



# **Council of Governors Meeting**

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

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

25 August 2022

Dear Colleague

A meeting of the **Council of Governors** will be held on **Thursday, 8 September 2022 at 10.30am in the Lecture Theatre, Middlefield Centre, University Hospital of North Tees**. A development session will commence immediately prior to the meeting at **9.45am**. Dial-in details for the meeting will be issued separately.

Yours sincerely



**Professor Derek Bell**  
Joint Chair

### Agenda

- |      |         |  |   |
|------|---------|--|---|
| (1)  | 10.30am | Welcome  | Chair                                     |
| (2)  | 10.30am | Apologies for Absence  | Chair                                     |
| (3)  | 10.30am | Declaration of Interests   |   |
| (4)  | 10.30am | Patient Story  | Lindsey Robertson                         |
| (5)  | 10.50am | Minutes of the last meeting held on, 5 May 2022 <b>(enclosed)</b>  | Chair                                     |
| (6)  | 10.55am | Matters Arising and Action Log <b>(enclosed)</b>   | Chair                                     |
| (7)  | 11.00am | Chair's Report including Board Business<br><b>(BoD agenda 22 September 2022 enclosed)</b>  | Chair                                     |
| (8)  | 11.10am | Partnership Working (verbal)   | S Hall                                    |
| (9)  | 11.20am | Chief Executive's Report <b>(enclosed)</b>   | Julie Gillon                              |
| (10) | 11.35am | North East and North Cumbria Integrated Care System<br>Tees-Valley Health & Care Partnership and Provider Collaboration<br><b>(enclosed)</b> | Julie Gillon                              |
| (11) | 11.50am | Integrated Compliance and Performance Report <b>(enclosed)</b>   | Ann Baxter, Chris Macklin,<br>Ian Simpson |
| (12) | 12.10pm | Proposed Constitution Changes <b>(verbal)</b>  | Hilton Heslop                             |

- |      |         |   |                        |
|------|---------|---|------------------------|
| (13) | 12.20pm | Governor Elections 2022 Timetable ( <b>enclosed</b> )                     | Hilton Heslop          |
| (14) | 12.30pm | Non-Executive Director Recruitment Update ( <b>verbal</b> )               | Hilton Heslop          |
| (15) | 12.40pm | NHS Providers Governor Sessions Feedback 5 -7 July 2022 ( <b>verbal</b> ) | Attending<br>Governors |
| (16) | 12.50pm | Any Other Notified Business   | Chair                  |
| (17) | 1.00pm  | Approximate close   |                        |

**Date of Next Meeting**

Thursday, 8 December 2022

DB/SH

25 August 2022

Dear Colleague

A development session has been arranged, which will commence prior to the Council of Governors meeting on Thursday, 8 September 2022.

(1) 9.45am Freedom to Speak Up Guardian

Fiona Gray

(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, 5 May 2022 in the Lecture Theatre, Middlefield Centre at the University Hospital of North Tees and via video link

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

#### **Present:**

Professor Derek Bell, Joint Chair

#### **Hartlepool Elected Governors:**

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

#### **Staff Elected Governors:**

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

#### **Stockton Elected Governors:**

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

#### **Sedgefield Elected Governor:**

Wendy Gill

#### **Out of Area Elected Governor:**

Angela Warnes

#### **Easington Elected Governor:**

Mary King

#### **Appointed Governors:**

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

#### **In Attendance:**

Deepak Dwarakanath, Medical Director & Deputy Chief Executive	MD/DCE
Levi Buckley, Chief Operating Officer	COO
Ann Baxter Non-Executive Director	AB
Chris Macklin, Interim Non-Executive Director	CM
Fay Scullion, Interim Non-Executive Director	FS
Sarah Hutt, Company Secretary (note taker)	
Angela Seward, Lead Governor	

A Governor Development Session had immediately preceded the main meeting covering the Trust Charity.

#### **CoG/1070 Welcome**

The Joint Chair welcomed members to the meeting and introduced the newly appointed Interim Non-Executive Directors, Fay Scullion and Chris Macklin. An update regarding Non-Executive Director recruitment would be provided later in the meeting. The Chair thanked

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\* voting member

those Non-Executives who had left the Trust, in addition to the Nominations Committee and the Council of Governors for their support during the interim appointment process.

### **CoG/1071 Apologies for Absence**

Apologies for absence were received from Julie Gillon, Chief Executive, Steve Hall, Vice Chair, Ian Simpson, Interim Non-Executive Director, Jean Kirby, Elected Governor for Stockton, Ruth McNee, Elected Governor for Sedgefield, Dave Russon, Elected Staff Governor, Professor Tony Alabaster, Appointed Governor for University of Sunderland, Dominic Johnson, Appointed Governor for Newcastle University, Councillor Paul Sexton, Appointed Governor for Durham County Council, Councillor Cameron Stokell, Appointed Governor for Hartlepool Borough Council

### **CoG/1072 Declaration of Interests**

No declaration of interests were noted.

### **CoG/1073 Patient Story**

The MD/DCE provided an overview of the patient story that had been circulated to the Council of Governors in respect of a maternity patient. The patient had eloquently described the care received as part of her maternity journey. There were positive elements and elements of learning which were being picked up and taken forward. The patient had been invited to be part of the Trust's Maternity Voices Group.

Alan Smith, Elected Governor for Hartlepool described what an excellent facility the Rowan Suite at the University Hospital of Hartlepool (UHH) was having visited and obtained positive patient feedback, and sought to understand how many patients were required to be transferred to the University Hospital of North Tees (UHNT) for delivery. Exact numbers were not available however it was explained that patients were risk assessed in order to deliver at the Rowan Suite or for a home birth, with increasing numbers of patients making this choice.

Alan Smith, further highlighted that previously due to staffing issues some patients had been unable to deliver at the Rowan Suite and sought assurance this was not the case now. The MD/DCE explained that more midwives had been recruited to ensure the Rowan Suite was staffed, however, it should be noted that an increased number of high risk patients were being seen which meant delivery at the Rowan Suite was not possible. AB, the Non-Executive Maternity Board Champion reported there was on-going discussion on a regional basis regarding raising the threshold for high risk as a higher proportion of the population were in this category. In addition, smoking in pregnancy was a big risk factor and the Trust were exemplars in tackling this problem.

Angela Warnes, Out of Area Elected Governor, expressed the importance of listening to patients. AB outlined the work undertaken in respect of the seven immediate and essential actions from part one of the Ockenden Report, which included giving patients a voice through the Maternity Voices Partnership. The Trust were fully compliant with five out of the seven requirements and were working on the remaining two. Members of the national Ockenden team would be visiting the Trust on 16 May to assess against the submitted action plan.

Part two of the Ockenden Report was published on 20 March 2022 and contained a further 15 essential and immediate actions to be assessed against. The Trust was currently working through the requirements, action plans were required to be submitted by 30 September 2022.

Wendy Gill, Elected Governor for Sedgefield highlighted that only 1% of trust had been fully compliant with the requirements of the Ockenden Report which was a concern. The COO reported that this was not an accurate reflection, and in respect of the Trust there had been a lot of improvement work undertaken including independent assessment. Monthly reports were



provided to the Patient Safety and Quality Standards Committee and quarterly to board.

Jim Beall, Appointed Governor for Stockton Borough Council reported that smoking in pregnancy was a key priority for the Health and Wellbeing Board, and although still an outlier significant progress had been made. The Chair added this was in line with Every Contact Counts to provide advice and guidance to patients about stop smoking.

Christopher, Akers-Belcher, Appointed Governor, HealthWatch Hartlepool, commended the Rowan Suite and sought assurance regarding ambulance response times for patients requiring emergency transfers from the Rowan Suite to UHNT to deliver. The COO confirmed that North East Ambulance Service (NEAS) had provided written confirmation that responses were treated as Category 1.

- Resolved:** (i) that, the patient story be noted; and  
(ii) that, the verbal discussion be noted.

#### **CoG/1074 Minutes of the last meeting held on, Thursday, 10 February 2022**

- Resolved:** that, the minutes of the meeting held on Thursday, 10 February 2022 be confirmed as an accurate record.

#### **CoG/1075 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 Governor meeting were outlined. It was agreed that this was useful as it allowed updates to be formally noted.

##### **a. Joint Partnership Board Governor Working Group**

The Lead Governor reported that a proposal had been made to create a group working in support of the Joint Partnership Board which would comprise six Governors from both the Trust and South Tees Hospitals NHS Foundation Trust. If agreed, this would allow challenge and to be kept informed regarding progress about the work of the Joint Partnership Board. Any feedback would be presented to the respective Council of Governors.

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

The 'walk through' to assess the signage would be arranged, it had previously been delayed due to COVID-19.

##### **c. NHSE/I Report**

The Joint Chair reported that the outcome of the NHSE/I investigation had not yet been published, NHSE/I were aware the delay was frustrating. Richard Barker, Regional Director, NHSE/I had confirmed he would still be available to meet with the Council of Governors and it could also be the opportunity to meet with key individuals from the newly established Integrated Care Board.

##### **d. Car Parking**

The Joint Chair reported Car Parking charges would recommence for staff, on a tiered basis. In respect of a previous query regarding public car parking charges it was reported that the Trust was not an outlier with the £4 charge for up to 4 hours, £5 for up to 12 hours and £6 for 24 hours. A discussion ensued and it was requested whether there could be an interim charge between 20 minutes and 4 hours.

##### **e. Estates**

The Joint Chair reported that the outcomes of the Estates capital bid was not expected until June. Once the outcome of the bids was known a session would be arranged at a meeting of the Strategy and Service Development to outline the next steps. In response to a query by Andy Simpson, Staff Governor it was explained that the Plan A of the Estates Strategy was to redevelop the North Tees site with a combination of new and existing buildings and demolishing those buildings at the end of life.

#### **f. Board Assurance**

The Joint Chair highlighted that the Audit Committee would be reviewing any national reports or audits and reporting back regarding main themes, with any recommendations being managed through the Trust's internal processes. In addition, members of the board were undertaking a programme of site and departmental visits in order to gain assurance speaking to staff and patients. Ann Baxter reported that as part of the Quality Assurance initiative 32 areas had been visited to date; the visits were very useful with both positive feedback and points of learning obtained.

It was noted that updated guidance had been published regarding enhanced board oversight and recommendations for a reduced number of board champion roles, with previous roles being managed through Committee structures. A review of the Committee structure and Non-Executive Director representation would also be undertaken.

#### **g. Governor IT accounts**

It was agreed to look into setting up NHS.net email accounts for all Governors and provide a repository facility for Governors to securely access reports and meeting papers.

#### **h. Wheelchairs**

The COO reported that the Trust was working with NTH Solutions in respect of availability of wheelchairs at the hospital entrances and were looking at current stock to establish what additional chairs were required. There were also plans to create a dedicated storage facility.

Tony Horrocks, Lead Governor provided an update on matters since the last meeting, including meetings with various people. He placed thanks on record on behalf of the Governors to Barbara Bright, Director of Corporate Affairs and Chief of Staff and to Sam Sharp for their contribution. He also thanked the Non-Executives who had left the organisation and welcomed the new interim Non-Executives.

- Resolved:**
- (i) that, the verbal updates be noted; and
  - (ii) that, the possibility of an interim car parking charge below £4 be considered;
  - (iii) that, a session be arranged at a future Strategy & Service Development Committee to discuss Estates Strategy next steps, once the outcome of the capital build had been published;
  - (iv) that, the possibility of setting up NHS.net email accounts and drop boxes be explored for Governors;
  - (v) that, queries from pre-Council of Governor meeting be formally responded to and recorded at Council of Governor meetings.

#### **CoG/1076 Chair's Report and Board Business**

A summary of the Chair's Report included:

- The Care Quality Commission (CQC) had carried out an unannounced core services visit at the Trust to inspect Maternity Services and Children and Young Peoples Services,

which would culminate in a Well Led visit at the end of May. Feedback from the unannounced visit was due later that day.

- A programme of monthly visits to the University Hospital of Hartlepool had been established with Governors invited to attend. To date the visits had been positive and informative.
- North East Chairs Meeting – 7 April, the focus had been the health and wellbeing requirements for staff following the impact of winter pressures and the ongoing effects of Covid 19.
- Sam Allen, Chief Executive, North East North Cumbria Integrated Care System – Integrated Care Board would be visiting the Trust on 22 May 2022.
- The Joint Partnership Board were having two externally facilitated sessions in May and June to progress the strategic aims and objectives;
- The draft Board of Directors Agenda for 26 May 2022 was shared for information.

**Resolved:** that, the content of the report be noted.

### **CoG/1077 Chief Executive's Report**

The MD/DCE presented the Chief Executive's Report and highlighted key points:

- There had been a decrease and plateauing of Covid positive patients moving into the phase of 'living with' the virus. The Trust was currently caring for 42 Covid positive patients and no patients requiring critical care intervention. The vaccination programme had been successful with fewer patients coming into hospital and a reduction in the acuity of patients. Guidelines regarding preventative measures were changing, although currently masks were still required and social distancing of 1metre.
- Urgent and Emergency Care continued to experience pressures, which was reflected across the system. The Trust regularly received requests for diverts and mutual aid. Key pieces of work were being undertaken to mitigate these challenges. The Trust continued to perform well in respect of ambulance handovers at second in the region and was working with North East Ambulance Service (NEAS) to improve patient pathways into the organisation.
- Health and Wellbeing remained a key focus and a revised Health and Wellbeing Strategy was being launched, which was aligned to the overarching People Plan. The Trust had reported above average in the NHS National Staff Survey for the majority of domains, and was in a positive position in relation to peer and regional comparisons.
- The year-end position for recruitment to clinical trials was 1,127, which included recruitment to the COVID-19 related studies. The range of research active specialities would be broadened for 2022/23.
- Collaborative work continued across the region; a chief executive and Integrated Care Board (ICB) strategy session had taken place enabling discussion regarding accountability and authority of constituent partners, operational planning and financial stability. The North East and North Cumbria (NENC) Provider Collaborative continue to focus on governance arrangements in readiness for the new Integrated Care System (ICS) structure.
- Development of Community Diagnostic Centres across Tees continued including plans for a new build centre by the end of 2025. A programme board had been established to support the work and reported to the Clinical Services Strategy Board.
- A new Endoscopy Training Academy was under development at the University Hospital of Hartlepool and was due for completion by June 2022. Dr Chris Wells, Consultant Gastroenterologist had been appointed as director for the North East.
- The first Tees Valley Health Summit chaired by the Chief Executive took place on 31 March 2022 and was attended by a number of regional representatives highlighting the aspirations to tackle the health inequalities for the population served.

Andy Simpson, Staff Governor reported on the added pressure placed on the Trust and the

Emergency Department when accepting diverts from other trusts and sought to understand what strategic plans were in place to address this. The COO explained that the Trust were working with NEAS to explore ways to improve patient pathways into the organisations. In addition, work was being undertaken at a regional level to address ambulance delays.

**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/1078 North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration Update**

The MD/DCE 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 membership of the Integrated Care Board (ICB) was yet to be finalised in addition to the relationship with regulatory partners and how system oversight would work in practice.
- Place Based Working included 13 'places' with a route map and assurance framework being created which was linked to the 2022 White Paper 'Health and Social Care Integration': joining up care for people, places and populations.
- The NENC Provider Collaborative continued to focus on both business and governance with an agreement and prospectus being compiled to form a framework and positioning in the ICS.
- The Tees and North Yorkshire Provider Collaborative work continued to progress with an underpinning success that emerged from the COVID-19 pandemic and Clinical Services Strategy at Tees Valley level.
- The South ICP Workforce Group met on 7 April bringing together a wide range of partners outlining the plans for the workforce data session due to take place on 9 June 2022, which proposed to pool workforce data and create a workforce profile for the Tees Valley.
- It had been proposed to establish a formal NENC ICS Cyber Response approach as a Category 1 responder linked to the Emergency Preparedness Resilience and Response (EPRR) arrangements.

Christopher Akers-Belcher, Appointed Governor for Healthwatch sought clarity as to which representatives from the NENC Provider Collaborative would be part of the ICB. The Joint Chair explained that this had not yet been announced nor where the decision making processes were going to sit, prompting discussion.

**Resolved:**

- (i) that, the progress on appointments and the timeframe of the evolving plan to statutory status of the NENC ICS (ICB) be noted; and
- (ii) that, the developing ICS 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 significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership be noted; and
- (v) that, the work in relation to the financial approach with the need for further robust governance to support mutual accountability be noted; and
- (vi) that, the need to progress further enabling work programmes to benefit Tees populations be noted; and
- (vii) that, the need to revisit risk appetite and potential actions for the future success of system and place based working be noted.

## CoG/1079 Integrated Compliance and Performance Report – Month 10

An overview of performance against key access targets included in the Single Oversight Framework and the Foundation Trust Terms of Licence for the month of March 2022 for performance, efficiency and productivity, quality and safety, workforce and finance was provided. Key points included.

- Operational and workforce pressures continued across the Trust impacting on performance against key standards, however good recovery was reported at regional and national levels against trajectories submitted as part of the 2021/22 Priorities and Operational Planning Guidance.
- Ambulance turnaround times within 30 minutes reported at 54.7%, placing the Trust second in the region.
- The Trust continued to respond to surges in demand and pressures within services and additional beds had been opened within available resource.
- 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 85.28 and 96.12 respectively and control of infection remains a priority with 6/7 standards being below trajectory.
- Challenges remained in delivering the cancer standards with similar issues experienced across the Cancer Alliance/system, the Trust achieved 5/9 standards, however, in line with the regional position under achieved against the two week wait and 62 day referral to treatment.
- An improved position was reported for review and combined DNA rates with improvement noted against new rates.
- Sickness absence continued to be a key challenge, however, an improved position was reported in February.
- Work continued to review recruitment and retention rates and alternative workforce models to meet current organisational pressures.
- Finance
  - At Month 12, the Trust reported an in-month surplus of £4.802m against a planned deficit of £0.876m which was £5.677m ahead of plan and a year-end provisional surplus of £12.542m against a planned break-even position.
  - At Month 12 the cash balance was £80.8m against a plan of £59.3m.
  - The Trust reported capital plan expenditure of £29.9m against a plan of £30.5m

In response to a query raised by Alan Smith, Elected Governor for Hartlepool regarding a reported never event, the DCE/MD explained the event had been in relation to human error regarding a procedure. There was no harm to the patient.

Tony Horrocks, Lead Governor congratulated the DoF and the Trust on the year-end surplus position. A discussion ensued regarding allocation of the surplus following a query by Andy Simpson, Staff Governor. It was noted that the financial plan for 2022/23 would be difficult.

The Joint Chair highlighted that staffing remained a challenge for the Trust, which was being addressed via the People Committee and the report described the training resources available for managers in respect of attendance management. The format of the IPR would be slightly different going forward.

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

## **CoG/1080 Elective Recovery Position**

The COO provided an overview of the current elective recovery position within the Trust and steps being taken to maximise elective capacity and provide support at a system level.

The Trust had largely delivered against its submitted elective activity plans, with zero 104 and 78 week waits. A small number of over 52 week waits remained due to the additional omicron COVID-19 wave impacting on staff absence and patient availability. Clear plans were in place to deliver elective recovery trajectories in 2022/23.

There continued to be challenges with increasing referrals and conversions with services monitoring on a weekly basis to ensure proactive planning of elective capacity and effective theatre utilisation.

Key challenges for the Trust and wider system continued to be in respect of workforce with plans to address the recruitment and retention challenges with theatres being an area of note. A recruitment exercise had been undertaken with a number of overseas nurse appointments who would be ready to commence work in September. In the interim solutions included enhanced overtime shifts and utilising insourced resource. The health and wellbeing of staff was paramount with morale impacted during the pandemic being unable to manage the surgical programme and staff being moved to provide cover in other areas. An analysis of reasons for staff leaving the Trust had been undertaken and regular meetings were held with staff side representatives to discuss workforce plans and any issues raised.

Following a query by Carol Alexander, Staff Governor regarding patient waiting lists, the COO reported that the new My Planned Care Patient system was going live on 11 May 2022, which would allow patients to access information to support themselves and maintain good health prior to their elective procedure.

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

## **CoG/1081 NHS National Staff Survey Results 2021**

The Joint Chair presented the Staff Survey Results on behalf of the Chief People Officer and highlighted the key areas. An appreciative enquiry approach was being taken to work through the feedback. The Trust compared well to other organisations and performed consistently against national averages. Additional questions had been included in the 2021 survey which were mapped against the NHS People Plan and the People Promise. The Trust response rate was 54% which was above average when compared to similar trusts. The People Committee would be taking forward the associated work streams.

**Resolved:** (i) that, the content of the report be noted; and  
(ii) that, it was noted the strategic themes emerging from the Care Groups would be mapped against the People Plan and People Promise to ensure there was a single overarching strategy.

## **CoG/1082 Non-Executive Director Recruitment Update**

The Company Secretary provided an update regarding Non-Executive Recruitment. Three interim Non-Executive Directors had been appointed for a period of six months following agreement by the Nominations Committee to undertake a shortened process. The appointments were ratified at an extra ordinary meeting of the Council of Governors on 7 April 2022.

A further recruitment process would likely commence in June to make permanent Non-Executive appointments which would be overseen by the Nominations Committee on behalf

of the Council of Governors, however, the full Council of Governor would be involved as part of the selection process.

It was also noted that a refresh of the Nominations Committee membership would be undertaken prior to the recruitment process commencing.

**Resolved:** that, the verbal update be noted

#### **CoG/1083 NHS Providers Governor Sessions Feedback - 11 April 2022**

This item was deferred.

#### **CoG/1084 Draft Membership Strategy Committee Minutes**

Wendy Gill, Chair of the Membership Strategy Committee/Elected Governor for Sedgefield presented the minutes of the Membership Strategy Committee which was held on 21 February 2022, and highlighted the key points.

The Committee were keen to recruit younger members and through writing to local colleges Hartlepool College of Further Education had invited the Trust to talk to the students about membership, which the Communications and Marketing Team were coordinating. MW, Chair for a group of colleges was happy to assist. In addition, Cllr Jim Beall, Appointed Governor for Stockton Borough Council agreed to follow up regarding placing a piece on membership in the Stockton news.

A lively discussion regarding the website content had taken place and expanded into patient leaflets and the need for simpler language. It was highlighted that in parts of the area the average reading age in adults was 9.

**Resolved:** that, the minutes of the Membership Strategy Committee held on 21 February 2022 be noted.

A Warnes left the meeting. 1.05pm

#### **CoG/1085 Draft Strategy and Service Development Committee Minutes**

The draft minutes from the Strategy and Service Development Committee held on 14 March 2022 were presented for information.

**Resolved:** that, the minutes of the Strategy & Service Development Committee held on 14 March 2022 be noted.

#### **CoG/1086 Any Other Notified Business**

There was no other notified business.

**Resolved:** that, the verbal update be noted

#### **CoG/1087 Date and Time of Next Meeting**

**Resolved:** that, the next meeting be held on Thursday, 8 September 2022 in the Lecture Theatre, University Hospital of North Tees.

The meeting closed at 1.10 pm

Signed:

A handwritten signature in black ink that reads "Derek Bell". The signature is written in a cursive style with a large, looped 'D' and 'B'.

Date: 8 September 2022



## Council of Governors Action Log

Date	Ref.	Item Description	Owner	Completed	Notes
<b>2021/22</b>					
18 February 2021	Development Session	<b>Development Session - Teesside Provider Collaborative</b> 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.
18 November 2021	CoG/1010(a)	<b>Reception, Security and Signage at the University Hospital of Hartlepool</b> Alan Smith, Elected Governor for Hartlepool and another Governor to undertake a 'walk through' to assess the suitability of signage at the University Hospital of Hartlepool	S Hutt	Ongoing	Propose the 'walk through' forms the Chair's routine monthly visit to UHH on 15 September 2022.
10 February 2022	CoG/1061	<b>Health and Social Care Leadership Review</b> Key themes of the review to be shared with Governors as soon as published	S Hutt	Completed	Messenger Report published on 8 June 2022, a link to the full report included in the Joint Chair's Report.
10 February 2022	CoG/1064	<b>Communication Methods to contact Ward Areas</b> An update to be provided regarding the various methods in place in order for staff, patients and visitors to contact ward areas	L Buckley	Ongoing	Alternative communication methods were put in place during the pandemic. An update to be provided at a future meeting.
10 February 2022	CoG/1064	<b>Presentation to S&amp;SD Committee regarding support for staff to address stress/anxiety/depression</b>	S Hutt	Ongoing	A virtual members' event was planned which would allow a wider audience to understand the strands of support available for staff.
5 May 2022	CoG/1075(d)	<b>Car Parking</b> 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.
05 May 2022	CoG/1075-e	<b>Estates Strategy</b> 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.
05 May 2022	CoG/1075(g)	<b>NHS.net accounts</b> To explore providing NHS.net accounts for Governors to securely receive information and reports.	S Hutt	Completed	NHS.net accounts had been set-up for individual Governors, which would replace the use of personal email accounts.

## Council of Governor

Title of report:	Joint Chair's Report										
Date:	8 September 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"> <li>• NHSE Report</li> <li>• Joint Partnership Board;</li> <li>• Messenger Report;</li> <li>• Code of Governance</li> <li>• COVID-19 Public Inquiry;</li> <li>• Department and site visits;</li> <li>• Council of Governor Sub-Committees</li> </ul>											
How this report impacts on current risks or highlights new risks:											
There are no risk implications associated with this report.											
Committees/groups where this item has been discussed	N/A										
Recommendation	The Council of Governors is asked to note the content of this report.										

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Council of Governors

8 September 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 NHS England Report

The report detailing the outcomes and recommendations of a governance review carried out by NHS England earlier in the year is expected in mid-September.

##### 2.2 Joint Partnership Board

The second facilitated Joint Board Away Day with the Boards of South Tees Hospitals NHS Foundation Trust and the Trust took place on 15 June 2022, which built on the progress from the May meeting. A Joint Non-Executive Director session was held on 4 August at the University Hospital of Hartlepool and included a tour of the site, which was well received. A similar session is planned to take place at the Friarage Hospital.

##### 2.3 Messenger Report

The Messenger Report was published on 8 June, which set out the findings of a review into leadership in health and social care led by General Sir Gordon Messenger and Dame Linda Pollard. The report includes seven recommendations, highlighting the requirement to better support chief executives and deliver a consistent approach to leadership development.

In addition, the report describes the need to create a more diverse leadership in the NHS through better support mechanisms for staff from all ethnic minority backgrounds, and a greater commitment to improve diversity in senior leadership and board appointments.

Please find a link below to the full report:

<https://www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future/leadership-for-a-collaborative-and-inclusive-future>

##### 2.4 Code of Governance

Earlier in the year NHS England published three draft Governance documents for consultation, which closed on 8 July 2022. The documents which will be part of a revised Provider Licence and are in line with the new Health and Act 2022 include:

- Draft Code of governance
- Draft System working and collaboration: The role of foundation trust councils of governors
- Draft guidance on good governance and collaboration

The changes set out a focus on system working and Governors role to support this work, a focus on addressing health inequalities, a greater involvement of NHSE in board appointments and addressing equality, diversion and inclusion among board members. A more detailed update will be provided at the next meeting when the revised documents will be in use.

## **2.5 COVID-19 Public Inquiry**

The COVID-19 Public Inquiry was formally launched on 21 July 2022 by the Chair of the Inquiry, Baroness Hallett. The Inquiry is broken down into three modules which include: the public health response across the whole of the UK; the response of the health and care sector across the UK and the economic response to the pandemic and its impact, including governmental interventions. Teams across the UK will be investigating each module, and there will be an opportunity for those impacted by the pandemic, including the bereaved to take part in a listening exercise to provide evidence in a less formal setting.

## **2.6 Department and site visits**

The programme of monthly visits continue to be positive and insightful. Recent visits have included the Outpatients Department, the Integrated Single Point of Access (iSPA) and clinical triage, the Holdforth Hub. In August in response to some feedback from a Governor we undertook a visit to Peterlee Community Hospital and in particular the X-ray pathway as well as meeting the community midwifery service.

## **2.7 Council of Governor Sub-Committees**

In preparation for the permanent Non-Executive Director recruitment exercise a refresh of the Nominations Committee membership has been undertaken with expressions of interest sought. This ensures the work of the Committee remains objective and balanced.

To support the aims and objectives of the Membership Strategy Committee I will be joining the Committee to provide input from a Non-Executive perspective.

## **3. Recommendation**

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

**Professor Derek Bell**  
**Joint Chair**

15 September 2022

Dear Colleague

A meeting of the **Board of Directors** will be held, on **Thursday, 22 September 2022 at 9.30am** in the **Boardroom, University Hospital of North Tees**. Lunch will be provided following the meeting.

Yours sincerely



**Professor Derek Bell,  
Joint Chair**

### Agenda

		<b>Led by</b>
1. (9.30am)	Apologies for Absence	Chair
2. (9.30am)	Declaration of Interest	Chair
3. (9.30am)	Patient Story	L Robertson
4. (9.50am)	Minutes of the meeting held on, 28 July 2022 <b>(enclosed)</b>	Chair
5. (9.55am)	Matters Arising and Action Log <b>(enclosed)</b>	Chair

### Items for Information

6. (10.00am)	Report of the Joint Chair <b>(enclosed)</b>	Chair
7. (10.10am)	Joint Partnership Board Update (verbal)	S Hall
8. (10.20am)	Report of the Chief Executive <b>(enclosed)</b>	J Gillon

### Performance Management

9. (10.35am)	Board Assurance Framework Quarter 2 Interim Report 2022/23 <b>(enclosed)</b>	H Heslop
10. (10.45am)	Integrated Compliance and Performance Report <b>(enclosed)</b>	L Hunter, L Robertson, N Atkinson, S Cook

### Operational Issues

11. (11.00am)	Care Quality Commission Update (verbal)	J Gillon & L Robertson
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- |               |  |               |
|---------------|--|---------------|
| 12. (11.10am) | Maternity Safety Report <b>(enclosed)</b>  | L Robertson   |
| 13. (11.20am) | Nursing and Midwifery Revalidation <b>(enclosed)</b>   | L Robertson   |
| 14. (11.30am) | Responsible Officer's Medical Appraisal & Revalidation <b>(enclosed)</b>                               | D Dwarakanath |
| 15. (11.40am) | Code of Governance Revised Guidance <b>(enclosed)</b><br>- including changes to the Trust Constitution | H Heslop      |

**Items to Receive**

- |                  |   |            |
|------------------|---|------------|
| 16. (11.45am)    | Equality, Diversity & Inclusion Annual Report <b>(enclosed)</b> | S Cook     |
| 17. (11.50am)    | Estates and Facilities Annual Report <b>(enclosed)</b>          | N Atkinson |
| 18. (12.00 noon) | Any Other Business  | Chair      |

## Council of Governors

Title of report:	Chief Executive Report										
Date:	8 September 2022										
Prepared by:	Julie Gillon, Chief Executive Donna Fairhurst, Personal Assistant										
Executive Sponsor:	Julie Gillon, Chief Executive										
Purpose of the report	The purpose of the report is to provide information to the Council of Governors on key local, regional and national issue.										
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:</p> <ul style="list-style-type: none"> <li>• COVID-19 current position, operational challenges and continued recovery</li> <li>• Health and Wellbeing Strategy</li> <li>• Research and Development</li> <li>• Integrated Care System and Integrated Care Board</li> <li>• North East and North Cumbria Provider Collaborative</li> <li>• Tees Provider Collaborative</li> <li>• Faculty for Leadership and Improvement</li> <li>• Trust Estates Strategy</li> <li>• Placed Based Working</li> <li>• Consultant and Senior Appointments</li> <li>• NHS Birthday</li> <li>• Bowel Screening Programme</li> <li>• Breast Screening Service</li> <li>• George Cross for the NHS</li> <li>• Rowan Suite</li> <li>• Ann Cains (Governor, Stockton)</li> </ul>											
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 the Board of Directors, Executive Team and other relevant committees within the governance structure to ensure consideration for strategic intent and delivery.										
Recommendation	The Council of Governors is asked to note the content of this report and the pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return of services building on a new operating model.										

# North Tees and Hartlepool NHS Foundation Trust

## Meeting of the Council of Governors

8 September 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 Current Position and Continued Recovery

###### 2.1.1 COVID-19

There was a steady increase in Covid patients during June and July 2022 reflecting trends across the North East and North Cumbria. Although this trend continued into August, there has been a steady reduction in covid positive patients over the last week of August. As at 24 August 2022, the Trust is caring for 30 Covid-19 positive patients, none of which requires critical care intervention.

The Trust will commence covid booster and flu vaccinations for staff and vulnerable patients during September. This will include supporting vaccinations for social care colleagues.

###### 2.1.2 Operational Challenges

High levels of urgent and emergency care activity have been experienced across the North East and North Cumbria in August. This has resulted in continued pressure on ambulance services. The Trust continues to be a high performer in terms of ambulance handover times and minimising the time that ambulance crews are unavailable, however there remains a consistent focus on ensuring the timely handover of patients with a focus on minimising the risk of harm that can result from delayed handover times.

NHE England released an Urgent and Emergency Care plan on 15 August 2022. The Trust is working with partners across the ICS to align our internal winter plans with the wider system. The national plan identifies six key metrics that will be used to monitor the performance of every integrated care system this winter. This includes a broad range of objectives to boost capacity across the system through a mix of new hospital beds, increased non-acute capacity and virtual wards and a boost in urgent and emergency call handlers:

- 1) **Prepare for variants of COVID-19 and respiratory challenges**, including an integrated COVID-19 and flu vaccination programme.
- 2) **Increase capacity outside acute trusts**, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- 3) **Increase resilience in NHS 111 and 999 services**, through increasing the number of call handlers in 111 and 999 services.
- 4) **Target Category 2 response times and ambulance handover delays**, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
- 5) **Reduce crowding in A&E departments and target the longest waits in ED**, through improving use of the NHS directory of services, and increasing provision of same day emergency



care and acute frailty services.

- 6) **Reduce hospital occupancy**, through increasing capacity of general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- 7) **Ensure timely discharge**, across acute, mental health, and community settings, by working with social care partners.
- 8) **Provide better support for people at home**, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

### **3. Strategic Objective: Health and Wellbeing**

#### **3.1 Health and Wellbeing Strategy**

The revised Health and Well-being Strategy has three headline objectives; Putting our People First, Leadership and Culture and Engagement. The strategy devised by the Executive Team and shared with the People Committee supports the 'back to basics' approach from the Board. The strategy is aligned to and part of a more comprehensive approach to the staff survey and to the overarching People Plan and the People Promise with a clear foundation of knowledge and understanding of the overarching areas, which ensure staff feel safe, healthy, and ready for the future.

#### **3.2 Research and Development (R&D)**

The 12-month improvement plan for (R&D) highlighted key areas of focus for this year including:

- Increased participation in research across a broader range of specialisms - Focusing on Orthopaedics, Surgery, Respiratory, Diabetes, Critical Care, and Paediatrics to support with post-COVID bounce back.
- Ensure patients and their contribution to research is valued and supported and that the CQC requirements are met. The research team is to input into Quality Assurance & Safety Council going forward.
- Increased engagement from and development of Nursing, Midwifery and Allied Health Professionals and Clinical Research Professionals – undertaken by attending community of practice and Trust Senior Nursing Team meeting. Also looking to extend South Tees NHS Foundation Trust “Be Curious” campaign to North Tees and Hartlepool NHS Foundation Trust.
- Increased collaboration and mentorship internally and externally. R&D Seminar series being planned across Tees Valley Research Alliance for Autumn and Matt Dewhirst, Consultant Cardiologist is planning his first Cardio Investigation study and grant application in collaboration with the new Academic Cardiovascular Unit at South Tees.

The Trust is the top recruiting site for the Senior Randomised Intervention Treatment of Angina (RITA) cardiology trial. It was also noted that the Trust is 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 was a huge success with over 130 attendees from both Trusts with a keynote speech from our Joint Chair.

A “Celebrating Excellence in research” event is being planned for the Autumn to allow the Board, Executive, Senior Nurses and Clinical Directors to see the range of studies the Trust is participating in and the opportunities for staff and patients.

### **4. Strategic Objective: Transforming our Services**

## **4.1 Integrated Care System (ICS)**

### **4.1.1 Integrated Care Board (ICB)**

On 1 July 2022, the North East and North Cumbria Integrated Care Board (NENC ICB) became a statutory NHS organisation. The ICB held its first public Board meeting during the week of 1 July with the meeting dedicated to approving and ratifying governance arrangements and providing an update on the performance and financial position across the Region. Going forward the ICB will focus on three key strategies; Communities and People Involvement and Engagement Strategy, Plans to reduce Health Inequalities within the Region and the three-year plan to deliver their goal to become England's greenest region.

## **4.2 North East and North Cumbria Provider Collaborative (PvCv)**

Following the publication of the Government's white paper 'Integration and Innovation: working together to improve health and social care for all' in February 2021 and subsequent passing of the Health and Social Care Bill this year, all NHS Acute Trusts and Mental Health Trusts are required to work as part of at least one formal provider collaborative from 1 July 2022.

The 11 Foundation Trusts in the NENC have been working in broad collaboration since September 2020, exploring appropriate working relationships that add value. The Provider Collaborative has developed four key elements to be agreed by each Trust Board:

- Formal governance arrangements
- Operating Model
- Responsibility agreement
- Detailed work plan and priorities

The PvCv is responsible for facilitating horizontal collaboration between Trusts and will be focused at a system level whilst complimenting and supporting the work of individual Trusts at sub-system and place level. For this Trust this will mean a number of variations on 'place' – individual Local Authority basis; Hartlepool and Stockton as a locality; and Tees Valley, as illustrated through the work of the Tees Valley Health Inequalities Summit.

## **4.3 Tees Provider Collaborative**

4.3.1 The Tees Provider Collaborative continues to make progress toward greater partnership at Acute and Community service level, to improve provision for patients to tackle health inequalities and to manage risks.

### **4.3.2 Service and Estate Developments**

#### **4.3.2.1 Community Diagnostic Centre – Proposed Plans Tees**

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 system. A programme board has been established to take forward the development of the CDC which reports into the Clinical Services Strategy Board.

An independent report considered by the Tees Valley CCG Governing Body in May 2022, sought approval for the recommended site for the permanent hub. The Tees Valley CCG and how the two Foundation Trust Boards have approved the Castlegate Campus site in Stockton which will be part of the Stockton on Tees Borough Council Waterfront Masterplan development.

The final version Outline Business Case (OBC) has been submitted to the Trust Boards in July with approval to progress to the next stage of the process and submit the OBC to NHS England (NHSE). A final business case will be developed for approval by Trust Boards and the Integrated Care Board of

the ICS before submission to NHSE for final agreement with a number of risks to be mitigated and supported to enable delivery and implementation.

#### **4.3.2.2 Endoscopy Training Academy**

Building work on the new Endoscopy Training Academy at the University Hospital of Hartlepool was completed on the 18<sup>th</sup> June. Recruitment of clinical, managerial and administrative staff to support operational delivery of the academy is underway utilising funding provided by Health Education England, Northern Cancer Alliance and the Trust. The Academy will be delivered collaboratively with South Tees NHS Foundation Trust.

#### **4.4 Placed Based Working**

The Trust continues to work with Local Authorities and partners of placed based level to ensure a shared understanding of priorities and strategic direction for the future.

### **5. Strategic Objective: Valuing our People**

#### **5.1 Faculty for Leadership and Improvement**

Engagement from the new 100 leaders cohort has been excellent providing further opportunities for shared learning and connecting. The midpoint showcase took place on 1<sup>st</sup> August. Over recent weeks; the Faculty has provided a focus on sustainability to ensure this is considered as part of each project.

The introduction of the Chief People Officer to Faculty meetings will bring a cohesion to the strategic direction of the Trust around leadership development and quality improvement. The Faculty is working with stakeholders to ensure appropriate candidates are recruited for Quality, Service Improvement and Redesign (QSIR) cohorts two and three, ensuring the organisation maximises the opportunity to build capability for continuous improvement.

#### **5.2 North Tees and Hartlepool NHS Trust Estate Strategy**

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

In recent weeks, the Trust has worked on the development of an options appraisal with stakeholders in order to inform the preferred way forward. This has been supported by a robust demand and capacity model in addition to a draft economic and financial model.

#### **5.3 Consultant and Senior Appointments**

Since the last meeting of the Council of Governors the following appointments have 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

These appointments will see the further manifestation of strategy delivery in pathways and on an ambitious role for Pharmacy medicine optimisation and alternative workforce models.

#### **5.4 National Health Service (NHS) – 5 July 2022**

The NHS celebrated its 74<sup>th</sup> birthday on 5 July 2022 and the Trust took part in celebrations by reflecting and celebrating how the NHS has innovated and adapted to meeting the changing needs of each generation.

## **5.5 Bowel Screening – Quality Assurance Visit**

The Trust was involved in a Bowel Screening Quality Assurance Review on 7 July 2022 and received excellent feedback regarding quality, research and patient experience. The unit was recognised as being at the forefront of the national bowel-screening programme. The formal report will be available in 10 weeks.

## **5.6 Breast Screening Unit – University Hospital of North Tees**

The Breast Screening Unit at the University Hospital of North Tees has been cited as one of the top two in the country in terms of screening recovery and round length appointments. This is due to the teams' hard work, skill and resilience over the last two years to achieve this fantastic accolade.

## **5.7 George Cross for the NHS**

The NHS has received the George Cross from Her Majesty the Queen. Everyone at North Tees and Hartlepool NHS Foundation Trust is committed to improving the health of the local population. Receiving the George Cross is a wonderful recognition of that commitment and we are honoured to be given this historic accolade.

## **5.8 Rowan Suite**

There was disappointment for the Rowan Team at the 2022 Parliamentary Awards – who were shortlisted but unfortunately missed an award at a special ceremony in Westminster in July. The midwife-led service at the University Hospital of Hartlepool has been a fantastic success – having received positive feedback from every parent who has used the service. It is an initiative completely led by the maternity team – and an example of a key service development at Hartlepool Hospital site.

## **5.9 Ann Cains (Governor, Stockton)**

I attended an event to celebrate the life of one of our long standing Governors and previous Non-Executive Director on Friday, 12 August 2022. It was a privilege to represent the Trust alongside our Chair and Lead and representative Governors with a celebratory speech.

## **3. Recommendation**

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

## Council of Governors

Title:	North East and North Cumbria Integrated Care System (ICS), Tees Valley Health and Care Partnership and Provider Collaboration													
Date:	8 September 2022													
Prepared by:	Linda Hunter, Interim Director of Planning & Performance Julie Gillon, Chief Executive													
Executive Sponsor:	Julie Gillon, Chief Executive													
Purpose of the report	This report presents an overview of the current position and the work undertaken, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS), the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and progress with regard to provider collaboration.													
Action required:	Approve				Assurance				Discuss		X	Information		X
Strategic Objectives supported by this paper:	Putting our Population First		X	Valuing People		X	Transforming our Services		X	Health and Wellbeing		X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X				
Executive Summary and the key issues for consideration/ decision:														
<p>The key issues of note are as follows:</p> <ul style="list-style-type: none"> <li>• The developing ICS governance and future partnership programme</li> <li>• The progress and focus of the NENC Provider Collaborative (PvCv)</li> <li>• The progress on the development of Tees wide provider collaboration</li> <li>• The progress of the Clinical Services Strategy work across the Tees Valley</li> <li>• 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</li> </ul>														
How this report impacts on current risks or highlights new risks:														
This report impacts on the current strategic risk identified on the Board Assurance Framework in relation to delivery of the Integrated Care Partnership, which is managed and monitored through the Planning, Performance and Compliance Committee and Transformation Committee.														
Committees/groups where this item has been discussed	Executive Management Team, Transformation Committee Planning, Performance and Compliance Committee Non-Executive Directors' meetings Board of Directors													
Recommendation	<p>The Council of Governors is asked to note the work to date and specifically:</p> <ul style="list-style-type: none"> <li>• Acknowledge the shift from shadow to statutory status of the ICB</li> <li>• Developing system and ICS governance architecture and the role of place based collaboration;</li> <li>• Progress with regard to the NENC Provider Collaborative and emerging governance;</li> <li>• The ongoing work between the Tees and North Yorkshire Provider Collaborative.</li> <li>• The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership;</li> <li>• The need to progress further enabling work programmes including the financial strategy to benefit Tees populations and;</li> <li>• 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.</li> </ul>													

# North Tees and Hartlepool NHS Foundation Trust

## Council of Governors

8 September 2022

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

#### Report of the Chief Executive

#### 1. Introduction

- 1.1 This report presents an overview of the progress since the time of the last formal report to the Council of Governors held on 5 May 2022, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) plans, the current and future plans for the Tees Valley Health and Care Partnership (TVHCP) and provider collaboration.

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

##### 2.1 Integrated Care Board and System Governance

- 2.1.1 The Integrated Care System (ICS) covers the entire North East and North Cumbria area and services the health and care needs of approximately 3.2 million population. An Integrated Care Board (ICB) provides the leadership and direction for the system. The ICS will lead and commission the services for NHS providers through individual Intergrated Care Partnership (ICPs) and there are four throughout the NENC region with Tees Valley ICP covering immediate localities. In simple terms, the four ICPs act as strategic 'committees' to the ICB/ICP.

As of 1<sup>st</sup> July, the Integrated Care Board (ICB) for the North East and North Cumbria (NENC) became a new statutory NHS organisation.

The first meeting on the Board took place in public, with a significant focus on approving and ratifying the governance arrangements and policies as well as providing an update on performance across the region and the financial position.

- 2.1.2 In accordance with the NHS Oversight Framework 2022/23 (June 2022) NHS England will monitor and gather performance information across each of the five national themes and this will include quantitative data (oversight metrics) and qualitative information (Quality Improvement, performance conversations and formal reports).
- 2.1.3 ICBs are responsible for ensuring their delegations to place-based partnerships are discharged effectively, and for leading the oversight of individual providers within their ICSs in line with the principles set out in the NHS Oversight Framework and in accordance with a sixth theme (local strategic priorities) the ICBs contribution to wider ambitions will also be monitored.
- 2.1.4 ICBs will also co-ordinate NHS support interventions within their system, where appropriate, working in partnership with NHS England.
- 2.1.5 The default position for the oversight process is that there is an expectation that ICBs and Trusts will be placed into Segment 2 unless specific support is mandated by NHSE, with Trusts in Segment 1 receiving a light touch approach and asked to provide peer-to-peer support to other Trusts. An allocation of Segment 3 or Segment 4 is linked to Trusts in actual or suspected breach of licence conditions. However, those Trusts with a CQC rating of 'requires improvement' are also likely to be placed in Segment 3.

- 2.1.6 As all Trusts aspire to contribute to the performance of the wider system, where support is triggered by a Trust, the local system partners (by way of the Provider Collaborative) will be expected to play their role in addressing the system-related causes or by supporting the solutions to the problem. For this Trust, currently in Segment 2, overall support needs will be formally reviewed on a quarterly basis as part of routine meetings in partnership with the ICB. Any Trusts in Segment 3 or 4 will need to meet the exit criteria agreed with NHSE to exit the mandated support programme.

## **2.2 Place Based Working**

The Trust has continued to lead and maintain influence in the place based developments. As a bedrock, the Tees Valley Health Summit (led by the Trust) has provided a common purpose to fit to the objectives of the ICS whilst a governance and accountability model is being developed. The Trust continues to work with Hartlepool Borough Council and Stockton Borough Council to discuss expectations to ensure a system wide approach and robust place based working going forward.

## **2.3 North East and North Cumbria (NENC) Provider Collaborative**

- 2.3.1 The Board of Directors ratified the NENC PvCv governance documents at its meeting in July 2022.

- 2.3.2 In continuing with the work programme:

- A Strategic Elective Care Group has been established to oversee the elective recovery across the system with a work plan developed and underpinned monitored in line with expected actions.
- The first Strategic UEC Strategic Board meeting took place on 24 July, with a developing clinical reference group to sit alongside. With a focus on a number of key work streams the Board will respond to the impending UEC strategy expected in September/October. Implications for the “Comprehensive Review of Standards” pilot in the Trust are being considered.
- Agreement has been reached for two Managed Clinical Networks; Non-Surgical Oncology and Gynaecology Cancer. A network approach will also be adopted for Pathology and the associated sub-specialties to provide support to the North East and North Cumbria.

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

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

- 2.4.2 A further developing common purpose and formal partnership will progress with a focus on the governance and membership of the Joint Partnership Board as the vehicle to support a cohesive approach, whilst recognising the statutory position of South Tees and North Tees Foundation Trusts.

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

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

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

### **3.2 Clinical Services Strategy Board (CSSB)**

- 3.2.1 The refresh and review of the Clinical Services Strategy 'blue print' document continues to identify the clear areas of collaboration between both North Tees & Hartlepool NHS Foundation Trust (NTHFT) and South Tees Foundation Trust (STFT) and those that will include partners from County Durham & Darlington Foundation Trust (CDDFT) .
- 3.2.2 Following the successful joint recruitment across Urgent & Emergency Care the Stroke Managed Clinical network has appointed a Stroke Physician.

### **3.3 Workforce Transformation**

- 3.3.1 Partners from across health, social care, education and the voluntary sector came together in early June to develop a deeper understanding of the workforce profile, pressures and opportunities for collaboration in the Tees Valley. Partners shared details of their organisation's workforce data along with local recruitment and retention challenges, priorities for action and consideration of a collective system approach would deliver greatest impact. Partners suggested priorities for the next 2-3 and 5-10 years. A full report summarising the wealth of opportunity, ideas and areas for action was shared with partners in July.

## **4. Summary**

- 4.1 The Trust remains a pro-active partner in the ICS delivery objectives, the NENC Provider Collaborative and the TV HCP and now in the more ambitious purpose of the Tees and North Yorkshire Provider Collaborative.
- 4.2 The Trust continues to lead and influence in the support of the work streams in the TVHCP 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:
- Acknowledge the shift from shadow to statutory status of the ICB
  - Developing system and ICS governance architecture and the role of place based collaboration;
  - Progress with regard to the NENC Provider Collaborative and emerging governance;
  - The ongoing work between the Tees and North Yorkshire Provider Collaborative.
  - The significant on-going work to support the delivery of quality, safe, sustainable services across the Tees Valley Health and Care Partnership;
  - The need to progress further enabling work programmes including the financial strategy to benefit Tees populations and;
  - 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.

**Julie Gillon**  
**Chief Executive**



## Council of Governors

	Integrated Compliance and Performance Report									
Date:	8 September 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, Interim Director of Planning and Performance Lindsey Robertson, Chief Nurse/ Director of Patient Safety and Quality Susy Cook, Interim Chief of People Officer Neil Atkinson, Director of Finance									
Purpose of the report	The purpose of the report is 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 People	x	Transforming our Services	x	Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The report outlines the Trust’s compliance against key access standards in June 2022 including quality, workforce and finance.</p> <p><b>Summary</b></p> <ul style="list-style-type: none"> <li>Operational and workforce pressures continued in June, affecting performance against key standards.</li> <li>The Trust continues to respond to surges in demand and pressures within services including IPC guidelines. Additional beds opened within available resource.</li> <li>Performance and Quality standards continue to be monitored closely through the established and robust internal governance structures, which supports further development of improved clinical pathways, quality and patient safety across the Trust.</li> <li>The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI and infection control measures.</li> <li>The number of patients waiting longer than 52 weeks has remained the same in June compared to last month</li> <li>The Trust achieved four of the nine cancer standards in May 2022</li> <li>Staff sickness continues to demonstrate an improved position since January 2022, this will be continuously monitored.</li> </ul>										

- Workforce continues to review recruitment and retention rates across the Trust

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

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

Associated risks are outlined within the Board Assurance Framework

<p>Committees/groups where this item has been discussed</p>	<p>Board of Directors Executive Team Meeting Audit Committee Planning, Performance and Compliance Committee</p>
<p>Recommendation</p>	<p>The Council of Governors is asked to note:</p> <ul style="list-style-type: none"> <li>• The performance against the key operational, quality and workforce standards.</li> <li>• Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the associated mitigation.</li> </ul>



North Tees and Hartlepool  
NHS Foundation Trust

# Integrated Performance Report



July 2022

# Responsible Directors

**Linda Hunter**

Interim Director of Planning & Performance

System Oversight  
Framework

Efficiency &  
Productivity

**Lindsey Robertson**

Chief Nurse and Director of Patient Safety & Quality

Safety & Quality

**Susy Cook**

Interim Chief People Officer

Workforce

**Neil Atkinson**

Director of Finance

Finance

# Introduction



Performance highlights against a range of indicators including the System Oversight Framework (SOF) and the Foundation Trust terms of licence remains. The report is for the month of June 2022 and outlines trend analysis against key Compliance indicators, Operational Efficiency and Productivity, Quality, Workforce and Finance.

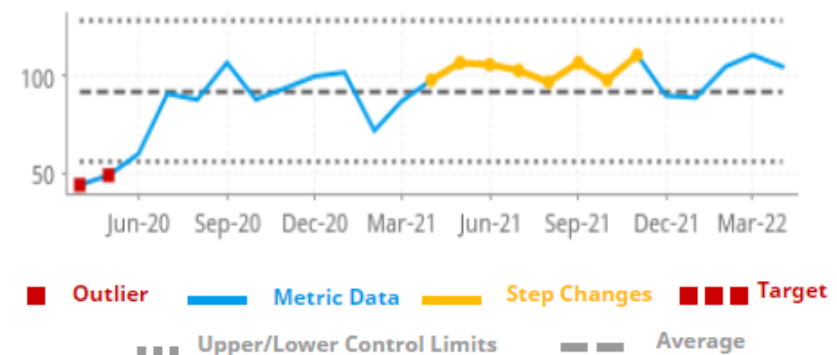
## Statistical Process Control (SPC) Charts

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

## SOF and Efficiency & Productivity

As the Trust continues on its journey of recovery work to move to the delivery of the trajectories outlined in the planning submission for 2022/23, there continues to be a sustained increased demand for services. Continuing to respond to an increasing number of requests for mutual aid, diverts and deflections into the organisation from across the system with a high percentage of those patients being admitted. High bed occupancy rates has resulted in some patients waiting in the Emergency Department over 12 hours. An organisational focus on admission avoidance through our community services offer timely discharge with the Trust being a pilot site of the Optica system with Home First principle being at the forefront of delivery.

Despite the challenges the overall position for the majority of key standards, including RTT, cancer and diagnostics, remain comparable to national and regional position. Additional capacity continues to be delivered through continuation of insourcing supporting capacity within the elective programme whilst the internal workforce gaps are addressed and outsourcing of diagnostic reporting continues.

Work on delivering against Cancer standards continues with a number of initiatives in place including insourcing, pathway reviews supported by delivery groups and capacity and demand reviews across the services, given the increase in referrals into some specialities.

A full waiting list review is underway with Clinical teams continuing to review patients, currently waiting over 40 weeks, to ensure patient outcomes have been progressed and patients waiting for procedures or appointments are given dates.

## 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 84.18 (March 2021 to February 2022), with the latest SHMI value is 94.15 (February 2021 to January 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 Stage 1 increased during June 2022, with Stages 2 and 3 seeing a decrease. The number of complaints received this month continues to be consistent with pre-pandemic levels.

The number of high risks has reduced to the same as the mean over last few months and this remains within the expected variance, demonstrating a dynamic risk management process.



# Executive Summary



North Tees and Hartlepool  
NHS Foundation Trust

## Workforce

Sickness absence levels have decreased in May 2022 which includes a fall in Covid-related absence; stress/anxiety/depression was the most prevalent reason for absence. Absence management clinics continue and work has started to look at Occupational Health KPIs and 231 managers have received Attendance Management Training.

Turnover has decreased slightly and there are actions in place to look at employee engagement, reward and recognition.

Overall mandatory training compliance stands at 90%, but there are hotspot topics where compliance is lower in Resus and safeguarding topics.

Work is ongoing to improve appraisal compliance (85% currently).

## Finance

The Trust submitted an original financial plan for 2022/23 of a deficit of £1.4m. Following additional national funding to support excessive inflationary costs, the Trust has submitted a revised financial plan of £4.35m surplus.

The revised financial plan will be supported by additional income and an increase in the CIP target for 2022/23.

The revised financial plan has not impacted on control totals for care groups or corporate areas.

At month 3, the Trust is reporting an in-month surplus of £2.262m against a planned surplus of £1.153m, which is £1.109m ahead of plan.

The Trust is reporting a year to date surplus of £3.430m against a plan of £2.740m, which is £0.690m ahead of plan.

Phasing of the revised plan anticipated an ahead of plan position, but this will not continue and is expected to reduce during the year.

Total Trust income in M3 is £31.147m (including donated asset income).

M3 pay expenditure totalled £20.629m of which £0.162m is additional spend related to the Covid-19 response (including testing costs).

M3 non-pay expenditure totalled £8.235m of which £0.134m is additional spend related to Covid-19.

The month 3 year to date net contribution from Optimus is £0.067m against a plan of £0.041m (£0.026m ahead of plan) and the year to date net contribution from the LLP is £0.260m against a plan of £0.458m (£0.198m behind plan - which includes reinvestment expenditure of £82k).

Key risks at Month 3 relate to run rate control (workforce costs e.g. enhanced rates) and delivery of CIP.

# System Oversight Framework 6



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
New Cancer Two Week Rule	✘ May-22	84.58%	93.00%		<p><b>Cancer</b></p> <p>The reported May position, the latest validated position, sees the Trust achieving four out of the nine cancer standards which placed the Trust 2<sup>nd</sup> in the region. The Trust continues to achieve the 28 day faster diagnosis target, being only one of three organisations across the region to do so. The cancer 62 day target is still a pressure, with no Trust in the region achieving the standard. Issues in breast, gynaecology, colorectal and urology continue with peaks in referrals impacting on patient pathways. A continued focus through weekly Cancer PTL works to ensure all patients progress along the pathway as quickly as possible.</p> <p>Cancer Delivery Groups continue to meet on a monthly basis to support and encourage change solutions and understand issues around complex pathways. All tumour groups are in the process of developing robust recovery action plans which will be monitored through the robust governance structure in place.</p> <p>The Trust continues to await the outcome of the national consultation to review existing cancer standards.</p>
Breast Symptomatic Two Week Rule	✘ May-22	92.83%	93.00%		
28-day Faster Diagnosis	✔ May-22	76.25%	75.00%		
New Cancer 31 Days	✔ May-22	96.10%	96.00%		
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✔ May-22	98.41%	98.00%		
New Cancer 31 Days Subsequent Treatment (Surgery)	✘ May-22	93.33%	94.00%		
New Cancer 62 Days	✘ May-22	54.49%	85.00%		
New Cancer 62 Days (Screening)	✘ May-22	86.11%	90.00%		
New Cancer 62 Days (Consultant Upgrade)	✔ May-22	92.31%	85.00%		



# System Oversight Framework



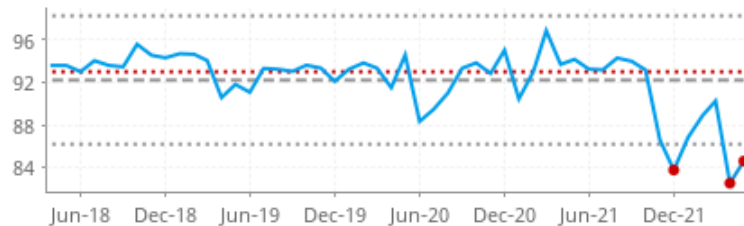
North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Referral To Treatment Incomplete Pathways Wait (92%)	✘ Jun-22	81.16%	92.00%		<p><b>RTT</b></p> <p>The number of patients waiting longer than 52 weeks is 62, against a target in June of 15 with the aim to have zero patients waiting over 52 weeks by September 2022. The most recent regional data (May 2022) is reflective of the Trust having the second lowest number over 52 weeks in the region, the lowest being 35, and sitting third in the region for overall 18 week compliance. At the end of June 2022 the Trust maintains the trajectory position with no patients waiting longer than 78 and 104 weeks.</p> <p>Care Groups are working to increase capacity in identified specialties in line with recovery which is looking to improve patient flow, standardise processes, and develop an assurance framework.</p> <p>The Trust continues to see an increase in referrals, 11.27% at end of June, compared to 2019/20 levels, with an increase to the overall waiting list in June reporting a 3.8% (n=716) in comparison to May 2022.</p> <p><b>Diagnostics</b></p> <p>Performance has seen a reduction in June compared to last month which regionally placed the Trust with the second highest compliance across the region. The pressures are primarily related to staffing capacity in a number of key areas.</p> <p>Additional MRI capacity to reduce the backlog will be introduced in July with a mobile MRI scanner on the North Tees site and Endoscopy continue to provide additional weekend lists.</p>
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	✘ Jun-22	29.00	28.00		
Incomplete Pathways Wait (Median)	✘ Jun-22	8.14	7.20		
Incomplete Pathways Wait (>52 Week Wait)	✘ Jun-22	62	15		
Diagnostic Waiting Times and Activity	✘ Jun-22	84.24%	99.00%		

## Statistical Process Control (SPC) Charts

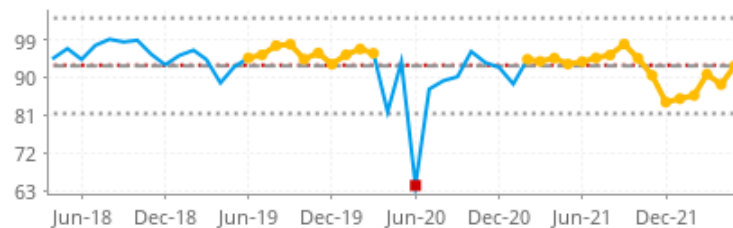
Cancer - 2 Week Rule

Month	Performance	Standard
May-22	84.58%	93.00%



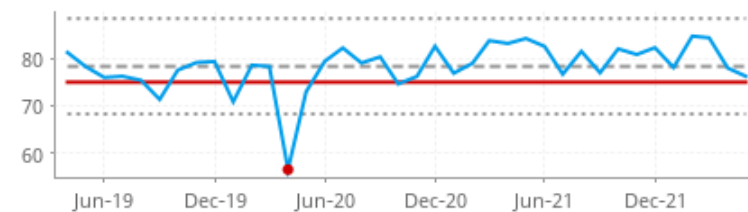
Cancer - Breast Symptomatic

Month	Performance	Standard
May-22	92.83%	93.00%



Cancer - 28 day Faster Diagnosis

Month	Performance	Standard
May-22	76.25%	75.00%



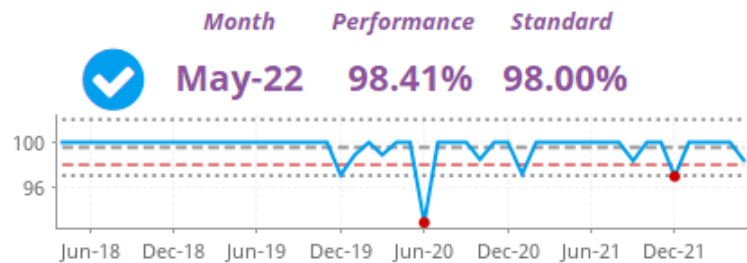
Cancer - 31 days

Month	Performance	Standard
May-22	96.10%	96.00%

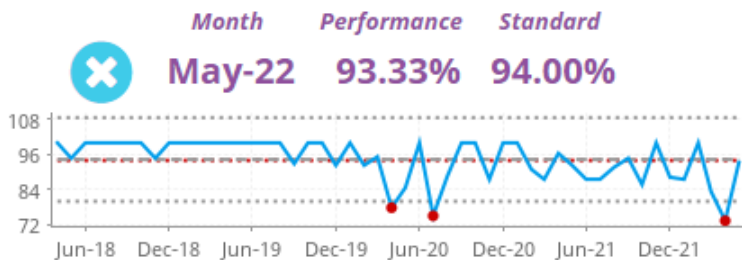


## Statistical Process Control (SPC) Charts

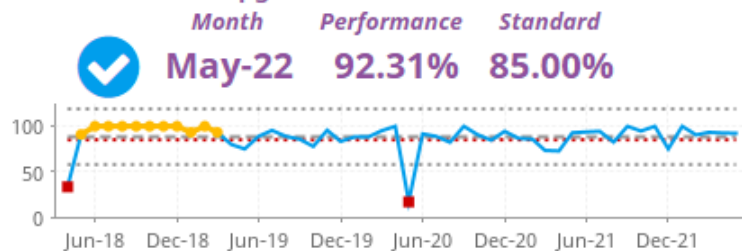
Cancer - 31 Day Drug Treatment



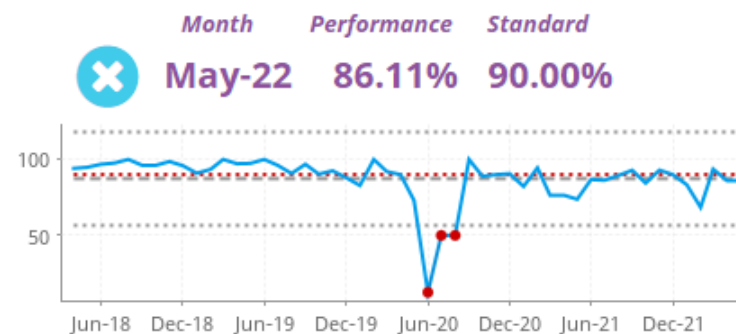
Cancer - 31 Day Surgical Treatment



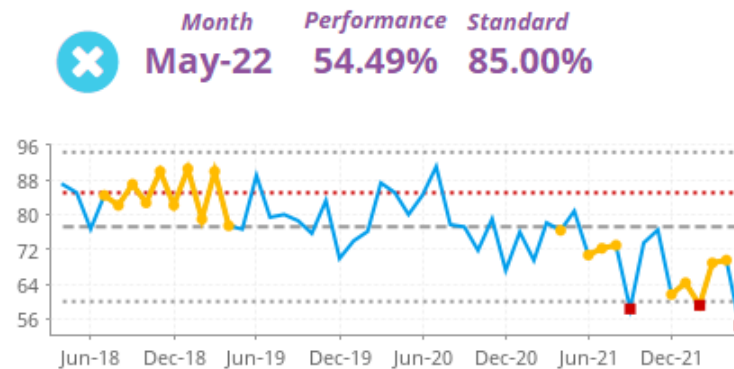
Cancer - 62 Consultant Upgrade



Cancer - 62 Days Screening

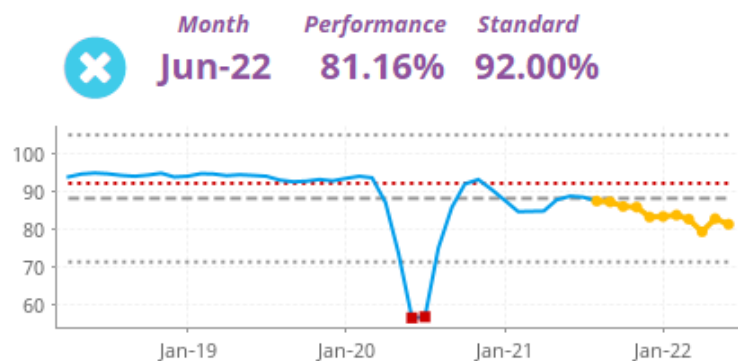


Cancer - 62 Days

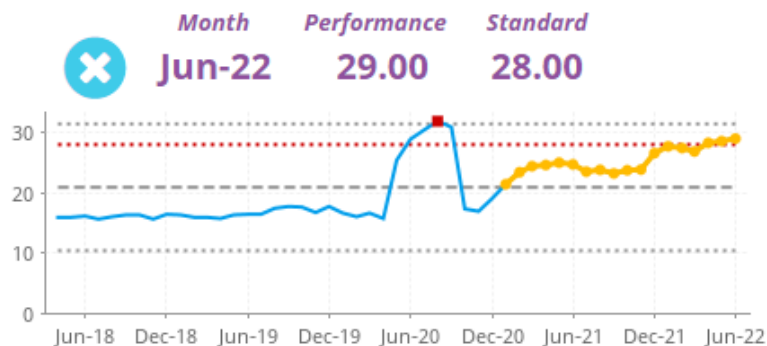


## Statistical Process Control (SPC) Charts

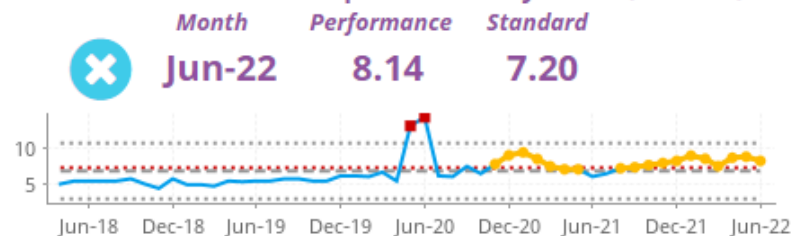
Referral To Treatment- Incomplete Pathways Wait (92%)



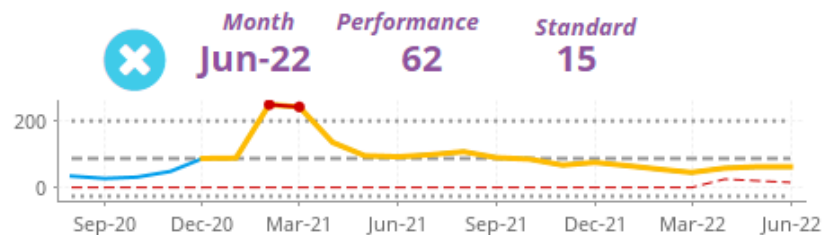
Referral To Treatment - Incomplete Pathways Wait (92nd percentile)



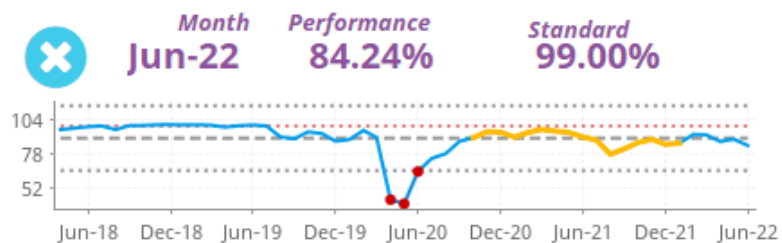
Referral To Treatment - Incomplete Pathways Wait (Median)



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



Diagnostic Waiting Times and Activity



# Efficiency & Productivity













North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Decision To Admit (DTA) (over 12 hours)	✘ Jun-22	13	0		<p><b>Urgent and Emergency Care</b></p> <p>The Trust continues to triage patients within the required national standard of 15 minutes however, pressures are noted within Ambulance handovers and overall time spent in the Emergency Department aligning to bed availability with occupancy regularly above the 90% standard throughout the month.</p>
Time to Initial Assessment (mean) Type 1 & 3	✔ Jun-22	12.59	15.00		
Number of Ambulance Handovers waiting more than 60 Mins	✘ Jun-22	15	0		<p>NEAS reported the Trust at 51.1% of ambulance turnaround times within 30 minutes (arrival to clear), this places the Trust 2nd regionally with an average turnaround time of 32 minutes. 30% of handovers were completed within 15 minutes and 59% within 30 minutes. Though below standard, there is an improving trend with a step change since October 2021.</p>
65% of Ambulance Handovers completed within 15 Mins	✘ Jun-22	29.76%	65.00%		<p>The Trust continues to respond to a number of requests for mutual aid and ambulance diverts and deflections from neighbouring trusts with 45 patients received in June, which is significantly higher than the 15 reported in May, with 26 of those patients converting to an admission with an average length of stay of 5.3 days.</p>
95% of Ambulance Handovers completed within 30 Mins	✘ Jun-22	58.62%	95.00%		<p>The Trust is committed to improving compliance with ambulance turnaround times and continues to work in partnership with NEAS colleagues.</p>
2 hour Urgent Community Response	✘ May-22	64.01%	70.00%		<p><b>Urgent Community Response</b></p> <p>The Tees Valley Urgent Community Response Service brings together a range of Health and Social Care professionals to respond quickly to support patients to remain in their own home. The compliance has seen an increase in the latest position report for May, moving from 58.49% in April. The District Nurses Team in Stockton are the first individual team to achieve the 70% standard in May.</p> <p>Staff have been developed as Key Trainers supporting in-month audits and workforce through individual action plans and the team are committed to achieving the standard by Q3 2022/23.</p>

# Efficiency & Productivity



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Outpatient Did Not Attend (Combined)	 Jun-22	9.85%	9.20%		<p><b>Outpatients</b></p> <p>A slight improvement in performance against DNA rates is noted in June, when compared to May, with a continued upward trend evident. A sub group of the Outpatient Transformation Group will link in with Primary Care to understand, from a Health inequalities perspective, the reasons why a high percentage of patients from the lowest decile population are unable to attend their appointment.</p> <p>The continued focus on Patient Initiated follow ups (PIFU) has seen Orthopaedics implement a PIFU pathway in June for fracture and elective clinics, which should support an improved reporting position in the coming months. Please note a change to April's position following a rebased trajectory calculation to a cumulative monthly position rather than the full year effect.</p> <p>As the organisation moves to more PIFU this will contribute to plan to reduce the number of patients seen in review clinics which has been set at 85% of what was delivered in 2019/20. The Trust is currently reporting 3.67% over that plan for June which is an improved position compared to May which reported 7.37% above plan.</p>
Reducing Reviews	 Jun-22	88.67%	85.00%		
Patient Initiated Follow Up (PIFU)	 Jun-22	3.10%	5.00%		
Advice and Guidance	 Jun-22	10.10%	16.00%		
Diabetic Retinopathy Screening	 Jun-22	98.22%	95.00%		



# Efficiency & Productivity



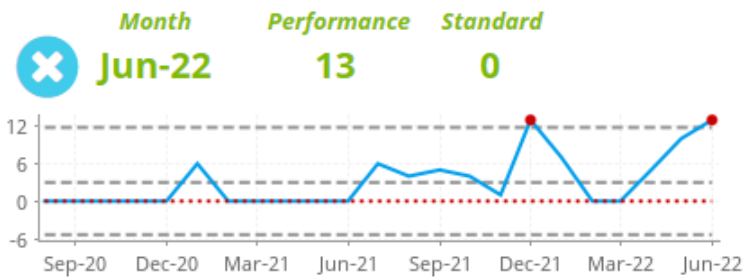
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Electronic Discharge Summaries	✗ Jun-22	87.95%	95.00%		<p><b>Electronic Discharge Summary (EDS)</b></p> <p>All summaries are being completed however, some are outside of the required 24 hours. Care Groups receive a report which will drive focus in specific areas but unfortunately team sickness is negatively impacting the ability to complete within 24 hours.</p> <p><b>Trust Occupancy</b></p> <p>While admissions in June were 2.44% less than in May, the Trust continued to operate at a heightened occupancy rate (93.86% average) during June with surges in activity and an increase in Covid admissions from 11 patients at the end of May to 62 at the end of June.</p> <p>A peak on 29 June 2022 saw occupancy rise to 98.68%, with 46 escalation beds opened. Escalation beds open throughout the month ranged from a minimum of 8, to a maximum of 46 (on 29 June).</p> <p>Work is underway to review the core bed base in conjunction with the Trust's Operating Model to ensure that services are able to respond to surges in demand.</p> <p><b>Readmissions</b></p> <p>Readmissions continues an improving trend with a further reduction in April (latest available data) with deployments of patients to virtual wards and support from Hospital at Home enabling improvements in readmission rates across respiratory, although along with sepsis respiratory remains one of the main reasons for readmission.</p>
Super Stranded	✗ Jun-22	50	43		
Average Depth of Coding	✓ May-22	6.30	3.01		
Length of Stay - Elective	✓ Jun-22	1.39	3.14		
Length of Stay - Emergency	✓ Jun-22	2.85	3.35		
Day Case Rate	✓ Jun-22	81.26%	75.00%		
Pre-op Stays	✓ Jun-22	1.72%	4.50%		
Trust Occupancy	✗ Jun-22	93.90%	90.00%		
Re-admissions Rate 30 Days (Elective and Emergency)	✗ Apr-22	8.45%	7.70%		
Not reappointed within 28 days	✗ May-22	3	0		

# Efficiency & Productivity

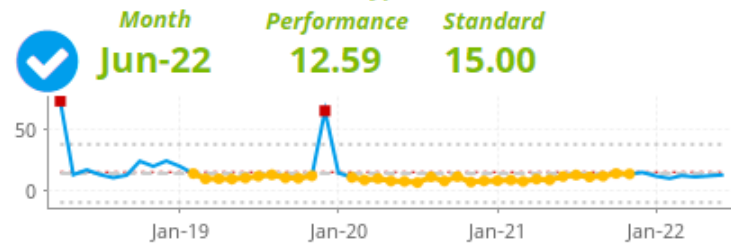


## Statistical Process Control (SPC) Charts

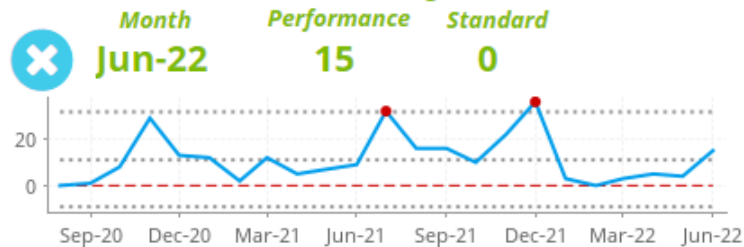
Decision to Admit (DTA) (Over 12 hours)



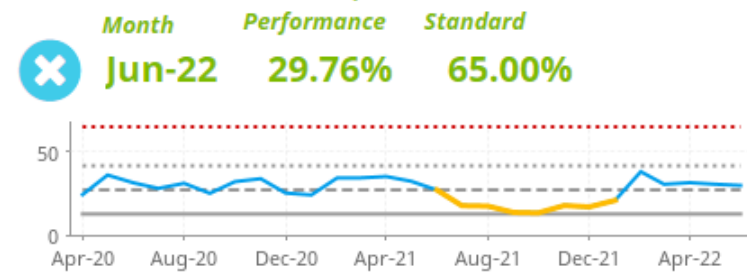
Time to Initial Assessment (mean) Type 1 & 3



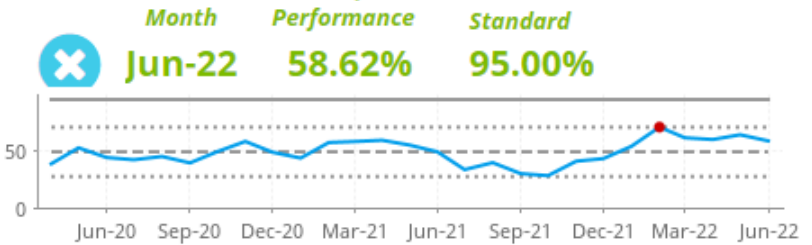
Number of Ambulance Handovers waiting more than 60 mins



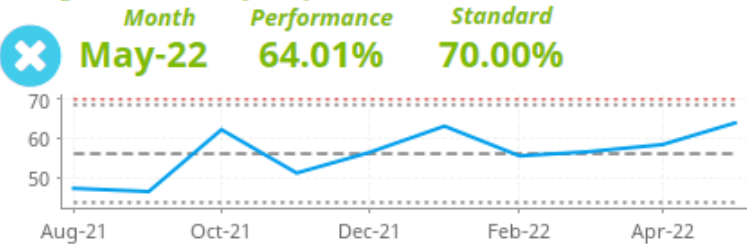
65% of Ambulance Handovers completed within 15 mins



95% of Ambulance Handovers completed within 30 mins



2 hour Urgent Community Response





# Efficiency & Productivity

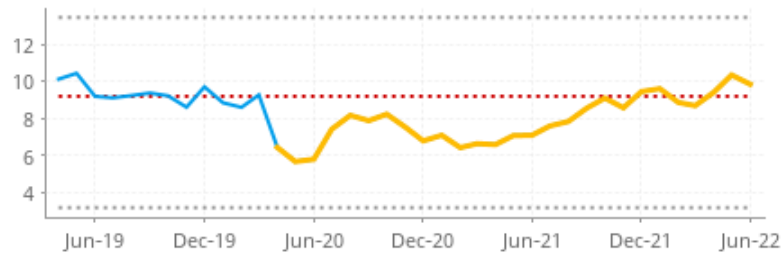


## Statistical Process Control (SPC) Charts

Outpatient Did not Attend

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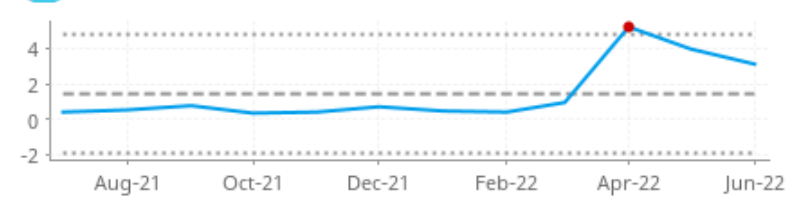
Month	Performance	Standard
Jun-22	9.85%	9.20%



Patient Initiated Follow up

✘

Month	Performance	Standard
Jun-22	3.10%	5.00%



Reducing Reviews

✘

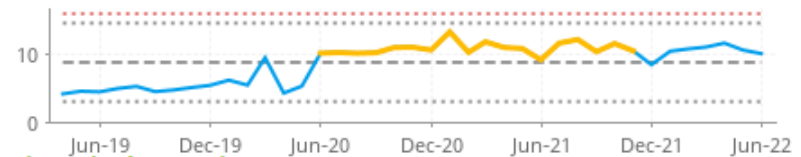
Month	Performance	Standard
Jun-22	88.67%	85.00%



Advice and Guidance

✘

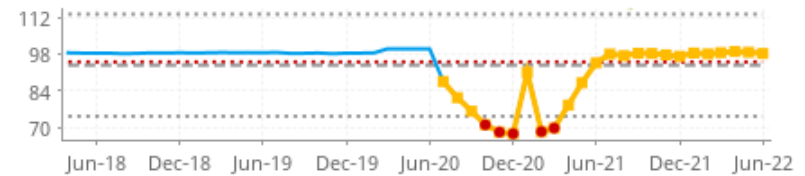
Month	Performance	Standard
Jun-22	10.10%	16.00%



Diabetic Retinal Screening

✔

Month	Performance	Standard
Jun-22	98.22%	95.00%

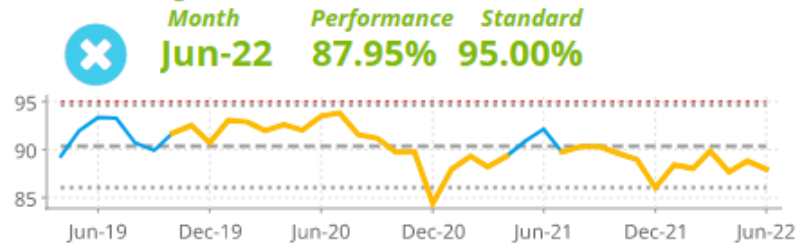


# Efficiency & Productivity

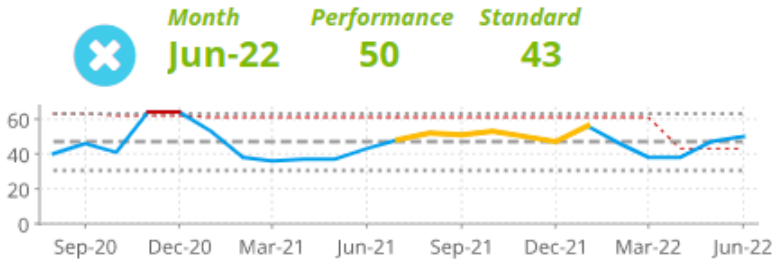


## Statistical Process Control (SPC) Charts

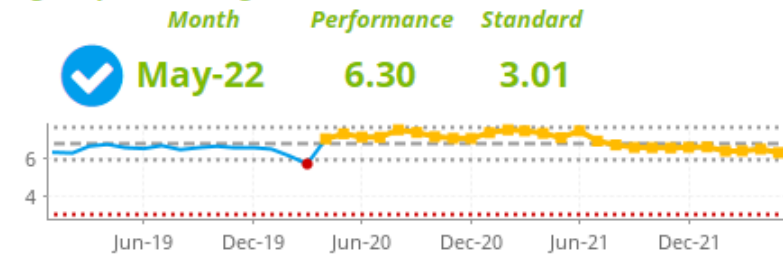
Electronic Discharge Summaries



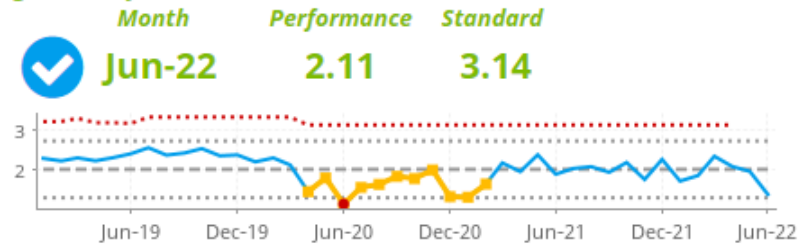
Super Stranded



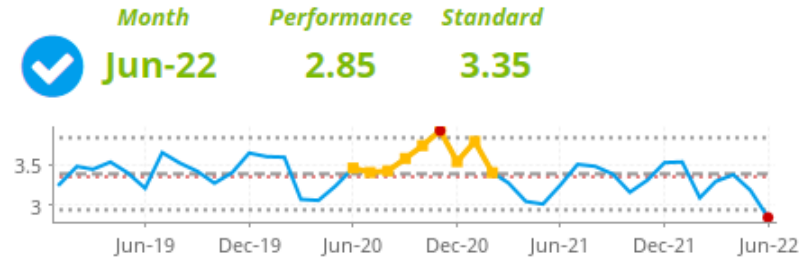
Average Depth of Coding



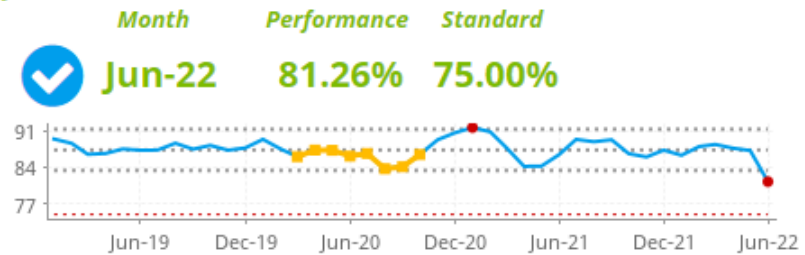
Length of Stay - Elective



Length of Stay - Emergency



Day Case Rate



# Efficiency & Productivity

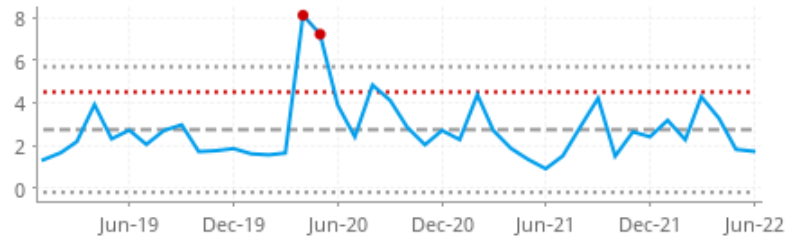


## Statistical Process Control (SPC) Charts

Pre-op Stays

✔

Month	Performance	Standard
Jun-22	1.72%	4.50%



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

✘

Month	Performance	Standard
Apr-22	8.45%	7.70%



Trust Occupancy

✘

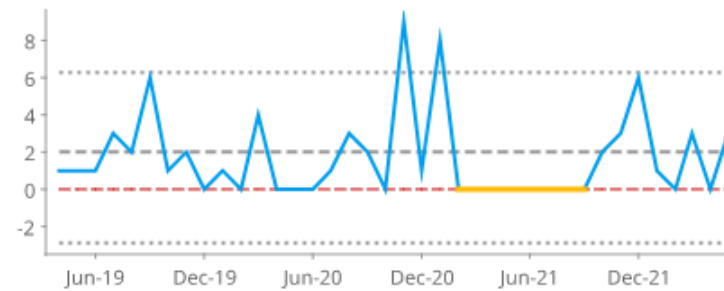
Month	Performance	Standard
Jun-22	93.90%	90.00%



Not Reappointed within 28 days

✘

Month	Performance	Standard
May-22	3	0



# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved			Narrative	
Hospital Standardised Mortality Ratio (HSMR)	✓	Month Mar 21 - Feb 22	Performance 84.18	Trend 	<h3>Mortality</h3> <p>The latest HSMR value is currently reporting at 84.18 rebased (March 2021 to February 2022) which has increased from the previous rebased value of 83.78 (February 2021 to January 2021). The latest SHMI value is now 94.15 (February 2021 to January 2022) which has decreased from the previous rebased value of 94.74 (January 2021 to December 2021).</p> <h3>Complaints</h3> <p>The number of complaints has slightly decreased in June compared with the previous month, with an increase in Stage 1 complaints. There has been a slight decrease in stage 2 complaints and a large decrease of 13 in Stage 3 complaints. 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.</p> <p>Limited visiting continues on an appointment basis. However, families continue to be supported through John's Campaign and provisions for those patients at End of Life. During June 2022, communication was the highest reported main issue in concerns raised to the Trust with 24 complaints. However, this is a decrease of 30 compared to the previous month. Increased analysis has been undertaken in relation to this theme and this is discussed during the weekly Safety Panel meetings. Trend analysis also continues to be addressed during weekly Senior Clinical Professional Huddles. This robust process continues to support timely identification of the themes.</p> <p>There has been a significant reduction in the number of relatives arranging virtual visits and the number of parcels and letters delivered to the Patient Experience Team as part of the patient's property drop off service. However, this service remains available. Ward staff continue to promote virtual visiting as an alternative option to face to face visiting.</p> <h3>Compliments</h3> <p>The Trust records the compliments received onto the Greatix platform. For June 2022 the number of compliments received is 309, which is higher than the mean of 255 compliments. Compliments consistently remain higher than the number of complaints the Trust receives.</p>
Summary Hospital-Level Mortality Indicator (SHMI)	✓	Month Feb 21 - Jan 22	Performance 94.15	Trend 	
		Month	Performance	Standard	Trend
Stage 1 Complaint	✗	Jun-22	119	98	
Stage 2 Complaint	✓	Jun-22	4	4	
Stage 3 Complaint	✓	Jun-22	5	9	
Compliments	✓	Jun-22	309	255	

# Safety & Quality



North Tees and Hartlepool









NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
High Risks	✓ Jun-22	4	4		<b>Falls</b>
Never Events	✓ Jun-22	0	0		During June all falls were recorded as leading to no harm, low harm or a near miss. Overall 75% of the falls resulted in no harm, 5% near misses without harm and 19.7% causing low harm such as grazes or bruising.
VTE %	✗ Jun-22	94.47%	95.00%		The National audit of inpatient falls data from 1st January - 31 December 2021 has been published. When compared to the previous year there has been a marked improvement in completion of lying and standing BP's, medication reviews, patients having a medical assessment within 30 minutes of a fall and completion of continence care plans. There is ongoing work to ensure these improvements are sustained and assurance provided to the Board.
Fall No Harm	✗ Jun-22	84	81		The Falls Lead continues to work in collaboration with the Trust patient safety teams to ensure optimum learning from incidents, supporting service and quality improvement associated with risks, risk mitigation and patient care.
Fall Low Harm	✗ Jun-22	22	16		
Fall Moderate Harm	✓ Jun-22	0	1		
Fall Severe Harm	✓ Jun-22	0	0		

# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	<i>Month</i>	<i>Performance</i>	<i>Standard</i>	<i>Trend</i>	
<b>Pressure Category 1</b> (inpatient)	 May-22	8	5		<b>Pressure Ulcers</b> In the May 2022 reporting period, there were 8 Category one pressure ulcers validated, which is above our expected standard, although we welcome early identification and action. An increase in Category two pressure ulcers, 18, which is below the accepted standard of 22 cases. There has been 1 Category three pressure ulcers identified in May 2022 and zero Category four pressure ulcers reported, both of which are in line with or below our expected standard.
<b>Pressure Category 2</b> (inpatient)	 May-22	18	22		
<b>Pressure Category 3</b> (inpatient)	 May-22	1	2		
<b>Pressure Category 4</b> (inpatient)	 May-22	0	0		



# Safety & Quality



Standard	Standard Achieved			Narrative
	Month	Performance	Standard	Trend
Hand Hygiene	Jun-22	99%	95%	
Clostridium difficile	Jun-22	2	4	
MRSA	Jun-22	0	0	
MSSA	Jun-22	3	2	
Ecoli	Jun-22	6	6	
Klebsiella	Jun-22	2	1	
Pseudomonas	Jun-22	0	1	
CAUTI	Jun-22	16	18	

## Infections

In June 2022, the Trust reported two cases of Clostridioides difficile infection, which is below our projected trajectory of 4 for June 2022. Our yearly objective for 2022-23 is 54 cases of Clostridioides Difficile, with our current case figure of 10.

The Trust has reported 6 E-coli bacteraemia in June 2022, which is significantly less than the previous month and in line with our projected case rate of six. Our yearly objective for E-coli bacteraemia for 2022-23 is 73 cases, which is a significant reduction on the previous year and we currently have had 28 cases since the start of the financial year.

There were no trust attributable cases reported for Pseudomonas infections. Our 2022-23 objective is 12 cases.

The trust reported two cases of Klebsiella in June 2022. This remains above our projected trajectory of one case for the month of June. Our yearly objective for Klebsiella species for 2022-23 is 21 cases, currently the trust stand at 10 cases.

There have been three healthcare-associated cases of MSSA in the month of June, which is one more than our monthly projected trajectory of two cases. There is no set national objective set for MSSA, but by applying the same criteria that the national team have to the other targets, our own internal trust target for MSSA for 2022-23 is 30 cases. The trust have had 9 cases in total for this financial year.

For the month of June, 16 CAUTI cases were reported for the trust, against our projected trajectory of 18.















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

Hand Hygiene compliance throughout the trust stands at 99%.

# Safety & Quality



North Tees and Hartlepool  
NHS Foundation Trust

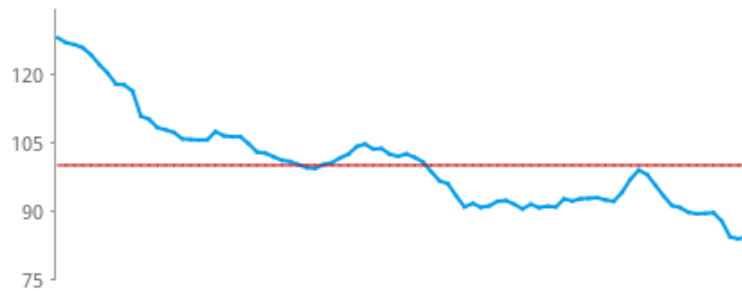
Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Friends and Family Test (FFT) - Emergency	 Jun-22	80.00%	75.00%		<p><b>Friends and Family</b></p> <p>For June 2022 the Trust received 1,305 FFT returns, this has creased on the previous months returns of 1,488. The Very Good or Good responses returned for June 2022 is 90.42%.</p> <p>All three FFT metric percentages fall within their relevant control limits with the recent trends displaying natural cause variation. Work continues to promote FFT particularly from the in-patient areas to improve the amount of feedback.</p>
Friends and Family Test (FFT) - Inpatients	 Jun-22	88.00%	75.00%		
Friends and Family Test (FFT) - Maternity	 Jun-22	100.00%	75.00%		
UNIFY - RN Day	 Jun-22	77.56%	>=80% and <=109.99%		<p><b>UNIFY</b></p> <p>Nursing fill rates remain challenging due a range of factors including continued vacancies and a higher sickness absence than planned. The daily challenges have been safely managed through appropriate routes of escalation up to the Deputy Chief and Chief Nurse. The nursing fill rates presented in June 2022 show that these pressures are still evident but continue with a positive forecast emerging from October/November 2022 following further recruitment plans and the deployment of planned international nurses.</p> <p>Minimum of 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.</p> <p>Monthly recruitment processes are on-going for both Registered Nurses and Health Care Assistants and cohort 3 of Team Support Workers (24wte) were recruitment in June 2022. Approx. 35wte Pre Reg Nurses were also interviewed and offered positions across all clinical areas in June 2022.</p> <p>The international recruitment of up to 60wte registered nurses is currently underway which will further support increasing the shift fill rate and reducing the overarching nursing vacancy level.</p>
UNIFY - RN Night	 Jun-22	90.22%	>=80% and <=109.99%		
UNIFY - HCA Day	 Jun-22	86.81%	>=80% and <=109.99%		
UNIFY - HCA Night	 Jun-22	131.73%	>=110% and <=125.99%		



## Additional Detail Charts

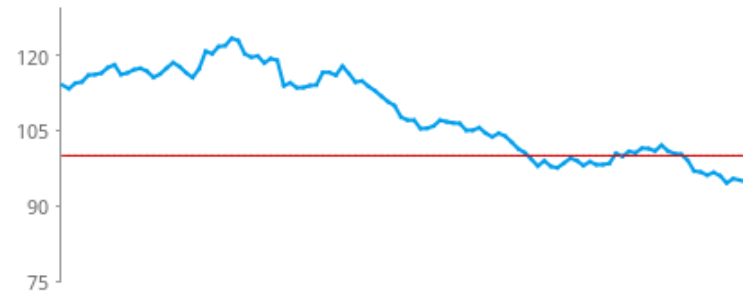
### Hospital Standardised Mortality Ratio

*Month*
*Performance*  
**Mar 21 - Feb 22**   **84.18**



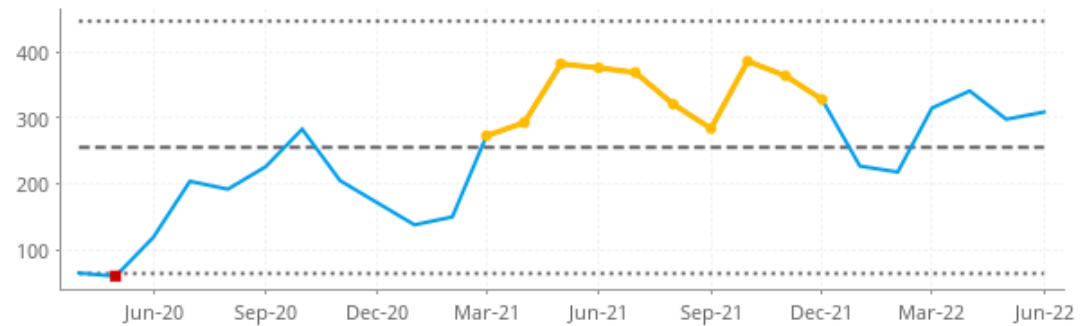
### Summary Hospital-Level Mortality Indicator

*Month*
*Performance*  
**Feb 21 - Jan 22**   **94.15**



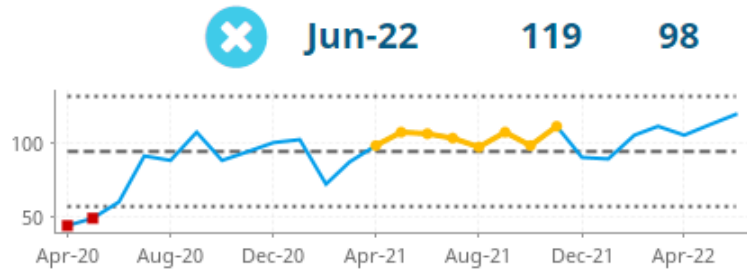
### Compliments

*Month*
*Performance*
*Standard*  
**Jun-22**   **309**   **255**



## Statistical Process Control (SPC) Charts

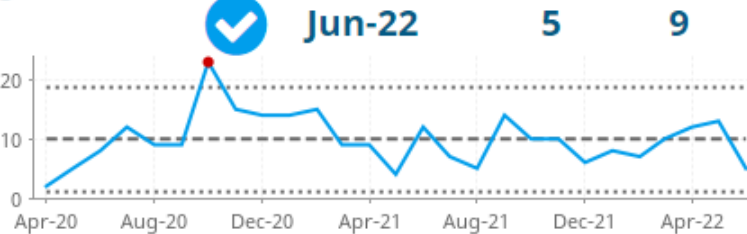
**Stage 1 - Informal**      Month      Performance      Standard



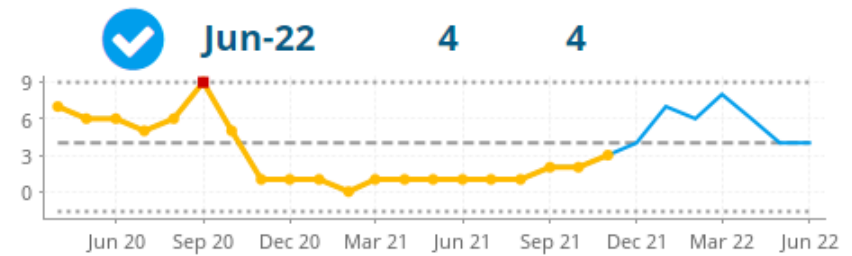
**Stage 2 - Meeting**      Month      Performance      Standard



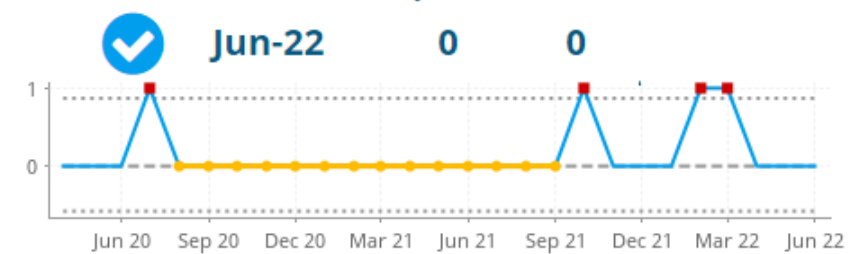
**Stage 3 - Formal**      Month      Performance      Standard



**Red Risks**      Month      Performance      Standard



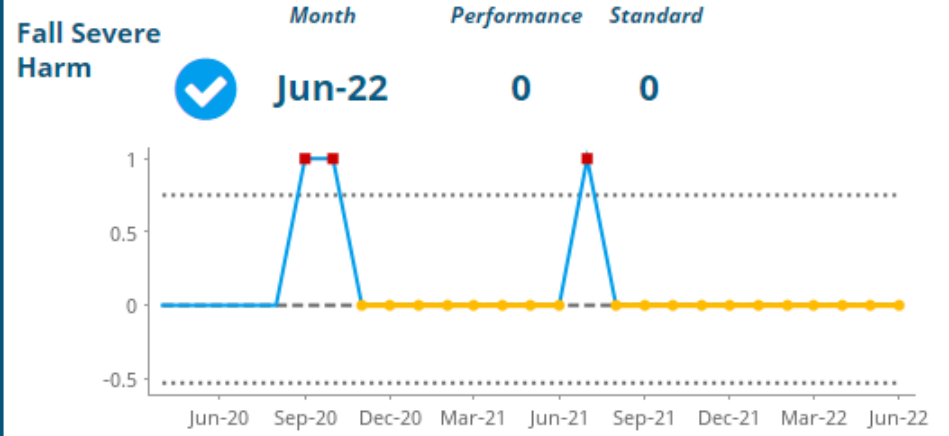
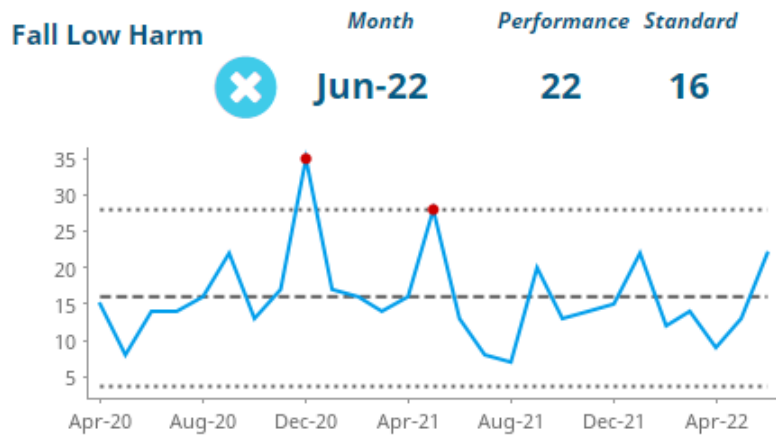
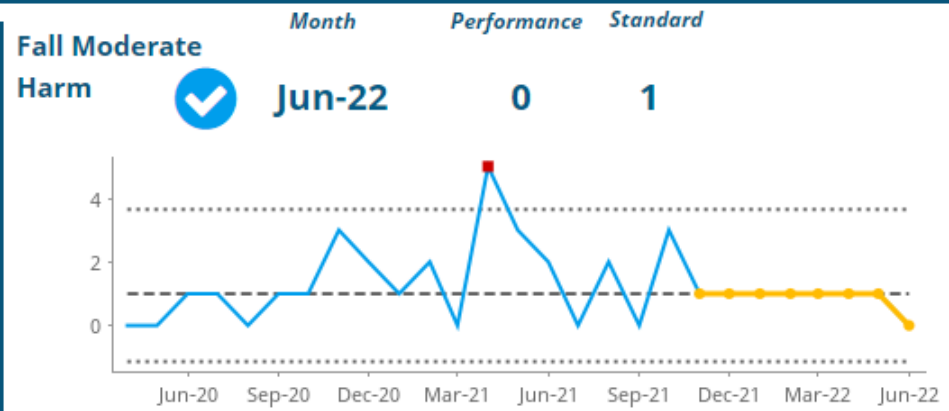
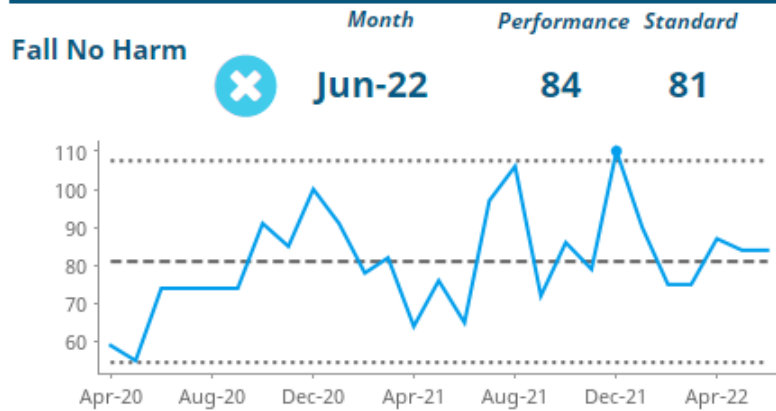
**Never Events**      Month      Performance      Standard



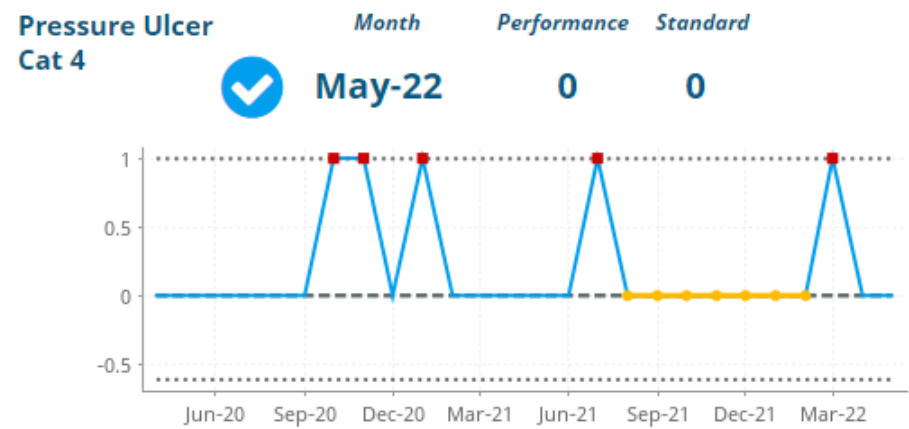
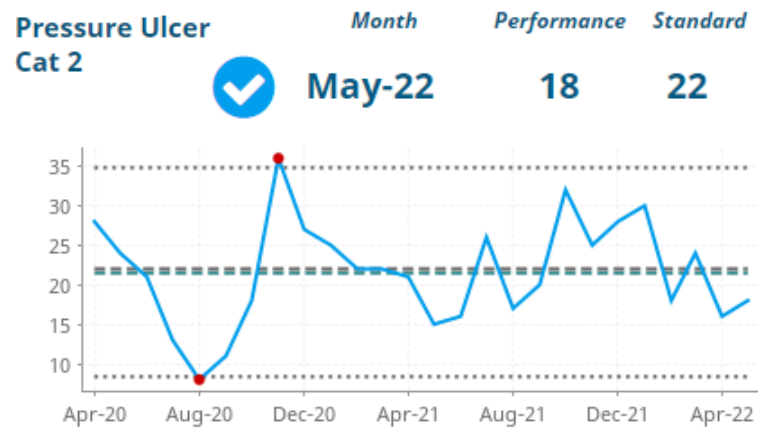
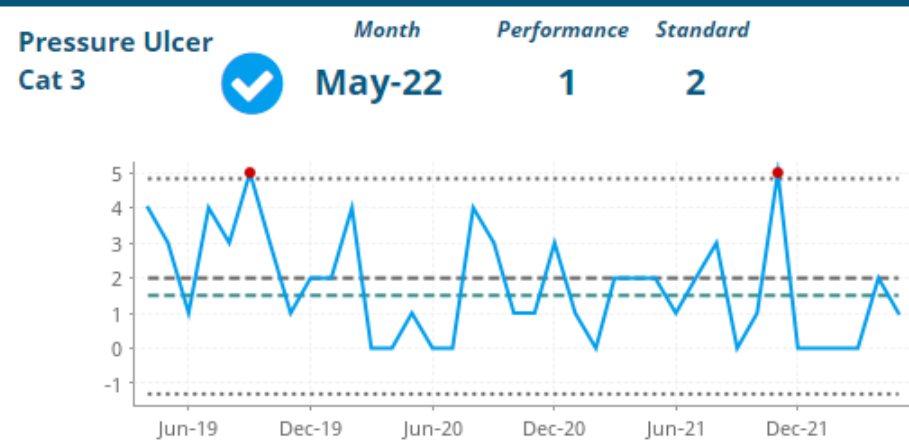
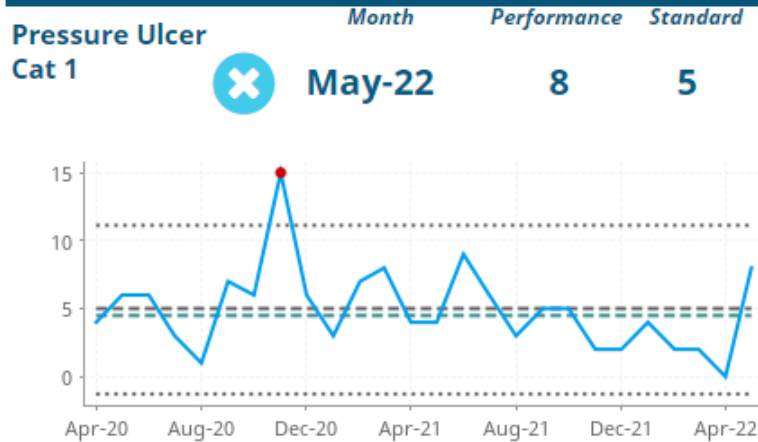
**VTE %**      Month      Performance      Standard



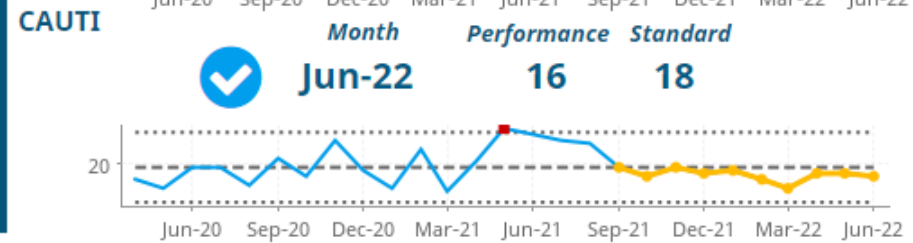
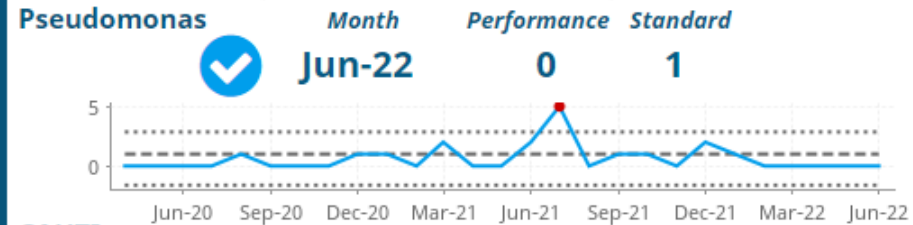
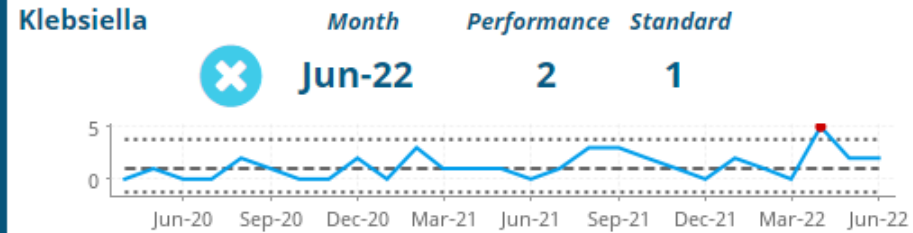
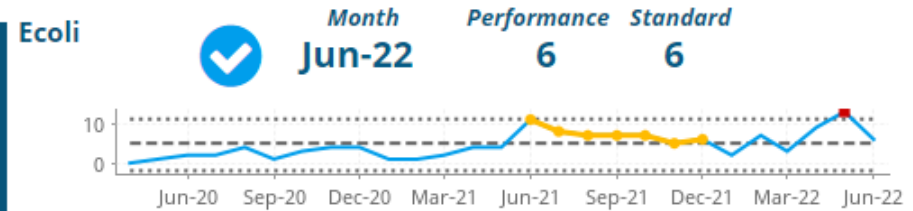
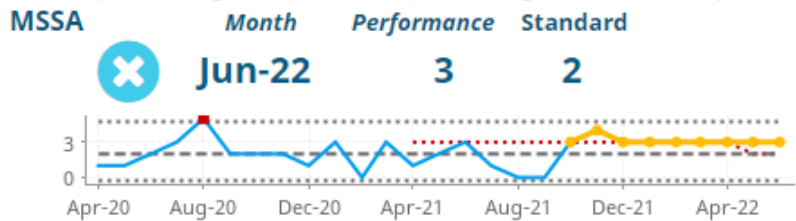
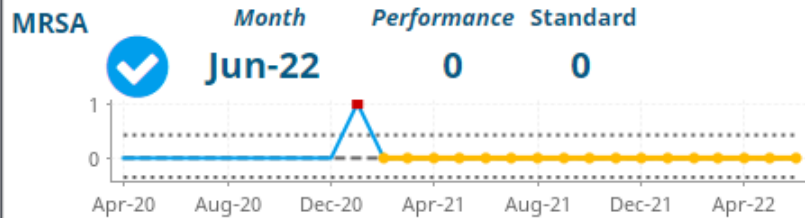
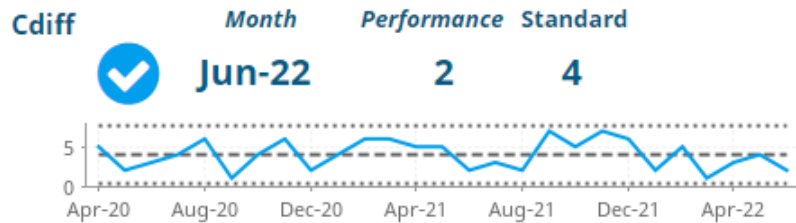
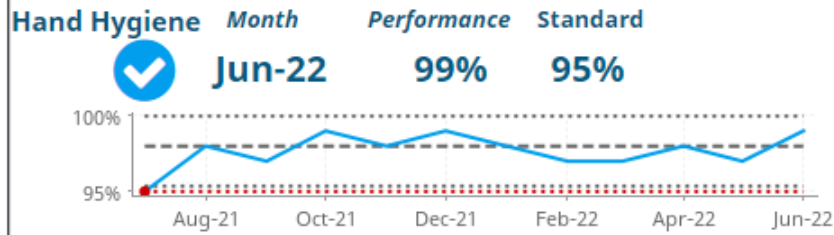
## Statistical Process Control (SPC) Charts



## Statistical Process Control (SPC) Charts



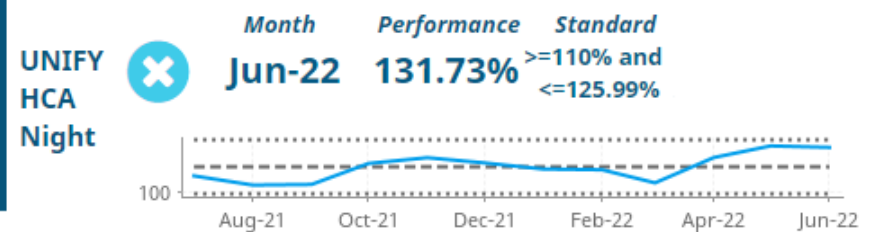
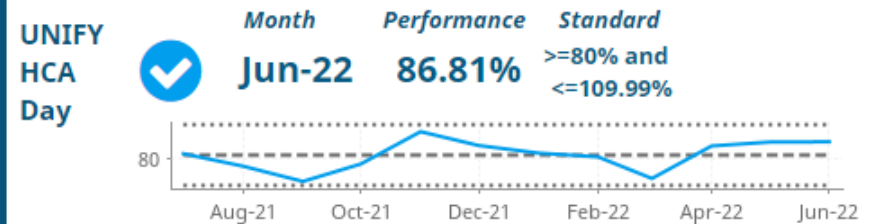
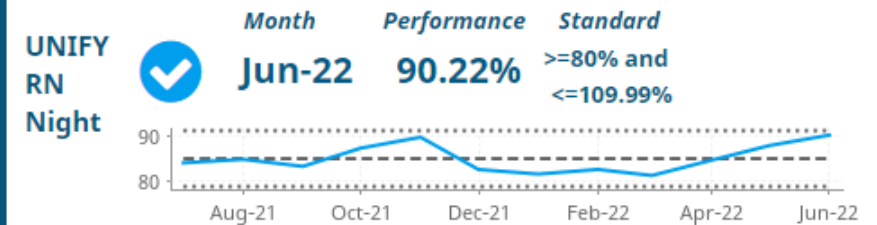
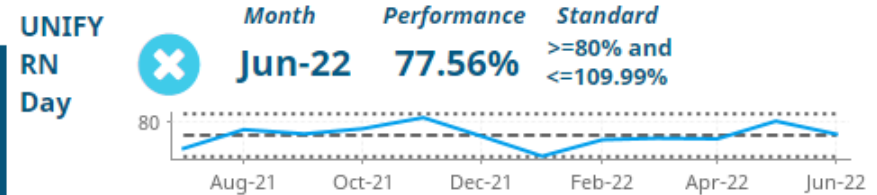
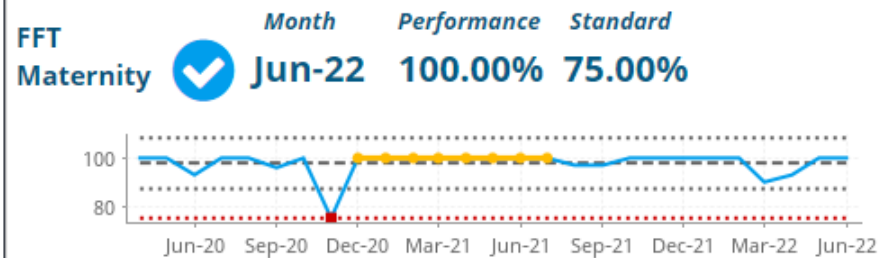
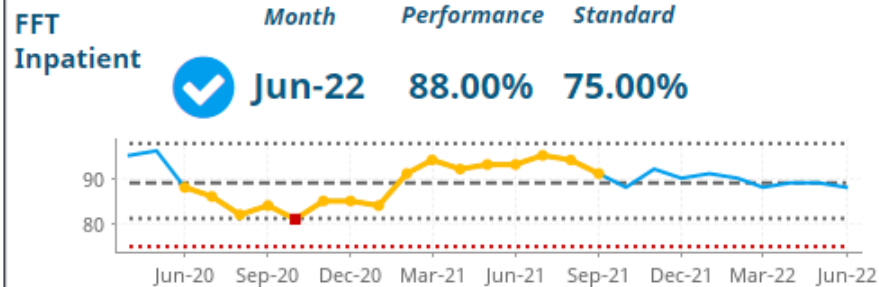
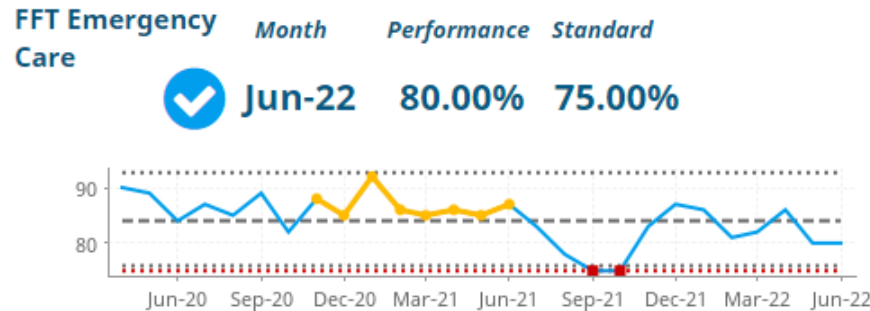
## Statistical Process Control (SPC) Charts



# Safety & Quality



## Statistical Process Control (SCP) Charts



# Workforce



Standard	Standard Achieved			Narrative	
	Month	Performance	Standard	Trend	
<b>Sickness</b>					
✘	Jun-22	5.97%	4.00%		<p><b>Sickness</b> - The absence rate for May reported a 1.12% decrease, of which 0.71% is attributable to Covid-19 related sickness and 4.80% attributable to other sickness. The 5.52% for sickness is compiled of 2.30% short-term and 3.21% long-term sick. This is reflective of a decrease in short term and slight increase in longer term absences. There has been a shift from 'Chest &amp; respiratory problems' to stress/anxiety/depression being the main reason for absence in June. All appropriate support is in place to through the workforce advisors and team via absence management clinics and occupational health.</p>
<b>Appraisals</b>					
✘	Jun-22	85.07%	95.00%		<p>An engagement event is planned for July, with active involvement from managers from care groups, corporate areas, workforce, occupational health in order to gather feedback and understanding of where changes are needed with the objective of making improvements and ultimately reduce absence figures across the Trust.</p> <p><b>Appraisals</b> - Continued and focus work continues across care groups and corporate areas to improve compliance with a slight improvement seen in the June position. An offer of training is in place across planned session, bespoke and as part of the Engagement, Development and Wellbeing of Staff 2 day Managers Development Programme to ensure all managers have the appropriate training to ensure that the appraisal is appropriate and meaningful.</p>
<b>Turnover</b>					
✘	Jun-22	11.83%	10.00%		<p><b>Staff Turnover</b> - A further decrease of 0.13% is noted from the previous month with 'on boarding' processes being reviewed and developed further to ensure positive engagement from the outset of employment. The exit process has been enhanced with the aim of capturing information from those intending to leave, before they actually do so; ensuring any remedial action can be taken in a timely manner.</p>
<b>Mandatory Training</b>					
✔	Jun-22	90.27%	80.00%		<p><b>Mandatory Training</b> - The compliance from June is reflective of a compliant positions, which has been consistently maintained for the last three months. There are a number of key areas of focus to improve compliance with appropriate capacity and support in place to ensure all staff receive their training in a timely manners.</p>

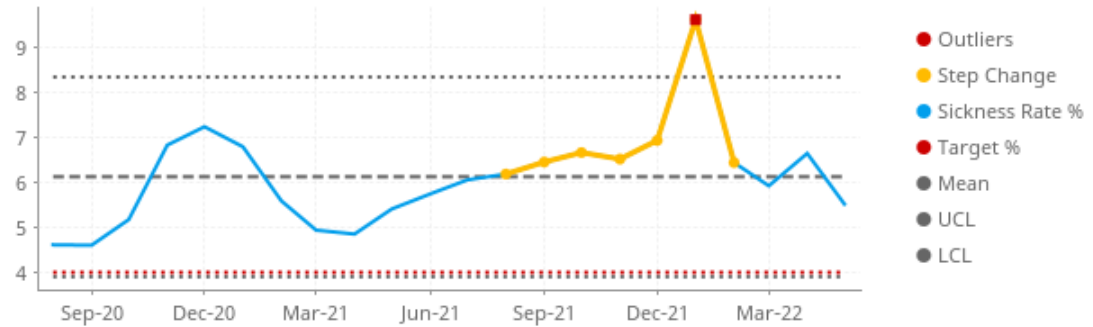


## Statistical Process Control (SPC) Charts

### Sickness

✘

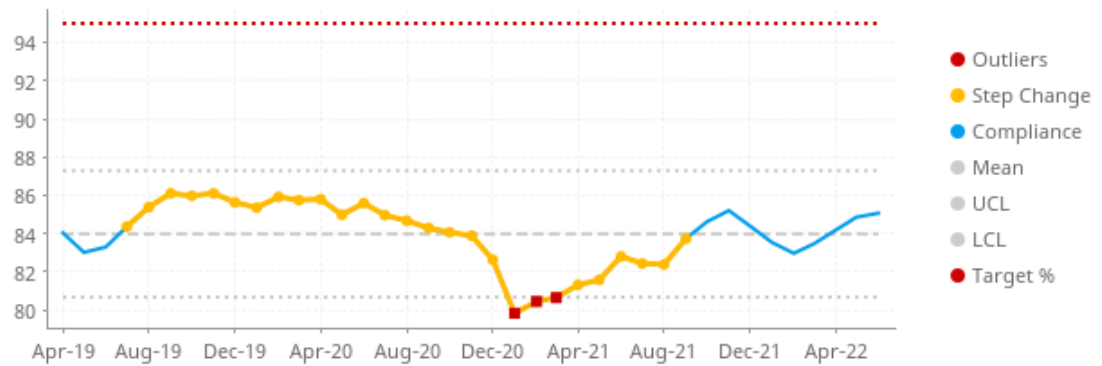
Month	Performance	Standard
May-22	5.52%	4.00%



### Appraisal

✘

Month	Performance	Standard
Jun-22	85.07%	95.00%

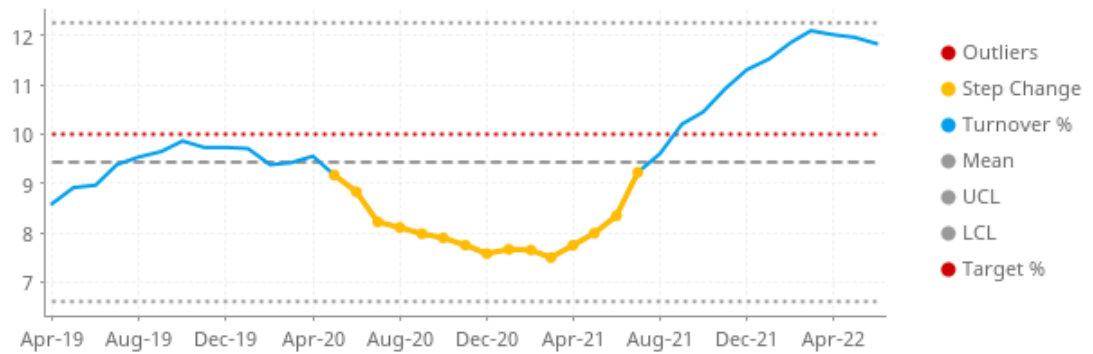




## Statistical Process Control (SPC) Charts

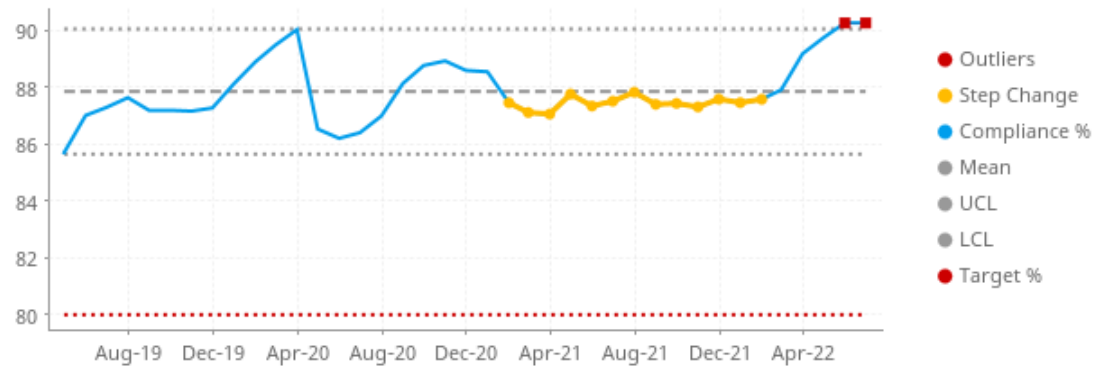
### Turnover

Month	Performance	Standard
Jun-22	11.83%	10.00%



### Mandatory Training

Month	Performance	Standard
Jun-22	90.27%	80.00%





## Finance Overview - Month 3

	Plan (£000)	Actual (£000)	
<b>Income/Expenditure</b>			
<b>In Month</b>	<b>1,153</b>	<b>2,262</b>	
<b>Year to Date</b>	<b>2,740</b>	<b>3,430</b>	

	£m
<b>Balance Sheet</b>	
<b>Cash Actual</b>	<b>72.0</b>
<b>Cash Plan*</b>	<b>68.4</b>

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

	Plan (£m)	Actual (£m)	
<b>Capital (*)</b>			
<b>In Month</b>	<b>0.033</b>	<b>0.5</b>	
<b>Year to Date</b>	<b>0.1</b>	<b>0.7</b>	

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

\* Capital plan rephased to commence from 01 July 2022

\*UOR suspended in 2021-2022 - manual calculations

\*\* Rating will only improve with increased cash reserves



# Appendix 1


















































































## RTT and Cancer

Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
<b>RTT - May 22</b>										
Incomplete Pathways waiting <18 weeks	63.5%		82.6%	84.3%	64.0%	75.9%	71.6%	86.1%	66.2%	72.1%
Half of incomplete patients wait less than	13		8	8	13	10	11	9	12	10
Half of admitted patients wait less than	12		8	16	27	13	11	13	8	7
15 out of 20 admitted patients wait less than	68		36	42	75	47	63	42	52	54
Half of Non admitted Pathways waited less than	8		5	8	10	5	6	7	6	6
15 out of 20 non admitted patients wait less than	48		28	28	50	33	38	34	33	26
Incomplete Pathways waiting >52 weeks	331623		62	84	878	71	3751	35	1364	1004

Cancer Waiting times Summary	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	North Tees & Hartlepool	Durham & Darlington	NCA
2wW Referrals	92.8 (1302/1403)	3.82 (1088/1298)	0.77 (1032/1137)	79.52 (1739/2187)	96.48 (1699/1761)	59.35 (1127/1899)	84.58 (1004/1187)	87.23 (2111/2420)	3.52 (11102/13292)
Breast Symptomatic Referrals	0 (0/0)	82.26 (51/62)	97.78 (44/45)	68.94 (91/132)	92.65 (63/68)	90 (9/10)	92.83 (207/223)	88.32 (174/197)	86.7 (639/737)
31Day First Treatments	98.98 (195/197)	88.33 (106/120)	98.4 (123/125)	83.84 (441/526)	96.79 (151/156)	94.69 (232/245)	96.1 (148/154)	95.26 (181/190)	92.06 (1577/1713)
31Day Subsequent Treatments - Drugs	99.22 (128/129)	100 (1/1)	100 (61/61)	95.52 (192/201)	100 (28/28)	97.62 (82/84)	98.41 (62/63)	100 (5/5)	97.73 (559/572)
31Day Subsequent Treatments - Radiotherapy	0 (0/0)	0 (0/0)	0 (0/0)	95.86 (394/411)	0 (0/0)	92.54 (186/201)	0 (0/0)	0 (0/0)	94.77 (580/612)
31Day Subsequent Treatments - Surgery	86.36 (19/22)	80 (4/5)	100 (26/26)	60.19 (62/103)	100 (10/10)	100 (4/4)	93.33 (14/15)	72.22 (13/18)	74.88 (152/203)
62Day Target - 2wW	70.48 (80/113.5)	46.67 (45.5/97.5)	37.93 (22/58)	58.76 (127.5/217)	66.67 (78/117)	66.76 (116.5/174.5)	54.49 (45.5/83.5)	2.24 (101.5/140.5)	1.56 (616.5/1001.5)
62Day Target - Screening	100 (2/2)	0 (0/0.5)	96.55 (28/29)	46.27 (15.5/33.5)	66.67 (1/1.5)	33.33 (1/3)	86.11 (31/36)	100 (6.5/6.5)	75.89 (85/112)
62Day Target - Upgrade	92 (23/25)	100 (11/11)	100 (0.5/0.5)	50 (17/34)	56.25 (4.5/8)	81.54 (26.5/32.5)	92.31 (6/6.5)	63.64 (3.5/5.5)	74.8 (92/123)
28Day Target - 2wW	70.48 (862/1223)	56.83 (800/1197)	59.62 (779/1119)	77.07 (1449/1880)	74.36 (1160/1560)	56.61 (801/1415)	72.54 (832/1147)	92.66 (1893/2043)	74.03 (8576/11584)
28Day Target - Breast Symptomatic	0 (0/0)	86.67 (52/60)	100 (43/43)	80.49 (99/123)	62.2 (51/82)	90 (9/10)	96.71 (206/213)	93.1 (189/203)	88.42 (649/734)
28Day Target - Screening	55.56 (5/9)	100 (1/1)	64.23 (79/123)	81.48 (132/162)	72.22 (39/54)	81.82 (9/11)	75.83 (182/240)	49.28 (34/69)	71.9 (481/669)
28Day Target - Overall	70.37 (867/1232)	57.81 (853/1258)	70.12 (901/1285)	77.6 (1680/2165)	73.7 (1250/1696)	57.03 (819/1436)	76.25 (1220/1600)	91.4 (2116/2315)	74.74 (9706/12987)

Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking ⓘ		
Indicator	Current	Previous	Change	Peer	National	Position ⓘ	
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (May 2022) ⓘ	9.29% <small>(Mar 2021 - Feb 2022)</small>	9.41% <small>(Feb 2021 - Jan 2022)</small>	-0.12 ↓	7.69%	7.61%		
2-day emergency readmission rate (12 mth rolling) HES Inpatients (May 2022) ⓘ	2.21% <small>(Mar 2021 - Feb 2022)</small>	2.27% <small>(Feb 2021 - Jan 2022)</small>	-0.06 ↓	2.33%	2.01%		
7-day emergency readmission rate (12 mth rolling) HES Inpatients (May 2022) ⓘ	4.95% <small>(Mar 2021 - Feb 2022)</small>	5.05% <small>(Feb 2021 - Jan 2022)</small>	-0.10 ↓	5.02%	4.31%		
14-day emergency readmission rate (12 mth rolling) HES Inpatients (May 2022) ⓘ	7.45% <small>(Mar 2021 - Feb 2022)</small>	7.55% <small>(Feb 2021 - Jan 2022)</small>	-0.10 ↓	7.20%	6.14%		
28-day emergency readmission rate (12 mth rolling) HES Inpatients (May 2022) ⓘ	10.43% <small>(Mar 2021 - Feb 2022)</small>	10.56% <small>(Feb 2021 - Jan 2022)</small>	-0.13 ↓	9.86%	8.36%		
Outpatient DNA rate (12 mth rolling) HES Outpatients (May 2022) ⓘ	7.73% <small>(Apr 2021 - Mar 2022)</small>	7.59% <small>(Mar 2021 - Feb 2022)</small>	0.14 ↑	8.13%	7.62%		
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (May 2022) ⓘ	2.54 <small>(Apr 2021 - Mar 2022)</small>	2.56 <small>(Mar 2021 - Feb 2022)</small>	-0.02 ↓	2.33	2.18		
Outpatient cancellation rate (12 mth rolling) HES Outpatients (May 2022) ⓘ	0.00% <small>(Apr 2021 - Mar 2022)</small>	0.00% <small>(Mar 2021 - Feb 2022)</small>	No Change	9.17%	9.52%		
Cancer waiting times - 2-week wait to be seen after GP referral (12 mth rolling) Cancer Waiting Times (May 2022) ⓘ	91.08% <small>(Apr 2021 - Mar 2022)</small>	91.60% <small>(Mar 2021 - Feb 2022)</small>	-0.52 ↓	79.40%	81.14%		
Cancer waiting times - 31-day wait for first treatment after decision to treat (12 mth rolling) Cancer Waiting Times (May 2022) ⓘ	97.34% <small>(Apr 2021 - Mar 2022)</small>	97.05% <small>(Mar 2021 - Feb 2022)</small>	0.29 ↑	92.82%	93.47%		
Cancer waiting times - 62-day wait for first treatment after GP referral (12 mth rolling) Cancer Waiting Times (May 2022) ⓘ	69.95% <small>(Apr 2021 - Mar 2022)</small>	70.72% <small>(Mar 2021 - Feb 2022)</small>	-0.77 ↓	68.85%	68.80%		
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (May 2022) ⓘ	74.26% <small>(Apr 2021 - Mar 2022)</small>	74.06% <small>(Mar 2021 - Feb 2022)</small>	0.20 ↑	67.37%	62.06%		
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (May 2022) ⓘ	87.53% <small>(Apr 2021 - Mar 2022)</small>	87.47% <small>(Mar 2021 - Feb 2022)</small>	0.06 ↑	85.39%	76.91%		
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (May 2022) ⓘ	85.58% <small>(Apr 2021 - Mar 2022)</small>	85.78% <small>(Mar 2021 - Feb 2022)</small>	-0.20 ↓	73.16%	59.81%		
Day case realisation rate (12 mth rolling) HES Inpatients (May 2022) ⓘ	96.78% <small>(Apr 2021 - Mar 2022)</small>	96.71% <small>(Mar 2021 - Feb 2022)</small>	0.07 ↑	96.56%	96.67%		
Day case rate (12 mth rolling) HES Inpatients (May 2022) ⓘ	86.64% <small>(Apr 2021 - Mar 2022)</small>	86.56% <small>(Mar 2021 - Feb 2022)</small>	0.08 ↑	84.91%	72.98%		



Average excess length of stay (12 mth rolling) HES Inpatients (May 2022)		0.12 (Apr 2021 - Mar 2022)	0.09 (Mar 2021 - Feb 2022)	0.03 ↑  	0.34	0.47	 
Average length of stay (12 mth rolling) HES Inpatients (May 2022)		3.19 (Apr 2021 - Mar 2022)	3.18 (Mar 2021 - Feb 2022)	0.01 ↑  	3.79	4.53	 
Average elective length of stay (12 mth rolling) HES Inpatients (May 2022)		1.94 (Apr 2021 - Mar 2022)	1.94 (Mar 2021 - Feb 2022)	No Change 	3.23	4.52	 
Average non-elective length of stay (12 mth rolling) HES Inpatients (May 2022)		3.32 (Apr 2021 - Mar 2022)	3.30 (Mar 2021 - Feb 2022)	0.02 ↑  	3.87	4.52	 
Average pre-operative length of stay (12 mth rolling) HES Inpatients (May 2022)		0.20 (Apr 2021 - Mar 2022)	0.21 (Mar 2021 - Feb 2022)	-0.01 ↓  	0.23	0.24	 
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (May 2022)		0.01 (Apr 2021 - Mar 2022)	0.01 (Mar 2021 - Feb 2022)	No Change 	0.03	0.03	 
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (May 2022)		0.35 (Apr 2021 - Mar 2022)	0.36 (Mar 2021 - Feb 2022)	-0.01 ↓  	0.42	0.47	 
Average post-operative length of stay (12 mth rolling) HES Inpatients (May 2022)		0.79 (Apr 2021 - Mar 2022)	0.82 (Mar 2021 - Feb 2022)	-0.03 ↓  	0.97	0.93	 
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (May 2022)		0.20 (Apr 2021 - Mar 2022)	0.20 (Mar 2021 - Feb 2022)	No Change 	0.31	0.26	 
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (May 2022)		1.23 (Apr 2021 - Mar 2022)	1.26 (Mar 2021 - Feb 2022)	-0.03 ↓  	1.60	1.69	 
Non-elective zero-day spells (12 mth rolling) HES Inpatients (May 2022)		36.55% (Apr 2021 - Mar 2022)	36.56% (Mar 2021 - Feb 2022)	-0.01 ↓  	39.99%	34.64%	 
Elective stranded rate (12 mth rolling) HES Inpatients (May 2022)		5.11% (Apr 2021 - Mar 2022)	5.15% (Mar 2021 - Feb 2022)	-0.04 ↓  	11.13%	12.35%	 
Emergency stranded rate (12 mth rolling) HES Inpatients (May 2022)		16.44% (Apr 2021 - Mar 2022)	16.37% (Mar 2021 - Feb 2022)	0.07 ↑  	17.55%	20.79%	 
Elective super-stranded rate (12 mth rolling) HES Inpatients (May 2022)		0.57% (Apr 2021 - Mar 2022)	0.54% (Mar 2021 - Feb 2022)	0.03 ↑  	2.07%	3.11%	 
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (May 2022)		90.36% (Apr 2021 - Mar 2022)	91.91% (Mar 2021 - Feb 2022)	-1.55 ↓  	74.06%	78.16%	 
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (May 2022)		0.21% (Apr 2021 - Mar 2022)	0.21% (Mar 2021 - Feb 2022)	No Change 	0.79%	0.92%	 
Relative risk length of stay (12 mth rolling) HES Inpatients (May 2022)		79.87 (Apr 2021 - Mar 2022)	78.53 (Mar 2021 - Feb 2022)	1.34 ↑  	98.32	99.70	 

## Council of Governors

Title of report:	Governor Elections 2022																					
Date:	8 September 2022																					
Prepared by:	Sarah Hutt, Company Secretary																					
Executive Sponsor:	Hilton Heslop, Associate Director, Corporate Affairs & Strategy																					
Purpose of the report	The purpose of the report is to present the timetable for the 2022 Governor Elections and outline the number of vacant seats.																					
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 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.</p> <p>There are a total of twelve vacancies in the following constituencies:</p> <table border="1" style="width: 100%;"> <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>Details of the vacancies are appended at Appendix 1.</p> <p>The timetable for the 2022 Governor Elections is appended at Appendix 2</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																					
How this report impacts on current risks or highlights new risks:																						
This report does not highlight any new risks.																						
Committees/groups where this item has been discussed	N/A																					
Recommendation	The Council of Governors are asked to note the Governor Election 2022 timetable and note those Governors whose term of office will end on 30 November 2022.																					

## Appendix 1

### Council of Governors

8 September 2022

### Governor Elections 2022

The twelve vacancies for the 2022 Governor Elections comprise seven Public Governors and three Staff Governors and are for three year terms of office.

#### **Stockton Constituency**

Margaret Docherty

Jean Kirby

Vacant Seat (John Edwards)

Vacant Seat (unfilled)

#### **Hartlepool Constituency**

Pauline Robson

Vacant Seat (Ian Simpson)

#### **Sedgefield Constituency**

Wendy Gill

#### **Easington Constituency**

Mary King

Vacant Seat (unfilled)

#### **Staff Constituency**

Manuf Kassem

Andrew Simpson

Vacant Seat (unfilled)

## Appendix 2

### Council of Governors Election Timetable 2022

<b>Notes</b>	<b>Timetable</b>
Returning Officer/Trust issue the Notice of Election. Nomination forms to be made available to Trust members.	Monday, 3 October 2022
Deadline for receipt of nominations.	Tuesday, 18 October 2022
Returning Officer and Trust to publish summary of nominated candidates.	Wednesday, 19 October 2022
Final date for candidate withdrawal.	Friday, 21 October 2022
Trust to make arrangements to provide electoral data to Returning Officer.	Tuesday, 25 October 2022
Returning Officer/Trust issue the Notice of Poll.	Friday, 4 November 2022
Voting packs despatched by Returning Officer to members.	Monday, 7 November 2022
Closing date for Election.	Friday, 25 November 2022
Returning Officer provides Election results/report, and the Trust write to successful/unsuccessful applicants.	Monday, 28 November 2022