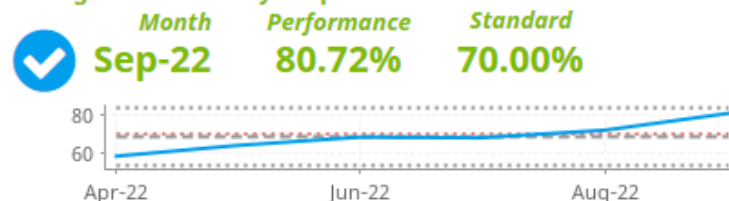
65% of Ambulance Handovers completed within 15 mins



95% of Ambulance Handovers completed within 30 mins



2 hour Urgent Community Response



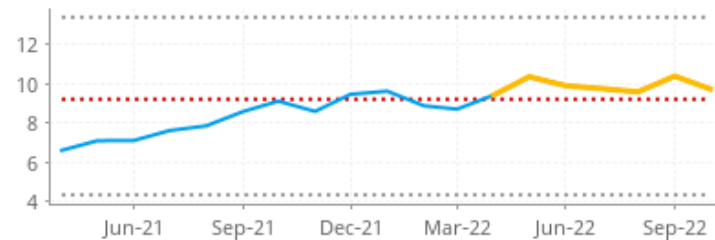
Efficiency & Productivity



Statistical Process Control (SPC) Charts

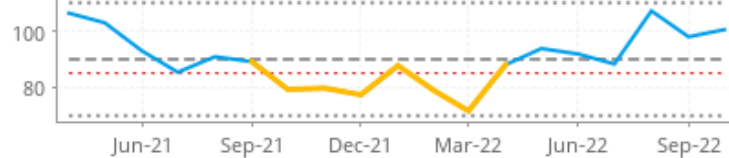
Outpatient Did not Attend

Month **Oct-22** Performance **9.72%** Standard **9.20%**



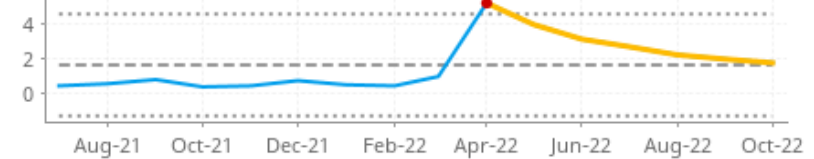
Reducing Reviews

Month **Oct-22** Performance **100.64%** Standard **85.00%**



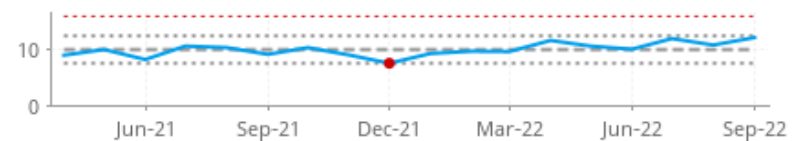
Patient Initiated Follow up

Month **Oct-22** Performance **1.74%** Standard **5.00%**



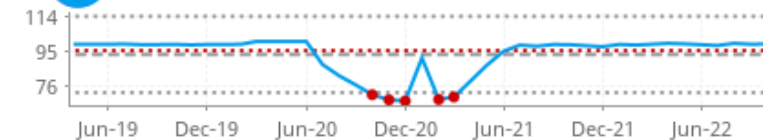
Advice and Guidance

Month **Sep-22** Performance **12.17%** Standard **16.00%**



Diabetic Retinal Screening

Month **Oct-22** Performance **98.60%** Standard **95.00%**



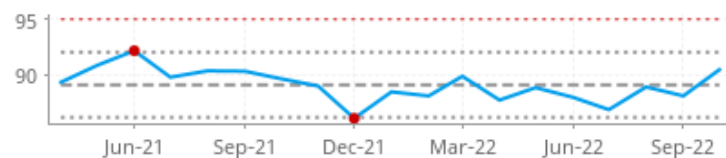
Efficiency & Productivity



Statistical Process Control (SPC) Charts

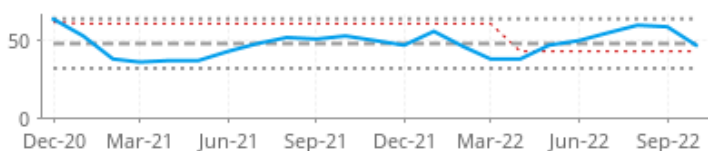
Electronic Discharge Summaries

Month Performance Standard
Oct-22 **90.42%** **95.00%**



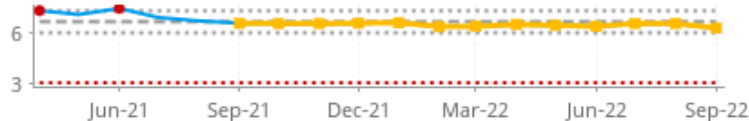
Super Stranded

Month Performance Standard
Oct-22 **47** **43**



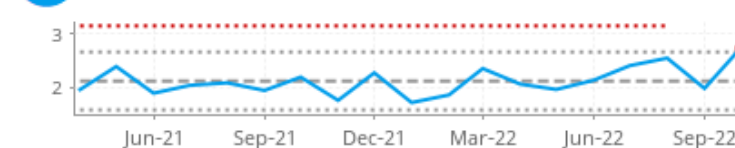
Average Depth of Coding

Month Performance Standard
Sep-22 **6.29** **3.01**



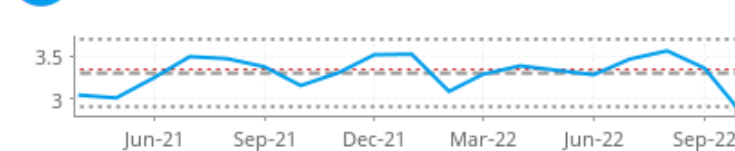
Length of Stay - Elective

Month Performance Standard
Oct-22 **2.73** **3.14**



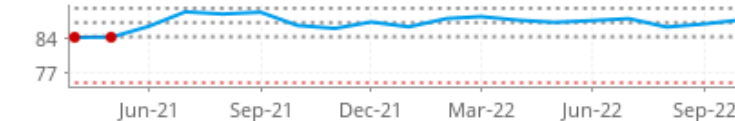
Length of Stay - Emergency

Month Performance Standard
Oct-22 **2.85** **3.35**



Day Case Rate

Month Performance Standard
Oct-22 **87.70%** **75.00%**



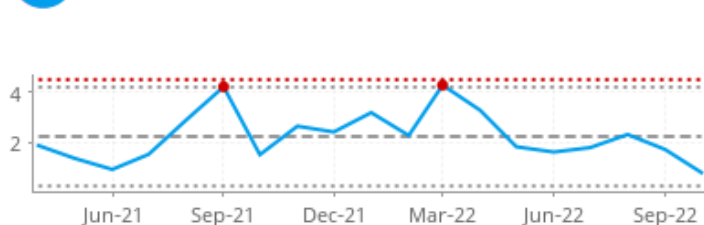
Efficiency & Productivity



Statistical Process Control (SPC) Charts

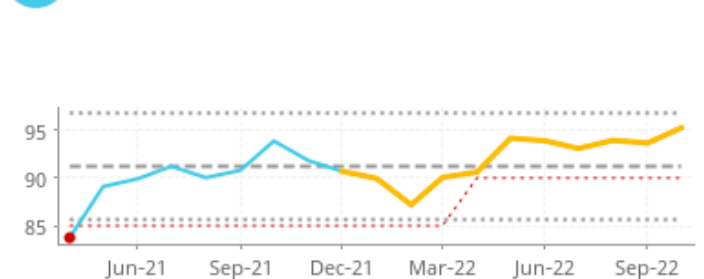
Pre-op Stays

Month **Oct-22** Performance **0.78%** Standard **4.50%**



Trust Occupancy

Month **Oct-22** Performance **95.24%** Standard **90.00%**



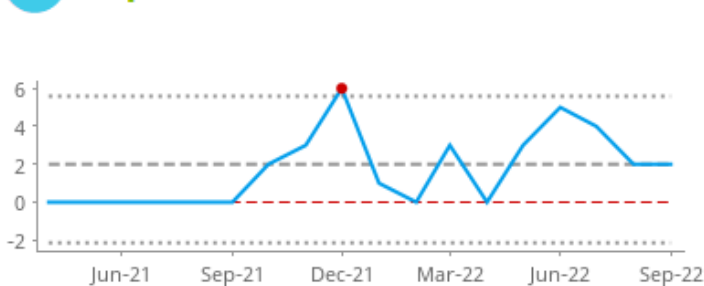
Re-admissions Rate 30 Days (Elective and Emergency Admission)

Month **Aug-22** Performance **9.31%** Standard **7.70%**



Not Reappointed within 28 days

Month **Sep-22** Performance **2** Standard **0**



Safety & Quality



North Tees and Hartlepool
NHS Foundation Trust

Standard

Standard Achieved

Narrative

		Month	Performance	Trend
Hospital Standardised Mortality Ratio (HSMR)	✓	Sep 21 - Aug 22	94.08	
Summary Hospital-Level Mortality Indicator (SHMI)	✓	Jun 21 - May 22	98.26	

		Month	Performance	Standard	Trend
Stage 1 Complaint	✗	Oct-22	115	107	
Stage 2 Complaint	✗	Oct-22	9	6	
Stage 3 Complaint	✓	Oct-22	6	9	
Compliments	✓	Oct-22	393	271	

Mortality

The latest HSMR value is currently reporting at 94.08 (September 2021 to August 2022) which has increased slightly from the previous rebased value of 94.03 (August 2021 to July 2022). The latest SHMI value is now 98.26 (June 2021 to May 2022) which has increased from the previous rebased value of 97.50 (May 2021 to April 2022).

Complaints

The number of complaints has decreased by 3 in October, compared with the previous month. The total number of Stage 1 complaints received is 115, which is 8 less than the previous month, with an increase of 4 in Stage 2 complaints (from 5 in September) and a increase of 2 in Stage 3 complaints (4 in September). The numbers received and themes continue to be closely monitored. The Trust continues with the drive for local and face to face resolution of concerns, virtual meetings have been developed to support this process.

During October 2022, Length of Time to be given an Appointment was the highest theme mentioned in 23 complaints, which is an increase of 10 from September, this was spread across 17 different wards/departments. There was an increase of 5 in the theme Care and Compassion and a decrease of 10 in Communication (verbal).

Increased analysis has been undertaken in relation to communication and this continues to be presented and discussed during the weekly Safety Panel meetings. Trend analysis is also addressed during weekly Senior Clinical Professional Huddles. This robust process continues to support timely identification of the themes.

A Complaint Improvement Project has commenced to identify areas for improvement and associated actions. Updates will be included in future reports.

Compliments

The Trust records the compliments received onto the Greatix platform. For October 2022 the number of compliments received is 393, which is higher than the mean of 271 compliments. Compliments consistently remain higher than the number of complaints the Trust receives.

Safety & Quality



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
High Risks	✓ Oct-22	3	4		Falls <p>There has been a total of 84 falls reported in October. 65 falls were reported as no harm. Low harm falls have decreased to 27 from 21 when compared to the previous month and falls reported as moderate harm increased in October to 2 falls.</p> <p>Some of the themes identified from recent investigations include non-compliance in completing lying and standing blood pressures. The Trust falls lead and heads of nursing are currently reviewing the process and requirements to support ward based staff.</p>
Never Events	✓ Oct-22	0	0		
VTE %	✓ Oct-22	97.02%	95.00%		
Fall No Harm	✓ Oct-22	65	83		
Fall Low Harm	✗ Oct-22	17	16		
Fall Moderate Harm	✗ Oct-22	2	1		
Fall Severe Harm	✓ Oct-22	0	0		

Safety & Quality



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
		Month	Performance	Standard	Trend
Pressure Category 1 (inpatient)	✗	Sep-22	9	4	
Pressure Category 2 (inpatient)	✓	Sep-22	20	20	
Pressure Category 3 (inpatient)	✗	Sep-22	3	1	
Pressure Category 4 (inpatient)	✓	Sep-22	0	0	

Pressure Ulcers

In the September 2022 reporting period, there were nine Category one pressure ulcers validated, which is greater than our expected standard of four cases, and demonstrates early identification. A decrease in Category two pressure ulcers is noted from 30 to 20, which is in line with the accepted standard of 20 cases. There has been three Category three pressure ulcers identified in September 2022, which is above the expected standard of one. There have been zero Category four pressure ulcers reported, both of which are in line with or below our expected standard.

Ongoing work continues with the validation of pressure ulcers, due to the difference between validated and un-validated data positions.

Safety & Quality



North Tees and Hartlepool
NHS Foundation Trust

Standard

Standard Achieved

Narrative

		Month	Performance	Standard	Trend
Hand Hygiene	✓	Oct-22	96%	95%	
Clostridioides difficile (cdiff)	✗	Oct-22	7	5	
MRSA	✓	Oct-22	0	0	
MSSA	✓	Oct-22	1	2	
Ecoli	✓	Oct-22	5	6	
Klebsiella	✓	Oct-22	2	2	
Pseudomonas	✗	Oct-22	3	1	
CAUTI	✓	Oct-22	13	19	

Infections

In October 2022, the Trust reported seven cases of Clostridioides difficile infection, which is above the predicted trajectory of five cases. Our yearly objective for 2022-23 is 54 cases of Clostridioides Difficile, with our current case figure of 31.

The Trust has reported 5 E-coli bacteraemia in October 2022, which is one below our projected case rate of six. Our yearly objective for E-coli bacteraemia for 2022-23 is 73, with 50 cases since the start of the financial year. Ongoing project work continues with a catheter care and prevalence audit being completed in November.

There have been three trust attributable cases reported for Pseudomonas infections, which remains above our projected case rate of one for October. Our 2022-23 objective is 12 cases, and we currently report 11 to date. The trust reported two cases of Klebsiella in October 2022, in line with our predicted trajectory. Our yearly objective for Klebsiella species for 2022-23 is 21 cases, currently the trust stand at 16 cases.

There has been one healthcare-associated case of MSSA in October, which is below our monthly projected trajectory of two cases. There is no national objective set for MSSA, but our own internal trust target for 2022-23 is 30 cases. The trust have had 18 cases in total for this financial year.

For the month of September, 13 CAUTI cases were reported for the trust, which is below our standard for the month.

The trust continues to report 0 MRSA bacteraemia, with a zero tolerance target for 2022-23.

Hand Hygiene compliance throughout the trust stands at 96%, against a target of 95%.

Safety & Quality



North Tees and Hartlepool
NHS Foundation Trust

Standard

Standard Achieved

		Month	Performance	Standard	Trend
Friends and Family Test (FFT) - Emergency	✓	Oct-22	83.00%	75.00%	
Friends and Family Test (FFT) - Inpatients	✓	Oct-22	85.00%	75.00%	
Friends and Family Test (FFT) - Maternity	✓	Oct-22	87.00%	75.00%	
UNIFY - RN Day	✗	Oct-22	75.15%	>=80% and <=109.99%	
UNIFY - RN Night	✓	Oct-22	87.58%	>=80% and <=109.99%	
UNIFY - HCA Day	✓	Oct-22	80.41%	>=80% and <=109.99%	
UNIFY - HCA Night	✓	Oct-22	125.05%	>=110% and <=125.99%	

Friends and Family

For September 2022 the Trust received 1,375 FFT returns, this is an increase on the previous months updated return of 1,352. The Very Good or Good responses returned for October 2022 is 90.69%.

All three FFT metric percentages fall within their relevant control limits with the recent trends displaying natural cause variation. Work continues to promote FFT particularly from the in-patient areas to improve the amount of feedback.

UNIFY

Nursing fill rates remain challenging due a range of factors including continued vacancies which are forecast to improve significantly from Dec22/Jan23 but due to a lot of newly registered staff currently completing preceptorship programmes and remaining in a supernumerary position the fill rates for shift remains a challenge. In wards and departments where there is a reduced RN fill there is clear utilisation of the Nursing Associate role within the workforce models and skill mix of staff and levels of experience are reviewed daily to ensure the right skills are in the right place to deliver the safest and most efficient care to patients at all times. The daily challenges continue to be managed through appropriate routes of escalation up to the Deputy Chief and Chief Nurse.

Twice daily safe staffing meetings continue to review the acuity and dependency needs of patients to ensure the available staffing resource is deployed to the most suitable areas. Alternative models utilising nursing associate, therapy and un-registered nurse roles continues to support the process to meet the patient acuity and dependency, underpinned by professional judgement.

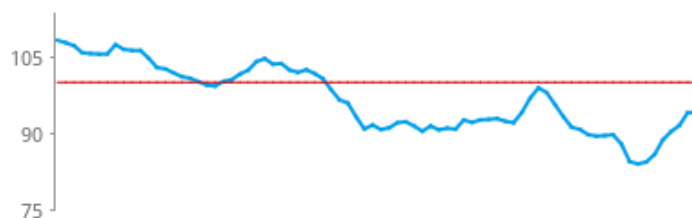
Monthly recruitment processes are on-going for both Registered Nurses and Unregistered Nurses and cohort 4 of Team Support Workers are planned for recruitment in December 2022. The next cohort is to be recruited in November 2022. Approx. 35wte Pre Reg Nurses have recently taken up their positions throughout Sept/Oct 2022 with the next cohort of Pre Registered nurses (28 in total) planned for interview in November 2022 in preparation for their registration in January/February 2023.

The international recruitment of nurses is currently underway with 39wte nurses deployed to the UK and another 21 nurses planned for deployment in January 2023. This will further support increasing the shift fill rate and reducing the overarching nursing vacancy level.

Additional Detail Charts

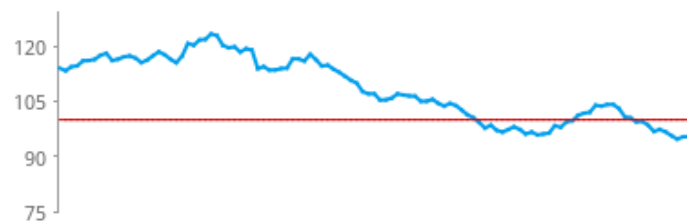
Hospital Standardised Mortality Ratio

✓ *Month* Sep 21 - Aug 22 *Performance* 94.08



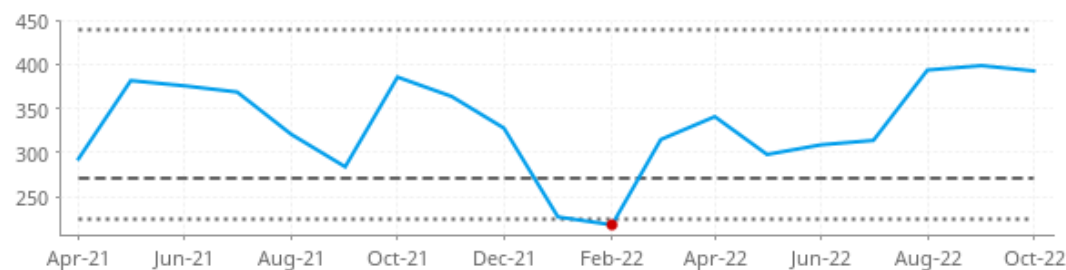
Summary Hospital-Level Mortality Indicator

✓ *Month* Jun 21 - May 22 *Performance* 98.26



Compliments

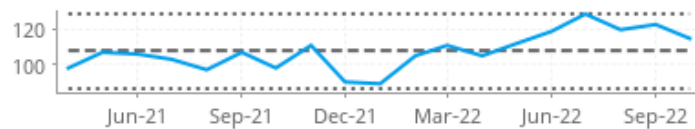
✓ *Month* Oct-22 *Performance* 393 *Standard* 271



Statistical Process Control (SPC) Charts

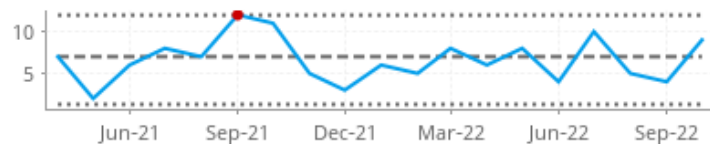
Stage 1 - Informal

Month **Oct-22** Performance **115** Standard **107**



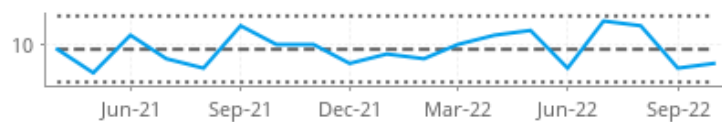
Stage 2 - Meeting

Month **Oct-22** Performance **9** Standard **6**



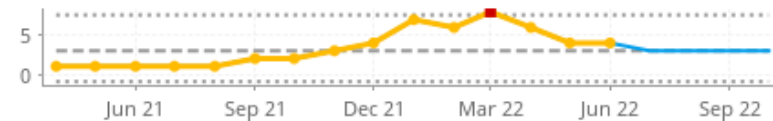
Stage 3 - Formal

Month **Oct-22** Performance **6** Standard **9**



Red Risks

Month **Oct-22** Performance **3** Standard **4**



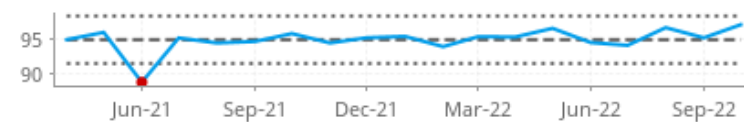
Never Events

Month **Oct-22** Performance **0** Standard **0**



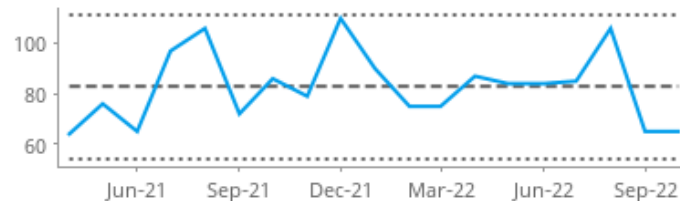
VTE %

Month **Oct-22** Performance **97.02%** Standard **95.00%**

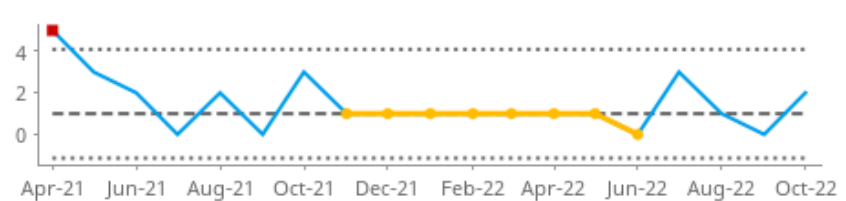


Statistical Process Control (SPC) Charts

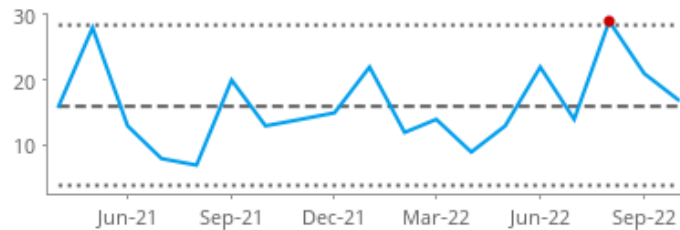
Fall No Harm  **Oct-22** **65** **83**



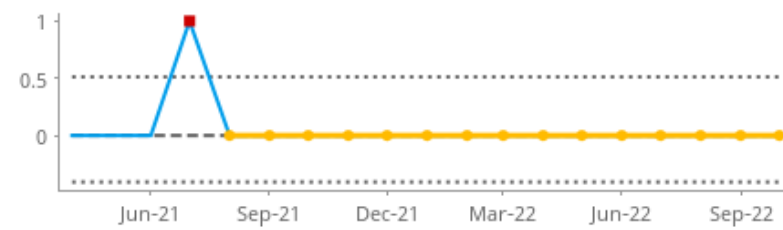
Fall Moderate Harm  **Oct-22** **2** **1**



Fall Low Harm  **Oct-22** **17** **16**



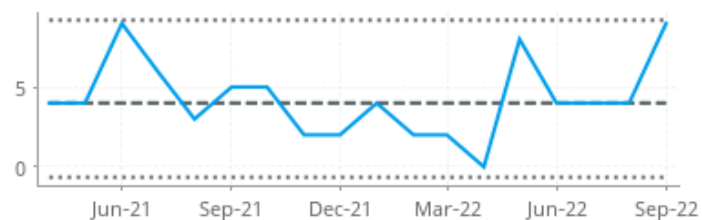
Fall Severe Harm  **Oct-22** **0** **0**



Statistical Process Control (SPC) Charts

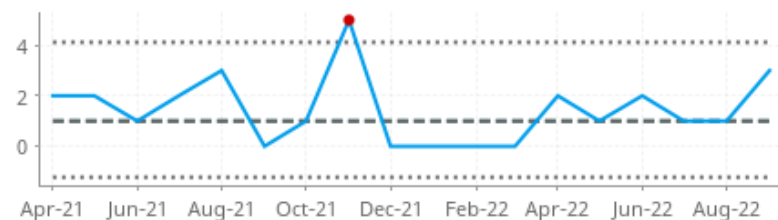
Pressure Ulcer
Cat 1

Month	Performance	Standard
Sep-22	9	4



Pressure Ulcer
Cat 3

Month	Performance	Standard
Sep-22	3	1



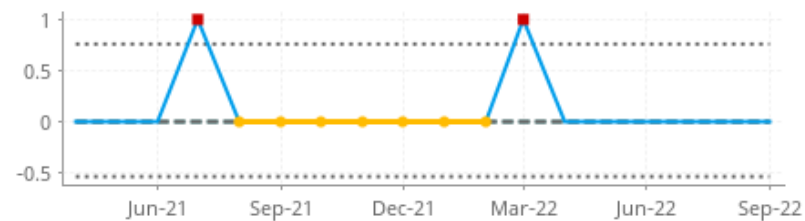
Pressure Ulcer
Cat 2

Month	Performance	Standard
Sep-22	20	20

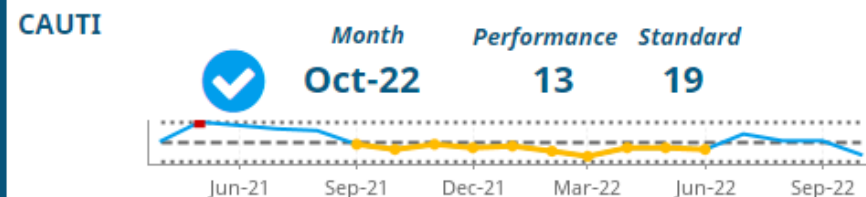
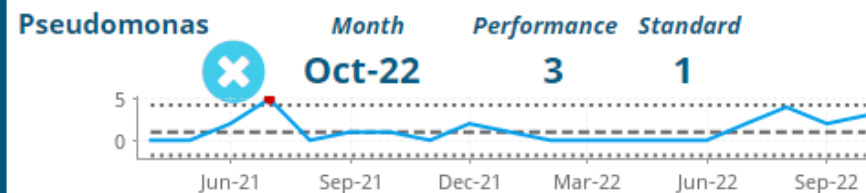
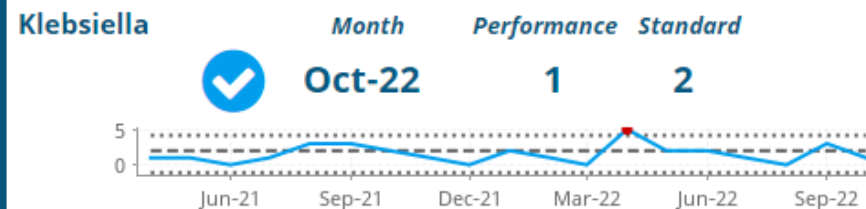
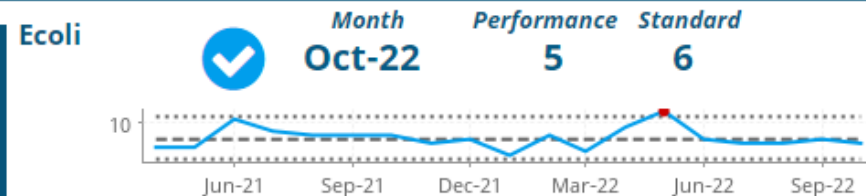
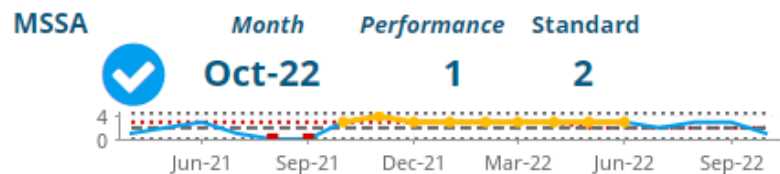
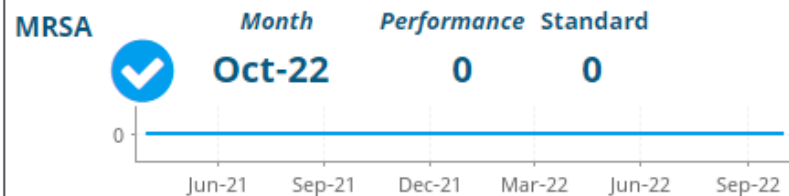
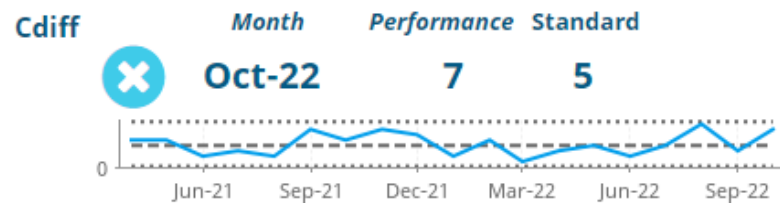
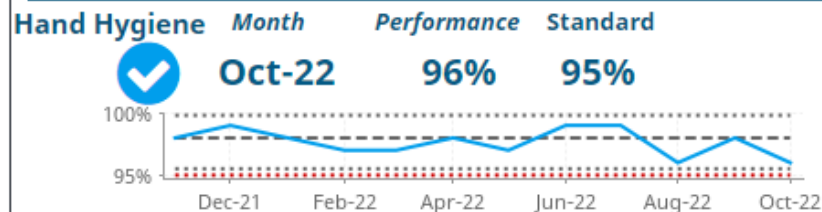


Pressure Ulcer
Cat 4

Month	Performance	Standard
Sep-22	0	0



Statistical Process Control (SPC) Charts



Safety & Quality

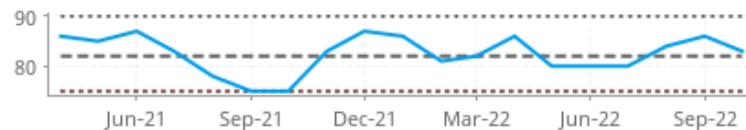


North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SCP) Charts

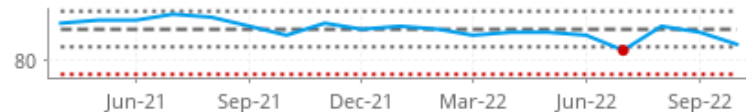
FFT Emergency Care

Month	Performance	Standard
Oct-22	83.00%	75.00%



FFT Inpatient

Month	Performance	Standard
Oct-22	85.00%	75.00%



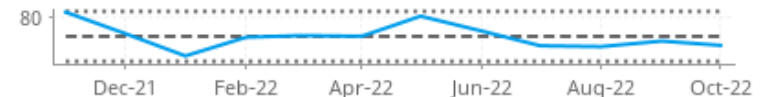
FFT Maternity

Month	Performance	Standard
Oct-22	87.00%	75.00%



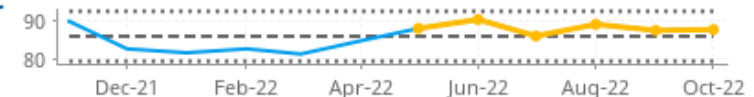
UNIFY RN Day

Month	Performance	Standard
Oct-22	75.15%	>=80% and <=109.99%



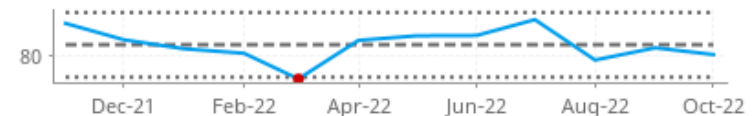
UNIFY RN Night

Month	Performance	Standard
Oct-22	87.58%	>=80% and <=109.99%



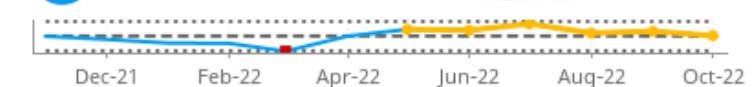
UNIFY HCA Day

Month	Performance	Standard
Oct-22	80.41%	>=80% and <=109.99%



UNIFY HCA Night



Month	Performance	Standard
Oct-22	125.05%	>=110% and <=125.99%



Workforce



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved			Narrative
	Month	Performance	Standard	Trend
Sickness - Overall				
	 Sep-22	5.28%	4.00%	
Sickness Breakdown				
Short Term	Sep-22	2.62%		
Long Term	Sep-22	2.66%		
<p>Sickness absence - The sickness absence rate saw an increase in September 2022 compared to August 2022; increasing from 5.09%% to 5.28%. This was split by 4.56% non-COVID and 0.72% COVID related absence. Short term absences make up 2.62% of this figure with long term absences making up 2.66%.</p> <p>Mental health conditions (stress / anxiety / depression) were the most common reason for absence followed by chest and respiratory problems and musculoskeletal problems. A Financial wellbeing event on the 19th of October 2022 was a huge success and id being replicated at UHH. The training for managers has been well attended and well evaluated and will now shift to a more coaching style of support in the management of absences across the Trust. A task and finish group has met and developed an action plan and process mapping of sickness absence management processes has begun.</p>				

Workforce



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Appraisals					
✗	Oct-22	86.17%	95.00%		<p>Appraisals - The position for appraisal compliance from October's overall Trust RAG report stands at 85.60% (amber) which is an decrease of 0.57% compared to September 2022's figure. Work is ongoing to remind managers of the importance of appraisals and in particular, their responsibilities in ensuring they undertake ongoing progress checks with their direct reports and highlight any areas of concern, as well as giving praise on a regular basis. Managers are also encouraged to utilise ESR Supervisor Self-Service to record completion of appraisal undertaken which automatically updates employee records thus, positively impacting on compliance figures.</p>
Turnover					
✗	Oct-22	10.78%	10.00%		<p>Staff Turnover - Turnover reduced from 10.99% to 10.78% in October and this is the lowest rate since October 2021. Focus on feedback received from staff following engagement around reward and recognition will result in positive action with the aim of reducing the turnover further. We continue to monitor exit interview feedback.</p>
Mandatory Training					
✗	Oct-22	89.47%	90.00%		<p>Mandatory Training - As per previous months, there remains key topics areas which remain below the required level of compliance including manual handling, safeguarding and several resuscitation courses. A task and finish group is being established to consider a number of options around resuscitation courses being delivered differently, including exploring whether concentrating courses between March to October would reduce the number of non-attendances. The outcome of this work will be fed into the People Committee, working collaboratively with the Care Groups to ensure a solution-focussed approach is applied to increasing accessibility and availability as required.</p>

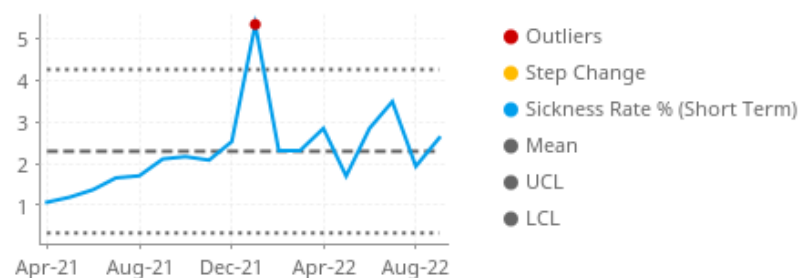
Statistical Process Control (SPC) Charts

Sickness - Overall

Month Performance Standard
✕ Sep-22 5.28% 4.00%



Short Term Month Performance
Sep-22 2.62%



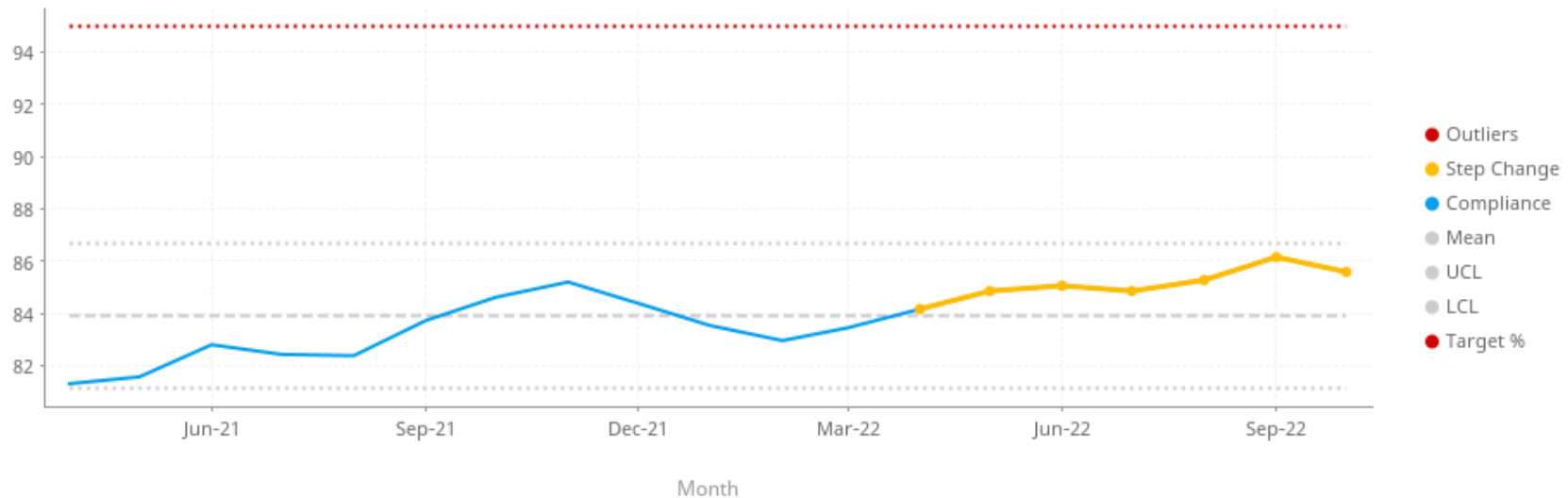
Long Term Month Performance
Sep-22 2.66%



Statistical Process Control (SPC) Charts

Appraisal

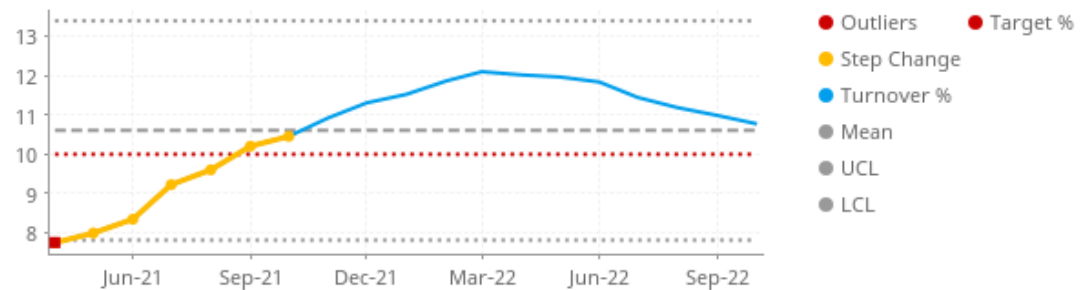
	Month	Performance	Standard
✕	Oct-22	86.17%	95.00%



Statistical Process Control (SPC) Charts

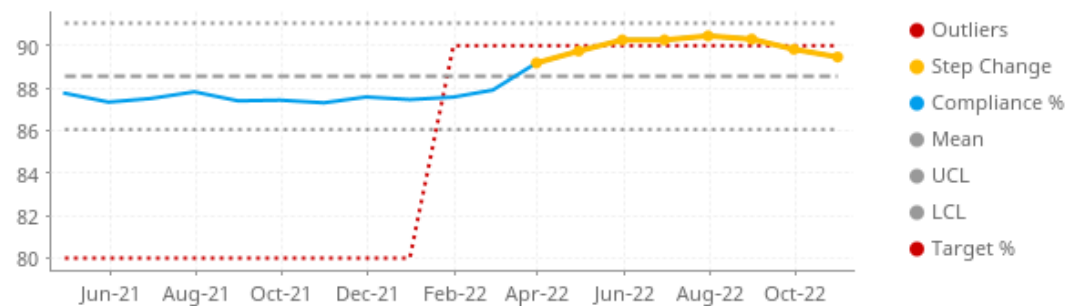
Turnover

	Month	Performance	Standard
✕	Oct-22	10.78%	10.00%



Mandatory Training

	Month	Performance	Standard
✕	Oct-22	89.47%	90.00%



Finance



North Tees and Hartlepool
NHS Foundation Trust



Finance Overview - Month 7

	Plan (£000)	Actual (£000)	
Income/Expenditure			
In Month	112	(92)	☹️
Year to Date	4,492	4,609	😊

	£m
Cash Actual	82.3
Cash Plan*	69.0

*Explained by an improvement in the 2021/22 cash position

	Plan (£m)	Actual (£m)	
Capital (*)			
In Month	1,974	1,343	😊
Year to Date	4,975	4,859	😊

NHS Oversight Framework (Issued 27 June 2022)

Financial Efficiency -
Variance from
Efficiency Plan



Achievement of Mental
Health Investment
Standard



Financial Stability -
Variance from Break-even



Agency Spending



* Capital plan rephased to commence from 01 July 2022



Appendix 1

RTT and Cancer

Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
RTT - September 22										
Incomplete Pathways waiting <18 weeks	59.4%		78.4%	76.8%	59.9%	74.3%	69.2%	82.5%	65.9%	66.7%
Half of incomplete patients wait less than	14		9	9	14	10	11	10	12	12
Half of admitted patients wait less than	13		9	17	23	15	12	13	10	9
19 out of 20 admitted patients wait less than	67		36	43	65	48	64	43	57	59
Half of Non admitted Pathways waited less than	9		5	7	8	4	8	6	6	8
19 out of 20 non admitted patients wait less than	52		9	13	14	7	14	10	11	14
Incomplete Pathways waiting >52 weeks	401537		32	131	809	91	4723	11	1394	1666

Cancer Waiting times Summary	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	North Tees & Hartlepool	Durham & Darlington	NCA
2WW Referrals	92.94 (1277/1374)	73.91 (405/548)	79.77 (844/1058)	56.36 (1563/2773)	94.16 (1678/1782)	65.56 (1220/1861)	83.45 (993/1190)	70.27 (1657/2358)	74.45 (9637/12944)
Breast Symptomatic Referrals	0 (0/0)	0 (0/0)	90.32 (28/31)	69.72 (99/142)	97.78 (88/90)	100 (14/14)	93.63 (191/204)	59.28 (115/194)	79.26 (535/675)
31 Day First Treatments	96.22 (178/185)	76 (38/50)	100 (126/126)	78.43 (429/547)	97.44 (190/195)	91.94 (228/248)	97.08 (133/137)	90.81 (168/185)	89.06 (1490/1673)
31 Day Subsequent Treatments - Drugs	100 (93/93)	0 (0/0)	100 (65/65)	95.8 (228/238)	100 (18/18)	96.43 (81/84)	100 (63/63)	100 (9/9)	97.72 (557/570)
31 Day Subsequent Treatments - Radiotherapy	0 (0/0)	0 (0/0)	0 (0/0)	97.38 (372/382)	100 (1/1)	56.54 (108/191)	0 (0/0)	0 (0/0)	83.8 (481/574)
31 Day Subsequent Treatments - Surgery	94.12 (16/17)	100 (4/4)	95.65 (22/23)	60.16 (77/128)	100 (12/12)	50 (5/10)	87.5 (14/16)	72.73 (16/22)	71.55 (166/232)
62 Day Target - 2WW	72.69 (86.5/119)	56.32 (24.5/43.5)	72.03 (51.5/71.5)	44.1 (93.5/212)	75.26 (108/143.5)	60.11 (105.5/175.5)	62.72 (53/84.5)	73.12 (102/139.5)	63.14 (624.5/989)
62 Day Target - Screening	100 (2/2)	65 (6.5/10)	92.06 (29/31.5)	58.76 (28.5/48.5)	100 (1/1)	50 (4/8)	88.46 (23/26)	33.33 (1/3)	73.08 (95/130)
62 Day Target - Upgrade	79.55 (17.5/22)	50 (2.5/5)	100 (0.5/0.5)	48.65 (18/37)	69.23 (9/13)	59.18 (14.5/24.5)	86.36 (9.5/11)	78.13 (12.5/16)	65.12 (84/129)
28 Day Target - 2WW	68.7 (935/1361)	57.99 (265/457)	75.45 (756/1002)	60.67 (1385/2283)	71.15 (1280/1799)	71.5 (991/1386)	77.32 (825/1067)	87.95 (1635/1859)	71.98 (8072/11214)
28 Day Target - Breast Symptomatic	0 (0/0)	20 (1/5)	100 (32/32)	90.65 (126/139)	78.76 (89/113)	100 (14/14)	98.99 (197/199)	89.23 (174/195)	90.82 (633/697)
28 Day Target - Screening	40 (2/5)	33.33 (1/3)	65.93 (89/135)	76.61 (131/171)	63.04 (29/46)	58.33 (7/12)	74.46 (137/184)	56.82 (25/44)	70.17 (421/600)
28 Day Target - Overall	68.59 (937/1366)	57.42 (267/465)	75.02 (877/1169)	63.32 (1642/2593)	71.4 (1398/1958)	71.67 (1012/1412)	79.93 (1159/1450)	87.42 (1834/2098)	72.94 (9126/12511)



Council of Governors 8 December 2022

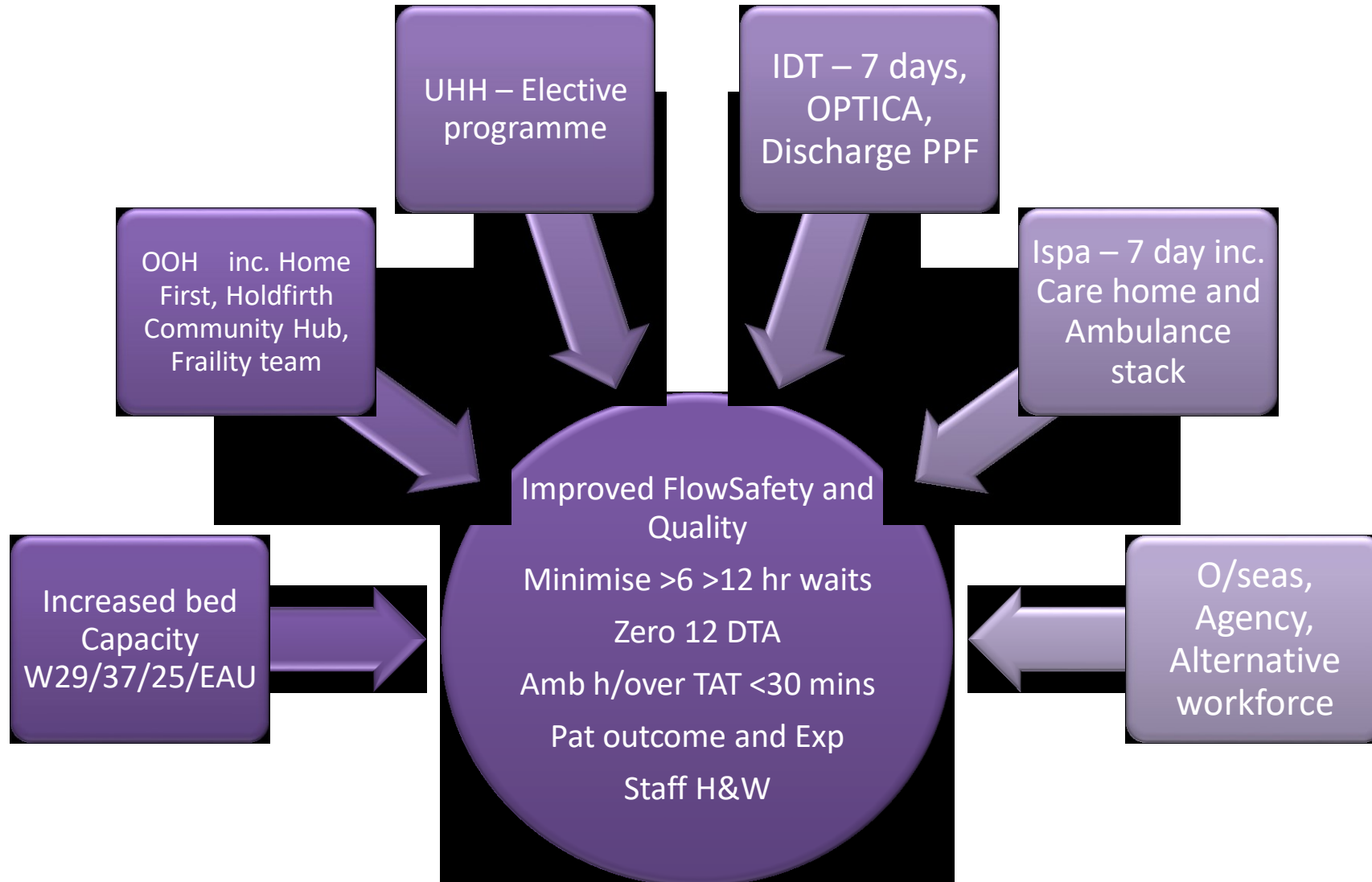
Transforming our services - Putting patients first - Valuing our people - Health and wellbeing

Operating Model and Winter Plan

Drivers - Safety and Quality

- Maintain focus on quality and safety, improving patient outcomes and experience.
- National/regional/internal focus on ambulance handover times – continued improvement and strong regional performance. Further improvements planned/required.
- Increase in > 6/12 hour waits in ED. Flow issues due to high occupancy and acuity. Slight shift increasing Trauma/SDU activity.
- Elective recovery programme – strong ICS performance Inc. continued system support. Impact on staff resilience?
- Increased level of referrals (circa 10% increase on 19/20 baseline). Some specialties circa 20%.

Operating Model



Winter Operating Model – Assumptions

- Optimal Occupancy <90%
- **Community infrastructure/home first principles** remain the priority point of delivery.
- **Assess to admit model**, utilising SDEC principles, to support right place/clinician first time to support ED flow.
- Virtual wards development, local and national priority – NTHFT as system leader.
- Workforce required to manage inpatient beds including workforce review requirements (safe staffing/RESET)
- Ability to respond to escalation timely with associated triggers through OPEL plan revision (in line with agreed operating model and revised Tees surge policy)



What's available this winter ?

Urgent community response (UCR) services (that improve the quality and capacity of care for people through delivery of urgent, crisis response support within two hours)

Contact iSPA for a >2hour urgent response

What Conditions Should Mandate a Less than 2 hour response?

Catheters	Wounds & Pressure Care	Palliative & Medication
Blocked / dislodged catheter (reminders on pt record for patients with spinal injury)	Active bleeding from existing wound	End of life symptom control / Pain Relief
Expelled Supra Pubic Catheters	Alarming Mattress	Syringe driver alarming
Catheter associated Pain		Missed Insulin

The listed conditions demonstrate when a less than 2 hour response would be required

The list is not exhaustive, flexibility in response is provided through individual case discussion with the Integrated Single Point of Access (iSPA)

PEG	COPD	Physical / Functional Deterioration
PEG tube issues (blocked)	BORG 6+	Immobility/ Unable to stand to transfer
	Trialed nebuliser min effect/ Salbutamol PMDI nebulised	General deterioration in function, unsafe across a variety of functions?
	Audible wheeze on phone	Fall – patient on floor
PEG Tube (Come out pt to attend hospital)	Desaturation from normal levels	Carer breakdown – immediate needs cannot be supported
	Speaking 3-6 word answers	High falls risk/ potential of imminent injury
		Covid swab to support community bed access

NEAS Collaborative project

1. Enabling Paramedic crews to access UCR services

- One number for North and South Tees created
- Development of leaflet targeting NEAS crews re service offer

2. Clinical Stack “push model”

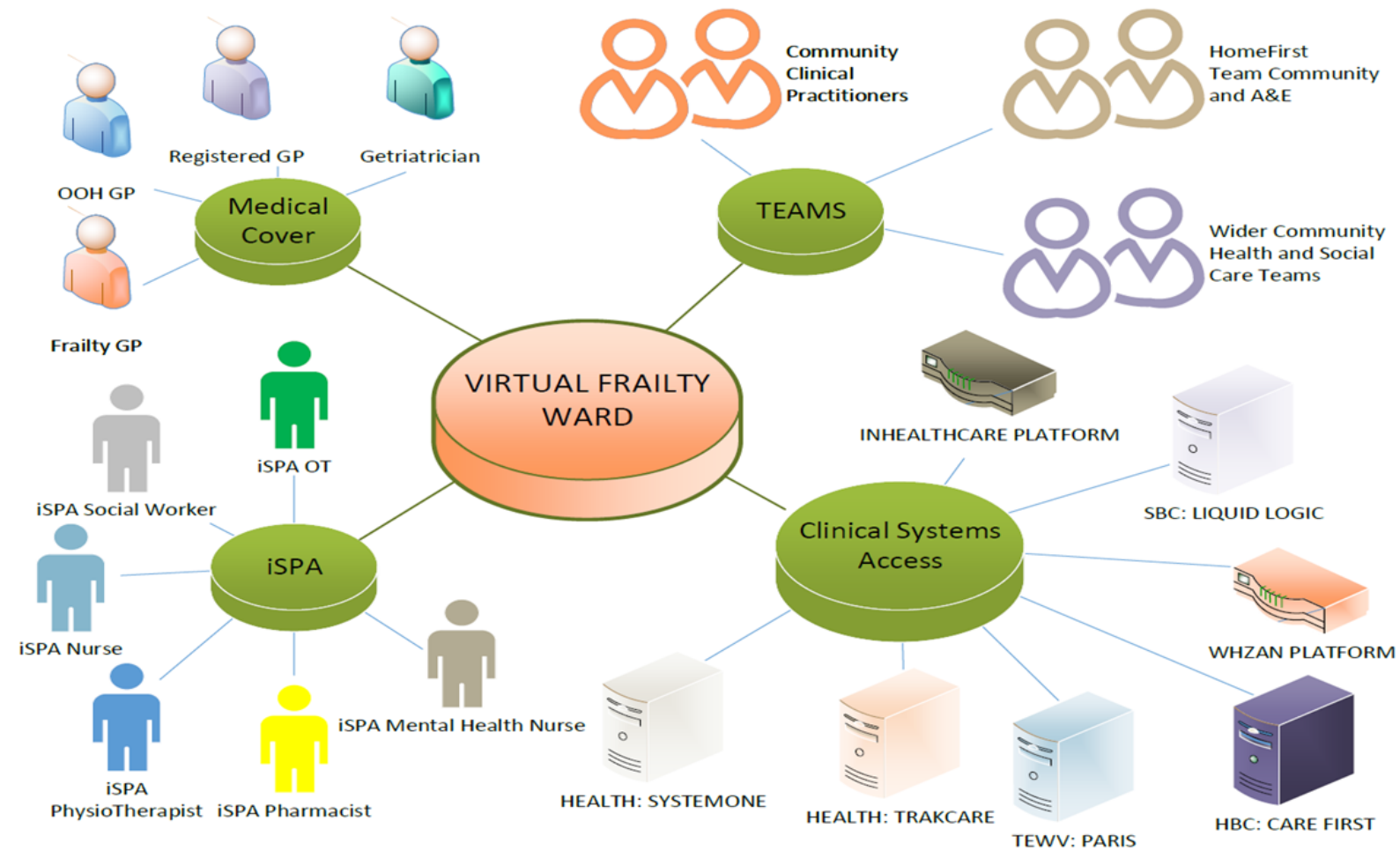
- Development of leaflet targeting NEAS clinicians in the stack
- Guidance document Inclusion / Exclusion Criteria
- Created electronic referral process to iSPA

3. Clinical Stack “pull model”

- NTHFT practitioners to have access to the NEAS clinical stack
- Opportunity to proactively triage patients awaiting a NEAS response
- Will commence with vetting all care home cat 3 and 4 patients

Virtual Ward development

VIRTUAL FRAILITY WARD SYSTEM MANAGEMENT



Elective Recovery

The Trust remains one of the top performing organisations both within the NENC system and nationally. The Trust commenced recovery planning during the first wave of the covid pandemic.

In spite of further waves of covid the organisation remains the top performer in the NENC against the Elective Recovery Fund (ERF) attracting £6.964 million income during 2021/22 and a 2022/23 year to date (M5) total of £3.029 million. This has supported the organisation in undertaking additional activity both internally and as system support for >78 and >104 week waiters.

>52 week position NENC

52+ Week Waiters	WE 23 Oct 22	WE 30 Oct 22	WE 06 Nov 22	WE 13 Nov 22	WE 20 Nov 22	WE 27 Nov 22	% with TCI or appt	Nov 22 Plan	Change from previous week	Avg volume change per week (based on latest 4 weeks)
GATESHEAD HEALTH NHS FOUNDATION TRUST	73	79	97	88	100	86	59%	15	-14	2
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	31	26	24	33	36	30	33%	0	-6	1
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	4,791	4,539	4,488	4,457	4,432	4,380	21%	2,329	-52	-40
NORTH ICP	4,895	4,644	4,609	4,578	4,568	4,496		2,344	-72	-37
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	1,880	1,943	2,021	2,076	2,118	2,157	29%	610	39	54
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	128	119	116	125	109	114	66%	100	5	-1
CENTRAL ICP	2,008	2,062	2,137	2,201	2,227	2,271		710	44	52
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	49	43	44	47	50	44	89%	0	-6	0
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	1,594	1,626	1,626	1,715	1,715	1,708	37%	988	-7	21
SOUTH ICP	1,643	1,669	1,670	1,762	1,765	1,752		988	-13	21
NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	855	844	814	830	826	838	31%	680	12	-2
NORTH EAST & NORTH CUMBRIA	9,401	9,219	9,230	9,371	9,386	9,357	28%	4,722	-29	35

Elective - Winter Planning

In terms of winter planning the Collaborative Care Group has a proven track record of managing and delivering the elective programme during times of escalation and surge. This coming winter the collaborative Care Group will continue to work with the other Care Groups to ensure that the impact of planned activity on unplanned pathways is mitigated. Initiatives will include proactively moving a number of subspecialties up to University Hospital Hartlepool, increasing day case activity on the North Tees site, prioritisation of demand and using the additional activity flexibly across the week as opposed to increasing additional weekend lists.

Executive Summary and the key issues for consideration/ decision:
<p>Following the appointment of three interim Non-Executive Directors in March 2022, agreement was sought from the Council of Governors on 8 July 2022 for the Nominations Committee to oversee a permanent recruitment exercise on behalf of the Council of Governors. Membership of the Nominations Committee was refreshed through expressions of interest prior to commencing the permanent recruitment. External support for the recruitment was sought to ensure an open and transparent process. Odgers Berndtson were appointed following a mini-competition with a number of firms from the Crown Commercial Services Framework.</p> <p>The Trust was looking to appoint four permanent Non-Executive Directors and invited interest from candidates with a wide range of backgrounds who met the Job Specification. The closing date for applications was Monday 10 October 2022. The response was positive with over 30 applications received. Long and short listing processes were undertaken and 11 candidates were recommended for interview.</p> <p>Formal interviews were held on 1 and 2 December 2022 with members of the Nominations Committee, the Joint Chair and Ann Baxter, Non-Executive Director forming the interview panel. Prior to the formal interviews commencing, the Nominations Committee were made aware that five appointments should be sought instead of four, following the notice to resign from Steve Hall, Vice Chair.</p> <p>Following interview, candidates were invited to individually attend an informal meeting with the Chief Executive and selected Executive Directors, following which feedback was provided for the panel to consider. The Nominations Committee met to consider the candidate feedback to make a recommendation to the Council of Governors for formal ratification.</p> <p>The Nominations Committee recommended that the following candidates be appointed as Non-Executive Directors subject to the required pre-employment checks:</p> <p>Elizabeth Barnes James Bromiley Alison Fellows Chris Macklin</p>

Fay Scullion	
How this report impacts on current risks or highlights new risks:	
No new risks have been identified.	
Committees/groups where this item has been discussed	Nominations Committee
Recommendation	<p>The Council of Governors is asked:</p> <p>(i) to ratify the appointment of the following candidates as Non-Executive Directors:</p> <p>Elizabeth Barnes James Bromiley Alison Fellows Chris Macklin Fay Scullion, and</p> <p>(ii) to approve the appointments for an initial term of three years (subject to pre-employment checks).</p>

Council of Governors

Title of report:	Outcome of Governor Elections 2022																						
Date:	8 December 2022																						
Prepared by:	Sarah Hutt, Company Secretary																						
Executive Sponsor:	Mel Brown, Interim Director of Governance																						
Purpose of the report	The purpose of the report is to present the outcome of the Governor Elections that were undertaken to commence office from 1 December 2022.																						
Action required:	Approve		Assurance	x	Discuss		Information	x															
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing People	x	Transforming our Services	x	Health and Wellbeing	x															
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x													
Executive Summary and the key issues for consideration/ decision:																							
<p>The Model Rules for Elections requires the Trust to hold annual Governor elections to fill any vacant seats due to Governor terms of office coming to an end on 30 November 2022, or to fill any vacancies that have arisen during the course of the year following resignations or remained unfilled from the previous election. In line with the new Code of Governance requirements setting out that Governors may serve for a maximum of nine years there were a number of Governors whose term of office had come to an end and would be unable to stand for re-election.</p> <p>There were a total of twelve vacancies in the following constituencies:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Constituency</th> <th style="text-align: left;">Vacant seats</th> </tr> </thead> <tbody> <tr> <td>Stockton</td> <td>Four</td> </tr> <tr> <td>Hartlepool</td> <td>Two</td> </tr> <tr> <td>Sedgefield</td> <td>One</td> </tr> <tr> <td>Easington</td> <td>Two</td> </tr> <tr> <td>Staff</td> <td>Three</td> </tr> </tbody> </table> <p>The elections were conducted in accordance with the rules and constitutional arrangements as set out by the Trust's Constitution using the Single Transferable Vote electoral system. Civica Election Services (CES) were employed to assist the Trust for the purposes of this round of elections and conducted the elections as the Returning Officer.</p> <p>The deadlines for receipt of nominations was 18 October 2022 and following the nomination stage, all seats were either uncontested or no nominations were received. The following candidates were elected unopposed with effect from 1 December 2022.</p> <p>Stockton Constituency Paul Garvin (newly elected) Mark Eltringham (newly elected, has subsequently stood down)</p>												Constituency	Vacant seats	Stockton	Four	Hartlepool	Two	Sedgefield	One	Easington	Two	Staff	Three
Constituency	Vacant seats																						
Stockton	Four																						
Hartlepool	Two																						
Sedgefield	One																						
Easington	Two																						
Staff	Three																						

Therefore:
Three seats vacant (unfilled)

Hartlepool Constituency

Mike Scanlon (newly elected)
One seat vacant (unfilled)

Easington Constituency

Two seats vacant (unfilled)

Staff Constituency

Andy Simpson (re-elected)
Steven Yull (newly elected) (previous term 2015-18)
One seat vacant (unfilled)

All Governors were elected to a term of office of 3 years. It was proposed to hold a further round of elections in early 2023 to fill the seven vacant seats. In addition, the Membership Strategy Committee would consider ways to attract new members who may also stand for election as Governors.

The exceptional contribution and length of service of the five Governors unable to re-stand for re-election was noted and formally recognised. Thank you to Margaret Docherty (Stockton), Wendy Gill (Sedgefield), Pauline Robson (Hartlepool), Mary King (Easington) and Manuf Kassem (Staff).

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

This report does not highlight any new risks. The number of public Governors continues to outweigh the number of appointed partnership Governors and elected staff Governors.

Committees/groups where this item has been discussed

N/A

Recommendation

The Council of Governors is asked to note the outcome of the Governor Elections for 2022.

North Tees and Hartlepool NHS Foundation Trust

2023 Board of Directors, Council of Governors and AGM Meetings

Board of Directors Public Meeting (dates for information) 10.30 am	Council of Governors' Meeting 9.00am – 1.00pm including a development session	CoG Pre-Meetings Venue tbc 9.30am – 11.30am	Annual General Meeting 1.00pm – 3.00pm
Thursday, 26 January Boardroom, UHNT			
	Thursday, 16 February Venue, TBC	Wednesday, 8 February Boardroom, UHNT	
Thursday, 23 March Boardroom, UHNT			
Thursday, 27 April Boardroom, UHH			
Thursday, 25 May Boardroom, UHNT	Thursday, 18 May Venue, TBC	Wednesday, 10 May Boardroom, UHNT	
Thursday, 27 July Boardroom, UHNT			
		Wednesday, 30 August Boardroom, UHNT	
Thursday, 28 September Boardroom, UHNT	Thursday, 7 September Venue, TBC		Thursday, 7 September Lecture Theatre
Thursday, 26 October Boardroom, UHH			
Thursday, 23 November Boardroom, UHNT			
	Thursday, 14 December Lecture Theatre	Wednesday, 6 December Boardroom, UHNT	

Jargon buster

2021

A&E	Accident and Emergency - the department in a hospital for anyone who has a serious injury or who needs emergency treatment.
Acute Care	Secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery.
AGM	Annual General Meeting where the Trust's Annual Report and Accounts are presented.
AfC	Agenda for Change – the NHS grading and pay system for all NHS staff, with the exception of medical and dental staff and very senior managers.
AHP	Allied Health Professional – health care professionals distinct from dentistry, optometry, nursing, medicine and pharmacy e.g. physiotherapists, radiographers, speech therapists and podiatrists.
ALOS	Average length of stay – the average amount of time patients stay in hospital.
ALB's	Arms Length Bodies – organisations that deliver a public service but are not a ministerial government department, these include Health Education England, NHS England, CQC, etc.
Ambulatory Care	A facility where patients can be assessed treated & discharged without requiring a hospital admission.
AOP	Annual Operating Plan – a short-term plan setting out how an organisation will achieve its aims through its business strategies, and is linked to the annual business planning cycle.
ARM (FT)	Annual Reporting Manual – guidance for foundation trusts on producing their annual reports and accounts issued each year by NHS Improvement.
ASI	Appointment Slot Issues – relates to patients who are unable to directly book their first outpatient appointment through the national e-Referral Service (e-RS), a position which is monitored closely by trusts.
BAF	Board Assurance Framework – internal tool for the Board of Directors to mitigate and manage the organisation's strategic risks.
BCF	Better Care Fund - NHS England and the Local Government Association (LGA) initiative launched in 2013 to provide financial support for councils and NHS organisations to jointly plan and work together to deliver local services transforming integrated health and social care.

Being Open	Open communication regarding patient safety incidents that resulted in moderate harm, severe harm or death of a patient whilst receiving healthcare.
Benchmarking	Method of gauging performance by comparison with other organisations.
BMA	British Medical Association – A professional association and trade union for doctors and medical students in the UK .
BoD	Board of Directors – Executive and Non-Executive Directors responsible for making sure the organisation fulfils its statutory responsibilities and Terms of Authorisation as a Foundation Trust.
Caldicott Guardian	A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly. All NHS organisations and local authorities which provide social services must have a Caldicott Guardian.
Care Pathway	A standard way of giving care or treatment to someone with a particular diagnosis.
CAUTI	Catheter-Associated Urinary Tract Infections – a urinary tract infection (UTI) affecting the urinary system, including the bladder and the kidneys, which is caused by bacteria or yeast present in a catheter.
CCG	Clinical Commissioning Groups - clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
CDiff / CDI	Clostridium difficile – a fast spreading and very unpleasant bug which causes sickness and diarrhoea. People taking certain antibiotics are more susceptible to CDiff.
CE/CEO	Chief Executive Officer – leads the day-to-day management of the organisation.
CIAT	Community Integrated Assessment Team – healthcare professionals within a Team providing a number of services to care, support and rehabilitate people in the community, to help them maintain their independence, prevent hospital admission and remain in their own home.
CIP	Cost Improvement Plans – Savings plans identified to contribute to the Trust's annual savings target set by the Board of Directors.
Clinical Governance	A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

CNST	Clinical Negligence Scheme for Trusts – an indemnity scheme for the NHS to resolve claims for compensation fairly operated by NHS Resolution, formerly NHS Litigation Authority.
CoG	Council of Governors – a body comprising public and staff elected members, and appointed representatives ensuring that key stakeholders, patients, members of the public, staff have a say in shaping their local health service by holding the Board of Directors to account.
Commissioner	An organisation which determines what health and social care services should be provided for local people, commissioning and allocating funding for organisations to provide them. This could be a Clinical Commissioning Group (CCG) or local authority.
COO	Chief Operating Officer.
COPD	Chronic Obstructive Pulmonary Disease - the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.
COVID-19	Corona Virus Disease - a contagious disease caused by severe acute respiratory syndrome
CQC	Care Quality Commission – the organisation which monitors NHS, private health and adult social care providers in England.
CQUIN	Commissioning for Quality and Innovation - a payment framework which encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.
CRT	Cost Reduction Target – an annual target set by the Trust for the achievement of recurrent and non-recurrent savings.
CSS	Clinical Services Strategy - This strategy outlines the Trust's direction and vision for the development and delivery of clinical services, taking into account the integration of hospital, primary and social care services to meet the changing health needs of the local population.
DBS	Disclosure and Barring Service that conducts criminal record and background checks for NHS staff and volunteers.
DDES	Durham & Dales, Easington and Sedgfield Clinical Commissioning Group.
DH/DoH	Department of Health - the ministerial department responsible for government policy on health and adult social care matters.
DNA	Did not attend – where a patient has not come in for their appointment or treatment.

DOLS	Deprivation of Liberty Safeguards - provides protection for vulnerable people who are cared for in hospitals or care homes in circumstances that amount to a deprivation of their liberty and who lack the capacity to consent to the care or treatment they need.
DPA	Data Protection Act – the law controlling how personal information is collected and used.
DPP	Delivering Productivity Programme – programme operated by NHS Improvement to support trusts in improving their financial performance by focusing on sustainable operational productivity improvements.
DSSA	Delivering Single Sex Accommodation – the government programme to improve privacy and dignity in hospital wards by providing compulsory single sex accommodation within ward areas, with the exception of certain areas such as critical care.
DTOC	Delayed Transfers of Care – patients who are medically fit but are waiting for care arrangements or further assessment so cannot be discharged.
Duty of Candour	Regulations that cover open communication with patients and relevant people, along with the provision of any necessary support and all relevant information in the event that a 'reportable patient safety incident' has occurred.
EAU	Emergency Assessment Unit - where assessment is made for patients brought into hospital by ambulance or referred by a GP, community nurse, accident and emergency department or outpatient clinic.
EBITDA	Earnings before interest, taxes, depreciation and amortisation.
E coli	Escherichia coli bacteraemia – A frequent cause of common bacterial infections. Most strains are harmless; however, others can cause sickness and diarrhoea. A common source of the infection being the urinary tract. With effect from 1 April 2018 the Trust has set a target of 10% reduction for all gram negative infections as part of a drive to reduce infection levels nationally.
ECTT	Emergency Care Therapy Team - The team is made up of occupational therapists and physiotherapists, based in the accident and emergency department to provide therapy support for patients.
ED	Emergency Department – alternative name for Accident & Emergency.
EDM	Electronic Document Management – a process where old paper based patient records are being scanned to be available electronically.

EFMG	Executive Financial Management Group – A group comprising Executive Directors to closely monitor the Trust's financial position.
Elective	This refers to operations and procedures taking place in hospital which are planned and not carried out as an emergency. This would include hip and knee replacements, hernia or gynaecological operations.
EPRR	Emergency Preparedness Resilience Response - The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to demonstrate that they can deal with incidents and emergencies such as a major transport accident or outbreak of an infectious disease while maintaining usual services. NHS organisations undertake an annual self-assessment against core standards.
EPR	Electronic Patient Record System – The Trust installed a new patient record system <i>TrakCare</i> in October 2015.
EWS	Early Warning Score - used to quickly determine the degree of illness of a patient. It is based on data derived from four physiological readings, blood pressure, heart rate, respiratory rate and temperature and one observation of level of consciousness.
EWTD	European Working Time Directive – European legislation governing the number of hours employees are allowed to work to prevent employers requiring their workforce to work excessively long hours, with implications for health and safety.
FFT	Friends and Family Test - an important feedback tool that helps service providers and commissioners understand whether patients are happy with the service provided, or whether improvements are needed, which is in the form of a questionnaire.
FOI	Freedom of Information –The Freedom of Information Act 2000 provides public access to information held by public authorities, but does not include personal data such as health records which is covered under the Data Protection Act 1998.
FPPT/FPPR	Fit and Proper Persons Test/Requirements – A regulation introduced in November 2014 to ensure that all board level and senior management appointments of health service bodies are fit and proper to assume responsibility for the overall quality and safety of care delivered. Declarations are renewed annually.
Francis Report	The final report published in 2013 regarding outcomes of the public inquiry into care provided by Mid Staffordshire NHS FT which was chaired by Sir Robert Francis QC.

FT	Foundation Trusts are semi-autonomous organisations that have a degree of independence from the Department of Health.
FTE	Full Time Equivalent – a measurement of an employee's workload against that of someone employed full time e.g. 0.5 FTE would be someone who worked half the full time hours.
FTSU	Freedom to Speak Up - national guidance introduced in 2015 following the outcome of the Freedom to Speak Up Review, led by Sir Robert Francis, regarding the way in which NHS organisations deal with concerns raised by staff and the subsequent treatment of those staff who have spoken up and voiced their concerns. The Trust has a Freedom to Speak up Guardian to coordinate this work.
FYFV	Five Year Forward View – The NHS Five Year Forward View published in October 2014 by Simon Stephens, NHS England which sets out a new shared vision for the future of the NHS based around new models of care.
GDPR	The General Data Protection Regulation – a series of laws that were approved by the EU Parliament in 2016 in relation to data protection, which came into effect on 25 May 2018, and in the UK are incorporated into the Data Protection Act 2018.
GIRFT	Getting It Right First Time – A national programme delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement, designed to improve the quality of care within the NHS by reducing variations in service delivery.
GMC	General Medical Council –a public body that maintains the official register of medical practitioners within the United Kingdom, suspending or removing members when necessary.
GP	General Practitioner – a medical practitioner or doctor who provides primary care in the community and specialises in family medicine.
HAI (HCAI)	Healthcare Acquired Infection – this relates to infection picked up by patients when they are in the healthcare system.
HAST	Hartlepool and Stockton-On-Tees Clinical Commissioning Group.
HCA	Health Care Assistant – a member of staff who helps qualified staff to care for patients on the ward and in the community.
HDU	High Dependency Unit – an area in a hospital, usually located closely to ICU, where patients can be cared for more extensively than on a normal ward, but not to the level of intensive care.
Healthcare	Doctor, dentist, nurse, pharmacist, optometrist or allied

Professional	healthcare professional.
HED	Healthcare Evaluation Data – a benchmarking system enabling healthcare organisations to compare performance against a number of key performance indicators including clinical, operational efficiency, patient safety and finance.
HEE	Health Education England – the NHS body responsible for the education, training and personal development of staff.
HENE	Health Education North East – the regional NHS body responsible for the education, training and personal development of staff.
HFC	Harm Free Care – a national programme to help NHS teams in their aim to eliminate harm in patients from four common conditions; pressure ulcers; falls; CAUTIs and VTE.
HSCA	Health and Social Care Act 2012 – an Act of Parliament providing the most extensive reorganisation of the NHS since it was established.
HSMR	Hospital Standardised Mortality Ratios - a scoring system which works by taking a hospital's crude mortality rate and adjusting it for a variety of factors – population size, age profile, level of poverty, range of treatments and operations provided, etc. By taking these factors into account for each hospital, it is possible to calculate two scores – the mortality rate that would be expected for any given hospital and its actual observed rate.
HUG	Hospital User Group - its main role is to assist the Trust with the Patient and Public Involvement (PPI) agenda. This is achieved through independent visits to inpatient wards and outpatient clinics, talking to staff and patients. HUG is also represented on other Trust committees and a HUG representative attends Board of Directors meetings to provide feedback.
HWB/HWBB	Health and Wellbeing Board – local forums established in 2013 to improve integration between health care, social care, public health and related public services so create more "joined up" care.
ICP	Integrated Care Pathway – the delivery of multidisciplinary services to provide care as close to home as possible for patients.
ICS/ICP	Integrated Care System/Integrated Care Partnership – the development of Sustainability and Transformation Partnerships into Integrated Care System to set the overall health and care strategy regionally, with Integrated Care Partnerships being responsible for the local delivery.

ICT	Information Communications Technology – an umbrella term that includes any communication device or application, encompassing; radio, television, cellular phones, computer and network hardware and software, and so on.
ICU	Intensive Care Unit – specialist unit for patients with severe and life threatening illnesses.
IG	Information Governance – ensures necessary safeguards for, and appropriate use of, patient and personal information.
IPC	Infection Prevention and Control – work undertaken to assist in the prevention, management and reduction of HAI infections within the Trust. There is a dedicated Infection Prevention and Control Team.
In-patient	Someone who stays overnight in hospital to receive care and treatment.
IT	Information Technology – systems (especially computers and telecommunications) for storing, retrieving, and sending information.
ITFF	Independent Trust Financing Facility - giving independent, professional advice to the Secretary of State on the financial assistance provided to FTs and NHS Trusts in the normal course of business. They also advise on where financial assistance is needed for sustainability as part of a recovery process. This body advises on the approval of loans to Foundation Trusts.
IUCC	Integrated Urgent Care Centre – The combined provision of walk-in and urgent care facilities separate to A&E, for the treatment of less serious injuries and conditions.
JSNA	Joint Strategic Needs Assessment – analyses the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas.
KLOE's	Key Lines of Enquiries – detailed questions asked by CQC inspectors which help to answer the five key questions to assess services; are they safe, effective, caring, responsive and well-led?
KPIs	Key Performance Indicators – indicators that help an organisation define and measure progress towards a goal.
LD	Learning Disabilities – a disability which affects the way a person understands information and how they communicate.
LEAN	A methodology derived from the Toyota Production System in Japan implemented into the Trust to minimise waste and improve efficiency, supported by the Organisation Development team.

LHE	Local Health Economy – the supply and demand of health care resources in a given geographical area and the effect of health services on a population.
LIS	Local Improvement System – part of the Organisation Development team it enables the integration of service improvement into all activities, whether service, operational or developmental, and brings benefits in relation to leadership management, behaviours, culture and values, development and talent.
LOS	Length of Stay – a term commonly used to measure the duration of a single episode of hospitalisation.
LTFM	Long Term Financial Model - The planning tool for extrapolating the financial forecasts for a 10-year period used to consider long term investments.
MD	Medical Director – a member of the Board who has a clinical background.
MDT	Multi-Disciplinary Team – a team of professionals from different specialties involved in a patient's care.
Metrics	Measurements – these are used when looking at a variety of standards and targets on which the Trust is judged.
MI	Major Incident –. An incident that is beyond the scope of business-as-usual operations, and is likely to involve serious harm, damage, disruption or risk to human life or welfare, essential services, the environment or national security.
MIU	Minor Injuries Unit – somewhere you can go to be treated for an injury that's not serious instead of going to A&E e.g. for sprains, burns etc.
Mortality ratio	The number of patients dying in our hospitals compared to the average hospital of our size and type. These figures are adjusted to take the health profile of the local population into consideration.
MRSA	Methicillin Resistant Staphylococcus Aureus - a type of bacteria which is resistant to the antibiotic Methicillin. Around one in five people carry (or are colonised) with MRSA and in most circumstances it does them no harm. It becomes a problem when it enters the blood stream.
MRSA bacteraemia	The name given to MRSA when it becomes blood borne. We are monitored on our performance of blood borne MRSA.
MSK	Musculoskeletal Service - The service is designed to triage, assess and provide the management for people who have problems with their muscles, joints and bones.

MSSA	Methicillin Sensitive Staphylococcus Aureus Bacteraemia – a type of bacteria which is sensitive to the antibiotic Methicillin, and is commonly found on the skin. There is no national trajectory for MSSA; however, the Trust internally monitors cases.
Multidisciplinary team	A team of health and social care staff which includes professionals such as nurses, doctors, therapy workers and social workers.
Named Nurse	The nurse with specific responsibility for a patient when in hospital, they will work closely with the Consultant to design the care plan and review progress.
NCM	New Care Model – new integrated ways of delivering healthcare as outlined in the Five Year Forward View strategy.
NEAS	North East Ambulance Service NHS Foundation Trust. The Ambulance service which serves the Trust.
NECS	North of England Commissioning Support Unit – Commissioning Support Units were established in April 2013, as part of the reorganisation of the NHS to provide support to CCGs, Foundation Trusts, and Local Authorities.
NED	Non-Executive Director.
NENC	North East North Cumbria: the name of the geographical area developing into an Integrated Care System encompassing NHS trusts, local authorities and Clinical Commissioning Groups.
Never Event	A particular type of serious incident that is wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
New to review	New appointments are the first appointment a patient has with a professional in hospital. Review appointments are follow-up appointments. The new to review ratio is the proportion of the review or follow-up appointments in relation to new or first appointments.
NHFML	Northumbria Healthcare Facilities Management Limited. An arm's length company of Northumbria Healthcare NHS Foundation Trust that is in partnership with the Trust regarding North Tees and Hartlepool Solutions LLP.
NHS111	NHS non-emergency number which is a free-to-call single non-emergency medical helpline operating in England and Scotland.
NHSE	NHS England - leads the National Health Service (NHS) in England, setting the priorities and direction of the NHS, and

encourages and informs the national debate to improve health and care. A lot of the work they do involves the commissioning of health care services, including the contracts for GPs, pharmacists, and dentists. They also support local health services that are led by Clinical Commissioning Groups (CCGs). CCGs plan and pay for local services such as hospitals and ambulance services.

NHS Employers	An organisation which acts on behalf of NHS trusts in the NHS in England and Wales. It was formed in 2004.
NHSI	NHS Improvement – it regulates NHS trusts and foundation trusts in England and was established in April 2016 replacing the duties of Monitor. It also oversees independent providers that provide NHS-funded care. It offers support to providers ensuring patients receive consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NHSLA	NHS Litigation Authority, a not-for-profit organisation that manages negligence and other claims against the NHS on behalf of member organisations.
NHSP	NHS Professionals - an external provider of bank and agency staff.
NHS Providers	NHS Providers - the membership organisation and trade association for the NHS acute, ambulance, community and mental health services that treat patients and service users in the NHS. They help NHS Foundation Trusts and Trusts to deliver high quality, patient focused, care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.
NICE	National Institute for Clinical Excellence - it provides national guidance and advice to improve health and social care. Guidance, advice and information services for health, public health and social care professionals
NMC	Nursing and Midwifery Council – nursing and midwifery regulator for England, Scotland, Wales and Northern Ireland.
Nolan Principles	Key principles of how individuals and organisations in the public sector should conduct themselves which includes: Selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
Non-elective	Unplanned or emergency care.
NRLS	National Learning and Reporting System - all patient related incidents are reported into this system for national analysis and the development of national Patient Safety Alerts.

NTH NHS FT	North Tees and Hartlepool NHS Foundation Trust.
NTH Solutions	North Tees and Hartlepool Solutions LLP – the Trust’s wholly owned subsidiary company
OBC	Outline business case – the document which sets out the case for a major investment. It is followed by a full business case which includes more detail of the proposed scheme or investment.
OD	Organisational Development – a planned and systematic approach to enabling sustained organisational performance through the involvement of its people.
OPEL	Operational Pressures Escalation Levels - the new protocol used by NHS organisations when responding, resourcing and managing clinical pressures during surges of activity. This replaced the previously used NEEP level system.
OPD	Outpatients Department – where patients are seen in the hospital for clinic appointments.
OSC	Overview and Scrutiny Committee – established in local authorities by the Local Government Act 2000 to review and scrutinise the performance of public services.
OT	Occupational Therapy – assessment and treatment of physical and psychiatric conditions using specific activity to prevent disability and promote independent function in all aspects of life.
Outpatient	A patient who attends hospital for treatment without staying there overnight.
Patient Safety	The process by which an organisation makes patient care safer. This should involve risk assessment, the identification and management of patient related risks, the reporting and analysis of incidents and the capacity to learn from and follow up on incidents and implement solutions to minimise the risk of them recurring.
PET	Patient Experience Team: the team in the hospital who manage and respond to complaints on behalf of the Trust.
PHE	Public Health England – a body with the mission to protect and improve the nation’s health and wellbeing and reduce health inequalities.
PLACE	Patient Led Assessments of the Care Environment - Assessments introduced by the NHS Commissioning Board in April 2013. Domains covered: Food & Hydration; Cleanliness; Privacy, Dignity & Wellbeing and Buildings and Facilities. Informal monthly inspections are carried out in addition to an annual formal self-assessment.

PMIO	Project Management and Improvement Office – An internal team established to oversee delivery of the Trust's cost reduction programme.
PPC	Performance Planning and Compliance Committee – a formal sub-committee of the Board of Directors.
PPI	Patient and Public Involvement – mechanisms that ensure that members of the community, whether they are services users, patients or those who live nearby, are at the centre of the delivery of health and social care services.
Primary Care	The first point of contact for most people and is delivered by a wide range of independent contractors including GPs, dentists, pharmacists and optometrists. Primary care is the day-to-day health care given by a health care provider, and coordinates other specialist care that the patient may need.
PROMS	Patient Reported Outcome Measures – used to measure health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.
PS & QS	Patient Safety and Quality Standards – A committee of the Trust's Board of Directors that monitors the quality of patient care and patient safety.
PSF	Provider Sustainability Fund – a fund available to foundation trusts who have agreed their annual financial control total
QA	Quality Assurance – monitoring and checking outputs and feeding back to improve the process and prevent errors.
QI	Quality improvement - Improving quality is about making health care safe, effective, patient-centred, timely, efficient and equitable.
QRM	Quarterly Review Meeting – a meeting held with NHS Improvement to discuss the performance of a trust in terms of access standards, quality indicators and finances.
QSG	Quality Surveillance Group - identifies risks to quality as early as possible. This is done by proactively sharing information and intelligence between commissioners, regulators and those with a system oversight role.
R&D	Research and Development – work directed towards the innovation, introduction and improvement of products and processes.
RAG	Red, Amber, Green classifications – a system of performance measurement indicating whether something is on or better

than target (green), below target but within an acceptable tolerance level (amber), or below target and below an acceptable tolerance level (red).

RCA	Root Cause Analysis – a systematic process whereby the factors that contributed to an incident are identified. An investigation technique for patient safety incidents, it looks beyond the individual concerned and seeks to understand the underlying causes and environmental context.
RGN	Registered General Nurse – a nurse who is fully qualified and is registered with the NMC as fit to practice.
Risk Management	Identifying, assessing, analysing, understanding and acting on risk issues in order to reach an optimal balance of risk, benefit and cost.
RTT	Referral to Treatment - under the NHS Constitution, patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'. NHS England collects and publishes monthly referral to treatment (RTT) data which are used to monitor NHS waiting times performance against the standards.
18 weeks RTT	A government target which ensures patients receive their first NHS treatment within 18 weeks of being referred by their GP.
SALT	Speech and Language Therapy team.
SCM	Senior Clinical Matron – a nurse who oversees a number of wards/areas within each speciality.
SHMI	Summary Hospital Level Mortality - an indicator which reports on mortality at trust level across the NHS in England using a standard and transparent methodology.
SID	Senior Independent Director – a Non-Executive Director who sits on the Board of Directors and plays a key role in supporting the Chair; the SID carries out the annual appraisal of the Chair, and is available to Governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the Chair.
SIRO	Senior Information Risk Owner - a senior member of NHS staff who owns the Trust's overall information risk policy and risk assessment process. The SIRO reports to the Board of Directors and provides advice on the content of the Trust's Statement of Internal Control in respect to information risk.
SLA	Service Level Agreement – an agreement between organisations on how services will be provided and monitored.

SLM	Service Line Management – a system in which a hospital trust is divided into clinical areas that are then managed, by clinicians, as distinct operational units.
SMART	Specific, Measurable, Attainable, Realistic & Time Related improvement plans.
SOF	Single Oversight Framework – the way in which NHS Improvement monitors the performance of trusts and foundation trusts against five key themes, and issues a rating or segmentation each quarter.
SPA	Single Point of Access – manages patient referrals from health professionals into all community health services, as part of the implementation of the Better Care Fund.
SPEQS	Staff and Patient Experience & Quality Standards - panels that facilitate nursing staff and Governors to visit clinical areas to assess standards which include first impressions, nursing evidence, patient experience and staff involvement. Each ward area is scored independently and results are reported both to the BoD and CoG.
SRG	System Resilience Group - is the forum where capacity planning and operational delivery across the health and social care system is coordinated for all urgent and emergency care services.
STEIS	Strategic Executive Information System – the system where all serious incidents are logged for analysis by commissioners and NHS England.
STP	Sustainability and Transformation Partnerships – former plans covering all aspects of NHS spending in England which are now developing into Integrated Care Systems and Partnerships.
STF	Sustainability and Transformation Funding – funding associated with Sustainability and Transformation Partnerships.
SUI	Serious Untoward Incident – an incident that results in or has the potential to result in unexpected or avoidable injury or death, or prevents an organisation's ability to continue to deliver an acceptable level of service. All incidents are formally reported.
SWOT	Strengths Weaknesses Opportunities and Threats analysis.
TAPS	Teams Around the Practices - a community service model moving the organisation of care from silos to multi-professional and multiagency teams based around practice populations.

TDG	Trust Directors Group - a monthly meeting where Executive Directors, Clinical Directors and Associate Medical Directors get together to discuss topical subjects around clinical and strategic operations of the Trust.
Tertiary Care	Healthcare provided in specialist centres, usually on referral from primary or secondary care professionals. Tertiary care refers to highly specialised treatment such as neurosurgery, transplants and secure forensic mental health services.
TEWV	Tees Esk and Wear Valleys NHS Foundation Trust.
TIA	Transient Ischemic Attack - A transient ischaemic attack (TIA) or "mini stroke" is caused by a temporary disruption in the blood supply to part of the brain.
TPIP	Trust Patient Information Panel (TPIP).
Trajectory	An expected target against a particular metric plotted against to measure performance.
Two week wait	A national target which requires all NHS hospital providers to see a patient with suspected cancer referred by a GP in less than two weeks.
UHH	University Hospital of Hartlepool.
UHNT	University Hospital of North Tees.
UOR	Use of Resources – An assessment framework introduced by NHS Improvement in October 2017 to understand how effectively and efficiently trusts are using their resources – including finances, workforce, estates and facilities, technology and procurement – to provide high quality, efficient and sustainable care for patients.
VCSE	Voluntary Community Social Enterprise - A national programme set up to enable third sector organisations to achieve their full potential in contributing to improved health and well-being services and outcomes. VCSE organisations include small local community and voluntary groups, registered charities both large and small etc.
VTE	Venous Thromboembolism – a condition where a blood clot forms in a vein. This is most common in a leg vein, where it's known as deep vein thrombosis (DVT).
WLF	Well Led Framework – a set of KLOEs and KPIs that seek to identify how well led an organisation is, also used as a framework for board governance reviews.
WRES	Workforce Race Equality Standard – a metric to demonstrate progress against a number of indicators of workforce equality,

including a specific indicator to address the low levels of black and minority ethnic board representation.

WTE	Whole time equivalents – the number of full time posts in the Trust when the full and part time posts are added together. The full and part time posts would normally be described as headcount.
YELLOWFIN	Business Intelligence Solution to help NHS boost patient care.
4 hour target	Emergency Care Target - A government target which says 95 per cent of patients attending accident and emergency departments should be seen, treated, admitted or discharged within four hours of entering the department.
31 day target	A government target on the length of time from which there has been a decision to treat a diagnosed cancer to treatment beginning.
62 day target	A government target on the length of time from receiving an urgent referral via a GP for suspected cancer to the first treatment in hospital. In the main this applies to patients referred under the two week rule.